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All information redacted in this document is done so in accordance with: Ala. Admin. Code r. 892-2-1-.06 Code of Alabama 1975, § 36-12-40

Selected Account: Arbor Vita8, LLC

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

Your reference code is 1654.

File Date : 03/01/2023 8:30 AM

Your transaction ID is : 89098184

Transaction Token: 0823995c-fcba-4158-96b3-8e7fdbe7c409

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: 0319

General Applicant Information

Applicant Name: Arbor Vita Care, Inc.

Applying as: Business Entity

Trade Name (DBAs)

Identification Number Type : FEIN

Federal Tax Identification Number

Business Entity Name : Arbor Vita Care, Inc.

Business Entity Type : Corporation

Secretary of State Entity ID Number

Federal Business Code No

Date of Qualification, Organization or Incorporation: 12/22/2022

Applicant Street Address

Street: 15 COPELAND DR

Unit No / Apt No:

City: PHENIX CITY

County: 57-Russell

State: Alabama

Zip Code: 36870

Address Verified?: Yes

Applicant Mailing Address

Street: 15 COPELAND DR

Unit No / Apt No:

City: PHENIX CITY

State: Alabama

Zip Code: 36870

Address Verified?: Yes

Applicant Website:

✓ Applicant Email Address : [REDACTED]

✓ Applicant Phone Number : [REDACTED]

✓ Do you have a management service agreement in place?: No

✓ 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 :No (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group?

Primary Contact Person

✓ First Name: Justin

✓ Last Name: Jeffries

✓ Title: Owner, Shareholder, Director

✓ Phone Number: [REDACTED]

✓ Email: [REDACTED]

✓ Street: 15 COPELAND DR

Unit No / Apt No:

✓ City: PHENIX CITY

✓ State: Alabama

✓ Zip Code: 36870

✓ Address Verified?: Yes

License Information

✓ License Type: Processor

Facility Information

Facility Information

✓ Facility Type: Processing Facility

Physical Address

✓ Street: 15 COPELAND DR

Unit No / Apt No:

✓ City: PHENIX CITY

✓ County: 57-Russell

✓ State: Alabama

✓ Zip Code: 36870

✓ Address Verified? : Yes

Facility Information Questions

✓ Applicant's interest in property : Leases/Rents where proposed facility is located

✓ 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 : 30
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 90
- ✓ 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

Ownership of Applicant

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

Individual

- ✓ Legal First Name : Joseph
- ✓ Legal Middle Name : Robert Russ
- ✓ Legal Last Name: Chandler
- Suffix:
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: [REDACTED]
- ✓ Date of Birth: [REDACTED]
- ✓ Social Security Number : [REDACTED]
- ✓ Race/Ethnicity: Caucasian
- ✓ Ownership Percentage of the Applicant : 27.5
- ✓ Role: Shareholder

Residence Address

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

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

Individual

- ✓ Legal First Name : Austin
- ✓ Legal Middle Name : Russ
- ✓ Legal Last Name: Chandler
- Suffix:
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: [REDACTED]
- ✓ Date of Birth: [REDACTED]
- ✓ Social Security Number : [REDACTED]
- ✓ Race/Ethnicity: Caucasian

✓ Ownership : 27.5
Percentage of
the Applicant

✓ Role: Shareholder

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address : Yes
Verified?

✓ Select type of record: Individual

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

Individual

✓ Legal First : Justin
Name

Legal Middle :
Name

✓ Legal Last Name: Jeffries

Suffix:

✓ Phone Number [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth [REDACTED]

✓ Social Security : [REDACTED]
Number

✓ Race/Ethnicity: Caucasian

✓ Ownership : 2.5
Percentage of
the Applicant

✓ Role: Shareholder

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address : Yes
Verified?

✓ Select type of record: Individual

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

Individual

✓ Legal First : Jason
Name

Legal Middle :
Name

✓ Legal Last Name: Sirotin

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security : [REDACTED]
Number

✓ Race/Ethnicity: Caucasian

✓ **Ownership Percentage of the Applicant** : 2.5

✓ **Role:** Shareholder

Residence Address

✓ **Street:** [REDACTED]

Unit No / Apt No:

✓ **City:** [REDACTED]

✓ **State:** [REDACTED]

✓ **Zip Code:** [REDACTED]

✓ **Address Verified?** : Yes

✓ **Select type of record:** Entity

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

Entity

✓ **Entity Name:** Arbor Vita8 Holdings, L LC

✓ **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** : 40

Physical Address

✓ **Street:** [REDACTED]

✓ **Unit No / Apt No:** [REDACTED]

✓ **City:** [REDACTED]

✓ **State:** [REDACTED]

✓ **Zip Code:** [REDACTED]

✓ **Address Verified?** : Yes

Primary Contact/ Responsible Person

✓ **First Name:** John

✓ **Last Name:** Vavalo

✓ **Title:** General Manager

✓ **Phone Number:** [REDACTED]

✓ **Email Address:** [REDACTED]

✓ **Street Address:** [REDACTED]

✓ **Unit No / Apt No:** [REDACTED]

✓ **City:** [REDACTED]

✓ **State:** [REDACTED]

✓ **Zip Code:** [REDACTED]

✓ **Address Verified?** : Yes

Cannabis Industry Entities

✓ 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?

- (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: Individual or Entity:

Individual

✓ Legal First Name : Justin

✓ Legal Last Name: Jeffries

Suffix:

✓ Cannabis Entity Name : Arbor Vita8 LLC

✓ Entity Type: Limited Liability Partnership

✓ Connection to Cannabis Entity : Individual Cannabis Entity

✓ Role in Cannabis Entity : Manager

✓ Percentage of ownership in cannabis entity : 15

Cannabis Entity's Physical Address

✓ Street: 15 COPELAND DR

Unit No / Apt No:

✓ City: PHENIX CITY

✓ State: Alabama

✓ Zip Code: 36870

✓ Address Verified? : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Justin

✓ Last Name: Jeffries

✓ Title: President

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Street Address: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code [REDACTED]

✓ Address Verified? : Yes

✓ Select Individual: Individual or Entity:

Individual

✓ Legal First Name : Justin

✓ Legal Last Name: Jeffries

Suffix:

✓ Cannabis Entity Name : Bread Genetics LLC

✓ Entity Type: Limited Liability Partnership

✓ Connection to Cannabis Entity : Individual Cannabis Entity

✓ Role in Cannabis Entity : Equity interest owner

✓ Percentage of ownership in cannabis entity : 15

Cannabis Entity's Physical Address

✓ Street: 3265 NEWTON ST

Unit No / Apt No:

✓ City: DENVER

✓ State: Colorado

✓ Zip Code: 80211

✓ Address Verified? : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Gary

✓ Last Name: Walker

✓ Title: Founder

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Street Address: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select Individual: Individual or Entity:

Individual

✓ Legal First Name : Justin

✓ Legal Last Name: Jeffries

Suffix:

✓ Cannabis Entity Name : Cannaquip

✓ Entity Type: Limited Liability Partnership

✓ Connection to : Individual Cannabis Entity

✓ Role in Cannabis Entity: Equity interest owner

✓ Percentage of ownership in cannabis entity : 5

Cannabis Entity's Physical Address

✓ Street: 1160 ROSS RD

Unit No / Apt No:

✓ City: SHADY DALE

✓ State: Georgia

✓ Zip Code: 31085

✓ Address Verified? : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: JD

✓ Last Name: Skinner

✓ Title: Owner

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Street Address: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select Individual: Individual or Entity:

Individual

- ✓ **Legal First Name** : Jason
- ✓ **Legal Last Name**: Sirotin
- Suffix:
- ✓ **Cannabis Entity Name** : Greenstone Holdings
- ✓ **Entity Type**: Limited Liability Partnership
- ✓ **Connection to Cannabis Entity** : Individual Cannabis Entity
- ✓ **Role in Cannabis Entity**: Member
- ✓ **Percentage of ownership in cannabis entity** : 5.5

Cannabis Entity's Physical Address

- ✓ **Street**: 1885 W DARTMOUTH AVE
- Unit No / Apt No**:
- ✓ **City**: ENGLEWOOD
- ✓ **State**: Colorado
- ✓ **Zip Code**: 80110
- ✓ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

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

-
- ✓ **Select Individual or Entity**: Individual

Individual

- ✓ **Legal First Name** : Jason
- ✓ **Legal Last Name**: Sirotin
- Suffix:
- ✓ **Cannabis Entity Name** : Bread Genetics
- ✓ **Entity Type**: Limited Liability Partnership
- ✓ **Connection to Cannabis Entity** : Individual Cannabis Entity
- ✓ **Role in Cannabis Entity**: Equity interest owner
- ✓ **Percentage of ownership in cannabis entity** : 25

Cannabis Entity's Physical Address

- ✓ **Street**: 3265 NEWTON ST
- Unit No / Apt No**:
- ✓ **City**: DENVER
- ✓ **State**: Colorado
- ✓ **Zip Code**: 80211
- ✓ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ **First Name:** Gary

✓ **Last Name:** Walker

✓ **Title:** Partner

✓ **Phone Number:** [REDACTED]

✓ **Email Address:** [REDACTED]

✓ **Street Address:** [REDACTED]

Unit No / Apt No:

✓ **City:** [REDACTED]

✓ **State:** Colorado

✓ **Zip Code:** [REDACTED]

✓ **Address Verified?** : Yes

✓ **Select Individual:** Individual or Entity:

Individual

✓ **Legal First Name** : Jason

✓ **Legal Last Name:** Sirotin

Suffix:

✓ **Cannabis Entity Name** : Arbor Vita8

✓ **Entity Type:** Limited Liability Partnership

✓ **Connection to Cannabis Entity** : Individual Cannabis Entity

✓ **Role in Cannabis Entity**: Equity interest owner

✓ **Percentage of ownership in cannabis entity** : 12.5

Cannabis Entity's Physical Address

✓ **Street:** 15 COPELAND DR

Unit No / Apt No:

✓ **City:** PHENIX CITY

✓ **State:** Alabama

✓ **Zip Code:** 36870

✓ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ **First Name:** Jason

✓ **Last Name:** Sirotin

✓ **Title:** CEO

✓ **Phone Number:** [REDACTED]

✓ **Email Address:** [REDACTED]

✓ **Street Address:** [REDACTED]

Unit No / Apt No:

✓ **City:** [REDACTED]

✓ **State:** [REDACTED]

✓ **Zip Code:** [REDACTED]

✓ **Address Verified?** : Yes

✓ **Select Individual:** Individual or Entity:

Individual

✓ **Legal First Name** : John

✓ **Legal Last Name:** Vavalo

Suffix:

✓ **Cannabis Entity Name** : Verabloom, Inc.

✓ **Entity Type:** Incorporated or Unincorporated Business

✓ **Connection to Cannabis Entity** : Individual Cannabis Entity

✓ **Role in Cannabis:** Manager Entity

✓ **Percentage of ownership in cannabis entity** : 1

Cannabis Entity's Physical Address

✓ **Street:** 26 CORPORATE CIR

✓ **Unit No / Apt No:** STE 2E

✓ **City:** EAST SYRACUSE

✓ **State:** New York

✓ **Zip Code:** 13057

✓ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ **First Name:** John

✓ **Last Name:** Vavalo

✓ **Title:** CEO

✓ **Phone Number:** [REDACTED]

✓ **Email Address:** [REDACTED]

✓ **Street Address:** [REDACTED]

✓ **Unit No / Apt No** [REDACTED]

✓ **City:** [REDACTED]

✓ **State:** [REDACTED]

✓ **Zip Code:** [REDACTED]

✓ **Address Verified?** : Yes

✓ **Select Individual:** Individual or Entity:

Individual

✓ **Legal First Name** : John

✓ **Legal Last Name:** Vavalo

Suffix:

✓ **Cannabis Entity Name** : Central Processors NY

✓ **Entity Type:** Limited Liability Company

✓ **Connection to Cannabis Entity** : Individual

✓ **Role in Cannabis:** Manager Entity

✓ **Percentage of ownership in cannabis entity** : 100

Cannabis Entity's Physical Address

✓ **Street:** 26 CORPORATE CIR

✓ **Unit No / Apt No:** STE 2

✓ **City:** EAST SYRACUSE

✓ **State:** New York

✓ **Zip Code:** 13057

✓ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ **First Name:** John

✓ **Last Name:** Vavalo

✓ **Title:** Manager

✓ **Phone Number:** [REDACTED]

✓ **Email Address:** [REDACTED]

✓ **Street Address:** [REDACTED]

✓ **Unit No / Apt No:** [REDACTED]

✓ **City:** [REDACTED]

✓ **State:** [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select Individual: Individual or Entity:

Individual

✓ Legal First Name : John

✓ Legal Last Name: Vavalo

Suffix:

✓ Cannabis Entity Name : Blackstone Valley Group

✓ Entity Type: Limited Liability Company

✓ Connection to : Individual Cannabis Entity

✓ Role in Cannabis Entity: Manager

✓ Percentage of ownership in cannabis entity : 75

Cannabis Entity's Physical Address

✓ Street: 95 HATHAWAY ST

Unit No / Apt No:

✓ City: PROVIDENCE

✓ State: Rhode Island

✓ Zip Code: 02907

✓ Address Verified? : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: John

✓ Last Name: Vavalo

✓ Title: Manager

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Street Address: [REDACTED]

✓ Unit No / Apt No: [REDACTED]

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select Individual: Individual or Entity:

Individual

✓ Legal First Name : Austin

✓ Legal Last Name: Chandler

Suffix:

✓ Cannabis Entity Name : Alabama Hemp LLC

✓ Entity Type: Limited Liability Company

✓ Connection to : Individual Cannabis Entity

✓ Role in Cannabis Entity: Equity interest owner , Manager

✓ Percentage of ownership in cannabis entity : 40

Cannabis Entity's Physical Address

✓ Street: 286 WILSON RD

Unit No / Apt No:

✓ City: FITZPATRICK

✓ State: Alabama

✓ Zip Code: 36029

✓ Address Verified? : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Austin

✓ Last Name: Chandler

✓ Title: Owner/Manager

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Street Address [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select Individual: Individual or Entity:

Individual

✓ Legal First Name : Joseph

✓ Legal Last Name: Chandler

Suffix:

✓ Cannabis Entity Name : Alabama Hemp LLC

✓ Entity Type: Limited Liability Company

✓ Connection to Cannabis Entity : Parent, Individual

✓ Role in Cannabis Entity: Equity interest owner, Manager

✓ Percentage of ownership in cannabis entity : 60

Cannabis Entity's Physical Address

✓ Street: 286 WILSON RD

Unit No / Apt No:

✓ City: FITZPATRICK

✓ State: Alabama

✓ Zip Code: 36029

✓ Address Verified? : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Austin

✓ Last Name: Chandler

✓ Title: Owner/Manager

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Street Address: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

Questions and Attestations

✓ 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? : YES

- ✔ **Select One:** Ownership Entity ✔ **Name:** Austin Chandler ✔ **Commercial license or certificate applied for** : Insurance Provider
- ✔ **Licensing Board or Commission** : National Association of Insurance Commissioners ✔ **Application Date:** 01/24/2011 ✔ **Issued Date:** 01/01/2013
- ✔ **Expiration Date:** 12/31/2014
-

- ✔ **Select One:** Applicant ✔ **Name:** Austin Chandler ✔ **Commercial license or certificate applied for** : Real Estate
- ✔ **Licensing Board or Commission** : Alabama Real Estate Commission ✔ **Application Date:** 04/30/2020 ✔ **Issued Date:** 04/30/2020
- ✔ **Expiration Date:** 09/30/2022
-

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

✔ **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?** : NO

✔ **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

✔ **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

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

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

✔ **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?

✔ **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?

✔ **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

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?

✓ Commencement of: 5
Operation

✓ Year One: 5

✓ Year Two: 10

✓ Year Three: 15

✓ Year Four: 20

✓ Year Five: 25

✓ 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 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)? :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: Justin Jeffries

✓ Signature Date: 12/29/2022

Documents

✓ Resume or Curriculum Vitae of Individuals with Ownership Interest: Exhibit 1_Resume or Curriculum Vitae of Individuals with Ownership Interest in App...

✓ Residency of Owners: Exhibit 2_Residency of Owners _SIGNED_.pdf (/api/documents/1xCKqLn6/download)

✓ Criminal Background Check: Exhibit 3_Criminal Background Check _SIGNED_.pdf (/api/documents/nstywAHbu...)

✓ Demonstration of Sufficient Capital: Exhibit 4_Demonstration of Sufficient Capital _SIGNED_.pdf (/api/documents/kUY...)

✓ Financial Statements: Exhibit 5_Financial Statements _SIGNED_.pdf (/api/documents/8j-JRvCoV/download)

✓ Tax Plan: Exhibit 6_Tax Plan _SIGNED_.pdf (/api/documents/syW_a-d2F/download)

✓ Business Formation Documents: Exhibit 7_Business Formation Documents _SIGNED_.pdf (/api/documents/iVhycS...)

✓ Business License and Authorization of Local Jurisdictions: Exhibit 8_Business License and Authorization of Local Authorities _SIGNED_.pdf (/...)

✓ Business Plan: Exhibit 9_Business Plan _SIGNED_.pdf (/api/documents/J0gYVfofD/download)

✓ Evidence of Business Relationship with other Licensees and Prospective Licensees: Exhibit 10_Evidence of Business Relationship with Other Licensees and Prospectiv...

✓ Standard Operating Plan and Procedures: Exhibit 11_Standard Operation Plan and Procedures _SIGNED_.pdf (/api/documen...)

✓ Policies and Procedures Manual: Exhibit 12 Policies and Procedures Manual _SIGNED_.pdf (/api/documents/Xos3...)

✓ Production and Manufacturing Process:	Exhibit 13_Production and Manufacturing Process _SIGNED_.pdf (/api/documents/...
✓ Machinery and Equipment:	Exhibit 14_Machinery and Equipment _SIGNED_.pdf (/api/documents/AzybxTOsE/...
✓ Receiving and Shipping Plan:	Exhibit 15 Receiving and Shipping Plan _SIGNED_.pdf (/api/documents/Fxtblprar/...
✓ Facilities:	Exhibit 16_Facilities.pdf (/api/documents/k7HuzBsDF/download)
✓ Security Plan:	Exhibit 17_Security Plan _SIGNED_.pdf (/api/documents/TMprz7jaT/download)
✓ Personnel:	Exhibit 18_Personnel _SIGNED_.pdf (/api/documents/dtHHNoDQG/download)
✓ Business Leadership Credentials:	Exhibit 19_Business Leadership Credentials _SIGNED_.pdf (/api/documents/P7EQ...
✓ Employee Handbook:	Exhibit 20_Employee Handbook _SIGNED_.pdf (/api/documents/6uwFy6fww/dow...
✓ Quality Control and Quality Assurance Plan:	Exhibit 21_Quality Control and Quality Assurance Plan _SIGNED_.pdf (/api/docum...
✓ Contamination and Recall Plan:	Exhibit 22_Contamination and Recall Plan _SIGNED_.pdf (/api/documents/SDcPc...
✓ Marketing and Advertising Plan:	Exhibit 23_Marketing and Advertising Plan _SIGNED_.pdf (/api/documents/kr-8w...
✓ Website and Social Media:	Exhibit 24_Website and Social Media _SIGNED_.pdf (/api/documents/dZqhKUHRV...
✓ Ownership Entity Individuals (if applicable):	FORM I_Ownership Entity Individuals.pdf (/api/documents/~vxumVimY/download)
✓ Proof of Minimum Liability and Casualty Insurance:	Arbor Vita Care Inc LOI and Ins Letter.pdf (/api/documents/HQ0LLKS0f/download)
✓ Affidavit - Entity Applicant:	FORM K Affidavit of Entity Applicant for License.pdf (/api/documents/5-Itf7nFy/do...

Payments

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

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*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 1:

Resume or Curriculum Vitae of Individuals with Ownership Interest in Applicant

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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



12/29/2022

Signature of Verifying Official

Verification Date

Please refer to the attachment titled “Form A_Ownership Resume Curriculum Vitae” for the resumes and curriculum vitae for all individuals with ownership interest in this applicant.

These resumés are completed and include all institutions of higher education attended, including the date, location and degree received; all residential addresses in the last 15 years; and all employer information for the last 15 years.

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Arbor Vita Care, Inc.

Processor

Business License Applicant Name

License Type

Austin Chandler

[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]

[Redacted]

[Redacted]

City

State

Zip

08/2016

Present

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

11/2014

10/2016

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

08/2013

10/2014

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

12/2002

04/2014

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.

<u>AUM</u> Institution	<u>Montgomery</u> City	<u>AL</u> State
<u>05/2007</u> Date Attended From (MM/YYYY)	<u>05/2011</u> Date Attended To (MM/YYYY)	<u>BA Business</u> Degree Received

<u>University of Alabama</u> Institution	<u>Tuscaloosa</u> City	<u>AL</u> State
<u>05/2005</u> Date Attended From (MM/YYYY)	<u>05/2007</u> Date Attended To (MM/YYYY)	<u></u> Degree Received

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

<u></u> Institution	<u></u> City	<u></u> State
<u></u> Date Attended From (MM/YYYY)	<u></u> Date Attended To (MM/YYYY)	<u></u> 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>[REDACTED]</u> Employer	<u>[REDACTED]</u> Contact Person	<u>[REDACTED]</u> Telephone
<u>[REDACTED]</u> Business Address		
<u>[REDACTED]</u> City	<u>[REDACTED]</u> State	<u>[REDACTED]</u> Zip
<u>04/2019</u> Date Employed From (MM/YYYY)	<u>Present</u> Date Employed To (MM/YYYY)	

Employer [Redacted] Contact Person [Redacted] Telephone [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip [Redacted]

01/2011 09/2019

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

Employer [Redacted] Contact Person [Redacted] Telephone [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip [Redacted]

11/2013 06/2016

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

Employer [Redacted] Contact Person [Redacted] Telephone [Redacted]

Business Address [Redacted]

City [Redacted] State [Redacted] Zip [Redacted]

01/2010 12/2010

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
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

Arbor Vita Care, Inc.

Processor

Business License Applicant Name

License Type

Joseph Robert Russ Chandler

[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]

[Redacted]

[Redacted]

City

State

Zip

05/2017

present

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

01/2012

05/2017

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

01/2006

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)

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.

<u>Auburn University</u>	<u>Auburn</u>	<u>AL</u>
Institution	City	State
<u>06/1977</u>	<u>06/1981</u>	<u>BS in Business Administration</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

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

<u></u>	<u></u>	<u></u>
Institution	City	State
<u></u>	<u></u>	<u></u>
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>	<u></u>	<u></u>
Business Address	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
City	State	Zip
<u>12/2016</u>	<u>present</u>	<u></u>
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
01/1999	12/2016	
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
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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)
------------------------------	----------------------------

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

Arbor Vita Care, Inc.

Processor

Business License Applicant Name

License Type

John Vavalo

[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]

[Redacted]

[Redacted]

City

State

Zip

06/2012

Current

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

06/2011

10/2012

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

11/2007

06/2011

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

05/2005

11/2007

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.

Rochester Institute of Technology	Rochester	NY
Institution	City	State
09/2005	05/2007	Master of Science
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Rochester Institute of Technology	Rochester	NY
Institution	City	State
09/2000	05/2005	Bachelor of Science
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	State	Zip
12/2021	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
<hr/>		
Business Address		
City	State	Zip
04/2019	12/2021	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
<hr/>		
Business Address		
City	State	Zip
08/2018	12/2018	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
<hr/>		
Business Address		
City	State	Zip
04/2015	05/2018	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
<hr/>		
Business Address		
City	State	Zip
01/2012	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer

Contact Person

Telephone

Business Address

City

State

Zip

05/2008
Date Employed From (MM/YYYY)

05/2012
Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

10/2007
Date Employed From (MM/YYYY)

Current
Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

06/2006
Date Employed From (MM/YYYY)

10/2007
Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

05/2004
Date Employed From (MM/YYYY)

05/2006
Date Employed To (MM/YYYY)

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Arbor Vita Care, Inc.

Processor

Business License Applicant Name

License Type

[Redacted]

[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]

[Redacted]

[Redacted]

City
06/2001

State

Present

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)

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.

MMC	Wilmington	NC
Institution	City	State
01/1999	12/2000	A.B.A
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

City	State	Zip
02/2020	Present	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

[Redacted]

Employer

Contact Person

Telephone

[Redacted]

Business Address

[Redacted]

City
03/2020

State
10/2022

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

[Redacted]

Employer

Contact Person

Telephone

Business Address

[Redacted]

City
09/2021

State
Present

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

[Redacted]

Employer

Contact Person

Telephone

[Redacted]

Business Address

[Redacted]

City
08/2017

State
03/2020

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

[Redacted]

Employer

Contact Person

Telephone

[Redacted]

Business Address

[Redacted]

City
04/2016

State
08/2017

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)



Employer

Contact Person

Telephone



Business Address



City
08/2008

State
04/2016

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)



Employer

Contact Person

Telephone



Business Address



City
02/2006

State
08/2008

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

Arbor Vita Care, Inc.

Processor

Business License Applicant Name

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

State

Zip

05/2018

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

5/2015

5/2018

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

5/2013

5/2015

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

5/2009

5/2013

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

City

State

Zip

9/2007

5/2009

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

City

State

Zip

7/2005

9/2007

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.

<u>Rochester Institute of Technology</u>	<u>Rochester</u>	<u>NY</u>
Institution	City	State
<u>9/1/1997</u>	<u>6/1/1998</u>	
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>Emerson College</u>	<u>Boston</u>	<u>MA</u>
Institution	City	State
<u>9/1/1998</u>	<u>11/20/1999</u>	
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>University of Massachusetts</u>	<u>Boston</u>	<u>MA</u>
Institution	City	State
<u>1/9/2000</u>	<u>6/1/2000</u>	
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u></u>	<u></u>	<u></u>
Institution	City	State
<u></u>	<u></u>	<u></u>
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

Business Address

<u></u>	<u></u>	<u></u>
City	State	Zip
<u>11/2007</u>	<u>PRESENT</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	



Employer Contact Person Telephone



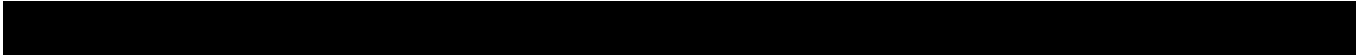
Business Address



City State Zip

9/2011 Present

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



Employer Contact Person Telephone



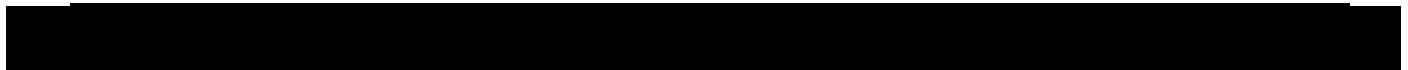
Business Address



City State Zip

5/2018 12/2022

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



Employer Contact Person Telephone



Business Address



City State Zip

5/2020 Present

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



Employer Contact Person Telephone



Business Address



City State Zip

05/2019 Present

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)
------------------------------	----------------------------

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



12/29/2022

Signature of Verifying Official

Verification Date

Two individuals who are classified as 'owners' to this applicant are and have been residents of the state of Alabama for more than the required 15 years. Each of them has 27.5% ownership interest in the applicant. Combined, they hold the majority of the ownership interest.

Please see the attached documents titled "Joseph Chandler Proof of Residence_Attachment to Exhibit 2" and "Austin Chandler Proof of Residence_Attachment to Exhibit 2" for records indicating that both individuals listed above claim Alabama residency for at least the last 15 years.



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R
5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler	REQUESTED TAG NUMBER:	RECORD REQUEST NUMBER: [REDACTED]
------------------------------------	-----------------------	--------------------------------------

REGISTRATION INFORMATION

ISSUING COUNTY: [REDACTED]	TAG NUMBER: [REDACTED]	TAG TYPE:	TAG ISSUE DATE: 03/13/2009	TAG EXPIRATION DATE: 03/31/2010
INSURANCE NAIC NUMBER:	INSURANCE POLICY NUMBER:	TAG SUSPENSION/REVOCAION:		
REGISTRANT 1 NAME: CHANDLER RUSS	REGISTRANT 2 NAME: [REDACTED]			
REGISTRANT 1 ADDRESS: [REDACTED]	REGISTRANT 2 ADDRESS: [REDACTED]			

TITLE INFORMATION

TITLE NUMBER:	TITLE ISSUE DATE:	ODOMETER READING:	ODOMETER TYPE:	PURCHASE DATE:
TITLE BRANDS:				
OWNER/LESSOR 1 NAME:	OPERATOR/LESSEE 1 NAME:			
OWNER/LESSOR 1 ADDRESS:	OPERATOR/LESSEE 1 ADDRESS:			
OWNER/LESSOR 2 NAME:	OPERATOR/LESSEE 2 NAME:			
OWNER/LESSOR 2 ADDRESS:	OPERATOR/LESSEE 2 ADDRESS:			
LIENHOLDER 1 NAME:	LIENHOLDER 2 NAME:			
LIENHOLDER 1 ADDRESS:	LIENHOLDER 2 ADDRESS:			
LIEN DATE 1:	LIEN DATE 2:			

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:	APPLICATION STATUS:	APPLICATION STATUS DATE:
OWNER NAME:		
OWNER ADDRESS:		
LIENHOLDER 1 NAME:	LIENHOLDER 2 NAME:	
LIENHOLDER 1 ADDRESS:	LIENHOLDER 2 ADDRESS:	

CERTIFICATION

- This is to certify that this printout of a record duly recorded and any attached title documents contains true and correct information as shown by Motor Vehicle Division databases of the Alabama Department of Revenue. In accordance with the Alabama Department of Revenue Records Disposition Authority, title and registration records are available for ten (10) years from issue date. The information contained herein is protected under the provisions of the federal Driver's Privacy Protection Act of 1994 (Title XXX of Public Law 103-322) as amended by Section 350 of Public Law 106-69.
- Notation here certifies that the Motor Vehicle Division databases of the Alabama Department of Revenue reflect no record for the vehicle identified in this printout.

ATTESTED BY: rv61518	ATTESTED DATE: 12/19/2022
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ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:

REGISTRATION INFORMATION

TAG TYPE: TAG ISSUE DATE: 03/09/2010 TAG EXPIRATION DATE: 03/31/2011
INSURANCE NAIC NUMBER: INSURANCE POLICY NUMBER: TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME: CHANDLER RUSS REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS: REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER: TITLE ISSUE DATE: ODOMETER READING: ODOMETER TYPE: PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME: OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS: OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME: OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS: OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME: LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS: LIENHOLDER 2 ADDRESS:
LIEN DATE 1: LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER: APPLICATION STATUS: APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME: LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS: LIENHOLDER 2 ADDRESS:

CERTIFICATION

[X] This is to certify that this printout of a record duly recorded and any attached title documents contains true and correct information as shown by Motor Vehicle Division databases of the Alabama Department of Revenue.
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ATTESTED BY: rv61518 ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R
5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler	REQUESTED TAG NUMBER:	RECORD REQUEST NUMBER: [REDACTED]
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REGISTRATION INFORMATION

ISSUING COUNTY:	TAG NUMBER:	TAG TYPE:	TAG ISSUE DATE: 03/11/2011	TAG EXPIRATION DATE: 03/31/2012
INSURANCE NAIC NUMBER:	INSURANCE POLICY NUMBER:	TAG SUSPENSION/REVOCAION:		
REGISTRANT 1 NAME: CHANDLER RUSS	REGISTRANT 2 NAME:		[REDACTED]	
REGISTRANT 1 ADDRESS:	REGISTRANT 2 ADDRESS:		[REDACTED]	

TITLE INFORMATION

TITLE NUMBER:	TITLE ISSUE DATE:	ODOMETER READING:	ODOMETER TYPE:	PURCHASE DATE:
TITLE BRANDS:				
OWNER/LESSOR 1 NAME:	OPERATOR/LESSEE 1 NAME:			
OWNER/LESSOR 1 ADDRESS:	OPERATOR/LESSEE 1 ADDRESS:			
OWNER/LESSOR 2 NAME:	OPERATOR/LESSEE 2 NAME:			
OWNER/LESSOR 2 ADDRESS:	OPERATOR/LESSEE 2 ADDRESS:			
LIENHOLDER 1 NAME:	LIENHOLDER 2 NAME:			
LIENHOLDER 1 ADDRESS:	LIENHOLDER 2 ADDRESS:			
LIEN DATE 1:	LIEN DATE 2:			

PENDING TITLE APPLICATION INFORMATION		
APPLICATION NUMBER:	APPLICATION STATUS:	APPLICATION STATUS DATE:
OWNER NAME:		
OWNER ADDRESS:		
LIENHOLDER 1 NAME:	LIENHOLDER 2 NAME:	
LIENHOLDER 1 ADDRESS:	LIENHOLDER 2 ADDRESS:	

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ATTESTED BY: rv61518	ATTESTED DATE: 12/19/2022
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ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:

REGISTRATION INFORMATION

TAG TYPE:
TAG ISSUE DATE: 03/02/2012
TAG EXPIRATION DATE: 03/31/2013

TAG SUSPENSION/REVOCAION:

REGISTRANT 1 NAME: CHANDLER RUSS
REGISTRANT 2 NAME:

REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:

TITLE BRANDS:

OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:

OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:

OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:

OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:

OWNER NAME:

OWNER ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

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ATTESTED BY: rv61518
ATTESTED DATE: 12/19/2022



License Type: Processor

MV 32 8 6R
5/19

ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler	REQUESTED TAG NUMBER:	RECORD REQUEST NUMBER: [REDACTED]
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REQUESTED VIN: [REDACTED]	YEAR:	MAKE:	MODEL:
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REGISTRATION INFORMATION

ISSUING COUNTY:	TAG NUMBER:	TAG TYPE:	TAG ISSUE DATE: 03/05/2013	TAG EXPIRATION DATE: 03/31/2014
INSURANCE NAIC NUMBER:	INSURANCE POLICY NUMBER:	TAG SUSPENSION/REVOCAION:		
REGISTRANT 1 NAME: CHANDLER, RUSS	REGISTRANT 2 NAME:		[REDACTED]	
REGISTRANT 1 ADDRESS:	REGISTRANT 2 ADDRESS:		[REDACTED]	

TITLE INFORMATION

TITLE NUMBER:	TITLE ISSUE DATE:	ODOMETER READING:	ODOMETER TYPE:	PURCHASE DATE:
TITLE BRANDS:				
OWNER/LESSOR 1 NAME:		OPERATOR/LESSEE 1 NAME:		
OWNER/LESSOR 1 ADDRESS:		OPERATOR/LESSEE 1 ADDRESS:		
OWNER/LESSOR 2 NAME:		OPERATOR/LESSEE 2 NAME:		
OWNER/LESSOR 2 ADDRESS:		OPERATOR/LESSEE 2 ADDRESS:		
LIENHOLDER 1 NAME:		LIENHOLDER 2 NAME:		
LIENHOLDER 1 ADDRESS:		LIENHOLDER 2 ADDRESS:		
LIEN DATE 1:		LIEN DATE 2:		

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:	APPLICATION STATUS:	APPLICATION STATUS DATE:
OWNER NAME:		
OWNER ADDRESS:		
LIENHOLDER 1 NAME:		LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:		LIENHOLDER 2 ADDRESS:

CERTIFICATION

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ATTESTED BY: rv61518	ATTESTED DATE: 12/19/2022
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ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

Form fields for Requestor Name (Joseph Chandler), Requested Tag Number, Record Request Number, Requested VIN, Year, Make, Model, Body Type, Cylinder, Color, Fuel Type.

REGISTRATION INFORMATION

Form fields for Issuing County, Tag Number, Tag Type, Tag Issue Date (03/12/2014), Tag Expiration Date (03/31/2015), Insurance NAIC Number, Insurance Policy, and Owner Name (CHANDLER, RUSS).

TITLE INFORMATION

Form fields for Title Brands, Owner/Lessor 1 Name, Operator/Lessee 1 Name, Owner/Lessor 1 Address, Operator/Lessee 1 Address, Owner/Lessor 2 Name, Operator/Lessee 2 Name, Owner/Lessor 2 Address, Operator/Lessee 2 Address, Lienholder 1 Name, Lienholder 2 Name, Lienholder 1 Address, Lienholder 2 Address, Lien Date 1, Lien Date 2.

PENDING TITLE APPLICATION INFORMATION

Form fields for Pending Title Application Information, including application number and dates.

CERTIFICATION

Certification text: This is to certify that this printout of a record duly recorded and any attached title documents contains true and correct information as shown by Motor Vehicle Division databases of the Alabama Department of Revenue. In accordance with the Alabama Department of Revenue Records Disposition Authority, title and registration records are available for ten (10) years from issue date. The information contained herein is protected under the provisions of the federal Driver's Privacy Protection Act of 1994 (Title XXX of Public Law 103-322) as amended by Section 350 of Public Law 106-69.
Notation here certifies that the Motor Vehicle Division databases of the Alabama Department of Revenue reflect no record for the vehicle identified in this printout.

Form fields for Attested By (rv61518) and Attested Date (12/19/2022).



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR:
MAKE:
MODEL:
BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 03/12/2015
TAG EXPIRATION DATE: 03/31/2016
INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME: CHANDLER, RUSS
REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:
LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

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ATTESTED BY: rv61518
ATTESTED DATE: 12/19/2022



License Type: Processor

MV 32 8 6R
5/19

ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler		REQUESTED TAG NUMBER:	RECORD REQUEST NUMBER: [REDACTED]
REQUESTED VIN: [REDACTED]	YEAR: [REDACTED]	MAKE: [REDACTED]	MODEL: [REDACTED]
BODY TYPE: [REDACTED]	CYLINDER: [REDACTED]	COLOR: [REDACTED]	FUEL TYPE: [REDACTED]

REGISTRATION INFORMATION

ISSUING COUNTY: [REDACTED]	TAG NUMBER: [REDACTED]	TAG TYPE: [REDACTED]	TAG ISSUE DATE: 03/11/2016	TAG EXPIRATION DATE: 03/31/2017
INSURANCE NAIC NUMBER: [REDACTED]	INSURANCE POLICY NUMBER: [REDACTED]	TAG SUSPENSION/REVOCAION:		
REGISTRANT 1 NAME: CHANDLER, RUSS	REGISTRANT 2 NAME: [REDACTED]		REGISTRANT 2 ADDRESS: [REDACTED]	
REGISTRANT 1 ADDRESS: [REDACTED]		REGISTRANT 2 ADDRESS: [REDACTED]		

TITLE INFORMATION

TITLE NUMBER:	TITLE ISSUE DATE:	ODOMETER READING:	ODOMETER TYPE:	PURCHASE DATE:
TITLE BRANDS:				
OWNER/LESSOR 1 NAME:		OPERATOR/LESSEE 1 NAME:		
OWNER/LESSOR 1 ADDRESS:		OPERATOR/LESSEE 1 ADDRESS:		
OWNER/LESSOR 2 NAME:		OPERATOR/LESSEE 2 NAME:		
OWNER/LESSOR 2 ADDRESS:		OPERATOR/LESSEE 2 ADDRESS:		
LIENHOLDER 1 NAME:		LIENHOLDER 2 NAME:		
LIENHOLDER 1 ADDRESS:		LIENHOLDER 2 ADDRESS:		
LIEN DATE 1:		LIEN DATE 2:		

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:	APPLICATION STATUS:	APPLICATION STATUS DATE:
OWNER NAME:		
OWNER ADDRESS:		
LIENHOLDER 1 NAME:	LIENHOLDER 2 NAME:	
LIENHOLDER 1 ADDRESS:	LIENHOLDER 2 ADDRESS:	

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ATTESTED BY: rv61518	ATTESTED DATE: 12/19/2022
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License Type: Processor

MV 32 8 6R
5/19

ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler	REQUESTED TAG NUMBER:	RECORD REQUEST NUMBER: [REDACTED]
REQUESTED VIN: [REDACTED]	YEAR: [REDACTED]	MAKE: [REDACTED]
MODEL: [REDACTED]		
BODY TYPE: [REDACTED]	CYLINDER: [REDACTED]	COLOR: [REDACTED]
FUEL TYPE: [REDACTED]		

REGISTRATION INFORMATION

ISSUING COUNTY: [REDACTED]	TAG NUMBER: [REDACTED]	TAG TYPE: [REDACTED]	TAG ISSUE DATE: 03/20/2017	TAG EXPIRATION DATE: 03/31/2018
INSURANCE NAIC NUMBER: [REDACTED]	INSURANCE POLICY NUMBER: [REDACTED]	TAG SUSPENSION/REVOCAION:		
REGISTRANT 1 NAME: CHANDLER RUSS	REGISTRANT 2 NAME: [REDACTED]		[REDACTED]	
REGISTRANT 1 ADDRESS: [REDACTED]				

TITLE INFORMATION

TITLE NUMBER:	TITLE ISSUE DATE:	ODOMETER READING:	ODOMETER TYPE:	PURCHASE DATE:
TITLE BRANDS:				
OWNER/LESSOR 1 NAME:		OPERATOR/LESSEE 1 NAME:		
OWNER/LESSOR 1 ADDRESS:		OPERATOR/LESSEE 1 ADDRESS:		
OWNER/LESSOR 2 NAME:		OPERATOR/LESSEE 2 NAME:		
OWNER/LESSOR 2 ADDRESS:		OPERATOR/LESSEE 2 ADDRESS:		
LIENHOLDER 1 NAME:		LIENHOLDER 2 NAME:		
LIENHOLDER 1 ADDRESS:		LIENHOLDER 2 ADDRESS:		
LIEN DATE 1:		LIEN DATE 2:		

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:	APPLICATION STATUS:	APPLICATION STATUS DATE:
OWNER NAME:		
OWNER ADDRESS:		
LIENHOLDER 1 NAME:		LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:		LIENHOLDER 2 ADDRESS:

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ATTESTED BY: rv61518	ATTESTED DATE: 12/19/2022
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ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:

BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

TAG ISSUE DATE: 03/08/2018
TAG EXPIRATION DATE: 03/31/2019

TAG SUSPENSION/REVOCAION:

REGISTRANT 1 NAME: CHANDLER RUSS
REGISTRANT 2 NAME:

REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:

TITLE BRANDS:

OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:

OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:

OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:

OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:

OWNER NAME:
OWNER ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

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ATTESTED BY: rv61518
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R
5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler	REQUESTED TAG NUMBER:	RECORD REQUEST NUMBER: [REDACTED]
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BODY TYPE:	CYLINDER:	COLOR:	FUEL TYPE:
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REGISTRATION INFORMATION

ISSUING COUNTY:	TAG NUMBER:	TAG TYPE:	TAG ISSUE DATE: 12/12/2019	TAG EXPIRATION DATE: 09/30/2020
INSURANCE NAIC NUMBER:	INSURANCE POLICY NUMBER:	TAG SUSPENSION/REVOCAION:		
REGISTRANT 1 NAME:	REGISTRANT 2 NAME:			
REGISTRANT 1 ADDRESS:	REGISTRANT 2 ADDRESS:			

TITLE INFORMATION

TITLE NUMBER:	TITLE ISSUE DATE:	ODOMETER READING:	ODOMETER TYPE:	PURCHASE DATE:
TITLE BRANDS:				
OWNER/LESSOR 1 NAME:		OPERATOR/LESSEE 1 NAME:		
OWNER/LESSOR 1 ADDRESS:		OPERATOR/LESSEE 1 ADDRESS:		
OWNER/LESSOR 2 NAME:		OPERATOR/LESSEE 2 NAME:		
OWNER/LESSOR 2 ADDRESS:		OPERATOR/LESSEE 2 ADDRESS:		
LIENHOLDER 1 NAME:		LIENHOLDER 2 NAME:		
LIENHOLDER 1 ADDRESS:		LIENHOLDER 2 ADDRESS:		
LIEN DATE 1:		LIEN DATE 2:		

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:	APPLICATION STATUS:	APPLICATION STATUS DATE:
OWNER NAME:		
OWNER ADDRESS:		
LIENHOLDER 1 NAME:	LIENHOLDER 2 NAME:	
LIENHOLDER 1 ADDRESS:	LIENHOLDER 2 ADDRESS:	

CERTIFICATION

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ATTESTED BY: rv61518	ATTESTED DATE: 12/19/2022
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License Type: Processor

MV 32 8 6R
5/19

ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler	REQUESTED TAG NUMBER:	RECORD REQUEST NUMBER: [REDACTED]
REQUESTED VIN:	YEAR:	MAKE:
[REDACTED]		
BODY TYPE:	CYLINDER:	COLOR:
[REDACTED]		
FUEL TYPE:		
[REDACTED]		

REGISTRATION INFORMATION

ISSUING COUNTY:	TAG NUMBER:	TAG TYPE:	TAG ISSUE DATE: 03/07/2019	TAG EXPIRATION DATE: 03/31/2020
INSURANCE NAIC NUMBER:	INSURANCE POLICY NUMBER:	TAG SUSPENSION/REVOCAION:		
[REDACTED]		[REDACTED]		
REGISTRANT 1 NAME: CHANDLER RUSS	REGISTRANT 2 NAME:		[REDACTED]	
REGISTRANT 1 ADDRESS:	REGISTRANT 2 ADDRESS:		[REDACTED]	
[REDACTED]				

TITLE INFORMATION

TITLE NUMBER:	TITLE ISSUE DATE:	ODOMETER READING:	ODOMETER TYPE:	PURCHASE DATE:
TITLE BRANDS:				
OWNER/LESSOR 1 NAME:		OPERATOR/LESSEE 1 NAME:		
OWNER/LESSOR 1 ADDRESS:		OPERATOR/LESSEE 1 ADDRESS:		
OWNER/LESSOR 2 NAME:		OPERATOR/LESSEE 2 NAME:		
OWNER/LESSOR 2 ADDRESS:		OPERATOR/LESSEE 2 ADDRESS:		
LIENHOLDER 1 NAME:		LIENHOLDER 2 NAME:		
LIENHOLDER 1 ADDRESS:		LIENHOLDER 2 ADDRESS:		
LIEN DATE 1:		LIEN DATE 2:		

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:	APPLICATION STATUS:	APPLICATION STATUS DATE:
OWNER NAME:		
OWNER ADDRESS:		
LIENHOLDER 1 NAME:		LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:		LIENHOLDER 2 ADDRESS:

CERTIFICATION

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ATTESTED BY: rv61518	ATTESTED DATE: 12/19/2022
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ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: Joseph Chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR:
MAKE:
MODEL:
BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 09/17/2020
TAG EXPIRATION DATE: 09/30/2021
INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME:
REGISTRANT 2 NAME:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:
LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

- [X] This is to certify that this printout of a record duly recorded and any attached title documents contains true and correct information as shown by Motor Vehicle Division databases of the Alabama Department of Revenue.
[] Notation here certifies that the Motor Vehicle Division databases of the Alabama Department of Revenue reflect no record for the vehicle identified in this printout.

ATTESTED BY: rv61518
ATTESTED DATE: 12/19/2022



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

51-925

DATE 09/10/2005 14:55

HUNTER ED EXEMPT

ISSUED TO Joseph Russ Chandler

ADDRESS [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Harvest Information Program	09/10/2005 - 07/31/2006	\$0.00
End of Privileges List (1)		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

ISSUING AGENT Wal-mart Store # 0930

SIGNATURE [Redacted]

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number: [Redacted]

Name: Joseph Russ Chandler

Physical Address: [Redacted]

Mailing Address: [Redacted]

Telephone: [Redacted]

Email: [Redacted]

Thank you for your purchase!

Confirmation #: [Redacted]

Purchases:	Price:
Harvest Information Program	\$0.00
Total Fee through Alabama.gov:	\$0.00

Sales Agent: Wal-mart Store # 0930

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

74-740

DATE 09/15/2006 08:42

HUNTER ED EXEMPT

ISSUED TO Joseph Russ Chandler

ADDRESS [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Harvest Information Program	09/15/2006 - 07/31/2007	\$0.00

End of Privileges List (1)

[Redacted Signature Area]

XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

ISSUING AGENT NIC Alabama

SIGNATURE [Redacted]

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

Thank you for your purchase!

License Number: [Redacted]

Confirmation #: [Redacted]

Name: Joseph Russ Chandler

Physical Address: [Redacted]

Mailing Address:

Telephone:

Email:

Purchases:	Price:
Harvest Information Program	\$0.00
Sub-Total:	\$0.00
Total Fee through Alabama.gov:	\$0.00
Sales Agent: NIC Alabama	

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

74-740

DATE 09/15/2006 08:42

HUNTER ED EXEMPT

ISSUED TO Joseph Russ Chandler

ADDRESS [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Harvest Information Program	09/15/2006 - 07/31/2007	\$0.00
End of Privileges List (1)		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

[Redacted]

[Redacted]

ISSUING AGENT NIC Alabama

SIGNATURE [Redacted]

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

Thank you for your purchase!

License Number: [Redacted]

Name: Joseph Russ Chandler

Physical Address: [Redacted]
Mailing Address: [Redacted]
Telephone: [Redacted]
Email: [Redacted]

Confirmation #: [Redacted]

Purchases:	Price:
Harvest Information Program	\$0.00
Sub-Total:	\$0.00
Total Fee through Alabama.gov:	\$0.00
Sales Agent: NIC Alabama	

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

51-925

DATE 10/11/2007 11:06

HUNTER ED EXEMPT

ISSUED TO Joseph Russ Chandler

ADDRESS [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Harvest Information Program	10/11/2007 - 08/31/2008	\$0.00

End of Privileges List (1)

[Redacted Signature Area]

XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

ISSUING AGENT Wal-mart Store # 0930

SIGNATURE [Redacted]

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

Thank you for your purchase!

License Number: [Redacted]

Confirmation #: [Redacted]

Name: Joseph Russ Chandler

Physical Address: [Redacted]

Mailing Address: [Redacted]

Telephone: [Redacted]

Email: [Redacted]

Purchases:	Price:
Harvest Information Program	\$0.00
Total Fee through Alabama.gov:	\$0.00

Sales Agent: Wal-mart Store # 0930

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

74-740

DATE 09/02/2008 16:58

HUNTER ED EXEMPT

ISSUED TO Joseph Russ Chandler

ADDRESS [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Harvest Information Program	09/02/2008 - 08/31/2009	\$0.00
End of Privileges List (1)		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

ISSUING AGENT NIC Alabama

SIGNATURE [Redacted]

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

Thank you for your purchase!

License Number: [Redacted]

Name: Joseph Russ Chandler

Physical Address: [Redacted]

Mailing Address: [Redacted]

Telephone: [Redacted]

Email: [Redacted]

Confirmation #: [Redacted]

Purchases:	Price:
Harvest Information Program	\$0.00
Sub-Total:	\$0.00
Total Fee through Alabama.gov:	\$0.00

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

74-740

DATE 09/02/2008 16:58

HUNTER ED EXEMPT

ISSUED TO Joseph Russ Chandler

ADDRESS [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Harvest Information Program	09/02/2008 - 08/31/2009	\$0.00
End of Privileges List (1)		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

[Redacted]

[Redacted]

ISSUING AGENT NIC Alabama

SIGNATURE [Redacted]

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

Thank you for your purchase!

License Number: [Redacted]

Name: Joseph Russ Chandler

Physical Address: [Redacted]

Mailing Address:

Telephone:

Email:

Confirmation #: [Redacted]

Purchases:	Price:
Harvest Information Program	\$0.00
Sub-Total:	\$0.00
Total Fee through Alabama.gov:	\$0.00

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

74-740

DATE 10/19/2009 15:33

HUNTER ED EXEMPT

ISSUED TO Joseph Russ Chandler

ADDRESS [Redacted]

BIRTHDATE [Redacted] HEIGHT [Redacted] WEIGHT [Redacted]

EYE COLOR [Redacted] HAIR COLOR [Redacted] SEX [Redacted]

ISSUING AGENT NIC Alabama

SIGNATURE [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Harvest Information Program (HIP)	10/19/2009 - 08/31/2010	\$0.00
Res Freshwater Fishing	10/19/2009 - 08/31/2010	\$12.00
Wildlife Heritage	10/19/2009 - 08/31/2010	\$0.00
End of Privileges List (3)		
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number: [Redacted]

Name: Joseph Russ Chandler

Physical Address: [Redacted]

Telephone:

Email:

Thank you for your purchase!

Confirmation #: [Redacted]

Purchases:	Price:
Harvest Information Program (HIP)	\$0.00
Res Freshwater Fishing	\$12.00
Wildlife Heritage	\$0.00

Sub-Total: \$12.00

Total Fee through Alabama.gov: \$12.24

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

2010003761474740 R1EO32102651251D19 74-740

DATE 10/19/2009 15:33

HUNTER ED EXEMPT

ISSUED TO Joseph Russ Chandler

ADDRESS [Redacted]

BIRTHDATE [Redacted] HEIGHT [Redacted] WEIGHT [Redacted]

EYE COLOR Blue HAIR COLOR [Redacted] SEX [Redacted]

ISSUING AGENT NIC Alabama

SIGNATURE [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Harvest Information Program (HIP)	10/19/2009 - 08/31/2010	\$0.00
Res Freshwater Fishing	10/19/2009 - 08/31/2010	\$12.00
Wildlife Heritage	10/19/2009 - 08/31/2010	\$0.00
End of Privileges List (3)		
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number: [Redacted]

Name: Joseph Russ Chandler

Physical Address: [Redacted]

Telephone:

Email:

Thank you for your purchase!

Confirmation #: [Redacted]

Purchases:	Price:
Harvest Information Program (HIP)	\$0.00
Res Freshwater Fishing	\$12.00
Wildlife Heritage	\$0.00
Sub-Total:	\$12.00
Total Fee through Alabama.gov:	\$12.24

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

74-740

DATE 11/01/2006 16:55

HUNTER ED AL 374784

ISSUED TO Austin Russ Chandler

ADDRESS [Redacted]

[Redacted]

ISSUING AGENT NIC Alabama

SIGNATURE [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Res State Hunting	11/01/2006 - 07/31/2007	\$16.00
Harvest Information Program	11/01/2006 - 07/31/2007	\$0.00
End of Privileges List (2)		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number: [Redacted]

Name: Austin Russ Chandler

Physical Address: [Redacted]

Mailing Address:

Telephone:

Email:

Thank you for your purchase!

Confirmation #: [Redacted]

Purchases:	Price:
Res State Hunting	\$16.00
Harvest Information Program	\$0.00

Sub-Total: \$16.00

Total Fee through Alabama.gov: \$16.32

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.

Cut here for license

Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

Bob Riley, Governor | M. Barnett Lawley, Commissioner

www.outdooralabama.com

51-925

DATE 10/11/2007 11:08

HUNTER ED AL 374784

ISSUED TO Austin Russ Chandler

ADDRESS

ISSUING AGENT Wal-mart Store # 0930

SIGNATURE

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Res Hunting - All Game	10/11/2007 - 08/31/2008	\$24.00
Harvest Information Program	10/11/2007 - 08/31/2008	\$0.00
Wildlife Heritage	10/11/2007 - 08/31/2008	\$0.00
End of Privileges List (3)		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

This permit MUST be in the possession of the license holder.

FOLD HERE

FOLD HERE

Alabama Harvest Record

ANTLERED BUCK - One of the three must have 4 pts, 1" or longer on one side

Harvest Date:	Points:	Confirmation No.:
___ / ___ / ___	R: ___ L: ___	_____
___ / ___ / ___	R: ___ L: ___	_____
___ / ___ / ___	R: ___ L: ___	_____

NOTE: For Barbour County - minimum of 3 points, 1" or longer, on one antler for all antlered bucks. Further restrictions apply on certain management areas. See Wildlife Management Area information.

Harvest Record must be in possession when hunting. Harvest Record must be filled out before moving the animal.

UNANTLERED DEER

Harvest Date:	Confirmation No.:
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____

Use back or attach handwritten version to record additional unantlered deer

TURKEY

Harvest Date:	Confirmation No.:
___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___	_____ _____ _____ _____

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME

Cut here for license

Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number: [Redacted]

Name: Austin Russ Chandler

Physical Address: [Redacted]

Mailing Address:

Telephone:

Email:

Thank you for your purchase!

Confirmation #: [Redacted]

Purchases:	Price:
Res Hunting - All Game	\$24.00
Harvest Information Program	\$0.00
Wildlife Heritage	\$0.00

Total Fee through Alabama.gov: \$24.00

Sales Agent: Wal-mart Store # 0930

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.

Cut here for license

Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

74-740

DATE 09/02/2008 16:42

HUNTER ED AL 374784

ISSUED TO Austin Russ Chandler

ADDRESS

[Redacted Address]

ISSUING AGENT NIC Alabama

SIGNATURE

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Res Hunting - All Game	09/02/2008 - 08/31/2009	\$24.00
Harvest Information Program	09/02/2008 - 08/31/2009	\$0.00
Wildlife Heritage	09/02/2008 - 08/31/2009	\$0.00
End of Privileges List (3)		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

This permit MUST be in the possession of the license holder.

FOLD HERE

FOLD HERE

Alabama Harvest Record

ANTLERED BUCK - One of the three must have 4 pts, 1" or longer on one side

Harvest Date:	Points:	Confirmation No.:
___ / ___ / ___	R: ___ L: ___	_____
___ / ___ / ___	R: ___ L: ___	_____
___ / ___ / ___	R: ___ L: ___	_____

NOTE: For Barbour County - minimum of 3 points, 1" or longer, on one antler for all antlered bucks. Further restrictions apply on certain management areas. See Wildlife Management Area information.

Harvest Record must be in possession when hunting. Harvest Record must be filled out before moving the animal.

UNANTLERED DEER

Harvest Date:	Confirmation No.:
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____

Use back or attach handwritten version to record additional unantlered deer

TURKEY

Harvest Date:	___ / ___ / ___		___ / ___ / ___		___ / ___ / ___		___ / ___ / ___
Confirmation No.:	_____		_____		_____		_____

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME

Cut here for license

Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number: [Redacted]

Name: Austin Russ Chandler

Physical Address: [Redacted]
Mailing Address: [Redacted]
Telephone: [Redacted]
Email: [Redacted]

Thank you for your purchase!

Confirmation #: [Redacted]

Purchases:	Price:
Res Hunting - All Game	\$24.00
Harvest Information Program	\$0.00
Wildlife Heritage	\$0.00

Sub-Total: \$24.00

Total Fee through Alabama.gov: \$24.48

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



Cut here for license



Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Bob Riley, Governor | M. Barnett Lawley, Commissioner

74-740

DATE 10/19/2009 15:47

HUNTER ED AL 374784

ISSUED TO Austin Russ Chandler

ADDRESS [Redacted]

[Redacted]

ISSUING AGENT NIC Alabama

SIGNATURE [Redacted]

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Res Hunting - All Game	10/19/2009 - 08/31/2010	\$24.00
Harvest Information Program (HIP)	10/19/2009 - 08/31/2010	\$0.00
Wildlife Heritage	10/19/2009 - 08/31/2010	\$0.00
End of Privileges List (3)		
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXX

This permit MUST be in the possession of the license holder.

FOLD HERE

FOLD HERE

Alabama Harvest Record

ANTLERED BUCK - One of the three must have 4 pts, 1" or longer on one side

Harvest Date:	Points:	Confirmation No.:
___/___/___	R: ___ L: ___	_____
___/___/___	R: ___ L: ___	_____
___/___/___	R: ___ L: ___	_____

NOTE: For Barbour County - minimum of 3 points, 1" or longer, on one antler for all antlered bucks. Further restrictions apply on certain management areas. See Wildlife Management Area information.

Harvest Record must be in possession when hunting. Harvest Record must be filled out before moving the animal.

UNANTLERED DEER

Harvest Date:	Confirmation No.:
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____

Use back or attach handwritten version to record additional unantlered deer

TURKEY

Harvest Date:	Confirmation No.:
___/___/___ ___/___/___ ___/___/___ ___/___/___	_____ _____ _____ _____

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME



Cut here for license



Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number: [Redacted]

Name: Austin Russ Chandler

Physical Address: [Redacted]

Telephone:

Email:

Thank you for your purchase!

Confirmation #: [Redacted]

Purchases:	Price:
Res Hunting - All Game	\$24.00
Harvest Information Program (HIP)	\$0.00
Wildlife Heritage	\$0.00

Sub-Total: \$24.00

Total Fee through Alabama.gov: \$24.48

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.

Cut here for license

Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Robert Bentley, Governor | N. Gunter Guy Jr., Commissioner

26-096

DATE 05/07/2011 19:58

HUNTER ED SUPERVISION

ISSUED TO Autin Russ Chandler

ADDRESS

ISSUING AGENT SIGNATURE

Wal-mart Store # 1101

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Wildlife Heritage	05/07/2011 - 08/31/2011	\$0.00
Res Freshwater Fishing	05/07/2011 - 08/31/2011	\$12.00
End of Privileges List (2)		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXX

This permit MUST be in the possession of the license holder.

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME

Cut here for license

Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number:

Name: Autin Russ Chandler

Mailing Address:

Telephone:

Thank you for your purchase!

Confirmation #:

Purchases:

Purchases:	Price:
Wildlife Heritage	\$0.00
Res Freshwater Fishing	\$12.00
Total Fee through Alabama.gov:	\$12.00

Sales Agent: Wal-mart Store # 1101

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.

Cut here for license

Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

Bob Riley, Governor | M. Barnett Lawley, Commissioner

www.outdooralabama.com

74-740

DATE 12/10/2010 15:35

HUNTER ED AL 374784

ISSUED TO Autin Chandler

ADDRESS

ISSUING AGENT SIGNATURE

NIC Alabama

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Res Hunting - All Game	12/10/2010 - 08/31/2011	\$24.00
Wildlife Heritage	12/10/2010 - 08/31/2011	\$0.00

End of Privileges List (2)

XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXX

This permit MUST be in the possession of the license holder.

FOLD HERE

FOLD HERE

Alabama Harvest Record

ANTLERED BUCK - One of the three must have 4 pts, 1" or longer on one side

Harvest Date:	Points:	Confirmation No.:
___ / ___ / ___	R: ___ L: ___	_____
___ / ___ / ___	R: ___ L: ___	_____
___ / ___ / ___	R: ___ L: ___	_____

NOTE: For Barbour County - minimum of 3 points, 1" or longer, on one antler for all antlered bucks. Further restrictions apply on certain management areas. See Wildlife Management Area information.

Harvest Record must be in possession when hunting. Harvest Record must be filled out before moving the animal.

UNANTLERED DEER

Harvest Date:	Confirmation No.:
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____

Use back or attach handwritten version to record additional unantlered deer

TURKEY

Harvest Date:	Confirmation No.:
___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___	_____ _____ _____ _____

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME

Cut here for license

Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number:

Name: Autin Chandler

Mailing Address: [Redacted]

Telephone:

Email:

Thank you for your purchase!

Name and address will be excluded from ADCNR lists sold.

Confirmation #: [Redacted]

Purchases:	Price:
Res Hunting - All Game	\$24.00
Wildlife Heritage	\$0.00

Sub-Total: \$24.00

Total Fee through Alabama.gov: \$24.48

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.

Cut here for license

Dept. of Conservation and Natural Resources

ALABAMA CONSERVATION LICENSE

www.outdooralabama.com

Robert Bentley, Governor | N. Gunter Guy Jr., Commissioner

74-740

DATE 10/15/2011 15:20

HUNTER ED AL 374784

ISSUED TO AUSTIN CHANDLER

ADDRESS

LICENSE PRIVILEGES ISSUED

License Type	Valid Period	Fee
Res Hunting - All Game	10/15/2011 - 08/31/2012	\$24.20
Wildlife Heritage	10/15/2011 - 08/31/2012	\$0.00
Harvest Information Program (HIP)	10/15/2011 - 08/31/2012	\$0.00

End of Privileges List (3)

ISSUING AGENT NIC Alabama

SIGNATURE

XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXX

This permit MUST be in the possession of the license holder.

FOLD HERE

FOLD HERE

Alabama Harvest Record

ANTLERED BUCK - One of the three must have 4 pts, 1" or longer on one side

Harvest Date:	Points:	Confirmation No.:
___/___/___	R: ___ L: ___	_____
___/___/___	R: ___ L: ___	_____
___/___/___	R: ___ L: ___	_____

NOTE: For Barbour County - minimum of 3 points, 1" or longer, on one antler for all antlered bucks. Further restrictions apply on certain management areas. See Wildlife Management Area information.

Harvest Record must be in possession when hunting. Harvest Record must be filled out before moving the animal.

UNANTLERED DEER

Harvest Date:	Confirmation No.:
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____

Use back or attach handwritten version to record additional unantlered deer

TURKEY

Harvest Date:	Confirmation No.:
___/___/___ ___/___/___ ___/___/___ ___/___/___	_____ _____ _____ _____

Gamecheck: 800-888-7690

www.outdooralabama.com/gamecheck

Report Violations: 800-272-GAME

Cut here for license

Instructions:

1. Retain the bottom portion for your records.
2. Cut along the dotted lines of your license.

License Number: [Redacted]

Name: AUSTIN CHANDLER

Mailing Address [Redacted]
Email: [Redacted]

Thank you for your purchase!

Name and address will be excluded from ADCNR lists sold.

Confirmation #: [Redacted]

Purchases:	Price:
Res Hunting - All Game	\$24.20
Wildlife Heritage	\$0.00
Harvest Information Program (HIP)	\$0.00

Sub-Total: \$24.20

Total Fee through Alabama.gov: \$24.68

Sales Agent: NIC Alabama

Thank you for your license purchase. The Department of Conservation and Natural Resources is dependent upon hunters and anglers to fund the management and protection of Alabama's fish and wildlife resources.



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR:
MAKE:
MODEL:
BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 08/03/2012
TAG EXPIRATION DATE: 03/31/2013
INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME: CHANDLER AUSTIN
REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:
LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

[X] This is to certify that this printout of a record duly recorded and any attached title documents contains true and correct information as shown by Motor Vehicle Division databases of the Alabama Department of Revenue. In accordance with the Alabama Department of Revenue Records Disposition Authority, title and registration records are available for ten (10) years from issue date. The information contained herein is protected under the provisions of the federal Driver's Privacy Protection Act of 1994 (Title XXX of Public Law 103-322) as amended by Section 350 of Public Law 106-69.
[] Notation here certifies that the Motor Vehicle Division databases of the Alabama Department of Revenue reflect no record for the vehicle identified in this printout.

ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:

BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 03/12/2013
TAG EXPIRATION DATE: 03/31/2014

INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:

REGISTRANT 1 NAME: CHANDLER, AUSTIN
REGISTRANT 2 NAME:

REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:

TITLE BRANDS:

OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:

OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:

OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:

OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:

OWNER NAME:

OWNER ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

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ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:

REGISTRATION INFORMATION

ISSUING COUNTY: TAG NUMBER: TAG TYPE: TAG ISSUE DATE: 03/19/2014 TAG EXPIRATION DATE: 03/31/2015
INSURANCE NAIC NUMBER: INSURANCE POLICY NUMBER: TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME: CHANDLER, AUSTIN REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS: REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER: TITLE ISSUE DATE: ODOMETER READING: ODOMETER TYPE: PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME: OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS: OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME: OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS: OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME: LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS: LIENHOLDER 2 ADDRESS:
LIEN DATE 1: LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER: APPLICATION STATUS: APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME: LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS: LIENHOLDER 2 ADDRESS:

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ATTESTED BY: shannon.pugh ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR: MAKE: MODEL:
BODY TYPE: CYLINDER: COLOR: FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY: TAG NUMBER: TAG TYPE: TAG ISSUE DATE: 04/09/2015 TAG EXPIRATION DATE: 03/31/2016
INSURANCE NAIC NUMBER: INSURANCE POLICY NUMBER: TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME: CHANDLER, AUSTIN REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS: REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER: TITLE ISSUE DATE: ODOMETER READING: ODOMETER TYPE: PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME: OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS: OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME: OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS: OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME: LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS: LIENHOLDER 2 ADDRESS:
LIEN DATE 1: LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER: APPLICATION STATUS: APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME: LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS: LIENHOLDER 2 ADDRESS:

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ATTESTED BY: shannon.pugh ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR:
MAKE:
MODEL:
BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 03/11/2016
TAG EXPIRATION DATE: 03/31/2017
INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCATION:
REGISTRANT 1 NAME: CHANDLER AUSTIN
REGISTRANT 2 NAME:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:
LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

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ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:

BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 03/24/2017
TAG EXPIRATION DATE: 03/31/2018

INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:

REGISTRANT 1 NAME: CHANDLER AUSTIN
REGISTRANT 2 NAME:

REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:

TITLE BRANDS:

OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:

OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:

OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:

OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:

OWNER NAME:

OWNER ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

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[] Notation here certifies that the Motor Vehicle Division databases of the Alabama Department of Revenue reflect no record for the vehicle identified in this printout.

ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR:
MAKE:
MODEL:
BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 03/26/2018
TAG EXPIRATION DATE: 03/31/2019
INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCATION:
REGISTRANT 1 NAME: CHANDLER AUSTIN
REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:
LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

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ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR:
MAKE:
MODEL:
BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 03/29/2019
TAG EXPIRATION DATE: 03/31/2020
INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME: CHANDLER AUSTIN
REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:
LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

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ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR:
MAKE:
MODEL:
BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 06/10/2020
TAG EXPIRATION DATE: 03/31/2021
INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME: CHANDLER AUSTIN
REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:
LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

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ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:

BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 04/20/2021
TAG EXPIRATION DATE: 03/31/2022

INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:

REGISTRANT 1 NAME: CHANDLER AUSTIN
REGISTRANT 2 NAME:

REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:

TITLE BRANDS:

OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:

OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:

OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:

OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:

OWNER NAME:

OWNER ADDRESS:

LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:

LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

[X] This is to certify that this printout of a record duly recorded and any attached title documents contains true and correct information as shown by Motor Vehicle Division databases of the Alabama Department of Revenue. In accordance with the Alabama Department of Revenue Records Disposition Authority, title and registration records are available for ten (10) years from issue date. The information contained herein is protected under the provisions of the federal Driver's Privacy Protection Act of 1994 (Title XXX of Public Law 103-322) as amended by Section 350 of Public Law 106-69.

[] Notation here certifies that the Motor Vehicle Division databases of the Alabama Department of Revenue reflect no record for the vehicle identified in this printout.

ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

License Type: Processor MV 32 8 6R 5/19

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Certified Record Response

REQUESTOR NAME: austin chandler
REQUESTED TAG NUMBER:
RECORD REQUEST NUMBER:
REQUESTED VIN:
YEAR:
MAKE:
MODEL:
BODY TYPE:
CYLINDER:
COLOR:
FUEL TYPE:

REGISTRATION INFORMATION

ISSUING COUNTY:
TAG NUMBER:
TAG TYPE:
TAG ISSUE DATE: 04/28/2022
TAG EXPIRATION DATE: 03/31/2023
INSURANCE NAIC NUMBER:
INSURANCE POLICY NUMBER:
TAG SUSPENSION/REVOCAION:
REGISTRANT 1 NAME: CHANDLER AUSTIN
REGISTRANT 2 NAME:
REGISTRANT 1 ADDRESS:
REGISTRANT 2 ADDRESS:

TITLE INFORMATION

TITLE NUMBER:
TITLE ISSUE DATE:
ODOMETER READING:
ODOMETER TYPE:
PURCHASE DATE:
TITLE BRANDS:
OWNER/LESSOR 1 NAME:
OPERATOR/LESSEE 1 NAME:
OWNER/LESSOR 1 ADDRESS:
OPERATOR/LESSEE 1 ADDRESS:
OWNER/LESSOR 2 NAME:
OPERATOR/LESSEE 2 NAME:
OWNER/LESSOR 2 ADDRESS:
OPERATOR/LESSEE 2 ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:
LIEN DATE 1:
LIEN DATE 2:

PENDING TITLE APPLICATION INFORMATION

APPLICATION NUMBER:
APPLICATION STATUS:
APPLICATION STATUS DATE:
OWNER NAME:
OWNER ADDRESS:
LIENHOLDER 1 NAME:
LIENHOLDER 2 NAME:
LIENHOLDER 1 ADDRESS:
LIENHOLDER 2 ADDRESS:

CERTIFICATION

- [X] This is to certify that this printout of a record duly recorded and any attached title documents contains true and correct information as shown by Motor Vehicle Division databases of the Alabama Department of Revenue.
[] Notation here certifies that the Motor Vehicle Division databases of the Alabama Department of Revenue reflect no record for the vehicle identified in this printout.

ATTESTED BY: shannon.pugh
ATTESTED DATE: 12/19/2022

EXHIBIT 3:
Criminal Background Check

Verification

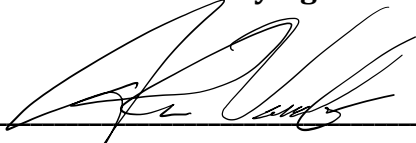
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



12/29/2022

Signature of Verifying Official

Verification Date

This applicant verifies that all individuals previously identified in Exhibit 1 have requested a state criminal background check from Alabama Law Enforcement Agency (ALEA) and a national criminal background check from the Federal Bureau of Investigation.

These individuals are:

Joseph Robert Russ Chandler

Austin Chandler

John Vavalo

Justin Jeffries

Jason Sirotin

All individuals are listed on this applicant's FORM B and each person has completed a FORM E, all of which are attached.

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

License Type: Processor

Business License Applicant Name

License Type

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.

NAME	ROLE (select all that apply)
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant

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.

John Vavalo
 Printed Name of Verifying Individual

Chairman
 Title of Verifying Individual

Signature of Verifying Individual

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.

Arbor Vita Care, Inc.**Processor**

Business License Applicant Name

License Type

Joseph Robert Russ Chandler

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

12/18/22
 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.

Arbor Vita Care, Inc.
 Business License Applicant Name
Austin Russ Chandler
 Individual's Name

Processor
 License Type

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.
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- 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

12/18/2022
 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.

Arbor Vita Care, Inc.

Processor

Business License Applicant Name

License Type

John Vavalo

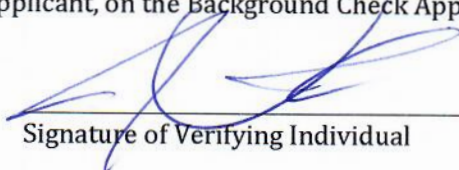
Individual's Name

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

12/22/2022
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

License Type

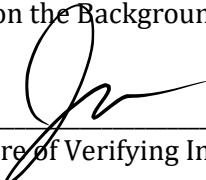
Individual's Name

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

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.

Arbor Vita Care, Inc.

Processor

Business License Applicant Name

License Type

Jason Sirotin

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
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- 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

12/22/2022

Verification Date

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 4:

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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

Arbor Vita Care Inc has the necessary resources to operate the business for three years. The applicant has secured a [REDACTED] [REDACTED] [REDACTED] line is available to Arbor Vita Care on an as needed basis and is [REDACTED] [REDACTED] the company expects to spend in the first three years of operations.

We have attached the credit facility, signed by the applicant's Chairman and countersigned by [REDACTED].

We have also attached a copy of the note and the security agreement that will be executed when the applicant is successful. This is included in the credit facility.

Also attached is a letter from an Independent CPA who reviewed both the agreement and financials for [REDACTED] and has verified they have the resources available to fund the line of credit.

Company Chairman John Vavalo is the responsible person designated by applicant. He may be reached at [REDACTED].

Also attached is a letter verifying the same, signed by John Vavalo, the responsible party and Justin Jeffries the company contact.



15 Copeland Drive, Phenix City, AL 36870

December 29, 2022

To Whom it May Concern:

Please accept this letter as verification by sufficient capital available to the Applicant, as well as the source thereof, and verification of the same by a responsible person designated by the Applicant, the Applicant’s contact person.

Arbor Vita Care Inc has the resources more than necessary to operate the business for three years. [REDACTED]

[REDACTED] This [REDACTED] line is available to Arbor Vita Care on an as needed basis and [REDACTED] the amount of expenses the company expects to spend in the first three years of operations.

We have attached the credit facility, signed by the applicant’s Chairman and countersigned by [REDACTED]. We have also attached a copy of the note and the security agreement that will be executed when the applicant is successful.

Also attached is a letter from an Independent CPA who reviewed the agreement and also reviewed financials for [REDACTED] and verified they have the resources available to fund the line of credit.

Company Chairman John Vavalo is the responsible person designated by applicant. He may be reached at [REDACTED].

Sincerely,

John Vavalo

John Vavalo
Responsible Person

Justin Jeffries

Justin Jeffries
Applicant Contact



15 Copeland Drive, Phenix City, AL 36870

Effective Date: December 29, 2022

[REDACTED]
 [REDACTED]
 [REDACTED]

Re: Credit Facility Letter Agreement

Dear Mr. [REDACTED]:

This Credit Facility Letter Agreement (the “Credit Facility”) sets out the terms and conditions under which [REDACTED] (the “Lender”) is prepared to make a loan facility available to Arbor Vita Care, Inc., an Alabama corporation (“Arbor Vita” or the “Borrower”).

1. Advances. Arbor Vita hereby agrees that any loan or advance (“Facility”) made pursuant to this Credit Facility shall be governed by the terms and conditions contained herein as well as those embodied in any promissory note (“Note”) to memorialize the draw down and repayment terms on the Facility available to Arbor Vita.
2. Requirements to Access the Facility. Any Facility made available to Borrower hereunder will be disbursed in one or more instalment(s) as may be required by the Borrower. In order to access the Facility, the Borrower shall give the Lender at least fifteen (15) days prior written notice, after which time has elapsed, the Lender shall have thirty (30) days to request from Borrower updated due diligence. [REDACTED]
 [REDACTED] Borrower shall execute a Note for the amount of the Facility advanced in accordance with the specimen Note set forth in Exhibit A, and shall execute a Borrower’s Certificate (“Certificate”) that Borrower’s financial condition and legal status have not changed since the date of this Credit Facility in accordance with the specimen Certificate set forth in Exhibit B.
3. Disbursement. The disbursement of the Facility shall be made by wire transfer to Arbor Vita as follows: [REDACTED]

4. Term; Termination; Amount of Facility. Lender agrees to make advances to the Borrower under this Credit Facility from time to time beginning on the Effective Date and ending on the fifth (5th) anniversary of this Credit Facility. Lender and Borrower agree that, notwithstanding the term of the Credit Facility as set forth herein, Lender may terminate this Credit Facility, and make no further advances, at any time in its sole discretion upon written notice to the Borrower. **The aggregate amount of the Facility shall not exceed**
████████████████████
5. Repayment of Facility. The Borrower agrees to repay the Facility as will be set forth in each applicable Note.
6. Interest. The Borrower agrees that the interest rate applicable to each Facility will be set forth in each applicable Note but in no event shall such interest charged be greater than that amount permitted by law. All computations of interest shall be made on the basis of a year of 365/366 days, as the case may be, and the actual number of days elapsed. Interest shall accrue on the Facility advanced on the day on which the Borrower signs the Note.
7. Prepayment. The Borrower may prepay any portion of any Facility advanced hereunder at any time without penalty or additional charge.
8. Application of Payments. All payments made on any Note shall be applied first to the payment of any fees or charges outstanding hereunder, second to accrued interest, and third to the payment of the Facility amount outstanding.
9. Events of Default. The occurrence and continuance of any of the following shall constitute an Event of Default under this Credit Facility and applicable Note:
 - a. Failure to Pay. The Borrower fails to pay any amount of the Facility advanced when due and such failure continues for 15 days from the due date.
 - b. Bankruptcy.
 - i. the Borrower commences any case, proceeding, or other action (i) under any existing or future Law relating to bankruptcy, insolvency, reorganization, or other relief of debtors, seeking to have an order for relief entered with respect to it, or seeking to adjudicate it as bankrupt or insolvent, or seeking reorganization, arrangement, adjustment, winding-up, liquidation, dissolution, composition, or other relief with respect to it or its debts, or (ii) seeking appointment of a receiver, trustee, custodian, conservator, or other similar official for it or for all or any substantial part of its assets, or the Borrower makes a general assignment for the benefit of its creditors;
 - ii. there is commenced against the Borrower any case, proceeding, or other action of a nature which (i) results in the entry of an order for relief or any such adjudication or appointment, or (ii) remains undismissed, undischarged, or unbonded for a period of thirty (30) days;

- iii. there is commenced against the Borrower any case, proceeding, or other action seeking issuance of a warrant of attachment, execution, or similar process against all or any substantial part of its assets which results in the entry of an order for any such relief which has not been vacated, discharged, or stayed or bonded pending appeal within thirty (30) days from the entry thereof; or
- iv. A Change of Control shall occur. For purposes herein, a “Change of Control” means (i) the sale of all or substantially all of the assets of Arbor Vita to a person or entity unrelated to Arbor Vita, (ii) a consolidation or merger of Arbor Vita with or into any other corporation or other entity or person, or any other corporate reorganization, in which the stockholders of Arbor Vita immediately prior to such consolidation, merger or reorganization, own less than fifty percent (50%) of the outstanding voting power of the surviving entity (or, if more than one entity survives the transaction, the controlling entity) following the consolidation, merger or reorganization, or (iii) any transaction or series of related transactions involving a person or entity, or a group of affiliated persons or entities (but excluding any employee benefit plan or related trust that is sponsored or maintained by Arbor Vita or an affiliate) in which such persons or entities that were not stockholders of Arbor Vita immediately prior to their acquisition of Arbor Vita securities as part of such transaction become the owners, directly or indirectly, of securities of Arbor Vita representing more than fifty percent (50%) of the combined voting power of Arbor Vita’s then outstanding securities.

10. Remedies. Upon the occurrence of any Event of Default and at any time thereafter during the continuance of such Event of Default, the Lender may at its option, by ten (10) days written notice to the Borrower (a) declare the entire principal amount of this Credit Facility and any applicable Note, together with all accrued interest thereon and all other amounts payable hereunder, immediately due and payable; and/or (b) exercise any or all of its rights, powers, or remedies hereunder or applicable Law. In the event Lender declares the entire principal amount of this Credit Facility and any applicable Note, together with all accrued interest thereon and all other amounts payable hereunder or thereunder, immediately due and payable, such amounts shall become due and payable immediately, without presentment, demand, protest or other notice of any kind, all of which are hereby waived by Borrower.

11. Notices. All notices, requests, or other communications required or permitted to be delivered hereunder shall be delivered in writing, in each case to the address specified below or to such other address as such party may from time to time specify in writing in compliance with this provision:

If to the Borrower:

Arbor Vita Care, Inc.
15 Copeland Drive
Phenix City, AL 36870
Email: [REDACTED]
Attn: John Vavalo, Chairman

With a copy (which shall not constitute notice) to:

[REDACTED]

If to the Lender:

[REDACTED]

With a copy (which shall not constitute notice) to:

[REDACTED]

Notices if (i) mailed by certified or registered mail or sent by hand or overnight courier service shall be deemed to have been given when received; and (ii) sent by e-mail shall be deemed received upon the sender's receipt of an acknowledgment from the intended recipient (such as by the "return receipt requested" function, as available, return e-mail, or other written acknowledgment).

- 12. Expenses. The Borrower shall reimburse the Lender on demand for all reasonable out-of-pocket costs, expenses, and fees (including reasonable expenses and fees of its counsel) incurred by the Lender in connection with the enforcement of the Lender's rights hereunder or under any Note.
- 13. Governing Law. This Credit Facility, and any claim, controversy, dispute, or cause of action (whether in contract or tort or otherwise) based upon, arising out of, or relating to

this Credit Facility or any applicable Note and the transactions contemplated hereby and thereby shall be governed by the laws of the State of New York.

14. Submission to Jurisdiction. If any party commences a lawsuit or other proceeding relating to or arising from this Credit Facility or any Note, the parties agree that the Supreme Court of the State of New York for the County of Onondaga shall have sole and exclusive jurisdiction over any such proceeding. This court shall be proper venue for any such lawsuit or judicial proceeding and the parties waive any objection to such venue.
15. Counterparts. This Credit Facility and any Note and any amendments, waivers, consents, or supplements thereto may be executed in counterparts, each of which shall constitute an original, but all taken together shall constitute a single contract. Delivery of an executed counterpart of a signature page to this Credit Facility or any Note in electronic (e.g., "pdf") format shall be effective as delivery of a manually executed counterpart of this Note.
16. Successors and Assigns. This Credit Facility and any Note may be assigned or transferred by the Lender to any person upon thirty (30) days written notice to Borrower. The Borrower may assign or transfer this Credit Facility and any Note thereunder only with the prior written consent of the Lender, to be granted or withheld in the Lender's sole discretion. This Note shall inure to the benefit of, and be binding upon, the parties and their permitted assigns.
17. Amendments and Waivers. This Credit Facility constitutes the final expression of the parties in connection with the subject matter hereof. No term of this Credit Facility may be waived, modified, supplemented, amended, or otherwise changed except by an instrument in writing signed by both parties. Any waiver of the terms hereof shall be effective only in the specific instance and for the specific purpose given. No delay or omission by Lender in exercising or enforcing any of Lender's rights or remedies shall operate as or constitute a waiver thereof.
18. Severability. If any term or provision of this Credit Facility is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Credit Facility or invalidate or render unenforceable such term or provision in any other jurisdiction.

[SIGNATURE PAGE FOLLOWS]

Very truly yours,

ARBOR VITA CARE, INC.

By: John Vavalo

Name: John Vavalo

Chairman

ACCEPTED:


By:  _____


Name: 
Title: 

EXHIBIT A
FORM OF SECURED PROMISSORY NOTE

SECURED PROMISSORY NOTE

\$5,000,000.00

Dated: _____

This **SECURED PROMISSORY NOTE** (this “**Note**”) is made by **Arbor Vita Care, Inc.**, an Alabama corporation (“**Borrower**”), to and in favor of [REDACTED] (“**Lender**”), in connection with and to repay a loan made from Lender to Borrower (the “**Loan**”).

1. **Definitions.** Capitalized terms used herein shall have the meanings set forth in this Section 1. Capitalized terms used herein without definition shall have the meanings ascribed thereto in the Credit Facility Letter Agreement dated December 29, 2022 between Lender and Borrower.

“**Acquisition**” shall mean (i) the merger or consolidation of the Borrower into or with another entity in a business combination transaction in which the stockholders of the Borrower immediately prior to the transaction cease to own after the transaction a majority of the issued and outstanding equity securities of the Borrower; (ii) the consummation of a statutory merger or exchange of shares in a business combination transaction; (iii) the sale, lease or transfer of all, or substantially all, of the equity securities, assets or intellectual property of the Borrower to a third party in a transaction to be accounted for as a business combination; (iv) a Change of Control (as that term is defined in the Credit Facility Letter Agreement); or (v) any other business combination, consolidation event or other transaction in which the Borrower is not the surviving entity, or does not survive as a going concern.

“**Business Day**” means a day other than a Saturday, Sunday, or other day on which commercial banks in Montgomery, Alabama are authorized or required by law to close.

“**Default Rate**” means ten percent (10%).

“**Maturity Date**” means the date on which principal and all accrued interest shall become due and payable on [REDACTED].

“**Parties**” means the Borrower and the Lender.

2. **Payment Dates.** The Borrower shall pay Lender the total principal amount of [REDACTED] (\$ [REDACTED]) plus interest at a rate of [REDACTED] percent ([REDACTED]%) in [number of payments] ([REDACTED]) [monthly/quarterly/yearly] instalments each in the amount of [set forth amount] (\$ [REDACTED]) commencing on [set forth date] with the last payment due on the Maturity Date. The Borrower may from time to time prepay all or any portion of the Note and all accrued but unpaid interest thereon without premium or penalty of any type. The indebtedness represented by this Note constitutes secured indebtedness and is secured by the security interest in the property described below.

3. **Default Interest.**

3.1 **Default Interest.** If the principal amount payable hereunder is not paid within 15 days when due, such overdue amount shall bear interest at the Default Rate from the date of

such non-payment until such amount is paid in full. Once the Default is cured, then the interest rate of 7% will be reinstated.

3.2 Computation of Interest. All computations of interest shall be made on the basis of a year of 365/366 days, as the case may be, and the actual number of days elapsed. Interest shall accrue on the Loan on the day on which the Borrower signs this Note.

4. Security Interest. This Note is being issued under the Credit Facility Letter Agreement, by and between the Borrower and the Lender, dated as of December __, 2022. The Borrower hereby pledges the Collateral set forth on Schedule A to the Security Agreement attached hereto as Exhibit C as security for the payment of the Note. This Note is a full recourse promissory note and is a secured obligation of the Borrower, secured by the Collateral and pursuant to a certain Security Agreement between the Borrower and the Lender.

5. Maturity. The Note shall mature and be payable on the earlier of (i) the Maturity Date, or (ii) the consummation of any Acquisition.

6. Payment Mechanics.

6.1 Manner of Payments. All payments hereunder shall be made in lawful money of the United States of America on the date on which such payment is due by Borrower by wire transfer to the Lender's bank as follows:

[name of bank]

Account Number: [REDACTED]

Routing Number: [REDACTED]

6.2 Application of Payments. All payments made hereunder shall be applied first to the payment of any fees or charges outstanding hereunder, second to accrued interest, and third to the payment of the principal amount outstanding under the Note.

6.3 Business Day Convention. Whenever any payment to be made hereunder shall be due on a day that is not a Business Day, such payment shall be made on the next succeeding Business Day and such extension will be taken into account in calculating the amount of interest payable under this Note.

7. Events of Default. The occurrence and continuance of any of the following shall constitute an Event of Default hereunder:

7.1 Failure to Pay. The Borrower fails to pay any amount of the Loan when due and such failure continues for 15 days from the due date.

7.2 Bankruptcy.

(a) the Borrower commences any case, proceeding, or other action (i) under any existing or future Law relating to bankruptcy, insolvency, reorganization, or other relief of debtors, seeking to have an order for relief entered with respect to it, or seeking to adjudicate it as bankrupt or insolvent, or seeking reorganization, arrangement,

adjustment, winding-up, liquidation, dissolution, composition, or other relief with respect to it or its debts, or (ii) seeking appointment of a receiver, trustee, custodian, conservator, or other similar official for it or for all or any substantial part of its assets, or the Borrower makes a general assignment for the benefit of its creditors;

(b) there is commenced against the Borrower any case, proceeding, or other action of a nature which (i) results in the entry of an order for relief or any such adjudication or appointment, or (ii) remains undismissed, undischarged, or unbonded for a period of thirty (30) days; or

(c) there is commenced against the Borrower any case, proceeding, or other action seeking issuance of a warrant of attachment, execution, or similar process against all or any substantial part of its assets which results in the entry of an order for any such relief which has not been vacated, discharged, or stayed or bonded pending appeal within thirty (30) days from the entry thereof.

8. Remedies. Upon the occurrence of any Event of Default and at any time thereafter during the continuance of such Event of Default, the Lender may at its option, by ten (10) days written notice to the Borrower (a) declare the entire principal amount of this Note, together with all accrued interest thereon and all other amounts payable hereunder, immediately due and payable; and/or (b) exercise any or all of its rights, powers, or remedies hereunder or applicable Law. If any Event of Default shall occur and be continuing, the Lender may protect and enforce the Lender's rights and remedies under the Note by exercising all rights and remedies available to a secured creditor under applicable laws, either by suit in equity or by action at law, or both, whether for the collection of principal of or interest on the Note, to enforce the specific performance of any term contained in the Note. No remedy conferred in the Note upon the Lender is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy conferred herein or now or hereafter existing at law or in equity or by statute or otherwise.

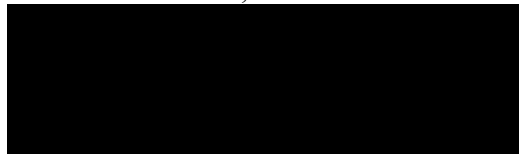
9. General.

9.1 Notices.

(a) All notices, requests, or other communications required or permitted to be delivered hereunder shall be delivered in writing, in each case to the address specified below or to such other address as such Party may from time to time specify in writing in compliance with this provision:

(i) If to the Borrower:

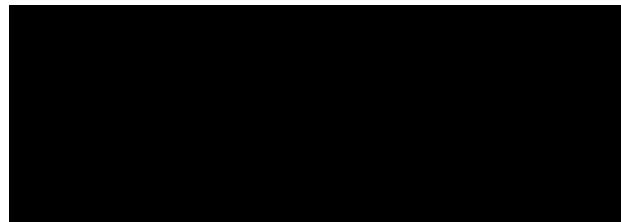
Arbor Vita Care, Inc.



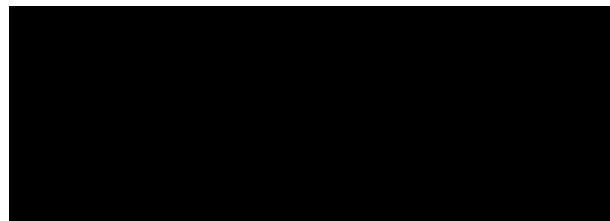
With a copy (which shall not constitute notice) to:



(ii) If to the Lender:



With a copy (which shall not constitute notice) to:



Notices if (i) mailed by certified or registered mail or sent by hand or overnight courier service shall be deemed to have been given when received; and (ii) sent by e-mail shall be deemed received upon the sender's receipt of an acknowledgment from the intended recipient (such as by the "return receipt requested" function, as available, return e-mail, or other written acknowledgment).

9.2 Expenses. The Borrower shall reimburse the Lender on demand for all reasonable out-of-pocket costs, expenses, and fees (including reasonable expenses and fees of its counsel) incurred by the Lender in connection with the enforcement of the Lender's rights hereunder.

9.3 Governing Law. This Note, and any claim, controversy, dispute, or cause of action (whether in contract or tort or otherwise) based upon, arising out of, or relating to this Note and the transactions contemplated hereby and thereby shall be governed by the Laws of the State of New York.

9.4 Submission to Jurisdiction. If any Party commences a lawsuit or other proceeding relating to or arising from this Credit Facility or any Note, the parties agree that the Supreme Court of the State of New York for the County of Onondaga shall have sole and exclusive jurisdiction over any such proceeding. This court shall be proper venue for any such lawsuit or judicial proceeding and the parties waive any objection to such venue.

9.5 Counterparts. This Note and any amendments, waivers, consents, or supplements hereto may be executed in counterparts, each of which shall constitute an original, but all taken together shall constitute a single contract. Delivery of an executed counterpart of a signature page to this Note in electronic (e.g., "pdf") format shall be effective as delivery of a manually executed counterpart of this Note.

9.6 Successors and Assigns. This Note may be assigned or transferred by the Lender to any Person upon thirty (30) days written notice to Borrower. The Borrower may assign or transfer this Note only with the prior written consent of the Lender, to be granted or withheld in the Lender's sole discretion. This Note shall inure to the benefit of, and be binding upon, the Parties and their permitted assigns.

9.7 Waiver of Notice. The Borrower hereby waives demand for payment, presentment for payment, protest, notice of payment, notice of protest, notice of dishonor, notice of nonpayment, notice of acceleration of maturity, and diligence in taking any action to collect sums owing hereunder.

9.8 Interpretation. For purposes of this Note (a) the words "include," "includes," and "including" shall be deemed to be followed by the words "without limitation"; (b) the word "or" is not exclusive; and (c) the words "herein," "hereof," "hereby," "hereto," and "hereunder" refer to this Note as a whole. The definitions given for any defined terms in this Note shall apply equally to both the singular and plural forms of the terms defined. Whenever the context may require, any pronoun shall include the corresponding masculine, feminine, and neuter forms. Unless the context otherwise requires, references herein: (x) to Sections mean the Sections of this Note; (y) to an agreement, instrument, or other document means such agreement, instrument, or other document as amended, supplemented, and modified from time to time to the extent permitted by the provisions thereof; and (z) to a statute means such statute as amended from time to time and includes any successor legislation thereto and any regulations promulgated thereunder. This Note shall be construed without regard to any presumption or rule requiring construction or interpretation against the party drafting an instrument or causing any instrument to be drafted.

9.9 Amendments and Waivers. No term of this Note may be waived, modified, supplemented, amended, or otherwise changed except by an instrument in writing signed by both Parties. Any waiver of the terms hereof shall be effective only in the specific instance and for the specific purpose given.

9.10 Headings. The headings of the various Sections and subsections herein are for reference only and shall not define, modify, expand, or limit any of the terms or provisions hereof.

9.11 No Waiver; Cumulative Remedies. No failure to exercise and no delay in exercising on the part of the Lender, of any right, remedy, power, or privilege hereunder shall operate as a waiver thereof; nor shall any single or partial exercise of any right, remedy, power, or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power, or privilege. The rights, remedies, powers, and privileges herein

provided are cumulative and not exclusive of any rights, remedies, powers, and privileges provided by law.

9.12 Severability. If any term or provision of this Note is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Note or invalidate or render unenforceable such term or provision in any other jurisdiction.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Borrower has executed this Secured Promissory Note as of the [redacted]
day of [redacted], 202[redacted]

ARBOR VITA CARE, INC.

By: _____

Name: John Vavalo

Title: President

ACCEPTED:

[redacted]

By: _____

Name:

[redacted]

Title:

EXHIBIT B
FORM OF BORROWER'S CERTIFICATE

Borrower’s Certificate

The undersigned president of Arbor Vita Care, Inc. (the “Borrower”), does hereby certify to [REDACTED] (the “Lender”), for purposes of Section 2 of the Credit Facility Letter Agreement among the Borrower and Lender (as defined therein), dated December __, 2022 (the “Credit Facility”), that the Borrower’s financial condition and legal status have not changed since the date of the Credit Facility

IN WITNESS WHEREOF, the undersigned has caused this certificate to be executed by a as of [set forth date].

Arbor Vita Care, Inc.

By: _____

Name: _____

Title: President

EXHIBIT C
FORM OF SECURITY AGREEMENT

SECURITY AGREEMENT

THIS SECURITY AGREEMENT (this “**Agreement**”) is made and entered into effective as of December [] , 2022, by **Arbor Vita Care, Inc.**, an Alabama corporation, with a primary business address of [] (the “**Borrower**”), in favor of [] (the “**Secured Party**”).

RECITALS

The Borrower has executed and delivered to the Secured Party a secured promissory note in the original principal amount of [] dollars (\$[]) (the “**Promissory Note**”), issued pursuant to a Credit Facility Letter Agreement, by and between Borrower and Lender, dated as of December __, 2022 (the “**Credit Facility**”).

As a condition to the acceptance by the Secured Party of the Promissory Note, the Borrower is granting to and creating in favor of the Secured Party a security interest in the Collateral (as hereinafter defined) pursuant to the terms and conditions as hereinafter provided.

AGREEMENT

In consideration of the extension of funds under the Promissory Note, as well as for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Borrower hereby agrees in favor of the Secured Party as follows:

1. Security Interest.

a) The Borrower hereby grants to the Secured Party a present and continuing security interest in and lien on all of the Collateral, more particularly described in Section 1(b) below and Schedule A attached, to secure the payment and performance of all of the Obligations described in Section 2 below.

b) The term “**Collateral**” as used herein shall mean and include each of the items of property of the Borrower identified on Schedule A attached hereto together with accessories, accessions, replacements, additions, substitutions and all proceeds thereof.

c) Unless otherwise defined herein, all terms contained in this Agreement shall have the meanings provided for in the Uniform Commercial Code in effect in the State of Alabama (the “**Code**”) to the extent the same are used or defined therein. In addition, the term “**proceeds**” as used herein includes whatever is receivable or received when any Collateral or any proceeds thereof is sold, collected, exchanged or otherwise disposed of, whether such disposition is voluntary or involuntary, and also includes without limitation all rights to payment. In addition, all references herein to a particular type or item of Collateral shall be deemed to include all now existing or hereafter acquired books and records of the Borrower relating to such Collateral (including, without limitation, all computer materials and records). To the extent not otherwise included, all proceeds, as such term is defined in the Code, of any of the Collateral described above, which shall include without limitation with respect to any particular type or item of Collateral (1) any and all proceeds of any insurance, indemnity, warranty or guaranty payable from time to time with respect to any of such Collateral, (2) any and all payments (in any form whatsoever) made or due and payable from time to time in connection with any requisition, confiscation, condemnation, seizure or forfeiture of all or any part of such Collateral by any governmental body, authority, bureau or agency (or any person acting under color of governmental authority), (3) any recoveries from third parties with respect to any litigation or dispute concerning such Collateral, and (4) any and all other amounts from time to time paid or payable under or in connection with such Collateral upon disposition or otherwise.

2. Obligations Secured. This Agreement and the security interest and lien granted hereunder to the Secured Party, secures all obligations which may be now or hereafter owing by the Borrower to the Secured Party under the Promissory Note, the Credit Facility, this Agreement as well as any and all indebtedness, obligations or other liabilities which may be now or hereafter owing by the Borrower to the Secured Party, including, without limitation, any new obligations, extensions, renewals, refinancings, restructurings, modifications or replacements, in whole or in part, of or for any of the foregoing, and including without limitation any interest and other charges which, but for the filing by or against the Borrower of a petition in bankruptcy, would accrue on any of the foregoing indebtedness, obligations or liabilities. All of the foregoing indebtedness, obligations or other liabilities are herein collectively called the “**Obligations**”.

3. Representations and Warranties. The Borrower hereby represents and warrants to Secured Party that:

a) The Borrower has full power and authority, and has completed all proceedings and obtained all approvals and consents necessary, to execute, deliver and perform this Agreement and the transactions contemplated hereby.

b) Such execution, delivery, and performance, to the Borrower’s knowledge, will not violate, or cause a default under or result in a lien upon any property of the Borrower pursuant to, any applicable law, rule or regulation or any agreement, indenture, judgment, order, decree, or instrument binding upon or affecting the Borrower or any of the Collateral.

c) This Agreement constitutes the legal, valid, and binding obligation of the Borrower, enforceable against the Borrower in accordance with its terms (except as such enforceability may be limited by bankruptcy, insolvency, or other similar laws affecting the enforcement of creditor’s rights or by general equitable principles), and this Agreement grants to the Secured Party, a valid and enforceable security interest in and lien on the Collateral.

d) The Borrower has good and marketable title to the Collateral (or, in the case of any after-acquired Collateral, the Borrower will have good and marketable title to the Collateral at the time the Borrower acquires rights in such Collateral).

e) No person has (or, in the case of any after-acquired Collateral, at the time the Borrower acquires rights therein, will have) any right, title, claim, or other interest (whether in the nature of a security interest, other lien or charge, or otherwise) in, against or to any Collateral or any interest therein, except for liens that may arise in the ordinary course from real estate leases or similar.

All of the foregoing representations and warranties shall survive the execution, delivery and acceptance of this Agreement by the Secured Party and the Borrower, and the closing of the transactions contemplated hereby.

4. Covenants and Agreements of the Borrower. The Borrower hereby covenants and agrees with the Secured Party that:

a) The Borrower shall not merge or consolidate into, or transfer any of the Collateral (except for sales in the ordinary course of business) to, any other Person without the prior written consent of the Secured Party.

b) The Borrower shall not change its name unless it has given the Secured Party ten (10) days’ prior written notice thereof and executed or authorized, at the request of the Secured Party, such

additional financing statements to be filed in such jurisdictions as the Secured Party may deem necessary or desirable in its sole discretion.

c) The Borrower shall, at any time, and from time to time, take such steps as the Secured Party may reasonably request for the Secured Party (i) to obtain an acknowledgement, in form and substance reasonably satisfactory to the Secured Party, of any bailee having possession of any of the Collateral, stating that the bailee holds possession of such Collateral on behalf of the Secured Party, and (ii) otherwise to insure the continued perfection of the Secured Party's security interest in any of the Collateral and of the preservation of its rights therein.

d) The Borrower shall not sell, encumber, lease or otherwise dispose of or transfer any Collateral or any right or interest therein except as hereinafter provided, and in the ordinary course of business, and the Borrower shall keep the Collateral free of all levies, security interests or other liens, charges or encumbrances except those granted to hereunder to the Secured Party.

e) Except for as long as no Event of Default has occurred and is continuing hereunder, the Borrower shall not without the approval of the Secured Party (i) pay or make any dividend or distribution of cash or other property or assets in respect of the equity interests of the Borrower; (ii) make any payment on account of the purchase, redemption or other retirement of the equity interests of the Borrower or any other payment or distribution made in respect thereof, either directly or indirectly; or (iii) make any payment or prepayment of principal, interest, fees or other charges on or with respect to any indebtedness owed to any holder of an equity interest in the Borrower.

f) The Borrower shall comply in all material respects with all laws, rules and regulations relating to the possession, operation, storage, maintenance, disposal, and control of the Collateral.

g) The Borrower agrees that such care as the Secured Party gives to the safekeeping of its own property of like kind shall constitute reasonable care of such Collateral when it maybe in the Secured Party's possession.

h) If and to the extent requested by the Secured Party or upon default of the Borrower hereunder, the Borrower shall account fully for and promptly deliver to the Secured Party, in the form received, all documents, chattel paper, instruments, and agreements constituting Collateral hereunder and all proceeds of the Collateral received, all endorsed to the Secured Party, or in blank.

i) The Borrower shall keep accurate and complete records of the Collateral and shall provide the Secured Party with such records and such other reports and information relating to the Collateral as the Secured Party may request from time to time.

j) The Borrower shall keep, procure, execute, and deliver from time to time any and all, endorsements, notifications, registrations, assignments, hypothecation agreements, financing statements, and other writings deemed necessary or appropriate by the Secured Party to perfect, maintain, and protect the Secured Party's security interest in or other lien on the Collateral hereunder, and the Borrower shall take such other actions as the Secured Party may reasonably request to protect the value of the Collateral and of the Secured Party's security interest in the Collateral, including, without limitation, obtaining assurances from third parties regarding the Secured Party's access to and right to foreclose on or sell the Collateral and right to realize the practical benefits of such foreclosure or sale as the Secured Party may request.

k) The Borrower shall give the Secured Party not less than ten (10) days prior written

notice of any change in the Borrower's principal place of business or the Borrower's legal name or trade name(s) or style(s) from that set forth in this Agreement.

l) The Borrower shall keep its records concerning the Collateral at the Borrower's address set forth above.

m) The Borrower shall furnish the Secured Party with such information regarding the Collateral as the Secured Party from time to time may reasonably request.

n) The Borrower shall keep the Collateral in good condition and repair, ordinary wear and tear excepted, and shall not cause or permit any waste of any of the Collateral.

o) The Borrower irrevocably authorizes the Secured Party to file such financing statements as may be necessary to protect, in its opinion, the Secured Party's security interests and liens.

5. Power of Attorney. The Borrower hereby agrees that, from time to time, without presentment, notice or demand, and without affecting or impairing in any way the rights of the Secured Party with respect to the Collateral, the obligations of the Borrower hereunder or the other Obligations, the Secured Party may, but shall not be obligated to and shall incur no liability to the Borrower or any third party for failing to, take any action which the Borrower is obligated by this Agreement to take, and the Borrower also hereby appoints (which appointment is coupled with an interest and shall be irrevocable so long as this Agreement is in effect) the Secured Party as its attorney-in-fact with full power and authority at any time to take any of the following actions during the existence of any Event of Default hereunder in either the Borrower's or its own name (but the Secured Party shall have no obligation to and shall incur no liability to the Borrower or any third party for failing to exercise any such power or authority): (a) to collect by legal proceedings or otherwise and endorse, receive and receipt for all payments, proceeds, and other sums and property now or hereafter payable on or on account of any of the Collateral; (b) to enter into any extension, reorganization, deposit, merger, consolidation, or other agreement pertaining to, or deposit, surrender, accept, hold or apply other property in exchange for, any of the Collateral; (c) to insure, process, and preserve any of the Collateral or to take any other action which the Borrower is obligated by this Agreement to take; (d) to transfer any of the Collateral to its own or its nominee's name; (e) to make any compromise or settlement, and take any action it deems advisable, with respect to any of the Collateral; (f) to prepare, file and sign the Borrower's name to any proof of claim in bankruptcy (or any similar document) against any party in respect of the Collateral; (g) to endorse the Borrower's name on any other document, instrument or other agreement relating to any of the Collateral; (h) to use the information recorded on or contained in any data processing equipment, other computer hardware or any software relating to any Collateral; (i) to make, adjust or enforce claims under any insurance policy relating to any Collateral; (j) to do all other acts and things necessary, in the Secured Party's reasonable judgment, to fulfill the Borrower's obligations under this Agreement; and (k) to pay any and all taxes, assessments, charges, encumbrances or liens now or hereafter imposed upon or affecting any of the Collateral. The foregoing power of attorney may be exercised by the Secured Party in its discretion, in its name or in the Borrower's name, and without prior notice to or demand upon the Borrower. The Borrower agrees to reimburse the Secured Party on demand for any sums advanced or expenses incurred by the Secured Party in exercising any of the foregoing rights and powers together with interest accruing thereon daily at the highest rate the Borrower has contracted to pay on any of the Obligations. The Borrower's reimbursement obligations under this section shall

constitute part of the Obligations secured hereunder.

6. Events of Default. An event of default under this Agreement shall be deemed to exist upon the occurrence of any of the following events (each such event being herein called an “**Event of Default**”):

a) The occurrence of any “Event of Default” under and as defined in the Promissory Note; or

b) Failure of the Borrower punctually and fully to perform, observe, discharge or comply with any of the covenants set forth in Section 4 of this Agreement which, if capable of being cured, remains uncured for more than thirty (30) days after written notice by the Secured Party to the Borrower thereof; or

c) If all or any material portion of the Collateral is seized or levied upon or a receiver or other custodian is appointed for it.

7. Remedies. Upon the occurrence and during the continuation of any one or more of the foregoing Events of Default, after the lapse of any applicable cure periods, the Secured Party may, at its option, and without notice to or demand on the Borrower, and in addition to all rights and remedies available to the Secured Party under any other agreement, at law, in equity, or otherwise, do any one or more of the following:

a) declare in a written notice to the Borrower any or all of the Obligations to be immediately due and payable and foreclose or otherwise enforce the security interest in and other lien hereunder on any or all of the Collateral in any manner permitted by law or provided for in this Agreement;

b) recover from the Borrower all reasonable and customary costs and expenses, including, without limitation, reasonable attorney’s fees and expenses incurred or paid by the Secured Party in exercising or enforcing any right, power, or remedy with respect to any or all of the Collateral provided to it by this Agreement or by applicable law;

c) require the Borrower to assemble any or all of the Collateral and make it available to the Secured Party at such place or places as may be designated by the Secured Party;

d) enter onto any property where any Collateral is located and take possession thereof with or without judicial process;

e) prior to the Secured Party’s disposition of any Collateral, store, process, complete, repair or recondition it or otherwise prepare it for disposition in any manner and to the extent the Secured Party deems appropriate (but the Secured Party shall not be obligated to do so);

f) transfer any of the Collateral into its name;

g) sell or otherwise dispose of any of the Collateral at one or more public or private sales at the Borrower’s or the Secured Party’s place of business or any other place or places, in lots or in bulk cash or on credit, all as the Secured Party, in its discretion, may deem advisable, and the Secured Party shall have the right to conduct any such sale on the Borrower’s premises, without any charge therefore, and any such sales may be adjourned from time to time in accordance with applicable law; and

h) purchase all or any part of the Collateral at any public sale or, if permitted by law,

any private sale and, in lieu of actual payment of such purchase price, the Secured Party may set-off the amount of such price against the Obligations.

The Borrower agrees that thirty (30) days' prior written notice from the Secured Party to Borrower of any public sale of any Collateral or the date after which any private sale of any Collateral will be held shall constitute reasonable notice thereof and such sale may be held at such locations as the Secured Party may designate in each said notice. Upon any sale or other disposition of any of the Collateral pursuant to this Agreement, the Secured Party shall have the right to deliver, assign, and transfer to the purchaser thereof the Collateral or the portion thereof so sold or disposed of and each purchaser at any such sale or other disposition (including the Secured Party) shall acquire such Collateral free from any claim or right of whatever kind, including any equity or right of redemption of the Borrower, and the Borrower specifically waives (to the maximum extent permitted by law) all rights of redemption, stay or appraisal with respect to the Collateral which the Borrower has or may have under any applicable law, statute, or constitution now existing or hereafter in effect.

The Secured Party is hereby granted by the Borrower a license or other right to use during the term of this Agreement, without charge, any or all of the Borrower's labels, patents, copyrights, trade secrets, trade names, trademarks and advertising materials, or any other property of any similar nature, as it pertains to any of the Collateral, in advertising for sale and selling any Collateral or in completing the Borrower's performance under or collecting any sums owing in respect of any Collateral, and the Borrower's rights under all licenses and all franchise agreements relating to any of the Collateral shall inure to the Secured Party's benefit to the extent of the Secured Party's rights, titles and interests in or to the Collateral under this Agreement.

8. Application of Proceeds.

a) All monies and other proceeds received by the Secured Party upon any collection, sale or other disposition of any Collateral, together with all other monies and other proceeds received by the Secured Party hereunder, shall be applied in accordance with applicable law and as follows:

First to the payment of the reasonable costs and expenses of such sale, collection or other disposition which may have been incurred by the Secured Party, including without limitation attorney's fees as provided in Section 7(b) above and all other reasonable expenses, liabilities and advances made or incurred by the Secured Party in connection therewith;

Second, to the payment of all other Obligations then due in such order as the Secured Party may elect; and

Third, after payment in full of all Obligations then due, any surplus then remaining from such proceeds shall be paid to the Borrower.

b) The Borrower shall remain liable for any deficiency owing on the Obligations after the application of the proceeds of the Collateral as provided above.

9. Indemnity. The Borrower hereby agrees to indemnify the Secured Party and hold the Secured Party harmless from and against any claim, liability, loss, damage, expense, suit, action or proceeding which may now or hereafter be suffered or incurred by the Secured Party as a result of the Borrower's failure to observe, perform or discharge the Borrower's duties or obligations hereunder or the Secured Party's holding or administering this Agreement or any Collateral unless with respect to any of the above the Secured Party is finally determined to have acted with gross negligence or to have engaged in willful misconduct. Without limiting the generality of the foregoing, this indemnity shall extend to any

claims asserted against the Secured Party by any person under any environmental, occupational safety and hazard, or other similar laws, rules or regulations by reason of the Borrower's or any other person's failure to comply with any such laws, rules or regulations. The indemnity obligations of the Borrower under this Section shall constitute a part of the Obligations secured hereunder and shall survive the termination of this Agreement.

10. Waivers And Consents. THE BORROWER HEREBY WAIVES ANY AND ALL RIGHTS IT MAY HAVE TO NOTICE OR HEARING PRIOR TO SEIZURE BY THE SECURED PARTY OF ANY OF THE COLLATERAL, WHETHER BY WRIT OF POSSESSION OR OTHERWISE.

11. Miscellaneous.

a) Any waiver, forbearance or failure or delay by either party in exercising any of its rights, powers, or remedies hereunder shall not preclude the further exercise thereof: and every right, power, or remedy of such party hereunder shall continue in full force and effect until such right, power or remedy is specifically waived in a writing executed by such party. The Borrower waives any right to require the Secured Party to proceed against any person or to exhaust any Collateral or to pursue any remedy in the Secured Party's power.

b) This Agreement contains the entire agreement between the Secured Party and the Borrower with respect to the Collateral and supersedes all prior agreements, commitments, understandings, negotiations or correspondence between them with respect thereto. If any provision of this Agreement shall be held invalid or prohibited under applicable law, this Agreement shall be invalid or ineffective only to the extent of such invalidity or prohibition, without invalidating the remainder of this Agreement.

c) The rights, powers, and remedies of the Secured Party under this Agreement shall be in addition to all other rights, powers, or remedies given to the Secured Party by applicable law or by any other agreement, all of which rights, powers and remedies shall be cumulative and may be exercised successively or concurrently without impairing the Secured Party's security interest in or other lien on any of the Collateral.

d) This Agreement may not be amended or modified except by a writing signed by each of the parties hereto.

e) Except as may be otherwise expressly provided herein, all notices, requests and demands to or upon any party hereto shall be in writing and in accordance with Section 11 of the Promissory Note.

f) All rights of the Secured Party under this Agreement shall inure to the benefit of its successors and assigns, and all obligations of the Borrower hereunder shall bind its heirs, legal representatives, successors, and assigns.

g) This Agreement and all security interests and other liens granted or conveyed hereunder shall remain in full force and effect and shall be irrevocable until such time as (i) no Obligations are outstanding, and (ii) the Secured Party is under no obligation to make any further loans or other extensions of credit to Borrower. The Borrower hereby waives any right the Borrower may have upon payment in full of the Obligations to require the Secured Party to terminate its security interest in the Collateral or any financing statement relating thereto until this Agreement is terminated in accordance with the foregoing terms.

h) This Agreement shall be construed in accordance with and governed by the laws

of the State of New York without giving effect to choice of law rules.

i) Time is of the essence of this Agreement.

j) This Agreement may be executed in any number of several counterparts, each of which when so executed shall be deemed to be an original and all of which counterparts taken together shall constitute one and the same instrument. Counterparts may be delivered via facsimile, electronic mail (including pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, e.g., www.docusign.com) or other transmission method and any counterpart so delivered shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

(Signatures Commence on Following Page).

IN WITNESS WHEREOF, the parties have duly executed and delivered this Agreement under seal, all as of the day and year first above set forth.

BORROWER:

Arbor Vita Care, Inc.

By: _____
Name: John Vavalo
Title: President

SECURED PARTY:

By: _____
Name: _____
Title: _____

Schedule A

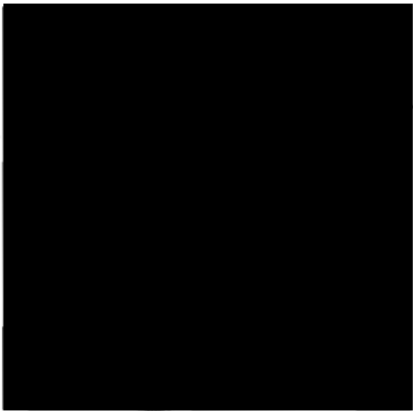
The following listed below shall constitute “**Collateral**” of the Borrower under the Security Agreement: any property or other assets, now existing or hereafter acquired, real or personal, tangible or intangible, and whether owned by, consigned to, or held by, or under the care, custody or control of the Borrower, including all money, cash, cash equivalents, Accounts, Deposit Accounts and deposits, Investment Property, Inventory, Equipment, Fixtures, Goods, Chattel Paper, Electronic Chattel Paper, Tangible Chattel Paper, Documents, Instruments, letters of credit, Letter of Credit Rights, Supporting Obligations, Commercial Tort Claims, books and records, real property interests, leasehold estates in real property of Borrower, as lessee, General Intangibles (including all Intellectual Property, payment intangibles, contract rights, choses in action, and Software), and all of Borrower’s other interests in property of every kind and description, and the products, profits, rents of, dividends or distributions on, accessions to, and all Proceeds (including tort claims, insurance claims and insurance proceeds) of any of the foregoing.



December 29, 2022

To whom it may concern,

I am an independent CPA and have reviewed the credit agreement between Arbor Vita Care Inc and [REDACTED] I have also reviewed the finances of [REDACTED] and confirm that they maintain assets sufficient to fund the [REDACTED] line of credit.



12/29/22



REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 5: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

5.1 Balance Sheet Report

Please see the attachment titled “Projected Balance Sheet 2023 to 2026_Attachment to Exhibit 5 Section 1” which contain the projected balance sheet for the first three full years of operations. This balance sheet indicates the financial stability of the company on December 31 of each year.

5.2 Profit and Loss Report

Please see the attachment titled “Projected Profit & Loss 2023 to 2026_Attachment to Exhibit 5 Section 2” which contain the projected Profit and Loss Report for the first three full years of operations.

5.3 Statement of Cash Flow

Please see the attachment titled “Projected Cashflow 2023 to 2026_Attachment to Exhibit 5 Section 3” which contain the projected Statement of Cash Flow for the first three full years of operations.

10:23 AM
12/28/22
Accrual Basis

Arbor Vita Care Inc.
Balance Sheet
As of December 31, 2026

Dec 31, 23 Dec 31, 24 Dec 31, 25 Dec 31, 26

ASSETS
 Current Assets
 Checking/Savings
 Operating
 Total Checking/Savings

 Total Current Assets
TOTAL ASSETS

LIABILITIES & EQUITY
 Liabilities
 Current Liabilities
 Other Current Liabilities

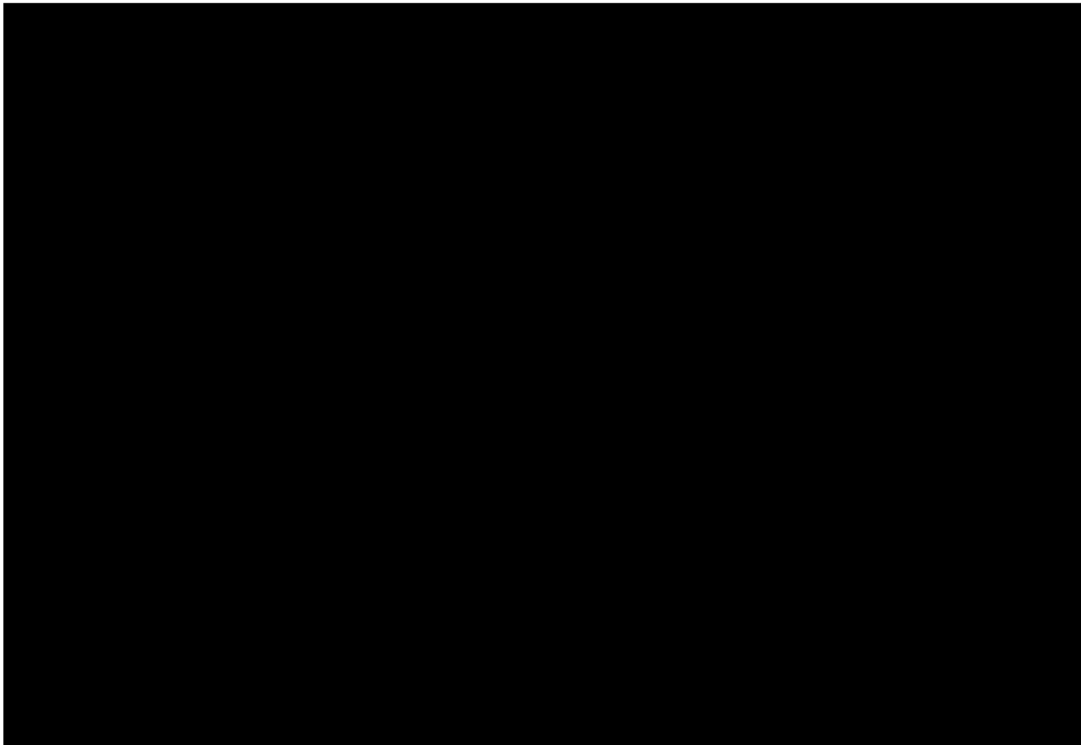
 Total Other Current Liabilities

 Total Current Liabilities

 Total Liabilities

 Equity
 Retained Earnings
 Net Income

 Total Equity
TOTAL LIABILITIES & EQUITY



Filters applied on this Report:

Date: Custom

10 18 AM

Arbor Vita Care Inc.
Profit & Loss

12/28/22

July 2023 through December 2026

Accrual Basis

	Jul - Dec 23	Jan - Dec 24	Jan - Dec 25	Jan - Dec 26	TOTAL
Ordinary Income/Expense					
Income					
Revenue					
Wholesale Revenue					
Total Revenue					
Total Income					
Cost of Goods Sold					
Raw Materials - Bulk Orders					
Total COGS					
Gross Profit					
Expense					
Insurance Expense					
Interest Expense					
Payroll Expenses					
Employee Benefits					
Salaries & Wages					
Total Payroll Expenses					
Rent Expense					
Utilities					
Total Expense					
Net Ordinary Income					
Net Income					

10:19 AM

12/28/22

Arbor Vita Care, Inc.
Cash Flow Forecast
July 2023 through December 2026

	Accnts Receivable	Accnts Payable	Bank Accts	Net Inflows	Proi Balance
Beginning Balance					
Jul - Dec 23					
Jan - Dec 24					
Jan - Dec 25					
Jan - Dec 26					
Jul '23 - Dec 26					
Ending Balance					

EXHIBIT 6:
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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



Signature of Verifying Official

12/29/2022

Verification Date

The applicant has reviewed all current applicable tax laws pertaining to the medical marijuana program in the state of Alabama. We understand the necessary framework that the AMCC has approved and set forth for future license holders, including but not limited to, Chapter 2A of Title 20, Code of Alabama (as amended).

Any tax that is required of licensed processors to collect and/or pay shall be done as such, if this applicant is awarded a Processor license. All tax records, payments, and any other applicable information will be maintained by a designated person within the company. This applicant understands that regulations of this nature are necessary for a successful program for license holders, the state, the communities across the state of Alabama, and most importantly, the patients. In the event any amendments are made to the requirements, the AMCC has this applicant's verification of full compliance.

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 7: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



12/29/2022

Signature of Verifying Official

Verification Date

The applicant's company was officially formed on 22 December 2022. The company was assigned [REDACTED] by the Internal Revenue Service under legal name Arbor Vita Care Inc. The company also submitted a Certificate of Incorporation and the appropriate filing fee with the Office of the Secretary of State. This information is required under Section 10A-1-3.05 and 10A-2A-2.02 of the Code of Alabama 1975 for a business corporation to be officially formed.

We have provided a copy of the IRS EIN issuance confirmation and the Certificate of Incorporation. These files are titled "EIN Confirmation_Attachment to Exhibit 7" and "Business Incorporation_Attachment to Exhibit 7", respectively.



EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirm

Congratulations! The EIN has been successfully assigned.

EIN Assigned [REDACTED]

Legal Name: **ARBOR VITA CARE INC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

Help Topics

[? Can the EIN be used after the confirmation letter is received?](#)

**DOMESTIC BUSINESS CORPORATION
CERTIFICATE OF INCORPORATION**

PURPOSE: In order to form a Business Corporation under Sections 10A-1-3.05 and 10A-2A-2.02 of the Code of Alabama 1975, this Certificate of Incorporation and the appropriate filing fee must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

- 1. The **name of the corporation** (must contain the word "Corporation" or "Incorporated," or the abbreviation of one of those words, and comply with Code of Alabama Section 10A-1-5.04):

Arbor Vita Care Inc.

- 2. **A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.**

- 3. Street (**No PO Boxes**) address of principal office of the corporation: _____

15 Copeland Dr Phenix City, AL 36870

Mailing address of principal office (if different from street address):

15 Copeland Dr Phenix City, AL 36870

- 4. The name of the registered agent (only one agent): Austin Chandler

Street (**No PO Boxes**) address of registered office (must be located in Alabama):

15 Copeland Dr Phenix City, AL 36870

*COUNTY of above address: RUSSELL

Mailing address in Alabama of registered office (if different from street address): _____

(For SOS Office Use Only)

Alabama
Sec. Of State

001-054-687 D/C

Date 12/27/2022

Time 09:07:00

File \$100.00


County \$100.00

Total \$200.00

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF INCORPORATION

5. Purpose for which corporation is formed: _____

The transaction of any lawful business for which corporations may be incorporated in Alabama _____; the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2A of the Code of Alabama.

6. Amount of stock the corporation is authorized to issue:  Par Value _____ (optional)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): See attached

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

- 9. A director has no liability to the corporation or its stockholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the stockholders; (C) a violation of Section 10A-2A-8.32; (D) an intentional violation of criminal law; or (E) a breach of the director’s duty of loyalty to the corporation or its stockholders.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

*County of Registered Agent is requested in order to determine distribution of County filing fees.

12 / 27 / 2022

Date (MM/DD/YYYY)



Signature as required by 10A-2A-1.20

Organizer and Attorney

Title

Additional Details

Incorporators

Incorporator

Street Address

Mailing Address



EXHIBIT 8:
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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



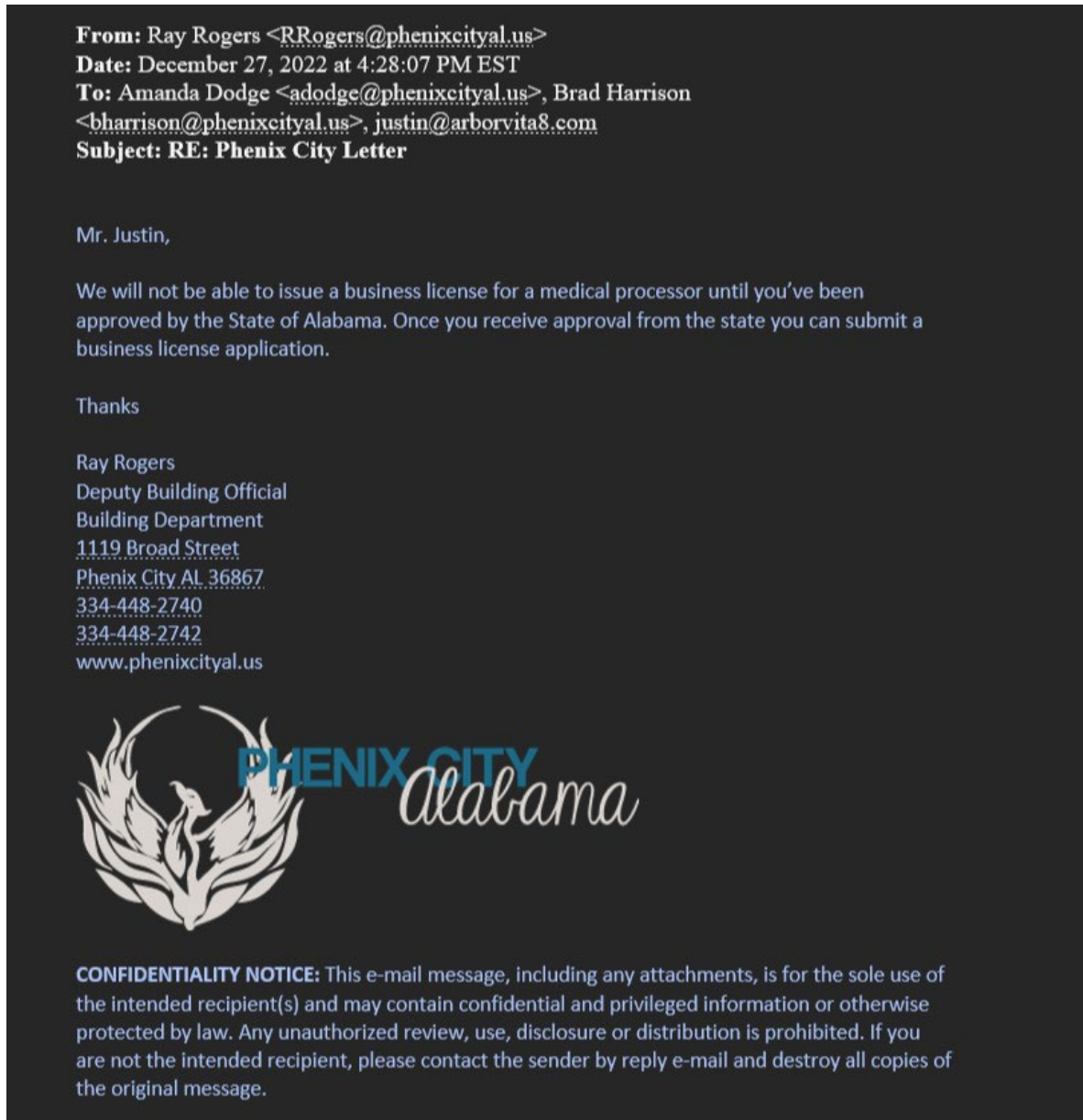
12/29/2022

Signature of Verifying Official

Verification Date

8.1 Business License(s)

This applicant has reached out to the Phenix City Building Department regarding a business license. Below is the response that we received on 27 December 2022.



If we are awarded a Processor License, we will submit a business application license to Phenix City under the name Arbor Vita Care, Inc. and once received, would forward a copy to the AMCC.

8.2 Resolution/Ordinance by Local Jurisdiction

Phenix City government officials passed an ordinance on 15 November 2022 that authorizes the operation of medical marijuana dispensing sites within the corporate limits of the city. We have included a digital copy of the ordinance to this exhibit. This is included in this Exhibit file, titled “Phenix City Ordinance_Attachment to Exhibit 8 Section 2”.

Our hemp processing operations, Arbor Vita8, does have a business license with Phenix City. While the facility is located outside the city limits but within the permitting jurisdiction of Phenix City, we have communicated our plans with city officials to expand the hemp operations to include medical marijuana processing. The Planning Department, who we have a strong relationship with and know our hemp operations, has graciously provided a letter of support as we seek a medical marijuana processor license. We have included this in the Exhibit; this is titled “Support Letter Phenix City_Attachment to Exhibit 8 Section 2”.

ORDINANCE NO. 2022- 14

AN ORDINANCE TO AMEND THE CODE OF ORDINANCES OF THE CITY OF PHENIX CITY, ALABAMA, CHAPTER 46 – LICENSES, TAXATION, AND MISCELLANEOUS BUSINESS REGULATIONS, AND ADDING ARTICLE XVIII – MEDICAL CANNABIS

WHEREAS, in the 2021 Legislative Session, the Alabama Legislature passed Act No. 21-450 (the “Act”) legalizing and creating a regulatory framework for medical cannabis; and

WHEREAS, the Alabama Legislature made a number of findings of fact, including:

“Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions.”

“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 the supervision of a physician licensed in this state.”

“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, the Act authorizes and requires the Medical Cannabis Commission to regulate dispensary operations, thus addressing any health, safety or welfare concerns for the citizens of the City of Phenix City; and

WHEREAS, the Act requires the governing body of any municipality by ordinance to authorize 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 Phenix City thus increasing revenue; and

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


NOW THEREFORE BE IT ORDAINED by the City Council of the City of Phenix City, Alabama, that Chapter 46 – Licenses, Taxation, And Miscellaneous Business Regulations be amended by adding Article XVIII – Medical Cannabis.

BE IT FURTHER ORDAINED, in accordance with Alabama Code §20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act No. 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Phenix City subject to the provisions of Act No. 21-450, any relevant provisions of the *Code of Ordinances* of the City of Phenix City and any applicable zoning restrictions the City of Phenix City may adopt pursuant to §20-2A-51(c)(3), *Code of Alabama*.

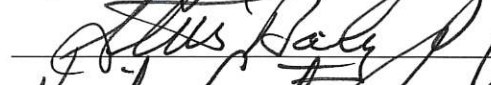
BE IT FURTHER ORDAINED, that any business license or sales tax revenue generated by medical cannabis dispensaries authorized by this Ordinance shall be deposited to the general fund.

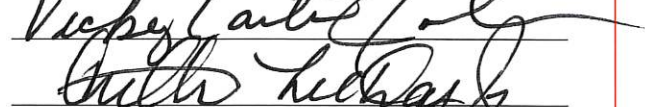
BE IT FURTHER ORDAINED, that this Ordinance shall become effective immediately upon its adoption, approval and publication as required by law.

PASSED, APPROVED AND ADOPTED this 15th day of November, 2022.


MAYOR








MEMBERS OF THE CITY COUNCIL OF
THE CITY OF PHENIX CITY, ALABAMA

ATTEST:


CITY CLERK



PLANNING DEPARTMENT

931 Broad Street | Phenix City, AL 36867 | Ph: 334-448-2856 | Fx: 334-448-9022 | phenixcityal.us/edo

DR. R. GRIFF GORDY
Mayor Pro Tem / At Large

STEVE BAILEY
Councilmember District 1

EDDIE N. LOWE
Mayor

VICKEY CARTER JOHNSON
Councilmember District 2

ARTHUR L. DAY, JR.
Councilmember District 3

WALLACE B. HUNTER, City Manager

MELONY LEE, City Clerk

TRACIE H. HADAWAY, Planning Director | SHAUN CULLIGAN, Economic Development Mgr.

To whom it may concern,

My name is Shaun Culligan, the Economic Development Manager for Phenix City, AL. We've had the privilege of working with ArborVita8, now Arbor Vita Care, for a few years. They have been a great business to work with, and we've experienced no issues with the company.

We've been made aware of their desire to transition from hemp-oil production to medical marijuana production. They are currently located outside of the Phenix City limits in Russell County. The Russell County Commission has passed a resolution in support of medical dispensaries and integrated facilities. They gainfully employ many of our citizens and we have great hopes of their continued growth.

If you have any questions that we can help answer, please feel free to reach out. My contact information is: (334) 448-2857 sculligan@phenixcityal.us

Shaun Culligan

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 9: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

9.1 Business Structure and Plan

Arbor Vita Care, Inc is an Alabama C-Corporation established to bring medical grade cannabis to the patients of Alabama. The Corporation was formed in the State of Alabama by attorneys for the company and is governed by Alabama law.

Corporate governance is of paramount importance and fiduciary oversight will be conducted by the company's Board of Directors, who will at a minimum hold quarterly corporate board meetings. These meetings will be conducted in the presence of corporate counsel who will keep detailed minutes and ensure that any appropriate filings are made at an appropriate time.

The Financials for the business will be overseen by a licensed CPA who will ensure the records are compliant and that all appropriate taxes and filings are appropriately made.

As a C-Corporation, Arbor Vita Care, Inc has several shareholders, and more than 51% of the stock is held by Alabama residents. We do not anticipate additional shareholders as the current shareholders have the financial resources to allow the company to succeed.

9.2 Business Goals (3- and 5-Year Plan)

The leadership team at Arbor Vita Care, Inc knows from experience that medical cannabis companies are slow to reach positive cash flow and the company is prepared for the long haul. The company's founders have committed significant personal resources and the company has secured debt financing via a line of credit so that the full operations can be funded for at least the first three years.

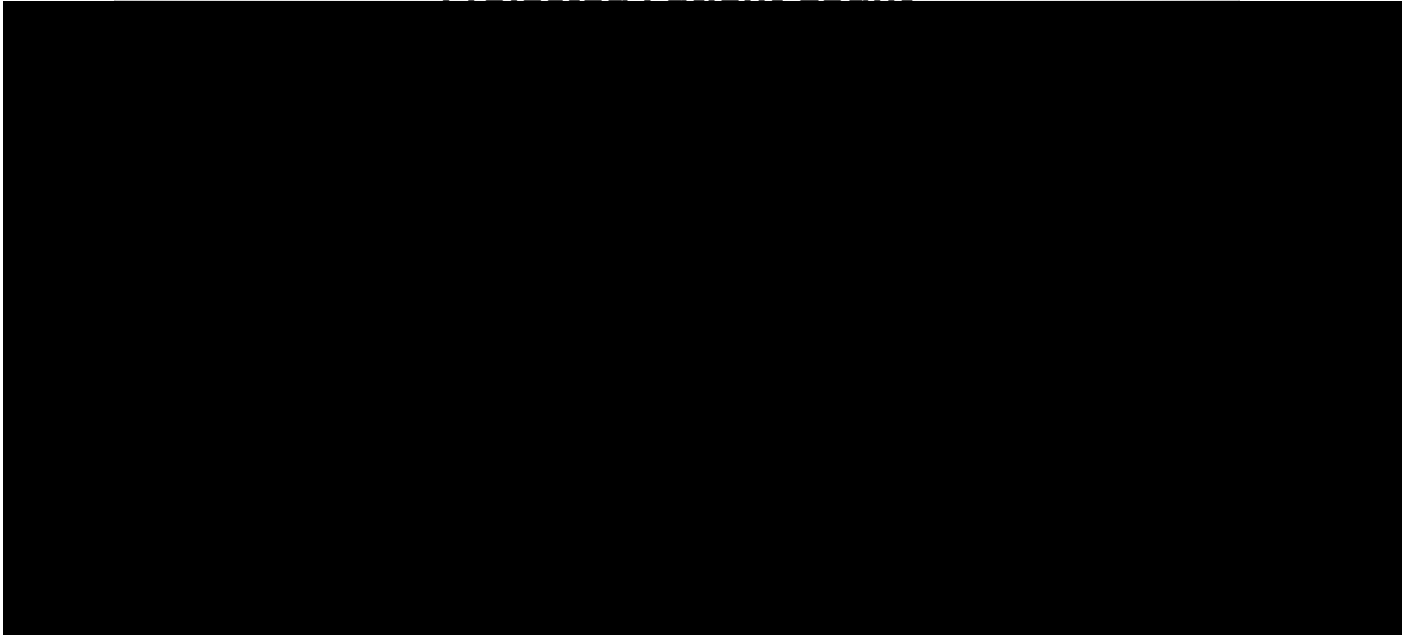
[REDACTED]

[REDACTED]

While forecasting business goals, we put together a careful business pro-forma. Based on our extensive experience in the industry, we have a very good handle on the costs associated with operating the business, the variables we considered were mainly 1) the number of patients in the program 2) how much of the market do we believe that we can serve.

- 1) Patient Count: In most medical cannabis states that we have knowledge of, the patient count starts small. This is due to patient education, provider education, cost, access to care and many other factors. Based on that, we believe that the patient count over the first three years will look like this, with about 1% of the population becoming active users in the next three years.

Projected Patient Count



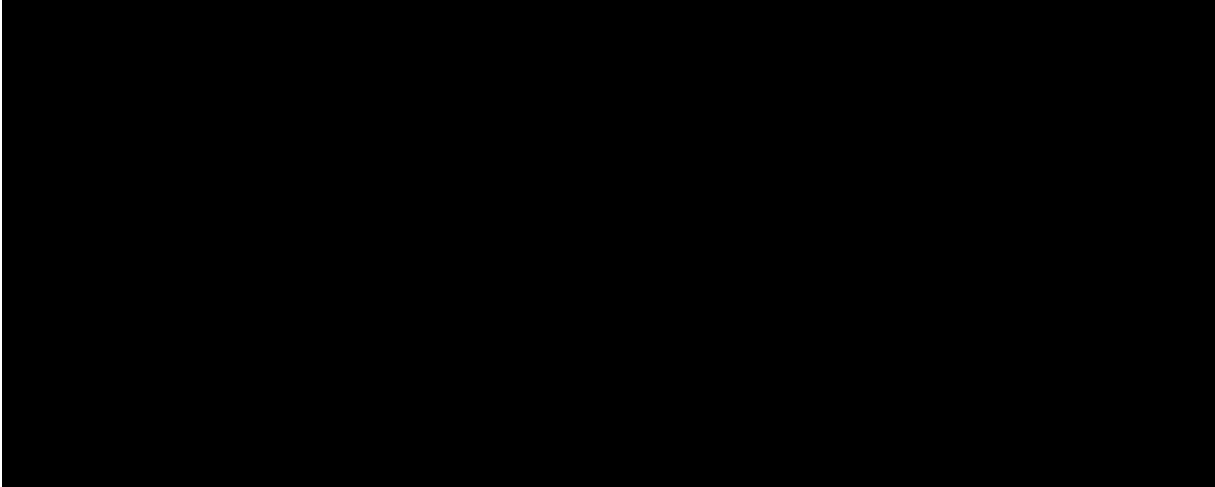
[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

Arbor Vita Care
Total Grams Produced per Quarter



We are prepared to produce additional products as needed, but for planning purposes it is imperative to set reasonable goals.

[REDACTED]

If we accomplish our goal, will the business support itself? Yes, we believe it will. The chart below shows the patient count, total revenue, flower cost, expenses and profit.



Another way to look at it is by patient count. If the patient count grows at a quicker pace, then we will reach cash flow positivity sooner. [REDACTED]

[REDACTED]

[REDACTED]

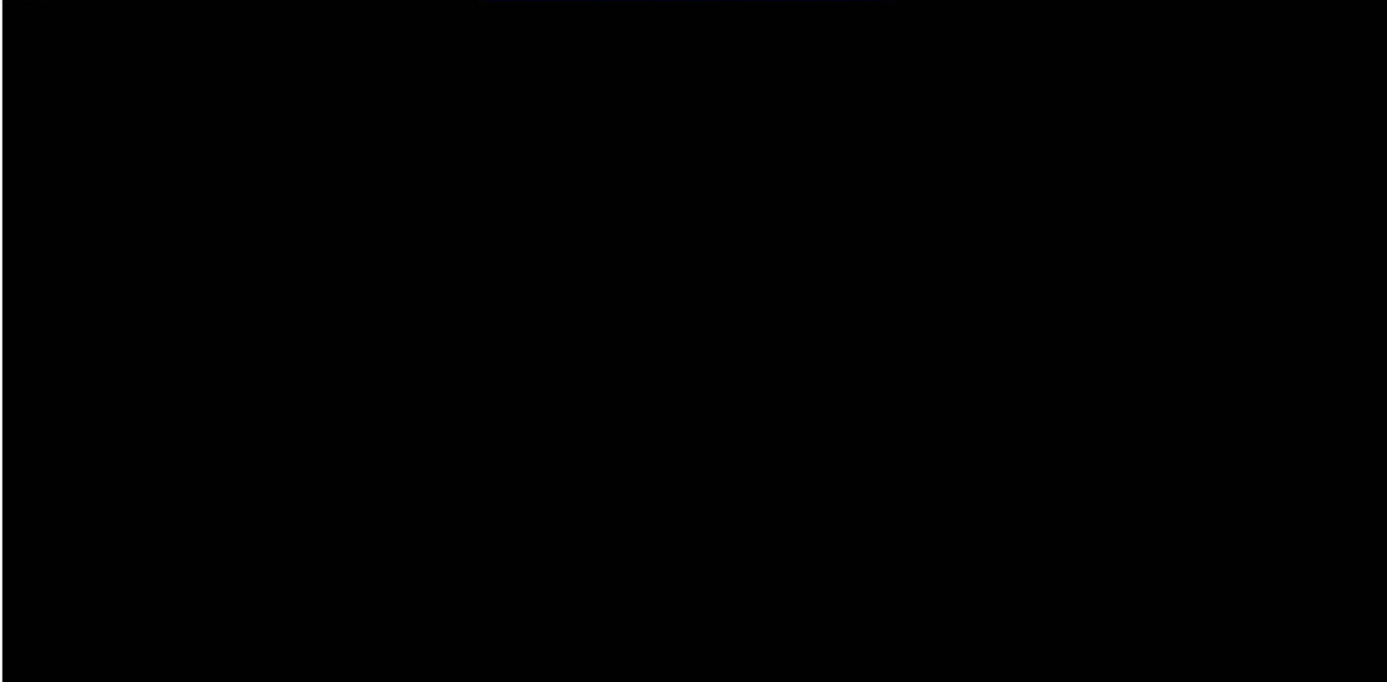
A focus on viability and path to profitability is important to the overall success of the program. It ensures the patients will have a safe and consistent supply of medical cannabis but also will allow us to keep the prices as low as possible. In many states, cost of the product is one of the main barriers to care and we committed to providing a reasonably priced product to Alabama's medical cannabis patient population.

Arbor Vita Care
Quarterly Financial Projections

[REDACTED]

9.3 Organizational Chart

This applicant currently has a simple organizational chart for the commencement of operations; however, it will expand as the company grows. The current organizational chart includes the Board of Directors, a General Manager, department managers and any technicians and assistants to those departmental managers.



9.4 Managerial Positions

As shown in the organizational chart from the previous section, there are several managerial positions within this entity applying for a Processor license. As operations commence, the footprint of employees will be small. This means that one person may have to conduct more roles than just what the title shows.

The General Manager of the applicant will have a full oversight of the day-to-day happenings. This will include all facets of the business, such as operations, quality control, security, supply chain and procurement. All department managers will report to the

General Manager, providing daily updates to each of their tasks and goals. The General Manager will be the individual to initiate the recall program if needed.

The Operations Manager will oversee the operational functions within the facility and the operations technicians. These functions include equipment operations for both the extraction and product manufacturing facets, equipment upkeep and maintenance, cleaning schedules for the entire facility and ordering of needed supplies for the equipment to operate, such as any solvents, oils, chemicals, parts, etc. This manager is also in charge of facility audits, pest management schedules, and arranging for visits from any vendors/contractors.

The Products Manager will manage the product creation operations, as well as cannabis material intake. This individual will have full working knowledge of the formulations, procedures, and regulations for each approved product that the licensee would be producing. He or she will be responsible for managing the products technicians who will be on the front and back ends of the equipment operations. This manager coordinates with the Quality Control Manager to ensure that all products coming off the production lines are sampled and sent for testing prior to packaging and labeling. Once that approval is received, the Products Manager will ensure that all packaging and labels comply with AMCC regulations. This individual also prepares and completes transport manifests for product to be transported to the licensed dispensaries.

A Quality Control manager will be in charge of all quality procedures, regulations and oversight of the company's account in the Statewide Seed-to-Sale Tracking System. QC Managers have the final say for the quality and safety of products prior to approval and release for dispensaries. This individual will be the contact person for the testing laboratories when it comes to third-party testing, as well as the in-house potency testing. Standard Operating Procedures also fall under this individual's realm of responsibilities. The QC Manager updates SOP documents as changes are made to and processes or procedures and ensures that all employees are updated on these changes. The QC Manager is heavily involved in the Recall Program, for both mock and real recalls and will also

conduct planned and unplanned in-house facility safety checks throughout each calendar year.

The Security Manager will oversee all aspects of the applicant's Security Plan. This individual monitors the functionality of all security cameras that are installed, security locks on ingress and egress points, handles the issuance of employee identification badges and access control for each person, as well as scheduling of routine maintenance to all security equipment. The Security Manager will have a good working relationship with local authorities. He/she will also be made aware of visitors, contractors, vendors and/or transporters arriving to and departing from the facility.

9.5 Non-Managerial Positions

Each manager for the applying entity will have a team under him/her, the number of personnel shall depend on the department. All of these listed positions will be filled with local hires.

Operation technicians, under the oversight of the Operations Manager, will operate the equipment and machines for processing/extraction of raw cannabis material and product creation. All operations technicians will be proficient on each piece of equipment that he or she will be responsible for and will be required to complete any further required training after the initial onboarding. No prior experience is necessary for an operations technician as this applicant welcomes the opportunity to be an educator in this industry. However, prior experience in the cannabis industry or a manufacturing space can be beneficial to this position. One of the key responsibilities of these techs includes knowing the safety information of any material, solvent, or chemical used within the process. These employees will be able to explain each step of the process and know when there may be a deviation from normal operations and/or malfunctions along the process.

Product technicians report to the Products Manager and will be responsible for products, mostly at the final form factor stage of each product. Like the operations technicians, no prior experience is necessary for this position as we welcome any

opportunity to be an educator in this industry. Prior experience can be beneficial. Products technicians will be placed at the formulation step of the production process, mixing ingredients to enter into the manufacturing line, at the end of manufacturing for the proper packaging of each product, as well as at the labeling stage. These employees may be cross-trained as operations technicians, dependent on what product is being manufactured and the complexity of the machinery. All product technicians will be proficient and knowledgeable about AMCC regulations regarding packaging and labeling.

The lab assistant will assist the Quality Control Manager in ensuring all material and product within the facility is safe and of the highest quality. A higher education degree that encompasses quality assurance/control, chemistry or a related field is required for this position. Prior experience in the industry is welcome, however, not necessary. Duties will include pulling samples from each product batch, testing with the in-house HPLC for potency, conducting safety checks alongside the QC Manager, assisting the QC Manager with keeping SOPs up-to-date, and tracking employee training records.

A security guard will be hired to ensure the safety and security of the facility, personnel, products, and cannabis/medical marijuana material. This person will be staffed during operating hours. Federal, state, and/or local certifications and licenses to perform as a weapon carrying security guard will be required prior to being hired. The security guard will monitor live security footage for any unusual activity anywhere within or around the facility and property. He/she will assist in maintaining the visitor logs, assigning employee identification and access badges, and scanning employee access logs for abnormal access records.

We plan to hire locally as we can. We understand the importance of creating employment and hiring local candidates which allows the local economy to grow.

9.6 Executive Summary

Mission Statement:

Arbor Vita Care, Inc. is a team of experts in the cannabis industry who have developed a reputation as thought leaders in the space. Our goal is to build a robust resource center for all things medical marijuana, providing the community with a wide range of information about this miracle plant and the science behind it. We believe it is our duty to educate the public about safe use of cannabis, as it is crucial for the industry and our patients.

We have over 10 years of experience in making commercial hemp and marijuana products on a large scale in multiple legal states, ensuring the value of our products and services. As a business-to-business (B2B) company, we focus on providing the highest quality products and services to growers, product creators, and distributors in the cannabis industry.

Leadership Background and Qualifications:

Arbor Vita Care was established to combine the best teams of people from multiple areas of industry. A team was carefully brought together to provide expertise in the following categories: business knowledge; agricultural; engineering; marketing; product formulation, cannabis processing and facility management. This world class team will lead the applicant so they applicant can be a leader in the Alabama program.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

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[Redacted text block containing multiple paragraphs of obscured content]

[Redacted text block containing multiple paragraphs of obscured content]

--

[REDACTED]

[REDACTED]

Business style and philosophy:

Arbor Vita Care was established to combine the best teams of people from multiple areas of industry, and that's what we did. The applicant is focused on bringing the best products, science, process, and business acumen to the State of Alabama.

[REDACTED]

[REDACTED]

[REDACTED]

Key personnel:

[REDACTED]

Identification of Facility location and function:

15 Copeland Drive, Phenix City, AL 36870

This will be our processing location. We are already operating a hemp processors business here and have an excellent relationship with the community, they have been so supportive and are excited about the jobs we are going to create for the Phenix City community.

At this location, we will dry, extract, distill and manufacture finished goods. This facility will be cGMP certified by the time of licensure.

9.7 Services and Products to be Processed

As a service provider to the industry, we will offer drying, extraction, distillation and final product manufacturing. We will also provide services to the Integrated facilities if they require our assistance and expertise.

[REDACTED]

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

[REDACTED]

[REDACTED]

[REDACTED]

9.8 Advertising/Marketing Analysis and Strategy

At Arbor Vita Care, we believe that marketing is an important tool to help customers make informed decisions about their health and wellness. As a company that was born out of Arbor Vita8, a long-standing hemp processor in Alabama, we have had the opportunity to interact with thousands of Alabama residents and have learned about their desire for the healing effects of cannabis, particularly for anti-inflammation and pain relief.

[REDACTED]

[REDACTED]

[REDACTED]

9.9 Community Engagement Plan

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

9.10 Environmental Impact Statement

[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 text block]

9.11 Insurance Plan

Arbor Vita Care, Inc.'s family of cannabis companies utilizes [REDACTED] for all insurance and risk management coverage. Our plan is to initiate coverage through them once awarded a Processor license. [REDACTED] as of the time of submitting this application, has a full package of coverage with an A-rated carrier in place.

Please see the document titled "Insurance Plan_Attachment to Exhibit 9 Section 11" for the letter of intent from [REDACTED]

[REDACTED]

[REDACTED] has been contracted by Arbor Vita Care, Inc, to design, develop, install, and commission a grid-tied photovoltaic array at:

15 Copeland Drive
Phenix City AL 36870

[REDACTED] is currently evaluating the site to determine total future usage, as well as the potential solar resource available for conversion to electricity. Working closely with Arbor Vita Care, the goal for this project will be to minimize the facility's usage of grid electricity and maximize solar production/usage on site.

Once the evaluation is complete, [REDACTED] will complete the electrical and structural plans, as well as all permitting and utility interconnection documents. Procurement of all components will follow, and local labor and licensed electricians will be used for the installation.

[REDACTED] team members will commission and activate the system once installed and handle regular maintenance and any necessary O&M work during the 25 year lifetime of the system.

Sincerely,

[REDACTED]



December 22, 2022

Alabama Medical Cannabis Commission
P. O. Box 309585
Montgomery, Alabama 36130

RE: Arbor Vita Care Inc.

To whom it may concern:

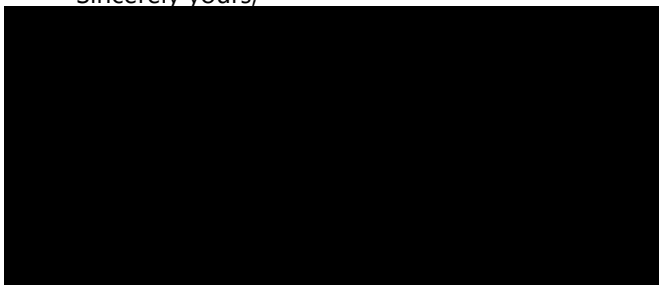
Please find this letter in support of Arbor Vita Care Inc.'s license within the area of insurance and risk management.



We are currently in the process of preparing a full package of insurance coverage which will include property insurance, workers' compensation, general liability and automobile liability. Coverage will be placed with an A-rated insurance carrier; and once placed we will be in a position to provide copies of declarations pages of said contracts.

Should there be any questions or if additional information is needed in support of this process please let us know.

Sincerely yours,



REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 10: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

10.1 Any Cultivator or prospective Cultivator

This applicant has received two letters of intent (LOI) from prospective Cultivators. These LOIs are with [REDACTED]. Both of these companies have applied for licenses for cannabis cultivation. If either/both are awarded, and we are also awarded a processor license, the letters of intent will transition into a working relationship to bring the best quality and safest cannabis to Alabama's medical marijuana patients.

Please refer to attachment titled "Prospective Cultivator LOIs_Attachment to Exhibit 10 Section 1" for a copy of these LOIs.

10.2 Any Secure Transporter or prospective Secure Transporter

At the time of application submittal, this applicant has not been in contact with any prospective Secure Transporters. If awarded a processor license, we will be sure to work with licensed transporters and will provide the AMCC with any documentation of such working relationships.

10.3 Any Dispensary or prospective Dispensary

This applicant has received one letter of intent (LOI) from a prospective Dispensary. This LOI is with [REDACTED]. This company has applied for a medical marijuana dispensary license. If we and [REDACTED] are both awarded medical marijuana licenses, the letter of intent will transition into a strong, working relationship to ensure that there is a constant supply of high quality, safe medical marijuana products for Alabama's medical marijuana patients.

Please refer to attachment titled "Prospective Dispensary LOI_Attachment to Exhibit 10 Section 3" for a copy of this LOI with [REDACTED]

10.4 Any Integrated Facility or prospective Integrated Facility

This applicant has received one letter of intent (LOI) from a prospective Integrated Facility. This LOI is with [REDACTED] This company has applied for a medical marijuana Integrated Facility license. If we both are awarded medical marijuana licenses, we look forward to the ability to work together to offer Alabama medical marijuana patients clean and sustainable products that come from GMP certified facilities.

Please refer to attachment titled “Prospective Integrated Facility LOI_Attachment to Exhibit 10 Section 4” for a copy of this LOI with [REDACTED]

10.5 Any State Testing Laboratory or prospective State Testing Laboratory

This applicant has received one memoranda of understanding (MOU) from a prospective State Testing Laboratory. This LOI is with [REDACTED], who has applied for a State Testing Laboratory license. If awarded medical marijuana licenses, [REDACTED] would perform required official testing on any cannabis material and medical marijuana products that this applicant would need a Certificate of Analysis for.

Please refer to attachment titled “Prospective State Testing Laboratory LOI_Attachment to Exhibit 10 Section 5” for a copy of this MOU with *Certus* [REDACTED]
[REDACTED]

[REDACTED]
December 13, 2022

Re: Letter of Intent

This letter is to outline our intent to work together in the event that we are both granted licenses by the AMCC, within the scope of what those licenses would allow. As we have discussed, working together benefits the overall supply-chain for medical cannabis in the State of Alabama, and we believe that it will be in our mutual interest as well. More specifically, [REDACTED] wishes to sell cannabis to [REDACTED] at wholesale, with exact pricing to be determined by mutual agreement as [REDACTED] plans for each successive growth cycle. [REDACTED] will have its own processing environment but there may also be times when they have temporary situations rendering their processing environment or processing staff unable to keep up with their own cannabis cultivation output, and in these circumstances both companies would benefit from working together. [REDACTED] guarantees that it will provide cannabis in accordance with the Law and the AMCC Rules. In addition, [REDACTED] cultivation methods will be mindful of Alabama's environment, as we are both committed to green, sustainable practices of production. [REDACTED] commits to representing the [REDACTED] brand in a professional manner, and at all times adhering to the Law and the AMCC Rules for Processors. The state-wide demand for medical cannabis will be difficult to accurately predict in advance of seeing the rate at which qualified patients register for medical cannabis cards through the Alabama Medical Cannabis Patient Registry System. We hope that by working together as outlined here, we can better address the market's needs however that unfolds. This is not a binding contract but accurately reflects what we each believe to be terms and condition upon which we will build a more formal contract when licensed.

[REDACTED]



Justin Jeffries
President, Arbor Vita Care Inc
15 Copeland Dr.
Phenix City, AL 36870

[REDACTED]



December 1, 2022

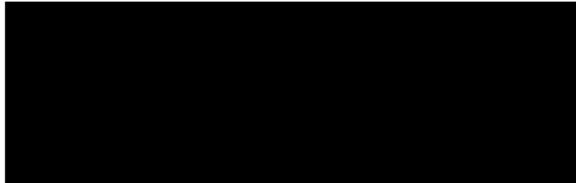
Re: Letter of Intent

This letter is to outline our intent to work together in the event that we are both granted licenses by the AMCC, within the scope of what those licenses would allow. As we have discussed, working together benefits the overall supply-chain for medical cannabis in the State of Alabama, and we believe that it will be in our mutual interest as well. More specifically, [REDACTED] wishes to sell cannabis to Arbor Vita Care Inc, and Arbor Vita Care Inc wishes to buy cannabis from [REDACTED] at wholesale for processing, with exact pricing to be determined by mutual agreement when [REDACTED] plans for each successive growth cycle. Arbor Vita Care Inc will have a processing environment built to accommodate [REDACTED] products. Together we can rapidly increase supply to the market in order to meet the demand of the state’s qualified medical cannabis cardholders. This will also allow [REDACTED] to be efficient in its operations by having a processor to sell its product after cultivation. We hope to be able to work together as outlined here, and to be nimble in our businesses as we address the market’s needs.

This is not a binding contract but accurately reflects what we each believe to be terms and condition upon which we will build a more formal contract when licensed.



Arbor Vita Care Inc



BY: _____
 Justin Jeffries
 Managing Member



Dear [REDACTED]

We are happy to confirm that [REDACTED] (“Client”) has selected Arbor Vita Care, Inc. as a legal medical cannabis processor for its Alabama dispensary to be performed by Arbor Vita Care, Inc. in the event the Client and Arbor Vita Care, Inc. are both awarded Medical Cannabis Licenses through the state of Alabama.

[REDACTED] we support the entire [REDACTED] efforts, so we offer our deepest gratitude for the opportunity to work with them in this exciting new venture.

Again, we’re thrilled to potentially be working with [REDACTED] and look forward to a rewarding and enduring relationship that will increase our ability to offer Alabama patients clean sustainable medical cannabis products.

Sincerely,



Justin Jeffries

[REDACTED]

[REDACTED]

[Enter Grower/Processor Logo/Letterhead]

Dear Arbor Vita Care Inc. (“Client”),

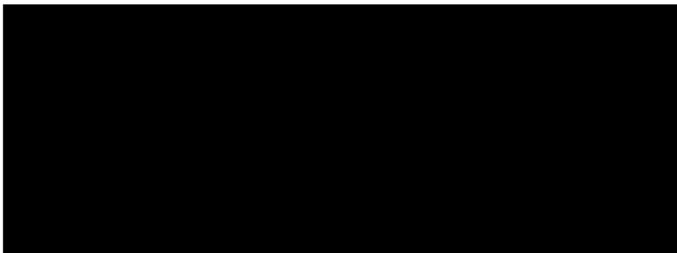
[REDACTED] is applying for an Integrated Facility license in Alabama and commits to working with Arbor Vita Care Inc, in the event the Client and [REDACTED] are both awarded Medical Cannabis Business Licenses through the state of Alabama. [REDACTED] we support Arbor Vita Care Inc. efforts, and look forward to a mutually beneficial opportunity to work together under all applicable regulations set forth by the AMCC in this exciting new industry.


We grant the guarantee of the following:

- To provide premium cGMP quality medical cannabis products through our licensed facility located in Alabama.
- Our cultivation and manufacturing methods will be mindful of Alabama’s environment, as we are committed to green, sustainable practices of production.
- Work with Arbor Vita Care Inc. in any areas that may be identified as acceptable by the AMCC

[REDACTED] is excited to be working with Arbor Vita Care Inc. and looks forward to a rewarding and enduring relationship that will increase our ability to offer Alabama patients clean sustainable medical cannabis products.

Sincerely,




Justin Jeffries
Managing Member Arbor Vita Care Inc.



Arbor Vita8
15 Copeland Dr
Phenix City, AL 36870
Sent via email to justin@arborvita8.com
December 20, 2022

Dear Justin,

MEMORANDUM OF UNDERSTANDING

[REDACTED] (“Applicant”), an Alabama limited liability company applying for a State Testing Laboratory License with the State of Alabama Medical Cannabis Commission (“AMCC”) is pleased to share this Memoranda of Understanding (“MOU”) detailing the proposed terms of a relationship between [REDACTED]

The Applicant aims to be a leading State Testing Laboratory with its testing facility [REDACTED]. The Applicant is interested in working with [REDACTED] provided both companies obtain the requisite licenses issued by the AMCC.

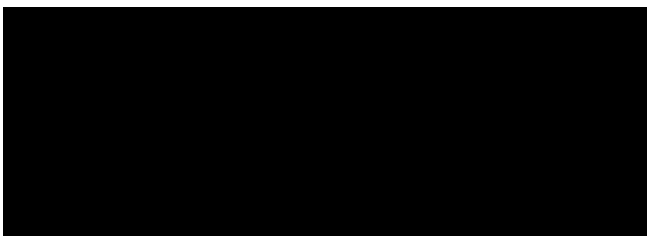
Contingent upon licensure by the AMCC, [REDACTED] intends to use the Applicant for the following services:

- perform required official testing on behalf of the AMCC, the results of which shall fulfill the testing requirements for cannabis and medical cannabis under the Act (see 20-2A-51, Code of Alabama 1975 (as amended)) and the Rules and Regulations of State Testing Laboratories for the AMCC.

While this document shall not itself constitute a binding legal agreement, the parties to this MOU will endeavor to finalize and execute a definitive agreement between the parties if Applicant is awarded a State Testing Laboratory license and [REDACTED] is awarded a Processor license.

Any agreement between the parties as described herein will be subject to and conditioned upon the execution of a formal written agreement.

We look forward to working with you.







Date

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 11: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

11.1 IT Plan

[Redacted text block]

[Redacted text block]

[Redacted text block]

11.2 Cannabis Maintenance and Storage Plan

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

11.3 Quality Control/Quality Assurance Plan

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

More on our Quality Control plan can be found in Exhibit 21.

11.4 Contamination and Recall Plan

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Our contamination and recall plan is further detailed in Exhibit 22.

11.5 Criminal Activity Plan

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED]

11.6 Emergency Procedures/Disaster Plan

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

11.7 Alcohol, Smoke, and Drug Free Workplace Policy

[REDACTED]

Smoking and Tobacco Products

Smoking, vaporizing (including e-cigarettes) and the use of oral tobacco products are prohibited in all work areas and any area not specifically designated as a smoking area.

Control of Drug and Alcohol Use

Employees are prohibited from using alcohol, illegal drugs and performance-impairing substances and misusing prescribed or over-the-counter medications while working; policy must also prohibit working and work-related driving if impaired. If an employee is suspected of using alcohol or drugs while at the facility and/or working while impaired, he or she will be disciplined.

11.8 Employee Safety Plan

Safety is one of the most important factors in operating our facility. This can encompass employee hygiene, cleanliness, injury, illness, etc. Over many of our Standard Operating Procedures, this applicant covers employee safety extensively. These SOPs cover hygiene, cleanliness, personal protective equipment, security, and injury and illness.

This company used the guidance of OSHA standards to write all of SOPs that pertain to injury and illness on the job. All employees must comply with all applicable health and safety regulations and work practices. This includes, but is not limited to the following:

- Using personal protective equipment (PPE) (where required)
- Actively participating in all required safety and health training
- Learning about the potential hazards of assigned tasks and work areas
- Complying with health and safety-related signs, posters, warnings, and directions
- Requesting information related to job safety whenever needed
- Reporting all work-related injuries and illnesses promptly to their manager
- Warning co-workers about defective equipment and other hazards
- Reporting any unsafe or unhealthy conditions immediately to the Quality Control Manager and Department Manager, and stopping work if it poses an imminent hazard
- Cooperating with incident investigations to determine the root cause
- Participating in workplace safety inspections.

[REDACTED]

[REDACTED]

11.9 Confidential Information and Cybersecurity Plan

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

11.10 Cannabis Waste Tracking and Disposal Plan

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED]

11.11 Security Plan

[REDACTED]

Please refer to Exhibit 17 for an in-depth description of our security plan that will be in place if we are awarded a medical marijuana processor license.

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 12: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

This applicant does have a Standard Operating Procedures binder. These policies and procedures are extensive and encompassing to our operations, facility, and personnel. The entire Standard Operating Procedures binder is more than 200 pages total, which is well outside the limit set forth for this Exhibit in the application guide. We would be able to send a pdf version of the binder upon request.

We have included in the following two pages the Table of Contents to provide the AMCC and overview of the policies and procedures that we cover inside the binder. While there may be procedures that will need to be added as our operations were to commence after licensure, this includes most of the areas within our planned medical cannabis operations.

SOP SECTION	SOP #	SOP TITLE
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

[Redacted]	[Redacted]	
	[Redacted]	

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 13: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022
Verification Date

13.1 Types of Medical Cannabis to be Produced

If awarded a Processor License, the applicant will begin extraction and manufacturing of [REDACTED] [REDACTED] and will be manufactured in our facility located at 15 Copeland Drive in Phenix City, Alabama.

As per the regulations, the applicant will use documented good quality practices and meet current Good Manufacturing Practices, to ensure that cannabis produced by a Cultivator is processed into an approved medical cannabis product. For each product, the minimum standards will always be met:

- a. Be shown to meet intended levels of purity.*
- b. Be shown to be reliably free of toxins and contaminants (see Appendix A to Chapter 10 of these Rules).*
- c. Contain no additives other than pharmaceutical grade excipients.*
- d. Not be processed into a form that is attractive to or targets children.*
- e. 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.*

Specific Product Offerings:

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

13.2 Manufacturing Processes and Methods

The applicant will go to extraordinary lengths to ensure that all activities are conducted to be compliant with Current Good Manufacturing Practices (cGMP) required by the AMCC.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Staffing

[Redacted text block]

Cannabis Processing and Refining

Extraction

[Redacted text block]

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[Redacted]

Staffing

[Redacted]

Final Product Manufacturing

[Redacted]

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[Redacted text block]

[Redacted text block]

13.3 Personnel and Facility Safety Plans

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

13.4 Formulae and Ingredients

[Redacted]

[REDACTED]

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 14: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

14.1 Possessory Interest in Machinery and Equipment

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

14.2 Specifications and Operations Manuals

[REDACTED]

[REDACTED]

[REDACTED]

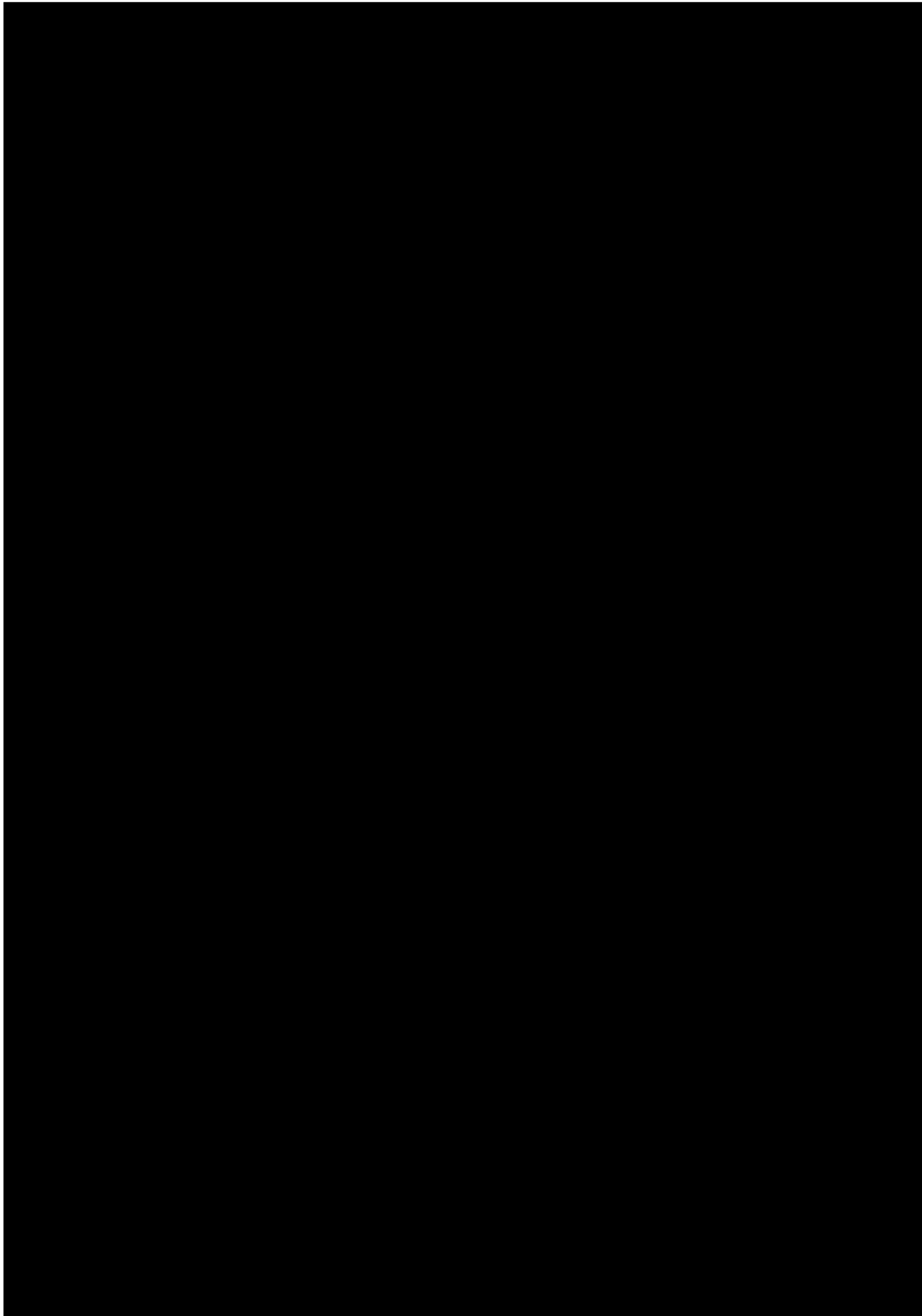
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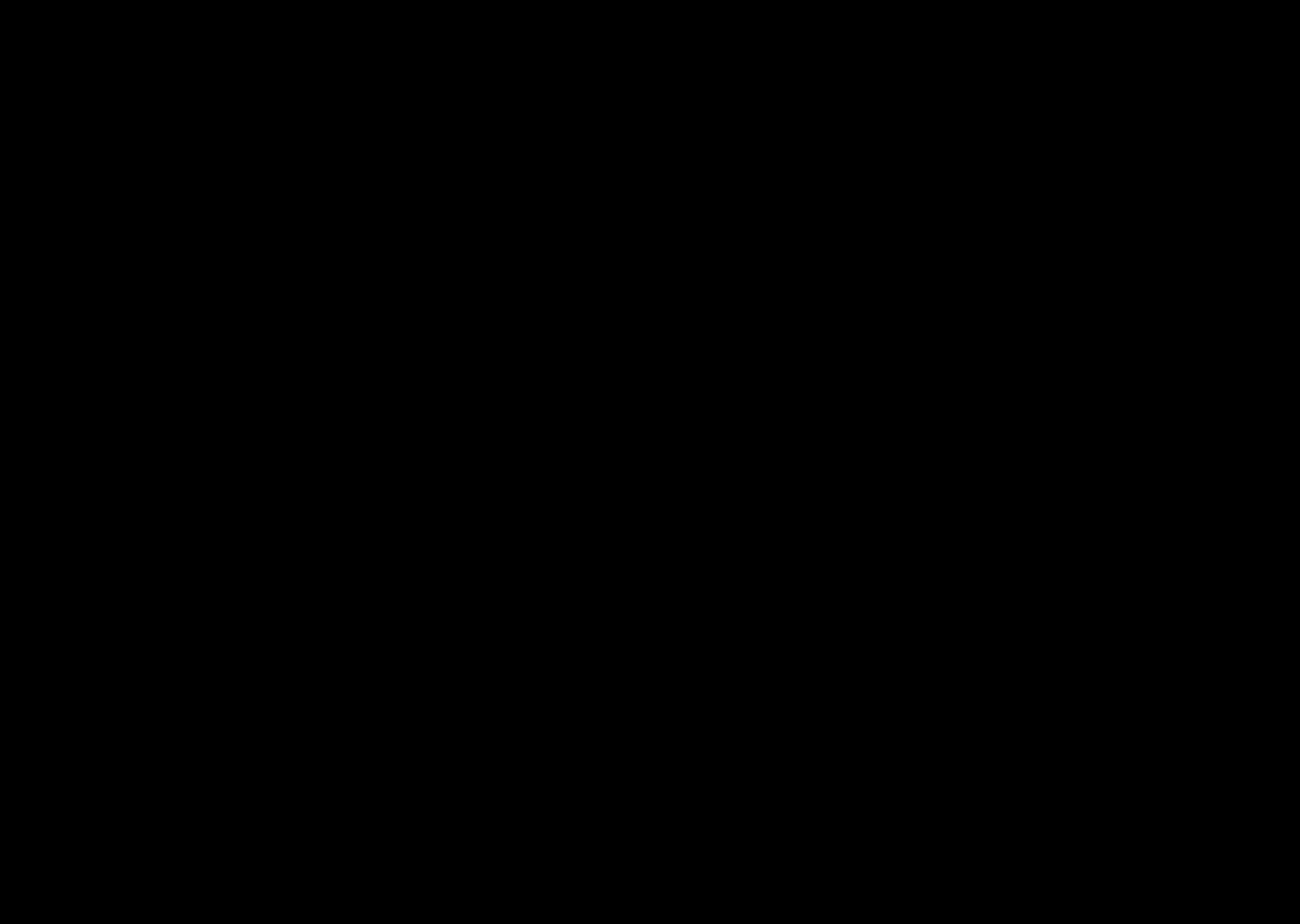
[REDACTED]

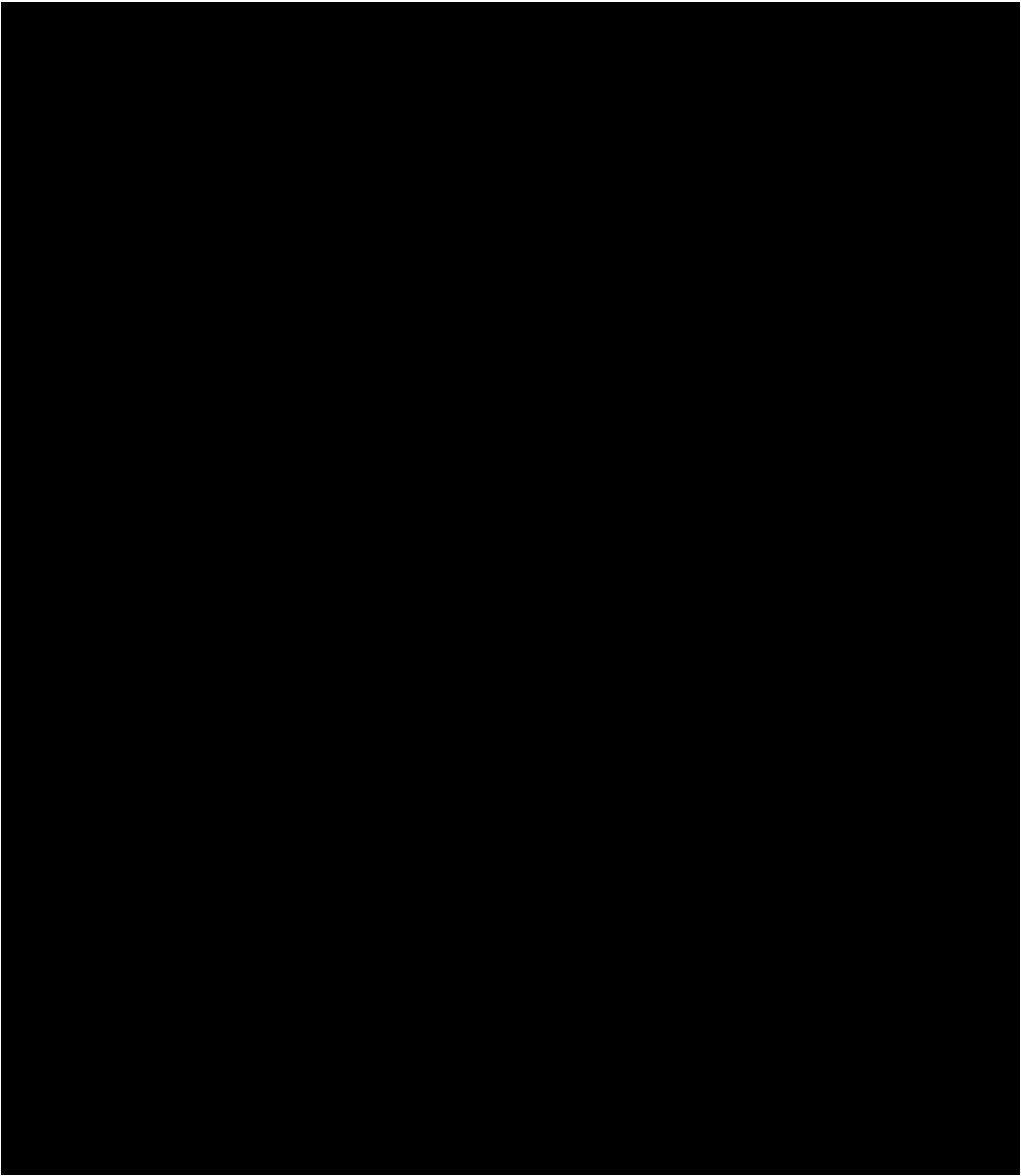
[REDACTED]

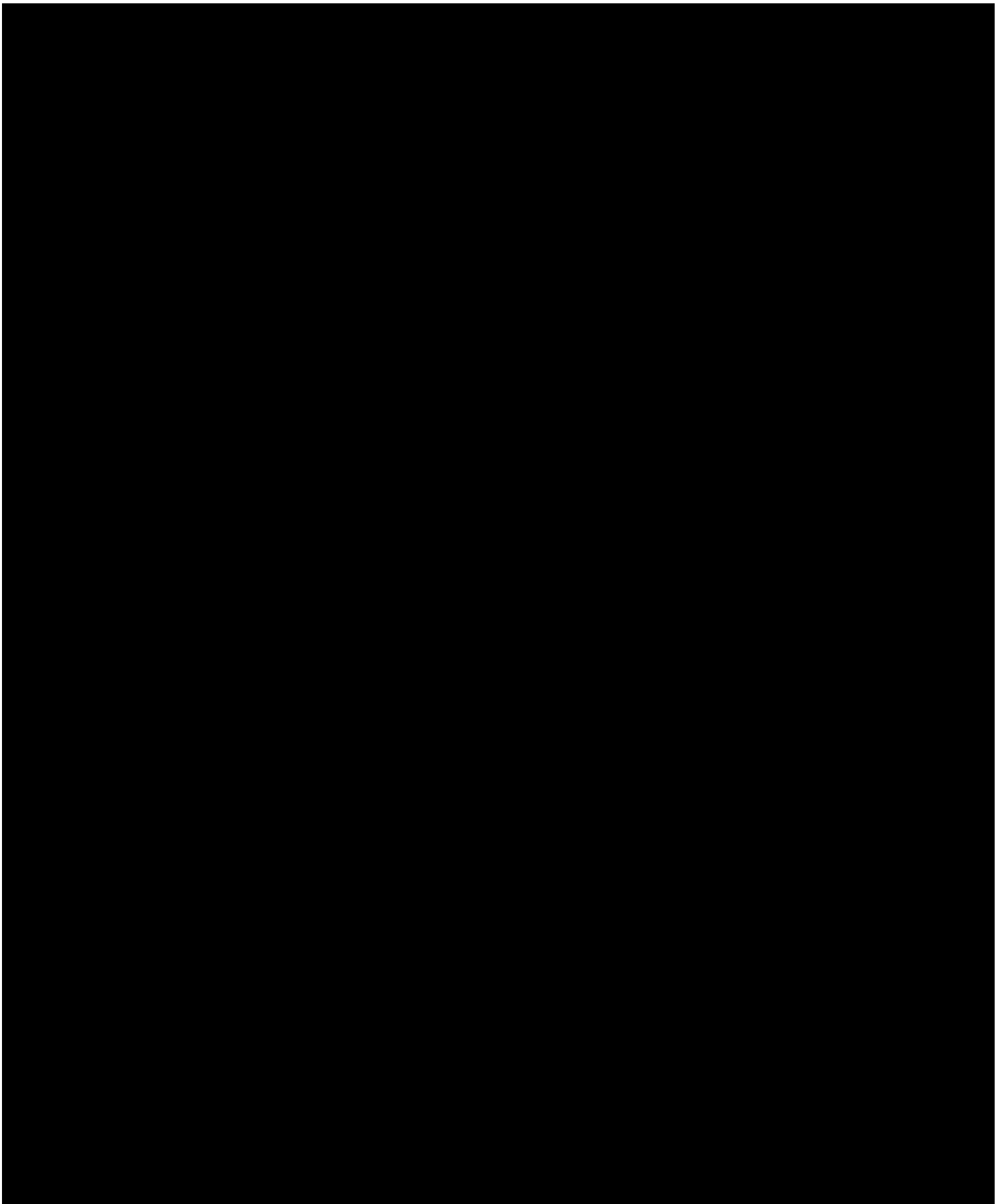
These operating manuals are included as attachments to this Exhibit, titled "AVC Inc Equipment Manuals_Attachment to Exhibit 14".

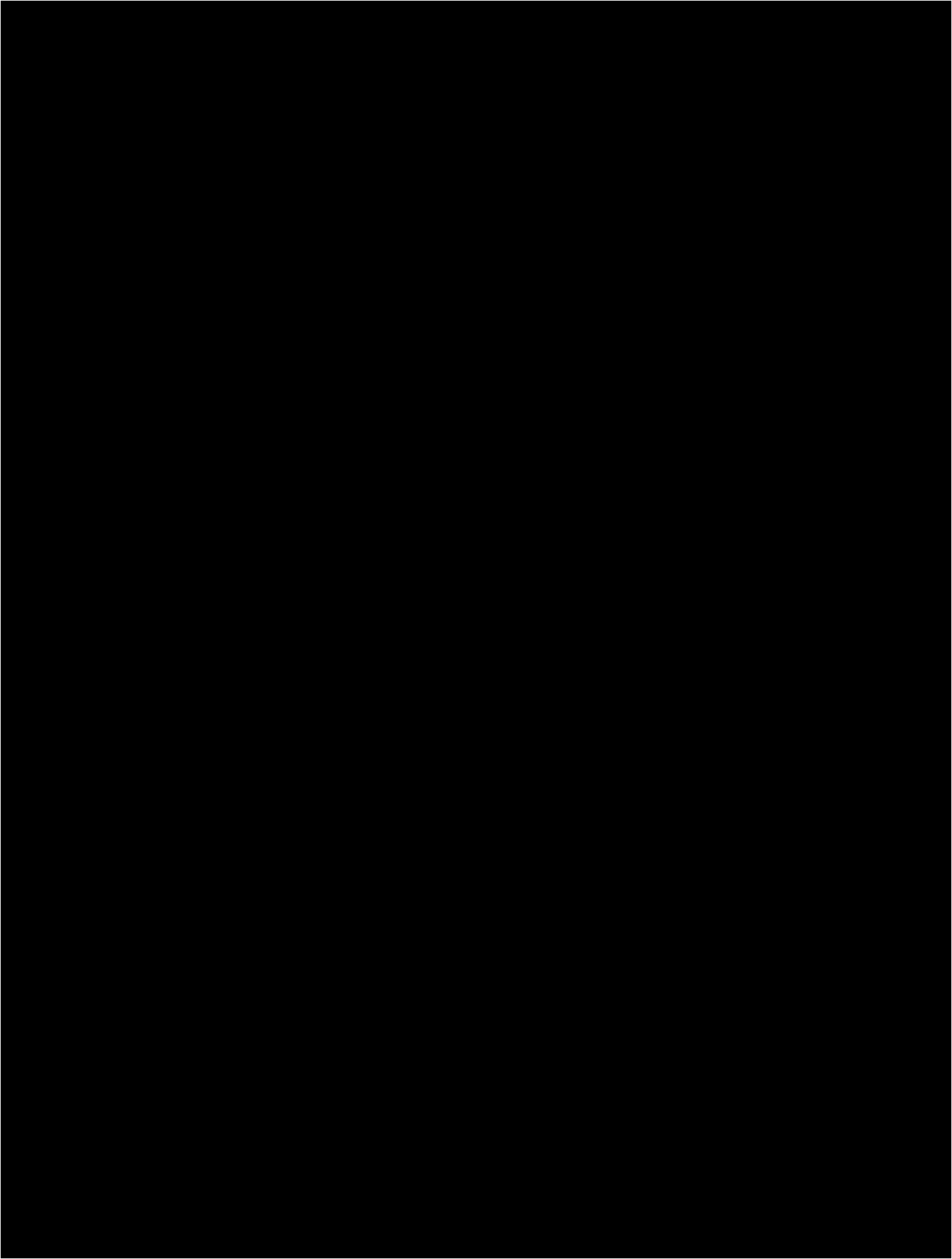


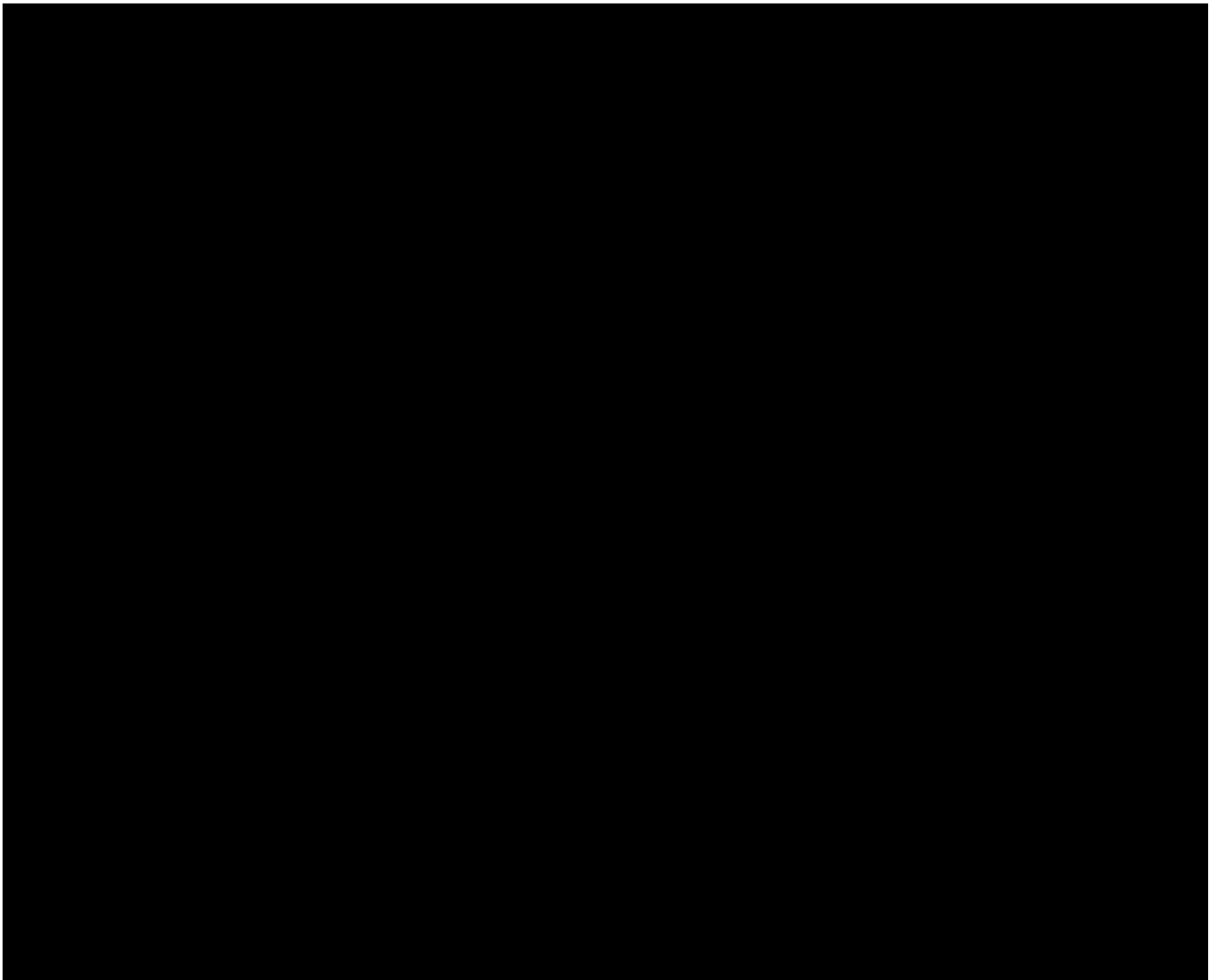


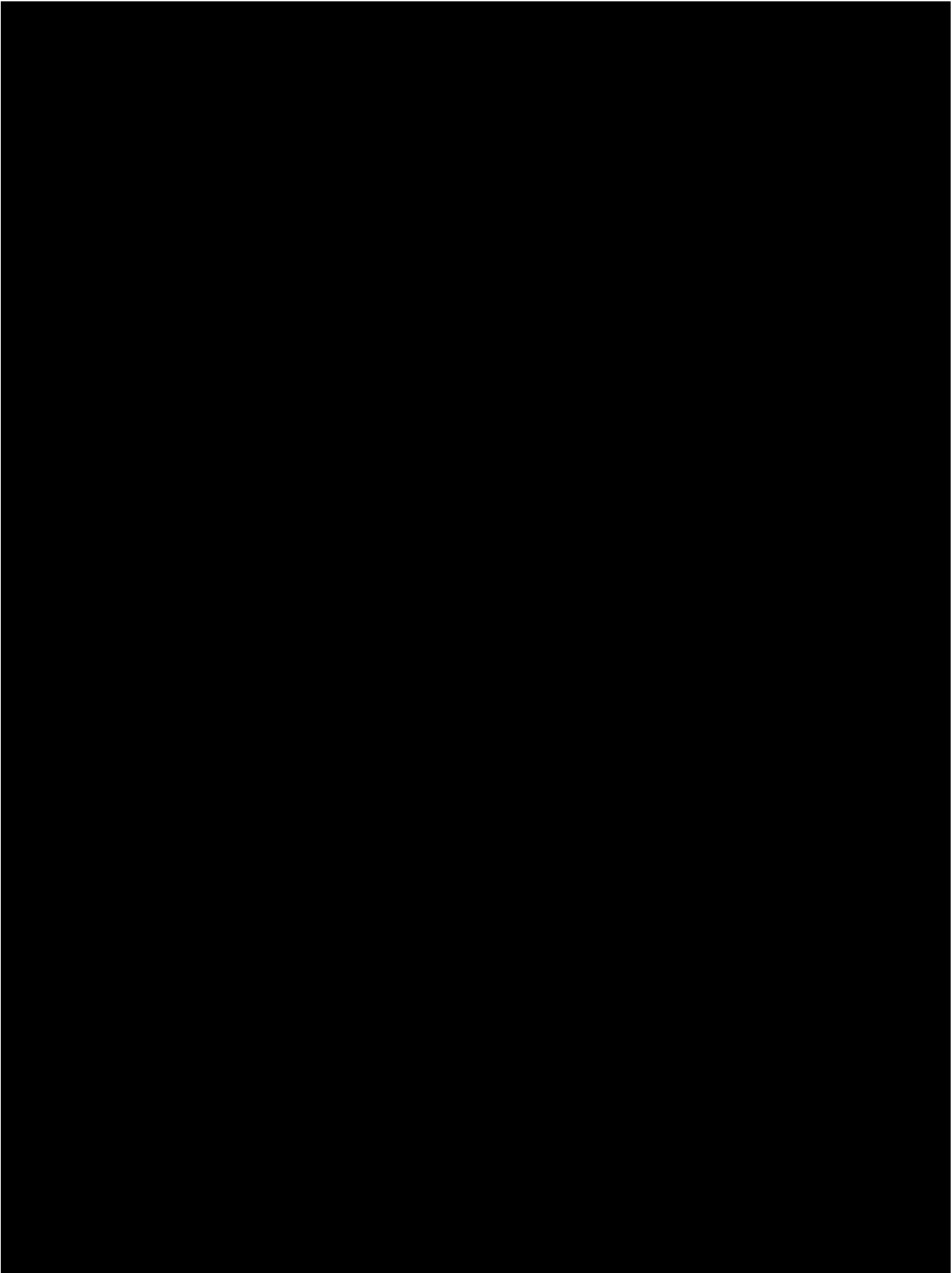




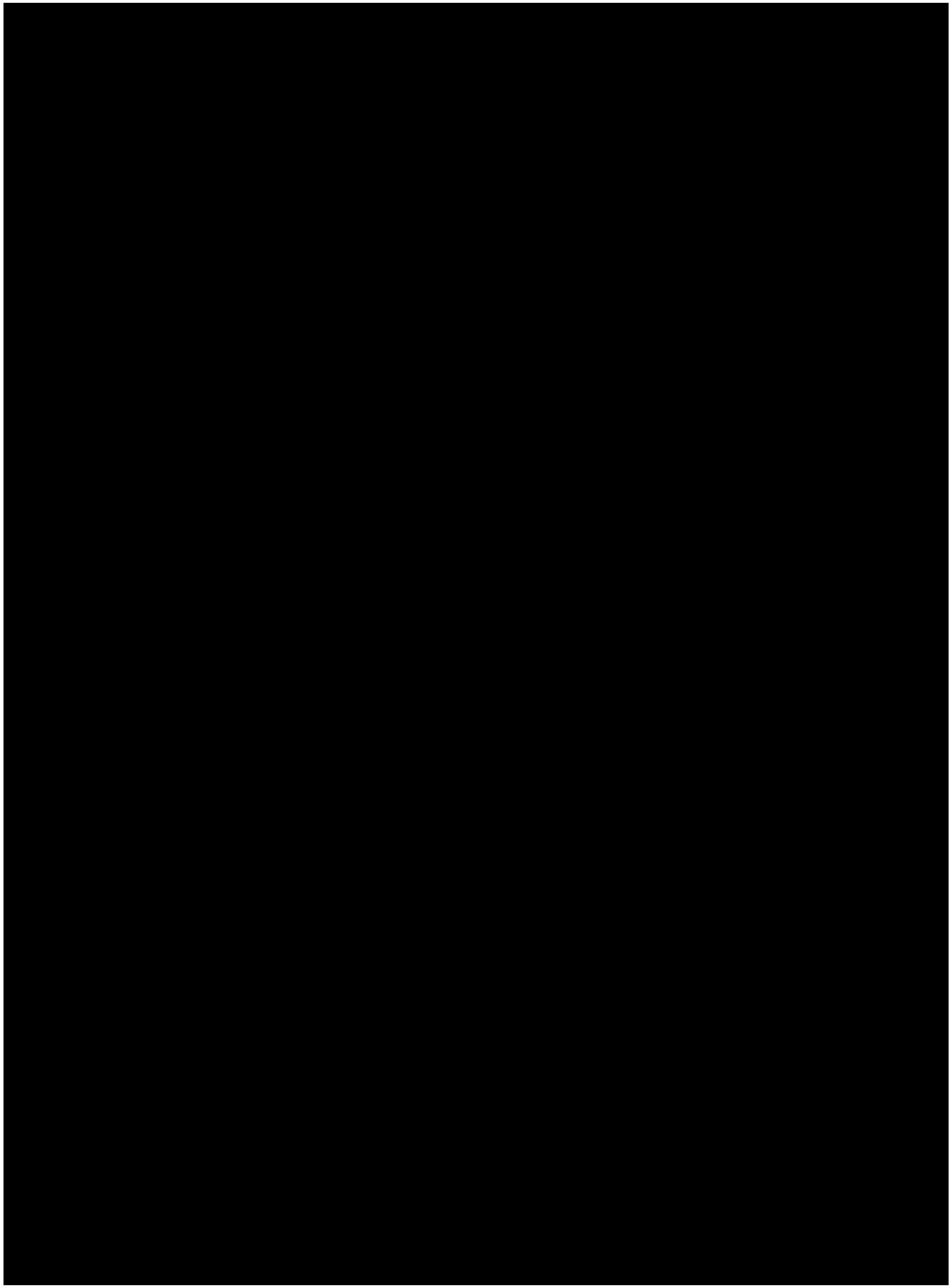


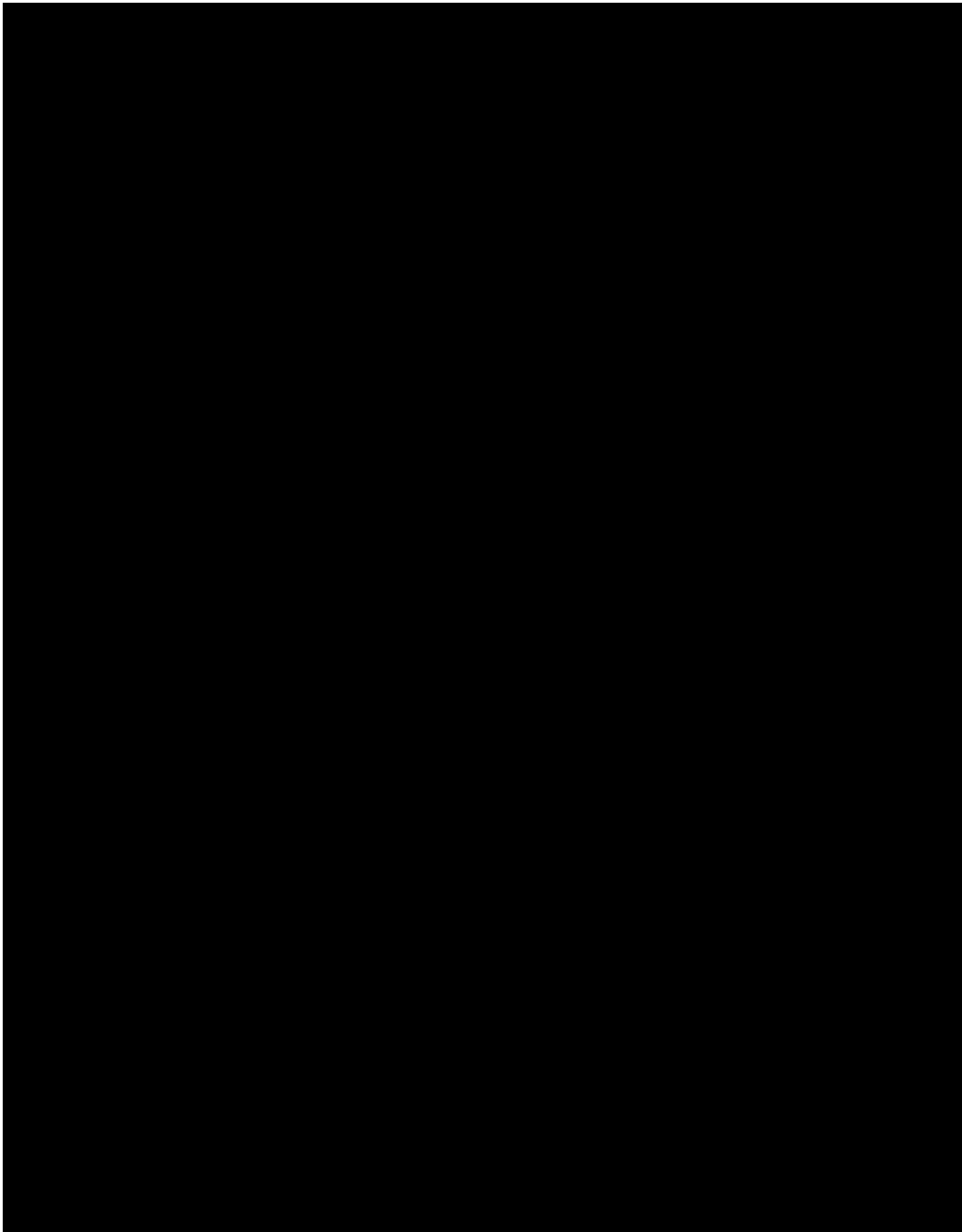


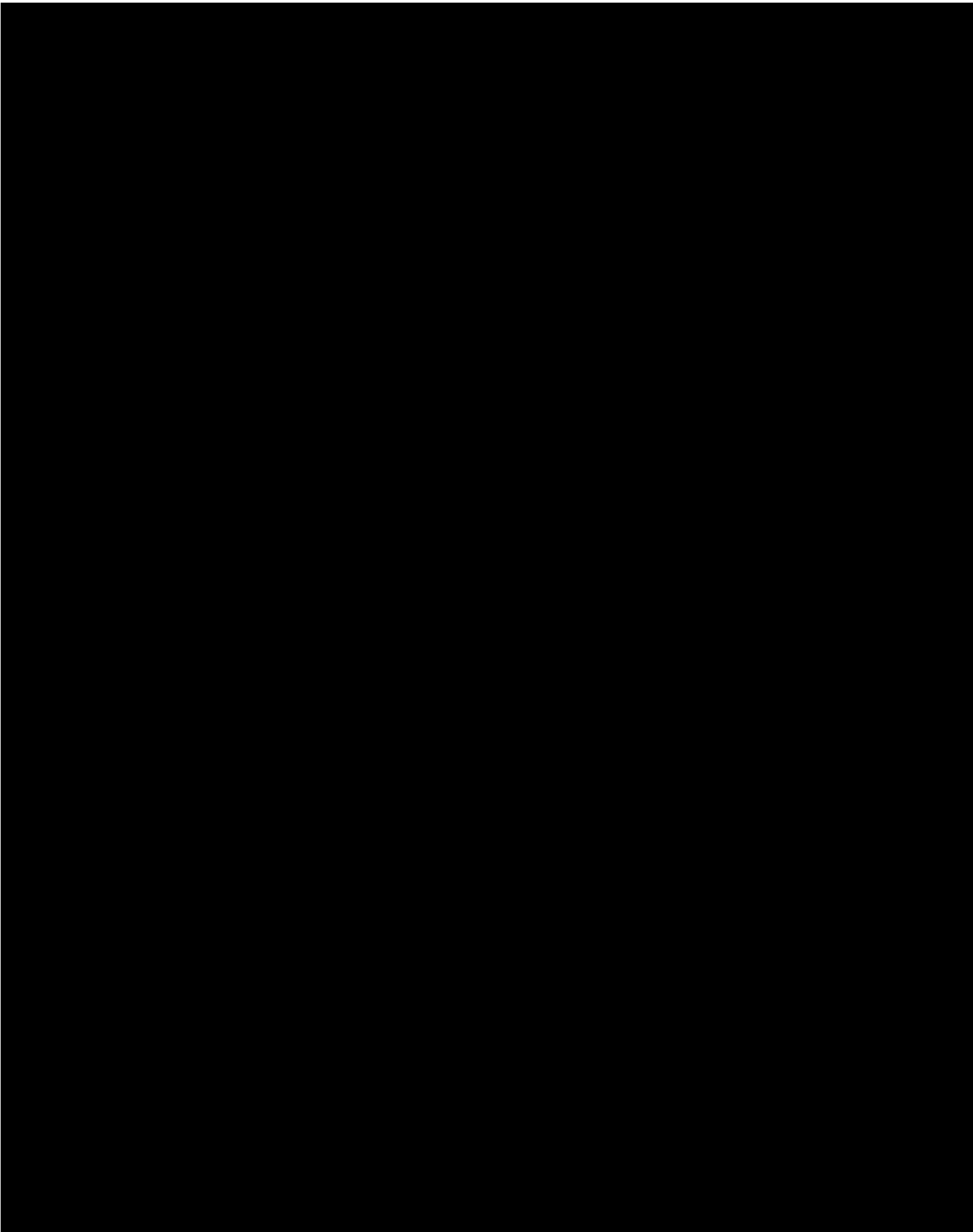


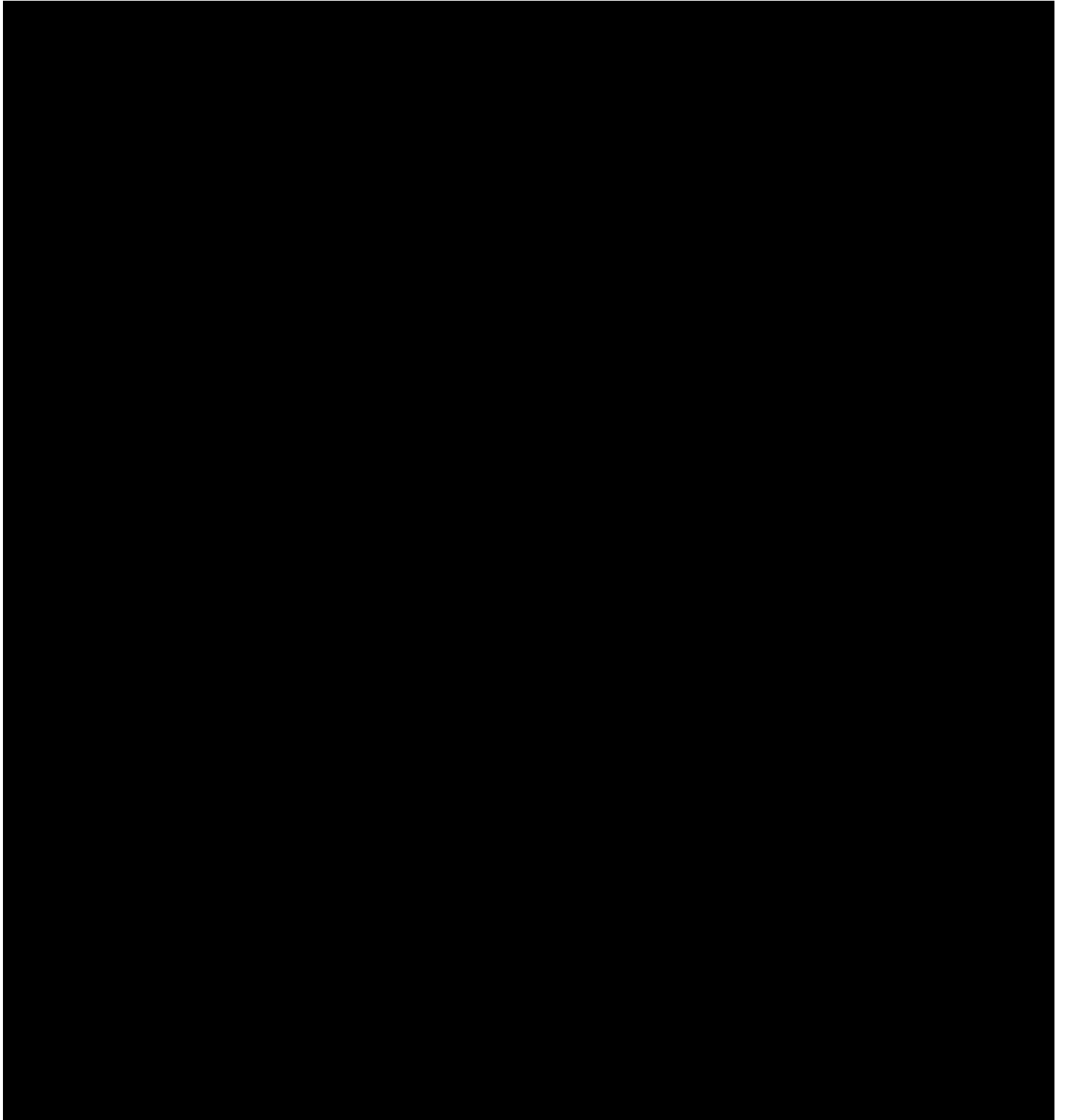


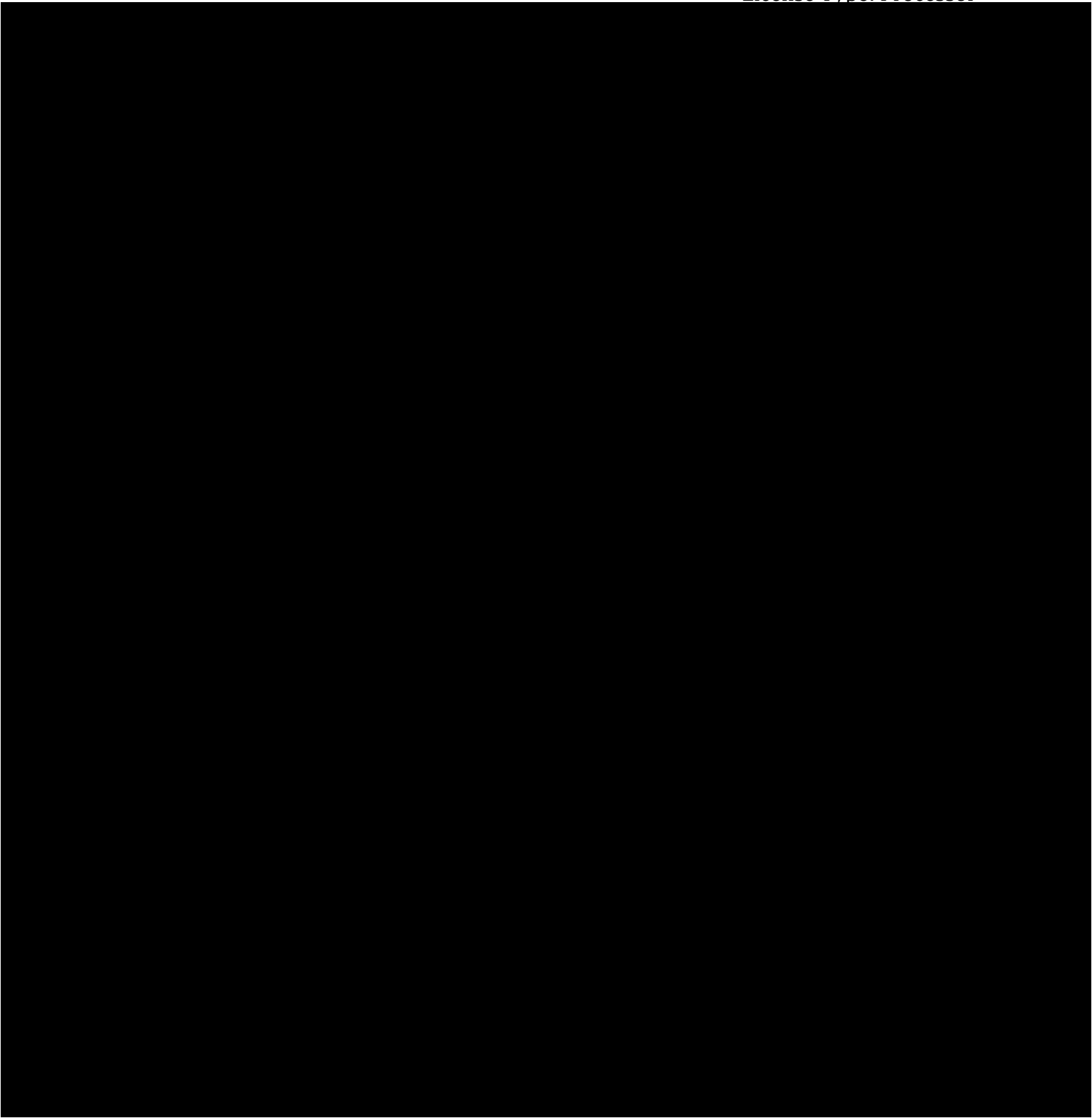


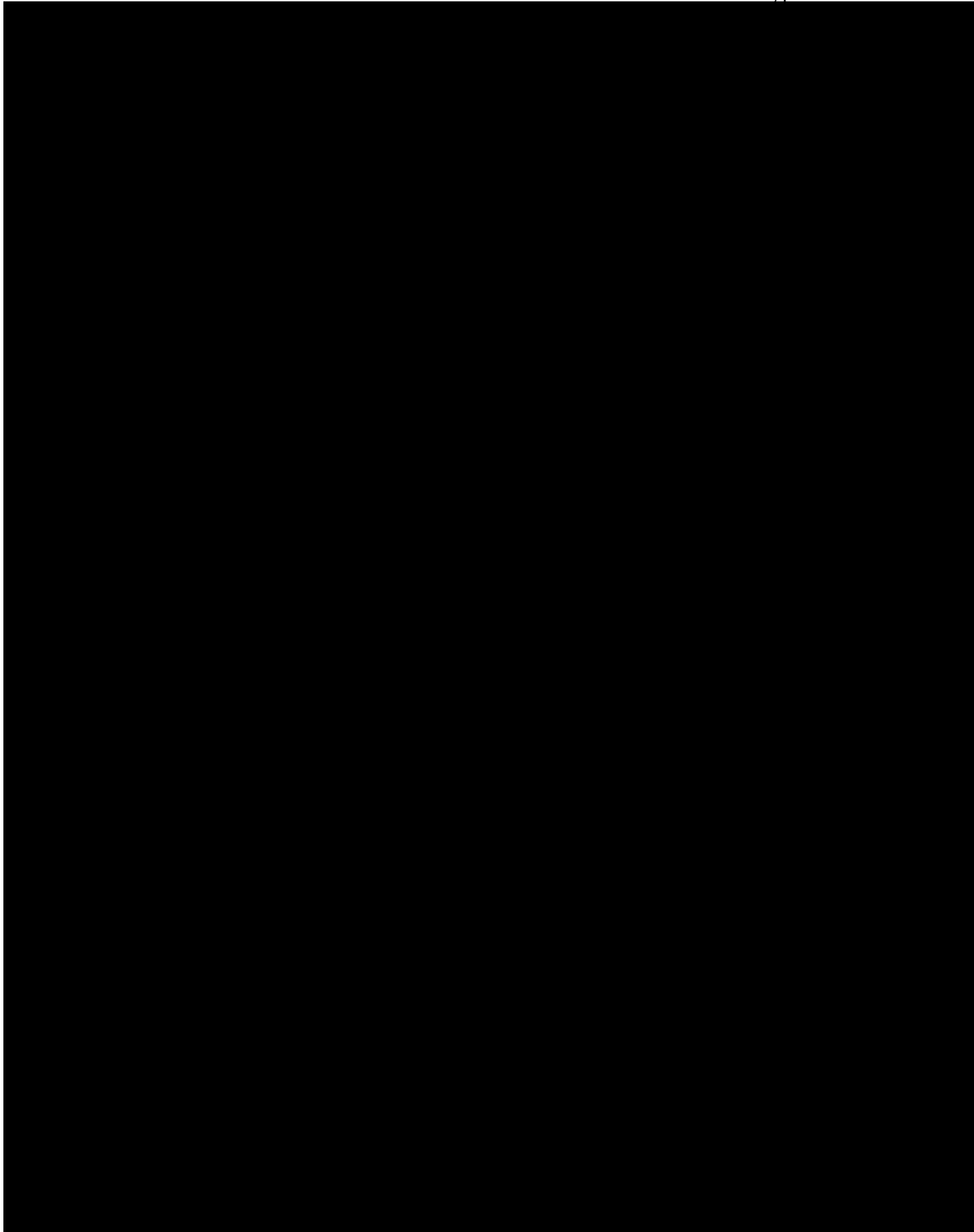


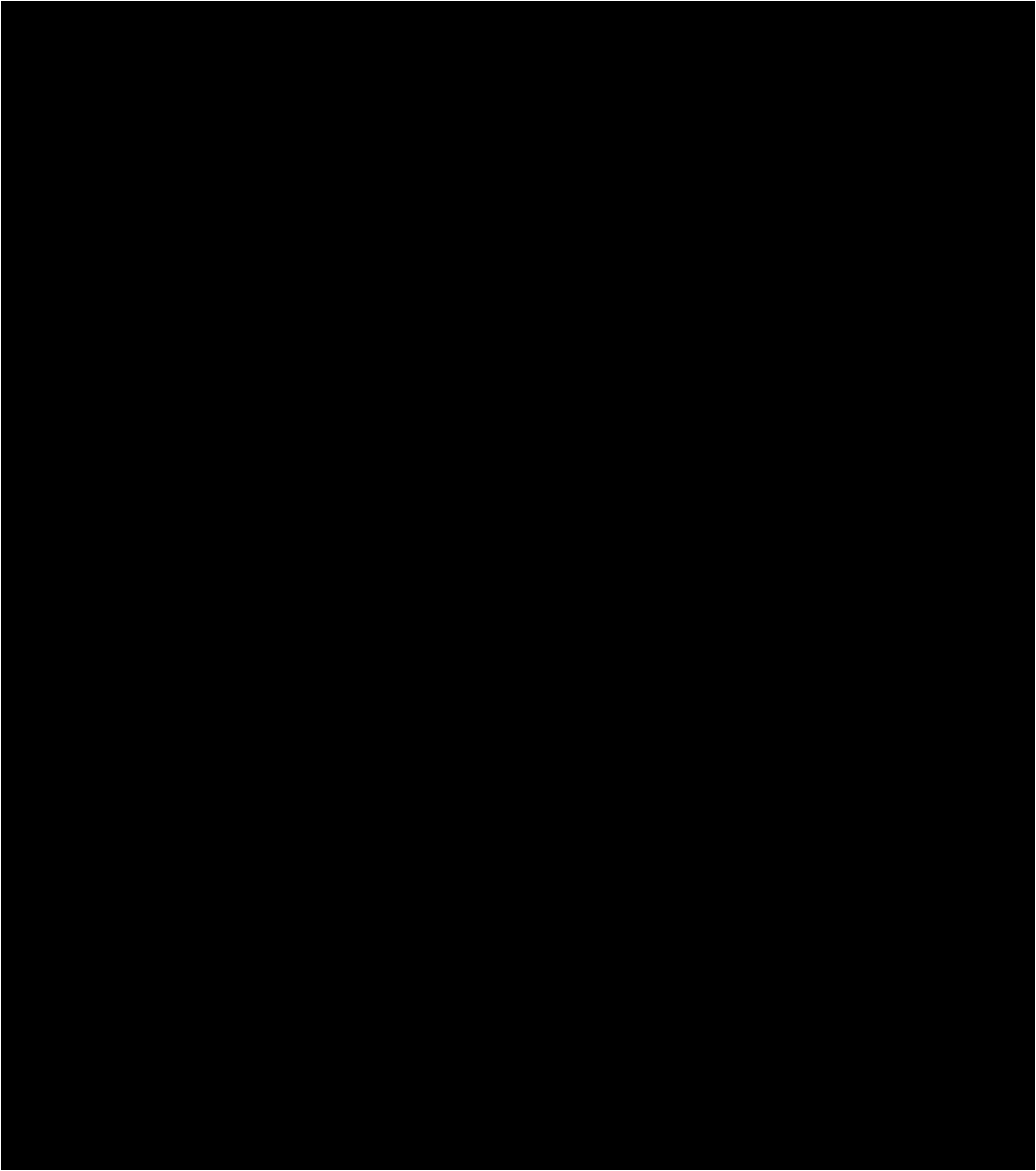


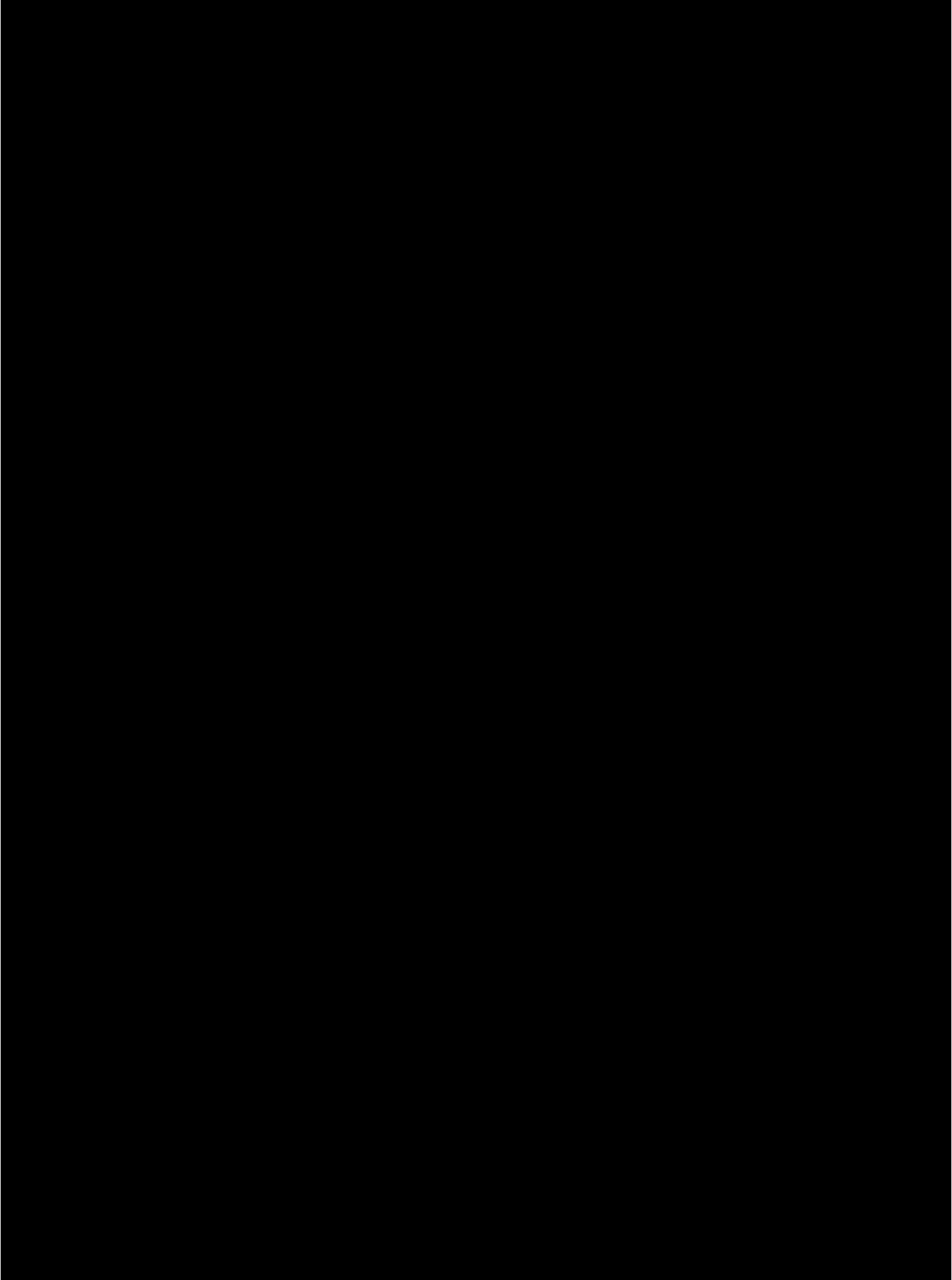


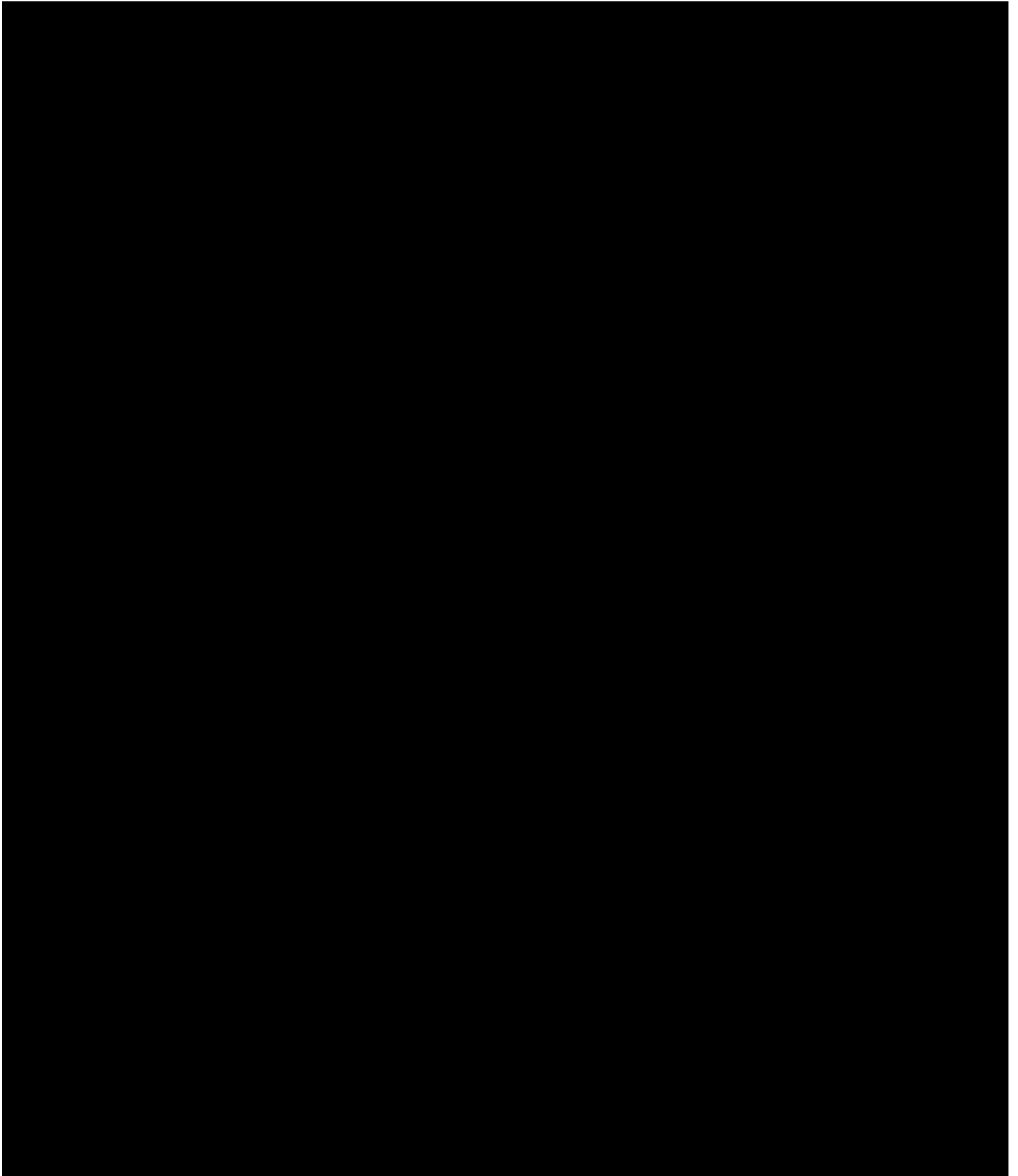


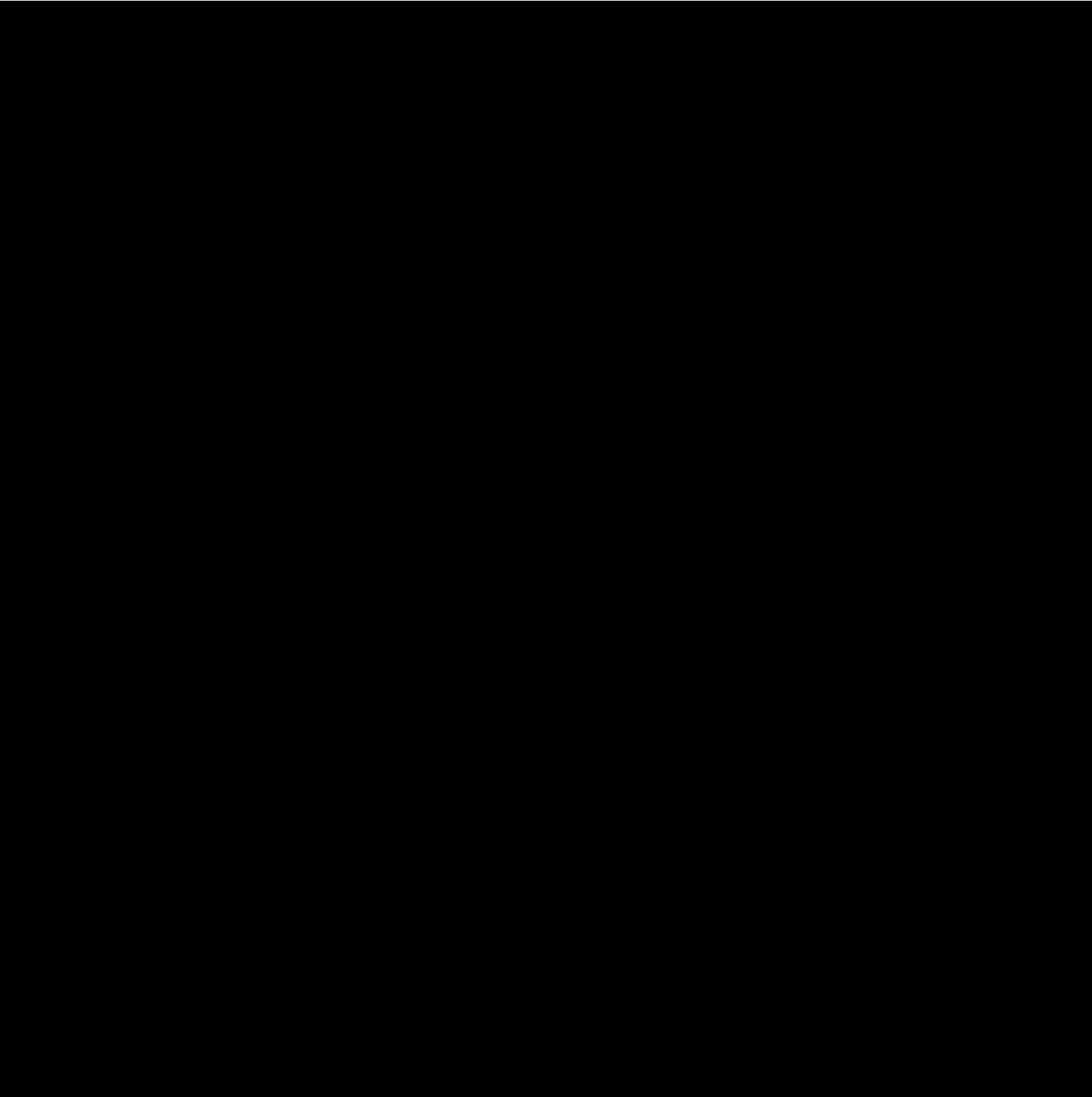


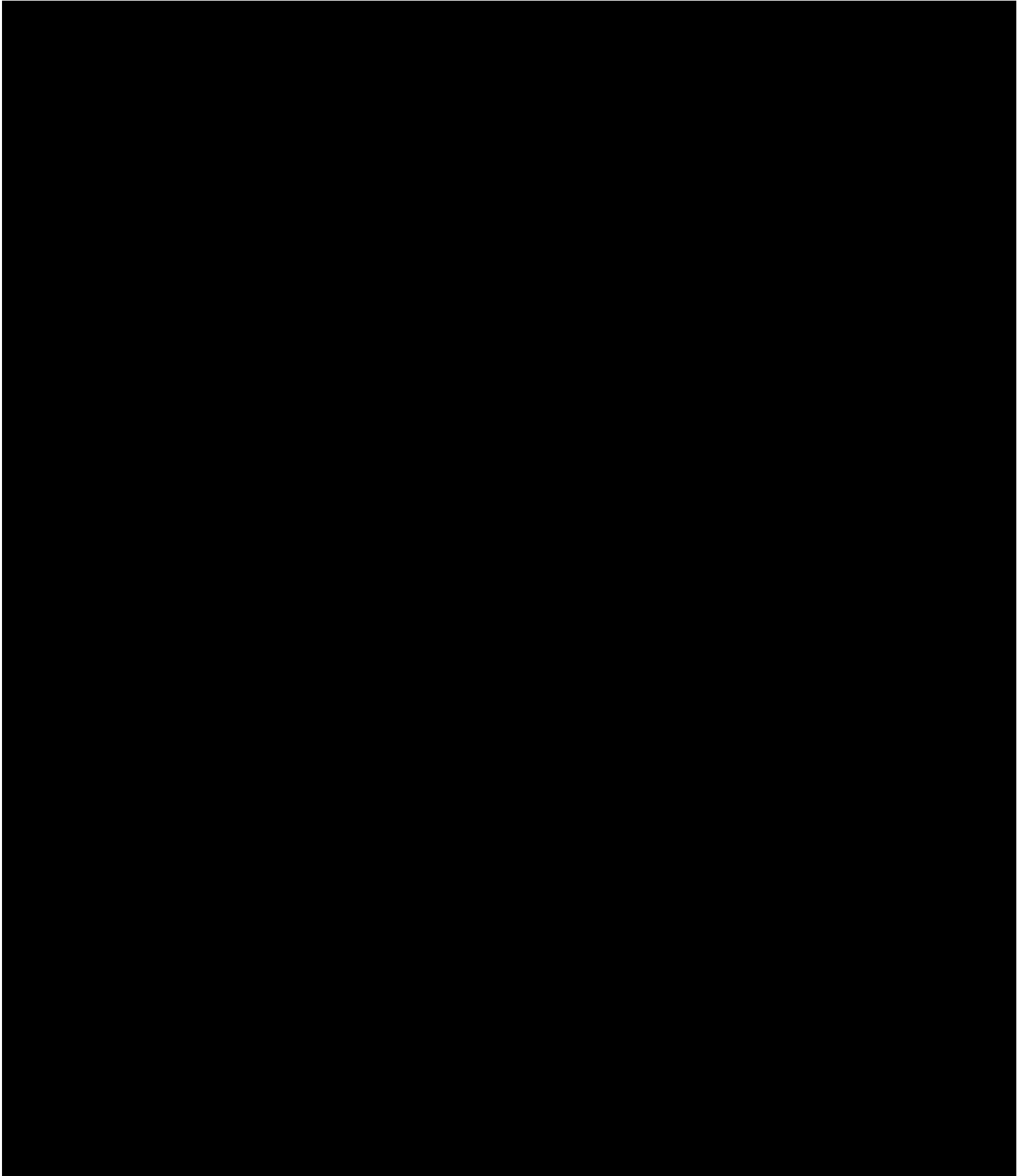


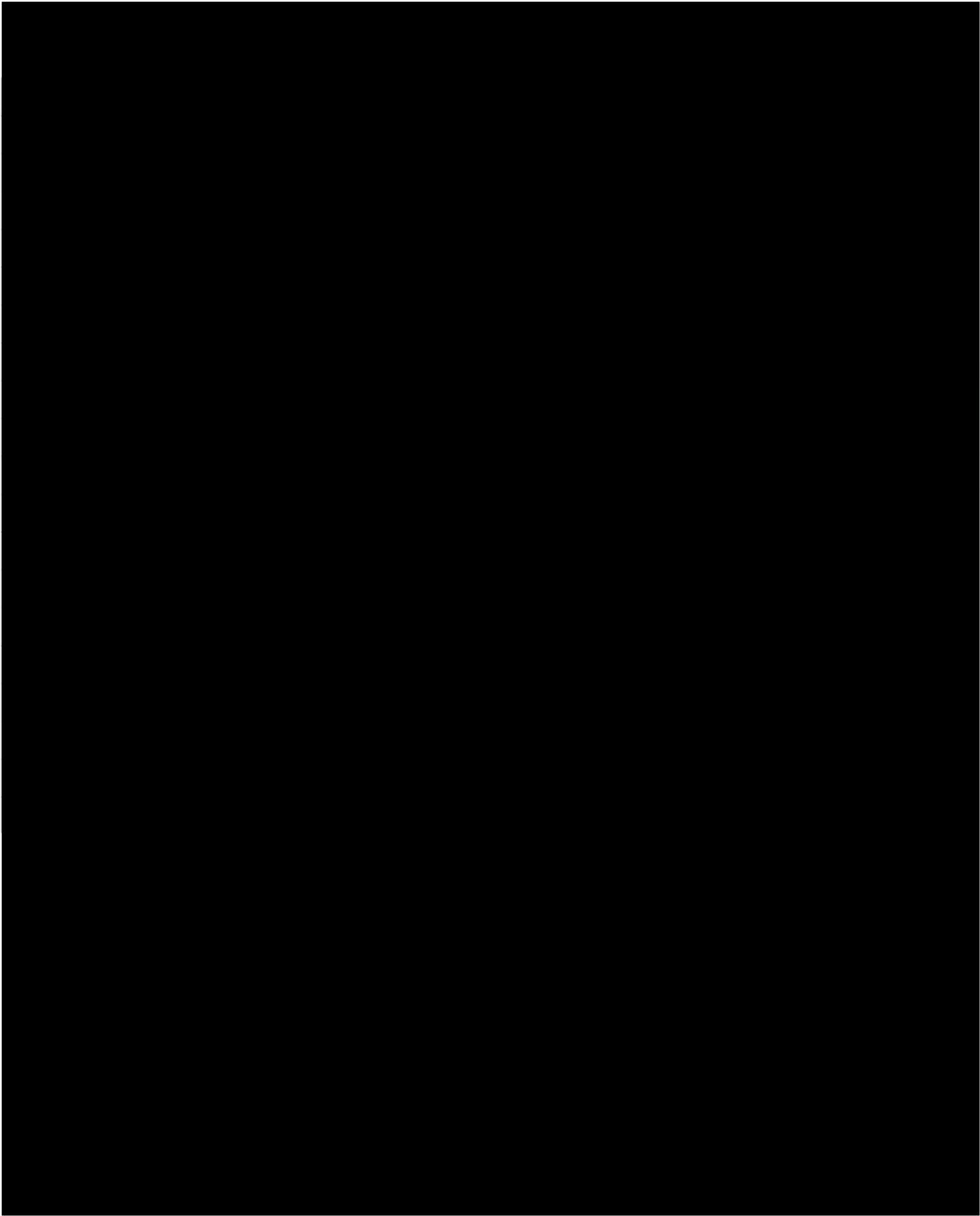


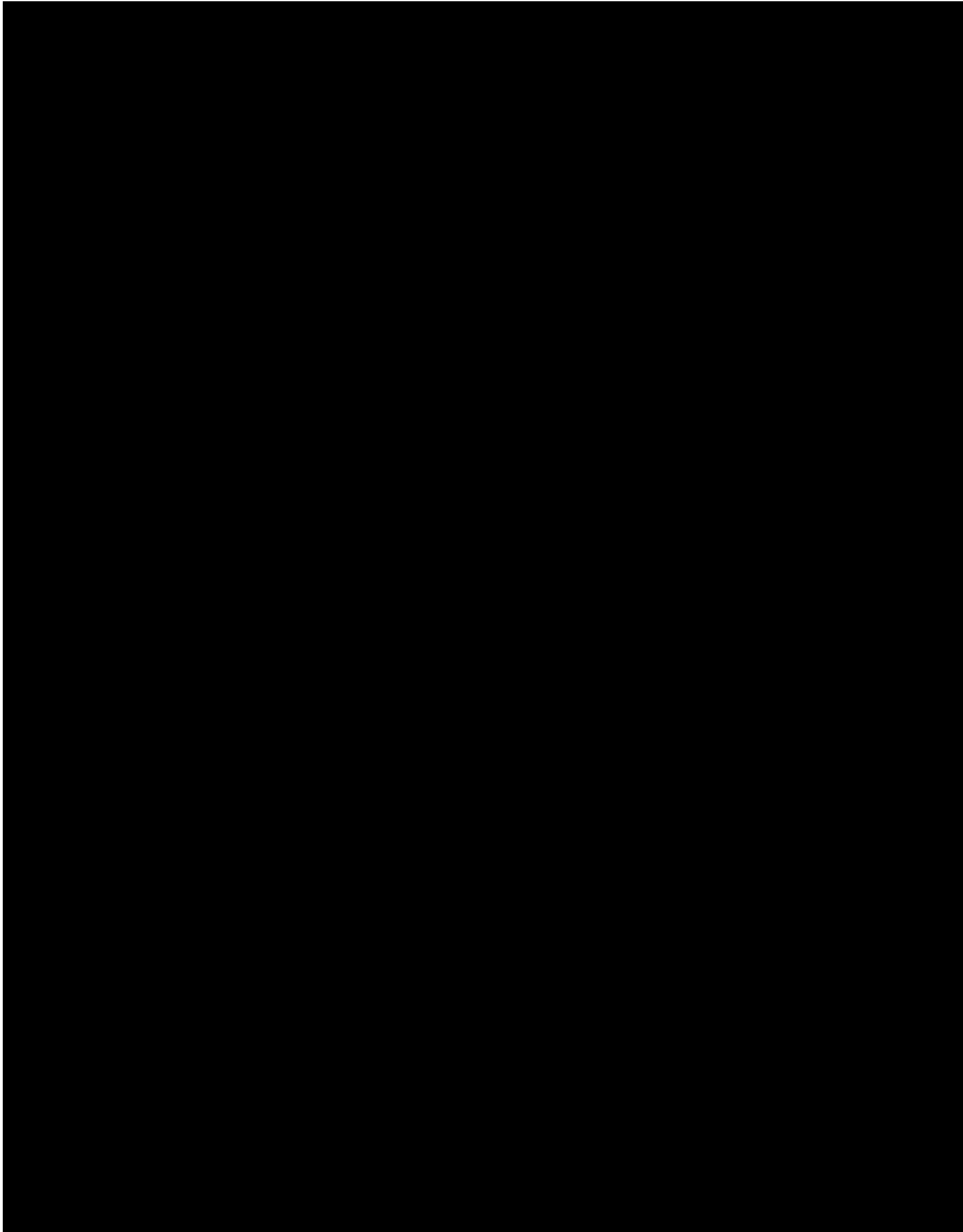


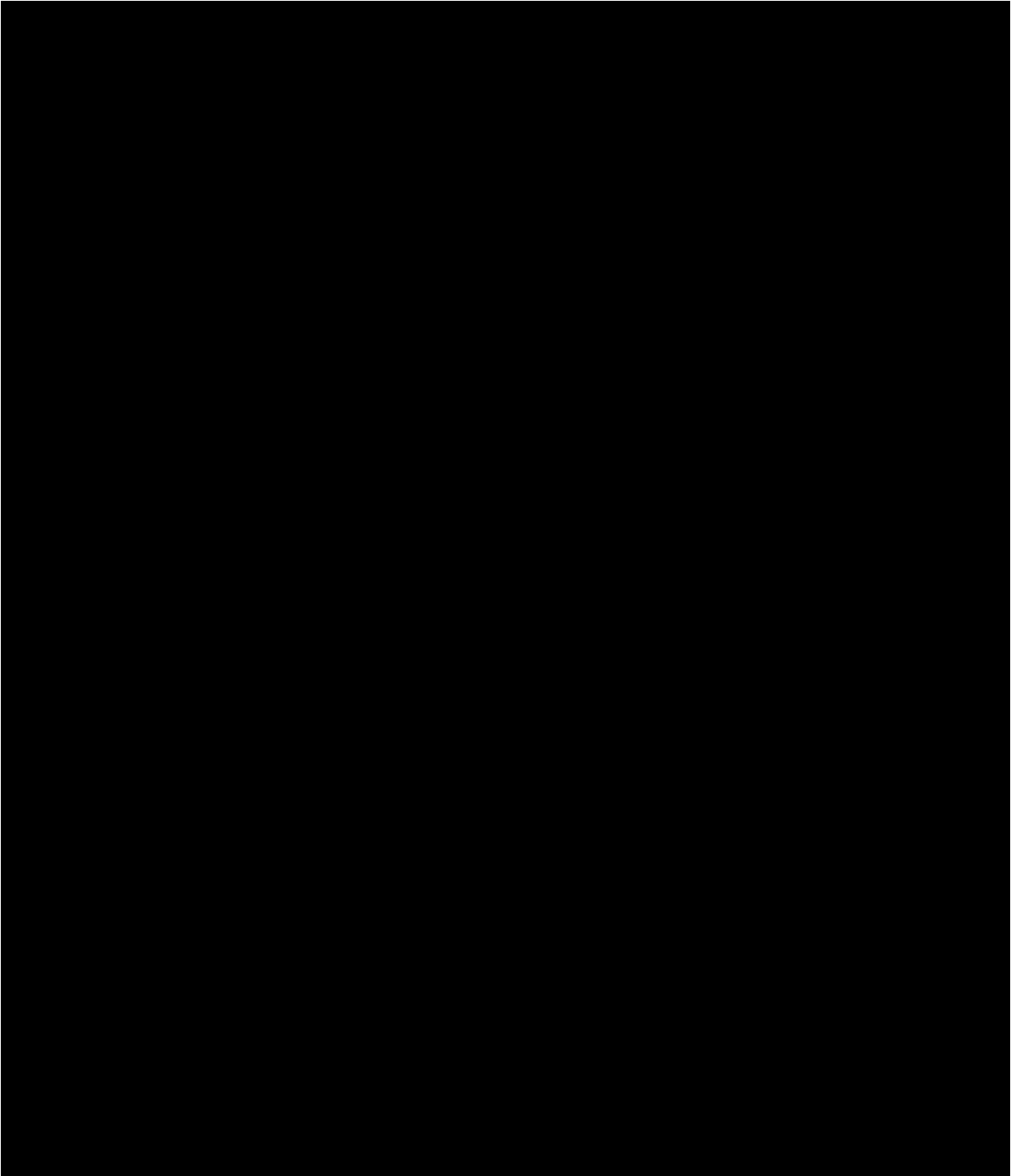


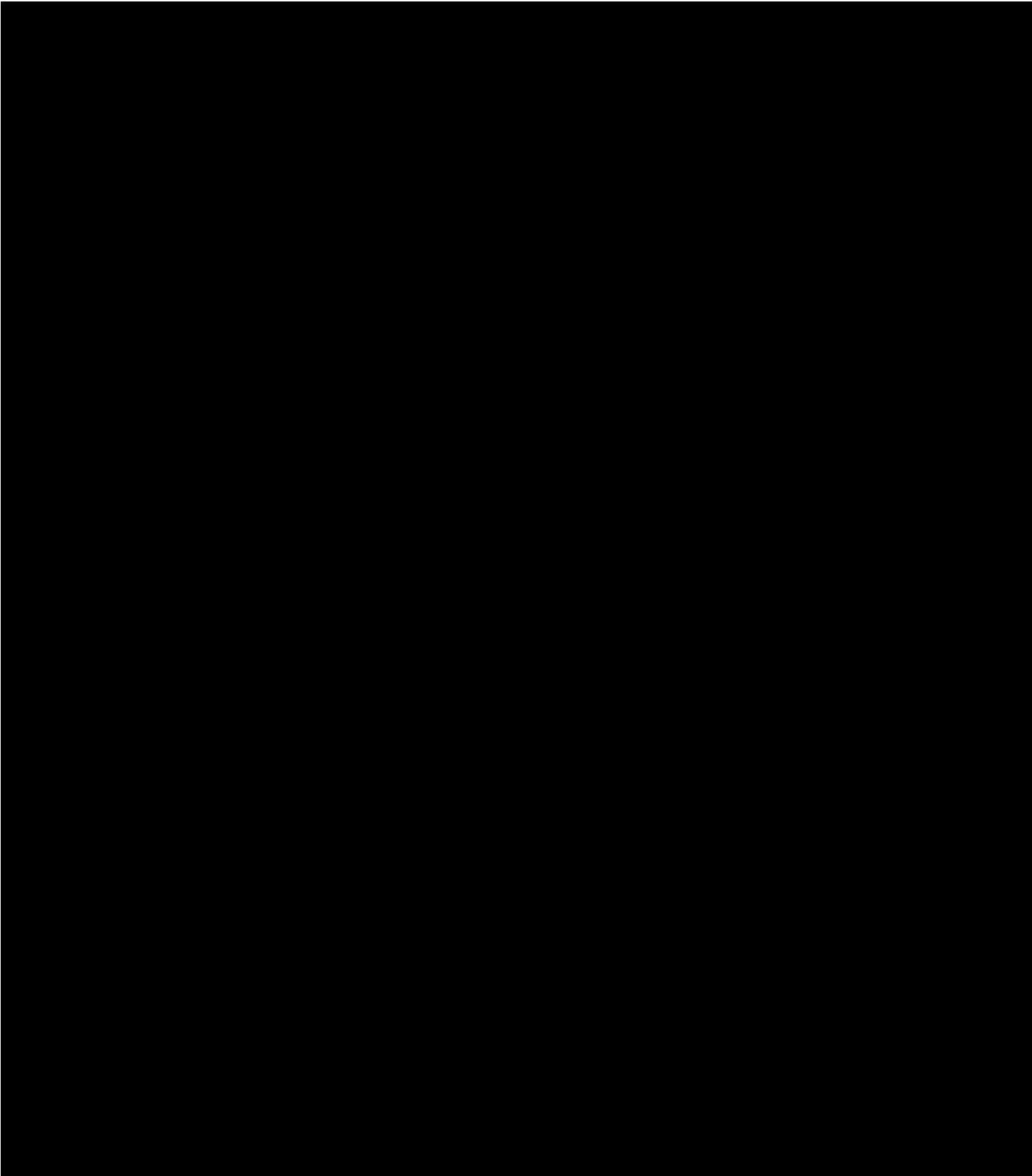


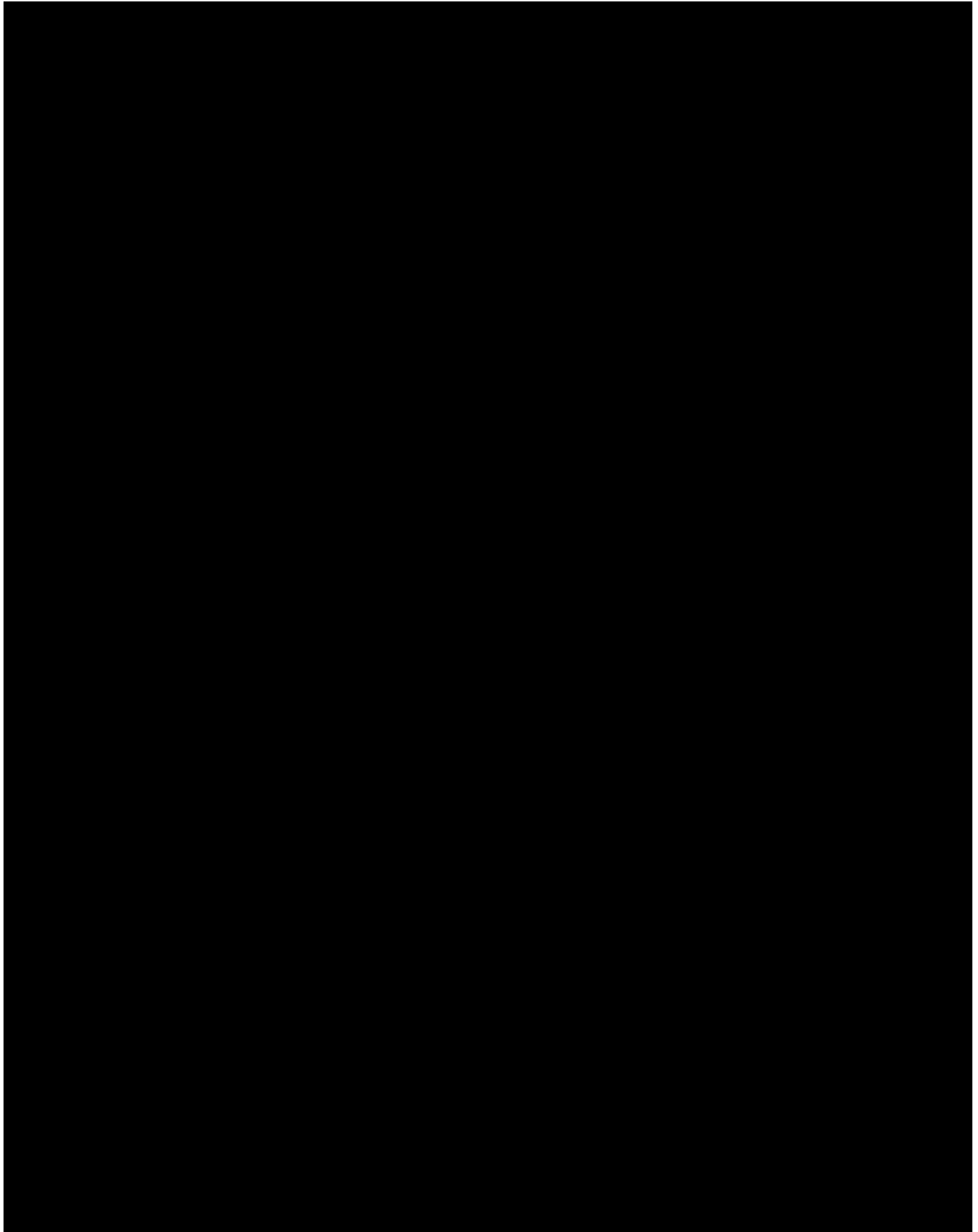


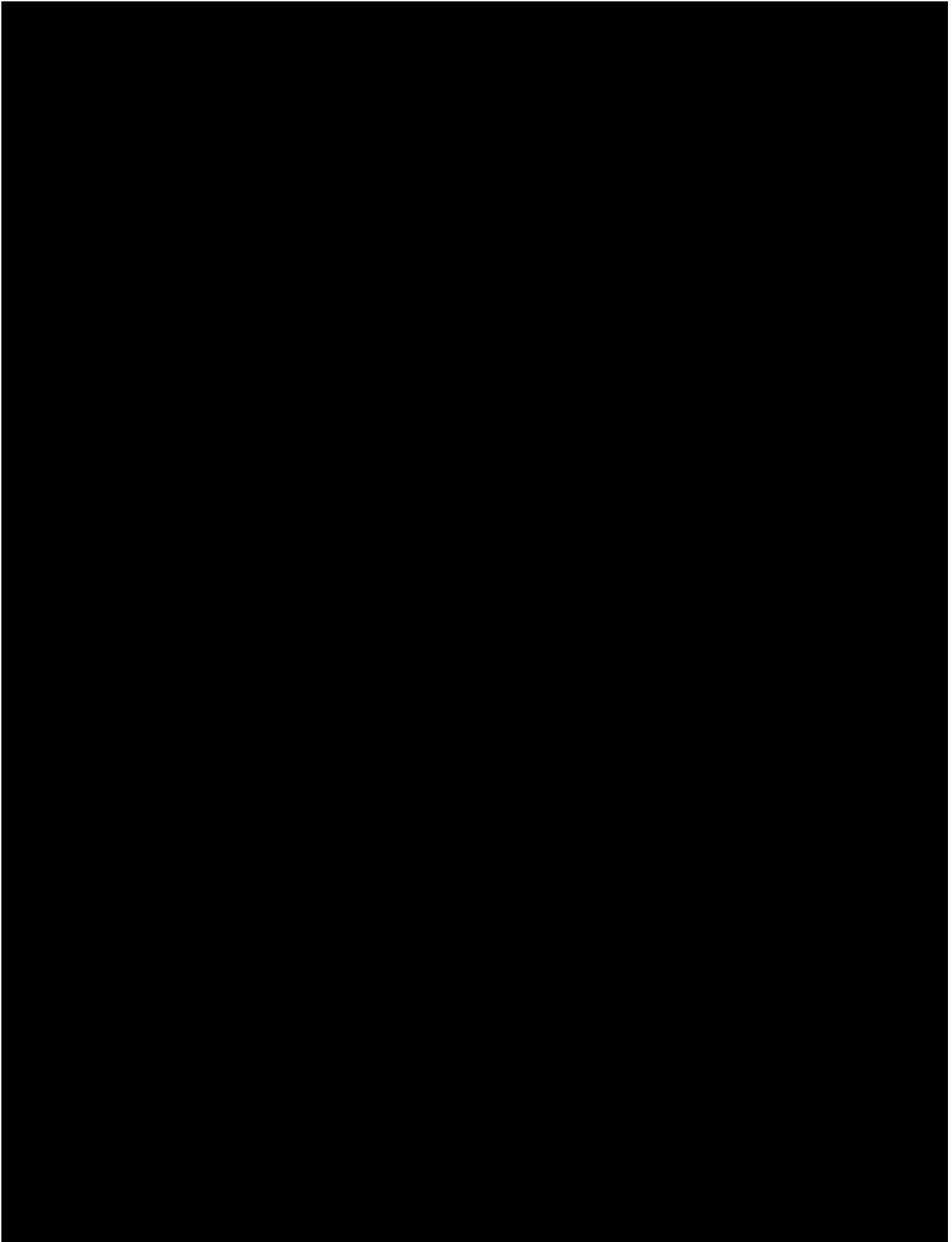


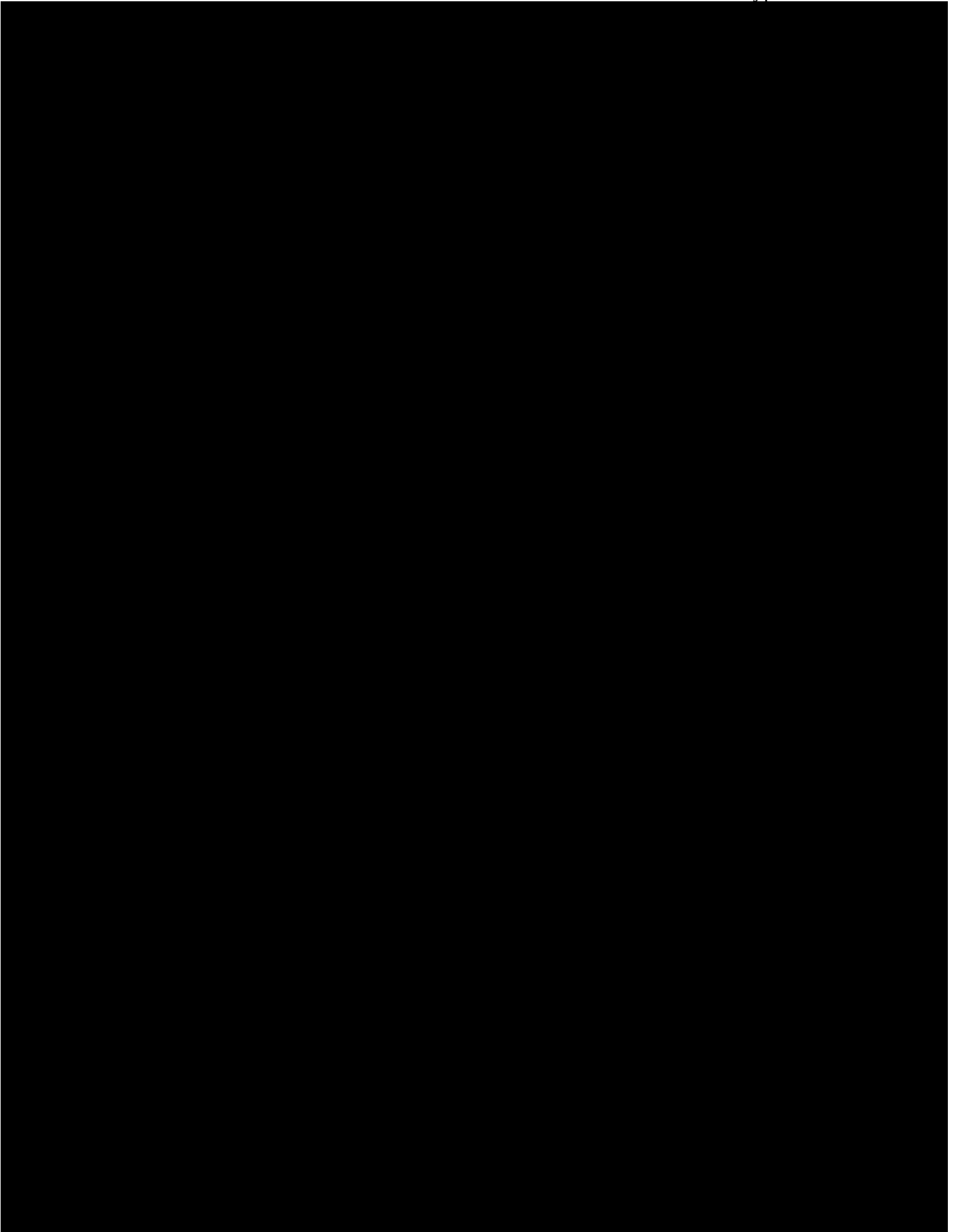


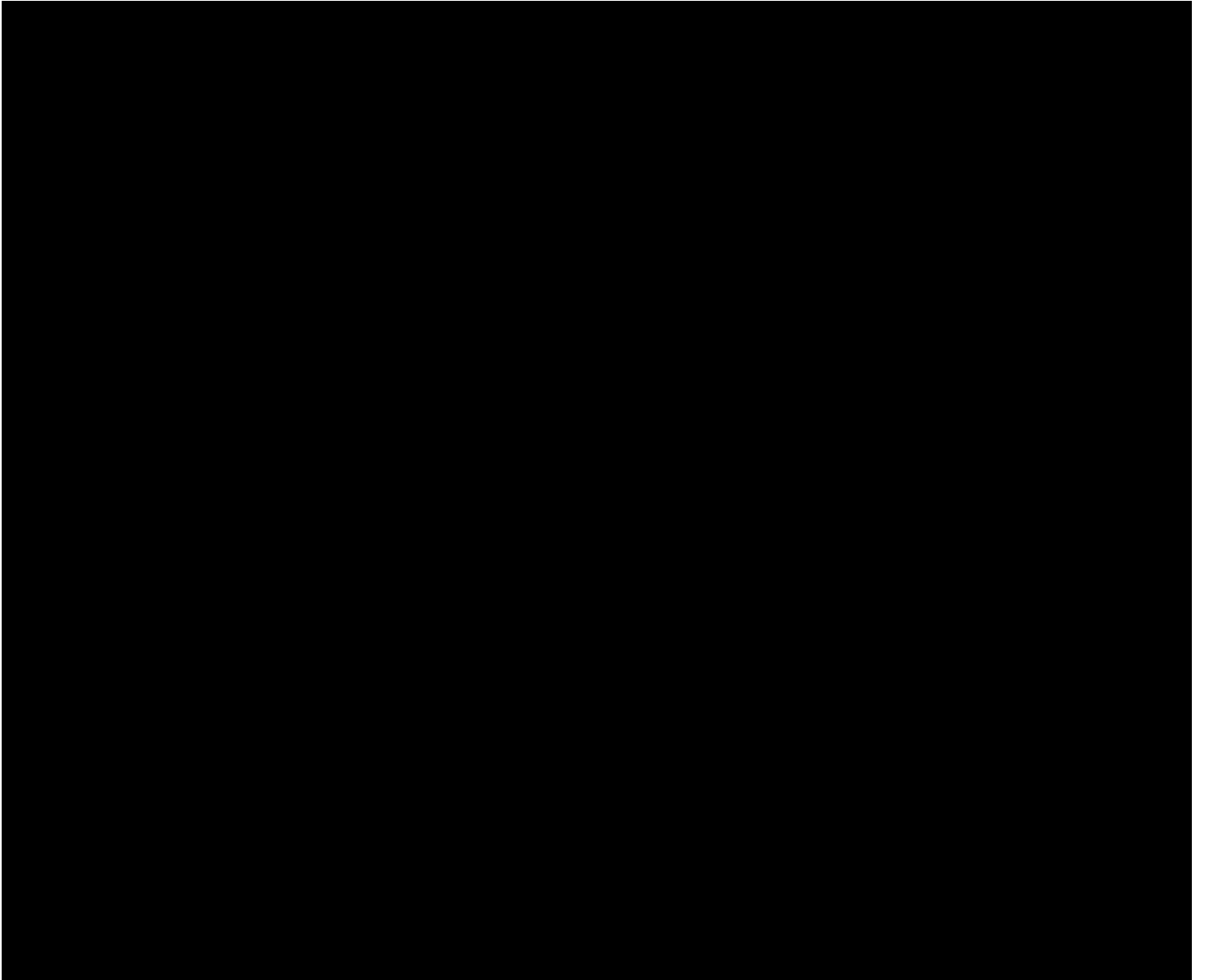


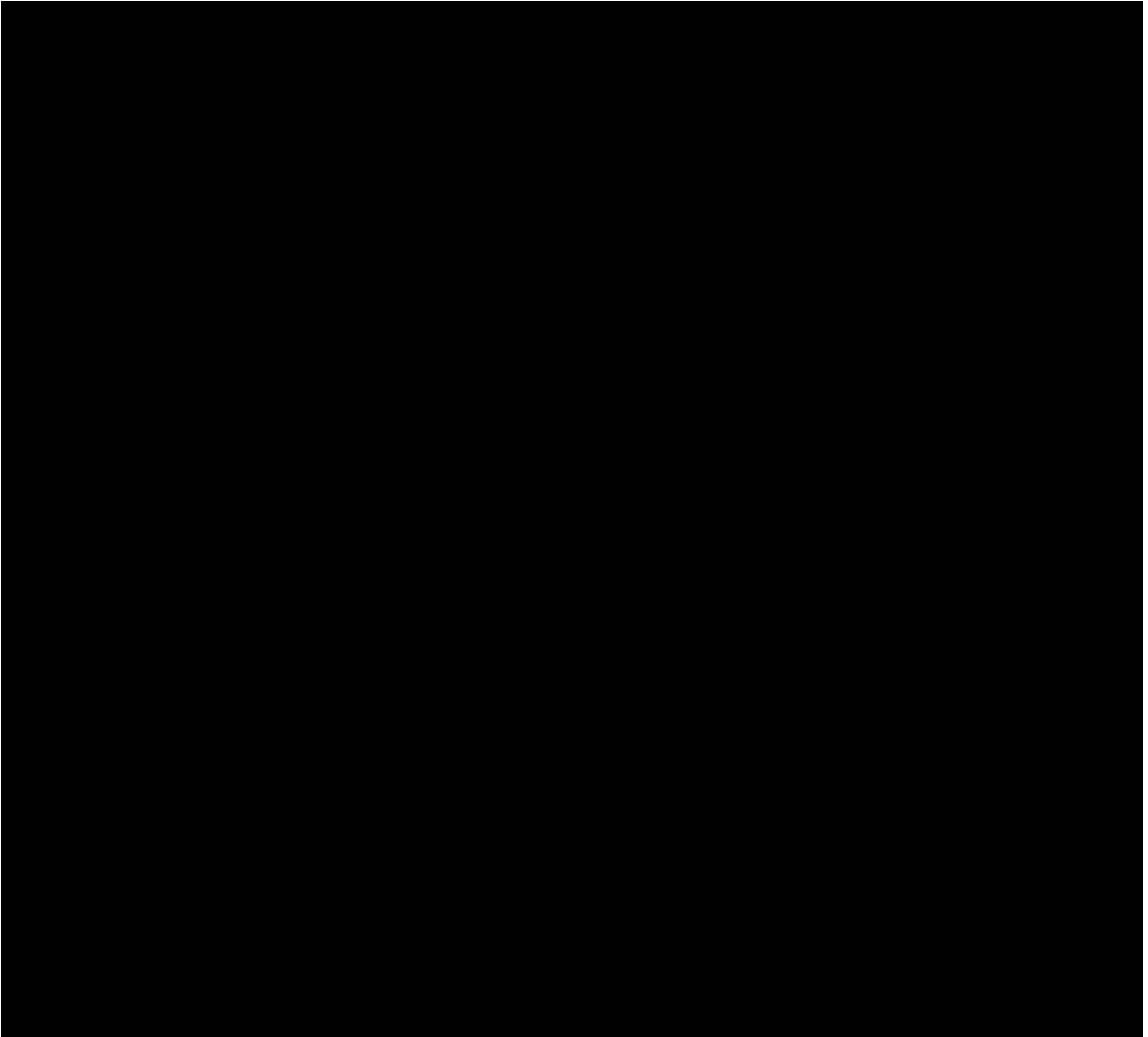


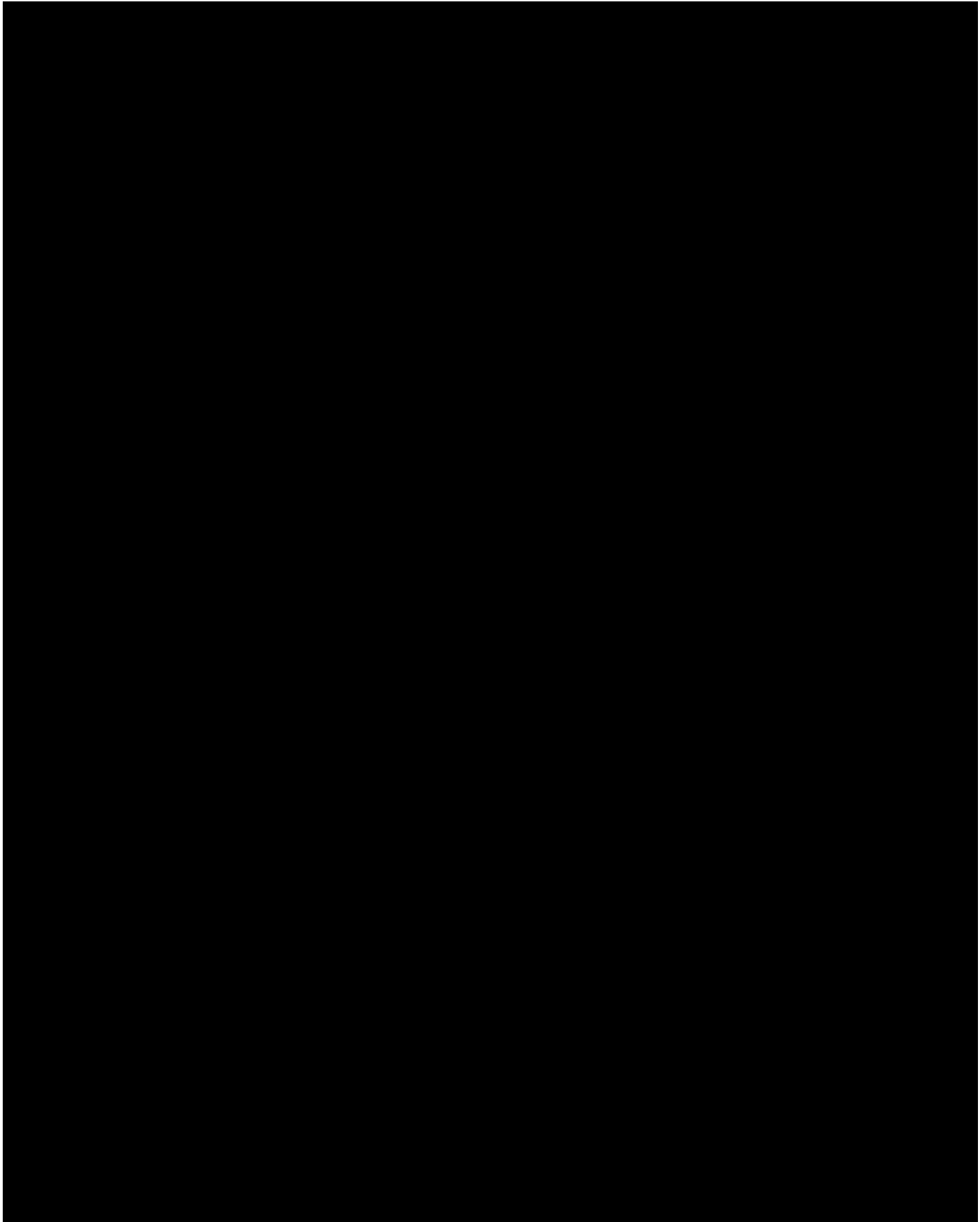


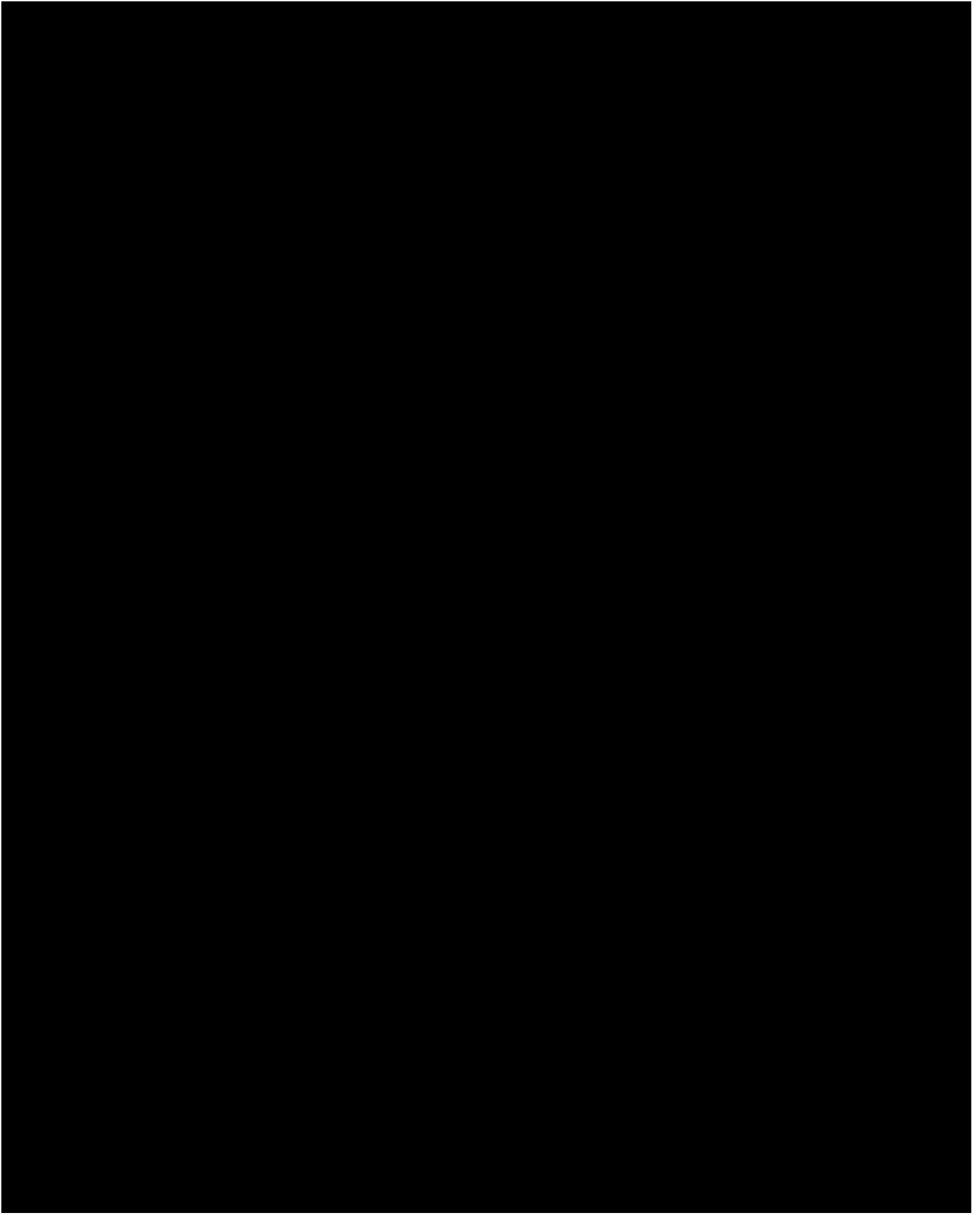


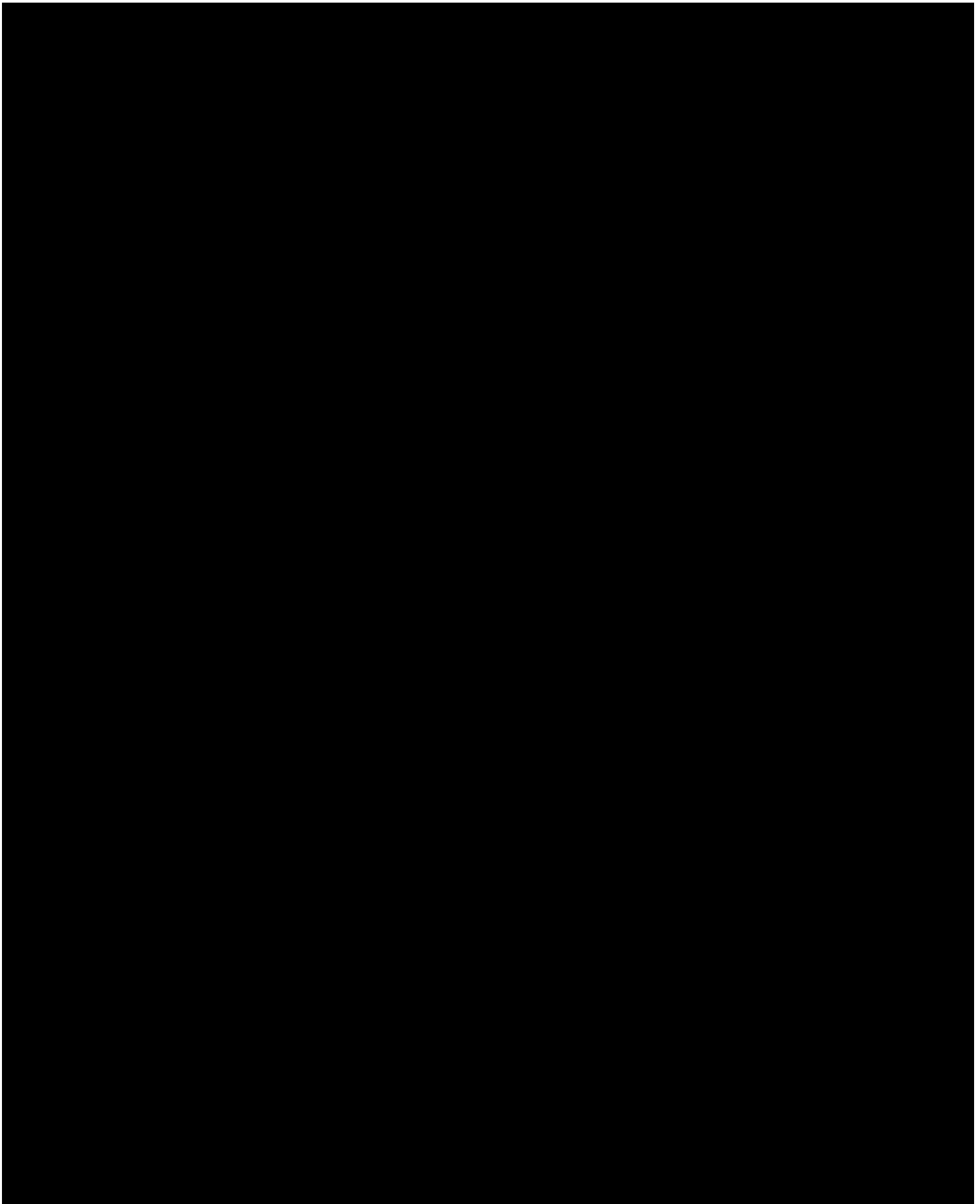


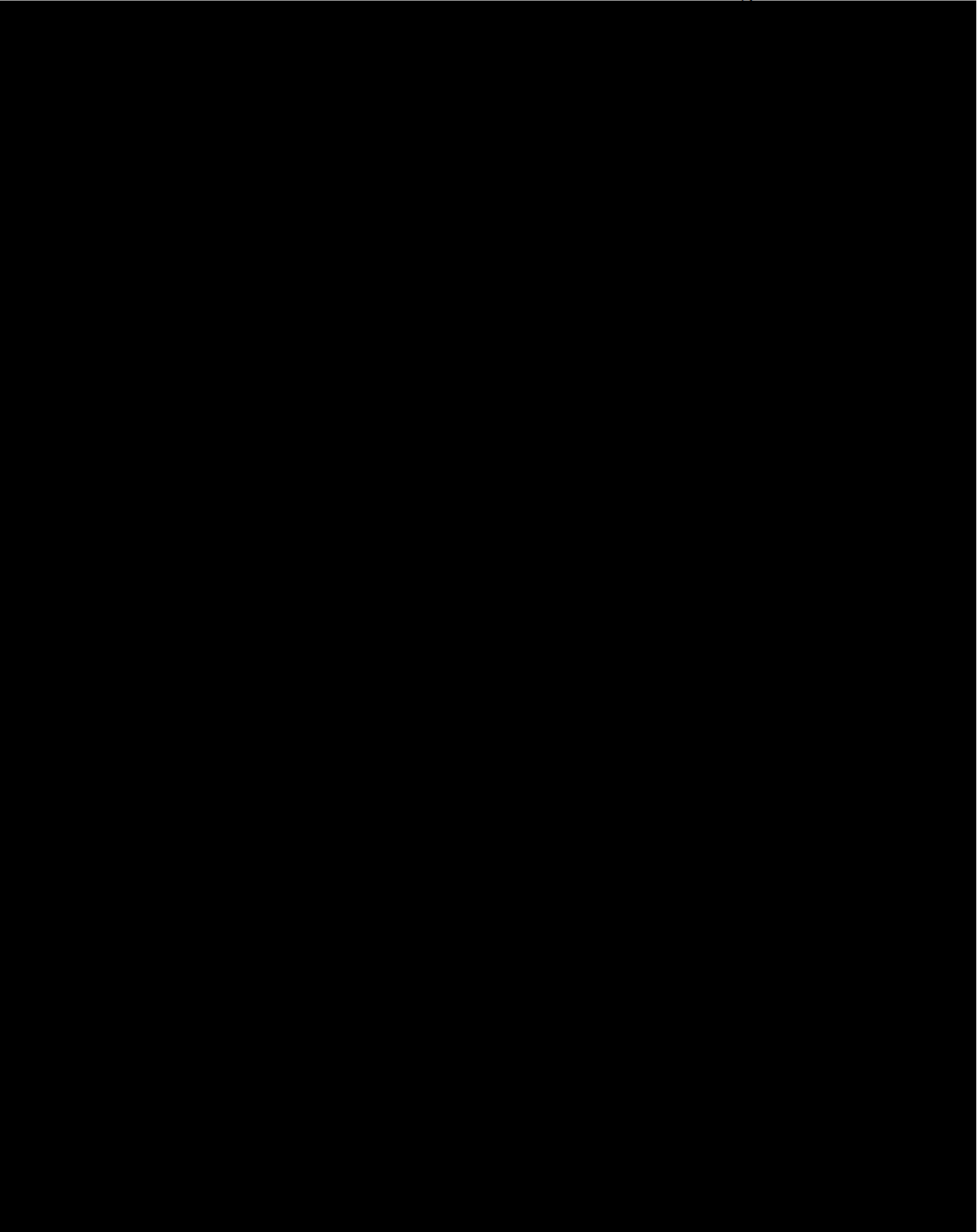


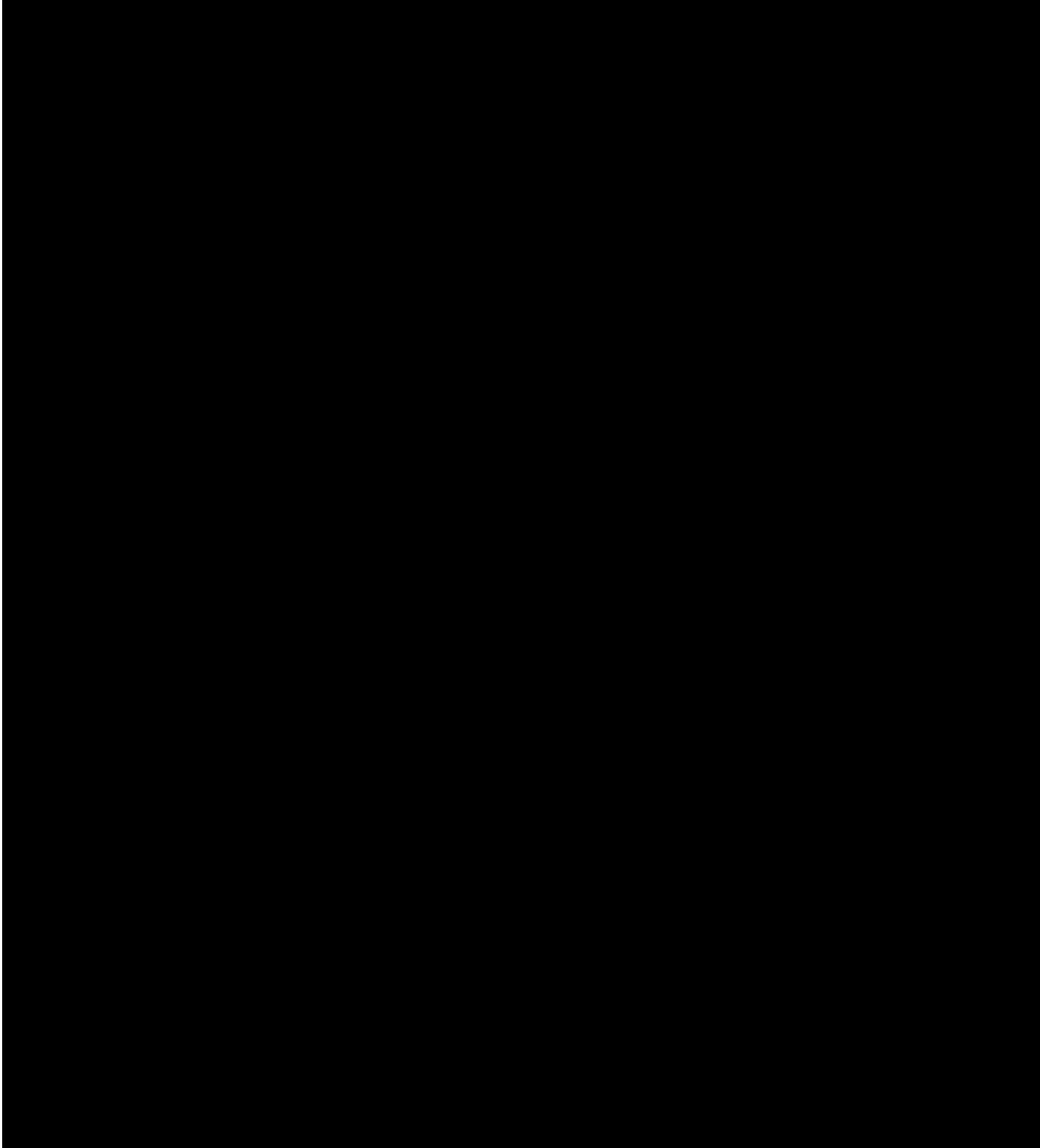


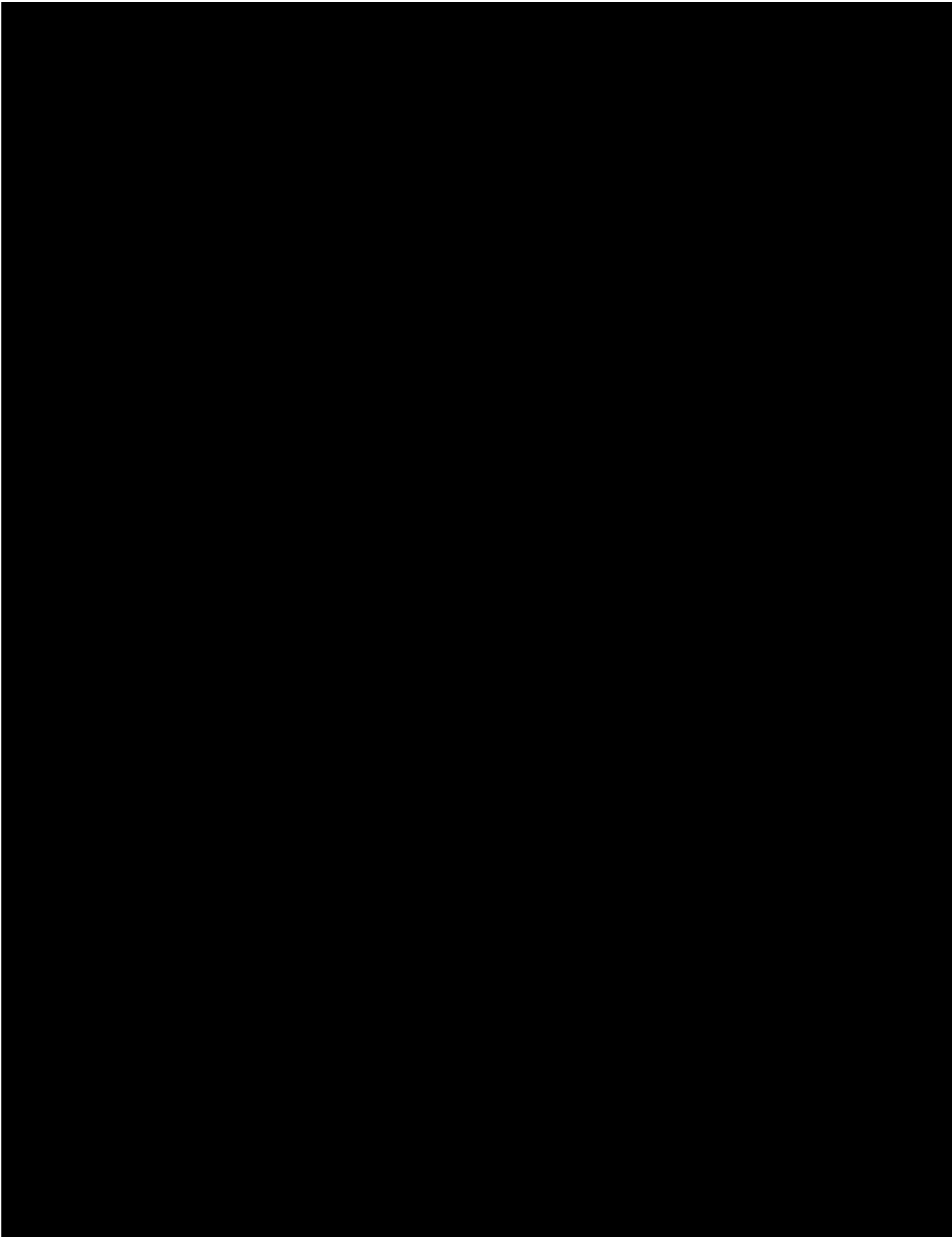


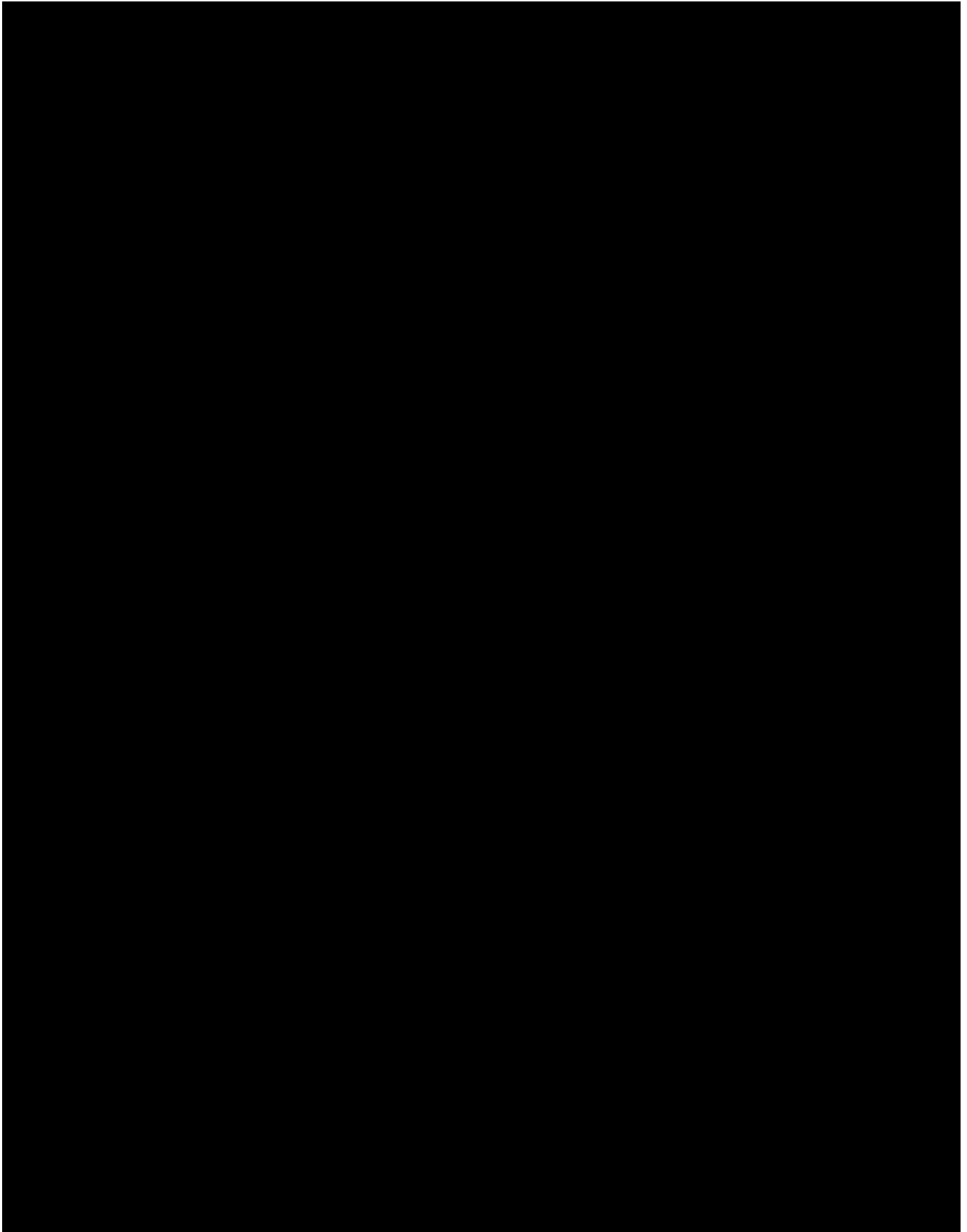


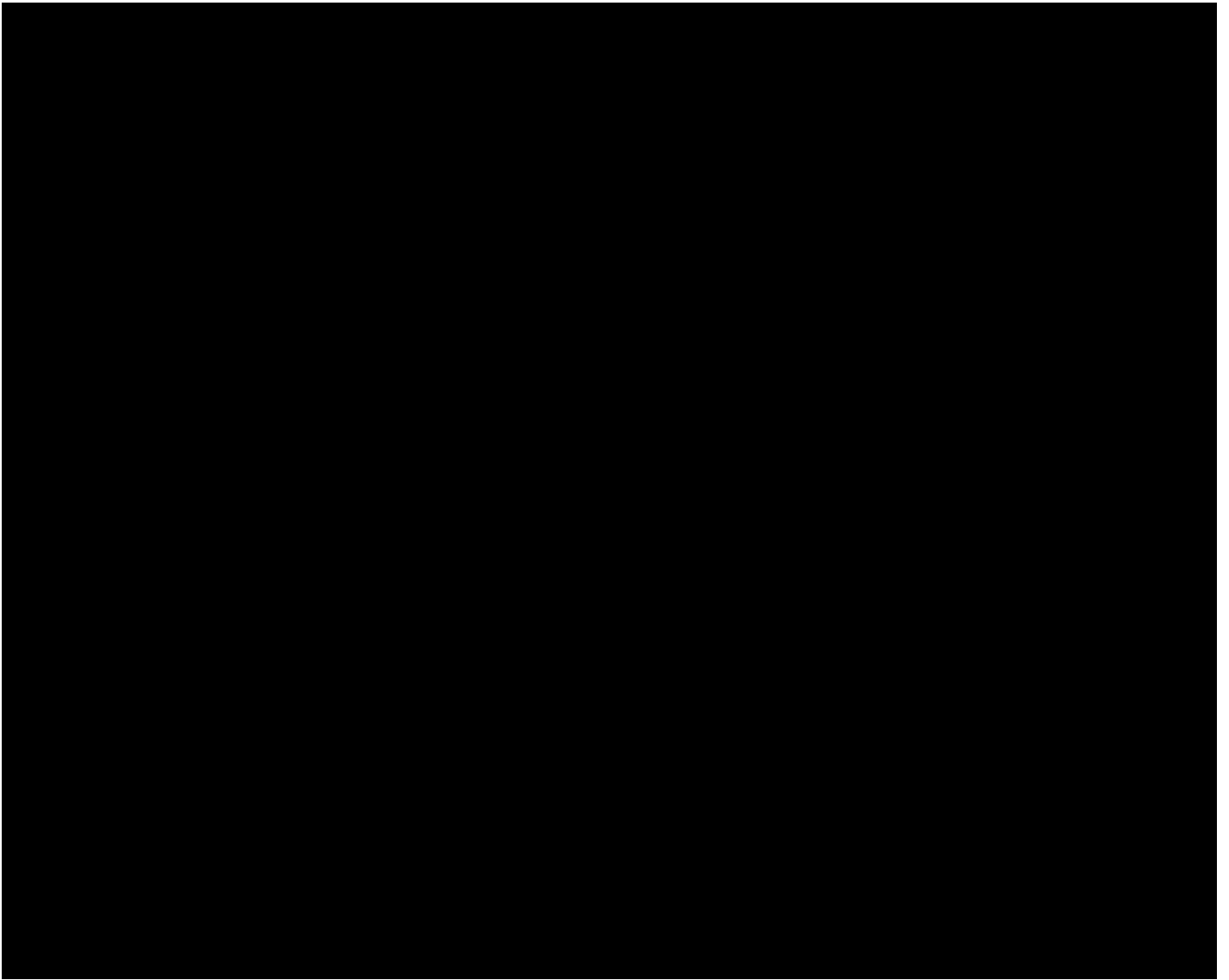


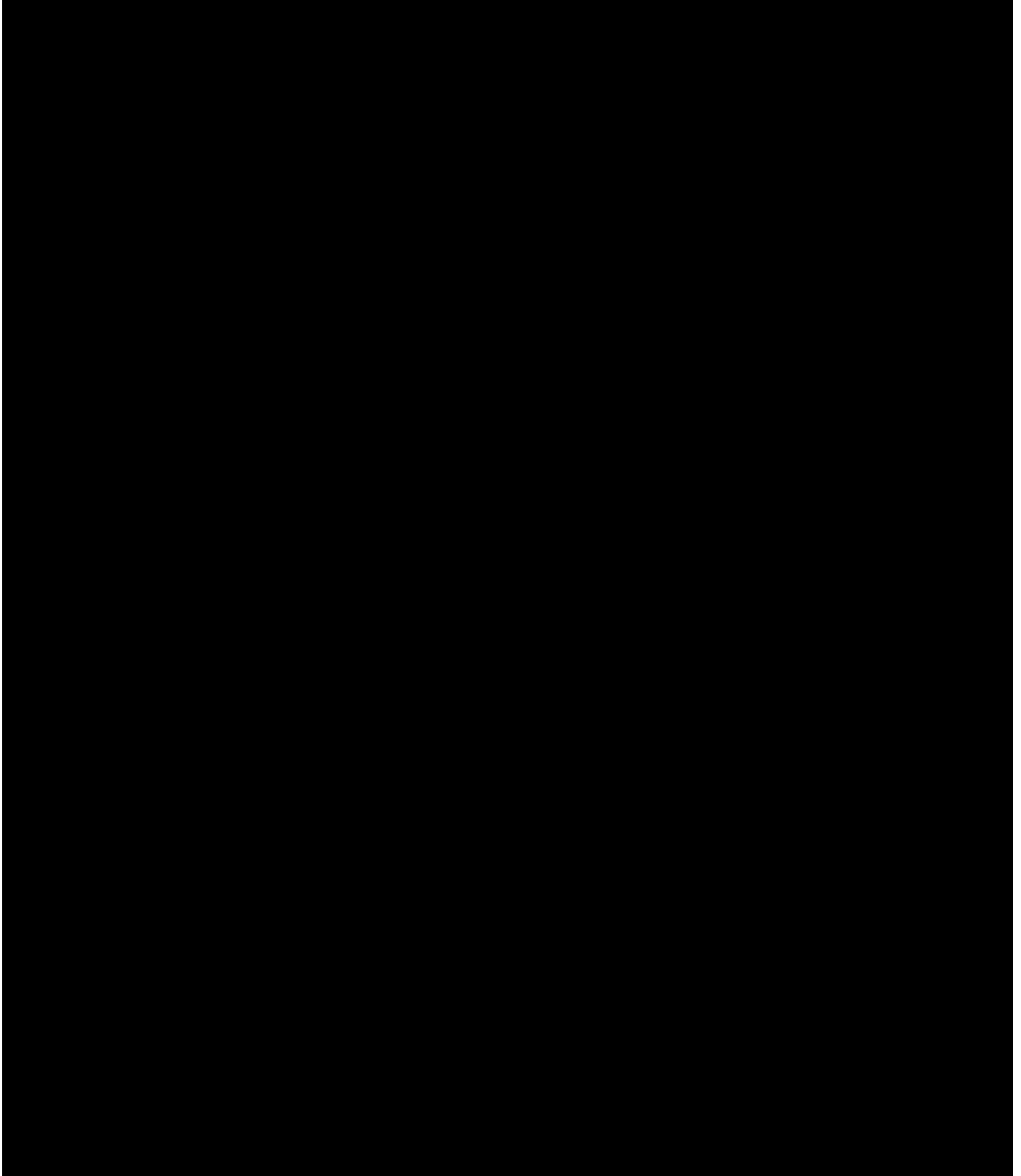


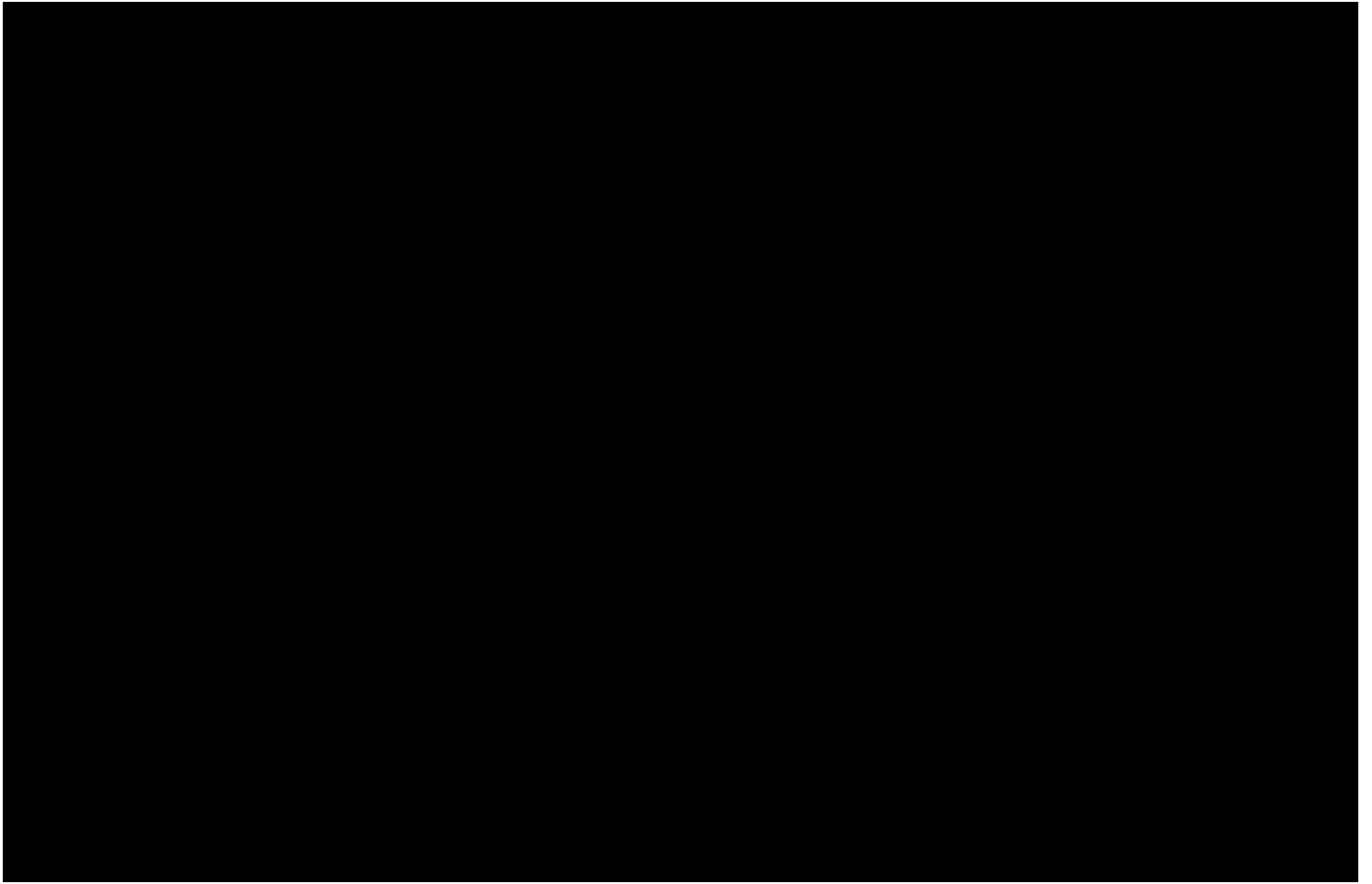


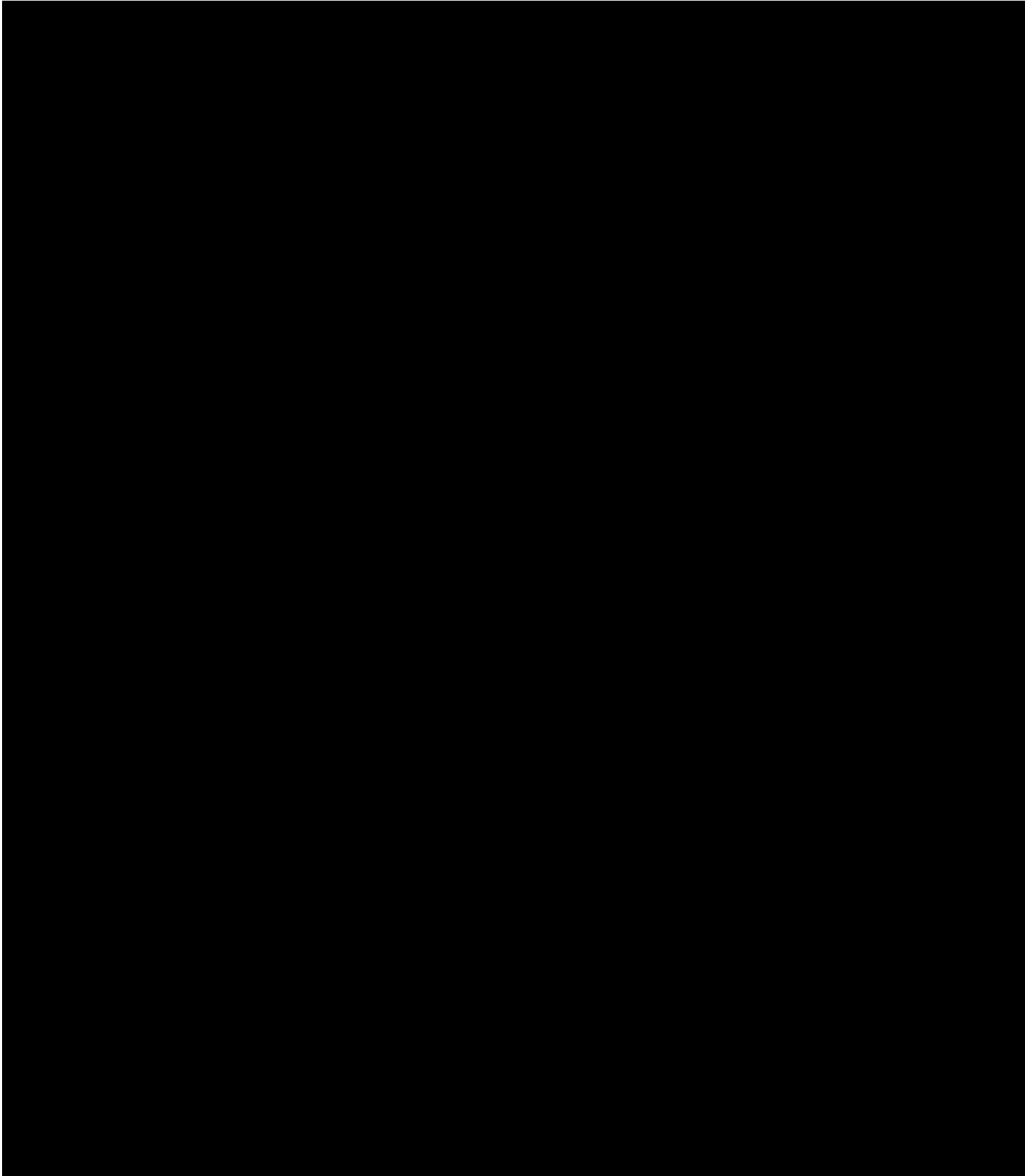


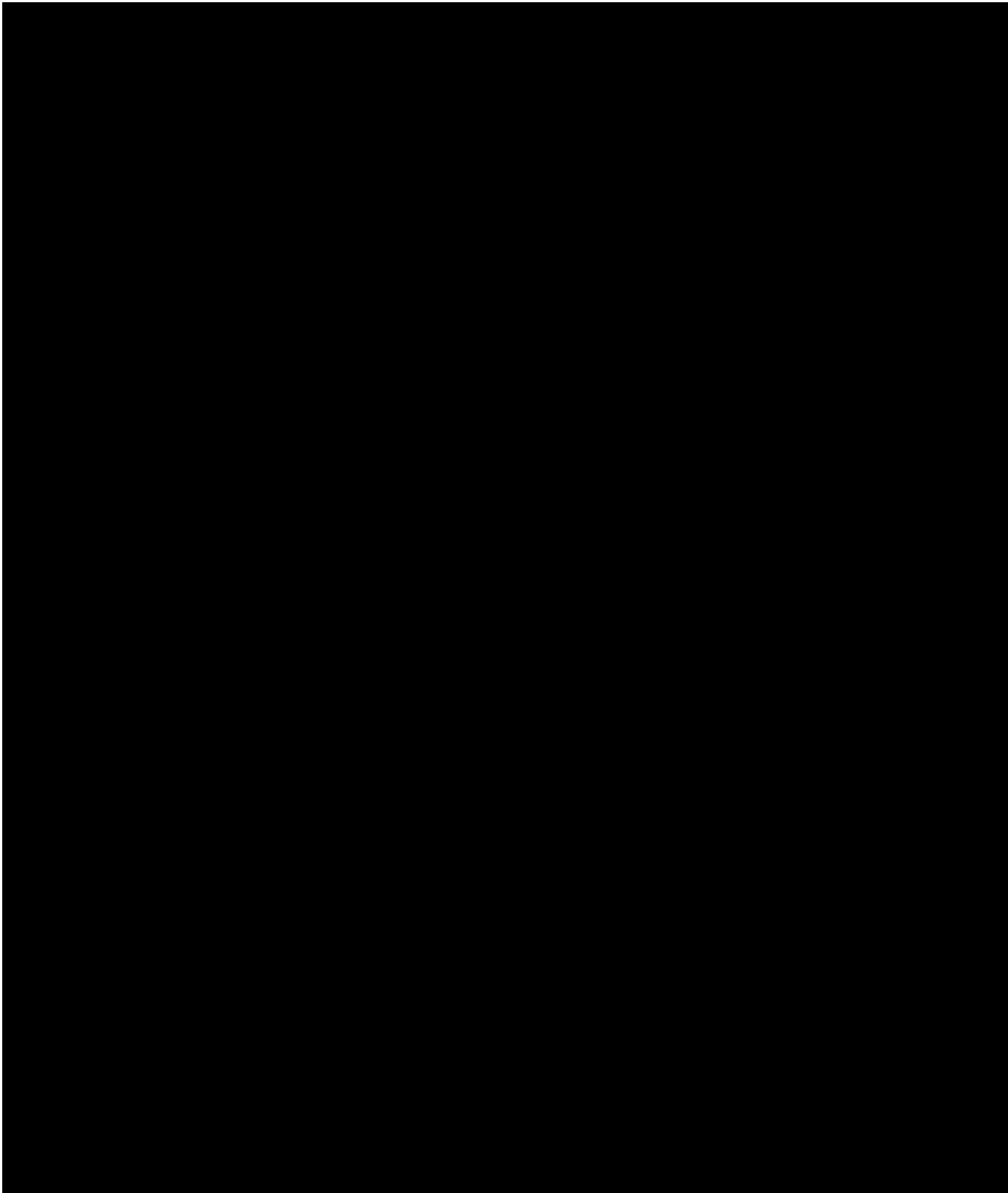


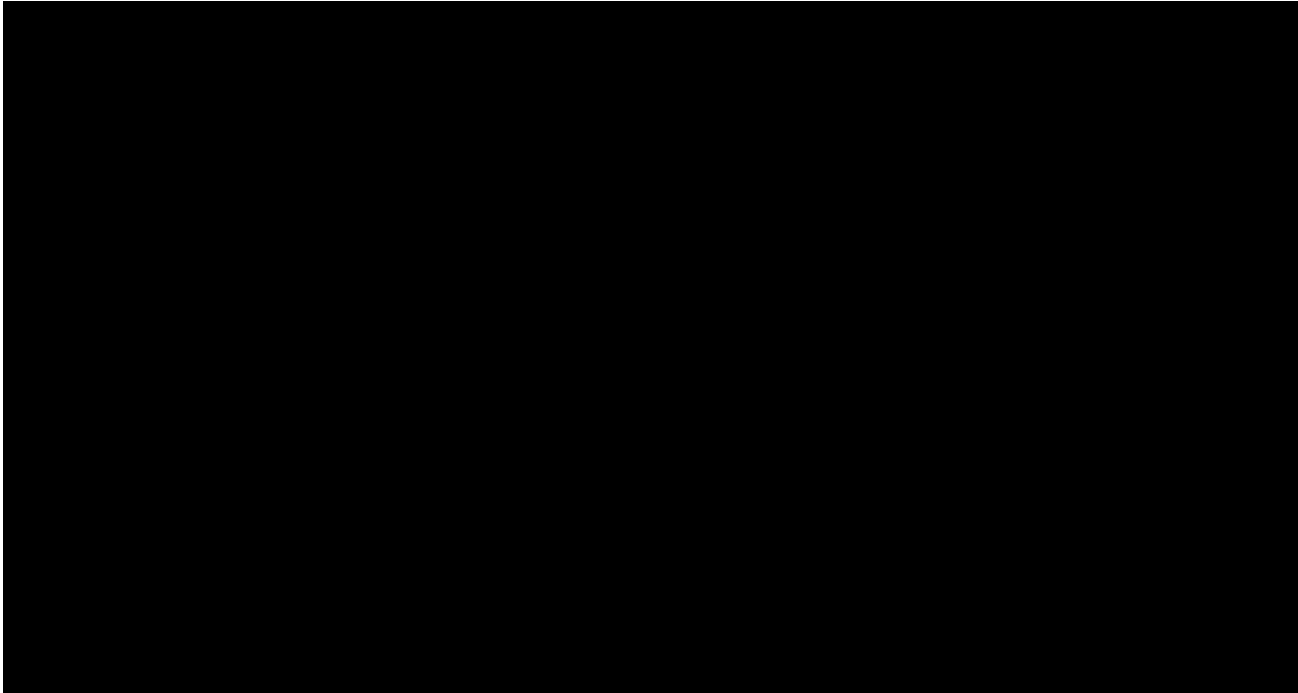


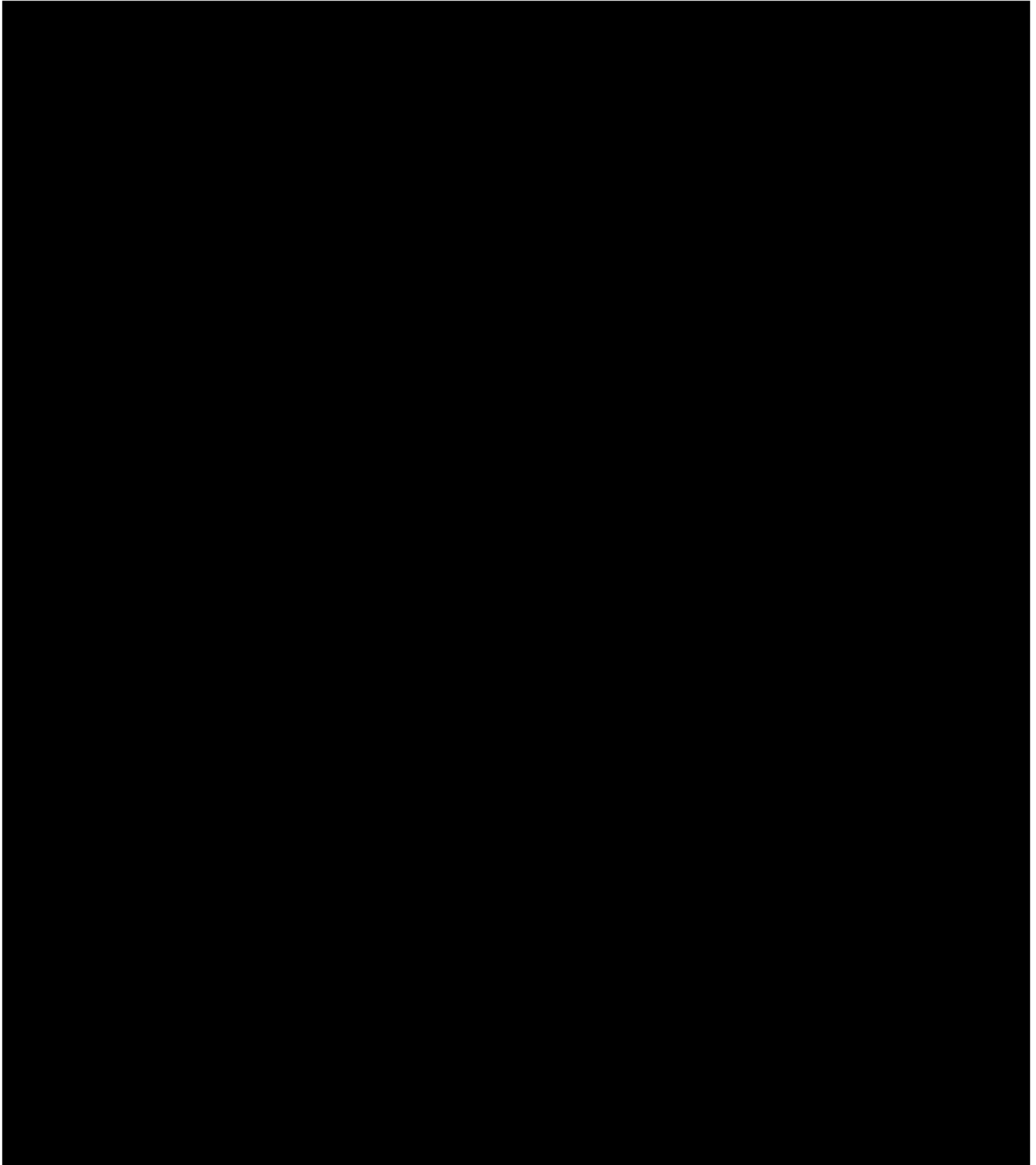


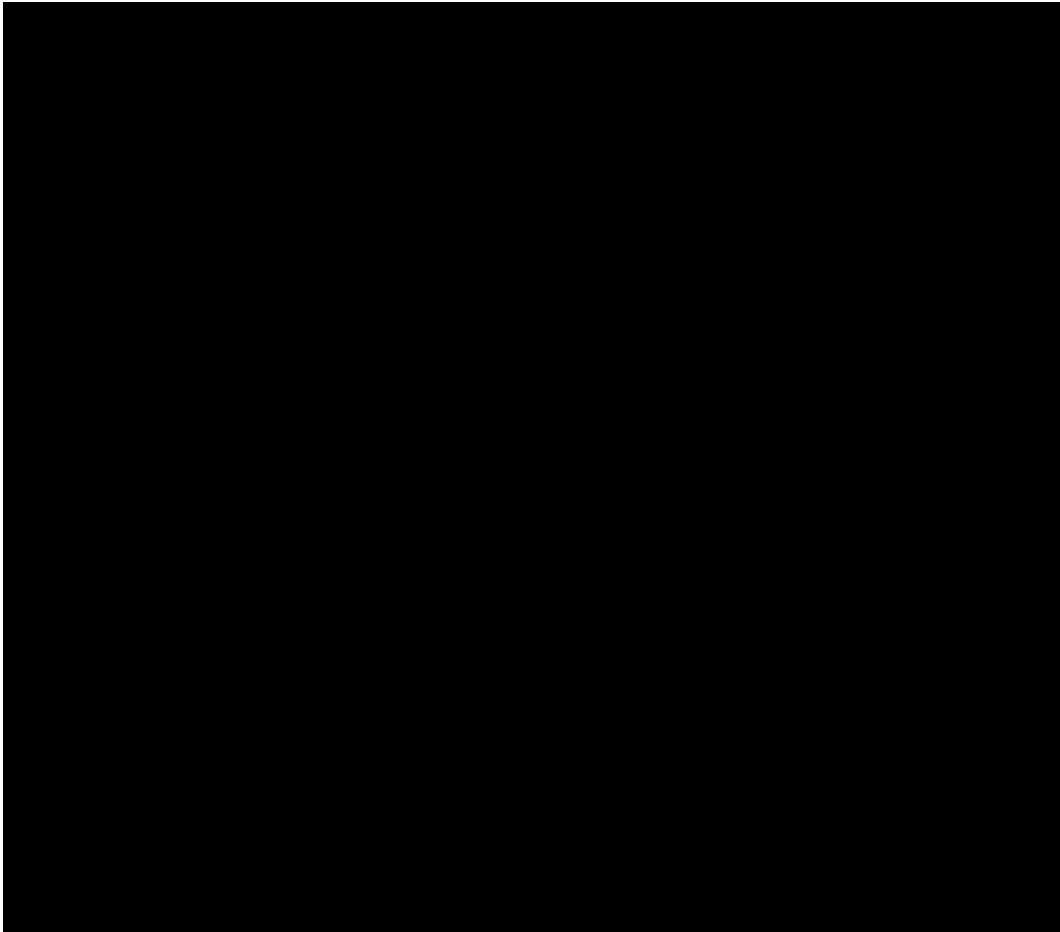








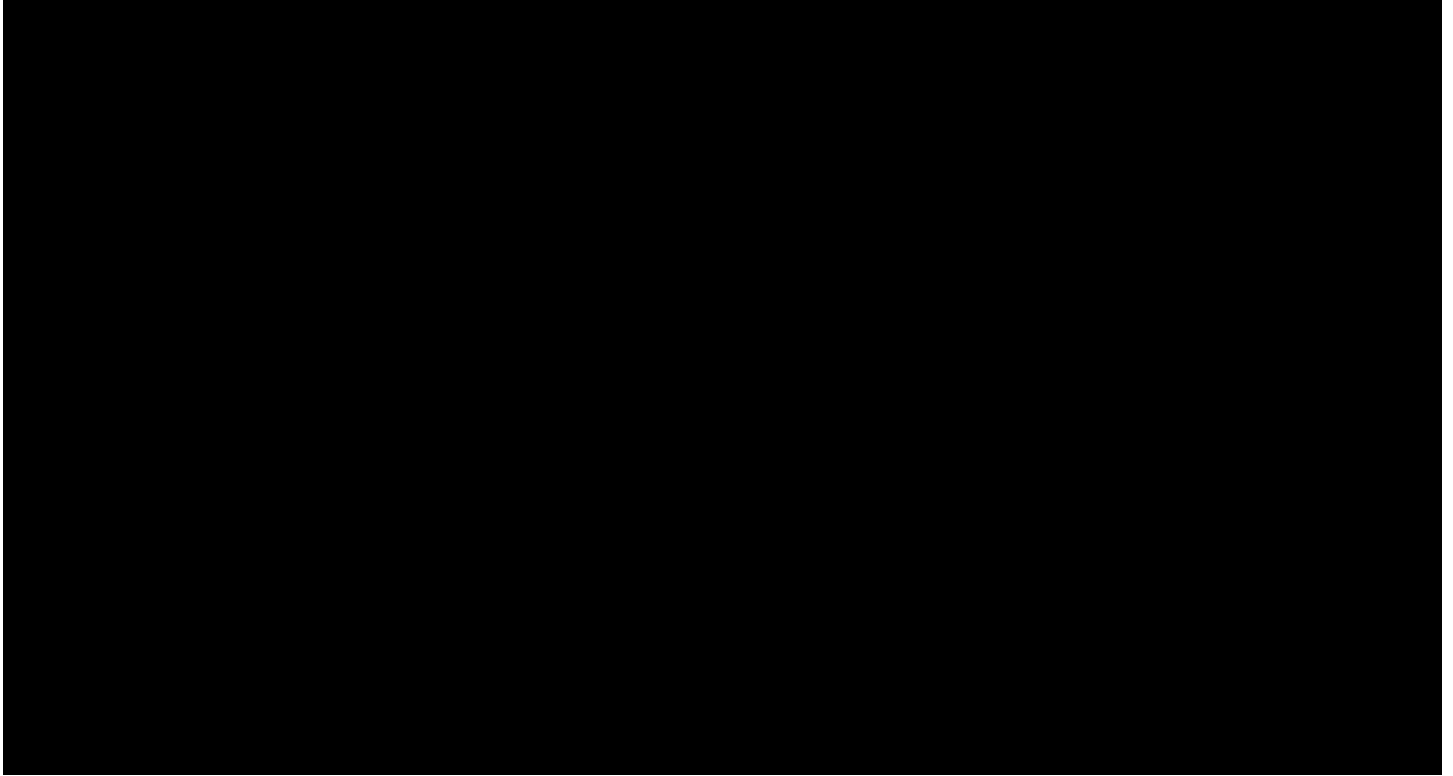




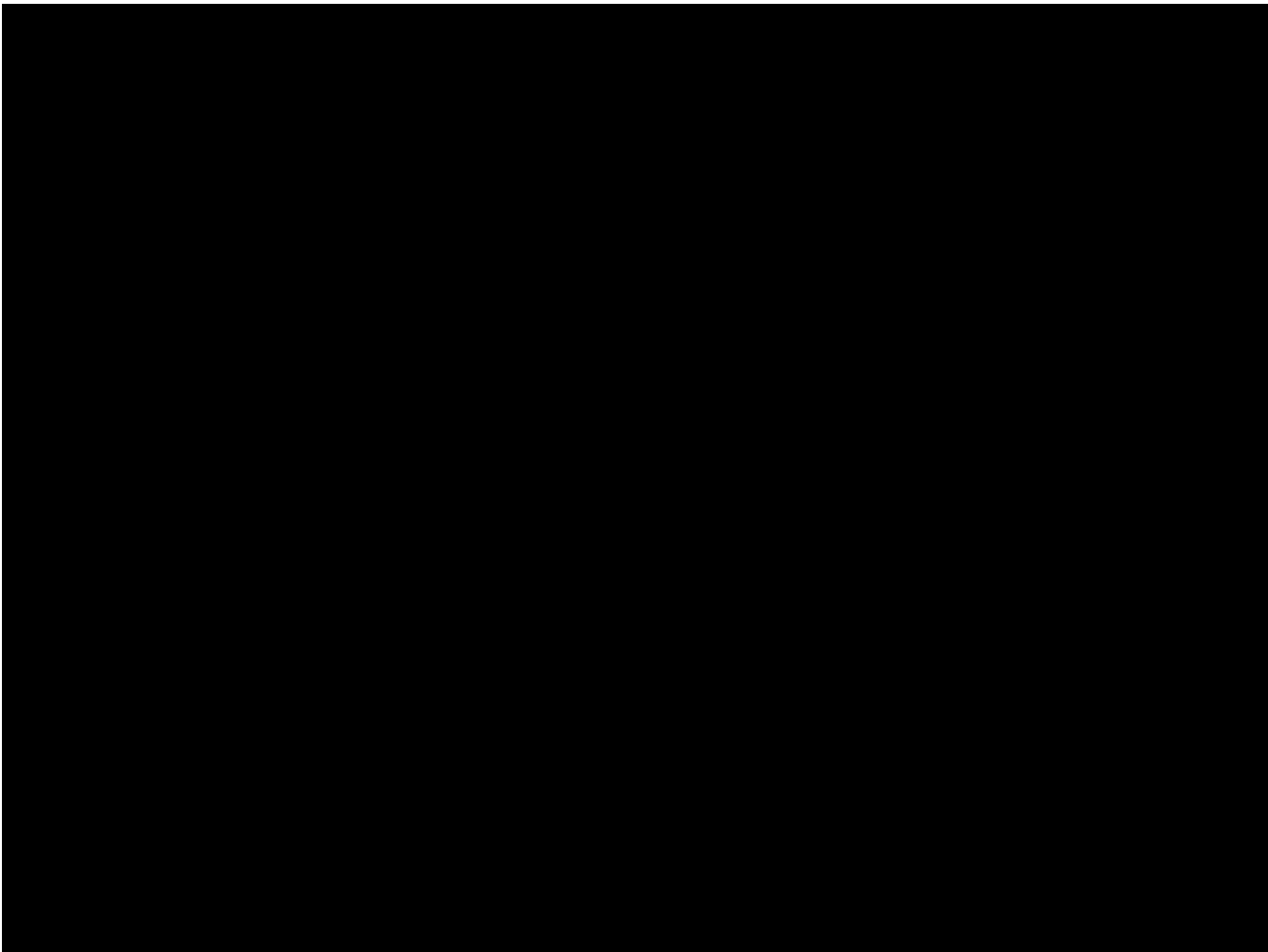
Notice of Liability:

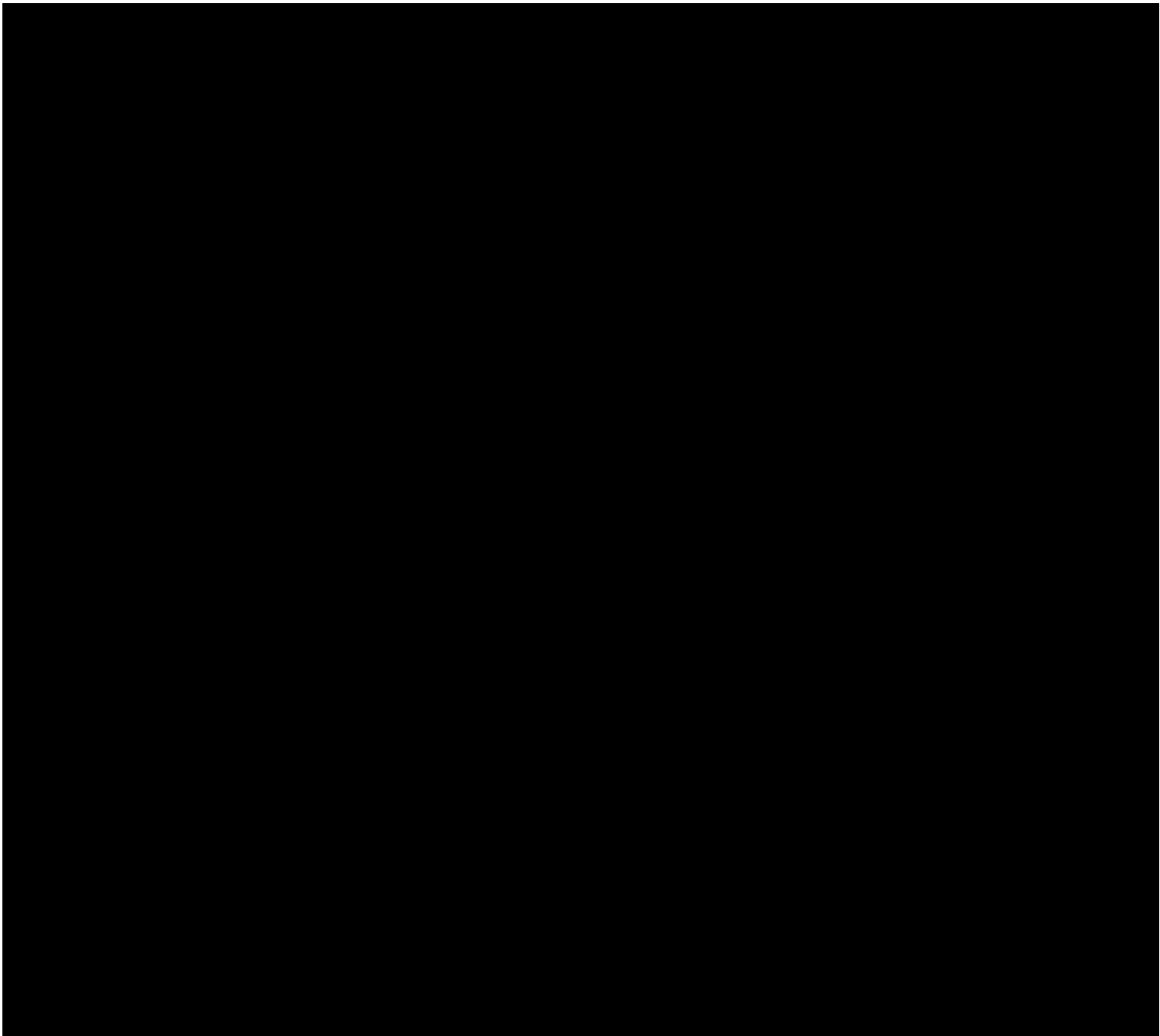
Then information contained in this manual is distributed on an "as is" basis, without warranty. While every precaution has been taken in the preparation of this manual, the manufacturer shall not have any liability to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by the instructions contained in this manual or by the products described herein.

Revision 1.0

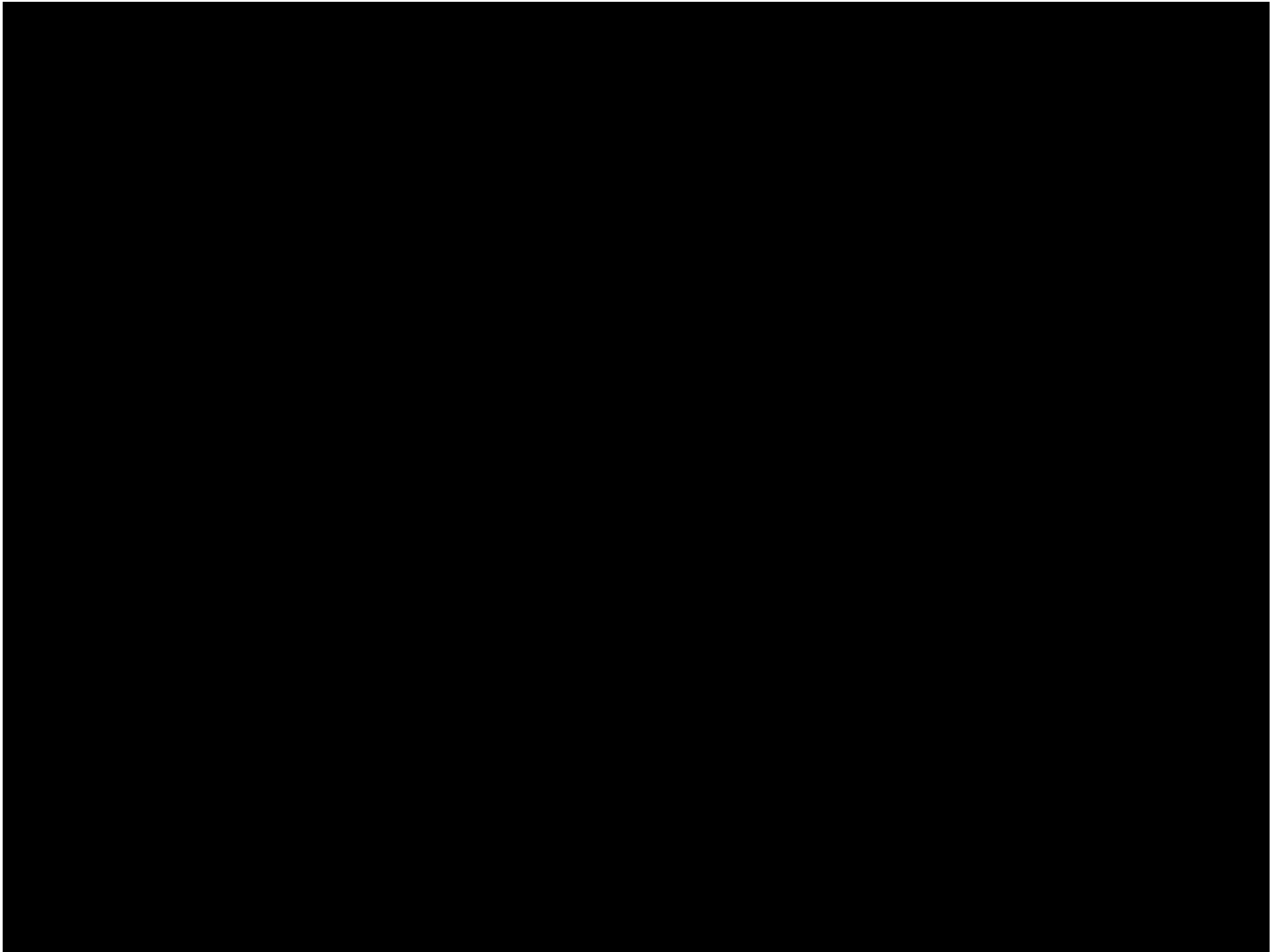


Revision 1.0

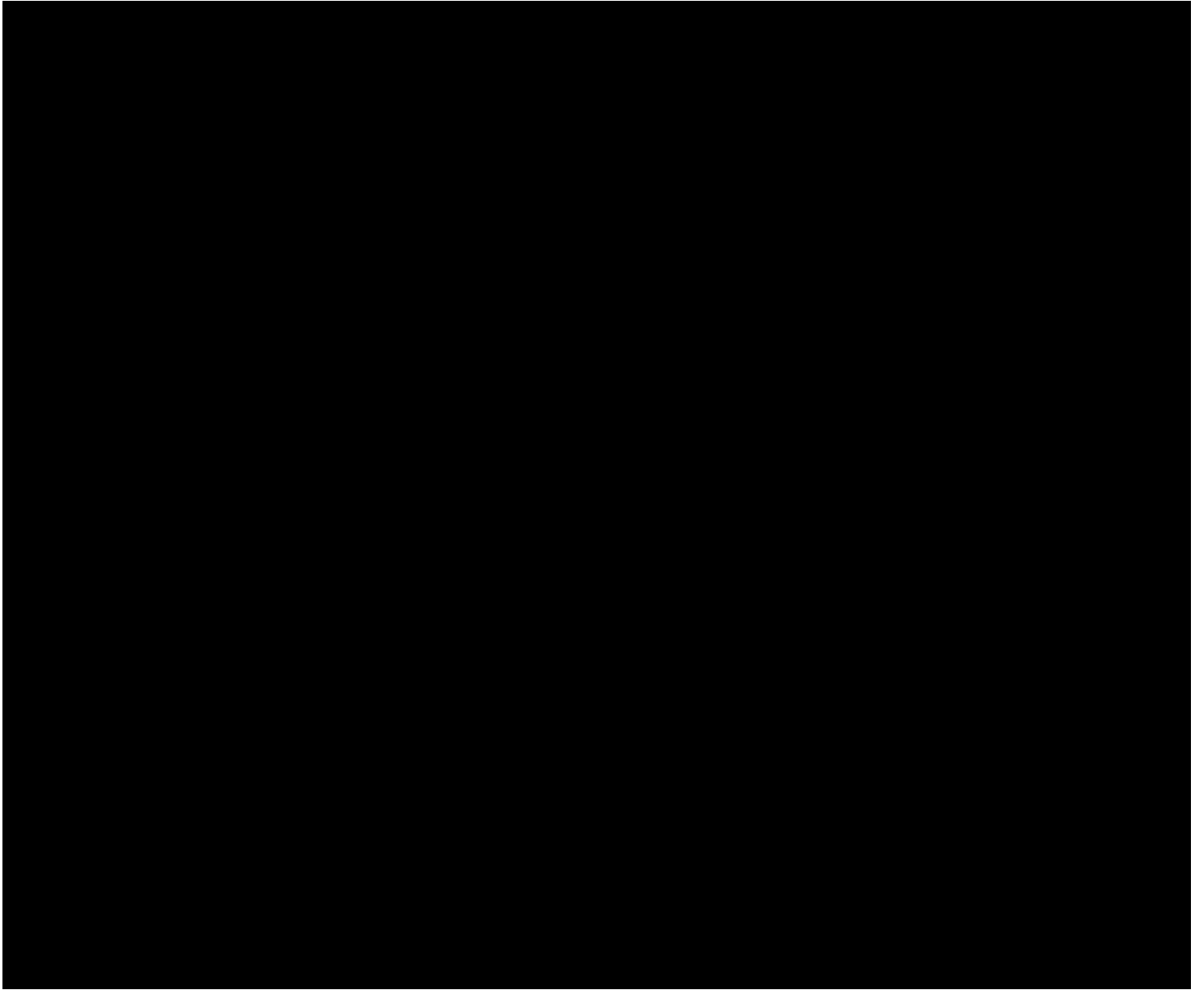




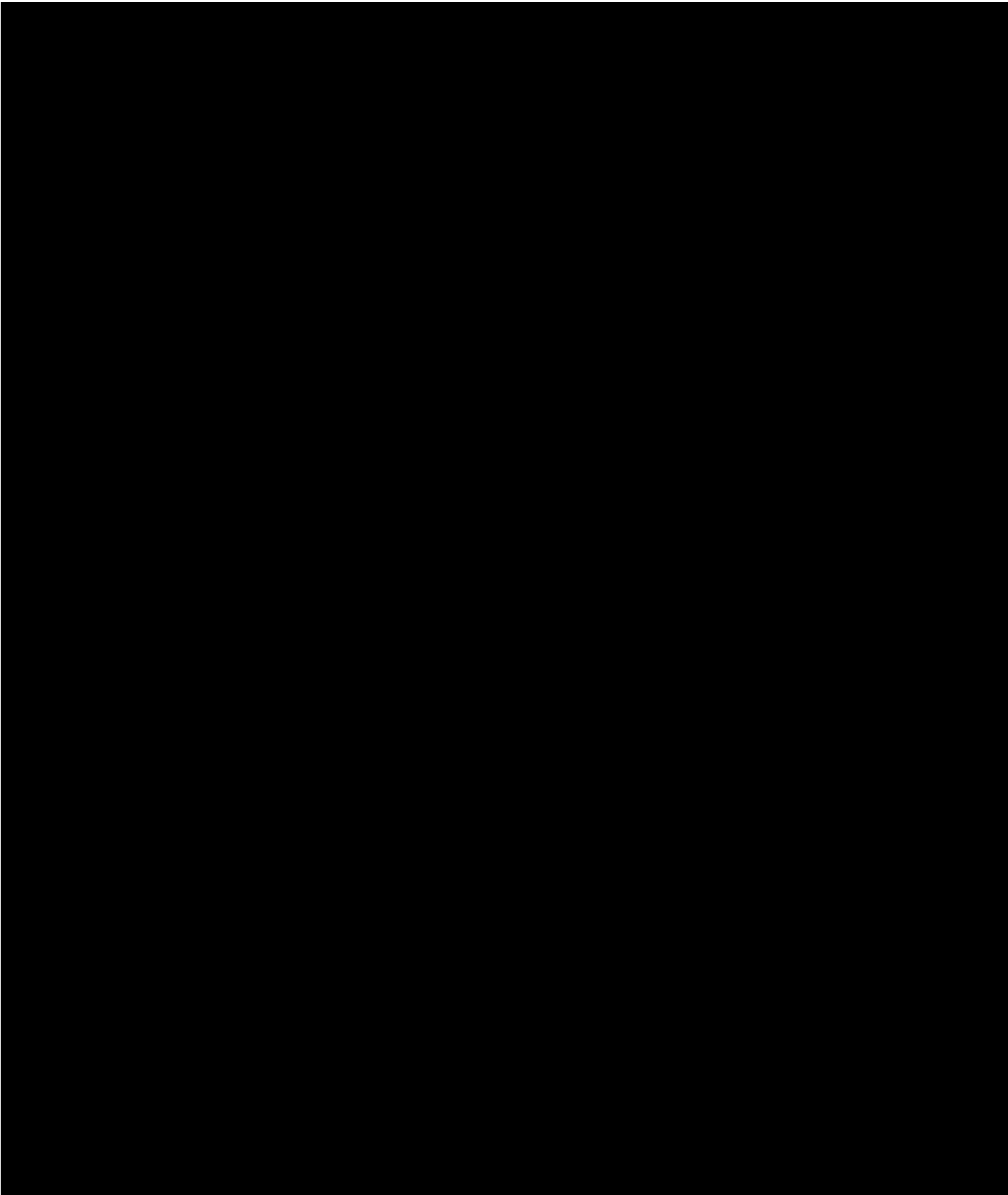
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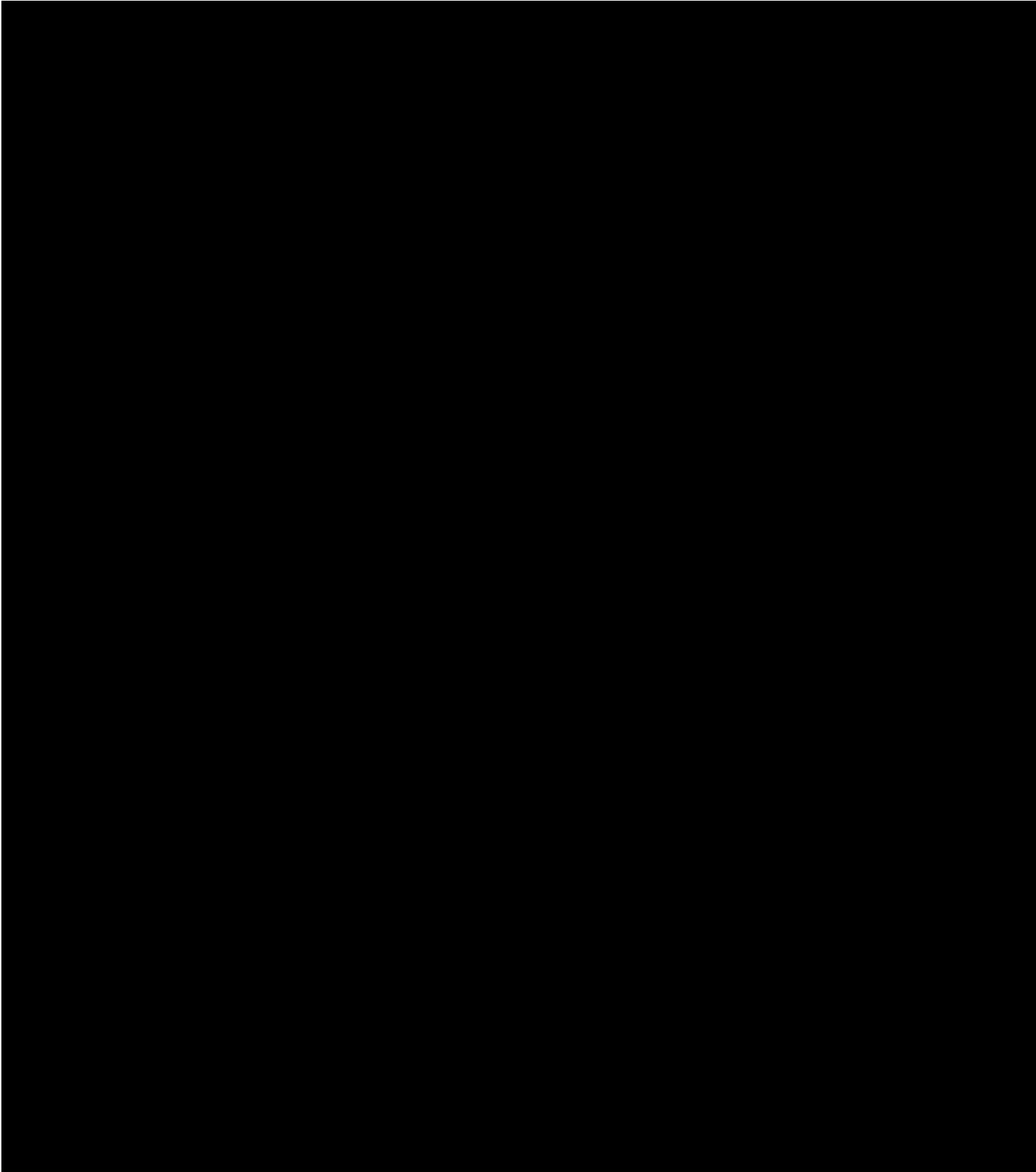
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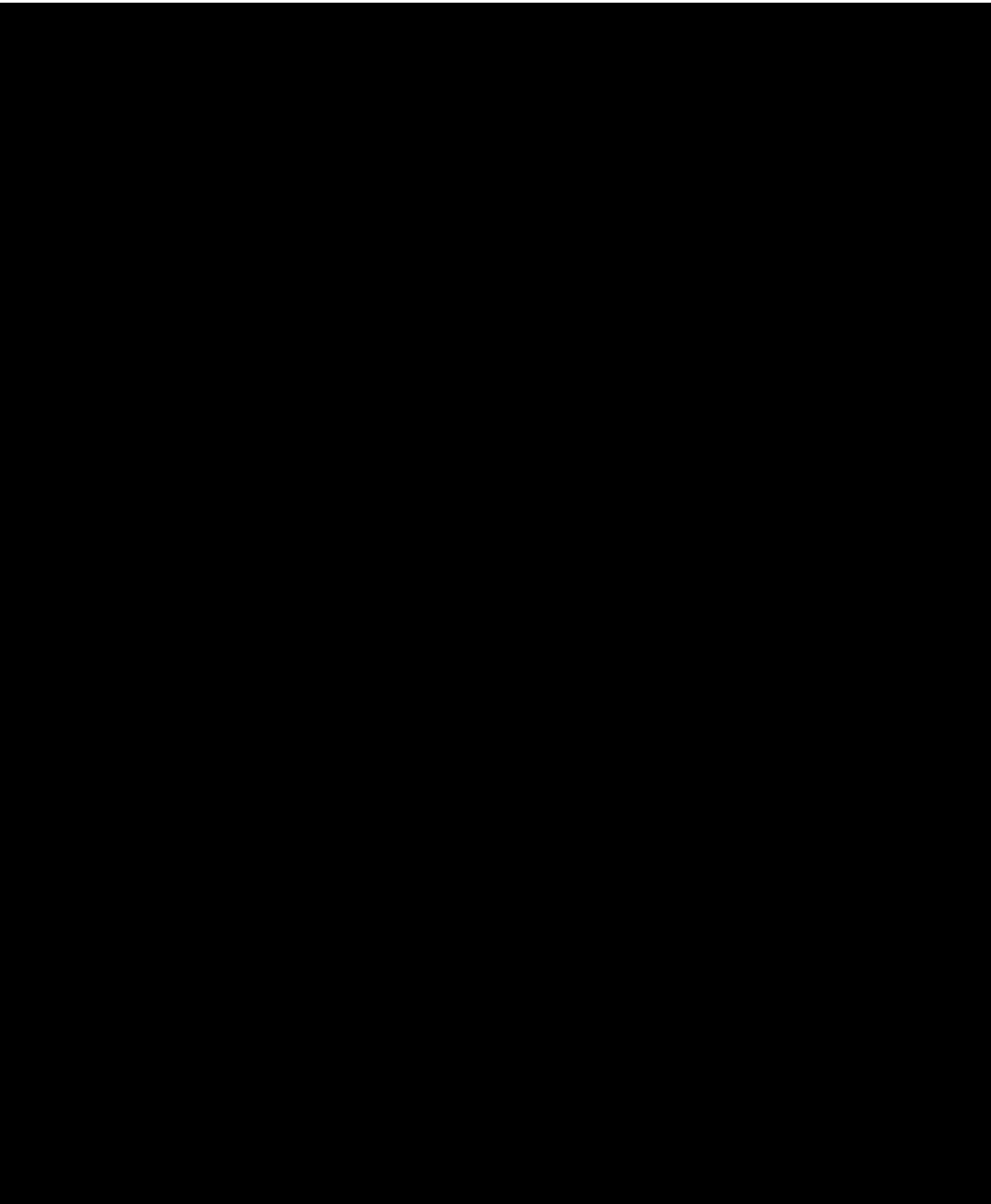
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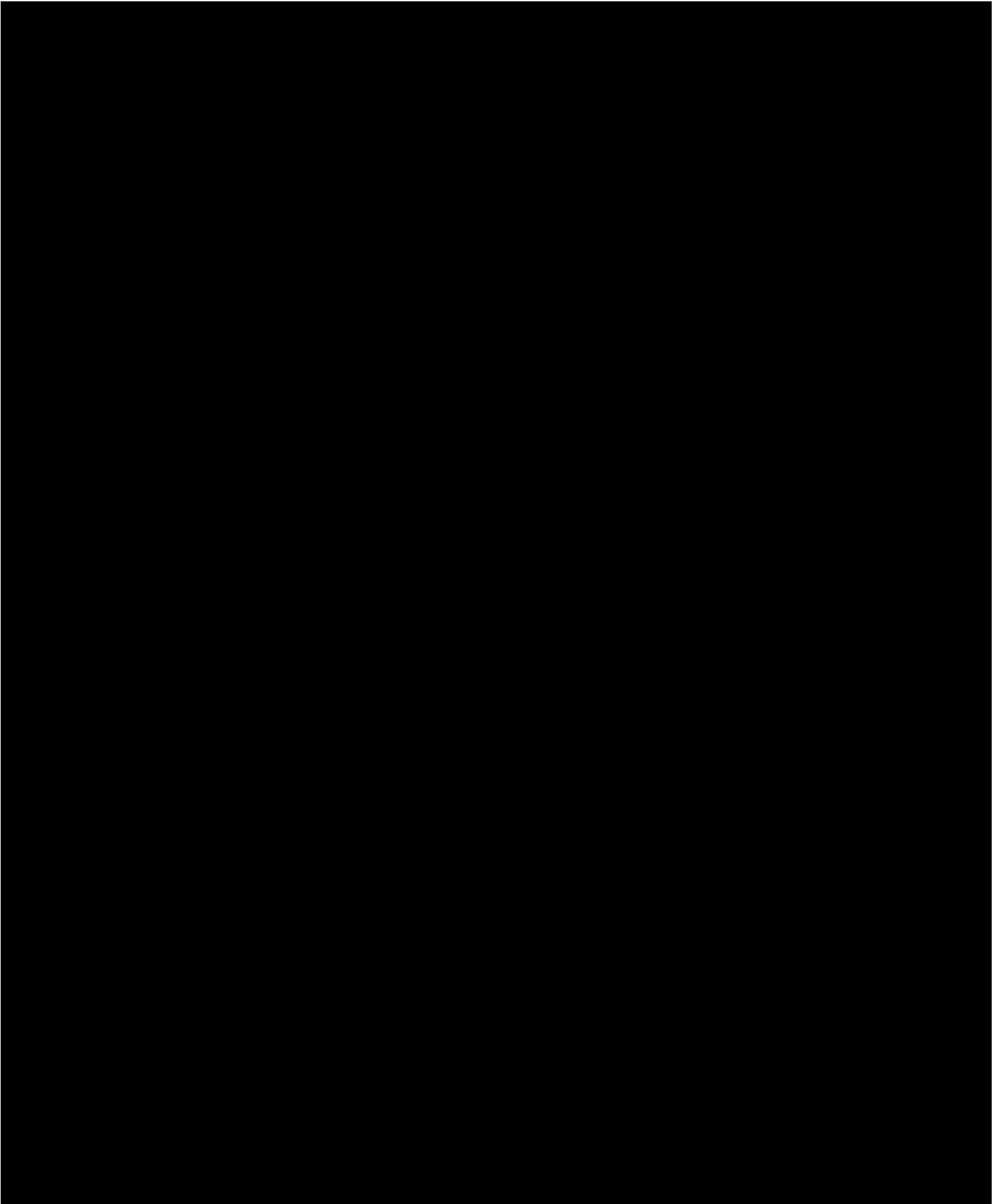
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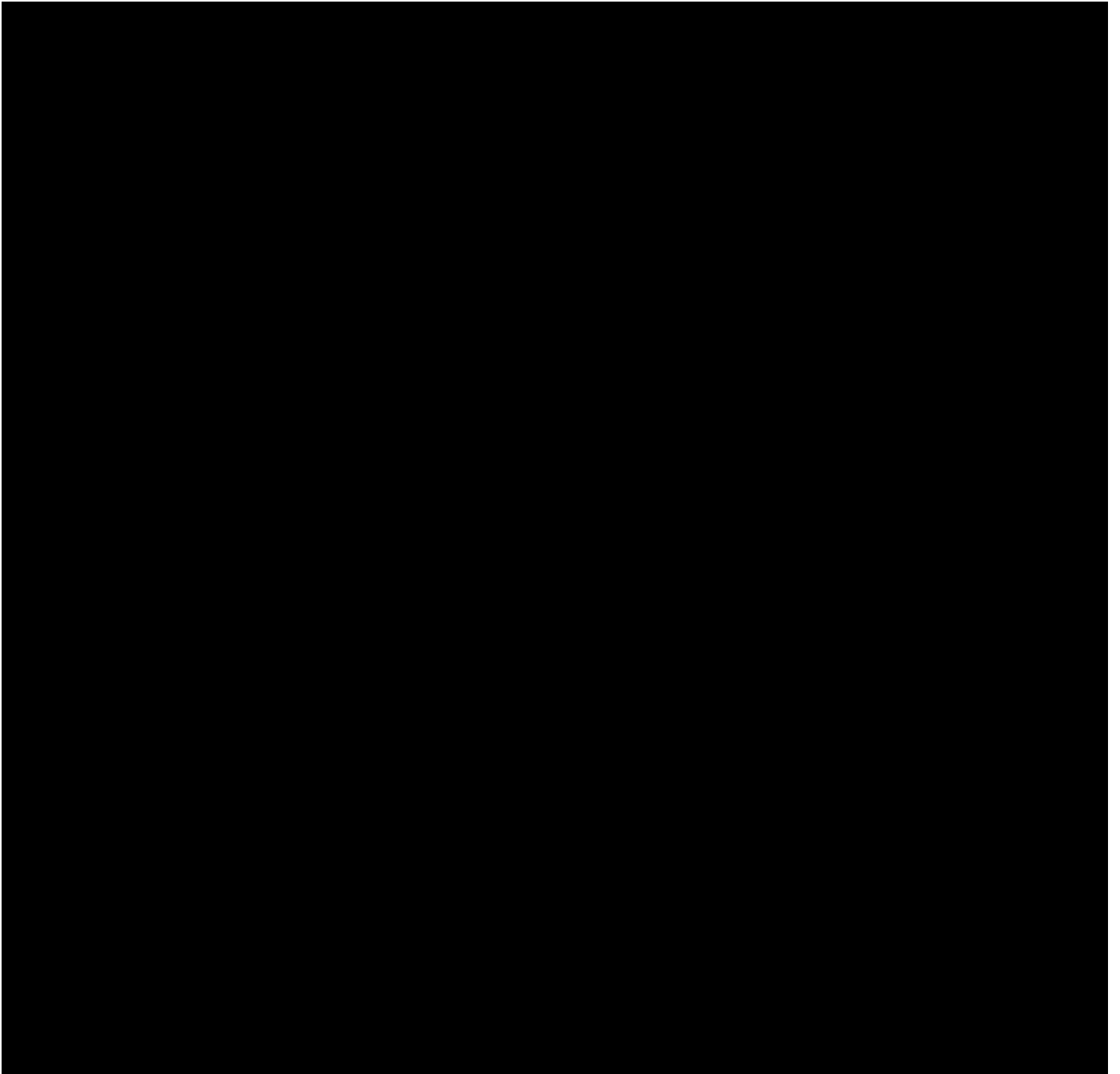


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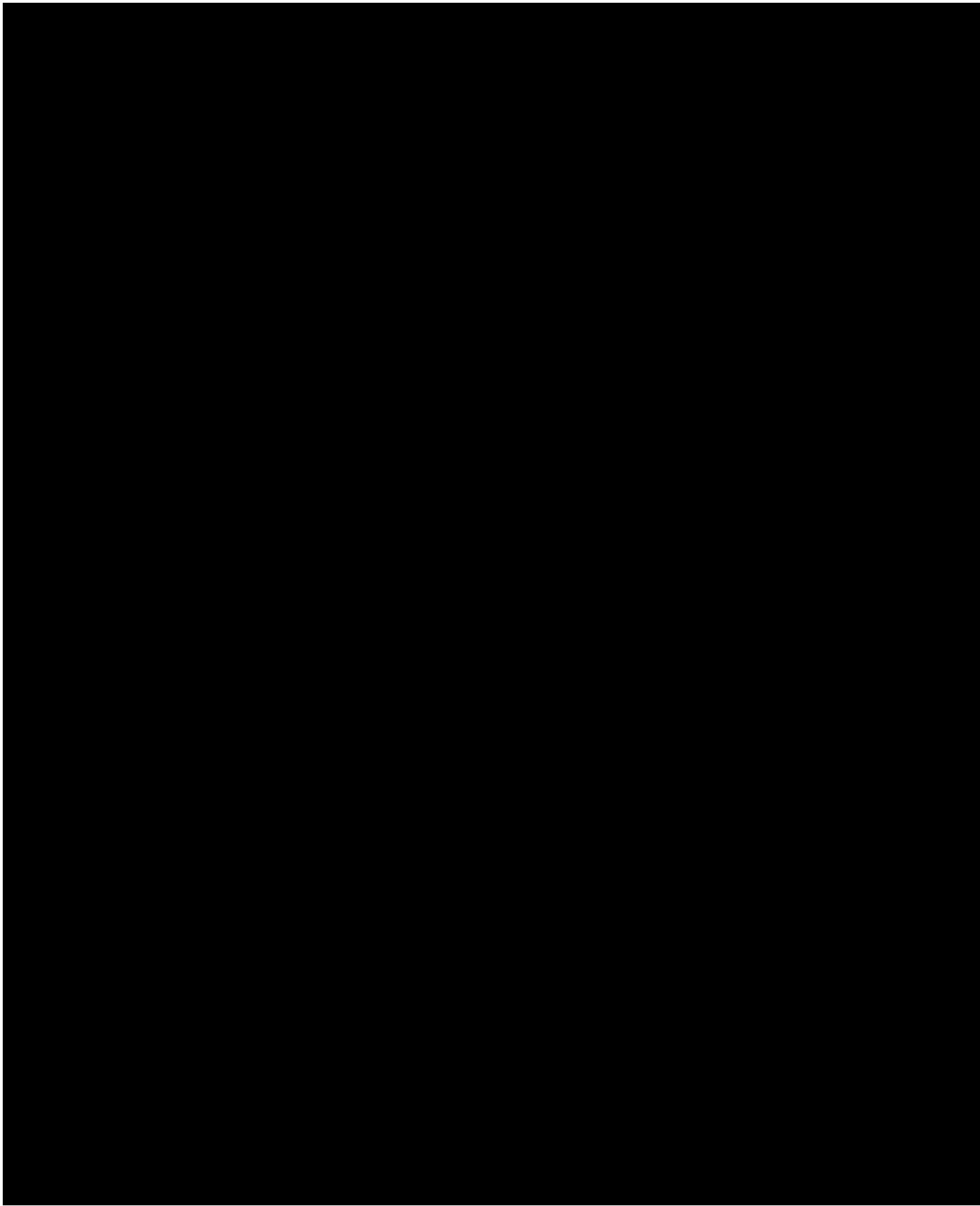


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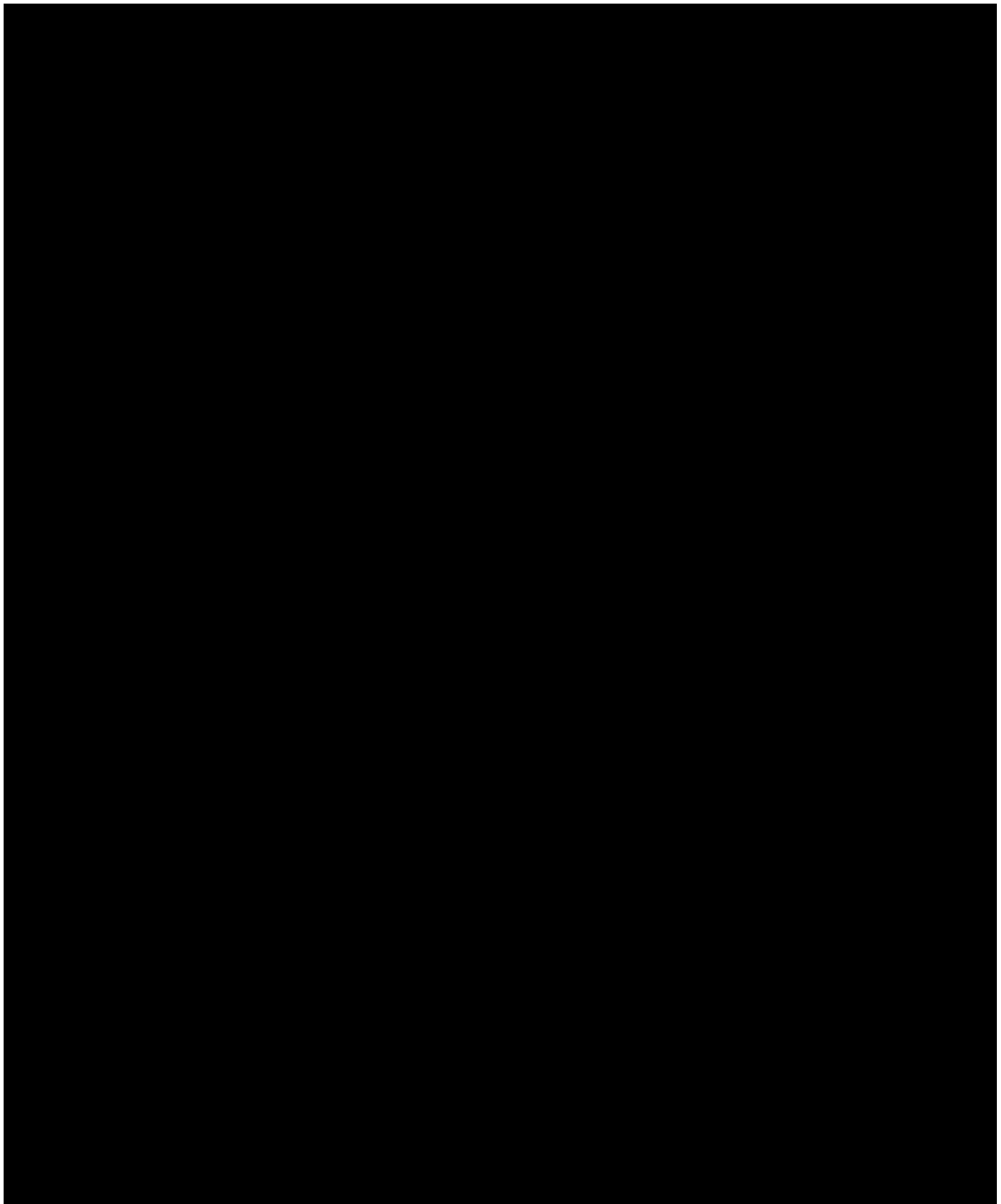




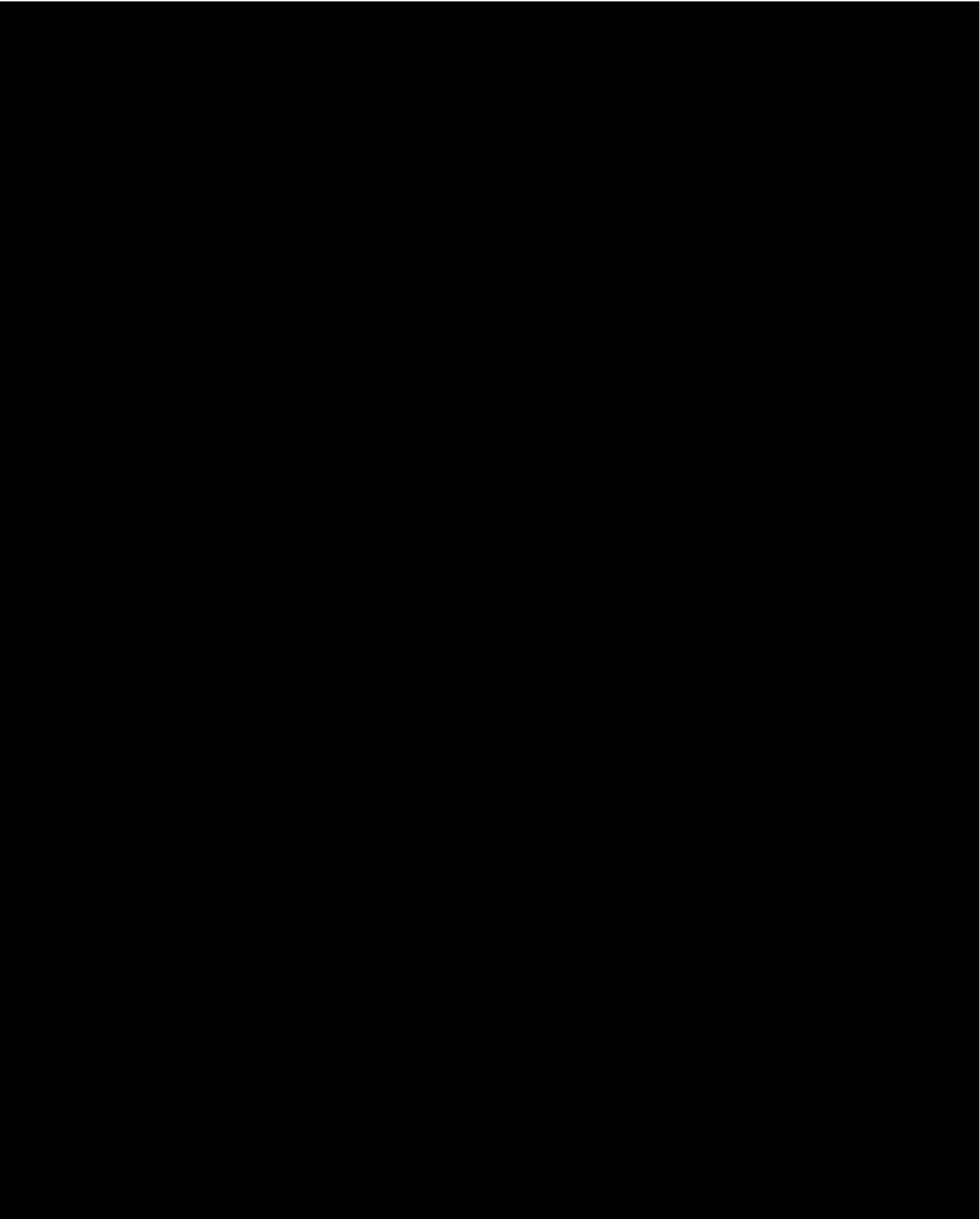
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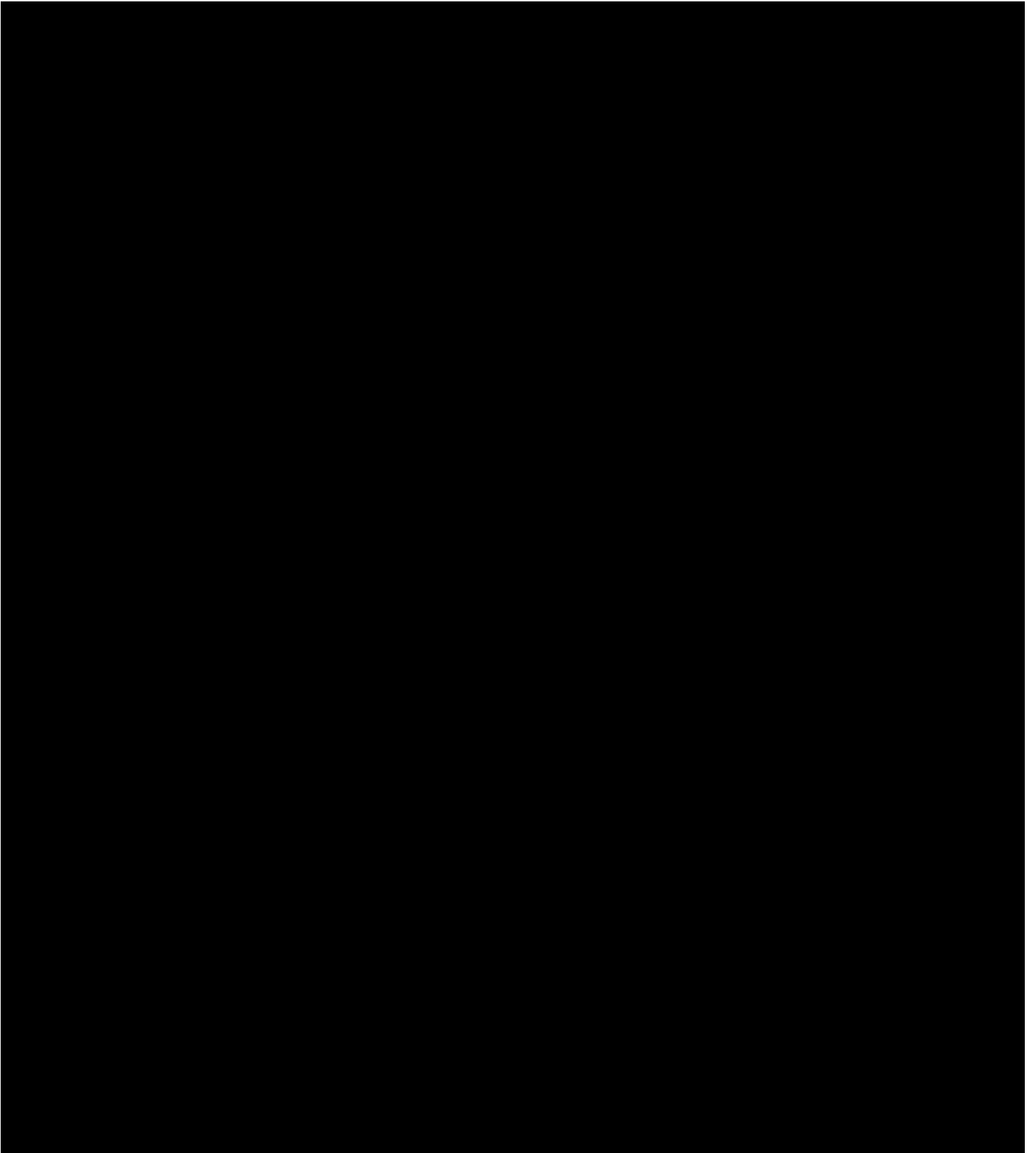
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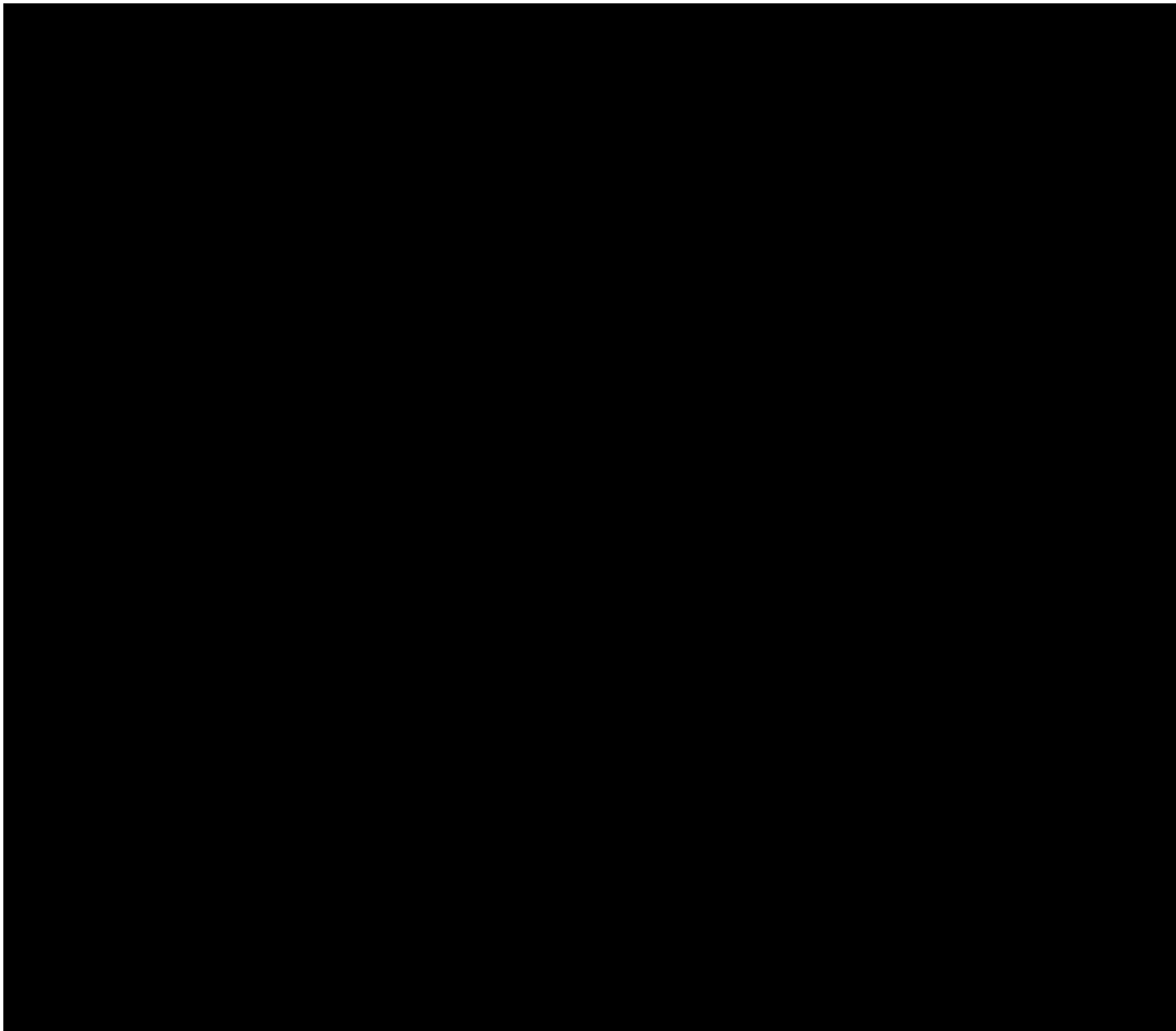
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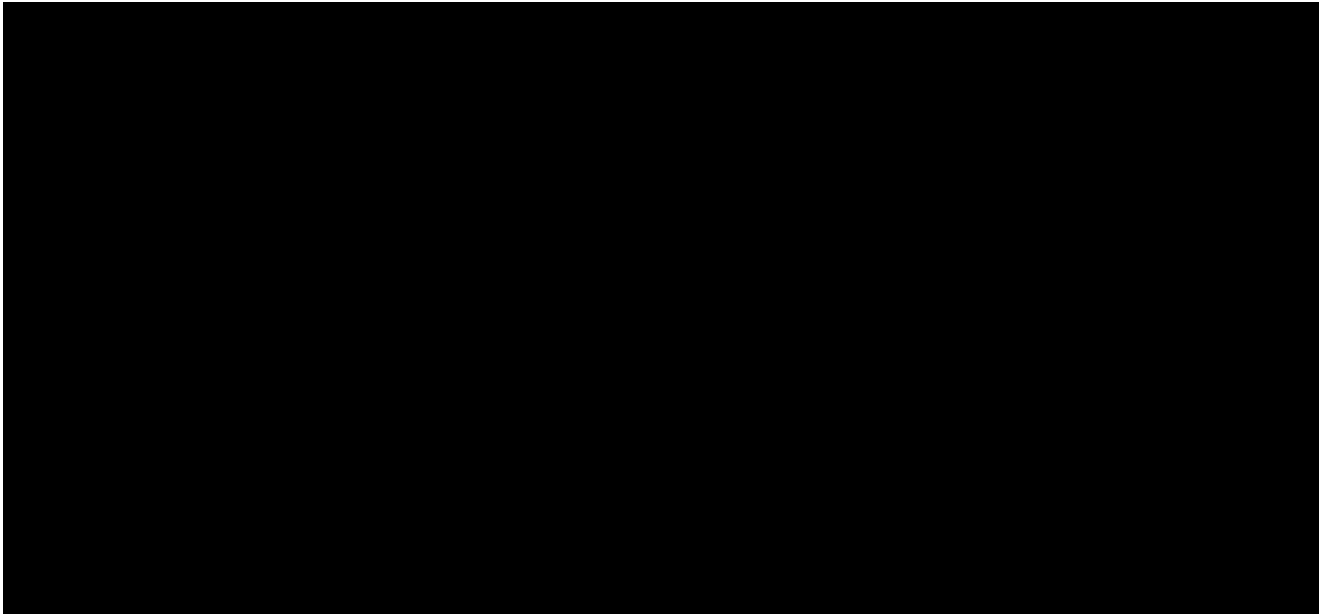


Revision 1.0



Revision 1.0





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*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 15: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

15.1 Receipt of Cannabis

[REDACTED]

[REDACTED]

15.2 Digital Coding of Incoming Cannabis Material

[REDACTED]

[REDACTED]

[REDACTED]

15.3 Inclusion of Secure Transporter's Manifest

[REDACTED]

[REDACTED]

15.4 Incoming Cannabis Logs in Statewide-Seed-to-Sale Tracking System

[REDACTED]

[REDACTED]

15.5 Packaging and Labeling for Secure Transport

Medical cannabis products will be appropriately packaged as soon as the products finish required quality control processes at the end of the production line. This applicant will adhere to the rules and regulations for Packaging and Labeling medical cannabis set forth at r. 538-x-6-.05. Product packaging will:

- be child-resistant
- be tamper-evident
- identify the Processor and type of product
- not be attractive to minors
- be designed to minimize appeal to children
- not contain any false statement or statement that advertises health benefits or therapeutic benefits of medical cannabis

[REDACTED]

15.6 Identification Information on Outgoing Batches and Containers

[REDACTED]

[REDACTED]

15.7 Documentation of Outgoing Cannabis

[REDACTED]

[REDACTED]

15.8 Outgoing Cannabis Logs in Statewide-Seed-to-Sale Tracking System

[REDACTED]

[REDACTED]

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 16: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



12/29/2022

Signature of Verifying Official

Verification Date

16.1 Facility Name and Type

Facility Name: Arbor Vita Care, Inc.

Facility Type: Processing Facility

16.2 Physical Address and GPS Coordinates of the Facility

15 Copeland Drive

Phenix City, AL 36870

GPS Coordinates: 32°29'55.7" N -85°03'10.5" W

16.3 Aerial Photograph of the Facility



16.4 Proof of Authorization to Occupy the Property

The applicant currently leases the facility located at 15 Copeland Drive, Phenix City, AL 36870. A copy of the lease agreement is attached, titled "Lease Agreement_Attachment to Exhibit 16 Section 4".

16.5 Proof of Local Zoning

Phenix City government officials approved an amendment to the city's Code of Ordinances (Ordinance No. 2022-14) on 15 November 2022 authorizing the operation of medical cannabis dispensing sites within the corporate limits of the city. The applicant reached out to economic officials with Phenix City seeking support for potential operations of a medical cannabis processing facility. This applicant has received said support and has included both the ordinance and written statement as attachments, titled "Phenix City Ordinance_Attachment to Exhibit 16 Section 5". The letter of support is attached in Exhibit 8.

16.6 Professionally Rendered Blueprint

The blueprint for the facility for this applicant is attached and titled "Blueprint Arbor Vita Care Inc_Attachment to Exhibit 16, Section 6".

16.7 Timetable for Completion and Commencement of Operations

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

■ commence operations within 30 days after receiving the license and reach full capacity no later than 90 days after licensure. These timetables will depend on receiving an approved inspection from the state.

16.8 Facility Access

The Arbor Vita Care, Inc. processing facility will not be open to the public. Any non-employee (contractor, vendor, inspector, etc.) must follow visitor guidance as set forth in the company's Standard Operating Procedures.

16.9 Hours of Operation and After-Hours Contact

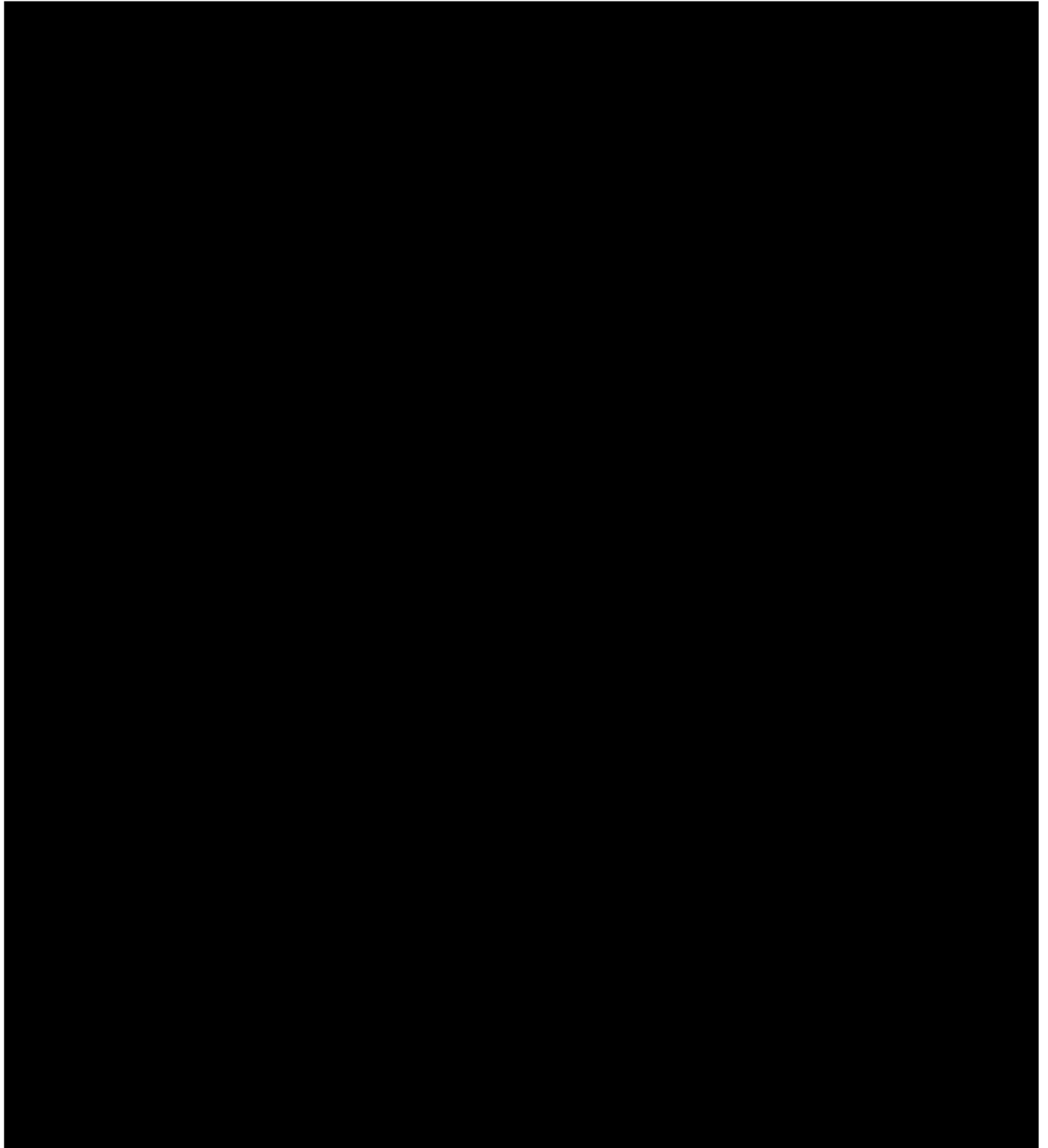
Arbor Vita Care, Inc. plans to operate during the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

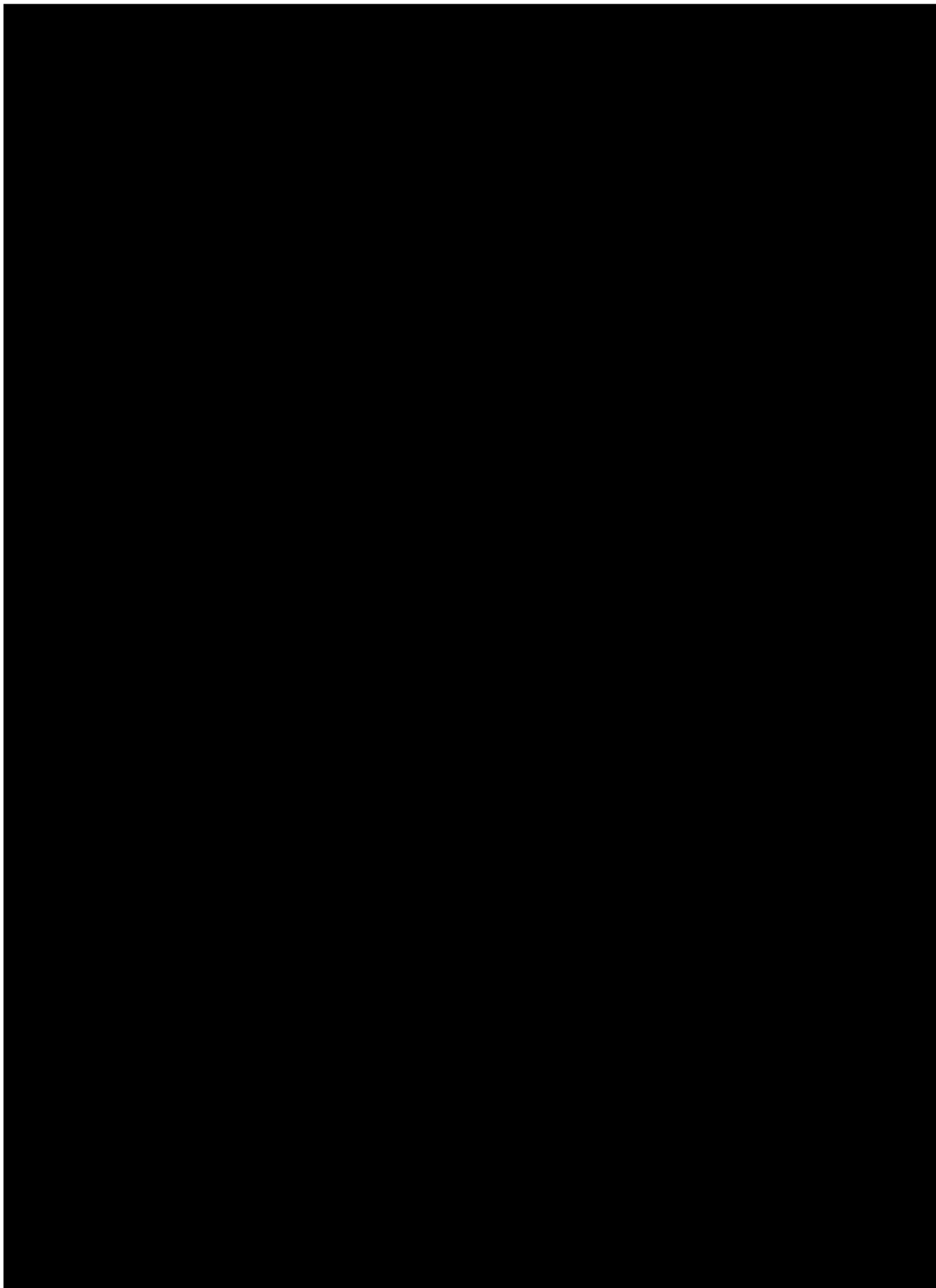
The after-hours contact will be determined upon licensure.

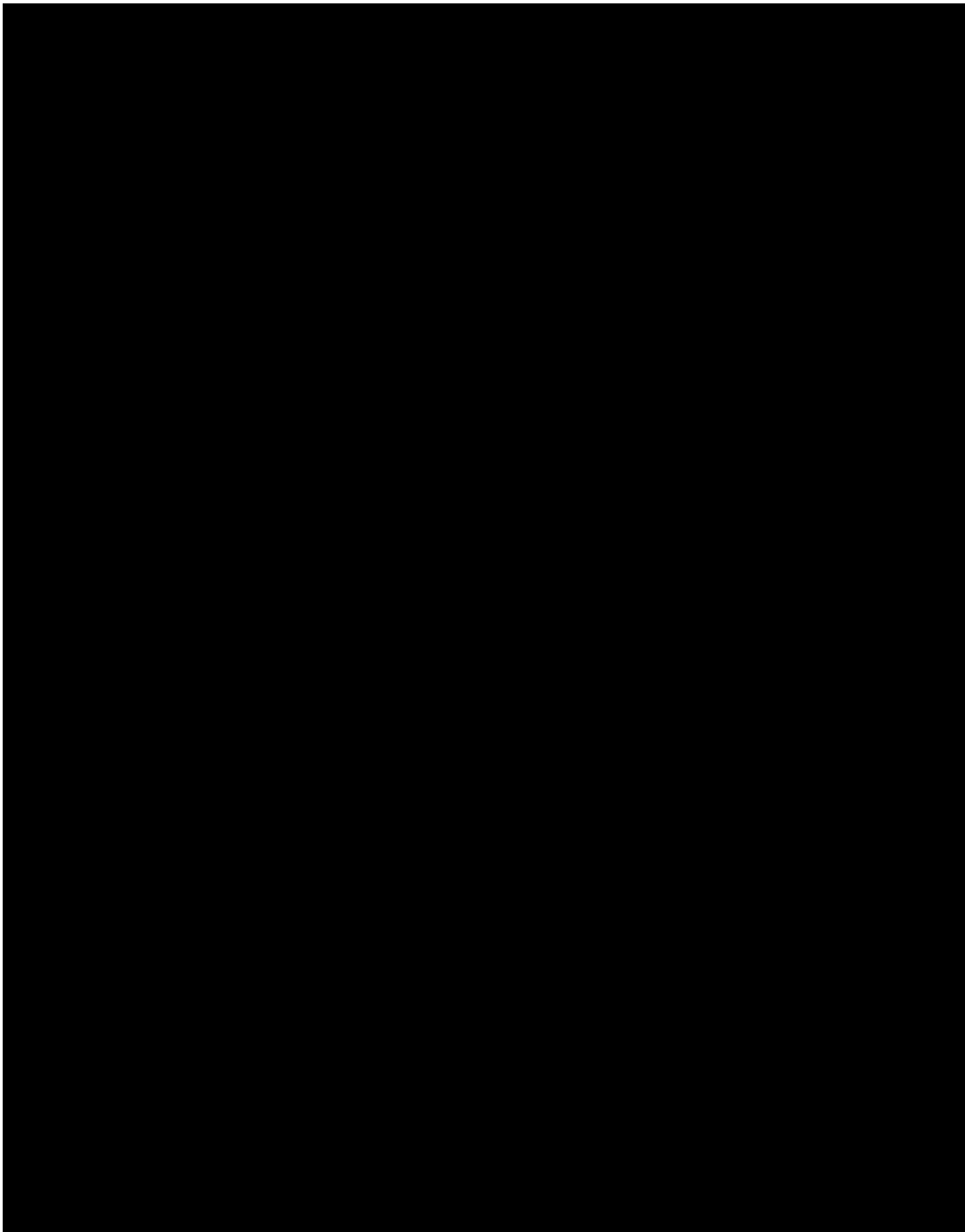
Real Estate Lease

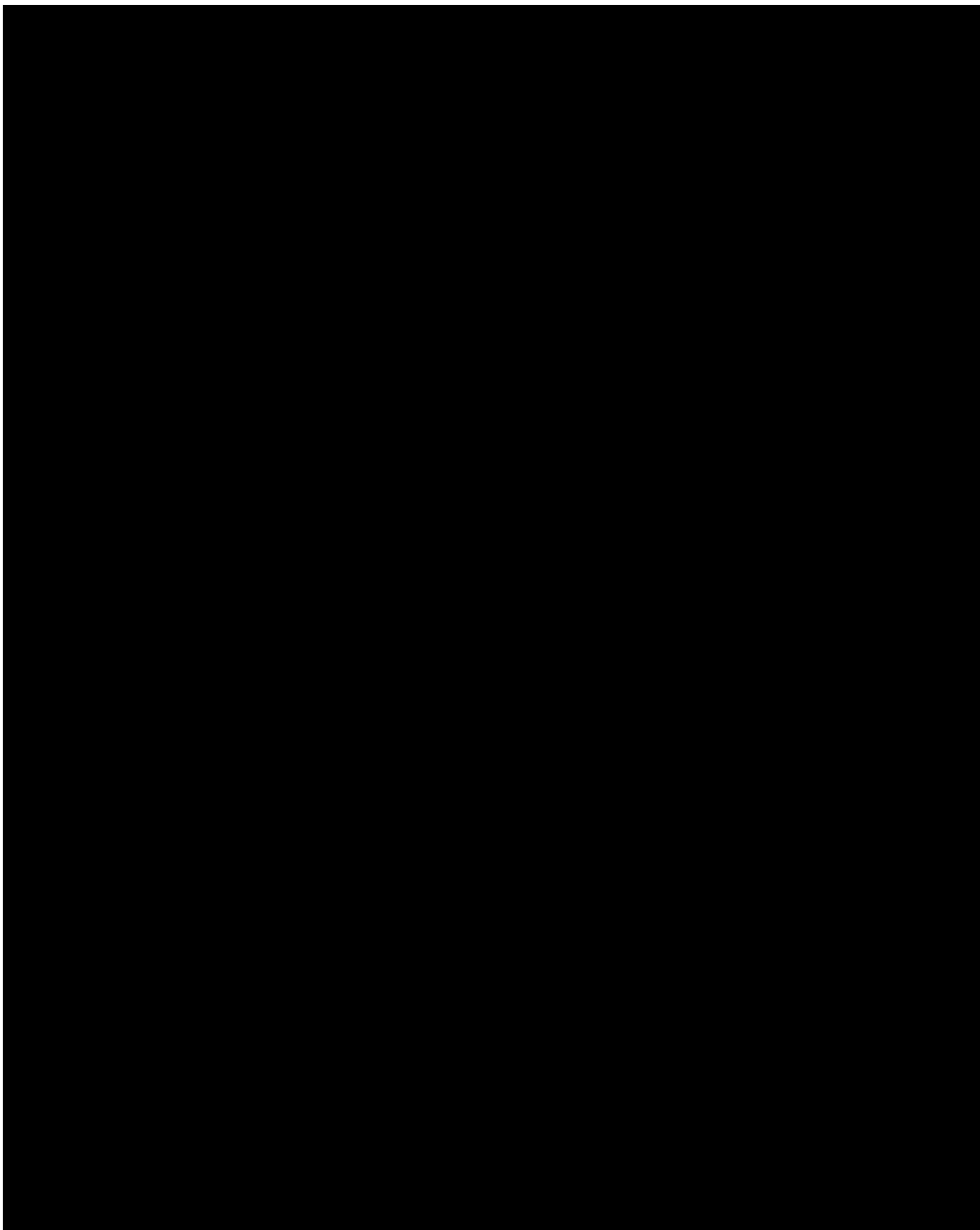
COMMERCIAL LEASE AGREEMENT

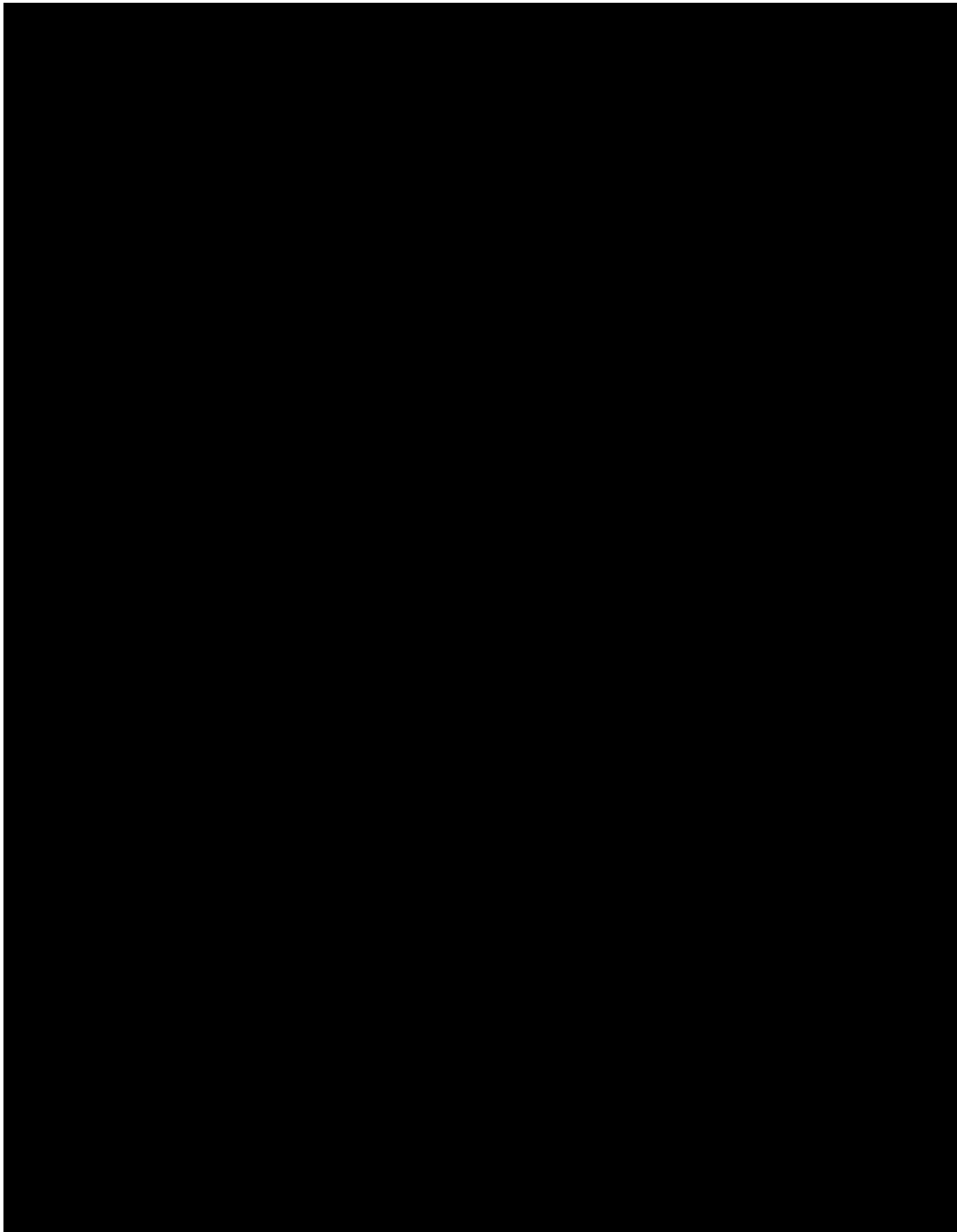
THE PARTIES. This Lease Agreement agreed on December 9 2022 is between:

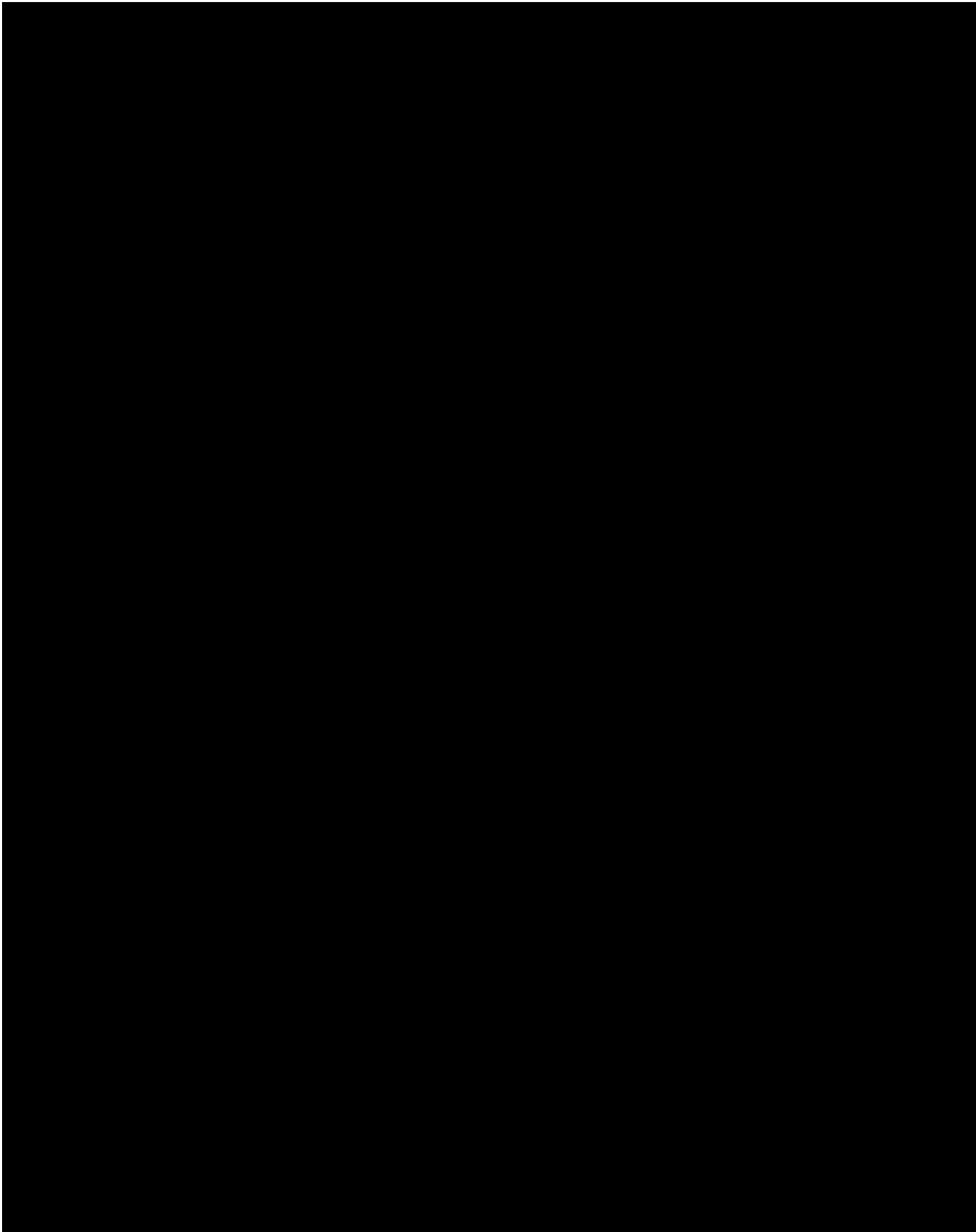


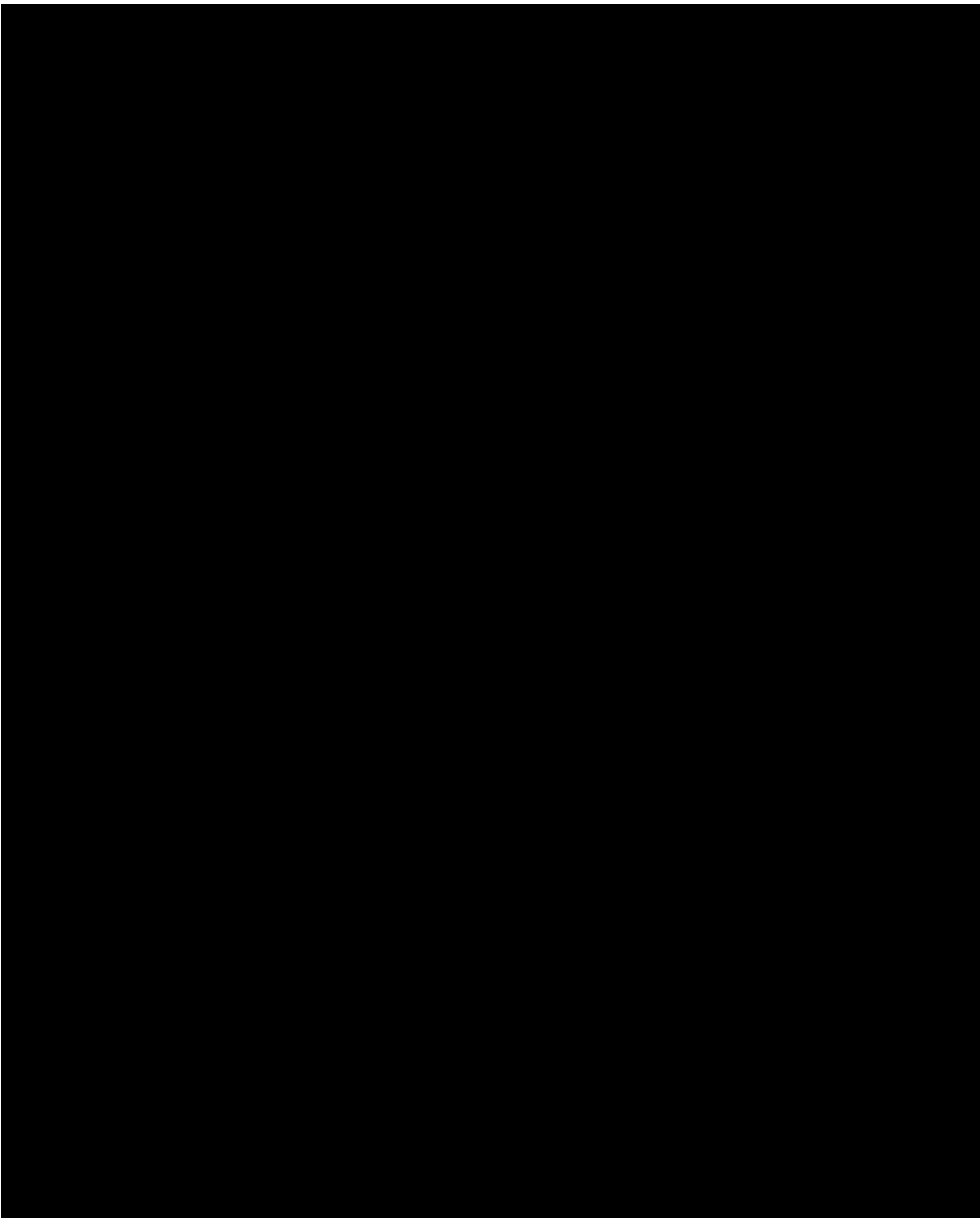








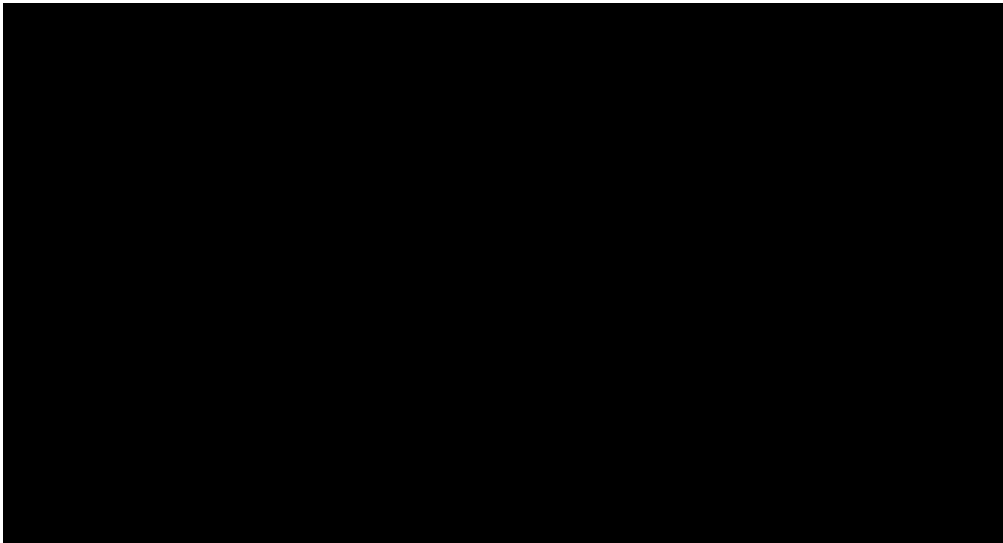






Equipment. This Lease includes equipment, the lessee shall have full rights to equipment.
Schedule A

LESSOR SIGNATURE



ORDINANCE NO. 2022-14

AN ORDINANCE TO AMEND THE CODE OF ORDINANCES OF THE CITY OF PHENIX CITY, ALABAMA, CHAPTER 46 LICENSES, TAXATION, AND MISCELLANEOUS BUSINESS REGULATIONS, AND ADDING ARTICLE XVIII MEDICAL CANNABIS

WHEREAS, in the 2021 Legislative Session, the Alabama Legislature passed Act No. 21-450 (the “Act”) legalizing and creating a regulatory framework for medical cannabis; and

WHEREAS, the Alabama Legislature made a number of findings of fact, including:

“Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions.”

“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 the supervision of a physician licensed in this state.”

“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, the Act authorizes and requires the Medical Cannabis Commission to regulate dispensary operations, thus addressing any health, safety or welfare concerns for the citizens of the City of Phenix City; and

WHEREAS, the Act requires the governing body of any municipality by ordinance to authorize 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 Phenix City thus increasing revenue; and

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


NOW THEREFORE BE IT ORDAINED by the City Council of the City of Phenix City, Alabama, that Chapter 46 Licenses, Taxation, And Miscellaneous Business Regulations be amended by adding Article XVIII Medical Cannabis.

BE IT FURTHER ORDAINED, in accordance with Alabama Code §20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act No. 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Phenix City subject to the provisions of Act No. 21-450, any relevant provisions of the *Code of Ordinances* of the City of Phenix City and any applicable zoning restrictions the City of Phenix City may adopt pursuant to §20-2A-51(c)(3), *Code of Alabama*.

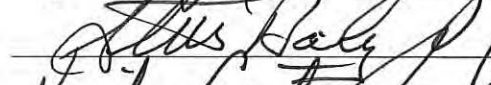
BE IT FURTHER ORDAINED, that any business license or sales tax revenue generated by medical cannabis dispensaries authorized by this Ordinance shall be deposited to the general fund.

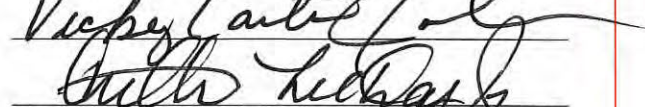
BE IT FURTHER ORDAINED, that this Ordinance shall become effective immediately upon its adoption, approval and publication as required by law.

PASSED, APPROVED AND ADOPTED this 15th day of November, 2022.


MAYOR



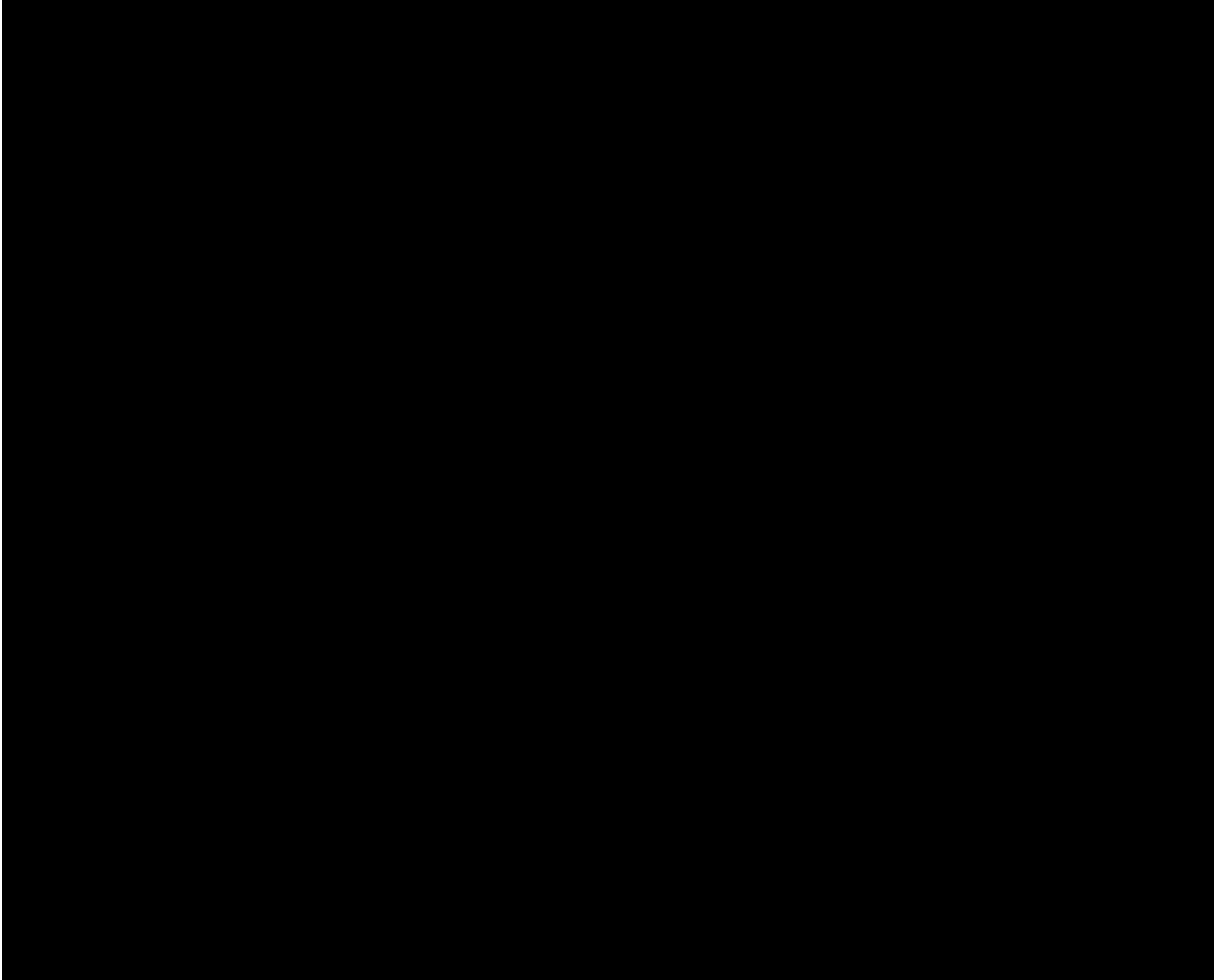


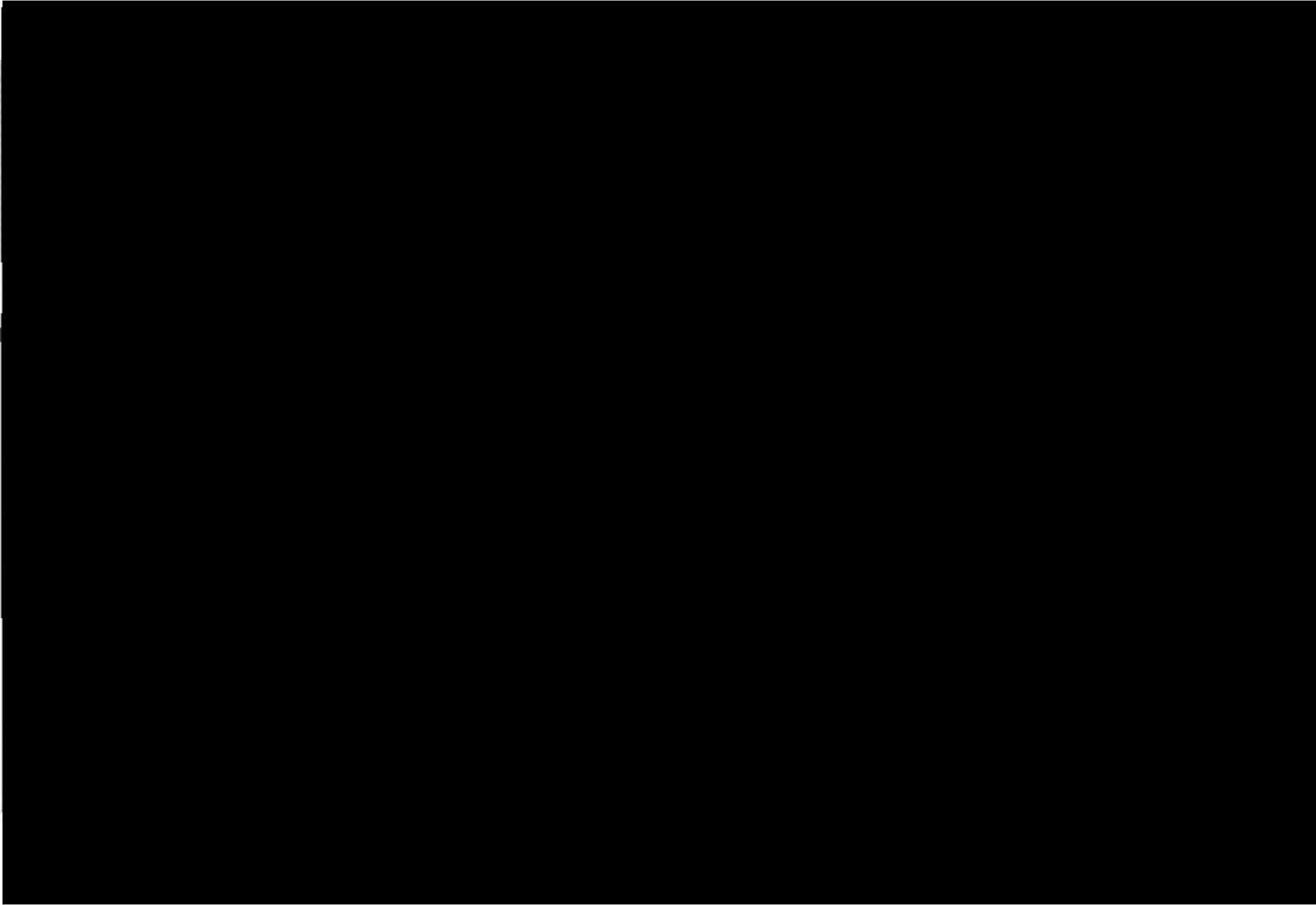



MEMBERS OF THE CITY COUNCIL OF
THE CITY OF PHENIX CITY, ALABAMA

ATTEST:


CITY CLERK





REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 17: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



12/29/2022

Signature of Verifying Official

Verification Date

17.1 Alarm Systems

[Redacted text block for 17.1 Alarm Systems]

17.2 Panic and Hold-Up Alarms

[Redacted text block for 17.2 Panic and Hold-Up Alarms]

17.3 Broadcast Communication Devices

[Redacted text block for 17.3]

17.4 Audio/Video Surveillance System

[Redacted text block for 17.4]

[REDACTED]

17.5 Perimeter and Outdoor Premises

[REDACTED]

[REDACTED]

17.6 Exterior Doors

[REDACTED]

[Redacted text block]

17.7 Exterior Walls

[Redacted text block]

17.8 Security Staff

[Redacted text block]

[REDACTED]

17.11 Employee Identification Badges

[REDACTED]

17.12 Visitor Badges

As a visitor, as previously defined above, signs into the Arbor Vita Care visitor log, he/she will receive a company issued “visitor pass” to wear while on the premises. Like the employee identification, visitor passes should be worn in a visible location. If the visitor is an AMCC member or state inspector, an “AMCC Official” or state-issued ID badge will suffice for identification.

17.13 Theft, Diversion, Loss of Cannabis Reporting Policies

[REDACTED]

[REDACTED]

17.14 AMCC Access

Arbor Vita Care, if awarded a Processor license, guarantees that the Commission and/or its inspectors will have access to all information relating to the company’s security plan. This includes 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, and any other security related information deemed relevant.

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 18: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



Signature of Verifying Official

12/29/2022

Verification Date

This applying entity currently has two listed employees, [REDACTED]

[REDACTED]

We believe in a strong relationship with the community in which we operate. Our community engagement plan includes hiring local for the facility operations. At the time of submitting this application, we are in the process of vetting persons to potentially fill all other positions that we have listed in our organizational chart, aside from the General Manager and Operations Manager positions. [REDACTED]

[REDACTED]

[REDACTED] All future employees MUST undergo a pre-employment background check through the state of Alabama, prior to onboarding.

The required Form G for this exhibit is attached, titled as "FORM G PERSONNEL ROSTER_Attachment to Exhibit 18".

FORM G: PERSONNEL ROSTER & VERIFICATION

Arbor Vita Care, Inc.

Business License Applicant Name

Processor

License Type

Complete the following information, current to within thirty (30) days prior to the date of application, for all personnel (each leader and employee) affiliated with the Applicant. Attach additional forms if necessary.

Justin Jeffries

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Austin Chandler

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

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Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

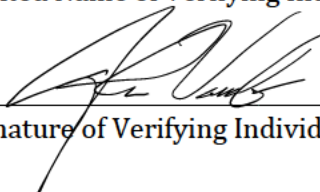
Zip

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate roster of personnel of the Applicant. The undersigned further verifies that, if the Applicant is issued a business license, each individual listed hereinabove (and attached, as necessary) will be registered to the AMCC website and will undergo appropriate pre-employment background checks.

John Vavalo

Printed Name of Verifying Individual

Signature of Verifying Individual



Chairman

Title of Verifying Individual

12/29/2022

Verification Date

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 19: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

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[Redacted text block]

[Redacted text block]

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[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

19.2 Explanation of Role of Each Leader, Scientist, or Engineer

[REDACTED]

19.3 Five-Year Hiring Plan for Leaders, Scientists, and Engineers

The applicant plans to expand its staff to approximately [REDACTED] in the next five years. The focus will be adding expertise to produce the best products possible for the patients of Alabama.

Our plan is to add the following functions over the next 5 years:

1. [REDACTED]

2.

[Redacted text block]

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 20: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

This applicant has drafted an Employee Handbook that will be used for all employees upon hiring and for their duration of employment with the company. This Handbook contains information about the applicant's values, to include personnel safety and crime prevention policies. The version included as an attachment to this Exhibit is Version 1.0 and will more than likely be altered upon commencement of operations to include any further guidance and requirements from the Alabama Medical Cannabis Commission.

This Employee Handbook and the company's Standard Operating Procedures go hand in hand to ensure the safest work environment for all employees and the production of the highest quality medical cannabis product for Alabama's medical patients.

The Handbook is attached to this exhibit, titled "Employee Handbook Arbor Vita Care Inc_Attachment to Exhibit 20".

Arbor Vita Care, Inc. Employee Handbook

Version 1.0

Current as of December 27, 2022

[Redacted text block]

[Redacted text block]

[Redacted text block]

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[Redacted]

[Redacted]

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 21: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

21.1 Ensuring Quality Products

Quality and safety are of the highest importance in producing approved medical marijuana products for the qualifying patients. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

21.2 Quality Control and Testing

[Redacted]

[Redacted]

- [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted text block]

[Redacted text block]

[Redacted text block]

21.3 Failed Test Samples Plan

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 22: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



12/29/2022

Signature of Verifying Official

Verification Date

22.1 Provisions for Notification of an Adverse Event

Adverse events are a risk in the processing of any consumer/patient product. They can be in the processing/production phase of a product or may come after the product has been distributed to the patient. While adverse events may not always warrant a recall, this applicant takes all issues seriously and follows a strict, detailed standard operating procedure for adverse events and recalls. In the event that an adverse event is brought to the attention of any employee or manager, the Quality Control Manager, or acting recall coordinator will immediately initiate the applicant's Adverse Events and Recall Program.

22.2 Factors Leading to a Recall

Adverse events must be reported to the Quality Control Manager and the Adverse Events and Recall Program initiated immediately. If the event is deemed serious enough, a recall will be initiated.

An [REDACTED]

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22.3 Recall Process Team

[REDACTED]

22.4 Personnel Safety

[REDACTED]

22.5 Notification Protocols

[Redacted text block]

[Redacted text block]

[Redacted text block]

22.6 Return, Remediation, and Destruction Processes

[Redacted text block]

[Redacted text block]

[REDACTED]

22.7 Crisis Response and Mitigation Procedures

Part of the initial recall notification process is reaching out to the Alabama Medical Marijuana Commission. The QC Manager/Recall Coordinator must alert the Commission of what product/material is in question, how many units have been distributed, the provisions that initiated the recall program, and what further steps will be taken. Once the investigation is complete and corrective actions have been taken, the AMCC will be notified again;

[REDACTED]

22.8 Protection and Preservation of Uncontaminated Products

[REDACTED]

[REDACTED]

[REDACTED]

22.9 Investigation and Analysis

[REDACTED]

[REDACTED] w one or more issues, and will help the QC Manager determine what steps to take.

A completed and signed Recall Program Binder is required to close a recall investigation. This binder can be shared with the AMCC at its request. [REDACTED]

[REDACTED]

REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 23: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official



12/29/2022

Signature of Verifying Official

Verification Date

Marketing Objective: [REDACTED]

Tactics:

[REDACTED]

Marketing Objective: [REDACTED]

Tactics:

[REDACTED]

Marketing Objective: [REDACTED]

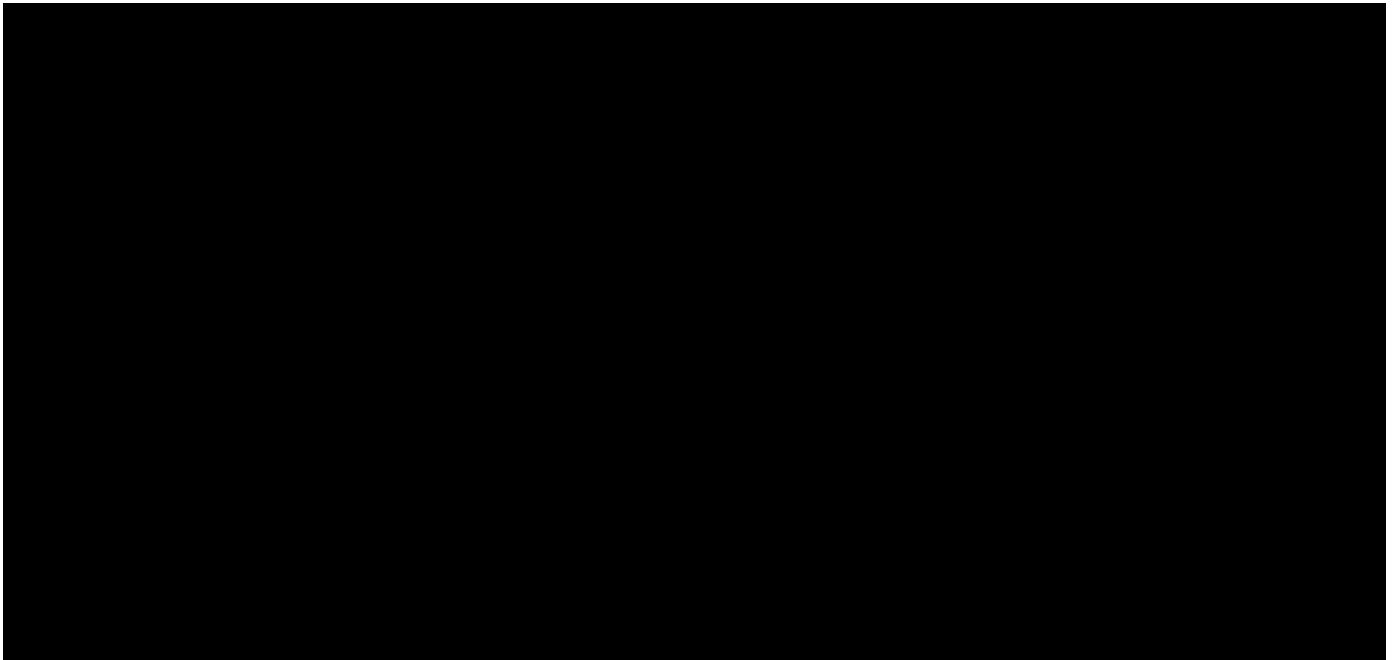
Tactics:

[REDACTED]



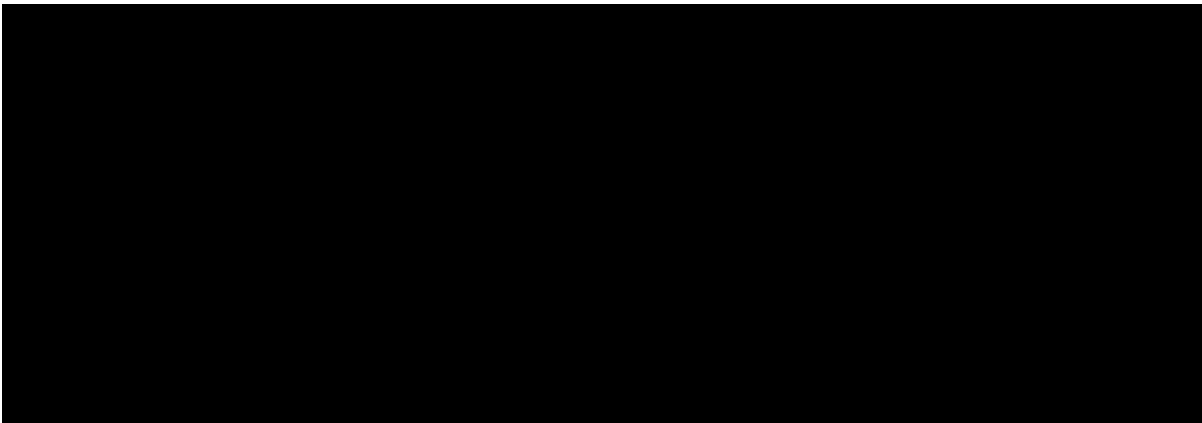
Marketing Objective: 

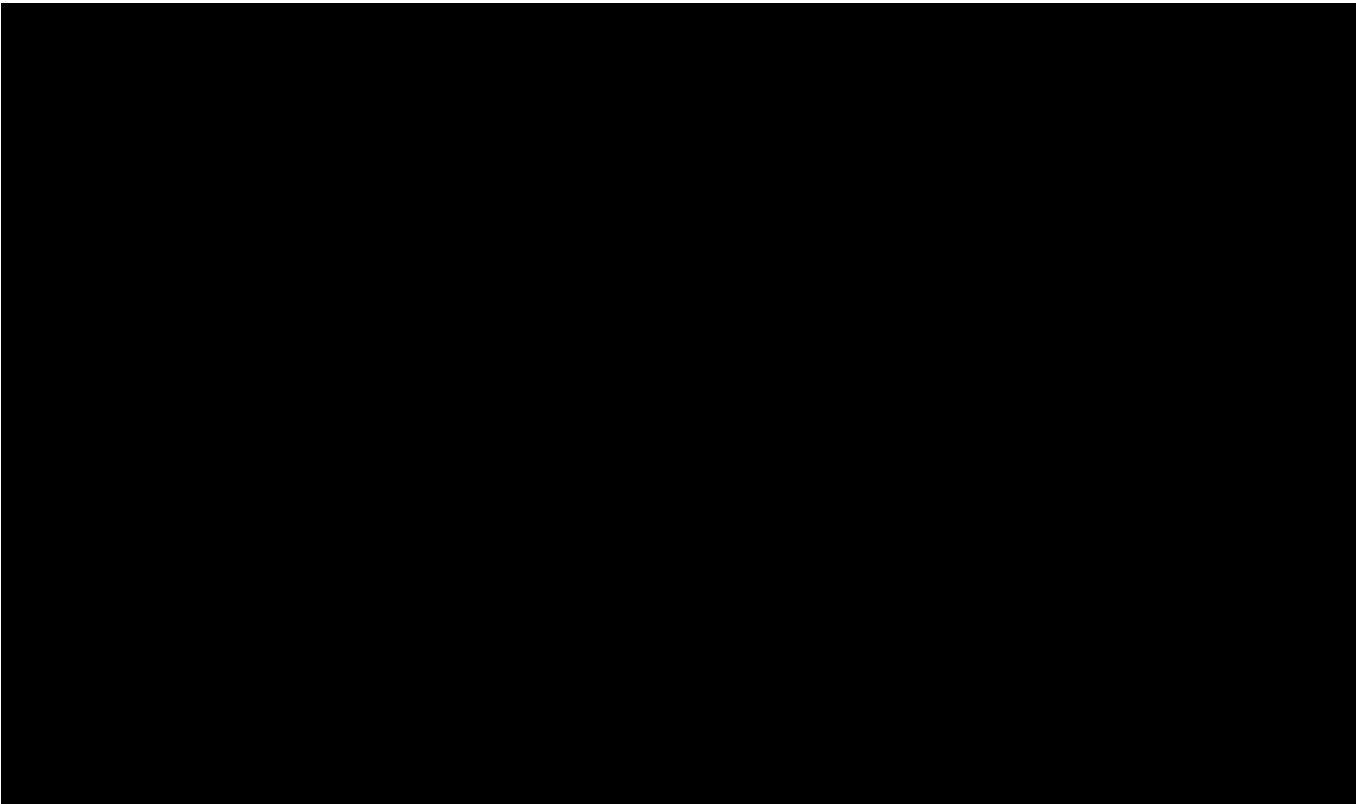
Tactics:



23.1 Proposed Logos, Branding, Messaging, etc.

TAG LINES:





PUBLIC MISSION STATEMENT:

At Arbor Vita Care, our mission is to provide relief and healing to those in need through the use of medical cannabis. We understand that many people are struggling with chronic pain, stress, and other health conditions, and we believe that cannabis can be a natural, effective treatment option.

Our team is dedicated to providing the highest quality medical cannabis products and services, and we are committed to helping our patients find the relief and healing they deserve. If you or a loved one is interested in exploring the potential benefits of medical cannabis, we encourage you to reach out to us for more information.

PUBLIC SAFETY STATEMENT:

At Arbor Vita Care, we are dedicated to providing safe and responsible access to medical cannabis. We understand that marijuana is a powerful and potentially beneficial substance, and we are committed to ensuring that it is used safely and responsibly.

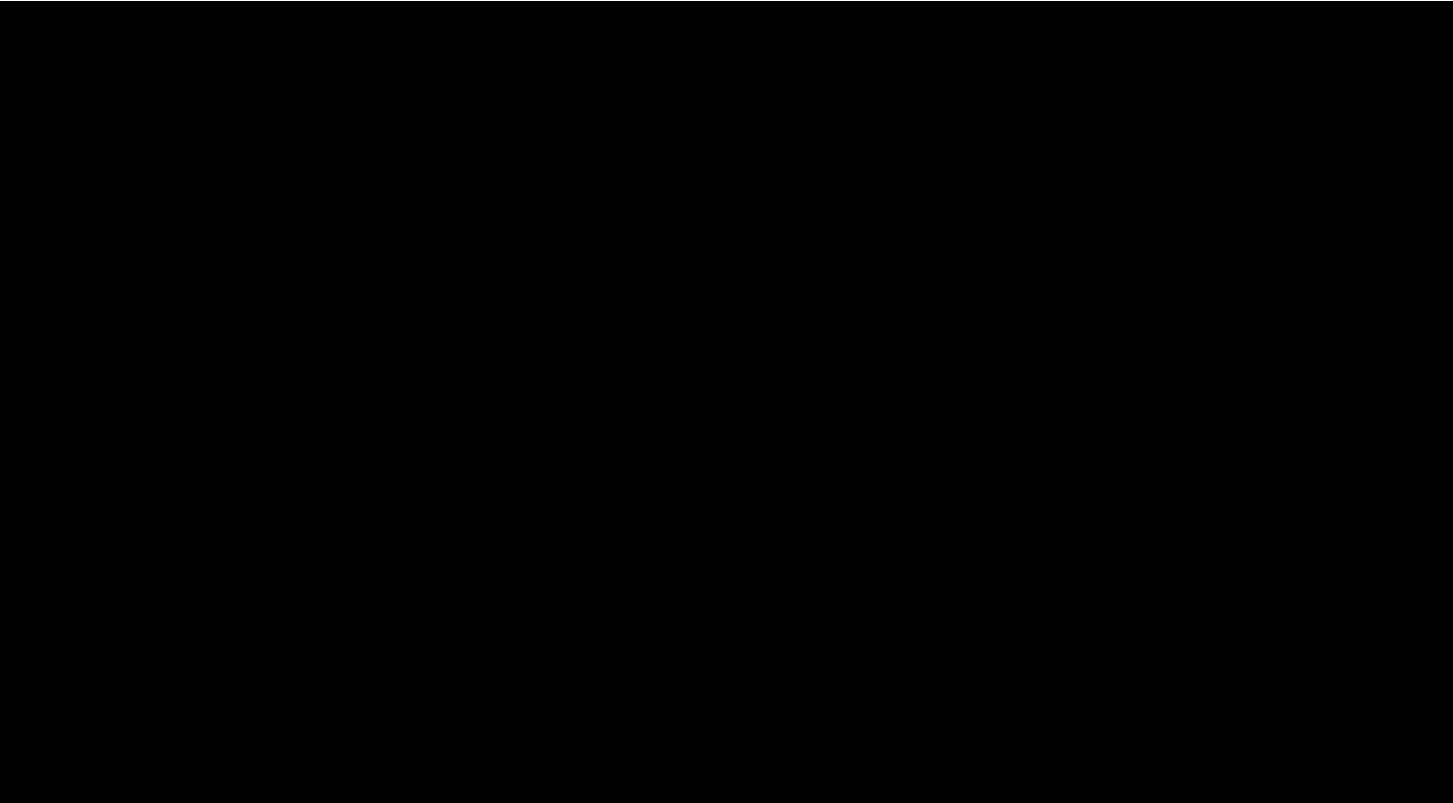
To that end, we have implemented a number of measures to ensure the safety of our products and the well-being of our patients. All of our cannabis is tested by independent laboratories to ensure purity and potency, and we take great care to ensure that our products are handled and stored safely.

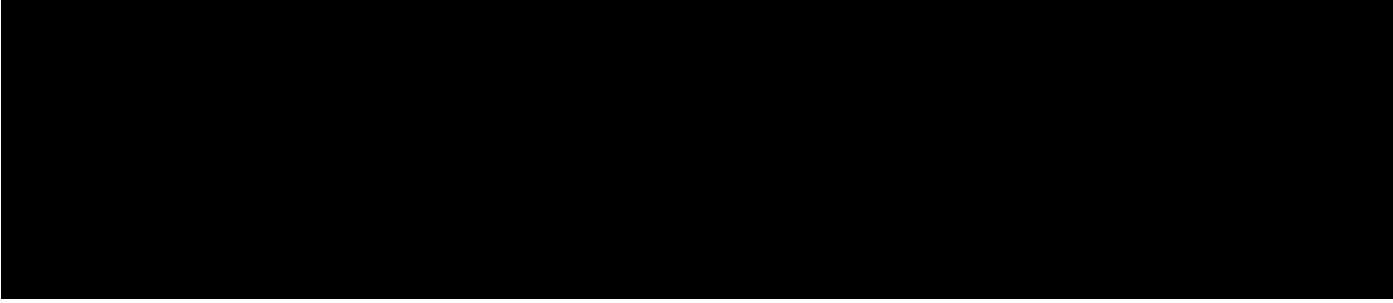
In addition, we provide extensive education and support to our patients to help them understand the safe and responsible use of medical cannabis. This includes information on appropriate dosage, potential side effects, and the importance of following their healthcare provider's recommendations.

We believe that by working together, we can help ensure that medical cannabis is used safely and effectively, and we look forward to continuing to serve our community with the highest levels of care and professionalism.

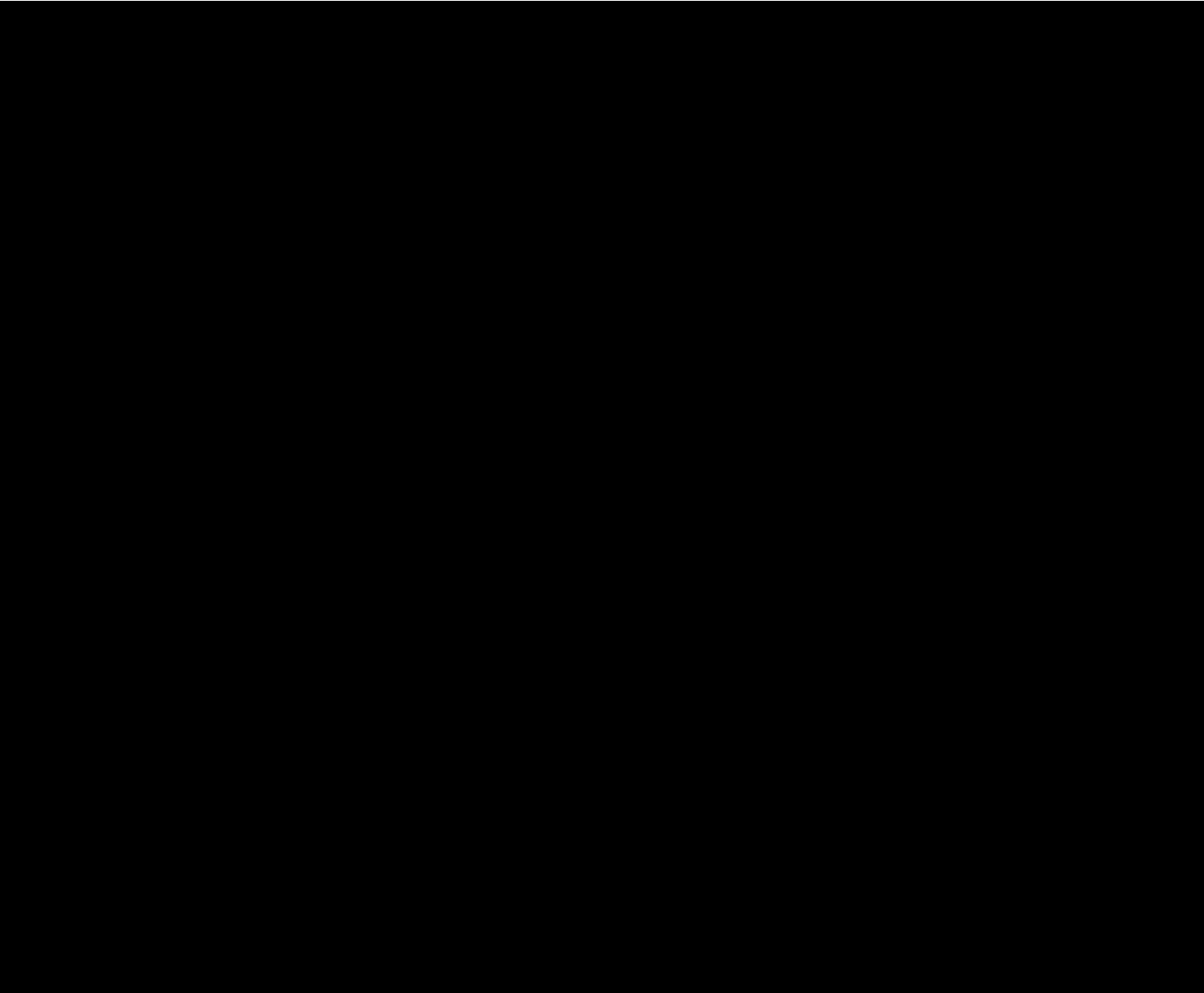
LETTER TO CANNABIS CULTIVATORS AND DISPENSARIES FOR B2B MARKETING:

Dear Cannabis Cultivators and Dispensaries,

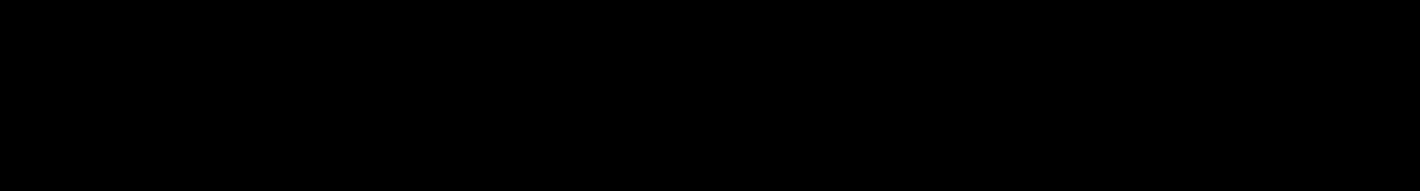




COLD EMAIL TO DISPENSARIES AND CULTIVATORS:



23.2 Media Outlets and/or Platforms Utilized for Advertising



23.3 Contracts, Contract Forms with Media Outlets and/or Third-Parties

NOT APPLICABLE

Reason: We will have an internal marketing department to handle all marketing needs.

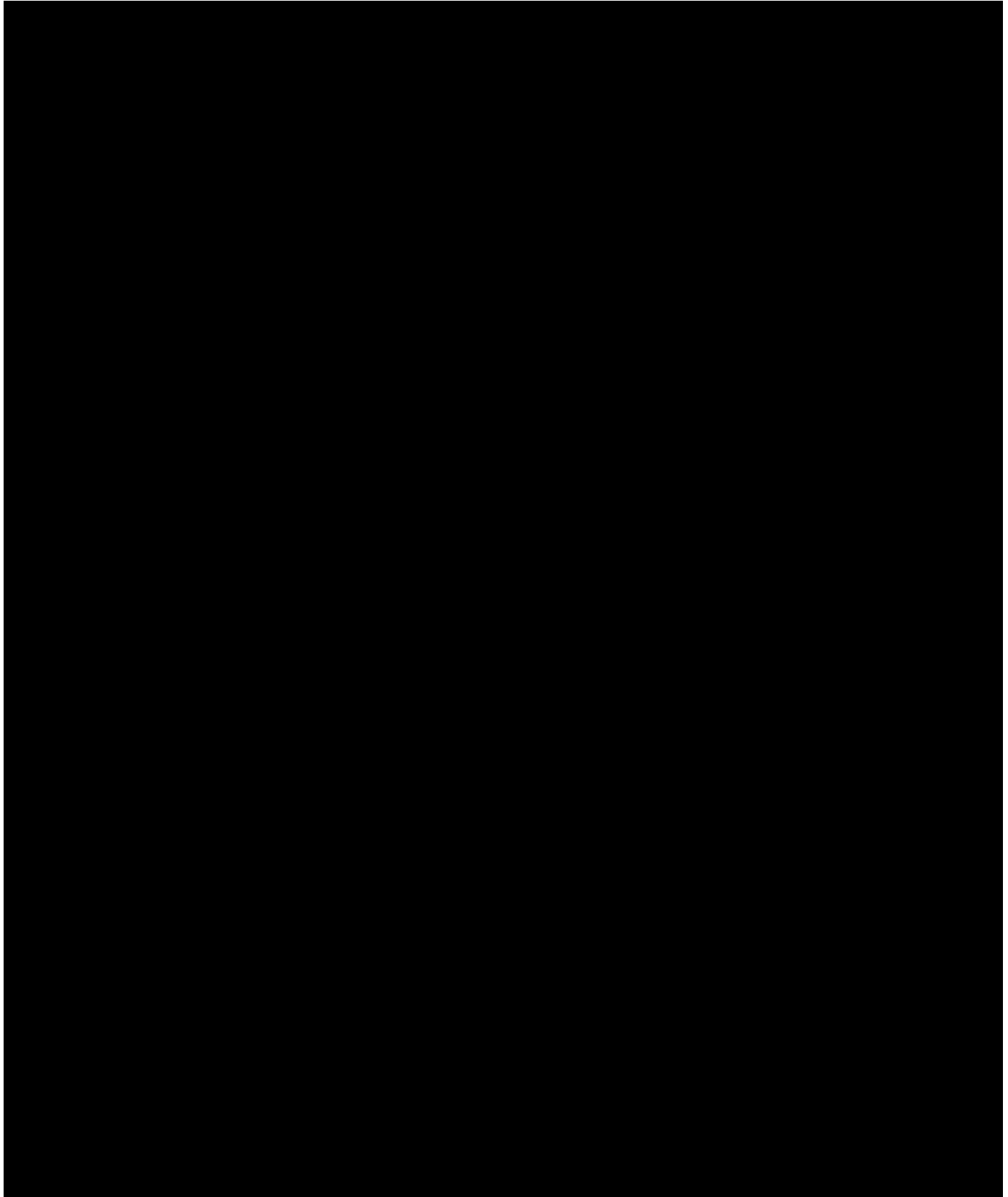
23.4 Virtual Renderings of All Packaging

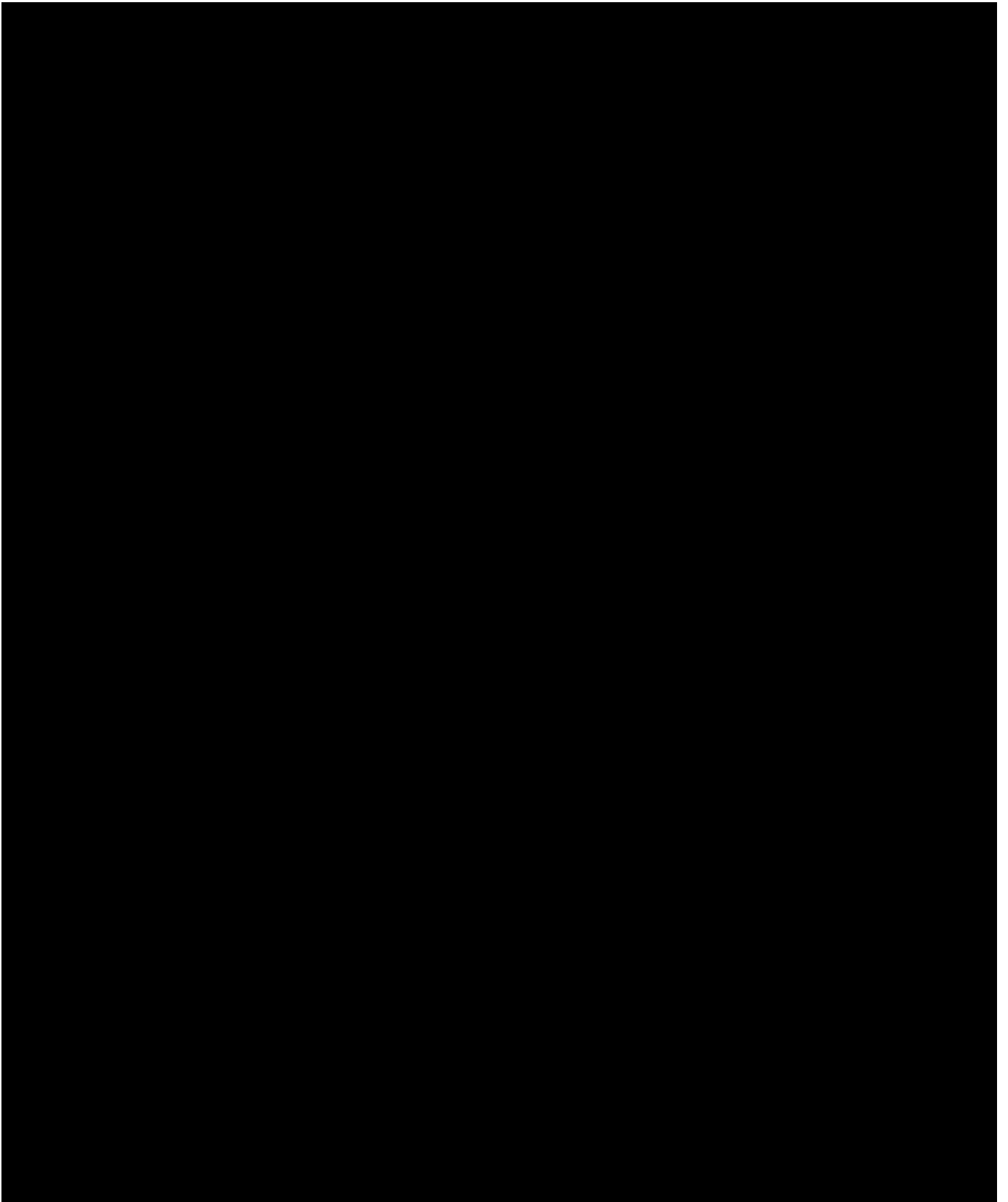
All final packaging for products processed by Arbor Vita Care will adhere to the Act and all AMCC regulations (538-x-6-.05 Labeling and Packaging by Processors). Please note that any of the renderings included below are initial mockups, so any text that is required and not included in the renderings WILL be included in final form factor for the patients.

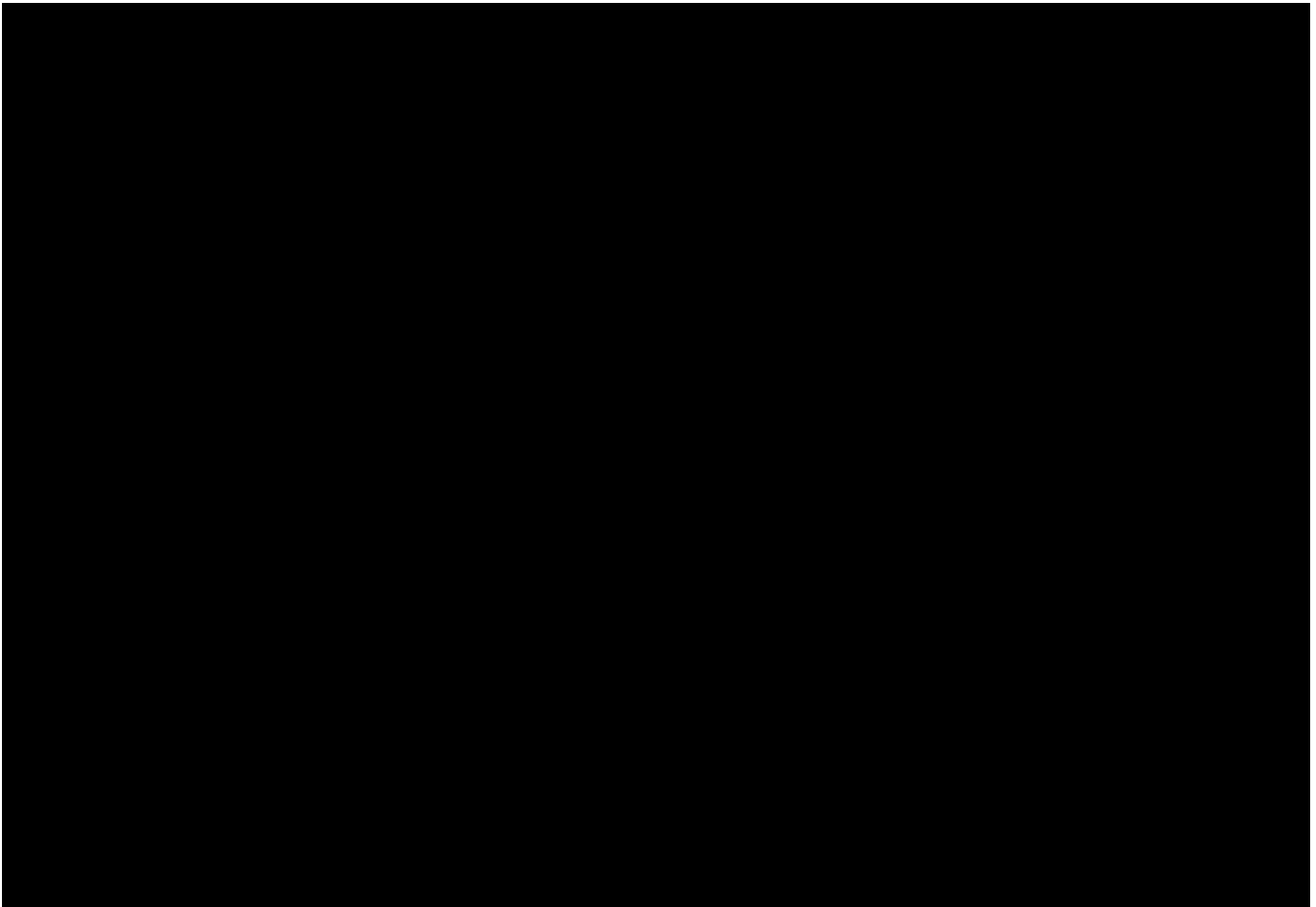
APPLICANT'S LOGO



PRODUCT PACKAGING EXAMPLES

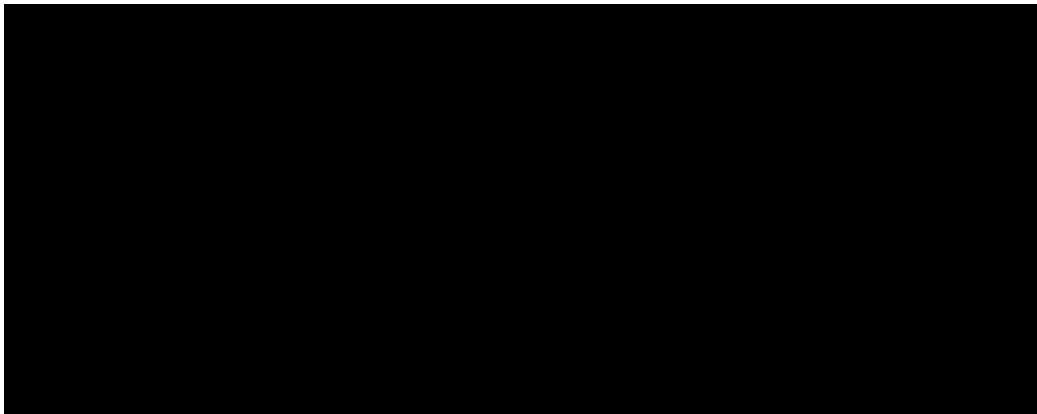






23.5 Exemplars of Proposed Labeling

Along with all of the required warning and safety statements, including the Alabama Poison Control contact information, that Processors must follow, below is a sample of what labeling will include on one of our product offerings. This will be standard on all of our medical marijuana products.





REDACTED COPY

*All information redacted in this Exhibit is done so in accordance with:
Ala. Admin. Code r. 892-2-1-.06
Code of Alabama 1975, § 36-12-40*

EXHIBIT 24: 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.

John Vavalo

Chairman

Printed Name of Verifying Official

Title of Verifying Official


Signature of Verifying Official

12/29/2022

Verification Date

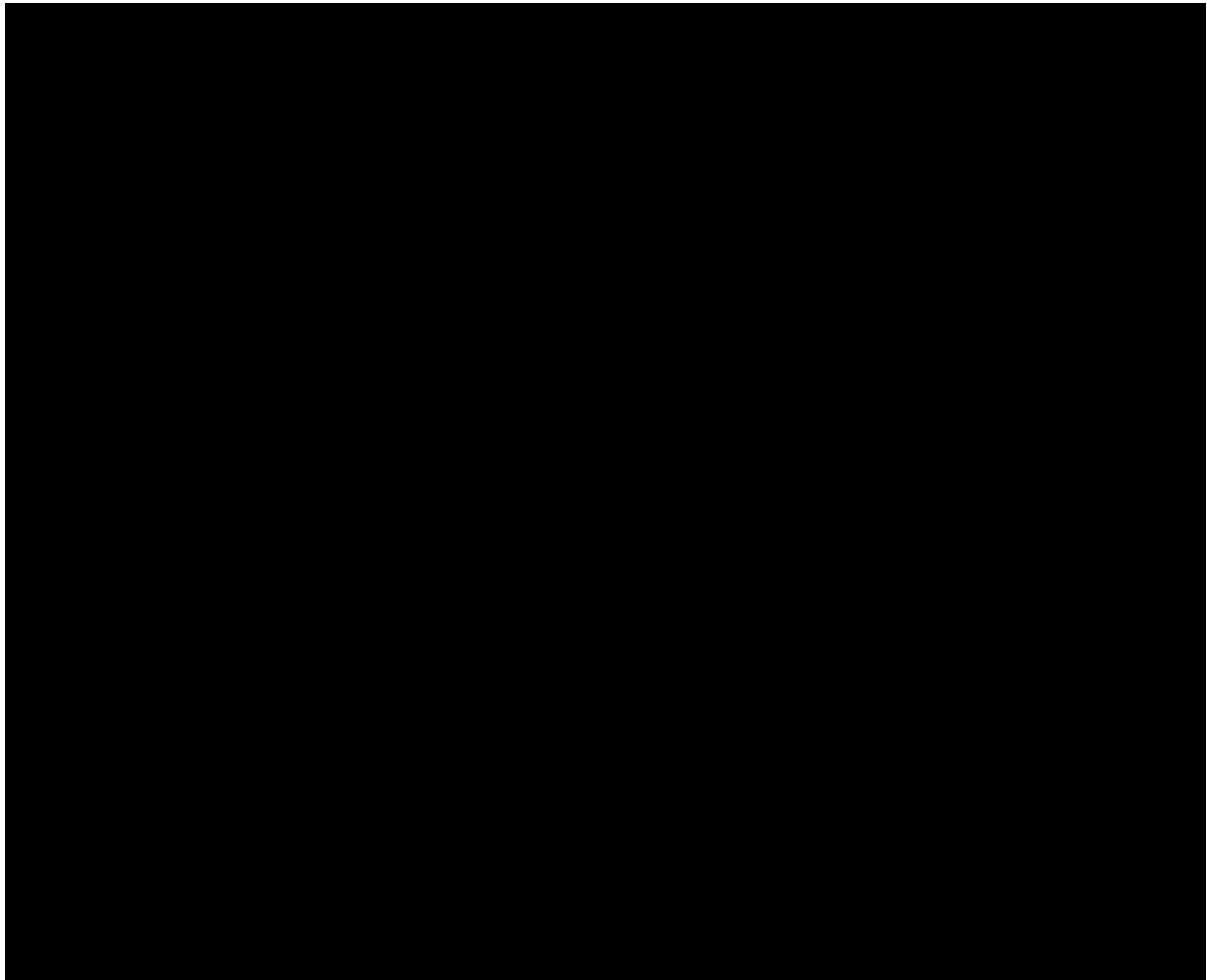
24.1 Site Map of Each Website Owned/Operated by the Applicant

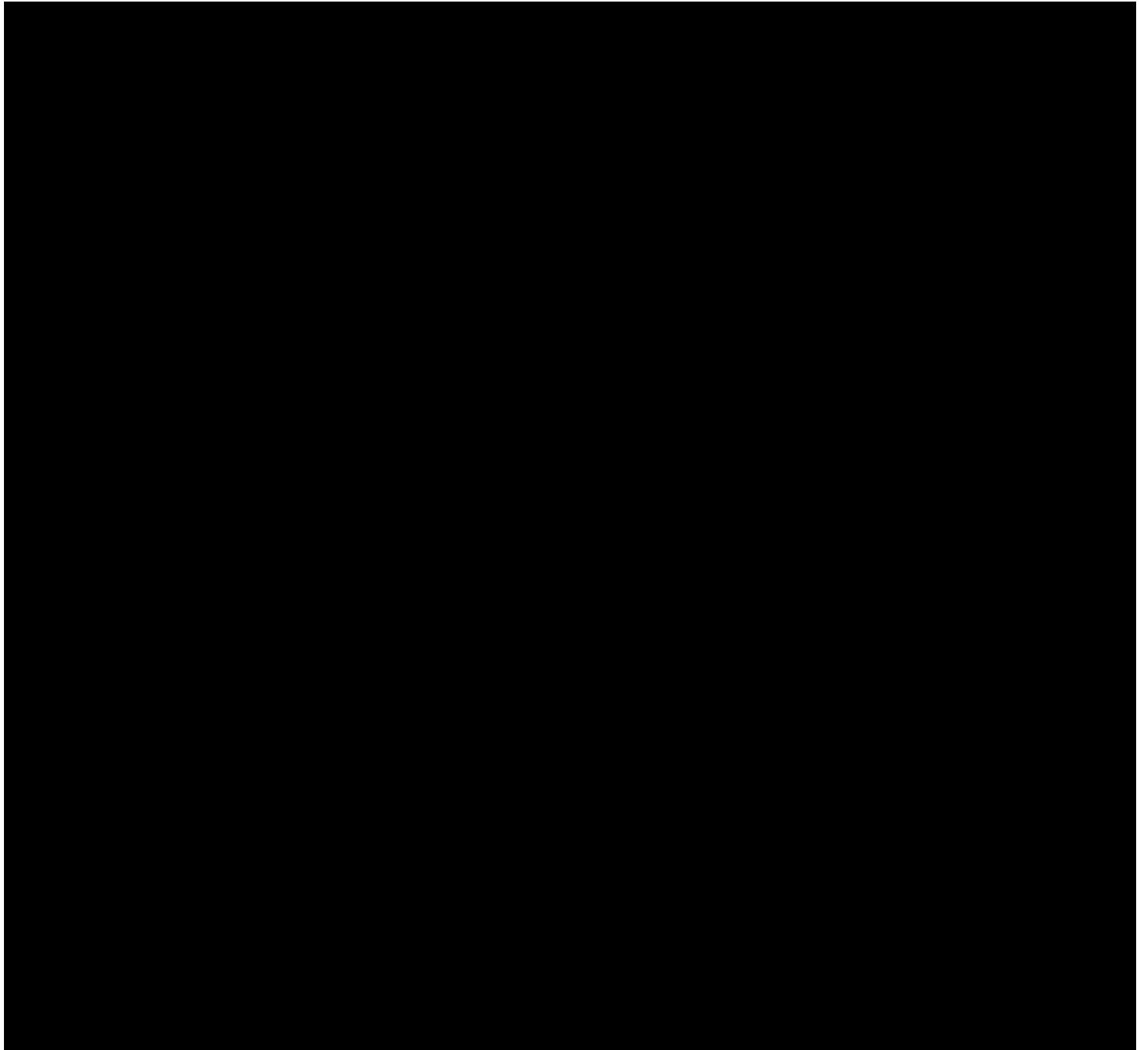
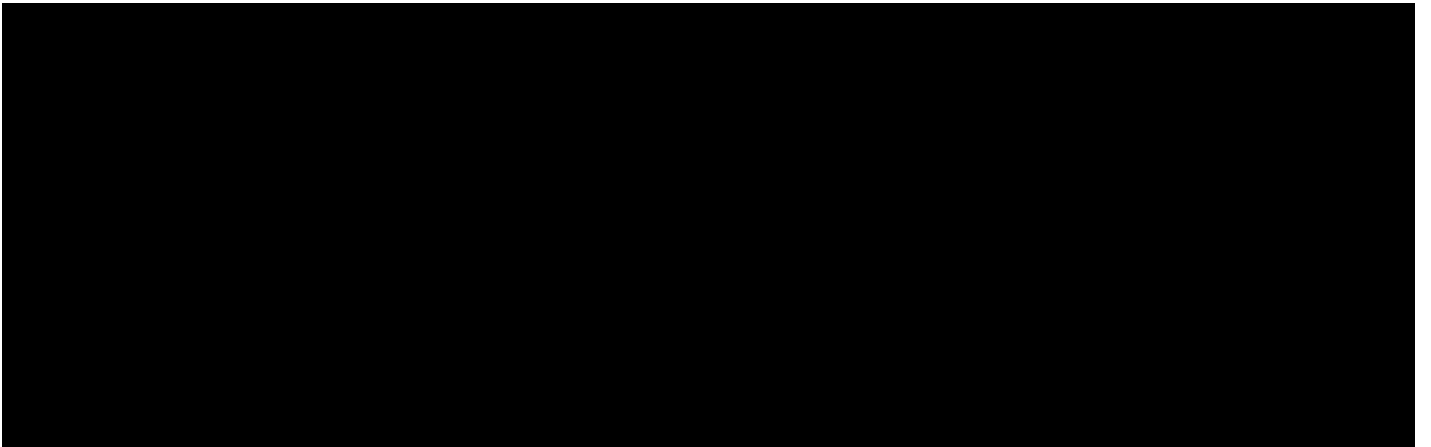
This applicant has drafted a website that would be ready to publish to the public upon receiving a medical marijuana processor license, pending any edits to conform to AMCC regulations. [REDACTED]

[REDACTED]

[REDACTED]

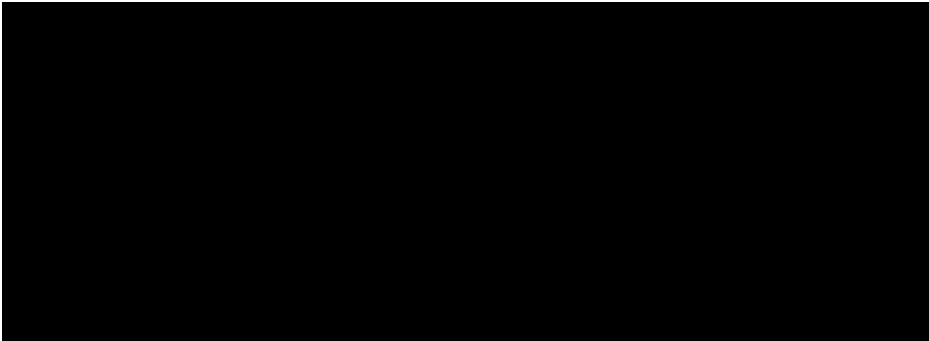
[REDACTED]







24.2 Web Address of Each Webpage, Social Media, Online Site Owned or Operated by the Applicant



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.

Arbor Vita Care, Inc.	Processor
Business License Applicant Name	License Type

Ownership Entity Information

Arbor Vita8 Holdings, LLC	40%
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

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address _____

City	State	Zip
------	-------	-----

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address _____

City	State	Zip
------	-------	-----

December 22, 2022

Alabama Medical Cannabis Commission
P. O. Box 309585
Montgomery, Alabama 36130

RE: Arbor Vita Care Inc.

To whom it may concern:

Please find this letter in support of Arbor Vita Care Inc.'s license within the area of insurance and risk management.

Please be advised that we work very closely with John Valalo and his team within other states for his cannabis operations, specifically in the area of insurance placement. We are currently in the process of preparing a full package of insurance coverage which will include property insurance, workers' compensation, general liability and automobile liability. Coverage will be placed with an A-rated insurance carrier; and once placed we will be in a position to provide copies of declarations pages of said contracts.

Should there be any questions or if additional information is needed in support of this process please let us know.

Sincerely yours,



Adam B. Brown
Senior Vice President
Manufacturing & Distribution Risk Specialist

FORM K: Affidavit of Entity Applicant for
Alabama Medical Cannabis License

STATE OF

North Carolina (nc)

)

New Hanover

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: Arbor Vita Care INC
2. NAME OF AFFIANT: Justin Jeffries
3. AFFIANT'S POSITION WITH APPLICANT: Owner, Shareholder, Director
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.
JJ 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.)
JJ 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.
JJ 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.

JJ 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.

JJ INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

JJ 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.

JJ 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.

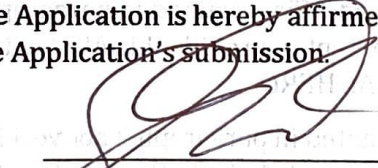
JJ INITIAL HERE

- 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.

JJ 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.

JJ INITIAL HERE



Signature of Affiant
Acting for and on behalf of:
Arbor Vita Care, Inc

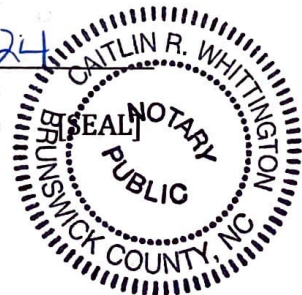
Applicant

Sworn to and subscribed before me on this 30th day of December, 2022

Carlin R. Whittington

Notary Public

My Commission Expires: 11/17/2024






FORM K: Affidavit of Entity Applicant for
Alabama Medical Cannabis License

STATE OF New York)
)
Onondaga 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: Arbor Vita Care, Inc.
2. NAME OF AFFIANT: John Varado
3. AFFIANT'S POSITION WITH APPLICANT: Chairman
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.
 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.)
 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.
 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.

AL 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.

AL INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

AL 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.

AL 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.

AL 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.

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- 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.

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[Signature]

Signature of Affiant
Acting for and on behalf of:

Arbor Vita Care, Inc
Applicant

Sworn to and subscribed before me on this 30th day of December, _____.

Lizabeth A Gustafson
Notary Public

My Commission Expires: October 4, 2025

[SEAL]

LIZABETH A GUSTAFSON
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GU6423059
Qualified in ONONDAGA County
Commission Expires OCT. 4, 2025