



Review

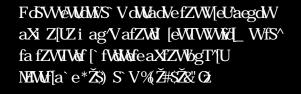
Help

FoSWAMANIS`VoMadvefZVW(dCaegdW aXiZ[lZiag/VafZNd[dVWWid]\_WiS^ fafZWINf[`fNdMeaXZVNbgT'[U NAMf[a`e\*Žs)S`V%(Ž#SŽ&Q

FoSWWAMAANS`VoMAadVefZVW[eUaegdW aXi Z[UZi ag'VafZWaf [eVIVWMad\_ WfS^ fa fZVVIVAf [`fWaMafeaXfZVVbgT^[U NAWAF[a`e\*ŽS) S`V%(Ž#SŽ&"O2

#### **Request for**

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]



FoSVW&WdWS`VoWadVefZVW[eUaegdW aXiZ[UZiag'VafZWI[eVIVWWd]\_WfS^ fafZVVIV&f[`fV&W&feaXfZVbgT'[U NAWAF[a`e\*ŽS]S`V%(Ž#SŽ&"Oz



Folsweinden S`Volnadve fZWV[eUaegolW axi Z[UZ i ag'VafZWI [eWIWWMd]\_WfS^ fa fZWIWf [`fWMMfeaxfZWbgT'[U NEMMf[a`e\*ŽS] S`V%(Ž#SŽ&;Gz

FdSVV&WdM/S`VdMadVefZVW[eUaegdW aXi Z[UZ i ag'VafZVdi [eV/IVW/Md\_ WfS^ fafZVIV&f[`fV&M&feaXfZVVbgT'[U NEWwf[a`e\*ŽS) S`V%(Ž#SŽ&"Oz

✓ License Type: Processor

**Facility Information** 

### **Facility Information**

✓ Facility : Processing Facility Type

Folsweinden S`Volnadve fZvW[eUaegolW axi Z[UZ i ag'VafZvb] [eVIVWvkd\_ WfS^ fa fZVIVof [`fvolkefeaxfZvVbgT'[U NEWof[a`e\*Ž\$) S`V%(Ž#\$Ž&"Oz

FdSWWeWdMAS`VdMadVefZVW[eUaegdW aXi Z[UZi ag'VafZWI [eWIVWWA]\_ WfS^ fafZVIV&f[`fWM&feaXfZWbgT'[U NEWAf[a`e\*ŽS] S`V%(Ž#SŽ&"O]

FoSWWeWdMS`VoMadVefZVW[eUaegdW aXi Z[UZi ag'VafZVdf [eVTVWWd]\_WfS^ fafZVTVdf [`fVdMsfeaXfZVlógT'[U NAWf[a`e\*Ž\$) S`V%(Ž#SŽ&"Oz

Followeddin S`Voldadve fZVW[eUaegolW aXi Z[UZ i ag'VafZVd] [eVVIVW/nd]\_WfS^ fa fZVVIVaf [`fVoldafe aXfZV/bgT'[U NEWnf[a`e\*Žs]) S`V%(Ž#SŽ&"Oz

FdSWWeWdMAS`VdMadVefZVW[eUaegdW aXi Z[UZi ag'VafZWd [eWIVWWd]\_WfS^ fafZVVIV&f[`fWdMsfeaXfZWbgT'[U NEWdf[a`e\*ŽS) S`V%(Ž#SŽ&"Oz

FoSWWWWWS`VoWadVefZVW[eUaegdW aXiZ[UZiag'VafZWI[eVIVWWG]\_WfS^ fafZVIV&f[`fWWFeaXfZVbgT'[U NAWF[a`e\*Ž\$)S`V%(Ž#\$Ž&"Oz

FoSVWeWdWS`VoWadvefZVW[eUaegdW aXiZ[UZiag'VafZWi[eVIVWWd\_WfS^ fafZVIV&f[`fWW&feaXfZVbgT'[U NEWwf[a`e\*ŽS)S`V%(Ž#SŽ&"Oz



Folsweinden S`Volnadve fZvW[eUaegolW axi Z[UZ i ag'VafZvdi [eVvIvWvhd]\_WfS^ fa fZvVIvef [`fvolkefe axiZvVbgT'[U Netwof[a`e\*Žs] S`V%(Ž#SŽ&'Oz

Folsweiden S`Voluadver Zwile Caegol W axi Z[UZ i ag 'Var Zwil [evilwid]\_ Wr S^ far Zvilwer [`fwildere axi Zwig T'[U Netwer [a`e\* Ž\$) S`V% (Z# \$Z&; Cz

FoSWWeMdMiS`VoMadVefZWV[eUaegdW aXi Z[UZi ag'VafZWI [eWIWWMd]\_WfS^ fafZWIWf[`fWMMfeaXfZWbgT'[U NAWf[a`e\*ŽS] S`V%(Ž#SŽ&"Oz

Fo5WWeWdMiS`Vo1WadVefZVW[eUaegdW aXiZ[UZiag'VafZWd[eVIVWVkd]\_WfS^ fafZVVIVef[`fWeWefeaXfZVbgT'[U NetWef[a`e\*Ž\$)S`V%(Ž#\$Ž&"O2

FoSWWeWdMiS`VoMadVefZVW[eUaegdW aXiZ[UZiag^VafZWd[eVIVWVkd]\_WfS^ fafZVIV&f[`fWWefeaXfZWbgT^[U NEWwf[a`e\*Ž\$)S`V%(Ž#\$Ž&"Oz

FoSWWeWdMAS`VoMadVefZVW[eUaegdW aXiZ[UZiag'VafZWd[eVtIVWWd[\_WfS^ fafZVTV&f[`fWdWefeaXfZVbgT'[U NAWAF[a`e\*Ž\$)S`V%(Ž#\$Ž&"Oz

FoSVV&WdMS`VoMadVefZVW[eUaegdW aXi Z[UZi ag'VafZVdf [eVTVWMd\_ WfS^ fafZVTVdf [`fVMAfeaXfZVlbgT'[U NEWMf[a`e\*ŽS) S`V%(Ž#SŽ&"Oz

Fd5WWeWdMAS`VdMadVefZVW[eUaegdW aXi Z[UZi ag'VafZWI [eWIVWWd]\_ WfS^ fafZVIV&f[`fWWefeaXfZWbgT'[U NEWMf[a`e\*Ž\$) S`V%(Ž#\$Ž&"CI

FoSWWeWdMiS`VoMadVefZVW[eUaegdW aXi Z[UZi ag'VafZWJ [eWIVWWid]\_ WfS^ fafZVIV&f [`fWIM&feaXfZWbgT'[U NEWJ[a`e\*ŽS) S`V%(Ž#SŽ&"Oz

FoSWWeWdMiS`VoMadVefZVW[eUaegdW aXi Z[UZ i ag'VafZWd [eVUVWWid]\_ WfS^ fafZVUV#f[`fWdWefeaXfZWbgT'[U NEWMf[a`e\*Ž\$) S`V%(Ž#\$Ž&"Oz

FoSWWeWdMiS`VolMadVefZVW[eUaegdW aXi Z[UZi ag'VafZVd] [eVIVWWid]\_ WfS^ fafZVIVaf [`fWiMafeaXfZWbgT'[U NEWd[a`e\*Žs]) S`V%(Ž#SŽ&"Oz

Folsweiden S`Volladver Zwile Caegolw axi Z[UZ i ag'Var Zwil [evulwind]\_ Wr S^ far Zwilver [`fwile fe axi Zwig T'[U Netwer [a`e\*Žs]) S`V% (Ž#SŽ&" Oz



Fd5WWeWdMiS`VdWadVefZVW[eUaegdW aXiZ[UZiag'VafZWd[eWtWWdd\_WfS^ fafZVtWaf[`fWtWafeaXfZWbgT'[U NAWAf[a`e\*Ž\$)S`V%(Ž#\$Ž&"Cz



Folstweidelings`VolueadverfZvW[eUaegdW aXiZ[UZiag'VafZvb1[eVtTvWvb6]\_WfS^ fafZvTvbf[`fvbbbfeaXfZvbgT'[U Netwof[a`e\*Žs)S`V%(Ž#sŽ&"O2



FdSWWWWWS`VdWadVefZVW[eUaegdW aXiZ[UZiag'VafZWI[eVIVWWd]\_WfS^ fafZVIV&f[`fWWWfeaXfZWbgT'[U MIWMF[a`e\*Ž\$]S`V%(Ž#\$Ž&"Q:

FoSWWWWWS`VoWadVefZWW[eUaegdW aXiZ[UZiag'VafZWI[eVIVWWd\_WfS^ fafZVIV&f[`fWW&feaXfZWbgT'[U MWW[a`e\*Ž\$)S`V%(Ž#\$Ž&"Oz

FoSVWeWdMiS`VoWadVefZVW[eUaegdW aXiZ[UZiag^VafZWd[eVIVWWid]\_WfS^ fafZVIV&f[`fWM&feaXfZVbgT^[U NAWAf[a`e\*Ž\$)S`V%(Ž#\$Ž&"Oz



## Exhibit 1 – Resume or Curriculum Vitae for Individuals with Ownership Interest

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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u> Title of Verifying Individual

12/25/2022 Verification Date

## REFRIA, OVNERSHIFTES ME CURICULUT VI APY

### **Enchanted Green LLC**

**Business License Applicant Name** 

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

Processor

Present

Date Resided To (MM/YYYY)

Zip

Date Resided To (MM/YYYY).

License Type

49%

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.* 

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 36-12-40]

State

State

## 04/2006

Date Resided From (MM/YYYY)

Residential Street Address

City	7
------	---

Date Resided From (MM/YYYY)

Residential	Street	Address

City

Date Resided From (MM/YYYY)

## Date Resided To (MM/YYYY)

Zip

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

#### **Education**

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

US Marine Corp	Quantico	VA
Institution	City	State
11/1975	02/1979	Logistics
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.* 

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

02/1986

Date Employed From (MM/YYYY)

Present

Date Employed To (MM/YYYY)

Employer	Contact Person		Telephone	
Business Address				
City	Sta	ate	Zip	
Date Employed From (MM/YYYY)	Da	te Empl	oyed To (MM/YYYY)	
Employer	Contact Person		Telephone	
Business Address				
City	Sta	ate	Zip	
Date Employed From (MM/YYYY)	Da	te Empl	oyed To (MM/YYYY)	
Employer	Contact Person		Telephone	
Business Address				
City	Sta	ate	Zip	
Date Employed From (MM/YYYY)	Da	te Empl	oyed To (MM/YYYY)	
Employer	Contact Person		Telephone	
Business Address				
City	Sta	ate	Zip	
Date Employed From (MM/YYYY)	Da	te Empl	oyed To (MM/YYYY)	

Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)

## REFRNA OVNERSHIFTES ME CURICULUT VI APY

### **Enchanted Green LLC**

**Business License Applicant Name** 

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] Processor

License Type

51%

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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

06/2022

Date Resided From (MM/YYYY)

Present

Date Resided To (MM/YYYY)

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

07/2017

Date Resided From (MM/YYYY)

06/2022

Date Resided To (MM/YYYY).

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

07/2013

Date Resided From (MM/YYYY)

07/2017 Date Resided To (MM/YYYY)

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

## 07/2008

Date Resided From (MM/YYYY)

07/2013 Date Resided To (MM/YYYY)

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

Date Resided From (MM/YYY)

Date Resided To (MM/YYYY)

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

### xx/2003

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

xx/2006

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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

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.* 

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)



Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

07/2018

Date Employed From (MM/YYYY)

10/2021 Date Employed To (MM/YYYY)

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

03/2012

Date Employed From (MM/YYYY)

07/2018
Date Employed To (MM/YYYY)

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

02/2011

Date Employed From (MM/YYYY)

03/2012 Date Employed To (MM/YYYY)

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

03/2007

Date Employed From (MM/YYYY)

03/2010 Date Employed To (MM/YYYY)

Form A: Ownership Resume / Curriculum Vitae Page 4

Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)

## REFRNA OVNERSHIFTERSTVELCULTIOULUN VITAPY

#### Enchanted Green, LLC

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] Processor

License Type

0%

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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

02/2019

Date Resided From (MM/YYYY)

present

Date Resided To (MM/YYYY)

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 36-12-40]

## 10/2001

Date Resided From (MM/YYYY)

2/2019

Date Resided To (MM/YYYY).

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

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

**Residential Street Address** 

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

# **REDACTED COPY**Education

Provide all institutions of higher education attended: attach additional form(s) if necessary		
	ecords the disclosure of which would otherw terests of the public [Section 36-12-40]	ise be detrimental to the best
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
	ecords the disclosure of which would otherwi terests of the public [Section 36-12-40]	ise be detrimental to the best
	ecords the disclosure of which would otherw terests of the public [Section 36-12-40]	ise be detrimental to the best –
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]		
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.* 

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

City 12/22

State **now** 

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Sensitive personal information and records the disclo of the put	sure of which would olic [Section 36-12-4		rimental to the best interests
City 5/20		State 10/20	Zip
Date Employed From (MM/YYYY)	_	Date Employe	d To (MM/YYYY)
Sensitive Personal Information and records the o interests of th	disclosure of which he public [Section 36		be detrimental to the best
City 9/12		State 5/20	Zip
Date Employed From (MM/YYYY)	_	Date Employed To (MM/YYYY)	
Employer	Contact Persor	1	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)	_	Date Employed To (MM/YYYY)	
Employer	Contact Persor	1	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)	_	Date Employe	d To (MM/YYYY)

Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Employed To (MM/YYYY)	
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Employed To (MM/YYYY)	
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	loyed To (MM/YYYY)

## 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.

Printed Name of Verifying Individual	Manager Title of Verifying Individual
ade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]	03.02.2023
Signature of Verifying Individual	Verification Date

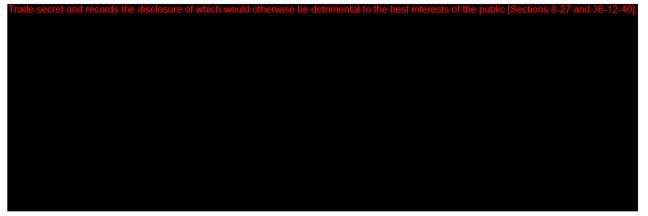
### TABLE OF CONTENTS

2.1 – Su	ımma	ry	2
2.1.1	Resi	dential Addresses Over the Last 15 Years	.2
2.2 – Re	esiden	icy Documents	2
2.2.1	Driv	er's Licenses	.3
2.2	.1.1	Issued 7-22-2022 and Expires 1-14-2025	.3
2.2	.1.2	Issued 7-22-2017 and Expired 1-14-2021	.3
2.2	.1.3	Issued 7-22-2014 and Expired 1-14-2017	.4
2.2.2	Alab	ama Law Enforcement Agency Driver's License Division Lifetime Vehicle Record	.5
2.2.3	Mor	tgage Statements	.7

#### <u>2.1 – Summary</u>

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section	ns 8-27 and 36-12-40].

#### 2.1.1 Residential Addresses Over the Last 15 Years



### 2.2 - Residency Documents

Included below are copies of:



Exhibit 2 – Residency of Owners

#### 2.2.1 Driver's Licenses

2.2.1.1 Issued 7-22-2022 and Expires 1-14-2025



2.2.1.2 Issued 7-22-2017 and Expired 1-14-2021

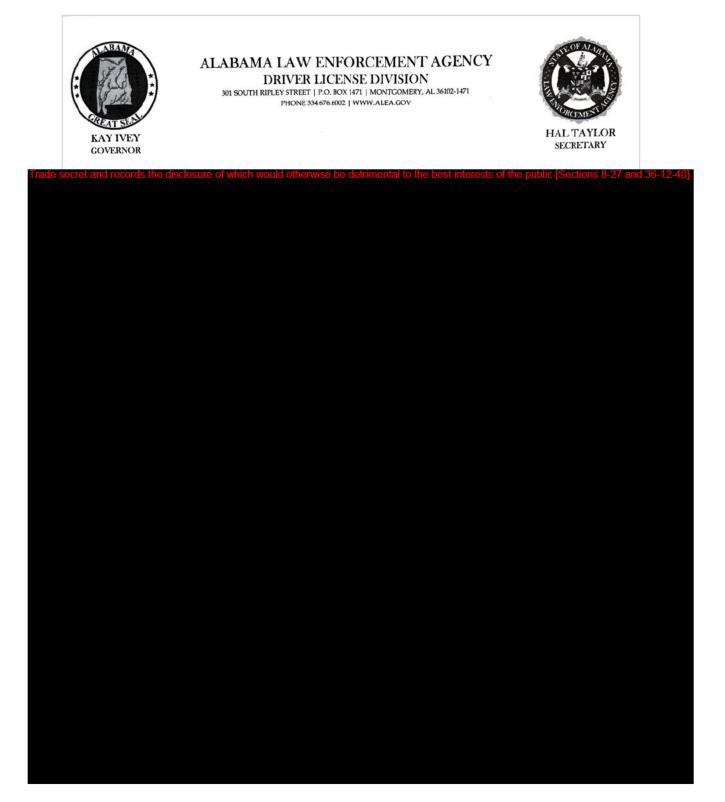


Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

### 2.2.1.3 Issued 7-22-2014 and Expired 1-14-2017

### 2.2.2 Alabama Law Enforcement Agency Driver's License Division Lifetime Vehicle Record

The following record shows that Mr. Oden has been a resident since January 1993.



#### License Type: Processing



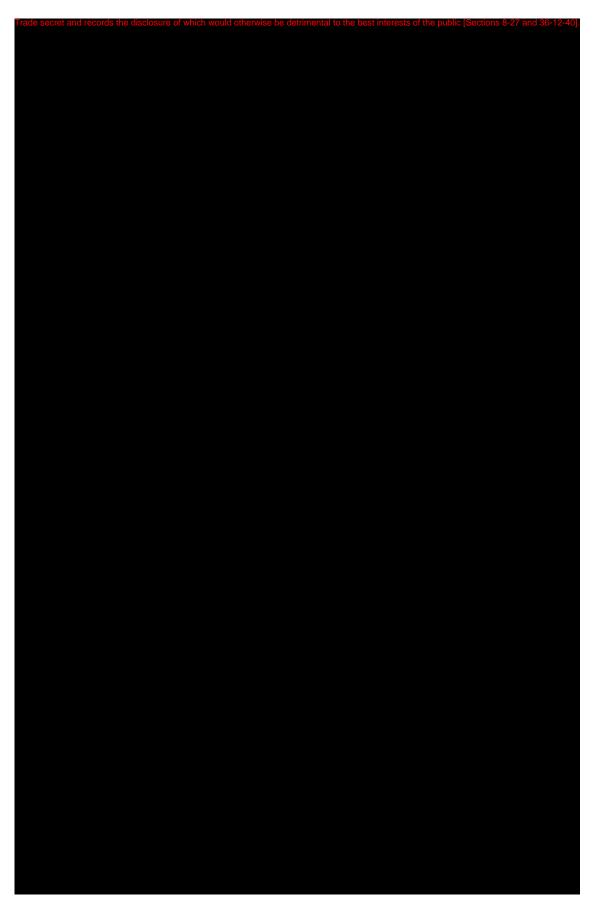
ALABAMA LAW ENFORCEMENT AGENCY DRIVER LICENSE DIVISION 301 SOUTH RIPLEY STREET | P.O. BOX 1471 | MONTGOMERY, AL 36102-1471 PHONE 334.676.6002 | WWW.ALEA.GOV



#### 2.2.3 Mortgage Statements

The following are Mr. Oden's most recent mortgage statements.

Trade secret and records the o	disclosure of which would othe	rwise be detrimental to the	best interests of the publi	c [Sections 8-27 and 36-12-40].



## 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.

Printed Name of Verifying Individual

Signature of Verifying Individual

Owner Title of Verifying Individual

12/25/2022

#### FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

#### Enchanted Green LLC

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)			
Trade secret and records the discussing of v	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant			
Trade record and records are displorate	Owner       Shareholder       Director       Board Member         Individual with Economic Interest in Applicant			
Trade secret and records the disclosure o	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant			
	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant			
	Owner       Shareholder       Director       Board Member         Individual with Economic Interest in Applicant			
	Owner       Shareholder       Director       Board Member         Individual with Economic Interest in Applicant			
	Owner       Shareholder       Director       Board Member         Individual with Economic Interest in Applicant			
	Owner       Shareholder       Director       Board Member         Individual with Economic Interest in Applicant			
	Owner       Shareholder       Director       Board Member         Individual with Economic Interest in Applicant			
	Owner Shareholder Director Board Member 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.

Printed Name of Verifying Individual

Signature of Verifying Individual

#### Owner

Title of Verifying Individual

12.22.2022

#### 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.

Enchanted Green LLC	Processor
Business License Applicant Name	License Type
Trade secret and records the disclosure of which would otherwise be se	
Individual's Name	-
Individual's Role (select all that apply):	Shareholder Director Board Member
	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 § ٠ 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), ٠ 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 ٠ 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.

12.22.2022

Signature of Verifying Individual

#### 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.

Enchanted Green, LLC Business License Applicant Name	License Type
Individual's Name	
Individual's Role (select all that apply):	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

#### 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	Enchanted Green LLC	processor
	Business License Applicant Name	License Type
Individual's Role (select all that apply): Owner Shareholder <b>V</b> Director Board Memb	Individual's Name	-
	Individual's Role (select all that apply):	Shareholder 🖌 Director 🗌 Board Member
Individual with Economic Interest in Applicant	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.

12/20/2022

Signature of Verifying Individual



## 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.

**Printed Name of Verifying Individual** 

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

**Signature of Verifying Individual** 

Owner Title of Verifying Individual

12/25/2022 Verification Date

The Demonstration of Sufficient Capital requirement is completed as of the date of application filing.

The Company has sufficient capital to meet all our financial obligations based on our projected budgets for the first three full years following our initial licensure.

We have developed a 3-year pro forma for the Company that includes detailed projections of anticipated revenues and expenses. These projections are based on our own experiences in standing up medical cannabis businesses.

As shown on the Income Statement below, our model projects that three-years of budgeted expenses will be **statement**. The Company has capital commitments of **statement**, well in excess of our budgeted needs.

We estimate the total capital budget for build-out costs, and other start-up expenses, including purchase of our processing equipment and security systems, to be approximately

this will leave the Company with of working capital as we commence operations and move towards positive cashflow.

The Company is financed by a capital commitment from one of its owners, As shown on the bank statement below, of liquid assets.

The undersigned, based on the best available information at the date of verification, verify that the has committed Sufficient Capital to the Company to meet its operational needs. Sufficient Capital being the total of the Company's projected annual budgets during the first three full years after a licensure.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public	<u>Owner</u> Title	<u>12/25/2022</u> Date
[Section 36-12-40]	<u>Contact Person</u> <b>Title</b>	<u>12/25/2022</u> Date
	<u>Certified Public Accountant</u> <b>Title</b>	<u>12/25/2022</u> Date

License Type: Processing

4.1 - Income Statement

## TRADE SECRET

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

Exhibit 4 - Demonstration of Sufficient Capital

## **REDACTED COPY**

# TRADE SECRET

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]



#### 4.2 - Capital Commitment

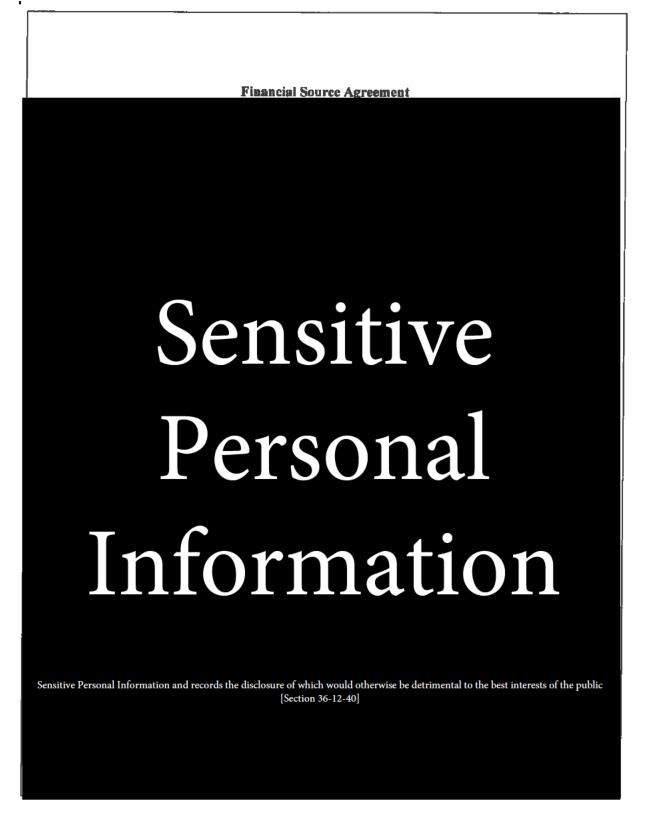


Exhibit 4 - Demonstration of Sufficient Capital



4.3 - Bank Statement

## Sensitive Personal Information

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

Exhibit 4 - Demonstration of Sufficient Capital

## 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.

Printed Name of Verifying Individual

Signature of Verifying Individual

Manager Title of Verifying Individual

03.02.2023 Verification Date

#### These pro forma financial statements are completed as of the date of application filing.

The Company's mission is to provide Alabama patients and caregivers with safe, effective medical cannabis products, professionally and compliantly manufactured in secure, sanitary, and well-managed facilities. To achieve our mission, we have developed this comprehensive three-year financial plan that will ensure our ability to meet our obligations and operate compliantly and successfully.

#### 5.1 - Balance Sheet

	Startup	Year 1	Year 2	Year 3
ASSETS	Trade corret and records the disc Trade secret and records the disc	locure of which would otherwise be osure of which would otherwise be	detrimental to the best interests of the detrimental to the best interests of t	he public [Sections 8-77 and 38-12-40]. The public [Sections 8-27 and 38-12-40].
Current Assets				
Cash				
Accounts Receivable				
Inventory				
Total Current Assets				
Long-Term Assets				
All Equipment				
(Depreciation Expense)				
License				
Total Long-Term Assets				
Total Assets				
LIABILITIES				
<b>Current Liabilities</b>				
Accounts Payable				
Accrued Expenses				
Total Current Liabilities				
Long Term Liabilities				
Long-Term Loan				
Total Long-Term Liabilities				
Total Liabilities				
EQUITY				
Contributed Capital				
Retained Earnings				
Owners' Equity				
Total Liabilities and Equ				

#### 5.2 - Profit and Loss Statement

	Startup	Year 1	Year 2	Year 3
Annual Revenues	Trade secret and records the disc	closure of which would otherwise b	e detrimental to the best interests o	f the public [Sections 8-27 and 36-12-40]
(Pro Rata Share)				
Cost of Goods Sold				
Inventory				
Direct Production Labor				
Overhead				
Total Cost of Goods Sold	-			
as percentage of revenue	-			
to per contrarge of revenue				
Gross Operating Profit				
as percentage of revenue				
as per contrage of revenue				
<b>Operating Expenses</b>				
Non-Production Payroll				
Expense				
Administrative and				
Office Expenses				
Professional Expenses				
Insurance Expenses				
Other Operating				
Expenses				
Total Operating	-			
Expenses	_			
Net Operating Profit	-			
Total Other Income	-			
	=			
Other Expenses				
Community				
Contribution				
License Fee				
Total Other Expenses				

#### **Other Startup Expenses**

Application Fee

Construction

**Processing Equipment** 

Security Equipment

Total Other Startup Expenses

#### **EBITDA**

as percentage of revenue

#### **Interest and Taxes**

Interest Expense (9%) State Tax (6.5%) Business Privilege Tax Cap Federal Tax (35%)

**Total Interest and Taxes** 

Net Profit Before Depreciation

Total Depreciation and Amortization

Net Income

#### 5.2.1 Revenue Detail

#### **Key Revenue Assumptions**

State Population Percentage Adoption Number of Patients Annual Spend per Patient Retail Market Size Wholesale Market Size Pro-Rata Percentage

#### **Annual Revenues**

(Pro Rata Share)

#### 5.2.2 Cost of Goods Sold Detai

#### Inventory

Cannabis Plant Material CO2

Ingredients

#### Subtotal Raw Materials

Utilities Rental Extraction and Formulatio Equipment Costs Other Materials Miscellaneous

Miscellaneous

#### Subtotal Other

#### **Subtotal Inventory**

as percentage of revenue

#### **Direct Production Labor**

Hourly Labor

Employer Taxes Employer Benefits Subtotal Direct Production Labor

as percentage of revenue

#### Overhead

Processing Facility Lease Fees Maintenance Miscellaneous Supplies Testing Travel, Meals, Entertainment

#### Subtotal Overhead

as percentage of revenue

#### **Total Cost of Goods Sold**

as percentage of revenue

#### 5.2.3 Expense Detail

5.2.3.1 Construction Expense

#### **Construction Expenses**

- Architectural Fees Engineering Fees Demolition Rough Carpentry Finish Carpentry Masonry
- Acoustical Ceilings

FRP

- Insulation
- Windows
- Exterior Doors
- Interior Doors
- **Overhead Doors**

Plumbing Electrical HVAC (includes Argus system components) Drywall Epoxy Flooring Tile / Stone / Carpet Painting Millwork Appliances Fire Suppression Life Safety Cleanroom Air Shower Cleaning / Dumpsters / Miscellaneous **Total Construction Expense** 

5.2.3.2 Security Equipment Expense

#### **Security Expenses**

Access Control System Video Surveillance System Alarm and Perimeter System Miscellaneous Security Equipment **Total Security Equipment Expense** 

5.2.3.3 Equipment Expense

#### Manufacturing Equipment

Supercritical CO<sub>2</sub> Extractor (Qty: 1) Post Process Equipment (Buchi Rotovap) (Qty: 1) Roto Filtration - Centrifuge & -80C Freezer (Qty: 1 Wiped Film Evaporator (Qty: 1) Rotary Evaporator (Qty: 1) Web Coater (Qty: 1) Groen 10 Gallon Steam Jacketed Kettle (Qty: 1) AVANTI IH1800L1B-IS 1800W Portable Cooktop ( Universal 12L Depositor (Qty: 1) Silicone Molds (Qty 36) Scale, 6.2kg x 0.1g (Qty: 1) Ohaus Scale 50kg x 2g (Qty: 1) Scilogex Overhead Stirrer (Qty: 1) Large Overhead Mixer Stand (Qty: 1) Jet-Mill (Micronizer) (Qty: 1) 3L V-Mixer (Qty: 1) Benchtop Powder Dispenser (Qty: 1) High Shear Homogenizer (Qty: 1) Tach-it Label Applicator Machine (Qty: 1) Capsule Press 3600 System (Qty: 1) Capsule Counter (Qty: 1) Suppository Filling Machine (Qty: 1) MDI Filler (Qty: 1) MDI Crimper (Qty: 1) V-Mixer (Qty: 1) Planetary mixer (Qty: 1) Vacuum Oven (Qty: 1) -40°C Cold Trap (Qty: 1) DAMN Dust Extractor (Qty: 1) Rx-4 Tablet Counter (Qty: 1) Tablet Hardness Tester (Qty: 1) Tablet Press (Qty: 1) Overhead Mixer with RPM Range of 30-450RPM (Qty: 1) **Subtotal Manufacturing Equipment** 

#### **Pressed Tabs Manufacturing Equipment**

Overhead Stirrer (Qty: 1) 2000 mL Heavy Duty Beaker (Qty: 2) 2 Cu. Ft. V-Mixer (Qty: 1) 50 kg Floor Scale (Qty: 1) 30 Qt. Planetary Mixer (Qty: 1) 16 Cu. Ft. 100C Vacuum Oven (Qty: 1) Vacuum Pump (Qty: 1) Aluminum Pan for Vacuum Oven (Qty: 12) -105°C Cold Trap (Qty: 1) 15 kg Bench Scale (Qty: 1) Stainless Steel Scoop, 128 oz. (Qty: 2) Stainless Steel Scoop, 32 oz. (Qty: 2) Stainless Steel Scoop, 16 oz. (Qty: 5) Stainless Steel Scoop, 8 oz. (Qty: 2)

Powder Sieves, #30-Mesh (Qty: 2) Dust Extractor, 7' arm (Qty: 1) Tablet Counter (Qty: 1) Tablet Hardness Tester (Qty: 1) CurTec Storage Bins - 40L (Qty: 6) Bin Liners - 200 ct (Qty: 1) Drum Liners, 30 x 35" 4mil - 150 ct (Qty: 1) Re-usable Zip Ties - 100 ct (Qty: 1) Dust Vacuum (Qty: 1) Dust Vacuum Y-Adapter (Qty: 1) Dust Vacuum Antistatic Hose (Qty: 1) Dust Vacuum Attachments (Qty: 1) De-Duster (Qty: 1) Punch Holding Tray (Qty: 2) 220 g x 1 mg Balance (Qty: 1) Tablet Tooling Set (Qty: 1) Digital Vacuum Controller (Qty: 1) **Total Pressed Tablets Manufacturing Equipment** 

#### **Gelatinous Cubes Manufacturing Equipment**

10 gal. Steam Jacketed Kettle (Qty: 1) 1800W Induction Plate (Qty: 1) 3 gal. Induction-Ready Kettle (Qty: 1) Depositor - TrufflyMade (Qty: 1) Gummy Molds, TrufflyMade (Qty: 36) Slip Plaques (Qty: 36) Sheet Pan Rack (Qty: 36) Perforated Curing Tray, pack of 10 (Qty: 12) Scale, 6.2 kg x 0.1 g (Qty: 1) Scale, 50 kg x 2 g (Qty: 1) Electric Water Kettle (Qty: 2) Heat Gloves (Qty: 4) Wax Sprayer (Qty: 1) Spray Box Enclosure (Qty: 1) 1000 uL Pos. Displacement Pipettor (Qty: 1) Food Safe 1000 uL Disposable Tips for Pipettor, 1000 pk (Qty: 1) Temperature Probe (Qty: 2) Handheld Analog Refractometer (Qty: 3) Spear-Type pH Probe (Qty: 1) Water Activity Meter (Qty: 1)

0.64 Aw Water Activity Standard (Qty: 12) 0.84 Aw Water Activity Standard (Qty: 12) 32 oz SS Scooper (Qty: 2) 16 oz SS Scooper (Qty: 2) Assorted Metal Utensils (Qty: 1) 16" Silicone Spatula, Set of 2 (Qty: 2) 8 Qt. Food Safe Bowl (Qty: 4) Food Safe 5 Gal. Bucket (Qty: 2) 100 mL Weigh Boat, Pack of 100 (Qty: 2) Slotted Scooper (Qty: 2) 40" White Nylon Paddle with Polypropylene Handle (Qty: 1) Tumbler (Qty: 1) PolyCarbonate Food Storage Bin (Qty: 20) Lid for Polycarbonate Bin (Qty: 20) 25 Gal. Mobile Dry Ingredient Bin (Qty: 2) Temperature/Humidity Logger (Qty: 2) Strainer (Qty: 1) Scissor Lift Table (Qty: 1) Parchment Paper (Qty: 1) Temperature IR Gun (Qty: 1) 7mL Plastic Weigh Boats (Qty: 2) Overhead Stirrer (Qty: 1) Overhead Stirrer Impeller Blade (Qty: 1) Overhead Stirrer Stand (Qty: 1) Pantone Formula Guide (Qty: 1) **Total Gelatinous Cubes Manufacturing Equipment** 

#### HA-Gel Manufacturing Equipment

VWR 400D Benchtop Homogenizer (Qty: 1) VWR® Open-Slotted Generator Probe, 37×200 mm (Qty: 1) Groen 10 gallon Steam jacketed kettle (Qty: 1) 15' Extension Cord for Mixer (Qty: 1) Scale, 6.2 kg x 0.1 g (Qty: 1) Scale, 30 kg x 2 g (Qty: 1) Shaft Coupler, 5/8" x 5/8" (Qty: 1) Mixer Shaft, 5/8" x 26" (Qty: 1) Digital Timer (Qty: 1) 16" Silicone Spatula, Set of 2 (Qty: 1) Overhead Mixer (Qty: 1) Laboratory Jack Stand (Qty: 1)

5 gal. Stainless Steel Pot (Qty: 1) Chain Clamp - Large (36") (Qty: 2) Mixer Stand (Qty: 2) Propeller Shaft (Qty: 1) Beaker Clamp Holder (Qty: 1) Manual Filling Machine (Qty: 1) Chemical Resistant Elbow Length Gloves (Qty: 2) FaskRack Benchtop Capper (Qty: 1) 4"x4" Laboratory Jack Stand (Qty: 1) **Total HA-Gel Manufacturing Equipment** 

#### **Total Processing Equipment**

#### 5.2.3.4 Staffing Expense

	Year 1		Year 2		Y	/ear 3
Employee	#	Total	#	Total	#	Total
Chief Executive Officer	ade secret and rec	ords the disclosure of whic	h would otherwi	se be detrimental to the be	st interests of the	public [Sections 8-27 and 36-12-40].
Chief Operating Officer						
Chief Compliance						
Officer/General Counsel						
Chief Financial Officer						
Director of Security						
<b>Operations Manager</b>						
Information Technology						
Specialist						
Master Processor						
Processing Manager						
Processing Technicians						
Infusion Manager						
Infusion Technicians						
Packaging & Labeling Manager						
Packaging & Labeling						
Technicians						
Security Officers						
Maintenance Engineers						

Staffing Costs	
Direct Production Labor	Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].
Expense	
Direct Production Labor	
Employer Taxes	
Employer Benefits	
Subtotal Direct Production	
Labor Expense	
	Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].
Non-Labor Payroll Expense	
Executives	
Non-Production Employees	
Employer Taxes	
Employer Benefits	
Subtotal Non-Labor Payroll	
Expense	
Total Staffing Costs	

#### 5.3 - Statement of Cash Flow

	Startup	Year 1	Year 2	Year 3
	Trade secret and records the disc	osure of which would otherwise be	e detrimental to the best interests	of the public [Sections 8-27 and 36-12-40
Net Income				
Adjustment due Depreciation				
and Amortization Expense				
Change in Net Working Capital				
Operating Cash Flow				
(Capital Expenditures)				
Investing Cash Flow				
Proceeds from Short-Term				
Cash Commitment				
Proceeds from Long-Term				
Preferred Loan				
Additional required financing				
(Repayments) of Long-Term				
Loan Principal				
Financing Cash Flow				
Net Cash Flow				
Cash				

## 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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u>

Title of Verifying Individual

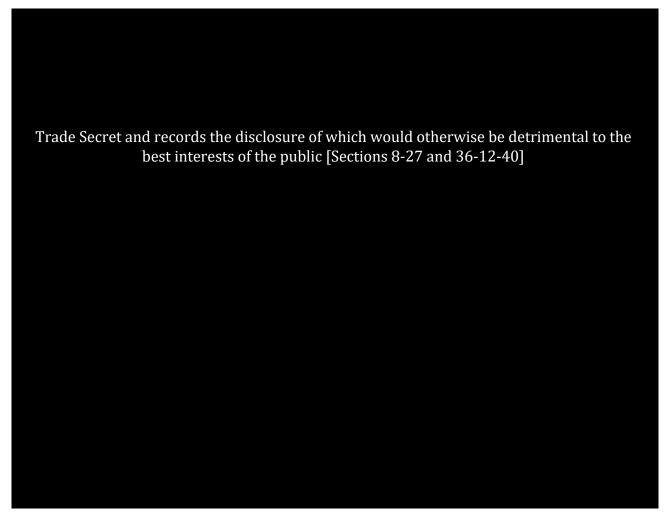
12/25/2022 Verification Date

The undersigned, based on the best available information at the date of verification, verifies that this Tax Plan demonstrate the Company's understanding of, and plans for compliance with, all applicable tax laws, including but not limited to providing all information required for purposes of the taxes levied by Chapter 2A of Title 20, Code of Alabama 1975 (as amended), and payment

of the same.		
Sensitive Personal Information and records the		
disclosure of which would otherwise be	Manager	12/25/2022
detrimental to the best interests of the public	Title	<u>Date</u>
[Section 36-12-40]		

This Tax Plan is completed as of the date of application filing. All pre-licensure obligations have been met and we will continue to execute this plan in a timely fashion after licensure.

#### 6.1 - Tax Collection and Remittance



Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

6.2 - Business History of Tax Compliance

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 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.

**Printed Name of Verifying Individual** 

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

Signature of Verifying Individual

<u>Owner</u>

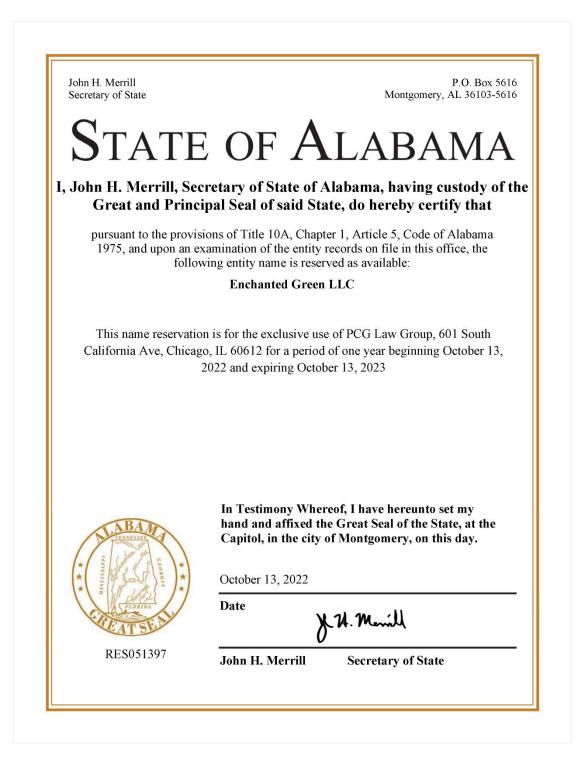
**Title of Verifying Individual** 

12/25/2022 Verification Date

These Business Formation Documents are completed as of the date of application filing.

#### 7.1 – Formation Documents

#### 7.1.1 Certificate of Formation



## **REDACTED COPY**

-				
19	JRPOSE: In order to form a Limited Liability Company (LLC) under So 75, this Certificate of Formation and the appropriate filing fees must be ate. The information required in this form is required by Title 10A.	ection 10A-5A-2.01 of the <u>Code of Alabama</u> e filed with the Office of the Secretary of		
1.	The name of the limited liability company (must contain the words "I	Limited Liability Company" or the abbreviati		
	"L.L.C." or "LLC," and comply with <u>Code of Alabama</u> , Section 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply:			
	Enchanted Green LLC			
2.	A copy of the Name Reservation Certificate from the Office of the	e Secretary of State must be attached.		
3.	The name of the registered agent (only one agent):			
	Street (no PO Boxes) address of registered office (must be located in Alabama):			
	(10 1 O DOACS) address of registered office (indist de focaled in Addalia).			
	*COUNTY of above address:			
	*COUNTY of above address: Mailing address in Alabama of registered office (if different from stre			
4	Mailing address in Alabama of registered office (if different from stre	et address):		
4.	Mailing address in Alabama of registered office (if different from stre	et address):		
4.	Mailing address in Alabama of registered office (if different from stre	et address):		
4.	Mailing address in Alabama of registered office (if different from stre	et address):		
4.	Mailing address in Alabama of registered office (if different from stre	et address):		
4.	Mailing address in Alabama of registered office (if different from stre	et address):		
4.	Mailing address in Alabama of registered office (if different from stre	et address):		
4.	Mailing address in Alabama of registered office (if different from stre	et address): d liability company. (For SOS Office Use Only) Alabama		
4.	Mailing address in Alabama of registered office (if different from stre	d liability company. (For SOS Office Use Only) Alabama Sec. Of State		
4.	Mailing address in Alabama of registered office (if different from stre	et address): d liability company. (For SOS Office Use Only) Alabama Sec. Of State 001-044-520 DLL		
4.	Mailing address in Alabama of registered office (if different from stre	d liability company. (For SOS Office Use Only) Alabama Sec. Of State		
4.	Mailing address in Alabama of registered office (if different from stre	c (For SOS Office Use Only) Alabama Sec. Of State 001-044-520 DLL Date 10/13/2022 Time 19:10:00 File \$100.00		
4.	Mailing address in Alabama of registered office (if different from stre	et address): d liability company. (For SOS Office Use Only) Alabama Sec. Of State 001-044-520 DLL Date 10/13/2022 Time 19:10:00		
4.	Mailing address in Alabama of registered office (if different from stre	(For SOS Office Use Only) Alabama Sec. Of State 001-044-520 DLL Date 10/13/2022 Time 19:10:00 File \$100.00 County \$100.00		

	<b>IPANY (LLC) CERTIFICATE OF FORMATION</b>
5. Check <u>only</u> if the type applies to the Lin	nited Liability Company being formed:
O Series LLC complying with Title 1	0A, Chapter 5A, Article 11
O Professional LLC complying with	Title 10A, Chapter 5A, Article 8
O Non-Profit LLC complying with Se	ection 10A-5A-1.04(c)
of State, Business Services Division of this filing complying with Section 10A- The undersigned specify 10 / 13 office of the Secretary of State, but no 1	ny is effective immediately on the date received by the office of the Secretary r at the delayed filing date (cannot be prior to the filing date) specified in (1-4.12) as the effective date (must be on or after the date filed in the ater than the 90th day after the date this instrument was signed) and the time $(\mathbf{O} PM)$ . (cannot be noon or midnight – 12:00)
Attached are any other matters the attachments with the filing).	members determine to include herein (if this item is checked there must be
10 / 13 / 2022	
Date (MM/DD/YYYY)	Signature as required by 10A-5A-2.04
	organizer Typed title (organizer or attorney-in-fact)
*County of Registered Agent is requested in	order to determine distribution of County filing fees.
*County of Registered Agent is requested in	order to determine distribution of County filing fees.
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*County of Registered Agent is requested in	order to determine distribution of County filing fees.

Organizers Organizer	Street Address	Mailing Address
Sensitive Personal I be detrimental to th	nformation and records the d e best interests of the public [	isclosure of which would otherwis Section 36-12-40]

#### 7.1.2 Certificate of Amendment

#### STATE OF ALABAMA

#### DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF AMENDMENT

PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the <u>Code of Alabama 1975</u>, this Certificate of Amendment and the appropriate filing fees must be filed with the Office of the Secretary of State.

1. The current recorded name of the Limited Liability Company:

Enchanted Green LLC

2. The date the Certificate of Formation was filed: <u>10 / 13 / 2022</u> (MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000-000): 001 - 044 - 520 TO OBTAIN ID NUMBER, website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. This step is strongly recommended.

	(For SOS Use Only)
	Alabama Sec. Of State
	001-044-520 DLL
	Date 12/15/2022 Time 12:50:11 File \$100.00 County Total \$100.00
DLLC Amendment - 1/2022 page 1 of 2	

4.	The following amendment was adopted on <u>12 / 15 /2022 (MM/DD/YYYY)</u> : See attached.				
	s <u></u>				
	·				
	Additional Amendments and the dates on which they were adopted are attached.				
	*Be very specific about what must be changed if you are amending existing information. *If the amendment includes a name change, a copy of the <b>Name Reservation Certificate</b> issued by the Office of				
	Secretary of State must be attached	d.			
	*Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered				
	Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing accept responsibility). Agent information will NOT be changed with an amendment.				
5	The undersigned authorized signatu	ure certifies that the amendment or amendments have been approved in the manner.			
5.		ure certifies that the amendment or amendments have been approved in the manner <i>of Alabama of</i> 1975 and the governing documents of this entity.			
	required by Title 10A of the <i>Code</i> of 12 / 15 / 2022				
1	required by Title 10A of the <i>Code</i> of 12 / 15 / 2022	of Alabama of 1975 and the governing documents of this entity.			
1	required by Title 10A of the <i>Code</i> of 12 / 15 / 2022	of Alabama of 1975 and the governing documents of this entity.           Signature as required by 10A-5A-2.04			
1	required by Title 10A of the <i>Code</i> of 12 / 15 / 2022	of Alabama of 1975 and the governing documents of this entity.           Signature as required by 10A-5A-2.04           Organizer			
1	required by Title 10A of the <i>Code</i> of 12 / 15 / 2022	of Alabama of 1975 and the governing documents of this entity.           Signature as required by 10A-5A-2.04           Organizer			
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1	required by Title 10A of the <i>Code</i> of 12 / 15 / 2022	of Alabama of 1975 and the governing documents of this entity.           Signature as required by 10A-5A-2.04           Organizer			

Amendment Details				
Cntity Info				
Current Entity Name		Entity ID		
Enchanted Green LLC		001-044-520		
Type Limited Liability Company (L	LC)	Formation Date 2022-10-13		
Iembers and Addresses —				
Original				
Member	Street Address	Mailing Address		
Amended				
Member	Street Address	Mailing Address		
		ds the disclosure of which est interests of the public	(Added)	
			(Added)	



# **SENSITIVE INFORMATION**

## SENSITIVE INFORMATION

#### **REDACTED COPY** 7.3 - Operating Agreement

## SENSITIVE INFORMATION

# SENSITIVE INFORMATION

## SENSITIVE INFORMATION

# SENSITIVE INFORMATION

# SENSITIVE INFORMATION

# SENSITIVE INFORMATION

## SENSITIVE INFORMATION

# SENSITIVE INFORMATION

## Exhibit 8 – Business License and Authorization of Local Jurisdictions

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.

**Printed Name of Verifying Individual** 

Signature of Verifying Individual

Manager Title of Verifying Individual

03.02.2023 Verification Date

#### **TABLE OF CONTENTS**

8.1 – Business Licenses (In progress)	2
3.2 – Municipal Approval <i>(Completed)</i>	2
8.2.1 Zoning Ordinance	3

#### 8.1 – Business Licenses

#### (In progress)

It should be noted that a state license to operate a cannabis business and certificate of occupancy for the business premises are required before any municipal business license can be issued. The Company will seek a certificate of occupancy for our facility as soon as we complete necessary remodeling, and we will submit our business license application immediately upon receipt of a certificate of occupancy.

The Company has fulfilled all other requirements for a business license; this application is in progress and will be completed no more than 90 days after Commission licensure.

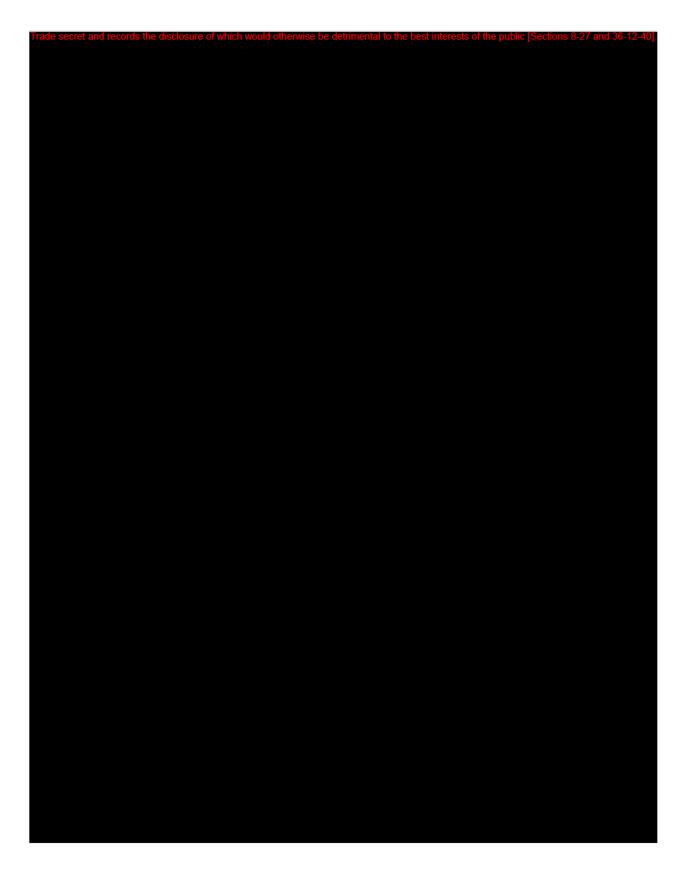
#### <u>8.2 – Municipal Approval</u>

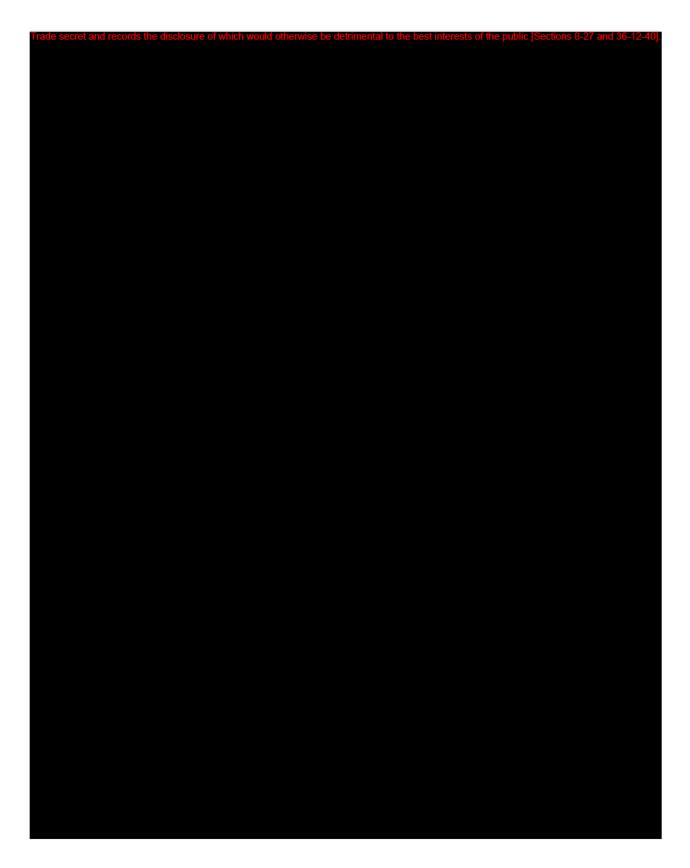
(Completed)

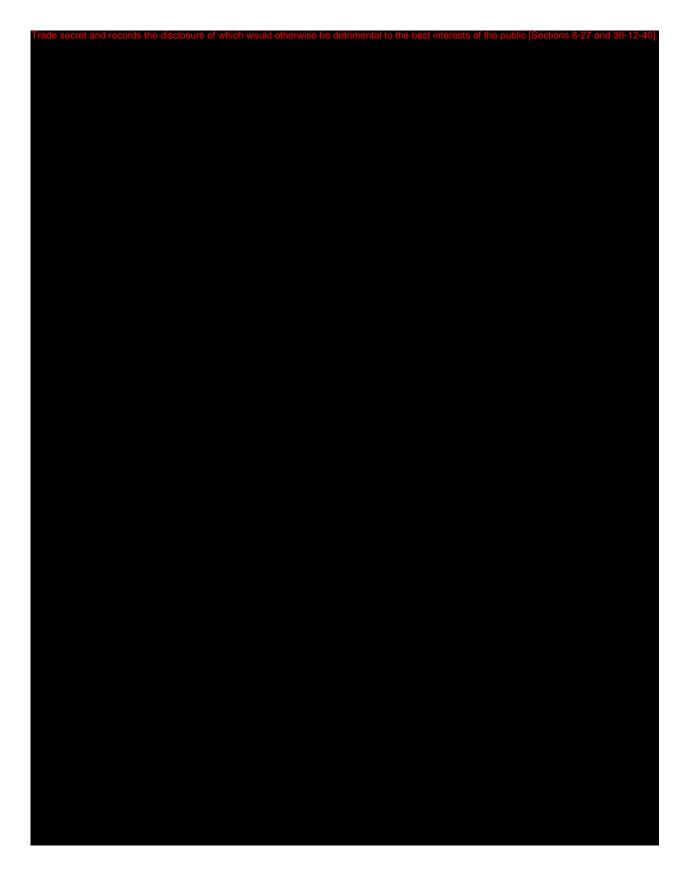
Trade secret and records the disclosure of	of which would otherwise be detri	imental to the best interests of the	e public [Sections 8-27 and 36-12-40].

#### 8.2.1 Zoning Ordinance

Trade secret and records the disclosure	e of which would otherwise be de	etrimental to the best interests of	the public [Sections 8-27 and 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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section <u>36-12-40</u>] <u>Owner</u>

**Title of Verifying Individual** 

12/25/2022 Verification Date

The undersigned, based on the best available information at the date of verification, verifies that the Company's Business Plan includes at a minimum the following:

- A clearly defined business structure and plan for adherence to applicable corporate conventions.
- Clearly defined business goals, including a 3-year and a 5-year plan.
- An Organizational Chart a diagram that visually conveys the Applicant's internal structure by detailing the roles, responsibilities, and relationships between individuals within an entity.
- Job descriptions of all managerial positions, showing clear delineation of authority, qualifications, and duties.
- Job descriptions of all non-managerial employee positions, showing clear delineation of qualifications and duties.
- An executive summary, including mission statement, leadership background and qualifications, business style and philosophy, key personnel, identification of facility location(s) and function(s).
- A description of services and/or products to be cultivated, processed, transported, dispensed, or tested at each facility, as applicable, including: Actual (or projected) pricing data, if applicable; Actual (or projected) product lifespan, if applicable; Projected benefits to consumers; Patents, if any; and Proprietary technology, if any.
- An advertising/marketing analysis and strategy, if any.
- A Community Engagement Plan describing all efforts that have been or will be made to foster the Applicant's relationship with, involvement in, and commitment to any community (including municipality or county) in which the Applicant intends to locate a facility within the next three years.
- An Environmental Impact Statement outlining the anticipated impact of each of the Applicant's proposed operations, per facility, on the local environment; the Applicant's efforts or plans, if any, to build a relationship to foster cooperation and compliance with federal, state and local agencies providing environmental oversight; and any steps the Applicant has taken or will take to reduce or eliminate its carbon footprint and/or to achieve and maintain a positive environmental profile in each community where the

Applicant intends to locate and operate a facility within the next three years.

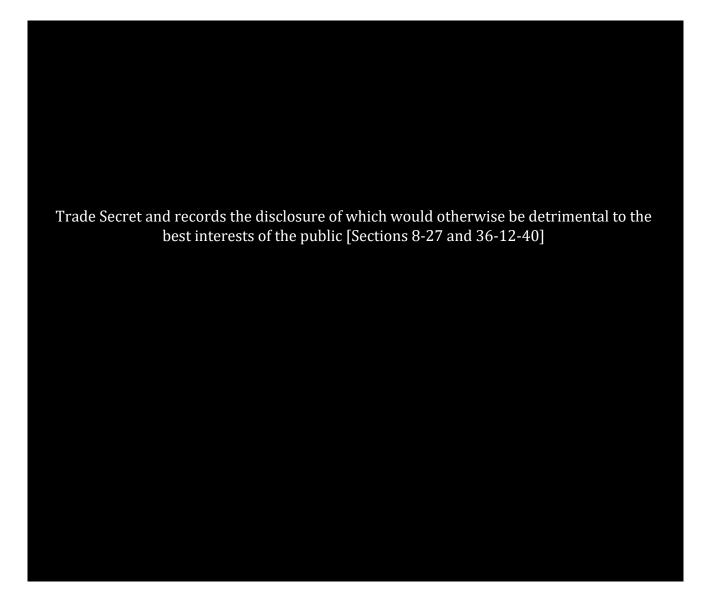
• An insurance plan, including declarations pages and letters of intent, if any, from an Arated insurer as to, at a minimum, casualty, workers' compensation, liability, and (as

applicable) auto or fleet policy.

Sensitive Personal Information and records		
the disclosure of which would otherwise be	Owner	12/25/2022
detrimental to the best interests of the public	Title	Date
[Section 36-12-40]	1140	Date

This Business Plan is completed as of the date of application filing.

#### <u>9.1 – Business Structure and Adherence to Corporate Conventions</u> (Completed)



Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

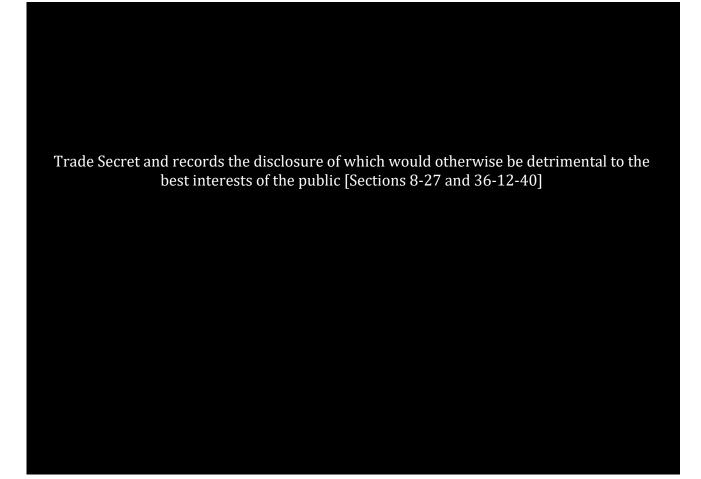
#### 9.2 - Business Goals

(Completed)

License Type: Processing

#### **REDACTED COPY** 9.3 - Organizational Chart

(Completed)



#### 9.4 – Job Descriptions of Managerial Positions

(Completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 9.5 – Job Descriptions of Non-Managerial Positions

(Completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 9.6 - Executive Summary

Trade Secret, Sensitive Personal Information, and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-4v0]

Trade Secret , Sensitive Personal Information, and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 9.7 – Products and Services

(Completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

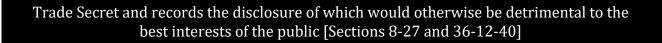
Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

9.8 - Advertising/Marketing Analysis and Strategy

(Plan completed)

9.9 - Community Engagement Plan

(Plan completed)



#### 9.10 - Environmental Impact Statement

(Plan completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 9.11 - Insurance Plan

(Plan completed)

# 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.

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].

Owner Title of Verifying Individual

12/25/2022 Verification Date

This new joint venture brings together a long-established entrepreneur who founded one of the Midwest's first medical cannabis businesses in 2015 and a biopharmaceutical executive with deep roots in Alabama. Our Business Plan reflects our extensive experience in building and operating cannabis facilities in highly regulated medical cannabis markets.

The Company's principals have strong and well-established business relationships with medical cannabis companies across the country. We are proud of our national reputation as a reliable business partner, both as a vendor and as a customer.

We have already signed memoranda of understanding with four potential licensees, and we are confident in our ability to quickly forge lasting business relationships with our peer companies in Alabama.

#### License Type: Processing

#### **REDACTED COPY** 10.1 - Memorandums of Understanding with Cultivators

The Company will establish relationships with Cultivators within 30 days of licensure. Given our experience in other states, we do not anticipate any issues with building supplier partnerships.

#### **<u>10.2 – Memorandums of Understanding with Secure Transporters</u>** (In process)

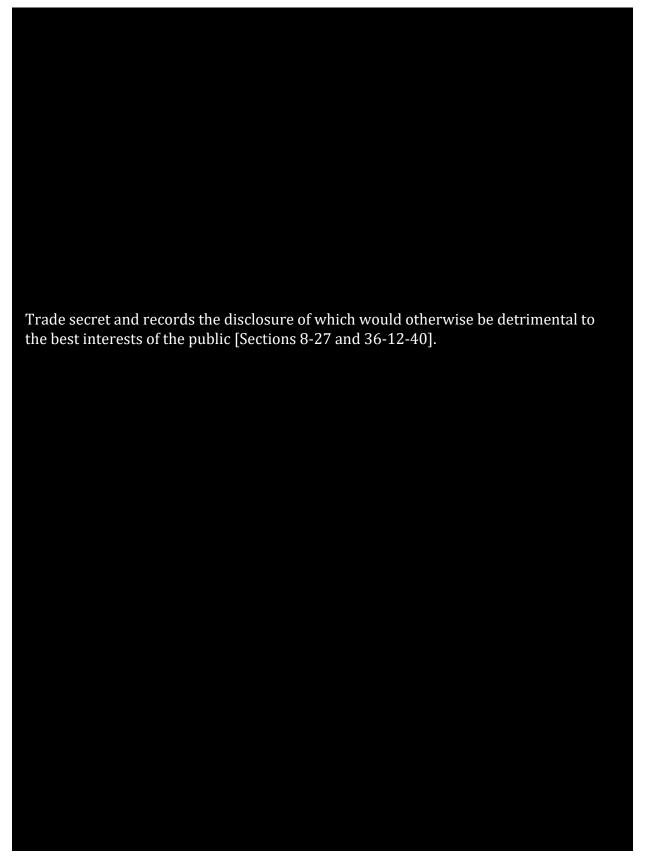
The Company will contract with a Secure Transporter within 30 days of licensure.

(In process)

License Type: Processing

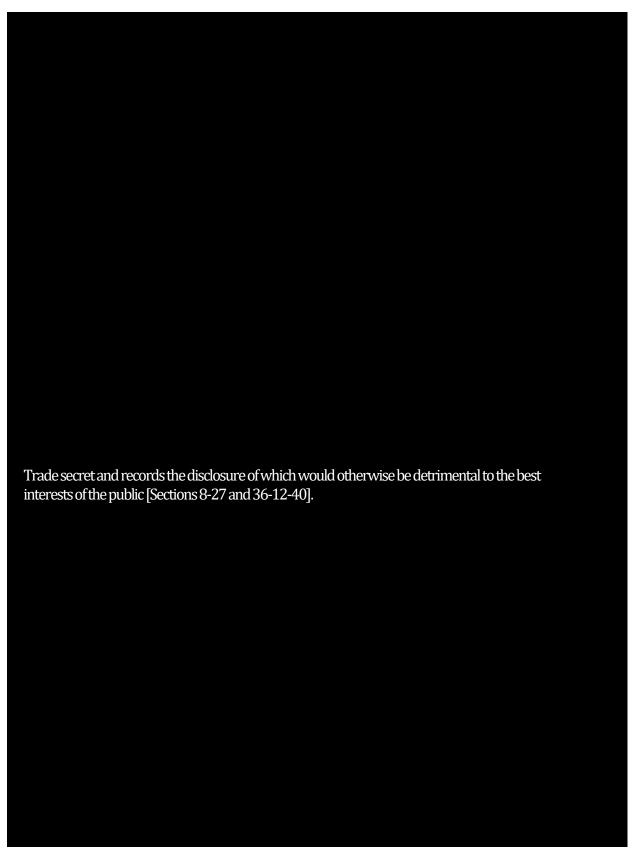
**<u>10.3 – Memorandums of Understanding with Dispensaries</u>** 

(Completed)



**<u>10.4 – Memorandums of Understanding with Integrated Facilities</u>** 

(Completed)



**<u>10.5 - Memorandums of Understanding with State Testing Laboratories</u>** (In process)

The Company will contract with a State Testing Laboratory within 30 days of licensure.

License Type: Processing

10.6 - Memorandums of Understanding with Processors

(Completed)





## 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.

Sensitive Personal Informaiton and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u>

**Title of Verifying Individual** 

<u>12/25/2022</u> Verification Date

# REDACTED Cice Processing

The undersigned, based on the best available information at the date of verification, verifies that

the following is a true copy of the Company's Standard Operating Plan and Procedures.

Sensitive Personal Informaiton and records the disclosure of which would otherwise be	<u>Manager</u>	<u>12/25/2022</u>
detrimental to the best interests of the public [Section 36-12-40]	Title	Date

This Standard Operating Plan and Procedures is completed as of date of application. All pre-licensure obligations have been met. We will continue to execute this plan in a timely fashion after licensure.

The Company's Standard Operating Plan and Procedures demonstrate our deep knowledge and experience in building and operating processing facilities in highly regulated medical cannabis markets throughout the United States.

Our Standard Operating Plan and Procedures will be maintained in readily accessible locations at our facilities and will be available on for download on our website by our employees, inspectors, the Commission, and Commission staff.

#### 11.1 – Information Technology Plan

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

## SECURITY INFRASTRUCTURE

# REDACTED Cices Processing

## SECURITY INFRASTRUCTURE

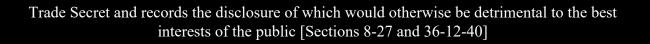
Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

11.1.2 IT Recordkeeping Systems

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 11.1.2.1 Software





#### 11.1.3 Coordination and Communication with Stakeholders

# REDACTED Cices Processing

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 11.2 - Maintenance and Storage Plan



Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

# REDACTED Cices Processing

#### 11.3 - Quality Control/Quality Assurance Plan

(Plan completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

11.4 - Contamination and Recall Plan

(Plan completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### <u> 11.5 – Criminal Activity Plan</u>

(Plan completed)

## SECURITY INFRASTRUCTURE

# REDACTED Cices Processing

## SECURITY INFRASTRUCTURE



## SECURITY INFRASTRUCTURE



## SECURITY INFRASTRUCTURE

# REDACTED Cices Processing

Security Infrastructure, Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

# 11.7 - Alcohol. Smoke. and Drug Free Workplace Policy (Completed) Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### <u> 11.8 – Employee Safety Plan</u>

(Plan completed)



# REDACTED Corportersing



## SECURITY INFRASTRUCTURE

# REDACTED Cices Dyper rocessing

## SECURITY INFRASTRUCTURE

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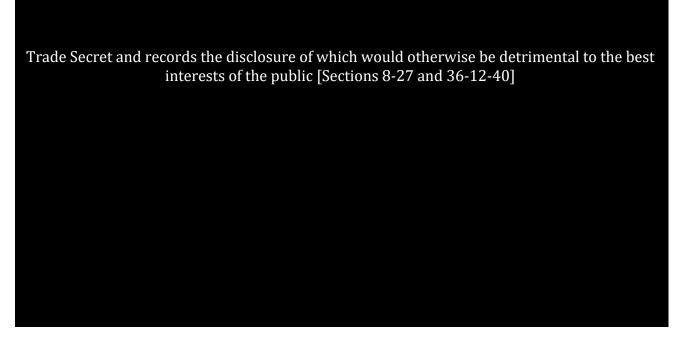
Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### <u> 11.10 - Waste Disposal Plan</u>

(Plan completed)

# REDACTED Cospersessing

# REDACTED Cices Processing



#### 11.11 - Security Plan

(Plan completed)

Per the instructions given in Section 3.2, Part IV, Exhibit 11, Subsection 11 of the AMCC Application Guidelines, the details of our Security Plan are provided in <u>Exhibit 17</u>.

# 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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u>

**Title of Verifying Individual** 

<u>12/25/2022</u> Verification Date

#### TABLE OF CONTENTS

(Please note that subjects are in alphabetical order by department then procedure.)

SUMMARY1			
STANDARD OPERATING PROCEDURES 5			
GENERAL AND ADMINISTRATIVE	5		
Blood and Bodily Fluid	6		
Chemical Spill Response	8		
Cleaning			
Cleanroom Area Sanitation	14		
Emergency Drills	17		
Emergency Equipment			
Equipment Inspection and Maintenance	22		
Facility Maintenance and Sanitation (External)	25		
Facility Maintenance and Sanitation (Internal)	26		
Financial Audits	27		
Fire Response	29		
Handwashing			
Hygiene			
Incident Investigation			
Incident Reporting			
Injury or Illness	40		
Inspection Compliance			
Locker Room and Uniforms	48		
Material Data Safety Sheets	50		
Medical Emergency	52		

	New and Revised SOP	. 53
	Risk Assessment	. 55
	Severe Weather Response	. 56
	Threat Response	. 58
Н	UMAN RESOURCES	. 60
	Complaint Handling (Personnel)	. 61
	Disciplinary Action	. 64
	Hiring	. 68
	Recruiting	. 70
	Termination	.71
	Training	.74
II	VFORMATION TECHNOLOGY	. 78
	Issue Reporting	. 79
	System Access (General)	. 80
	System Access (Hiring)	. 82
	System Access (Suspended or Terminated)	. 84
	System Access (Transferred or Promoted)	. 86
	User Authentication and Password Security	. 88
II	VENTORY MANAGEMENT	. 90
	Adverse Loss Investigation	.91
	Annual Inventory Audit	. 93
	Cannabis Waste Inventory	. 95
	Electronic Inventory	. 97
	First In, First Out	. 98
	Inventory Discrepancy Reporting	. 99

Monthly Inventory Audit	
Purchase Order Intake and Processing	
PACKAGING & LABELING	
Dosing	
Labeling	
Order Collection and Packaging	
Packaging	
Packaging & Labeling Sanitation	
PROCESSING	
Carbon Dioxide Extraction	
Feedstock Preparation	
Formulation	
Processing Sanitation	
Purging	
Rotary Evaporator	
Safety	
Weighing and Measuring	
Winterizing	
QUALITY ASSURANCE	
External Testing	
Inbound Quarantine	
Initial Product Qualification Testing	
Internal Testing	
Patient Complaint Handling	
Recall	

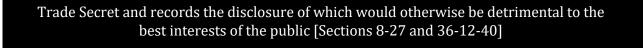
Rework and Reprocessing	159
Sampling	161
Stability Testing	163
SECURITY	164
Access Card Use	165
Employee Access	167
Employee Access Credentialing	168
Security Equipment Inspection and Maintenance	169
Security Rounds	170
System Testing	172
Visitor, Regulator and Law Enforcement Access	174
WASTE	176
Cannabis Waste Collection	177
Cannabis Waste Destruction	179
Non-Cannabis Waste Collection	
Waste Management	
Wastewater Management	

The undersigned, based on the best available information at the date of verification, verifies that

the following is a true

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

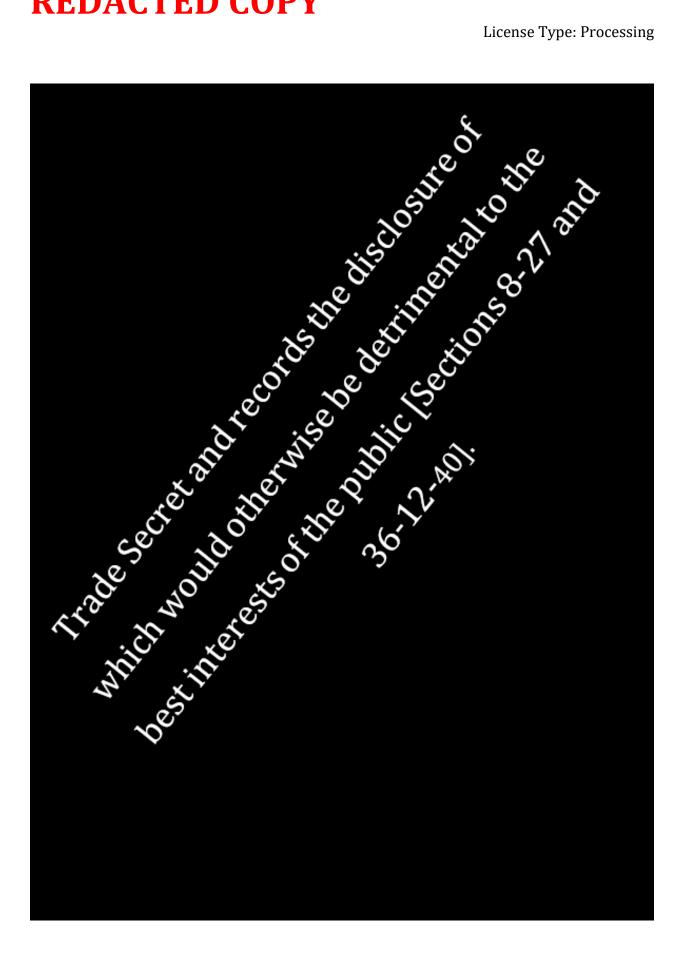
This Policies and Procedures Manual is completed as of the date of application filing.

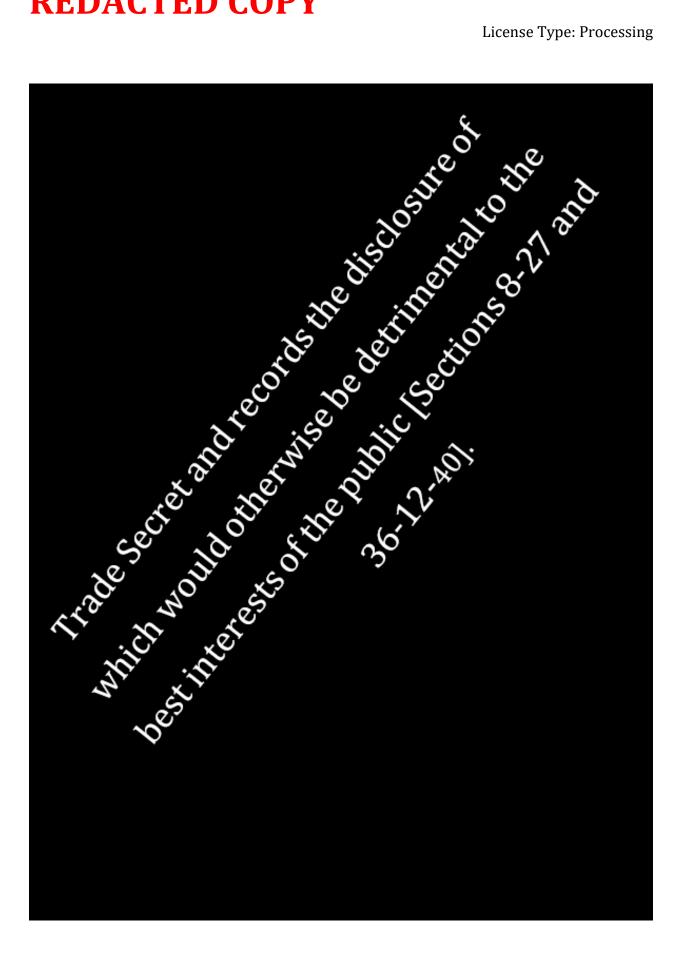


#### License Type: Processing

#### License Type: Processing

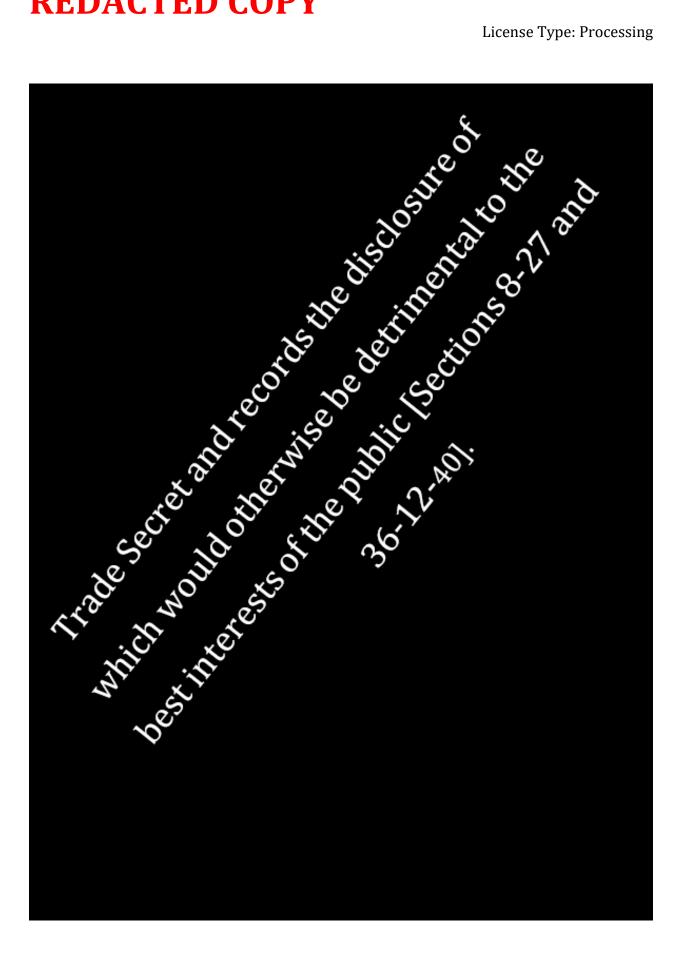
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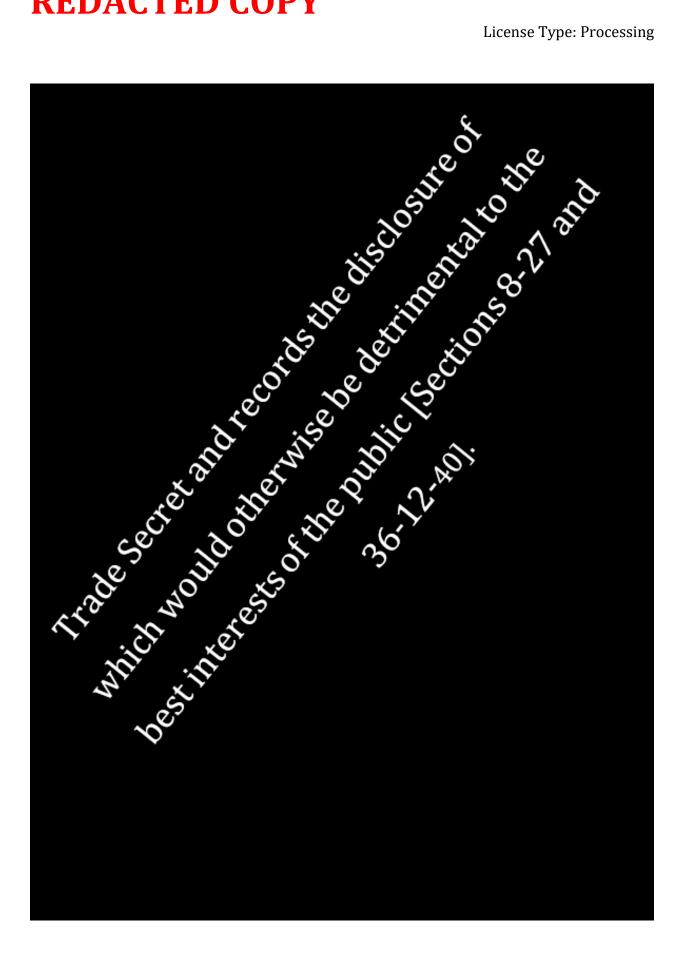


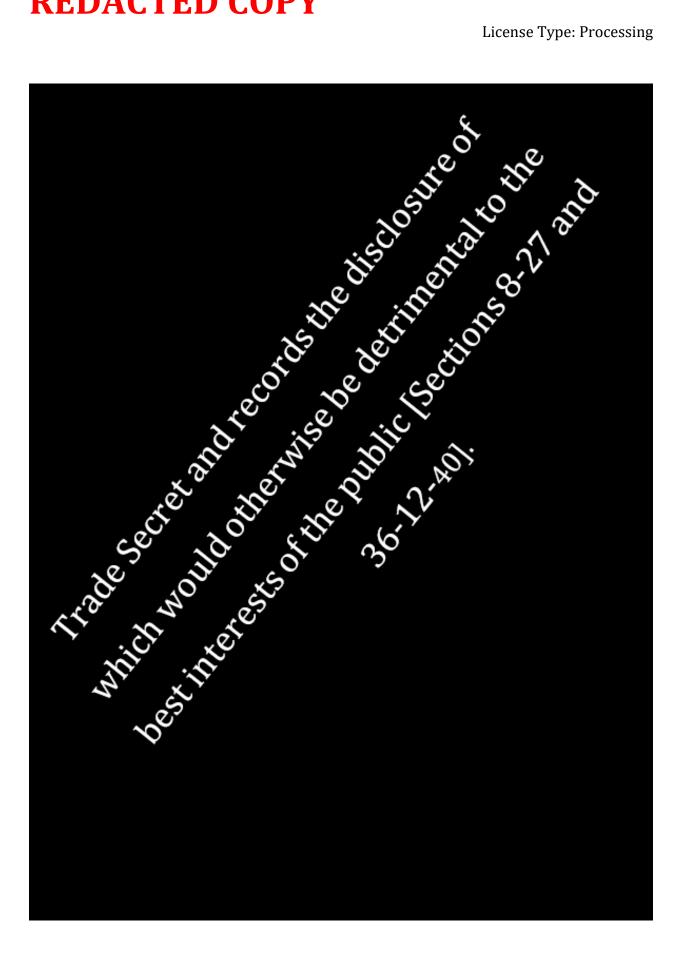








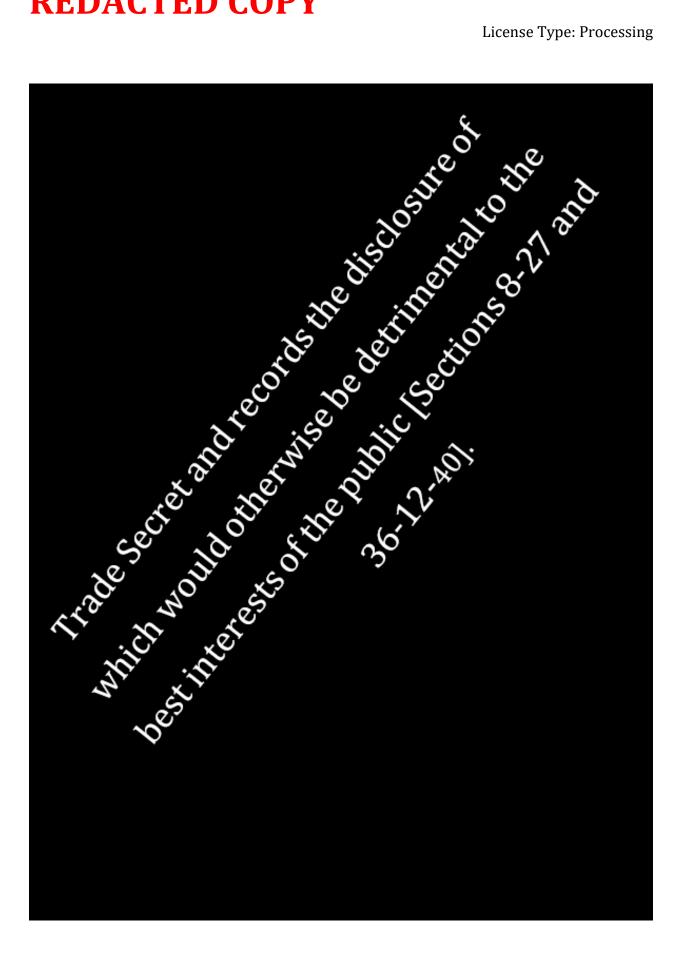




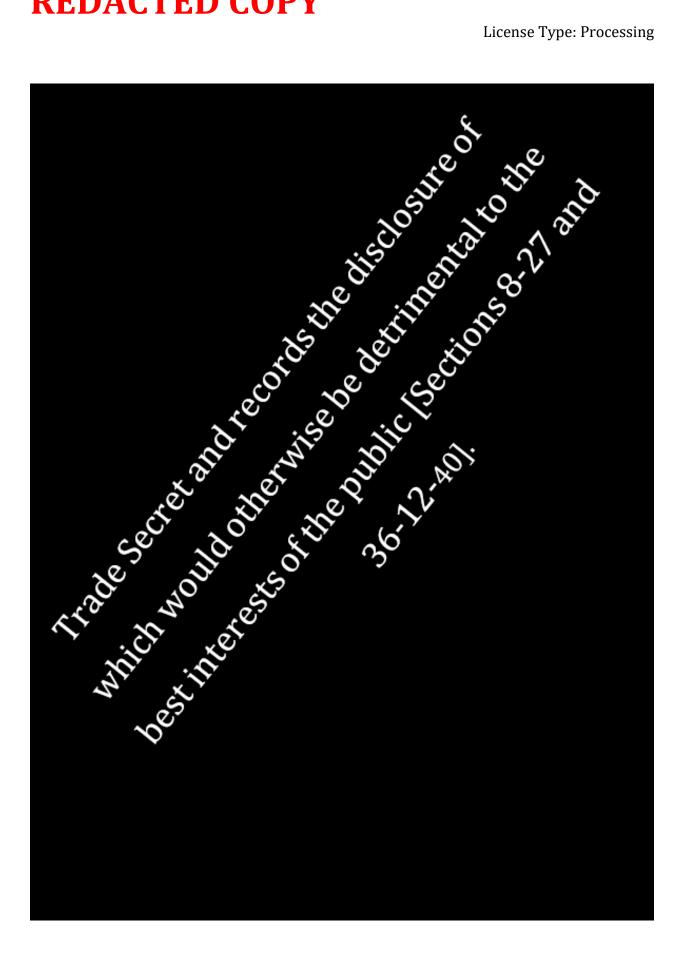




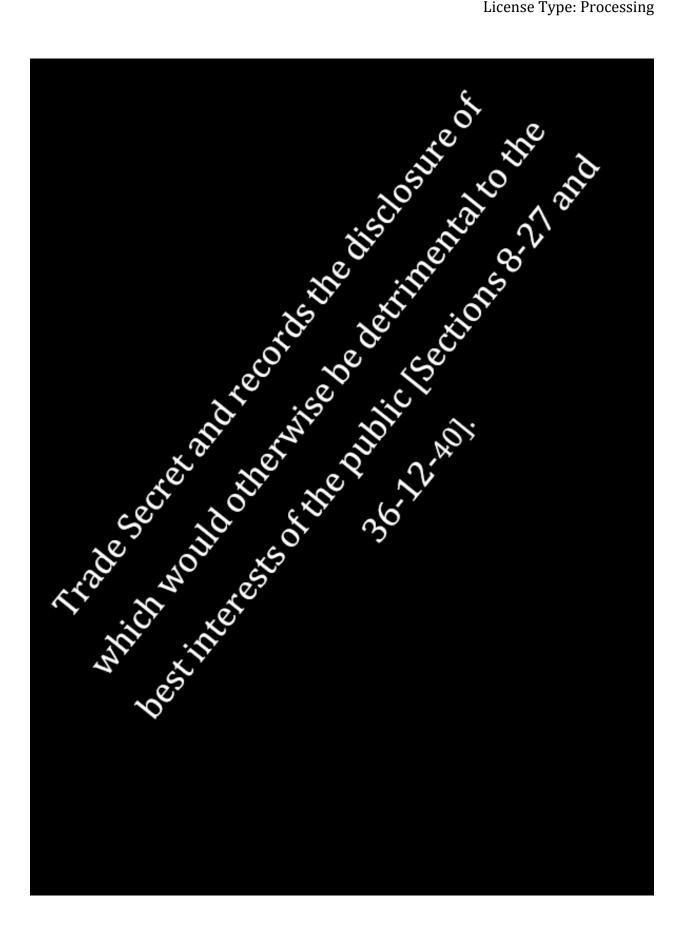


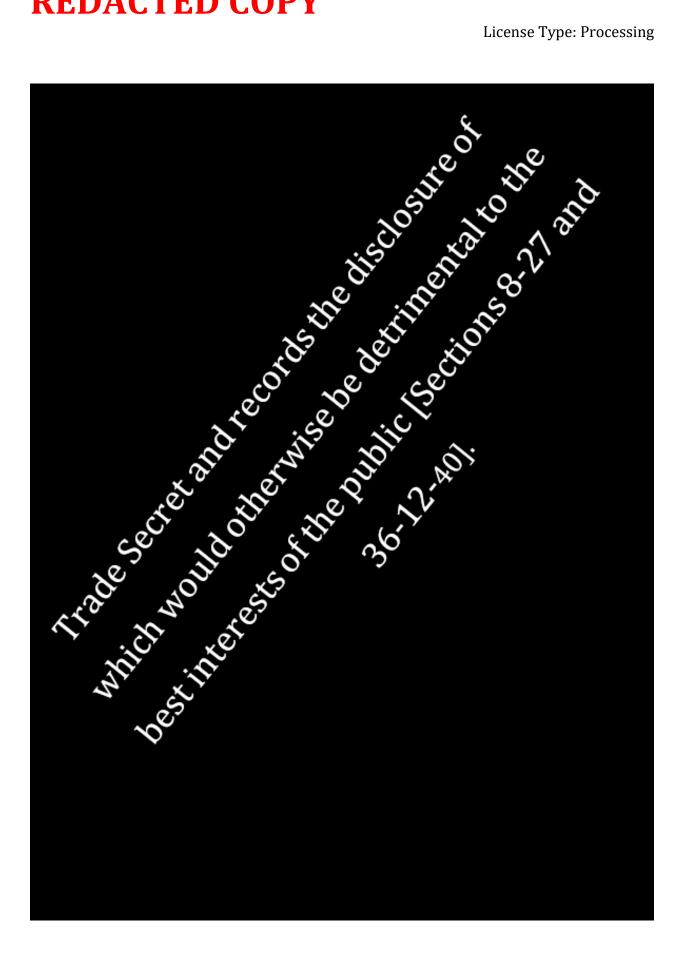


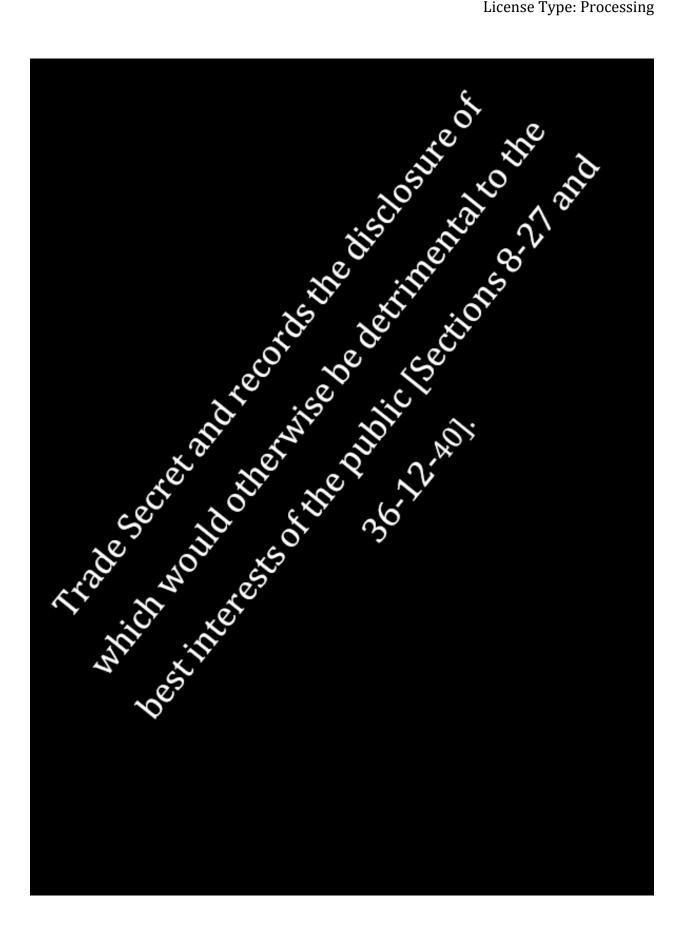


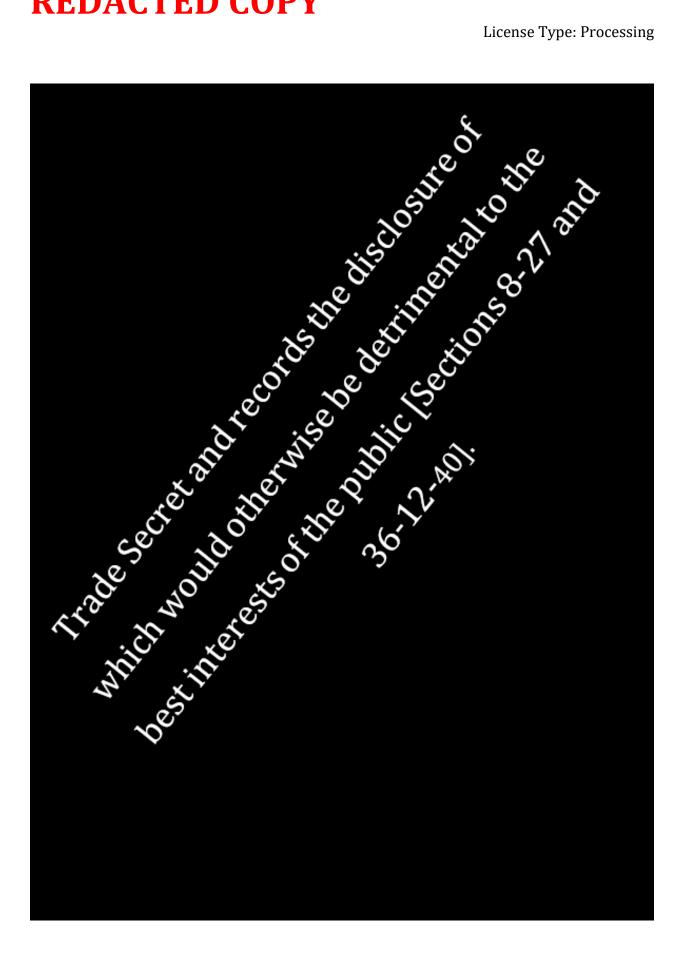


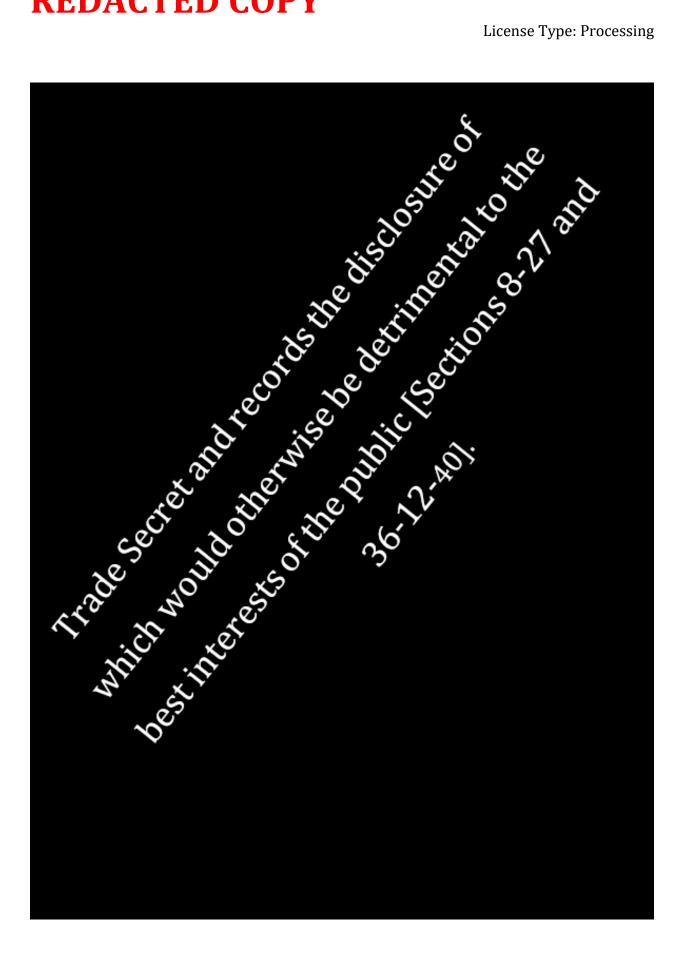




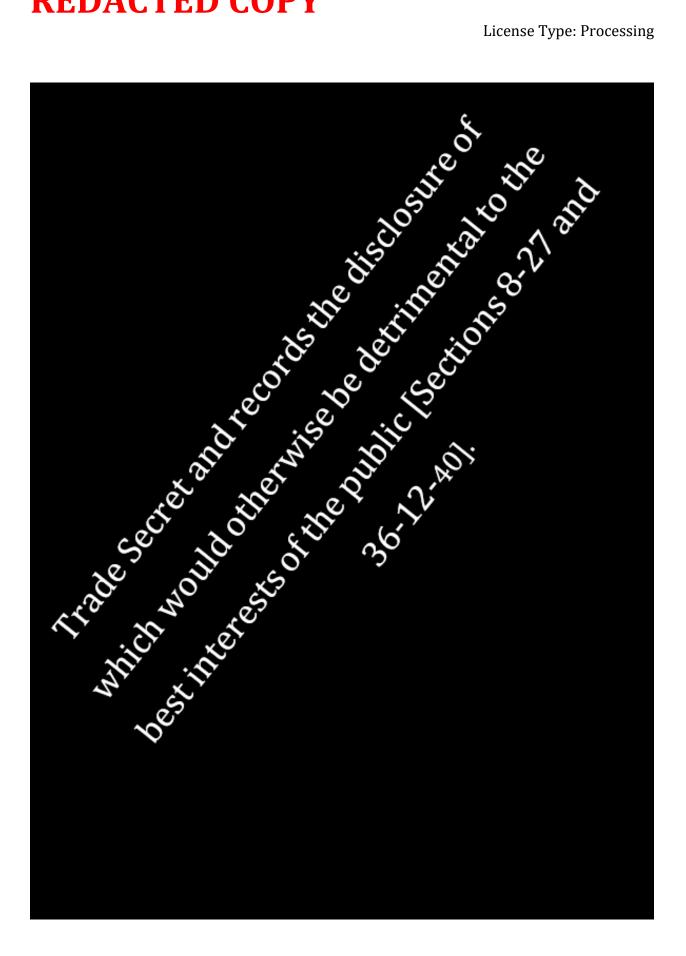




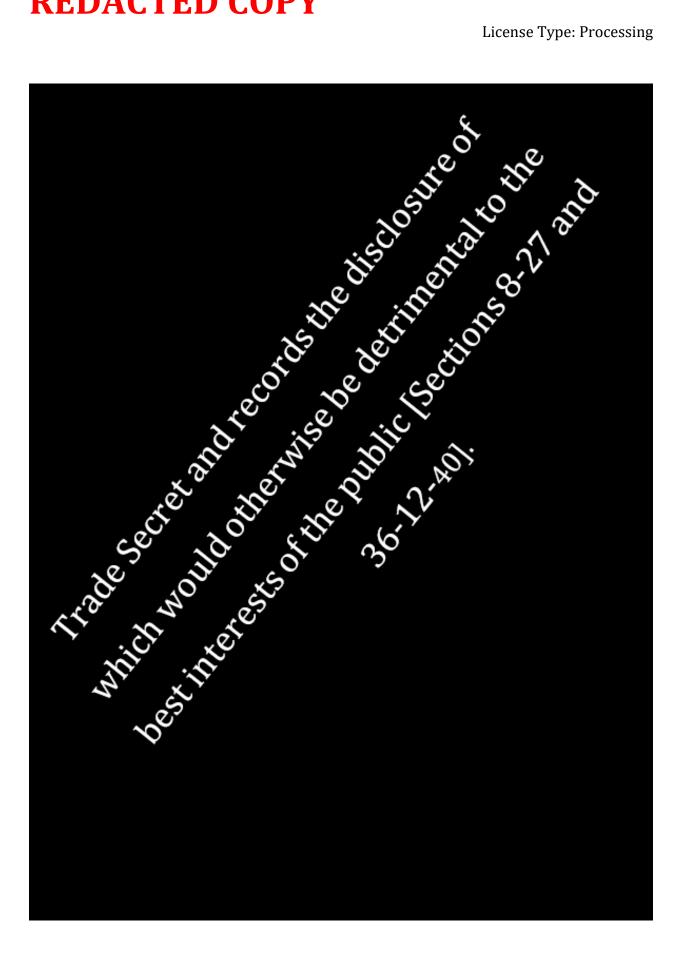


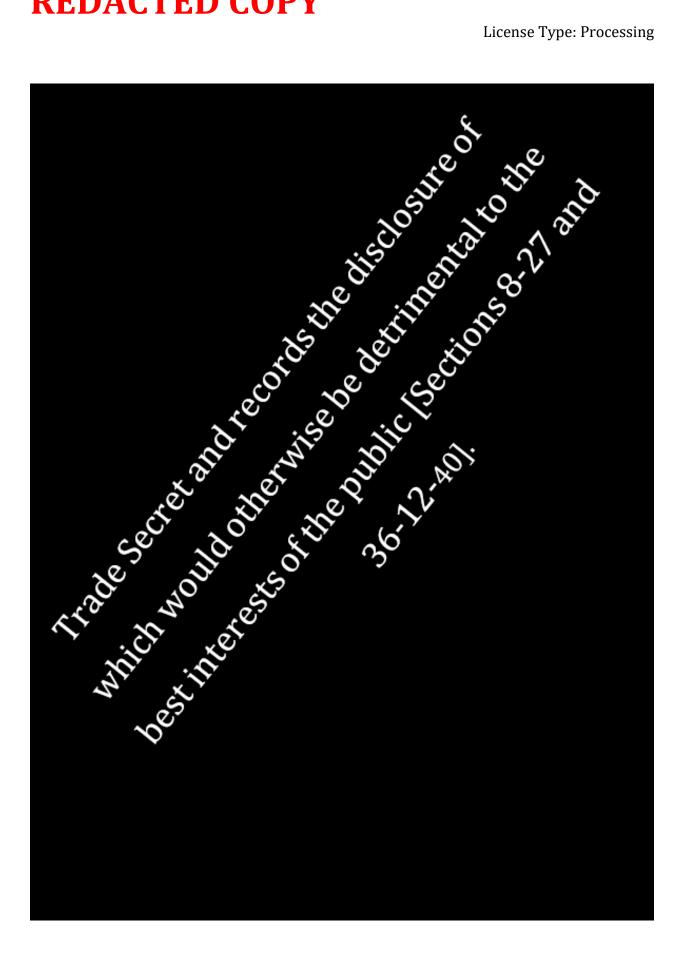


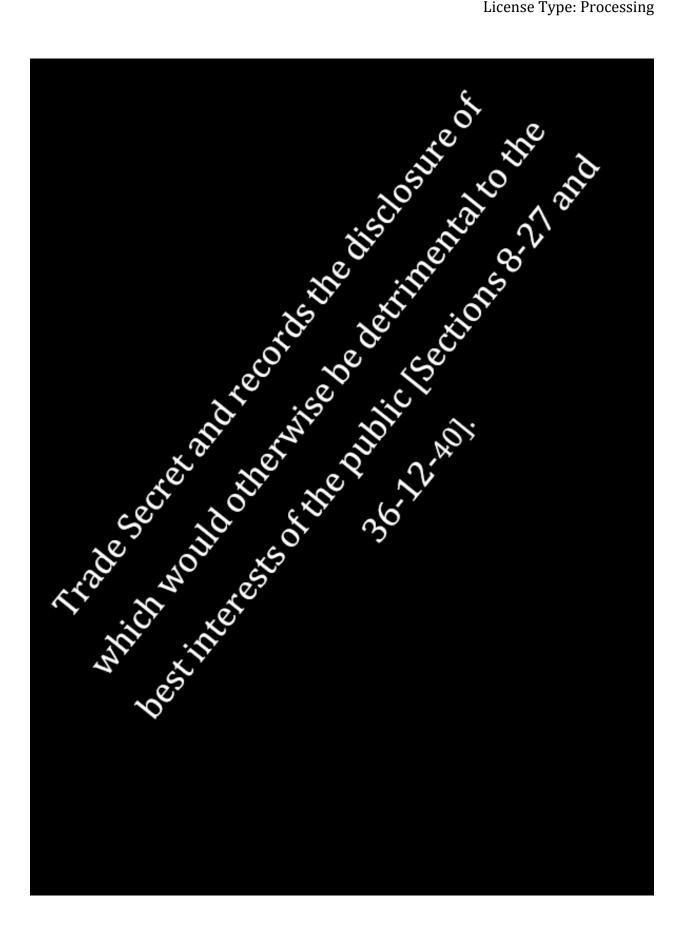


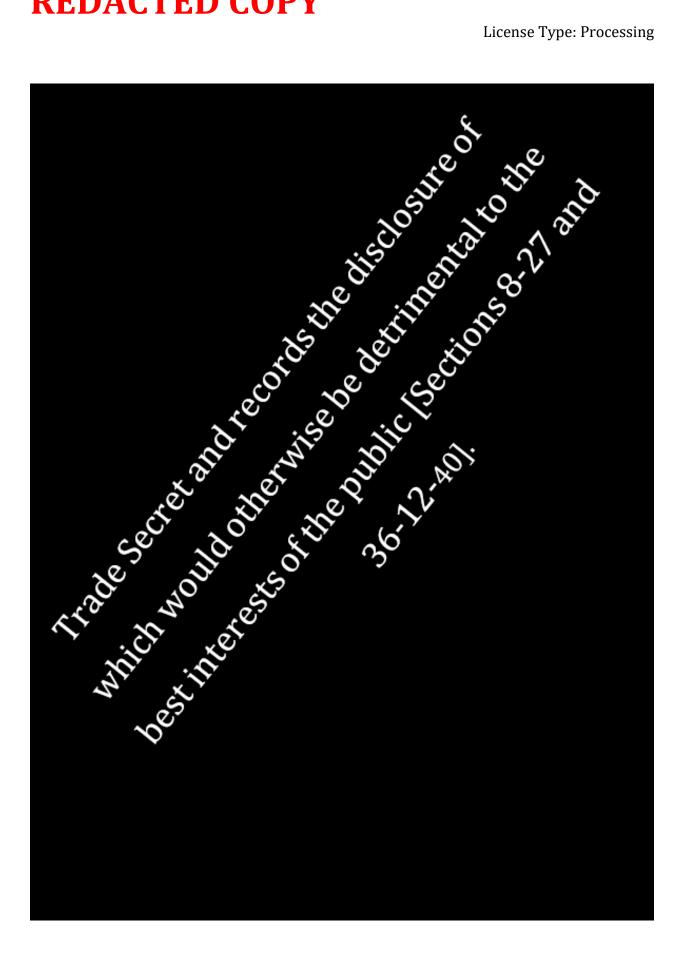


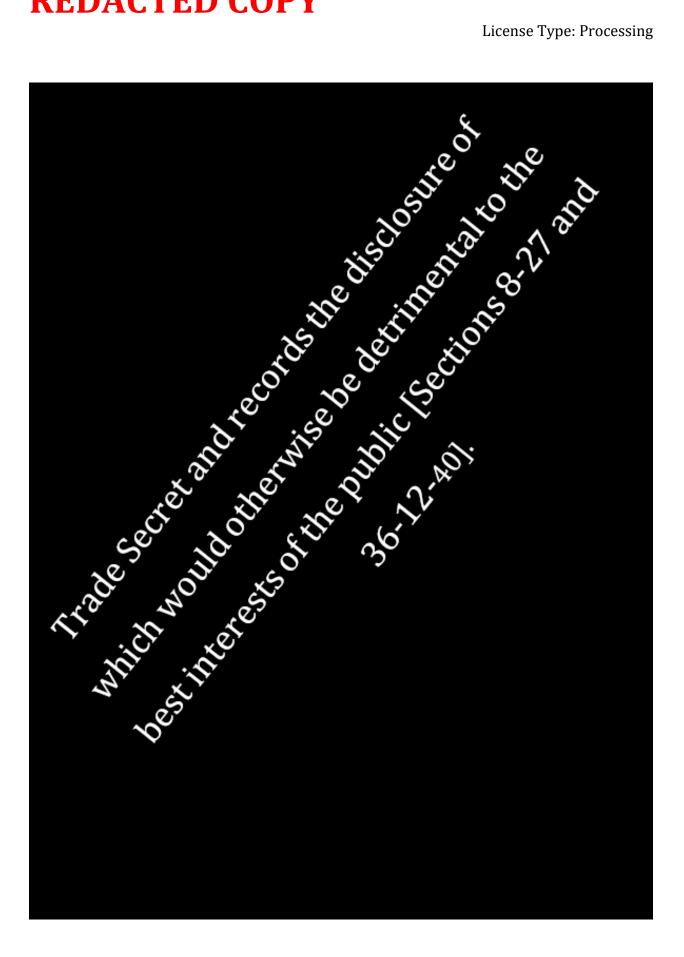


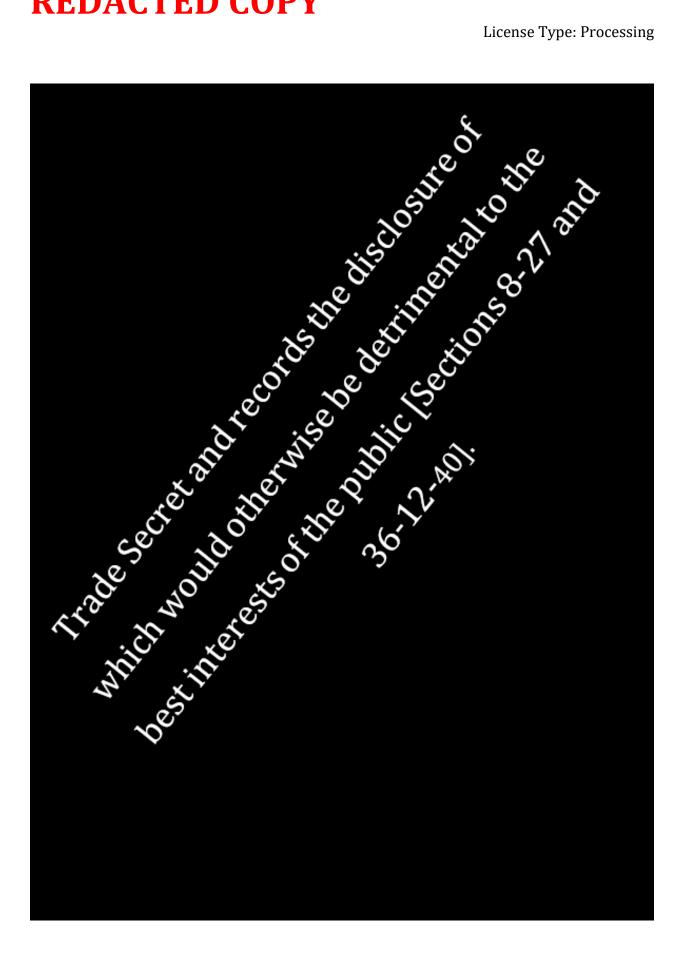








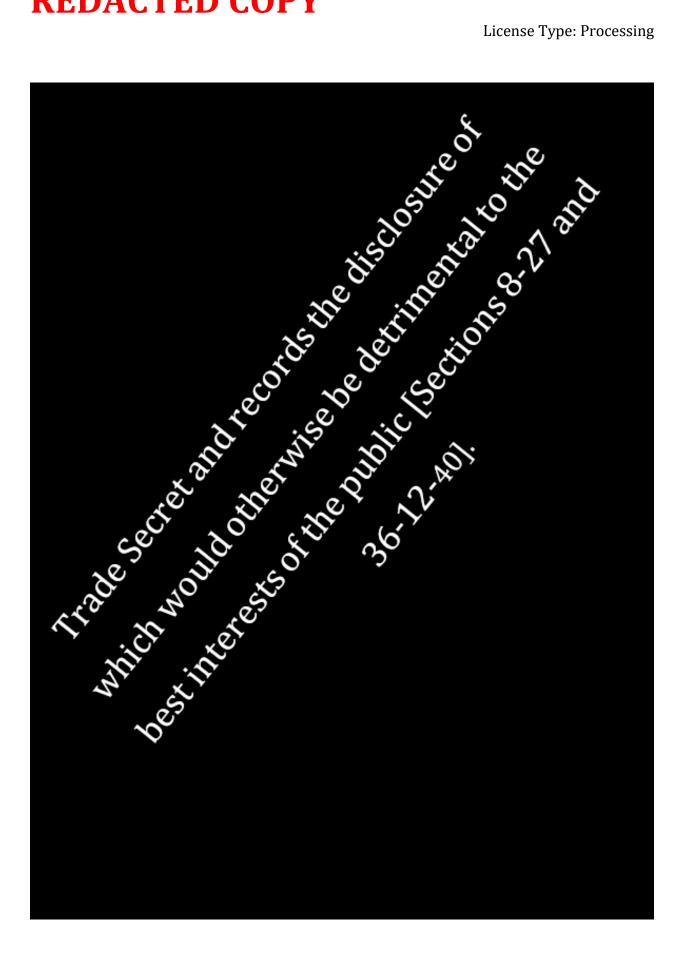






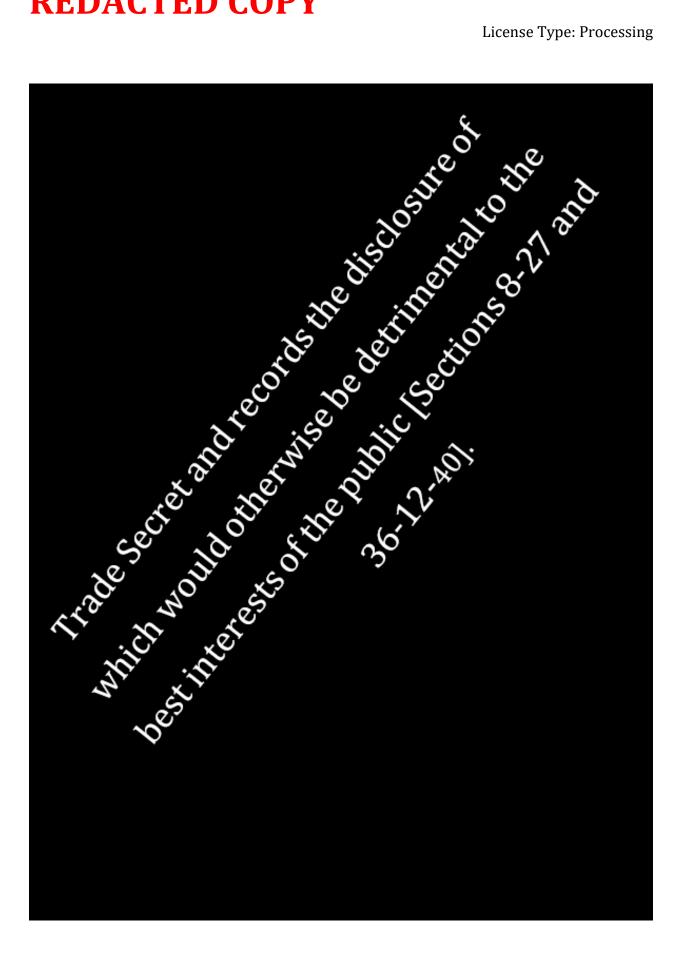


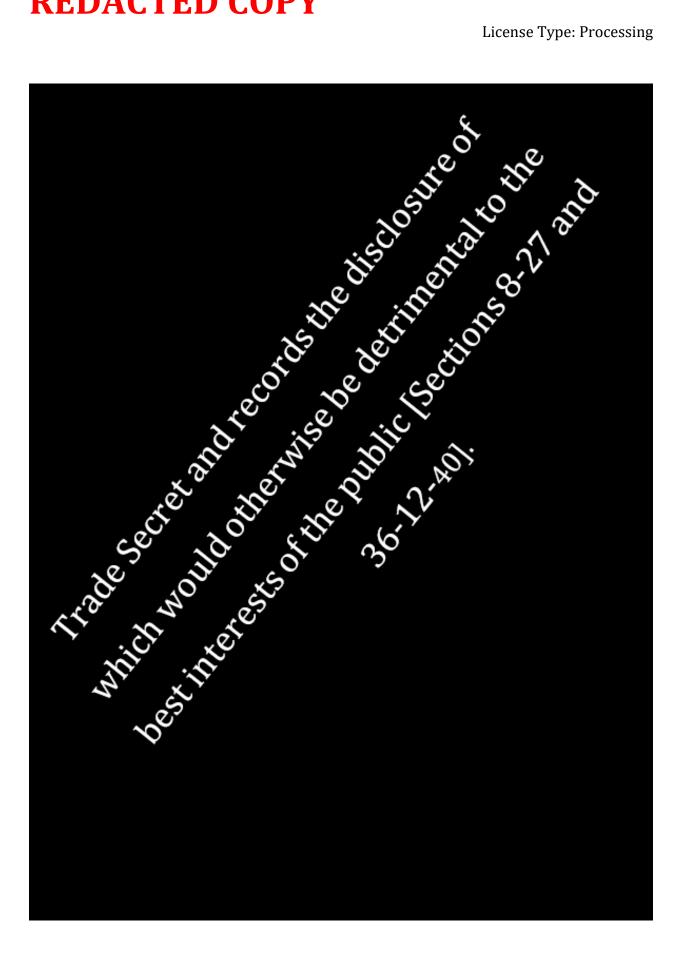
















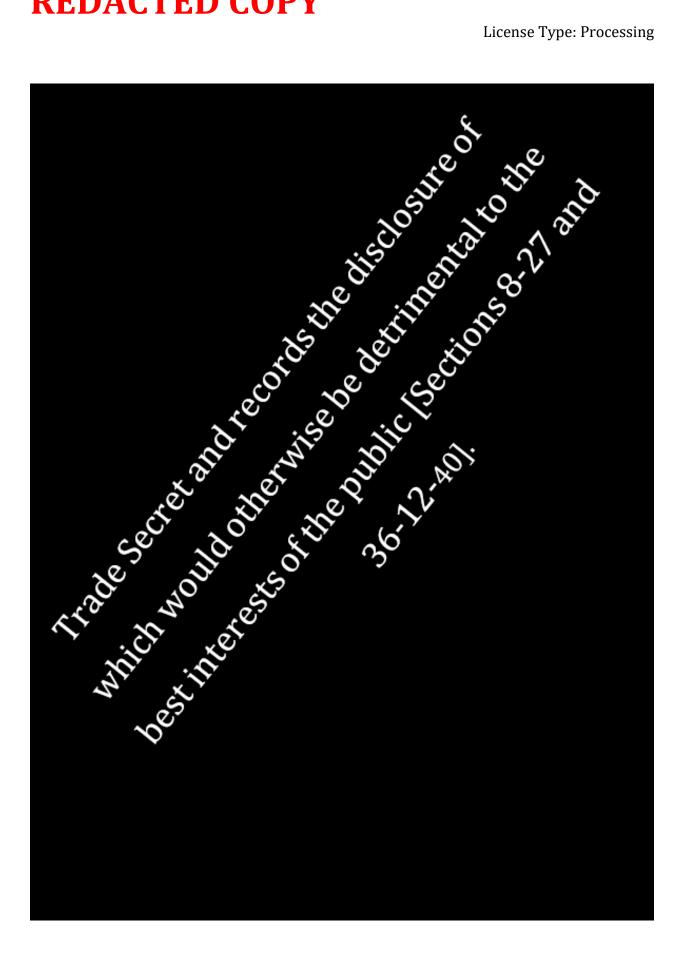


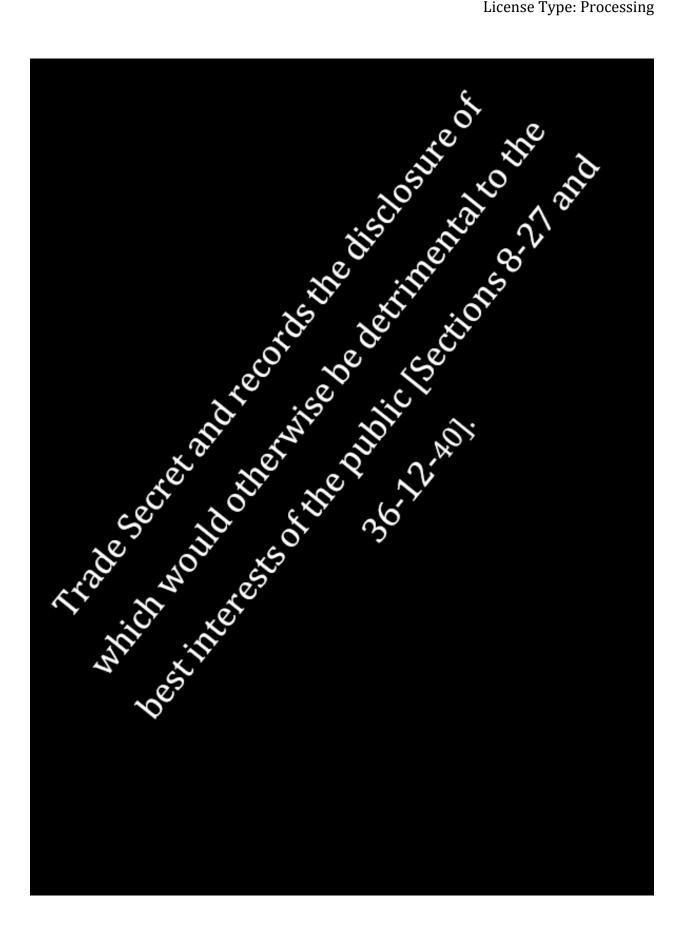


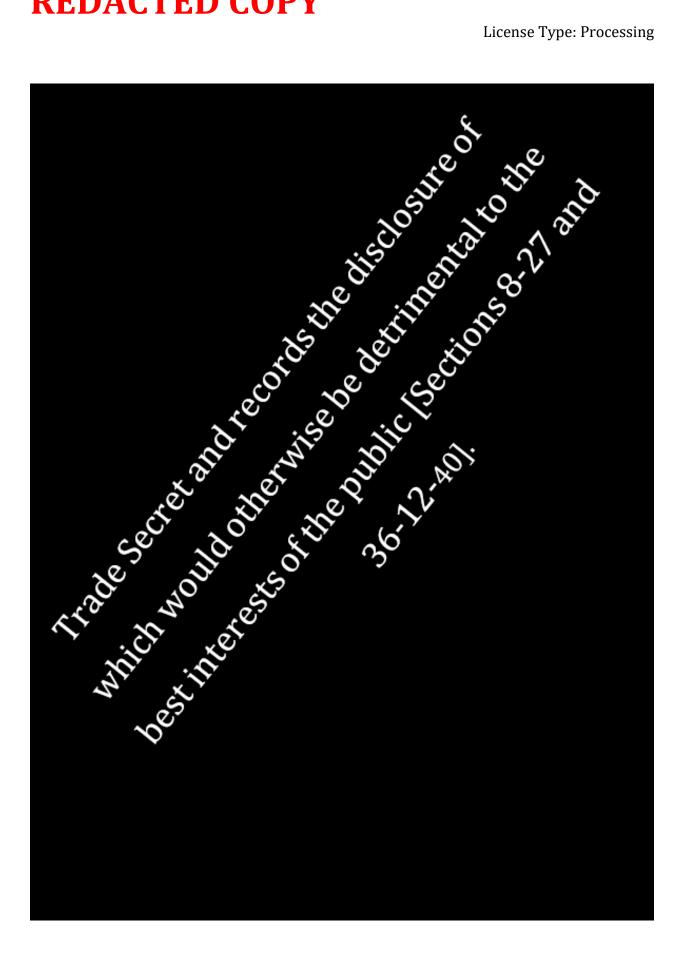




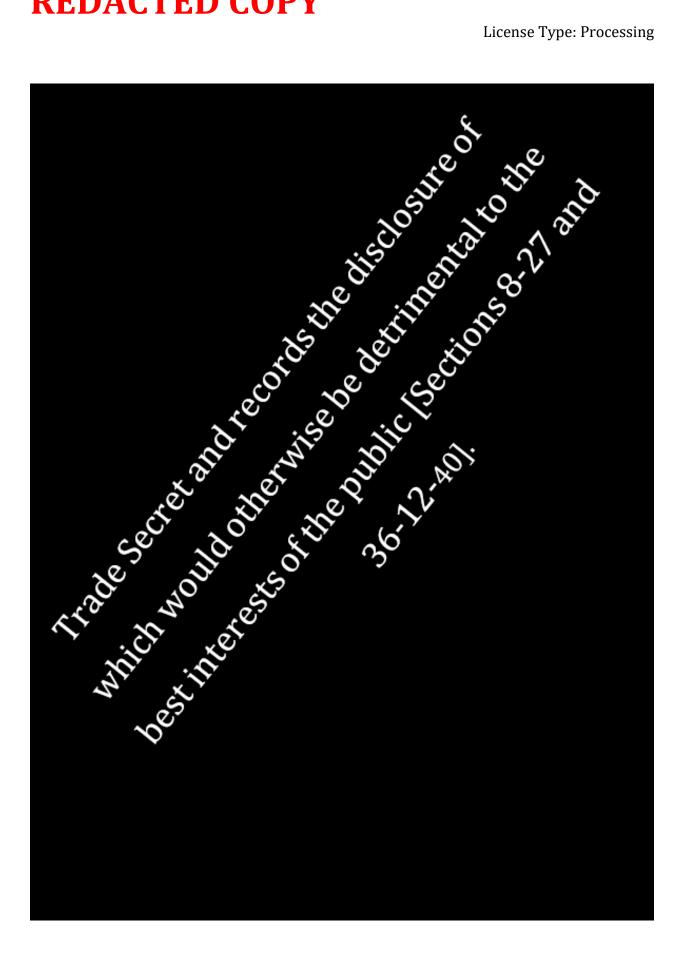




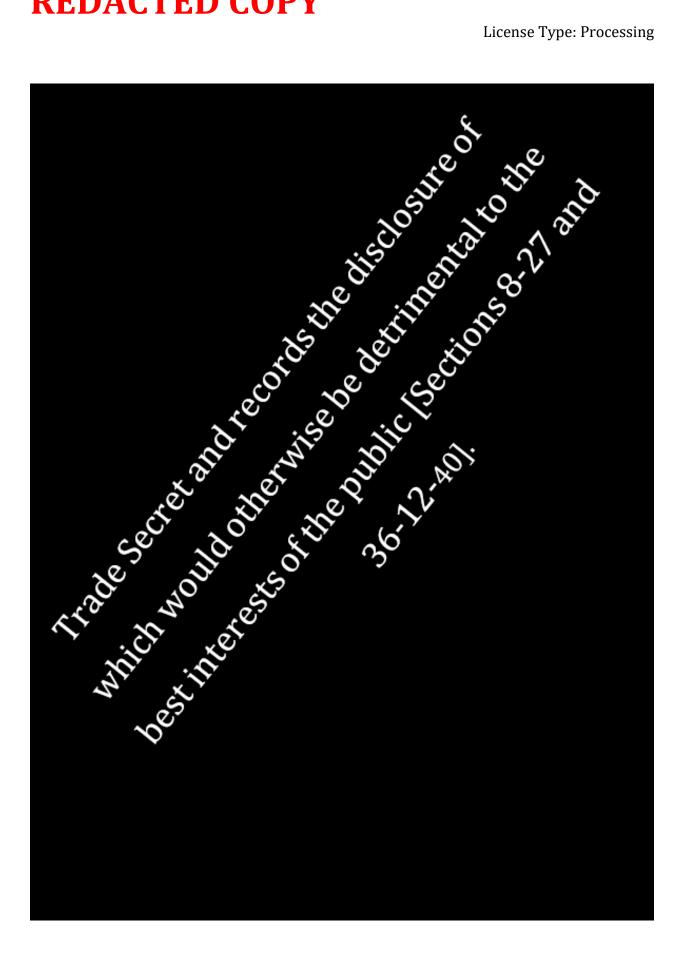




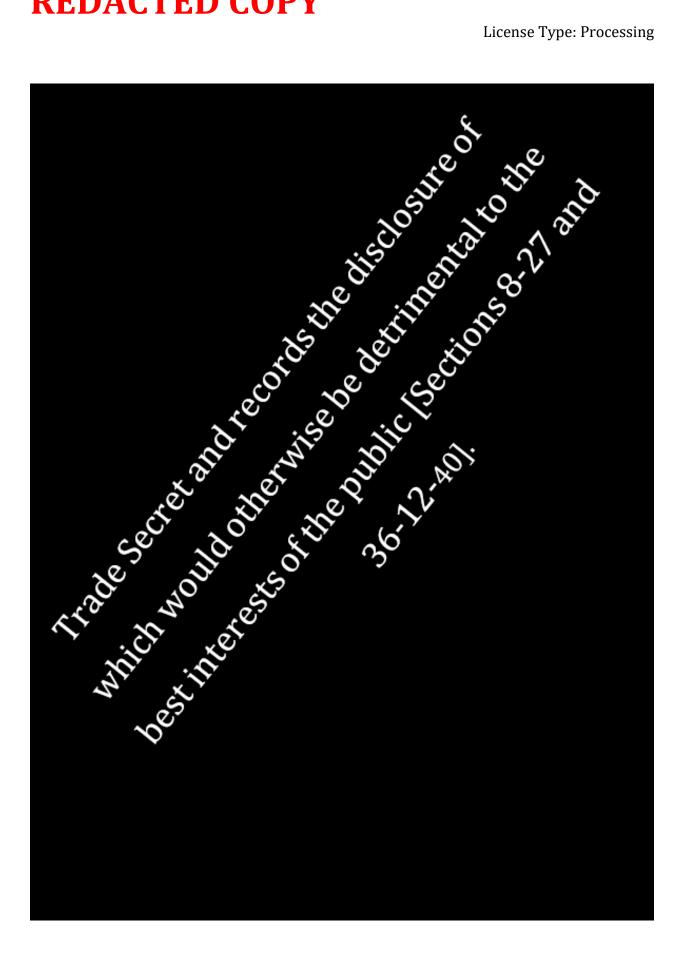


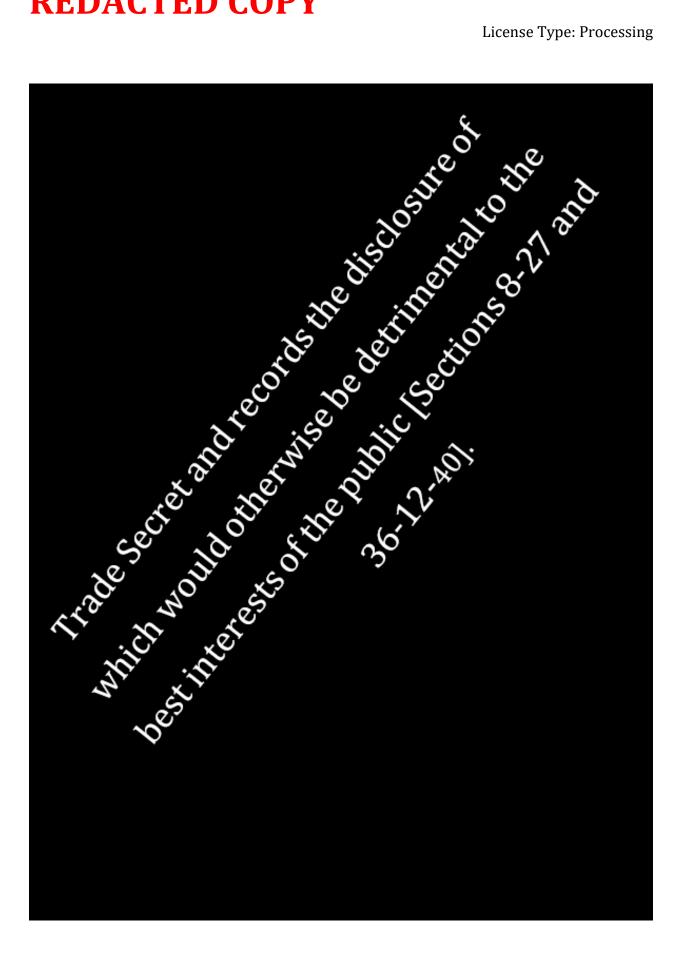








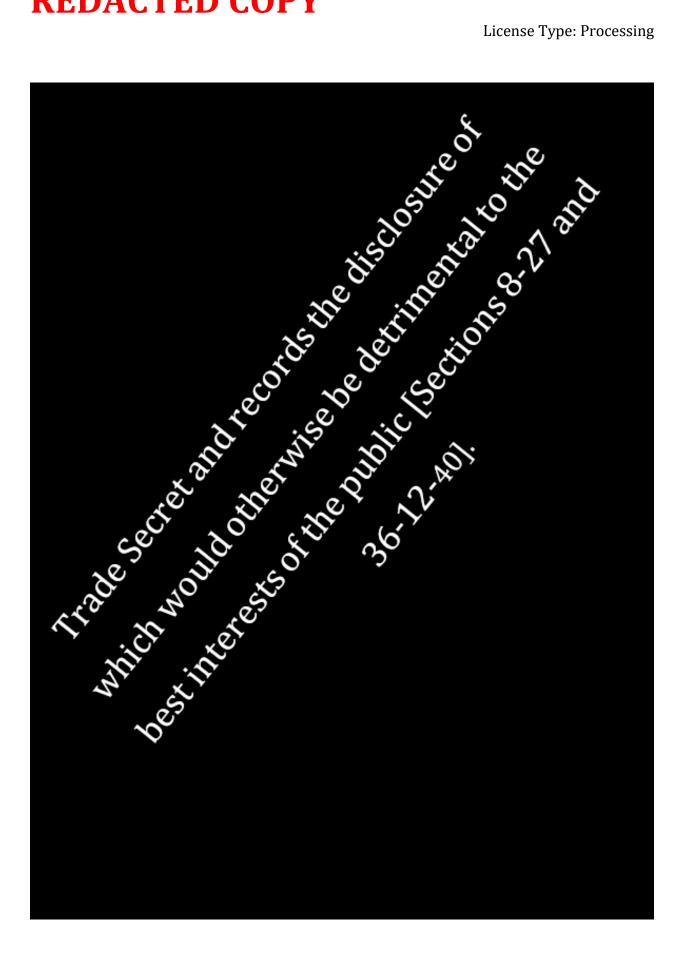




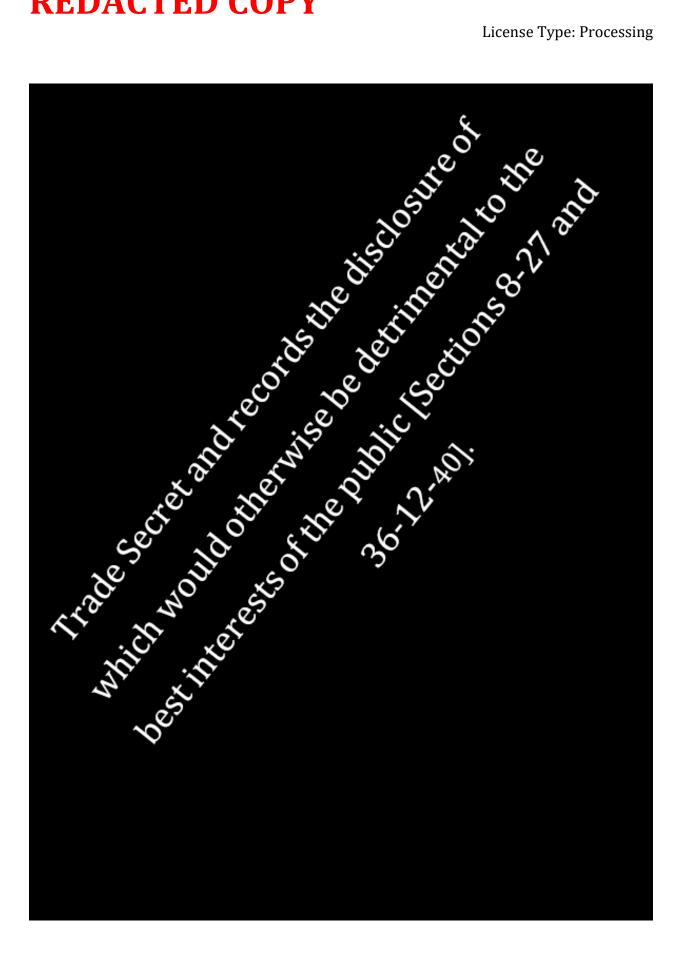




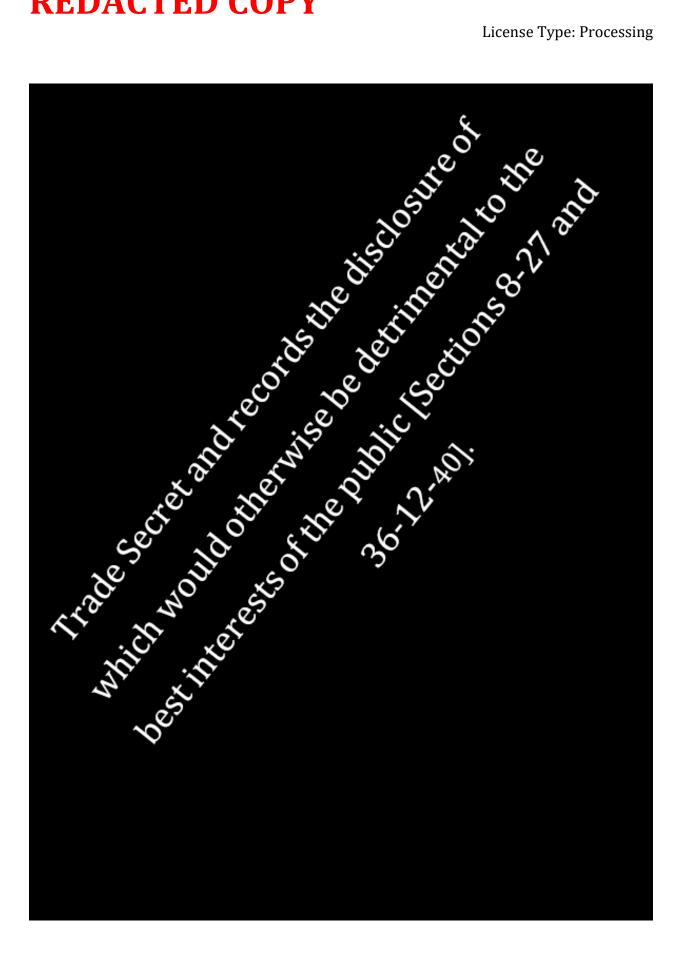








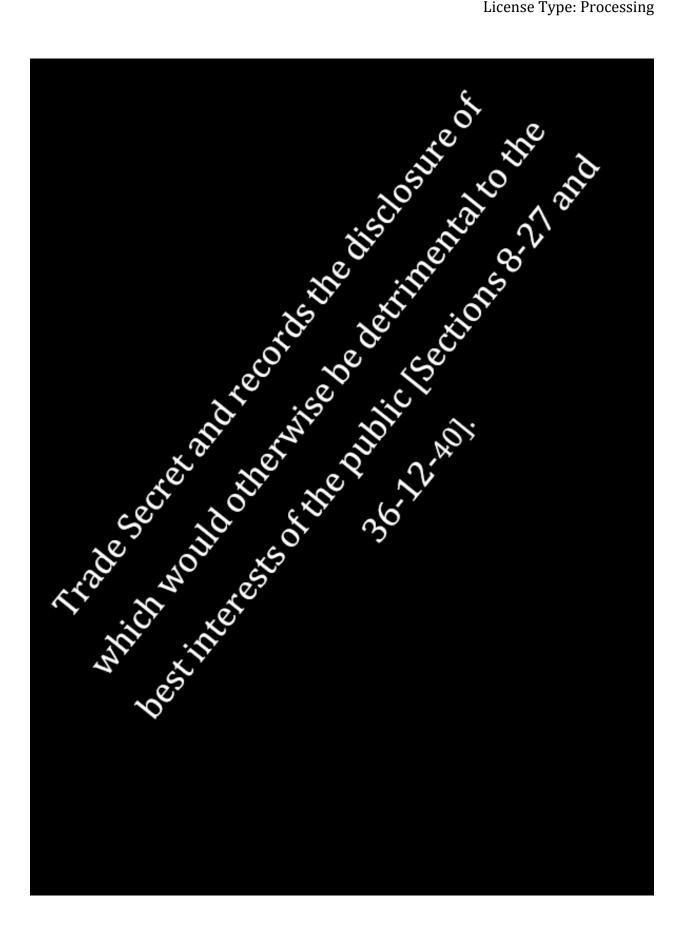


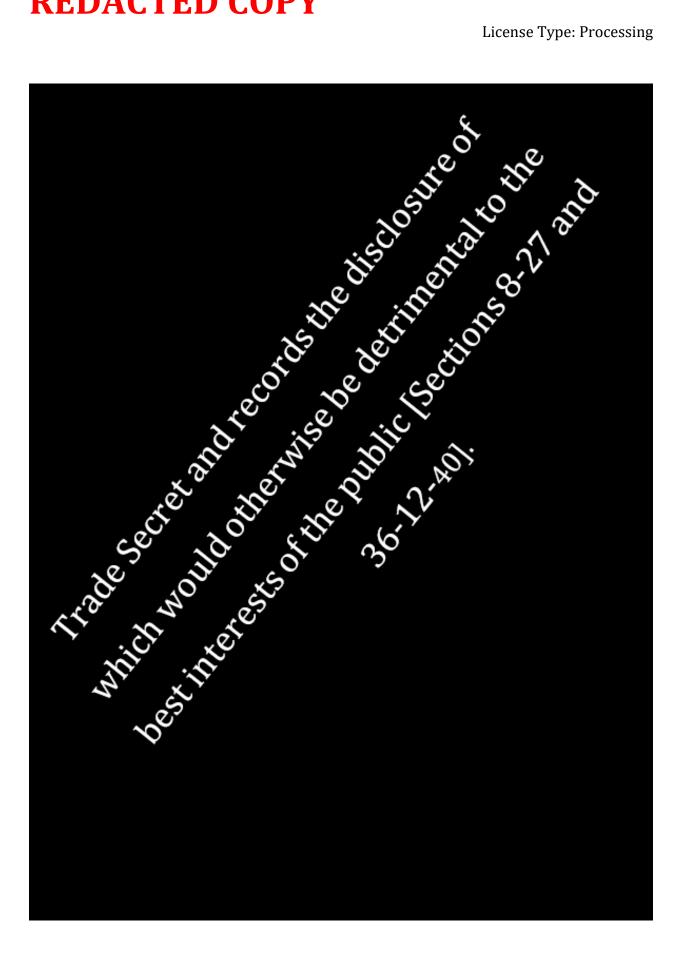






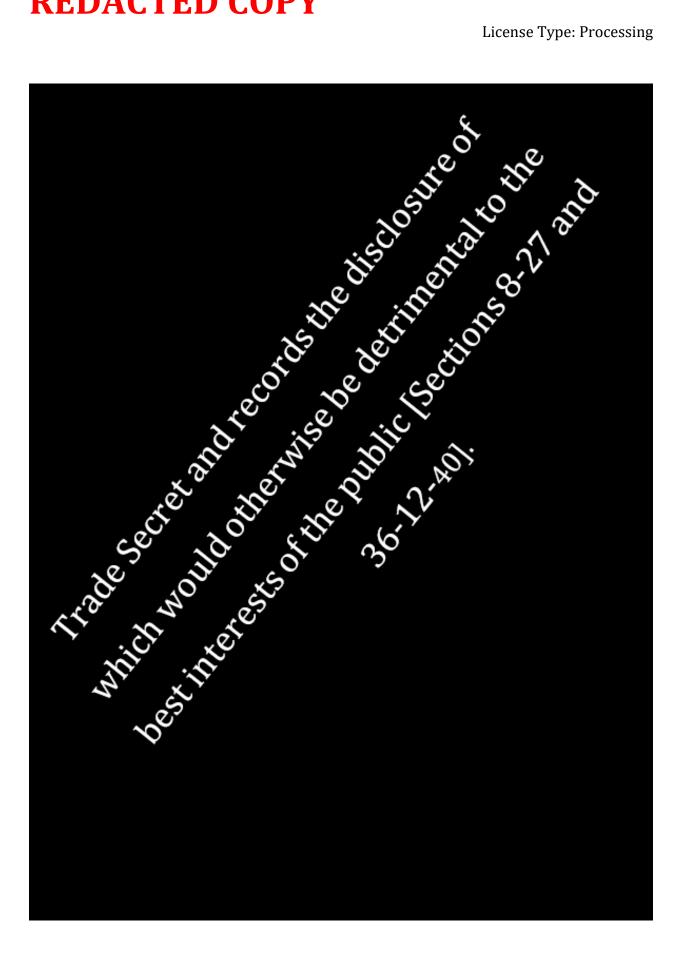




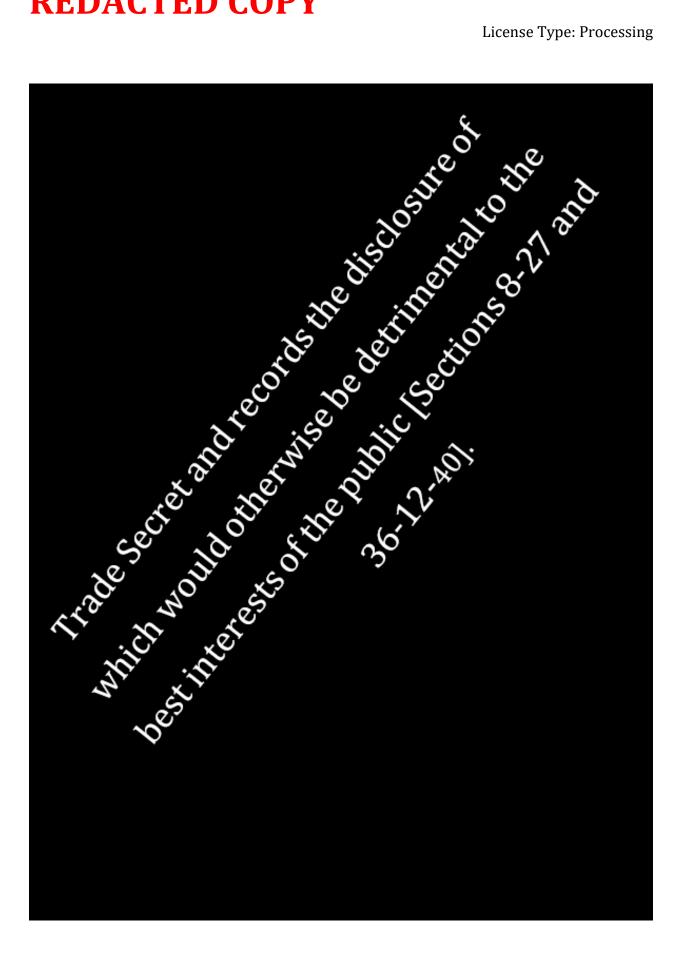




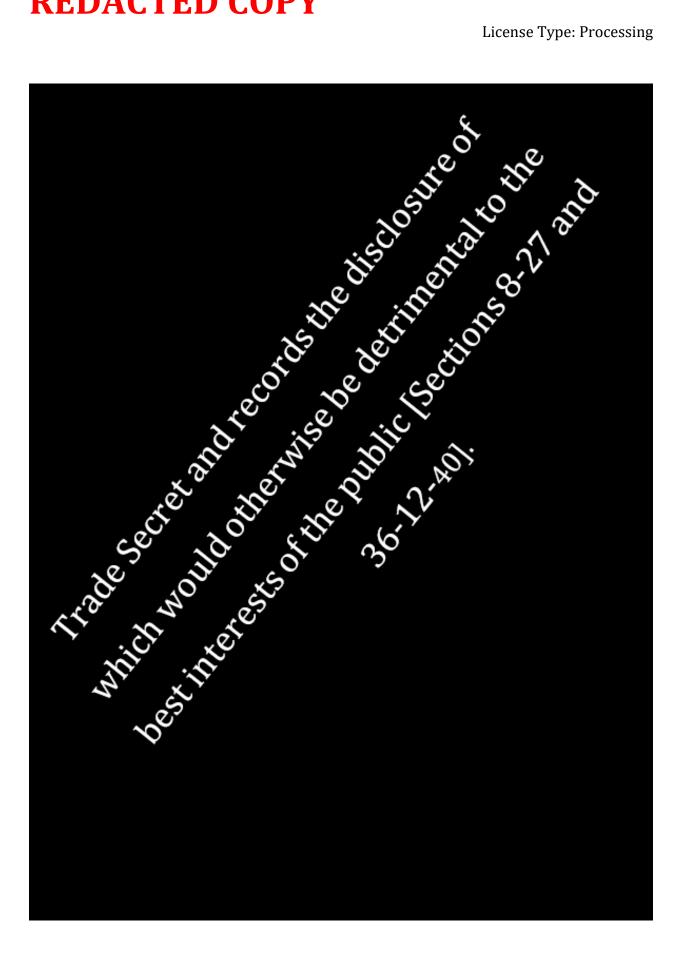








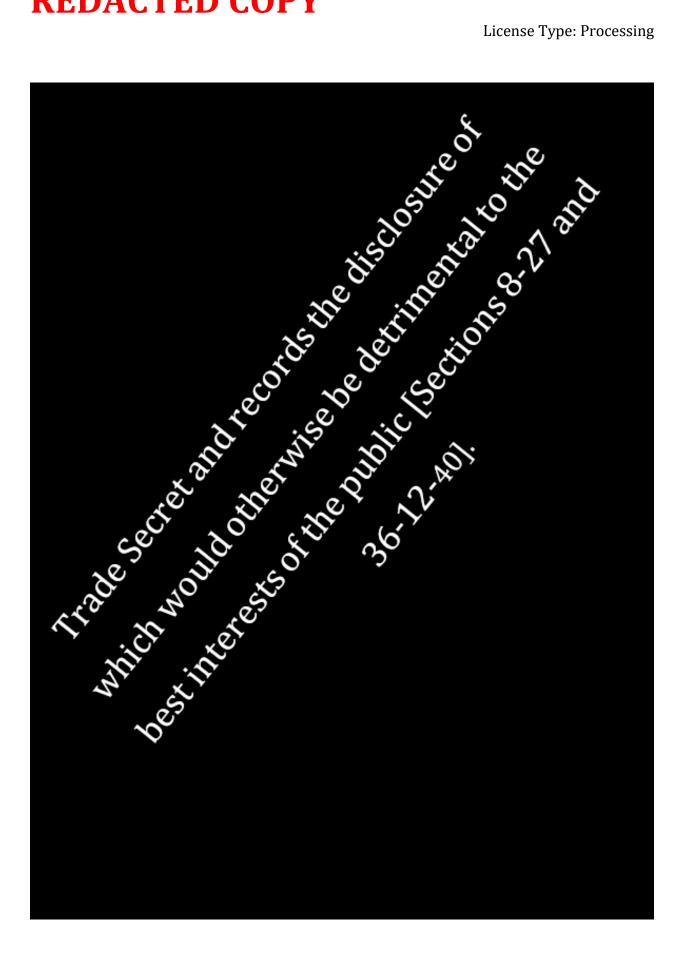










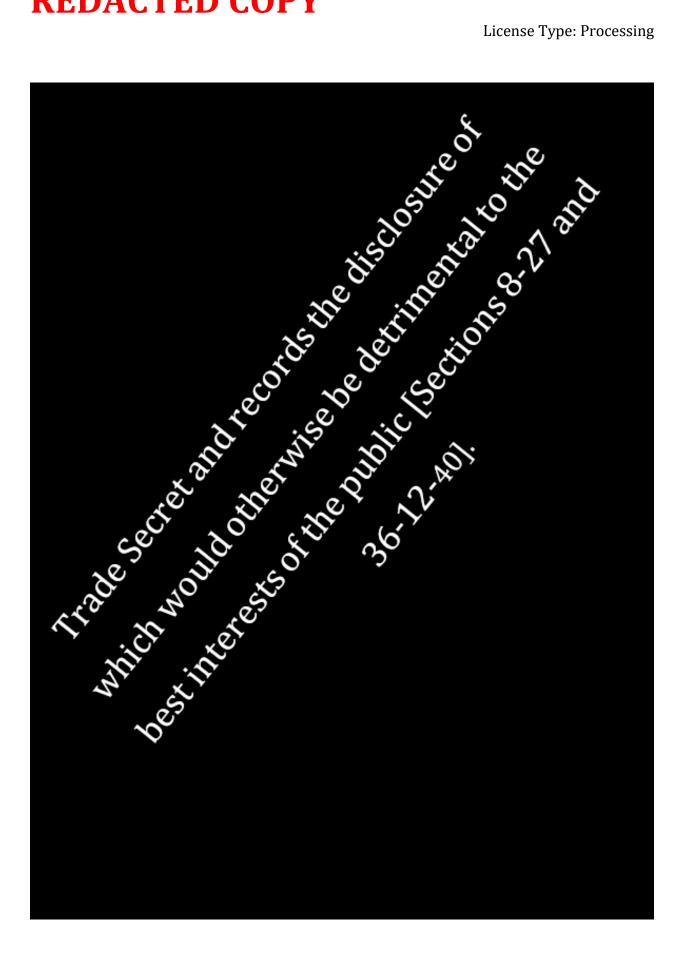






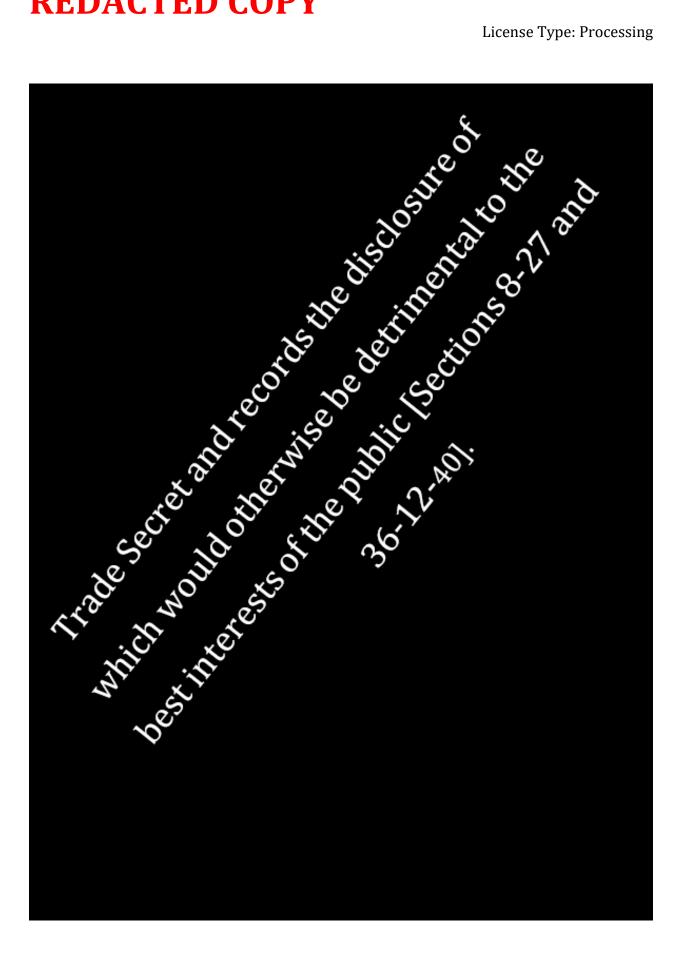




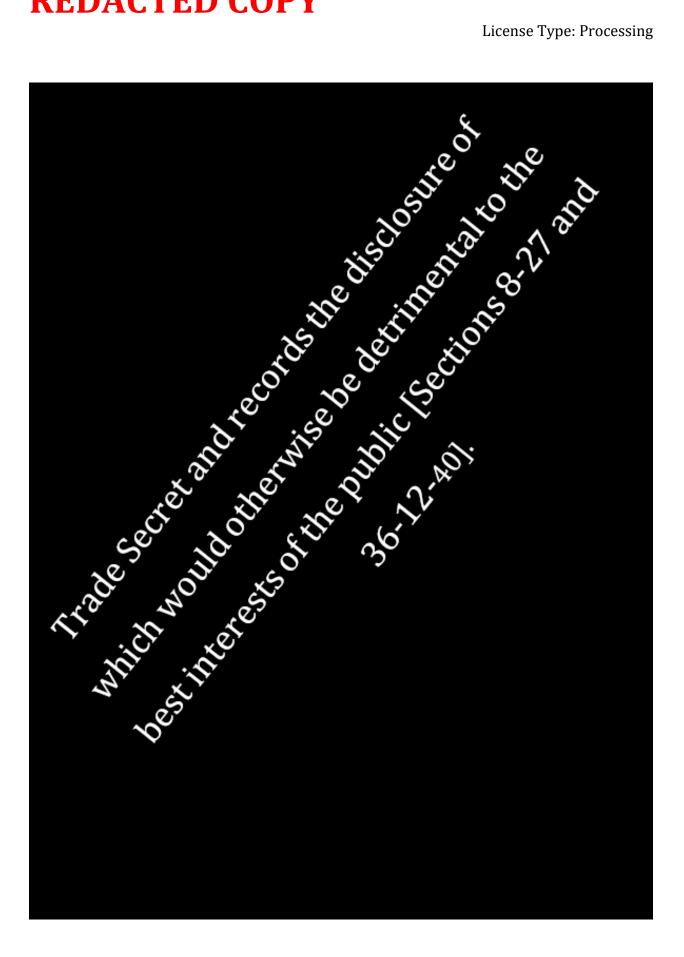










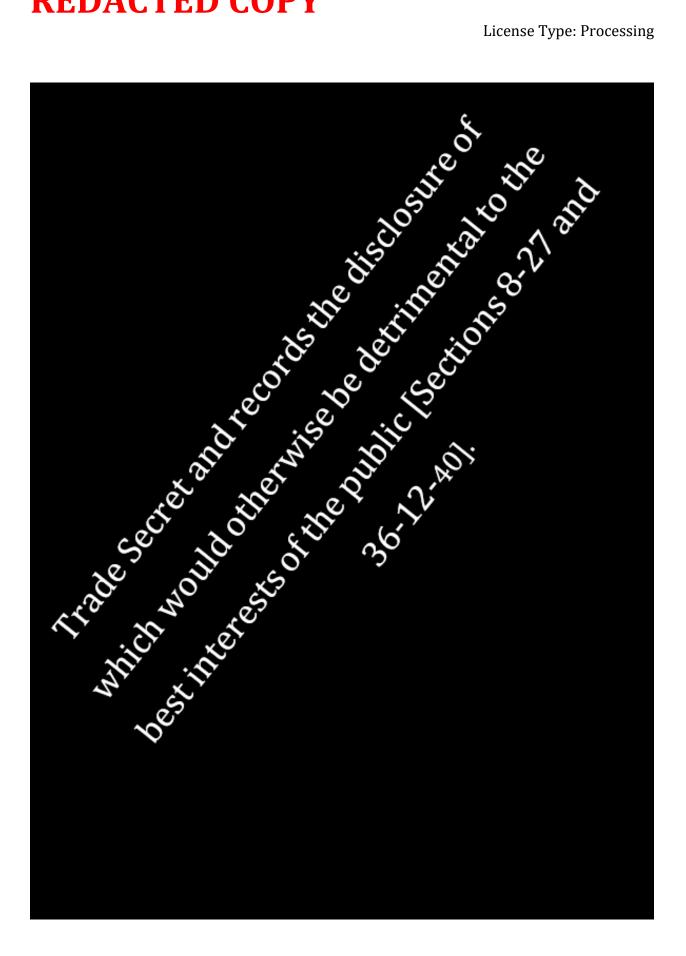






























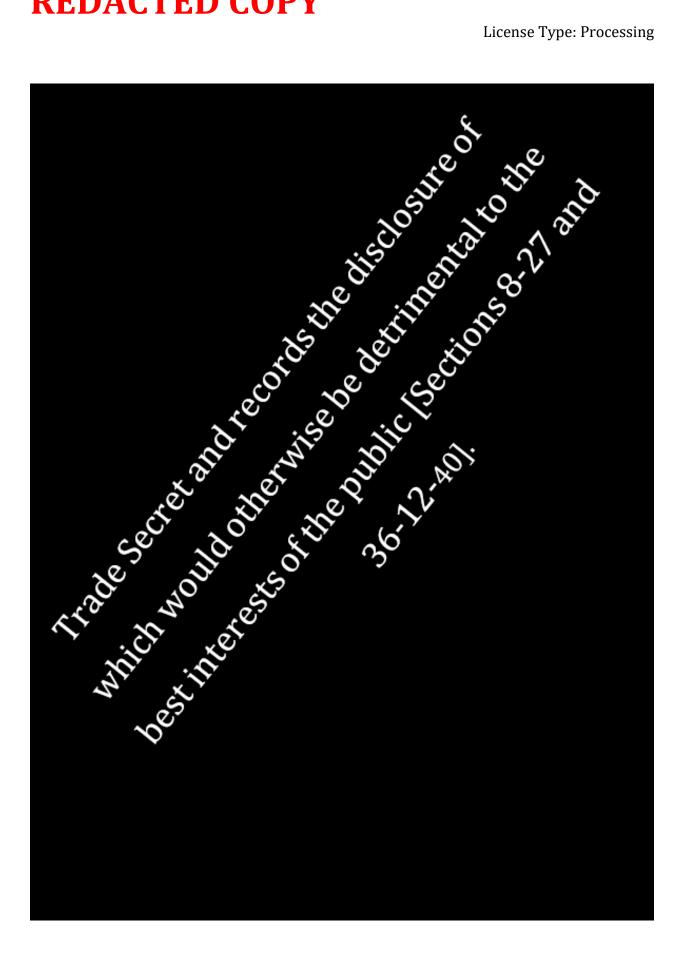






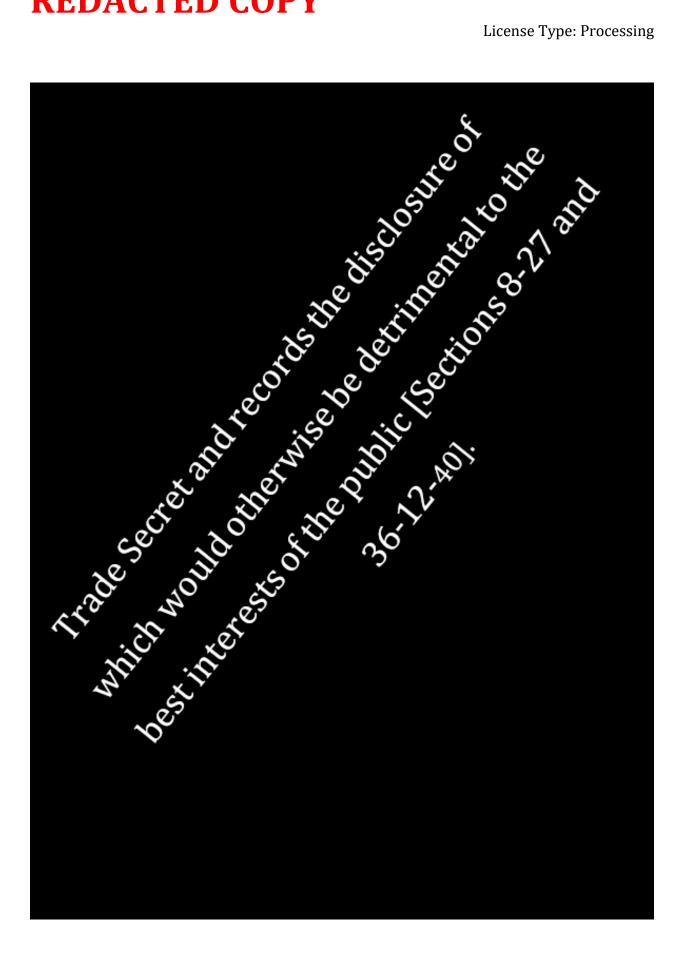










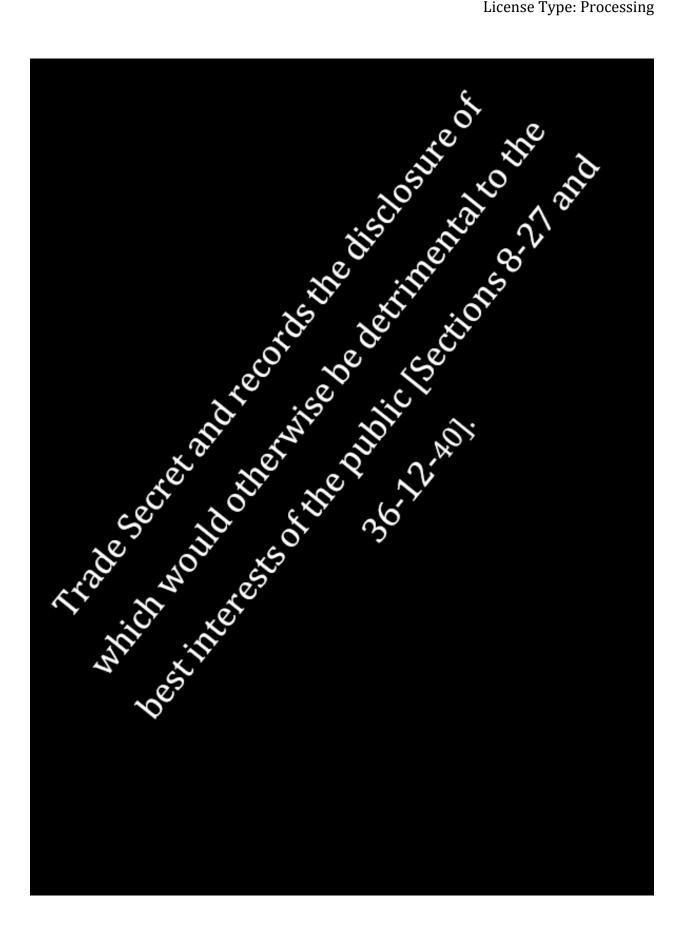






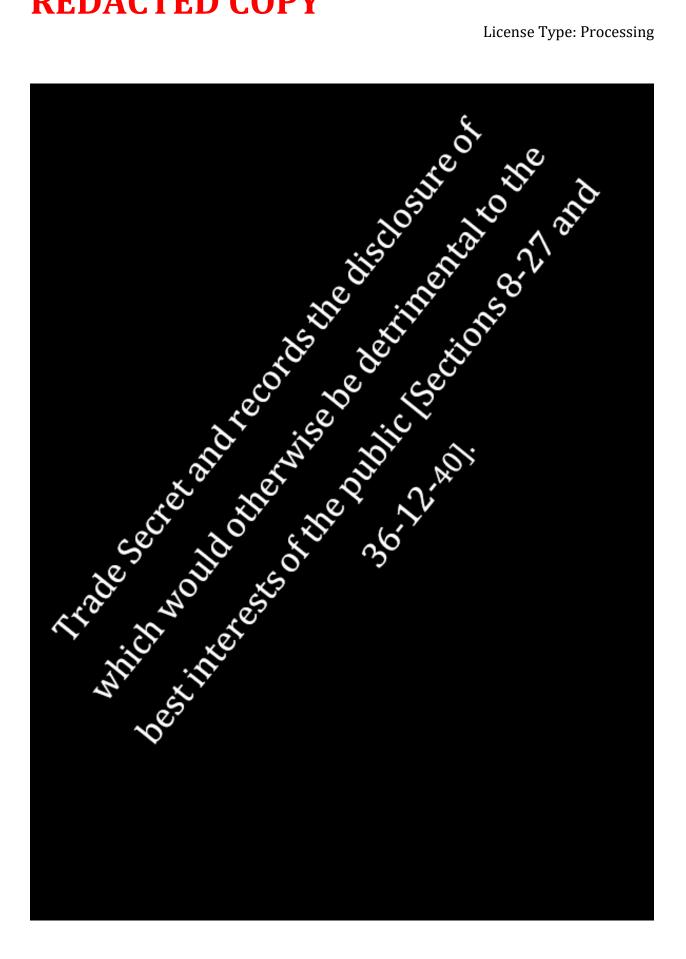


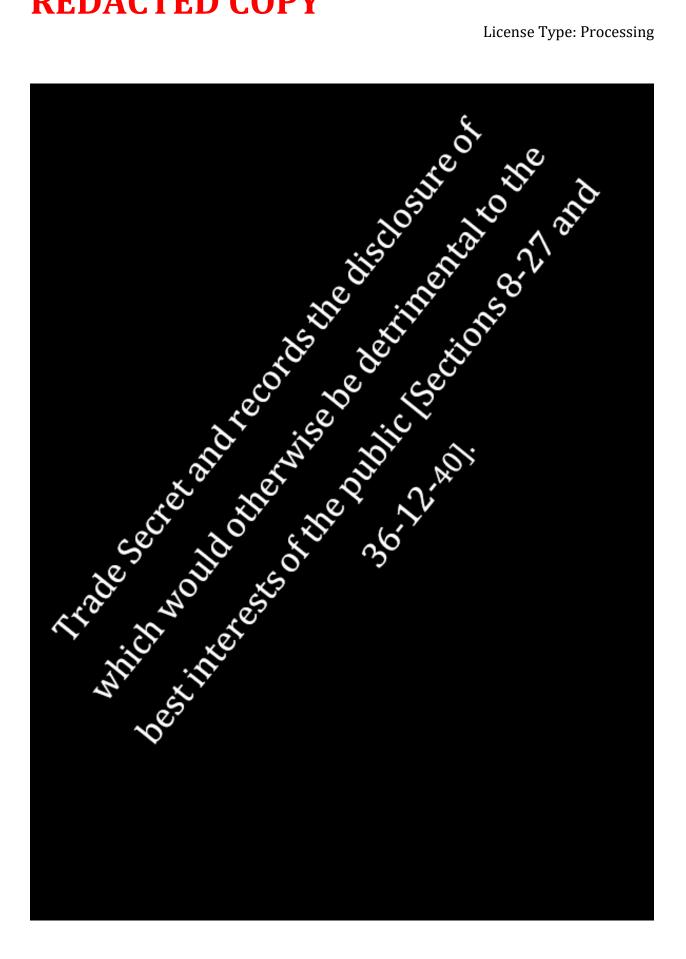




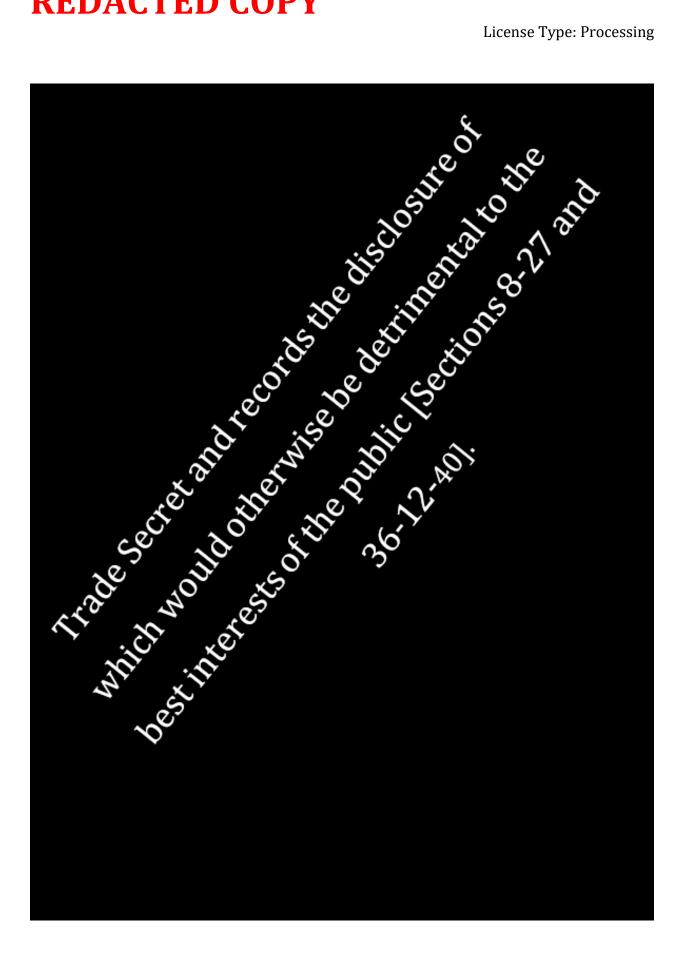








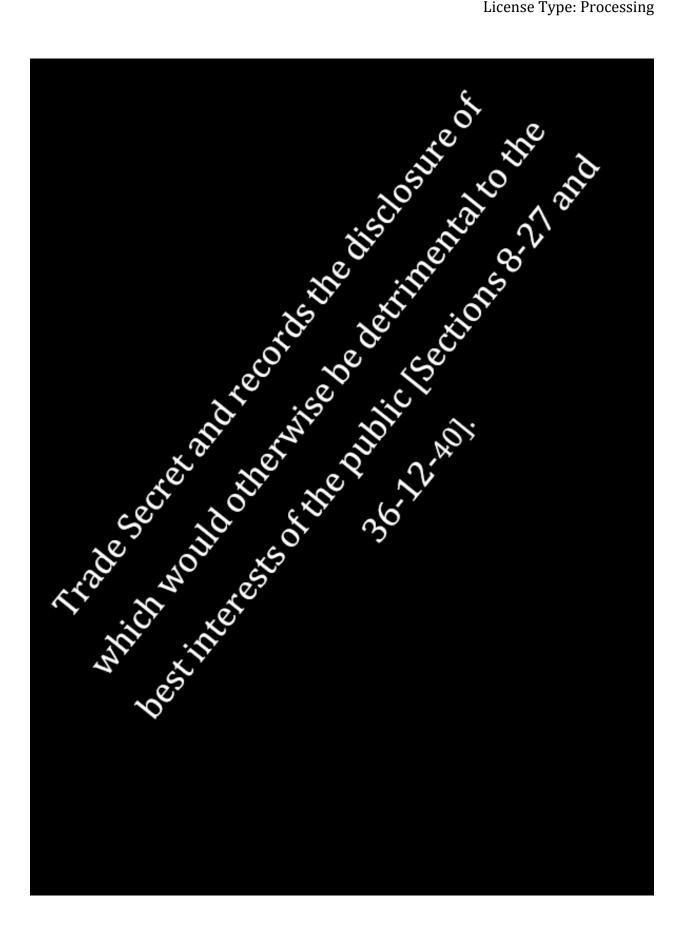




















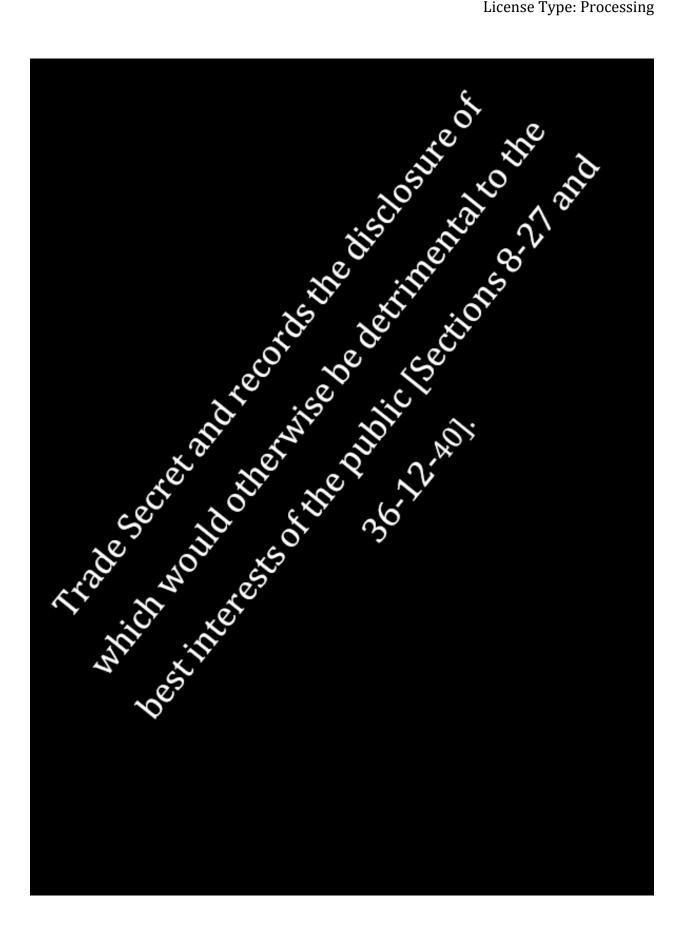














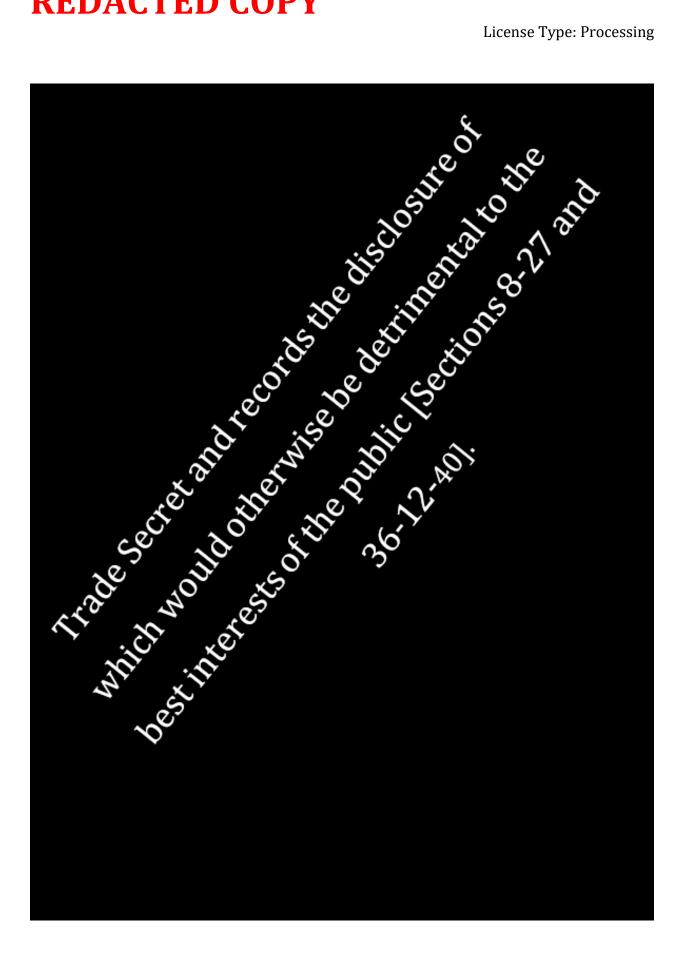






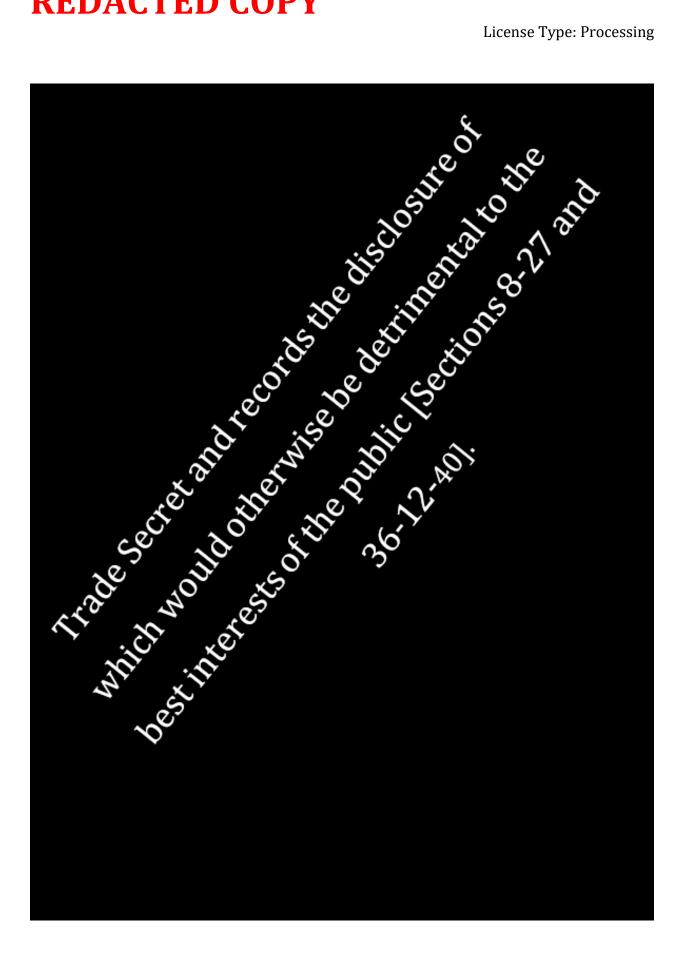








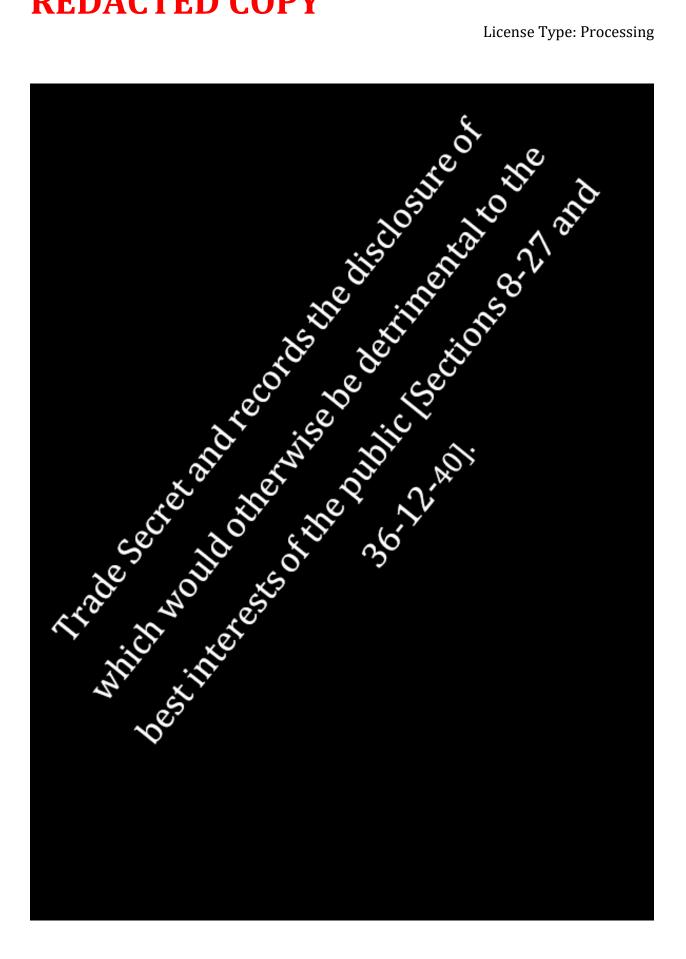


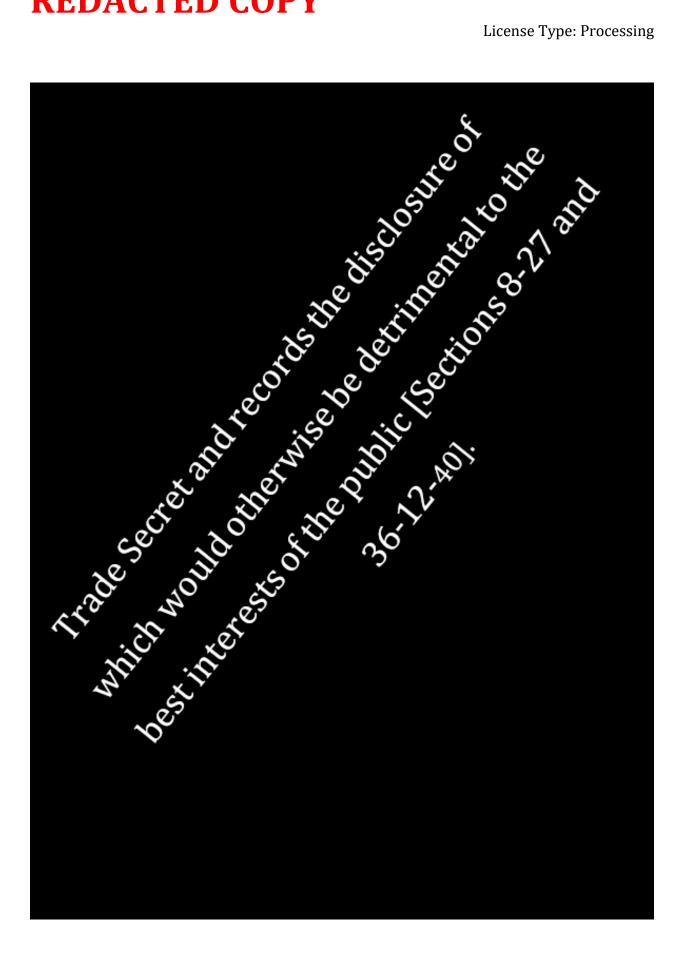














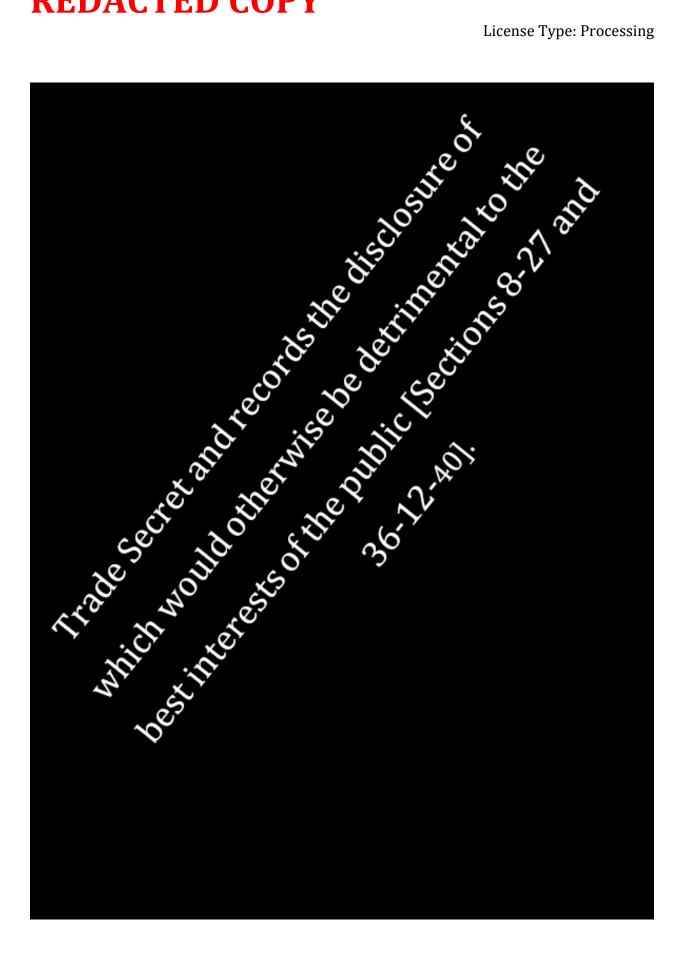


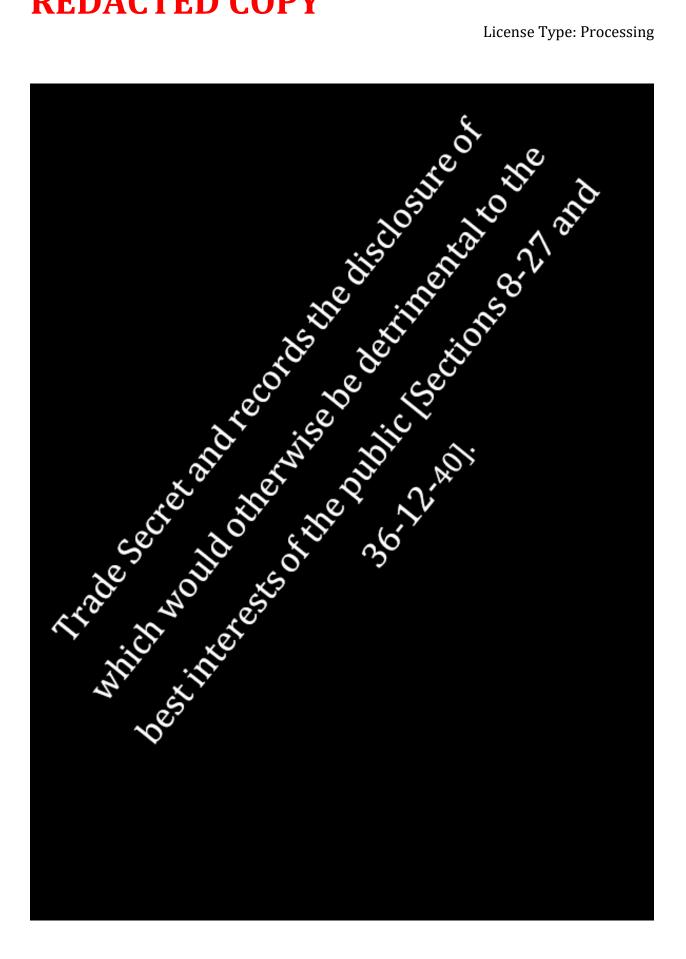






























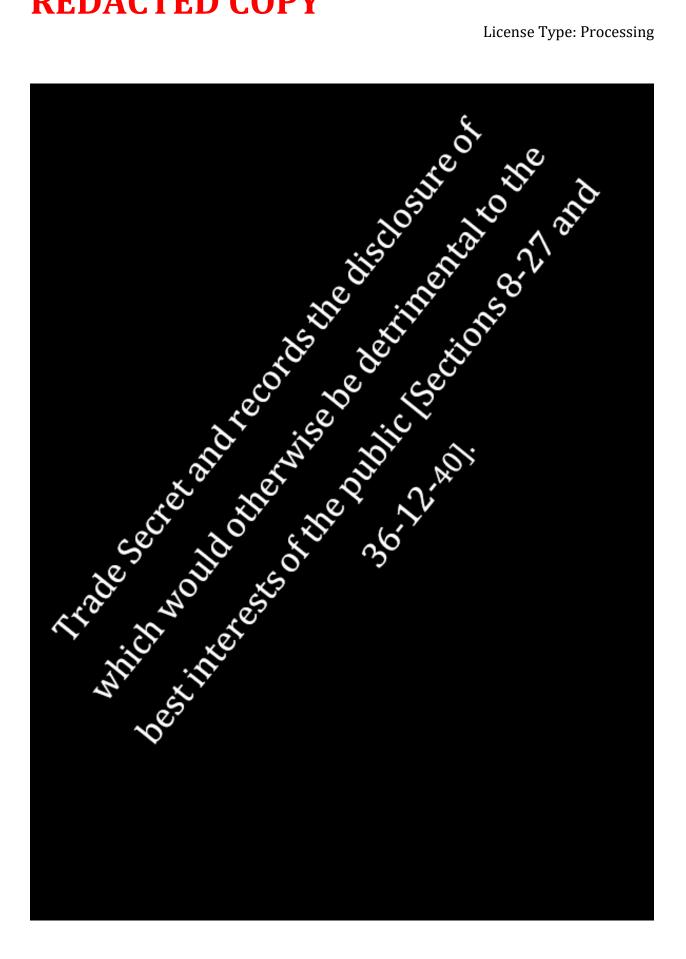






















### Exhibit 13 – Production and Manufacturing Process

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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] Owner

**Title of Verifying Individual** 

12/25/2022 Verification Date

# REDACTED Clip Pyperocessing

This Production and Manufacturing Process plan is completed as of date of application. All pre-licensure obligations have been met. We will continue to execute this plan in a timely fashion after licensure.

The Company has developed comprehensive, proprietary, scientifically based pharmaceutical methods to process medical cannabis into consumer products that will consistently and effectively alleviate symptoms while assuring patient safety.

All processing, including extraction and formulation, will be conducted in accordance with good manufacturing and good quality practices under general safe and sanitary conditions [§20-2A-63(c), §538-x-6-.02(3), §538-x-6-.04(1)]. Processing will be overseen by our Master Processor. Our product ingredients and materials will be USDA- or FDA-certified food or pharmaceutical grade and will meet all appropriate specifications for biopharmaceutical production [§538-x-6-.02(4)]. All medical cannabis products will be packaged, sealed, and labeled appropriately, entered in the maintained in the Statewide Seed-to-Sale Tracking System, and stored in secure, climate-controlled vaults. The Company's processing facilities, activities, and procedures will conform scrupulously to §20-2A and all other relevant Alabama laws and regulations [538-x-6-.04(4), (5)].

#### <u>13.1 – Types of Medical Cannabis to be Produced</u>

(Plan completed)

## REDACTED COPYProcessing

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

<u>13.2 – Summary of Manufacturing Methods, Processes, Equipment, and Personnel</u> (*Plan completed*)

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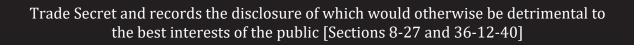


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Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 13.3 - Safety Plans for Personnel and Facilities

(Plan completed)

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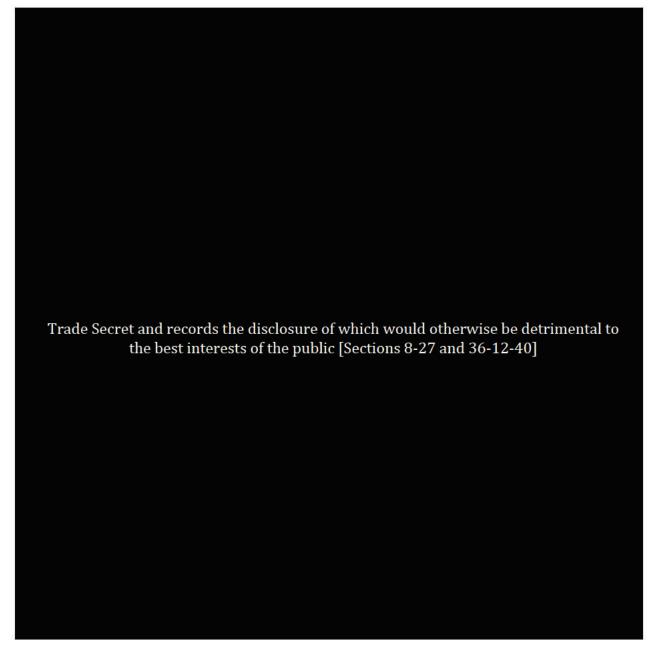
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13.4 - List of Formulae and Ingredients for Each Product

(Completed)

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### REDACTED COPyProcessing

### 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.

Printed Name of Verifying Individual

Signature of Verifying Individual

<u>Owner</u>

**Title of Verifying Individual** 

03.02.2023 Verification Date



### 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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u>

Title of Verifying Individual

<u>12/25/2022</u> Verification Date

# REDACTED COPyProcessing

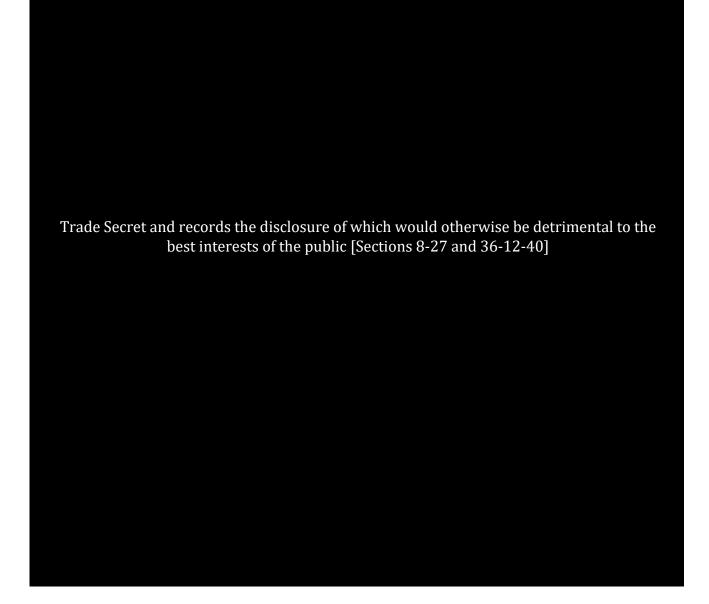
This Receiving and Shipping Plan is completed as of the date of application. All pre-licensure obligations have been met. We will continue to execute this plan in a timely fashion after licensure.

This Receiving and Shipping Plan will outline the Company's plan to coordinate product transportation between our processing facility and our cultivation vendors, dispensary partners, and our State Testing Laboratory [§538-x-6-.06(3)(f)].

The Company will contract with a licensed Secure Transport; our contracts will include terms to ensure that our Secure Transporter follows all elements of our Receiving and Shipping Plan.

#### <u> 15.1 – Cannabis Batch Receipt</u>

(Plan completed)



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### 15.2 - QR Code for Cultivator

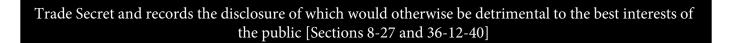
(Plan completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

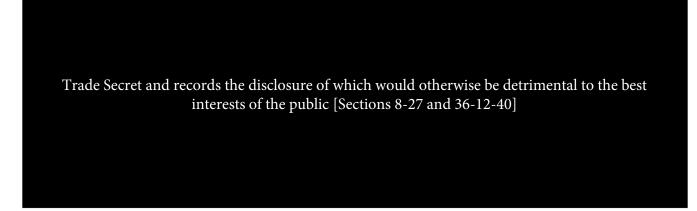
**15.3 – Incoming Cannabis Manifests** 

(Plan completed)





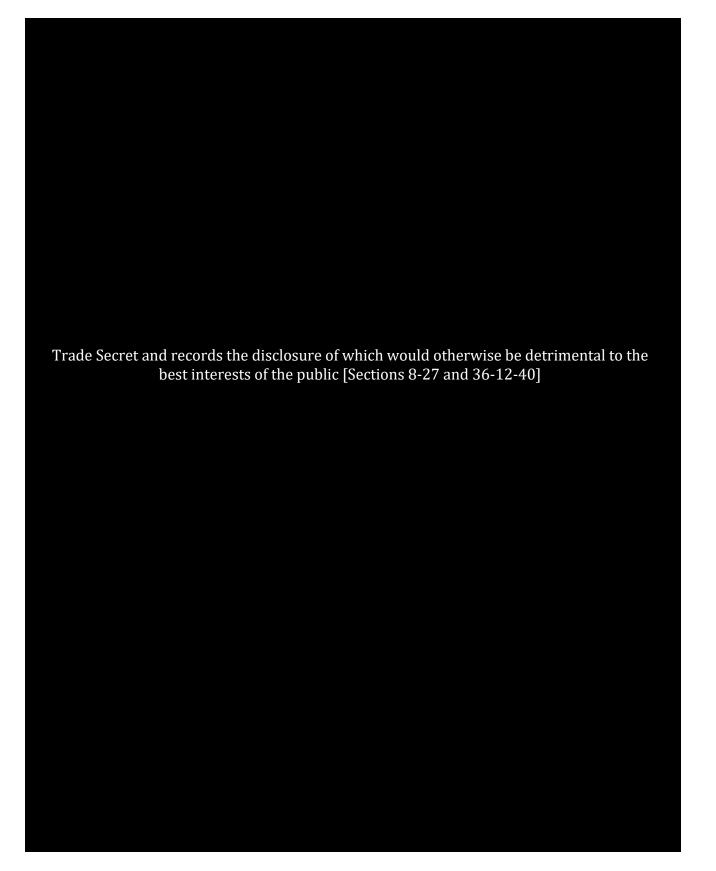
#### 15.4 - Incoming Cannabis Tracking in the Statewide Seed-to-Sale Tracking System





#### 15.5 - Cannabis Product Shipment Preparation

(Plan completed)



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Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 15.6 – QR Code for Dispensaries

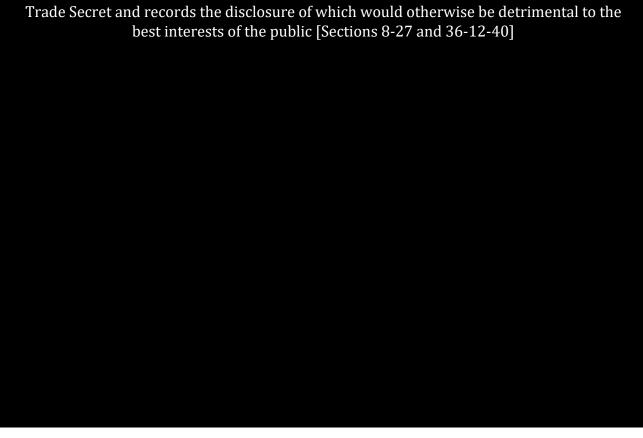
(Plan completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

**15.7 – Outgoing Manifests** 

(Plan completed)

## REDACTED CurpyProcessing



<u>15.8 – Outgoing Cannabis Tracking in the Statewide Seed-to-Sale Tracking System</u> (*Plan completed*)

### **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.

Printed Name of Verifying Individual	Owner Title of Verifying Individual
Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].	03.02.2023
Signature of Verifying Individual	Verification Date

### TABLE OF CONTENTS

16.1 – Facility Name and Type2		
16.2 – Phy	ysical Address and GPS Coordinates of the Facility	2
16.3 – Aer	rial Photographs of the Facility2	2
16.4 - Pro	oof of Authorization to Occupy the Property2	2
16.5 – Pro	oof of Local Zoning and Other Approvals2	2
16.6 - Blu	eprints and/or Floorplans3	}
16.6.1	Site Plan	3
16.6.2	Floor Plan4	ł
16.6.3	Security Plan5	5
16.7 <b>-</b> Op	erational Timetable6	5
16.7.1	Pre-Construction Permit Phase6	5
16.7.2	Construction Phase	5
16.7.3	Pre-Operational Phase	7
16.7.4	Gantt Chart	3
16.8 - Pul	blic or Private Access; Anticipated Hours of Operation9	)
16.9 <b>-</b> Ho	urs of Employee Operation; Afterhours Contact Information9	)
Exhibit A	Lease Agreement	)
Exhibit B	Municipal Ordinance14	ŀ

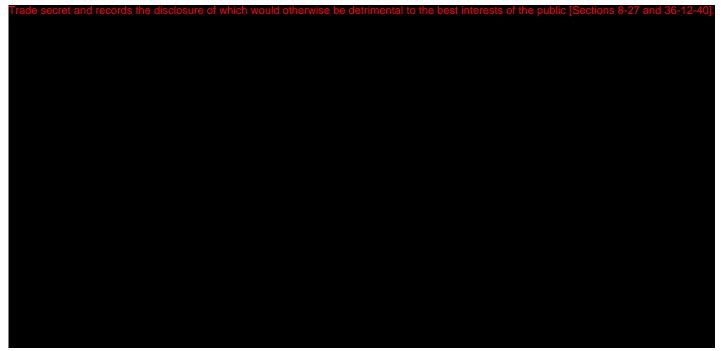
#### 16.1 - Facility Name and Type

Enchanted Green – Processing Facility

#### 16.2 - Physical Address and GPS Coordinates of the Facility



#### 16.3 - Aerial Photographs of the Facility



<u>16.4 – Proof of Authorization to Occupy the Property</u>

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].

#### <u>16.5 – Proof of Local Zoning and Other Approvals</u>

### <u> 16.6 – Blueprints and/or Floorplans</u>

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40	ŀ

#### 16.6.2 Floor Plan

Trade secret and records the disclosure of which would otherwise be detrim	ental to the best interests of the public [Sections 8-27 and 36-12-40].

### 16.6.3 Security Plan

Trade secret and records the disclosure of which would otherwise be detriment	al to the best interests of the public [Sections 8-27 and 36-12-40].

### <u> 16.7 – Operational Timetable</u>

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the	e public [Sections 8-27 and 36-12-40].

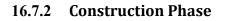




Exhibit 16 – Facilities

#### License Type: Integrated Facility



#### 16.7.3 Pre-Operational Phase

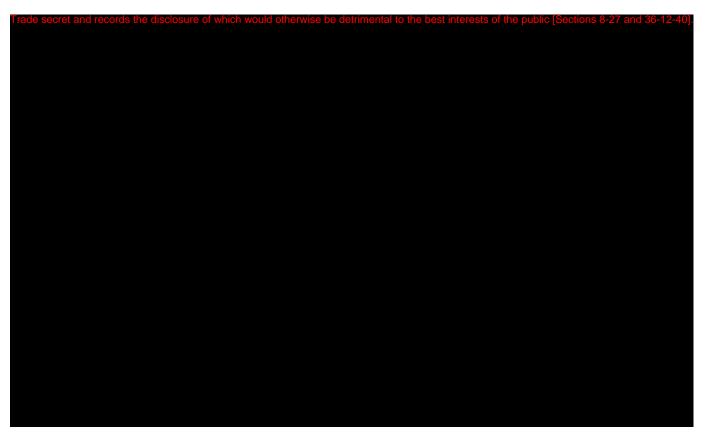


Exhibit 16 – Facilities



16.7.4 Gantt Chart

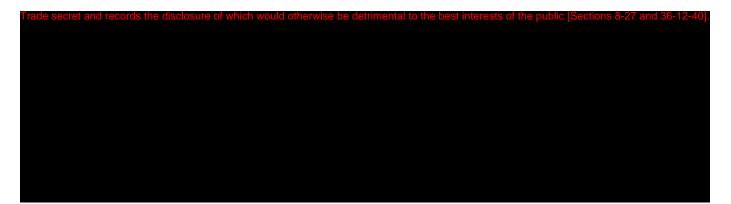




#### 16.8 - Public or Private Access; Anticipated Hours of Operation

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 16.9 - Hours of Employee Operation; Afterhours Contact Information



#### <u>Exhibit A</u>

#### Lease Agreement

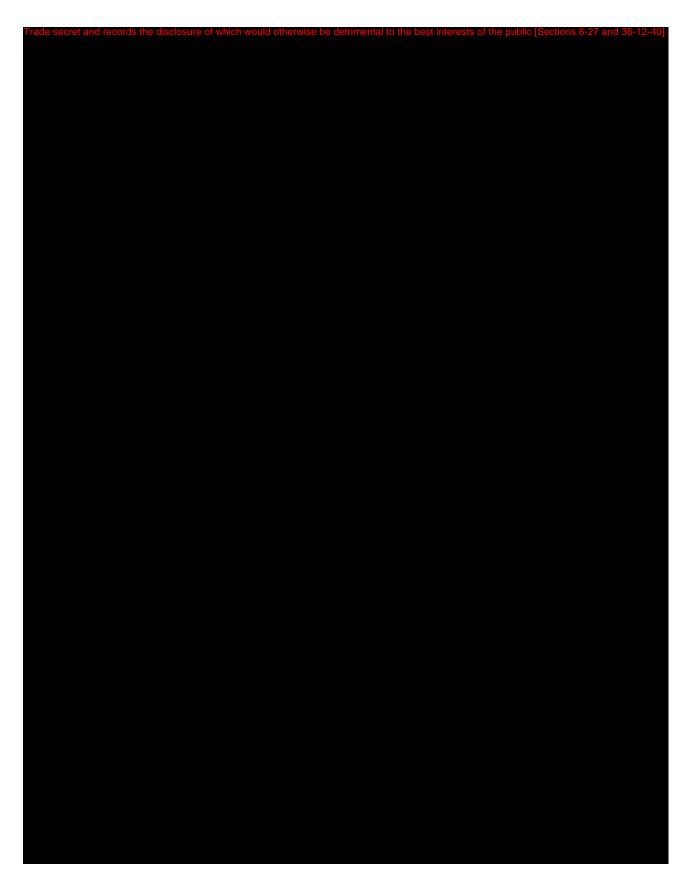
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#### License Type: Integrated Facility

Trade secret and records the disclosure of	which would otherwise be detr	imental to the best interests of	the public [Sections 8-27 a	ind 36-12-40].

#### License Type: Integrated Facility

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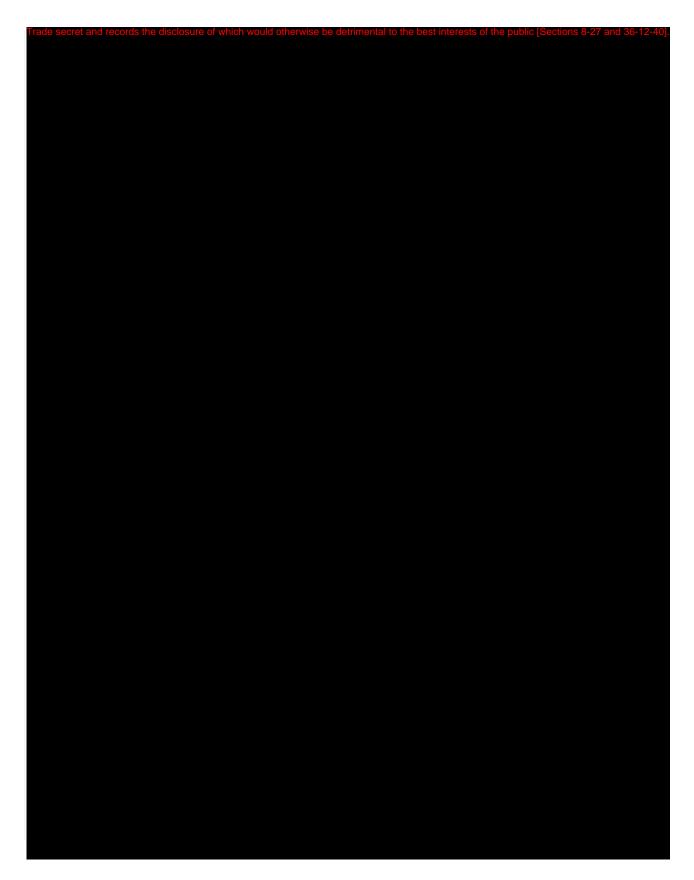


#### <u>Exhibit B</u> <u>Municipal Ordinance</u>

Trade secret and records the disclosu	re of which would otherwise be det	rimental to the best interests of the	e public [Sections 8-27 and 36-12-40].

#### License Type: Integrated Facility

Trade secret and records the disclosure of which would	otherwise be detrimental to the best i	nterests of the public [Sections 8-27 and 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.

Sensitive Personal Informaiton and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u>

**Title of Verifying Individual** 

<u>12/25/2022</u> Verification Date

## REDACTED CLin PypyProcessing

This Security Plan is completed as of the date of application filing. All pre-licensure obligations have been met and we will continue to execute this plan in a timely fashion after licensure.

The Company is keenly aware that the commercial processing of medical cannabis presents unique security challenges. Our Security Plan combines leading-edge technologies with thoughtful procedures specifically tailored to address the needs of this emerging biopharmaceutical industry.

The Company's Security Plan is based on four principal objectives:

- Protect the lives and safety of all persons;
- Secure the facilities from unauthorized access;
- Provide a closely monitored, professional, and safe work environment; and
- Eliminate any opportunity for theft and/or diversion of medical cannabis.

To achieve these objectives, we have developed fully integrated systems and procedures for surveillance, physical security, access control, intrusion prevention and detection, and emergency response. We will work in consultation with local authorities to implement this Security Plan, to assure the protection of public safety, and to minimize security-related impacts on the surrounding community.

#### <u> 17.1 – Alarm Systems</u>

### SECURITY INFRASTRUCTURE

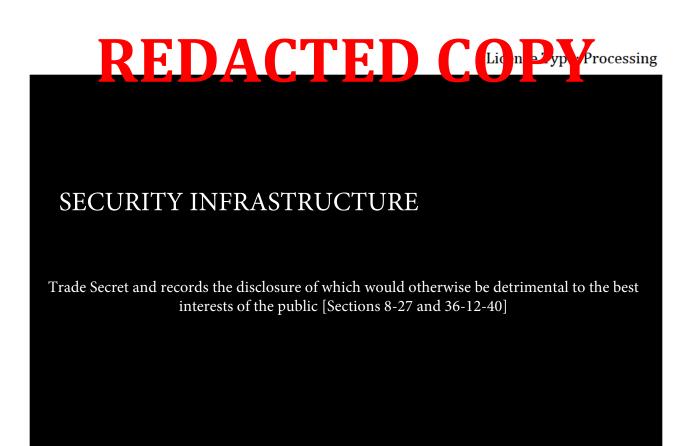
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### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

17.2 - Duress, Panic and Hold-Up Alarms

### SECURITY INFRASTRUCTURE



#### 17.3 - Broadcast Communication Devices

### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### <u> 17.4 – Surveillance System</u>

### SECURITY INFRASTRUCTURE

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### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

17.5 - Perimeter Fencing and Lighting

### SECURITY INFRASTRUCTURE

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### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

17.6 - Exterior Doors

#### SECURITY INFRASTRUCTURE

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### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

<u> 17.7 – Exterior Walls and Windows</u>

### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 17.8 - Security Personnel and Security Staffing

(Plan completed)

### SECURITY INFRASTRUCTURE

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### SECURITY INFRASTRUCTURE

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### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### <u> 17.9 – Access Control System</u>

### SECURITY INFRASTRUCTURE

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### SECURITY INFRASTRUCTURE

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### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

17.10 - Access Records; Visitor Log

(Plan completed)

### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### <u> 17.11 - Employee Identification Badges</u>

(Plan completed)

## SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

17.12 - Visitor Badge

(Plan completed)

### SECURITY INFRASTRUCTURE

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## SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### <u> 17.13 – Theft, Diversion, or Other Loss Reporting</u>

(Plan completed)

### SECURITY INFRASTRUCTURE

## REDACTED Corporations

### SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

17.14 - Commission Cooperation

## SECURITY INFRASTRUCTURE

# REDACTED CLic n Dyp Processing

## SECURITY INFRASTRUCTURE

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

<u>Manager</u> Title <u>12/25/2022</u> Date

## **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.

Trade secret and records the disclosure of which	Owner
Printed Name of Verifying Individual	Title of Verifying Individual
Trade secret and records the disclosure of which would otherwise be delimental to the best interests of the public (Sections 6-27 and	
	<u>12/25/2022</u>
Signature of Verifying Individual	Verification Date

#### FORM G: PERSONNEL ROSTER & VERIFICATION

#### Enchanted Green, LLC

Processor

Business License Applicant Name

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.

Trade secret and records the disclosure of which would otherwise be detriment	tal to the best interests of the public [Sections 8-27 and 36-1	Master Processor
Leader/Employee Name	tal to the best interests of the public (Sections 8-27 and 38-12	Title/Position
		robert.brodnick@titanab.net
SSN Trade secret and records the disclosure of which would otherwise be dehimental to	Telephone	Email
Street Address Trade secret and records the disclosure of which would	d otherwise be detrimental to the best inter	ests of the public [Sections 8-27 and 36-12-40]
City	State	Zip
Trade secret and records the discosure of which would otherwise be detrimenta		CEO
Leader/Employee Name		Title/Position
Trade secret and records the disclosure of which	would otherwise be detrimental to the	best interests of the public [Sections 8-27 and 36-12-40]
SSN	Telephone	Email
Trade secret and records the disclosure of which would otherwise de definitiential to the dest		
Street Address		
I rade secret and records the disclosure of which		best interests of the public [Sections 8-27 and 36-12-40].
City	State	Zip
rade secret and records the disclosure of which would otherwise be defirmental to the bee	Interests of the public [Sections 8-27 and 36-12-40].	C00
Leader/Employee Name		Title/Position
Trade secret and records the disclosure of which	would otherwise be detrimental to the	best interests of the public [Sections 8-27 and 36-12-40].
SSN	Telephone	Email
Trade secret and records the disclosure of which would otherwise be detrimental to the best	interests of the p	
Street Address		
Trade secret and records the disclosure of which	would otherwise be detrimental to the b	est interests of the public [Sections 8-27 and 36-12-40].
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		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		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.

Printed Name of Verifying Individual

Signature of Verifying Individual

Form G: Personnel Roster & Verification Page 3

Owner

Title of Verifying Individual

12/25/2022

Verification Date



## 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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u>

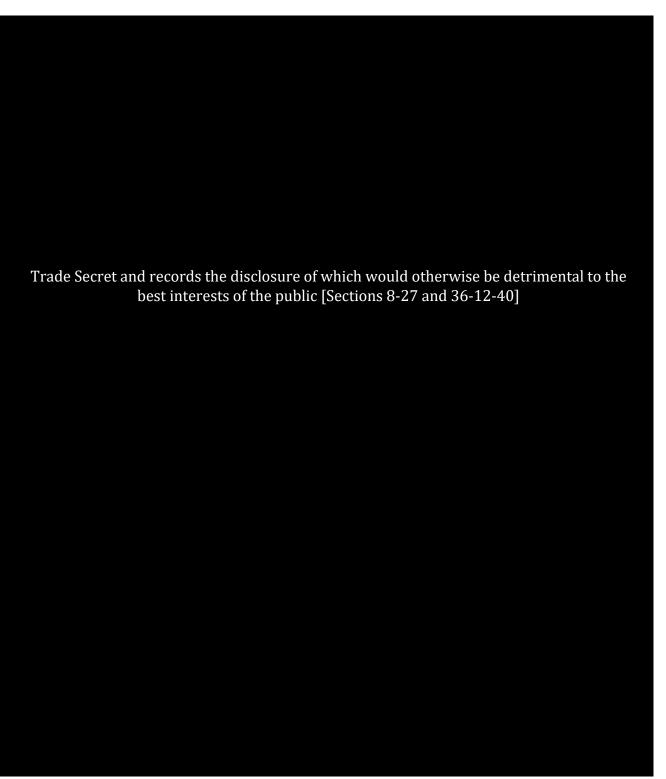
**Title of Verifying Individual** 

<u>12/25/2022</u> Verification Date

## REDACTED CurpyProcessing

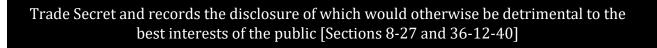
This Business Leadership Credentials plan is completed as of the date of application filing.

#### <u> 19.1 – Curriculum Vitae</u>



(Completed)

## REDACTED CurpyProcessing



<u> 19.2 – Business Roles</u>

(Completed)



## REDACTED COPyProcessing

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### <u> 19.3 – 5-Year Hiring Plan</u>

(Plan completed)

# REDACTED COPyProcessing

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]



License Type: Processing

## Exhibit 20 – Employee Handbook

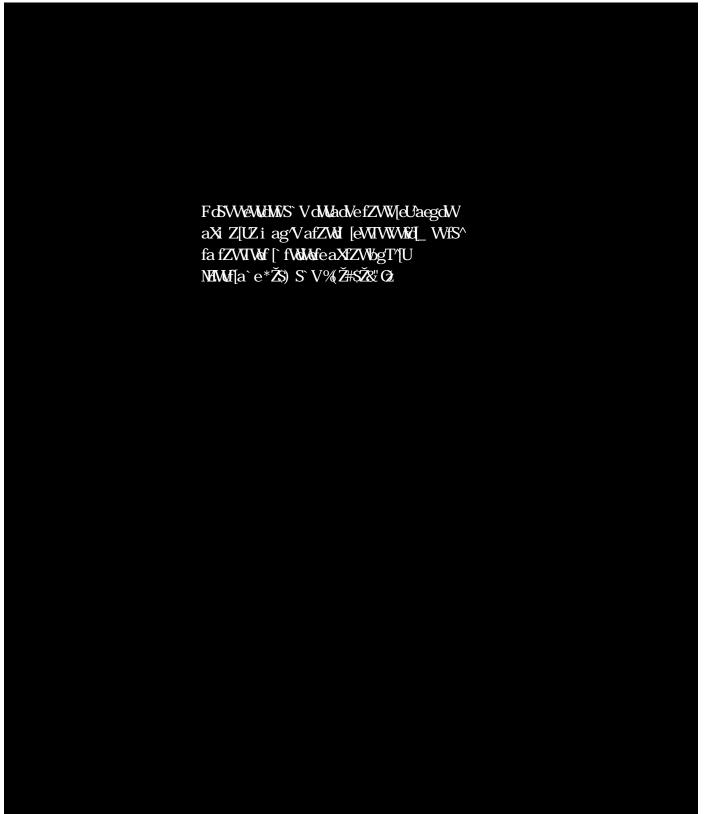
Verification

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.

Folswendmis`VolmadvefZvW[eUaegdW axi Z[UZ i ag'VafZvdI [eVuVvvkd]\_ WfS^ fafZvUVvf[`fvkMvfeaxfZvbgT^[U NAWuf[a`e\*Žs) S`V%(Ž#SŽ&"Oz

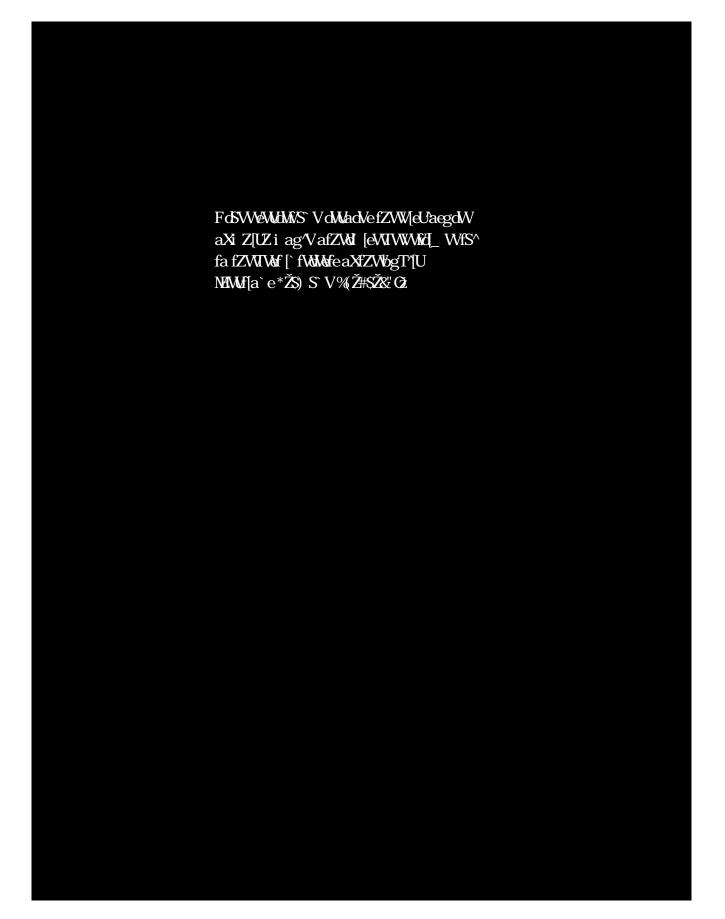


#### **TABLE OF CONTENTS**



License Type: Processing

FoSVWeWdMS`VoWadVefZVW[eUaegdW aXiZ[UZiag'VafZWd[eVIVWWd[\_WfS^ fafZVIV&f[`fWdWfeaXfZVbgT'[U NEWMf[a`e\*Ž\$)S`V%(Ž#\$Ž&"Oz



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The undersigned, based on the best available information at the date of verification, verifies that the following is a true copy of the Company's proposed Employee Handbook.

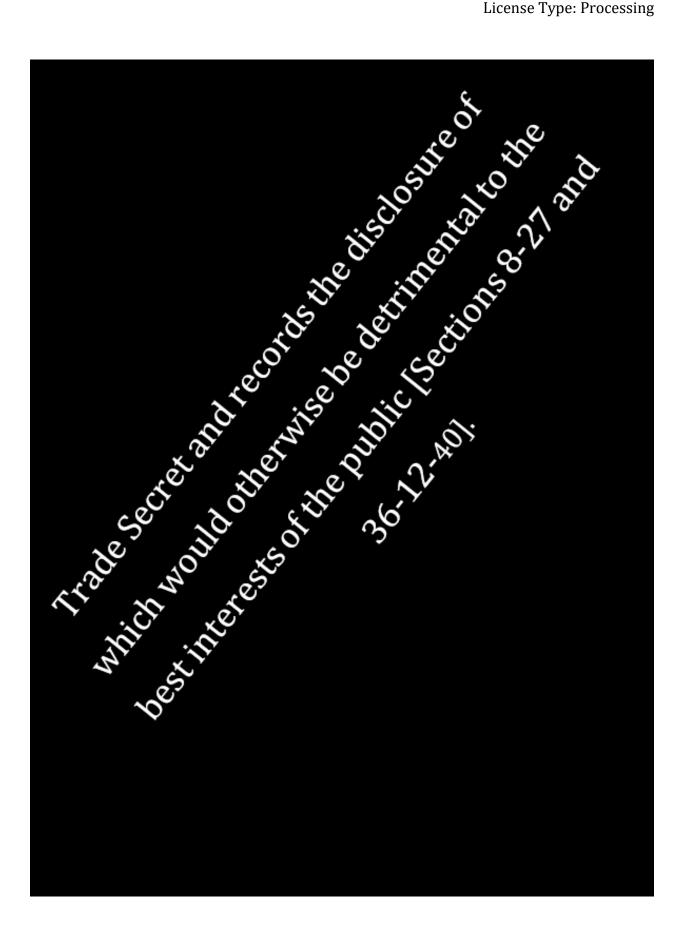
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This Employee Handbook is completed as of the date of application filing.

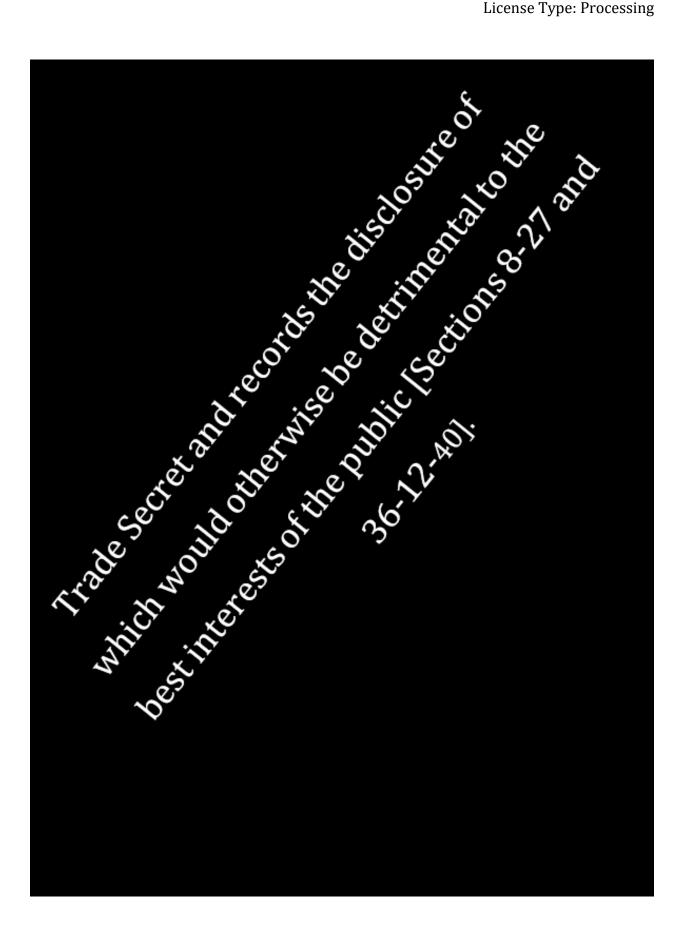
#### **SUMMARY**

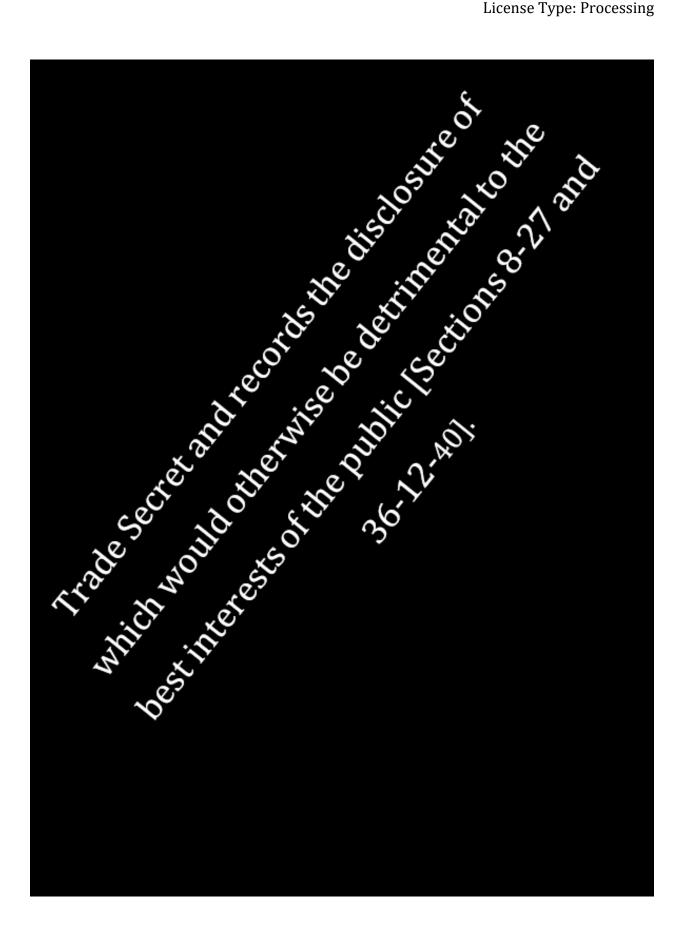
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FoSVWeWeWeWeS`VoWadvefZvW[eUaegodW aXi Z[UZ i ag'VafZv&] [eVvIvWw@[\_ WfS^ fa fZvVIv&f [`fv&WefeaXfZvVbgT^[U NEWwf[a`e\*Ž\$) S`V%(Ž#SŽ&"Oz

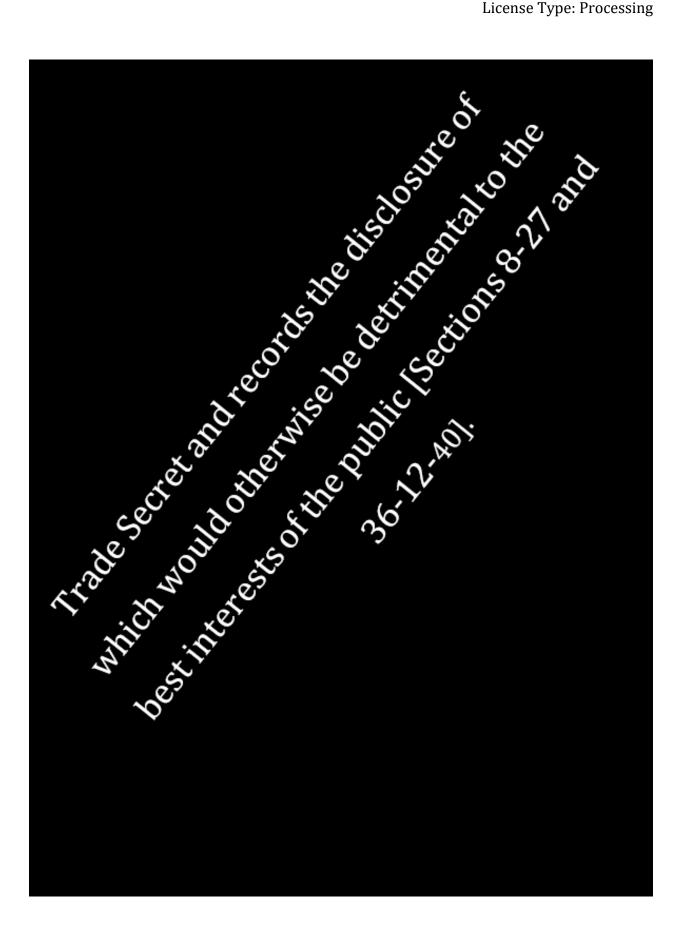


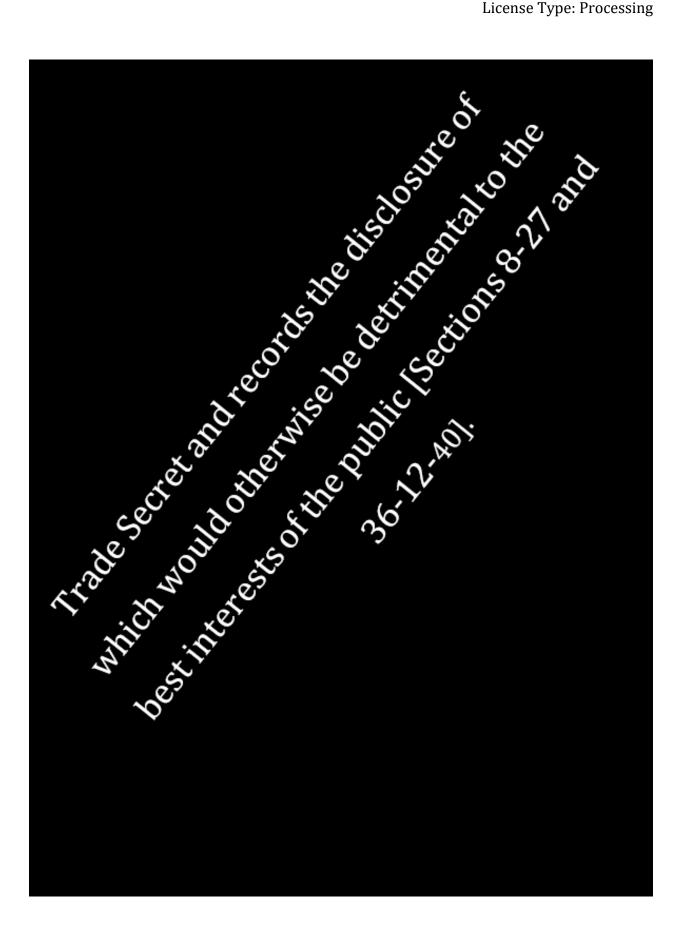




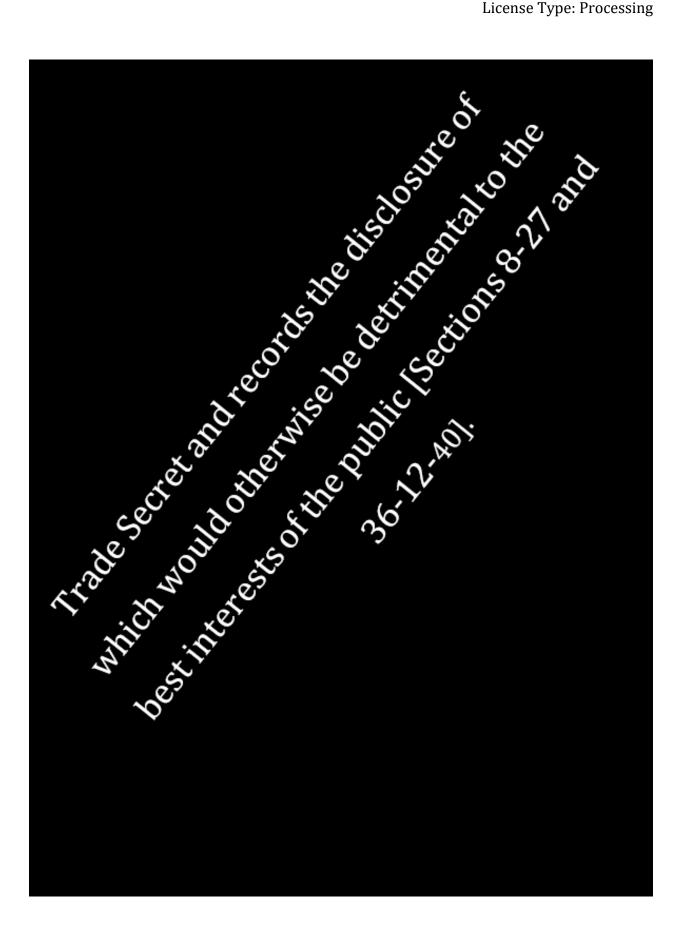




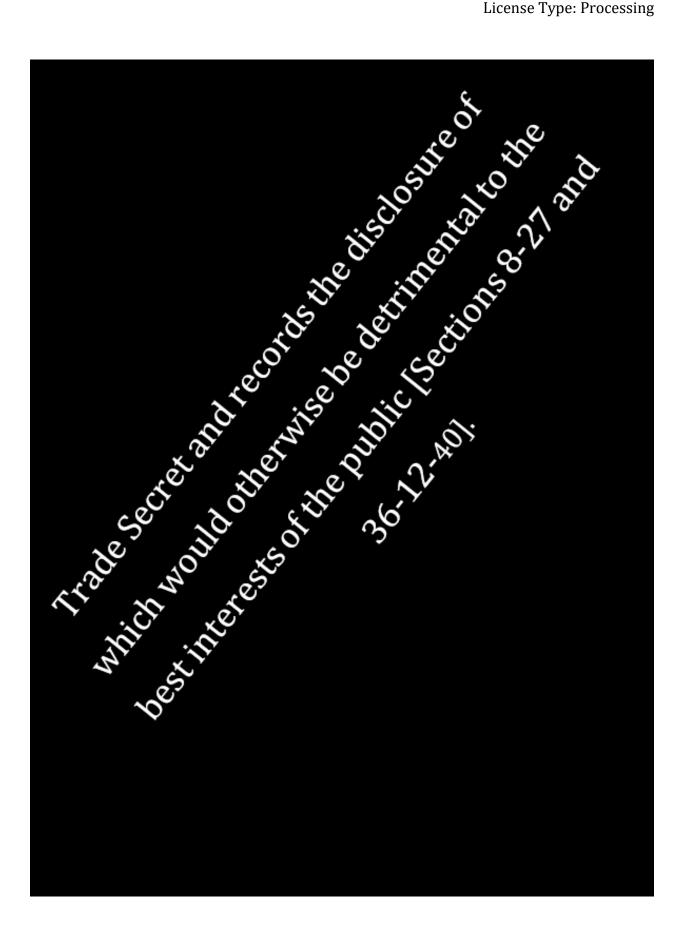




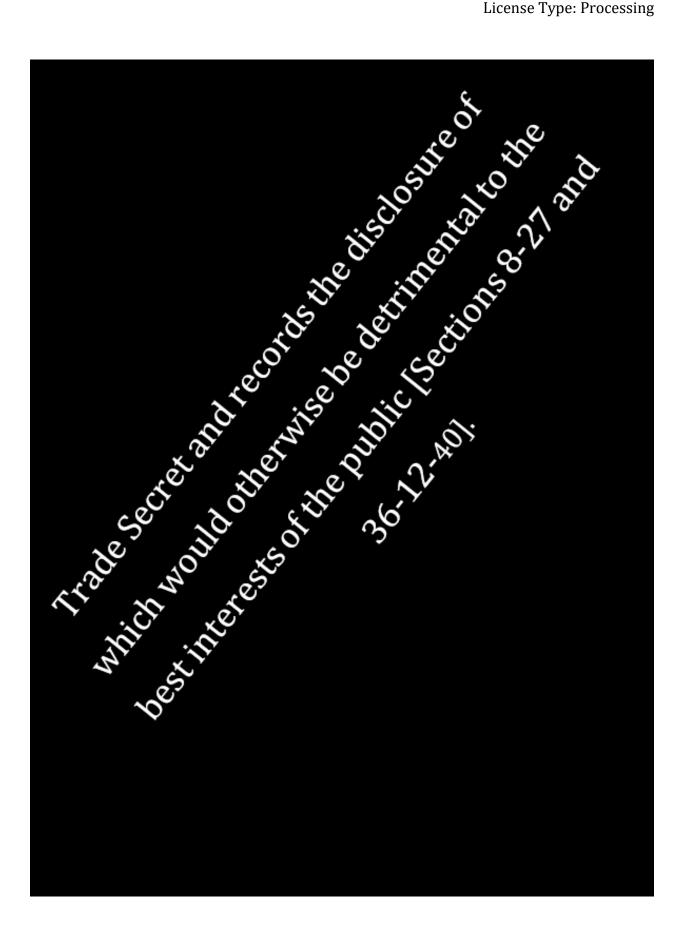










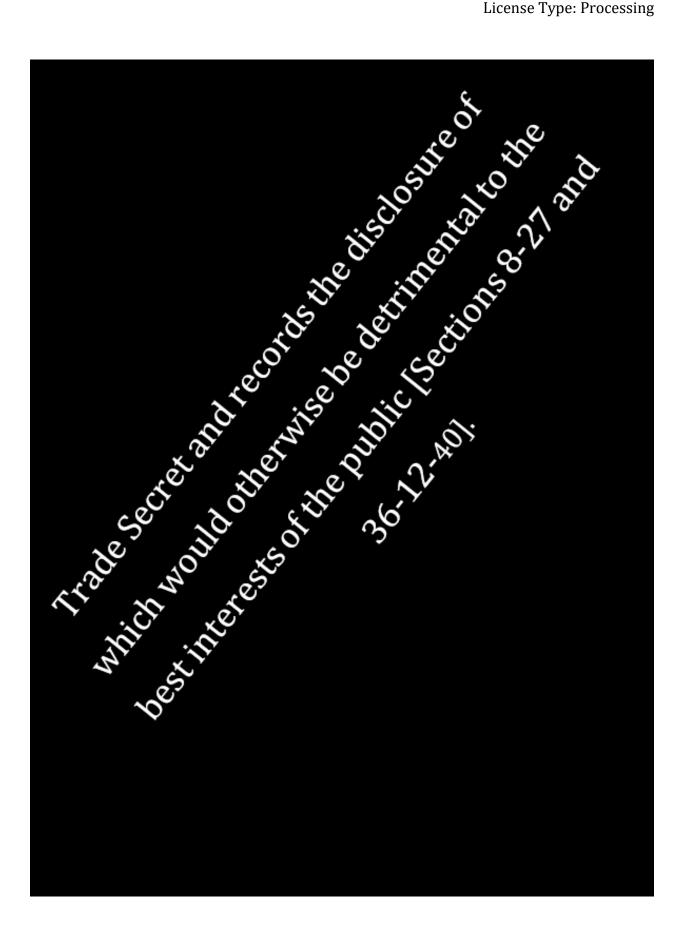


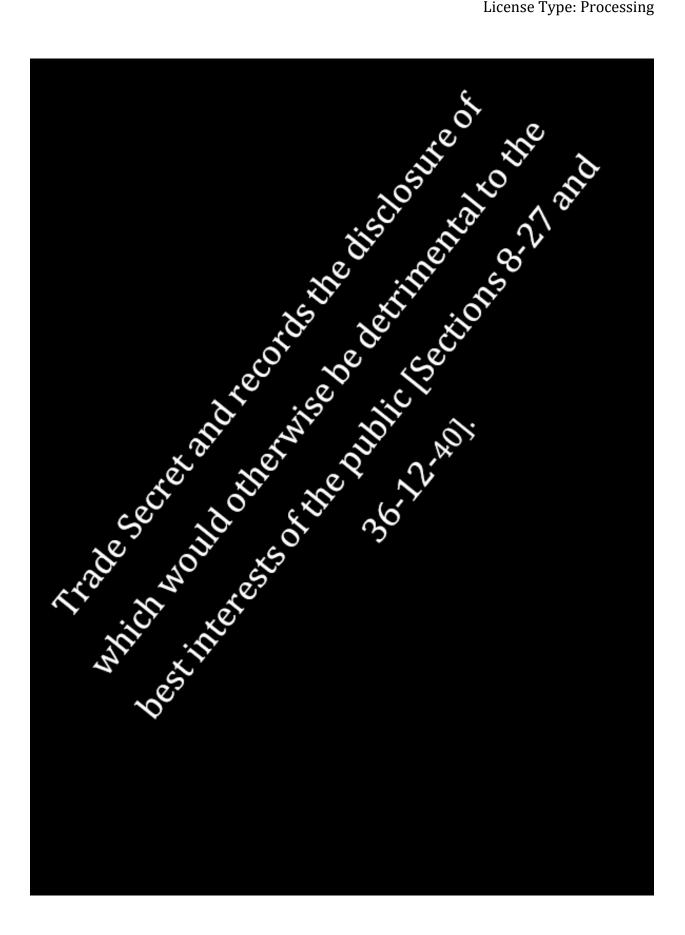






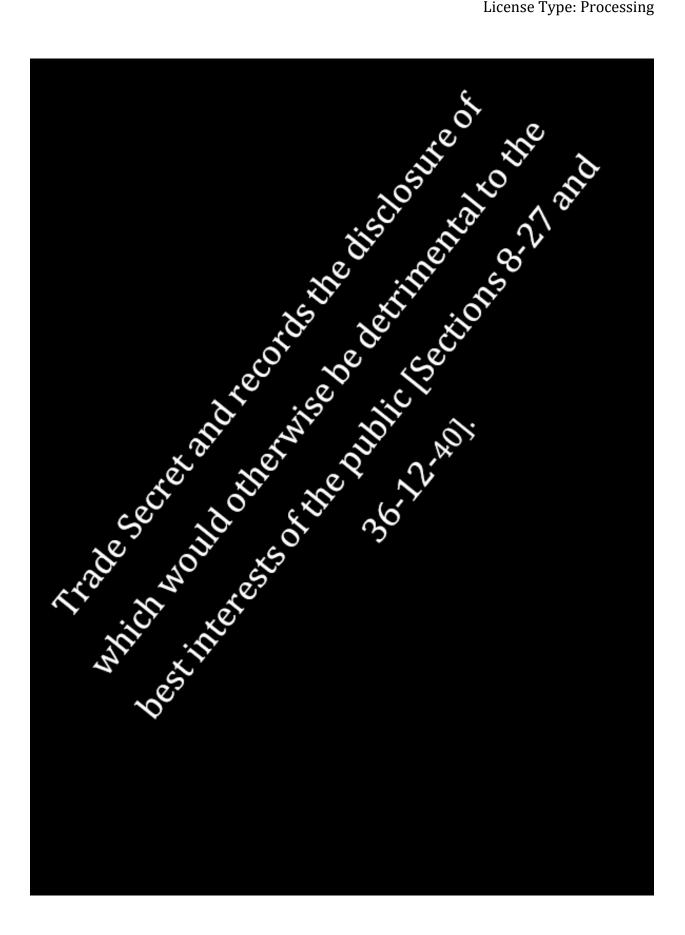






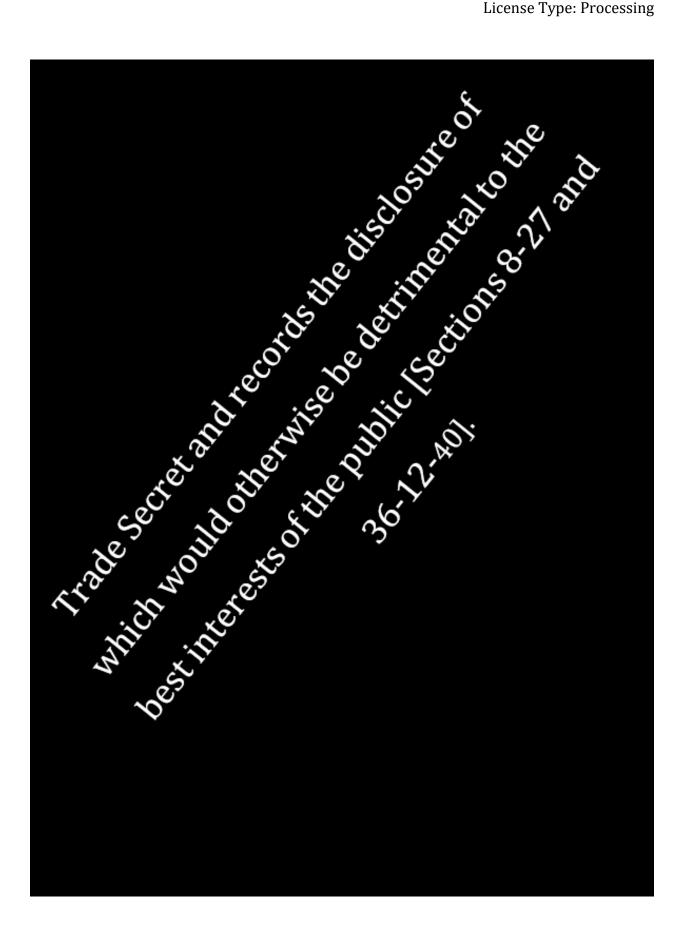




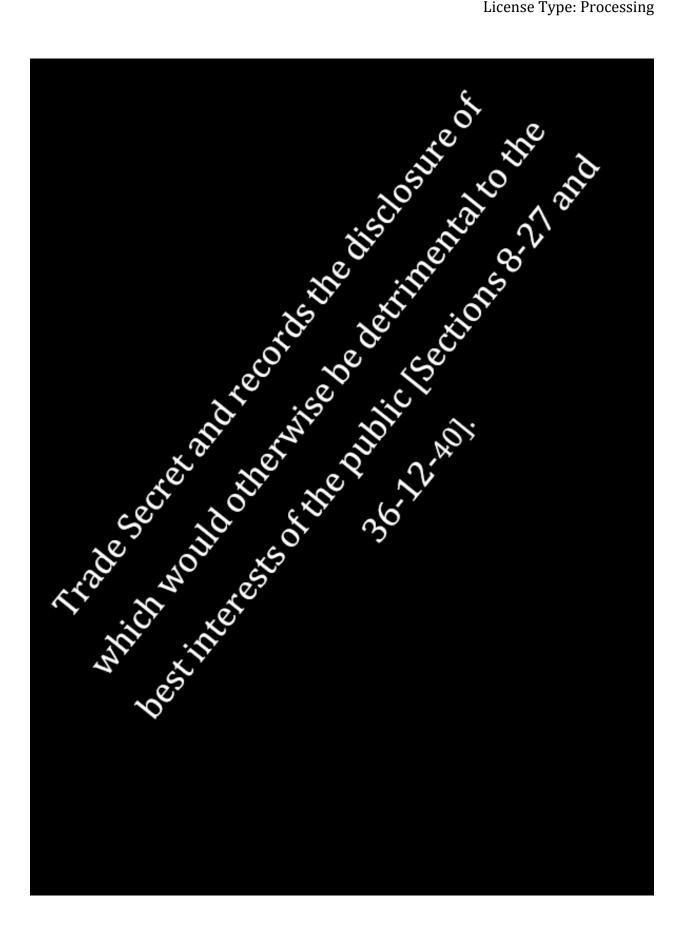


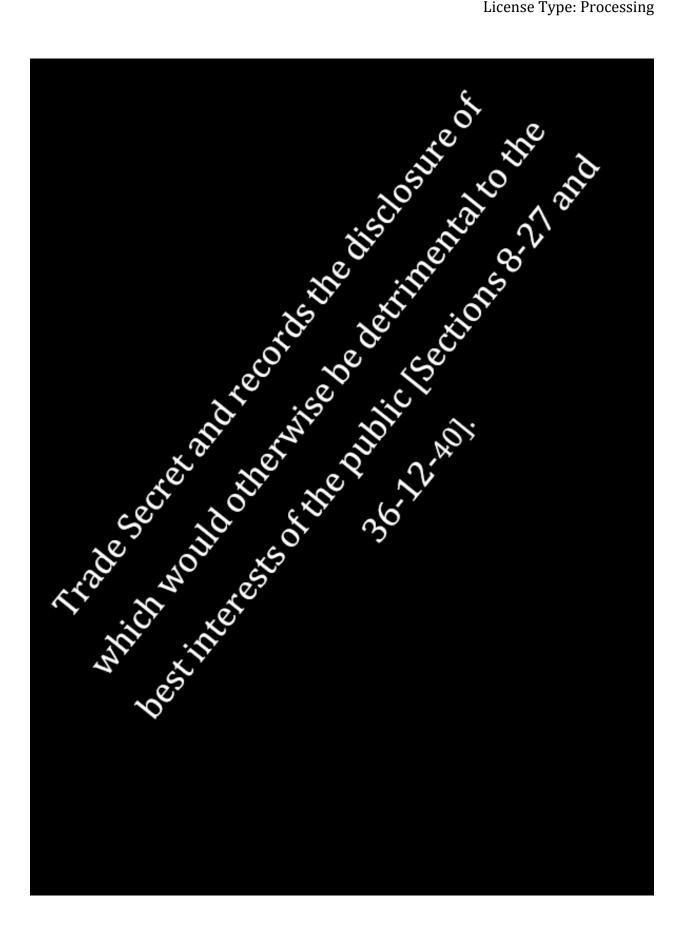


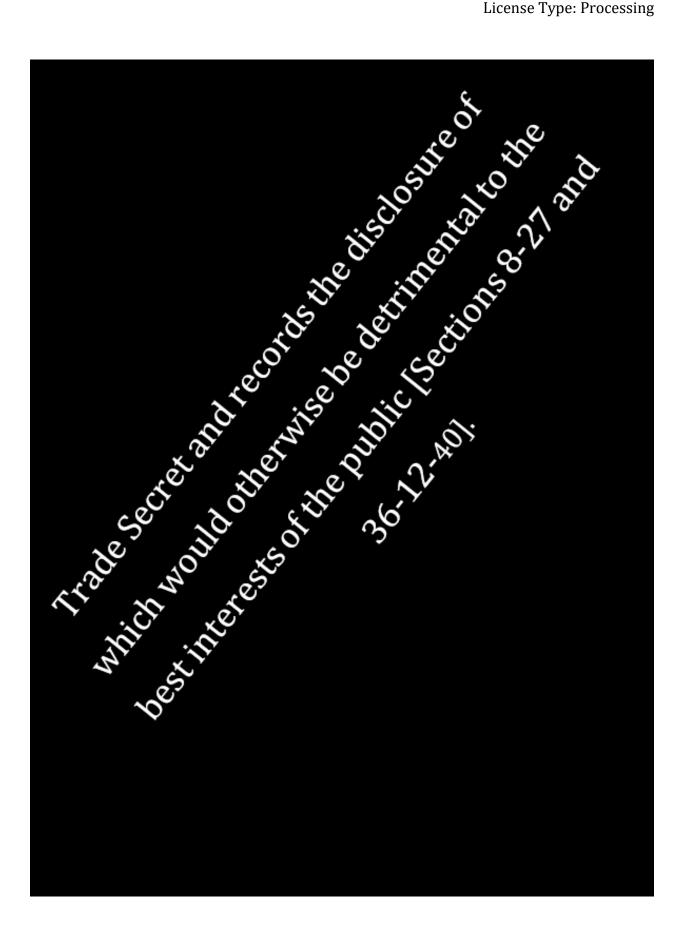


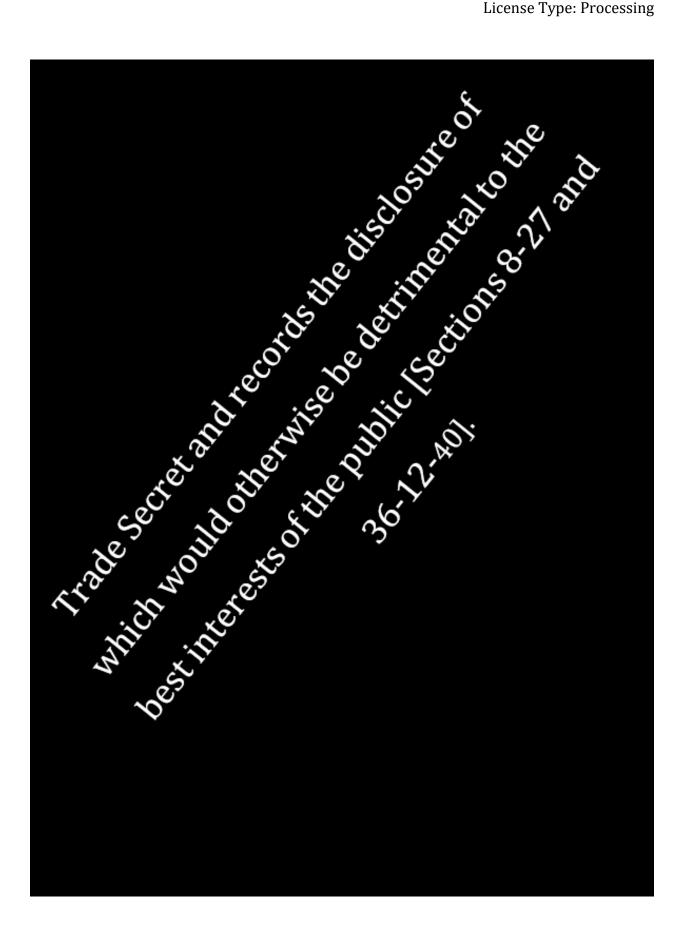








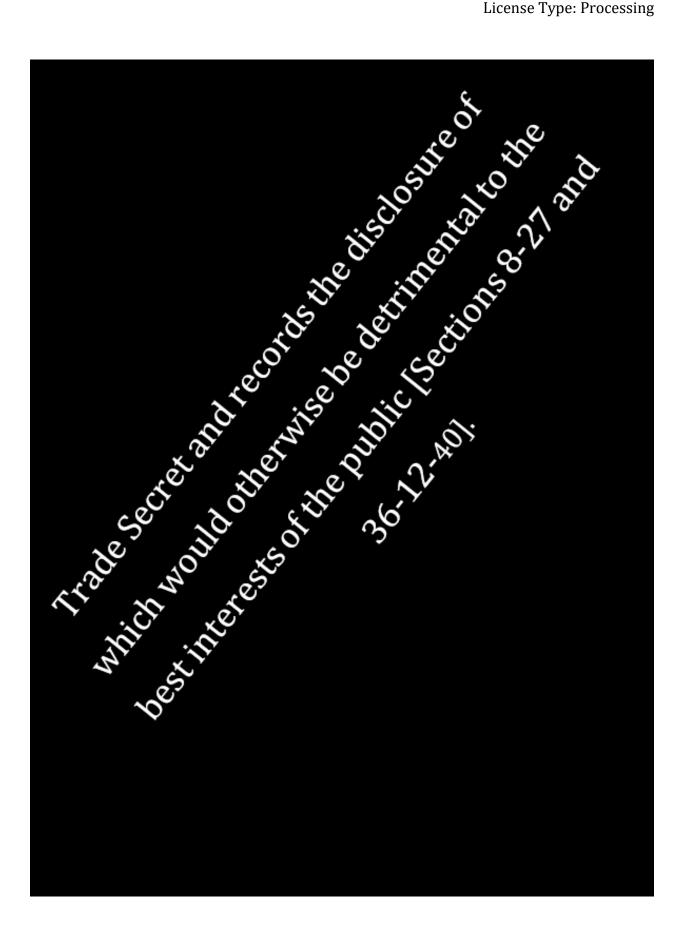


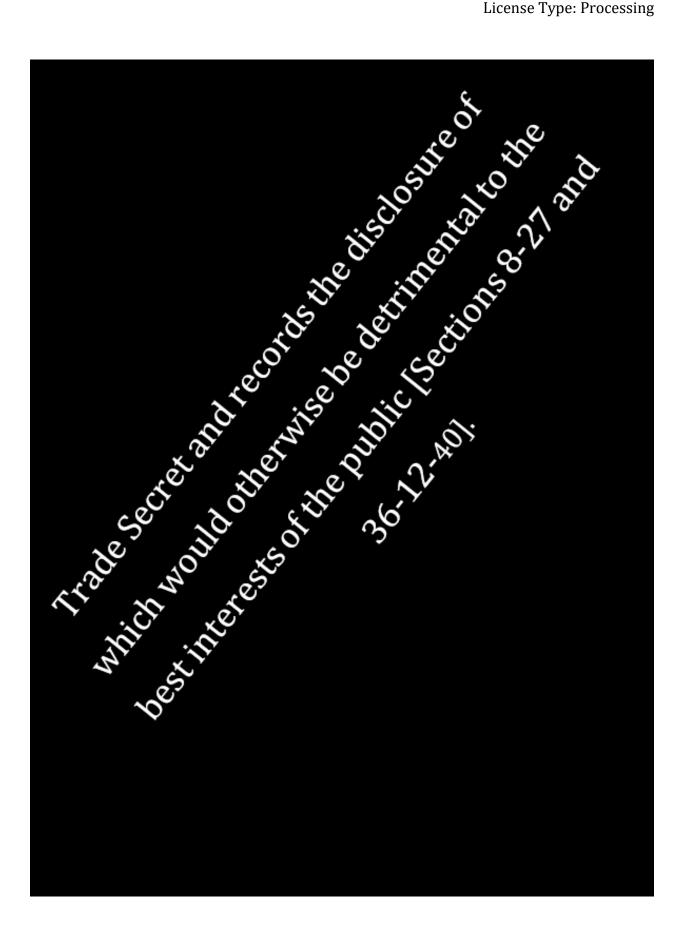




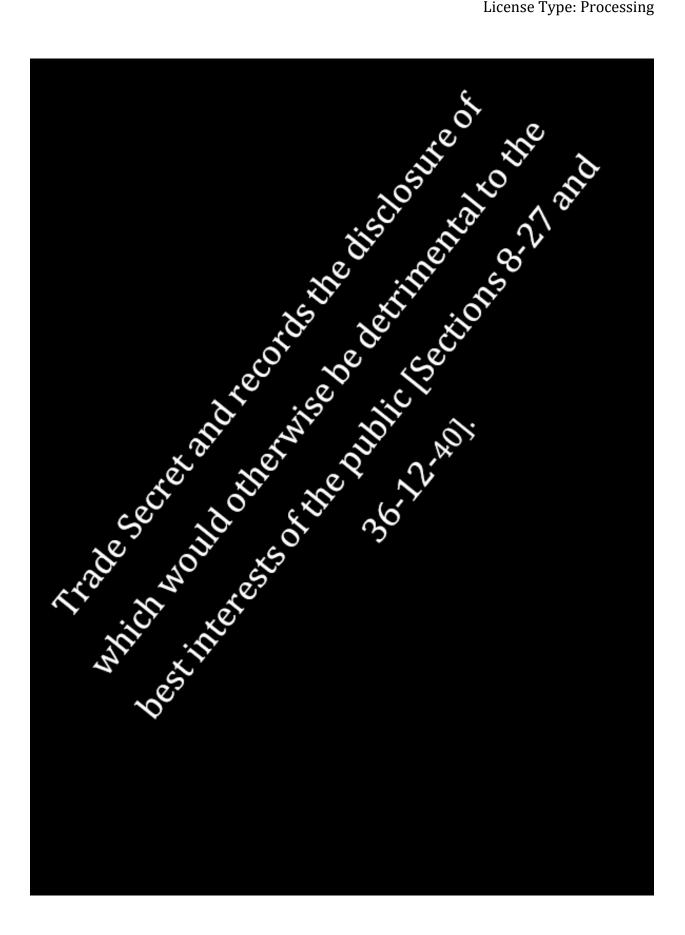


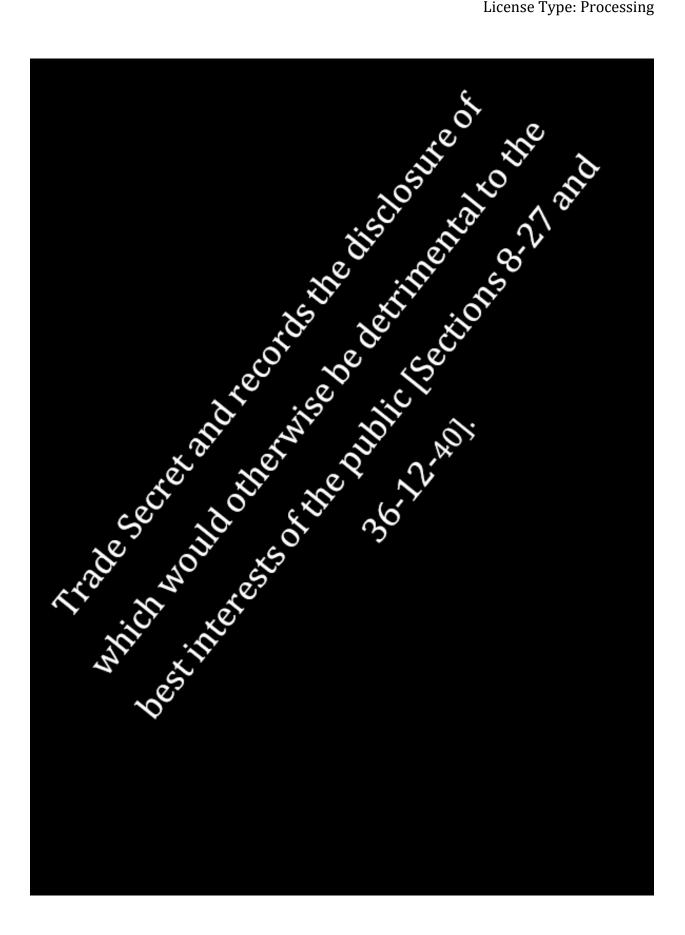


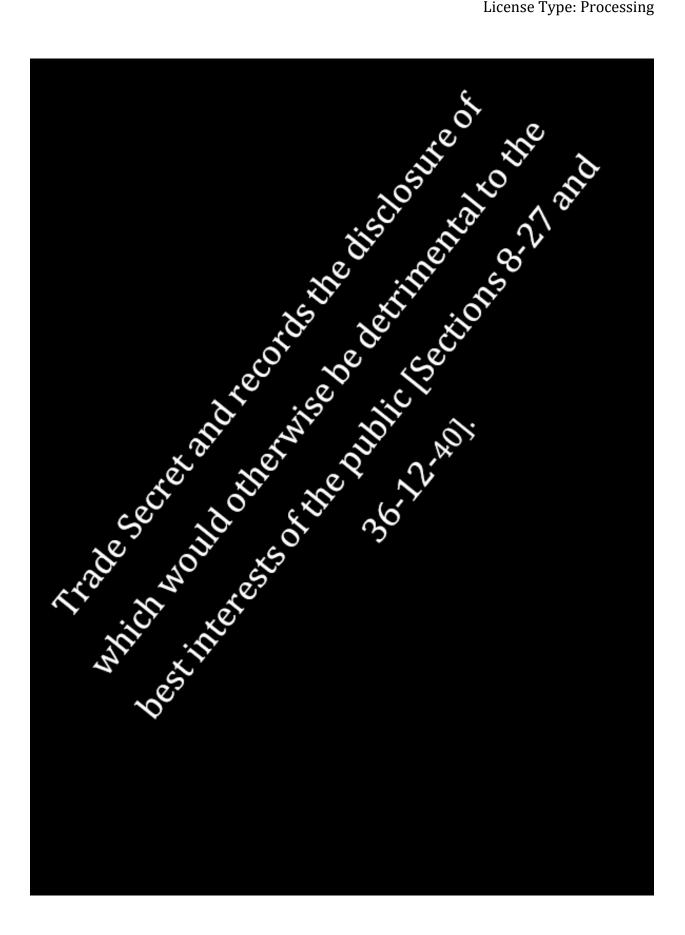






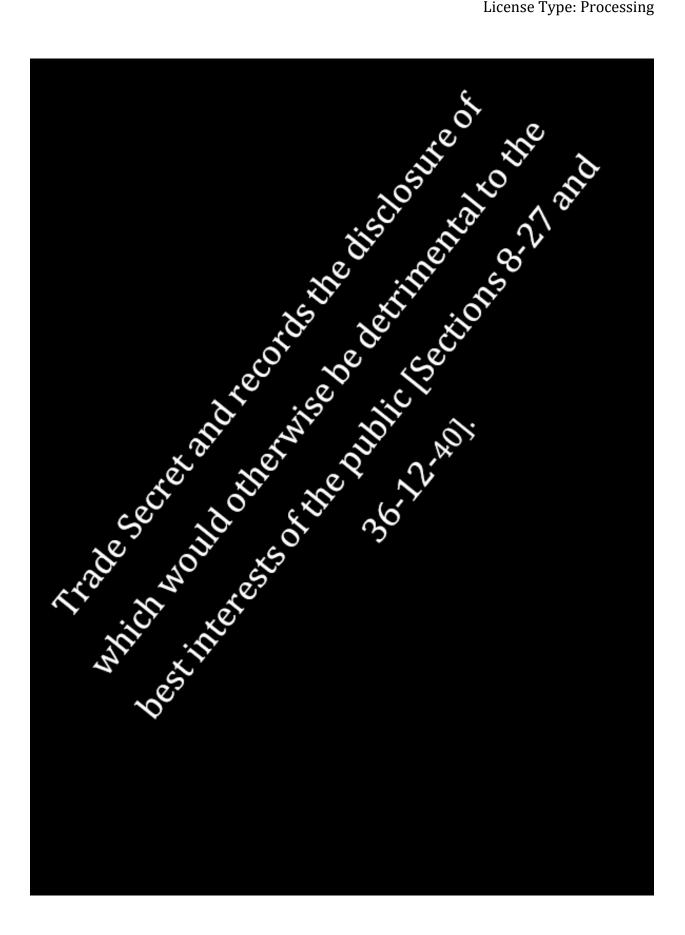


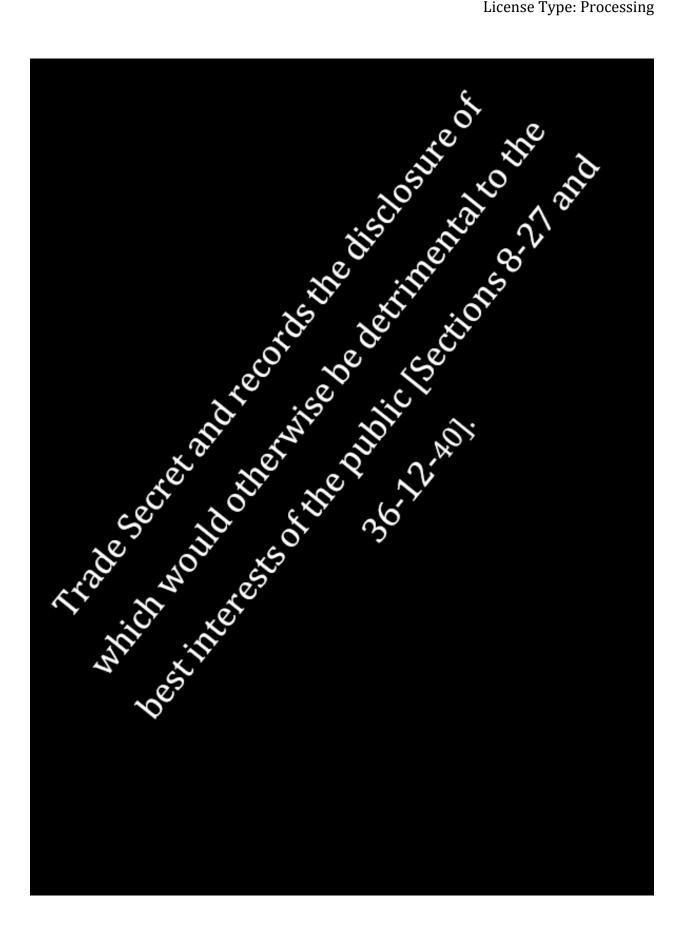




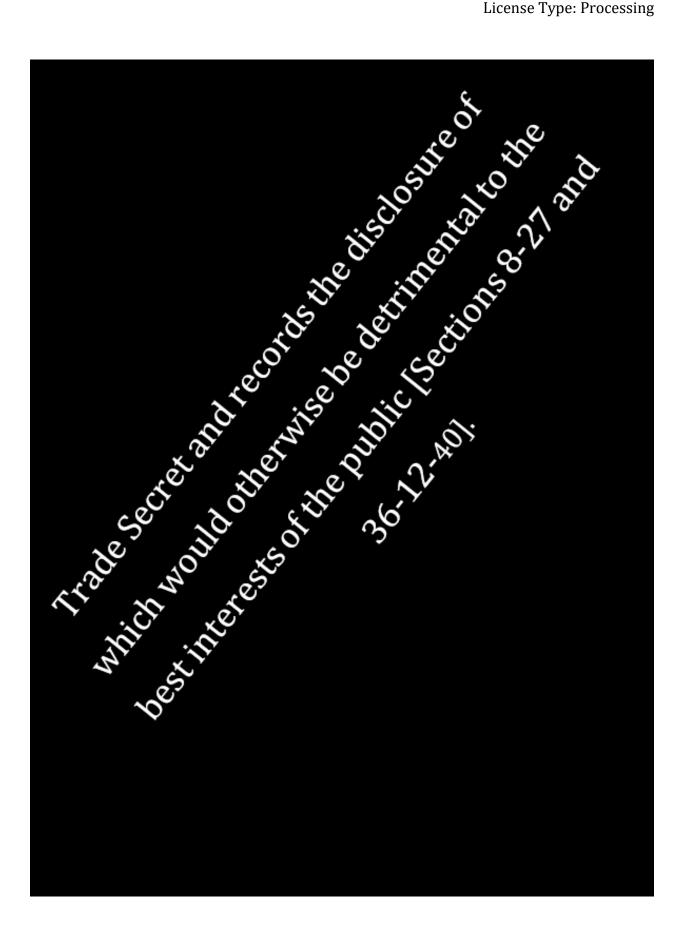


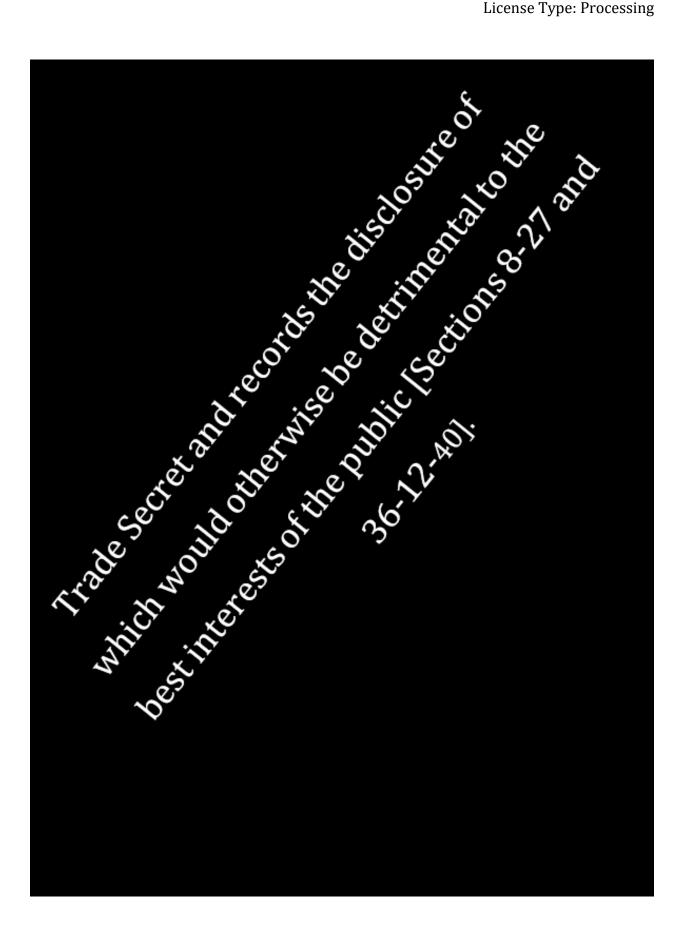




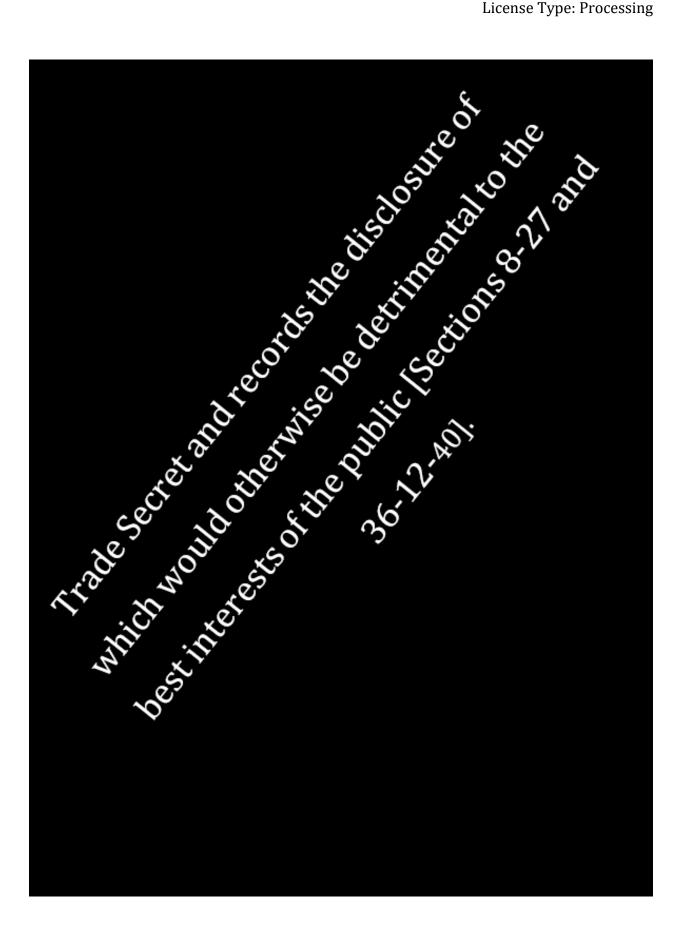


























## Exhibit 21 – Quality Control and Quality Assurance Plan

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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u>

**Title of Verifying Individual** 

<u>12/25/2022</u> Verification Date

# REDACTED COPyProcessing

This Quality Control and Quality Assurance Plan is completed as of date of application. All pre-licensure obligations have been met. We will continue to execute this plan in a timely fashion after licensure.

The Company will implement a written Quality Control and Quality Assurance Plan that is designed to protect qualifying patient health and to assist with Commission-mandated quality assurance testing as described in §20-2A-66. Our Quality Control and Quality Assurance Plan will be overseen by our Chief Compliance Officer.

### 21.1 - Product Quality, Stability, Consistency, and Safety

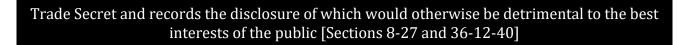
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## REDACTED CorPyProcessing





## REDACTED Corporations



### 21.2 – Quality Control, Sampling, and Testing

(Plan completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

Exhibit 21 – Quality Control and Quality Assurance Plan

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good manufacturing and good quality processes.

## REDACTED Clip PypyProcessing



## REDACTED Clip PypyProcessing

## REDACTED Corporations

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

**21.3 – Remediation and Destruction** 

(Plan completed)

## REDACTED CLip PypyProcessing

## REDACTED COPYProcessing

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 21.3.3 Destruction



## 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.

Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40]

<u>Owner</u>

Title of Verifying Individual

<u>12/25/2022</u> Verification Date

# REDACTED Clip Pyperocessing

This Contamination and Recall Plan is completed as of the date of application filing. All prelicensure obligations have been met and we will continue to execute this plan in a timely fashion after licensure.

The Company's comprehensive policies and procedures have been carefully developed to ensure that our products consistently meet all safety and quality standards. In the unlikely event that a faulty batch or product reaches consumers, we have stringent protocols in place to ensure that the Commission and any other affected licensee receive timely notifications, that any substandard products are removed from the market as quickly as possible, and that our dispensary customers receive swift communication of any recall, as well as clear instructions on how to return recalled products.

#### 22.1 - Adverse Event Notification

#### (Plan completed)

## REDACTED COPYProcessing

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

22.2 - Recall Determination

(Plan completed)

## REDACTED CorpyProcessing

## REDACTED COPYProcessing

### Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 22.3 - Recall Coordinator and Committee

(Plan completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 22.4 - Accounting for the Safety of Employees and Others on the Premises

(Plan completed)

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 22.5 - Commission and Licensee Notification

(Plan completed)

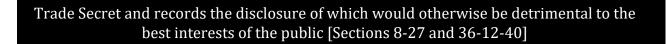
## REDACTED Corporations

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 22.6 - Recall Procedures

(Plan completed)

## REDACTED CLignPypyProcessing



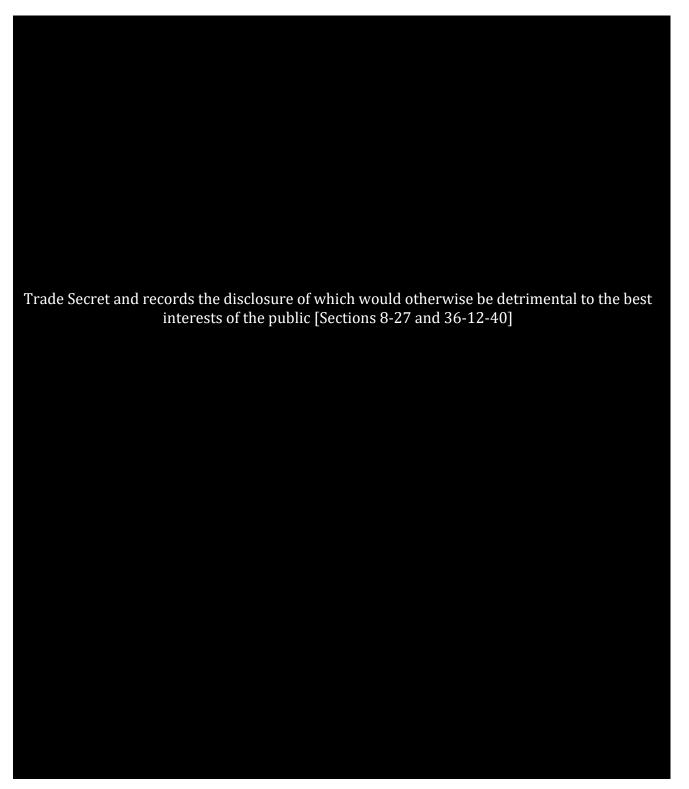
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Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 22.7 - Commission and Regulatory Communication

(Plan completed)



### REDACTED CLicn Pypy Processing

Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

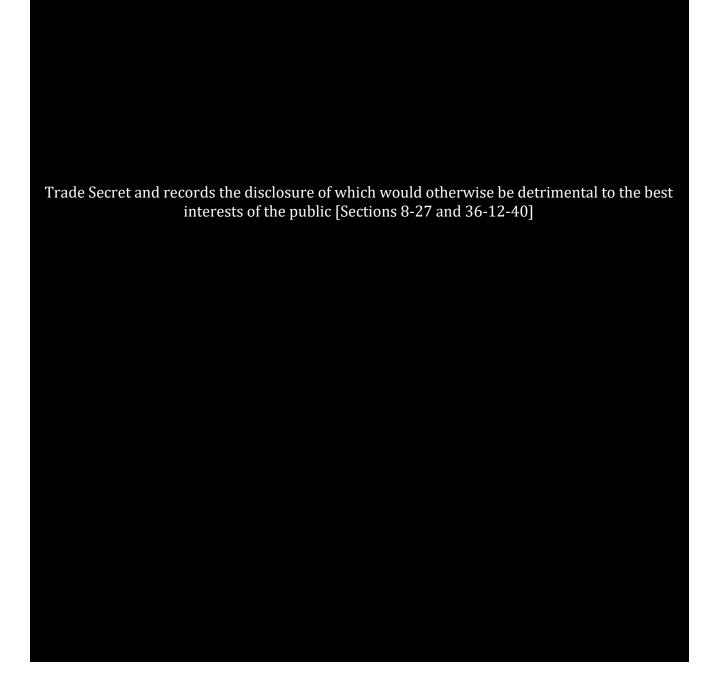
#### 22.8 - Contamination Prevention and Product Preservation

(Plan completed)



#### 22.9 - Investigation and Analysis

(Plan completed)





License Type: Processing

### 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.

Printed Name of Verifying Individual

Signature of Verifying Individual

Manager Title of Verifying Individual

03.02.2023 Verification Date

This Marketing and Advertising Plan is completed as of the date of application. All pre-licensure obligations have been met. We will continue to execute this plan in a timely fashion after licensure.

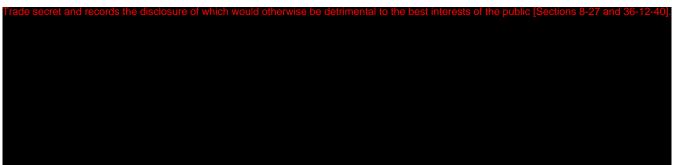
The Company's Marketing and Advertising Plan is firmly grounded in our corporate mission to provide Alabama patients with safe, effective medical cannabis products, produced in a secure, sanitary, and well-managed facility.

Our marketing strategy reflects our Company's patient-centered approach, prioritizing patientto-patient referrals based on our record of best-in-class products.

The Company will submit our name, logo, signs, advertisements, or other marketing campaigns to the Commission with at least 14 days' notice for approval, in accordance with §538-x-4-.17(3),(4). All submissions of marketing materials to the Commission will include:

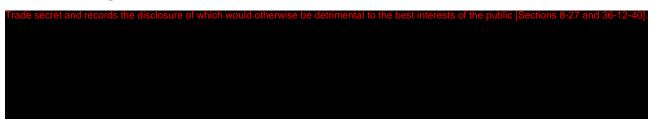
- A brief description of the format, medium, and length of the distribution;
- A verification that an actual patient is not being used on the advertisement;
- Verification that an official translation of a foreign language advertisement is accurate; and
- A final copy of the advertisement, including a video where applicable, in a format acceptable to the Commission.

Our advertisements (defined in §538-x-4-.17(1)) will adhere to all restrictions of §538-x-4-.17.



#### 23.1 - Logos, Branding, Messaging, and Other Marketing and Advertising (In progress;

#### 23.1.1 Logos



#### License Type: Processing



#### 23.1.2 Branding and Messaging

Trade secret and records the disclosure	of which would otherwise be detrime	ental to the best interests of the pu	blic [Sections 8-27 and 36-12-40].

#### 23.1.3 Other Marketing and Advertising

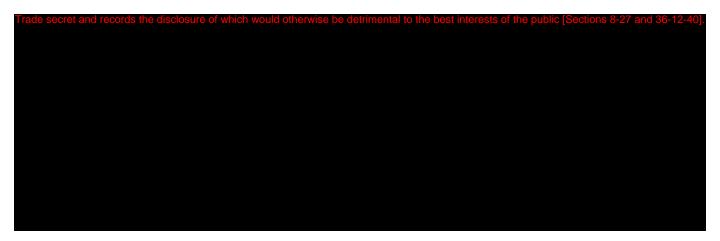
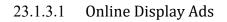


Exhibit 23 – Marketing and Advertising Plan

#### License Type: Processing

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public (Sections 8-27 and 36-12-40).





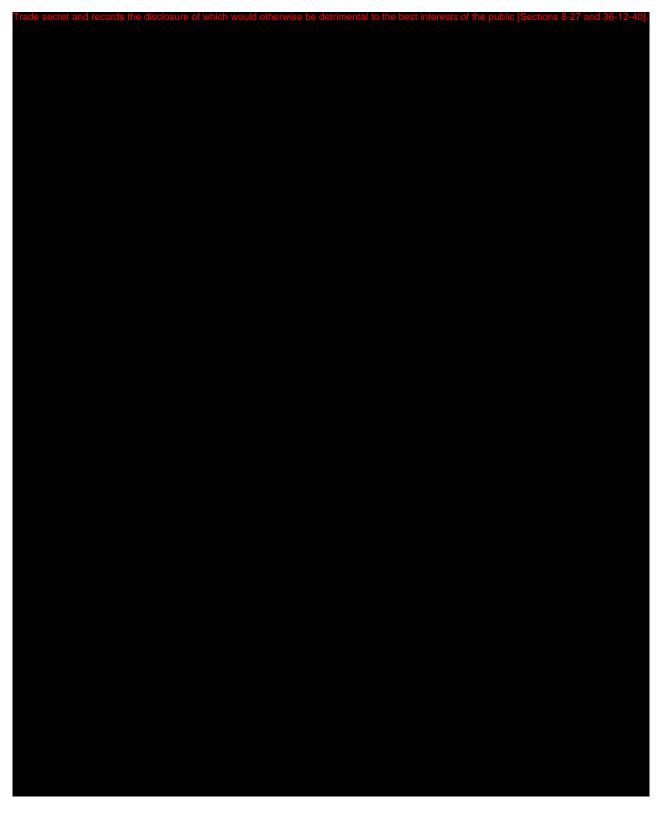
23.1.3.2 Printed Materials and Brochures



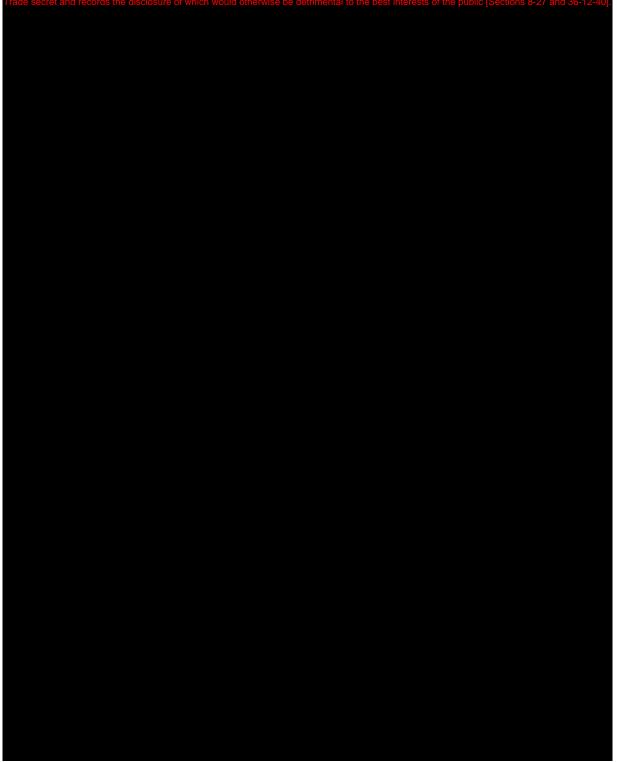
License Type: Processing

Trade secret and records the disclosure of which would otherwise be detrimental to the best i	nterests of the public [Sections 8-27 and 36-12-40].

#### License Type: Processing



#### License Type: Processing



23.1.4 Marketing and Advertising Prohibitions



#### License Type: Processing



#### License Type: Processing

#### License Type: Processing



**<u>23.2 – Media Outlets and Platforms</u>** (In progress; completion expected 120 days after licensure)



23.2.1 Online Marketing Platforms

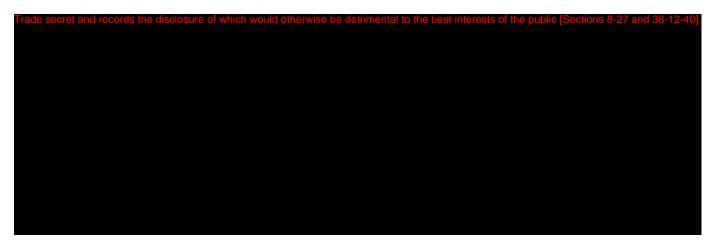


Exhibit 23 – Marketing and Advertising Plan



#### License Type: Processing

ade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].

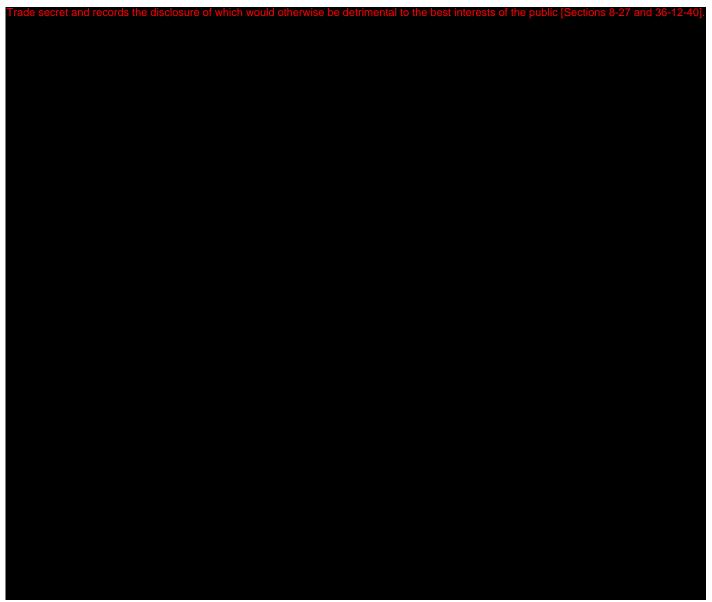
23.2.2 Community Marketing

Trade secret and records the disclosure of which would otherwise be detrimental to the	best interests of the public [Sections 8-27 and 36-12-40].

23.2.2.1 Physician and Healthcare Outreach

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36	-12-40].

#### License Type: Processing



23.2.3 Website Information

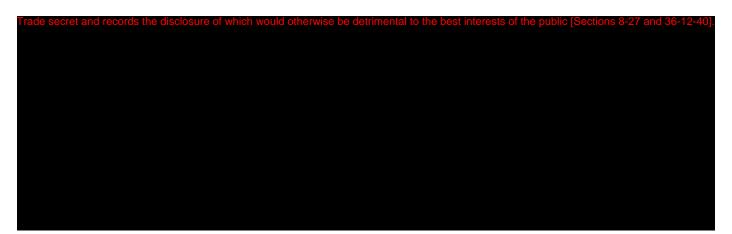


#### License Type: Processing



#### 23.3 - Third-Party Marketing Partners

(Plan completed)



#### 23.3.1 Third-Party Marketing Vendors

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-4	40].



#### 23.3.2 Form Contracts for Third-Party Vendors

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 3	6-12-40].

#### License Type: Processing

Trade secret and records the disclosure of which would otherwise be detrimental to	the best interests of the public [Sections 8-27 and 36-12-40]

License Type: Processing

#### 23.4 – Package Renderings

(In progress; completion expected 120 days after licensure)

Trade secret and records the	disclosure of which would ot	therwise be detrimental to t	the best interests of the publ	ic [Sections 8-27 and 36-12-40].

#### License Type: Processing

Trade secret and records the disclosure of	which would otherwise he detr	imantal to the bast interacts of	the public [Sections 9.27 and 26.12.40]
Trade secret and records the disclosure of			

License Type: Processing

#### 23.4.1.2 Child-Resistant Packaging



23.5 - Label Renderings

(In progress; completion expected 120 days after licensure)





#### License Type: Processing

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8	3-27 and 36-12-40]

#### License Type: Processing

Trade secret and records the disclose	ure of which would otherwise	e be detrimental to the best inte	erests of the public [Section	s 8-27 and 36-12-40].

#### License Type: Processing

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section	s 8-27 and 36-12-401

# 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.

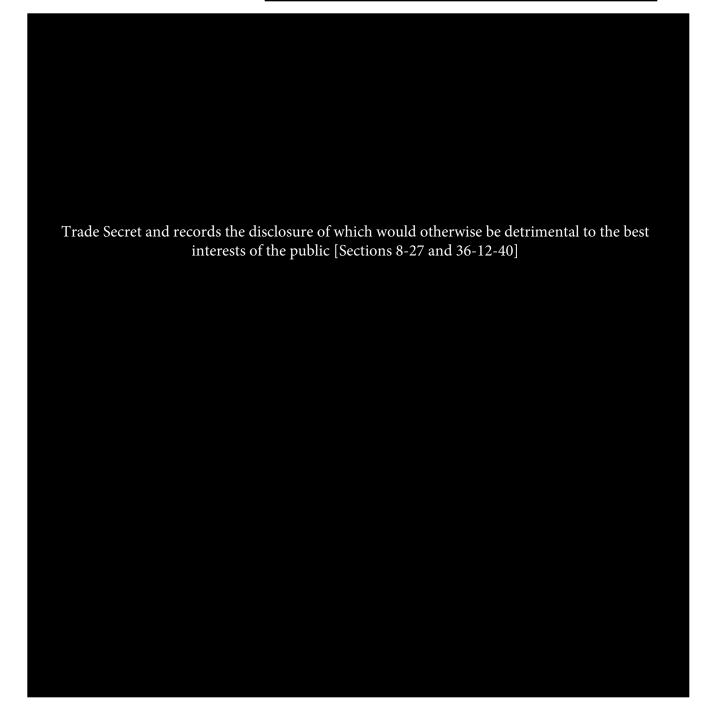
Sensitive Personal Information and records the disclosure of which would otherwise be detrimental to the best interests of the public [Section 36-12-40] <u>Owner</u>

Title of Verifying Individual

<u>12/25/2022</u> Verification Date

This Website and Social Media Plan is completed as of the date of application filing. All prelicensure obligations have been met and we will continue to execute this plan in a timely fashion after licensure.

#### 24.1 - Website



Trade Secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]

#### 24.2 - Website Address, Social Media Pages, and Other Online Sites

# **Insurance** 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.

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40]. Manager

Title of Verifying Individual

12/25/2022 Verification Date

#### <u>1 – Policies</u>

### **REDACTED COPY** 2 - Letters of Intent

#### **REDACTED COPY** <u>3 - Declaration Pages</u>

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].

CIS DEC D 01 (10 17)

© ISO Properties, Inc., with permission

Page 2 of 2

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].

Page 2 of 4

# Minority Ownership Documentation

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.

Printed Name of Verifying Individual

Signature of Verifying Individual

Owner Title of Verifying Individual

12/25/2022 Verification Date

#### <u>2.1 – Summary</u>

Trade secret and records t	the disclosure of which would othe	erwise be detrimental to the best i	nterests of the public [Sections	8-27 and 36-12-40].

#### 2.2 – Driver's Licenses

Trade secret and records the disclosure of which would otherwise be detrimental to the best interests of the public [Sections 8-27 and 36-12-40].

#### FORM K: Affidavit of Entity Applicant for Alabama Medical Cannabis License

STATE OF ALABAMA	)	
		)
HOUSTON	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: Enchanted Growth, LLC

2.	NAME OF	AFFIANT:	Trade secret and records the disclosure		
3.	AFFIANT'	S POSITION WIT	TH APPLICANT: Owner		
4.	AFFIANT	IS THE APPLICA	NT'S (Check One):	• Responsible Party (The affidavit of BOTH in	Contact Person adividuals is required)
5.	TYPE OF I	LICENSE BEING	SOUGHT BY APPLICAN	NT (Check One):	
	0	Cultivator	• Processor	O Secure Tra	nsporter
	Õ	Dispensary	O Integrated Fa	cility 🔿 State Testi	ng 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.
  - 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.
  - 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

Form K: Affidavit of Entity Applicant for Alabama Medical Cannabis License Page 2

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.

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 <u>license.</u>

INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.
  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.
- 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.
   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. 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.

	Signature of Affiant Acting for and on behalf of:
	Enchanted Green, LLC
	Applicant
Sworn to and subscribed before me on this _	29 (day of December 2002
	Notary Public
	My Commission Expires: 07/29/2024
	Trade secret and records the discourse of which would otherwise be definitential to the terms [SEAL]

#### FORM K: Affidavit of Entity Applicant for Alabama Medical Cannabis License

STATE OF ALABAMA	)
	)
Houston 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: Enchanted Green, LLC

2.	NAME OF	AFFIANT:	Trade secret and records the s		
3.	AFFIANT'	S POSITION WITH	H APPLICANT: Contact	t Person	
4.	AFFIANT	IS THE APPLICAN	NT'S (Check One):	<b>O</b> Responsible Party (The affidavit of BOTH in	
5.	TYPE OF I	LICENSE BEING S	OUGHT BY APPLICAN	NT (Check One):	
	0	Cultivator	• Processor	O Secure Tra	nsporter
	0	Dispensary	O Integrated Fa	cility 🔿 State Testi	ng Laboratory

- 6. On behalf of the Applicant, I do hereby affirm under oath as follows:
  - 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

Form K: Affidavit of Entity Applicant for Alabama Medical Cannabis License Page 2

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.



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.

\_\_ INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.
  \_\_\_\_\_\_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.

\_\_\_\_ 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.

\_\_\_\_ INITIAL HERE

- 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.
   \_\_\_\_\_ 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.

INITIAL HERE



Signature of Affiant Acting for and on behalf of:

Enchanted Green, LLC
Applicant

day of

Sworn to and subscribed before me on this \_

Notary Public

My Commission Expires:

[SEAL]

#### Affidavit

The Company hereby duly authorizes **the cerebrance of the contract on behalf of Enchanted Green**, LLC and to sign and file FORM K.

Enchanted Green, LLC





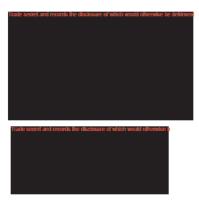
Enchanted Green, LLC



#### Affidavit

The Company hereby duly authorizes to act on behalf of Enchanted Green, LLC and to sign and file FORM K.

#### Enchanted Green, LLC



#### **Enchanted Green, LLC**



