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### Review

Selected Account: [REDACTED]

Your application has been filed with the Alabama Medical Cannabis Commission.

Your reference code is 1630.

File Date : 03/01/2023 6:06 PM

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**i** If you do not receive email notifications, please check your spam folder.

You must print or save this page as a PDF as part of your redacted filing.

## Request for Business Application Information

Request Number: 0010

## General Applicant Information

- Applicant Name : [REDACTED]
- Applying as: Business Entity
- Trade Name : (DBAs)
- Identification : FEIN Number Type
- Federal Tax Identification Number : [REDACTED]
- Business Entity Name : [REDACTED]
- Business Entity Type : Limited Liability Company
- Secretary of State Entity ID Number : [REDACTED]
- Federal Business Code No : 81000
- Date of Qualification, Organization or Incorporation : 09/04/2020

## Applicant Street Address

- Street: [REDACTED]
- Unit No / Apt No : [REDACTED]
- City: [REDACTED]
- County: [REDACTED]
- State: Alabama
- Zip Code: [REDACTED]
- Address Verified?: Yes

## Applicant Mailing Address

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- ✓ Street: [REDACTED] Unit No / Apt : No ✓ City: [REDACTED]
  - ✓ State: Alabama ✓ Zip Code: [REDACTED]
  - ✓ Address Verified?: Yes
  - Applicant Website : ✓ Applicant Email Address : [REDACTED] ✓ Applicant Phone Number : [REDACTED]
  - ✓ Do you have a management service agreement in place?: Yes
- 

- ✓ Is the applicant: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group? :No
- 

## Primary Contact Person

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- ✓ First Name: Michael ✓ Last Name: Meadows ✓ Title: CEO
- ✓ Phone Number : [REDACTED] ✓ Email: [REDACTED]
- ✓ Street: [REDACTED] Unit No / Apt : No ✓ City: [REDACTED]
- ✓ State: Alabama ✓ Zip Code: [REDACTED]
- ✓ Address Verified?: Yes

## License Information

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- ✓ License Type: Integrated Facility

## Facility Information

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## Facility Information

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- ✓ Facility Type: Cultivation Facility



## Physical Address

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✓ Street: [REDACTED]

✓ Unit No / Apt:  
No [REDACTED]

✓ City: Lincoln

✓ County: 61-Talladega

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

## Facility Information Questions

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✓ Applicant's interest in property where proposed facility is located : Owns

✓ Is this facility under construction? : No

✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 300

✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 300

✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

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✓ Facility Type: Processing Facility

## Physical Address

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✓ Street: [REDACTED]

✓ Unit No / Apt:  
No [REDACTED]

✓ City: Lincoln

✓ County: 61-Talladega

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

## Facility Information Questions

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✓ Applicant's interest in property where proposed facility is located : Owns

✓ Is this facility under construction? : No

- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 365
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 450
- ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

- 
- ✓ Facility Type: Dispensing Site (Retail Facility)
  - ✓ Dispensing Site Premises : Stand Alone Building

## Physical Address

- 
- ✓ Street: [REDACTED] Unit No / Apt: No City: BIRMINGHAM
  - ✓ County: 37-Jefferson ✓ State: Alabama ✓ Zip Code: [REDACTED]
  - ✓ Address Verified? : Yes

## Facility Information Questions

- 
- ✓ Applicant's interest in property where proposed facility is located : Agreement Contingent on Receipt of License
  - ✓ Is this facility under construction? : No
  - ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 390
  - ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 480
  - ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

- 
- ✓ Facility Type: Dispensing Site (Retail Facility)
  - ✓ Dispensing Site Premises : Multi-use Structure

## Physical Address

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- ✓ Street: [REDACTED] Unit No / Apt: No City: DAPHNE
- ✓ County: 02-Baldwin ✓ State: Alabama ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

## Facility Information Questions

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- ✓ Applicant's interest in property where proposed facility is located : Agreement Contingent on Receipt of License
- ✓ Is this facility under construction? : No
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 390
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 480
- ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

- 
- ✓ Facility Type: Dispensing Site (Retail Facility) ✓ Dispensing Site Premises : Multi-use Structure

## Physical Address

---

- ✓ Street: [REDACTED] Unit No / Apt: [REDACTED] No City: GADSDEN
- ✓ County: 28-Etowah ✓ State: Alabama ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

## Facility Information Questions

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- ✓ Applicant's interest in property where proposed facility is located : Agreement Contingent on Receipt of License
- ✓ Is this facility under construction? : No

- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 390
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 480
- ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

- 
- ✓ Facility Type: Dispensing Site (Retail Facility)
  - ✓ Dispensing : Strip Mall Site Premises

## Physical Address

- 
- ✓ Street: [REDACTED]
  - ✓ Unit No / Apt: [REDACTED]  
No
  - ✓ City: DOTHAN
  - ✓ County: 35-Houston
  - ✓ State: Alabama
  - ✓ Zip Code: [REDACTED]
  - ✓ Address Verified? : Yes

## Facility Information Questions

- 
- ✓ Applicant's interest in property where proposed facility is located : Agreement Contingent on Receipt of License
  - ✓ Is this facility under construction? : No
  - ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 390
  - ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 480
  - ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

- 
- ✓ Facility Type: Dispensing Site (Retail Facility)
  - ✓ Dispensing : Multi-use Structure Site Premises

## Physical Address

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- ✓ **Street:** [REDACTED] **Unit No / Apt:** No **City:** RUSSELLVILLE
- ✓ **County:** 30-Franklin **State:** Alabama **Zip Code:** [REDACTED]
- ✓ **Address Verified?** : Yes

## Facility Information Questions

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- ✓ **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- ✓ **Is this facility under construction?** : No
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 390
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 480
- ✓ **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

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## Ownership of Applicant

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- ✓ **Select type of record:** Individual
- ✓ **Does the individual have an ownership interest in the applicant?** : Yes

## Individual

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- ✓ **Legal First Name** : Nathan **Legal Middle:** Abercrombie **Legal Last Name** : Smith
- ✓ **Suffix:** IV **Phone Number** : [REDACTED] **Email Address** : [REDACTED]
- ✓ **Date of Birth:** [REDACTED] **Social Security Number** : [REDACTED] **Race/Ethnicity:** Caucasian

✓ Ownership : [REDACTED]  
Percentage of  
the Applicant

✓ Role: Member

## Residence Address

---

✓ Street: [REDACTED]

✓ Unit No / Apt: -  
No

✓ City: [REDACTED]

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address : Yes  
Verified?

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✓ Select type of record: Individual

✓ Does the individual have an: Yes  
ownership interest in the  
applicant?

## Individual

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✓ Legal First : Charles  
Name

✓ Legal Middle: Watson  
Name

✓ Legal Last : Decelle  
Name

✓ Suffix: Jr.

✓ Phone : [REDACTED]  
Number

✓ Email : [REDACTED]  
Address

✓ Date of Birth: [REDACTED]

✓ Social : [REDACTED]  
Security  
Number

✓ Race/Ethnicity: Caucasian

✓ Ownership : [REDACTED]  
Percentage of  
the Applicant

✓ Role: Member

## Residence Address

---

✓ Street: [REDACTED]

Unit No / Apt:  
No

✓ City: [REDACTED]

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address : Yes  
Verified?

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✓ Select type of record: Entity

✓ Does this entity have : Yes  
ownership interest in the  
applicant?

## Entity

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- ✓ Entity Name: [REDACTED]
- ✓ Entity Type: Limited Liability Company
- ✓ Are there individuals with direct or indirect ownership interest in this entity? : Yes
- ✓ FEIN: [REDACTED]
- ✓ Ownership Percentage of the Applicant : [REDACTED]

## Physical Address

---

- ✓ Street: [REDACTED]
- ✓ Unit No / Apt: [REDACTED]  
No
- ✓ City: [REDACTED]
- ✓ State: Alabama
- ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

## Primary Contact/ Responsible Person

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- ✓ First Name: [REDACTED]
- ✓ Last Name: [REDACTED]
- ✓ Title: Member
- ✓ Phone Number : [REDACTED]
- ✓ Email Address : [REDACTED]
- ✓ Street Address : [REDACTED]
- Unit No / Apt: [REDACTED]  
No
- ✓ City: [REDACTED]
- ✓ State: Alabama
- ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

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## Cannabis Industry Entities

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- ✓ Is any individual or entity below connected to any entity that is directly or indirectly involved in the cannabis industry, including, but not limited to, the cultivation, processing, packaging, labeling, testing, transporting, or sale of cannabis or medical cannabis, either in Alabama or any other jurisdiction? :Yes  
(1) an individual with an ownership interest in the applicant;  
(2) the spouse, parent, or child of an individual with an ownership interest in the applicant; or  
(3) an entity with an ownership interest in the applicant.
- ✓ Select Individual or Entity : Entity

## Entity

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✓ Ownership : ██████████  
Entity Name ██████████

✓ Cannabis : ██████████  
Entity Name ██████████

✓ Connection : Cannabis entity is a subsidiary, affiliate, conglomerate, parent, or other entity that shares common ownership, directly or indirectly, with the ownership entity.

✓ FEIN: ██████████

## Cannabis Entity's Physical Address

---

✓ Street: ██████████

Unit No / Apt:  
No

✓ City: ██████████

✓ State: Florida

✓ Zip Code: ██████████

✓ Address : Yes  
Verified?

## Cannabis Entity's Primary Contact/Responsible Person

---

✓ First Name: Mark

✓ Last Name: Ascik, Jr.

✓ Title: President

✓ Phone : ██████████  
Number

✓ Email : ██████████  
Address

✓ Street : ██████████  
Address

Unit No / Apt:  
No

✓ City: ██████████

✓ State: Florida

✓ Zip Code: ██████████

✓ Address : Yes  
Verified?

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## Questions and Attestations

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✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant ever applied for or been granted any commercial license or certificate (not related to cannabis industry) issued by a licensing board or commission, either in Alabama or any other jurisdiction? : NO

---

✓ Was any commercial license or certificate disclosed above denied, restricted, suspended, revoked, or non-renewed? : NO

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✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, ever been authorized to participate in the cannabis or medical cannabis industry, licensed (i.e., a "licensee" as defined in Chapter 1 of the AMCC Rules), or provided similar status in any other jurisdiction? : YES

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✔ **Select One:** Related Cannabis Entity

✔ **Name:** [REDACTED]

✔ **License Type** : Integrated Facility

✔ **Licensing Board or Commission** : Florida Dept of Health; Office of Medical Marijuana Use

✔ **License Issued Date** : 08/23/2017

✔ **License Expiration Date** : 11/01/2024

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✔ **During the last 5 years has there been any disciplinary measures taken regarding any cannabis or medical cannabis industry license of the applicant or any entity affiliated with the applicant?** : NO

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✔ **Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, within the last ten (10) years, filed or been served with a complaint or other notice by any governmental body, regarding a delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law?** : NO

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✔ **Has the applicant filed, or had filed against it, any proceeding for bankruptcy within the past 7 years?:** NO

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✔ **Is the applicant currently, or has it been in the past 10 years, a defendant in litigation involving any of its business practices?** : NO

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✔ **Is any public official of any unit of government:** : NO  
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;  
(2) a creditor of the applicant;  
(3) a holder of any debt instrument issued by the applicant; or (4) a holder of, or interested party in, any contractual or service relationship with the applicant?

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✔ **Is the spouse, parent or child of a public official of any unit of government:** : NO  
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;  
(2) a creditor of the applicant;  
(3) a holder of any debt instrument issued by the applicant; or  
(4) a holder of, or interested party in, any contractual or service relationship with the applicant?

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✔ **Has any owner, director, board member, or individual with a controlling interest in the applicant ever been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any felony or controlled substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise?** : NO

---

✔ **Has any leader, secure transport driver, or secure transport passenger of the applicant received a criminal conviction within the last eight years for any of the following:** : NO  
(1) any indictable offense;  
(2) any offense involving stolen property or vehicles;  
(3) fraud relating to any business any driver has owned, in whole or part, or in which the driver has been employed;  
(4) stolen property, or other offense of similar nature;  
(5) operation of a motor vehicle while under the influence of a controlled substance, or offense of similar nature; or  
(6) any offense involving possession, distribution or trafficking in, any illegal substance?

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**What is the applicant's anticipated or actual number of employees (including all facilities) at the prospective commencement of operations and during the first five calendar years thereafter?**

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✔ **Commencement of Operation:** 16

✔ **Year One:** 64

✔ **Year Two:** 80

✔ Year Three: 85

✔ Year Four: 90

✔ Year Five: 95

✔ Does the applicant verify that it has the ability to maintain adequate minimum levels (\$2,000,000) of liability and casualty insurance, as required by § 20-2A-53(a)(2), Code of Alabama 1975 (as amended)? :Yes

✔ Does the applicant verify that each of its proposed dispensing sites is at least 1000 feet from any school, daycare, or childcare facility? : YES

✔ Does the applicant consent as required by § 20-2A-55(d), Code of Alabama 1975 (as amended) to the inspections, examinations, searches, and seizures contemplated by § 20-2A-52(a)(3), Code of Alabama 1975 (as amended), which shall specifically extend to all secure transport vehicles of the applicant? : YES

✔ Does the applicant verify that neither it nor its leadership have any economic interest in any other license or applicant for license under the Act? (See § 20-2A-55(e), Code of Alabama 1975 (as amended)) : YES

✔ I attest that this application is truthful and complete based on the best available information as of the date of filing.: YES

✔ Signature: Michael Brandon Meadows

✔ Signature Date: 12/29/2022

## Documents

✔ Resume or Curriculum Vitae of Individuals with Ownership Interest: Exhibit 1\_Resume or CV of Owners\_Verified.pdf (./api/documents/7vK...

✔ Residency of Owners: Exhibit 2\_Residency of Owners - VERIFIED.pdf (./api/documents/mXGi...

✔ Commercial Horticulture or Agronomic Production Experience of Owners: Exhibit 3\_Commercial Horticulture or Agronomic Production Experienc...

✔ Criminal Background Check: Exhibit 4\_Criminal Background Check\_Verified.pdf (./api/documents/T...

✔ Minimum Performance Bond Requirement: Exhibit 5\_Minimum Performance Bond - VERIFIED.pdf (./api/document...

✔ Minimum Liquid Assets Requirement: Exhibit 6\_Minimum Liquid Asset Requirement - VERIFIED.pdf (./api/do...


✔ Demonstration of Sufficient Capital: Exhibit 7\_Demonstration of Sufficient Capital - VERIFIED.pdf (./api/doc...

✔ Minimum Operating Capital Requirement: Exhibit 8\_Minimum Operating Capital - VERIFIED.pdf (./api/documents...

✔ Financial Statements: Exhibit 9\_Financial Statements - VERIFIED.pdf (./api/documents/lhJ40...

✔ Tax Plan: Exhibit 10\_Tax Plan - VERIFIED.pdf (./api/documents/bNIXojY-g/downl...

✓ <b>Business Formation Documents:</b>	Exhibit 11_Business Formation Documents - VERIFIED.pdf (/api/docu...
✓ <b>Business License and Authorization of Local Jurisdictions:</b>	Exhibit 12_Business License and Authorization of Local Authorities - V...
✓ <b>Business Plan:</b>	Exhibit 13_Business Plan_Verified.pdf (/api/documents/_AwVr74z4/d...
✓ <b>Evidence of Business Relationship with other Licensees and Prospective Licensees:</b>	Exhibit 14_Evidence of Business Relationships_Verified.pdf (/api/docu...
✓ <b>Coordination of Information from Registered Certifying Physicians:</b>	Exhibit 15_Coordination of Information from Physicians - VERIFIED.pdf...
✓ <b>Point-of-Sale Responsibilities:</b>	Exhibit 16 _Point of Sale Responsibilities - VERIFIED.pdf (/api/docume...
✓ <b>Confidentiality of Patient Information:</b>	Exhibit 17_Confidentiality of Patient Information - VERIFIED.pdf (/api/...
✓ <b>Money Handling and Taxes:</b>	Exhibit 18_Money Handling and Taxes - VERIFIED.pdf (/api/document...
✓ <b>Standard Operating Plan and Procedures:</b>	Exhibit 19_Standard Operating Plan and Procedures - VERIFIED.pdf (/a...
✓ <b>Policies and Procedures Manual:</b>	Exhibit 20_Policies and Procedures Manual_Verified.pdf (/api/docume...
✓ <b>Production and Manufacturing Process:</b>	Exhibit 21_Production and Manufacturing Processes_Verified.pdf (/ap...
✓ <b>Machinery and Equipment:</b>	Exhibit 22_Machinery and Equipment - VERIFIED.pdf (/api/documents...
✓ <b>Receiving and Shipping Plan:</b>	Exhibit 23_Receiving and Shipping Plan - VERIFIED.pdf (/api/documen...
✓ <b>Secure Transport Vehicles:</b>	Exhibit 24 Secure Transport Vehicles - VERIFIED.pdf (/api/documents/...
✓ <b>Compliance with Alabama Public Service Commission Requirements:</b>	Exhibit 25_Compliance with AL Public Service Commission - VERIFIED...
✓ <b>Commercial Drivers' License:</b>	Exhibit 26_Commercial Drivers License - VERIFIED.pdf (/api/document...
✓ <b>Fleet Summary:</b>	Exhibit 27_Fleet Summary - VERIFIED.pdf (/api/documents/u71mYoh...
✓ <b>Care and Maintenance of Vehicles:</b>	Exhibit 28_Care and Maintenance of Vehicles - VERIFIED.pdf (/api/doc...
✓ <b>Route Plans:</b>	Exhibit 29 Route Plans - VERIFIED.pdf (/api/documents/UhU-LoEvv/do...
✓ <b>Plan for Segregation of Processes Within and Transportation Between Facilities:</b>	Exhibit 30_Plan for Segregation of Processes - VERIFIED.pdf (/api/doc...

✓ <b>Facilities:</b>	Exhibit 31_Facilities_Verified.pdf (/api/documents/45Hh1BBLN/downl...
✓ <b>Engineering Plans and Specifications:</b>	Exhibit 32_Engineering Plans and Specifications - VERIFIED.pdf (/api/...
✓ <b>Security Plan:</b>	Exhibit 33_Security Plan- VERIFIED.pdf (/api/documents/2QHVGb4ym...
✓ <b>Personnel:</b>	Exhibit 34_Personnel - VERIFIED.pdf (/api/documents/Rtf2nsQYo/dow...
✓ <b>Business Leadership Credentials:</b>	Exhibit 35_Business Leadership Credentials_Verified X.pdf (/api/docu...
✓ <b>Employee Handbook:</b>	Exhibit 36_Employee Handbook - VERIFIED.pdf (/api/documents/1v_I7...
✓ <b>Secure Transport Drivers:</b>	Exhibit 37_Secure Transport Drivers - VERIFIED.pdf (/api/documents/y...
✓ <b>Drivers' Manual:</b>	Exhibit 38_Drivers Manual - VERIFIED.pdf (/api/documents/ZZS5KdLO...
✓ <b>Quality Control and Quality Assurance Plan:</b>	Exhibit 39_Quality Control and Quality Assurance Plan - VERIFIED.pdf (...)
✓ <b>Contamination and Recall Plan:</b>	Exhibit 40_Contamination Recall Plan - VERIFIED.pdf (/api/documents...
✓ <b>Marketing and Advertising Plan:</b>	Exhibit 41_Marketing and Advertising Plan_Verified X.pdf (/api/docum...
✓ <b>Website and Social Media:</b>	Exhibit 42_Website and Social Media - VERIFIED.pdf (/api/documents/...
✓ <b>Ownership Entity Individuals (if applicable):</b>	FORM - I - Combined Verified.pdf (/api/documents/SaLiOQj9C/downlo...
✓ <b>Management Service Agreement:</b>	1 Document(s) 
✓ <b>Proof of Minimum Liability and Casualty Insurance:</b>	Proof of Insurance - VERIFIED.pdf (/api/documents/RE308NIJ7/downl...
✓ <b>Affidavit - Entity Applicant:</b>	FORM-K-Nichols and Meadows with Resolution.pdf (/api/documents/...

## Payments

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- ✓ **Payment Options:** Credit Card
-

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 1 – Resume or CV of Owners

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

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CEO

---

**Printed Name of Verifying Individual**

**Title of Verifying Individual**

*M. Brandon Meadows*

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Original 12/27/2022; Edited 2/23/2023

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**Signature of Verifying Individual**

**Verification Date**

**Exhibit 1 – Resume or CV of Owners**

Attached is FORM A: OWNERSHIP RESUME / CURRICULUM VITAE for each individual with an ownership interest in the Applicant, showing, at a minimum, all institutions of higher education attended, including the date, location and type of any degree received; all residential addresses in the last 15 years; and the name, business address and telephone number of all employers in the last 15 years, including a contact person at each.

FORM A is included for the following owners of [REDACTED]:

- Nathan Smith IV [REDACTED]%
- Charles Walton Decelle Jr [REDACTED]%
- [REDACTED] Management [REDACTED]%.
  - Brandon Meadows
  - Bradley Blair
  - Bryan Nichols
  - Drew Weil
  - Dr. Michael Curry
  - MAA Alternative Holdings, LLC
    - Mark Ascik

## Nathan Smith

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[REDACTED]	Vertically Integrated
Business License Applicant Name	License Type
Nathan Smith IV	[REDACTED]
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

**Residential History**  
*Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

[REDACTED]		
Residential Street Address		
[REDACTED]	AL	[REDACTED]
City	State	Zip
1992	current address	
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	



Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	
Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	
Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	
Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

**Education**

*Provide all institutions of higher education attended; attach additional form(s) if necessary.*

Abraham Baldwin Agricultural College	Tifton	Ga
Institution	City	State
08/1976	05/1978	Agriculture Business
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Auburn University	Auburn	AL
Institution	City	State
08/1978	05/1981	Agriculture Economics
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History**

*Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

Self Employed		
Employer	Contact Person	Telephone

Business Address

City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

**Charles Decelle Jr.**



██████████  
Residential Street Address

██████████ MS ██████████  
City State Zip

01/2014 06/2014  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

██████████  
Residential Street Address

██████████ AL ██████████  
City State Zip

12/2013 01/2014  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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██████████  
Residential Street Address

██████████ AL ██████████  
City State Zip

08/2013 12/2013  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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██████████  
Residential Street Address

██████████ AL ██████████  
City State Zip

06/2013 08/2013  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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██████████  
Residential Street Address

██████████ AL ██████████  
City State Zip

12/2012 06/2013  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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██████████  
Residential Street Address

██████████ AL ██████████  
City State Zip

08/2008 12/2012  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

██████████  
Residential Street Address

██████████ AL ██████████  
City State Zip

12/2008 08/2008  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

██████████  
Residential Street Address

██████████ AL ██████████  
City State Zip

08/2007 12/2008  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

██████████  
Residential Street Address

██████████ AL ██████████  
City State Zip

03/1994 08/2007  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---



License Type: Integrated

**Education**

*Provide all institutions of higher education attended; attach additional form(s) if necessary.*

Auburn University	Auburn	AL
Institution	City	State
08/2007	12/2013	Horticulture
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History & Relevant Business History**

*Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

_____	Co Owner/Operator	ADA1 Licensed Hemp Grower / Processor
Business Name	Title	Business Type

Alabama hemp cultivator, product manufacturer and distributor.  
Business Description

_____	AL	_____
County	State	Zip
05/2019		4
Formation Date (MM/YYYY)		Years in operation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

---

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

\_\_\_\_\_  
City

FL  
State

\_\_\_\_\_  
Zip

02/2019  
Date Employed From (MM/YYYY)

10/2019  
Date Employed To (MM/YYYY)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

---

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

\_\_\_\_\_  
City

AL  
State

\_\_\_\_\_  
Zip

08/2014  
Date Employed From (MM/YYYY)

12/2018  
Date Employed To (MM/YYYY)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
City

MS  
State

\_\_\_\_\_  
Zip

02/2014  
Date Employed From (MM/YYYY)

06/2014  
Date Employed To (MM/YYYY)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
City

AL  
State

\_\_\_\_\_  
Zip



01/2013  
Date Employed From (MM/YYYY)

06/2013  
Date Employed To (MM/YYYY)

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	




## Michael Brandon Meadows



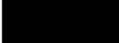
FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

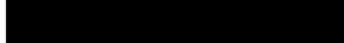


 Business License Applicant Name	Integrated
Michael Brandon Meadows	License Type
Individual with Ownership Interest in Applicant	 Individual's Ownership Percentage in Applicant




**Residential History**

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

 Residential Street Address		
 City	AL State	 Zip
11/15/2018 Date Resided From (MM/YYYY)		CURRENT Date Resided To (MM/YYYY)

 Residential Street Address		
 City	AL State	 Zip
09/26/2017 Date Resided From (MM/YYYY)		11/15/2018 Date Resided To (MM/YYYY)

 Residential Street Address		
 City	AL State	 Zip
03/07/2011 Date Resided From (MM/YYYY)		09/26/2017 Date Resided To (MM/YYYY)

 Residential Street Address		
 City	AL State	 Zip
03/09/06 Date Resided From (MM/YYYY)		03/07/2011 Date Resided To (MM/YYYY)

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Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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---

Residential Street Address

---

City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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Residential Street Address

---

City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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Residential Street Address

---

City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

**Education**

*Provide all institutions of higher education attended; attach additional form(s) if necessary.*

<u>University of Mississippi</u>	<u>Oxford</u>	<u>MS</u>
Institution	City	State
<u>08/20/1989</u>	<u>08/01/1993</u>	<u>B.A.</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>University of Arkansas, Little Rock, School of Law</u>	<u>Little Rock</u>	<u>AR</u>
Institution	City	State
<u>08/20/1998</u>	<u>05/01/2001</u>	<u>J.D.</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>Boston University, School of Law</u>	<u>Boston</u>	<u>MA</u>
Institution	City	State
<u>08/20/2001</u>	<u>05/01/2002</u>	<u>LL.M.</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History**

*Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

<u>_____</u>	<u>_____</u>	<u>_____</u>
Employer	Contact Person	Telephone
<u>_____</u>		
Business Address		
<u>_____</u>	<u>FL</u>	<u>_____</u>
City	State	Zip
<u>09/13/2021</u>	<u>Current</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
7/15/2017	AL	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
9/13/2021		
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
7/01/2012	TN	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
06/01/2017		
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
01/05/2006	PA	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
06/01/2012		
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	



Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Form A: Ownership Resume / Curriculum Vitae  
Page 5

## Bradley Blair

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[REDACTED]	Integrated
Business License Applicant Name	License Type
Bradley Blair	[REDACTED]
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

**Residential History**

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]		
Residential Street Address		
[REDACTED]	AL	[REDACTED]
City	State	Zip
09/2013	Present	
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

[REDACTED]		
Residential Street Address		
[REDACTED]	AL	[REDACTED]
City	State	Zip
06/2013	09/2013	
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

[REDACTED]		
Residential Street Address		
[REDACTED]	FL	[REDACTED]
City	State	Zip
05/2012	06/2013	
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

[REDACTED]		
Residential Street Address		
[REDACTED]	FL	[REDACTED]
City	State	Zip
06/2006	05/2012	
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

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Residential Street Address

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City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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Residential Street Address

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City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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Residential Street Address

---

City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

**Education**

*Provide all institutions of higher education attended; attach additional form(s) if necessary.*

Auburn University	Auburn	AL
_____	_____	_____
Institution	City	State
09/1999	05/2003	Bachelors
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Florida Coastal School of Law	Jacksonville	FL
_____	_____	_____
Institution	City	State
08/2005	05/2007	Juris Doctorate
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History**

*Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

██████████	██████████	██████████
_____	_____	_____
Employer	Contact Person	Telephone
██████████	_____	_____
Business Address	_____	_____
██████████	AL	██████████
_____	State	Zip
06/2013	Present	_____
_____	_____	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	_____

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
09/2010	06/2013	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
05/2007	09/2010	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

---

Employer \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

---

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

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Date Employed From (MM/YYYY) \_\_\_\_\_ Date Employed To (MM/YYYY) \_\_\_\_\_

---

---

Employer \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

---

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

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Date Employed From (MM/YYYY) \_\_\_\_\_ Date Employed To (MM/YYYY) \_\_\_\_\_

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---

Employer \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

---

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

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Date Employed From (MM/YYYY) \_\_\_\_\_ Date Employed To (MM/YYYY) \_\_\_\_\_

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---

Employer \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

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

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Date Employed From (MM/YYYY) \_\_\_\_\_ Date Employed To (MM/YYYY) \_\_\_\_\_

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## E. Bryon Nichols



FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[REDACTED]	Integrated
Business License Applicant Name	License Type
E. Bryan Nichols	[REDACTED]
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

**Residential History**  
 Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]		
Residential Street Address		
[REDACTED]	Alabama	[REDACTED]
City	State	Zip
09/2003	12/2022 / Present	
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

**Education**

*Provide all institutions of higher education attended; attach additional form(s) if necessary.*

University of Alabama School of Law	Tuscaloosa	AL
_____ Institution	_____ City	_____ State
08/2000	05/2003	Juris Doctorate
_____ Date Attended From (MM/YYYY)	_____ Date Attended To (MM/YYYY)	_____ Degree Received

Auburn University	Auburn	AL
_____ Institution	_____ City	_____ State
09/1993	06/1998	Bachelor of Chemical Engineering
_____ Date Attended From (MM/YYYY)	_____ Date Attended To (MM/YYYY)	_____ Degree Received

_____ Institution	_____ City	_____ State
_____ Date Attended From (MM/YYYY)	_____ Date Attended To (MM/YYYY)	_____ Degree Received

_____ Institution	_____ City	_____ State
_____ Date Attended From (MM/YYYY)	_____ Date Attended To (MM/YYYY)	_____ Degree Received

**Employment History**

*Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

_____ Employer	_____ Contact Person	_____ Telephone
_____ Business Address		
_____ City	AL State	_____ Zip
01/2011	12/2022 / Present	
_____ Date Employed From (MM/YYYY)	_____ Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
04/2005	AL	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
	01/2011	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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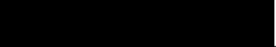
## Adolph Weil IV

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

	Vertically Integrated
Business License Applicant Name	License Type
Adolph Weil IV	
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant



**Residential History**

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.



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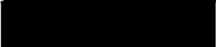
Residential Street Address

 AL 

City State Zip



01/2012 Current

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)



---

Residential Street Address

 AL 

City State Zip

04/2007 01/2012

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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---

Residential Street Address

---

City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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---

Residential Street Address

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City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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**Education**

Provide all institutions of higher education attended; attach additional form(s) if necessary.

The University of Georgia	Athens	GA
Institution	City	State
08/2001	12/2005	International Affairs
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History**

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

_____	_____	_____
Employer	Contact Person	Telephone
_____	_____	_____
Business Address	_____	_____
_____	NC	_____
City	State	Zip
04/2019	Current	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	_____

Employer	Contact Person	Telephone
Business Address	AL	
City	State	Zip
06/2011	04/2019	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address	AL	
City	State	Zip
09/2006	06/2011	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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## Dr. Michael Curry

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[REDACTED]	Integrated
Business License Applicant Name	License Type
Dr. Michael Curry	[REDACTED]
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

**Residential History**  
 Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]		
Residential Street Address		
[REDACTED]	AL	[REDACTED]
City	State	Zip
12/2005	12/2022	
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

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Residential Street Address

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City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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---

Residential Street Address

---

City State Zip

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Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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---

Residential Street Address

---

City State Zip

---

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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**Education**

*Provide all institutions of higher education attended; attach additional form(s) if necessary.*

<u>UNIVERSITY OF ALABAMA</u>	<u>TUSCALOOSA</u>	<u>AL</u>
Institution	City	State
<u>09/1999</u>	<u>12/2004</u>	<u>DOCTOR OF PHILOSOPHY</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>UNIVERSITY OF WEST ALABAMA</u>	<u>LIVINGSTON</u>	<u>AL</u>
Institution	City	State
<u>09/1994</u>	<u>05/1999</u>	<u>BACHELORS OF SCIENCE</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History**

*Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

<u>_____</u>	<u>_____</u>	<u>_____</u>
Employer	Contact Person	Telephone
<u>_____</u>		
Business Address		
<u>_____</u>	<u>AL</u>	<u>_____</u>
City	State	Zip
<u>08/2009</u>	<u>12/2022</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
08/2005	AL	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
05/2009		
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	



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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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**Mark Ascik Jr.**

**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

<p>_____ Business License Applicant Name <b>Mark Andrew Ascik, Jr</b> _____ Individual with Ownership Interest in Applicant</p>	<p style="text-align: center;"><b>Integrated</b></p> <p>_____ License Type _____ Individual's Ownership Percentage in Applicant</p>
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**Residential History**

*Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

\_\_\_\_\_  
Residential Street Address  
\_\_\_\_\_  
City

FL  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date Resided From (MM/YYYY)

**CURRENT**

\_\_\_\_\_  
Date Resided To (MM/YYYY)

\_\_\_\_\_  
Residential Street Address  
\_\_\_\_\_  
City

FL  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date Resided From (MM/YYYY)

**06/2020**

\_\_\_\_\_  
Date Resided To (MM/YYYY)

\_\_\_\_\_  
Residential Street Address  
\_\_\_\_\_  
City

NY  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date Resided From (MM/YYYY)

**05/2013**

\_\_\_\_\_  
Date Resided To (MM/YYYY)

\_\_\_\_\_  
Residential Street Address  
\_\_\_\_\_  
City

NY  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date Resided From (MM/YYYY)

**05/2011**

\_\_\_\_\_  
Date Resided To (MM/YYYY)

[REDACTED]  
Residential Street Address  
[REDACTED] SC [REDACTED]  
City State Zip  
07/2009 05/2011  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]  
Residential Street Address  
[REDACTED] Switzerland  
City State Zip  
05/2008 07/2009  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]  
Residential Street Address  
[REDACTED] AL [REDACTED]  
City State Zip  
01/2007 05/2008  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]  
Residential Street Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]  
Residential Street Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Form A: Ownership Resume / Curriculum Vitae  
Page 2

**Education**

*Provide all institutions of higher education attended; attach additional form(s) if necessary.*

<u>Charleston Southern University</u>	<u>Charleston</u>	<u>SC</u>
Institution	City	State
<u>07/2009</u>	<u>05/2011</u>	<u>BS, Management, Economics</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>Auburn University</u>	<u>Auburn</u>	<u>AL</u>
Institution	City	State
<u>06/2006</u>	<u>05/2008</u>	
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received














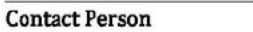
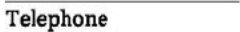




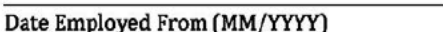
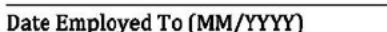







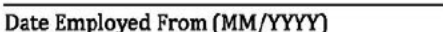
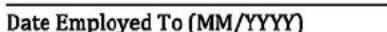
_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History**

*Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

<u>_____</u>	<u>_____</u>	<u>_____</u>
Employer	Contact Person	Telephone
<u>_____</u>		
Business Address		
<u>_____</u>	<u>FL</u>	<u>_____</u>
City	State	Zip
<u>06/2014</u>	<u>PRESENT</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

		
Employer	Contact Person	Telephone
		
Business Address		
	NY	
City	State	Zip
02/2015	05/2017	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
		
Employer	Contact Person	Telephone
		
Business Address		
	NY	
City	State	Zip
05/2011	02/2015	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
		
Employer	Contact Person	Telephone
		
Business Address		
		
City	State	Zip
		
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
		
Employer	Contact Person	Telephone
		
Business Address		
		
City	State	Zip
		
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 2 – Residency of Owners

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

M. Brandon Meadows

CEO

Printed Name of Verifying Individual

Title of Verifying Individual

*M. Brandon Meadows*

12/27/2022

Signature of Verifying Individual

Verification Date



**Exhibit 2 – Residency of Owners**

The attached records indicate that a majority of ownership (61%) of the Applicant is attributable to an individual or individuals with proof of residence in Alabama for a continuous period of no less than 15 years preceding the date of application.

Nathan Smith IV (█% Owner) – AL Resident for 64 Years

- 1991 – Present:
  - Mortgage Documentation - Showing Nathan Smith purchasing his primary residency in Alabama. He has lived in this home since 1991.
  - Property Tax Records – Showing annual payments made since 2004.
  - Current Driver’s License

Charles Walton Decelle Jr (█% Owner) – AL Resident for 34 Years

- 2007 – 2013: University Verification Documentation showing attendance at Auburn University
- 2014: Pay Stub
- 2015-2018: Utility Receipts for █ AL
- 2017-2018: Utility Receipts for █ AL
- 2018-2021: Utility Receipts for █ AL





















































Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 3 – Commercial Horticulture or Agronomic Production Experience

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

**Printed Name of Verifying Individual**

**Title of Verifying Individual**

*M. Brandon Meadows*

12/27/2022

**Signature of Verifying Individual**

**Verification Date**



property has been assessed in the name of Nathan A Smith IV since 2005, and “Reseda Nursery” is indicated as the party responsible for payment of the ad valorem taxes as far back as 2007.

This documentation demonstrates that Nathan Smith by himself meets the statutory requirements for a minimum of 15 years “commercial horticulture or agronomic production.”

**Charles Decelle Jr. (█% equity owner in AlaCann)**

Charles Walton Decelle Jr. is a lifelong Alabama resident with over 15 years of experience in commercial horticulture. Charles’ experience began as a teenager when he was employed on several farms in Northern Alabama assisting in land management and tending to cattle. During this time, Charles began pursuing a more formal horticulture education, enrolling in the inaugural class in the field offered by Bob Jones High School. His class built the on-site greenhouse used by the school for years.

After high school, Charles attended Auburn University where he studied fruit and nut production and greenhouse and nursery management, the latter being his focus. After earning a degree in Horticulture from Auburn, Charles went on to work as grower for several commercial nursery and greenhouse operations, furthering developing his knowledge and experience with large scale ornamental plant production and distribution.

In 2018, Charles received one of the first commercial hemp grower licenses available in the state of Alabama. As a self-employed hemp farmer, Charles has overseen all aspects of operations including cultivation, production, regulatory compliance, packaging, and labeling. Supporting his work in the commercial hemp space, Charles co-founded Dry Creek Hemp, a national brand that manufactures hemp infused extracts from their Alabama grown hemp. Through his role as a hemp grower license holder, Charles is experienced in meeting the regulatory standards required by the Alabama Department of Agriculture and Industries (ADAI), demonstrating consistent compliance and cooperation with the ADA Hemp program.

Charles has significant professional experience in the successful propagation and cultivation of millions of ornamental plants. His products were sold to retailers such as

Wal-Mart, Lowes and Home Depot. This experience in a fast-paced commercial greenhouse setting will prove invaluable to ensuring successful implementation of our cultivation plan.

The following documentation has been included to demonstrate Charles' 15 years of experience:

1. Professional Resume
2. Hemp Grower Licensing Agreement
3. Copy of Degree from Auburn University





























Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 4 – Criminal Background Check

## Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Michael Brandon Meadows  
**Printed Name of Verifying Individual**

*M. Brandon Meadows*

**Signature of Verifying Individual**

CEO  
**Title of Verifying Individual**

Original 12/27/2022; Edited 2/23/2023  
**Verification Date**

**Exhibit 4 - Criminal Background Check**

**4.1 - FORM B: BACKGROUND CHECK APPLICANT VERIFICATION**

The required Form B has been completed to include each owner, shareholder, director, board member, and individual with an economic interest in the Applicant.

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

Business License Applicant Name [Redacted] License Type Integrated

Provide the name and title of each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant). Attach additional forms if necessary.

Table with columns: NAME, ROLE (select all that apply). Rows include Nathan A. Smith IV, Charlie DeCelle, Mark Ascik, Jr., David Loop, M. Brandon Meadows, E. Bryan Nichols, Adolph Weil IV, Bradley Blair, Dr. Michael L. Curry, and an empty row.

Applicant Verification: The undersigned hereby verifies that the individuals listed hereinabove (and attached, as necessary) are all of the individuals identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect to the Applicant. The undersigned further verifies that each individual listed hereinabove (and attached, as necessary) has requested a state criminal background check from the Alabama Law Enforcement Agency (ALEA) and a national criminal background check from the FBI.

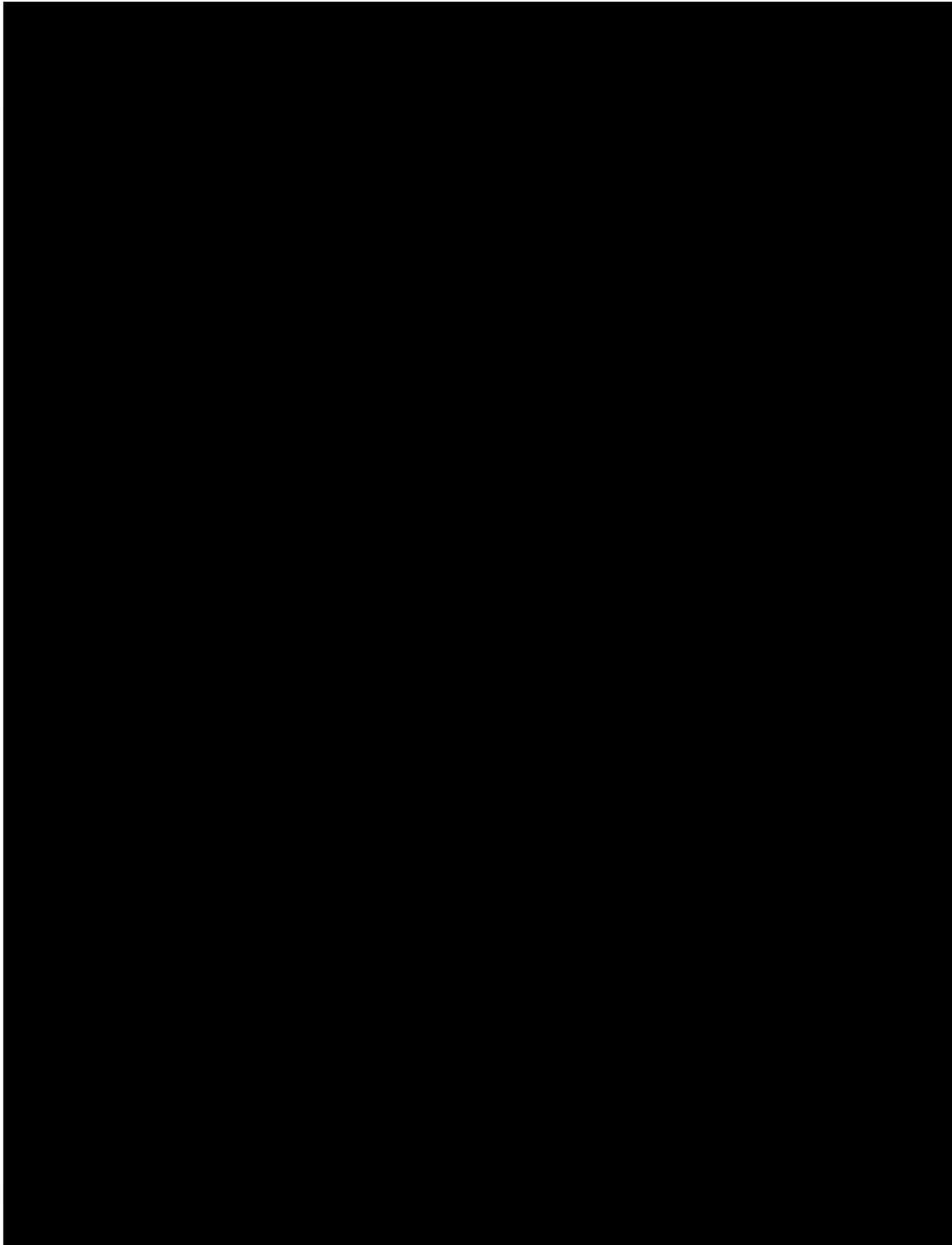
E. Bryan Nichols
Printed Name of Verifying Individual
[Signature]
Signature of Verifying Individual

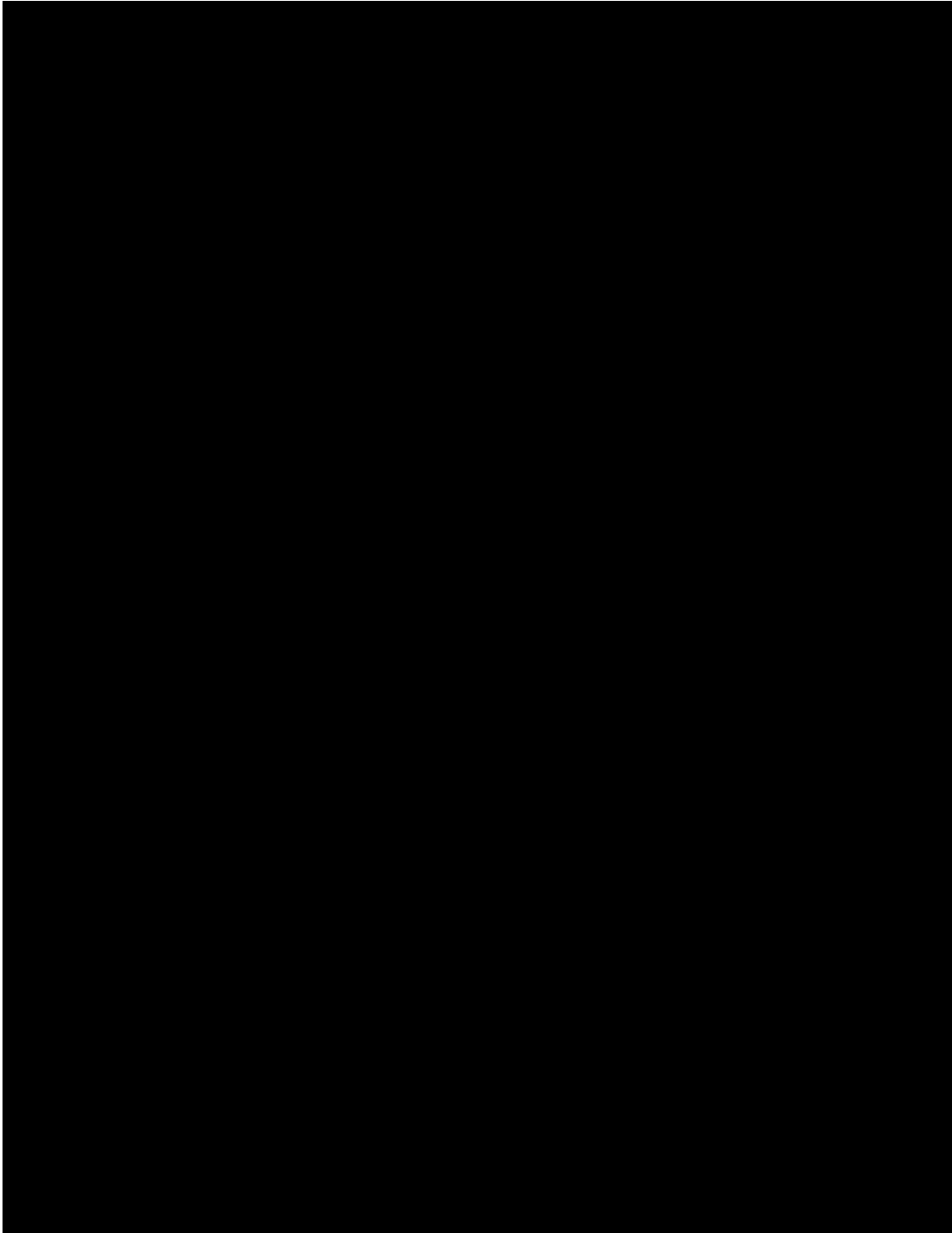
Board Member/Economically Interested
Title of Verifying Individual
December 20, 2022
Verification Date

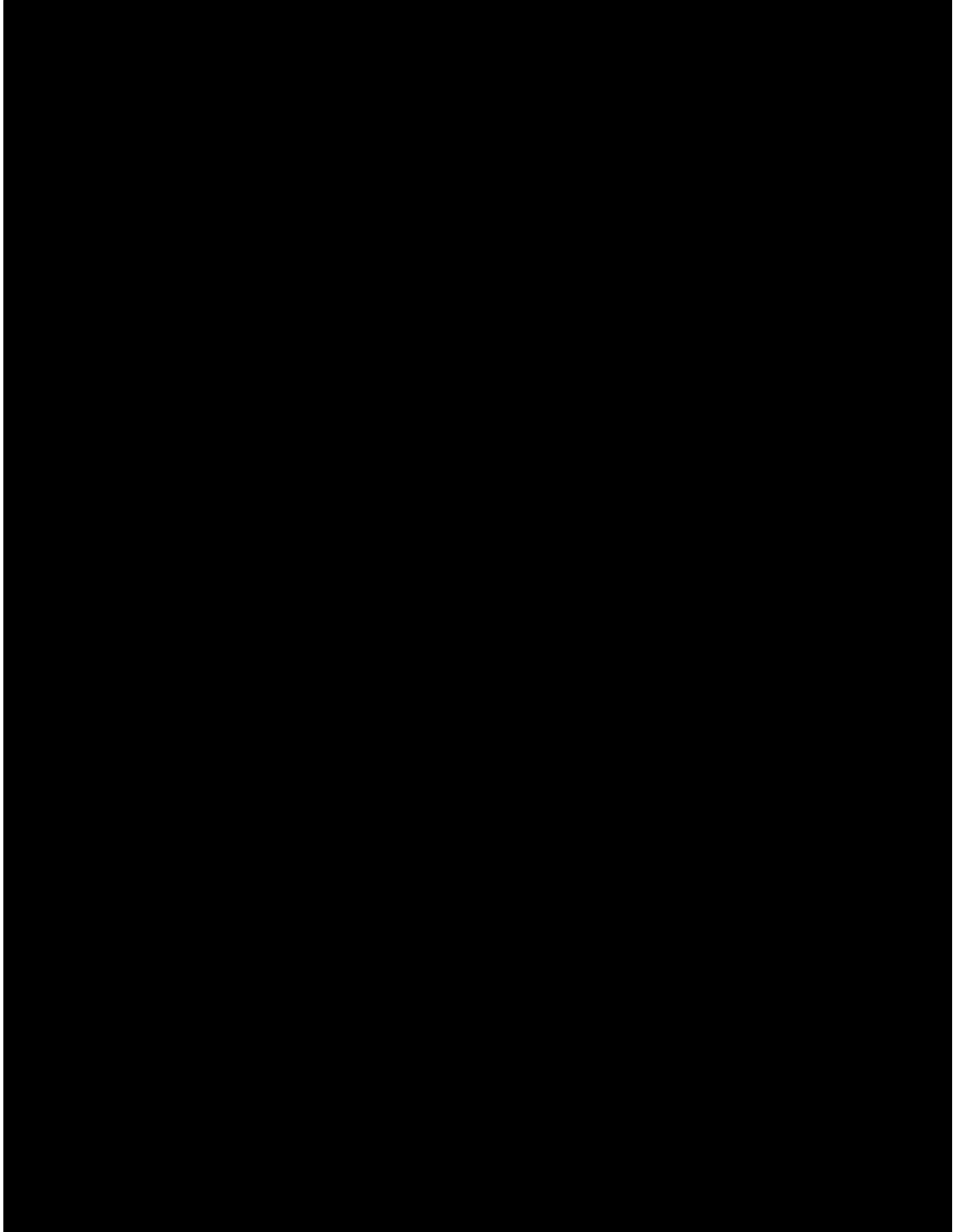
**4.2 – FORM C: STATE BACKGROUND CHECK (ALEA)**

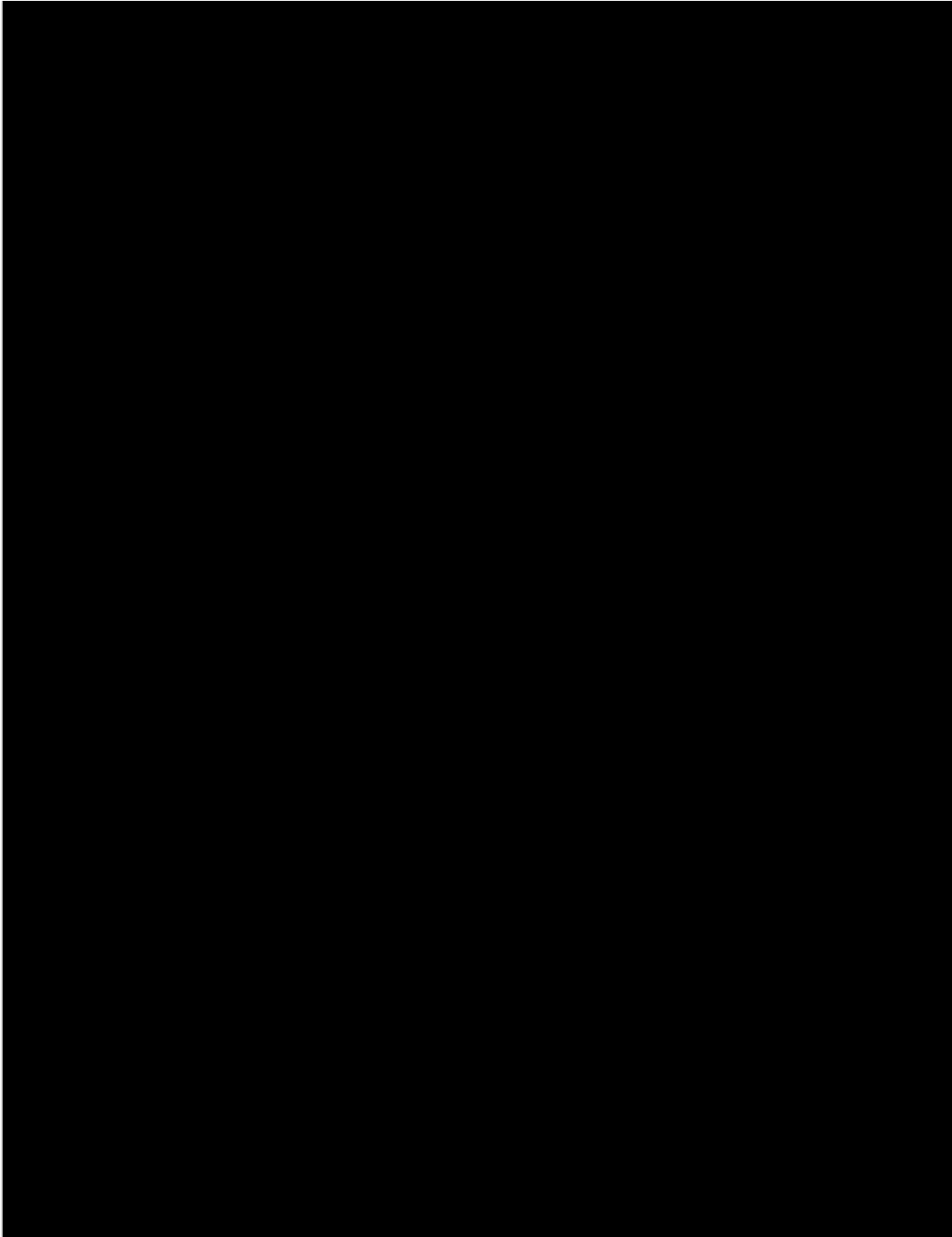
Each owner, shareholder, director, board member, and individual with an economic interest in the Applicant has completed the required Alabama Law Enforcement Agency background check per the instructions published by the Commission. Documentation demonstrating compliance with this requirement has been included for the following individuals:

- Nathan Smith IV – [REDACTED] % owner of applicant, [REDACTED]
- Charles Walton Decelle Jr – [REDACTED] % owner of applicant, [REDACTED]
- AlaCann Management – [REDACTED] % owner of applicant, [REDACTED]
  - Bradley Blair – [REDACTED] % owner of [REDACTED]
  - Edwin Bryan Nichols – [REDACTED] % owner of [REDACTED]
  - Michael Brandon Meadows – [REDACTED] % owner of [REDACTED]
  - Adolph Drew Weil – [REDACTED] % owner of [REDACTED]
  - Dr. Michael Curry – [REDACTED] % owner of [REDACTED]
  - Nathan Smith IV - [REDACTED] % owner of [REDACTED]
  - Charles Walton Decelle Jr - [REDACTED] % owner of [REDACTED]
  - MAA Alternative Holdings, LLC - [REDACTED] % owner of [REDACTED]
    - Mark Ascik [REDACTED]
- David Loop – [REDACTED]

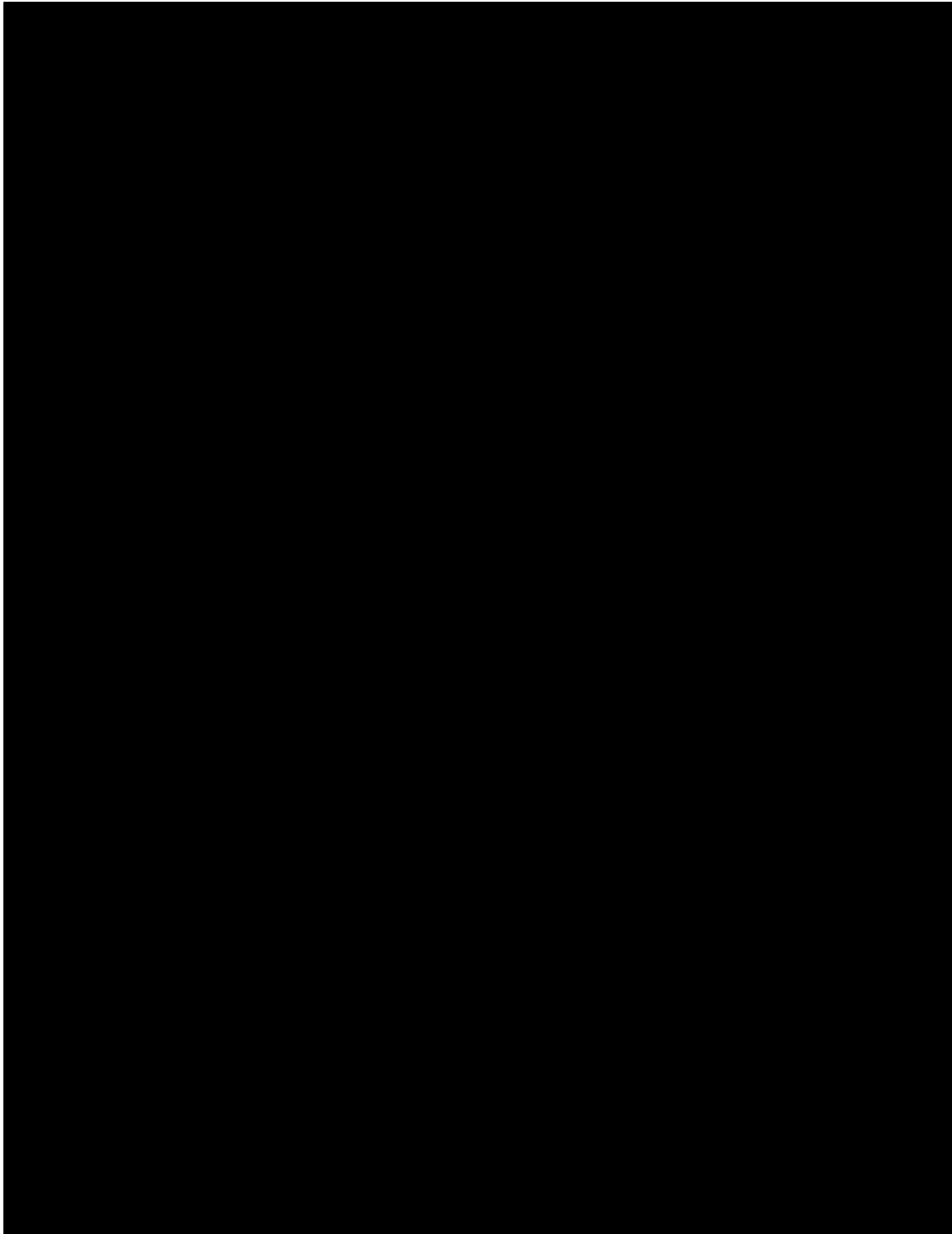




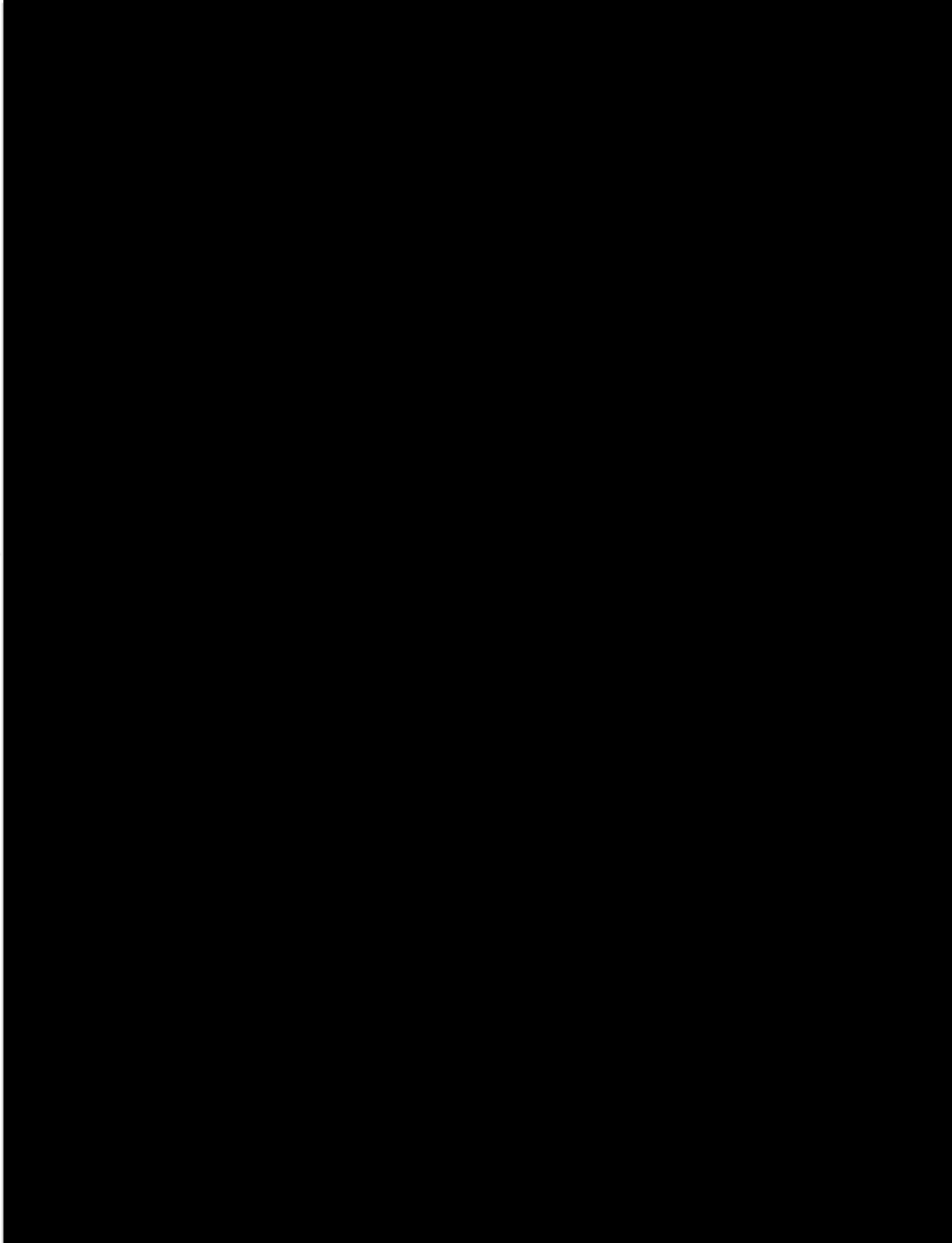


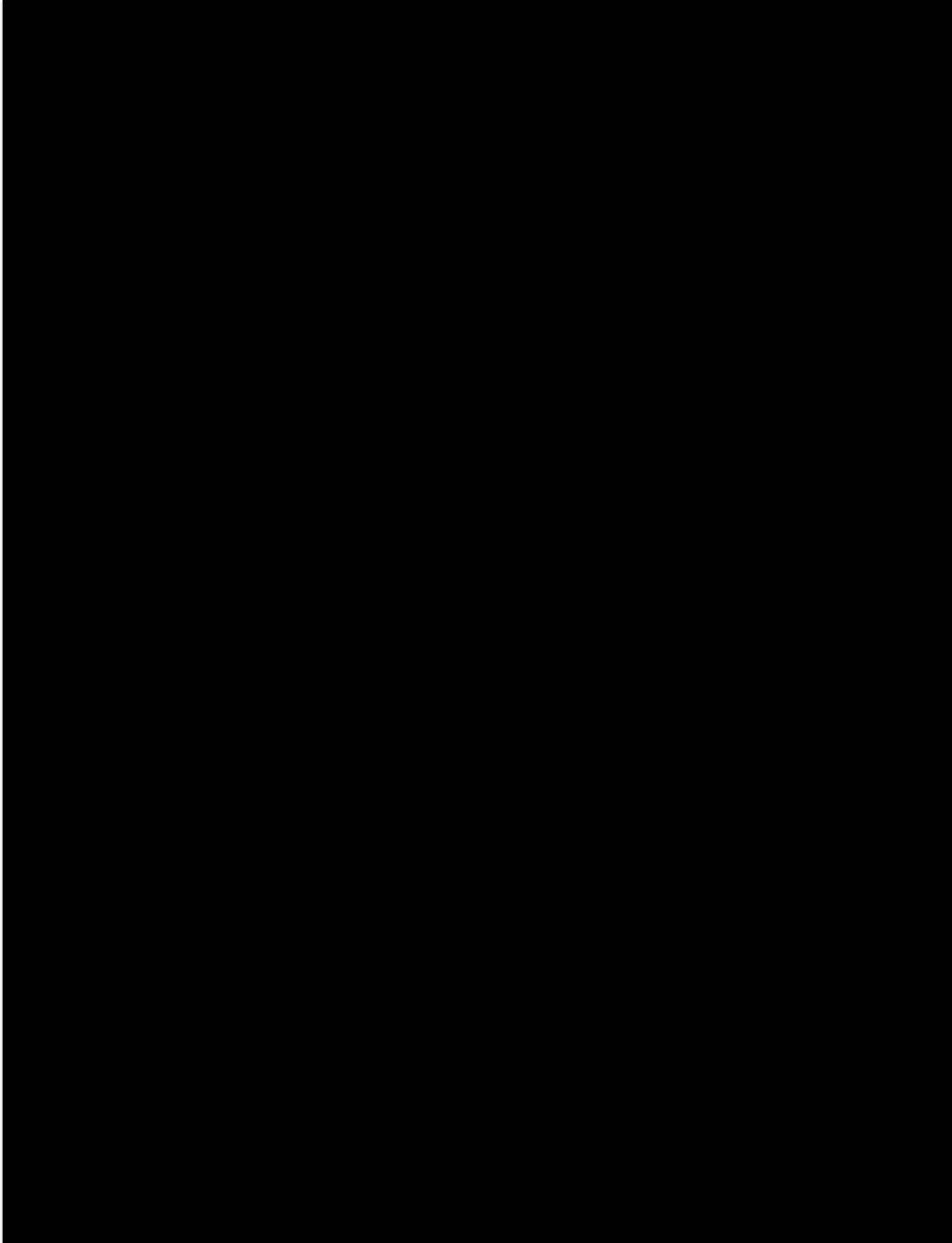


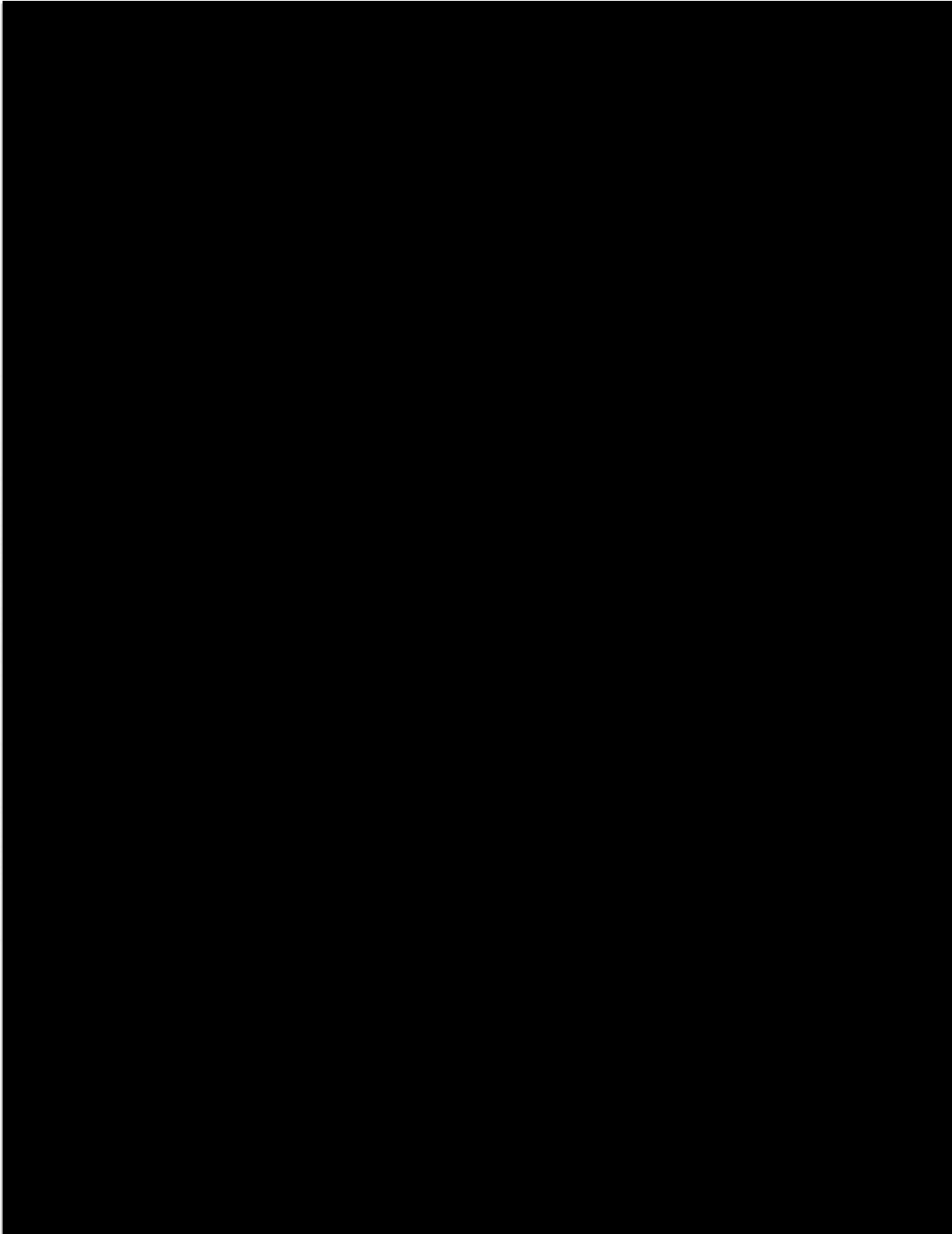


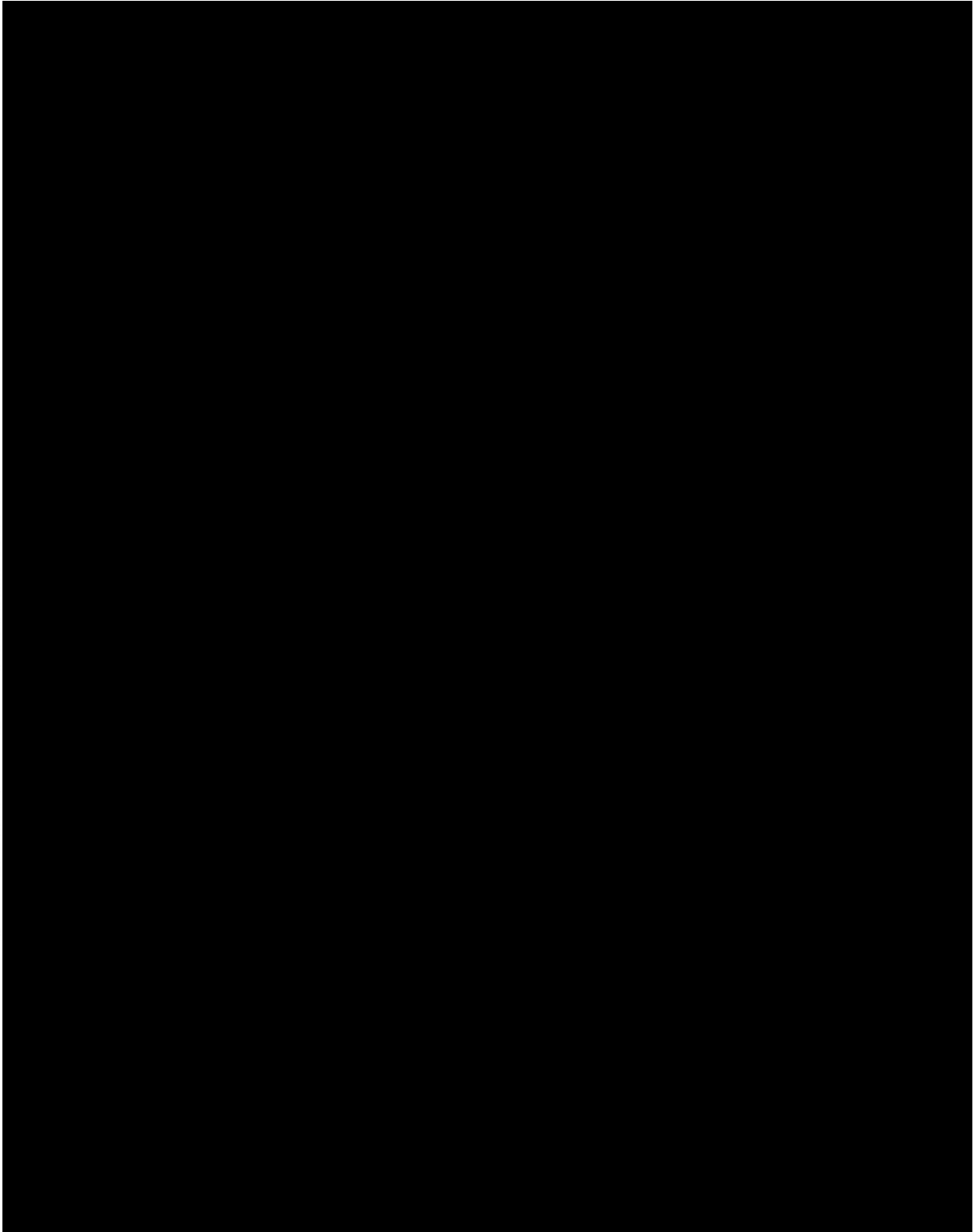


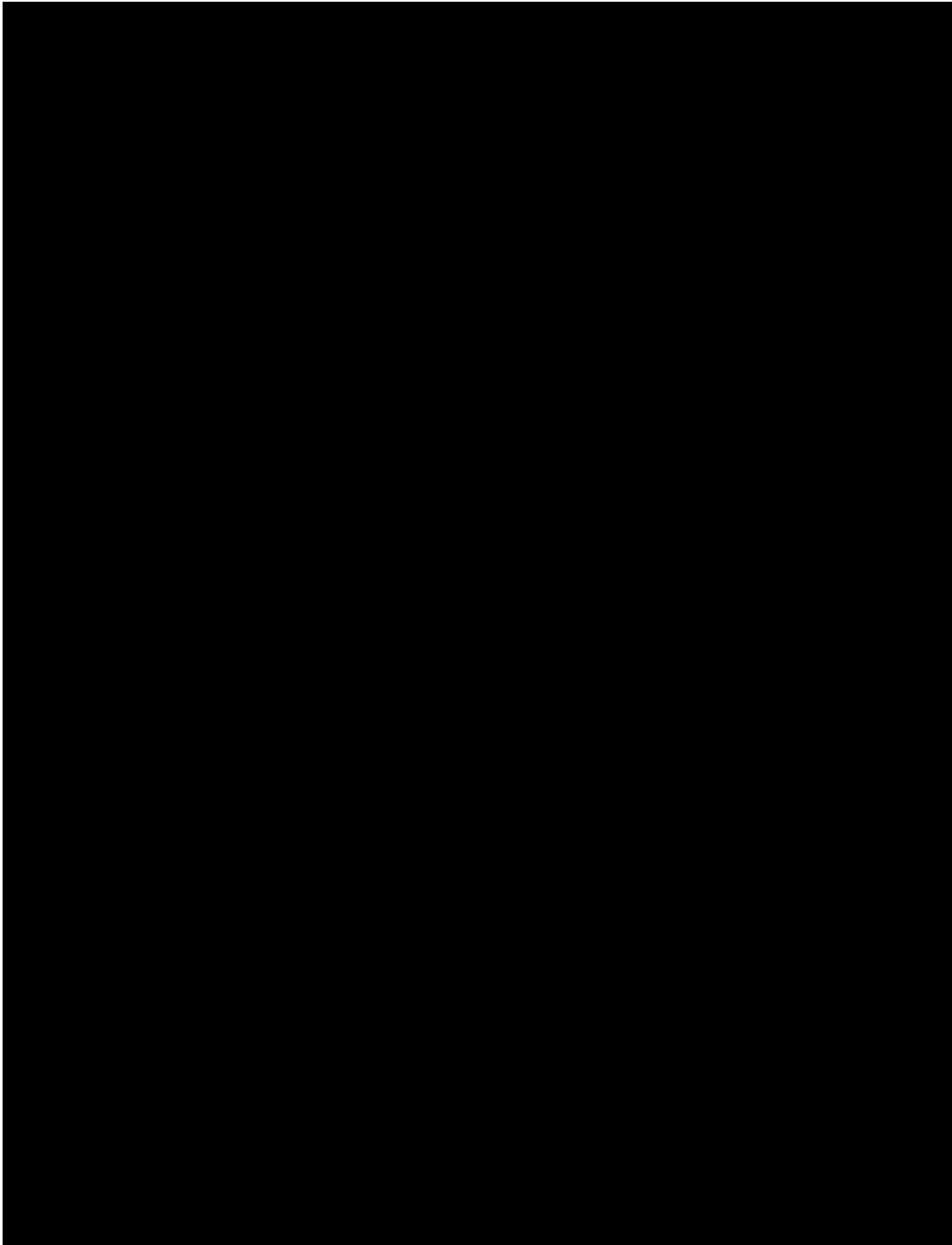
*SB Form 45-Appendix C Rev. 10-01-17*

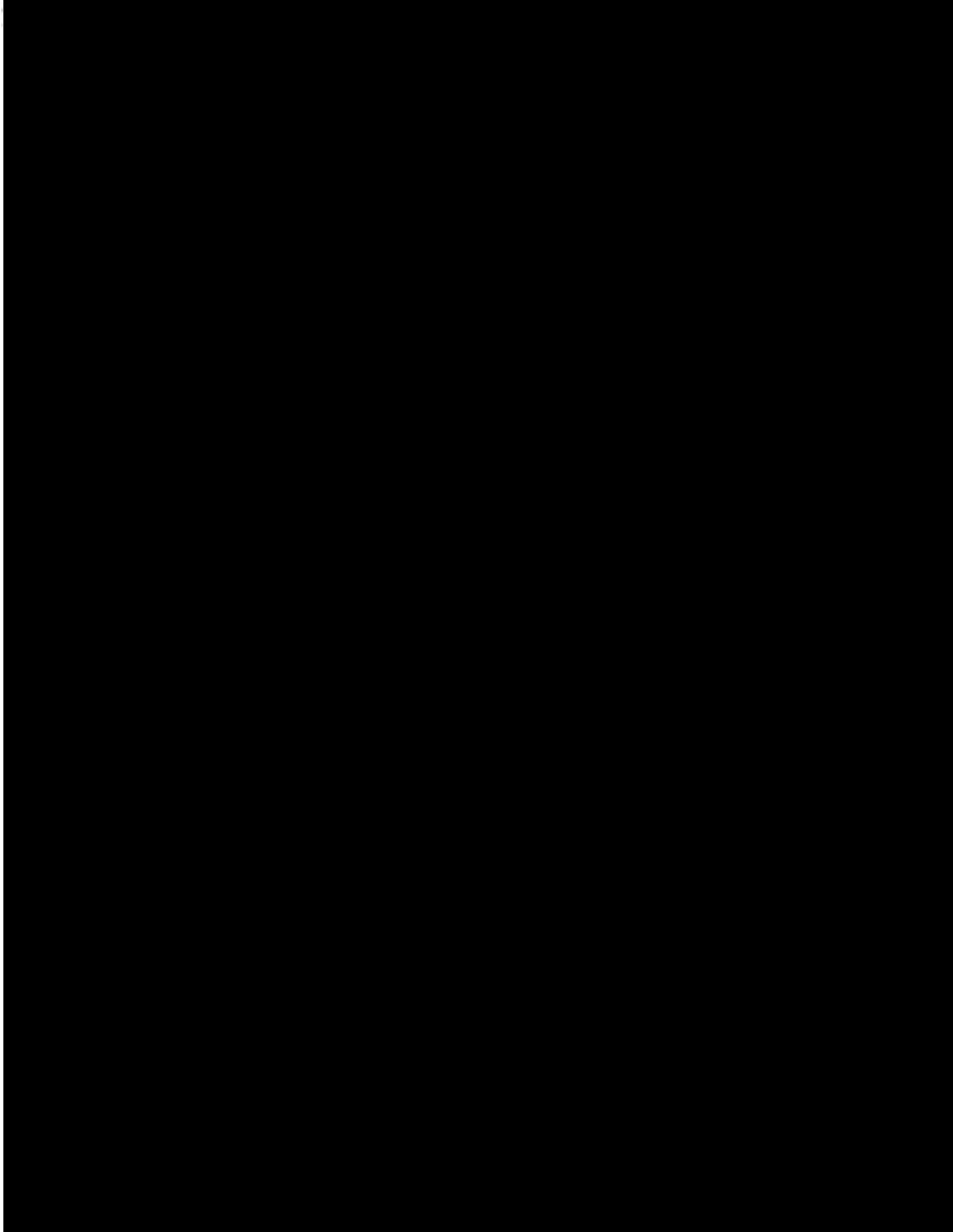


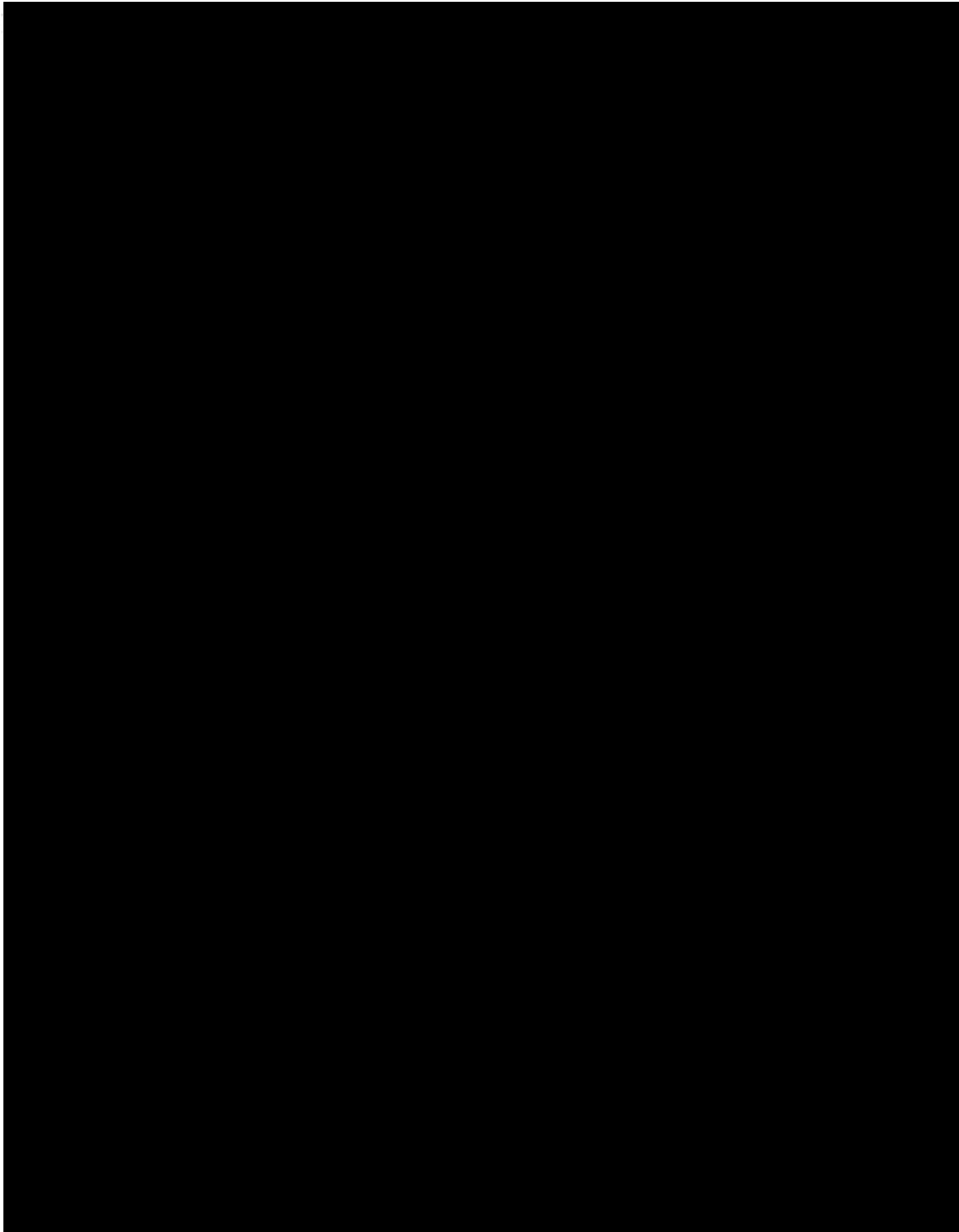




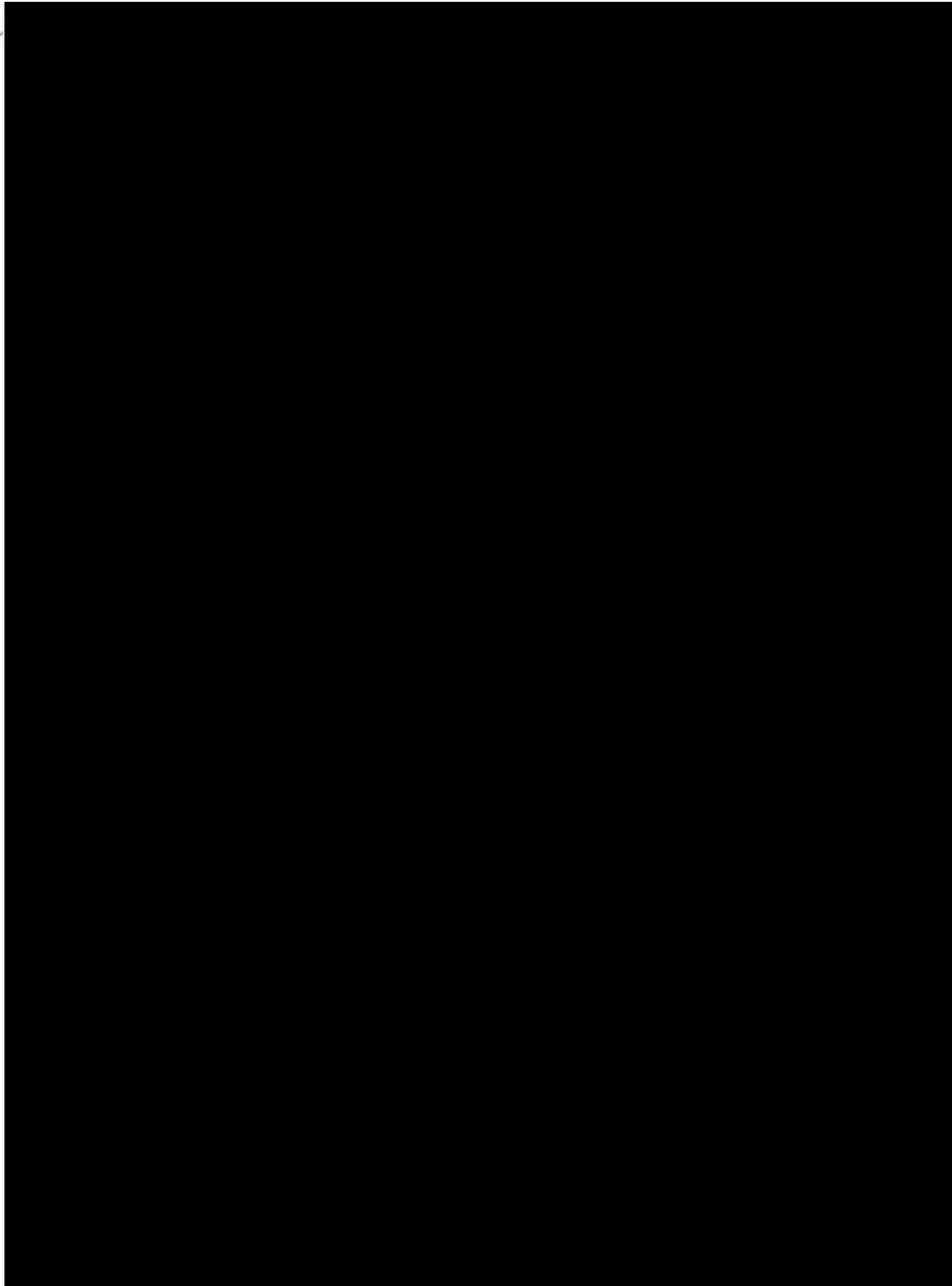


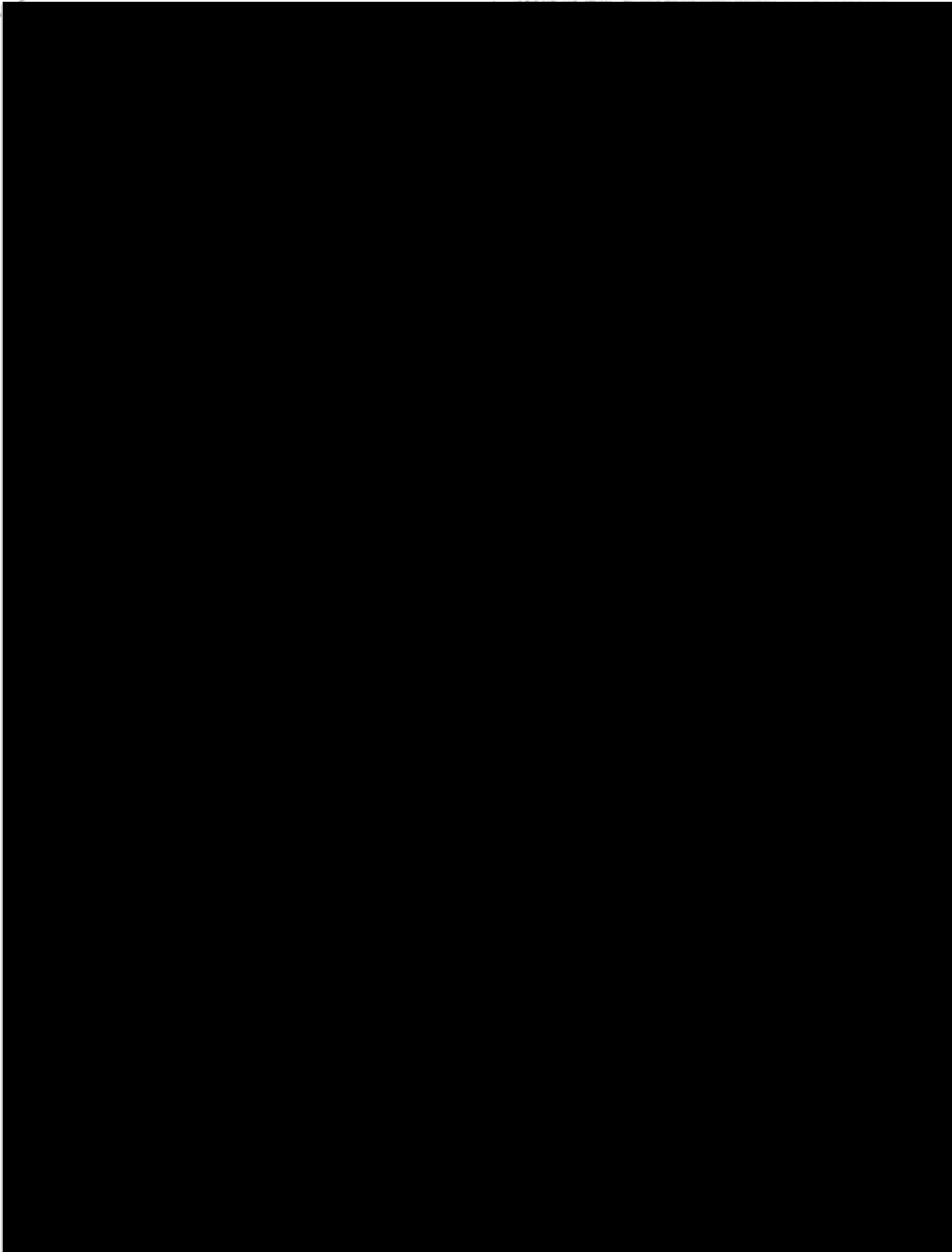




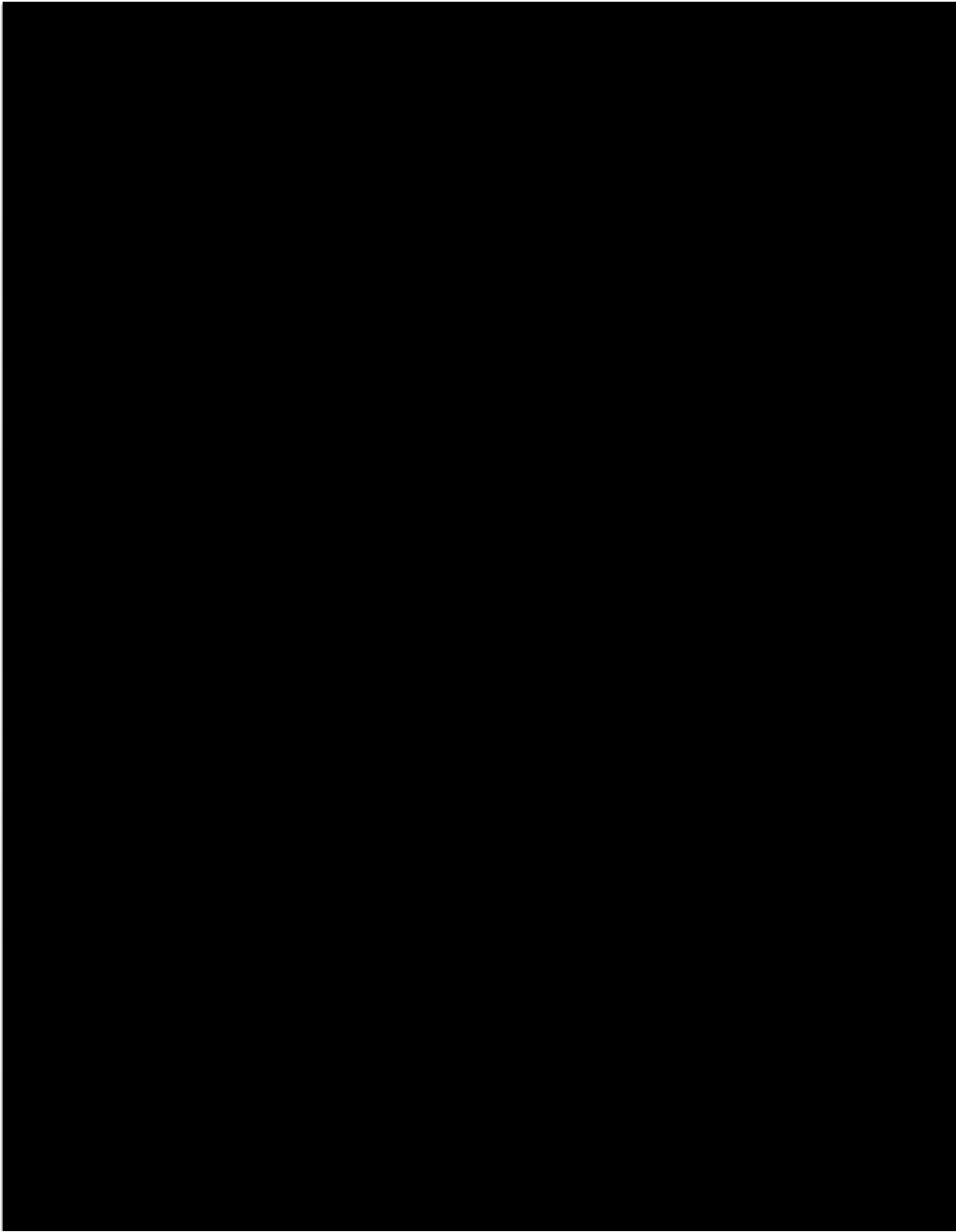


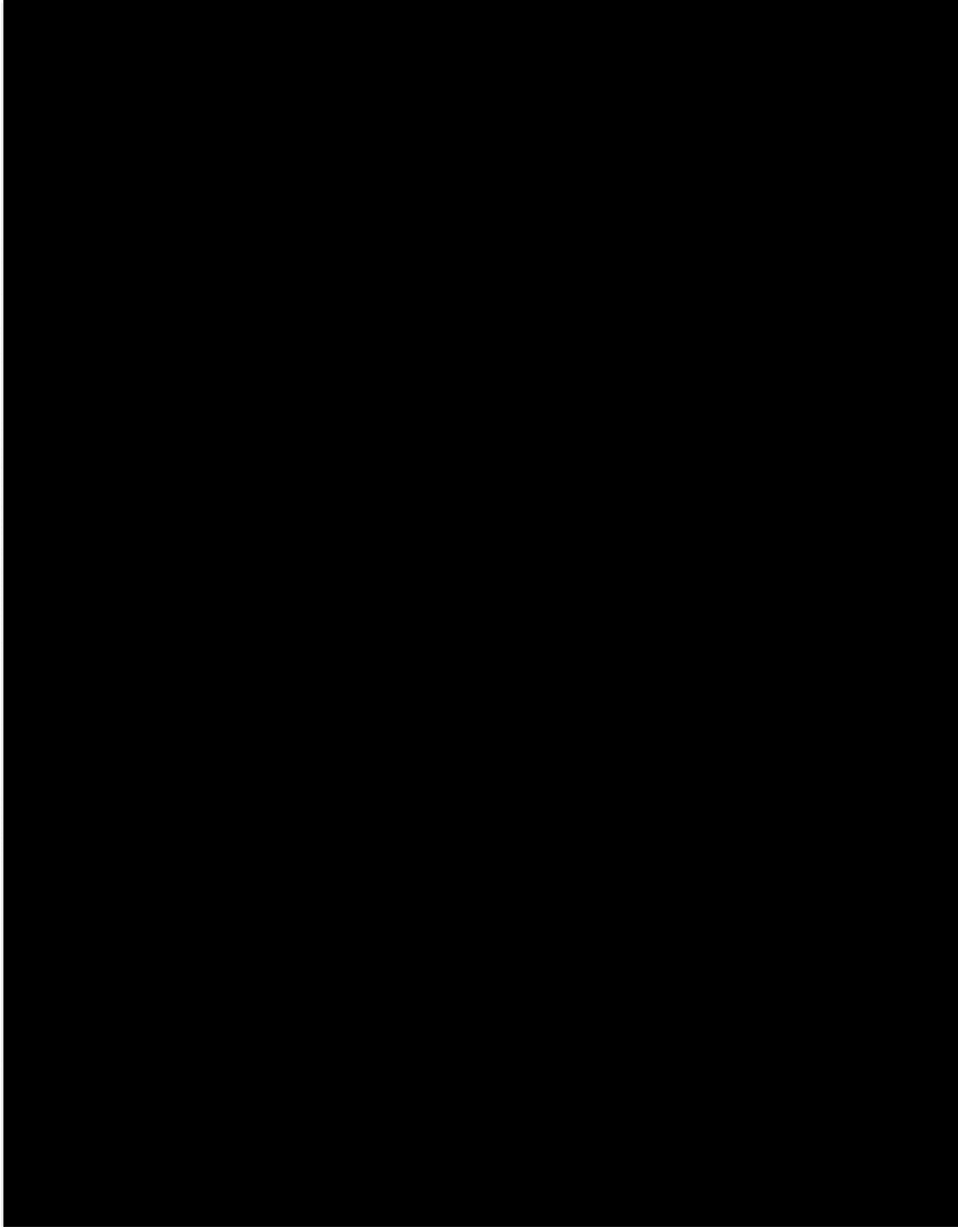


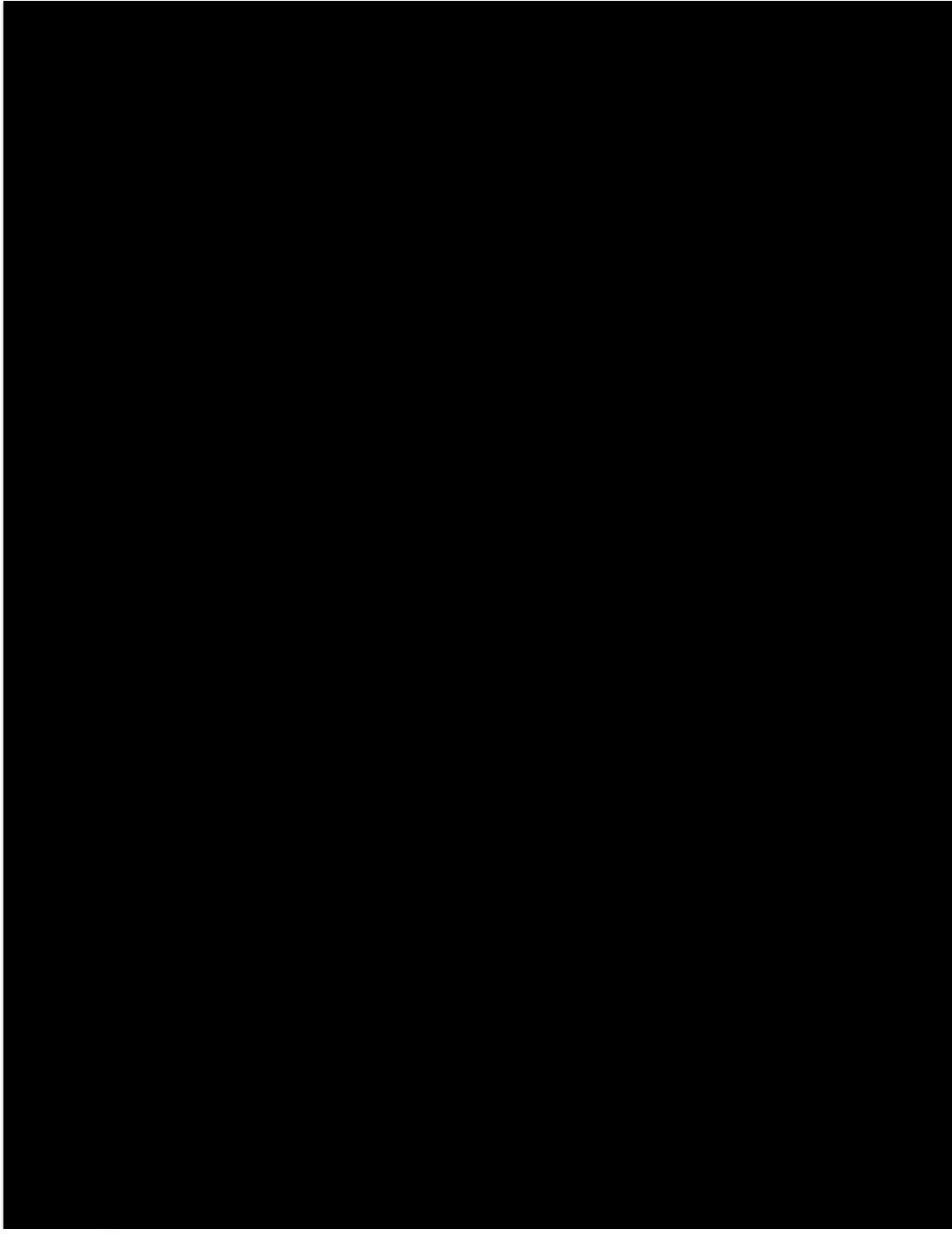


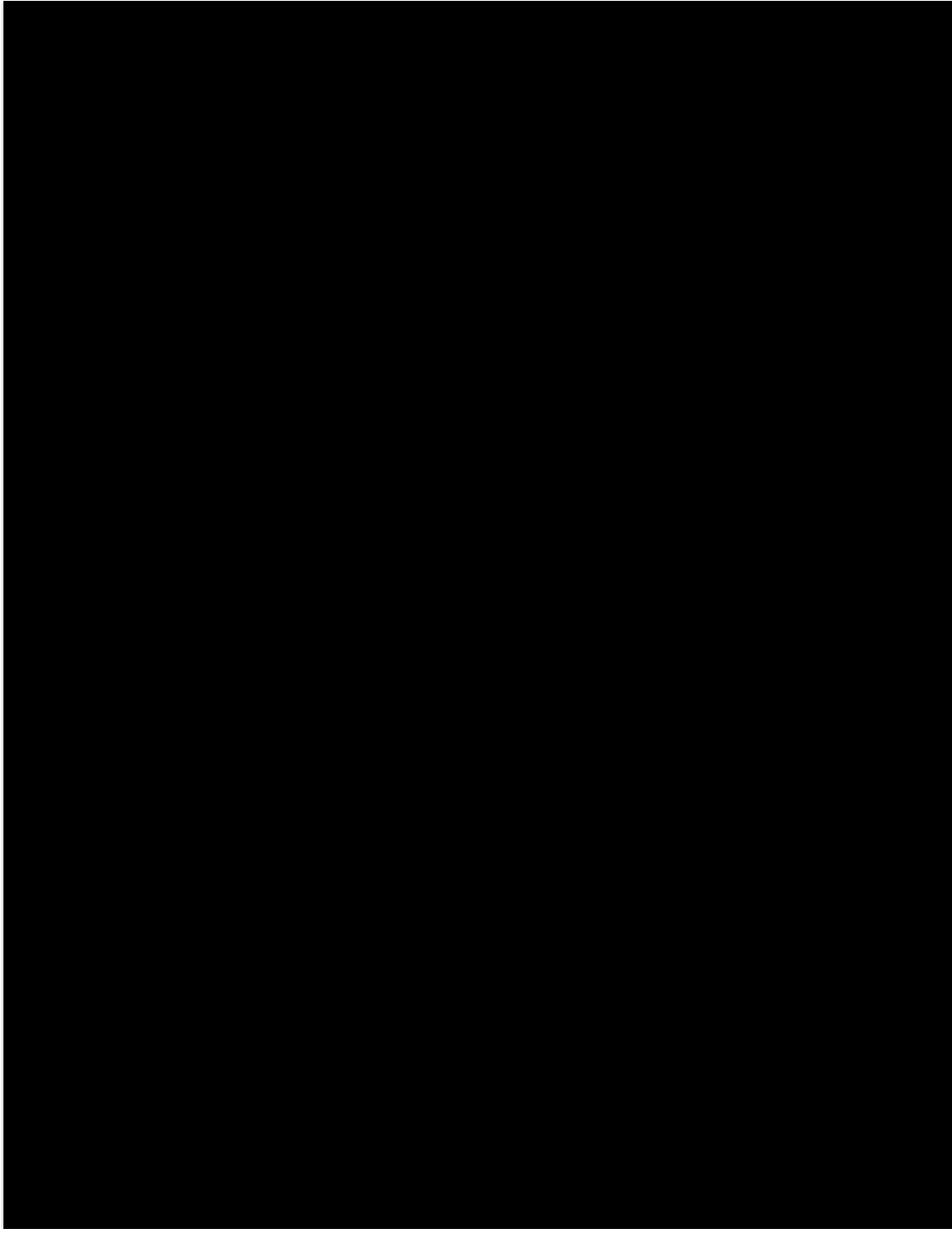


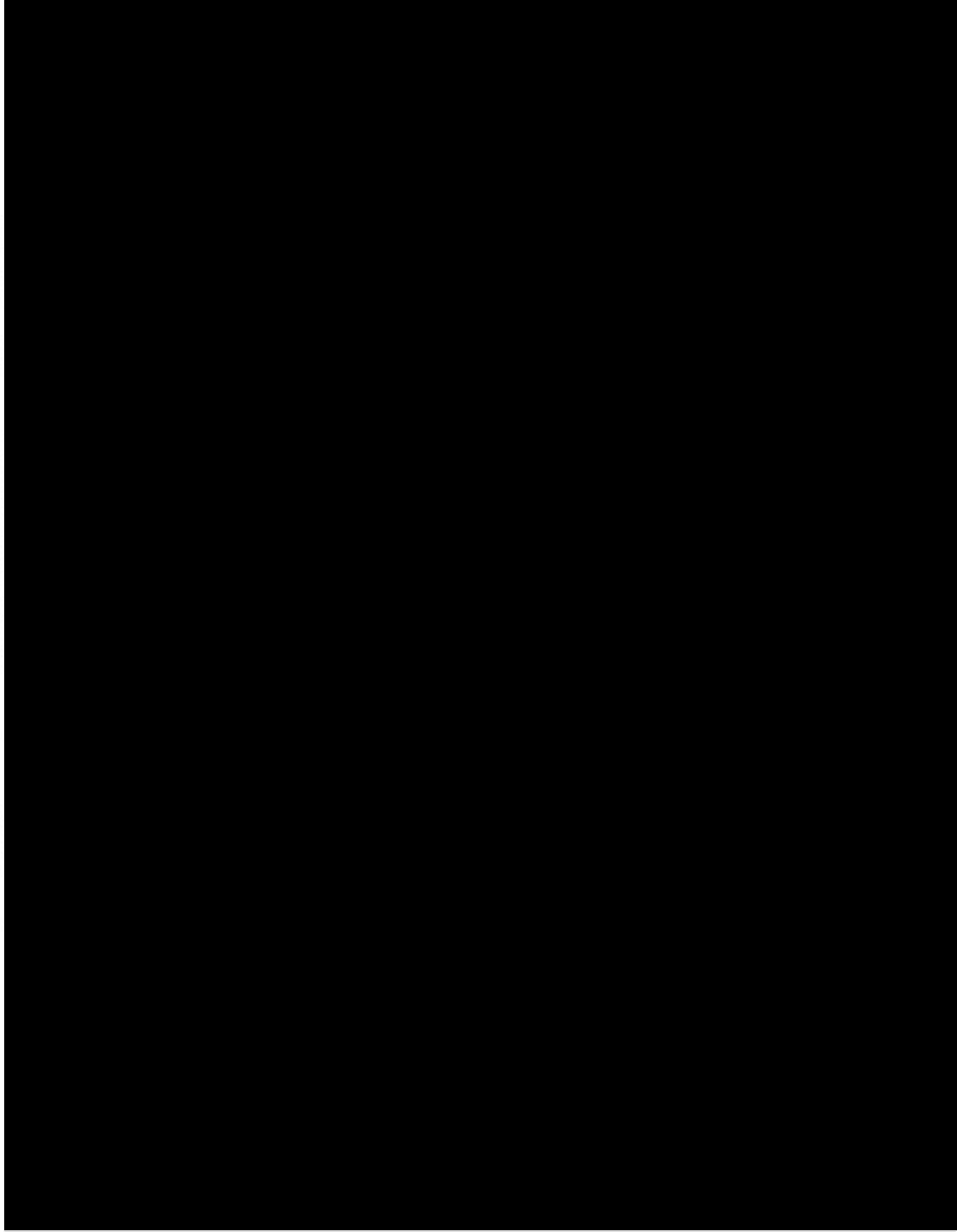




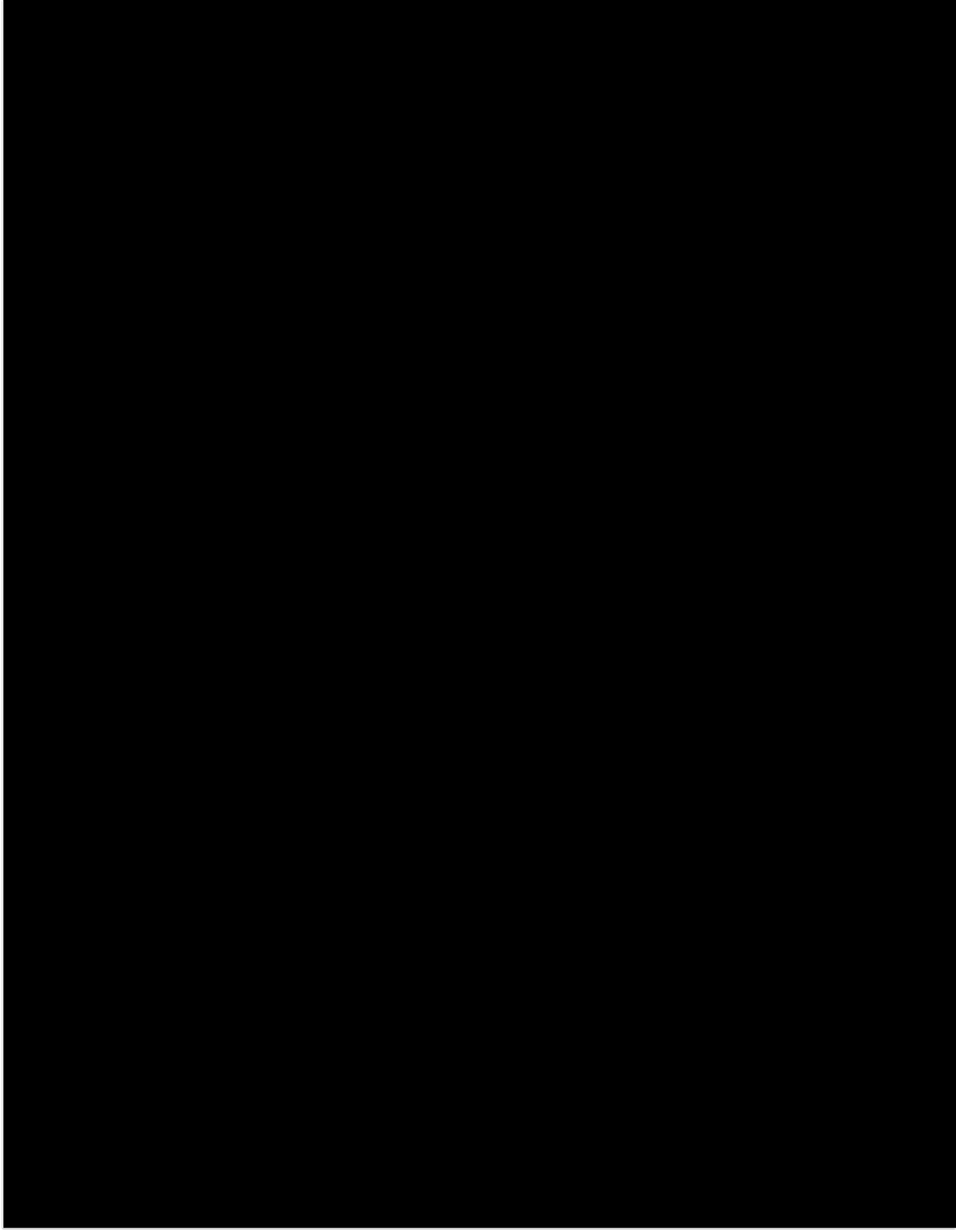


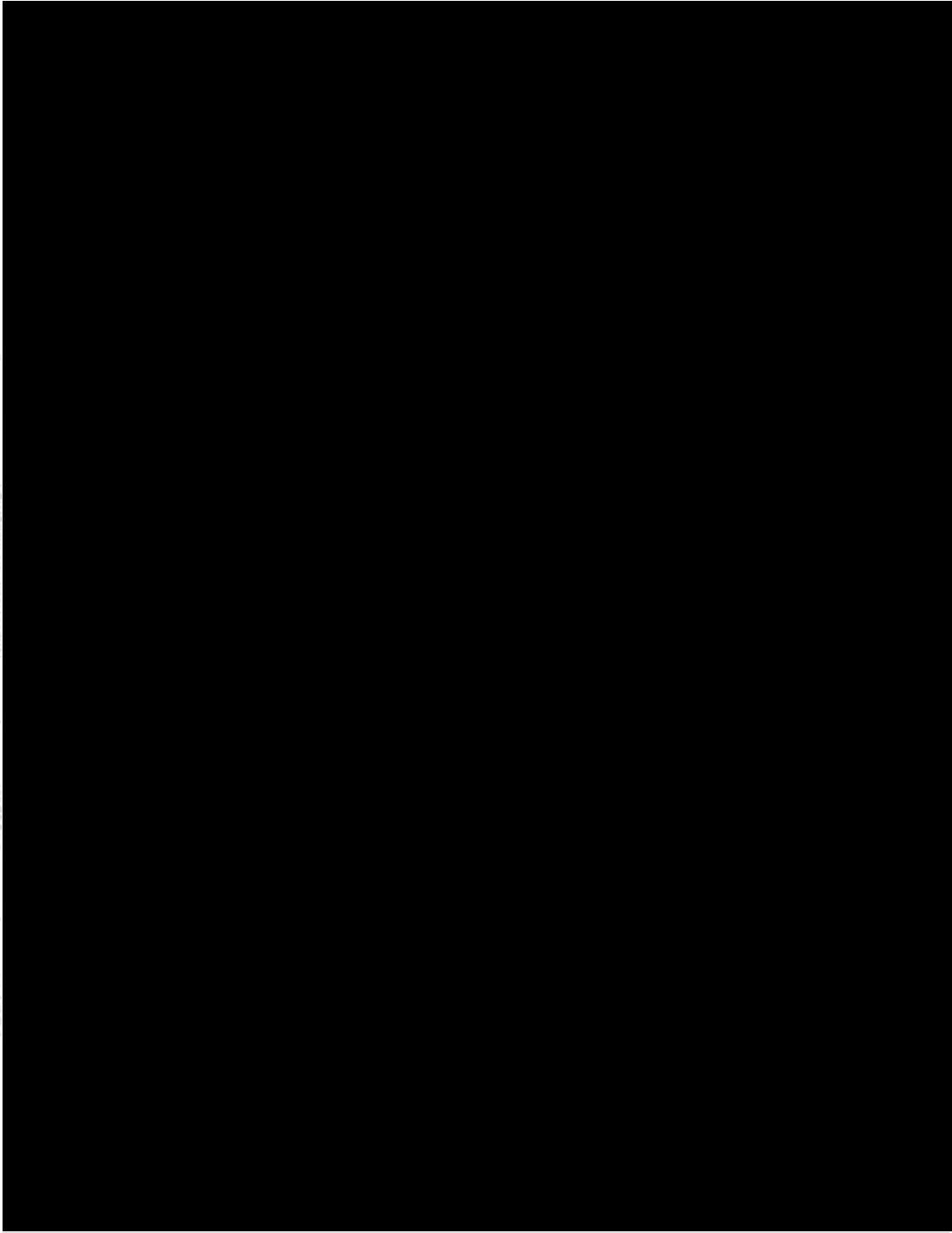


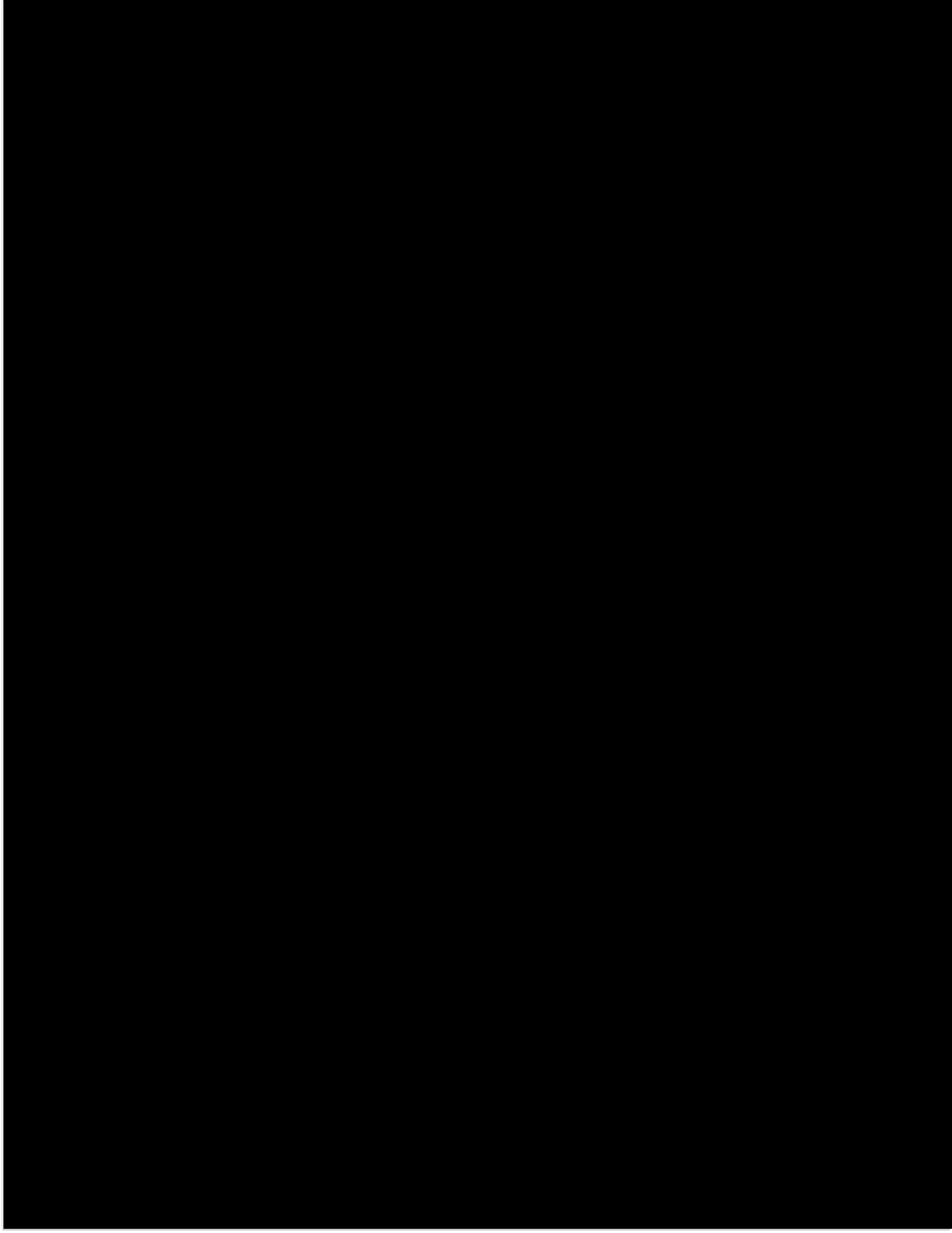


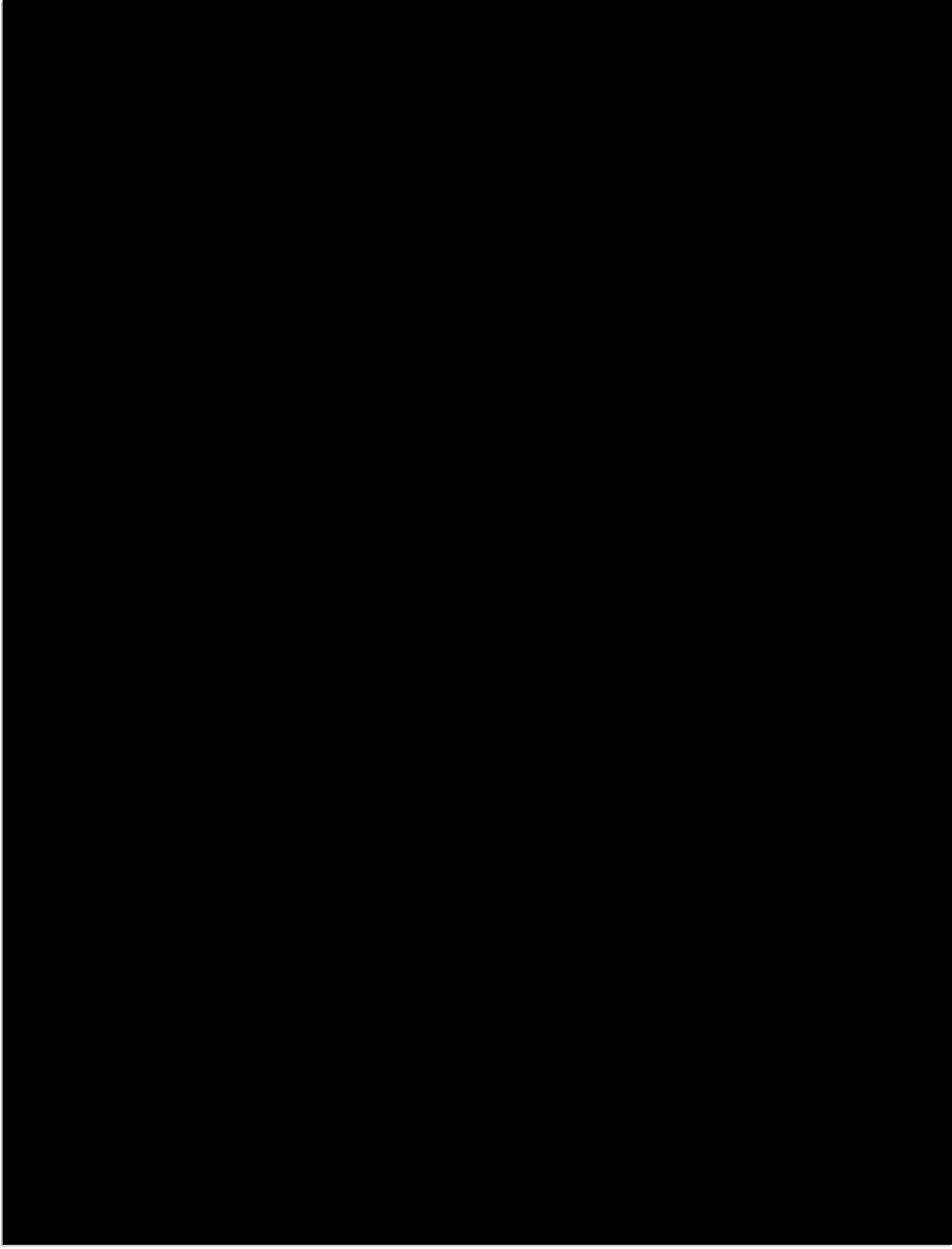


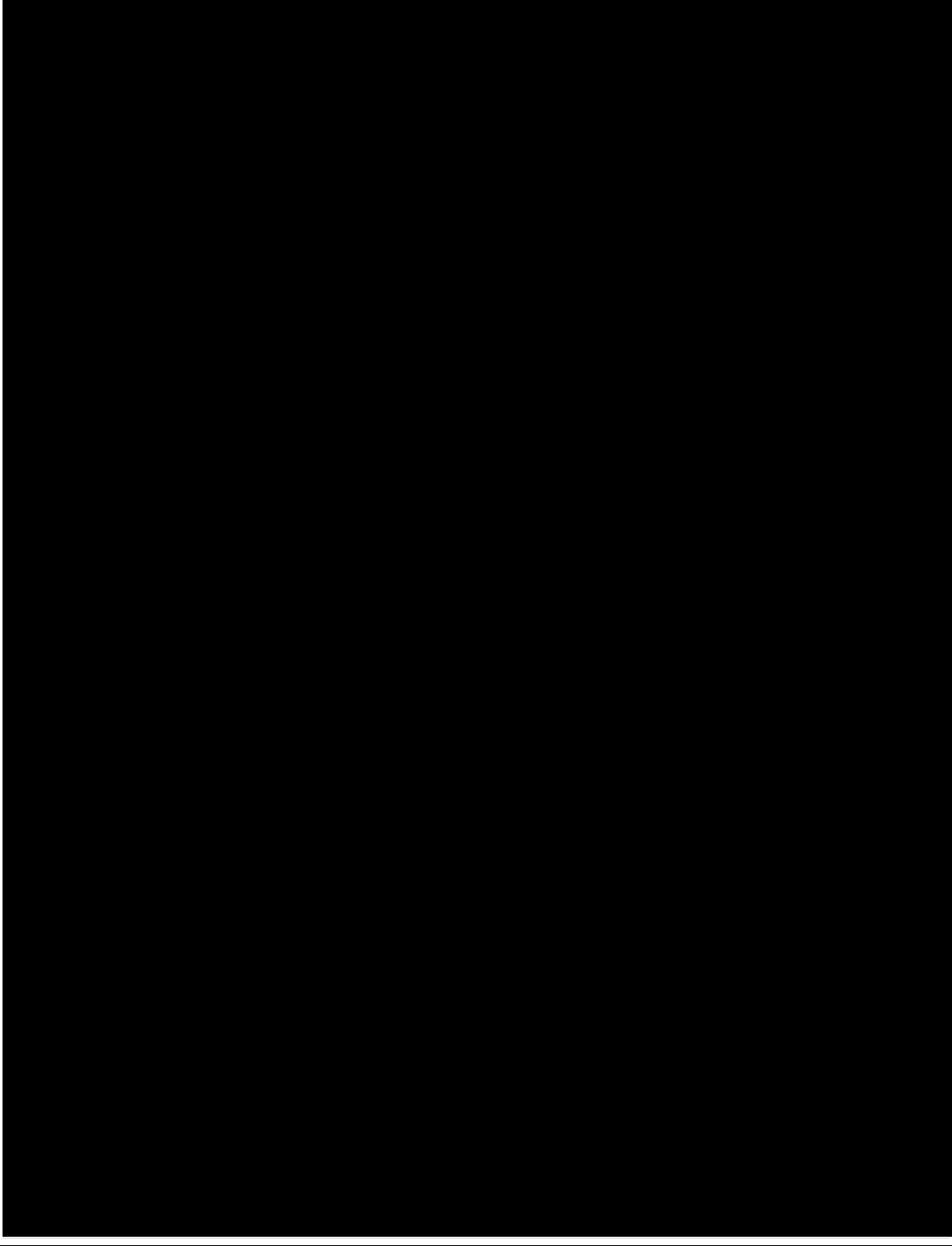


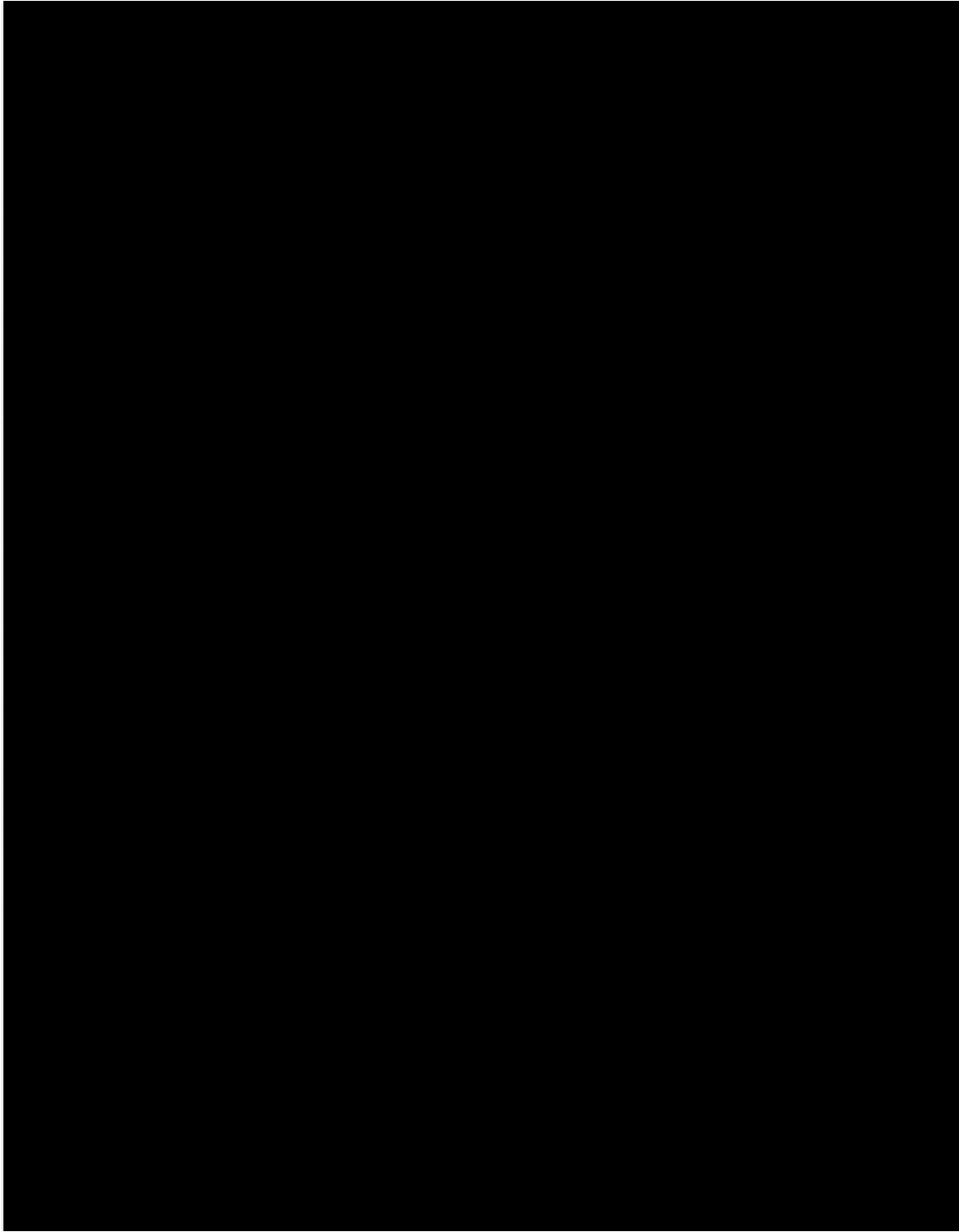


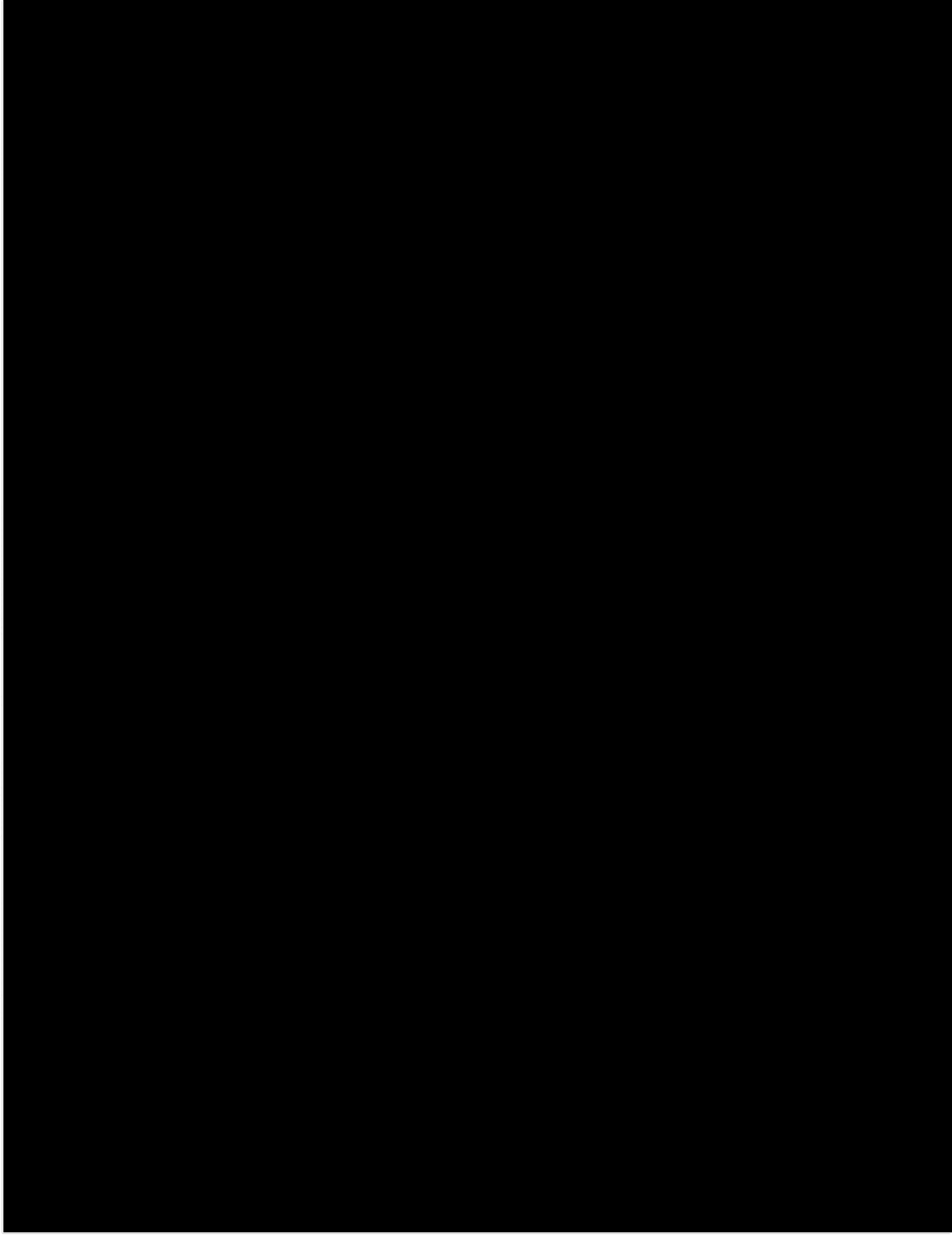


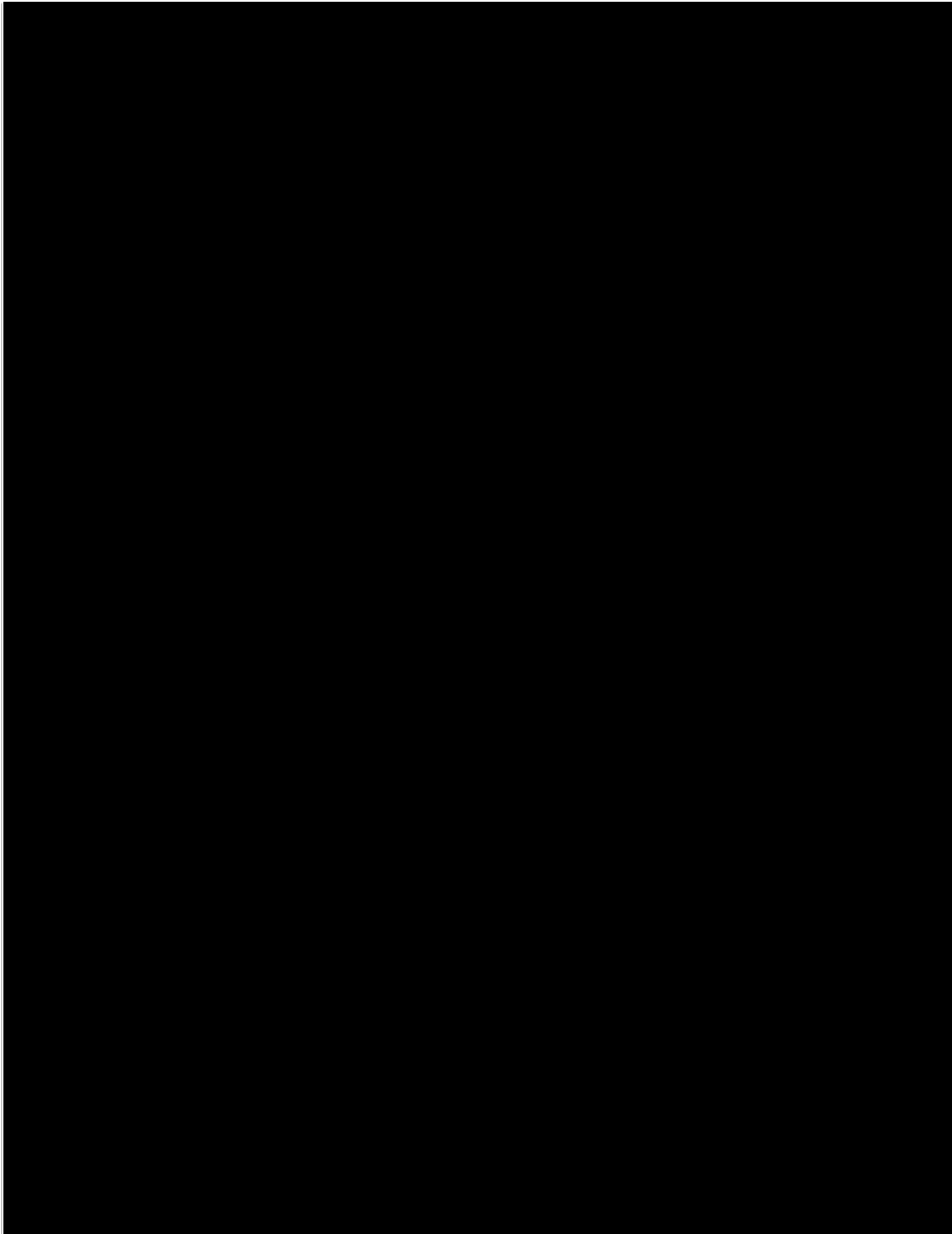




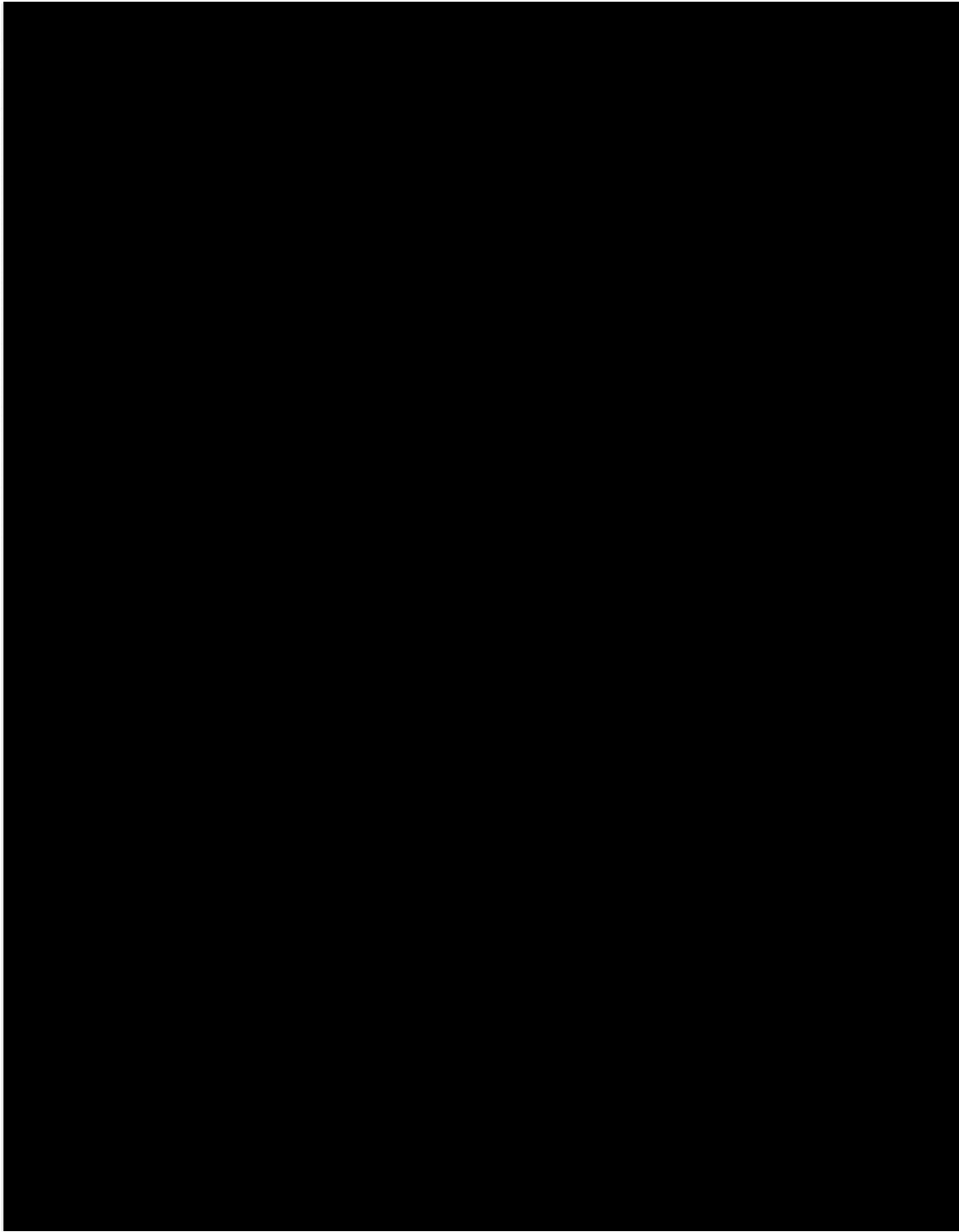


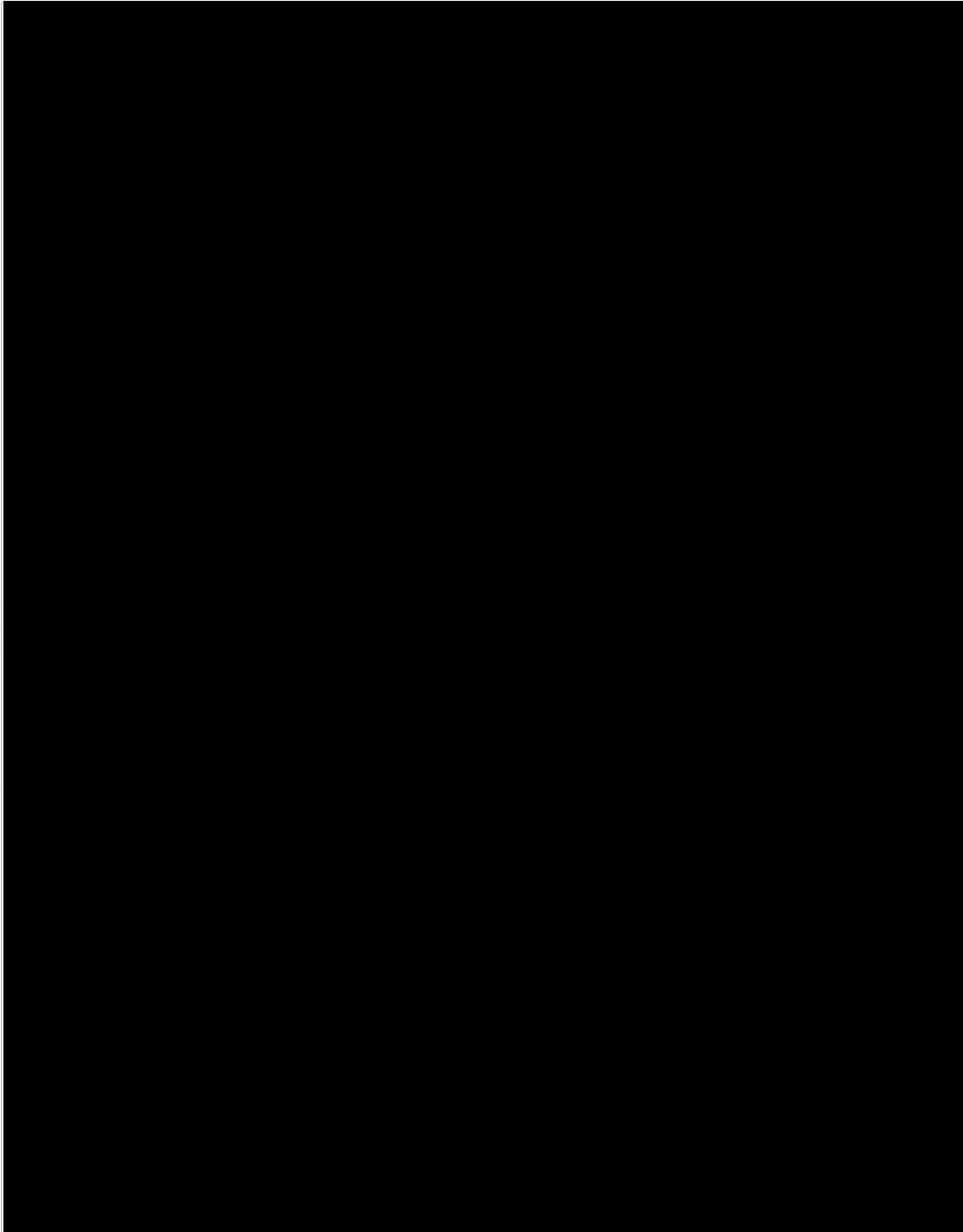


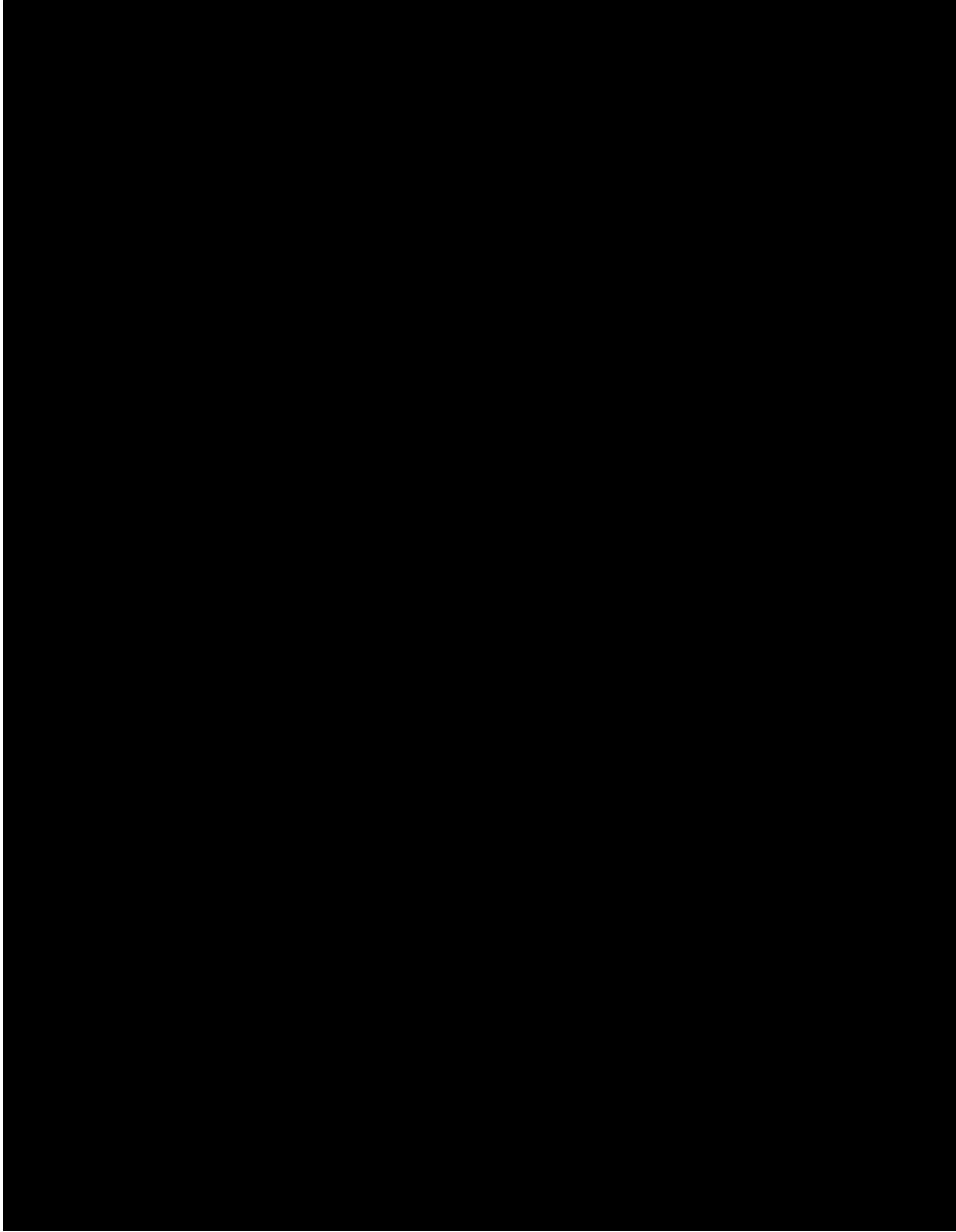


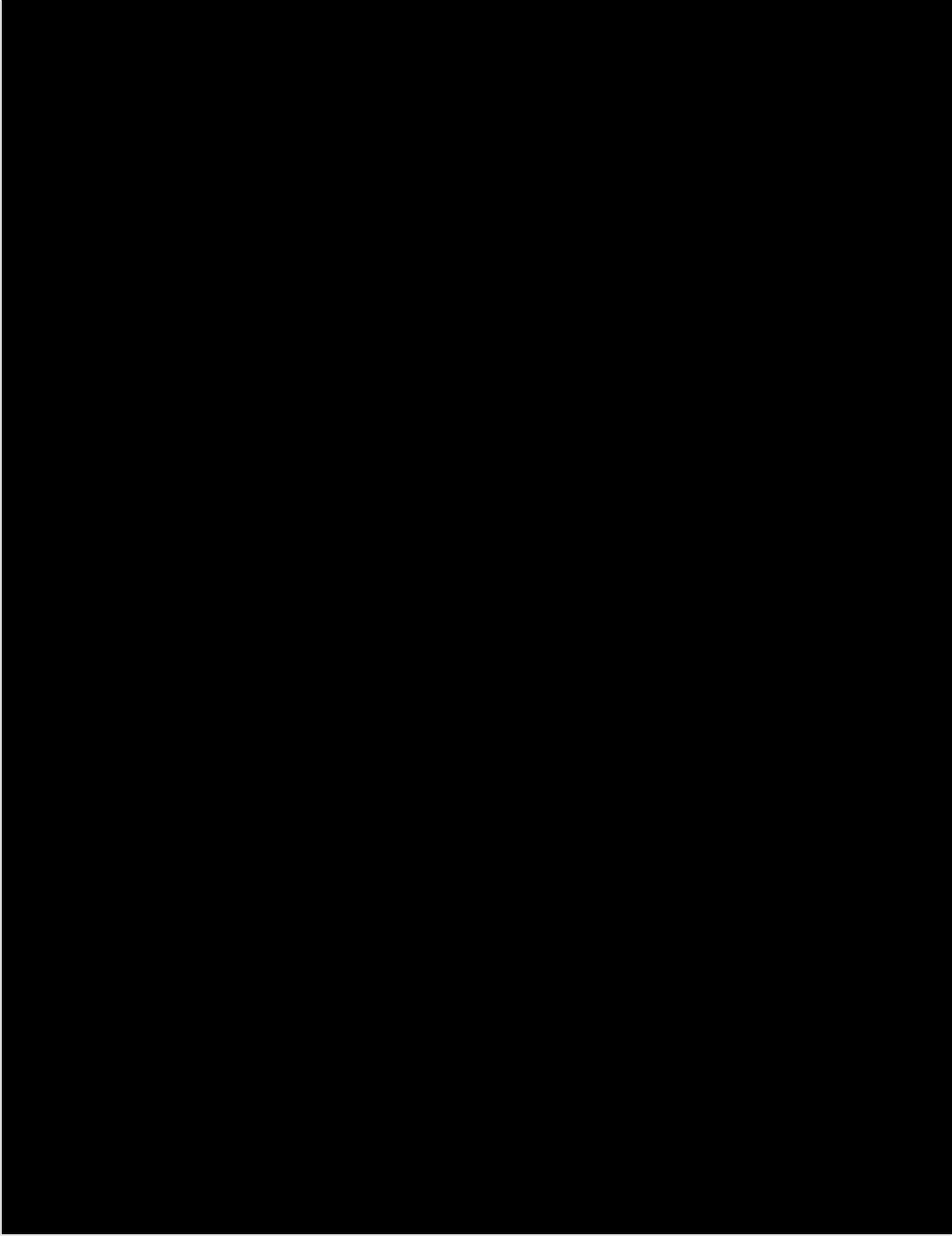


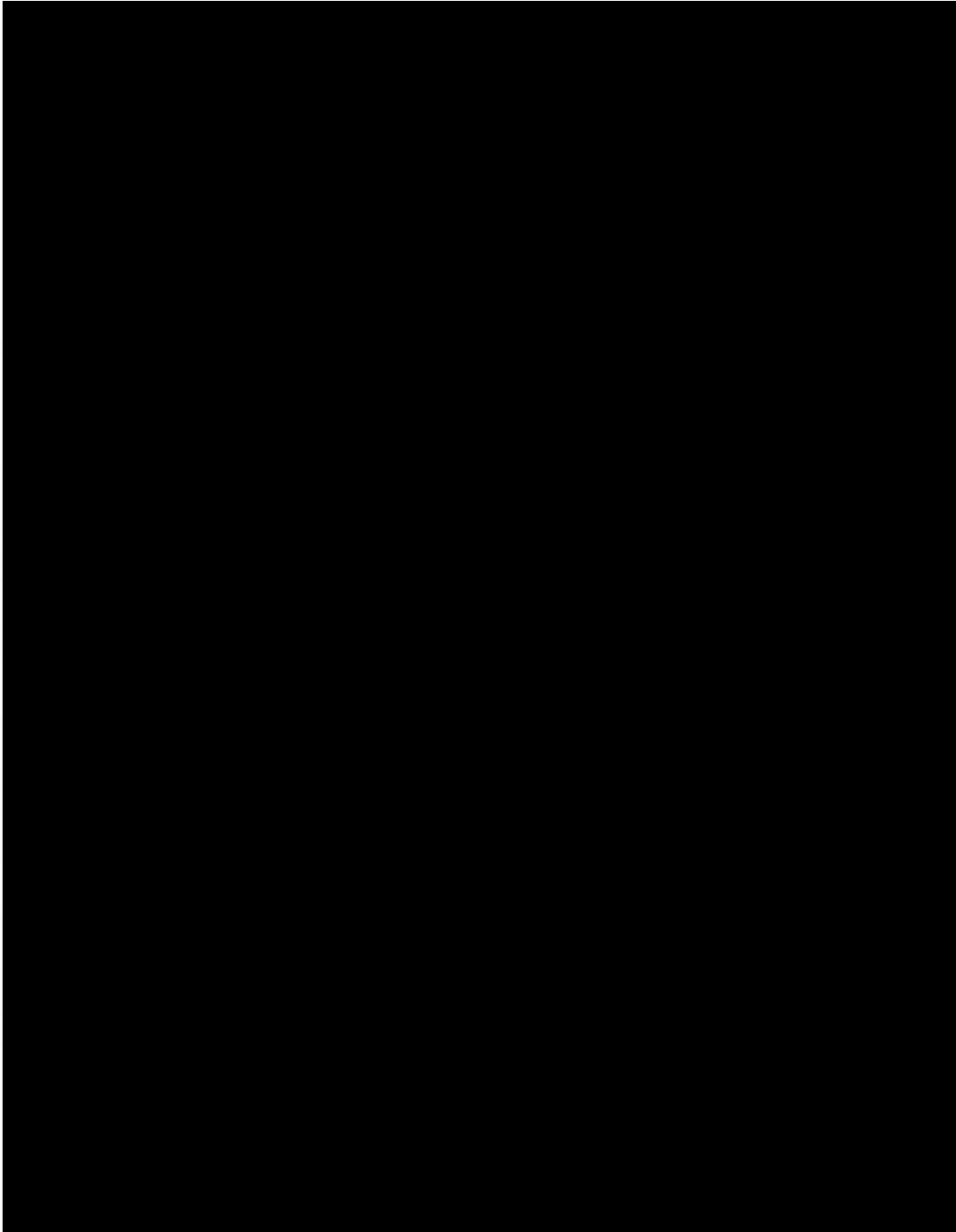


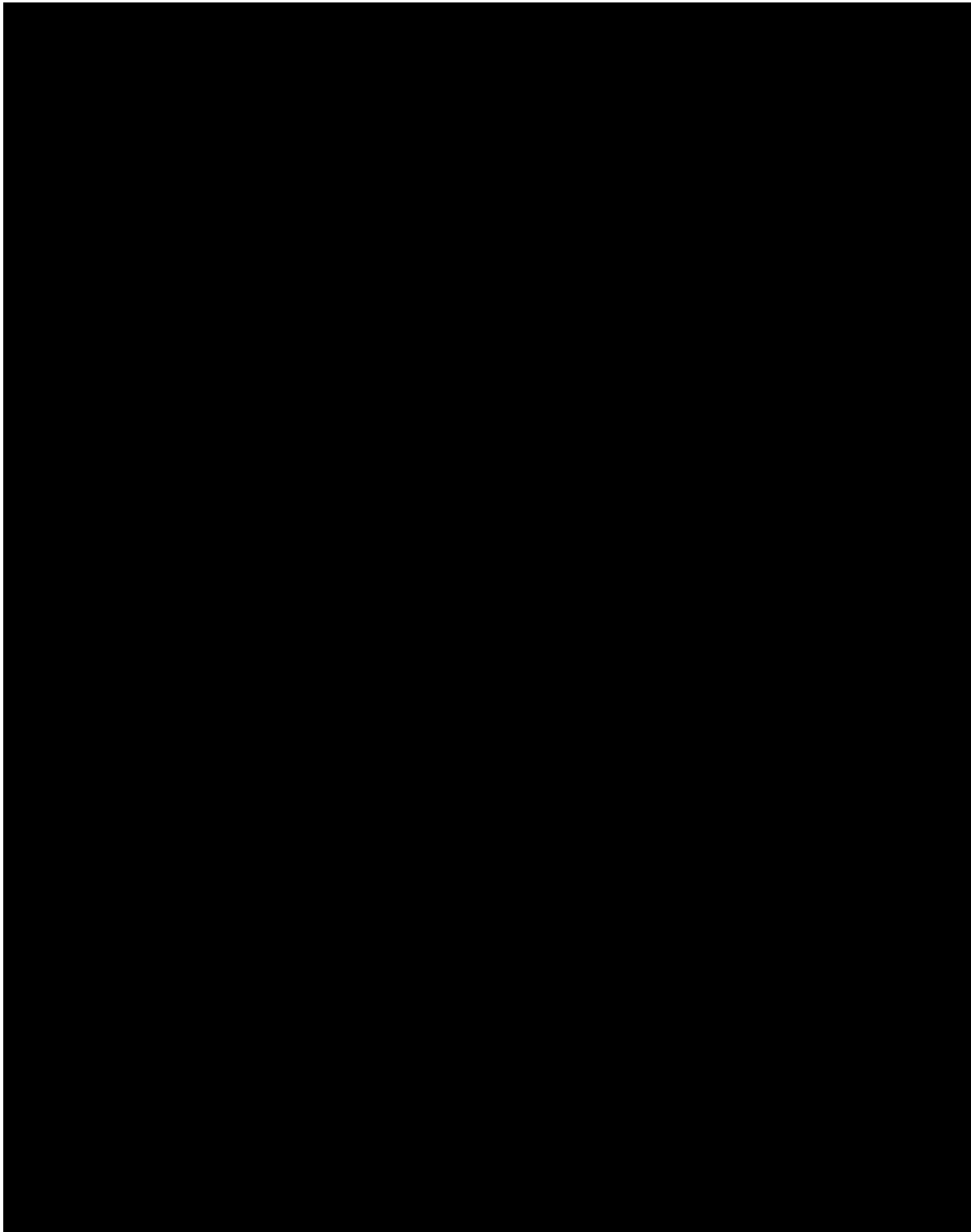


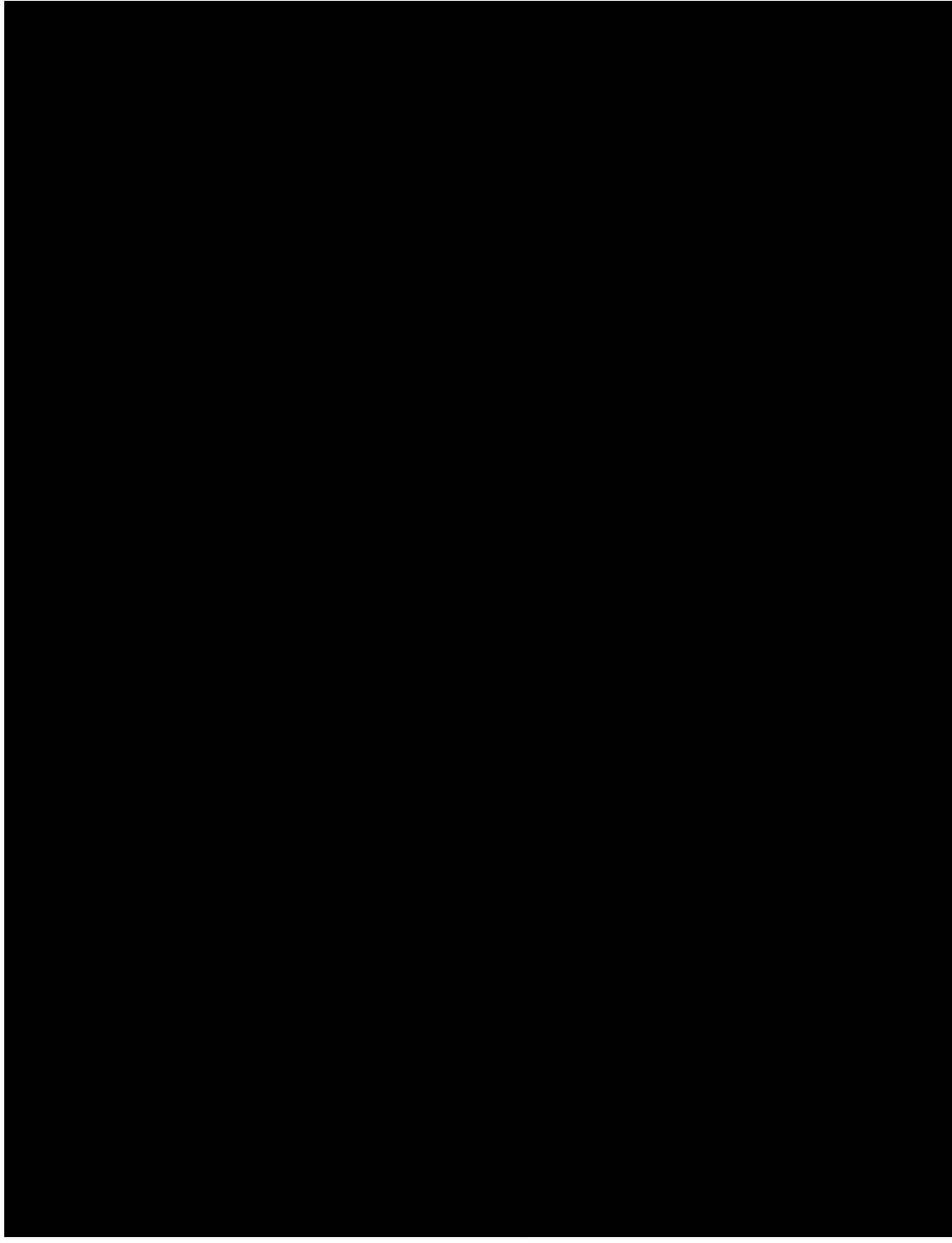


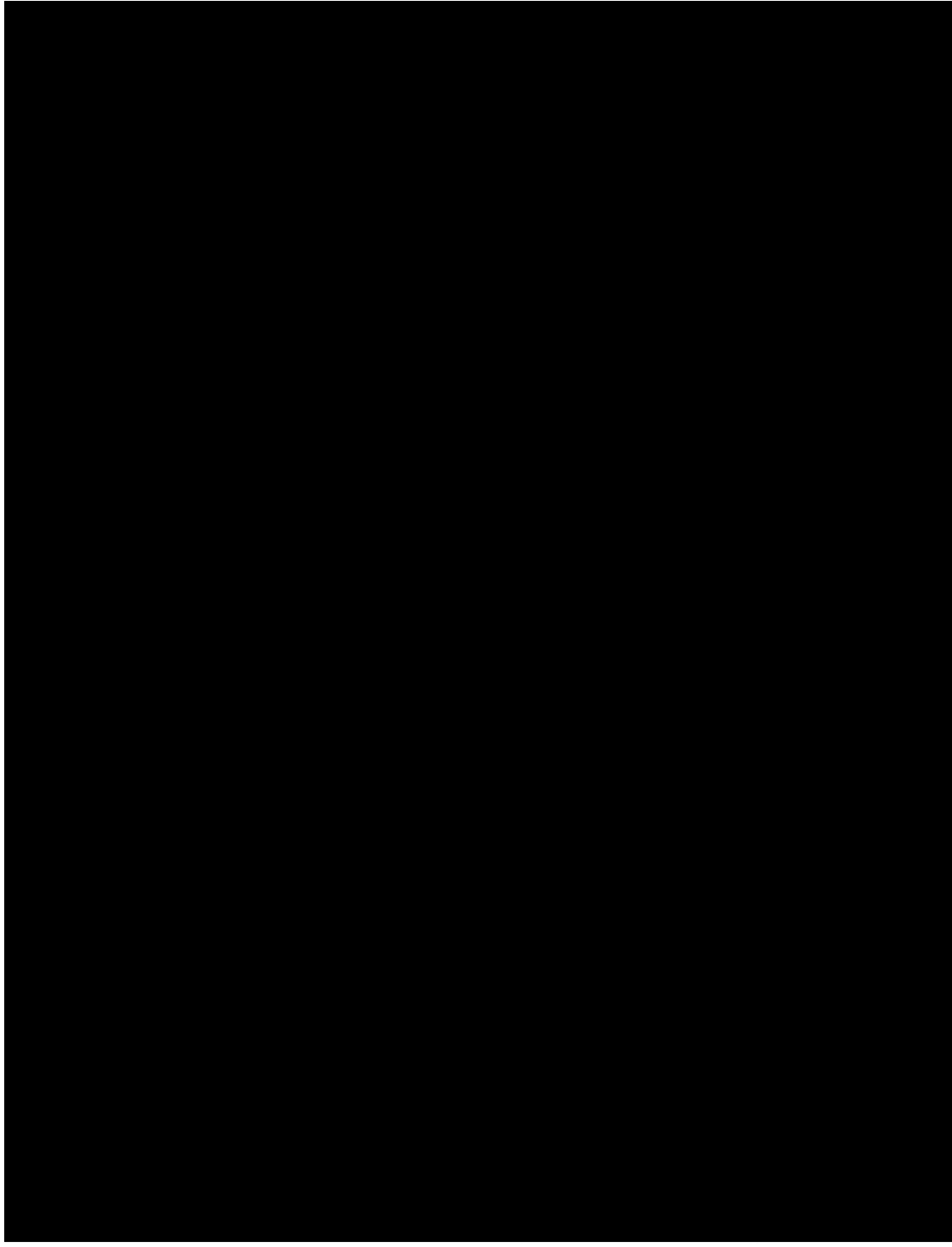




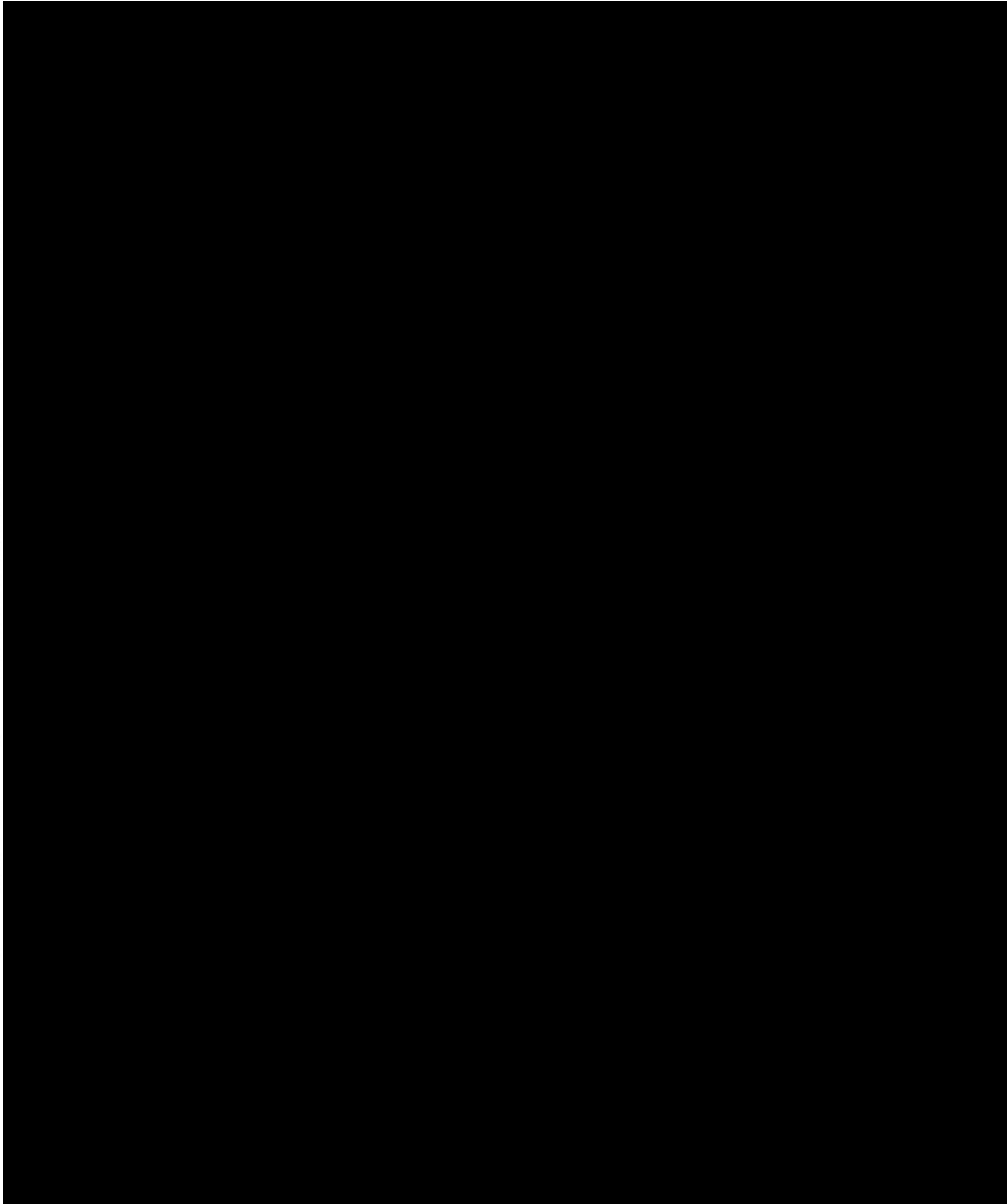


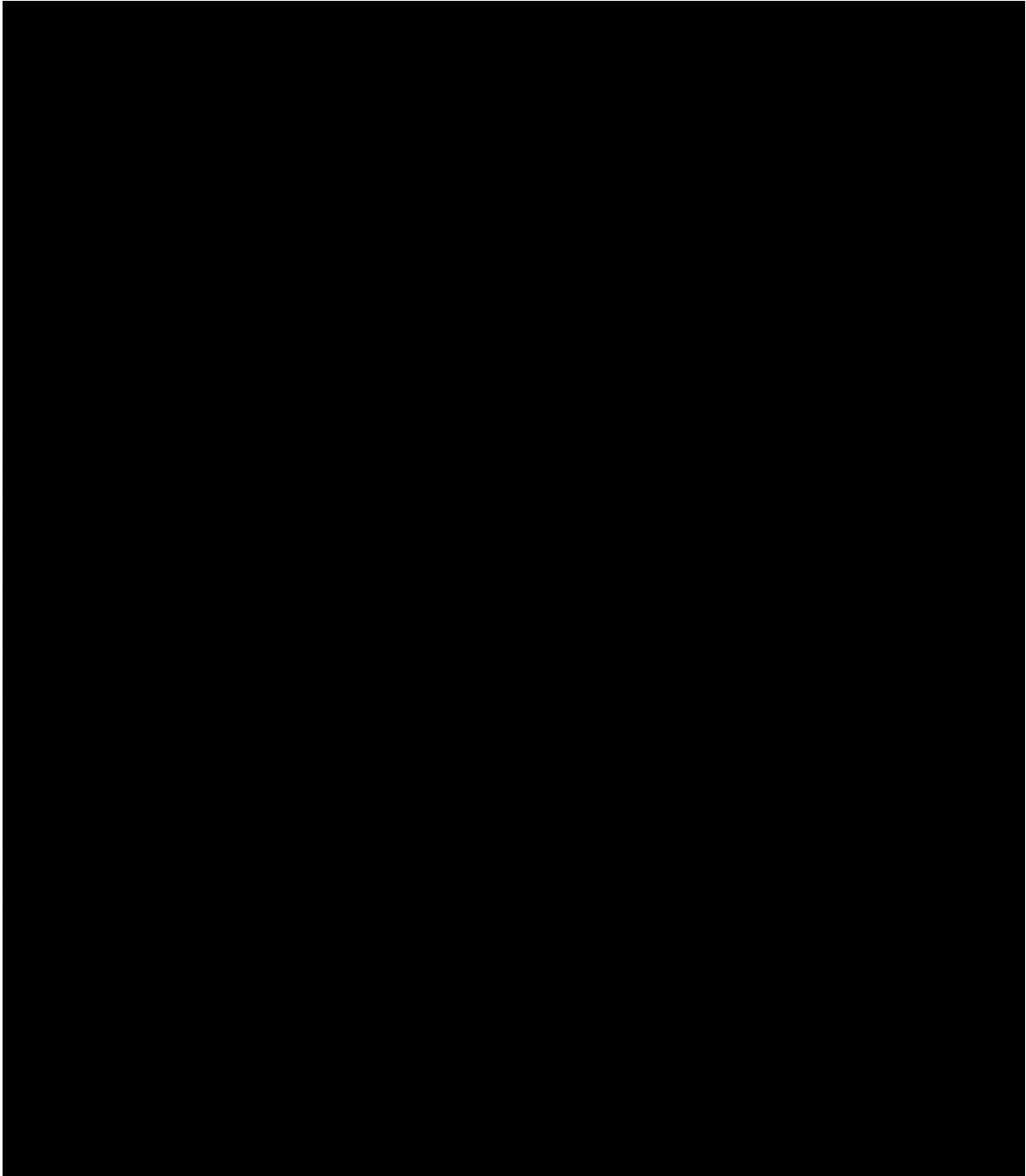


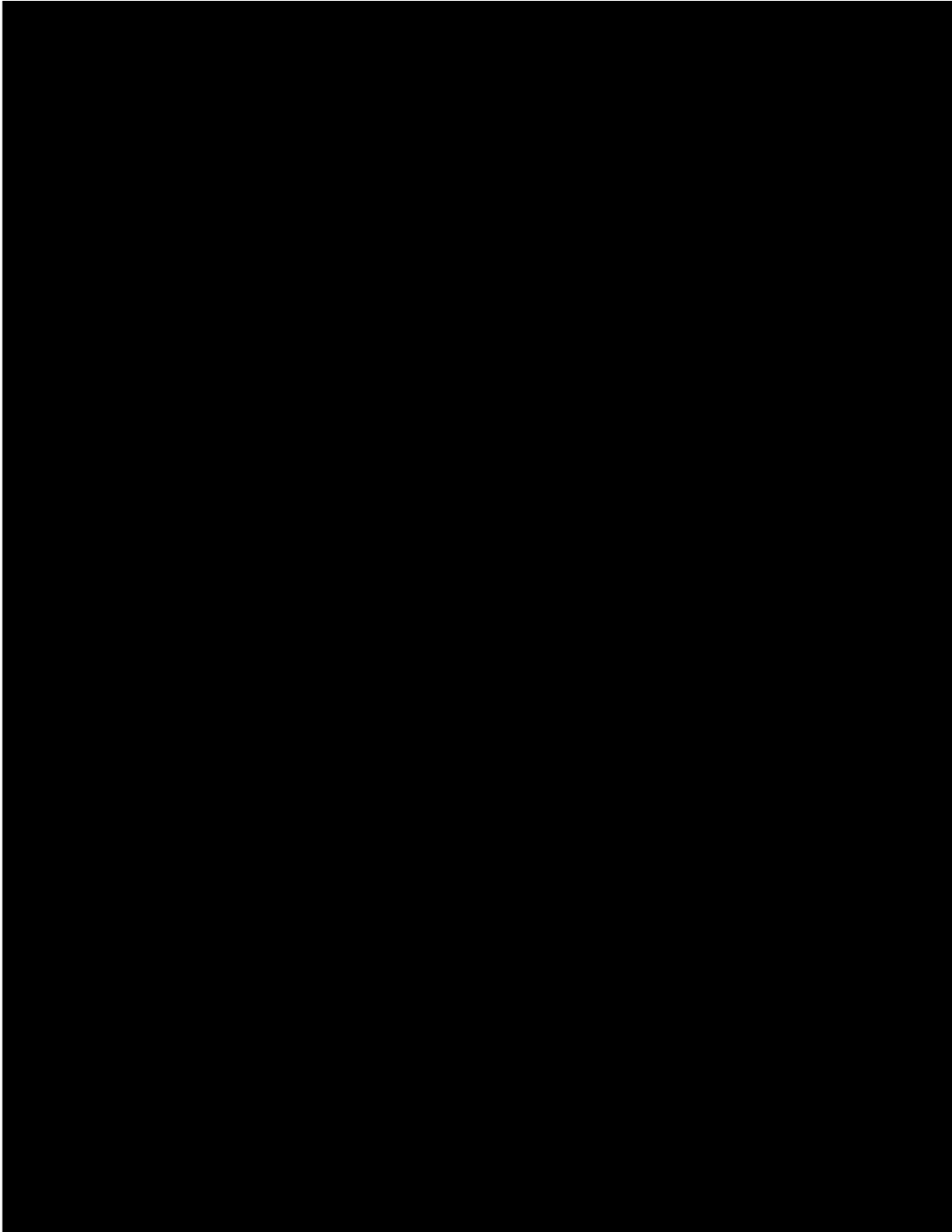


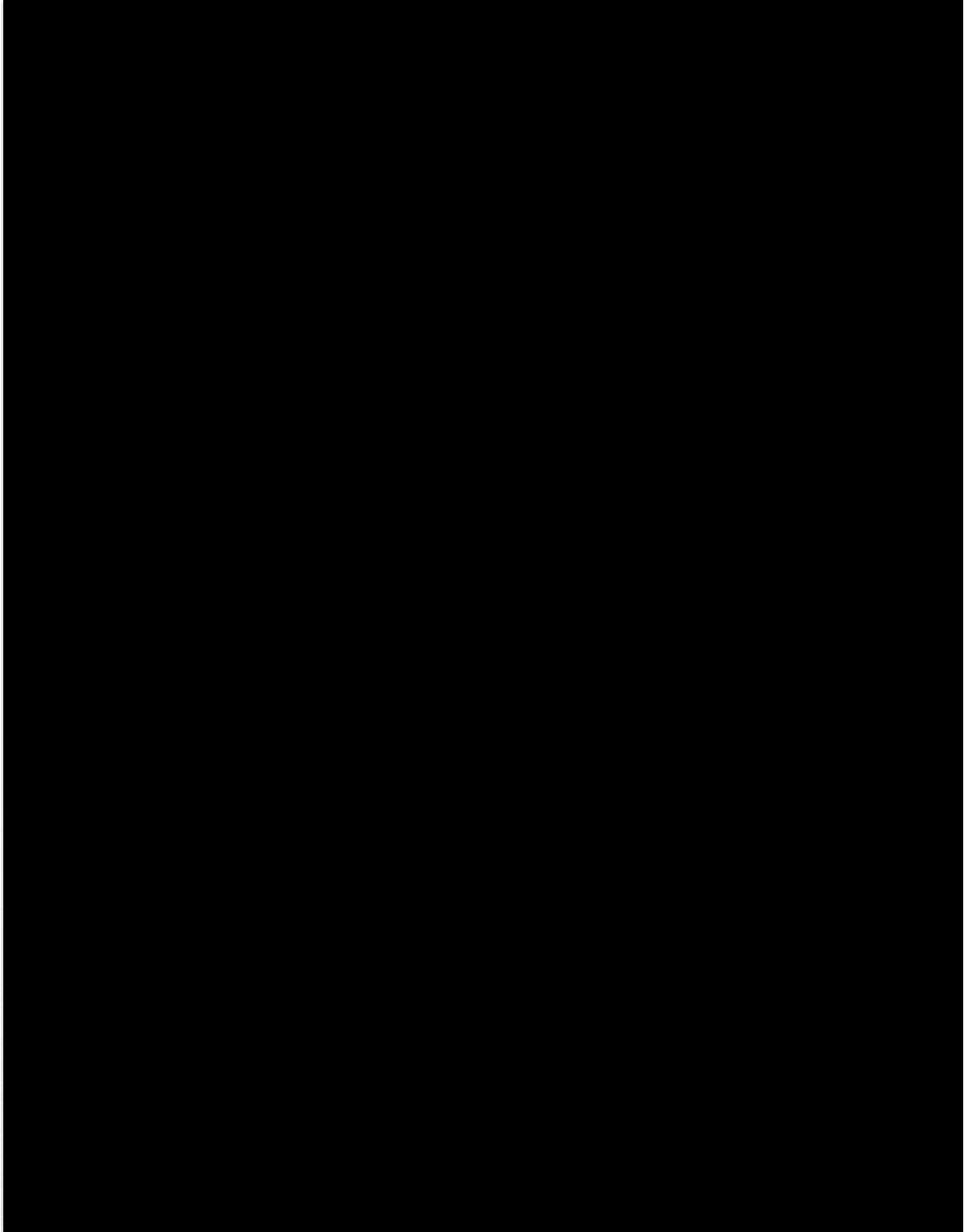


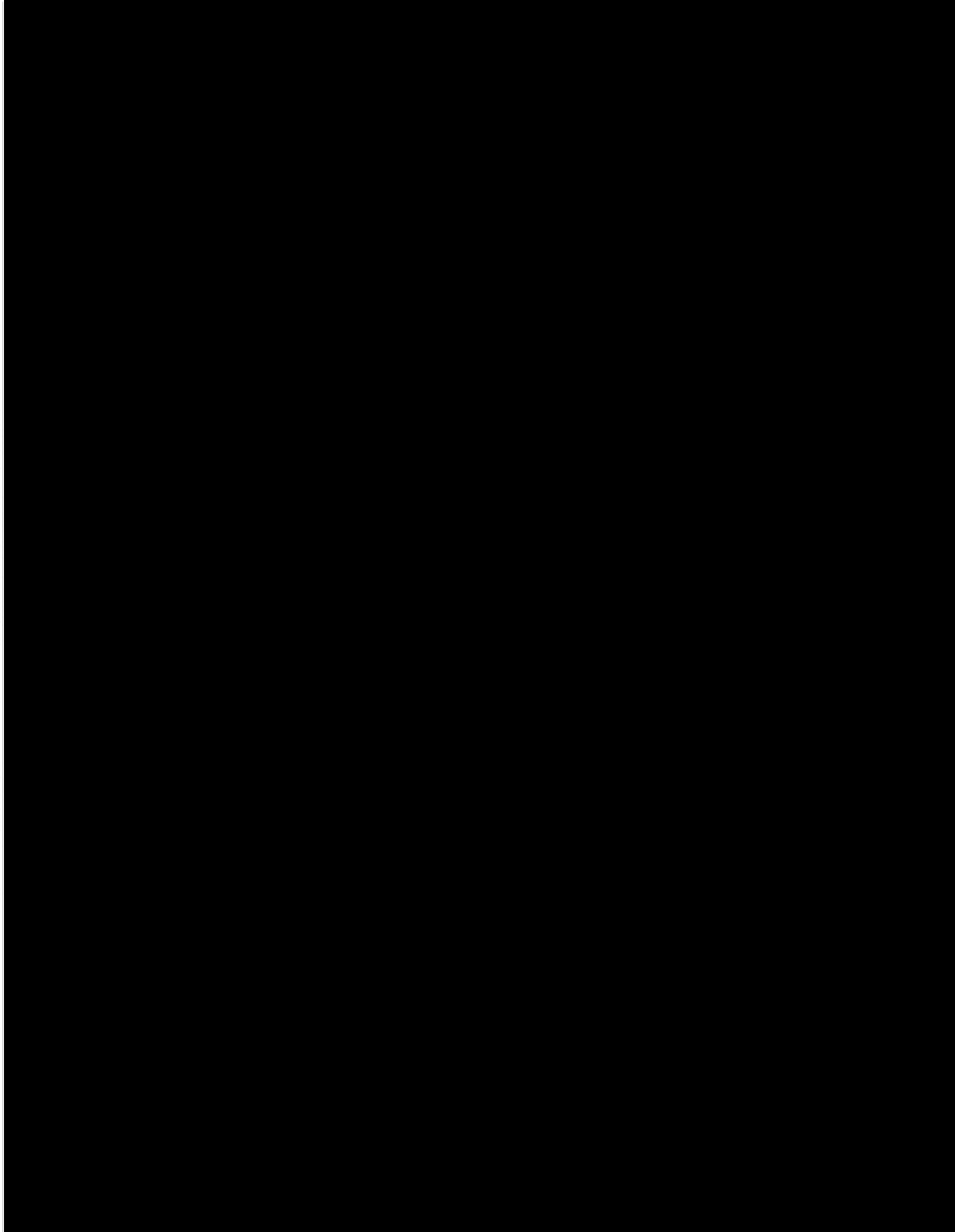


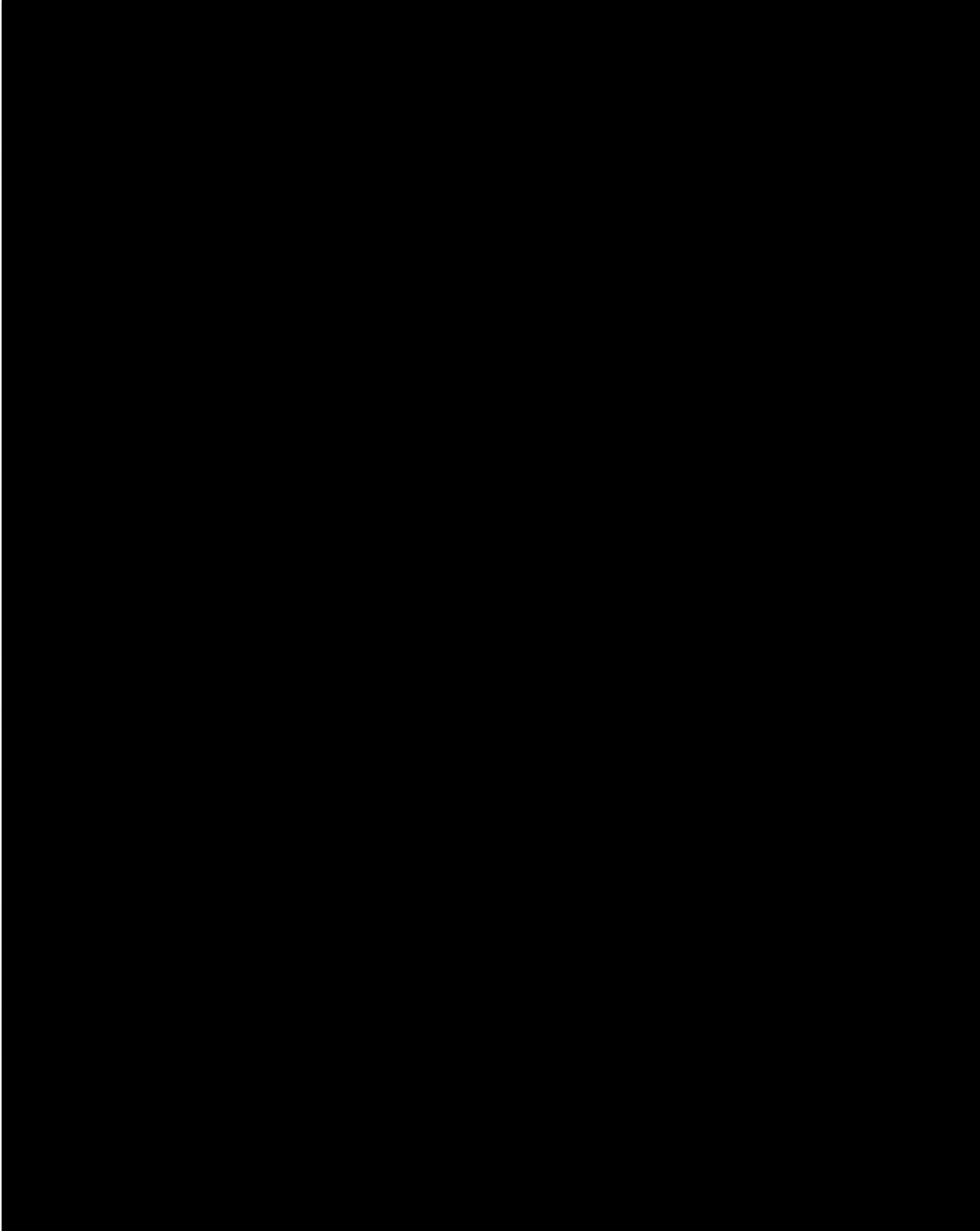


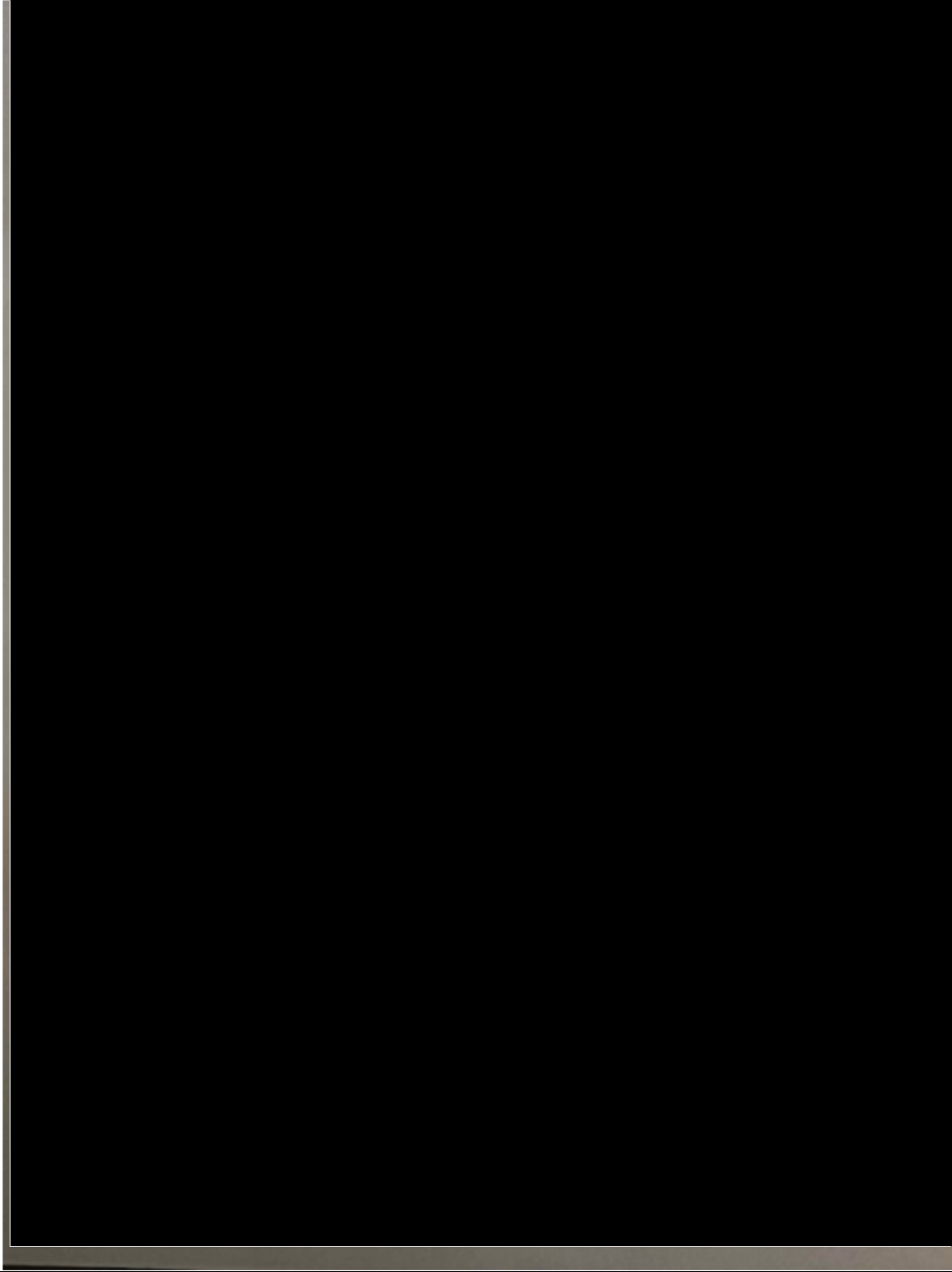












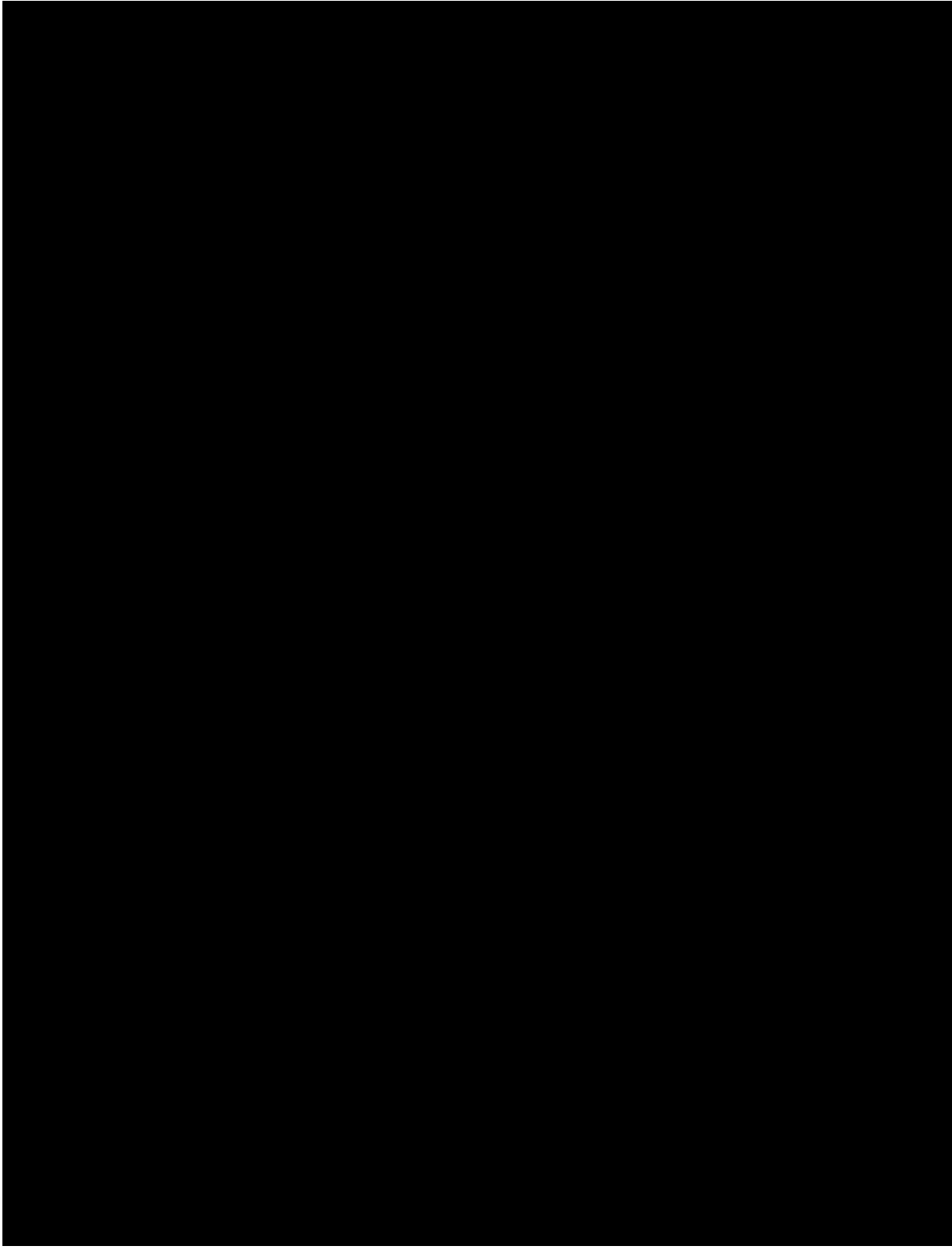


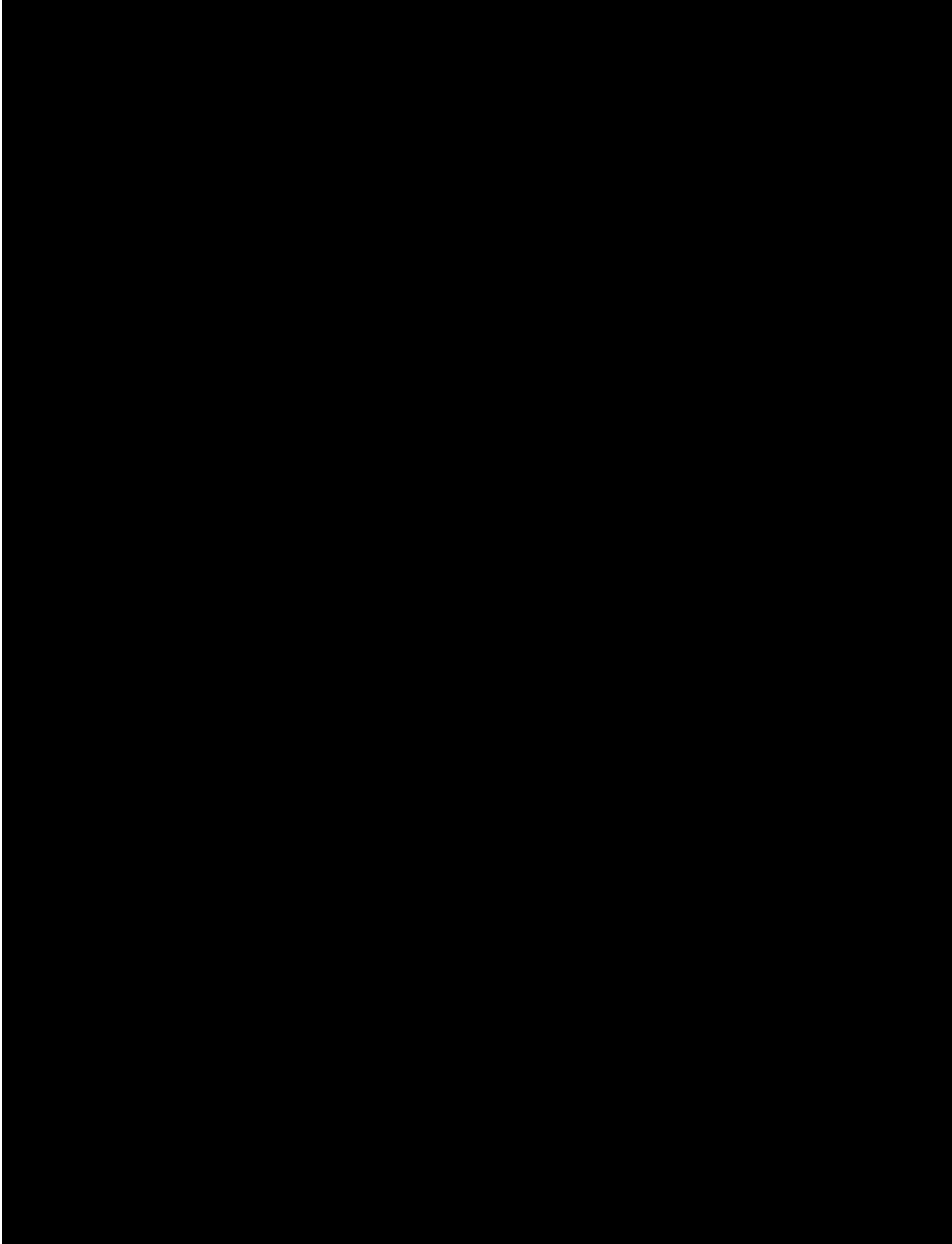


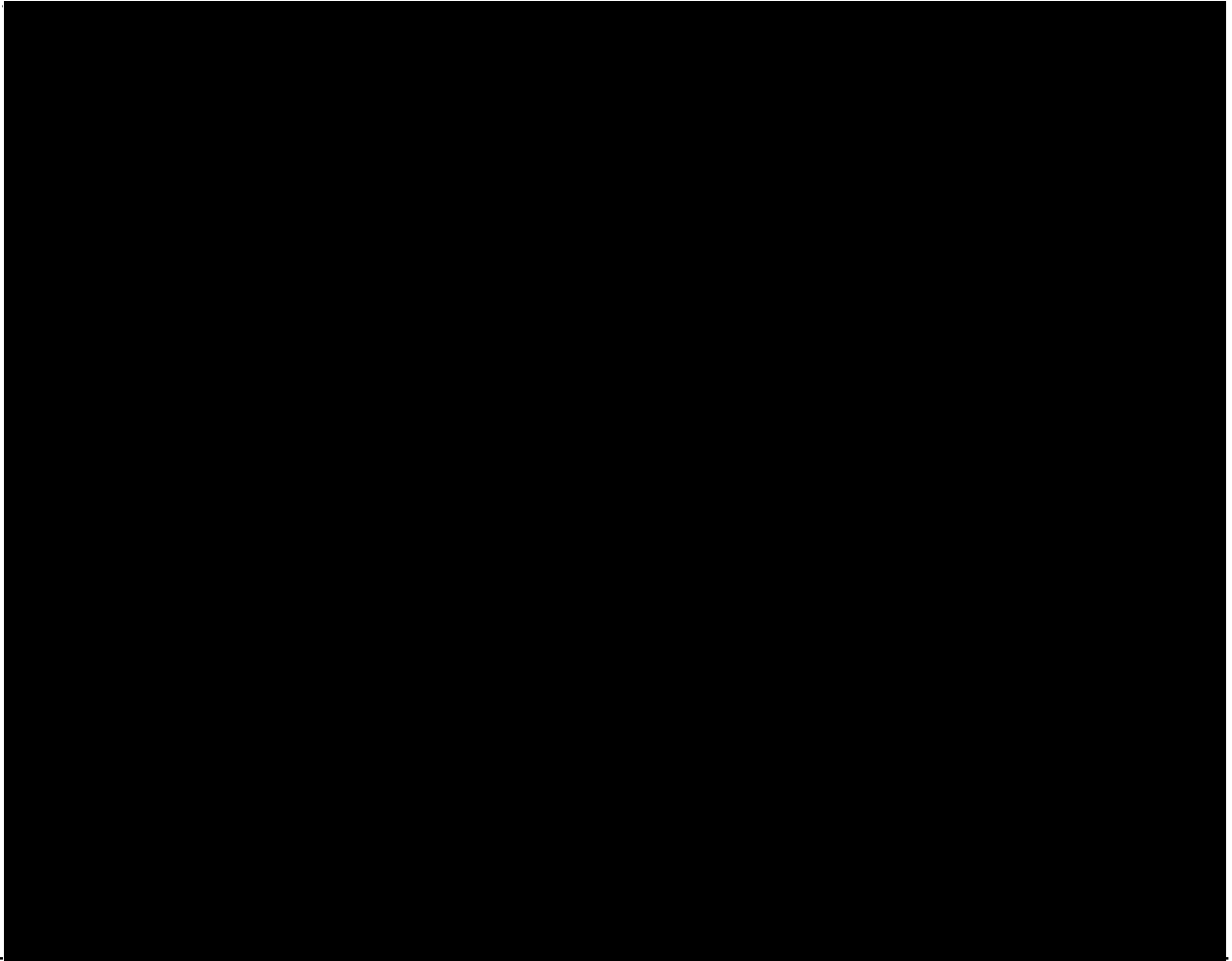
**4.3 – FORM D: NATIONAL BACKGROUND CHECK (FBI)**

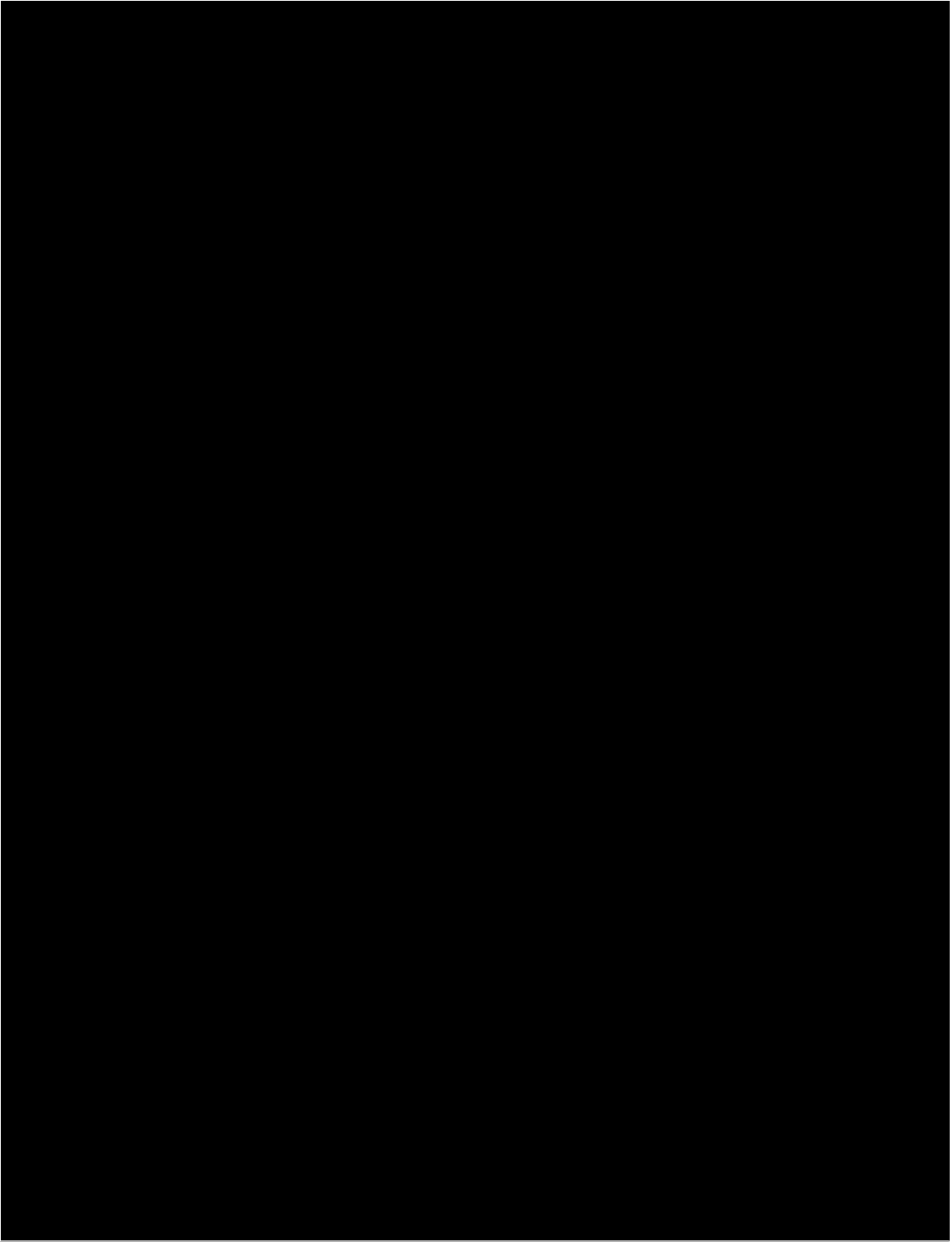
Each owner, shareholder, director, board member, and individual with an economic interest in the Applicant has completed the required national FBI background check per the instructions published by the Commission. Documentation demonstrating compliance with this requirement has been included for the following individuals:

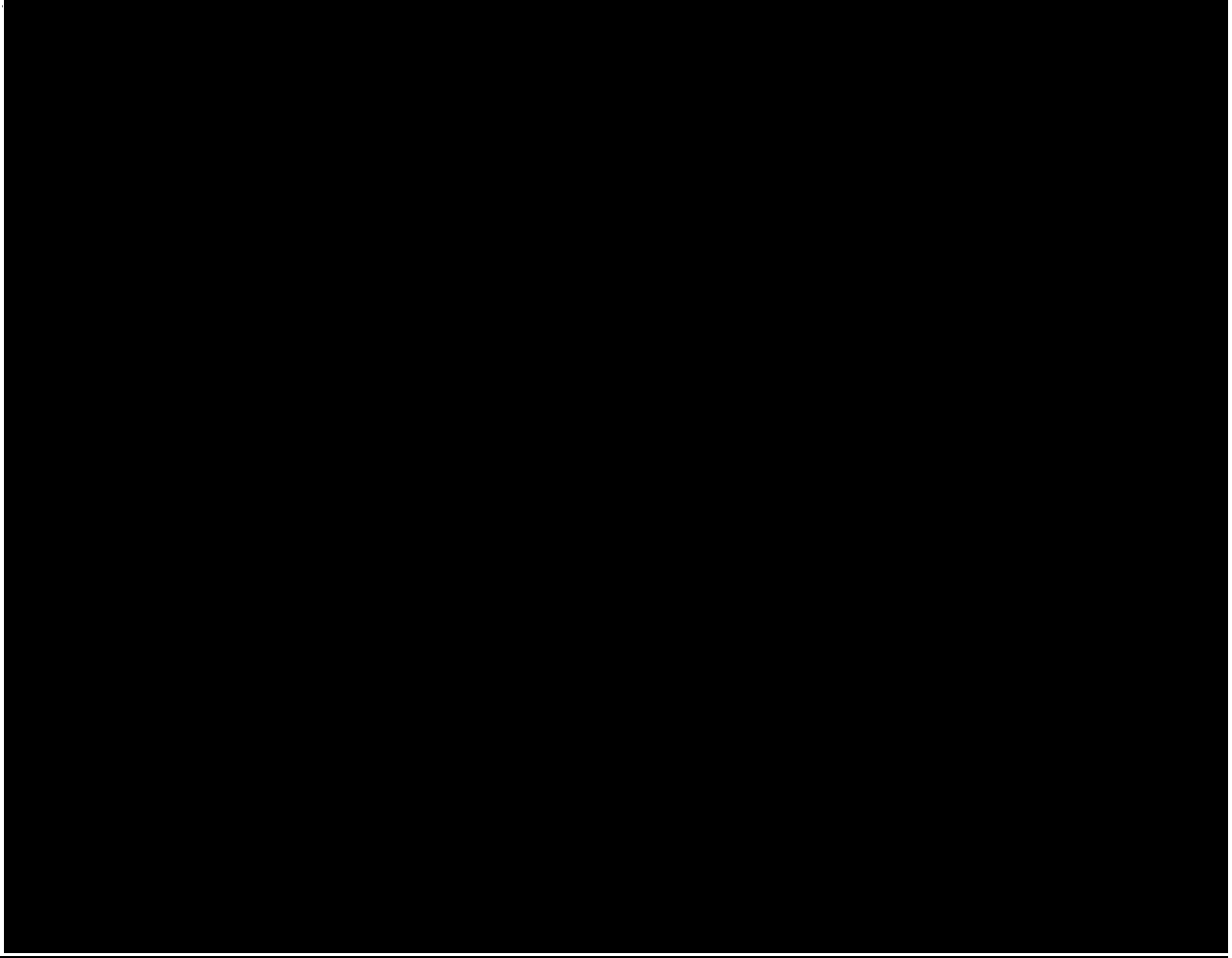
- Nathan Smith IV – [REDACTED] % owner of applicant, [REDACTED]
- Charles Walton Decelle Jr – [REDACTED] % owner of applicant, [REDACTED]
- AlaCann Management – [REDACTED] % owner of applicant, [REDACTED]
  - Bradley Blair – [REDACTED] % owner of [REDACTED]
  - Edwin Bryan Nichols – [REDACTED] % owner of [REDACTED]
  - Michael Brandon Meadows – [REDACTED] % owner of [REDACTED]
  - Adolph Drew Weil – [REDACTED] % owner of [REDACTED]
  - Dr. Michael Curry – [REDACTED] % owner of [REDACTED]
  - MAA Alternative Holdings, LLC - [REDACTED] % owner of [REDACTED]
    - Mark Ascik ([REDACTED])
- [REDACTED]

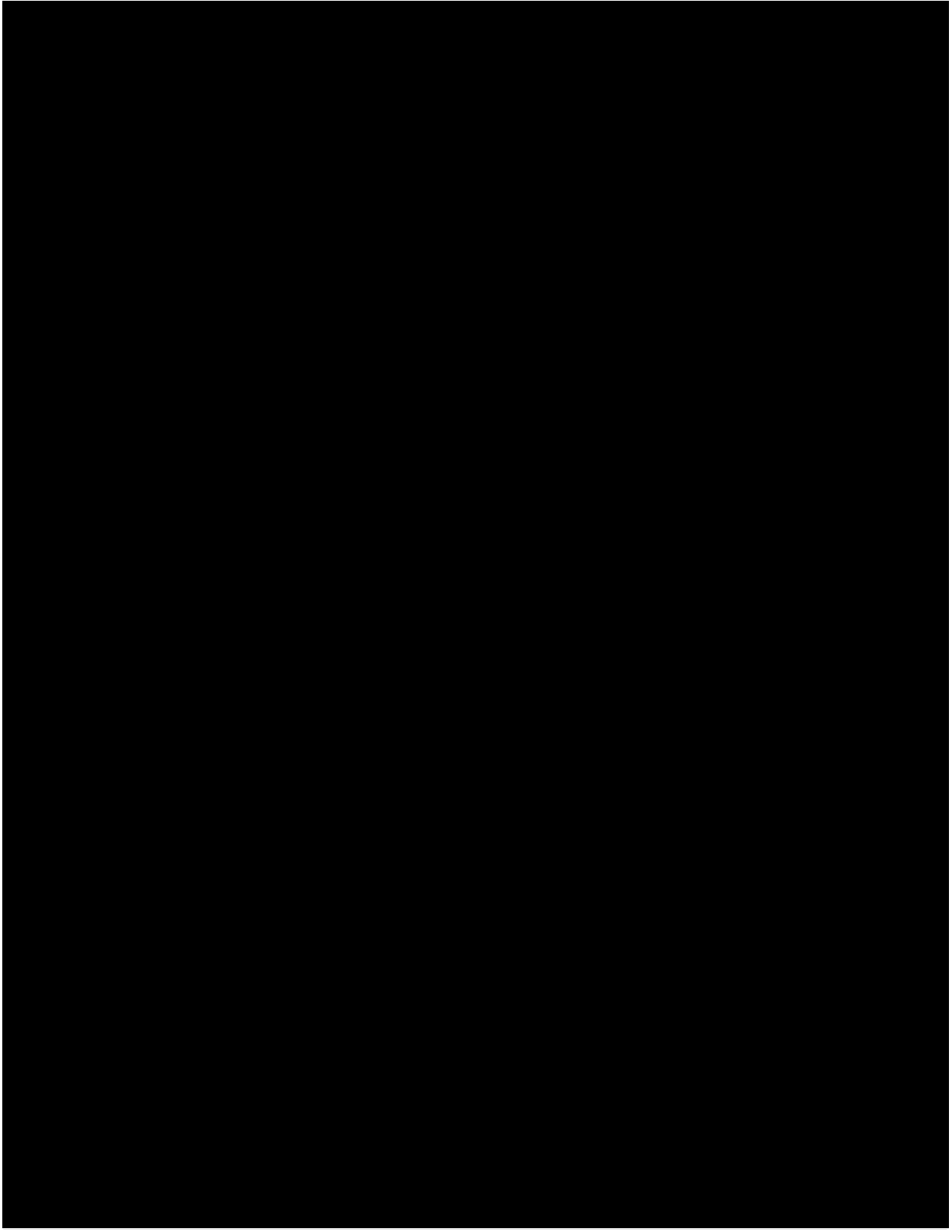


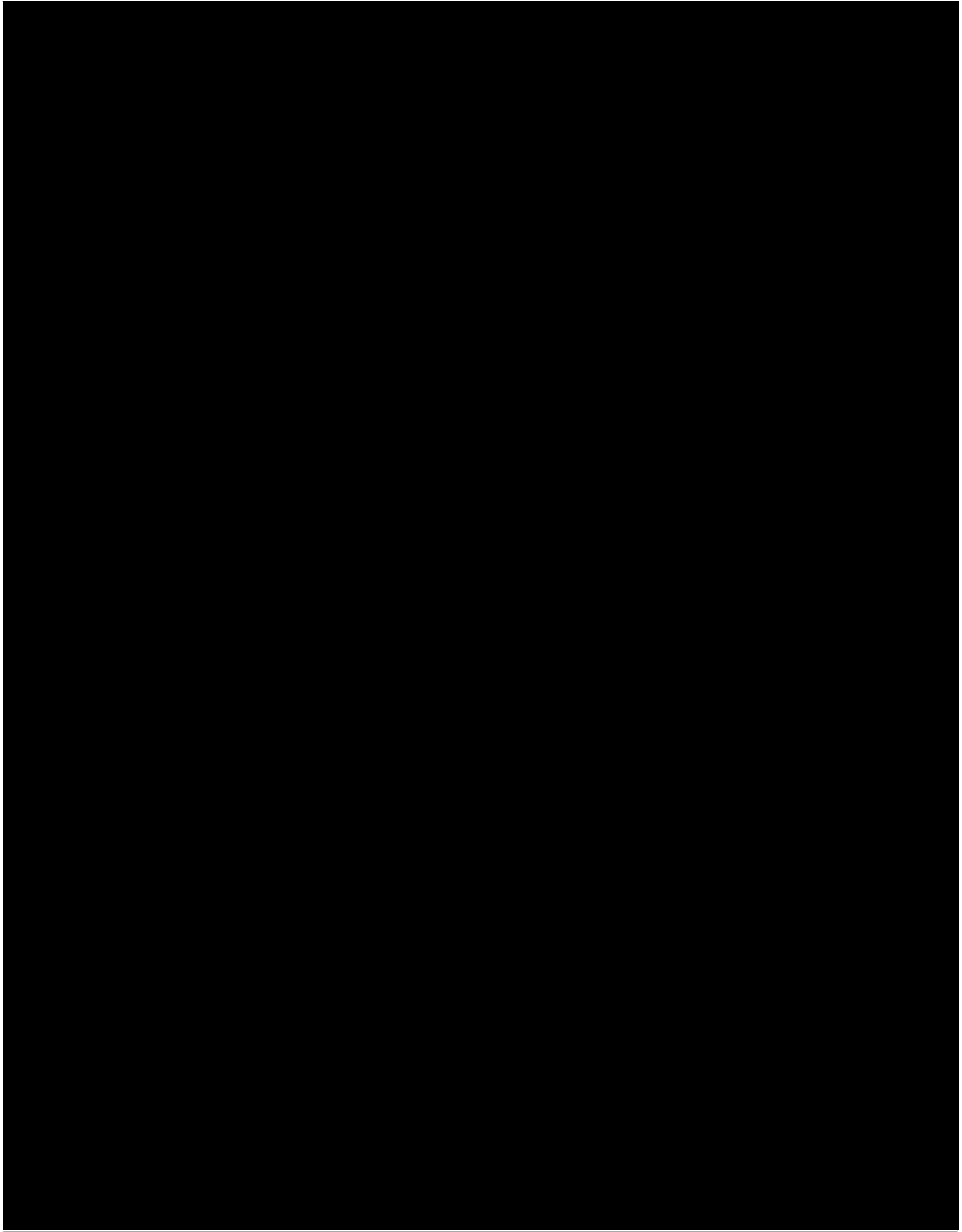




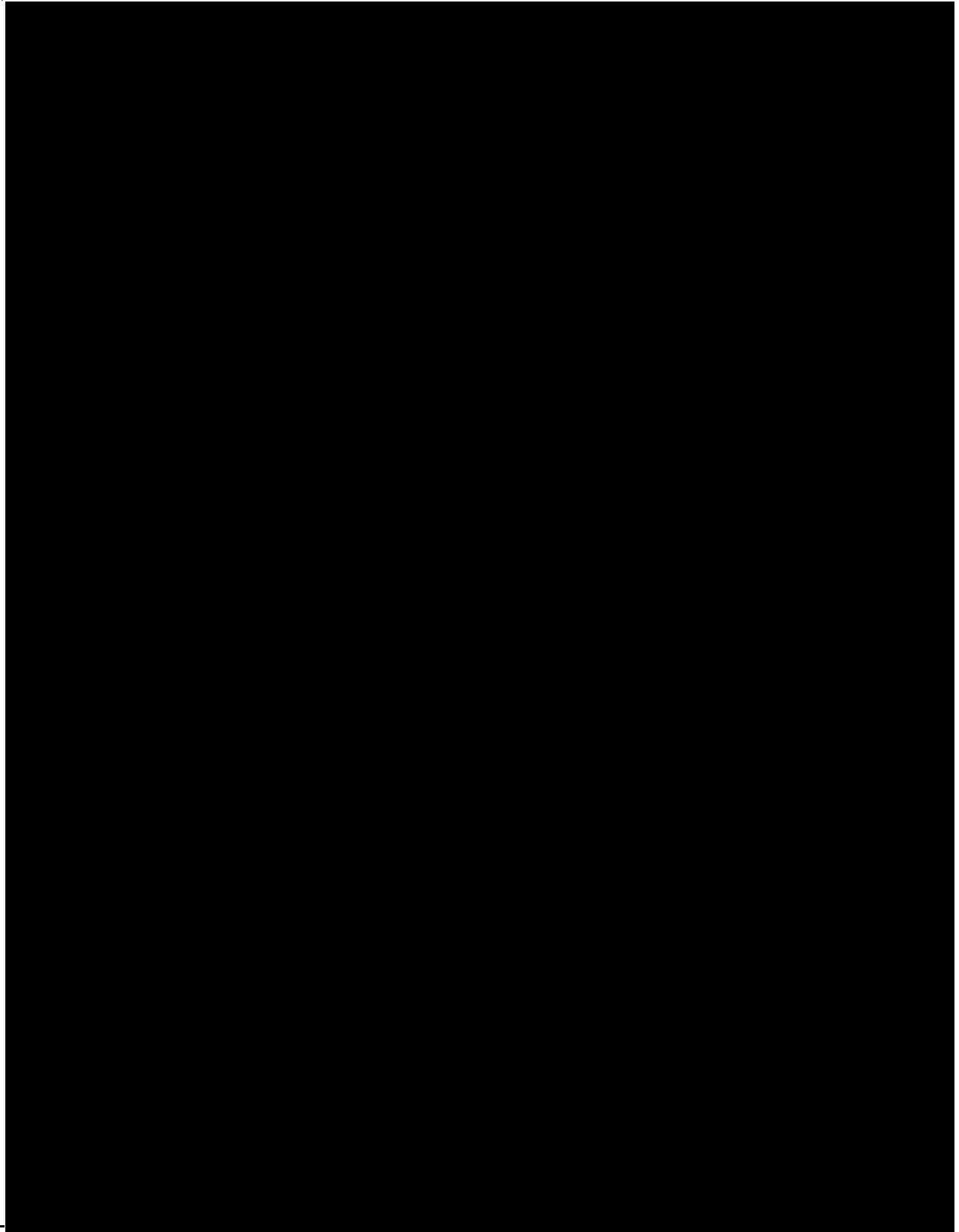


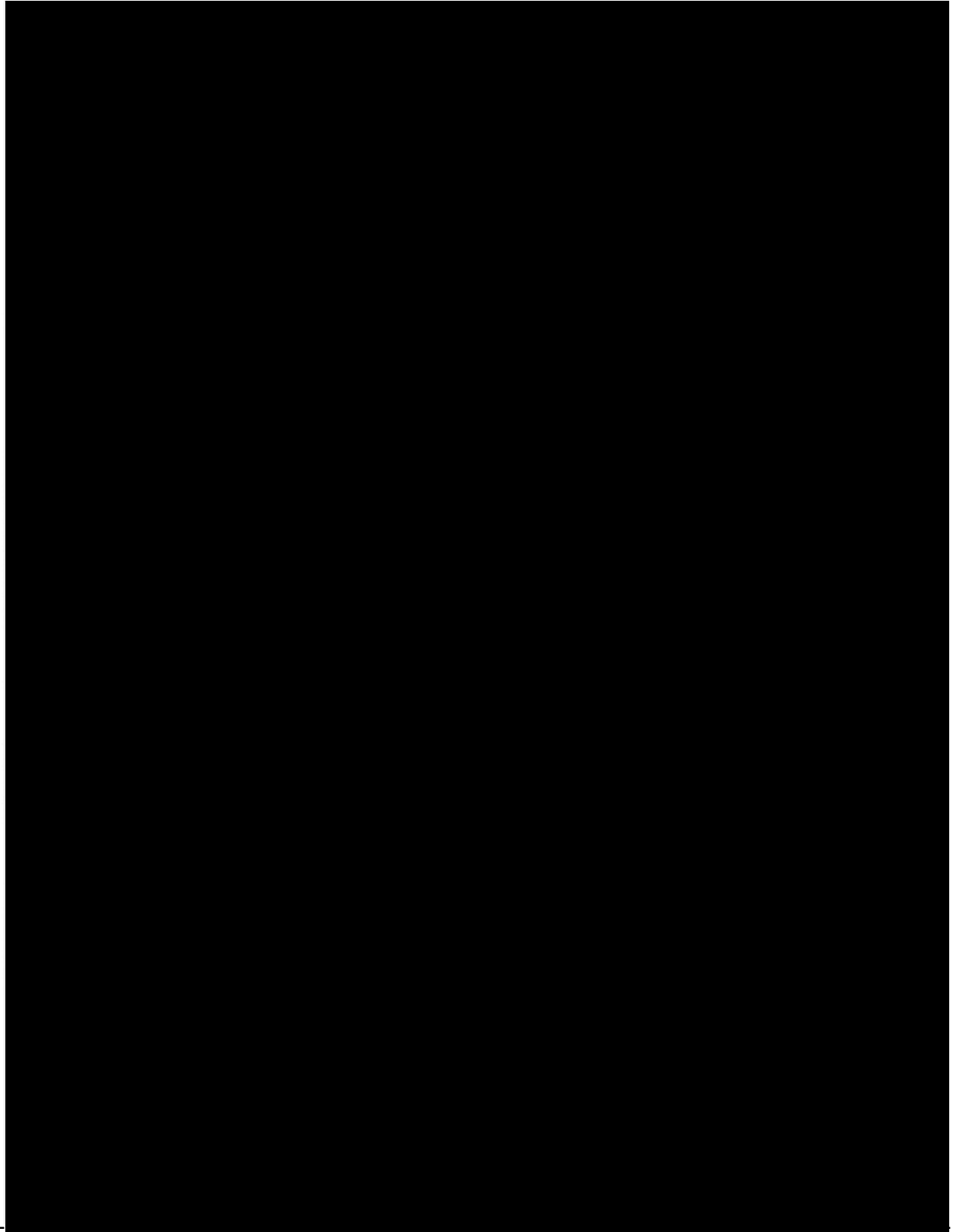


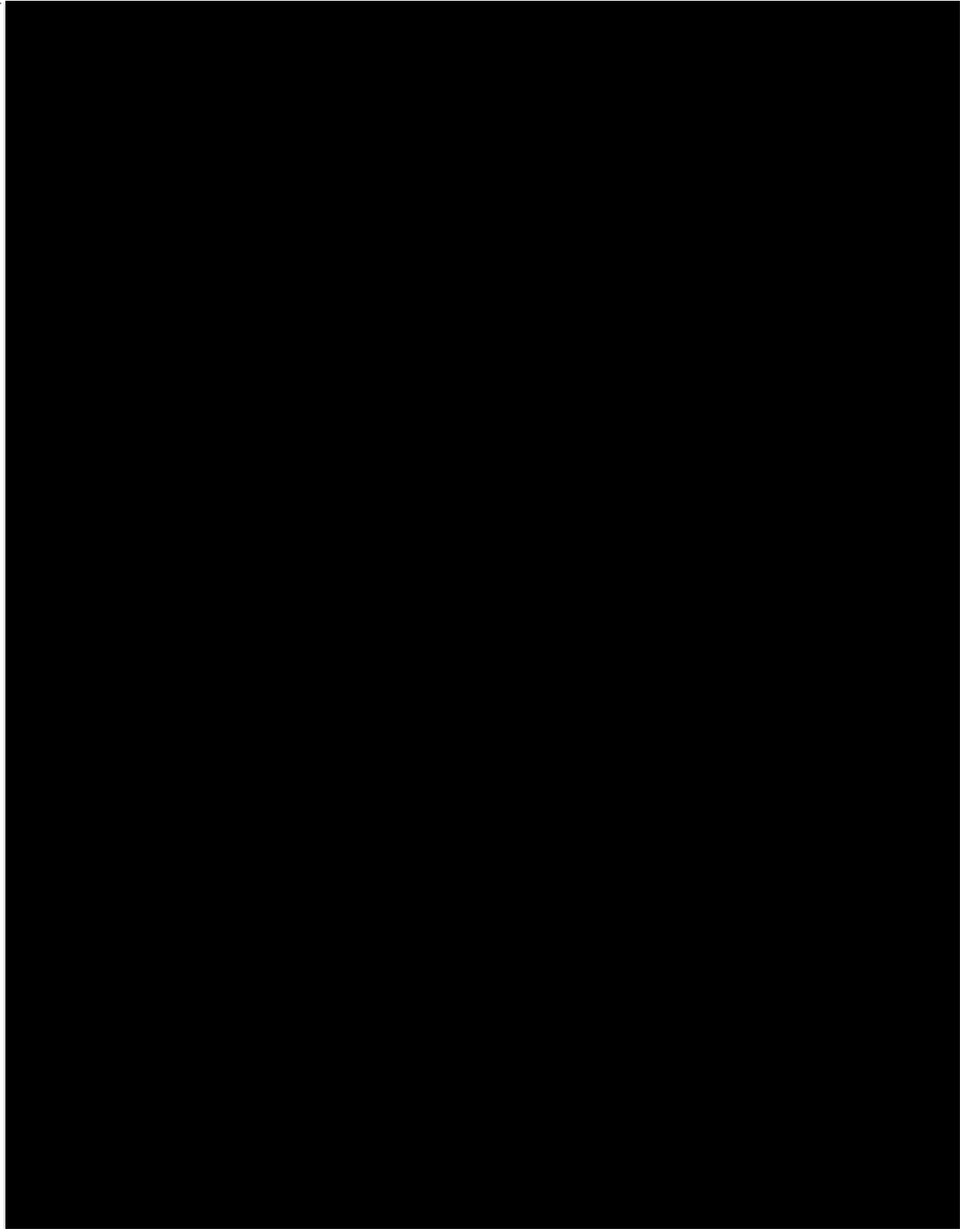


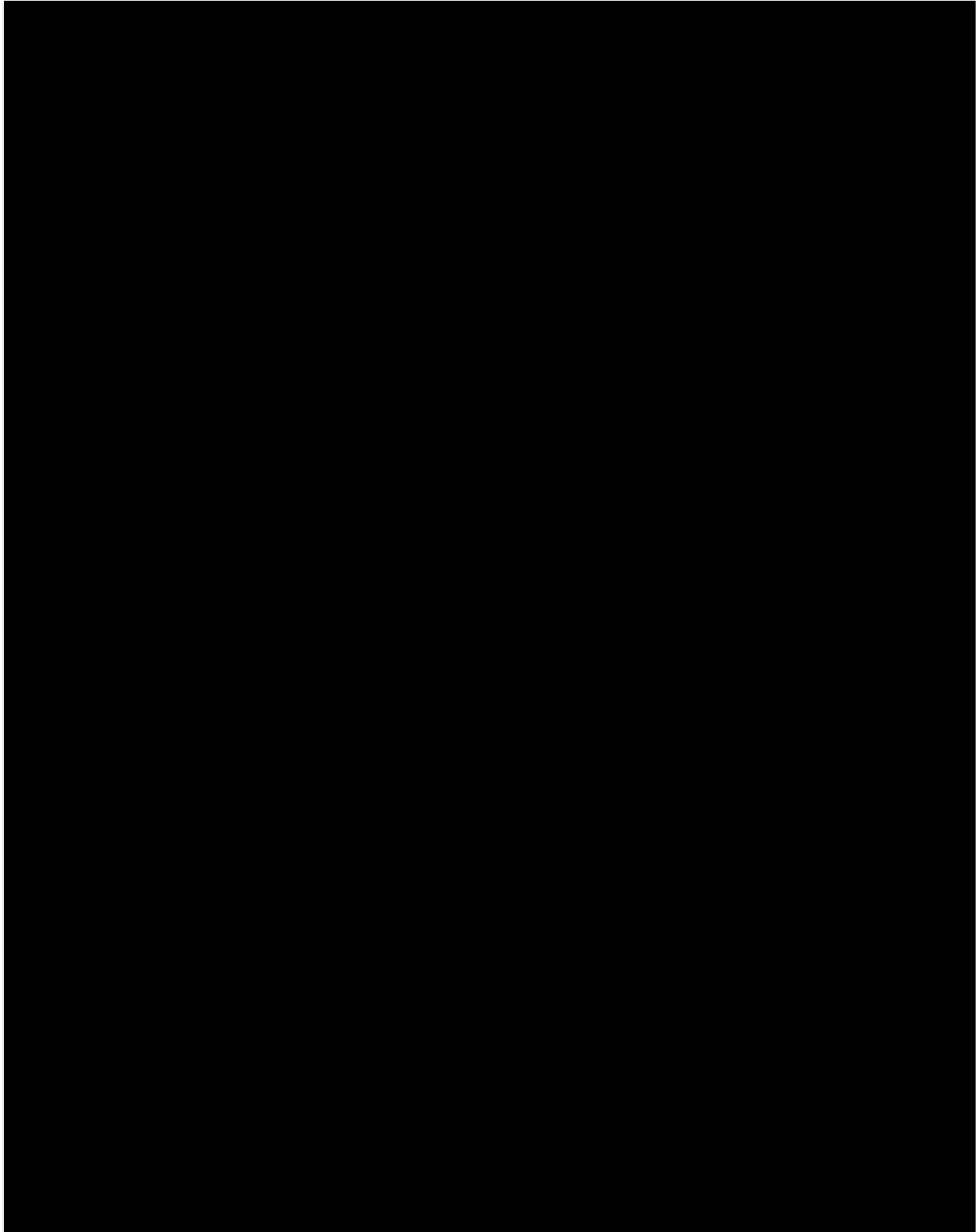


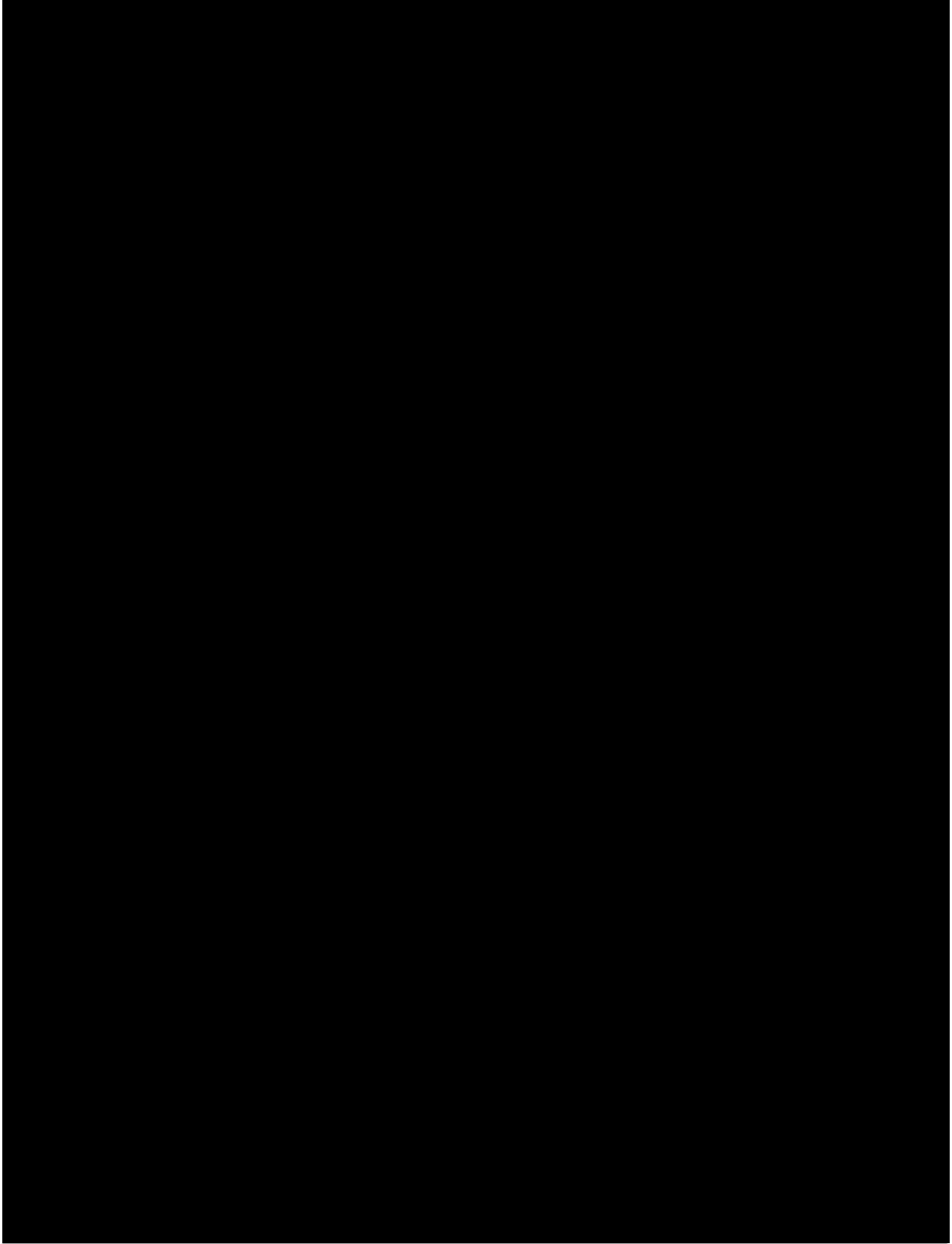


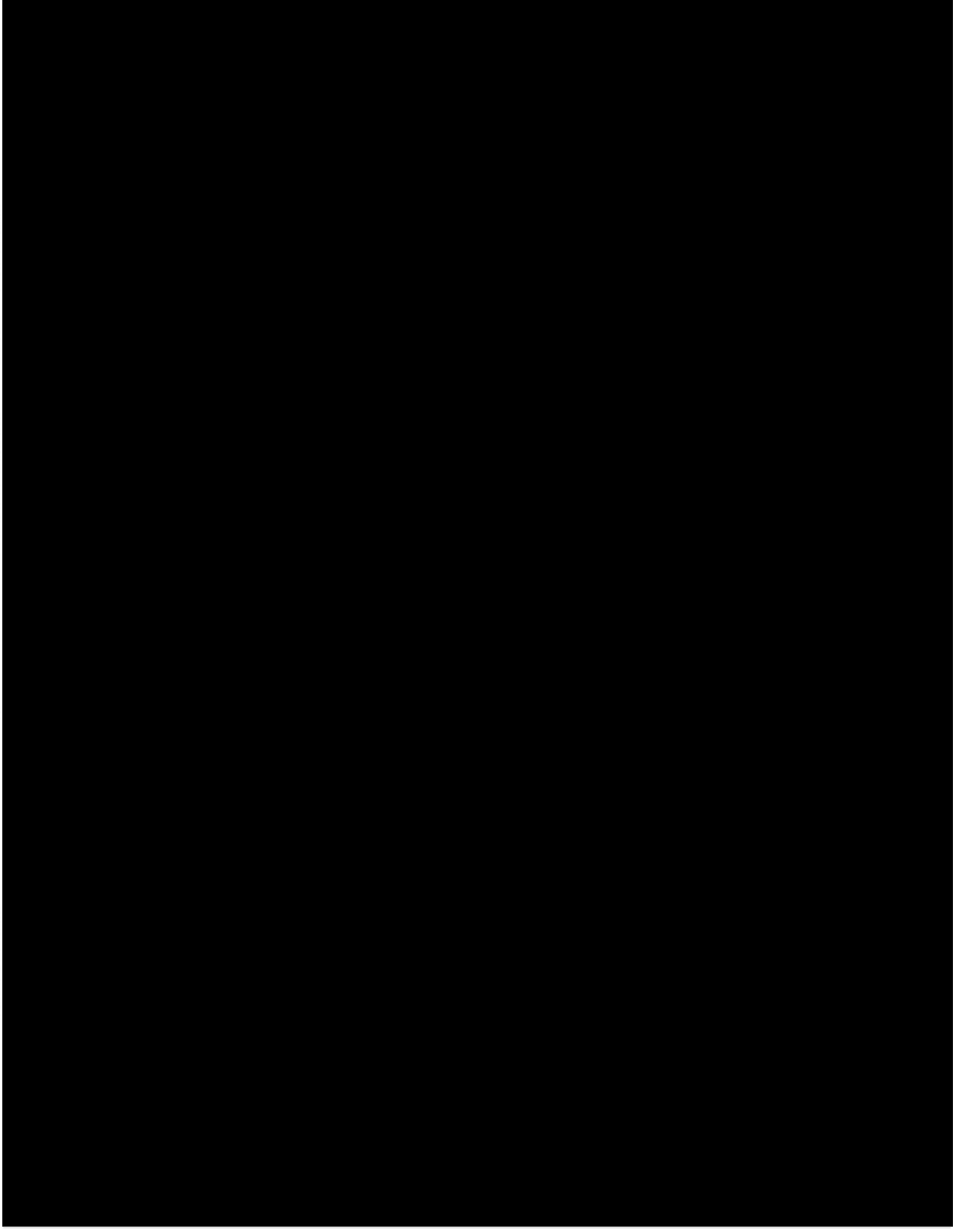


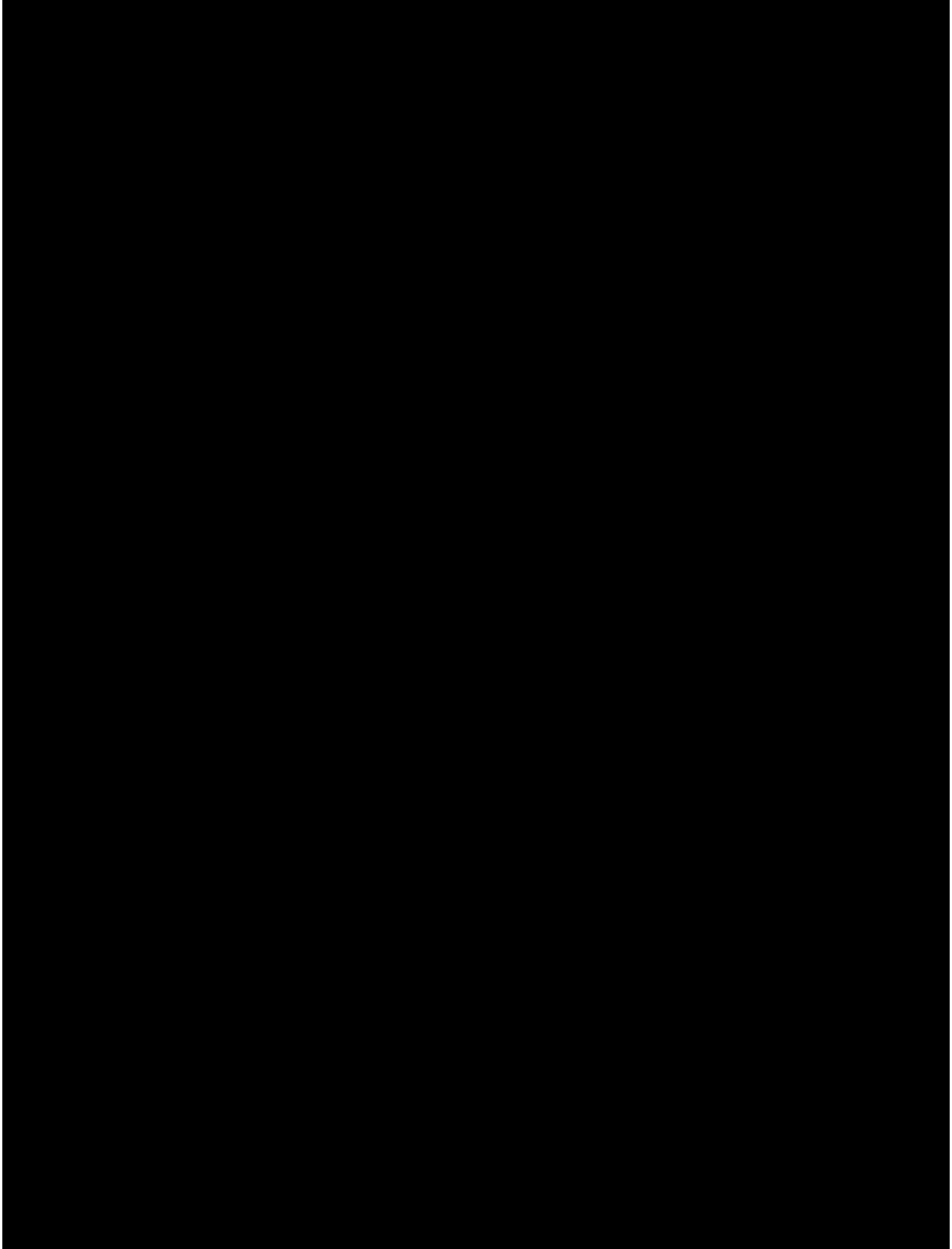


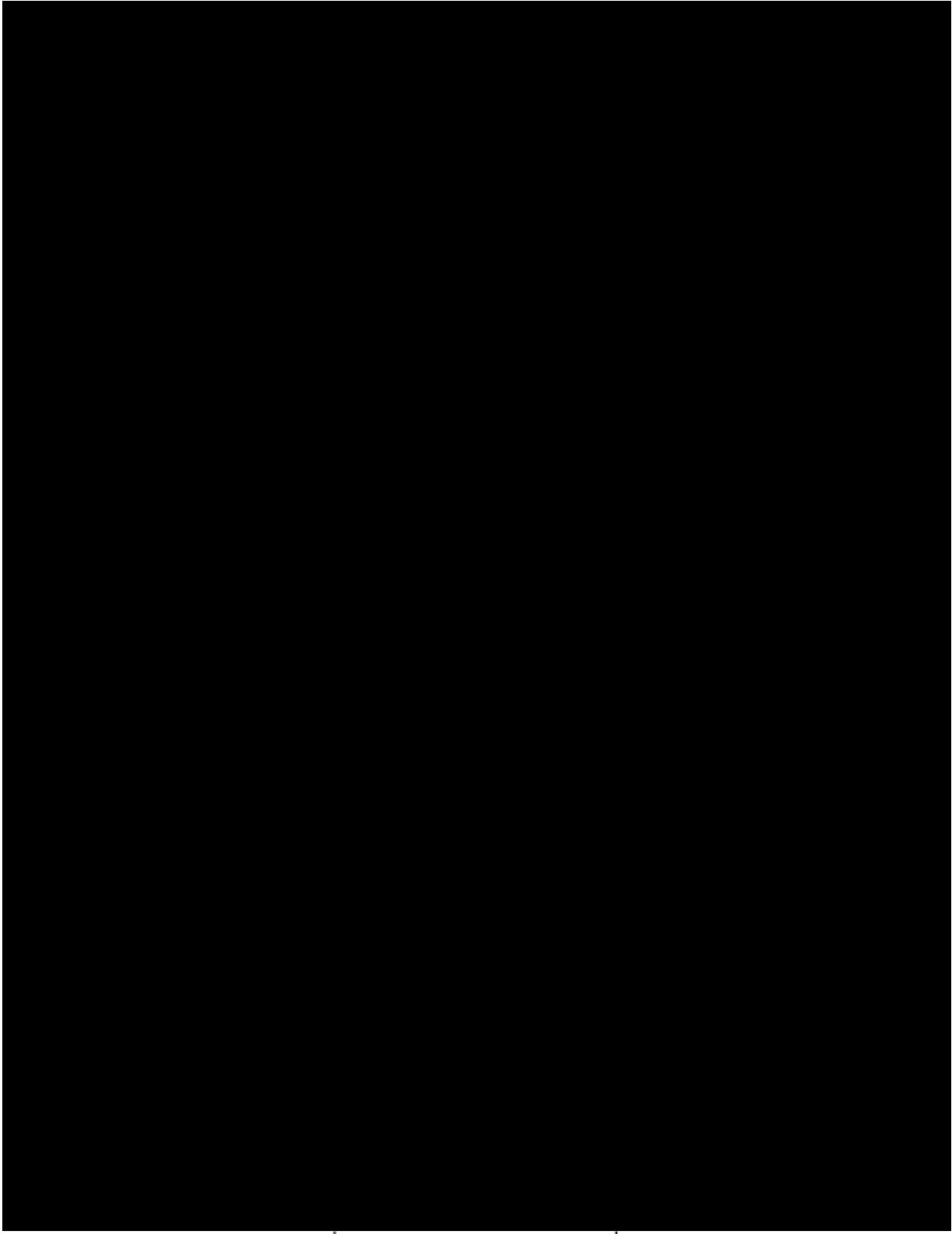




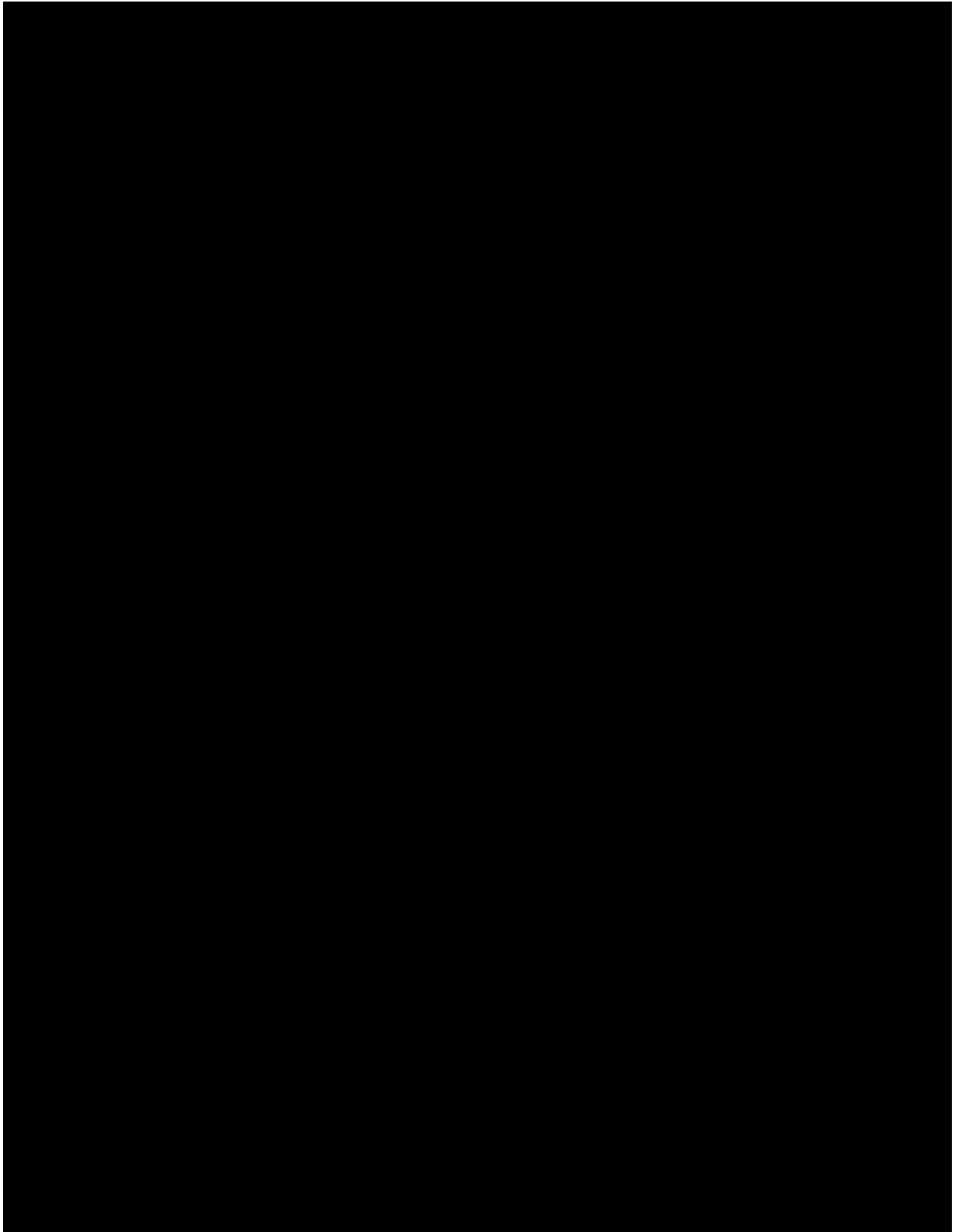


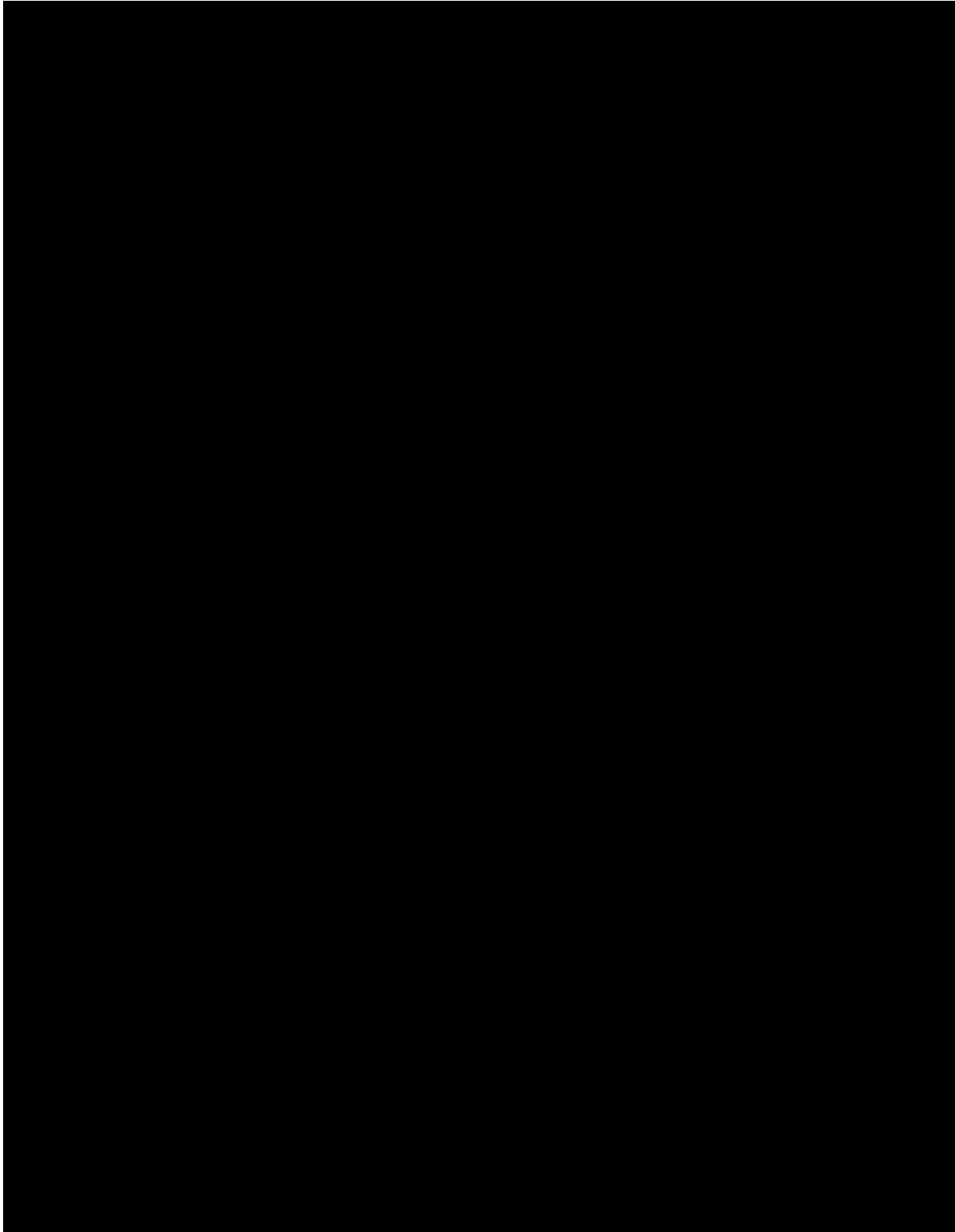


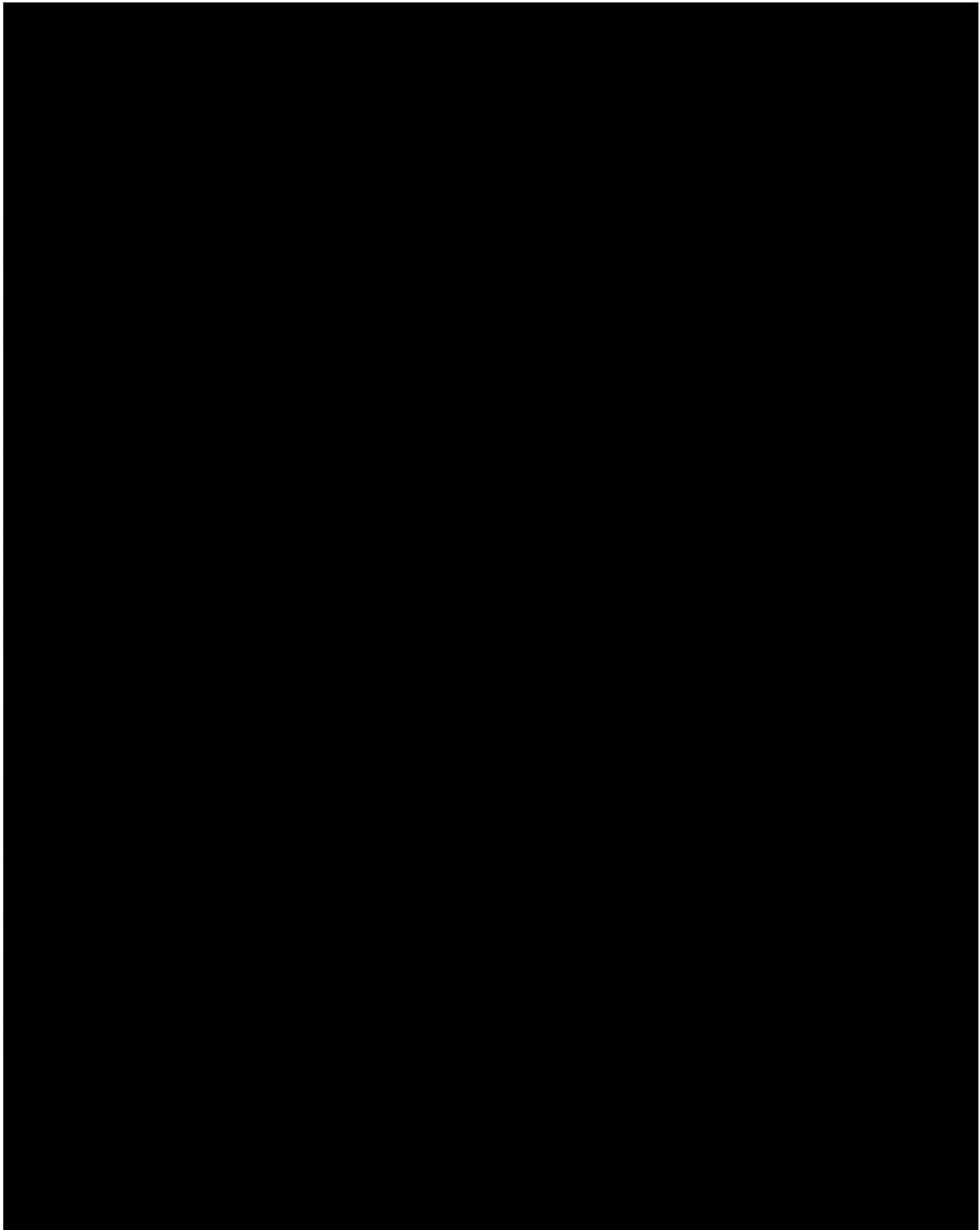


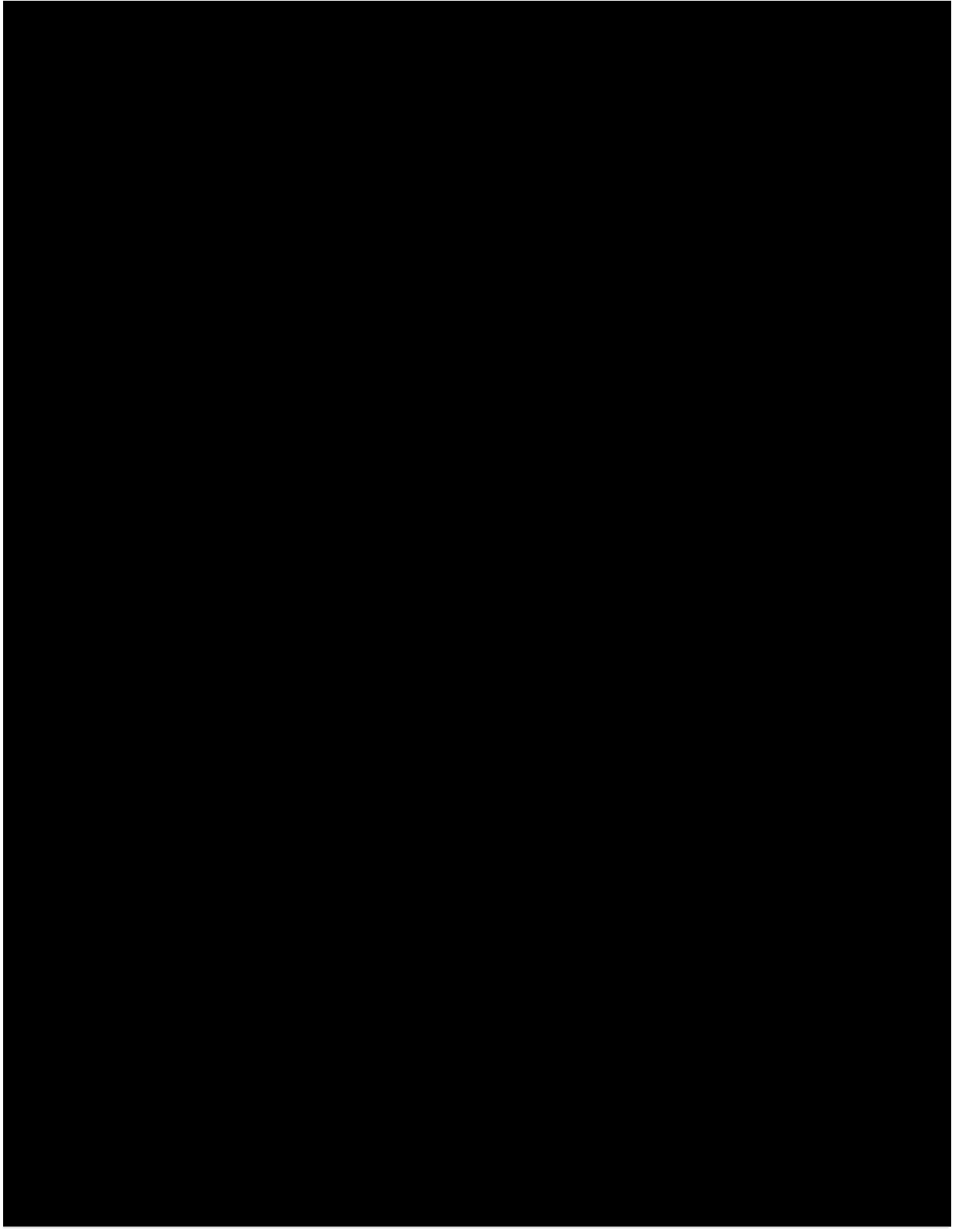


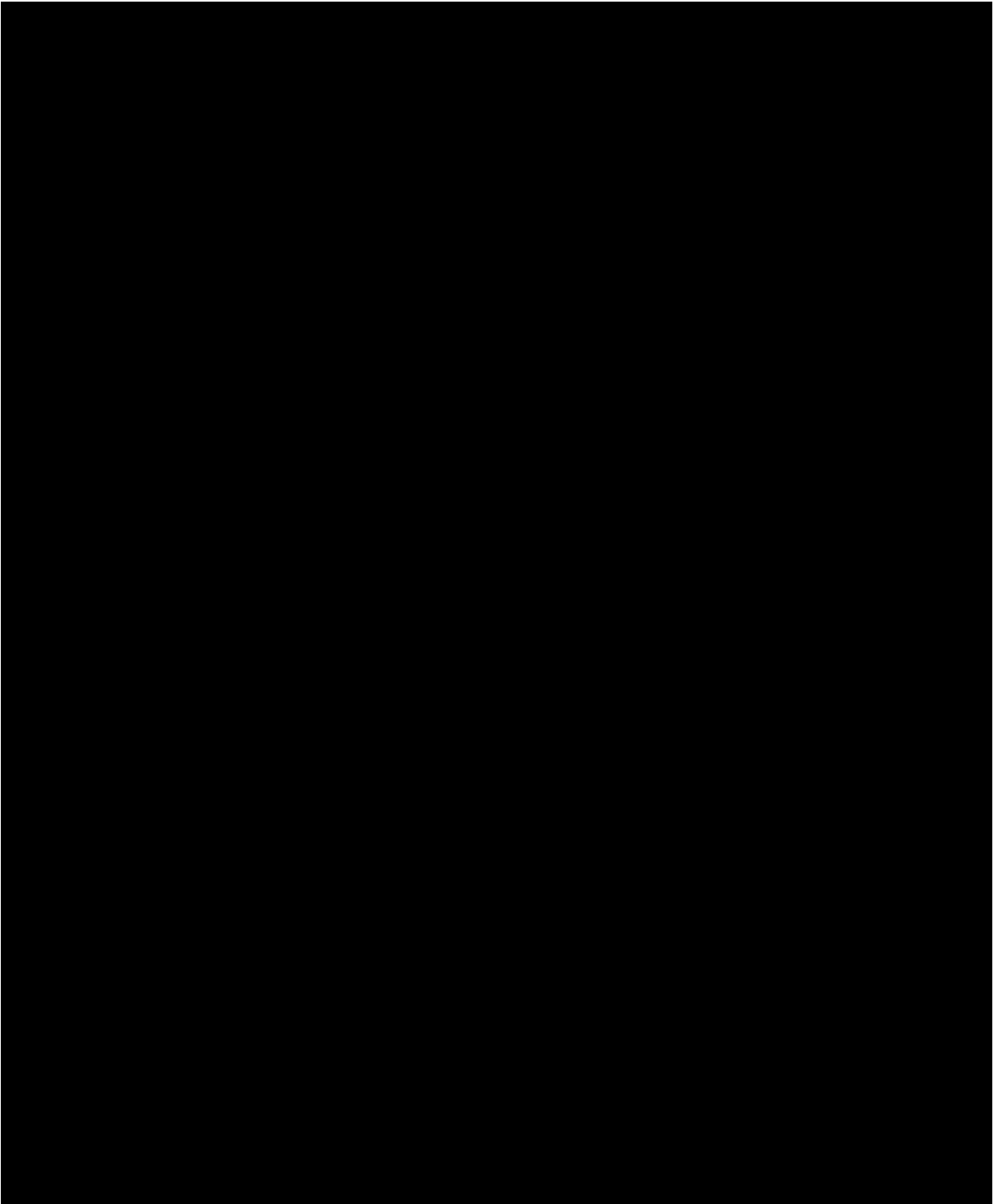












**4.4 – FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

Each owner, shareholder, director, board member, and individual with an economic interest in the Applicant has completed the required individual verification per the instructions published by the Commission. A completed Form E has been included for the following individuals:

- Nathan Smith IV – [REDACTED] % owner of applicant, [REDACTED]
- Charles Walton Decelle Jr – [REDACTED] % owner of applicant, [REDACTED]
- AlaCann Management – [REDACTED] % owner of applicant, [REDACTED]
  - Bradley Blair – [REDACTED] % owner of [REDACTED]
  - Edwin Bryan Nichols – [REDACTED] % owner of [REDACTED]
  - Michael Brandon Meadows – [REDACTED] % owner of [REDACTED]
  - Adolph Drew Weil – [REDACTED] % owner of [REDACTED]
  - Dr. Michael Curry – [REDACTED] % owner of [REDACTED]
  - MAA Alternative Holdings, LLC - [REDACTED] % owner of [REDACTED]
    - Mark Ascik ([REDACTED])
- [REDACTED]

**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.*

\_\_\_\_\_  
Business License Applicant Name

Integrated  
License Type

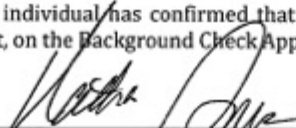
**Nathan A. Smith IV**  
Individual's Name

Individual's Role (select all that apply):  Owner  Shareholder  Director  Board Member  
 Individual with Economic Interest in Applicant

**Verification**

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

  
\_\_\_\_\_  
Signature of Verifying Individual

12/9/22  
Verification Date

**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.*

\_\_\_\_\_  
Business License Applicant Name

Integrated  
License Type

Bradley Blair  
Individual's Name

Individual's Role (select all that apply):  Owner  Shareholder  Director  Board Member  
 Individual with Economic Interest in Applicant

**Verification**

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Bradley Blair  
Signature of Verifying Individual

12/9/22  
Verification Date



**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.*

\_\_\_\_\_

Integrated

Business License Applicant Name

License Type

**Michael Brandon Meadows**

Individual's Name

Individual's Role (select all that apply):  Owner  Shareholder  Director  Board Member  
 Individual with Economic Interest in Applicant

**Verification**

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Michael Brandon Meadows  
Signature of Verifying Individual

Digitally signed by Michael Brandon Meadows  
Date: 2022.12.20 16:44:52 -06'00'

12/20/22  
Verification Date

**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.*

\_\_\_\_\_  
Business License Applicant Name

Integrated  
License Type

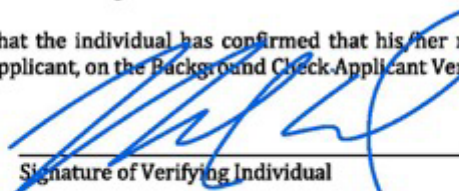
Mark A Ascik, Jr  
Individual's Name

Individual's Role (select all that apply):  Owner  Shareholder  Director  Board Member  
 Individual with Economic Interest in Applicant

**Verification**

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

  
Signature of Verifying Individual

12/09/2022  
Verification Date

**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.*

[Redacted]

Integrated

Business License Applicant Name

License Type

**Charles Walton Decelle Jr.**

Individual's Name

Individual's Role (select all that apply):  Owner  Shareholder  Director  Board Member  
 Individual with Economic Interest in Applicant

**Verification**

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

  
Signature of Verifying Individual

December 9, 2022  
Verification Date

**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.*

\_\_\_\_\_

Integrated

Business License Applicant Name

License Type

Adolph Weil IV

Individual's Name

- Individual's Role (select all that apply):  Owner  Shareholder  Director  Board Member
- Individual with Economic Interest in Applicant

**Verification**

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

  
Signature of Verifying Individual

12/19/2022  
Verification Date

**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.*

[Redacted]

Integrated  
License Type

Business License Applicant Name  
E. Bryan Nichols

Individual's Name

Individual's Role (select all that apply):  Owner  Shareholder  Director  Board Member  
 Individual with Economic Interest in Applicant

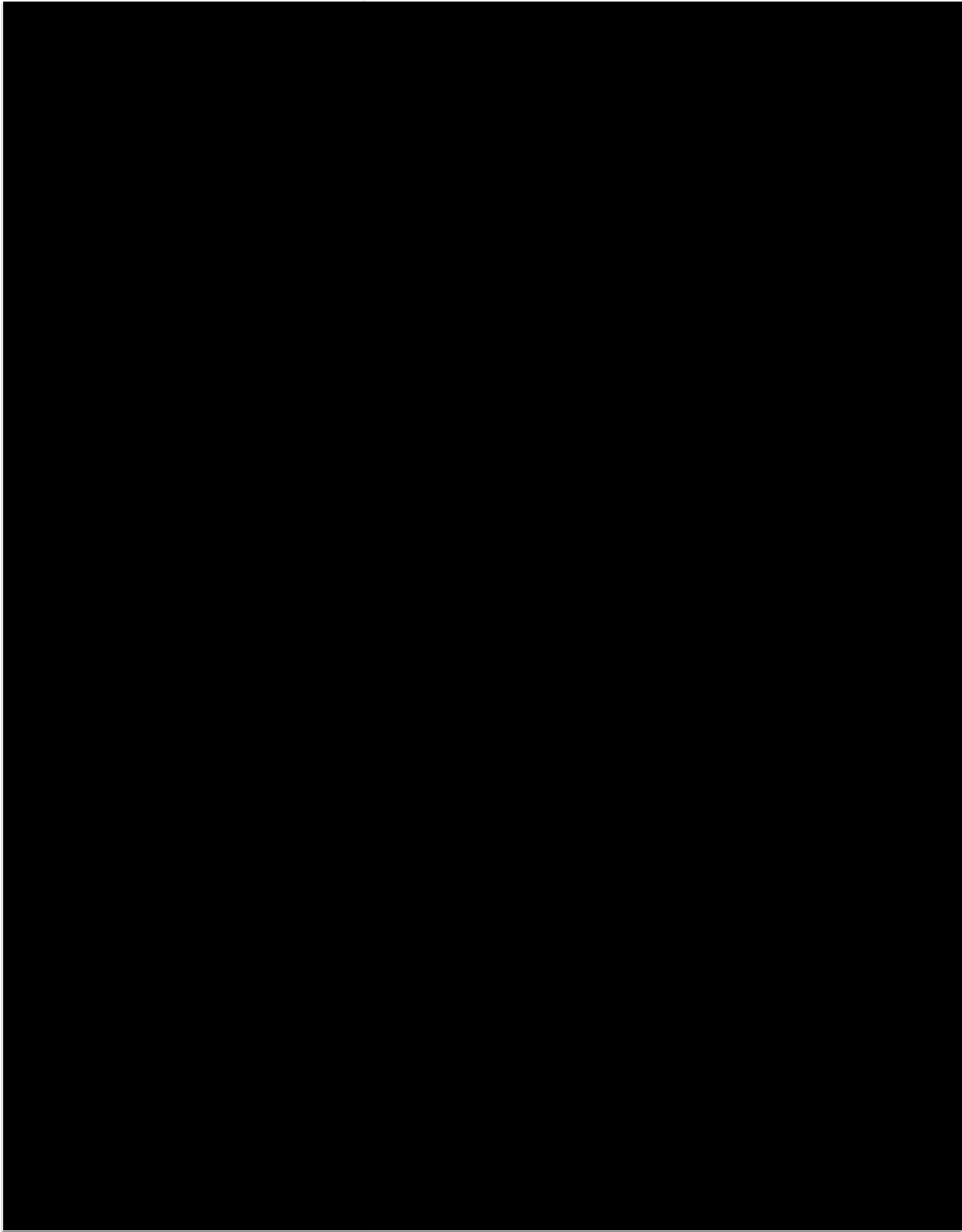
**Verification**

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

E. Bryan Nichols  
Signature of Verifying Individual

12/19/2022  
Verification Date





FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.

Business License Applicant Name

Integrated License Type

Michael L. Curry Individual's Name

- Individual's Role (select all that apply): [ ] Owner [ ] Shareholder [ ] Director [ ] Board Member [x] Individual with Economic Interest in Applicant

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Signature of Verifying Individual

December 19, 2022 Verification Date

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 5 – Minimum Performance Bond Requirements

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
\_\_\_\_\_  
Printed Name of Verifying Individual

CEO  
\_\_\_\_\_  
Title of Verifying Individual

*M. Brandon Meadows*  
\_\_\_\_\_  
Signature of Verifying Individual

12/28/2022  
\_\_\_\_\_  
Verification Date



**Exhibit 5 - Minimum Performance Bond Requirements**

Our company has both qualified for, and has the ability to secure, a performance bond to be issued by [REDACTED], a surety insurance company which meets minimum requirements acceptable to the Commission, possessing at minimum an A rating, in the amount of at least two million dollars (\$2,000,000). We have attached the completed FORM F: Integrated Facility Performance Bond, as completed by [REDACTED], to demonstrate compliance with this requirement on the following page.

**FORM M: Surety Verification of Applicant Qualification for  
Integrated Facility Performance Bond**

**Section A - Applicant Information (to be completed by Applicant)**

<u>[REDACTED]</u>	<u>Bryan Nichols</u>	
Integrated Facility Applicant	Contact Person	
<u>[REDACTED]</u>		
Applicant Address		
<u>[REDACTED]</u>	<u>AL</u>	<u>[REDACTED]</u>
City	State	Zip
<u>[REDACTED]</u>	<u>[REDACTED]</u>	
Phone	Email	

**Section B - Surety Information (to be completed by Surety)**

<u>[REDACTED]</u>		
Surety Company		
<u>[REDACTED]</u>	<u>CUO &amp; SVP Operations</u>	
Surety's Authorized Representative	Title	
<u>[REDACTED]</u>		
Surety Address		
<u>[REDACTED]</u>	<u>Ohio</u>	<u>[REDACTED]</u>
City	State	Zip
<u>[REDACTED]</u>	<u>[REDACTED]</u>	
Phone	Email	

**Section C - Surety Verification (to be completed by Surety)**

The Surety identified in Section B, by and through its authorized representative, hereby verifies the following statements, as indicated by the initials of the authorized representative.

*BPN*

The Applicant has requested that the Surety provide a professional opinion as to the Applicant's qualifications for the Integrated Facility Performance Bond required by the Alabama Medical Cannabis Commission.

**Surety Verification of Applicant Qualifications for  
Integrated Facility Performance Bond - Page 2**

BDR

The Surety has reviewed and understands all obligations required by the Integrated Facility Performance Bond (Alabama Medical Cannabis Commission FORM F).

BDR

The Surety has considered all available business information pertinent to the Surety's underwriting requirements regarding the Applicant, in the context of the Integrated Facility Performance Bond, and the Surety hereby confirms the Applicant possesses the requisite qualifications such that Applicant currently qualifies for the Integrated Facility Performance Bond required by the Alabama Medical Cannabis Commission.

BDR

The Surety, in the event that the Applicant is awarded an Integrated Facility license by the Alabama Medical Cannabis Commission, will be prepared to execute the Integrated Facility Performance Bond, in the amount of \$2,000,000, contingent upon execution of bond agreements, delivery of collateral security, payment of premium and fees, and Applicant's satisfaction of the Surety's underwriting considerations at the time of the Bond request.

BDR

The Surety acknowledges and understands that the Integrated Facility Performance Bond must be fully executed and filed with the Alabama Medical Cannabis Commission on or before the date set by the Commission for issuance of any Integrated Facility license awarded to the Applicant.

BDR

The Surety's consideration and issuance of bonds is a matter solely between the Surety and the Applicant, and the Surety assumes no liability to third parties, including the Alabama Medical Cannabis Commission, by executing this Surety Verification of Applicant Qualifications for Integrated Facility Performance Bond.

BDR

The Surety possesses, at a minimum, an A- rating and verified proof of such rating is attached hereto.

[Signature]

Signature of Surety's Authorized Representative

12-27-2022

Date

Sworn to and subscribed before Jennifer Liotta-Harris, a Notary Public,  
by Brian Rubuss on this 27th day of  
December, 2022.

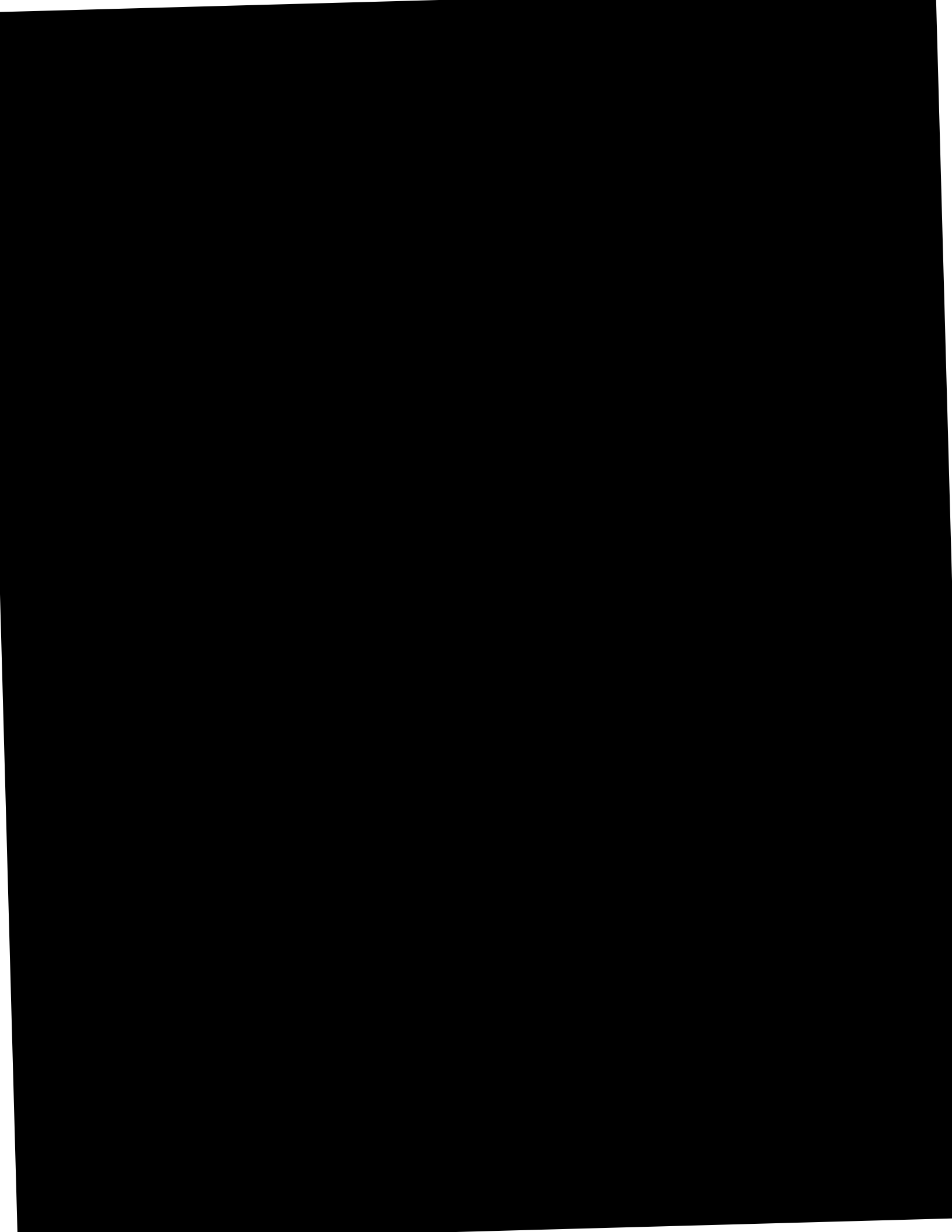
[Signature]  
Signature of Notary

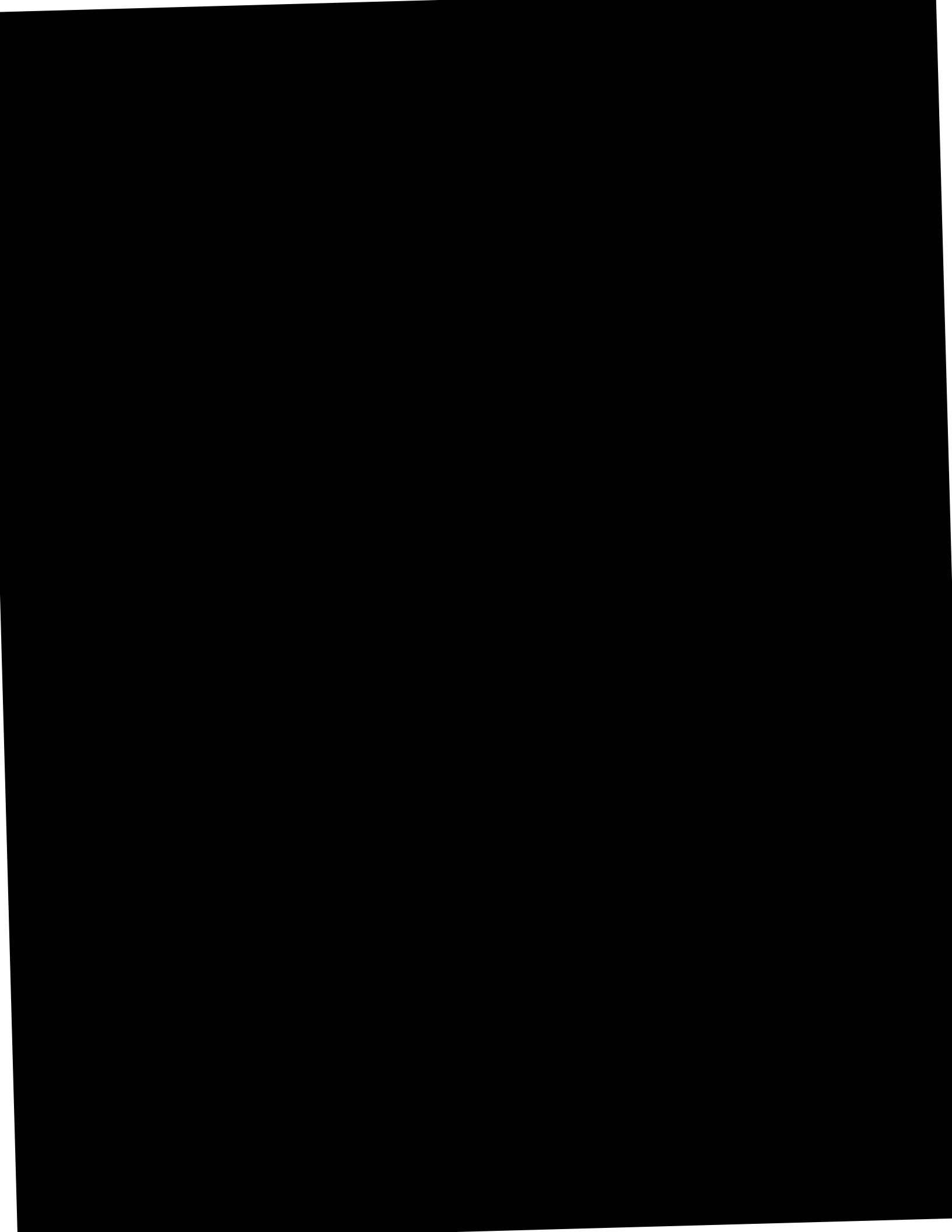
1/22/24  
My Commission Expires

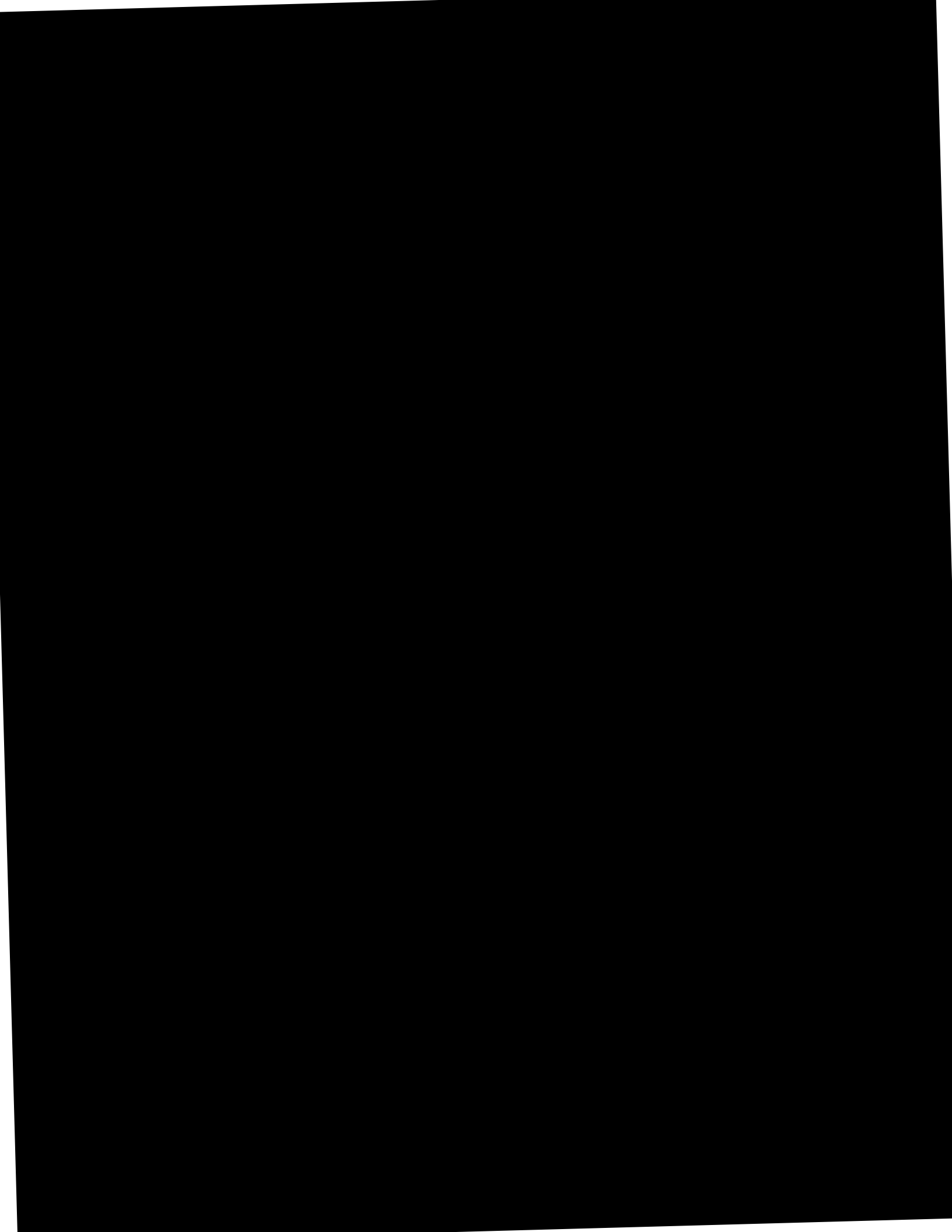
(Note to Surety: Attach Power of Attorney or other documents as necessary)

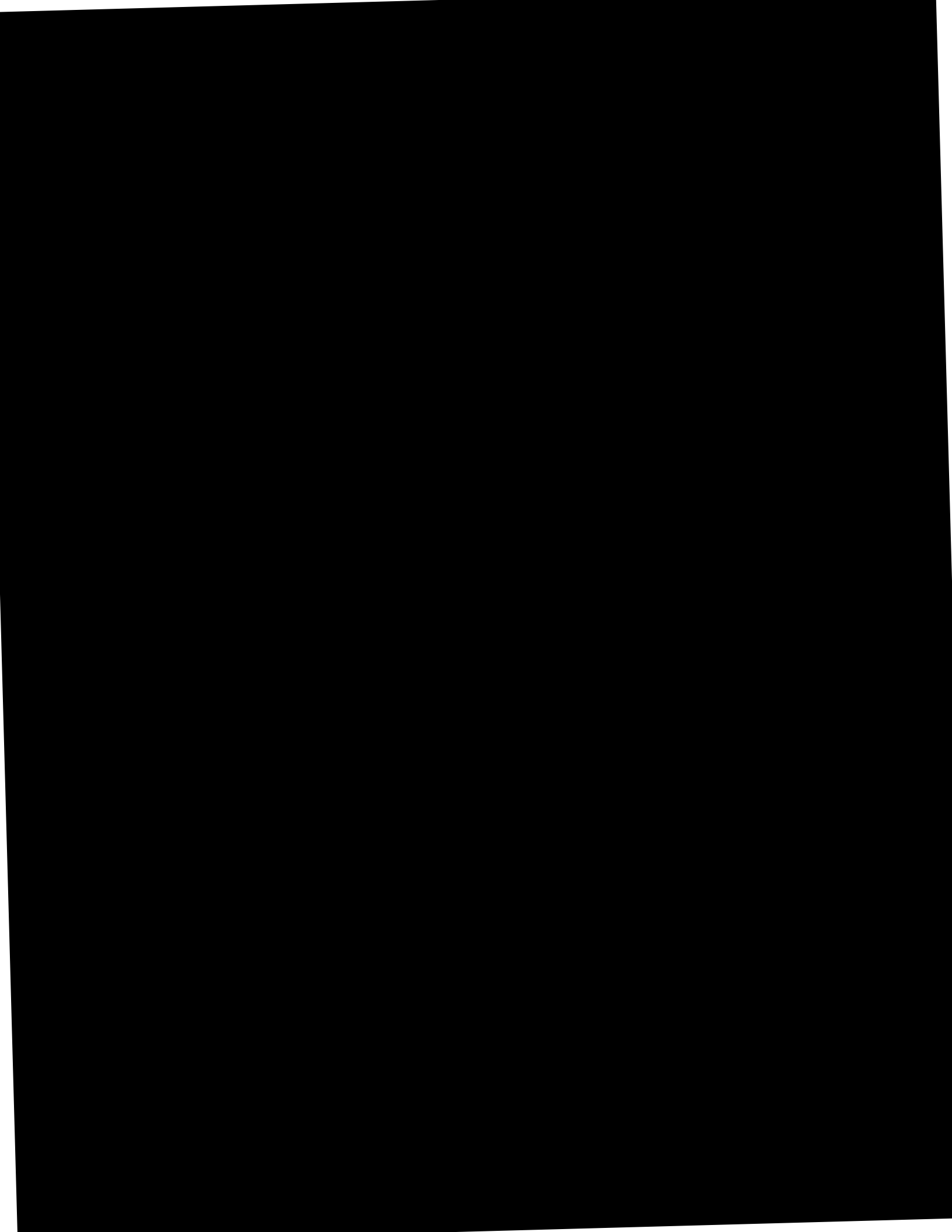


JENNIFER LIOTTA-HARRIS  
Notary Public, State of Ohio  
My Commission Expires  
January 23, 2024









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# Exhibit 6 – Minimum Liquid Assets Requirement

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

\_\_\_\_\_  
Printed Name of Verifying Individual

\_\_\_\_\_  
Title of Verifying Individual

*M. Brandon Meadows*

12/27/2022

\_\_\_\_\_  
Signature of Verifying Individual

\_\_\_\_\_  
Verification Date



**Exhibit 6 - Minimum Liquid Assets Requirement**

The Applicant has more than \$250,000 liquid cash available in a business checking account at First Bank of Alabama owned and controlled by the Applicant. We have attached a summary balance report produced by the bank that shows the account name, ledger balance [REDACTED], and date report was created (December 27, 2022).



Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 7 – Demonstration of Sufficient Capital

## Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Michael Brandon Meadows

**Printed Name of Verifying Individual**

CEO / Responsible Party

**Title of Verifying Individual**

*M. Brandon Meadows*

**Signature of Verifying Individual**

12/27/2022

**Verification Date**

## **Exhibit 7 – Demonstration of Sufficient Capital**

Our company is able to demonstrate here that it has sufficient capital available to support the total of our projected annual budgets during the first three full years after an Integrated Facility license is issued to us. We have provided details as to the sources of this capital, as well as verification of the same by a responsible person designated by our company as the Applicant, the Applicant's contact person, and an independent certified public accountant.

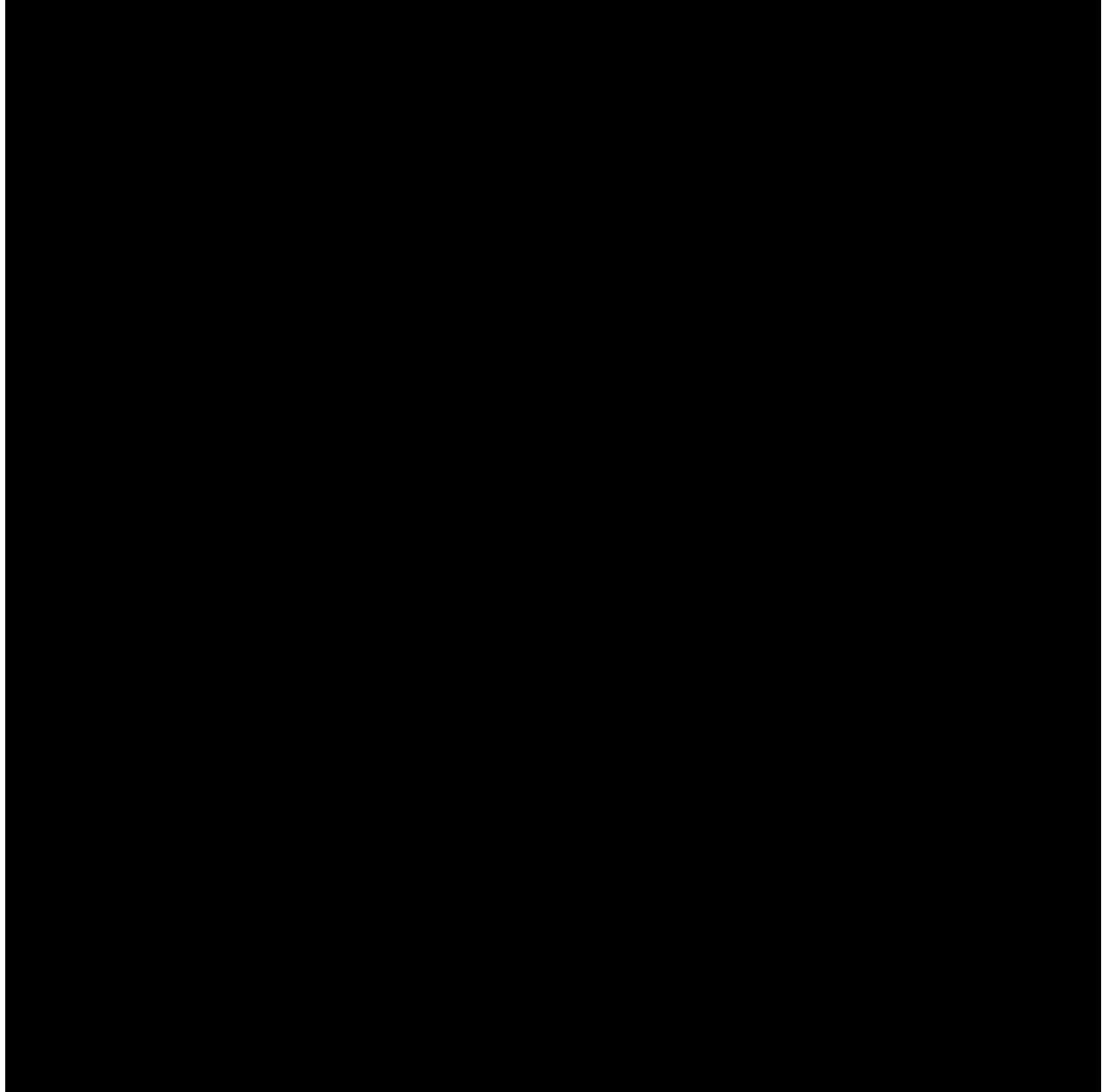
Accurate financial planning and adequate capitalization are both critical steps in establishing and maintaining any successful business. Our approach to financial modeling includes robust sensitivity analysis of our key forecasting assumptions. By running numerous market scenarios with our financial model (varying factors such as patient adoption rates and purchase volumes over time), we are able to "stress test" our underlying key forecasting assumptions. This process reveals critical information on how the business might perform under varying market realities, so that we will be prepared for any eventual market outcome.

For instance, in a scenario in which the market adoption rate is half (50%) of what we anticipate it will be, the only adjustment we would need to make to operations would be to delay our planned rate of hiring. We are overcapitalized such that this action would not be financially necessary but would likely be a prudent business decision. Because overwhelming economic success can also lead to business problems, we also studied a scenario in which adoption rates and market demand combine for sales two times (200%) of what we anticipate. In this case, we achieve greater positive cash flow earlier and would accelerate hiring and expansion.

Our financial planning includes detailed analysis of our budgets for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operating costs to create an accurate and realistic understanding of the capital requirements of our business. We have secured capital commitments that are well in excess of our projected annual budgets during the first three full years after an Integrated Facility license is issued to us. In other words, our starting capital is more than sufficient to ensure that our minimum cash position is positive even after all capital outlays and operating losses have been accounted for, until the point at which the business funds and sustains itself.

Sources and Uses of Funds Analysis

The *Sources and Uses of Funds* table below shows all of our anticipated expenditures for all purposes, as well as how well capitalized we are to meet those various needs over time.



Based on this financial plan, we have projected our start-up capital requirements to be \$ [REDACTED], which we intend to fund with \$ [REDACTED] in equity commitments from our ownership team, providing us with a cushion of almost \$ [REDACTED]. These projections account for unexpected delays of up to one year in the licensing process that might be out of our

control, but during which we still need to maintain possession of our facility sites and continue very basic corporate operations while we await licensing.

We have projected our operating capital requirements to be nearly \$ [REDACTED], which we intend to fund with a mix of \$ [REDACTED] in equity commitments from our ownership team, as well as revenues derived from the sale of our medical cannabis products once our operations are up and running in Year 2. Should we encounter any unforeseen expenses or in the event our revenues fall short of our projections, we also have access to a \$ [REDACTED] credit facility which we can draw upon to meet our needs until our revenues increase during our subsequent years of operation (e.g., we have projected our Year 4 revenue to be \$ [REDACTED] [REDACTED], which is nearly \$ [REDACTED] above our projected expenses for the same year). We have included *Proofs of Funds* and *Letters of Commitment* for these funds as part of this Exhibit.

We are confident that our company has secured sufficient capital to support the total of our projected annual budgets during the first three full years after an Integrated Facility license is issued to us, allowing us to quickly move through construction and into operational readiness, to implement industry best practices and innovations once operational, to hire key staff required to stay at the forefront of Alabama's medical cannabis industry, and to remain compliant with all relevant regulations and financial obligations.

### **Verification of Funds**

We have included in the following pages a signed statement from a responsible person designated by the Applicant, the Applicant's Contact person, and a Certified Public Accountant ("CPA") dated within ten (10) calendar days before the application date demonstrating a sufficient amount of capital under the control of the business or a principal officer of the business to support the total of our projected annual budgets during the first three full years after the license is issued to us.

The undersigned verifies that the Applicant has a sufficient amount of capital under the control of the business or a principal officer of the business to support the total of the projected annual budgets during the first three full years after the license is issued to the Applicant.

Printed Name of Verifying Individual Michael Brandon Meadows

Title of Verifying Individual CEO / Responsible Party

Signature of Verifying Individual *M. Brandon Meadows*

Verification Date 12/27/2022

Printed Name of Verifying Individual E. Bryan Nichols

Title of Verifying Individual Contact Person

Signature of Verifying Individual *E. Bryan Nichols*

Verification Date 12/27/2022





Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 8 – Minimum Operating Capital Requirement

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

Printed Name of Verifying Individual

CEO

Title of Verifying Individual

*M. Brandon Meadows*

Signature of Verifying Individual

12/27/2022

Verification Date

## **Exhibit 8 – Minimum Operating Capital Requirement**

Our company is able to demonstrate here that it has the financial ability to maintain operations for not less than two years following the date this application is accepted by the Commission.

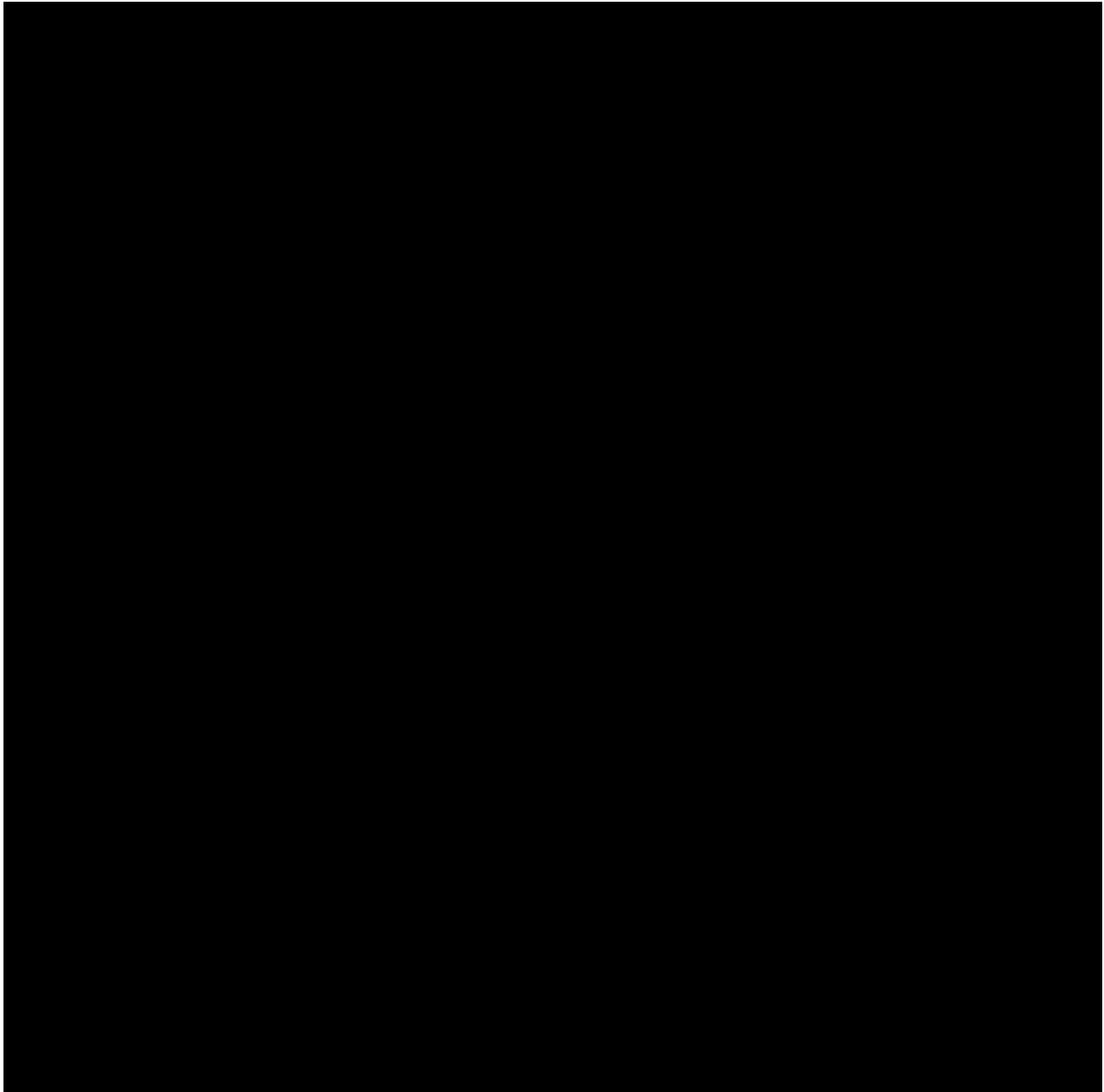
Accurate financial planning and adequate capitalization are both critical steps in establishing and maintaining any successful business. Our approach to financial modeling includes robust sensitivity analysis of our key forecasting assumptions. By running numerous market scenarios with our financial model (varying factors such as patient adoption rates and purchase volumes over time), we are able to "stress test" our underlying key forecasting assumptions. This process reveals critical information on how the business might perform under varying market realities, so that we will be prepared for any eventual market outcome.

For instance, in a scenario in which the market adoption rate is half (50%) of what we anticipate it will be, the only adjustment we would need to make to operations would be to delay our planned rate of hiring. We are overcapitalized such that this action would not be financially necessary but would likely be a prudent business decision. Because overwhelming economic success can also lead to business problems, we also studied a scenario in which adoption rates and market demand combine for sales two times (200% of) what we anticipate. In this case, we achieve greater positive cash flow earlier and would accelerate hiring and expansion.

Our financial planning includes detailed analysis of our budgets for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operating costs to create an accurate and realistic understanding of the capital requirements of our business. We have secured capital commitments that are well in excess of our projected annual budgets during the first three full years after an Integrated Facility license is issued to us. In other words, our starting capital is more than sufficient to ensure that our minimum cash position is positive even after all capital outlays and operating losses have been accounted for, until the point at which the business funds and sustains itself.

## Sources and Uses of Funds Analysis

The *Sources and Uses of Funds* table below shows all of our anticipated expenditures for all purposes, as well as how well capitalized we are to meet those various needs over time.



Based on this financial plan, we have projected our start-up capital requirements to be \$ [REDACTED], which we intend to fund with \$ [REDACTED] in equity commitments from our ownership team, providing us with a cushion of almost \$ [REDACTED]. These projections account for unexpected delays of up to one year in the licensing process that might be out of our

control, but during which we still need to maintain possession of our facility sites and continue very basic corporate operations while we await licensing.

We have projected our operating capital requirements to be nearly \$ [REDACTED], which we intend to fund with a mix of \$ [REDACTED] in equity commitments from our ownership team, as well as revenues derived from the sale of our medical cannabis products once our operations are up and running in Year 2. Should we encounter any unforeseen expenses or in the event our revenues fall short of our projections, we also have access to a \$ [REDACTED] credit facility which we can draw upon to meet our needs until our revenues increase during our subsequent years of operation (e.g., we have projected our Year 4 revenue to be \$ [REDACTED] [REDACTED], which is nearly \$ [REDACTED] above our projected expenses for the same year). We have included *Proofs of Funds* and *Letters of Commitment* for these funds as part of this Exhibit.

We are confident that our company has the financial ability to maintain operations for not less than two years following the date this application is accepted by the Commission, allowing us to quickly move through construction and into operational readiness, to implement industry best practices and innovations once operational, to hire key staff required to stay at the forefront of Alabama's medical cannabis industry, and to remain compliant with all relevant regulations and financial obligations.

















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# Exhibit 9 – Financial Statements

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows \_\_\_\_\_

CEO \_\_\_\_\_

**Printed Name of Verifying Individual**

**Title of Verifying Individual**

*M. Brandon Meadows*  
\_\_\_\_\_

12/28/2022  
\_\_\_\_\_

**Signature of Verifying Individual**

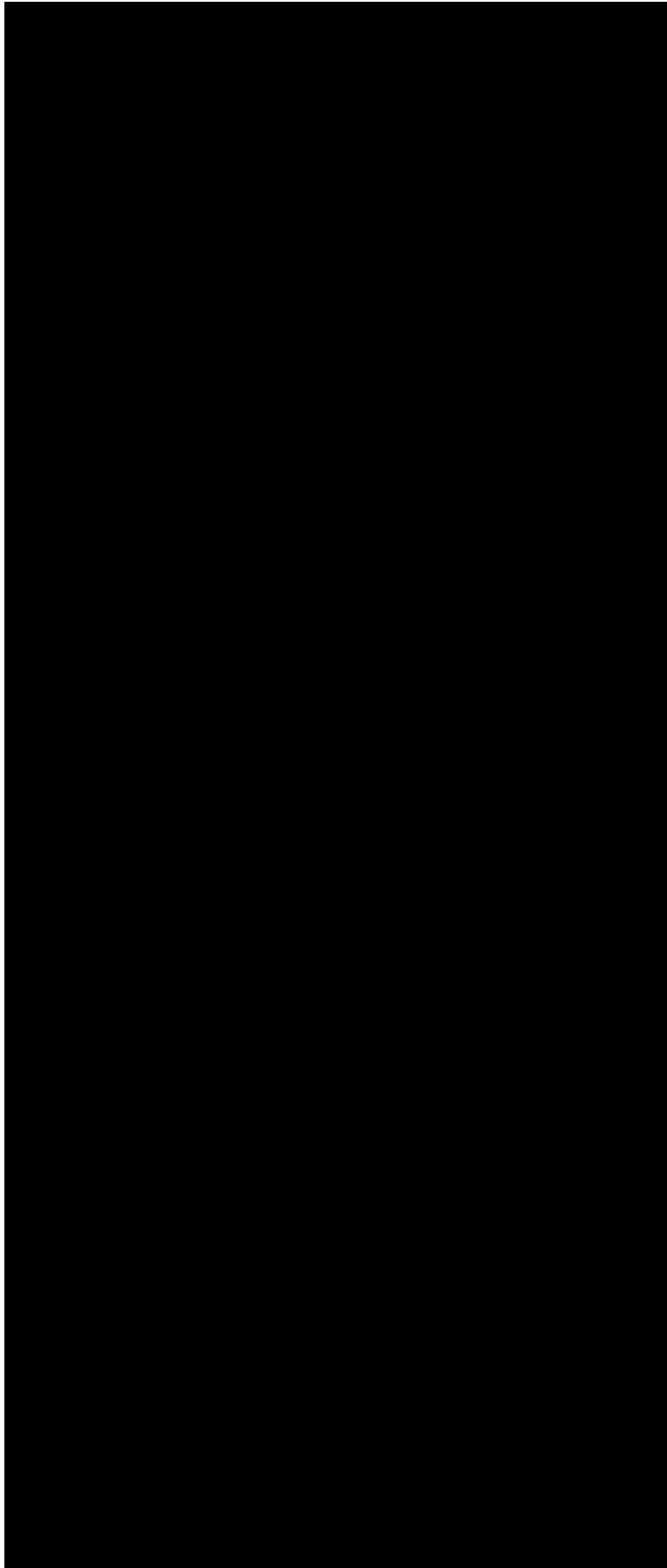
**Verification Date**

## **Exhibit 9 – Financial Statements**

Accurate financial planning and adequate capitalization are both critical steps in establishing and maintaining any successful business. Our approach to financial modeling includes robust sensitivity analysis of our key forecasting assumptions. Our financial planning includes detailed analysis of our budgets for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operating costs to create an accurate and realistic understanding of the capital requirements of our business. Our rigorous financial planning has informed the financial statements which are included here, including our Balance Sheet Report, Profit and Loss Report, and Statement of Cash Flows which show year-end projections over the first three (3) calendar years (the year of commencement plus three more) following the commencement of operations.

### **9.1 – Balance Sheet Report**

The attached balance sheet report provides a snapshot of the value of assets, liabilities and equity at commencement, or for projections, as of December 31 of each year.



**9.2 - Profit and Loss Report**

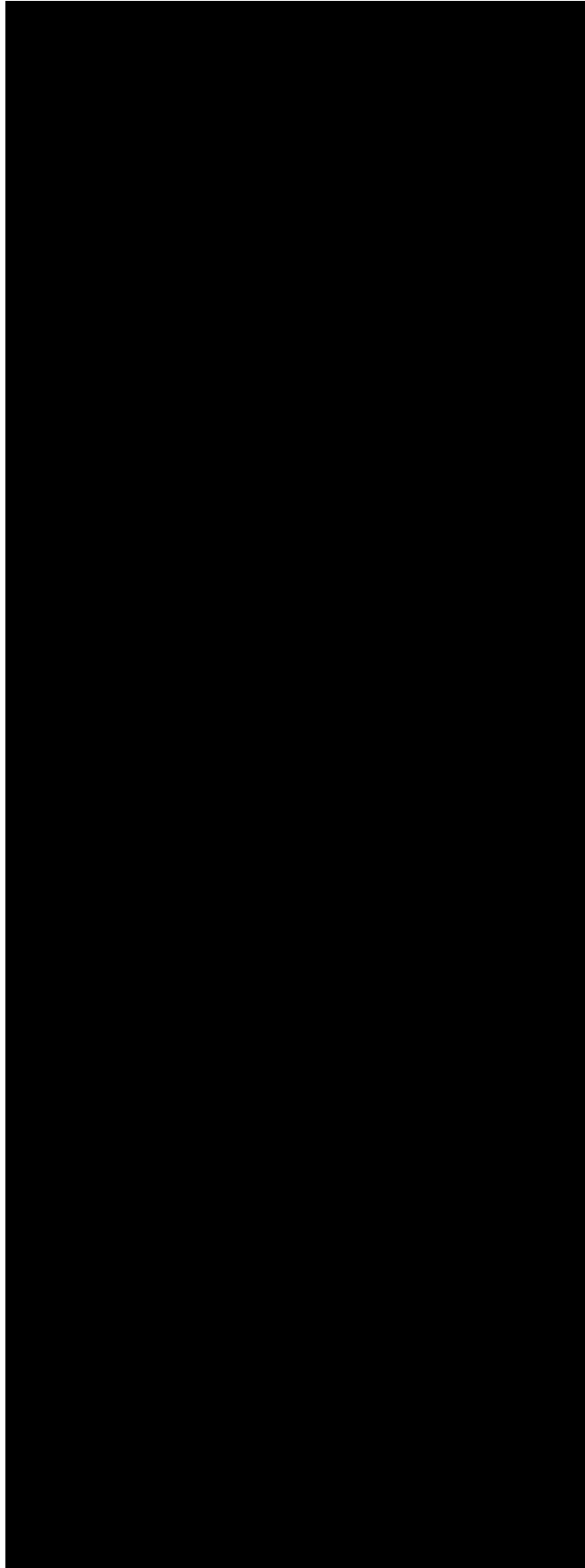
The attached profit and loss report summarizes any income, expenses and net profit from the applicant's inception to date of commencement and as projected over each calendar year thereafter, including the year of commencement.





**9.3 – Statement of Cash Flow**

The attached statement of cash flow examines the cash flowing into and out of the Applicant's business from inception to commencement and during each calendar year thereafter, including the year of commencement.



We are confident that our company has the financial ability to maintain operations for not less than two years following the date this application is accepted by the Commission, allowing us to quickly move through construction and into operational readiness, to implement industry best practices and innovations once operational, to hire key staff required to stay at the forefront of Alabama's medical cannabis industry, and to remain compliant with all relevant regulations and financial obligations.

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 10 – Tax Plan

## Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Michael Brandon Meadows  
\_\_\_\_\_  
**Printed Name of Verifying Individual**

CEO  
\_\_\_\_\_  
**Title of Verifying Individual**

*M. Brandon Meadows*  
\_\_\_\_\_  
**Signature of Verifying Individual**

12/28/2022  
\_\_\_\_\_  
**Verification Date**

**Exhibit 10 - Tax Plan**

**Plan Status - Completed**

Our company's principals have extensive experience understanding, creating plans for compliance with, and adhering to all tax laws, including local, state, and federal taxes, as gleaned from their decades-long careers as professionals in law, finance, agriculture, and medical cannabis, among other highly regulated industries with unique tax requirements.

Their expertise, as well as consultation with our company's accounting services provider, forms the basis for our verified plan demonstrating understanding of, and plans for compliance with, all applicable tax laws, including but not limited to providing all information required for purposes of the taxes levied by Chapter 2A of Title 20, Code of Alabama 1975 (as amended), and payment of the same.

Our tax plan starts with good recordkeeping practices, as discussed in more detail elsewhere within this Integrated Facility application. [REDACTED]

[REDACTED]

Our company relies on the accuracy and credibility of these financial records to determine our tax liabilities, including all monies owed at the local, state, and federal levels.

**Federal Taxes**

Section 61 of the United States Internal Revenue Code requires our company to pay federal income taxes on all of our earnings, even when the source of these earnings is activity that is considered federally illegal under Schedule I of Section 812 of the Controlled Substances Act (21 U.S.C. §801 et seq.).

While most business are eligible to deduct “all ordinary and necessary expenses paid or incurred during the tax year” to reduce their taxable income under Internal Revenue Code 162(a), companies like ours are subject to Internal Revenue Code 280E, which was made part of the code in the early 1980s and applies to businesses that sell drugs that are classified as a Schedule I or Schedule II drug. The only business deduction that our company can claim is for the cost of goods sold, essentially our medical cannabis inventory, which is covered in the Internal Revenue Code sections 471 and 263(a). The impact of IRC 280E on state-legal cannabis businesses has been widely discussed across our industry and has been found to be a source of financial stress for cannabis companies who did not fully account for their responsibility to pay federal income taxes on a much larger portion of business income than a traditional business might and later found themselves unable to make un-budgeted tax liability payments. Our company, on the other hand, has already fully accounted for our tax liabilities within our financial projections.

Our company will maintain well-organized and complete records for all of our expenses, regardless of whether an expense is legally deductible at the federal level, making it easier to prepare our required tax returns, track expenses, substantiate items reported on our tax returns, and provide answers in the unlikely event one of our tax filings is selected for examination. We will retain these records for a minimum of seven years, per Internal Revenue Service guidelines.

[REDACTED]

[REDACTED]

[REDACTED] We have already applied for and received our Federal Employer Identification Number (FEIN), which is required to pay federal taxes. Additionally, we will withhold all required Social Security and Medicare Taxes (also referenced as Federal Insurance Contributions Act taxes) from our employees’ wages and pay our employer share of these taxes via monthly remittances. We will pay Federal Unemployment Tax (FUTA) for all employees by the end of the month following the end of each quarter. These remittances will be made using the required online electronic funds transfer (EFTPS) system.

State Taxes

As a corporation doing business in Alabama, we have registered with the Alabama Secretary of State and the Alabama Department of Revenue to ensure we are prepared to file all of our required returns and remit payments, including our Alabama Corporate Income Tax Return.

[REDACTED]

[REDACTED] Additionally, we will pay State Unemployment Tax (SUTA) for all employees by the end of the month following the end of each quarter.

Looking beyond our obligations as an employer, we also will satisfy all of the requirements under Chapter 2A of Title 20, Code of Alabama 1975, which requires a tax on the gross proceeds of the sales of medical cannabis when sold at retail in Alabama at the rate of nine (9) percent of the gross proceeds of the sales. [REDACTED]

[REDACTED]

[REDACTED] In the case of our company's initial return, the annual return shall be due no later than two and one-half months after we are licensed to do business, or commences business, in Alabama.

We will report our total annual medical cannabis privilege tax on forms and in the manner prescribed by the Alabama Department of Revenue. We also will pay our Annual Privilege Tax, which is levied upon our company's net worth in Alabama for the taxable year. Our required annual return will be submitted no later than the corresponding federal income tax return, as required to be filed under federal law.

Local Taxes

Some localities in Alabama levy local income taxes, namely Bessemer, Birmingham, Gadsden, and Macon County. [REDACTED]

[REDACTED]

Our annual medical cannabis privilege tax filing will be reported on forms and in the manner as prescribed by the Alabama Department of Revenue. The tax due, as reported, shall constitute an admitted liability for that amount. The Alabama Department of Revenue may

compute and assess additional tax, penalty, and interest against a taxpayer as provided in Chapter 2A of Title 40, Code 5 of Alabama 1975.

Access to Banking

In order to remit all of our required taxes safely and accurately, we have established a commercial bank account with an Alabama-based bank so that we do not have to submit any of our tax payments using hard-to-track cash. Our company's expertise, as well as consultation with our company's accounting services provider, ensures our verified plan complies with all applicable tax laws, including but not limited to providing all information required for purposes of the taxes levied by Chapter 2A of Title 20, Code of Alabama 1975 (as amended), and payment of the same.



Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 11 – Business Formation Documents

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

**Printed Name of Verifying Individual**

CEO

**Title of Verifying Individual**

*M. Brandon Meadows*

**Signature of Verifying Individual**

12/28/2022

**Verification Date**

**Exhibit 11 – Business Formation Documents**

Formed in 2021, our company is an Alabama limited liability company that is managed by one of its owners. Our company’s owners are responsible for: ensuring that the organization successfully delivers on its mission and business objectives; overseeing the day-to-day operations of our facilities; managing the core department managers; managing all strategies and tasks related to facilities, accounting, sales, marketing, public relations; ensuring compliance with state laws and regulations; managing financials; and serving as liaisons to the company’s Advisory Board and contractors.

Our ownership team also has incorporated a Management Services Company (ManageCo) which will provide certain management, financing, administrative and other services to the company. We believe having the day-to-day administrative affairs of the company managed by ManageCo (“Manager”) will allow the company to better focus on, and fulfill, the purposes of the Darren Wesley ‘Ato’ Hall Compassion Act through the provision of the highest quality medical cannabis products and services to Alabama’s medical cannabis patients.

Further, ManageCo, as the company’s member and its Manager, will also act as the company’s source of fixed and operating capital through the provision of certain commercial finance and loan facilities; to the degree allowed, these facilities will be secured by the company’s accounts, inventory, equipment, and other assets.

We have attached certified copies of our business formation documents including:

- The Company
  - a. Certificate of Formation ( [REDACTED] ): Pages 2-8
  - b. [REDACTED] : Pages 9-33
  - c. [REDACTED] : Page 34-35
  - d. [REDACTED] : Pages 36-37
- ManageCo
  - a. [REDACTED] : Pages 38-85
  - b. [REDACTED] : Pages 86-88



































































































































































































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# Exhibit 12 - Business License and Authorization of Local Authorities

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
\_\_\_\_\_  
Printed Name of Verifying Individual

CEO  
\_\_\_\_\_  
Title of Verifying Individual

*M. Brandon Meadows*  
\_\_\_\_\_  
Signature of Verifying Individual

12/28/2022  
\_\_\_\_\_  
Verification Date

## **Exhibit 12 – Business License and Authorization of Local Authorities**

### **12.1 – Certified Copies of the Applicant’s Business License (if applicable)**

██████████ has been working with the local municipalities where our sites are located to begin the business licensing process. At this time, not a single jurisdiction has mechanisms in place to apply for a business license for a medical cannabis business. We are actively monitoring developments in the local business licensing process and are prepared to submit necessary documentation when available.

### **12.2 – Local Ordinance or Resolution (as applicable)**

In order to ensure an expedient buildout of our facilities, we have identified locations where the local municipality has either passed a resolution or ordinance allowing medical cannabis businesses in their jurisdiction (required for our dispensary locations) or has provided other assurances regarding the permissibility of our use. Resolutions approving the presence of medical cannabis businesses have been included for the following municipalities:

- Dispensary 1: City of Daphne
- Dispensary 2: City of Birmingham
- Dispensary 3: City of Gadsden
- Dispensary 4: City of Dothan
- Dispensary 5: City of Russellville

Our cultivation/processing facility is located in unincorporated Talladega County where there are no zoning laws. We have included correspondence with County officials confirming that the medical cannabis facility is permitted and that the only licensing required would be a Development Permit approved by the Talladega County Engineer.

**CITY OF DAPHNE, ALABAMA  
ORDINANCE 2022-65**

**AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS  
DISPENSING SITES WITHIN THE CITY OF DAPHNE**

**WHEREAS**, on May 17, 2021, Alabama Governor Kay Ivey signed the Darren Wesley "Ato" Hall Compassion Act (the "Act") into law, legalizing and creating a regulatory framework for medical cannabis, and such Act has been codified as Code of Alabama, §§ 20-2A-1, *et seq.*; and

**WHEREAS**, the Act provides for the medical use of medical grade products that contain a derivative of cannabis by patients with a qualifying medical condition and a valid medical cannabis card; and

**WHEREAS**, the Act authorizes and requires the Medical Cannabis Commission to heavily regulate dispensary operations, thus addressing any health, safety, or welfare concerns of the citizens of the City of Daphne; and

**WHEREAS**, the location of a dispensary within the corporate limits of Daphne will bring the potential of new employment opportunities for Daphne's citizens; and


**WHEREAS**, a dispensary would be required to obtain a business license and remit sales taxes to the City of Daphne, thus creating new revenue; and

**WHEREAS**, the City Council of the City of Daphne previously adopted Resolution 2022-49 on September 19, 2022, to authorize medical cannabis dispensaries within the City of Daphne, but upon further review it has been determined that the Act requires that the governing body of a municipality must adopt an ordinance authorizing the operation of such dispensaries before any such business can operate in the municipality; and

**WHEREAS**, the City of Daphne wishes to ratify its prior action by adopting this Ordinance authorizing the operation of medical cannabis dispensing sites within the corporate limits of the City of Daphne, subject to zoning, business license, and other revenue and police power requirements.

**NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF DAPHNE, ALABAMA**, that, in accordance with the Act, a holder of a license granted by the State of Alabama pursuant to the Act is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Daphne, subject to the provisions of the Act and other applicable state law, and further subject to any applicable ordinance of the City of Daphne, including, without limitation, applicable zoning regulations and business license requirements as the same are applied to other businesses operating as a pharmacy.

**ADOPTED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF DAPHNE, ALABAMA, THIS 5<sup>th</sup> DAY OF December, 2022.**

  
\_\_\_\_\_  
Robin L. LeJeune, Mayor

ATTEST:

  
\_\_\_\_\_  
Candace G. Antinarella, CMC, City Clerk

Oc04oca28jb.o1

RECOMMENDED BY: THE MAYOR AND  
THE PUBLIC SAFETY COMMITTEE

SUBMITTED BY: THE CITY ATTORNEY

**ORDINANCE NO. 22-142**

**AN ORDINANCE TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS DISPENSARIES WITHIN THE CORPORATE LIMITS OF THE CITY OF BIRMINGHAM, PURSUANT TO ALA. CODE, 1975, § 20-2A-51(c).**

**WHEREAS**, the Darren Wesley “Ato” Hall Compassion Act, codified at Ala. Code, 1975, § 20-2A-1, et seq. (the Act), authorizes the cultivation, processing, and sales of cannabis products for medical use by patients with a qualifying medical condition and a valid medical cannabis card; and

**WHEREAS**, the Act requires the Alabama Medical Cannabis Commission to adopt rules that ensure safety, security, and integrity of the operation of medical cannabis facilities and protect the health, safety, and security of the public, thus heavily regulating all aspects of the medical cannabis industry, including dispensary operations, (See §§ 20-2A-50 – 20-2A-68, Code of Alabama); and,

**WHEREAS**, the Alabama Medical Cannabis Commission published its rules adopted pursuant to Ala. Code, 1975, § 20-2A-53 on August 31, 2022, and will accept applications from October 31 through December 30, 2022; and,

**WHEREAS**, the Commission will deem applications complete and submitted on or about April, 13, 2023, and will open a public comment period on or about April 14, 2023 to accept comments from the public on all pending applications and may set a public hearing, at the Commission’s discretion, before the issuance of licenses on or after July 10, 2023; and,

**WHEREAS**, the number of licenses for dispensary facilities to be issued by the Commission is limited as follows:

Integrated Facilities – up to 5 licenses; each licensee authorized up to 5 dispensing sites located in separate counties

Dispensary – up to 4 licenses; each licensee authorized up to 3 dispensing sites located in separate counties

**WHEREAS**, a dispensary, including a dispensary under an Integrated Facility License may only operate in a municipality if the municipality has passed an ordinance authorizing the operation of dispensaries within the municipality's corporate limits; and

**WHEREAS**, the health care industry is a highly valued segment of the City of Birmingham's economy and includes world-renown health care resources, including hospitals, clinics, education, and research facilities and the valued professionals and support staff who care for patients from within the state, the nation, and from abroad; and,

**WHEREAS**, the operation of a medical cannabis dispensary within the corporate limits of the City of Birmingham will further expand opportunities for the City's flourishing health care industry and provide new options to care for patients with qualifying medical conditions; and,

**WHEREAS**, the operation of a medial cannabis dispensary will provide new economic and employment opportunities and new revenue through business licensing and other taxes; and,

**WHEREAS**, the Council of the City of Birmingham finds that it is in the best interest of the public health, safety, and welfare to authorize the operation of medical cannabis dispensing facilities within the City of Birmingham, subject to the strict regulation and oversight of the Alabama Medical Cannabis Commission.

**NOW THEREFORE, BE IT ORDAINED** by the Council of the City of Birmingham as follows:

**SECTION 1.**

- (a) The operation of medical cannabis dispensaries within the corporate limits of the City of Birmingham is authorized, subject to any applicable zoning restrictions the City may adopt pursuant to Ala. Code, 1975, § 20-2A-51(c)(3).
- (b) The operation of any facility, regardless of type, licensed by the Alabama Medical Cannabis Commission within the City of Birmingham shall comply with the Commission's strict regulation and oversight and shall comply with all laws and ordinances for the operation of a business within the City, including, but not limited to business licensing and other required taxes, and with all applicable ordinances and codes for location, construction, and sanitation of business premises within the City of Birmingham.
- (c) This ordinance shall be interpreted with respect to the Darren Wesley "Ato" Hall Compassion Act, Ala. Code, 1975, § 20-2A-1, et seq. and the rules of the Alabama Medical Cannabis Commission, as either is now or may hereafter be amended.

**SECTION 2.**

A certified copy of this ordinance shall be submitted within seven days of its adoption to the Alabama Medical Cannabis Commission by the City Clerk, as provided in Ala. Code, 1975, § 20-2A-51(c)(2). The City Clerk and the Director of the Department of Innovation and Economic Opportunity may cooperate to ensure and record the submittal of the ordinance.

**SECTION 3. SEVERABILITY.** The provisions of this ordinance are severable. If any part of this ordinance is determined by a court of competent jurisdiction to be invalid, unenforceable or unconstitutional, such determination shall not affect any other part of this ordinance.

**SECTION 4. EFFECTIVE DATE.** This ordinance shall be effective when published as required by law.

Adopted by the Council October 4, 2022 and Approved by the Mayor October 6, 2022



A CERTIFIED COPY

Lee Frazier, City Clerk  
Birmingham, Al

*Lee Frazier*



2022/371

ORDINANCE NO. O-37-22

**AUTHORIZING THE OPERATION OF A MEDICAL CANNABIS  
DISPENSARY WITHIN THE CORPORATE LIMITS OF  
THE CITY OF GADSDEN, ALABAMA**

WHEREAS, on May 17, 2021, the Governor for the State of Alabama signed Darren Wesley 'Ato' Hall Compassion Act into law (the "Act"); and

WHEREAS, the Act provides for the medical use of marijuana for patients with qualifying medical conditions and a valid medical cannabis card; and

WHEREAS, a dispensary may only be operated in a municipality if the municipality has passed a resolution authorizing the operation of dispensaries within the municipality's corporate limits; and

WHEREAS, the Act authorizes and requires the Medical Cannabis Commission to heavily regulate dispensary operation, (See §20-2A-50 - §20-2A-68, Code of Alabama), thus addressing any health, safety or welfare concerns for the citizens of the City of Gadsden; and

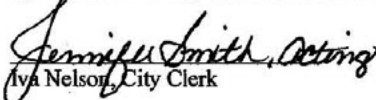
WHEREAS, the location of a dispensary within the corporate limits of the City of Gadsden will bring the potential of new employment opportunities for the citizens of the City of Gadsden; and

WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Gadsden, thus increasing revenue;

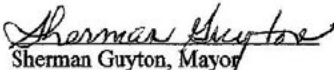
Now, Therefore, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF GADSDEN, ALABAMA, as follows:

1. The Gadsden City Council does hereby authorize the operation of medical cannabis dispensing sites, cultivators, processors, secure transporters, or integrated facilities licenses within the corporate limits of the City of Gadsden.
2. The City Clerk or designee is hereby directed to forward a copy of this Ordinance to the Alabama Medical Cannabis Commission.
3. This Ordinance shall become effective upon its passage and publication as required by law.

I certify that the City Council of the City of Gadsden, Alabama, duly adopted this Ordinance at an open public meeting held on October 11, 2022.

  
Jennifer Smith, Acting  
Iva Nelson, City Clerk

APPROVED on October 11, 2022

  
Sherman Guyton, Mayor

**ORDINANCE NO. 2022-290**

**AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES**

**WHEREAS**, in the 2021 Legislative Session, the State of Alabama Legislature passed Act No. 21-450 legalizing and creating a regulatory framework for medical cannabis; and,

**WHEREAS**, the Alabama Legislature made the following findings of fact:

1. "Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions."
2. "There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under supervision of a physician licensed in this state."
3. "Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments."

**WHEREAS**, this act requires the governing body of any municipality to authorize by ordinance the operation of the dispensing sites within the corporate limits of the municipality; and,

**WHEREAS**, a dispensary would be required to purchase a business license and pay sales tax to the City of Dothan, thus increasing revenue; and,

**WHEREAS**, the City of Dothan wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Dothan to assure its citizens can benefit from the medical and economic benefits of medical cannabis.

**NOW, THEREFORE, BE IT ORDAINED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** In accordance with Alabama Code § 20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Dothan subject to the provisions of Act 21-450 and any relevant provisions of the code of the City of Dothan.



Ord. No. 2022-290, authorizing the operation of medical cannabis dispensing sites, continued.

**Section 2.** That this ordinance and the rules, regulations, provisions, requirements, orders and matters established and adopted hereby shall take effect and be in full force and effect from and after the date of its final passage and adoption.

**PASSED, ADOPTED, AND APPROVED ON SEPTEMBER 20, 2022.**

ATTEST:

Wendy Shiver  
City Clerk

[Signature]  
Mayor

[Signature]  
Associate Commissioner District 1

[Signature]  
Associate Commissioner District 2

[Signature]  
Associate Commissioner District 3

[Signature]  
Associate Commissioner District 4

[Signature]  
Associate Commissioner District 5

[Signature]  
Associate Commissioner District 6  
**BOARD OF CITY COMMISSIONERS**

I hereby certify that the above Ordinance was published in THE DOTHAN EAGLE, a newspaper of general circulation in the City of Dothan, Alabama, on September 23, 2022.

Wendy Shiver  
Wendy Shiver  
City Clerk

**CITY OF RUSSELLVILLE  
ORDINANCE NO. 2022-102**

**TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES  
WITHIN THE CORPORATE LIMITS OF THE CITY OF RUSSELLVILLE**

**WHEREAS**, during the 2021 Regular Session of the Alabama Legislature, Act 2021-450 was enacted and codified in Title 20, 2A, Code of Alabama 1975, to create within Alabama a wholly interstate system of the cultivation, processing, and distribution of medical cannabis; and

**WHEREAS**, Act 2021-450 defines a "dispensary" as an entity licensed by the Alabama Medical Cannabis Commission to dispense and sell medical cannabis at the dispensing sites to registered, qualified patients and registered caregivers; and

**WHEREAS**, Act 2021-450 defines an "integrated facility" as an entity licensed to perform the functions of a cultivator, processor, secure transporter, and dispensary; and

**WHEREAS**, Act 2021-450 defines a "dispensing site" as a site operated by a dispensary licensee or an integrated facility licensee; and

**WHEREAS**, Act 2021-450 states that a dispensary licensee or integrated facility licensee may not operate a dispensing site within a municipality unless the governing body of that municipality has authorized, by ordinance, the operation of dispensing sites within its jurisdictional boundary; and

**WHEREAS**, Act 2021-450 states that a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief from pain and other debilitating symptoms but will also provide opportunities for patients with debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers; and

**WHEREAS**, the City Council believes it is in the public's interest to authorize the operation of dispensing sites within the corporate limits of the City of Russellville.

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF RUSSELLVILLE,  
ALABAMA, AS FOLLOWS:**

1. The Russellville City Council does hereby authorize the operation of medical cannabis dispensing sites by dispensary licensees and integrated facility licensees within the corporate limits of the City of Russellville.
2. The City Clerk or designee is hereby directed to forward a copy of this ordinance to the Alabama Medical Cannabis Commission within seven calendar days after its adoption.
3. Each and every provision of this Ordinance is hereby declared to be an independent provision and the holding of any provision hereof to be void or invalid for any reason shall not affect any other provision hereof, and it is hereby declared that the other provisions of this Ordinance would have been enacted regardless of any provisions which might have been invalid.
4. This ordinance shall become effective upon its passage and publication as required by law.

ADOPTED BY THE CITY COUNCIL this the day of September 6, 2022.



David R. Grissom, Mayor

ATTEST:

  
Belinda Miller, City Clerk



Talladega County Highway Department

P.O. Drawer 274  
Talladega, Alabama 35161

TELEPHONE  
(256) 761-2130  
FAX  
(256) 761-2138

December 9, 2022



To Whom It May Concern:

There are no zoning laws or building inspection enforcements in the unincorporated areas of Talladega County with the exception of National Flood Insurance Program requirements. **Per FEMA flood map panel #01121C0110E with an effective date of March 16, 2016 this property does contain 100 year flood zone. Prior to any development on the property, a Development Permit will need to be approved by the Talladega County Engineer.**

Talladega County also has no set-back requirement from our Right-of-Ways.

Talladega County does not issue a Certificate of Occupancy.

If additional information is needed please advise.

Sincerely,

Shannon W. Robbins  
County Engineer

[Redacted]

**From:**  
**Sent:**  
**To:**  
  
**Subject:**  
**Attachments:**

[Redacted]

Zoning letter for cultivation site attached!

[Redacted]

Begin forwarded message:

[Redacted]

Zoning Letter is attached.

[Redacted]

You don't often get email from [Redacted] [learn why this is important](#)

Thanks for the quick response, Bryan. I acknowledge that we'll have to work with the county prior to commencing any construction but we would only look to break ground on any areas of the property that are located outside the FEMA flood plain. Do you think we could get a letter from the county stating that the property is located in unincorporated Talladega and that there are no applicable zoning requirements on this parcel?

[Redacted]

On Dec 8, 2022, at 2:22 PM, [Redacted] wrote:

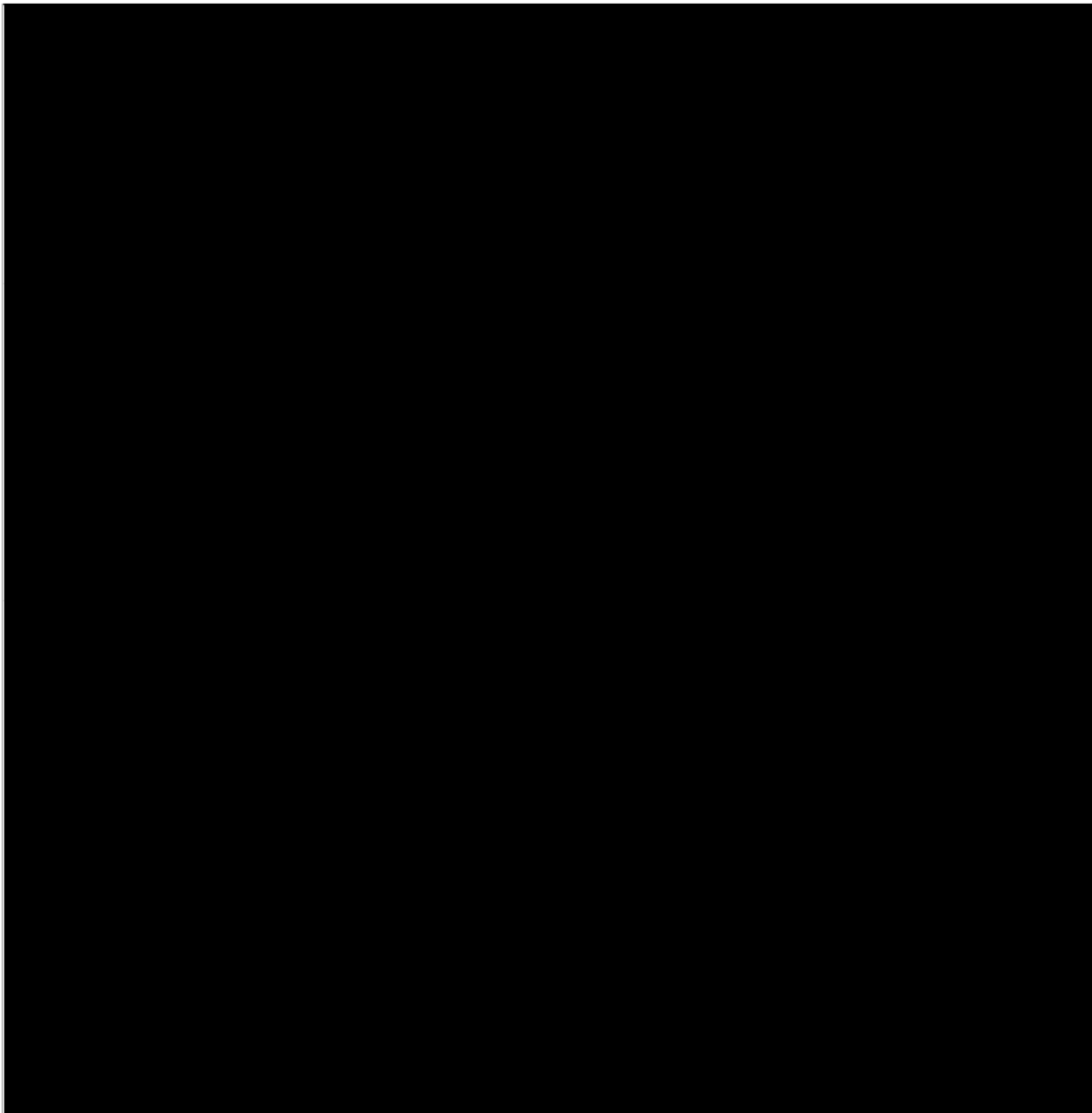
Good afternoon [Redacted]

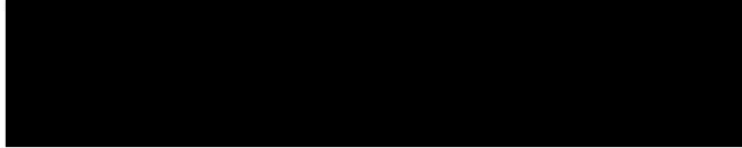
That property is located in unincorporated Talladega County where we do not enforce building codes or have zoning laws. However, Talladega County does participate in FEMA's National Flood Insurance Program and our County

Engineer must permit any development within FEMA's designated Special Flood Hazard Area. You can see in the screenshot pasted below there is quite a bit of flood zone (shaded blue area) on that parcel. What will be involved in a medical cannabis cultivation site and processing facility?

Thanks in advance,

[Redacted]





You don't often get email from [redacted] [learn why this is important](#)

Good afternoon, Bryan. I was curious if you were the correct contact to obtain a zoning approval letter for a property we purchased in Lincoln for the purposes of building a medical cannabis cultivation site and processing facility? The location of the property is [redacted] We are in the process of applying for a license and were advised that we needed to attach zoning approval letters to the application. Is this something that you can provide? I'm happy to provide you with a draft letter if it will make the request easier on your end. The letter should be addressed to:



I look forward to hearing from you,



Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 13 – Business Plan

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

Printed Name of Verifying Individual

Title of Verifying Individual

*M. Brandon Meadows*

Original 12/27/2022; Edited 2/23/2023

Signature of Verifying Individual

Verification Date

## **Exhibit 13 – Business Plan**

**Introduction.** Our company was founded by a highly accomplished and diverse group of Alabama residents in the fields of agronomics, horticulture, chemistry, banking, finance and law. This exceptional team’s talents, insight and knowhow were elevated to new heights by the subsequent formation of a strategic partnership with one of the Southeast’s leaders in the medical cannabis field. This pairing of our highly accomplished Alabama-based management and operations team with a deeply respected Florida-based fully integrated medical cannabis facility will enable our Alabama-owned and operated company to bring international experience, world-class technical capacity, proven products, and a robust research and development platform to the patients of Alabama.

Our dedication, commitment, and investment to the communities we serve is well-documented and unmatched in the state of Alabama. We are proud of our significant contributions, and we continue to give our time, energy, and resources to improve the lives of our neighbors and the communities we serve. For decades, our diverse team has supported minority-owned businesses, small businesses, local schools, hospitals, and youth organizations while creating living-wage jobs and economic mobility for underrepresented populations. Our owners serve in a range of roles to better serve their communities, from contributing to economic prosperity as members of chambers of commerce to advancing community health as medical practitioners across the State of Alabama. Our ownership team has successfully built companies and projects of all sizes across the State of Alabama in diverse, highly relevant industries, including pharmaceuticals, healthcare, medical innovation, and real estate. We are fully committed to realizing our success and achieving our mission to become the premiere medical cannabis provider in the state of Alabama. Our company has a clearly defined business structure and a plan for adherence to applicable corporate conventions.

### **13.1 Business Structure & Corporate Conventions**

Our company has a clearly defined business structure and a plan for adherence to applicable corporate conventions.



Formed in 2022, our company is an Alabama limited liability company that is manager-managed by one of its owners. Our company's owners are responsible for: ensuring that the organization successfully delivers on its mission and business objectives; overseeing the day-to-day operations of our facilities; managing the core department managers; managing all strategies and tasks related to facilities, accounting, sales, marketing, public relations; ensuring compliance with state laws and regulations; managing financials; and serving as liaisons to the company's Advisory Board and contractors.

Our ownership team also has incorporated a Management Services Company (ManageCo) which will provide certain management, financing, administrative and other services to our Applying Entity (LicenseCo). The day-to-day business and affairs of the LicenseCo will be managed by ManageCo ("Manager"). The Manager will direct, manage and control all of the business activities of the LicenseCo, provide LicenseCo with its primary source of leadership, capital, procedures, and compliance expertise.

Further, ManageCo, as LicenseCo member and its Manager, will also act as LicenseCo's source of fixed and operating capital through the provision of certain commercial finance and loan facilities to LicenseCo, secured by a first-priority security interest in LicenseCo's accounts, inventory, equipment, and other assets of the LicenseCo.

### **13.2 Business Goals**

Our company has clearly defined business goals, including a 3-year and a 5-year plan.

As discussed throughout our business plan, our company is committed to maximizing the likelihood of our success in bringing relief to the patients of Alabama. Based upon significant investment in upfront diligence and planning, we are confident in the merits of our business strategy and our capabilities to execute our plan. We have successfully executed similar plans across a full range of related industries and have a comprehensive understanding of what it takes to provide a safe and secure environment for our patients and communities. Our goals include, but are not limited to, the following priorities.

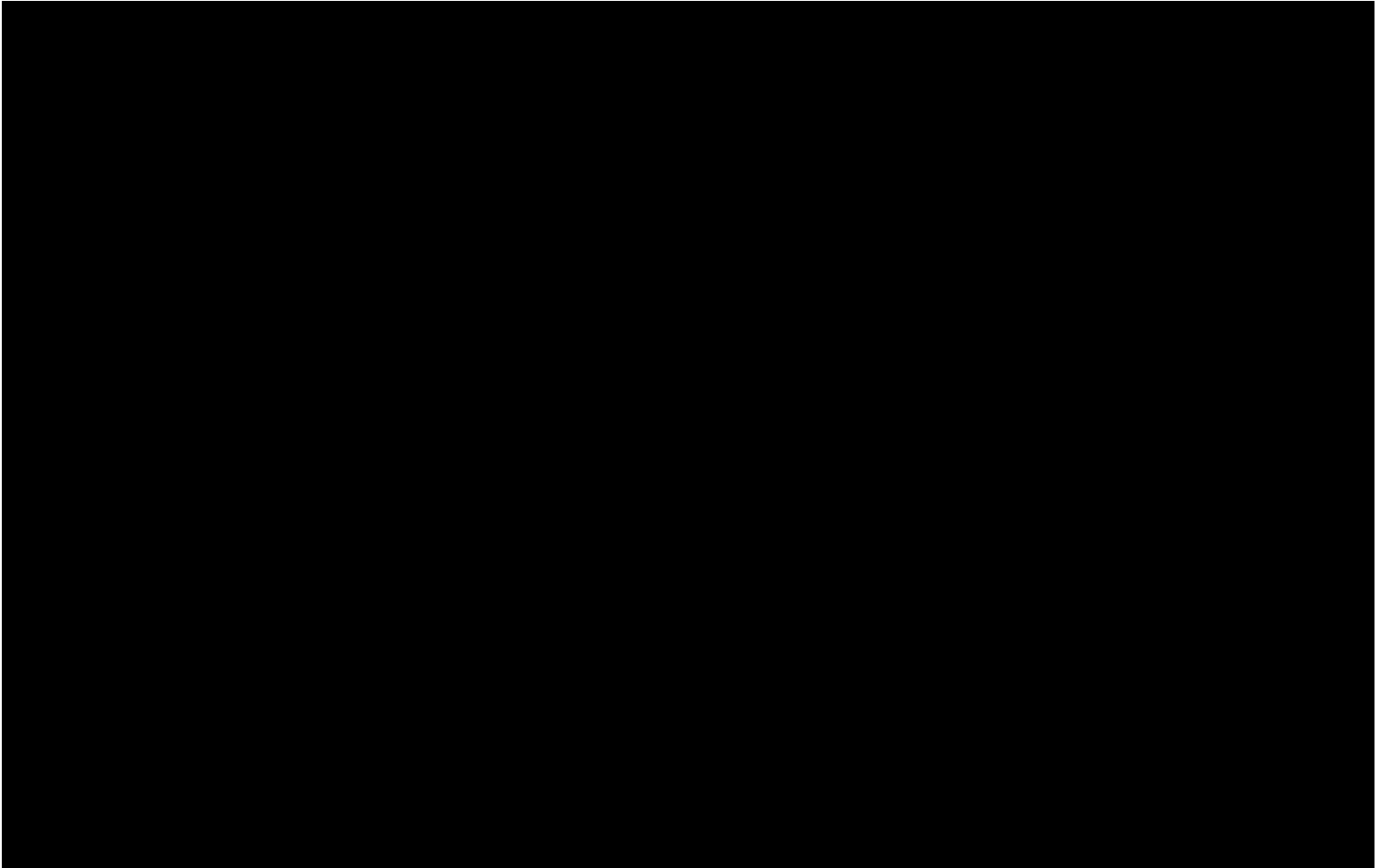
- Complete the buildout of our cultivation facility and obtain all state and local operating licenses and approvals to commence operations.

- Complete the buildout of our processing facility and obtain all state and local operating licenses and approvals to commence operations.
- Implement our environmentally conscious practices for the design, build, and operation of our greenhouse cultivation and processing facilities.
- Develop and implement scalable greenhouse cultivation techniques that provide a steady, uninterrupted supply of safe medical cannabis products for patients in Alabama.
- Cultivate our core heritage cultivars (“strains”) to address the most pressing health and wellness needs of Alabama’s medical cannabis patients.
- Engage our community partners to identify opportunities for community impact.
- ██████████ - Complete the buildout of our five dispensary locations and obtain all state and local operating licenses and approvals to commence operations by the time our first harvest is ready.
- Expand our heritage cultivars (“strains”) to address additional pressing health and wellness needs for Alabama’s medical cannabis patients.
- Engage additional community partners to identify additional opportunities for community impact.
- Stabilize operations to lower costs of production and subsequently lower costs of medicine for patients.
- Analyze the findings from our initial research efforts and collaborate with our international research partners to identify opportunities to add new cultivars and formulae that could address unmet patient needs.
- Expand our community impact efforts to increase the benefits we can provide to our communities.
- Expand our cultivation facility to provide more cultivation capacity to meet the needs of Alabama’s growing patient population.
- Optimize operations to lower costs of production and subsequently lower costs of medicine for patients.
- Institutionalize our community impact initiatives to ensure the long-term impact of our efforts.

- Readily expand our operations to reliably meet the needs of Alabama’s growing patient population.
- Scale operations to lower costs of production and subsequently lower costs of medicine for patients.
- Advocate for policies that can scale our community impact initiatives to ensure the long-term impact of our efforts.

**13.3 Organizational Chart**

Our company structure is summarized in the organizational chart below, which depicts the roles, responsibilities, and relationships between the individuals in our company.



**13.4 Managerial Job Descriptions**

Our company has created job descriptions for all of our management positions, which delineate the authority, qualifications, and duties for each position.

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block containing multiple paragraphs of blacked-out content]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**13.5 Non-Managerial Job Descriptions**

Our company has created job descriptions for all of our non-managerial staff positions, which delineate the authority, qualifications, and duties for each position.

[Redacted text block]

[Redacted text block]

[Redacted text block]



[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

**13.6 Executive Summary**

Our company is led by an exceptional team of professionals who have come together with the common goal of providing Alabama’s medical cannabis patients with the highest level of service and the most effective products, all for the most affordable price.

**Mission Statement**

We are a professional medical cannabis company with a clear orientation toward providing affordable, ground-breaking products and services that meaningfully improve the lives of Alabama patients experiencing pain and other debilitating symptoms. Our industry-leading policies and procedures for cultivating, producing, and dispensing safe medical cannabis

products ensure we exceed the expectations of our patients and community stakeholders. We add value to our communities through acts of service, educational programs, environmental sustainability projects, charitable donations, and active civic participation.

Leadership Background and Qualifications

Our company is a fusion of the highest quality local and national talent, cutting-edge technology, and seasoned business acumen. As we look to set the standard for medical cannabis care in Alabama, we've leveraged our state's deep pool of talented professionals to create a powerhouse team with decades of combined experience working in highly regulated industries. Our ownership group, management team, and advisory board include seasoned medical cannabis operators, licensed and well-regarded local medical professionals, experienced law enforcement personnel, top-notch legal and compliance minds, technology experts, and superior business executives.

Business Style and Philosophy

Many medical cannabis companies operate from the assumption that since patients are pursuing the use of cannabis as a medicine, they must also resonate with most or all of the other aspects of the drug counterculture. In truth, our patients are seeking help from service-oriented professionals who regard themselves as part of a patient's larger medical support system. Our approach is designed to better meet the needs of patients who seek high quality, safe medicine from professionally managed facilities. General differentiators that appeal to our patients include the following:

- Health Focused – [REDACTED]  
[REDACTED]  
[REDACTED]
- Education Oriented – [REDACTED]  
[REDACTED]  
[REDACTED]
- Innovative – [REDACTED]  
[REDACTED]  
[REDACTED]



[Redacted]

Of Counsel, Compliance - [Redacted]

Chief Production Officer - [Redacted]

Chief Medical Officer – [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Chief Security Officer – [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Advisory Board Chair – [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[Redacted]

Research and Development Advisor – [Redacted]

[Redacted]

Business Development Advisor – [Redacted]

[Redacted]

[Redacted]

Scientific Advisor - [Redacted]

Patient Care Advisor - [Redacted]

Cultivation Director - [Redacted]



[Redacted text block]

Greenhouse Manager - [Redacted text]

[Redacted text block]

[Redacted text]

Processing Director - [Redacted text]

[Redacted text block]

[Redacted text block]

Tissue Culture Lab Manager (Future Position) - [Redacted text block]

Patient Care Director - [Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED]

Community Outreach Manager - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Facility Locations and Functions

<i>Facility Function</i>	<i>Facility Location</i>	<i>Facility Details</i>
Cultivation, Processing, & Production [REDACTED] County	[REDACTED]	8.3 Acre Site [REDACTED] - Greenhouse [REDACTED] - Processing
Dispensary 1 [REDACTED] County	[REDACTED]	[REDACTED] Multi-Use Structure
Dispensary 2 [REDACTED] County	[REDACTED]	[REDACTED] Stand-Alone Structure
Dispensary 3 [REDACTED] County	[REDACTED]	[REDACTED] Multi-Use Structure
Dispensary 4 [REDACTED] County	[REDACTED]	[REDACTED] Strip Mall
Dispensary 5 [REDACTED] County	[REDACTED]	[REDACTED] Multi-Use Structure

**13.7 Description of Services and Products**

To best address the unique needs of Alabama’s medical cannabis patients, our company will offer a range of services and products at various price points.

We intend to produce and sell a wide array of products to meet the varying health and wellness needs of our patients. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Cannabinoids are natural chemicals found in the cannabis plant which can provide health benefits, in many cases without intoxicating effects. They are a natural part of the cannabis plant. Tetrahydrocannabinol, or THC, is the main psychoactive cannabinoid in the cannabis plant and the one that produces a “high”-like effect. It’s known to relieve nausea, increase appetite, reduce muscle spasms and provide powerful pain relief. It acts as an antispasmodic, reducing and preventing muscle spasms; an antiemetic, preventing nausea and vomiting; an

analgesic, reducing pain and inflammation; and an orexigenic, increasing appetite. Cannabidiol, or CBD, is another well-known beneficial non-intoxicating cannabinoid. It acts as an anti-inflammatory, suppresses seizure activity, reduces anxiety, combats tumor growth and regulates psychosis disorders. CBD is incredibly restorative and has been shown to exert antioxidant effects, act as a neuroprotectant, and provide a calming effect.

[REDACTED]

In addition to cannabinoids, cannabis plants contain terpenes—non-psychoactive aromatic oils that are secreted from the hair-like trichomes of cannabis, giving each strain a unique flavor and effect. Terpenes are found throughout nature. For example, the terpene limonene gives citrus fruits their distinct smell and taste and is found in many cannabis strains providing the same citrusy aromatics. Terpenes work harmoniously with cannabinoids to add to the individual therapeutic benefits of each strain.

The entourage effect is a term coined by Dr. Raphael Mechoulam – known as the “Father of Cannabis Research” – upon discovering the interactive synergy of cannabinoid compounds working harmoniously together. Also known as whole plant medicine, the notion is that all of the compounds in cannabis – including cannabinoids and terpenes – work most effectively and produce maximal therapeutic benefits when consumed together, rather than as isolated extracts. Cannabis naturally provides whole plant medicine that engages with our endocannabinoid system to strengthen, balance, and provide relief for our whole body.

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]



*Figure 1: Medical Grade Strains*

Oral tablet, capsule, or tincture.

Our tablets are a simple and discreet way for patients to consume medical cannabis.

[REDACTED]

Since they are ingested orally and metabolized through the patient's digestive system, the effects of tablets are generally delayed but longer lasting than other methods of consumption.



Formulator	Product	Cultivar	Size	Potency	Price
Applicant	Tablets	Hybrid	█ tablets	█ mg THC per tablet	█
Applicant	Tablets	Indica	█ tablets	█ mg THC per tablet	\$█
Applicant	Tablets	Sativa	█ tablets	█ mg THC per tablet	█

We will offer medical cannabis in *tincture* forms--concentrated liquid oil extractions from the cannabis flower that allow for easy oral administration and fast absorption. █

█

█

█

█

█

Formulator	Product	Cultivar	Size	Potency	Price
Applicant	Tincture	Indica	30 ml	█ mg CBD, █ mg THC per bottle	\$█
Applicant	Tincture	Hybrid	30 ml	█ mg THC per bottle	\$█
█	Tincture	Hybrid	30 ml	█ mg CBD, █ mg THC per bottle	\$█
█	Tincture	█ - Hybrid	30 ml	250 mg CBD, 250 mg THC per bottle	\$█
█	Tincture	█ - Indica	█ ml	█ mg THC per bottle	\$█
█	Tincture	█ - Indica	█ ml	█ mg THC per bottle	\$█
█	Tincture	█ - Sativa	█ ml	█ mg THC per bottle	\$█

[REDACTED]

[REDACTED]. Concentrated cannabis oil can be beneficial for patients in extreme pain, with PTSD, and/or for those who are replacing opiates with cannabis. Cannabis extract can provide rapid relief with long-lasting effects.

Formulator	Product	Cultivar	Size	Potency	Price
Applicant	Cannabis Oil Syringe	[REDACTED] - Sativa	[REDACTED] ml	[REDACTED] mg THC	\$ [REDACTED]
Applicant	Cannabis Oil Syringe	[REDACTED] - Sativa	[REDACTED] ml	[REDACTED] mg THC	\$ [REDACTED]
Applicant	Cannabis Oil Syringe	[REDACTED] - Sativa	[REDACTED] ml	[REDACTED] mg THC	\$ [REDACTED]
[REDACTED]	Cannabis Oil Syringe	[REDACTED] - Hybrid	[REDACTED] ml	[REDACTED] mg THC	\$ [REDACTED]
[REDACTED]	Cannabis Oil Syringe	[REDACTED] - Hybrid	[REDACTED] ml	[REDACTED] mg THC	\$ [REDACTED]
[REDACTED]	Cannabis Oil Syringe	[REDACTED] - 1:1 Hybrid	[REDACTED] ml	[REDACTED] mg CBD, [REDACTED] mg THC	\$ [REDACTED]
[REDACTED]	Cannabis Oil Syringe	[REDACTED] - Indica	[REDACTED] ml	[REDACTED] mg THC	[REDACTED]

[REDACTED]

Formulator	Product	Cultivar	Size	Potency	Price
Applicant	█ Syringe	Hybrid	█ ml	█ mg THC	\$█
Applicant	█ Syringe	Indica	█ ml	█ mg THC	\$█
Applicant	█ Syringe	Sativa	█ ml	█ mg THC	█

Non-sugar-coated gelatinous cube, gelatinous rectangular cuboid, or lozenge in a cube or rectangular cuboid shape.

█

█ Soft chews are a great option for those with chronic conditions requiring longer-lasting relief throughout the day, as well as those suffering from digestive diseases, as they can have a powerful effect on the whole digestive tract. █

█

Formulator	Product	Cultivar	Size	Potency	Price
█	Soft Chew Cube	█ (Hybrid)	█ cubes	█ mg THC: █ mg CBD	\$█
█	Soft Chew Cube	█ (Indica)	█ cubes	█ mg THC	\$█
█	Soft Chew Cube	█ █ (Indica)	█ cubes	█ mg THC	\$█

Gel, oil, cream, or other topical preparation.

█

█

█

█ Since these creams are applied directly to a patient's skin, the cannabinoids are absorbed into the bloodstream at a slower rate than with oral



Our employees will never withhold information about a product on the basis that the product is not available from our company. Instead, our employees will provide information on where to find the product and will encourage the patient to seek out the product where it is available. [REDACTED]

[REDACTED]. By properly training our employees on comprehensive and reliable education, we will establish a reputation as being a trustworthy and dependable source of curated cannabis products and credible cannabis information.

13.8 Advertising/Marketing Analysis and Strategy

Our company's advertising and marketing efforts are led by our Community Outreach Manager and focused on providing reputable information about medical cannabis as a safe and effective option for managing a range of qualifying conditions. To this end, we intend to employ several proven strategies, as described below.

[REDACTED]

Advertising

Our advertising efforts are educational in nature and focused on the fact that medical cannabis is legal, safe and available in Alabama. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

As is the case for most businesses, satisfied patients are the most powerful education tool we have at our disposal. [REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

**13.9 Community Engagement Plan**

[Redacted text block]

Our company is a mission-driven business committed to serving and supporting the areas around our facilities throughout Alabama. [Redacted text]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]



[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**13.10 Environmental Impact Statement**

Our company has researched and developed plans to minimize the impact of our proposed operations on the local environment. [REDACTED]

[REDACTED]

As a leading-edge medical cannabis company, we deeply value the environment, and it is our goal and moral imperative to be good stewards and minimize our impacts. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**Environmental Impact: Cultivation and Processing**

[Redacted text block]

[Redacted text block]

[Redacted text block]

Energy Usage: [Redacted text block]

[Redacted text block]

[Redacted]

[Redacted]

[Redacted]

Alternative Energy: [Redacted]

[Redacted]

[Redacted]

Air Quality: [Redacted]

[Redacted]

[Redacted]

Water Conservation: [Redacted]

[Redacted]

Waste Management: [Redacted]

[Redacted]

[Redacted]

Packaging: [Redacted]

Ongoing Research: [Redacted]

**Environmental Impact: Dispensary Operations**

Our company is committed to incorporating environmentally conscious business practices at our medical cannabis dispensary facilities. Our plans demonstrate our commitment to protecting the environment by requiring us to take a variety of measures at our dispensaries, such as: [Redacted]

[Redacted text block]

[Redacted text block]

*Lighting:* [Redacted text block]

*Air Quality:* [Redacted text block]



Waste: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

In an ongoing effort to educate consumers and regulatory bodies on the evolving best practices related to the cannabis industry and plastics reclamation, we will work with local partners to identify appropriate recycling and education programming with the goal to minimize the impact of the retail operations on local landfills and waste treatment facilities.

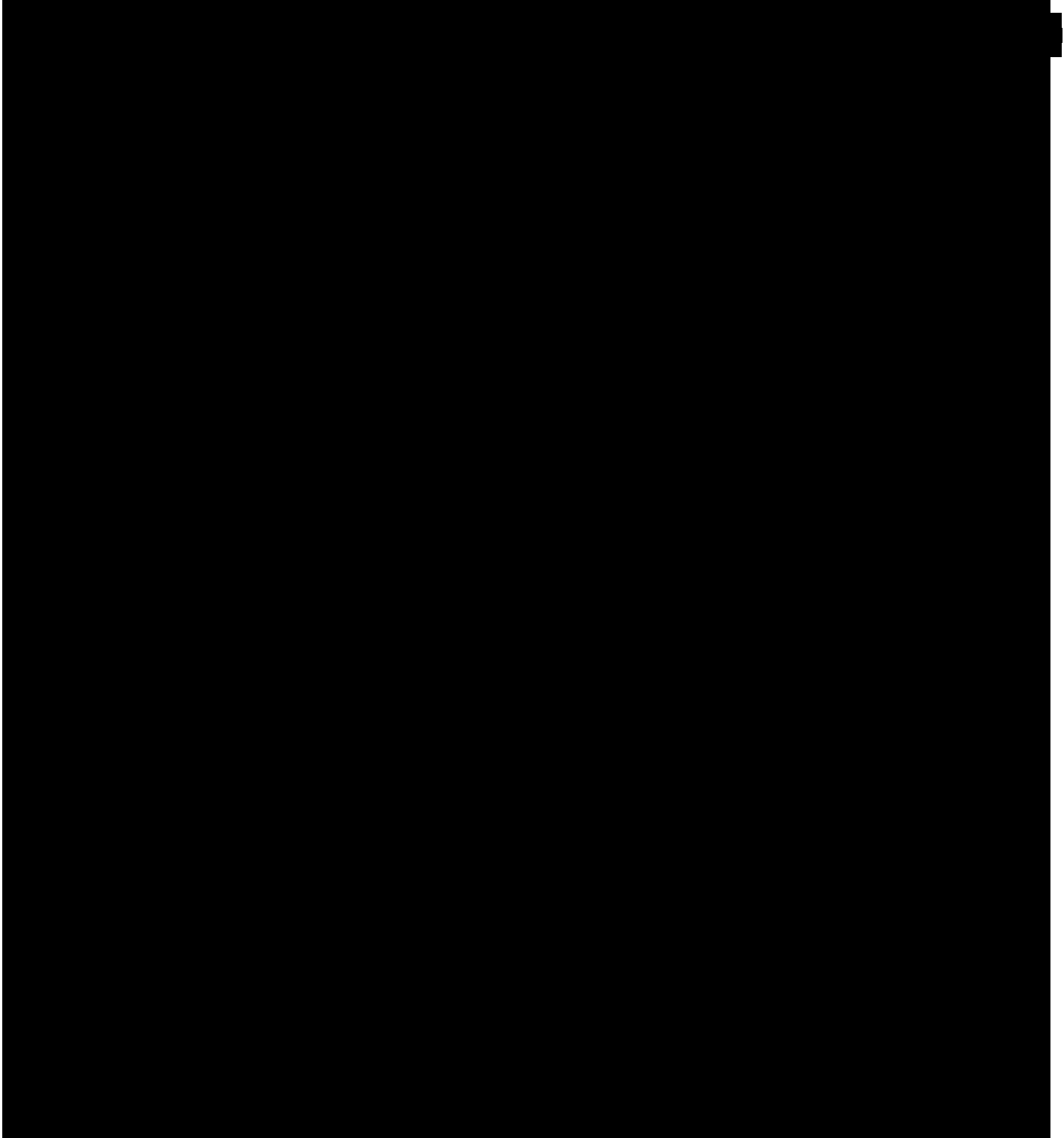
Water Conservation: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

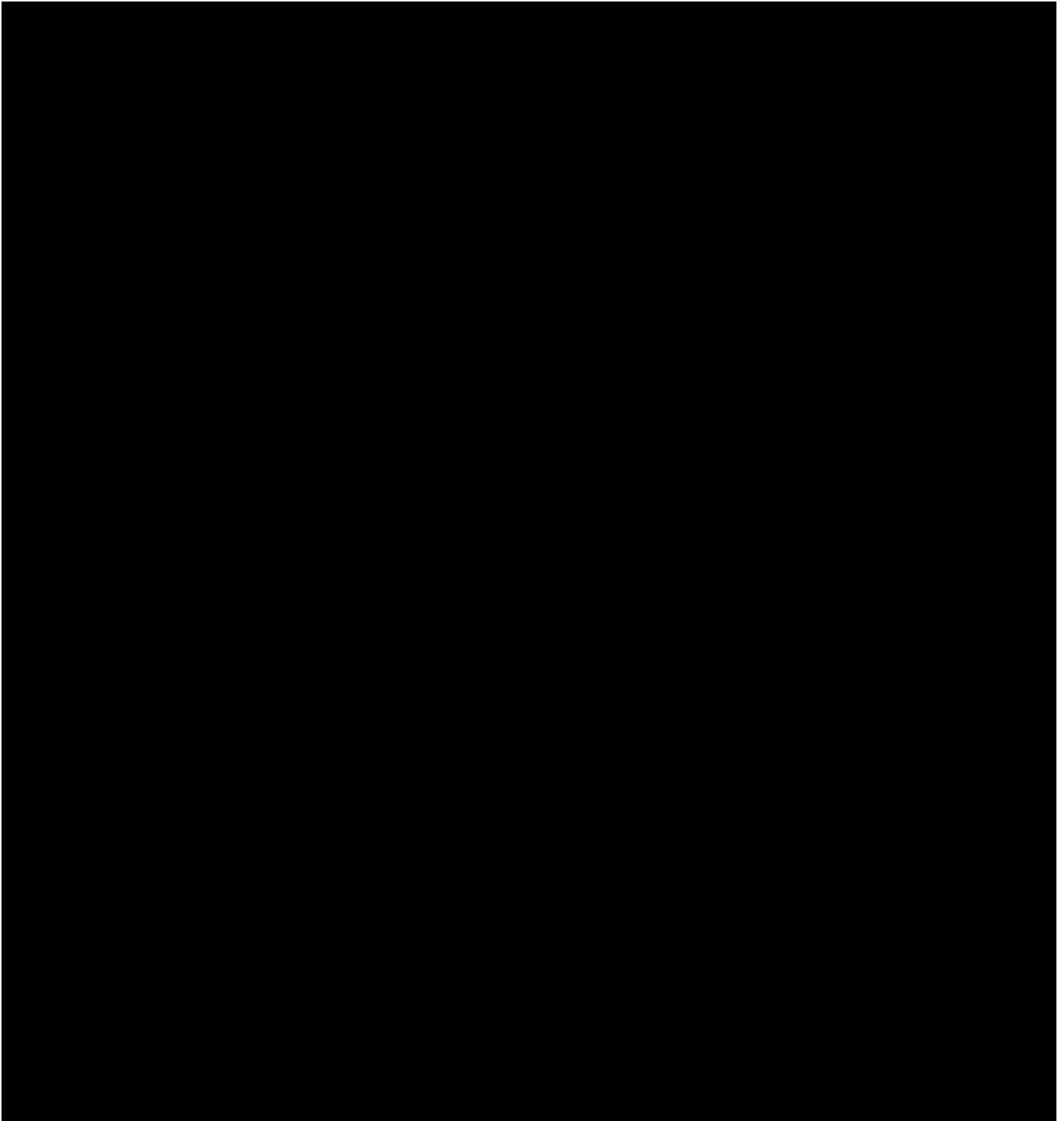
Our company is proud to lead efforts to create a more sustainable and environmentally conscious future for our state. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

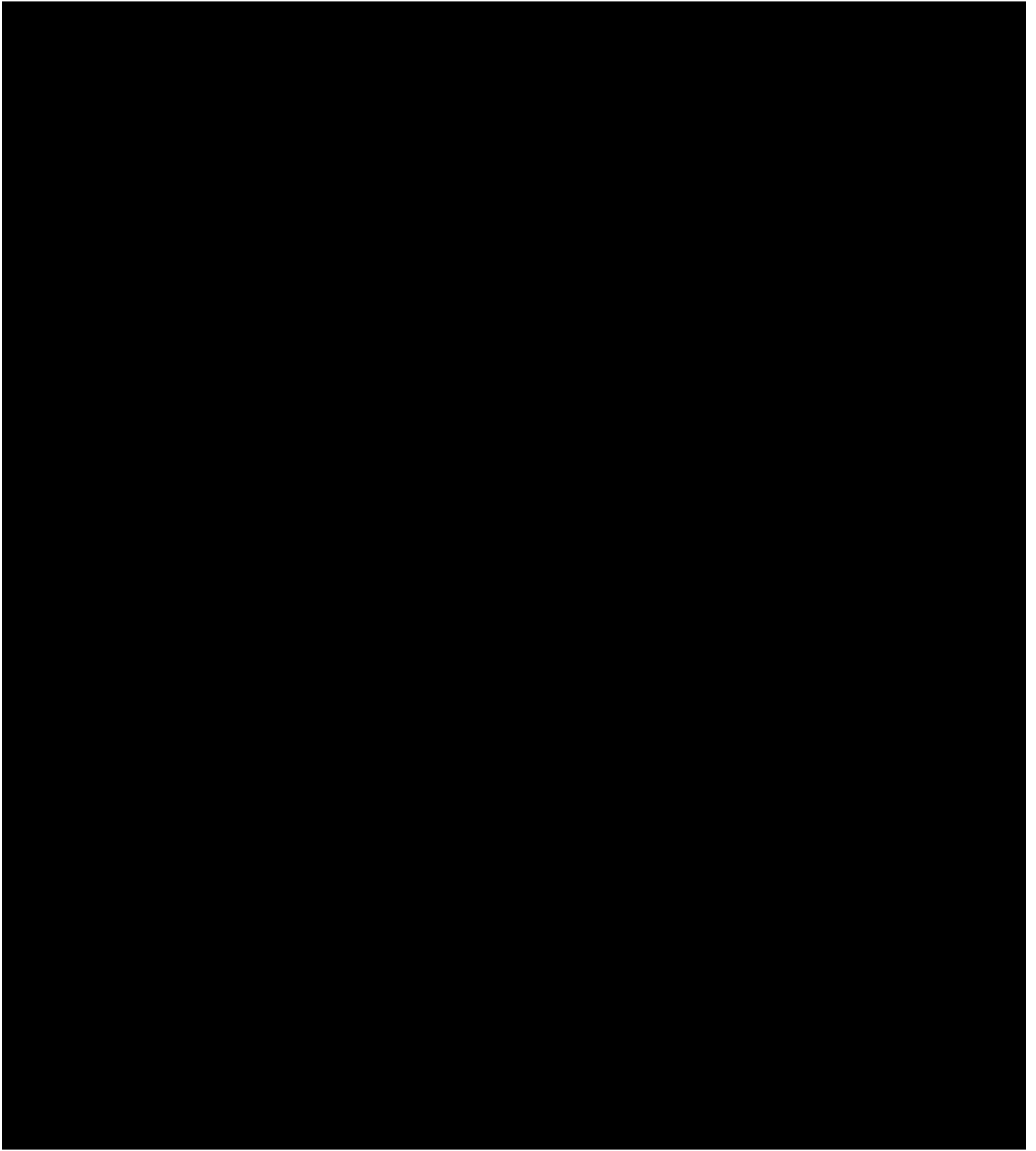
**13.11 Insurance Plan**

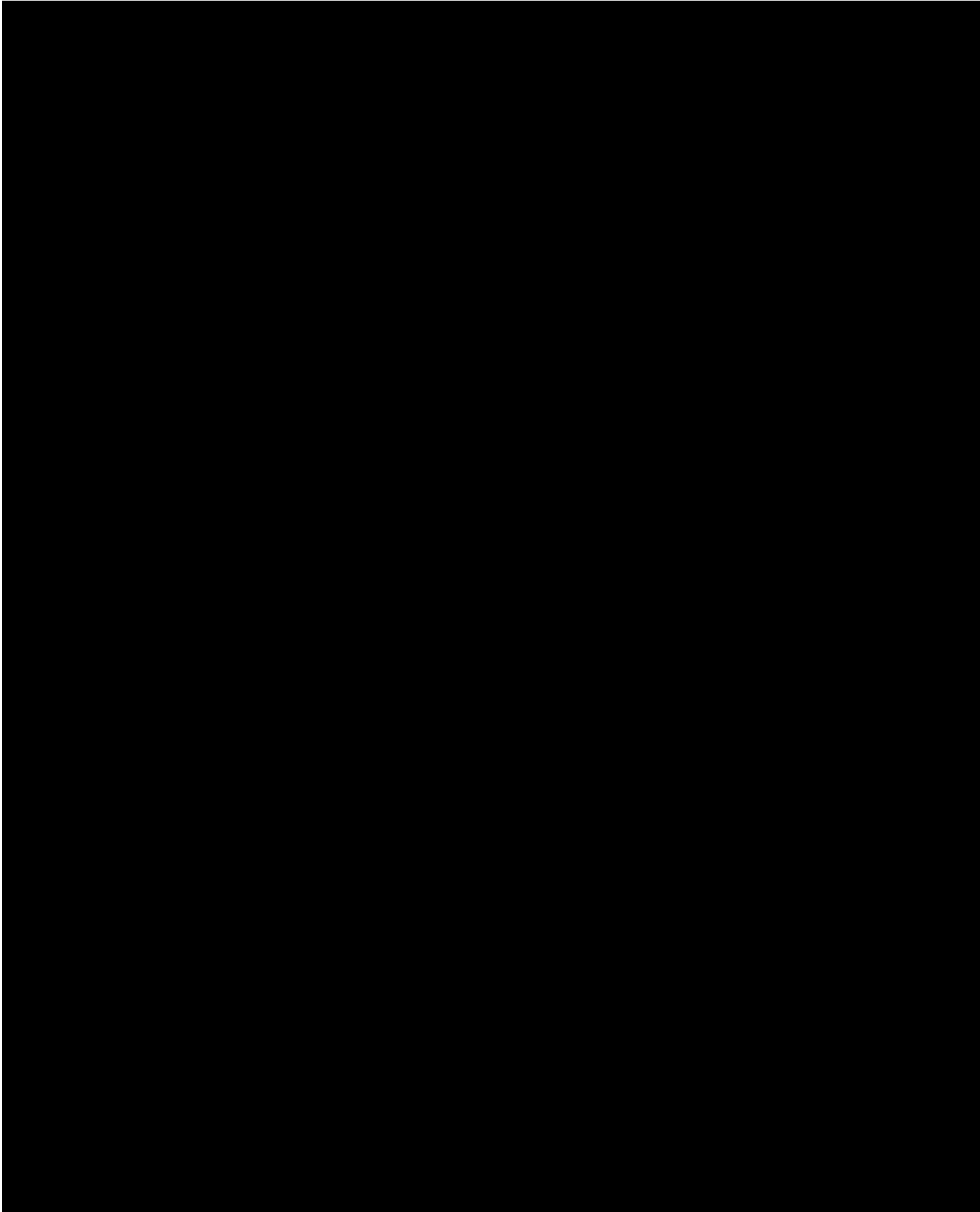
Our company has secured insurance coverage from [REDACTED], which exceeds the requirement of being an A-rated insurer, as well as the requirements for casualty, workers'

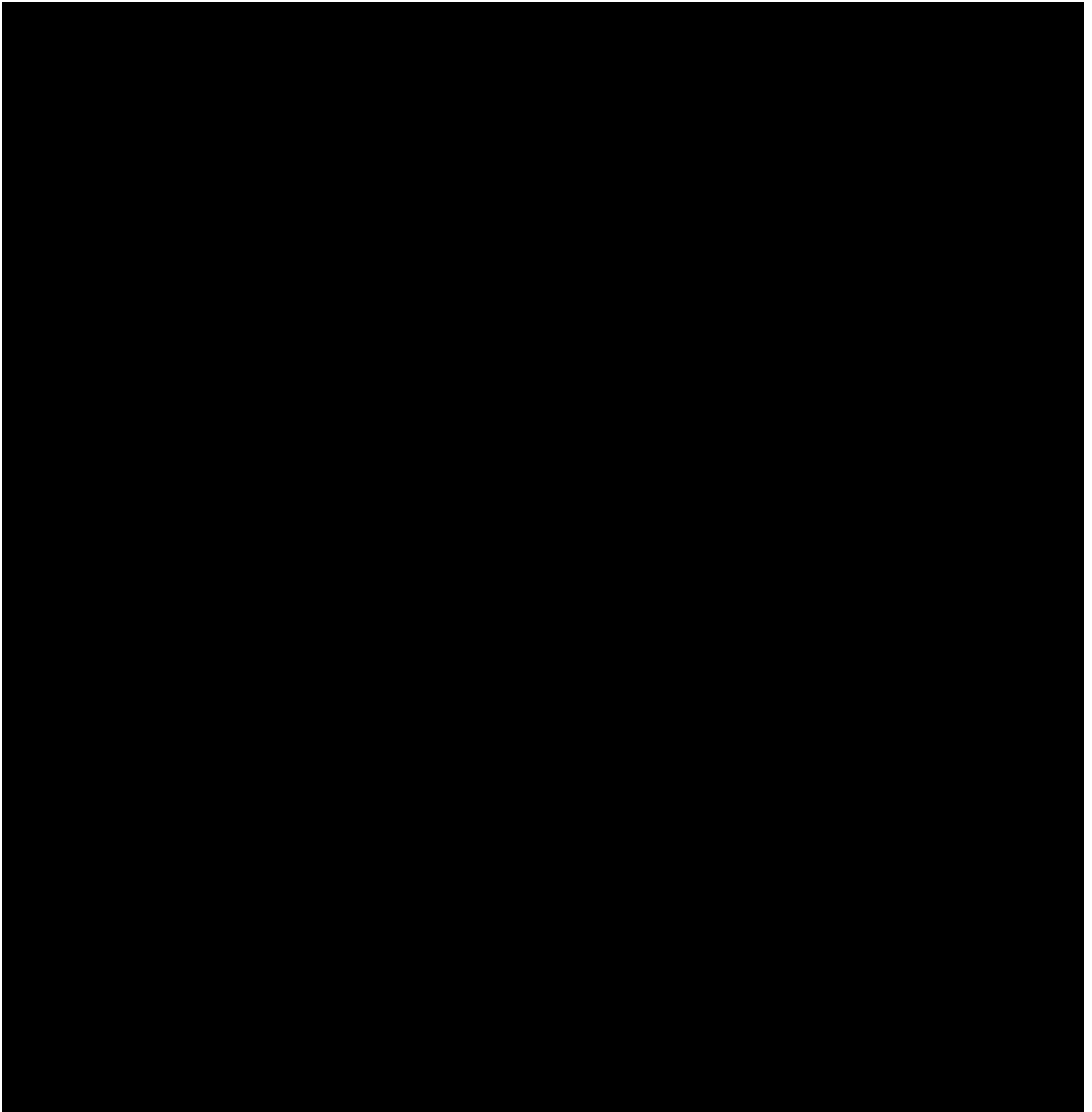
compensation, and liability coverage. We have attached our declarations pages and letters of intent.

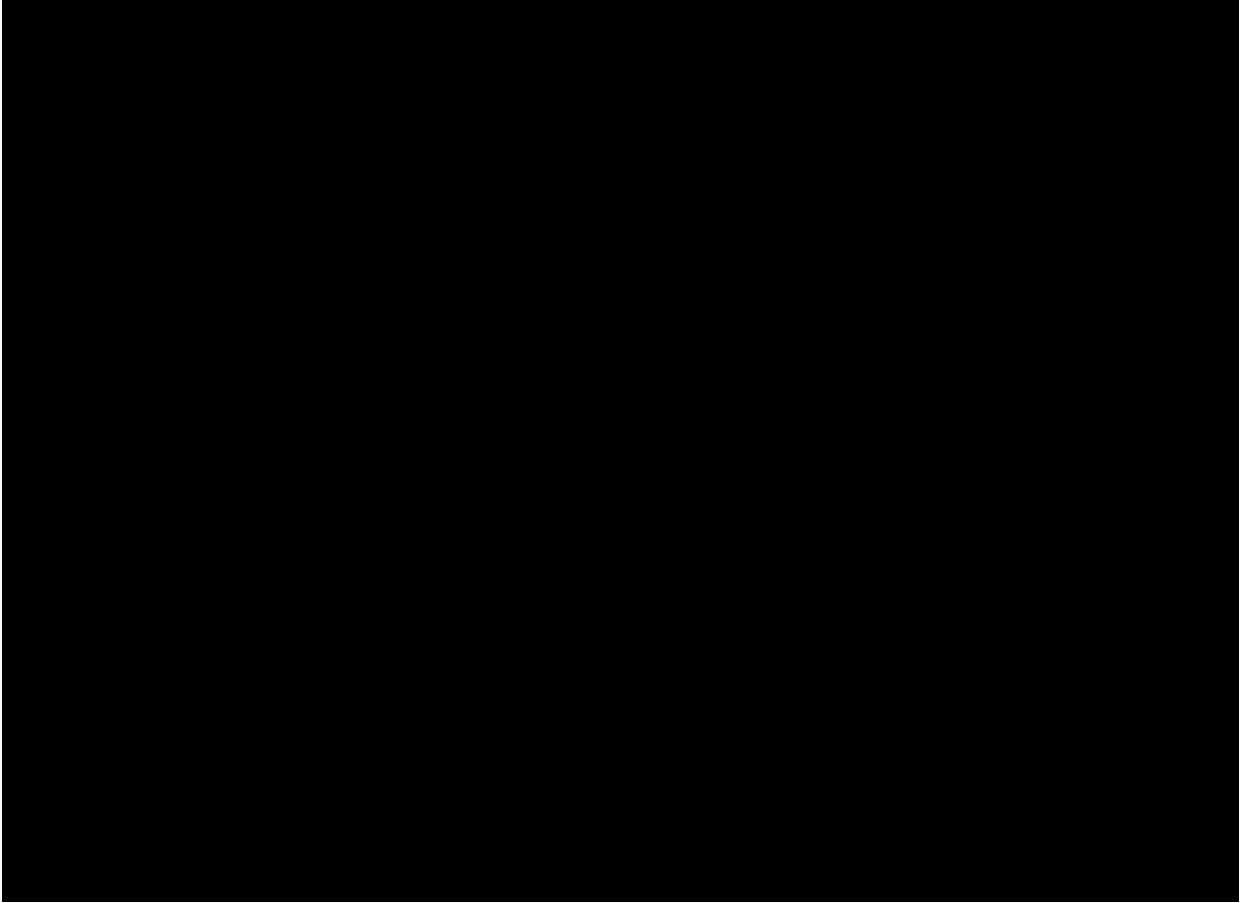


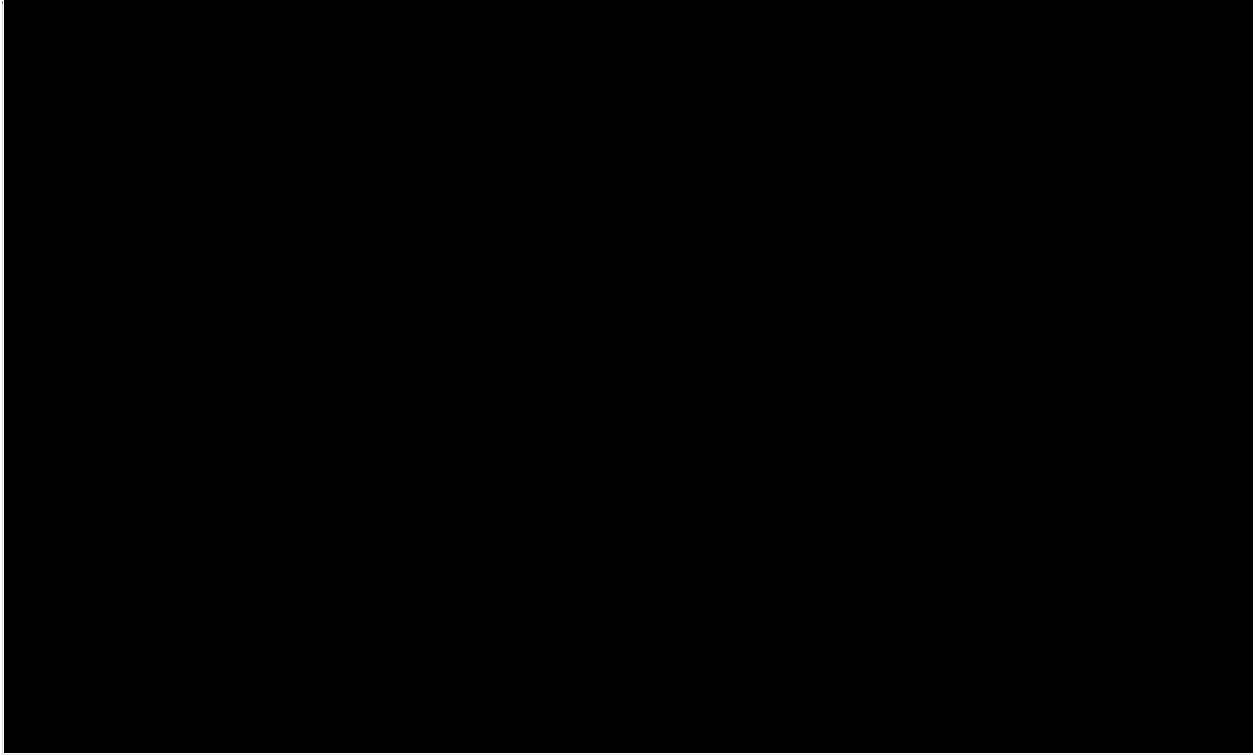














"Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary ""trade secrets"" as expressly defined therein."

# Exhibit 14 - Evidence of Business Relationship with Other Licensees and Prospective Licensees

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

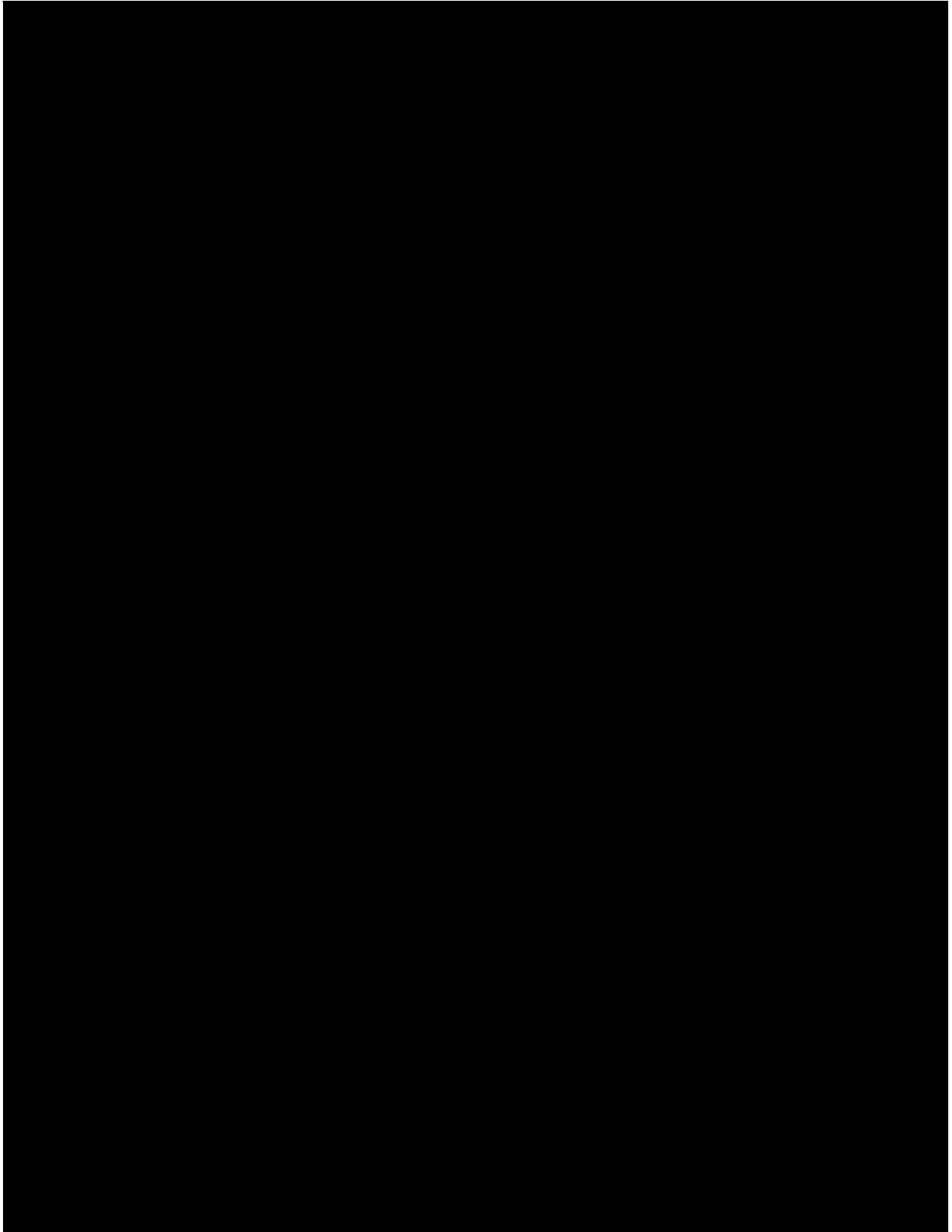
Original 12/27/2022; Edited 2/23/2023  
Verification Date

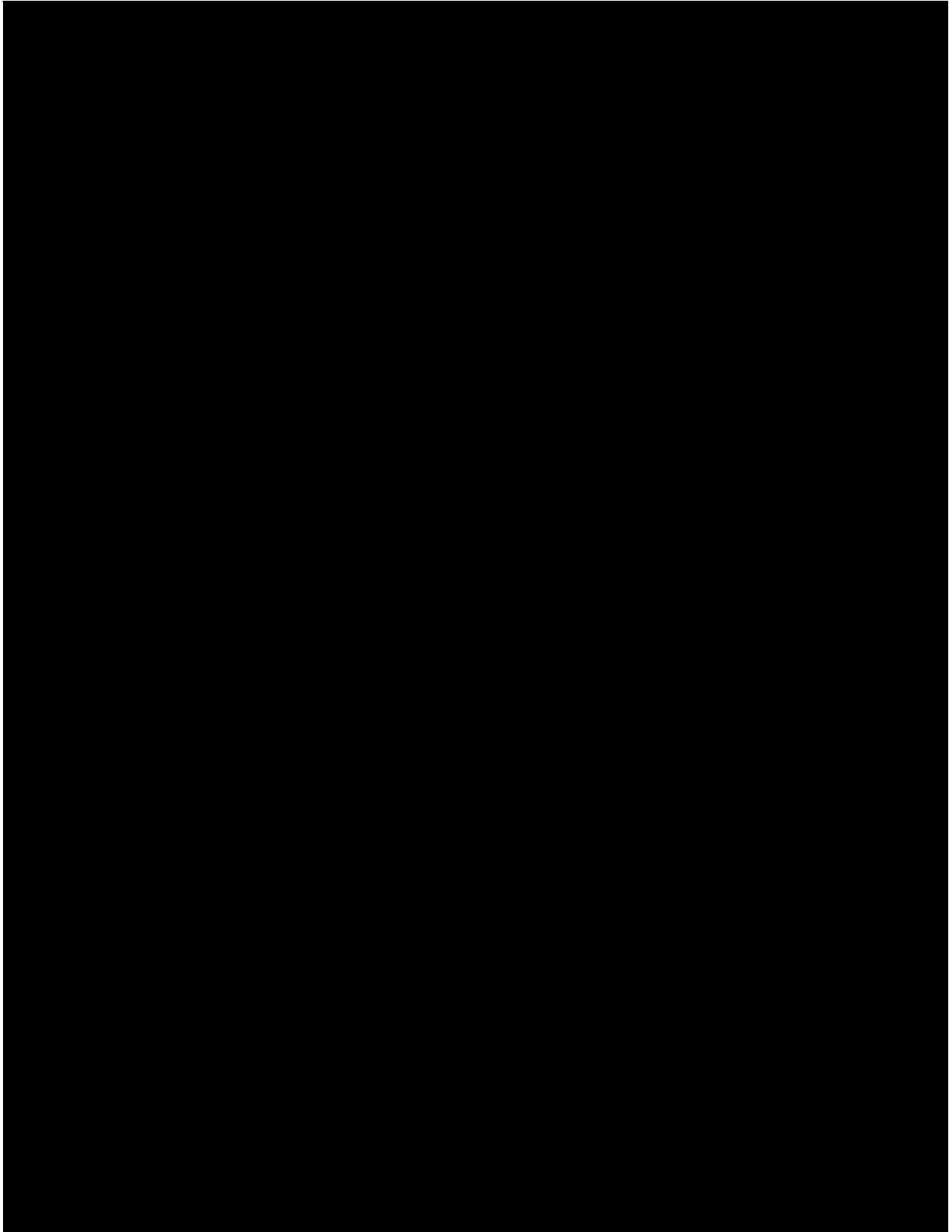
**Exhibit 14 - Evidence of Business Relationship with Other Licensees and Prospective Licensees**

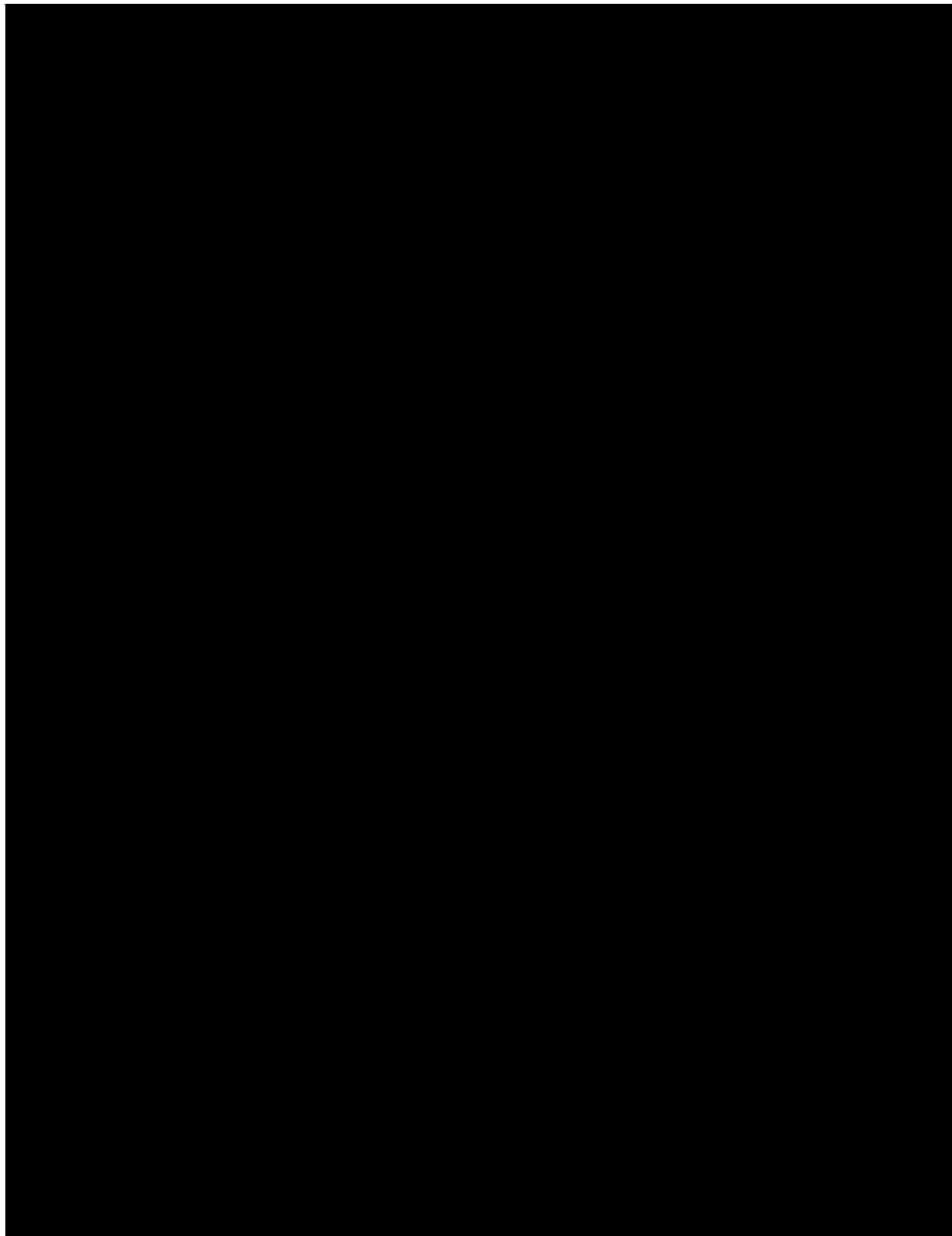
██████████ looks forward to working with other licensed cannabis businesses in Alabama to ensure patient access to a steady supply of high-quality medical cannabis products. In anticipation of receiving an integrated facility license, we have established business relationships with other prospective licensees in the categories below.

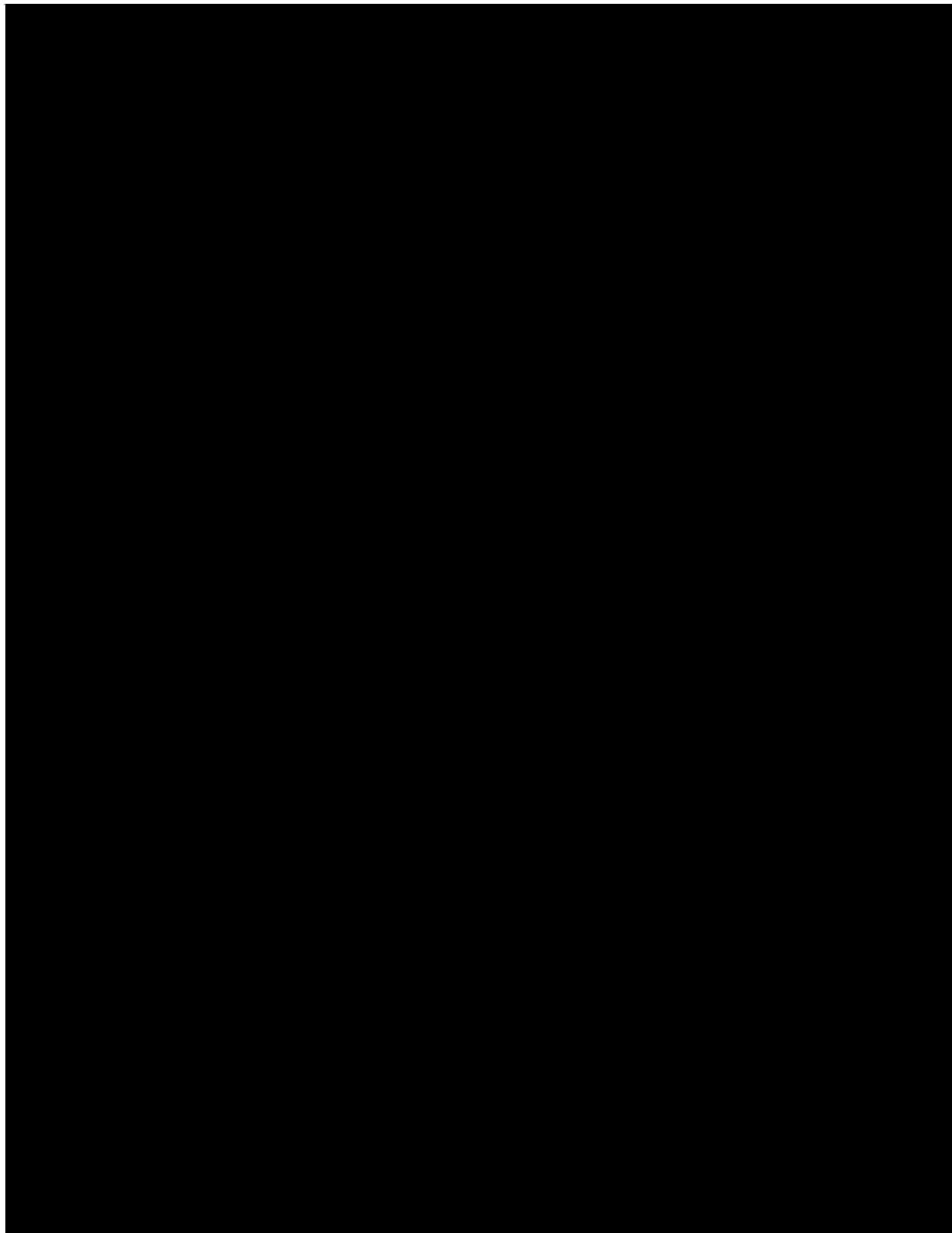
**14.1 - Any Cultivator or prospective Cultivator**

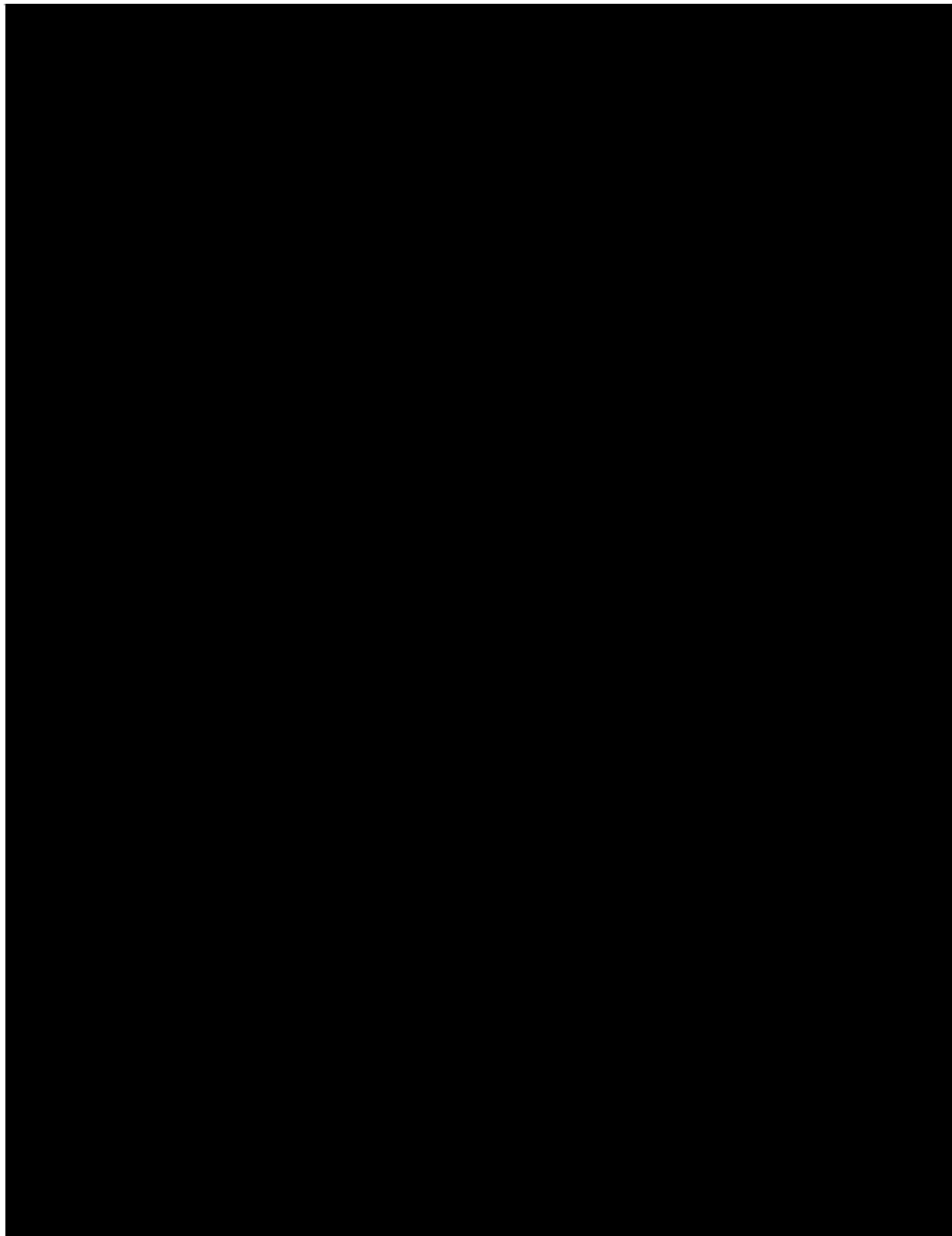
We intend to develop agreements with multiple licensed cultivation facilities in order to provide an uninterrupted supply of cannabis products for qualified purchasers in compliance with state regulations. To date, we have executed memoranda of understanding with three (3) potential cultivators and have included these agreements in the following pages.

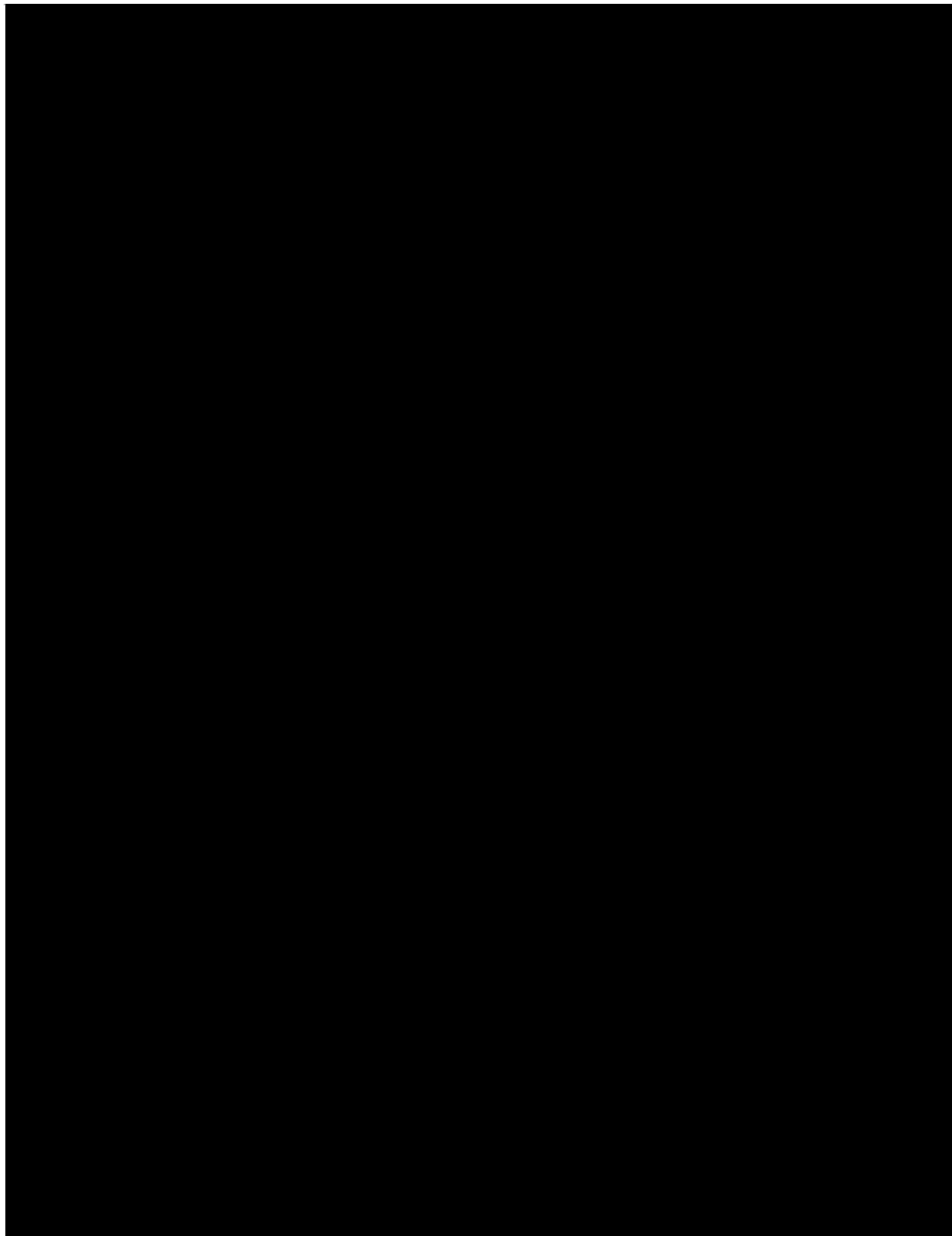








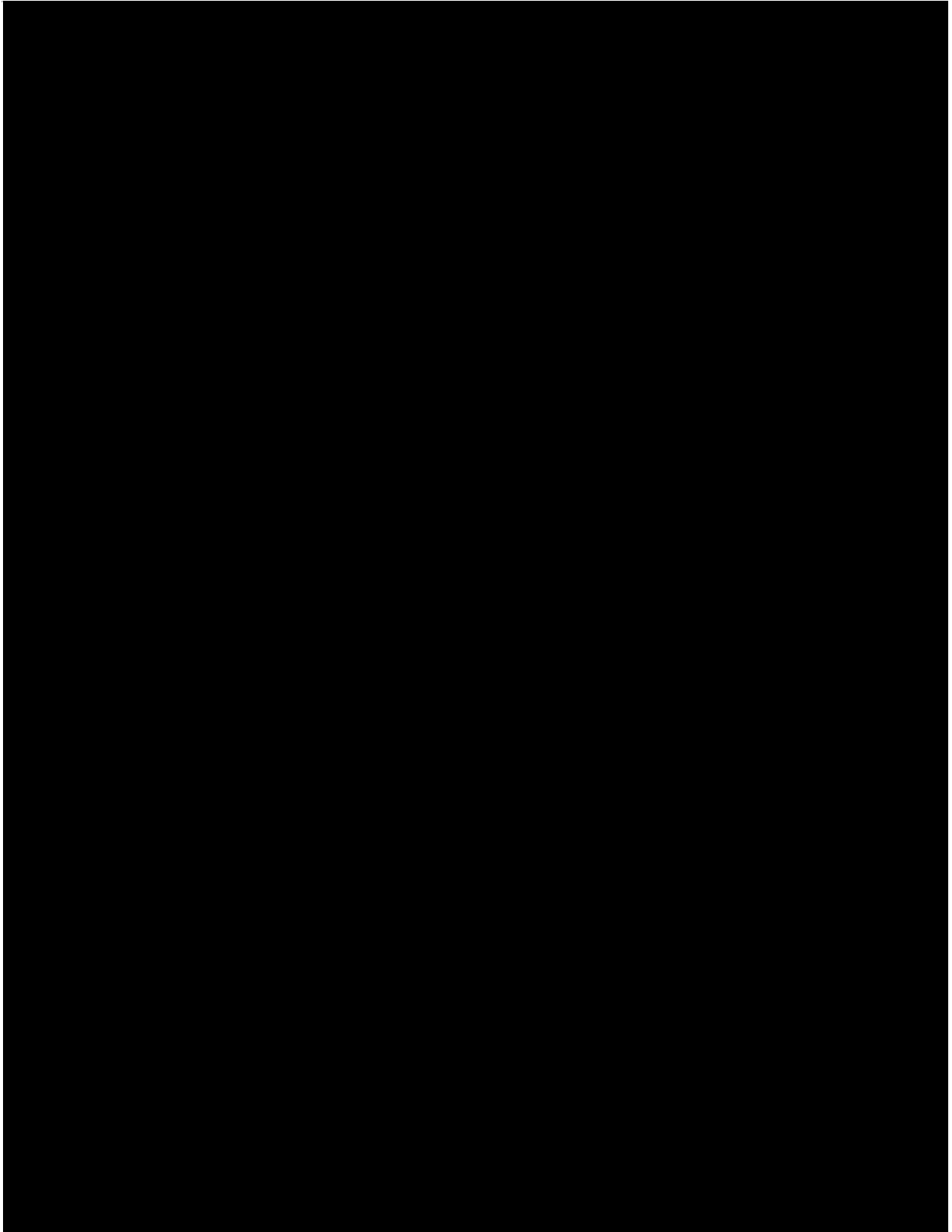






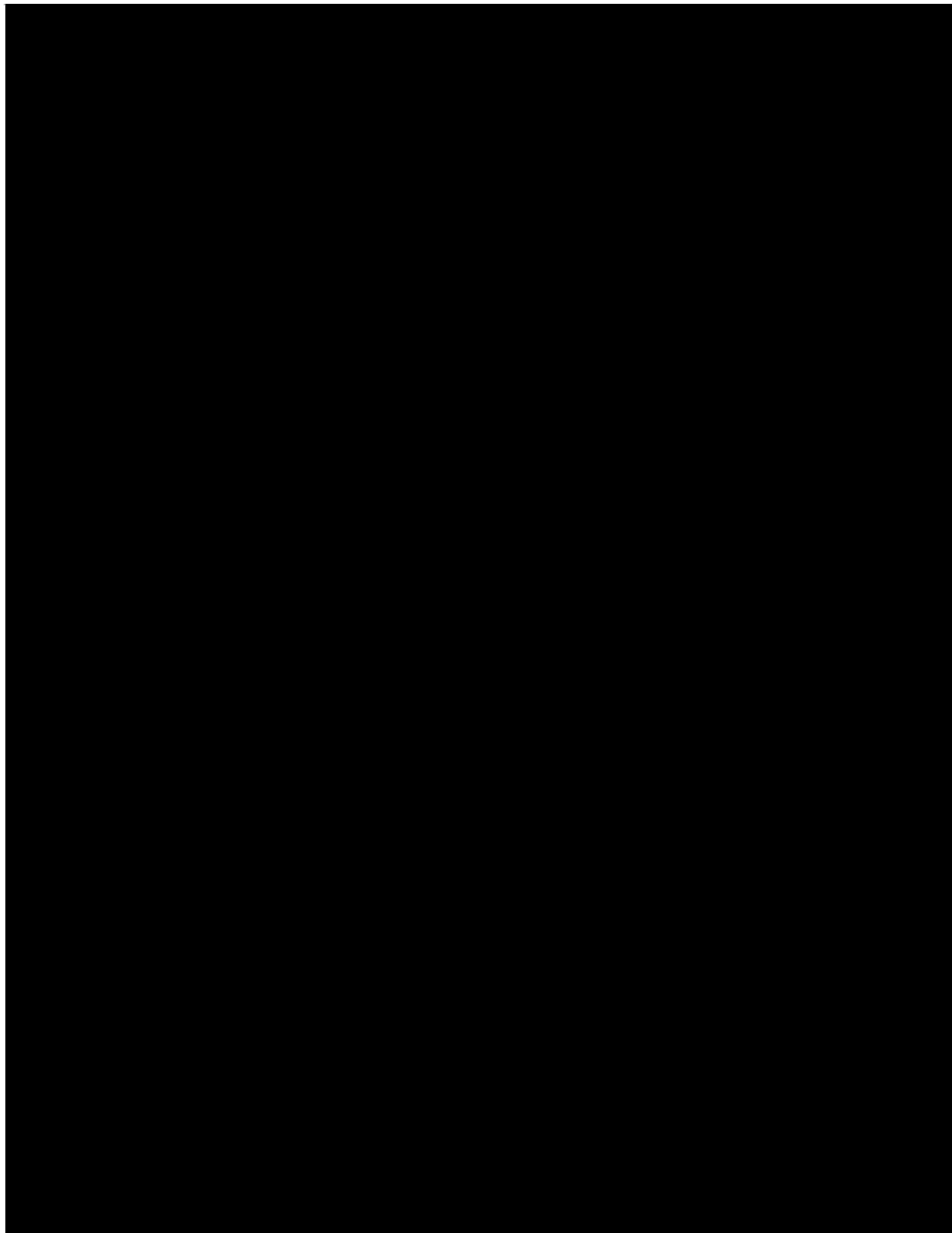
**14.2 - Any Processor or prospective Processor**

We intend to develop agreements with multiple licensed processor facilities in order to provide an uninterrupted supply of cannabis products for qualified purchasers in compliance with state regulations. To date, we have executed memoranda of understanding with one (2) potential processors and have included these agreements in the following pages.







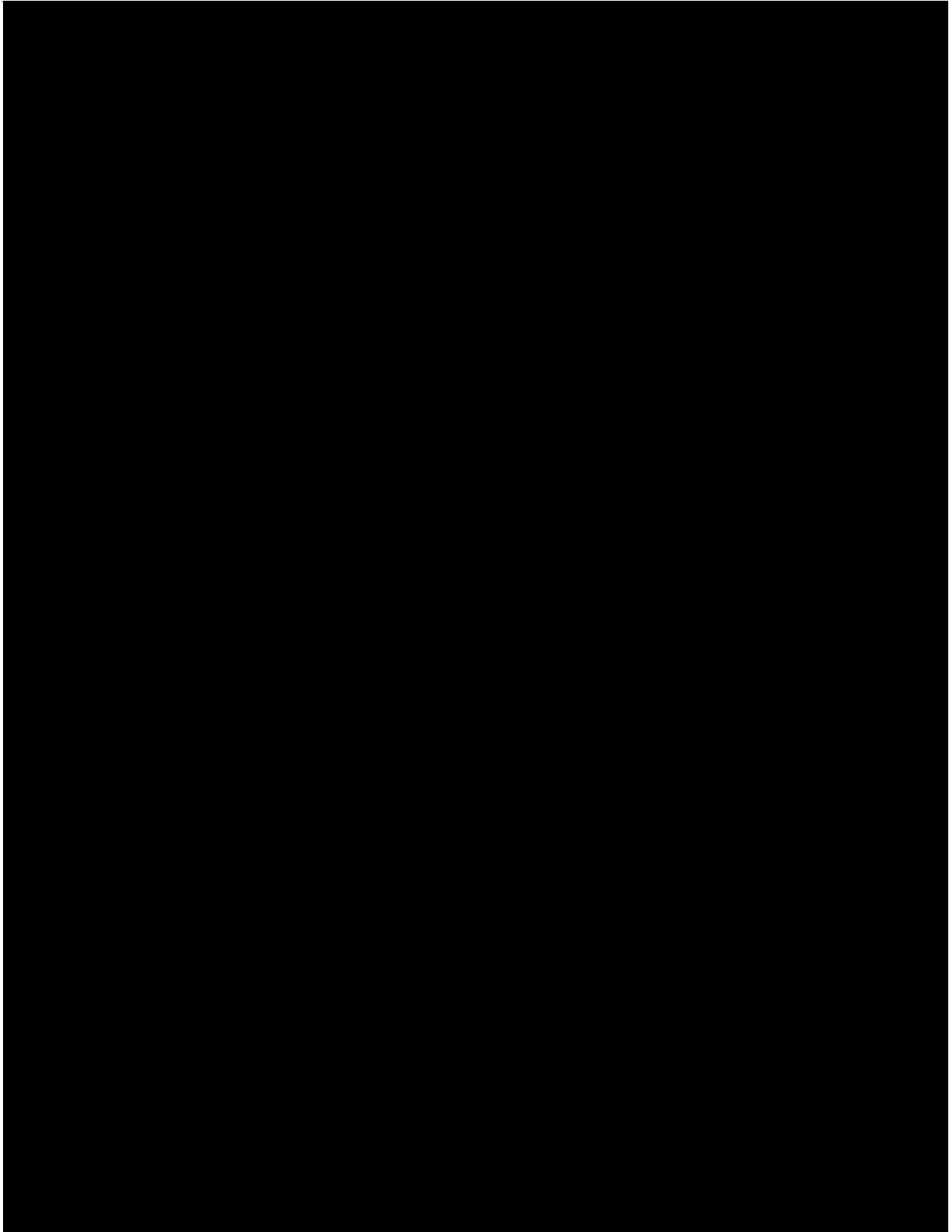


**14.3 - Any Secure Transporter or prospective Secure Transporter**

Despite our best efforts, we have been unable to identify any group applying for a Secure Transporter license.

**14.4 - Any Dispensary or prospective Dispensary**

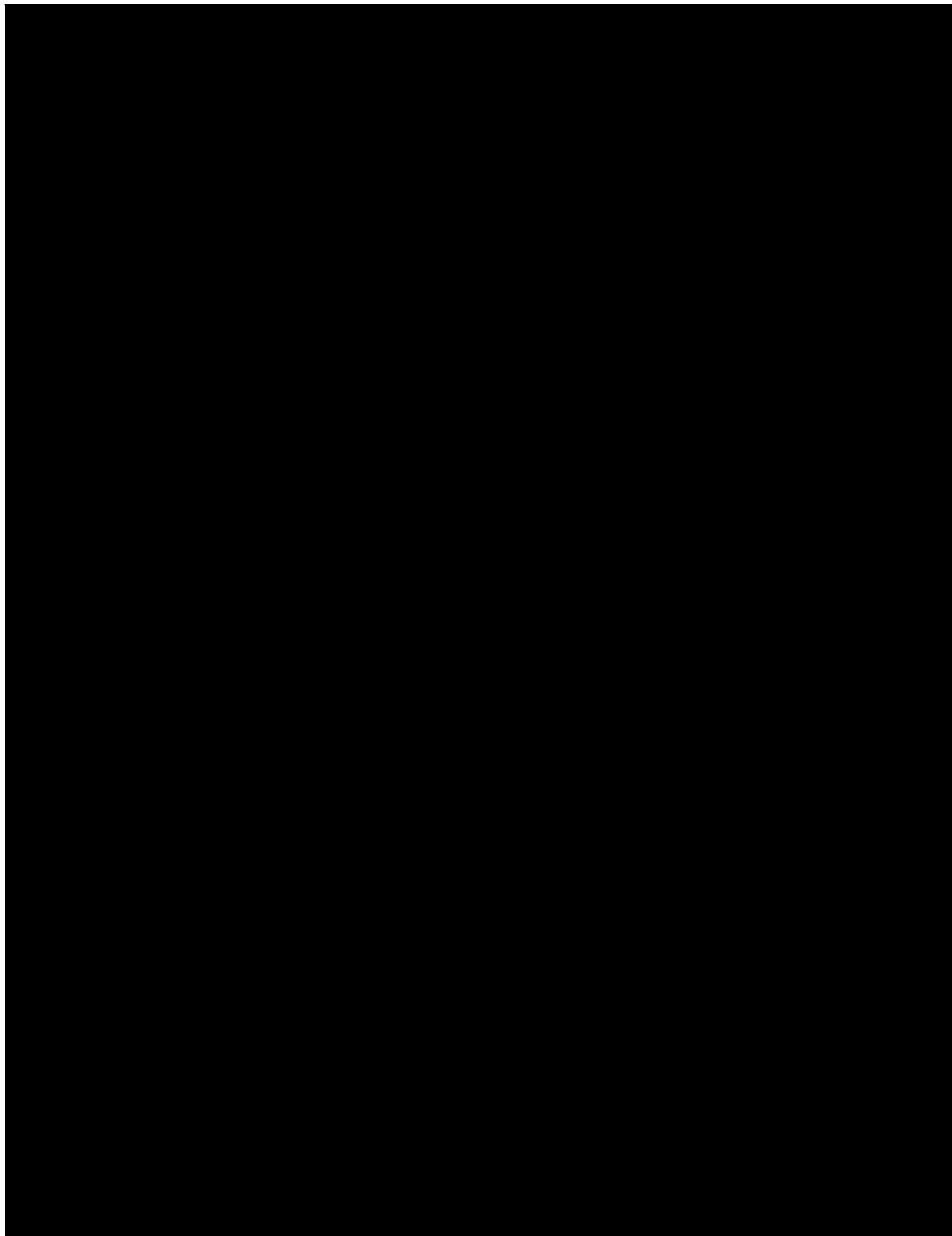
Our unique, pharmaceutical grade medical cannabis products will be derisible to patients across the state thanks to our partnership with the innovative brands of [REDACTED] and [REDACTED] and their effectiveness in treating a range of medical conditions. In order to meet patient demand and expand access to high quality products, we intend to establish agreements with multiple dispensary licensees. It is our intent that Alabama patients from all corners of the state have access to our superior line of medical cannabis products. To date, we have executed memoranda of understanding with one (1) potential dispensary facility licensees and have included these agreements in the following pages.



**14.5 - Any Integrated Facility or prospective Integrated Facility**

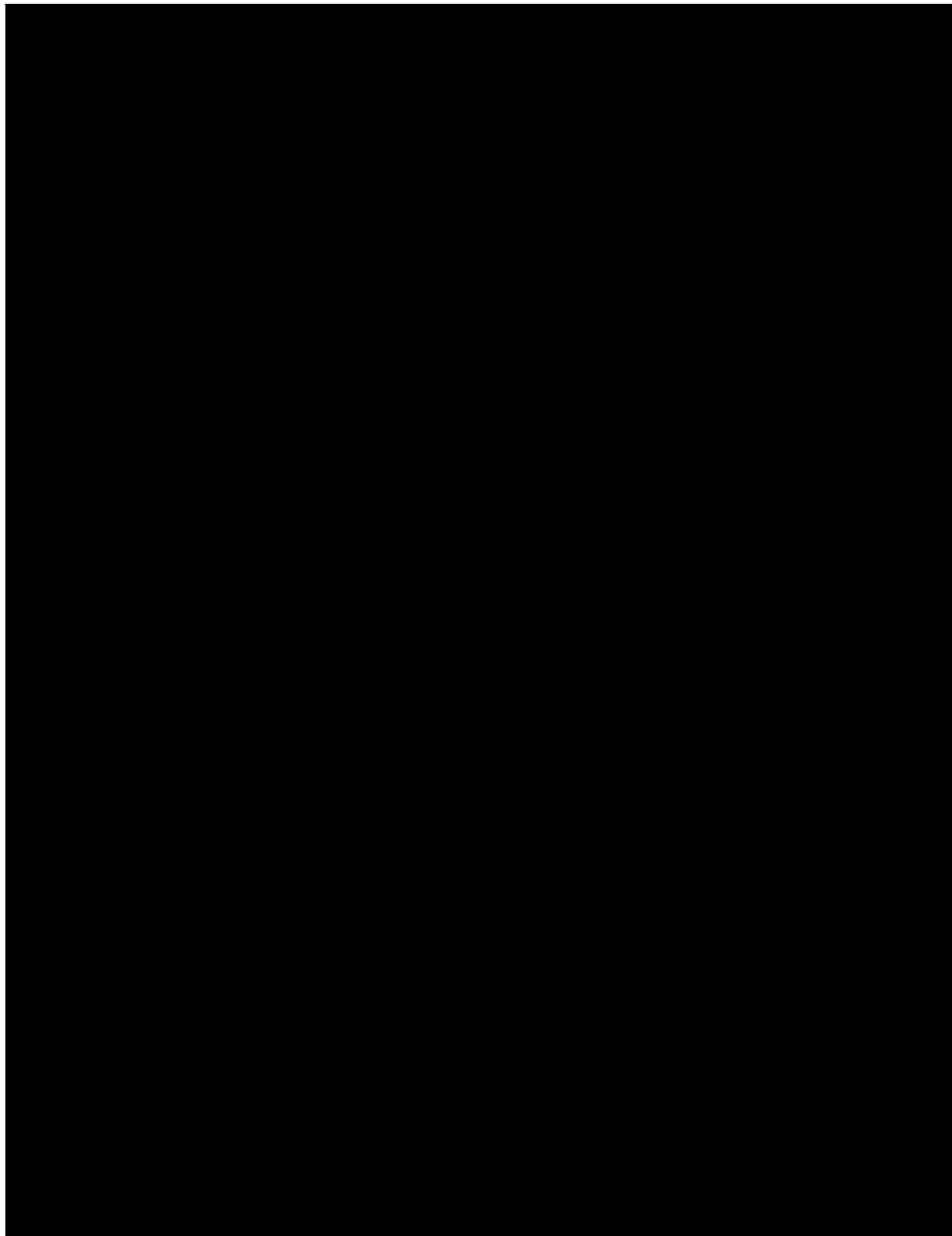
We intend to develop agreements with multiple licensed integrated facilities in order to provide an uninterrupted supply of cannabis products for qualified purchasers in compliance with state regulations. To date, we have executed memoranda of understanding with one (1) potential integrated facility licensees and have included these agreements in the following pages.

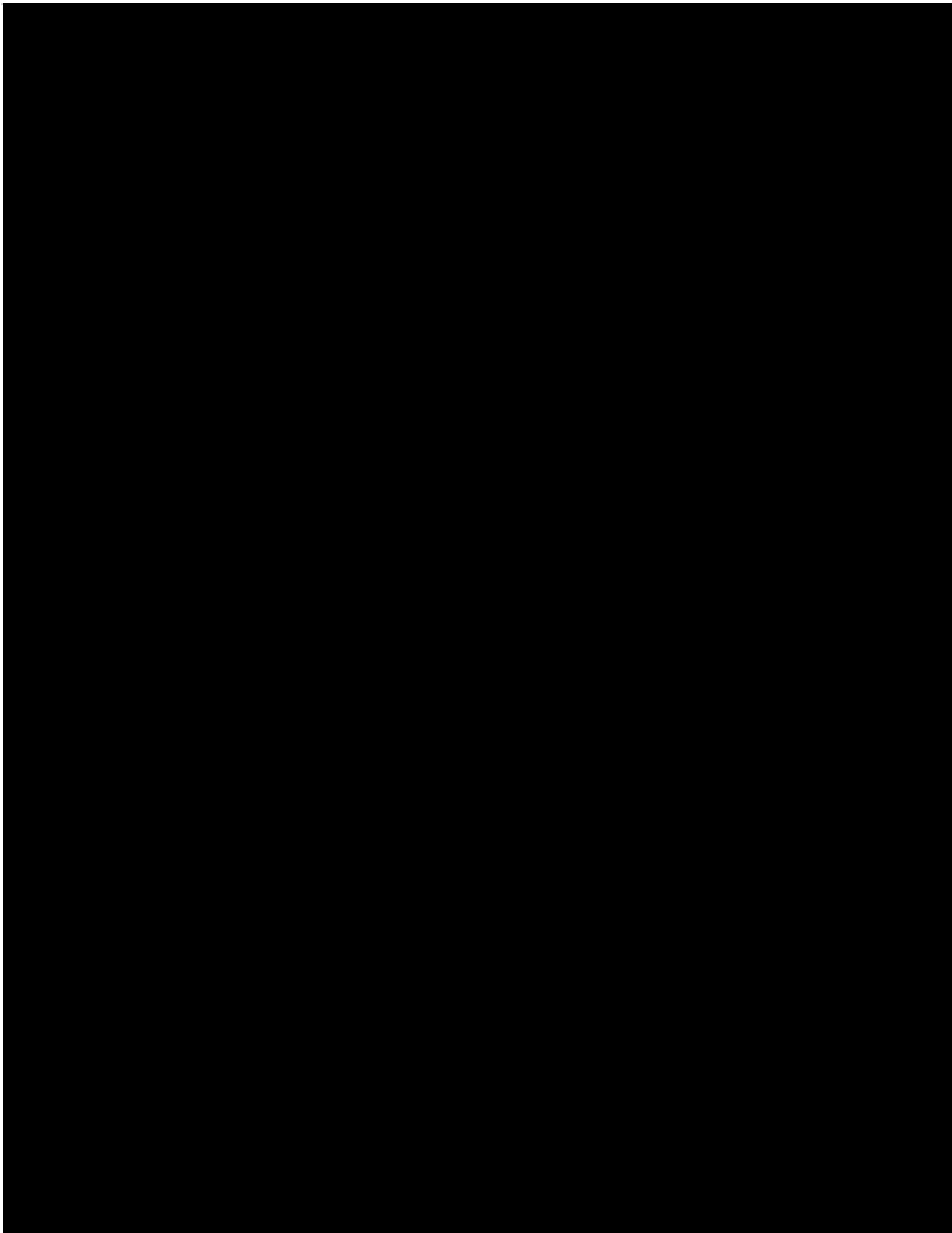




**14.6 - Any State Testing Laboratory or prospective State Testing Laboratory**

We are committed to ensuring our products are safe and effective for patients and recognize the importance of laboratory testing in meeting that commitment. To that end, we have established relationships with prospective state testing laboratory licensees and intend to implement these agreements post-licensure. To date, we have executed memoranda of understanding with one (1) potential laboratory licensees and have included these agreements in the following pages.





Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002)) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 15 – Coordination of Information from Registered Certifying Physicians

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

12/28/2022  
Verification Date

**Exhibit 15 – Coordination of Information from Physicians**

**Plan Status: Completed**

We have developed a plan for receiving and coordinating information and certifications from registered certifying physicians recommending medical cannabis products for patient and caregiver customers. This plan and corresponding procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act and AMCC Rules and Regulations.

It is important to note that per state regulations, a registered certifying physician does not prescribe medical cannabis but merely sets a recommended form of intake (i.e., oral tablet, capsule, tincture, inhaler, lotion, etc.) and THC content, up to a maximum daily dosage of medical cannabis for the patient based on the patient’s diagnosis, qualifying medical condition, age, size, and other individual factors. Such determinations as to form and THC content to be recommended shall be exclusively the province of the registered certifying physician, up to the maximum daily dosage allowed by law. Employees, including all certified dispensers, will receive detailed training on verifying patient registration status and dosage limits.

**Patient Registration**

Before medical cannabis may be dispensed to, possessed by, or administered to a prospective patient and, if applicable, the prospective patient’s caregiver, the patient and caregiver, must be placed on the patient registry established by the Commission. To qualify for placement on the registry, a prospective patient must:

- Be an Alabama resident.
- Establish and maintain a bona fide physician-patient relationship with a registered certifying physician who (acting individually or through a designated representative) shall submit a complete patient registration submission.
- Become certified by a registered certifying physician who has diagnosed or confirmed a qualifying condition and has recommended the patient’s use of medical cannabis.

The Patient Certification provides authorization for a registered qualified patient to

License Type: Integrated

use medical cannabis in a recommended daily dosage and includes a recommended maximum daily dosage.

- Consent to treatment with medical cannabis. If the patient is a minor or individual with a court-appointed legal guardian, the prospective patient's parent or legal guardian shall consent to treatment with medical cannabis.
- Remit to the Commission the application fee as set by the Commission.

To maintain a valid patient registration, a patient must annually renew, before the expiration date stated on the patient's medical cannabis card. A patient registration is valid from the date of issuance and expires one year later. Renewal submissions, fees, and required documentation must be submitted not less than 14 calendar days before the expiration date on the patient's medical cannabis card. Failure to renew a patient registration will result in an automatic expiration of the medical cannabis card. The Commission will notify patients and caregivers upon the expiration of the patient's or caregiver's registration, or if the patient's registration is suspended or revoked.

No patient or caregiver may maintain an active registration (as demonstrated by a valid medical cannabis card) without an active diagnosis of a qualifying medical condition. Medical cannabis will not be purchased or otherwise obtained without an active certification from a licensed certifying physician as demonstrated by a valid medical cannabis card. A suspended certification prohibits the patient or caregiver from possessing, ingesting, administering, or purchasing medical cannabis.

### **Dispensing Medical Cannabis**

The dispensing and sale of medical cannabis will only be conducted with a registered qualified patient or registered caregiver holding a valid, unexpired, and unrevoked medical cannabis card, only in accordance with product and dosing instructions provided by the registered certifying physician, and only within the sales area of the dispensing site.

Upon entry into the waiting area, dispensary staff will inspect the medical cannabis card of registered qualified patients and caregivers to confirm identity and patient status. Additionally, all patients and caregivers will be required to present a secondary form of identification. Acceptable forms include an unexpired Alabama driver's license, an unexpired

Alabama identification card issued by ALEA; passport; or any other identification proving identity as approved by the Commission.

Patient Care Associates will again verify the patient or caregiver's registration once at the sales counter by consulting the State's patient registry. The identification number on the medical cannabis card provided must be identical to the identification number included in the patient or caregiver's profile in the patient registry.

Prior to dispensing medical cannabis to a qualifying patient or caregiver, the Patient Care Associate, under the supervision of a Certified Dispenser, will access the system to determine the recommended form of intake and THC content, up to a maximum daily dosage of medical cannabis for the patient based on the patient's diagnosis, qualifying medical condition, age, size, and other individual factors.

Dosages of medical cannabis purchased by a patient or caregiver will be limited to the lower of the maximum daily dosage recommended for the patient by the licensed certifying physician, or the maximum daily dosage permitted by law. As to all patients, regardless of the form of administration or the patient's condition or individual factors, the initial maximum daily dosage recommended by the registered certifying physician may be lower than, but shall not exceed, 50 mg of delta-9 THC. If 90 days have passed during which the patient has been unsuccessfully treating with medical cannabis while under the registered certifying physician's care, and the registered certifying physician determines that a higher dosage of medical cannabis, up to 75 mg of delta-9 THC is medically appropriate, a registered certifying physician may increase the maximum daily dosage beyond 50 mg of delta-9 THC, but not to exceed 75 mg of delta-9 THC. A registered certifying physician may increase the maximum daily dosage beyond 75 mg of delta-9 THC at any time the patient has been diagnosed with a terminal illness, but only after the registered certifying physician notifies the patient that the patient's driver's license will be suspended.

A registered certifying physician may not lawfully recommend the use of medical cannabis with a potency greater than three percent (3%) tetrahydrocannabinol to any minor for any qualifying medical condition. A minor may not legally use medical cannabis with a potency greater than three percent (3%) tetrahydrocannabinol, whether or not the minor has a valid



License Type: Integrated

medical cannabis card. The caregiver of a minor who holds a medical cannabis card may not legally possess medical cannabis with a potency greater than three percent (3%) tetrahydrocannabinol, unless the caregiver holds a medical cannabis card based on their own qualifying medical condition or holds a caregiver medical cannabis card on behalf of a patient who is not a minor.

The number of daily doses of medical cannabis that may be purchased by a patient or caregiver at one time shall be limited to the lesser of a 60-day supply or the number of doses equal to the number of days since the patient’s or caregiver’s last purchase of medical cannabis, or as recommended by the registered certifying physician.

At the time of dispensing medical cannabis, the Certified Dispenser, or another dispensary employee under their supervision, will enter into the patient registry and the Statewide Seed-to-Sale Tracking System, and attach to the package containing the medical cannabis the following patient-specific information:

- The name and medical cannabis card number of the patient;
- The name and medical cannabis card number of the caregiver, if applicable;
- The name and contact information of the registered certifying physician;
- The amount and type of medical cannabis being dispensed;
- The physician’s dosing comments and maximum daily dosage recommendation; and
- The date and time the medical cannabis was dispensed.

**Software Integration**

[Redacted text block]

- [Redacted text block]
- [Redacted text block]



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# Exhibit 16 - Point-of-Sale Responsibilities

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows \_\_\_\_\_

CEO \_\_\_\_\_

**Printed Name of Verifying Individual**

**Title of Verifying Individual**

*M. Brandon Meadows*  
\_\_\_\_\_

12/27/2022  
\_\_\_\_\_

**Signature of Verifying Individual**

**Verification Date**



[Redacted text]

**Patient Education**

[Redacted text]

[Redacted text]

[Redacted text]





**Signs of Abuse or Adverse Events**

[REDACTED]

[REDACTED]



Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 17 – Confidentiality of Patient Information

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

**Printed Name of Verifying Individual**

**Title of Verifying Individual**

*M. Brandon Meadows*

12/27/2022

**Signature of Verifying Individual**

**Verification Date**

**Exhibit 17 – Confidentiality of Patient Information**

We have developed a Confidential Information and Cybersecurity Plan for securing and maintaining the confidentiality of any and all sensitive information and records required to be confidentially maintained, including, at a minimum, information and records communicated interpersonally, kept physically, or stored virtually. [REDACTED]

Patient and Caregiver Confidentiality

We will apply Good Records Management Practices (GRMP) and Good Recordkeeping Practices (GRP) based in part on guidelines set forth by the United States Small Business Administration and in consideration of the confidentiality practices created specifically for medical records under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We have been proactive in developing the necessary protocols and technology to maintain the confidentiality of patient information arising from or related to our company’s access to the Patient Registry and/or from any other source in compliance with not only HIPAA, but also the Health Information Technology for Economic and Clinical Health Act (“HITECH”), and recommendations from The Health Care Fraud Prevention and Enforcement Action Team (HEAT) within the Office for Civil Rights (OCR). [REDACTED]

Our Confidential Information and Cybersecurity protocols are to be strictly enforced to ensure the confidentiality of the information received, maintained, and uploaded, in compliance with HIPAA standards, including:

- Any release of patient information is only done with the patient’s written and informed consent;
- All personal health information must be encrypted in a database or in files on a server;
- Content such as images or scans must be encrypted and contain no personally identifying information;
- Encryption techniques and mechanisms of sensitive information are known only to a

select group of authorized registrants;

- Our company must always use [REDACTED] for web-based access of any sensitive data; and
- [REDACTED]

Our [REDACTED] is responsible for determining access to all patient databases. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] We understand that our company will bear the cost of technology sufficient to comply with the requirements of §20-2A-60.

Cybersecurity

[REDACTED]

[Redacted text block]

Our company's [Redacted] will be our designated liaison with the Alabama Medical Cannabis Commission for the purposes of coordinating, monitoring, and our company's inputs to the Statewide Seed-to-Sale Tracking System.

[Redacted text block]

[Redacted text block]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[REDACTED]

Our principals' extensive experience successfully operating in a variety of highly regulated environments including healthcare, law, alcohol, finance, manufacturing, agriculture, and state legal medical cannabis further helps to ensure that all recordkeeping functions are carried out in full compliance with all regulations.

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 18 – Money Handling and Taxes

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

12/27/2022  
Verification Date

**Exhibit 18 - Money Handling and Taxes**

Plan Status - Completed

To create a safe environment for our staff, patients, surrounding businesses, and residents, we have constructed a cash management plan that will include cash counting and reconciliation procedures, cash storage, cash transport, banking cash deposits, and employee cash management training. This cash management plan provides steps that employees and management will follow for handling cash and a change fund. Our policies will ensure that each sales transaction is accounted for and no unlawful sales transactions or diversion take place. This plan and related procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act and AMCC Rules and Regulations.

[Redacted]

Training

[Redacted]

- [Redacted]



- █ [Redacted]
- █ [Redacted]
- █ [Redacted]

Till Accountability

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Cash Management Tools

**Till Reconciliation Tools**

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Cash Management Equipment

**Till Rack and Storage**

[Redacted]

**Inventory Room Drop Safe**

[Redacted]

Remittance of Required Taxes

[Redacted text block]

[Redacted text block]

[Redacted text block]

The required annual return will be submitted no later than the corresponding federal income tax return, as required to be filed under federal law. In the case of a taxpayer's initial return, the annual return shall be due no later than two and one-half months after the taxpayer is licensed to do business, or commences business, in Alabama.

The annual medical cannabis privilege tax will be reported on forms and in the manner as prescribed by the Department of Revenue. The tax due, as reported, shall constitute an admitted liability for that amount. The Department of Revenue may compute and assess additional tax, penalty, and interest against a taxpayer as provided in Chapter 2A of Title 40, Code 5 of Alabama 1975.

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 19 – Standard Operating Plan and Procedures

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

Printed Name of Verifying Individual

CEO

Title of Verifying Individual

*M. Brandon Meadows*

Signature of Verifying Individual

12/28/2022

Verification Date

**Exhibit 19 – Standard Operating Plan and Procedures**

We have included our verified Standard Operating Plan and Procedures. Our standard operating procedures are maintained onsite at each our facilities in both hard copy and electronic form in such a way that they can be readily accessed upon the request of the Commission. These plans and procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act and AMCC Rules and Regulations.

**19.1 – IT Plan for Recordkeeping**

Plan Status: Completed

[REDACTED]

Our company’s IT and recordkeeping protocols are grounded in Good Records Management Practices (GRMP) and Good Recordkeeping Practices (GRP), which are based in part on guidelines set forth by the United States Small Business Administration. [REDACTED]

[REDACTED]

[REDACTED]

Once one of our company's facilities has passed all final inspections, we will proceed with ensuring all staff complete required training of the Statewide Seed-to-Sale Tracking system and our inventory tracking system. [REDACTED]

[REDACTED]

[REDACTED] Every product must be added to the Statewide Seed-to-Sale Tracking System database. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Our company's [REDACTED] will be our designated liaison with the Alabama Medical Cannabis Commission for the purposes of coordinating, monitoring, and our company's inputs to the Statewide Seed-to-Sale Tracking System.

Our principals' extensive experience successfully operating in a variety of highly regulated environments including healthcare, law, alcohol, finance, manufacturing, agriculture, and state legal medical cannabis ensures that all recordkeeping functions are carried out in full compliance with all regulations.

**19.2 - Storage of Cannabis**

Plan Status: Completed

Our company has in place plans for the maintenance and storage of cannabis and medical cannabis at all times while in possession and control of our company as a licensee, including the limitation of access to cannabis and medical cannabis to essential personnel by position.

Restricted Access Areas

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Individual batches of cannabis or medical cannabis prepared for storage or transport will be appropriately labeled and inserted in containers prior to transport or storage. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**19.3 - Quality Control/Quality Assurance Plan**

Provided at Exhibit 39.

**19.4 - Contamination and Recall Plan**

Provided at Exhibit 40.

**19.5 - Criminal Activity Plan**

Plan Status: Completed

Our company has worked with our [REDACTED] and [REDACTED] [REDACTED] to create a clear written criminal activity plan detailing the steps to be undertaken in the event of discovery of criminal activity related to cannabis or medical cannabis within the possession and control of our company. Our [REDACTED] maintains this Plan and reviews it annually.

**Employee Safety**

To maintain a safe and secure environment for employees, patients, and visitors on the premises, it is important to know how to prevent potential problems and what to do if problems occur. Adherence to the guidelines as set forth by the security department is critical to ensuring a safe and secure environment for everyone. Identifying potential safety and security threats is key to preventing escalation. Examples of potential threats are witnessing a criminal event and/or injury and facility maintenance issues that could impact

safety or security. [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

We have established procedures for employees to follow in the event of a security breach, armed robbery, or violent event. [Redacted]  
[Redacted]  
[Redacted]

Reporting to Proper Authorities

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

Steps Taken for Preservation of Medical Cannabis and Maintaining Patient Access

Maintaining active operations is essential to ensuring a continuous supply of medical cannabis for Alabama patients. [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

[REDACTED]

**19.6 - Emergency Procedures/Disaster Plan**

Plan Status: Completed

Our company has worked with our [REDACTED] and [REDACTED] [REDACTED] to create a clear written Emergency Procedures and Disaster Plan detailing the steps to be undertaken to ensure the safety of employees and others on the premises, the preservation of cannabis or medical cannabis, and the reasonable efforts to maintain access to medical cannabis by those who depend on it, in the event of any reasonably foreseeable emergency, or natural disaster that may affect the licensee, its facilities, vehicles, personnel, products or customers. Our [REDACTED] maintains this plan and reviews it annually.

Emergency Action Plan (“EAP”)

Our Company’s EAP will provide comprehensive safety procedures for our employees to follow in the event of natural and manmade emergency situations, including:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Pursuant to OSHA recommendations, [REDACTED]

[REDACTED]

Incident Management and Emergency Procedures Training

[REDACTED]

Disaster Recovery Protocols

The objective of our Disaster Recovery Plan is to coordinate recovery of critical business functions in the event of a facilities disruption or disaster. This can include short or long-term disasters or other disruptions such as fires, floods, earthquakes, explosions, terrorism, tornadoes, extended power interruptions, hazardous chemical spills, and other natural or man-made disasters.

[REDACTED]

1. Disaster Occurrence - [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

2. Plan Activation - [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

3. *Alternate Site Operations* - [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

4. *Transition to Primary Site* - [REDACTED]  
[REDACTED]

Online Access to Computer Systems - [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Our company's approach to Disaster Recovery is comprehensive and accounts for a variety of possible or plausible risks that our organization might face. [REDACTED]

[Redacted text block]

**19.7 - Alcohol, Smoke, and Drug Free Workplace Policy**

Plan Status: Completed

Our company has a clearly written Alcohol, Smoke and Drug Free Workplace Policy, which we have included in our Employee Handbook and our Policies and Procedures Manual. This Policy is reviewed by our [Redacted] annually.

Our company strives to provide a safe workplace free of drugs, controlled substances, and alcohol to promote the highest standards of employee health and efficiency. As such:

- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

**19.8 - Employee Safety Plan**

Plan Status: Completed

Our company is dedicated to providing a safe and healthful environment for our employees and patients, protecting the public, and preserving our assets and property. To achieve this objective, our company’s policies and procedures have been carefully developed to comply with all government regulations pertaining to safety and health issues.

Our company’s operations will comply at all times with all applicable OSHA regulations and will maintain compliance with all applicable fire, safety, and building codes pertaining to the



use and storage of the equipment and solvents used in the manufacture of medical cannabis products.

Our [REDACTED] will ensure that we comply with the OSHA Hazard Communication Standards and prominently display in common employee areas at all times and in any of the primary languages spoken by our team members all postings required by state and federal law, (for example, Safety and Health Protection on the Job, state OSHA citations and responses, etc.).

Emergency Response Team (“ERT”)

Pursuant to OSHA guidelines, our Company has established an Emergency Response Team (“ERT”) at each of our licensed facilities, [REDACTED]

[REDACTED] In compliance with OSHA requirements in Title 29 of the Code of Federal Regulations, our company has drafted an Emergency Action Plan (“EAP”), also referred to as a “Disaster Plan,” and a Fire Prevention Plan (“FPP”). [REDACTED]

[REDACTED]

Fire Prevention Plan (“FPP”)

Our Company’s FPP details procedures for fire prevention and response and includes all of the measures required by OSHA regulations. [REDACTED]

[REDACTED]

Personnel Safety

Our Safety and Health Program has been designed in parallel with OSHA standards to assist our management and non-supervisory employees alike in controlling hazards and risks to employee and patient health and property. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Communicating with employees regarding health and safety issues must be a two-way street. It must consist of both employer-to-employee and employee-to-employer

communications. [REDACTED]

[REDACTED]

Personal Protective Equipment (“PPE”)

Our company provides all employees of our cultivation and production facilities with the necessary equipment to keep themselves and their colleagues safe from harm. PPE available onsite is identified in the chart below:

PPE	Required Use
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Employee Sanitation Practices

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

The water supply at our facilities will be safe, potable, and provide an adequate supply necessary for cannabis infusion operations. [Redacted]

[Redacted]

[Redacted]

[Redacted]

- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]

- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]

[Redacted text block]

Facility Safety

Our company’s operations will comply at all times with all applicable OSHA regulations and will maintain compliance with all applicable fire, safety, and building codes pertaining to the use and storage of the equipment and solvents used in the manufacture of medical cannabis products. [Redacted text]

[Redacted text block]

- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]
- [Redacted bullet point]

- [REDACTED]

Extraction Equipment Safety

- [REDACTED]
- [REDACTED]
- [REDACTED]

Chemical and biological exposures are two other issues that pose common and potentially significant risks within medical cannabis cultivation and production facilities. We have multiple safeguards in place to navigate these issues, including [REDACTED]

[REDACTED]

Fire Safety Measures

Fire detection equipment, including a professionally monitored fire alarm system, will be present throughout each facility to alert building occupants of fire or other emergency conditions necessitating evacuation. [REDACTED]

[REDACTED]

[REDACTED]

Severe weather emergencies may result in damages to the power supply of the facility. In the case of a power outage, backup power will activate, which will have sufficient power to emergency lighting, surveillance, and intrusion prevention and detection technologies for a minimum of [REDACTED].

Emergency Kit

Our company will keep an emergency kit inside a designated “shelter in place” location in each facility in case severe weather approaches quickly and evacuation is not possible. [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



- [REDACTED]
- [REDACTED]
- [REDACTED]

Good Manufacturing Practices (“GMP”)

Our company-wide commitment to quality is central to every stage in our manufacturing process. Our [REDACTED] ensures our extensive operational standards comply with all current GMP principles at all times. All procedures, methods, and facilities will be fully prepared for an inspection from the Alabama Medical Cannabis Commission prior to full operations and will continue to retain their integrity for subsequent inspections to ensure the safety of our facilities and products.

In addition to following the rigorous up to date GMP standards, our operations take into account aspects of safety specific to the cannabis industry. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**19.9 – Confidential Information and Cybersecurity Plan**

Plan Status: Completed

Our Company has developed a Confidential Information and Cybersecurity Plan for securing and maintaining the confidentiality of any and all sensitive information and records required to be confidentially maintained, including, at a minimum, information and records communicated interpersonally, kept physically, or stored virtually. Our [REDACTED] will review this plan at least annually.

Patient and Caregiver Confidentiality

Our company applies Good Records Management Practices (GRMP) and Good Recordkeeping Practices (GRP) based in part on guidelines set forth by the United States Small Business Administration and in consideration of the confidentiality practices created specifically for medical records under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

[REDACTED]

[REDACTED] Our Confidential Information and Cybersecurity protocols are reviewed at least annually by our [REDACTED] and our [REDACTED].

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Our [REDACTED] is responsible for determining access to all patient databases. [REDACTED]

[REDACTED]

[REDACTED]

Cybersecurity

[REDACTED]

Our company's [REDACTED] will be our designated liaison with the Alabama Medical Cannabis Commission for the purposes of coordinating, monitoring, and our company's inputs to the Alabama Statewide Seed-to-Sale Tracking System.

[Redacted text block]

[Redacted text block]

- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]

[Redacted text block]

In the event of an incidental use or disclosure of personal health information, our [REDACTED] [REDACTED] is responsible for working with our cybersecurity partner and security team to correct and update our procedures to strengthen against a repeat occurrence. In the event an improper use or disclosure is determined to be a breach, the [REDACTED] is responsible for appropriately notifying the US Department of Health and Human Services, the Alabama Department of Health, and the Alabama Medical Cannabis Commission, in addition to updating policies and procedures as necessary to correct similar future disclosures.

Our principals' extensive experience successfully operating in a variety of highly regulated environments including healthcare, law, alcohol, finance, manufacturing, agriculture, and state legal medical cannabis ensures that all recordkeeping functions are carried out in full compliance with all regulations.

#### **19.10 - Waste Disposal Plan**

##### Plan Status: Completed

Our company has developed a plan for the tracking and proper destruction and disposal of any cannabis plants or medical cannabis that cannot or will not be processed, transported, or dispensed. [REDACTED]

[REDACTED] Our [REDACTED] will maintain our disposal protocols at all times and will review them at least annually.

In accordance with rules adopted by the Department of Agriculture and Industries (Rule 80-10-21-.53 - Disposal Procedures), we understand that no destruction may occur unless a destruction plan is submitted and approved by the Commission and Commission personnel are present to witness the destruction unless an exception is submitted and approved in writing by the Commission.

All medical cannabis designated for disposal will be meticulously tracked in the Alabama Statewide Seed-to-Sale Tracking System and identified as [REDACTED]. [REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED] Product destruction will occur at the same time on a [REDACTED] basis under the supervision of a Commission employee, in accordance with Rule 80-10-21-.53.

All waste and unusable product will be weighed prior to destruction; this information will be entered in the Alabama Statewide Seed-to-Sale Tracking System prior to rendering the product unusable. [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

*In accordance with Rule 80-14-1-.16 our company will maintain within our inventory tracking system and the Alabama Statewide Seed-to-Sale Tracking System all records related to the cultivation of cannabis, destruction and disposal of cannabis, and storage of medical cannabis in our integrated facility for at least 2 years and will make these records available to the Department and AMCC upon request.*

**19.11 – Security Plan**

Provided at Exhibit 33.

**19.12 – Grow Plan**

Plan Status Completed

We have developed a grow plan that shows the number of cannabis plants and methods of cultivation we intend to utilize. Per state regulations, all cannabis will be cultivated in an enclosed structure. [REDACTED]

In compliance with Alabama Department of Agriculture and Industries (ADAI) Rule 80-14-1-.07, our facility will only cultivate cannabis cultivars approved the Department prior to the acquisition of plant materials. Cultivars will not be derived from hemp or industrial hemp as defined by Ala. Admin. Code Rule 80-10-21-.02. Cultivars will be derived from cannabis plants that have a high likelihood of producing medical cannabis.

Pursuant to ADAI Rule 80-14-1-.06, each cannabis plant or batch of cannabis plants must be cultivated in an individual receptacle containing soil or growing media, so as to foster portability, limit cross-contamination, and facilitate proper monitoring of each plant. Containers may be for individual plants or for batches as long as each plant is clearly identified and traceable. No cultivation will take place outdoors or directly in the ground.

Our team is committed to providing superior cannabis products and this begins with our dedication to sustainable, organic cultivation methods. Our commitment is not only important to the creation of premium products for our patients, but also to the



environmental impact we make on the state of Alabama. [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

Lighting

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

Cultivation Media

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

Harvest Technique

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

[Redacted]

Cannabis Varieties

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

**19.13 - Engineering Plans and Specifications**

Provided at Exhibit 32.

**19.14 - Chain of Custody**

As part of our company’s Operations Plan, we have created a continuous chain of custody protocol for all cannabis plants and cannabis material within our facilities. Per Rule 80-14-1-17, our company’s integrated facilities will at all times account for all cannabis plants and other materials that have ever been in the custody or control our company from planting to disposal or from planting to such time as a medical cannabis product is dispensed through a dispensary or Integrated Facility dispensary site.

[Redacted]

Our [REDACTED] is responsible for entering all of our transactions into the Alabama Statewide Seed-to-Sale Tracking System operated by the AMCC, including:

- the inventory of cannabis plants in the cultivation facility,
- the location of the cannabis when it leaves the cultivation facility, and
- documentation showing any plants or cannabis material that were destroyed and disposed of at the cultivation facility.

Our company will at all times utilize our third-party inventory tracking system that has been specifically designed to serve licensed medical cannabis companies to comply with § 20-2A-60, Code of Alabama 1975 (as amended), and any other requirements of the Commission pertaining to accurate recordkeeping, compliance with inventory protocols, and coordination of information and systems with vendors, customers, and others as applicable.

[REDACTED]

We understand that as with other operations protocols provided to and approved by the Commission and the Department, our company may not alter our chain-of-custody protocols, without first receiving written permission-from the AMCC and the Department.

Certain information within this Application has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40(2002)) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2(2002)) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 20 – Policies and Procedures Manual

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

Printed Name of Verifying Individual

Title of Verifying Individual

*M. Brandon Meadows*

Original 12/27/2022; Edited 2/23/2023

Signature of Verifying Individual

Verification Date

## **Exhibit 20 – Policies and Procedures**

### **Plan Status: Completed**

We have included a verified copy of our proposed Policies and Procedures Manual on the following pages.

### **Summary**

Our Policies and Procedures Manual contains detailed standard operating procedures (SOPs) for all tasks to be performed by employees within our facilities. As a part of our library of operational tools and resources, these SOPs cover all policies and procedures related to the cultivation, processing and sales of medical cannabis and medical cannabis products in accordance with adequate sanitation and safety principles.

These SOPs have been developed according to GMP, GHP, GSP, HACCP and pharmaceutical standards and are the product of real-world experience and expert collaboration. Our operational tools library provides detailed procedures for each department within our facility including security, manufacturing, testing, and quality assurance. These SOPs have been integrated with a system of interdepartmental checks and balances designed to hold both company management and all its employees accountable for product quality.

SOPs are organized by department: Cultivation (CULT), Facilities (FAC), Harvest (HARV), Integrated Pest Management (IPM), Quality Assurance (QA), Trimming (TRIM), Policies (POL), Production (PRO), Safety (SAF), Sanitation (SAN), Administration (ADMIN), Cash Management (CASH), Dispensing (DIS), Education (EDU), Security (SEC), and Transport (TRS).

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<b>Cloning</b>	
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<b>Plant Care</b>	
<b>SOP: CULT-002</b>	<b>Effective Date: XXXX</b>
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incorrectly pruning or defoliating a plant.

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<b>Pot Washing Procedure</b>	
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**Standard Operating Procedures**

<b>Product Transport</b>	
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**Standard Operating Procedures**

<b>Nutrients and Additives</b>	
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**Standard Operating Procedures**

<b>Cultivation</b>	
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<b>Chemical Handling and Storage</b>	
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<b>Facility Access and Security</b>	
<b>SOP: FAC-002</b>	<b>Effective Date: XXXX</b>
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**Standard Operating Procedures**

<b>Harvest</b>	
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**Standard Operating Procedures**

<b>INTEGRATED PEST MANAGEMENT</b>	
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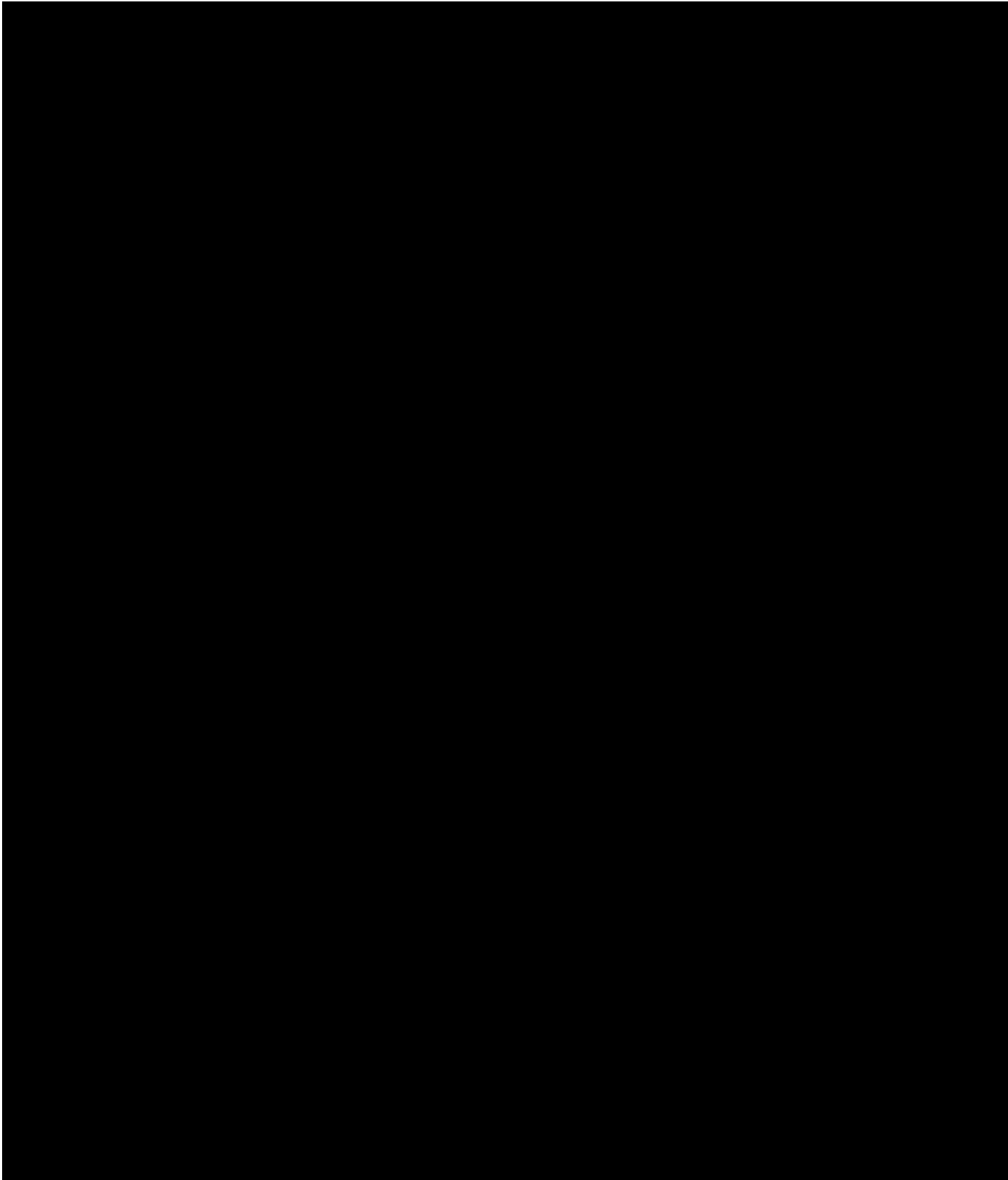
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**Standard Operating Procedures**

<b>PEST CONTROL LOG</b>	
<b>SOP: IPM-002</b>	<b>Effective Date: XXXX</b>
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<b>INTEGRATED PEST MANAGEMENT</b>	
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**Standard Operating Procedures**

<b>Waste Management</b>	
<b>SOP: QUAL-002</b>	<b>Effective Date: XXXX</b>
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<b>Personal Protective Equipment</b>	
<b>SOP: QUAL-003</b>	<b>Effective Date: XXXX</b>
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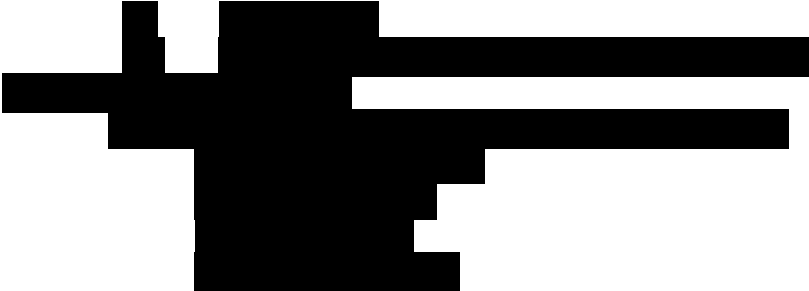
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**Standard Operating Procedures**

<b>Trim Room Maintenance</b>	
<b>SOP: TRIM-001</b>	<b>Effective Date: XXXX</b>
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<b>Cleaning the High Tech Shredder</b>	
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<b>MANAGEMENT SYSTEMS GENERAL</b>	
<b>SOP: MIP000</b>	<b>Effective Date: XXXX</b>
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**Standard Operating Procedures**

<b>ZONING AND GOWNING</b>	
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<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>CLEANING AND MAINTENANCE</b>	
<b>SOP: POL-002</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

**CLEANING AND MAINTENANCE OF PROCESSING ROOM**

**SOP: POL-004**

**Effective Date: XXXX**

**Revision Number:**

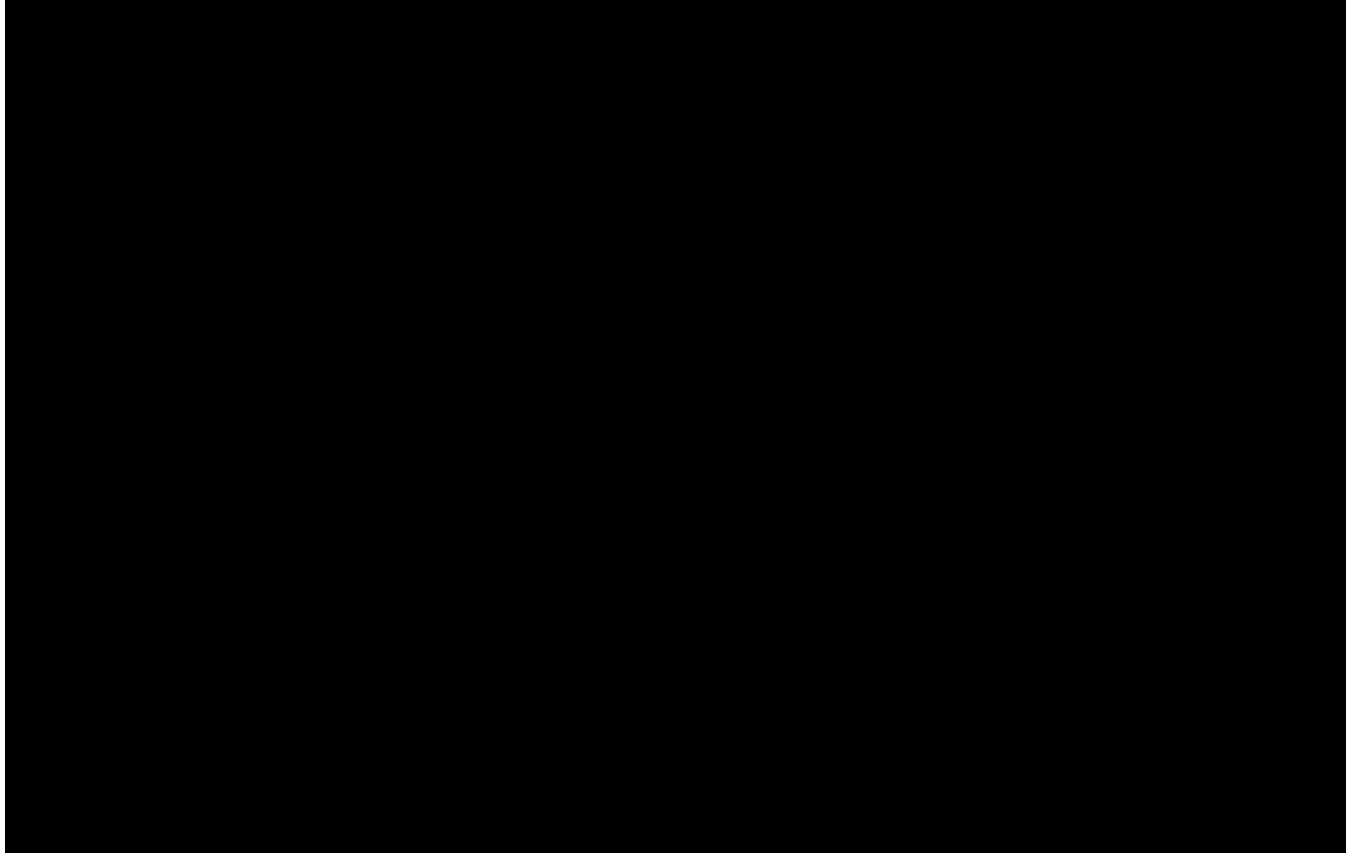
**Review Date: (Bi-Annually)**

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

**CLEANING AND MAINTENANCE OF EXTRACTION ROOM**

**SOP: POL-005**

**Effective Date: XXXX**

**Revision Number:**

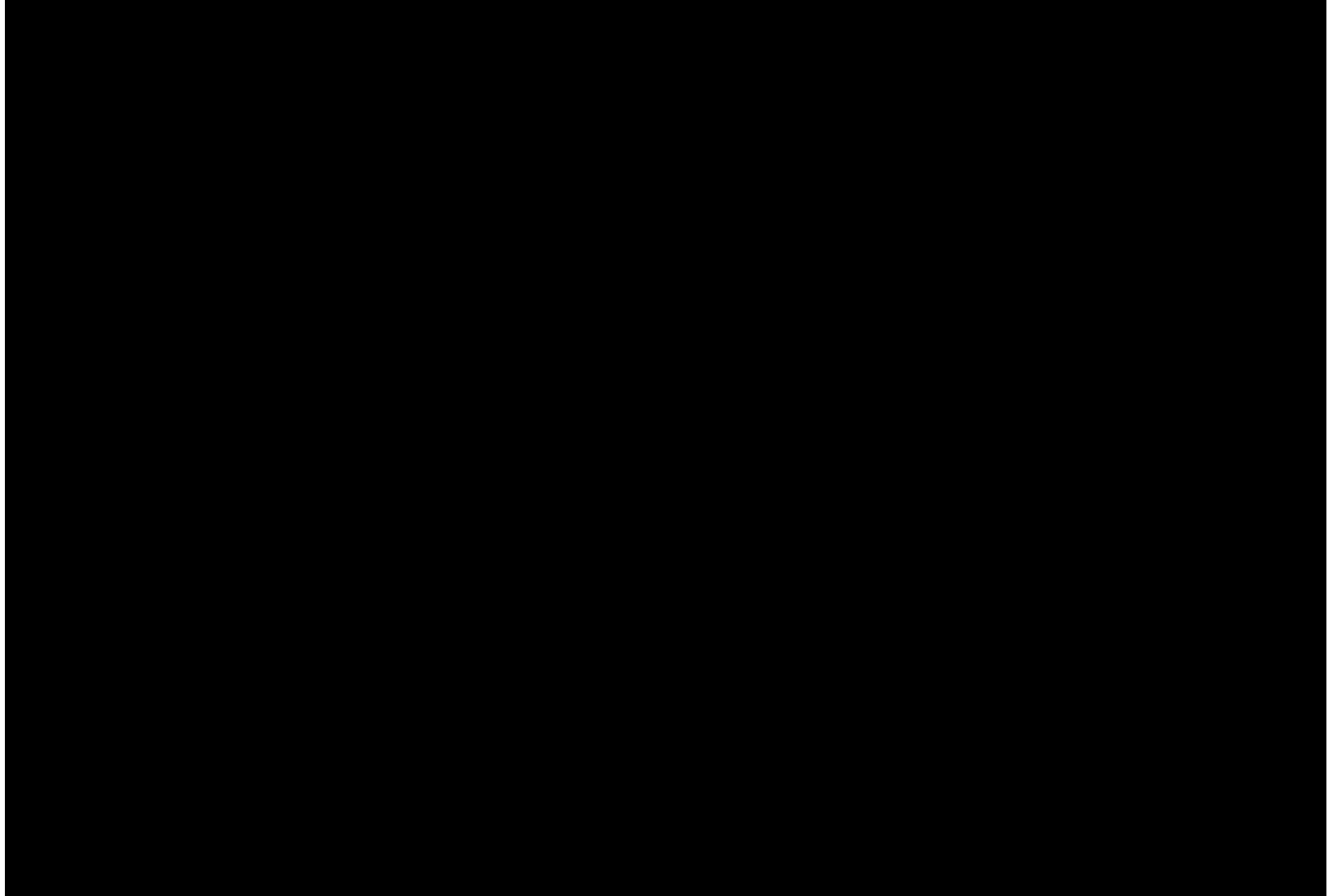
**Review Date: (Bi-Annually)**

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
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**Standard Operating Procedures**

**CLEANING AND MAINTENANCE OF ANALYTICAL DILUTION ROOM**

**SOP: POL-006**

**Effective Date: XXXX**

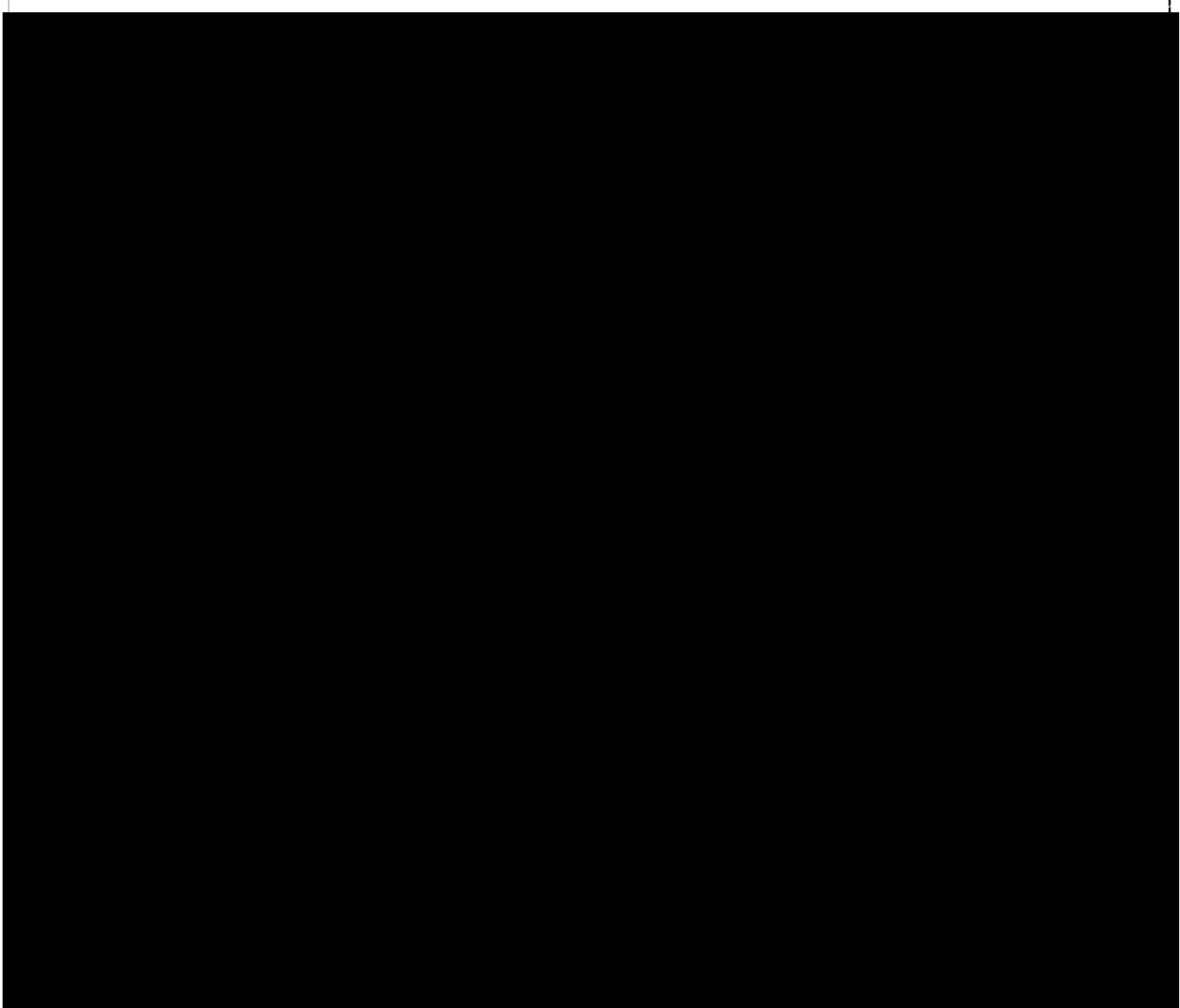
**Revision Number:**

**Review Date: (Bi-Annually)**

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<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

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**CLEANING AND MAINTENANCE OF PRODUCTION AREAS**

**SOP: POL-007**

**Effective Date: XXXX**

**Revision Number:**

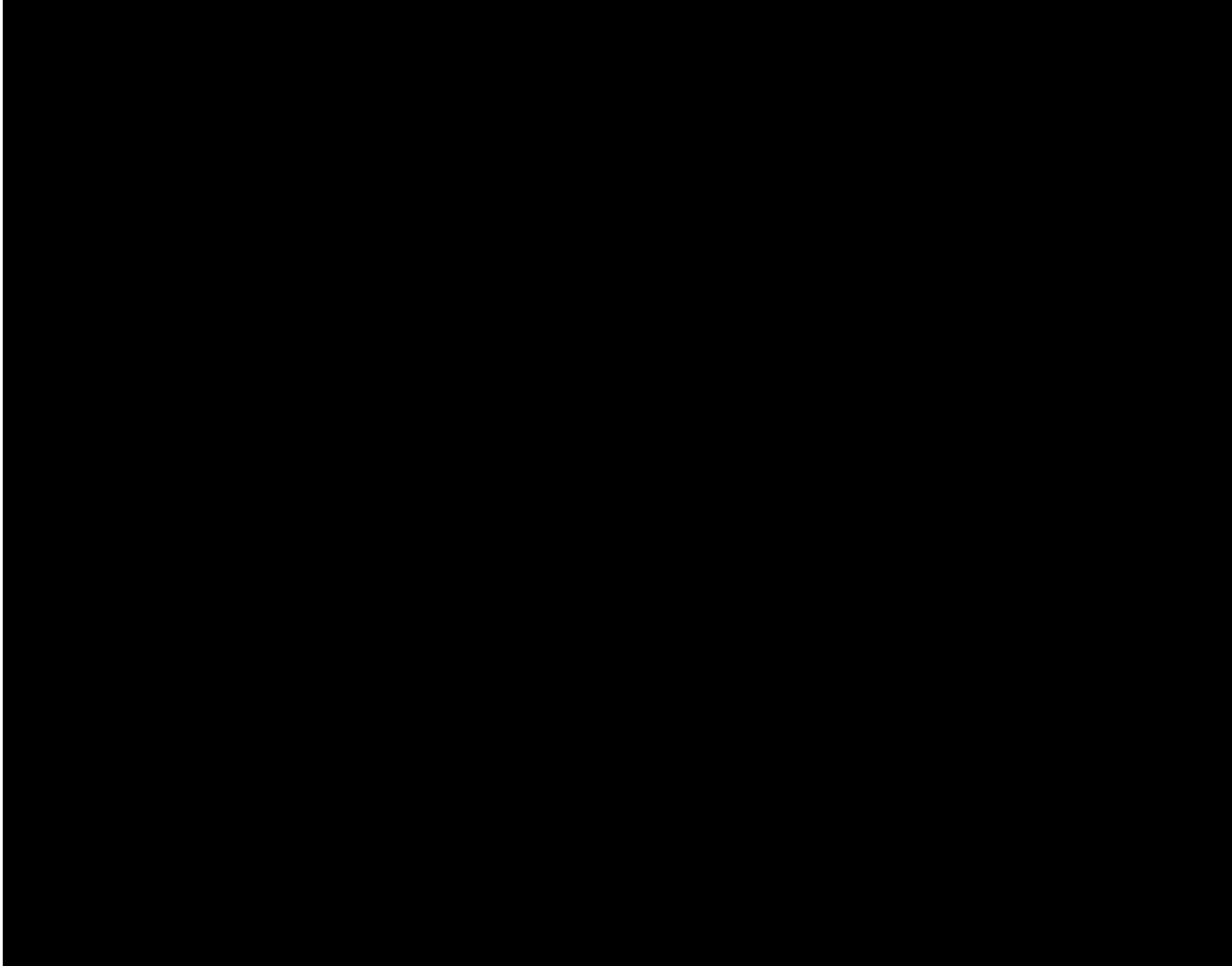
**Review Date: (Bi-Annually)**

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<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>ALLERGEN MANAGEMENT</b>	
<b>SOP: POL-009</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By:XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX

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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>STAINLESS STEEL AND GLASSWARE CLEANING</b>	
<b>SOP: POL-010</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 0</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
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**Standard Operating Procedures**

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<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>ON SITE LABORATORY MANAGEMENT</b>	
<b>SOP: POL-011</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>ENVIRONMENTAL MONITORING PROGRAM</b>	
<b>SOP: POL-012</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>FOOD DEFENSE PLAN AND PRACTICE</b>	
<b>SOP: POL-013</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
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**Standard Operating Procedures**

<b>PREMISES AND EQUIPMENT MAINTENANCE</b>	
<b>SOP: POL-014</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

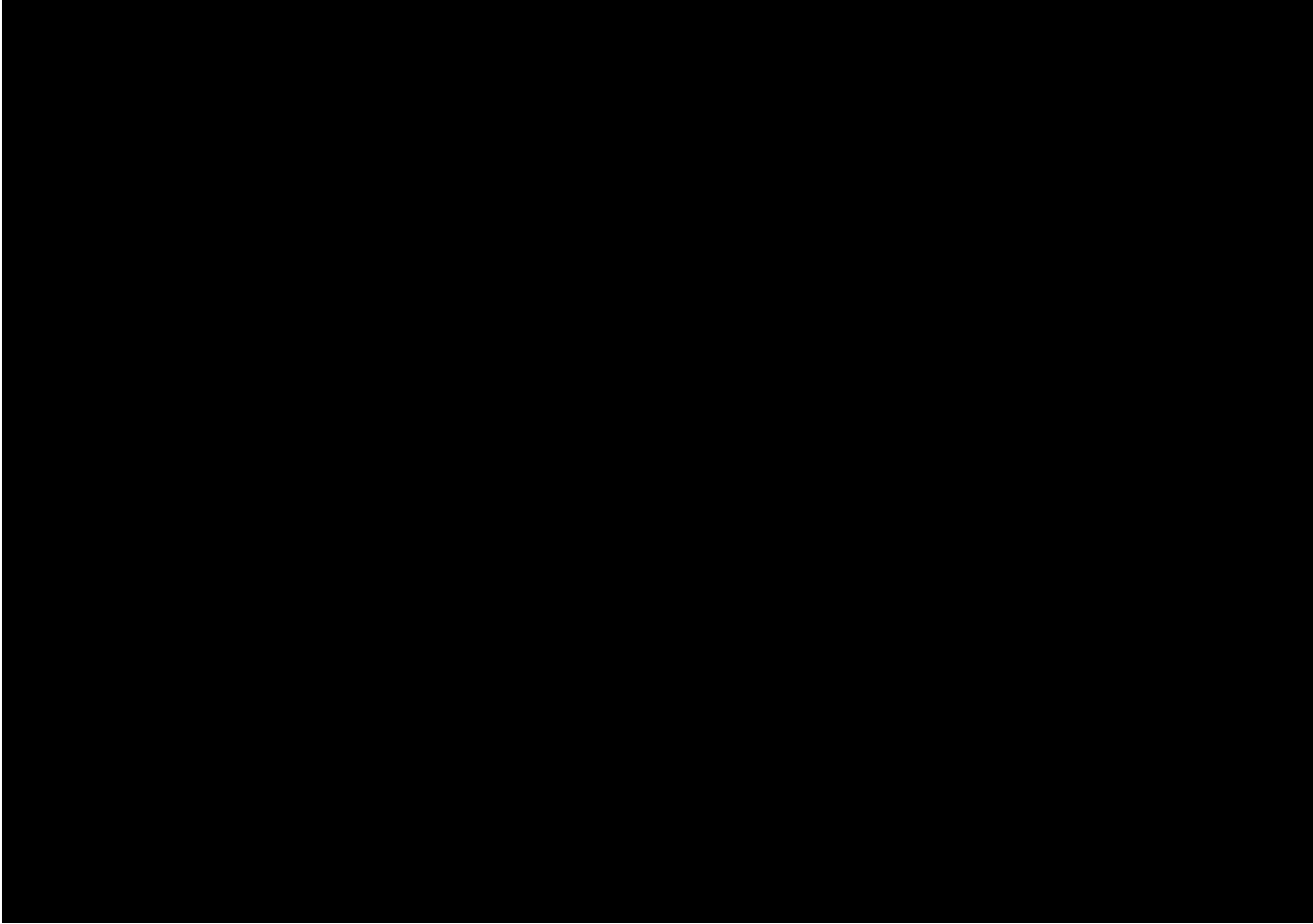
<b>GRINDING OF RAW MATERIAL</b>	
<b>SOP: PRO-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

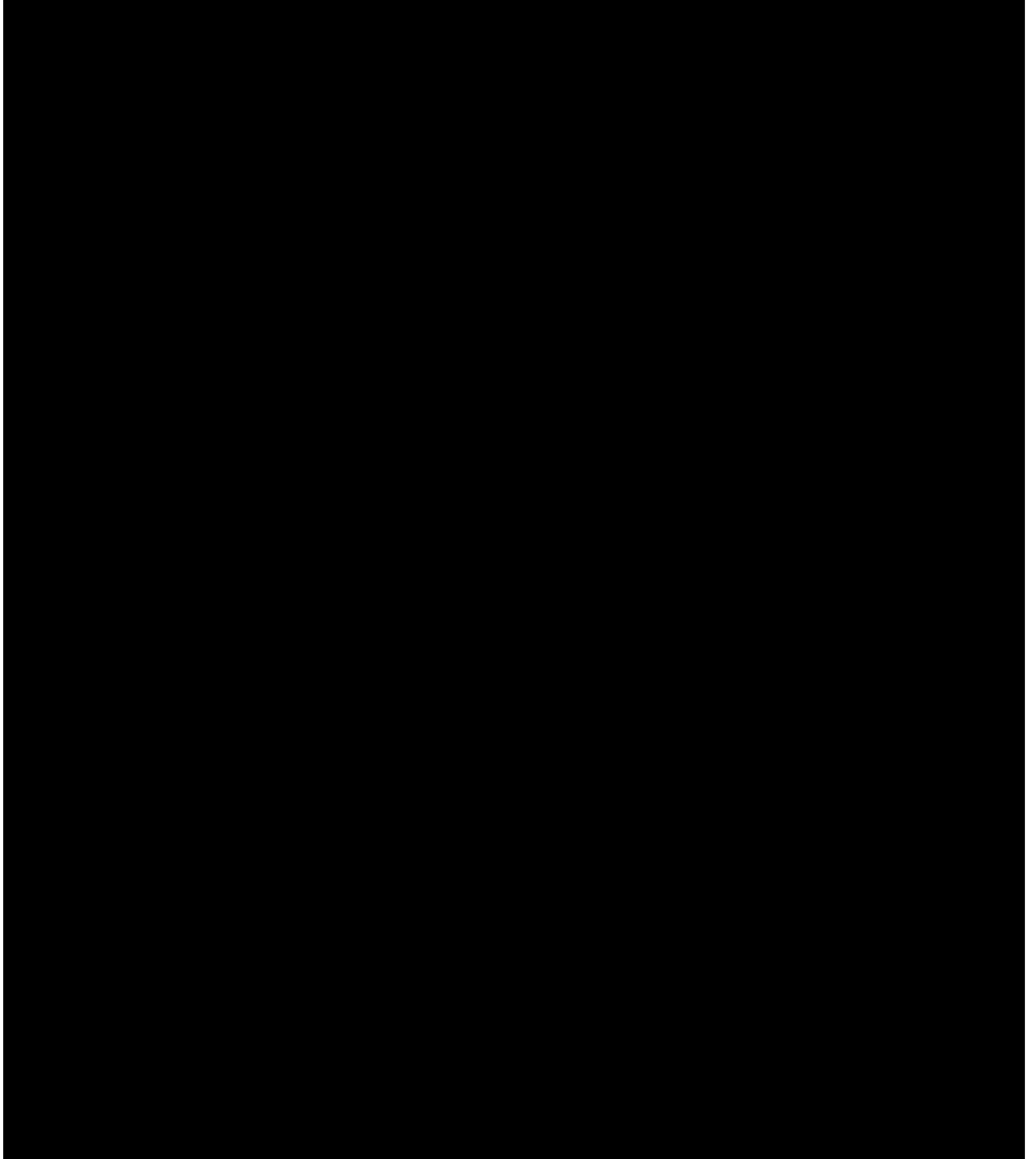
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<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
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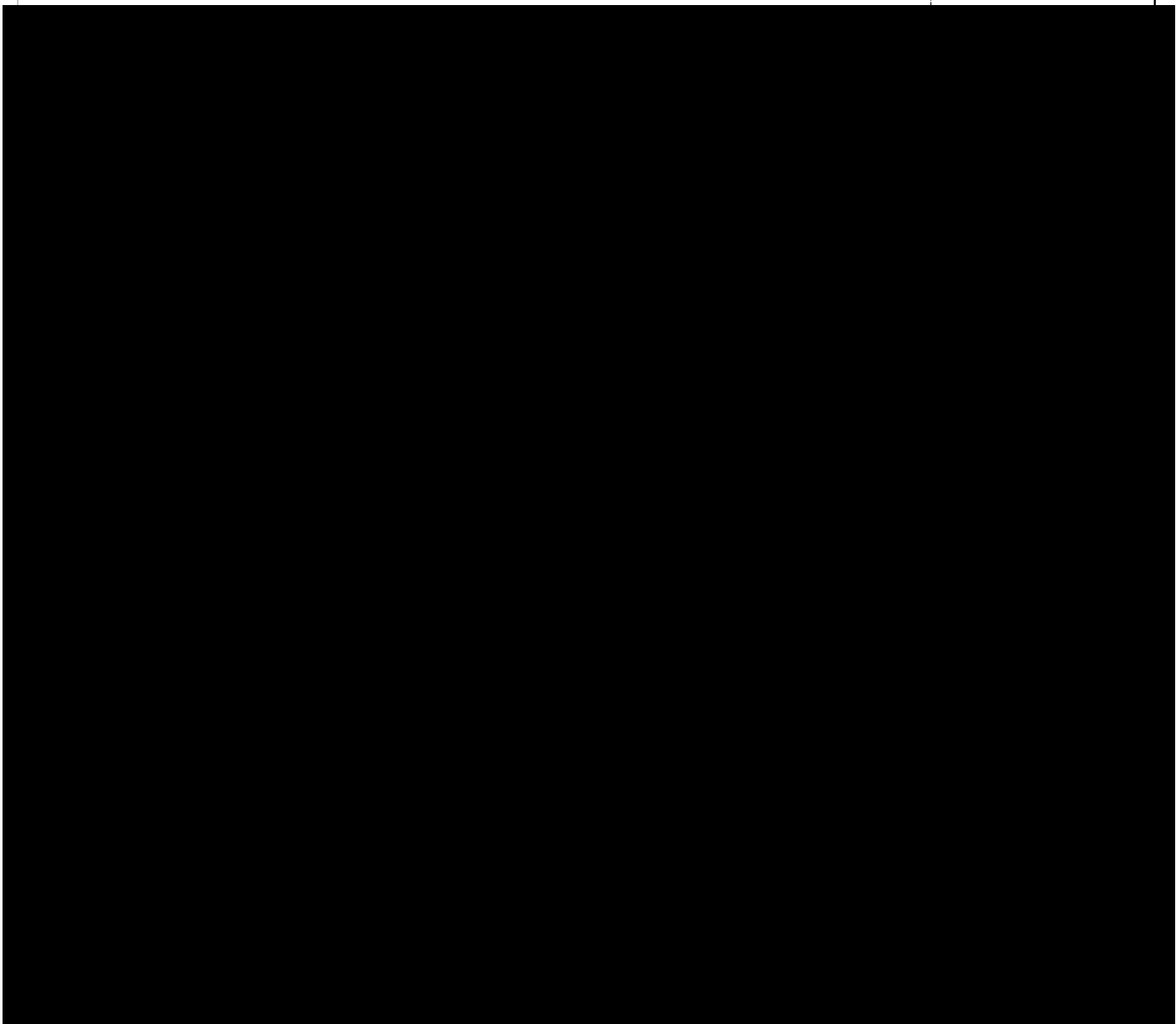
**Standard Operating Procedures**

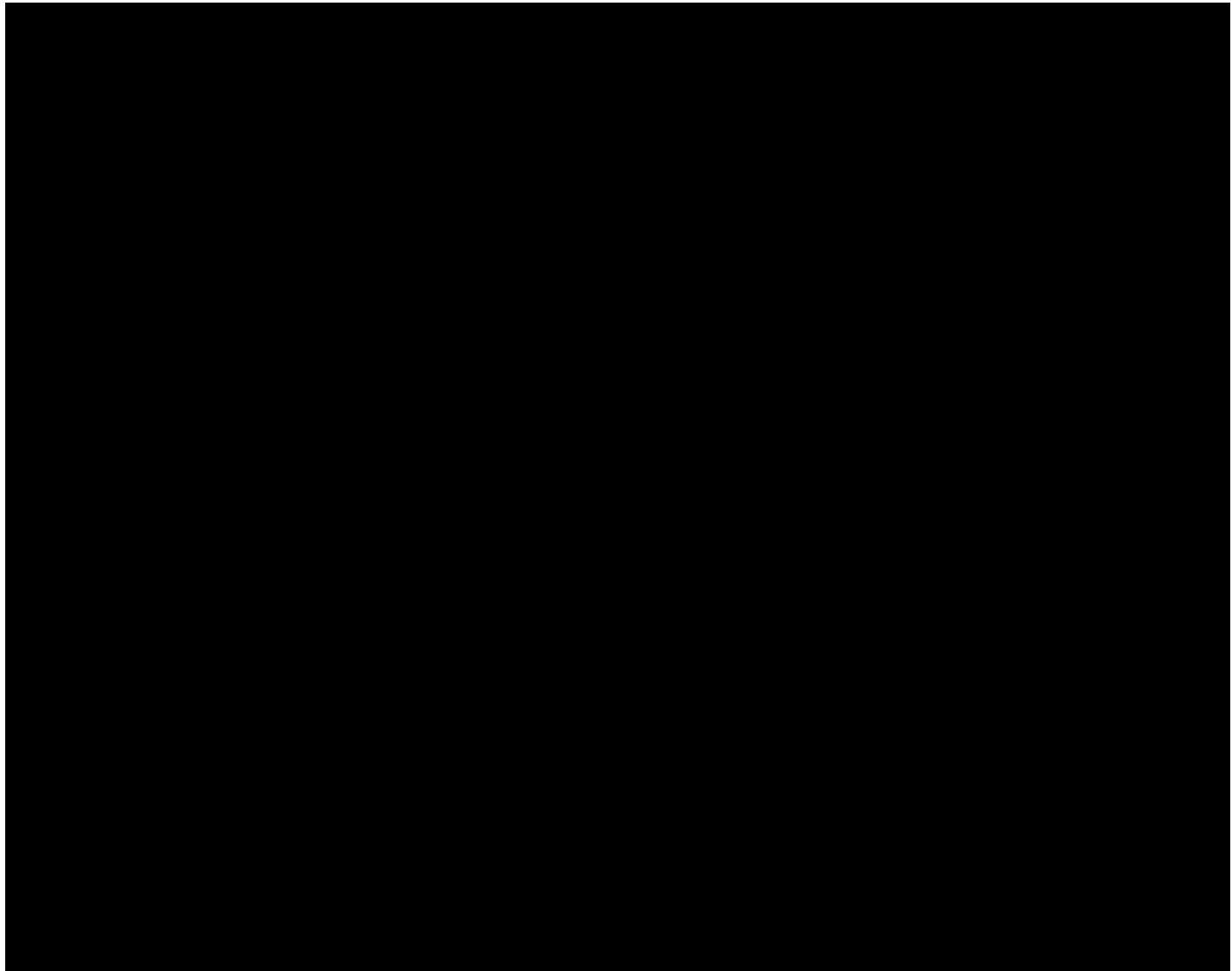
<b>ROBO COUPE R23T OPERATION</b>	
<b>SOP: PRO-002</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX

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<b>Document Revision History</b>			
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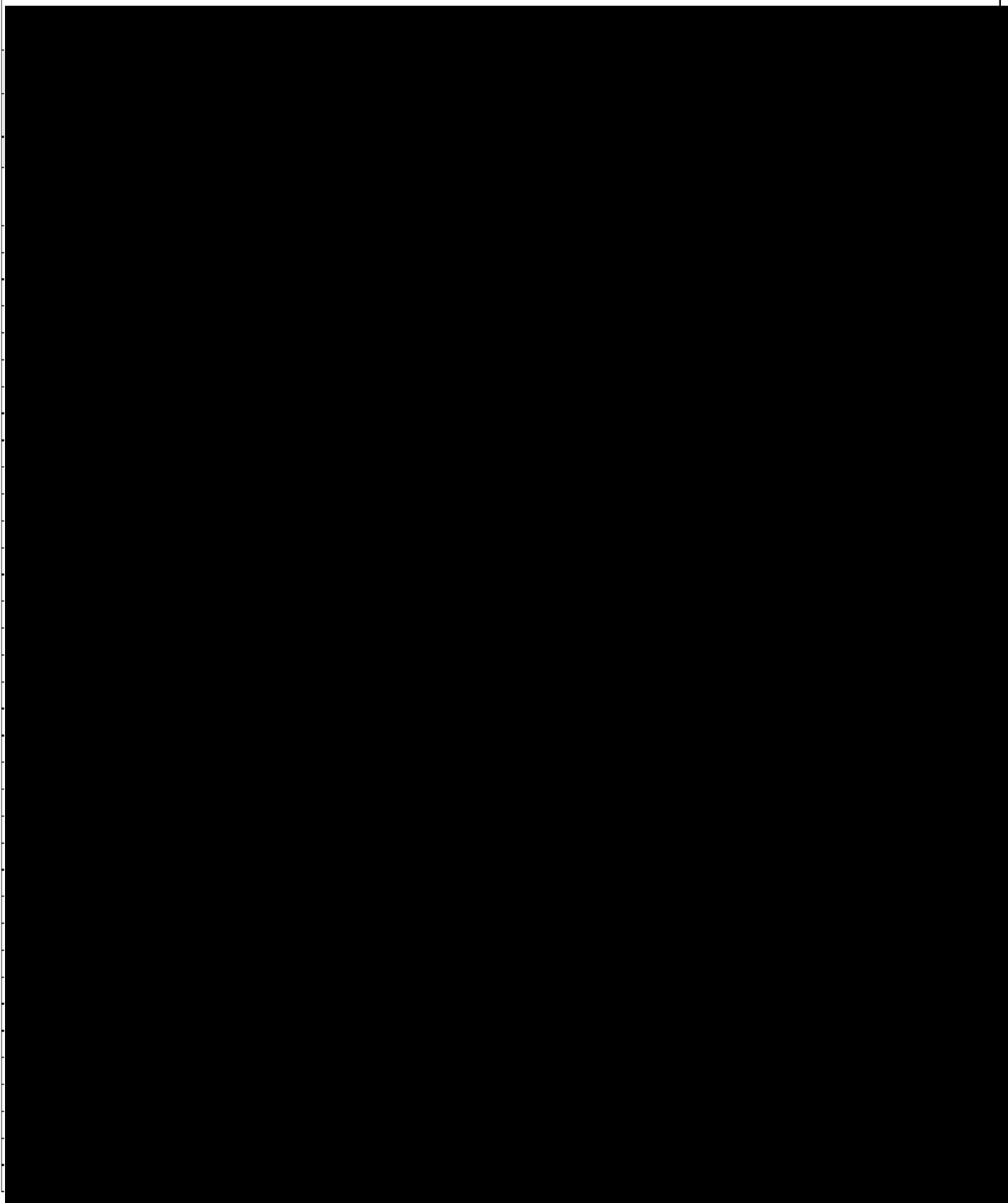
**Standard Operating Procedures**

<b>SCALE-BALANCE OPERATION</b>	
<b>SOP: PRO-006</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

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<b>Document Revision History</b>			
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**Standard Operating Procedures**

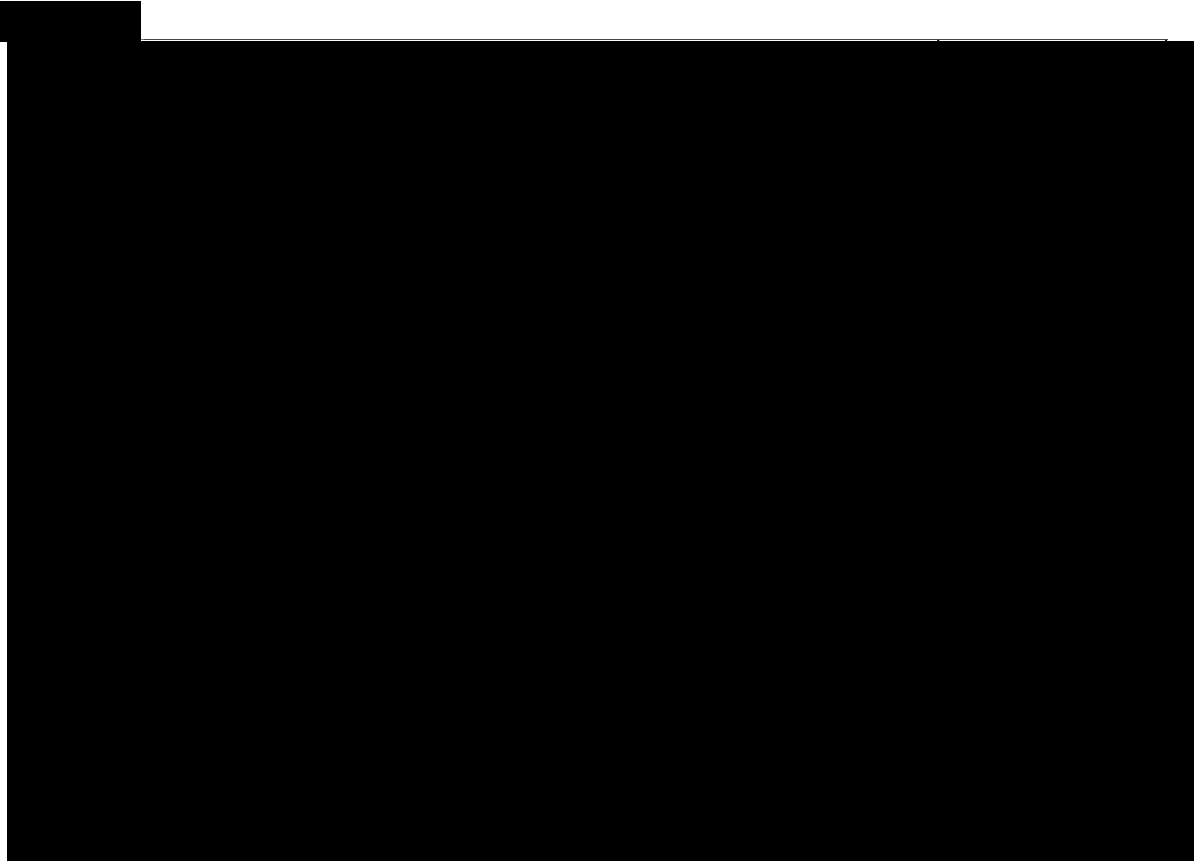
<b>SUPERCRITICAL CO2 EXTRACTION OPERATION</b>	
<b>SOP: PRO-008</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

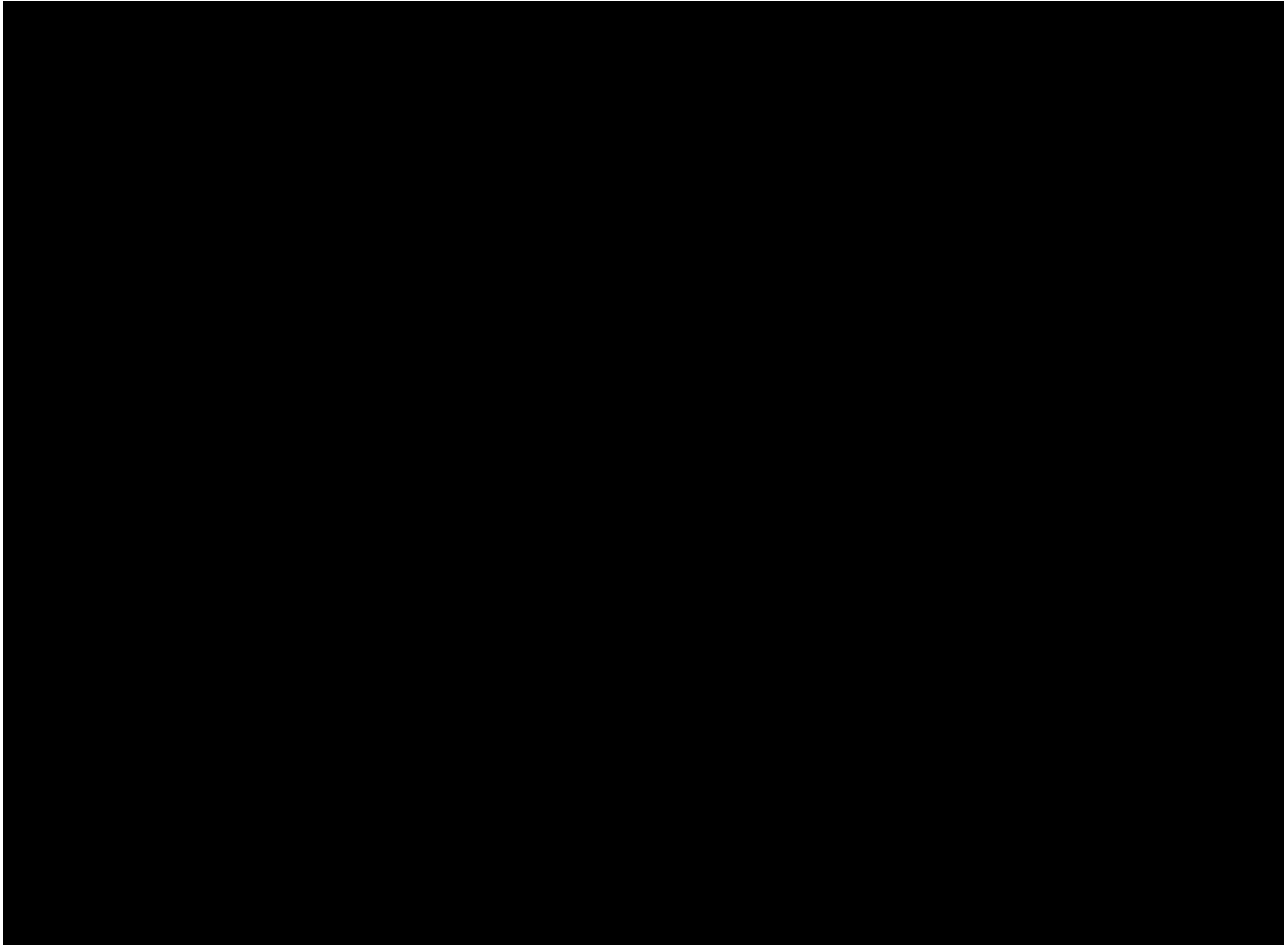
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**Standard Operating Procedures**

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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>VACUUM PUMP OPERATION</b>	
<b>SOP: PRO-012</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
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**Standard Operating Procedures**

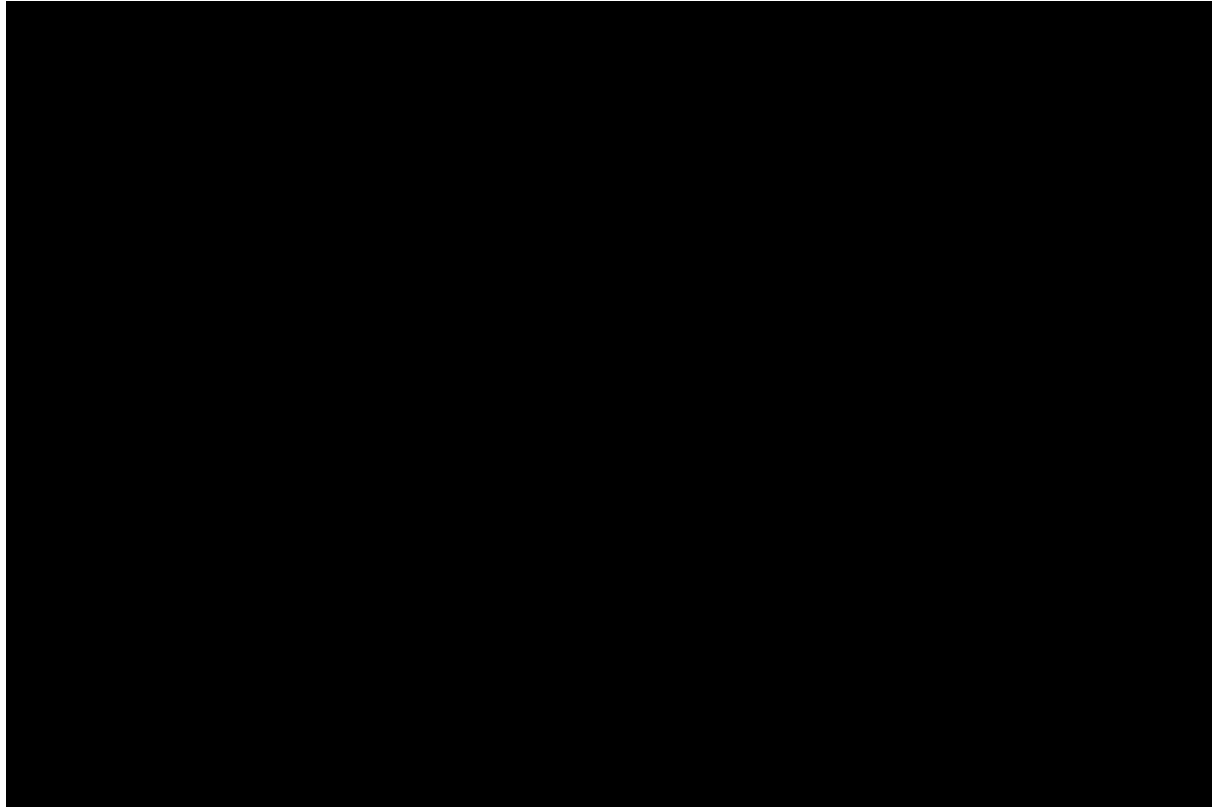
<b>CUP-15 Ethanol Extractor Operation</b>	
<b>SOP: PRO-013</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

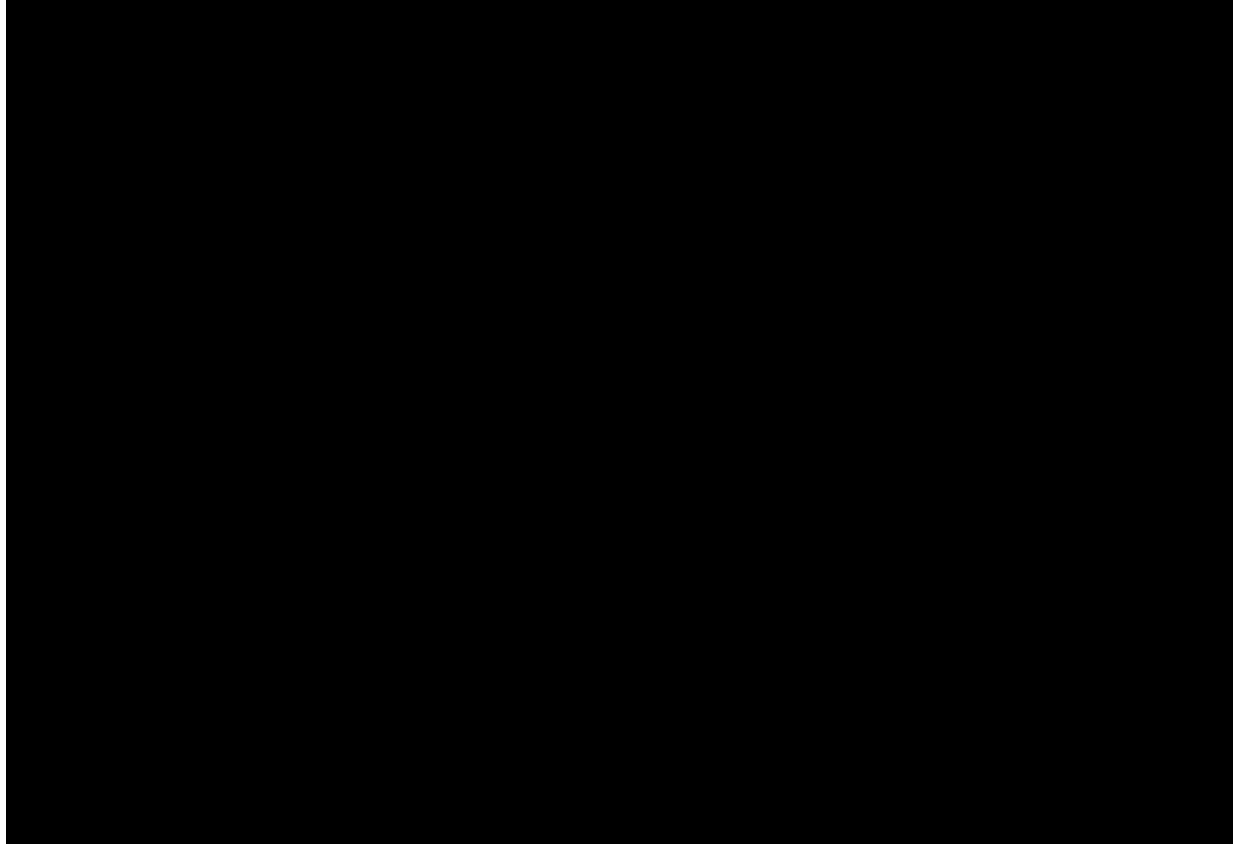
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**Standard Operating Procedures**

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<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

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**SHEL LABS VACUUM OVEN OPERATION**

**SOP: PRO-014**

**Effective Date: XXXX**

**Revision Number: 4**

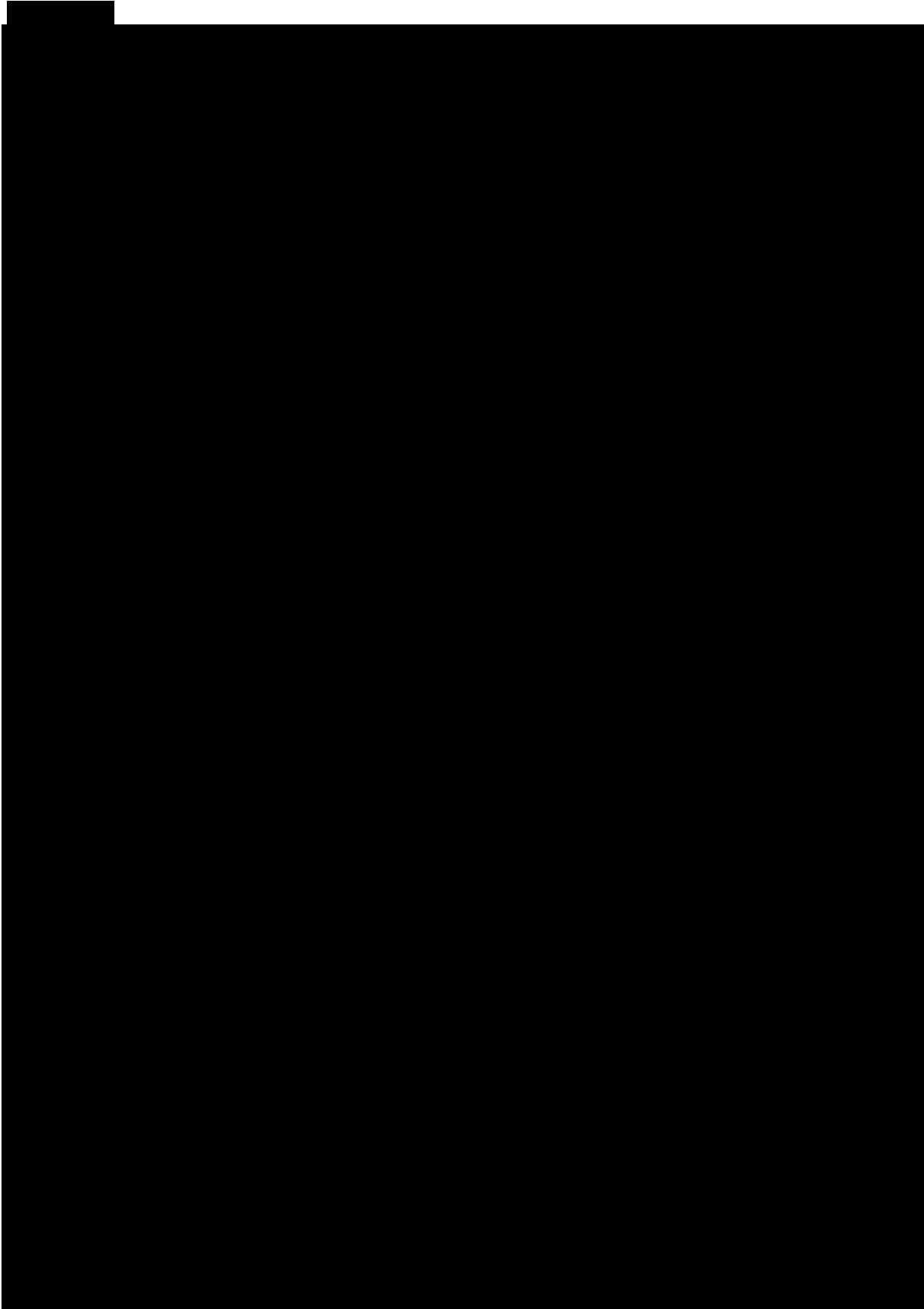
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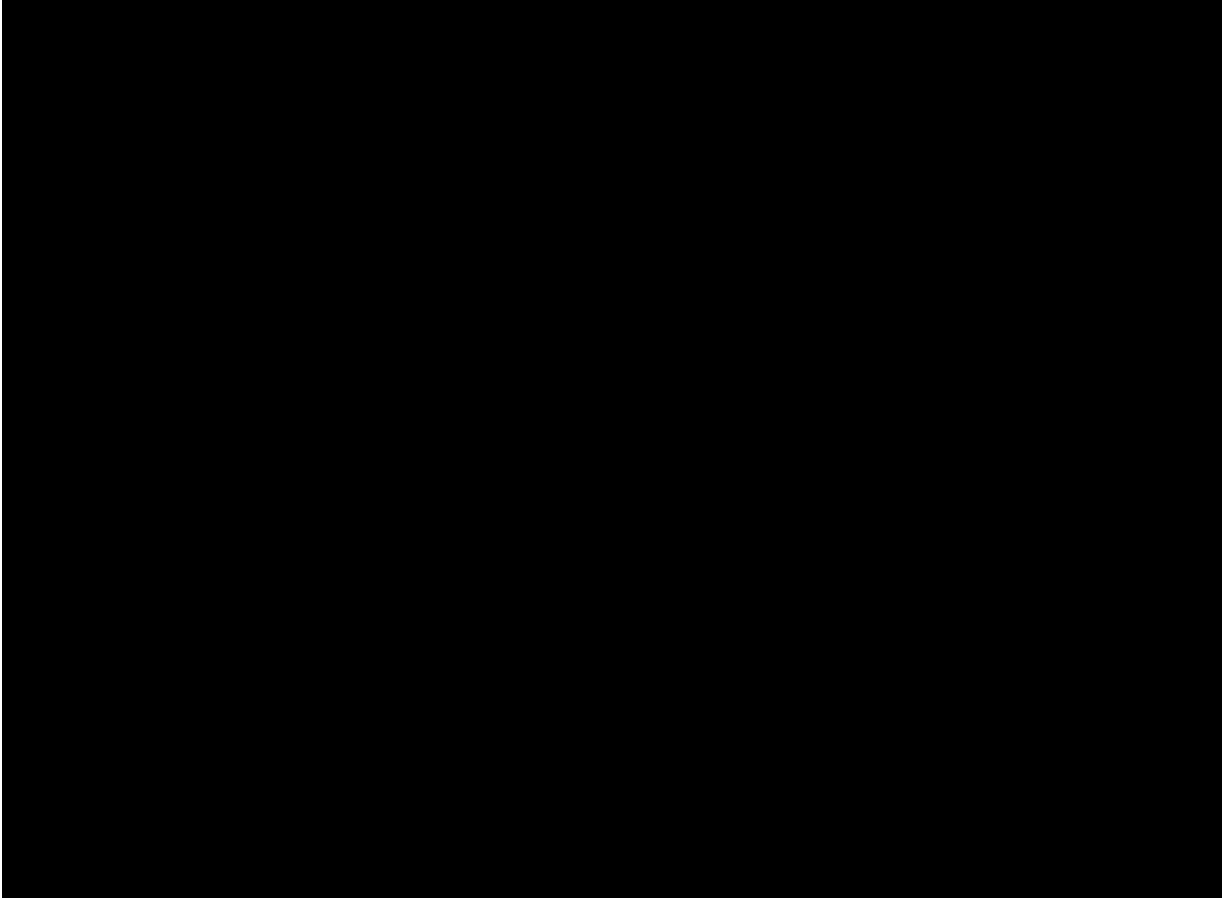
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<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
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**Standard Operating Procedures**

<b>DECARBOXYLATION OF EXTRACTED OIL</b>	
<b>SOP: PRO-015</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

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<b>Document Revision History</b>			
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**Standard Operating Procedures**

<b>RFD-27 DISTILLATION OPERATION</b>	
<b>SOP: PRO-016</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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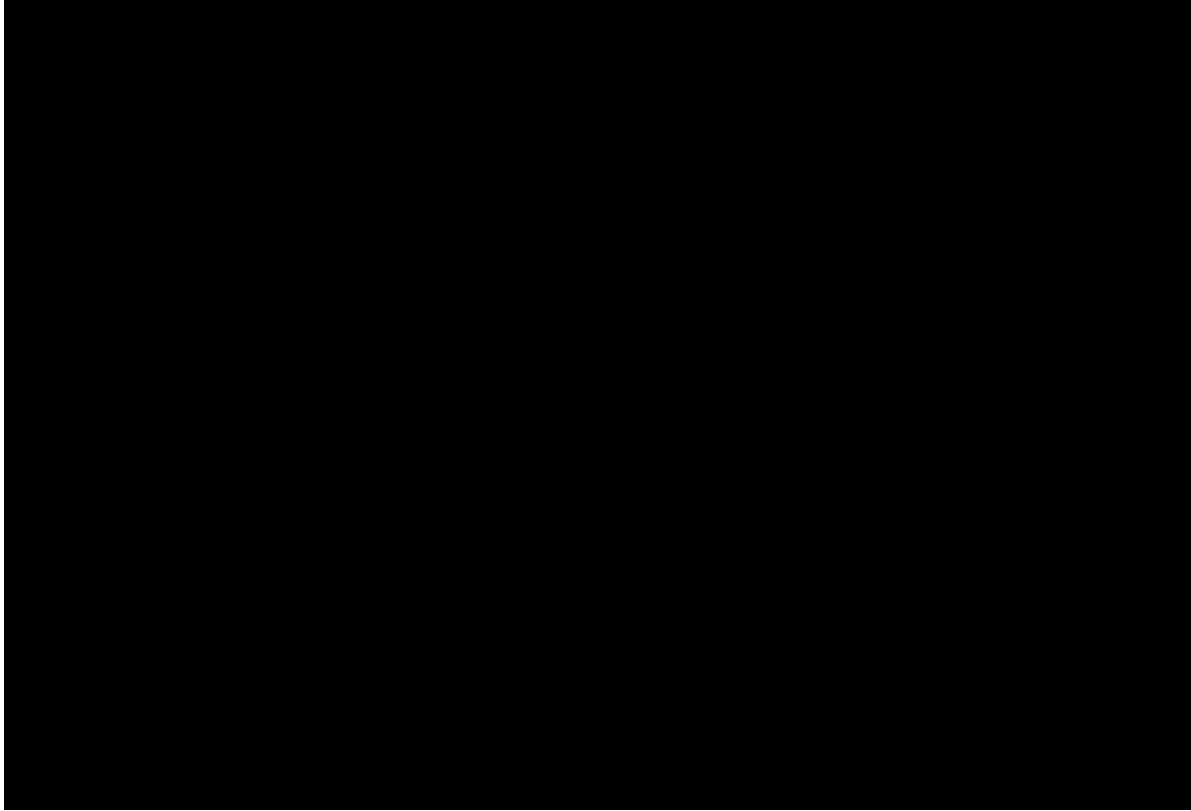


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<b>Document Revision History</b>			
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**Standard Operating Procedures**

<b>HEAT GUN OPERATION</b>	
<b>SOP: PRO-020</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

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<b>Document Revision History</b>			
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**Standard Operating Procedures**

<b>HEAT INDUCTION SEALER OPERATION</b>	
<b>SOP: PRO-027</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
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**Standard Operating Procedures**

<b>ACCUTEK MINI PINCH OPERATION</b>	
<b>SOP: PRO-028</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By:XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX

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**Standard Operating Procedures**

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<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>KETTLE MIXER OPERATION</b>	
<b>SOP: PRO-030</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

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**Standard Operating Procedures**

**710 SHARK AUTOMATED CARTRIDGE FILLING MACHINE**

**SOP: PRO-32**

**Effective Date: XXXX**

**Revision Number:**

**Review Date: (Bi-Annually)**

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

<b>ANALYTICAL BALANCE OPERATION</b>	
<b>SOP: PRO-033</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

<b>ANALYTICAL SAMPLE PREP</b>	
<b>SOP: PRO-034</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
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**Document Revision History**

**Standard Operating Procedures**

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<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>THERMO SCI CENTRIFUGE OPERATION</b>	
<b>SOP: PRO-035</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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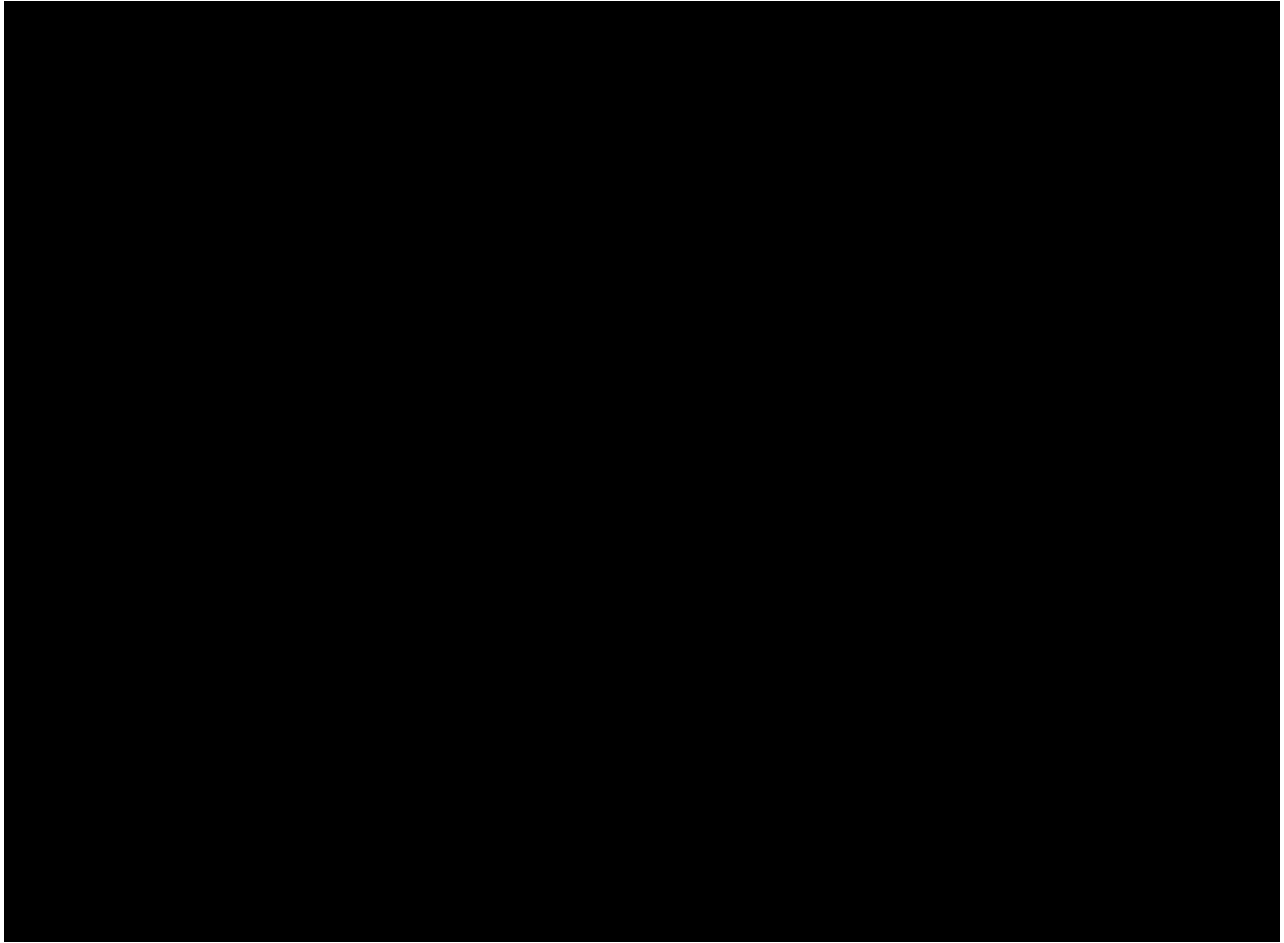
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<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>HUMIDITY AND TEMPERATURE MONITORING</b>	
<b>SOP: PRO-037</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
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**Standard Operating Procedures**

<b>BATCH AND LOT STICKER PROCEDURE</b>	
<b>SOP: PRO-039</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

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<b>STORAGE OF FINISHED PRODUCTS</b>	
<b>SOP: PRO-040</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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**Standard Operating Procedures**

<b>CLEANING VALIDATION</b>	
<b>SOP: PRO-041</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
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**Standard Operating Procedures**

**PRODUCT DEVELOPMENT IMPLEMENTATION AND EVALUATION**

**SOP: PRO-042**

**Effective Date: XXXX**

**Revision Number:**

**Review Date: (Bi-Annually)**

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

<b>MASTER MANUFACTURING</b>	
<b>SOP: QUA-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

<b>RAW MATERIAL AND PRODUCT SPECIFICATIONS</b>	
<b>SOP: QUA-002</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

<b>BATCH RECORD REVIEW</b>	
<b>SOP: QUA-003</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

<b>PRODUCT COMPLAINTS AND ADVERSE EVENTS</b>	
<b>SOP: QUA-004</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

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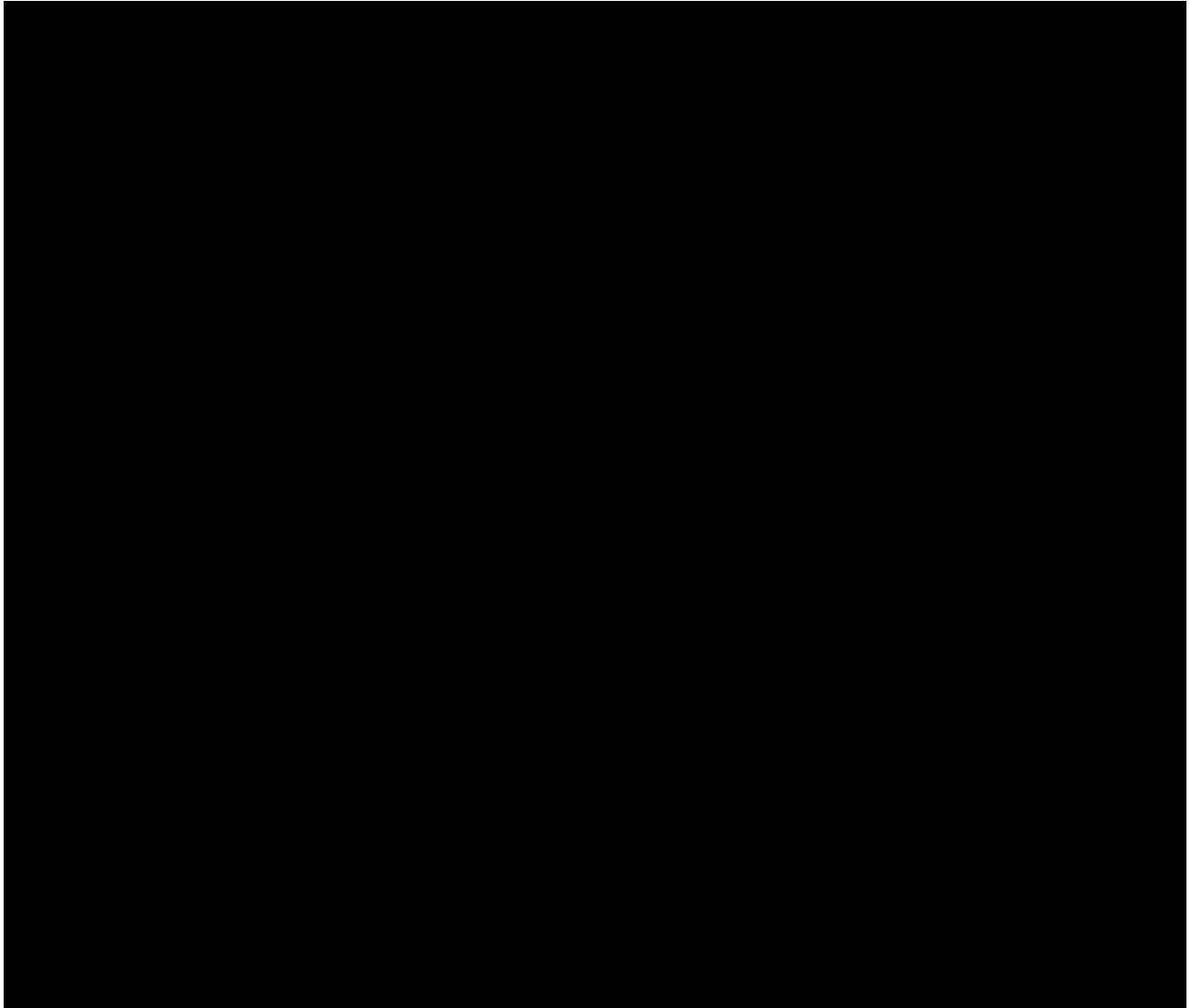
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**Standard Operating Procedures**

<b>EQUIPMENT AND ROOM LOGBOOKS</b>	
<b>SOP: QUA-008</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

**INSTRUMENT AND EQUIPMENT DOCUMENTATION AND RECORDS**

**SOP: QUA-009**

**Effective Date: XXXX**

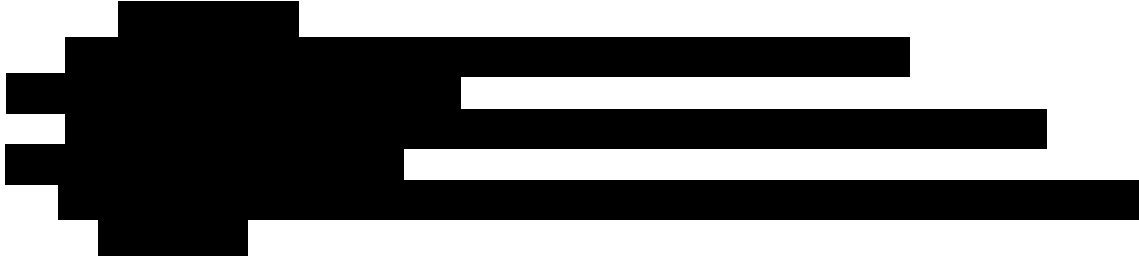
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**Standard Operating Procedures**

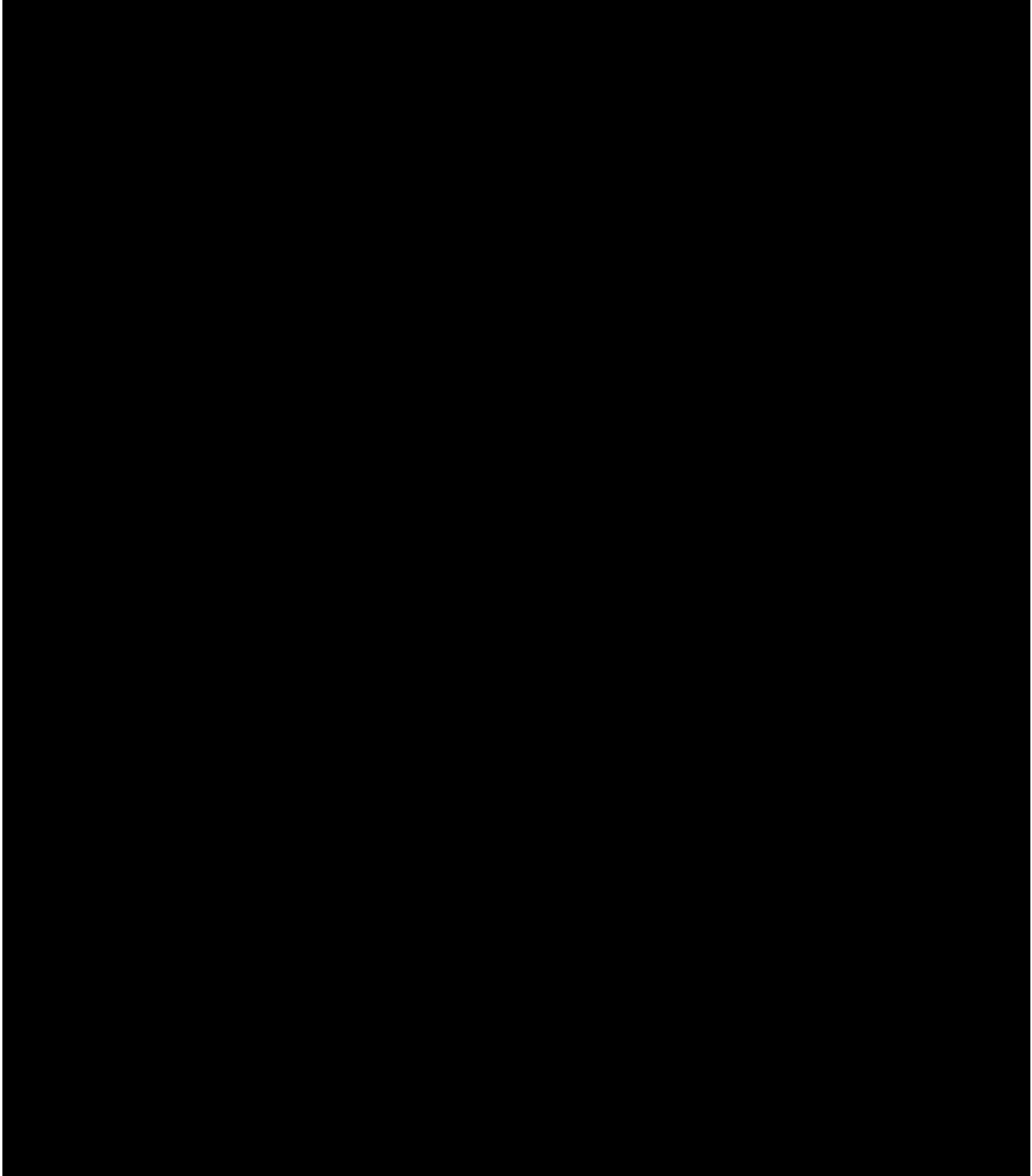
<b>QC HOLD AND DESTRUCTION</b>	
<b>SOP: QUA-010</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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**Standard Operating Procedures**

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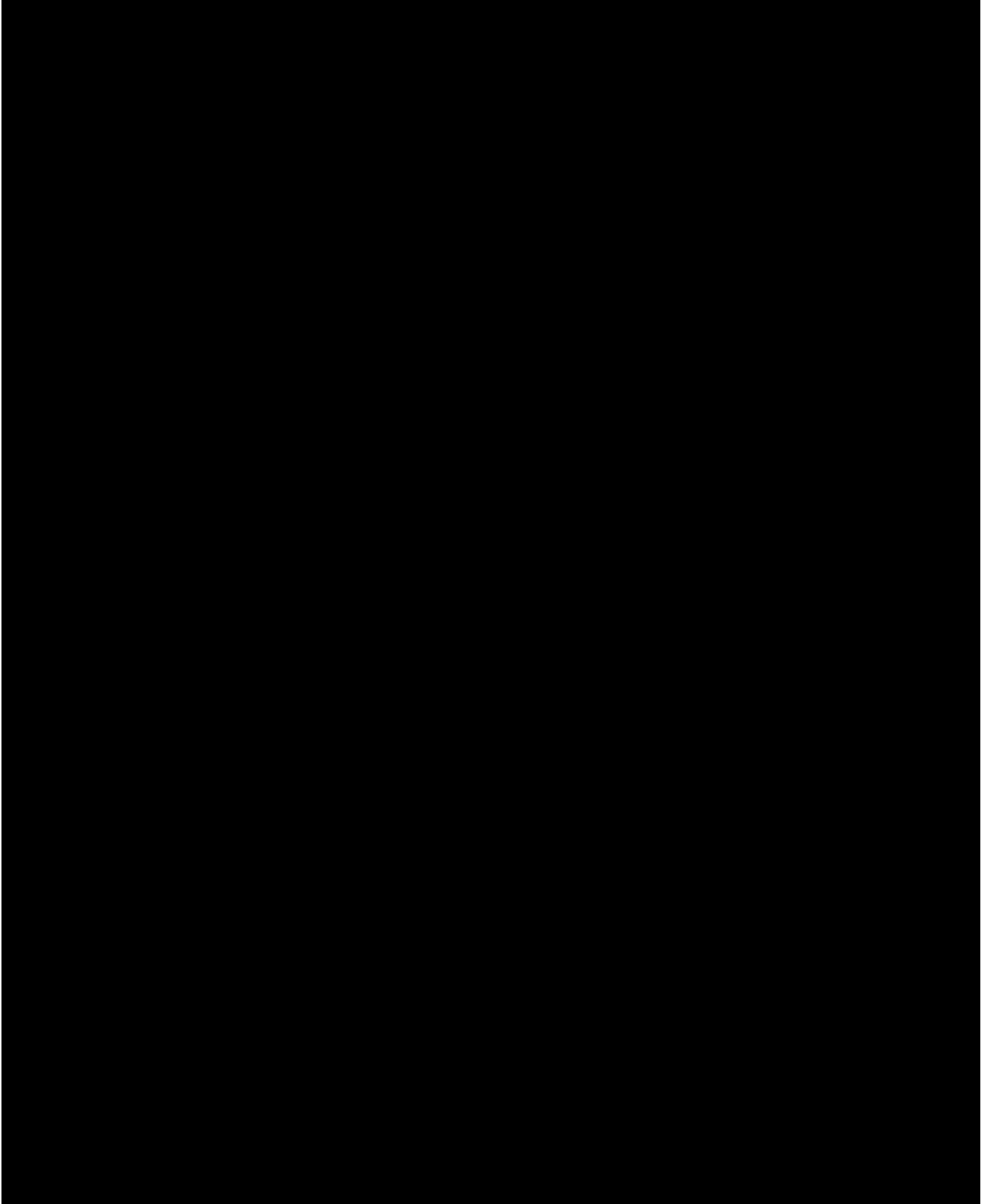
**Standard Operating Procedures**

<b>ORGANOLEPTIC TESTING</b>	
<b>SOP: QUA-011</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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**Standard Operating Procedures**

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**Standard Operating Procedures**

<b>BATCH LABELING</b>	
<b>SOP: QUA-012</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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**Standard Operating Procedures**

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**Standard Operating Procedures**

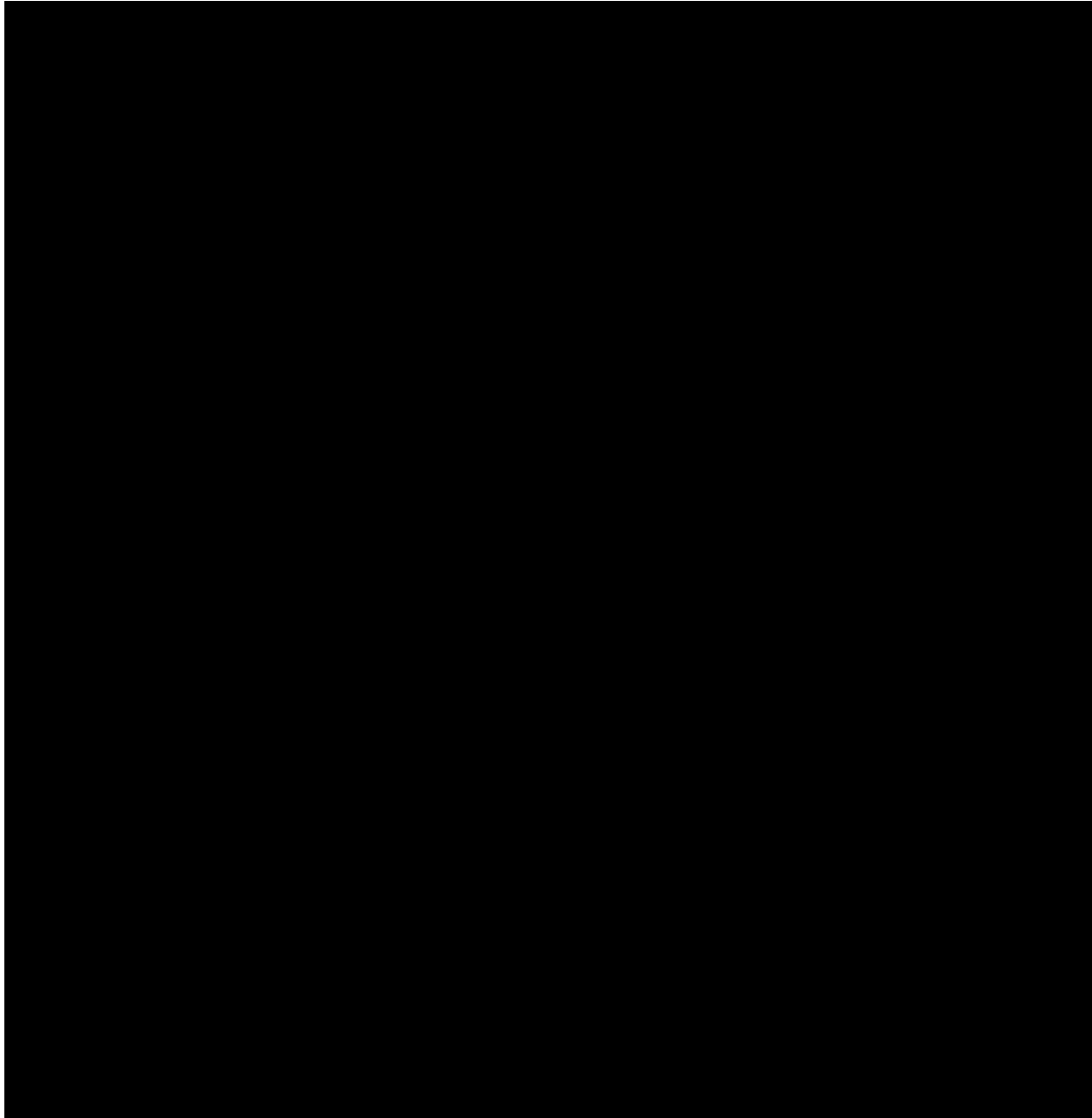
<b>EQUIPMENT MAINTENANCE AND CALIBRATION</b>	
<b>SOP: QUA-014</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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**Standard Operating Procedures**

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**Standard Operating Procedures**

<b>LABEL REVIEW PROGRAM</b>	
<b>SOP: QUA-015</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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**Standard Operating Procedures**

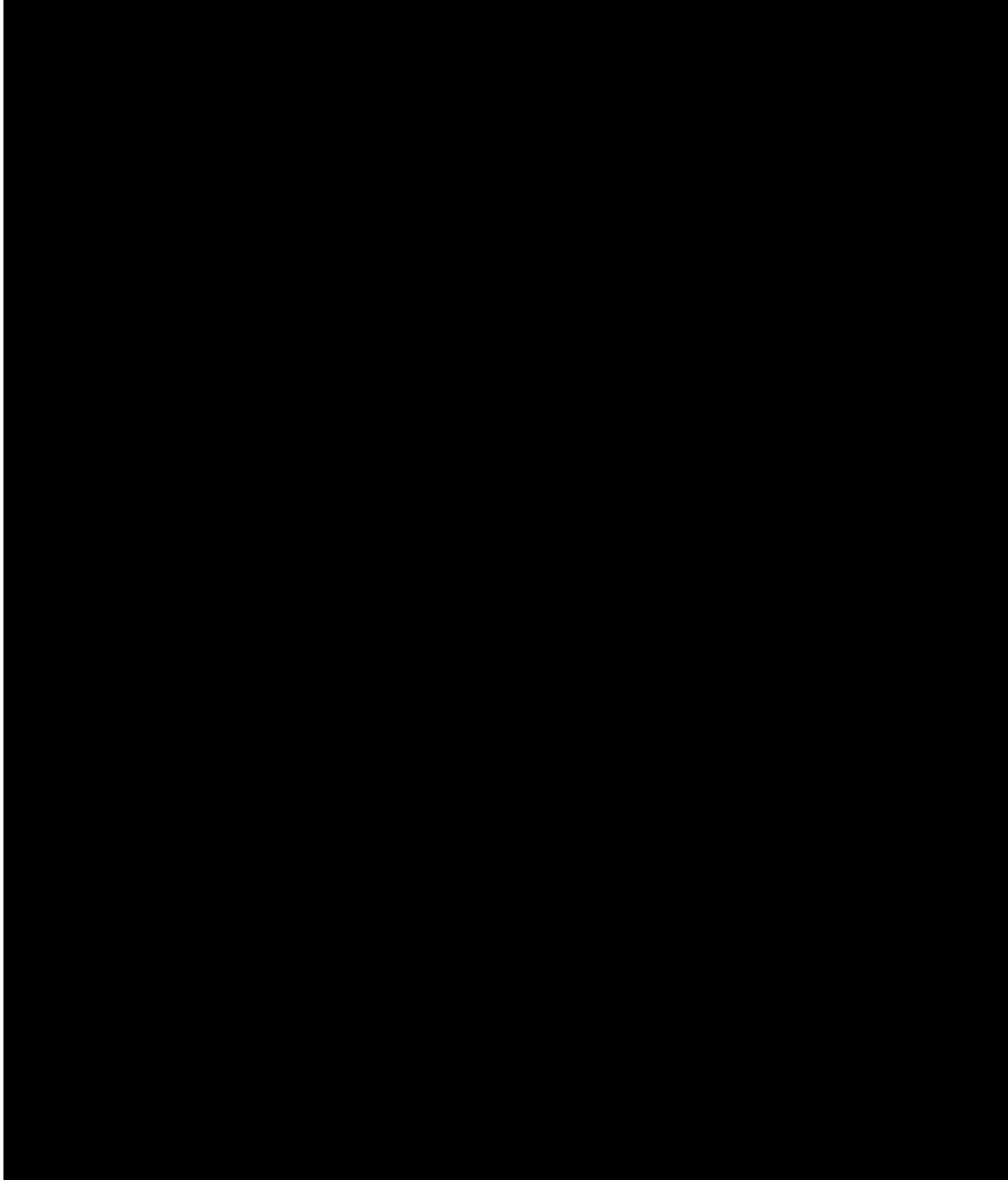
<b>HOLD AND RELEASE</b>	
<b>SOP: QUA-016</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

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**Standard Operating Procedures**

<b>PRODUCT QUALITY</b>	
<b>SOP: QUA-017</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

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**Standard Operating Procedures**

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<b>PRODUCT REPROCESSING AND REWORK</b>	
<b>SOP: QUA-018</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

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**Standard Operating Procedures**

<b>RECALL PLAN</b>	
<b>SOP: QUA-020</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

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**Standard Operating Procedures**

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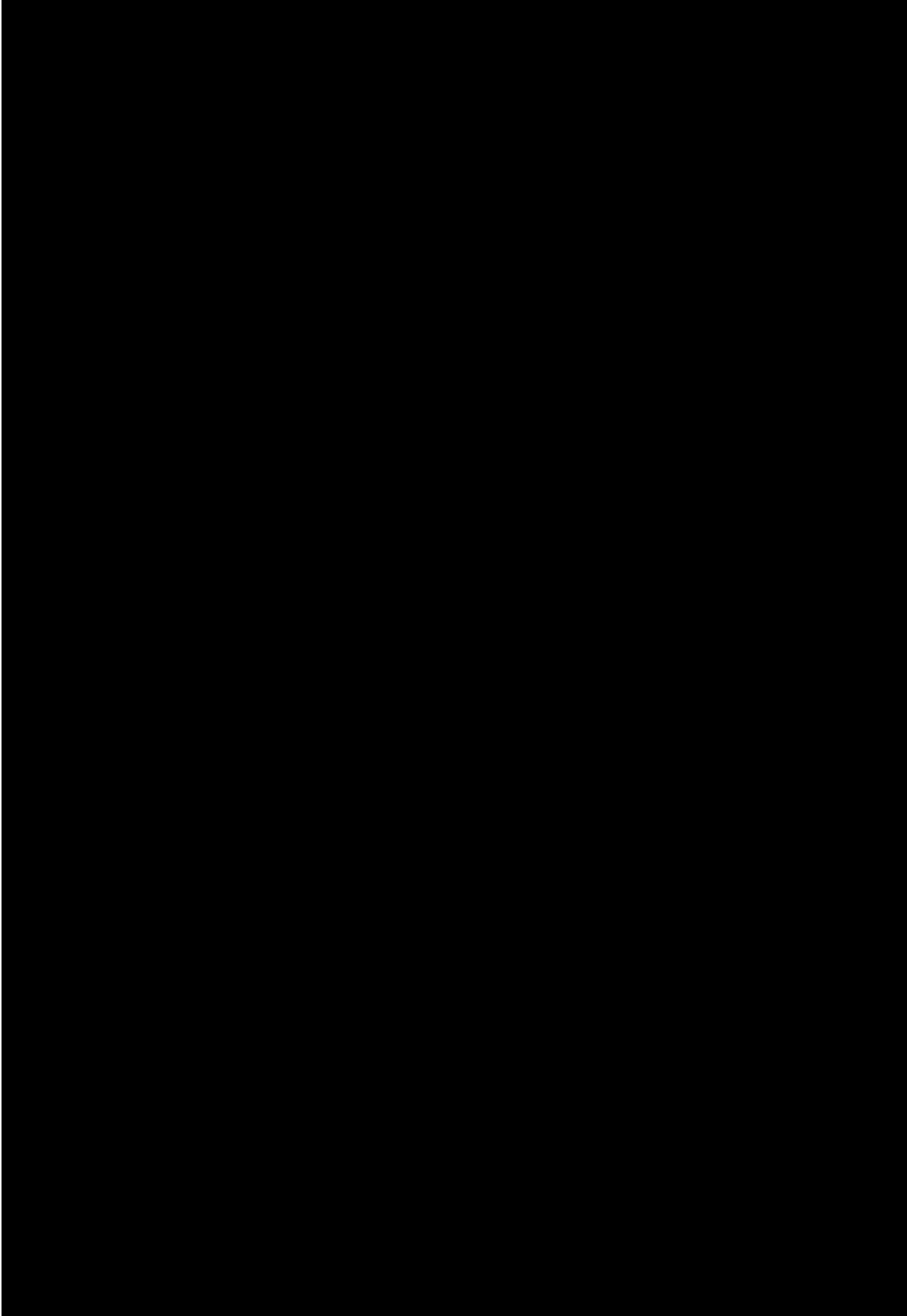
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<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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**Standard Operating Procedures**

<b>CHANGE CONTROL</b>	
<b>SOP: QUA-021</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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**Standard Operating Procedures**

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**Standard Operating Procedures**

<b>CAPA ASSIGNMENT</b>	
<b>SOP: QUA-023</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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<b>Document Revision History</b>			
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**Standard Operating Procedures**

<b>CHEMICAL HYGIENE POLICY</b>	
<b>SOP: SAF-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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**Standard Operating Procedures**

<b>EMERGENCY RESPONSE PLAN</b>	
<b>SOP: SAF-002</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX

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**Standard Operating Procedures**

<b>INCIDENT REPORTING AND INVESTIGATION</b>	
<b>SOP: SAF-003</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

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**Standard Operating Procedures**

<b>SAFETY AUDIT</b>	
<b>SOP: SAF-004</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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**Standard Operating Procedures**

<b>PROPER TRANSPORTATION OF MATERIALS</b>	
<b>SOP: SAF-005</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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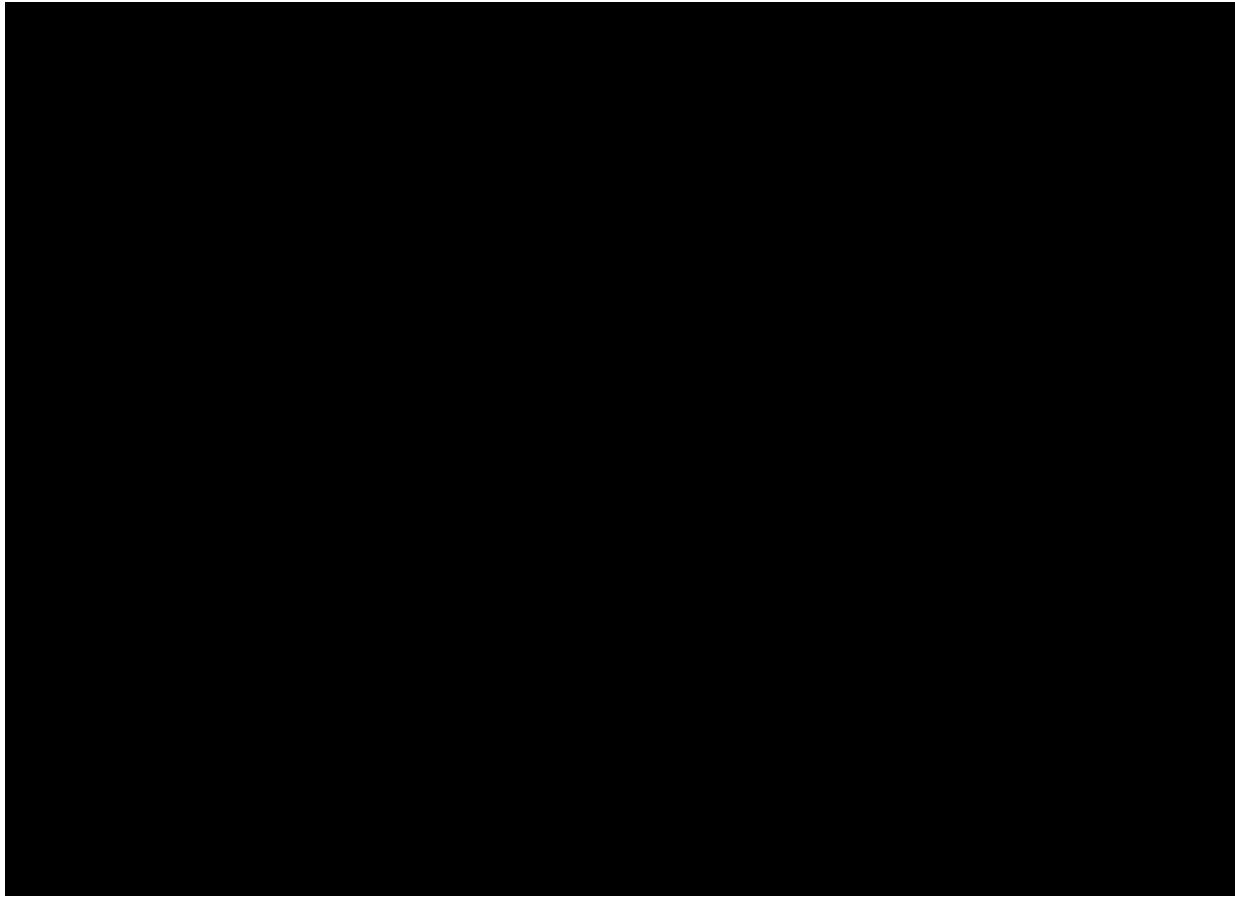
**Standard Operating Procedures**

<b>CLEANING AND SANITATION OF FACILITY</b>	
<b>SOP: SAN-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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# Standard Operating Procedures

License Type: Integrated

<b>Community Engagement and Advertising</b>	
<b>SOP: ADM-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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# Standard Operating Procedures

License Type: Integrated



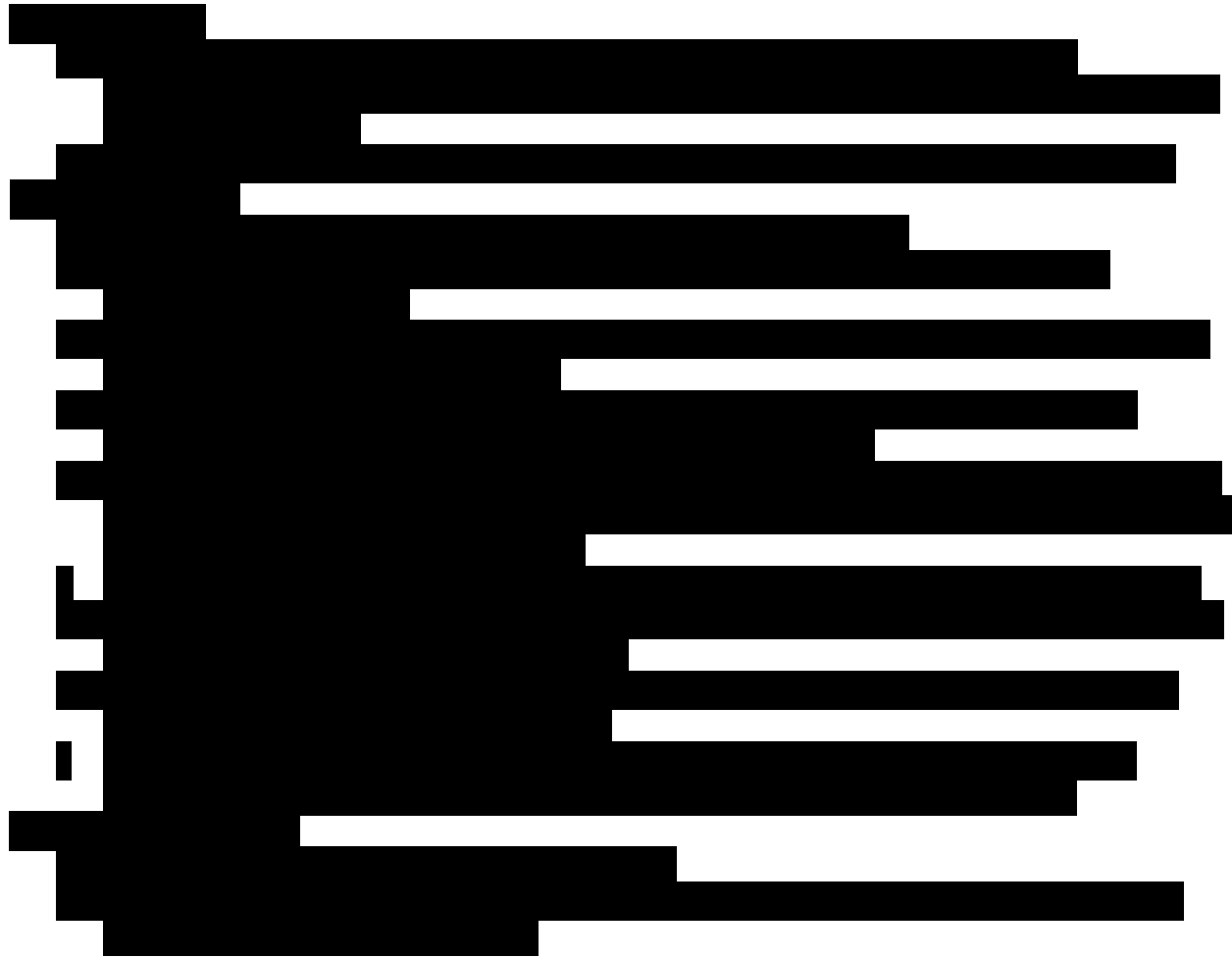
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# Standard Operating Procedures

License Type: Integrated

<b>Medical Emergencies</b>	
<b>SOP: ADM-003</b>	<b>Effective Date: XXXX</b>
<b>Revision Number:</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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Document Revision History			
Revision Number	Date	Specification	Approved By
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# Standard Operating Procedures

License Type: Integrated

Unexpected Crisis	
<b>SOP: ADM-004</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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# Standard Operating Procedures

License Type: Integrated

## Deposit Log Guide and Fixing Discrepancies

SOP: CASH-001

Effective Date: XXXX

Revision Number:

Review Date: (Bi-Annually)

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By:XXXX	XXXX		XXXX
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# Standard Operating Procedures

License Type: Integrated

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# Standard Operating Procedures

License Type: Integrated

Deposit Log Guide and Fixing	
<b>SOP: CASH-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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# Standard Operating Procedures

License Type: Integrated

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# Standard Operating Procedures

License Type: Integrated

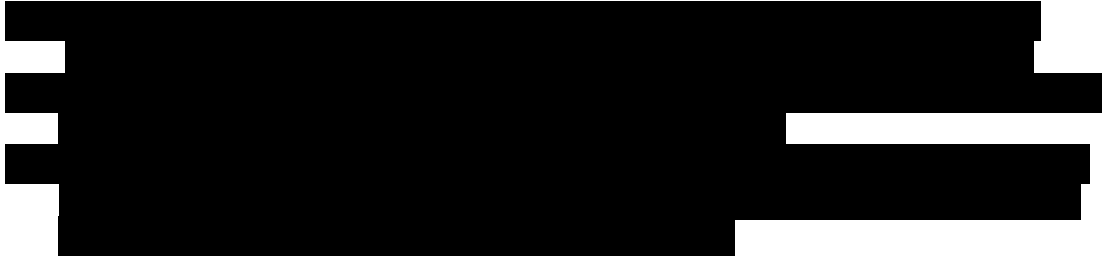
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<b>SOP: CASH-002</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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# Standard Operating Procedures

License Type: Integrated



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Revision Number	Date	Specification	Approved By
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# Standard Operating Procedures

License Type: Integrated

<b>Opening and Closing Procedures</b>	
<b>SOP: DIS-004</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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# Standard Operating Procedures

License Type: Integrated

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# Standard Operating Procedures

License Type: Integrated

<b>Consumer and Patient Education</b>	
<b>SOP: EDU-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
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Revision Number	Date	Specification	Approved By
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# Standard Operating Procedures

License Type: Integrated

Air Filtration	
<b>SOP: FAC-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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# Standard Operating Procedures

License Type: Integrated

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# Standard Operating Procedures

License Type: Integrated

Daily Inventory Count	
<b>SOP: INV-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

[REDACTED]

[REDACTED]

# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
1			
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# Standard Operating Procedures

License Type: Integrated

<b>Waste Disposal</b>	
<b>SOP: INV-004</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[Redacted content]

[REDACTED]



### Standard Operating Procedures

Document Revision History			
Revision Number	Date	Specification	Approved By
1			
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# Standard Operating Procedures

License Type: Integrated

<b>Product Recall</b>	
<b>SOP: INV-005</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

[REDACTED]

Document Revision History			
Revision Number	Date	Specification	Approved By
1			
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# Standard Operating Procedures

License Type: Integrated

Product Stocking	
<b>SOP: INV-006</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
1			
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# Standard Operating Procedures

License Type: Integrated

Receiving Deliveries	
<b>SOP: INV-007</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>



[REDACTED]

[Redacted content]

# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
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# Standard Operating Procedures

License Type: Integrated

Reporting a Loss	
<b>SOP: DIS-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

# Standard Operating Procedures

License Type: Integrated



Document Revision History			
Revision Number	Date	Specification	Approved By
1			
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# Standard Operating Procedures

License Type: Integrated

<b>Daily Opening and Closing</b>	
<b>SOP: SEC-001</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]



# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
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**Standard Operating Procedures**

<b>System Monitoring</b>	
<b>SOP: SEC-002</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]



<b>Document Revision History</b>			
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1			
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# Standard Operating Procedures

License Type: Integrated

<b>Waiting Room Policy</b>	
<b>SOP: SEC-003</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: 4</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

[REDACTED]

<b>Document Revision History</b>			
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# Standard Operating Procedures

License Type: Integrated

<b>Panic Button Activation</b>	
<b>SOP: SEC-004</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

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Document Revision History			
Revision Number	Date	Specification	Approved By
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# Standard Operating Procedures

License Type: Integrated

<b>Interior Check</b>	
<b>SOP: SEC-005</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

# Standard Operating Procedures

Document Revision History			
Revision Number	Date	Specification	Approved By
1			
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3			

# Standard Operating Procedures

License Type: Integrated

Perimeter Check	
<b>SOP: SEC-006</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

# Standard Operating Procedures

License Type: Integrated



<b>Document Revision History</b>			
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1			
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# Standard Operating Procedures

License Type: Integrated

<b>Facility Evacuation</b>	
<b>SOP: SEC-008</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

[Redacted content]

# Standard Operating Procedures

Document Revision History			
Revision Number	Date	Specification	Approved By
1			
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# Standard Operating Procedures

License Type: Integrated

<b>Vendor Visit Check-In</b>	
<b>SOP: SEC-009</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]



Document Revision History			
Revision Number	Date	Specification	Approved By
1			
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# Standard Operating Procedures

License Type: Integrated

<b>Product Storage</b>	
<b>SOP: SEC-011</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>



[REDACTED]

# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
1			
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# Standard Operating Procedures

License Type: Integrated

<b>Dispensary Safety and Security</b>	
<b>SOP: SEC-012</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By:XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[Redacted content]



# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
1			
2			
3			

# Standard Operating Procedures

License Type: Integrated

<b>Dispensary Emergency Response Plan</b>	
<b>SOP: SEC-013</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

Approvers	Title	Signature	Date
Written By: XXXX	XXXX		XXXX
Approved By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX
Acknowledged By: XXXX	XXXX		XXXX

[REDACTED]



[REDACTED]

[REDACTED]

[Redacted content]

# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
1			
2			
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# Standard Operating Procedures

License Type: Integrated

<b>Transport Security Training</b>	
<b>SOP: TRS-002</b>	<b>Effective Date: XXXX</b>
<b>Revision Number: X</b>	<b>Review Date: (Bi-Annually)</b>

<b>Approvers</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Written By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Approved By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>
<b>Acknowledged By: XXXX</b>	<b>XXXX</b>		<b>XXXX</b>

[REDACTED]

[REDACTED]

# Standard Operating Procedures

License Type: Integrated

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Date</b>	<b>Specification</b>	<b>Approved By</b>
1			
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Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 21 – Production and Manufacturing Process

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

**Printed Name of Verifying Individual**

**Title of Verifying Individual**

*M. Brandon Meadows*

Original 12/27/2022; Edited 2/23/2023

**Signature of Verifying Individual**

**Verification Date**

**Exhibit 21 – Production and Manufacturing Process**

**21.1 – Approved Types of Medical Cannabis Produced**

To fully address the unique needs of Alabama’s medical cannabis patients, our company will produce a range of products at our [REDACTED] cultivation and production facility.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] We are fully prepared and equipped to expand our product offerings when and if the regulations provide for additional allowable delivery methods.

The potency of our products complies fully with 538-x-2-.07 of the Rules, which references an initial maximum daily dosage of up to 50 mg of THC and a maximum daily dosage of 75 mg of THC when such a dose is deemed medically appropriate, and which allows a physician to increase a patient’s dose beyond the 75 mg daily dosage at any time the patient has been diagnosed with a terminal illness and has consented to suspension of their driver’s license.

Oral tablet, capsule, or tincture.

Our tablets are a simple and discreet way for patients to ingest medical cannabis.

[REDACTED]

[REDACTED]

Because they are ingested orally and metabolized through the patient’s digestive system, the effects of tablets are generally delayed but longer lasting than other methods of consumption.





pain, with PTSD, and/or for those who are replacing opiates with cannabis. Cannabis extract can provide rapid relief with long-lasting effects.

Formulator	Product	Cultivar	Unit Size	Potency
Applicant	Cannabis Oil Syringe	[REDACTED]	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit
Applicant	Cannabis Oil Syringe	[REDACTED]	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit
Applicant	Cannabis Oil Syringe	[REDACTED]	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit
Charlotte's Web® (Stanley Bros)	Cannabis Oil Syringe	[REDACTED]	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit
Charlotte's Web® (Stanley Bros)	Cannabis Oil Syringe	[REDACTED]	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit
Tikun Olam	Cannabis Oil Syringe	[REDACTED]	[REDACTED] ml	[REDACTED] mg CBD, [REDACTED] mg THC per .05 ml dose [REDACTED] mg CBD, [REDACTED] mg THC per unit
Tikun Olam	Cannabis Oil Syringe	[REDACTED]	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Formulator	Product	Cultivar	Unit Size	Potency
Applicant	[REDACTED]	Hybrid	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit
Applicant	[REDACTED]	Indica	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit
Applicant	[REDACTED]	Sativa	[REDACTED] ml	[REDACTED] mg THC per .05 ml dose [REDACTED] mg THC per unit

Non-sugar-coated gelatinous cube, gelatinous rectangular cuboid, or lozenge in a cube or rectangular cuboid shape.

[REDACTED]

[REDACTED] Soft chews are a great option for those with chronic conditions requiring longer-lasting relief throughout the day, as well as those suffering from digestive diseases, as they can have a powerful effect on the whole digestive tract. [REDACTED]

[REDACTED]

Formulator	Product	Cultivar	Unit Size	Potency
[REDACTED]	Soft Chew Cube	[REDACTED] (Hybrid)	[REDACTED] cubes	[REDACTED] mg CBD, [REDACTED] mg THC per cube [REDACTED] mg CBD, [REDACTED] mg THC per unit
[REDACTED]	Soft Chew Cube	[REDACTED] (Indica)	[REDACTED] cubes	[REDACTED] mg THC per cube [REDACTED] mg THC per unit
[REDACTED]	Soft Chew Cube	[REDACTED] (Indica)	[REDACTED] cubes	[REDACTED] mg THC per cube [REDACTED] mg THC per unit

Gel, oil, cream, or other topical preparation.

[REDACTED]

[REDACTED] With a consistency similar to a body butter, our topical cream has a [REDACTED] and absorbs quickly into the skin, leaving no residue behind. Since these creams are applied directly to a patient's skin, the



- are shown to be reliably free of toxins and contaminants;
- contain no additives other than pharmaceutical grade excipients;
- are never processed into a form that is attractive to or targets children; and
- as to all gelatinous cube, cuboid, and lozenge medical cannabis products, conform to the universal flavor established by the Commission under § 20-2A-63(f), Code of Alabama 1975 (as amended), which is peach.

We have provided below a summary of the manufacturing processes and methods our company will use to produce each medical grade product, including the machinery, equipment, materials, and personnel necessary to produce each of our products.

Infusion Process

All of our medical cannabis products will be medical grade products, manufactured using our documented good quality practices and Good Manufacturing Practices. Our company has an extensive database of Standard Operating Procedures (SOPs) for all aspects of day-to-day operations, including strict instructions for the manufacture of each approved product. While each medical cannabis product has its own unique formula and procedures, key milestones for the infusion process are outlined below.

1. [Redacted]
2. [Redacted]
3. [Redacted]
4. [Redacted]



- 5. [Redacted]
- 6. [Redacted]
- 7. [Redacted]
- 8. [Redacted]
- 9. [Redacted]
- 10. [Redacted]
- 11. [Redacted]
- 12. [Redacted]
- 13. [Redacted]

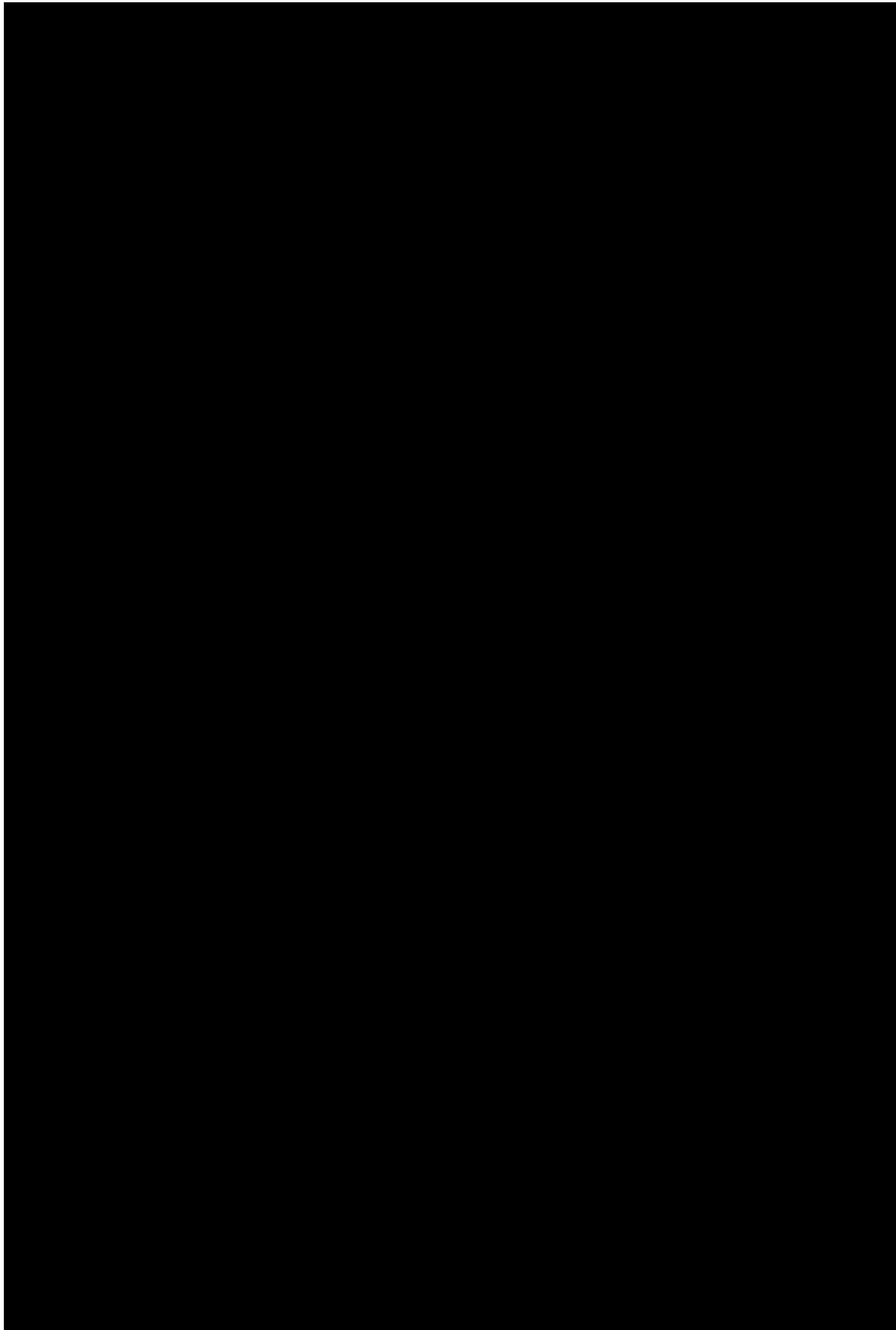
Machinery and Equipment

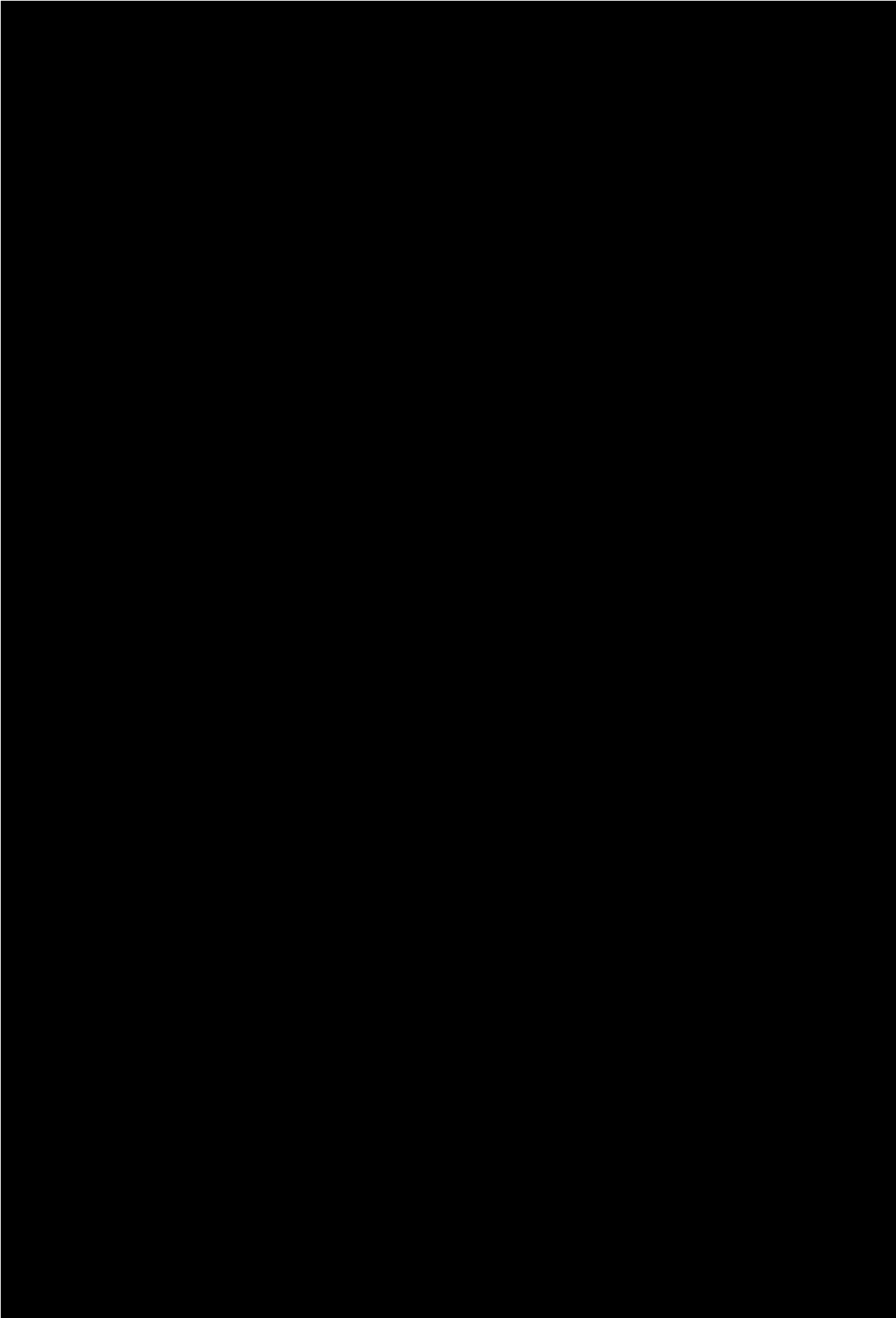
Tablets	[Redacted]
Tincture	[Redacted]
[Redacted]	[Redacted]
Soft Chew Cube	[Redacted]
Cannabis Infused Cream	[Redacted]

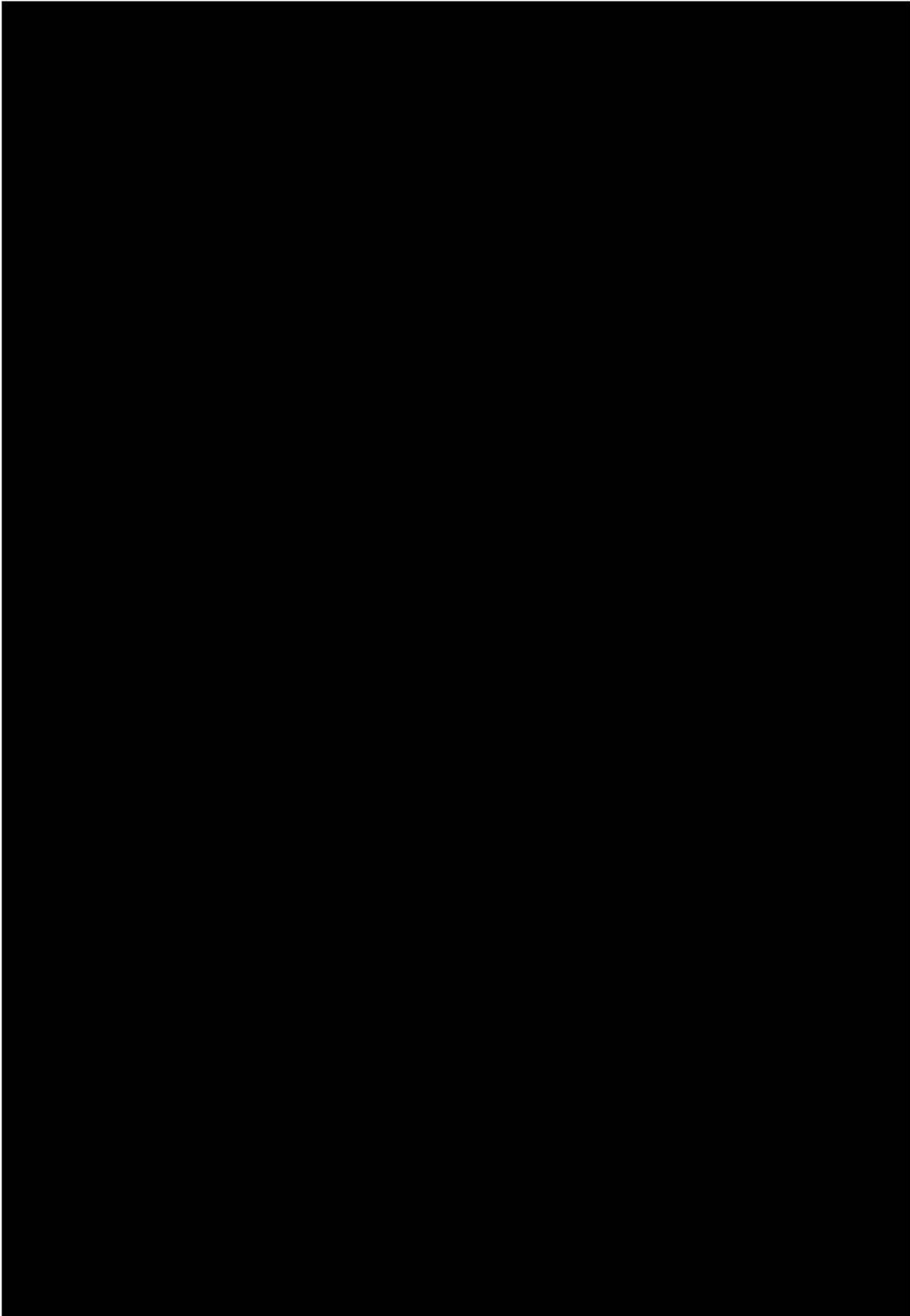
All materials for the medical cannabis products identified above can be found in the response to Section 21.5 of this Exhibit.

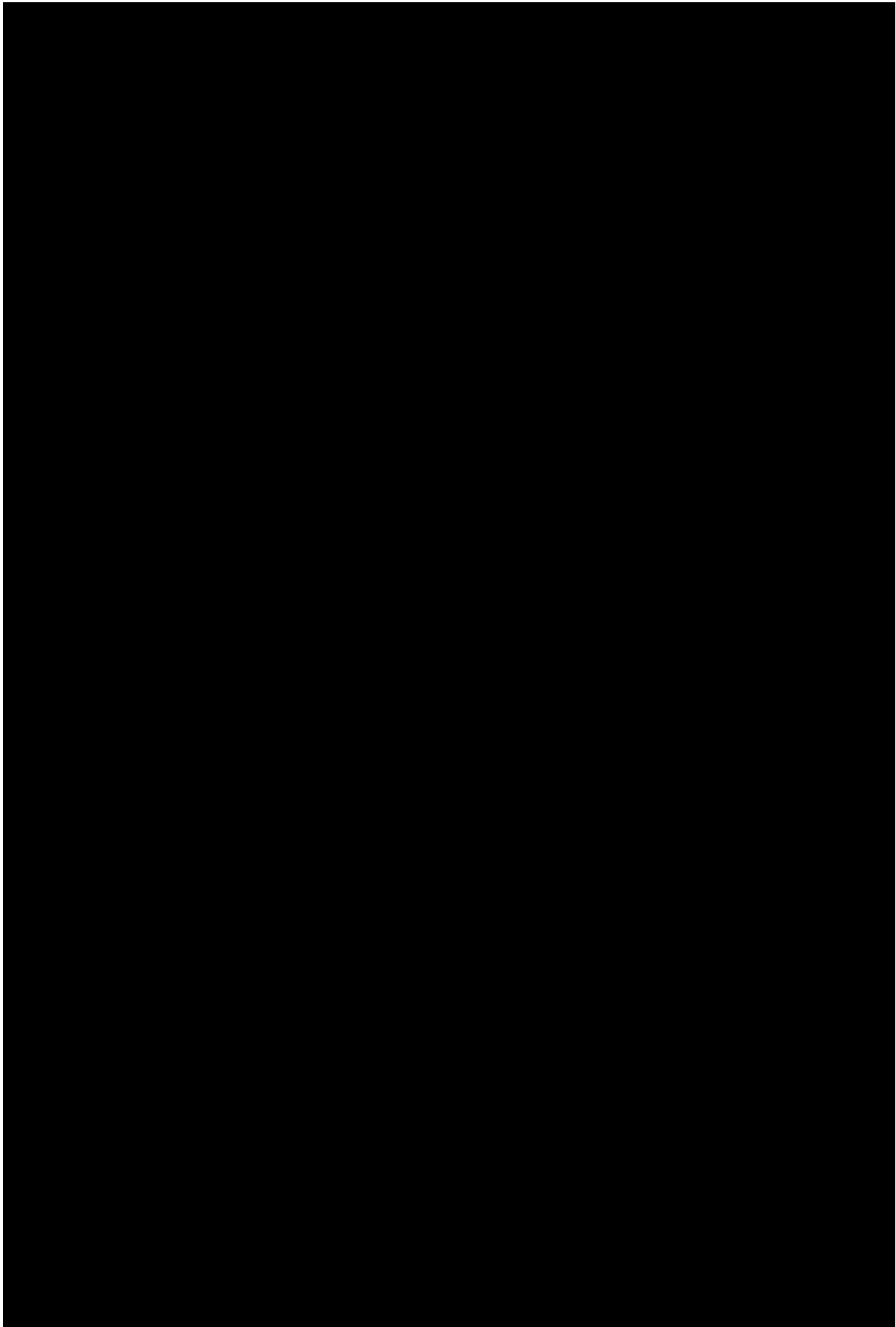
**21.3 - Facility Blueprint**

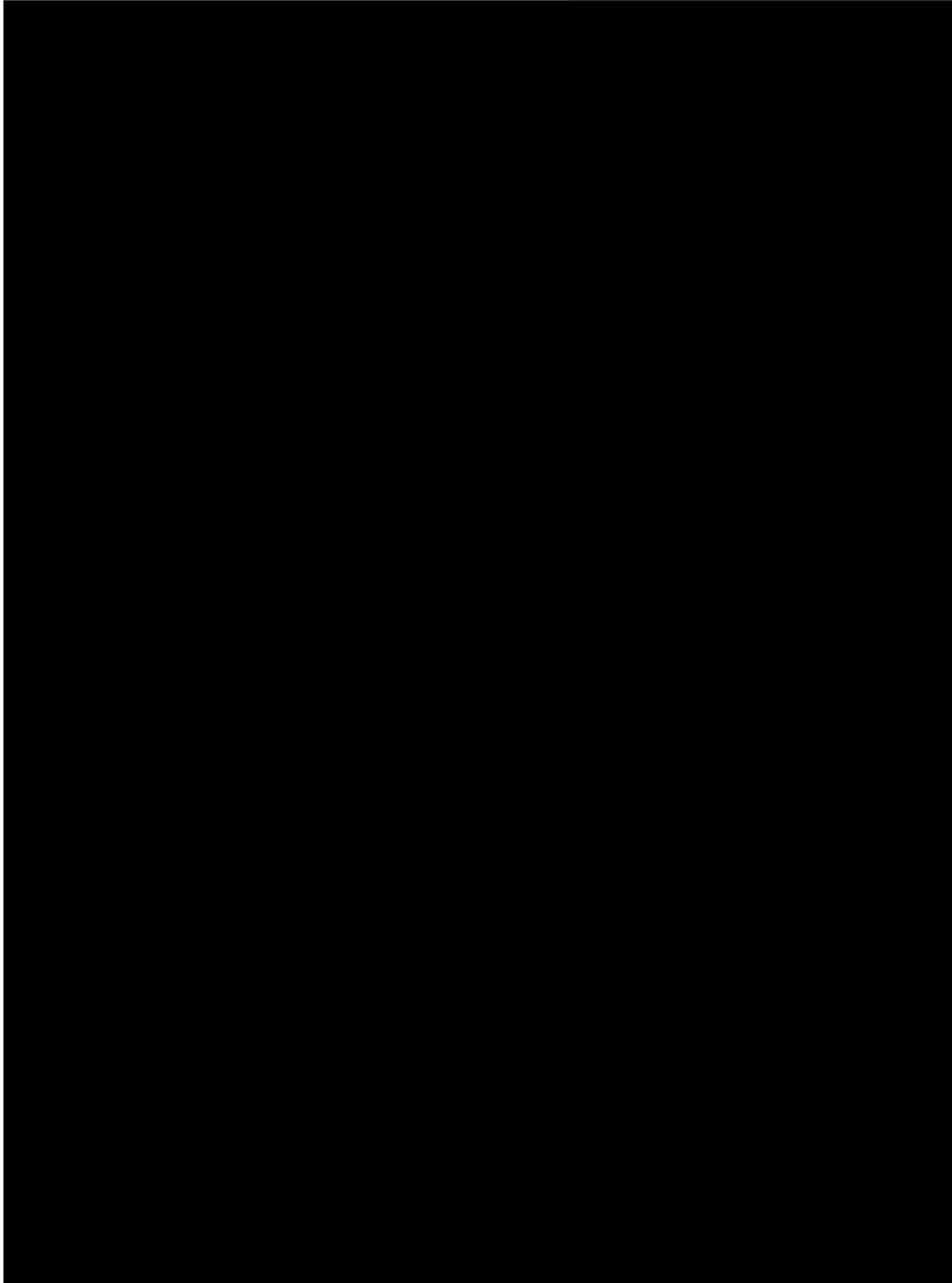
We have provided here professionally-rendered blueprints showing which portions of each of our facilities are ascribed to a particular phase or department of integrated production cultivation, processing, transporting, and dispensing.











**21.4 - Safety Plan**

Plan Status Completed

Our company is dedicated to providing a safe and healthful environment for our employees and patients, protecting the public, and preserving our assets and property. To achieve this objective, our company’s policies and procedures have been carefully developed to comply with all state and federal government regulations pertaining to safety and health issues. This plan and related procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act and AMCC Rules and Regulations.

Our company’s operations will comply at all times with all applicable OSHA regulations and will maintain compliance with all applicable fire, safety, and building codes pertaining to the use and storage of the equipment and solvents used in the manufacture of medical cannabis products.

Our [REDACTED] will ensure that we comply with the OSHA Hazard Communication Standards and prominently display in common employee areas at all times and in any of the primary languages spoken by our team members all postings required by state and federal law, (for example, Safety and Health Protection on the Job, state OSHA citations and responses, etc.).

Emergency Response Team (“ERT”)

Pursuant to OSHA guidelines, our Company has established an Emergency Response Team (“ERT”) at each of our licensed facilities, [REDACTED]

[REDACTED] In compliance with OSHA requirements in Title 29 of the Code of Federal Regulations, our company has drafted an Emergency Action Plan (“EAP”), also referred to as a “Disaster Plan,” and a Fire Prevention Plan (“FPP”). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED] The ERT will also seek out opportunities to gain knowledge to enhance our emergency procedures, including consultations with public safety professionals, attendance at emergency response conferences, and attending presentations by OSHA and other public safety agencies.

Emergency Action Plan ("EAP")

Plant Status: Complete

Our Company's EAP will provide comprehensive safety procedures for our employees to follow in the event of natural and manmade emergency situations, including:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[Redacted]

Fire Prevention Plan ("FPP")

Plan Status: Completed

[Redacted]

Personnel Safety

Plan Status: Completed

Our Safety and Health Program has been designed in parallel with OSHA standards to assist our management and non-supervisory employees alike in controlling hazards and risks to employee and patient health and property. [Redacted]

[Redacted]

[Redacted]

[Redacted text block]

[Redacted text block]

Communicating with employees regarding health and safety issues must be a two-way street. It must consist of both employer-to-employee and employee-to-employer communications.

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

Personal Protective Equipment (“PPE”)

Our company provides all employees of our cultivation and production facilities with the necessary equipment to keep themselves and their colleagues safe from harm. PPE available onsite is identified in the chart below:

PPE	Required Use
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

[REDACTED]

Employee Sanitation Practices

[REDACTED]

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

The water supply at our facilities will be safe, potable, and provide an adequate supply necessary for cannabis infusion operations. [REDACTED]

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]

[Redacted]

Facility Safety



- [REDACTED]
- [REDACTED]
- [REDACTED]

Chemical and biological exposures are two other issues that pose common and potentially significant risks within medical cannabis cultivation and production facilities. We have multiple safeguards in place to navigate these issues, including [REDACTED]

Fire Safety Measures

Fire detection equipment, including a professionally monitored fire alarm system, will be present throughout each facility to alert building occupants of fire or other emergency conditions necessitating evacuation. [REDACTED]

[REDACTED] Illuminated exit signs will clearly mark all exits. [REDACTED]



[REDACTED]

Severe weather emergencies may result in damages to the power supply of the facility. In the case of a power outage, backup power will activate, which will have sufficient power to emergency lighting, surveillance, and intrusion prevention and detection technologies for a minimum of [REDACTED].

Emergency Kit

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

Good Manufacturing Practices ("GMP")

Our company-wide commitment to quality is central to every stage in our manufacturing process. Our [REDACTED] ensures our extensive operational standards comply with all current GMP principles at all times. All procedures, methods, and facilities will be fully prepared for an inspection from the Alabama Medical Cannabis Commission prior to full operations and will continue to retain their integrity for subsequent inspections to ensure the safety of our facilities and products.

In addition to following the rigorous up to date GMP standards, our operations take into account aspects of safety specific to the cannabis industry. [REDACTED]

[REDACTED]

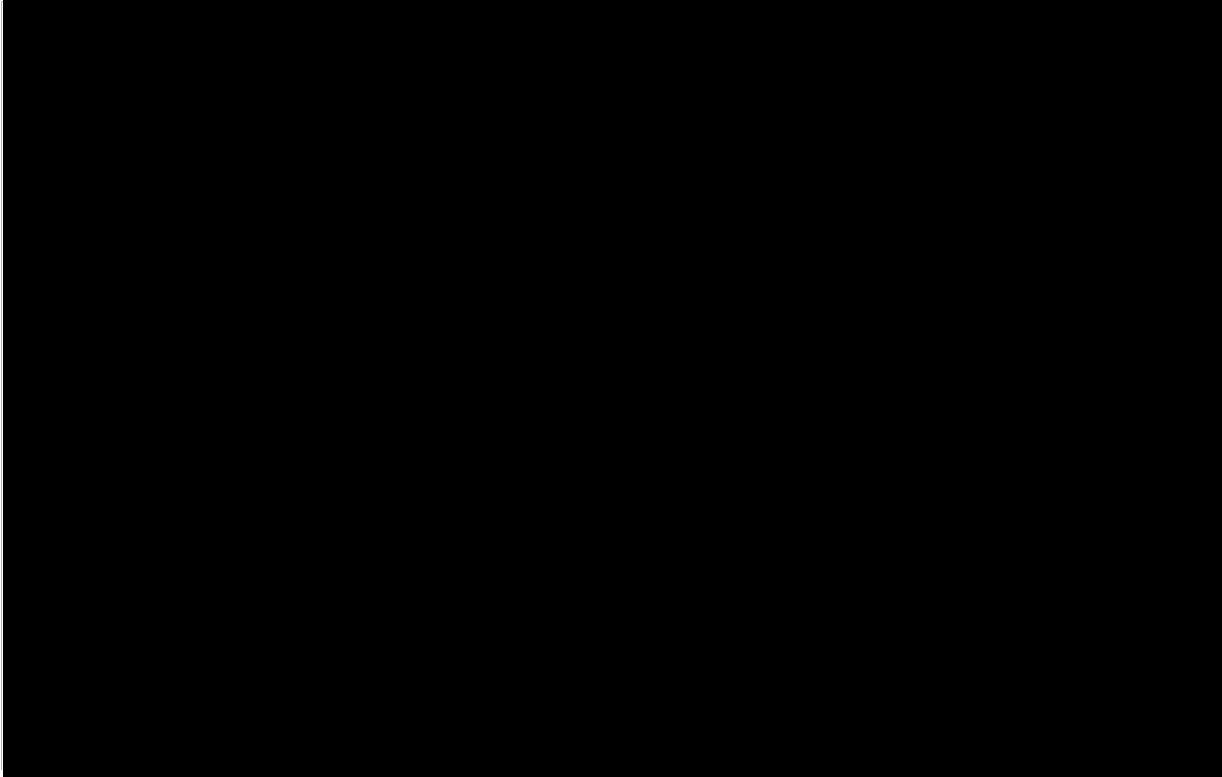
[REDACTED]

[REDACTED]

### **21.5 - Product Formulations**

We have provided below our Batch Recipe Logs for each of our proposed products, detailing the formulae and ingredients for each medical cannabis product we will produce, including a list of all excipients (inactive ingredients in medical cannabis products) to be utilized in the manufacture of each product, and the purpose served by each.

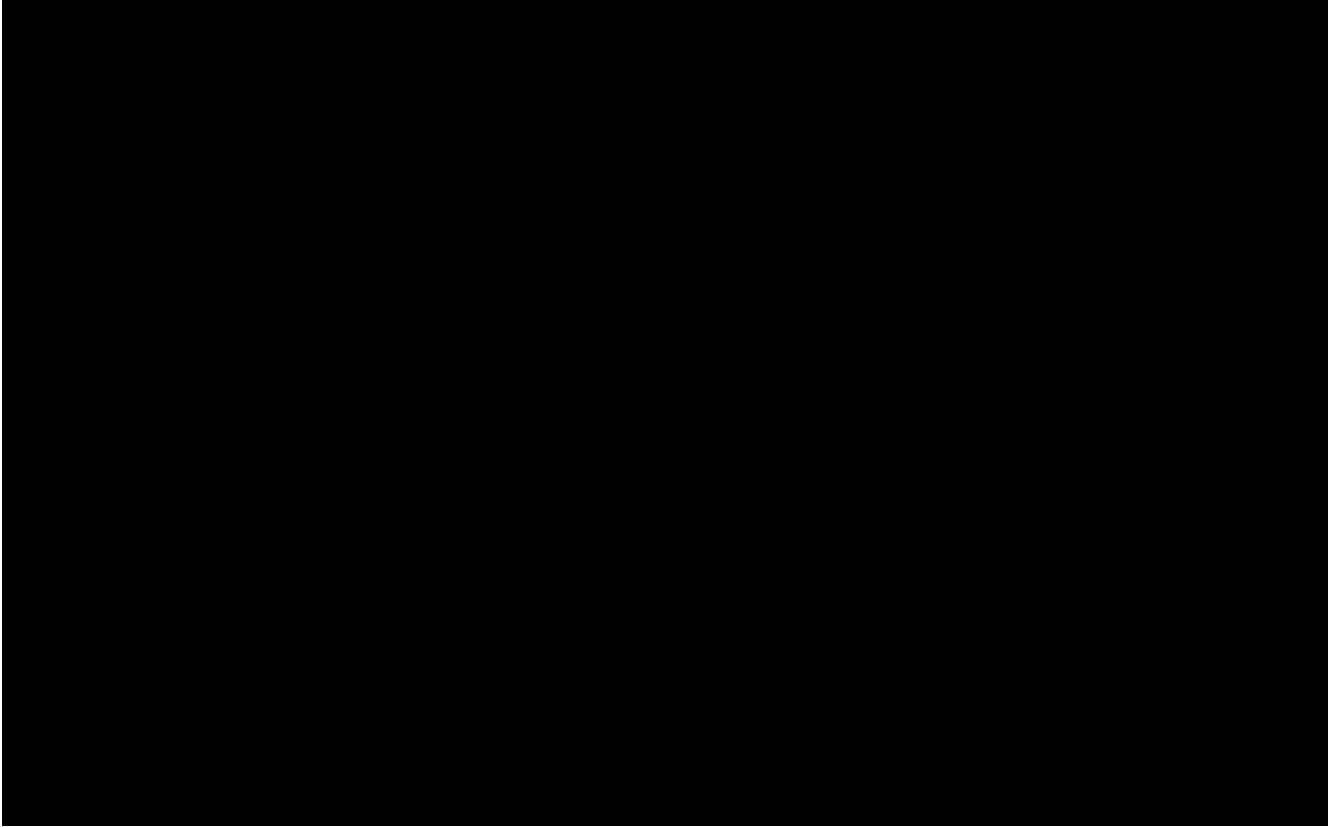
**Tablets**



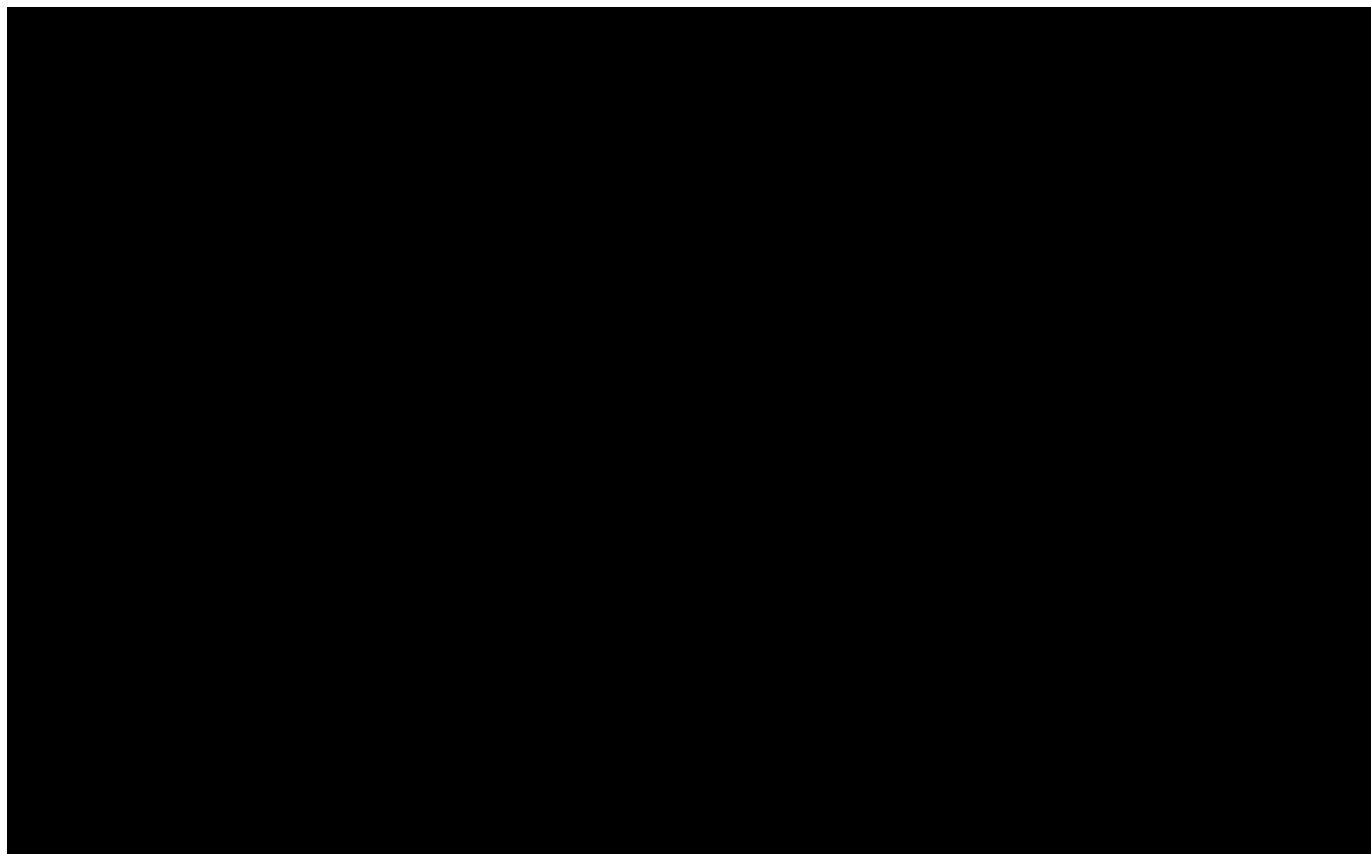
**Tinctures**



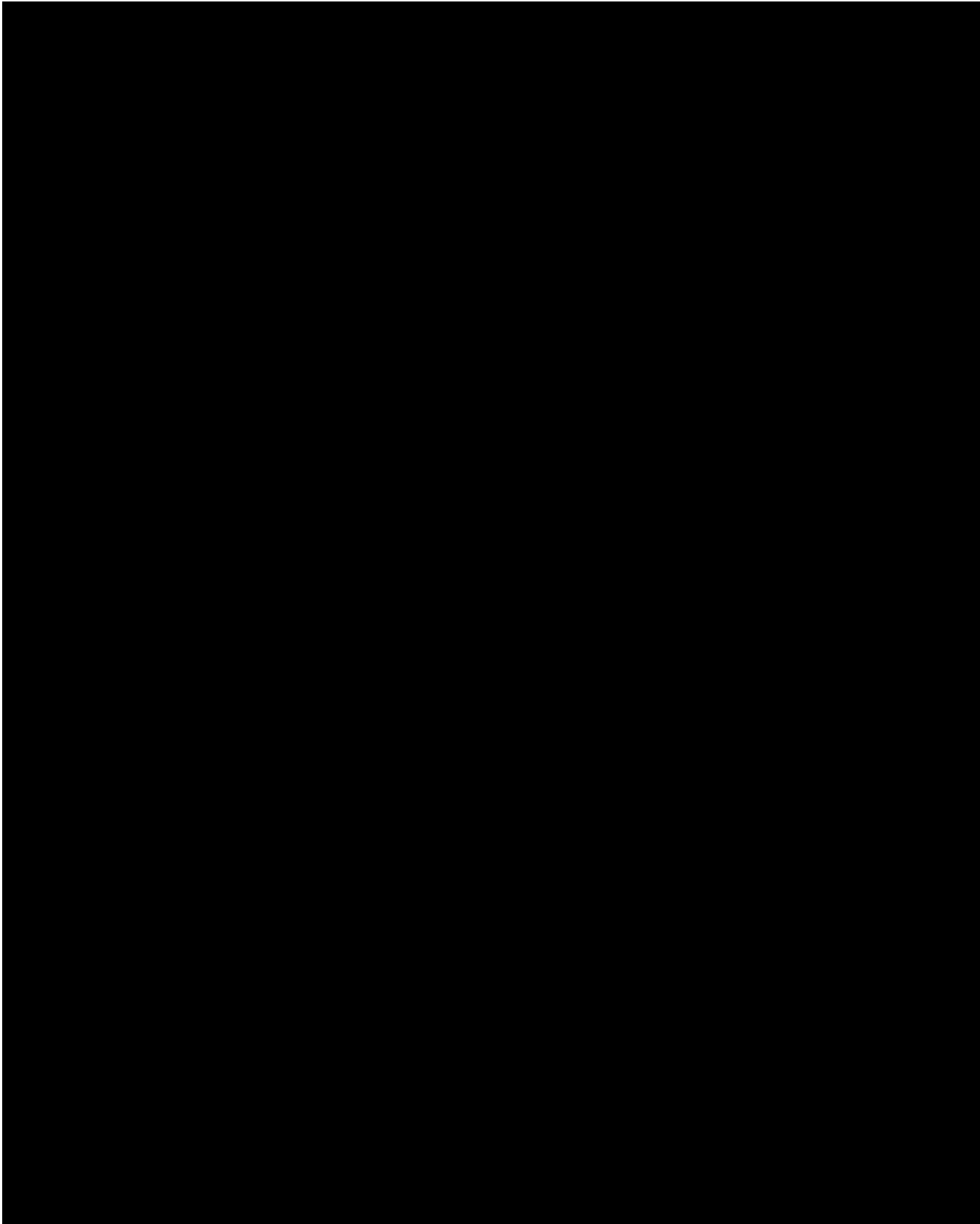
**Cannabis Oil Syringe**



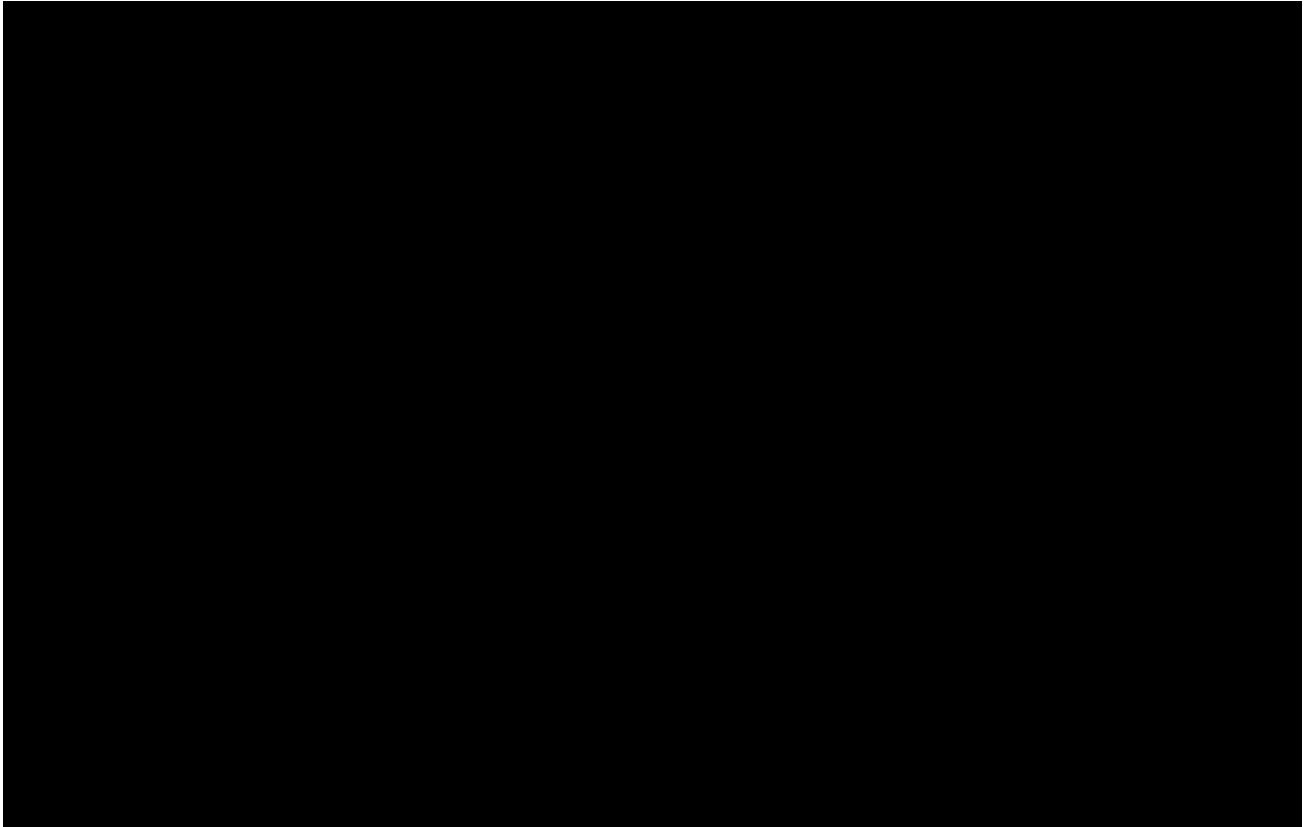
**RSO Syringe**



**Soft Chews**



Cream



Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 22 - Machinery and Equipment

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

Printed Name of Verifying Individual

Title of Verifying Individual

*M. Brandon Meadows*

12/28/2022

Signature of Verifying Individual

Verification Date



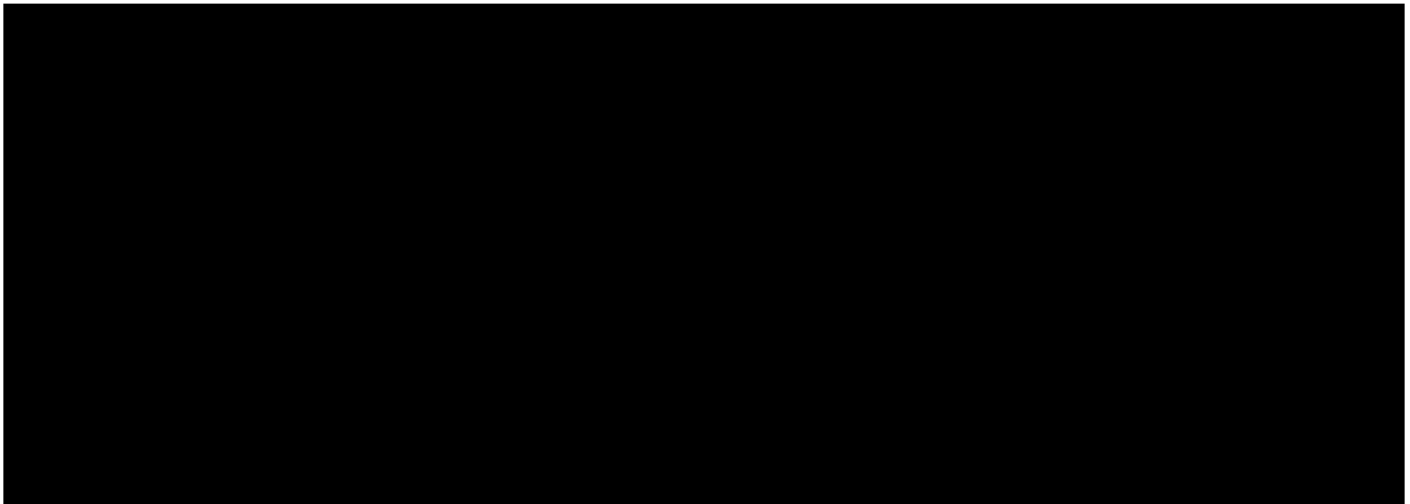
**Exhibit 22 – Machinery and Equipment**

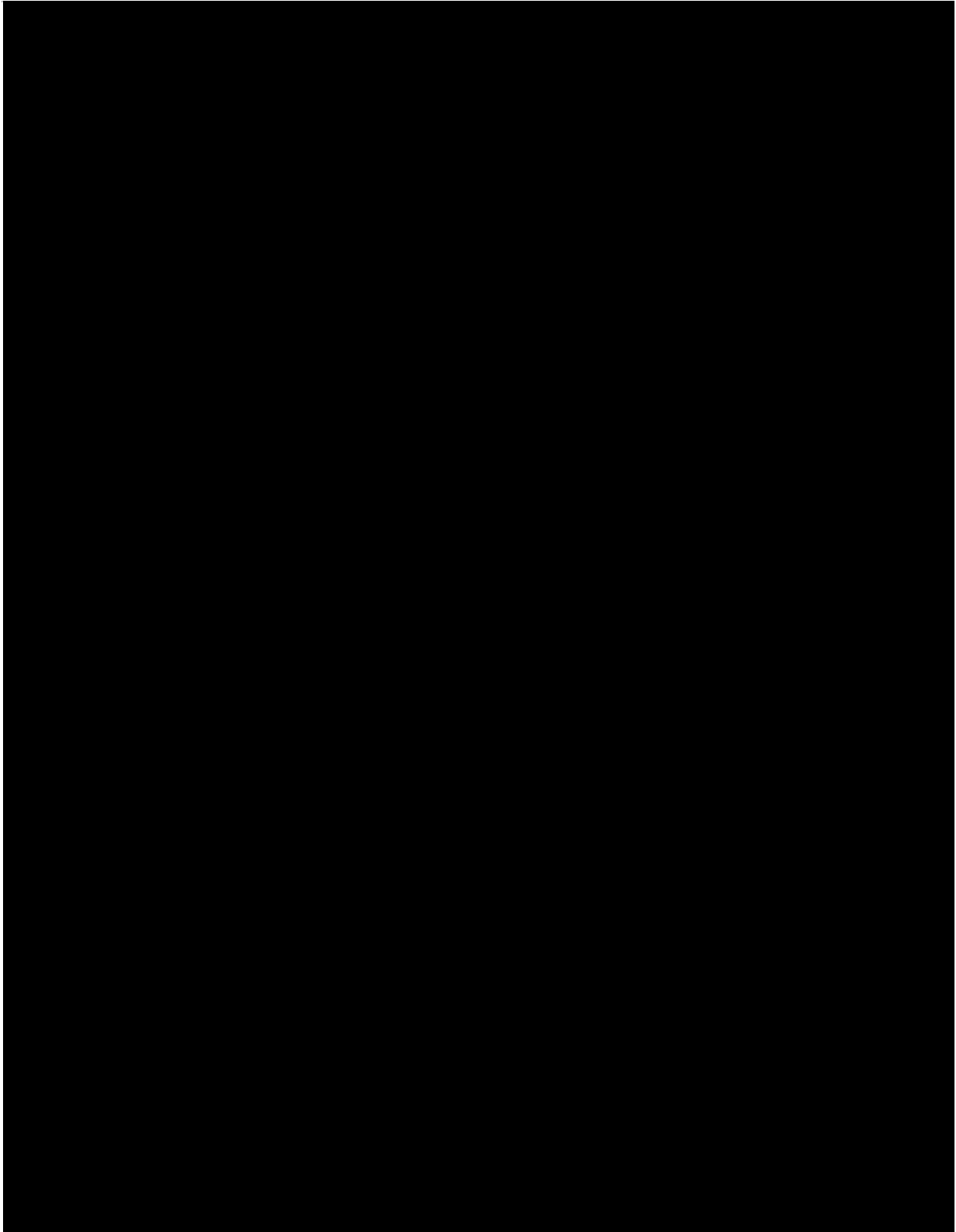
**22.1 – Sales contracts and Receipts, Lease Agreements or Other Documentation**

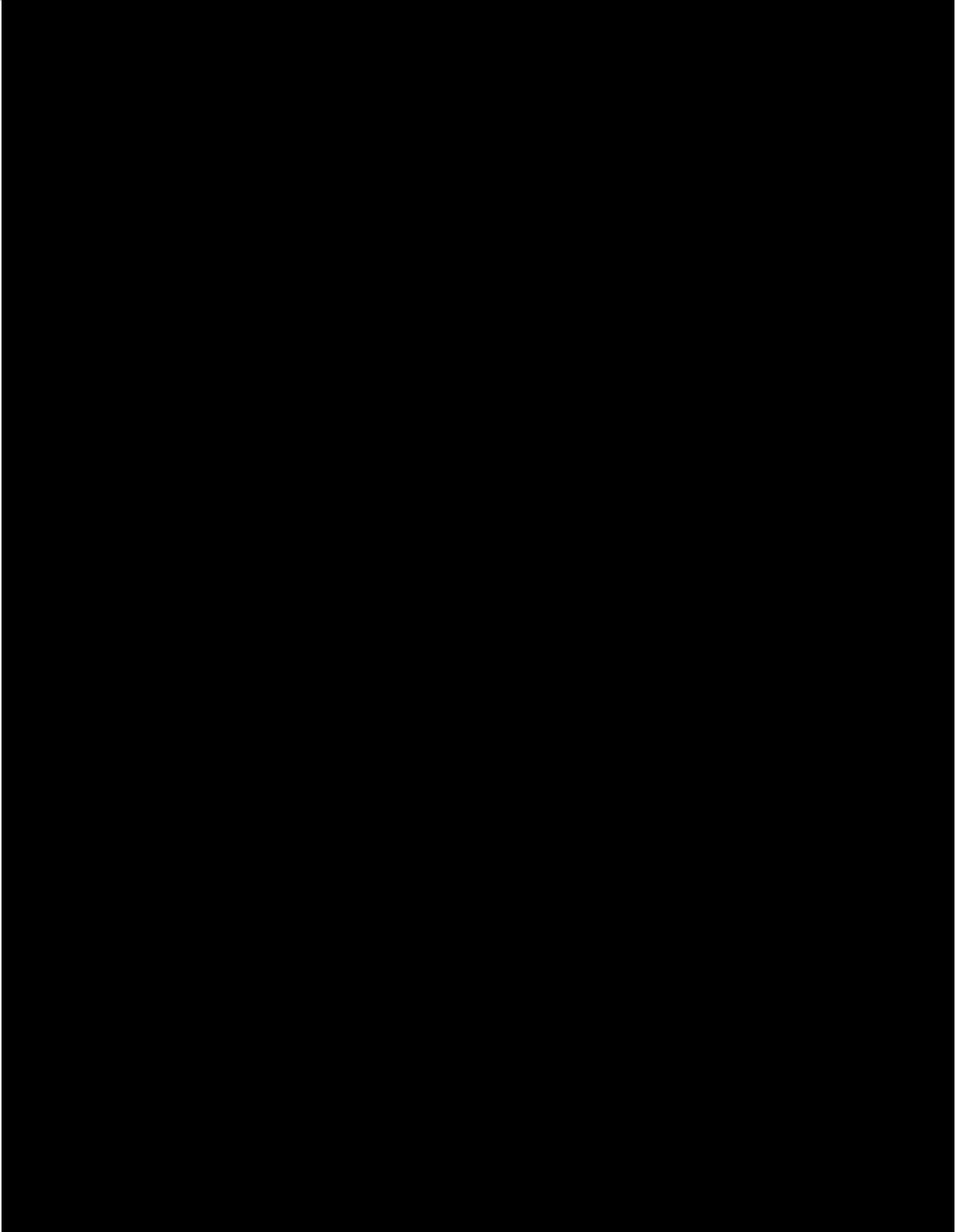
As demonstrated in our financial plans, we intend to purchase the majority of the equipment and machinery required for safe and efficient operations. We have selected and have received quotes for the following equipment and machinery to be used in the cultivation of medical cannabis:

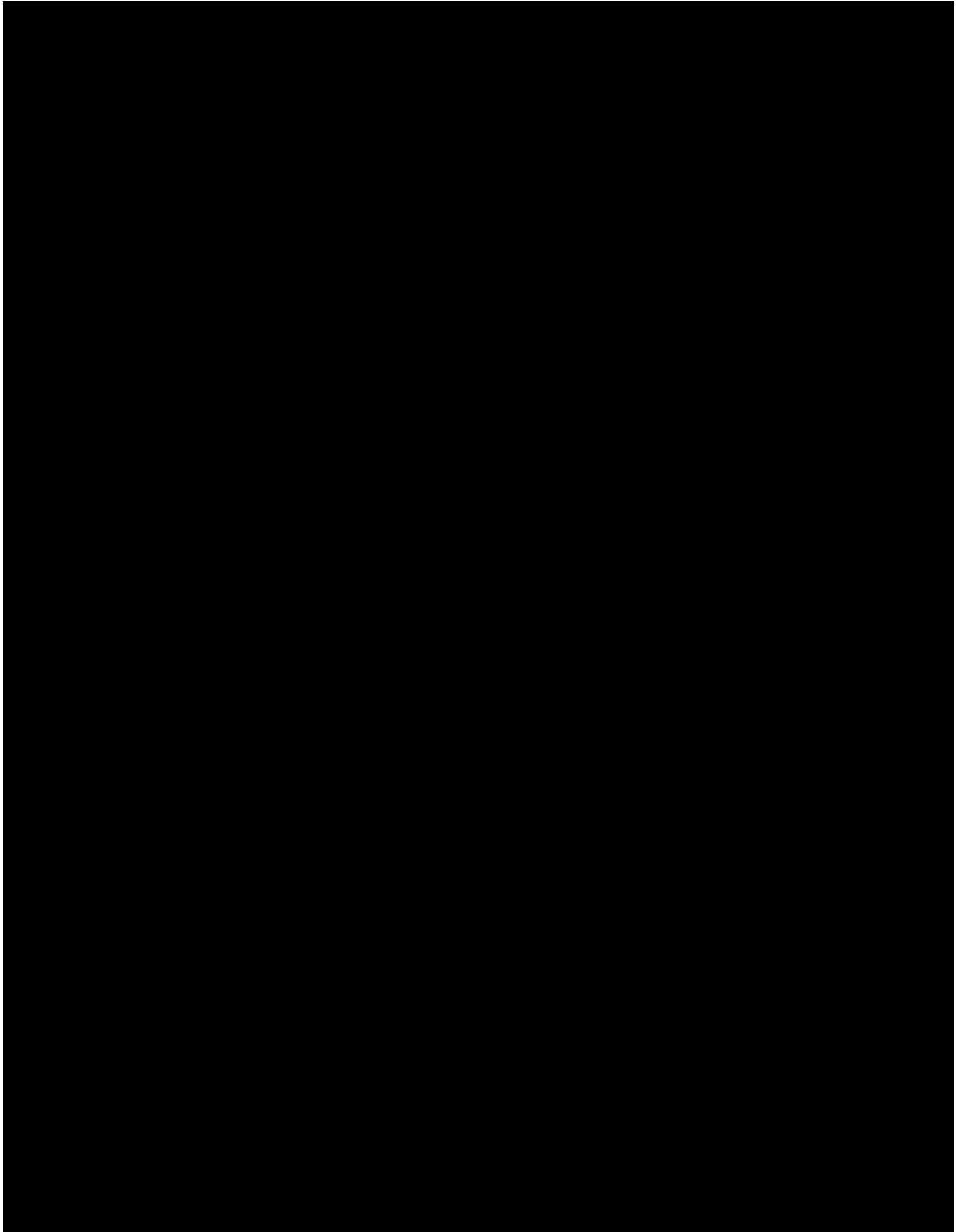


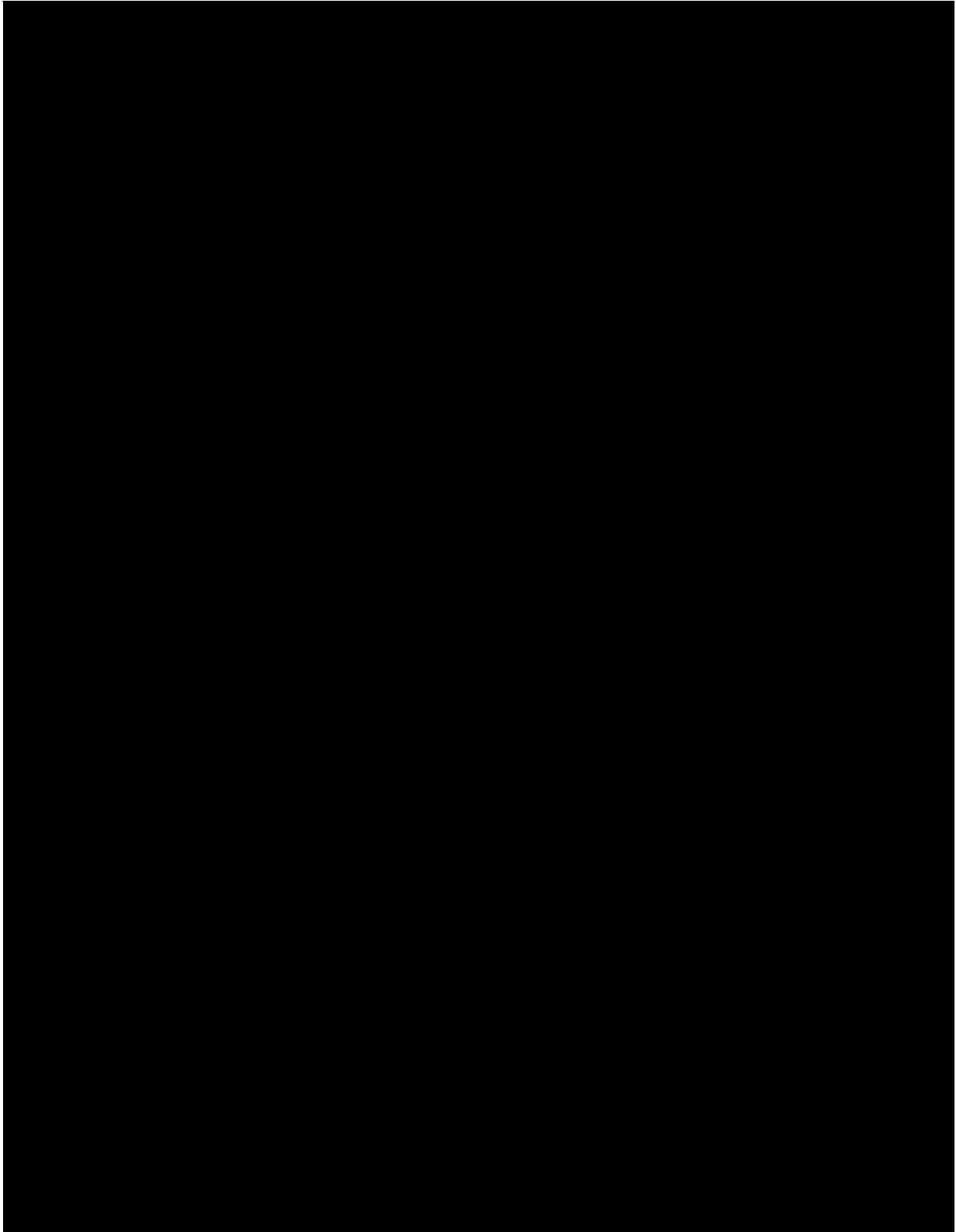
We have selected and have received quotes for the following equipment and machinery to be used in the processing of medical cannabis:

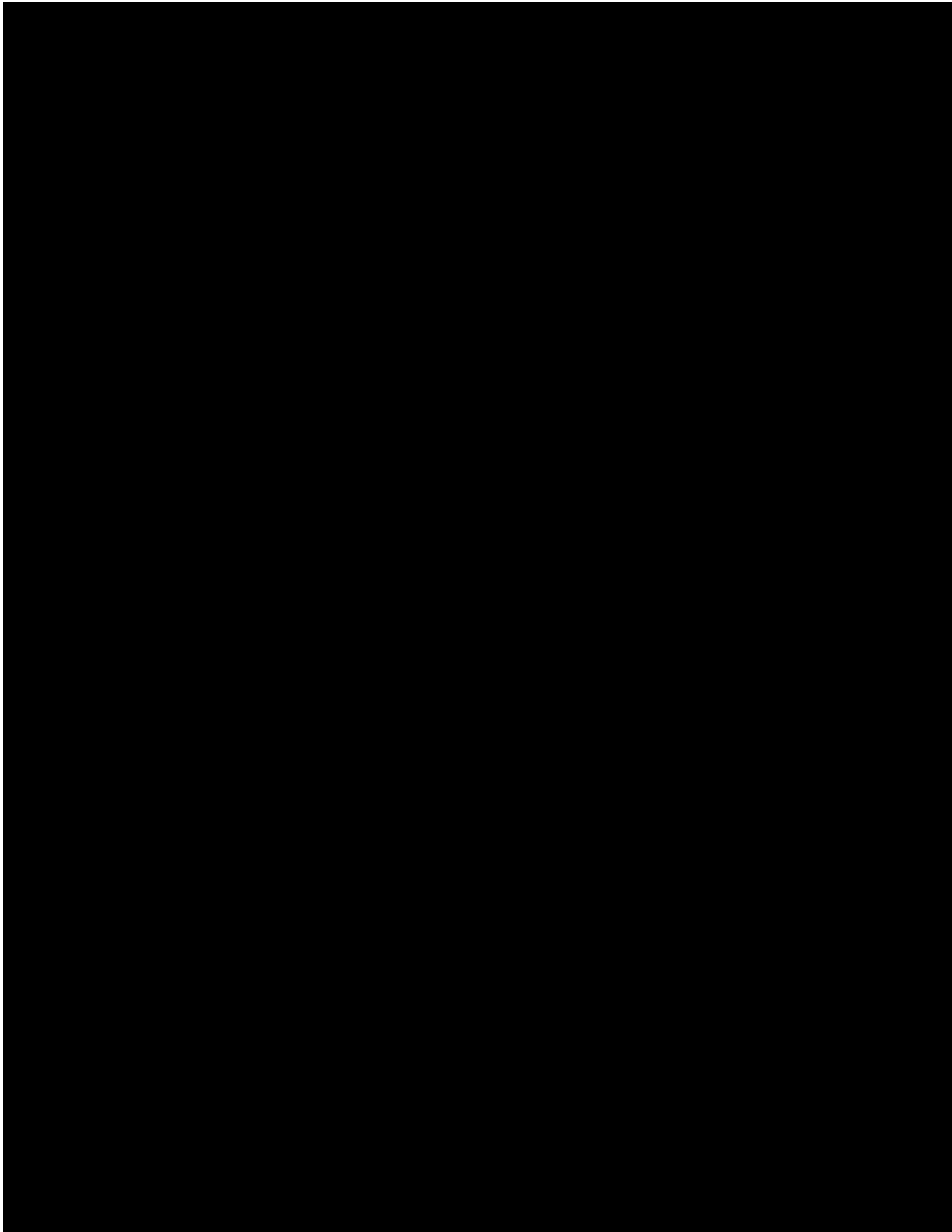


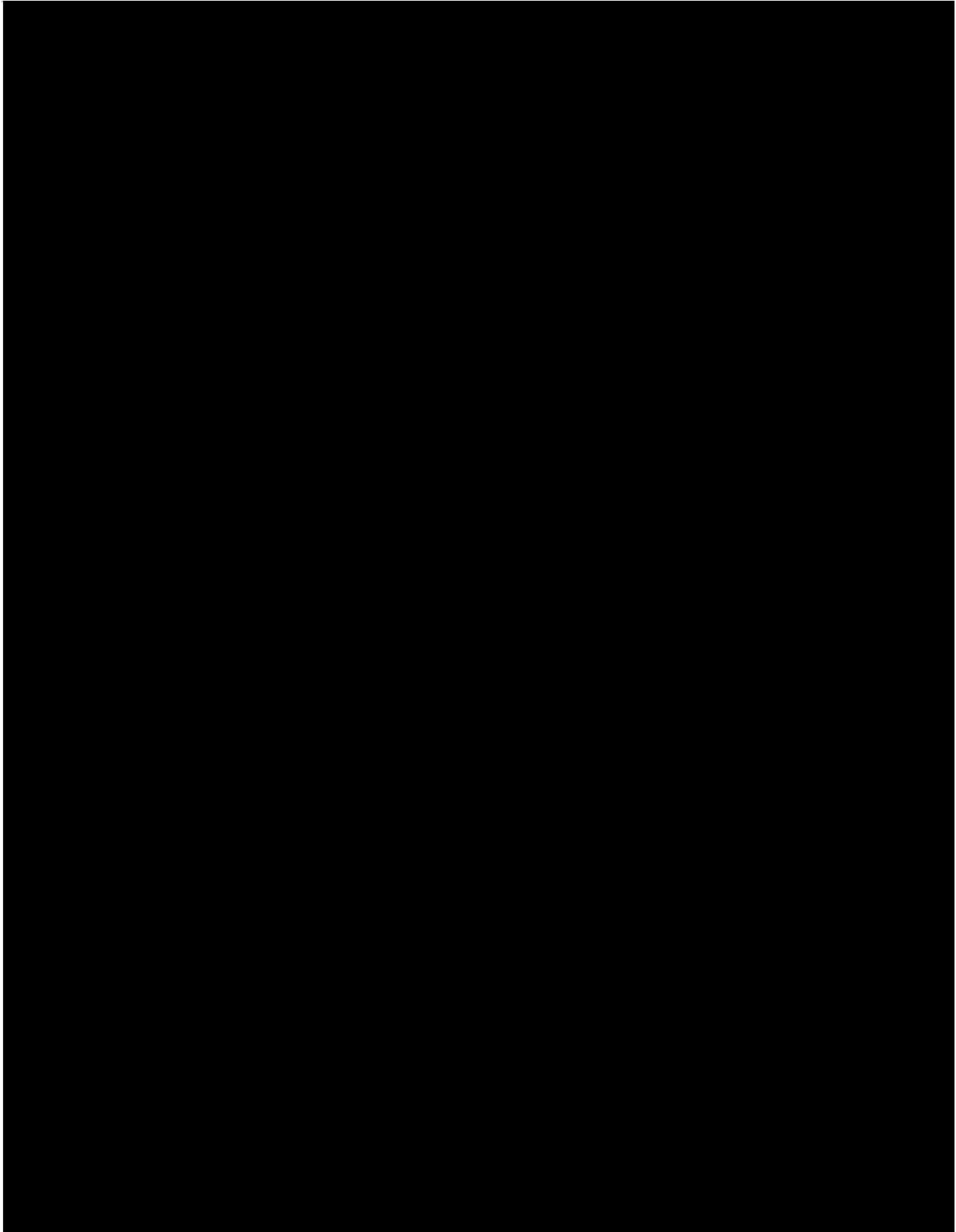


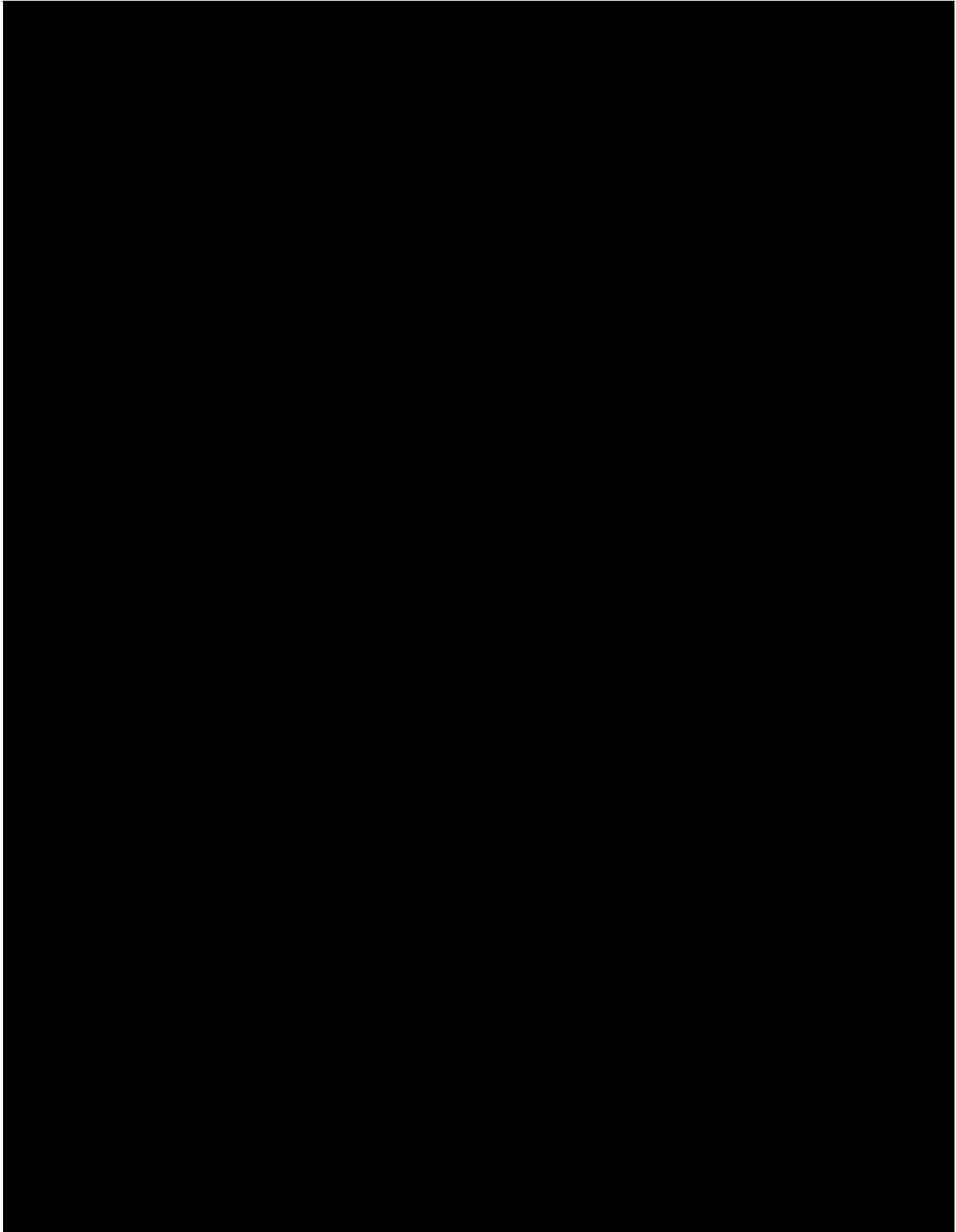




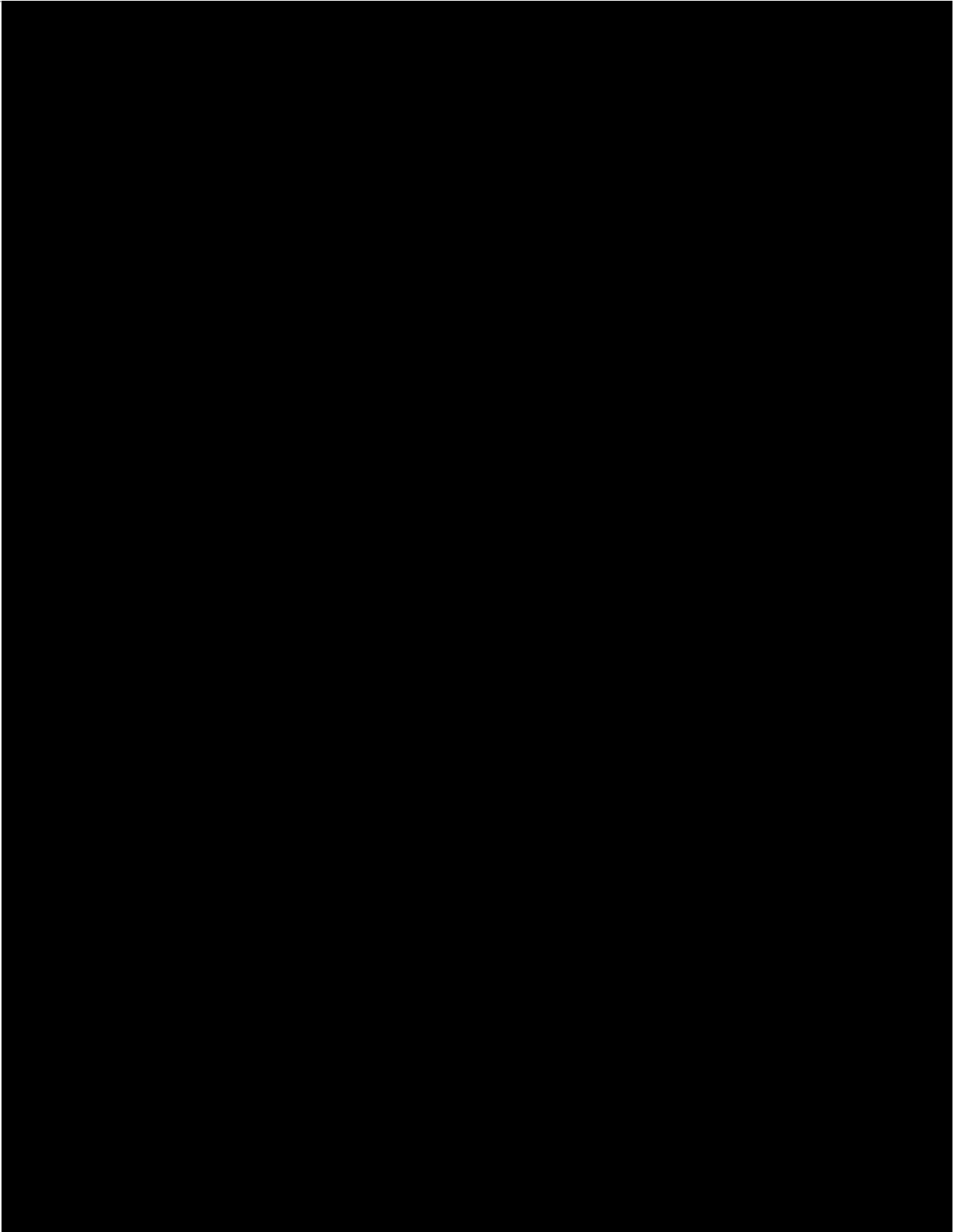


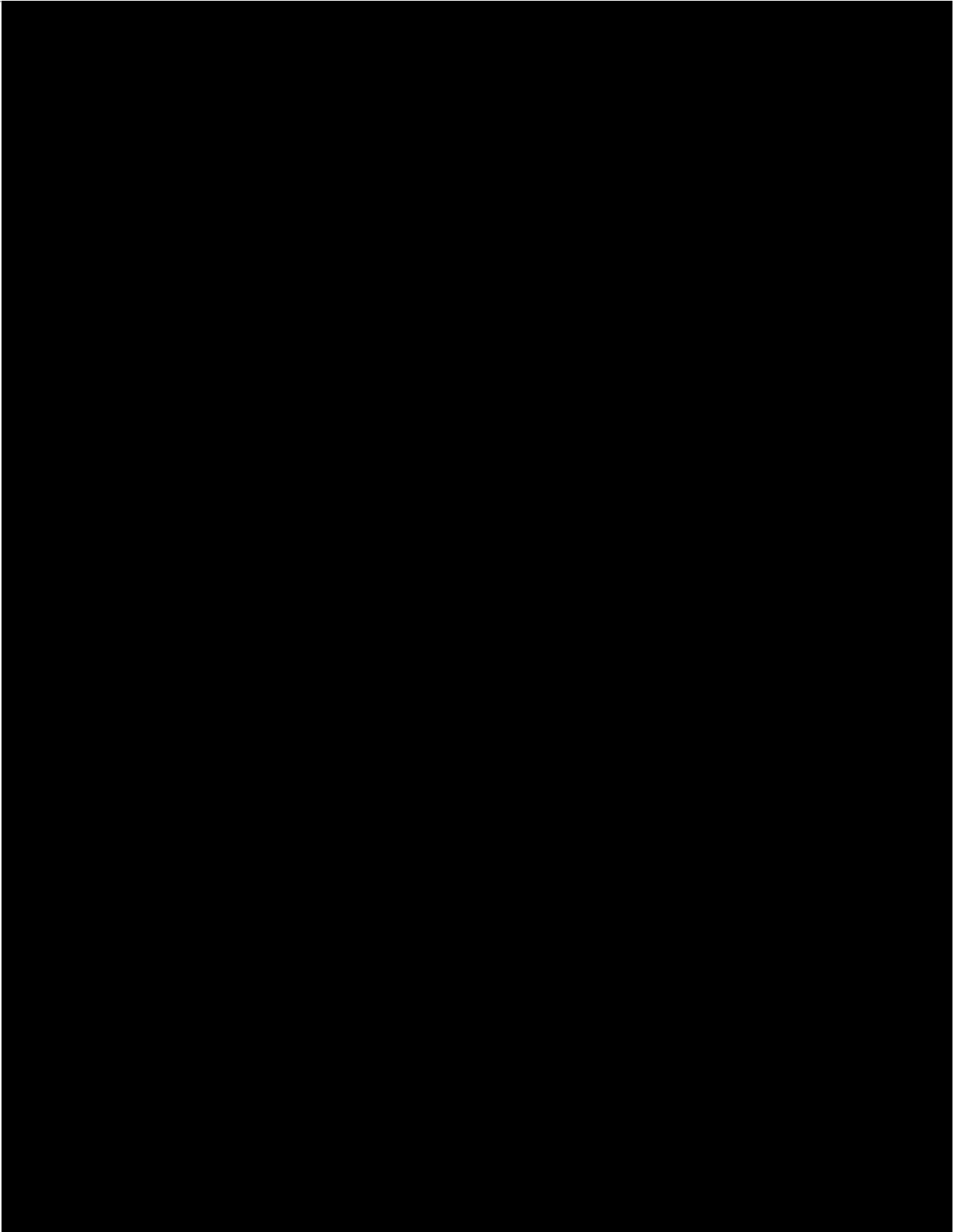


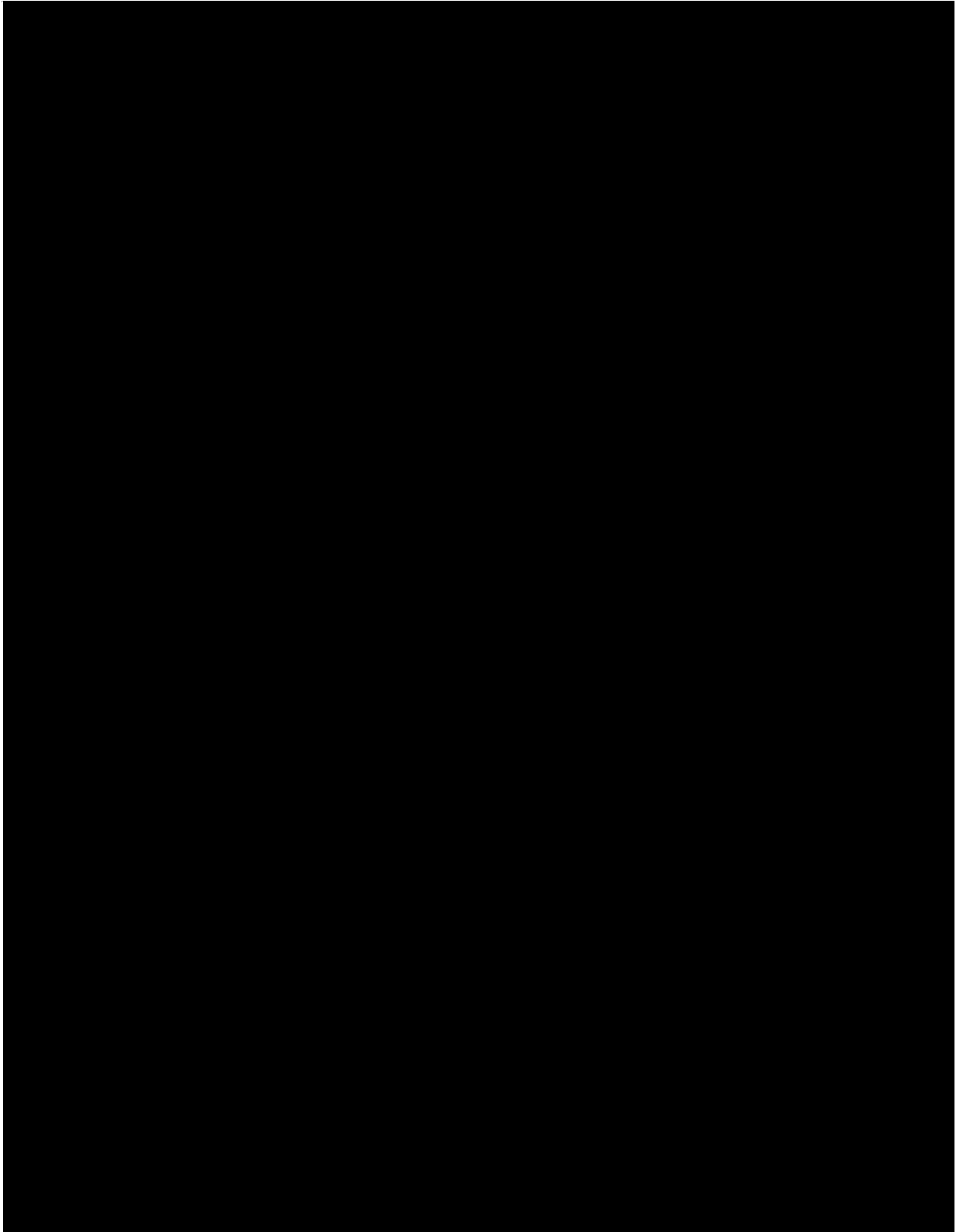


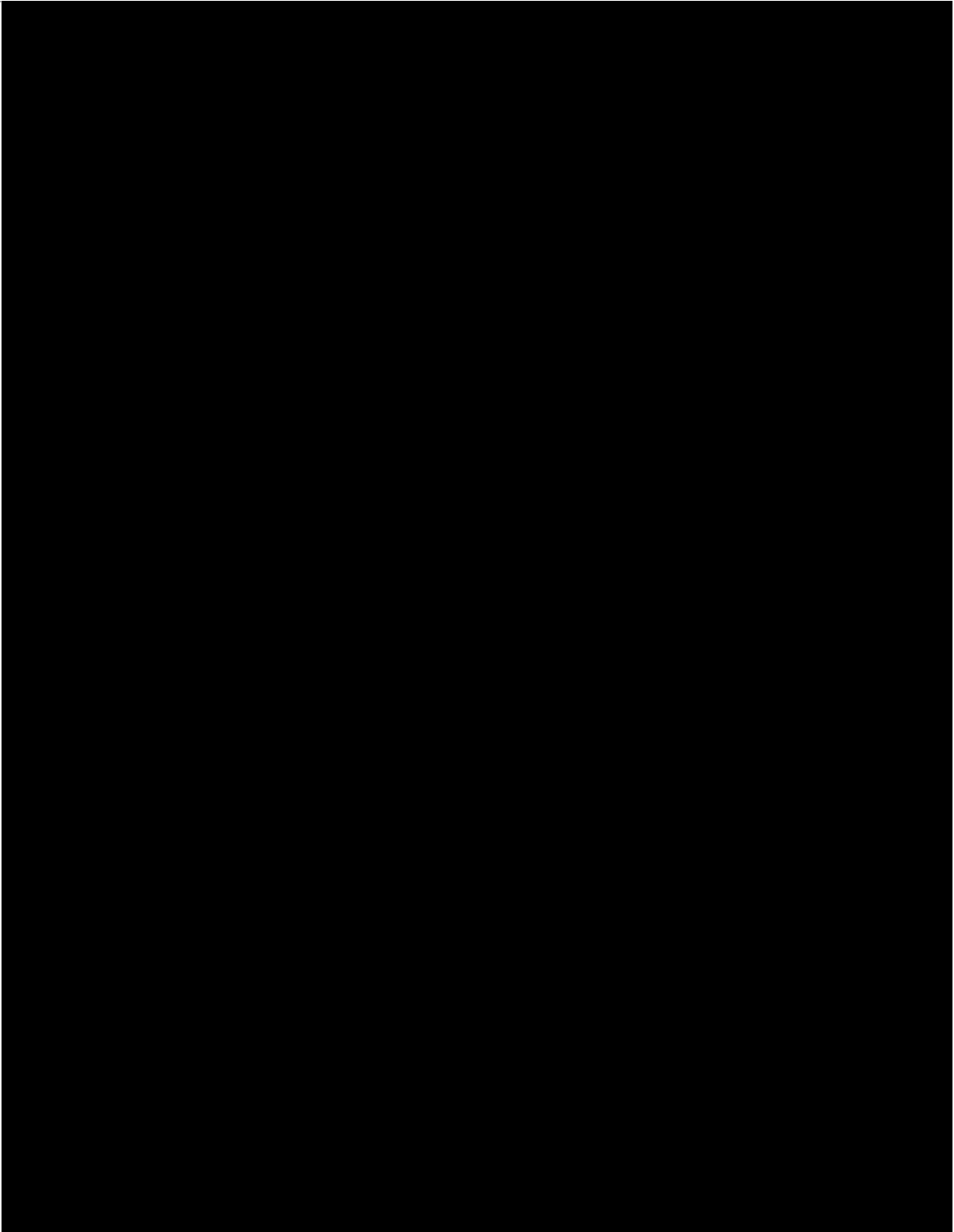


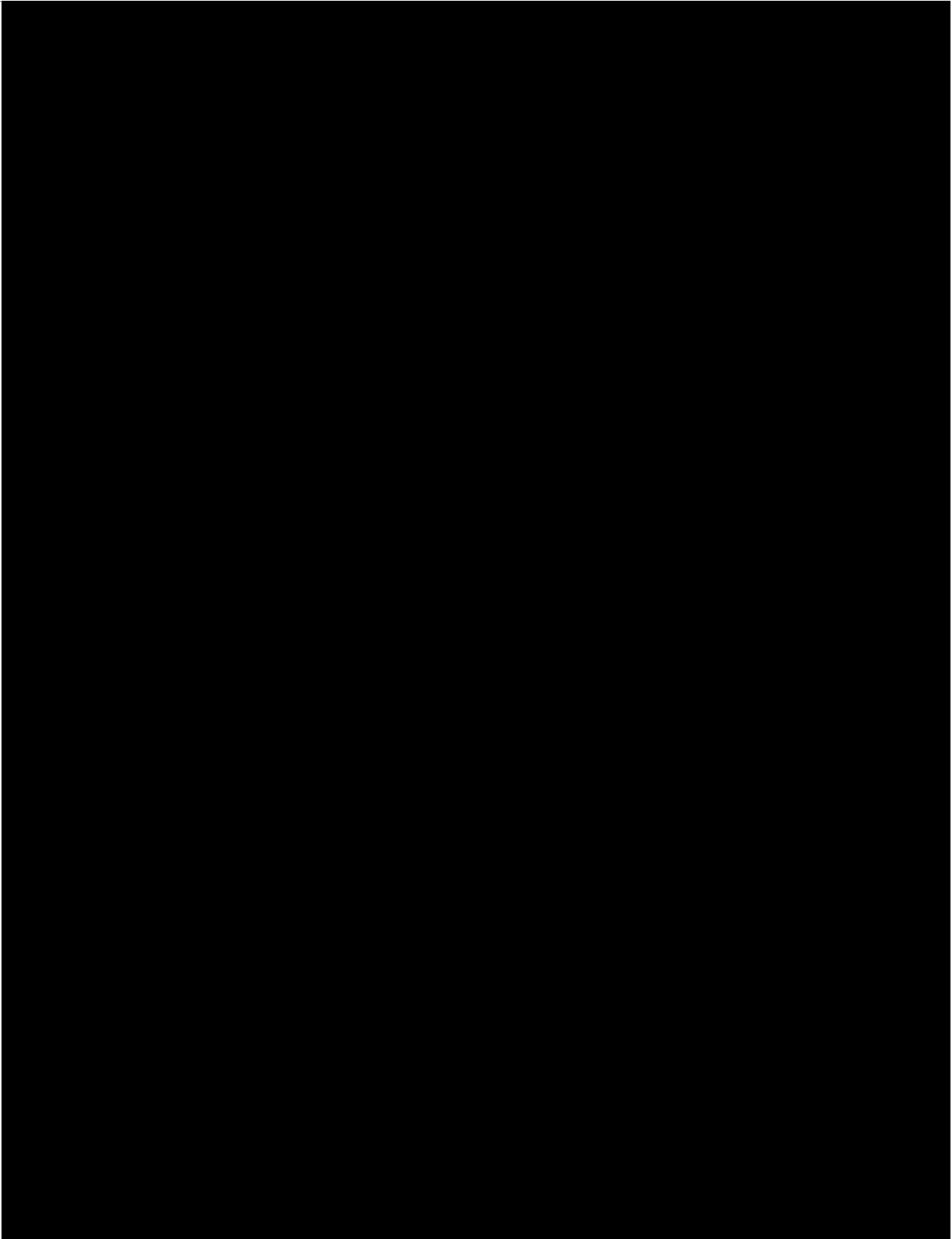


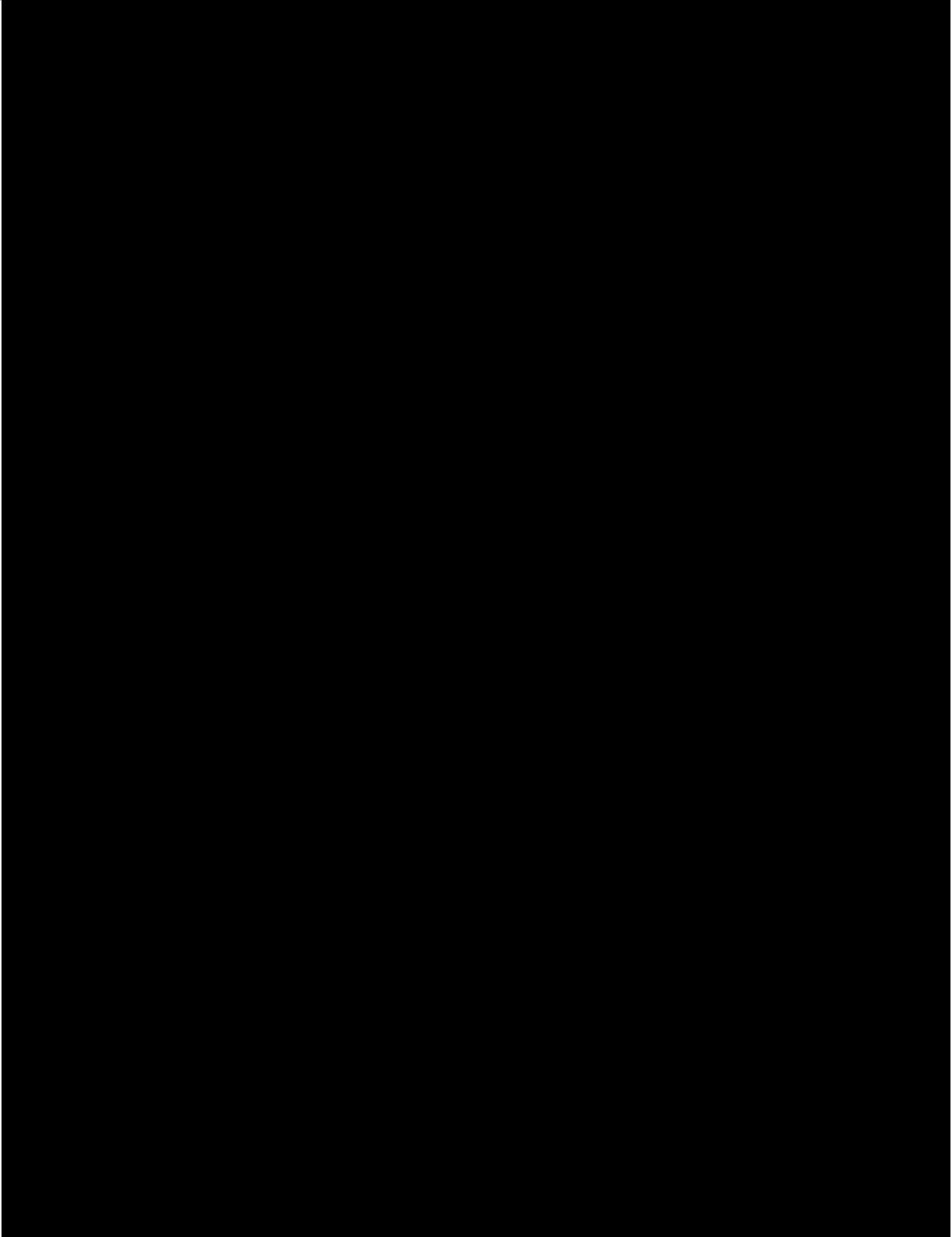


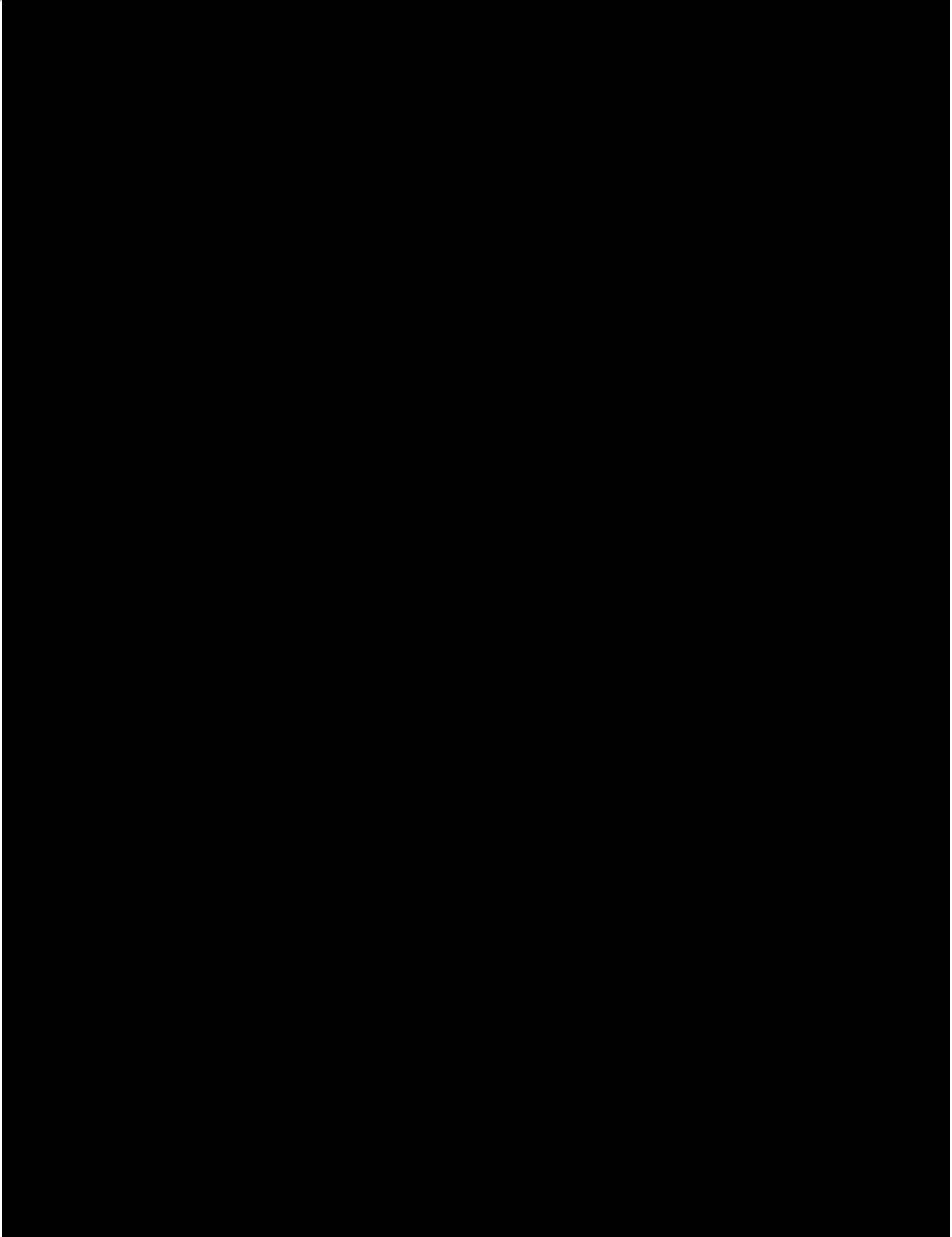


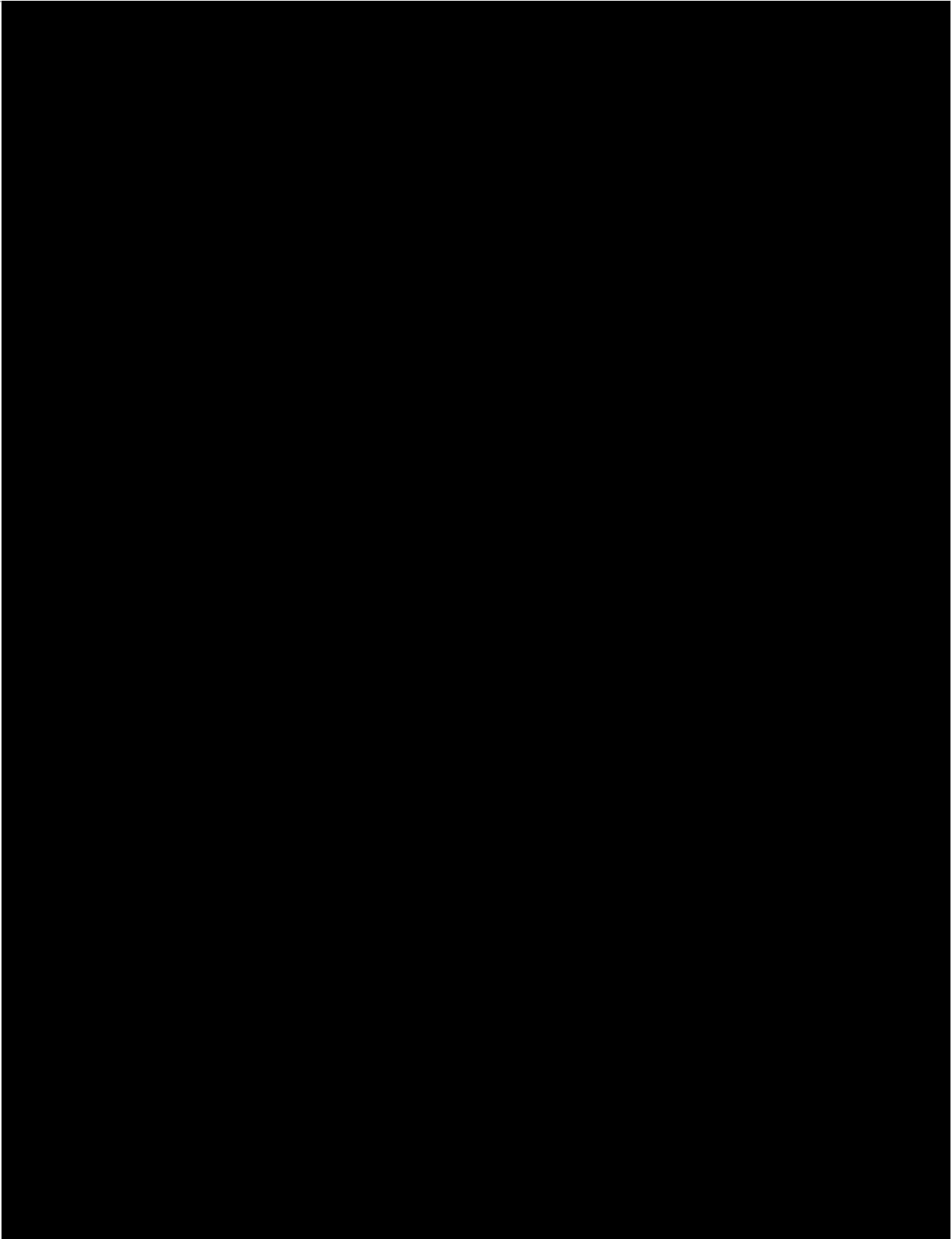




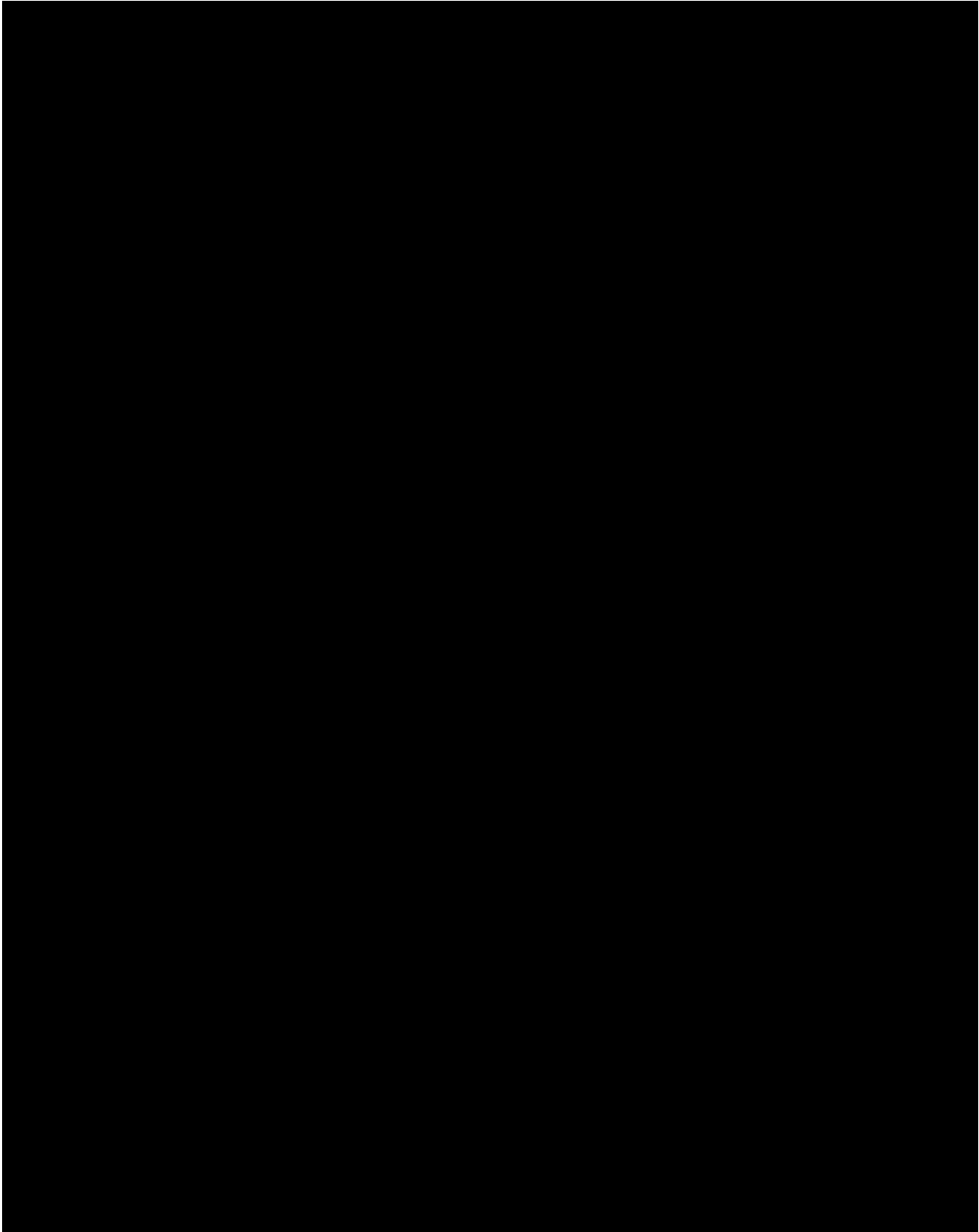


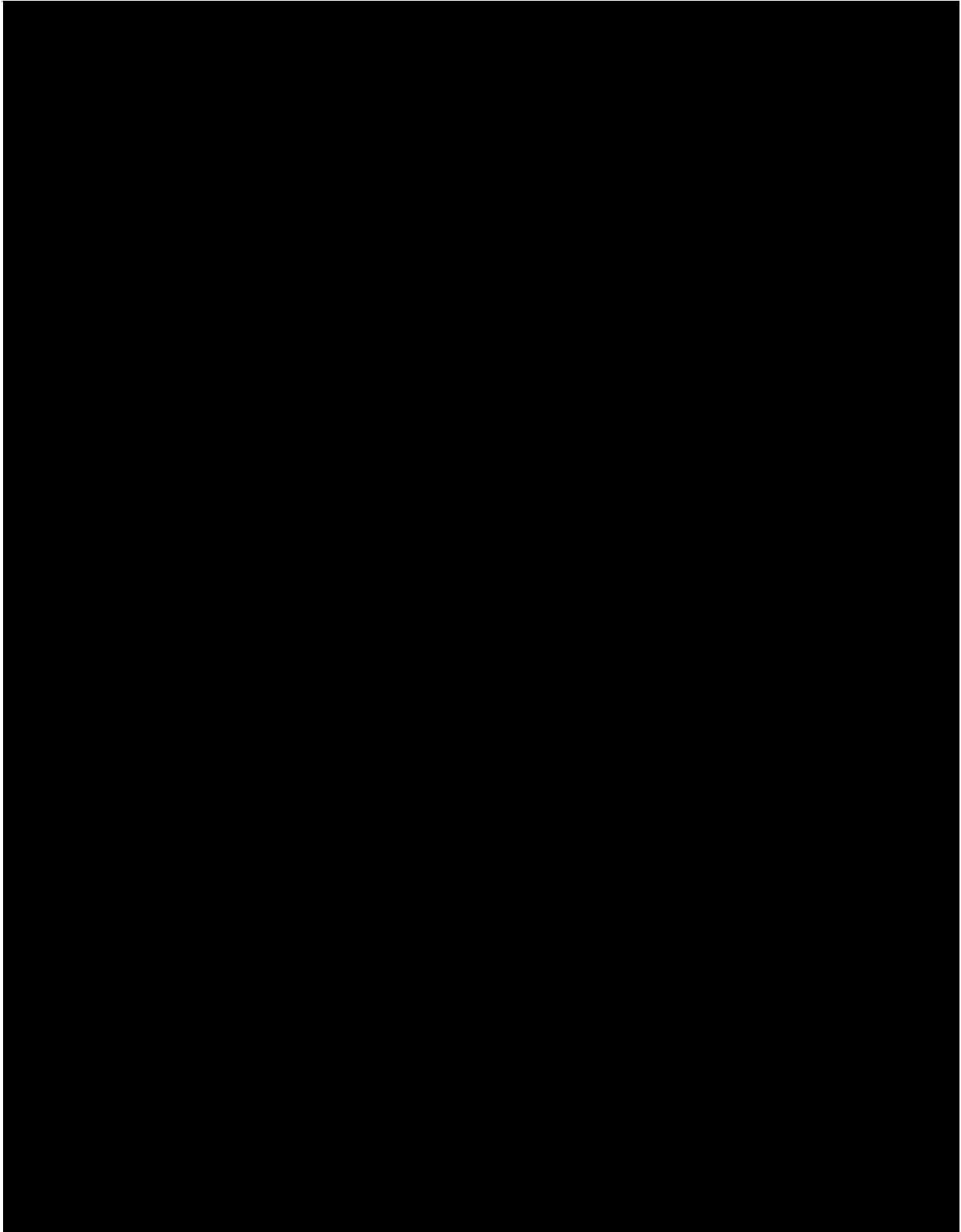






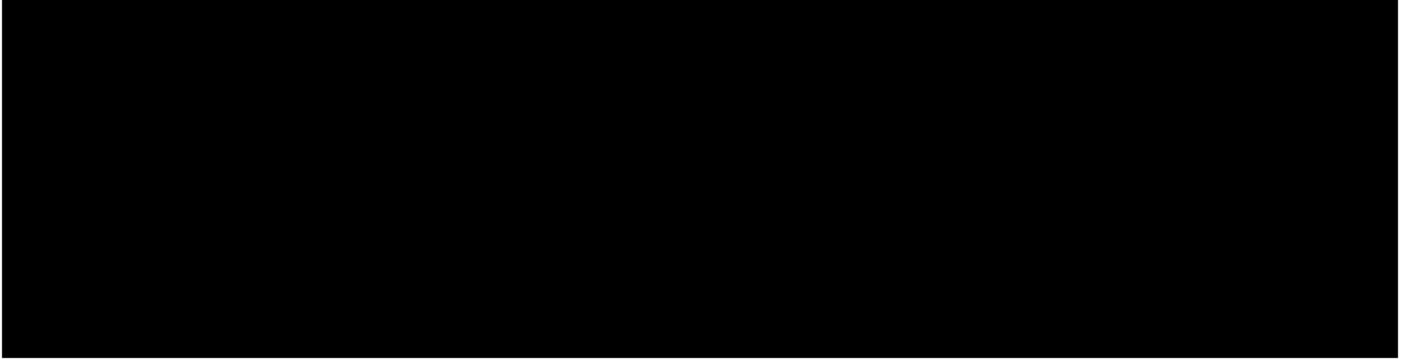




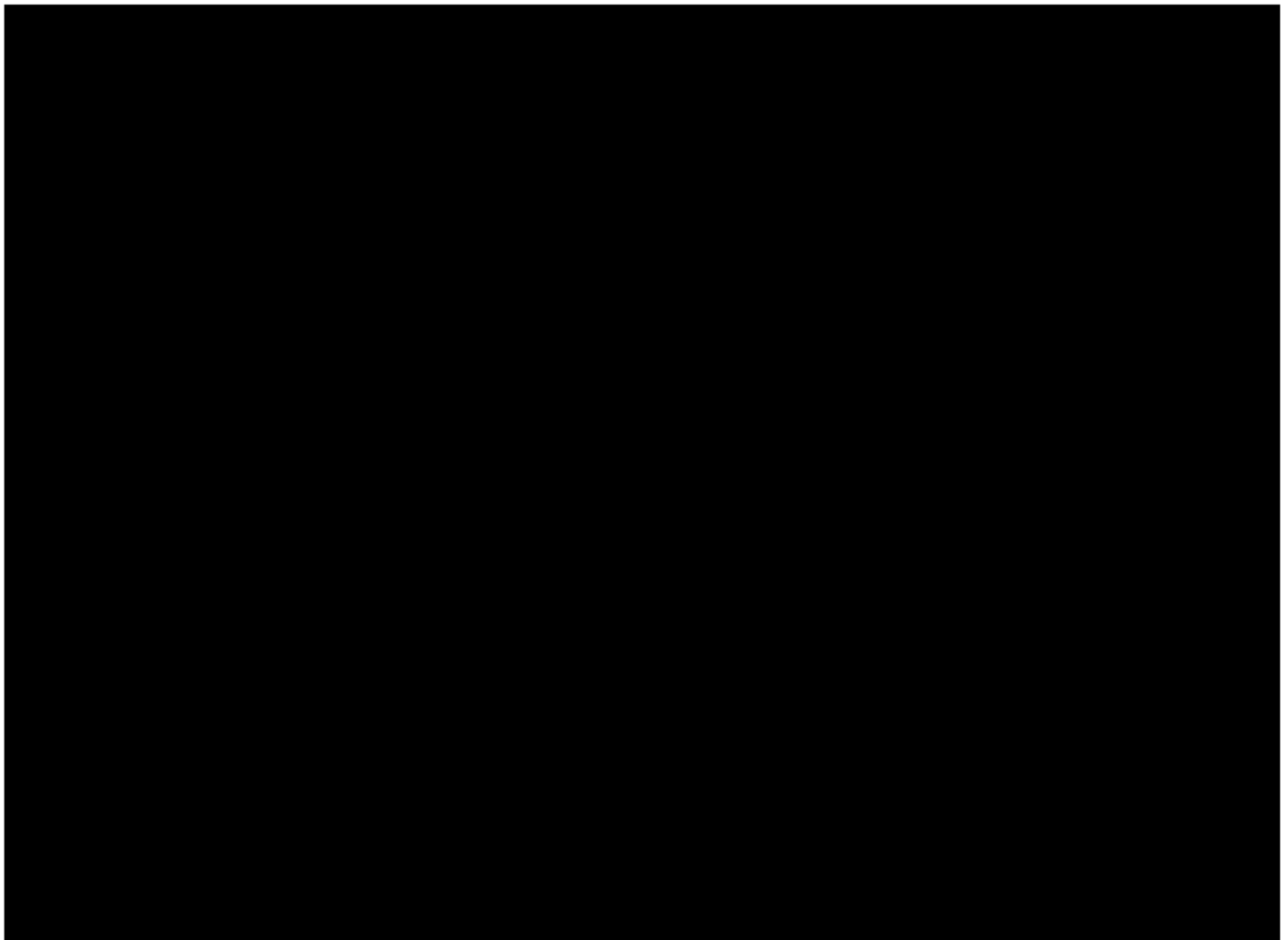


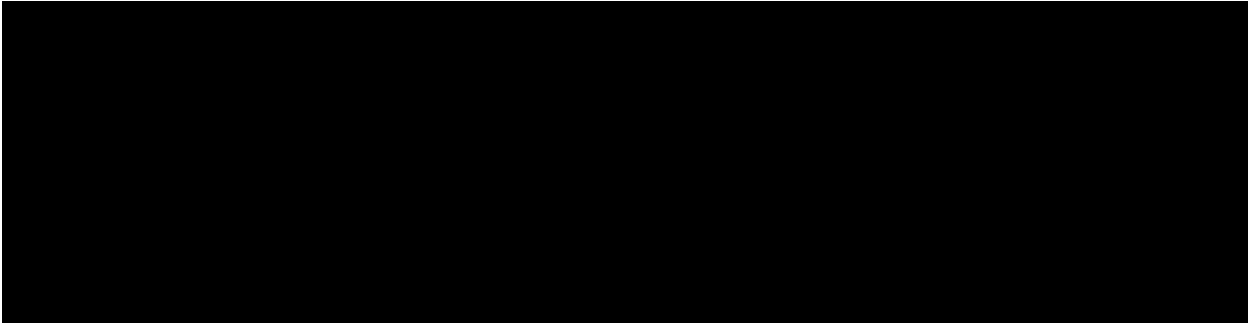
**22.2 - Specifications and Operations Manuals**

Specifications and operations manuals have been included for the following machinery and equipment to be used in the cultivation and processing of medical cannabis:



Specifications and operations manuals have been included for the following machinery and equipment to be used in the processing of medical cannabis:



















































































































































































































































































































































































































































































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# Exhibit 23 – Receiving and Shipping Plan

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

12/28/2022  
Verification Date

**Exhibit 23 – Receiving and Shipping Plan**

**Plan Status: Complete**

We have developed a receiving and shipping plan that ensures cannabis and medical cannabis are transported in a safe and secure manner and accurately tracked at all steps of the journey. These plans and procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act, AMCC Rules and Regulations, and the Alabama Department of Agriculture and Industries Food Safety Administrative Code.

As an Integrated Facility, we will transport cannabis or medical cannabis to our facilities or another AMCC licensee by utilizing our own vehicles as authorized by the Alabama Medical Cannabis Commission (AMCC) or by utilizing the services of a secure transporter licensed by the AMCC.

**23.1 – Receipt of Individual Cannabis Batches**

All incoming individual batches of cannabis being received for storage and/or processing will be inspected, approved, and repackaged with [REDACTED] after approval for receipt by the [REDACTED]. [REDACTED]

[REDACTED]

Exceeding state requirements, each batch will be labeled with the following information:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
  - [REDACTED]
  - [REDACTED]
  - [REDACTED]
  - [REDACTED]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

[Redacted]

[Redacted]

[Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

[Redacted]

[Redacted]

[Redacted]

All products will undergo the same batching process, allowing for easy inventory tracking as well as the traceability of any returned products that will undergo a quality investigation. [Redacted]

[Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

**23.2 - Digital Coding of Batches**

Licensed cultivators shipping cannabis or medical cannabis for storage or processing at our facility are required by ADAI rules to QR code or otherwise digitally code individual batches and containers with the following information: the Cultivator, facility, plant tag or harvest batch number, date of harvest, expiration date (or, if no expiration date, a notation that the expiration date does not apply), and the date of the cultivator’s State Laboratory testing approval. Cultivators must log this information for the outgoing cannabis, as well as the date and time of shipment, in the Statewide-Seed-to-Sale Tracking System. The [REDACTED] [REDACTED] will verify that this information has been accurately updated upon receipt.

**23.3 - Receiving Transport Manifests**

All incoming cannabis must be accompanied by a secure transporter’s manifest and other appropriate documentation. [REDACTED]

Before transporting cannabis or medical cannabis, the transporter must complete a manifest on a form approved by the Commission and input the manifest into the Statewide Seed-to-Sale Tracking System. [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

Our company verifies that we have in place electronic document storage solutions that allow us to keep secure electronic records of route plans, manifests, transport logs, freight bills, bills of lading and any free-on-board (“FOB”) terms of sale documents, maintenance and repair records, and insurance documentation as to all the vehicles in our secure transport

fleet for a period of not less than two (2) years, and longer upon the request of the Commission or law enforcement.

**23.4 - Entry into Statewide-Seed-to-Sale Tracking System - Incoming Cannabis**

[REDACTED]

**23.5 - Packaging and Labeling of Individual Batches**

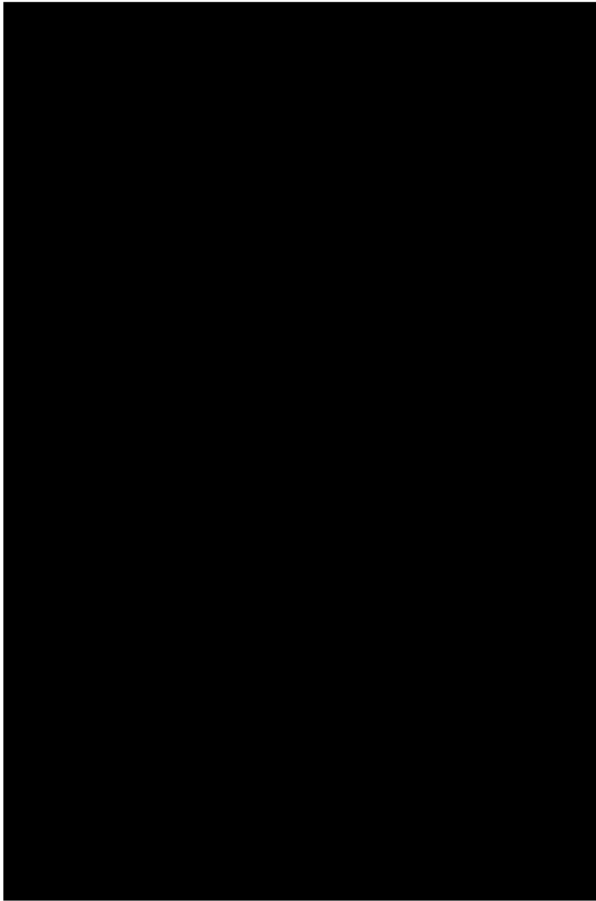
We will ensure that Individual batches of medical cannabis products shipped from our facility to a Dispensary or Cultivator by our vehicles or by means of a Secure Transporter will be appropriately packaged, labeled, and inserted in containers prior to transport. We will properly package approved medical cannabis products as follows:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

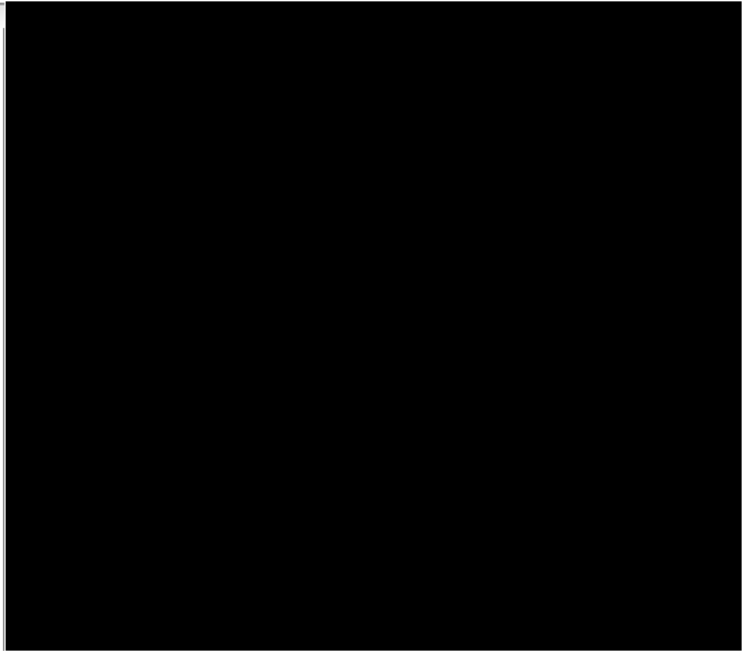
We will properly label packages of medical cannabis as follows:

- Labels must be securely attached to or imprinted on the accompanying packaging.
- Labels must be clear and contain print of a size and quality so as to be legible to the average patient or caregiver with a sixth-grade education.
- Labels must identify the type of product (pills, tinctures, transdermal patches, etc.).
- Labels must contain lot and batch numbers.

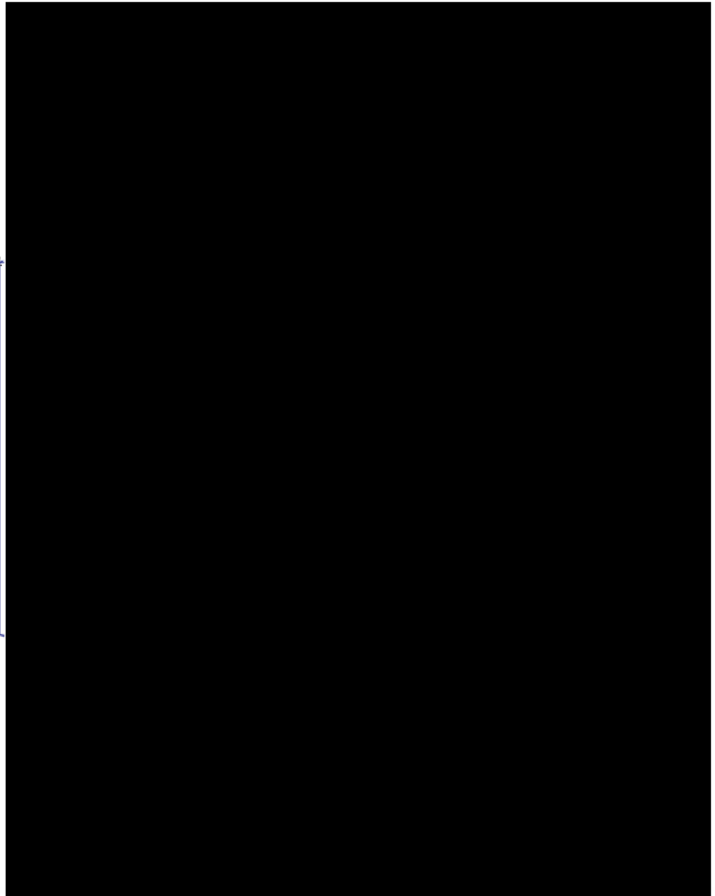
- Labels must contain the name of and a license identification number for the Cultivator.
- Labels must contain the name of and a license identification number for the Processor.
- Labels must identify the cannabinoid content and potency of the product.
- Labels must identify the amount, number or count of the product in the package on which they are attached.
- Labels must contain the universal state symbol approved by the Commission, printed in color at least one-half inch by one-half inch in size.
- Labels must contain the words “Keep out of reach of children.”
- Labels must contain a digital image or QR Code for purposes of tracking medical cannabis products and must interface with the Statewide Seed-to-Sale Tracking System.
- Labels, or if space is not available, a package insert, must contain the following: “WARNING: This product may make you drowsy or dizzy. Do not drink alcohol with this product. Use care when operating a vehicle or other machinery. Taking this product with medication may lead to harmful side effects or complications. Consult your physician before taking this product with any medication. Women who are breastfeeding, pregnant, or plan to become pregnant should discuss medical cannabis use with their physicians.”
- Labels must not be attractive to minors.
- Labels must not contain any false statement or statement that advertises health benefits or therapeutic benefits of medical cannabis.
- At the time of labeling, Processors must provide QR Coding or other approved digital coding to identify, at a minimum, the following: (1) The Cultivator or Integrated Facility, by facility, from which the medical cannabis was sourced, (2) The name of the Processor and the Processor’s facility of origin (3) The type of product, (4) The date of processing and packaging, (5) The date of the Processor’s State Testing Laboratory approval, (6) The expiration date (or, if no expiration date, a notation that the expiration date does not apply), and (7) The Alabama Poison Control contact information as provided on the AMCC website.



*Figure 1: Soft Chew Packaging (logo removed)*

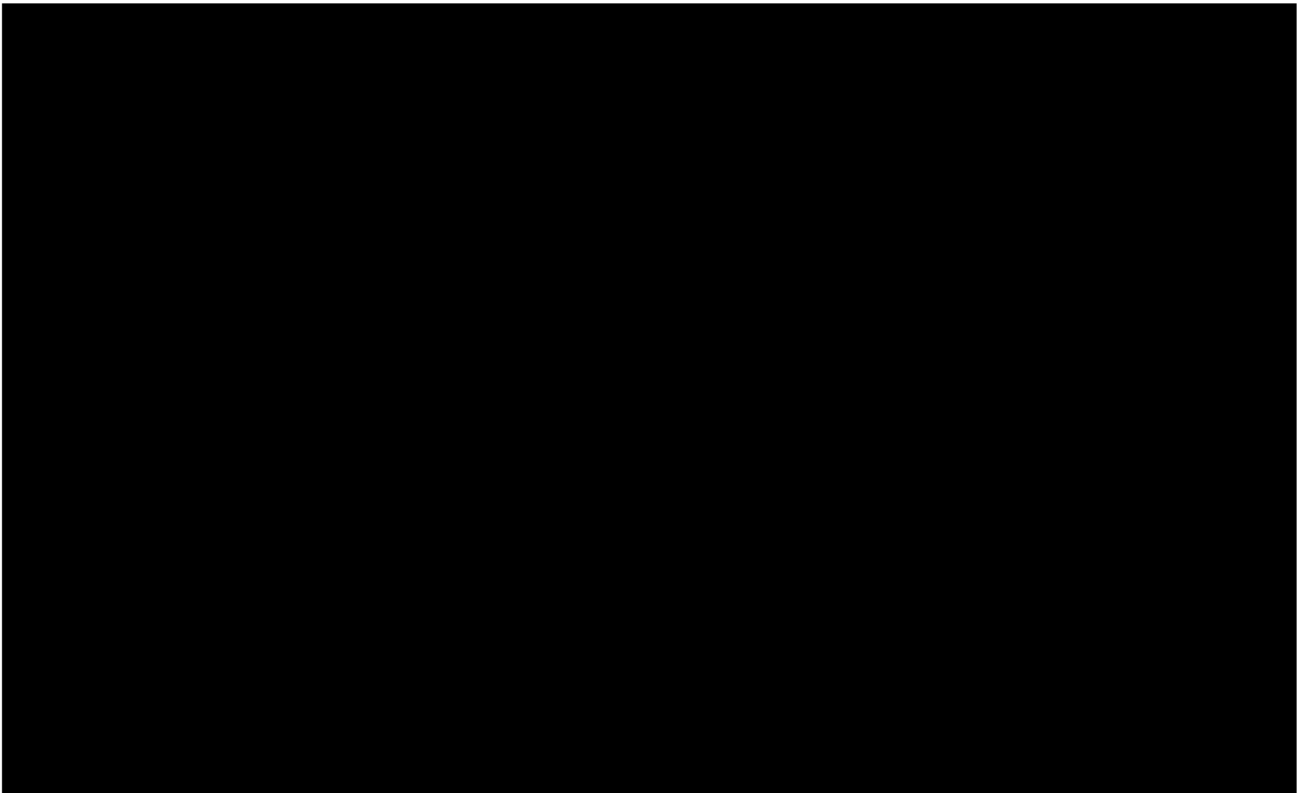


*Figure 2: Concentrate Syringe Packaging (logo removed)*

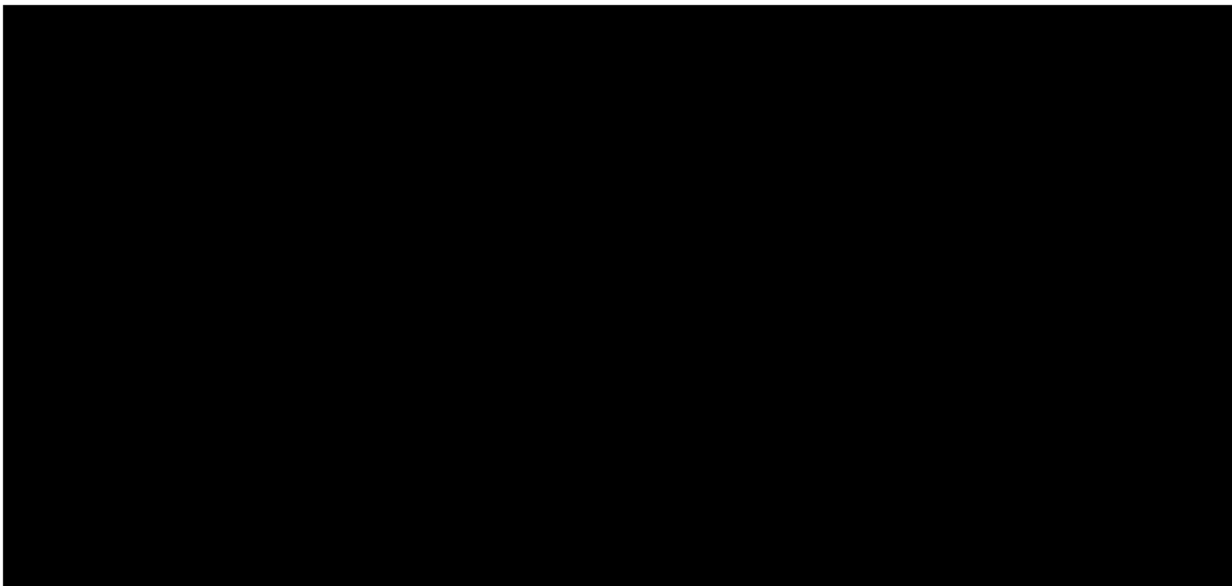


*Figure 3: Tincture Packaging (logo removed)*





*Figure 4: Infused Cream Packaging (logo removed)*



*Figure 5: Squeeze Bottle Label (logo removed)*

**23.6 – Shipping Batches from Integrated Facility**

Batches and containers being shipped from the facility will be QR coded to identify, at a minimum, the Integrated Facility, facility, type of product, date of processing and packaging, and the date of the Integrated Facility’s State Laboratory testing approval(s).

[REDACTED]

[REDACTED] Our [REDACTED] will ensure that each product type is labeled with the following information:

- The name and license number of the processor where the medical cannabis products were manufactured.
- The name and license number of the dispensary facility receiving the shipment.
- A unique batch or lot number that will match the medical cannabis products with a batch or lot, in order to facilitate any warnings or recalls the Commission deems appropriate.
- The dates of manufacture, final testing, and packaging.
- The total weight in grams of medical cannabis products in each package.

**23.7 – Outgoing Transport Manifest**

All outgoing medical cannabis will be accompanied by the Secure Transporter’s manifest and other appropriate documentation. The [REDACTED] will ensure the information thereon is accurate and has been duly executed by all appropriate parties.

At a minimum, manifests will contain each of the following:

- The names of the driver, crewmember, and any other individuals onboard.
- The name and address of the destination.
- The weight and description of each individual package that is part of the shipment, and the total number of individual packages.
- The date and time the medical cannabis shipment is placed into the transport vehicle.
- The date and time the shipment is accepted at the delivery destination.
- The identity of the employee having custody of the cannabis or medical cannabis, and the circumstances, duration, and disposition of any other person who had custody or control of the shipment.
- Any handling or storage instructions.

The manifest will be signed by an [REDACTED] of the facility from which the cannabis or medical cannabis is being transported, the Secure Transporter’s driver, and an [REDACTED] of the receiving facility.

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**23.8 – Entry into Statewide-Seed-to-Sale Tracking System – Outgoing Cannabis**

The [REDACTED] will ensure that all information from the QR code relating to the outgoing medical cannabis, as well as the date and time of shipment, is logged into the Statewide-Seed-to-Sale Tracking System prior to shipment taking place. This information includes:

- The Cultivator or Integrated Facility, by facility, from which the medical cannabis was sourced.
- The name of the Processor and the Processor’s facility of origin.
- The type of product.
- The date of processing and packaging.
- The date of the Processor’s State Testing Laboratory approval.
- The expiration date (or, if no expiration date, a notation that the expiration date does not apply).
- The Alabama Poison Control contact information as provided on the AMCC website.

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# Exhibit 24 - Secure Transport Vehicles

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
\_\_\_\_\_  
Printed Name of Verifying Individual

CEO  
\_\_\_\_\_  
Title of Verifying Individual

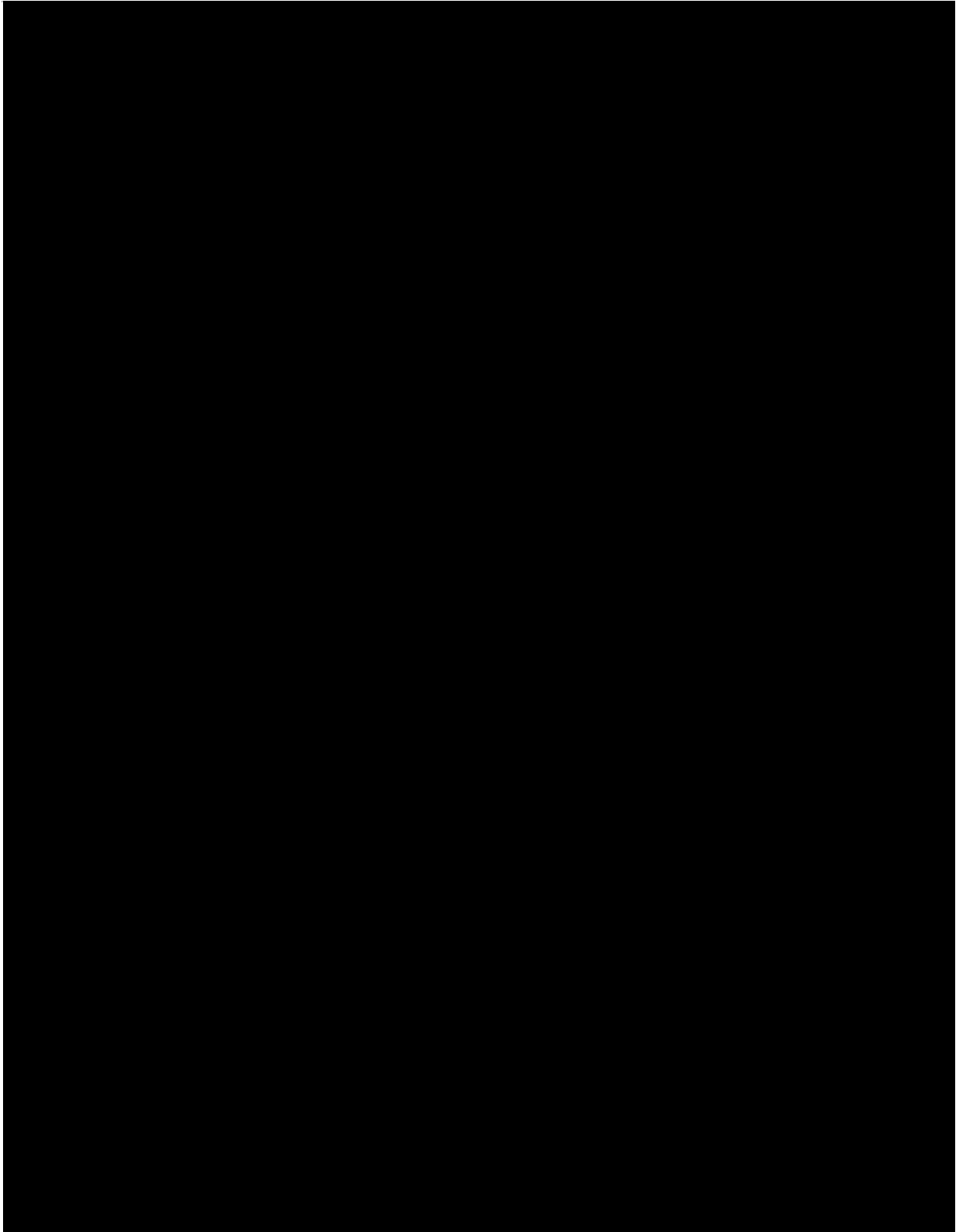
*M. Brandon Meadows*  
\_\_\_\_\_  
Signature of Verifying Individual

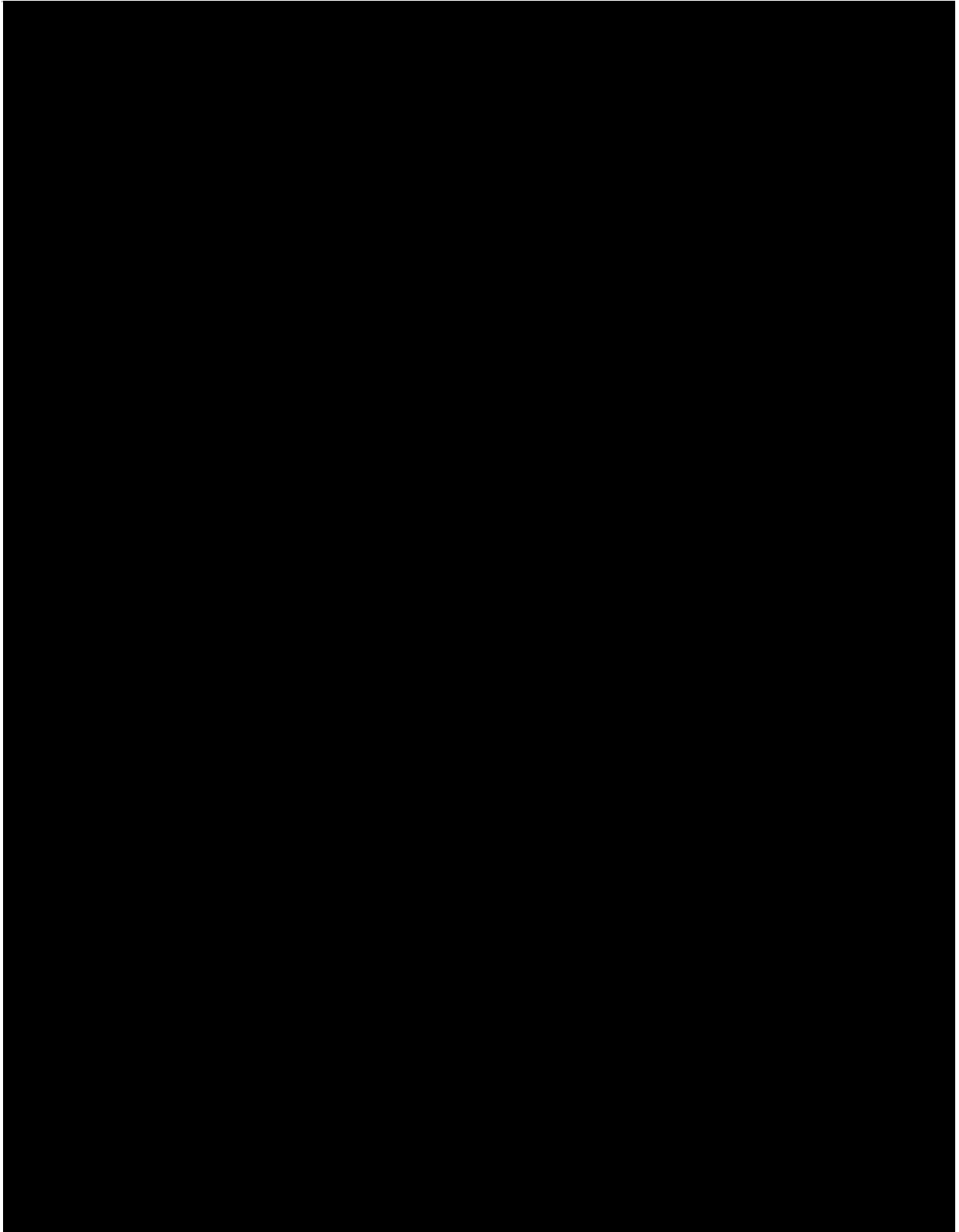
12/28/2022  
\_\_\_\_\_  
Verification Date

**Exhibit 24 - Secure Transport Vehicles**

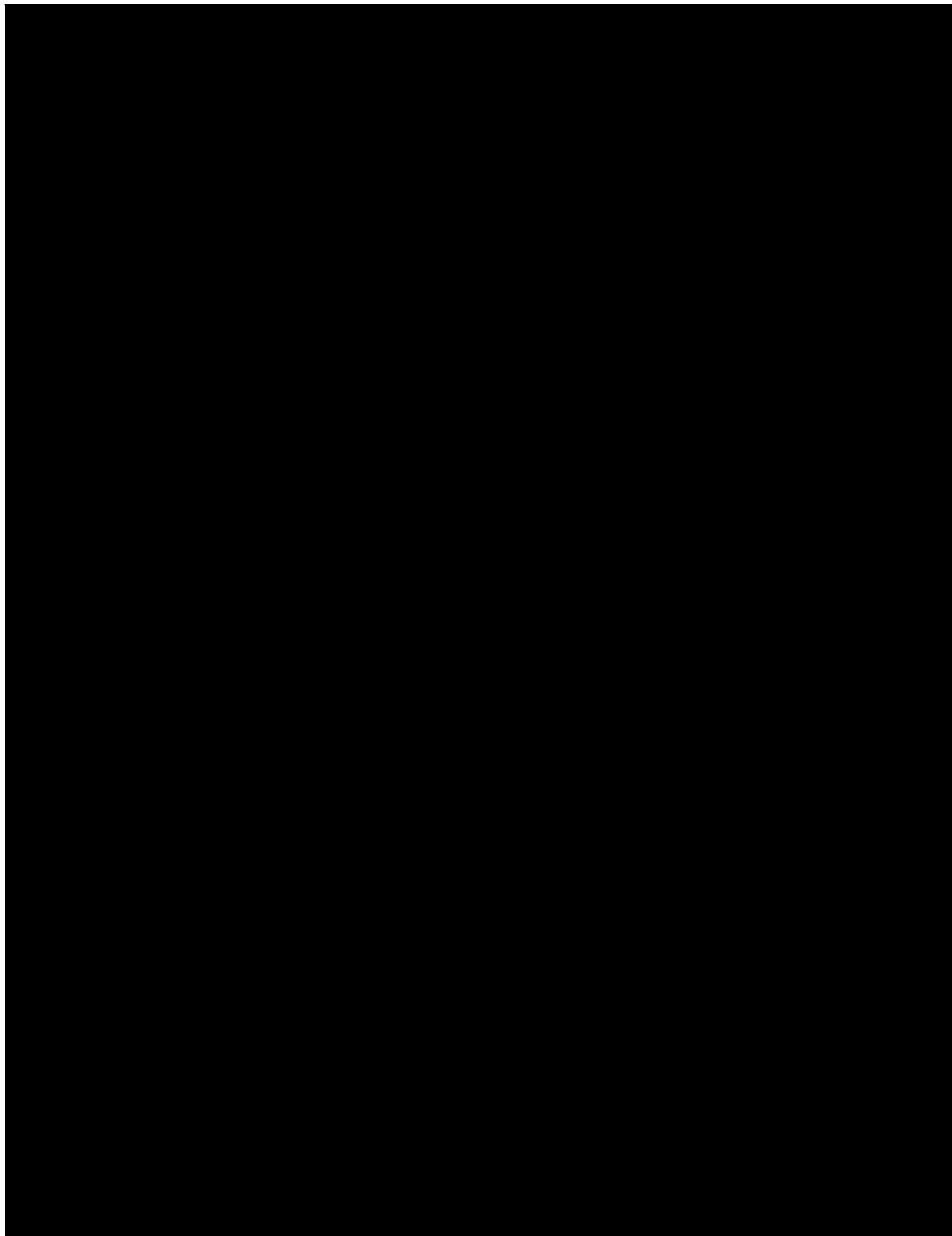
**24.1 - Title, Lease or Other Documentation**

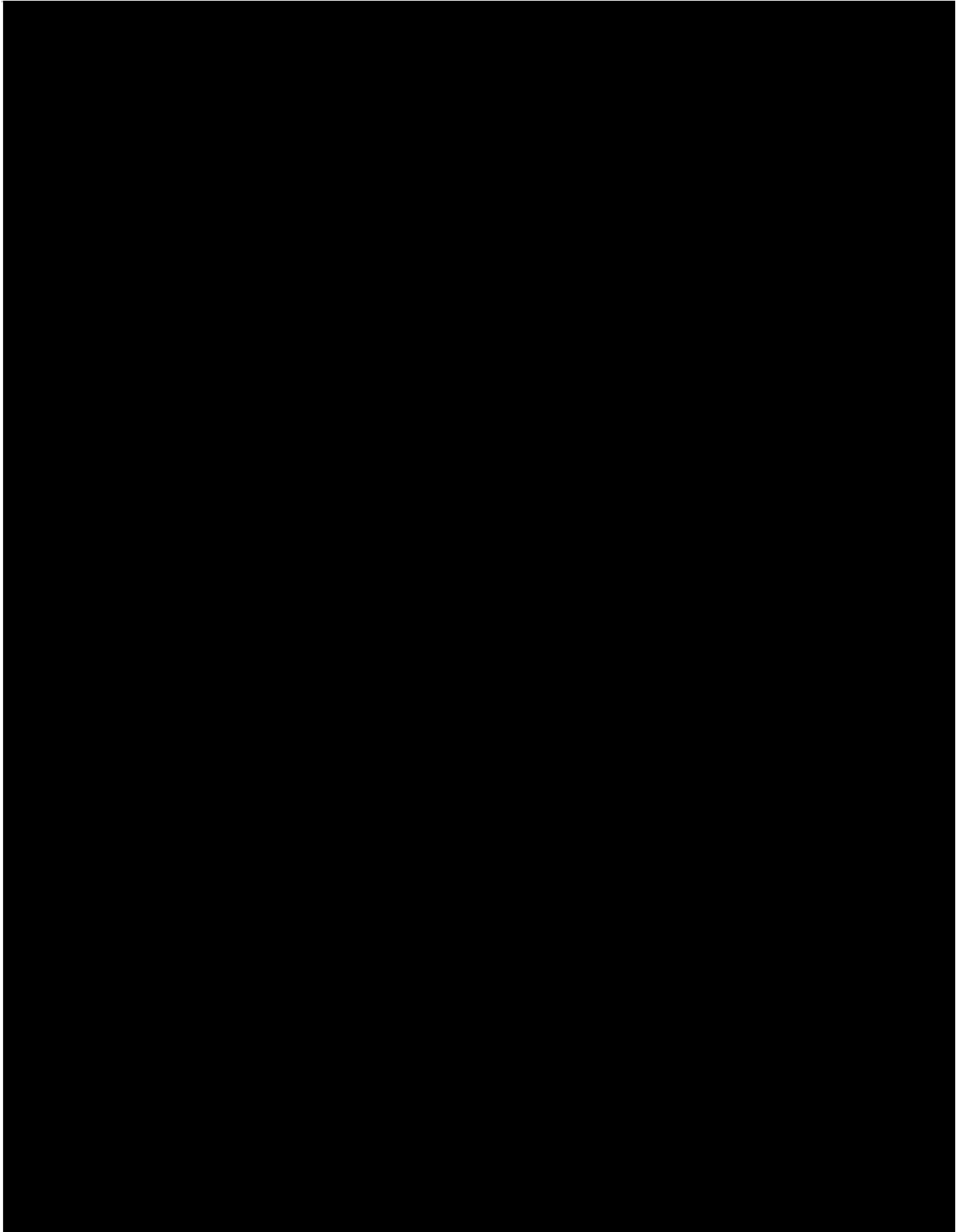
We have included a lease for a [REDACTED] to demonstrate possessory interest for the vehicle(s) we intend to use for secure transportation of cannabis or medical cannabis.





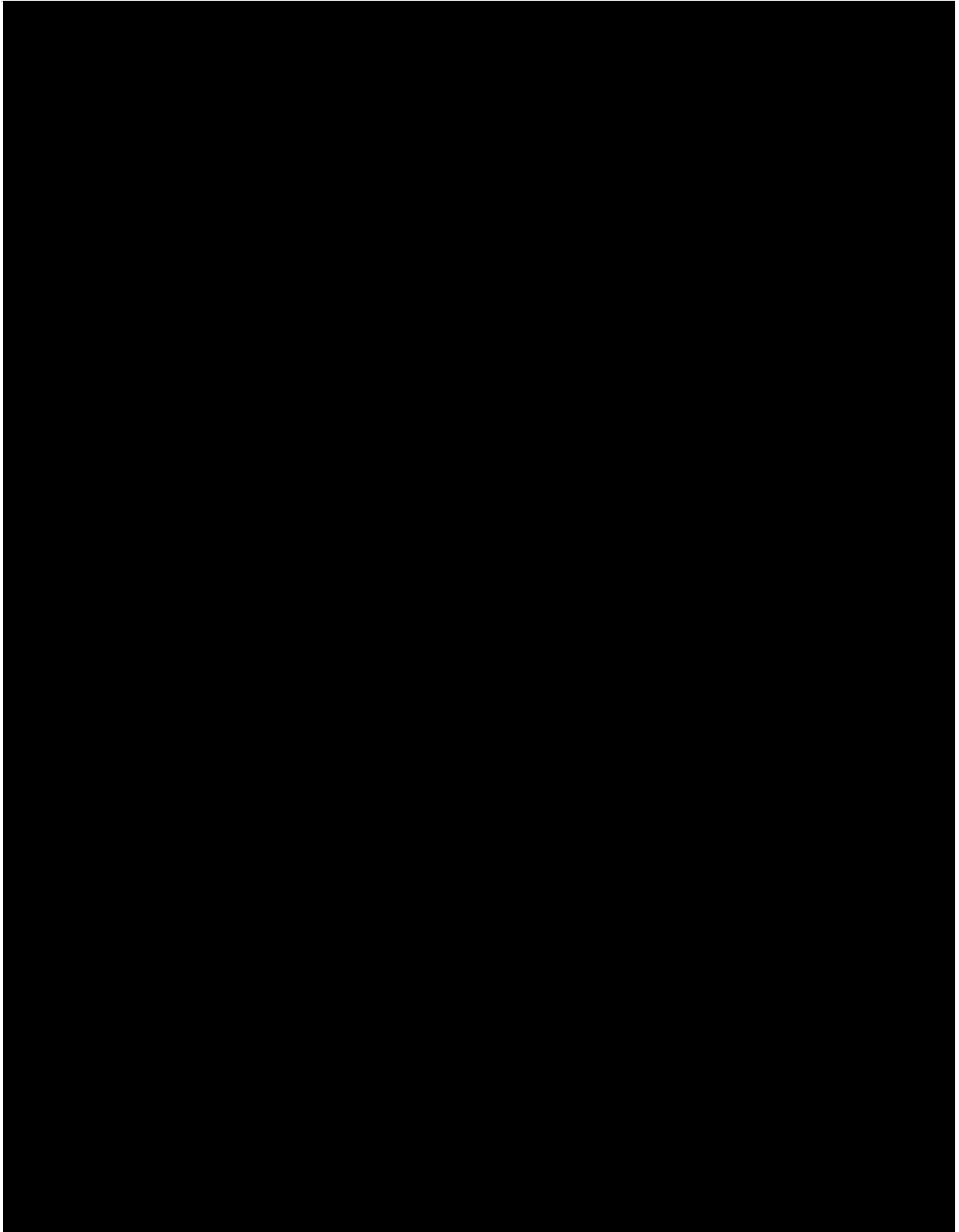


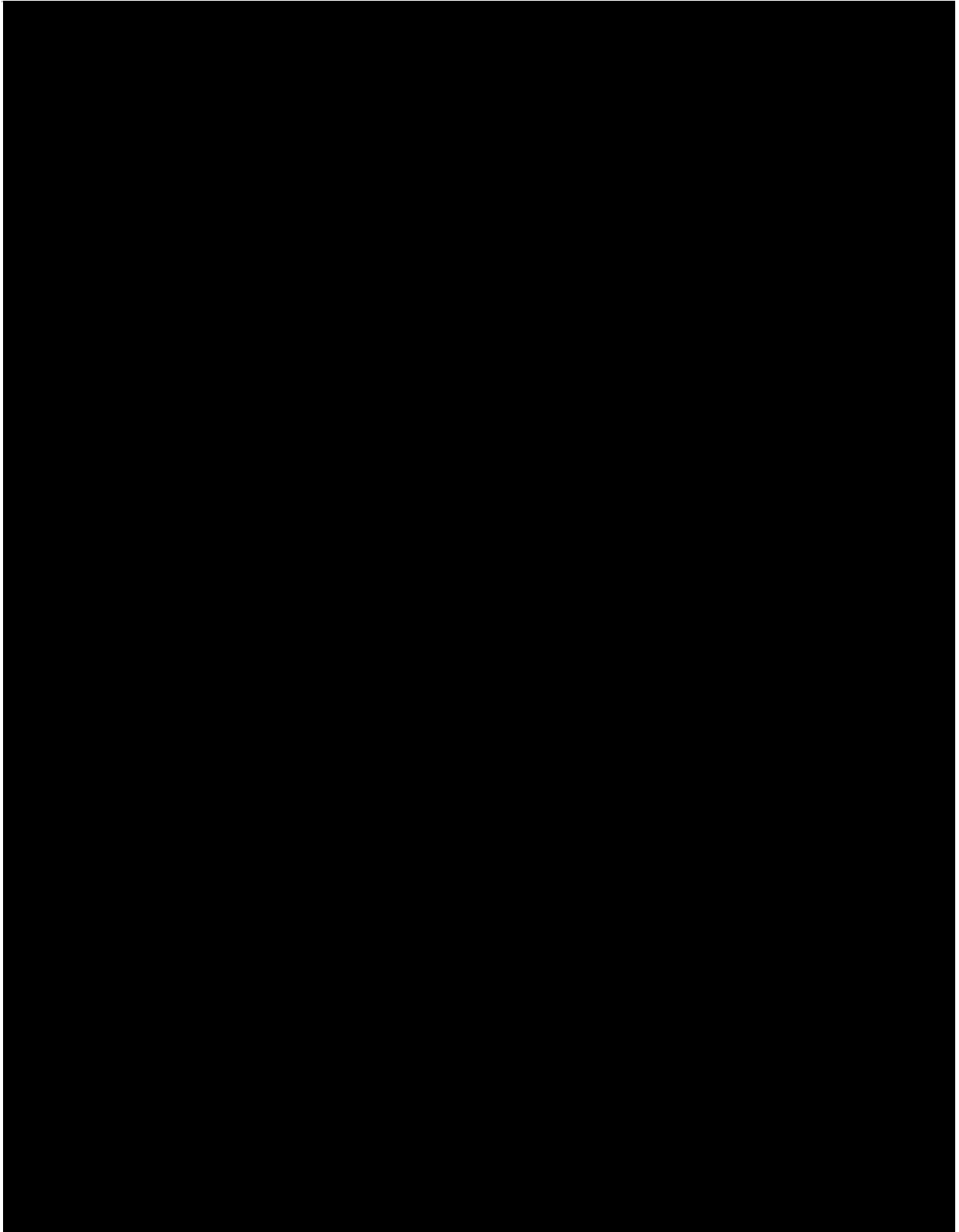


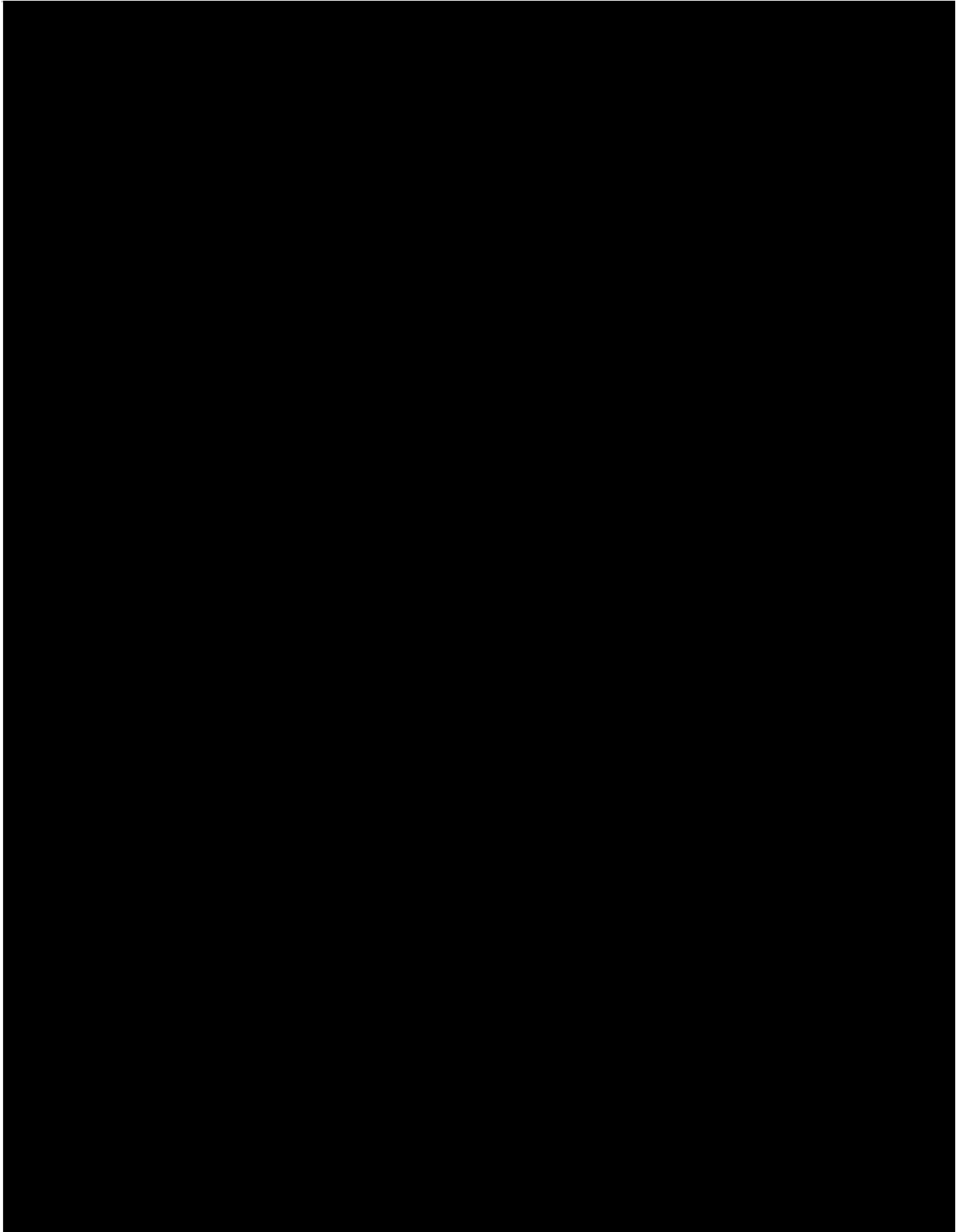


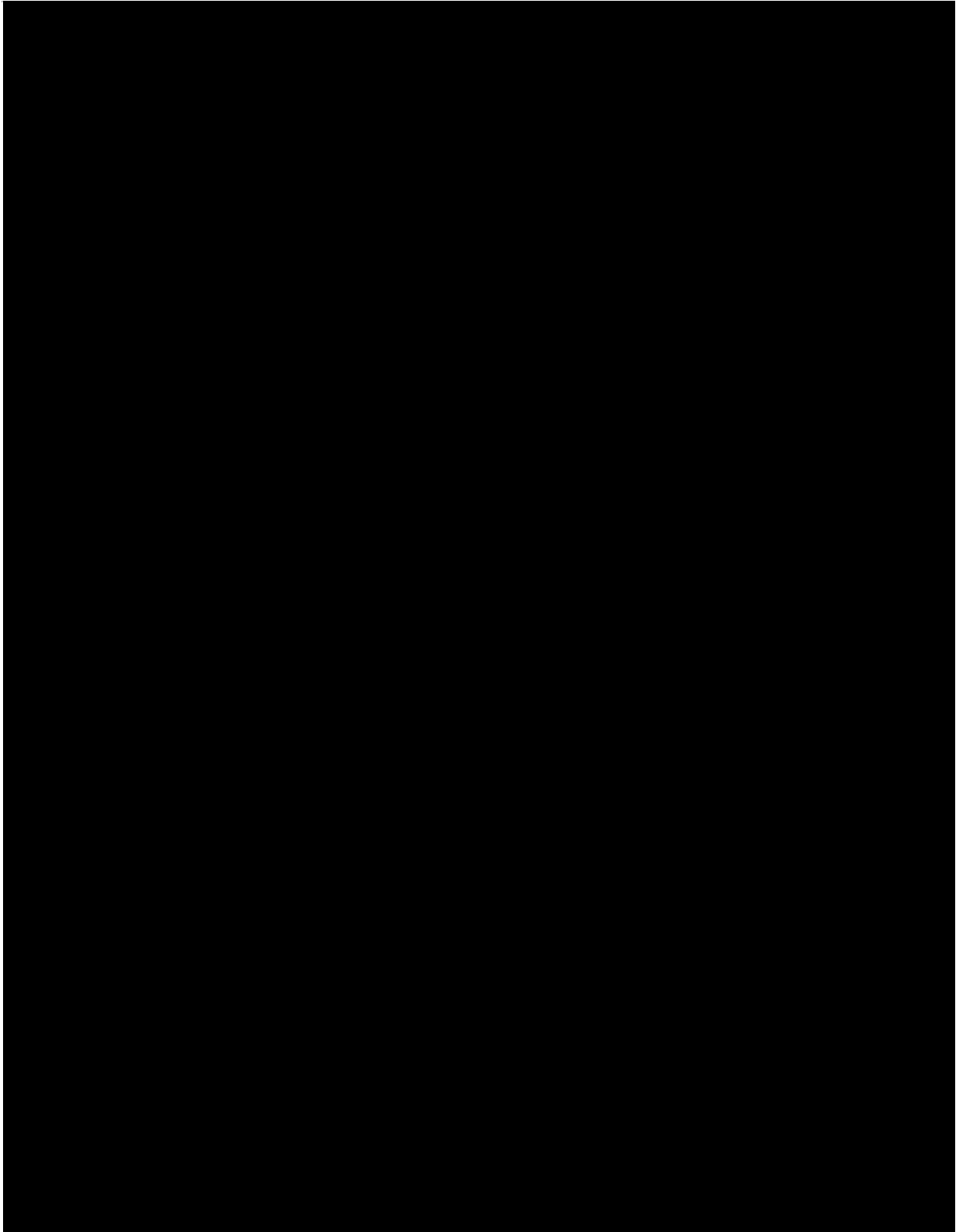
**24.2 - Insurance Policy**

We have included a copy of the declarations page of insurance policies applicable to all vehicles to be owned and operated by the Applicant, particularly those proposed for the secure transport of cannabis or medical cannabis.



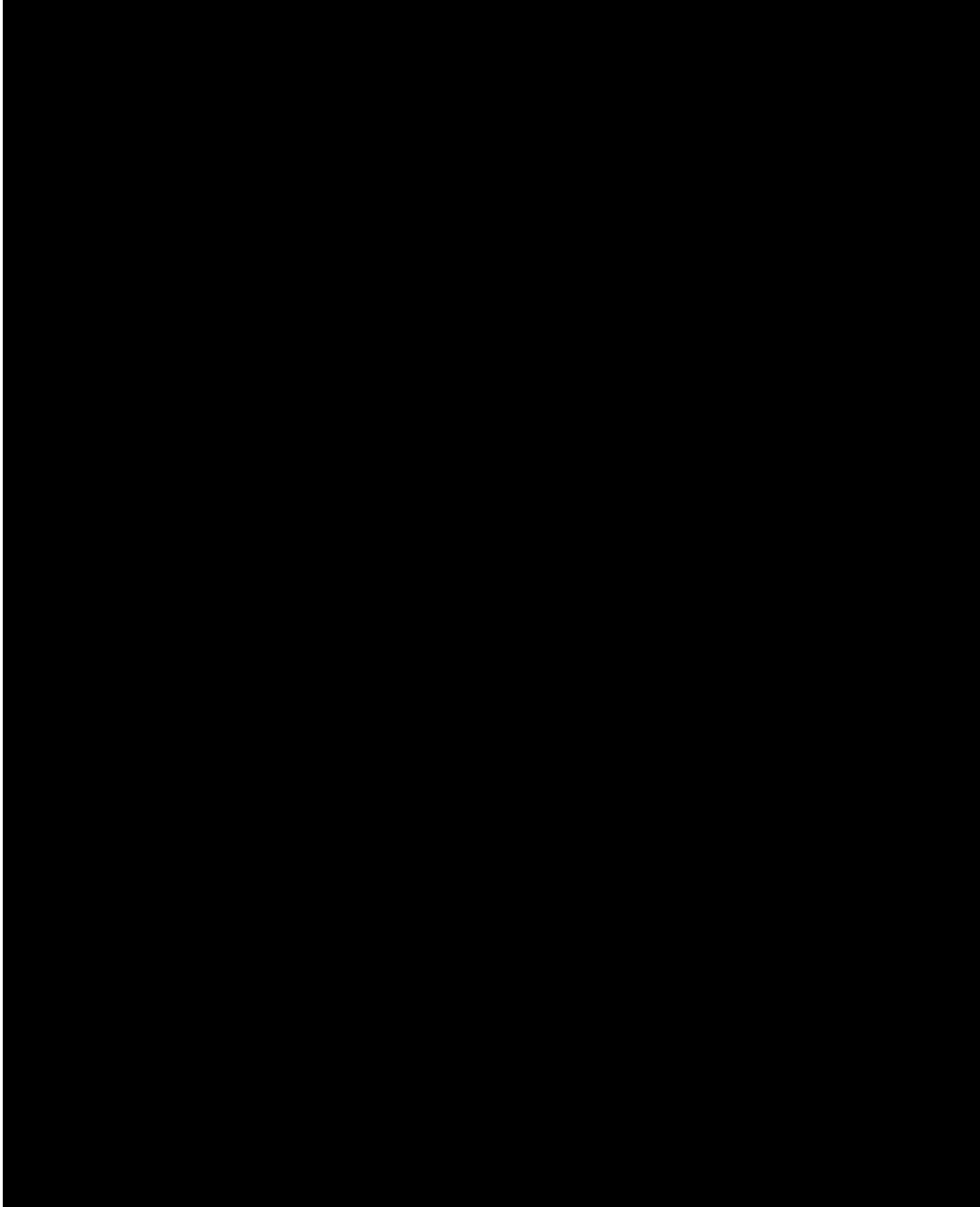






**24.3 – License Plate and DOT Numbers**

Our transportation vehicle currently is registered in the state of Florida. The vehicle will be assigned an Alabama license plate number at the time of Alabama registration, post-license announcement.





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# Exhibit 25 - Compliance with Alabama Public Service Commission Requirements

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

12/28/2022  
Verification Date

**Exhibit 25 – Compliance with Alabama Public Service Commission Requirements**

Our facility and related vehicle will operate in full compliance with Alabama Public Service Commission requirements for motor carriers. We have submitted the necessary application, included on the follow page, to begin registration with Commission.

**APPLICATION FOR MOTOR CARRIER CERTIFICATE**  
**Before the**  
**ALABAMA PUBLIC SERVICE COMMISSION**

This Application is being filed as a result of the Federal Aviation Administration Authorization Act of 1994, and the applicant claims the benefits and privileges of said Act.

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the \$100.00 filing fee (cashier's check or money order) with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

SECTION I		
Applicant	_____	(Legal name)
Doing Business as	_____	(Trade name)
Business Address	_____	
	(Must be a physical address – cannot be a post office box)	
_____	Alabama	_____
(City)	(State)	(Zip Code)
Mailing Address	_____	
	(May be a post office box)	
_____	Alabama	_____
(City)	(State)	(Zip Code)
( _____ )	( _____ )	_____
(Telephone Number)	(Facsimile Number)	(Email address)
<input checked="" type="checkbox"/> Applicant seeks a Certificate to transport property between all points in the State of Alabama, except household goods. (Household goods requires a separate application)		
SECTION II		
FORM OF BUSINESS (Check only <u>one</u> ):		
<input type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)	
<input type="checkbox"/> LIMITED PARTNERSHIP (LP)	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP)	
<input type="checkbox"/> SOLE PROPRIETORSHIP*		
<input type="checkbox"/> PARTNERSHIP (Identify partners)*	_____	
	_____	
<input type="checkbox"/> OTHER (identify)	_____	
*All Individual and Partner Applicants must comply with the provisions of Code of Alabama 1975, §31-13-29 by submitting a completed Proof of U.S. Citizenship form (available at <a href="http://www.psc.alabama.gov">www.psc.alabama.gov</a> ) confirming the Applicant's United States citizenship.		

**SECTION II Continued**

Out of State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnerships (LLP) must register with the Alabama Secretary of State.

Alabama corporation, LLC, LP, or LLP,

OR

Out of State Corporation, LLC, LP, or LLP

State of Organization: \_\_\_\_\_

Attach Certificate of Registration from the Alabama Secretary of State

Copy of Articles of Incorporation or Articles of Organization is attached as Appendix "A" or is already on file with the Alabama Public Service Commission.

If you have been issued a U.S.D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certificate number, provide it here:

USDOT#

MC#

APSC#

Applicant proposes to use approximately (number of) 2 motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity).

**SECTION III**

- Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission. (Form E and Form H are provided by the Insurance Company)
- \$100.00 filing fee paid (cashier's check or money order only)
- A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C."
- Applicant has attached hereto a Unified Carrier Registration (UCR) receipt for current year Or Form B-2, application for registration number with statutory fee of \$6.00 per vehicle.

**SECTION IV**

- Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D."
- OR
- Applicant has attached as Appendix "D" a description of its safety program that shows compliance with requirements of the Commission's rules and/or the rules of the United States Department of Transportation.

**SECTION V**

Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property.

All Individual and Partner Applicants have attached hereto a completed "Proof of U.S. Citizenship" form.

**SECTION VI**

Name and address of the contact person that can answer questions about this application or supply additional information:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)                      AL                      \_\_\_\_\_  
(State)                      (Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Facsimile Number)

\_\_\_\_\_  
(Email Address)

**OATH**

County of \_\_\_\_\_  
State of Alabama

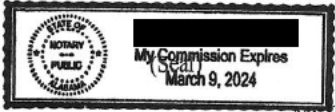
Name of Affiant \_\_\_\_\_  
being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) \_\_\_\_\_ that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief and that he/she is a United States Citizen.

(Signature of Affiant) \_\_\_\_\_

Subscribed and sworn to before me, a notary in and for said State and County above named.

Date: December 22, 2022

(Notary Public) \_\_\_\_\_



My Commission Expires: 3/9/2024





**APPENDIX "D"**  
**DESCRIPTION OF SAFETY PROGRAM**

As the CEO with/of [REDACTED]  
(Title) (Name of Applicant Company)

I am fully familiar with my company's operations and herein verify that  
[REDACTED] has in place a program to ensure substantial  
(Name of Applicant Company)  
compliance with all applicable safety rules and regulations of the Alabama Public Service  
Commission, as well as those of the United States Department of Transportation. In addition to  
all other requirements, [REDACTED] specifically  
(Name of Applicant Company)  
maintains: files on each driver with all required driver forms and information; files on each  
vehicle with all required forms including maintenance and safety inspection records; and all  
required written records of drivers' hours.

  
(Signature of Company Representative)

[REDACTED]  
(Printed Name of Company Representative)



FORM B-2

VEHICLE REGISTRATION NUMBERS  
FOR COMPENSATED MOTOR CARRIERS WITH INTRASTATE ONLY VEHICLES

(This form is not to be used for a vehicle used in interstate commerce and included in a UCR payment)

TO: ALABAMA PUBLIC SERVICE COMMISSION  
P. O. BOX 304260  
MONTGOMERY, AL 36130-4260

LEGAL NAME: [REDACTED]

D/B/A: \_\_\_\_\_

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: AL ZIP CODE: [REDACTED]

APSC CERTIFICATE NO.: \_\_\_\_\_ OR PERMIT NO.: \_\_\_\_\_


The above described applicant hereby applies for issuance of Vehicle Registration Numbers at \$6.00 each for the following identified vehicles.

MAKE	MODEL	VIN NUMBER
[REDACTED]	[REDACTED]	[REDACTED]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The applicant hereby acknowledges and understands Rule 3 of the Alabama Public Service Commission's Motor Carrier General Orders and Regulations Pamphlet No. 2003, as amended, as it pertains to the display of Registration Number, and Title 37, Chapter 3, Section 32(5)a, and as it pertains to the transferability of these numbers between vehicles.

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

NOTE: The fee for Registration Numbers is \$6.00 each. Payment must be made by cashier's check, certified check, or money order.

  
 \_\_\_\_\_  
 (Signature)  
 CEO  
 \_\_\_\_\_  
 (Title)  
 \_\_\_\_\_  
 (Contact phone number)

12/22/2022  
 \_\_\_\_\_  
 (Date)

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 26 – Commercial Driver’s License

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
\_\_\_\_\_  
Printed Name of Verifying Individual

CEO  
\_\_\_\_\_  
Title of Verifying Individual

*M. Brandon Meadows*  
\_\_\_\_\_  
Signature of Verifying Individual

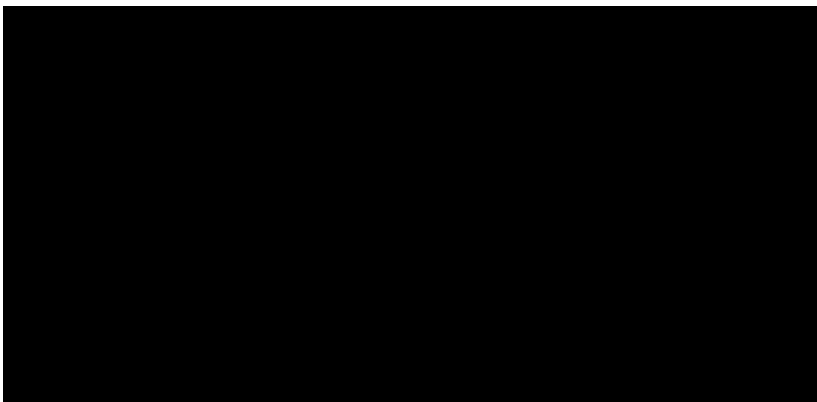
12/28/2022  
\_\_\_\_\_  
Verification Date

**Exhibit 26 – Commercial Driver’s License**

We do not plan to utilize vehicles that require a commercial driver’s license for operation as part of our operations. We anticipate using [REDACTED] from a professional [REDACTED] to securely transport all cannabis products. Vans such as these are routinely modified for use in transporting high value cargo. Employees are able to operate these vehicles with the credentials of a standard driver’s license.

All transportation vehicles identified for our integrated facility’s transport activities are appropriately registered, cared for and suited for commercial transportation of cannabis products, including being free of any markings, not allowing driver visibility of the products, not allowing external visibility of the products (no windows or covered windows), and being securely locked and temperature controlled. All transportation drivers working on behalf of our integrated facility has years of experience as drivers for agricultural products, have current Driver’s licenses, and have received the required training. All drivers have been informed about the state, local and federal laws that apply to them and will comply with each of the said laws, including all AMCC rules and regulations.

The undersigned verifies that the information contained in this statement, is accurate and complete, based on the best available information at the date of verification.



Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 27 – Fleet Summary

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

12/28/2022  
Verification Date

**Exhibit 27 - Fleet Summary**

We intend to utilize [REDACTED] for medical cannabis product transport.

Make: [REDACTED]

Model: [REDACTED]

VIN Number: [REDACTED]

License Plate Number:

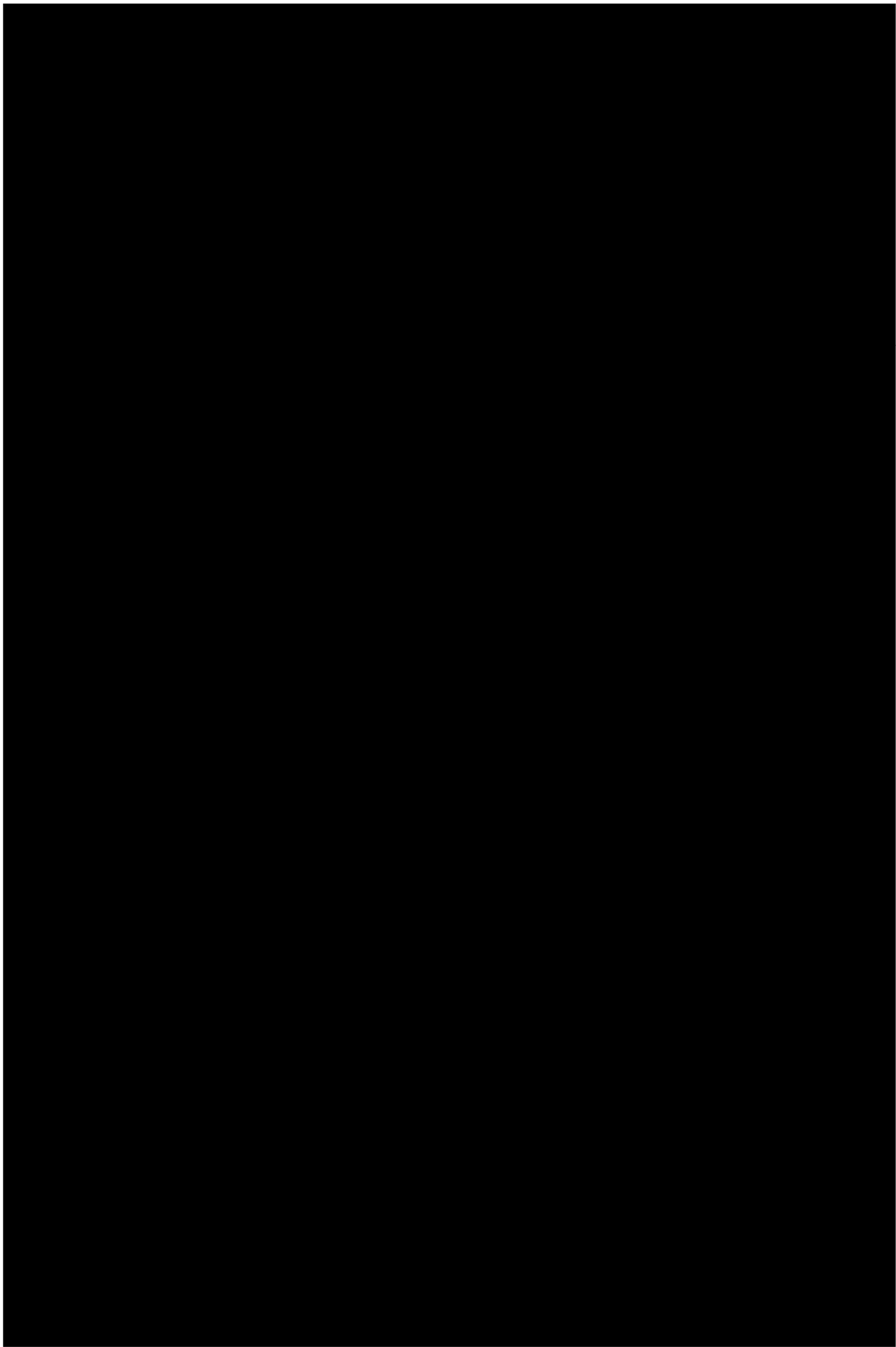
Specifications:

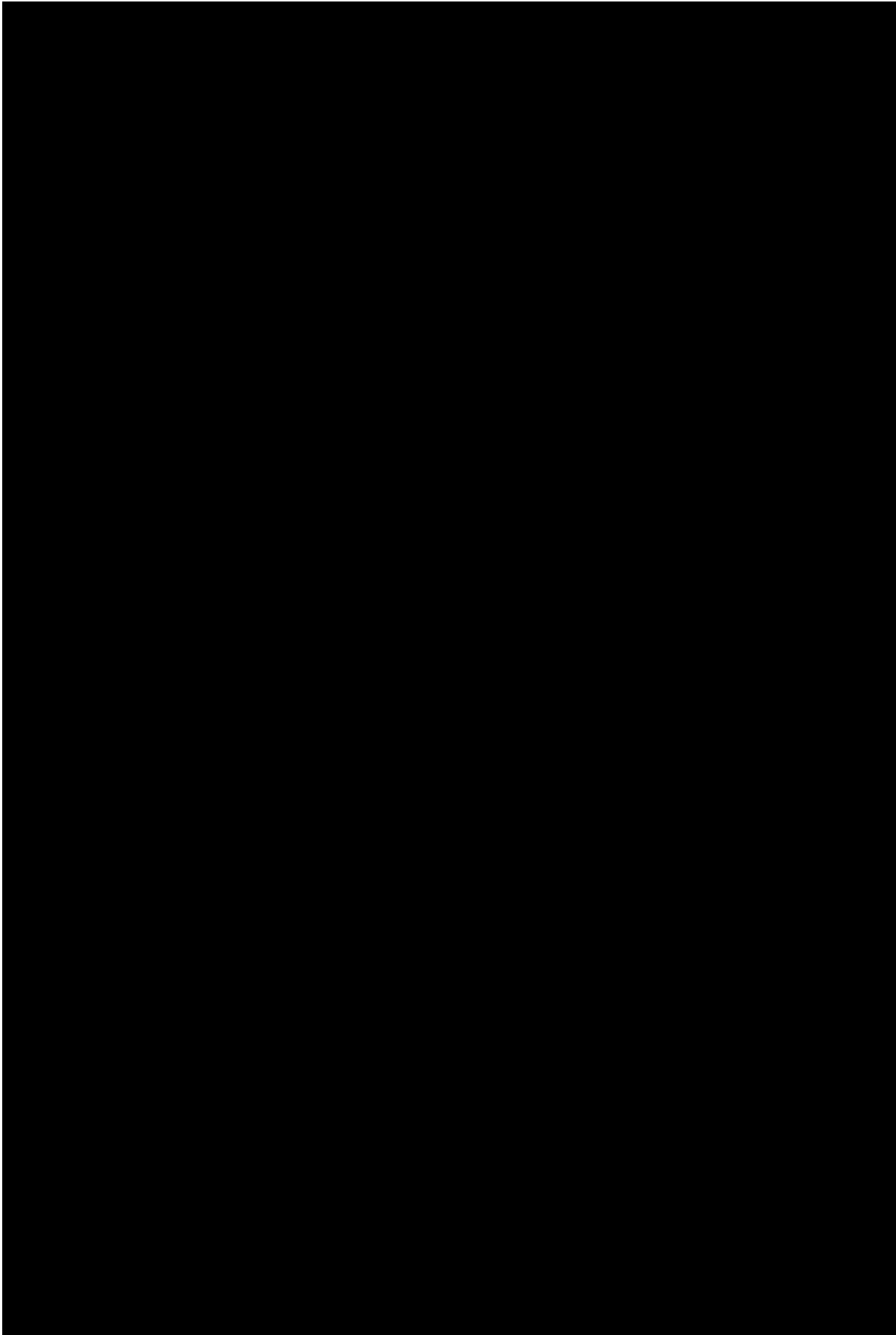
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 28 – Care and Maintenance of Vehicles

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

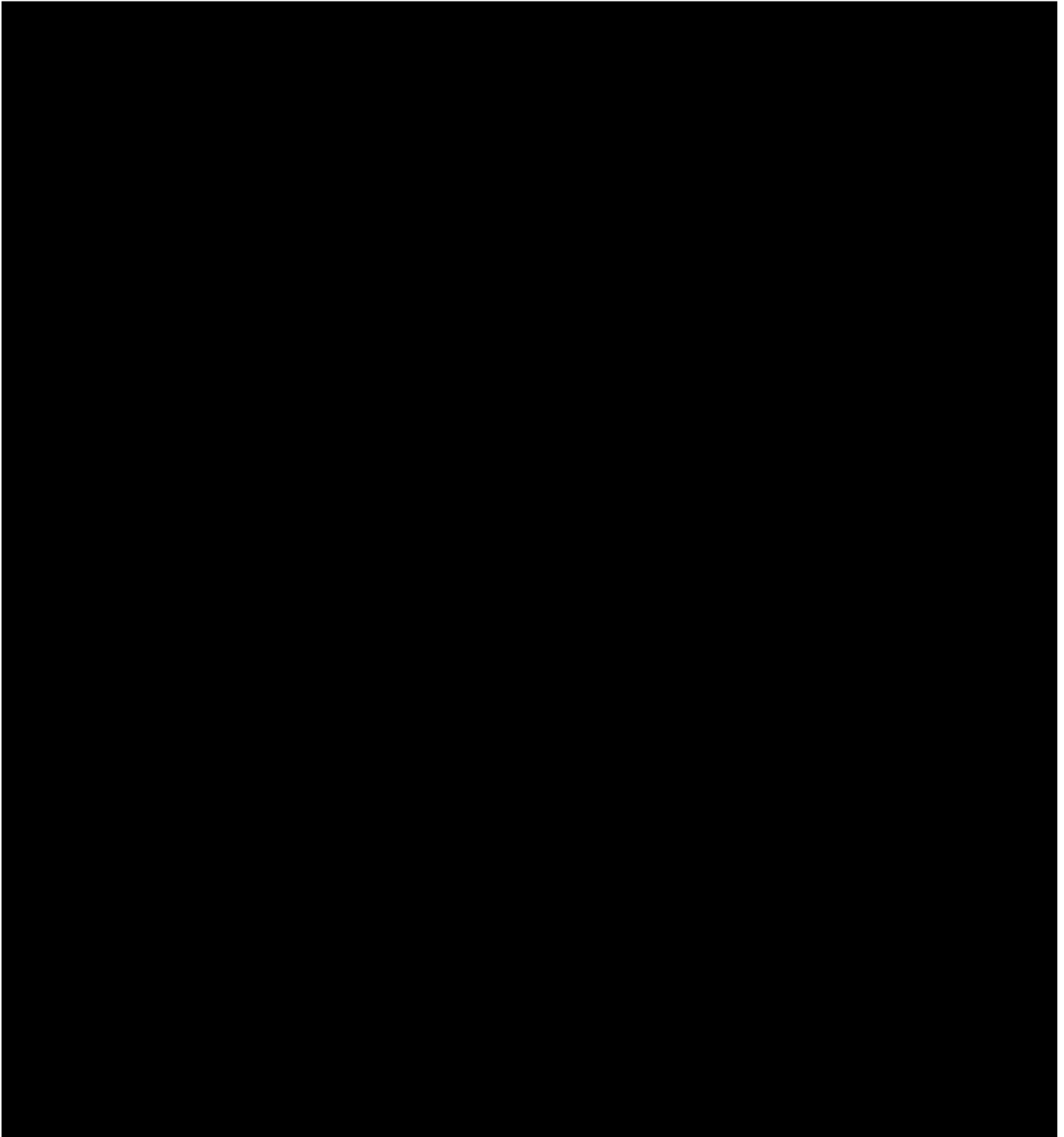
12/28/2022  
Verification Date

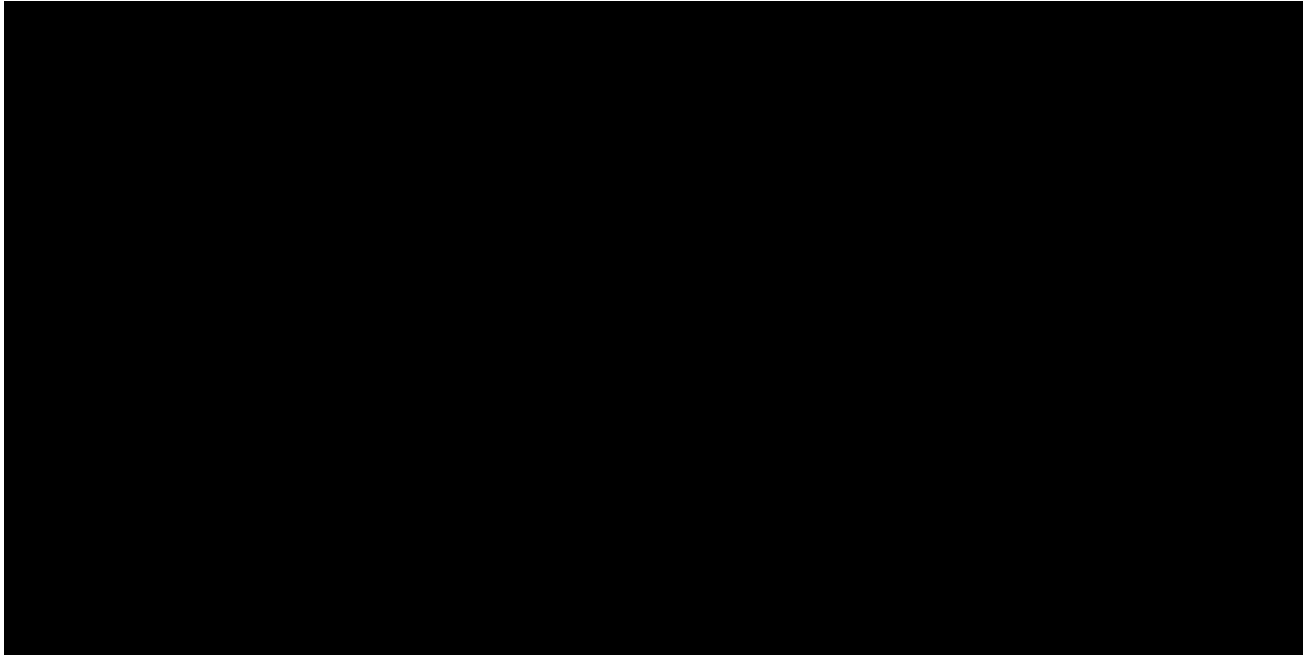


**Exhibit 28 - Care and Maintenance of Vehicles**

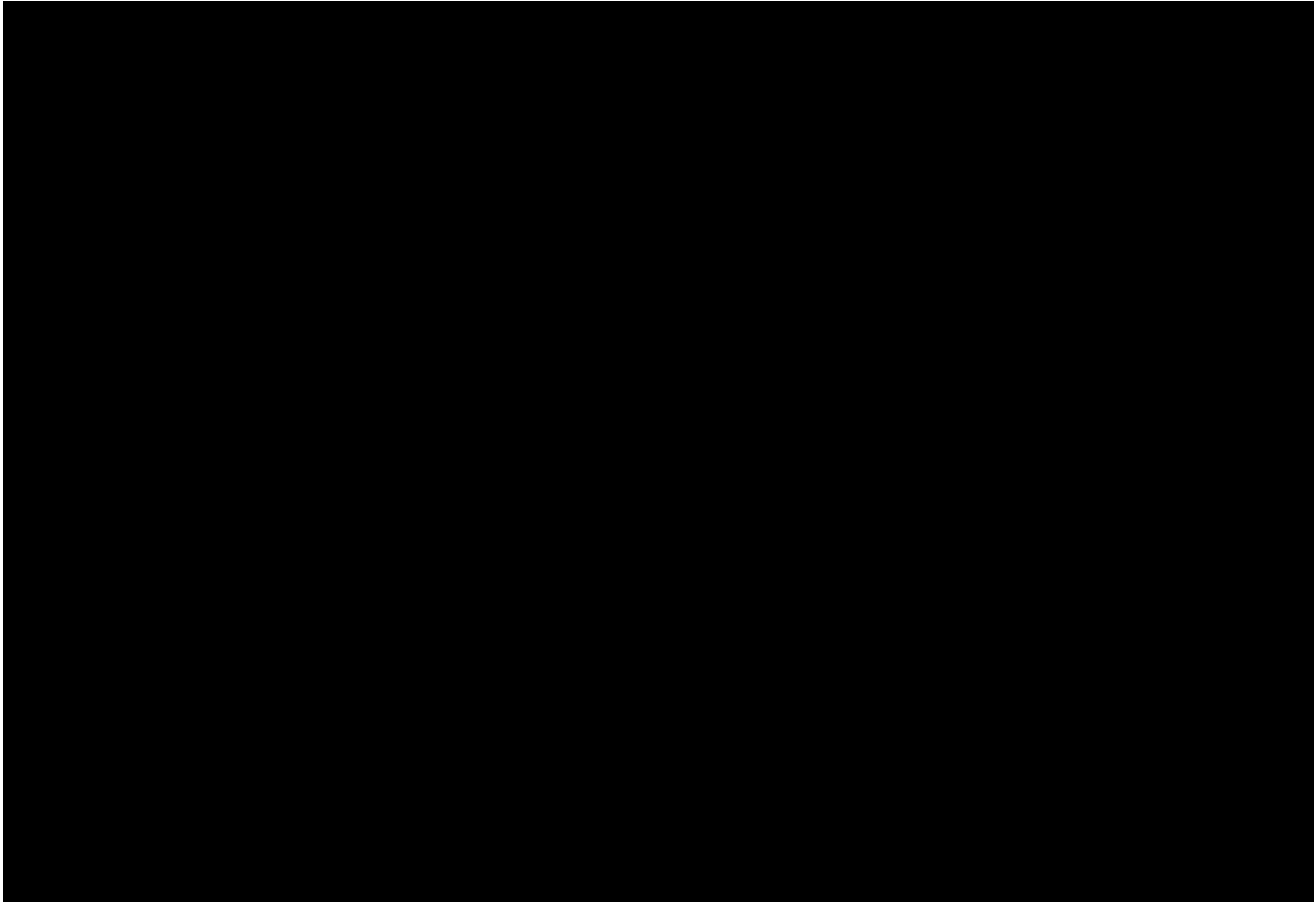
*Plan Status Complete*

We have established a care and maintenance plan for company vehicles. The goals and objectives of the vehicle maintenance program are:

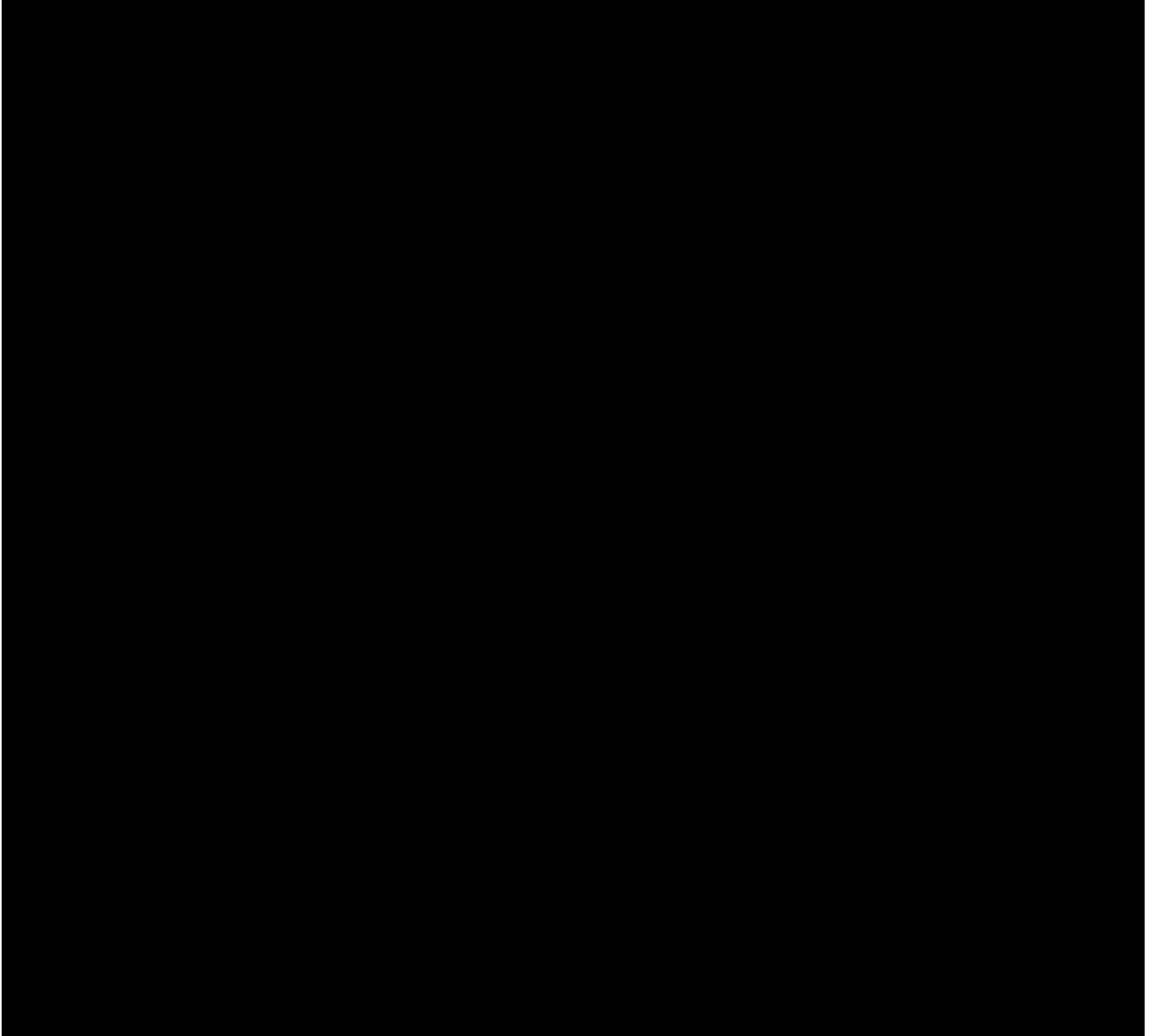


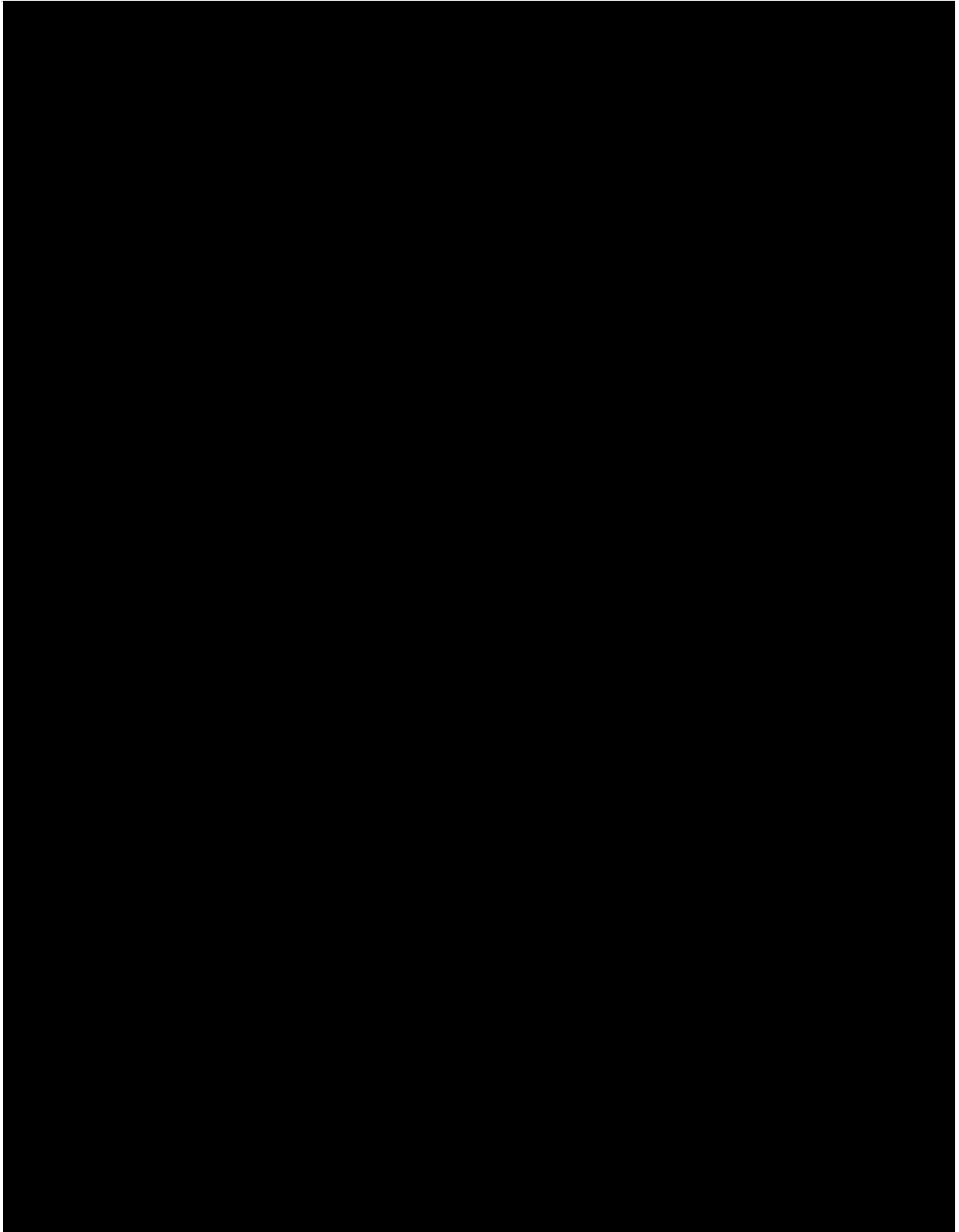


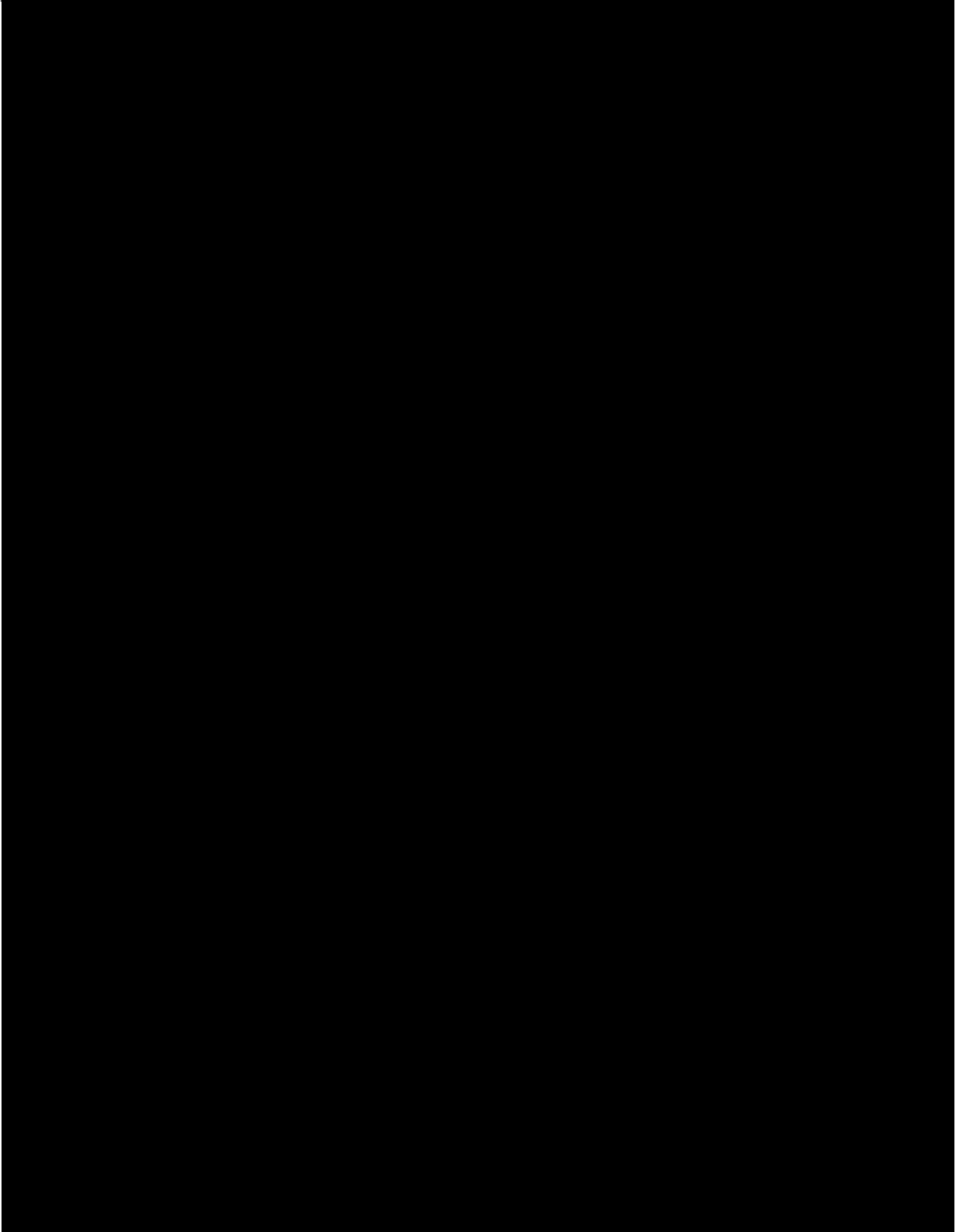
The Transportation Manager will schedule regular equipment inspections and maintenance according to the guidance provided in the vehicle's owner's manual including:



Program Elements:







Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 29 – Route Plans

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

12/28/2022  
Verification Date

**Exhibit 29 – Route Plans**

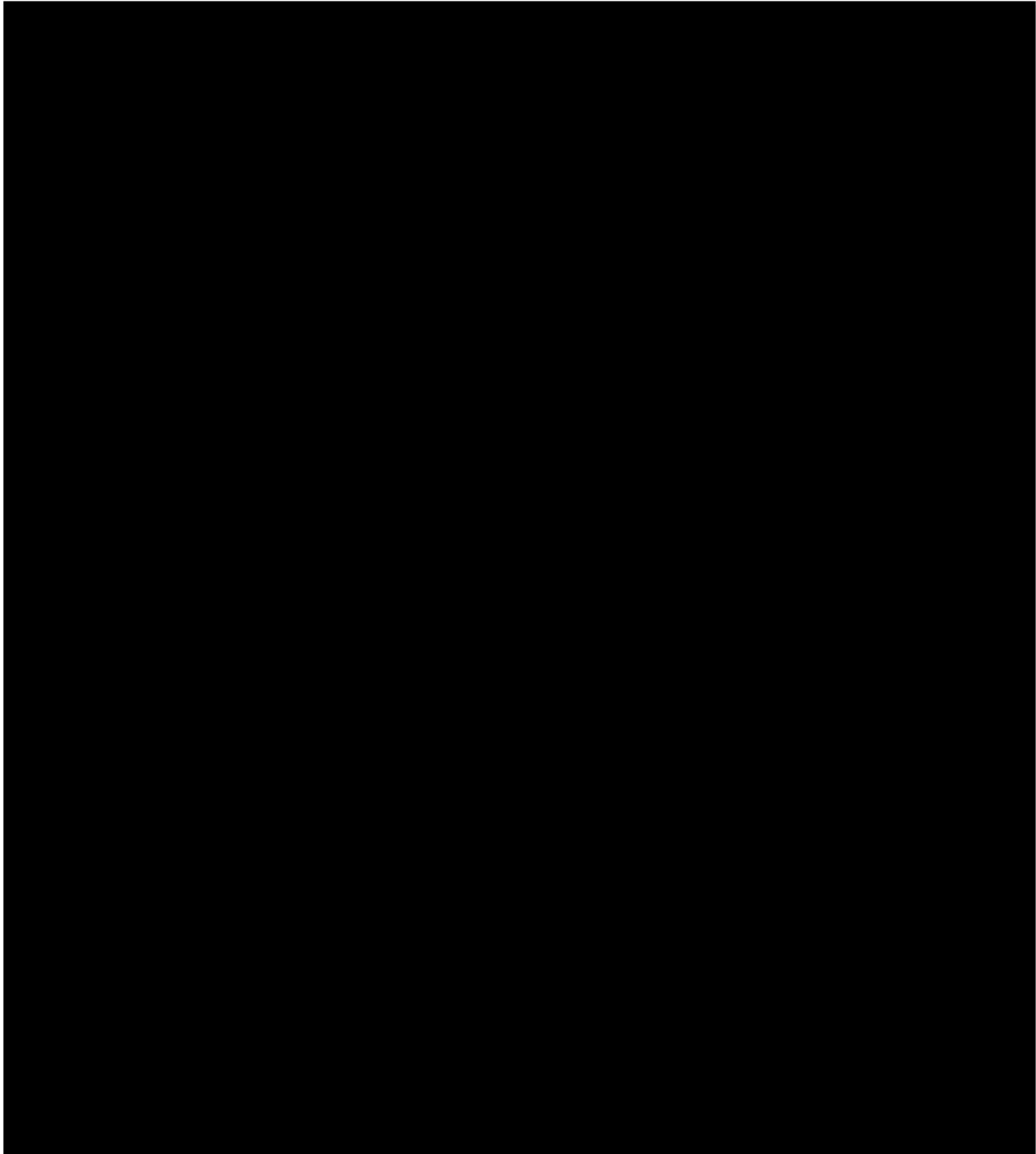
We have developed strong operational policies and procedures regarding the transport of medical cannabis. As an integrated facility, we intend to transport cannabis and medical cannabis between our facilities. We are prohibited from transporting cannabis or medical cannabis on behalf of a secure transporter, to or from another licensed facility, or to a patient caregiver.

Prior to transport, the [REDACTED] will enter into the Alabama Statewide Seed-to-Sale Tracking System the route plans and manifests of any vehicle transporting cannabis or medical cannabis. When transporting cannabis and medical cannabis, transportation associates will travel directly from the integrated facility to the dispensing facilities and must not make any unplanned stops in between. For an emergency stop, a detailed entry will be maintained in the Trip Plan (identified as “Trip Plan Attachment to Exhibit 29”) that describes the reason, duration, location, and any activities of personnel exiting the vehicle. [REDACTED]

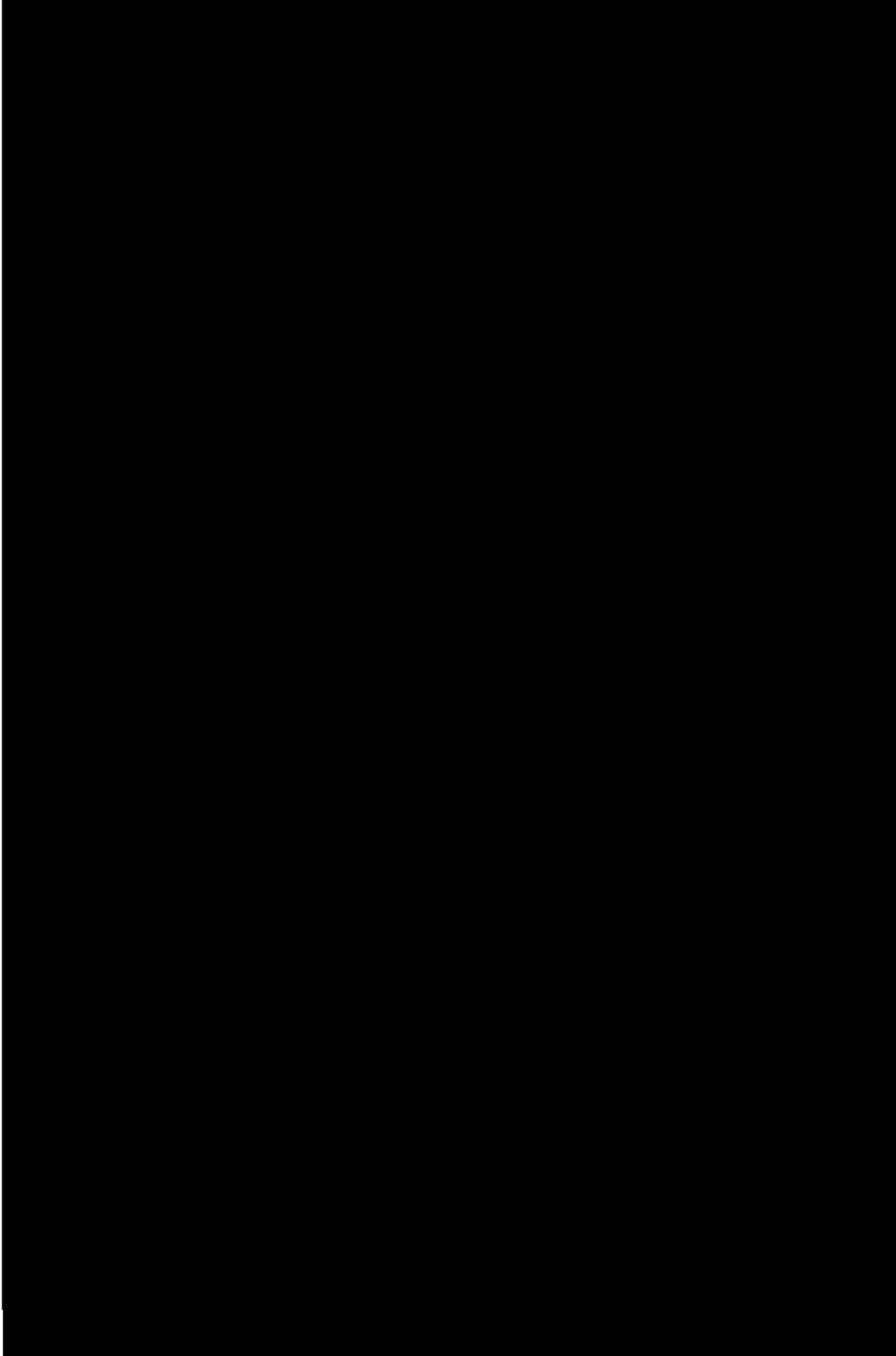
Our facilities are geographically dispersed throughout the state. To ensure reasonable drive time for associates, we intend to, whenever possible, divide routes between facilities in Northern and Southern Alabama, with our integrated facility in [REDACTED] as the originating point for all transport:

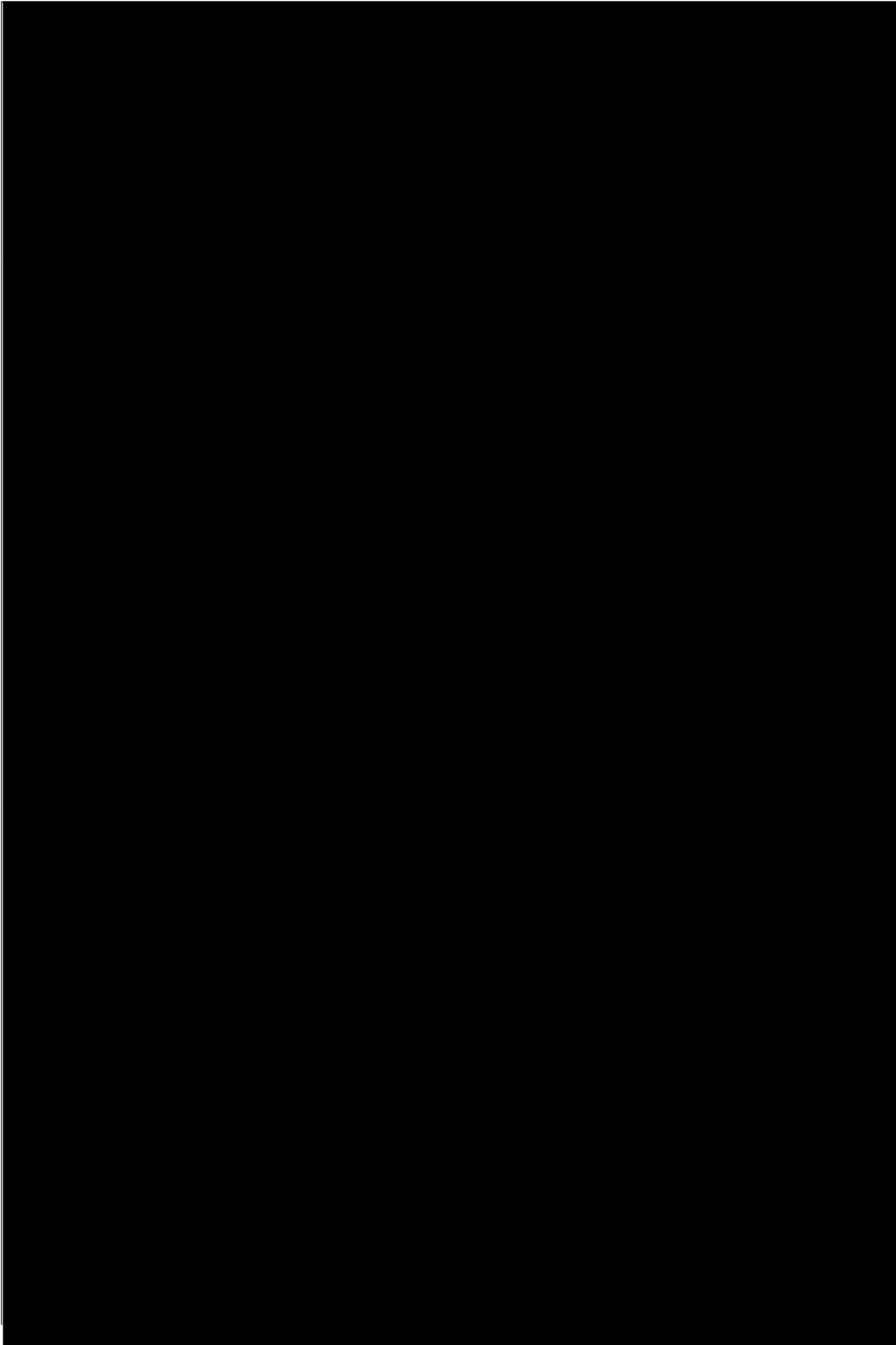
- Northern Alabama: [REDACTED]
- Southern Alabama: [REDACTED]

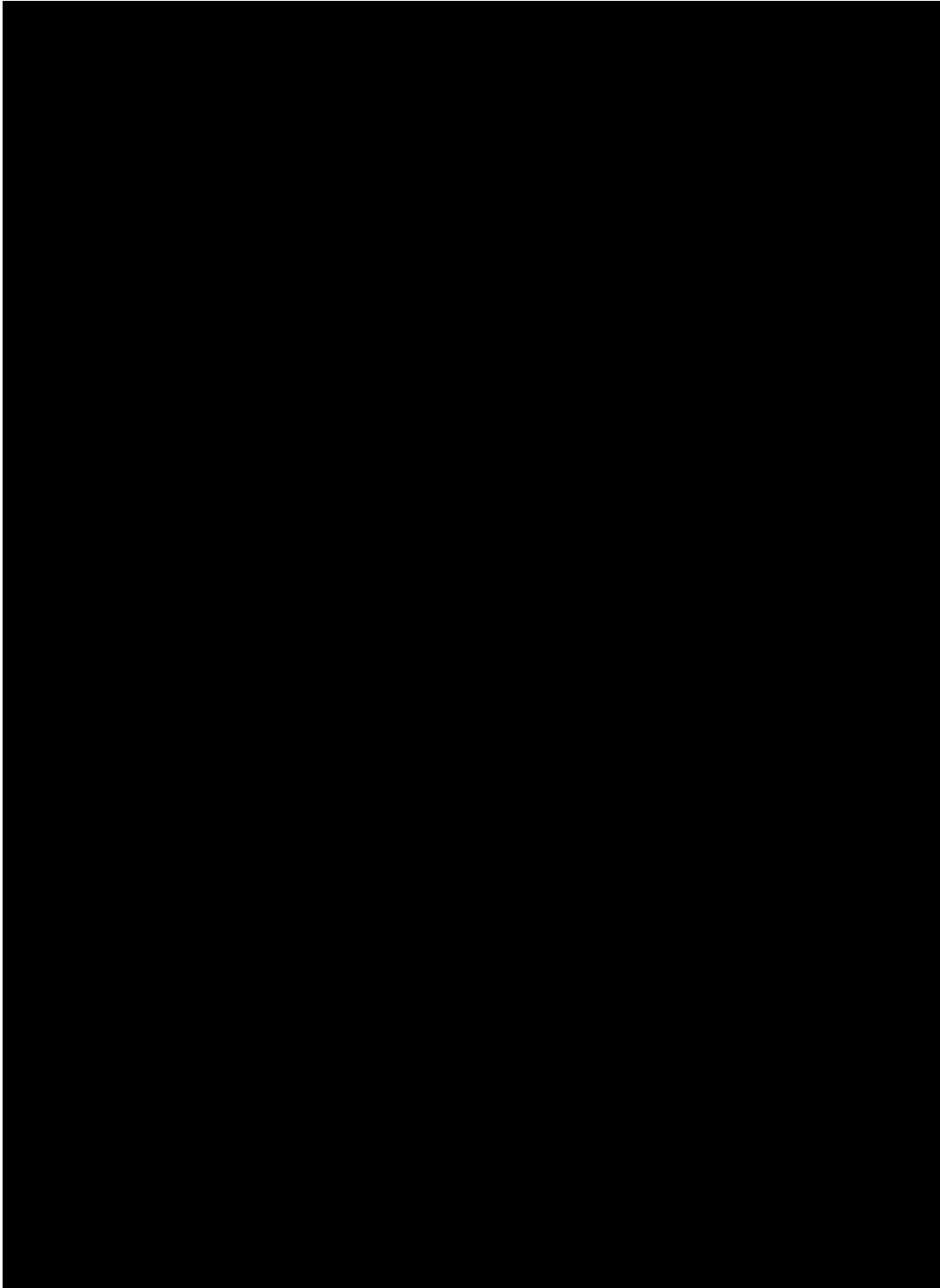
A proposed route plan for the Northern Alabama route has been included with the trip plan attachment referenced above.











Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002)) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002)) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 30 – Plan for Segregation of Processes Within and Transportation Between Facilities

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

\_\_\_\_\_  
Printed Name of Verifying Individual

\_\_\_\_\_  
Title of Verifying Individual

12/28/2022

*M. Brandon Meadows*

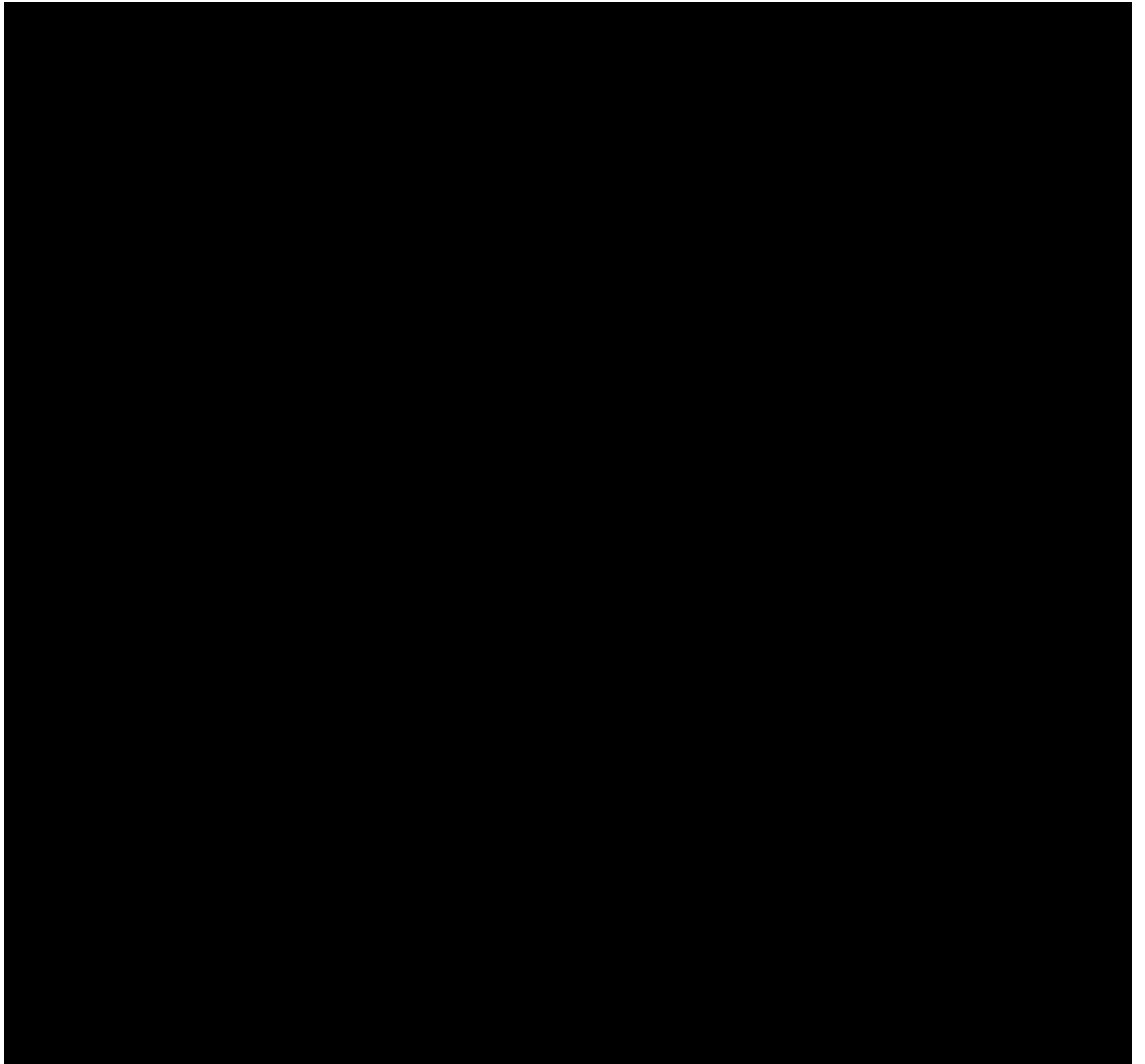
\_\_\_\_\_  
Signature of Verifying Individual

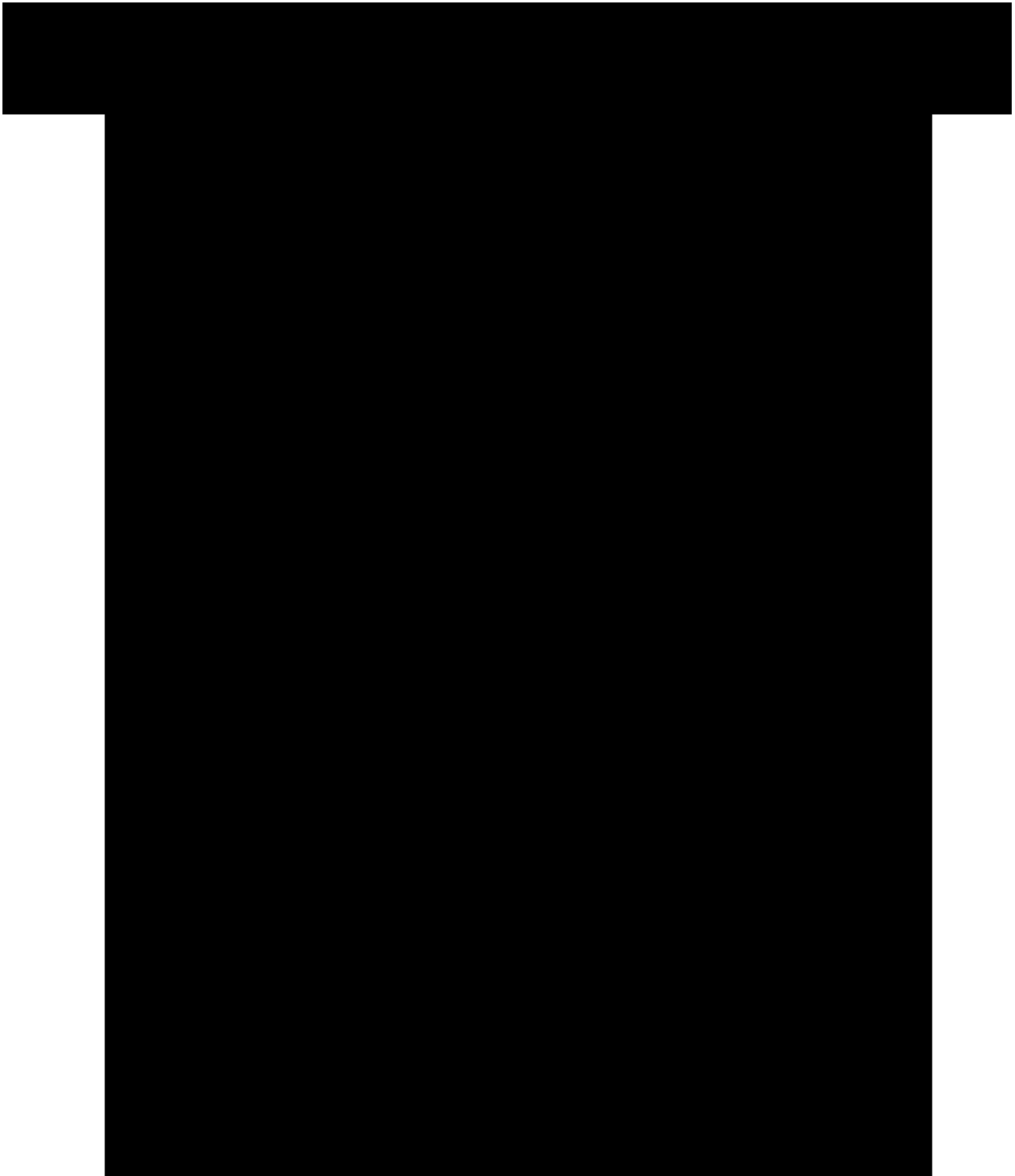
\_\_\_\_\_  
Verification Date

**Exhibit 30 – Plan for Segregation of Processes Within and Transportation Between Facilities**

*Plan Status: Complete*

We have developed a plan for keeping strictly separated all aspects of production, including cultivation of cannabis, the processing of medical cannabis, the dispensing of medical cannabis, and the secure transport of cannabis and medical cannabis to and from our facilities.





Cultivation Areas

All cultivation will take place in our secure [REDACTED] Greenhouse. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

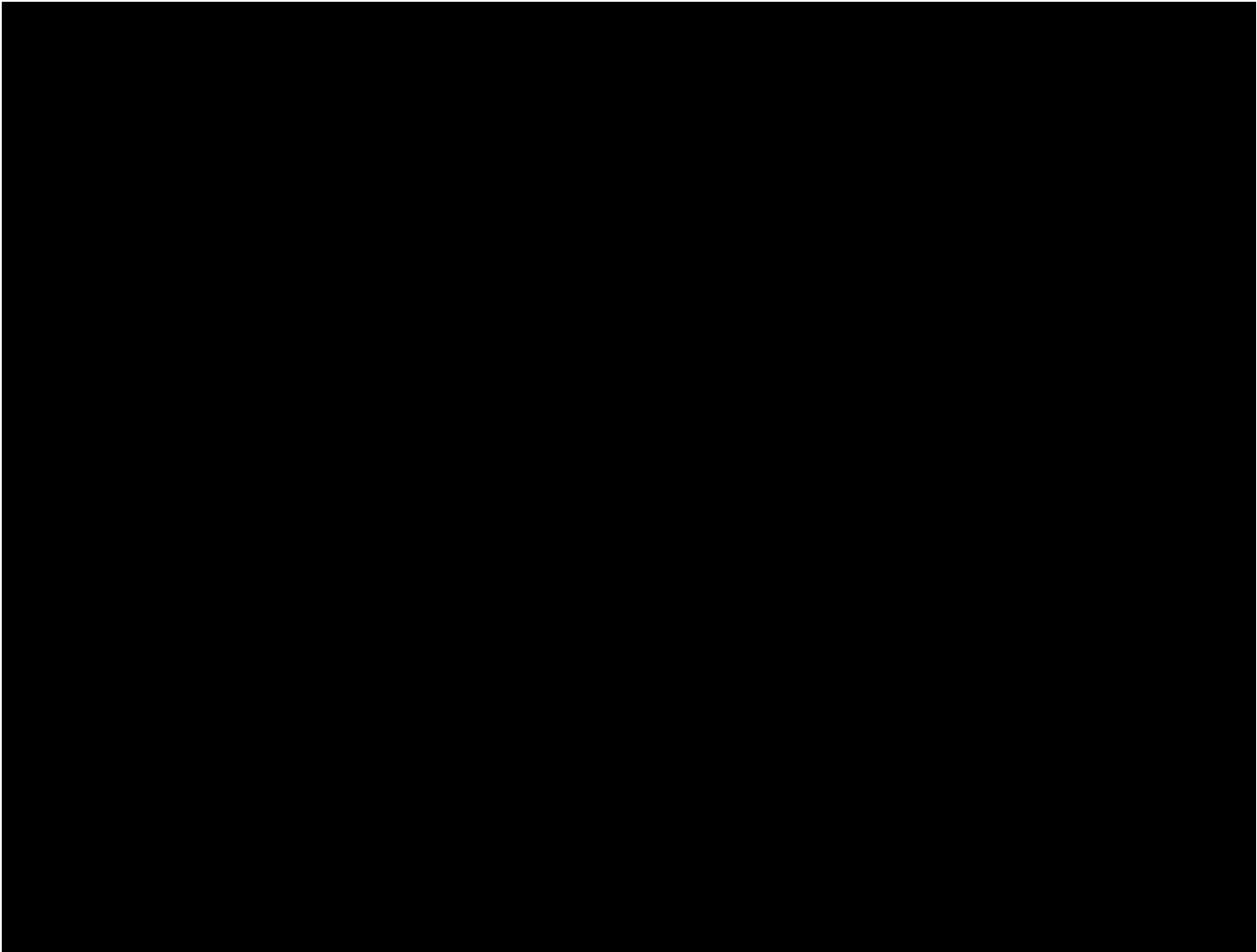
[REDACTED]

[REDACTED]

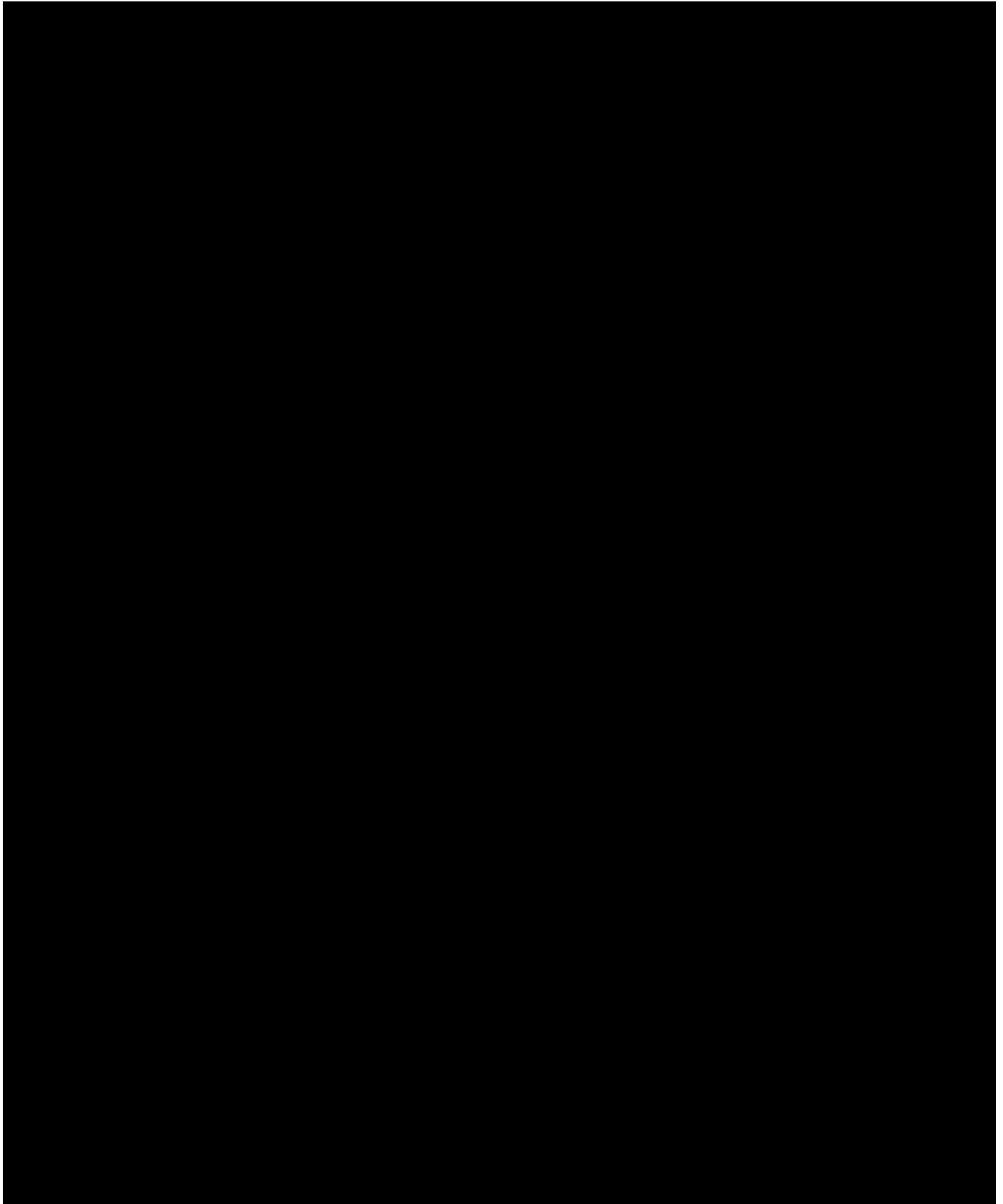


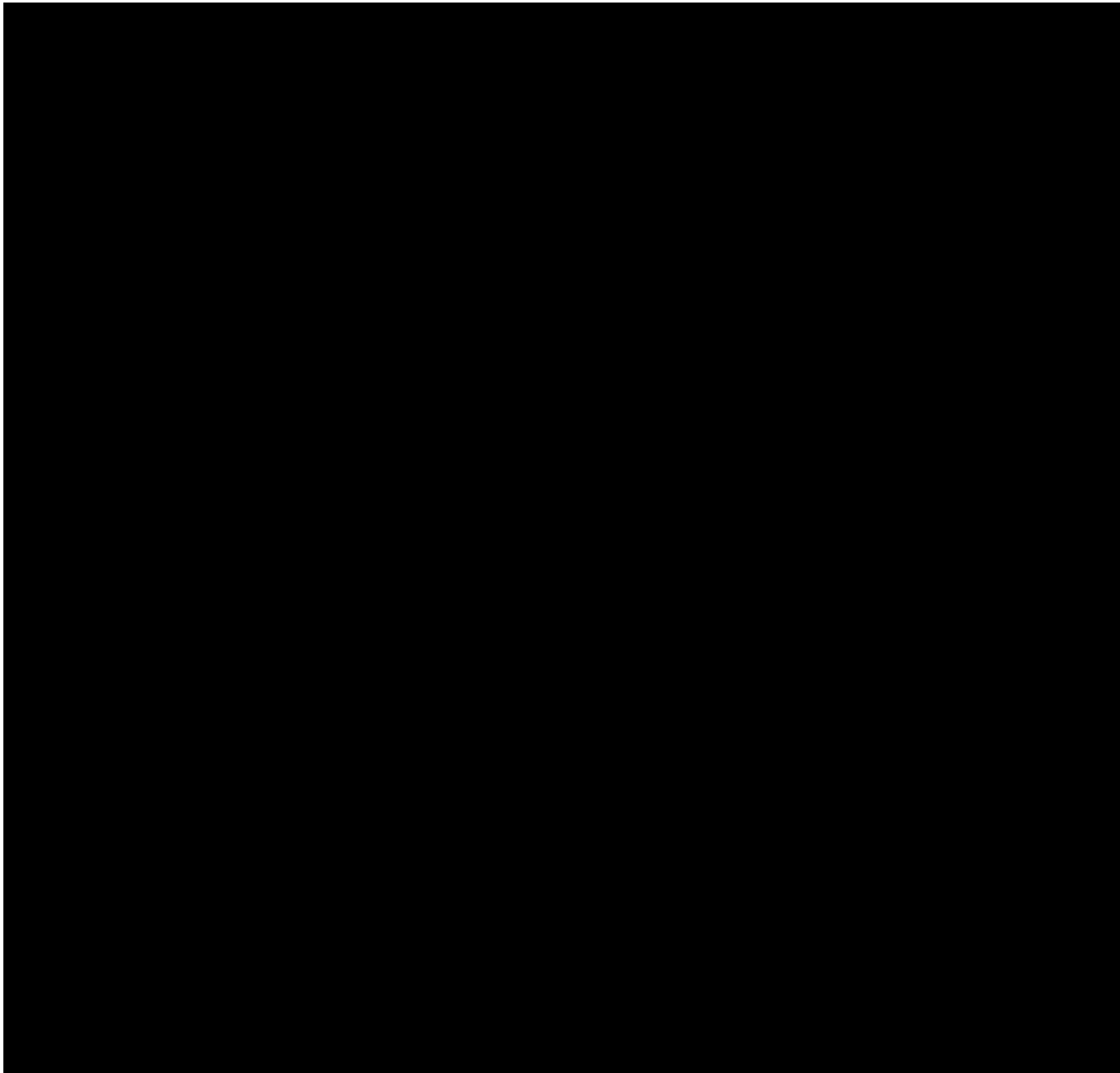
Processing Areas

The space planning and layout of the interior of our production facility has been thoughtfully designed and engineered by an expert team of processing veterans. The flow of materials, products, and personnel has been carefully considered at every point, ensuring that there is adequate space to accommodate the functions of each designated area. We will maintain our facility with adequate lighting, ventilation, temperature, sanitation, equipment, and security for the processing of medical cannabis.



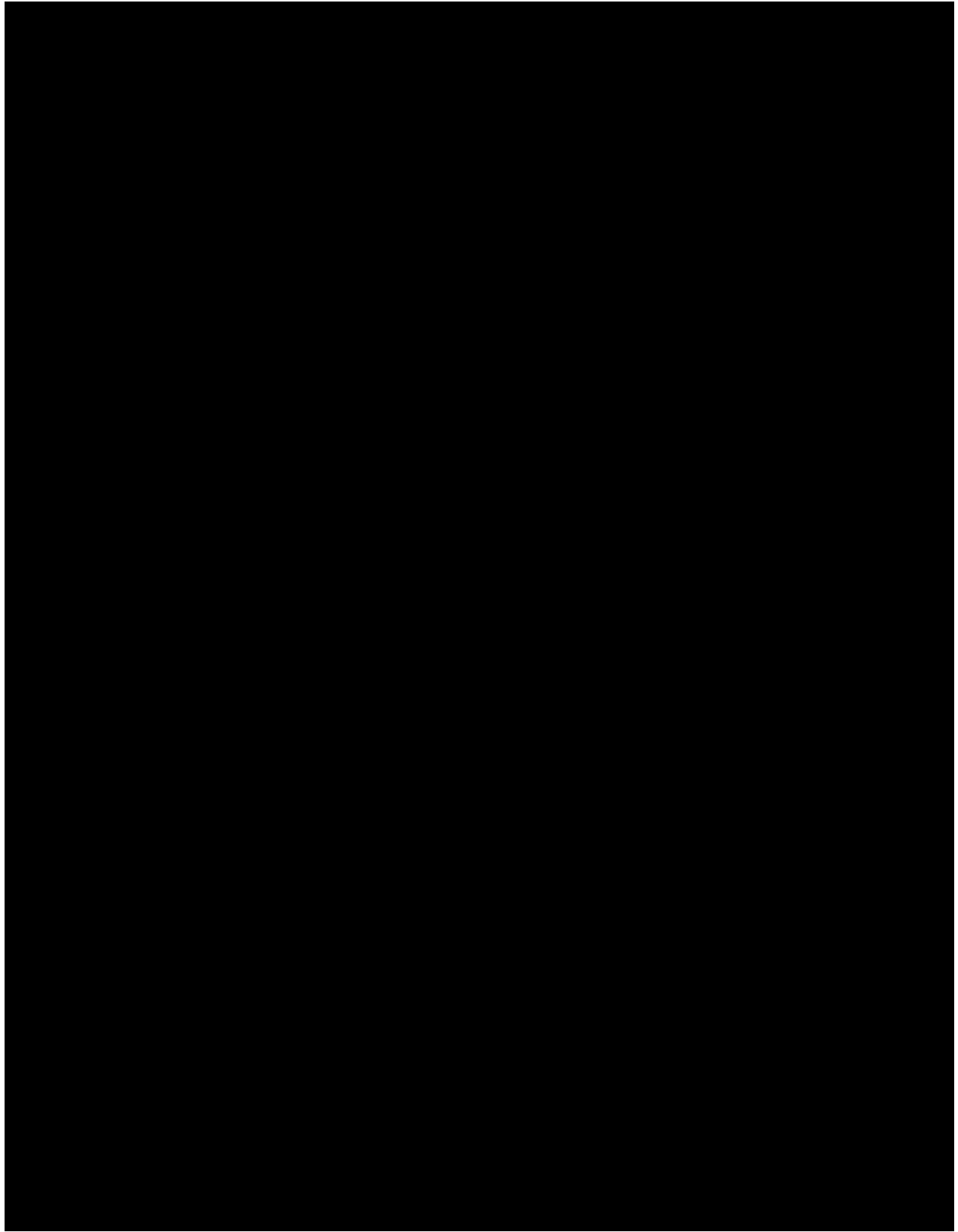


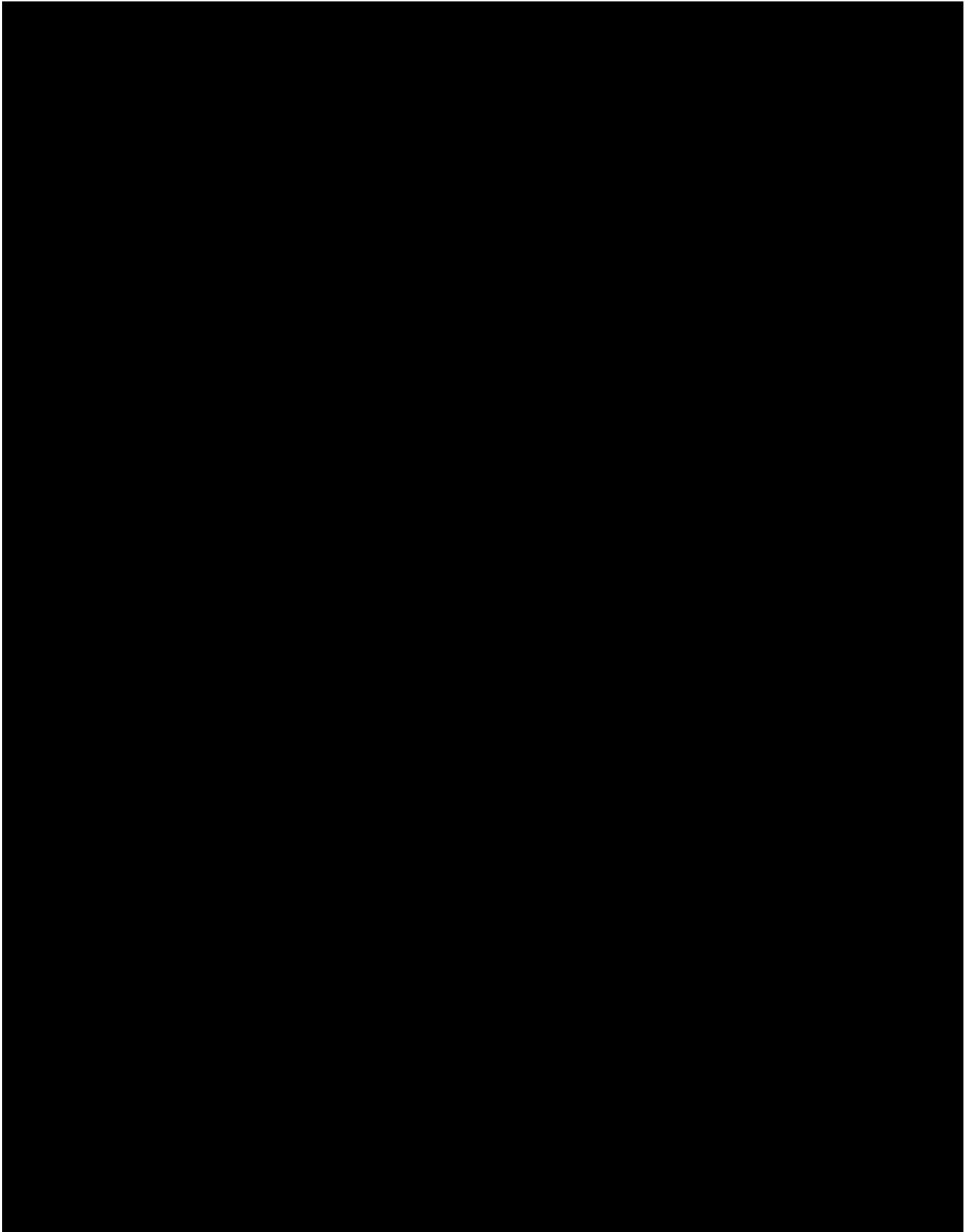


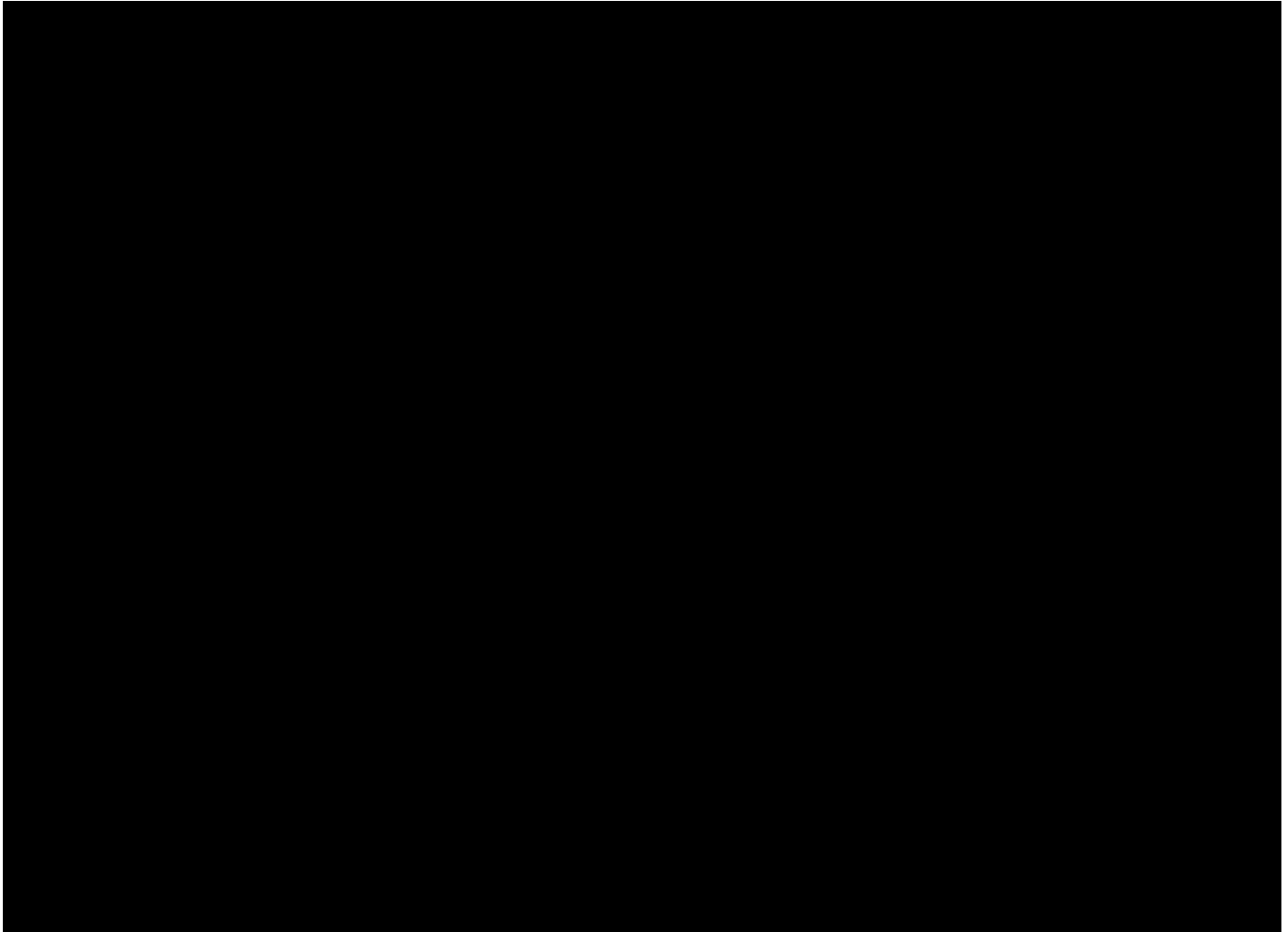


Dispensing

All dispensing to registered patients and/or caregivers will take place at one of our five (5) dispensary locations. The space planning and fit out of the interior of each store model has been thoughtfully designed and engineered by an expert team of retail veterans. The patient journey has been carefully considered at every point, ensuring that there is space and privacy to choose products and learn about cannabis as medicine, while feeling comfortable in the presence of others occupying the shared space. The overall design, layout, and interior spaces allow for growth in the number of patients being served each day.





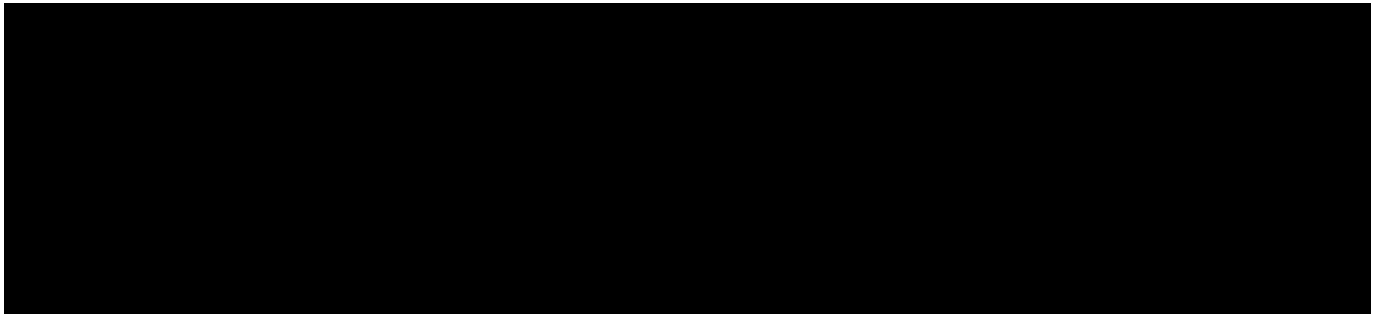


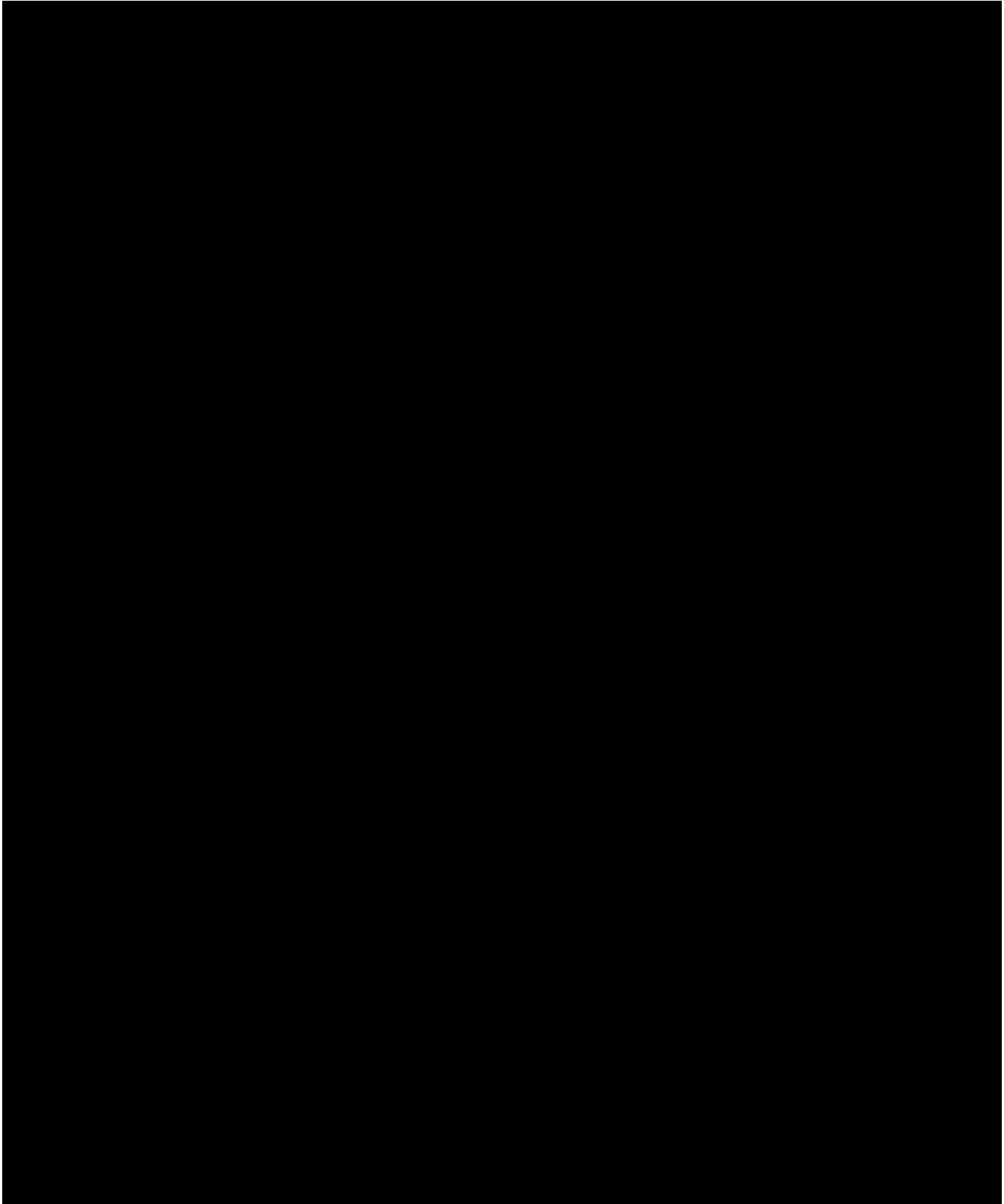
Secure Transport

The secure shipping area at our integrated facility will be used for transport preparation and product receiving. [REDACTED]

[REDACTED]

[REDACTED]





Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 31 – Facilities

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

**Printed Name of Verifying Individual**

CEO

**Title of Verifying Individual**

*M. Brandon Meadows*

**Signature of Verifying Individual**

Original 12/27/2022; Edited 2/23/2023

**Verification Date**

**CULTIVATION AND PROCESSING FACILITY**

**31.1 - Facility Name and Type**

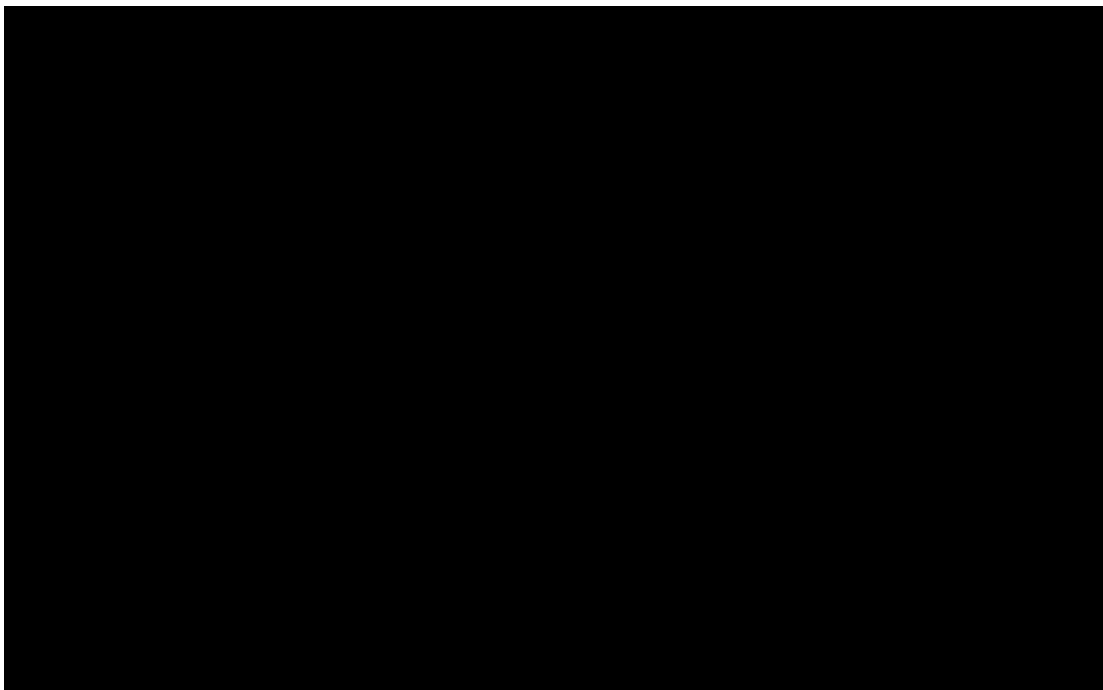
Facility Name: [REDACTED]

Facility Type: Cultivation/Processing

**31.2 - Physical Address & GPS Coordinates of Facility**

[REDACTED]

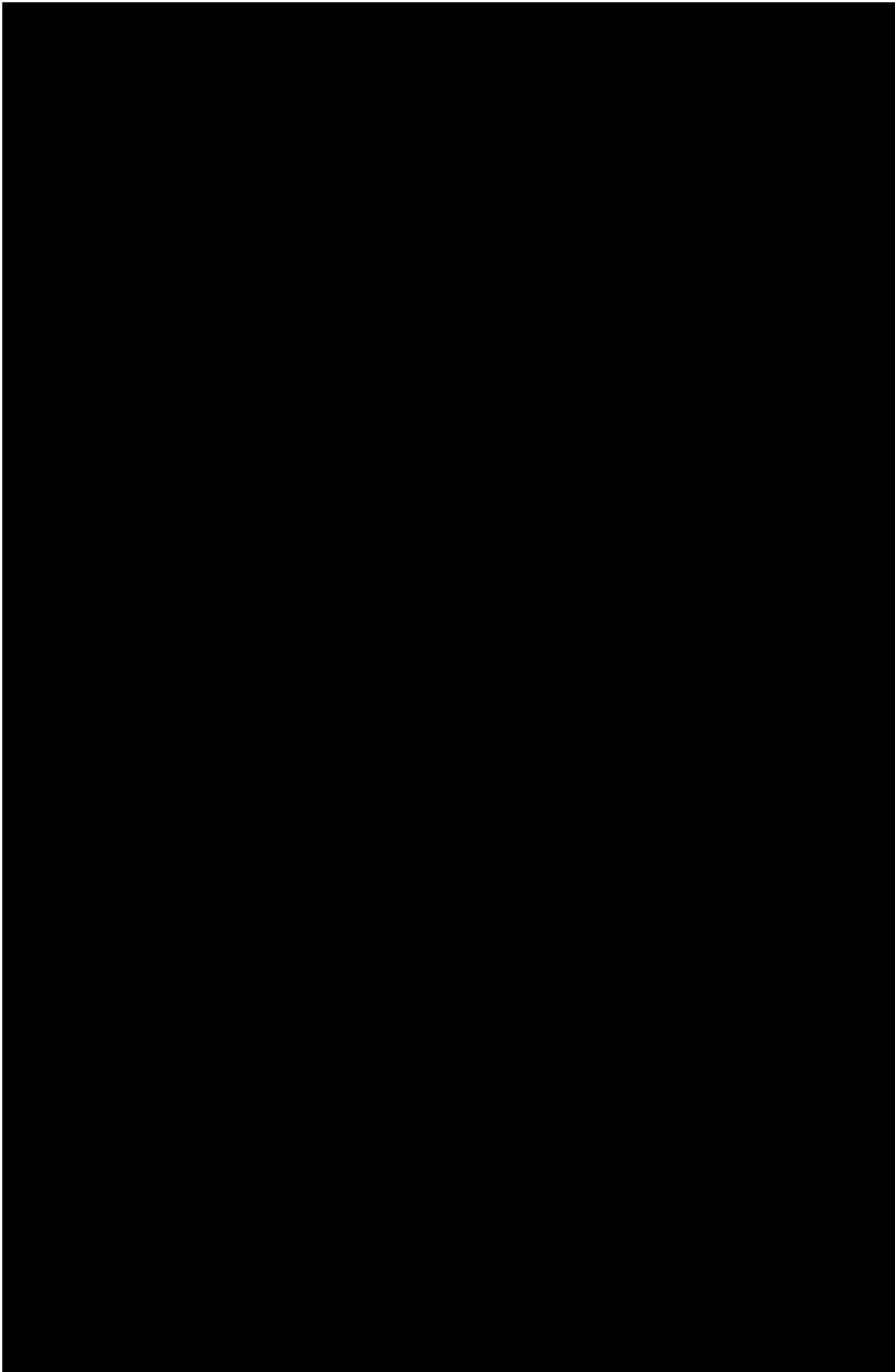
GPS Coordinates: [REDACTED]



**31.3 - Aerial Photograph of Facility**

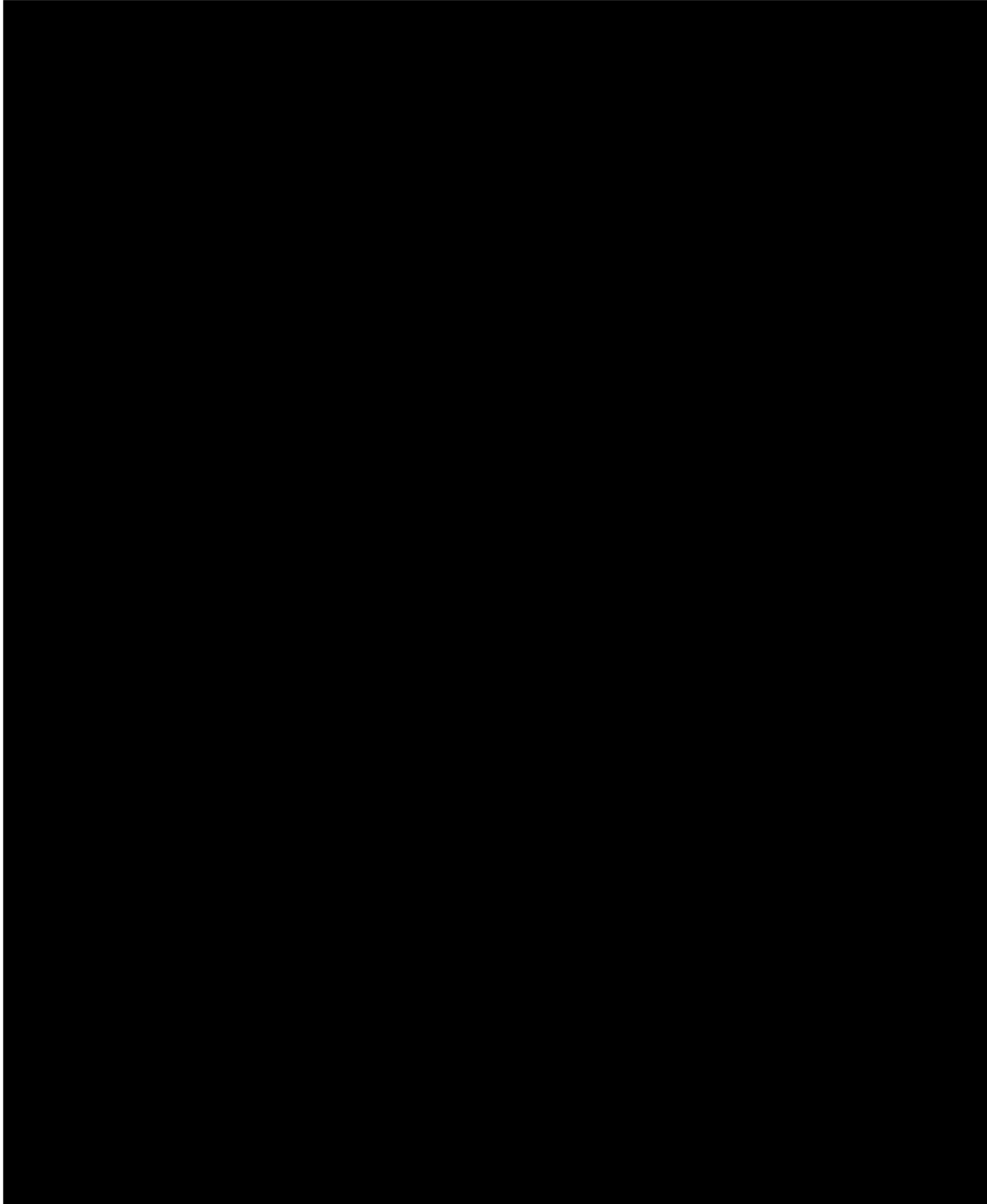
See aerial photo on following page.

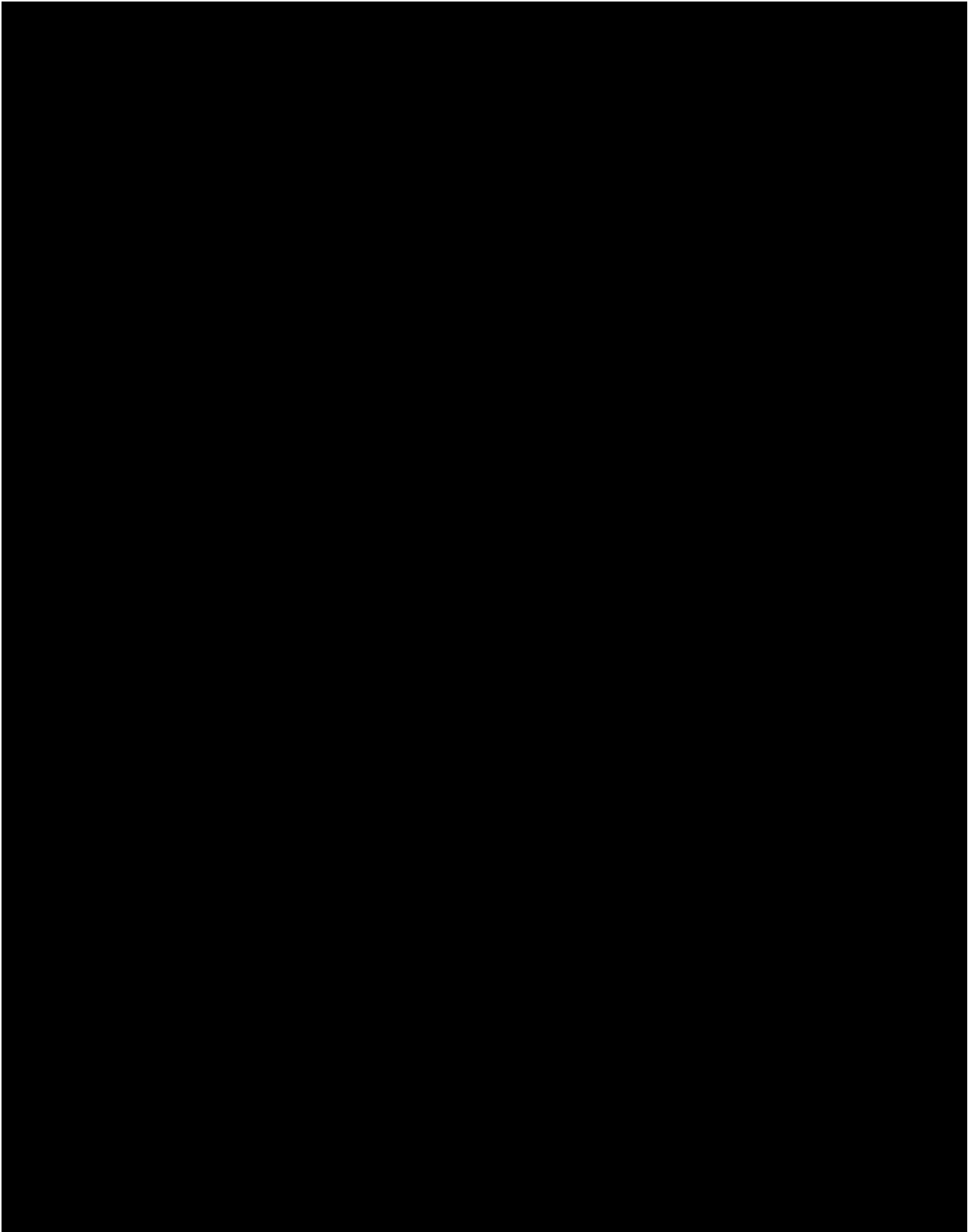


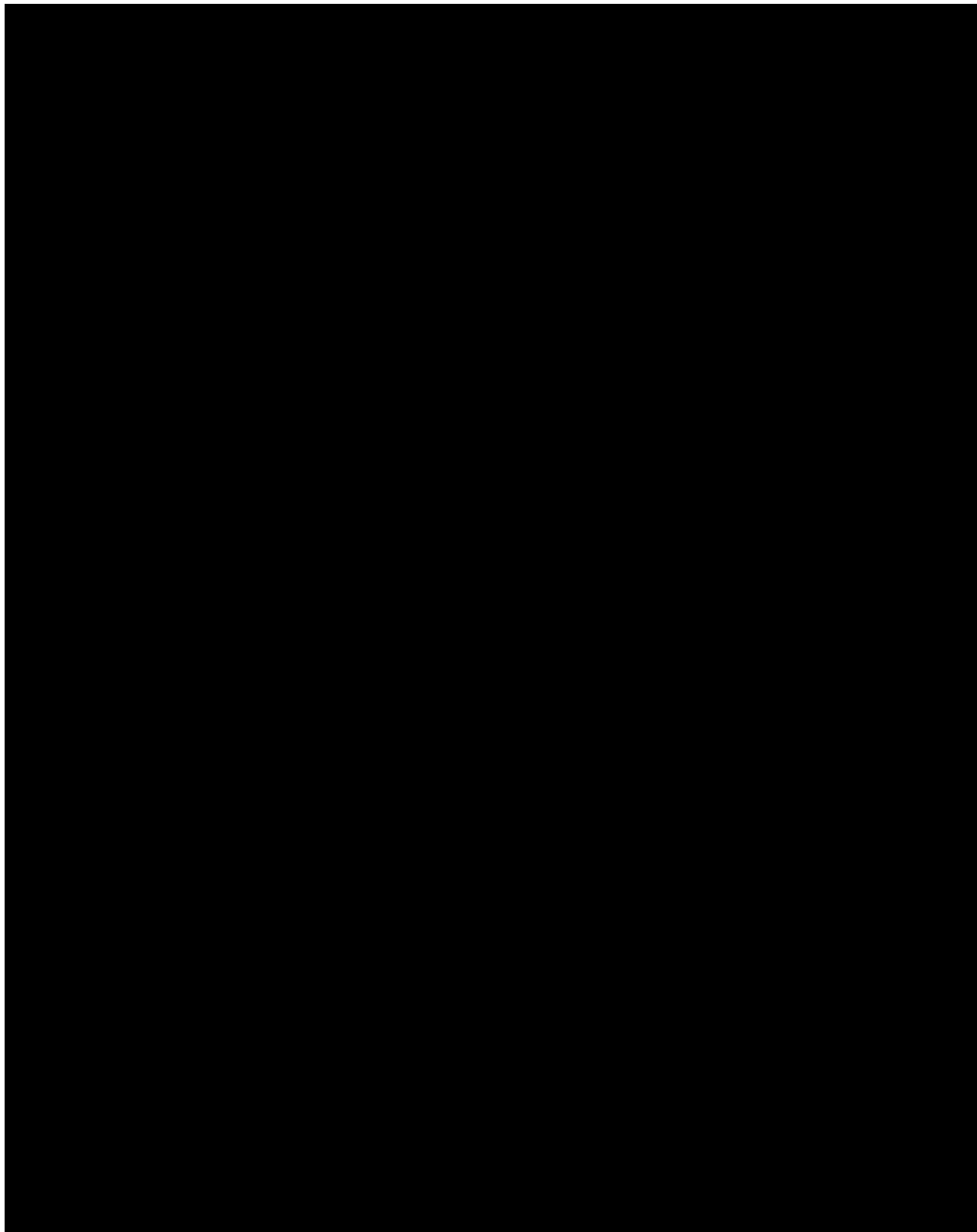


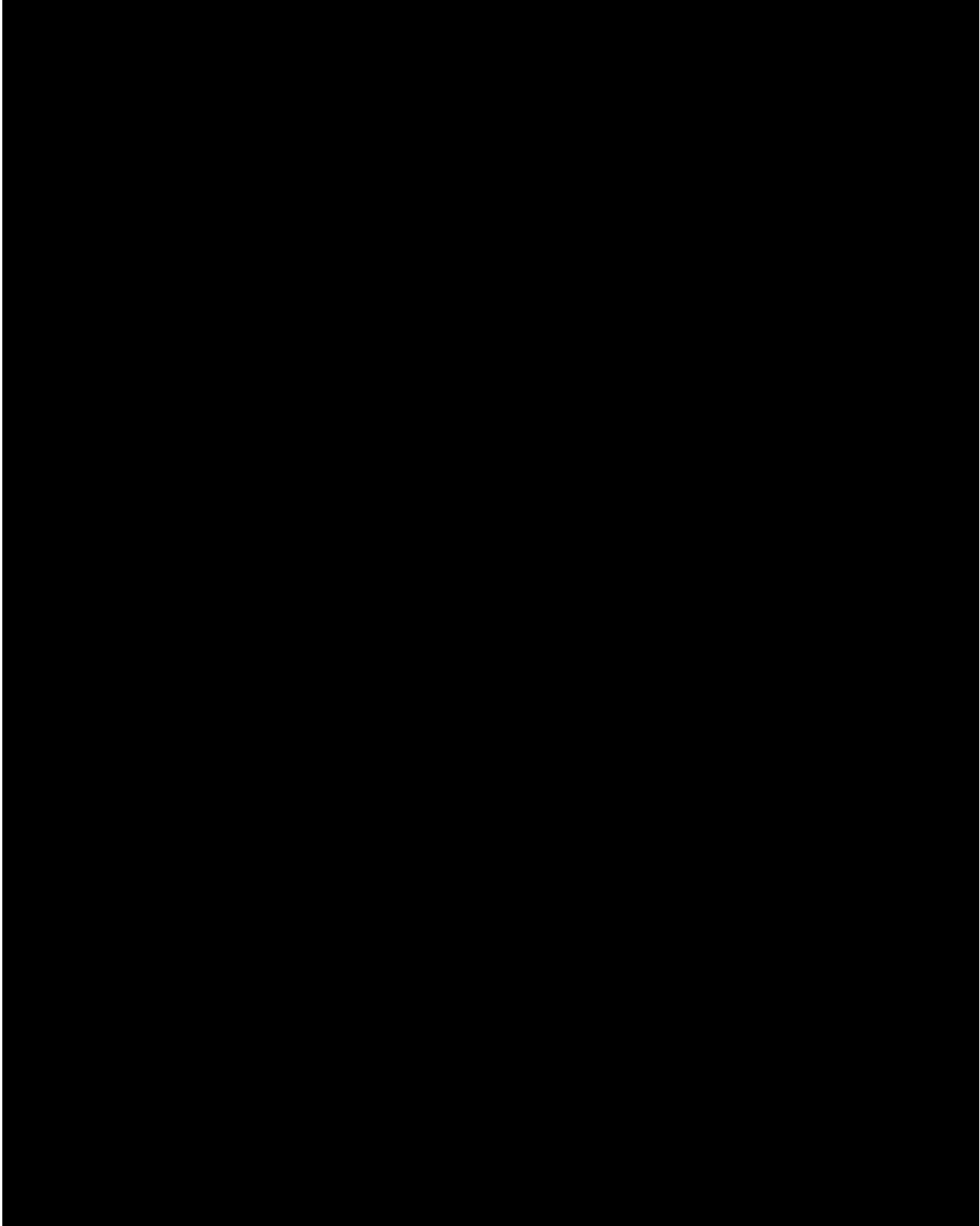
**31.4 - Proof of Authorization to Occupy Property**

The Applicant intends to purchase the property identified in 31.1 above. See real estate contract below.









**31.5 - Local Jurisdiction Approvals**

Our cultivation/processing facility is located in unincorporated Talladega County where there are no zoning laws. See the correspondence below with County officials confirming that the medical cannabis facility is permitted and that the only licensing required would be a Development Permit approved by the Talladega County Engineer.



*Talladega County Highway Department*

*P.O. Drawer 274  
Talladega, Alabama 35161*

TELEPHONE  
(256) 761-2130  
FAX  
(256) 761-2138

December 9, 2022

RE: Parcel ID # [REDACTED]

To Whom It May Concern:

There are no zoning laws or building inspection enforcements in the unincorporated areas of Talladega County with the exception of National Flood Insurance Program requirements. **Per FEMA flood map panel #01121C0110E with an effective date of March 16, 2016 this property does contain 100 year flood zone. Prior to any development on the property, a Development Permit will need to be approved by the Talladega County Engineer.**

Talladega County also has no set-back requirement from our Right-of-Ways.

Talladega County does not issue a Certificate of Occupancy.

If additional information is needed please advise.

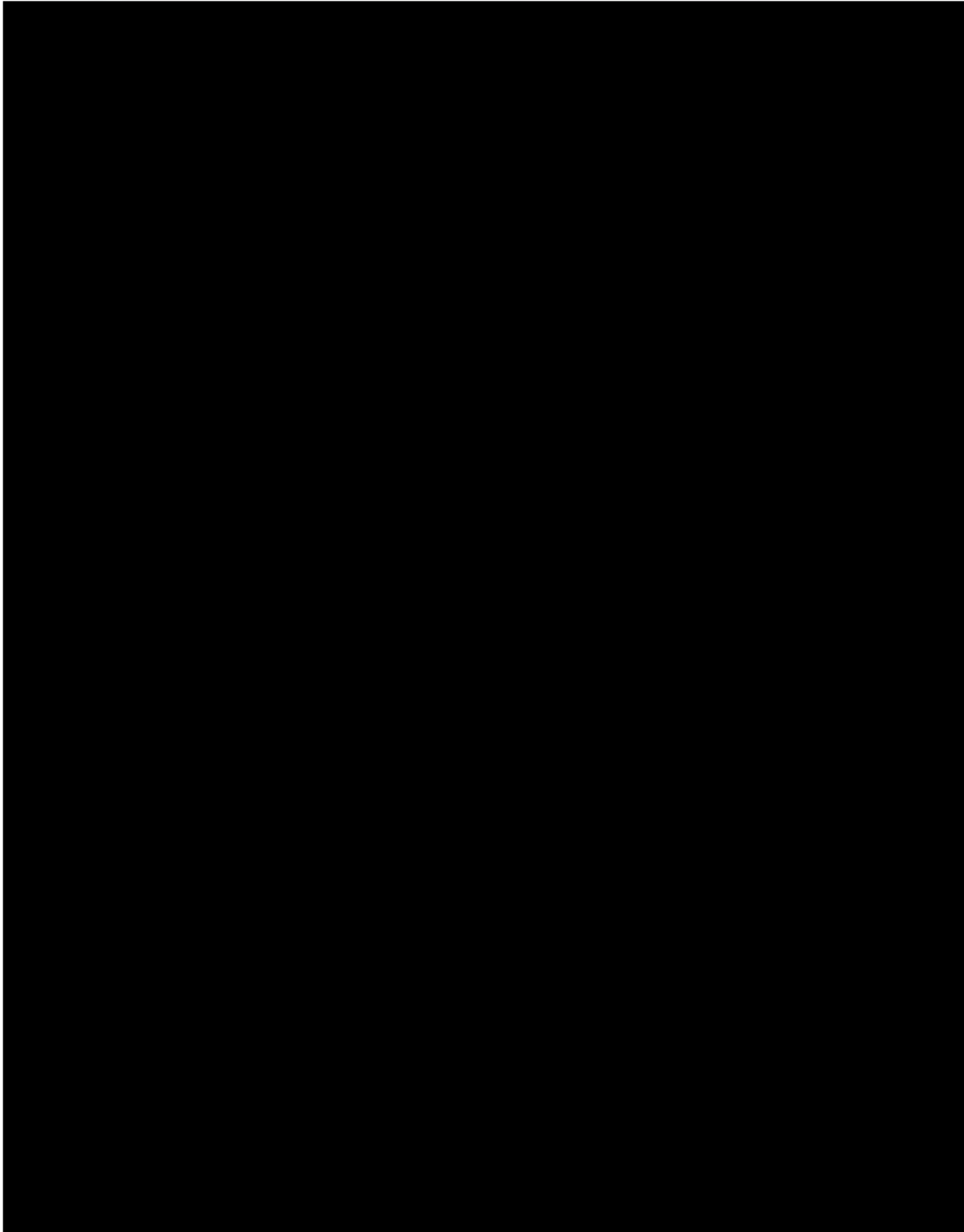
Sincerely,

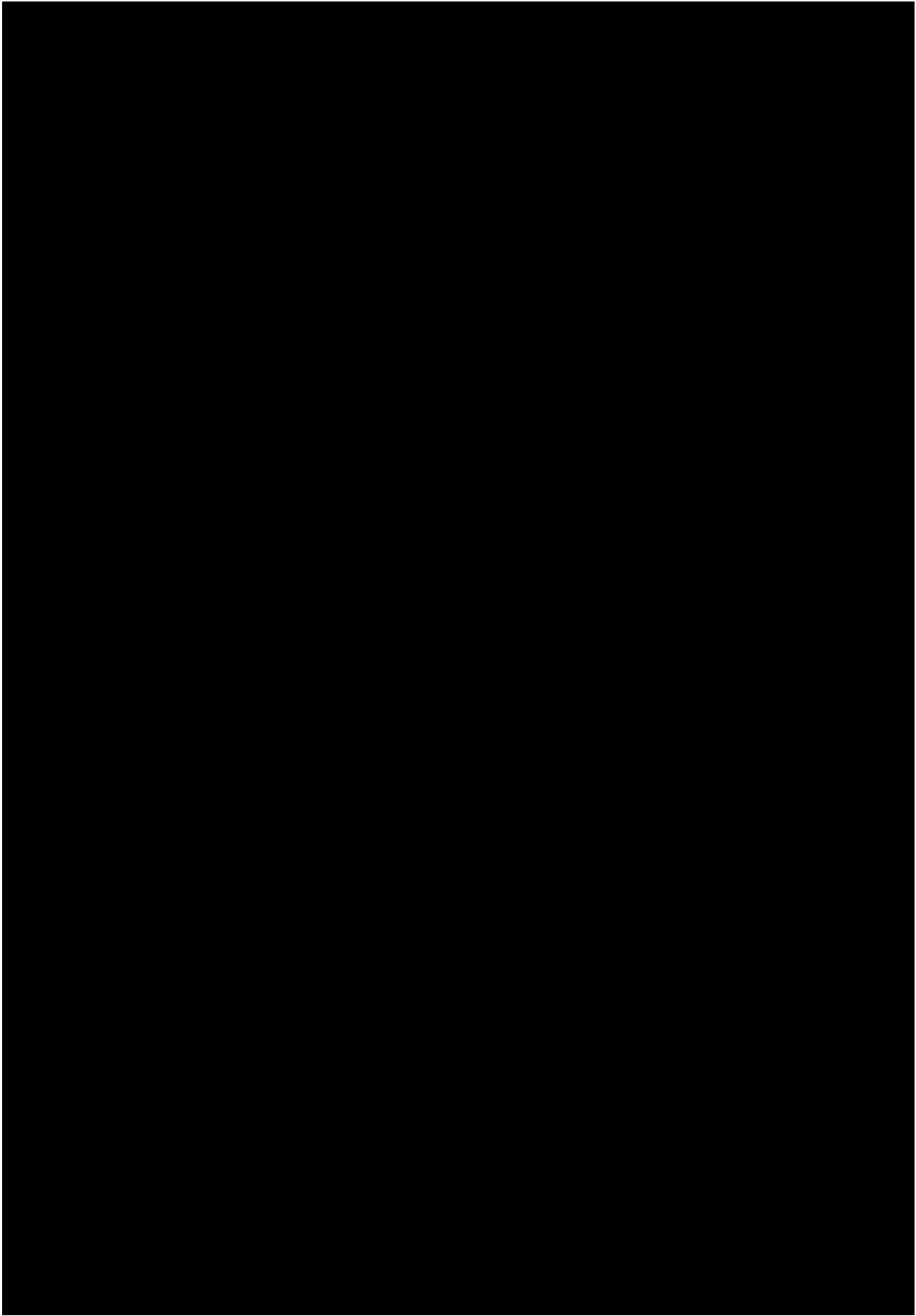
A handwritten signature in blue ink, appearing to read "Shannon W. Robbins".

Shannon W. Robbins  
County Engineer

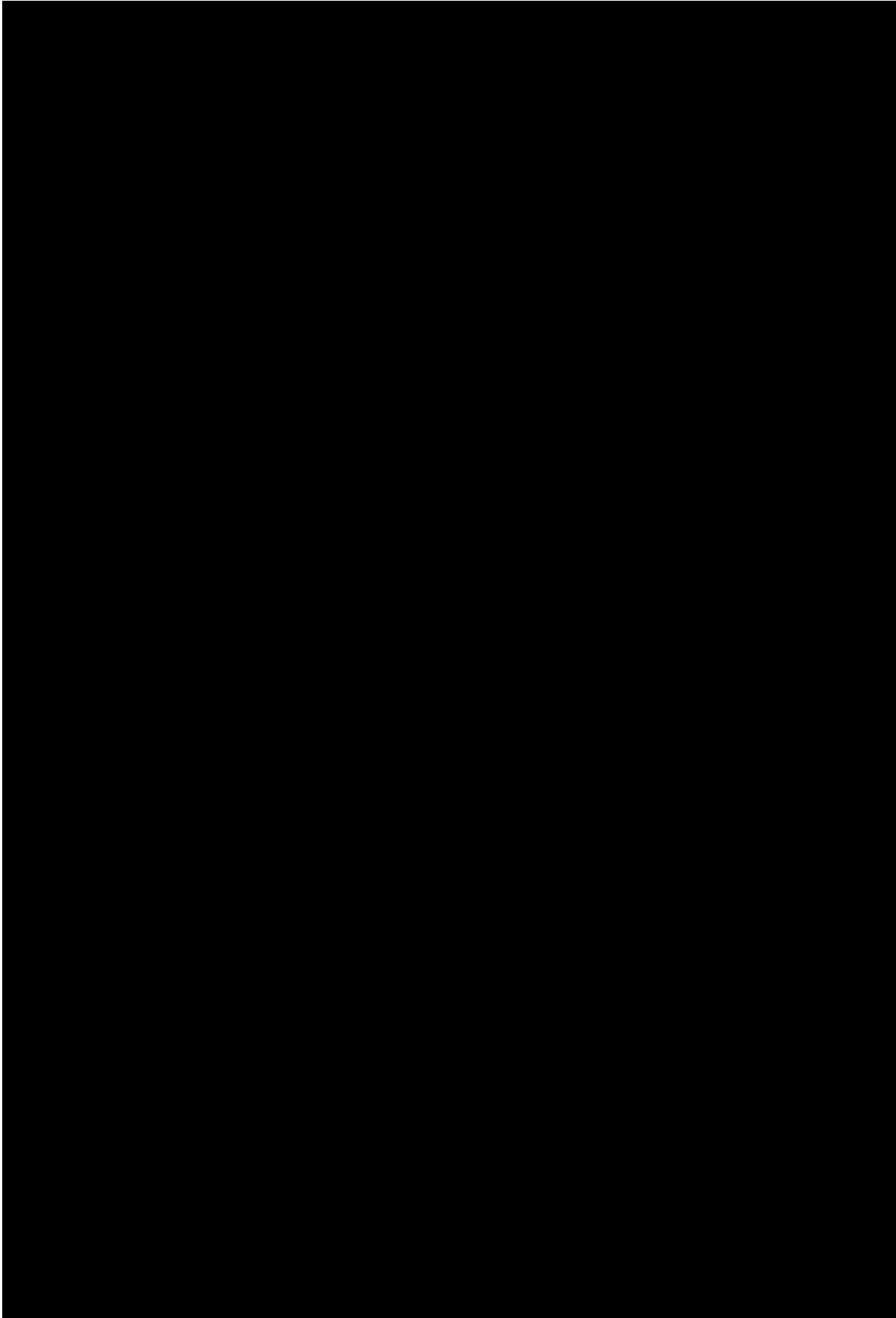
**31.6 - Blueprint of Facility**

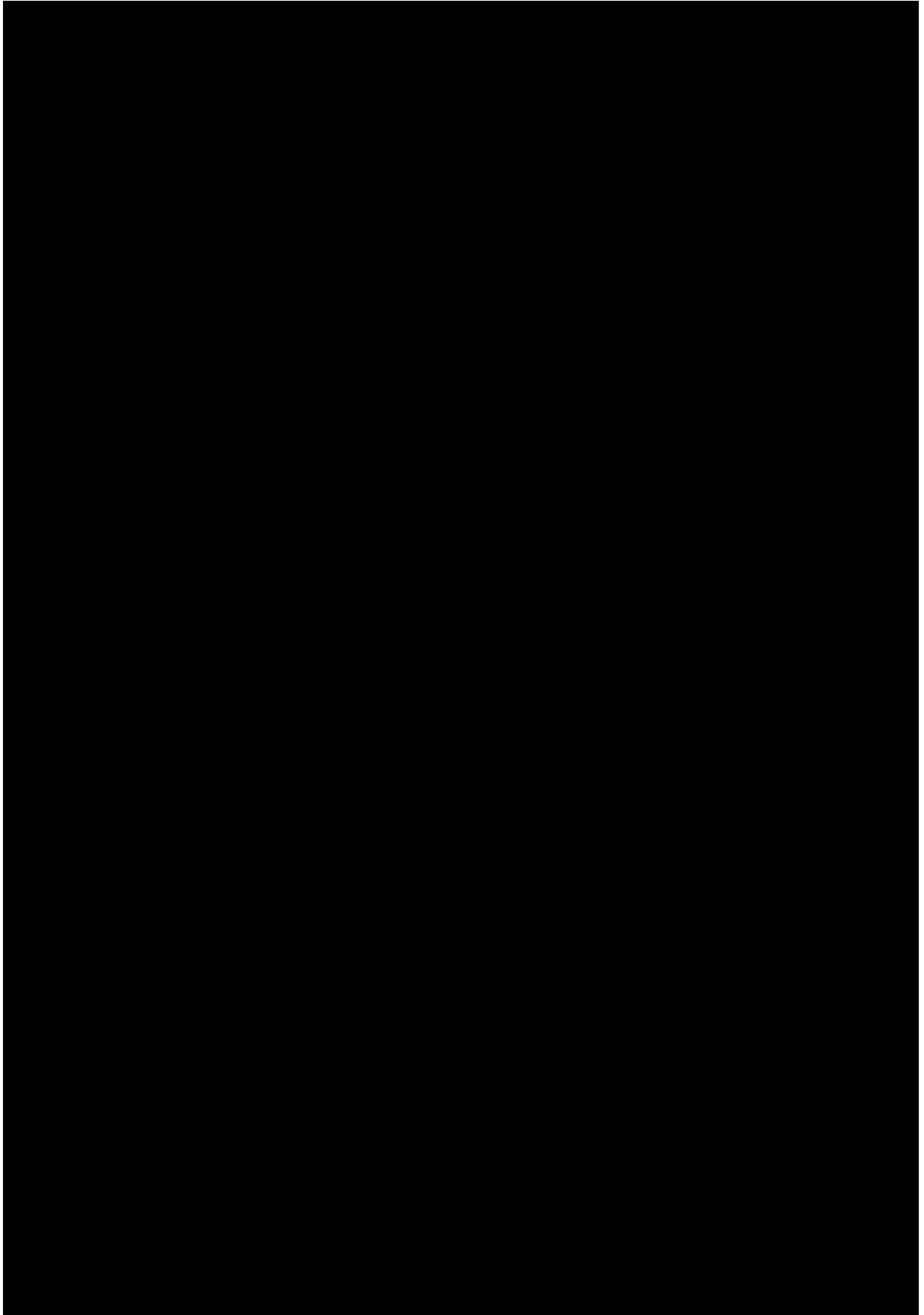
The blueprint and related plans for the facility identified in 31.1 above are included below.

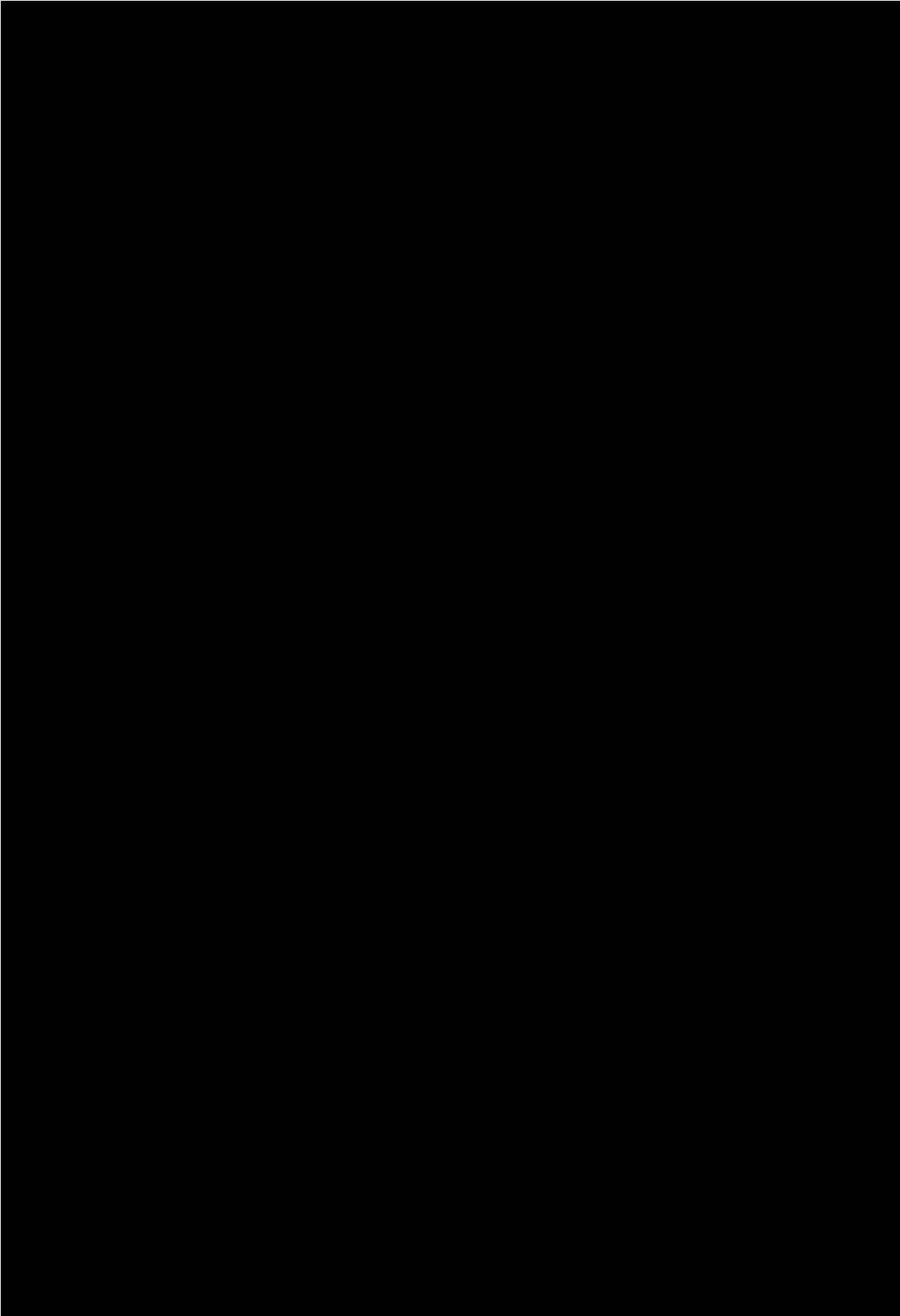


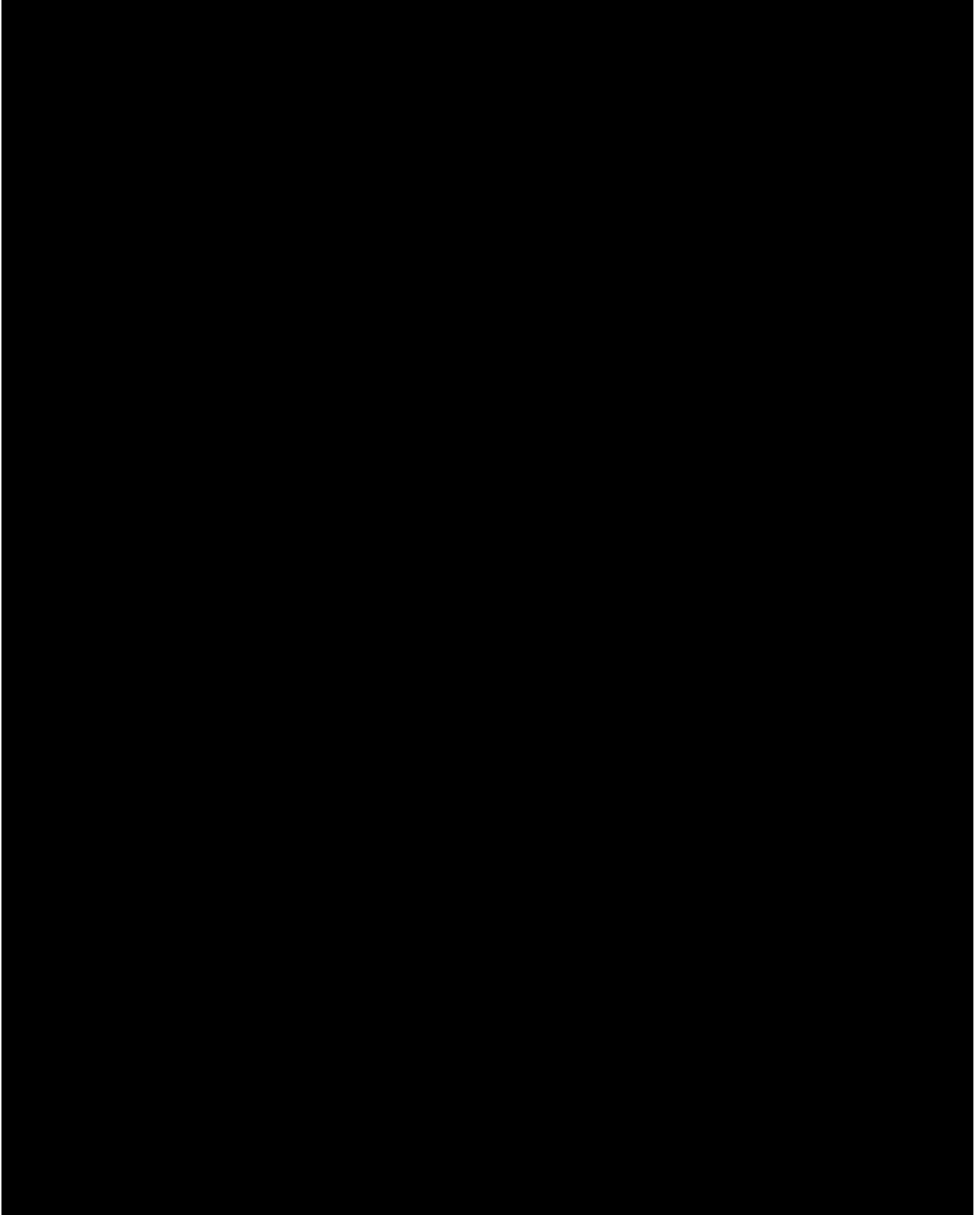


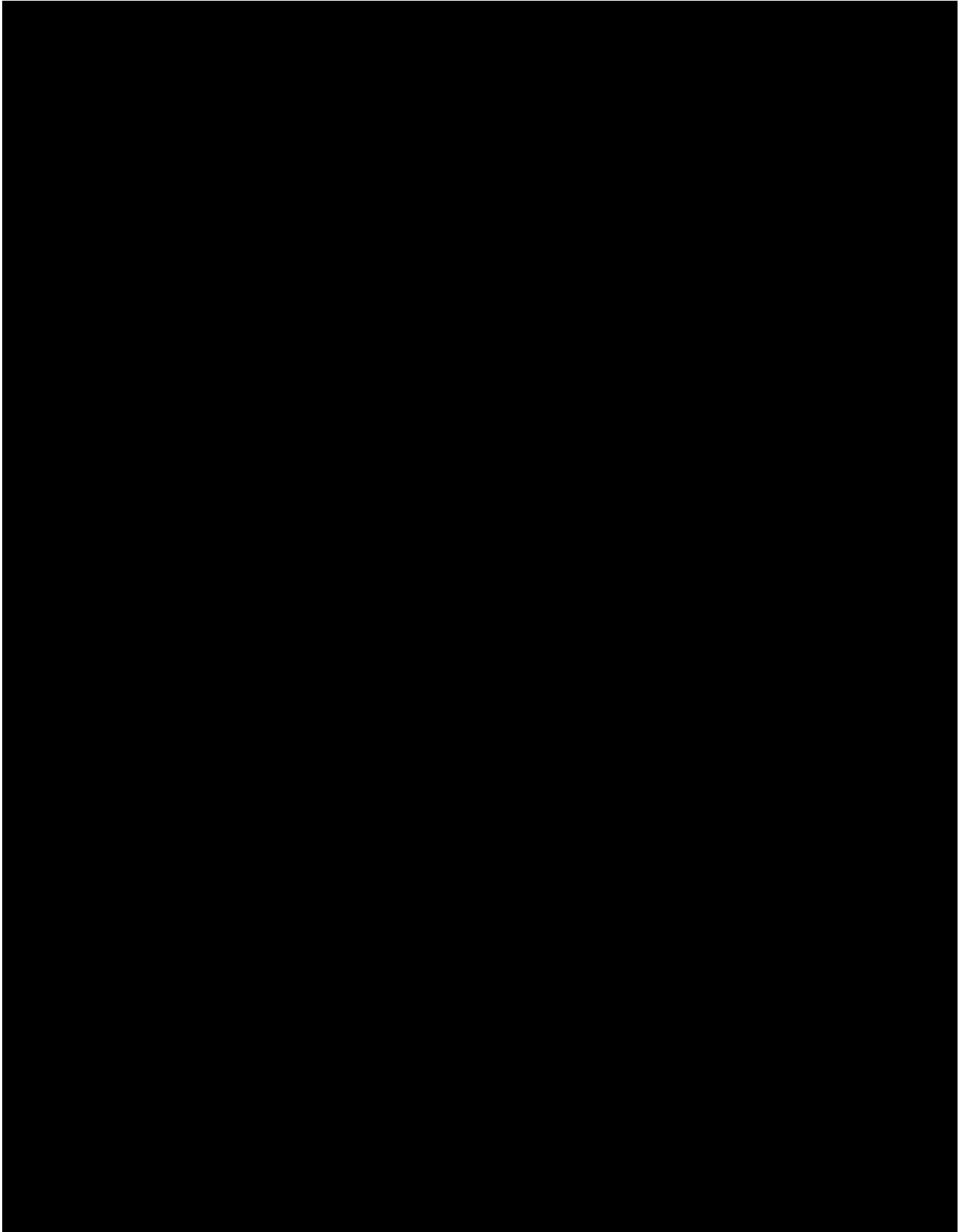


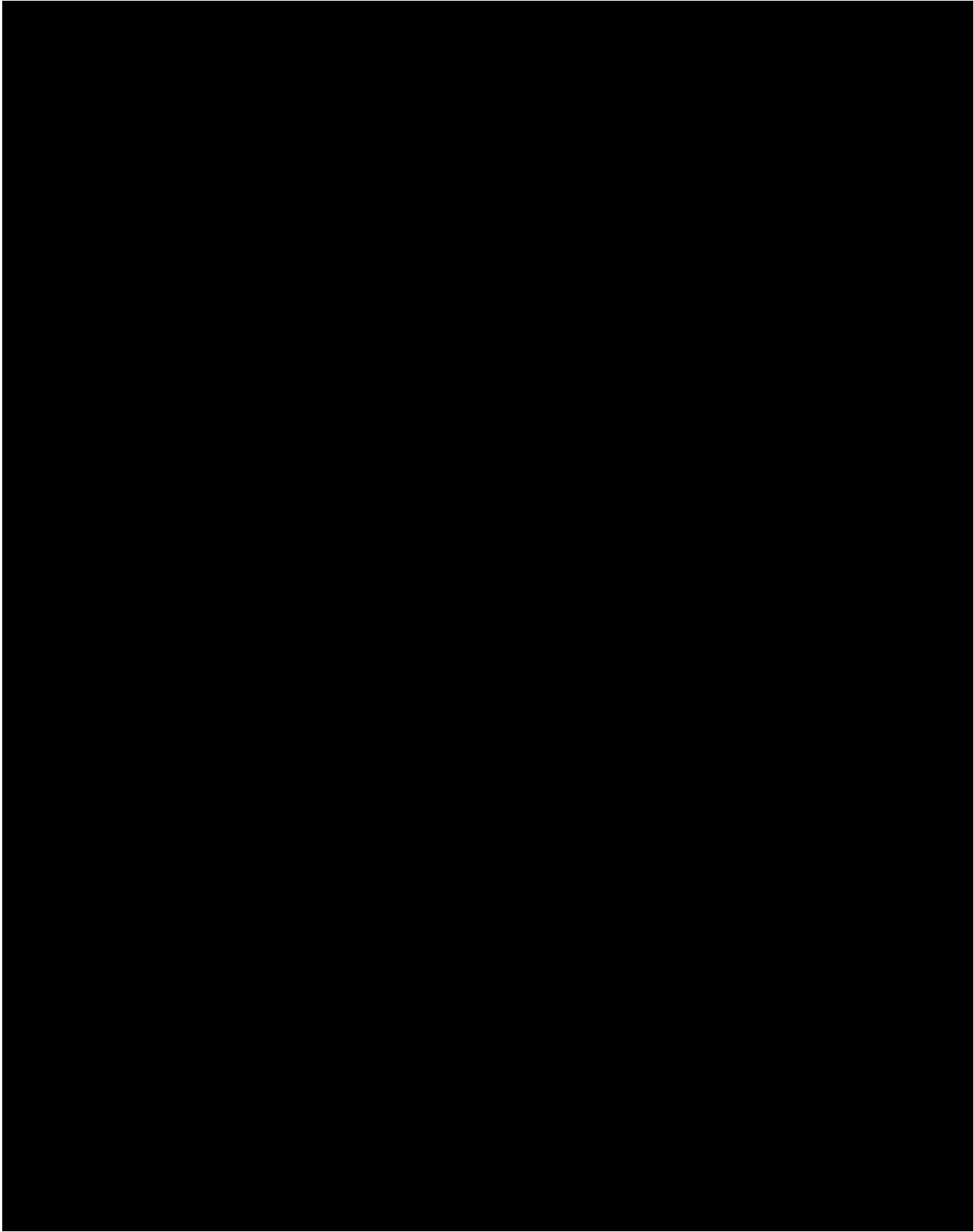






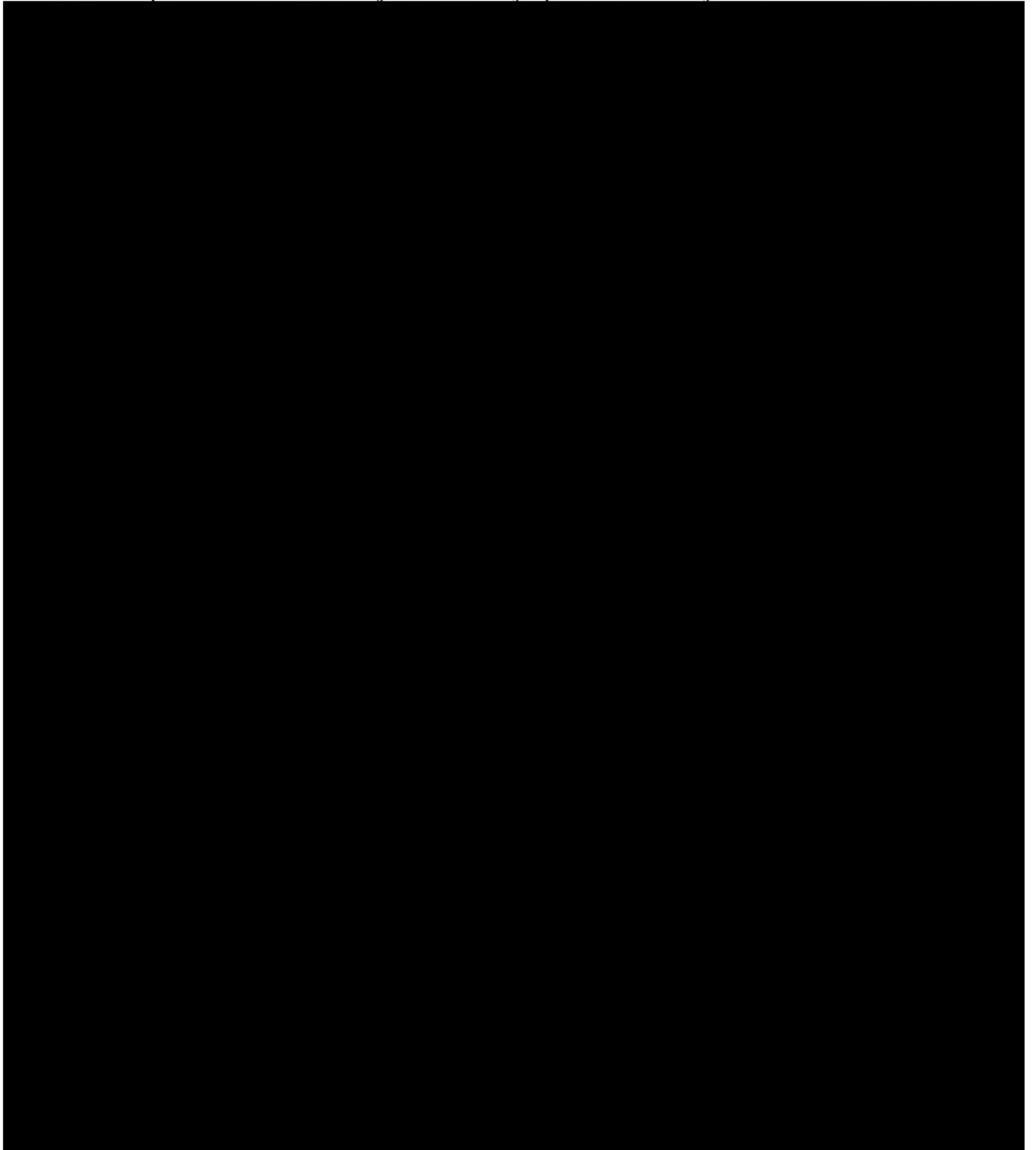






**31.7 - Facility Timetable**

The applicant expects that construction of the cultivation and processing facilities, including compliance with all facility requirements under the Act and the AMCC Rules, will be complete on or before [REDACTED] as demonstrated by the timetable below. We expect to be able to commence operations at the facility immediately upon licensure by the Commission.



Implementation of Application

We will ensure this application will be implemented and administered as described by specific assignments to key personal. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

Operating Timeline

Our proposed facility will be constructed and operated in full compliance with state and local regulations. As of June 2022, in anticipation of being awarded a provisional license in July 2023, we began executing our startup plan and timeline. This will ensure that we are ready to serve Alabama patients as quickly as possible, and no later than [REDACTED].

**Pre-Licensing (June 2022 – December 2022)**

While the awarding of a provisional license triggers activation of the Startup Team, aspects that require significant lead time are already currently underway. This includes:

- Design & Permitting
  - Design Development: We have engaged a leading local architecture firm to assist in the development of our facility’s interior design.
  - Construction Documents: Our architects have already begun development of required construction documents in preparation for their submission as part of our building and construction permits. These documents include accessibility notes and details, safety plans, demolition plans, floor plans, elevations and sections, finish plans, interior elevations, schedules and wall types, structural drawing, mechanical drawing, electrical drawings, and plumbing drawings.

- Permitting: We have taken steps towards obtaining necessary licenses and permits from local and state agencies including business licenses, zoning approvals, and building and construction permits. While we anticipate final state licensing to take place in July 2023, we have prepared necessary documentation including critical operating materials for inclusion in local licensing applications.
- Procurement
  - Bid and Award Subcontractors: Under the leadership of our ownership team and with the assistance of our architects, we have received multiple bids for construction related services and selected a qualified General Contractor.
  - Submit/Review/Approve Guaranteed Maximum Price (GMP): Our General Contractor will oversee all aspects of our facility buildout, ensuring completion within the four-month window.
- Licensing
  - Receipt of State License (July 2023)

**Greenhouse Construction:** [REDACTED]

**Processing Facility Construction:** [REDACTED]

**Staffing and Training:** [REDACTED]

**First Planting to First Harvest:** [REDACTED]

**First Products Available to Stores:** [REDACTED]

**31.8 – Public Access to Facility**

The cultivation and processing facilities will not be open to the public. Our anticipated hours of operation for the facility are as follows: Monday – Friday, 8:00 a.m. – 5:00 p.m. CT.

**31.9 – Facility Hours of Operation / After Hours Contact**

We will maintain a constant security presence onsite with guards staffed at all hours every day, including holidays.

**Dispensary #1 Location**

**31.1 - Facility Name and Type**

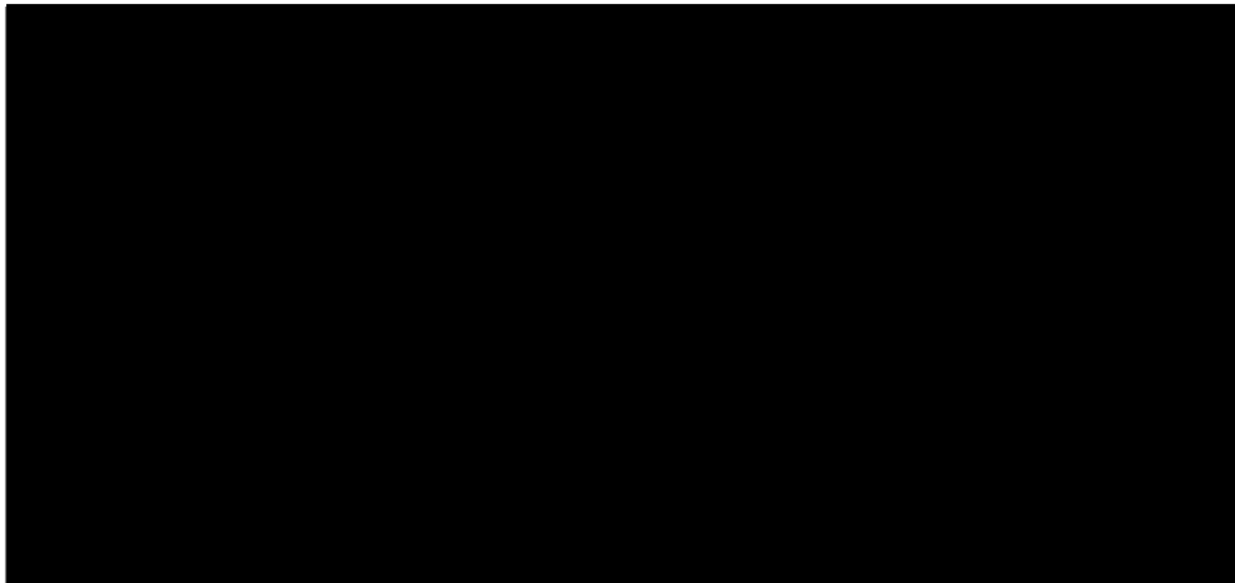
Facility Name: [REDACTED]

Facility Type: Dispensary

**31.2 - Physical Address & GPS Coordinates of Facility**

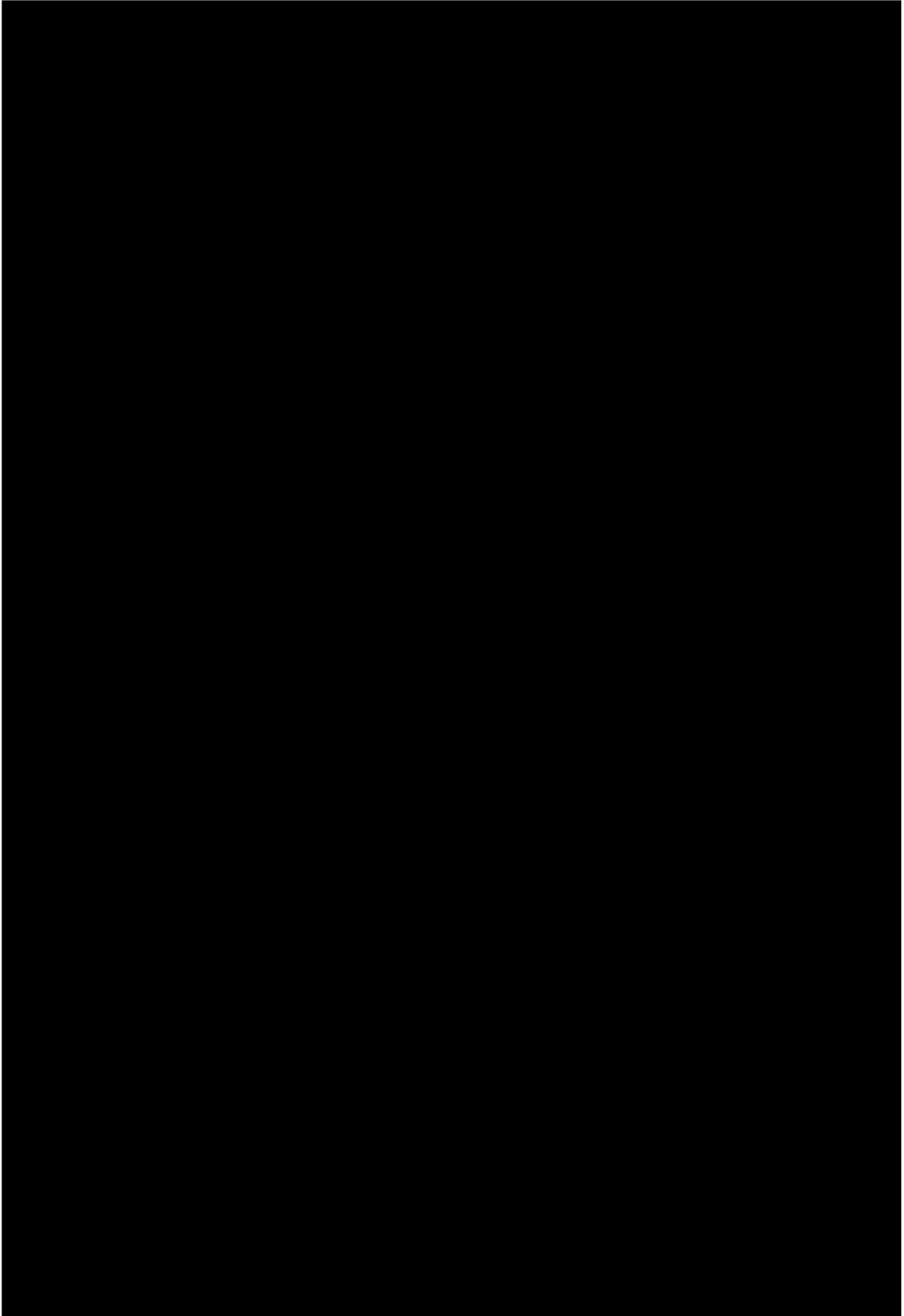
[REDACTED]

GPS Coordinates: [REDACTED]



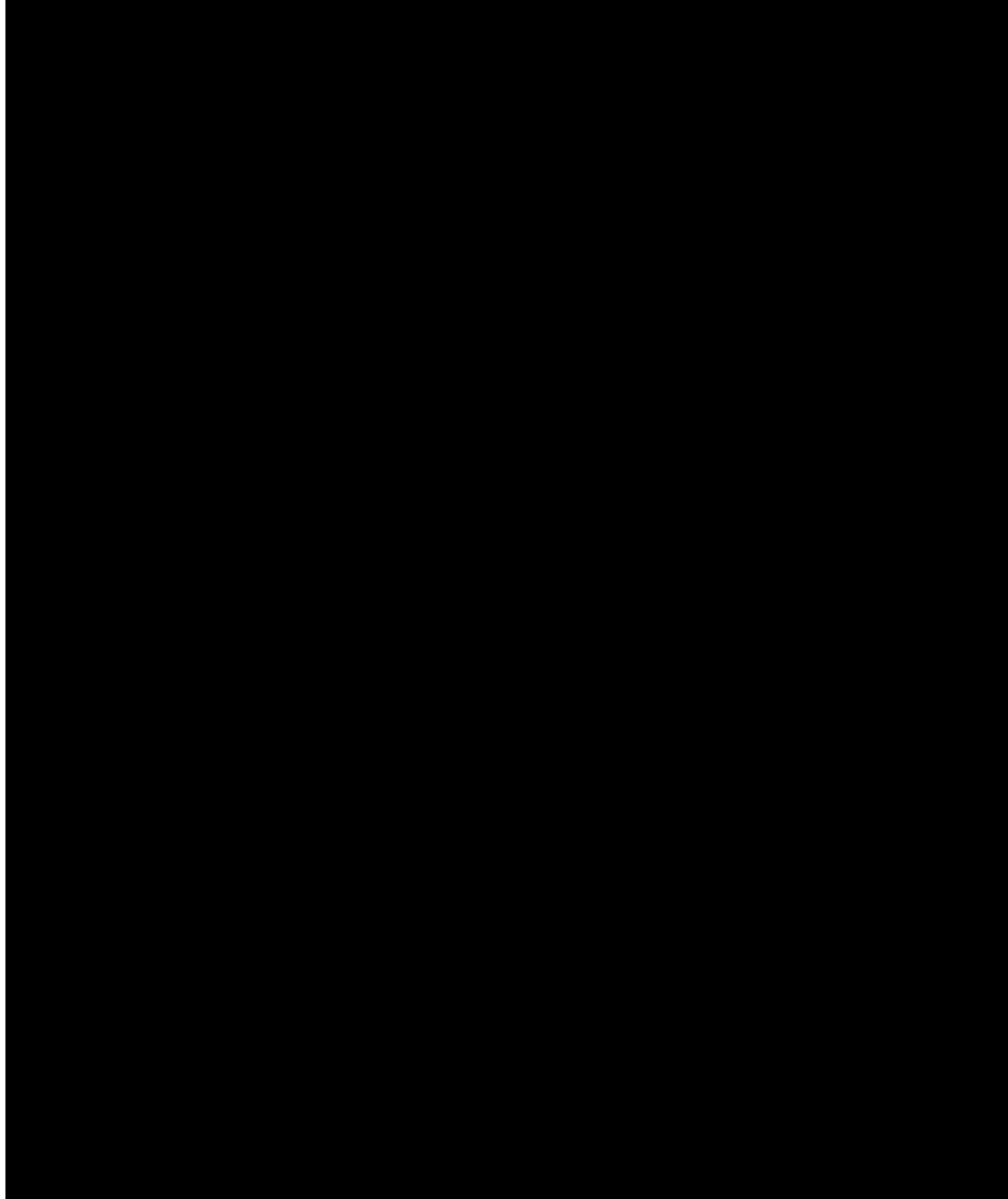
**31.3 - Aerial Photograph of Facility**

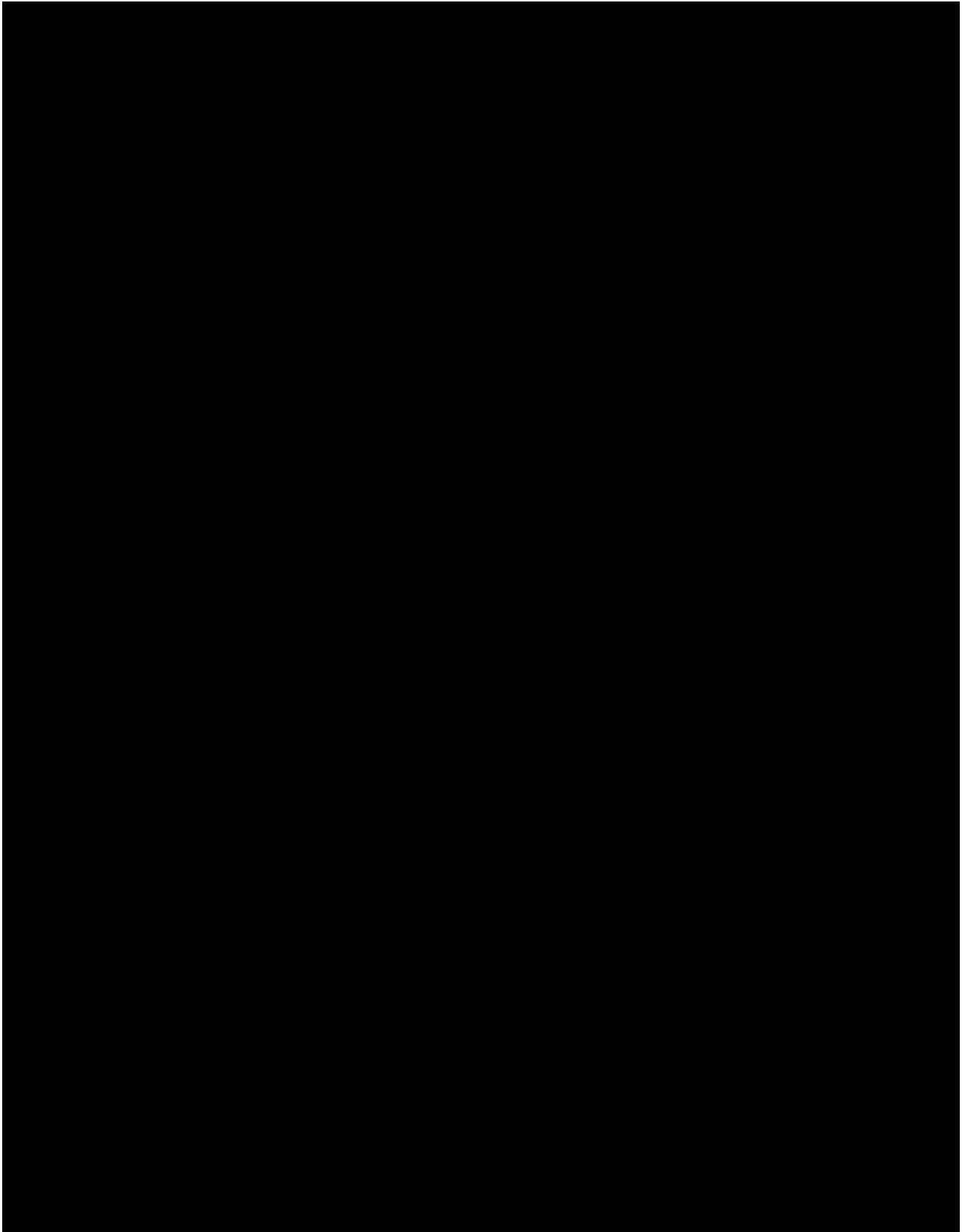
See aerial photo on following page.



**31.4 - Proof of Authorization to Occupy Property**

The Applicant intends to lease the property identified in 31.1 above. See letter of lease agreement below.





**31.5 - Local Jurisdiction Approvals**


In December of 2022, the Daphne City Council adopted Ordinance 2022-65, authorizing the operation of medical cannabis dispensary sites within the city's corporate limits, see Zoning Memo below.

In November of 2022, the Daphne Planning Commission set forth a favorable recommendation to amend the Land Use and Development Ordinance to allow medical cannabis businesses in the following zoning districts: B-1, Local Business District, B-2, General Business District, B-1(a), Limited Local Business District and B-2(a), General Business Alternate District. The city council is expected to deliberate and vote on the proposed amendment in their February 20, 2023 meeting. Our proposed location is in the [REDACTED] [REDACTED] and complies with the proposed ordinance.

COMMUNITY DEVELOPMENT



MEMO

TO: WHOM IT MAY CONCERN  
FROM: ADRIENNE JONES, AICP, DIRECTOR   
DATE: DECEMBER 15, 2022

SUBJECT: ZONING VERIFICATION FOR THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES  
WITHIN THE CITY OF DAPHNE

On December 5, 2022, The Daphne City Council adopted Ordinance 2022-65, an Ordinance authorizing The Operation of Medical Cannabis Dispensary Sites within the corporate limits of the City of Daphne. This Ordinance says that *In Accordance with the Darren Wesley "Ato" Hall Compassion Act adopted on May 17, 2021, the holder of a license granted by the State of Alabama pursuant to the Act is authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Daphne subject to the provisions of the Act and other applicable state law, and further subject to any applicable ordinance(s) of the City of Daphne, including, without limitation, applicable zoning regulations and business license requirements as the same are applicable to other businesses operating as a Pharmacy.*

On November 17, 2022, The Daphne Planning Commission set forth a favorable recommendation to amend the City of Daphne, Land Use and Development Ordinance (LUDO). One of the proposals is to amend the provisions of Article 35, Table of Permitted Uses to allow by right Pharmacies and Drug Stores in the following zoning districts: B-1, Local Business District, B-2, General Business District, B-1(a), Limited Local Business District and B-2(a), General Business Alternate District.

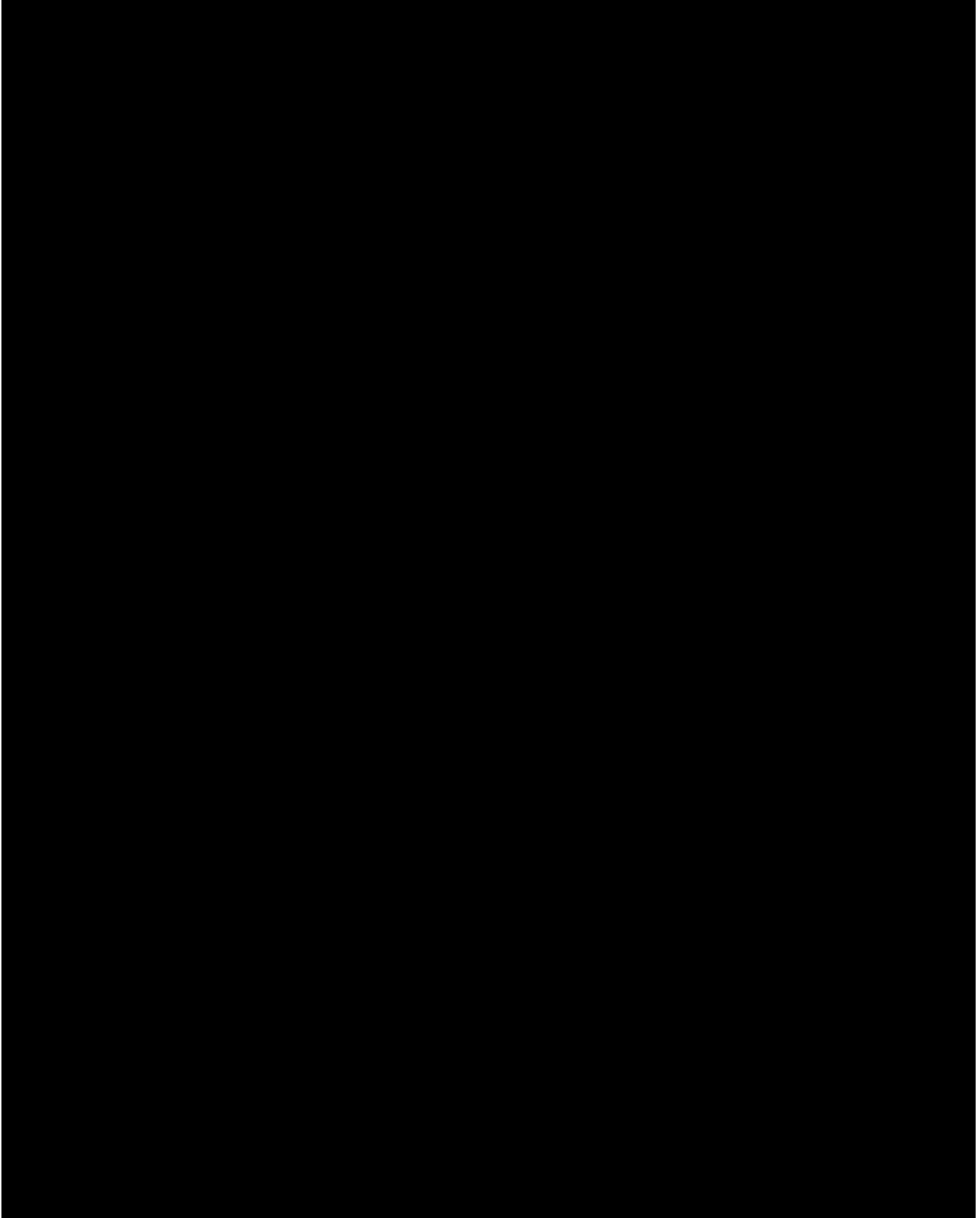
On December 5, 2022, The Daphne City Council voted to set a public hearing for the proposed amendment to the LUDO to be held on February 6, 2023 in the regular meeting of the City Council at 6:30 p.m. Under typical conditions, the Council will deliberate and vote on the proposed amendment in their February 20, 2023 meeting held at 6:30 p.m. After the prescribed advertisement period, the proposal to amend the Land Use and Development Ordinance will be effective and enacted.

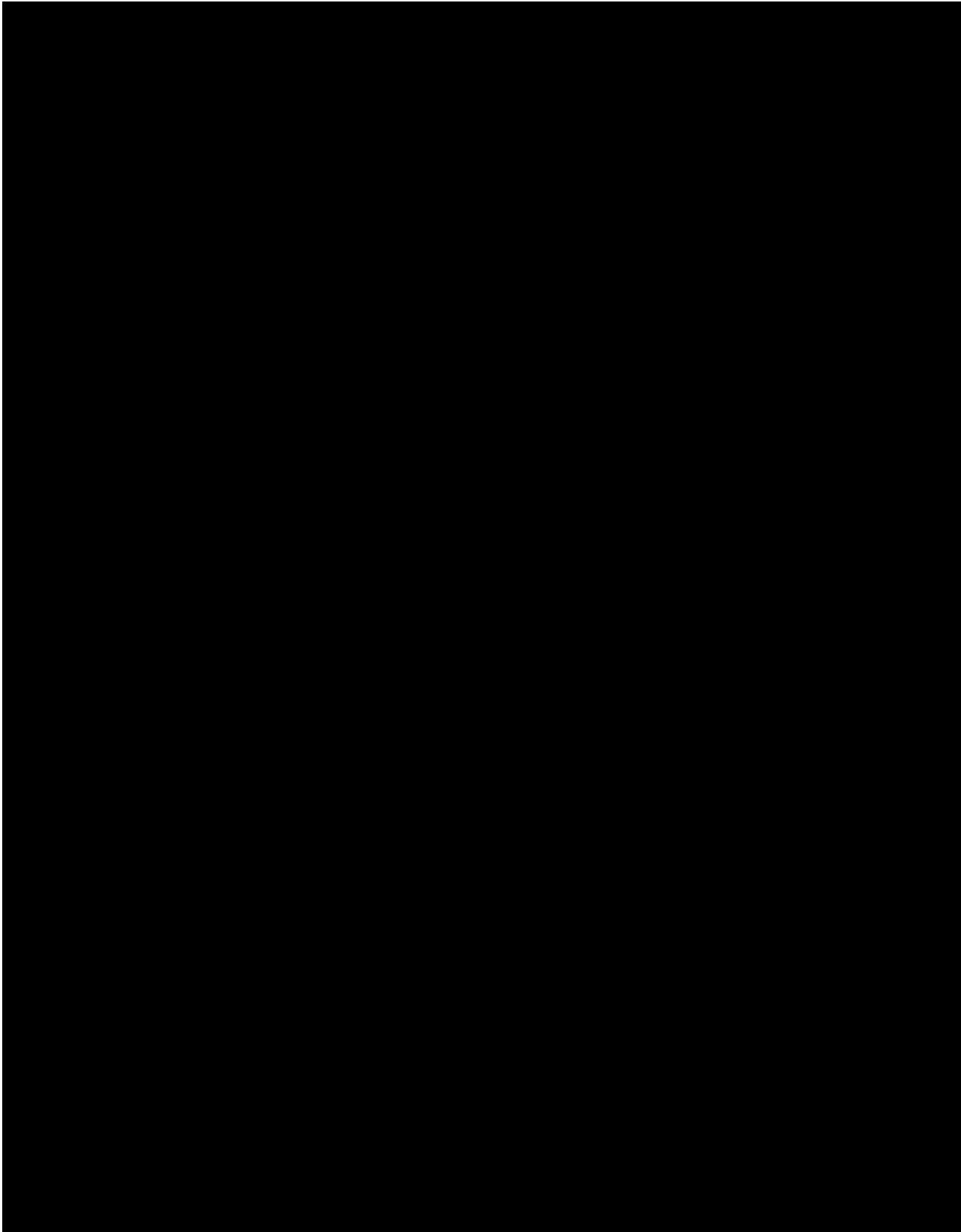
Please submit to the Department of Community Development any request for zoning verification for a proposed medical cannabis dispensary site after February 21, 2023, for formal processing.



**31.6 - Blueprint of Facility**

The blueprint and related plans for the facility identified in 31.1 above are included on the following pages.







[REDACTED]

Operating Timeline

Our proposed facility will be constructed and operated in full compliance with state and local regulations. As of June 2022, in anticipation of being awarded a license in July 2023, we began executing our startup plan and timeline. This will ensure that we are ready to serve Alabama patients as quickly as possible, and no later than [REDACTED].

**Pre-Licensing (June 2022 -December 2022)**

While the awarding of a provisional license triggers activation of the Startup Team, aspects that require significant lead time are already currently underway. This includes:

- Design & Permitting
  - Design Development: We have engaged a leading local architecture firm to assist in the development of our facility’s interior design.
  - Construction Documents: Our architects have already begun development of required construction documents in preparation for their submission as part of our building and construction permits. These documents include

accessibility notes and details, safety plans, demolition plans, floor plans, elevations and sections, finish plans, interior elevations, schedules and wall types, structural drawing, mechanical drawing, electrical drawings, and plumbing drawings.

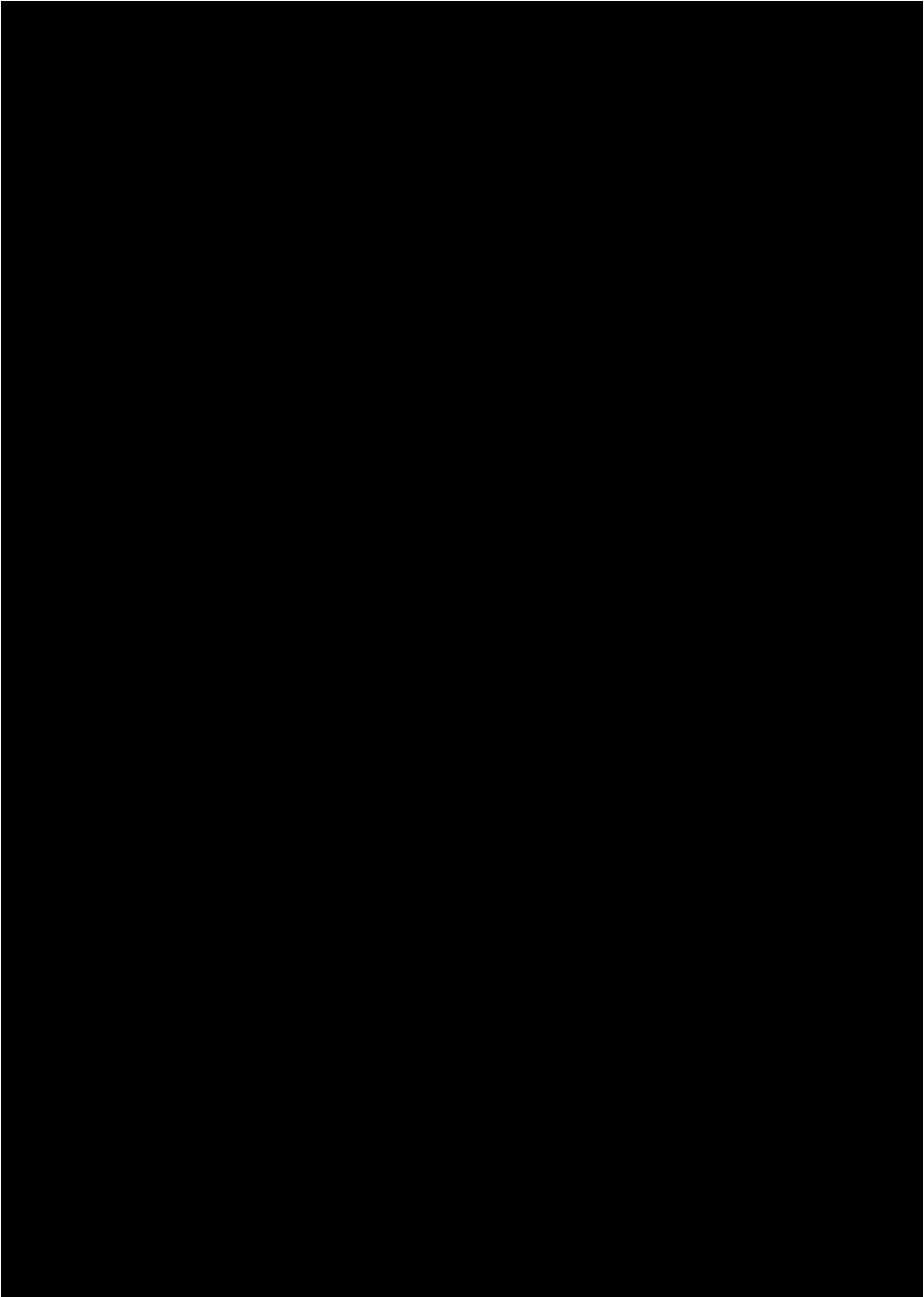
- Permitting: We have taken steps towards obtaining necessary licenses and permits from local and state agencies including business licenses, zoning approvals, and building and construction permits. While we anticipate final state licensing to take place in July 2023, we have prepared necessary documentation including critical operating materials for inclusion in local licensing applications.
- Procurement
  - Bid and Award Subcontractors: Under the leadership of our ownership team and with the assistance of our architects, we have received multiple bids for construction related services and have selected a qualified General Contractor.
  - Submit/Review/Approve Guaranteed Maximum Price (GMP): The General Contractor will oversee all aspects of our facility buildout, ensuring completion within the [REDACTED] window.
- Licensing
  - Receipt of State License (July 2023)

**Facility Construction:** [REDACTED]

**Furniture, Fixtures, Security Added:** [REDACTED]

**Staffing and Training:** [REDACTED]

**First Products Available to Patients:** [REDACTED]



**31.8 - Public Access to Facility**

Our dispensary is open to the public. However, only employees, registered patients and caregivers, state officials, and authorized visitors will be able to gain access into the facility.

Our anticipated hours of operation for the facility are as follows:

Monday	Saturday	10:00 a.m.	7:00 p.m. CT
Sunday		1:00 p.m.	7:00 p.m. CT

**31.9 - Facility Hours of Operation / After Hours Contact**

Our dispensary will be occupied by employees during all public access hours (see 31.8 above) and approximately one (1) hour before and after the public access hours.

After Hours Management Contact:

Brandon Meadows, CEO

Cell phone: [REDACTED]



**Dispensary #2 Location**

**31.1 - Facility Name and Type**

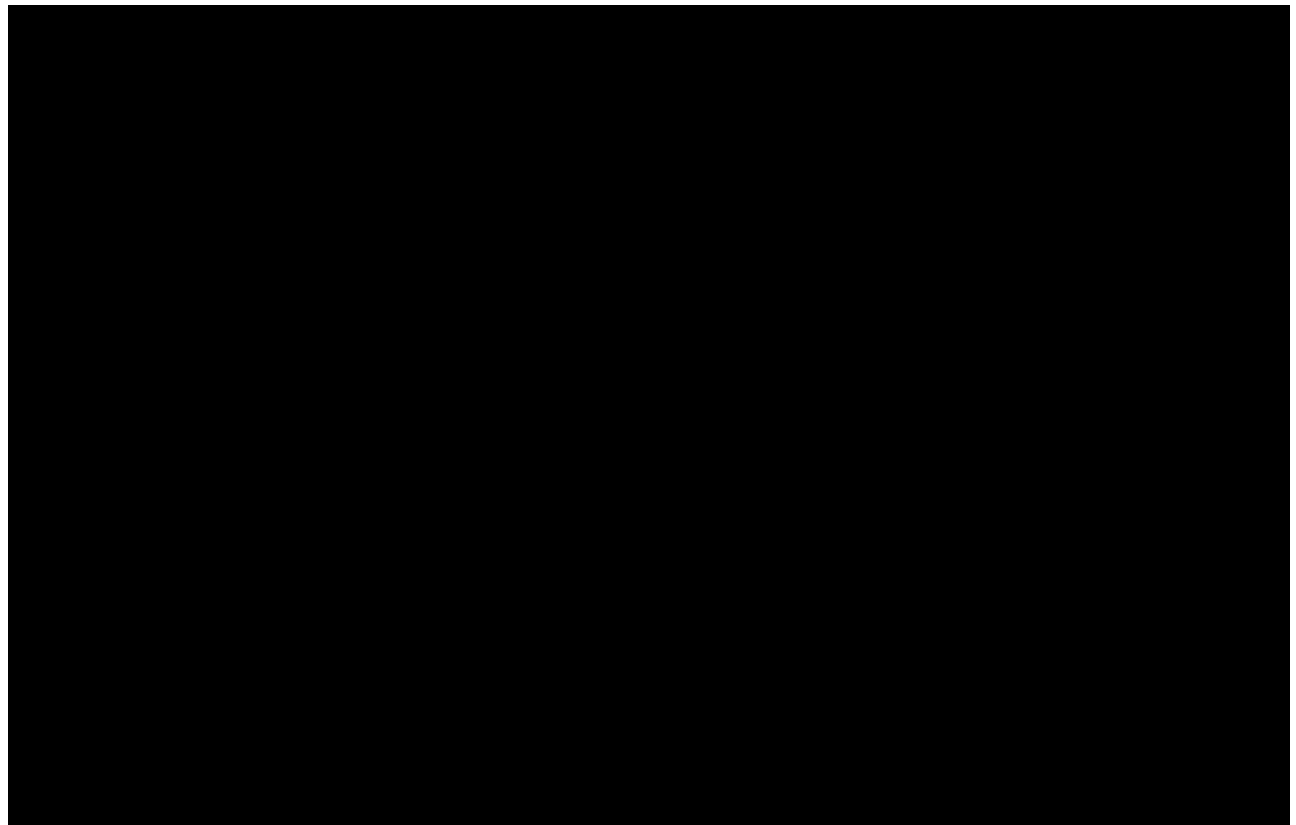
Facility Name: [REDACTED]

Facility Type: Dispensary

**31.2 - Physical Address & GPS Coordinates of Facility**

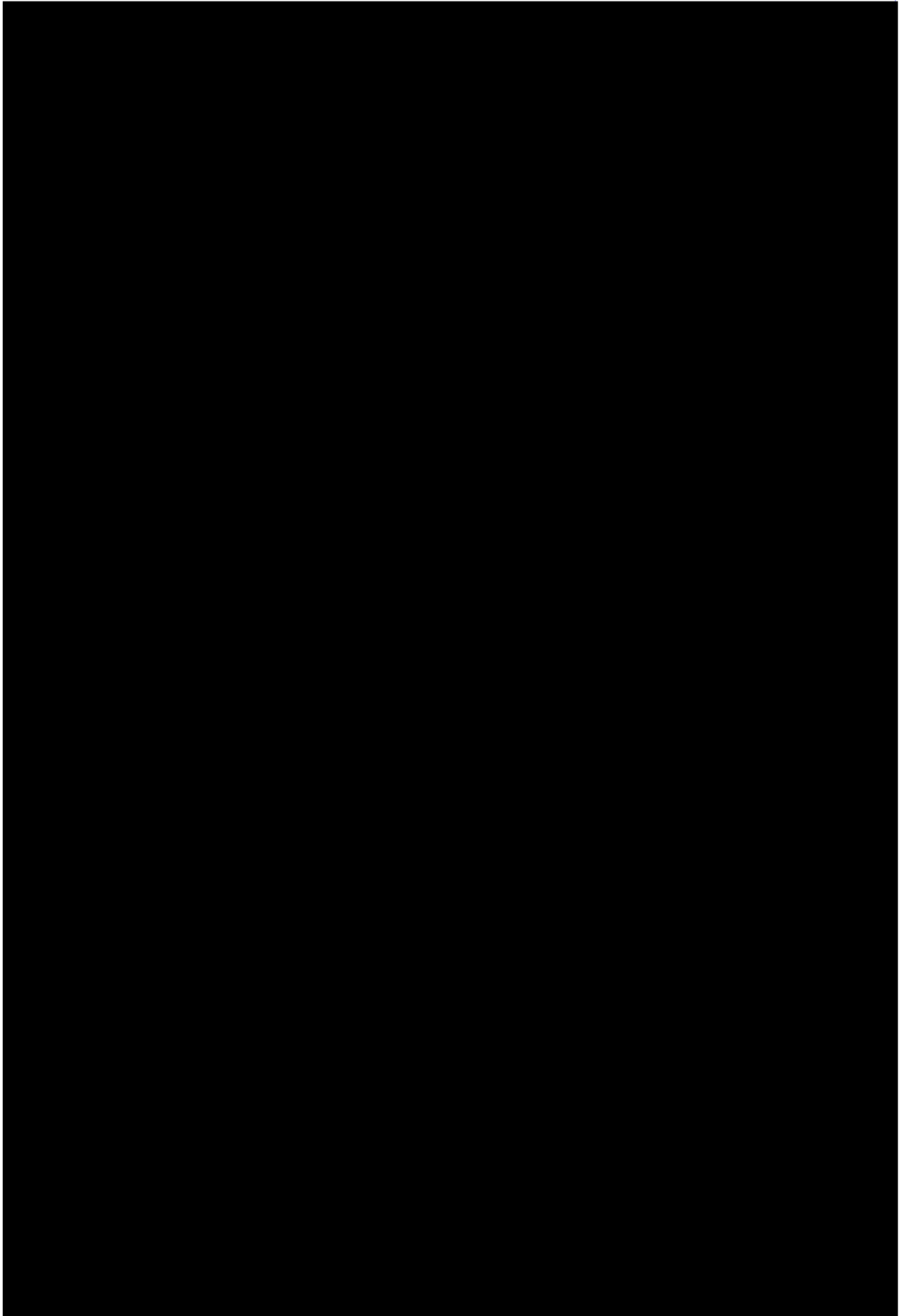
[REDACTED]

GPS Coordinates: [REDACTED]



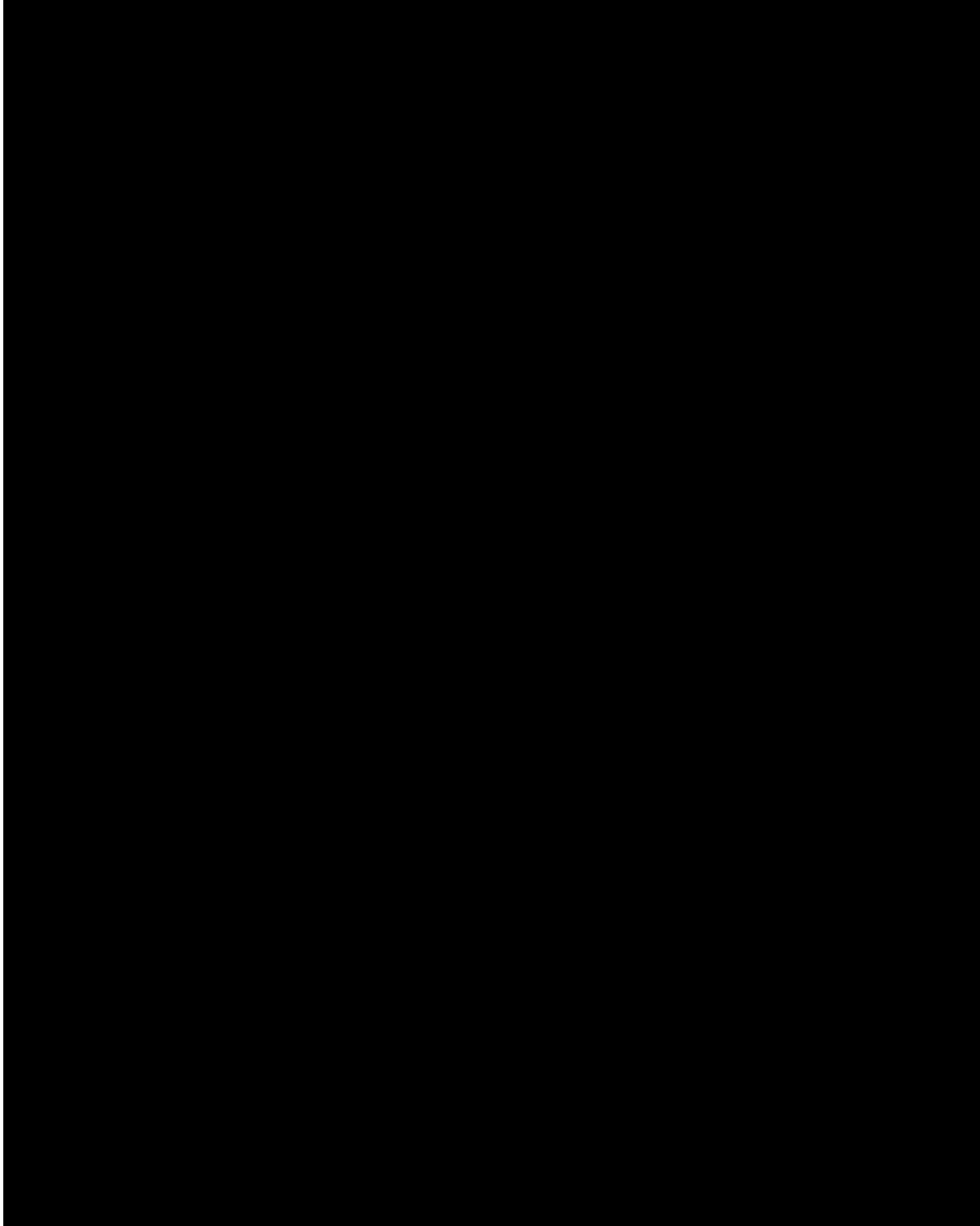
**31.3 - Aerial Photograph of Facility**

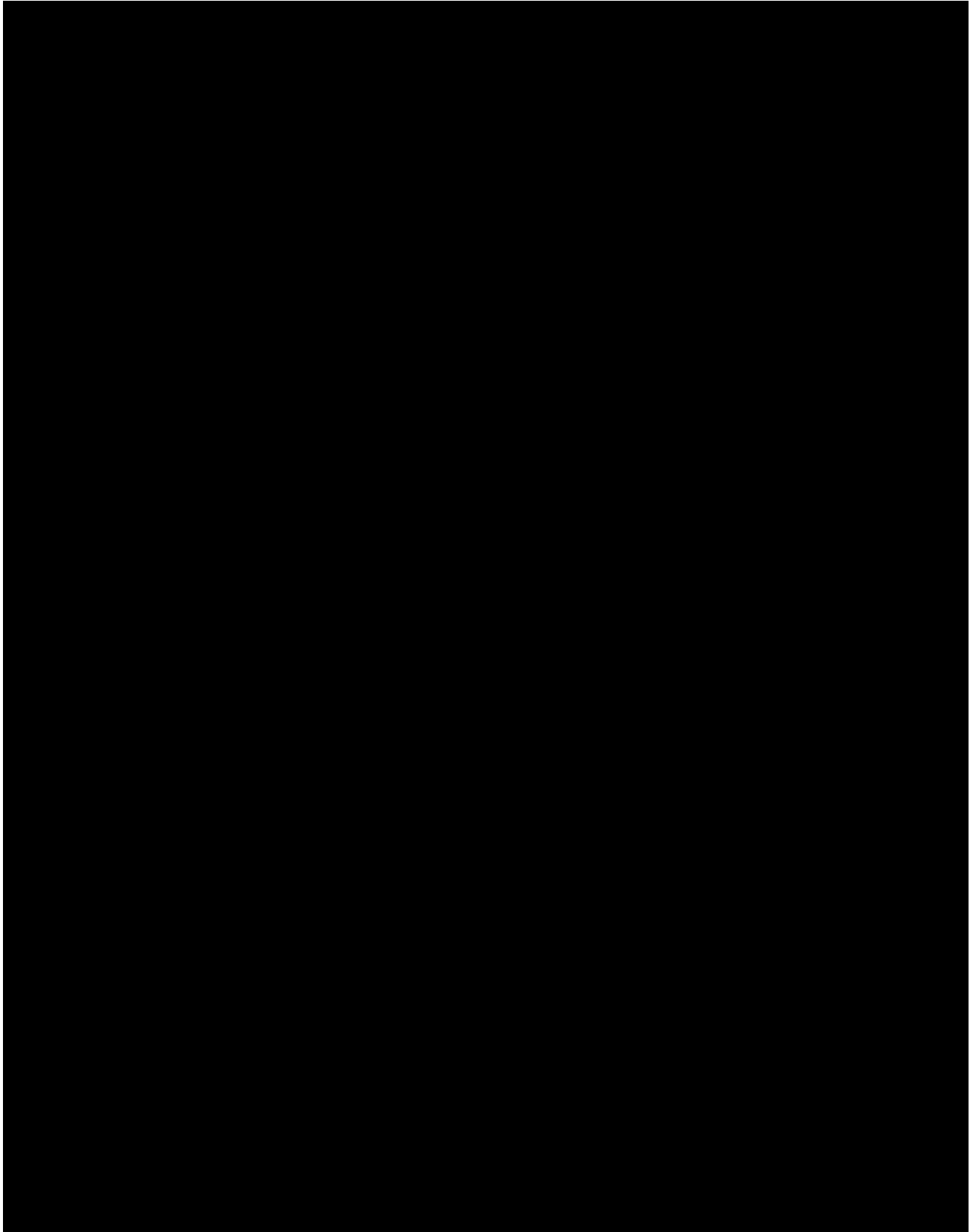
See aerial photo on following page.



**31.4 - Proof of Authorization to Occupy Property**

The Applicant intends to lease the property identified in 31.1 above. See letter of lease agreement below.





**31.5 - Local Jurisdiction Approvals**

In October of 2022, the Birmingham City Council adopted Ordinance 22-142, authorizing the operation of medical cannabis dispensary sites within the city’s corporate limits, see Zoning Letter on the following page.

In November of 2002, the city approved Ordinance 22-162, effectively updating their zoning code to allow for medical cannabis dispensaries in the following zoning districts: B-2, B-3, B-4, B-5, M-1, M-1A, M-2, M-3, MU-H, MU-D, C-2, I-1, I-2, and I-3. Our proposed location is zoned [REDACTED]. A medical cannabis dispensary is permitted with conditions in this zoning district. The conditions include submitting a statement from the AMCC that the facility meets the requirements for operations and demonstrating compliance with all rules and regulations of the AMCC.

# CITY OF BIRMINGHAM

Department Of Planning, Engineering & Permits  
710 North 20<sup>th</sup> Street  
City Hall | Room 210  
Birmingham, Alabama 35203



PUTTING PEOPLE FIRST

RANDALL L. WOODFIN  
MAYOR

KATRINA THOMAS  
DIRECTOR

9 December 2022

[REDACTED]

RE: [REDACTED] PID# [REDACTED]  
ZCL# [REDACTED]

To Whom It May Concern:

The property located at [REDACTED]  
Properties to the south, east & west are also zoned B-2. Properties to the north are zoned M-1, Light  
Manufacturing District. The property is located in the [REDACTED]  
According to the City of Birmingham's Geographic Information System (GIS), the property is not located in  
a regulated floodplain nor a Commercial Revitalization/Historic District.

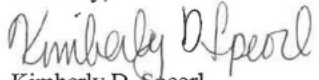
A Medical Cannabis Dispensary is permitted with conditions in this zoning district. The conditions include:

1. The applicant submits a statement from the Alabama Medical Cannabis Commission, AMCC, that the proposed facility meets requirements for operation and that all applicable and/or appropriate license or licenses have been obtained. If no license or licenses are needed or required for operation from the above listed agency, a letter stating that fact from this agency must be provided.
2. Medical Cannabis Dispensaries authorized pursuant to Ala. Code, 1975, § 20-2A-64, as now or hereafter amended, shall operate with the provisions of Ala. Code, 1975, § 20-2A-1, et seq., as now or hereafter amended, and shall comply with all Rules and Regulations of the Alabama Medical Cannabis Commission, AMCC. Except as specifically provided in this Section, Dispensaries shall be governed by the Medical Cannabis Act and the AMCC Rules.

The City of Birmingham's Zoning Ordinance is available online at [www.birminghamal.gov](http://www.birminghamal.gov)

This letter is only to confirm zoning information for the location provided in your request but does not verify that the location meets the spacing required for a dispensary. This letter does not approve the use of the medical cannabis dispensary at the above-mentioned address. All medical cannabis related uses in the City of Birmingham must be approved by the Alabama Medical Cannabis Commission and shall comply with the Rules and Regulations of the Alabama Medical Cannabis Commission.

Sincerely,



Kimberly D. Speorl  
Zoning Administrator

The City of Birmingham's Zoning Ordinance is available online at [www.birminghamal.gov](http://www.birminghamal.gov)

Oc04oca28jb.o1

RECOMMENDED BY: THE MAYOR AND  
THE PUBLIC SAFETY COMMITTEE

SUBMITTED BY: THE CITY ATTORNEY

**ORDINANCE NO. 22-142**

**AN ORDINANCE TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS DISPENSARIES WITHIN THE CORPORATE LIMITS OF THE CITY OF BIRMINGHAM, PURSUANT TO ALA. CODE, 1975, § 20-2A-51(c).**

**WHEREAS**, the Darren Wesley “Ato” Hall Compassion Act, codified at Ala. Code, 1975, § 20-2A-1, et seq. (the Act), authorizes the cultivation, processing, and sales of cannabis products for medical use by patients with a qualifying medical condition and a valid medical cannabis card; and

**WHEREAS**, the Act requires the Alabama Medical Cannabis Commission to adopt rules that ensure safety, security, and integrity of the operation of medical cannabis facilities and protect the health, safety, and security of the public, thus heavily regulating all aspects of the medical cannabis industry, including dispensary operations, (See §§ 20-2A-50 – 20-2A-68, Code of Alabama); and,

**WHEREAS**, the Alabama Medical Cannabis Commission published its rules adopted pursuant to Ala. Code, 1975, § 20-2A-53 on August 31, 2022, and will accept applications from October 31 through December 30, 2022; and,

**WHEREAS**, the Commission will deem applications complete and submitted on or about April 13, 2023, and will open a public comment period on or about April 14, 2023 to accept comments from the public on all pending applications and may set a public hearing, at the Commission’s discretion, before the issuance of licenses on or after July 10, 2023; and,

**WHEREAS**, the number of licenses for dispensary facilities to be issued by the Commission is limited as follows:

Integrated Facilities – up to 5 licenses; each licensee authorized up to 5 dispensing sites located in separate counties

Dispensary – up to 4 licenses; each licensee authorized up to 3 dispensing sites located in separate counties



**WHEREAS**, a dispensary, including a dispensary under an Integrated Facility License may only operate in a municipality if the municipality has passed an ordinance authorizing the operation of dispensaries within the municipality's corporate limits; and

**WHEREAS**, the health care industry is a highly valued segment of the City of Birmingham's economy and includes world-renown health care resources, including hospitals, clinics, education, and research facilities and the valued professionals and support staff who care for patients from within the state, the nation, and from abroad; and,

**WHEREAS**, the operation of a medical cannabis dispensary within the corporate limits of the City of Birmingham will further expand opportunities for the City's flourishing health care industry and provide new options to care for patients with qualifying medical conditions; and,

**WHEREAS**, the operation of a medical cannabis dispensary will provide new economic and employment opportunities and new revenue through business licensing and other taxes; and,

**WHEREAS**, the Council of the City of Birmingham finds that it is in the best interest of the public health, safety, and welfare to authorize the operation of medical cannabis dispensing facilities within the City of Birmingham, subject to the strict regulation and oversight of the Alabama Medical Cannabis Commission.

**NOW THEREFORE, BE IT ORDAINED** by the Council of the City of Birmingham as follows:

**SECTION 1.**

- (a) The operation of medical cannabis dispensaries within the corporate limits of the City of Birmingham is authorized, subject to any applicable zoning restrictions the City may adopt pursuant to Ala. Code, 1975, § 20-2A-51(c)(3).
- (b) The operation of any facility, regardless of type, licensed by the Alabama Medical Cannabis Commission within the City of Birmingham shall comply with the Commission's strict regulation and oversight and shall comply with all laws and ordinances for the operation of a business within the City, including, but not limited to business licensing and other required taxes, and with all applicable ordinances and codes for location, construction, and sanitation of business premises within the City of Birmingham.
- (c) This ordinance shall be interpreted with respect to the Darren Wesley "Ato" Hall Compassion Act, Ala. Code, 1975, § 20-2A-1, et seq. and the rules of the Alabama Medical Cannabis Commission, as either is now or may hereafter be amended.

**SECTION 2.**

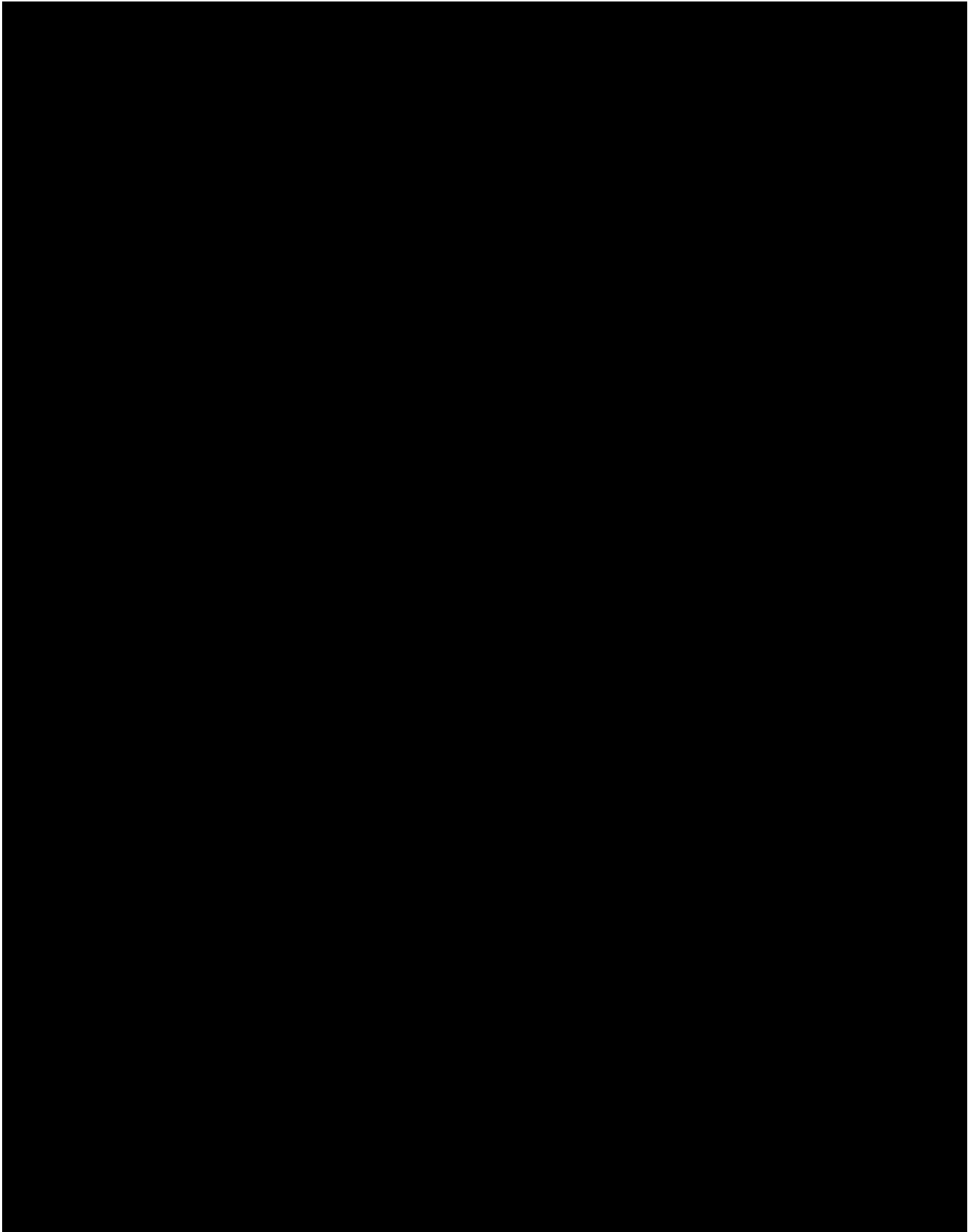
A certified copy of this ordinance shall be submitted within seven days of its adoption to the Alabama Medical Cannabis Commission by the City Clerk, as provided in Ala. Code, 1975, § 20-2A-51(c)(2). The City Clerk and the Director of the Department of Innovation and Economic Opportunity may cooperate to ensure and record the submittal of the ordinance,

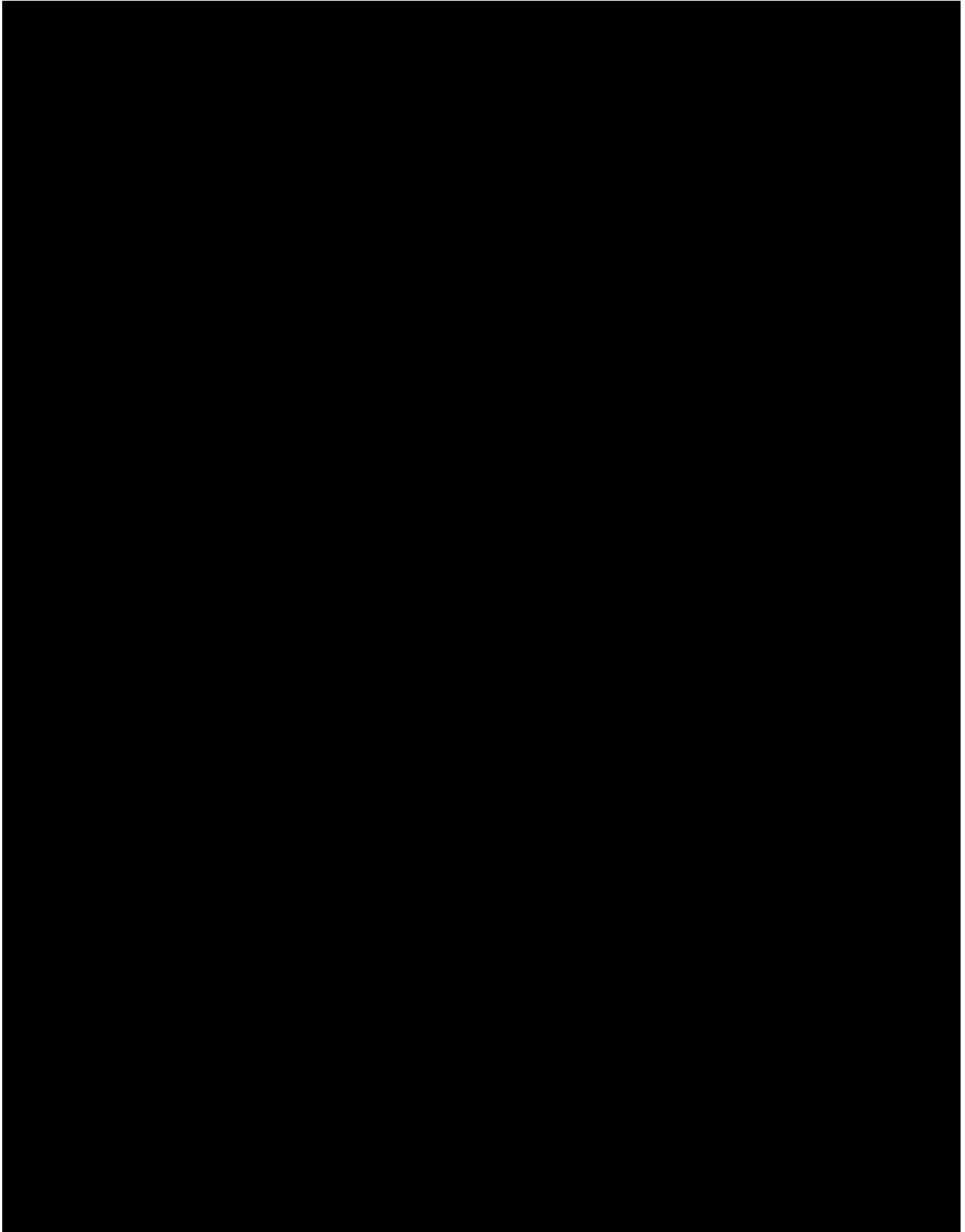
**SECTION 3. SEVERABILITY.** The provisions of this ordinance are severable. If any part of this ordinance is determined by a court of competent jurisdiction to be invalid, unenforceable or unconstitutional, such determination shall not affect any other part of this ordinance.

**SECTION 4. EFFECTIVE DATE.** This ordinance shall be effective when published as required by law.

**31.6 - Blueprint of Facility**

The blueprint and related plans for the facility identified in 31.1 above are included on the following pages.





**31.7 - Facility Timetable**

The applicant expects that construction of the dispensary, including compliance with all facility requirements under the Act and the AMCC Rules, will be complete on or before [REDACTED]. We expect to be able to commence operations at the facility immediately upon licensure by the Commission. The timetable at the end of this section illustrates the various milestones and tasks.

Implementation of Application

We will ensure this application will be implemented and administered as described by specific assignments to key personnel. [REDACTED]

[REDACTED]

[REDACTED]

Operating Timeline

Our proposed facility will be constructed and operated in full compliance with state and local regulations. As of June 2022, in anticipation of being awarded a license in July 2023, we began executing our startup plan and timeline. This will ensure that we are ready to serve Alabama patients as quickly as possible, and no later than [REDACTED].

**Pre-Licensing (June 2022 -December 2022)**

While the awarding of a provisional license triggers activation of the Startup Team, aspects that require significant lead time are already currently underway. This includes:

- Design & Permitting
  - Design Development: We have engaged a leading local architecture firm to assist in the development of our facility’s interior design.
  - Construction Documents: Our architects have already begun development of required construction documents in preparation for their submission as part of our building and construction permits. These documents include

accessibility notes and details, safety plans, demolition plans, floor plans, elevations and sections, finish plans, interior elevations, schedules and wall types, structural drawing, mechanical drawing, electrical drawings, and plumbing drawings.

- Permitting: We have taken steps towards obtaining necessary licenses and permits from local and state agencies including business licenses, zoning approvals, and building and construction permits. While we anticipate final state licensing to take place in July 2023, we have prepared necessary documentation including critical operating materials for inclusion in local licensing applications.
- Procurement
  - Bid and Award Subcontractors: Under the leadership of our ownership team and with the assistance of our architects, we have received multiple bids for construction related services and have selected a qualified General Contractor.
  - Submit/Review/Approve Guaranteed Maximum Price (GMP): The General Contractor will oversee all aspects of our facility buildout, ensuring completion within the [REDACTED] window.
- Licensing
  - Receipt of State License (July 2023)

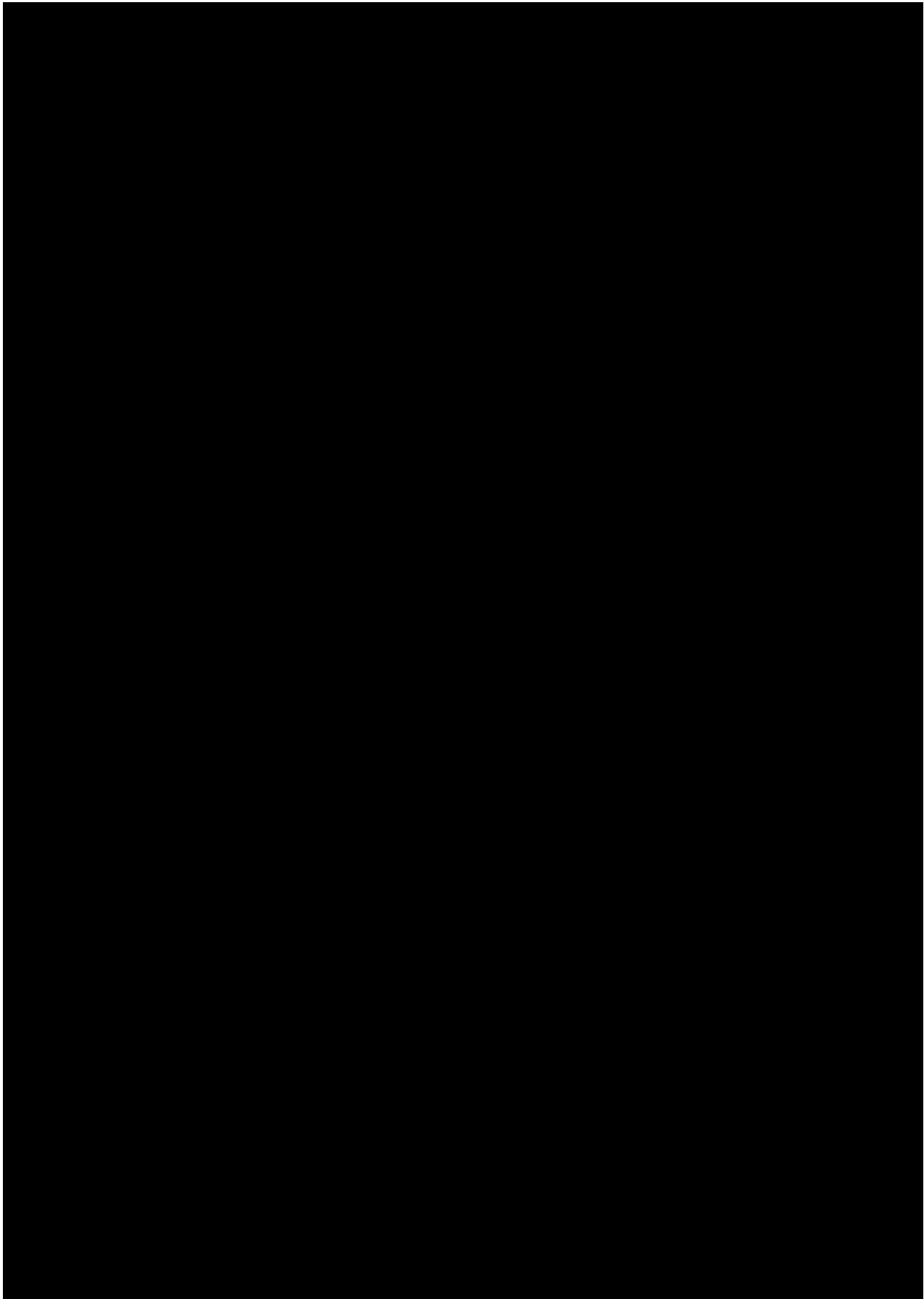
**Facility Construction:** [REDACTED]

**Furniture, Fixtures, Security Added:** [REDACTED]

**Staffing and Training:** [REDACTED]

**First Products Available to Patients:** [REDACTED]





**31.8 - Public Access to Facility**

Our dispensary is open to the public. However, only employees, registered patients and caregivers, state officials, and authorized visitors will be able to gain access into the facility.

Our anticipated hours of operation for the facility are as follows:

Monday	Saturday	10:00 a.m.	7:00 p.m. CT
Sunday		1:00 p.m.	7:00 p.m. CT

**31.9 - Facility Hours of Operation / After Hours Contact**

Our dispensary will be occupied by employees during all public access hours (see 31.8 above) and approximately one (1) hour before and after the public access hours.

After Hours Management Contact:

Brandon Meadows, CEO

Cell phone: [REDACTED]

**Dispensary #3 Location**

**31.1 - Facility Name and Type**

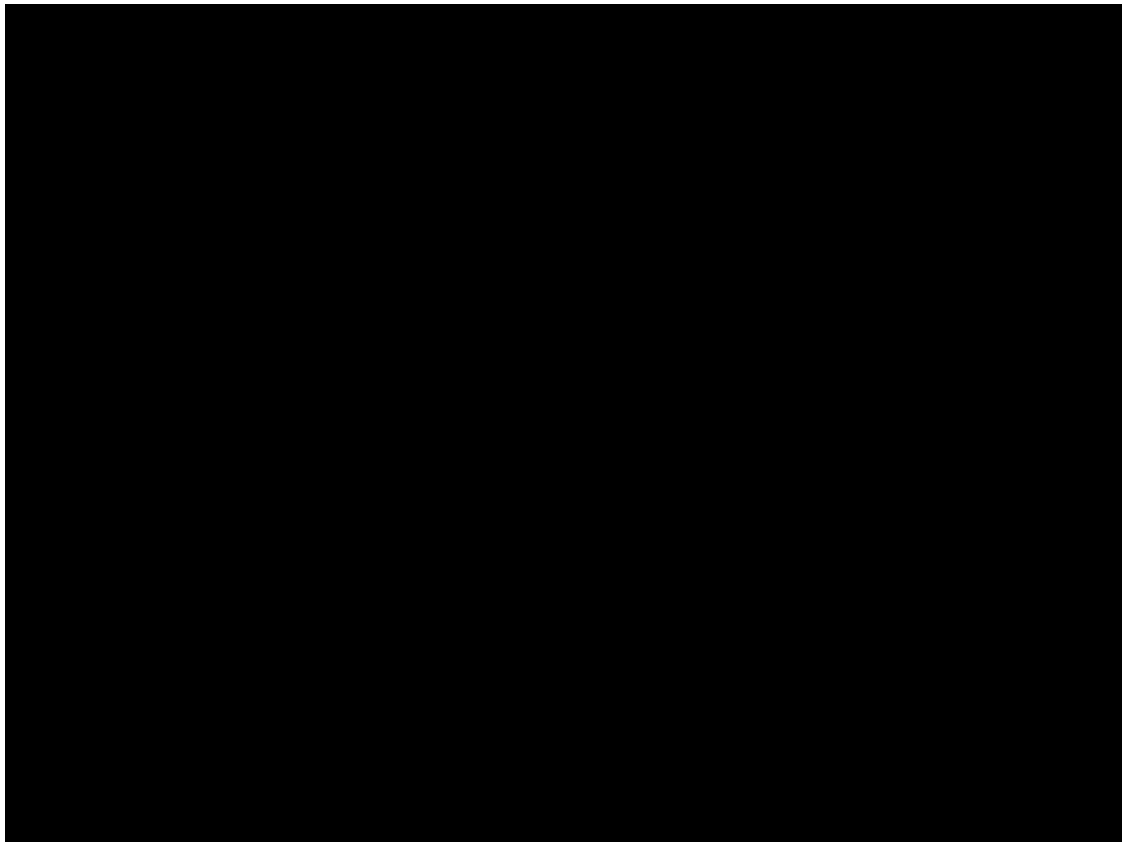
Facility Name: [REDACTED]

Facility Type: Dispensary

**31.2 - Physical Address & GPS Coordinates of Facility**

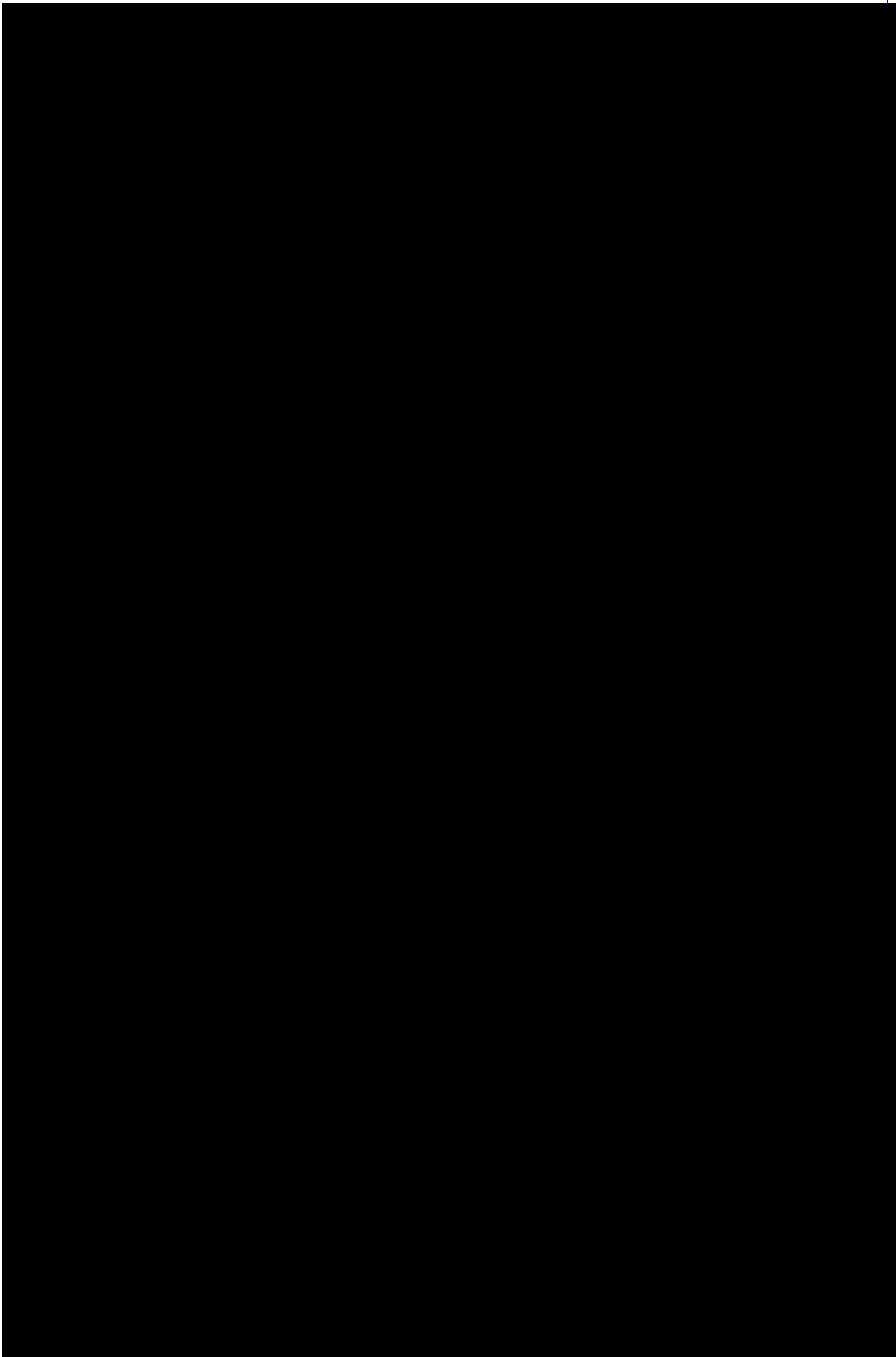
[REDACTED]

GPS Coordinates: [REDACTED]



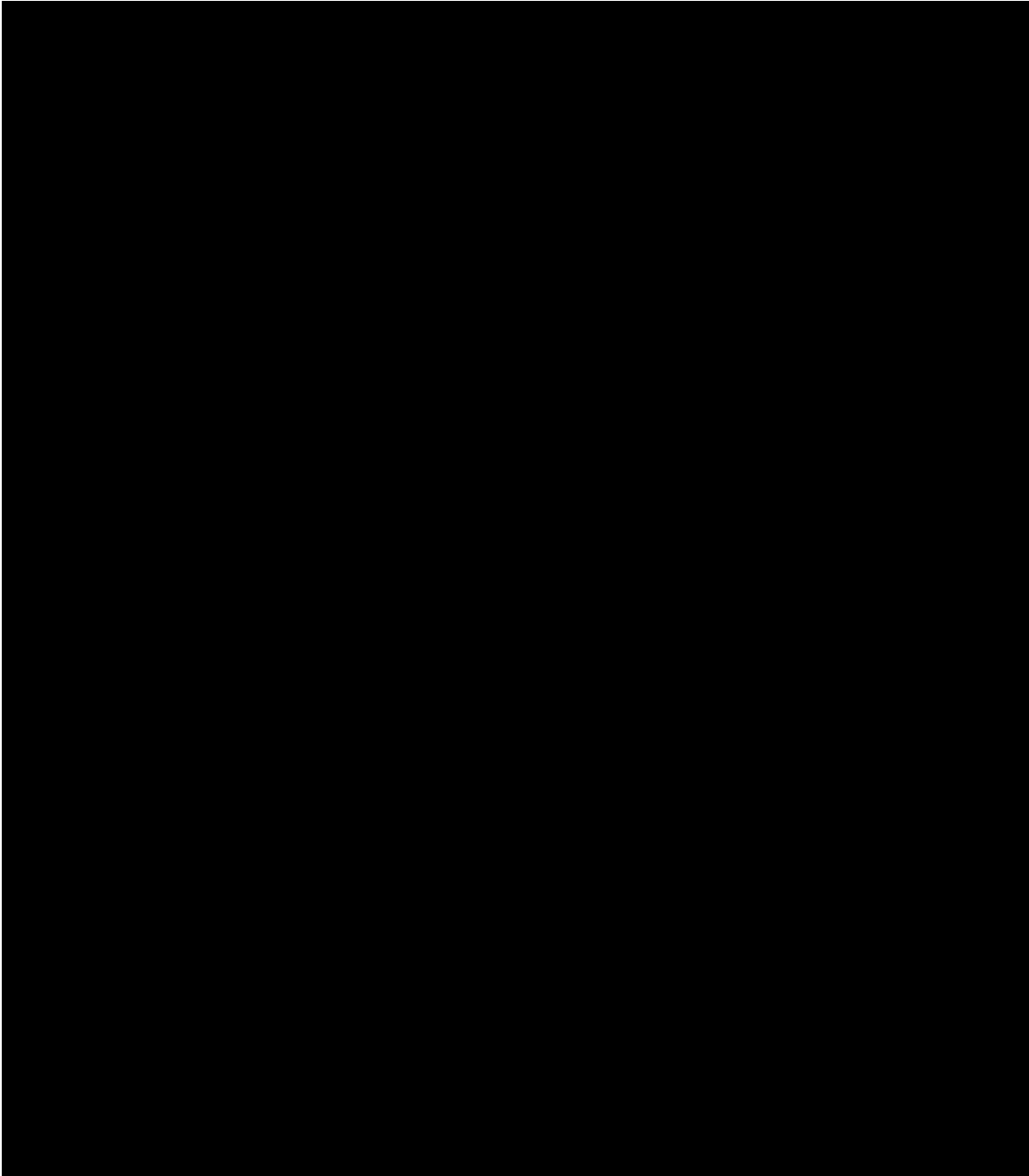
**31.3 - Aerial Photograph of Facility**

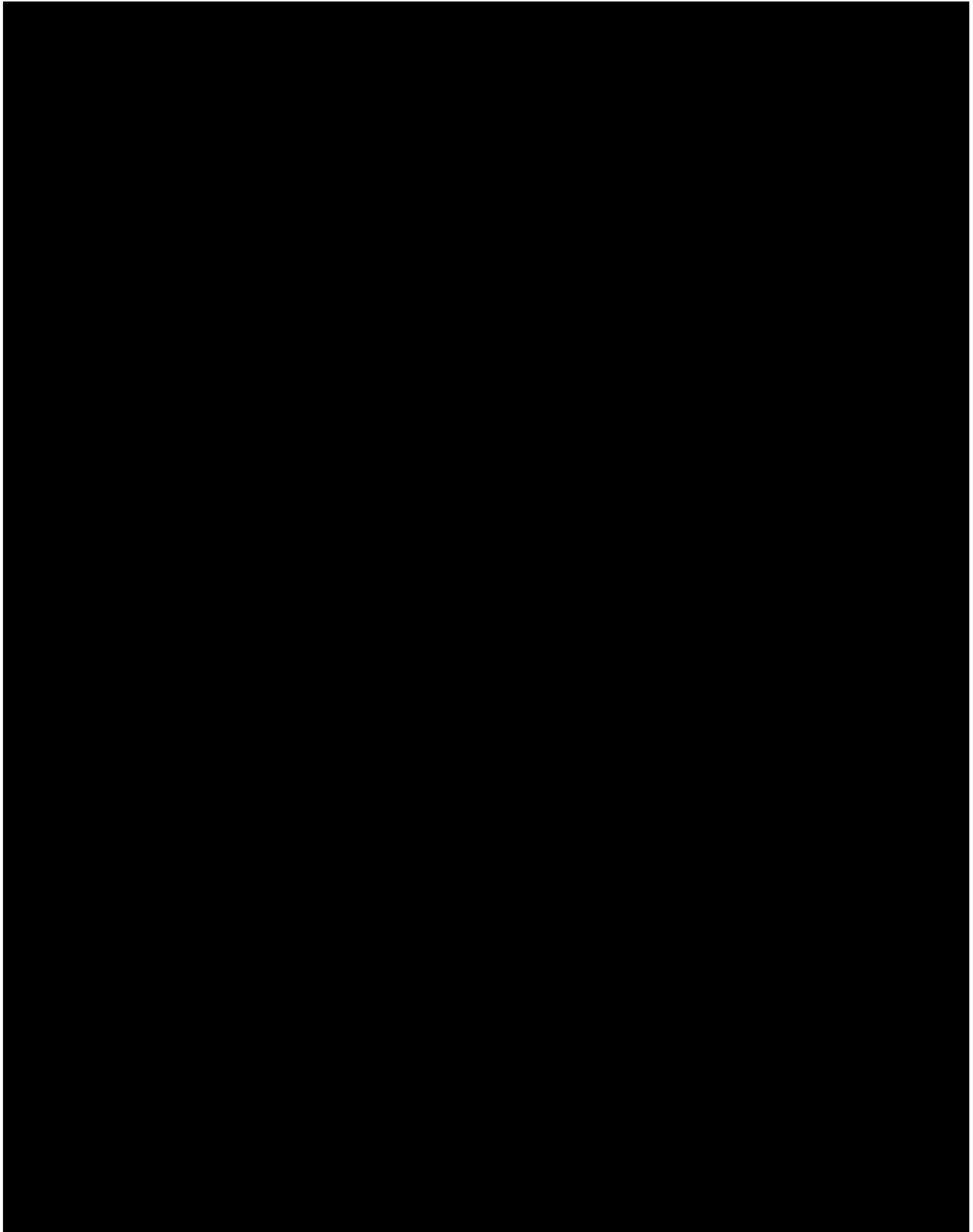
See aerial photo on the following.

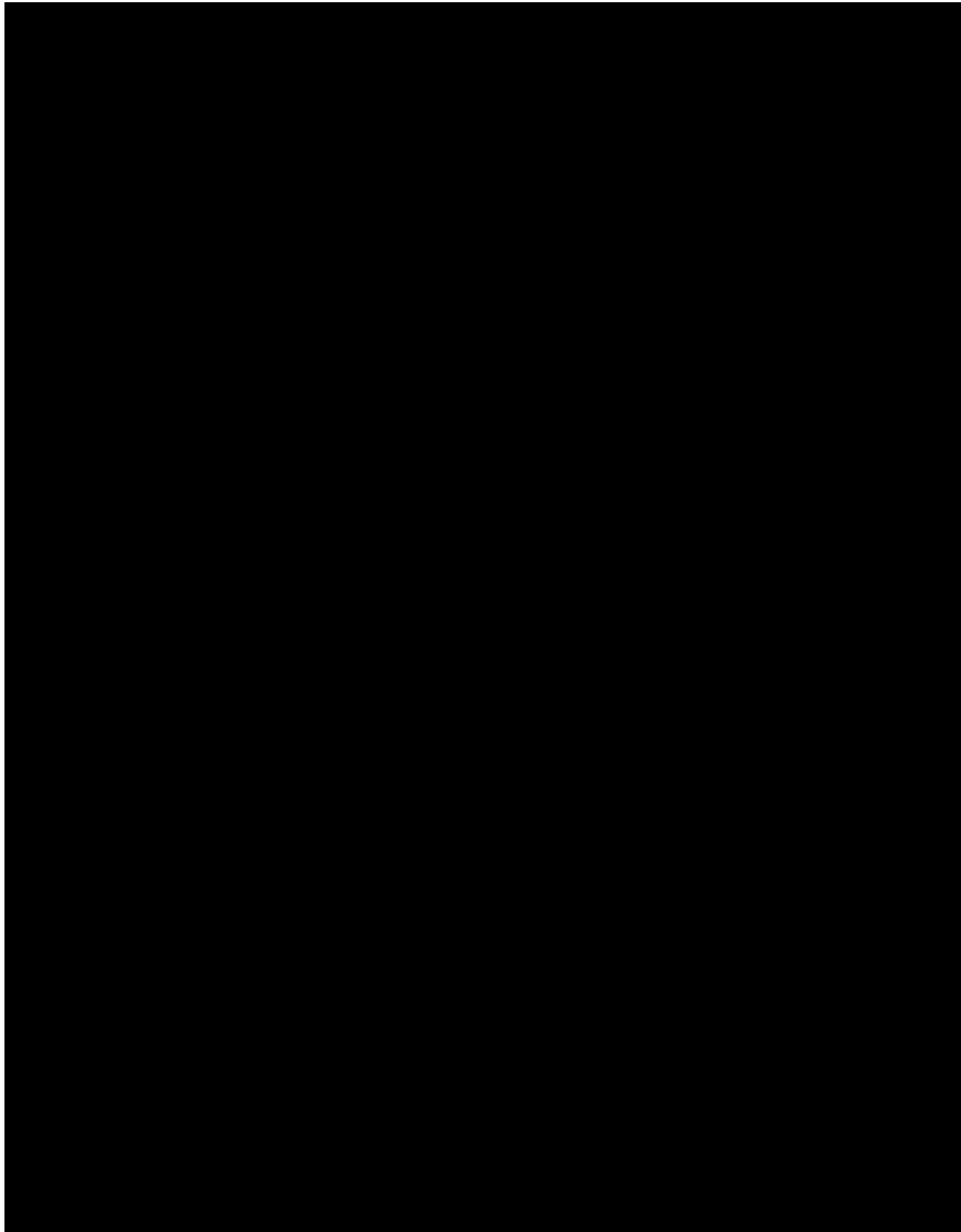


**31.4 - Proof of Authorization to Occupy Property**

The Applicant intends to lease the property identified in 31.1 above. See letter of intent for lease agreement below.







**31.5 - Local Jurisdiction Approvals**

In October of 2022, the Gadsden City Council adopted Ordinance O-37-22, authorizing the operation of medical cannabis dispensary sites within the city’s corporate limits, see attached Zoning Letter (identified as Zoning Letter Dispensary Location #3 Attachment to Exhibit 31, section 31.5).

In December of 2002, the city approved Ordinance O-49-22, updating their zoning code to allow for medical cannabis dispensaries in the following zoning districts: B-1, B-2, B-3, B-4, and O-1. [REDACTED]. The City of Gadsden Chart of Permitted Uses, Chapter 130, Section 312(f) allows for a medical cannabis dispensary as a “use by right” in this district.





# City of GADSDEN

P. O. Box 267  
Gadsden, Alabama 35902  
Phone: (256) 549-4520  
FAX: (256) 549-4851

Heath Williamson  
*Director of Engineering*  
Nick Hall  
*Director of Planning*

December 13, 2022



Re: Zoning Verification Letter  
[Redacted]  
Medical Cannabis Dispensary

Dear [Redacted]

The subject property located at [Redacted] is located within the corporate limits of the City of Gadsden and has a zoning designation of [Redacted]. The City of Gadsden Chart of Permitted Uses, Chapter 130, Section 312(f) allows for a Medical Cannabis Dispensary as a "use by right" in a [Redacted]. This letter does not exempt this use or property from any other requirements for permitting or licensing.

A Medical Cannabis Dispensary, as proposed to be located at [Redacted] being a "use by right" in a [Redacted] is eligible to apply for a City of Gadsden business license.

The subject property is in compliance with the Alabama Medical Cannabis Commission Rules and Regulations, Chapter 8, Regulation of Dispensaries, Section 538-x-8-.04, Requirements and Limitations as to Dispensing Sites.

This information was researched on December 05, 2022, by the undersigned, per request and as a public service. The undersigned certifies that the above information contained herein is believed to be accurate and is based upon, or relates to the information provided by the requestor. The Authority assumes no liability for errors or omissions. All information was obtained from public records, which may be inspected during regular business hours. Should you have further questions, please contact me at 256-549-4525.

Sincerely,

Tina P. Cody  
Zoning Administrator  
City of Gadsden Planning Department

**City of Champions**

2022/467

ORDINANCE NO. O-49-22

**Amending the Zoning Ordinance to Permit Medical Cannabis**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GADSDEN, ALABAMA, as follows:

Section 1. Section 130-312(f) of the Gadsden City Code is amended to add the following uses as follows:

Under Commercial (Retail Sales):

<b>Names, Uses and Conditions</b>	<b>R-1</b>	<b>R-2</b>	<b>R-T</b>	<b>B-1</b>	<b>B-2</b>	<b>B-3</b>	<b>B-4</b>	<b>I-1</b>	<b>I-2</b>	<b>O-1</b>
Medical Cannabis Dispensary: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	R	R	R	R	-	-	R

Under Industrial:

<b>Names, Uses and Conditions</b>	<b>R-1</b>	<b>R-2</b>	<b>R-T</b>	<b>B-1</b>	<b>B-2</b>	<b>B-3</b>	<b>B-4</b>	<b>I-1</b>	<b>I-2</b>	<b>O-1</b>
Medical Cannabis Secure Transporter: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	R	X	-	R	R	-
<b>Names, Uses and Conditions</b>	<b>R-1</b>	<b>R-2</b>	<b>R-T</b>	<b>B-1</b>	<b>B-2</b>	<b>B-3</b>	<b>B-4</b>	<b>I-1</b>	<b>I-2</b>	<b>O-1</b>
Medical Cannabis Integrated Facility: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Under Manufacturing:

<b>Names, Uses and Conditions</b>	<b>R-1</b>	<b>R-2</b>	<b>R-T</b>	<b>B-1</b>	<b>B-2</b>	<b>B-3</b>	<b>B-4</b>	<b>I-1</b>	<b>I-2</b>	<b>O-1</b>
Medical Cannabis Processors: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Under Other Uses:

<b>Names, Uses and Conditions</b>	<b>R-1</b>	<b>R-2</b>	<b>R-T</b>	<b>B-1</b>	<b>B-2</b>	<b>B-3</b>	<b>B-4</b>	<b>I-1</b>	<b>I-2</b>	<b>O-1</b>
Medical Cannabis Cultivators: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 5 in conjunction Rules and Regulations of the Alabama Department of Agriculture found in r.80-14-1 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Section 2. The definitions in Section 130-1 of the Gadsden City Code are amended to add the following definitions:

*Dispensary means an entity licensed by the commission under § 20-2A-64, Code of Alabama 1975 (as amended), authorized to dispense and sell medical cannabis at dispensing sites.*

*Secure Transporter means an entity licensed by the Commission under § 20-2A-65, Code of Alabama 1975 (as amended), authorized to transport cannabis or medical cannabis from one licensed facility or site to another licensed facility or site.*

*Integrated Facility means an entity licensed under § 20-2A-67, Code of Alabama 1975 (as amended).*

*Processor means one who is licensed by the Commission under § 20-2A-63, Code of Alabama 1975 (as amended), authorized pursuant to Article 4 of the Act of these Rules to purchase cannabis from a cultivator and extract derivatives from the cannabis to produce a medical cannabis product or products for sale and transfer in packaged and labeled form back to the contracting cultivator, if applicable, or to a dispensary or integrated facility where the packaged and labeled product may be offered for sale at a dispensary site to holders of a valid, unrevoked and unexpired Medical Cannabis Card.*

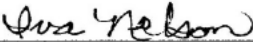
*Cultivator means an entity licensed by the Alabama Medical Cannabis Commission (or, as applicable, the Department of Agriculture and Industries) under § 20-2A-62, Code of Alabama 1975 (as amended), to grow cannabis pursuant to Article 4 of the Act.*

Section 3. The provisions of this ordinance shall be effective on publication.

Section 4. The sections, subsections, paragraphs, sentences, clauses and phrases of this ordinance are severable. If any section, subsection, paragraph, sentence, clause and phrase of this ordinance is declared unconstitutional or invalid by a valid judgment of a court of competent jurisdiction, such judgment shall not affect the validity of any other section, subsection, paragraph, sentence, clause and phrase of this ordinance. The city council declares that it is its intent that it would have enacted this ordinance without such invalid or unconstitutional provisions.

Section 5. The provisions of this ordinance repeal any prior ordinance or provision of the Gadsden City Code to the extent of any conflict.

I certify that the City Council of the City of Gadsden, Alabama, duly adopted this ordinance at an open meeting held on December 13, 2022.

  
Iva Nelson, City Clerk

APPROVED on December 13, 2022

  
Craig Ford, Mayor

# CITY OF GADSDEN

December 13, 2022

Alabama Medical Cannabis Commission  
P.O. Box 309585  
Montgomery, Alabama 36130

To Whom It May Concern,

I am writing to express support for this applicant to open and operate a medical cannabis processing facility in Gadsden. The City of Gadsden has established a task force of administrative leaders to facilitate inquiries and assist with the application process, and this company has been in contact with our administration throughout their application development process.

I feel their business will be beneficial to Gadsden residents and the goals of the state.

I appreciate you taking the time to review my thoughts on their application. If you need any additional information from me, please contact me.

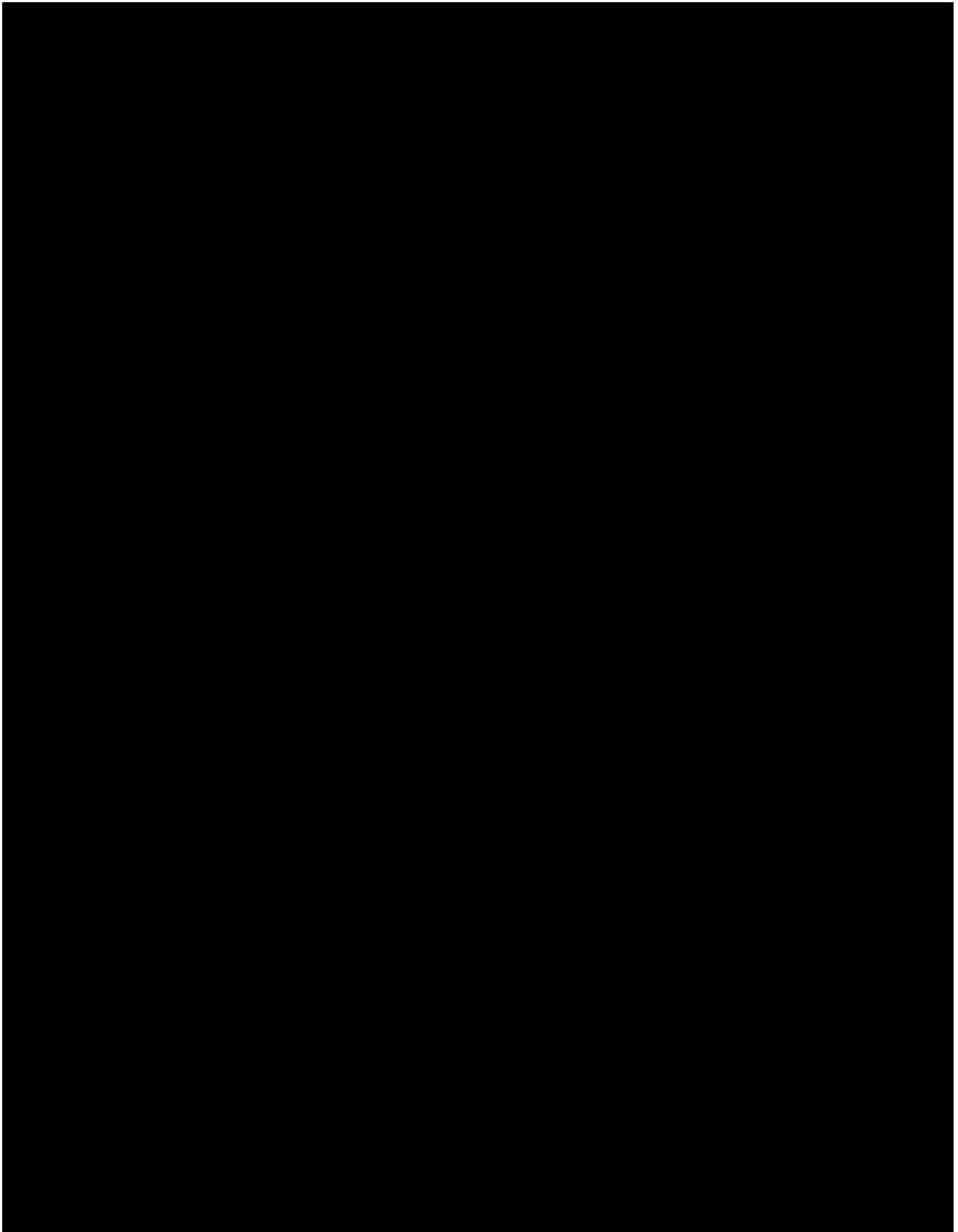
Sincerely,

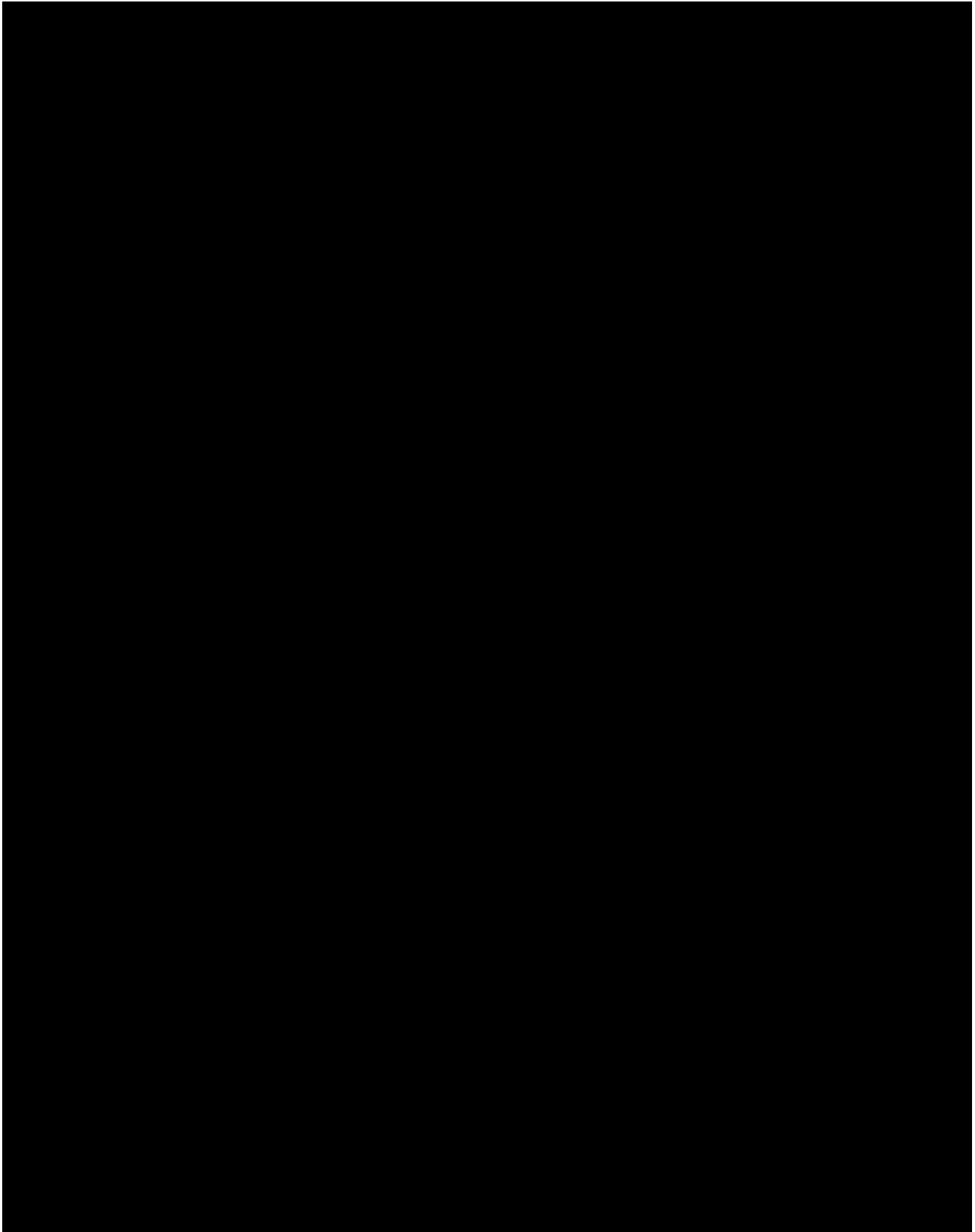


Craig Ford, Mayor

**31.6 - Blueprint of Facility**

The blueprint and related plans for the facility identified in 31.1 above are included on the following pages.









[REDACTED]

Operating Timeline

Our proposed facility will be constructed and operated in full compliance with state and local regulations. As of June 2022, in anticipation of being awarded a license in July 2023, we began executing our startup plan and timeline. This will ensure that we are ready to serve Alabama patients as quickly as possible, and no later than [REDACTED].

**Pre-Licensing (June 2022 -December 2022)**

While the awarding of a provisional license triggers activation of the Startup Team, aspects that require significant lead time are already currently underway. This includes:

- Design & Permitting
  - Design Development: We have engaged a leading local architecture firm to assist in the development of our facility’s interior design.
  - Construction Documents: Our architects have already begun development of required construction documents in preparation for their submission as part of our building and construction permits. These documents include

accessibility notes and details, safety plans, demolition plans, floor plans, elevations and sections, finish plans, interior elevations, schedules and wall types, structural drawing, mechanical drawing, electrical drawings, and plumbing drawings.

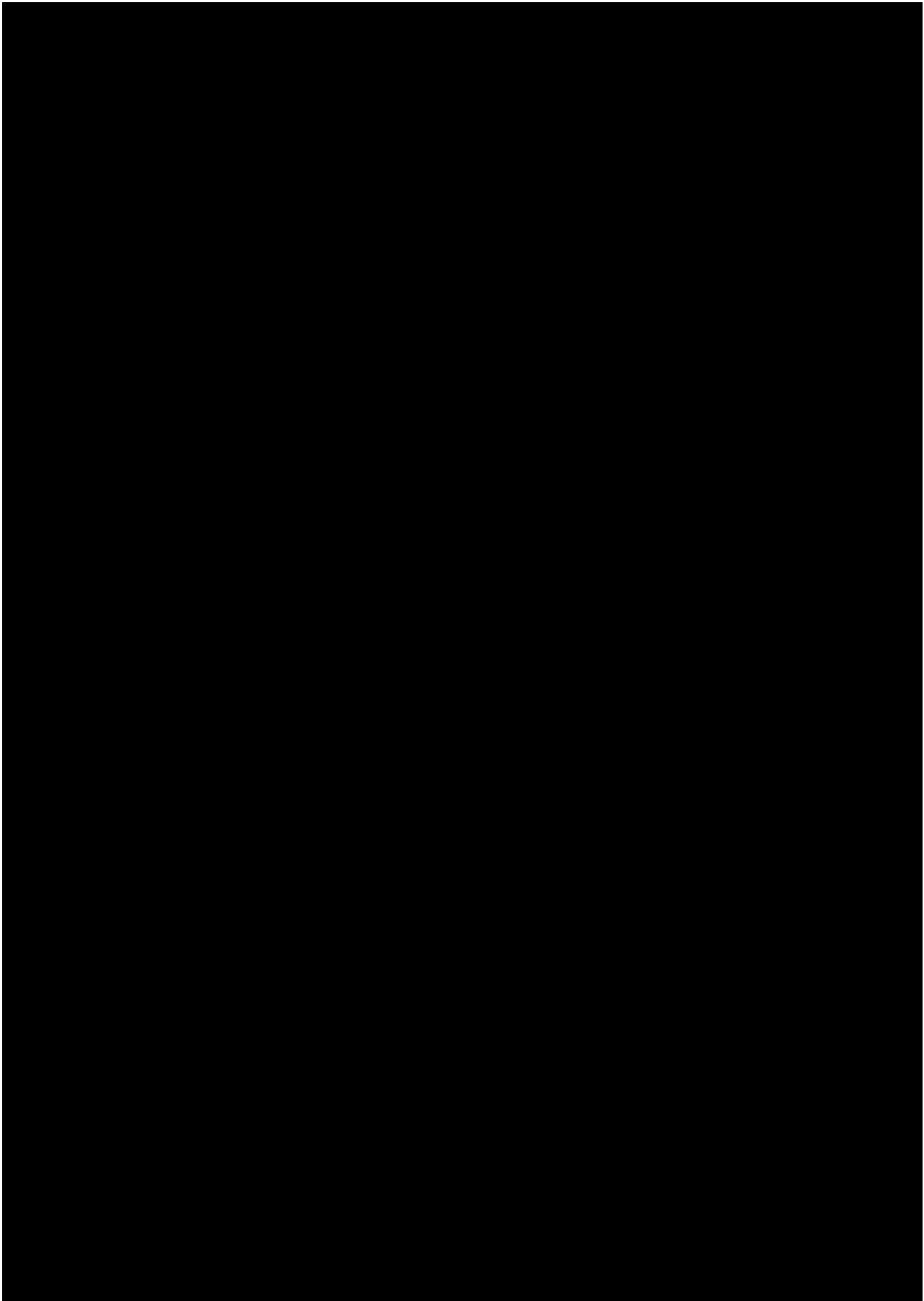
- Permitting: We have taken steps towards obtaining necessary licenses and permits from local and state agencies including business licenses, zoning approvals, and building and construction permits. While we anticipate final state licensing to take place in July 2023, we have prepared necessary documentation including critical operating materials for inclusion in local licensing applications.
- Procurement
  - Bid and Award Subcontractors: Under the leadership of our ownership team and with the assistance of our architects, we have received multiple bids for construction related services and have selected a qualified General Contractor.
  - Submit/Review/Approve Guaranteed Maximum Price (GMP): The General Contractor will oversee all aspects of our facility buildout, ensuring completion within the [REDACTED] window.
- Licensing
  - Receipt of State License (July 2023)

**Facility Construction:** [REDACTED]

**Furniture, Fixtures, Security Added:** [REDACTED]

**Staffing and Training:** [REDACTED]

**First Products Available to Patients:** [REDACTED]



**31.8 - Public Access to Facility**

Our dispensary is open to the public. However, only employees, registered patients and caregivers, state officials, and authorized visitors will be able to gain access into the facility.

Our anticipated hours of operation for the facility are as follows:

Monday	Saturday	10:00 a.m.	7:00 p.m. CT
Sunday		1:00 p.m.	7:00 p.m. CT

**31.9 - Facility Hours of Operation / After Hours Contact**

Our dispensary will be occupied by employees during all public access hours (see 31.8 above) and approximately one (1) hour before and after the public access hours.

After Hours Management Contact:

Brandon Meadows, CEO

Cell phone: [REDACTED]

**Dispensary #4 Location**

**31.1 - Facility Name and Type**

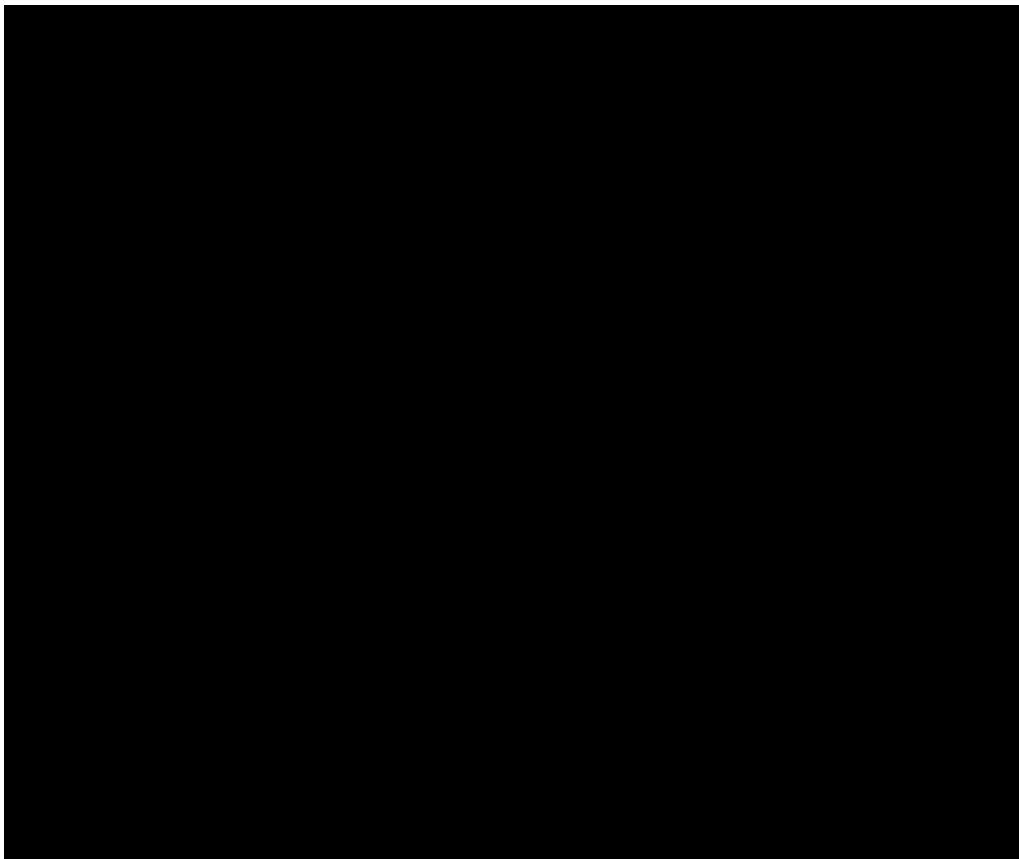
Facility Name: [REDACTED]

Facility Type: Dispensary

**31.2 - Physical Address & GPS Coordinates of Facility**

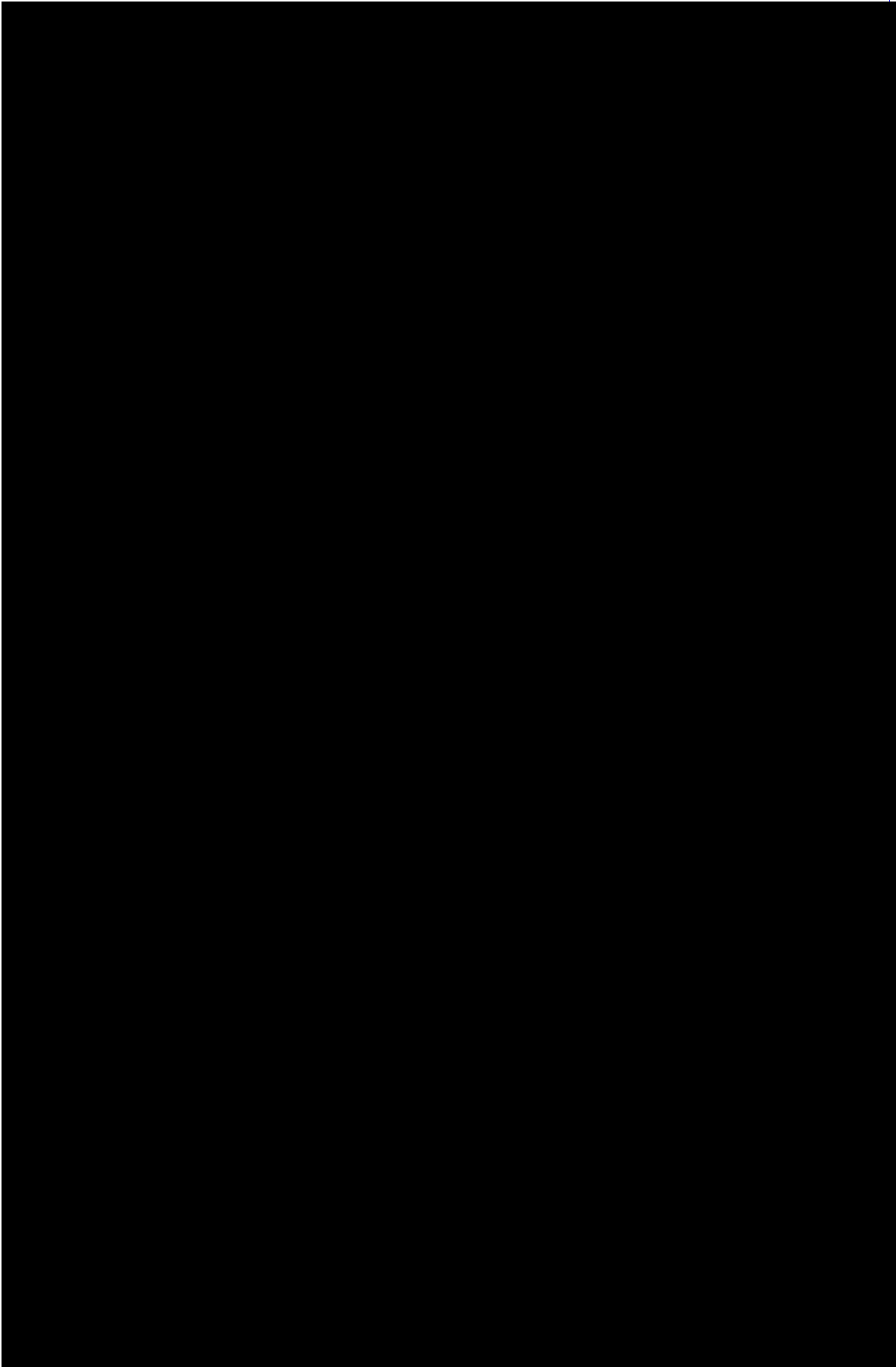
[REDACTED]

GPS Coordinates: [REDACTED]



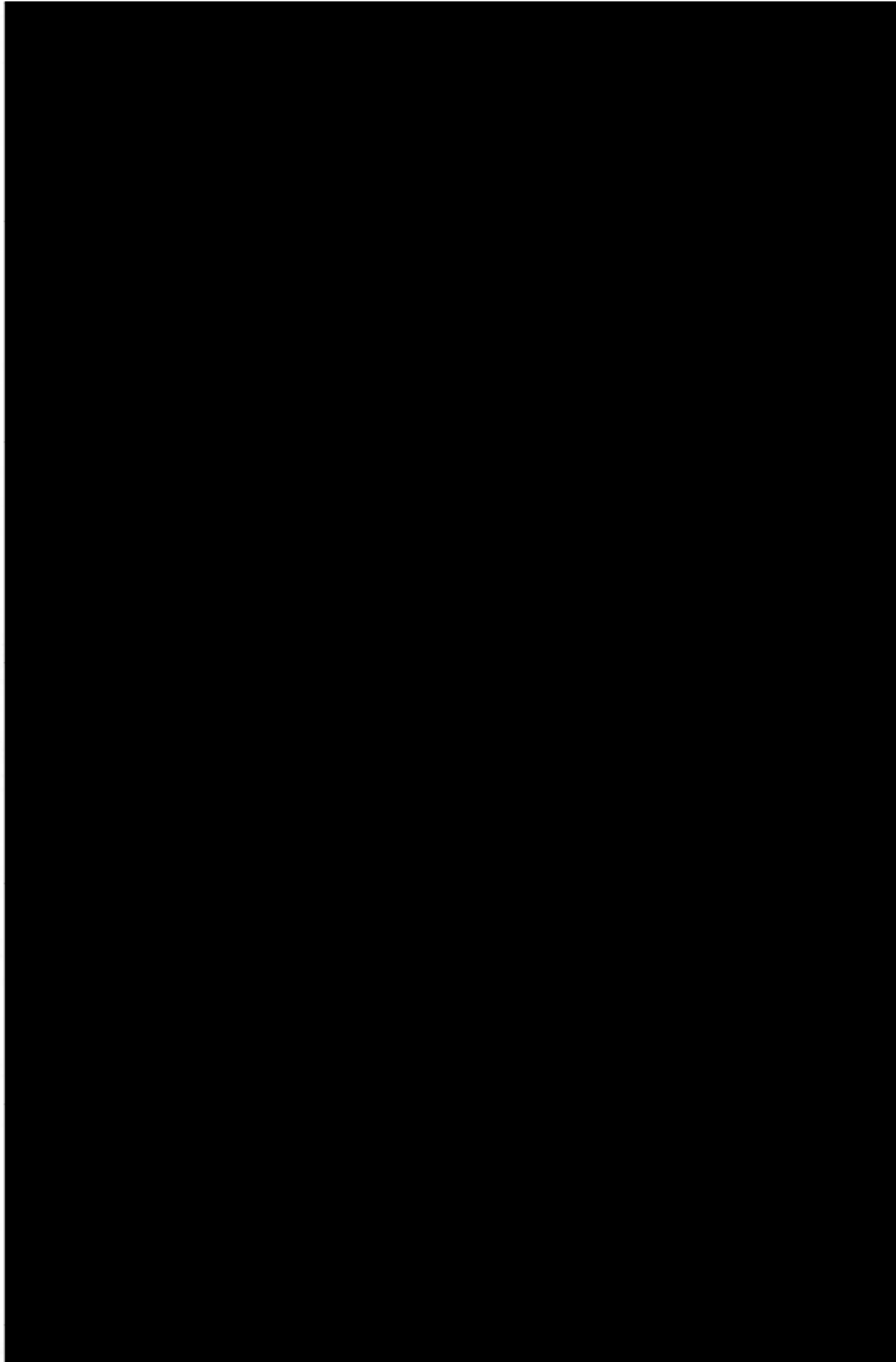
**31.3 - Aerial Photograph of Facility**

See aerial photo on following page.

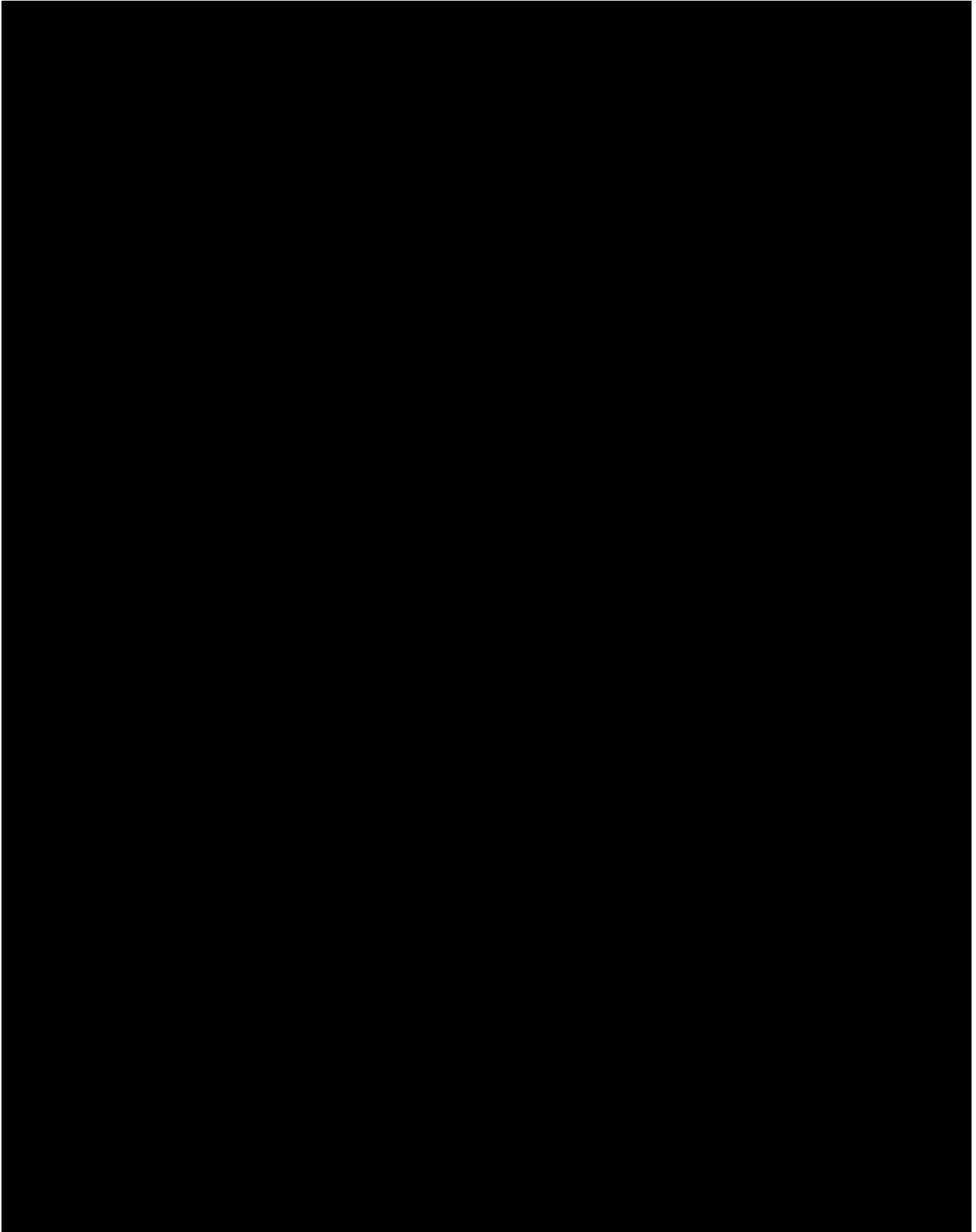


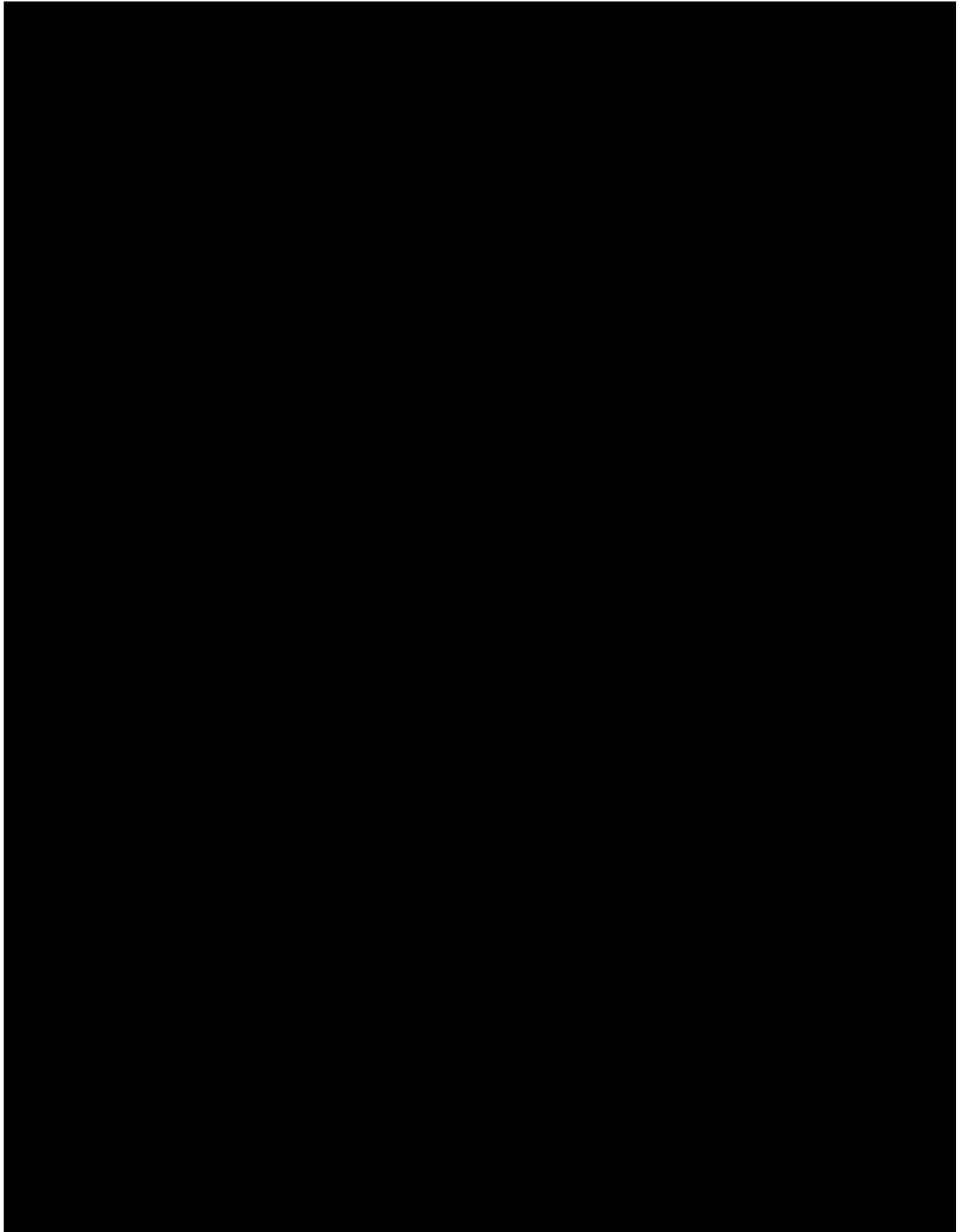
**31.4 - Proof of Authorization to Occupy Property**

The Applicant intends to lease the property identified in 31.1 above. See letter of intent for lease agreement below.









**31.5 - Local Jurisdiction Approvals**

In September of 2022, the Board of Commissioners of the City of Dothan adopted Ordinance 2022-290, authorizing the operation of medical cannabis dispensary sites within the city's corporate limits, see Zoning Letter on the following page. Our proposed location is zoned [REDACTED]. Under the [REDACTED] zoning district, medical cannabis dispensaries are permitted by-right.



**CITY OF DOTHAN**  
**Department of Planning and Development**

P. O. BOX 2128 DOTHAN, ALABAMA 36302 334-615-4410 (o) 334-615-4419 (f)  
www.dothan.org

Todd L. McDonald, AICP – Director

December 7, 2022



RE: [REDACTED]

To Whom It May Concern:

The Planning and Development Department is pleased to report that the subject property is zoned [REDACTED] according to the Official Zoning Map of the City of Dothan, Alabama. Under the [REDACTED] zoning district, medical cannabis dispensaries are permitted by-right.

Preliminary review of the location referenced above indicates that there are no schools, day cares, or childcare facilities within 1,000 feet of this property. However, this is a requirement of state law and is not part of the city ordinance. It is your responsibility to verify that none of these uses exists with 1000 ft. of this property.

- The Property is not in a special, restrictive, or overlay district.
- The Property is not part of a PUD.
- Adjacent properties are zoned L-I.

Should you have any questions, please feel free to contact me. My direct telephone number is 334-615-4412 and my e-mail address is [kvann@dothan.org](mailto:kvann@dothan.org).

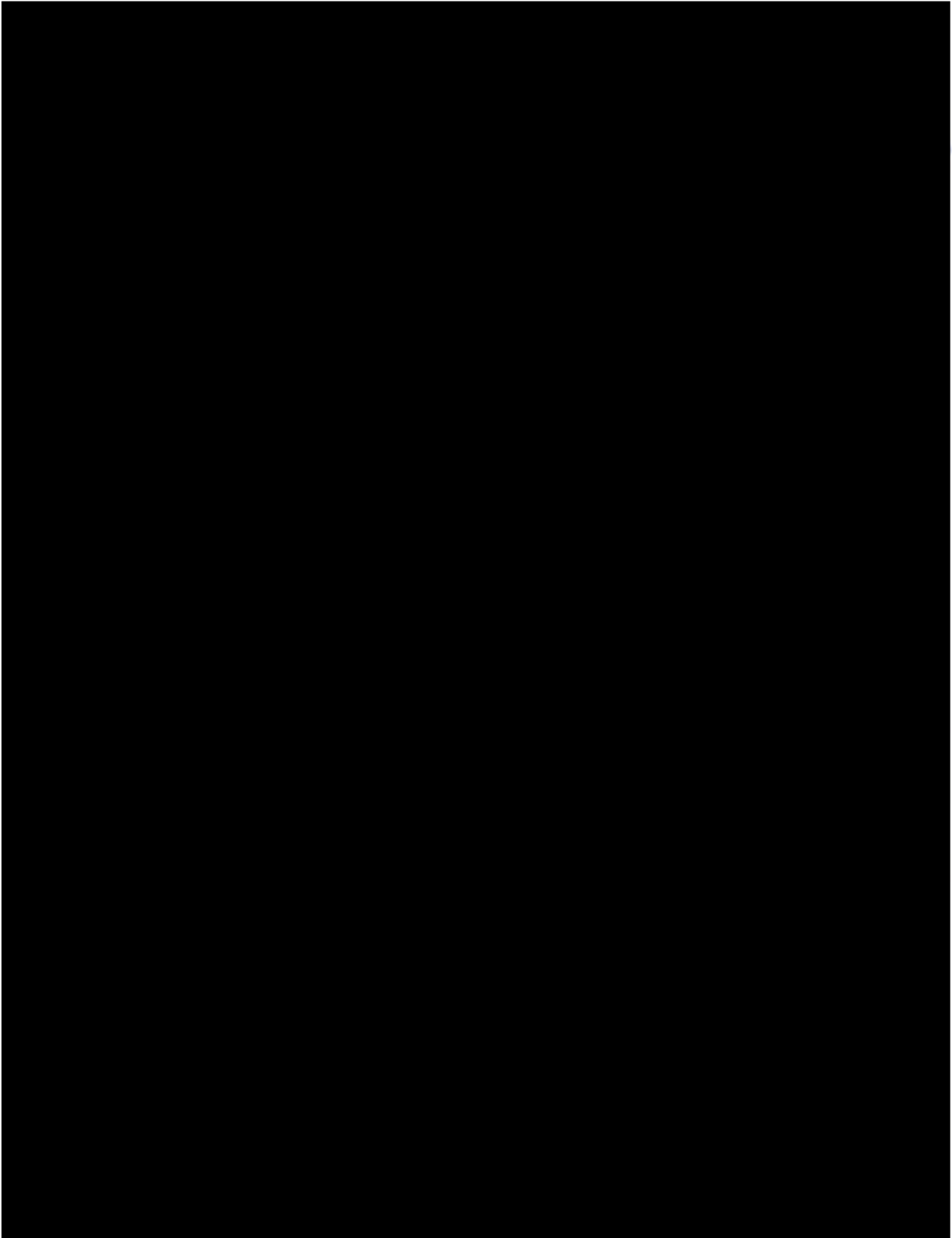
Sincerely,

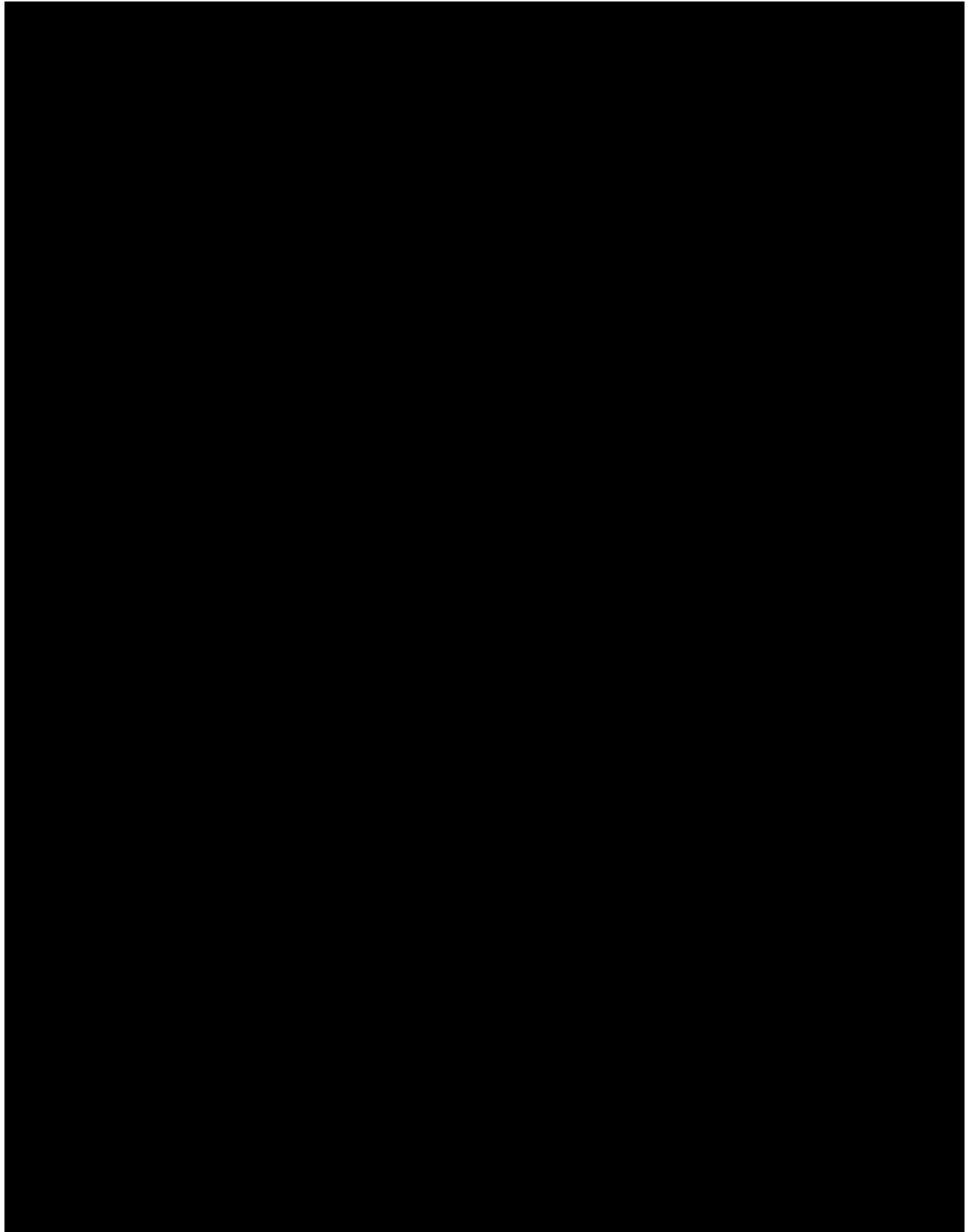
*Kimberly Vann*  
Kimberly Vann  
Planning Assistant

cc: File

**31.6 - Blueprint of Facility**

The blueprint and related plans for the facility identified in 31.1 above are included on the following pages.









[REDACTED]

Operating Timeline

Our proposed facility will be constructed and operated in full compliance with state and local regulations. As of June 2022, in anticipation of being awarded a license in July 2023, we began executing our startup plan and timeline. This will ensure that we are ready to serve Alabama patients as quickly as possible, and no later than [REDACTED].

**Pre-Licensing (June 2022 -December 2022)**

While the awarding of a provisional license triggers activation of the Startup Team, aspects that require significant lead time are already currently underway. This includes:

- Design & Permitting
  - Design Development: We have engaged a leading local architecture firm to assist in the development of our facility’s interior design.
  - Construction Documents: Our architects have already begun development of required construction documents in preparation for their submission as part of our building and construction permits. These documents include

accessibility notes and details, safety plans, demolition plans, floor plans, elevations and sections, finish plans, interior elevations, schedules and wall types, structural drawing, mechanical drawing, electrical drawings, and plumbing drawings.

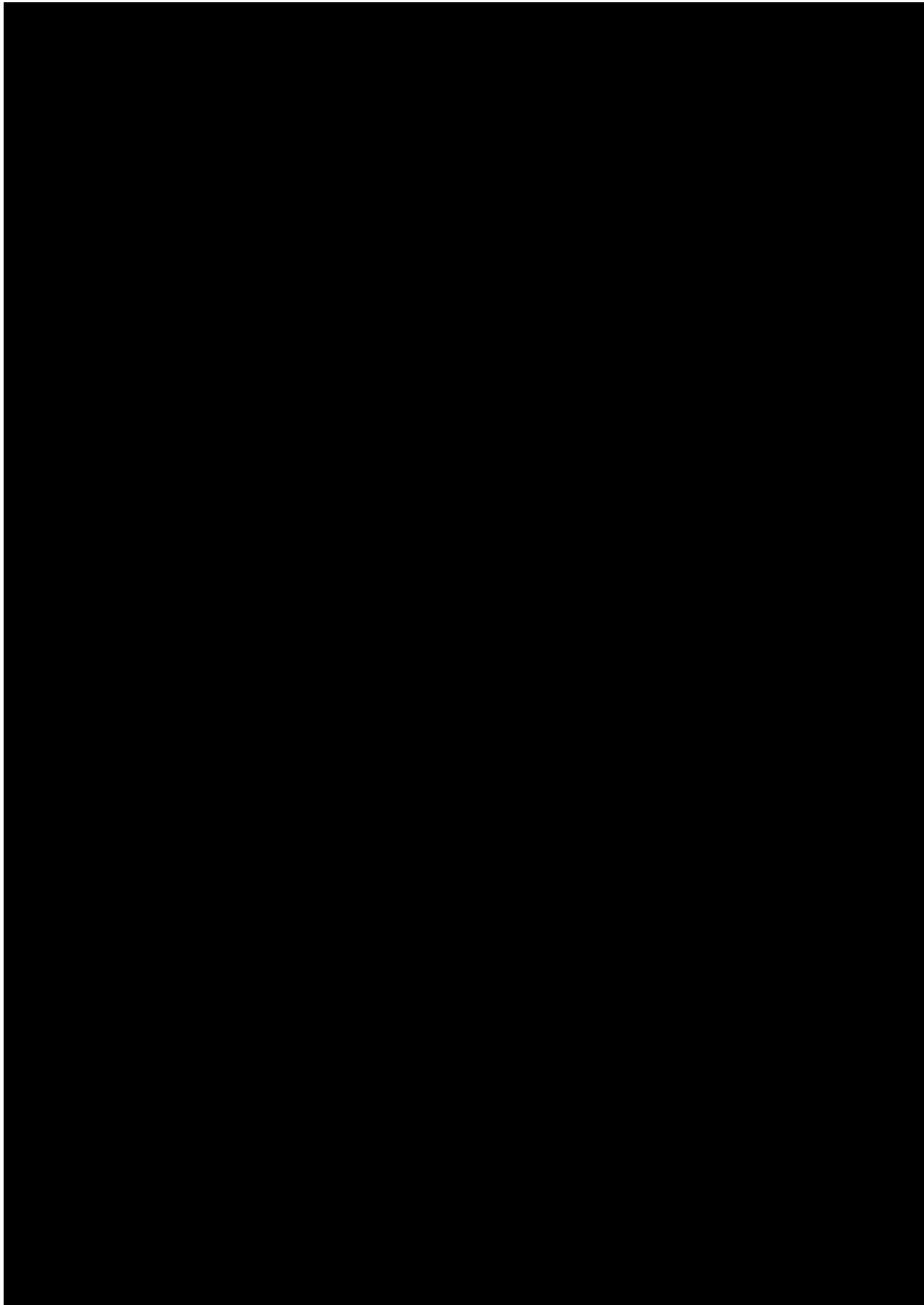
- Permitting: We have taken steps towards obtaining necessary licenses and permits from local and state agencies including business licenses, zoning approvals, and building and construction permits. While we anticipate final state licensing to take place in July 2023, we have prepared necessary documentation including critical operating materials for inclusion in local licensing applications.
- Procurement
  - Bid and Award Subcontractors: Under the leadership of our ownership team and with the assistance of our architects, we have received multiple bids for construction related services and have selected a qualified General Contractor.
  - Submit/Review/Approve Guaranteed Maximum Price (GMP): The General Contractor will oversee all aspects of our facility buildout, ensuring completion within the [REDACTED] window.
- Licensing
  - Receipt of State License (July 2023)

**Facility Construction:** [REDACTED]

**Furniture, Fixtures, Security Added:** [REDACTED]

**Staffing and Training:** [REDACTED]

**First Products Available to Patients:** [REDACTED]



**31.8 - Public Access to Facility**

Our dispensary is open to the public. However, only employees, registered patients and caregivers, state officials, and authorized visitors will be able to gain access into the facility.

Our anticipated hours of operation for the facility are as follows:

Monday	Saturday	10:00 a.m.	7:00 p.m. CT
Sunday		1:00 p.m.	7:00 p.m. CT

**31.9 - Facility Hours of Operation / After Hours Contact**

Our dispensary will be occupied by employees during all public access hours (see 31.8 above) and approximately one (1) hour before and after the public access hours.

After Hours Management Contact:

Brandon Meadows, CEO

Cell phone: [REDACTED]

**Dispensary #5 Location**

**31.1 - Facility Name and Type**

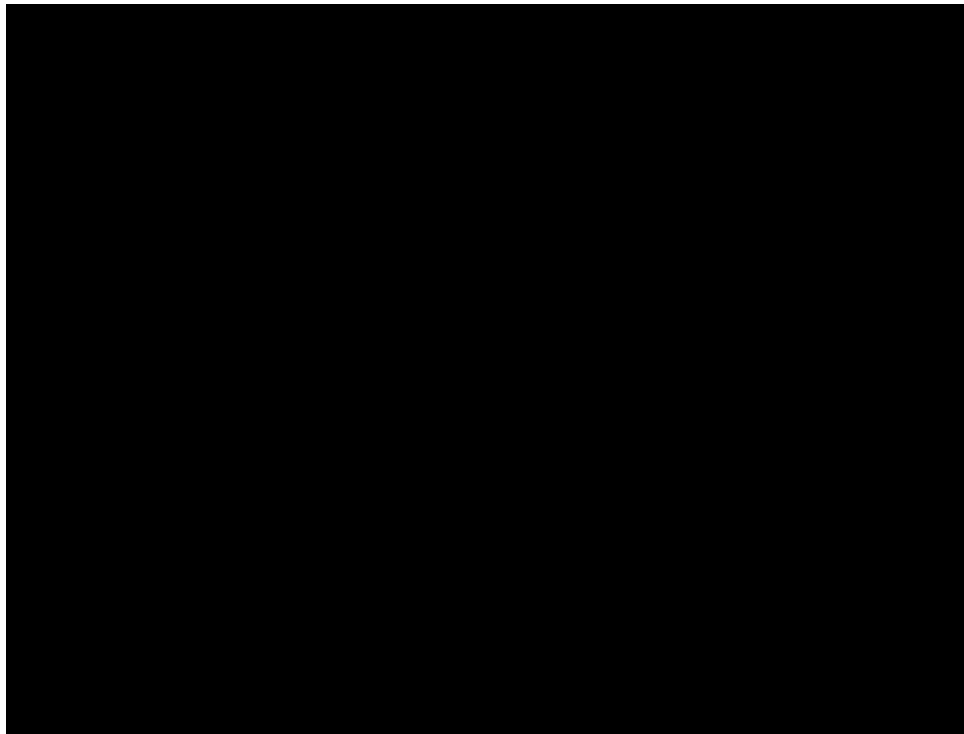
Facility Name: [REDACTED]

Facility Type: Dispensary

**31.2 - Physical Address & GPS Coordinates of Facility**

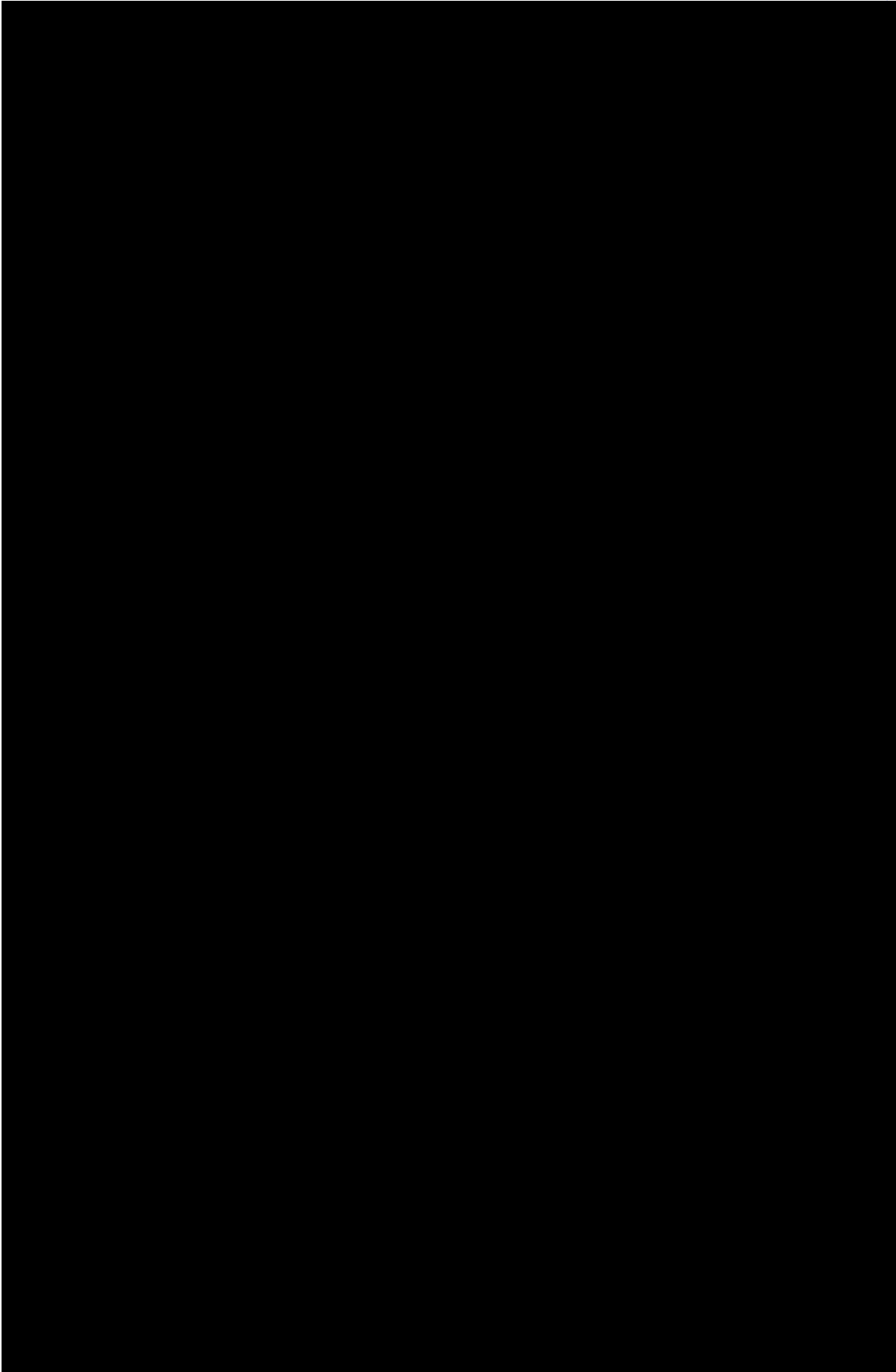
[REDACTED]

GPS Coordinates: [REDACTED]



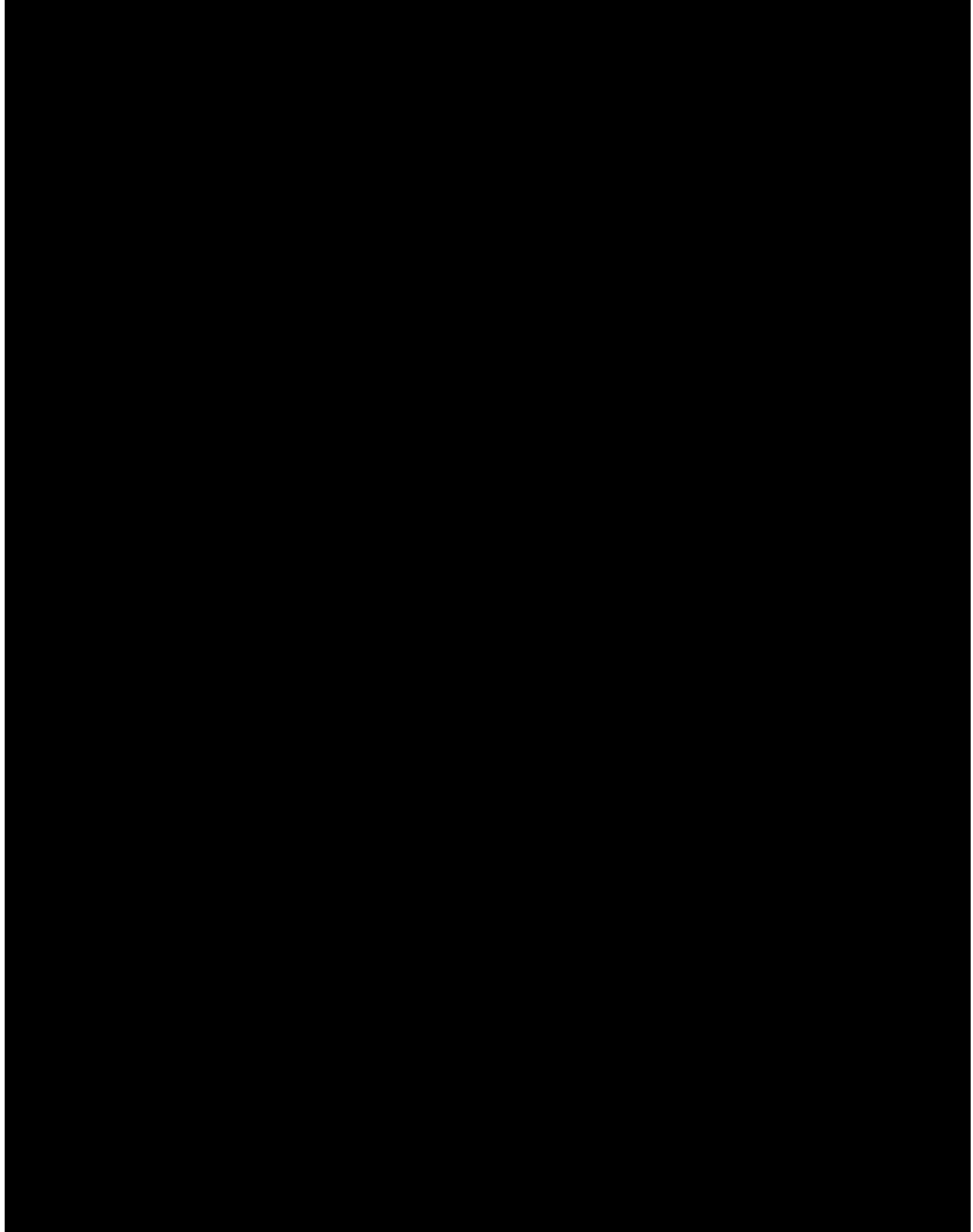
**31.3 - Aerial Photograph of Facility**

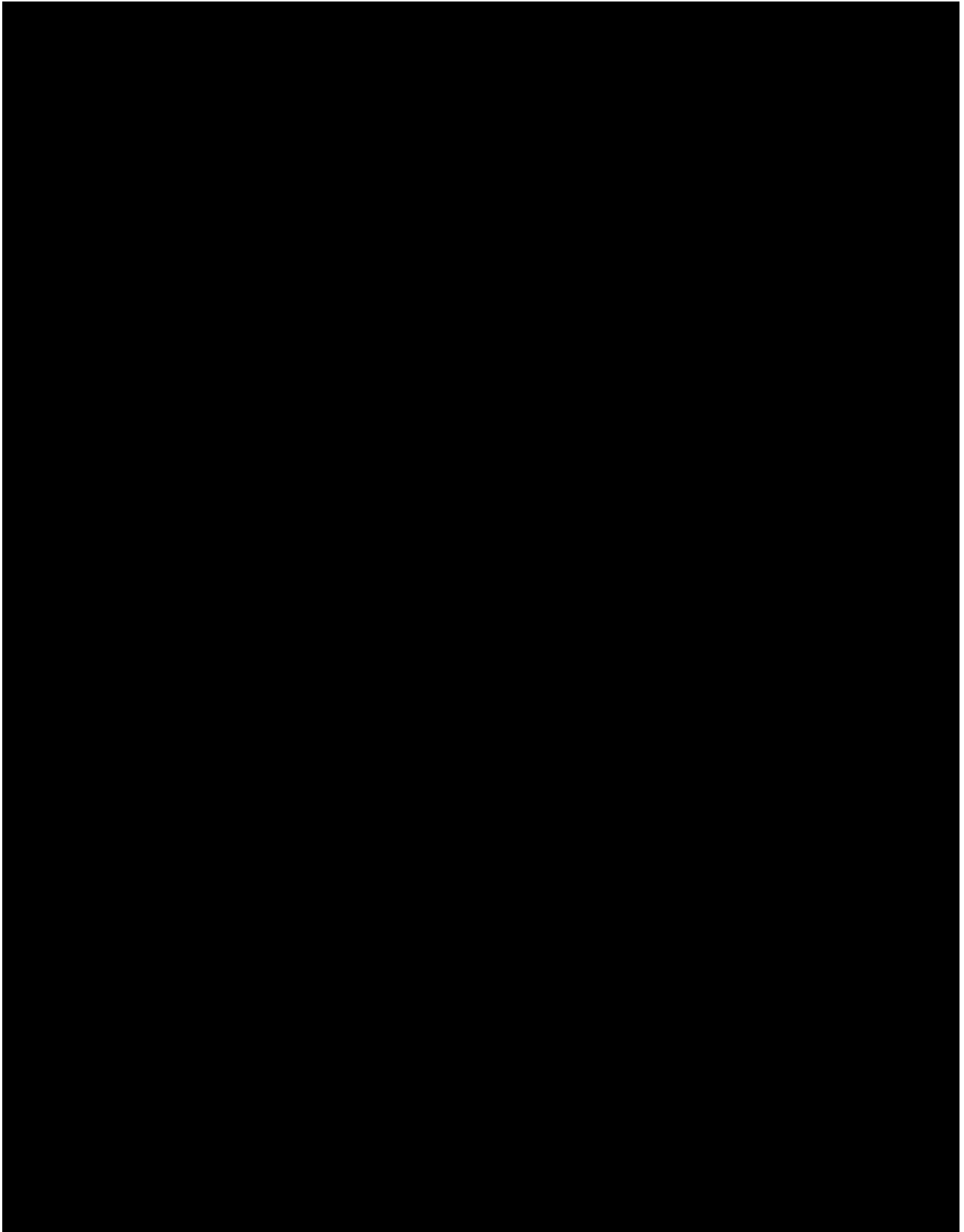
See aerial photo on following page.



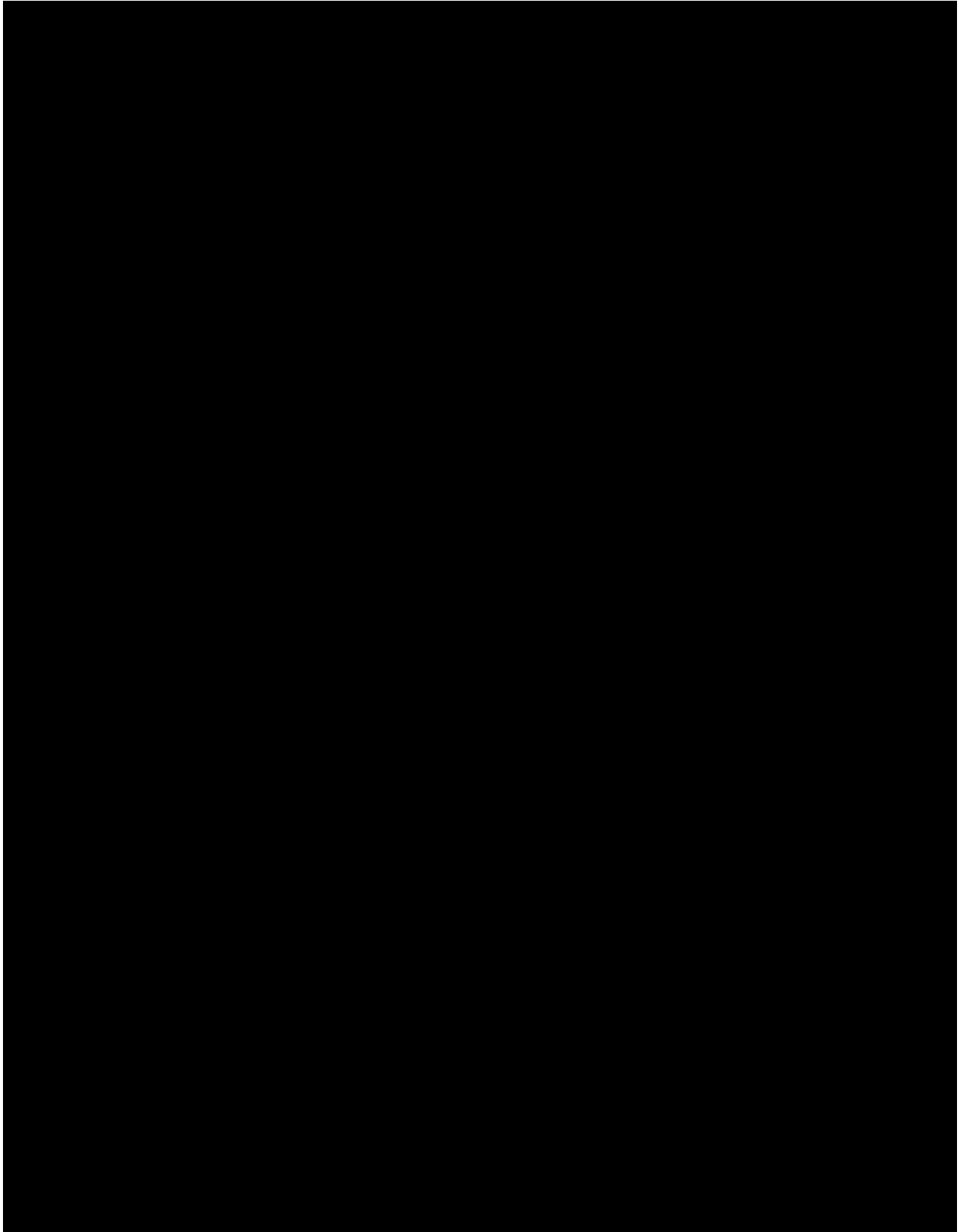
**31.4 - Proof of Authorization to Occupy Property**

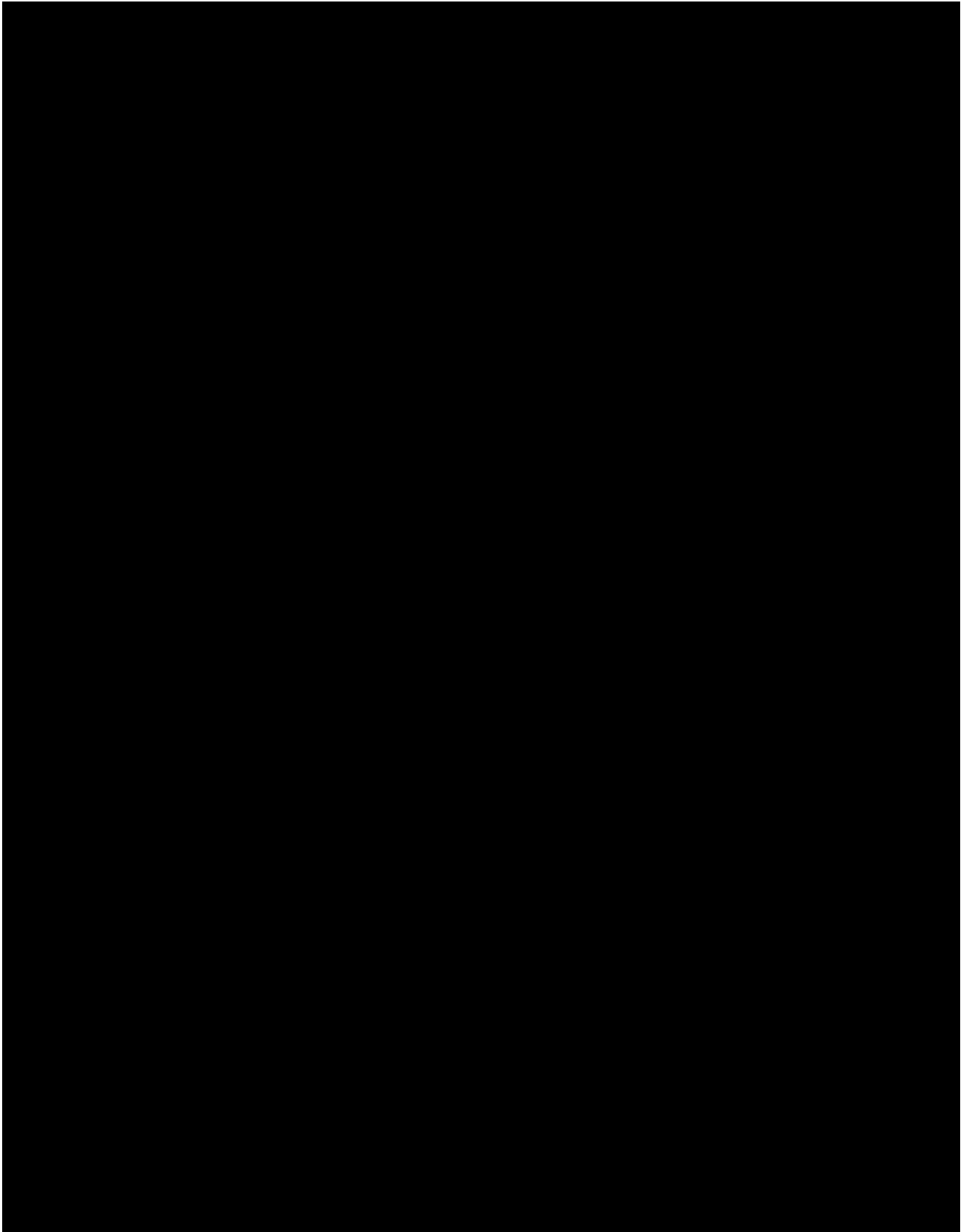
The Applicant intends to purchase the property identified in 31.1 above. See commercial real estate sales contract below.

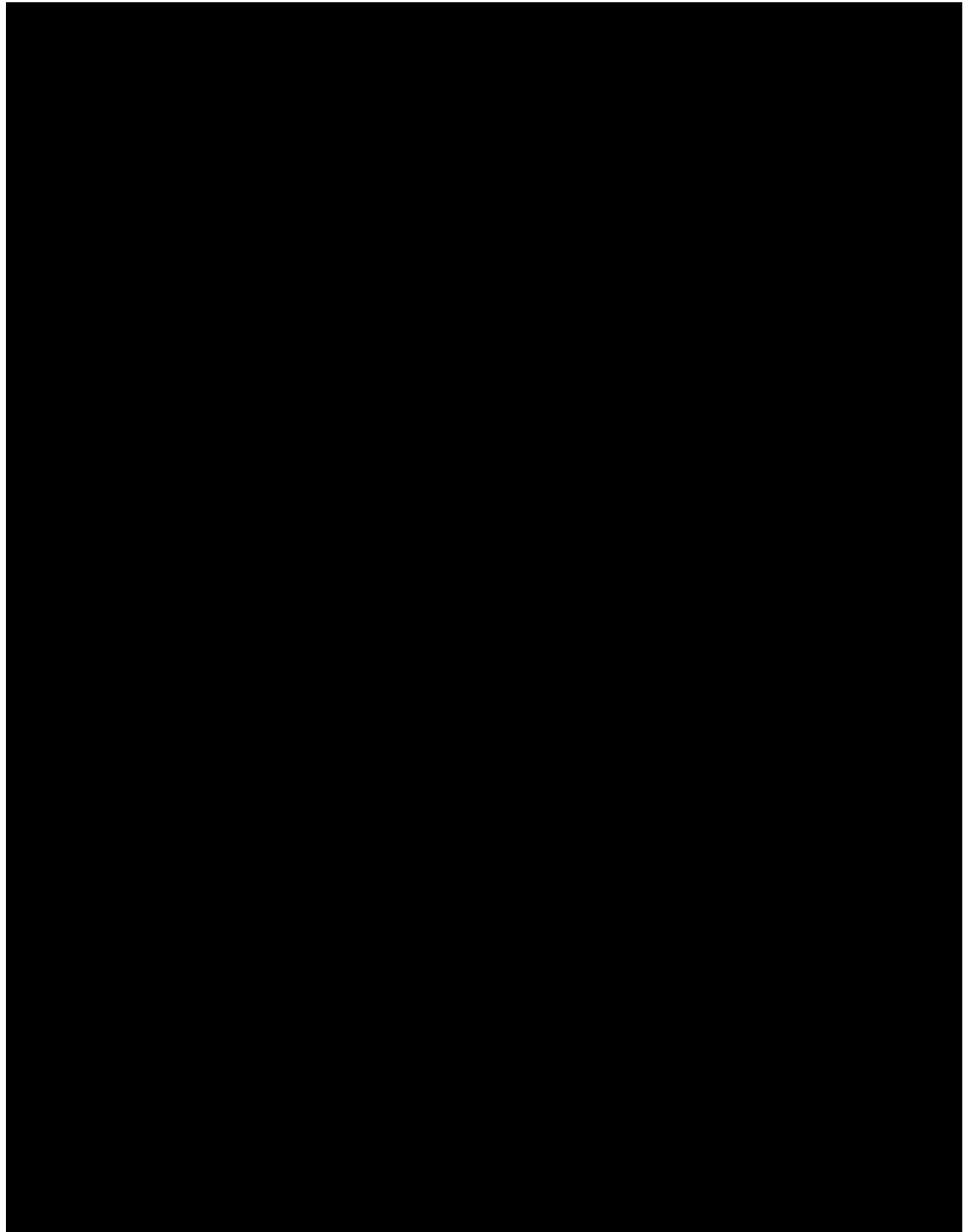












**31.5 - Local Jurisdiction Approvals**

In September of 2022, the Board of Commissioners for the City of Russellville adopted Ordinance 2022-290, authorizing the operation of medical cannabis dispensary sites within the city’s corporate limits, see attached Zoning Letter on the following page. Our proposed location is zoned [REDACTED]. Under the [REDACTED] zoning district, medical cannabis dispensaries are allowed by special use permit.



P.O. Box 1000  
Russellville, Alabama  
35653

Phone  
(256) 332-6060

Fax  
(256) 332-8777

David Reed Grissom  
Mayor

Belinda Miller, CMC  
City Clerk/Treasurer

City Council:

David Palmer  
District 1

Darron Woodruff  
District 2

Gary Cummings  
District 3/Mayor Pro-Tempore

Dexter Hamilton  
District 4

Jamie Harris  
District 5

December 21, 2022

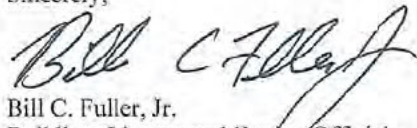
Alabama Medical Cannabis Commission  
P.O. Box 309585  
Montgomery, AL 36130

RE: [Redacted]  
[Redacted]

To Whom it May Concern;

The City of Russellville adopted ordinance number 2022-102 on September 6, 2022, which allows for Medical Cannabis Dispensaries to be located inside the city limits of the City of Russellville, Alabama.

The address at [Redacted] is currently zoned as [Redacted] and, therefore, a Medical Cannabis Dispensary is permitted based on our City of Russellville zoning ordinance, subject to the State of Alabama restrictions and regulations regarding locations.

Sincerely,  
  
Bill C. Fuller, Jr.  
Building, License and Zoning Official

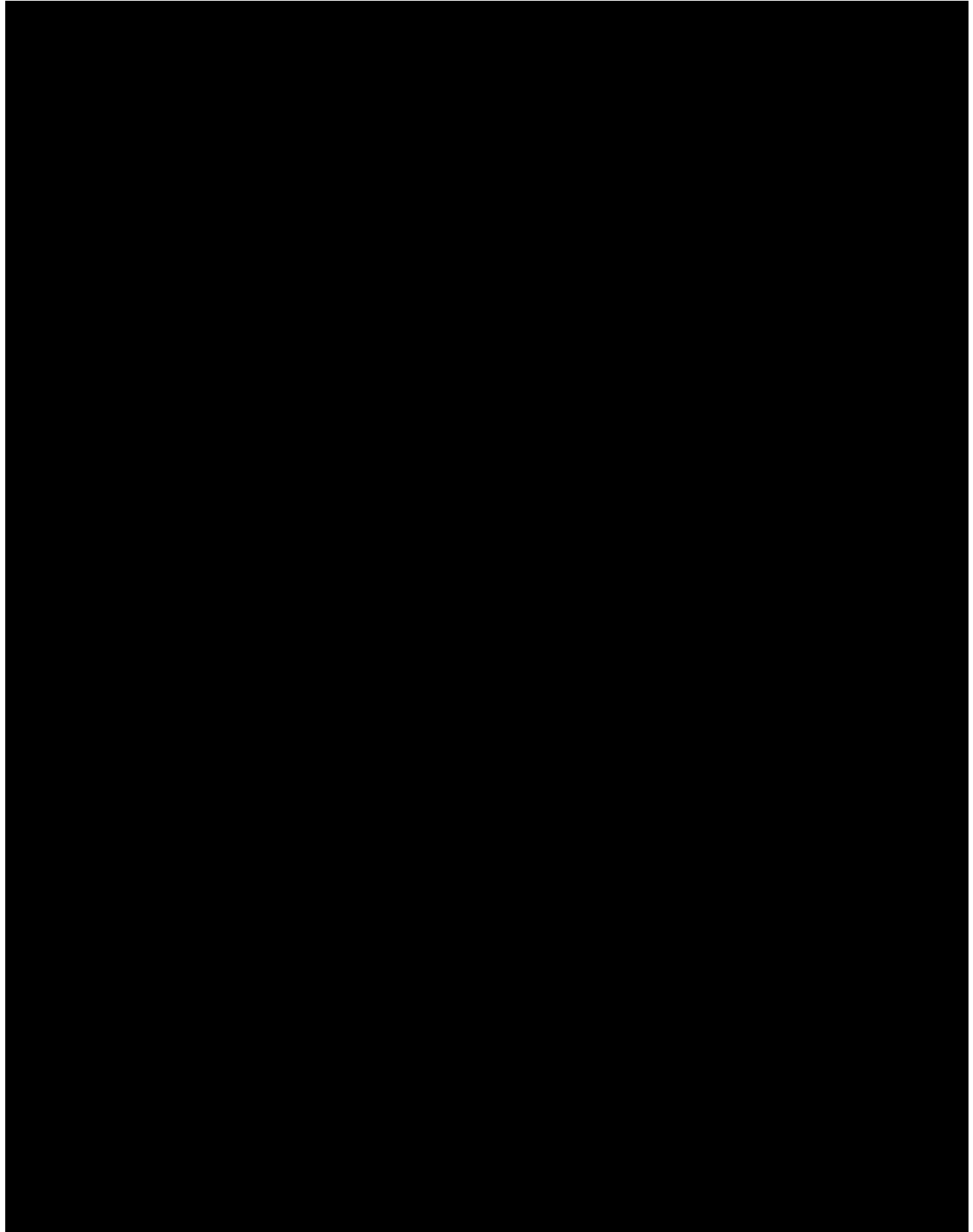
“P” mean that use is permitted; “SP” means that use requires a Special Use Permit Approval; “-” means that use is Not Permitted

USE CATEGORY	SPECIFIC USE	RESIDENTIAL DISTRICTS										NONRESIDENTIAL DISTRICTS									
		RE	RO	R1	R2	R2S	R3	R4	A1	C1	C1B	C2	C3	C4	C5	M1	M2	PUD	CNS		
Personal Service	Fet Grooming	-	P	-	-	-	SP	-	-	-	P	P	P	P	P	-	-	-	-		
	Studio, Photographic or Musical	-	P	-	-	-	-	-	-	-	P	P	P	P	P	-	-	-	-		
	Tattoo / Body Piercing Establishment	-	-	-	-	-	-	-	-	-	SP	SP	-	-	P	-	-	-	-		
Restaurants	Catering Service	-	-	-	-	-	-	-	-	-	P	P	P	P	P	-	-	-	-		
	Restaurant	-	-	-	-	-	-	-	-	-	P	P	P	P	P	-	-	-	-		
	Restaurant, Drive-in or Through	-	-	-	-	-	-	-	-	-	P	P	P	P	P	-	-	-	-		
	Air Conditioning and Heat Equipment - Sales and Service	-	-	-	-	-	-	-	-	-	-	P	P	P	P	P	P	-	-		
	Appliance Repair	-	-	-	-	-	-	-	-	-	P	SP	SP	P	P	P	P	-	-		
	Auction Room, Auctioneer	-	-	-	-	-	-	-	-	-	-	SP	SP	P	P	-	-	-	-		
	Bank, Drive-in	-	SP	-	-	-	-	-	-	-	-	P	P	P	P	P	SP	SP	-		
	Bank, Savings and Loan, or Similar Financial Institutions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Book Binding	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Book or Stationary Store	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Retail Sales and Service	Building Materials and Supplies, including Sale of Lumber	-	SP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Carpentry, Custom Woodworking or Furniture Making	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Christmas Tree Sales, Temporary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Convenience Goods, Sale of	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Convenience Store, 3,500 square feet or less	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Convenience Store, greater than 3,500 square feet	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Convenience Store with Fuel Sales	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Drive-through Window Pick-up-Pay	-	P	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Drugstore or Pharmacy/Medical Marijuana Dispensary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Duplication Shop	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Electrical Appliances, Equip & Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Exterminator, Pest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Flea Market	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Florist Shop	-	SP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Grocery Stores	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Hardware, General Sales	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Hardware, Industrial Sales	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			

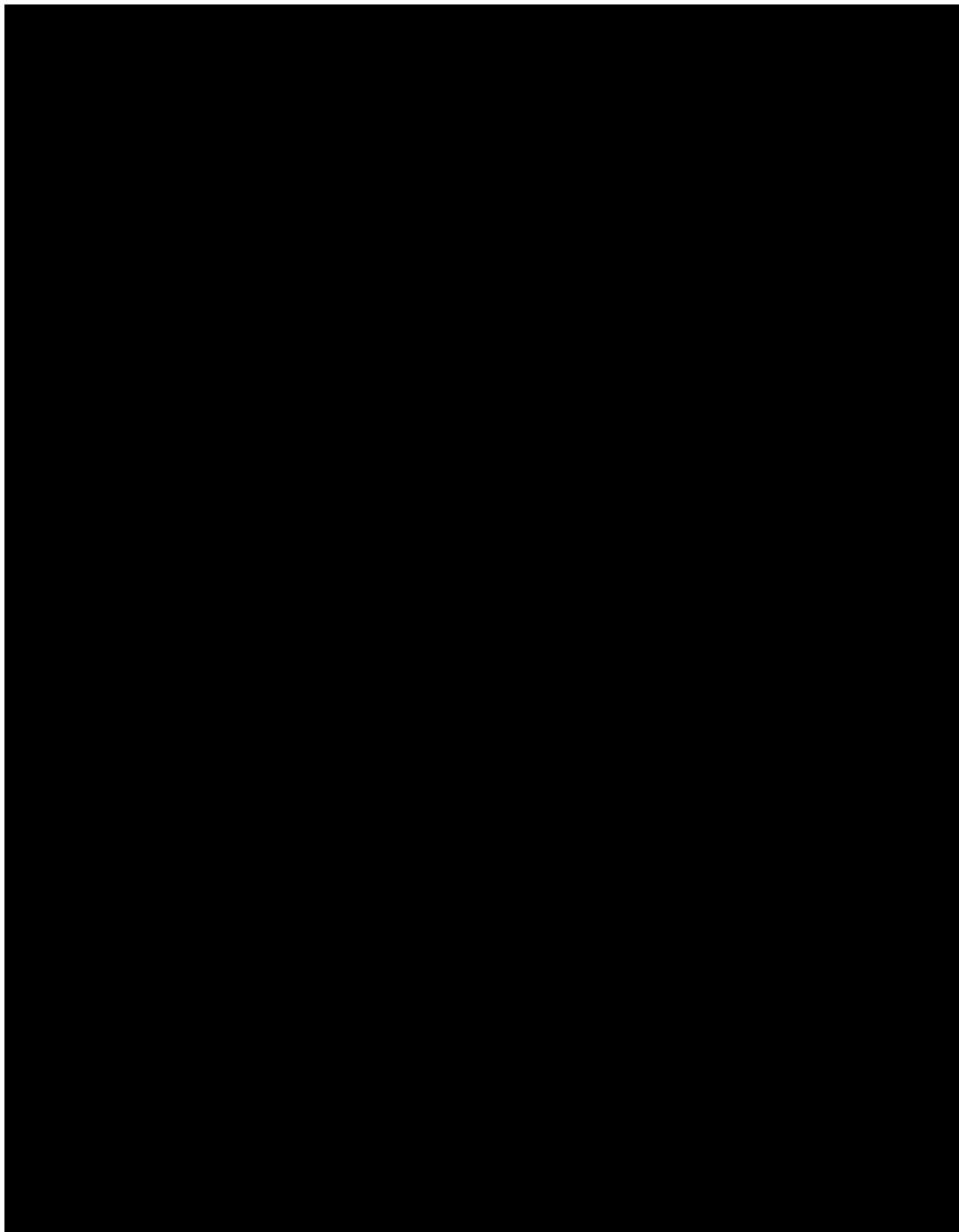
To Be Proposed by Applicant

**31.6 - Blueprint of Facility**

The blueprint and related plans for the facility identified in 31.1 above are included on the following pages.









[REDACTED]

Operating Timeline

Our proposed facility will be constructed and operated in full compliance with state and local regulations. As of June 2022, in anticipation of being awarded a license in July 2023, we began executing our startup plan and timeline. This will ensure that we are ready to serve Alabama patients as quickly as possible, and no later than [REDACTED].

**Pre-Licensing (June 2022 -December 2022)**

While the awarding of a provisional license triggers activation of the Startup Team, aspects that require significant lead time are already currently underway. This includes:

- Design & Permitting
  - Design Development: We have engaged a leading local architecture firm to assist in the development of our facility’s interior design.
  - Construction Documents: Our architects have already begun development of required construction documents in preparation for their submission as part of our building and construction permits. These documents include

accessibility notes and details, safety plans, demolition plans, floor plans, elevations and sections, finish plans, interior elevations, schedules and wall types, structural drawing, mechanical drawing, electrical drawings, and plumbing drawings.

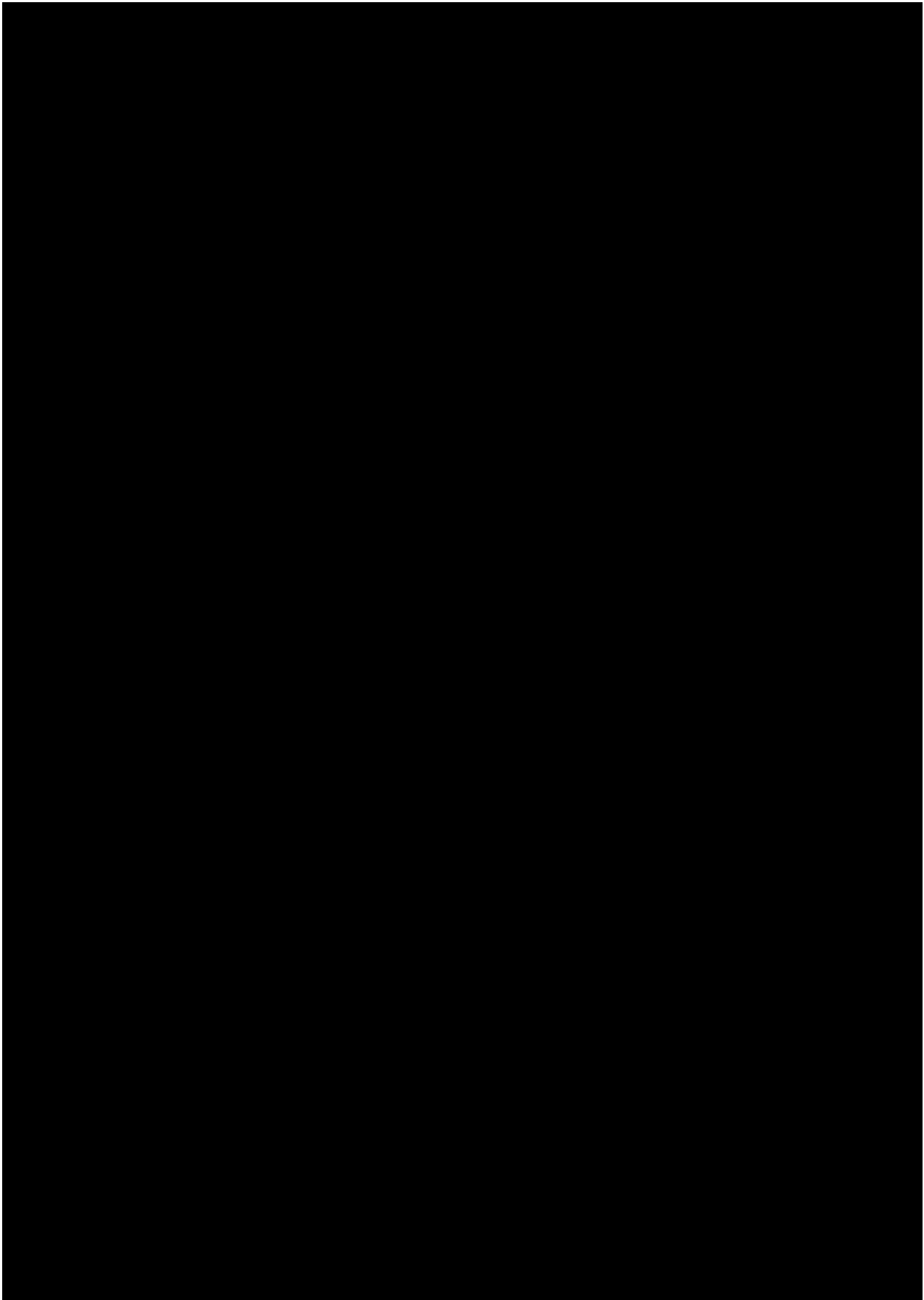
- Permitting: We have taken steps towards obtaining necessary licenses and permits from local and state agencies including business licenses, zoning approvals, and building and construction permits. While we anticipate final state licensing to take place in July 2023, we have prepared necessary documentation including critical operating materials for inclusion in local licensing applications.
- Procurement
  - Bid and Award Subcontractors: Under the leadership of our ownership team and with the assistance of our architects, we have received multiple bids for construction related services and have selected a qualified General Contractor.
  - Submit/Review/Approve Guaranteed Maximum Price (GMP): The General Contractor will oversee all aspects of our facility buildout, ensuring completion within the [REDACTED] window.
- Licensing
  - Receipt of State License (July 2023)

**Facility Construction:** [REDACTED]

**Furniture, Fixtures, Security Added:** [REDACTED]

**Staffing and Training:** [REDACTED]

**First Products Available to Patients:** [REDACTED]



**31.8 - Public Access to Facility**

Our dispensary is open to the public. However, only employees, registered patients and caregivers, state officials, and authorized visitors will be able to gain access into the facility.

Our anticipated hours of operation for the facility are as follows:

Monday	Saturday	10:00 a.m.	7:00 p.m. CT
Sunday		1:00 p.m.	7:00 p.m. CT

**31.9 - Facility Hours of Operation / After Hours Contact**

Our dispensary will be occupied by employees during all public access hours (see 31.8 above) and approximately one (1) hour before and after the public access hours.

After Hours Management Contact:

Brandon Meadows, CEO

Cell phone: [REDACTED]

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002)) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002)) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 32 - Engineering Plans and Specifications

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

Printed Name of Verifying Individual

CEO

Title of Verifying Individual

*M. Brandon Meadows*

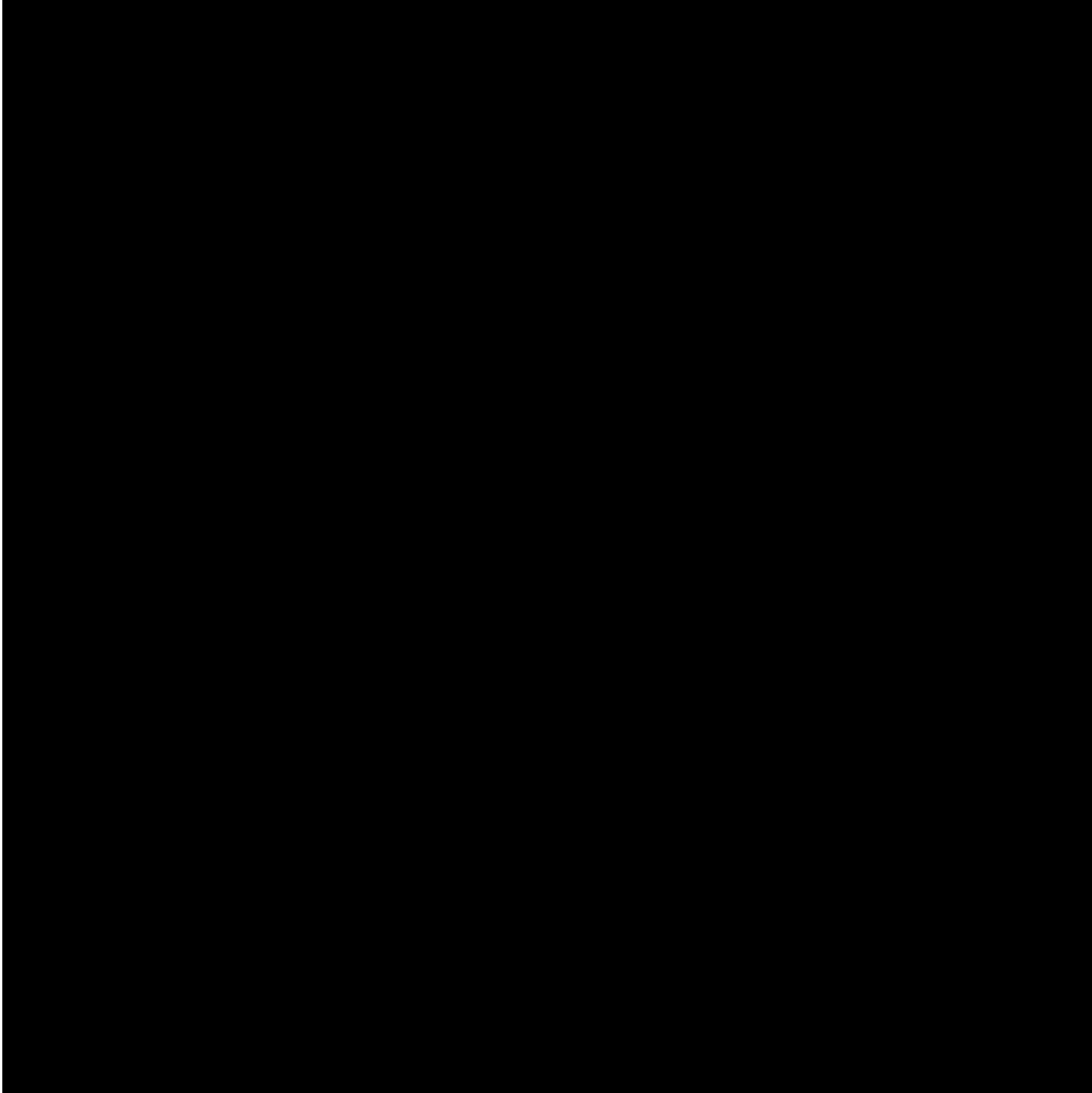
Signature of Verifying Individual

12/28/2022

Verification Date

**Exhibit 32 – Engineering Plans and Specifications**

Our team is committed to providing superior cannabis products and this begins with our dedication to sustainable, organic cultivation methods. Our commitment is not only important to the creation of premium products for our patients, but also to the environmental impact we make on the state of Alabama.



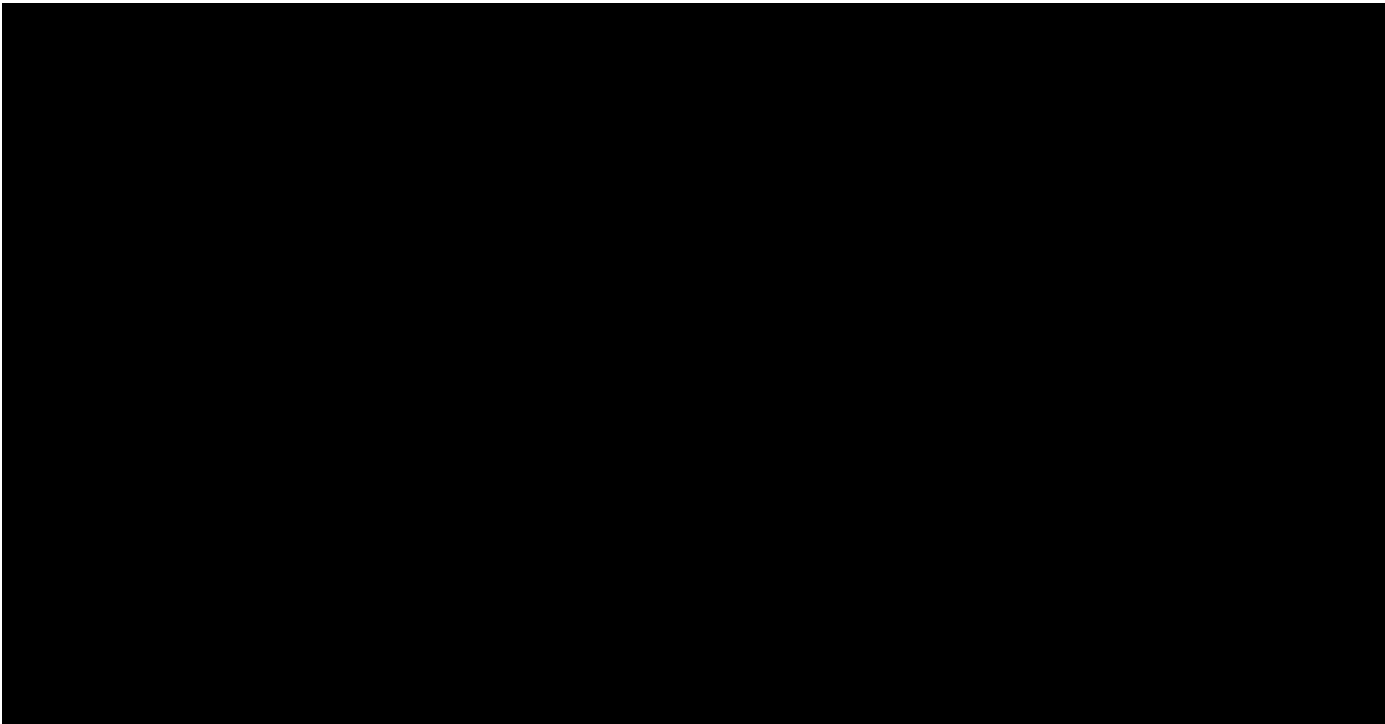


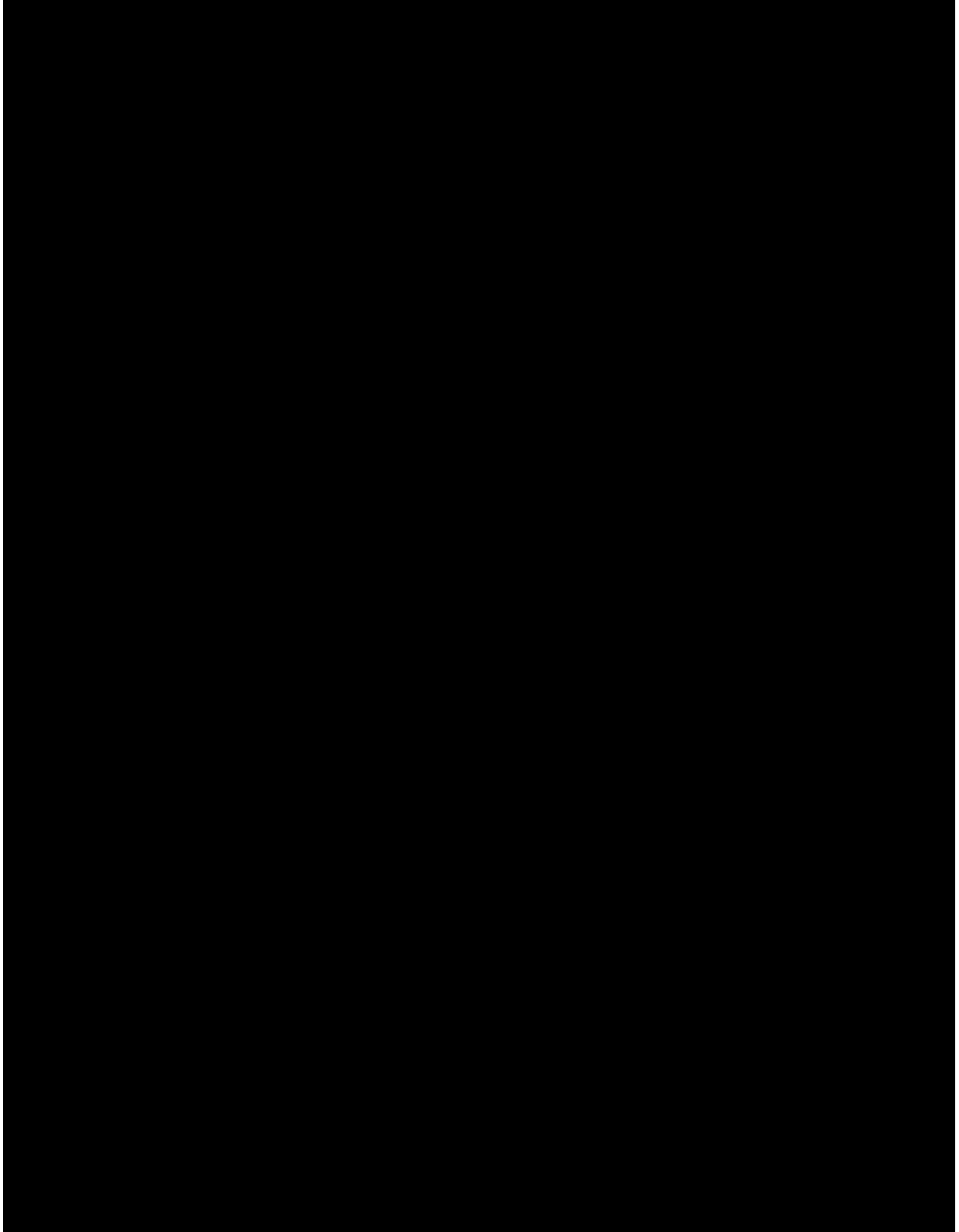


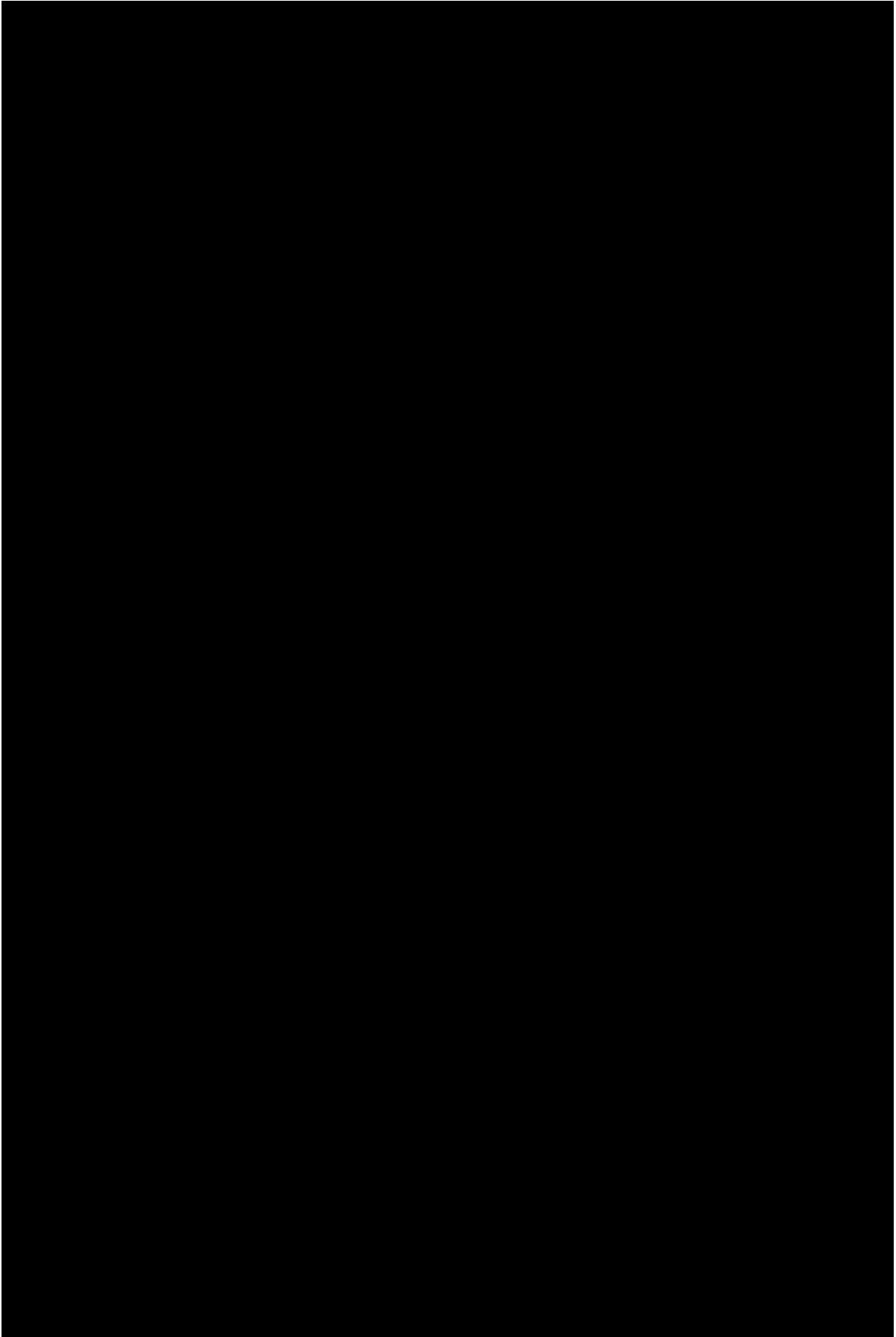
Detailed Plan and Elevation

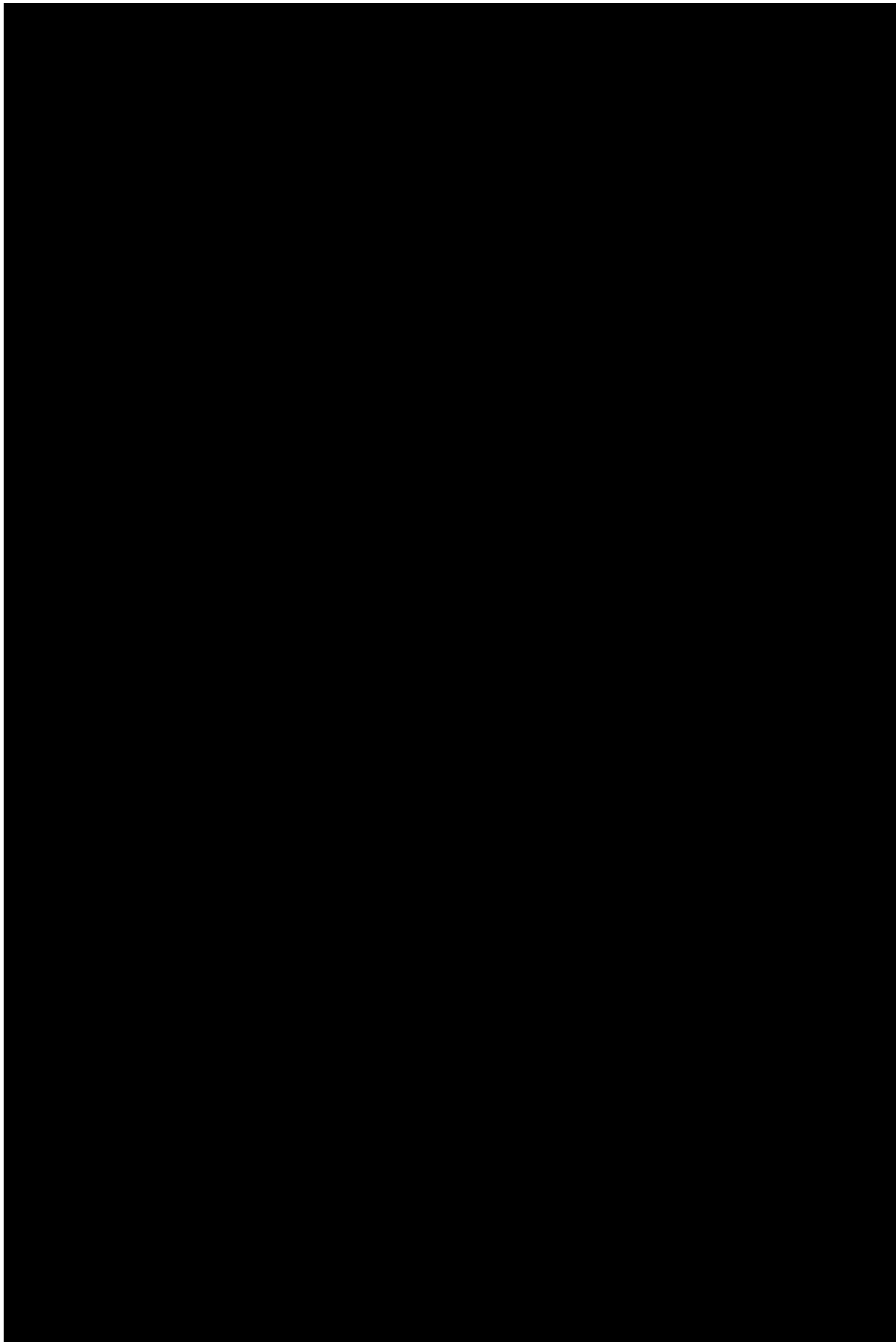
We have included detailed plan and elevation drawings of all operational areas involved with the production of cannabis plants, dimensions and elevation referenced to a single-facility benchmark, [REDACTED]

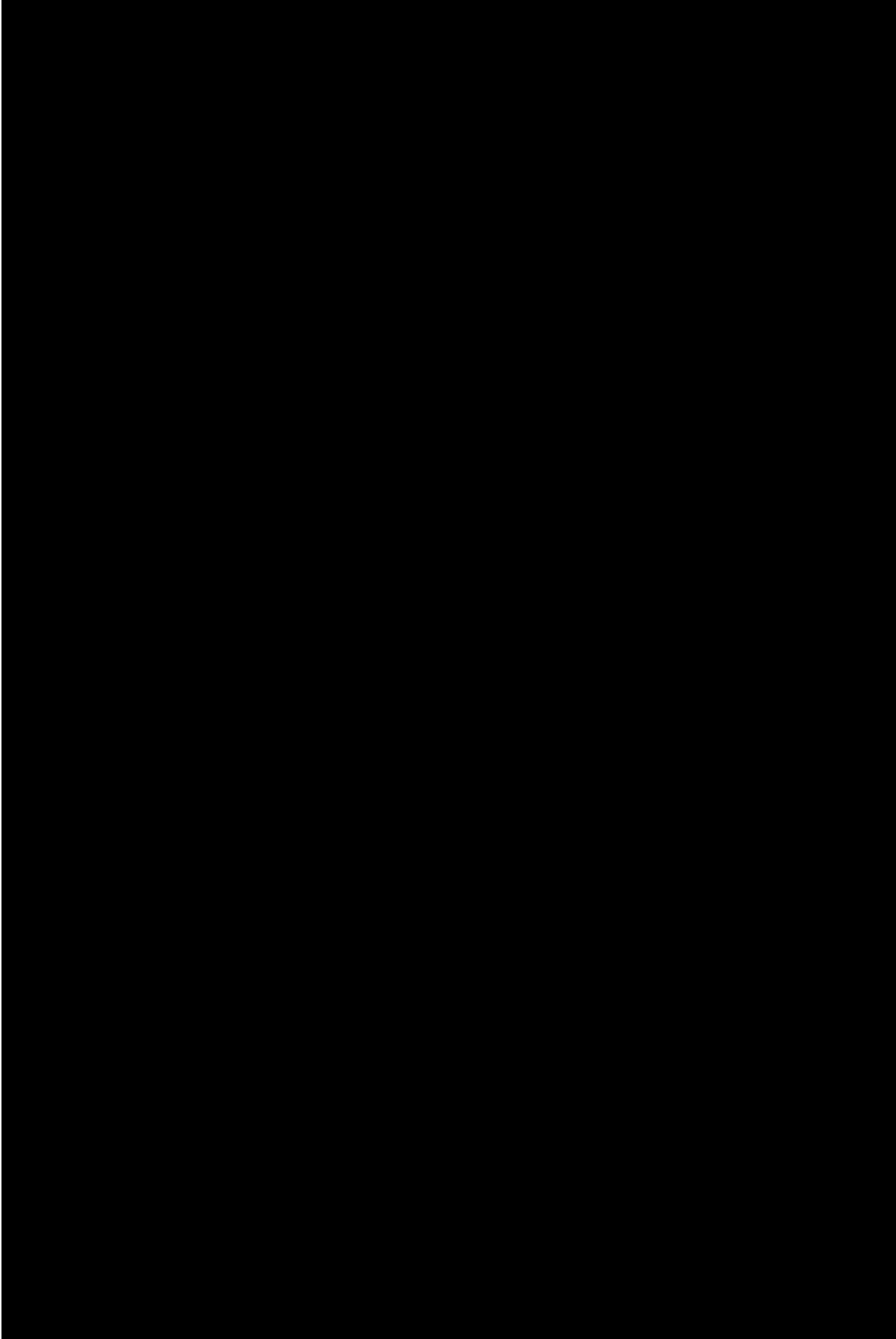
[REDACTED]

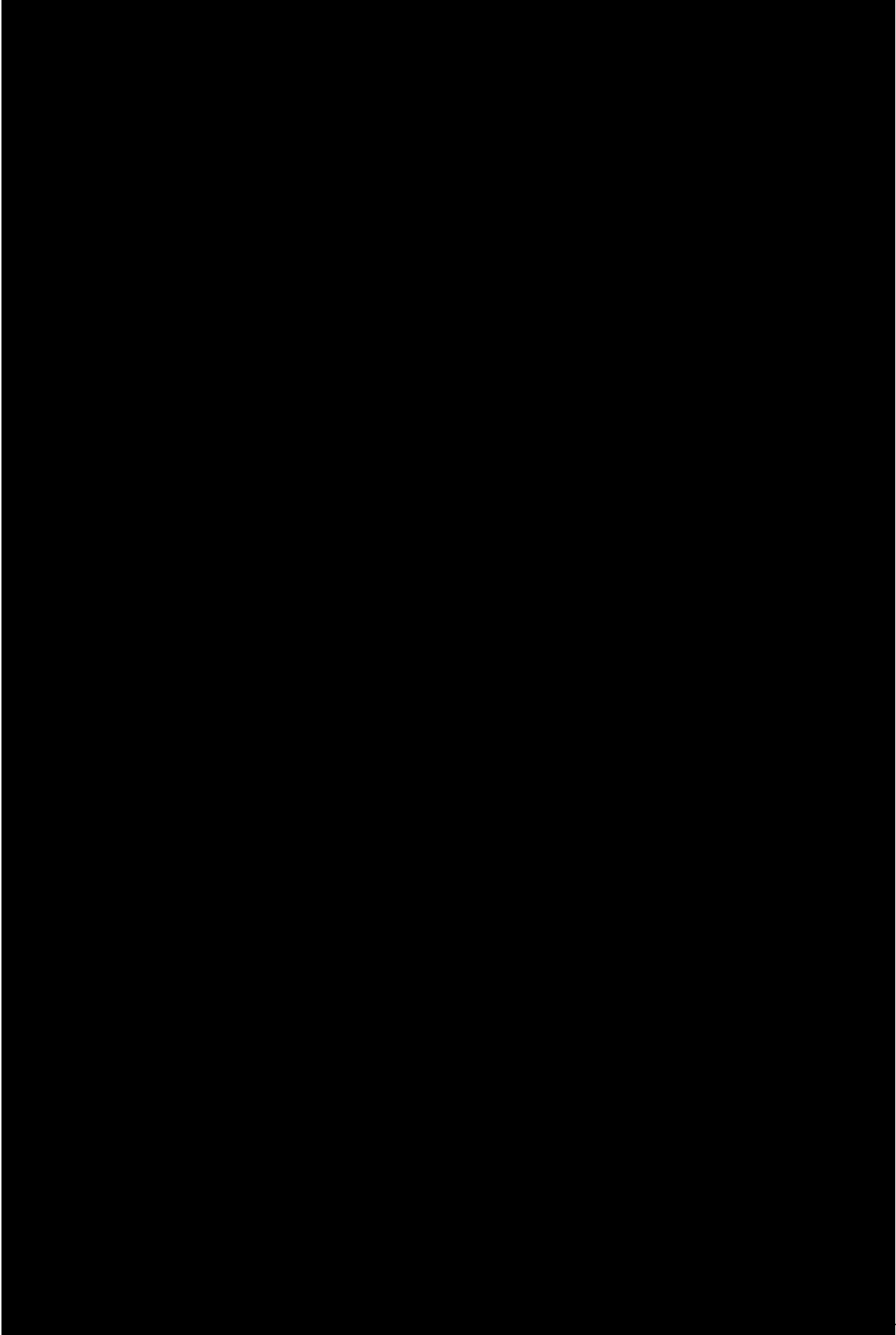


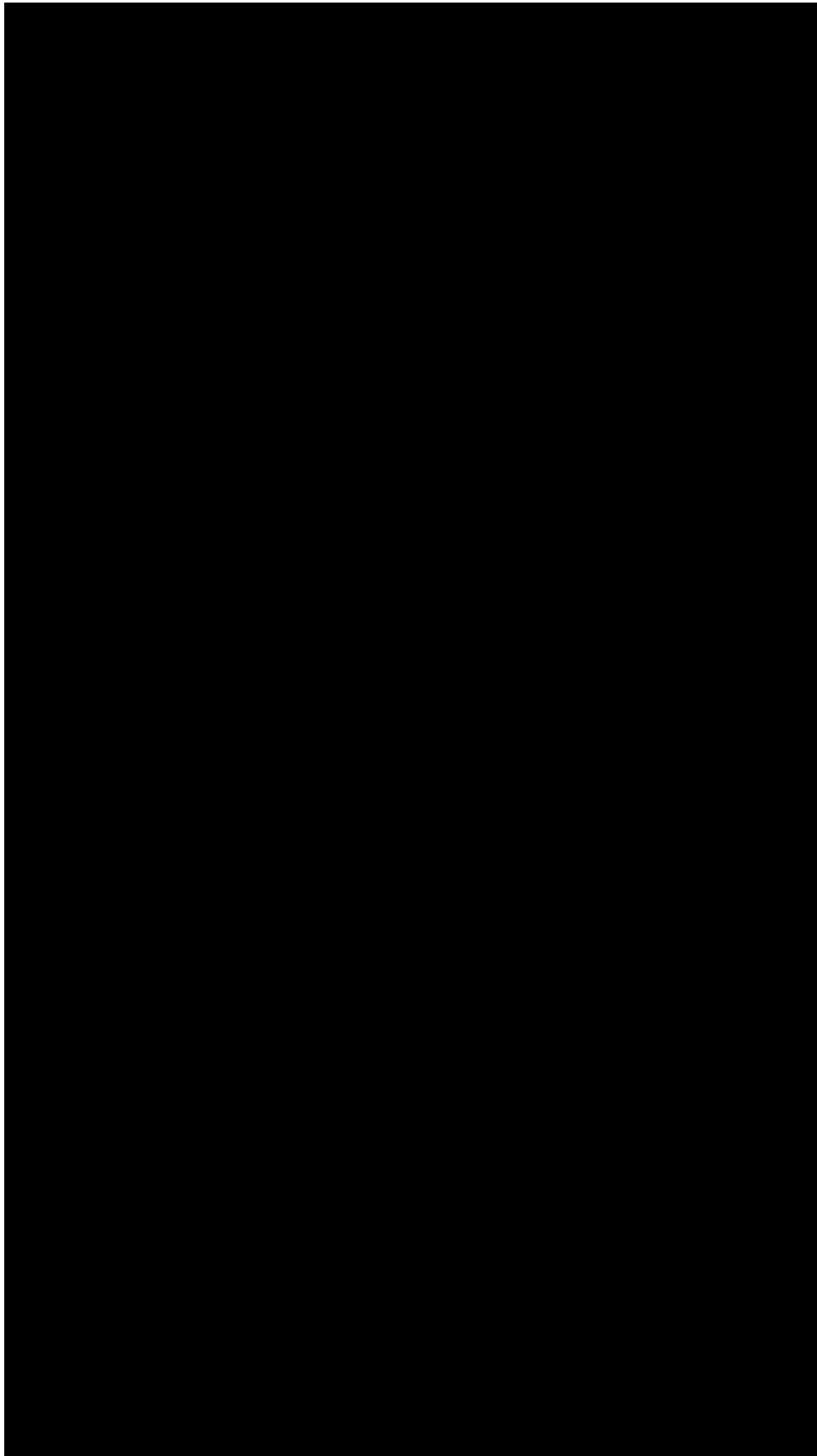


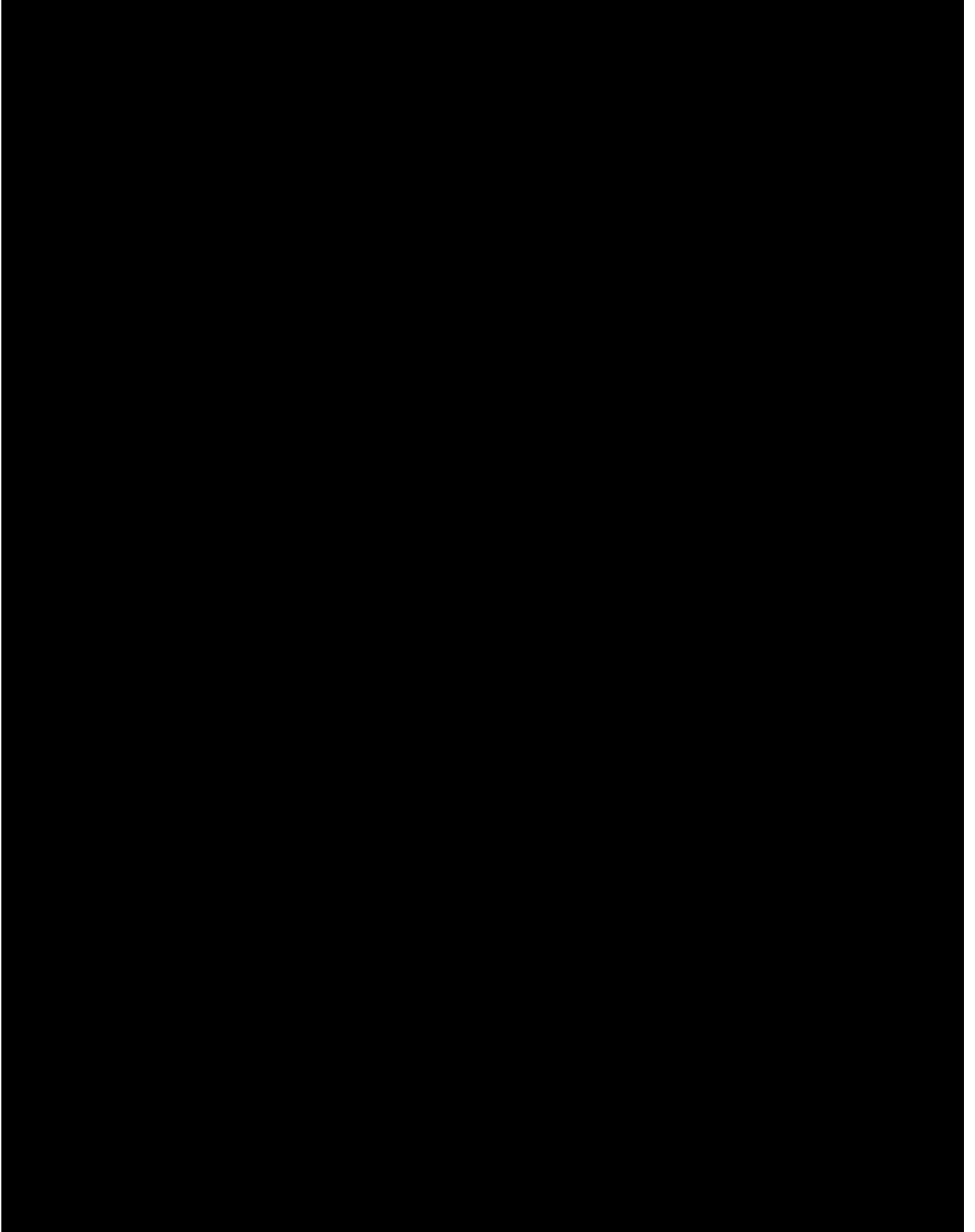




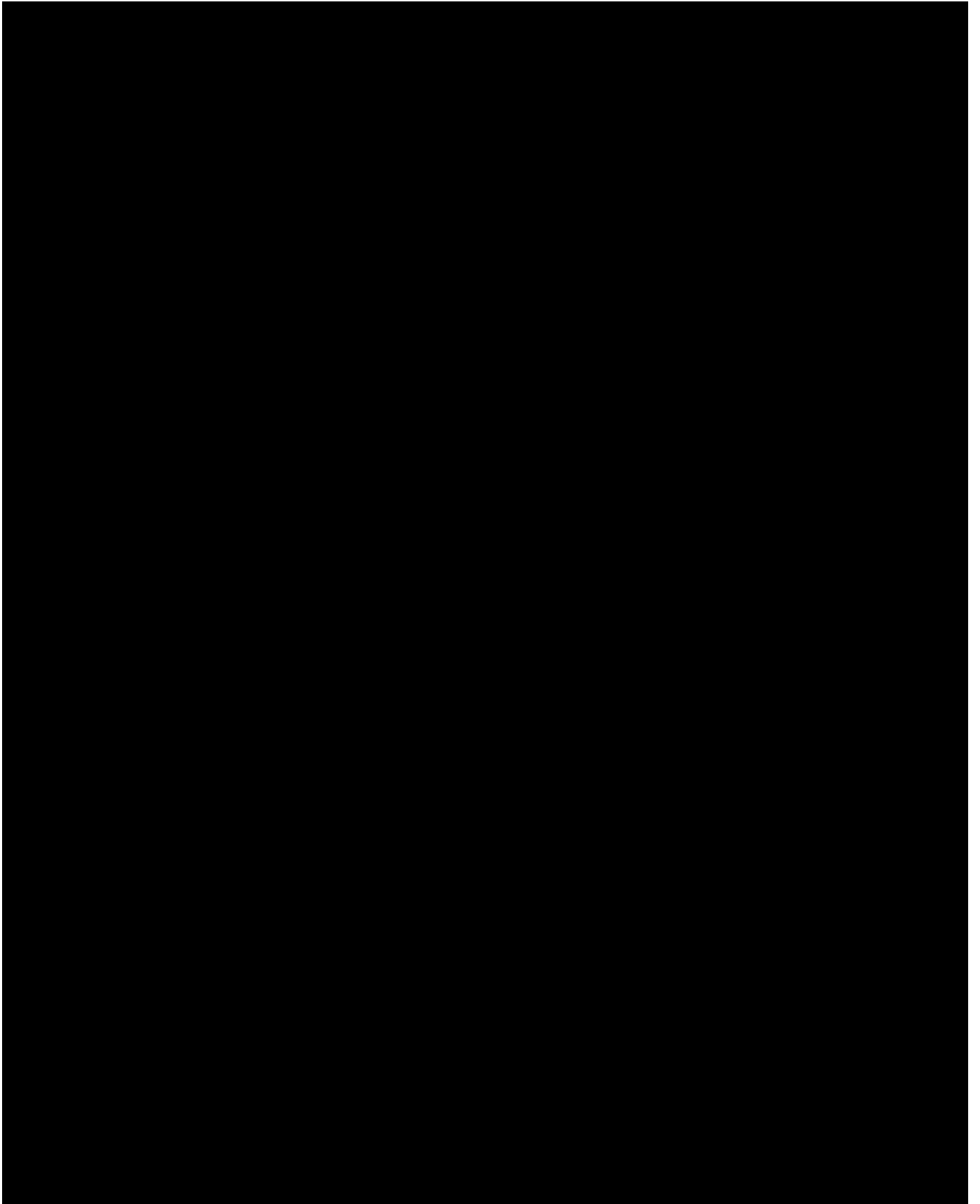


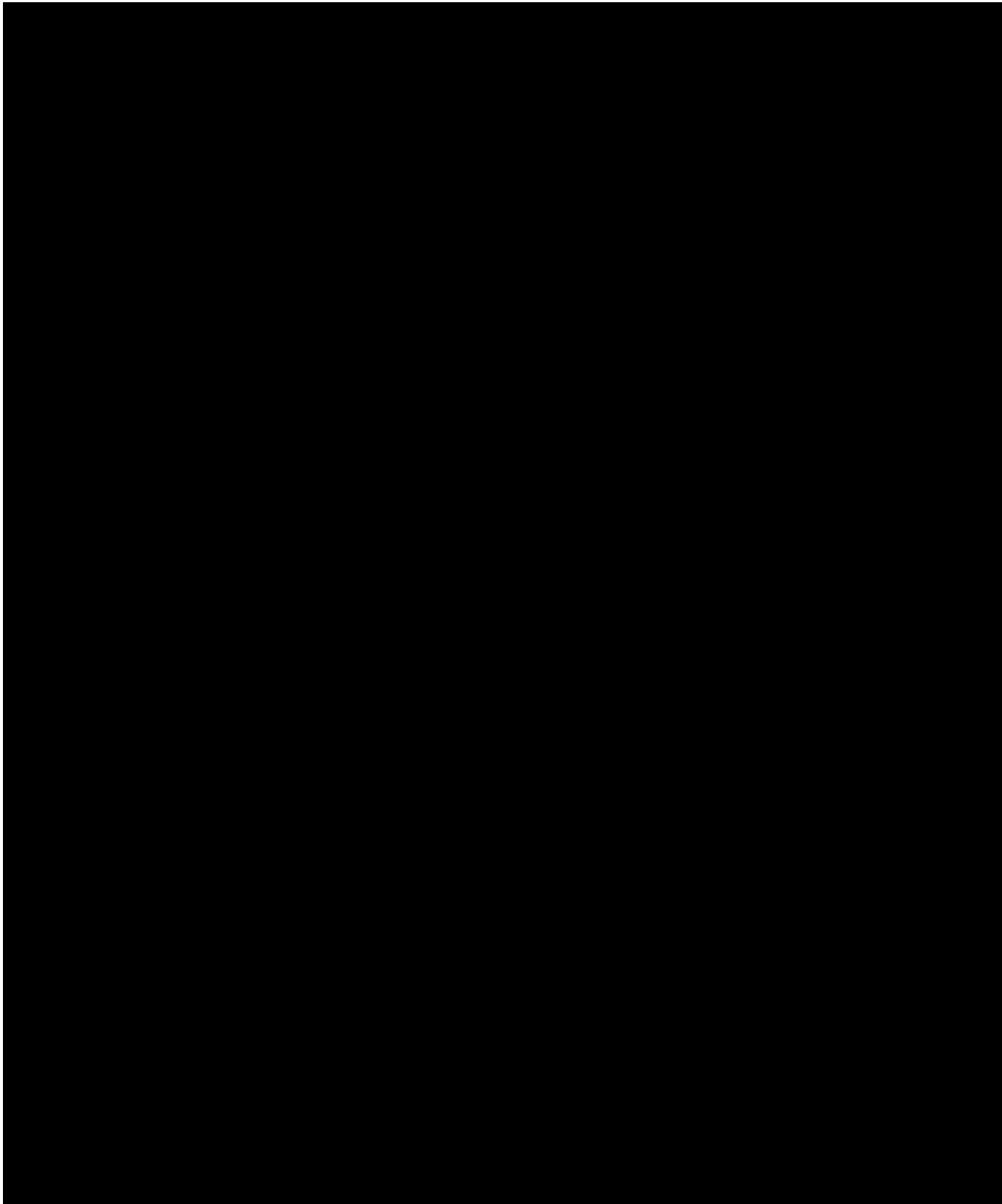


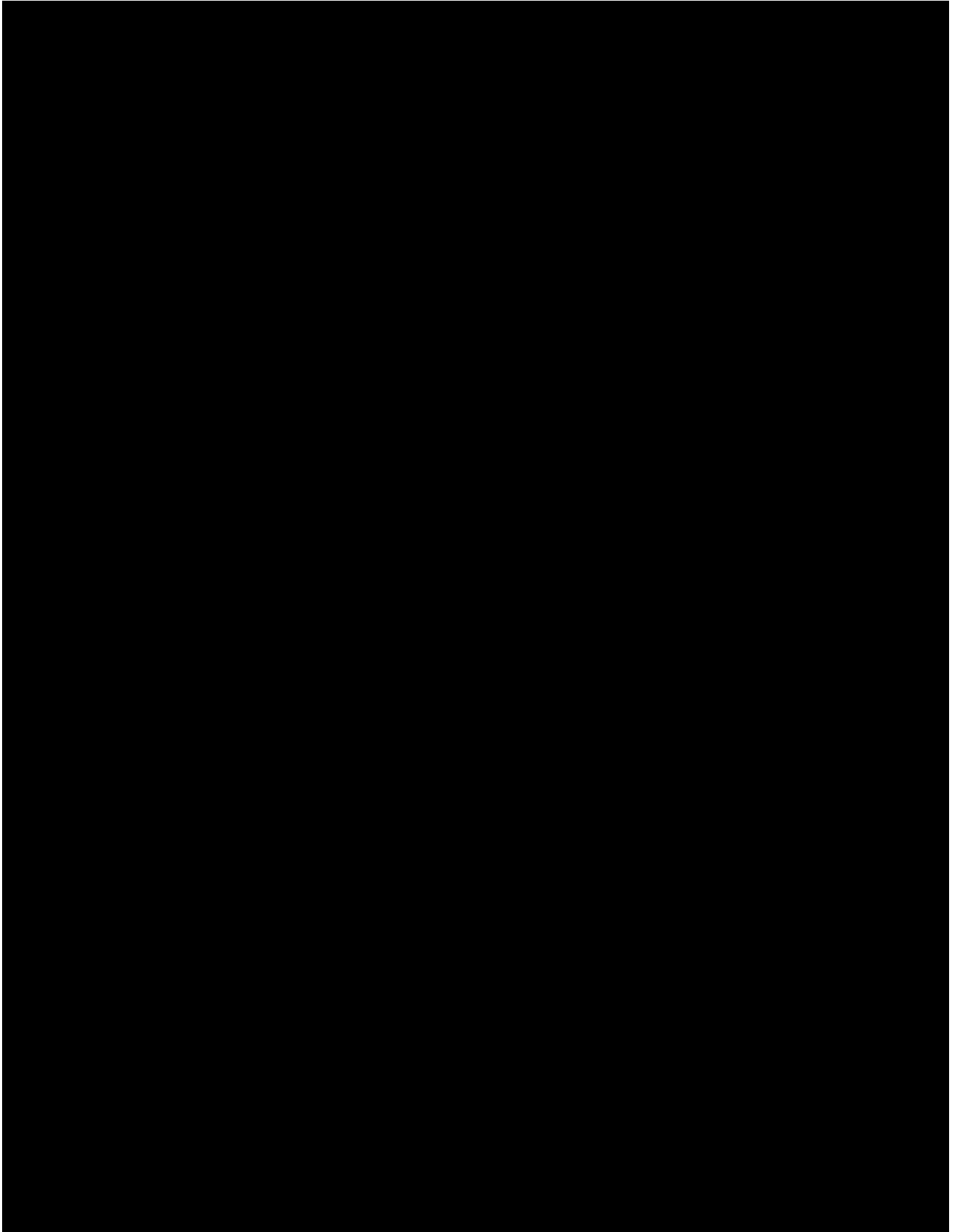




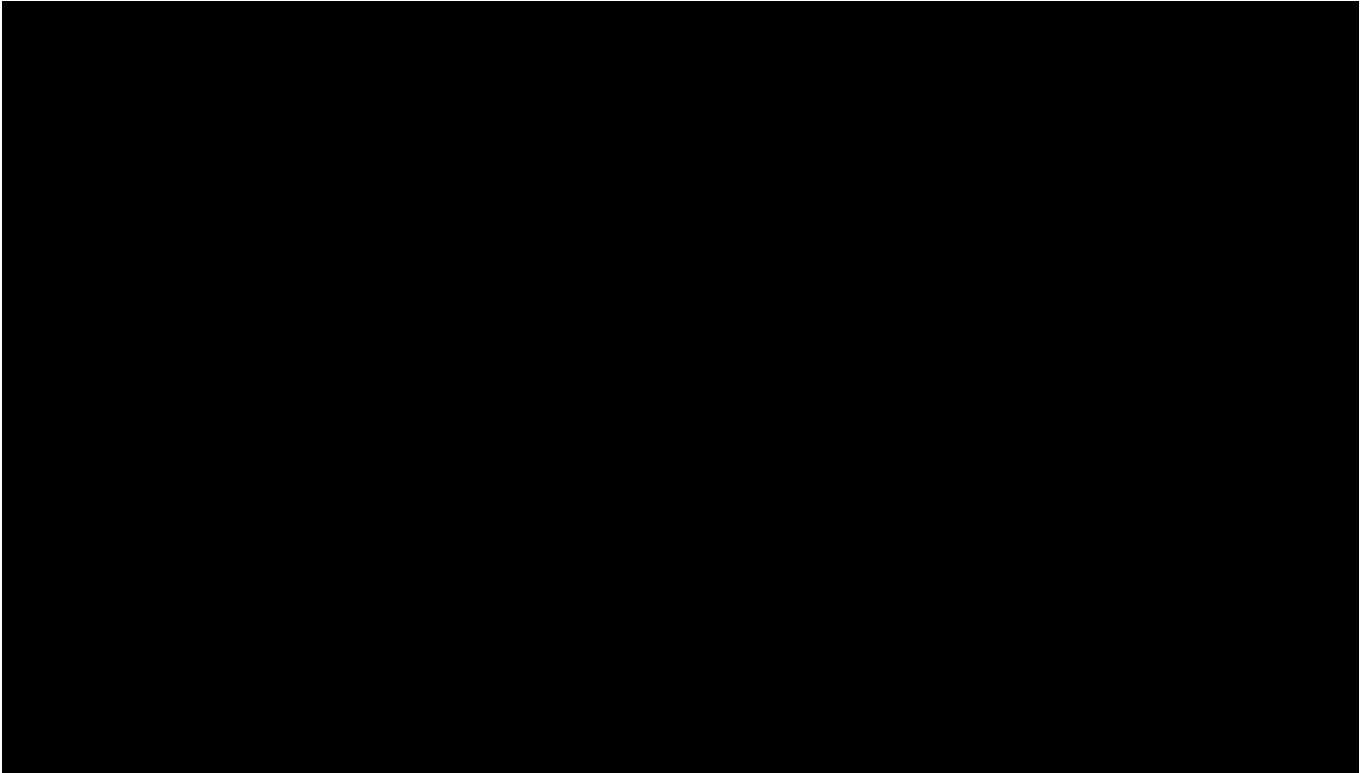




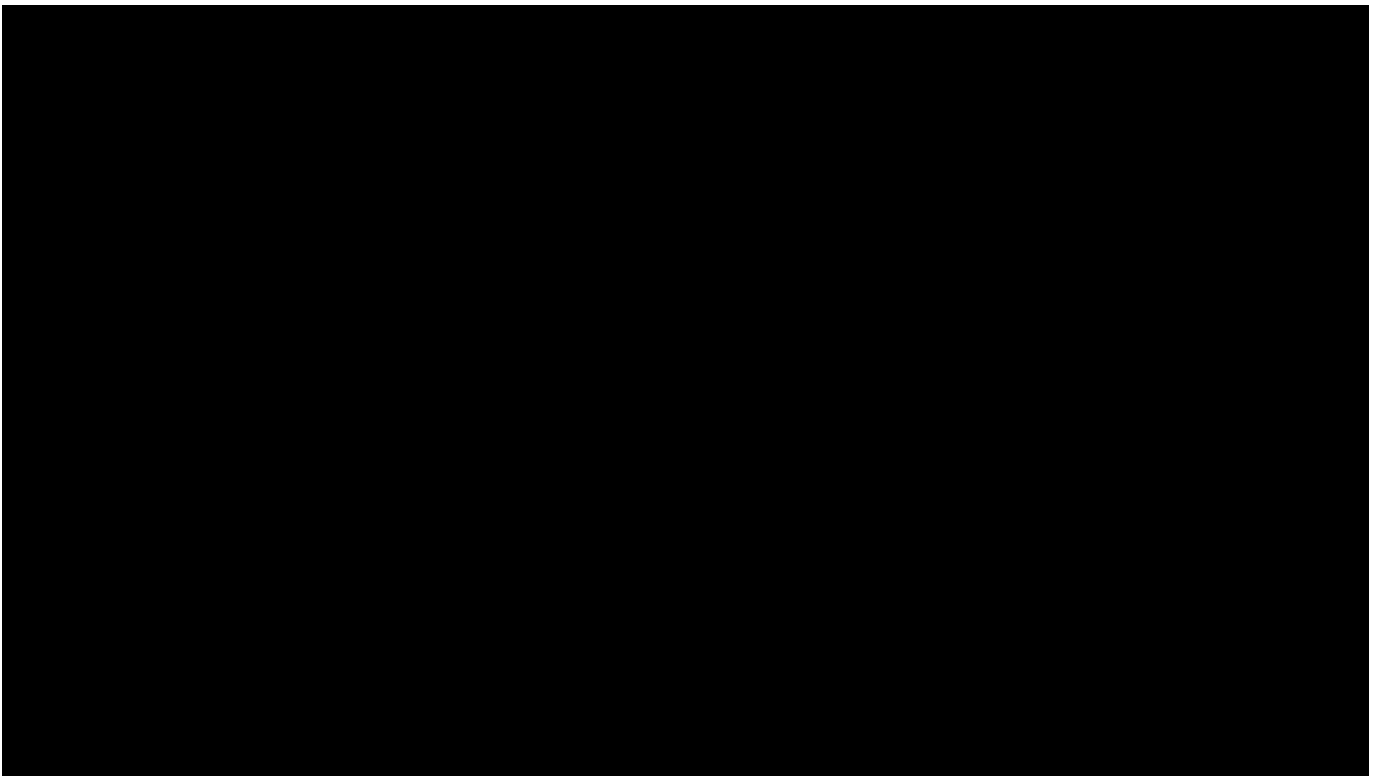




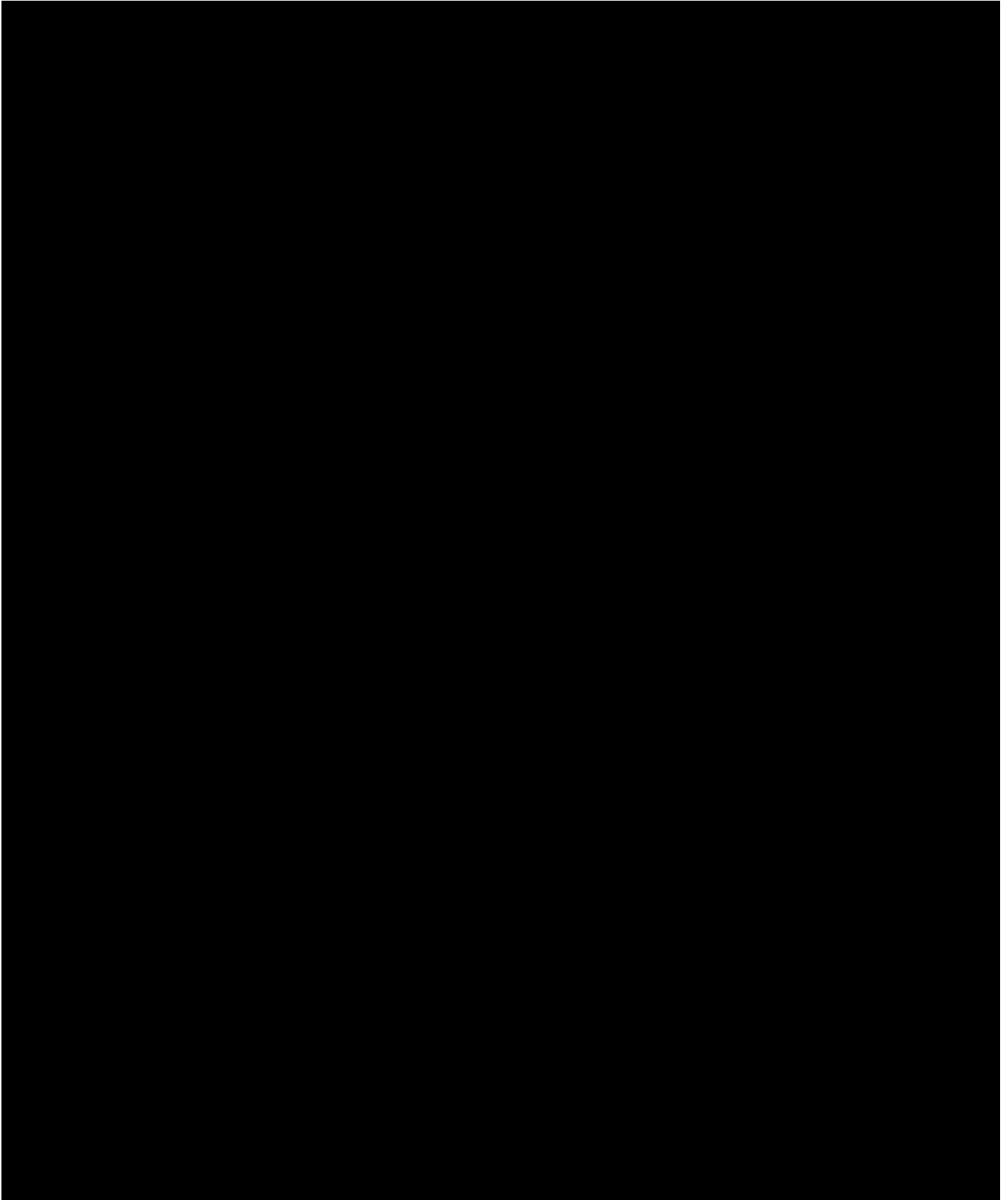
Construction Details

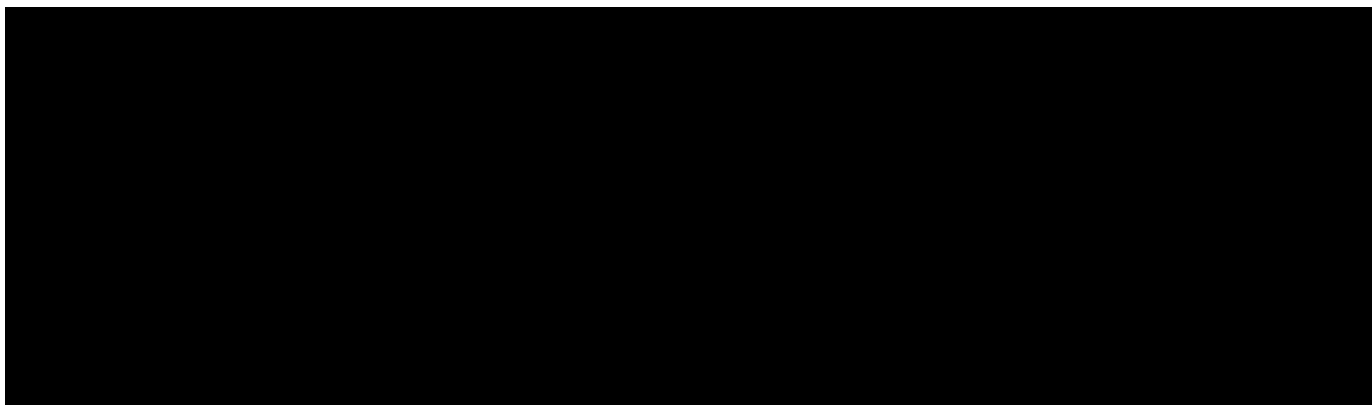


Employee-Accessible Nonproduction Areas



Storage, Ventilation, Production Equipment

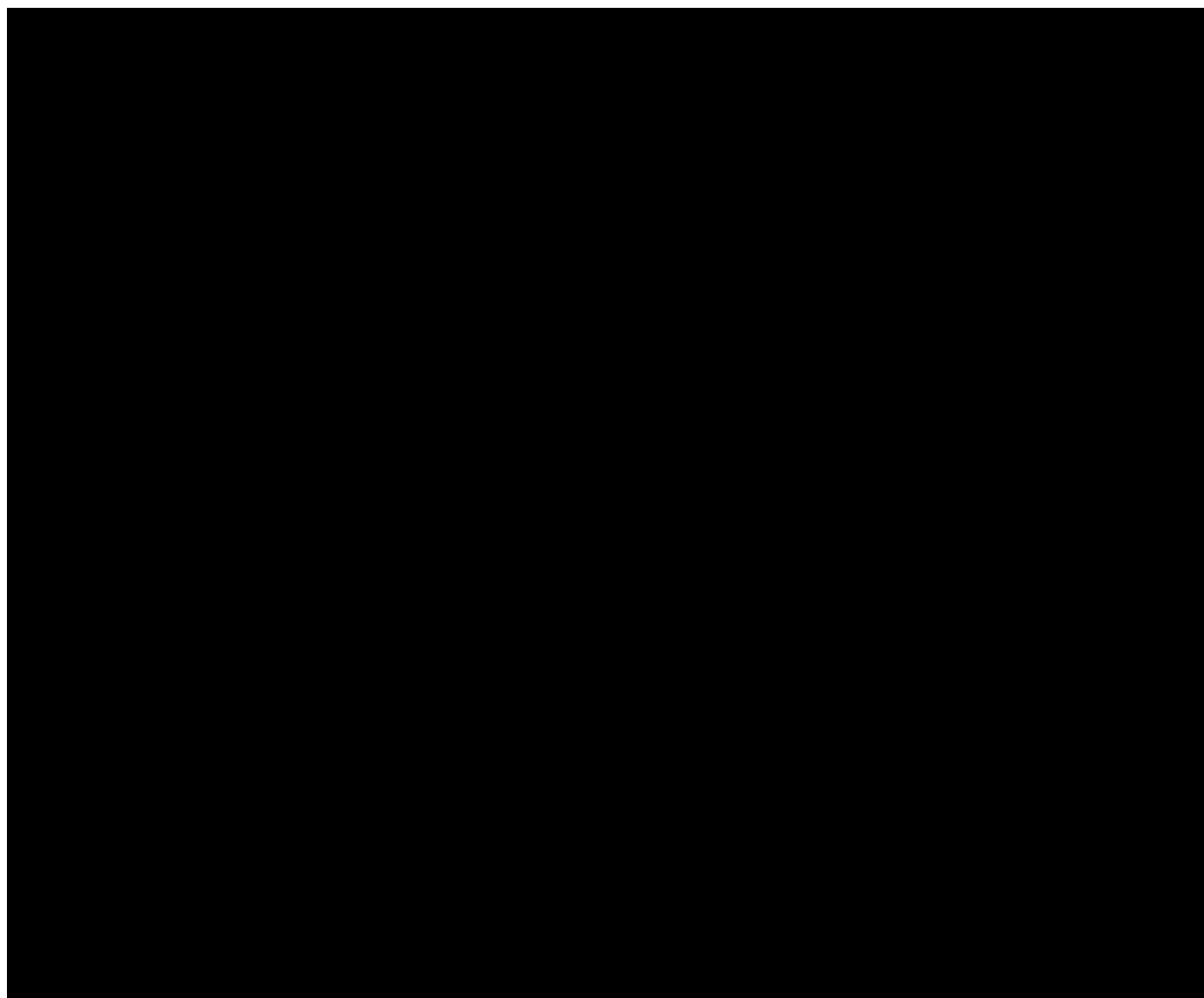




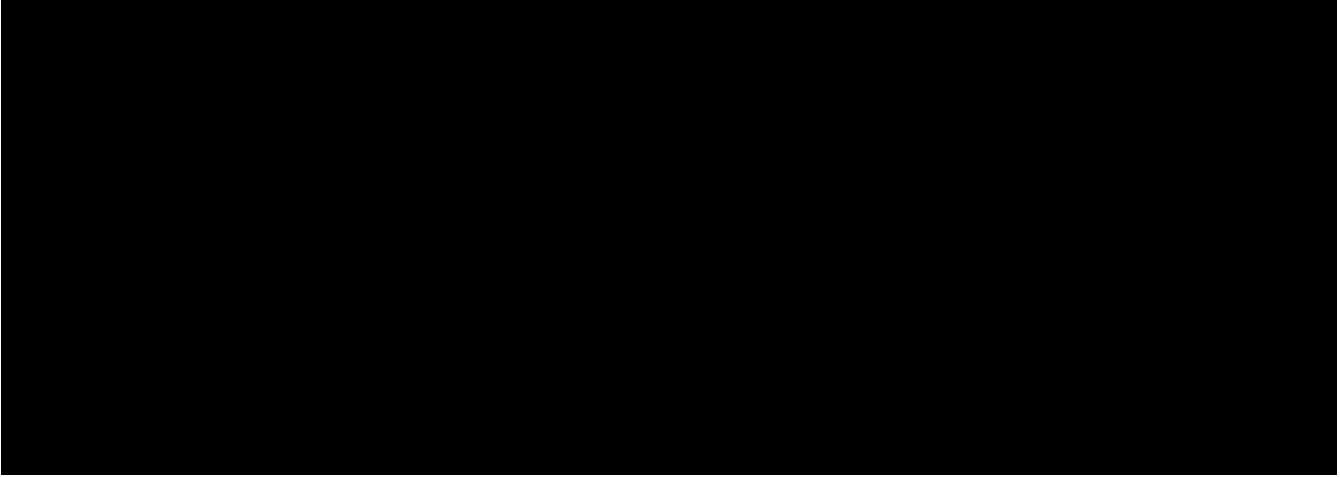
Windows, Skylights, and Roof Hatches

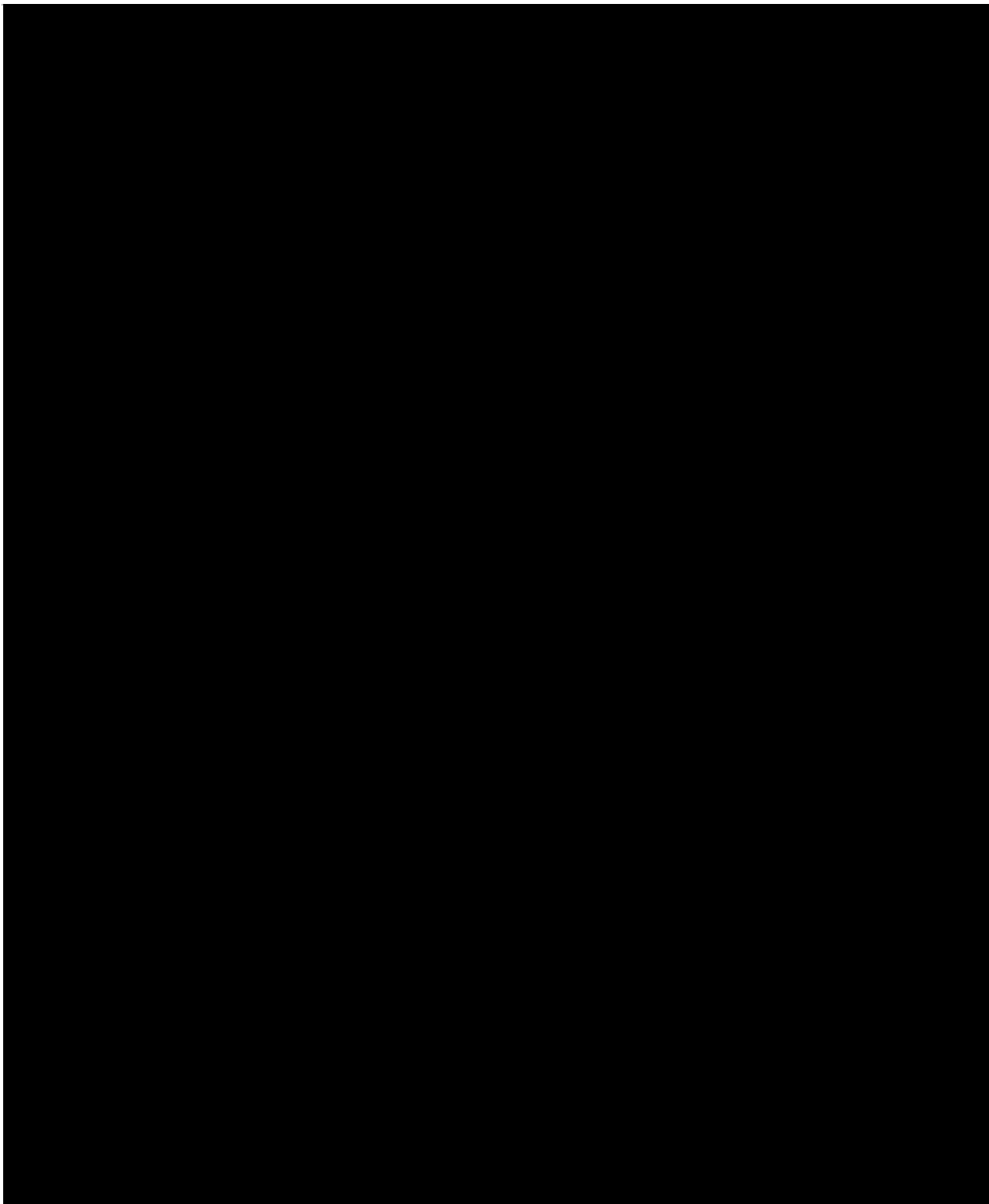


Monitoring Cameras

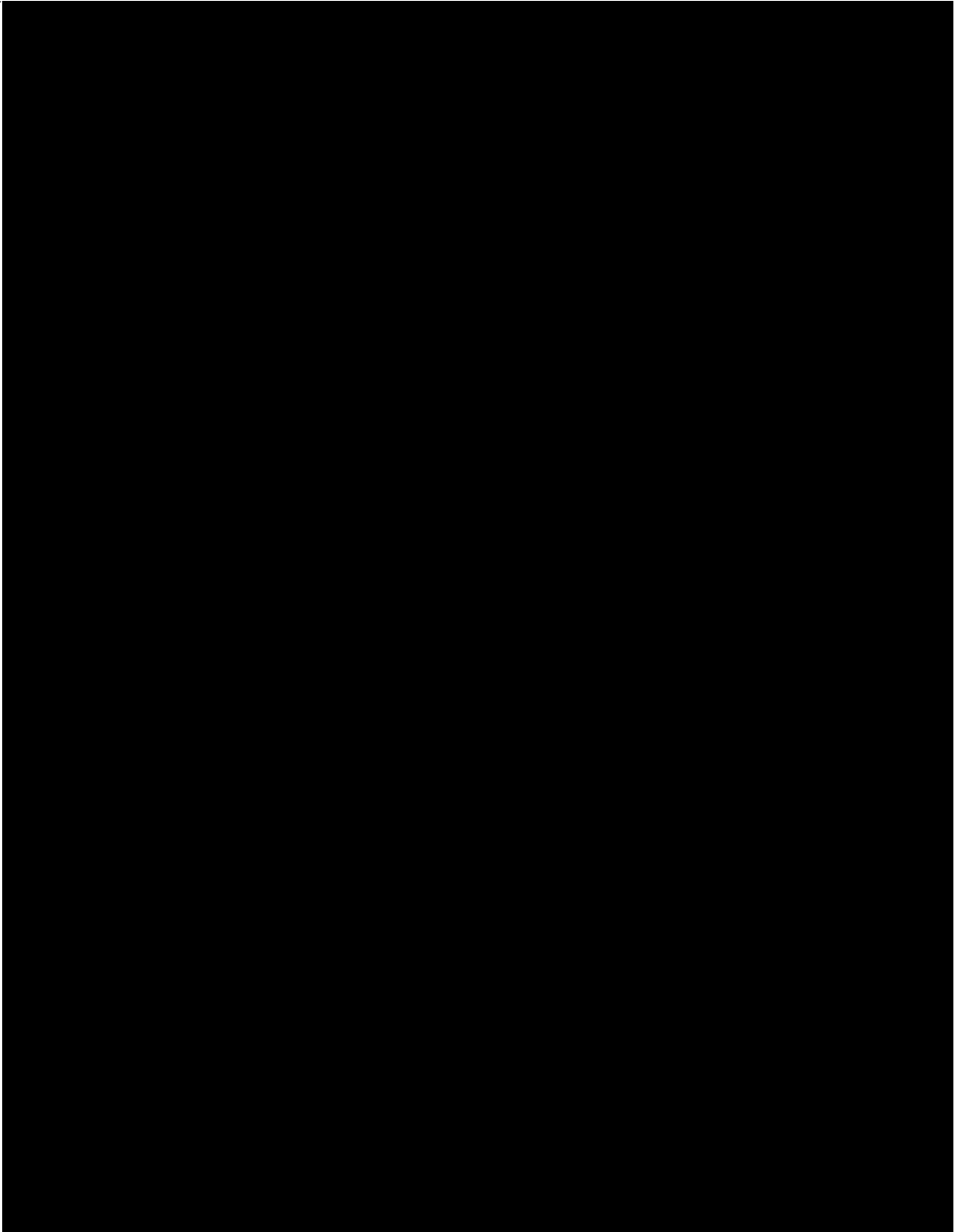


Alarm Inputs

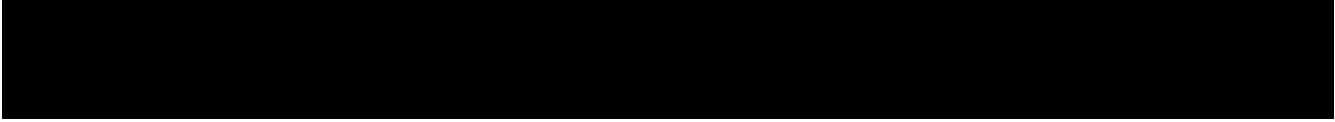




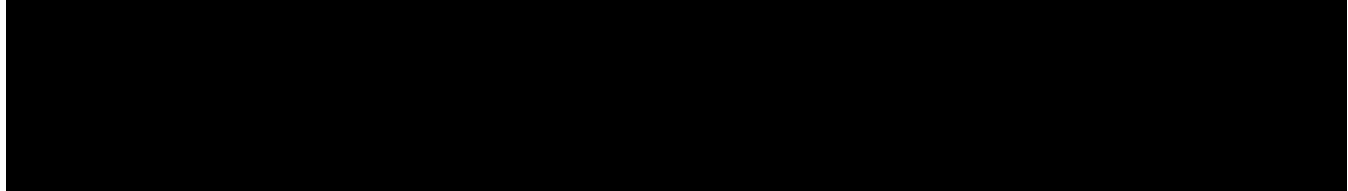




Digital Audio/Video Recorder and Alarm Control Pad



Restricted, Employee-Accessible and Public Areas



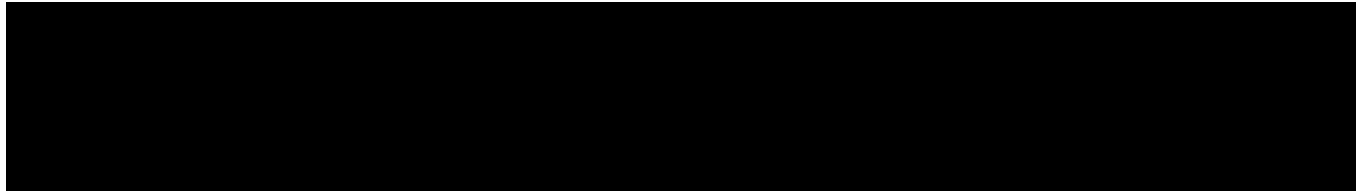
Plant Inputs and Application Equipment



Loading/Unloading Areas



Returned Cannabis Storage Location



Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 33 – Security Plan

## Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Michael Brandon Meadows  
**Printed Name of Verifying Individual**

CEO  
**Title of Verifying Individual**

*M. Brandon Meadows*  
**Signature of Verifying Individual**

12/28/2022  
**Verification Date**



[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**33.1 [Redacted] Alarm Systems**

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Our policies and procedures require our [Redacted] to test and maintain our security alarm systems at least every 30 days. [Redacted]

[Redacted text block]

**33.2 Duress and Panic Hold-Up Alarms**

[Redacted text block]

[Redacted text block]

[Redacted] Locations of these alarms have been included in the floor plan provided in Exhibit 31.



**33.4 Audio/Video Surveillance**

Our company will maintain at each of our licensed facilities an audio/video surveillance system that will be in continuous operation 24 hours per day.

Our cameras will be fixed in place covering both the interior and exterior of the each facility, in such quantity, with such lighting, and at such resolution as to allow for the clear identification of individuals (i.e., as to determine the facial features of all persons in the camera's view at all times of day) and activities in all reasonably accessible areas of the premises, including but not limited to all entrances, exits, parking lots, and any area where cannabis or medical cannabis is cultivated, delivered, received, handled, stored, prepared, processed, tested, packaged, labeled, or readied for transport.

Including at our Company's licensed cultivation operations facilities, we will use video monitoring cameras at vehicle entry and exit points to record the license plate information and description of all vehicles entering and exiting the facility. These audio/video surveillance recordings will clearly and accurately display the time and date while clearly and accurately capturing sound within camera range at a level of 20 decibels or greater.

Our company will maintain audio/video surveillance records for a minimum of [REDACTED], and longer upon the request of the Commission, its inspectors, or any law enforcement personnel. We further verify that audio/video recordings potentially reflecting an incident of actual or attempted diversion must be kept for the longer of a period of [REDACTED], or until resolution of the incident and apprehension and discipline or prosecution of the individuals involved in the action or attempted diversion.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Continuously operating surveillance cameras will provide a 24-hour, 7-day-a-week live feed of all interior and exterior areas of the facility and its premises.

[REDACTED]

[REDACTED] These cameras will provide motion video and clear, color, still-photo generation from any live footage or surveillance recording. [REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Access to the security office will be limited to persons who are essential to surveillance operations, such as security personnel, law enforcement, security system service people, and staff of the Commission.

We will keep all surveillance recordings for a minimum of [REDACTED]. Upon request of the Commission, its inspectors, or any law enforcement personnel, we will keep surveillance recordings for a period exceeding this requirement. Video recordings potentially reflecting an incident of actual or attempted diversion will be kept for the longer of a period of [REDACTED], or until resolution of the incident and apprehension and discipline or prosecution of the individuals involved in the actual or attempted diversion. All video surveillance records and recordings will be made immediately available upon request to the Commission in the specified format.

[REDACTED]

Additionally, we will not engage in any licensed privileges in any areas where recording was stopped.

Installers will permanently mount cameras in fixed locations throughout the facility. We will install all cameras so that the cameras' lenses will not be obstructed or easily tampered with or disabled, such as by placing cameras high enough to be out of reach without a ladder. Cameras will be positioned to produce recordings with sufficient resolution to facilitate clear and certain facial recognition for all individuals entering and exiting all areas of our facility, as well as the license plates of vehicles in the parking lot.

[REDACTED]

[REDACTED] For all cameras aimed at point-of-sale operations, we will carefully finetune the positioning of the cameras to capture the dispensary employee, the patient, the sale itself, and the computer monitors used for the sale.

[REDACTED]

[REDACTED]

[REDACTED] We will retain surveillance system inspection and repair records electronically on a protected server for at least [REDACTED].

**33.5 Exterior Perimeter Security**

Our company will surround the perimeter of any facility where medical cannabis is maintained (except a dispensing site) with both a sufficient fence or barrier to prevent access by unauthorized persons and also with sufficient lighting to allow for the proper functioning of video surveillance equipment at all times between dusk and dawn or at any other time when ambient lighting requires enhancement to permit identification of individuals and activities upon or immediately adjacent to the premises. Our indoor premises will likewise be sufficiently lit to allow for the identification of individuals and activities.

[Redacted]



Our five (5) affiliated dispensary sites are either located in a stand-alone building or within a multi-use structure, strip mall or other such retail facility. Exterior walls have been constructed as indicated below:

Use Type	Address	Sq Feet	Building Type	Exterior Walls
Cultivation/Processing - Lincoln	[REDACTED]	[REDACTED] SF- Greenhouse [REDACTED] SF - Processing	Stand-Alone	Steel
Dispensary 1 - Daphne	[REDACTED]	[REDACTED] SF	Multi-Use Structure	Steel with stucco cladding
Dispensary 2 - Birmingham	[REDACTED]	[REDACTED] SF	Stand-Alone	Masonry
Dispensary 3 - Gadsden	[REDACTED]	[REDACTED] SF	Multi-Use Structure	Masonry
Dispensary 4 - Dothan	[REDACTED]	[REDACTED] SF	Strip Mall	Masonry
Dispensary 5 - Russellville	[REDACTED]	[REDACTED] SF	Multi-Use Structure	Masonry

The areas occupied by the dispensing sites will not be accessible to or used by neighboring businesses, other tenants or others not employed by the Applicant. For the dispensing sites housed within a multi-use structure, strip mall or other such retail facility, the dispensing site is self-contained, segregated from other businesses and activities being conducted in the larger facility by separate points of ingress and egress accessible only to employees of the Applicant; patients and caregivers; AMCC representatives and their guests; representatives of other licensees; vendors, cleaning crew personnel, and repair workers carrying out business-related functions on the premises; representatives of the lessor during routine inspections or similar circumstances warranting a physical visit to the premises; or other appropriate individuals.

**33.8 Security Guards**

[REDACTED]  
[REDACTED]  
[REDACTED]

At a minimum, we will ensure we have one (1) security guard per facility on-site during each facility’s business/operating hours.

[REDACTED]

[REDACTED] The company's personnel are licensed, trained, qualified and insured security officers with dozens of years of experience in the security industry.

To ensure safety at all times, a security guard will be on-site at all of our licensed premises during operating hours and will be thoroughly trained in hazard, burglary, and emergency situations to protect the facility and community. All security guards are at least 21 years of age and are properly licensed by state and local authorities. All security guards will wear shirts with "Security" on the front and back in yellow print, so as to be easily identified in case of emergency.

[REDACTED]

[REDACTED]

**33.9 Access Controls**

[REDACTED]

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

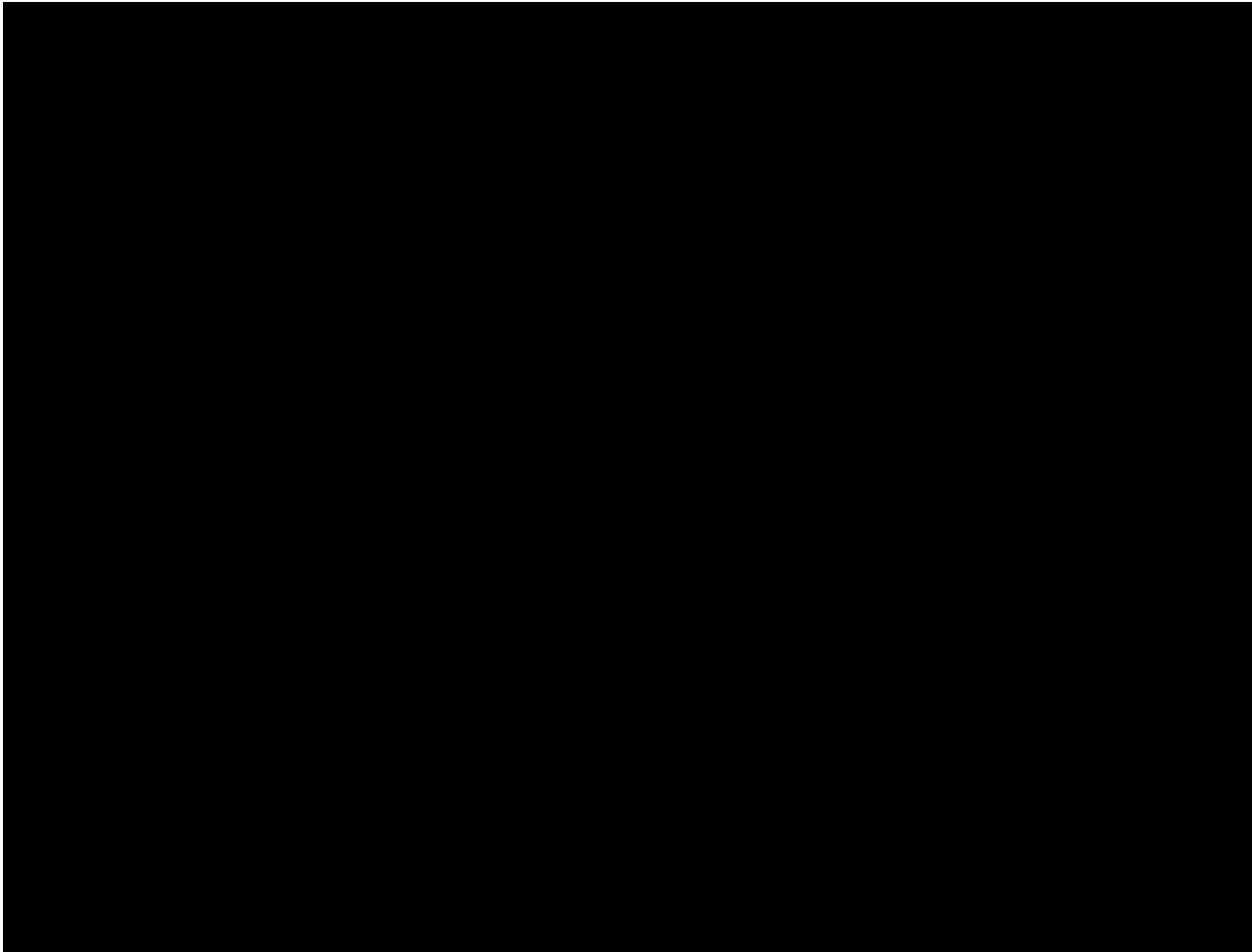
[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted text block]



*Figure 3: Critical Attack Area Wall Reinforcement*

[Redacted text block]



[REDACTED]

**33.10 Movement of Medicine and Cash at Opening and Closing**

Our company has in place strict protocols for the beginning-of-day and end-of-day movement of medical cannabis and cash between secure areas and sales areas. Further, we have in place strict technological, physical, and procedural access controls for maintaining security of daily cash on hand at all times.

[REDACTED]

[REDACTED]

To create a safe working environment at our dispensaries, we have constructed a cash management plan that includes cash counting and reconciliation procedures, cash storage, cash transport, cash deposit protocols, and employee cash management training. Our

policies ensure that each sales transaction is accounted for, and no unlawful sales transactions or diversions take place. [REDACTED]

Prior to engaging in any activities involving cash handling, all authorized company employees will complete our cash management training curriculum. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] A record of all cash deposits will be maintained and made available to the Commission upon request.

[REDACTED]

**33.11 Public Access**

Members of the public, other than patients and caregivers holding a valid, unexpired, unrevoked medical cannabis card, will never be allowed inside our licensed dispensing sites.

Individuals are prohibited from entering any of our facilities unless they are either over the age of 21 or they are under the age of 21, accompanied by a guardian AND have a valid patient registration card. A security guard will be stationed at the entry door of our facilities during all hours of operation to control entry to the premises.

[REDACTED]

**33.12 Recordkeeping**

We will keep secure electronic copies of all records of all persons on the premises at our licensed facilities at all times, including employees, vendors, transporters or other licensees, and all others, recording each individual’s name, the date and time of ingress and egress, and (as to non-employees) the reason for their presence.

We will keep these records for a minimum of [REDACTED], and longer at the request of the Commission or law enforcement.

**33.13 Agent Identification Badges**

All of our employees, while on duty, will wear identification badges that clearly identify them as employees.

[REDACTED]

**33.14 Visitor Passes**

All visitors, including vendors, other licensees, Commission members, inspection personnel, or other representatives must wear a “visitor pass” or “AMCC Official” pass, as applicable, at all times while on the premises of our Company’s licensed facilities.

[REDACTED]

[REDACTED] We will prohibit persons who do not provide sufficient identification from accessing the facility. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED] Visitors will

only be permitted in areas where they must be for their identified purpose.

[REDACTED]  
[REDACTED] Visitors will be required to return their visitor ID badge prior to  
departure. [REDACTED]

[REDACTED]  
[REDACTED]

**33.15 Incident Reporting**

Our Company has in place policies to detect, investigate, and report theft, diversion, or other loss of cannabis products to the Commission and to law enforcement as early as practicable and not more than 24 hours from the event or its discovery.

Cannabis product thefts or unexplained losses will be reported to the Commission in writing regardless of whether the cannabis or cannabis product is recovered and/or the responsible parties are identified and action taken against them.

Our security guards will respond to suspicious or emergency situations and coordinate with law enforcement to write incident reports, including the time, location, and detailed descriptions of any safety and security issues. Our [REDACTED] will ensure that written reports are provided to the Commission [REDACTED] following the discovery of such theft or loss. The written report will include:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

7. [REDACTED]  
[REDACTED]

[REDACTED] We will maintain records of all reports in an electronic, searchable format for at least two (2) years after providing the notification. [REDACTED]

**33.16 Signage**

We verify that we will prominently display at each entrance point to a dispensing site and in at least one location in the sales area of the dispensing site signs stating as follows:

WARNING: This facility is monitored at all times using audio and video surveillance. Entry to this business and purchases within are strictly prohibited except as to registered patients and caregivers presenting valid identification as required by law.

Such signage has been designed to feature [REDACTED]

[REDACTED] All of our signs are written in English and may be translated into other languages as needed.

**33.17 Secure Transport**

This Security Plan includes a verified plan for security during transport of cannabis and/or medical cannabis. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We anticipate using [REDACTED] from a professional [REDACTED] [REDACTED] to securely transport all cannabis products. [REDACTED] such as these are routinely modified for use in transporting high value cargo. [REDACTED]

[REDACTED] All vehicles feature HVAC, air bags, brake assistance, ABS brakes, and hydraulic power-assist steering to help keep our Drivers and their cargo safe. Vehicles will be equipped with basic cruise control functions to aid the driver in maintaining proper speed, which will be especially helpful during longer routes. Our transportation vehicles always display current state inspection stickers, have current state vehicle registrations, and maintain commercial liability insurance coverage for up to [REDACTED] per incident.

Our delivery vehicles are cleaned, fueled, and subject to a comprehensive pre-trip inspection to ensure the vehicle is properly prepared and in good repair, and all systems are properly functioning. In addition, the vehicles, including the undercarriage, are inspected for unauthorized electronic devices and other security concerns such as inoperable lock systems, door latches, etc. [REDACTED]

[REDACTED] Significant deficiencies affecting operational capabilities of the delivery vehicle that make it unsuitable for use or compromise transportation safety and security must be corrected prior to the vehicle leaving the facility.

We anticipate beginning operations with [REDACTED] vehicles. As our business develops, we will monitor our needs, capabilities, and market demand for our services and we will acquire new vehicles as necessary to meet demand, expand our business, or replace worn-out vehicles.

**33.18 Secure Transport: Locks and Alarms**

[Redacted text block]

[Redacted text block]

**33.19 Secure Transport: Recording Devices**

[Redacted text block]

[Redacted text block]

[Redacted text block]



[REDACTED]

**32.20 Secure Transport: Vehicle Markings**

Our company’s secure transport vehicles are free of any markings indicating that they are carrying medical cannabis and do not feature the name or logo of our company or any other licensee.

Our transportation vehicles will not bear any logo, sticker, or other marking that indicates the vehicle may be transporting cannabis, nor will any transportation team member wear any hat, article of clothing, or display any image that may indicate their ownership of, possession of, or involvement with cannabis. Externally, our transportation vehicles will appear to be no different from standard vehicles of their make and model.

**33.21 Secure Transport: Secure Product Storage**

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**32.22 Secure Transport: Secure Product Visibility**

[Redacted text block]

[Redacted text block]

**32.23 Secure Transport: Duress and Panic Hold-Up Alarms**

[Redacted text block]

[Redacted text block]

All transportation vehicles will be equipped with a vehicle alarm system that will produce an audible alarm when the vehicle is tampered with.

**32.24 Secure Transport: Unplanned Stops**

[Redacted text block]

**32.25 Secure Transport: Physical Control of the Vehicle**

Under no circumstances will any person other than a designated secure transport employee have actual physical control of our secure transport vehicle transporting cannabis or medical cannabis.

[Redacted text block]

**32.26 Secure Transport: Driver Training**

Our company's secure transport drivers will be trained in, and have ready access to, secure procedures for undergoing administrative inspection by law enforcement pursuant to § 20-2A-65(c), Code of Alabama 1975 (as amended).

[Redacted text block]

[Redacted text block]

[Redacted text block]

- | [Redacted list item]
- | [Redacted list item]
- | [Redacted list item]
- | [Redacted list item]
- | [Redacted list item]
- | [Redacted list item]
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- | [Redacted list item]
- | [Redacted list item]
- | [Redacted list item]
- | [Redacted list item]
- | [Redacted list item]

[Redacted text block]

[Redacted text block] We will regularly update company policies and SOPs pursuant to changes in applicable state and

local laws, will retrain employees on changes, and will provide continuing education programs to promote a culture of continually exceeding requirements.

**32.27 Secure Transport: Batch Labeling**

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

[Redacted]

**32.28 Secure Transport: Required Personnel**

Our company's secure transport vehicles will have no fewer than [REDACTED] [REDACTED] in the vehicle at all times when the vehicle is carrying cannabis or medical cannabis and is (A) making more than a single stop on the route and/or (B) traveling more than [REDACTED] while carrying cannabis or medical cannabis.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**32.29 Secure Transport: Route Plans**

Our company's secure transport vehicles carrying cannabis or medical cannabis must adhere to their designated route at all times. [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**32.30 Secure Transport: Tracking**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

**32.31 Secure Transport: Recordkeeping**

Our company verifies that we have in place electronic document storage solutions that allow us to keep secure electronic records of route plans, manifests, transport logs, freight bills, bills of lading and any free-on-board (“FOB”) terms of sale documents, maintenance and repair records, and insurance documentation as to all the vehicles in our secure transport fleet for a period of not less than [REDACTED], and longer upon the request of the Commission or law enforcement. Such records also will be securely stored within the Statewide Seed-to-Sale Tracking System. We will always make such documents available to the Commission or its representatives (including inspectors) during inspections and other official visits.

**32.32 Availability of Security Plan for Inspection**

Our company verifies that, upon request, we will make available to the Commission or its inspectors all information relating to our security plan, including, but not limited to, security alarm systems, monitoring, alarm activity, maps of camera locations and camera coverage, audio/video footage, surveillance equipment maintenance logs, authorized use lists, operation instructions, secure transport security plan and procedures, and any other security-related information deemed relevant by the Commission or its inspectors.

Our Security Plan has been extensively researched, designed, and tested to detect and prevent unauthorized entry to our licensed facilities, to provide for constant monitoring and surveillance of the facility, and to ensure the safe storage of all cash and medical cannabis



inventory. Our plans have been informed by requirements and best practices as used in other high-security industries, including DEA-regulated controlled-substance pharmaceutical distributors, FINCEN-regulated financial institutions, and HIPAA-regulated medical practitioners. [REDACTED]

[REDACTED]

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 34 – Personnel

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

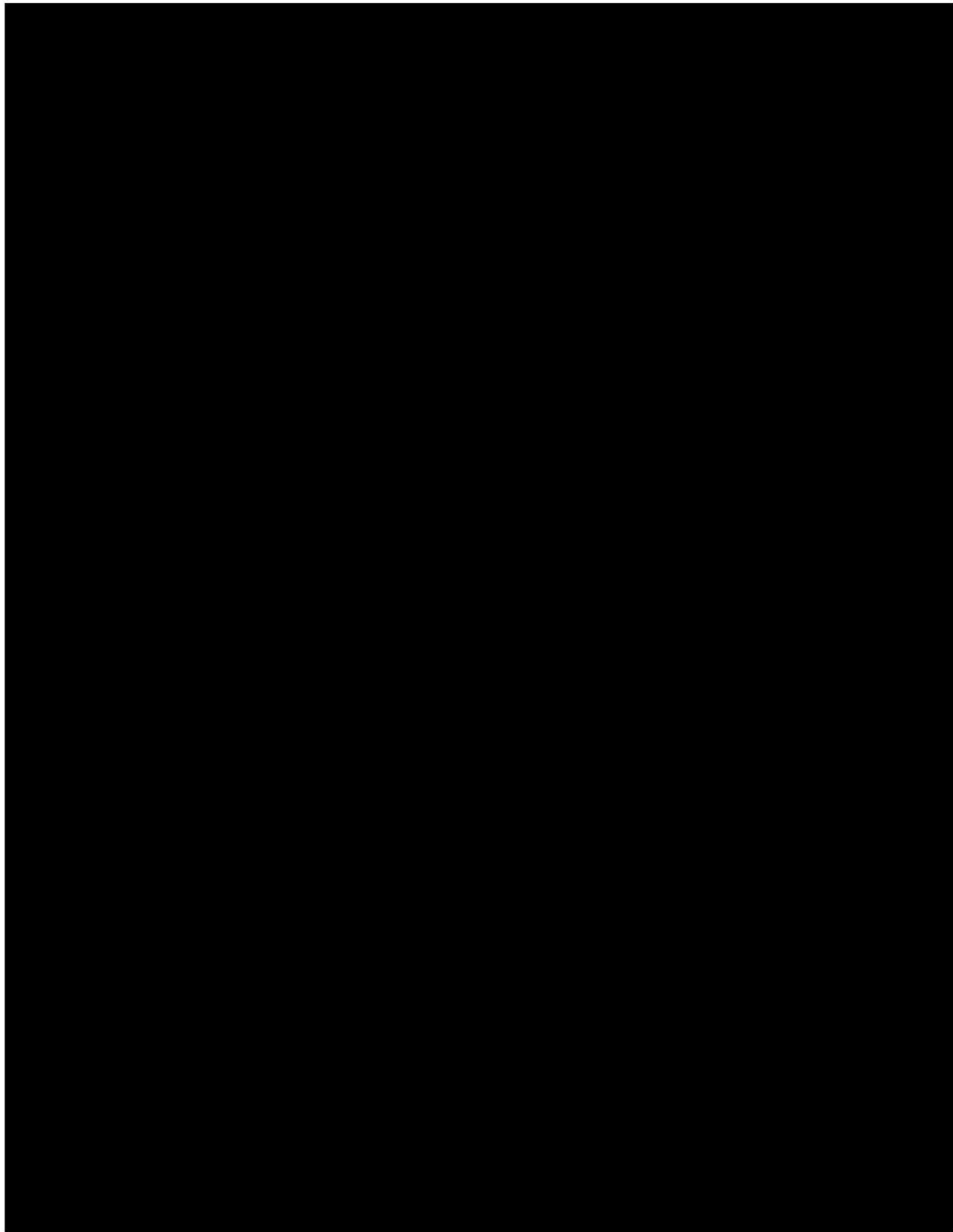
Michael Brandon Meadows  
\_\_\_\_\_  
**Printed Name of Verifying Individual**

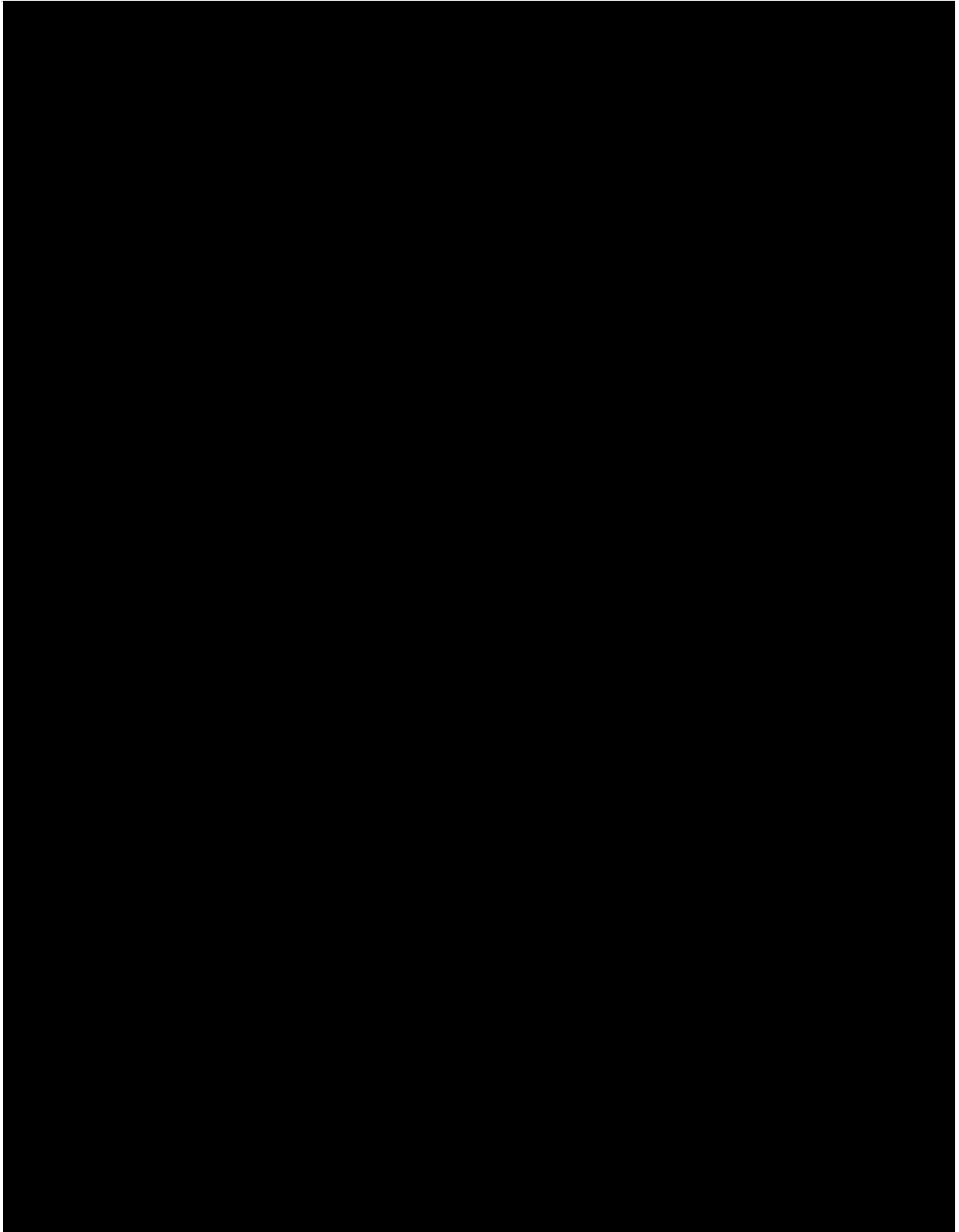
CEO  
\_\_\_\_\_  
**Title of Verifying Individual**

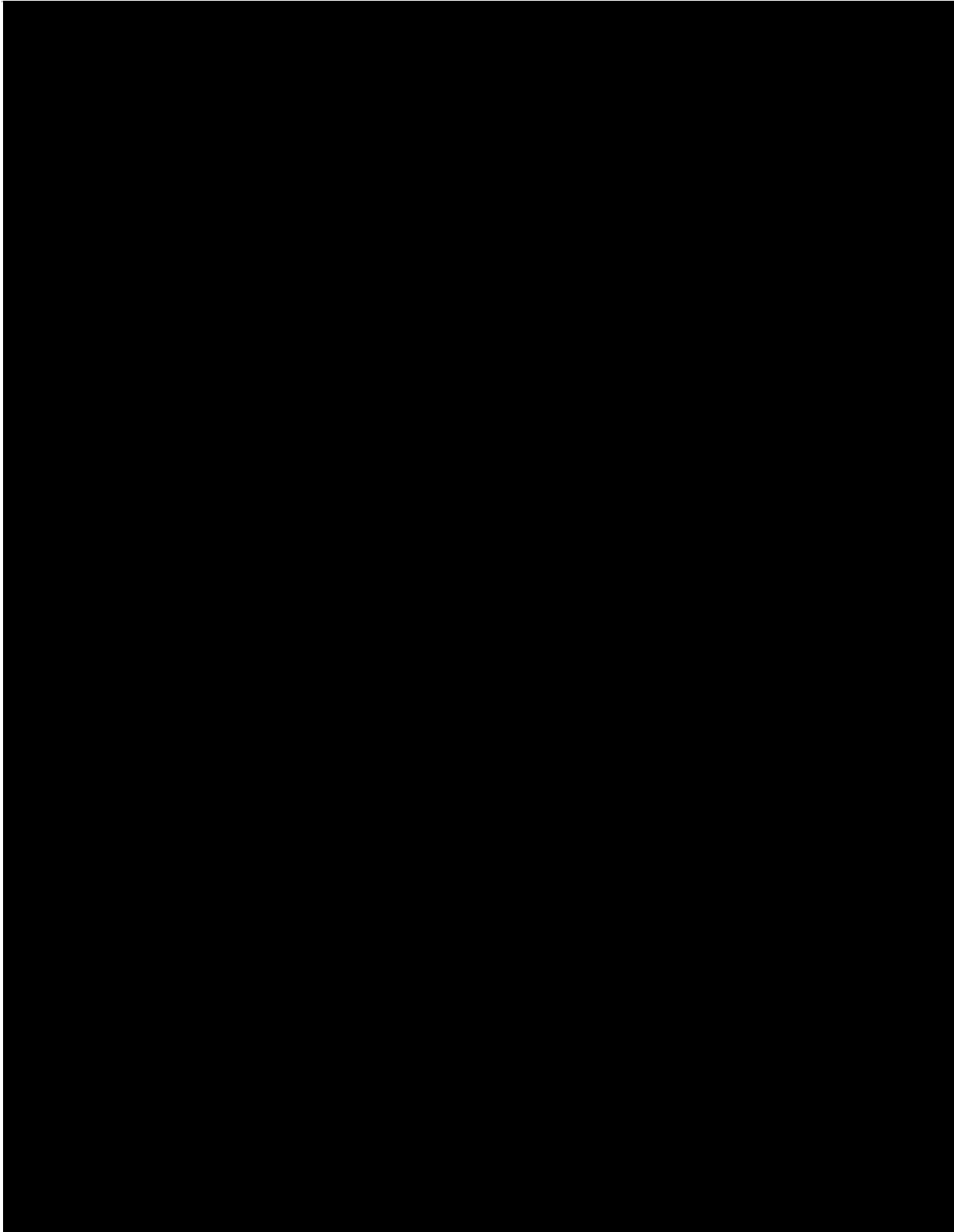
*M. Brandon Meadows*  
\_\_\_\_\_  
**Signature of Verifying Individual**

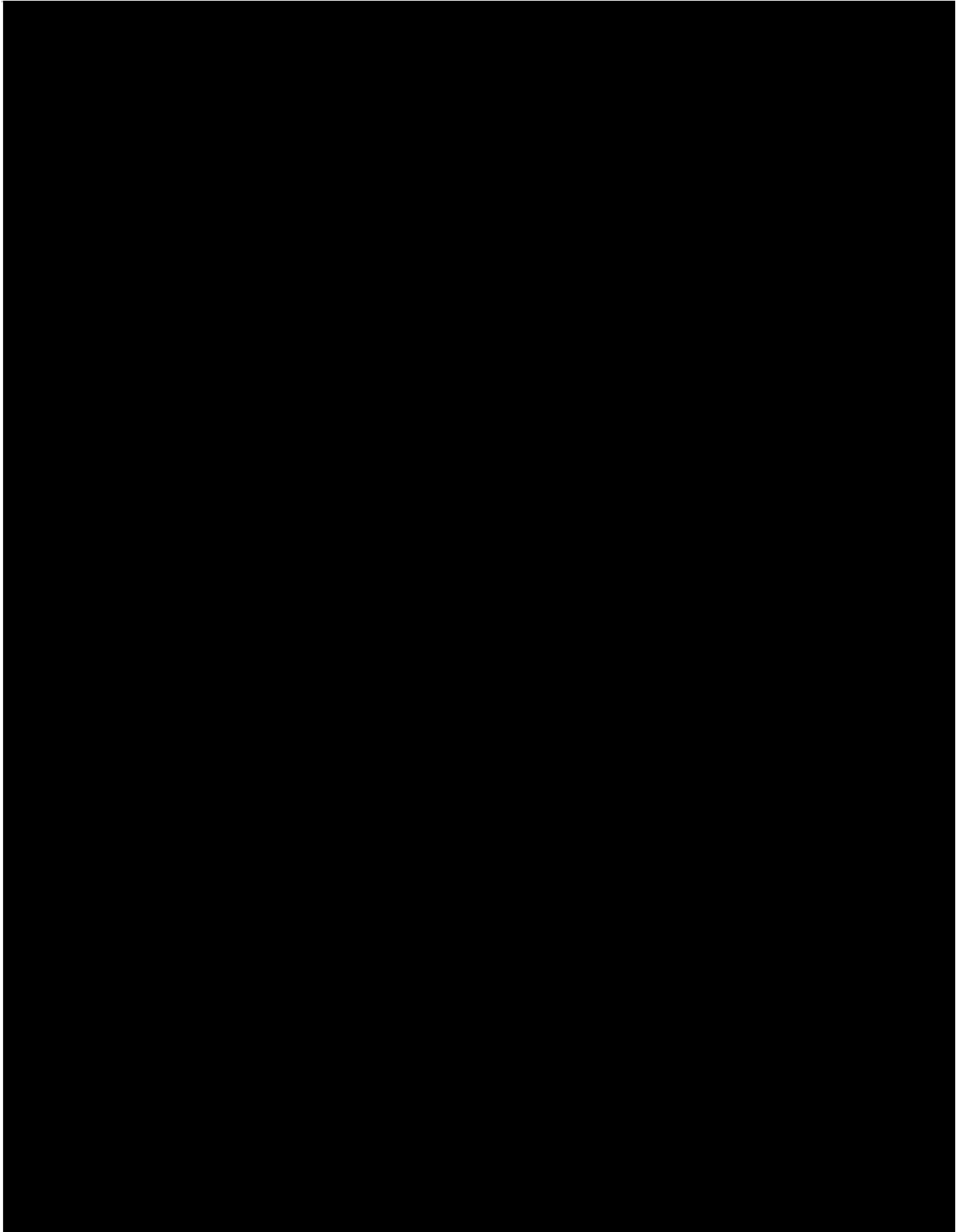
12/28/2022  
\_\_\_\_\_  
**Verification Date**

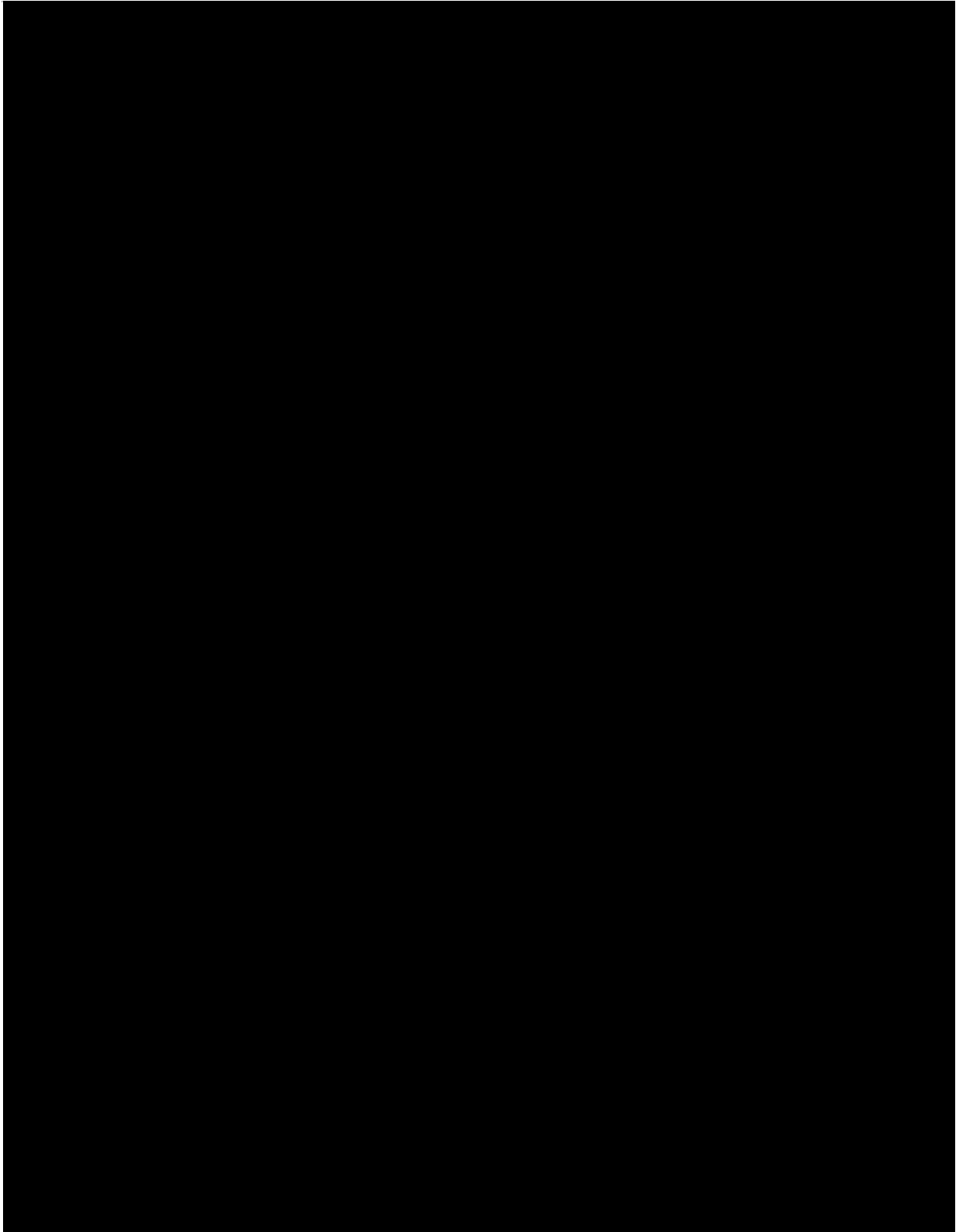
**Exhibit 34 - Personnel**

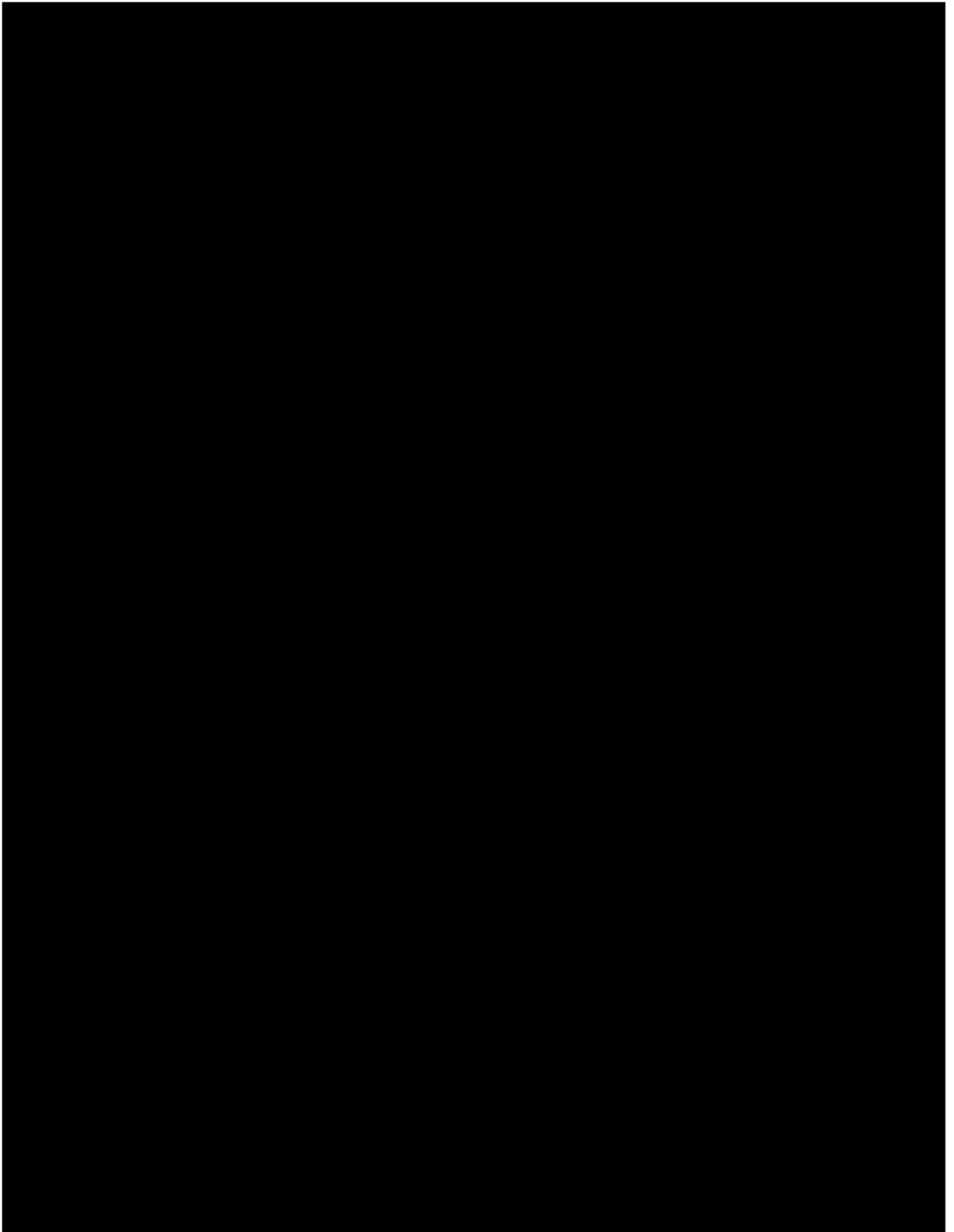














Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 35 – Business Leadership Credentials

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

**Printed Name of Verifying Individual**

CEO

**Title of Verifying Individual**

*M. Brandon Meadows*

**Signature of Verifying Individual**

Original 12/27/2022; Edited 2/23/2023

**Verification Date**

**Exhibit 35 – Business Leadership Credentials**

Our company has detailed here our business leadership credentials, including a curriculum vitae for our business, roles and responsibility of our team members, and our 5-year hiring plan.

**35.1 – Curriculum Vitae for the Business**

Our company brings to bear nationally recognized cultivation, processing, and dispensary expertise in the form of leadership with years of operational experience, cutting-edge industry technology, proven standard operating procedures, access to a broad network of industry experts, and a patient-centered value system. Our Advisory Board includes well-respected medical professionals, accomplished scientists, influential community members, and stewards of successful local businesses. We have included below brief biographies of the owners, key personnel, advisory board members, and operational staff who are working together to bring high quality products and care to Alabama’s medical cannabis patients.

[Redacted content]



[Redacted text block]

Research and Development Advisor - [Redacted]

[Redacted text block]

[Redacted text block]

[Redacted]

Scientific Advisor - [Redacted]

Patient Care Advisor - [Redacted]

Cultivation Director - [Redacted]

[Redacted text block]

Greenhouse Manager - [Redacted text block]

Processing Director - [Redacted text block]

[Redacted text block]

Patient Care Director – [Redacted text block]

**35.2 - Roles and Responsibilities**

The Chief Executive Officer [Redacted text block]

The Chief Financial [Redacted text block]

The Chief Production Officer [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

The Chief Medical Officer [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

The Cultivation Director [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

The Greenhouse Manager [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



[Redacted]

The Processing Director [Redacted]

Our Patient Care Director [Redacted]

**35.3 - 5- Year Hiring Plan**

In addition to the positions described above, we have included here brief narratives on the types, positions, required education, required experience, and expected roles of our yet-to-be-hired team members. These positions are also highlighted in blue in the organizational chart found at the end of this Exhibit.

*Accounting Director* - [Redacted]

*Bookkeeping Associates* - [Redacted]

*Propagation, Cultivation Technicians* - [Redacted]

[Redacted]

*Extraction, Production, Packaging & Labeling Technicians -* [Redacted]

*Inventory Manager -* [Redacted]

*Inventory Associates -* [Redacted]

*Patient Care Managers -* [Redacted]

*Patient Care Associates -* [Redacted]

Secure Transport Associates - [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Security Managers - [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Security Associates - [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

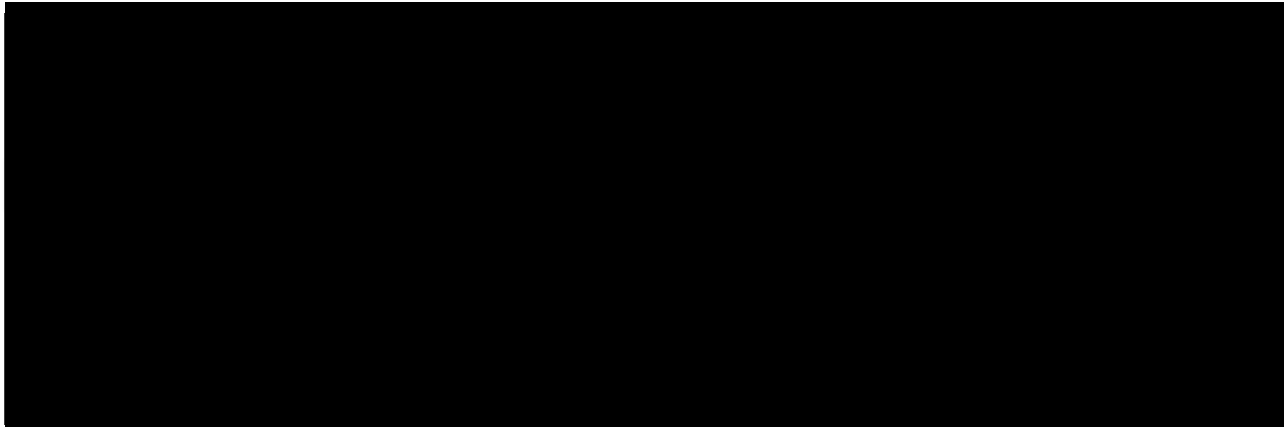


Figure 1: Organizational chart featuring future hires (in blue).

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 36 – Employee Handbook

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

\_\_\_\_\_  
Printed Name of Verifying Individual

\_\_\_\_\_  
Title of Verifying Individual

*M. Brandon Meadows*

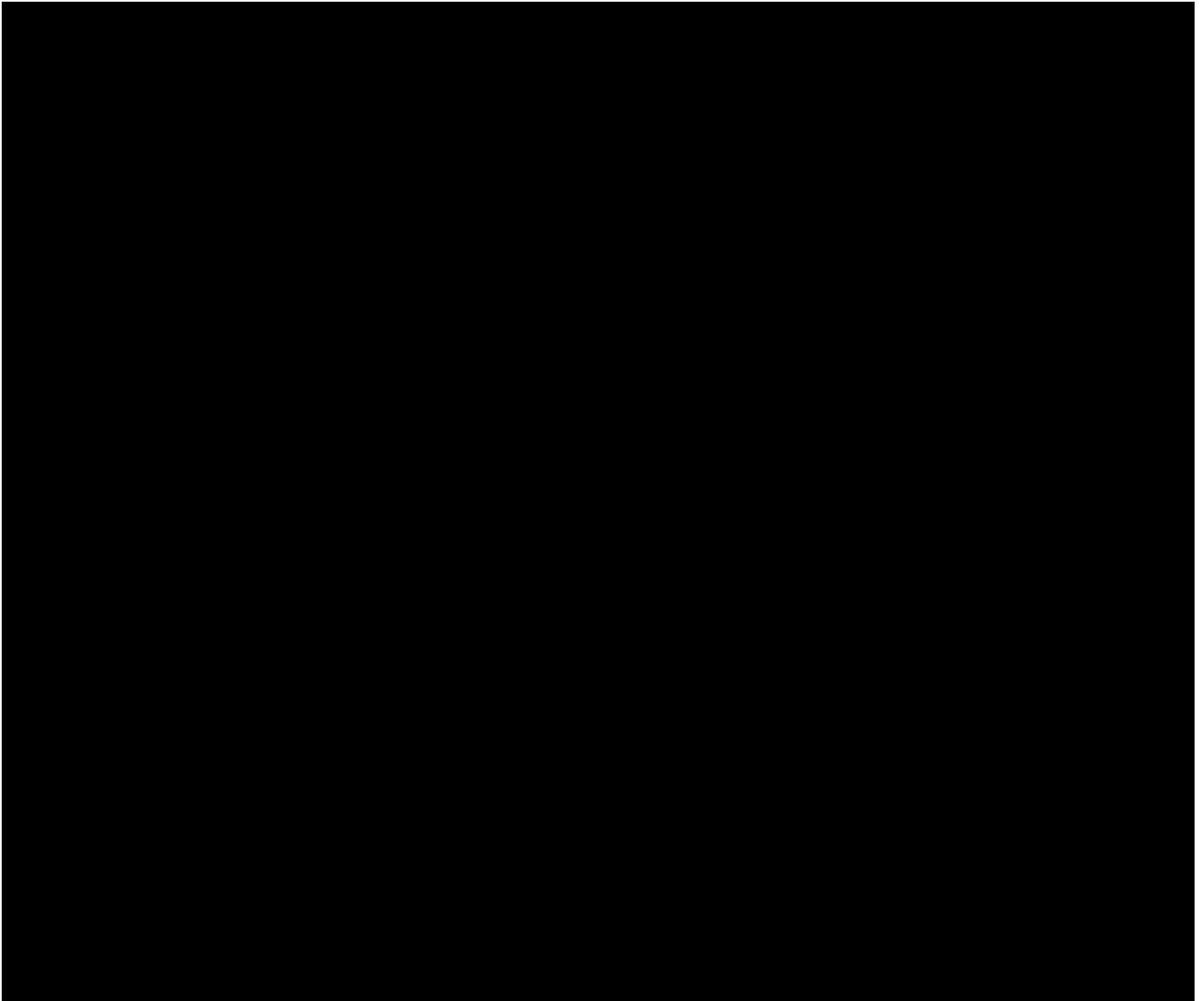
12/28/2022

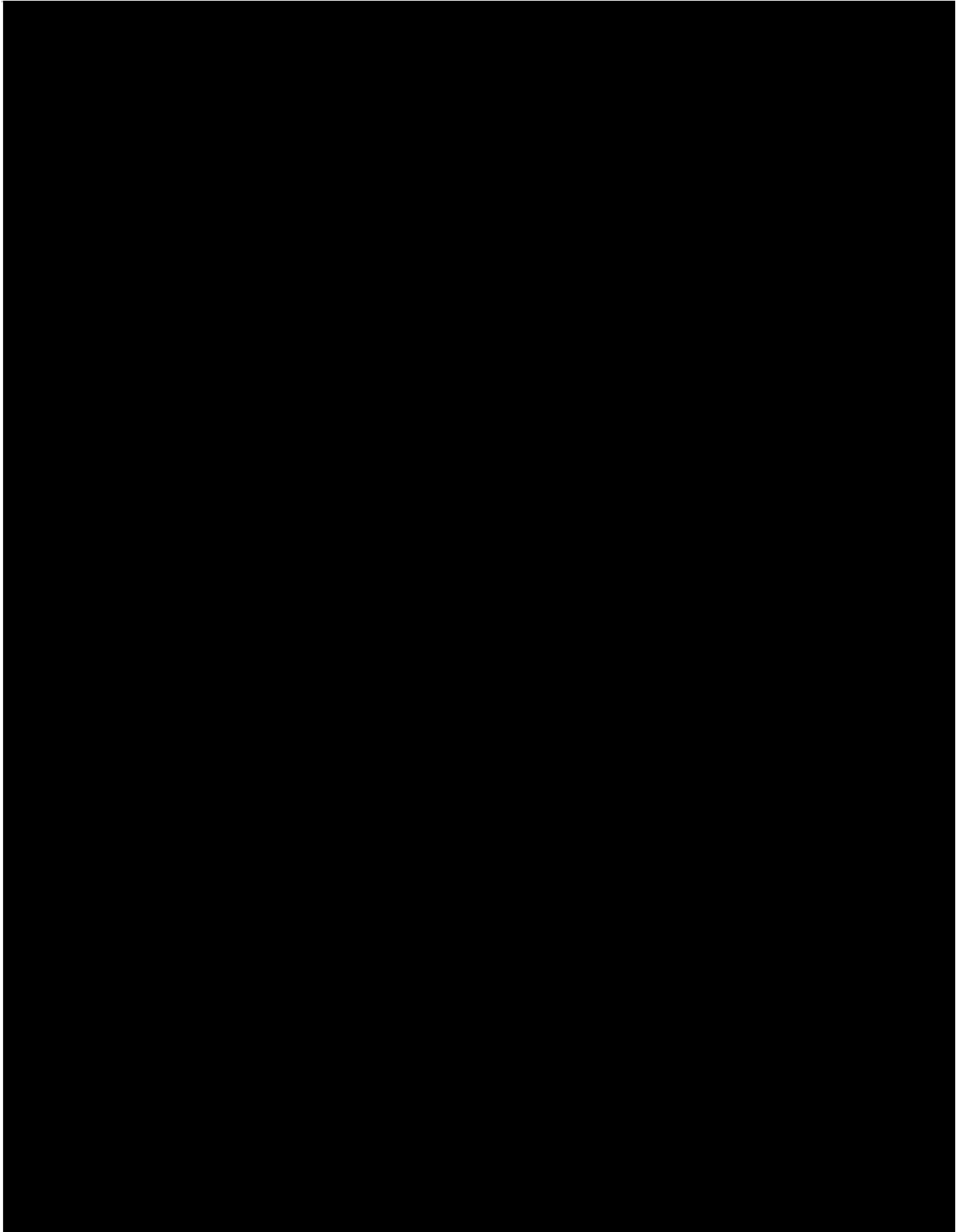
\_\_\_\_\_  
Signature of Verifying Individual

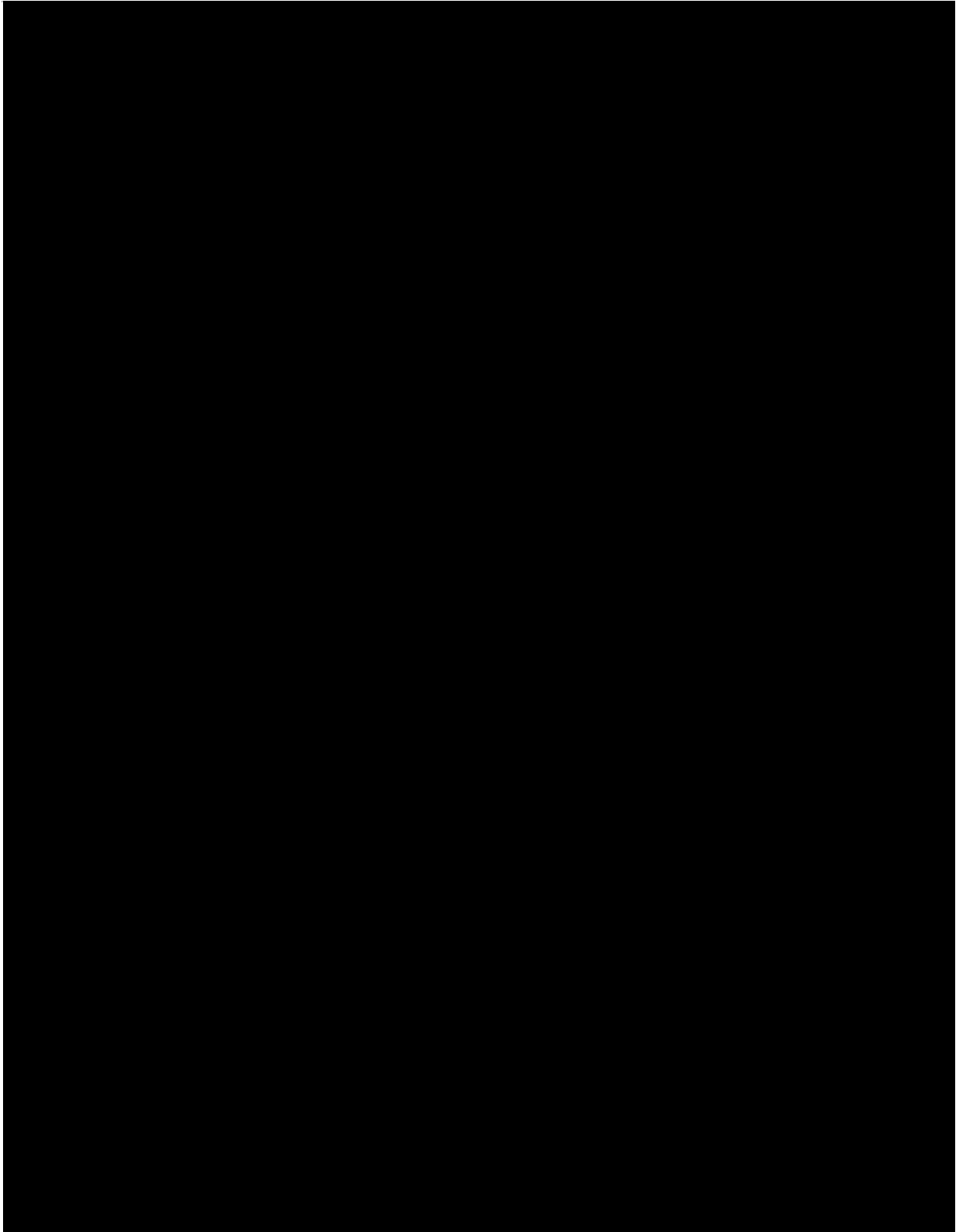
\_\_\_\_\_  
Verification Date

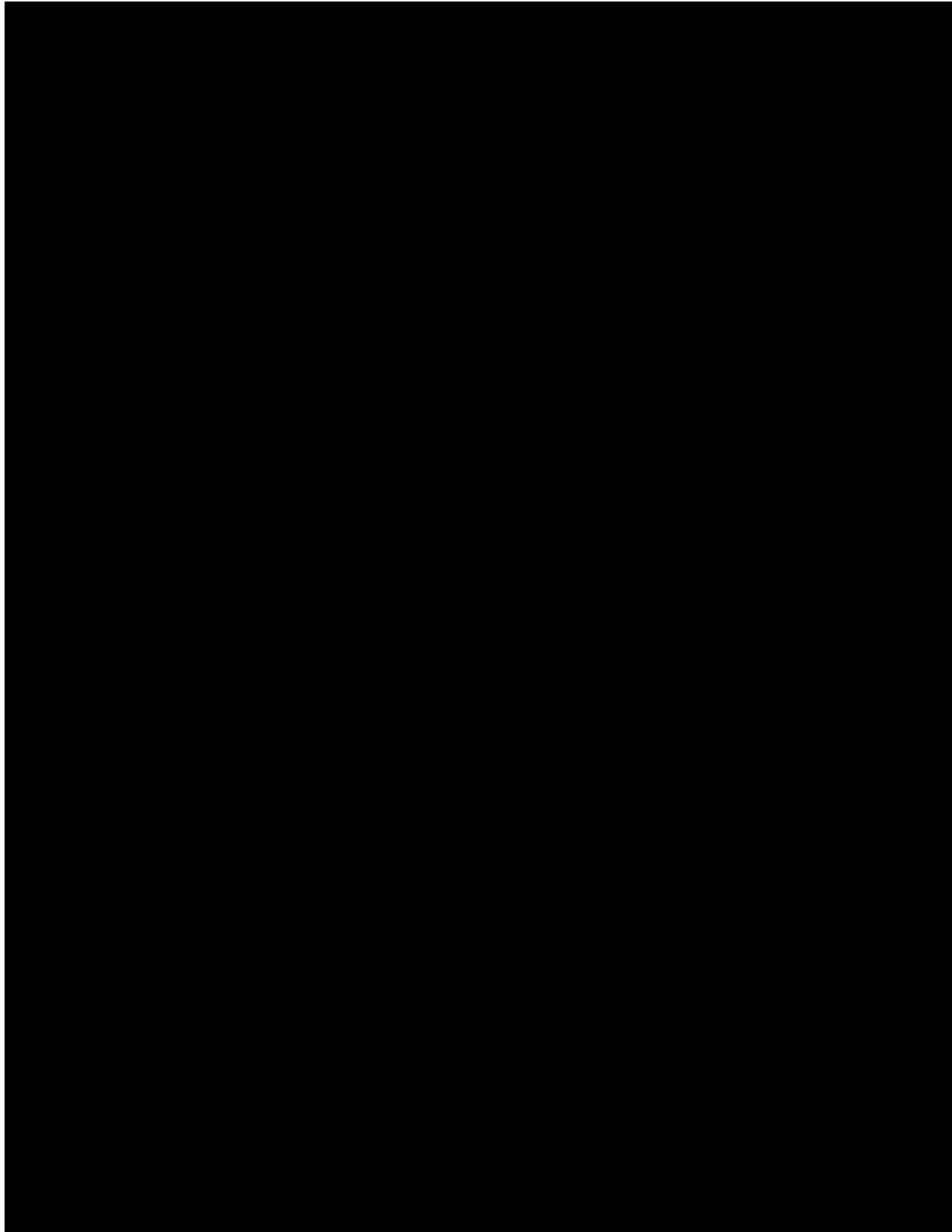
**Exhibit 36 - Employee Handbook**

A copy of our proposed employee handbook is attached hereto. Contents are as follows:

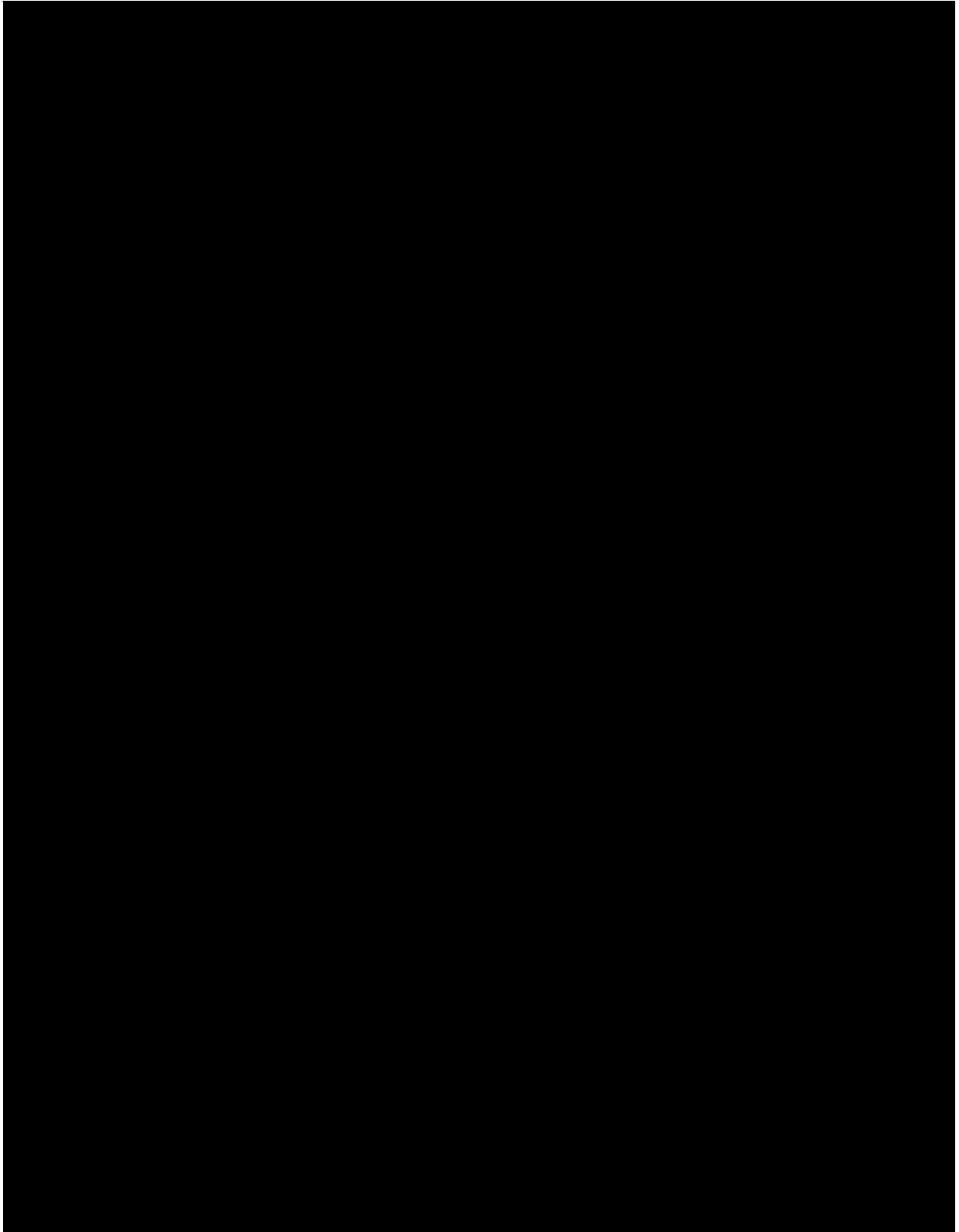


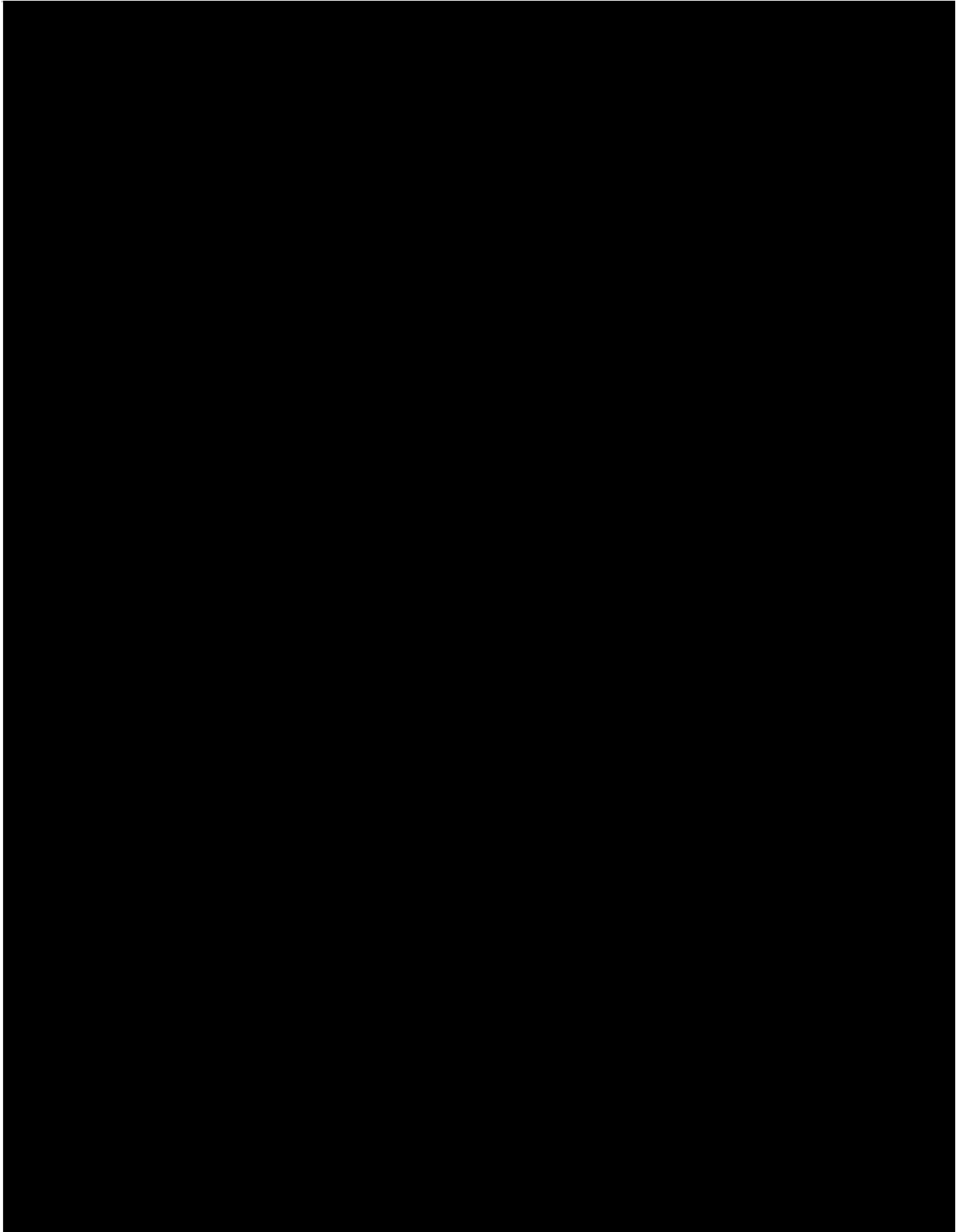


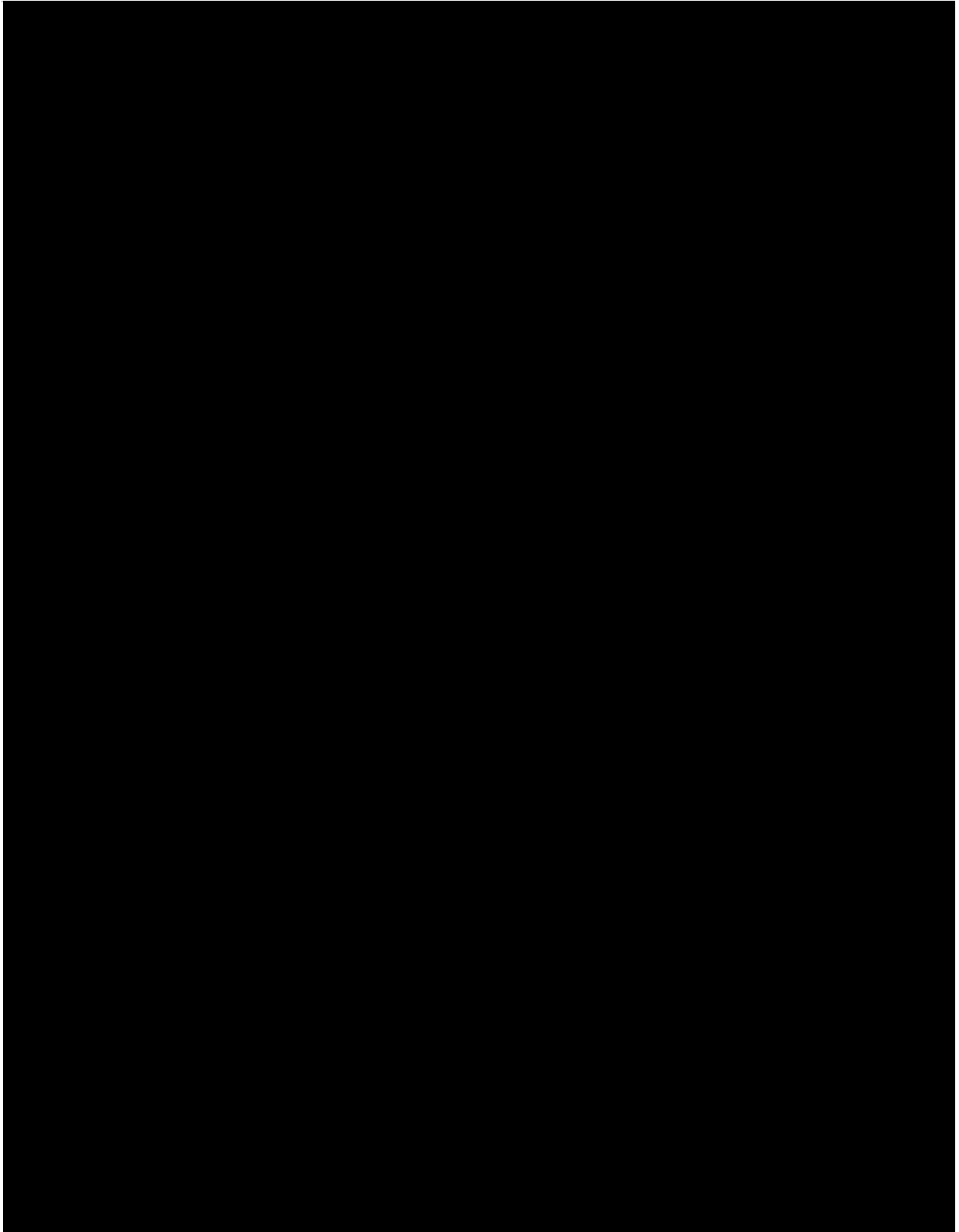


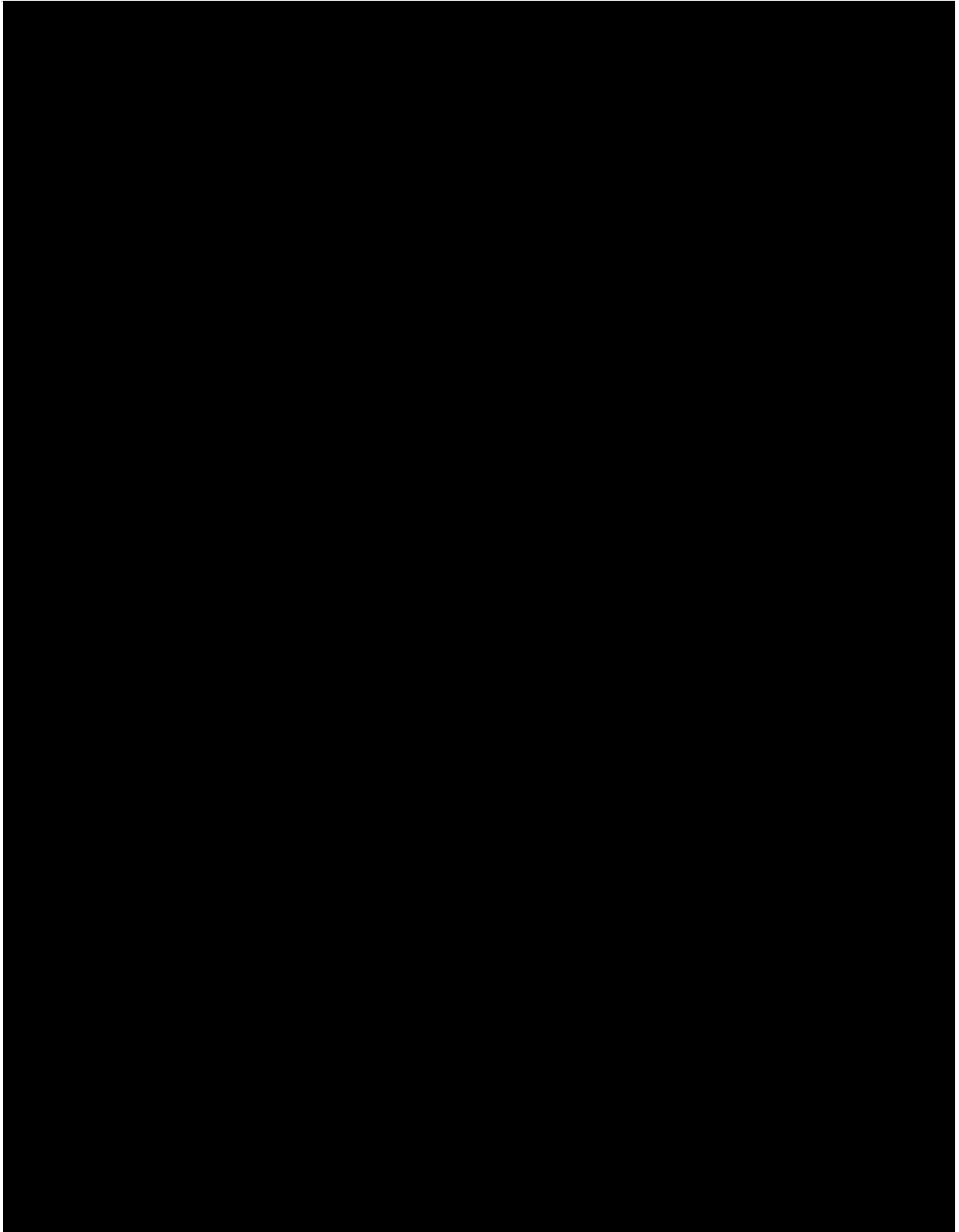


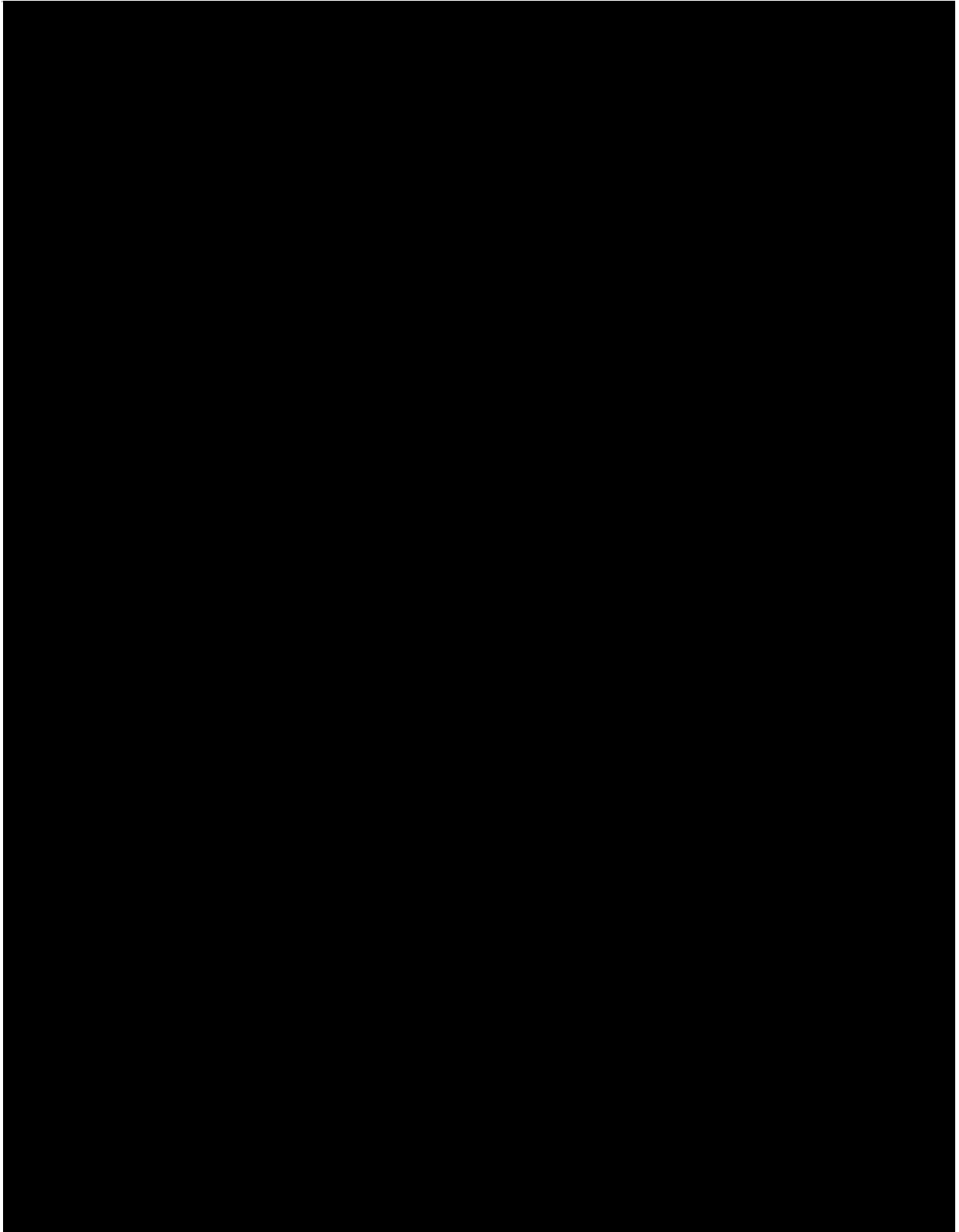


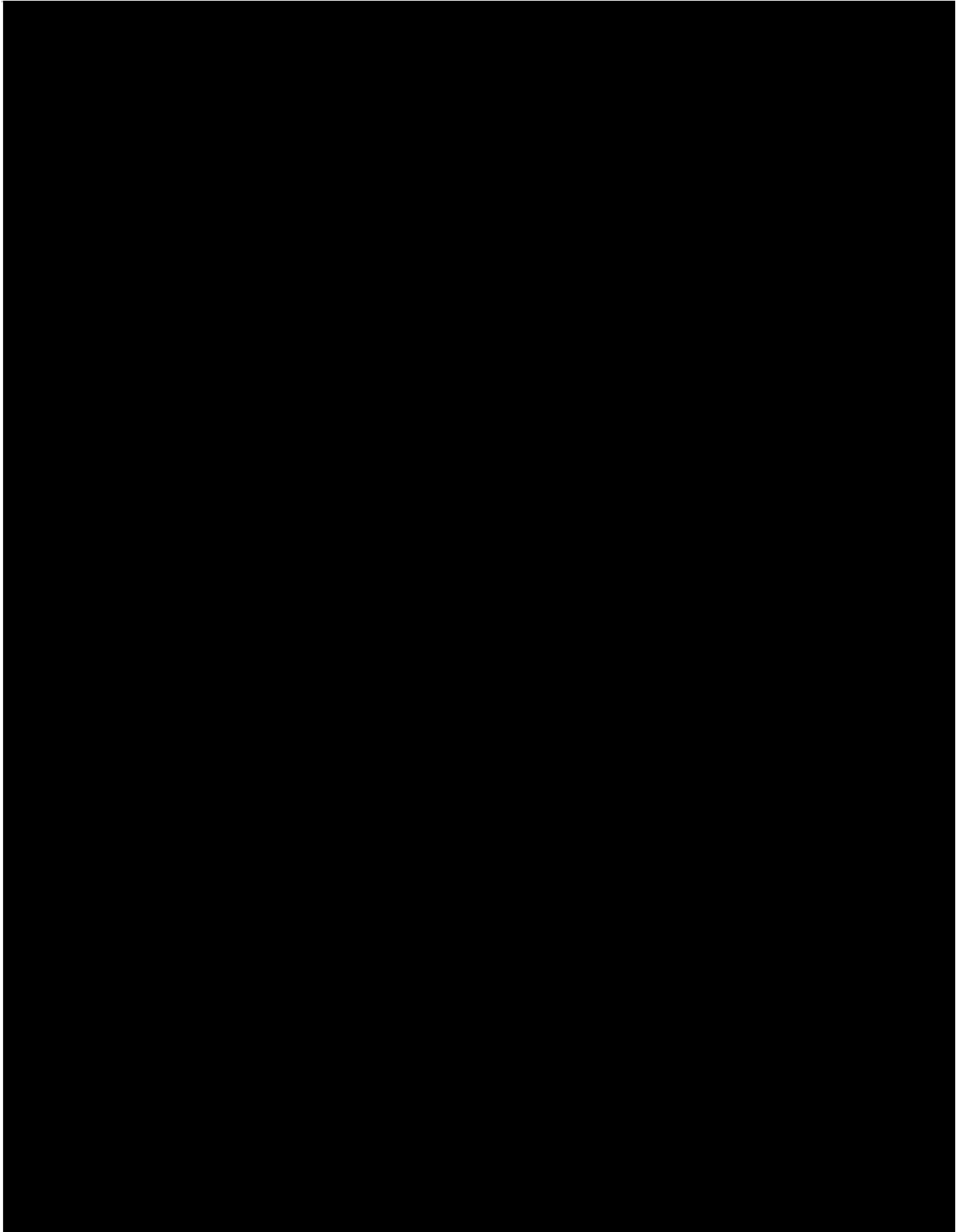


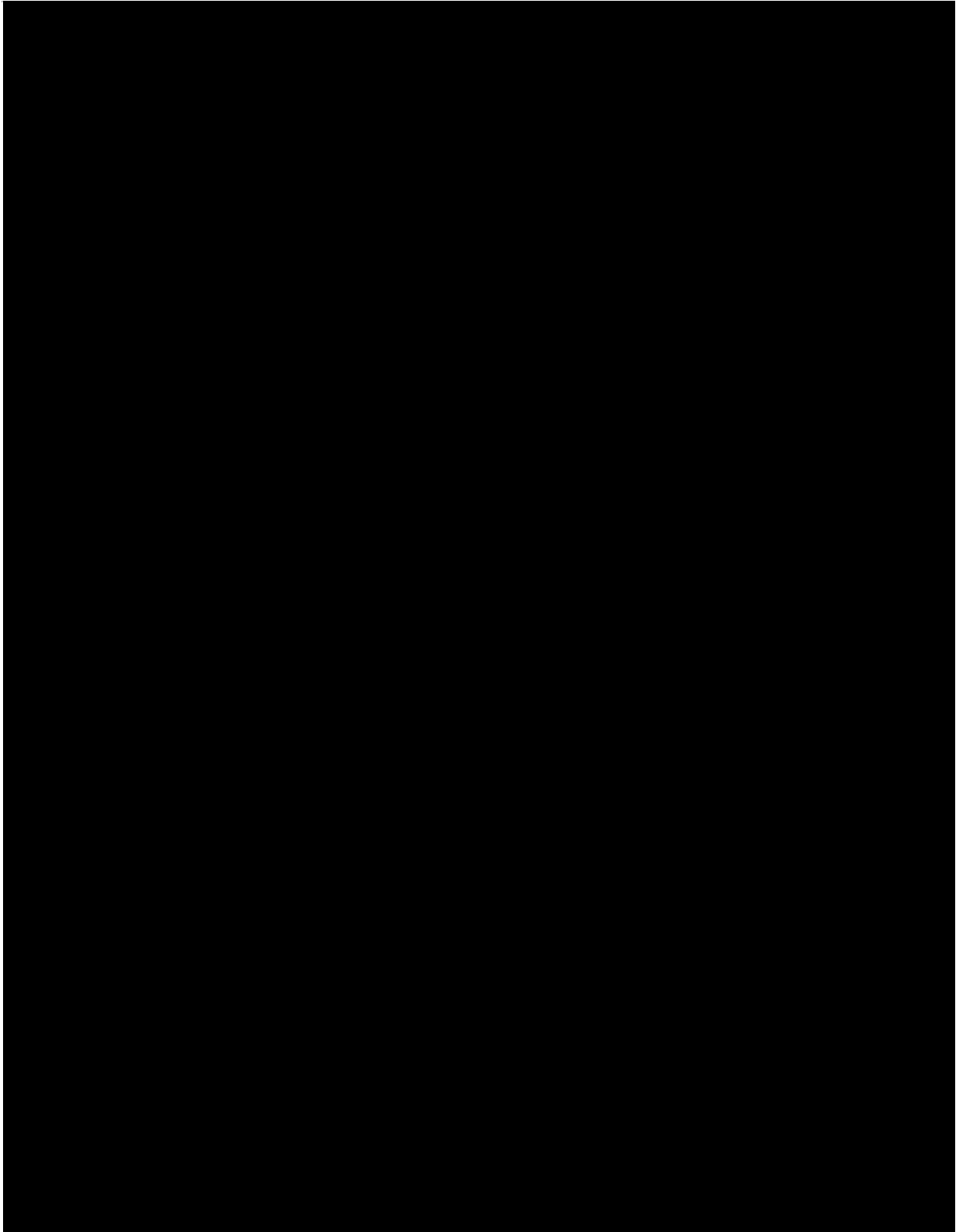


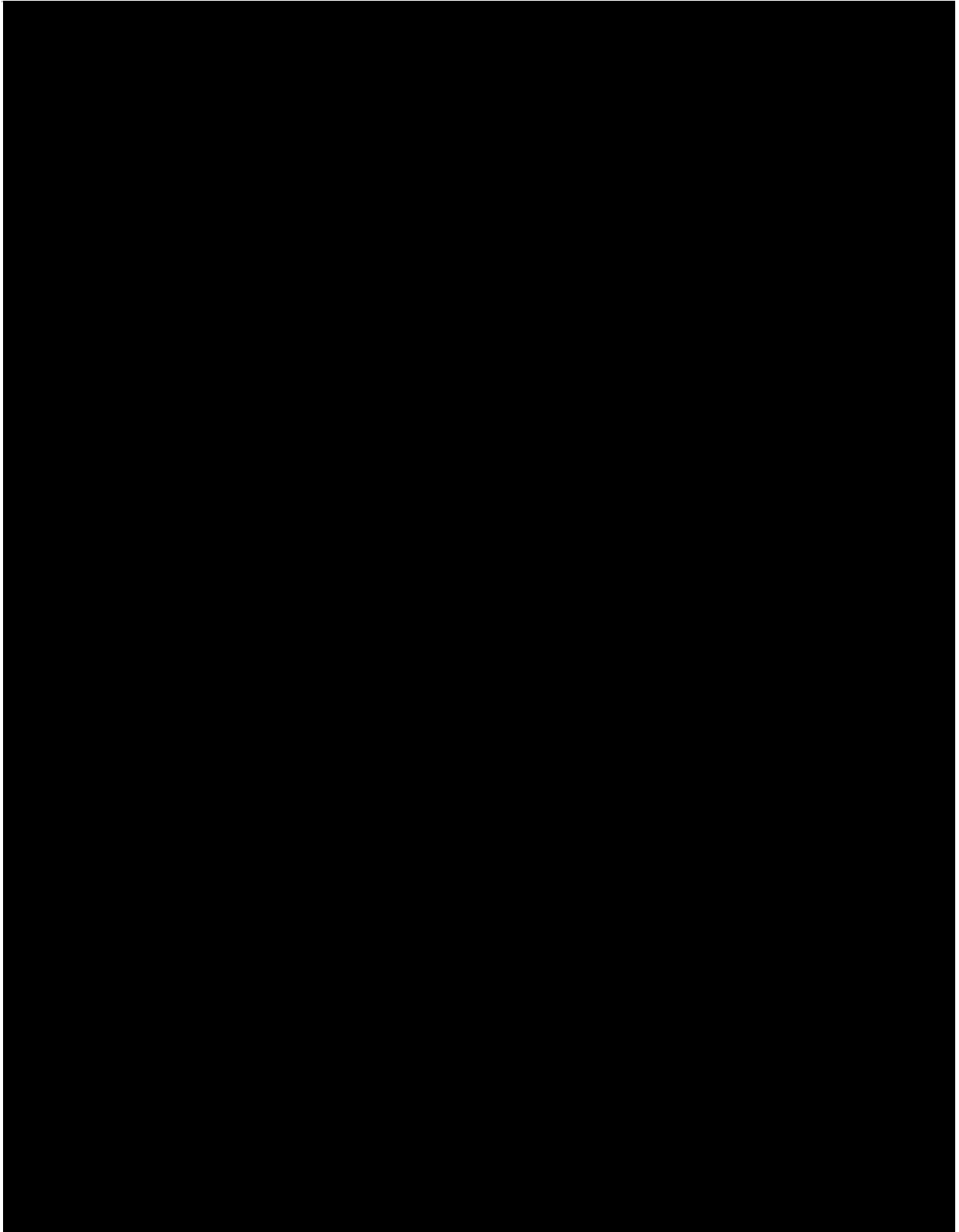




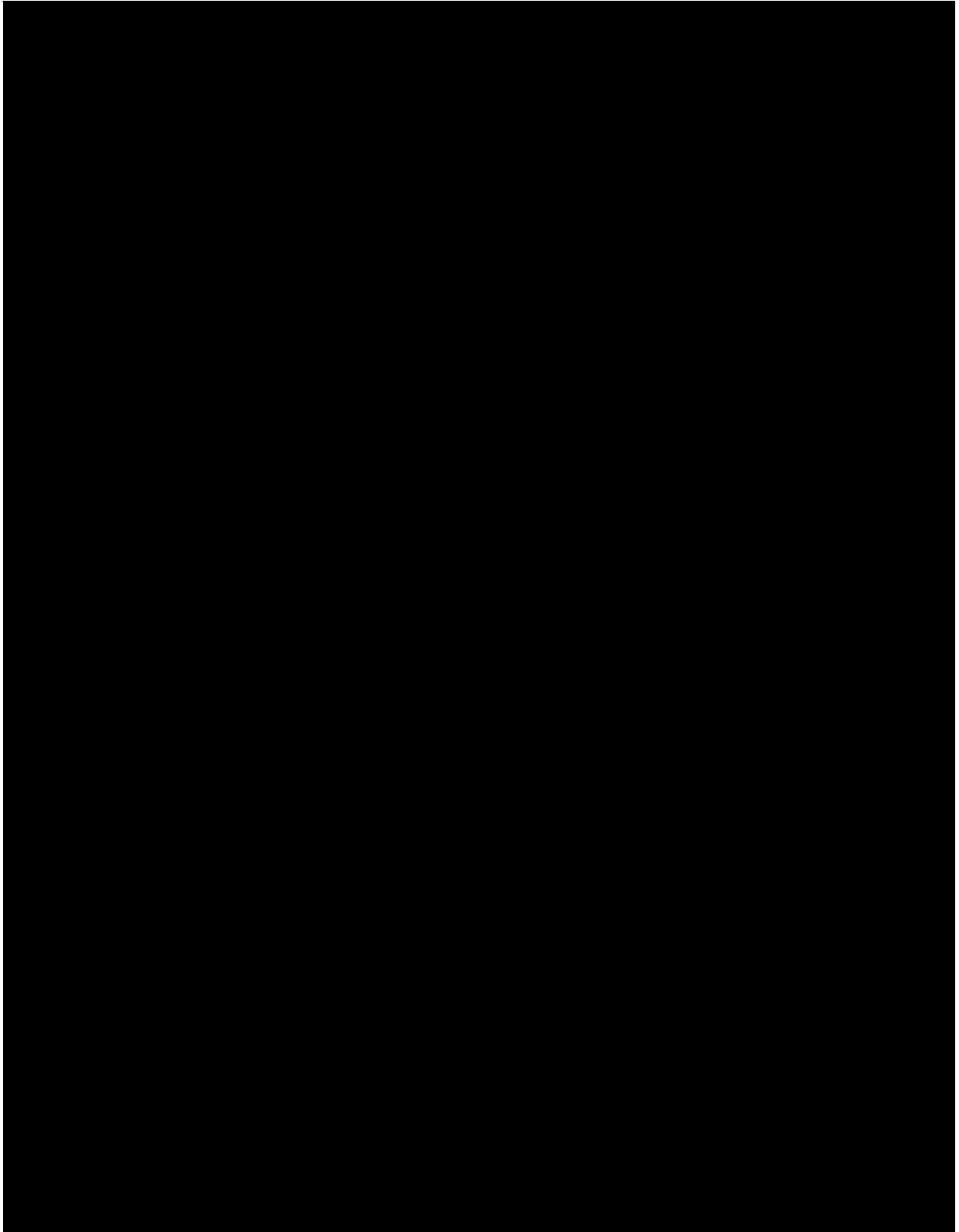


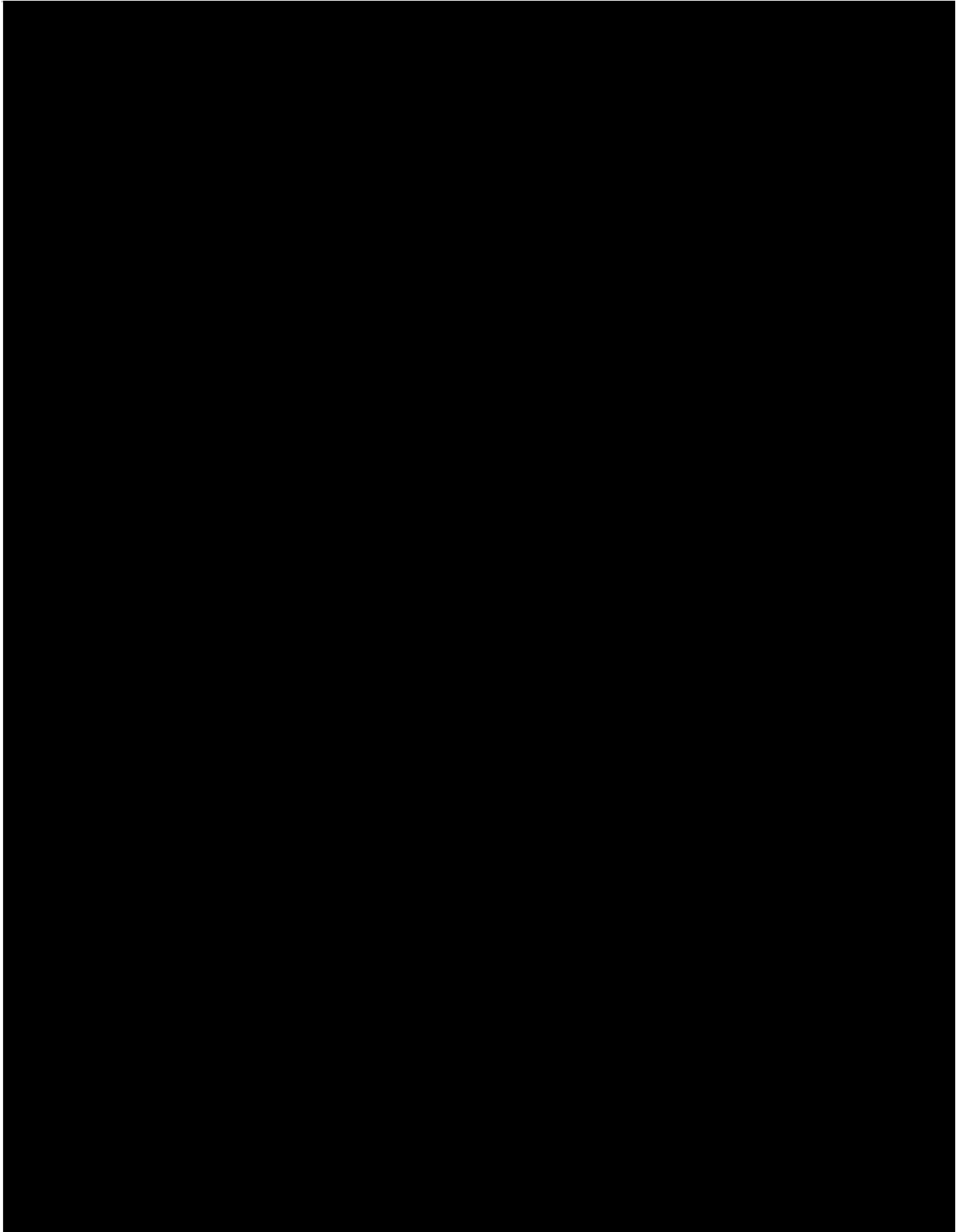


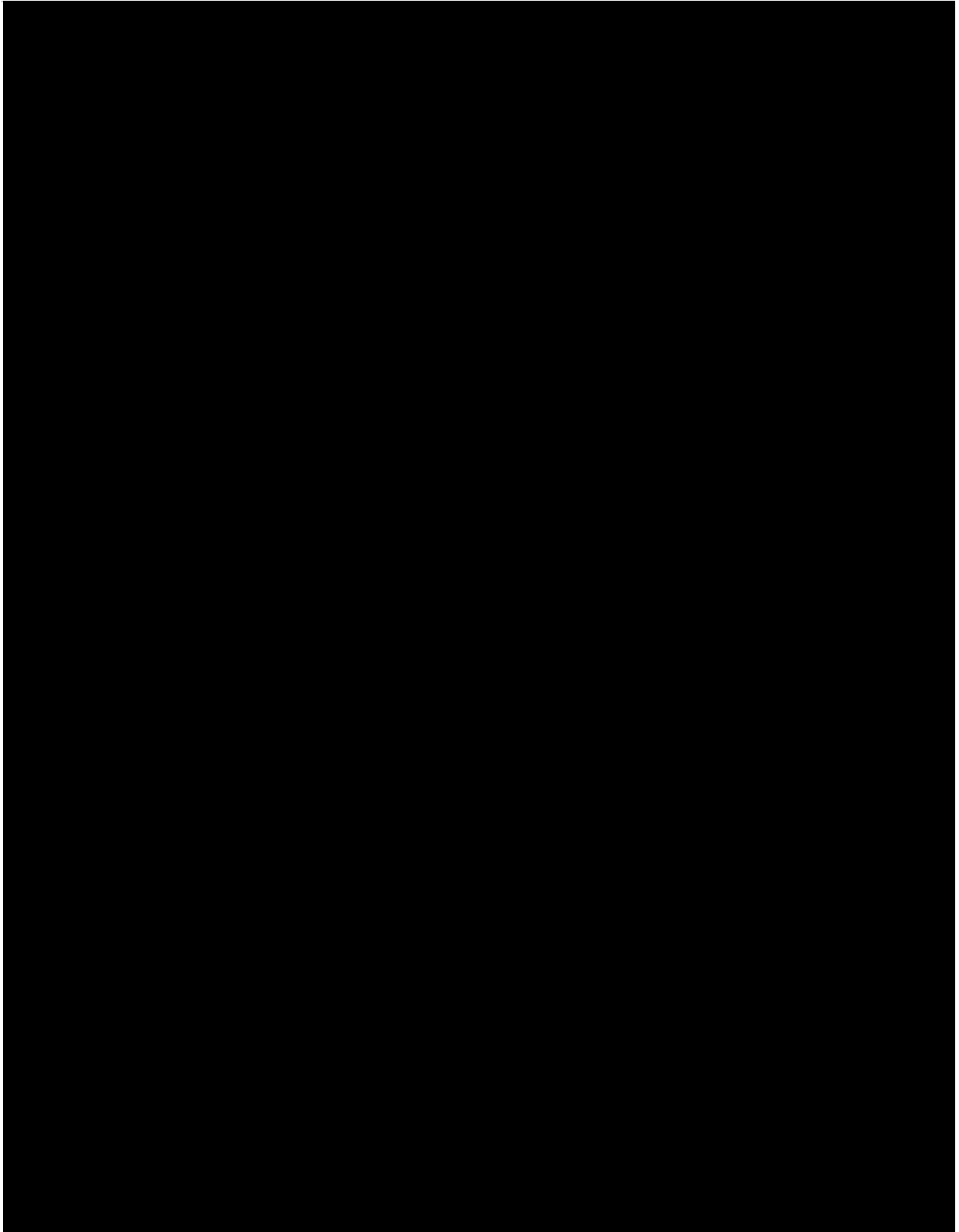


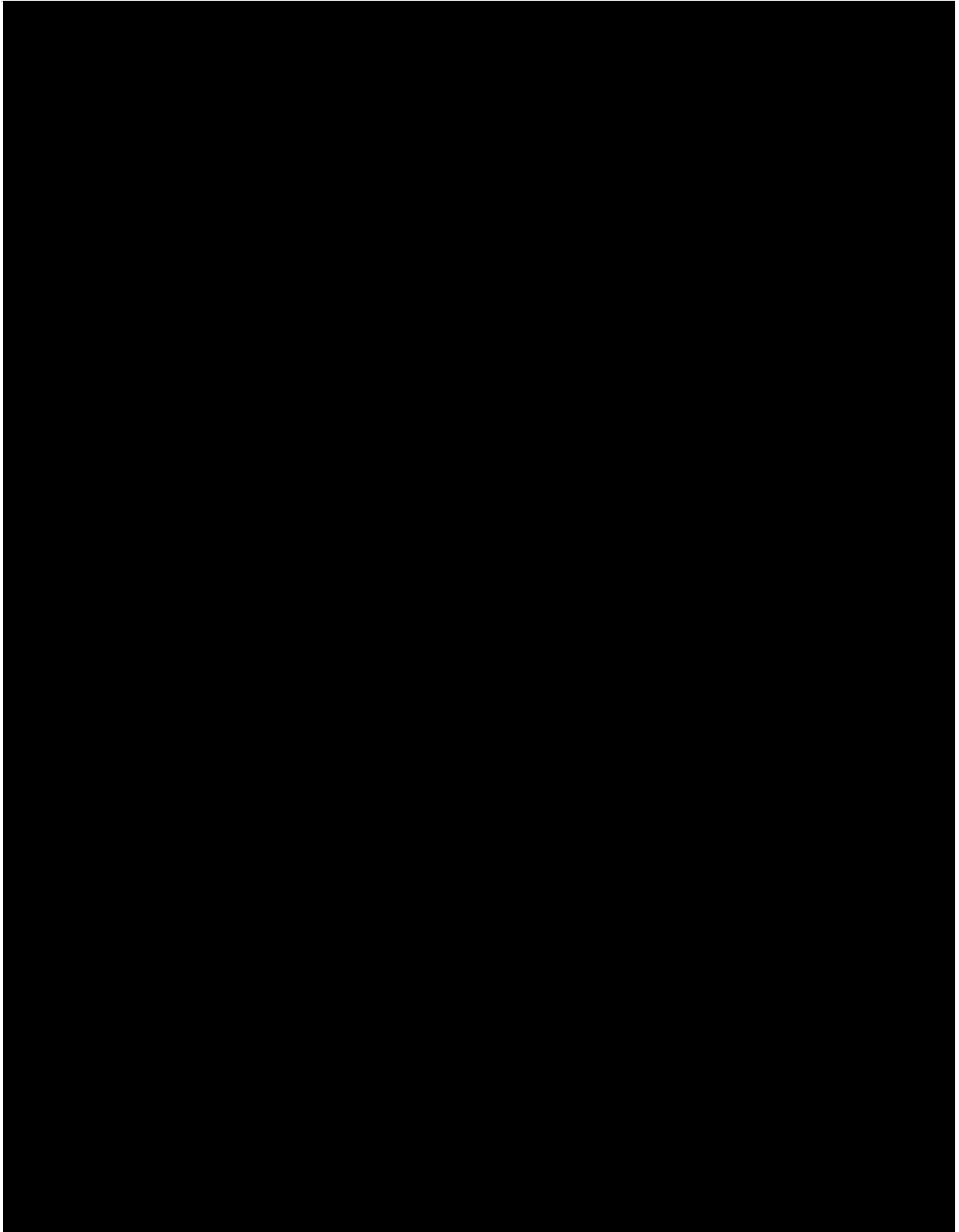


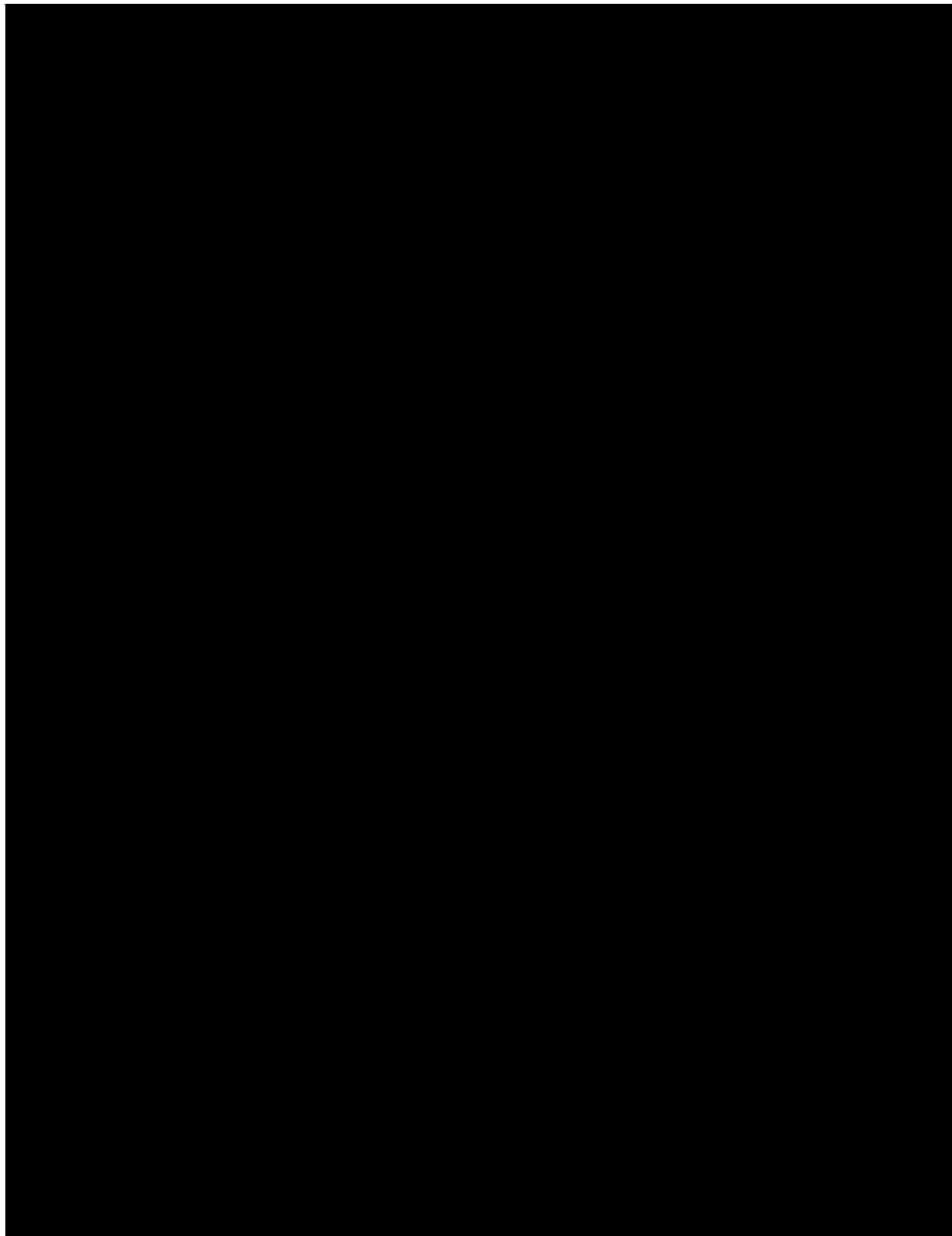


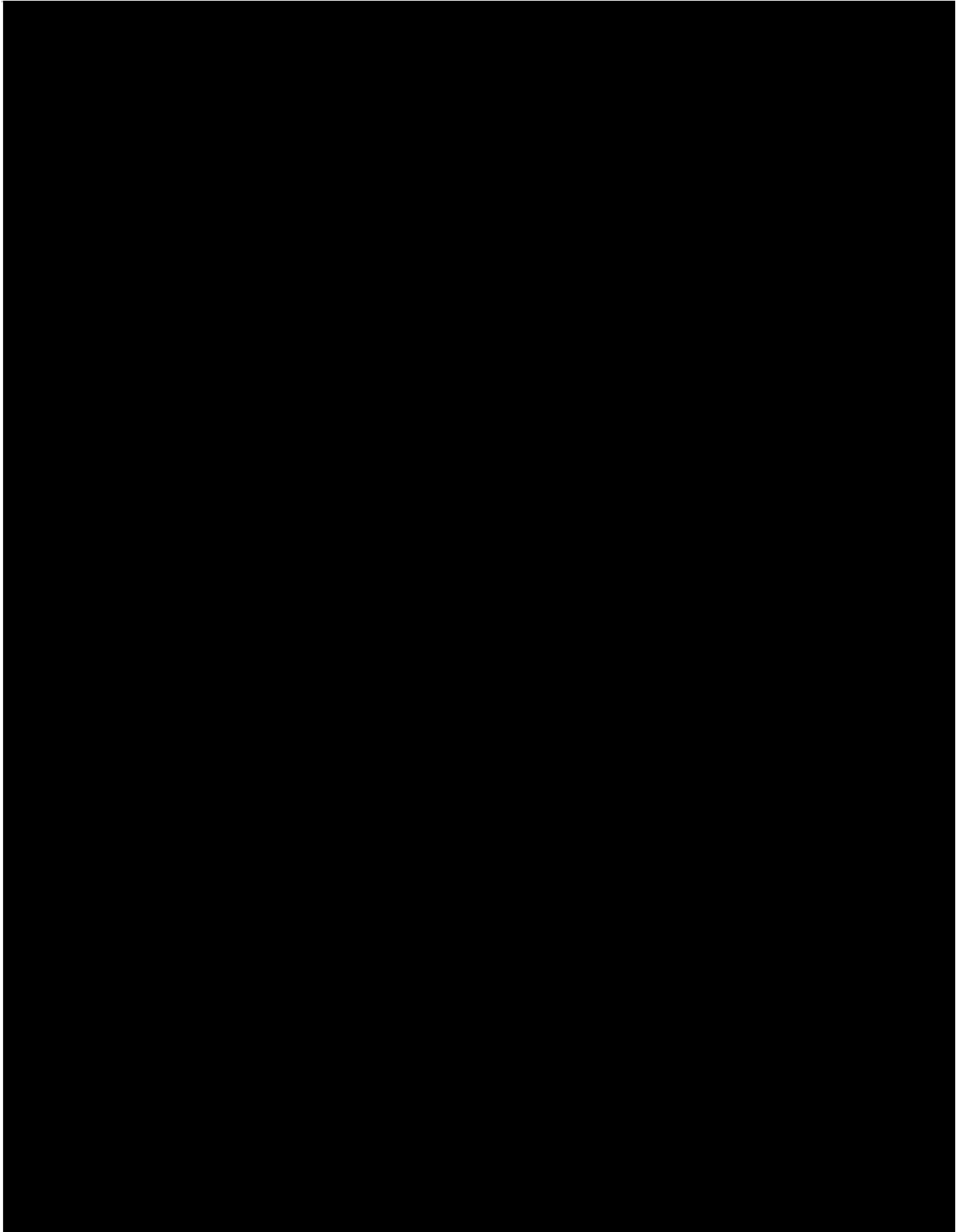


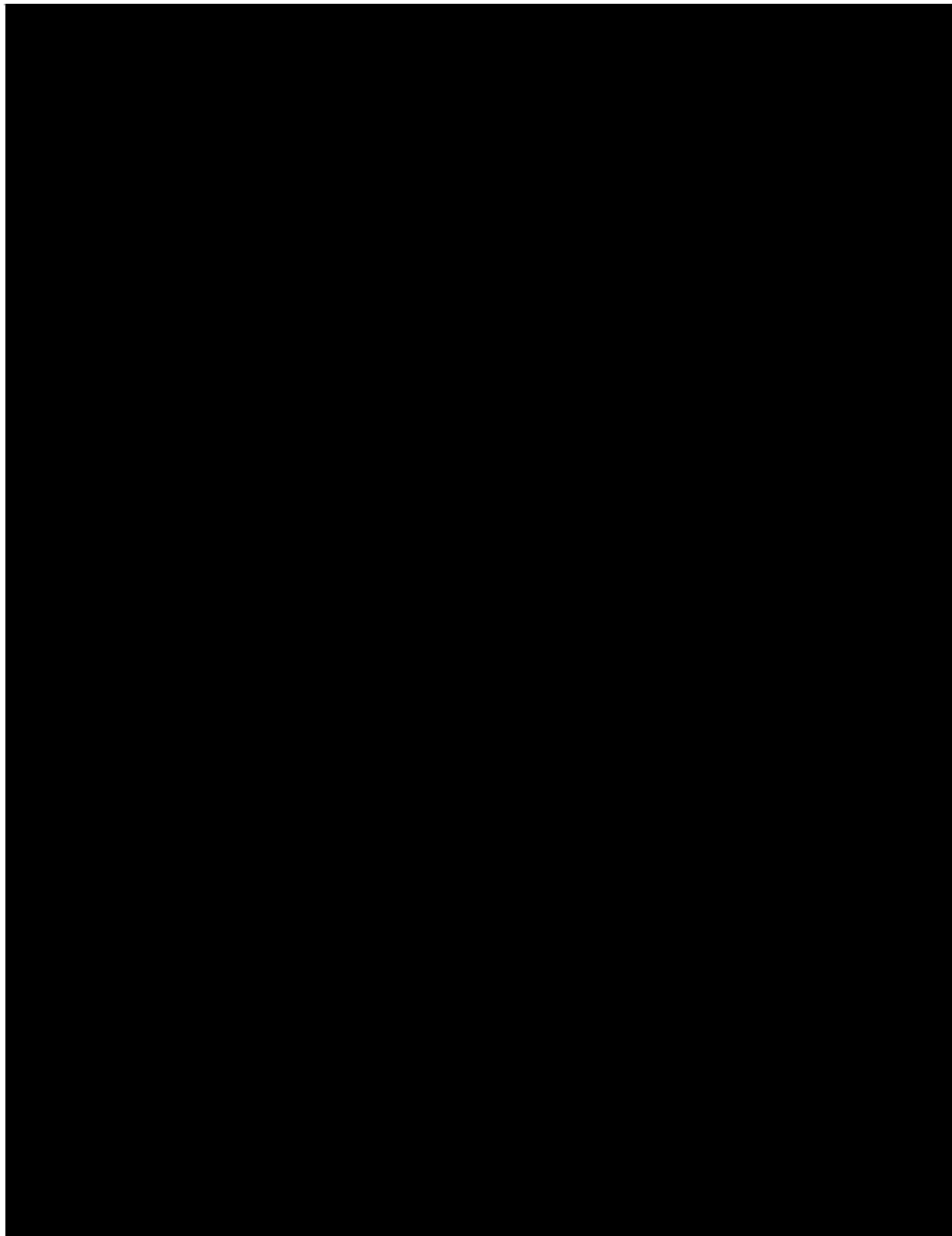


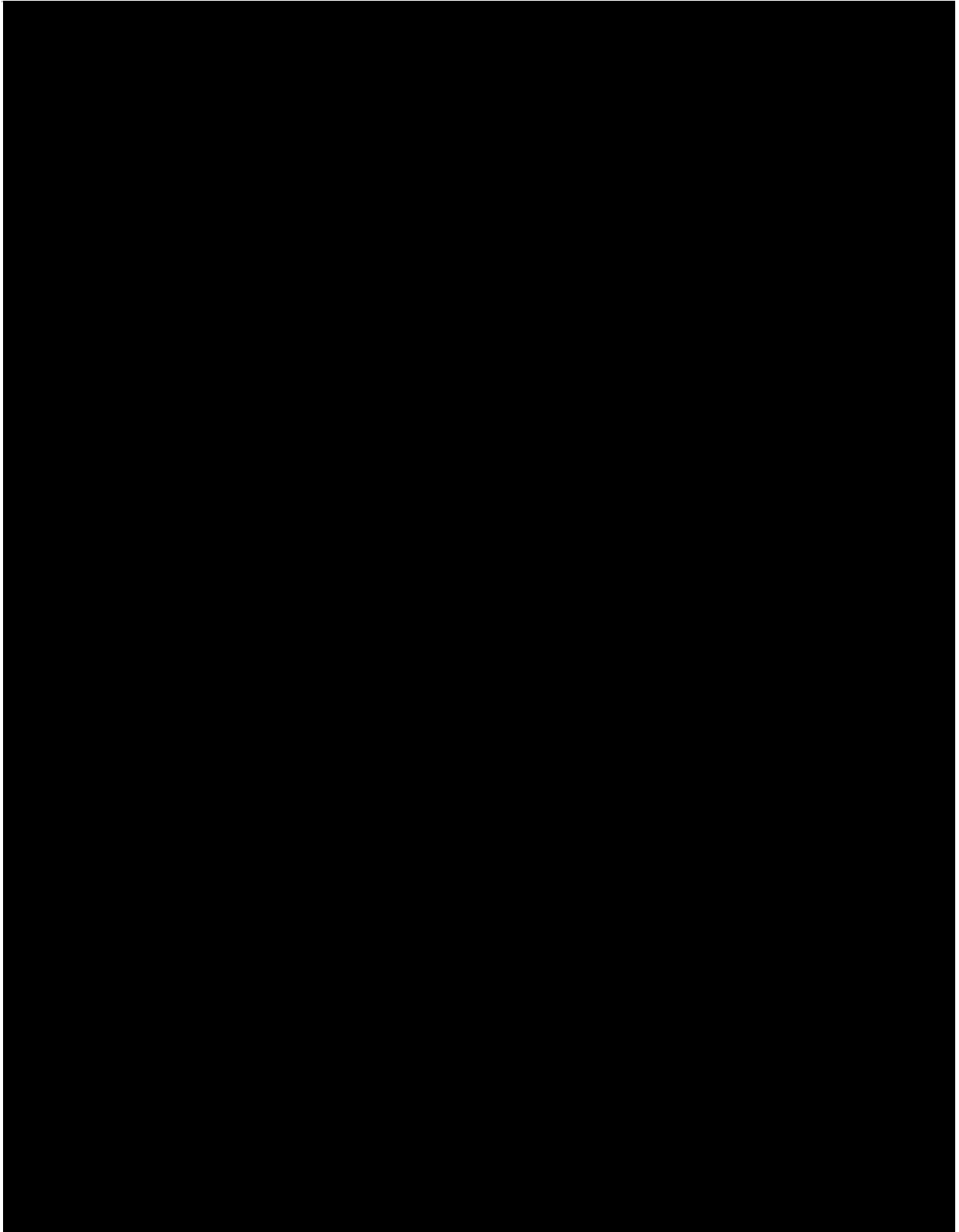




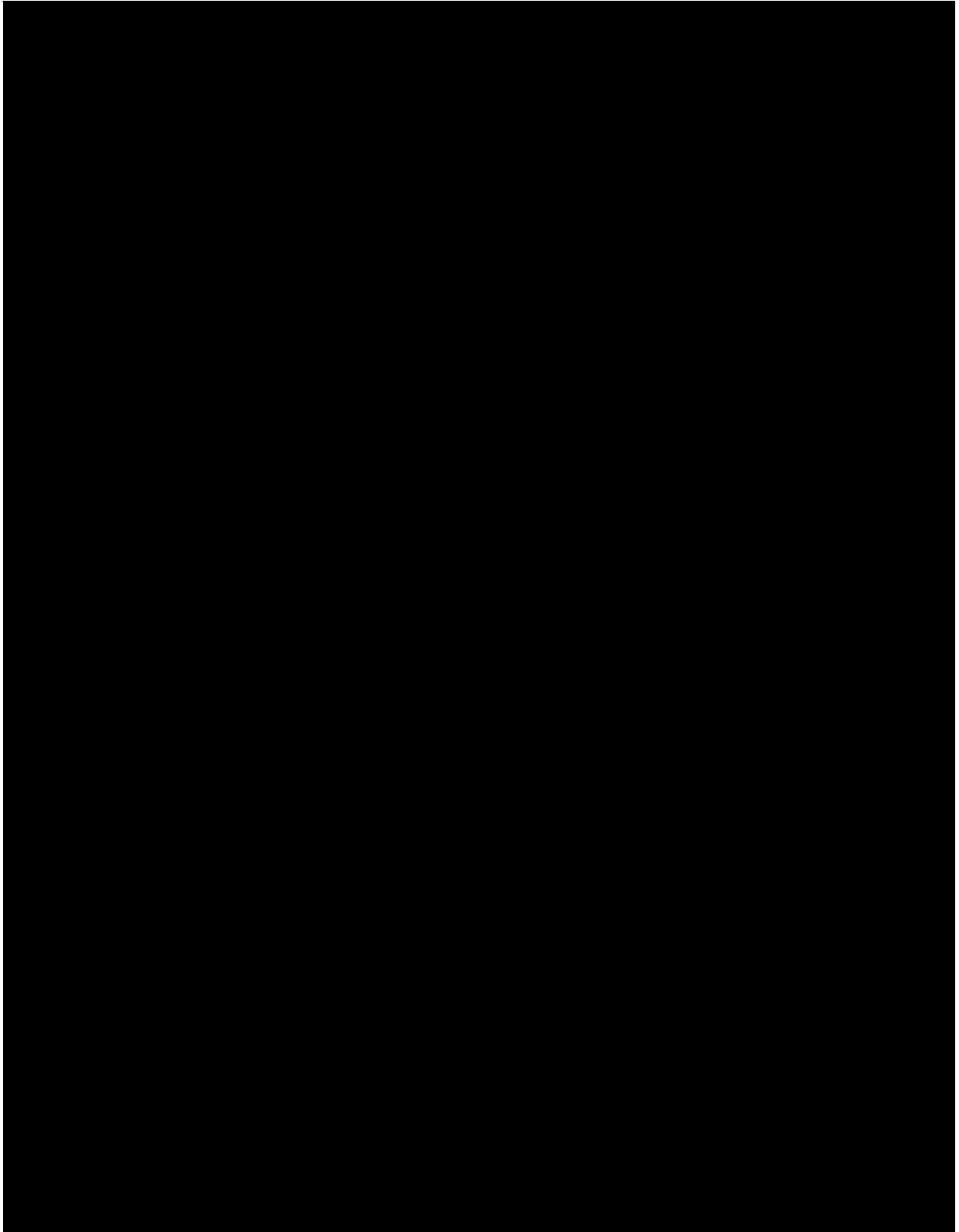


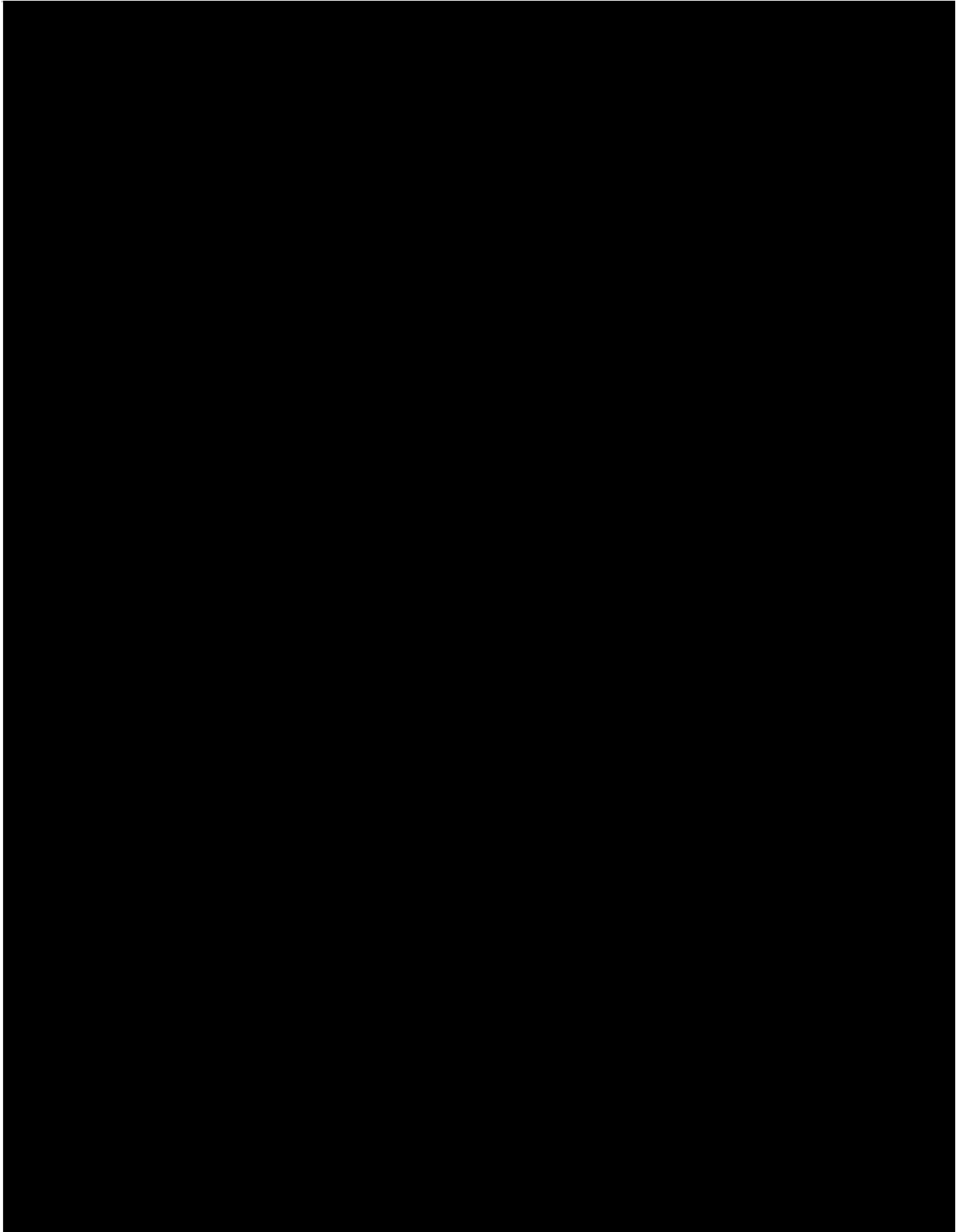


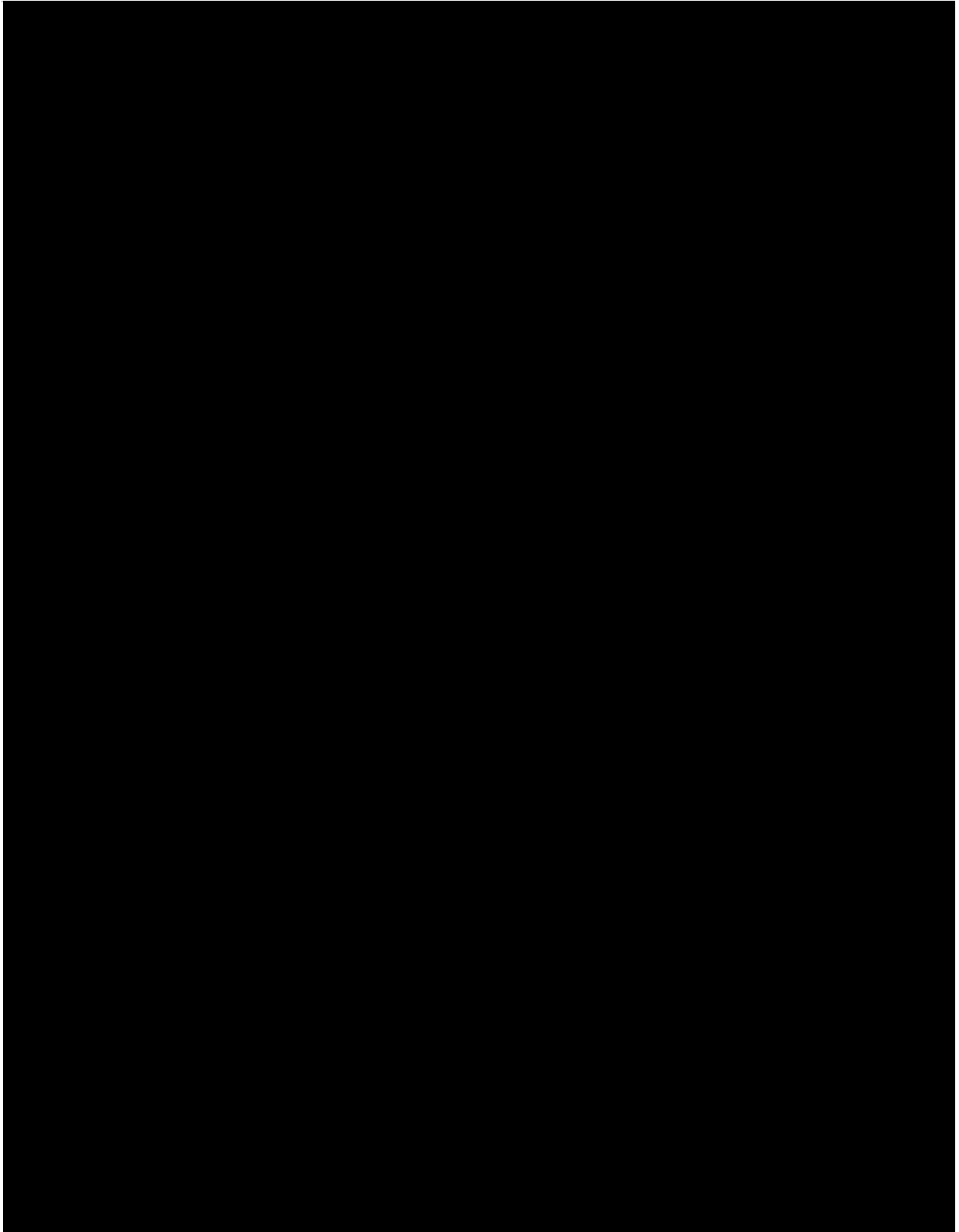


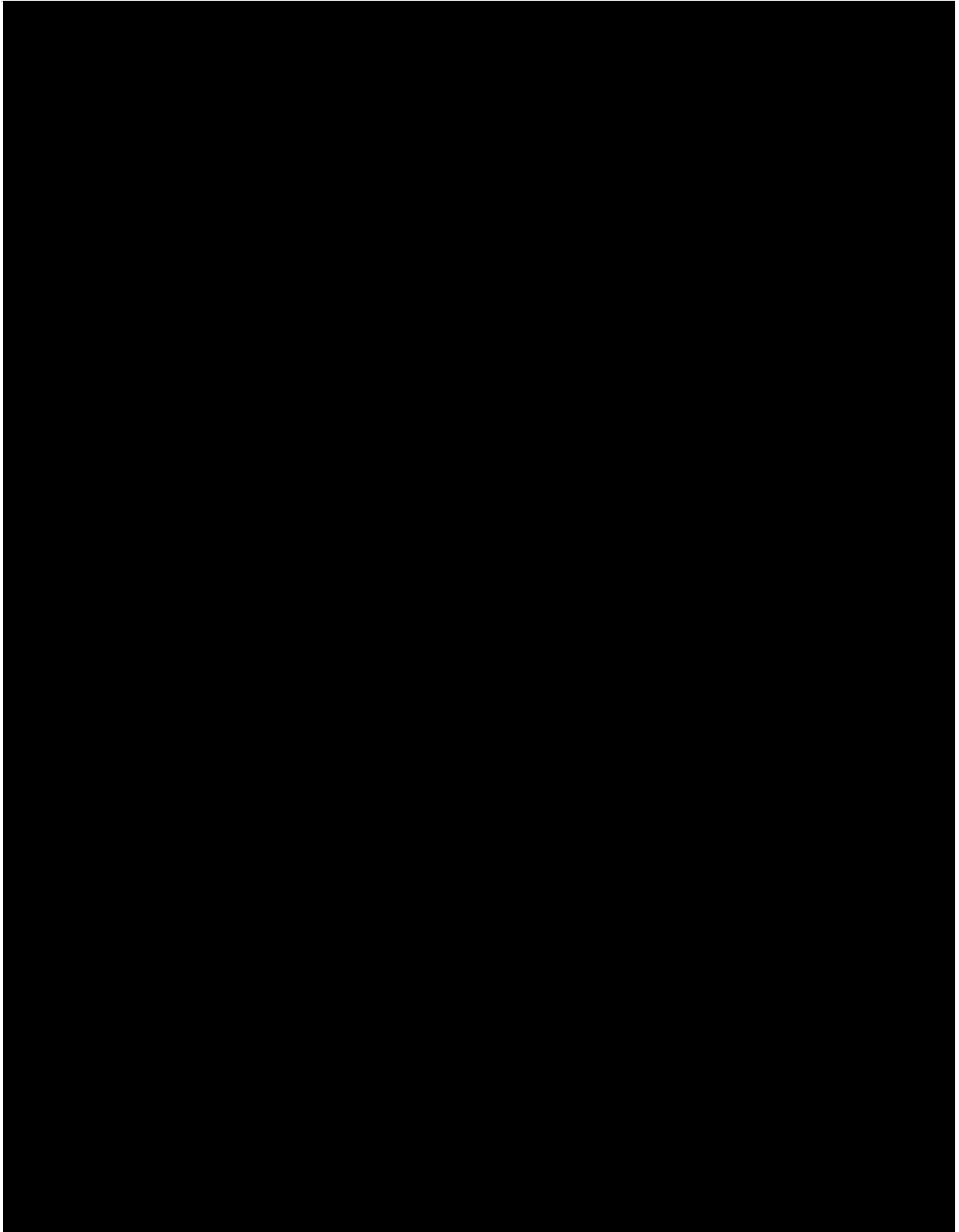


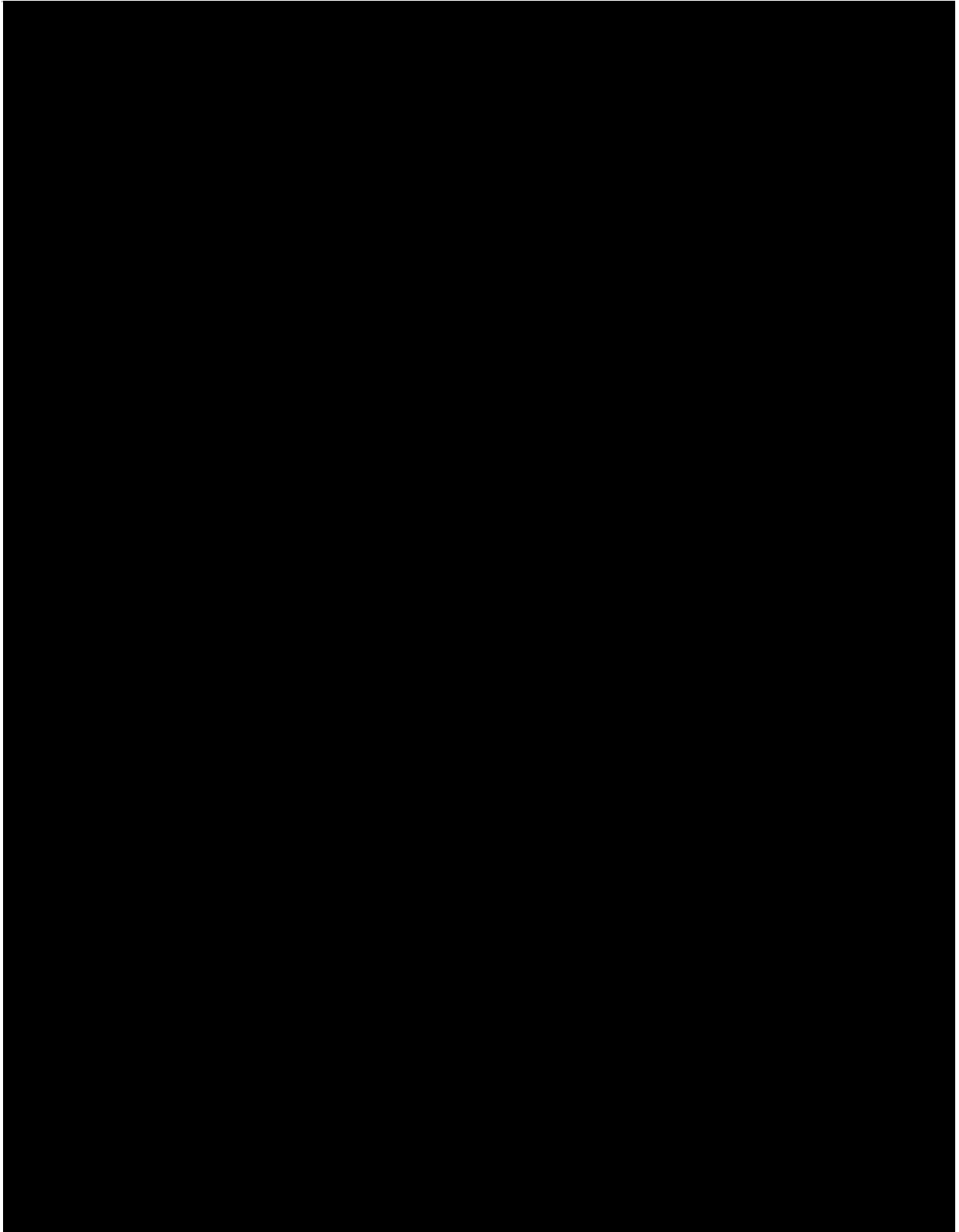


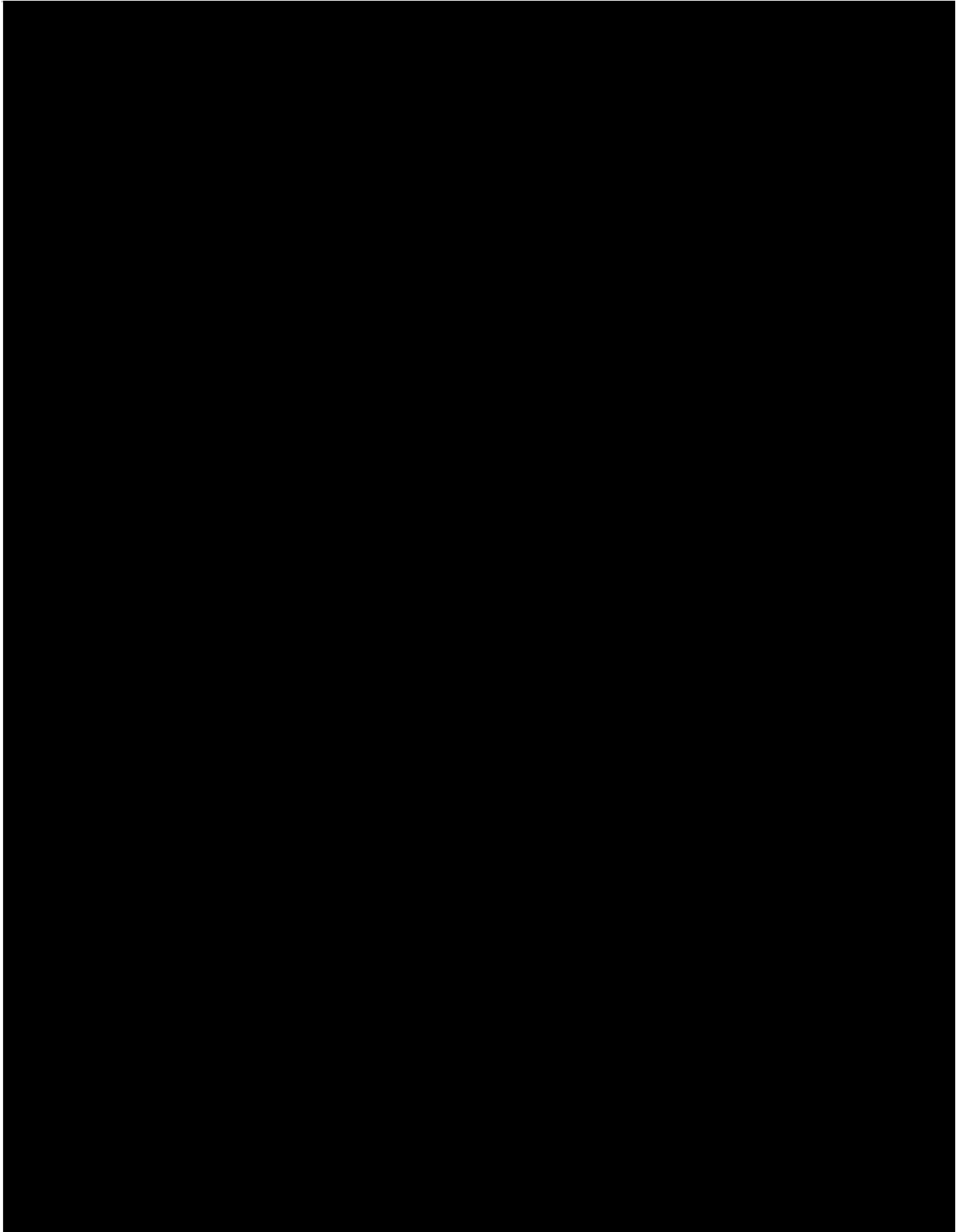












Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information.

# Exhibit 37 – Secure Transport Drivers

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

12/28/2022  
Verification Date

**Exhibit 37 – Secure Transport Drivers**

**FORM H: SECURE TRANSPORT DRIVERS**

Complete a separate form and verification for each of the Applicant's secure transport drivers.

Vertically Integrated  
Business License Applicant Name License Type

**Secure Transport Driver Information**

Secure Transport Driver Name Date of Birth SSN

**Driver's License Information**

AL Issued by (State) Number 04-19-2021 Issue Date 04-20-2025 Expiration Date

**Citations, Fines & Violations**

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply):  Citation  Fine  Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition

Type (select all that apply):  Citation  Fine  Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition

Type (select all that apply):  Citation  Fine  Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition



Type (select all that apply):  Citation  Fine  Violation

Violation/Charge \_\_\_\_\_ Issued By \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Location (City/County) \_\_\_\_\_ Location (State) \_\_\_\_\_

Disposition/Amount \_\_\_\_\_ Date of Disposition \_\_\_\_\_

Type (select all that apply):  Citation  Fine  Violation

Violation/Charge \_\_\_\_\_ Issued By \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Location (City/County) \_\_\_\_\_ Location (State) \_\_\_\_\_

Disposition/Amount \_\_\_\_\_ Date of Disposition \_\_\_\_\_

Type (select all that apply):  Citation  Fine  Violation

Violation/Charge \_\_\_\_\_ Issued By \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Location (City/County) \_\_\_\_\_ Location (State) \_\_\_\_\_

Disposition/Amount \_\_\_\_\_ Date of Disposition \_\_\_\_\_

**Applicant Verification:** The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

M. Brandon Meadows  
Signature of Verifying Individual

12/28/2022  
Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

Business License Applicant Name: [Redacted] License Type: INTEGRATED FACILITY

Secure Transport Driver Information: Driver Name [Redacted], Date of Birth [Redacted], SSN [Redacted]

Driver's License Information: Issued by (State): ALABAMA, Number [Redacted], Issue Date: 06/25/2022, Expiration Date: 07/02/2026

Citations, Fines & Violations: List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): Citation [ ], Fine [x], Violation [x]. Violation/Charge [Redacted], Issued By [Redacted], Date of Occurrence [Redacted], Location (City/County) [Redacted], Location (State) [Redacted], Disposition/Amount [Redacted], Date of Disposition [Redacted]

Type (select all that apply): Citation [ ], Fine [x], Violation [x]. Violation/Charge [Redacted], Issued By [Redacted], Date of Occurrence [Redacted], Location (City/County) [Redacted], Location (State) [Redacted], Disposition/Amount [Redacted], Date of Disposition [Redacted]

Type (select all that apply): Citation [ ], Fine [ ], Violation [ ]. na Violation/Charge [Redacted], Issued By [Redacted], Date of Occurrence [Redacted], Location (City/County) [Redacted], Location (State) [Redacted], Disposition/Amount [Redacted], Date of Disposition [Redacted]

Type (select all that apply):  Citation  Fine  Violation  
 na

---

Violation/Charge \_\_\_\_\_ Issued By \_\_\_\_\_

---

Date of Occurrence \_\_\_\_\_ Location (City/County) \_\_\_\_\_ Location (State) \_\_\_\_\_

---

Disposition/Amount \_\_\_\_\_ Date of Disposition \_\_\_\_\_

Type (select all that apply):  Citation  Fine  Violation  
 na

---

Violation/Charge \_\_\_\_\_ Issued By \_\_\_\_\_

---

Date of Occurrence \_\_\_\_\_ Location (City/County) \_\_\_\_\_ Location (State) \_\_\_\_\_

---

Disposition/Amount \_\_\_\_\_ Date of Disposition \_\_\_\_\_

Type (select all that apply):  Citation  Fine  Violation  
 na

---

Violation/Charge \_\_\_\_\_ Issued By \_\_\_\_\_

---

Date of Occurrence \_\_\_\_\_ Location (City/County) \_\_\_\_\_ Location (State) \_\_\_\_\_

---

Disposition/Amount \_\_\_\_\_ Date of Disposition \_\_\_\_\_

**Applicant Verification:** The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.

Michael Brandon Meadows  
 Printed Name of Verifying Individual

Michael Brandon Meadows  
 Digitally signed by Michael Brandon Meadows  
 Date: 2022.12.26 20:27:21 -06'00'

Signature of Verifying Individual

CEO, Chairman of Board  
 Title of Verifying Individual

12/26/2022  
 Verification Date

Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 38 – Drivers Manual

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

Printed Name of Verifying Individual

CEO

Title of Verifying Individual

*M. Brandon Meadows*

Signature of Verifying Individual

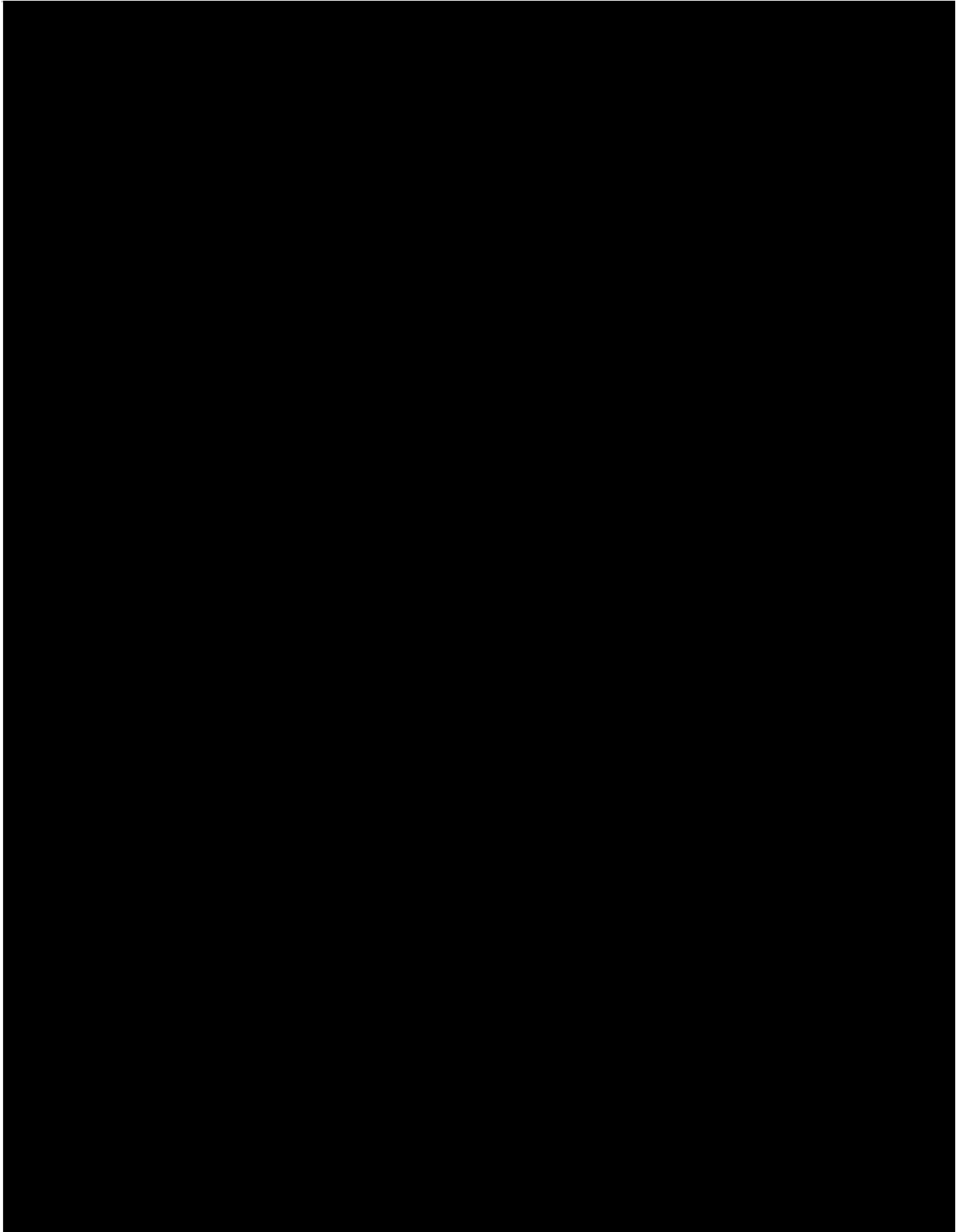
12/28/2022

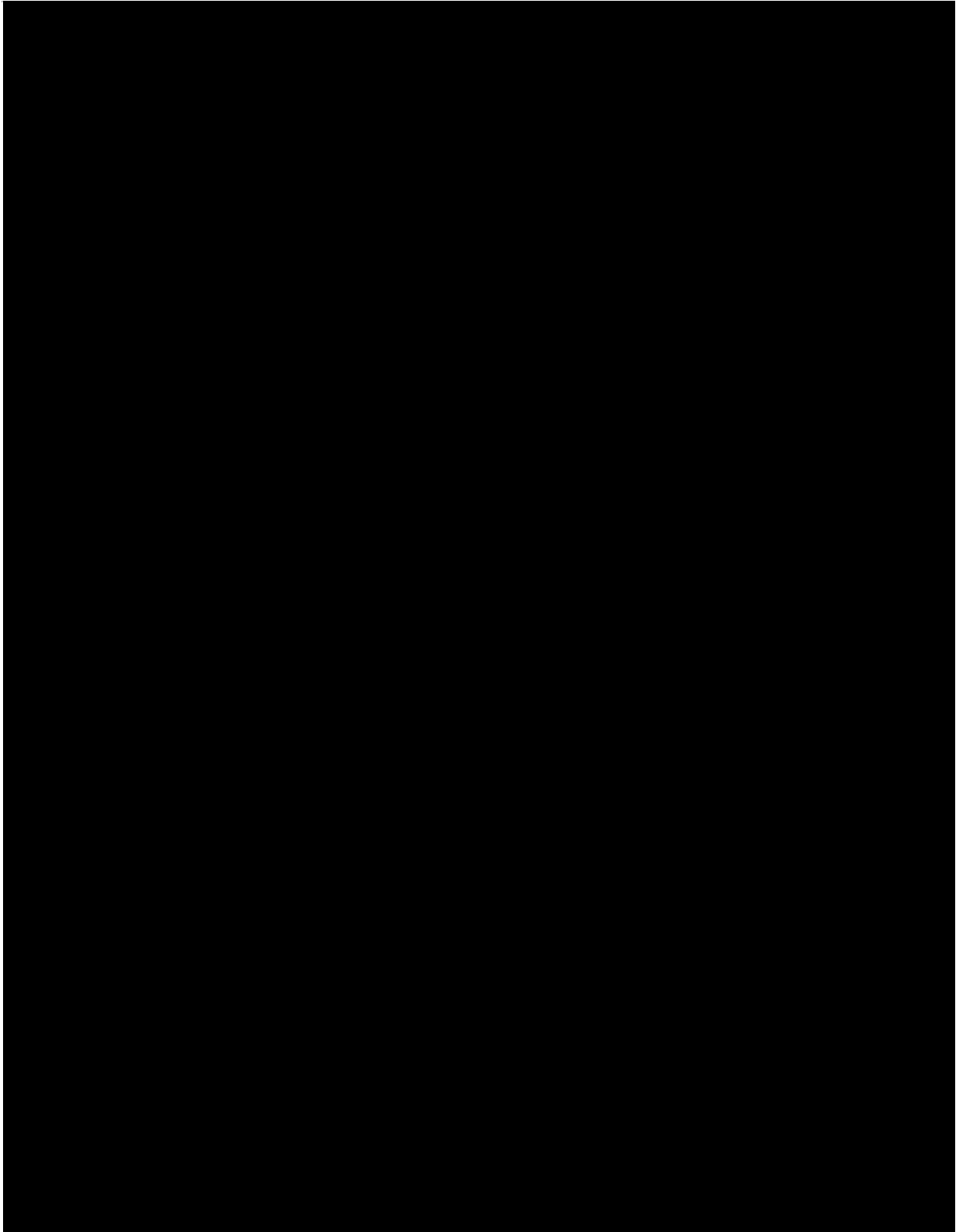
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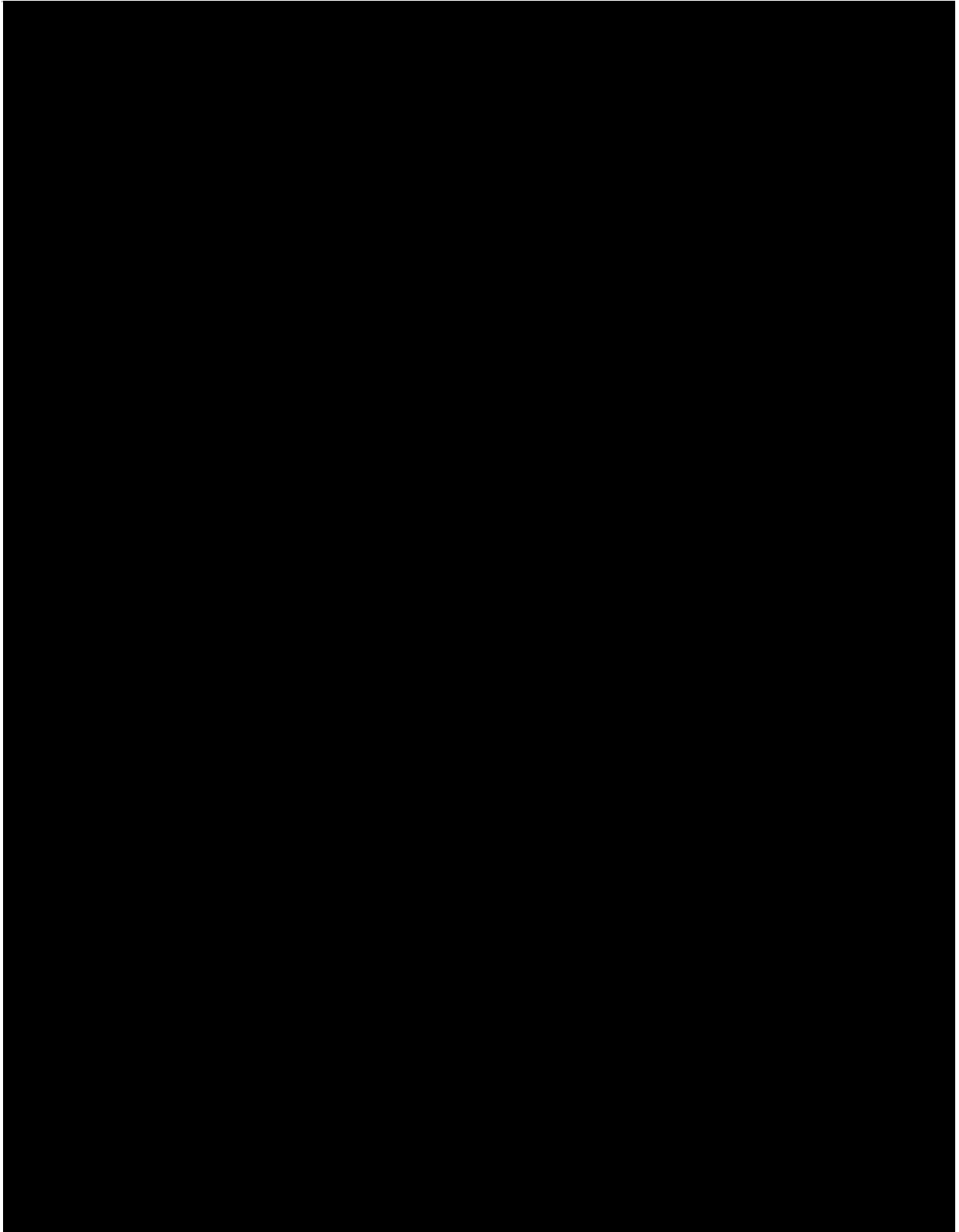
**Exhibit 38 - Drivers Manual**

Plan Status: Completed

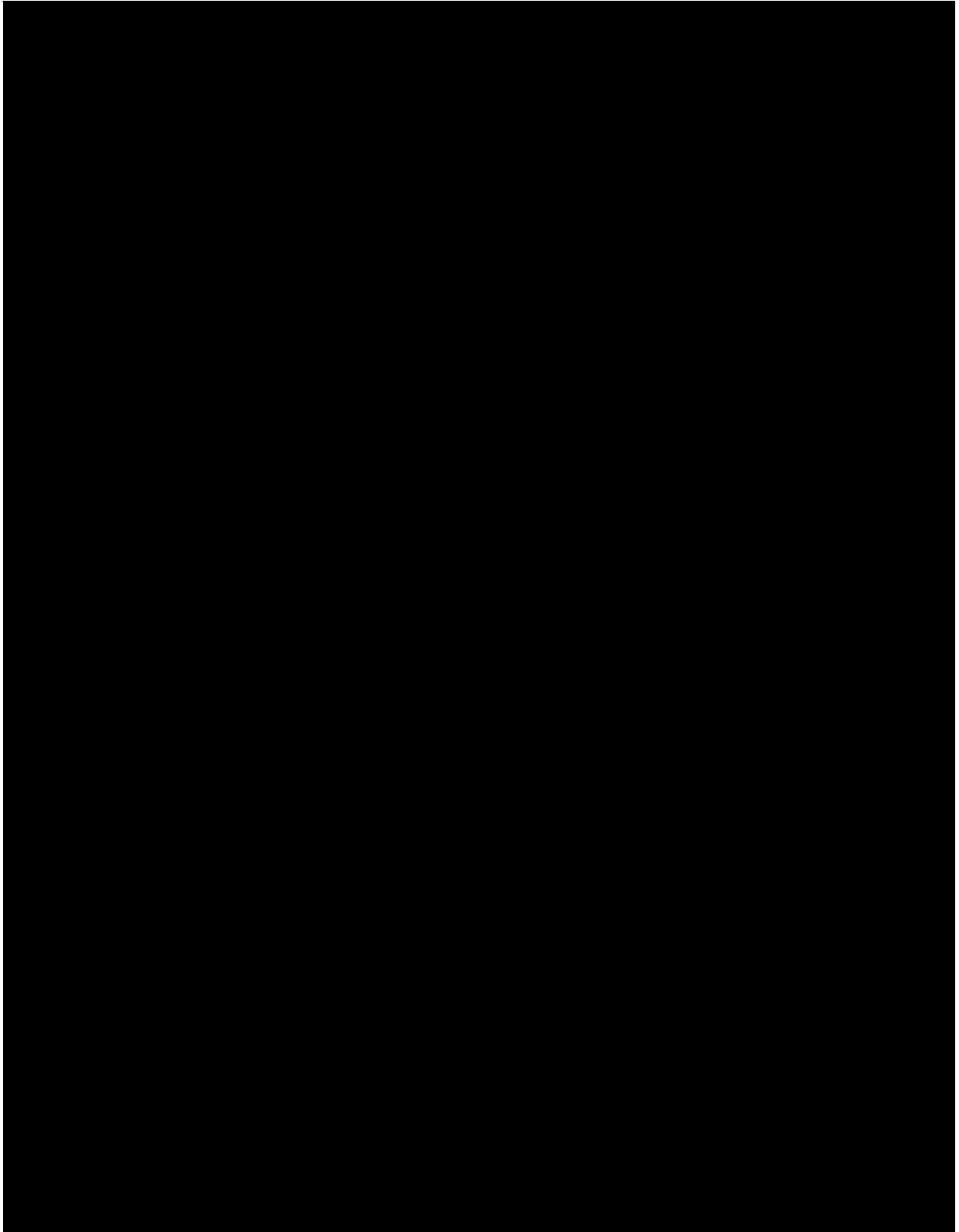
We have developed the following Driver's Manual that details qualifications, standards, and procedures to be met and followed by our drivers and prospective drivers.

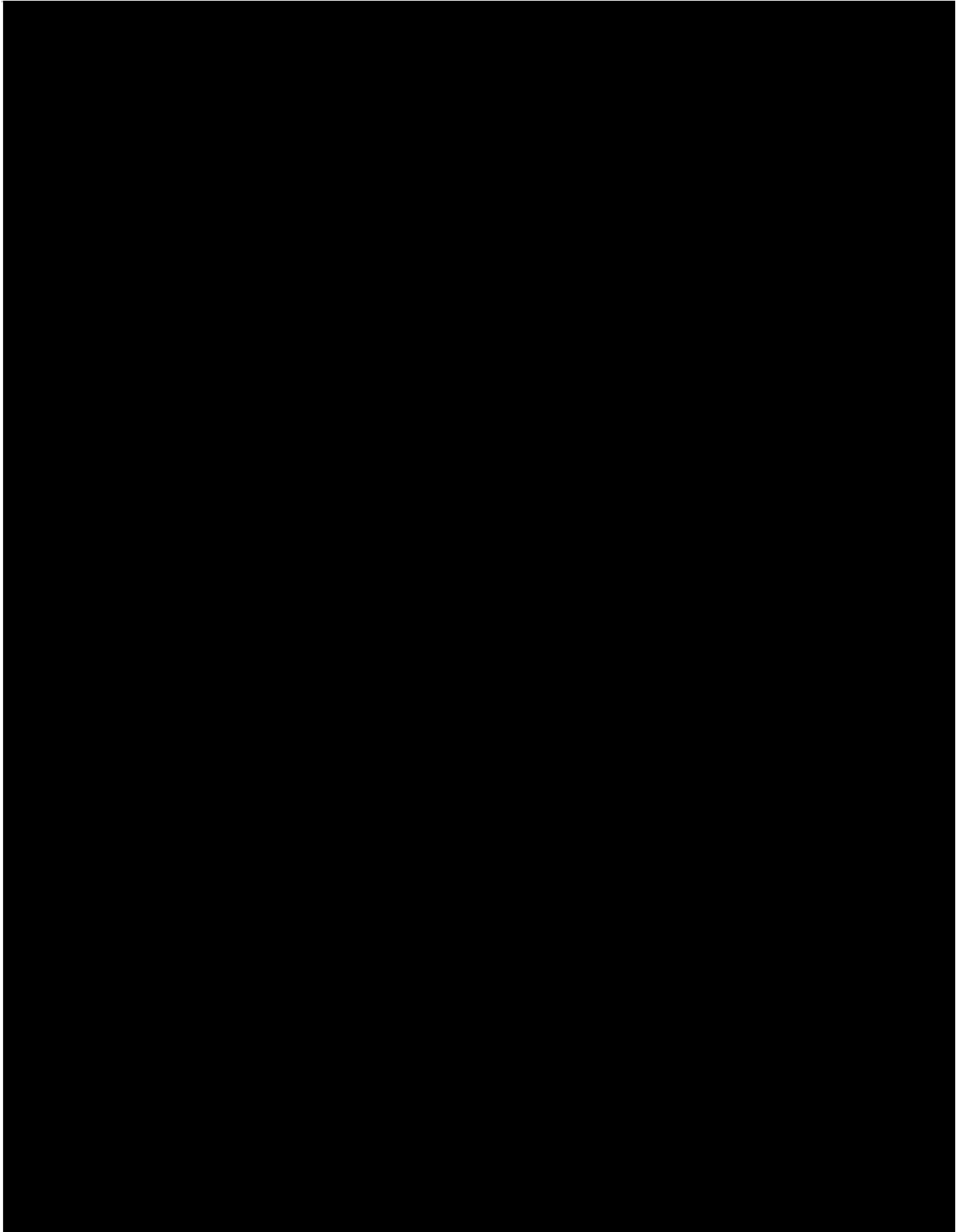


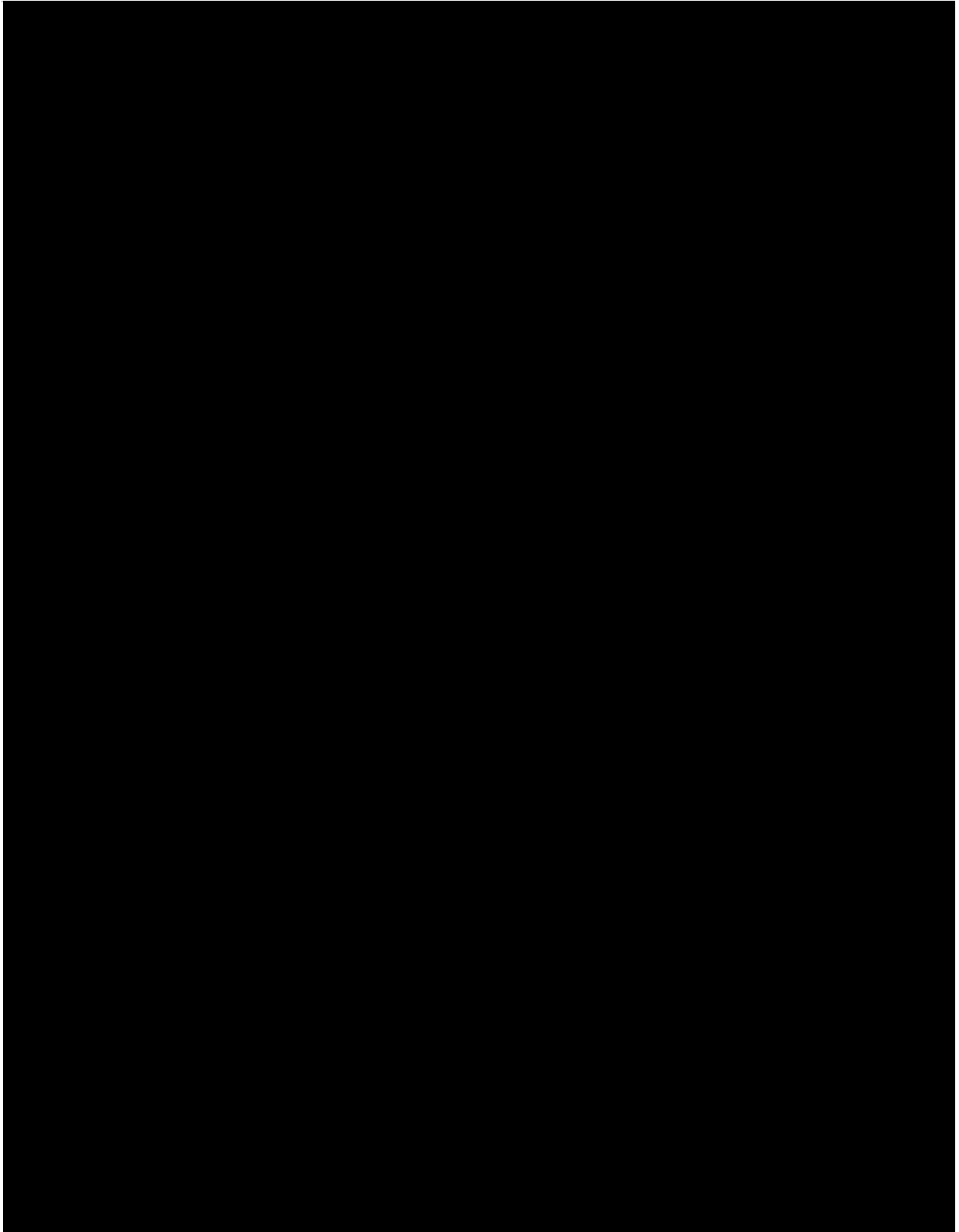


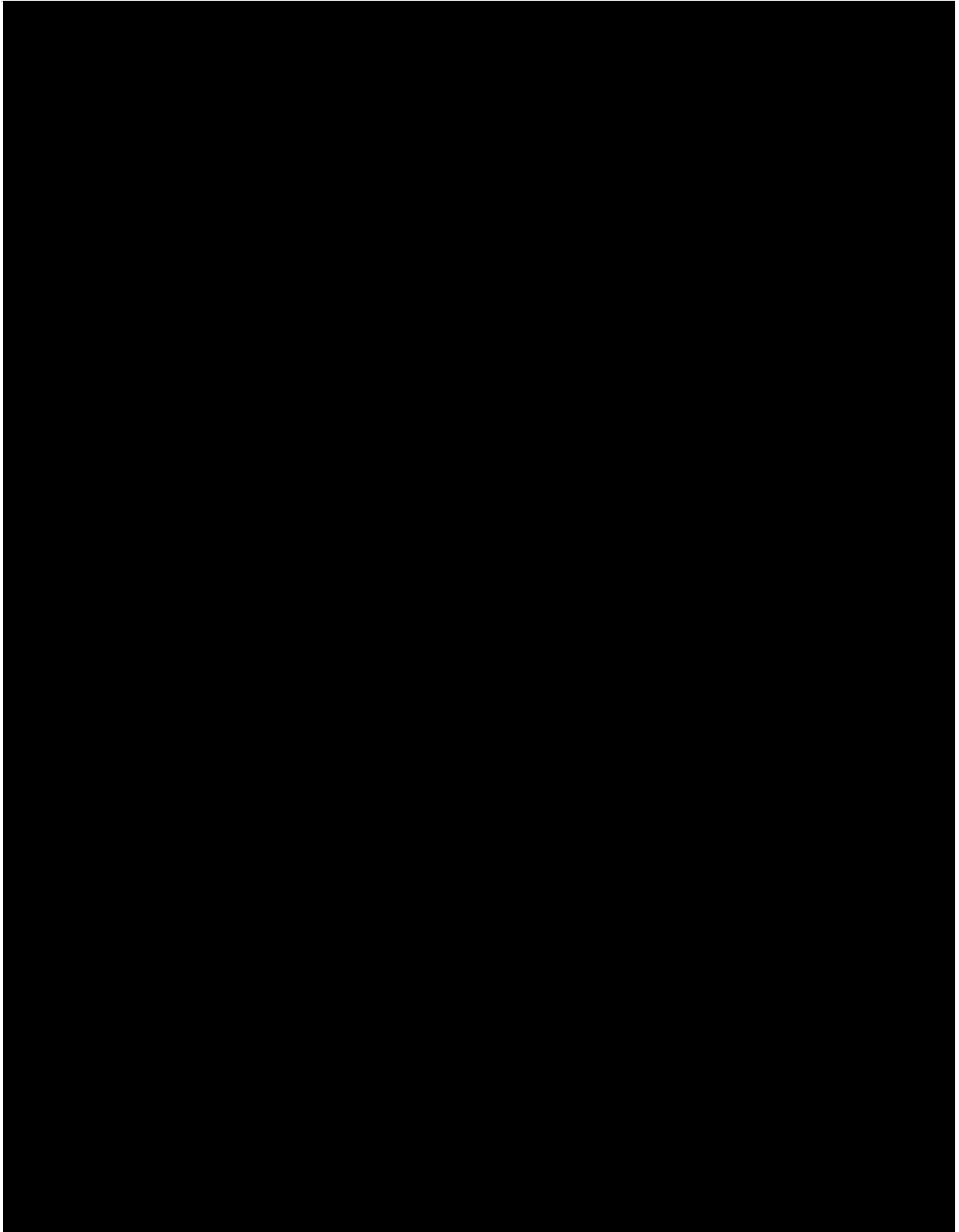


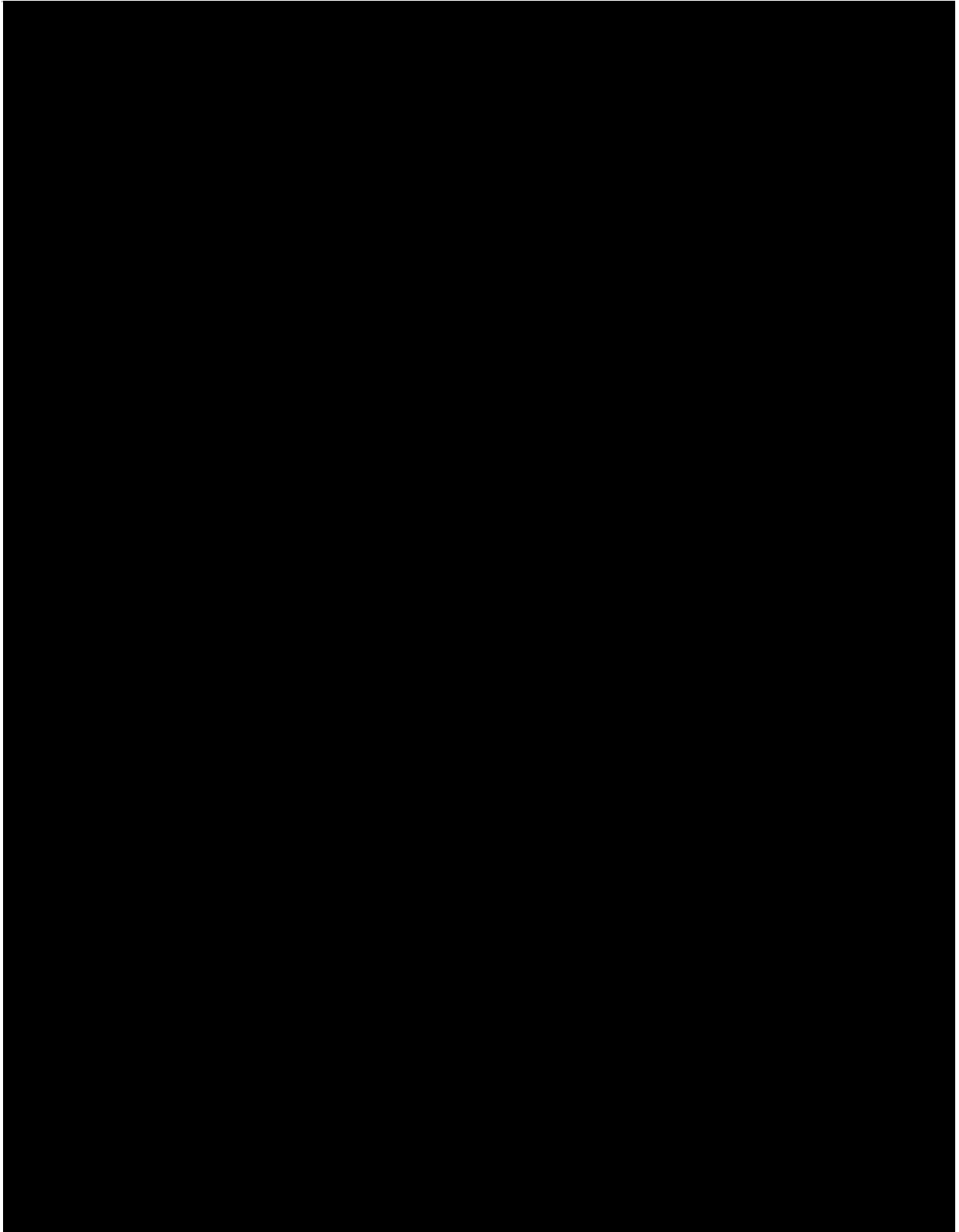


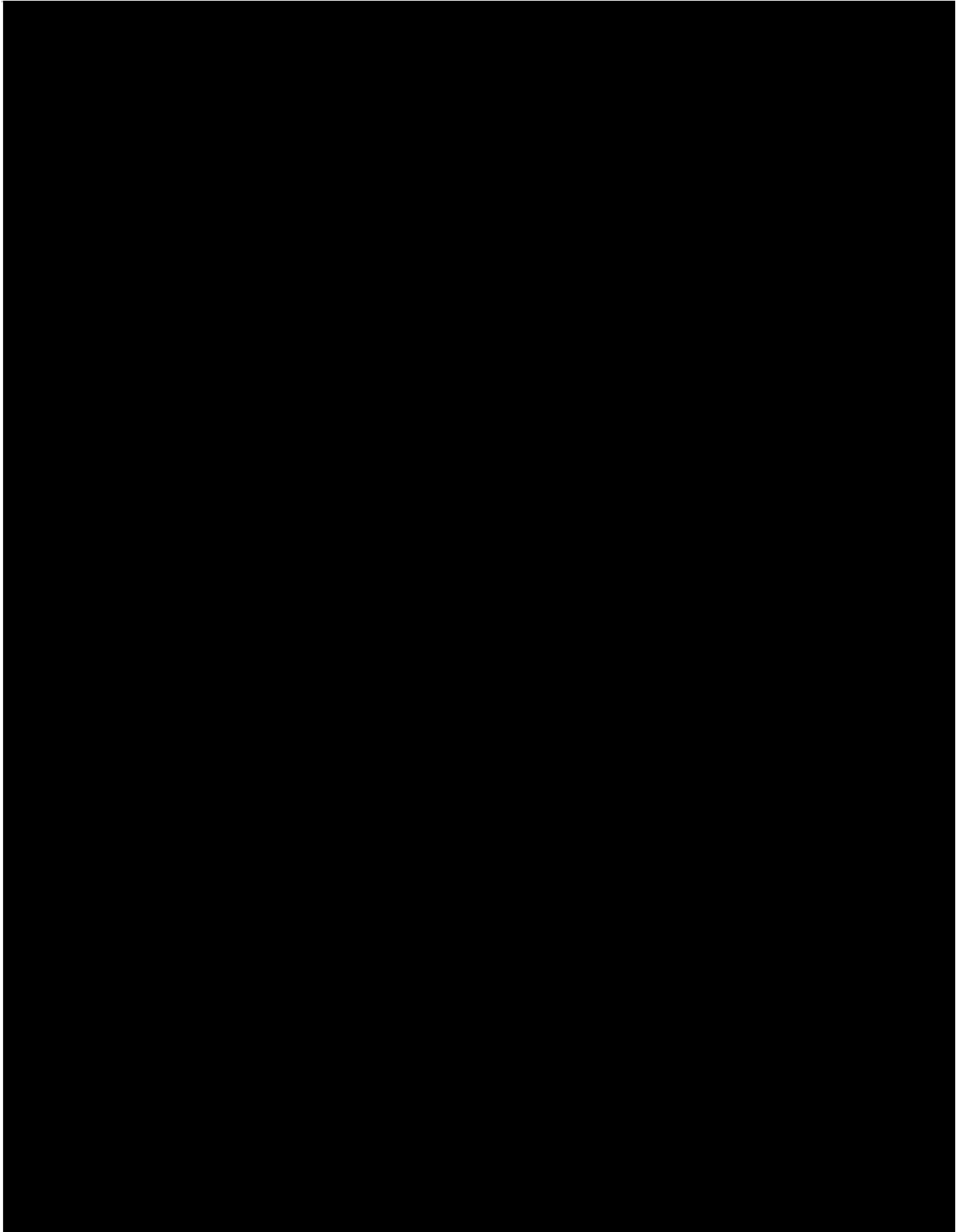


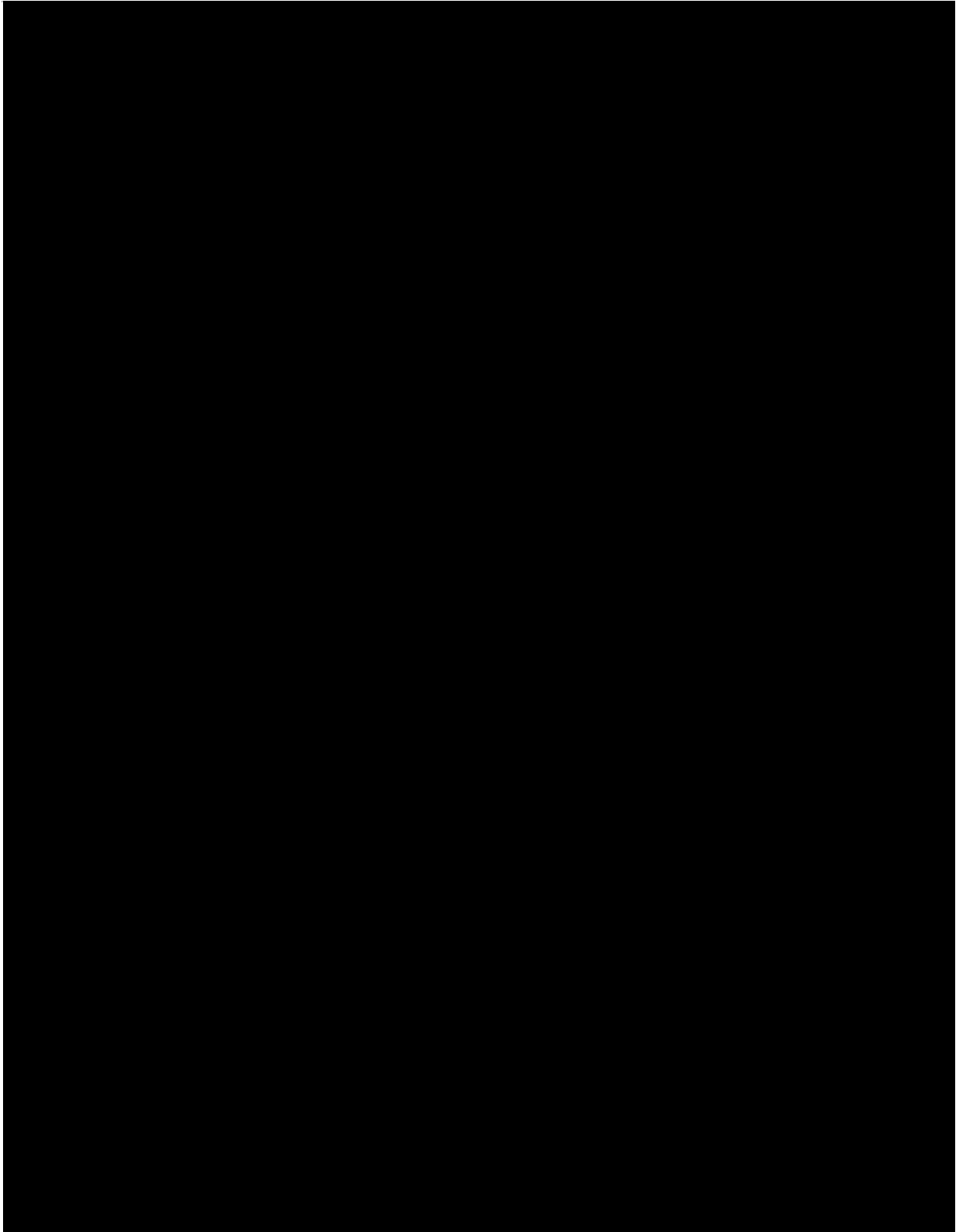


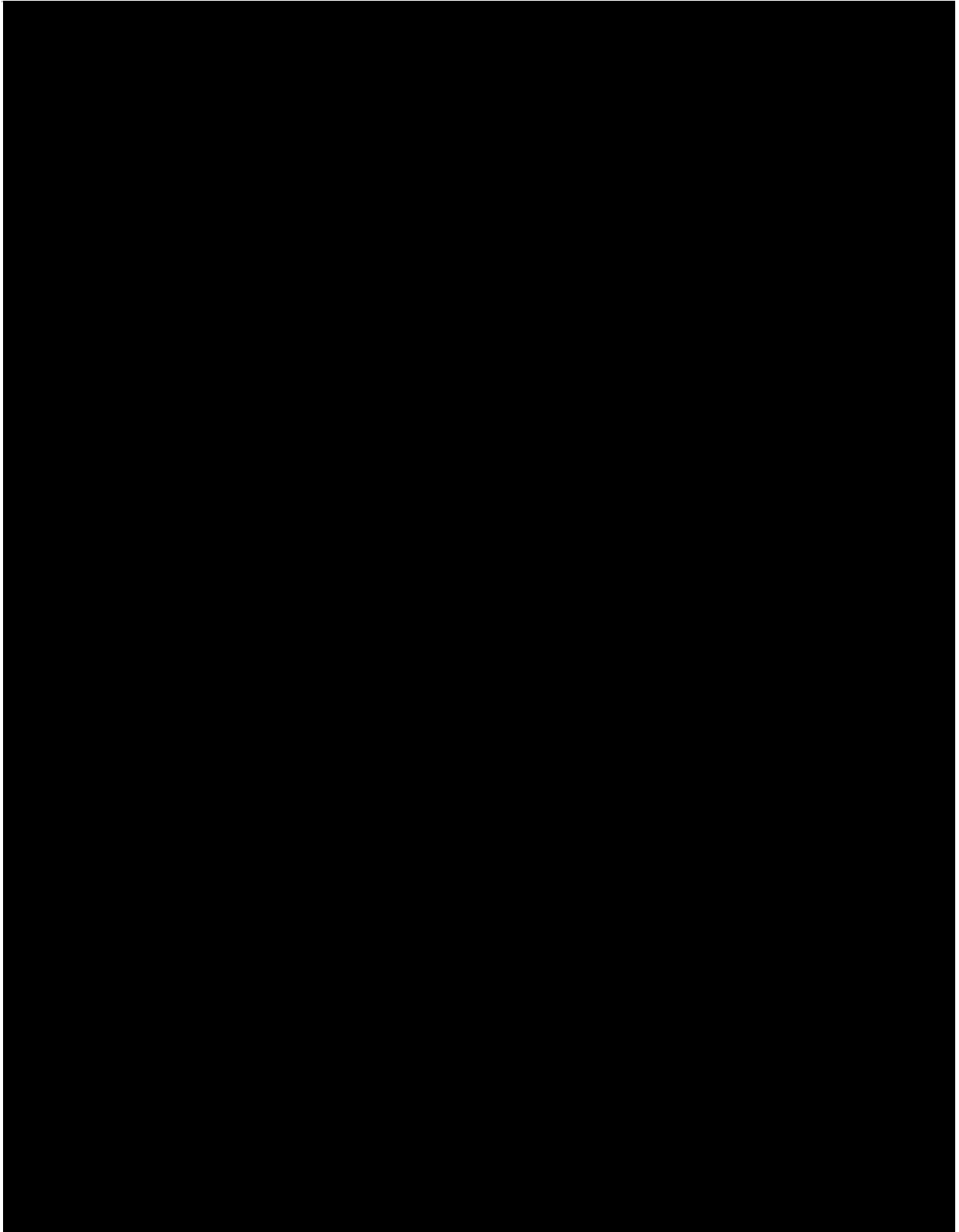




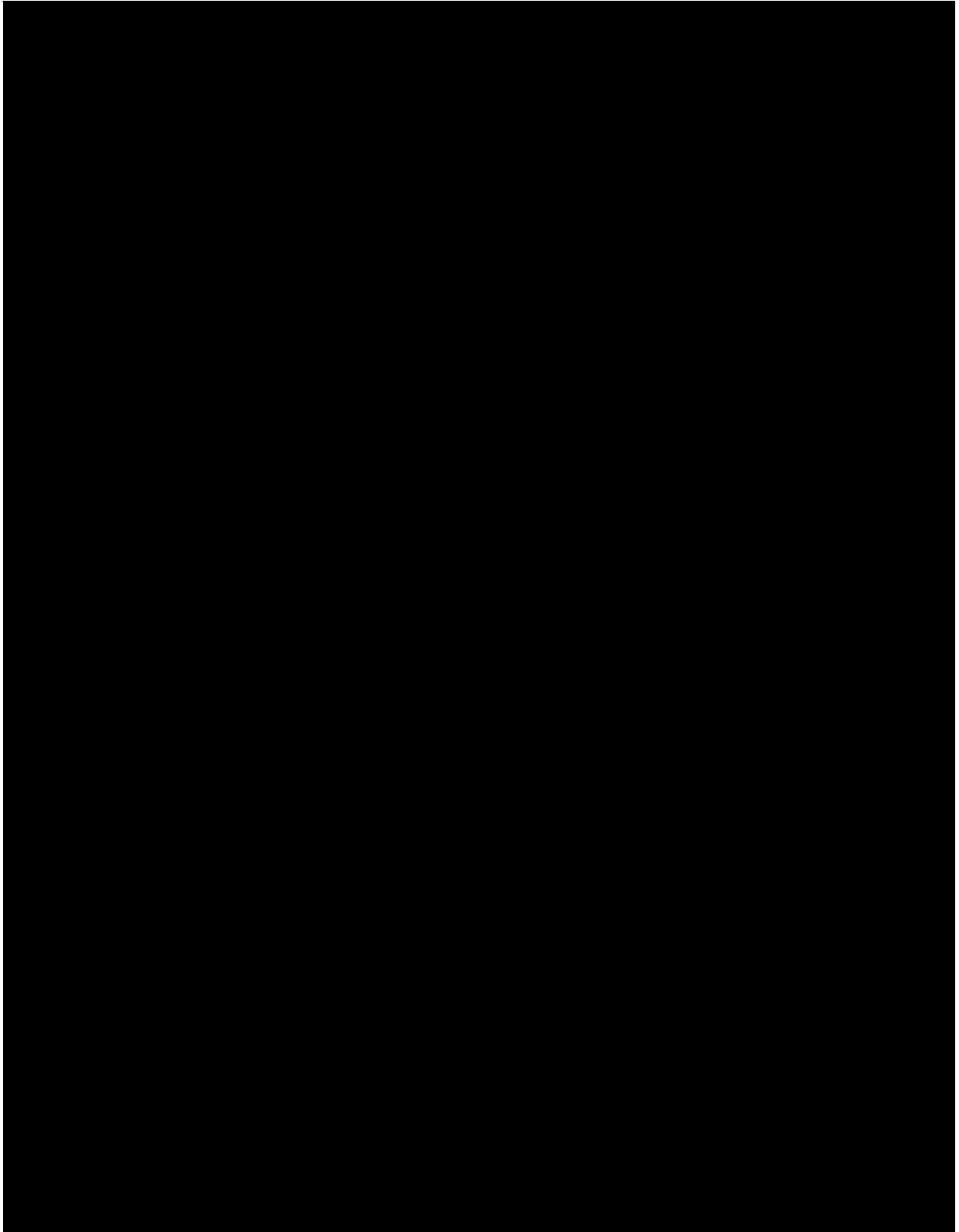


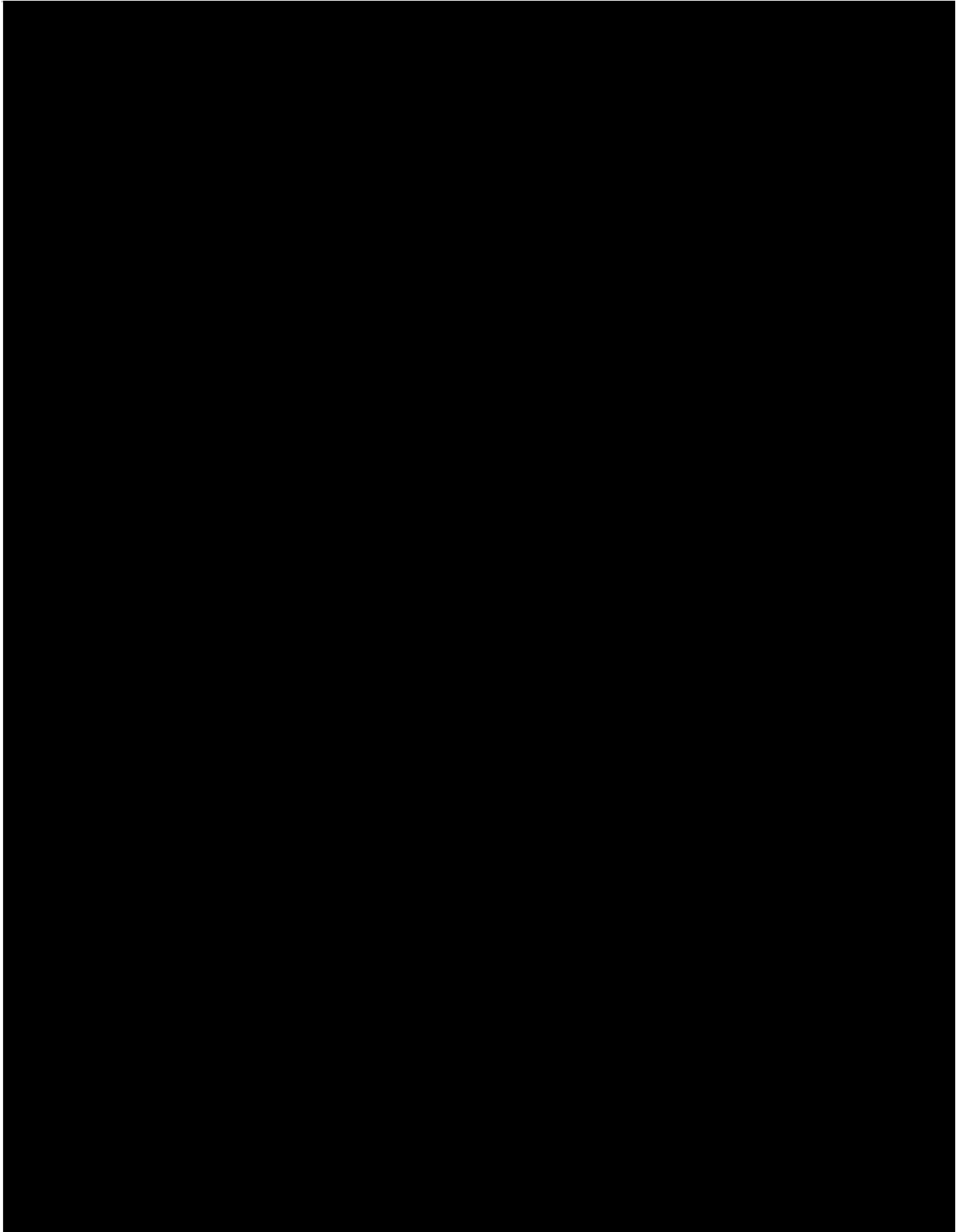


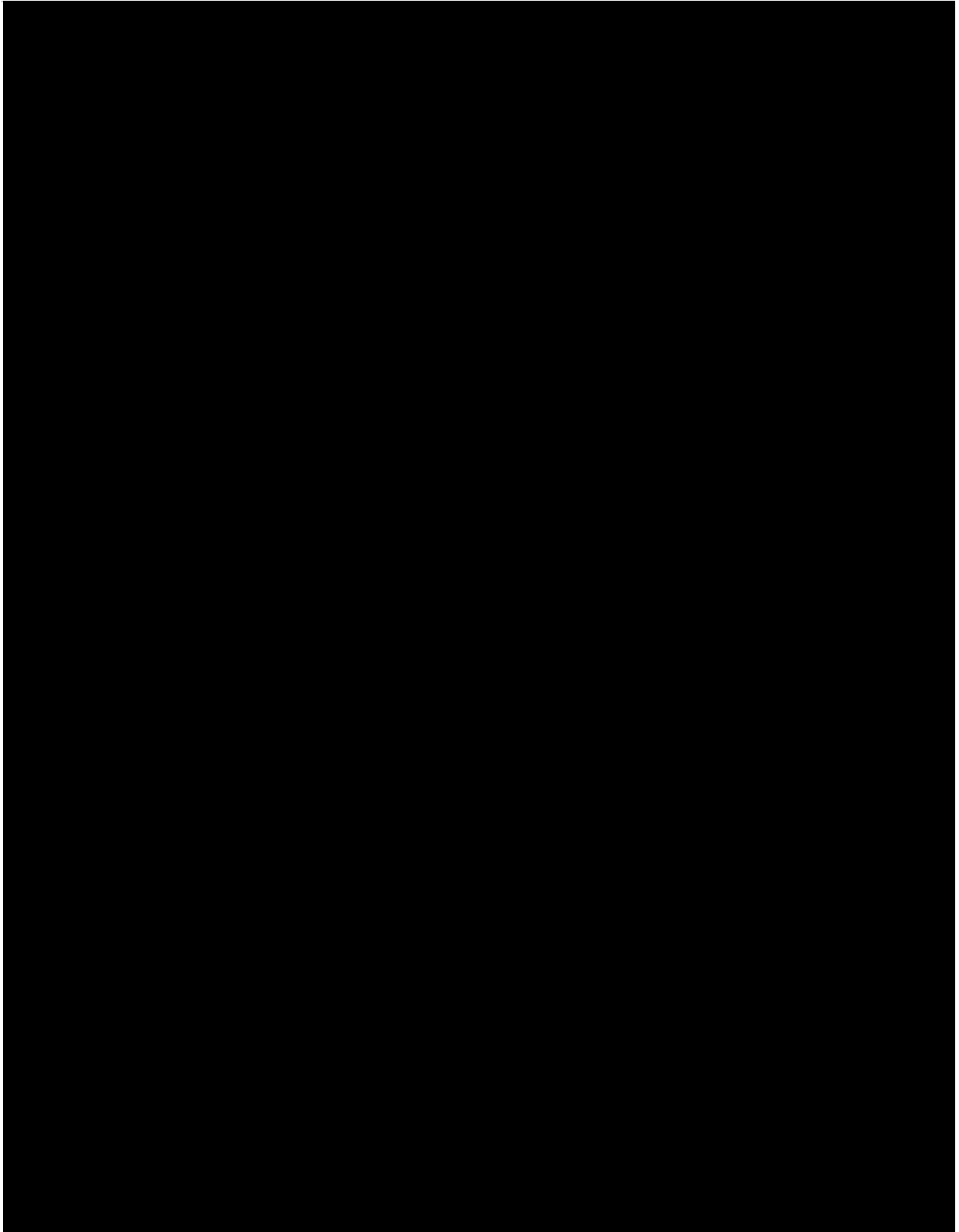


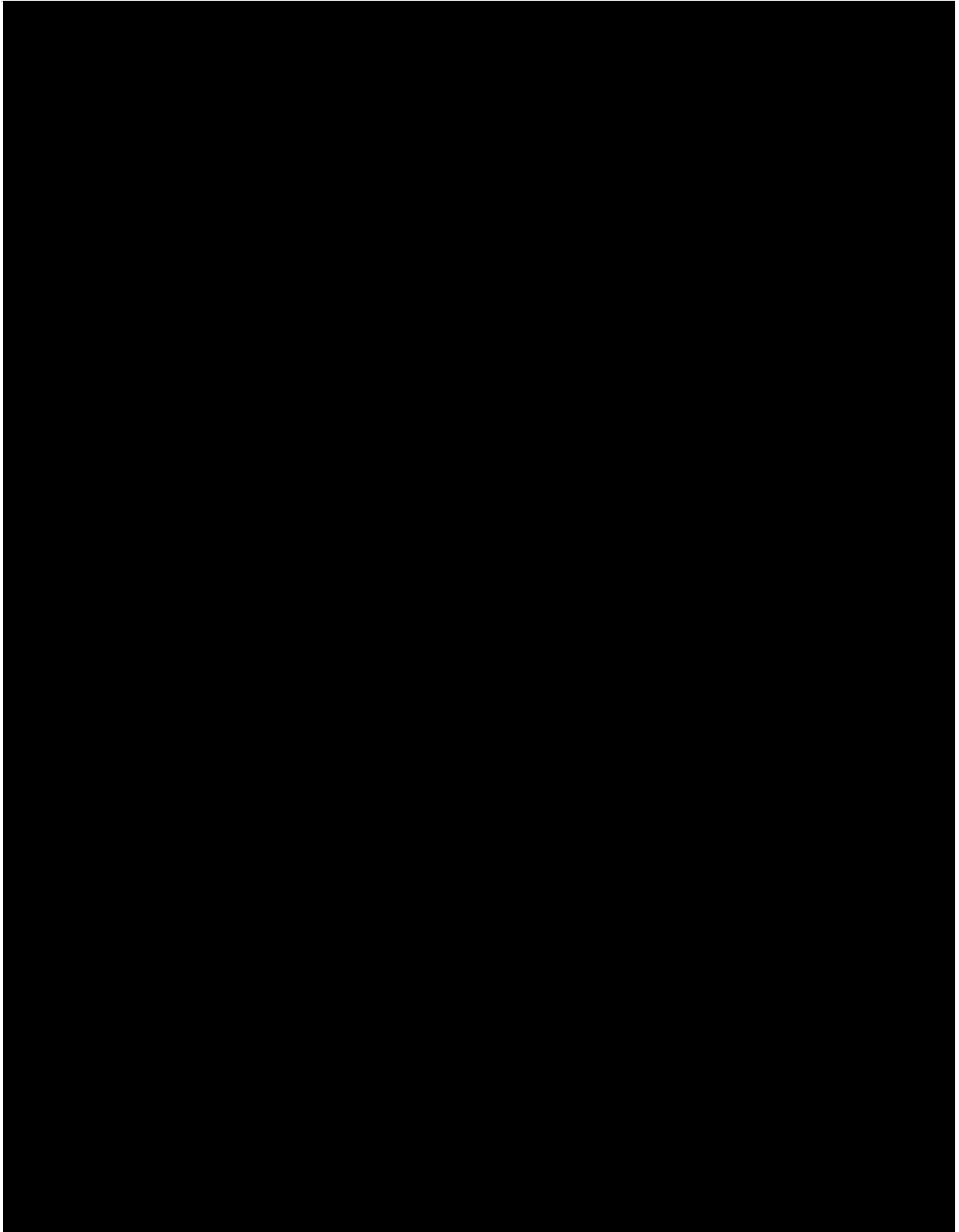












Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 39 – Quality Control and Quality Assurance Plan

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

CEO

Printed Name of Verifying Individual

Title of Verifying Individual

*M. Brandon Meadows*

12/28/2022

Signature of Verifying Individual

Verification Date

**Exhibit 39 – Quality Control and Quality Assurance Plan**

Plan Status: Completed

We have developed a quality control and quality assurance plan for each of our facilities, including all dispensing sites, as described below. This plan and related procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act, AMCC Rules and Regulations, and the Alabama Department of Agriculture and Industries Food Safety Administrative Code.

**39.1 – Manufacturing Process Overview**

Our company has designed every element of our manufacturing processes to provide high quality products and to ensure the safety, potency, stability, lifespan, and consistency among batches of the same product, whether as required by law or otherwise.

Our team of experienced professionals has more than three decades of experience in quality assurance, commercialization, and compliance within the hemp, cannabis, food and agriculture industries. [REDACTED]

[REDACTED]

Although Quality Assurance (“QA”) and Quality Control (“QC”) are independent, both are interrelated functions within our company’s operations. QA is process oriented, encompassing the entire production process from receiving product, packaging product for sale, stocking product appropriately and ends when the product leaves the dispensing facility and is sold to patients. The ultimate goal of QA is to ensure consumer safety. Conversely, QC is product oriented, comprised of in-process control checkpoints and validation of methods. The role of QC is to develop methods, establish product specifications (e.g., the acceptable values for product quality standards), and perform the validation of process and specifications at established points. [REDACTED]

[REDACTED]

[REDACTED]

Our internally developed Standard Operating Procedures align with all Alabama state regulations along with applicable regulations set forth by Food and Drug Administration (FDA), Occupational Health and Safety Administration (OSHA), Federal Trade Commission (FTC), Code of Federal Regulations (CFR), and Good Manufacturing Practices (GMP).

Pharmaceutical-Grade Ingredient Sourcing Methodology

[Redacted content]

[Redacted text block]

Extraction Methodology

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]



[REDACTED]

Many competitors today take unnecessary short-cuts or lack critical knowledge regarding proper cannabis extraction and thus destroy the therapeutic terpenoids in their extraction processes. They then source non-cannabis terpenoids or flavorings to infuse them into their medical cannabis products. This is dangerous and deceptive to patients. The most recent example of this would be a Colorado infused products manufacture that performed a recall in 2017 due to its use of unsafe, non-cannabis terpenes in its products. Our company avoids this problem as well as countless others by using proper [REDACTED], adhering to industry best practices, and investing the correct amount of time as well as capital in producing safe, effective medical cannabis products. Another benefit of having a broad spectrum of cannabinoids and terpenoids is for the “entourage effect,” which is a term for the synergistic interactions between all the key phytochemicals within cannabis that produce a greater result than the sum of its parts. [REDACTED]

[REDACTED]

Extraction Process

Our company takes usable plant material from our cultivation facility and brings it to the manufacturing facility, located on the same site. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

Refining the Cannabis Oil and Waste Disposal

[Redacted text block]

Product Formulation

[Redacted text block]

[REDACTED]

Packaging

[REDACTED]

Our packaging processes adhere strictly to the standards of GMP requirements, protocols, and best practices. [REDACTED]

[REDACTED]

[REDACTED]

Sanitation Measures

Each of our manufacturing-related rooms have been designed to allow for complete adherence to Good Manufacturing Practices (GMP), Good Laboratory Practices (GLP), and Good Engineering Practices (GEP). To prevent medical cannabis contamination, we ensure that all our SOPs related to sanitation and hygiene are strictly enforced to ensure routine cleaning and disinfection of all equipment and environments. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Dispensary Quality Control

Shockingly, scientific studies have found that only, “Fifty-five percent of dispensary staff reported some formal training for their position, with 20% reporting medical/scientific training.” *Haug et. al., Training and Practices of Cannabis Dispensary Staff, Cannabis and Cannabinoid Research, Vol. 1.1, 2016.*

[REDACTED]

[REDACTED]

[REDACTED]

All products that arrive at the dispensary, having been appropriately weighed and packaged, will be “logged-in” by the on-site [REDACTED]. [REDACTED]

[REDACTED]

**39.2 - Testing**

Our company has in place a plan for performing, at our own expense after licensure, quality control and testing of qualified samples (as defined in Chapter 10 of the Rules) of medical cannabis in our control, regardless of whether said medical cannabis has been packaged, labeled and sealed. Such testing will be conducted by the State Testing Laboratory (as detailed in Chapter 10 of the Rules). [REDACTED]

[REDACTED]

Testing Philosophy and Methodology

Each aspect of our production methodologies has been designed and evaluated to consistently manufacture quality medical cannabis products that are safe, reliable, and successful. Our internal and external testing protocols are a subset of our holistic QA/QC plan. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Further, our strict adherence to these standards ensures that all of our dispensed medical cannabis is consistently high grade and maintains a consistency with less than 0.5 percent variability among batches of the same product. Ala. Code §20-2A-66

[REDACTED]

Sampling

At the time random samples are initially taken for testing, we will ensure that three samples are collected at the same time by a State Testing Laboratory using tamper-resistant containers.

[REDACTED]



Of the three samples taken by the State Testing Laboratory, one of the samples will be taken by the State Testing Laboratory for testing, while we will securely store the other two samples in our [REDACTED] for further retesting by a secondary State Testing Laboratory. If at any time further testing cannot be performed due to (A) the lack of available State Testing Laboratories to conduct further or additional tests, or (B) the lack of viable samples from which to perform retesting, tiebreak testing, or challenge testing, we understand that we have no choice but to accept the result of the failed test and destroy or attempt remediation of the batch as required under the Rules of the Alabama Medical Cannabis Commission.

We understand that we are not prohibited from conducting, at our own expense, separate in-house testing or designated unofficial testing by the State Testing Laboratory, at any point during our possession and control of cannabis or medical cannabis. We further acknowledge that the results of such testing will be unofficial and designated as such no later than the time of collection, and non-dispositive without approval from the Commission upon our written request.

Character Testing

Per Ala. Code §20-2A-66, our company's protocols for testing will include the following, as well as a determination of corresponding tolerance limits:

- Cannabinoid content and potency, including, but not limited to total THC (THC+THCA); total CBD (CBD+CBDA); THC/CBD ratio, if applicable; and percent of THC relative to original plant material (w/w).
  - [REDACTED]
- Terpene profiles.
  - [REDACTED]

[REDACTED]

[REDACTED]

- Chemical contamination, such as residual solvents remaining after extraction and concentration.

- [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- Heavy metals.
- Microbials, including pathogenic microbials.
- Mycotoxins.
- Residual insecticides, fungicides, herbicides, and growth regulators used during cultivation.

Under no circumstances will our company sell or transfer cannabis or medical cannabis to another licensee, patient, or caregiver, unless and until the State Testing Laboratory clears us to do so based on the written results of successfully completed testing.

Our company believes in complete transparency, patient education, and being held accountable. Patients will be able to access our test results by way of product labels and a list of complete test results available both in paper form in each of the dispensaries as well as online through our website. By making the batch-specific test results easily accessible through a variety of media, we are supporting several of our aforementioned core values.

Stability Testing

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] We adhere to the standards set down by the Food and Drug

Administration's (FDA) Current Good Manufacturing Process on Expiration Dating and Stability Testing for Human Drug Products. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] All processed products will be placed in secure storage in the [REDACTED] while awaiting third-party analysis for applicable testing.

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[Redacted text block]

**39.3 - Return, Remediation, Destruction**

A plan for return and remediation or destruction of any failed test samples, including entry of the event on the Statewide Seed-to-Sale Tracking System.

Return

In the event we must recall a medical cannabis batch, we will adhere to the following returns protocol:

- [Redacted list item 1]
- [Redacted list item 2]
- [Redacted list item 3]
- [Redacted list item 4]
- [Redacted list item 5]
- [Redacted list item 6]

Remediation

Per Section 538-x-10-.08 of the Alabama Medical Cannabis Commission's Rules and Regulations, if a sample from a batch of our cannabis products fails an official test conducted by a State Testing Laboratory, the remainder of the batch, including any cannabis plant trim, leaf or other usable material from the same batch automatically fails the official test.

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

- | [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

In accordance with the Alabama's rules and regulations, our remediation practices involve various methods whereby cannabis or medical cannabis that has failed an official test by a State Testing Laboratory can be subjected to further processing to remove dangerous substances or other contaminants or otherwise bring the cannabis or medical cannabis within appropriate testing ranges. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We understand that we may request a retest as often as we like but may not challenge the results of the test conducted by the State Testing Laboratory more than three (3) times during a one-year period, provided a successful challenge leading to a reversal of the original failed test will not count toward the three (3) times. We further understand that should we request a retest or challenge, or seek new testing following remediation, we will be responsible for all costs involved in any testing performed pursuant to the Commission's rules.

If a sample provided to a State Testing Laboratory passes the same official test upon retesting and tiebreak testing by a separate State Testing Laboratory, we need not destroy the entire batch. Instead, the State Testing Laboratory will clear the batch for further processing,

packaging, labeling or sale, as appropriate, by means of a certificate provided to our company and a notation on the Alabama Statewide Seed-to-Sale Tracking System.

Destruction

Barring contrary results based on a retest or challenge, if a sample provided to a State Testing Laboratory fails the same official test, we must destroy and dispose of the entire batch from which the sample was taken and document the destruction and disposal of the batch in the Alabama Statewide Seed-to-Sale Tracking System.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[REDACTED]

Our company will maintain at all times and review at least annually our plan for tracking and properly rendering such waste unusable and recognizable prior to its disposal.



Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 40 – Contamination and Recall Plan

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

Printed Name of Verifying Individual

CEO

Title of Verifying Individual

*M. Brandon Meadows*

Signature of Verifying Individual

12/28/2022

Verification Date

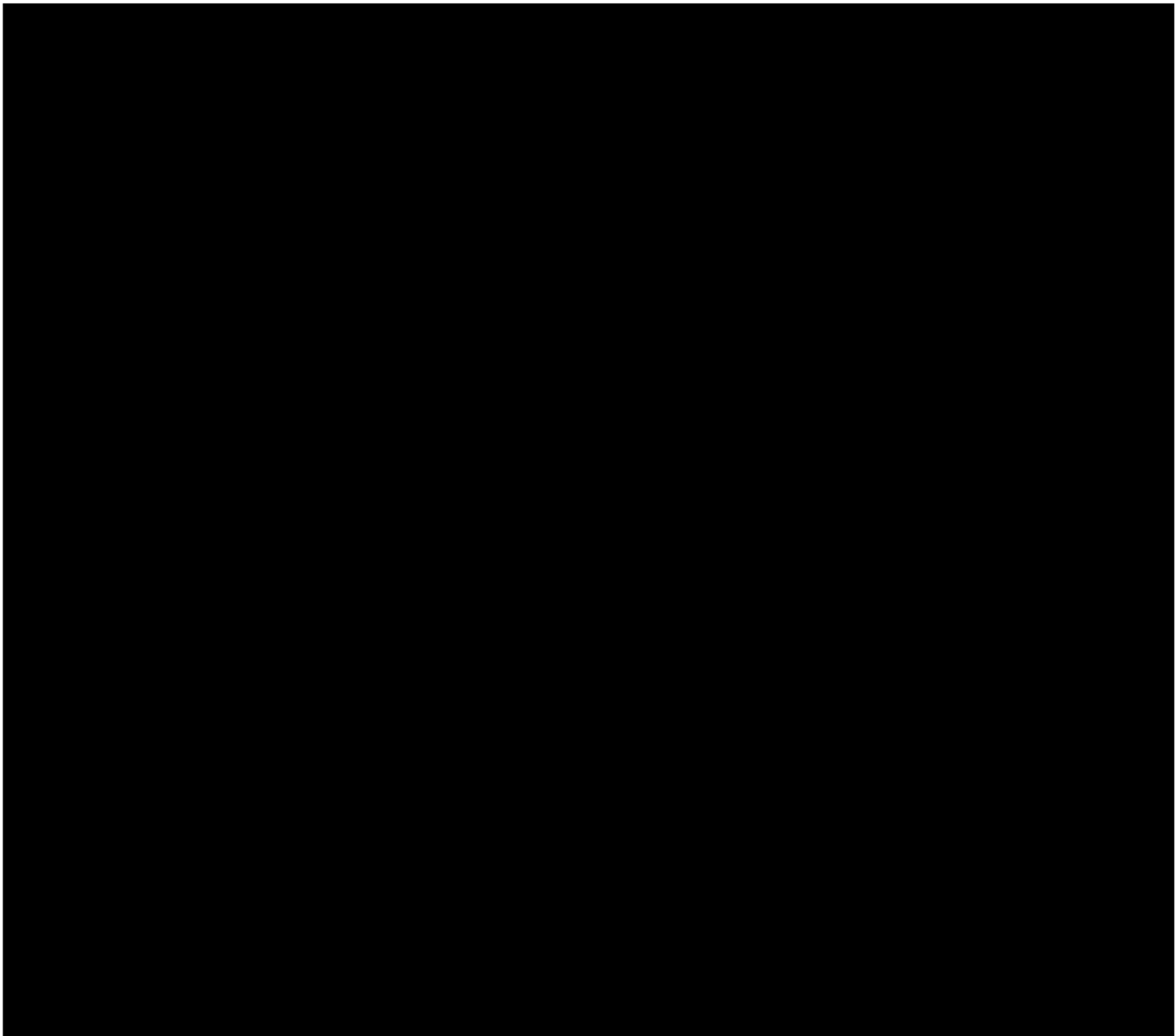
**Exhibit 40 – Contamination and Recall Plan**

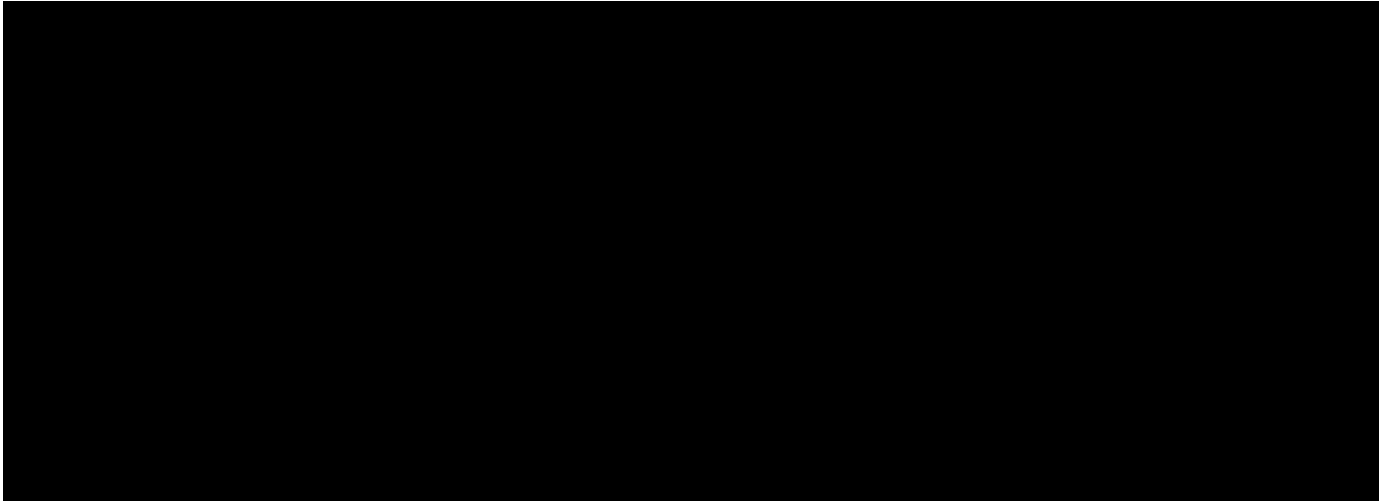
**Plan Status: Completed**

We have developed a detailed contamination and recall plan that will be followed in the event one or more of our products, including any lots or batches thereof, are determined to require recall. This plan and related procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act, AMCC Rules and Regulations, and the Alabama Department of Agriculture and Industries Food Safety Administrative Code.

**40.1 – Notification to Originating Entity**

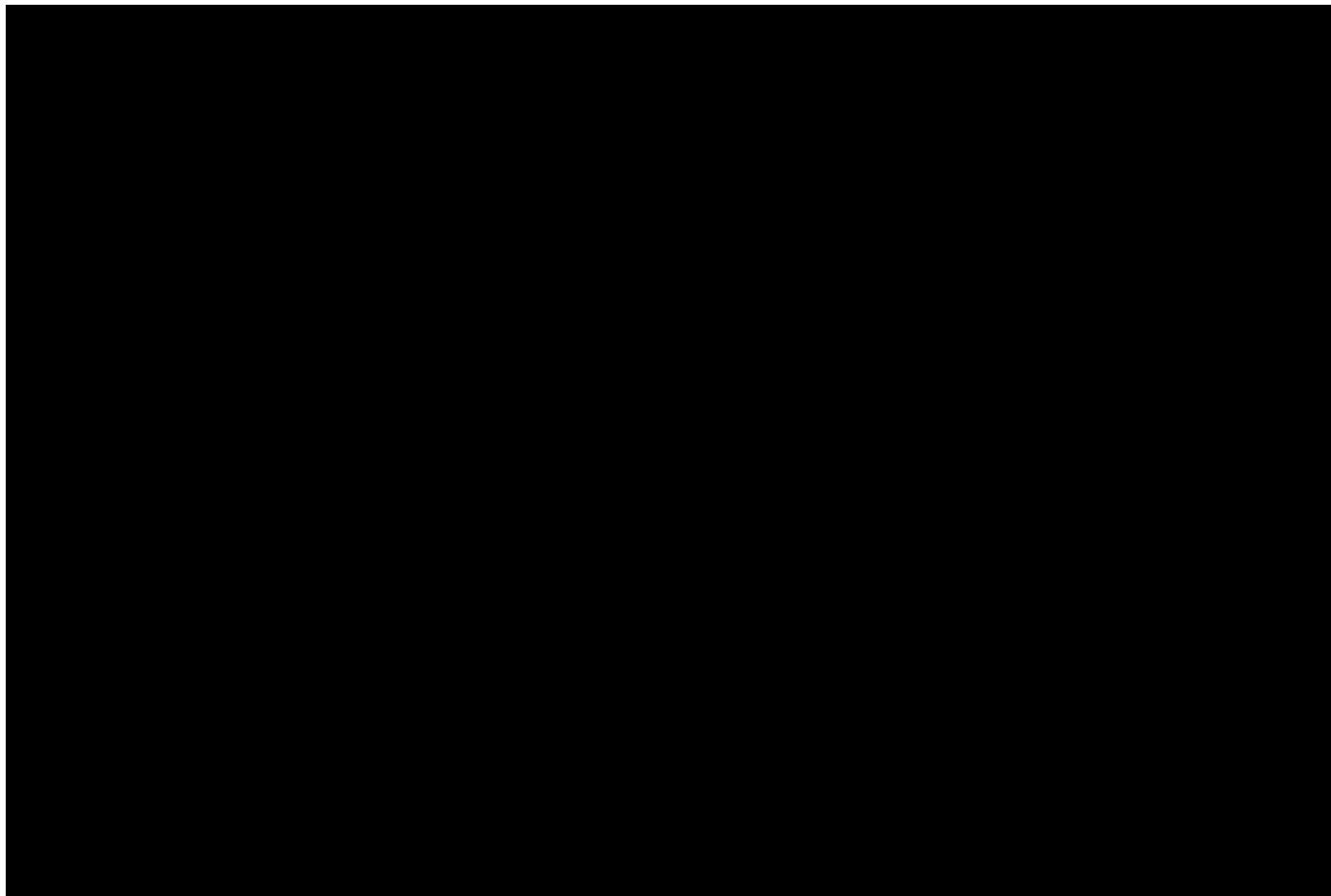
In accordance with Alabama law, our company has procedures for notifying the originating Processor or Integrated Facility and any other licensee in the chain of custody of an adverse event.

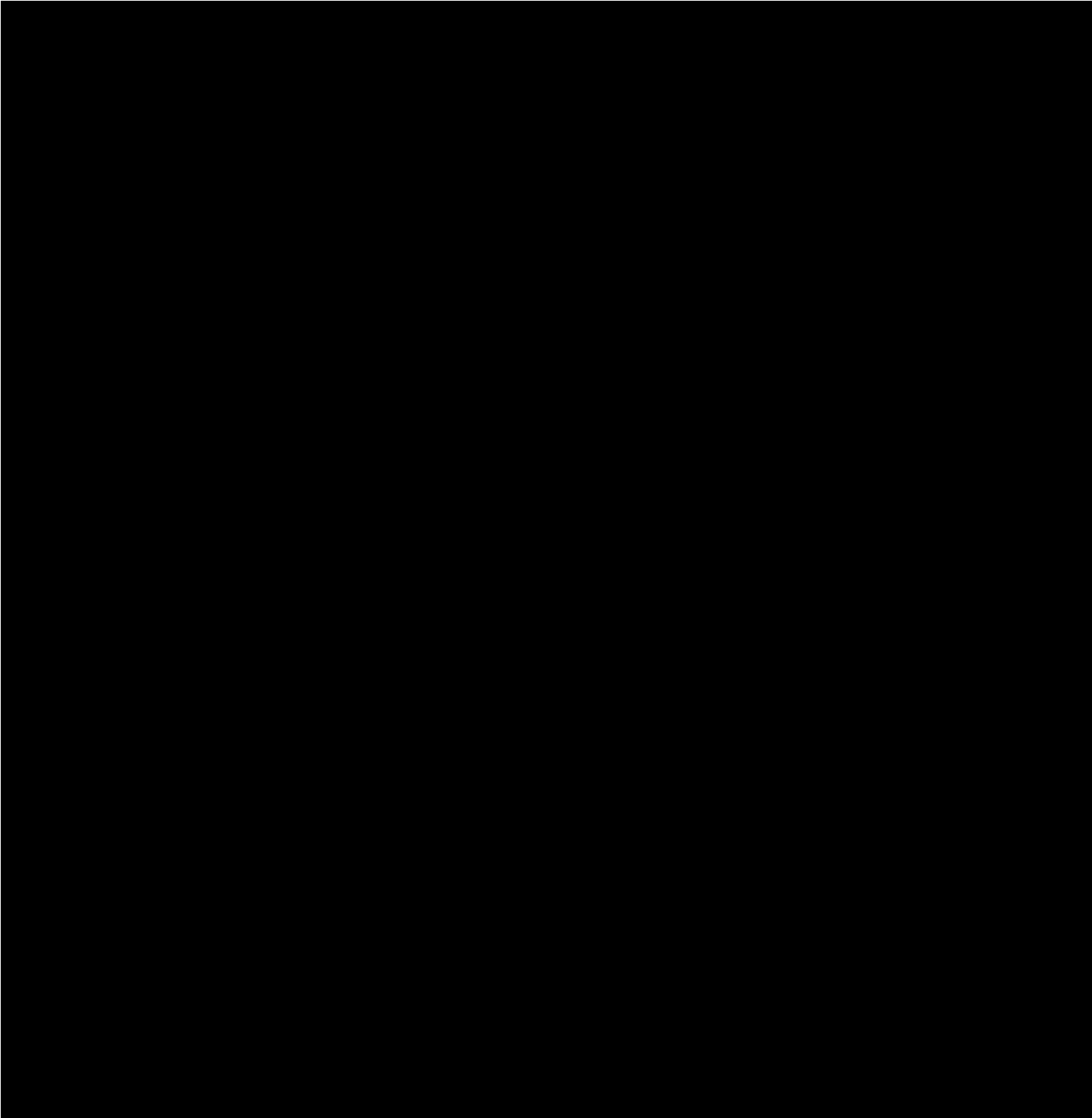




**40.2 - Adverse Events Necessitating Recall**

There are several factors about an adverse event that would likely necessitate a recall which may lead to retesting, remediation, or destruction of affected products. Scenarios under which our company would activate our recall investigation protocols:





**40.3 - Oversight**

Our recall protocols call for the rapid assembly of a recall team of responsible individuals within our organization who will oversee the recall process as soon as an adverse event is suspected. Members of our recall team represent leadership from a variety of departments

within the company, including compliance, cultivation, processing, inventory, finance, dispensary, and security functions. [REDACTED]

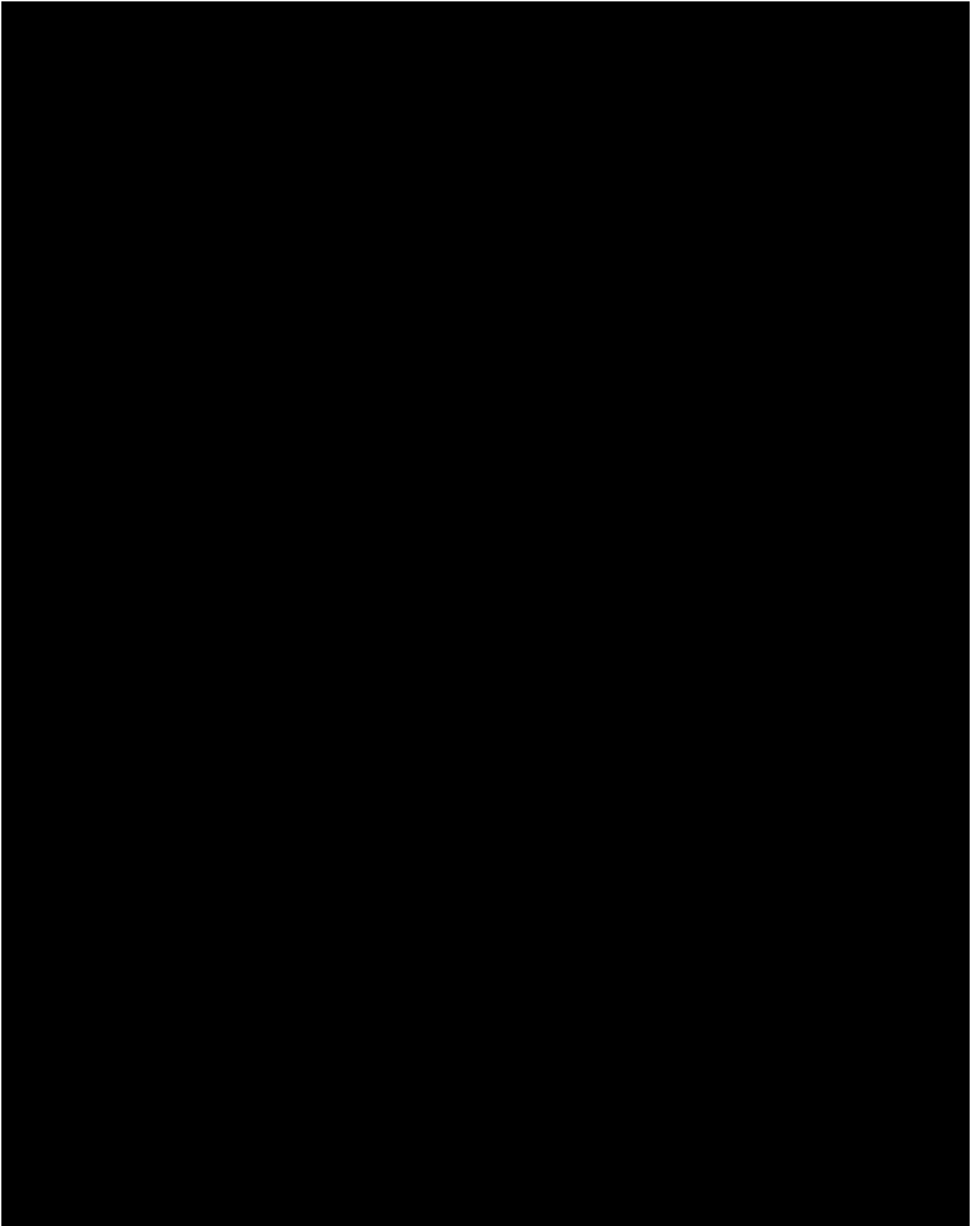
[REDACTED]

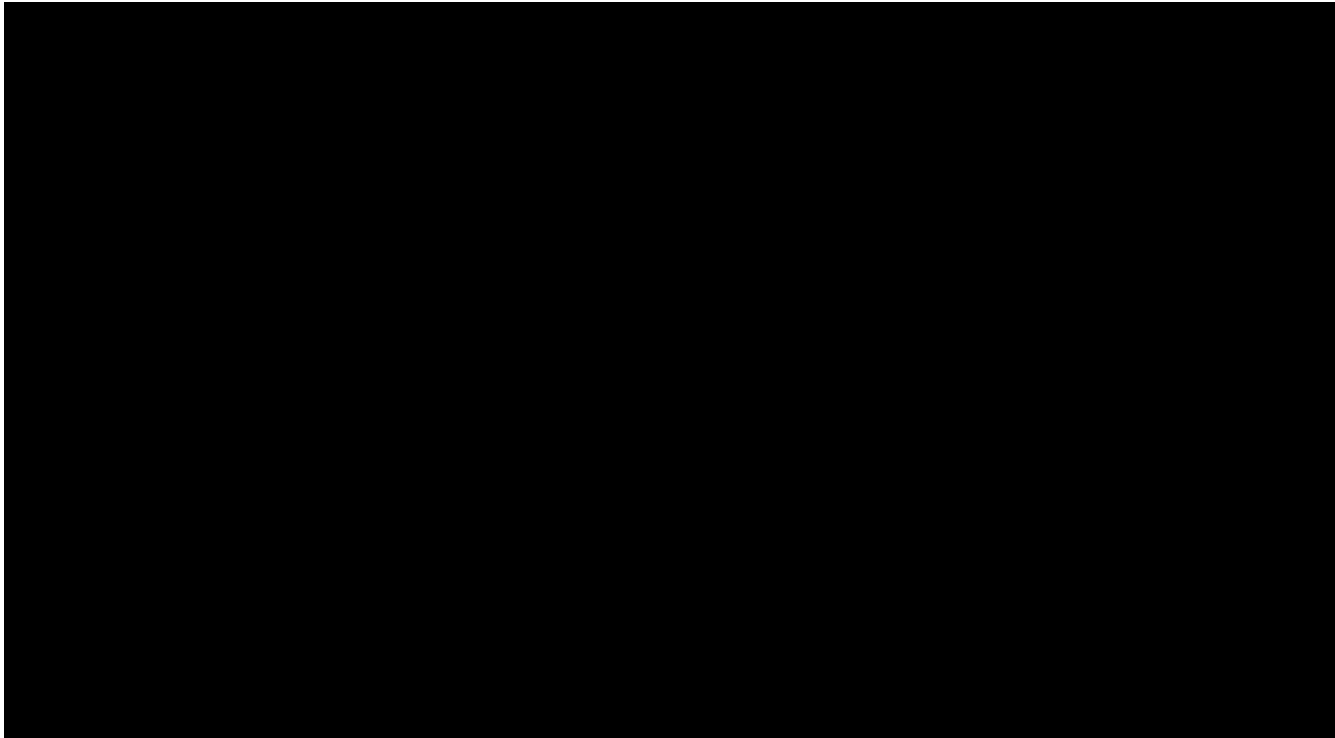
**40.4 - Notifications to Other Licensees and the Commission**

Our protocols include steps to notify other licensees and the Commission through the Statewide Seed-to-Sale Tracking System upon identifying the need to recall a medical cannabis product. [REDACTED]

[REDACTED]

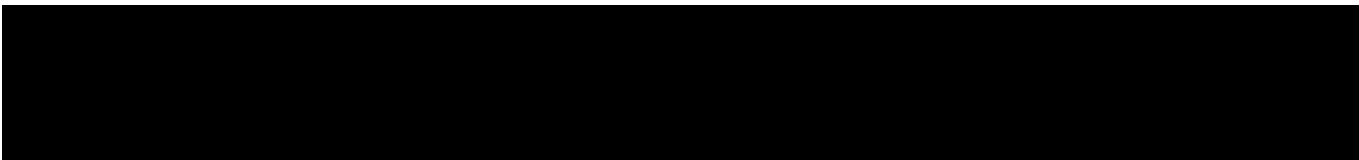






**40.6 - Crisis Response**

The Patient Care Manager will complete the Recall Log component of our company's Incident Report form and will submit that report to the Alabama Medical Cannabis Commission and any other appropriate regulatory body [REDACTED]

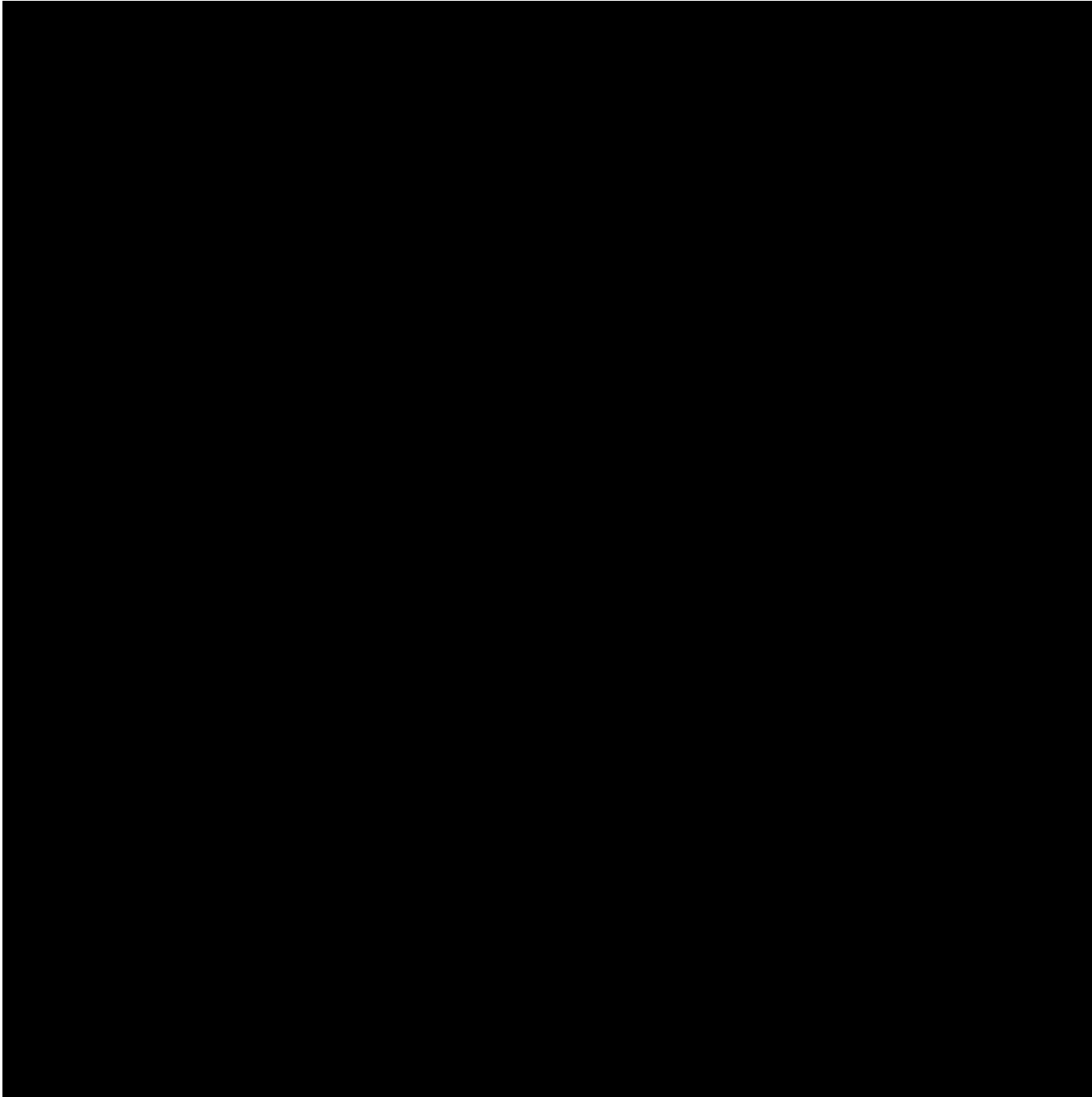


**40.7 - Containment**

Our company has segregation and sanitation protocols in place to mitigate the threat of further contamination during the storage of recalled medical cannabis products, to preserve and protect uncontaminated cannabis or medical cannabis products, and to ensure access to said products by those who depend on it. Once a recall is implemented for a medical cannabis product, all production of the product in question is halted. [REDACTED]

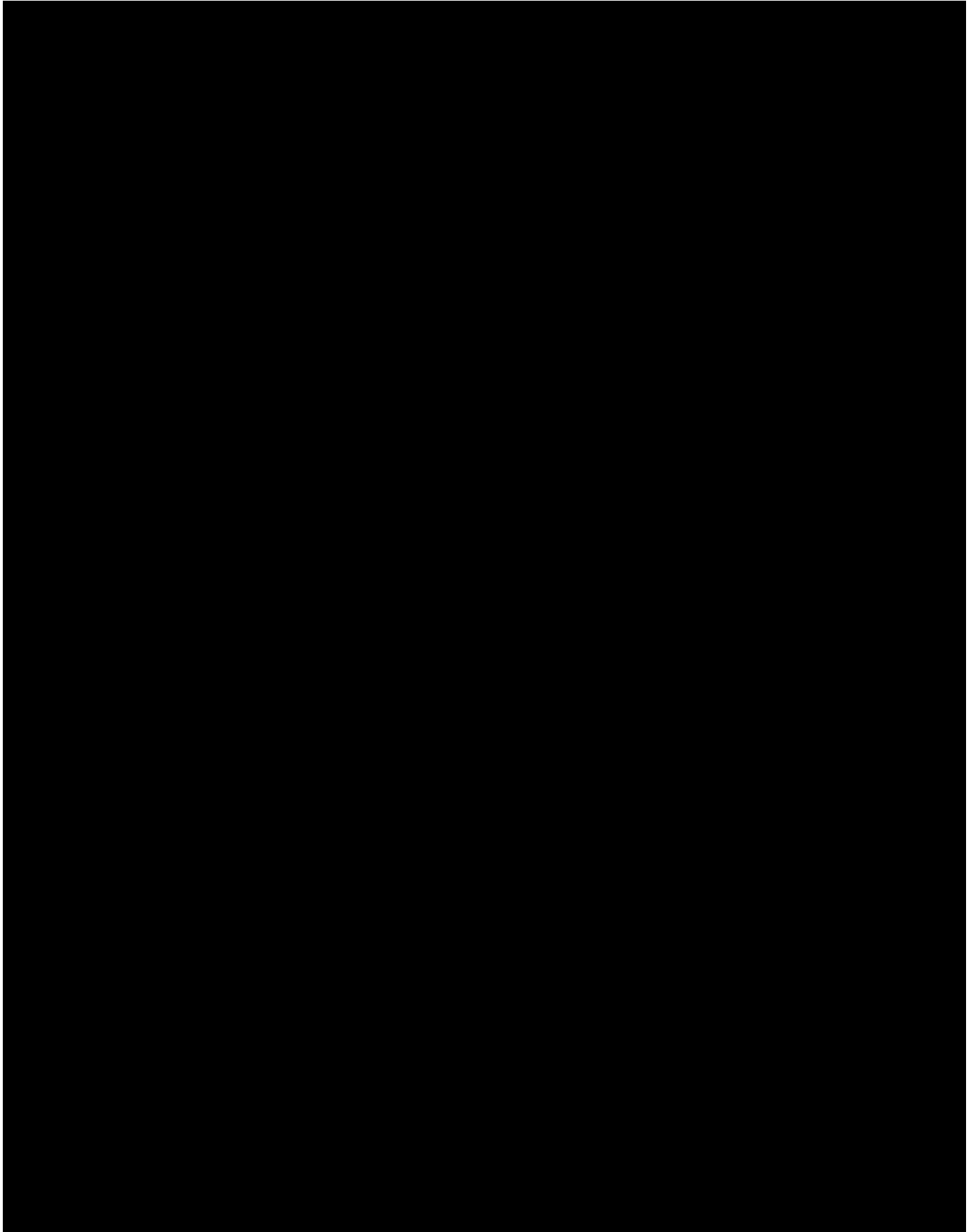


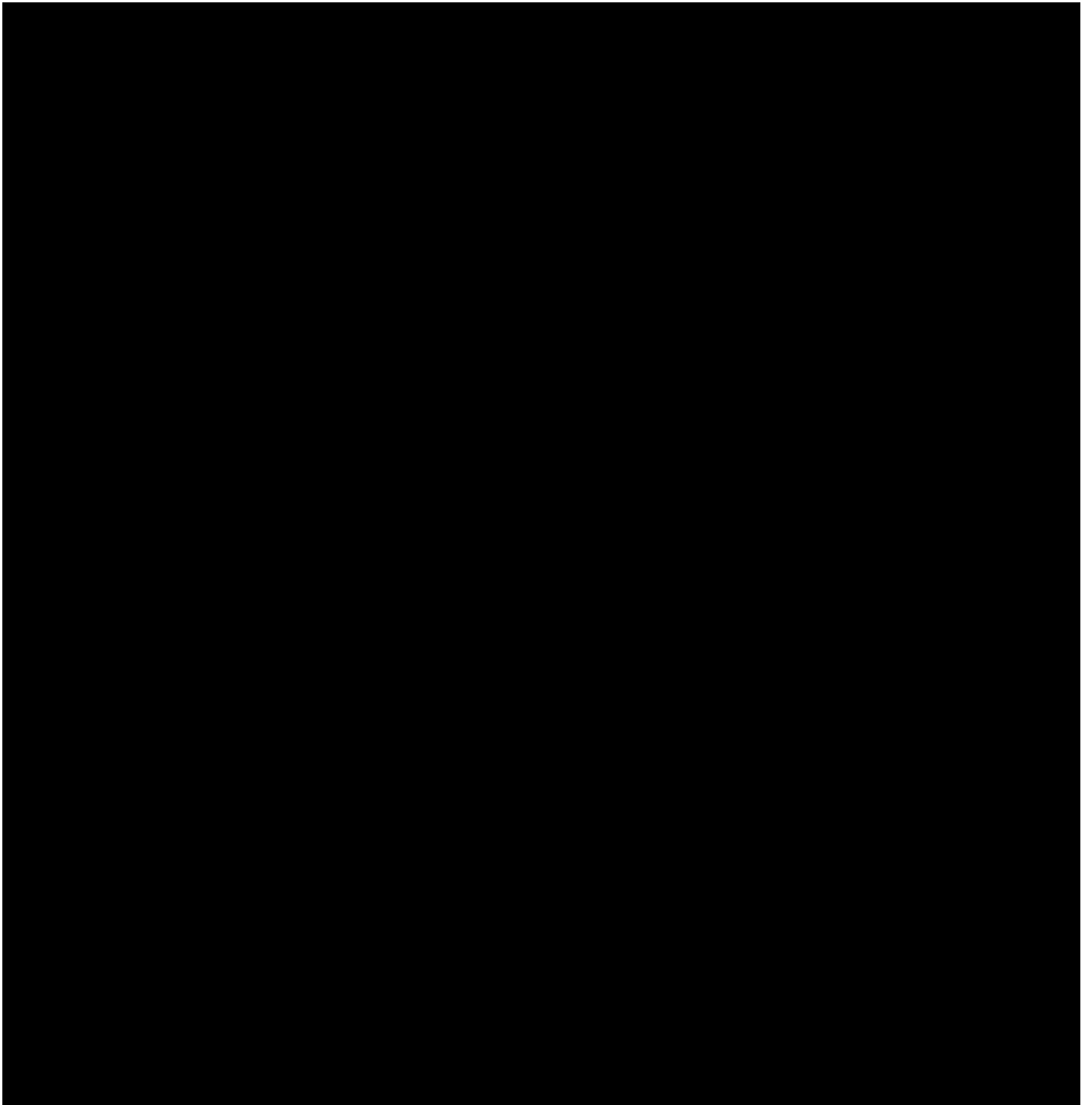




**40.8 - Investigations**

Our company takes all concerns seriously and will use the FDA-recommended Corrective and Preventive Actions (CAPA) framework to swiftly investigate and analyze the factors that led to the unsafe condition requiring the recall, and any adjustments that need to be made to internal protocols and processes to avoid a recurrence.





Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 41 – Marketing and Advertising Plan

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows

Printed Name of Verifying Individual

CEO

Title of Verifying Individual

*M. Brandon Meadows*

Signature of Verifying Individual

Original 12/27/2022; Edited 2/23/2023

Verification Date

**Exhibit 41 – Marketing and Advertising Plan**

*Plan Status: Complete*

We have developed a marketing and advertising plan in accordance with the Alabama Medical Cannabis Commission (AMCC) Act, AMCC Rules and Regulations, and the Alabama Department of Agriculture and Industries Food Safety Administrative Code.

The state has defined “advertisement” as any written or verbal statement, illustration, or depiction created to induce sales through the use of or a combination of letters, pictures, objects, sounds, lighting effects, illustrations, or other similar means. An “advertisement” includes but is not limited to brochures, promotional and other marketing materials. Any advertisement likely to reach or appeal to minors is prohibited. We will ensure that any advertising or marketing campaign related to or involving medical cannabis does not encourage, promote, or otherwise create any impression that cannabis is legal, therapeutic, or beneficial, except as specifically authorized by the Act and Rules.

Our company will not use a name, logo, sign, advertisement, or other marketing campaign or program unless the same, including all related materials, have been submitted to the Commission. Materials that must be submitted to the Commission shall include, but are not limited to, the following:

- To the extent possible, the name, logo, sign, advertisement or other marketing campaign or program proposed for use.
- A brief description of the format, medium, and length of the distribution.
- A verification that an actual patient is not being used on the advertisement.
- Verification that an official translation of a foreign language advertisement is accurate.
- A final copy of the advertisement, including a video where applicable, in a format acceptable to the Commission.

The Commission has fourteen (14) days to review materials submitted. After the Commission has reviewed the proposed advertisement submitted, the Commission may, in its discretion, do any of the following:

- Require a specific disclosure be made in the advertisement in a clear and conspicuous manner if the advertisement would be false or misleading without such disclosure.
- Require changes as necessary to protect the public health, safety, and welfare.
- Prohibit the use of the advertisement.

The initial decision as to the acceptability of a proposed name, logo, sign, advertisement or other marketing campaign or program, as well as any requirements that may be imposed, will be made by AMCC staff.

Our company will not place or maintain, or cause to be placed or maintained, an advertisement of medical cannabis or any related product, in any of the following ways:

- Within 500 feet of the perimeter of a prohibited facility or any business or organization where, in the opinion of the Commission, the placement of the advertisement targets or is attractive to minors.
- On a billboard.
- On a radio or television broadcast, including a system for transmitting visual images and sound that are reproduced on screens, and includes broadcast, cable, on-demand, satellite, cinema, social media, or another internet-based platform.
- On any handheld or other portable sign.
- With respect to public places, on a brochure, handbill, pamphlet, leaflet, or flyer directly handed, deposited, fastened, thrown, scattered, cast, or otherwise distributed to any person.
- Left upon any private property without the consent of the property owners.
- On or in a vehicle, public transit vehicle, or public transit shelter.
- On or in a publicly-owned or operated property.

Any name, logo, sign, advertisement, or other marketing campaign or program of or on behalf of our company, regardless of the medium, will not:

- Include reference to, or be accompanied by, any image bearing a resemblance to a cartoon character or of any individual (actual or fictional) more than fifteen

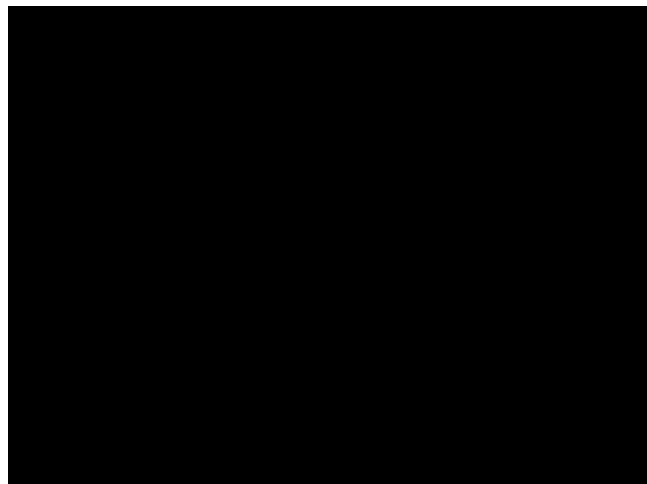
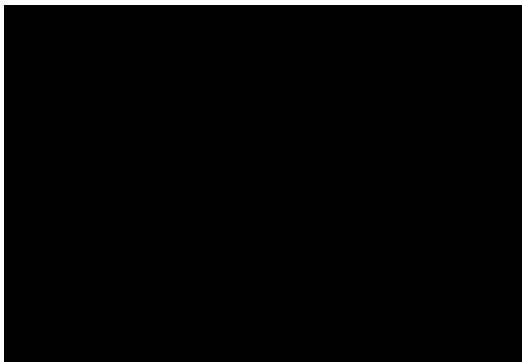
percent (15%) of whose audience is, or should be reasonably anticipated to be, composed of minors.

- Market, distribute, offer, sell, license, or cause to be marketed, distributed, offered, sold, or licensed, any apparel or other merchandise related to the sale of medical cannabis.
- Suggest, by direct or indirect reference, a relationship to edibles (including candy, cookies, brownies, cakes, and the like) or beverages.
- Include designs or other presentational effects that are commonly used to target minors.
- Suggest or otherwise indicate that the product or entity in the advertisement has been approved or endorsed by the Commission, the State of Alabama or any person, entity or agency associated with the State of Alabama.
- Advertise in a manner that is inconsistent with the medicinal and approved use of medical cannabis.
- Encourage the use of medical cannabis for a condition other than a qualifying medical condition.
- Contain any statement, design, representation, picture, or illustration that contains or communicates:
  - False or misleading statements.
  - Names other than the registered name of the licensee's registered business name or an approved d/b/a, or the registered name of medical cannabis or related products.
  - A depiction of cannabis plants or any part thereof, except with respect to:
    - Signs, displays and marketing material provided inside a dispensing site, including but not limited to brochures or other written materials provided directly to patients and caregivers within the sales area of a dispensing site.
    - On a website maintained by the licensee for the exclusive use of patients and caregivers.

- Slang terms and similar references, including words or depictions directly or indirectly referring to, unlicensed uses of cannabis.
- Disparagement of a competitor's products.
- Obscene, indecent, or profane statements or depictions.
- Statements as to the health benefits or therapeutic benefits of cannabis or medical cannabis, and statements as to the safety or efficacy of cannabis or medical cannabis unless supported by substantial clinical data.

#### **41.1 – Logos and Branding**

We intend to use the following proposed logo for branding, messaging and other marketing and advertising communications:



#### **41.2 – Media Outlets and Platforms**

We intend to use the following media outlets or platforms:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

#### **41.3 – Marketing and Advertising Support**

We intend to manage marketing and advertising in-house with the support of our operational partner. [Redacted]

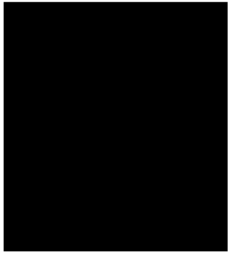

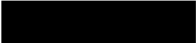
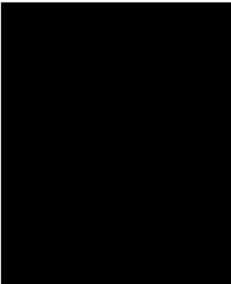
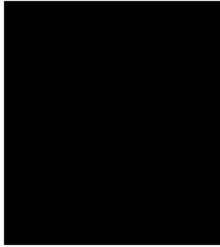
[Redacted]

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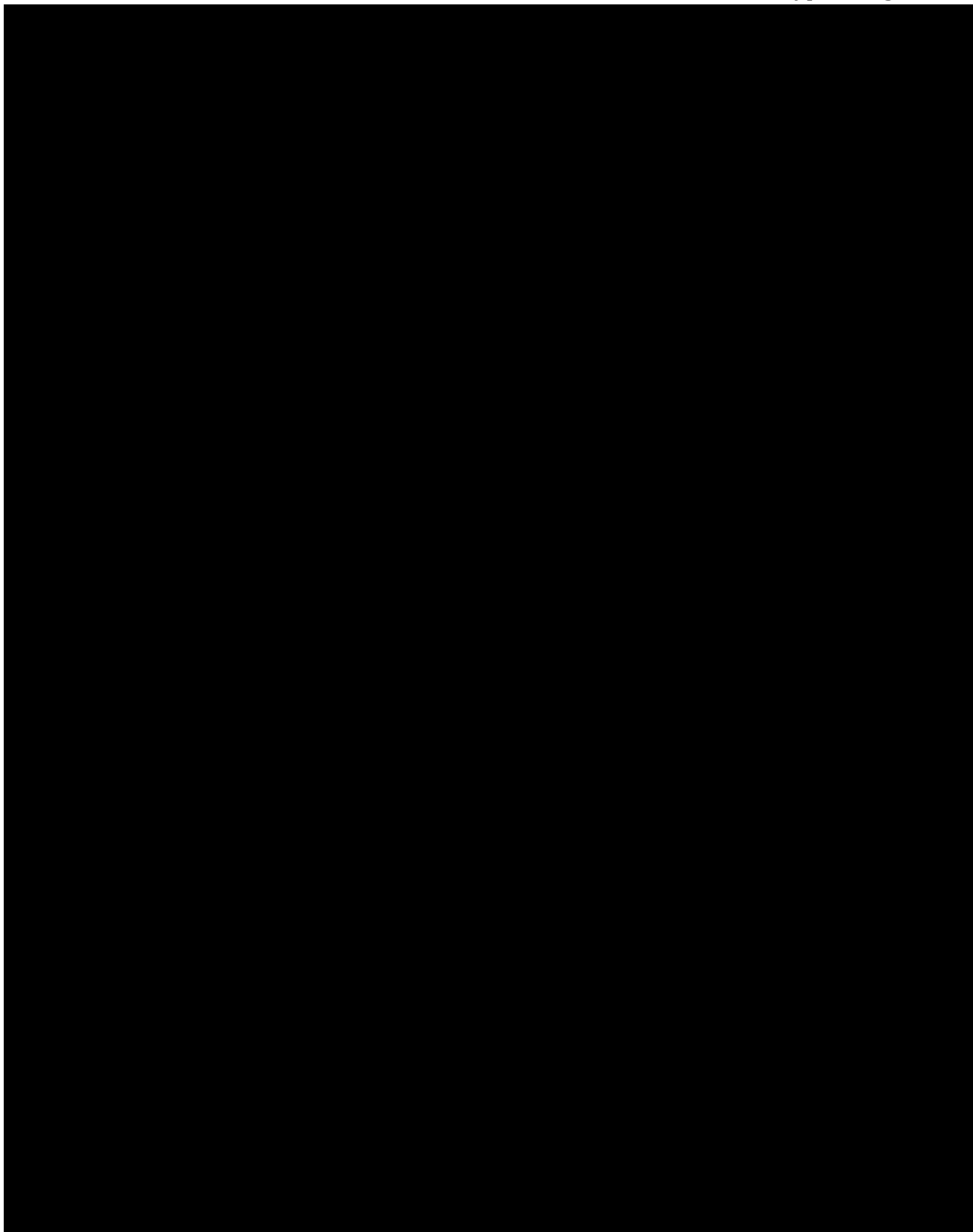
**41.4 - Packaging Renderings**

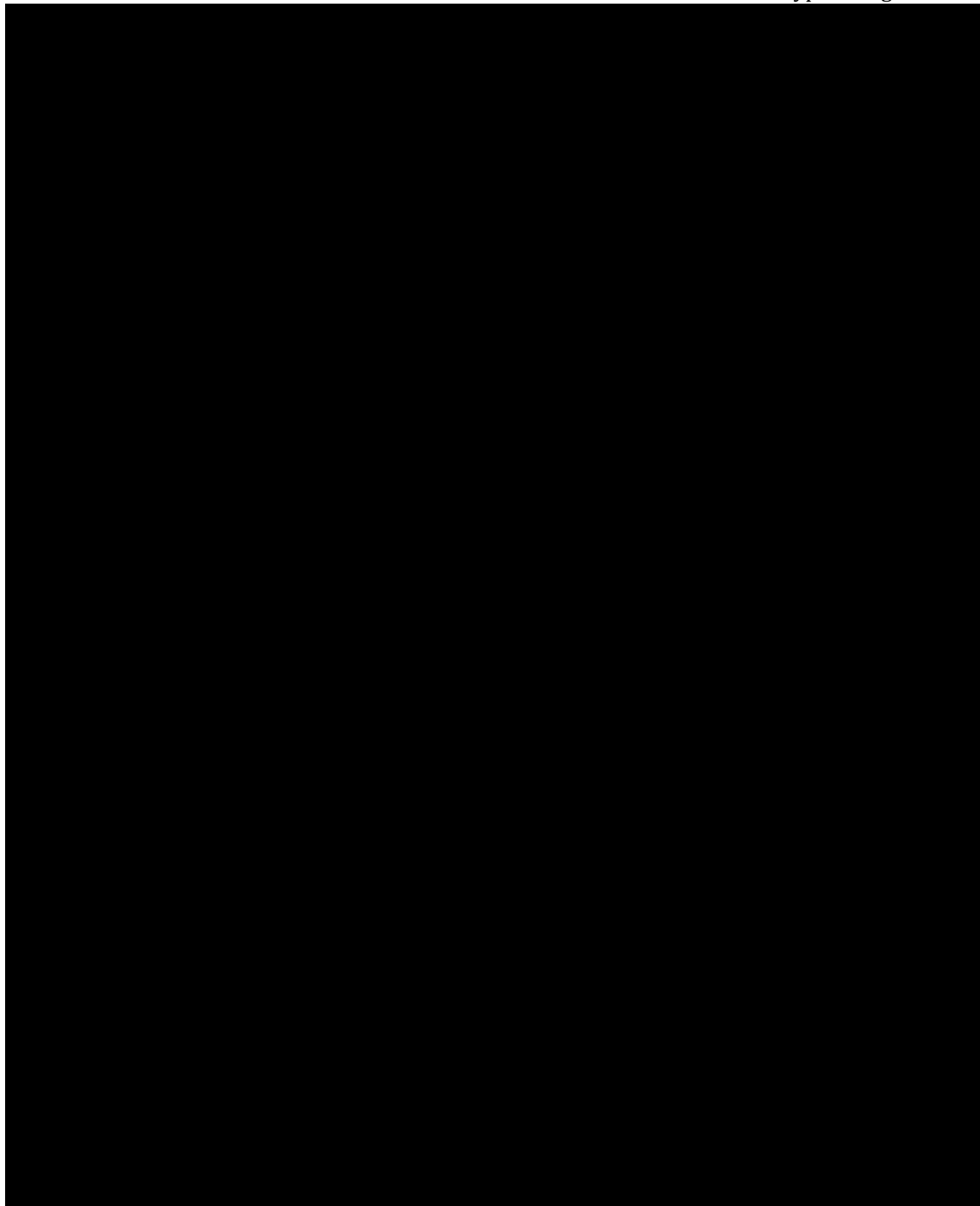
We have included renderings of all packaging, demonstrating the size, color, logo, artwork, or statements appearing on the packaging, as well as all child-resistant, tamper-evident, or other safety features, demonstrating conformity with the Act and the AMCC Rules.

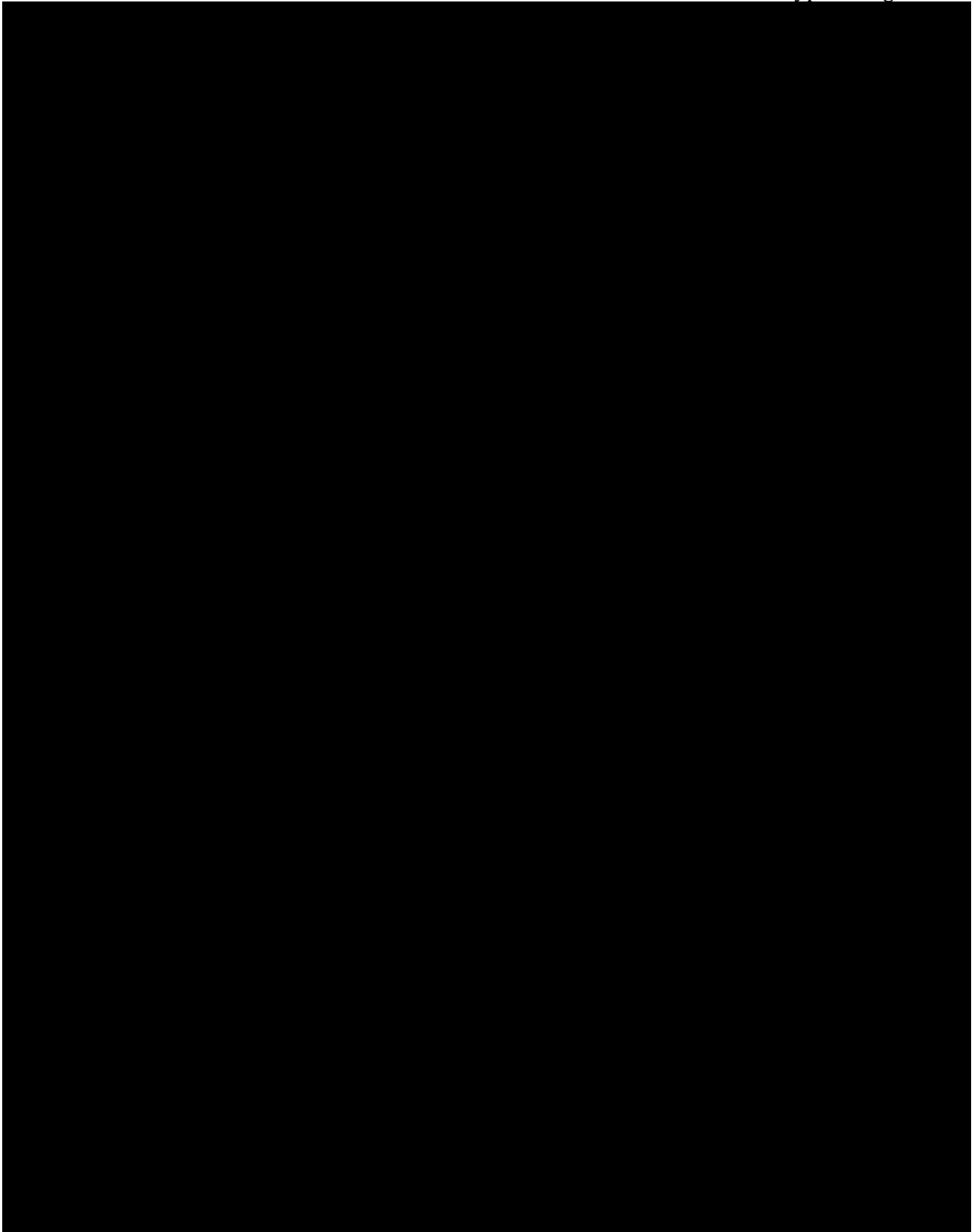
<b>Soft Chews</b>	<b>Tincture</b>
	
<b>Concentrate and</b> 	<b>Topical Ointment &amp; Tablets</b>
	

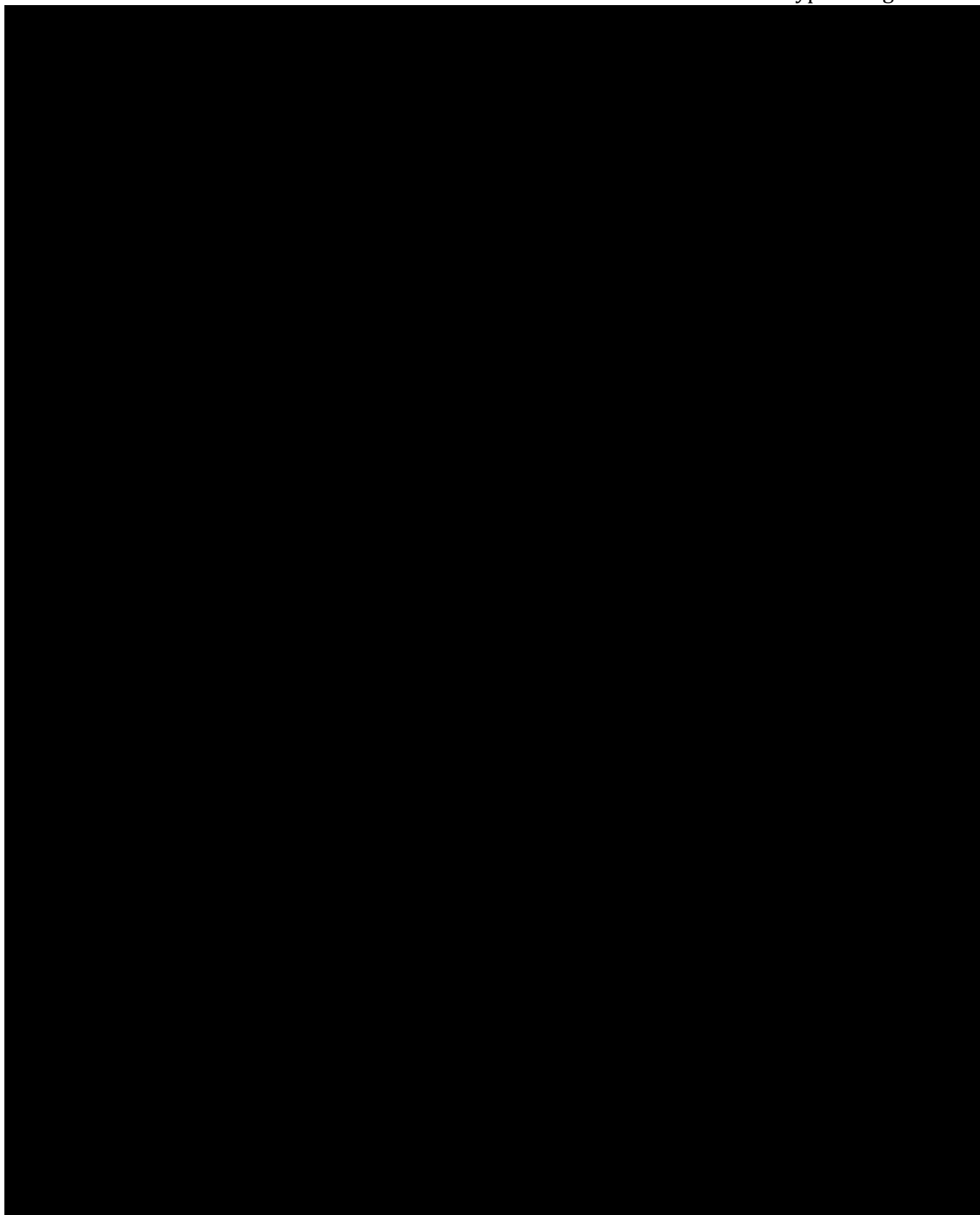
**41.5 - Proposed Labeling**

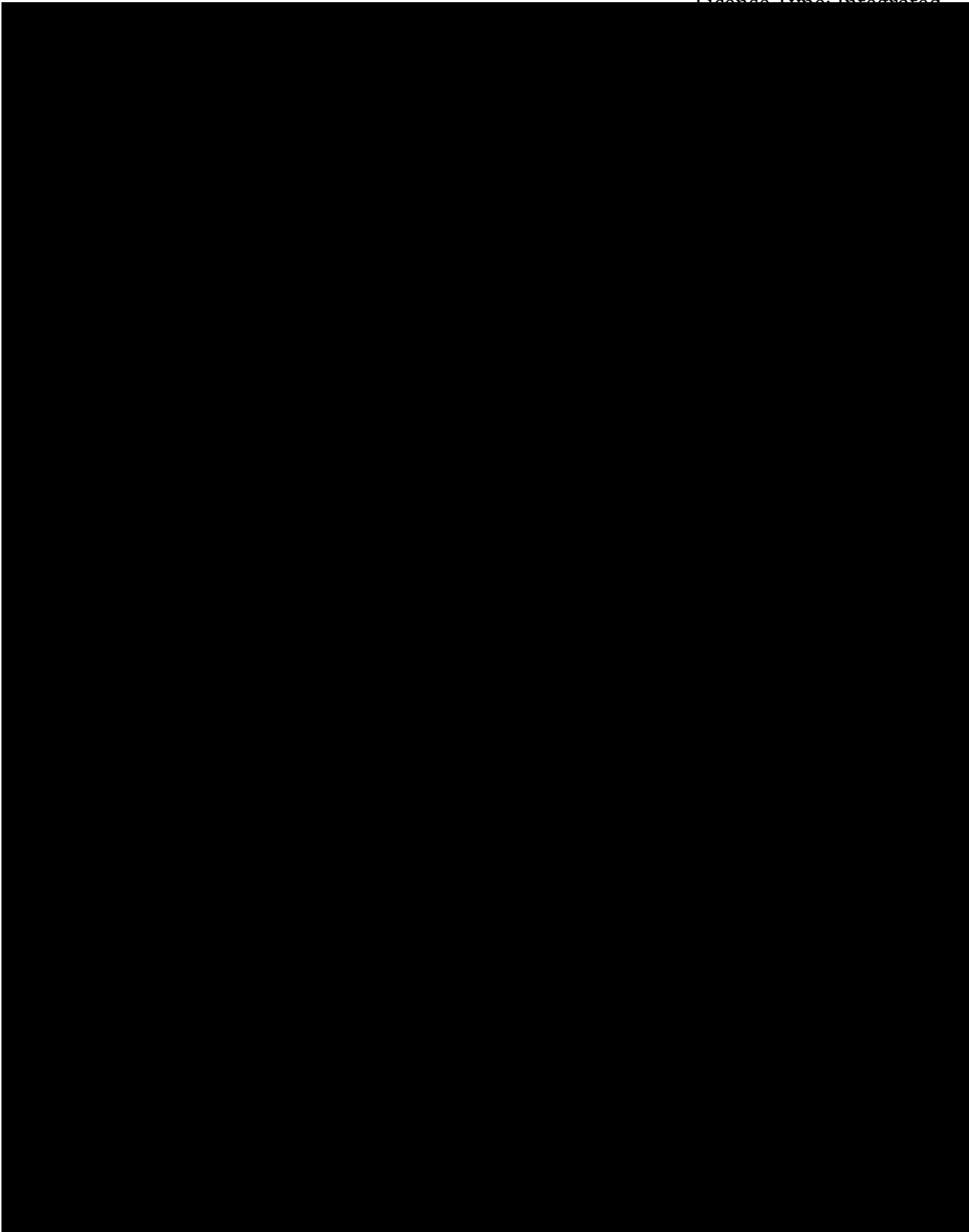
We have included examples of all proposed labeling, including labels on packaging, on containers and any inserts to be included in any packages, demonstrating conformity with the Act and the AMCC Rules.

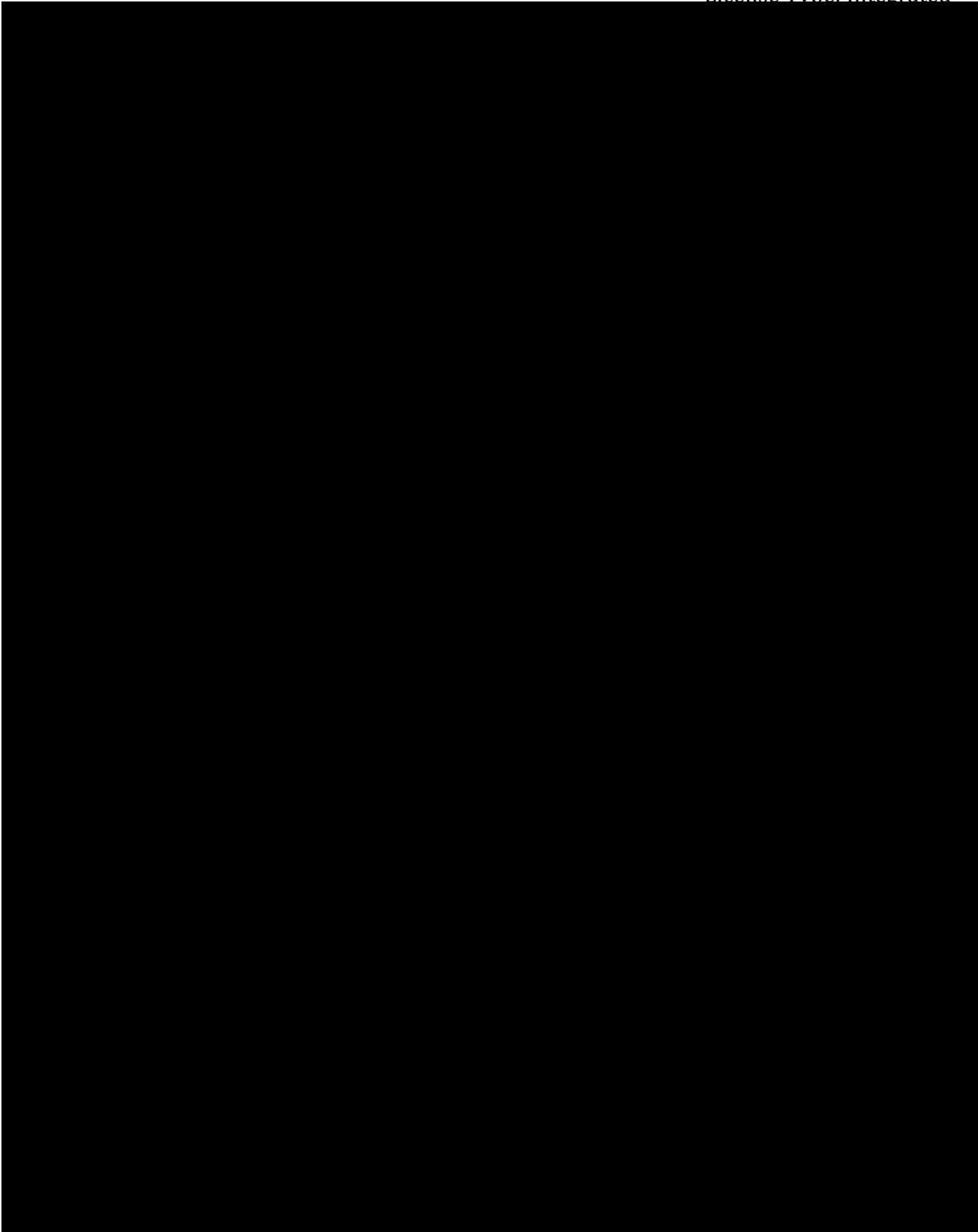


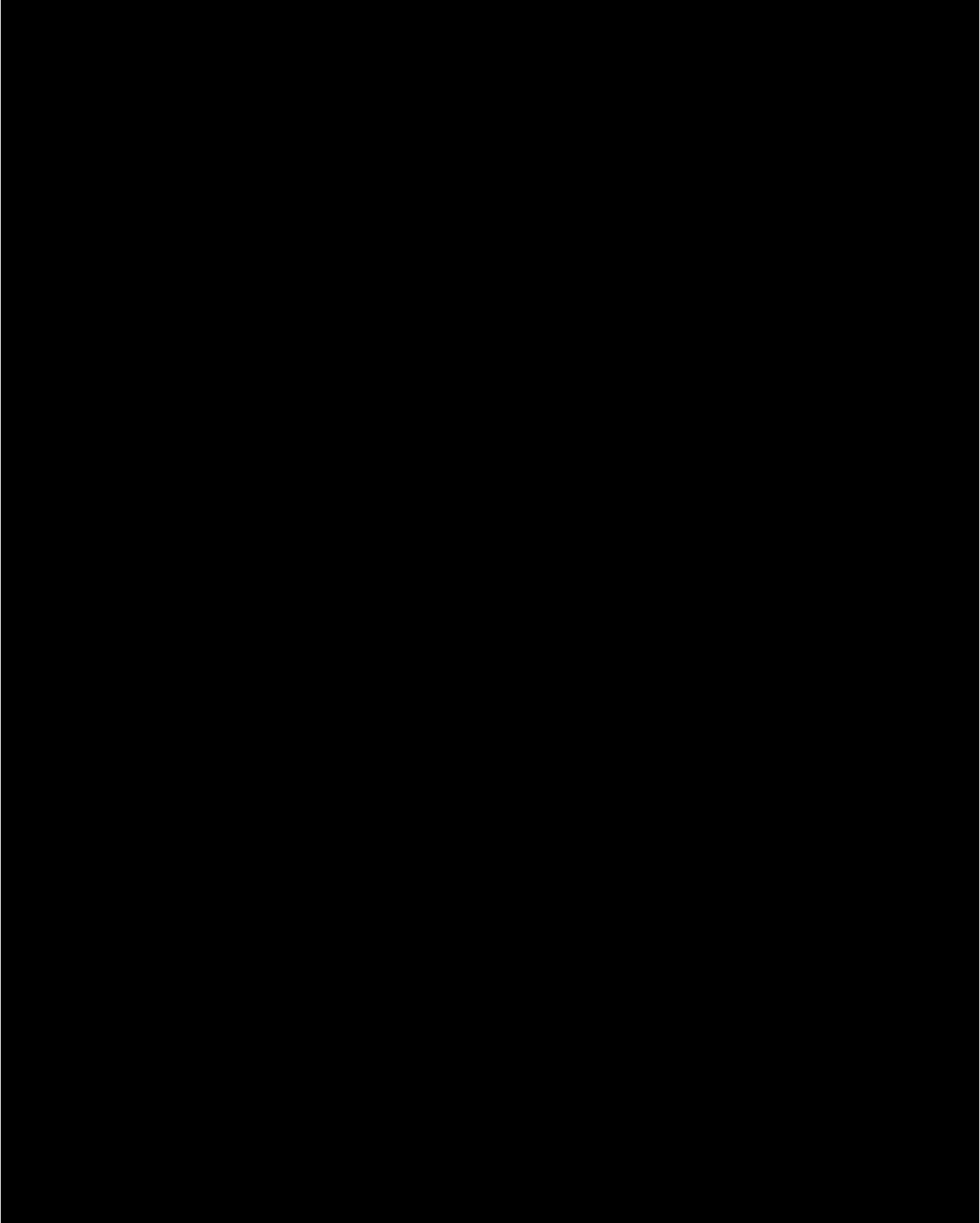




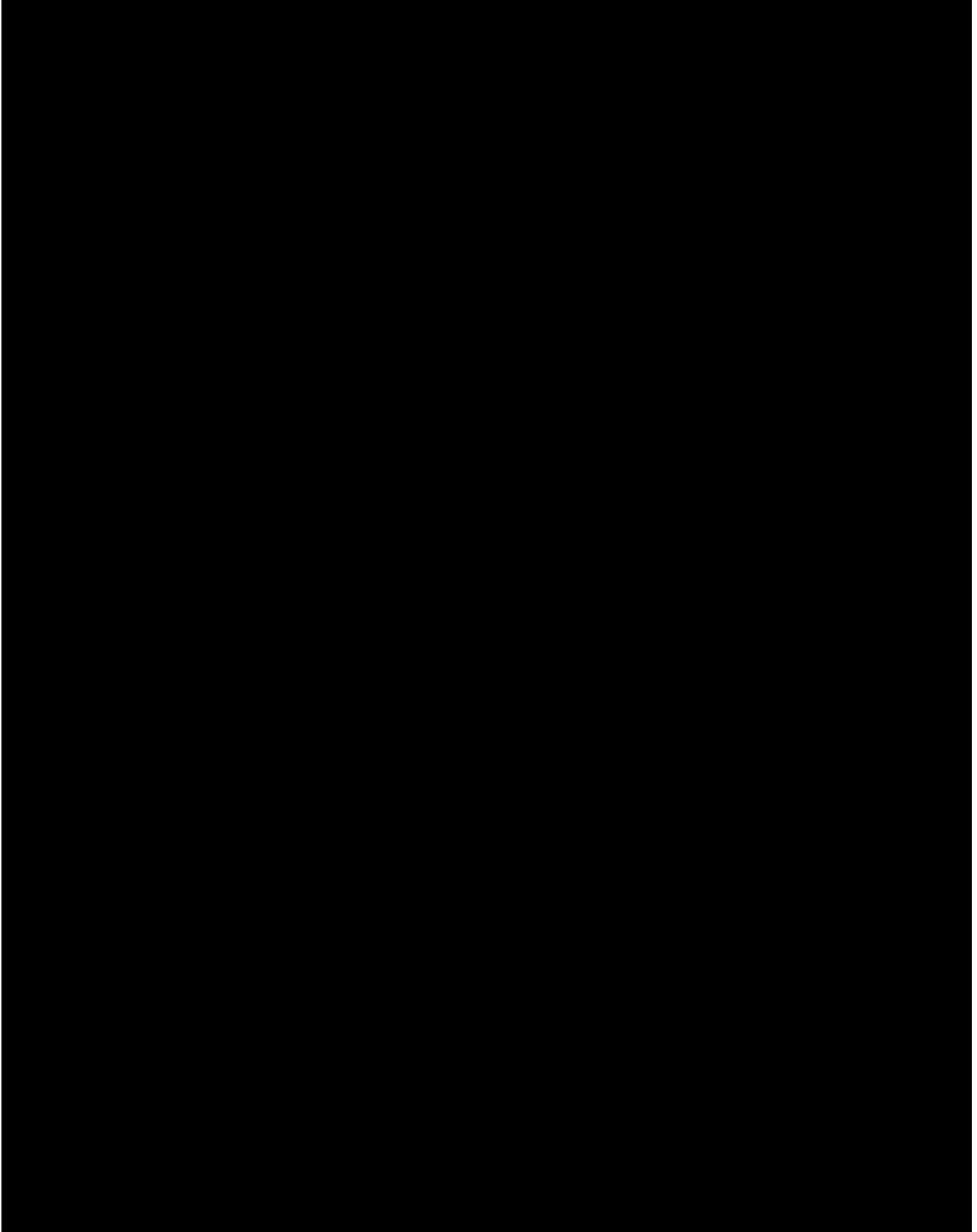


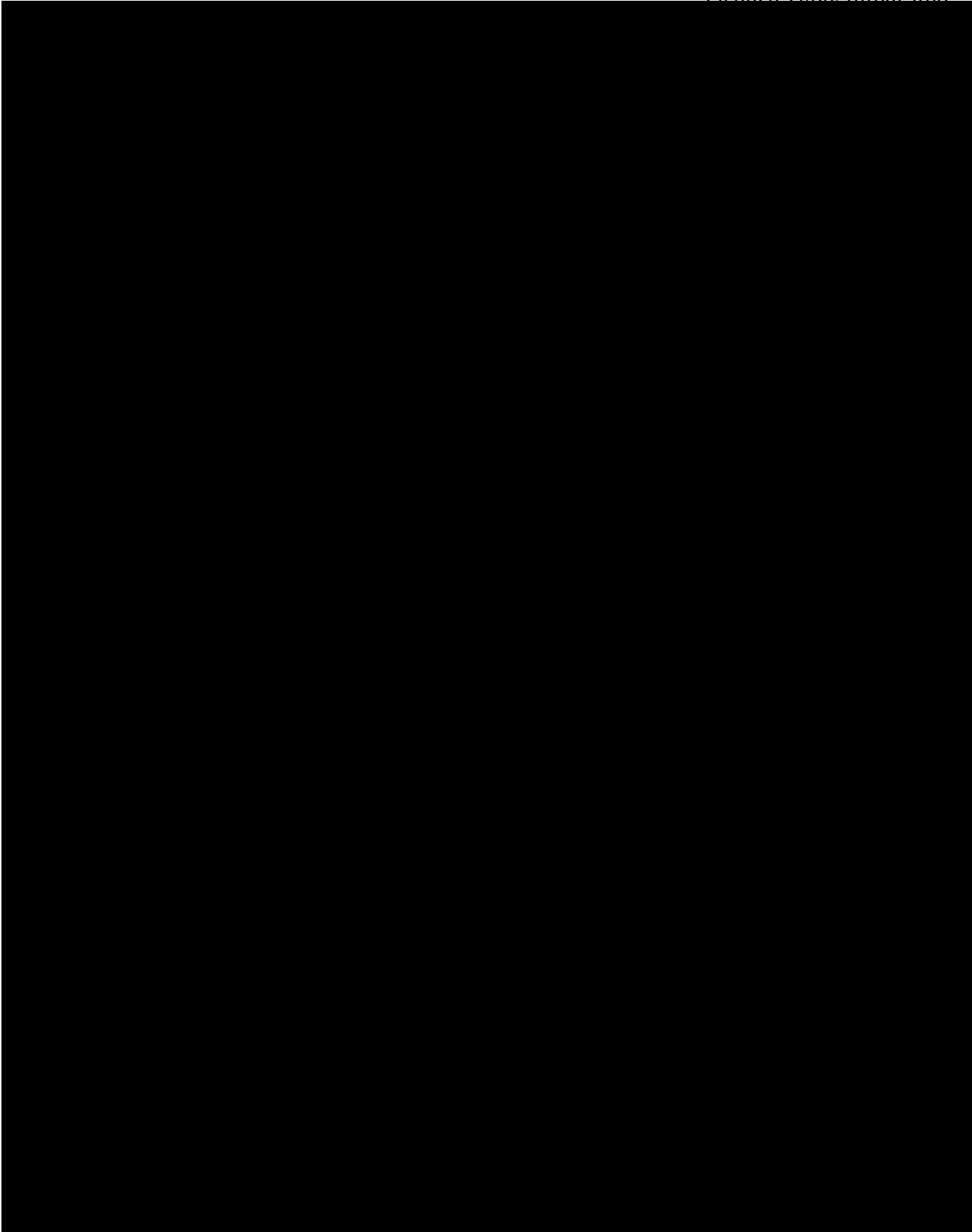


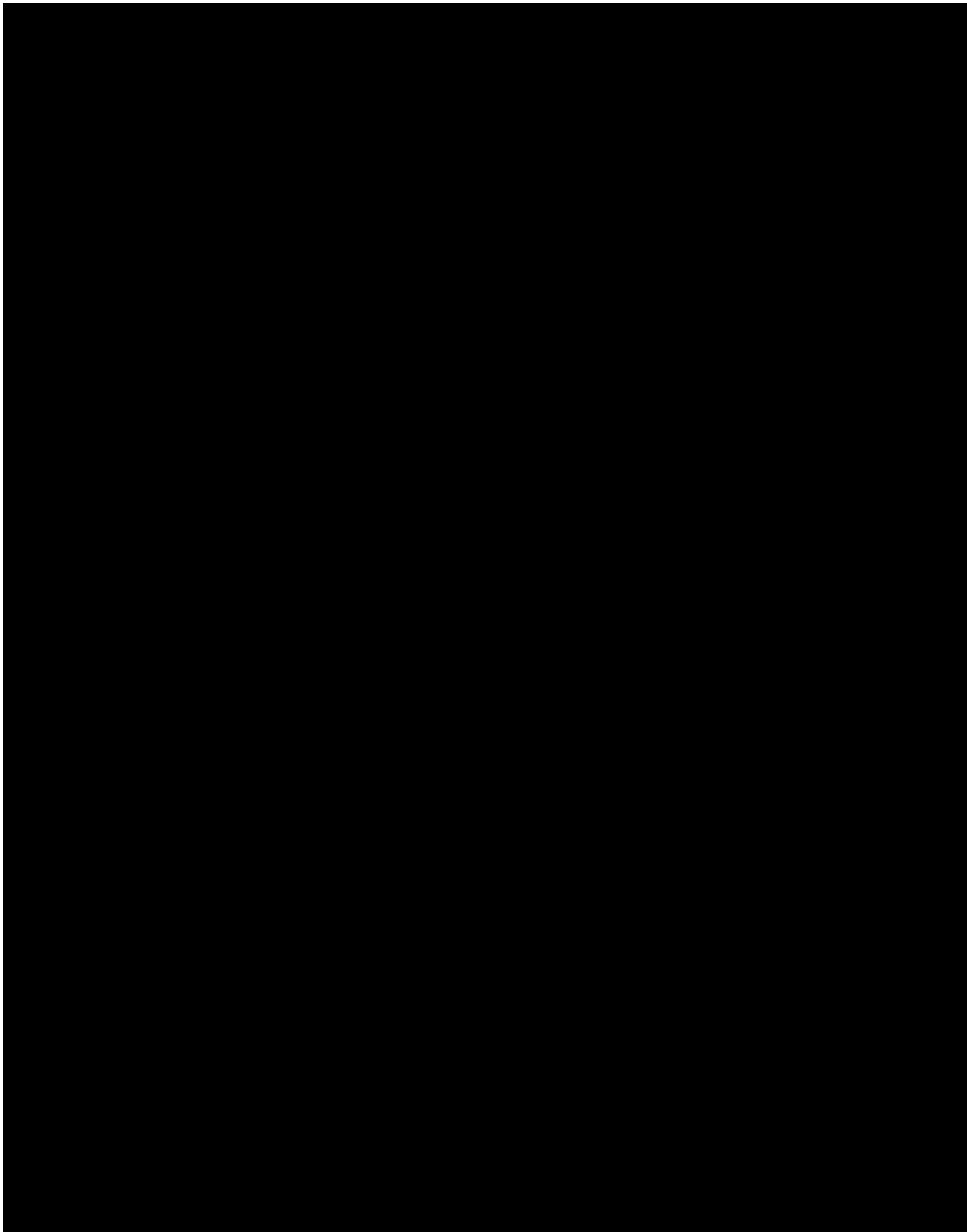


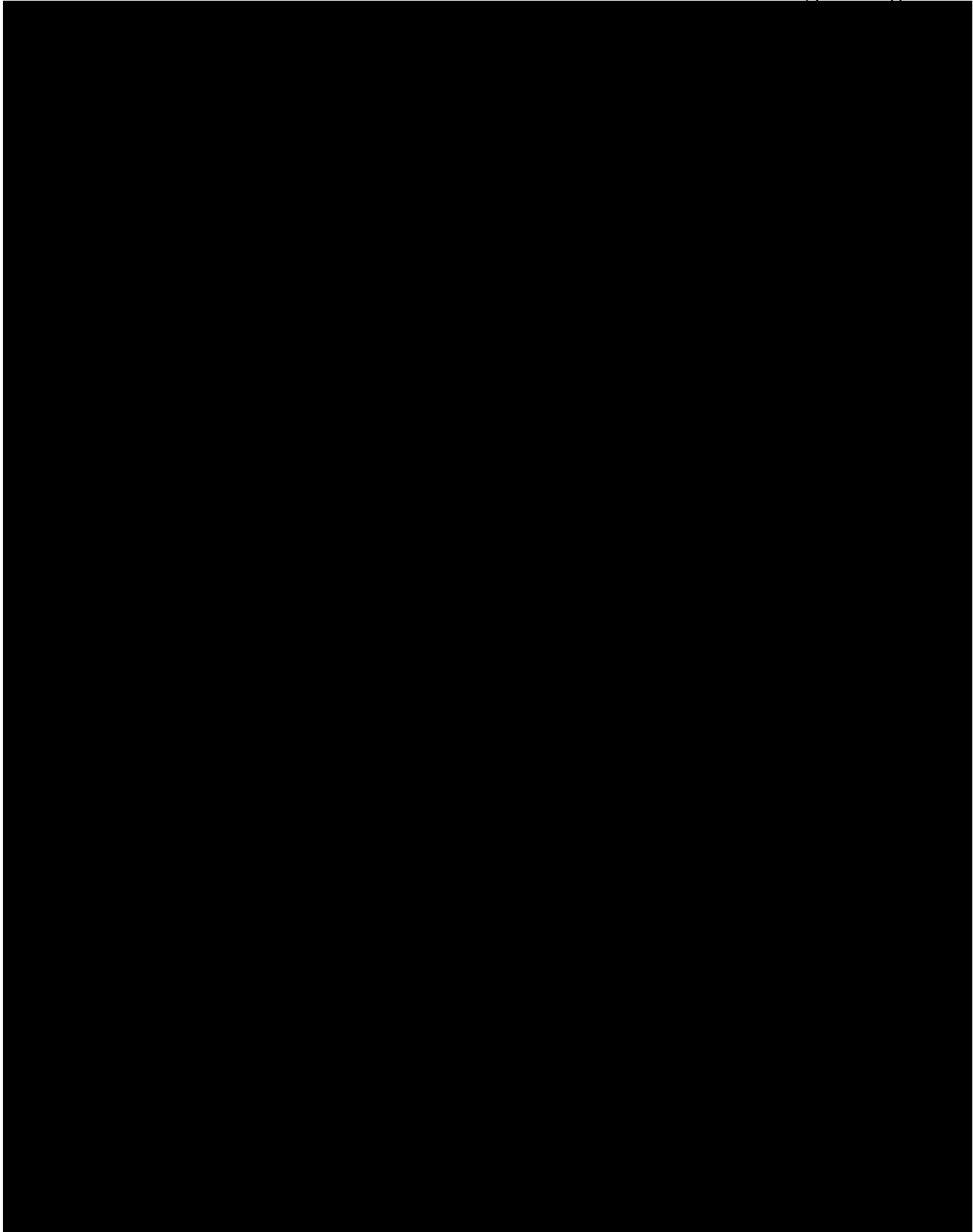


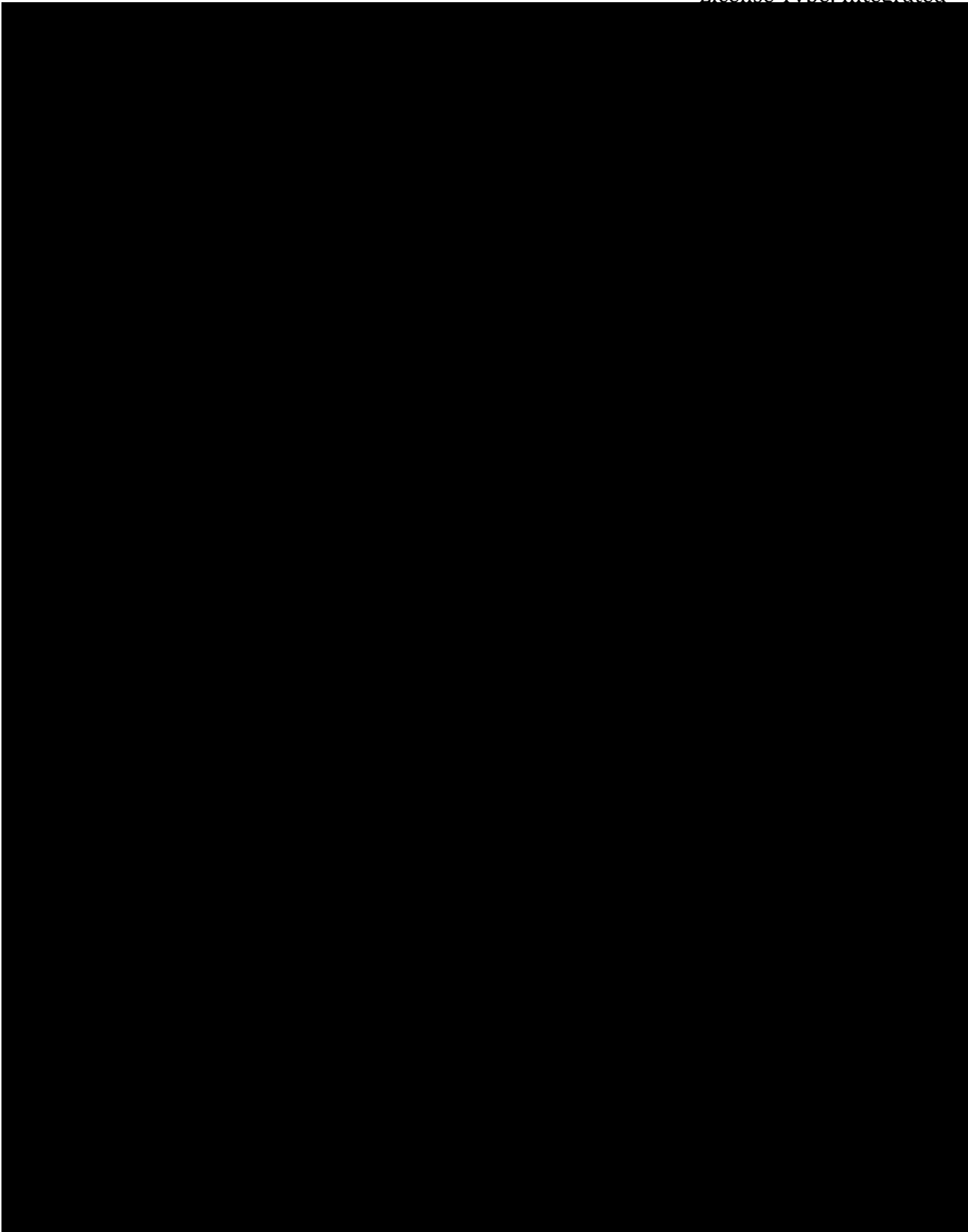


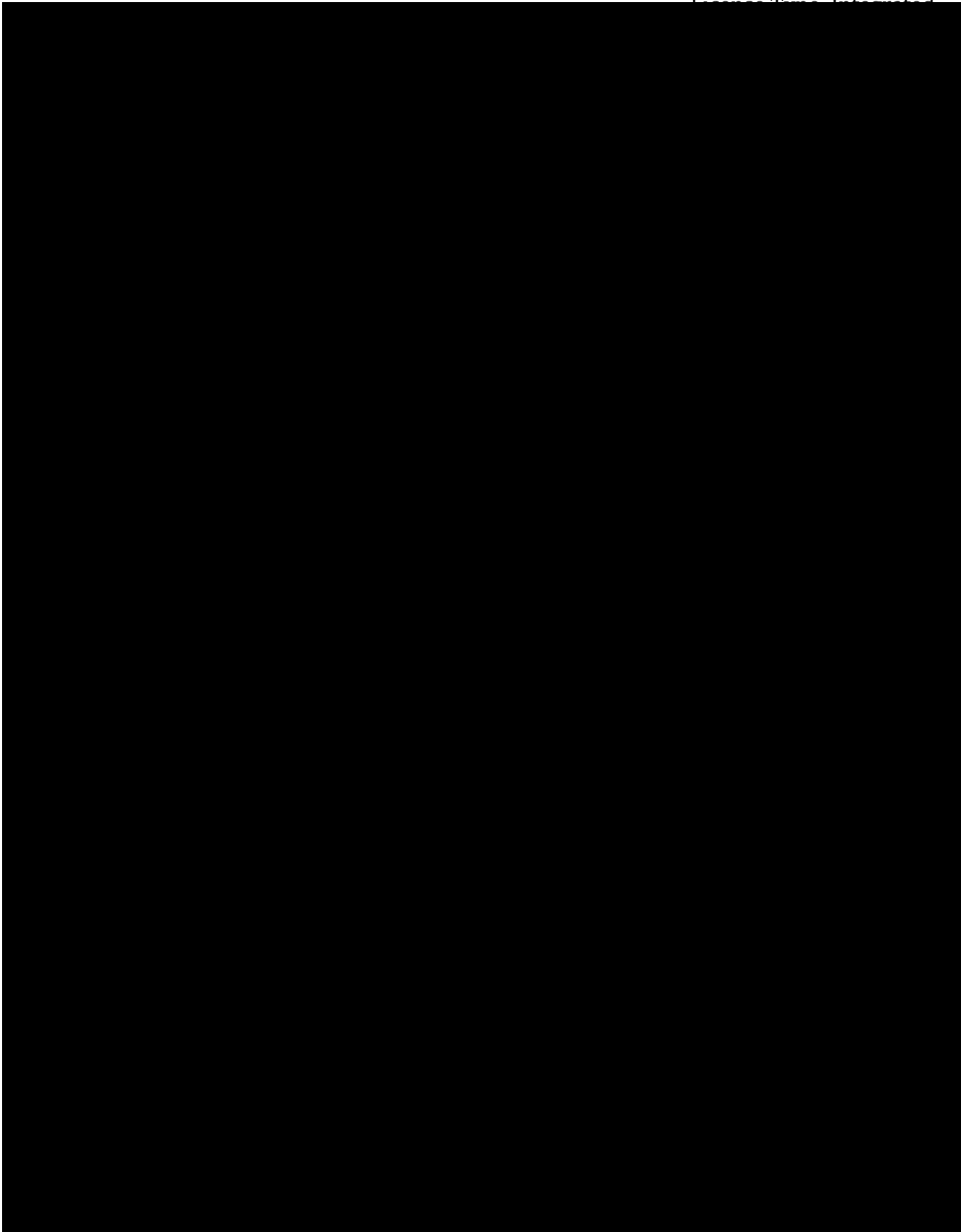


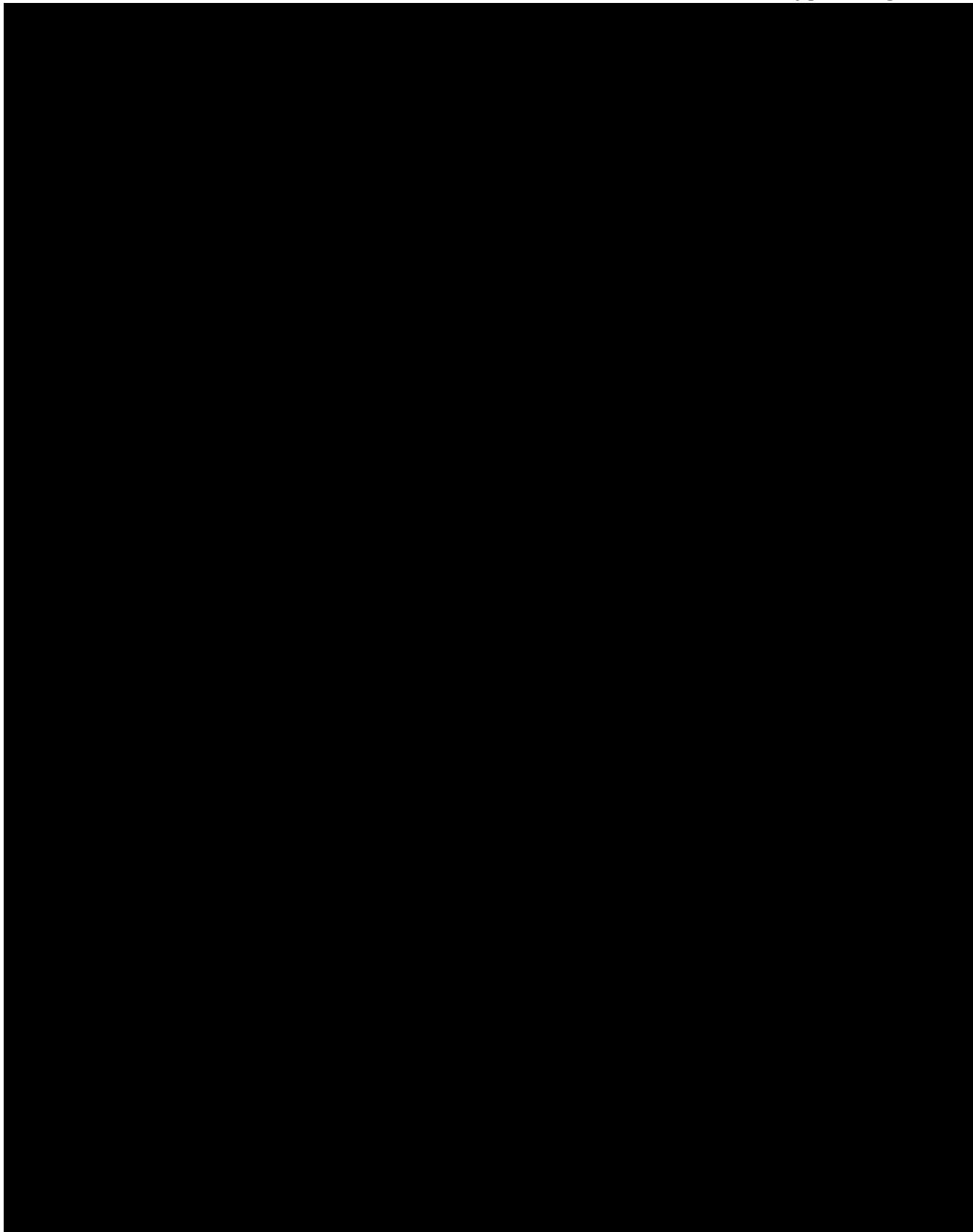


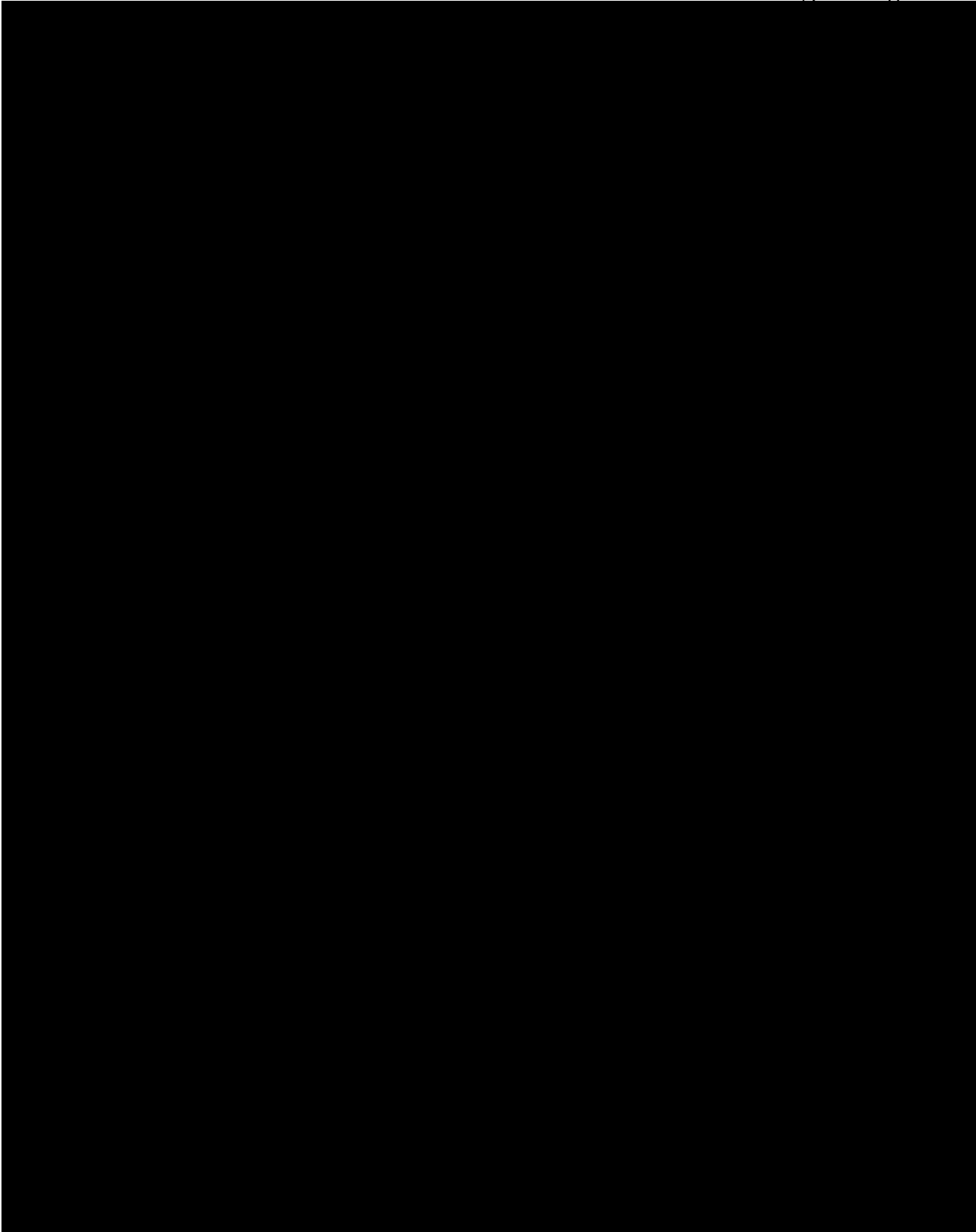














Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Exhibit 42 – Website and Social Media

## Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Michael Brandon Meadows  
\_\_\_\_\_  
**Printed Name of Verifying Individual**

CEO  
\_\_\_\_\_  
**Title of Verifying Individual**

*M. Brandon Meadows*  
\_\_\_\_\_  
**Signature of Verifying Individual**

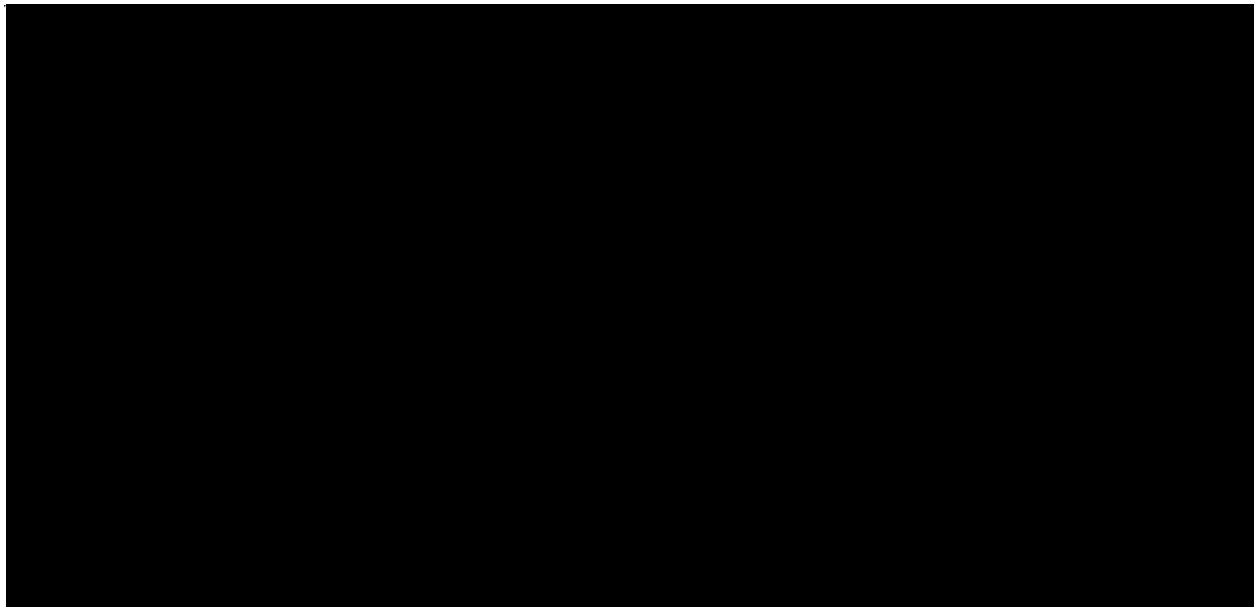
12/28/2022  
\_\_\_\_\_  
**Verification Date**

## **Exhibit 42 – Website and Social Media**

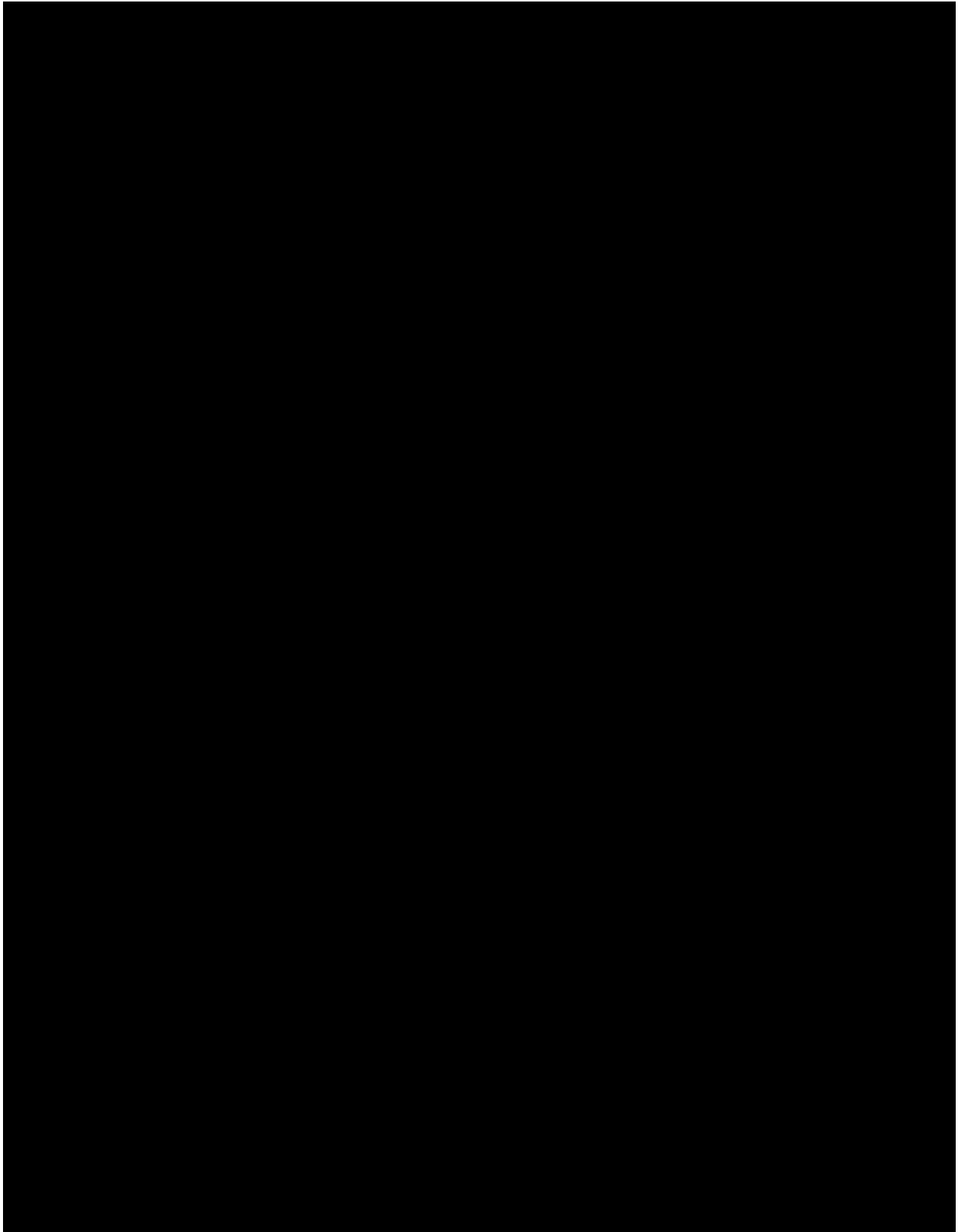
### **42.1 – Website Site Maps**

As part of our service offerings, we will be developing an online ordering and E-commerce platform to allow patients to experience our products and facilities in a seamless and immersive way. With guidance from our operational partner, we intend to create a website with beautiful and intuitive user flows optimized for any device through reactive web design. By selecting a customizable E-commerce platform, we will tailor the user experience to the unique needs of our patients, allowing for users of varying degrees of experience, comfort level, and needs to find the products that matter to them.

Our design allows the customer to move seamlessly from rich content materials like video and photo content, to our online shop, to checkout in a few simple clicks. Our technology stack allows us to not only collect feedback and service the patient’s needs in an intuitive and frictionless way, but it also allows us to provide a fast, secure and safe experience for our users by leveraging scalable, cloud-based servers, and security protection software to defend customer information at the highest levels.

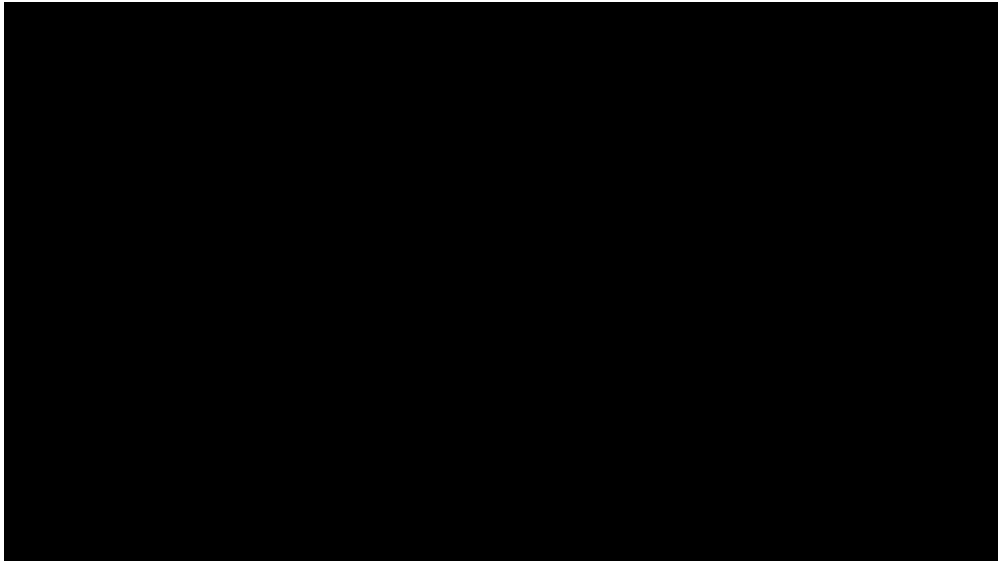


*Figure 1: Website Home Page*

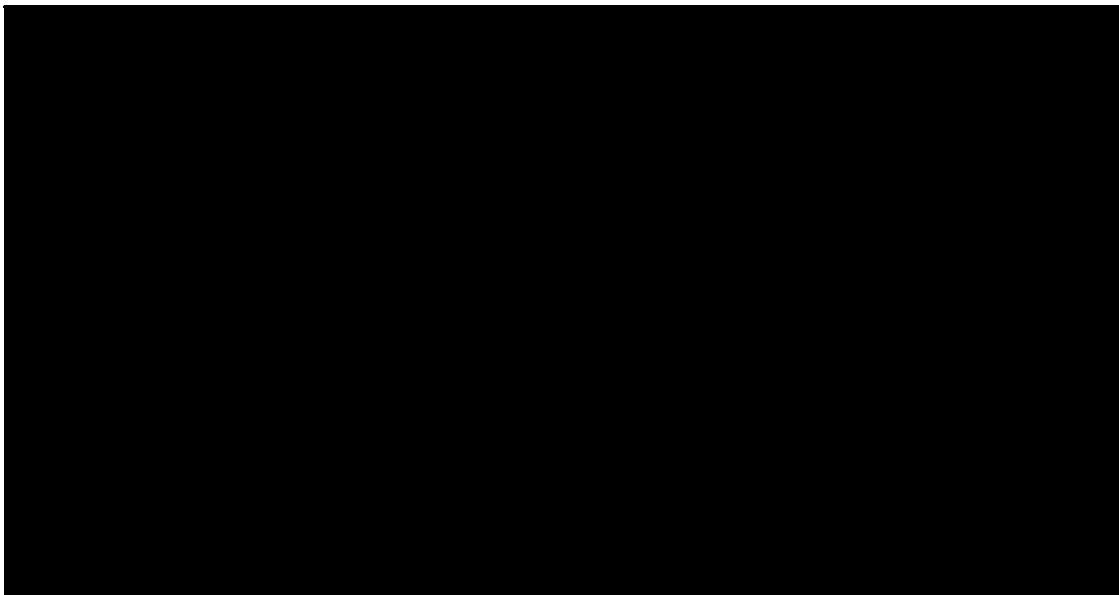


*Figure 2: Site Map*

While our website development continues, we will replicate many of the features of our operational partner's website. A site map for that website is included.



*Figure 4: Operational Partner Website Home Page*

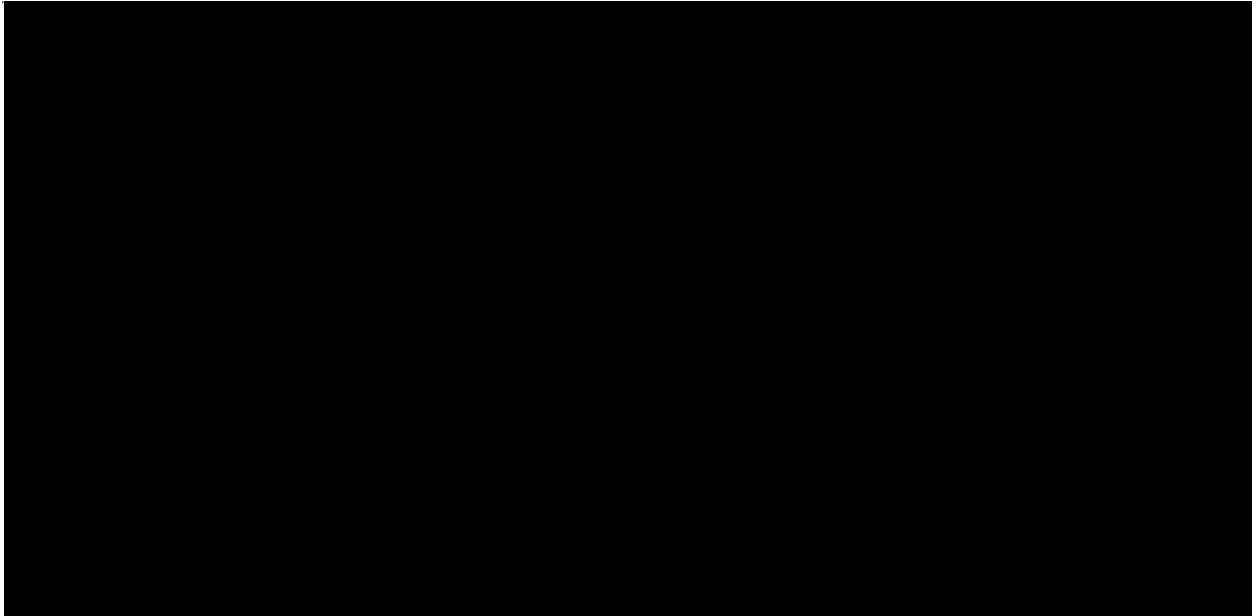


*Figure 5: Operational Partner Website - Product Information\*\**

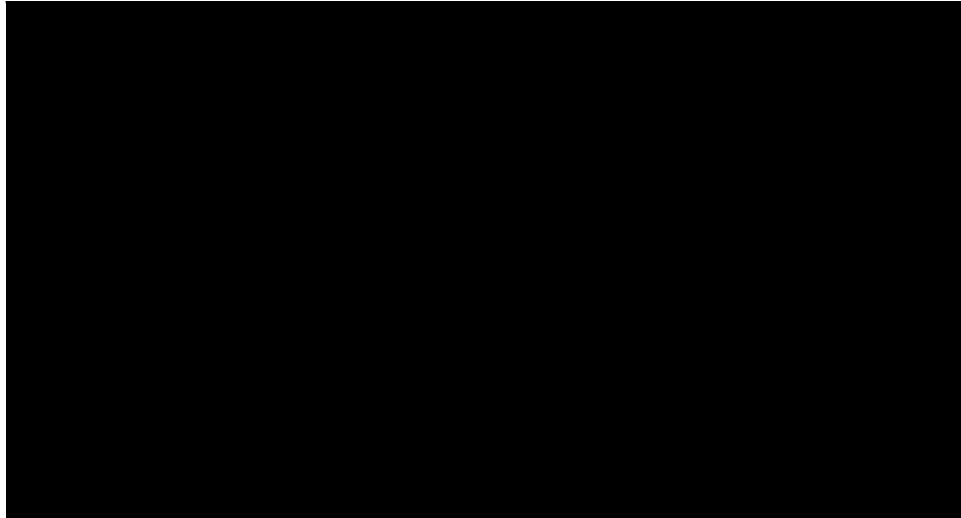
*\*\*FLOWER PRODUCTS ARE NOT PERMITTED IN ALABAMA AND WILL NOT BE DEPICTED ON ANY WEBSITE. IMAGE IS FOR SAMPLE PURPOSE ONLY.*



*Figure 6: Operational Partner Website - Store Location Example*

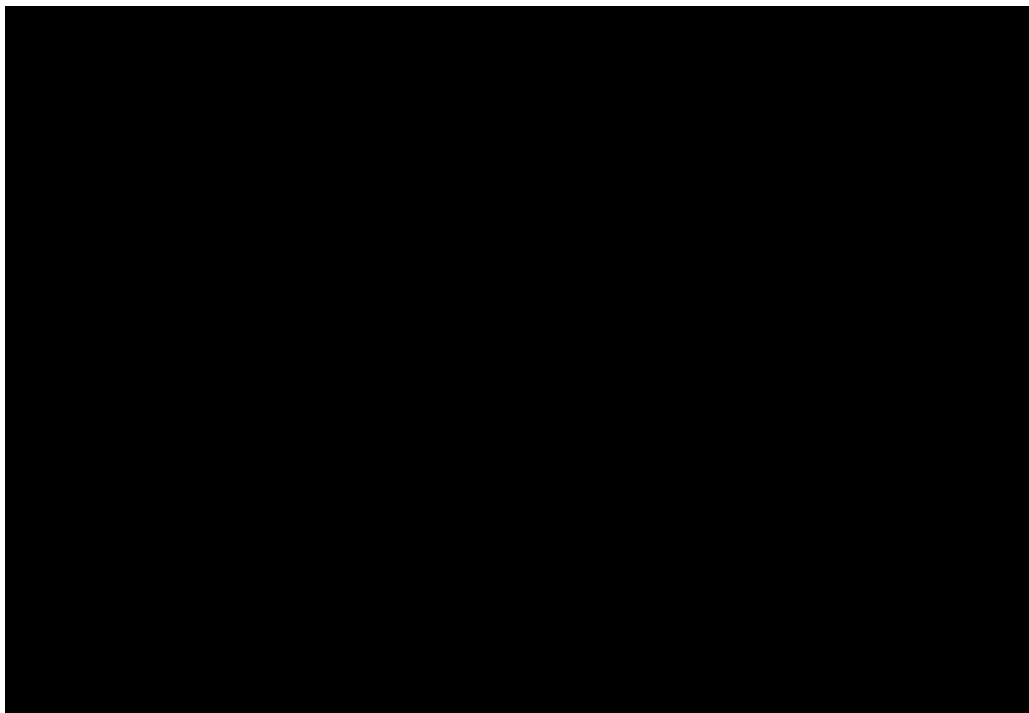


*Figure 7: Operational Partner Website - Brand Information*

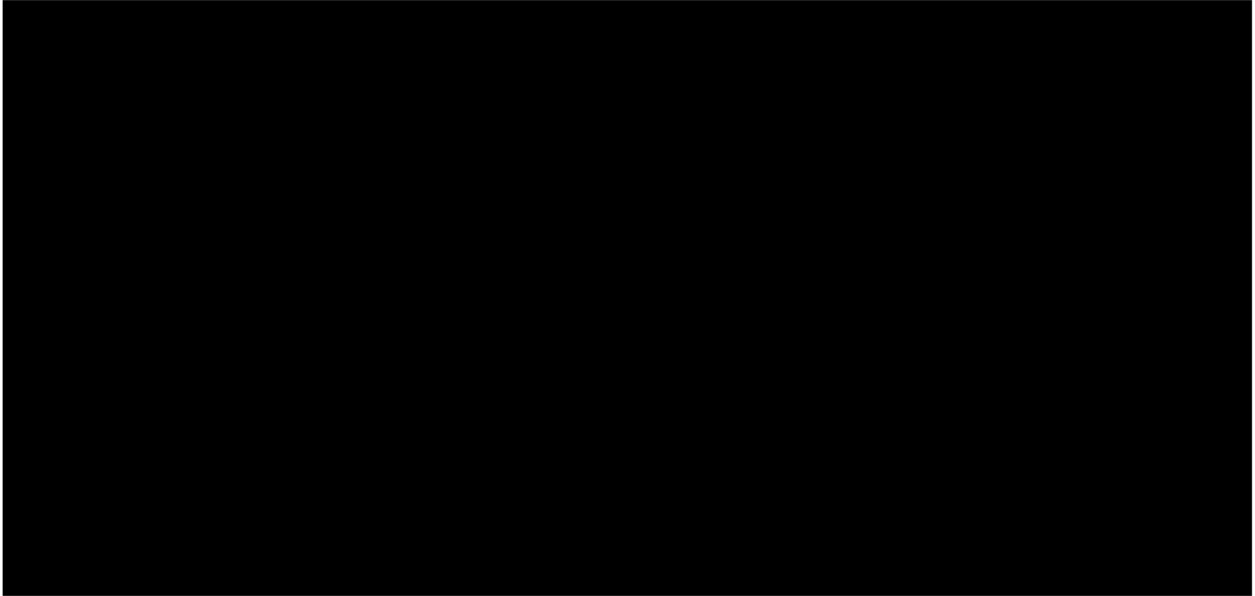


*Figure 8: Operational Partner Website – Product Lab Results*

Our website will foster education through rich video, image, and text content that speaks to the benefits of organic and all-natural growing practices, plant-based medicine, and clean extraction methods. We designed the product detail pages to clearly show THC and CBD potency, cannabinoids and terpene profile, THC:CBD ratio. Through dynamic functionality, users can go even deeper on product pages to educate themselves on cannabis terminology and learn about common cannabinoids and terpenes and their benefits.



*Figure 9: Operational Partner Website - Patient Education Center*



*Figure 10: Operational Partner Website - Cannabis Strain Guide*

**42.2 - Web Addresses**

Website Address: [Redacted]

Instagram:  
[Redacted]

Twitter:  
[Redacted]

Facebook:  
[Redacted]

Certain information within this Application has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40(2002)) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2(2002)) if the information contained proprietary "trade secrets" as expressly defined therein.

**FORM I: OWNERSHIP ENTITY INDIVIDUALS**

"Ownership Entity" – An entity that has any ownership interest in the Applicant.

Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.

For purposes of this form, if the ownership entity is a trust, disclose the names and addresses of all trustees and beneficiaries; if a privately held corporation, the names and addresses of all shareholders, officers, and directors; if a publicly held corporation, the names and addresses of all shareholders holding a direct or indirect interest of greater than five percent, officers, and directors; if a partnership or limited liability partnership, the names and addresses of all partners; if a limited partnership or limited liability limited partnership, the names of all partners, both general and limited; or if a limited liability company, the names and addresses of all members and managers.

[Redacted]  
Business License Applicant Name

Integrated Facility  
License Type

**Ownership Entity Information**  
[Redacted]  
Ownership Entity Name

[Redacted]  
Ownership Entity % Ownership in Applicant

- Ownership Entity Type:  Trust  Privately Held Corporation  Publicly Held Corporation  
 Partnership  Limited Liability Partnership  Limited Partnership  
 Limited Liability Limited Partnership  Limited Liability Company  
 Other (specify): \_\_\_\_\_

**Ownership Entity Owners**

Michael Brandon Meadows      Member/Board Member      [Redacted]  
Owner Name      Role      % Ownership in Entity

[Redacted]  
Street Address

[Redacted]      AL      [Redacted]  
City      State      Zip

Edwin Bryan Nichols      Member/Board Member      [Redacted]  
Owner Name      Role      % Ownership in Entity

[Redacted]  
Street Address

[Redacted]      AL      [Redacted]  
City      State      Zip



Adolph Weil IV

Member

[Redacted]

Owner Name

Role

% Ownership in Entity

[Redacted]

Street Address

[Redacted]

AL

[Redacted]

City

State

Zip

Bradley Allen Blair

Member

[Redacted]

Owner Name

Role

% Ownership in Entity

[Redacted]

Street Address

[Redacted]

AL

[Redacted]

City

State

Zip

Charles Walton DeCelle JR

Member/Board Member

[Redacted]

Owner Name

Role

% Ownership in Entity

[Redacted]

Street Address

[Redacted]

AL

[Redacted]

City

State

Zip

Continued

Owner Name

Role

% Ownership in Entity

Additional ownership of [Redacted]

continued on following Forms I

Street Address

City

State

Zip

**Applicant Verification:** The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate list of all individuals with an applicable ownership interest in an ownership entity with an ownership interest in the Applicant.

Michael Brandon Meadows

CEO

Printed Name of Verifying Individual

Title of Verifying Individual

Michael Brandon Meadows

Digitally signed by Michael Brandon Meadows  
Date: 2023.03.01 10:43:27 -06 00'

Original 12/27/2022; Edited 3/01/2023

Signature of Verifying Individual

Verification Date

**FORM I: OWNERSHIP ENTITY INDIVIDUALS**

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Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.

For purposes of this form, if the ownership entity is a trust, disclose the names and addresses of all trustees and beneficiaries; if a privately held corporation, the names and addresses of all shareholders, officers, and directors; if a publicly held corporation, the names and addresses of all shareholders holding a direct or indirect interest of greater than five percent, officers, and directors; if a partnership or limited liability partnership, the names and addresses of all partners; if a limited partnership or limited liability limited partnership, the names of all partners, both general and limited; or if a limited liability company, the names and addresses of all members and managers.

[Redacted]  
Business License Applicant Name

Integrated Facility  
License Type

**Ownership Entity Information**  
[Redacted] (continued)  
Ownership Entity Name

[Redacted]  
Ownership Entity % Ownership in Applicant

- Ownership Entity Type:  Trust  Privately Held Corporation  Publicly Held Corporation  
 Partnership  Limited Liability Partnership  Limited Partnership  
 Limited Liability Limited Partnership  Limited Liability Company  
 Other (specify): \_\_\_\_\_

**Ownership Entity Owners**

Michael L. Curry, Ph.D. Member [Redacted]  
Owner Name Role % Ownership in Entity

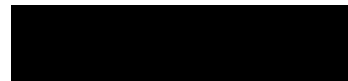
[Redacted]  
Street Address  
[Redacted] AL [Redacted]  
City State Zip

MAA Alternative, LLC Member [Redacted]  
Owner Name Role % Ownership in Entity

[Redacted]  
Street Address  
[Redacted] FL [Redacted]  
City State Zip

Nathan A. Smith IV

Member/Board Member



Owner Name

Role

% Ownership in Entity

[Redacted] ive

Street Address



AL



City

State

Zip

NA

Owner Name

Role

% Ownership in Entity

Street Address

City

State

Zip

NA

Owner Name

Role

% Ownership in Entity

Street Address

City

State

Zip

NA

Owner Name

Role

% Ownership in Entity

Street Address

City

State

Zip

**Applicant Verification:** The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate list of all individuals with an applicable ownership interest in an ownership entity with an ownership interest in the Applicant.

Michael Brandon Meadows

CEO

Printed Name of Verifying Individual

Title of Verifying Individual

Michael Brandon Meadows

Digitally signed by Michael Brandon Meadows  
Date: 2023.03.01 10:43:27 -06'00'

Original 12/27/2022; Edited 3/01/2023

Signature of Verifying Individual

Verification Date

**FORM I: OWNERSHIP ENTITY INDIVIDUALS**

*"Ownership Entity" - An entity that has any ownership interest in the Applicant.*

*Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.*

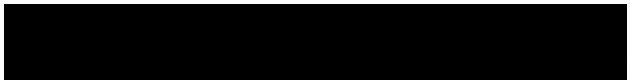
*For purposes of this form, if the ownership entity is a trust, disclose the names and addresses of all trustees and beneficiaries; if a privately held corporation, the names and addresses of all shareholders, officers, and directors; if a publicly held corporation, the names and addresses of all shareholders holding a direct or indirect interest of greater than five percent, officers, and directors; if a partnership or limited liability partnership, the names and addresses of all partners; if a limited partnership or limited liability limited partnership, the names of all partners, both general and limited; or if a limited liability company, the names and addresses of all members and managers.*

  
Business License Applicant Name

Integrated Facility  
License Type

**Ownership Entity Information**

  
Ownership Entity Name

  
Ownership Entity % Ownership in Applicant

- Ownership Entity Type:  Trust  Privately Held Corporation  Publicly Held Corporation  
 Partnership  Limited Liability Partnership  Limited Partnership  
 Limited Liability Limited Partnership  Limited Liability Company  
 Other (specify): \_\_\_\_\_

**Ownership Entity Owners**

Mark Ascik Jr.  
Owner Name

  
Role

  
% Ownership in Entity

  
Street Address

  
City

FL  
State

  
Zip

NA  
Owner Name

\_\_\_\_\_  
Role

\_\_\_\_\_  
% Ownership in Entity

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

NA

Owner Name Role % Ownership in Entity

Street Address

City State Zip

NA

Owner Name Role % Ownership in Entity

Street Address

City State Zip

NA

Owner Name Role % Ownership in Entity

Street Address

City State Zip

NA

Owner Name Role % Ownership in Entity

Street Address

City State Zip

**Applicant Verification:** The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate list of all individuals with an applicable ownership interest in an ownership entity with an ownership interest in the Applicant.

Michael Brandon Meadows

Printed Name of Verifying Individual

Michael Brandon Meadows

Signature of Verifying Individual

Digitally signed by Michael Brandon Meadows  
Date: 2023.03.01 10:43:27 -06'00'

CEO

Title of Verifying Individual

Original 12/27/2022; Edited 3/01/2023

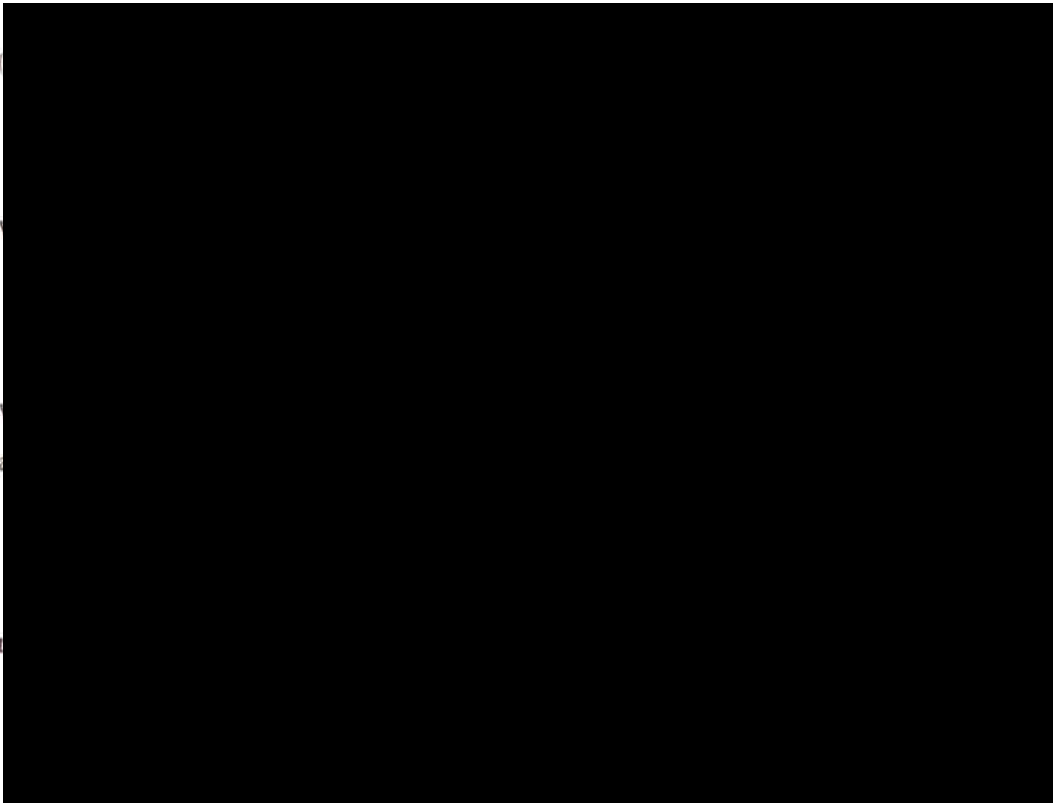
Verification Date



ARTICLES OF ORGANIZATION  
OF

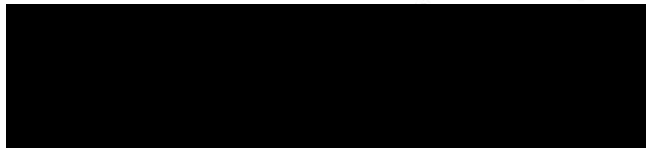


ARTICLE I - NAME



ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



//11465340







Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Management Service Agreement

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
\_\_\_\_\_  
Printed Name of Verifying Individual

CEO  
\_\_\_\_\_  
Title of Verifying Individual

*M. Brandon Meadows*  
\_\_\_\_\_  
Signature of Verifying Individual

12/28/2022  
\_\_\_\_\_  
Verification Date







































Certain information within this Exhibit has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40 (2002) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2 (2002) if the information contained proprietary "trade secrets" as expressly defined therein.

# Proof of Minimum Liability and Casualty Insurance

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Michael Brandon Meadows  
Printed Name of Verifying Individual

CEO  
Title of Verifying Individual

*M. Brandon Meadows*  
Signature of Verifying Individual

12/28/2022  
Verification Date

Our company has secured insurance coverage from [REDACTED], which exceeds the requirement of being an A-rated insurer, as well as the requirements for casualty, workers' compensation, and liability coverage. While this insurance will only be bound should the Applicant receive a license, we have attached our declarations pages and letters of intent.













Certain information within this Application has been redacted. Each redaction was made pursuant to the Alabama Public Records Law (AL Code Section 36-12-40(2002)) if the information contained sensitive personally identifiable information, security plans, procedures, or systems and/or pursuant to the Alabama Trade Secrets Act (AL Code Section 8-27-2(2002)) if the information contained proprietary "trade secrets" as expressly defined therein.

**FORM K: Affidavit of Entity Applicant for Alabama Medical Cannabis License**

STATE OF ALABAMA )  
 )  
JEFFERSON COUNTY )

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (please type or print legibly):

1. NAME OF ENTITY APPLYING FOR LICENSE: [REDACTED]

2. NAME OF AFFIANT: EDWIN BRYAN NICHOLS

3. AFFIANT'S POSITION WITH APPLICANT: ADVISORY BOARD MEMBER/FINANCIAL INTEREST HOLDER

4. AFFIANT IS THE APPLICANT'S (Check One):  Responsible Party  Contact Person  
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (Check One):  
 Cultivator  Processor  Secure Transporter  
 Dispensary  Integrated Facility  State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:
- a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.  
EBN INITIAL HERE
  - b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.  
(Attach a copy of the entity applicant's written authorization to this Affidavit.)  
EBN INITIAL HERE
  - c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.  
EBN INITIAL HERE
  - d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

EMW INITIAL HERE

- e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

EMW INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

EMW INITIAL HERE

- g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

EMW INITIAL HERE

- h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq. Code of Alabama 1975.

EMW INITIAL HERE

- i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

EMW INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

EMW INITIAL HERE

Edwin Byrd

Signature of Affiant

Acting for and on behalf of:

[REDACTED]

Applicant

Sworn to and subscribed before me on this

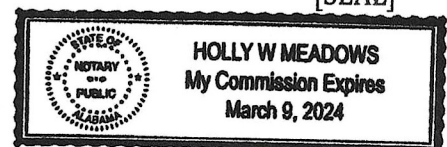
27th day of February, 2023

Holly W Meadows

Notary Public

My Commission Expires: 3/9/24

[SEAL]





**FORM K: Affidavit of Entity Applicant for  
Alabama Medical Cannabis License**

STATE OF ALABAMA )  
 )  
JEFFERSON COUNTY )

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (*please type or print legibly*):

1. NAME OF ENTITY APPLYING FOR LICENSE: [REDACTED]

2. NAME OF AFFIANT: MICHAEL BRANDON MEADOWS

3. AFFIANT'S POSITION WITH APPLICANT: CEO

4. AFFIANT IS THE APPLICANT'S (*Check One*):       Responsible Party       Contact Person  
*(The affidavit of BOTH individuals is required)*

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (*Check One*):

Cultivator       Processor       Secure Transporter  
 Dispensary       Integrated Facility       State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:

a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.  
MBM INITIAL HERE

b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.  
*(Attach a copy of the entity applicant's written authorization to this Affidavit.)*  
MBM INITIAL HERE

c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.  
MBM INITIAL HERE

d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

MBM INITIAL HERE

- e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

MBM INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

MBM INITIAL HERE

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MBM INITIAL HERE

- h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq. Code of Alabama 1975.

MBM INITIAL HERE

- i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

MBM INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

MBM INITIAL HERE

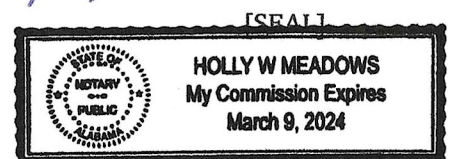
[Signature]  
Signature of Affiant  
Acting for and on behalf of:

[Redacted]  
Applicant

Sworn to and subscribed before me on this 27<sup>th</sup> day of February, 2023

[Signature]  
Notary Public

My Commission Expires: 3/9/24



**RESOLUTION OF  
THE MEMBERS OF**



The undersigned Members of [REDACTED] a limited liability company duly organized under the laws of the State of Alabama (the “Company”), certify that said Members constitute all of the membership interests of the Company and that the following resolutions were duly adopted by said Members on December 23, 2022:

WHEREAS, the Company has, *inter alia*, been organized for the purpose of operating an integrated facility (the “Facility”) under Alabama’s “Darren Wesley 'Ato' Hall Compassion Act” (the “Act”) and desires to appoint, authorize and empower certain individuals to act on its behalf with respect to same.

NOW THEREFORE BE IT RESOLVED, that the Company hereby appoints, authorizes and empowers the following individuals:

**Michael Brandon Meadows  
Edwin Bryan Nichols**

each in his sole capacity, to take any and all actions that he deems necessary or convenient to carry out or in furtherance of the Facility and/or the general business and operations of the Company as he may deem in the best interest of the Company. *By way of illustration and not in limitation of the foregoing authority, each of the foregoing may execute and enter into any agreement, contract, document or instrument for and on behalf of the Company with the Alabama Medical Cannabis Commission (the “Commission”) and/or complete, attest, certify and/or deliver the Company’s application for an integrated facility license, or any supporting items or documents, to the Commission, or do any and all other things or take any and all other acts that may be required by the Act or the Commission in pursuit or furtherance of the Facility.*

RESOLVED FURTHER, that any and all actions taken by the above-named individuals for or on behalf of the Company prior to the date hereof are hereby duly approved, ratified and confirmed as acts of the Company.

[SIGNATURE PAGE TO RESOLUTION FOLLOWS]

**[SIGNATURE PAGE TO RESOLUTION]**

IN WITNESS WHEREOF, the undersigned Members have executed this instrument this 23rd day of December, 2022.

