Redacted Copy

ALABAMA MEDICAL CANNABIS COMMISSION

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Help James McWilliams

Review

Selected Account:Millcreek Farms
Your application has been filed with the Alabama Medical Cannabis Commission.
Your reference code is **1626**.

File Date : **03/03/2023 11:07 AM**

Your transaction ID is : **89075124**
Transaction Token: **564c205c-1c5c-4dc5-a077-455da95dbe1d**

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

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

Request for Business Application Information

- **Request Number:** 0382

General Applicant Information

- **Applicant Name:** Green Bud, LLC
- **Applying as:** Business Entity
- **Trade Name (DBAs) :**
- **Identification Number Type :** FEIN
- **Federal Tax Identification Number :** [redacted]
- **Business Entity Name :** Green Bud Packaging Company
- **Business Entity Type :** Limited Liability Company
- **Secretary of State Entity ID Number :** [redacted]
- **Federal Business Code No:** 111400
- **Date of Qualification, Organization or Incorporation:** 02/22/2023

Applicant Street Address

- **Street:** [redacted]
- [redacted]
- **C** [redacted]
- **County:** 58-Shelby
- **State:** Alabama
- **Zip Code:** 35242
- **Address Verified?:** Yes

Applicant Mailing Address

- **Street:** [redacted]
- **Unit No / Apt No:** [redacted]
- **City:** [redacted]
- **State:** Alabama
- **Zip Code:** 35242

✔ **Address Verified?:** Yes

Applicant Website :

✔ **Applicant Email Address** : [redacted]

✔ **Applicant Phone Number** : [redacted]

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

✔ **Is the applicant: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group?** :Yes

✔ **Does the applicant verify that it is: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group?** :Yes

Primary Contact Person

✔ **First Name:** James

✔ **Last Name:** McWilliams

✔ **Title:** Owner

✔ **Phone Number:** [redacted]

✔ **Email:** [redacted]

✔ **Street:** [redacted]

✔ **Unit No / Apt No:** [redacted]

✔ **City:** [redacted]

✔ **State:** Alabama

✔ **Zip Code:** 35242

✔ **Address Verified?:** Yes

License Information

✔ **License Type:** Integrated Facility

Facility Information

Facility Information

✔ **Facility Type:** Dispensing Site (Retail Facility)

✔ **Dispensing Site Premises** : Stand Alone Building

Physical Address

✔ **Street:** 1300 50TH ST N

Unit No / Apt No :

✔ **City:** BIRMINGHAM

✔ **County:** 37-Jefferson

✔ **State:** Alabama

✔ **Zip Code:** 35212

✔ **Address Verified?** : Yes

Facility Information Questions

- **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- **Is this facility under construction?** : Yes
- **Estimated date of construction completion** : 10/30/2023
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 120
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 120
- **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

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

Physical Address

- **Street:** 6971 EASTCHASE LOOP
- **Unit No / Apt No** :
- **City:** MONTGOMERY
- **County:** 51-Montgomery
- **State:** Alabama
- **Zip Code:** 36117
- **Address Verified?** : Yes

Facility Information Questions

- **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- **Is this facility under construction?** : No
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 60
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 120
- **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

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

Physical Address

- **Street:** 105 Fox Run Parkway
- **Unit No / Apt No** :
- **City:** Opelika
- **County:** 41-Lee
- **State:** Alabama
- **Zip Code:** 36801
- **Address Verified?** : Yes

Facility Information Questions

- **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- **Is this facility under construction?** : No
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 60
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 120
- **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

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

Physical Address

- **Street:** 105 SOUTHLAND VLG
- **Unit No / Apt No** :
- **City:** TROY
- **County:** 54-Pike
- **State:** Alabama
- **Zip Code:** 36079
- **Address Verified?** : Yes

Facility Information Questions

- **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- **Is this facility under construction?** : No
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 60

- **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 120
- **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

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

Physical Address

- **Street:** 703 FORREST AVE
- **Unit No / Apt No** :
- **City:** GADSDEN
- **County:** 28-Etowah
- **State:** Alabama
- **Zip Code:** 35901
- **Address Verified?** : Yes

Facility Information Questions

- **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- **Is this facility under construction?** : Yes
- **Estimated date of construction completion** : 10/30/2023
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 120
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 120
- **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

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- **Facility Type:** Cultivation Facility

Physical Address

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

Facility Information Questions

- **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- **Is this facility under construction?** : Yes
- **Estimated date of construction completion** : 11/30/2023
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 75
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 150
- **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

- **Facility Type:** Processing Facility

Physical Address

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

Facility Information Questions

- **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- **Is this facility under construction?** : Yes
- **Estimated date of construction completion** : 11/30/2023
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 75
- **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 150
- **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

✔ **Facility Type:** Secure Transporter Facility

Physical Address

✔ **Street:** [redacted]

Unit No / Apt No :

✔ **City:** [redacted]

✔ **County:** [redacted]

✔ **State:** Alabama

✔ **Zip Code:** [redacted]

✔ **Address Verified?** : Yes

Facility Information Questions

✔ **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License

✔ **Is this facility under construction?** : Yes

✔ **Estimated date of construction completion** : 11/30/2023

✔ **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 75

✔ **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 150

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

Ownership of Applicant

✔ **Select type of record:** Individual

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

Individual

✔ **Legal First Name** : Stephen

✔ **Legal Middle Name** : Paul

✔ **Legal Last Name** : French

Suffix:

✔ **Phone Number:** [redacted]

✔ **Email Address:** [redacted]

✔ **Date of Birth:** [redacted]

✔ **Social Security Number:** [redacted]

✔ **Race/Ethnicity:** [redacted]

- **Ownership Percentage of the Applicant** : [redacted]
- **Role:** [redacted]

Residence Address

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

- **Select type of record:** Entity
- **Does this entity have ownership interest in the applicant?** : Yes

Entity

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

Physical Address

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

Primary Contact/ Responsible Person

- **First Name:** Ryan
- **Last Name:** Ramage
- **Title:** [redacted]
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Street Address:** [redacted]
- **Unit No / Apt No** : [redacted]
- **City:** [redacted]
- **State:** Alabama
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

- **Select type of record:** Individual

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

Individual

- **Legal First Name** : Steven
- **Legal Middle Name** : E
- **Legal Last Name** : VanMeetren
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant** : [redacted]
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No** :
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

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

Individual

- **Legal First Name** : Zachary
- **Legal Middle Name** : Merritt
- **Legal Last Name** : Carothers
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant** : [redacted]
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No** :
- **City:** [redacted]
- **State:** Alabama
- **Zip Code:** [redacted]

✔ **Address Verified?** : Yes

✔ **Select type of record:** Individual

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

Individual

✔ **Legal First Name** : Joshua

✔ **Legal Middle Name** : M

✔ **Legal Last Name** : Brunner

Suffix:

✔ **Phone Number:** [redacted]

✔ **Email Address:** [redacted]

✔ **Date of Birth:** [redacted]

✔ **Social Security Number:** [redacted]

✔ **Race/Ethnicity:** [redacted]

✔ **Ownership Percentage of the Applicant** : [redacted]

✔ **Role:** [redacted]

Residence Address

✔ **Street:** [redacted]

✔ **Unit No / Apt No** : [redacted]

✔ **City:** [redacted]

✔ **State:** Nevada

✔ **Zip Code:** [redacted]

✔ **Address Verified?** : Yes

✔ **Select type of record:** Individual

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

Individual

✔ **Legal First Name** : William

Legal Middle Name :

✔ **Legal Last Name** : Bell

Suffix:

✔ **Phone Number:** [redacted]

✔ **Email Address:** [redacted]

✔ **Date of Birth:** [redacted]

✔ **Social Security Number:** [redacted]

✔ **Race/Ethnicity:** [redacted]

✔ **Ownership Percentage of the Applicant** : [redacted]

✔ **Role:** [redacted]

Residence Address

✔ **Street:** [redacted]

Unit No / Apt No :

✔ **City:** [redacted]

- **State:** Alabama
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

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

Individual

- **Legal First Name** : Bronson
- **Legal Middle Name** :
- **Legal Last Name** : Ahlo
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant** :
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No** :
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

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

Individual

- **Legal First Name** : Chanae
- **Legal Middle Name** :
- **Legal Last Name** : Taylor
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant** :
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No :** [redacted]
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

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

Individual

- **Legal First Name** : Christopher
- **Legal Middle Name** :
- **Legal Last Name** : Baughman
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant** : [redacted]
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No :**
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

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

Individual

- **Legal First Name** : Crystal
- **Legal Middle Name** :
- **Legal Last Name** : Verduzco
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]

- **Ownership Percentage of the Applicant** : [redacted]
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No** : [redacted]
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

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

Individual

- **Legal First Name** : Julieanne
- **Legal Middle Name** :
- **Legal Last Name** : Evangelista
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant** : [redacted]
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No** :
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

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

Individual

- **Legal First Name** : Monica
- **Legal Middle Name** :
- **Legal Last Name** : Henderson
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]

- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant:** [redacted]
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No:**
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?:** Yes

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

Individual

- **Legal First Name:** Terrence
- **Legal Middle Name:**
- **Legal Last Name:** Whittier
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant:** [redacted]
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No:**
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?:** Yes

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

Individual

- **Legal First Name:** Carmen
- **Legal Middle Name:**
- **Legal Last Name:** Lam

Suffix:

✔ **Phone Number:** [redacted]

✔ **Email Addres** [redacted]

✔ **Date of Birth:** [redacted]

✔ **Social Security Number:** [redacted]

✔ **Race/Ethnicity:** [redacted]

✔ **Ownership Percentage of the Applicant** : [redacted]

✔ **Role:** [redacted]

Residence Address

✔ **Street:** [redacted]

Unit No / Apt No :

✔ **City:** [redacted]

✔ **State:** [redacted]

✔ **Zip Code:** [redacted]

✔ **Address Verified?** : Yes

✔ **Select type of record:** Individual

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

Individual

✔ **Legal First Name** : Derek

Legal Middle Name :

✔ **Legal Last Name** : Waltchack

Suffix:

✔ **Phone Number:** [redacted]

✔ **Email Address:** [redacted]

✔ **Date of Birth:** [redacted]

✔ **Social Security Number:** [redacted]

✔ **Race/Ethnicity:** [redacted]

✔ **Ownership Percentage of the Applicant** : [redacted]

✔ **Role:** [redacted]

Residence Address

✔ **Street:** [redacted]

Unit No / Apt No :

✔ **City:** [redacted]

✔ **State:** Alabama

✔ **Zip Code:** [redacted]

✔ **Address Verified?** : Yes

✔ **Select type of record:** Individual

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

Individual

- **Legal First Name** : Ashley
- **Legal Middle Name** : Cierra
- **Legal Last Name** : Spriggs
- **Suffix:**
- **Phone Number:** [redacted]
- **Email Address:** [redacted]
- **Date of Birth:** [redacted]
- **Social Security Number:** [redacted]
- **Race/Ethnicity:** [redacted]
- **Ownership Percentage of the Applicant** : [redacted]
- **Role:** [redacted]

Residence Address

- **Street:** [redacted]
- **Unit No / Apt No** :
- **City:** [redacted]
- **State:** [redacted]
- **Zip Code:** [redacted]
- **Address Verified?** : Yes

Cannabis Industry Entities

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

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

Individual

- **Legal First Name** : Steven
- **Legal Last Name** : VanMeetren
- **Suffix:**
- **Cannabis Entity Name** : [redacted]
- **Entity Type:** Incorporated or Unincorporated Business
- **Connection to Cannabis Entity** : Individual
- **Role in Cannabis Entity** : Member
- **Percentage of ownership in cannabis entity** : 0

Cannabis Entity's Physical Address

[redacted]8400 WESTERN AVE

- **Unit No / Apt No** :
- **City:** [redacted]
- **State:** Nevada
- **Zip Code** [redacted]

✔ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✔ **First Name:** [redacted]

✔ **Last Name:** [redacted]

✔ **Title:** [redacted]

✔ **Phone Number:** [redacted]

✔ **Email Address:** [redacted]

✔ **Street Address:** [redacted]

Unit No / Apt No :

✔ **City:** [redacted]

✔ **State:** [redacted]

✔ **Zip Code:** [redacted]

✔ **Address Verified?** : Yes

Questions and Attestations

✔ **Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant ever applied for or been granted any commercial license or certificate (not related to cannabis industry) issued by a licensing board or commission, either in Alabama or any other jurisdiction?** : YES

✔ **Select One:** Ownership Entity

✔ **Name:** AMAC Builders

✔ **Commercial license or certificate applied for** : General Contractor

✔ **Licensing Board or Commission** : Alabama Licensing Board for General Contractors

✔ **Application Date** : 01/01/1995

✔ **Issued Date:** 01/01/1995

✔ **Expiration Date** : 12/31/2023

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

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

✔ **Select One:** Applicant

✔ **Name:** [redacted]

✔ **License Type:** Cultivation, Production, Distribution, Dispensary

✔ **Licensing Board or Commission** : [redacted]

✔ **License Issued Date:** 01/01/2015

✔ **License Expiration Date** : 12/31/2022

✔ **Select One:** Applicant

✔ **Name:** [redacted]

✔ **License Type:** Cultivation, Dispensary

✔ **Licensing Board or Commission** : [redacted]

✔ **License Issued Date:** 01/01/2016

✔ **License Expiration Date** : 12/31/2022

✔ **Select One:** Applicant

✔ **Name:** [redacted]

✔ **License Type:** Cultivation, Production

✔ **Licensing Board or Commission** : [redacted]

✔ **License Issued Date:** 08/01/2019

✔ **License Expiration Date** : 12/31/2022

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

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

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

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

✔ **Is any public official of any unit of government:**
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;
(2) a creditor of the applicant;
(3) a holder of any debt instrument issued by the applicant; or (4) a holder of, or interested party in, any contractual or service relationship with the applicant? : YES

✔ **Public Official Name** : Steve French

✔ **Title or Office Held** : Board Member

✔ **Unit of Government** : Alabama State Oil & Gas Board

✔ **Interest in/Relationship with Applicant** : Financial interest

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

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

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

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

- **Commencement of Operation:** 15
- **Year One:** 130
- **Year Two:** 140
- **Year Three:** 150
- **Year Four:** 160
- **Year Five:** 170

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

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

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

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

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

- **Signature:** Joshua Brunner
- **Signature Date:** 12/29/2022

Documents

Resume or Curriculum Vitae of Individuals with Ownership Interest:	Exhibit 1 - Resume or Curriculum Vitae of Individuals with Ownership Interest ...
Residency of Owners:	Exhibit 2 - Residency of Owners.pdf (./api/documents/dqfRY7yik/download)
Commercial Horticulture or Agronomic Production Experience of Owners:	Exhibit 3 - Commercial Horticulture or Agronomic Production Experience.pdf ...
Criminal Background Check:	Exhibit 4 - Criminal Background Check.pdf (./api/documents/orwvKmplC/do...
Minimum Performance Bond Requirement:	Exhibit 5 - Minimum Performance Bond Requirements.pdf (./api/documents/...
Minimum Liquid Assets Requirement:	Exhibit 6 - Minimum Liquid Assets Requirement.pdf (./api/documents/IzZNE...
Demonstration of Sufficient Capital:	Exhibit 7 - Demonstration of Sufficient Capital.pdf (./api/documents/YnRE5R...
Minimum Operating Capital Requirement:	Exhibit 8 - Minimum Operating Capital Requirement.pdf (./api/documents/4r...
Financial Statements:	Exhibit 9 - Financial Statements.pdf (./api/documents/qEyow0wOO/download)
Tax Plan:	Exhibit 10 - Tax Plan.pdf (./api/documents/OIqLmmjfI/download)

✔ **Business Formation Documents:**	Exhibit 11 - Business Formation Documents.pdf (./api/documents/yoAx_xK0…
✔ **Business License and Authorization of Local Jurisdictions:**	Exhibit 12 - Business License and Authorization of Local Authorities.pdf (./api…
✔ **Business Plan:**	Exhibit 13 - Business Plan.pdf (./api/documents/fDwKRlXH5/download)
✔ **Evidence of Business Relationship with other Licensees and Prospective Licensees:**	Exhibit 14 - Evidence of Business Relationship with Other Licensees and Pros…
✔ **Coordination of Information from Registered Certifying Physicians:**	Exhibit 15 - Coordination of Information from Registered Certifying Physician…
✔ **Point-of-Sale Responsibilities:**	Exhibit 16 - Point-of-Sale Responsibilities.pdf (./api/documents/oPLRXOHtT/…
✔ **Confidentiality of Patient Information:**	Exhibit 17 - Confidentiality of Patient Information.pdf (./api/documents/gQ3U…
✔ **Money Handling and Taxes:**	Exhibit 18 - Money Handling and Taxes.pdf (./api/documents/z9LgXnbx-/dow…
✔ **Standard Operating Plan and Procedures:**	Exhibit 19 - Standard Operating Plan and Procedures.pdf (./api/documents/_…
✔ **Policies and Procedures Manual:**	Exhibit 20 - Policies and Procedures Manual.pdf (./api/documents/cl0ch-7T…
✔ **Production and Manufacturing Process:**	Exhibit 21 - Production and Manufacturing Process.pdf (./api/documents/qC…
✔ **Machinery and Equipment:**	Exhibit 22 - Machinery and Equipment.pdf (./api/documents/eEwEtfwfE/dow…
✔ **Receiving and Shipping Plan:**	Exhibit 23 - Receiving and Shipping Plan.pdf (./api/documents/AgJw9jOah/d…
✔ **Secure Transport Vehicles:**	Exhibit 24 - Secure Transport Vehicles.pdf (./api/documents/HYm4D0kAc/do…
✔ **Compliance with Alabama Public Service Commission Requirements:**	Exhibit 25 - Compliance with Alabama Public Service Commission Requireme…
✔ **Commercial Drivers' License:**	Exhibit 26 - Commercial Driver_s License.pdf (./api/documents/Ompv44X4m…
✔ **Fleet Summary:**	Exhibit 27 - Fleet Summary.pdf (./api/documents/miLCrRtGz/download)
✔ **Care and Maintenance of Vehicles:**	Exhibit 28 - Care and Maintenance of Vehicles.pdf (./api/documents/bOWR3…
✔ **Route Plans:**	Exhibit 29 - Route Plans.pdf (./api/documents/SM4y1t5fr/download)
✔ **Plan for Segregation of Processes Within and Transportation Between Facilities:**	Exhibit 30 - Plan for Segregation of Processes Within and Transportation Bet…
✔ **Facilities:**	Exhibit 31 - Facilities.pdf (./api/documents/DjALKpMXA/download)
✔ **Engineering Plans and Specifications:**	Exhibit 32 - Engineering Plans and Specifications _Cultivation Facility_.pdf (./…
✔ **Security Plan:**	Exhibit 33 - Security Plan.pdf (./api/documents/Neez2aMbM/download)

✔ **Personnel:**	Exhibit 34 - Personnel.pdf (./api/documents/K3rSOOlmO/download)
✔ **Business Leadership Credentials:**	Exhibit 35 - Business Leadership Credentials.pdf (./api/documents/3sLhbX5t…
✔ **Employee Handbook:**	Exhibit 36 - Employee Handbook.pdf (./api/documents/wV2D7pxsF/download)
✔ **Secure Transport Drivers:**	Exhibit 37 - Secure Transport Drivers.pdf (./api/documents/tc3xTXoBA/down…
✔ **Drivers' Manual:**	Exhibit 38 - Driver_s Manual.pdf (./api/documents/x5g0FpUaY/download)
✔ **Quality Control and Quality Assurance Plan:**	Exhibit 39 - Quality Control and Quality Assurance Plan.pdf (./api/documents/…
✔ **Contamination and Recall Plan:**	Exhibit 40 - Contamination and Recall Plan.pdf (./api/documents/jEVreLCQ3/…
✔ **Marketing and Advertising Plan:**	Exhibit 41 - Marketing and Advertising Plan.pdf (./api/documents/b33X6z93…
✔ **Website and Social Media:**	Exhibit 42 - Website and Social Media.pdf (./api/documents/SR-iEy8C5/down…
✔ **Ownership Entity Individuals (if applicable):**	FORM-I-Ownership-Entity-Individuals.pdf (./api/documents/XIElPGC0w/down…
✔ **Minority Ownership Documents:**	Minority Ownership Documents.pdf (./api/documents/JEjwnuaP0/download)
✔ **Proof of Minimum Liability and Casualty Insurance:**	Proof of Minimum Liability and Casualty Insurance.pdf (./api/documents/Pk…
✔ **Affidavit - Entity Applicant:**	Affidavit - Entity Applicant.pdf (./api/documents/Iawu5dRLC/download)

Payments

✔ **Payment Options:** Credit Card

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 1 – Resume or Curriculum Vitae of Individuals with Ownership Interest in Applicant

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Ashley Spriggs
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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.

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

---

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.

[redacted] | Employer | Contact Person | [redacted] Telephone

[redacted] Business Address

[redacted] City | State | Zip

[redacted] Date Employed From (MM/YYYY) | [redacted] Date Employed To (MM/YYYY)

[redacted] [redacted] [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

[redacted] [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

[redacted] [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

[redacted] [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

[redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted]

City | State | Zip

[redacted]

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

[redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted]

City | State | Zip

[redacted]

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

[redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted]

City | State | Zip

[redacted]

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

Employer | Contact Person | Telephone

Business Address

City | State | Zip

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Chanae Taylor
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Education

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

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

---

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.

[redacted] | [redacted] | [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] | [redacted] | [redacted]

City | State | Zip

[redacted] | [redacted]

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

[redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ _____ [redacted]

Employer Contact Person Telephone

[redacted] [redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Crystal Verduzco
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted]

Residential Street Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

Education

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

_____ _____ _____

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

---

_____ _____ _____

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.

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted]i _____ _____ [redacted]
Employer Contact Person Telephone

6593 S. Las Vegas Blvd. #B214 Bldg. L
Business Address

[redacted] _____ [redacted] [redacted]
City State Zip

[redacted] _____ [redacted] _____
Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

[redacted] _____ _____ [redacted]
Employer Contact Person Telephone

[redacted] _____
Business Address

[redacted] [redacted] [redacted]
State Zip

[redacted] _____ [redacted] _____
Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

_____ _____ _____
Employer Contact Person Telephone

_____
Business Address

_____ _____ _____
City State Zip

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

_____ _____ _____
Employer Contact Person Telephone

_____
Business Address

_____ _____ _____
City State Zip

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Derek Waltchack
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
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.

[redacted] [redacted] [redacted]

Institution City State

[redacted] [redacted] [redacted]

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.

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Joshua Brunner
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

[redacted]
Residential Street Address

[redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Education

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

[redacted] [redacted]

Institution City State

[redacted] _____ [redacted] _____ _____

Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

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_____ _____ _____

Institution City State

_____ _____ _____

Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

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_____ _____ _____

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.

[redacted] [redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ [redacted] [redacted]

Employer Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Julieanne Evangelista
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
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.

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

---

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.

[redacted] | | [redacted]
Employer | Contact Person | Telephone

[redacted]
Business Address

[redacted] | [redacted] | [redacted]
City | State | Zip

[redacted] | [redacted]
Date Employed From (MM/YYYY) | Date Employed To (MM/YYYY)

[redacted] _____ [redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] ___

City State Zip

[redacted] [redacted]

Date Employed To (MM/YYYY)

[redacted] _____ _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Monica Henderson
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

_____

Residential Street Address

_____ _____ _____

City State Zip

_____ _____

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

_____

Residential Street Address

_____ _____ _____

City State Zip

_____ _____

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

_____

Residential Street Address

_____ _____ _____

City State Zip

_____ _____

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

_____

Residential Street Address

_____ _____ _____

City State Zip

_____ _____

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

Education

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

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

---

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.

[redacted] | [redacted] | [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] | [redacted] | [redacted]

City | State | Zip

[redacted] | [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] _____ [redacted] _____ [redacted] _____

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] [redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Steven VanMeetren
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
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.

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 _____

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.

[redacted] Employer [redacted] Contact Person [redacted] Telephone

[redacted] Business Address

[redacted] City [redacted] State [redacted] Zip

[redacted] Date Employed From (MM/YYYY) [redacted] Date Employed To (MM/YYYY)

[redacted] _____ [redacted] [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Zachary Carothers
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
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.

[redacted] _____ [redacted] _____ [redacted] ___

Institution City State

[redacted] _____ [redacted] _____ [redacted] ___

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

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_____ _____ _____

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.

[redacted] ___ [redacted] [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ [redacted] _____ [redacted] _____

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ [redacted] _____ [redacted] _____

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Bronson Ahlo
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Date Resided From (MM/YYYY)

[redacted]
Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Date Resided From (MM/YYYY)

[redacted]
Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Date Resided From (MM/YYYY)

[redacted]
Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Date Resided From (MM/YYYY)

[redacted]
Date Resided To (MM/YYYY)

Education

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

[redacted] _____ [redacted] _____ [redacted] __

Institution City State

[redacted] _____ [redacted] _____ [redacted] __

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.

[redacted] _____ [redacted] _____ [redacted] _____

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Chris Baughman
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
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.

_____ _____ _____
Institution City State

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

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_____ _____ _____
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.

[redacted] [redacted] [redacted]
Employer Contact Person Telephone

[redacted] _____
Business Address

[redacted] _____ [redacted] [redacted]
City State Zip

[redacted] _____ [redacted] _____
Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

[redacted] _____ [redacted] _____

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ _____ _____

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Terrence Whittier
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

_____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] [redacted] _____

Residential Street Address

[redacted] _____ [redacted] _____ [redacted] _____

City State Zip

[redacted] _____ [redacted] _____

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.

[redacted] [redacted] [redacted]

Institution City State

[redacted] [redacted] [redacted]

Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

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[redacted] [redacted] [redacted]

Institution City State

[redacted] [redacted] [redacted]

Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

---

[redacted] [redacted] [redacted]

Institution City State

[redacted] [redacted] [redacted]

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.

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] _____ _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

William A. Bell, Sr.
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Education

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

[redacted] Institution | [redacted] City | [redacted] State

[redacted] Date Attended From (MM/YYYY) | [redacted] Date Attended To (MM/YYYY) | [redacted] Degree Received

---

[redacted] Institution | [redacted] City | [redacted] State

[redacted] Date Attended From (MM/YYYY) | [redacted] Date Attended To (MM/YYYY) | [redacted] Degree Received

---

[redacted] Institution | [redacted] City | [redacted] State

[redacted] Date Attended From (MM/YYYY) | [redacted] Date Attended To (MM/YYYY) | [redacted] Degree Received

---

[redacted] Institution | [redacted] City | [redacted] State

[redacted] Date Attended From (MM/YYYY) | [redacted] Date Attended To (MM/YYYY) | [redacted] 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.

[redacted] Employer | [redacted] Contact Person | [redacted] Telephone

[redacted] Business Address

[redacted] City | [redacted] State | [redacted] Zip

[redacted] Date Employed From (MM/YYYY) | [redacted] Date Employed To (MM/YYYY)

[redacted] _____ [redacted] _____ [redacted] _____

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ [redacted] _____ [redacted] _____

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] _____ [redacted] ___

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Carmen Lam
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]

Residential Street Address

[redacted]

City

State

[redacted]

Zip

[redacted]

Date Resided From (MM/YYYY)

[redacted]

Date Resided To (MM/YYYY)

[redacted]

Residential Street Address

[redacted]

City

State

[redacted]

Zip

[redacted]

Date Resided From (MM/YYYY)

[redacted]

Date Resided To (MM/YYYY)

[redacted]

Residential Street Address

[redacted]

City

State

[redacted]

Zip

[redacted]

Date Resided From (MM/YYYY)

[redacted]

Date Resided To (MM/YYYY)

[redacted]

Residential Street Address

[redacted]

City

State

[redacted]

Zip

[redacted]

Date Resided From (MM/YYYY)

[redacted]

Date Resided To (MM/YYYY)

[redacted]

Residential Street Address

[redacted]

City

State

[redacted]

Zip

[redacted]

Date Resided From (MM/YYYY)

[redacted]

Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Education

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

[redacted] [redacted] [redacted]

Institution City

[redacted] [redacted] [redacted]

Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

[redacted] [redacted] [redacted]

Institution City State

[redacted] [redacted]

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.

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

[redacted] [redacted] [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

[redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

James Alexander McWilliams
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
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.

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

---

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.

[redacted] | [redacted] | [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] | [redacted] | [redacted]

City | State | Zip

[redacted] | [redacted]

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

[redacted] [redacted] [redacted]

Employer | Contact Person | Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City | State | Zip

[redacted] [redacted]

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

Employer | Contact Person | Telephone

Business Address

City | State | Zip

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

Employer | Contact Person | Telephone

Business Address

City | State | Zip

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

Employer | Contact Person | Telephone

Business Address

City | State | Zip

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Ryan Ramage
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
_ Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
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.

[redacted] ___ [redacted] [redacted]

Institution City State

[redacted] [redacted]

Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

---

[redacted] [redacted] [redacted]

Institution City State

[redacted] [redacted] [redacted]

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.

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] _____ [redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ [redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

[redacted] _____ [redacted] _____ [redacted]

Employer Contact Person Telephone

[redacted] _____

Business Address

[redacted] _____ [redacted] [redacted]

City State Zip

[redacted] _____ [redacted] _____

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

_____ _____ _____

Employer Contact Person Telephone

_____

Business Address

_____ _____ _____

City State Zip

_____ _____

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Green Bud, LLC
Business License Applicant Name

Integrated Facility
License Type

Stephen Paul French
Individual with Ownership Interest in Applicant

[redacted]
Individual's Ownership Percentage in Applicant

Residential History

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

[redacted]
Residential Street Address

[redacted] [redacted] [redacted]
City State Zip

[redacted] [redacted]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Education

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

[redacted] [redacted] [redacted]

Institution City State

[redacted] [redacted] [redacted]

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.

[redacted] [redacted] [redacted]

Employer Contact Person Telephone

[redacted]

Business Address

[redacted] [redacted] [redacted]

City State Zip

[redacted] [redacted]

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

[redacted] Employer

[redacted] Contact Person

[redacted] Telephone

[redacted] Business Address

[redacted] City

[redacted] State

[redacted] Zip

[redacted] Date Employed From (MM/YYYY)

[redacted] Date Employed To (MM/YYYY)

[redacted] Employer

[redacted] Contact Person

[redacted] Telephone

[redacted] Business Address

[redacted] City

[redacted] State

[redacted] Zip

[redacted] Date Employed From (MM/YYYY)

[redacted] Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

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.

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/2/23
Signature of Verifying Individual	**Verification Date**

The applicant has included this document in order to provide records as described in § 20-2A-55(a)(10), Code of Alabama 1975 (as amended), indicating that a majority of the ownership of the applicant is attributable to an individual or individuals with proof of residence in this state for a continuous period of no less than 15 years preceding the application date. See the following summary of the applicant's owners that can establish proof of these residency requirements.

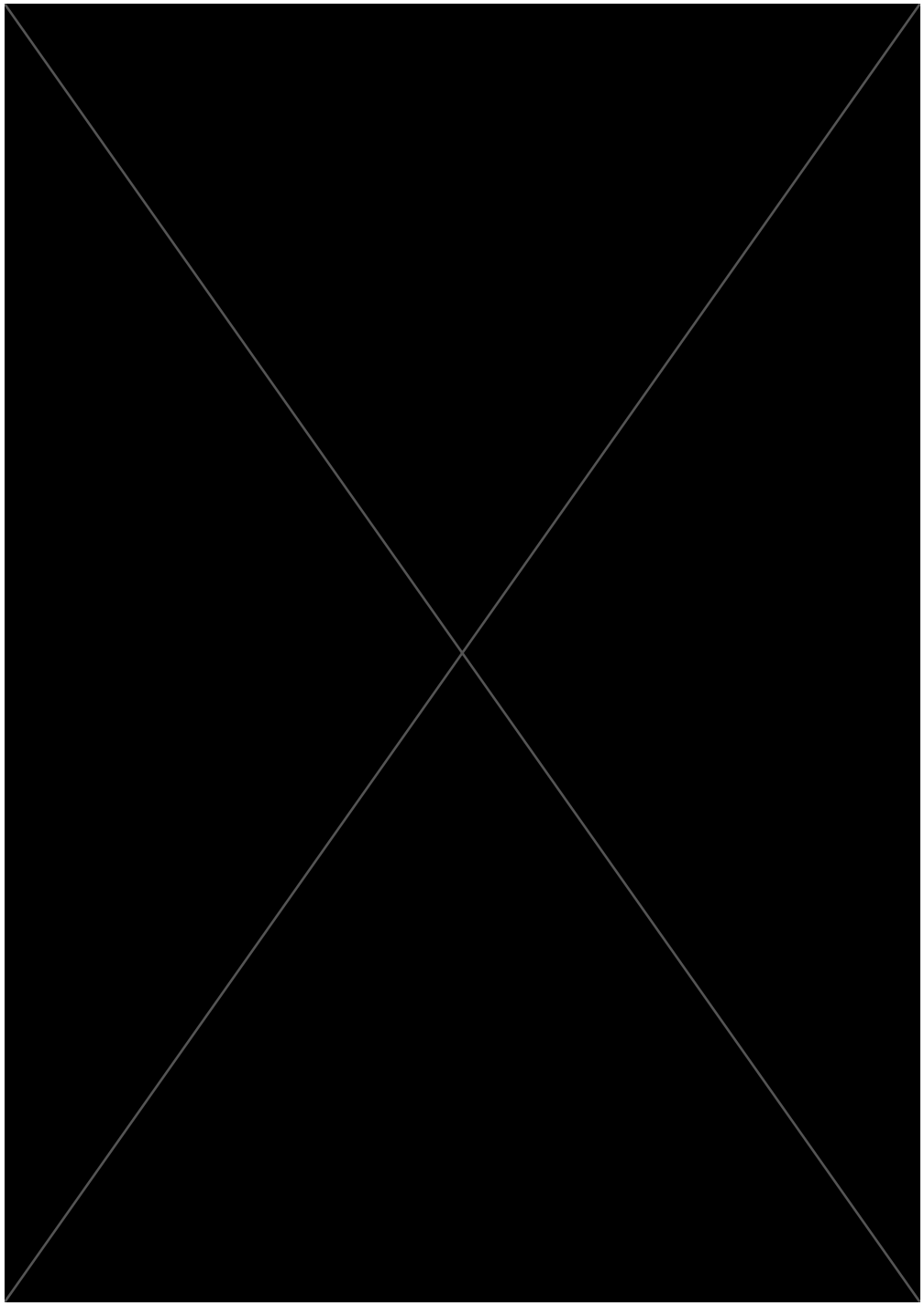
Owners with 15 years of continuous AL residency	*Ownership equity %*	*Page references of residency proof*
William Bell		2
James McWilliams		3 - 6
Zachary Carothers		7 - 10
Steve French		11
Derek Waltchack		12 - 14
Ryan Ramage		15 - 17

The applicant has provided proof of these residency requirements for each owner in the following pages as referenced in the table above.

William Bell

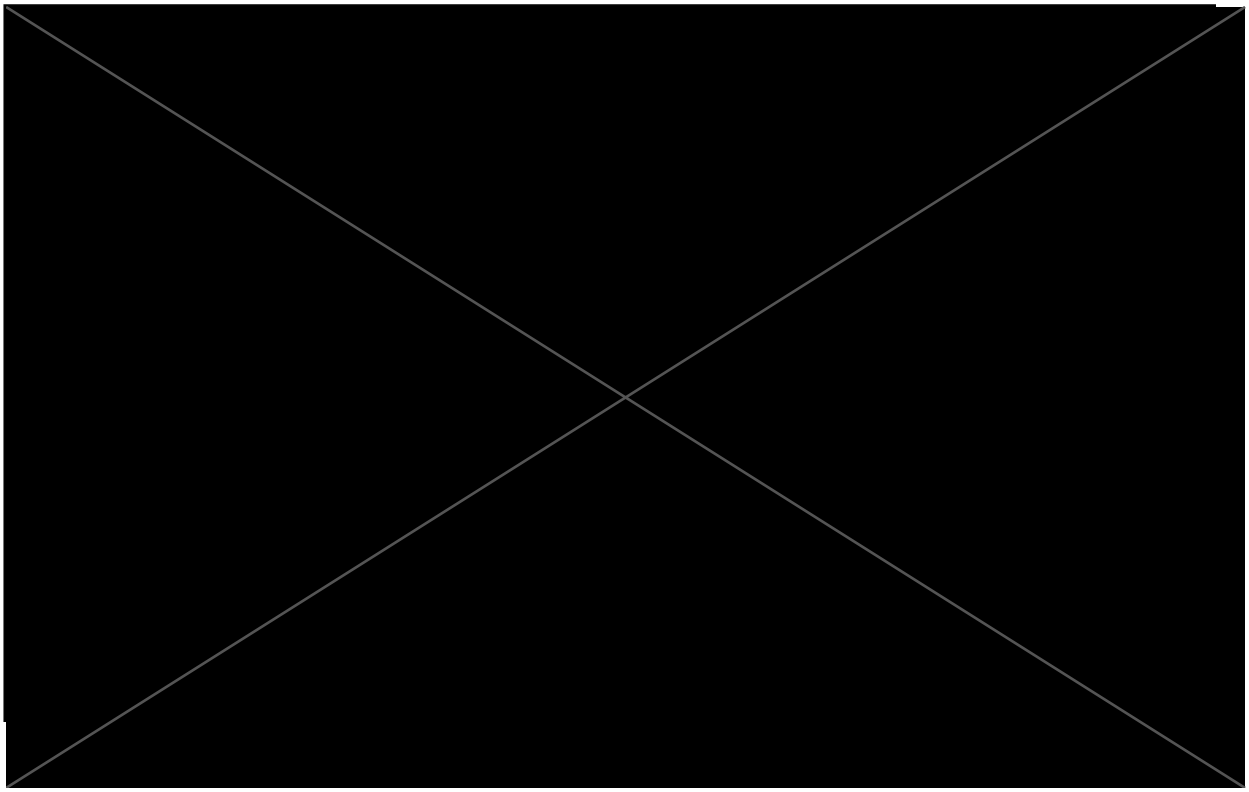
[redacted]

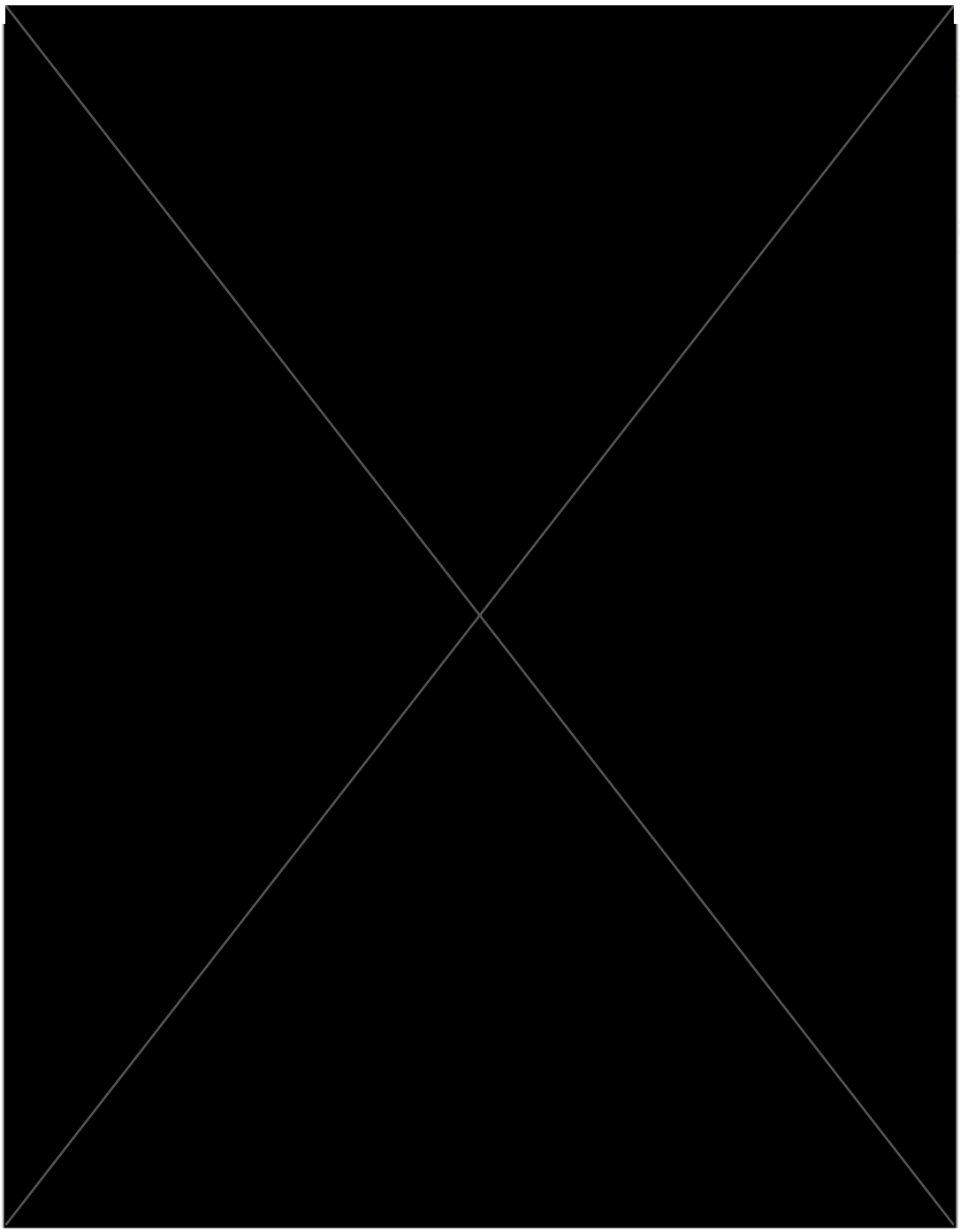
[redacted]

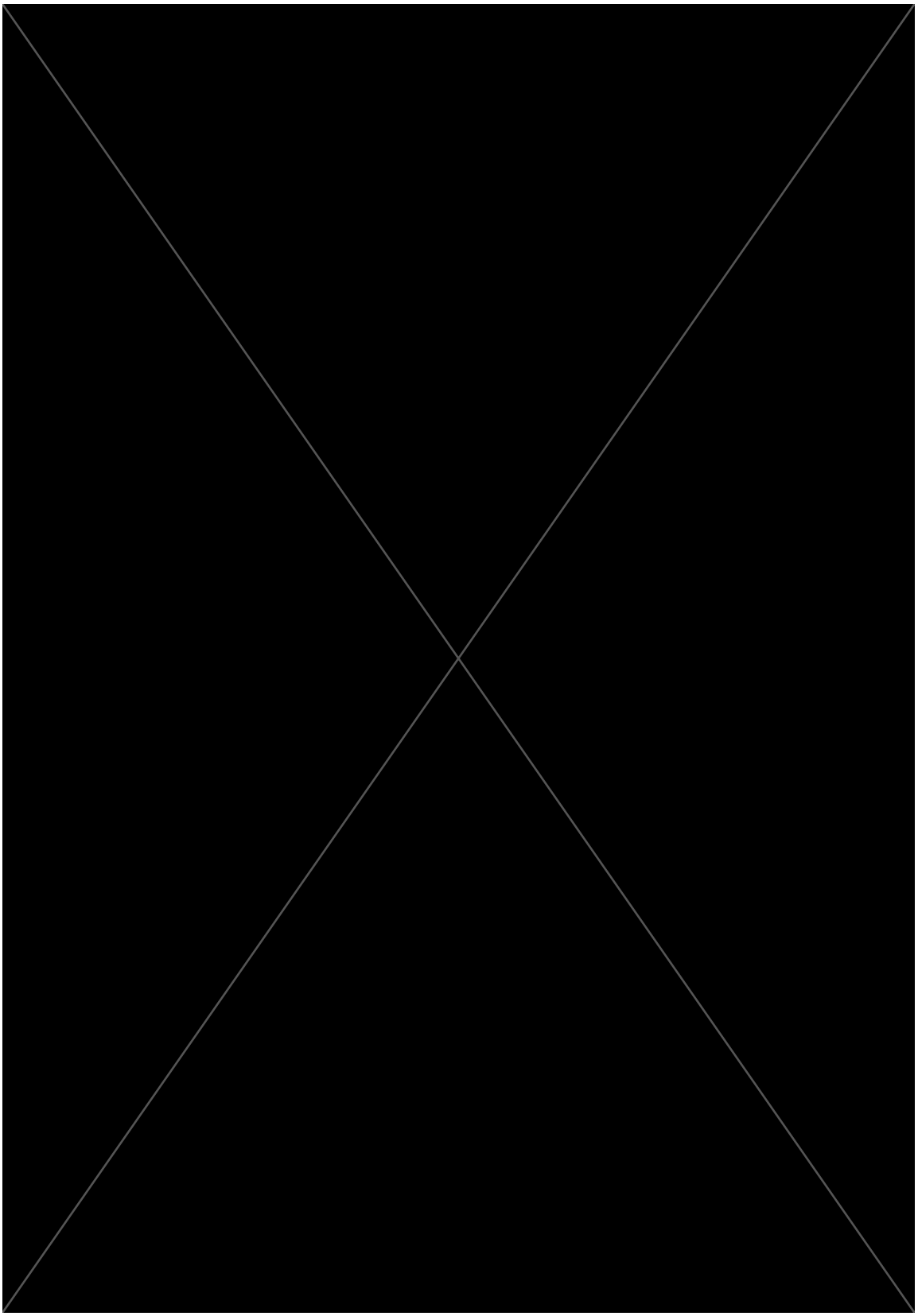


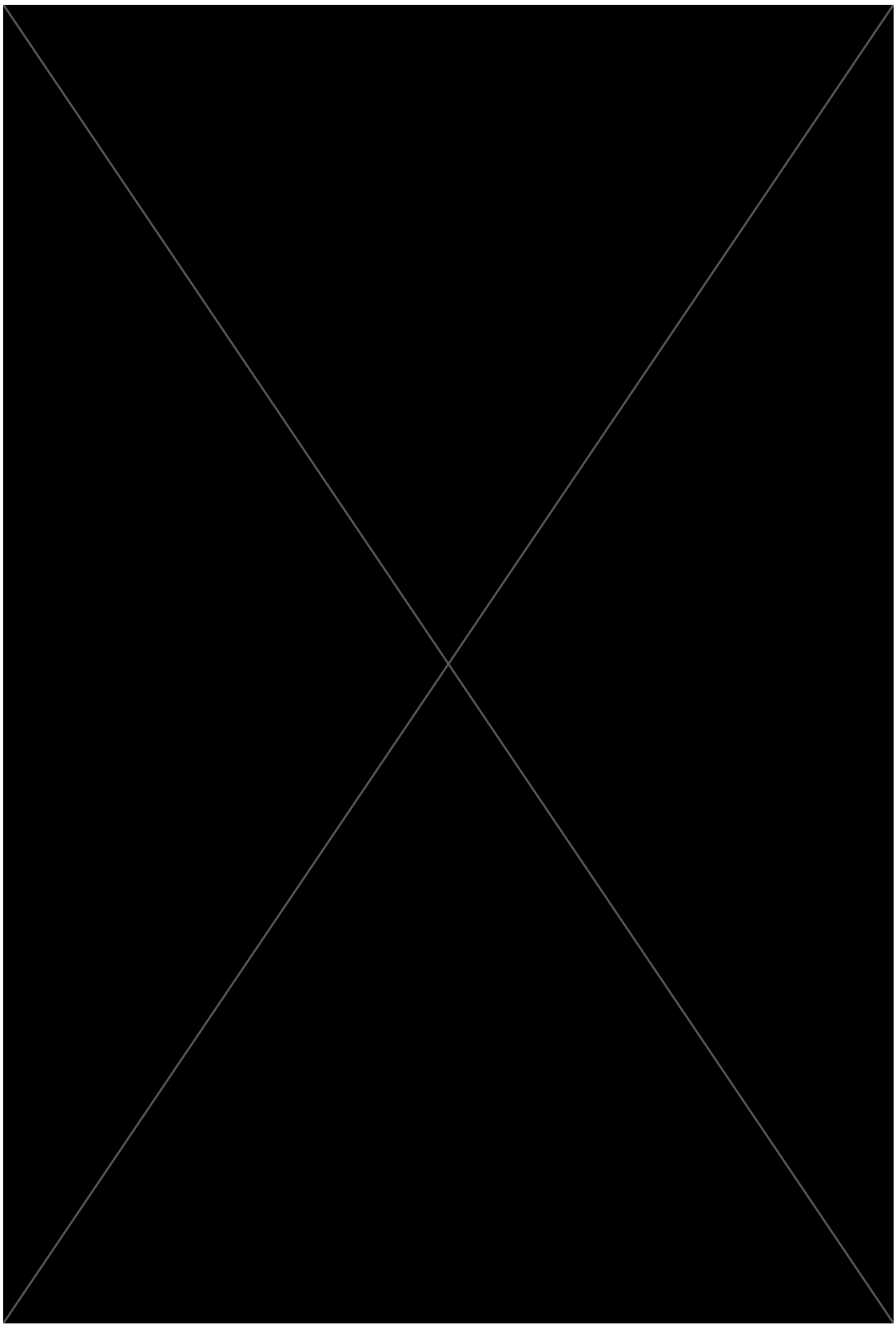
James McWilliams

[redacted]



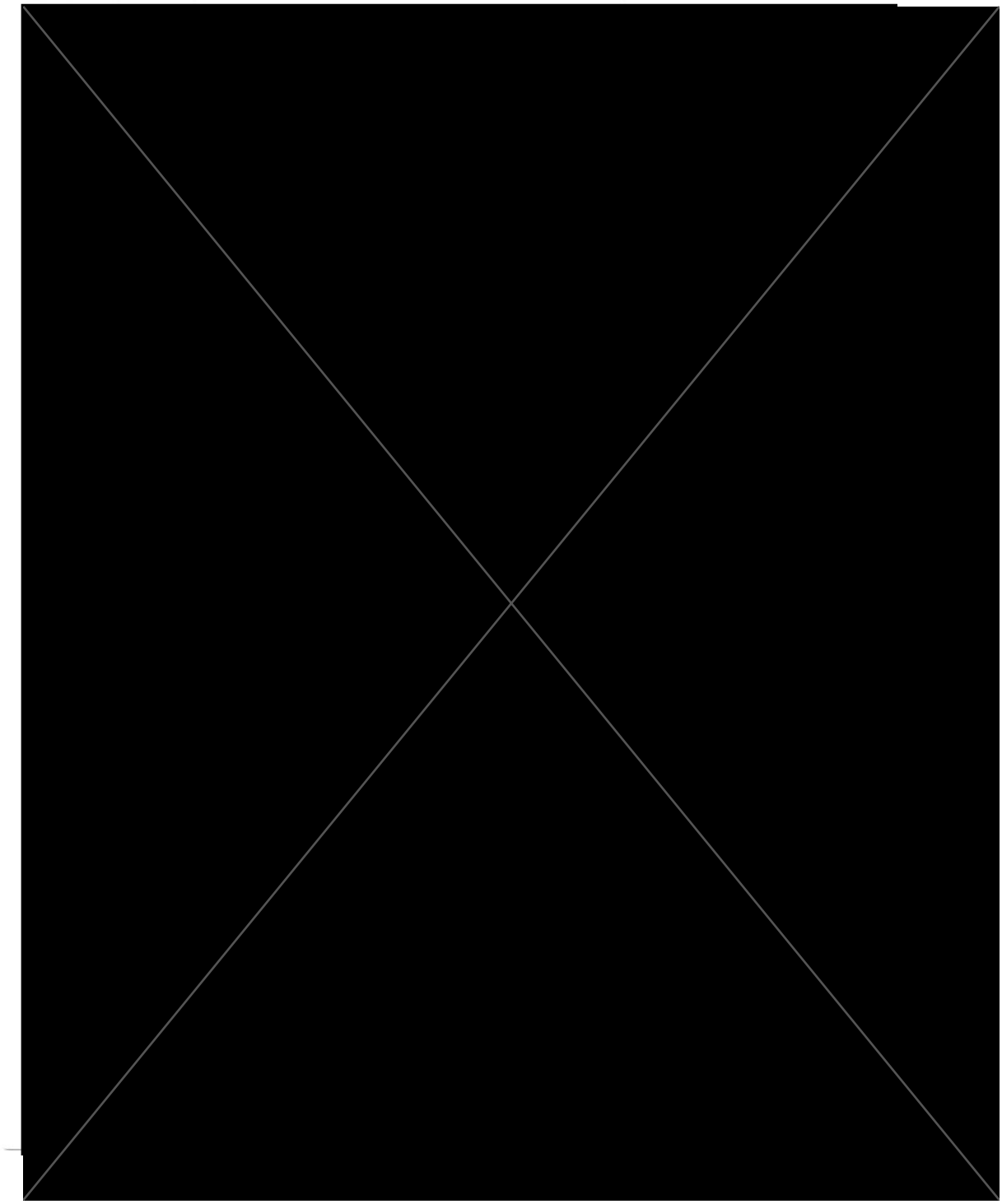


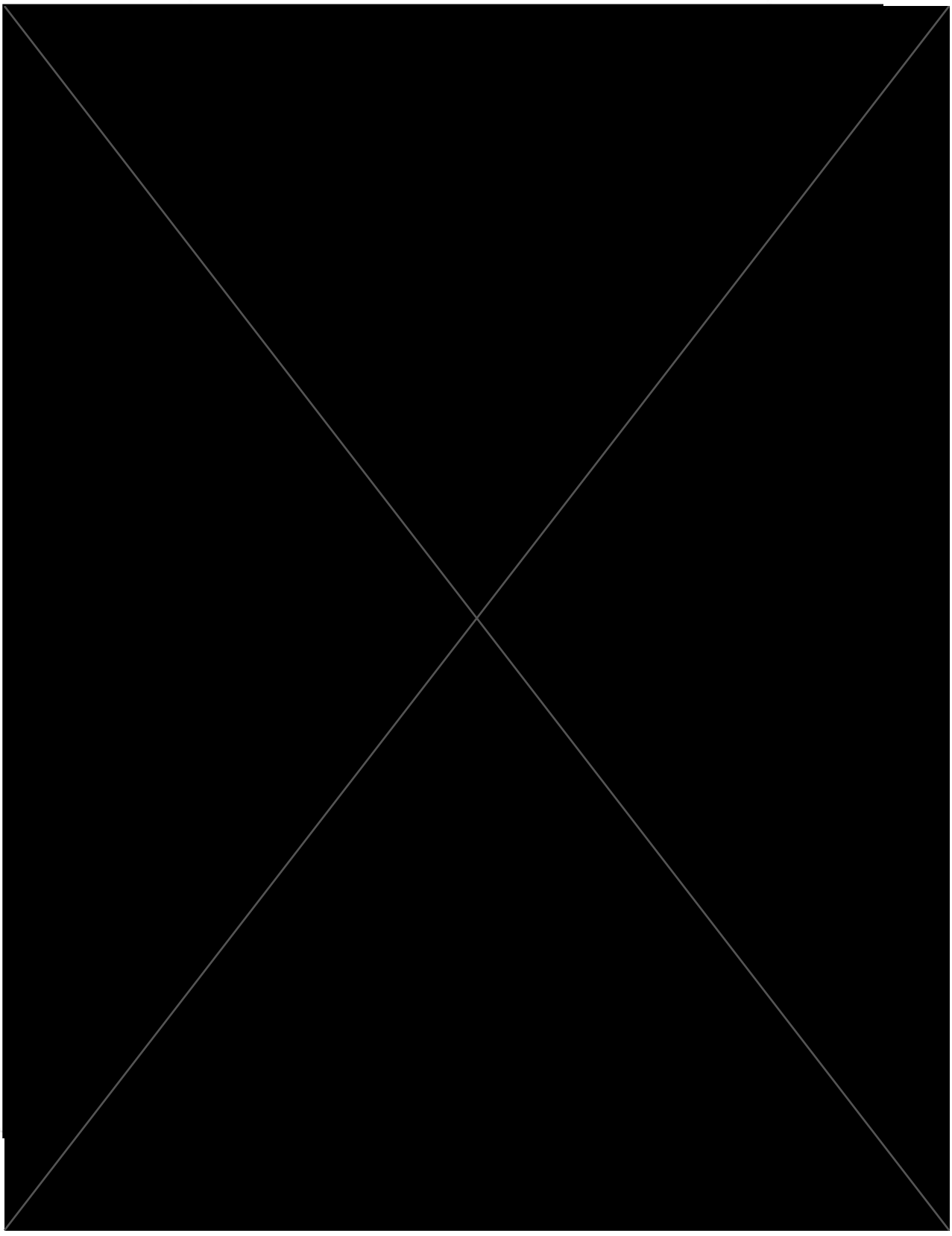


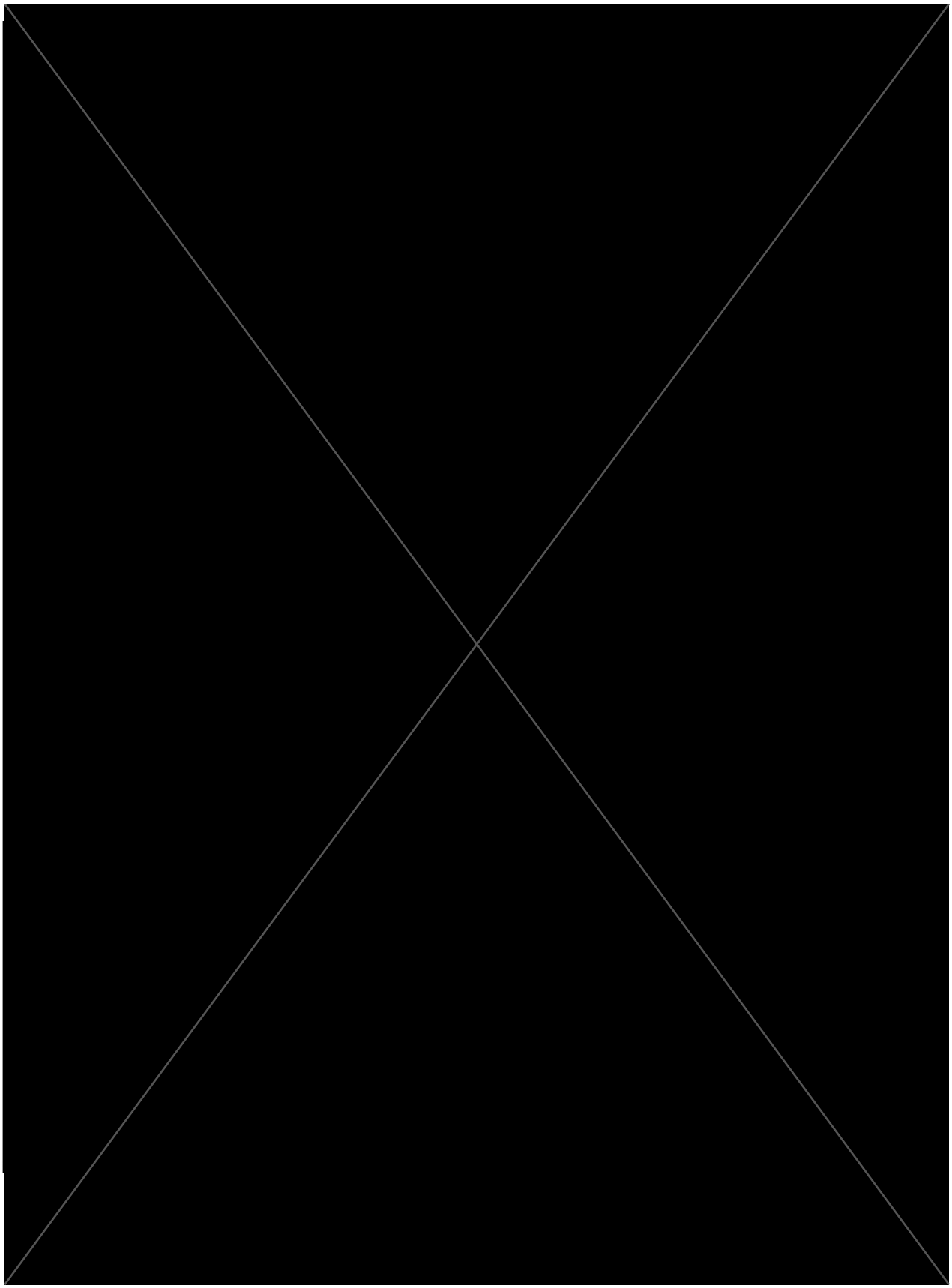


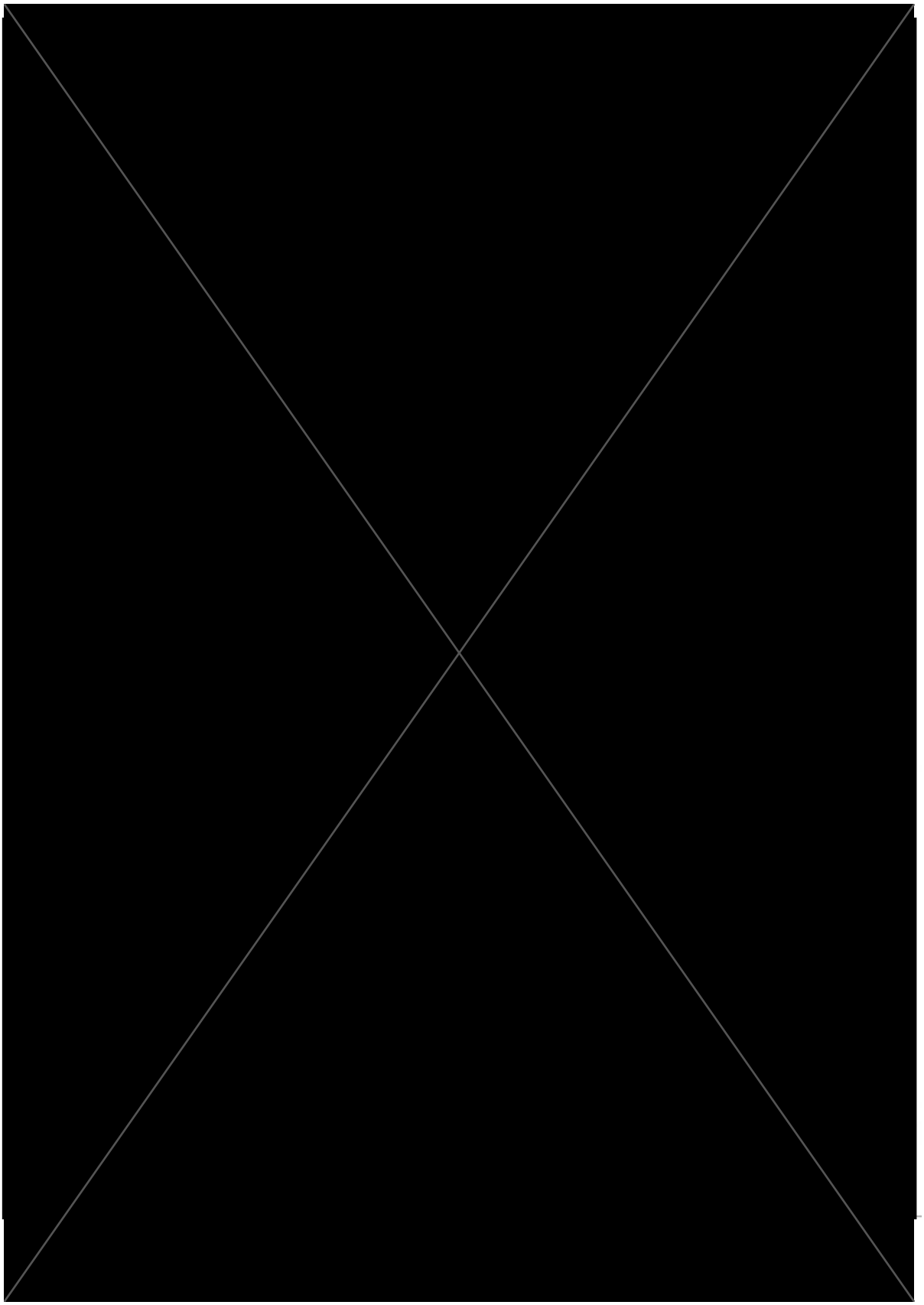
Zachary Carothers

Zachary has submitted the below summarizing and proving his residency.



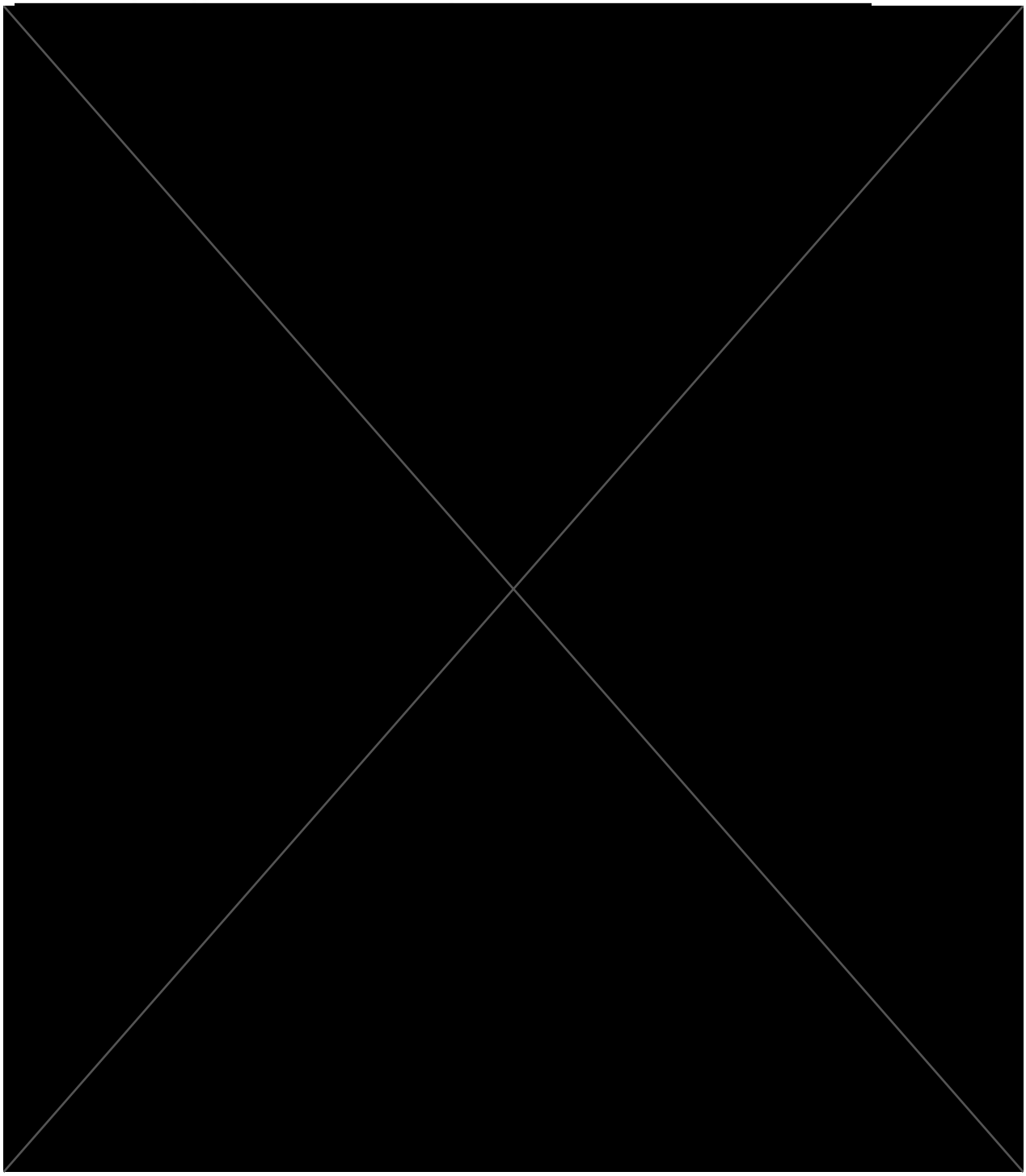






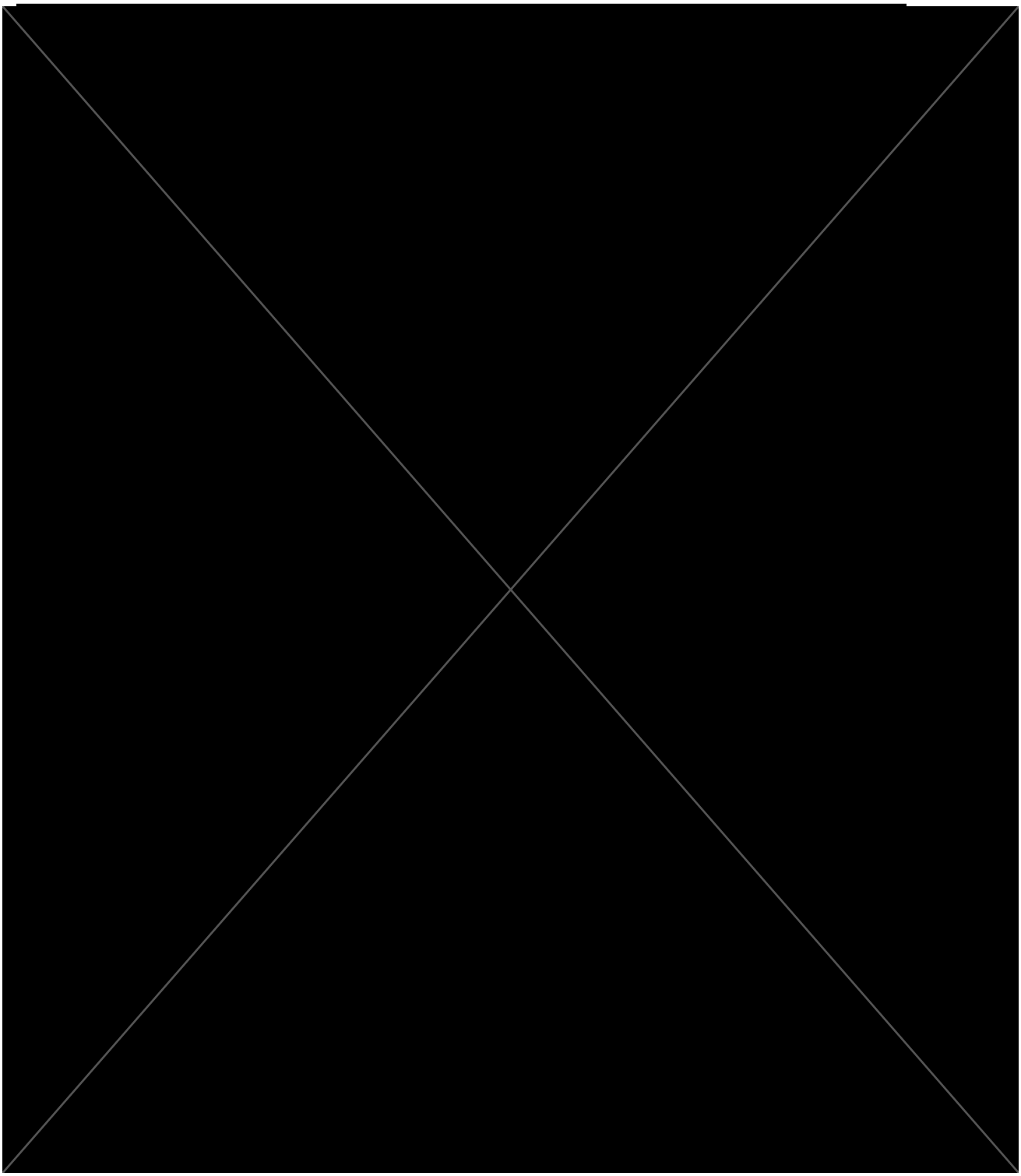
Steve French

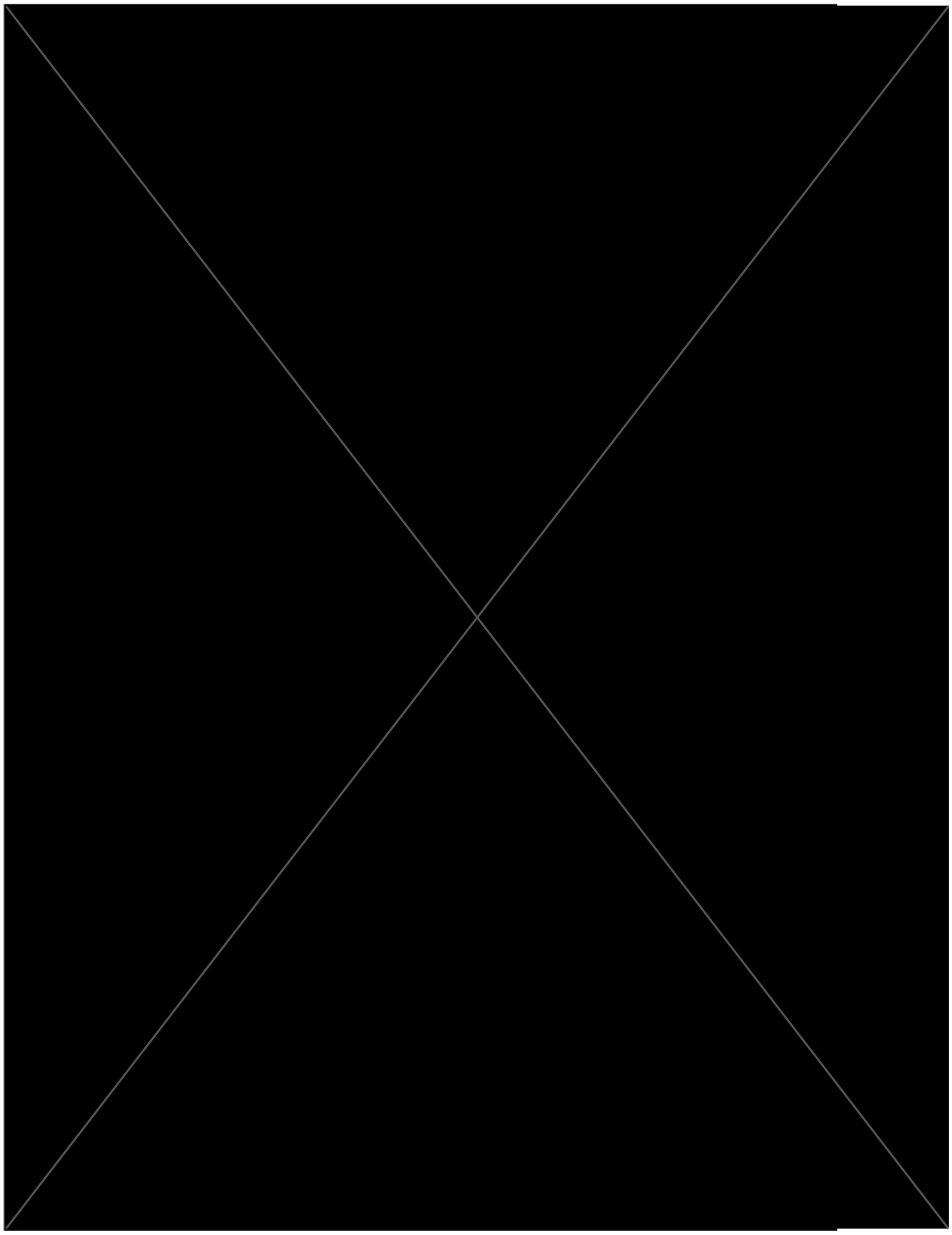
[redacted]

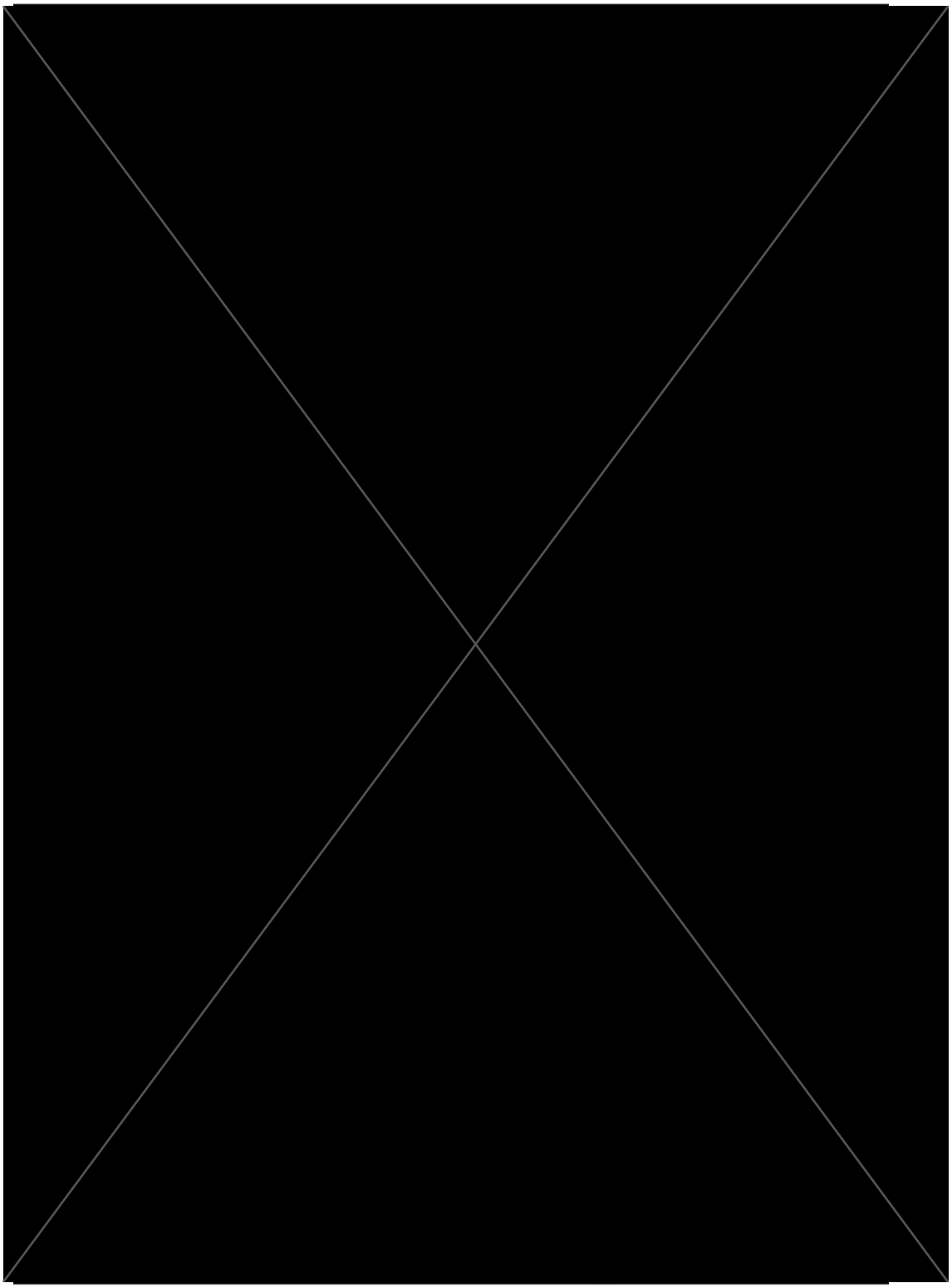


Derek Waltchack

[redacted]

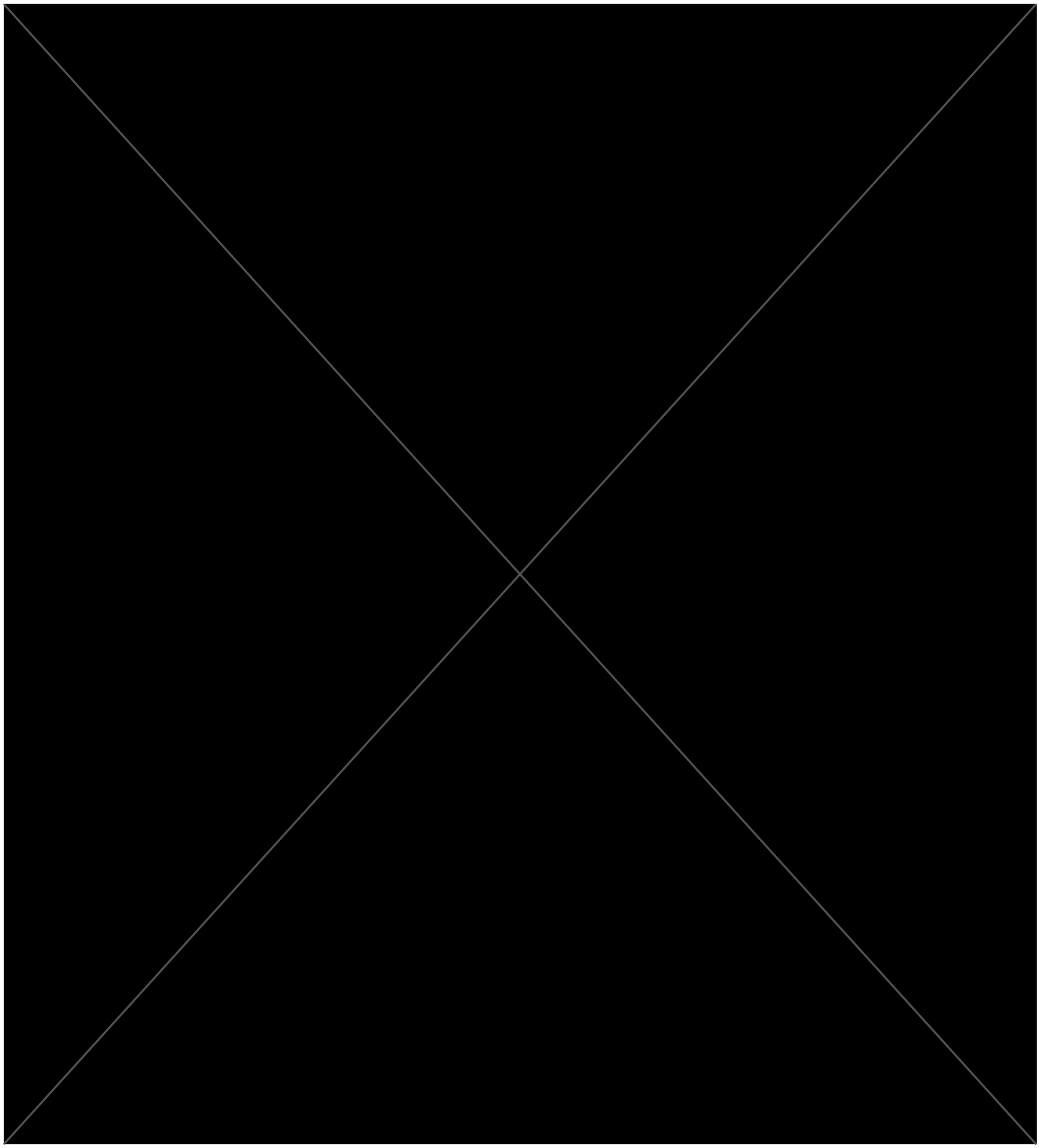


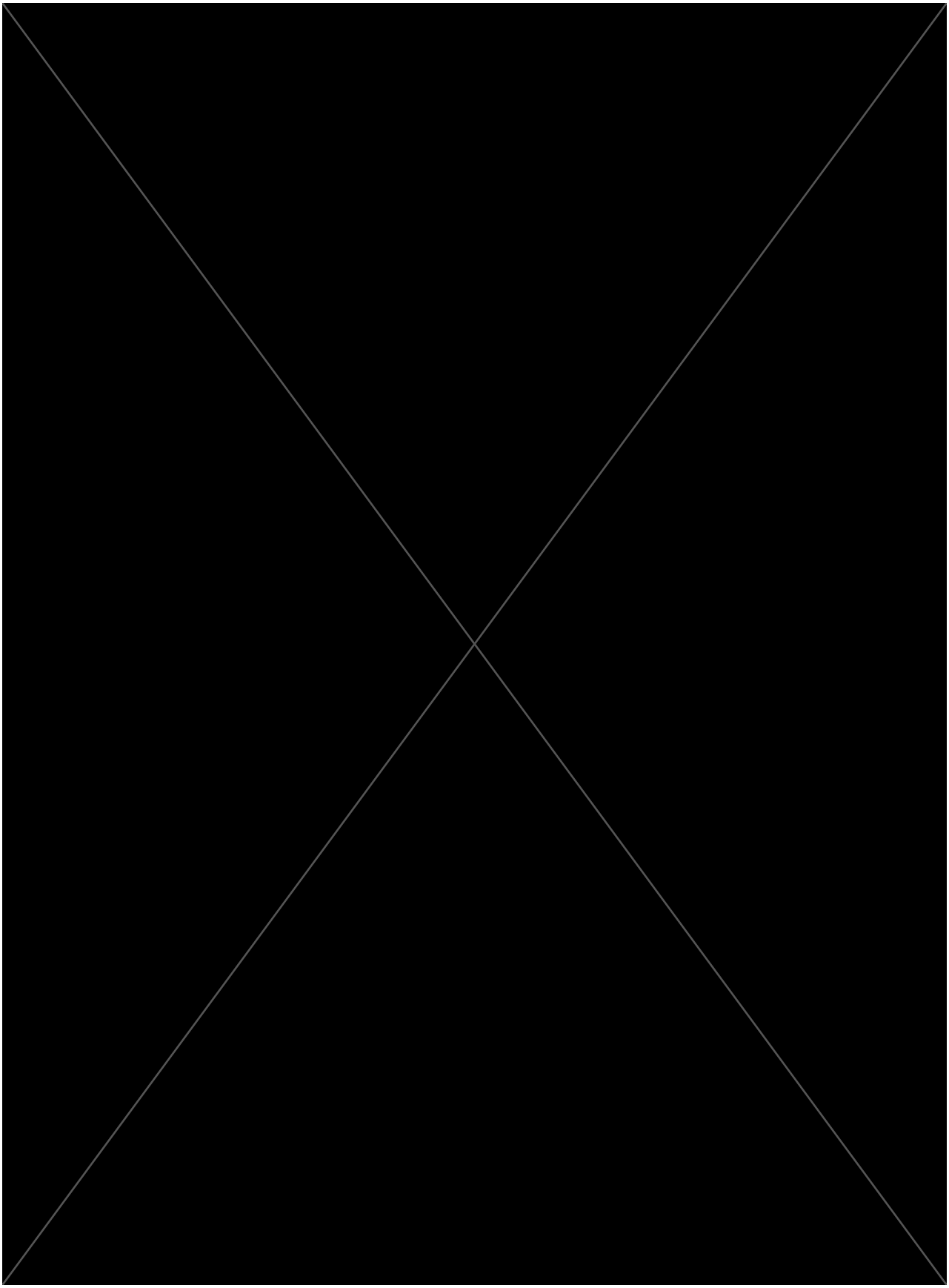


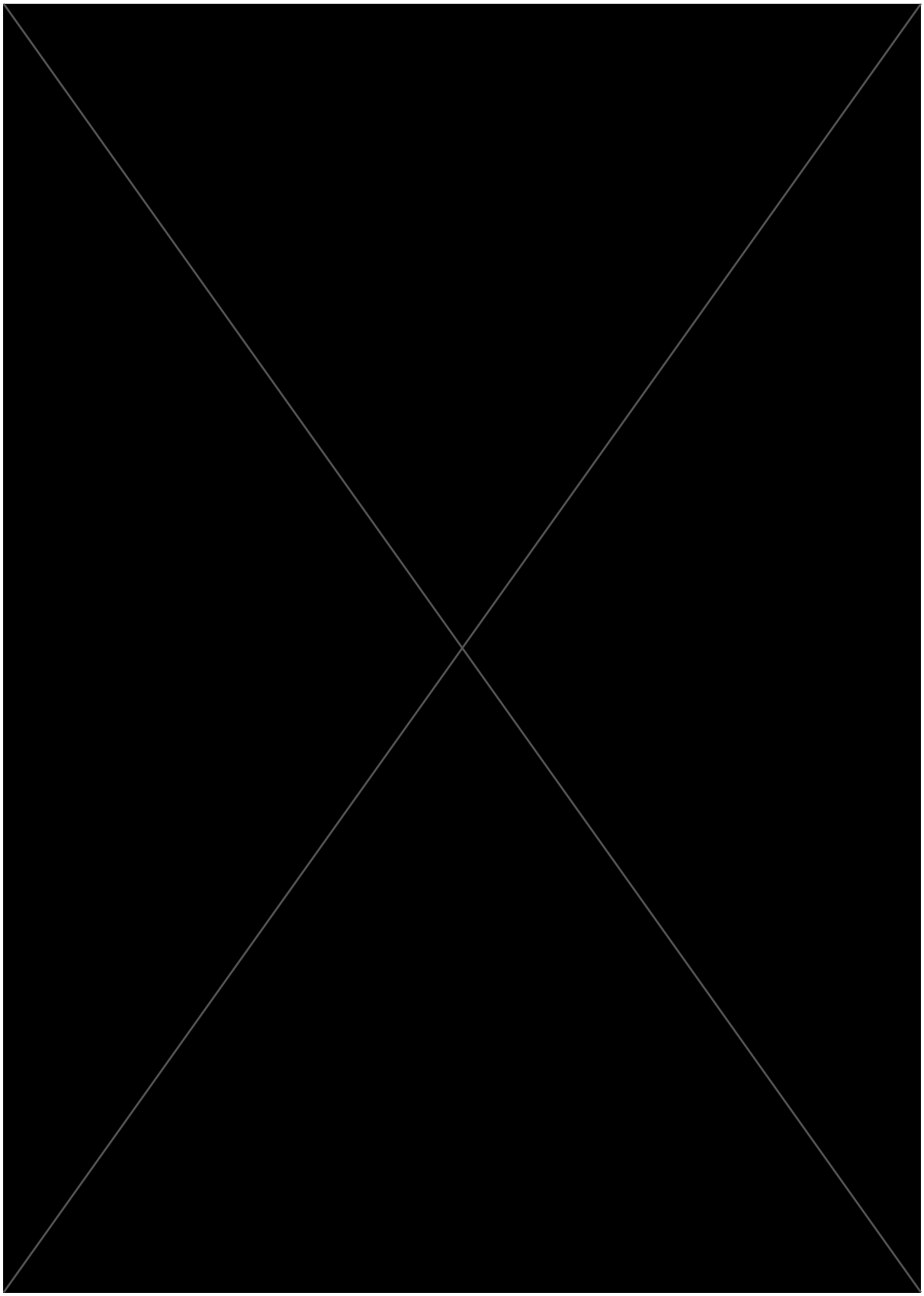


Ryan Ramage

[redacted]







License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 3 – Commercial Horticulture or Agronomic Production Experience

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant noted the following from the application guide. "*If the exhibit, including attachments, exceeds 25 pages, then a table of contents and summary, not to exceed 5 pages, is required."* As such, we have included the following table of contents and summary.

Table of Contents

Identification and background of entities and individuals with business experience in the field of commercial horticulture or agronomic production	Pages 1-10
Records of business experience	
Various phases of business sponsor with registration document evidence	11-13
James McWilliams employment verification letter	14
Ryan Ramage employment verification letter	15
Zachary Carothers degree and employment verification letter	16-17
Josh Brunner employment verification letter	18
Steve VanMeetren employment verification letter	19
Chad Love employment verification letter	20
Ashley Spriggs employment verification letter	21
Crystal Verduzco employment verification letter	22
Julieanne Evangelista employment verification letter	23
Chris Baughman employment verification letter	24
Terrence Whitter employment verification letters	25-26
Kirk Sunbury employment verification letter	27
Monica Henderson employment verification letter	28
Bronson Ahlo employment verification letter	29
Chanae Taylor employment verification letter	30

Summary

As shown in the table and totals below, the applicant has successfully demonstrated that the majority of ownership (**64%**) is attributable to an individual or individuals, or an entity, with cumulative business experience in the field of commercial horticulture or agronomic production for a period of at least 15 years (**100+ years**). The records providing evidence of the identified experience follows after the table.

Applicant's business sponsor background

The applicant's business leaders and managers have extensive horticulture and agronomic production experience. This experience is diverse in many aspects, and we expect their track record for successfully managing cross-functional teams, will ensure the maximum utilization for the benefit of our future patients and employees. We will center this team and our proposed integrated medical cannabis business on a foundation replicating the values, integrity and model for longevity of our business sponsor. The following is a brief history of that business including the relevant experience it has in horticultural and agronomical activities.

Allen McWilliams started Mastercraft Design/Build in 1997 as a general contractor focusing on residential and commercial construction along with subdivision development in the greater Birmingham area. With these varying types of construction, the company used extensive storm water management and erosion contract practices to meet or exceed the local, state, and federal standards. Based on the topography of a project, various types of erosion control practices are used that include different grasses and planted vegetation to maintain the integrity of the property. Allen and his son, James, are both retired professional motocross racers and the family have owned and operated the Millcreek Motocross track for the past 20+ years. During the real estate recession, the Mastercraft Design adjusted the company operation to work with the professional motocross industry under the name of RPM, LLC helping numerous troubled motocross tracks across the country through site redevelopment and renewed promotion. With their own successful track in Pell City, and experience from both Allen and James's professional careers, they were able to successfully redevelop numerous motocross tracks across the county. These redevelopments included both repositioning the physical layout and landscape of the track, to moving tracks to different parts of the owner's property. These projects utilized various storm water management, plantings, and erosion control techniques to properly maintain numerous races during the year. After traveling for several years, AMAC Design Builders, LLC was reformed in 2016 with James McWilliams as owner following in the family business with more focus on land and site development in Jefferson, Shelby, and St. Clair Counties. Allen has transition to an employee of the company focusing on site selection and

land purchase negotiations for future projects, with James now acting as owner and manager of all day to day operations for the company.

Applicant's experienced team in commercial horticulture and agronomic production

Experience	*Ownership*	*Entities / Individuals*	*Nature of relevant business experience and specific role the entity or individual will contribute to the horticultural activities of the proposed integrated company*
25+ years in business	[redacted]	AMAC Design Builders, LLC	The applicant's business sponsor has been in the construction business for 25+ years and currently has over 50 employees having hundreds of years of combined direct experience in agronomy practices for such things as soil erosion, water containment, and landscaping; combined with indirect experience having constructed significant agricultural use facilities. The AMAC construction employees will participate significantly in performing the skilled labor to construct the company's planned cultivation and processing facilities. Upon successful licensure, the proposed integrated company expects to be one of the first (if not the first) companies prepared to begin its horticultural activities in the state; benefiting from this construction team's significant experience, and having access to such a large assembled workforce of skilled labor ready to start constructing within a week of licensure.
6 years	Ownership interest	James (also goes by	[redacted]

	through AMAC above.	Alex, his middle name) McWilliams	[redacted]
2 years	Ownership interest through AMAC above.	Ryan Ramage	[redacted]

			[redacted]
7 years	[redacted]	Zachary Carothers	[redacted]
5 years	[redacted]	Josh Brunner	[redacted]
8 years	[redacted]	Steve VanMeetren	[redacted]

			[redacted]
6 years	[redacted]	Chad Love	[redacted]
7 years	[redacted]	Ashley Spriggs	[redacted]
5 years	[redacted]	Crystal Verduzco	[redacted]

			[redacted]
7 years	[redacted]	Julieanne Evangelista	[redacted]
5 years	[redacted]	Chris Baughman	[redacted]

			[redacted]
6 years	[redacted]	Terrence Whitter	[redacted]
6 years	[redacted]	Kirk Sunbury	[redacted]

5 years	[redacted]	Monica Henderson	[redacted]
3 years	[redacted]	Bronson Ahlo	[redacted]
5 years	[redacted]	Chanae Taylor	[redacted]

			[redacted]
100+ years	**64%**	*Totals*	

The applicant noted the following relevant Application/License Q&A on the Commission's website.

What types of records should an applicant submit to show that individuals and/or entities with ownership interest in the applicant have the requisite experience in commercial horticulture or agronomic production?

There is no definition of the terms "commercial horticulture" and "agronomic production" in Alabama's medical cannabis Act. The Commission will broadly construe those terms to include experience in those respective fields. Certifications, business documents, employment/position verifications, and licenses would be some examples of appropriate documentation, so long as they sufficiently identify and are connected to the individual and/or entity owners of the applicant who are claiming such relevant experience.

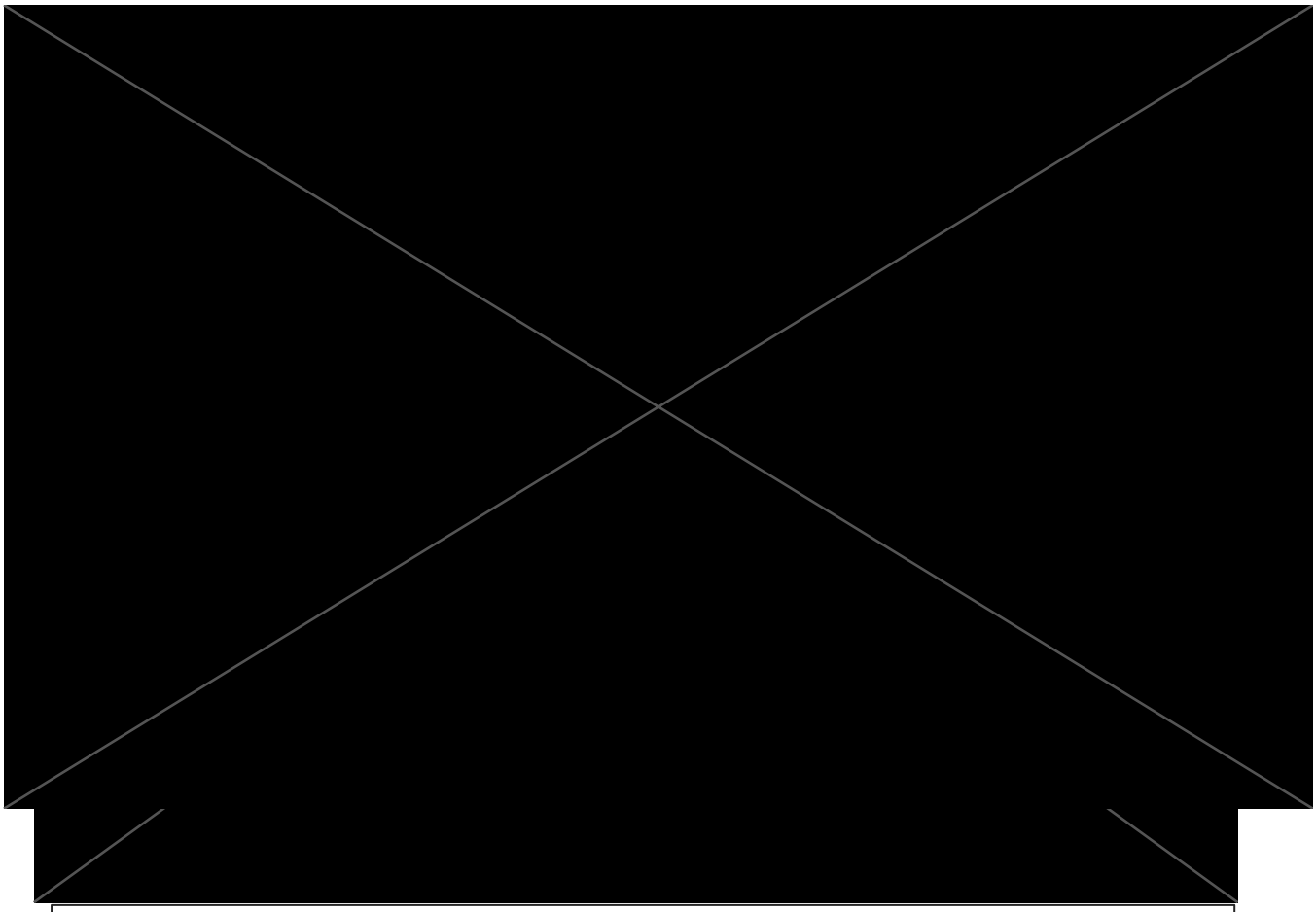
Considering this, the applicant has provided the following appropriate documentation to satisfy this requirement in the succeeding pages and as referenced in the table of contents above.

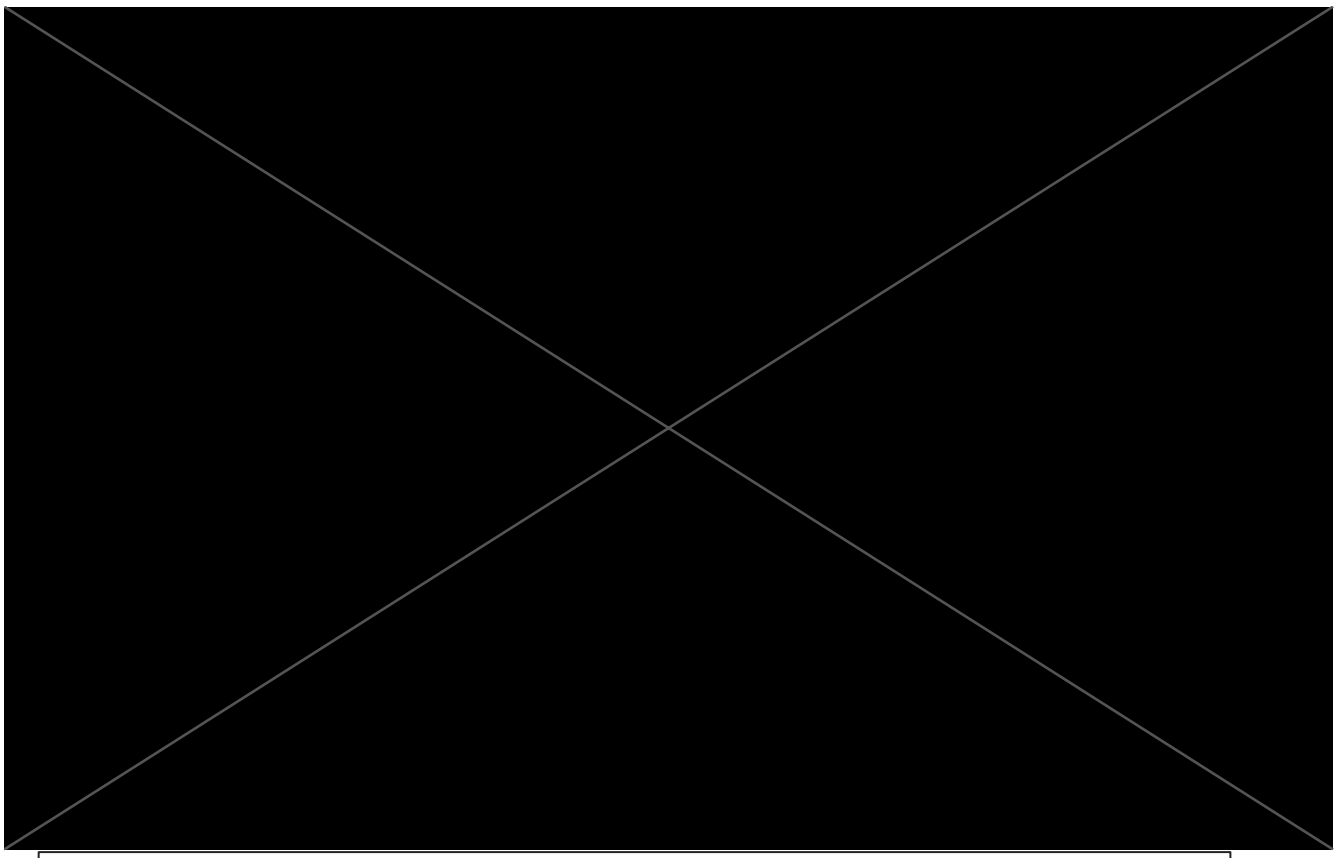
Mastercraft Design / Build, Inc.	
Entity ID Number	000 - 186 - 849
Entity Type	Domestic Corporation
Principal Address	BIRMINGHAM, AL
Principal Mailing Address	Not Provided
Status	Exists
Place of Formation	Jefferson County
Formation Date	04/14/1997
Registered Agent Name	DANIELS, C FRED
Registered Office Street Address	2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205
Registered Office Mailing Address	Not Provided
Nature of Business	CONSTRUCTION

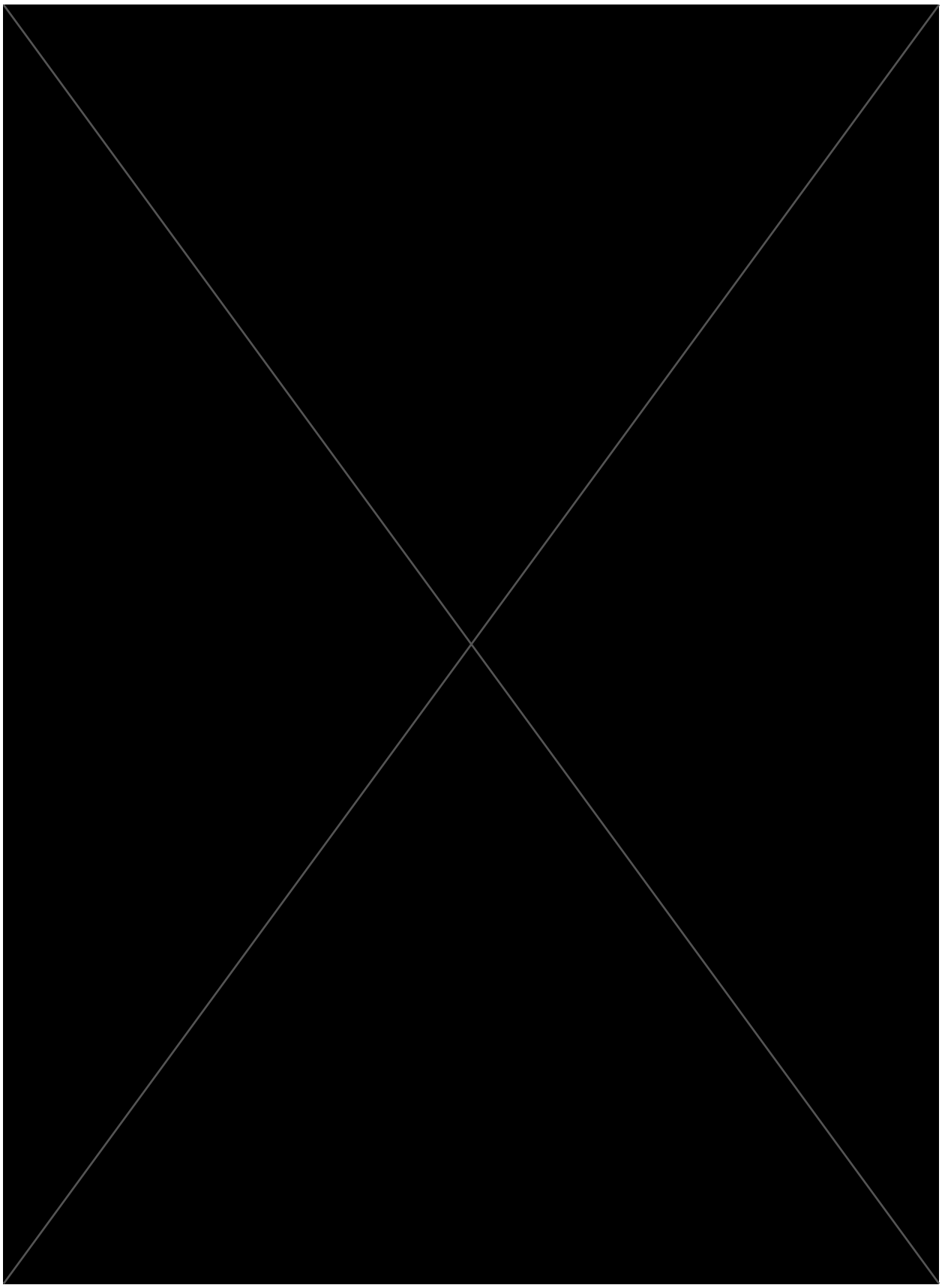
Members	
Member Name	MCWILLIAMS, ALLEN
Member Street Address	Not Provided
Member Mailing Address	Not Provided
Member Name	MCWILLIAMS, JAMIE M
Member Street Address	Not Provided
Member Mailing Address	Not Provided
Member Name	MCWILLIAMS, J ALEXANDER
Member Street Address	Not Provided
Member Mailing Address	Not Provided

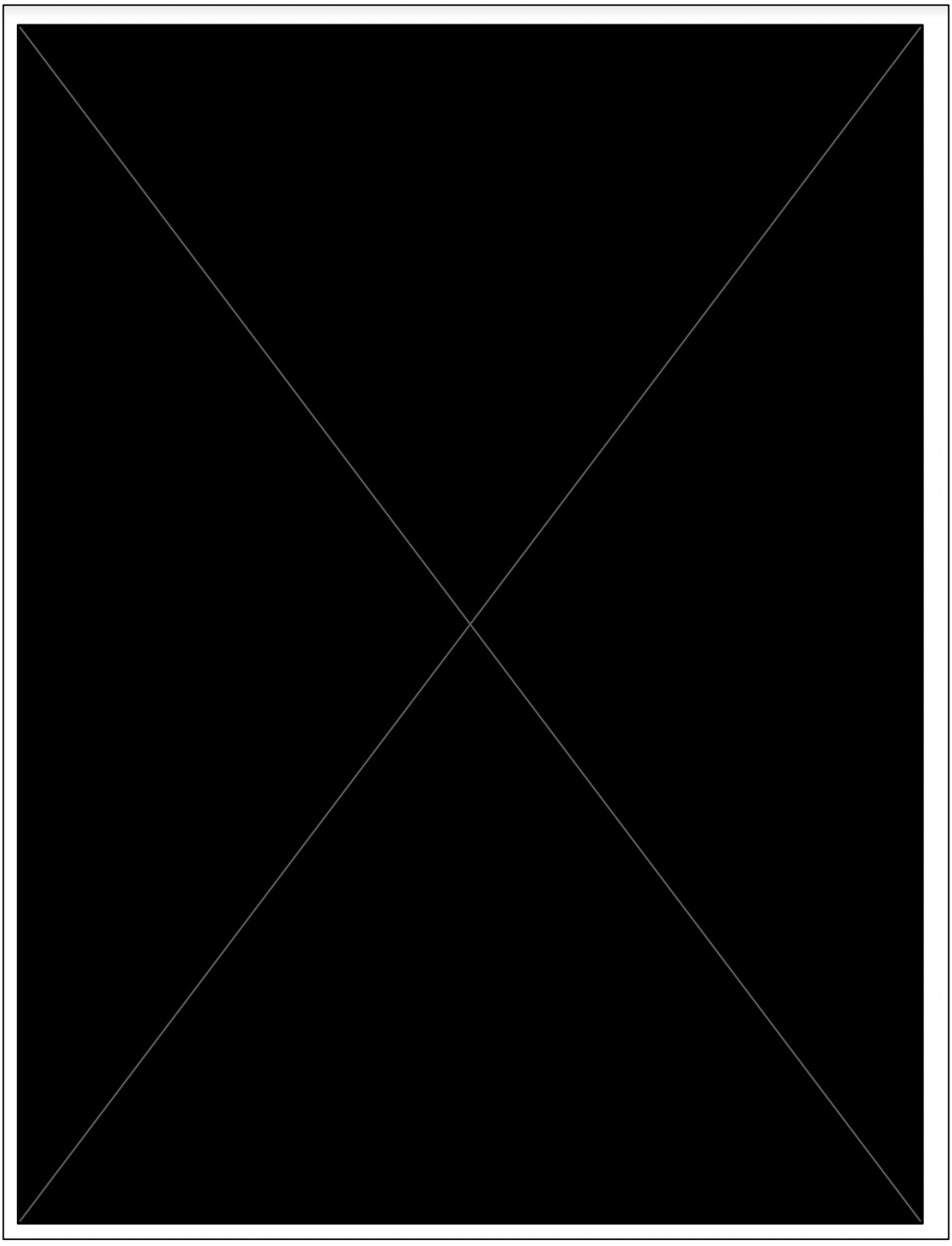
RPM, LLC	
Entity ID Number	000 - 424 - 182
Entity Type	Domestic Limited Liability Company
Principal Address	LEEDS, AL
Principal Mailing Address	Not Provided
Status	Exists
Place of Formation	Jefferson County
Formation Date	08/22/2008
Registered Agent Name	MCWILLIAMS, JAMIE M
Registered Office Street Address	608 FOREST DR LEEDS, AL 35094
Members	
Member Name	MCWILLIAMS, ALLEN
Member Street Address	Not Provided
Member Mailing Address	Not Provided
Member Name	MCWILLIAMS, JAMIE M
Member Street Address	Not Provided
Member Mailing Address	Not Provided
Member Name	MCWILLIAMS, J ALEXANDER
Member Street Address	Not Provided
Member Mailing Address	Not Provided

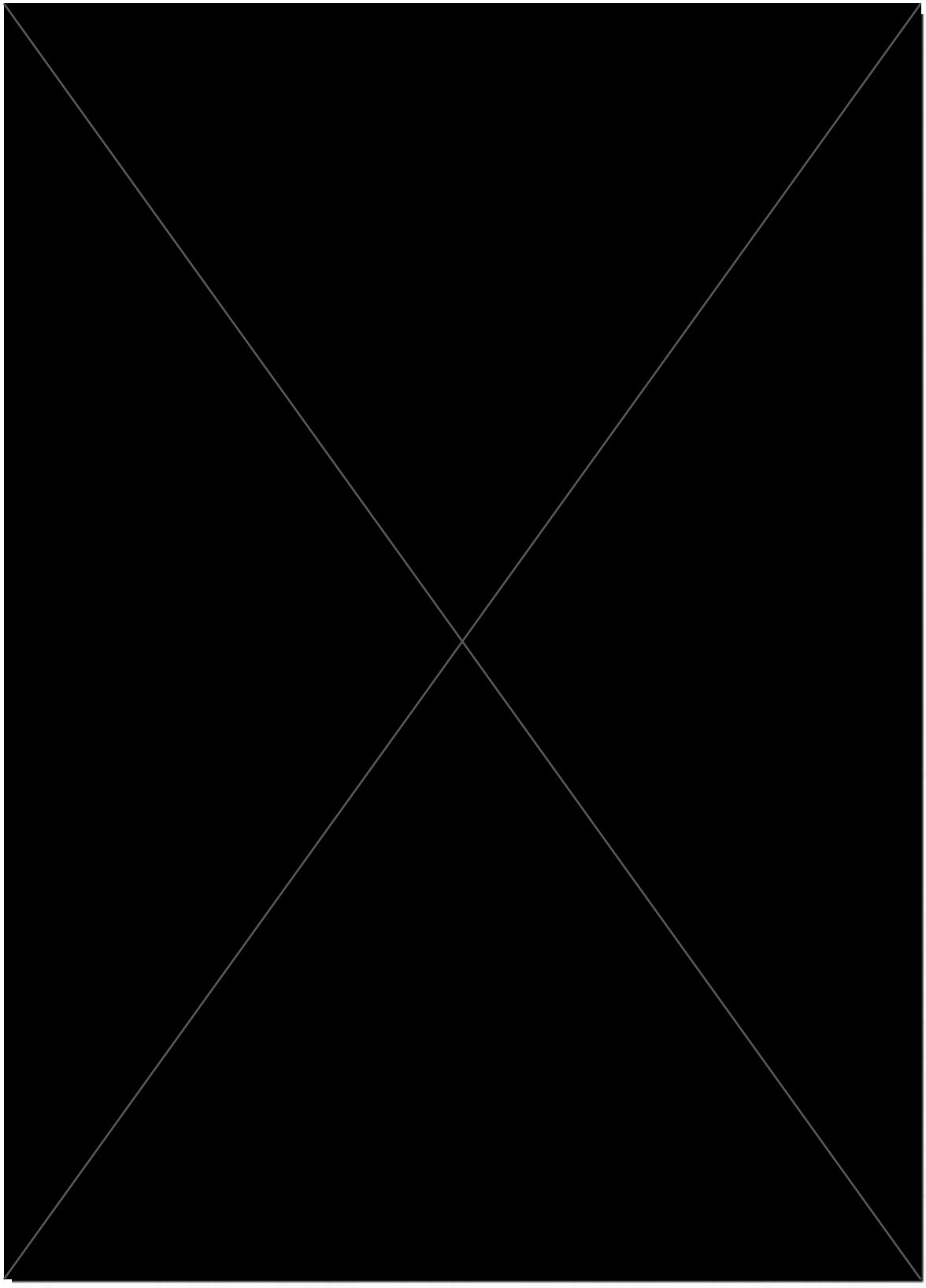
AMAC Design Builders LLC	
Entity ID Number	000 - 373 - 406
Entity Type	Domestic Limited Liability Company
Principal Address	Not Provided
Principal Mailing Address	Not Provided
Status	Exists
Place of Formation	Jefferson County
Formation Date	10/04/2016
Registered Agent Name	MCWILLIAMS, JAMIE
Registered Office Street Address	608 FOREST DRIVE LEEDS, AL 35094
Registered Office Mailing Address	608 FOREST DRIVE LEEDS, AL 35094
Nature of Business	
Members	
Member Name	MCWILLIAMS, JAMES A
Member Street Address	608 FOREST DRIVE LEEDS, AL 35094

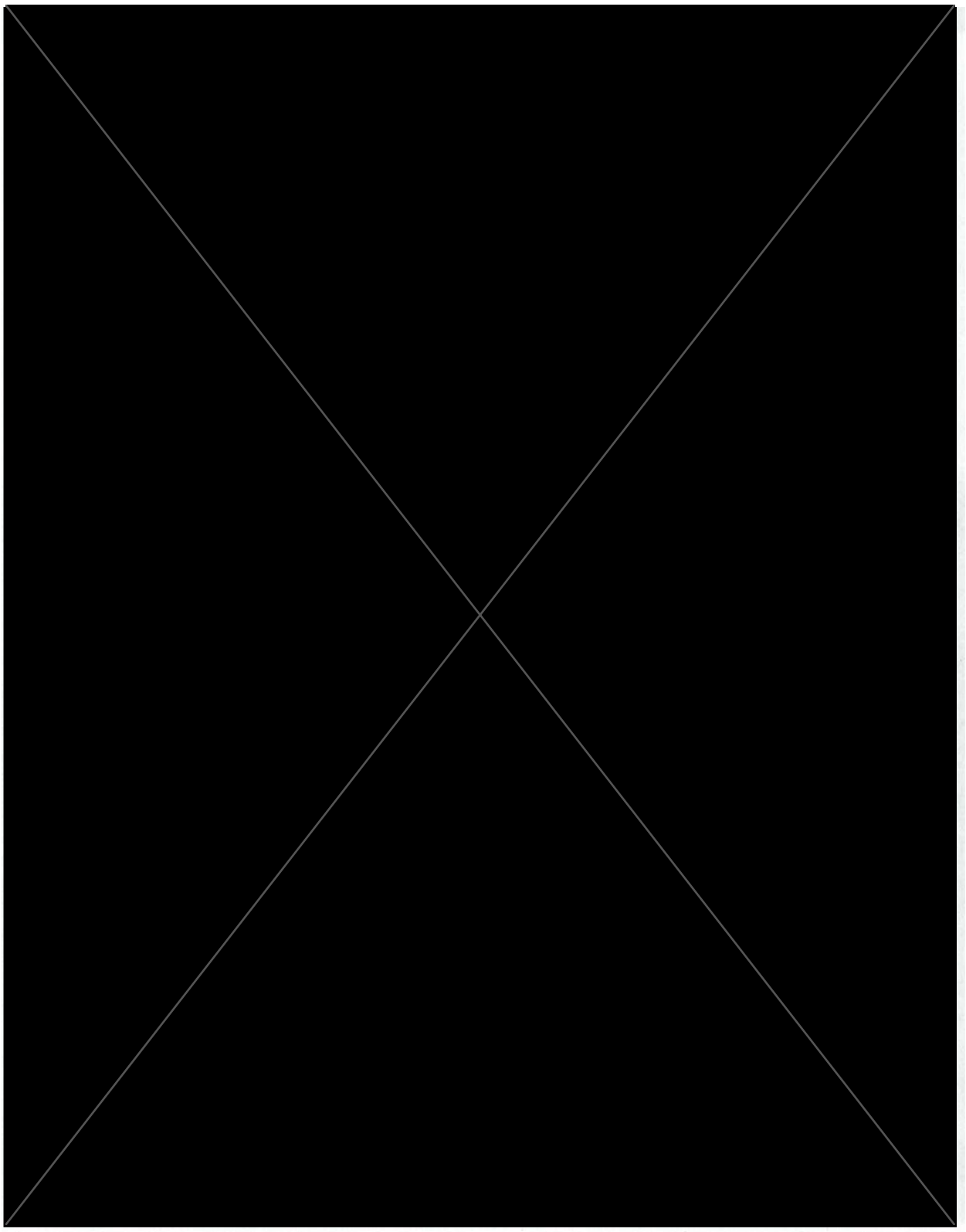


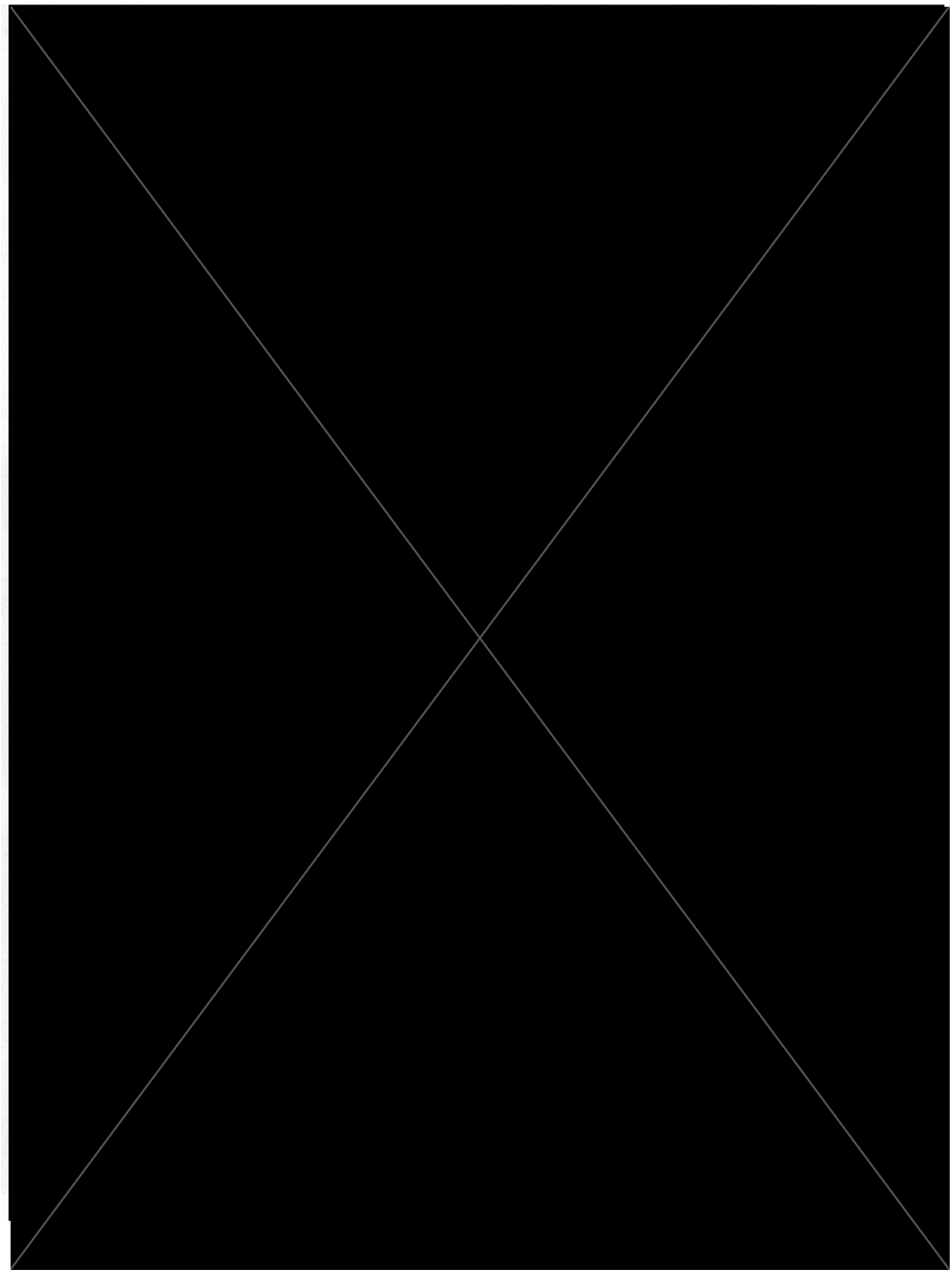


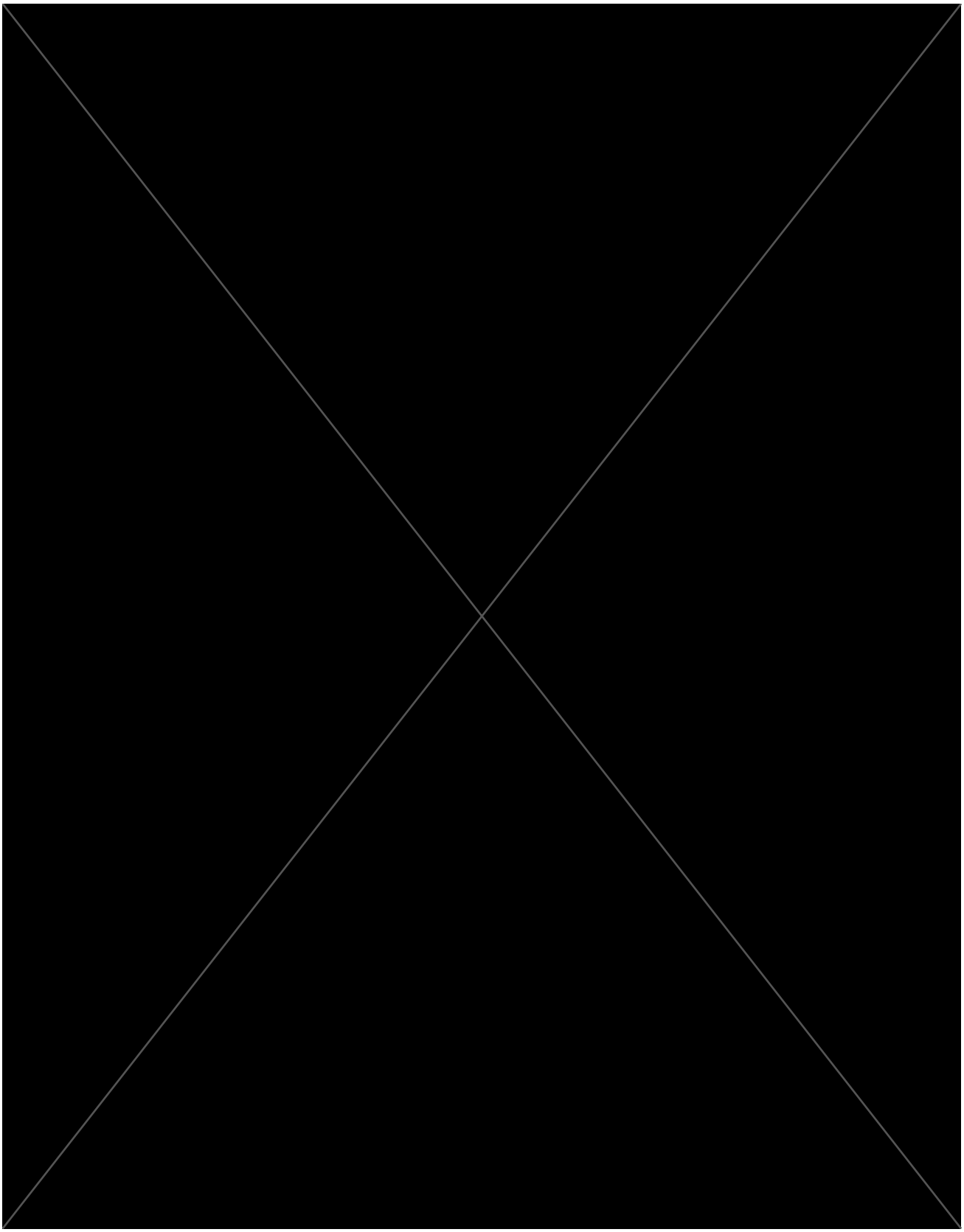


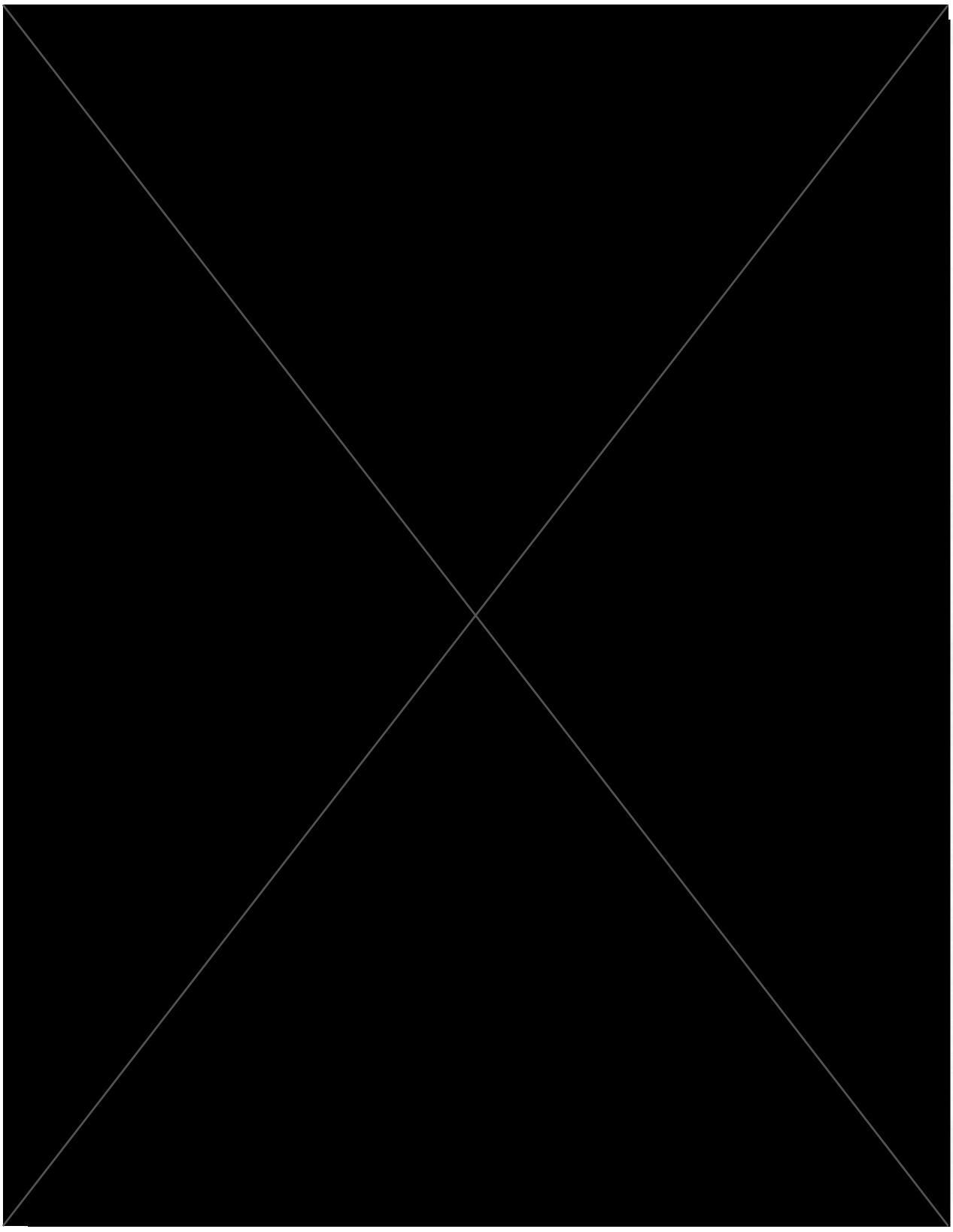


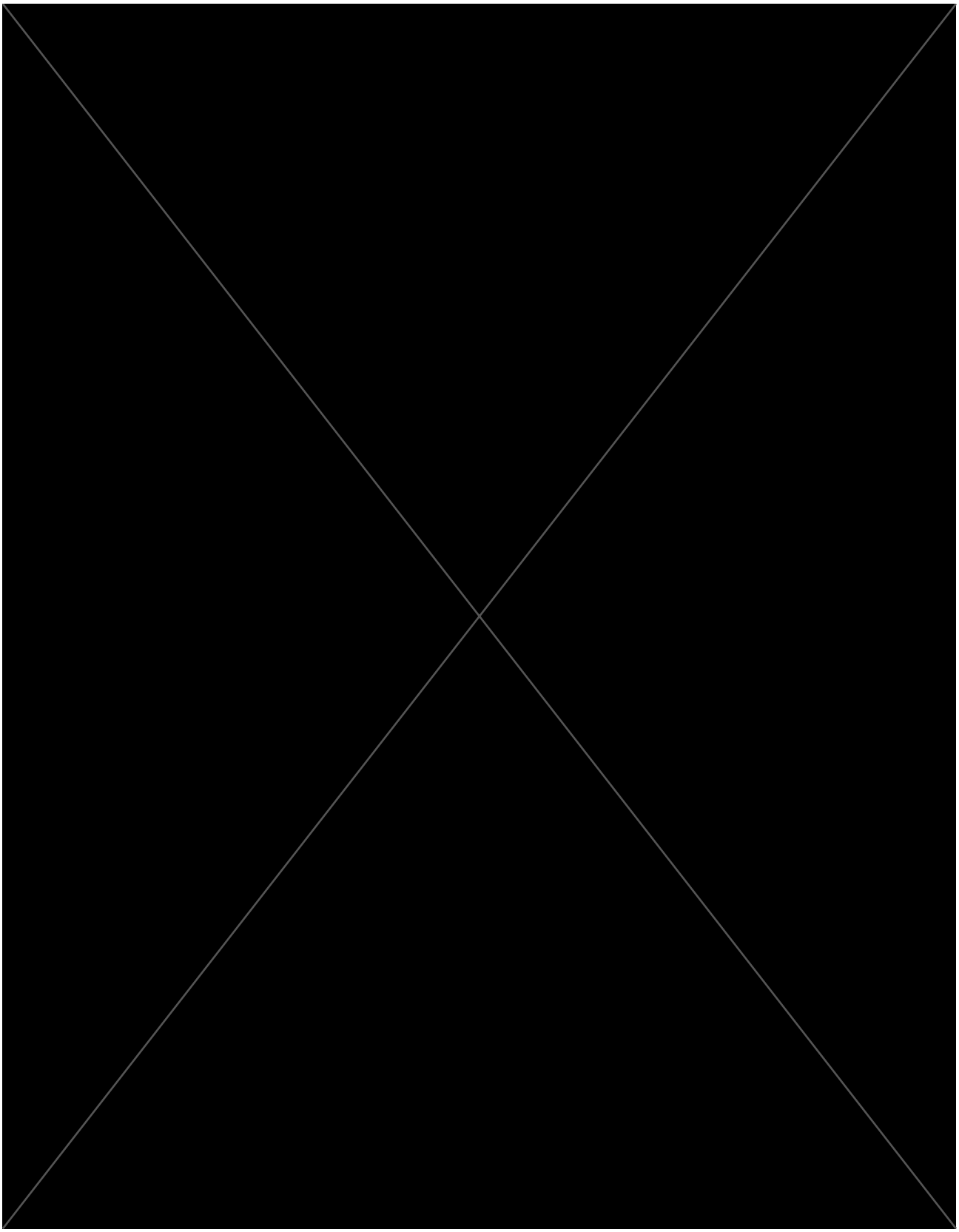


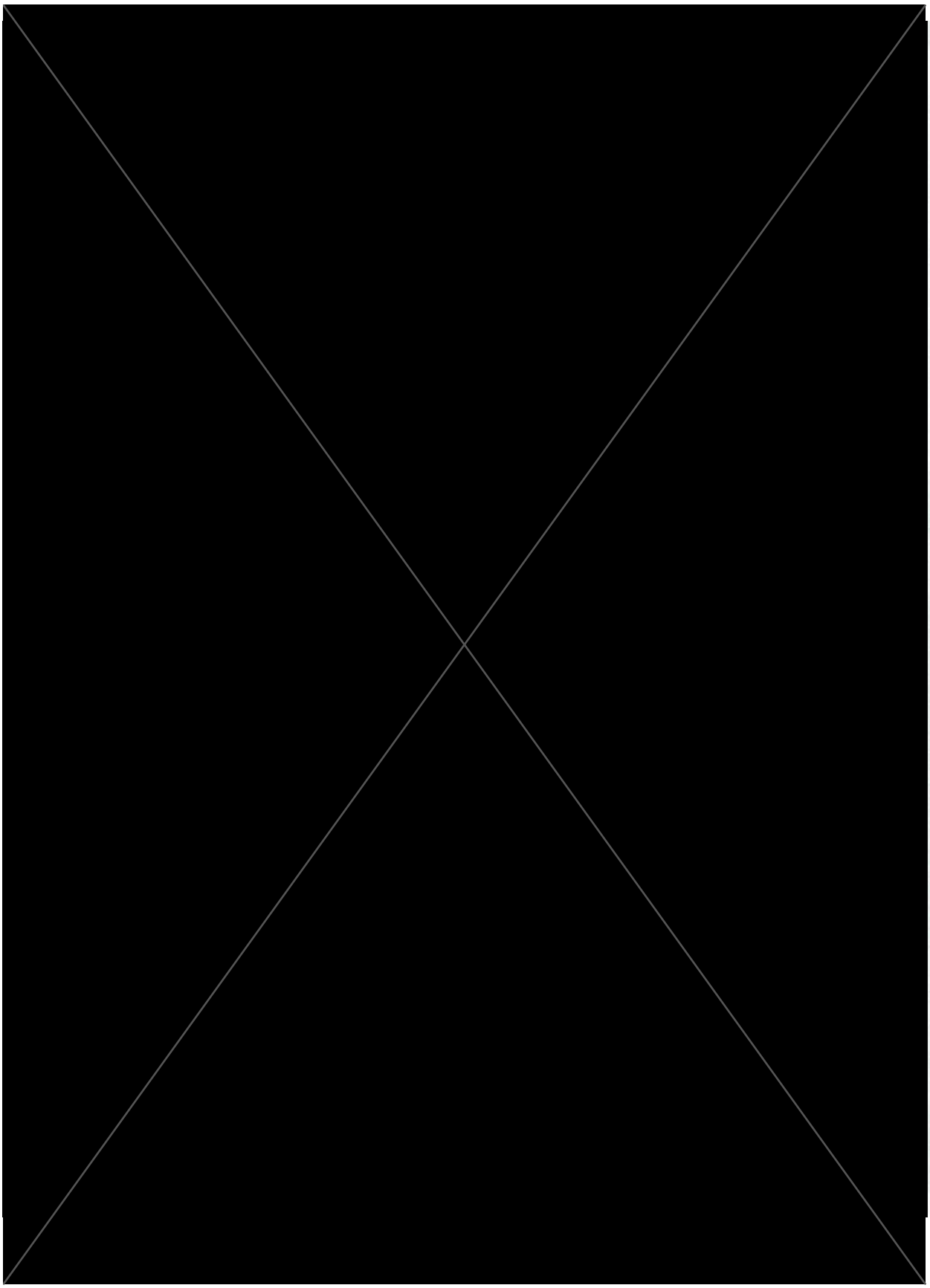


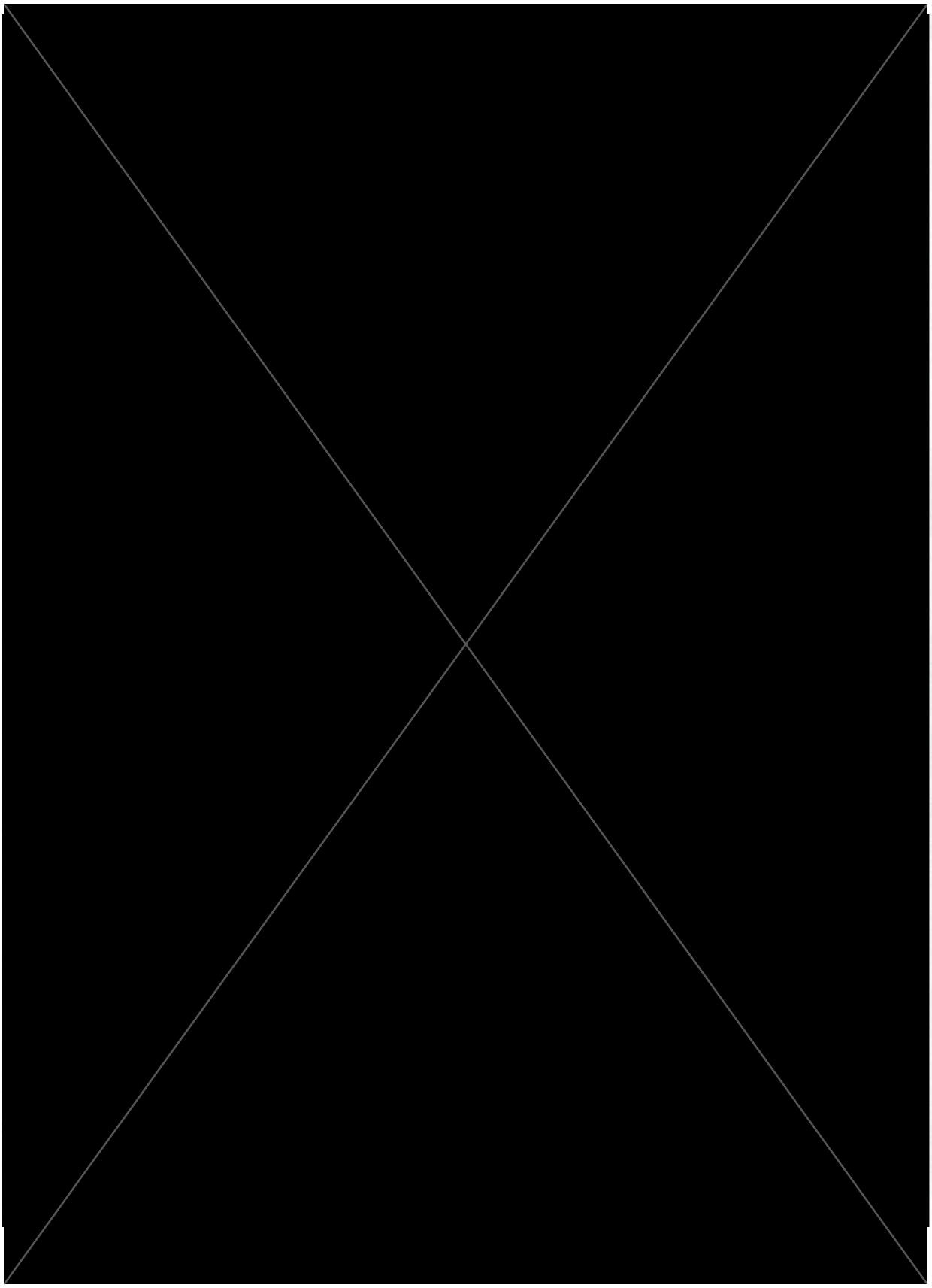


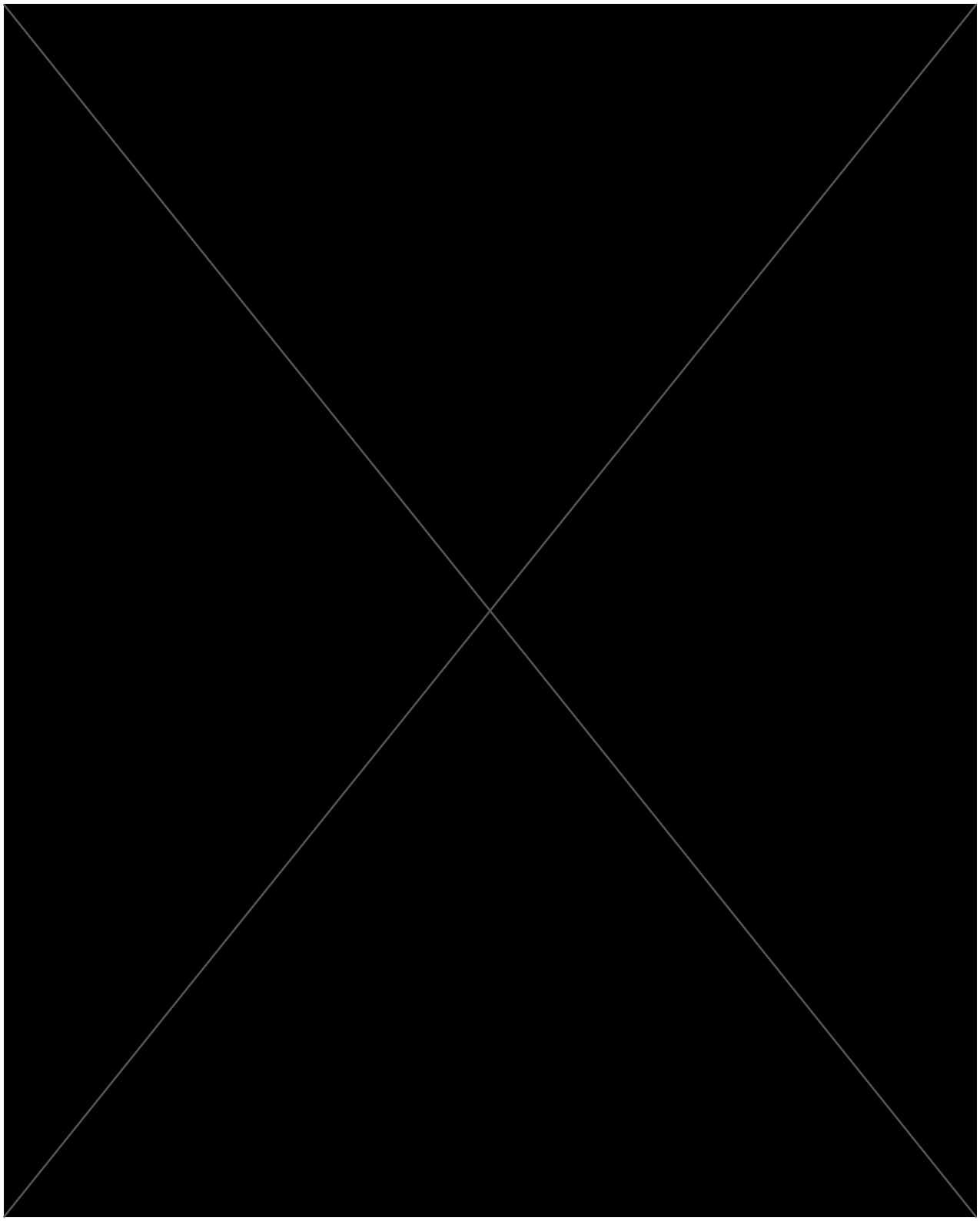


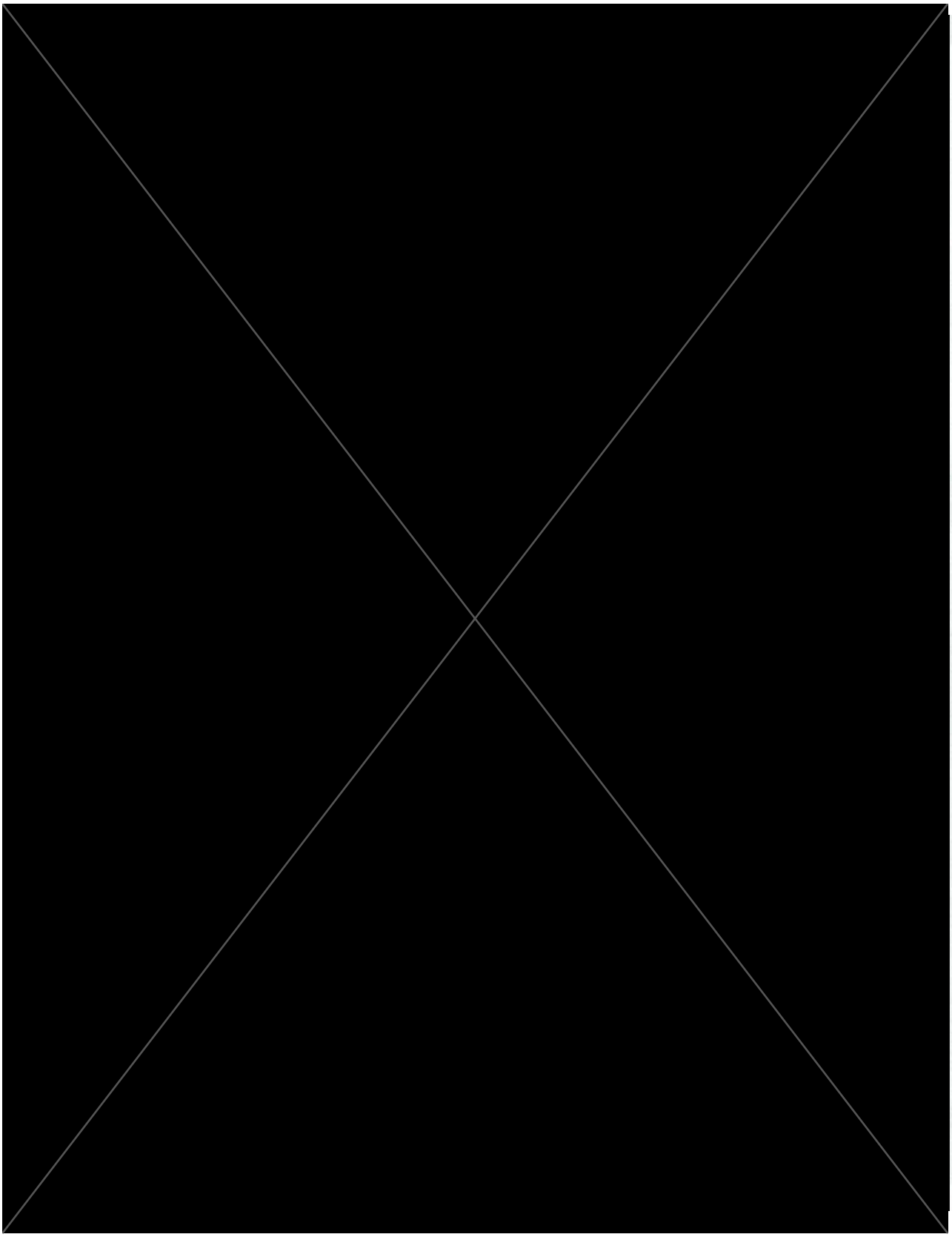


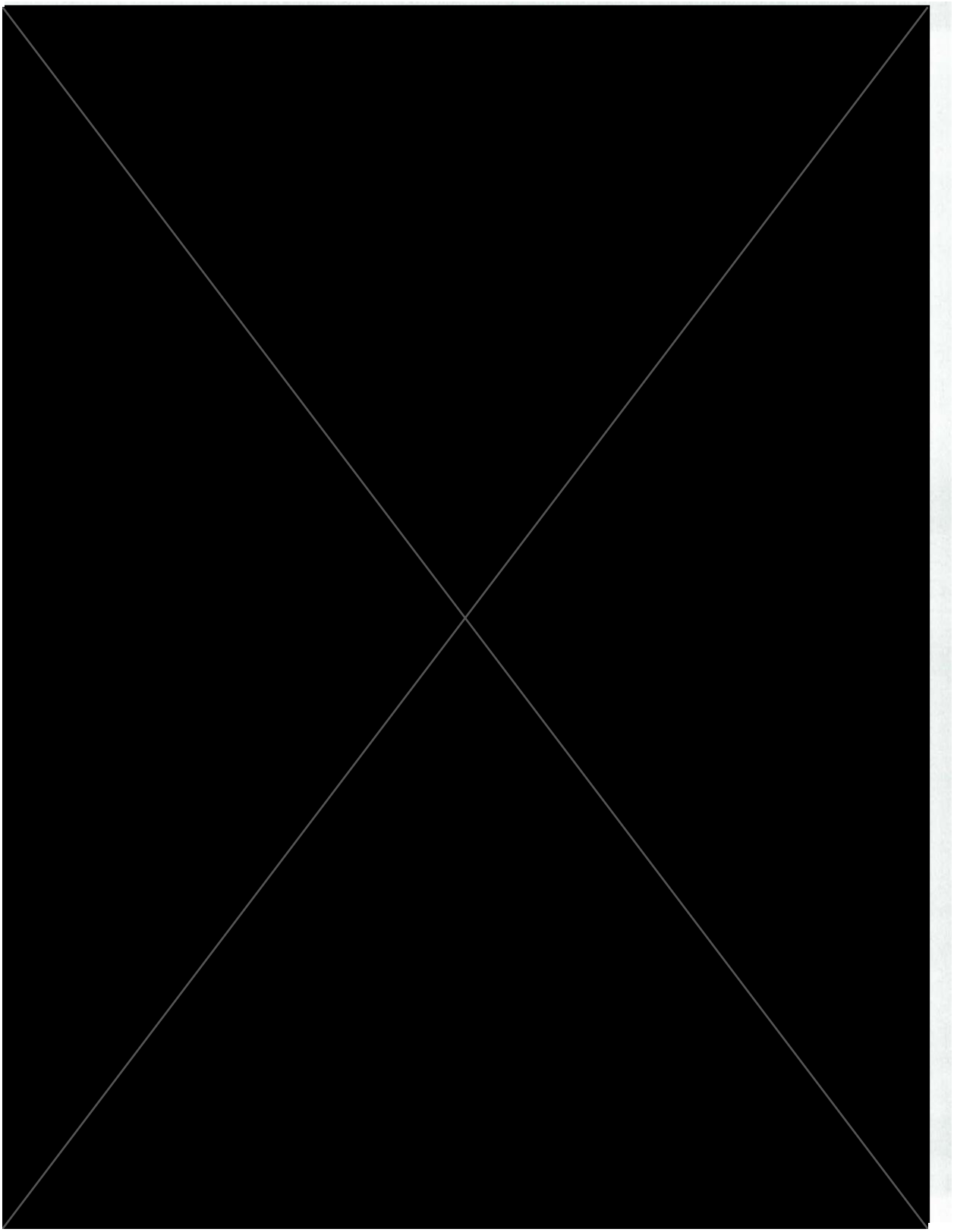


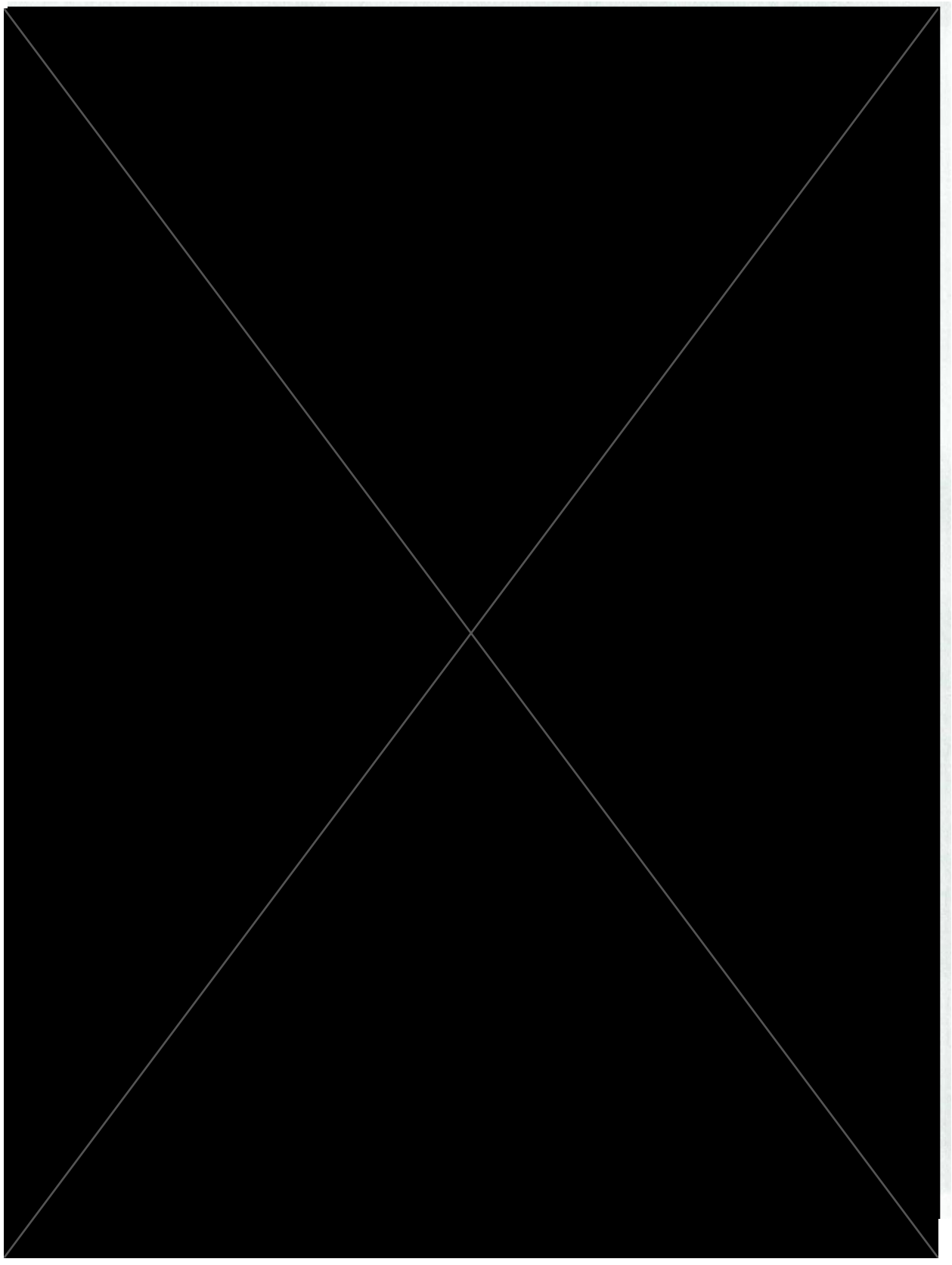


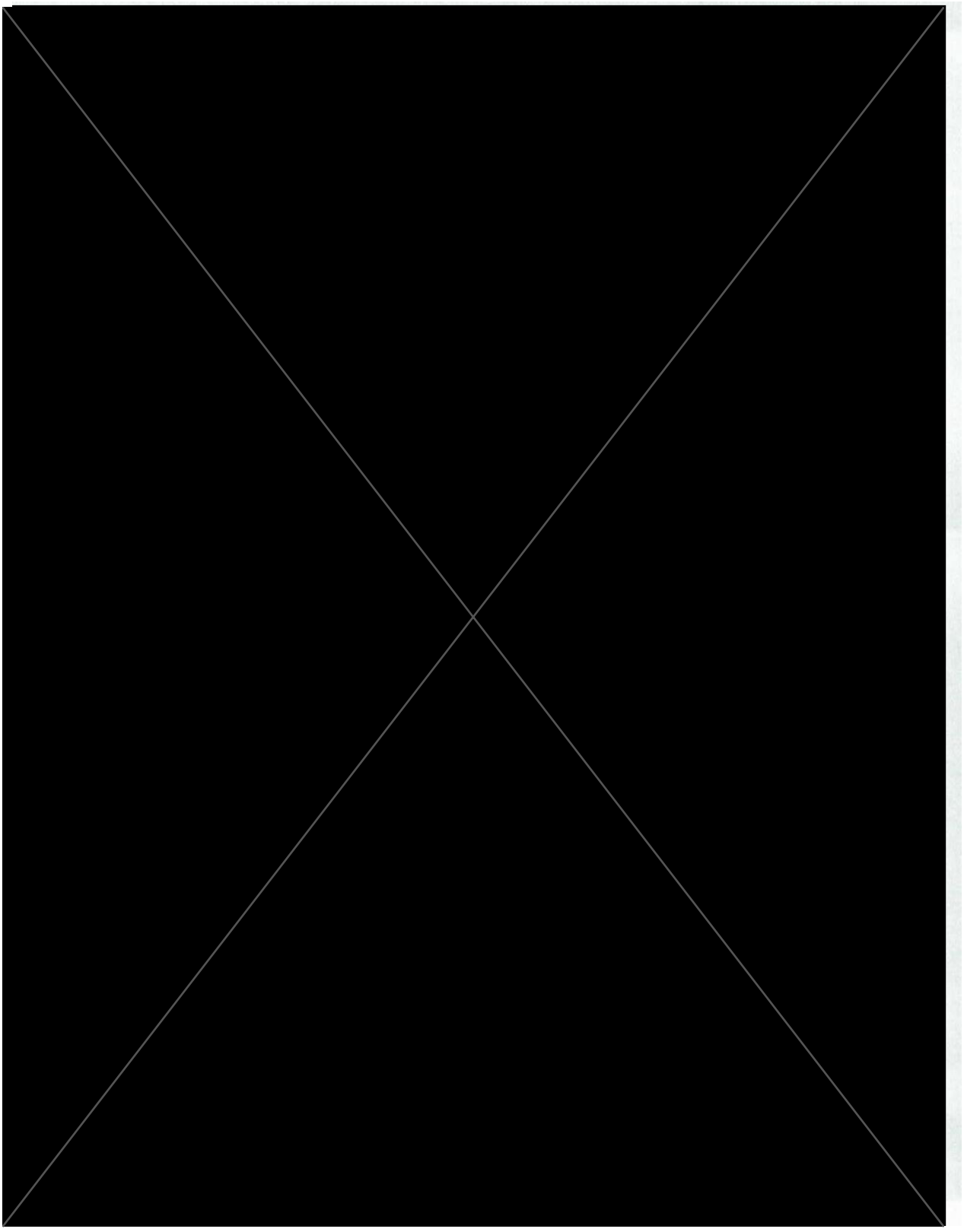












License Type: Integrated

Exhibit 4 – Criminal Background Check

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/2/23
Signature of Verifying Individual	**Verification Date**

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

Green Bud, LLC — Business License Applicant Name

Integrated — 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)
Kirk Sunbury	☐ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
James McWilliams	☑ Owner ☐ Shareholder ☐ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Ryan Ramage	☑ Owner ☐ Shareholder ☐ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Christopher Baughman	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Zachary Carothers	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Chadwick Love	☐ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Stephen French	☑ Owner ☐ Shareholder ☐ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Mark Williams	☐ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
William Bell	☑ Owner ☐ Shareholder ☐ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Derek Waltchack	☑ 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.

Josh Brunner — Printed Name of Verifying Individual

CEO / CFO — Title of Verifying Individual

Signature of Verifying Individual

3/2/23 — Verification Date

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

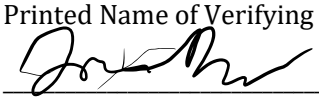
Provide the name and title of each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant). Attach additional forms if necessary.

NAME	ROLE (select all that apply)
Monica Henderson	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Ashley Spriggs	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Julieanne Evangelista	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Bronson Ahlo	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Terrence Whittier	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Carmen Lam	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Crystal Verduzco	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Chanae Taylor	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Josh Brunner	☑ Owner ☐ Shareholder ☑ Director ☐ Board Member ☐ Individual with Economic Interest in Applicant
Steve Van Meetren	☑ 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.

Josh Brunner — Printed Name of Verifying Individual

CEO / CFO — Title of Verifying Individual



Signature of Verifying Individual

3/2/23 — Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

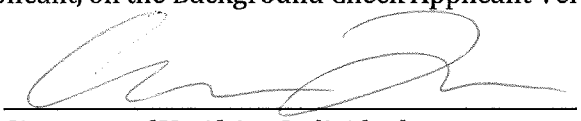
Chanae Taylor — Individual's Name

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

Verification

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

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



Signature of Verifying Individual

2/23/2023

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC

Business License Applicant Name

Integrated

License Type

Kirk Sunbury

Individual's Name

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

Verification

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

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

Kirk Sunbury

Signature of Verifying Individual

2/21/23

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

James Alex McWilliams — Individual's Name

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

Verification

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

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
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- 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

2/10/2023 — Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Ryan Ramage — Individual's Name

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

Verification

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

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
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- 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

2/23/2023
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Christopher Baughman — Individual's Name

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

Verification

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- 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).
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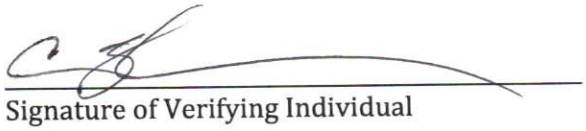
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.



Signature of Verifying Individual

02. 24. 2023

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Zachary Carothers — Individual's Name

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

Verification

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

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
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- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Signature of Verifying Individual

02/28/23
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Chadwick Love — Individual's Name

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

Verification

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

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
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- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Signature of Verifying Individual

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Stephen French — Individual's Name

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

Verification

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

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
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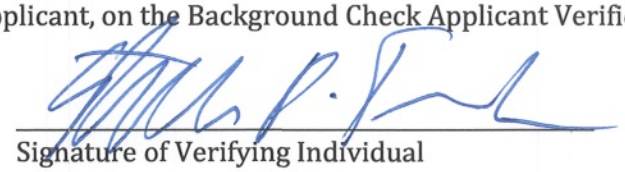
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.



Signature of Verifying Individual

2/27/2023

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Mark Williams — Individual's Name

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

Verification

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

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
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- 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

2/26/23
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Intergrated Facility — License Type

William A. Bell, Sr — Individual's Name

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

Verification

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

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
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- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

William A. Bell, Sr — Signature of Verifying Individual

March 1, 2023 — Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Derek Waltchack — Individual's Name

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

Verification

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

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
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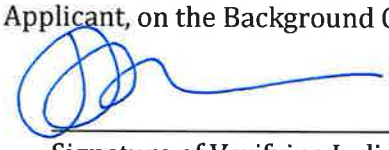

Signature of Verifying Individual

3/2/23

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Monica Henderson — Individual's Name

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

Verification

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

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- 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

2/24/23
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Ashley Spriggs — Individual's Name

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

Verification

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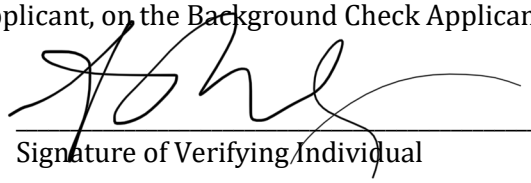

Signature of Verifying Individual

2/24/23

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Julieanne Evangelista — Individual's Name

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

Verification

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Signature of Verifying Individual

2.27.2023
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Bronson Ahlo — Individual's Name

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

Verification

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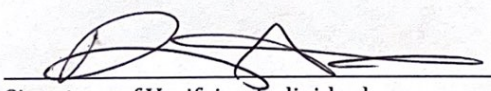

Signature of Verifying Individual

02/23/2023

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC
Business License Applicant Name

Integrated
License Type

Terrence Whittier
Individual's Name

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

Verification

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

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Signature of Verifying Individual

2/23/2023
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Carmen Lam — Individual's Name

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

Verification

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

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Carmen Lam Digitally signed by Carmen Lam Date: 2023.02.23 14:16:03 -06'00' — Signature of Verifying Individual

2.23.23 — Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Crystal Verduzco — Individual's Name

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

Verification

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

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

Crystal Verduzco — Signature of Verifying Individual

2/23/2023 — Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Joshua Brunner — Individual's Name

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

Verification

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

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

Signature of Verifying Individual

2/15/23
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Steve VanMeetren — Individual's Name

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

Verification

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

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

Steve VanMeetren — Signature of Verifying Individual

1.27.2023 — Verification Date

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 5 – Minimum Performance Bond Requirements

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/1/23
Signature of Verifying Individual	**Verification Date**

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

Section A – Applicant Information (to be completed by Applicant)

Green Bud, LLC
Integrated Facility Applicant

Alex McWilliams
Contact Person

[redacted]
Applicant Address

Birmingham
City

AL
State

35242
Zip

[redacted]
Phone

[redacted]
Email

Section B – Surety Information (to be completed by Surety)

Great Midwest Insurance Company
Surety Company

[redacted]
Surety's Authorized Representative

Attorney-in-fact
Title

800 Gessner, Ste 600
Surety Address

Houston
City

TX
State

77024
Zip

[redacted]
Phone

[redacted]
Email

Section C – Surety Verification (to be completed by Surety)

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

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

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

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

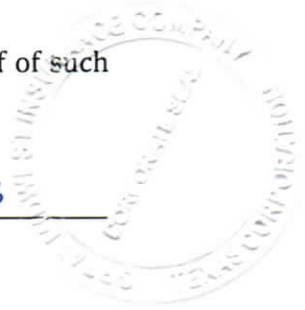
RT The Surety has considered all available business information pertinent to the Surety's underwriting requirements regarding the Applicant, in the context of the Integrated Facility Performance Bond, and the Surety hereby confirms the Applicant possesses the requisite qualifications such that Applicant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

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

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

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

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



Signature of Surety's Authorized Representative

3/1/23
Date

Sworn to and subscribed before Traci Nakagaki, a Notary Public,

by Ryan Tash on this 1st day of

March, 20 23.

Signature of Notary

November 15th 2025
My Commission Expires

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

POWER OF ATTORNEY

Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **GREAT MIDWEST INSURANCE COMPANY**, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint:

John Page, Christine Stradford, Amy E. Johnston, Brenna C. Page, Barry Page, Stephanie Raquel Nakkem, Ryan Tash, Susan Fournier, Katherine DuPont, Jasmin Lopez

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **GREAT MIDWEST INSURANCE COMPANY**, on the 1st day of October, 2018 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed Ten Million dollars ($10,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **GREAT MIDWEST INSURANCE COMPANY**, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 11th day of February, 2021.

GREAT MIDWEST INSURANCE COMPANY — CORPORATE SEAL — TEXAS CORPORATION

GREAT MIDWEST INSURANCE COMPANY

BY _____
Mark W. Haushill
President

ACKNOWLEDGEMENT

On this 11th day of February, 2021, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of **GREAT MIDWEST INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

NOTARY PUBLIC STATE OF TEXAS
CHRISTINA BISHOP
Notary Public, State of Texas
Comm. Expires 04-14-2026
Notary ID 131090488

BY _____
Christina Bishop
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **GREAT MIDWEST INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 1st Day of March, 2023.

GREAT MIDWEST INSURANCE COMPANY — CORPORATE SEAL — TEXAS CORPORATION

BY _____
Leslie K. Shaunty
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

License Type: Integrated

Exhibit 6 – Minimum Liquid Assets Requirement

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant verifies that it meets the minimum liquid assets requirement of at least $250,000, as shown below.

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

January 19, 2023 through February 15, 2023
Account Number: [redacted]

CUSTOMER SERVICE INFORMATION

Web site:	Chase.com
Service Center:	1-800-935-9935
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

00131793 DRE 703 219 04723 NNNNNNNNNNN 1 000000000 11 0000
JOSH M BRUNNER
[redacted]

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$363,126.86**
Deposits and Additions	845,842.60
ATM & Debit Card Withdrawals	-477.01
Electronic Withdrawals	-20,932.57
Other Withdrawals	-2,000.00
Fees	-15.00
Ending Balance	**$1,185,544.88**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	
	Beginning Balance		[redacted]
[redacted]			
	Ending Balance		**$1,185,544.88**

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.** (You did not have an electronic deposit this statement period)

Page 1 of 2

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 7 – Demonstration of Sufficient Capital

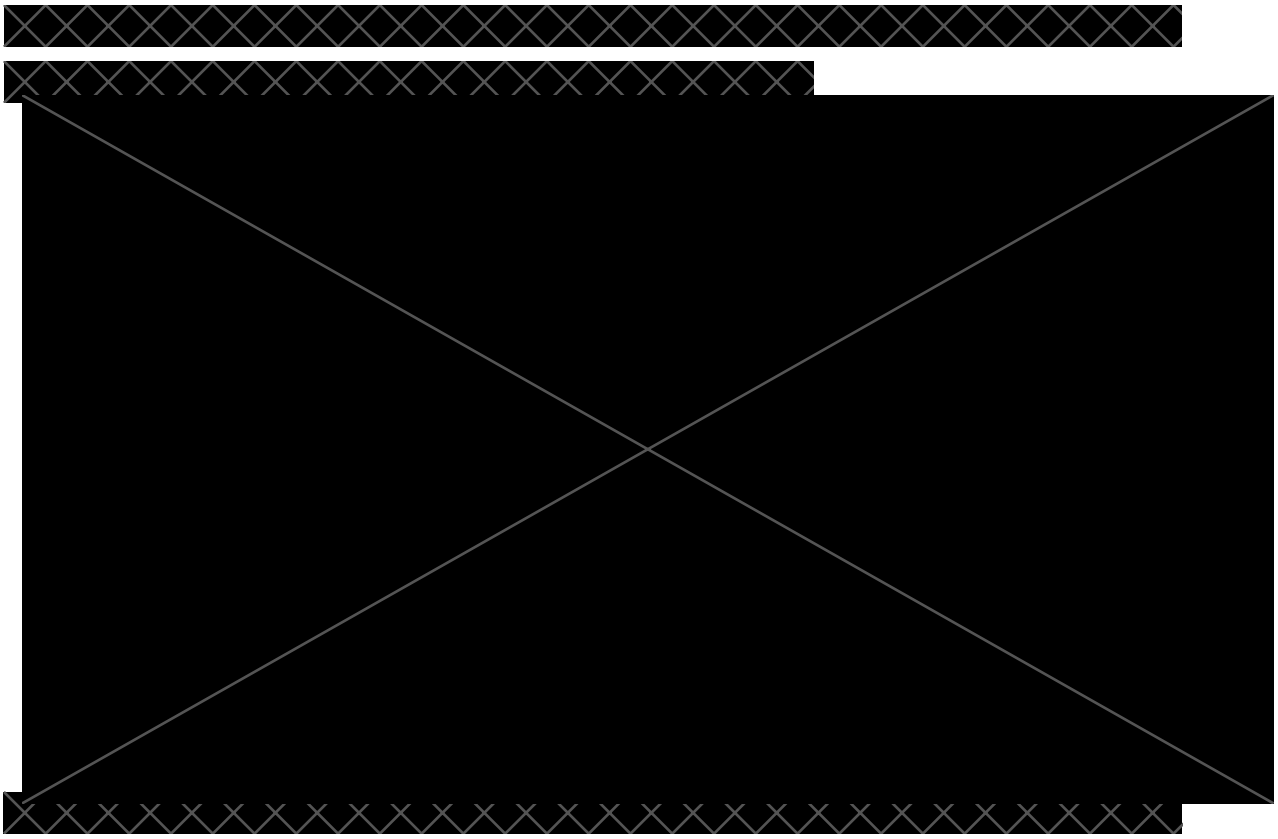
Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/2/23
Signature of Verifying Individual	**Verification Date**

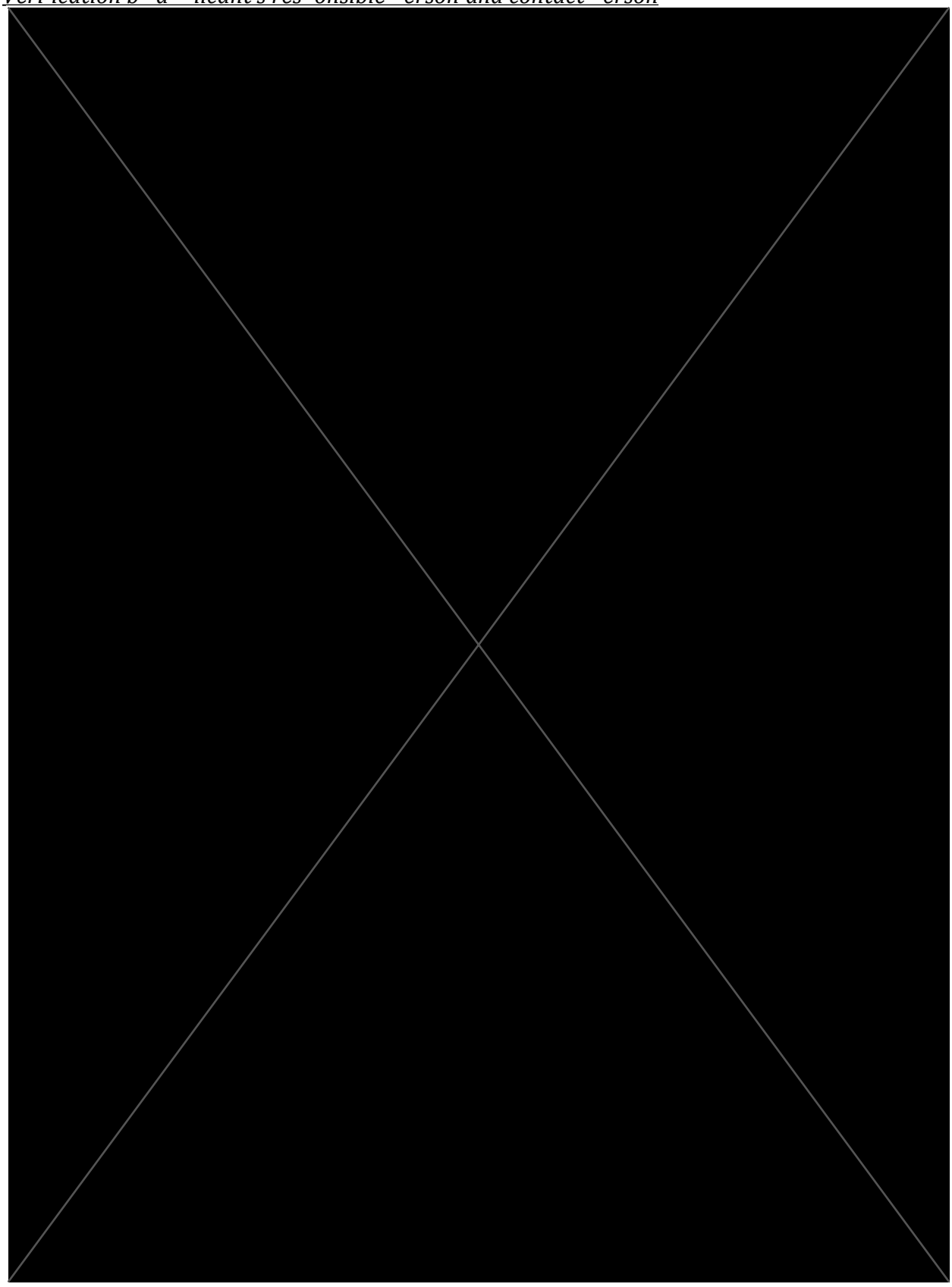
Estimated capital requirement to fund first three full years

The applicant verifies that it has adequate capitalization to fund the capital expenses required to open and operate a successful integrated medical cannabis business. We have provided a detailed financial projection in the financial plan exhibit to this application. In performing that exercise, we have derived an estimated capital funding requirement utilizing our senior management team's extensive industry experience in start-ups of vertical medical cannabis businesses, including in states that are introducing medical cannabis programs for the first time. The statement of cash flow from that exhibit is shown below noting a capital requirement

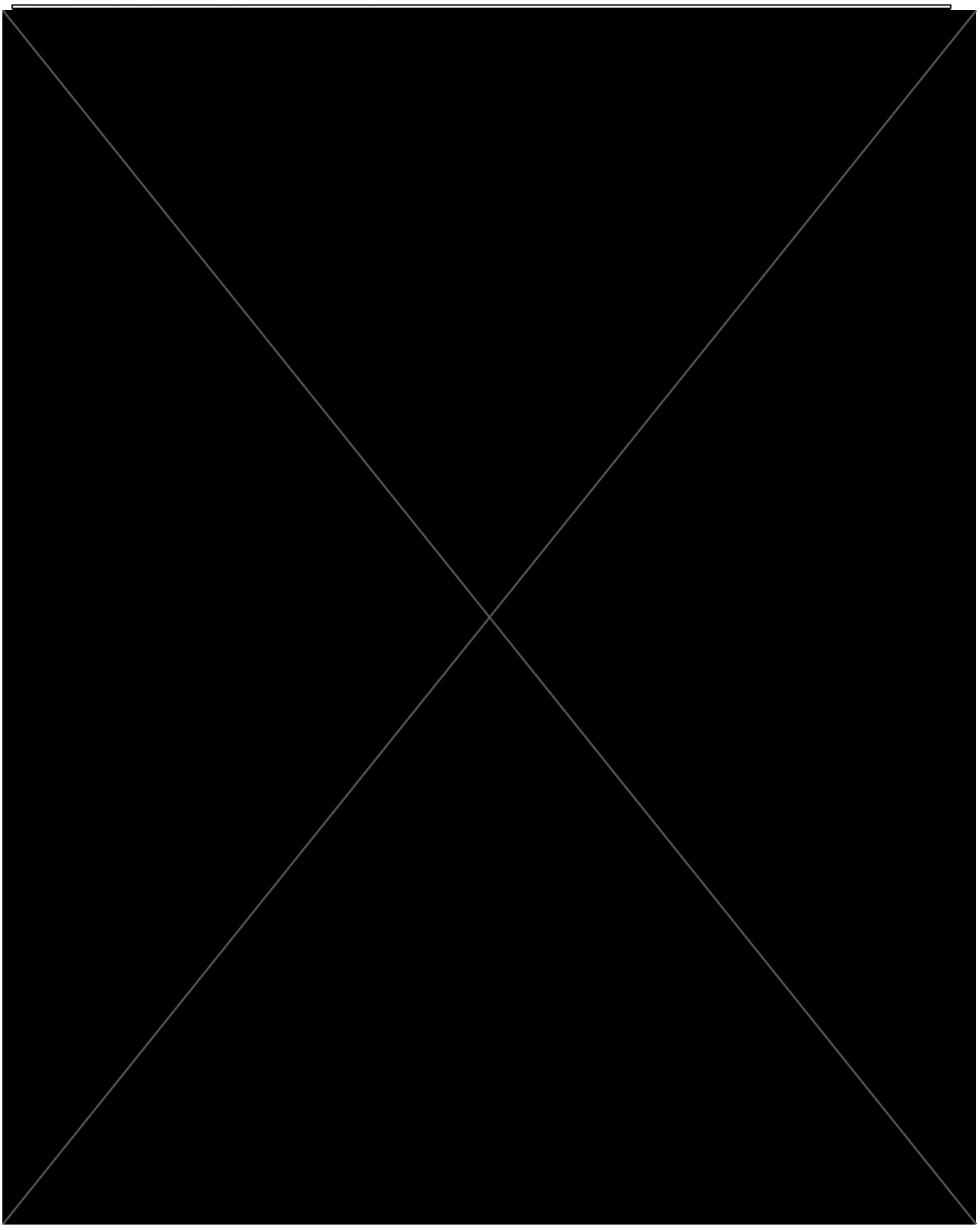


company's process for responsibly raising capital. We have documented his extensive experience, and how he will lead this process, in detail in our narrative included in the minimum operating capital requirement exhibit to this application. See the next page for verification by the applicant's responsible person and contact person that the applicant possesses access to sufficient capital, to fund its projected annual budgets for at least the first three full years after licensure is issued. This is followed by a letter from an independent Certified Public Accountant verifying the same.

Veri ication b a licant's res onsible erson and contact erson



Verification by independent CPA of sufficient capital



Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 8 – Minimum Operating Capital Requirement

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/2/23
Signature of Verifying Individual	**Verification Date**

Introduction

Green Bud LLC has established a strong team for operations and growth in the State of Alabama and has the financial strength through their realty and funding advisor and business sponsor to fund the construction, cultivation, and production of medical cannabis in Alabama. Estimates for the funding needs of the company are based on the financial statements in our business plan in comparison to the estimated market demand in Alabama shared by independent industry specialists. [redacted]

Funding plan narrative

Green Bud LLC has developed a set of very conservative revenue estimates to define the 'floor' of income from dispensing and wholesale sales. U[redacted]

[redacted]

[redacted]If one considers the market potential, as defined by industry analysts, the requirement for Green Bud LLC to attract capital from Accredited Investors to support our operations will be reduced considerably; reduced both in terms of amounts needed and in terms of time required for Green Bud's operations to turn 'cash flow positive'.

Green Bud LLC, while hoping the loftier 'industry' projections become our reality, has decided to approach our capital needs from the more conservative vantage point; this conservative approach dictates that we raise more capital and use the raised capital to fund operations for a longer period than the projections suggested by the industry observers.

Green Bud LLC, while not required to do so by the AMCC rules and regulations, has decided to follow the most rigid definition set forth by Federal Securities' Law in establishing appropriate standards for our investors to meet or exceed. We have elected to use the "Accredited Investor" definition as our standard for our efforts.

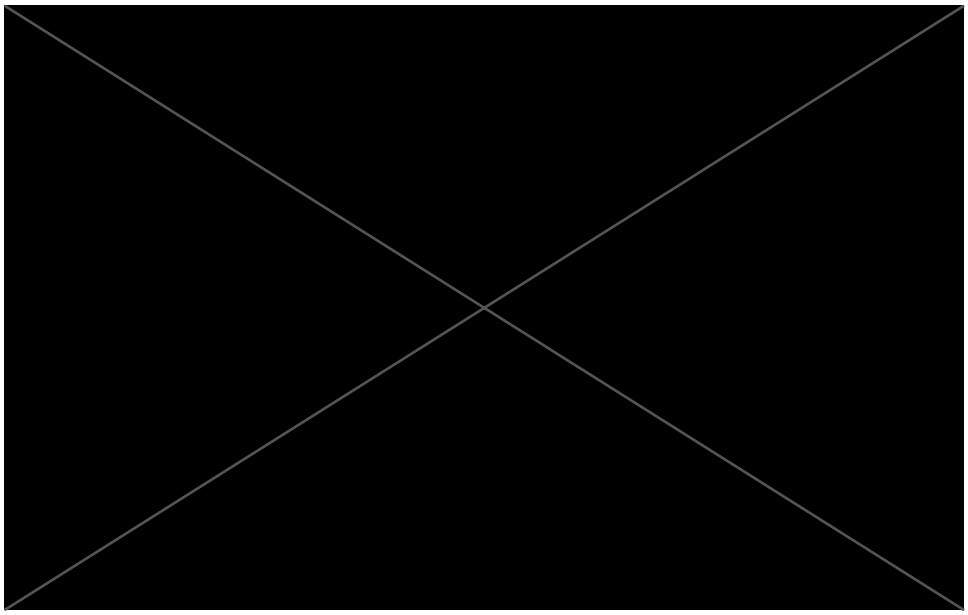
Specifically, the Securities Exchange Commission (SEC) and Federal Law defines an **"accredited investor"** as <u>either</u>:

> "*an individual with gross income exceeding $200,000 in each of the two most recent years or joint income with a spouse or partner exceeding $300,000 for those years and a reasonable expectation of the same income level in the current year.*
> *<u>OR</u>*
> *a person whose individual net worth, or joint net worth with that person's spouse or partner, exceeds $1,000,000, excluding the person's primary residence."*

<u>Funding commitments from funding source(s) and business sponsor</u>

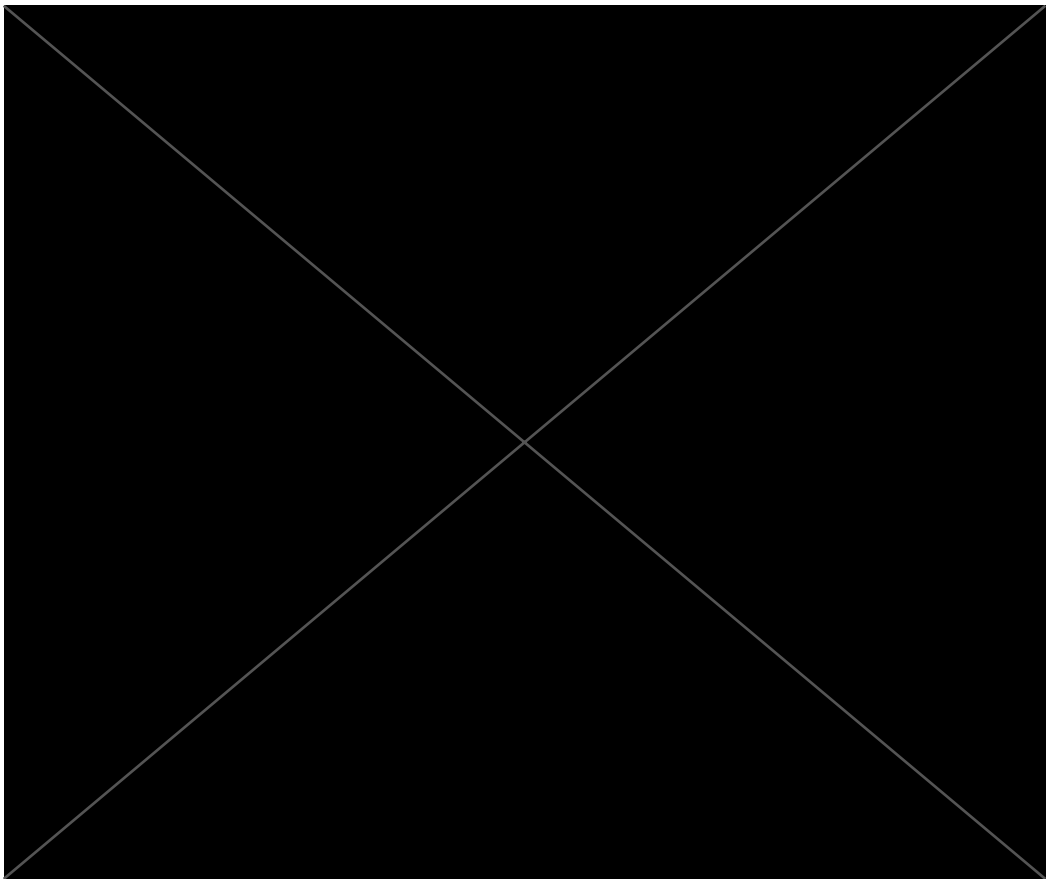
[redacted] However, Green Bud has and will approach our capital-raising plans by meeting exclusively with those who can meet and exceed the long-standing definitional standard of Accredited Investor for suitability purposes. We have already received enough commitments from qualified, 'accredited investors' to meet both the initial needs of Green Bud's operations and the potential need to pay for the overhead costs during the first two years of operations. It is important to note that these potential investors would only contribute financing to the company and will not play any role in ownership or in the daily management and control of the company. The applicant will ensure all appropriate disclosure of these individuals in relation to the rules and regulations of the AMCC. Green

Bud LLC has prepared the following summary to provide the AMCC with a clear indication that we are very capable of sustaining our operations even as we adopt a more stringent



Financial statements of funding source(s) and business sponsor

As shown above, at the time of this application submission, Green Bud has qualified commitments in excess of the initial funding need of the company. Regardless, if needed, we can rely on the business sponsor to fund the construction and operations for the company. [redacted] The personal financial statement is presented on a quarterly basis to the various equity sources for S[redacted]



License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 9 – Financial Statements

Verification

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

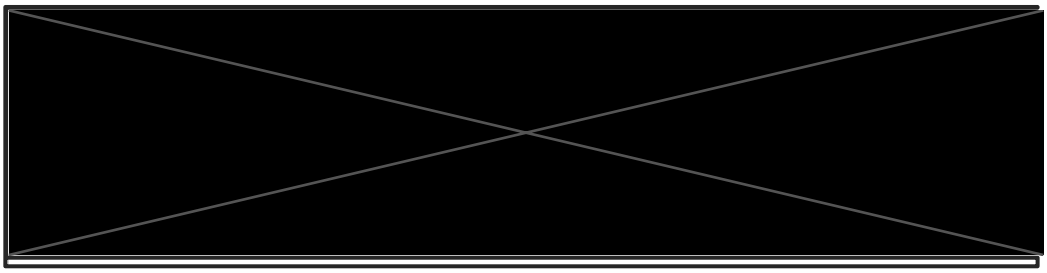
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

Introduction

The applicant has estimated and prepared financial statements with year-end projections for the year of commencement, plus the three subsequent years. These financial statements were compiled based on estimates used from our experience managing medical cannabis operations included dispensing, cultivation, processing, and secured transportation. Please see the following summary of the estimates and assumptions used in developing our forecasted financial statements which are presented afterwards.

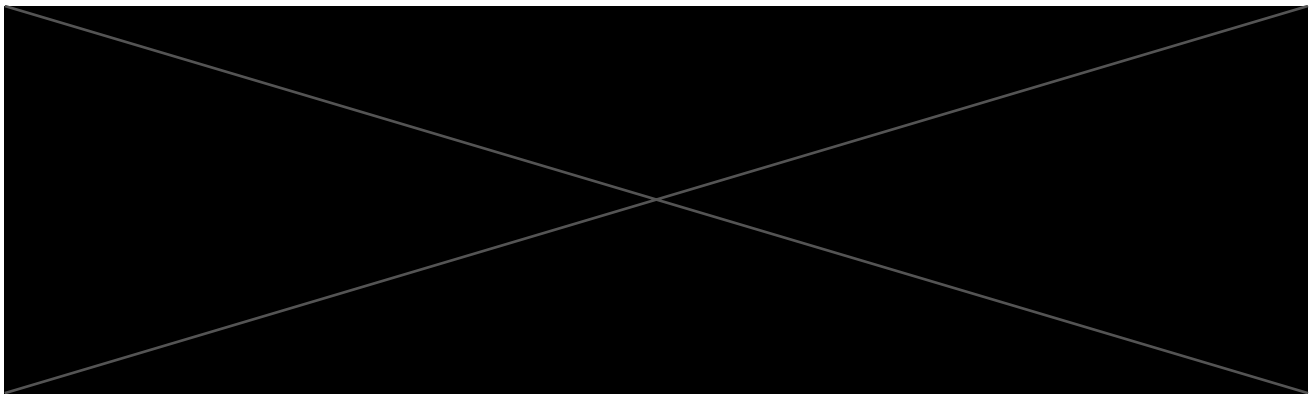
Revenues

The applicant began by estimating the revenues expected for the dispensing sites and wholesale activities. For dispensing revenue, we first estimated the purchasing activity of medical cannabis patients under the recommendation of a registered certifying physician.

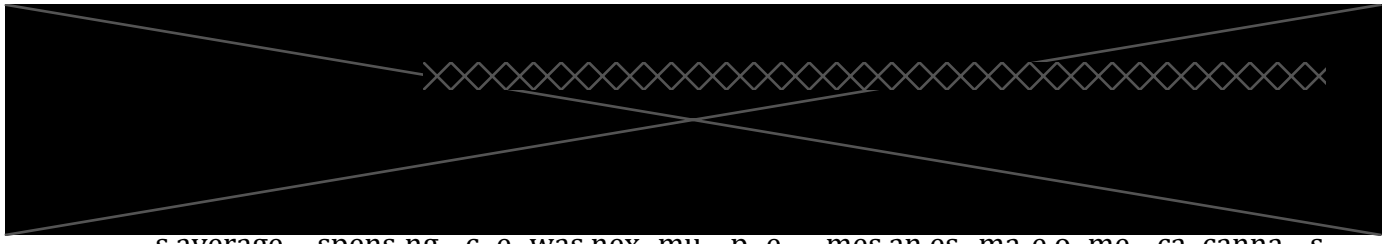


was based on our understanding of the difference that inhalation of medical cannabis has on the delivered effect of cannabinoids on the body. Our total orally and inhaled expected daily dose was then multiplied times which we expect to be the average supply purchased by medical cannabis patients per visit. We estimated this considering that the maximum number of daily doses allowed to be dispensed is 60, and this could be restricted to a lesser amount depending on

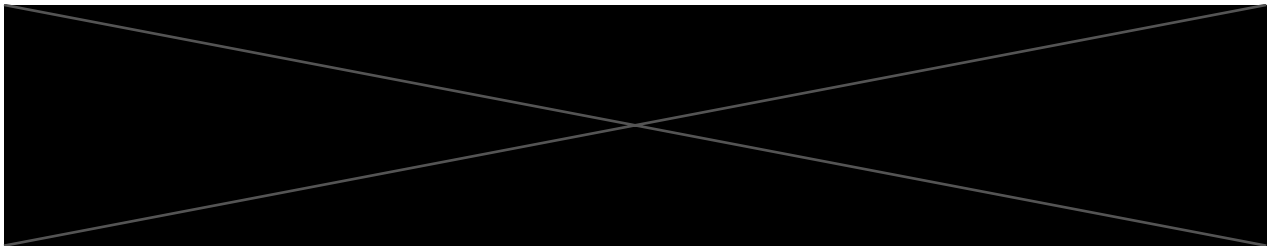
recommendations by registered certifying physicians, or the desire to only purchase a portion of the recommended dosage to stagger purchases and/or purchase from other dispensing sites in the state. We then estimated the specific formats of medical cannabis products that the patient would likely purchase based on data from our experience dispensing medical cannabis. See the below estimate of our average dispensing ticket including the pricing we have proposed in our business plan.



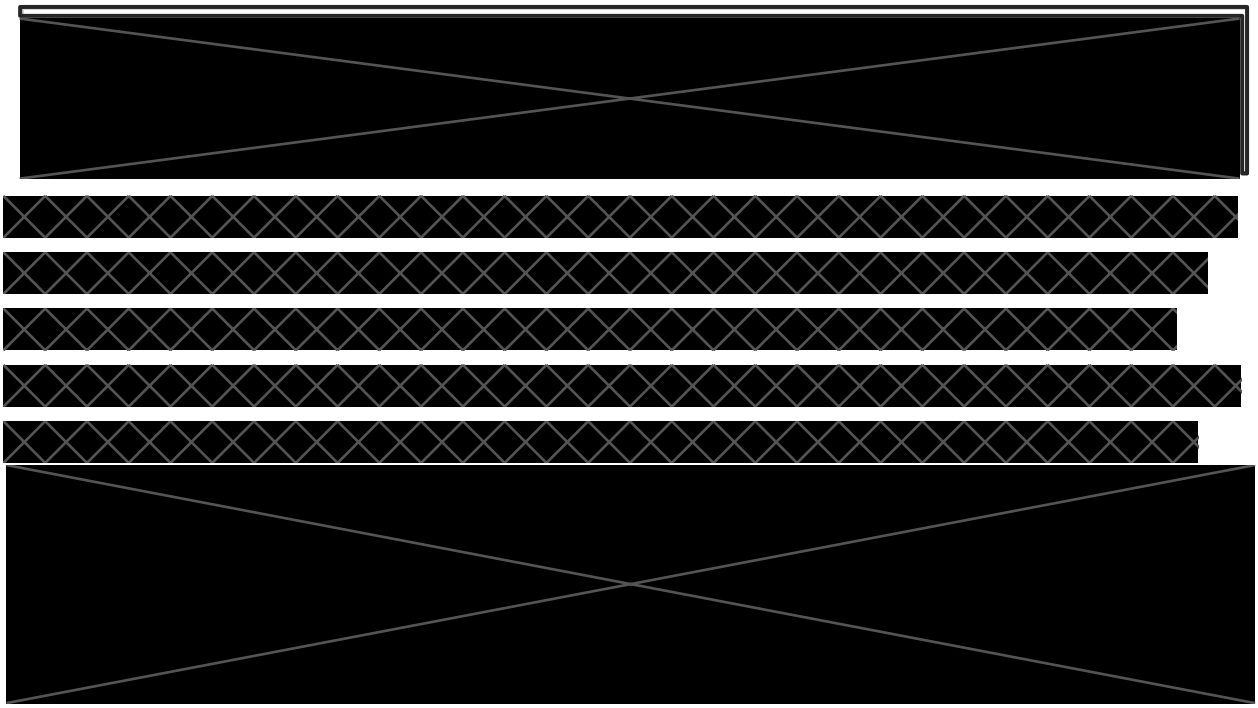
We then estimated the number of dispensing transactions based on the size of the cities and counties where our proposed dispensing sites are located and considering our experience operating a medical cannabis business. The below shows the hours we plan to be open to dispense to medical cannabis patients and caregivers along with our daily estimate of how many we will serve on average at each dispensing site.



s average spens ng c e was nex mu p e mes an es ma e o me ca canna s patient and caregiver transactions per day to determine an expected daily revenue estimate for each dispensing site.

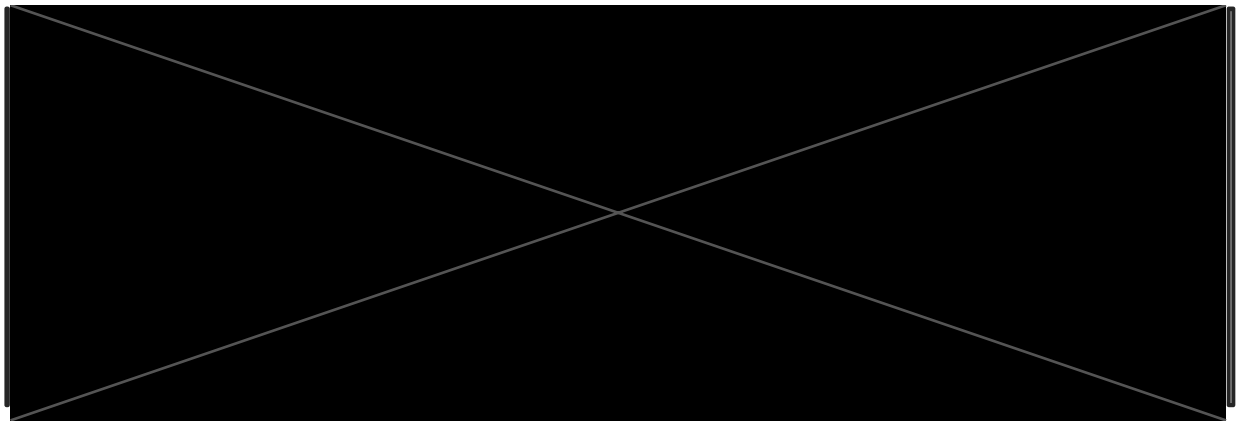


This was then multiplied by the number of business days we expect to be open for the year. As we intend to open the maximum number of dispensing sites in the first year of commencement, this revenue per dispensing site estimate was then multiplied by 5 to determine the total estimated dispensing revenue for the first full year.

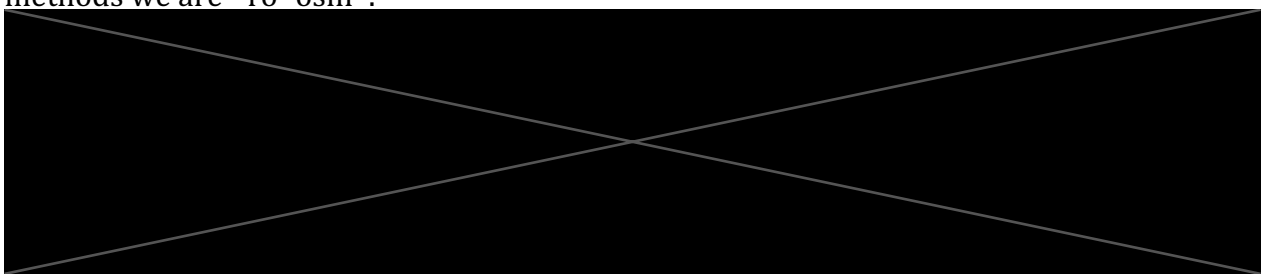


Production Requirements

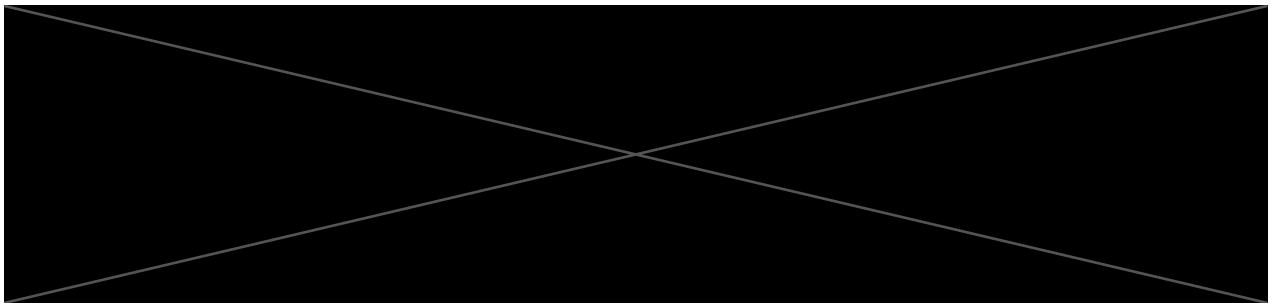
The applicant based their estimation of the production requirements on the dispensing and wholesale revenue estimates derived in the previous section, in consideration of our planned manufacturing facilities and processes, and using our experience operating a medical cannabis cultivation and processing business. Each of the medical cannabis products to be manufactured and process will be derived from THC medicated cannabis oil (also referred to as distillate) extracted from harvested cannabis biomass (flowers and trim). Using the estimated quantities to be sold of each medial cannabis product format, and factoring the amount of THC distillate included in each, we estimated the total THC distillate required to be produced out of the integrated cultivation and processing facility. See our estimates below.



An adjustment was made to account for the estimated potency of the THC distillate to be produced; this estimate was based on our experience extracting THC distillate using the methods we are ro osin .

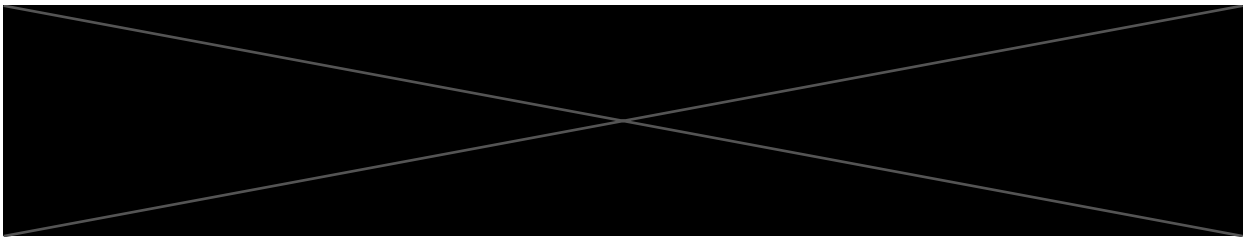


estimated yields from dry harvested weight to extracted THC distillate.



This estimate of cannabis biomass required was then increased b

ensure we can maintain availability of medical cannabis to the patients who need it.



The total cannabis biomass required for the first full year of operations was then divided by the estimated yields per harvest (based on the size of the flowering rooms proposed to be built in our cultivation facility) to determine the number of harvests needed.

[redacted]

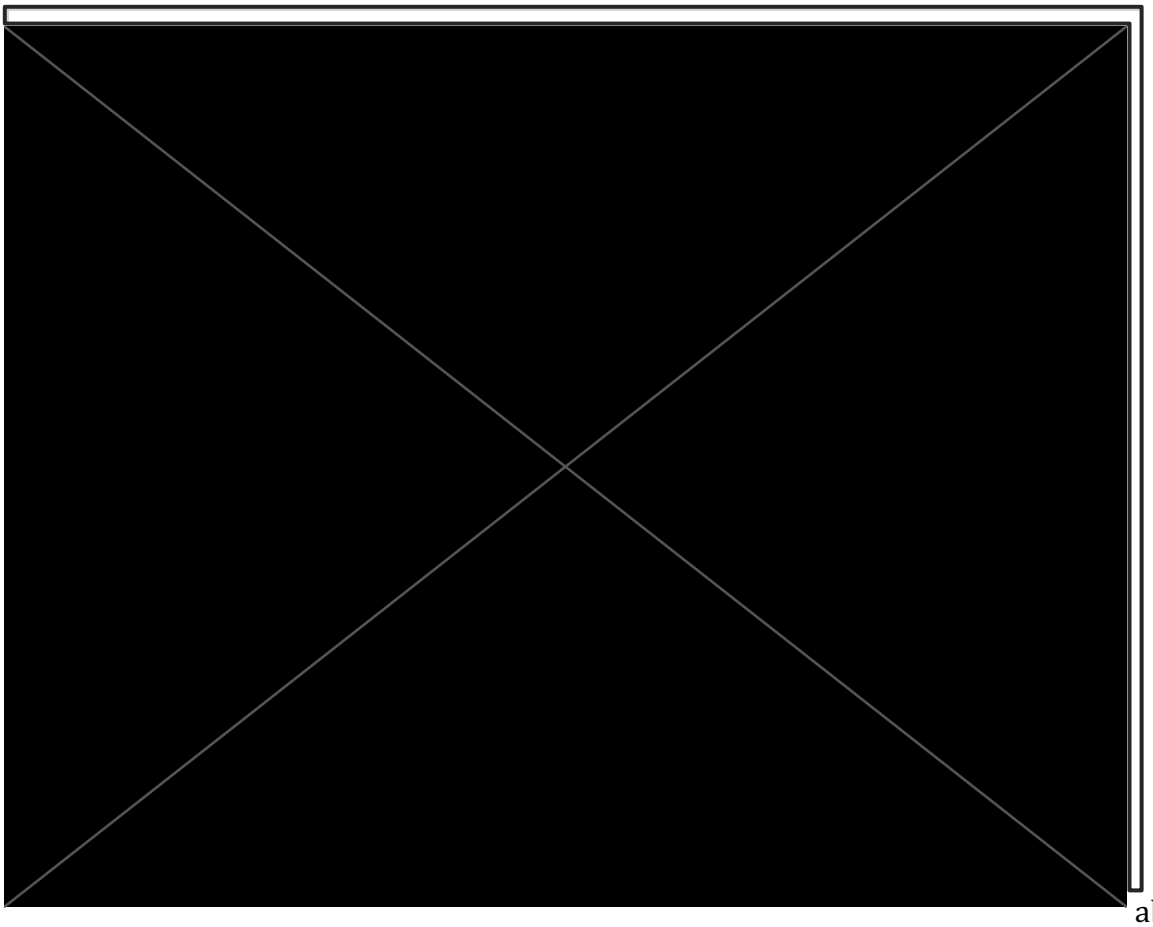
Based on our experience, [redacted] to determine how many flowering rooms were required to be built for the first year of operations.

[redacted]

[redacted]

Cost of Goods Sold

The applicant estimated the manufacturing expenses required to produce the forecasted sales demand of its medical cannabis products derived above. Based on our experience manufacturing medical cannabis, the largest cost component is employee compensation expense. We have estimated our compensation expense below factoring in the number of employees we expect to hire in each operational role and the estimated wages for each. We then increased the estimated wages expense



The abis experience; and our senior management modeled it specifically based on a facility roughly twice the size they designed, constructed, and operated in Utah making the appropriate adjustments to the size of each team. This included careful consideration of the size of the extraction and finished product teams, incorporating our projected yields and the

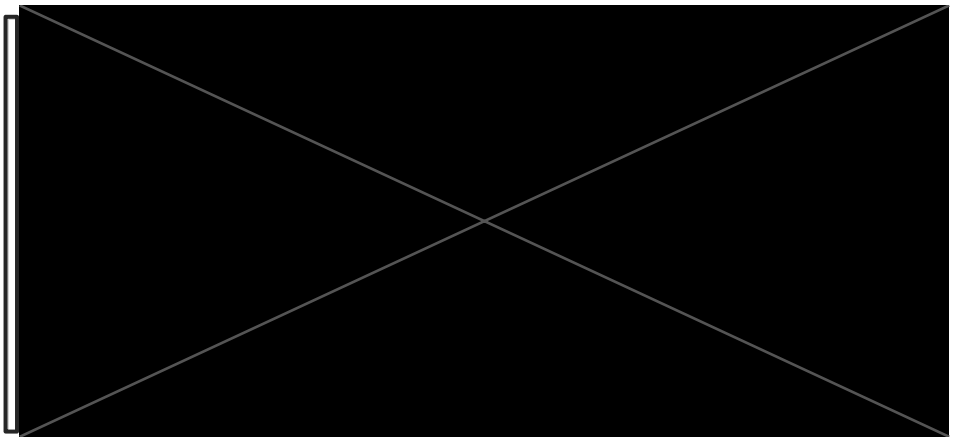
[redacted]

[redacted]

ur secure ranspor a on eam ase ou o e same ac y w opera e on e e ow schedule. This team includes the 2 flexible security members who will be available to cover their security co-workers at any of the company's state-wide facilities including at its dispensing sites, the cultivation and processing facility, and those operating the secured transportation. [redacted]

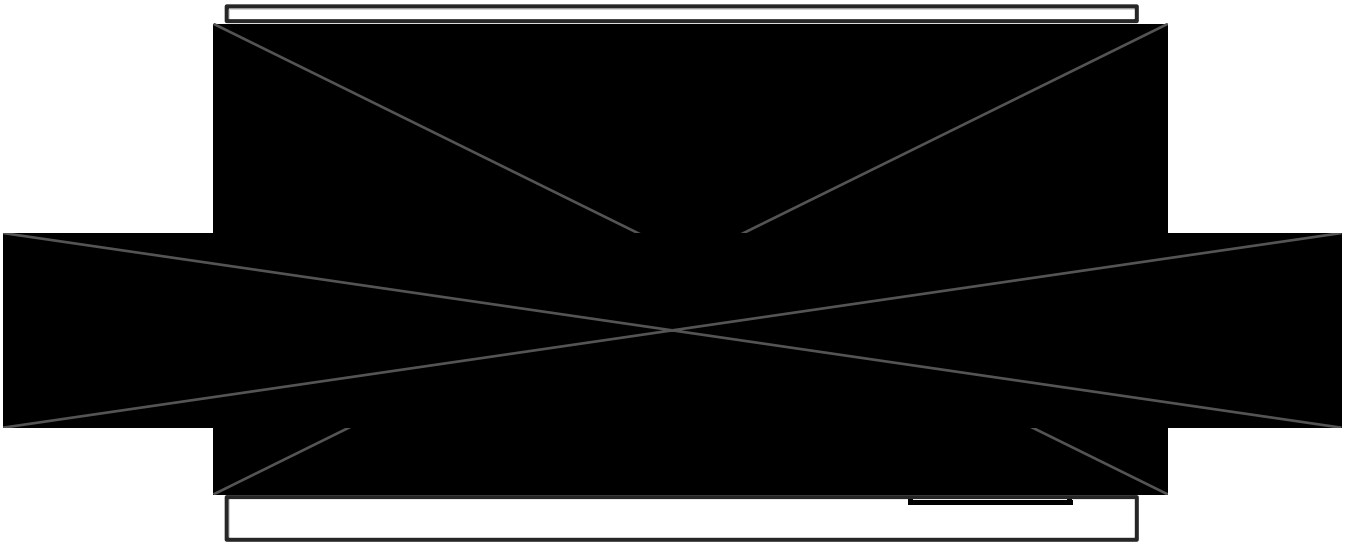
[redacted]

Based on our experience cultivating and processing medical cannabis, we then estimated the cost per pound of materials and overhead in detail (excluding compensation costs) to produce the forecasted amount of cannabis biomass required. Considering all of this biomass material will be extracted and processed into medical cannabis products, we have included an estimate of those costs based on our experience extracting and processing. These are the costs we expect to incur per pound of medical cannabis biomass grown.



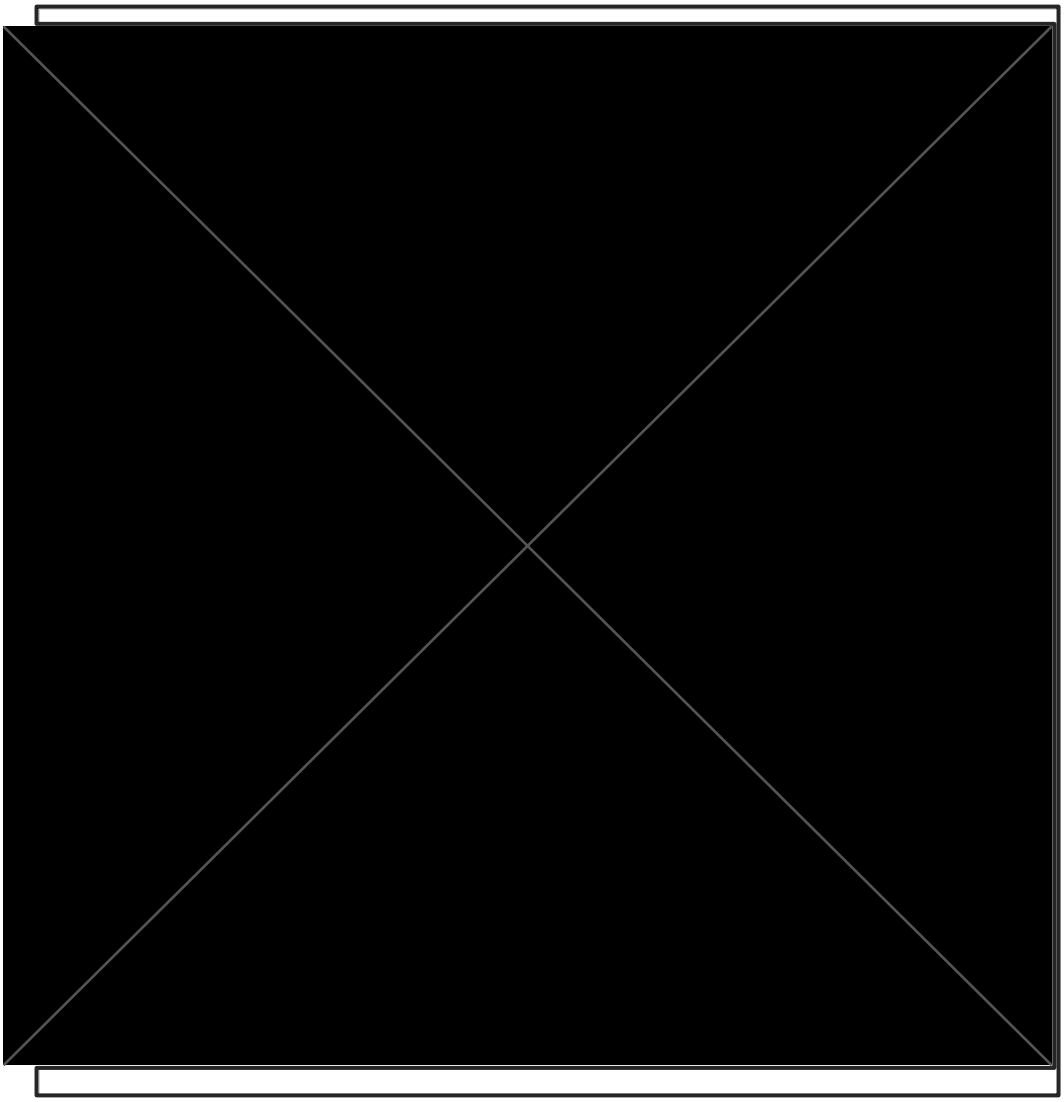
[5]

Finally, we included an estimate of distribution costs for secured transportation between our cultivation and processing facility and the dispensing sites (both owned and third party) as well as an estimate for repairs and maintenance of our integrated facilities. The distribution estimates were derived from our experience transporting medical cannabis via secured means and the repairs and maintenance estimates were based on our experience operating a similar medical cannabis cultivation facility. These various estimates of the components of cost of goods sold were then summed as shown below.



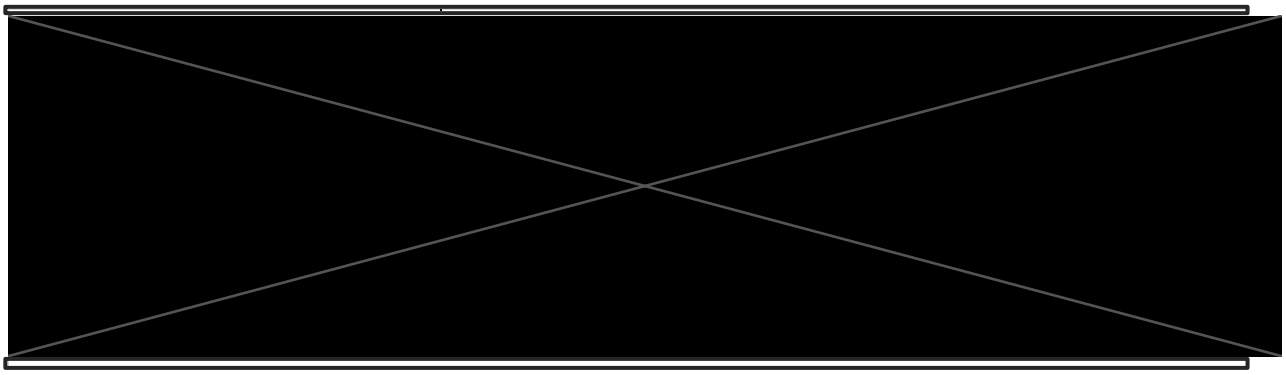
Operating Expenses

The applicant estimated the operating expenses to provide the administrative oversight, selling and support, and other costs not directly related to manufacturing medical cannabis products. Consistent with cost of goods sold, the largest expense in this category was also compensation based on our experience operating medical cannabis dispensaries which we used to derive the following estimates. The employees within this estimate include the corporate administrative staff and the team operating the dispensing sites.



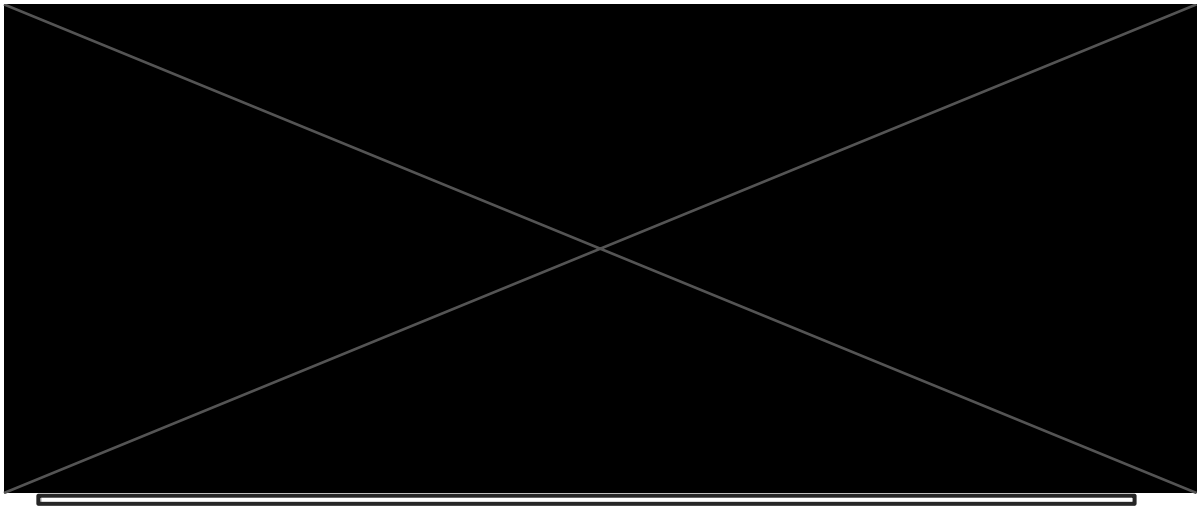
We designed a full corporate team complete with clear delineated responsibilities over each of their respective departments and functions.

[redacted]

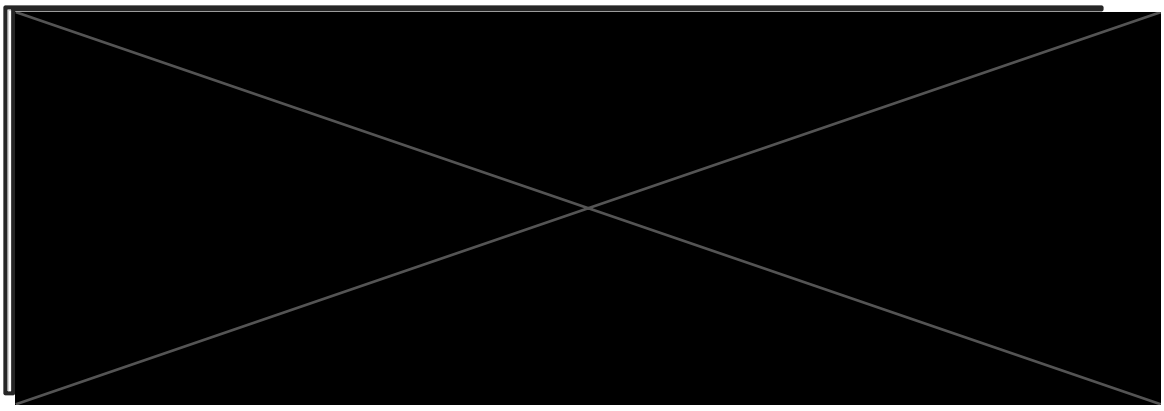


To assist the certified dispensers in their duties, the following schedule o[redacted]

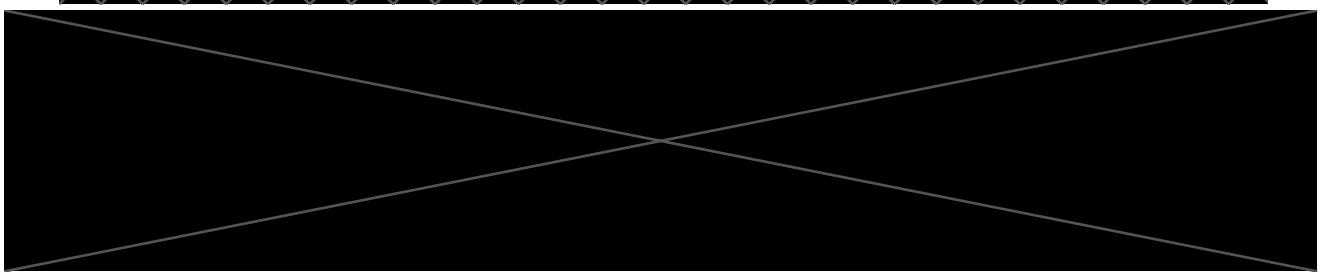
[redacted]



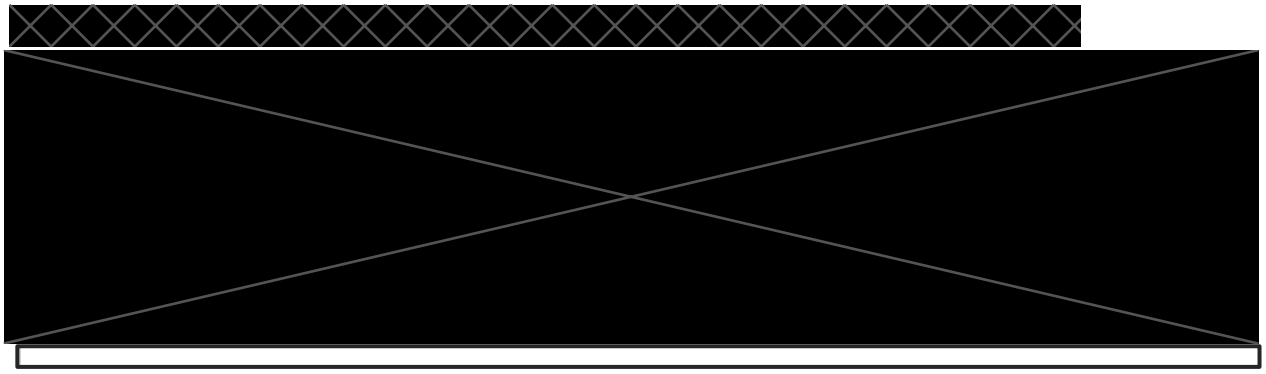
[redacted]



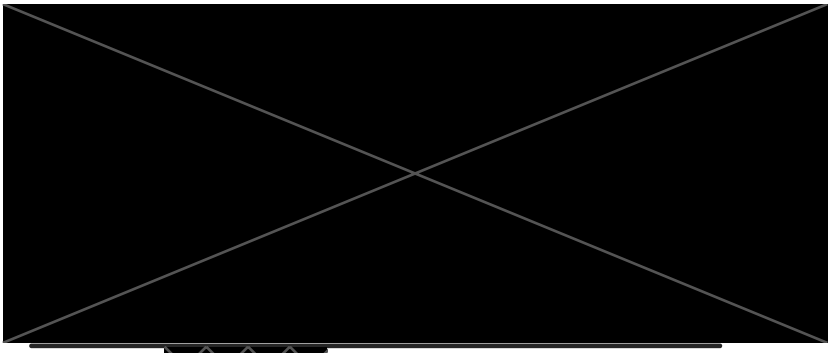
In designing this schedule, we carefully considered the time each dispensing assistant would have to assist the certified dispenser with patients/caregivers by reducing s



To ensure we keep a security presence at all times the dispensing site is occupied by the certified dispenser and any scheduled employees; we designed the following



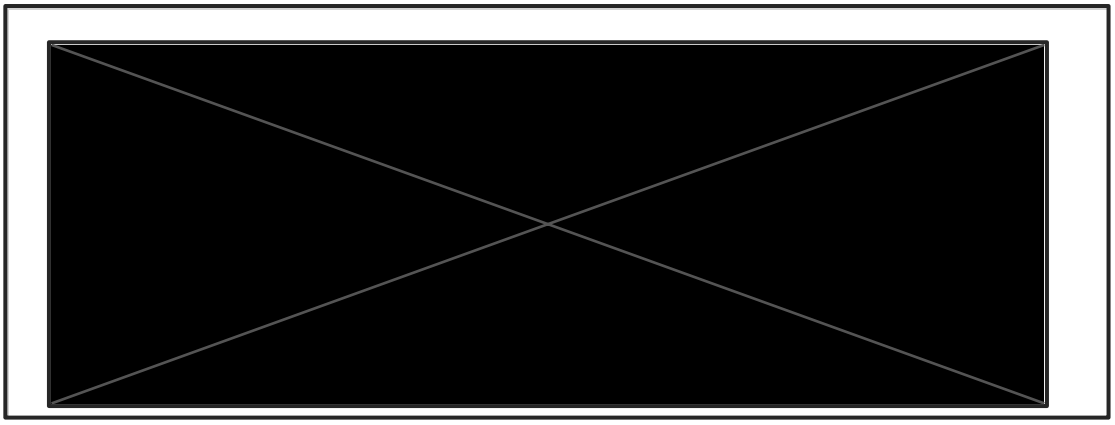
The remainder of our estimated operating expenses include the following based on our experience operating a medical cannabis business.



The rent expense ranges from f expected dispensing revenues for each site, which we consider to be fairly cost-efficient based on our understanding of such metrics and will aid in keeping prices low for our medical cannabis patients.

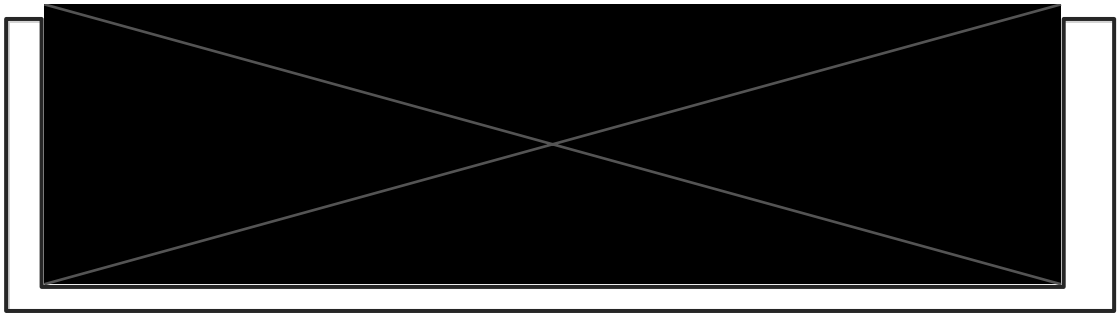
Other Estimates

The applicant included estimates for other items which were incorporated into the financial statements as follows. The estimated phase 1 cost to acquire and construct the facilities, machinery and equipment, and other improvements were gathered from our construction estimates and included to support the amount shown in the balance sheet. We also calculated our expected annual depreciation expense from these estimates, which were not included in the cost of goods sold and operating expense estimates discussed above as we present those items separately in the profit and loss report.

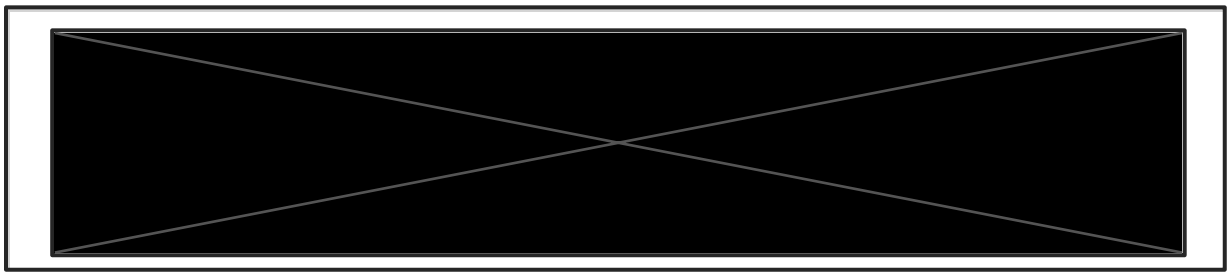


[redacted]

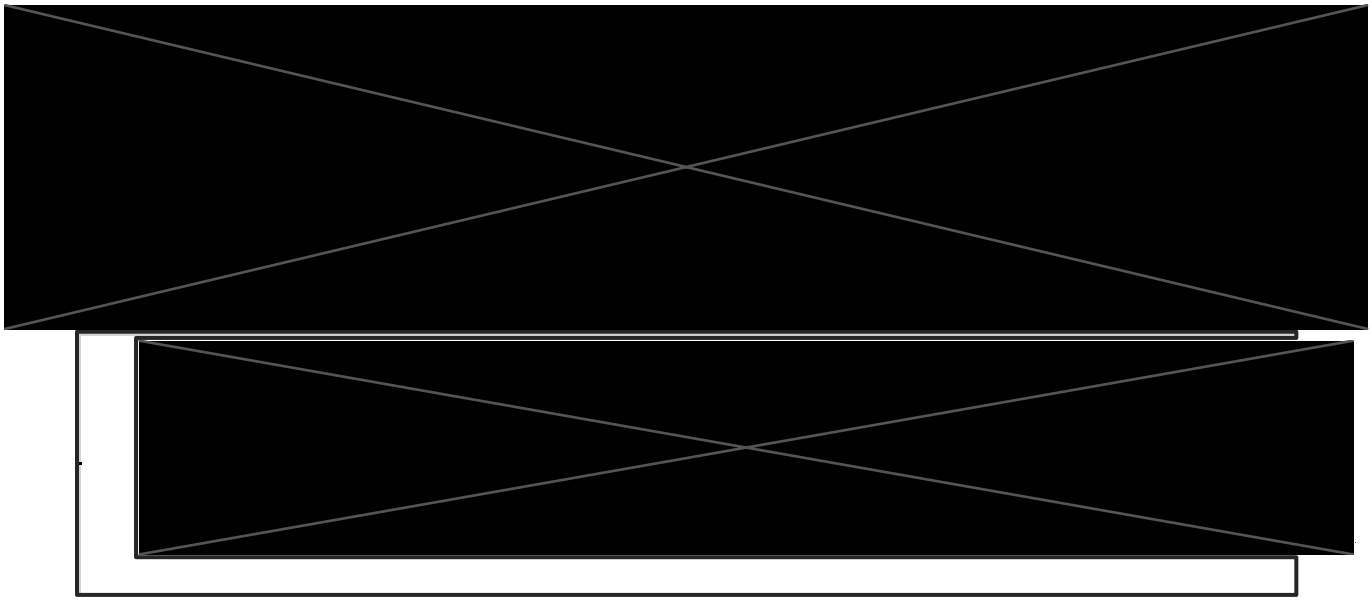
he incremental fixed assets to be acquired and constructed as well as the additional depreciation expense is as follows.



We estimated the required amount to fund the start-up of the integrated operations after a detailed analysis of the infrastructure investments required, as well as the working capital needs, based on our consideration of the operating costs and timing of dispensing revenues. [redacted] See the following.

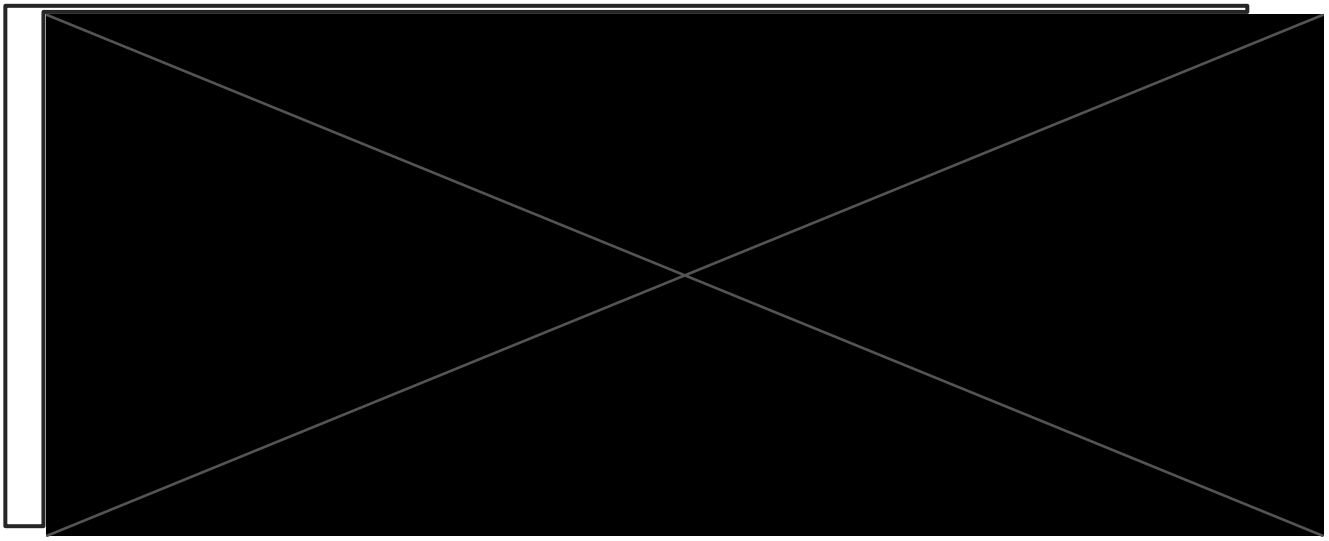


Finally, we have included an estimate of our income tax expense with consideration to the



See the following for the compiled financial statements derived from the estimates above.

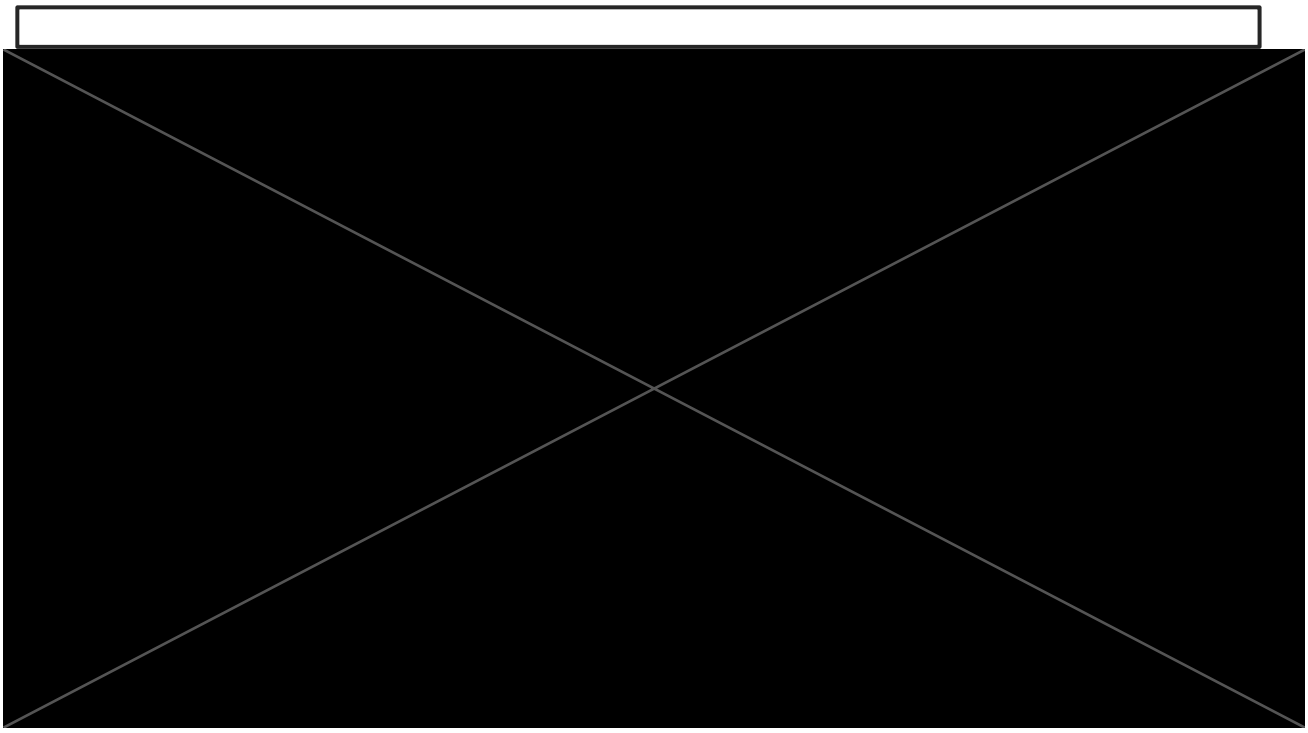
9.1 Balance Sheet Report



Balance Sheet Commentary

The applicant's balance sheet is presented above, noting the following. The cash estimates were derived from the statement of cash flows. Inventory was estimated assuming that it will turnover 4 times a year, so we divided the estimated COGS (excluding depreciation) for each year by 4. Fixed assets are shown net of accumulated depreciation, which includes the impact of each year's forecasted depreciation expense. The impact of expanding the cultivation and processing facility for phase 2 to support the forecasted growth in demand is included in the fixed asset balances beginning in 2026. Payables were estimated assuming payment terms of 30 days, so we divided the combined total of COGS and operating expenses by 12 months for each year. The debt amount represents the amount of funding we expect to require to fund the integrated medical cannabis operations.

9.2 Profit and Loss Report

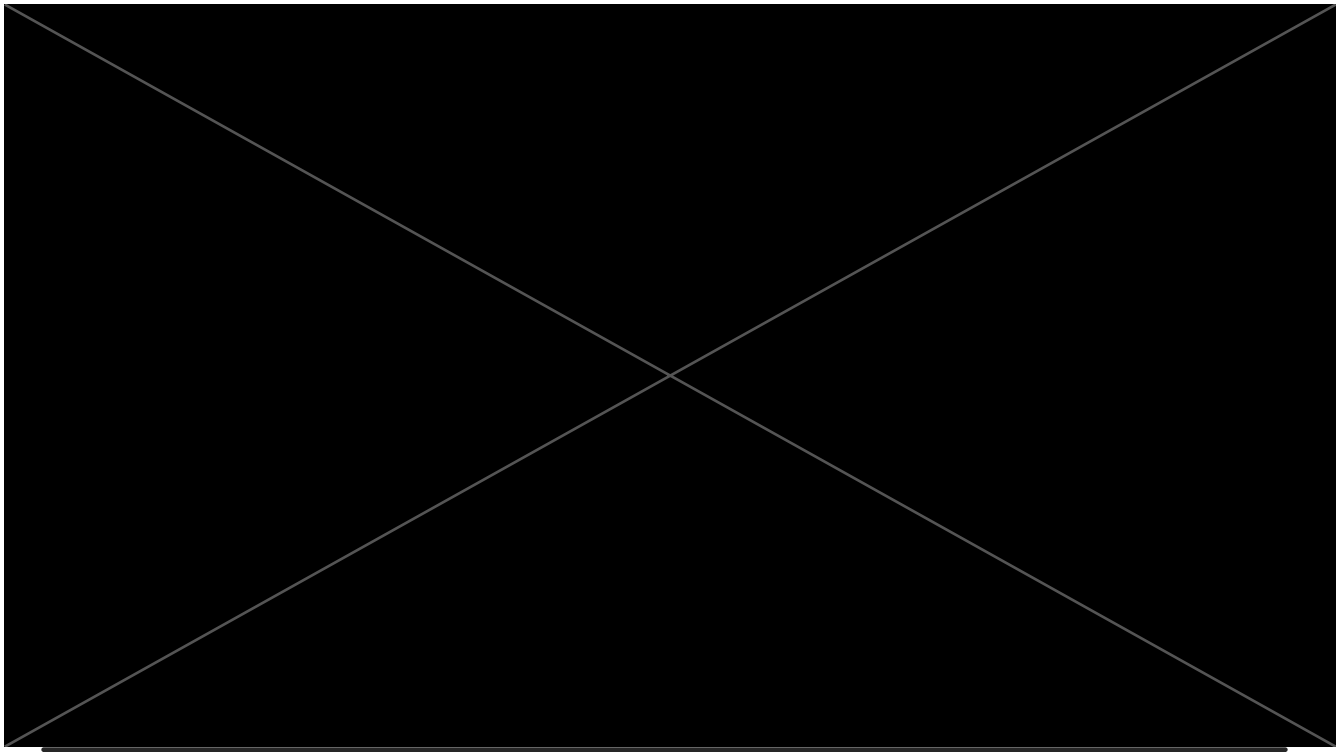


Profit and Loss Commentary

The applicant's profit and loss report is presented above, noting the following. The first full year's results were derived as described in the summary preceding these financials. Based on our experience in new medical cannabis markets (specifically Utah), we estimated our dispensing and wholesale revenues to

matures and more patients become aware of the vast benefits of medical cannabis. The COGS and operating expenses are estimated to only increase 20% in those years as we expect to improve efficiencies and cost control measures as our operational staff gain more experience and we move into expanded facilities in 2026. Depreciation expense in cost of goods sold increases in 2026 as we expect to occupy the phase 2 expansion at the beginning of that year. Interest expense is expected to be consistent each year as we keep the debt outstanding to carry the company through at least the phase 2 expansion. Income tax expense was calculated consistently and in consideration of the impact of IRS Section 280e (as discussed previously) for all years presented.

9.3 Statement of Cash Flow



Statement of Cash Flow Commentary

The applicant's statement of cash flow report is presented above, noting the following. Net income and depreciation were derived from the profit and loss report. The remaining operating cash flows were calculated based on the balance sheet changes. The capital expenditures and debt activity were calculated from the discussion above.

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 10 – Tax Plan

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant's cfo and the finance director have worked extensively together leading the taxation efforts of an integrated medical cannabis operator. This included the timely and compliant submission of taxes for sales and use, excise, business license, property, state and federal income, and payroll. Based on this experience we have designed a tax plan to ensure compliance with all applicable tax laws including those levied by Chapter 2A of Title 20, Code of Alabama 1975. The payment of taxes to each local, state, and federal entity will be conducted via electronic payment through the company's banking accounts. The following represent the identification of applicable taxes and plan to ensure compliance with all aspects of the proposed company's taxation.

- Medical Cannabis Gross Proceeds Tax
  - The dispensing director will incorporate the 9% tax on the gross proceeds of medical cannabis sales into the point-of-sale system to ensure every dispensing transaction appropriately allocates the taxable portion to be collected and remitted in accordance with Article 1, commencing with Section 40-23-1, of Chapter 23 of Title 40.
  - On a monthly basis, the finance director will prepare the monthly return to report the total tax and submit for payment. As part of the return, the finance director will reconcile the tax collected to the tax owed to ensure the point-of-sale is accurately charging the tax and on the appropriate basis. The cfo will perform a review of the return to ensure it has been accurately prepared and submitted.

- Annual Privilege Tax
  - The finance director will calculate the net worth for purposes of determining this tax as of the date the company receives a license.
  - In subsequent years, the net worth will be calculated as of January 1 as required by law.
  - The net worth of the company will be determined by apportioning the taxpayer's net worth computed under Section 40-14A-23, in the same manner as prescribed for apportioning income during the determination period for purposes of the income tax levied by Chapter 18 of Title 40, or the manner in

which the income would be apportioned if the taxpayer were subject to the income tax.

- The amount of tax due shall be computed in the same manner and at the same rate of tax as prescribed in Section 40-14A-22, for purposes of determining the annual privilege tax levied by Chapter 14A of Title 40.
- The annual return will be filed by the finance director no later than the corresponding federal income tax return, as required to be filed under federal law. In the case of the initial return, the annual return will be due no later than two and one-half months after the company becomes licensed to do business, or commences business, in Alabama.

- Property Taxes
  - The company will comply with all applicable property tax regulations in Alabama and will accurately calculate and remit the property taxes owed on its real and personal property.
  - The finance director will prepare the proper documentation and calculation of property tax liabilities. The cfo will review any calculations before the tax is submitted.
  - The finance director will regularly review property tax assessments and payments to ensure accuracy and compliance with state regulations.
  - A system to track and record property tax payments will be implemented and maintained by the finance director.

- Sales and Use Taxes
  - The company will comply with all applicable sales and use tax regulations in Alabama, including paying careful attention to use tax to ensure all taxable purchases of the company are appropriately and accurately taxed.
  - The finance director will prepare the proper documentation and tracking of transactions to determine the amount of sales and use tax owed.
  - Implementation of a system to track and record sales and use tax payments.
  - A system to track and record sales and use tax payments will be implemented and maintained by the finance director.

- State and Federal Income Taxes
  - The company will comply with all applicable state and federal income tax regulations and will accurately calculate and remit the state and federal income taxes owed.
  - The cfo and finance director will perform an initial federal and state income tax strategy for the company. Annually, the tax strategy will be reviewed for changes in tax law and the business.
  - The federal returns will be prepared based on the cfo and finance director's experience applying IRS Section 280e, [redacted]
  - As part of the preparation of the state and federal income tax returns, the finance director will review the company's financial statements, contracts, general ledger, and other relevant documentation to determine which expenses are considered direct vs. indirect in determining deductibility for tax purposes.
  - The finance director will prepare projections for purposes of determining the tax liability. As necessary, the company will remit quarterly tax payments to ensure no penalties and interest are accrued as to the underpayment of annual tax due.
  - The finance director and cfo will determine the need to involve a tax specialist to assist in preparing the return or for consultation purposes to address complex tax matters.
  - The cfo will review and approve the tax returns prior to filing to ensure that all information is accurate and complete and that all relevant tax laws and regulations have been considered.

  - The finance director will ensure that all state and federal tax returns are filed on time to avoid penalties and interest charges for late filing.

- Other Taxes
  - The accurate calculation and submission of payroll taxes will be the responsibility of the hr director who has extensive experience performing payroll and tax submissions for both cannabis and non-cannabis companies in multiples states. The finance director will perform a detailed review of every payroll submission to ensure the accuracy and completeness of payroll taxes.
  - The finance director will perform regular research and analysis of any other taxes that may be applicable to the company and will implement systems and processes to track and record any other tax payments owed.

- Recordkeeping
  - The finance director will maintain accurate and complete records of all transactions related to the collection and remittance of taxes, including invoices, receipts, and bank statements.
  - The records will be kept for a minimum of seven years and will be made available for review by tax authorities.

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 11 – Business Formation Documents

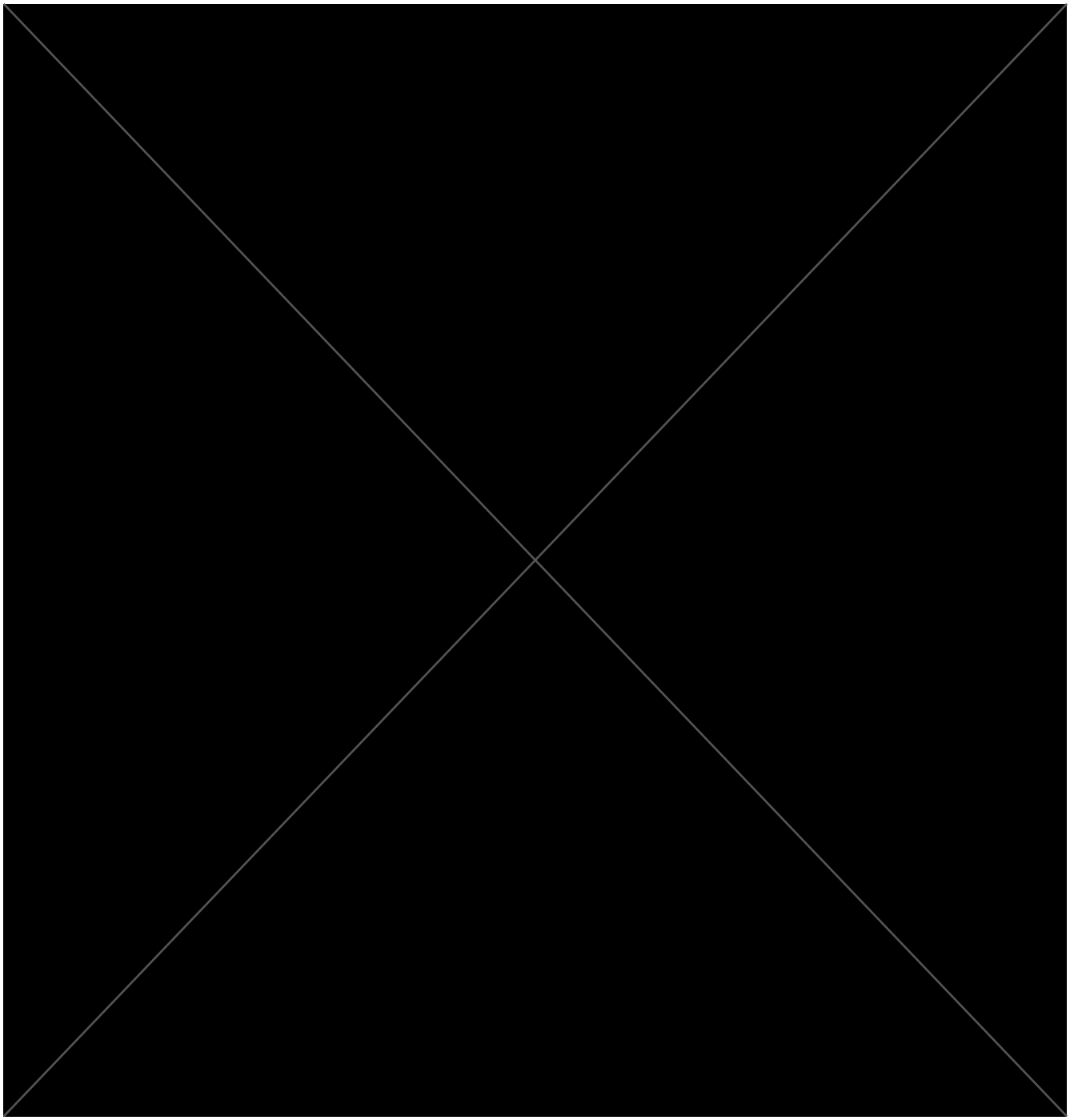
Verification

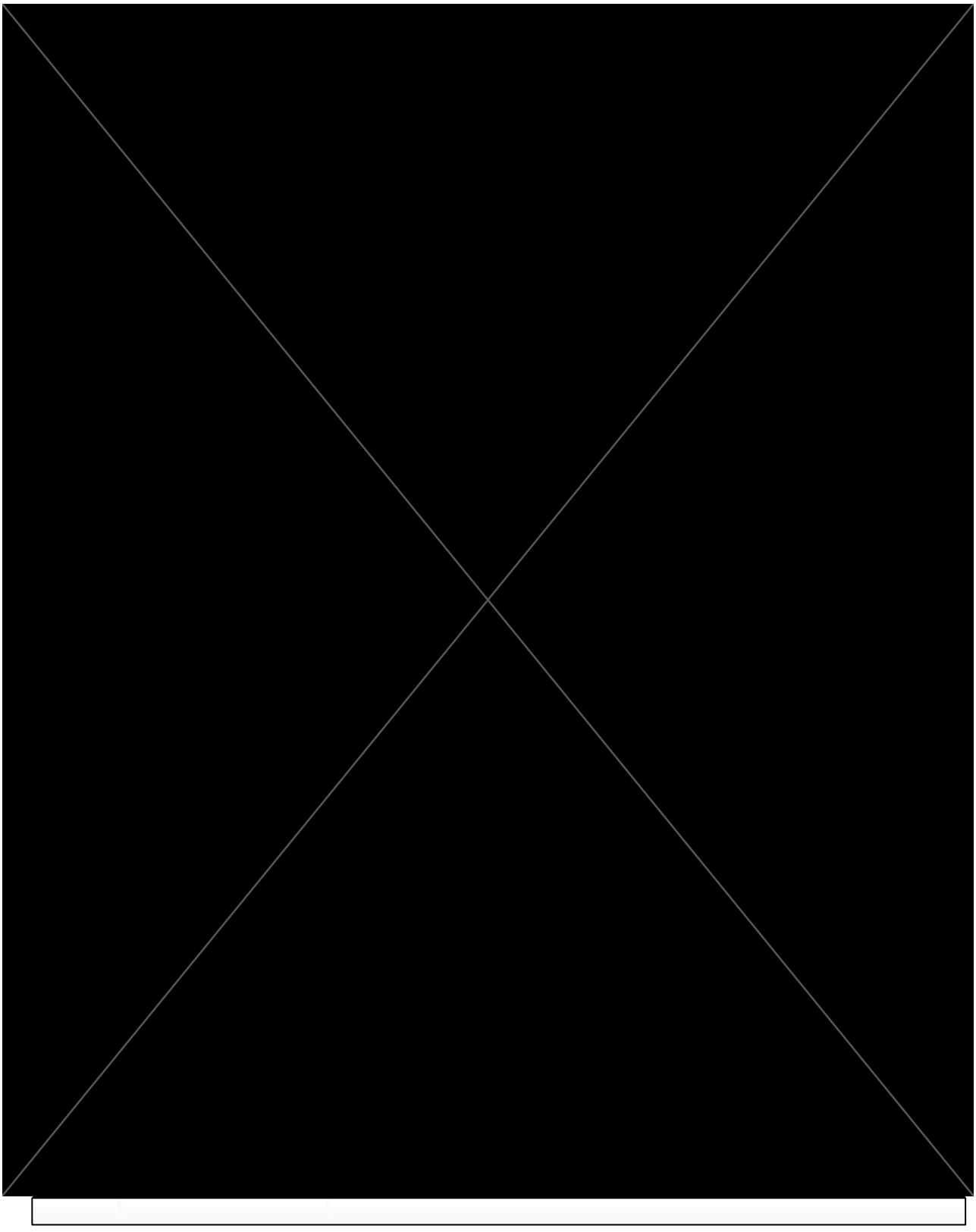
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

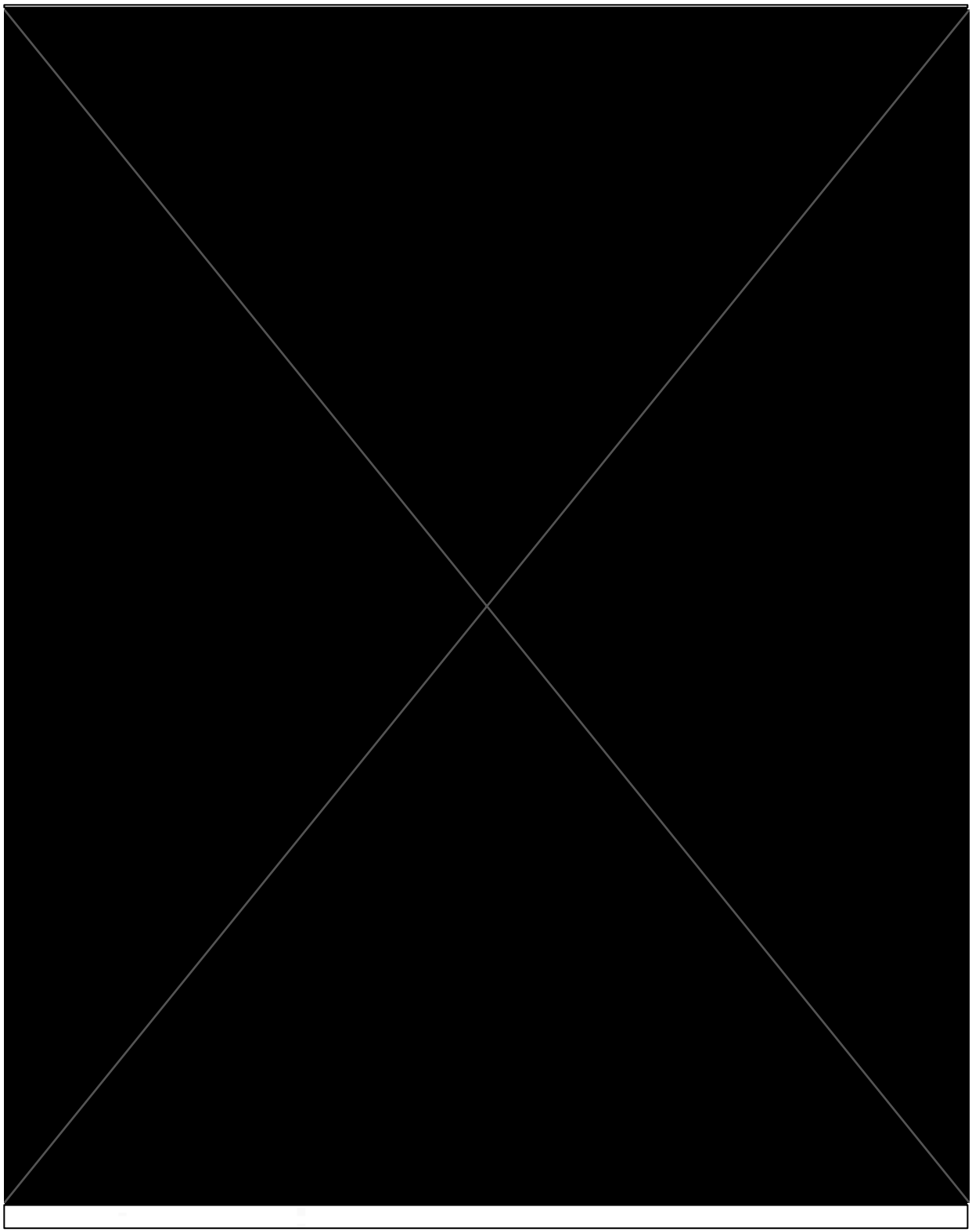
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/2/23
Signature of Verifying Individual	**Verification Date**

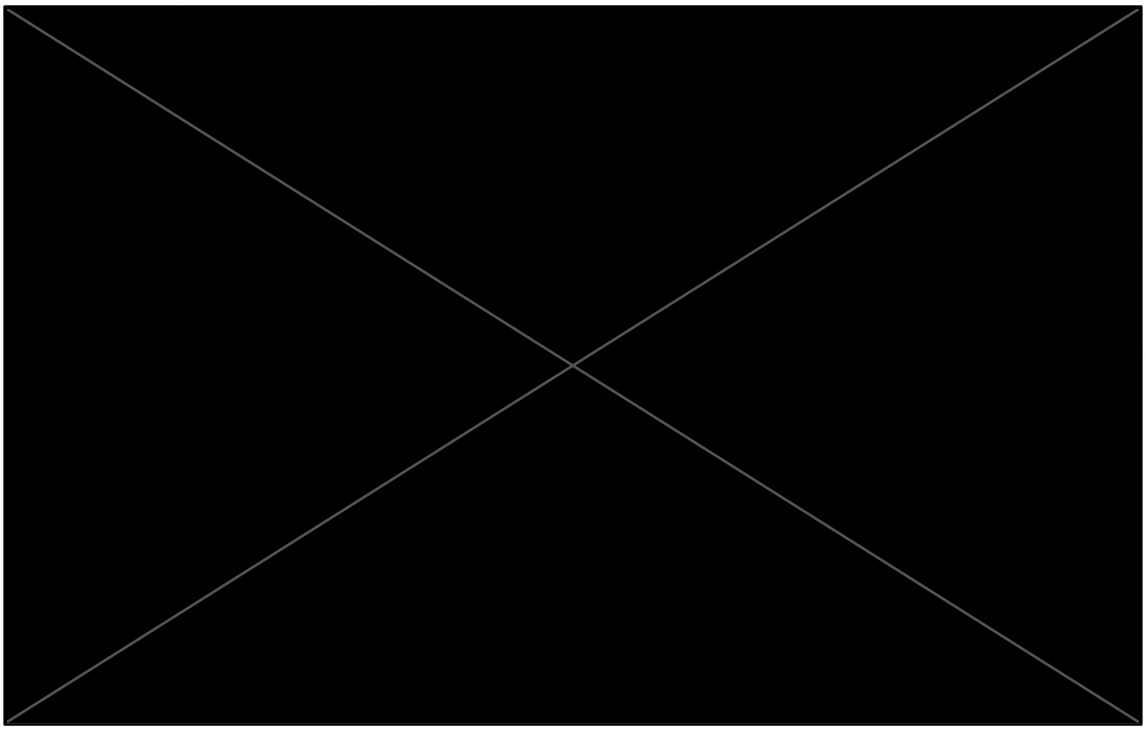
The applicant has formed Green Bud, LLC as an entity for the purposes of applying for an integrated facility medical cannabis license through the Alabama Medical Cannabis Commission. We have provided the following to evidence the formation and agreements that have been made as of the date of filing the final application.

Green Bud, LLC Meeting Minutes

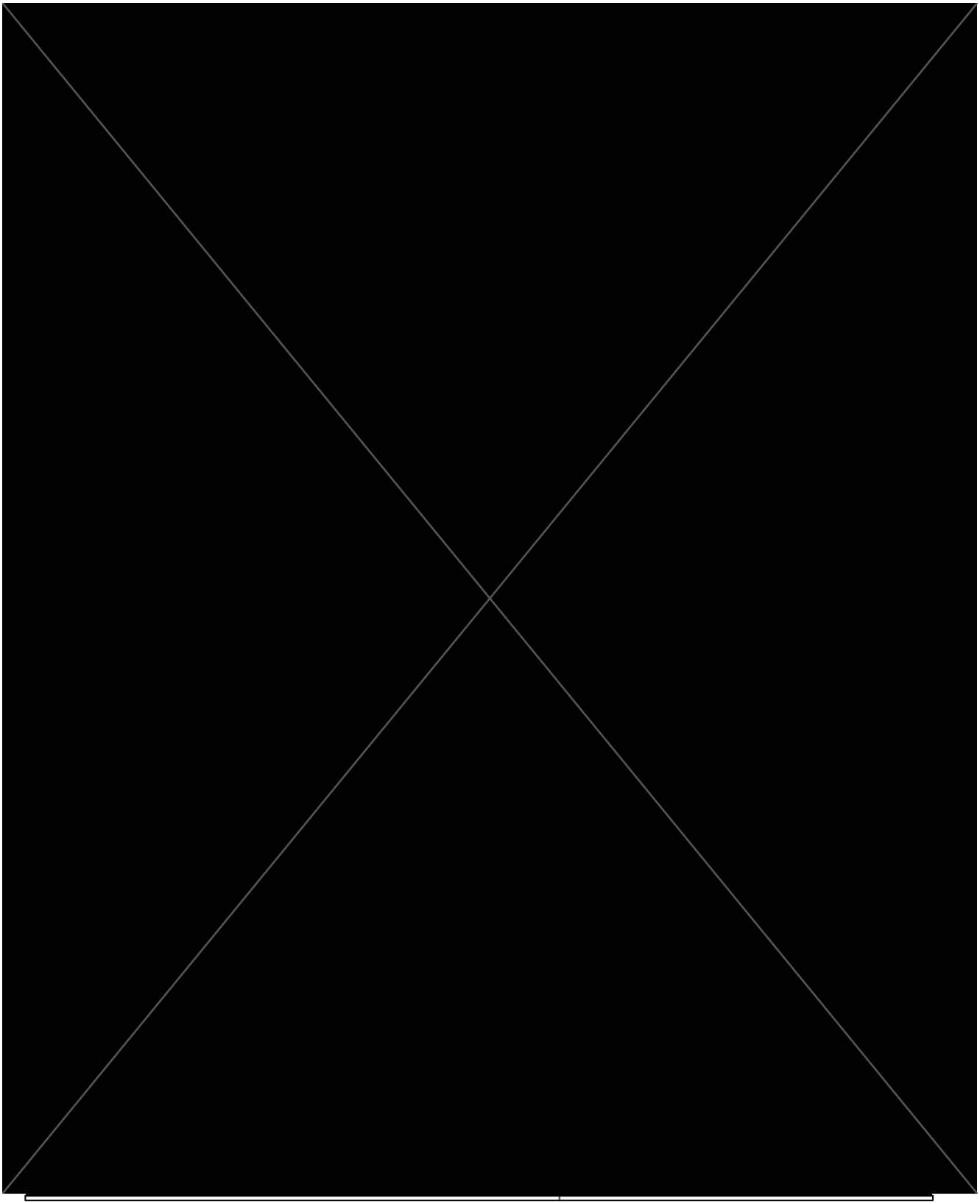


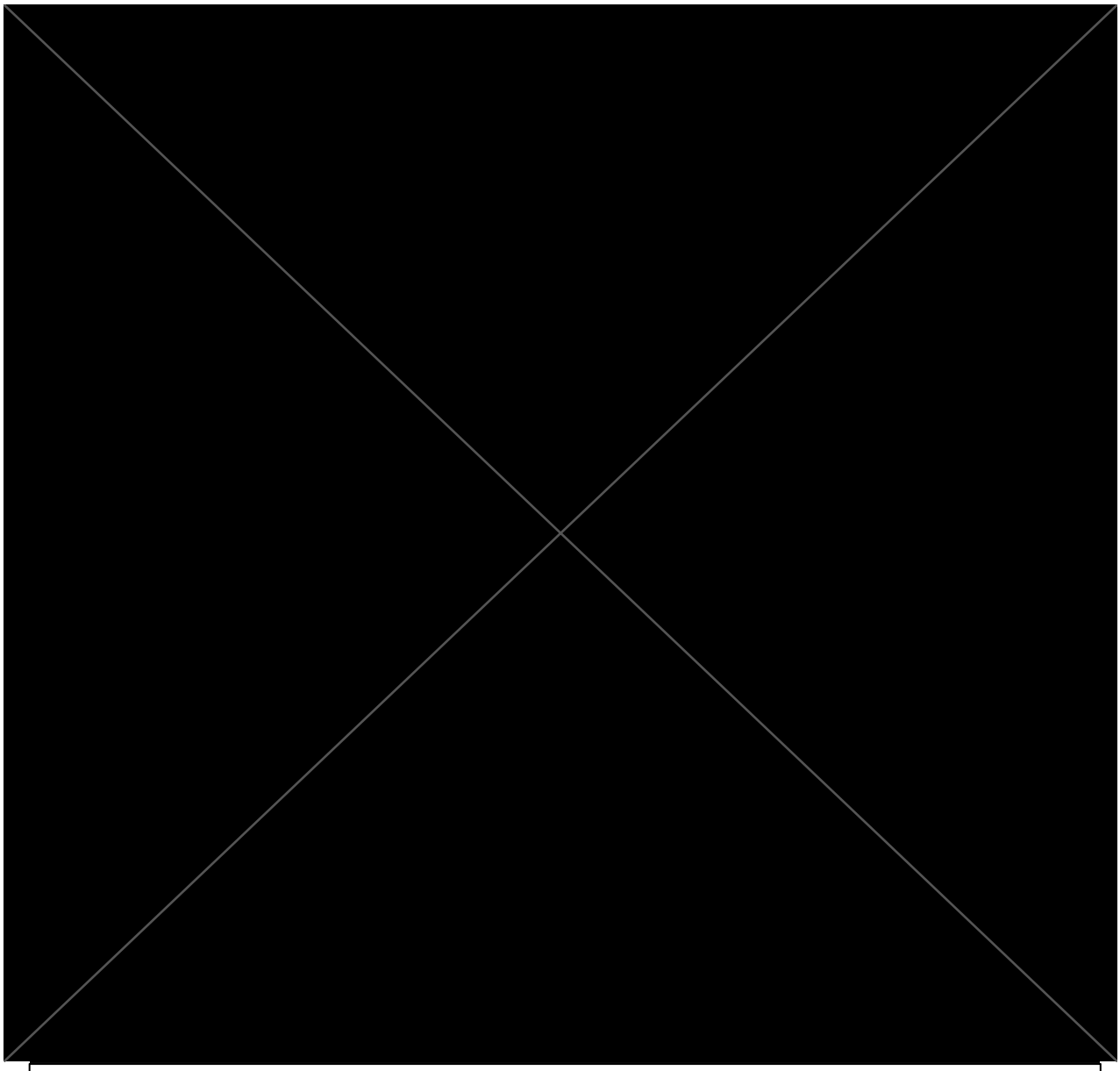






Formation Documents or Green Bud, LLC





LLC Cert of Formation – 11/2021 Page 2 of 2

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Green Bud LLC

[redacted]

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

December 20, 2022

Date

RES062695

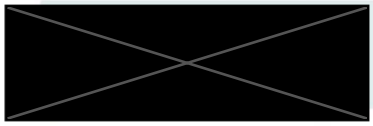
Wes Allen **Secretary of State**

IRS.gov

EIN Assistant

Your Progress: 1. Identify ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.



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

We strongly recommend you print this page for your records.

License Type: Integrated

Redacted Copy

Exhibit 12 – Business License and Authorization of Local Authorities

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/2/23
Signature of Verifying Individual	**Verification Date**

12.1 Business licenses

Upon successful licensure as an integrated medical cannabis business through the AMCC, the applicant will register for a business license in each of its proposed jurisdictions.

12.2a – Birmingham Local Jurisdiction Approvals for Proposed Dispensing Site

The City Council of Birmingham, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2a"). The applicant has also included a certified copy of the zoning ordinance to demonstrate that the applicant is permitted to operate the proposed facility at the proposed location (identified as "Zoning Ordinance – Attachment to Exhibit 12, Section 12.2a").

12.2b – Gadsden Local Jurisdiction Approvals for Proposed Dispensing Site

The City Council of Gadsden, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2b"). The applicant has also included a certified copy of the zoning ordinance to demonstrate that the applicant is permitted to operate the proposed facility at the proposed location (identified as "Zoning Ordinance – Attachment to Exhibit 12, Section 12.2b").

12.2c – Montgomery Local Jurisdiction Approvals for Proposed Dispensing Site

The City Council of Montgomery, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2c"). Based on Ordinance 63-2021 in the Montgomery planning and zoning meeting, no specific zoning requirements were set forth for future medical cannabis dispensaries. With the property already zoned for retail use, no additional zoning requirements are needed. The company will be required to purchase a business license upon receipt of the integrated license and subject to any individual requirements set forth by the city for operation.

12.2d – Opelika Local Jurisdiction Approvals for Proposed Dispensing Site

The City of Opelika, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2d"). The applicant has included a certified copy of the zoning ordinance to demonstrate that the applicant is permitted to operate the proposed facility at the proposed location (identified as "Zoning Ordinance – Attachment to Exhibit 12, Section 12.2d").

12.2e – Troy Local Jurisdiction Approvals for Proposed Dispensing Site

The City Council of Troy, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2e"). At the February 15th City Council Meeting in Troy, the City Council unanimously approved the resolution to amend the city ordinance for medical cannabis dispensaries in zones C4 commercial districts and M1 & M2 in industrial districts. The proposed site for Green Bud is in a retail center zoned C4 therefore requiring no additional action other than a business license upon receipt of the license.

12.2f – [redacted] Local Jurisdiction Approvals for Cultivation and Processing Facility

[redacted] The location the grow facility will be in [redacted] and therefore [redacted] ed as "[redacted] Commission Zoning Letter – Attachment to Exhibit 12, Section 12.2f").

Attachments to Exhibit 12

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2a

Oc04oca28jb.o1

RECOMMENDED BY: THE MAYOR AND
THE PUBLIC SAFETY COMMITTEE

SUBMITTED BY: THE CITY ATTORNEY

ORDINANCE NO. 22-142

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

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

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

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

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

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

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

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

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2a continued

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

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

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

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

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

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

SECTION 1.

(a) The operation of medical cannabis dispensaries within the corporate limits of the City of Birmingham is authorized, subject to any applicable zoning restrictions the City may adopt pursuant to Ala. Code, 1975, § 20-2A-51(c)(3).

(b) The operation of any facility, regardless of type, licensed by the Alabama Medical Cannabis Commission within the City of Birmingham shall comply with the Commission's strict regulation and oversight and shall comply with all laws and ordinances for the operation of a business within the City, including, but not limited to business licensing and other required taxes, and with all applicable ordinances and codes for location, construction, and sanitation of business premises within the City of Birmingham.

(c) This ordinance shall be interpreted with respect to the Darren Wesley "Ato" Hall Compassion Act, Ala. Code, 1975, § 20-2A-1, et seq. and the rules of the Alabama Medical Cannabis Commission, as either is now or may hereafter be amended.

SECTION 2.

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

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2a continued

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

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

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

A CERTIFIED COPY
Lee Frazier, City Clerk
Birmingham, Al

3

Zoning Ordinance – Attachment to Exhibit 12, Section 12.2a

CITY OF BIRMINGHAM

Department Of Planning, Engineering & Permits
710 North 20th Street
City Hall|Room 210
Birmingham, Alabama 35203

PUTTING PEOPLE FIRST

RANDALL L. WOODFIN
MAYOR

KATRINA THOMAS
DIRECTOR

March 2, 2023

Green Bud LLC
4956 Valleydale Rd, Suite 103
Birmingham, AL 35242

RE: 1300 50th St N Birmingham, AL 35212

ZCL#2023-00011

To Whom It May Concern:

The property located at 1300 50th St N is zoned CB-2, Contingency General Business District. Properties to the north, south and east are also zoned CB-2. The property to the west is zoned R-3, Single-Family District. The property is located in the Woodlawn Neighborhood and Council District 4. According to the City of Birmingham's Geographic Information System (GIS), the property is partially located in a regulated floodplain. It is not located in a Commercial Revitalization or Historic District.

A Medical Cannabis Dispensary is permitted with conditions in this zoning district. The conditions include:

1. The applicant submits a statement from the Alabama Medical Cannabis Commission, AMCC, that the proposed facility meets requirements for operation and that all applicable and/or appropriate license or licenses have been obtained. If no license or licenses are needed or required for operation from the above listed agency, a letter stating that fact from this agency must be provided.
2. Medical Cannabis Dispensaries authorized pursuant to Ala. Code, 1975, § 20-2A-64, as now or hereafter amended, shall operate with the provisions of Ala. Code, 1975, § 20-2A-1, et seq., as now or hereafter amended, and shall comply with all Rules and Regulations of the Alabama Medical Cannabis Commission, AMCC. Except as specifically provided in this Section, Dispensaries shall be governed by the Medical Cannabis Act and the AMCC Rules.

The City of Birmingham's Zoning Ordinance is available online at www.birminghamal.gov

Zoning Ordinance – Attachment to Exhibit 12, Section 12.2a continued

This letter is only to confirm zoning information for the location provided in your request but does not verify that the location meets the spacing required for a dispensary. This letter does not approve the use of the medical cannabis dispensary at the above-mentioned address. All medical cannabis related uses in the City of Birmingham must be approved by the Alabama Medical Cannabis Commission and shall comply with the Rules and Regulations of the Alabama Medical Cannabis Commission.

Sincerely,

Kimberly D. Spoorl
Zoning Administrator

The City of Birmingham's Zoning Ordinance is available online at www.birminghamal.gov

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2b

2022/371

ORDINANCE NO. O-37-22

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

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

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

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

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

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

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

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

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

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

Jennifer Smith, Acting
Iva Nelson, City Clerk

APPROVED on October 11, 2022

Sherman Guyton
Sherman Guyton, Mayor

Zoning Ordinance – Attachment to Exhibit 12, Section 12.2b

2022/467

ORDINANCE NO. O-49-22

Amending the Zoning Ordinance to Permit Medical Cannabis

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GADSDEN, ALABAMA, as follows:

Section 1. Section 130-312(f) of the Gadsden City Code is amended to add the following uses as follows:

Under Commercial (Retail Sales):

Names, Uses and Conditions	R-1	R-2	R-T	B-1	B-2	B-3	B-4	I-1	I-2	O-1
Medical Cannabis Dispensary: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	R	R	R	R	-	-	R

Under Industrial:

Names, Uses and Conditions	R-1	R-2	R-T	B-1	B-2	B-3	B-4	I-1	I-2	O-1
Medical Cannabis Secure Transporter: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	R	X	-	R	R	-
Names, Uses and Conditions	**R-1**	**R-2**	**R-T**	**B-1**	**B-2**	**B-3**	**B-4**	**I-1**	**I-2**	**O-1**
Medical Cannabis Integrated Facility: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Zoning Ordinance – Attachment to Exhibit 12, Section 12.2b continued

Under Manufacturing:

Names, Uses and Conditions	R-1	R-2	R-T	B-1	B-2	B-3	B-4	I-1	I-2	O-1
Medical Cannabis Processors: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Under Other Uses:

Names, Uses and Conditions	R-1	R-2	R-T	B-1	B-2	B-3	B-4	I-1	I-2	O-1
Medical Cannabis Cultivators: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 5 in conjunction Rules and Regulations of the Alabama Department of Agriculture found in r.80-14-1 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Section 2. The definitions in Section 130-1 of the Gadsden City Code are amended to add the following definitions:

Dispensary means an entity licensed by the commission under § 20-2A-64, Code of Alabama 1975 (as amended), authorized to dispense and sell medical cannabis at dispensing sites.

Secure Transporter means an entity licensed by the Commission under § 20-2A-65, Code of Alabama 1975 (as amended), authorized to transport cannabis or medical cannabis from one licensed facility or site to another licensed facility or site.

Integrated Facility means an entity licensed under § 20-2A-67, Code of Alabama 1975 (as amended).

Zoning Ordinance – Attachment to Exhibit 12, Section 12.2b continued

Processor means one who is licensed by the Commission under § 20-2A-63, Code of Alabama 1975 (as amended), authorized pursuant to Article 4 of the Act of these Rules to purchase cannabis from a cultivator and extract derivatives from the cannabis to produce a medical cannabis product or products for sale and transfer in packaged and labeled form back to the contracting cultivator, if applicable, or to a dispensary or integrated facility where the packaged and labeled product may be offered for sale at a dispensary site to holders of a valid, unrevoked and unexpired Medical Cannabis Card.

Cultivator means an entity licensed by the Alabama Medical Cannabis Commission (or, as applicable, the Department of Agriculture and Industries) under § 20-2A-62, Code of Alabama 1975 (as amended), to grow cannabis pursuant to Article 4 of the Act.

Section 3. The provisions of this ordinance shall be effective on publication.

Section 4. The sections, subsections, paragraphs, sentences, clauses and phrases of this ordinance are severable. If any section, subsection, paragraph, sentence, clause and phrase of this ordinance is declared unconstitutional or invalid by a valid judgment of a court of competent jurisdiction, such judgment shall not affect the validity of any other section, subsection, paragraph, sentence, clause and phrase of this ordinance. The city council declares that it is its intent that it would have enacted this ordinance without such invalid or unconstitutional provisions.

Section 5. The provisions of this ordinance repeal any prior ordinance or provision of the Gadsden City Code to the extent of any conflict.

I certify that the City Council of the City of Gadsden, Alabama, duly adopted this ordinance at an open meeting held on December 13, 2022.

Iva Nelson

Iva Nelson, City Clerk

APPROVED on December 13, 2022

Craig Ford, Mayor

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2c

ORDINANCE NO. 63-2021

AUTHORIZING THE OPERATION OF A MEDICAL CANNABIS DISPENSARY WITHIN THE CORPORATE LIMITS OF THE CITY OF MONTGOMERY

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

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MONTGOMERY, ALABAMA, that it authorizes the operation of dispensing sites within the corporate limits of the City of Montgomery subject to any applicable zoning restrictions the City of Montgomery may adopt pursuant to §20-2A-51(c)(3).

ADOPTED this the 7th **day of** December **, 2021.**

STEVEN L. REED, MAYOR

ATTEST:

BRENDA GALE BLALOCK, CITY CLERK

63-2021

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2d

ORDINANCE NO. 028-22

AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES

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

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

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

; and

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

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

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

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

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

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2d continued

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

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

BE IT FURTHER ORDAINED, that the City Clerk of the City of Opelika, Alabama is hereby authorized and directed to cause this Ordinance to be published one (1) time in a newspaper of general circulation published in the City of Opelika, Lee County, Alabama.

ADOPTED AND APPROVED this the 4th day of OCTOBER, 2022.

PRESIDENT OF THE CITY COUNCIL OF THE CITY OF OPELIKA, ALABAMA

ATTEST:

CITY CLERK

TRANSMITTED TO MAYOR on this the 5th day of OCTOBER, 2022.

CITY CLERK

ACTION BY MAYOR

APPROVED this the 5th day of OCTOBER, 2022.

MAYOR

ATTEST:

CITY CLERK

Zoning Ordinance – Attachment to Exhibit 12, Section 12.2d

ORDINANCE NO. 032-22

AN ORDINANCE TO AMEND THE TEXT OF THE ZONING ORDINANCE OF THE CITY OF OPELIKA AND SPECIFICALLY TO AMEND SECTIONS 2.2, 7.3C AND 7.8 AND ADDING A NEW SECTION 8.28.3 ENTITLED "MEDICAL CANNABIS DISPENSARIES" THEREOF

BE IT ORDAINED by the City Council (the "City Council") of the City of Opelika, Alabama (the "City") as follows:

Section 1. Amendments. That Ordinance 124-91 entitled "Zoning Ordinance of the City of Opelika, Alabama", adopted on September 17, 1991, as amended, is further amended in the following respects:

(a) That Section 2.2 ĐEFINITIONS" is further amended to add the following definition of "Medical Cannabis Dispensary":

Medical Cannabis Dispensary: An entity licensed by the Alabama Medical Cannabis Commission under § 20-2A-64 or § 20-2A-67, Code of Alabama 1975 (as amended), authorized to dispense and sell medical cannabis at dispensing sites to registered qualified patients and registered caregivers pursuant to Article 4 of the Darren Wesley 'Ato' Hall Compassion Act (Act 21-450). This shall include both independent medical cannabis dispensaries and the dispensary function of an integrated medical cannabis facility. These regulations shall not apply to the other functions of an integrated medical cannabis facility including cultivation, processing, or secure transportation.

(b) That the matrix of use categories, as provided and set forth in Section 7.3C, is amended to add the category "Medical Cannabis Dispensary" as follows:

Sec. 7.3C Uses

USES	DISTRICTS														
	R-1	R-1A	R-2	R-3	R-4	R-4M	R-5	R-5M	C-1	C-2	C-3	M-1	M-2	I-1	GC-P	GC-S
COMMERCIAL																
Medical Cannabis Dispensary	N	N	N	N	N	N	N	N	C	C	C	C	C	C	C	C

(c) That Subsection 7.8B(3), "VILLAGE COMMERCIAL DISTRICT", is hereby amended to read as follows:

B. Permitted Uses.

3. The following uses are NOT allowed:

Automobile-Related Businesses (auto maintenance, auto repairs, etc.)
Automobile Sales and Service
Automobile Service Stations
Carwashes
Check Cashing Services
Convenience Stores, with or without Gasoline Sales
Drive Through Businesses
Restaurants—High-Traffic Volume/High Turnover (Fast Food, Take-Out, Delivery)
Liquor/Package Stores
Pawn Shops
Supermarkets
Video Rental Stores
Medical Cannabis Dispensaries

Zoning Ordinance – Attachment to Exhibit 12, Section 12.2d continued

(d) That a new Section 8.28.3 entitled "MEDICAL CANNABIS DISPENSARIES" is added to read as follows:

SEC. 8.28.3 MEDICAL CANNABIS DISPENSARIES

A. Purpose and Intent

The purpose and intent of this section is to regulate the dispensation of medical cannabis within the City of Opelika. The following regulations are intended to supplement the regulations adopted by the State of Alabama Medical Cannabis Commission to address the health, safety, and welfare concerns for the citizens of the City of Opelika. These regulations shall apply to licensees who have either a standalone Medical Cannabis Dispensary license or the dispensary portion of an Integrated Medical Cannabis Facility license.

B. Use Standards and Dispersal Requirements

1. Medical cannabis dispensaries are prohibited unless the proposed use is located more than 2,500 feet from another medical cannabis dispensary. The separation distances shall be measured in a straight line from property line of the proposed dispensary to the property line of the existing dispensary.

2. Medical cannabis dispensaries are prohibited unless the proposed use is located more than 500 feet from any property used primarily for a single-family residence or property zoned for primarily for residential uses. The following zones are considered residential zones for the purpose of this section: R-1, R-IA, R-2, R-3, R-4, R-4M, R-5, R-5M, VR-1, VR-2, or PRD. The separation distances shall be measured in a straight line from property line of the dispensary to the property line of the residential use.

3. If the proposed medical cannabis dispensary meets the criteria in Section 8.28.3 B.1 and B.2, this use is permitted by conditional use permit ("CUP") only.

4. Burglar bars, steel gates, and steel-roll down doors or shutters are prohibited on the exterior of a structure when visible from any public or private street. Interior security burglar bars, steel gates and roll down doors shall allow 80 percent visibility into the tenant space and shall be fully retractable during business hours of operation.

5. All medical cannabis dispensaries shall be in compliance with all local and state requirements at all times.

Section 2. Severability. If any section, clause, provision or portion of this Ordinance shall be held to be invalid or unconstitutional by any court of competent jurisdiction, said holding shall not effect any other section, clause, provision or portion of this Ordinance which is not in or of itself invalid or unconstitutional.

Section 3. Repeal of Conflicting Ordinances. Any ordinance or part thereof in conflict with provisions of this Ordinance be and the same are hereby repealed.

Section 4. Effective Date. This Ordinance shall become effective upon its adoption, approval and publication as required by law.

Section 5. Publication. This Ordinance shall be published in a newspaper of general circulation in the City of Opelika, Lee County, Alabama.

Section 6. Codification. Codification of this Ordinance in the Zoning Ordinance of the City of Opelika is hereby authorized and directed.

Zoning Ordinance – Attachment to Exhibit 12, Section 12.2d continued

ADOPTED AND APPROVED this the 6th day of DECEMBER, 2022.

PRESIDENT OF THE CITY COUNCIL OF THE
CITY OF OPELIKA, ALABAMA

ATTEST:

CITY CLERK

TRANSMITTED TO MAYOR on this the 7th day of DECEMBER, 2022.

CITY CLERK

ACTION BY MAYOR

APPROVED this the 7th day of DECEMBER, 2022.

MAYOR

ATTEST:

CITY CLERK

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 12, Section 12.2e

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

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF TROY, ALABAMA, that it authorizes the operation of dispensing sites within the corporate limits of the City of Troy, subject to any applicable zoning restrictions the City of Troy may adopt pursuant to §20-2A-51(c)(3).

ADOPTED and APPROVED this 13th day of December 2022.

Presiding Officer

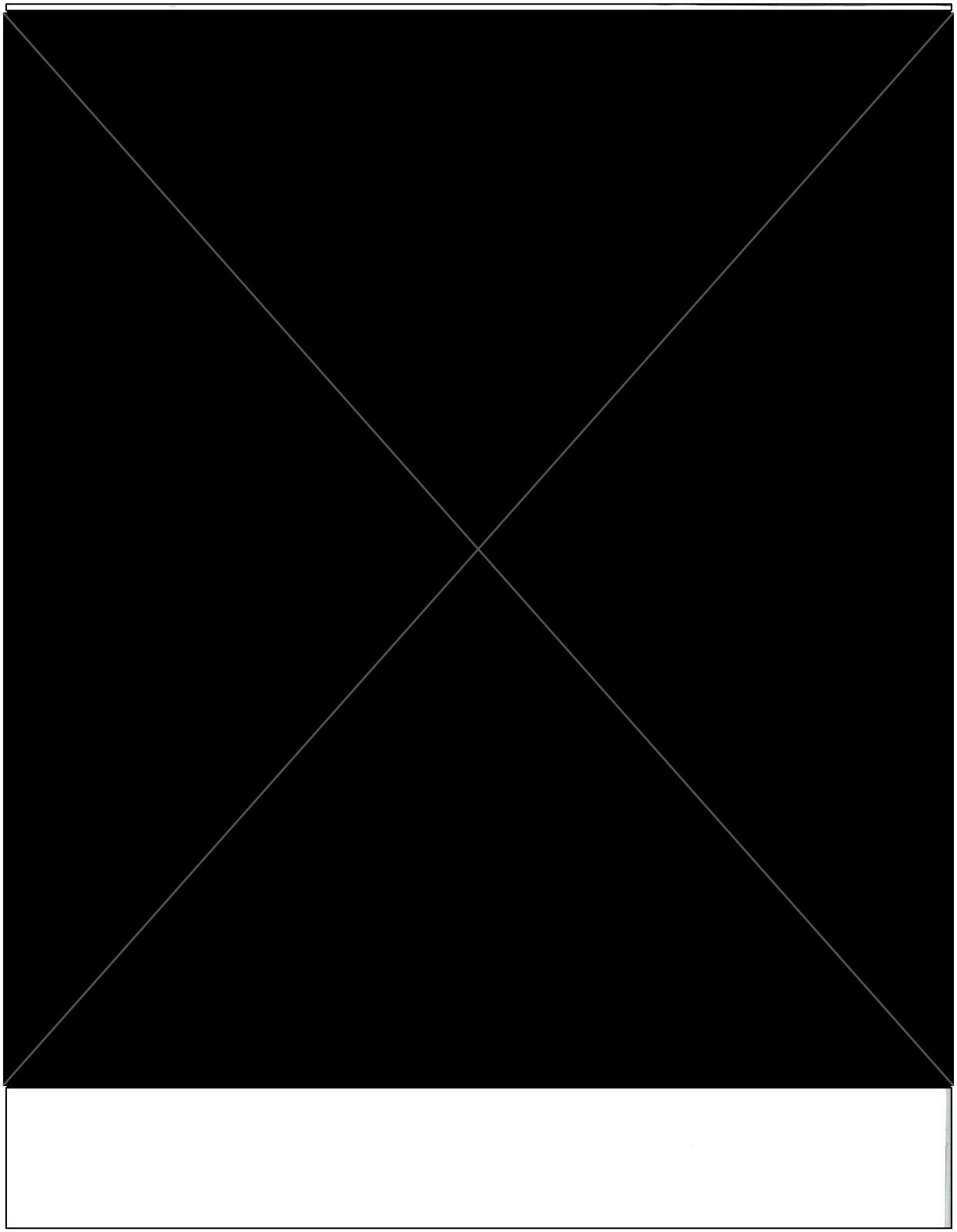
ATTEST:
City Clerk

APPROVED this the 13th day of December, 2022.

Jason A. Reeves, Mayor

ATTEST:
City Clerk

[redacted] **Zoning Letter – Attachment to Exhibit 12, Section 12.2f**



License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 13 – Business Plan

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/2/23
Signature of Verifying Individual	**Verification Date**

13.1 Business Structure and Plan

The applicant's proposed medical cannabis business has been formed as a Limited Liability Company (LLC) as Green Bud, LLC (the "company") under the laws of the state of Alabama. The bylaws of the company have been agreed to and will be carefully written to direct the operations of the business.

13.2 Business Goals

Three-Year Goals

- Hold a top 3 market sales position in each approved format of medical cannabis products manufactured from the company's cultivation and processing facility.
- Hold a top 3 market position in medical cannabis sales transactions and customer retention for the company's network of dispensing sites.
- Contribute a minimum of a) $1 million in charitable funds and b) 1,000 service hours to the communities where we operate our dispensing sites and cultivation and processing facility; with a focus on minority and underprivileged Alabamians.
- Have the **#1 compliance rate with the lowest number of violations and the smallest amount of fines** in the entire Alabama medical cannabis program.
- Utilize Advisory Board and sub-committees to become Alabama's 'highest value' corporate medical cannabis leader in all the areas we serve.

Five-Year Goals

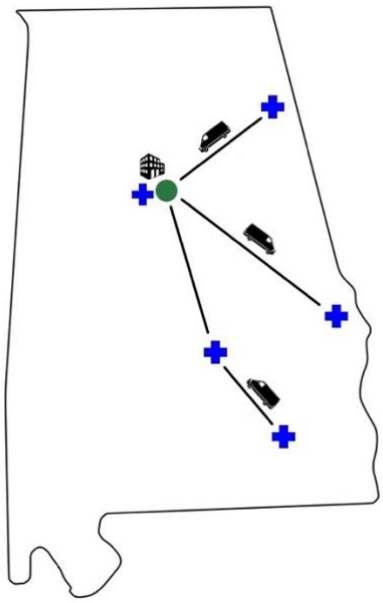
- Hold the #1 market sales position in each approved format of medical cannabis products manufactured from the company's cultivation and processing facility.
- Hold the #1 market position in medical cannabis sales transactions and customer retention for the company's network of dispensing sites.
- Contribute a minimum of a) $3 million in charitable funds and b) 3,000 service hours to the communities where we operate our dispensing sites and cultivation and processing facility; with a focus on minority and underprivileged Alabamians.
- **Maintain the #1 compliance rate with the lowest number of violations and the smallest amount of fines** in the entire Alabama medical cannabis program.
- Utilize Advisory Board and sub-committees to maintain Alabama's 'highest value' corporate medical cannabis leader in all the areas we serve.

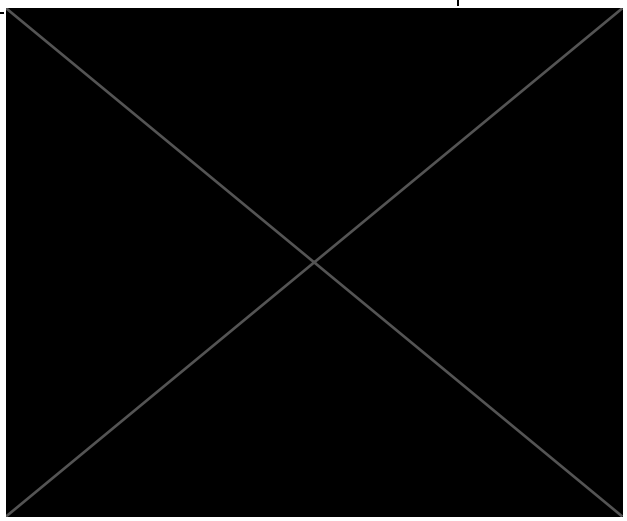
13.3 Organizational Charts

The applicant has designed and assembled a deeply experienced team of business advisors and managers to lead the company as it aims to become a significant contributor to the success of Alabama's new medical cannabis program.

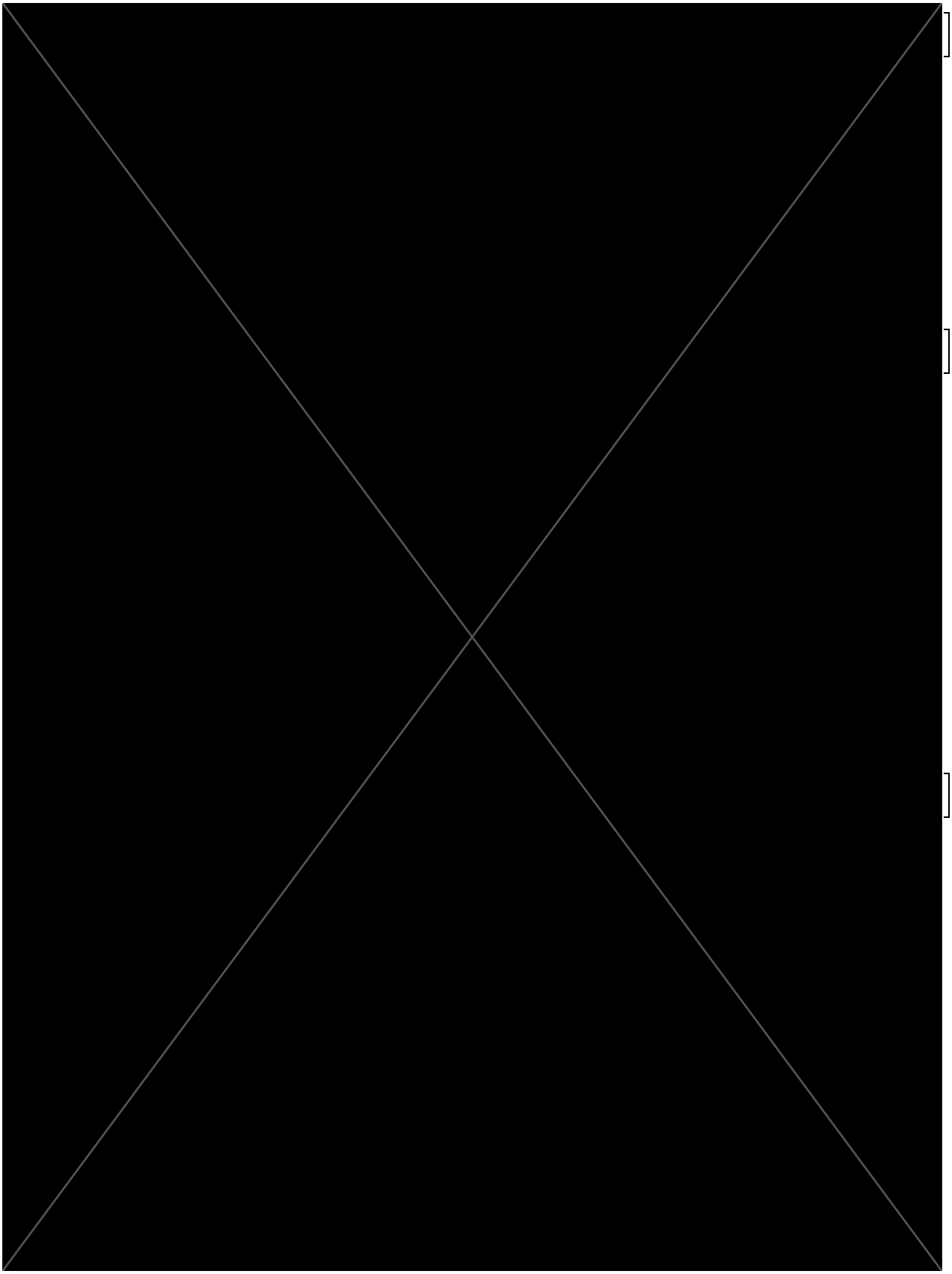
Advisory Board

Role	Advise and oversee all activities of the integrated medical cannabis operations.
Responsibilities & Relationships	Advise the company in key decision-making regarding finance, strategy, construction, compliance, pharmaceuticals, horticulture, realty, funding, and advocacy. Responsible for directing and overseeing the senior management team operating the integrated network of medical cannabis dispensing sites, cultivation & processing activities, and secured transportation.
Board Members	10
Location	All



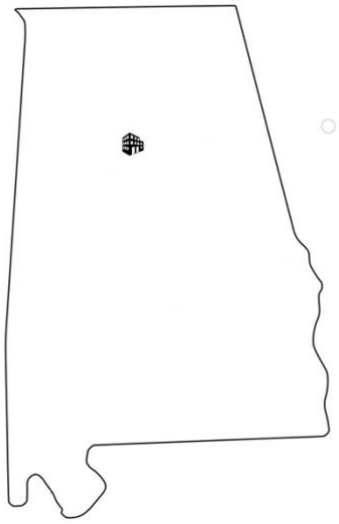


Advisory Board Sub-Committees



Corporate Team

Role	Direct and manage all activities of the integrated medical cannabis operations.
Responsibilities & Relationships	Direct and manage the teams operating the integrated network of medical cannabis dispensing sites, cultivation and processing activities, and a secured transportation network. Implementation of strategy, policies and procedures, and overseeing all financial and operational aspects of the business. Manage relationships internally with other department directors and the operational team leads and externally with the company's key customers and suppliers.
Executive Leaders	[redacted]
Team Members	11 (excluding executive leadership)
Location	[redacted]

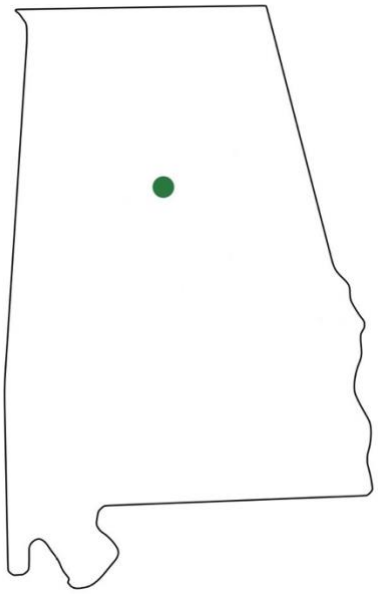


Corporate Organizational Chart

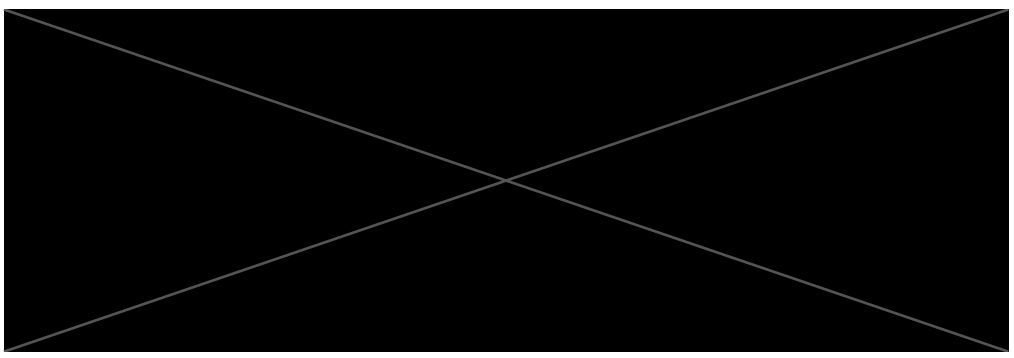
[redacted]

Cultivation & Processing Team

Role	Cultivate and process all of the company's medical cannabis products for distribution to internal and third-party dispensing sites.
Responsibilities & Relationships	Responsible for developing, implementing, and performing best practices for cultivating and processing medical cannabis products while ensuring compliance with all relevant rules and regulations. Maintain effective working relationships with dispensing, inventory control & compliance, and security teams and partner with senior management for continuous improvements.
Team Leader	[redacted]
Team Members	26
Location	Cultivation and processing facility in [redacted]

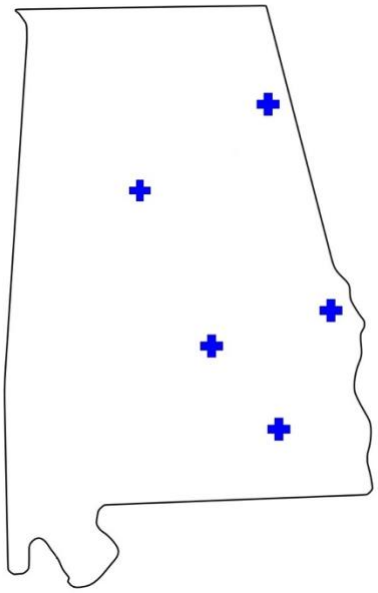


Cultivation & Processing Organizational Chart



Dispensing Team

Role	Source and dispense appropriate medical cannabis products to authorized patients.
Responsibilities & Relationships	Responsible for delivering exceptional customer service in dispensing medical cannabis products to patients while ensuring compliance with all relevant rules and regulations. Maintain effective working relationships with cultivation & processing, inventory control & compliance, and security teams and partner with senior management for continuous improvements.
Team Leader	[redacted]
Team Members	56
Location	Dispensing sites in Birmingham, Gadsden, Montgomery, Opelika, and Troy.

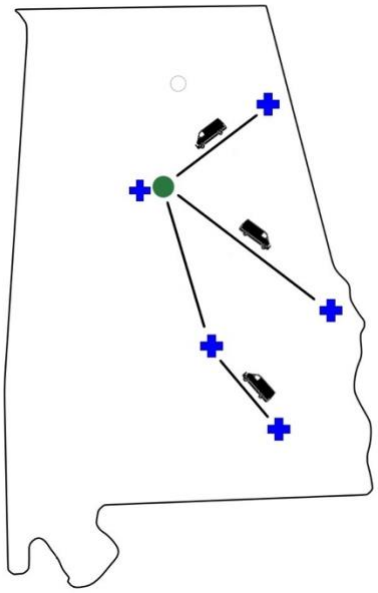


Dispensing Organizational Chart

[redacted]

Security & Secured Transportation Teams

Role	Secure and protect all company personnel, customers, and assets; oversee the secured transport distribution network
Responsibilities & Relationships	Responsible for ensuring the entire integrated operations including facilities, employees, and customers remain safe and secure; and managing the secured transport distribution network. Maintain effective working relationships with cultivation & processing, ICC, and dispensing teams and partner with senior management.
Team Leader	[redacted]
Team Members	22
Location	Cultivation and processing facility in [redacted] serving as hub for the secured transport distribution network. Dispensing sites in Birmingham, Gadsden, Montgomery, Opelika, and Troy.

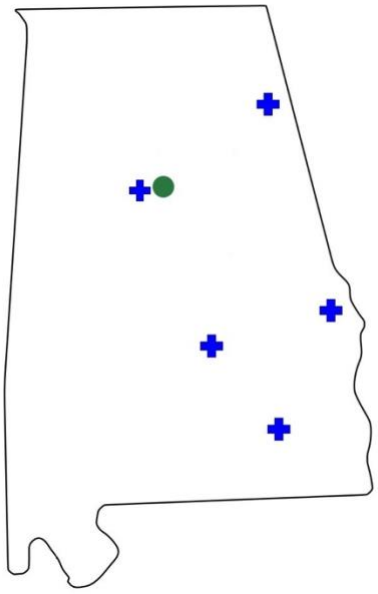


Security & Secured Transportation Organizational Chart

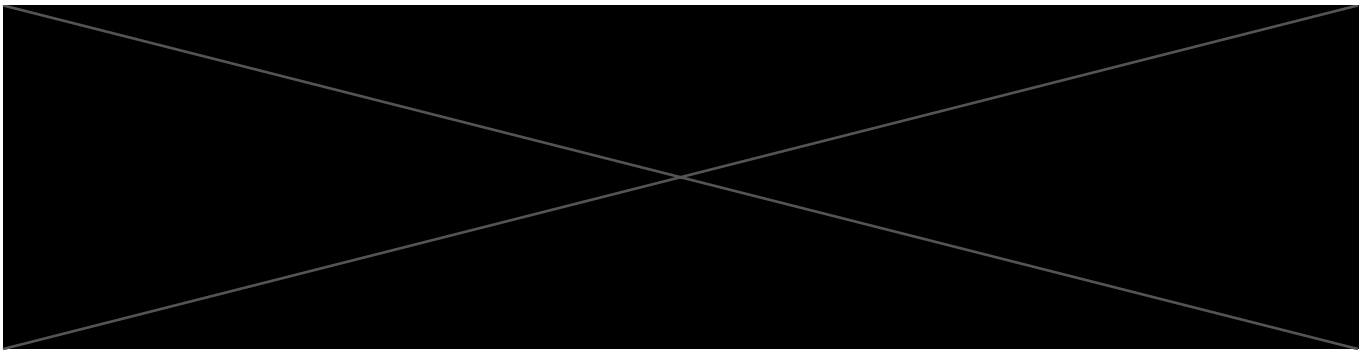
[redacted]

Inventory Control & Compliance Team

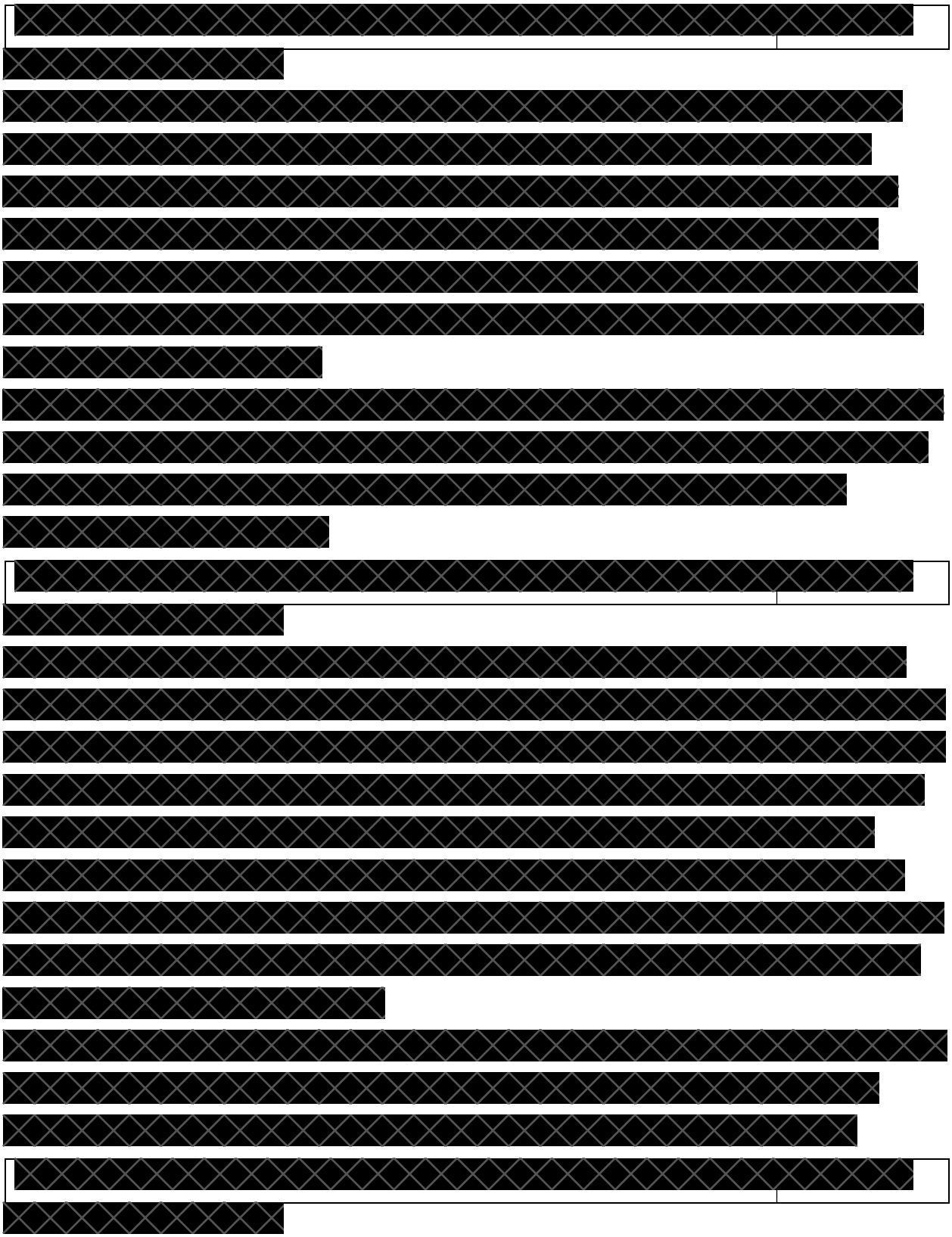
Role	Manage compliance with all relevant rules and regulations for the integrated operations.
Responsibilities & Relationships	Responsible for maintaining compliance with all rules and regulations and ensuring inventory is accurately reflected in the statewide electronic cannabis inventory verification system. Maintain effective working relationships with cultivation & processing, dispensing, and security teams and partner with senior management.
Team Leader	[redacted]
Team Members	11
Location	Cultivation and processing facility in [redacted]. Dispensing sites in Birmingham, Gadsden, Montgomery, Opelika, and Troy.



Inventory Control & Compliance Organizational Chart



13.4 Job Descriptions – Managerial Positions



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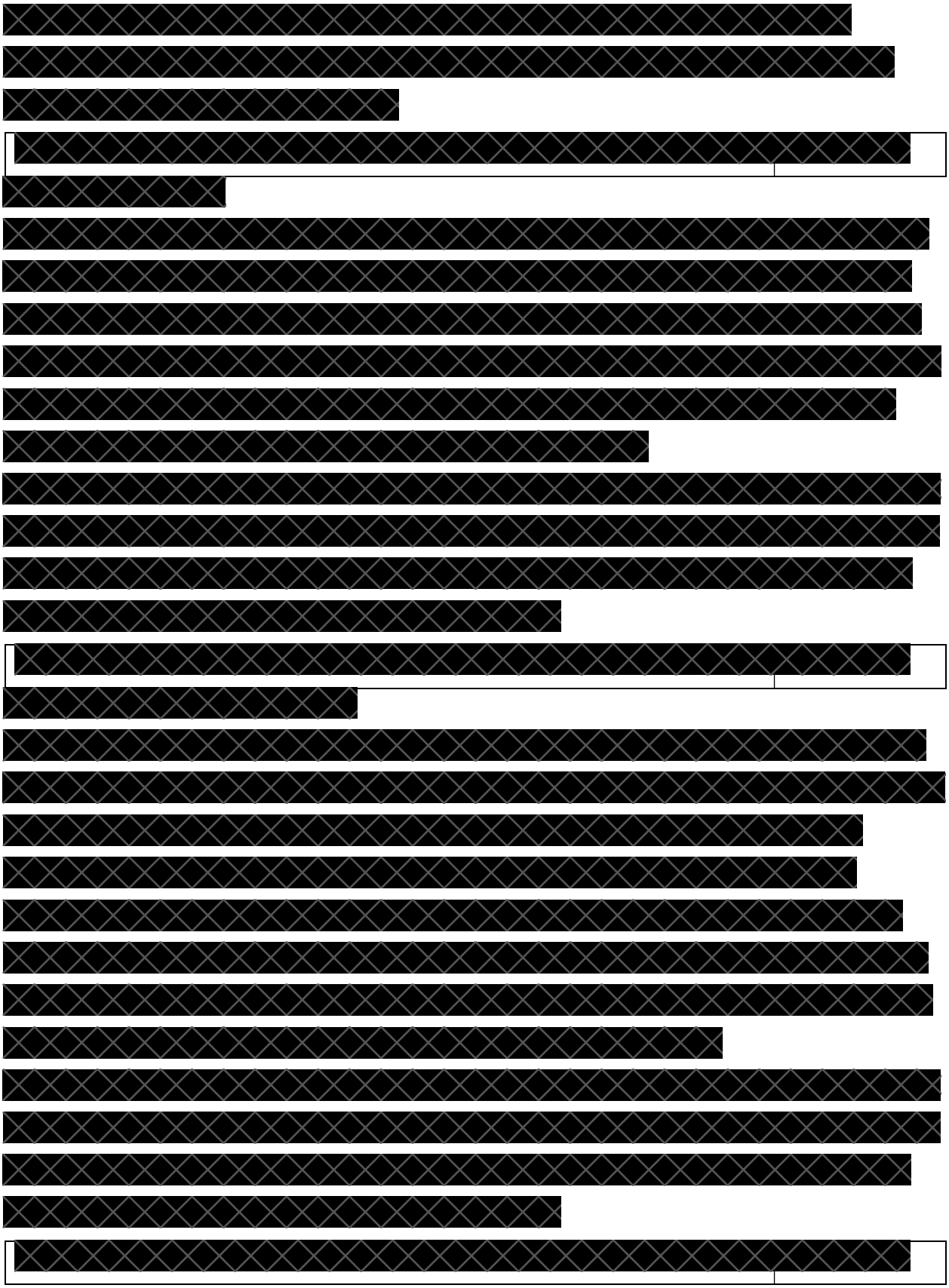

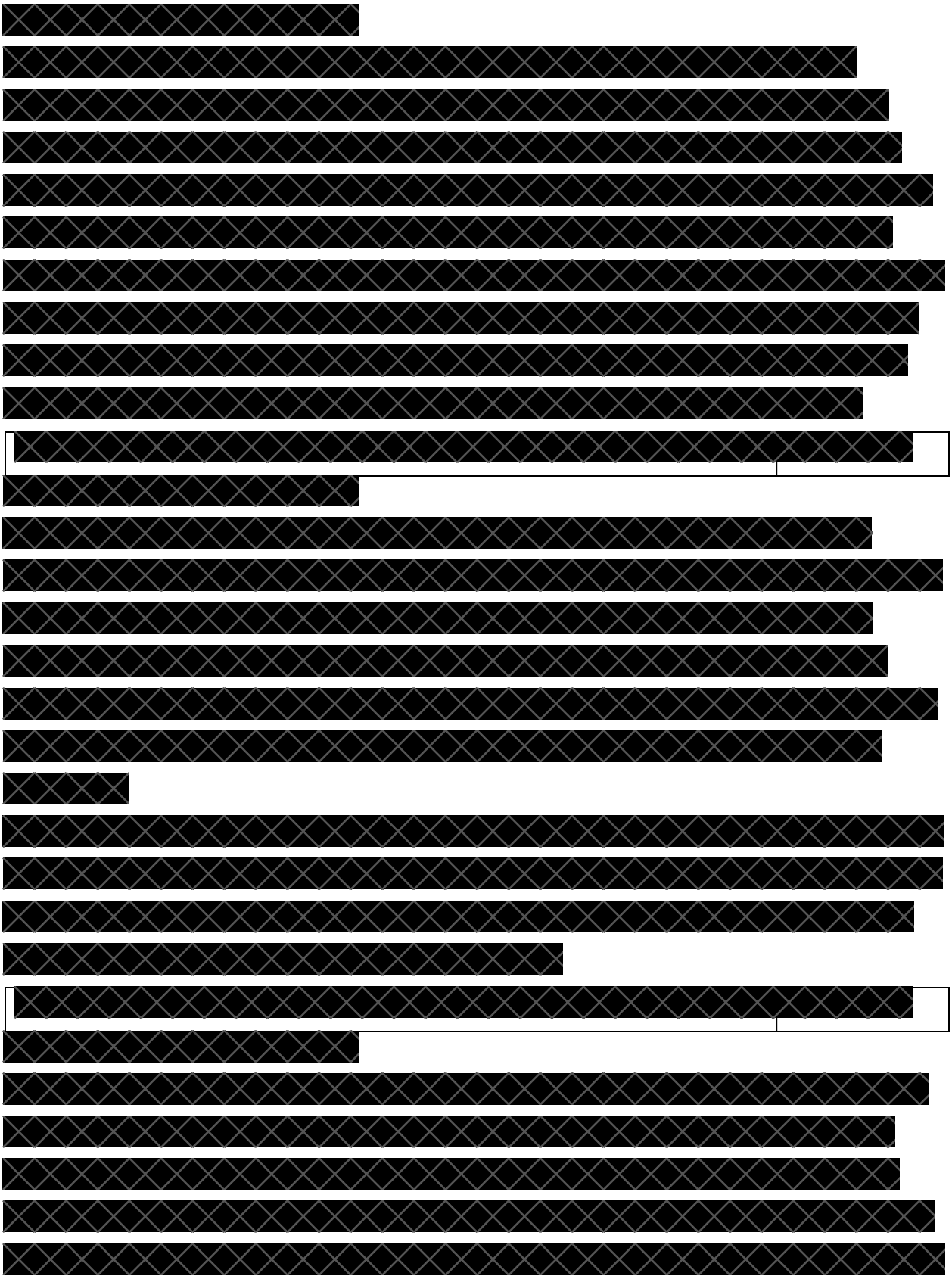

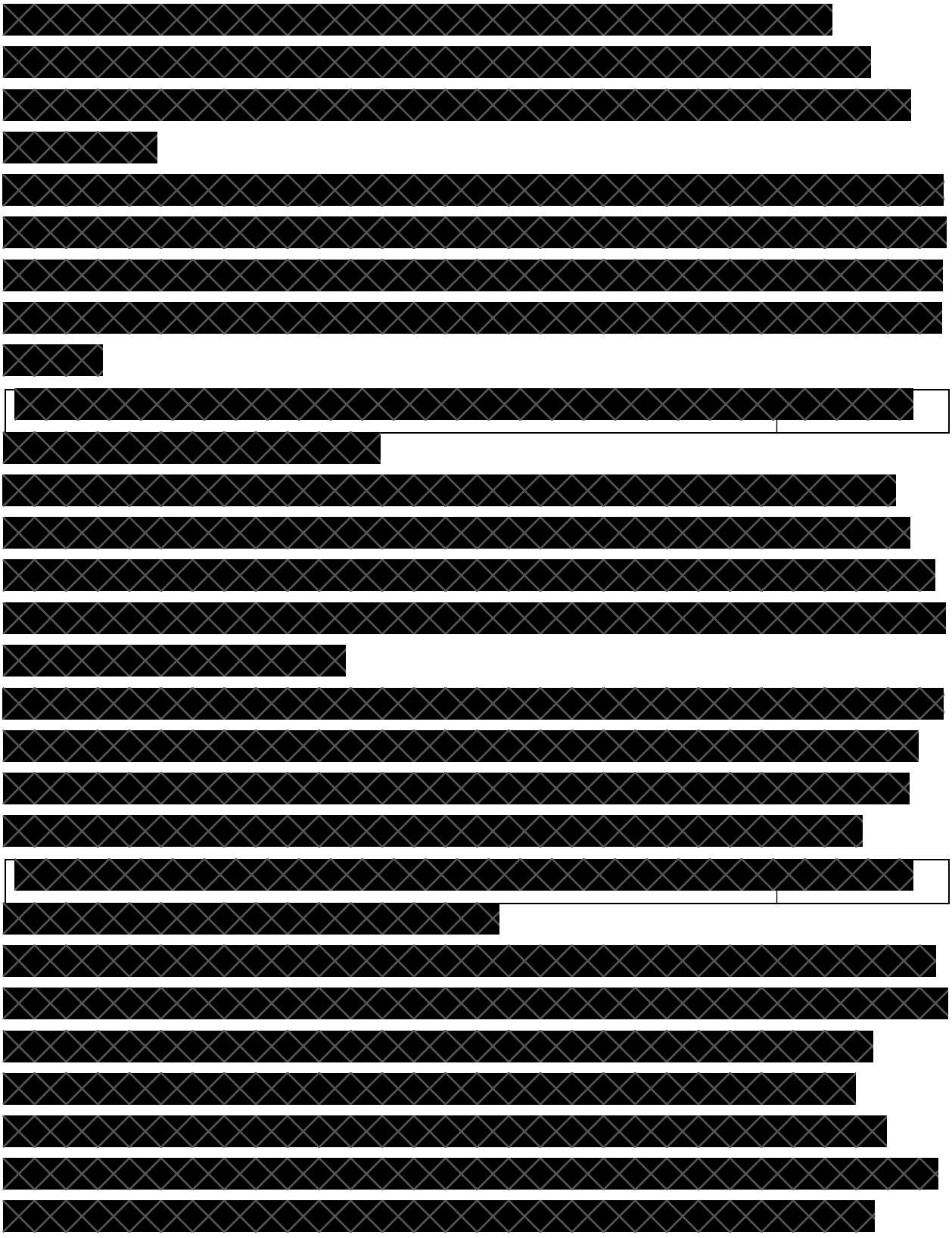

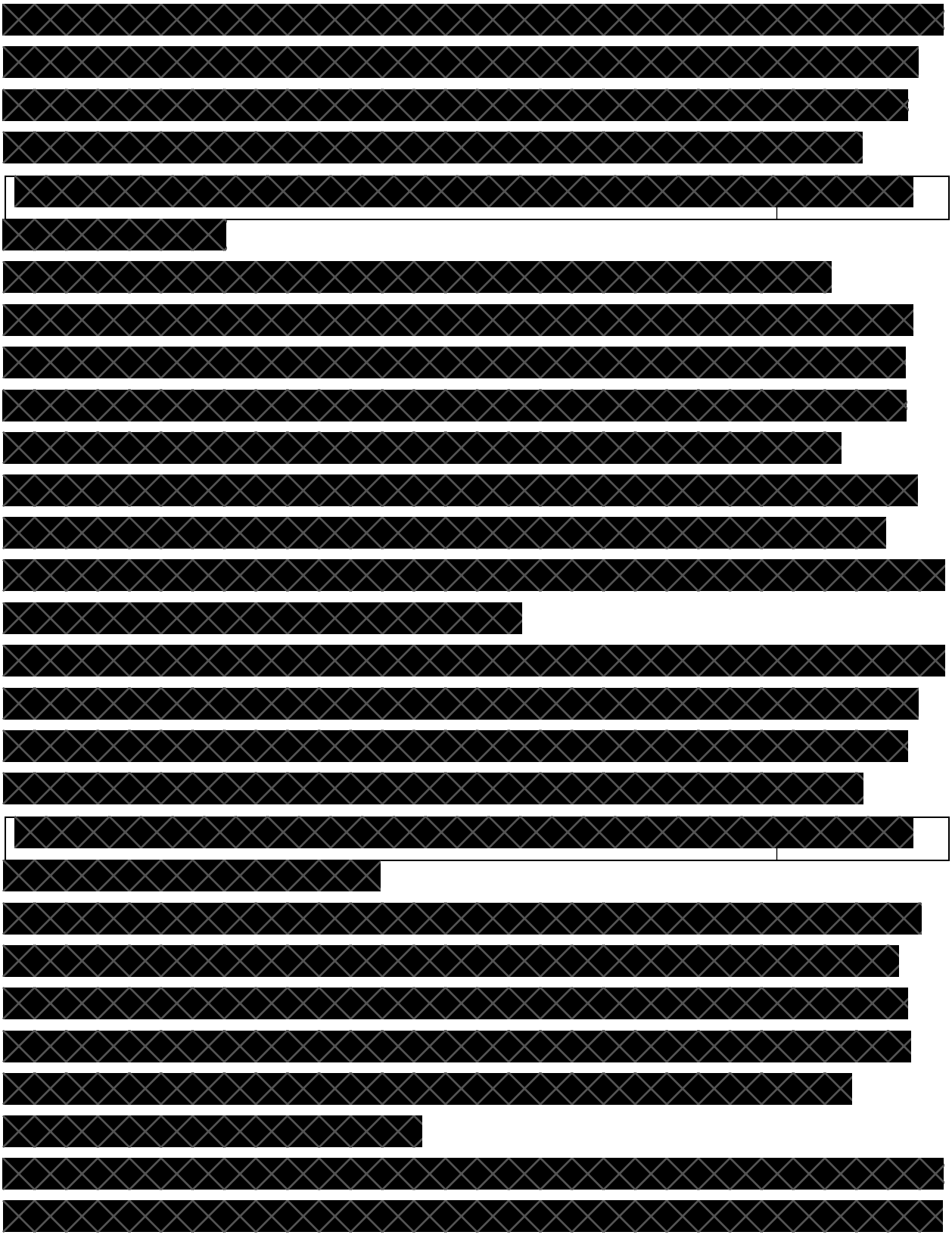

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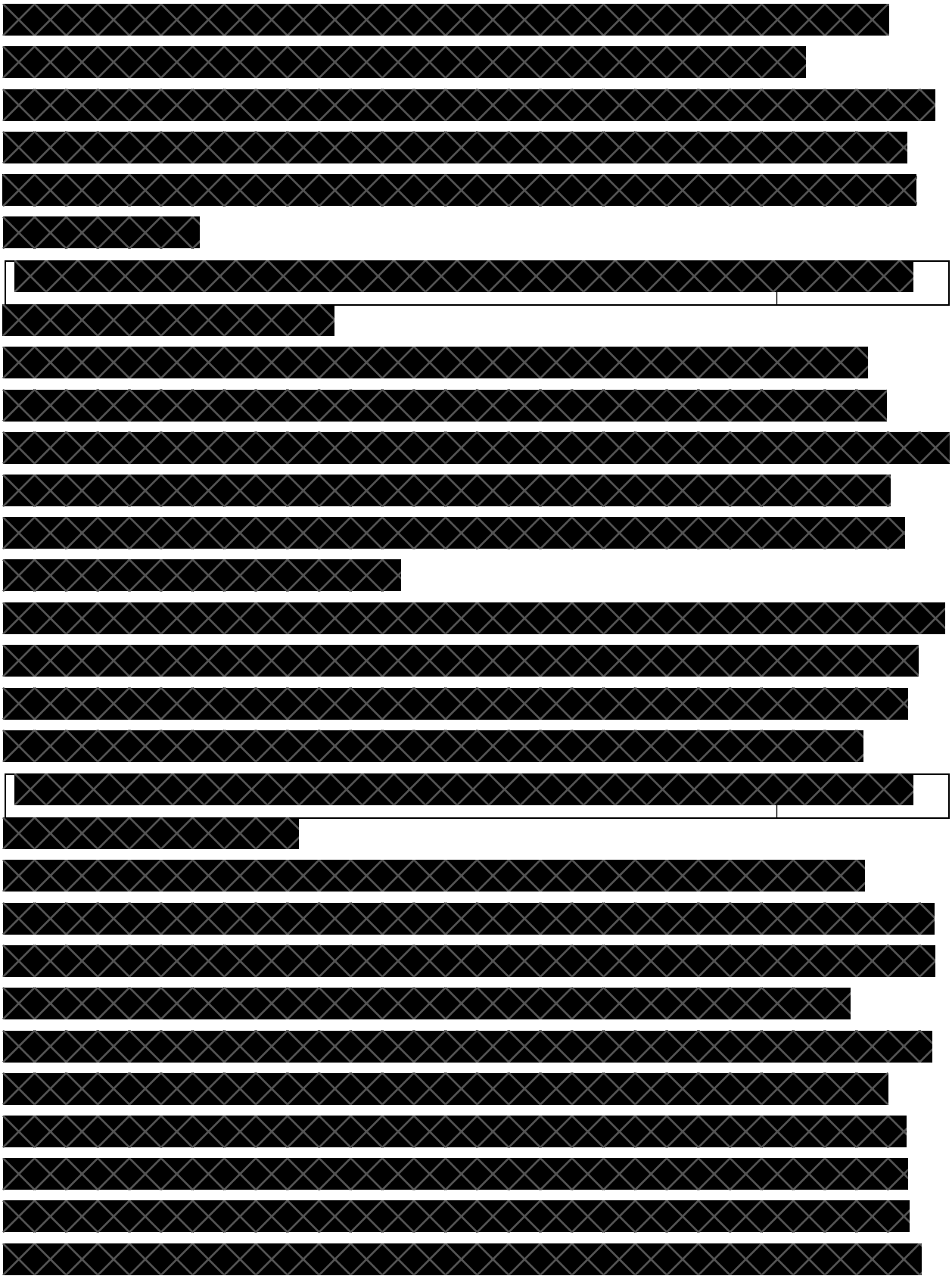

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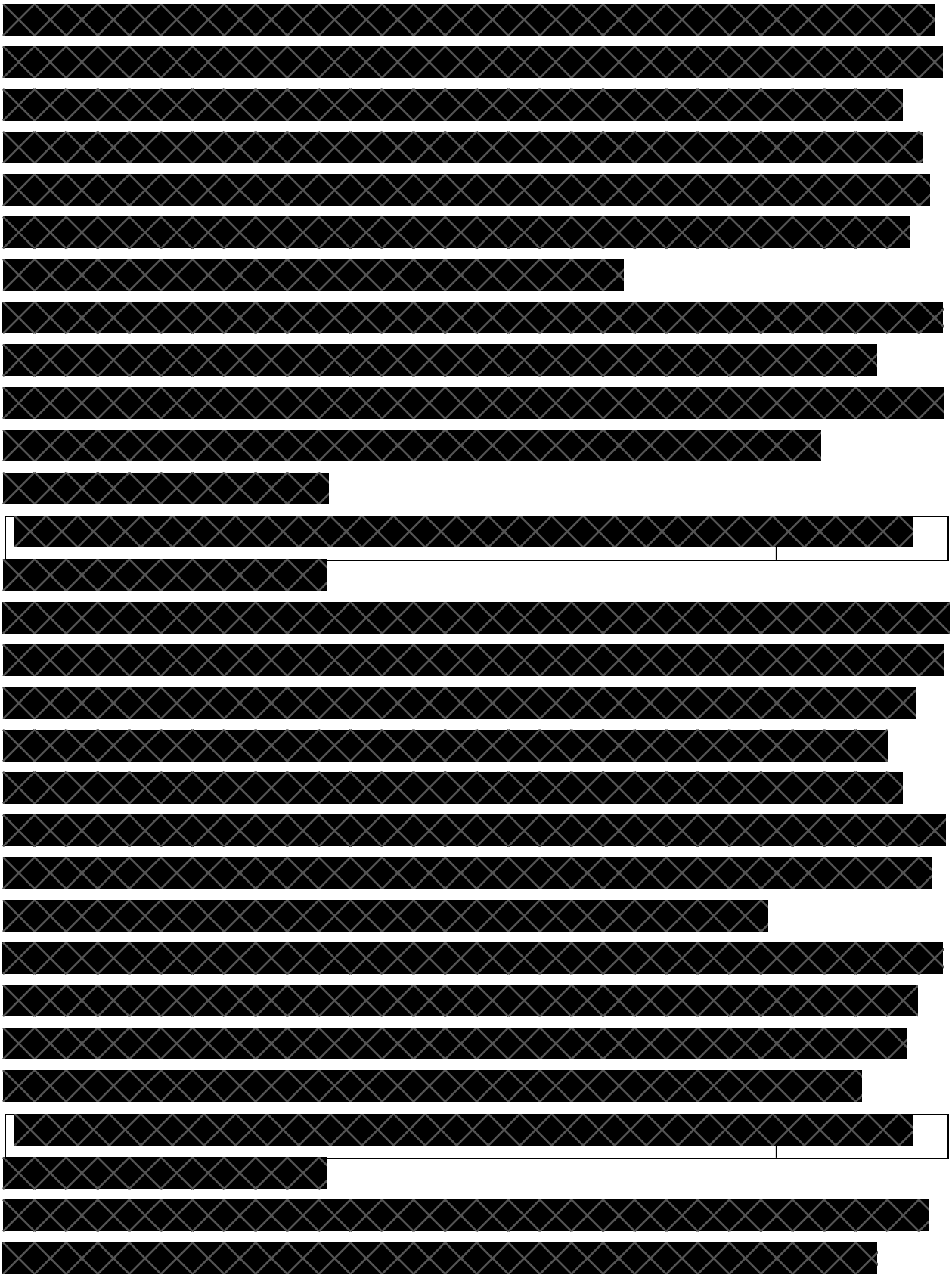

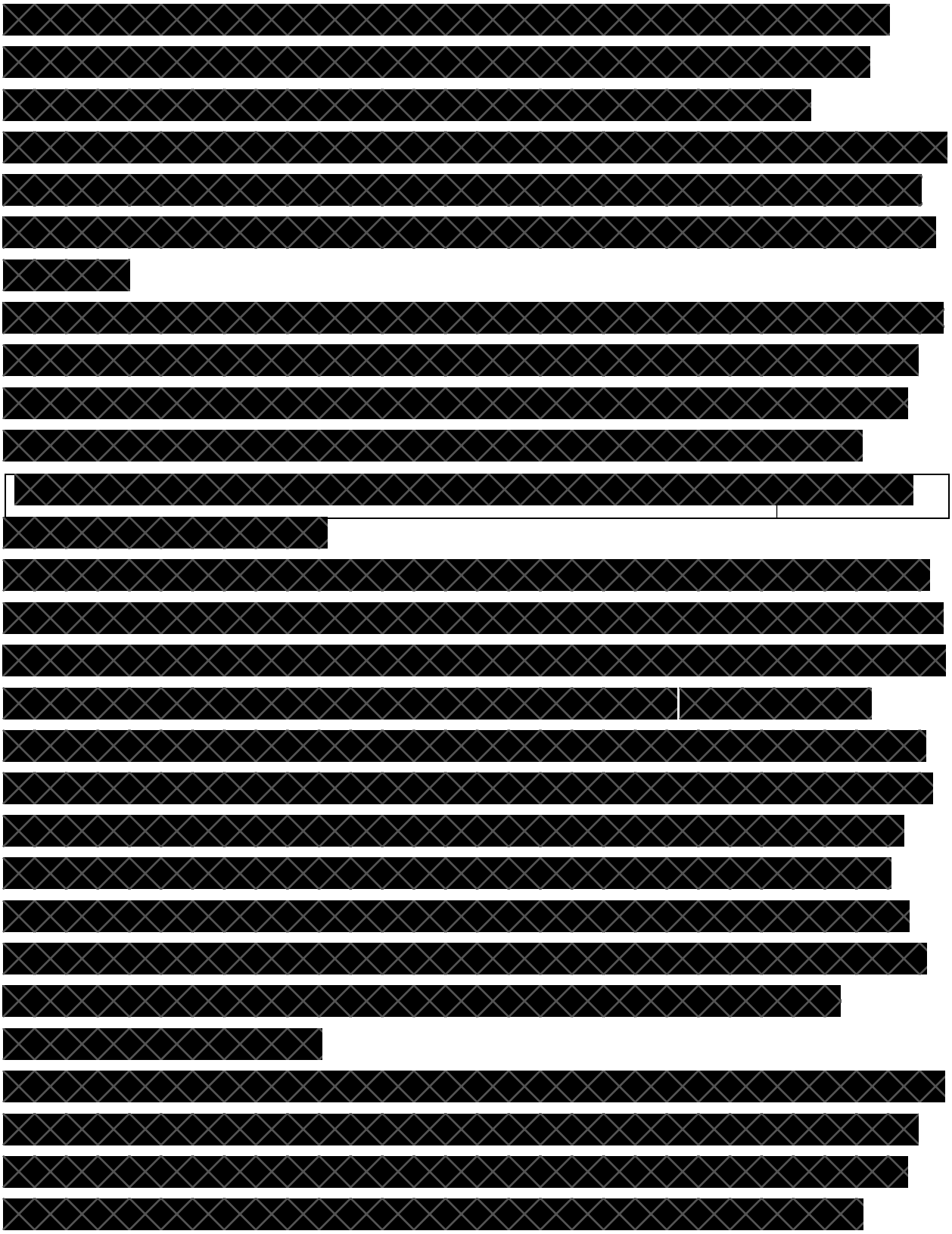

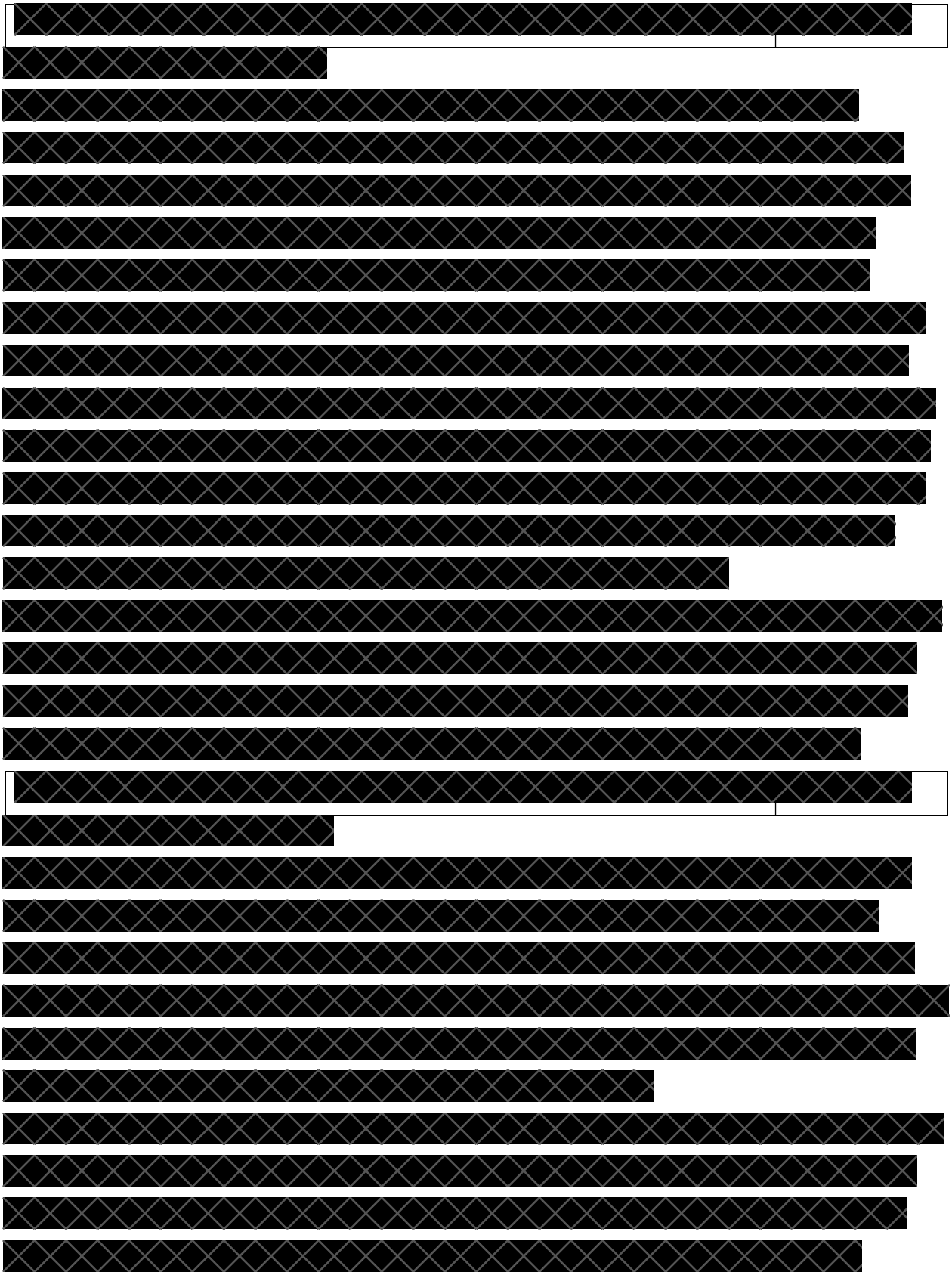

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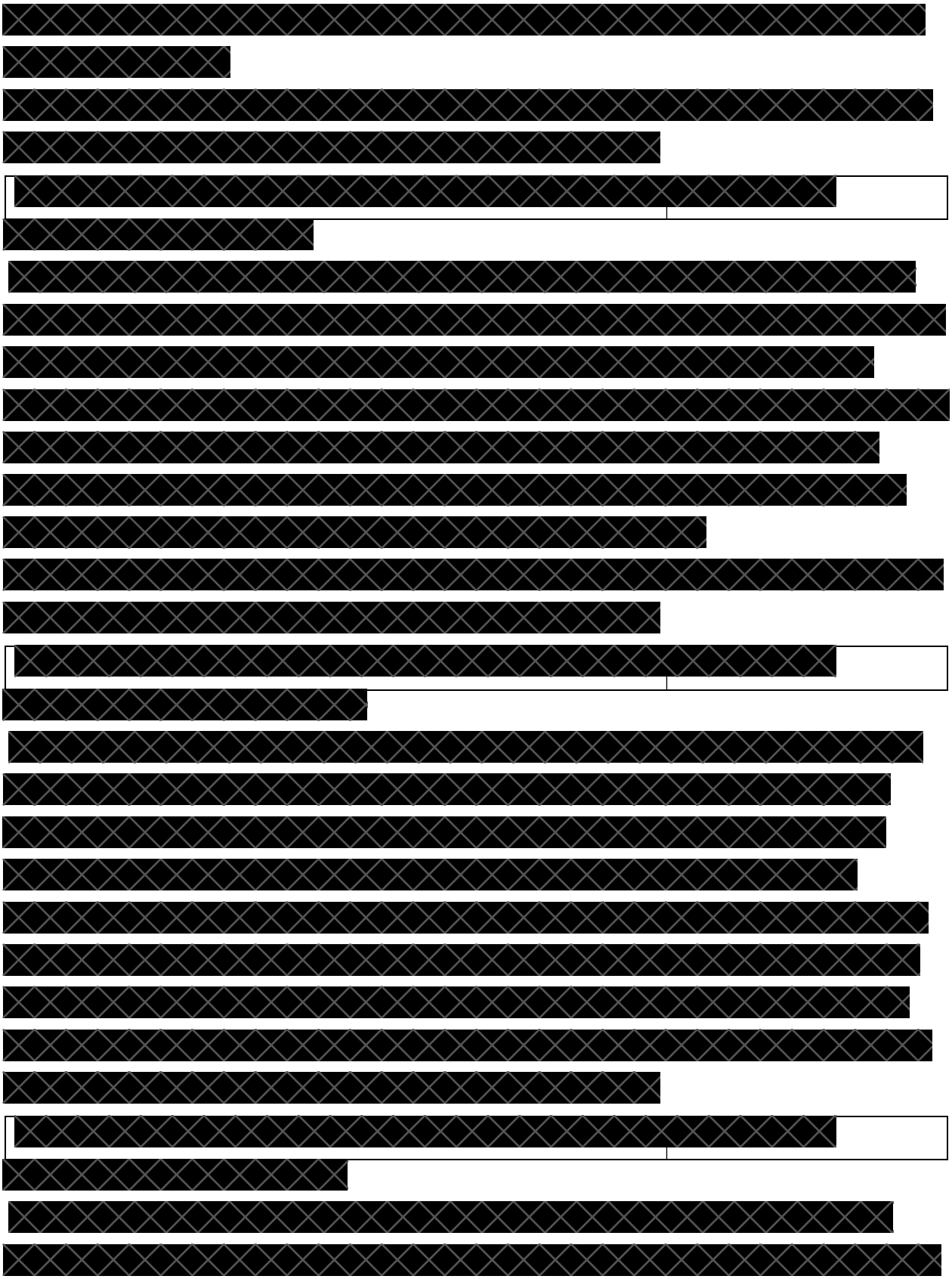
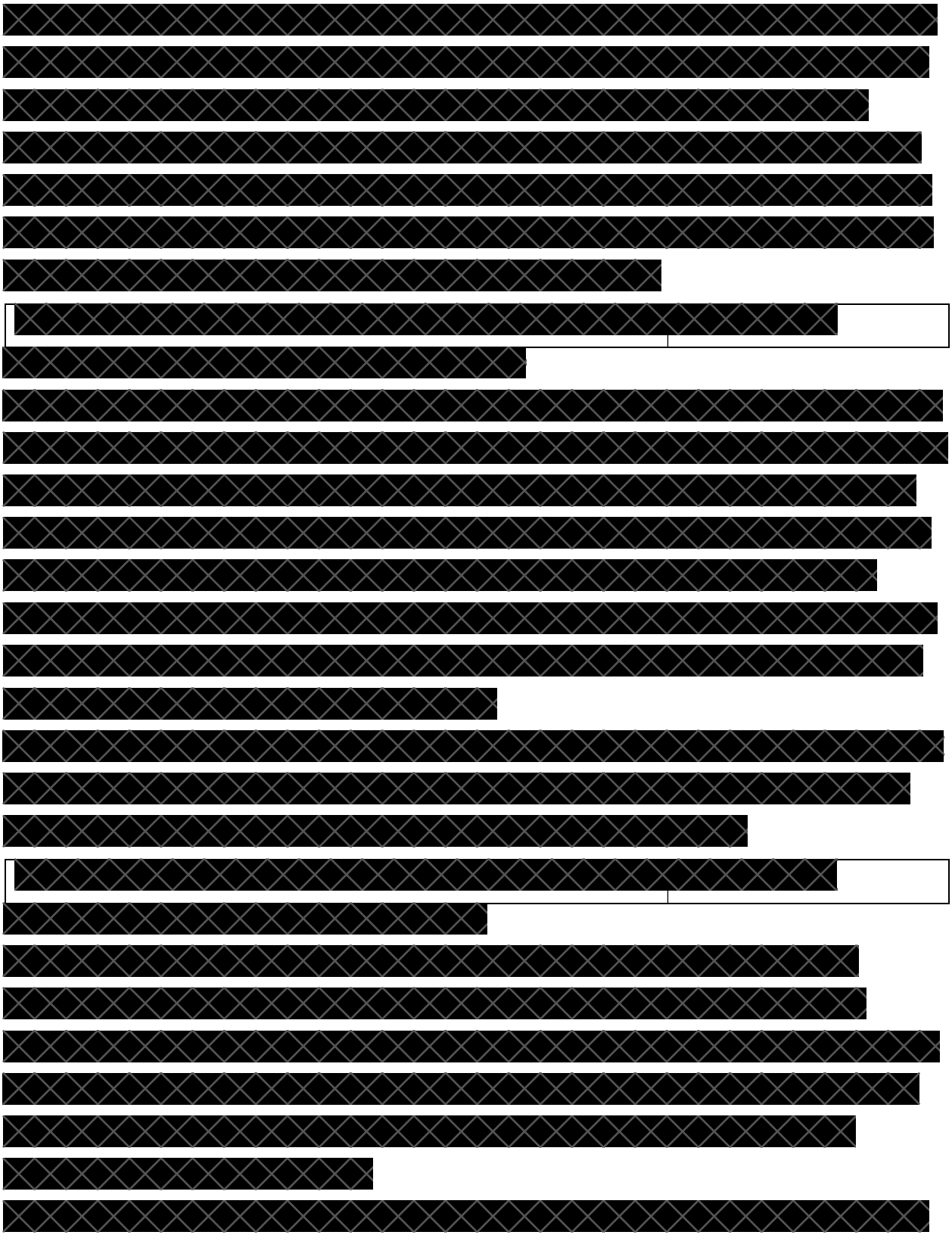
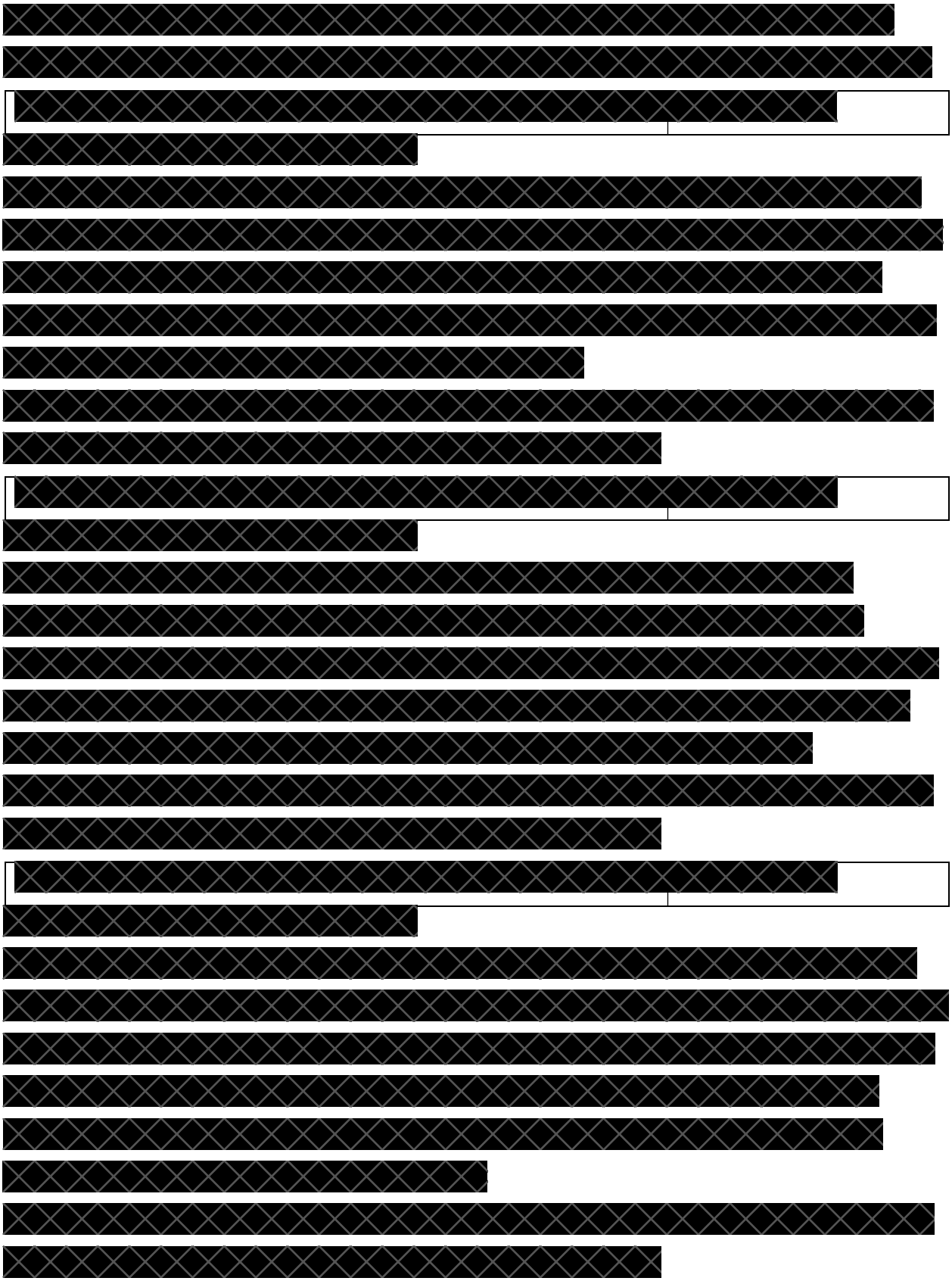






13.6 Executive Summary

Mission Statement

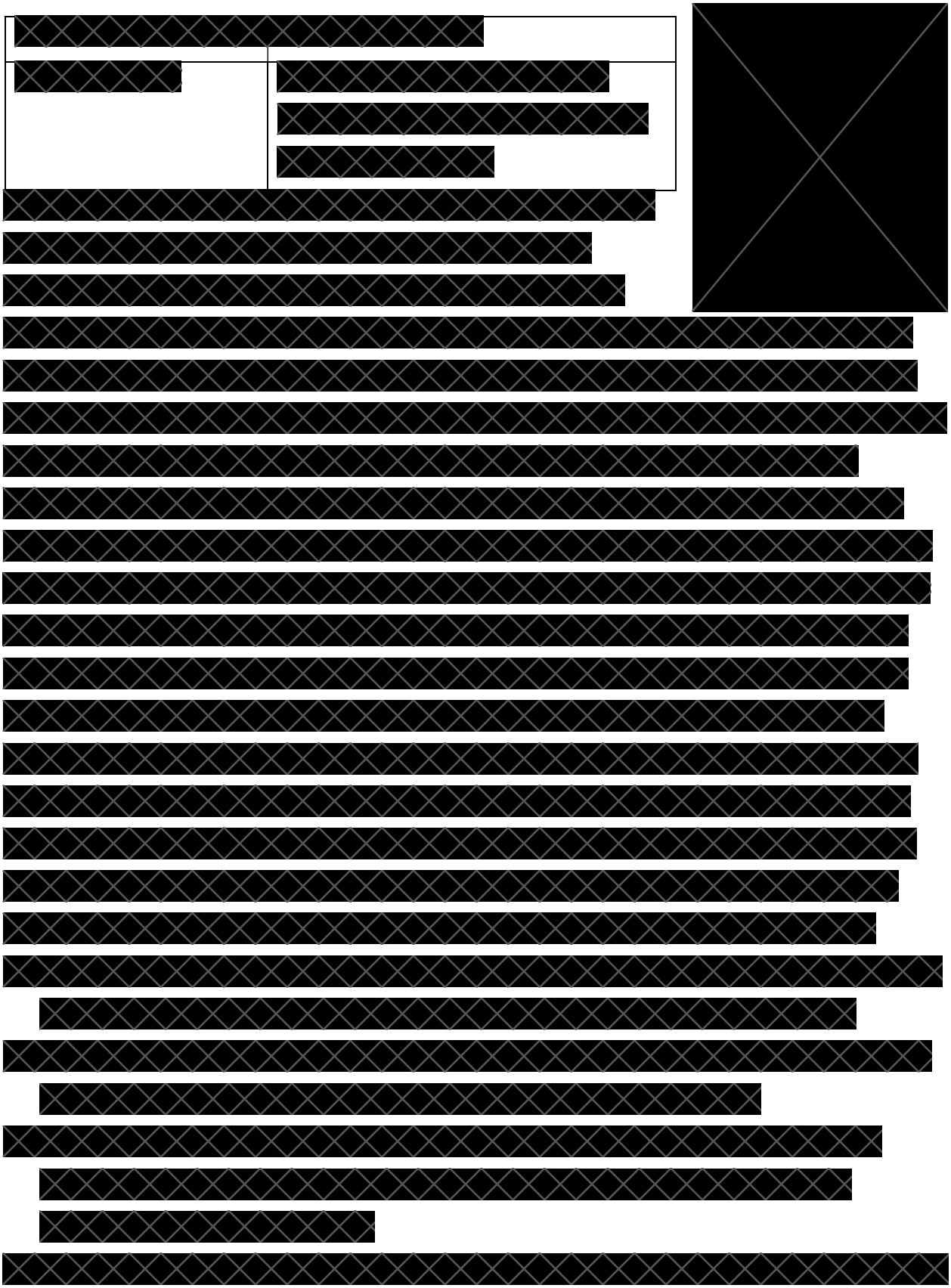
Our mission is to provide safe and effective medical cannabis products to authorized Alabama patients and caregivers, while upholding the highest standards of professionalism and quality. We believe in the vast medical and therapeutical benefits of cannabis and are committed to educating and supporting our employees, patients, and the Alabama medical cannabis program as a whole. In carrying out our mission, we will promote diversity in everything we do as we work tirelessly and compliantly to become Alabama's 'highest value' corporate medical cannabis leader in all the areas and communities we serve.

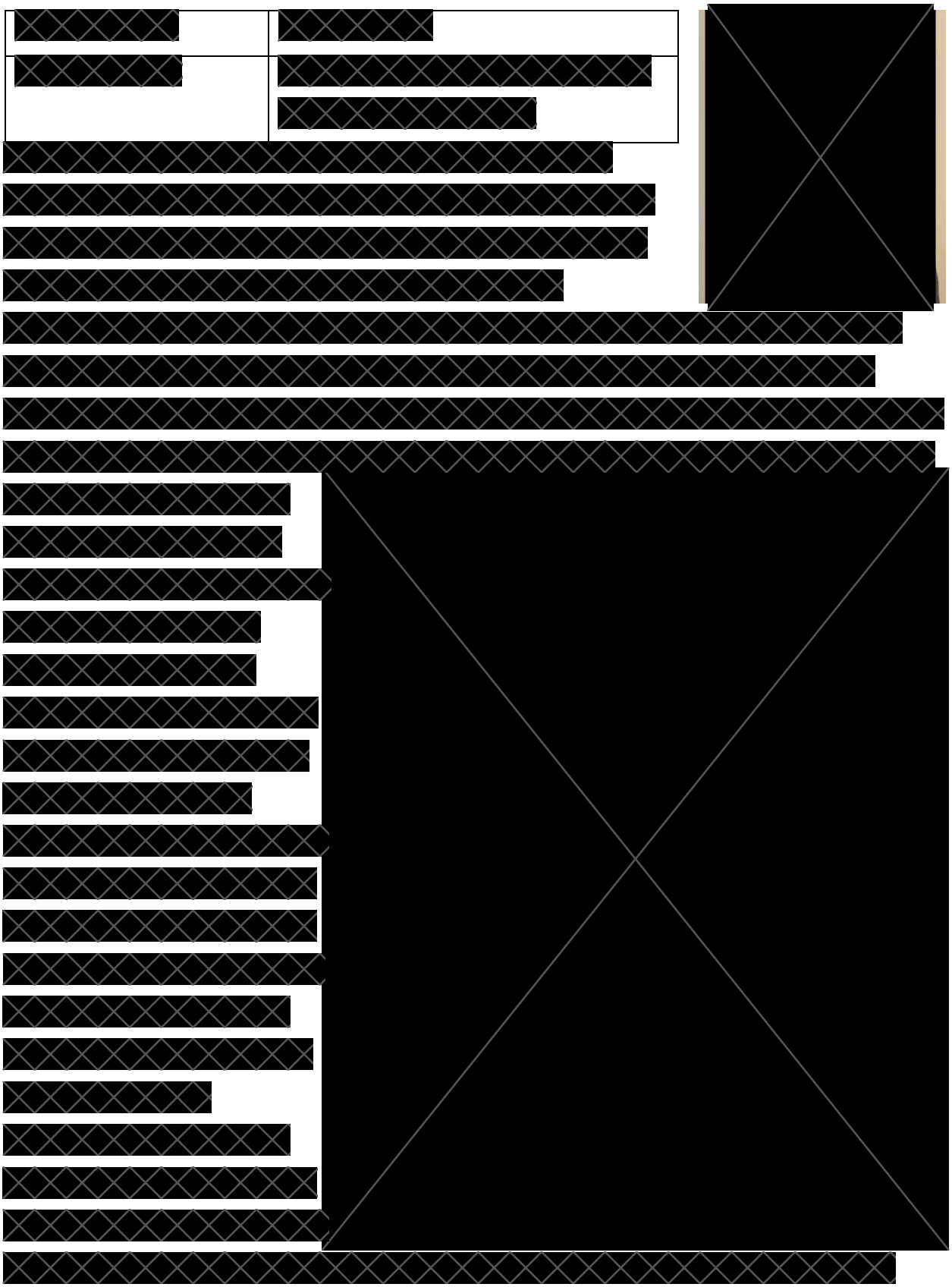
Minority Group Ownership and Management

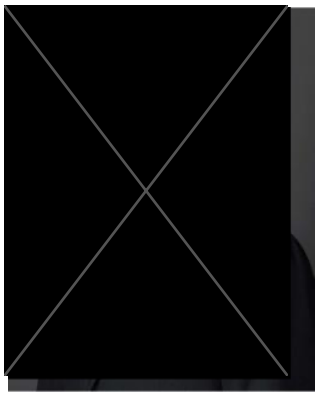
The applicant has assembled an ownership and management team for the proposed integrated company, which is at least 51 percent owned by members of a minority group, and will be managed and controlled by members of a minority group in its daily operations. We have included the appropriate documentation within the relevant exhibits to the application demonstrating majority ownership of a minority group in accordance with §20-2A-51(b), Code of Alabama 1975 (as amended). In the succeeding pages of this business plan, we have documented our significantly experienced management group, which is proudly comprised of many of these same minority owners who will be responsible for managing and controlling the daily operations of the proposed company.

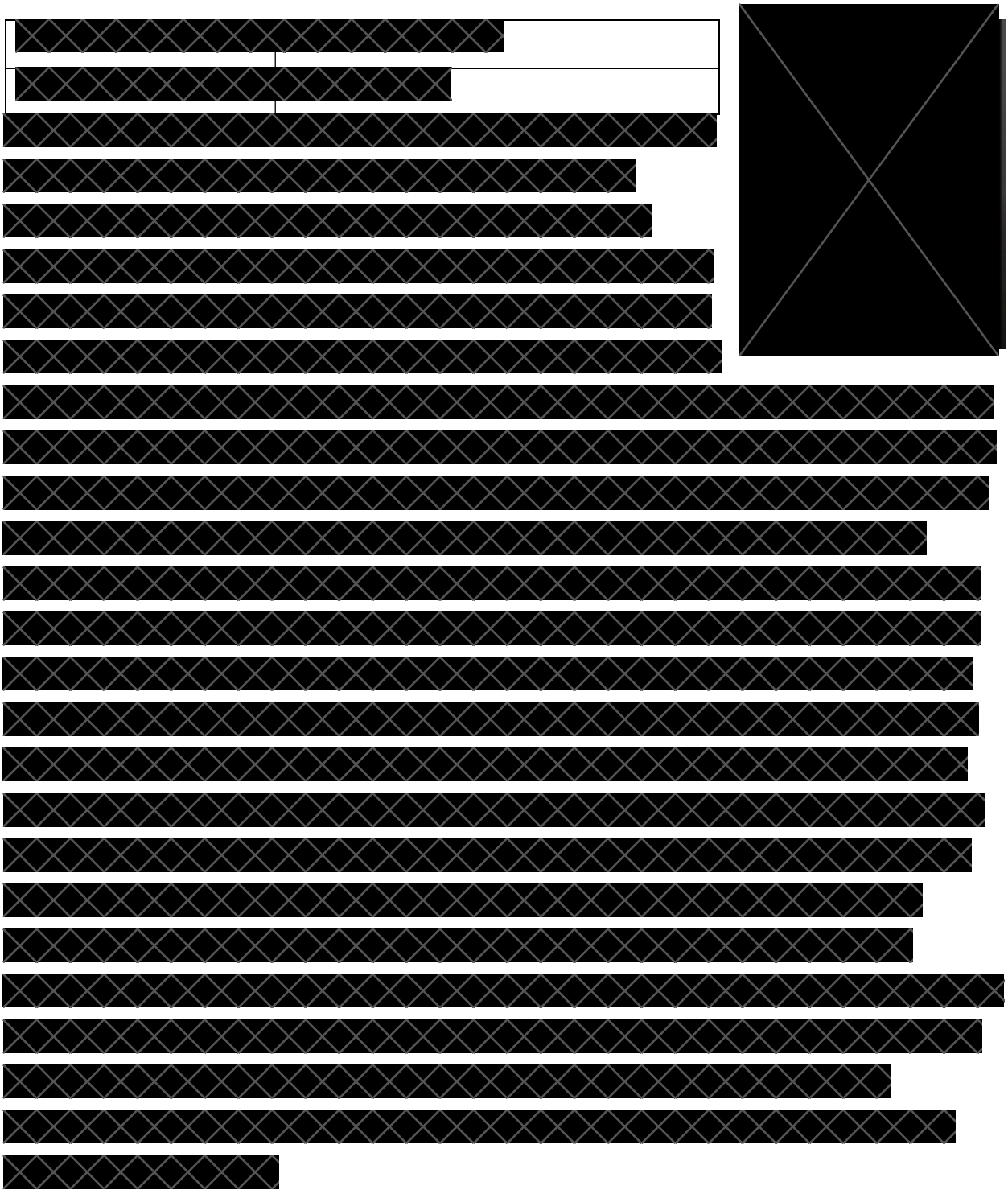
Leadership Background and Qualifications – Business Advisors, Owners, and Officers

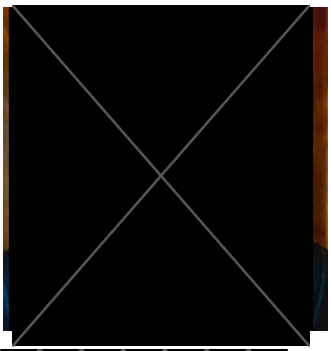
The applicant assembled its following team of business advisors, owners, and officers based on consideration of each's relevant industry experience, complementary set of skills, and commitment to contributing to our mission. [redacted] To ensure appropriate segregation of duties and enforce a strong corporate governance structure; certain sub-committees [redacted]

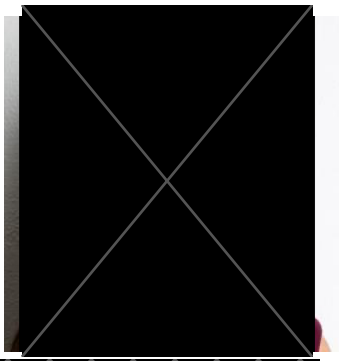


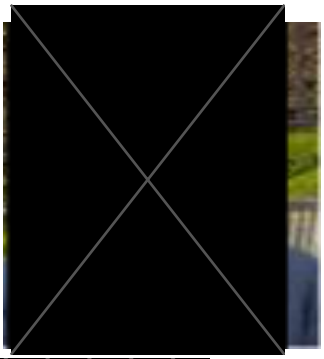


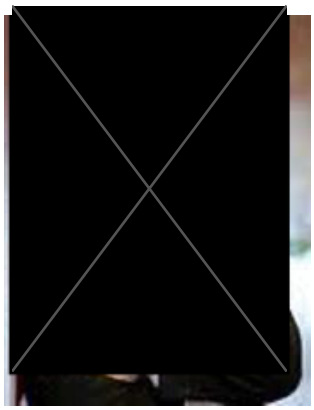


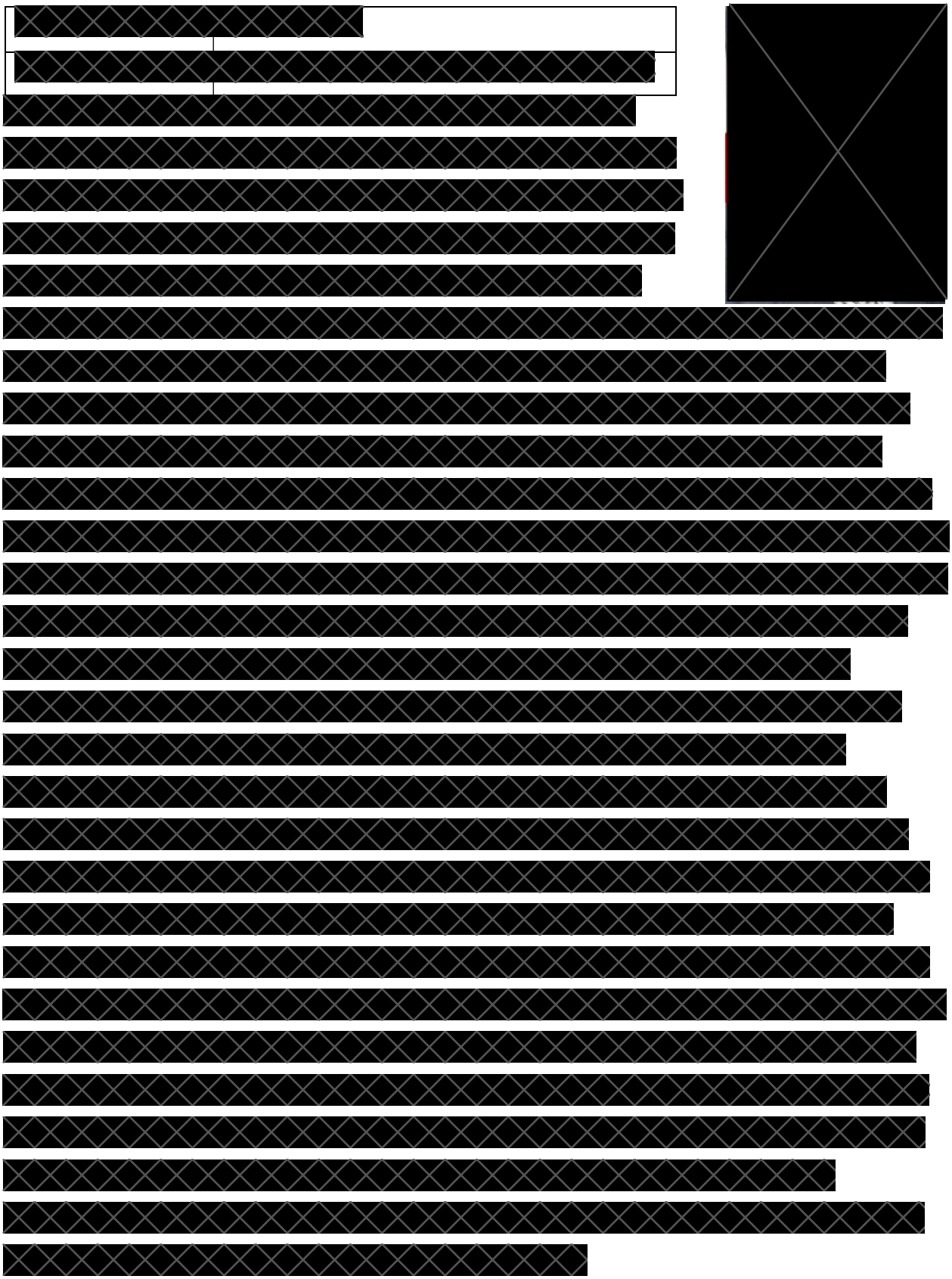


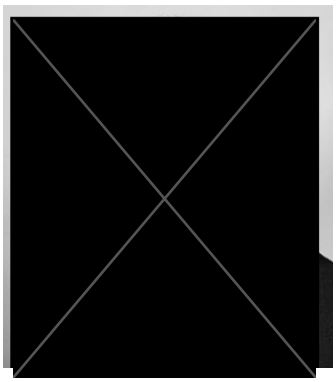












Business Style and Philosophy

The applicant's business leaders and senior management team have a track record of proudly operating medical cannabis businesses centered around a culture of inclusion, respect, and professionalism. To promote a similar culture for the proposed integrated medical cannabis operations, the applicant will employ the following strategies:

- Clear policies and guidelines for behavior to ensure that all employees are treated with respect and that the company maintains a professional atmosphere
- Professional development opportunities for employees to grow and develop their skills and create a culture of professionalism and continuous learning
- A senior management team that leads by example and models the values of inclusion, respect, and professionalism that they wish to see in the organization

We offer very competitive salaries and wages to our employees with careful consideration of its impact on keeping our medical cannabis products affordable to patients. We plan to offer an equity or equity equivalent plan as part of our desire to establish an industry leading employee benefits program. We will also commit to make our senior management team available to assist any employees wishing to put a genuine and faithful effort towards applying for business licensure and/or ownership in the medical cannabis community.

Key Personnel Background and Qualifications – Proposed Business Directors of the Company

Our diversity and inclusion initiatives are evident in the design of the director group charged with overseeing the daily operations of the integrated medical cannabis business. **Of the 10 director candidates selected to direct the various functions and departments within the company, 8 individuals are members of a minority group** as defined in § 20-2A-51(b), Code of Alabama 1975. This group is balanced with an equal number of women and men; and they are significantly seasoned with medical cannabis experience. While our group of business advisors and officers collectively boasts over **25 years of experience operating medical cannabis businesses**, these directors have over **50 years of combined medical cannabis experience!** We believe this extensive experience, and our directors' complementary skillsets, will result in certain competitive advantages in establishing a leading position in the Alabama medical cannabis program. See the following section profiling the experience and qualifications of our chosen

candidates for each director position; including the competitive advantage we expect each to contribute to a professional, safe, and compliant environment for Alabama medical cannabis patients at low, affordable prices.

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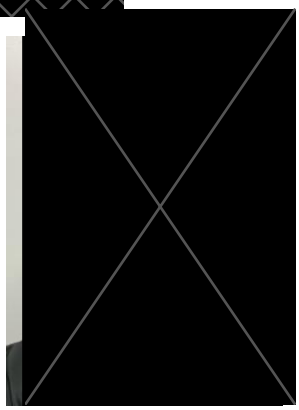

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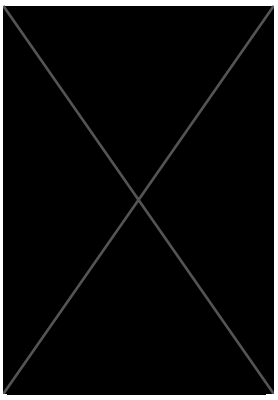

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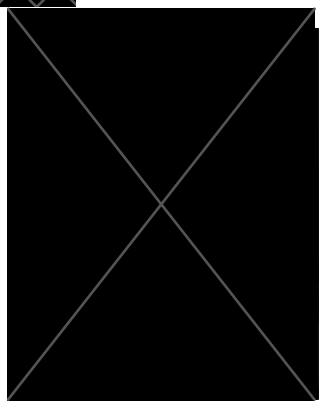

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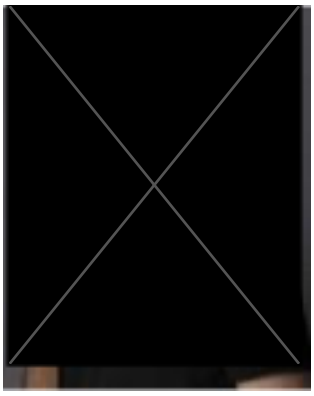

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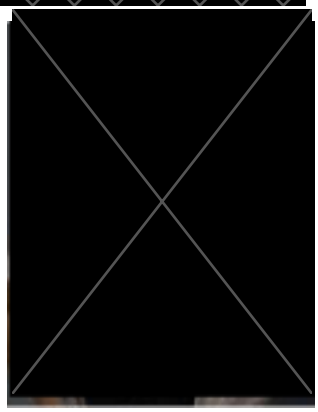

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Facilities – Functions and Locations

Corporate Office

The applicant's proposed site for its corporate team to direct and manage the integrated medical cannabis company is the current corporate office of [redacted]

Address	[redacted]

[redacted]

Dispensing Sites

The applicant has executed letters of intent with landlords to construct (for Birmingham and Gadsden locations), improve, occupy, and operate medical cannabis dispensing sites at the following facilities.

Address	1300 50th Street N Birmingham, AL 35212
County	Jefferson
County Population	673,000
Size of Facility	2,000 SF

Address	703 Forrest Avenue Gadsden, AL 35901
County	Etowah
County Population	104,000
Size of Facility	2,500 SF

Address	6971 Eastchase Loop Montgomery, AL 36117
County	Montgomery
County Population	230,000
Size of Facility	5,040 SF

Address	105 Fox Run Parkway Opelika, AL 36801
County	Lee
County Population	180,000
Size of Facility	2,000 SF

Address	105 Southland Village Troy, Al 36079
County	Pike
County Population	33,000
Size of Facility	3,000 SF

Cultivation & Processing, Secured Transportation Distribution Hub

[redacted]

Address	[redacted]
County	[redacted]

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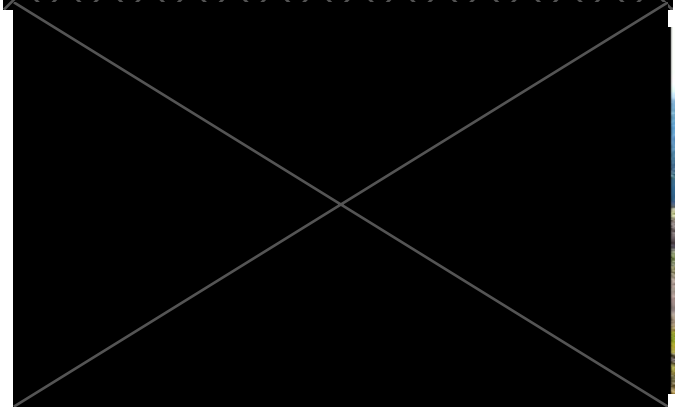

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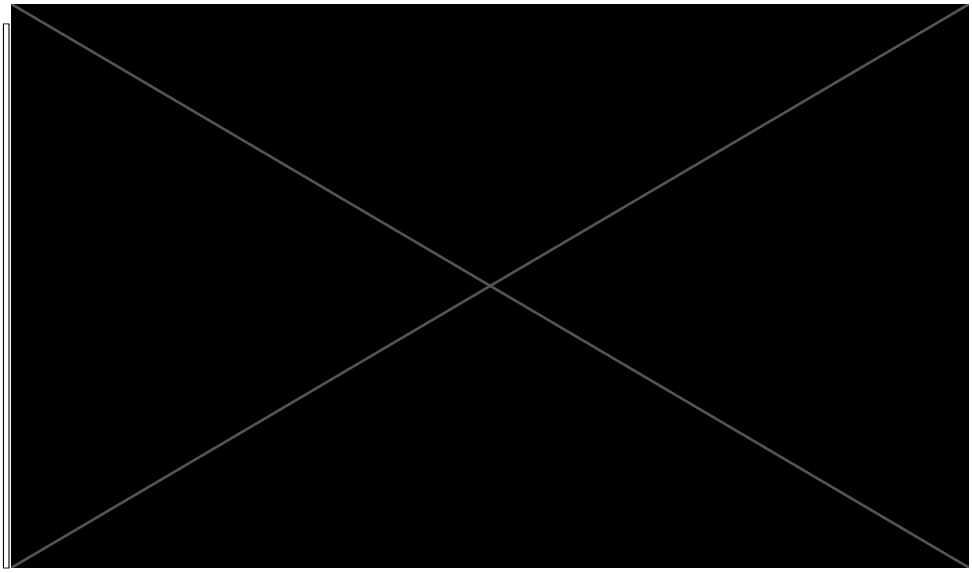


13.7 – Services or Products Provided

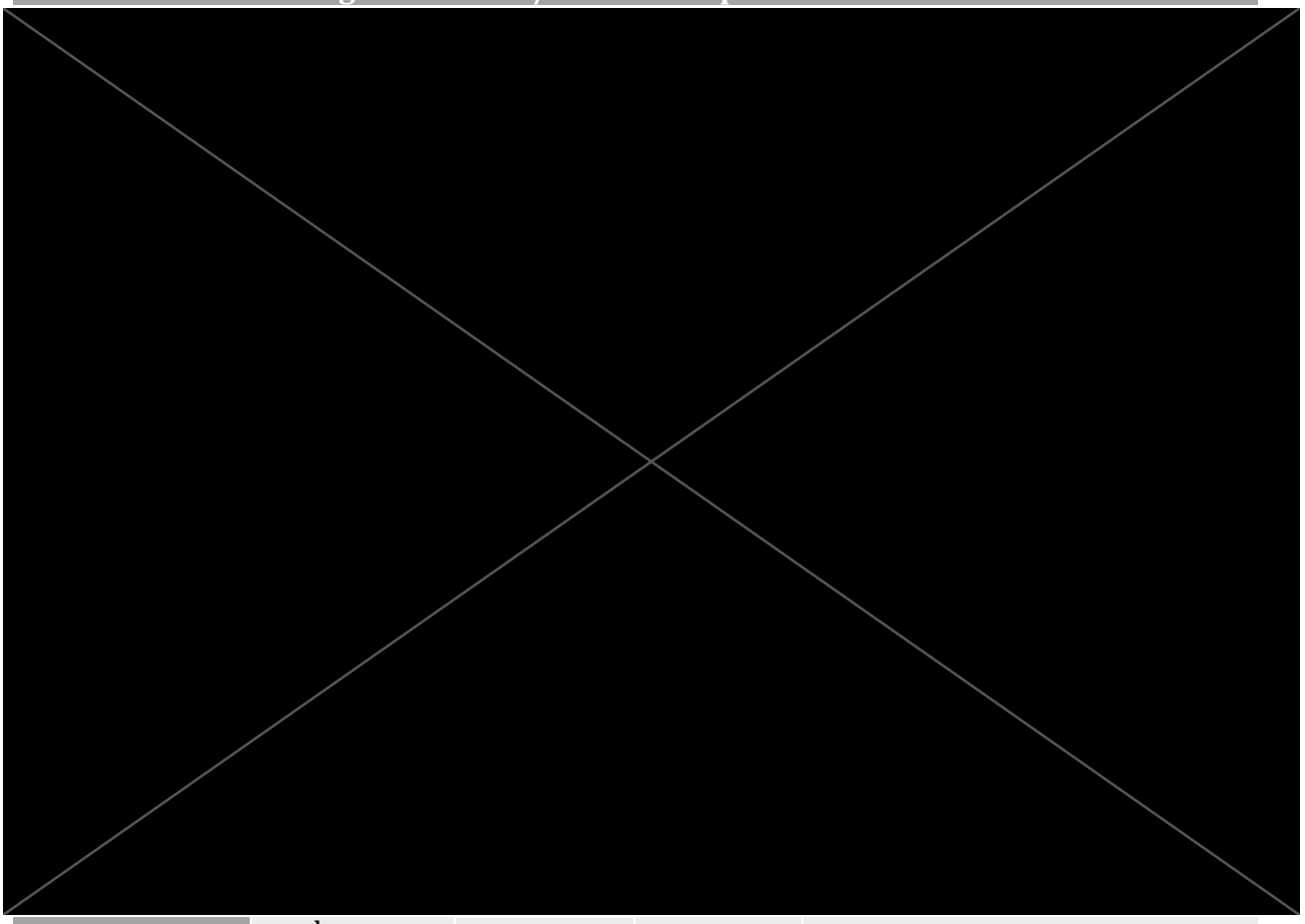
Services

The only potential services we are considering offering in our dispensing sites are the following. If requested of us by the patient or caregiver, we intend to provide free of charge, instructions on the proper administration of medical cannabis, education regarding potential side effects, potential drug interactions, and other potential useful information on the researched health benefits of medical cannabis. However, we will not offer any services or advice regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or type of medical cannabis. Please note that the applicant does not hold any patents or use any proprietary technology as of the drafting of this application.

Products

The applicant intends to cultivate and process the below medical cannabis products, subject to authorization within the relevant rules and regulations. Each of these items will then be transported through our secured transportation network to be sold in each of our dispensing sites. We have included our initial estimate of pricing projected for our

dispensing sites. In the event we sell these items to third-party dispensing sites we would expect our invoiced price to be half of the projected retail pricing using a keystone markup.

Product	Dosage	Cost/Unit	Lifespan	Benefits
				
	package			

13.8 Advertising/Marketing Analysis and Strategy

The applicant intends to conduct business with integrity, care, and responsibility to let our reputation uplift the business. Based on the nature of the industry and associated perception, we believe it is of utmost importance to make our medical cannabis patients feel comfortable. Accordingly, we will begin by designing dispensing sites that provide a professional experience in a comfortable, bright, and safe feeling environment.

Our dispensing sites will be simply named "*Free*" as we desire to provide a place where medical cannabis patients and caregivers can feel freedom from the stigma associated with cannabis. We want them to feel free to pursue medical cannabis for its therapeutical benefits under a program expertly designed to keep them safe.

Authorized patients and caregivers entering our dispensing sites will be met by our team of certified dispensers and dispensing assistants who will be the focal point of our approach and identified by their team moniker "*All Are Welcome*." The medical cannabis products will bear the name of "*Green Bud Pharma*" which comes from the overall company name which we intend to do business under as the "*Green Bud Packaging Company.*" Our cultivation and processing employees will proudly represent "*Green Bud Farms.*" We also plan to deploy the following:

- Development of a professional website with useful information and with functionality linking to menus, ordering systems, product information, etc., as allowed per the relevant rules and regulations.
- Direct marketing material in digital and print format within the dispensing site to promote the brands and products we offer.
- Utilize stringent quality standards in offering safe, fresh, healthy, and consistent medical cannabis products for sale.
- Attending and sponsoring industry and community events
- Utilization of social media to the extent allowed per state rules.

13.9 Community Engagement Plan

Based on our financial plan, we expect our integrated medical cannabis business to contribute an estimated 130 well-paying jobs to Alabama in the first year alone, and specifically within the communities where our proposed facilities will be located. We note the following specific plans to serve these same communities.

- Engage with local political leadership and stakeholders to present an accurate, positive portrayal of our mission to the important community stakeholders
- Engage with Law Enforcement, First Responders, and Medical Communities to clearly present an accurate, positive portrayal of the mission of Green Bud LLC to these important leaders in the areas we service

- Engage with Educators and Educational Leadership to clearly present an accurate, positive portrayal of our mission of to these important leaders in the areas we service
- Engage with Civic Clubs, Neighborhood Leadership, and Community Opinion Leaders for the communities we service to clearly present an accurate, positive portrayal of our mission to these important leaders
- Engage with leading, existing philanthropic entities in the areas we serve to ensure our team becomes properly educated about the challenges and needs of our service area so that we can maximize the impact of our Community Service efforts and our Charitable Contributions

The initial list of Charities that we would prioritize (assuming the meetings with the local community leaders reflect these as proper for the needs of our service area) include the following:

- Children's Hospital of Alabama
- Alabama Kidney Foundation
- United Way
  - River Region
  - Lee County
  - Etowah County
  - Central Alabama (Jefferson County and surrounding Metro area)
  - Wiregrass
- Sickle Cell Foundation
  - Central Alabama
  - Of Greater Montgomery
  - Southeast Alabama
- Alabama Sheriffs Youth Ranches
- O'Neal Comprehensive Cancer Center at UAB
- Breast Cancer Research Foundation of Alabama
- [redacted] each have an extensive record of Civic Leadership and Community Service including

a combined 80+ years of active public and community service in Alabama. [redacted] and [redacted] will assume direct responsibility for implementing the final Community Engagement Plan with the goal of becoming the 'highest value' corporate leader in all areas we serve.

13.10 Environmental Impact Statement

The applicant has developed the following plans to ensure we leave a positive impact and reduce our carbon footprint in the local environments of each Alabama community we propose to operate our dispensing sites and cultivation and processing facilities in:

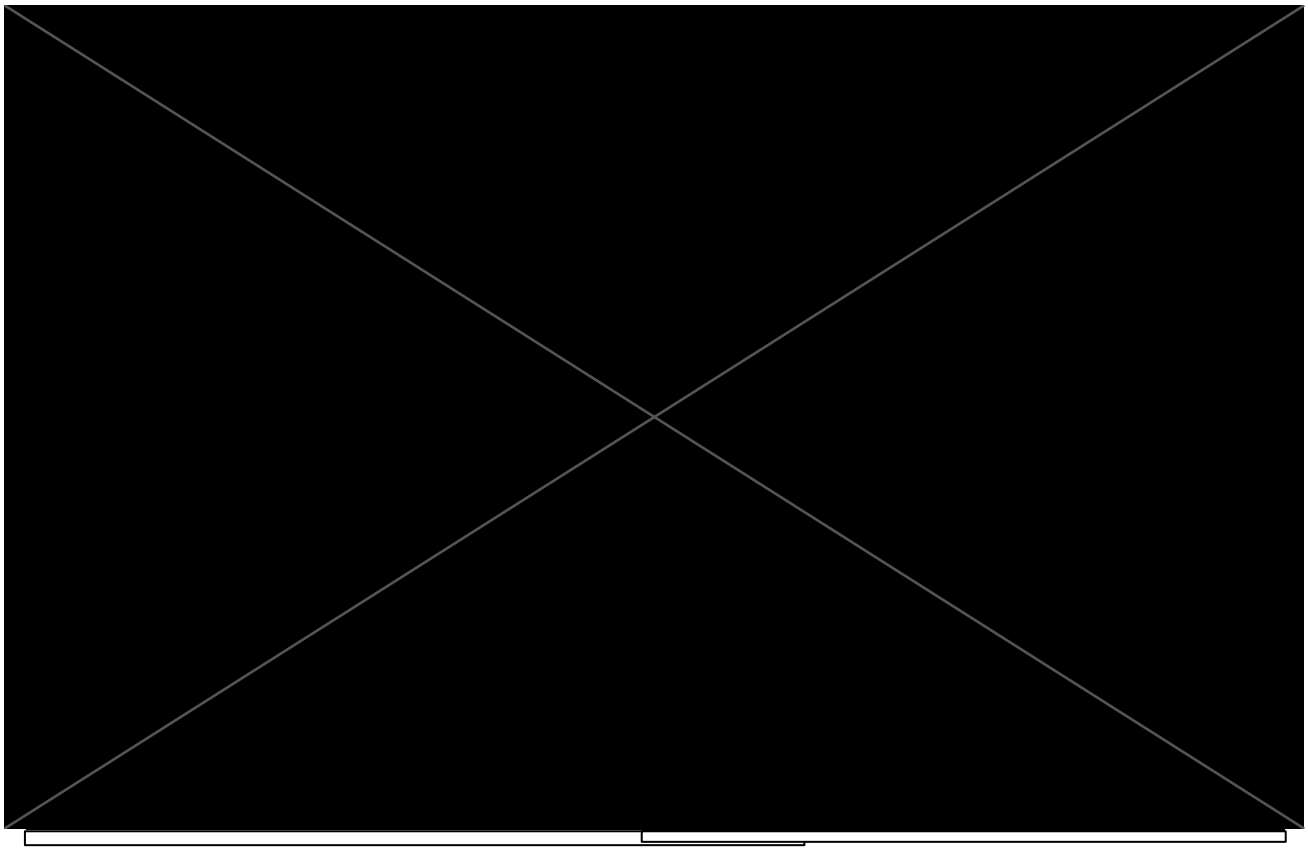
- Use energy efficient construction materials that are sustainably sourced and recycled where possible
- Implement energy efficient LED lighting where appropriate and equipment that utilizes current energy efficient technology
- Design and maintain climate control systems that monitor and control impact of our facilities in regards to odor control, air quality, electricity use, and greenhouse gas emissions
- Design and maintain efficient heating and cooling systems in closed loop environments that do not exchange air with the outside of the building
- Operate maintenance programs that include efficiency checks, filter replacements, and evaluations of system upgrades
- Growing practices that utilize materials that are pesticide free and environmentally friendly
- Expansive water conservation efforts including:
  - Use of drip irrigation to deliver water and nutrients directly to the root zone of the plants, reducing overall water use
  - Recycle and reuse water from dehumidifiers and air conditioning units
  - Use of moisture retaining materials to reduce the need for frequent watering
  - Make improvements where possible outside our leased dispensing sites to upgrade all landscaping to a water-wise design and install automatic faucets within the facility to control the flow of water

- Monitor and optimize irrigation schedules with the use of sensor to monitor moisture levels to ensure plants are receiving the optimal amount of water
- Use of water-efficient equipment including low-flow irrigation equipment

The applicant will also work in these communities to establish clear lines of communication with federal, state and local regulatory agencies charged with environmental oversight. In these efforts we will leverage the applicant's deep business experience in building similar relationships to foster cooperation with those agencies and ensure compliance with all relevant laws and regulations.

13.11 Insurance Plan

The applicant will contract with the below insurance providers to maintain general liability insurance coverage for no less than $1,000,000 per occurrence and $2,000,000 in aggregate annually and product liability coverage for no less than $1,000,000 per occurrence and $2,000,000 in aggregate annually. The policy deductible will be no higher than $5,000 per occurrence. The applicant will consider additional coverage based on availability and cost-benefit analysis.



License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 14 – Evidence of Business Relationship with Other Licensees and Prospective Licensees

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant has not entered into any business relationships with prospective license holders. We have included exemplars of contracts we would utilize as drafted based on our senior management team's experience operating vertical medical cannabis businesses.

14.1 Cultivator

An exemplar contract is presented below for the applicant to purchase cannabis from a cultivator (including to an integrated license holder operating under a cultivator authorization), which is an allowed operation under the processor authorizations provided to an integrated license holder.

Transaction #
Date
Cultivator name
Cultivator license #
Cultivator authorized agent
Phone
Address Line 1
Address Line 2

Agreement for Green Bud as processor to purchase cannabis from a cultivator

Green Bud Packaging Company
Processor: Green Bud, LLC
Processor license #: TBD
[redacted]
Phone: TBD
1724 Roberts Mill Pond Rd
Pell City, AL 35128

Statewide Seed-to-Sale Batch ID #	Product Description	Weight	Unit Price	Extended Price
	Totals	XX		$XX

Terms and conditions: the cultivator named above agrees to the following terms upon acceptance of this contract for the sale of cannabis:
- Cultivator confirms that their license is valid and active, and that it intends to carry forward with this transaction in a fully compliant manner with regard to all relevant rules and regulations.
- Cultivator verifies all labeling and packaging and proper chain of custody recorded within the stateside seed-to-sale tracking system.
- Cultivator agrees it can accept full payment via check or wire, payment will be made within 21 days of the receipt of product.
- Delivery will be FOB - cultivation and processing facility of the company.
- Cultivator's agent must email the wholesale director indicating their acceptance (with this document attached) of these terms once the transaction has been agreed to and the information has been fully documented within this form.

14.2 Processor

Part 1 – an exemplar contract is presented below for the applicant to sell cannabis to a processor (including to an integrated license holder operating under a processor authorization), which is an allowed operation under the cultivation authorizations provided to an integrated license holder.

Transaction #
Date
Processor name
Processor license #
Processor authorized agent
Phone
Address Line 1
Address Line 2

Agreement for sale of cannabis from Green Bud as cultivator to a processor

Green Bud Packaging Company
Cultivator: Green Bud, LLC
Cultivator license #: TBD
[redacted]
Phone: TBD
1724 Roberts Mill Pond Rd
Pell City, AL 35128

Statewide Seed-to-Sale Batch ID #	Product Description	Cannabinoid Content per Package	Quantity	Unit Price	Extended Price
		Totals	XX		$XX

Terms and conditions: the processor named above agrees to the following terms upon acceptance of this contract for the purchase of cannabis:
- Processor confirms that their license is valid and active, and that it intends to carry forward with this transaction in a fully compliant manner with regard to all relevant rules and regulations.
- Processor agrees to accept all goods in the statewide seed-to-sale tracking system upon receipt (but no less than 2 hours after delivery) and allow a member of the secured transport team making the delivery to be present for the entire receipt verification process.
- Processor agrees full payment must be made via check or wire within 21 days of delivery.
- Delivery will be FOB processor facility via the cultivator's (integrated license holder) secured transport team.
- Dispensary agent must email the wholesale director indicating their acceptance (with this document attached) of these terms once the transaction has been agreed to and the information has been fully documented within this form.

Part 2 – an exemplar contract is presented below for the applicant to purchase medical cannabis products for its dispensing sites from a processor (including from an integrated license holder operating under a processor authorization).

Transaction #
Date
Processor name
Processor license #
Processor authorized agent
Phone
Address Line 1
Address Line 2

Agreement to purchase medical cannabis products from a processor for Green Bud's dispensing sites

Free Dispensing Sites
Green Bud Packaging Company
Dispensary: Green Bud, LLC
Dispensary license #: TBD
[redacted]
Phone: TBD
1724 Roberts Mill Pond Rd
Pell City, AL 35128

Statewide Seed-to-Sale Batch ID #	Product Description	Cannabinoid Content per Package	Quantity	Unit Price	Extended Price
	Totals		XX		$XX

Terms and conditions: the processor named above agrees to the following terms upon acceptance of this contract for the sale of medical cannabis products:
- Processor confirms that their license is valid and active, and that it intends to carry forward with this transaction in a fully compliant manner with regard to all relevant rules and regulations.
- Processor verifies all labeling and packaging and proper chain of custody recorded within the stateside seed-to-sale tracking system.
- Processor agrees to provide all required documentation including copies of licenses, testing results, final invoices, etc.
- Processor agrees it can accept full payment via check or wire, payment will be made within 21 days of the receipt of product.
- Delivery will be FOB - dispensing site distribution hub via the processor's (integrated license holder) secured transport team.
- Processor's agent must email the wholesale director indicating their acceptance (with this document attached) of these terms once the transaction has been agreed to and the information has been fully documented within this form.

14.3 Secure Transporter

An exemplar contract is presented below for the applicant to request secured transportation services for its proposed integrated license, while performing medical cannabis activities under the various authorities granted to it.

Agreement for Green Bud to receive secured transportation services

Transaction #
Date
Secured trasnporter name
Secured transporter license #
Authorized agent
Phone
Address Line 1
Address Line 2

Green Bud Packaging Company
Integrated license: Green Bud, LLC
Integrated license #: TBD
Company Agent
Phone: TBD
1724 Roberts Mill Pond Rd
Pell City, AL 35128

Description of products being transported	Date	Origin	Destination	Total Distance	Mileage Rate	Price
			Totals	XX		$XX

Terms and conditions: the secured transporter named above agrees to the following terms upon acceptance of this contract to perform secured transportation services for the integrated licensee performing medical cannabis activities under the various authorities granted to it.
- Secured transporter confirms that their license is valid and active, and that it intends to carry forward with this transaction in a fully compliant manner with regard to all relevant rules and regulations.
- Secured transporter agrees it can accept full payment via check or wire, payment will be made within 21 days of the receipt of the shipment delivery.
- Secured transporter agrees to remain present for the entire verification process for both receiving and delivery activities as relevant.
- Secured transporter agrees to to accurately enter all activity into the statewide seed-to-sale tracking system regarding their possession of cannabis and/or medical cannabis products.
- Secured transporter agrees to provide all required documentation including but not limited to trip manifests and route plans.
- Secured transporter agrees to provide the required notice (to the company and any regulators and/or law enforcement members requiring notification) in the event of an emergency or deviation from the plans so provided.
- Secured transporter must email the company indicating their acceptance (with this document attached) of these terms once the transaction has been agreed to and the information has been fully documented within this form.

14.4 Dispensary

An exemplar contract is presented below for the applicant to sell medical cannabis products to a dispensary (including to an integrated license holder operating under a dispensary authorization), which is an allowed operation under the processor authorizations provided to an integrated license holder.

Agreement for sale of medical cannabis products from Green Bud to a dispensary license holder.

Transaction #
Date
Dispensary name
Dispensary license #
Dispensary authorized agent
Phone
Address Line 1
Address Line 2

Green Bud Packaging Company
Processor: Green Bud, LLC
Processor license #: TBD
[redacted]
Phone: TBD
1724 Roberts Mill Pond Rd
Pell City, AL 35128

Statewide Seed-to-Sale Batch ID #	Product Description	Cannabinoid Content per Package	Quantity	Unit Price	Extended Price
	Totals		XX		$XX

Terms and conditions: the dispensary named above agrees to the following terms upon acceptance of this contract for the purchase of medical cannabis products:
- Dispensary confirms that their license is valid and active, and that it intends to carry forward with this transaction in a fully compliant manner with regard to all relevant rules and regulations.
- Dispensary agrees to sell the medical cannabis products contained in this transaction for no less than 2 times the invoiced cost, unless written approval by processor's wholesale director is obtained.
- Dispensary must agree to accept all goods in the statewide seed-to-sale tracking system upon receipt (but no less than 2 hours after delivery) and allow a member of the secured transport team making the delivery to be present for the entire receipt verification process.
- Dispensary agrees full payment must be made via check or wire within 21 days of delivery.
- Delivery will be FOB dispensing site via the processor's (integrated license holder) secured transport team.
- Dispensary's agent must email the wholesale director indicating their acceptance (with this document attached) of these terms once the transaction has been agreed to and the information has been fully documented within this form.

14.5 Integrated Facility

See exemplar contracts in sections 14.1 through 14.4 above for integrated facility license holders operating under the authority granted to it for each respective medical cannabis related activity.

14.6 State Testing Laboratory

An exemplar contract is presented below for the applicant to perform an official test with a state testing laboratory of cannabis and/or medical cannabis products through an integrated license, operating under the authority granted as a cultivator or processor.

Agreement for Green Bud to receive official test conducted by state testng laboratory

Transaction #
Date
State testing laboratory name
State testing laboratory license #
Authorized agent
Phone
Address Line 1
Address Line 2

Green Bud Packaging Company
Processor/Cultivator: Green Bud, LLC
License #: TBD
Company Agent
Phone: TBD
1724 Roberts Mill Pond Rd
Pell City, AL 35128

Statewide Seed-to-Sale Batch ID #	Cannabis or Medical Cannabis Product Type	Official Test Type	# of Tests	Price per Test	Extended Price
		Totals	XX		$XX

Terms and conditions: the state testing laboratory (STL) named above agrees to the following terms upon acceptance of this contract to perform an official test of cannabis and/or medical cannabis products for the integrated license holder operating under the authority granted to it as a cultivator or processor.
- STL confirms that their license is valid and active, and that it intends to carry forward with this transaction in a fully compliant manner with regard to all relevant rules and regulations.
- STL agrees it can accept full payment via check or wire, payment will be made within 21 days of the receipt of testing results.
- STL agrees it will arrange for sampling, collect the appopriate amount of samples in accordance with the rules, and perform secured transportation of the test samples on the agreed upon date during the company's operating hours.
- STL agrees to return an official test result and accurately enter into the statewide seed-to-sale tracking system within 7 days of picking up a sample for testing.
- STL agent must email the company indicating their acceptance (with this document attached) of these terms once the transaction has been agreed to and the information has been fully documented within this form.

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 15 – Coordination of Information from Registered Certifying Physicians

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant will appropriately utilize the Alabama Medical Cannabis Patient Registry System for receiving and coordinating information and certifications from registered certifying physicians recommending medical cannabis products for patient and caregiver customers. Prior to dispensing medical cannabis, the dispensary, acting through a certified dispenser or employee supervised by a certified dispenser, will confirm that the patient or caregiver holds a valid, current, unexpired, and unrevoked medical cannabis card, and that the dispensing of medical cannabis conforms to the type and amount recommended in the physician certification, and that the amount recommended will not exceed the 60-day daily dosage purchasing limit. The capabilities of the Alabama Medical Cannabis Patient Registry System are listed below, and afterwards we have included our detailed medical cannabis product dispensing SOP's to identify how we plan to appropriately satisfy our dispensing site responsibilities and requirements.

Alabama Medical Cannabis Patient Registry System capabilities

(1) Receives and records physician certifications.

(2) Receives and tracks qualified patient registration and issuance of medical cannabis cards.

(3) Receives and tracks designated caregiver registration and issuance of medical cannabis cards.

(4) Includes in the patient registry database for each qualified patient registrant the name of the qualified patient and the patient's designated caregiver, if applicable, the patient's registered certifying physician, the respective qualifying medical condition or conditions, the recommended daily dosage and type of medical cannabis, and any other information the commission, by rule, deems relevant.

(5) Verifies that a medical cannabis card is current and valid and has not been suspended, revoked, or denied.

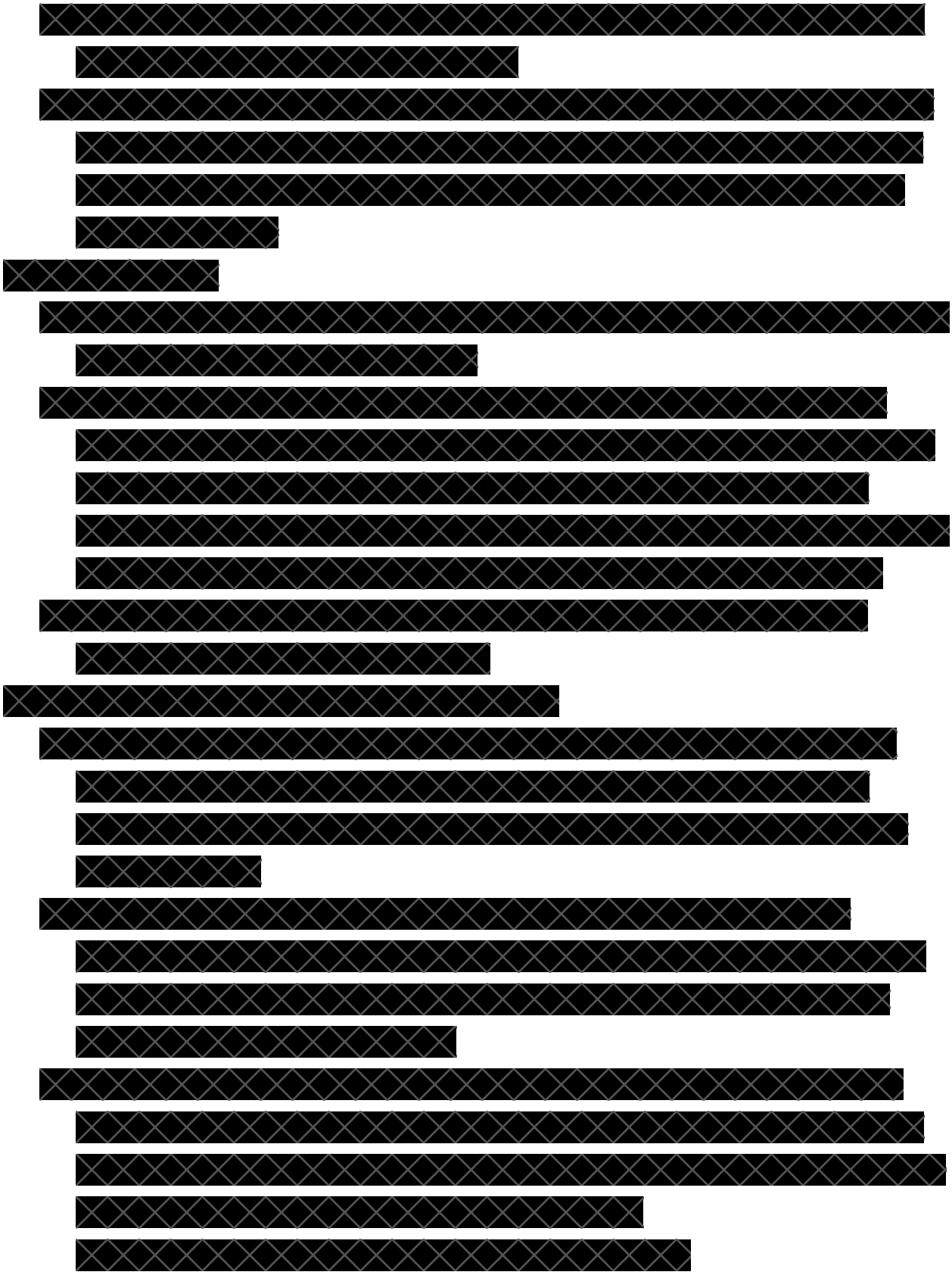
(6) Tracks purchases of medical cannabis at dispensaries by date, time, amount, and type.

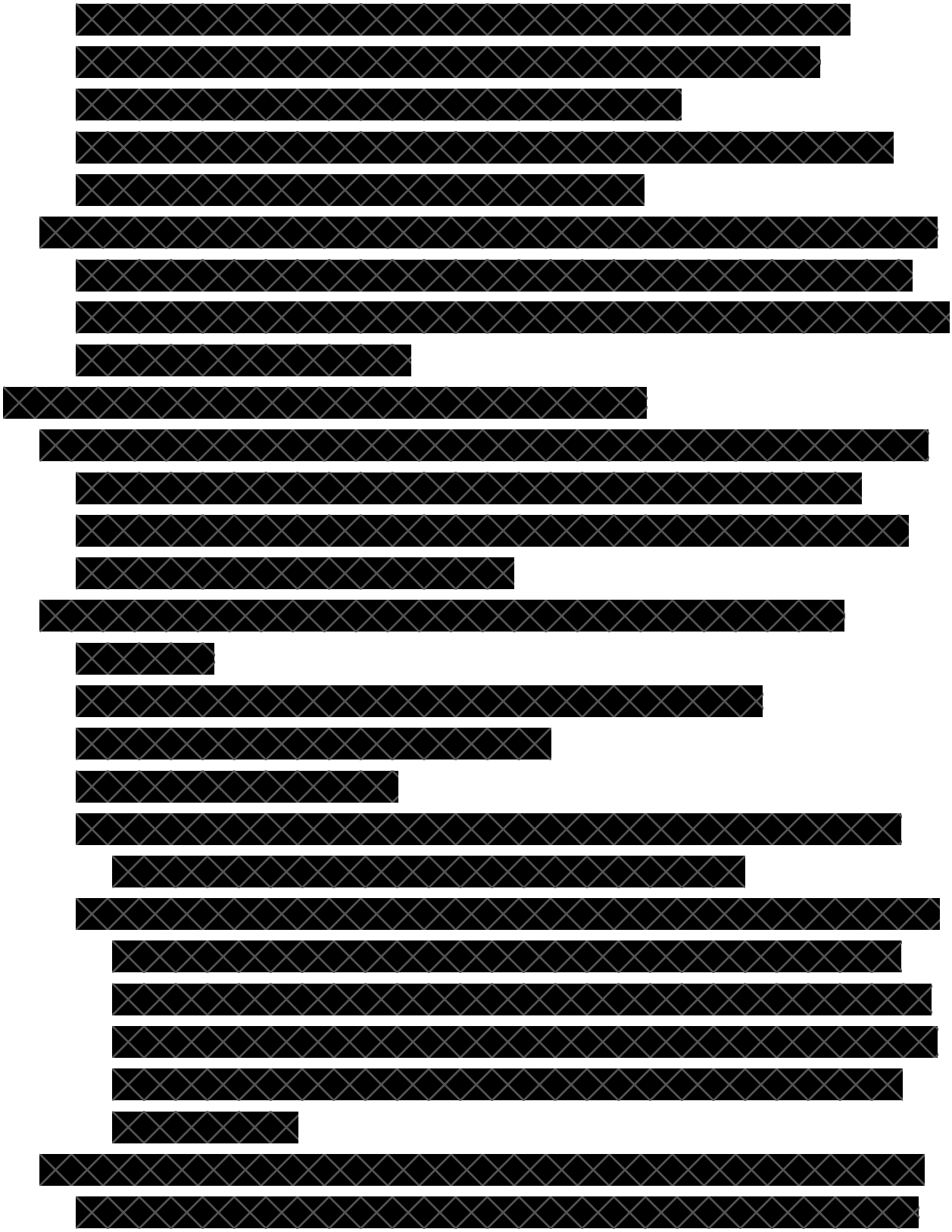
(7) Determines whether a particular sale of medical cannabis transaction exceeds the permissible limit.

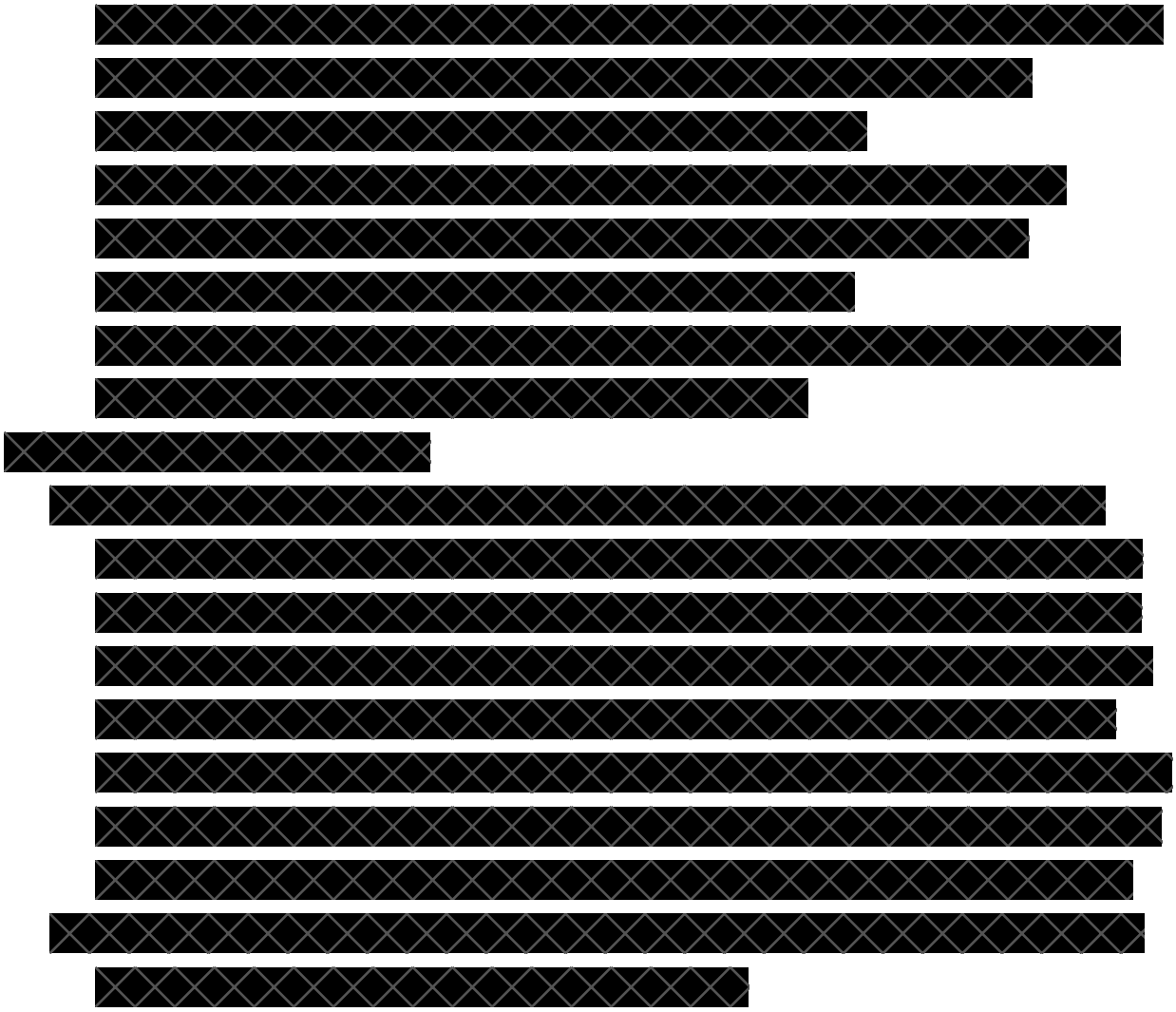
(8) Tracks medical cannabis cards that are denied, revoked, or suspended.

(9) Interfaces as necessary with the statewide seed-to-sale tracking system.

[redacted]







License Type: Integrated

Exhibit 16 – Point-of-Sale Responsibilities

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

As discussed in the applicant's business plan, the company intends to design dispensing sites that provide a professional experience in a comfortable, bright, and safe feeling environment. Our dispensing sites will be simply named "*Free*" as we desire to provide a place where medical cannabis patients and caregivers can feel freedom from the stigma associated with cannabis. We want them to feel free to pursue medical cannabis for its therapeutical benefits under a program expertly designed to keep them safe. Authorized patients and caregivers entering our dispensing sites will be met by our team of certified dispensers and dispensing assistants who will be the focal point of our approach and identified by their team moniker "*All Are Welcome*." Our chief people, patient, & pharmaceutical officer (C3PO) will oversee the has design of these facilities and has created the following plan for each certified dispenser to provide point-of-sale education, consultation, information, responses to patient and caregiver questions, and instructions for use regarding all medical cannabis products. All new patients and caregivers will be provided a packet of educational material which will include an outline of the relevant medical cannabis rules and regulations for patients and caregivers. Prior to providing any education or information, the company will submit proposed materials to the commission for review and approval. The company will also plan to make approved education and information available on its website.

Point-of-sale education

- The certified dispenser will provide educational materials to each medical cannabis patient and caregiver on the recognition and significant dangers of substance abuse, including providing the following examples of how medical cannabis can be abused:
  - Driving vehicles or operating equipment under the influence.
  - Sharing or selling medical cannabis products.
  - Use of medical cannabis for recreational purposes, or not using in accordance with the recommendations of the physician and the provided instructions for use.
  - Recognizing signs that medical cannabis may be having a detrimental effect on one's life and use may need to be paused, or stopped altogether; when there are failures to fulfill obligations at work, school, or home.

  - Avoiding habits or patterns that may cause reliance on medical cannabis, or inability to control use.
  - Transporting medical cannabis outside state boundaries, or in a manner not compliant with the rules and regulations for patients and caregivers in possession.
  - Exceeding recommended daily recommended dosages and/or attempting to manipulate the purchasing limit system.
- Education will also be provided regarding potential side effects including, but not limited, to: insomnia, drowsiness, sedation, short-term memory loss, anxiety, uneasiness, altered reality, dysphoria, overly euphoric, trouble keeping track of time, dehydration, eye watering / redness, ataxia, respiratory and digestive issues.
- Education, information, and local resources for alternative and/or complementary therapeutic treatments to medical cannabis:
  - Healthy diet
  - Yoga
  - Massage
  - Acupuncture
  - Hypnosis
  - Counseling

Consultation

- Whether a new or returning patient or caregiver, each will be provided the opportunity to have a quiet, private setting to receive the educational materials, instructions, and have their questions answered. The consultation room will be adjacent to the point-of-sale terminals, with the ability for the certified dispenser to access through their adjacent office, while maintaining secured access to the employee dispensing area. The room will be designed to make the patient or caretaker feel free and welcome to have an effective discussion with the certified dispenser; while maintaining continuous video/audio recording to ensure compliance with the rules and regulations.

- The certified dispenser will strictly follow appropriately designed HIPAA protocols in conducting all consultations.

Provision of information

- The certified dispenser will provide information on potential drug interactions:
  - Barbiturates or sedatives which could cause extreme drowsiness or fatigue.
  - Stimulants such as caffeine or amphetamines that could intensify effects.
  - Alcohol which may cause loss of coordination, memory, and vomiting.
  - Supplements, prescriptions, and non-prescription drugs that could have an effect on efficacy.
- Special precautions and warnings recommendations will also be provided such as:
  - Not to be used if pregnant or breastfeeding as medical cannabis can pass through the placenta and milk significantly endangering the growth and development of a child.
  - Potential to cause rapid heartbeat and high blood pressure.
  - Weakening of the immune system making it more difficult for the body to fight infections.
  - Potential detrimental effect on lungs and other organs due to lack of adequate peer-reviewed research.
  - In some cases, medical cannabis might make seizure disorders worse.
  - Medical cannabis should not be used at least a month before and after surgery; patients should make sure they consult with all physicians that care for them and clearly disclose use of medical cannabis.
- The certified dispenser will also provide information as to the illegality of cannabis and medical cannabis in regards to:
  - Possessing, smoking, or vaporizing any form of cannabis flowers or oil
  - Illicit medical cannabis which has been illegally sourced from the black market or interstate traffic from another state (even one that offers a legal medical or recreational cannabis program).

- Diverted medical cannabis that is no longer in the appropriate chain of custody system of a licensee and has not been legally dispensed to the individual in possession whether or not they are a patient or caregiver.

Responses to patient and caregiver questions

- The certified dispenser will exercise an abundance of caution in ensuring no information or advice is offered regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or type of medical cannabis recommended by the registered certifying physician. In the event a certified dispenser is asked to provide such, they will direct the patient or caregiver back to the registered certifying physician to address questions or provide advice that the certified dispenser cannot.

Instructions for use regarding all medical cannabis products,

- The certified dispenser will provide instructional materials (again subject to the commission's review and approval) for the patient and caregiver:
  - A comparison of ingested options such as the capsules, tinctures, as gelatinous cubes.
  - A comparison of the topical options including lotions and transdermal patches.
  - A comparison of inhalation options.
  - Product activation time including the difference in effect between men and women as well as different weights and body sizes.
  - Proper administration of individual medical cannabis dosages in accordance with the physician's recommendations and a reminder of the extreme dangers of substance abuse
  - Specific instructions on the proper administration of medical cannabis for each type being dispensed:
    - Capsules – the recommended method for swallowing the capsule and the number to take in accordance with the dosage recommendations of the physician.

- Tinctures – the recommended method for administering the tincture, such as under the tongue or mixed with food or drinks, and the amount to consume in accordance with the dosage recommendations of the physician.
- Gelatinous cubes – the recommended method for ingesting the gelatinous cubes, such as thoroughly chewing and mixing with food, and the number of cubes to consume in accordance with the dosage recommendations of the physician.
- Lotions – the recommended method for applying the lotion to the skin and the recommended frequency of use and amount in accordance with the dosage recommendations of the physician.
- Transdermal patches – the recommended method for applying the transdermal patch to the skin, including instructions not to cut or otherwise modify that patch and to dispose of properly after use.
- Inhalers: the instructions for using the inhalation device and how to inhale the appropriate amount in accordance with the dosage recommendations of the physician.

Other considerations

As required by the rules, prior to the dispensing site's commencing operations or prior to beginning work; each certified dispenser will take and pass a medical cannabis foundations training course. The C3PO, dispensing director, and certified dispensers will team together to regularly make improvements to the educational and instructional materials (submitting for review and approval to the commission each time) incorporating the benefits of the continuing education required by the program rules. This education will address proper dispensing procedures, prevention of abuse and diversion of medical cannabis, and other topics related to public health, safety and good business practices relating to cannabis, medical cannabis and the dispensing thereof. The C3PO will also develop protocols for the recognition of abuse and refusal of sale to professionally deny service to a patient / caregiver and how to report these interactions (and any suspicious activity) to the appropriate level of management and/or the commission.

License Type: Integrated

Exhibit 17 – Confidentiality of Patient Information

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant understands its significant responsibilities with regards to protecting the confidentiality of patients' and caregivers' sensitive information. Our senior management team has significant experience in this area and will implement rigorous controls led by our chief people, patient, and pharmaceutical officer (C3PO) through collaboration with our dispensing director, compliance director, and human resources director. The C3PO has extensive experience in the medical industry where she followed strict protocols to protect patient and pharmaceutical tracking databases. She has used this experience in designing a plan which includes measures for maintaining technology, network security, and proper training for our employees, as well as specific protocols for maintaining confidentiality of patient information in accordance with HIPAA. The relevant information systems containing this sensitive information include the Alabama medical cannabis patient registry, the statewide seed-to-sale tracking system, and the point-of-sale system. We are committed to providing the highest level of protection for all of the following sensitive information included in these and any other systems we implement.

- Patient and caregiver personal identification, including names, addresses, birthdates, social security numbers, and other personally identifiable information.
- Patient medical information, including diagnosis, treatment plans, prescription records, and other medical information.
- Patient registry and seed-to-sale tracking information, such as medical certification, identification numbers, and purchasing history
- Financial information, including patient and caregiver payment information, billing information, and other financial data.

Cybersecurity plan for sensitive information of patients and caregivers

Utilizing his significant IT experience (including evaluating cybersecurity plans as a government cannabis auditor), our compliance director worked with our C3PO in designing the following detailed cybersecurity plan.

- Access to patient and caregiver information will be strictly controlled and limited to only those employees who require it to perform their job duties. No patients or caregivers will have access to the employee dispensing area or any other locations where the computer terminals are located.

- Each employee will be assigned a unique login and password. Strict password protocols and two-factor authentication will be utilized.
- Employees will also be required to sign a confidentiality agreement before they are given access to the information.
- All patient and caregiver information stored in databases, backups, and transmitted over the internet or other networks will be encrypted.
- The network will be protected by a firewall that monitors and controls incoming and outgoing network traffic to prevent unauthorized access and keep sensitive information secure.
- Regular backups of all patient and caregiver information will be performed and stored in a secure location. This will ensure that the information can be recovered in case of any data loss due to a natural disaster, hacking, or other disaster.
- An intrusion detection and prevention system will be installed on the network to detect and prevent any unauthorized access attempts.
- Antivirus and antimalware software will be installed on all devices connected to the network to prevent malware infections. The software will be regularly updated to ensure that it is able to detect and prevent the latest threats.
- All employees will be trained in safe information security practices, including the proper handling of sensitive information, the importance of encryption, and how to spot and report any suspicious activity.
- Regular security audits will be performed to identify any potential security vulnerabilities in the information security system. Any vulnerabilities found will be promptly addressed and resolved.
- A detailed incident response plan will be developed and communicated to all employees. The plan will outline the steps to be taken in case of a data breach or other security incident and will ensure that the appropriate actions are taken to minimize the damage and prevent any further breaches.
- Any third-party contractors who are granted temporary access to patient and caregiver information will be required to sign a confidentiality agreement and comply with all the information security policies and procedures.

Plan for maintaining confidential information

For employees whose responsibilities include handling confidential information, the C3PO partnered with the dispensary director (who has managed multiple medical cannabis dispensaries) to ensure design of the highest standards of protection for the sensitive information of our patients and caregivers. The dispensing director has a significant understanding of appropriately designed workflows incorporating patient registries, seed-to-sale tracking systems, and point-of-sale systems. Based on this experience, the following protocols have been designed.

- All employees will receive training on the importance of patient confidentiality and the procedures for protecting it. The training will cover the legal requirements and industry standards for patient privacy, as well as the consequences of violating patient confidentiality.
- Access to patient information will be limited to employees who have a legitimate business need for the information and the dispensary director will determine and maintain access for appropriate employees.
- Patient information, whether electronic or physical records, will be stored securely and confidentially. Physical records will be stored in a locked cabinet or room, and electronic records will be protected with passwords and encryption.
- All sensitive information will be disposed of securely when it is no longer needed. Physical records will be shredded or otherwise destroyed, and electronic records will be securely deleted.
- Employees will verify a patient's identity before releasing any confidential information. This will be done by checking a valid government-issued photo ID or other proof that an individual is in fact the patient or caregiver matching the medical cannabis card being presented.
- Employees will communicate with patients in a confidential manner, and any sensitive conversations (or upon request of the patient or caregiver) will occur in the private consultation room where others cannot overhear. The room will be designed to make the patient or caretaker feel free and welcome to have an effective discussion with the certified dispenser; while maintaining continuous video/audio recording to ensure compliance with the rules and regulations.

- Employees will be trained to report any suspected or actual breaches of patient confidentiality to the certified dispenser immediately. The dispensing director (and other relevant members of senior management) will conduct an investigation of any reported breaches of patient confidentiality. The investigation will be conducted in accordance with the incident response plan and will include a review of the employee's actions, an assessment of the impact on the patient, and a determination of appropriate corrective actions.
- Any employee (including those working at the office headquarters of the company and the cultivation and processing facility) with access to the relevant systems containing sensitive information will receive the appropriate training, and follow effectively designed controls, to protect confidential information.

HIPAA compliance

To ensure appropriate compliance with HIPAA requirements, the C3PO designed a program in conjunction with the human resources director, who will lead the effort in implementing the protocols for maintaining confidentiality of patient information in accordance with HIPAA. The human resources director has significant experience in this area, including designing and implementing appropriate HIPAA plans for an integrated medical cannabis company. All facilities and employees will comply with all HIPAA regulations, including the HIPAA Privacy Rule, the HIPAA Security Rule, and the HIPAA Breach Notification Rule. This includes the design and implementation of the following protocols:

- HIPAA training
    - All employees of the dispensing site will receive regular HIPAA training to ensure that they understand and comply with HIPAA regulations.
    - This training will be updated regularly to reflect changes to HIPAA regulations and best practices.
- Initial and ongoing risk assessments
- Implementation of appropriate security measures
- Reporting of any security incidents to the relevant authorities
- Monitoring and enforcement of HIPAA regulations, including:

    - Regular audits of employee activities
    - Monitoring of access logs
    - Implementation of appropriate security measures to mitigate identified risks
- Regular review and update of HIPAA procedures to ensure compliance with the latest regulations and best practices, including:
    - Security measures
    - Data backup
    - Disaster recovery procedures
    - Employee training programs

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 18 – Money Handling and Taxes

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant expects to contract with a financial institution to provide full checking and banking services to the proposed integrated medical cannabis company. We will design an appropriate financial reporting and banking compliance framework to satisfy the financial institution's stringent monitoring requirements set by their regulators. The cfo and finance director have worked extensively with financial institutions in the medical cannabis industry in developing such programs to satisfy the heightened oversight the banking regulators require; to ensure appropriate anti-money laundering programs are implemented, and that other specific concerns relative to the industry are addressed appropriately. The company will only contract with a financial institution that demonstrates an appropriate understanding of these requirements and a commitment to maintaining an appropriate level of monitoring to satisfy their regulators. We believe maintaining an effective banking relationship is critical to ensuring we deliver the highest level of professional service to:

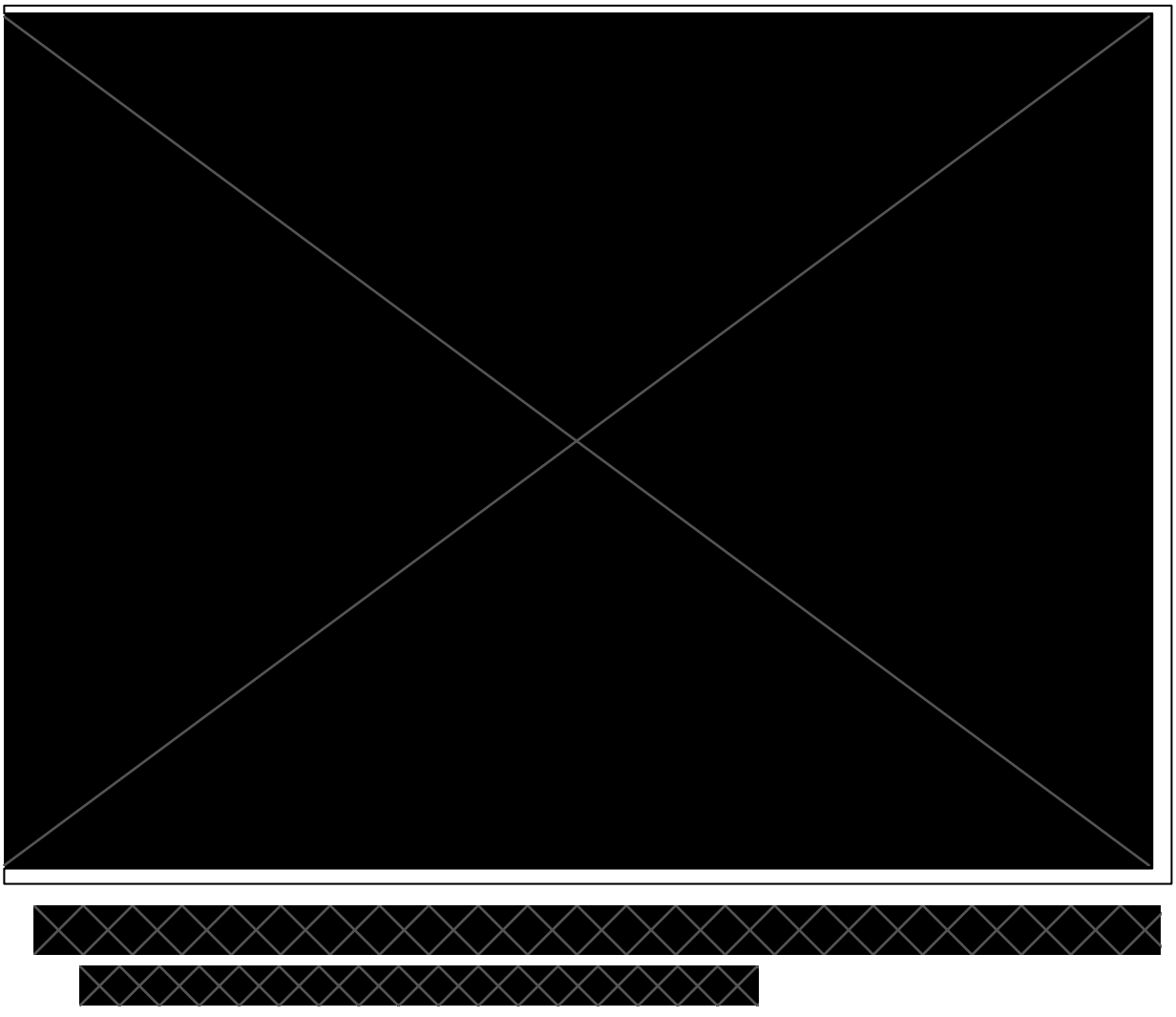
- our employees, by ensuring we can settle the wages we owe them via direct deposit,
- our vendors, by avoiding dangerous transfers of large sums of cash to settle transaction, and
- our patients and caretakers, by regularly removing cash receipts (via armored carrier pickup and deposit into a financial institution's vault) from our dispensing sites and exploring payment solutions as an alternative to cash.

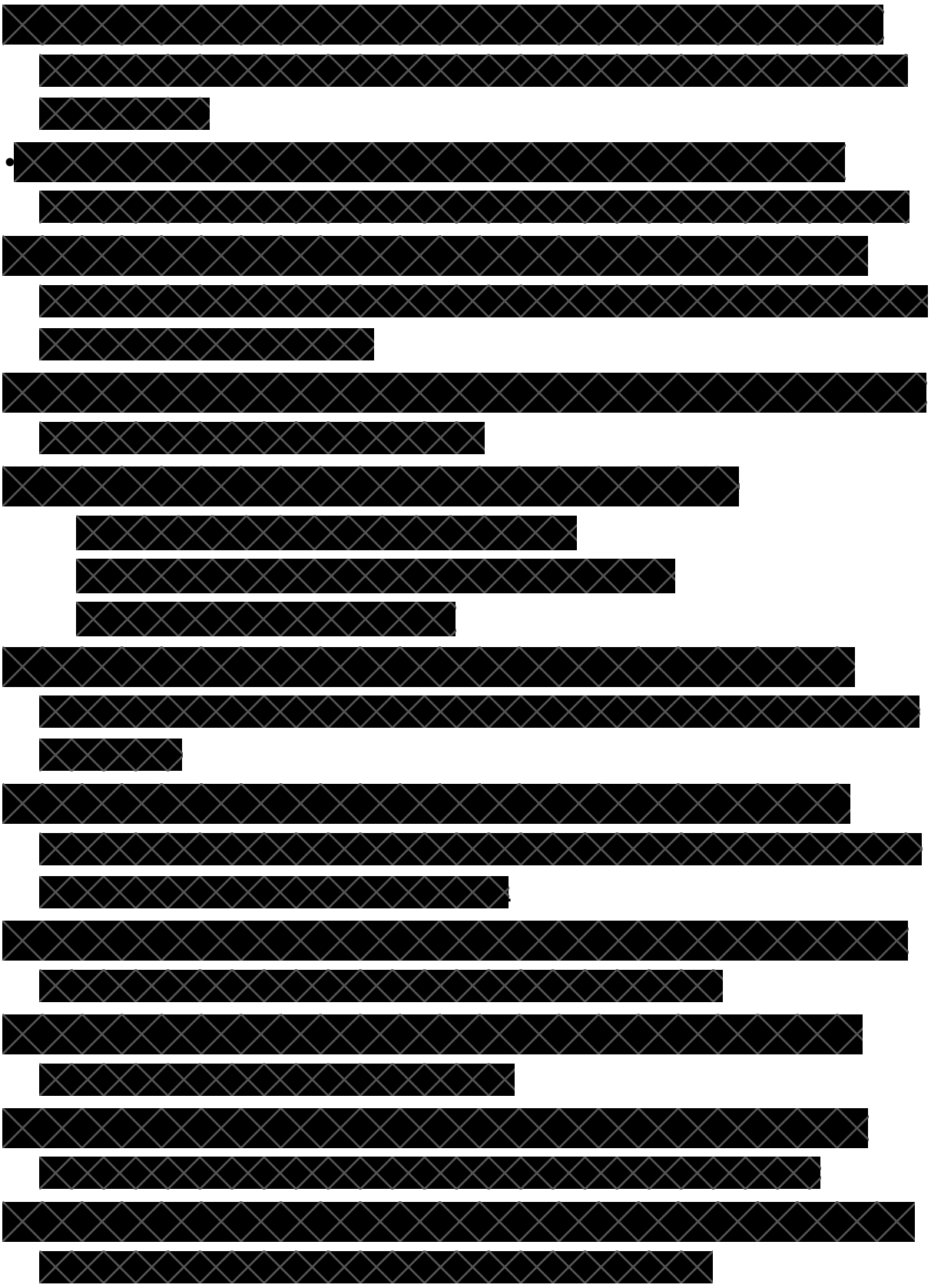
[redacted]The finance director will perform reconciliations of cash for each dispensing site. To ensure all cash receipts are accounted for and that they are appropriately and accurately deposited into the company's banking accounts. The reconciliation process will also verify the appropriate collection (and subsequent timely submission) of sales and excise taxes as documented in detail in our tax plan. The finance director will also establish a robust tax compliance program to ensure all other local, state, and federal taxes are appropriately identified, calculated, and submitted. The cfo will be responsible for reviewing and approving these reconciliations and all tax

returns to be filed by the company. The payment of taxes to each local, state, and federal entity will be conducted via electronic payment through the company's banking accounts. Each location will have weekly cash counting controls as also discussed below. The finance director will regularly observe these counts, including performing independent counts of his own. No cash will be handled or kept at the cultivation and processing facility. The following describes our plan to handle cash at our dispensing sites.

Access controls to protect the handling of cash

Below is the initial conceptual design for the proposed dispensing site; which is being provided as a visual reference for following controls.





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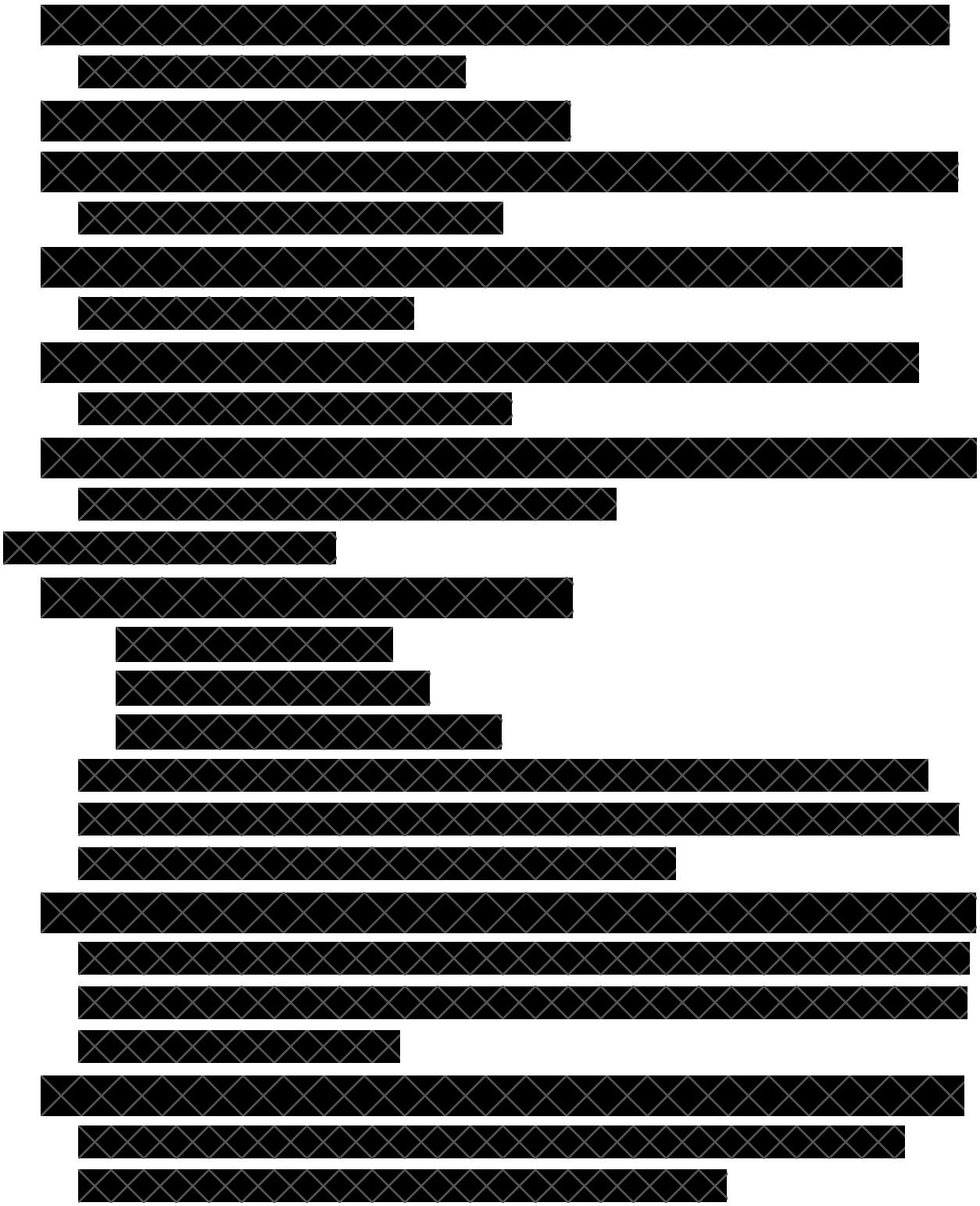
d.

[redacted]



License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 19 – Standard Operating Plan and Procedures

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The following represents the applicant's standard operating plan and procedures. These will be compiled, regularly maintained, and the relevant sections made readily accessible to all employees whose responsibilities require adherence to such. The entire manual will be readily accessed from the physical site of operations upon the request of inspectors, the Commission, or any other regulatory agency.

19.1 IT Plan

The following is the applicant's IT plan for ensuring accurate recordkeeping, compliance with inventory protocols, and coordination of information and systems with vendors, customers and others.

Implementation of the Alabama Medical Cannabis Patient Registry System

- Integrate the system with the company's existing IT infrastructure and ensure data can be seamlessly shared and coordinated between systems
- Test the system thoroughly to ensure it is functioning properly and can handle the volume of data that will be entered and accessed on a regular basis.
- Train all employees who will be using the system on how to properly input, access, and maintain data in the system.
- Set up security protocols to ensure that only authorized personnel can access the patient registry and that the data is protected against unauthorized access, hacking, and data breaches.
- Monitor the system to ensure that it is functioning properly and make any necessary updates or adjustments as needed.
- Provide secure access to the employees that are authorized to access the system.
- Work with the commission to ensure the system has been properly implemented to meet their requirements and is compliant with all relevant rules and regulations to:
    - Receive and record physician certifications.
    - Receive and track qualified patient registration and issuance of medical cannabis cards.
    - Receive and track designated caregiver registration and issuance of medical cannabis cards.

- Include in the patient registry database for each qualified patient registrant the name of the qualified patient and the patient's designated caregiver, if applicable, the patient's registered certifying physician, the respective qualifying medical condition or conditions, the recommended daily dosage and type of medical cannabis, and any other information the commission, by rule, deems relevant.
- Verify that a medical cannabis card is current and valid and has not been suspended, revoked, or denied.
- Track purchases of medical cannabis at dispensaries by date, time, amount, and type.
- Determine whether a particular sale of medical cannabis transaction exceeds the permissible limit.
- Track medical cannabis cards that are denied, revoked, or suspended.
- Interface as necessary with the statewide seed-to-sale tracking system.

Implementation of the Statewide Seed-to-Sale Tracking System

- Integrate the system with the company's existing IT infrastructure and ensure data can be seamlessly shared and coordinated between systems
- Test the system thoroughly to ensure it is functioning properly and can handle the volume of data that will be entered and accessed on a regular basis.
- Train all employees who will be using the system on how to properly input, access, and maintain data in the system.
- Set up security protocols to ensure that only authorized personnel can access and that the data is protected against unauthorized access, hacking, and data breaches.
- Monitor the system to ensure that it is functioning properly and make any necessary updates or adjustments as needed.
- Provide secure access to the employees that are authorized to access the system.
- Work with the commission to ensure the system has been properly implemented to meet their requirements and is compliant with all relevant rules and regulations to:

- Ensure retention of a record of the date, time, amount, and price of each sale or transfer of medical cannabis to a registered qualified patient or registered caregiver.
- Enable effective seed-to-sale tracking of cannabis and medical cannabis sales and transfers among licensees.
- Verify receipt and integration of information from third-party inventory control and tracking systems.

Evaluation of need to implement a third-party inventory system

The applicant will determine the need to implement a third-party inventory system. In evaluating this need, we will first work with the commission to understand if the statewide system will be capable of allowing for the following:

- Tracking all cannabis plants, medical cannabis products, patient and caregiver purchase totals, waste, transfers, conversions, sales, and returns that are linked to unique identification numbers.
- Tracking lot and batch information throughout the entire chain of custody.
- Tracking all products, conversions, and derivatives throughout the entire chain of custody.
- Tracking cannabis plant, batch, and product destruction.
- Tracking transportation of product.
- Performing complete batch recall tracking that clearly identifies all of the following details relating to the specific batch subject to the recall:
  a. Sold product.
  b. Product inventory that is finished and available for sale.
  c. Product that is in the process of transfer.
  d. Product being processed into another form.
  e. Postharvest raw product, such as product that is in the drying, trimming, or curing process.
- Reporting and tracking loss, theft, or diversion of product containing cannabis.
- Reporting and tracking all inventory discrepancies.

- Reporting and tracking adverse patient responses or dose-related efficacy issues.
- Reporting and tracking all sales and refunds.
- Receiving testing results electronically from a state testing laboratory via a secured application program interface into the system and directly linking the testing results to each applicable source batch and sample.
- Identifying test results that may have been altered.
- Ensure the tracking system is appropriately configured to allow for carrying out all transactions authorized for our license type.
- Providing information to cross-check that product sales are made to a registered qualified patient, or a registered caregiver on behalf of a registered qualified patient, and that the product received the required testing.
- Providing the commission and state agencies with access to information in the database that they are authorized to access.
- Securing the confidentiality of information in the database by preventing access by a person who is not authorized to access the statewide seed-to-sale tracking system or is not authorized to access the particular information.
- Providing access to input key performance indicators such as the following:
  a. Total daily sales.
  b. Total cannabis plants in production.
  c. Total cannabis plants destroyed.
  d. Total inventory adjustments.

If it is determined that there is a need to utilize a third-party system, we will consider our experience utilizing such systems as BioTrack, Metrc, and MJ Freeway in working with the commission to identify an appropriate supplementary system to use. Additionally, we will consider the business need and its impact to providing affordable medical cannabis to patients and caregivers in determining whether we will utilize an additional third-party inventory system. In the event we proceed with implementing a third-party system as approved by the commission, we will perform a system implementation consistent with our plan for the statewide system listed above.

Maintenance of digital records and logs

- Work with management to created digital records or logs that can be accessed and updated by the appropriate employees whose roles and responsibilities required access. This will include defining the fields to be recorded and assigning responsibilities to ensure that the log is updated in a timely and accurate manner.
- These logs will be stored on a secure server and protected with a login and password. Access controls will be set up to ensure that only authorized individuals can view and update including configurations for role-based access depending on level of authority.
- The compliance director will be responsible for performing regular audits of the logs to ensure they are accurate, up-to-date, and compliant with state regulations.
- The appropriate training will be provided on how to access and use the log, how to update it, and how to ensure compliance with state regulations.
- Where relevant, the company will ensure integration with relevant systems as necessary including the statewide seed-to-sale system.

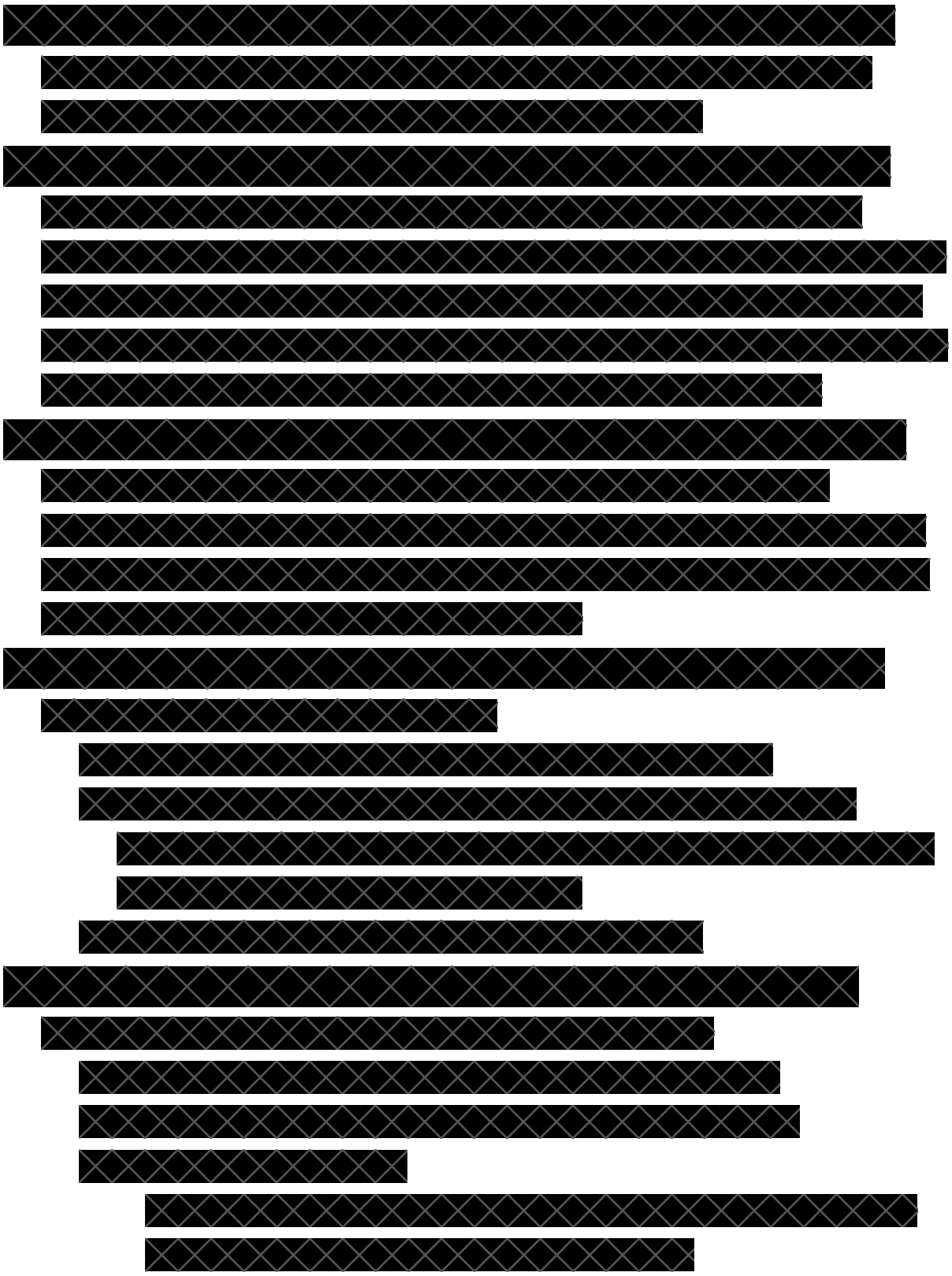
Ongoing maintenance and monitoring of IT systems

- We will regularly update and maintain the IT systems to ensure they continue to function properly and meet the needs of the company and comply with the relevant rules and regulations.

19.2 Plan for maintenance and storage of medical cannabis

The following is the company's plan for the maintenance and storage of cannabis and medical cannabis at all times while in its possession and control.

- [redacted]



- The environmental conditions of the secured storage areas at each facility will be monitored by security to ensure the following set points (established after careful consideration of the types of inventory being stored) are appropriately being met:
    - Dispensing site storage temperature range of 60 to 65 degrees Fahrenheit and relative humidity range of 30% to 50%.
    - Cultivation and processing storage temperature range of 55 to 60 degrees Fahrenheit and relative humidity range of 55% to 62%.
- We will establish strict inventory control procedures led by the cultivation team to ensure that all medical cannabis is accounted for at all times and appropriately logged in the statewide seed-to-sale tracking system.
- [redacted]
- ICC team will ensure ongoing compliance with all applicable rules and regulations regarding the storage and handling of the medical cannabis.

19.3 – Quality Control/Quality Assurance Plan

In accordance with the instructions, the applicant has provided this at Exhibit 39.

19.4 – Contamination and Recall Plan

In accordance with the instructions, the applicant has provided this at Exhibit 40.

19.5 – Criminal Activity Plan

The company's criminal activity plan responsive to, but not limited to, the discovery of the following:

- Inventory discrepancies, diversion, theft or loss.
- Any criminal activity involving or occurring on or in a medical cannabis licensed facility.

- Suspected criminal activity involving the dispensing, cultivating, processing, or distribution of medical cannabis.
- Unauthorized access to secured areas designated for storage of medical cannabis and other breaches of security that could be indicative of criminal intent.
- Unauthorized destruction of medical cannabis.
- Unauthorized access or alteration of records related to medical cannabis activities.
- An alarm activation (except false alarms) or other event that requires response by public safety personnel, including but not limited to law enforcement, fire departments, and employees of the commission.

Is designed to perform the following actions:

1. The security team will lead the effort to ensure the safety of employees and patients and caregivers on the premises of the medical cannabis facility including making the assessment to evacuate the premises.
2. The security team on site will make the assessment to activate any additional response procedures such as calling the security director or 911.
3. After the immediate safety concerns have been addressed, the security team will follow their training practices in assessing the safest and most effective action to move forward. Immediately after order has been restored **(but not longer than 30 minutes from the time the incident occurred)**, the security director will be contacted for an initial incident notification and brief report.
4. The security director or security team lead on site will begin the process to isolate the area where the potential criminal activity took place and preserve evidence including, but not limited to taking photographs, securing any physical evidence, generating and checking inventory records, and preserving any surveillance footage.
5. The security director or security team lead on site will then inform the compliance director who will initiate the process of notifying the appropriate authorities including the commission and any regulatory or law enforcement agencies required by the rules and regulations. **The incident will be reported**

to the relevant individuals within 24 hours from the time the incident occurred.

6. The compliance director, with the assistance of the security director and other relevant members of management, will conduct an internal investigation to determine the scope of the criminal activity and identify any potential vulnerabilities in the company's security or compliance measures. This investigation will include interviews with employees and others and review of relevant documents, video footage, and other records.
7. Based on the findings of the internal investigation, the compliance director will issue a report including recommended corrective measures to address any vulnerabilities and prevent similar incidents from occurring in the future.
8. The management team will make all reasonable efforts to maintain access to medical cannabis by those who depend on it, by communicating with the patients, caregiver, and employees, and by coordinating with the proper authorities to ensure that any disruption to the supply of medical cannabis is minimized.
9. The company will maintain records of all incidents, investigations, and actions taken related to theft, diversion, or other loss of medical cannabis products for a minimum of 5 years.

19.6 – Emergency Procedures and Disaster Plan

The company's emergency procedures and disaster plan responsive to, but not limited to, the occurrence of the following:

- Natural disasters such as floods, fires, earthquakes, severe storms
- Human caused incidents such as power outages, chemical spills, vehicle accidents, or other emergency situations that may affect the licensed facility, vehicles, personnel, medical cannabis products or patients and caregivers.

Is designed by management as follows.

1. An emergency response team led by the security director and compliance director and their respective team leads, will be responsible for the readiness of responding

to any emergency or disaster situation and tasked with at a minimum the following responsibilities:

- Identify all key personnel on the emergency response team, with clear chain of command.
- Provide training for the emergency response team on emergency response procedures and use of equipment.
- Ensure that the team has access to necessary equipment and resources.

2. An emergency evacuation plan will be developed and documented by the emergency response team which will include the following:
   - Emergency evacuation routes, assembly points, and procedures for accounting for all employees, patients, and caregivers.
   - Providing training for employees on the emergency evacuation plan and conduct regular drills to test and evaluate the effectiveness of the plan.
   - Providing clear signage and prepared communication to instruct patients and caregivers how to respond in an emergency.
3. Establish and maintain effective communication protocols for the emergency response team to follow including:
   - Clear signage to identify the means for alerting the emergency response team on the premises in the event of an emergency.
   - Establish procedures for contacting emergency services, including emergency phone numbers.
   - Develop a plan for providing updates and instructions to employees, patients, and caregivers during an emergency.
   - Test and evaluate the effectiveness of communication protocols on regular basis.
4. Ensure secure storage and transportation of medical cannabis products including:
   - Develop procedures and physical controls to lockdown access to the secure storage of medical cannabis products in one of the licensed dispensing sites or cultivation and processing facilities.

- Develop procedures and physical controls to lockout access for the transportation of medical cannabis products in the event of an emergency during transit.

5. Plan for recovery and restoration of operations including:
   - Follow protocols for assessing damage and restoring power and other services in the event of an emergency.
   - Follow protocols for ensuring the safety and security of the facility following an emergency.
   - Establish clear chain of command for making decision to restore operations including a required consultation with senior management who along with compliance and security director will consult with members of the commission as deemed necessary.
   - Test and evaluate the effectiveness of the recovery and restoration plan on a regular basis
6. The emergency response team will lead emergency drills and exercises and conduct regular emergency drills and exercises to test and evaluate the effectiveness of emergency procedures and disaster plan. The results of the drills will be used to identify areas for improvement and make necessary adjustments to the plan.
7. The compliance director, security director and other members of senior management will continuously review and update emergency procedures and disaster plan as necessary to ensure they are current and effective. They will communicate any changes made to the plan to all employees, patients, and caregivers.

19.7 – Alcohol, Smoke, and Drug Free Workplace Policy

This policy applies to all advisors, owners, officers, directors, and all other employees and authorized vendors on-site of the integrated medical cannabis operations. The purpose of this policy is to promote a safe and healthy working environment by prohibiting the use, possession, sale, or distribution of alcohol, tobacco, and illegal drugs in the workplace and while on company business. The company is committed to maintaining a safe and healthy

working environment for all employees. The use, possession, sale, or distribution of alcohol, tobacco, and illegal drugs is prohibited in the workplace and while on company business. This includes but not limited to the cultivation and processing facility, dispensing sites, while in transit and representing the secured transportation service, and all office spaces.

Alcohol

- Consumption, possession, or being under the influence of alcohol while on company property or on company business is strictly prohibited.
- Employees are prohibited from bringing alcohol on company property or consuming it during working hours.
- Employees who report to work under the influence of alcohol will be subject to disciplinary action, up to and including termination of employment.

Tobacco

- Smoking or the use of any other tobacco products is prohibited on company property, including the cultivation facility, dispensary, and office spaces.
- Employees who report to work smelling of smoke or tobacco products will be subject to disciplinary action, up to and including termination of employment.

Drugs

- Possession, use, sale, or distribution of illegal drugs is strictly prohibited on company property or while on company business.
- Employees who report to work under the influence of illegal drugs will be subject to disciplinary action, up to and including termination of employment and reporting to the commission.
- Use of medical cannabis is not permitted at the work place, this include possession, usage and being under the influence of medical cannabis.
- Employees who require medication (including medical cannabis) that could affect their ability to safely perform their job, should notify their manager and HR, to discuss reasonable accommodations that would keep the workplace safe.

Testing Policy

- Employees may be subject to drug and alcohol testing if there is reasonable suspicion that an employee is under the influence of alcohol, tobacco, or illegal drugs while on company property or on company business.
- Refusing to submit to drug or alcohol testing will result in disciplinary action, up to and including termination of employment.

Corrective Actions and Consequences

- Violation of this policy will result in disciplinary action, up to and including termination of employment and reporting to the commission.
- Employees should report any observed or suspected violations of this policy to their immediate supervisor or HR representative.

19.8 – Employee Safety Plan in Accordance with OSHA Standards

The company's employee safety plan designed to be compliant with the OSHA standards for the integrated medical cannabis operations includes:

- An OSHA Safety Team led by the compliance director and including team leads at all facilities will be established to conduct regular inspections of the facility, identify and address potential hazards, and develop and implement safety procedures. The committee will also investigate any accidents or incidents that occur on the premises.
- All employees will be provided with comprehensive training on the safe handling of equipment, chemicals, and hazardous materials used in the cultivation process. This includes training on the proper use of personal protective equipment (PPE) and emergency procedures.
- All employees working in the cultivation and processing facility and dispensing sites will receive specific training on the proper handling and storage of medical cannabis products, as well as regulations and laws related to the dispensing and distribution of cannabis products. Procedures for handling cash and other valuables in dispensing sites, as well as security protocols to ensure the safety of employees and patients and caregivers will also be covered.

- All employees working in the secured transportation of medical cannabis products will receive comprehensive training on the proper handling and packaging of cannabis products, defensive driving techniques, and regulations related to transportation of cannabis products. Procedures for responding to theft or robbery incidents during transportation, as well as emergency procedures, will be covered.
- The OSHA Safety Team will conduct regular hazard identification and risk assessments to identify and evaluate potential hazards. This includes evaluating the risk of slips, trips, and falls; and electrical, chemical, and fire hazards.
- All employees will be required to wear appropriate PPE when working with hazardous materials or equipment. This includes, but is not limited to, safety goggles, gloves, respirators, and protective clothing.
- The OSHA Safety Team will have a fire safety plan in place that includes regular fire drills and the proper use of fire extinguishers. The facility will also have proper fire protection equipment such as smoke detectors, fire alarms, and sprinklers.
- The OSHA Safety Team will have emergency procedures in place, including emergency evacuation plans. Employees will be trained on emergency procedures and the proper use of emergency equipment, including first aid kits and emergency eyewashes.
- The security team will have protocols for securing the transportation of medical cannabis products, including proper packaging and labeling, as well as regular inspection and maintenance of security features such as GPS tracking and cameras.
- The security team will conduct regular training and drills for employees on emergency procedures related to transportation, such as responding to vehicle breakdowns or accidents.
- The OSHA Safety Team will maintain records of all employee training, safety inspections, and accident investigations. This includes maintaining records of all injuries and illnesses that occur on the premises or during transportation.

- The OSHA Safety Team will ensure compliance with all OSHA standards and regulations, including but not limited to the Hazard Communication Standard and the Respiratory Protection Standard.

19.9 – Confidential Information and Cybersecurity Plan

The company's plan for maintaining confidential information and any records required to be confidentially maintained includes:

- The compliance director will be responsible for ensuring compliance with the Confidential Information and Cybersecurity Plan and respond to any inquiries or requests related to the company's handling of confidential information and data security.
- [redacted]
- The company will have strict policies and procedures for handling confidential information, including guidelines for sharing and transmitting confidential information, both internally and with third parties, and guidelines for the disposal of confidential information.
- The compliance director will conduct regular risk assessments to identify and evaluate potential threats to the confidentiality, integrity, and availability of its information systems and data.
- The company will have an incident response plan in place to address and respond to any data breaches or other security incidents that may occur, including guidelines for reporting such incidents and procedures for containing and mitigating the impact of such incidents.

- The company will provide regular training to employees on information security best practices, including the importance of maintaining the confidentiality of confidential information, and the safe handling, storage, and transmission of such information.
- The company will have regular audits, to ensure that the systems and procedures in place to protect confidential information are working effectively, and identify any areas for improvement.
- The company will have a plan to comply with all applicable laws, regulations, and industry standards related to data privacy and security.

19.10 – Plan for tracking and proper disposal of waste cannabis or medical cannabis

- The security and ICC team will be responsible for the proper disposal of waste cannabis or medical cannabis and will be trained on the state regulations, and the acceptable methods for disposal of medical cannabis.
- The company will establish and maintain a destruction log record of all waste cannabis or medical cannabis products, including but not limited:
    - Batch or lot #
    - Date of disposal
    - Quantity and weight
    - Location
    - Method of disposal
- The company will have a plan in place for the destruction of cannabis plants, including parts thereof, and any related materials that cannot or will not be processed, transported, or dispensed.
    - Throughout the grow cycle, there will be routine plant maintenance resulting in leaves and stems being removed. The company will have designated disposal bins outside of each growing room to discard this unusable plant material.

  - In the event an entire dead plant is removed during the grow cycle and designated for destruction, the company will ensure the plant is properly adjusted in the statewide seed-to-sale tracking system.
  - The harvesting process also creates a significant amount of non-usable plant material as excess leaves, stems, and roots are removed. During this process we will use clearly distinguishable collection bins to separate plant material that is unusable from the material that will be transferred to hang and dry.
  - The process to collect the disposal bins will be overseen by security and ICC to ensure proper segregation of duties and access controls prevent any material from being diverted during this process.

- The ICC team lead at the dispensing site will follow the appropriate shipping protocols, and the ICC / logistics coordinator at the cultivation and processing facility will follow the appropriate receiving protocols; for the transfer of medical cannabis products designated for destruction from an internal dispensing site. Due to the limitations of services and capabilities at the dispensing sites, and so that the compliance director can most effectively oversee a centralized destruction process; all cannabis and medical cannabis will be destroyed at the cultivation and processing facility following the established protocols.
- The company will use methods for the disposal of medical cannabis that are available at the state Commission's website, or approved by the state commission, and shall not leave any part of the disposed or waste cannabis or medical cannabis either useable or recognizable as such. The security and ICC teams will be responsible for overseeing the collection and disposal process. Subject to the Commission's approval, we have designed the following procedures.
  - Unusable plant material and all cannabis and medical cannabis products designated for destruction will be securely collected and stored in locked disposal receptacles until destruction.
  - The compliance director will coordinate with an appropriate member of the Commission to schedule and obtain the appropriate approval to proceed with destruction.

  - Use a large commercial auger or grinder to shred and blend the cannabis.
  - Mix the ground cannabis with a non-cannabis material, such as sawdust or dirt, in a ratio of at least 10:1 non-cannabis material to cannabis.
  - Add a chemical treatment (bleach or an alternative substance as approved by the Commission) to the mixture to further break down the cannabis and render it unusable. Use the recommended dosage and follow the safety guidelines for the chemical.
  - This mixture will then be discarded in an appropriate and approved manner with an appropriate waste removal service.
  - Document the destruction and disposal process in the statewide seed-to-sale tracking system, including the date, time, and method of destruction and disposal.
  - A member of the ICC team and a member of the security team must sign the destruction log.

- The compliance director will conduct regular inspections to ensure that the waste cannabis or medical cannabis is being properly tracked and disposed of, and will take corrective action if any issues are identified.
- The compliance director will provide regular training to employees on the proper handling and disposal of waste cannabis or medical cannabis, and the importance of compliance with all rules and regulations.
- The company will comply with all applicable laws, regulations, and industry standards related to the disposal of waste cannabis or medical cannabis, and will respond to regulator inquiries or requests related to the company's handling of waste cannabis or medical cannabis.

19.11 – Security Plan

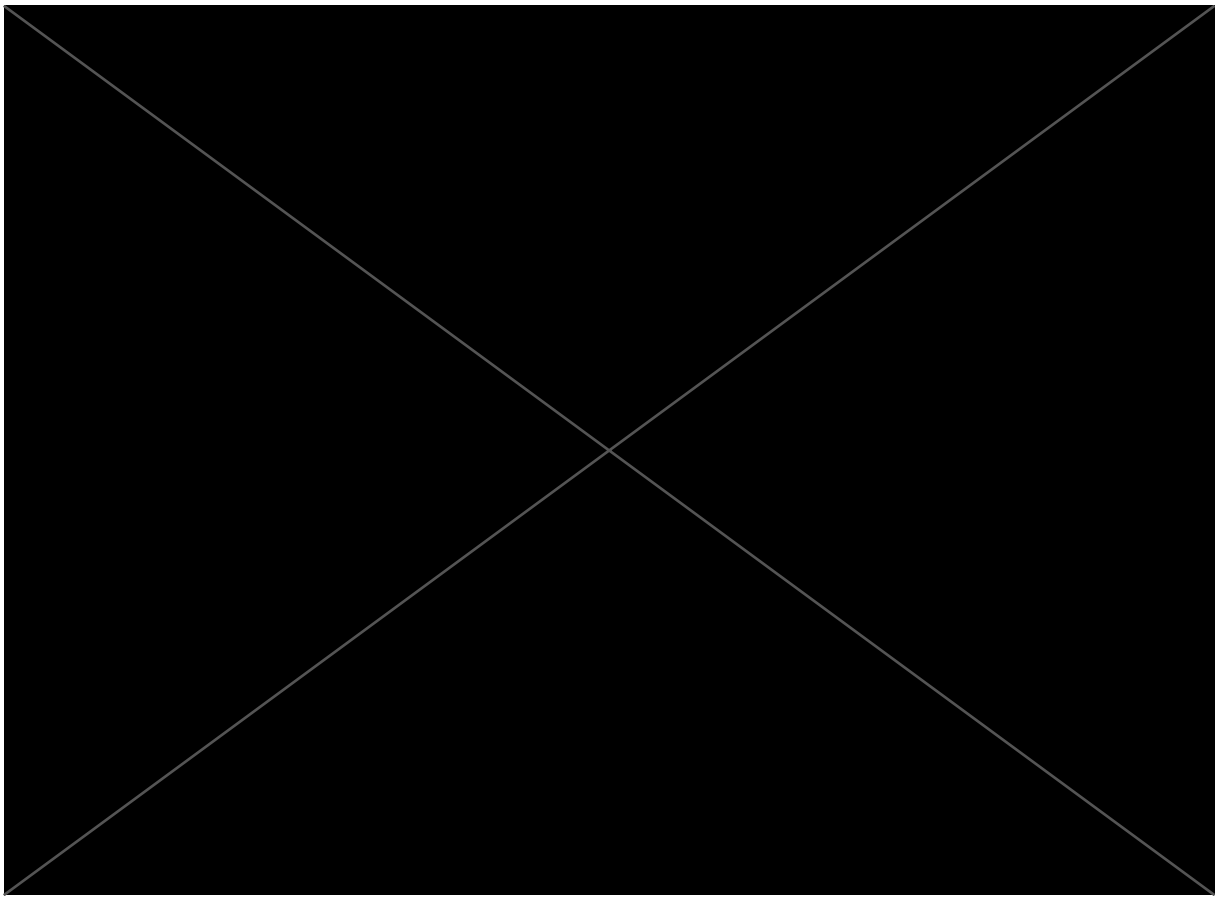
In accordance with the instructions, the applicant has provided this at Exhibit 33.

19.12 – Grow Plan

The applicant has a proven grow plan from years of experience successfully cultivating high-quality medical cannabis and have tailored it accordingly for the proposed integrated

medical cannabis company. [redacted]

[redacted]



1. Clone room (*Cultivation*) – where all new plants begin in the propagation process of cultivating medical cannabis flowers and trim.
2. Vegetation room (*Cultivation*) – where the vegetation process occurs and mature mothers used in propagation are grown and maintained.
3. [redacted]

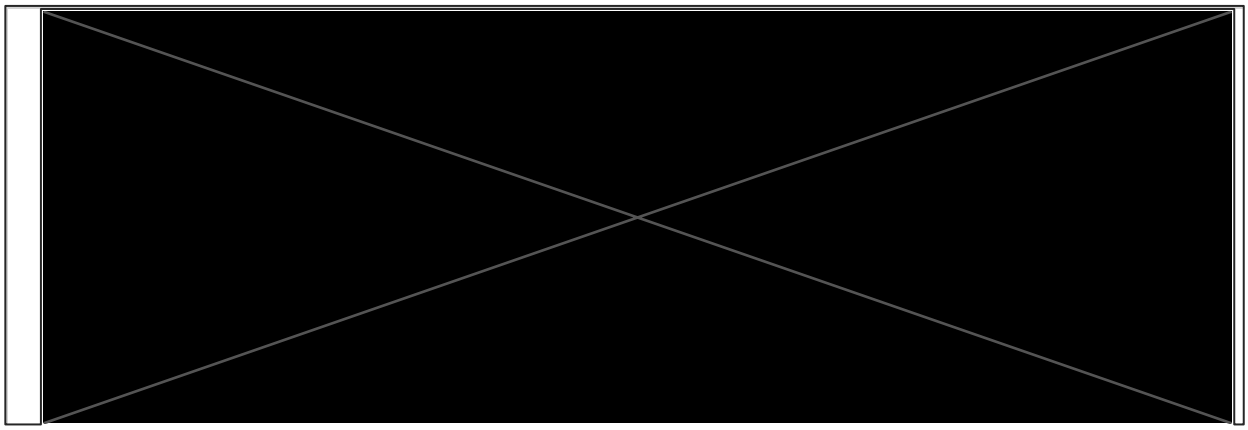
[redacted]

5. Dry rooms (*Cultivation*) – where the harvested material is dried.
6. Trim and Cure room (*Cultivation*) – where the dried material is trimmed and cured.

7. Secured storage room (*Cultivation* | *Processing* | *Transportation*)– where cannabis and medical cannabis is securely stored. There will be clear segregation of inventory and processes as documented within our plan for segregation of processes within and transportation between facilities
8. Laboratory and extraction room (*Processing*) – where the medical cannabis will be extracted and processed into finished products.
9. Packaging room (*Processing*) – where the finished products will be packaged and labeled.
10. Secured counting room (*Transportation*) – where cannabis and medical cannabis is inspected and verified during the receiving and shipping process.

[redacted]. We took careful consideration to Alabama Department of Agriculture and Industries Rule 80-14-1-.06 in verifying that our proposed combined enclosed structure was appropriate considering all cultivation will occur indoors and it will not occur directly in the ground. This rule also requires that "*each cannabis plant or batch of cannabis plants must be cultivated in an individual receptacle containing soil or growing media, so as to foster portability, limit cross-contamination, and facilitate proper monitoring of each plant. Containers may be for individual plants or for batches of plants as long as each plant is clearly identified and traceable.*" We confirmed our grow plan below is appropriately in compliance with this as well. In the event the applicant is successful in obtaining privileged licensure, we will ensure we work with the Alabama Department of Agriculture and Industries and other relevant regulators in choosing an appropriate cultivar to ensure we grow cannabis plants that have a high likelihood of producing medical cannabis. We expect this evaluation to

include careful consideration to the makeup of the cannabinoid structure, and have accordingly prepared a detailed analysis in our quality assurance and quality control plan to prepare for that process. The compliance director will enforce compliance with the retention of records for at least 2 years related to the cultivation of cannabis, destruction and disposal of cannabis, and storage of medical cannabis in the proposed cultivation and processing facility. This includes all records related to individuals entering and exiting the cultivation facility; and the applicant confirms they will be made available to the Department and AMCC upon request. Video from all cameras covering the facility will be preserved for at least 60 days. Our detailed grow plan follows.



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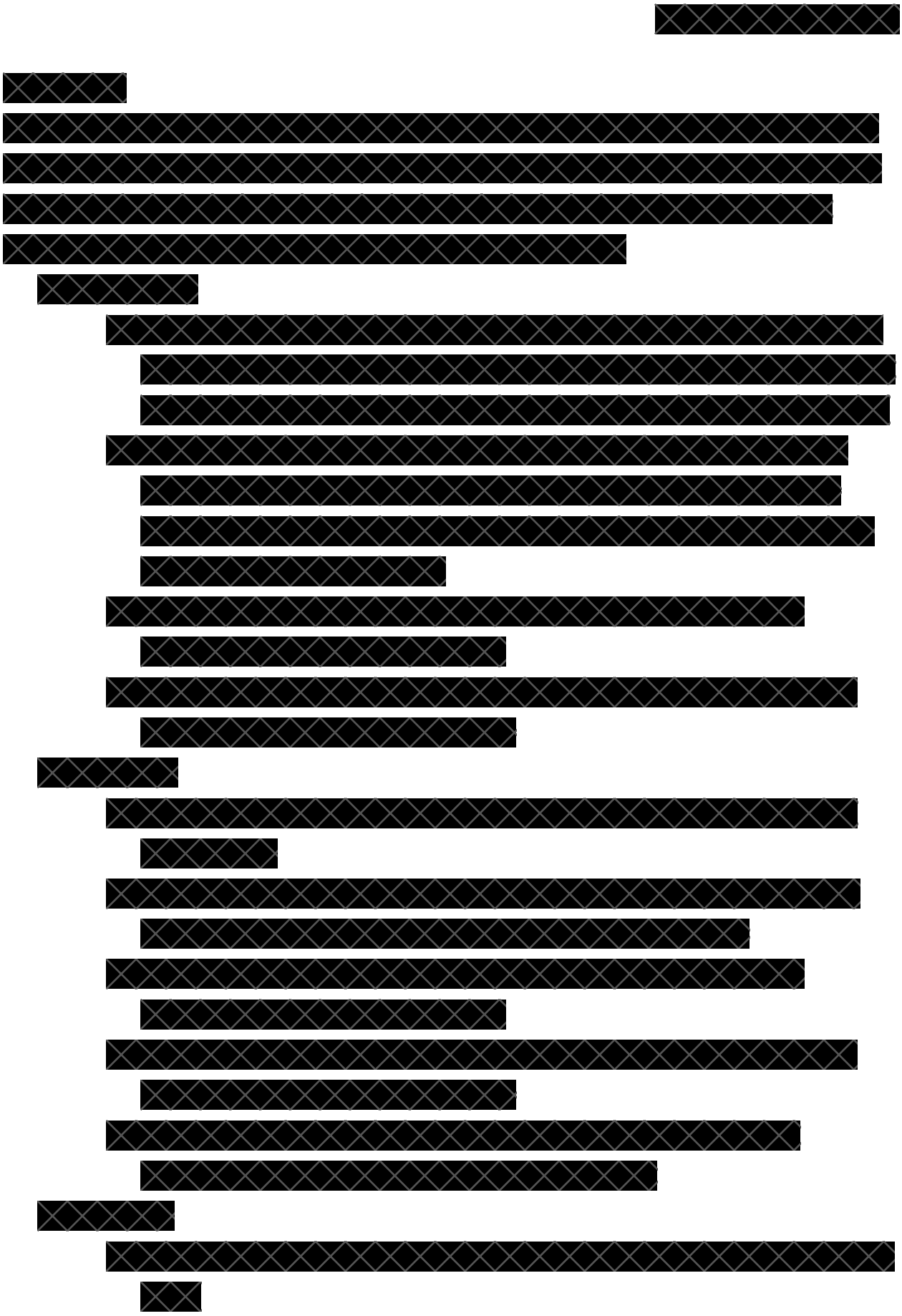
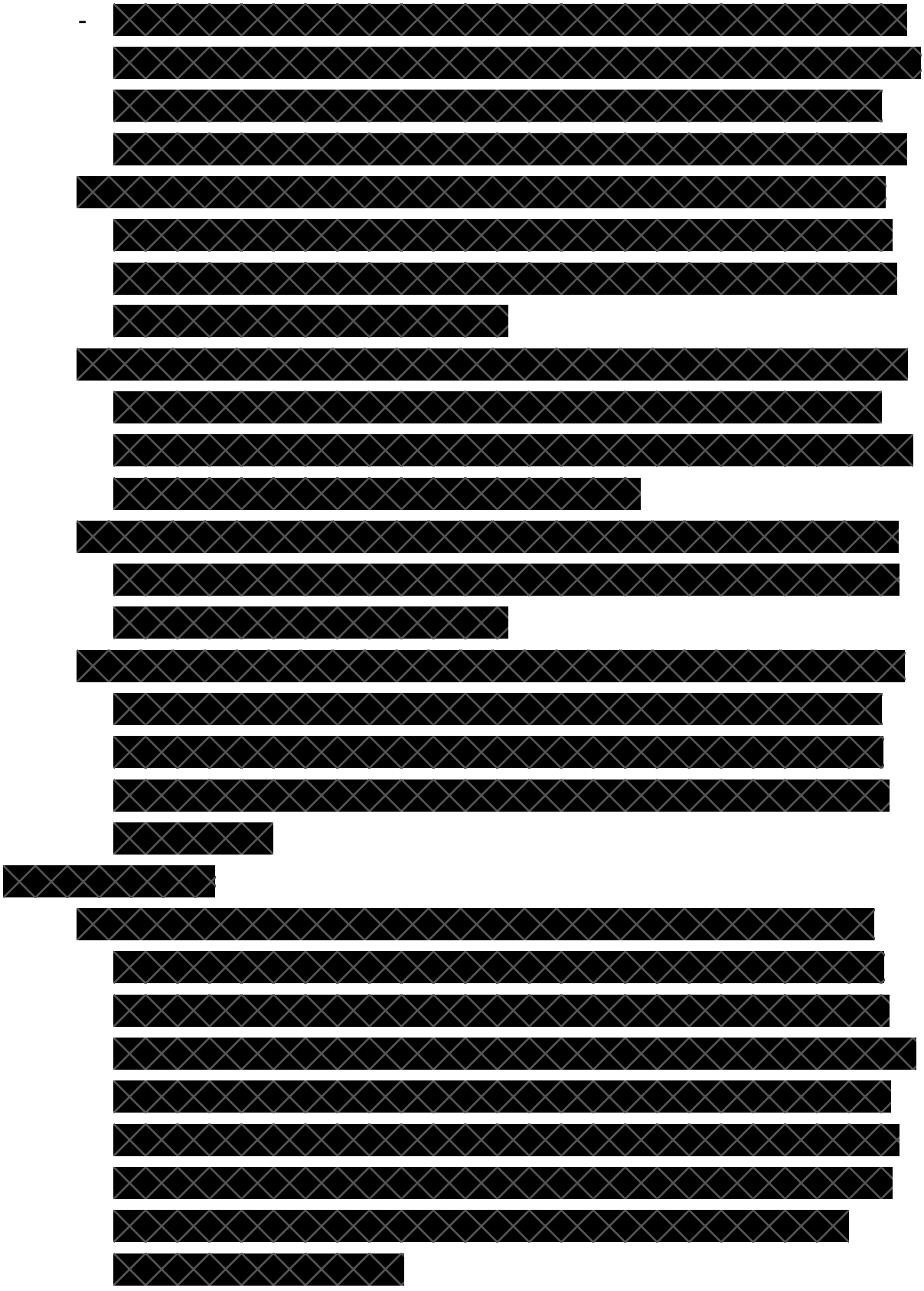
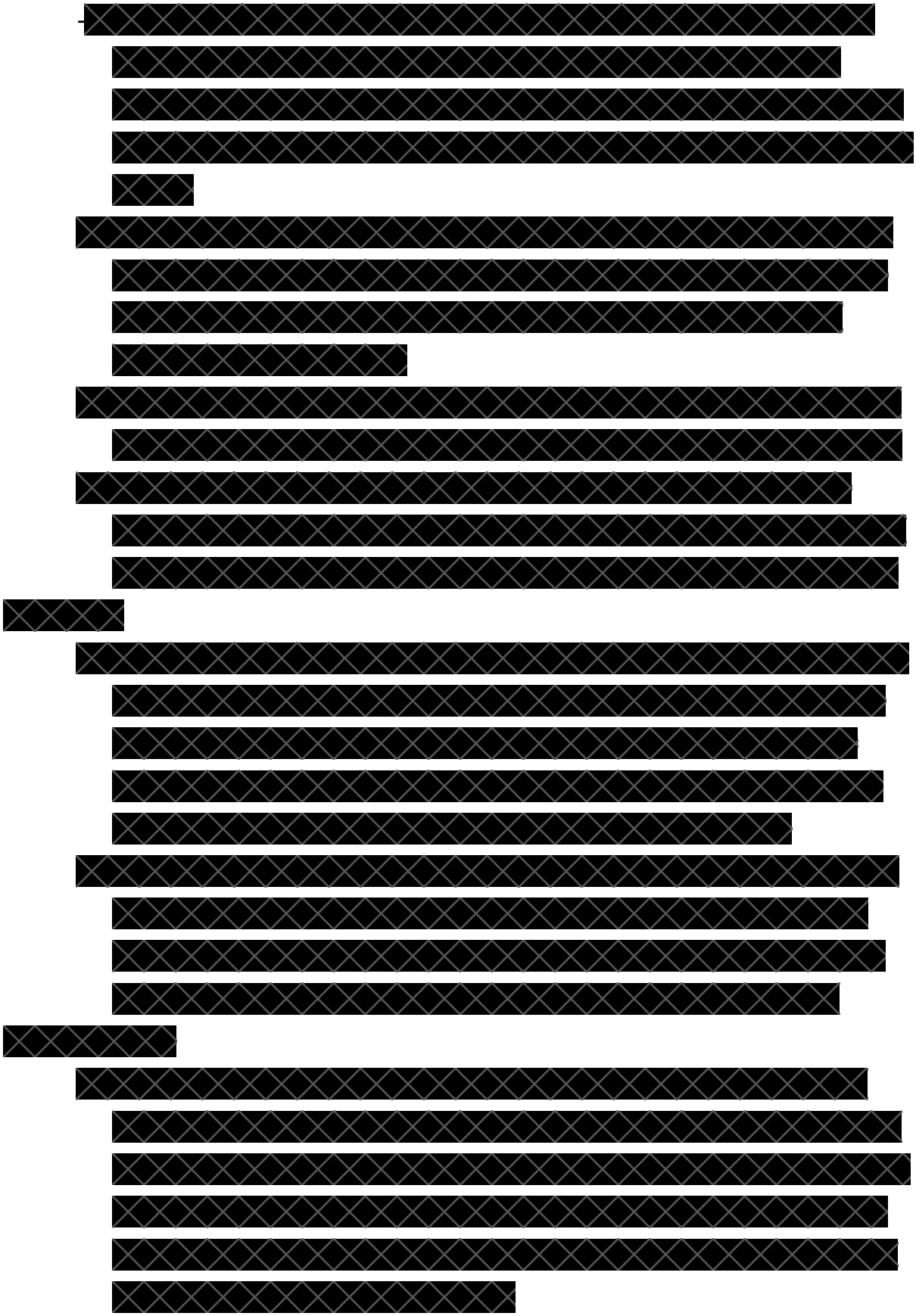
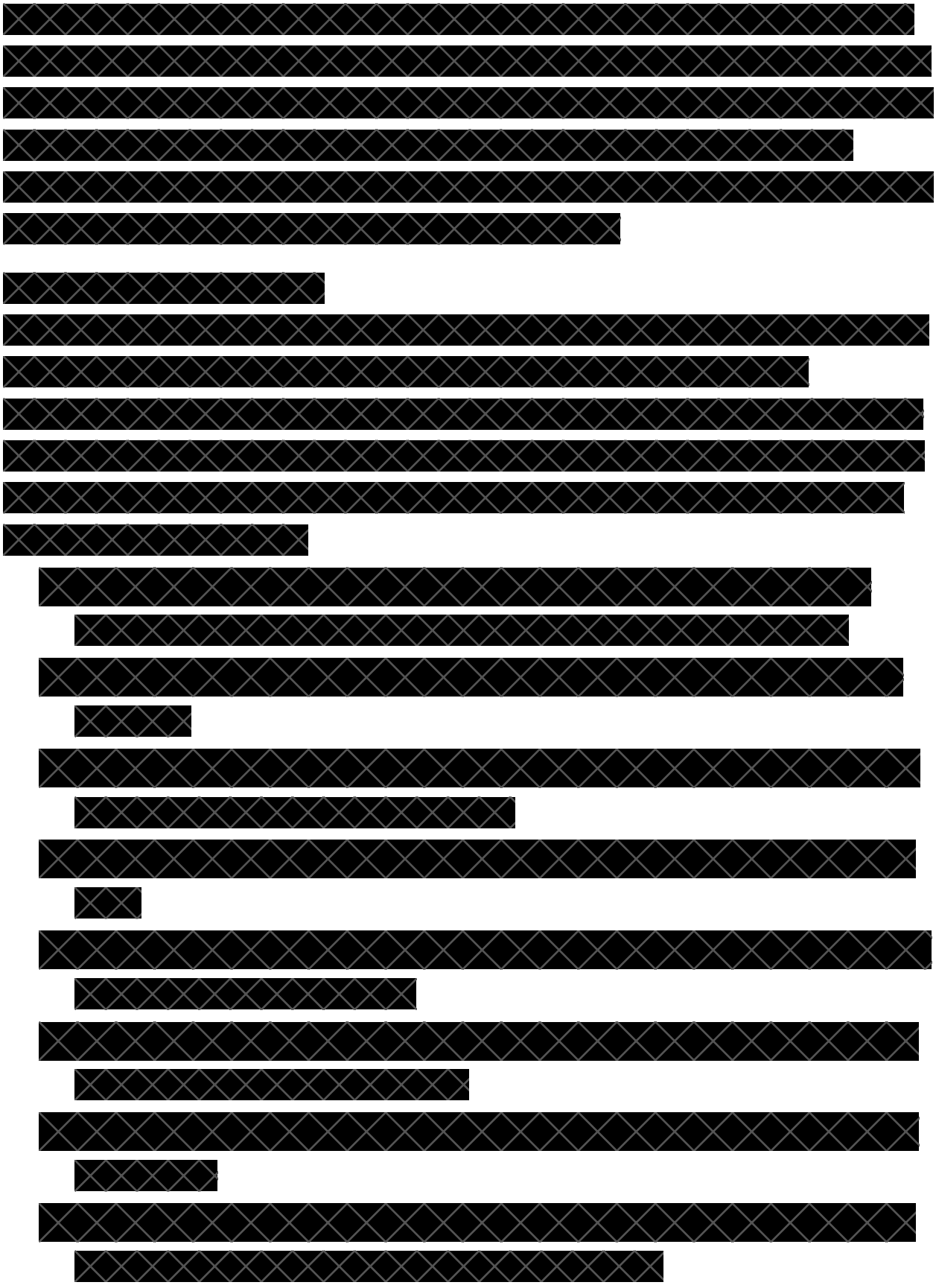








[redacted]

19.13 – Contamination and Recall Plan

In accordance with the instructions, the applicant has provided this at Exhibit 40.

19.14 – Chain of custody, inventory, and tracking of cannabis and medical cannabis

The applicant has designed policies and protocols that are designed to provide for consistent and accurate recordkeeping, inventory tracking and control, and regular physical inventory audits; including the ability to trace the whereabouts and facilitate the detection of any diversion, theft, or loss of cannabis or medical cannabis products in a timely manner.

- A group of young plants of the same cultivar, germinated at the same time, and appropriately segregated and tagged throughout the entire grow process; will be assigned a unique identification number. The growing tables will clearly identify this information.
- This unique identification number, the cultivar, number of plants, and germination date will be entered into the statewide seed-to-sale tracking system upon rooting and before being transferred to the vegetative phase.
- All plant adjustments, waste, and transfer will be recorded in the statewide seed-to-sale tracking system throughout all phases of growing.
- Nutrient inputs, feeding schedules, and environmental conditions will also be tracked manually and electronically by grow cycle to allow retrospective analysis.

- After harvest, all material will be segregated from the other lots being harvested at the same time. The harvested material will be separated by usable and unusable material. The containers holding the usable cannabis material will be identified with the unique identification number before transferred.
- Once the cannabis material is taken to the drying room, it will be weighed and segregated by lot on the drying racks, clearly displaying the identification number.
- The dried cannabis material will be trimmed and weighed at the end of the dry cycle and then transferred to the curing containers, where the lots will remain segregated and clearly identified.
- After extraction, the lots of medical cannabis extract will be separated into batches and all conversions will be recorded in the system throughout the work in process phases and final processing of medical cannabis products. Each batch will remain segregated and clearly identified.
- The statewide seed-to-sale tracking system (and/or an additional perpetual inventory system) will be used to assess each day's beginning and ending inventory, receipt/sale/delivery of product, disposals, and destructions. The system will be utilized to accurately track and record the chain of custody for every plant, product, byproduct, etc. in inventory down to the hundredth of a gram.
- Data entry process and controls will be implemented and all employees whose job duties require use of the system will be trained to accurately and efficiently utilize the system. Controlled access will be maintained for those employees and they will be assigned a unique identification number to track employee activity by logging the date, time, and precise actions performed.
- Weekly cycle counting and regular physical inventories will be performed by the compliance director and ICC / logistics coordinator over plants and materials, to ensure the accuracy and integrity of the inventory tracking system within each area of the cultivation and processing facility.
- All records related to the cultivation of cannabis, destruction and disposal of cannabis, and storage of medical cannabis will be kept for at least 2 years and made available to the commission and any other regulatory bodies requiring access.

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 20 – Policies and Procedures Manual

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

Policies and Procedures Manual Introduction

The applicant has included its policies and procedures manual in the following. Based on our senior management's significant experience, we expect this manual to be a constantly evolving process, especially in the initial months as the company and the program grows. As such, we have included an initial outline of what we expect the full manual to develop into as new guidelines emerge, both internal and external to the company. Upon successful licensure, our chief quality officer will oversee the continuous updates to the manual working with the relevant department heads, and especially in the first 30 days of obtaining licensure to ensure the policies and procedures most important to our core lines of business are established from the start. We have included an initial draft of those policies and procedures which we deemed significant to our core lines of business. These lines of business including offering goods to Alabama medical cannabis patients and caretakers through our dispensing, cultivating, and processing activities; while performing the important service support functions of inventory control and compliance, security, and secured transportation. The applicant will ensure each facility has multiple copies of the company's policies and procedures on hand in officially identified binders for employees, or for official review by a regulatory body. These binders will be accessible to all who request and as part of training and research exercises. They will also be able to be viewed online via an onsite work terminal. Printed copies will be shredded and replaced as policies and procedures are updated over time.

Green Bud Policies and Procedures Manual

Table of Contents & Summary

1 – Company-wide Policies and Procedures ***pages 3 – 14***

This section provides a clear understanding of the roles and responsibilities of employees, as well as the hierarchy and rules of the organization.

2 – Dispensing Site Policies and Procedures ***pages 15 – 24***

This section covers all aspects of the dispensing operations, including receiving and recording physician certifications, receiving and tracking patient and caregiver registrations, verifying medical cannabis cards, tracking purchases, dispensing medical cannabis, and maintaining patient confidentiality.

3 – Cultivation Policies and Procedures ***pages 24 – 35***

This section covers all aspects of the cultivation process, including compliance requirements, grow room design and maintenance, seed to sale tracking, harvesting and drying, testing and quality control over cultivation.

4 – Processing Policies and Procedures ***pages 35 – 50***

This section covers all aspects of product development, manufacturing, processing, quality control post-cultivation, and packaging and labeling.

5 – Inventory Control and Compliance Policies and Procedures ***pages 50 – 69***

This section covers all aspects of inventory control and compliance to be overseen by the compliance director and the ICC team he manages.

6 – Secured Transport Policies and Procedures ***pages 69 – 74***

This section covers all measures put in place to protect the facilities, employees, and products, including physical security measures, electronic security measures, access control, and incident response and reporting.

7 – Security Policies and Procedures ***pages 74 - 98***

This section covers the policies and procedures for transporting medical cannabis products, including vehicle maintenance and equipment, employee training and certification, security measures for transportation, and tracking and documentation.

1 – Company-wide Policies and Procedures

1.1 Rules and Regulations

The below links were deactivated for posting purposes due to the size of the file with the active links. They were saved in the applicant's internal files.

Medical-Cannabis-Act-2021-450.pdf

Physician-Rules-Final-Copy.pdf

New-Chapter-80-14-1-Medical-Cannabis-Cultivation.pdf

Application-Guide-Integrated-Facility-Applicants.pdf

FINAL-Chapter-1-General-Provisions-Scope-and-Construction-of-Rules-1.pdf

FINAL-Chapter-2-Regulation-of-Patients-and-Caregivers-1.pdf

FINAL-Chapter-3-Application-and-Licensing-Requirements-1.pdf

FINAL-Chapter-4-Licensee-Requirements-Generally-1.pdf

FINAL-Chapter-5-Regulation-of-Cultivators-1.pdf

FINAL-Chapter-6-Regulation-of-Processors-1.pdf

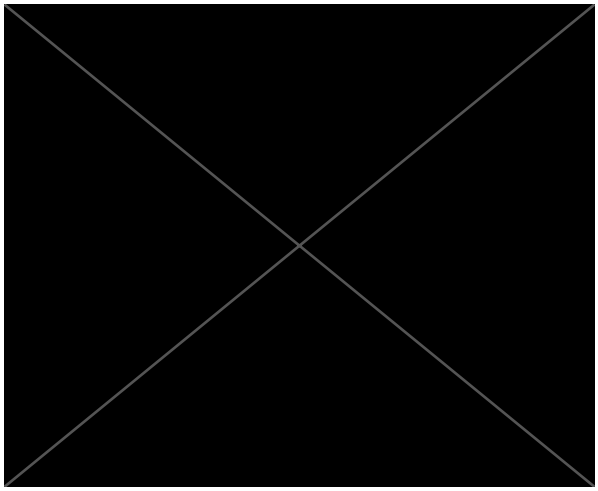
FINAL-Chapter-7-Regulation-of-Secure-Transporters-1.pdf

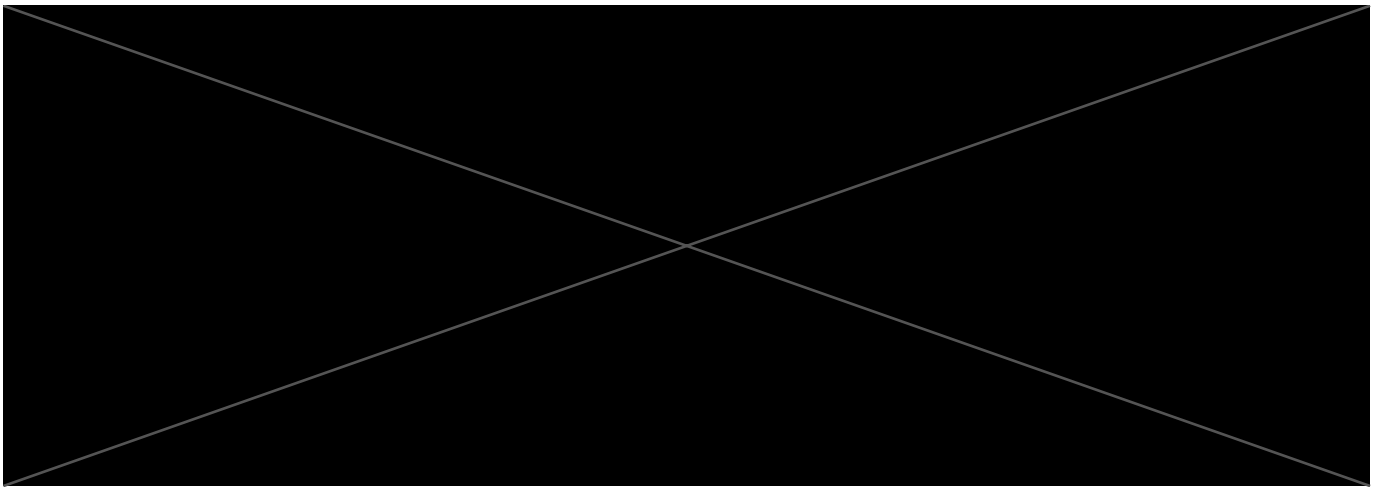
FINAL-Chapter-8-Regulation-of-Dispensaries-1.pdf

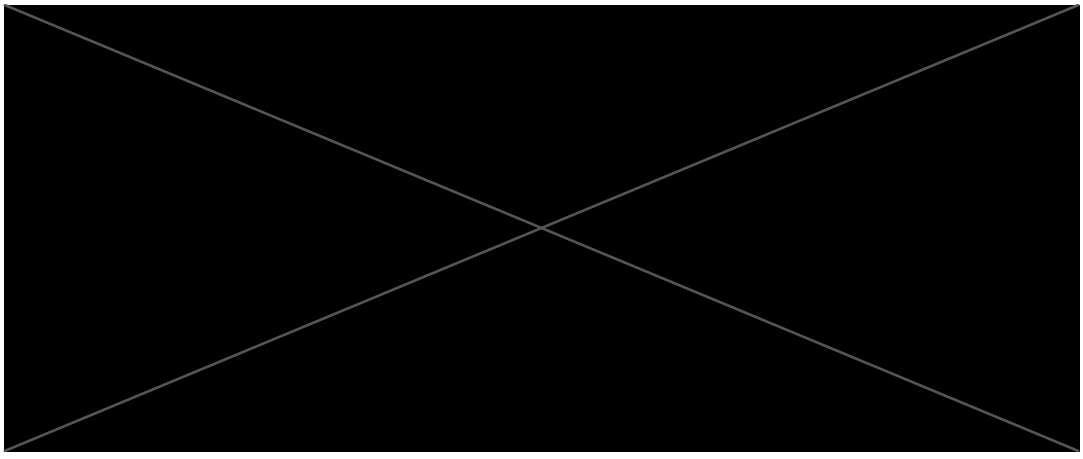
FINAL-Chapter-9-Regulation-of-Integrated-Facilities-1.pdf

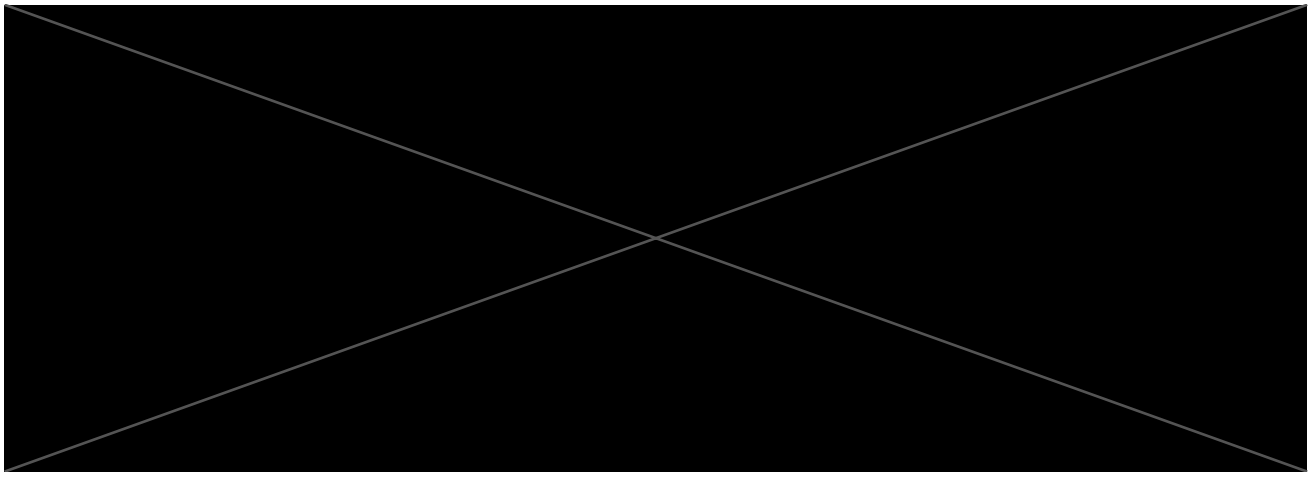
FINAL-Chapter-10-Regulation-of-State-Testing-Laboratories-1.pdf

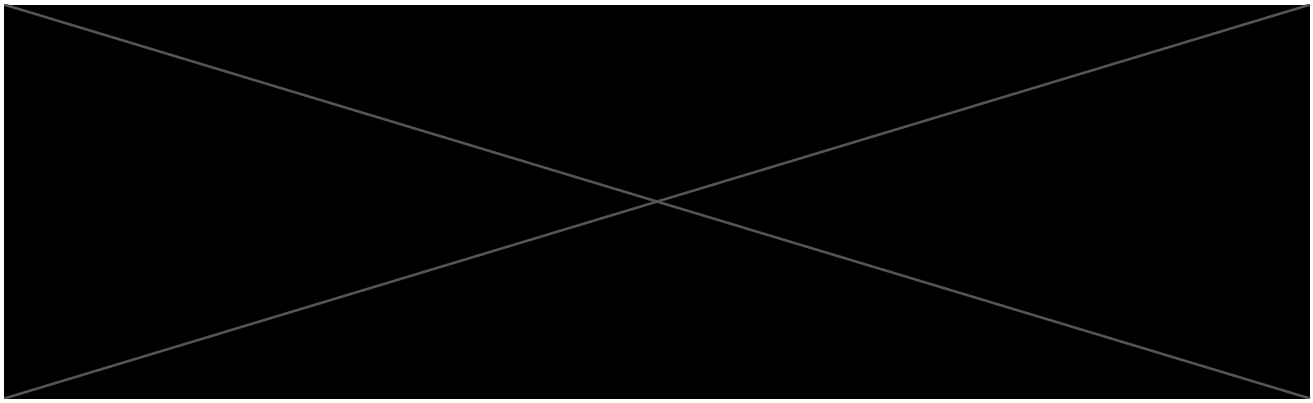
1.2 Organizational Structure

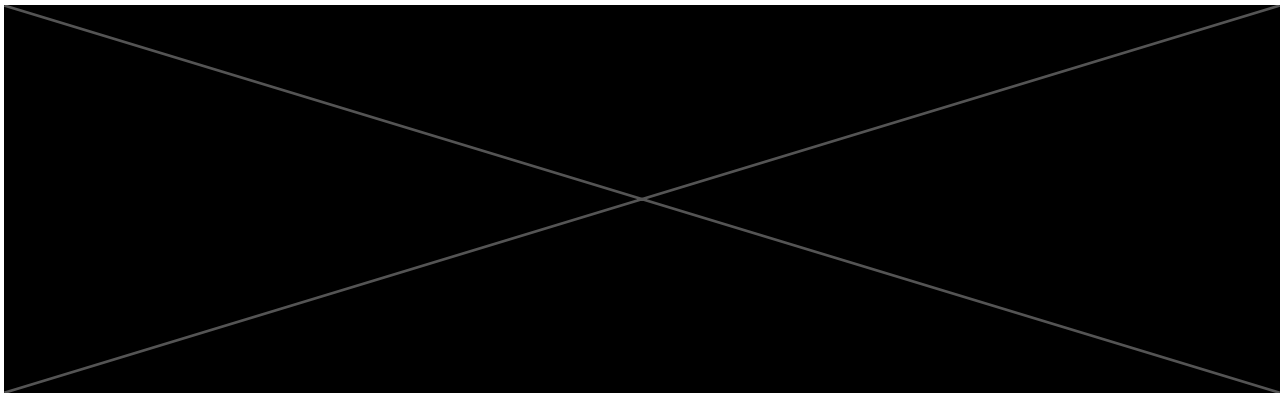












1.3 Key Company Leadership Roles and Authority

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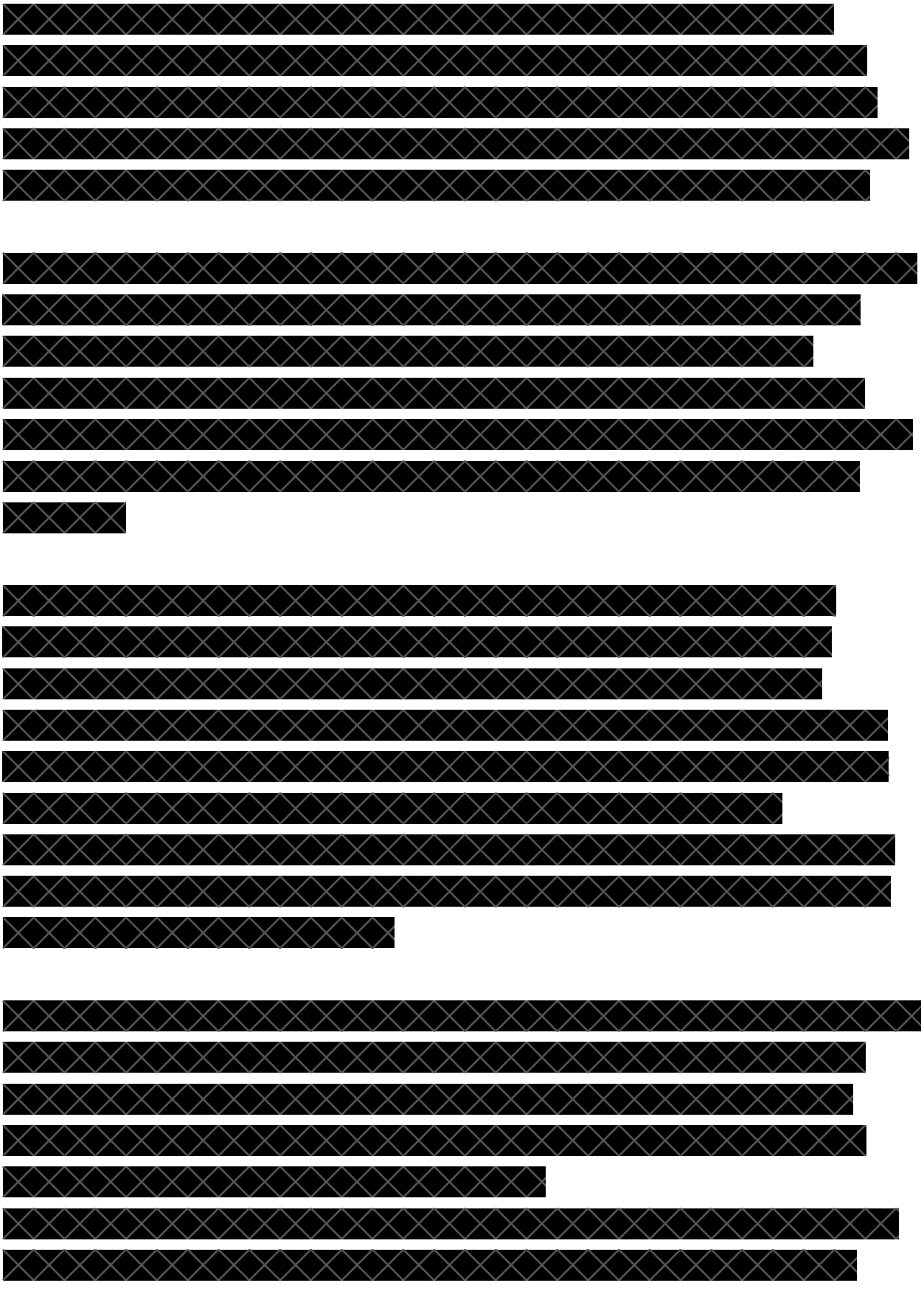
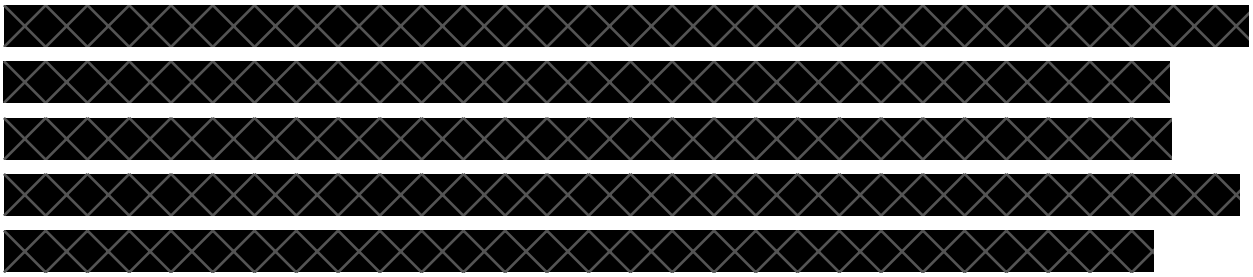
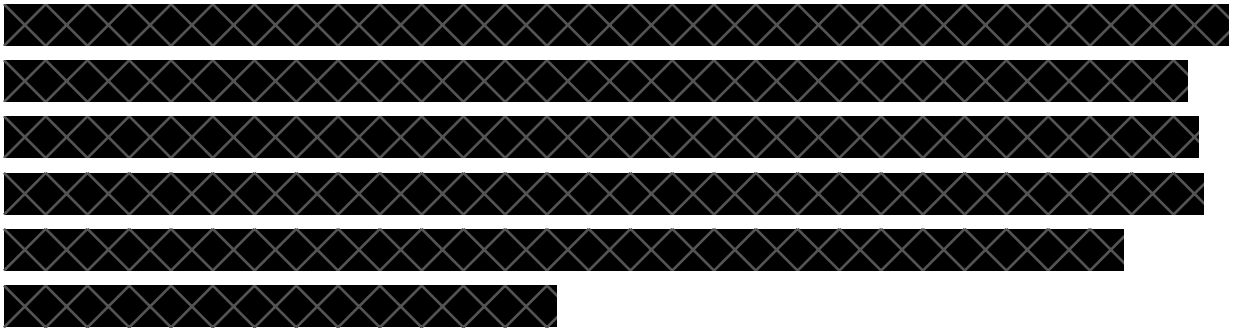
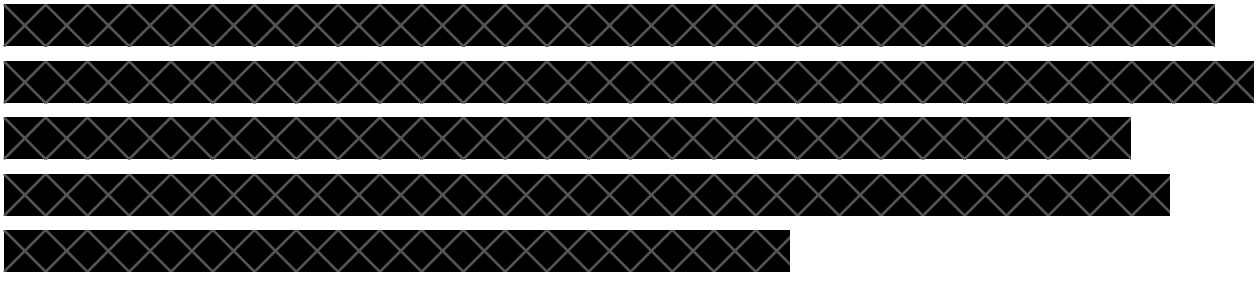
[redacted]









[redacted]

[redacted]

1.4 Supervision

- Management will provide one-on-one discipline when necessary to any member of staff who knowingly or unknowingly violates any policy and procedure or state regulation. An employee action form is used to document these instances. These EAF's will become part of the employee's permanent record. Disciplinary Procedures beyond initial warning.

Disciplinary actions beyond initial warning

- Once the likely level of misconduct has been determined, the employer will be able to determine what action to take next.
- The nature of misconduct will be obvious in some cases, but as the disciplinary policy will only include the type of conduct that could fall into each category, it will be necessary for an employer to make a reasonable judgment in many cases of suspected misconduct. These will be determined according to the nature of the company, as some matters may be more important in some workplaces, and a failure to follow these requirements could be more of a disciplinary offence in these circumstances.
    - Misconduct Minor:
        - Poor time keeping
        - Personal use of cell phones

        - Regular or unexcused absences
        - Failure to act on a reasonable instruction
        - Inferior performance
    - Serious/Gross:
        - Insubordination
        - Continued inferior performance after appropriate support & training
        - Incapability due to drugs or alcohol
        - Serious misuse of computers or other equipment
        - Repeated incidents of minor misconduct
        - Gross (breaches of the rules or standards of a nature serious enough to warrant dismissal in all cases.)
        - Serious insubordination
        - Theft or Fraud
        - Serious breach of confidence
        - Serious neglect of health & safety procedures

Repeated offences of minor misconduct may also be treated as serious misconduct.

1.5 Emergency Procedures and Disaster Plan

The company's emergency procedures and disaster plan responsive to, but not limited to, the occurrence of the following:

- Natural disasters such as floods, fires, earthquakes, severe storms
- Human caused incidents such as power outages, chemical spills, vehicle accidents, or other emergency situations that may affect the licensed facility, vehicles, personnel, medical cannabis products or patients and caregivers.

Is designed by management as follows.

1. An emergency response team led by the security director and compliance director and their respective team leads, will be responsible for the readiness of responding to any emergency or disaster situation and tasked with at a minimum the following responsibilities:

- Identify all key personnel on the emergency response team, with clear chain of command.
- Provide training for the emergency response team on emergency response procedures and use of equipment.
- Ensure that the team has access to necessary equipment and resources.

2. An emergency evacuation plan will be developed and documented by the emergency response team which will include the following:
   - Emergency evacuation routes, assembly points, and procedures for accounting for all employees, patients, and caregivers.
   - Providing training for employees on the emergency evacuation plan and conduct regular drills to test and evaluate the effectiveness of the plan.
   - Providing clear signage and prepared communication to instruct patients and caregivers how to respond in an emergency.
3. Establish and maintain effective communication protocols for the emergency response team to follow including:
   - Clear signage to identify the means for alerting the emergency response team on the premises in the event of an emergency.
   - Establish procedures for contacting emergency services, including emergency phone numbers.
   - Develop a plan for providing updates and instructions to employees, patients, and caregivers during an emergency.
   - Test and evaluate the effectiveness of communication protocols on regular basis.
4. Ensure secure storage and transportation of medical cannabis products including:
   - Develop procedures and physical controls to lockdown access to the secure storage of medical cannabis products in one of the licensed dispensing sites or cultivation and processing facilities.
   - Develop procedures and physical controls to lockout access for the transportation of medical cannabis products in the event of an emergency during transit.

5. Plan for recovery and restoration of operations including:
    - Follow protocols for assessing damage and restoring power and other services in the event of an emergency.
    - Follow protocols for ensuring the safety and security of the facility following an emergency.
    - Establish clear chain of command for making decision to restore operations including a required consultation with senior management who along with compliance and security director will consult with members of the commission as deemed necessary.
    - Test and evaluate the effectiveness of the recovery and restoration plan on a regular basis
6. The emergency response team will lead emergency drills and exercises and conduct regular emergency drills and exercises to test and evaluate the effectiveness of emergency procedures and disaster plan. The results of the drills will be used to identify areas for improvement and make necessary adjustments to the plan.
7. The compliance director, security director and other members of senior management will continuously review and update emergency procedures and disaster plan as necessary to ensure they are current and effective. They will communicate any changes made to the plan to all employees, patients, and caregivers.

1.6 Confidentiality

- All Green Buds staff will receive in-house training on the Alabama Cannabis Laws related to Facility and Processing of Cannabis. These trainings include recall policy and procedures, storage and disposal of cannabis, testing policy and procedures and pesticide policy and procedures.
- All Green Buds Companies staff will receive in-house training on the privacy policy and procedures to ensure maintenance of confidentiality and proper handling of individual medical data in compliance with HIPAA.

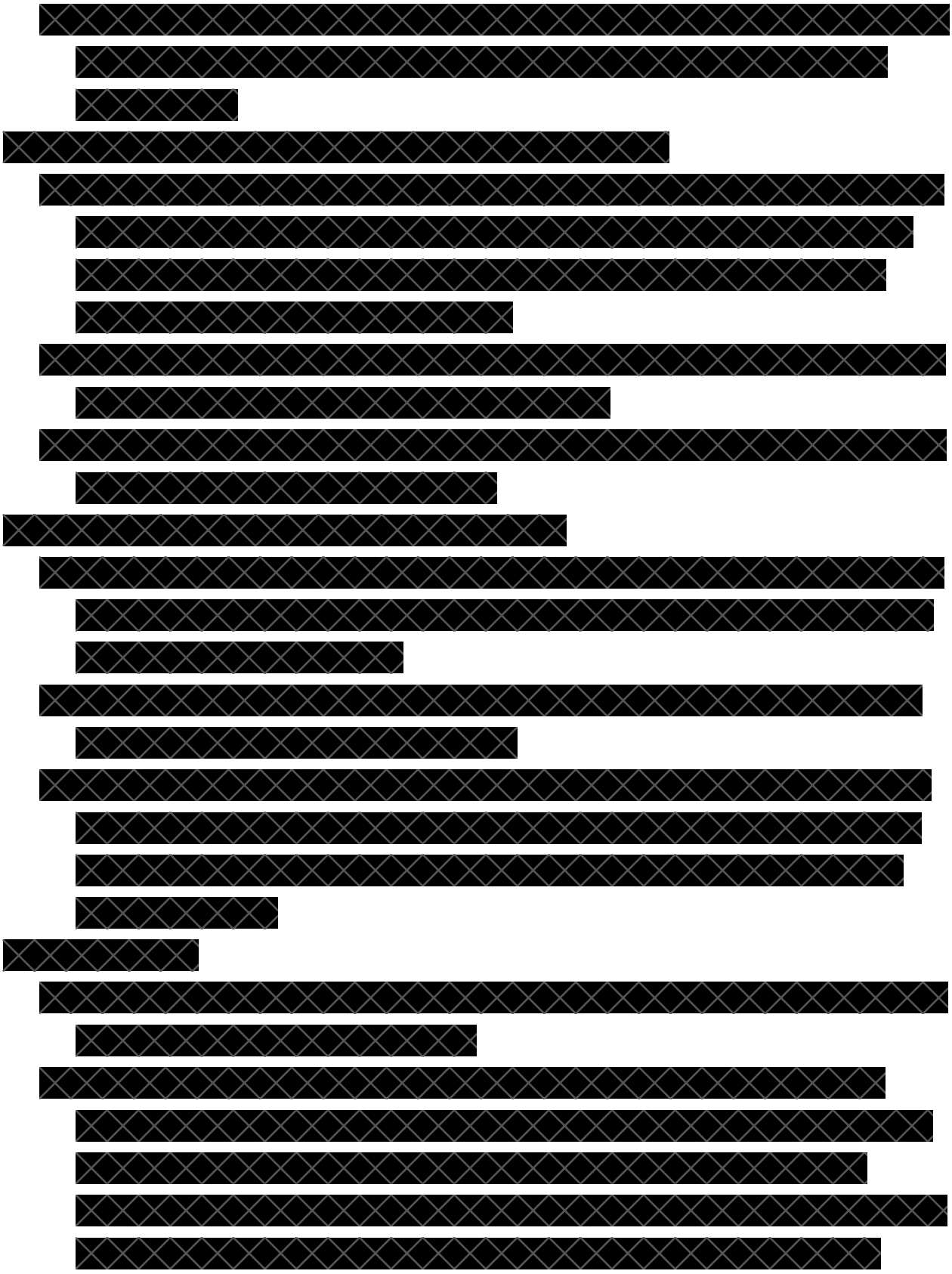
- Only authorized agents who have been trained on Green Buds Companies privacy and recordkeeping policy and procedures will have access to records.
- Green Buds Companies will implement and practice the privacy and security training to ensure that health information remains secure.
- Green Buds Companies will use a Statewide-Seed-to-Sale software, an encrypted, secure electronic database that is strictly controlled and continually backed up, to store facility and transaction records.
- Green Buds Companies takes an aggressive approach to protecting electronic data.
- Training will be conducted and documented during onboarding as well as within the signed copy of the Employee Handbook and performance evaluations both of which become a part of the employee's permanent record.
    - Initial job training adherence to confidentiality requirements will be conducted by the Team Leader or Assistant Team Leader, during onboarding and in conjunction with an employee handbook and one-on-one personal instruction.
    - Training will consist of general job requirements and use of Statewide-Seed-to-Sale point of sale software. Further training will be conducted during quarterly performance reviews and in addition to disciplinary action.
    - Once per year a group training session is held for all staff members during which the Employee Handbook and all other training materials are reviewed, and each staff member signs a fresh copy of the then current Employee Handbook.

2 – Dispensing Site Policies and Procedures

2.1 Dispensing site requirements for employee hygienic and sanitary practices

- Employees will be required to maintain adequate personal cleanliness, and wear clothing that is compliant with the company's dress code for employees working at dispensing sites
- Employees will be required to wash hands thoroughly in an adequate hand-washing area before starting work, and at any other time when hands may have become soiled or contaminated.
- Adequate and convenient hand-washing facilities with running water at a suitable temperature will be provided. The company will also provide effective hand-cleaning and sanitizing preparations and sanitary towel service or suitable drying devices.

2.2 Medical cannabis product dispensing transaction SOP



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entry

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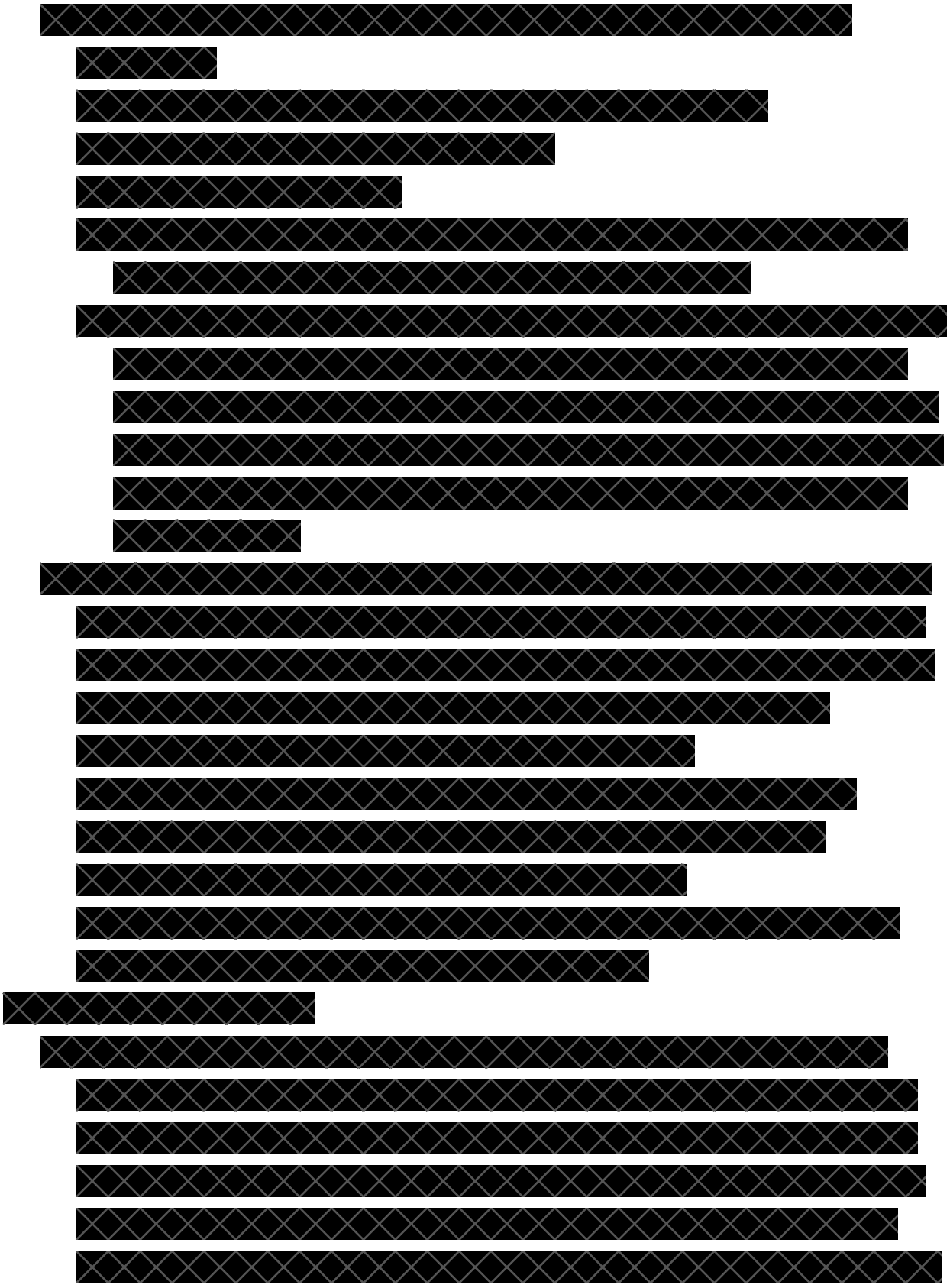

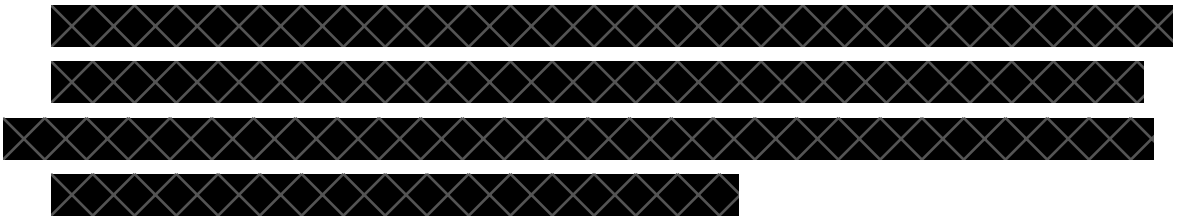

2.3 Point of Sale Plan

The company intends to design dispensing sites that provide a professional experience in a comfortable, bright, and safe feeling environment. Our dispensing sites will be simply named "*Free*" as we desire to provide a place where medical cannabis patients and caregivers can feel freedom from the stigma associated with cannabis. We want them to feel free to pursue medical cannabis for its therapeutical benefits under a program expertly designed to keep them safe. Authorized patients and caregivers entering our dispensing sites will be met by our team of certified dispensers and dispensing assistants who will be the focal point of our approach and identified by their team moniker "*All Are Welcome*." Our chief people, patient, & pharmaceutical officer (C3PO) will oversee the has design of these facilities and has created the following plan for each certified dispenser to provide point-of-sale education, consultation, information, responses to patient and caregiver questions, and instructions for use regarding all medical cannabis products. All new patients and caregivers will be provided a packet of educational material which will include an outline of the relevant medical cannabis rules and regulations for patients and caregivers. Prior to providing any education or information, the company will submit proposed materials to the commission for review and approval. The company will also plan to make approved education and information available on its website.

Point-of-sale education

- The certified dispenser will provide educational materials to each medical cannabis patient and caregiver on the recognition and significant dangers of substance abuse, including providing the following examples of how medical cannabis can be abused:
  - Driving vehicles or operating equipment under the influence.
  - Sharing or selling medical cannabis products.

  - Use of medical cannabis for recreational purposes, or not using in accordance with the recommendations of the physician and the provided instructions for use.
  - Recognizing signs that medical cannabis may be having a detrimental effect on one's life and use may need to be paused, or stopped altogether; when there are failures to fulfill obligations at work, school, or home.
  - Avoiding habits or patterns that may cause reliance on medical cannabis, or inability to control use.
  - Transporting medical cannabis outside state boundaries, or in a manner not compliant with the rules and regulations for patients and caregivers in possession.
  - Exceeding recommended daily recommended dosages and/or attempting to manipulate the purchasing limit system.
- Education will also be provided regarding potential side effects including, but not limited, to: insomnia, drowsiness, sedation, short-term memory loss, anxiety, uneasiness, altered reality, dysphoria, overly euphoric, trouble keeping track of time, dehydration, eye watering / redness, ataxia, respiratory and digestive issues.
- Education, information, and local resources for alternative and/or complementary therapeutic treatments to medical cannabis:
  - Healthy diet
  - Yoga
  - Massage
  - Acupuncture
  - Hypnosis
  - Counseling

Consultation

- Whether a new or returning patient or caregiver, each will be provided the opportunity to have a quiet, private setting to receive the educational materials, instructions, and have their questions answered. The consultation room will be adjacent to the point-of-sale terminals, with the ability for the certified dispenser to

access through their adjacent office, while maintaining secured access to the employee dispensing area. The room will be designed to make the patient or caretaker feel free and welcome to have an effective discussion with the certified dispenser; while maintaining continuous video/audio recording to ensure compliance with the rules and regulations.

- The certified dispenser will strictly follow appropriately designed HIPAA protocols in conducting all consultations.

Provision of information

- The certified dispenser will provide information on potential drug interactions:
  - Barbiturates or sedatives which could cause extreme drowsiness or fatigue.
  - Stimulants such as caffeine or amphetamines that could intensify effects.
  - Alcohol which may cause loss of coordination, memory, and vomiting.
  - Supplements, prescriptions, and non-prescription drugs that could have an effect on efficacy.
- Special precautions and warnings recommendations will also be provided such as:
  - Not to be used if pregnant or breastfeeding as medical cannabis can pass through the placenta and milk significantly endangering the growth and development of a child.
  - Potential to cause rapid heartbeat and high blood pressure.
  - Weakening of the immune system making it more difficult for the body to fight infections.
  - Potential detrimental effect on lungs and other organs due to lack of adequate peer-reviewed research.
  - In some cases, medical cannabis might make seizure disorders worse.
  - Medical cannabis should not be used at least a month before and after surgery; patients should make sure they consult with all physicians that care for them and clearly disclose use of medical cannabis.
- The certified dispenser will also provide information as to the illegality of cannabis and medical cannabis in regards to:
  - Possessing, smoking, or vaporizing any form of cannabis flowers or oil

- Illicit medical cannabis which has been illegally sourced from the black market or interstate traffic from another state (even one that offers a legal medical or recreational cannabis program).
- Diverted medical cannabis that is no longer in the appropriate chain of custody system of a licensee and has not been legally dispensed to the individual in possession whether or not they are a patient or caregiver.

Responses to patient and caregiver questions

- The certified dispenser will exercise an abundance of caution in ensuring no information or advice is offered regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or type of medical cannabis recommended by the registered certifying physician. In the event a certified dispenser is asked to provide such, they will direct the patient or caregiver back to the registered certifying physician to address questions or provide advice that the certified dispenser cannot.

Instructions for use regarding all medical cannabis products,

- The certified dispenser will provide instructional materials (again subject to the commission's review and approval) for the patient and caregiver:
  - A comparison of ingested options such as the capsules, tinctures, as gelatinous cubes.
  - A comparison of the topical options including lotions and transdermal patches.
  - A comparison of inhalation options.
  - Product activation time including the difference in effect between men and women as well as different weights and body sizes.
  - Proper administration of individual medical cannabis dosages in accordance with the physician's recommendations and a reminder of the extreme dangers of substance abuse
  - Specific instructions on the proper administration of medical cannabis for each type being dispensed:

- Capsules – the recommended method for swallowing the capsule and the number to take in accordance with the dosage recommendations of the physician.
- Tinctures – the recommended method for administering the tincture, such as under the tongue or mixed with food or drinks, and the amount to consume in accordance with the dosage recommendations of the physician.
- Gelatinous cubes – the recommended method for ingesting the gelatinous cubes, such as thoroughly chewing and mixing with food, and the number of cubes to consume in accordance with the dosage recommendations of the physician.
- Lotions – the recommended method for applying the lotion to the skin and the recommended frequency of use and amount in accordance with the dosage recommendations of the physician.
- Transdermal patches – the recommended method for applying the transdermal patch to the skin, including instructions not to cut or otherwise modify that patch and to dispose of properly after use.
- Inhalers: the instructions for using the inhalation device and how to inhale the appropriate amount in accordance with the dosage recommendations of the physician.

Other considerations

As required by the rules, prior to the dispensing site's commencing operations or prior to beginning work; each certified dispenser will take and pass a medical cannabis foundations training course. The C3PO, dispensing director, and certified dispensers will team together to regularly make improvements to the educational and instructional materials (submitting for review and approval to the commission each time) incorporating the benefits of the continuing education required by the program rules. This education will address proper dispensing procedures, prevention of abuse and diversion of medical cannabis, and other topics related to public health, safety and good business practices relating to cannabis, medical cannabis and the dispensing thereof. The C3PO will also develop protocols for the recognition of abuse and refusal of sale to professionally deny service to a patient /

caregiver and how to report these interactions (and any suspicious activity) to the appropriate level of management and/or the commission.

3 – Cultivation Policies and Procedures

3.1 Cultivation requirements for employee hygienic and sanitary practices

- All employees involved in processing, handling before packaging, or storing medical cannabis products will receive food handler training and certification.
- Employees will be required to maintain adequate personal cleanliness, and at all times while in cultivation and processing rooms will utilize:
    - Scrubs
    - Footies
    - Gloves
    - Hair and beard nets
    - Sanitizing foot baths
    - Masks and respirators as needed
- Employees will be required to wash hands thoroughly in an adequate hand-washing area before starting work, and at any other time when hands may have become soiled or contaminated.
- Adequate and convenient hand-washing facilities with running water at a suitable temperature will be provided and located in close proximity to all departments and employees. The company will also provide effective hand-cleaning and sanitizing preparations and sanitary towel service or suitable drying devices.

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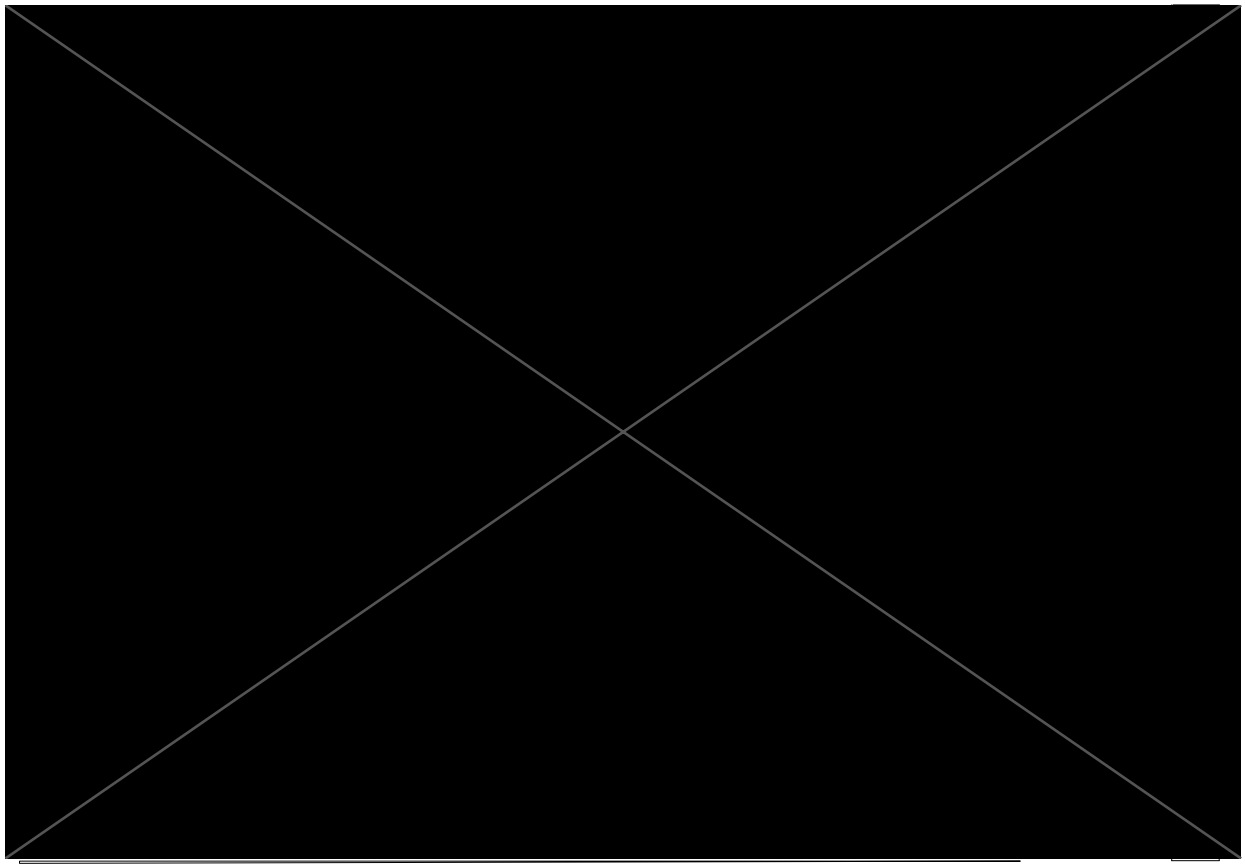

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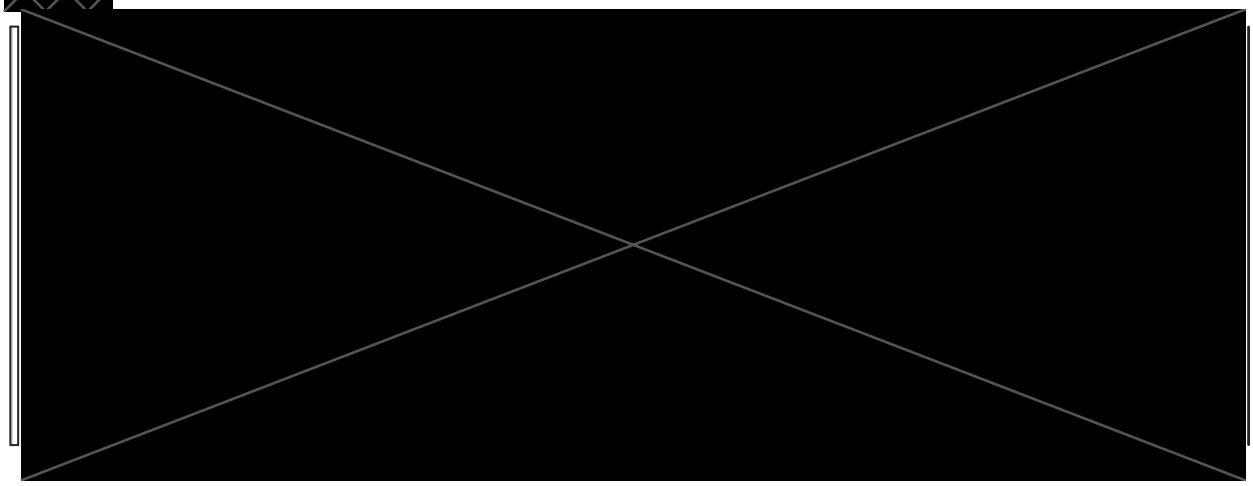

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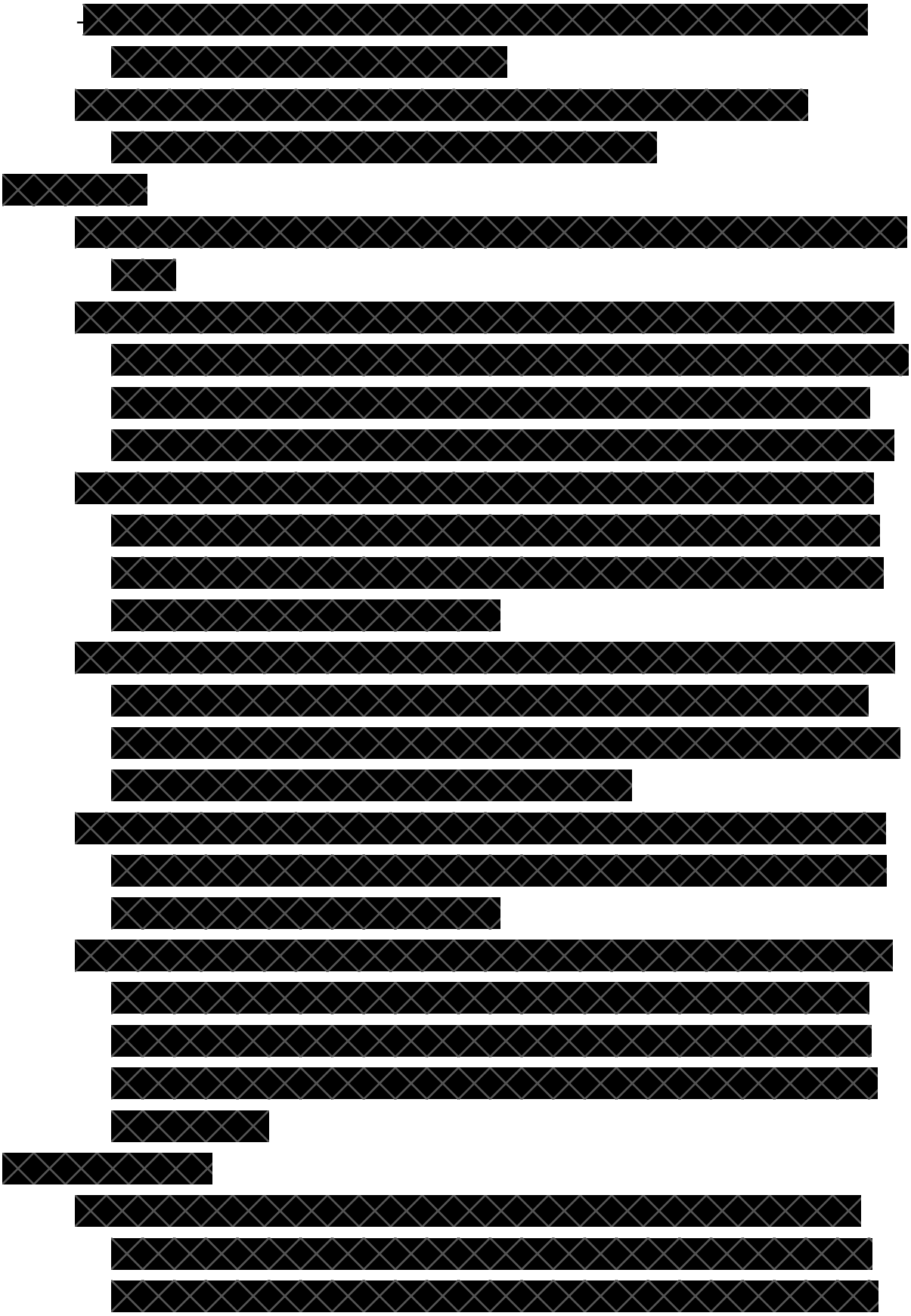

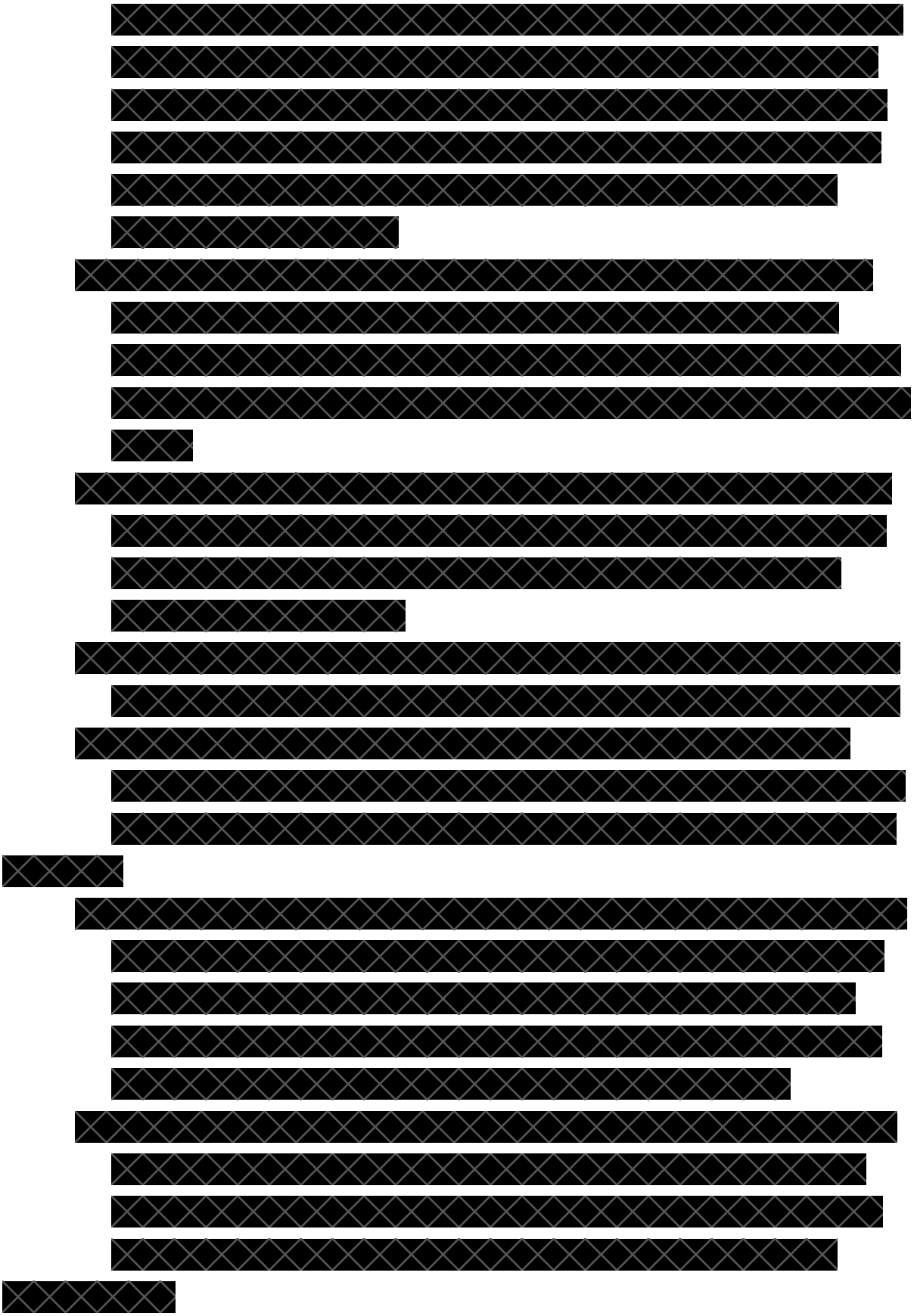

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4 – Processing Policies and Procedures

4.1 Processing requirements for employee hygienic and sanitary practices

- All employees involved in processing, handling before packaging, or storing medical cannabis products will receive food handler training and certification.
- Employees will be required to maintain adequate personal cleanliness, and at all times while in cultivation and processing rooms will utilize:
    - Scrubs
    - Footies
    - Gloves

  - Hair and beard nets
  - Sanitizing foot baths
  - Masks and respirators as needed
- Employees will be required to wash hands thoroughly in an adequate hand-washing area before starting work, and at any other time when hands may have become soiled or contaminated.
- Adequate and convenient hand-washing facilities with running water at a suitable temperature will be provided and located in close proximity to all departments and employees. The company will also provide effective hand-cleaning and sanitizing preparations and sanitary towel service or suitable drying devices.

4.2 Production and manufacturing process

The applicant's following manufacturing processes and methods of medical cannabis production will use documented good quality practices and meet current Good Manufacturing Practices. We will be careful to evaluate our processes for compliance with all relevant rules and regulations for medical cannabis processors including but not limited to:

- Utilizing approved independent medical cannabis testing laboratories to verify intended levels of purity and confirm our products are reliably free of toxins and contaminants.
- Confirming no additives will be used other than pharmaceutical grade excipients.
- Carefully considering whether a form factor could even remotely be attractive to children and if it is deemed to be, make the necessary modifications or do not produce.
- Verification that only approved flavors are used in relation to gelatinous cube, cuboid, and lozenge medical cannabis products; noting at this time only peach is approved.

We will ensure our packaging conforms with all relevant rules and regulations including but not limited to ensuring that packaging and containers:

- Are child-resistant

- Are tamper-evident
- Identify the processor and type of product
- Are not attractive to minors
- Are designed to minimize appeal to children
- Do not contain any false statement or statement that advertises health benefits or therapeutic benefits of medical cannabis

We will ensure labeling conforms with all relevant rules and regulations including but not limited to ensuring that our product labels:

- Are securely attached to or imprinted on the accompanying packaging
- Are clear and contain print of a size and quality so as to be legible to the average patient or caregiver with a sixth-grade education
- Identify the type of product:
    - Capsules
    - Gelatinous Cubes
    - Tinctures
    - Topical Creams
    - Transdermal Patches
    - Inhalers
- Contain the lot and batch numbers.
- Contain the name of and a license identification number for the cultivator
- Contain the name of and a license identification number for the processor
- Identify the cannabinoid content and potency of the product
- Identify the amount, number or count of the product in the package on which they are attached
- Contain the universal state symbol approved by the Commission, printed in color at least one-half inch by one-half inch in size
- Contain the words “Keep out of reach of children”
- Contain a QR Code for purposes of tracking medical cannabis products that interfaces with the Statewide Seed-to-Sale Tracking System

- Contains the following: "WARNING: This product may make you drowsy or dizzy. Do not drink alcohol with this product. Use care when operating a vehicle or other machinery. Taking this product with medication may lead to harmful side effects or complications. Consult your physician before taking this product with any medication. Women who are breastfeeding, pregnant, or plan to become pregnant should discuss medical cannabis use with their physicians."
- Are not attractive to minors.
- Do not contain any false statement or statement that advertises health benefits or therapeutic benefits of medical cannabis

At the time of labeling, we will provide QR to identify the following:

1. The Cultivator or Integrated Facility, by facility, from which the medical cannabis was sourced
2. The name of the Processor and the Processor's facility of origin
3. The type of product
4. The date of processing and packaging
5. The date of the Processor's State Testing Laboratory approval
6. The expiration date (or, if no expiration date, a notation that the expiration date does not apply)
7. The Alabama Poison Control contact information as provided on the AMCC website

Finally, we will meticulously follow our Quality Control and Quality Assurance Plan in ensuring the medical cannabis products meet the professional and pharmaceutical standards required by the relevant rules and regulations for medical cannabis processors.

Detailed production and manufacturing processes for integrated facility

The following manufacturing processes and methods have been designed in consideration of the above. These processes and methods have been used in application by several members of the company's senior management team in their prior work experience operating medical cannabis cultivation and processing facilities. We have included the materials, machinery & equipment, and personnel necessary to produce each product.

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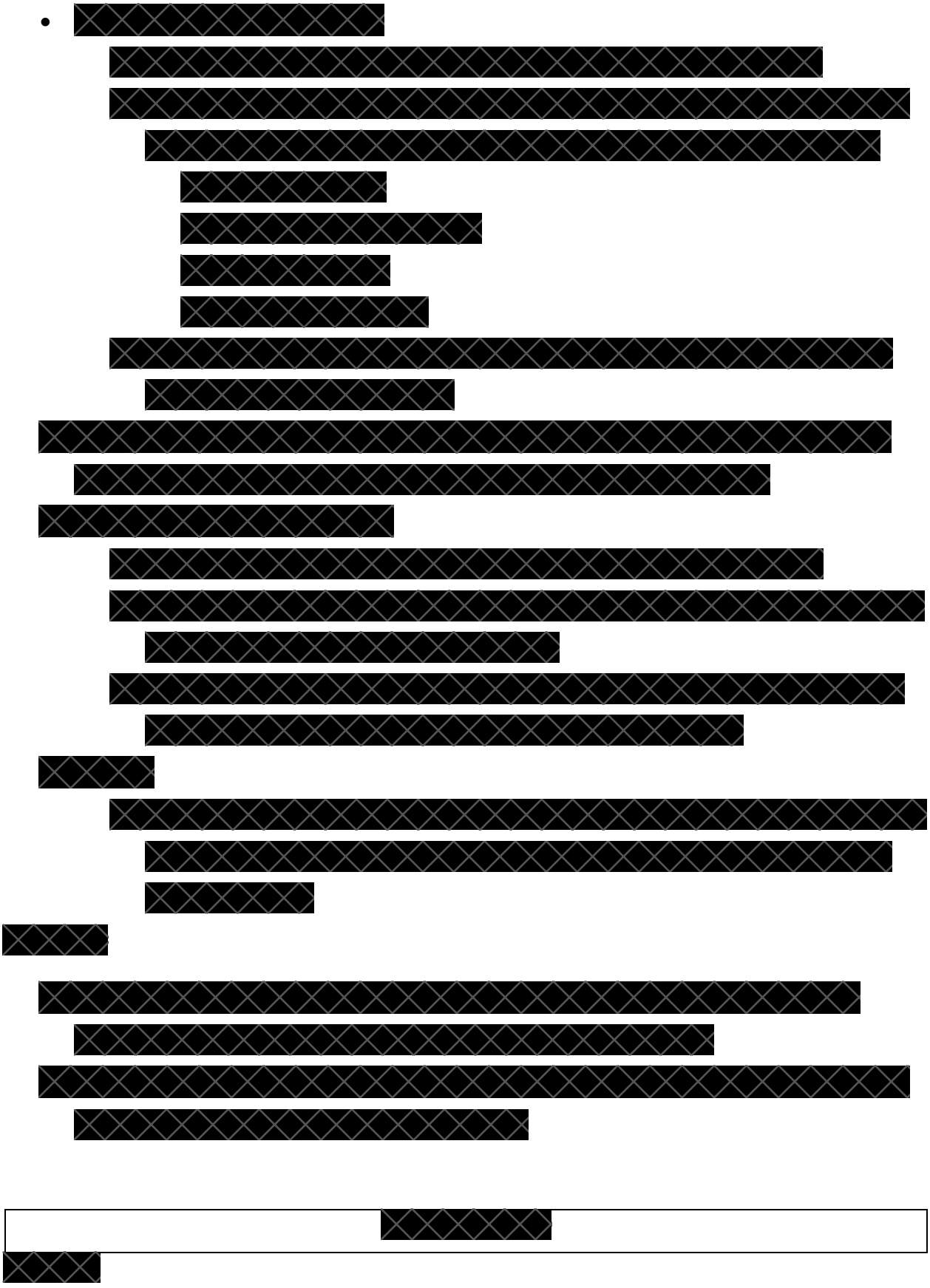

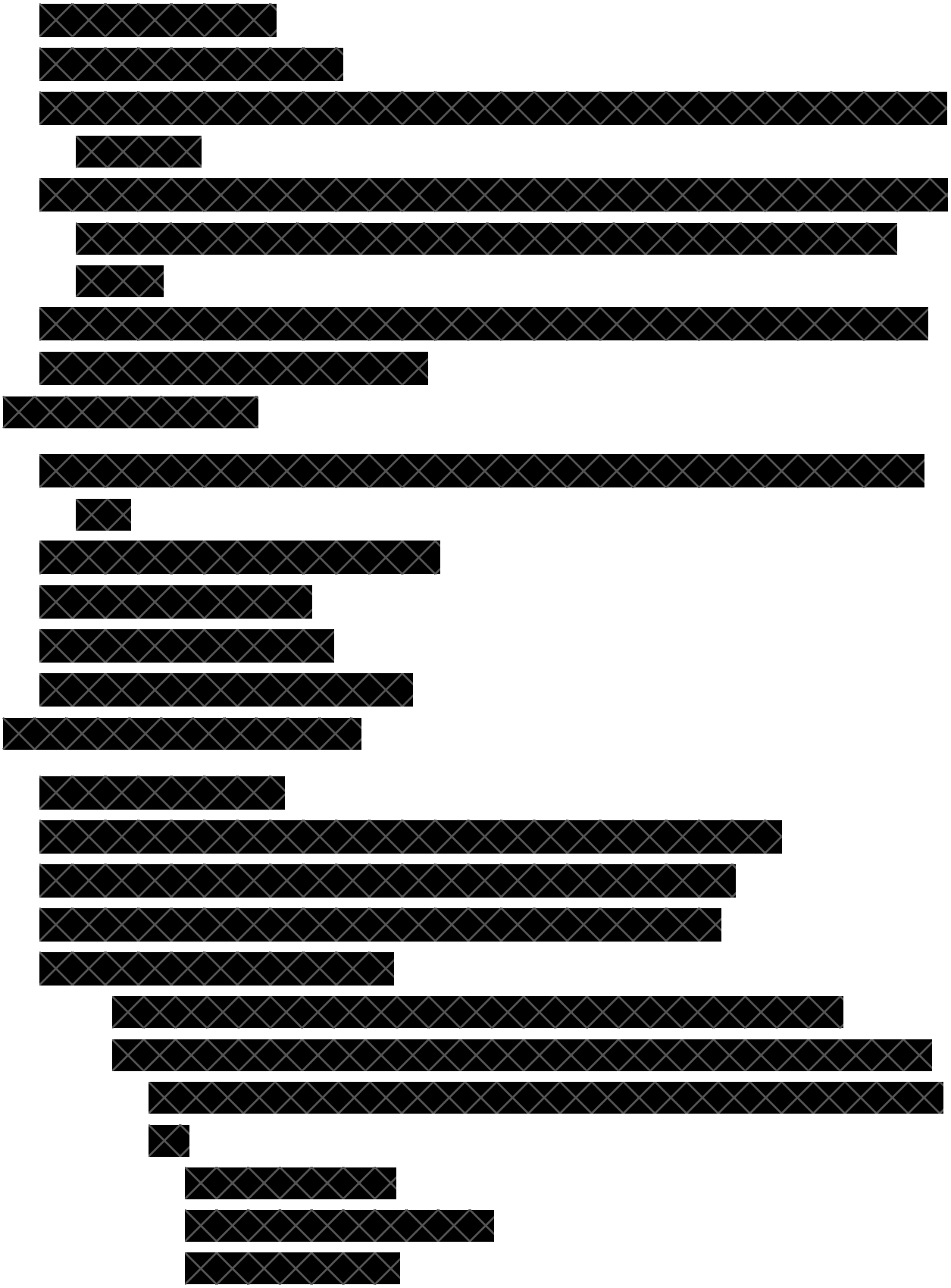

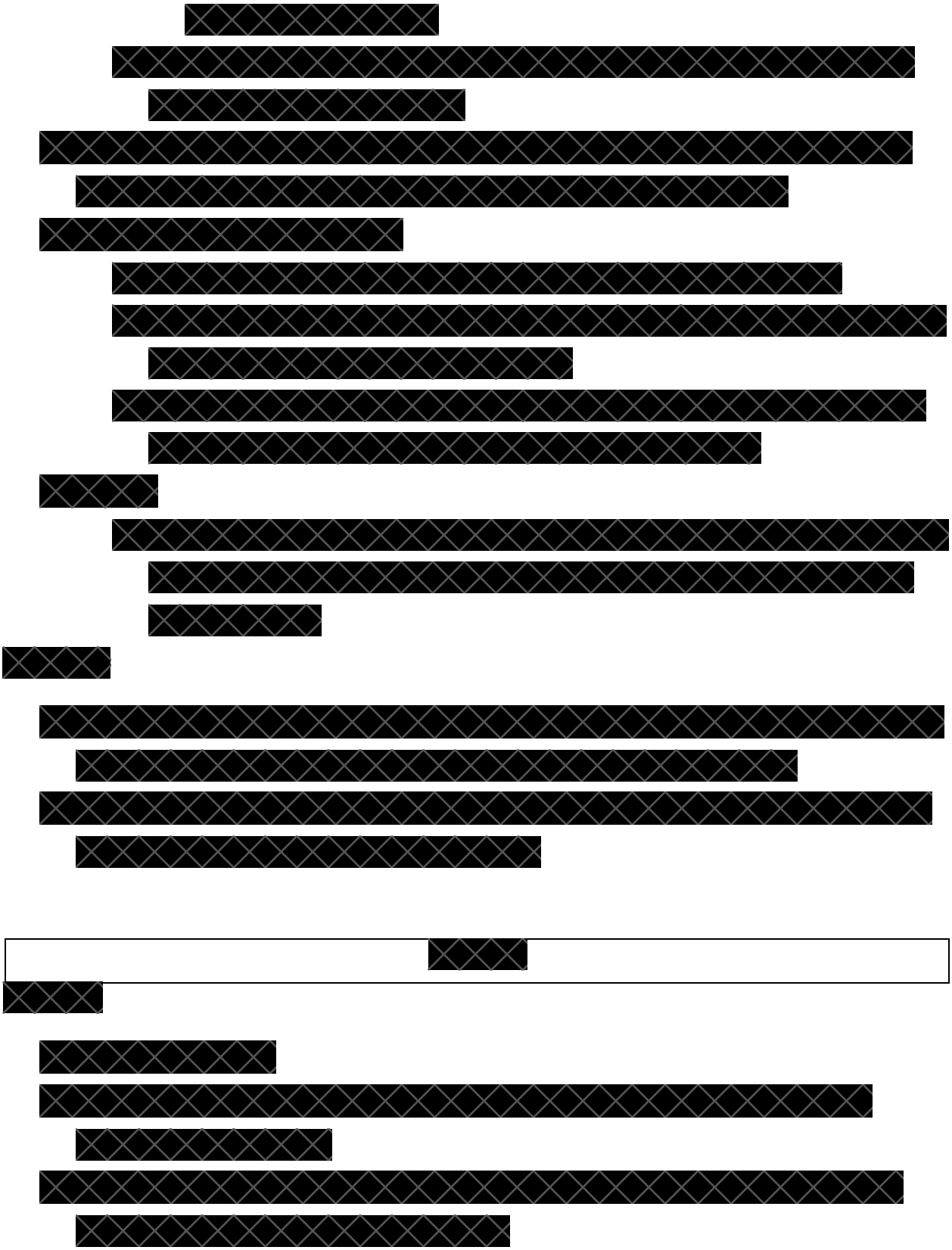

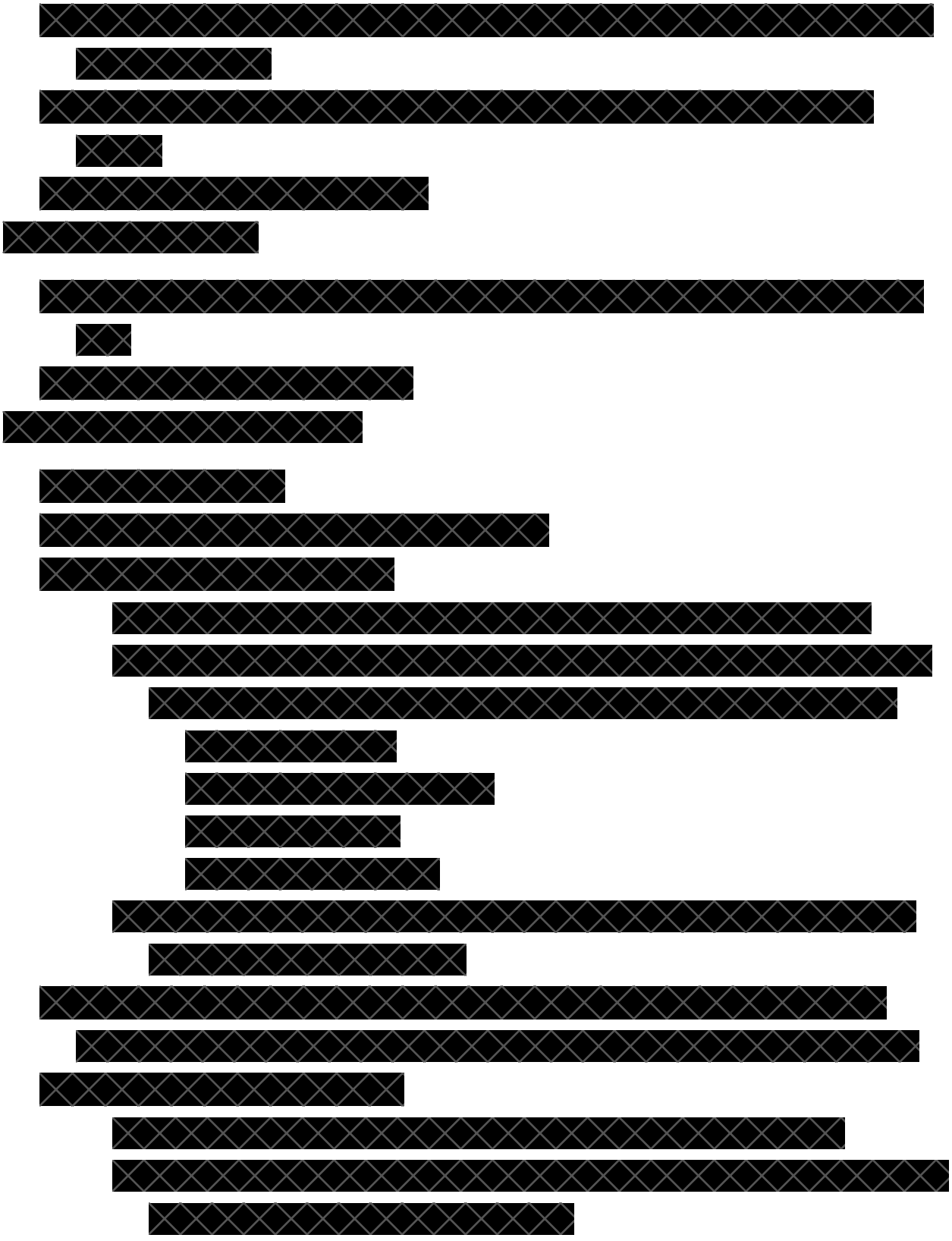

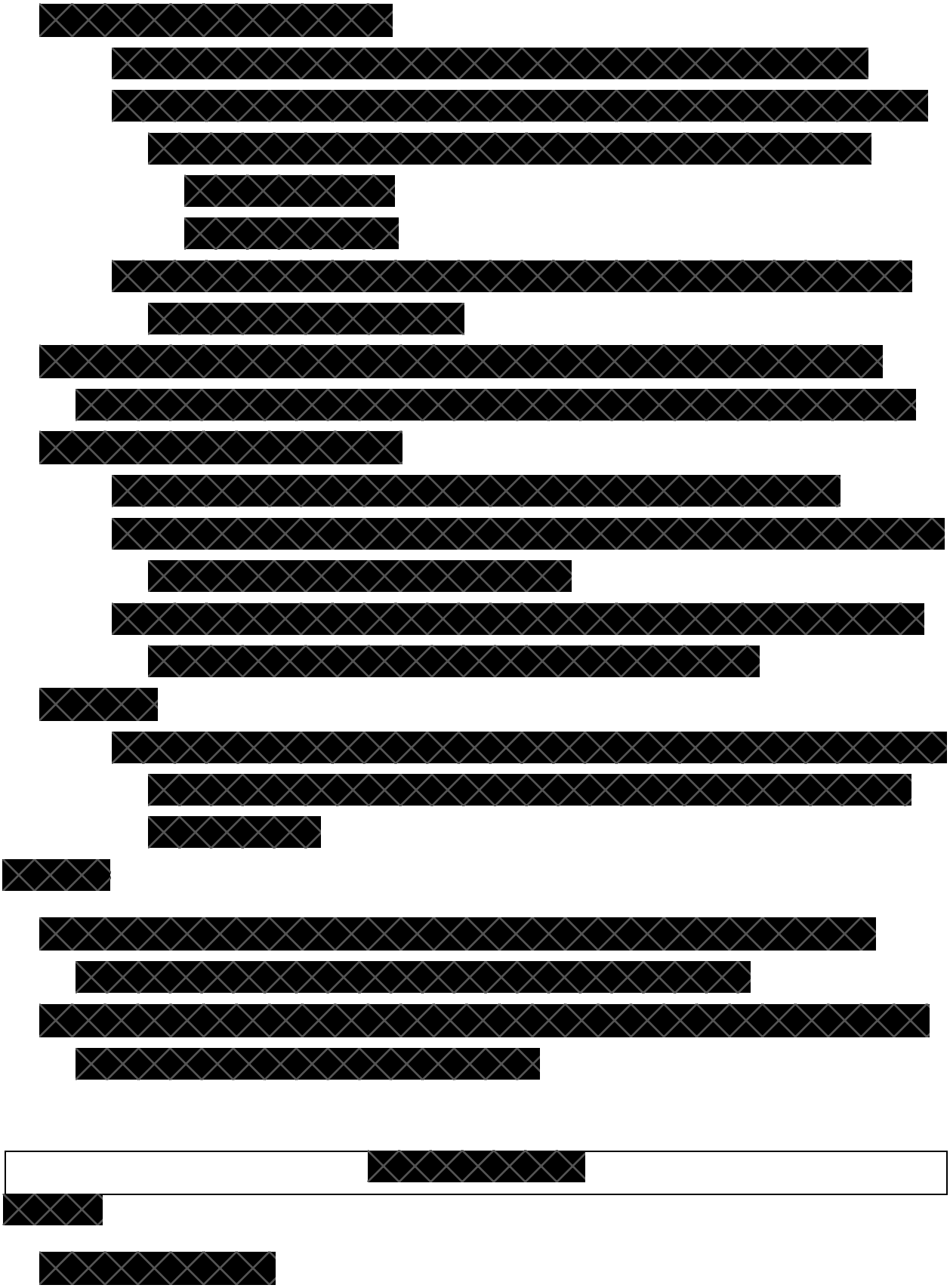

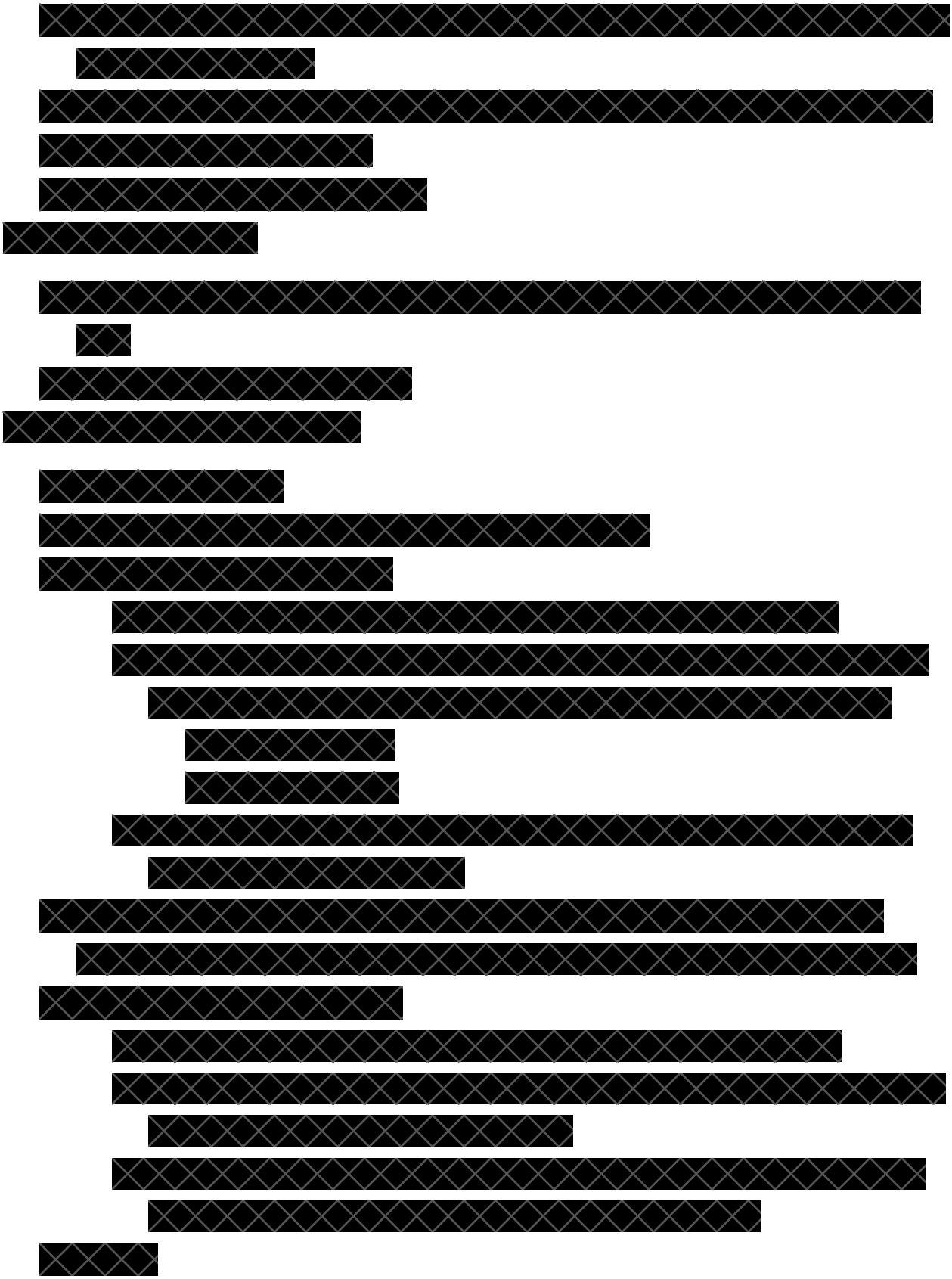

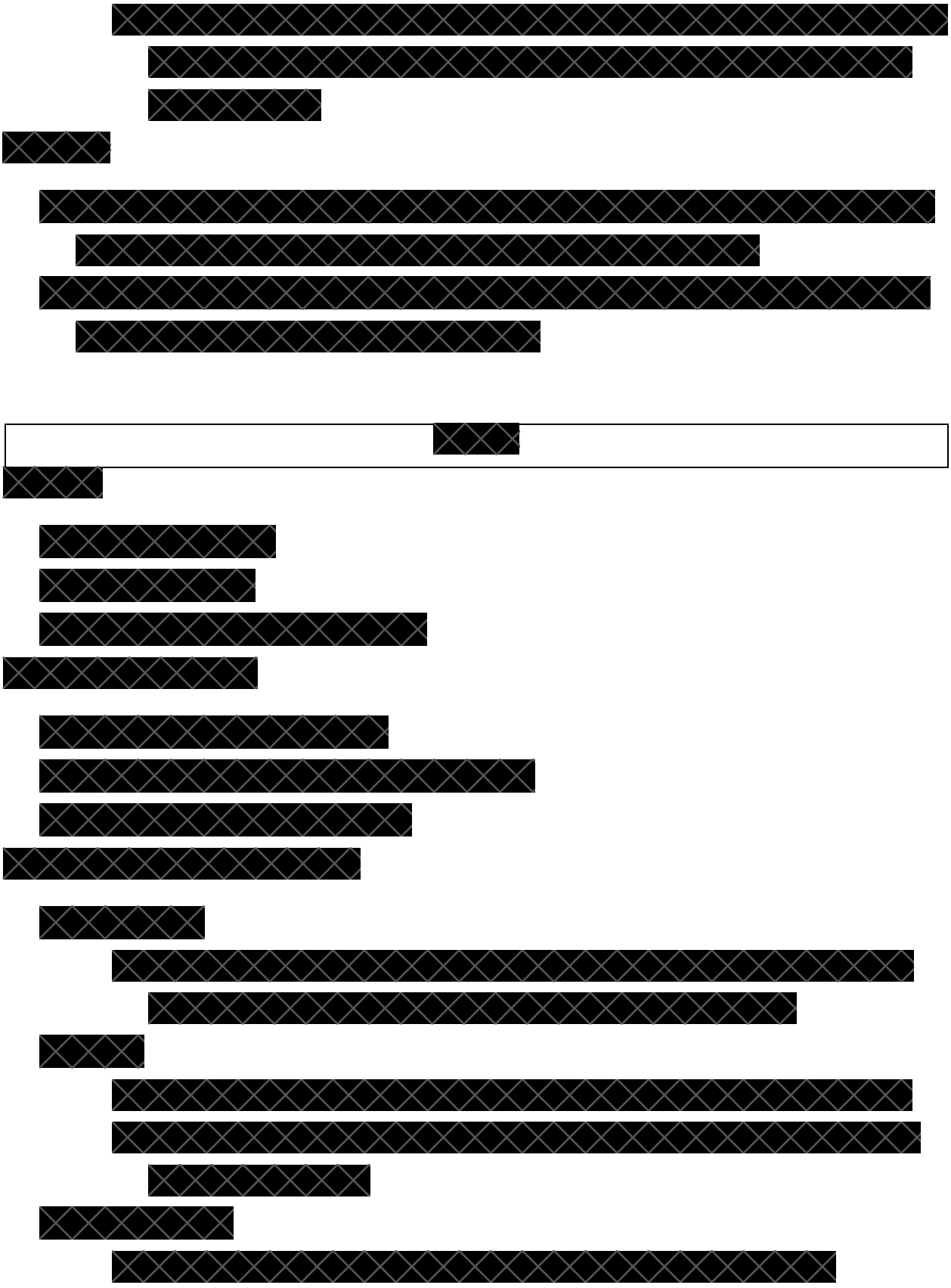

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5 – Inventory Control and Compliance Policies and Procedures

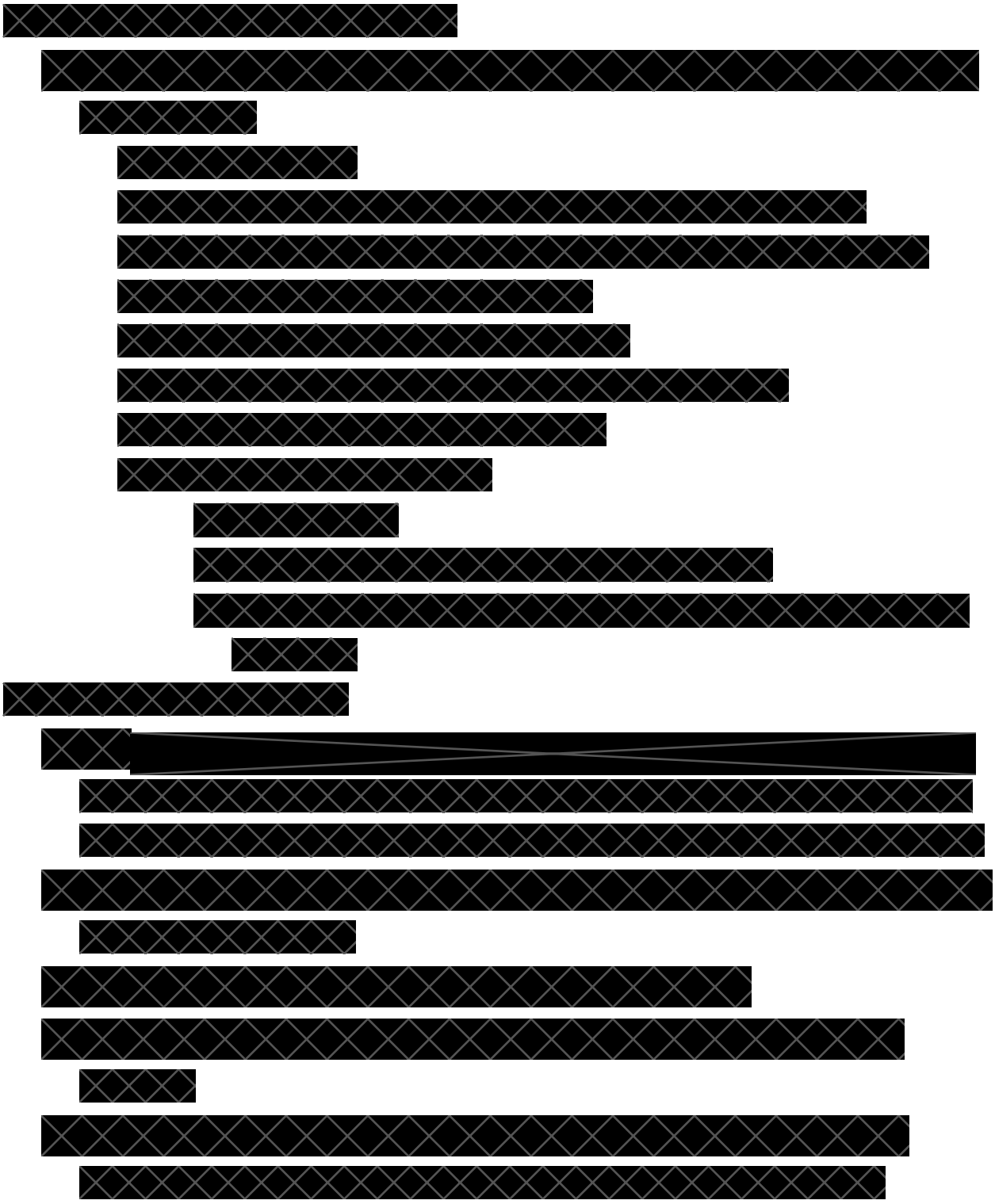
5.1 Inventory Control

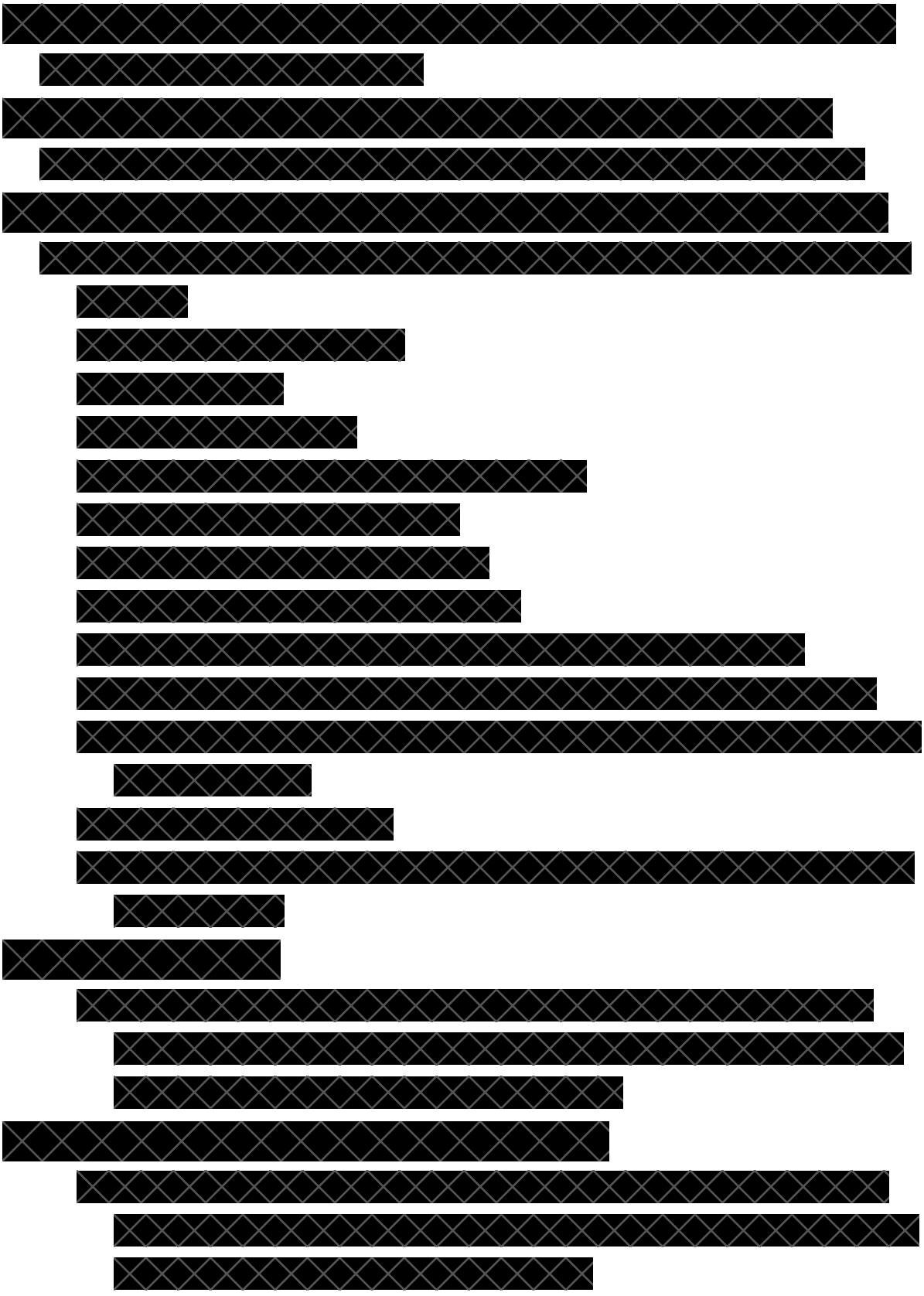
The compliance director will be responsible for the inventory of the integrated facility.

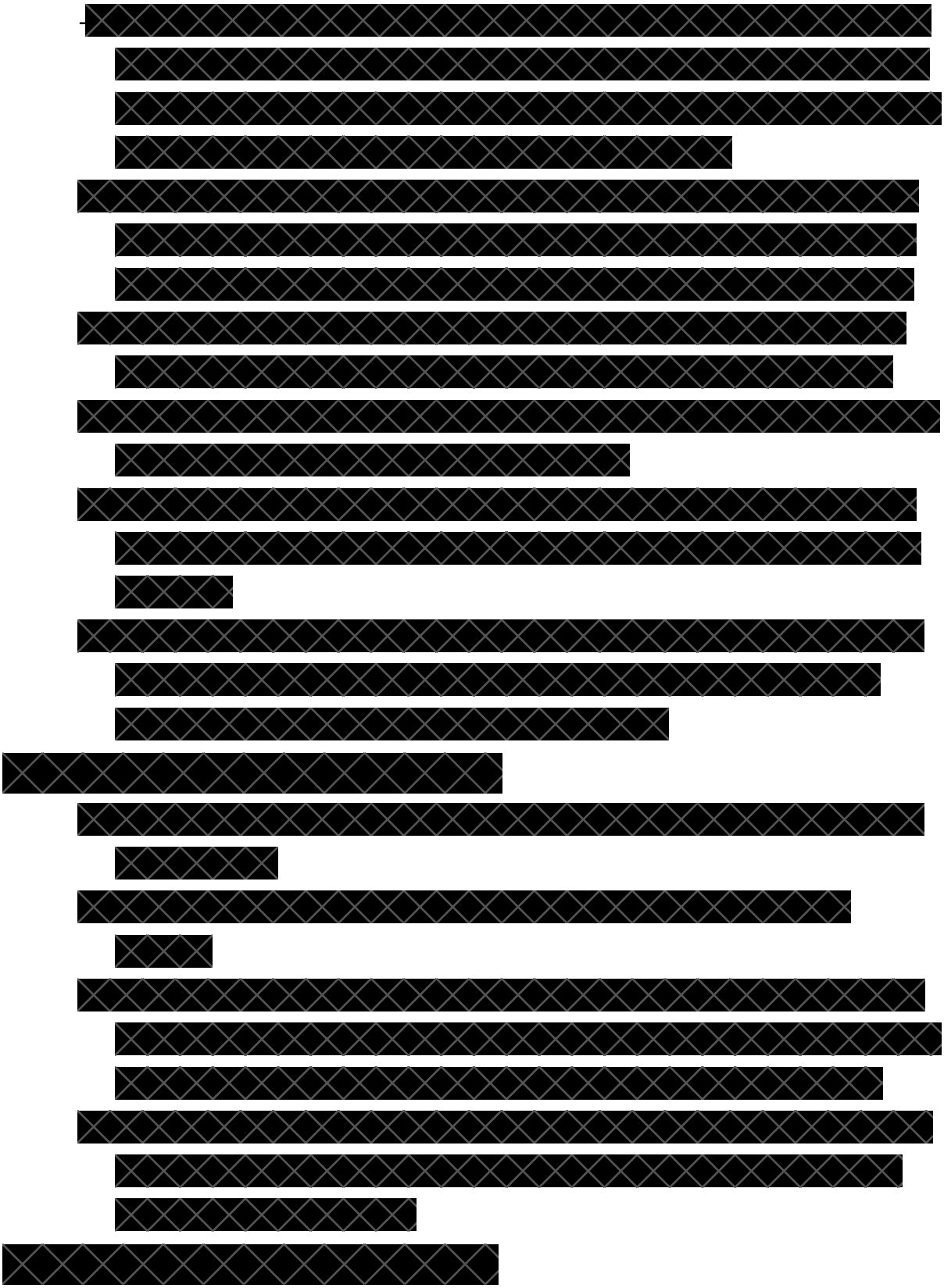
Procedure – Inventory Oversight

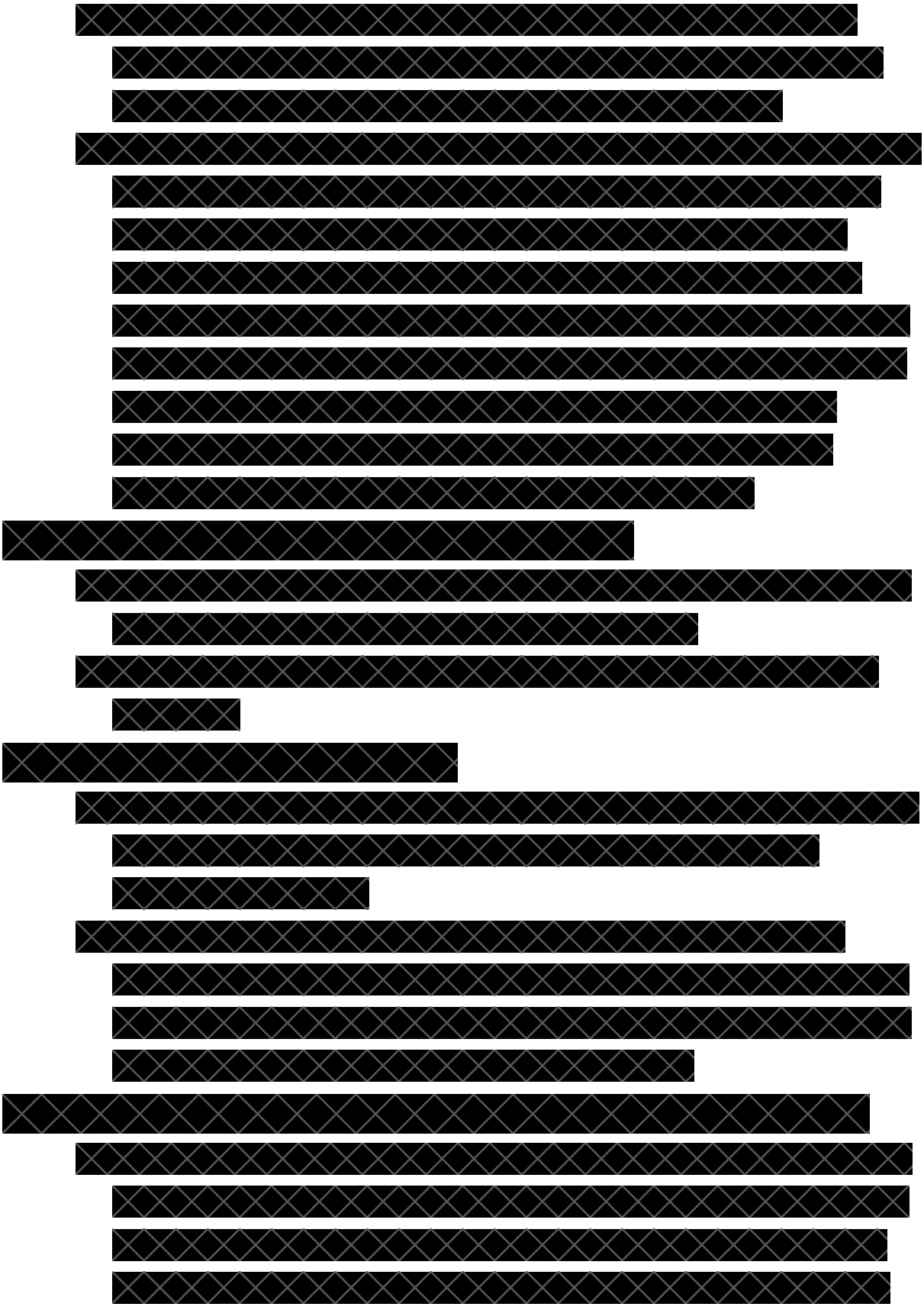
- The integrated facility has designated the compliance director to provide oversight of the inventory control system and will also provide oversight in ensuring all protocols for properly controlling inventory, including waste materials are followed. The cultivation director supervises the staff to ensure that all daily tasks are completed accurately.

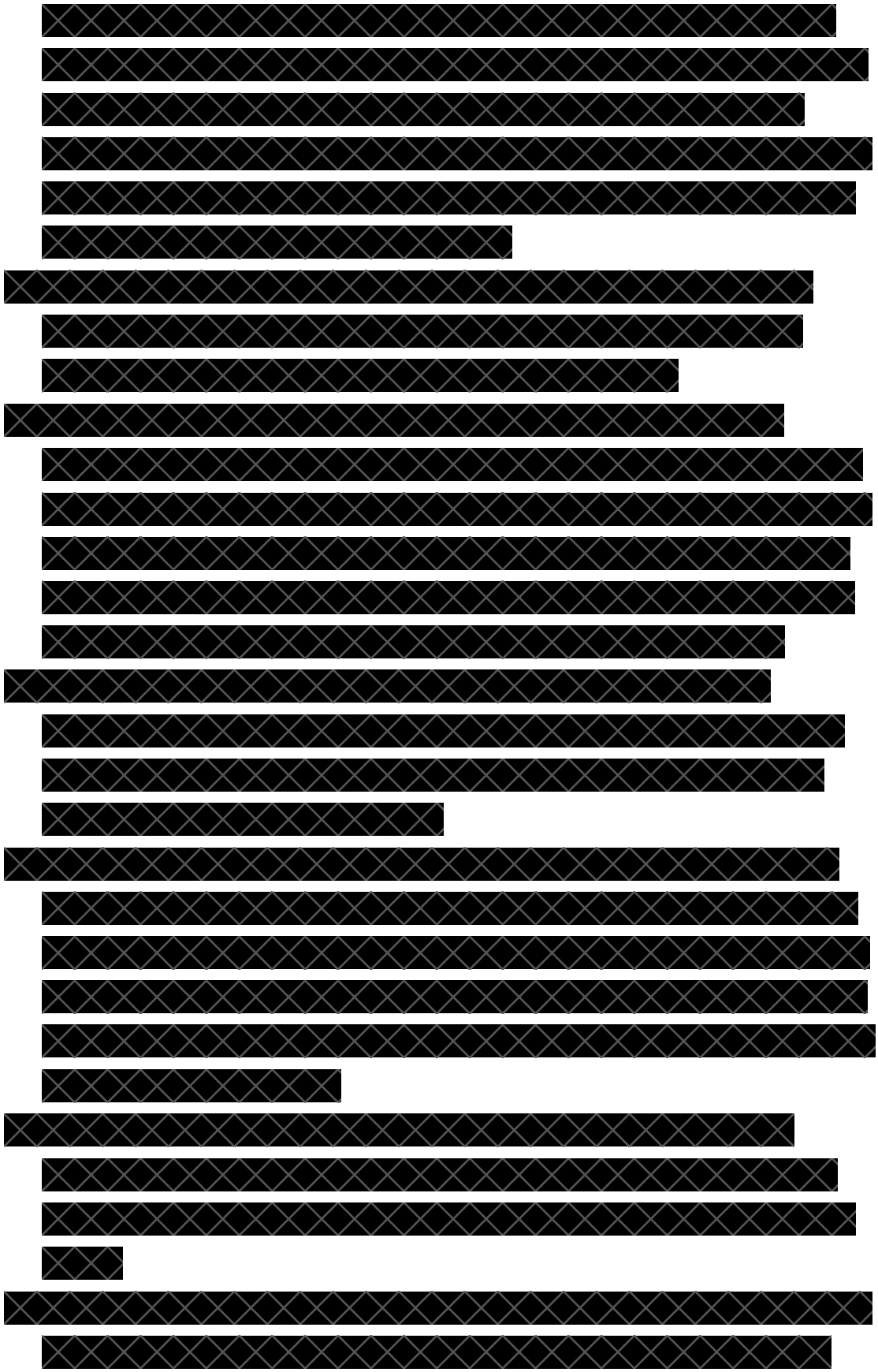
- The compliance director is responsible for execution and results of inventories and management of waste materials and is responsible for the physical movement of inventory and waste, as well as the tracking and recording of that movement.

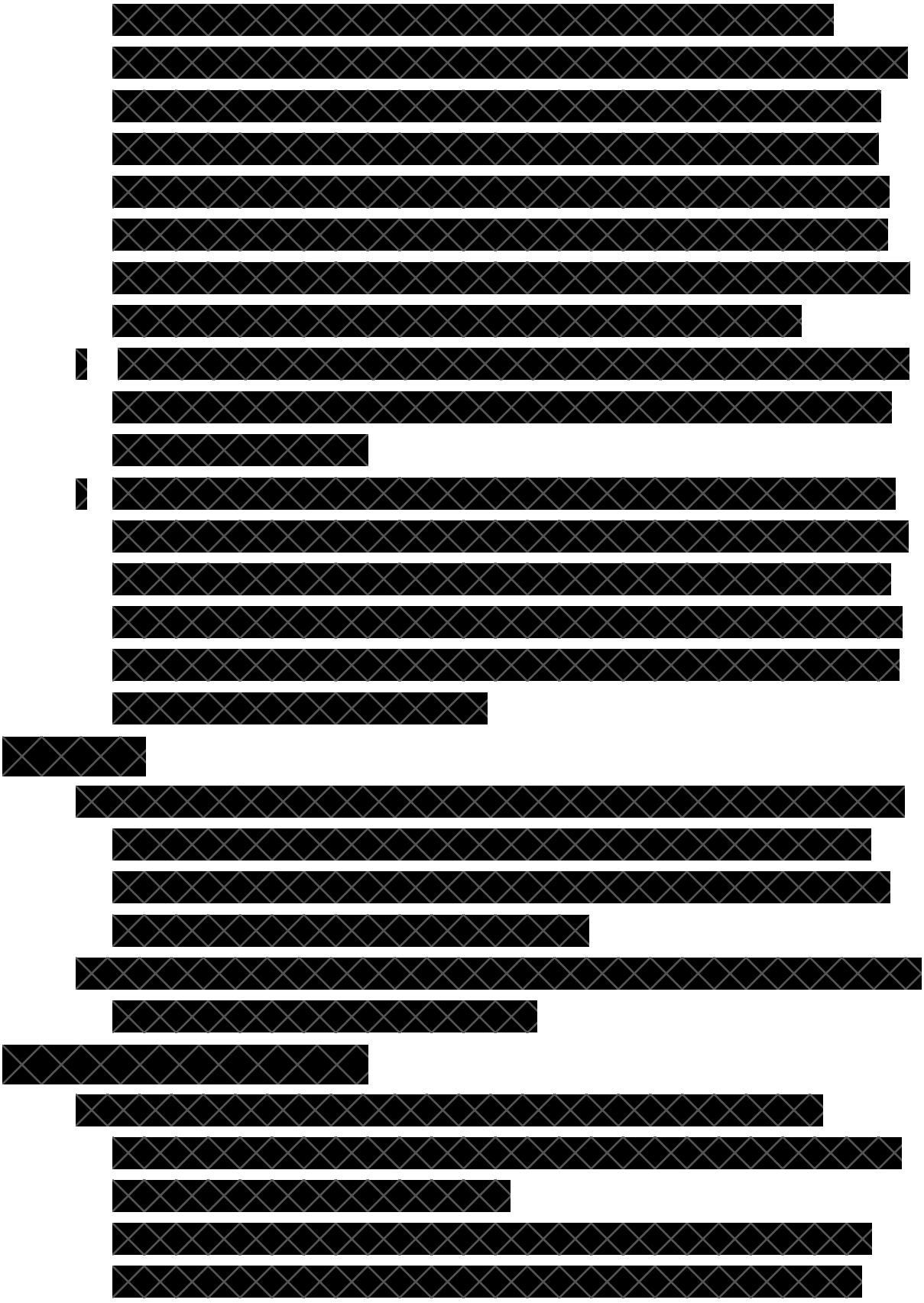


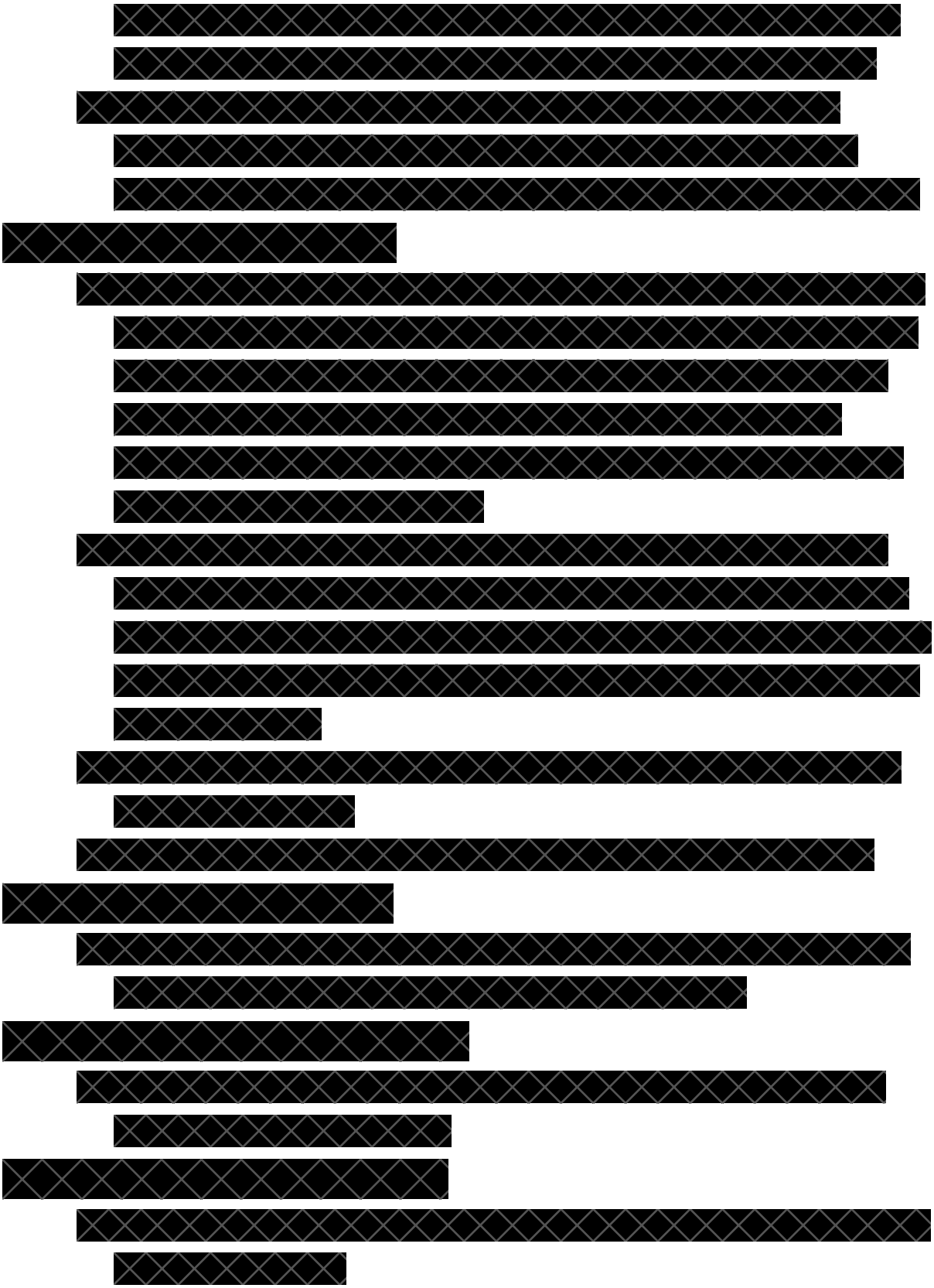


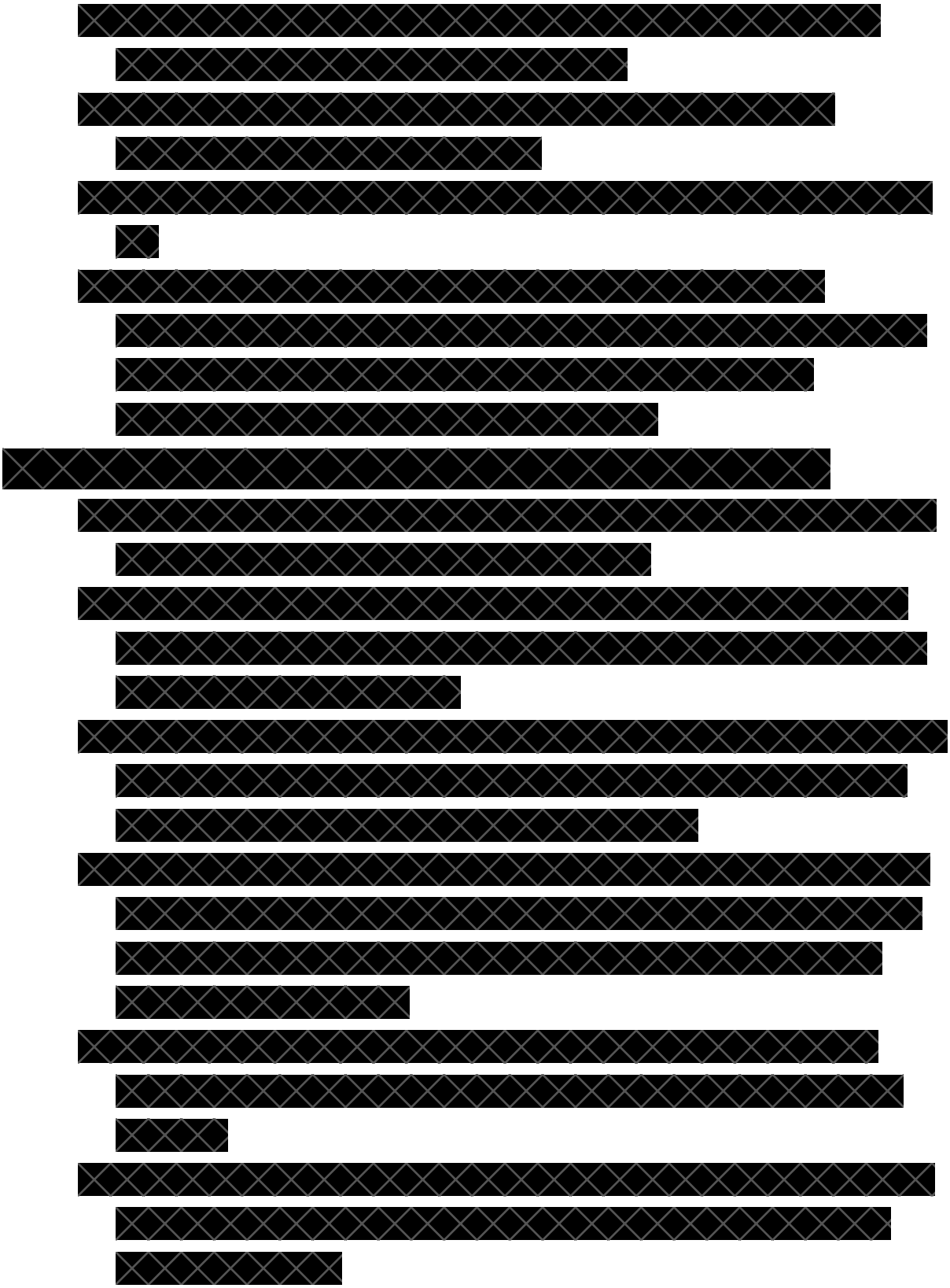


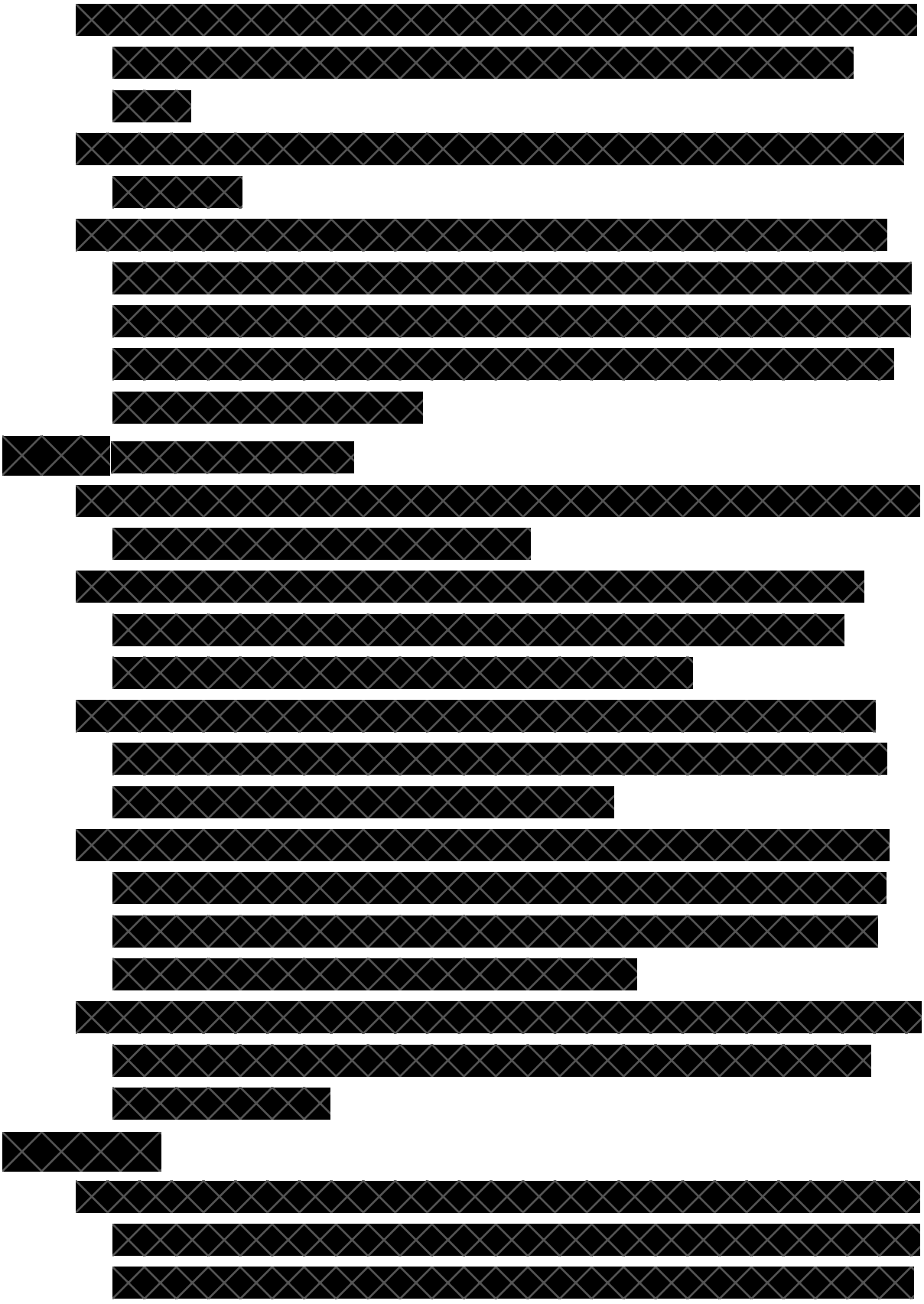


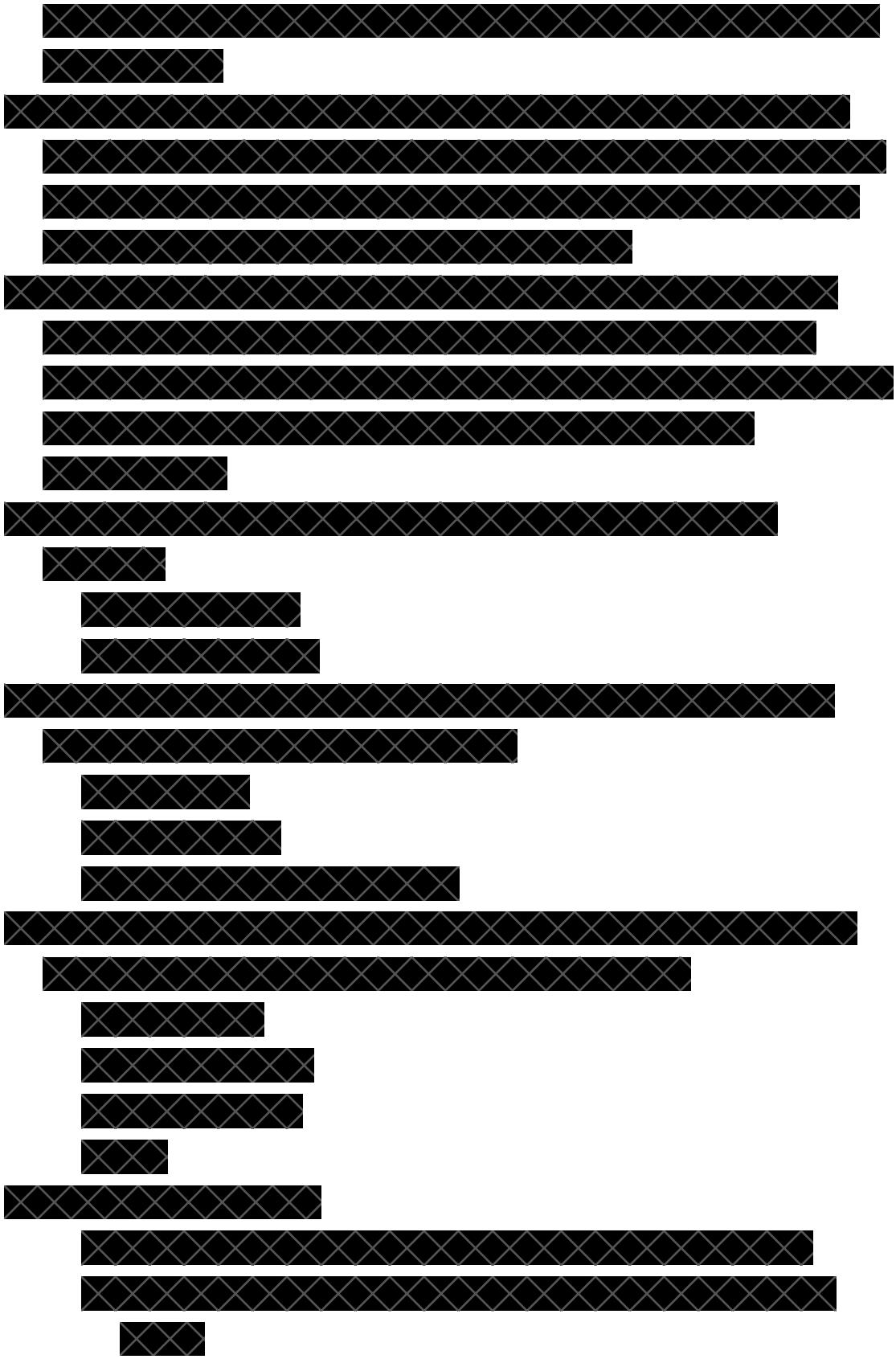


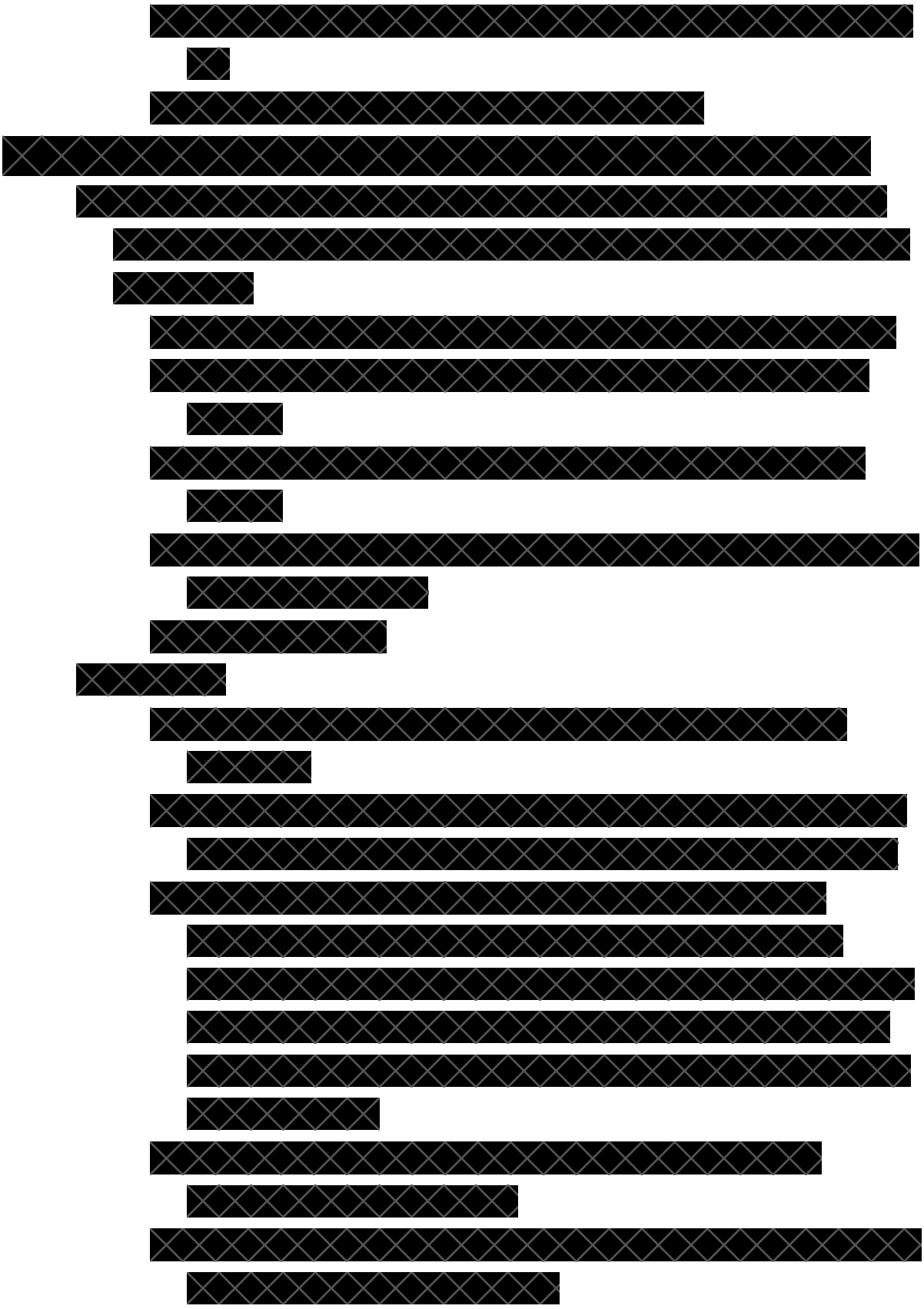


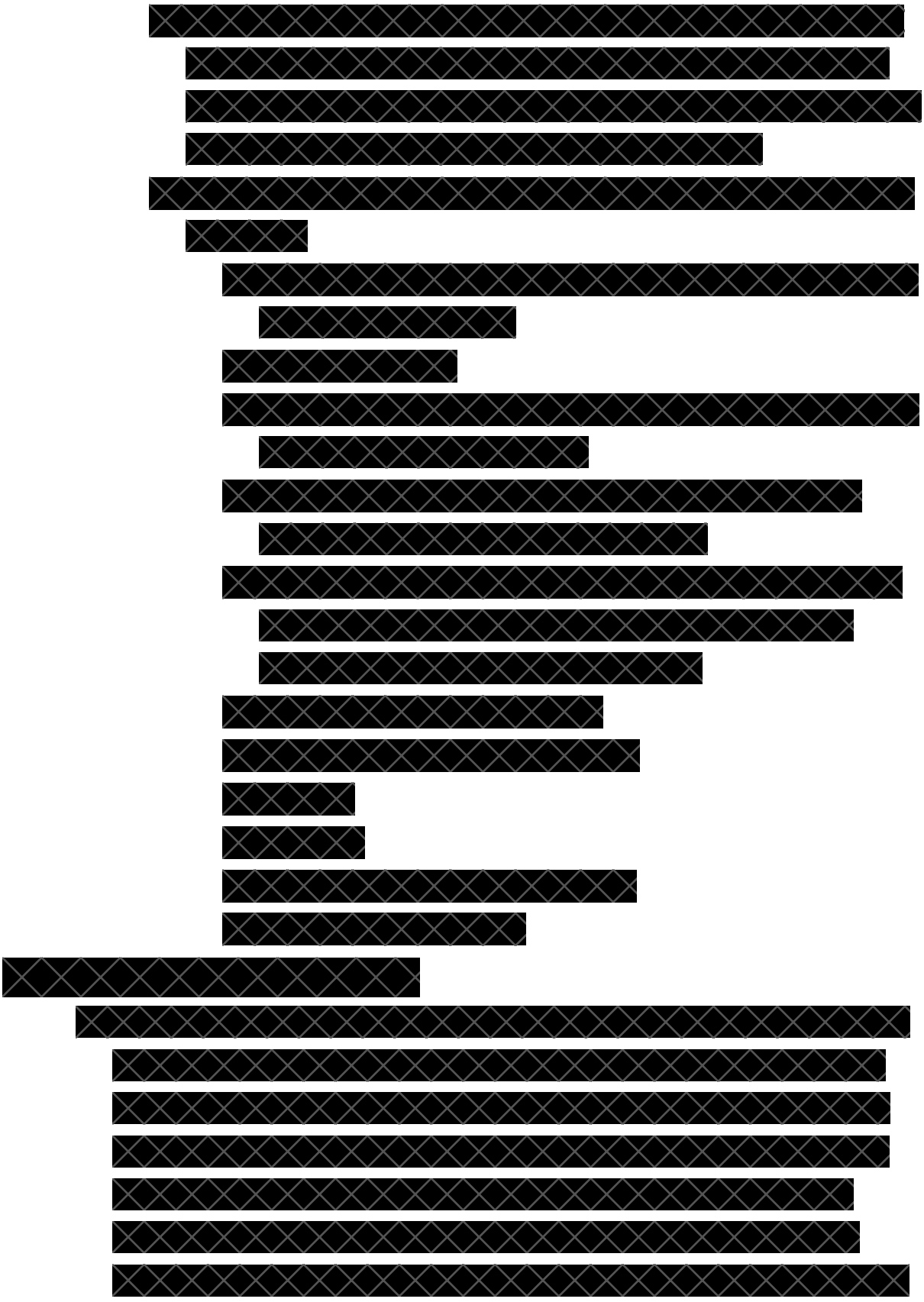


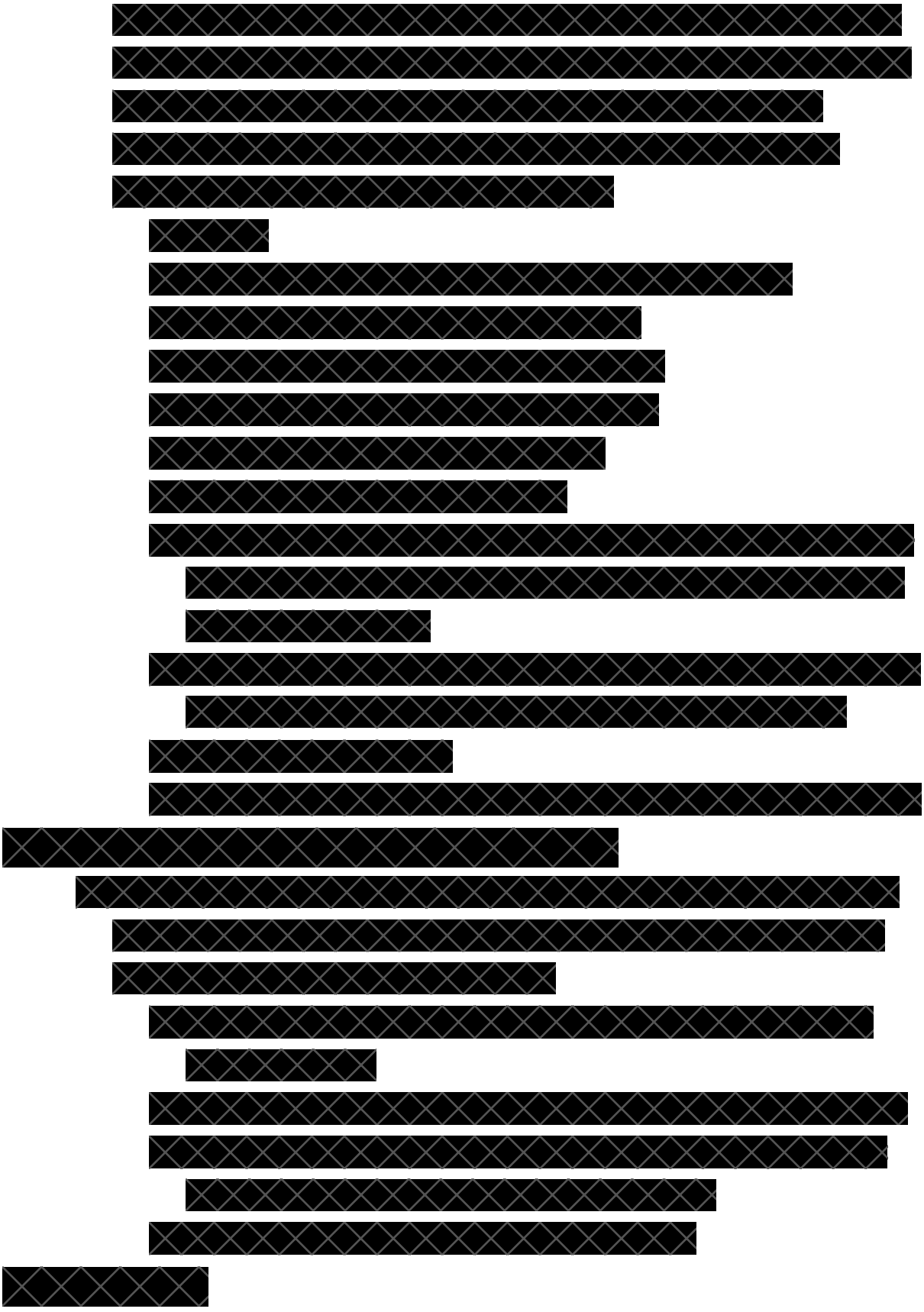


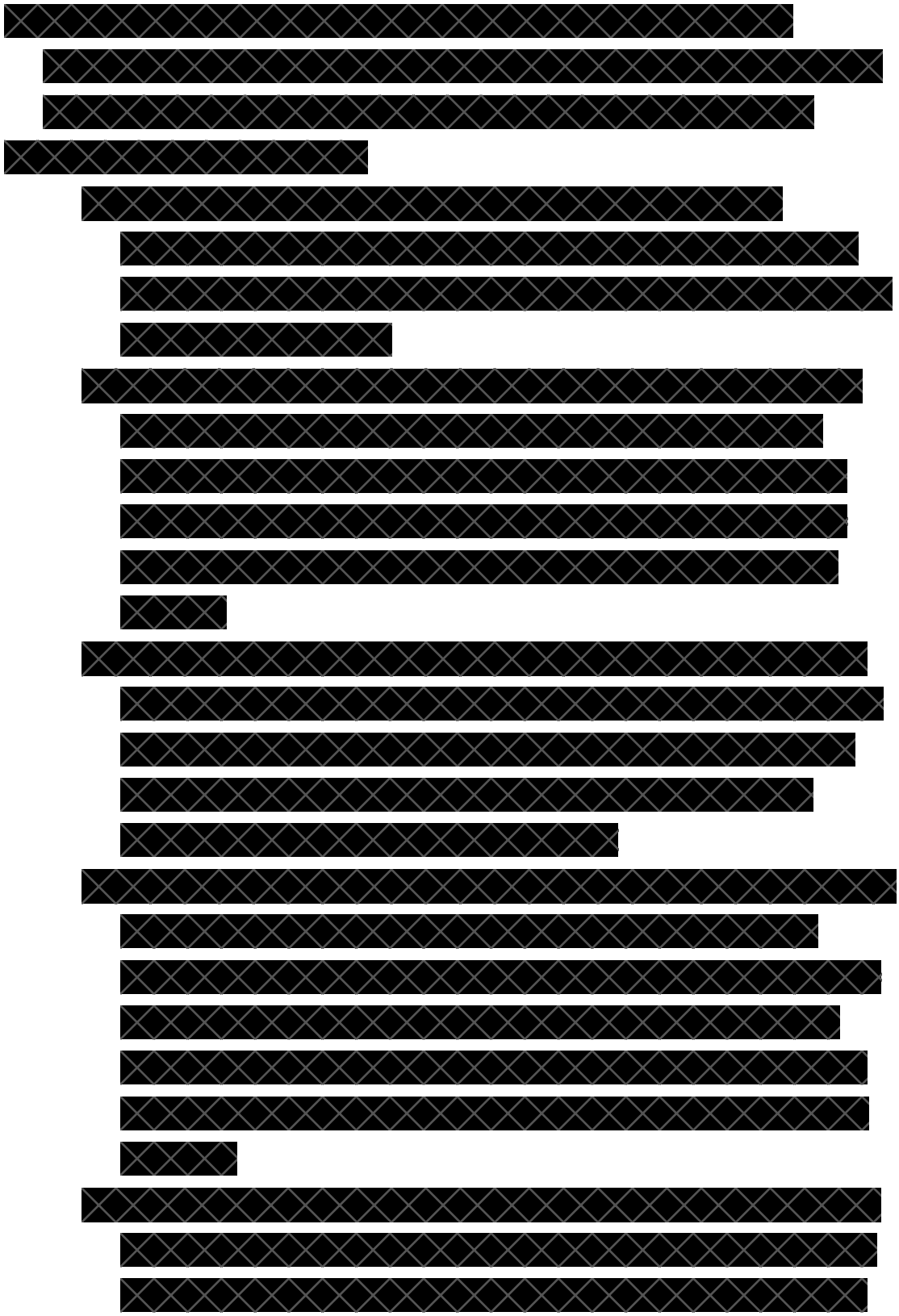


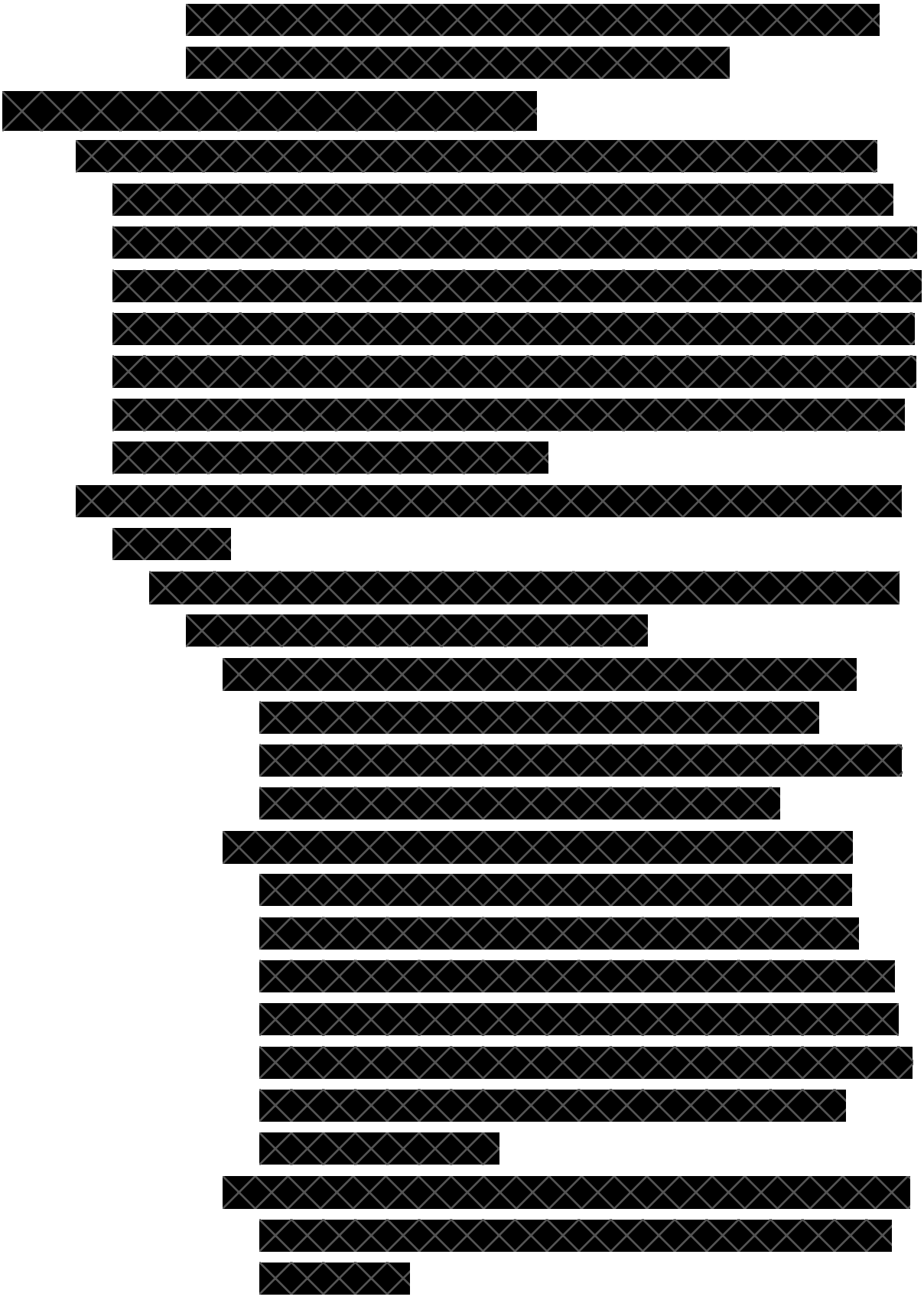


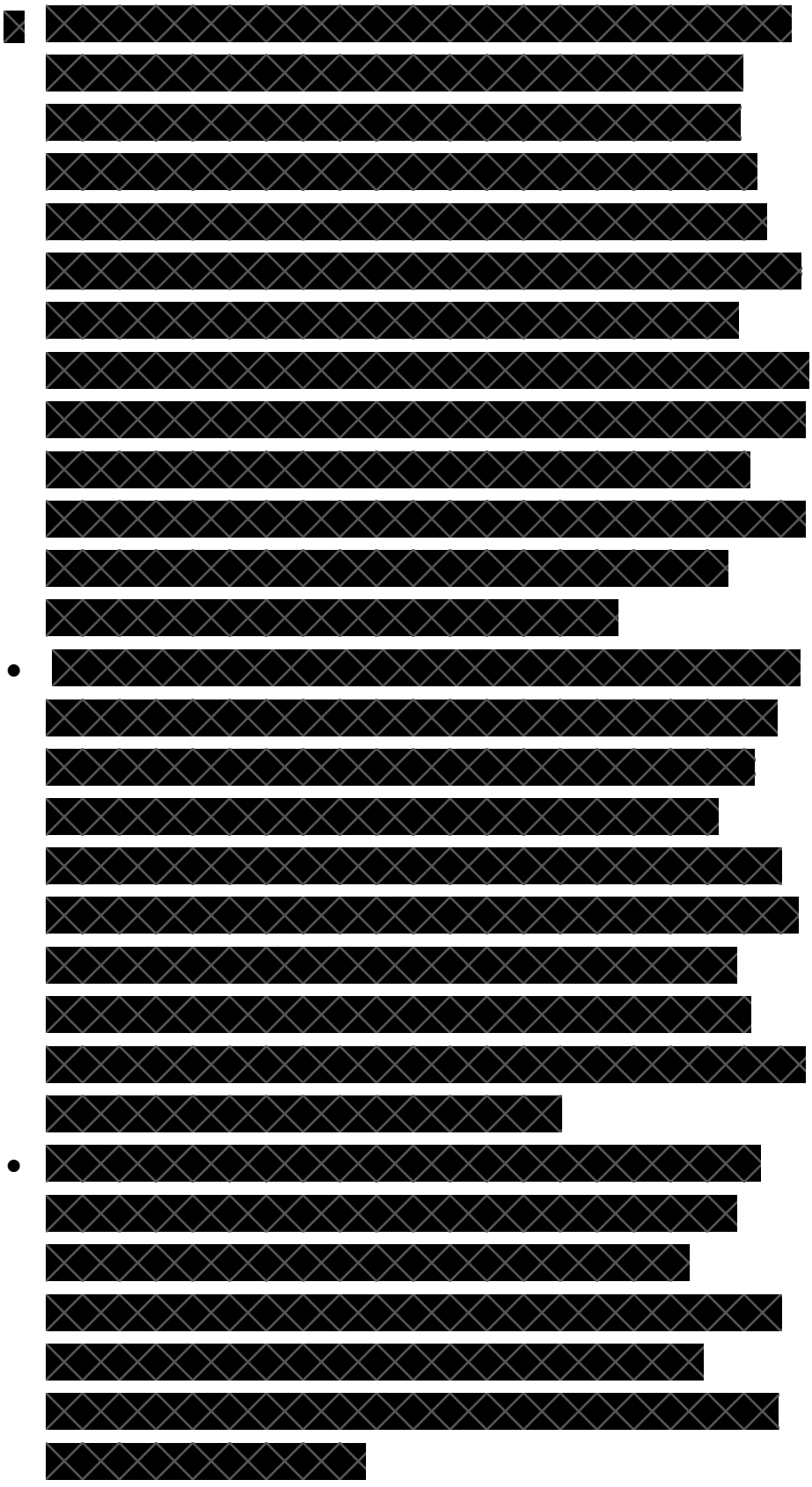


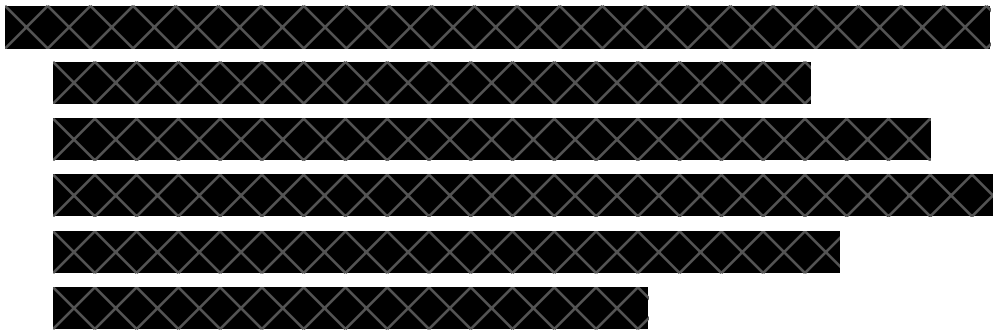












5.2 Plan for tracking and proper disposal of waste cannabis or medical cannabis

- The security and ICC team will be responsible for the proper disposal of waste cannabis or medical cannabis and will be trained on the state regulations, and the acceptable methods for disposal of medical cannabis.
- The company will establish and maintain a destruction log record of all waste cannabis or medical cannabis products, including but not limited:
    - Batch or lot #
    - Date of disposal
    - Quantity and weight
    - Location
    - Method of disposal
- The company will have a plan in place for the destruction of cannabis plants, including parts thereof, and any related materials that cannot or will not be processed, transported, or dispensed.
    - Throughout the grow cycle, there will be routine plant maintenance resulting in leaves and stems being removed. The company will have designated disposal bins outside of each growing room to discard this unusable plant material.
    - In the event an entire dead plant is removed during the grow cycle and designated for destruction, the company will ensure the plant is properly adjusted in the statewide seed-to-sale tracking system.
    - The harvesting process also creates a significant amount of non-usable plant material as excess leaves, stems, and roots are removed. During this process

we will use clearly distinguishable collection bins to separate plant material that is unusable from the material that will be transferred to hang and dry.

- The process to collect the disposal bins will be overseen by security and ICC to ensure proper segregation of duties and access controls prevent any material from being diverted during this process.

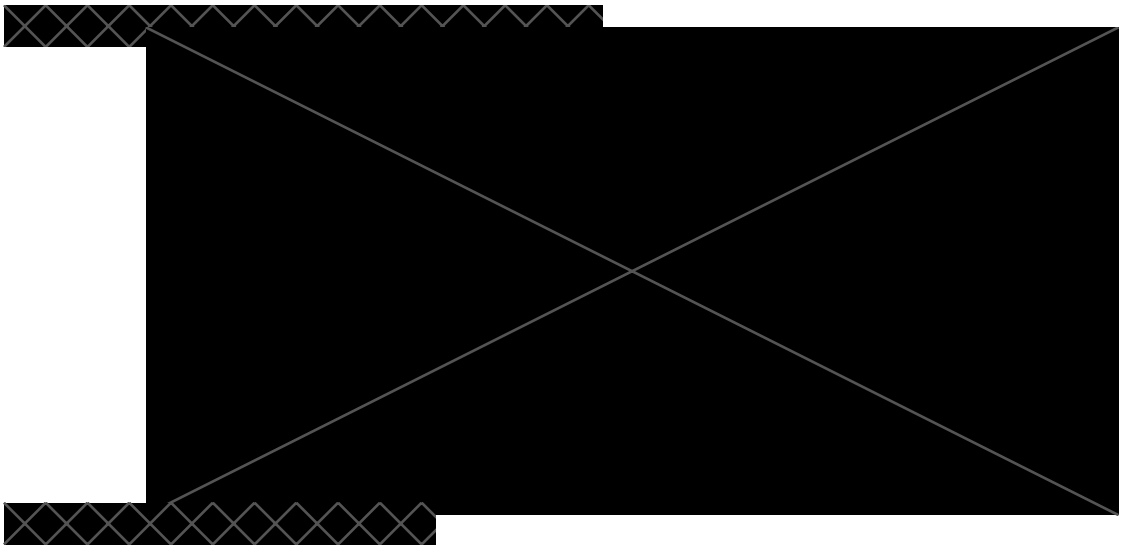
- The ICC team lead at the dispensing site will follow the appropriate shipping protocols, and the ICC / logistics coordinator at the cultivation and processing facility will follow the appropriate receiving protocols; for the transfer of medical cannabis products designated for destruction from an internal dispensing site. Due to the limitations of services and capabilities at the dispensing sites, and so that the compliance director can most effectively oversee a centralized destruction process; all cannabis and medical cannabis will be destroyed at the cultivation and processing facility following the established protocols.
- The company will use methods for the disposal of medical cannabis that are available at the state Commission's website, or approved by the state commission, and shall not leave any part of the disposed or waste cannabis or medical cannabis either useable or recognizable as such. The security and ICC teams will be responsible for overseeing the collection and disposal process. Subject to the Commission's approval, we have designed the following procedures.
    - Unusable plant material and all cannabis and medical cannabis products designated for destruction will be securely collected and stored in locked disposal receptacles until destruction.
    - The compliance director will coordinate with an appropriate member of the Commission to schedule and obtain the appropriate approval to proceed with destruction.
    - Use a large commercial auger or grinder to shred and blend the cannabis.
    - Mix the ground cannabis with a non-cannabis material, such as sawdust or dirt, in a ratio of at least 10:1 non-cannabis material to cannabis.
    - Add a chemical treatment (bleach or an alternative substance as approved by the Commission) to the mixture to further break down the cannabis and

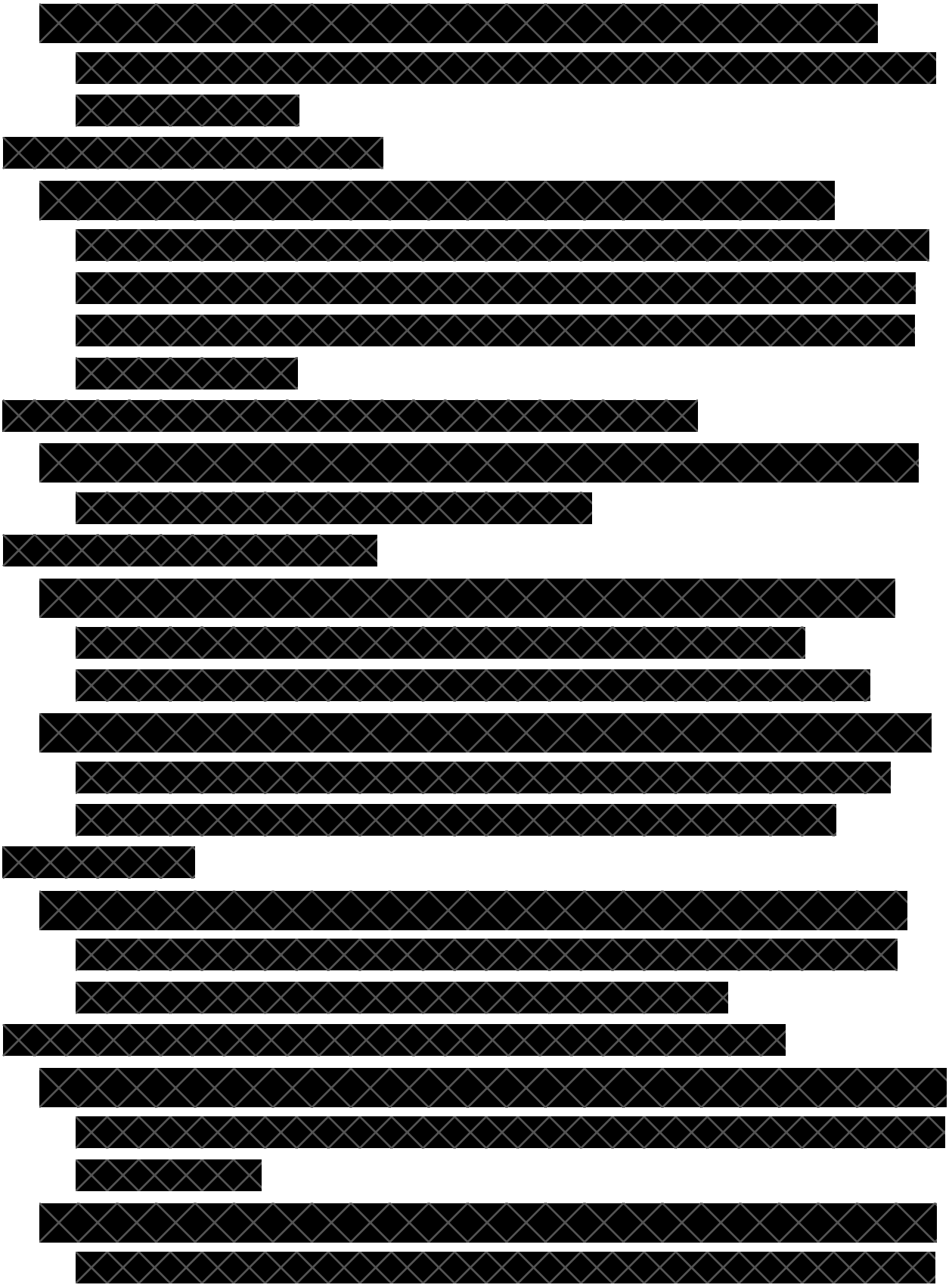
render it unusable. Use the recommended dosage and follow the safety guidelines for the chemical.

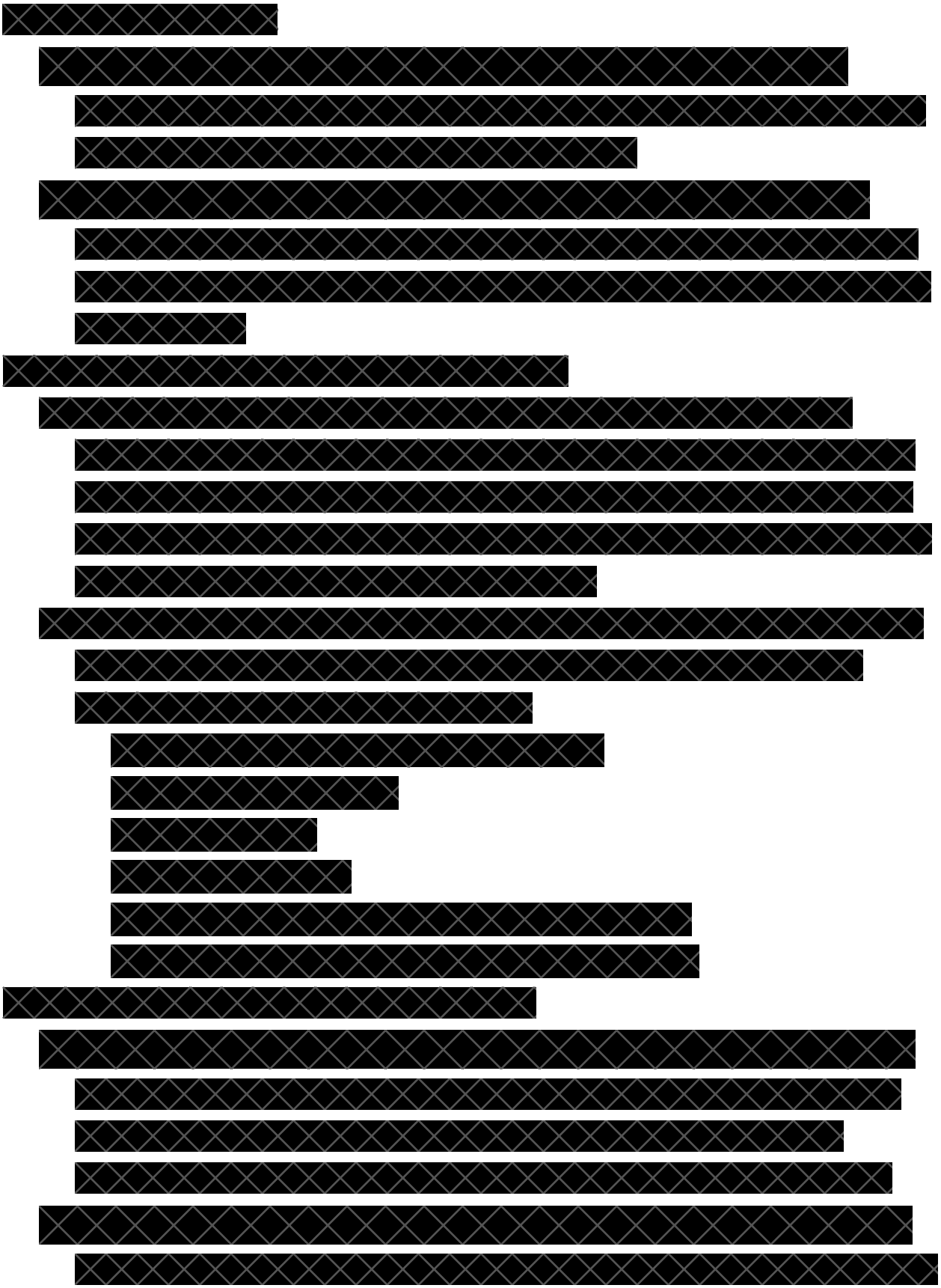
- This mixture will then be discarded in an appropriate and approved manner with an appropriate waste removal service.
- Document the destruction and disposal process in the statewide seed-to-sale tracking system, including the date, time, and method of destruction and disposal.
- A member of the ICC team and a member of the security team must sign the destruction log.

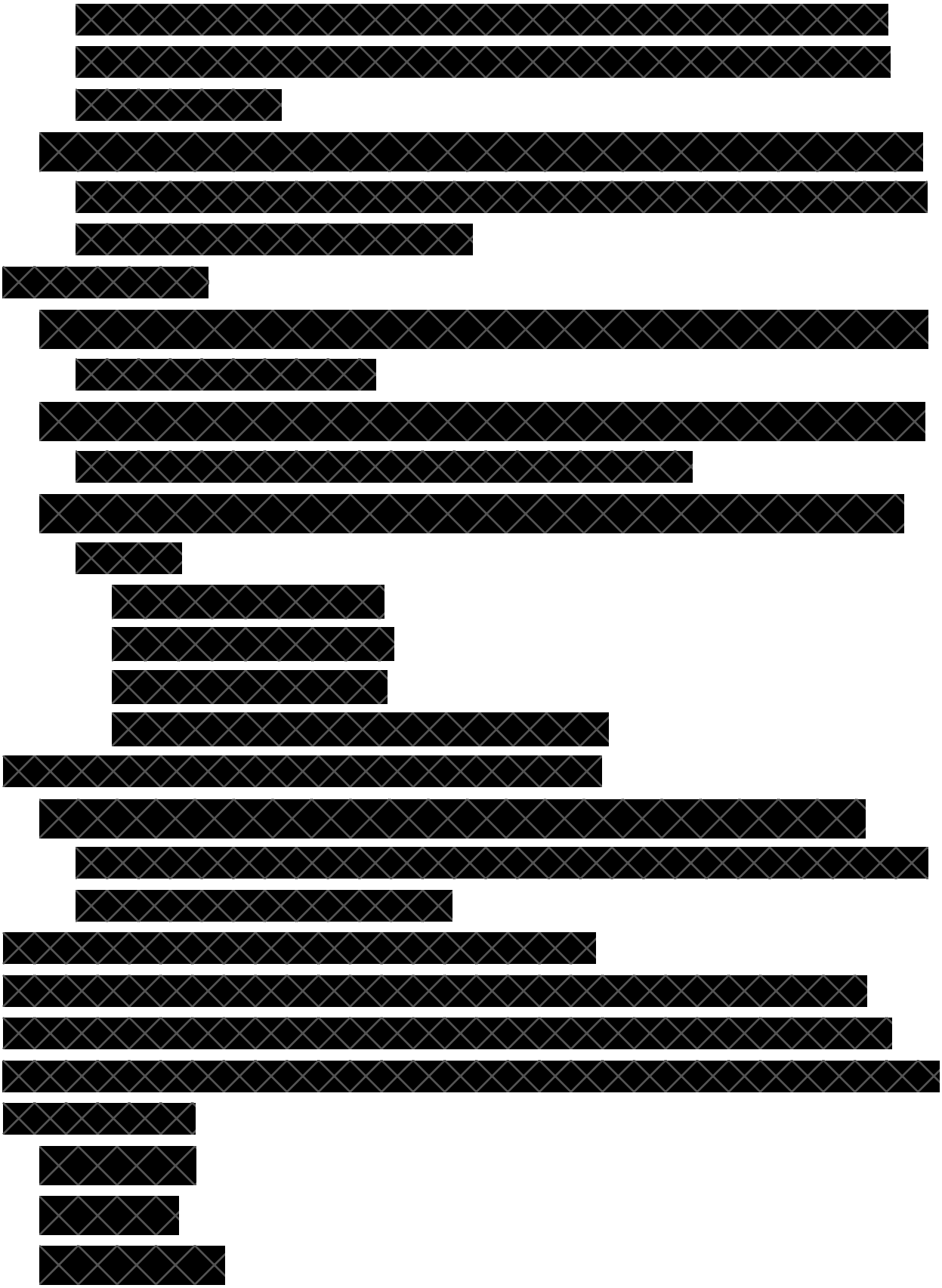
- The compliance director will conduct regular inspections to ensure that the waste cannabis or medical cannabis is being properly tracked and disposed of, and will take corrective action if any issues are identified.
- The compliance director will provide regular training to employees on the proper handling and disposal of waste cannabis or medical cannabis, and the importance of compliance with all rules and regulations.
- The company will comply with all applicable laws, regulations, and industry standards related to the disposal of waste cannabis or medical cannabis, and will respond to regulator inquiries or requests related to the company's handling of waste cannabis or medical cannabis.

6 – Secured Transportation Policies and Procedures









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7 – Security Policies and Procedures

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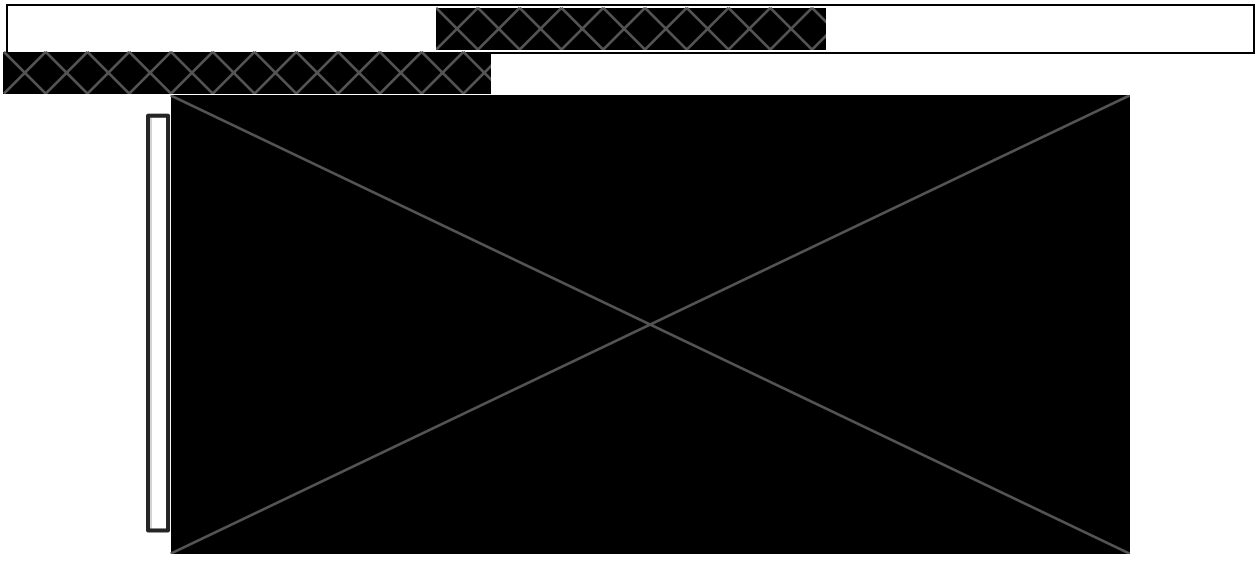

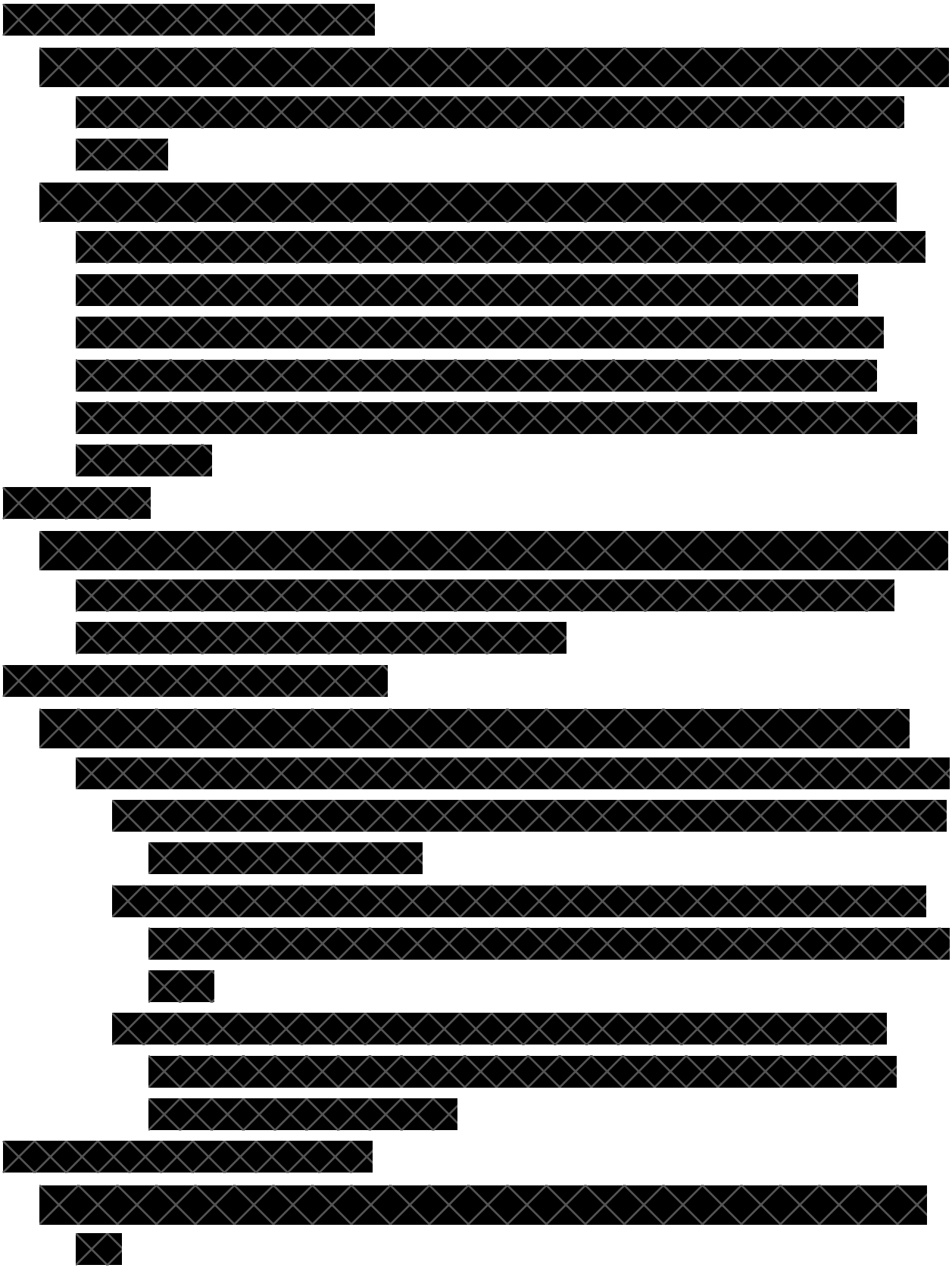

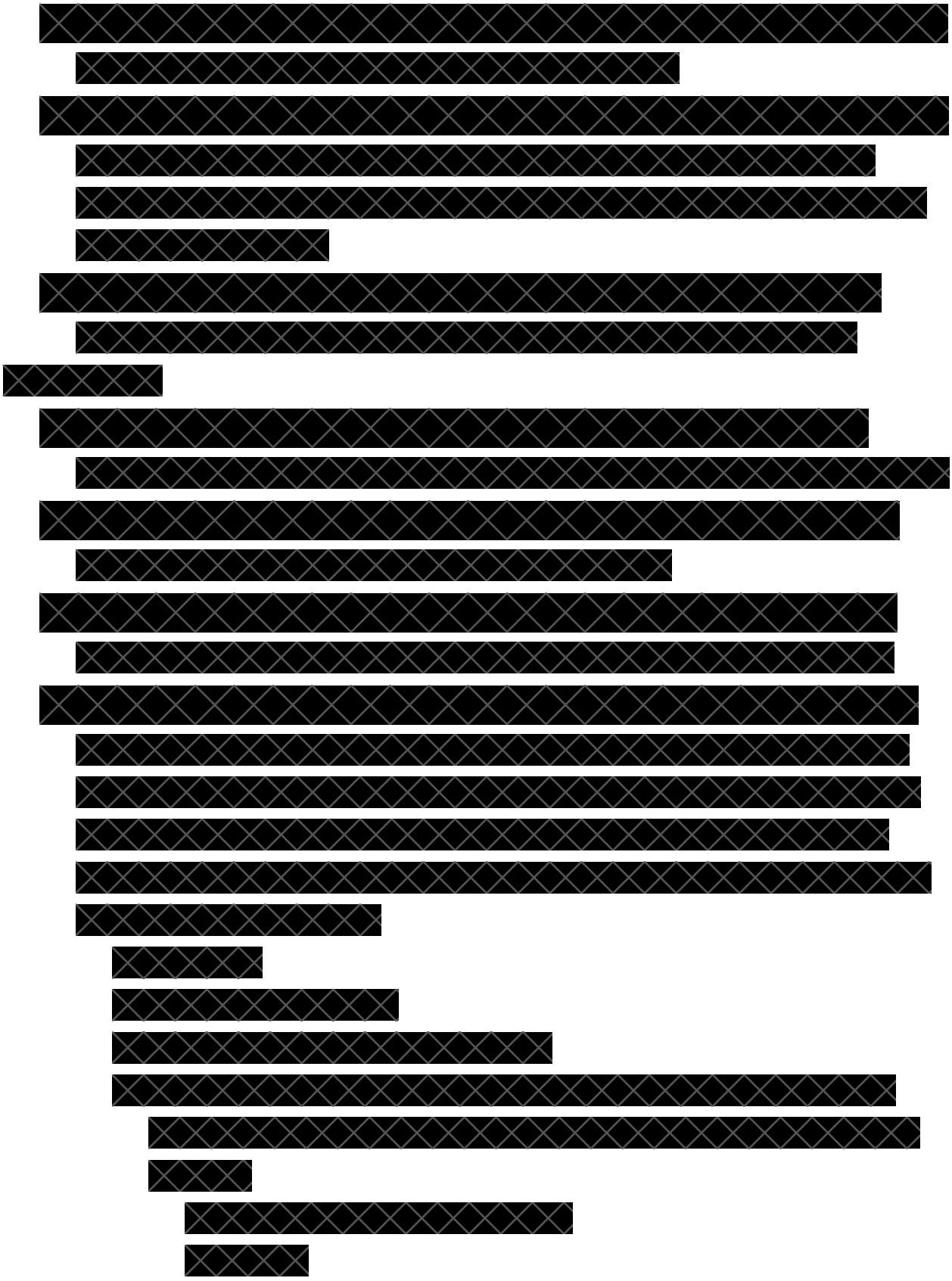

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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dispensing Hours	11A - 8P	11A - 8P	8A - 9P	8A - 9P	7A - 10P	7A - 10P
Security Team Lead	10	10	8	8	4	-
Security FT Team Member	-	-	10	10	10	10
Security PT Team Member	-	-	-	-	10	10
Scheduled Security Hours	10	10	18	18	24	20
Occupied Facility Hours	10	10	14	14	18	18

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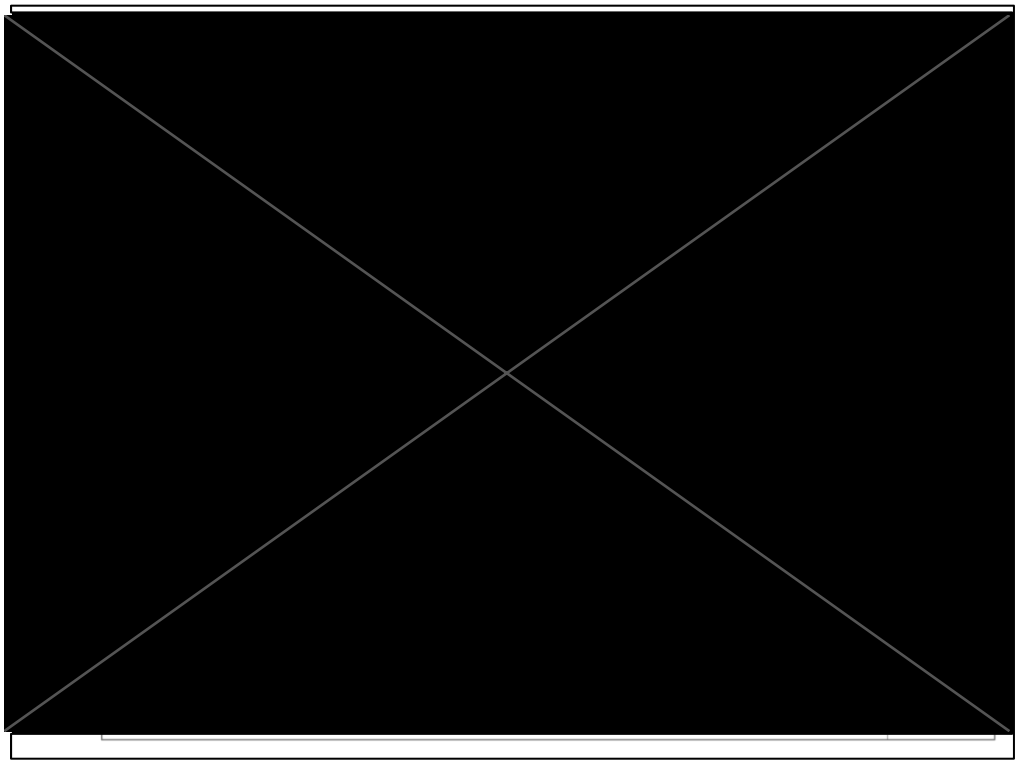

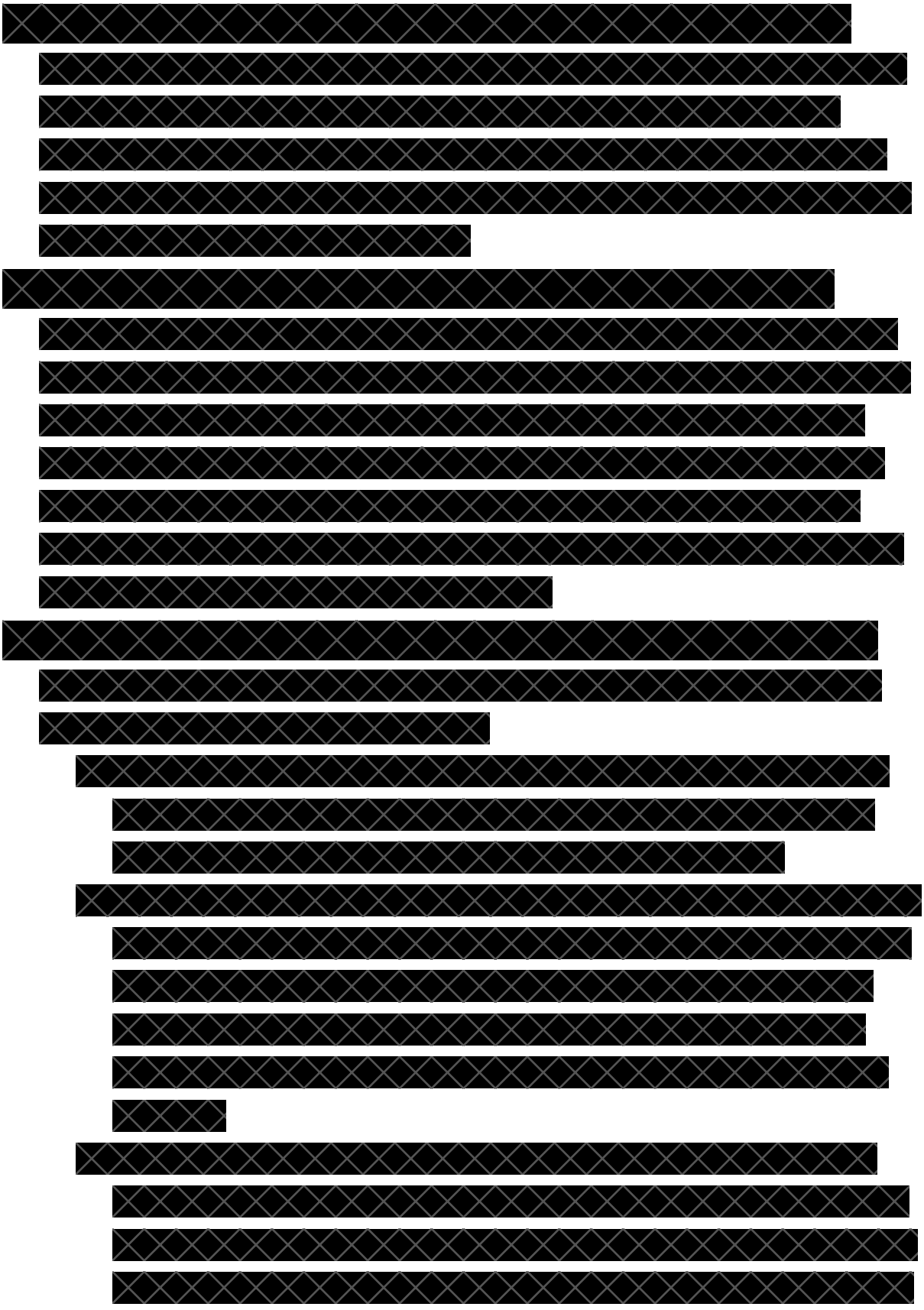

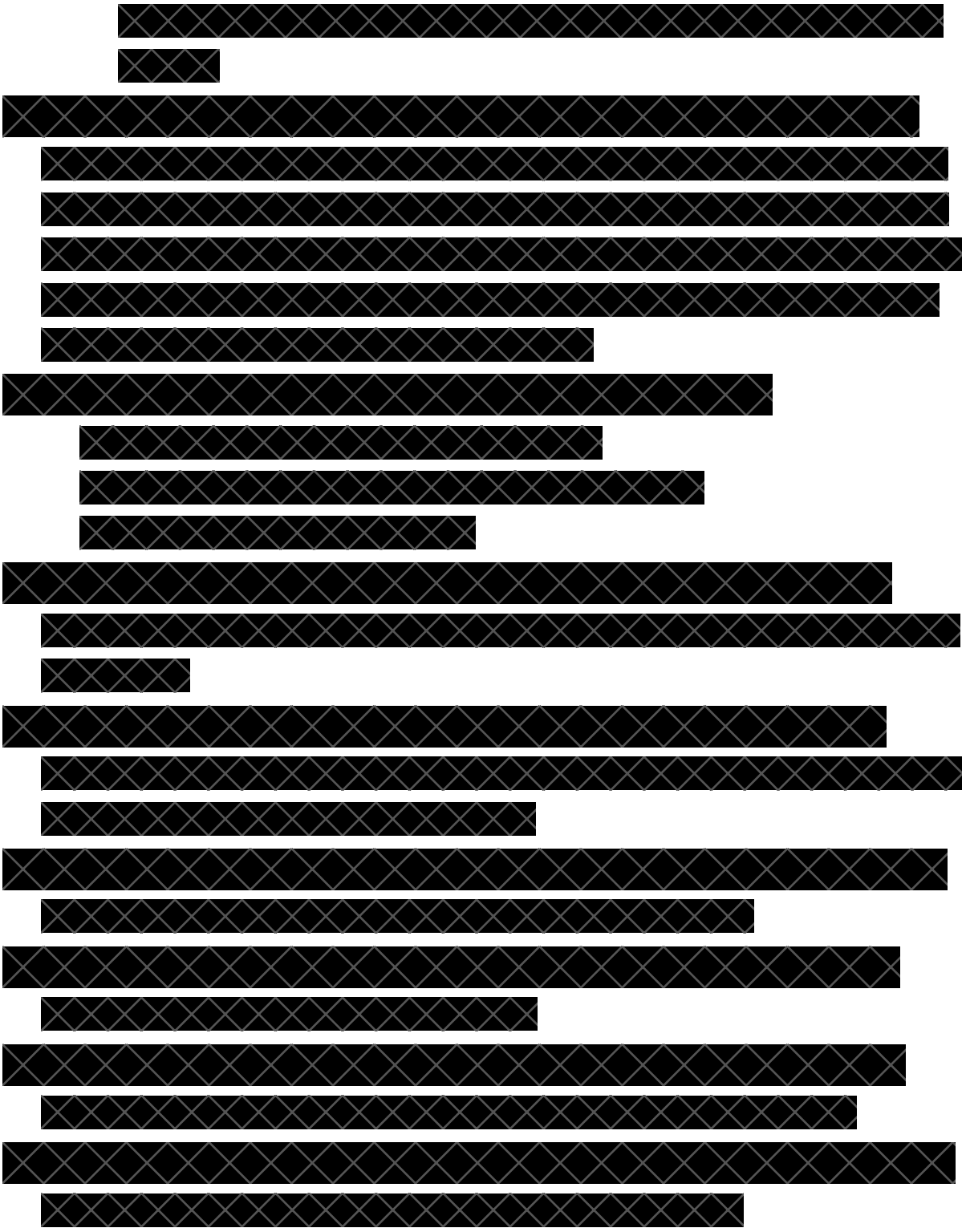

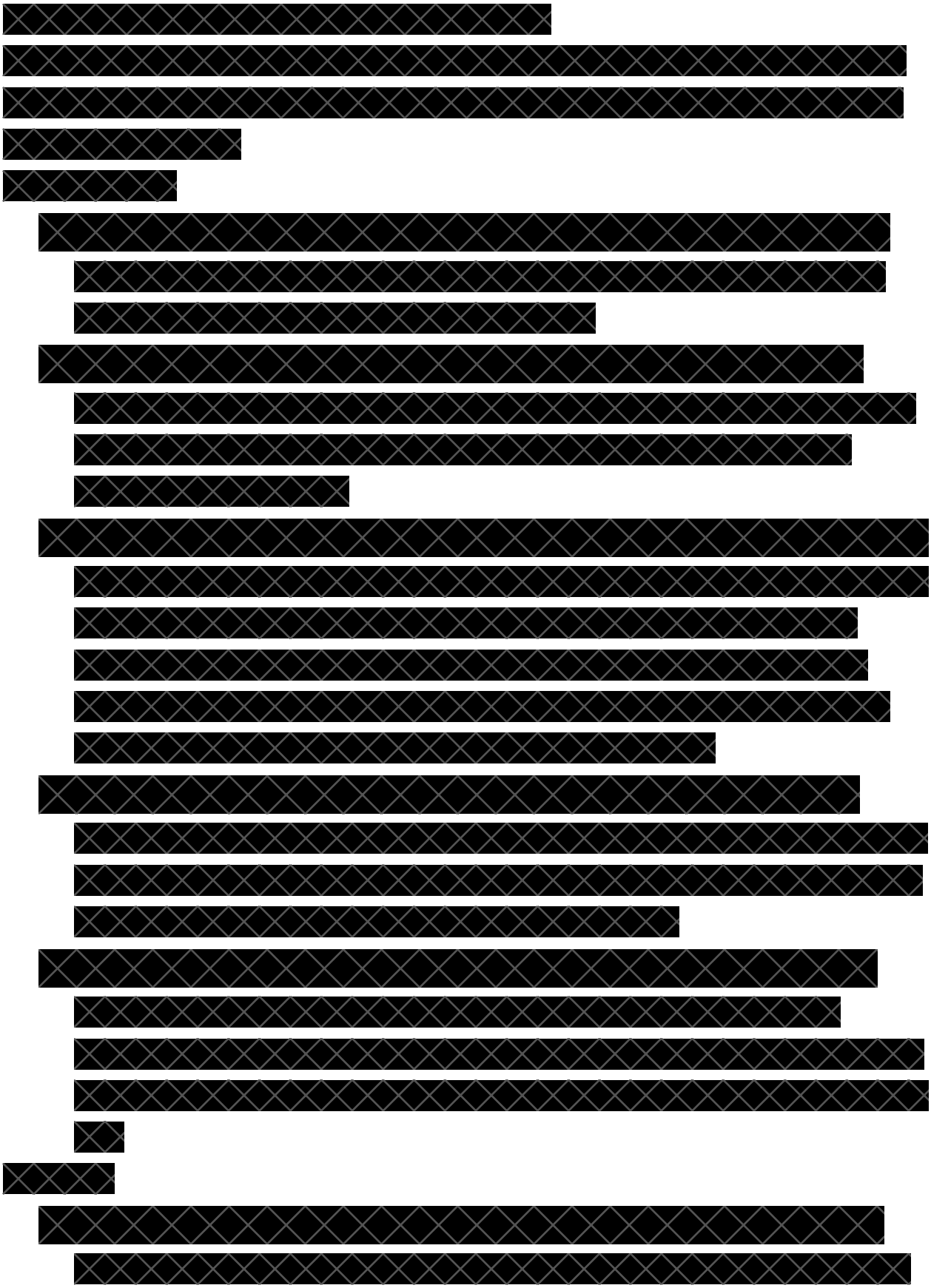

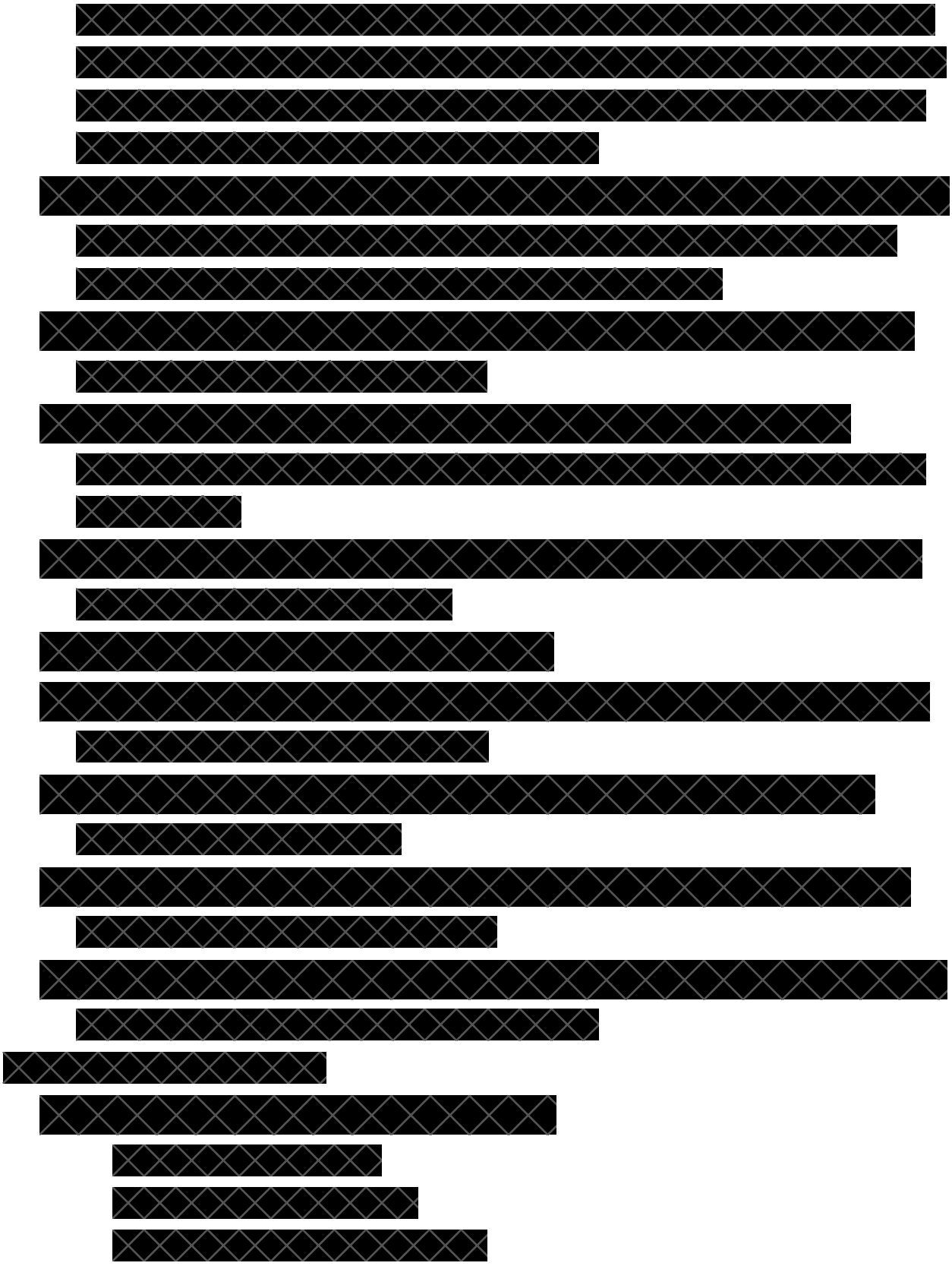

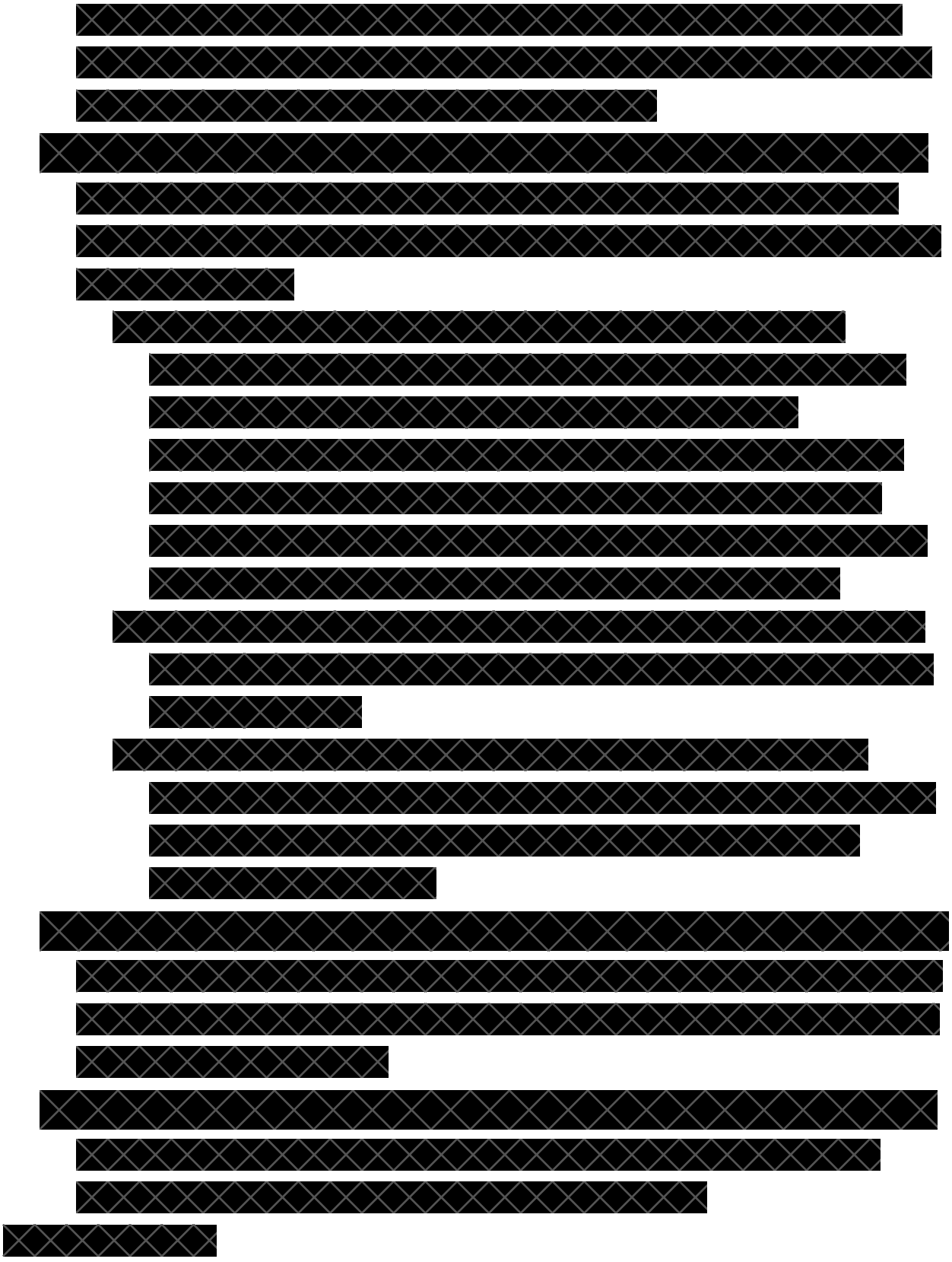

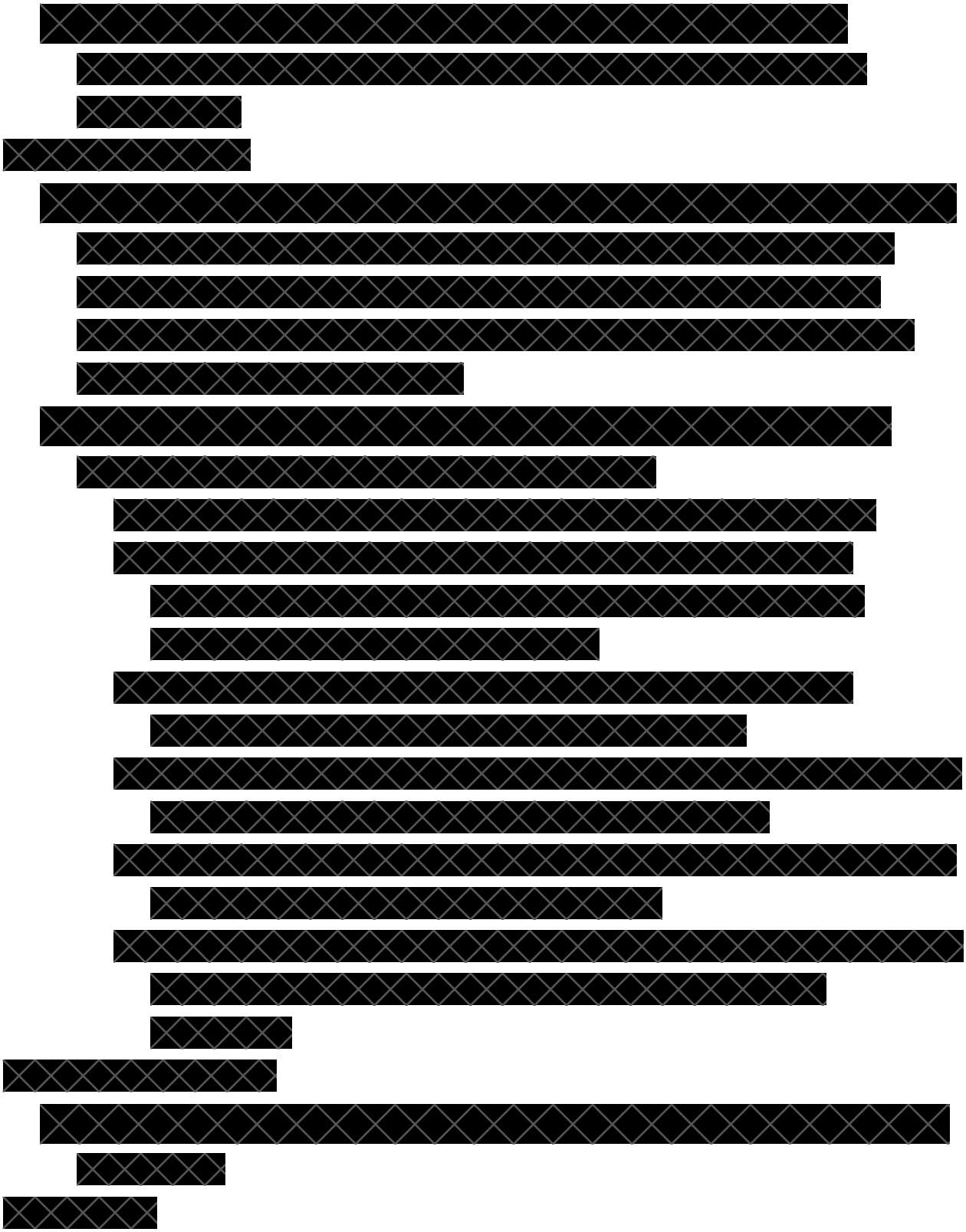

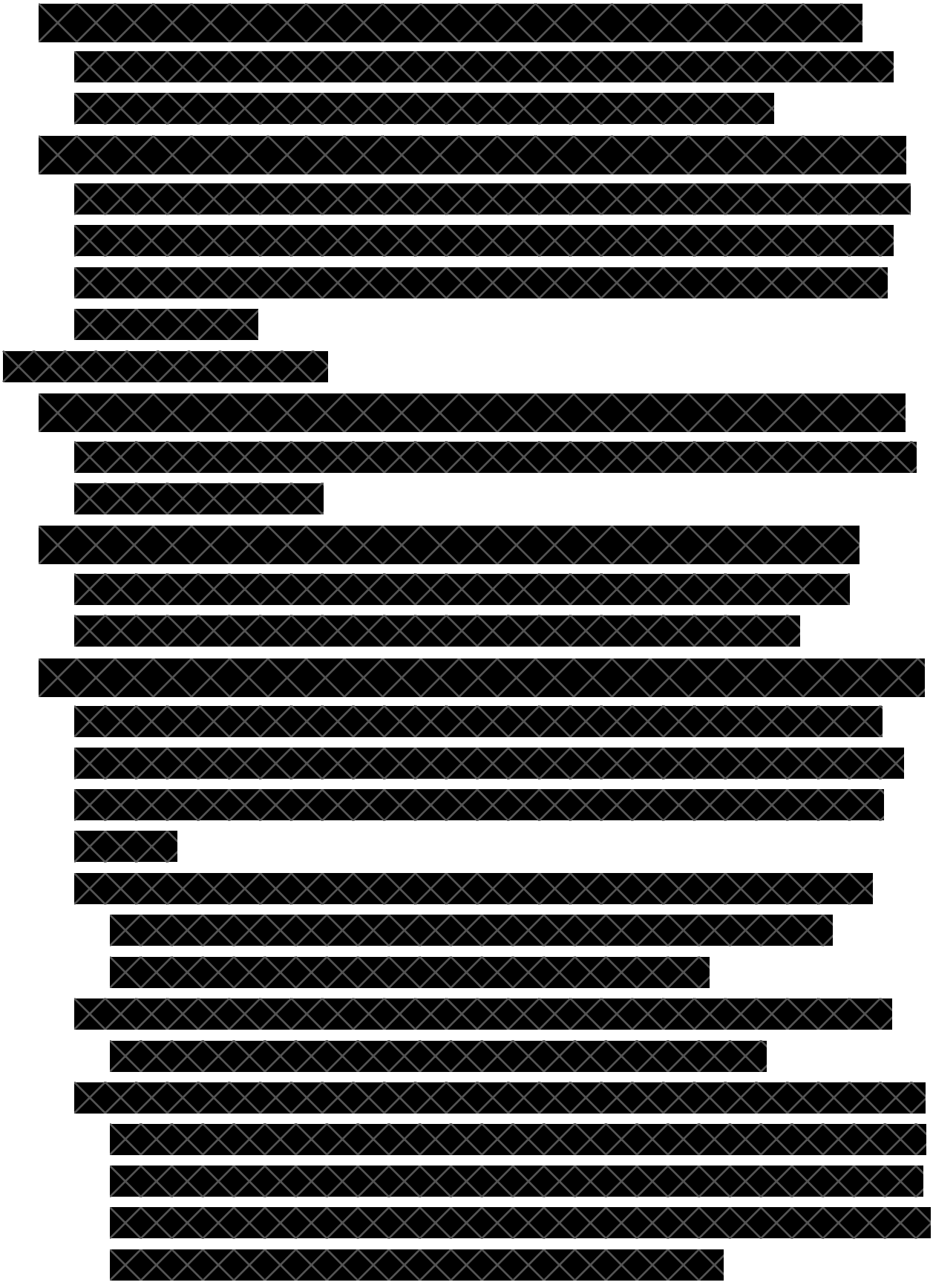

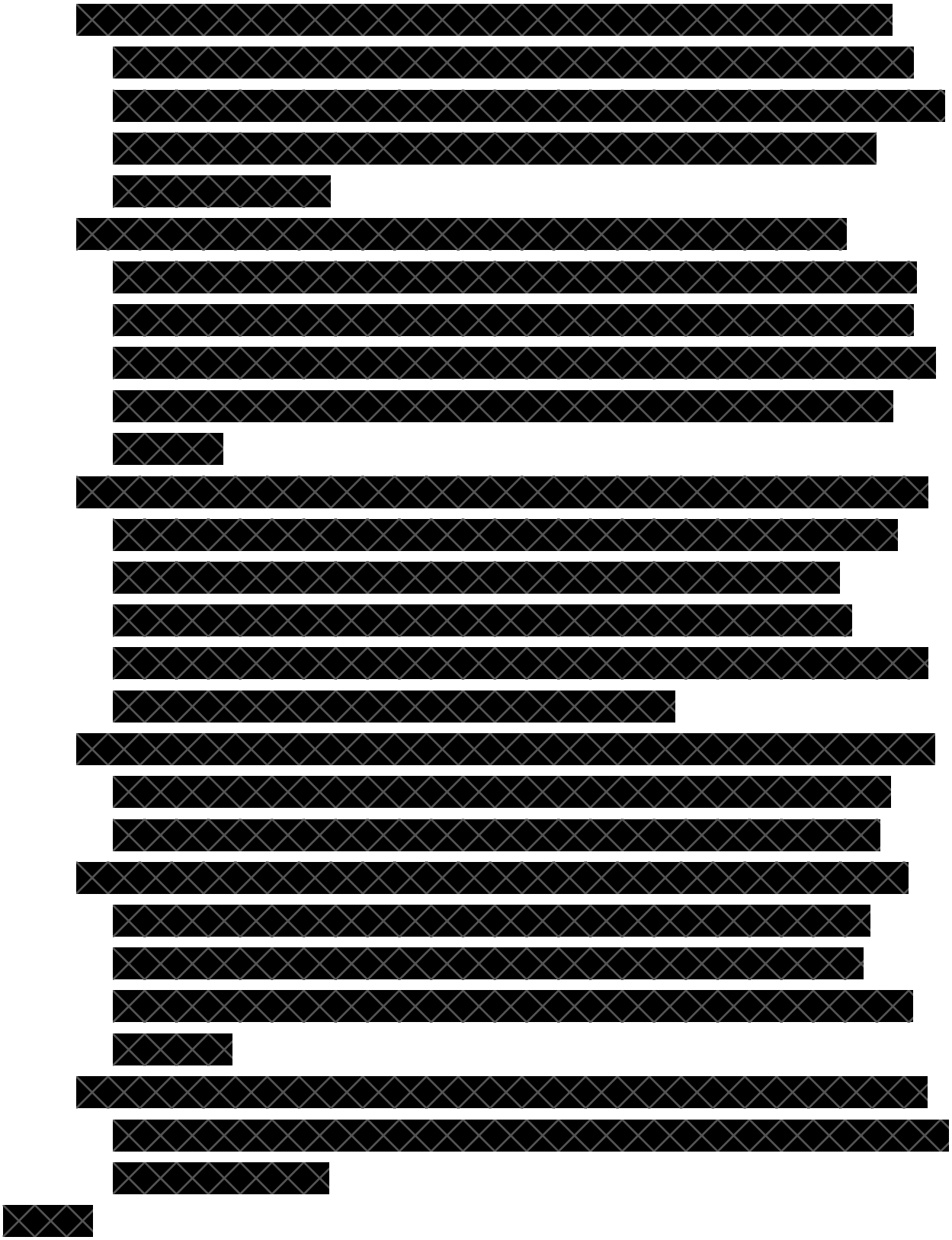

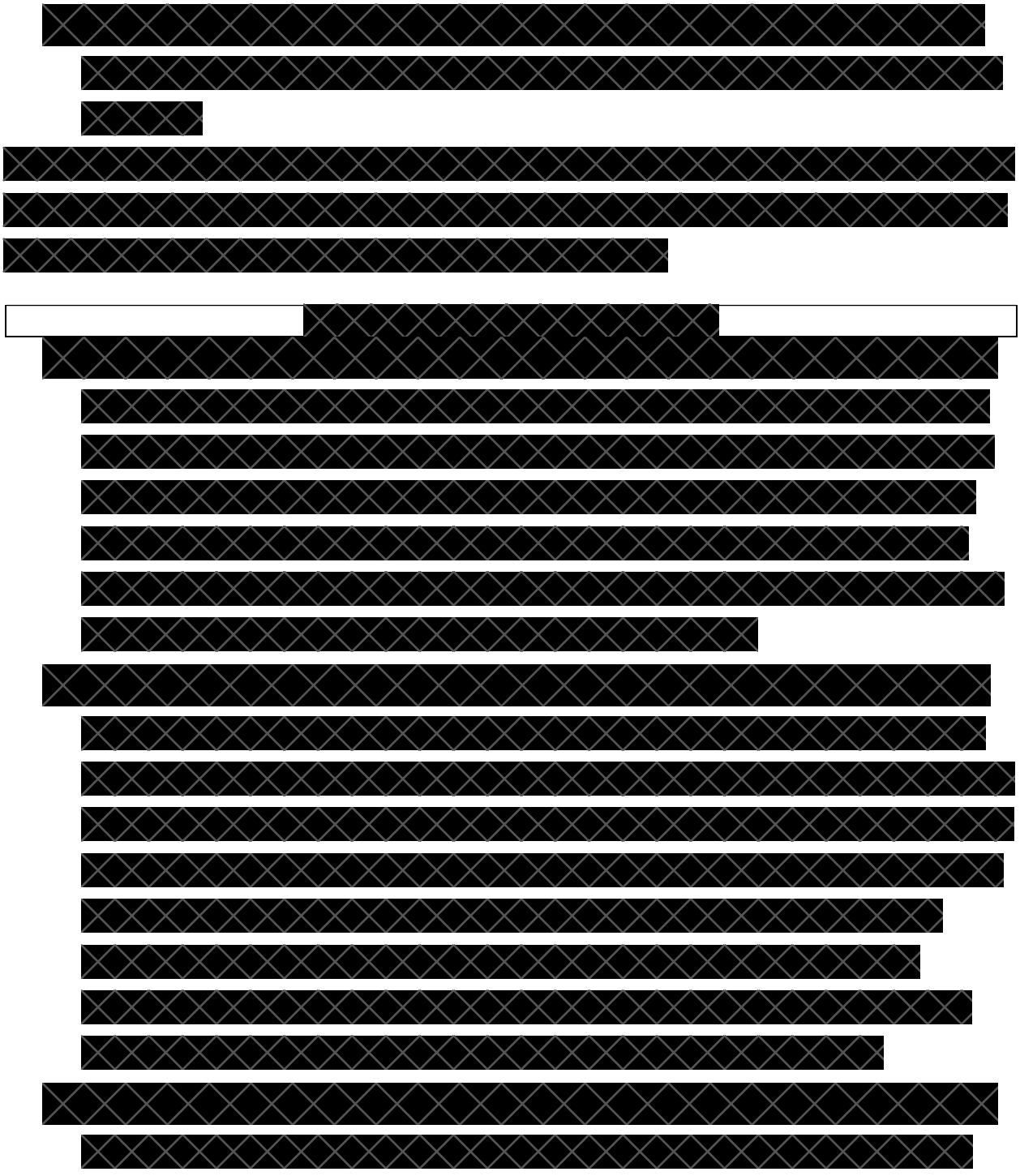

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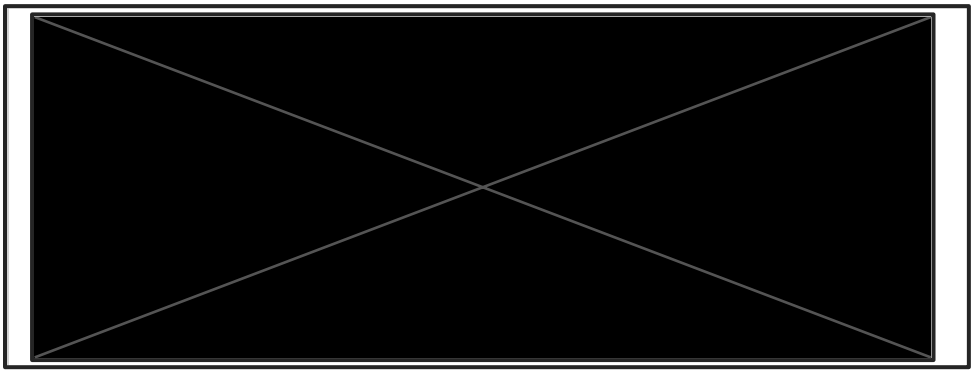

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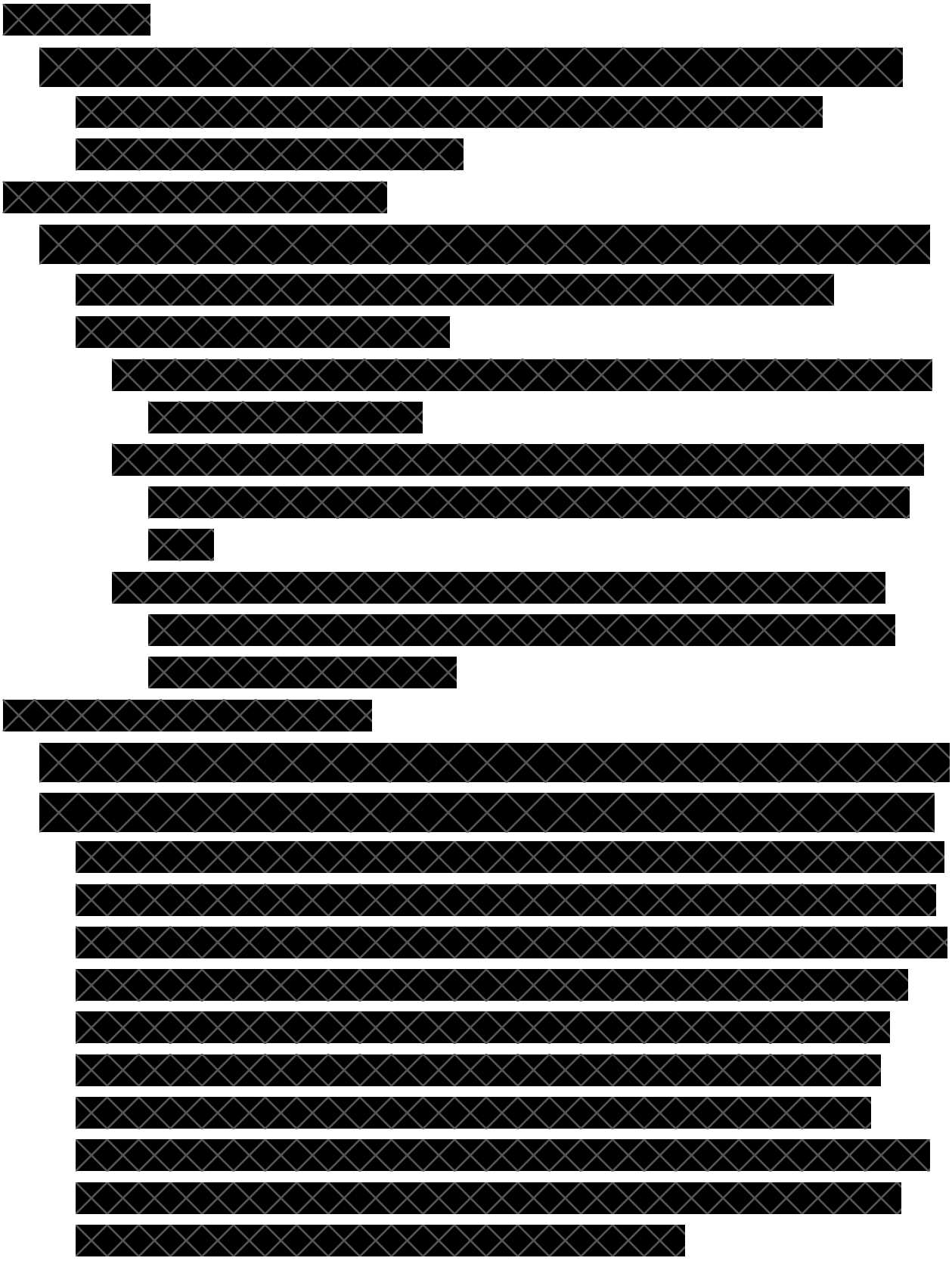

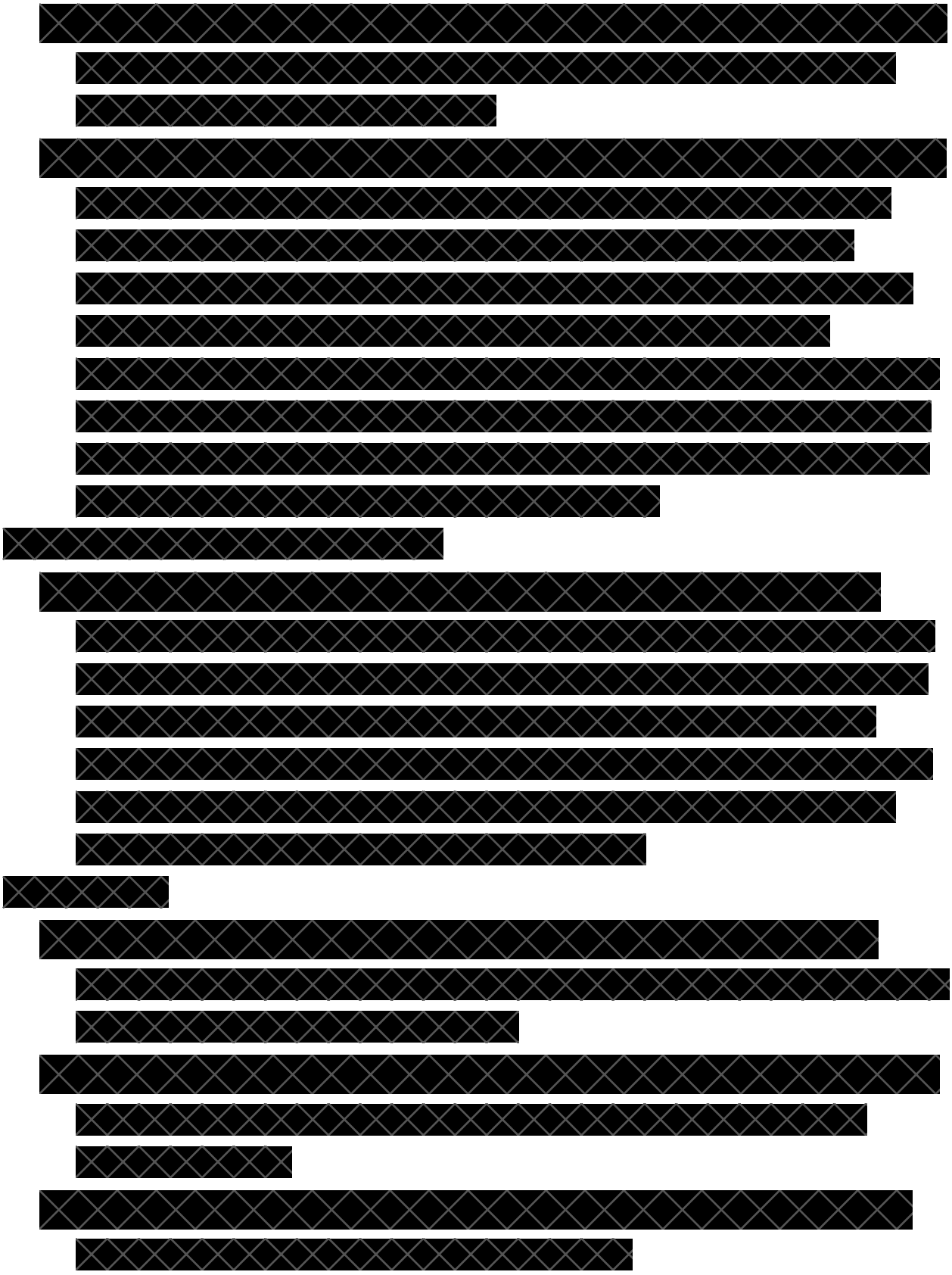

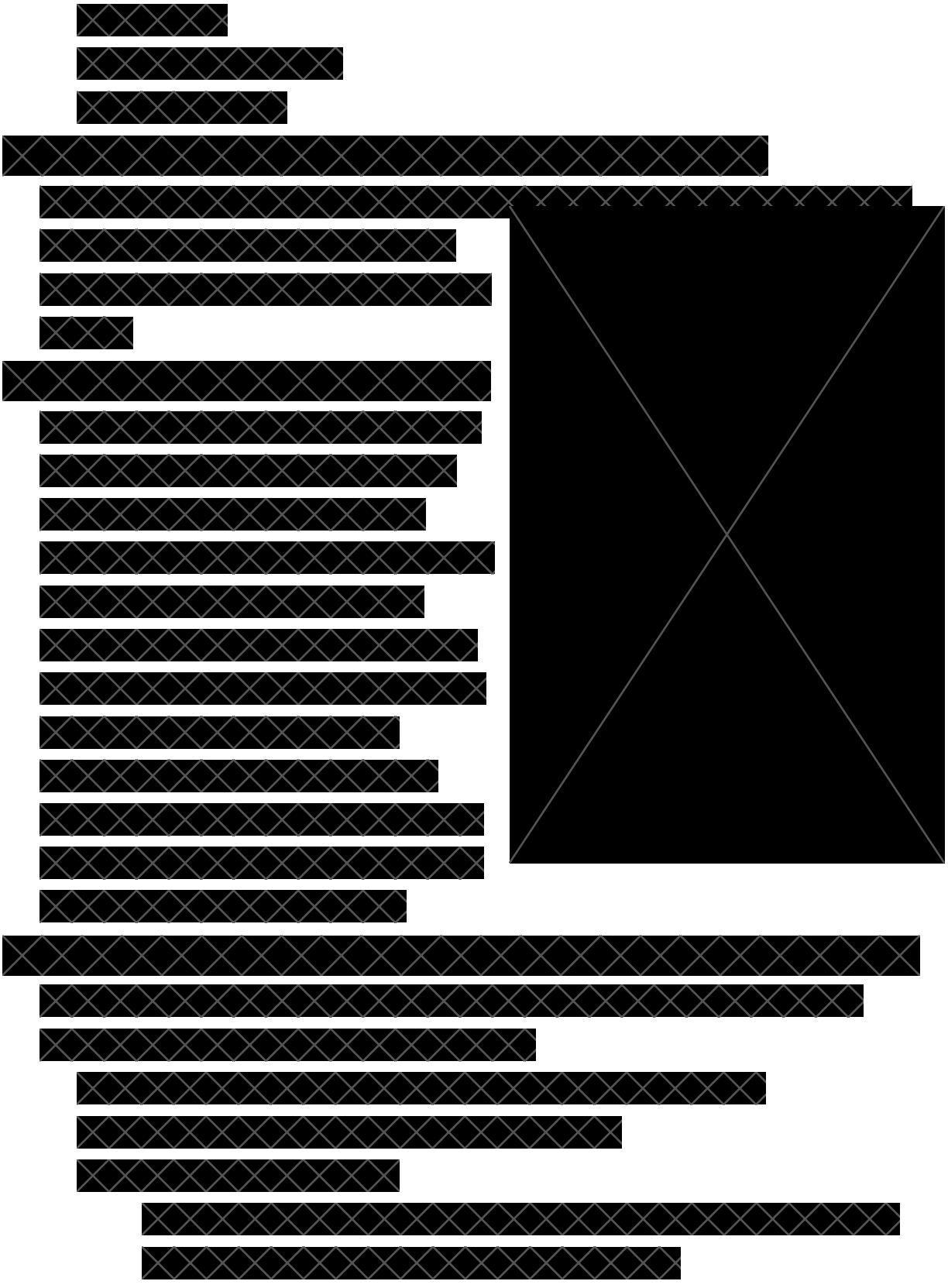

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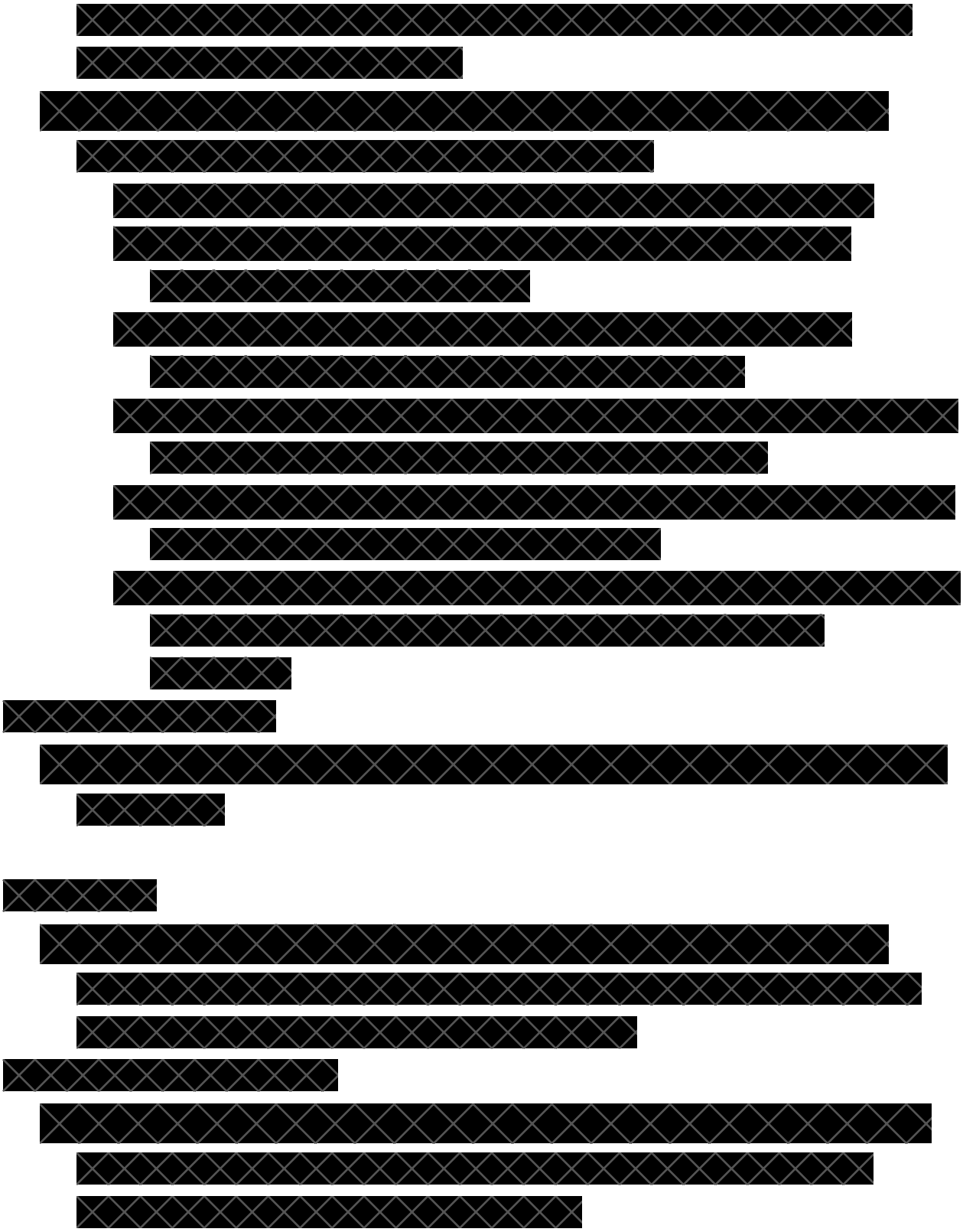

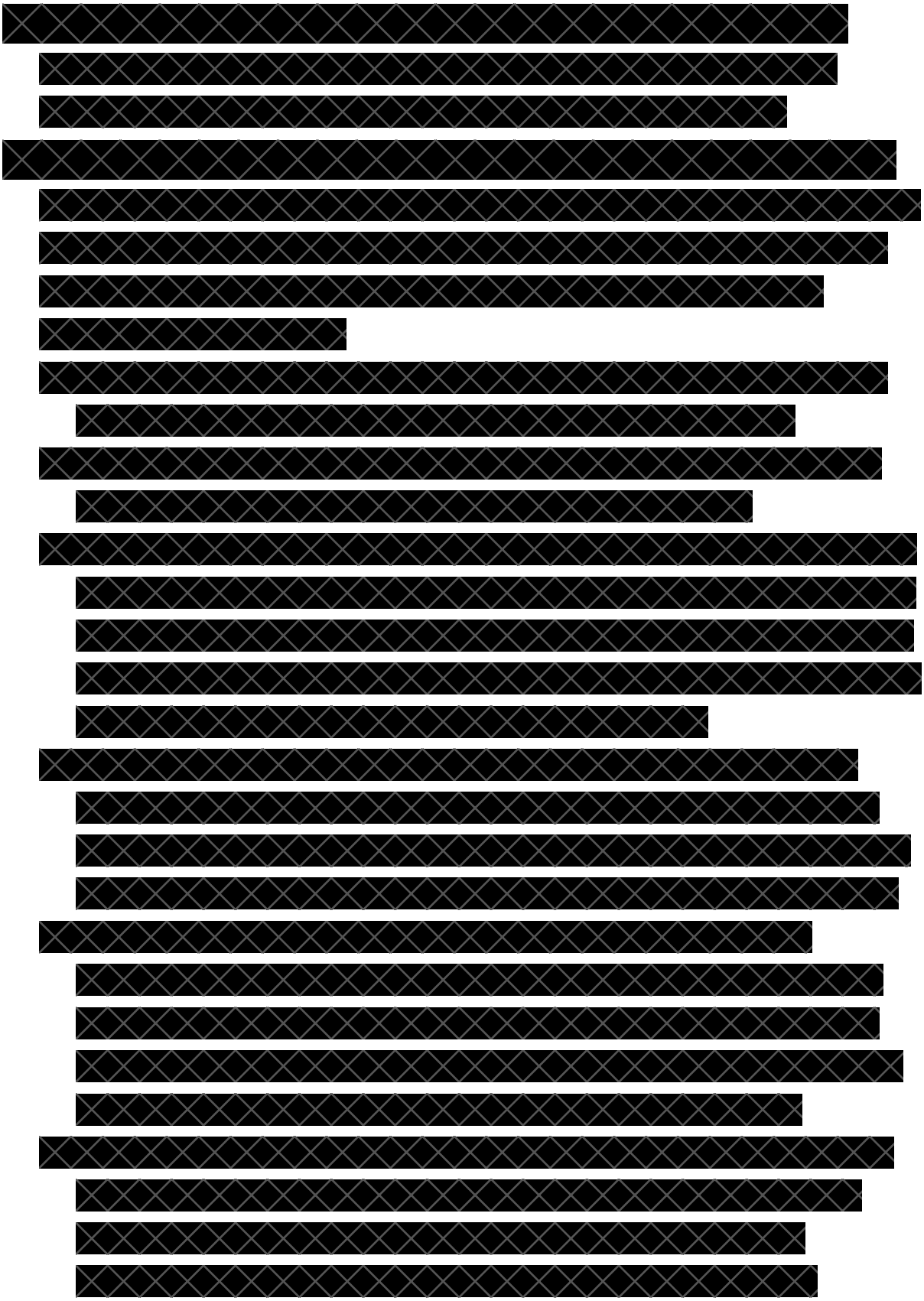

License Type: Integrated

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In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 21 – Production and Manufacturing Process

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

21.1 Medical cannabis products

The applicant intends to produce the following types of medical cannabis products at our proposed cultivation and processing facility:

- Medical cannabis flowers and trim – destined for extraction to produce medical cannabis distillate or oil
- Extract of cannabis – the medicated oil to be used in all medical cannabis finished products
- Capsules
- Gelatinous Cubes
- Tinctures
- Topical Creams
- Transdermal Patches
- Inhalers

21.2 Summary of production and manufacturing process

The applicant's following manufacturing processes and methods of medical cannabis production will use documented good quality practices and meet current Good Manufacturing Practices. We will be careful to evaluate our processes for compliance with all relevant rules and regulations for medical cannabis processors including but not limited to:

- Utilizing approved independent medical cannabis testing laboratories to verify intended levels of purity and confirm our products are reliably free of toxins and contaminants.
- Confirming no additives will be used other than pharmaceutical grade excipients.
- Carefully considering whether a form factor could even remotely be attractive to children and if it is deemed to be, make the necessary modifications or do not produce.
- Verification that only approved flavors are used in relation to gelatinous cube, cuboid, and lozenge medical cannabis products; noting at this time only peach is approved.

We will ensure our packaging conforms with all relevant rules and regulations including but not limited to ensuring that packaging and containers:

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

We will ensure labeling conforms with all relevant rules and regulations including but not limited to ensuring that our product labels:

- Are securely attached to or imprinted on the accompanying packaging
- Are clear and contain print of a size and quality so as to be legible to the average patient or caregiver with a sixth-grade education
- Identify the type of product:
    - Capsules
    - Gelatinous Cubes
    - Tinctures
    - Topical Creams
    - Transdermal Patches
    - Inhalers
- Contain the lot and batch numbers.
- Contain the name of and a license identification number for the cultivator
- Contain the name of and a license identification number for the processor
- Identify the cannabinoid content and potency of the product
- Identify the amount, number or count of the product in the package on which they are attached
- Contain the universal state symbol approved by the Commission, printed in color at least one-half inch by one-half inch in size
- Contain the words “Keep out of reach of children”

- Contain a QR Code for purposes of tracking medical cannabis products that interfaces with the Statewide Seed-to-Sale Tracking System
- Contains the following: "WARNING: This product may make you drowsy or dizzy. Do not drink alcohol with this product. Use care when operating a vehicle or other machinery. Taking this product with medication may lead to harmful side effects or complications. Consult your physician before taking this product with any medication. Women who are breastfeeding, pregnant, or plan to become pregnant should discuss medical cannabis use with their physicians."
- Are not attractive to minors.
- Do not contain any false statement or statement that advertises health benefits or therapeutic benefits of medical cannabis

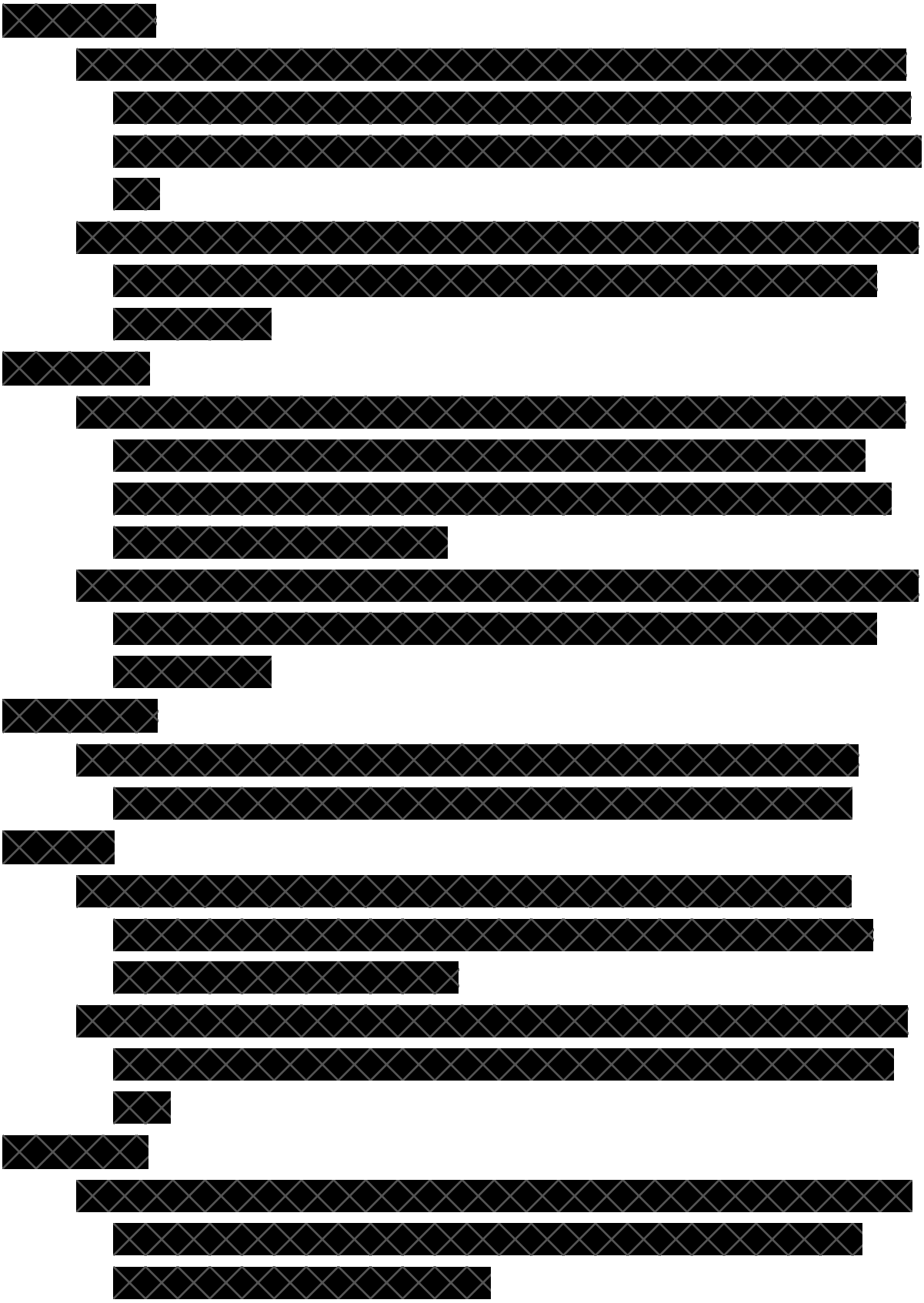
At the time of labeling, we will provide QR to identify the following:

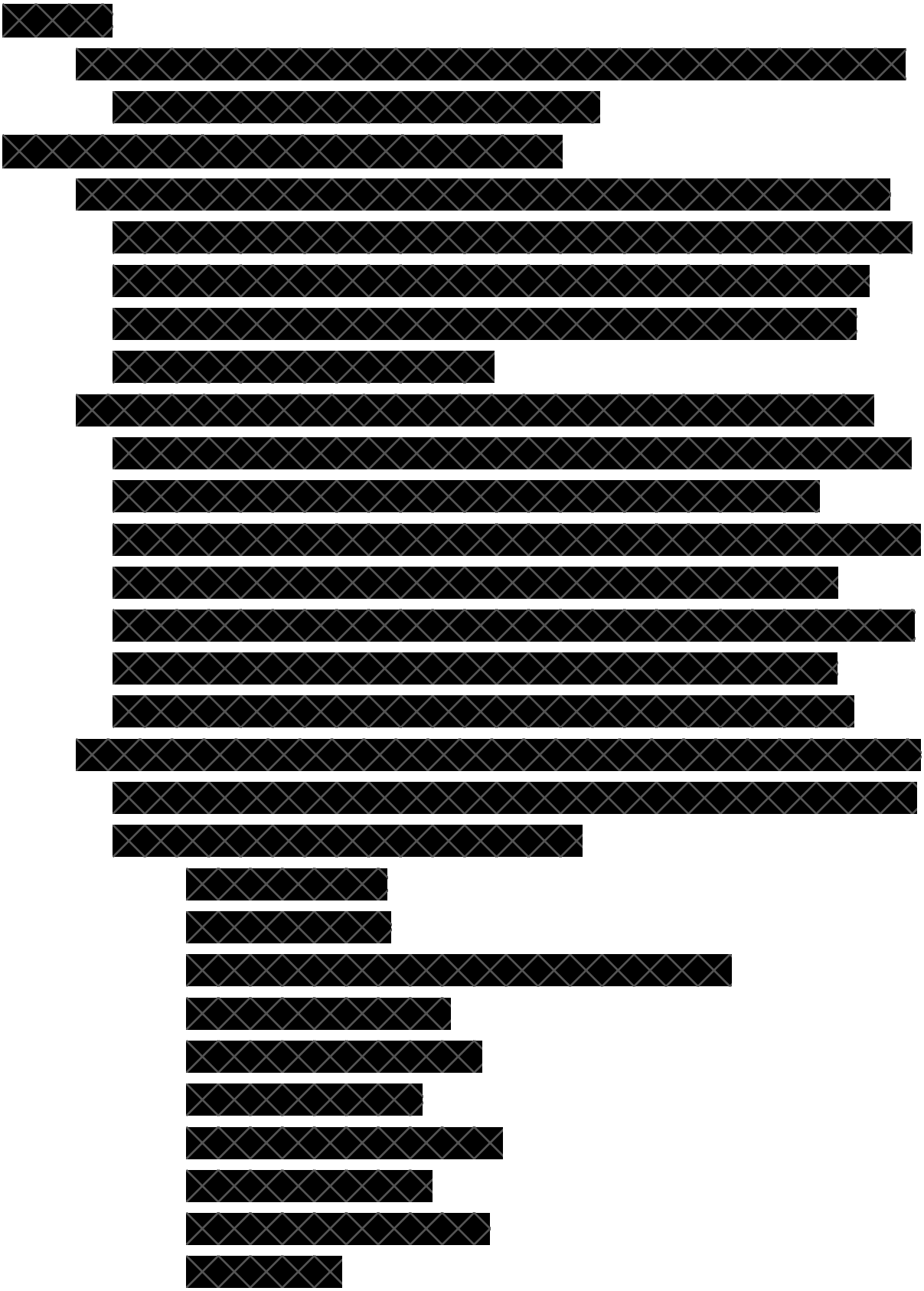
1. The Cultivator or Integrated Facility, by facility, from which the medical cannabis was sourced
2. The name of the Processor and the Processor's facility of origin
3. The type of product
4. The date of processing and packaging
5. The date of the Processor's State Testing Laboratory approval
6. The expiration date (or, if no expiration date, a notation that the expiration date does not apply)
7. The Alabama Poison Control contact information as provided on the AMCC website

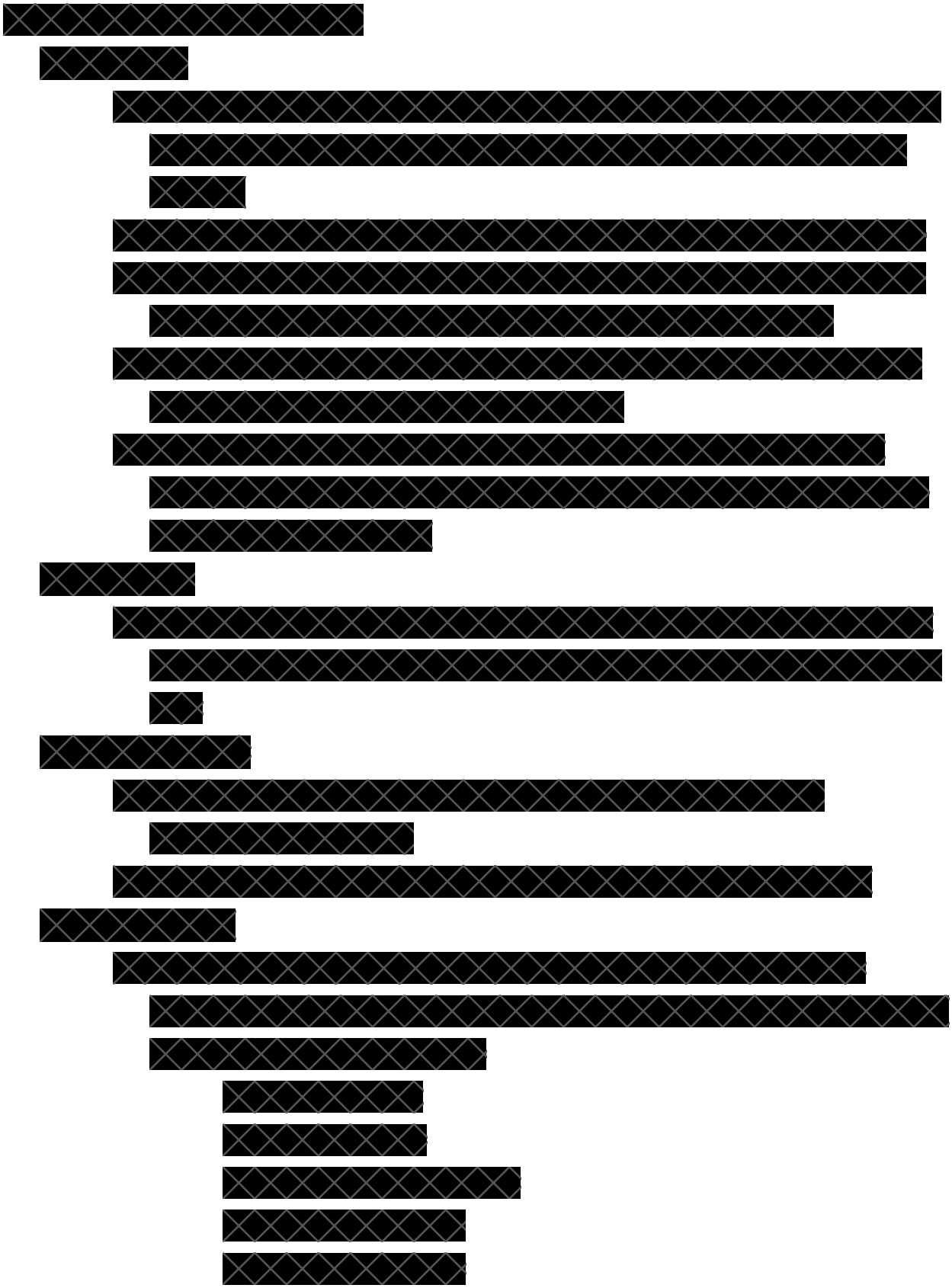
Finally, we will meticulously follow our Quality Control and Quality Assurance Plan in ensuring the medical cannabis products meet the professional and pharmaceutical standards required by the relevant rules and regulations for medical cannabis processors.

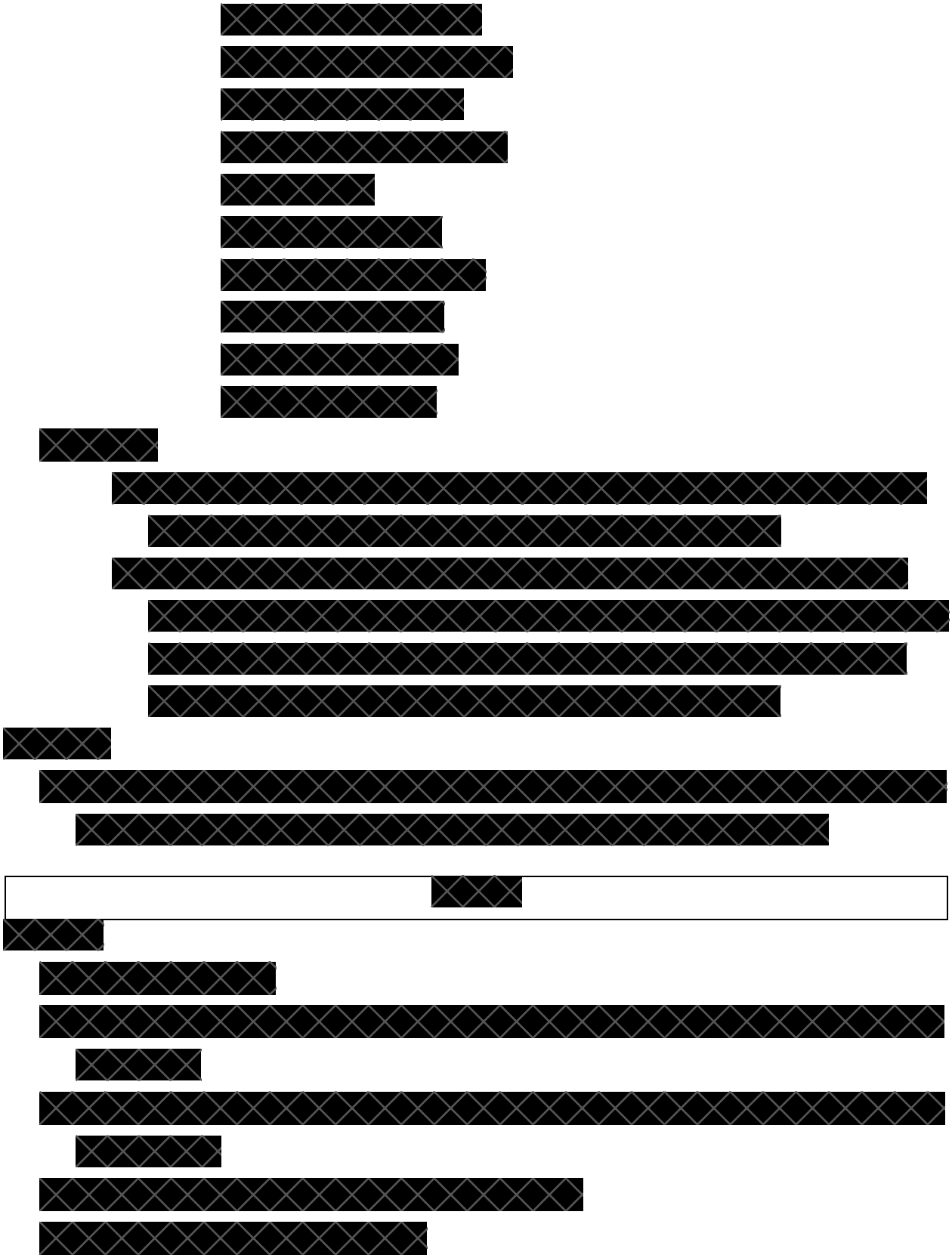
Detailed production and manufacturing processes for integrated facility

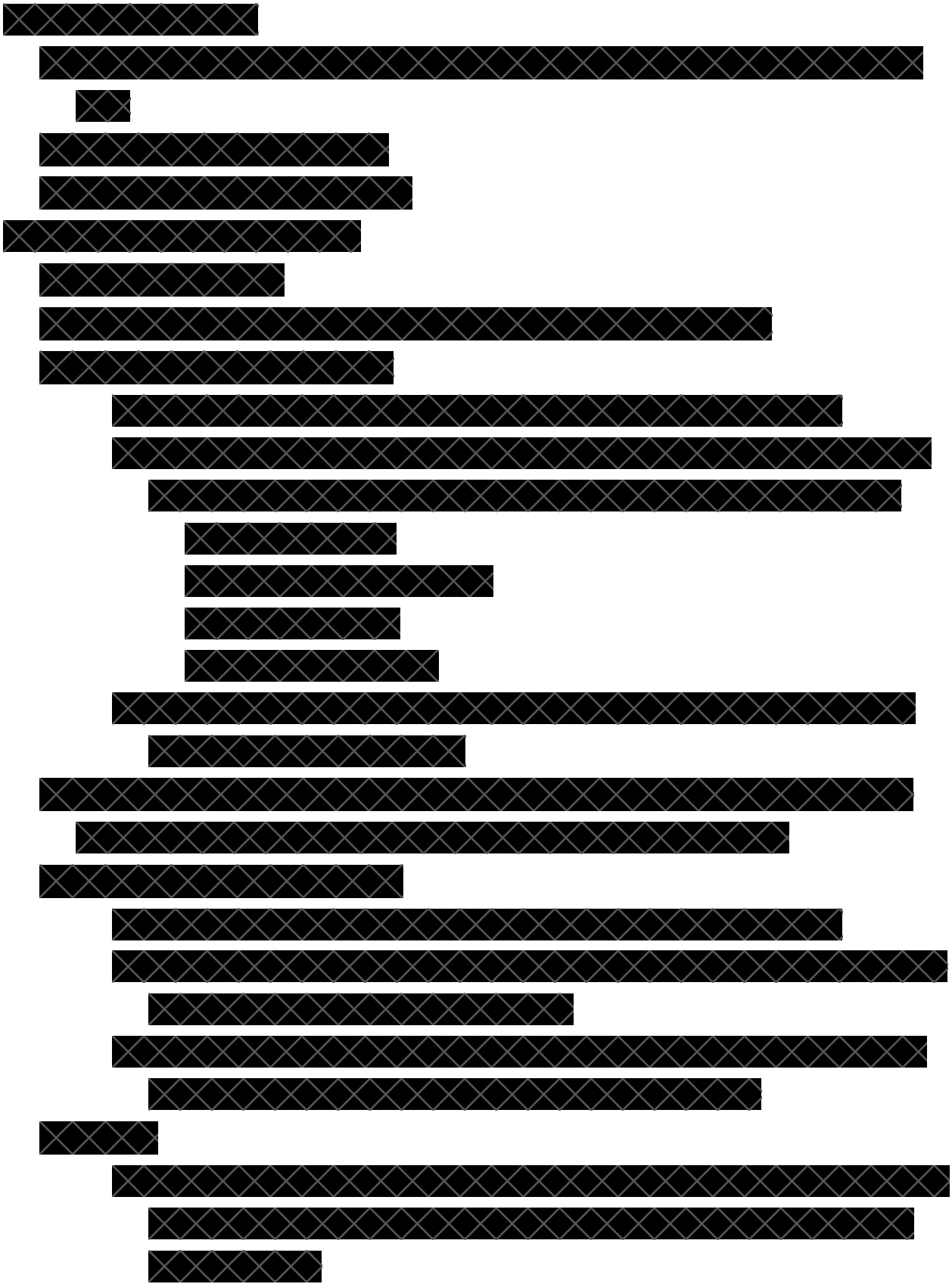
The following manufacturing processes and methods have been designed in consideration of the above. These processes and methods have been used in application by several members of the company's senior management team in their prior work experience operating medical cannabis cultivation and processing facilities. We have included the materials, machinery & equipment, and personnel necessary to produce each product.

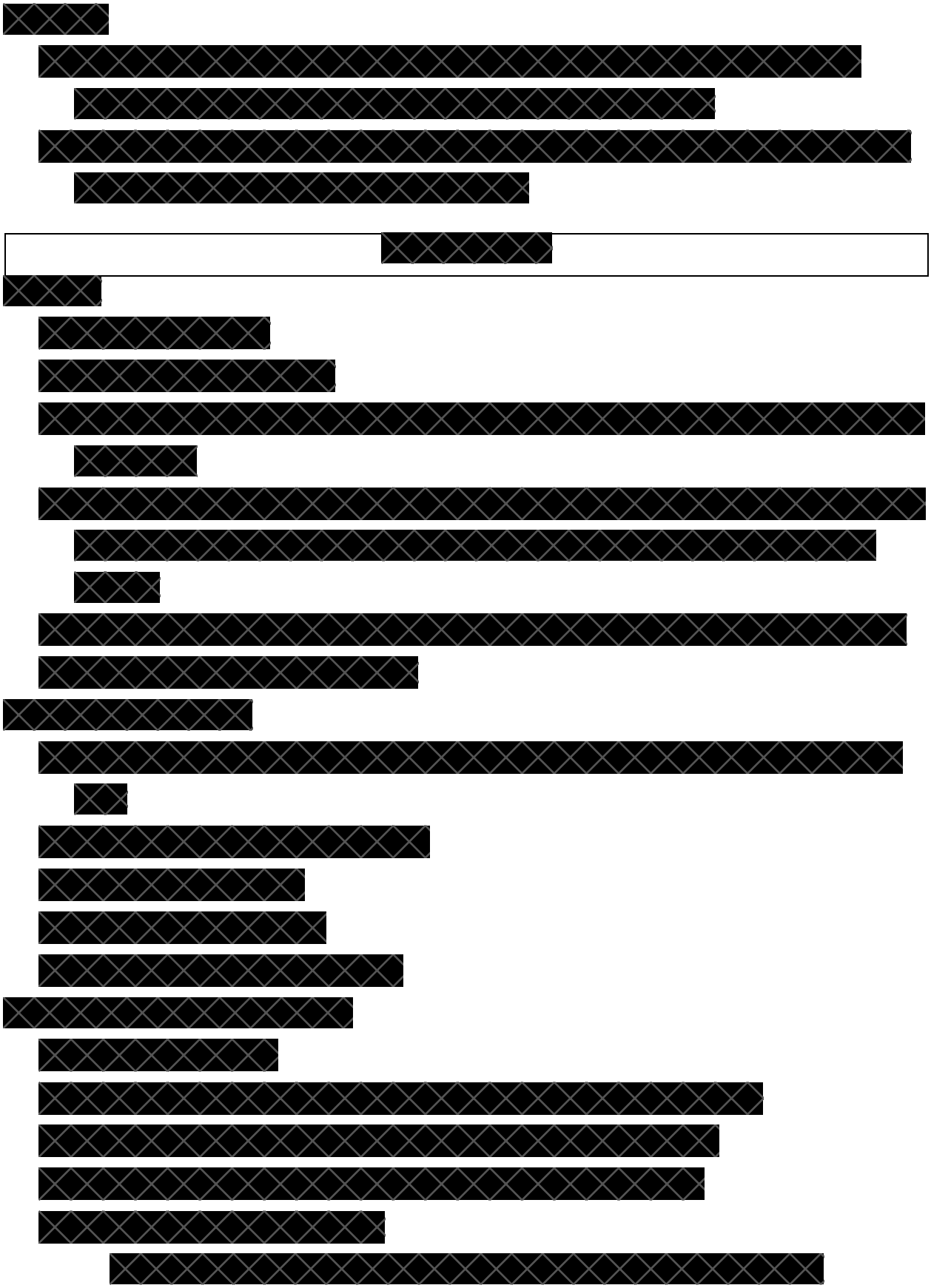


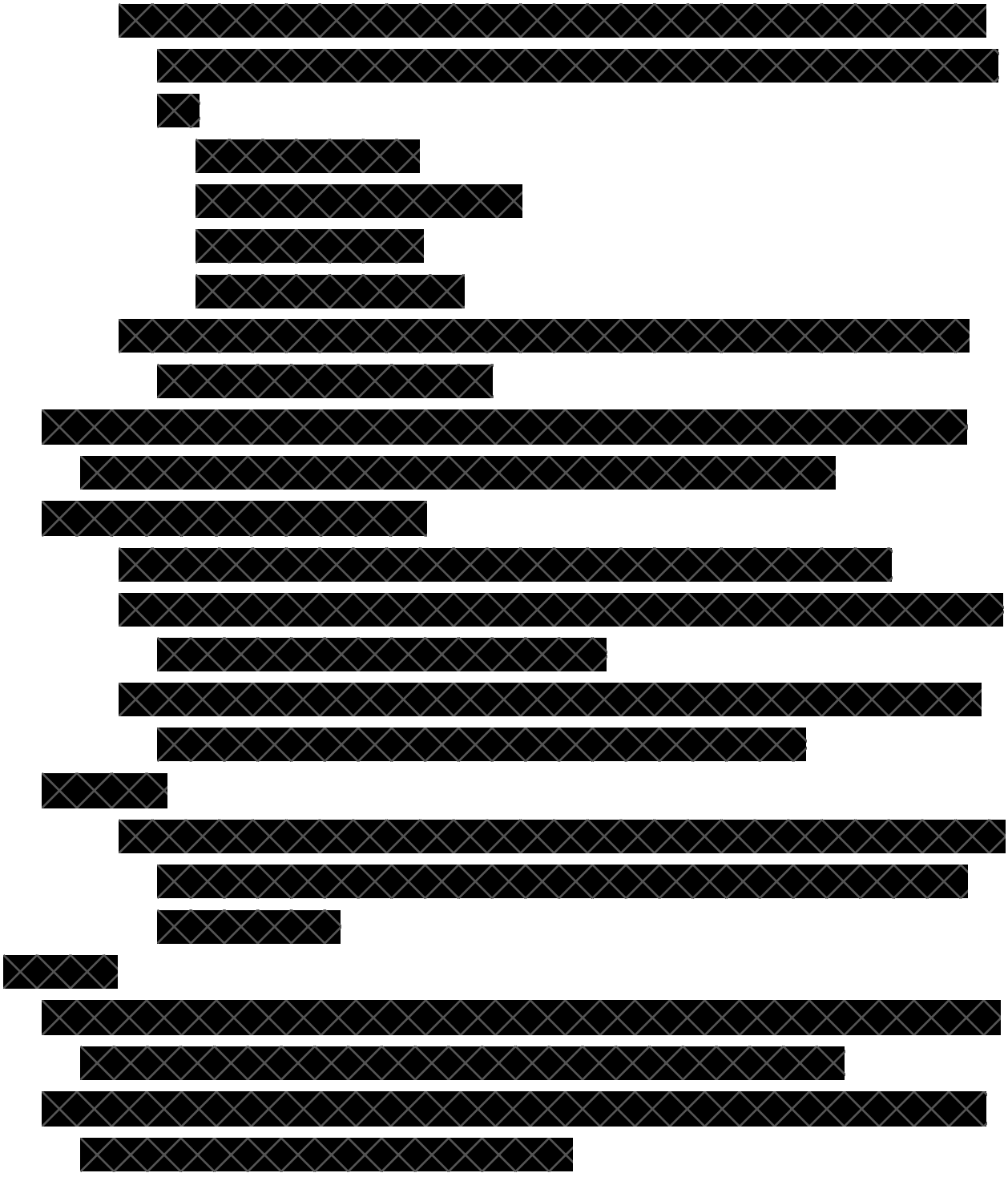


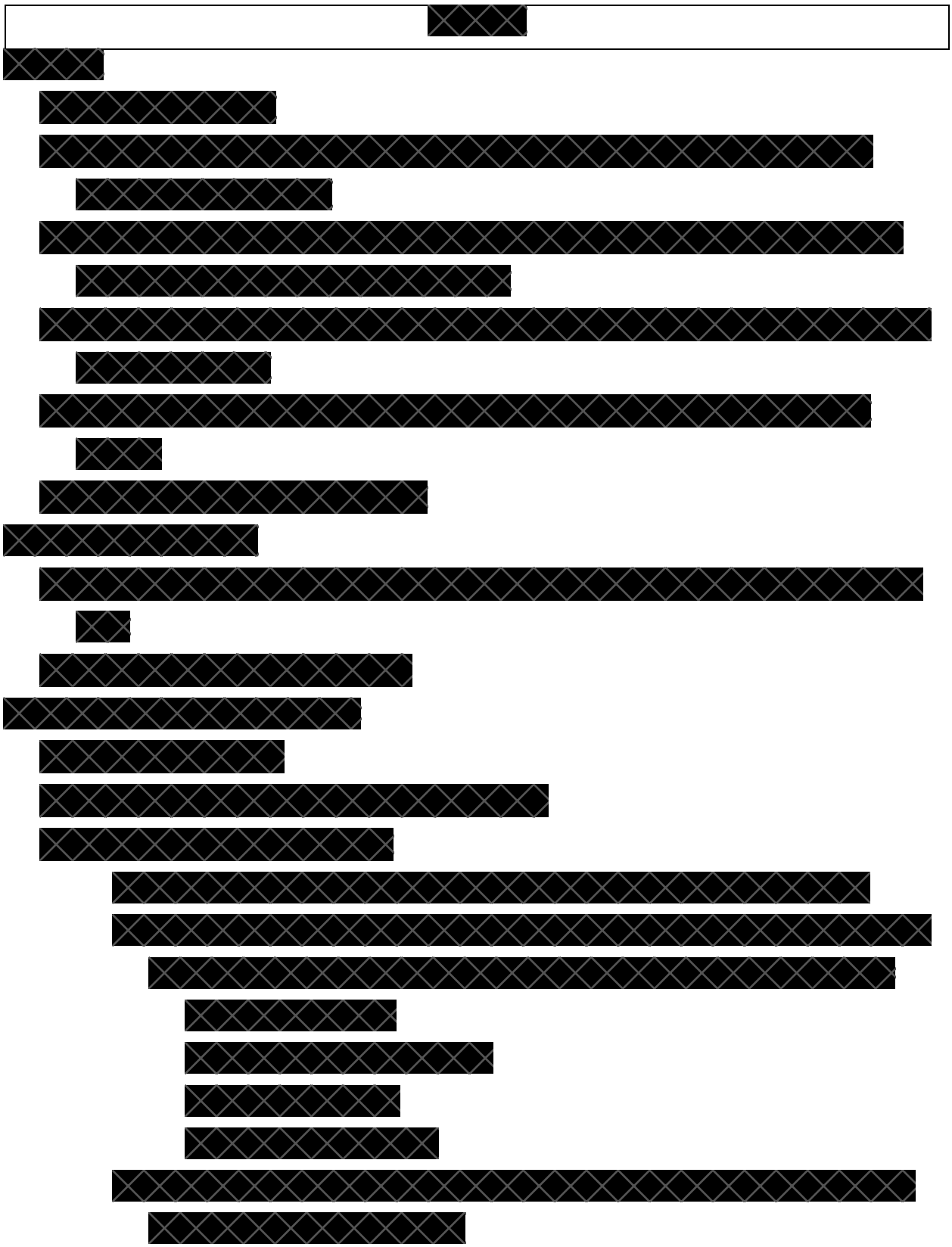


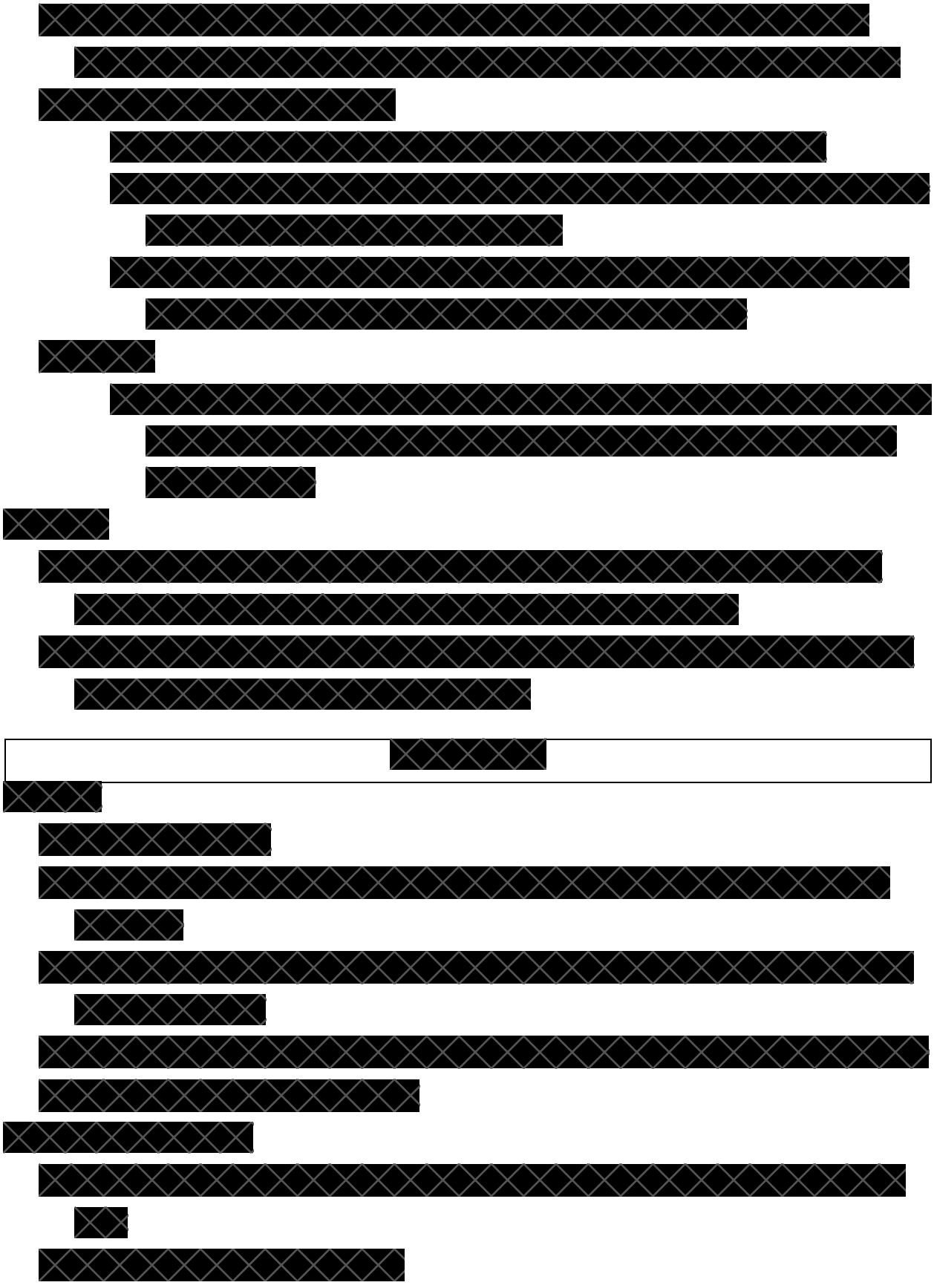


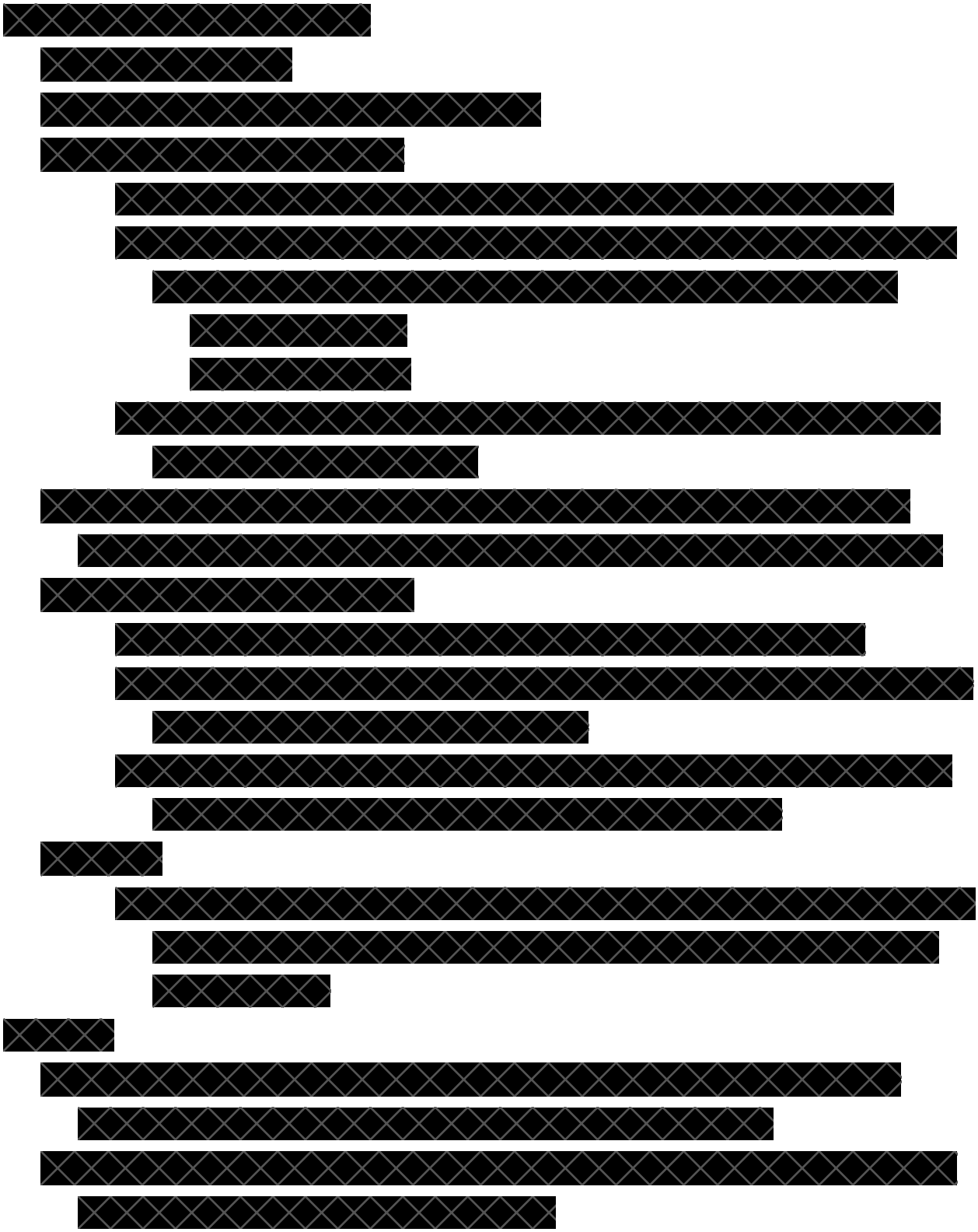


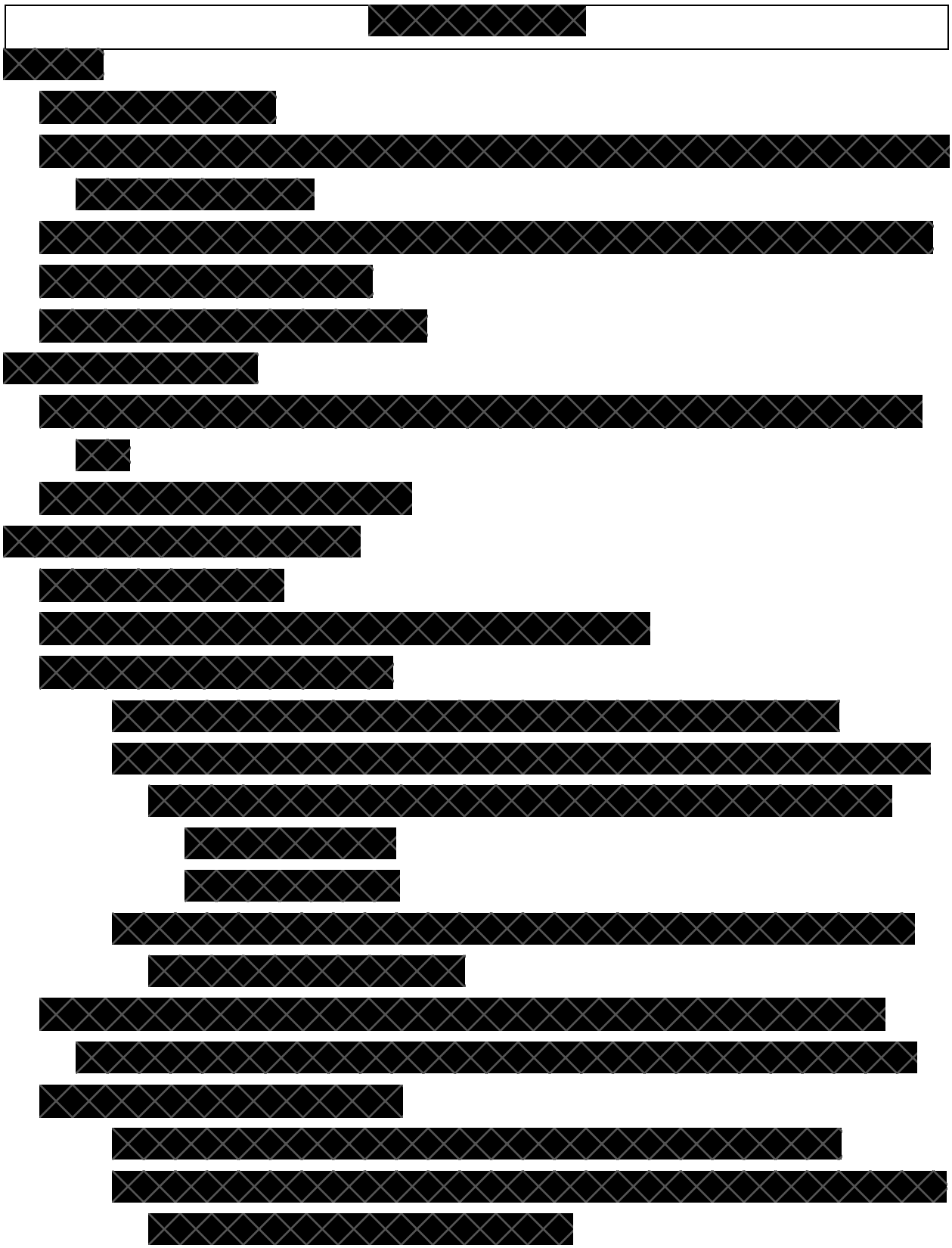


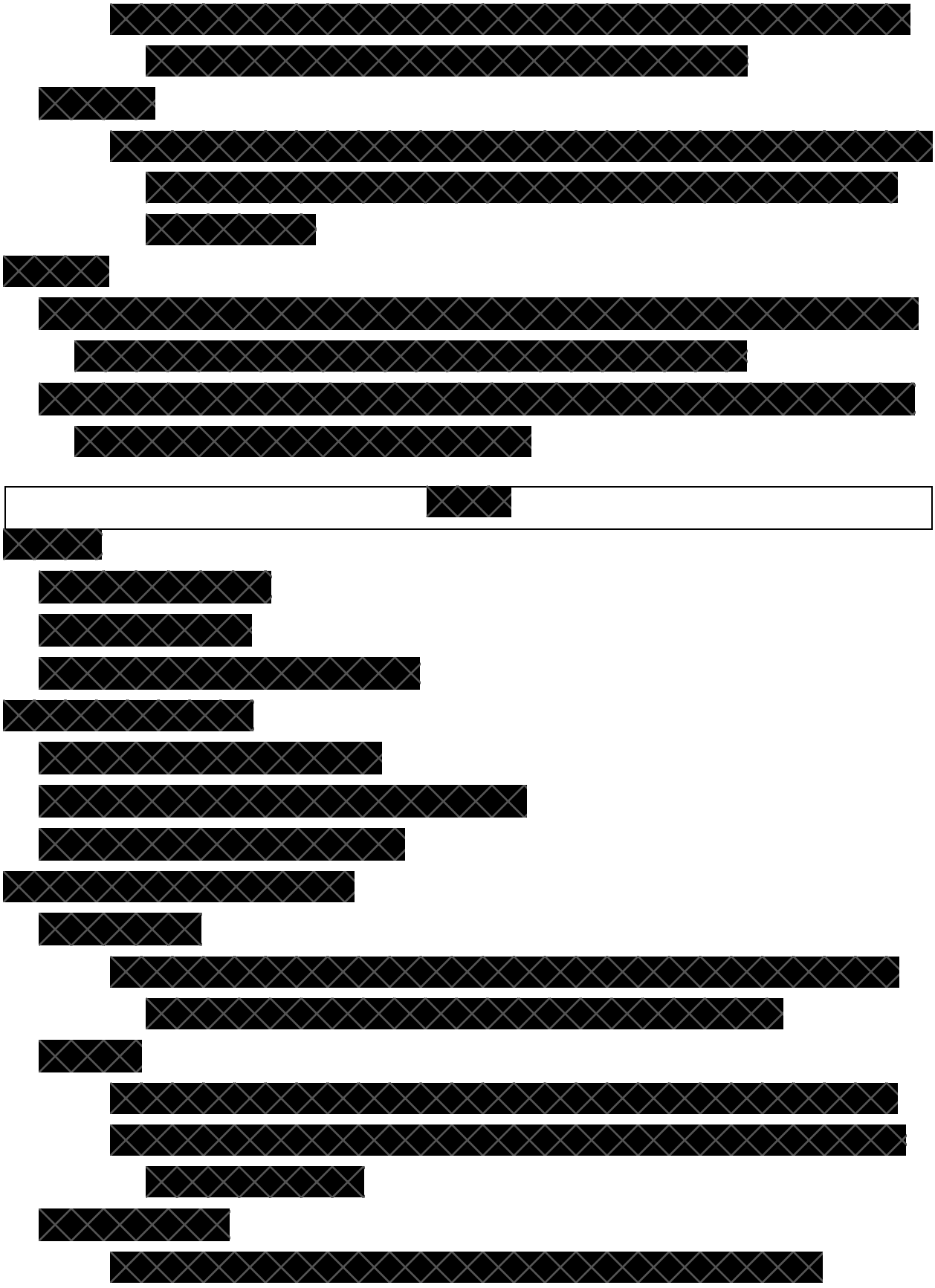












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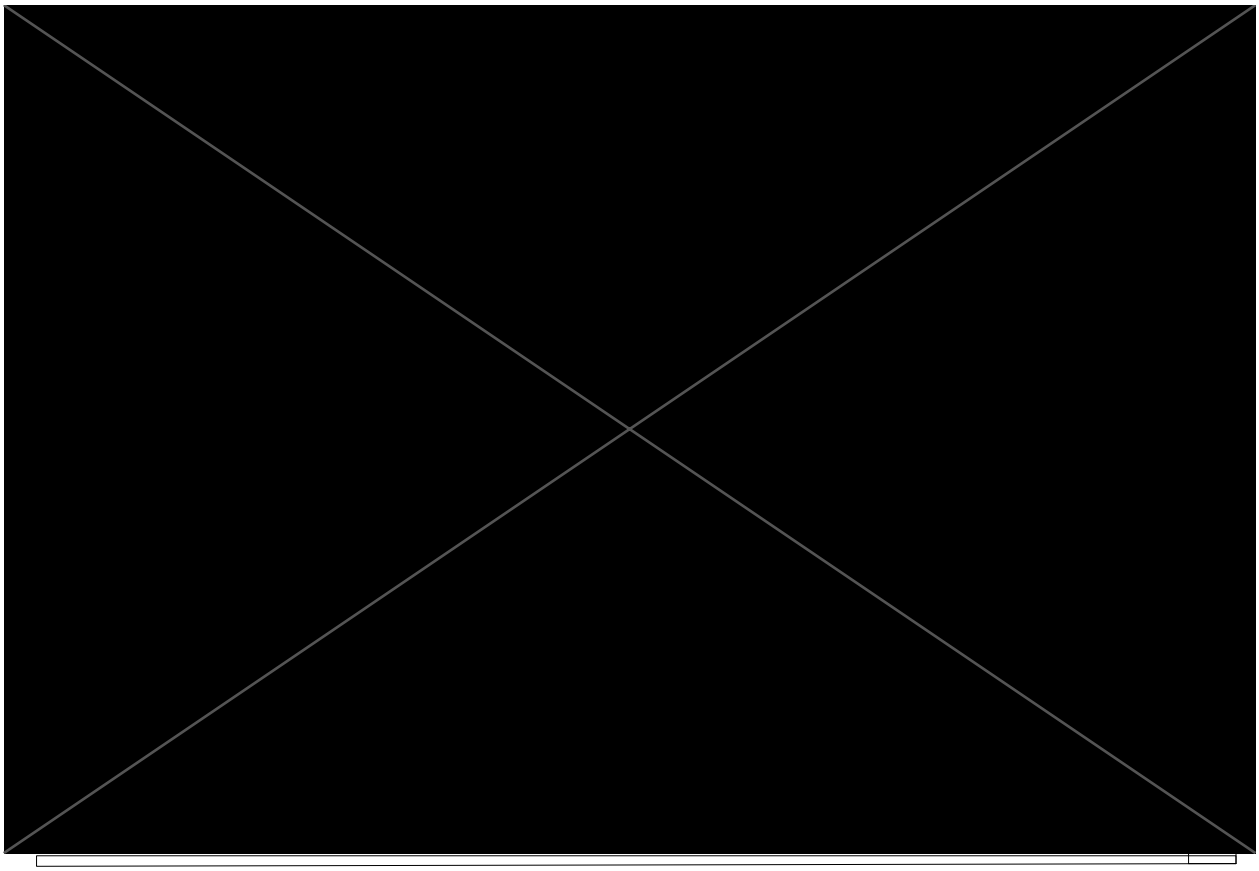
21.3 Professionally rendered blueprint identifying phases or departments

The applicant has presented a professionally rendered floorplan of the cultivation and processing facility below identifying which portions are being used in a particular phase or department of the integrated production; whether cultivation, processing, and/or transportation. Note that there are no areas dedicated to dispensing activities being utilized in the production and manufacturing process.

[redacted]



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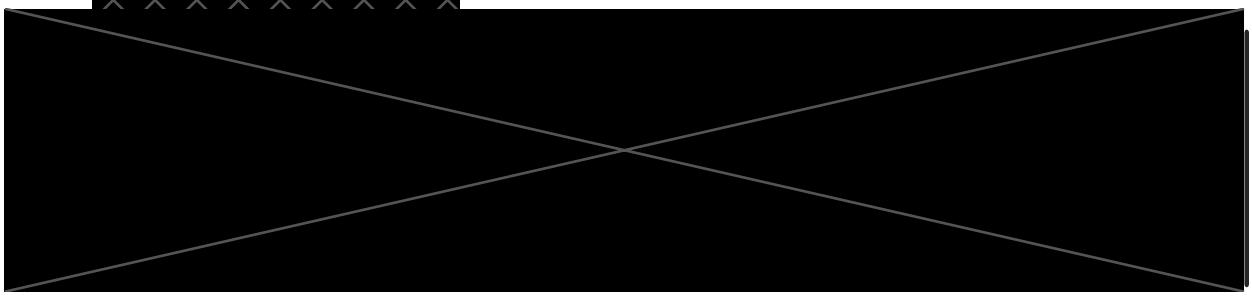
21.4 Plans to ensure safety of personnel and facilities

The safety of all employees working in the cultivation and processing facility will be of the utmost importance to the applicant. Several members of the senior management team have extensive experience designing, implementing, and maintaining safety plans for similar cultivation and processing facilities. This experience was used in developing the following plans to ensure the safety of our personnel, to safeguard the facility enabling its proper functioning and to maximize longevity of use, and most importantly in order to keep medical cannabis access uninterrupted and affordable for Alabama patients.

- Management will provide detailed SOP's that contain clear and concise instructions on how to perform a particular task or activity consistently and safely.

- The inventory control and compliance (ICC) team will continuously monitor compliance with all rules and regulations which have been established to ensure the safety of all employees.
- The cultivation director will ensure proper training on all machinery and equipment to reduce the risk of accidents and injuries due to inappropriate use.
- The chief operating officer will manage a rigorous equipment maintenance process to ensure it remains properly functioning for the safety of operators.
- The cultivation director will enforce the use of personal protective equipment including gloves, masks, and protective eyewear where appropriate based on the area and nature of the activities being performed.
- Emergency hand and eye wash stations will be closely located to all areas of the facility to provide immediate access in the event of exposure to hazardous materials.
- Fire extinguishers and other emergency suppressing devices will be readily accessible throughout the facility.
- Carbon dioxide (CO2) detectors will be present in all rooms to alert employees to high concentrations exceeding safety levels.
- Regular cleaning and sanitation help to reduce the risk of contamination and promote a safe and healthy work environment.
- Fire-resistant and non-absorbent floor coatings will be used to reduce the risk of fires and make cleaning and sanitation easier.
- The cultivation director will enforce proper storage of tools and devices, including maintaining instructions for use, to ensure they don't become a danger to employees in the vicinity.
- The chief quality officer will implement and ensure strict adherence to the quality assurance and quality control plan to ensure the safety employees performing their duties and tasks.
- The chief quality officer will ensure material safety data sheets are maintained providing detailed information on the hazards for particular materials used in the facility.

- The compliance director will maintain all emergency and disaster plans. These will be regularly included in trainings and reviewed for updates based on changes to processes and facilities
- The compliance director will perform regular inspections of the facility helps to identify potential safety hazards and address them before they become a problem.
- [redacted]



21.5 Detailed list and purpose of ingredients for each medical cannabis product

The following contains the currently developed list of all excipients to be utilized in the manufacture of each medical cannabis product identified above, and the purpose served by each. The formulae will be finalized as part of the implementation of the processes, carrying out of SOP's, and in conjunction with the quality control and quality assurance plan.

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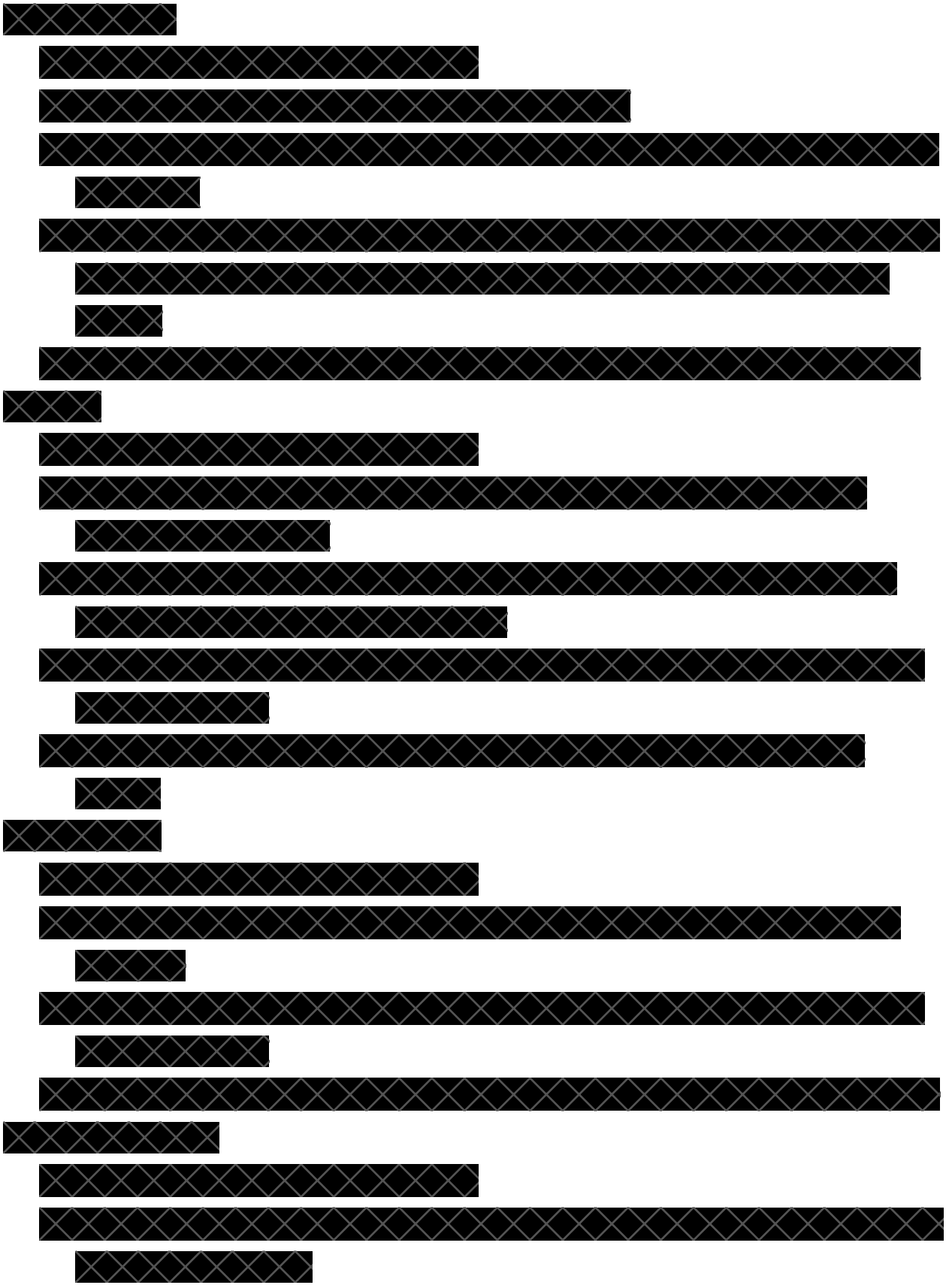

[redacted]

License Type: Integrated

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In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 22 – Machinery and Equipment

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant has provided the below list of all machinery and equipment (as identified in the company's plan for its detailed production and manufacturing processes) to be used in the cultivation and processing of cannabis and medical cannabis products. See the following responsive to the requested materials.

Asset #	*Description*	*Make and Model*
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22.1 – Sales contracts and receipts, lease agreements or other documentation demonstrating possessory interest in all machinery and equipment to be used in the cultivation and processing of medical cannabis.

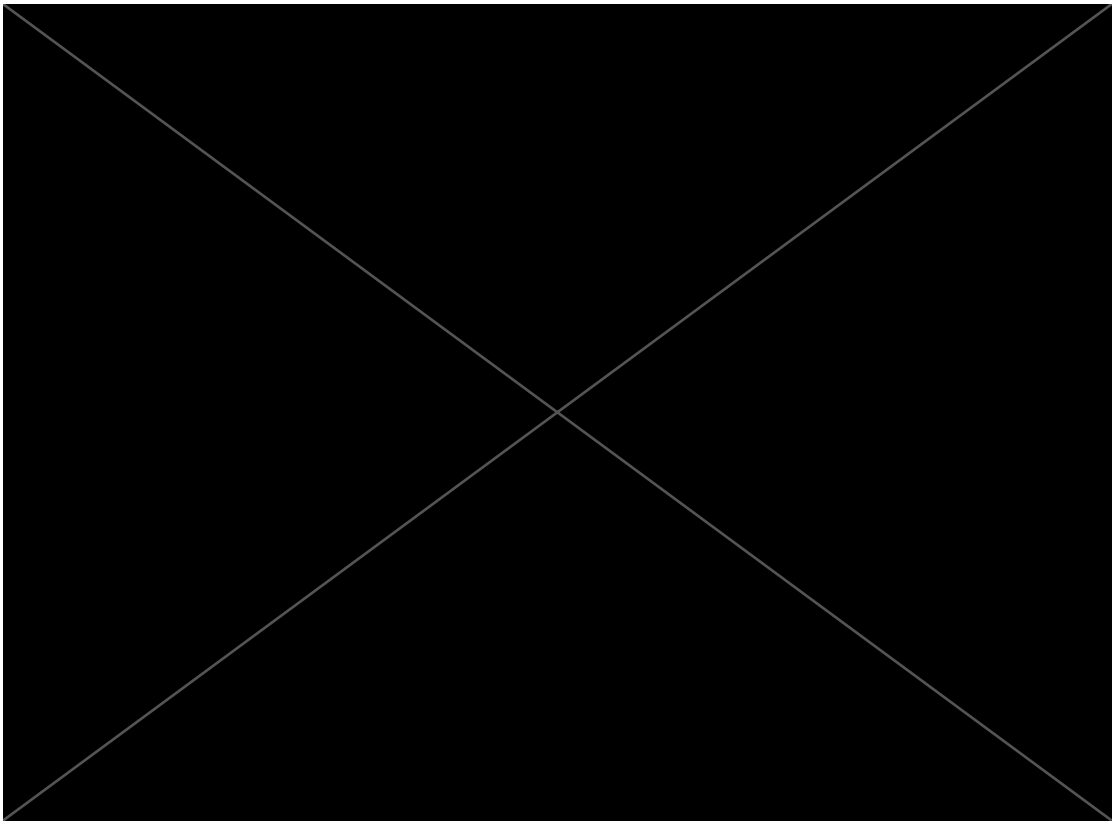
The applicant noted the following relevant Application/License Q&A on the Commission's website.

How does an applicant show that it has "possessory interest" in vehicles and/or other equipment and machinery that it proposes to use as part of its operations?
Possessory interest means that the applicant has or will have, after the satisfaction of certain conditions, the right to possess the item (i.e., vehicles, equipment, machinery) in question. The rules require documentation showing possessory interest. The documentation must show whether the applicant has a current possessory interest (i.e., owns or leases) or a future possessory interest (i.e., contingent upon certain conditions and how possession will accrue upon satisfaction of said conditions).

Considering this, the applicant's procurement director has worked with distribution vendors of the identified equipment to negotiate future possessory interest, contingent on obtaining the integrated license we are applying for. The procurement director has significant experience in medical cannabis sourcing in relation to the acquisition of machinery and equipment, growing and processing supplies, and many of the components and materials used in the construction of cultivation and processing facilities. For items which do not require customization, were in stock with a vendor as part of their online catalogue, and confirmed to be a regularly stocked item; we obtained evidence of the online quote for inclusion as supporting documentation. For these items, the vendor confirmed they expected the item would continue to be in stock through at least June 2023, when we expect to receive notification regarding licensure. Additionally, we noted various other distribution channels for these items (including the specific models we have selected) showing multiple units in stock and ready to ship. For the items which are not readily available to be ordered from an online catalogue for immediate shipment and instead require a quote and confirmation process (inclusive of certain customizations and selection of packages), the procurement director worked with the vendors to obtain such quotes. These vendors were informed that around mid-June, they would be notified regarding

whether or not a license had been obtained. In the event we are successful in obtaining licensure, we have informed them that they should be prepared to make delivery of the machinery and equipment within 30 days of our notification to them. The applicant provides the following to demonstrate this for all items listed in the table in the section above.

1. Lighting systems



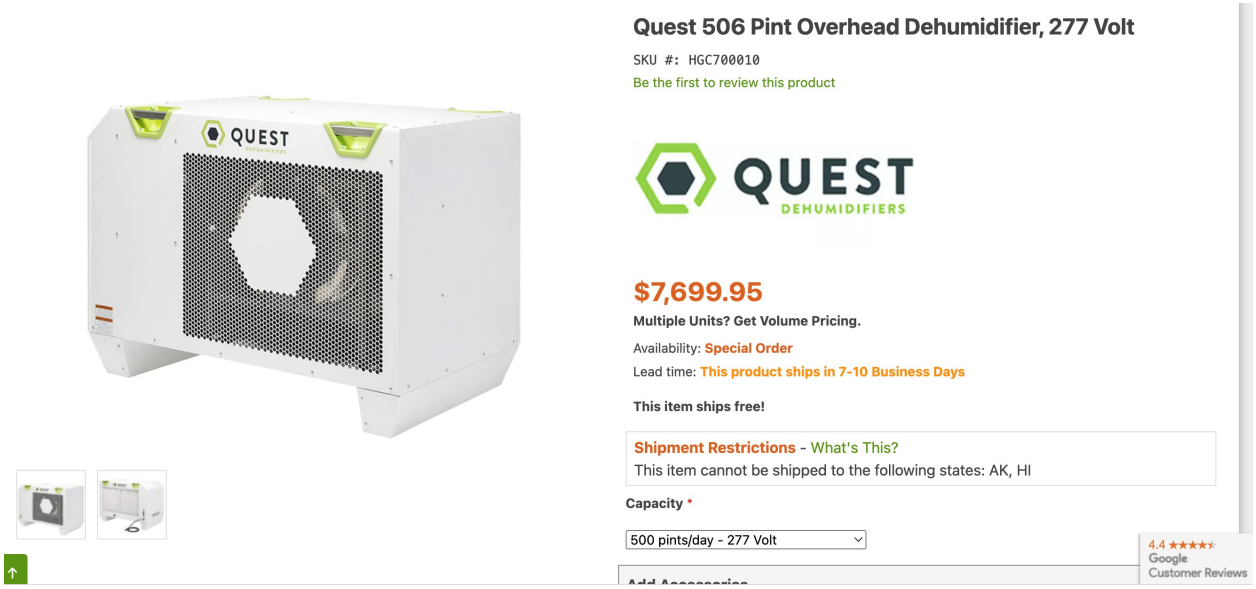
2. Irrigation systems

See note in the table in the section above for this item.

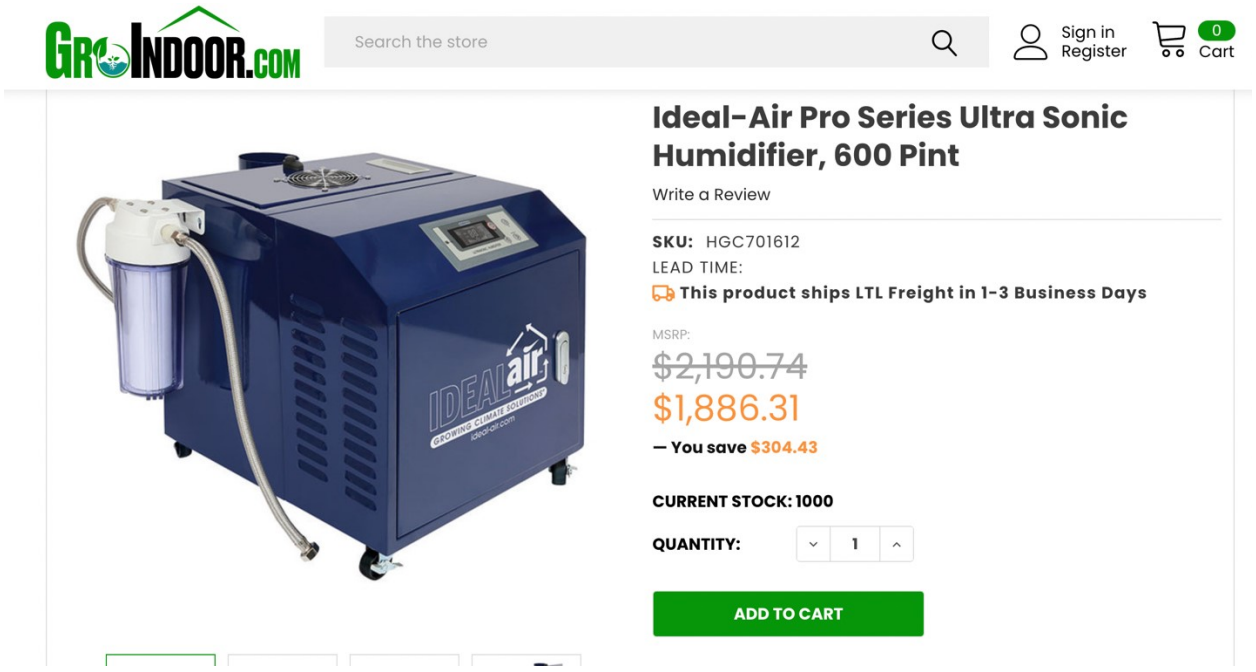
3. HVAC systems

See note in the table in the section above for this item.

4. Dehumidification



5. Humidification



6. Air filtration

CLEANLEAF
Air Filtration Systems

(866) 999-9008 / info@cleanleaf.com

View Quote Online
More Pictures, Videos & Literature
www.cleanleaf.com/quote/Q037257

Quote #: Q037257
Customer #: GRE999C

Prepared for Greenbud, LLC
Attn: Ashley Spriggs | Quoted: 02/28/23

Item / Description	Price Ea.	Qty	Total
1,000 CFM Self-Contained Odor Mitigation & HEPA Filtration System CleanLeaf Model CL1250D-CCPHE, 1,000 CFM Self-Contained Odor Mitigation & Filtration System Side Access Filter Housing With A Year Supply Of Filters, Which Includes: 4x CLF-5502 (25x15x2 Pleated Pre-Filter; Changed Quarterly) 1x CLF-5502 (25x15x2 Pleated After-Filter; Changed Annually) 1x CLF-5504-HHC (25x15x4 Ultrafine HEPA Glass Fiber Filter; Changed Annually) 8x CLF-C-100C (7 Lb. Carbon Canister (56 Lbs. Total); Changed Annually) SKU: CL1250D-CCPHE Download Literature ▾ | More Pictures | Video	4,225.00	x 10	42,250.00
2000 CFM Self-Contained Odor Mitigation & HEPA Filtration System CleanLeaf Model CL2500D-CCPHE, 2,000 CFM Self-Contained Odor Mitigation & Filtration System Side Access Filter Housing With A Year Supply Of Filters, Which Includes: 4x CLF-6604 (26x26x4 Pleated Pre-Filter; Changed Quarterly) 1x CLF-6604-HHC (26X26X4 Ultrafine Glass Fiber Filter; Changed Annually) 1x CLF-6602 (26x26x2" Pleated After-Filter; Changed Annually) 16x CLF-C-100C (100% Activated Carbon Canister; Changed Annually) SKU: CL2500D-CCPHE Download Literature ▾ | More Pictures | Video	5,200.00	x 21	109,200.00

ALL QUOTES ARE VALID FOR 30 DAYS OF QUOTED DATE

Lead Time: Depends on stock and availability. plus transit.

Payment Terms: Check, eCheck (ACH/EFT) or Credit Card*
* NOTE: All Cards Accepted. A 3% Fee Will be Added to Credit Card Payments Over $5,000

*** Freight Note:**
Price does not include freight. Freight to be invoiced separately. Confirm ship to address for freight estimate.

Sub Total :	151,450.00
Freight :	See Freight Note *
Total	$151,450.00

Terms & Conditions: By accepting this Sales Order, the Customer agrees that this transaction is subject to Air Cleaning Specialists' Sales Order Terms and Conditions. Our terms and conditions are available at: www.aircleaningspecialists.com/terms. All Sales Orders issued by Air Cleaning Specialists will be subject to these Terms and Conditions, unless otherwise agreed to in writing by Air Cleaning Specialists.

(866) 999-9008 info@cleanleaf.com Sales Rep: Dan Schroeder

7. Drying and curing systems

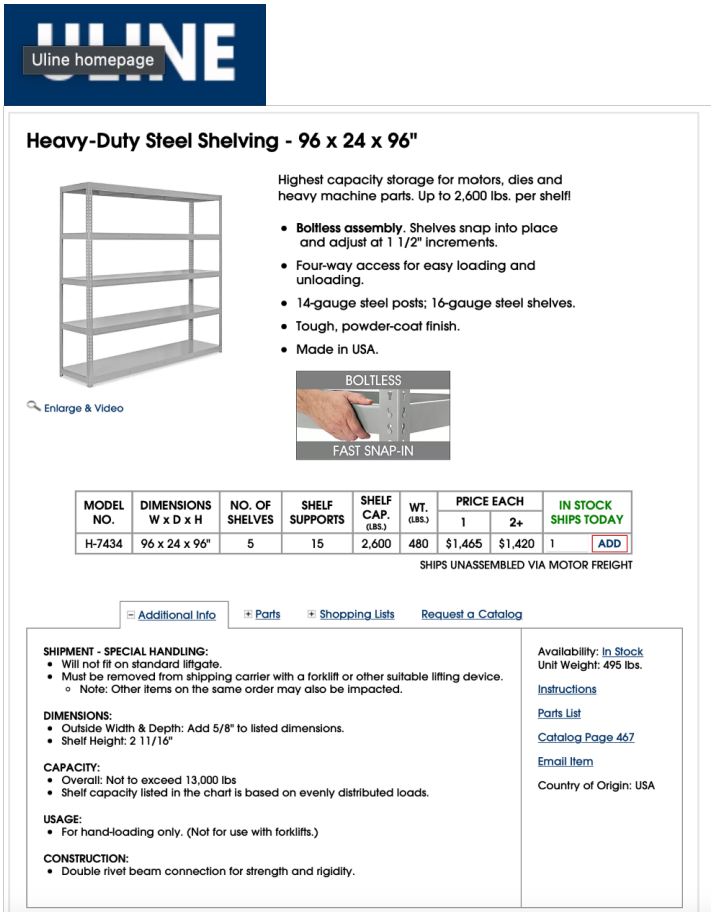
Dry

- Custom manufactured sliding racks with support frame
- Racks - Slotted angle steel with galvanized steel wire rope and cross support tubing
- Frame - Square tube frame with strut channel track for hanging racks

Note these materials for the dry room will be obtained from a local hardware shop.

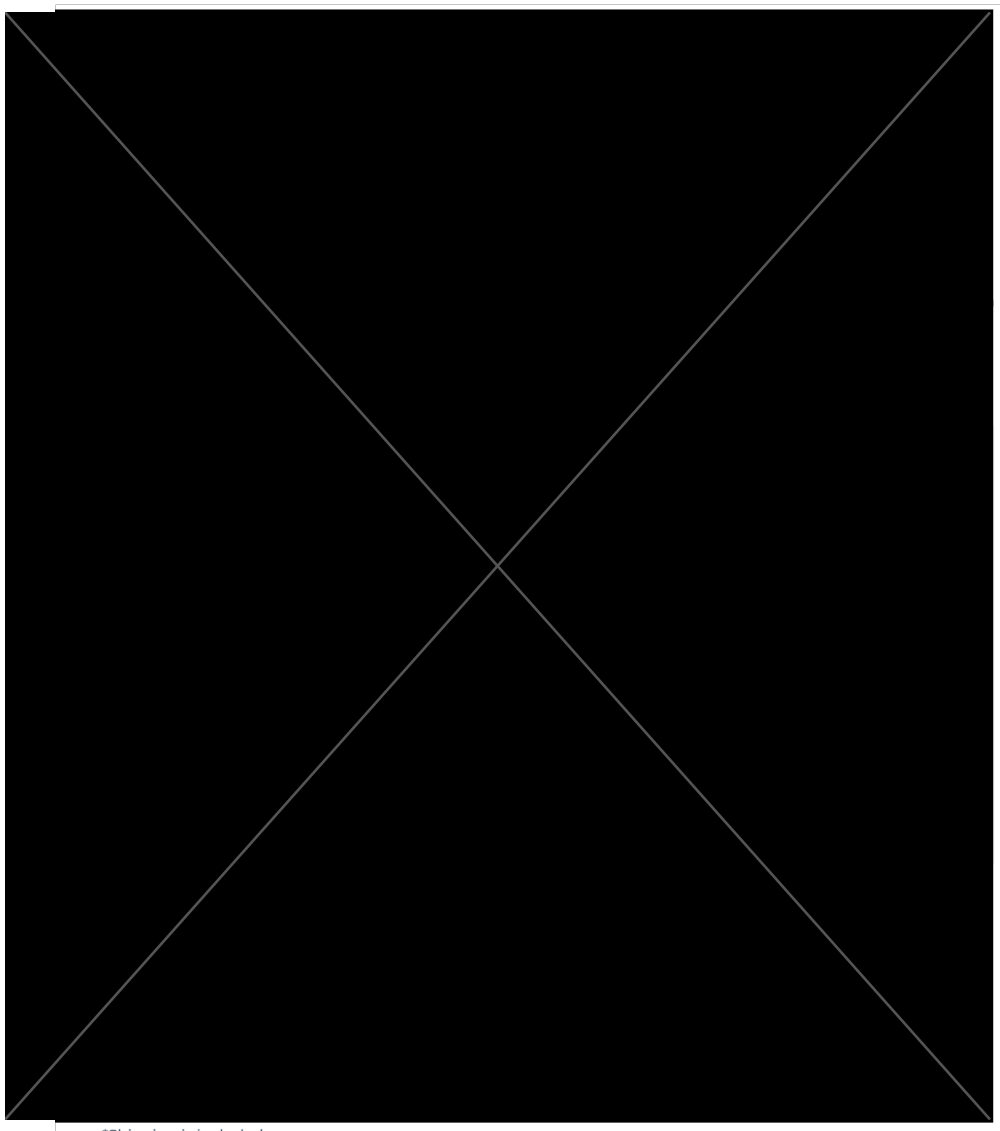
Cure

- Heavy-Duty Steel Shelving –96 x 24 x 96"



- Gamma2 vittles vault storage containers

8. Trimming systems / 10. Grinding machine



*Shipping is included

9. Storage container and racking system

Uline homepage

Heavy-Duty Steel Shelving - 96 x 24 x 96"

Enlarge & Video

Highest capacity storage for motors, dies and heavy machine parts. Up to 2,600 lbs. per shelf!

- **Boltless assembly.** Shelves snap into place and adjust at 1 1/2" increments.
- Four-way access for easy loading and unloading.
- 14-gauge steel posts; 16-gauge steel shelves.
- Tough, powder-coat finish.
- Made in USA.

MODEL NO.	DIMENSIONS W x D x H	NO. OF SHELVES	SHELF SUPPORTS	SHELF CAP. (LBS.)	WT. (LBS.)	PRICE EACH 1	PRICE EACH 2+	IN STOCK SHIPS TODAY
H-7434	96 x 24 x 96"	5	15	2,600	480	$1,465	$1,420	1 ADD

SHIPS UNASSEMBLED VIA MOTOR FREIGHT

Additional Info | Parts | Shopping Lists | Request a Catalog

SHIPMENT - SPECIAL HANDLING:
- Will not fit on standard liftgate.
- Must be removed from shipping carrier with a forklift or other suitable lifting device.
  - Note: Other items on the same order may also be impacted.

DIMENSIONS:
- Outside Width & Depth: Add 5/8" to listed dimensions.
- Shelf Height: 2 11/16"

CAPACITY:
- Overall: Not to exceed 13,000 lbs
- Shelf capacity listed in the chart is based on evenly distributed loads.

USAGE:
- For hand-loading only. (Not for use with forklifts.)

CONSTRUCTION:
- Double rivet beam connection for strength and rigidity.

Availability: In Stock
Unit Weight: 495 lbs.

Instructions

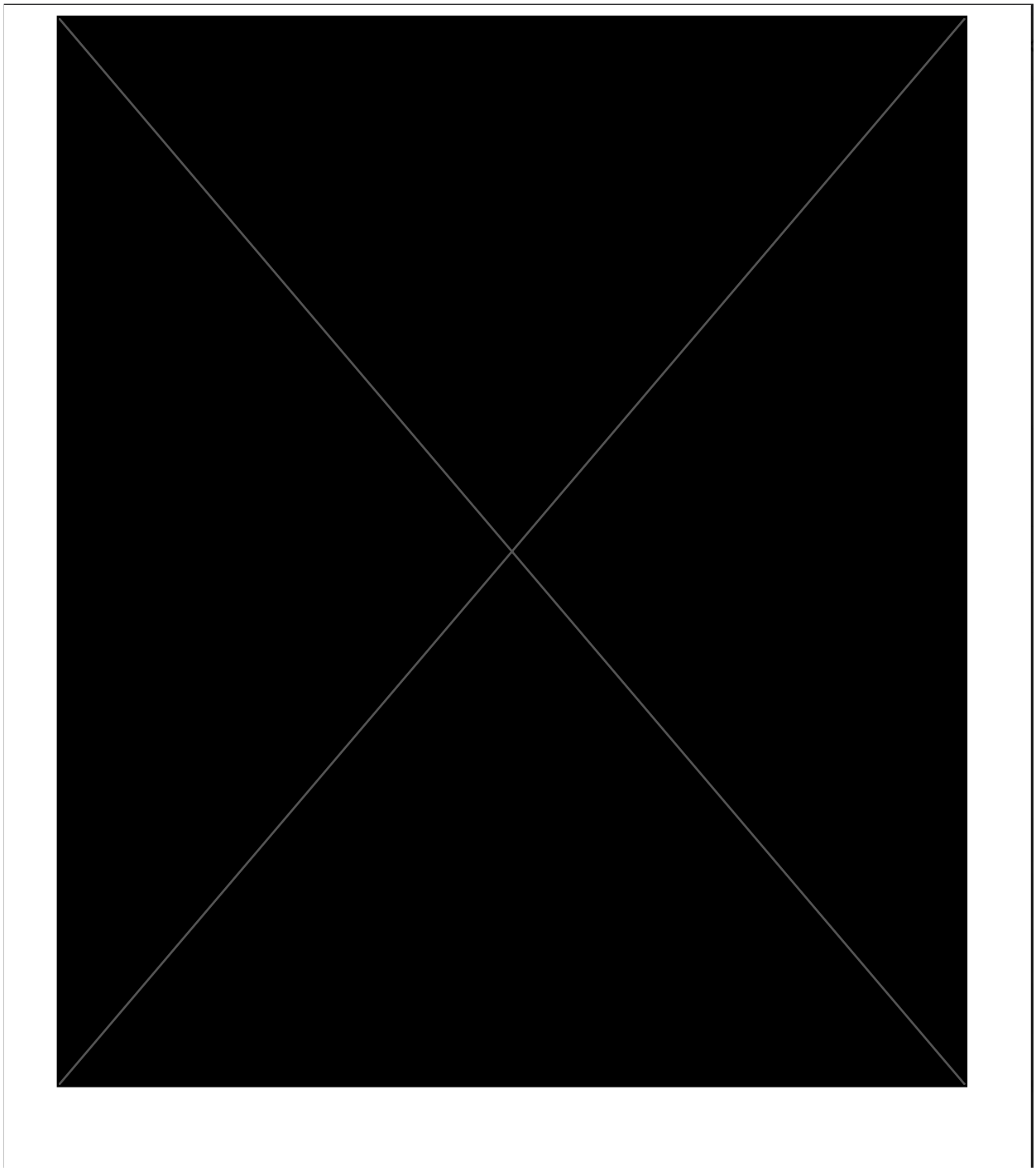
Parts List

Catalog Page 467

Email Item

Country of Origin: USA

11. Ethanol extraction machine / 14. Short-path distillation equipment



12. Chiller

Across Int. Recirculating Chillers

Starting at
$2,390.00

ORDER NOW

REQUEST A QUOTE

Select a product below and add it to your cart to request a quote.

The Across International Recirculating Chillers are available in a variety of cooling capacities, achievable temperature ranges, and reservoir volumes. These are perfect for separations, chemical reaction control, spectroscopy, and laboratory automation.

Price Chart

Cat Code	Description	Electrical Information	Temperature Range	Price	Qty
C15-3-2L.110	C15 2L Recirculating Chiller	110V 60Hz 1-PH, 500 watts	Ambient to -15°C (No load)	$2,390.00	- 0 +
C20-7sst	C20 Stainless Steel Recirculating Chiller and Heater	110V 60Hz 1-Phase 1,500 watts	-20°C to +99°C (No load)	$2,790.00	- 0 +
C30-10-5L	C30 5L Recirculating Chiller	220V 60Hz 1-PH, 1,100 watts (Not compatible with 50Hz power)	Ambient to -30°C (No load)	$5,390.00	- 0 +
C30-17-10L	C30 10L Recirculating Chiller	220V 60Hz 1-PH, 1200 watts (Not compatible with 50Hz power)	Ambient to -30°C (No load)	$6,290.00	- 0 +
C30-30-20L	C30 20L Recirculating Chiller	220V 60Hz 1-PH 9A, 1,990 watts (Not compatible with 50Hz power)	Ambient to -30°C (No load)	$7,490.00	- 0 +
C30-40-50L	C30 50L Recirculating Chiller	220V 60Hz 1-PH 18A, 3,960 watts (Not compatible with 50Hz power)	Ambient to -30°C (No load)	$12,990.00	- 0 +

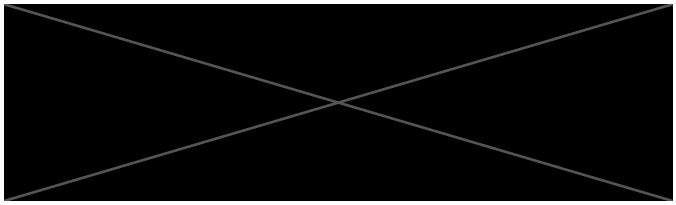
13. Centrifuge

15LB Max Capacity × 1 — $11,565.00

WHOLESALE (-$1,285.00)

Subtotal	$11,565.00
Shipping	$0.00
Total	$11,565.00 USD
	You saved $1,285.00

Customer information



If you have any questions, reply to this email or contact us at support@shopbvv.com

15. Decarboxylation equipment

Decarboxylation equipment to be purchased from Xtractor Depot.

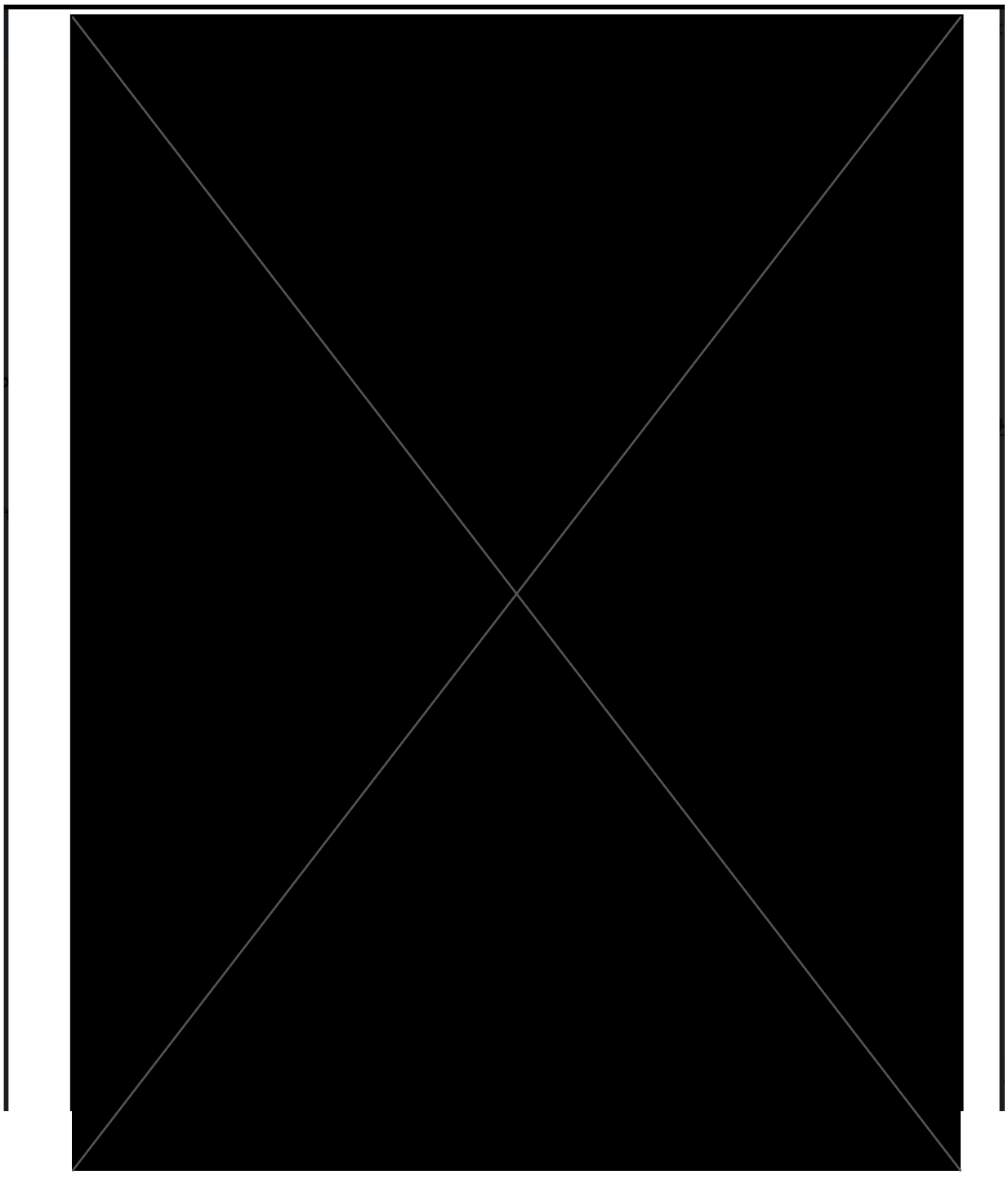
16. Collection vessels

1 Liter glass collection vessels to be purchased from Xtractor Depot.

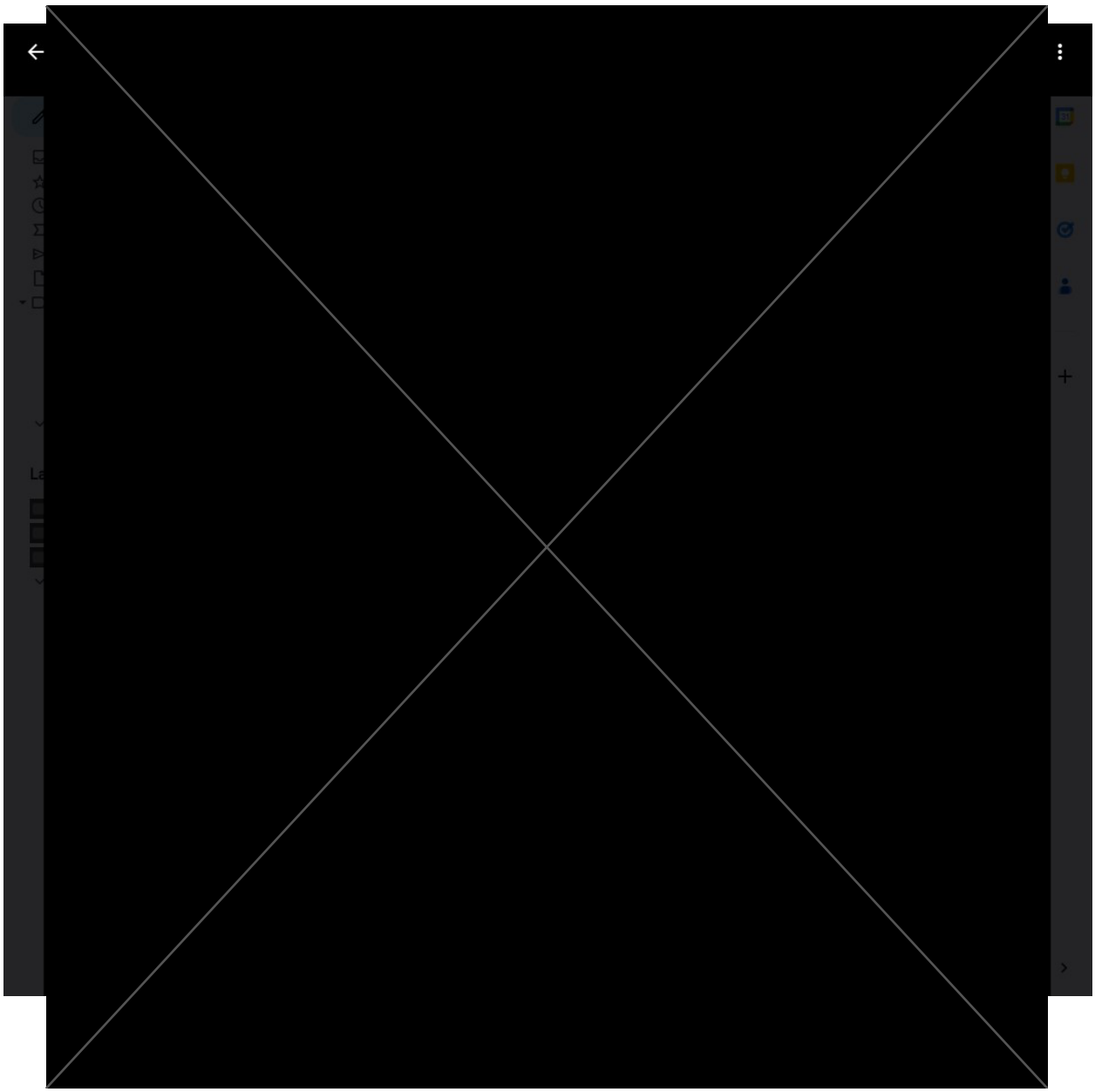
17. Miscellaneous equipment to measure, weigh, mix, and pour the ingredients.

To be purchased on Amazon, all $100 and under.

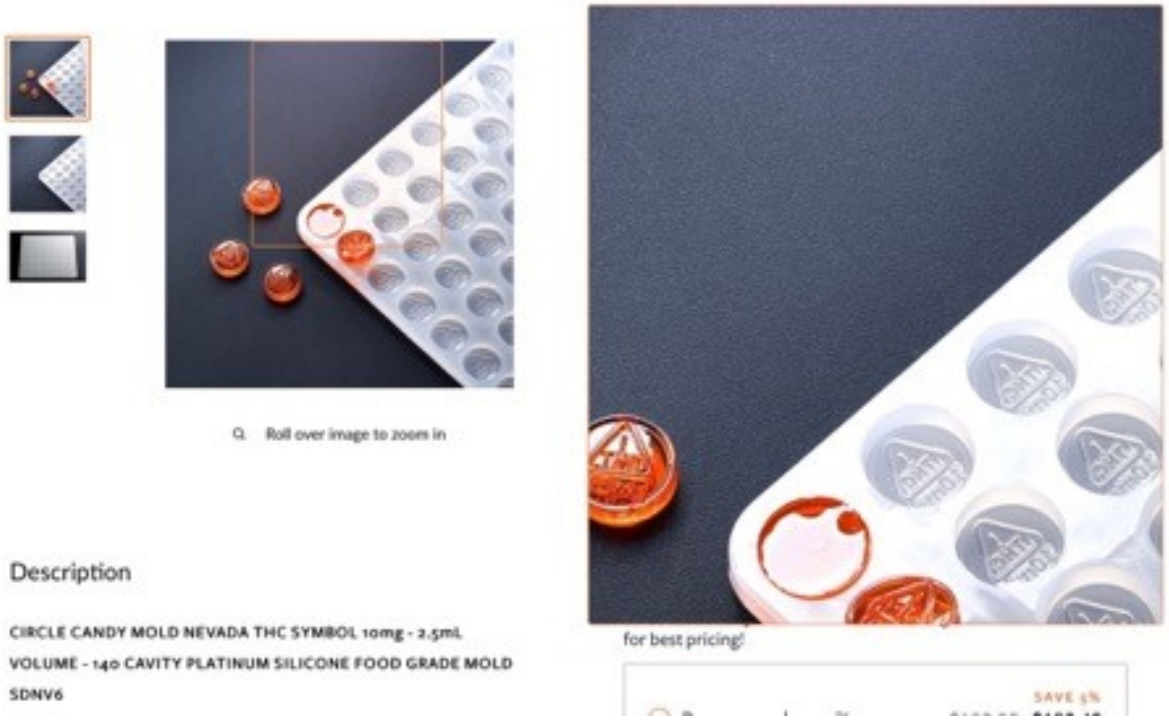
18. Filling equipment



19. Labelin e ui ment



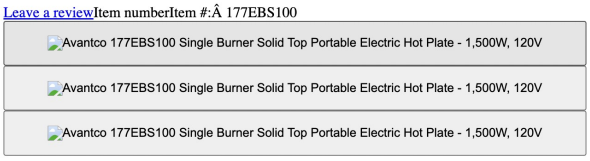
20. Gelatinous cube molds



21. Hot plates

Avantco 177EBS100 Single Burner Solid Top Portable Electric Hot Plate - 1,500W, 120V

Leave a reviewItem numberItem #:Â 177EBS100



- Avantco 177EBS100 Single Burner Solid Top Portable Electric Hot Plate - 1,500W, 120V Main Thumbnail 1
- Avantco 177EBS100 Single Burner Solid Top Portable Electric Hot Plate - 1,500W, 120V Main Thumbnail 2
- Avantco 177EBS100 Single Burner Solid Top Portable Electric Hot Plate - 1,500W, 120V Main Thumbnail 3

Works WithÂ

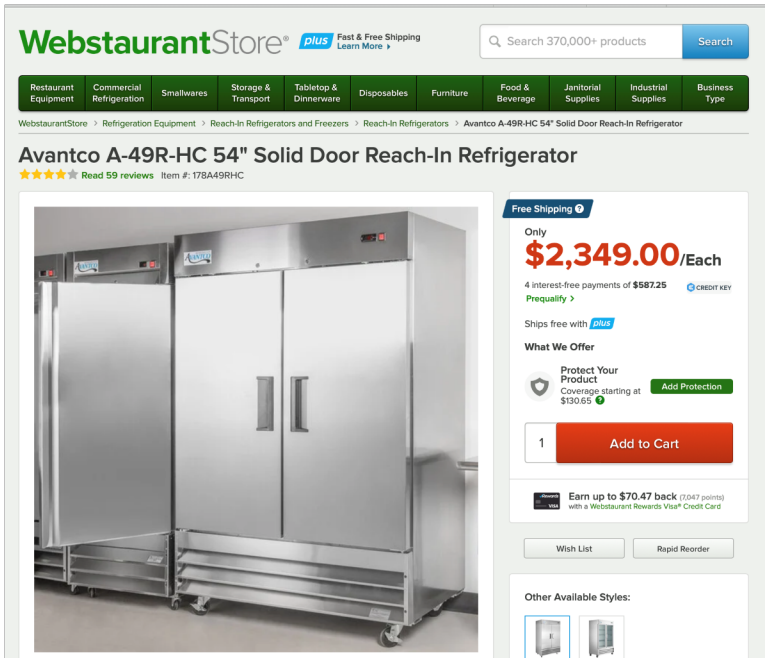
Share Ask
New
Quantity Discounts
Free Shipping
Buy in lots of 3:

$70.68/Each

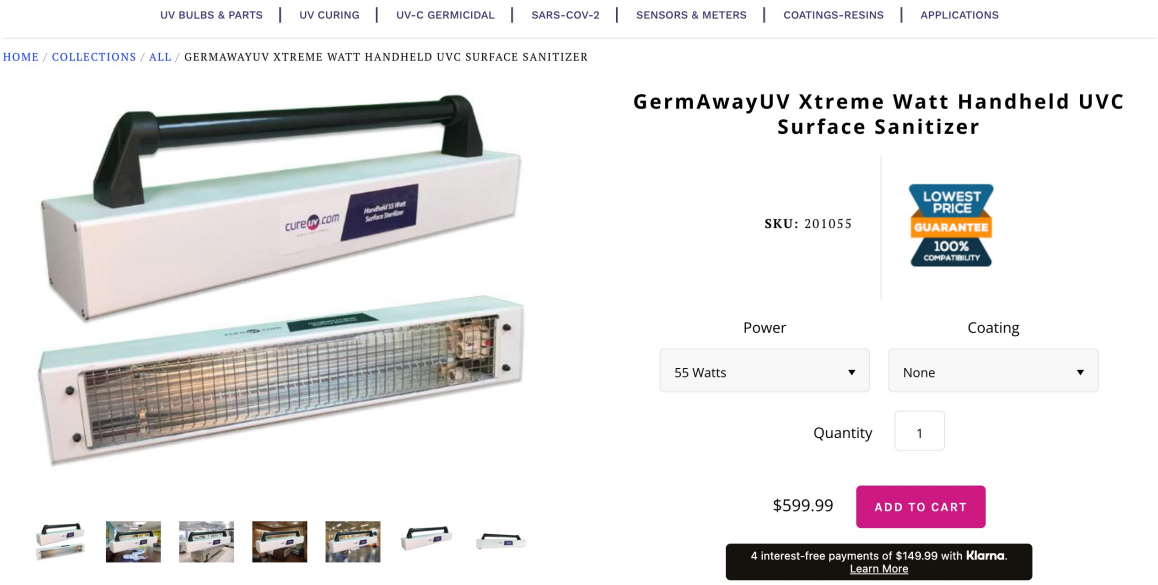
Ships free with Plus
Regularly: $79.99/Each
1 Add to Cart

Wish List
Rapid Reorder

22. Refrigerator



23. UV light sterilization equipment



22.2 – Specifications and operations manuals of all machinery and equipment to be used in the cultivation and processing of medical cannabis.

The applicant has obtained the spec sheets and operations manuals as relevant for the machinery and equipment identified. We have included links for each where relevant given the electronic size of the files (which caused this exhibit in total to be well over the 10mb limit for posting online) and varying page configurations were not conducive to including within this exhibit. The applicant has saved these documents internally in our files for use in the event we obtain licensure.

1. Lighting systems

https://irp.cdn-website.com/3d4ef3fc/files/uploaded/2021-9-17 VEGA330V03.pdf
https://irp.cdn-website.com/3d4ef3fc/files/uploaded/efinity Superstar 330W Veg LED UserManual.pdf

2. Irrigation systems

See note in the table in the section above for this item.

3. HVAC systems

See note in the table in the section above for this item.

4. Dehumidification

https://www.questclimate.com/wp-content/uploads/sites/7/2021/05/Quest_Manual_506_web.pdf
https://www.questclimate.com/wp-content/uploads/sites/7/2022/06/506-277_Spec-Sheet.pdf

5. Humidification

https://scotts-hawthorne-public-prod.s3-us-west2.amazonaws.com/PROD/documents/Documents/1000463537_701606_701608_701612_Manual.pdf
https://scotts-hawthorne-public-prod.s3-us-west2.amazonaws.com/PROD/documents/Documents/1000535031_701606_IdealAir_UltraSonicHumidifier_CutSheet_201111.pdf

6. Air filtration

https://cleanleaf.com/pdf/updated/CL2500D-CCPHE.pdf

7. Drying and curing systems

Operations manual / spec sheets not relevant for these items.

8. Trimming systems

https://www.greenbroz.com/cs/c/cta_guide

9. Storage container and racking system

Operations manual / spec sheets not relevant for these items.

10. Grinding machine

https://www.greenbroz.com/model-g

11. Ethanol extraction machine

https://www.coloradoextraction.com/sites/default/files/2021-10/Evaporation.pdf

12. Chiller

https://www.labdepotinc.com/recirculating-chillers-c15-3-2l-110-group?gclid=Cj0KCQiA6fafBhC1ARIsAIJjL8lZsUnrW3iaw7zDqCtj81jSqg4heLXOORpXhAq7-lf5o5we_jY8O6waAlR_EALw_wcB

13. Centrifuge

https://precisionextraction.com/c-40-centrifuge-extractor/

14. Short-path distillation equipment

https://www.coloradoextraction.com/sites/default/files/202109/CESShortpathSep2021.pdf

15. Decarboxylation equipment

Operations manual / spec sheets not relevant for these items.

16. Collection vessels

Operations manual / spec sheets not relevant for these items.

17. Miscellaneous equipment to measure, weigh, mix, and pour the ingredients.

Operations manual / spec sheets not relevant for these items.

18. Filling equipment

https://www.convectium.com/automated-filling.html

19. Labeling equipment

https://www.zebra.com/us/en/products/spec-sheets/printers/desktop/zd410.html

20. Gelatinous cube molds

Operations manual / spec sheets not relevant for these items.

21. Hot plates

https://www.webstaurantstore.com/avantco-177ebs100-single-burner-solid-top-portable-electric-hot-plate-1-500w-120v/177EBS100.html

22. Refrigerator

https://www.webstaurantstore.com/avantco-a-49r-hc-54-solid-door-reach-in-refrigerator/178A49RHC.html

23. UV light sterilization equipment

https://www.cureuv.com/collections/room-sanitizers/products/germawayuv-mobile-uvc-surface-sanitizer-with-motion-sensor-shutoff

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 23 – Receiving and Shipping Plan

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

Cultivation and Processing Facility

[redacted]

23.3 – Incoming product is accompanied by the secure transporter's manifest and other appropriate documentation; the information thereon is accurate and has been duly executed by all appropriate parties.

[redacted]

23.1 – Individual batches of product being received for storage and/or processing were appropriately prepared, tagged or otherwise identified, and inserted in containers at the time of receipt.

[redacted]

[redacted]

23.2 – Batches and containers arriving from a cultivator have been QR coded or otherwise digitally coded to identify, at a minimum, the Cultivator, facility, plant tag identification number, date of harvest, and the date of the cultivator's State Laboratory testing approval.

- [redacted]

23.4 – All information from the QR code relating to the incoming product, as well as the date and time of arrival, has been logged into the Statewide-Seed-to-Sale Tracking System.

[redacted]

[redacted]

23.6 – Batches and containers being shipped from the Applicant's facility must be QR coded or otherwise digitally coded to identify, at a minimum, the Integrated Facility, facility, type of product, date of processing and packaging, and the date of the Integrated Facility's State Laboratory testing approval(s).

[redacted]

[redacted]

23.5 – Individual batches of medical products being shipped from a facility operated by an Integrated Facility to a Dispensary or Cultivator by means of a Secure Transporter must be appropriately packaged, labeled, and inserted in containers prior to transport.

[redacted]

23.7 – Outgoing medical products are accompanied by the Secure Transporter's manifest and other appropriate documentation; the information thereon is accurate and has been duly executed by all appropriate parties.

[redacted]

[redacted]

23.8 – All information from the QR code relating to the outgoing medical products, as well as the date and time of shipment, has been logged into the Statewide-Seed-to-Sale Tracking System.

[redacted]

[redacted]

Incoming medical cannabis is accompanied by the Secure Transporter's manifest and other appropriate documentation; the information thereon is accurate, and the manifest has been duly executed by all appropriate parties.

[redacted]

[redacted]

Medical cannabis products being received by the Dispensary by means of a Secure Transporter must be appropriately packaged, labeled, and inserted in containers prior to transport.

[redacted]

Individual batches of medical cannabis being received for storage and/or dispensing were appropriately prepared, packaged, and labeled at the time of receipt, having been QR coded or otherwise digitally coded to identify, at a minimum, the Processor or Integrated Facility, the facility of origin, date of processing, packaging, and labeling, and the date of the Processor's or Integrated Facility's State Laboratory testing approval.

All information from the QR code relating to the incoming medical cannabis, as well as the date and time of arrival, has been logged into the Statewide-Seed-to-Sale Tracking System.

[redacted]

Batches and containers being shipped by the Dispensary to or from another licensee's facility or to or from another of the Dispensary's own facilities must be QR coded or otherwise digitally coded to identify, at a minimum, the Cultivator, Processor or Integrated Facility from which the medical cannabis was sourced, the facility or facilities of origin, type of product, date of processing and packaging, expiration date (or, if no expiration date, a notation that the expiration date does not apply), the date of the Processor's State Laboratory testing approval, and the Alabama Poison Control contact information as provided on the AMCC website.

[redacted]

[redacted]

Outgoing medical cannabis being sent for testing is accompanied by the Secure Transporter's or State Testing Laboratory's manifest and other appropriate documentation; the information thereon is accurate and has been duly executed by all appropriate parties.

[redacted]

All information from the QR code relating to the outgoing medical cannabis, as well as the date and time of shipment, has been logged into the Statewide-Seed-to-Sale Tracking System.

[redacted]

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

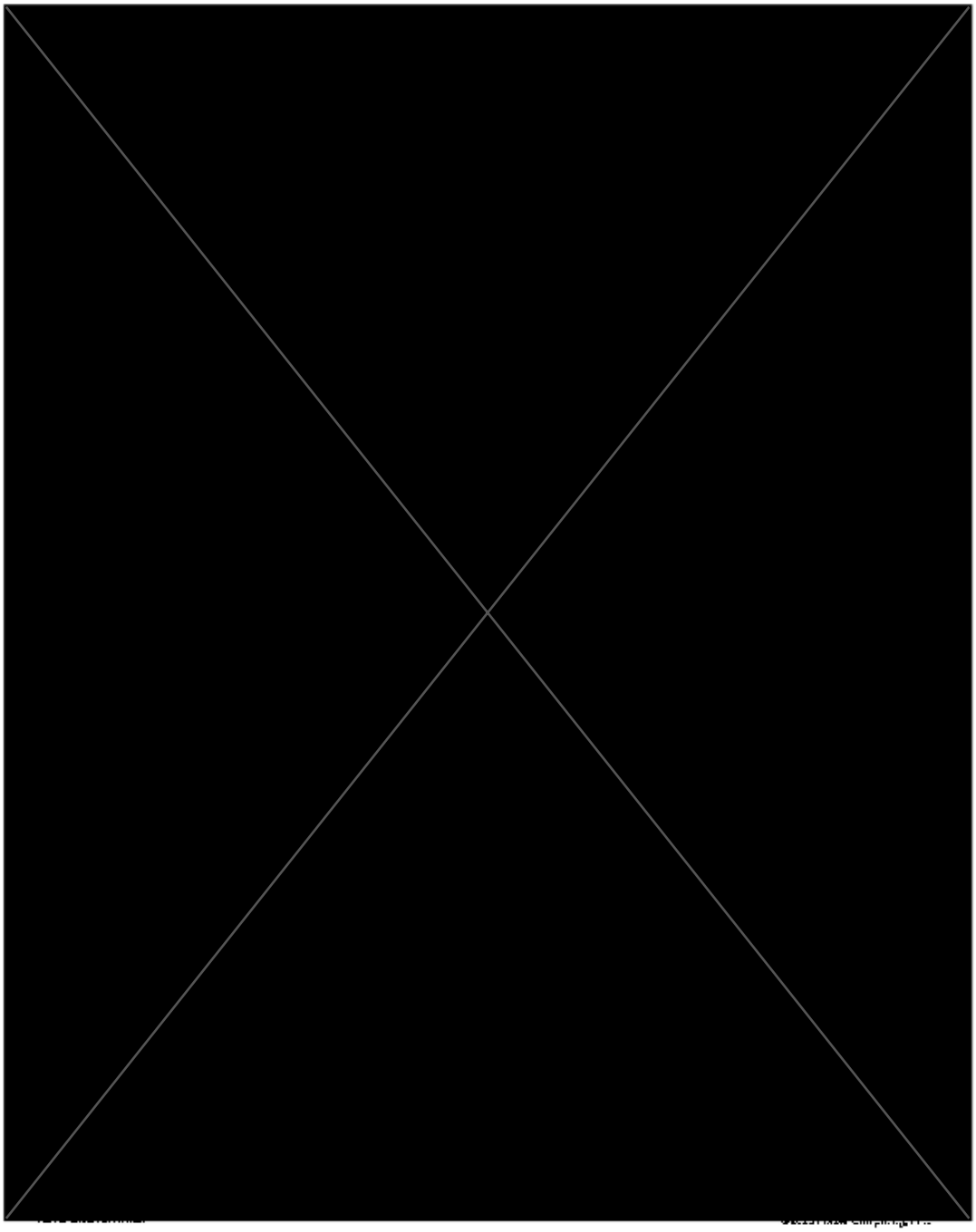
Exhibit 24 – Secure Transport Vehicles

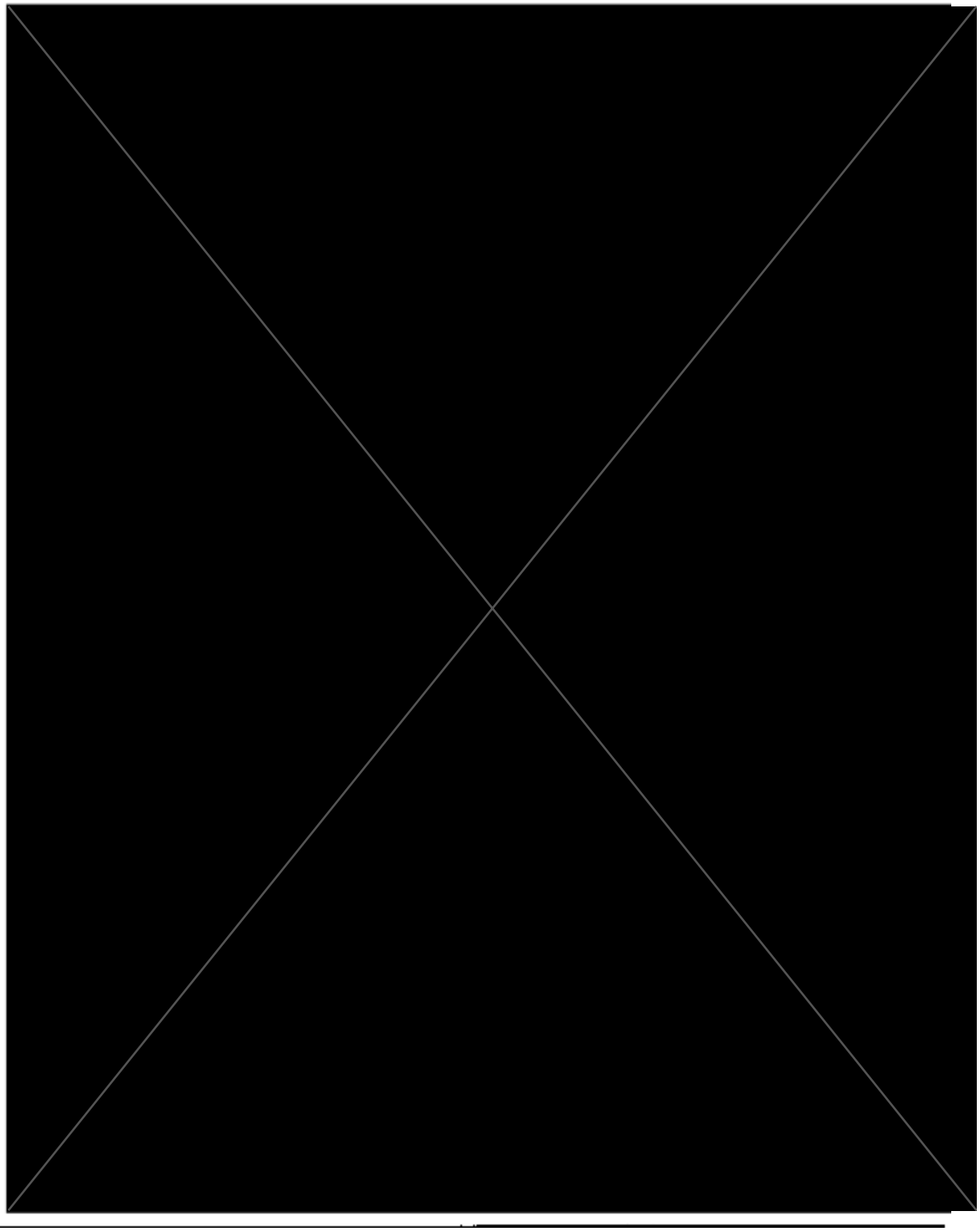
Verification

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

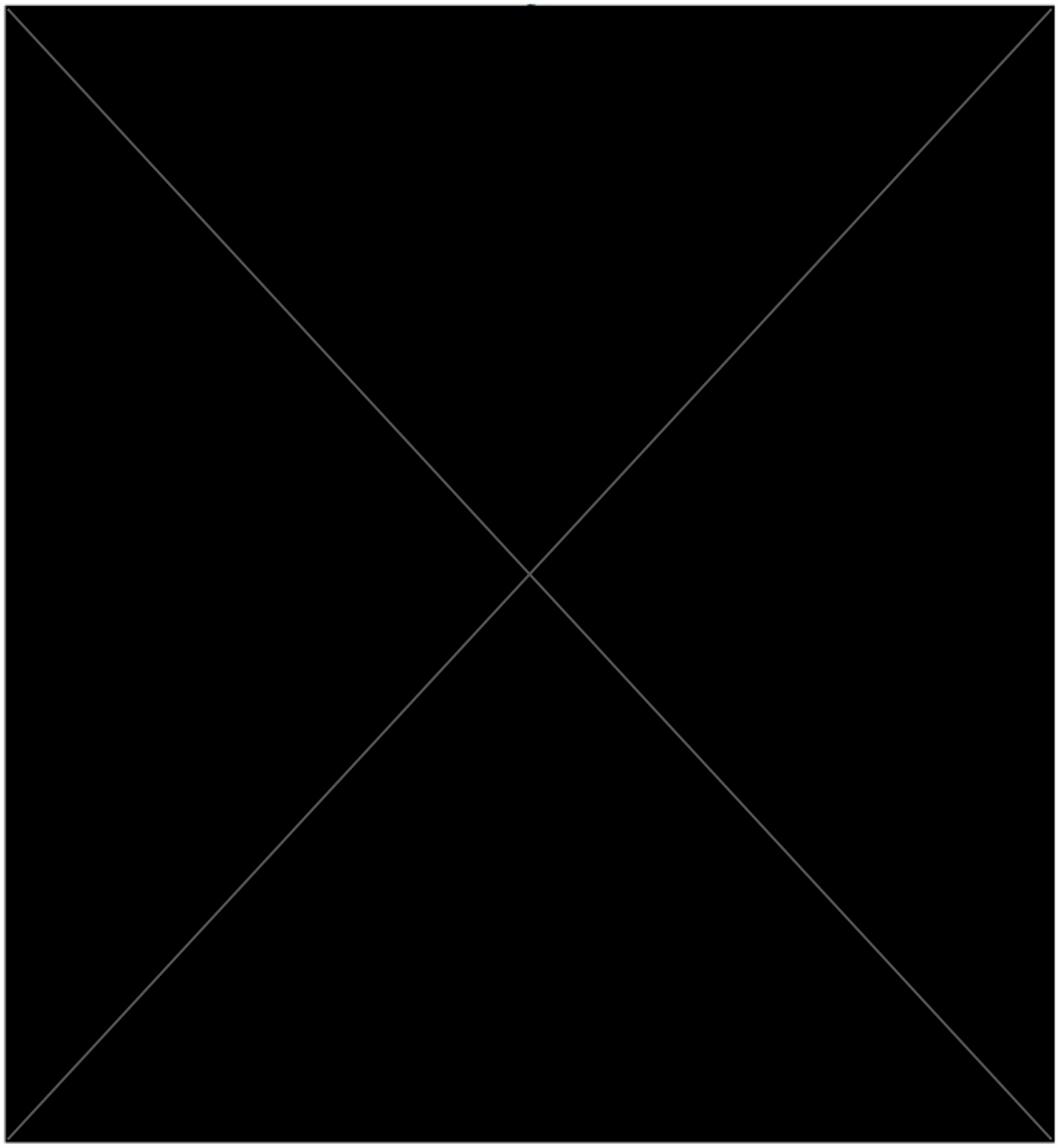
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

24.1 & 24.3 – The applicant will be utilizing the relationship that AMAC Design has with WorkTrux LLC (www.worktruxllc.com) for all vehicles needed by the company. Currently, the company has secured two vehicles through a purchase agreement subject to the award of a license by the State Commission.

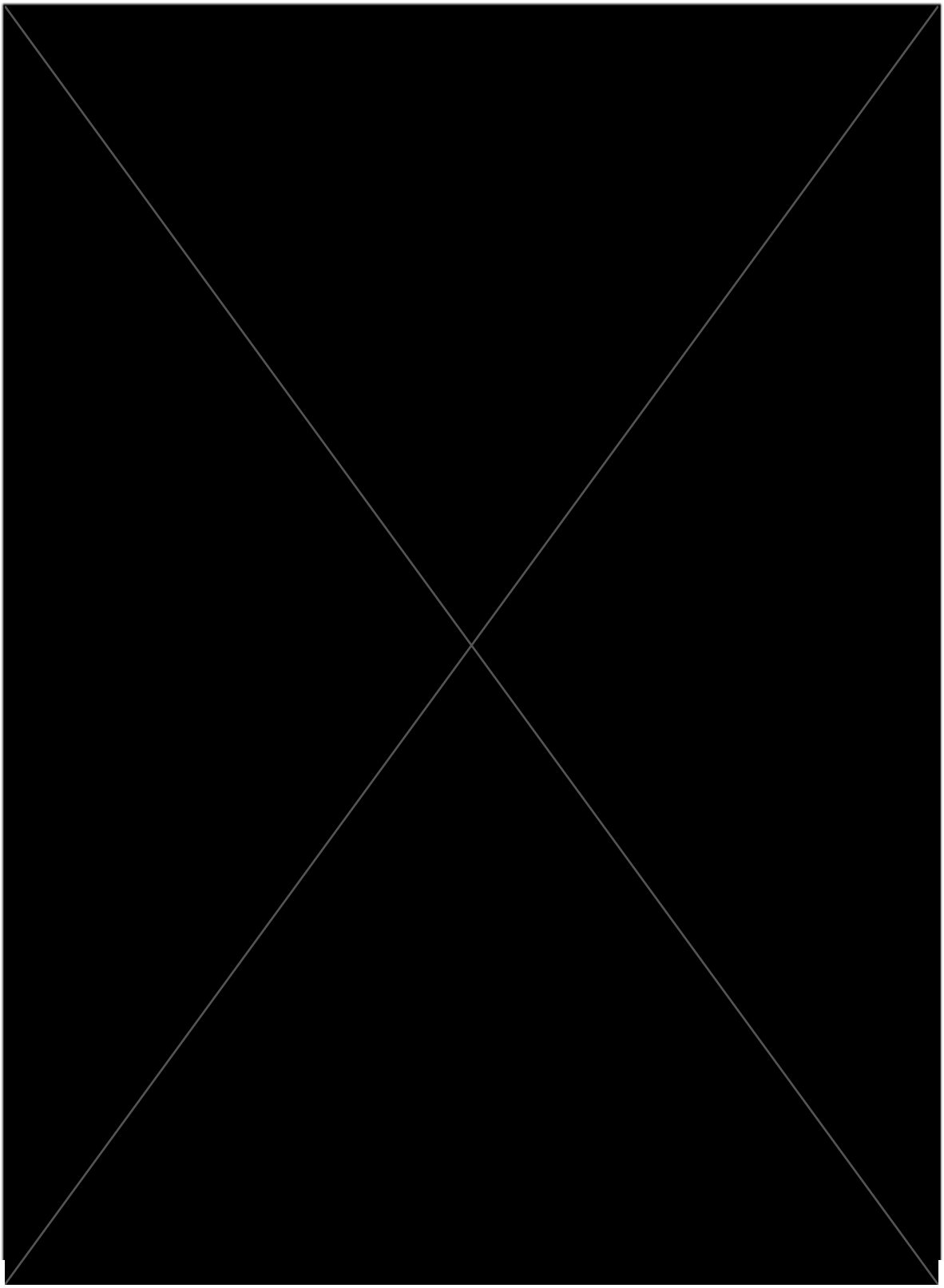




24.2 – The applicant will be utilizing another relationship of its business sponsor (AMAC Design) with their insurance coverage for the company including all general liability and automobile insurance. [redacted] have been covering insurance for other cannabis companies in other states and will provide the best options for our new entity.



2 Office Park Circle • Suite 105 • Birmingham, Alabama 35223 • Office: 205.823.7707 • Fax: 205.823.7981



License Type: Integrated

Exhibit 25 – Compliance with Alabama Public Service Commission Requirements

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant notes that the business entity applying for the integrated facility license is not a motor carrier. Thus, it has no history with the Alabama Public Service Commission to report regarding the Commission's requirements for motor carriers.

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

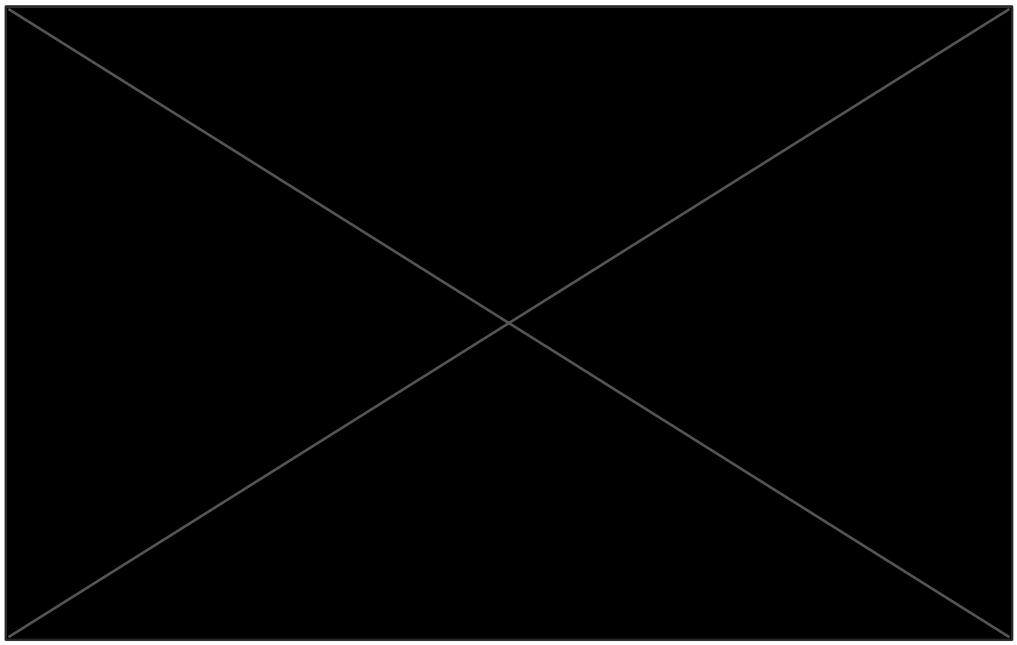
Exhibit 26 – Commercial Driver's License

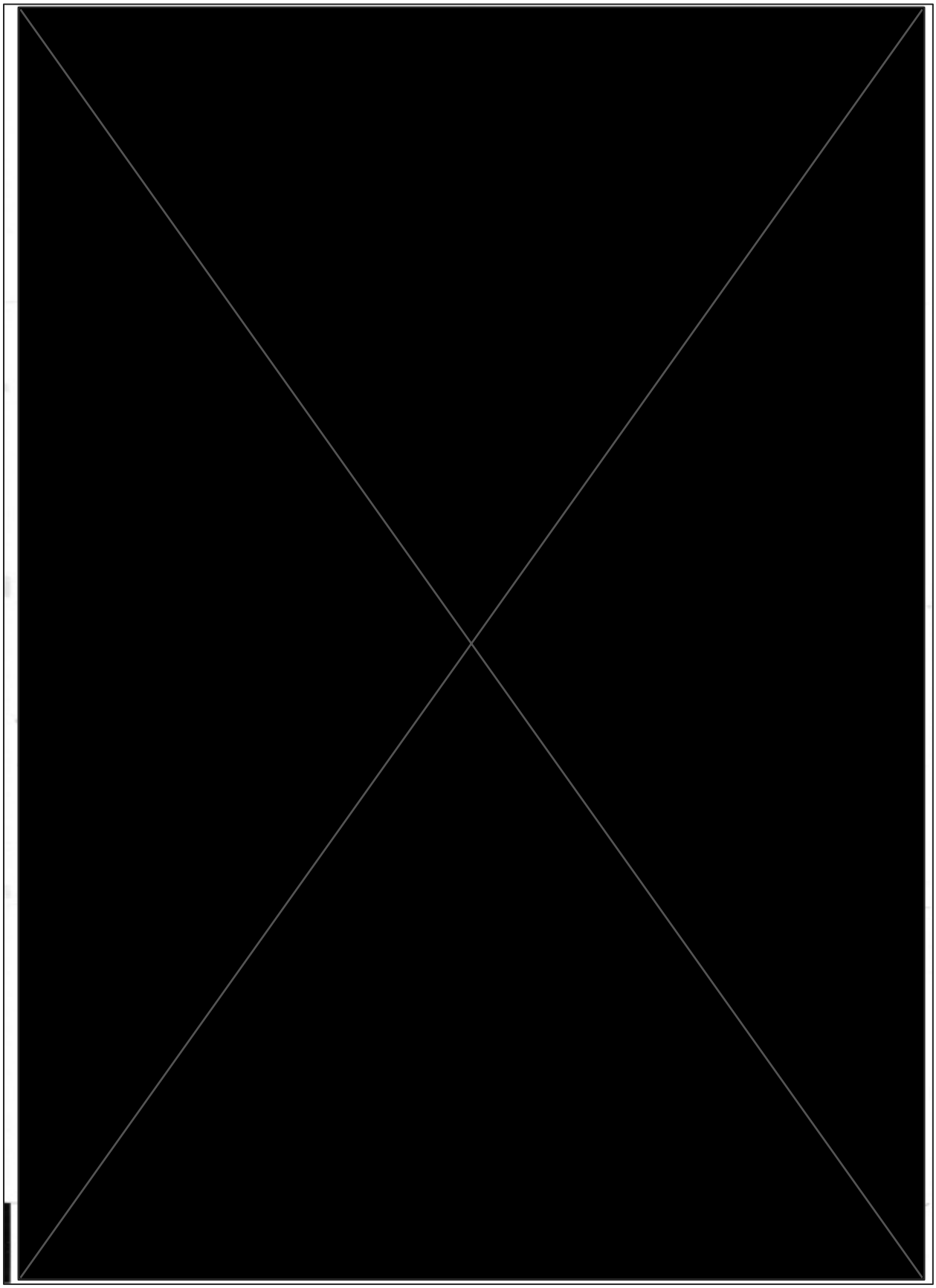
Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant notes that none of the vehicles in the secured transportation fleet require a Commercial Driver's License (CDL) to operate. However, in the event a vehicle is added to the fleet in the future that requires a CDL, we are providing a copy of our transportation director's active CDL license and related medical certification, as he would be the individual designated to operate that vehicle.





License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

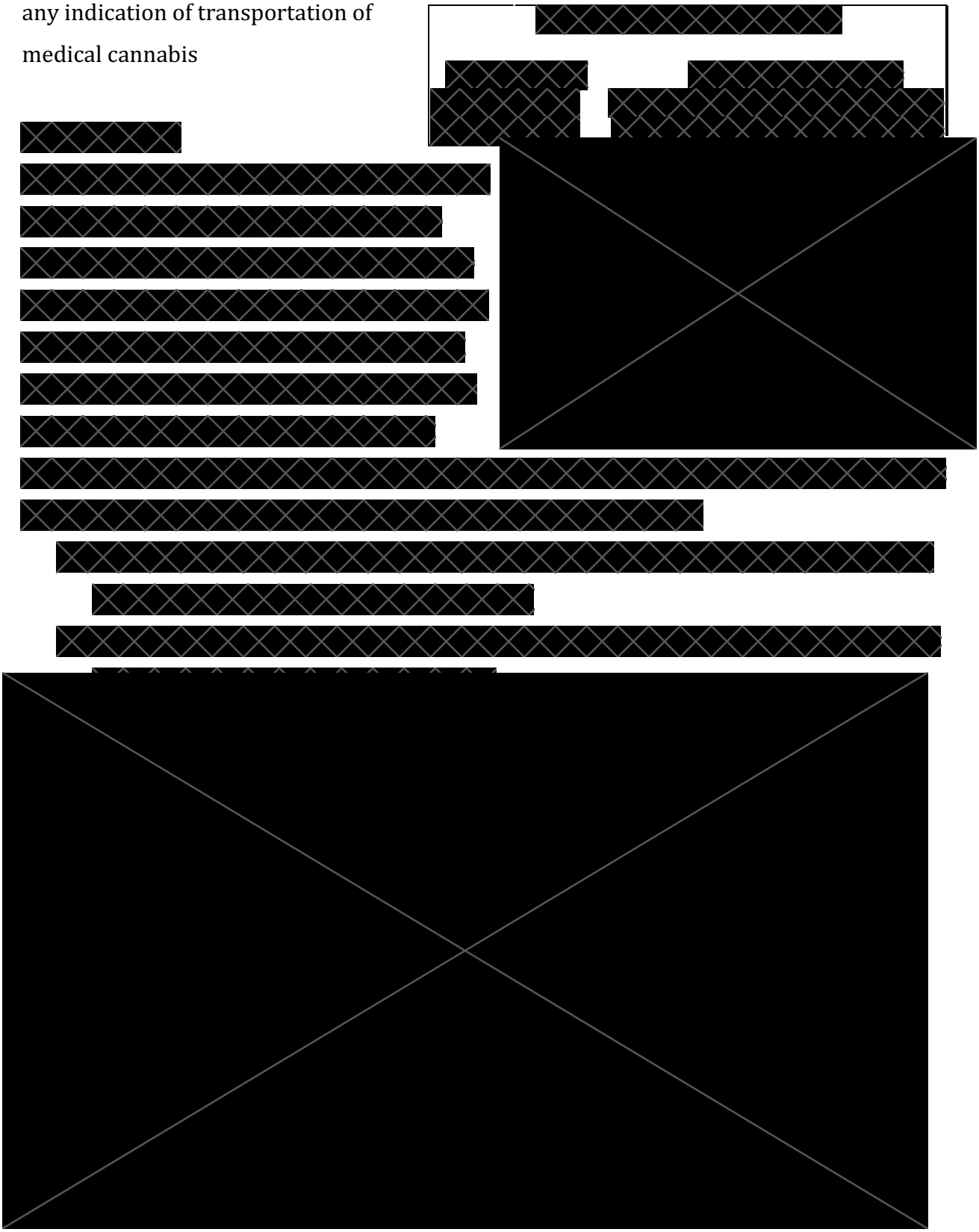
Exhibit 27 – Fleet Summary

Verification

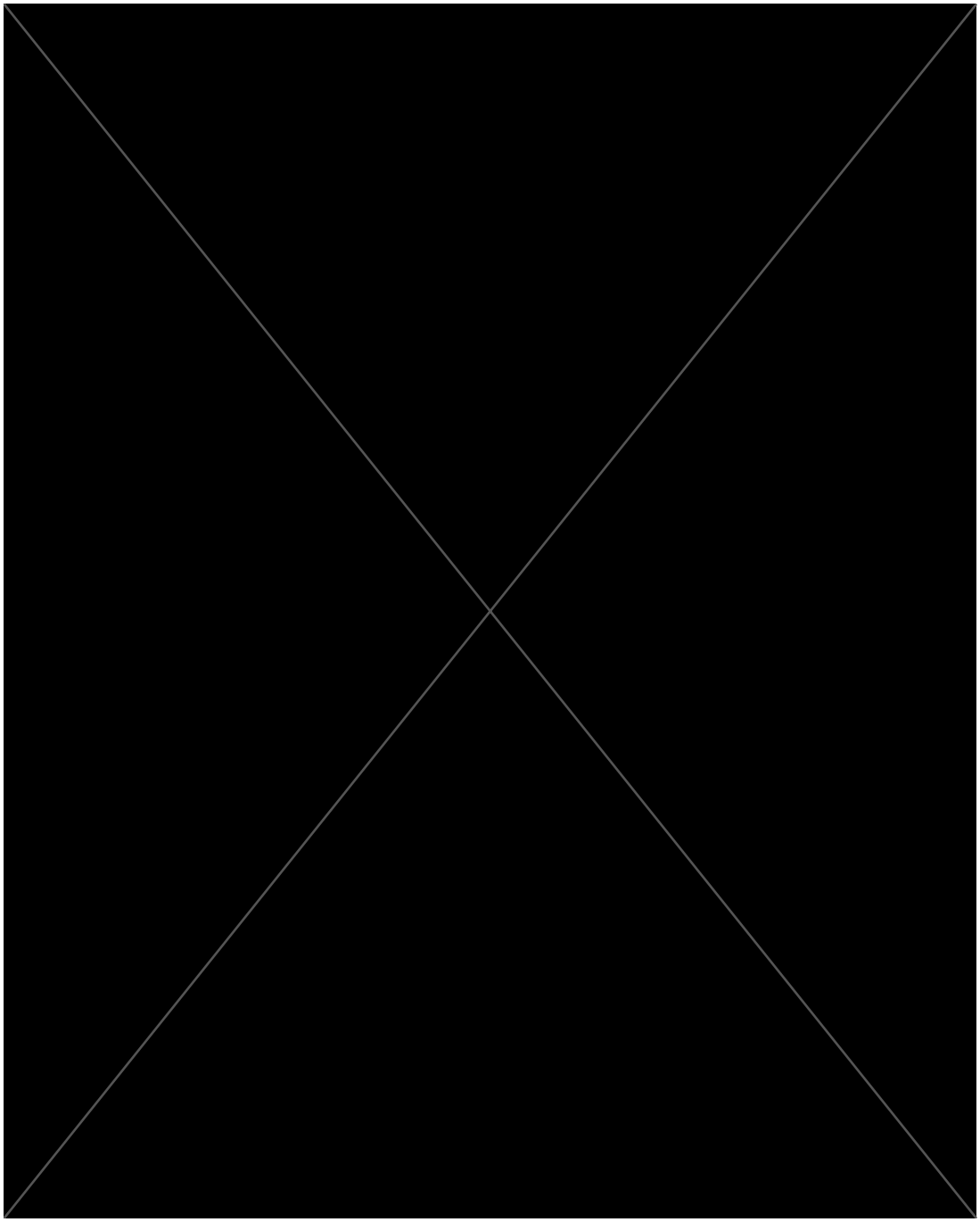
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

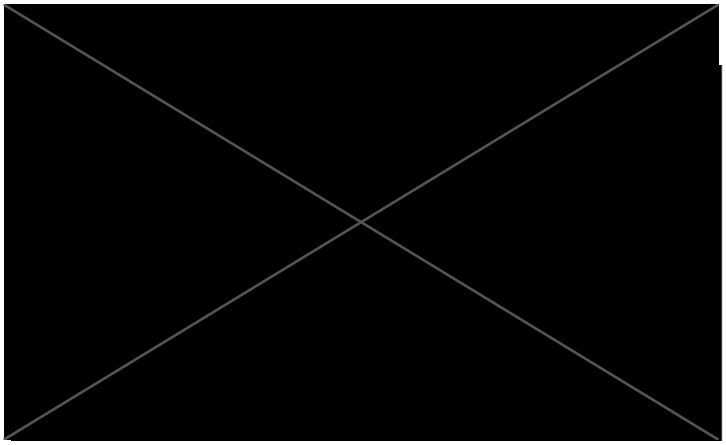
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant confirms that the vehicles identified below will have no markings, logos, or any indication of transportation of medical cannabis



[redacted]





[redacted]

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 28 – Care and Maintenance of Vehicles

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The following contains the applicant's protocols for the care and maintenance of all vehicles proposed ([redacted]) for secure transport of cannabis and/or medical cannabis. The purpose of this plan is to keep the vehicles in proper working condition and address potential issues that could lead to vehicle breakdowns while performing secured transportation duties. The transportation director will be responsible for overseeing this plan with oversight from the chief quality officer.

- Before every delivery, the transportation director or a member of the secured transporter team will inspect the vehicle and security features to ensure they are in good working condition, including but not limited to the following:
    - Air conditioning in the secured storage area is working properly
    - Coolant levels at the appropriate fill line
    - Engine oil at the appropriate fill line
    - Windshield wash fluid at the appropriate fill line
    - Windshield wipers do not have tears or other defects
    - Exterior lights including headlights and signals are working properly
    - Tire pressure and condition check
    - Gas is of an adequate level to facilitate not requiring stopping to refill while transporting controlled substances

- The transportation director will ensure all vehicles receive regular maintenance on a monthly, quarterly, and annual basis. He will utilize a maintenance tracker and following checklists.
    - Monthly vehicle maintenance checklist – every month, check the following:
        - ✓ Air conditioning
        - ✓ Engine and cabin air filters
        - ✓ Coolant (antifreeze) levels.
        - ✓ Engine oil levels
        - ✓ Exterior lights
        - ✓ Tires and rims
        - ✓ Spare tire
        - ✓ Body damage

- Quarterly vehicle maintenance checklist – every three months (or 5,000 miles), check and do the following:
  - ✓ Automatic transmission fluid and mounts
  - ✓ Engine mount cracks, loose brackets, and missing bolts
  - ✓ Battery terminals and battery cables charge, connections, and corrosion
  - ✓ Belts for cracks, fraying, splits, or signs of glazing
  - ✓ Glass and mirrors
  - ✓ Hoses for cracks, nicks, or bulges
  - ✓ Power steering fluid levels
  - ✓ Undercarriage and frame damage
  - ✓ Perform an oil change
  - ✓ Change the engine oil filter
- Annual vehicle maintenance checklist – every 12 months (or 20,000 miles), check and do the following:
  - ✓ Brake fluid levels
  - ✓ Inspect brake pads and brake lines
  - ✓ Electrical and auxiliary systems
  - ✓ Exhaust system
  - ✓ Horn, seat belt, and spare tire integrity checks
  - ✓ Shock absorbers
  - ✓ Wheel bearings
  - ✓ Wheel alignment
  - ✓ Flush the coolant
  - ✓ Lubricate the door and hood hinges
  - ✓ Engine mounts
  - ✓ Rotate the tires
  - ✓ Replace the brakes

- On a monthly basis, the chief quality officer will inspect all vehicles to ensure they are in good working condition. [redacted]

[redacted]

- The transportation director will be responsible for maintaining vehicle records including, but not limited to the following:
    - Repair records
    - Maintenance record
    - Registration records
    - Manufacturer safety recalls
- The transportation director will ensure that all drivers of the vehicles are properly trained and licensed and perform regular inspections and assessments.

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 29 – Route Plans

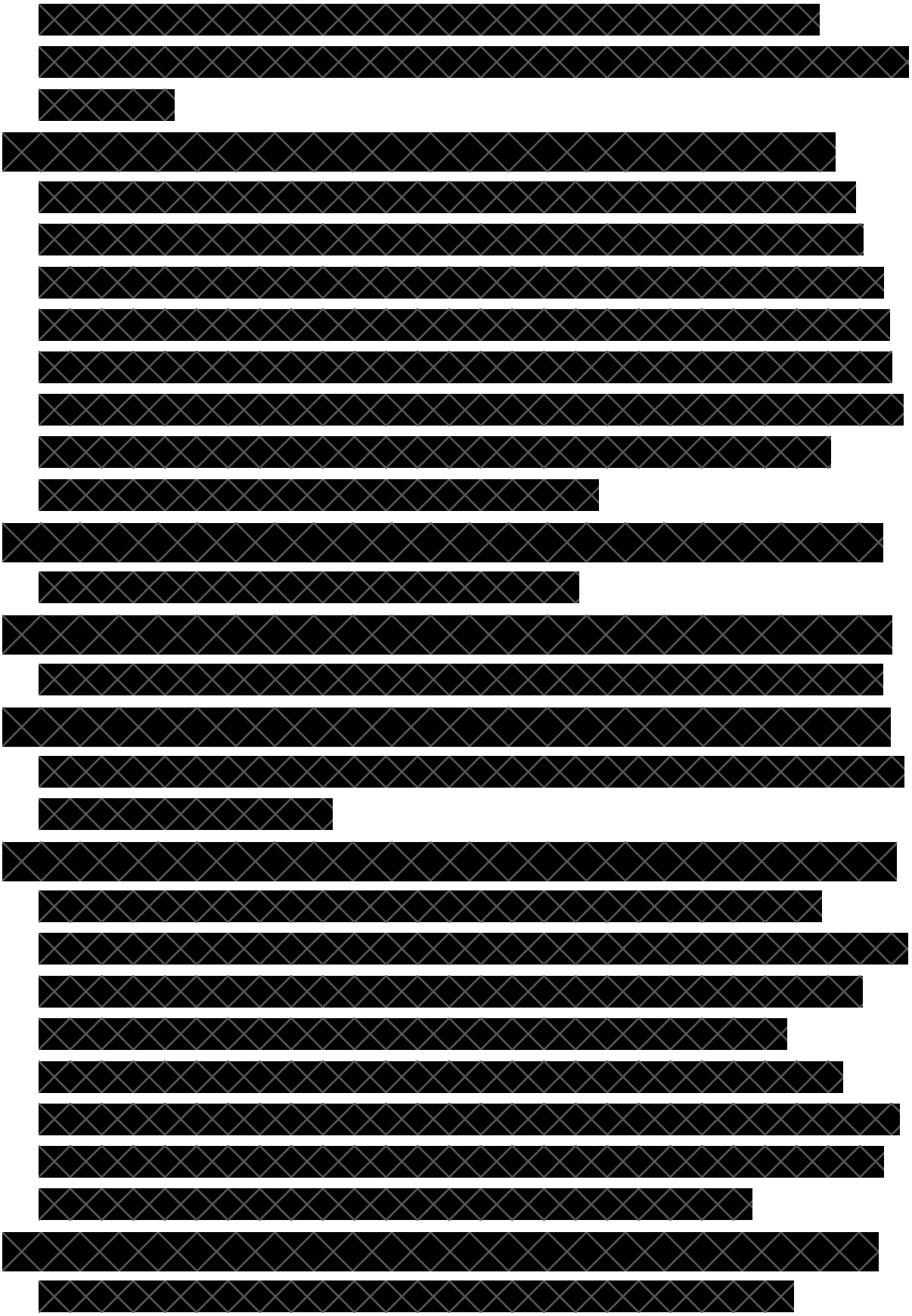
Verification

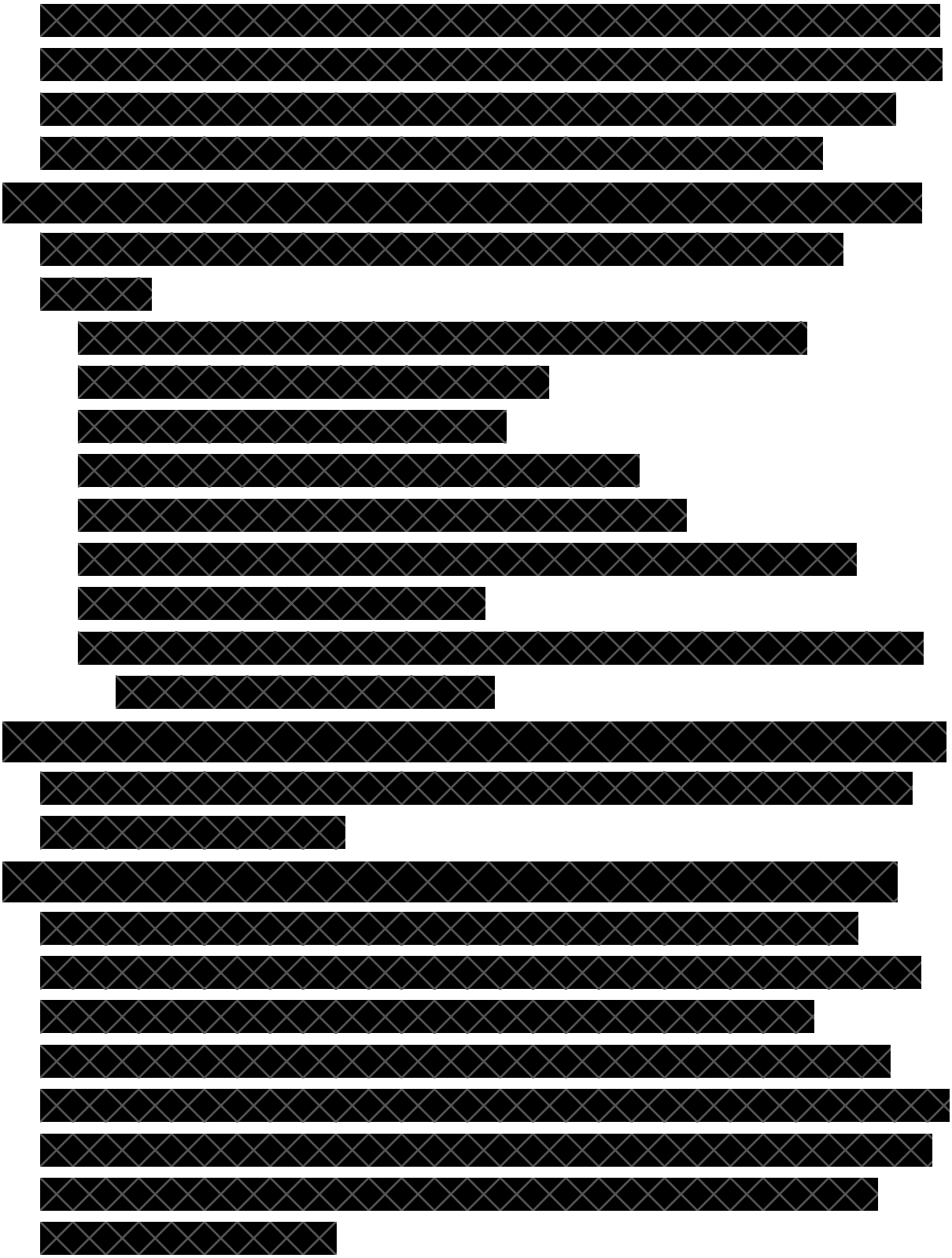
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

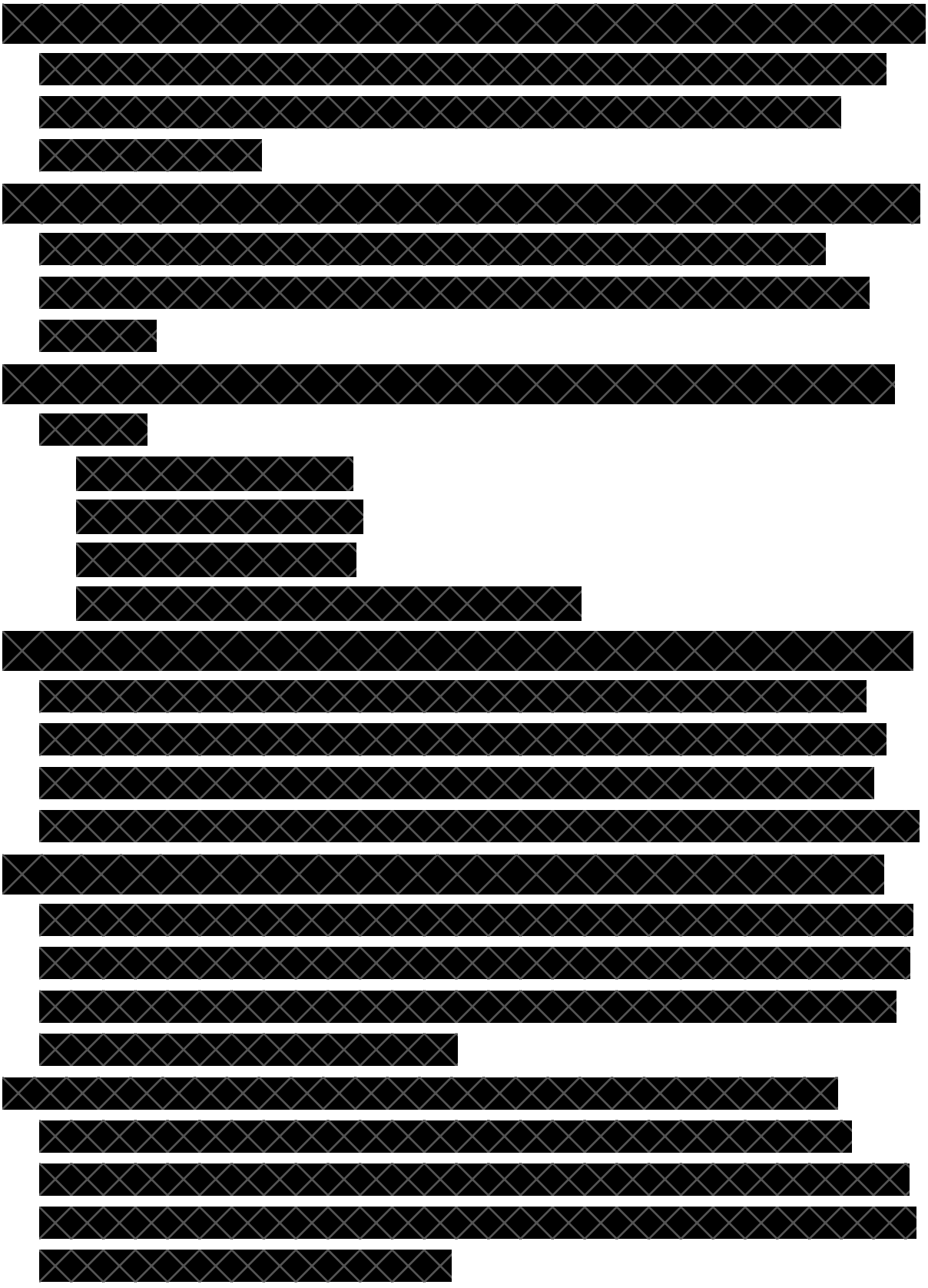
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant has included the below in regards to the route plans for its secured transportation team. The detailed protocols for completing the route plan process will be maintained and enforced by the transportation director. P[redacted]Due to the space limitations of this exhibit given the 5 page limit, an exemplar route plan was not able to be included. An electronic copy of the document is saved in the company's records to be used as a template to be accompanied with this route plan for further distribution.

[redacted]







License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

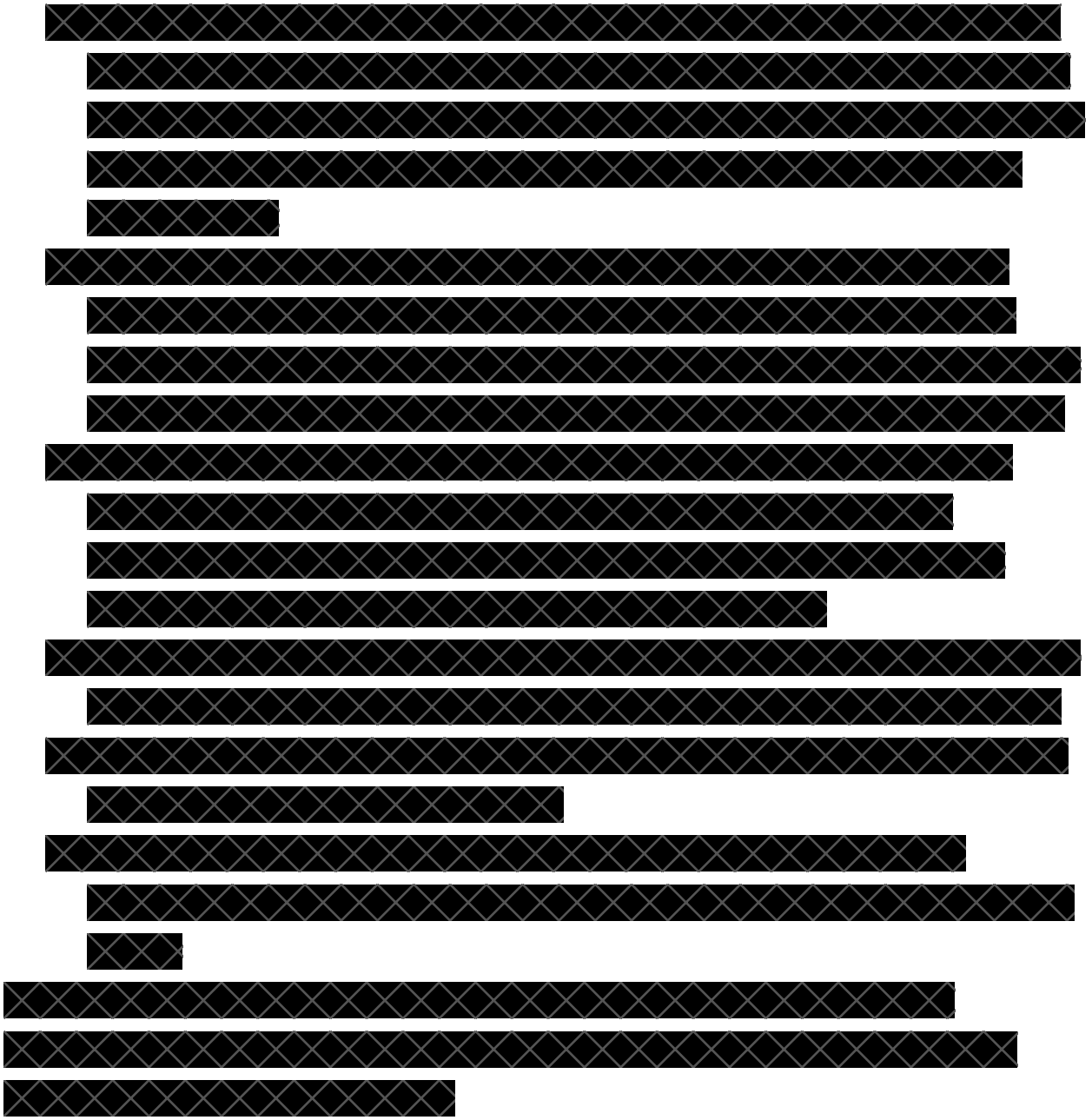
Exhibit 30 – Plan for Segregation of Processes Within and Transportation Between Facilities

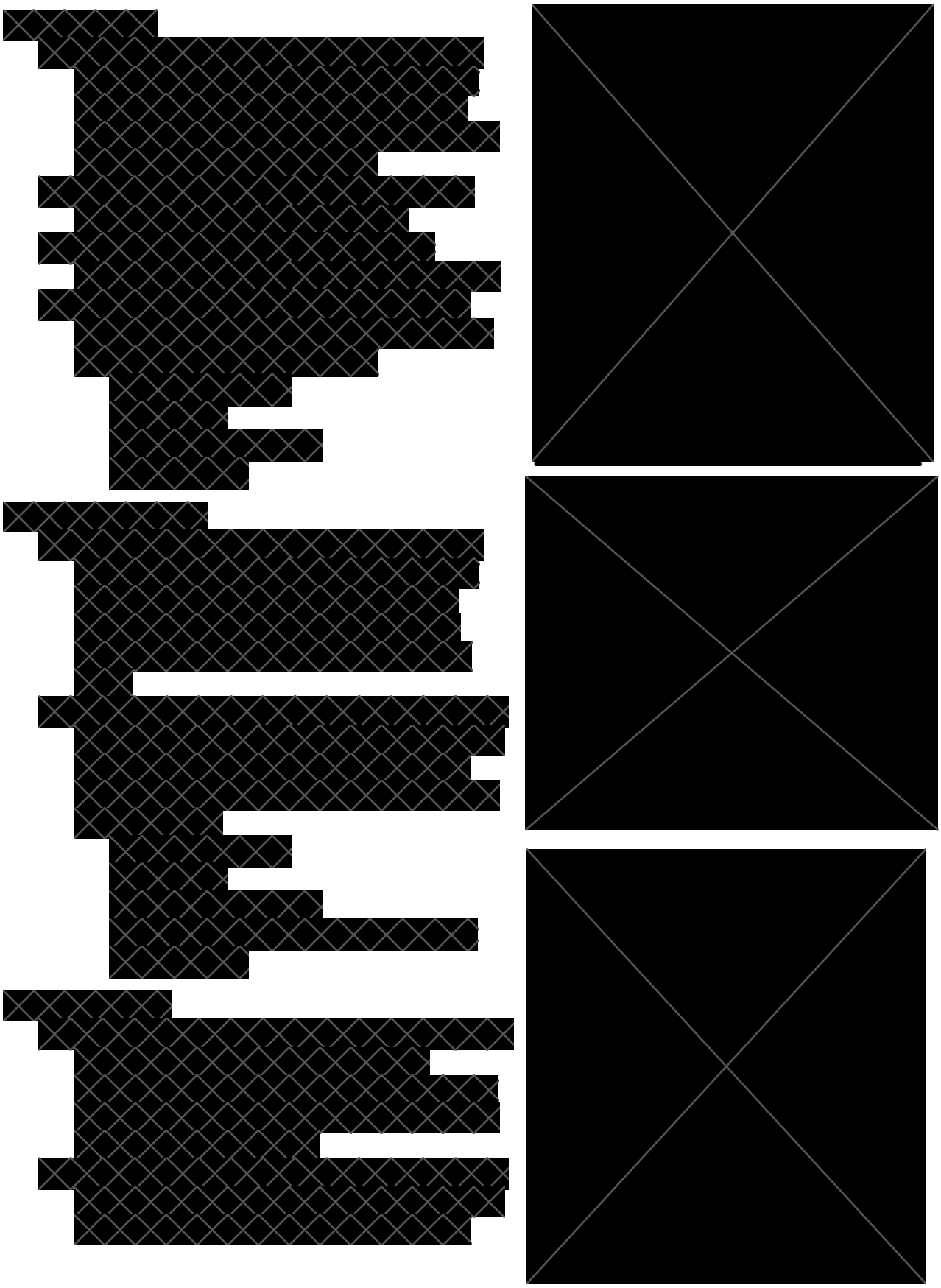
Verification

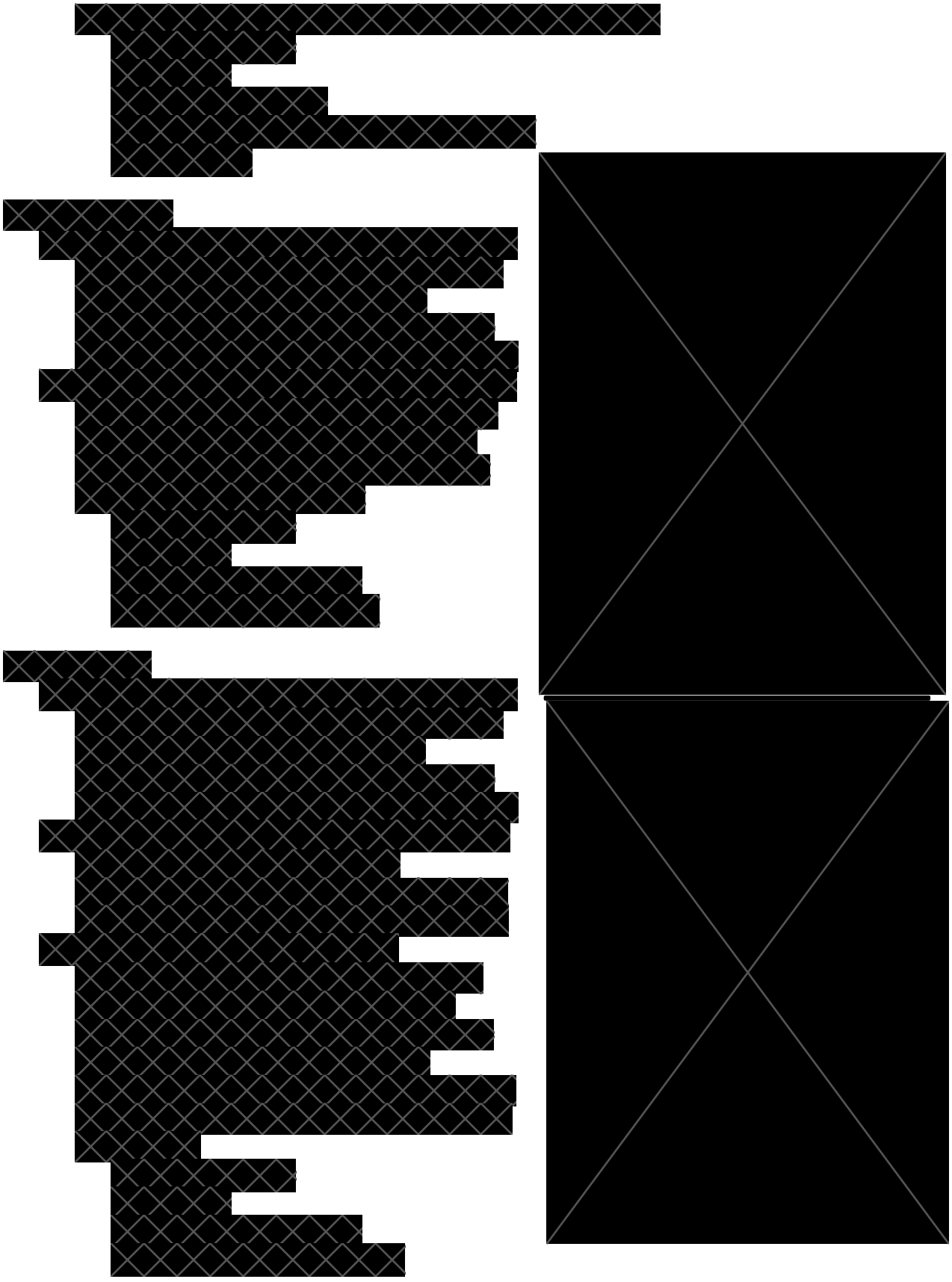
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

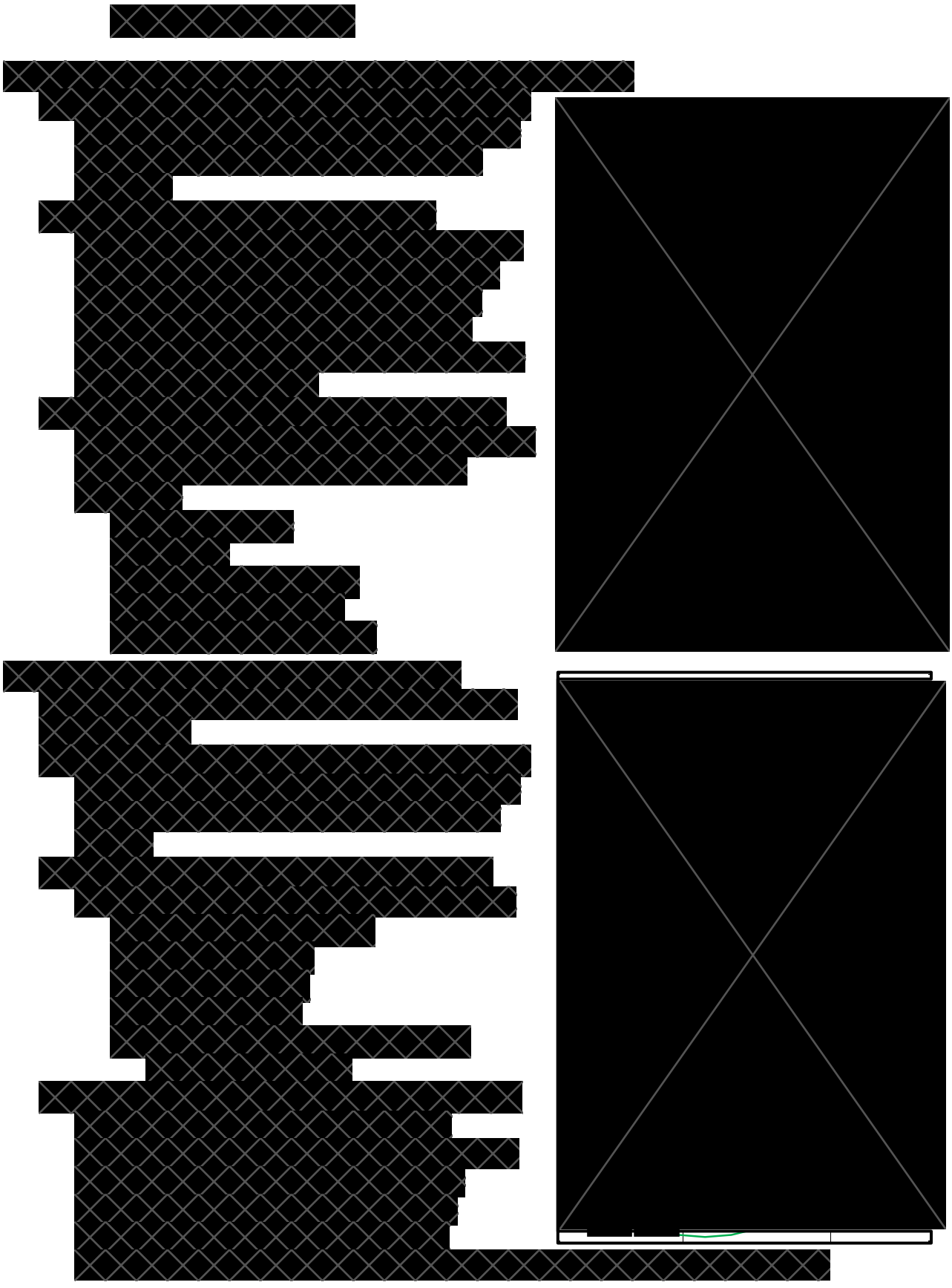
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

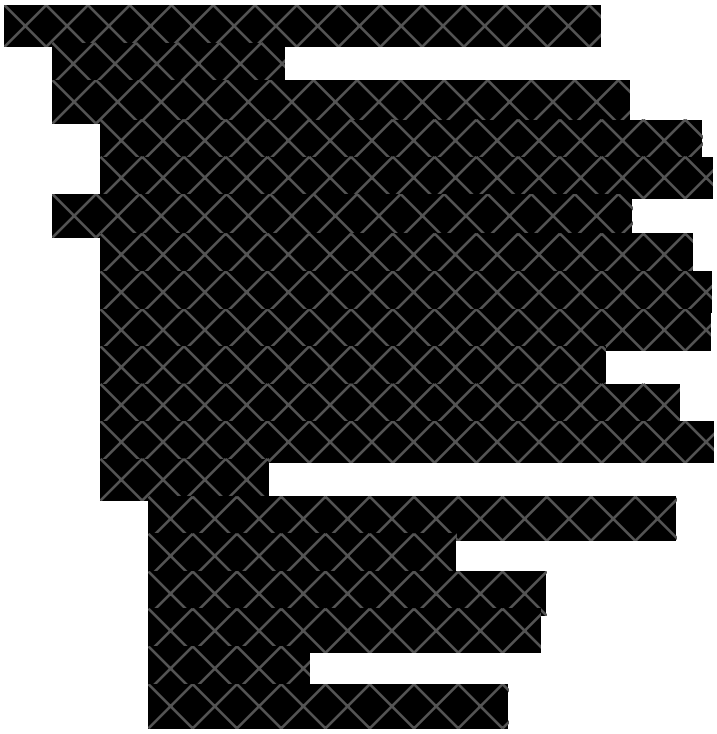
Relying on our extensive experience designing and maintaining sophisticated traceability and chain of control systems, we have carefully designed our facilities, processes, and SOP's to ensure proper segregation of cannabis and medical cannabis from seed to either disposal, or dispensing. The process begins at our cultivation and processing facility, which will have rigorous access and security controls as documented in our detailed security plan. There are several rooms in the facility which will contain some form of cannabis and/or medical cannabis. We have designed the following controls to ensure such rooms have the appropriate security, so that traceability and effective chain of custody can be maintained:

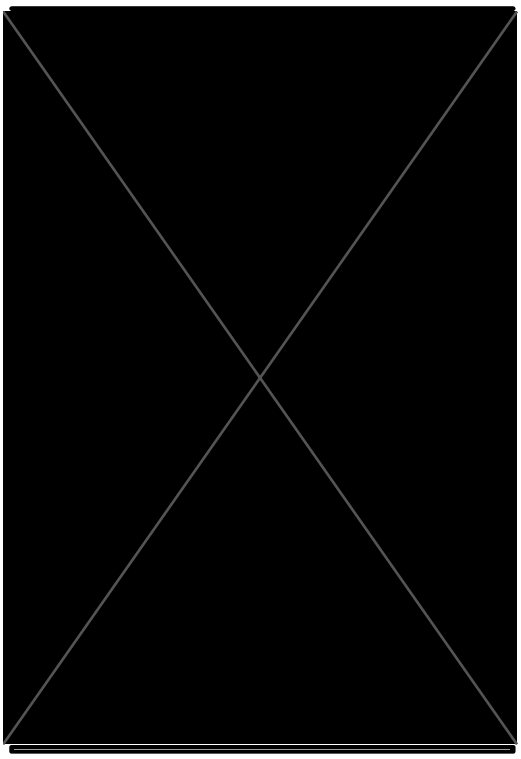


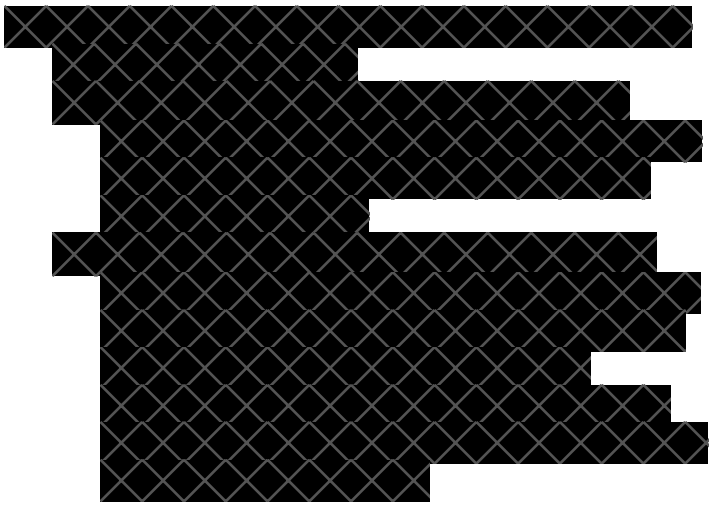


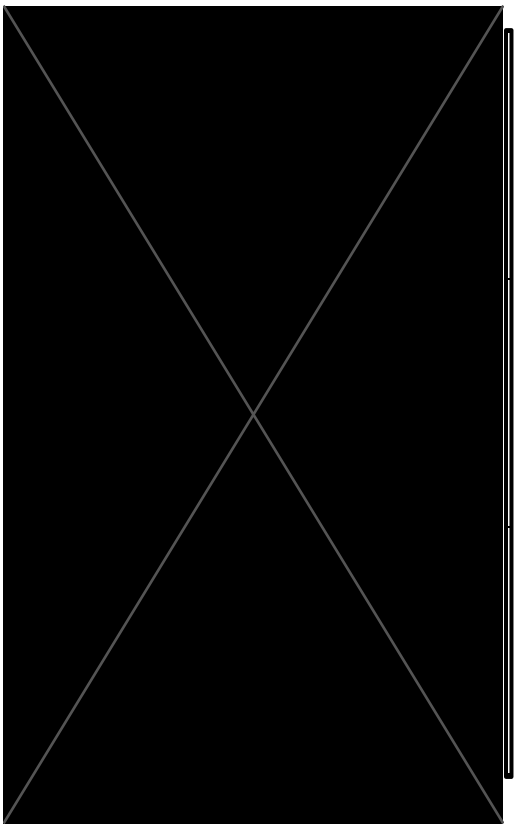


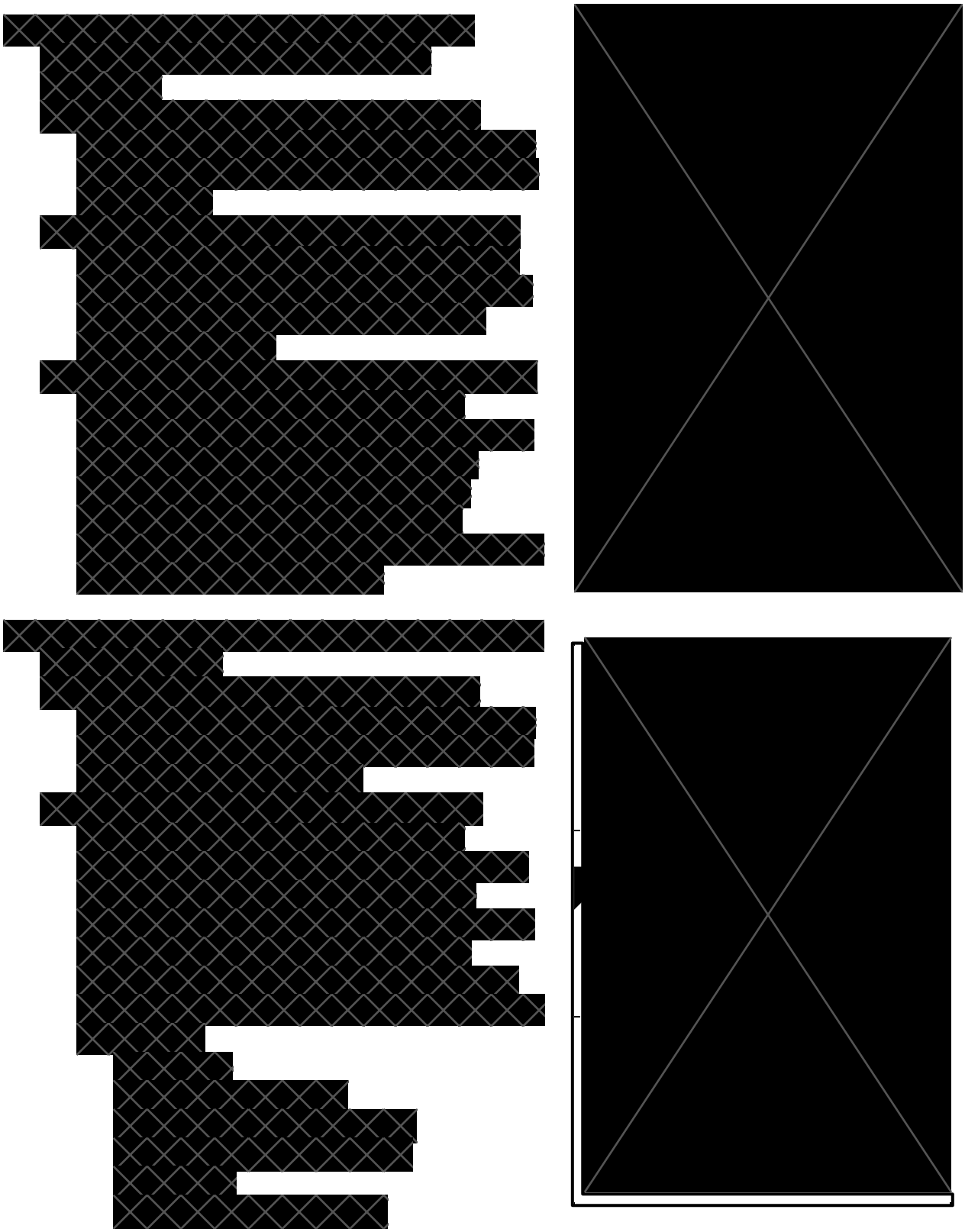


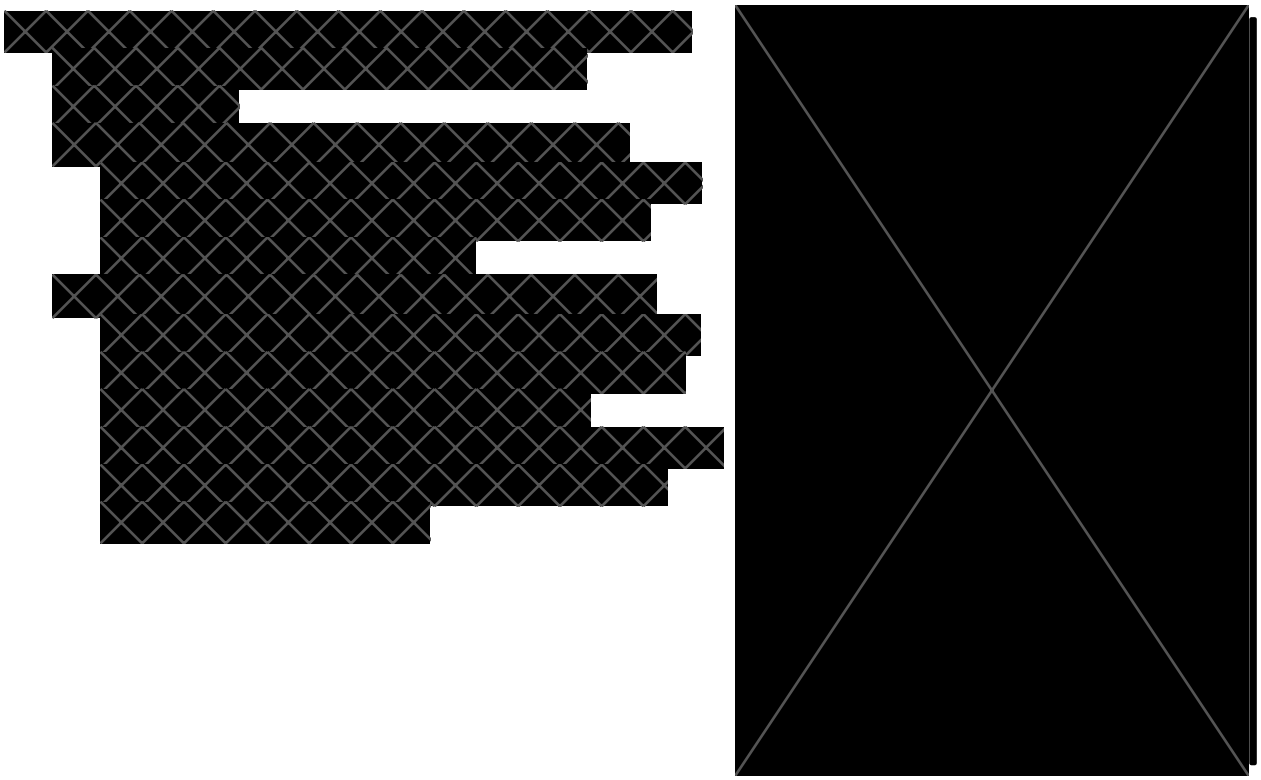


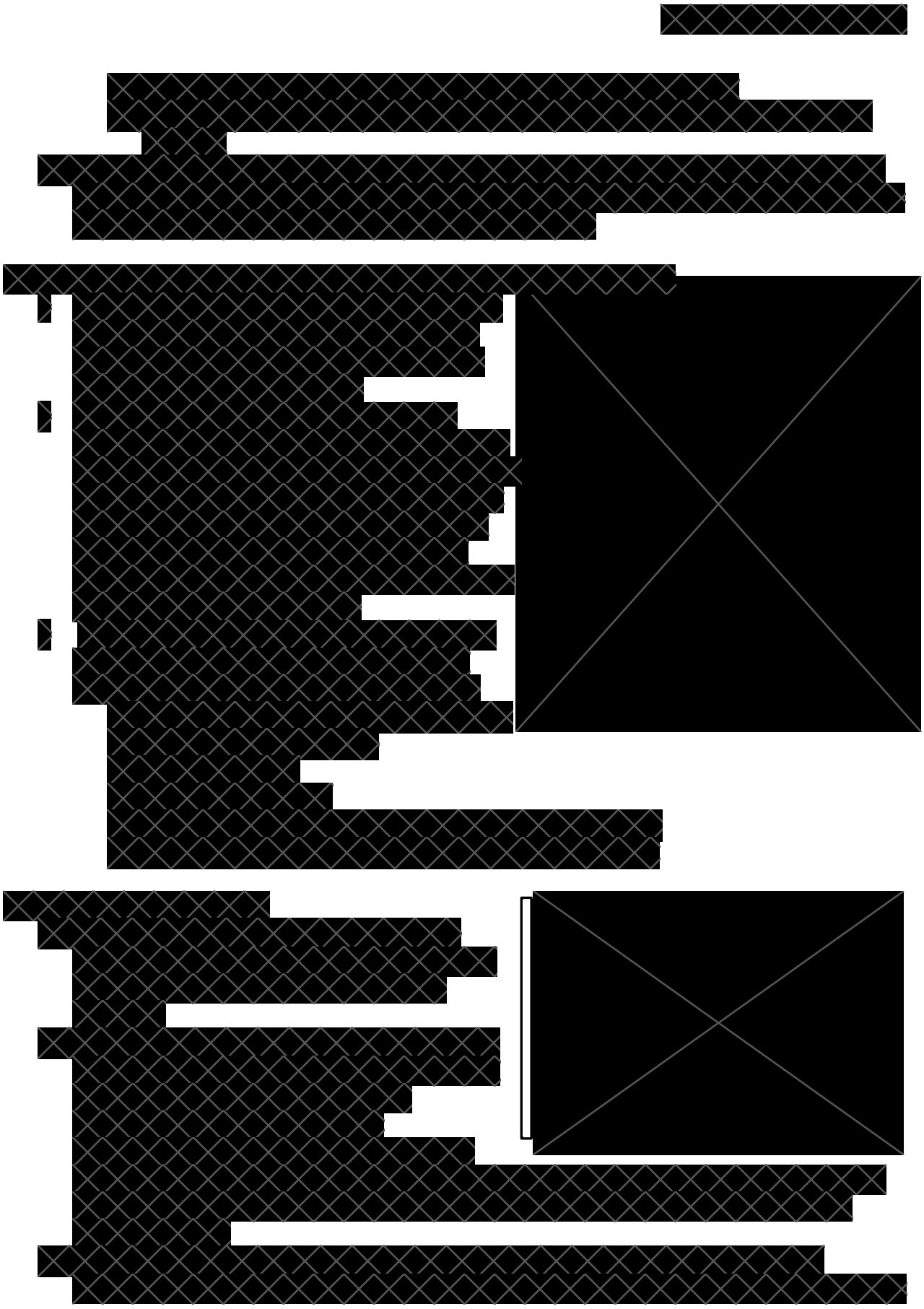


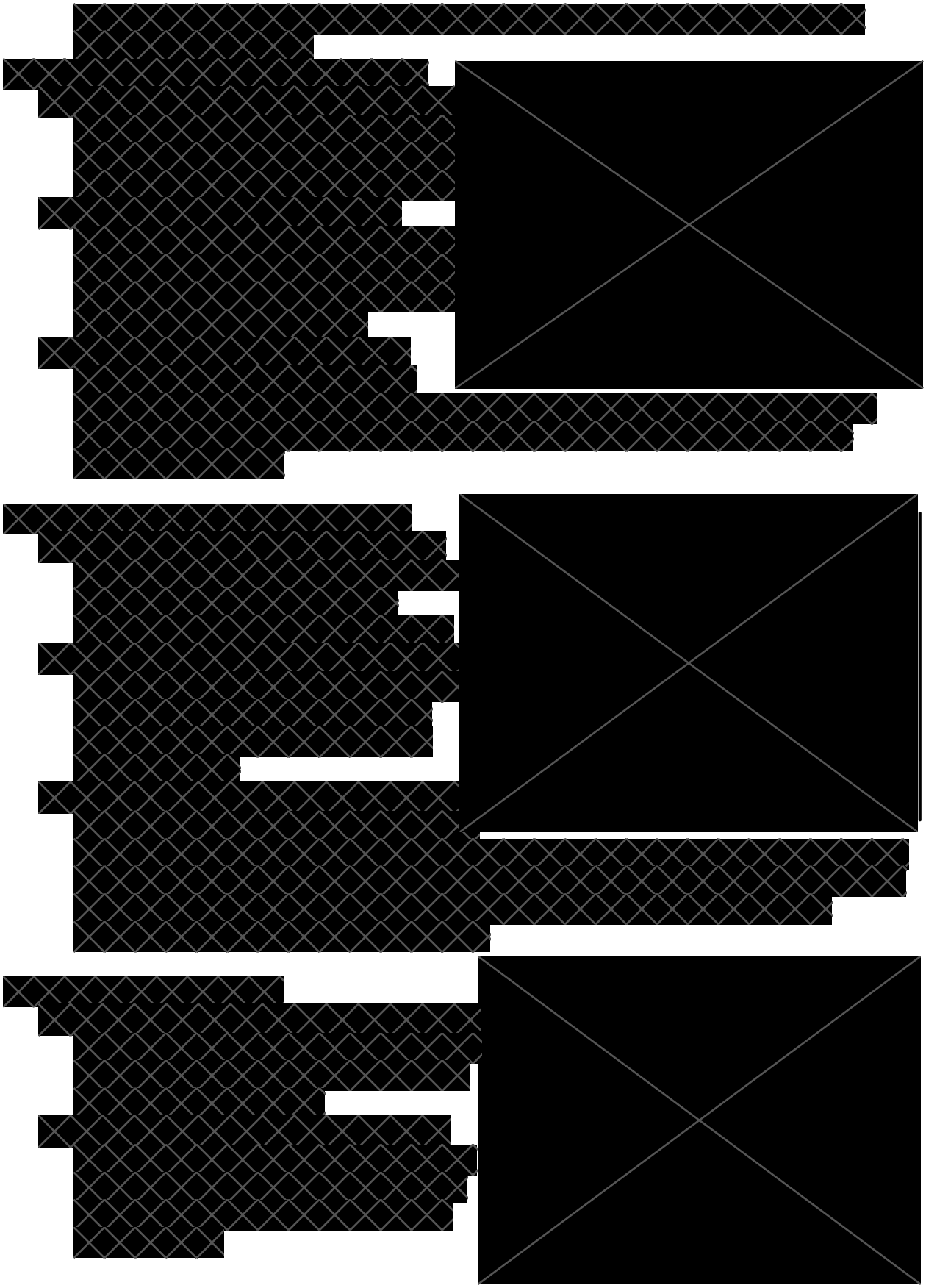


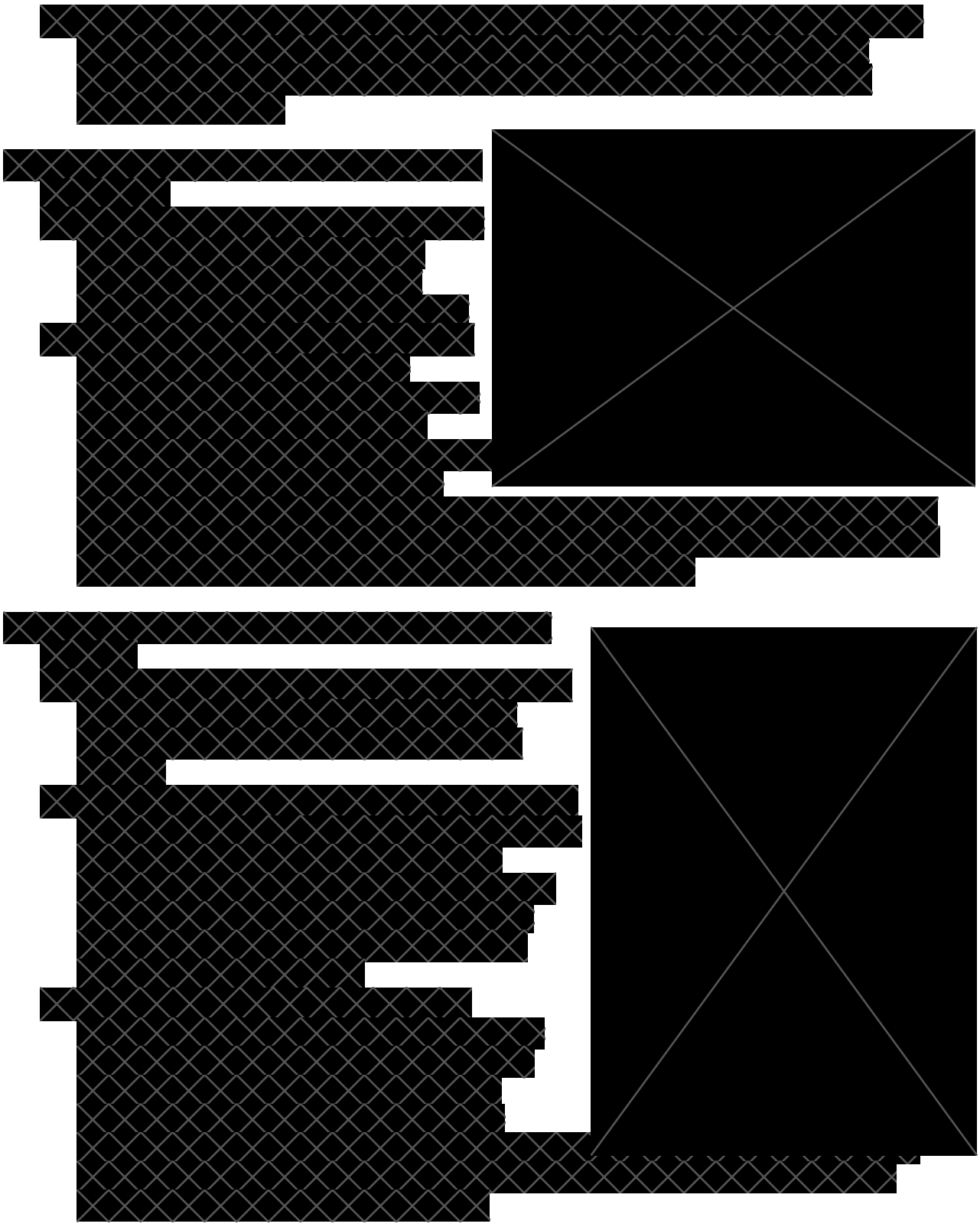












License Type: Integrated

Redacted Copy

Exhibit 31 – Facilities

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/2/23
Signature of Verifying Individual	**Verification Date**

Exhibit 31 – Table of Contents

Exhibit 31a – Birmingham Dispensing Site

Exhibit 31b – Gadsden Dispensing Site

Exhibit 31c – Montgomery Dispensing Site

Exhibit 31d – Opelika Dispensing Site

Exhibit 31e – Troy Dispensing Site

Exhibit 31f – [redacted] Cultivation and Processing Facility

Exhibit 31a – Facilities *Birmingham Dispensing Site*

31.1a Facility Name and Type

Facility Name: Free Birmingham

Facility Type: Dispensing Site

31.2a Physical Address & GPS Coordinates of Facility

1300 50th Street N

Birmingham, AL 35212

GPS Coordinates: 33° 32’ 48.8’’ N 86° 45’ 42.0’’ E

31.3a Aerial Photograph of Facility with Clearly Identified Site Boundaries

31.4a Proof of Authorization to Occupy Property

The Applicant has entered into a letter of intent through our ownership entity Green Bud, LLC to lease the property identified in 31.1a above. See attached agreement (identified as "Free Birmingham LOI – Attachment to Exhibit 31a, Section 31.4a").

31.5a – Local Jurisdiction Approvals

The City Council of Birmingham, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31a, Section 31.5a"). The applicant has included a certified copy of the zoning ordinance to demonstrate that the applicant is permitted to operate the proposed facility at the proposed location (identified as "Zoning Ordinance – Attachment to Exhibit 31a, Section 31.5a").

31.6a – Blueprint of Facility

The blueprint for the facility identified in 31.1a above is attached hereto and identified as "Blueprint – Free Birmingham – Attachment to Exhibit 31a, Section 31.6a").

31.7a – Facility Timetable

The applicant expects that construction of Free Birmingham, including compliance with all facility requirements under the Act and the AMCC Rules, will be complete on or before October 30, 2023. The applicant expects that it will be able to commence operations at Free Birmingham by November 15, 2023.

31.8a – Public Access to Facility

Free Birmingham will be open to the public, limited only to caregivers and registered patients, for the purpose of medical cannabis dispensing. The applicant anticipates the hours of operation for the facility to be as follows:

Monday – Tuesday	11:00 a.m. – 8:00 p.m. CT
Wednesday – Thursday	8:00 a.m. – 9:00 p.m. CT
Friday – Saturday	7:00 a.m. – 10:00 p.m. CT

31.9a – Facility Hours of Operation / After Hours Contact

The applicant anticipates that the Free Birmingham Facility will be occupied by the applicant's employees during all public access hours (see 31.8a above) and approximately 30 minutes before and after the public access hours.

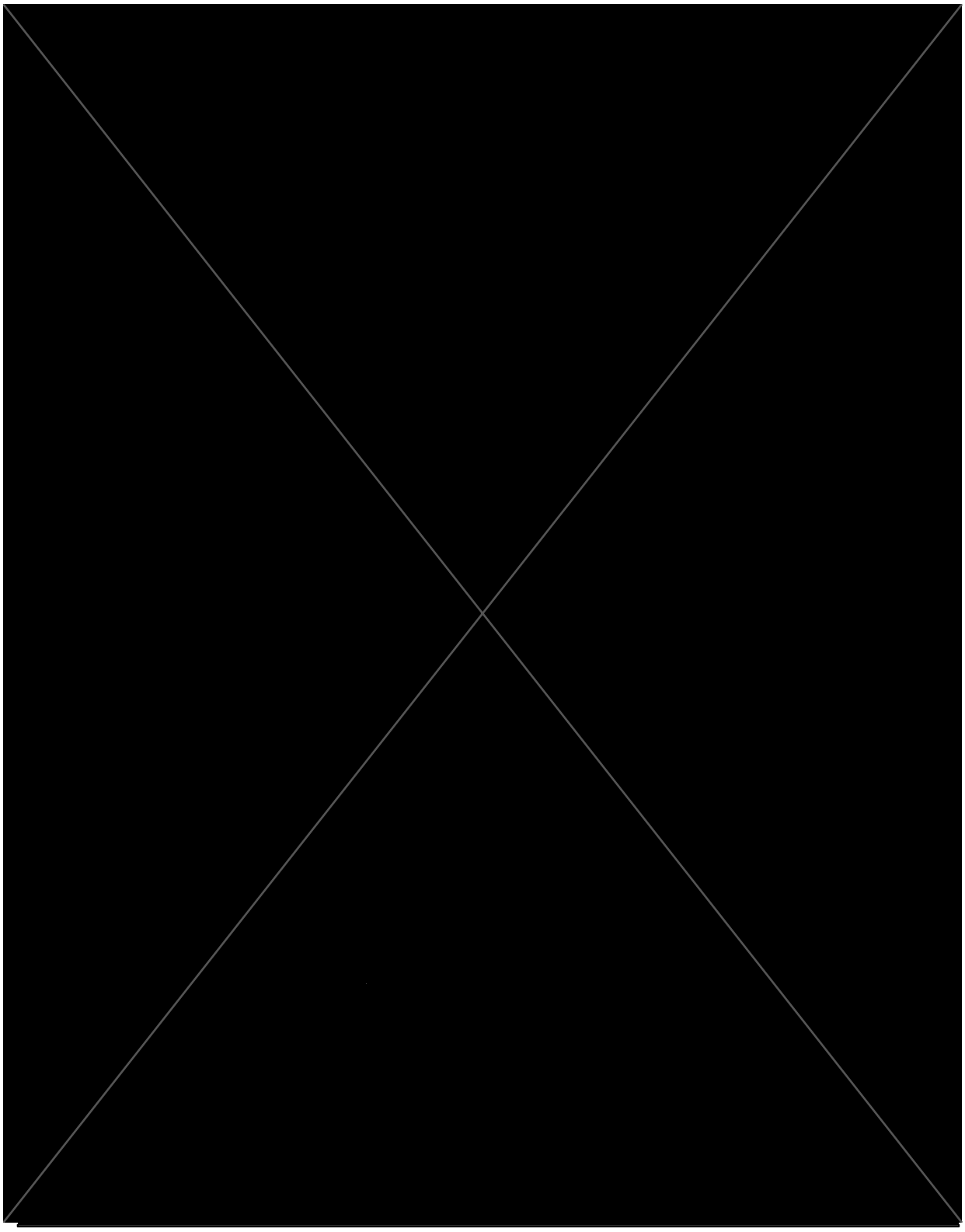
After Hours Management Contact:

Cell phone: will be provided once business commences

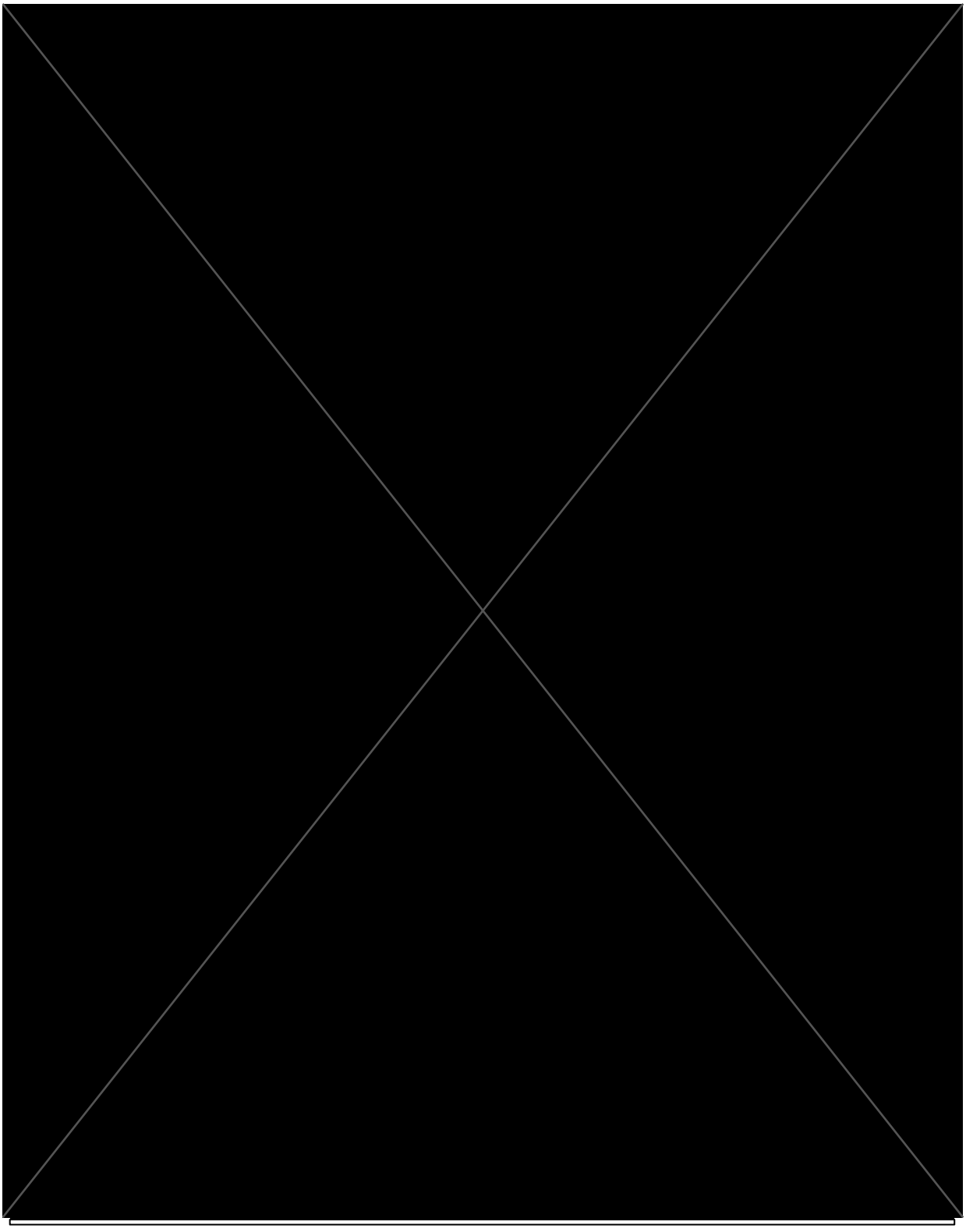
Email: will be provide once business commences

Attachments to Exhibit 31a

Free Birmingham LOI – Attachment to Exhibit 31a, Section 31.4a



Free Birmingham LOI – Attachment to Exhibit 31a, Section 31.4a continued



City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31a, Section 31.5a

Oc04oca28jb.o1

RECOMMENDED BY: THE MAYOR AND
THE PUBLIC SAFETY COMMITTEE

SUBMITTED BY: THE CITY ATTORNEY

ORDINANCE NO. 22-142

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

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

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

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

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

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

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

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

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31a, Section 31.5a continued

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

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

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

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

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

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

SECTION 1.

(a) The operation of medical cannabis dispensaries within the corporate limits of the City of Birmingham is authorized, subject to any applicable zoning restrictions the City may adopt pursuant to Ala. Code, 1975, § 20-2A-51(c)(3).

(b) The operation of any facility, regardless of type, licensed by the Alabama Medical Cannabis Commission within the City of Birmingham shall comply with the Commission's strict regulation and oversight and shall comply with all laws and ordinances for the operation of a business within the City, including, but not limited to business licensing and other required taxes, and with all applicable ordinances and codes for location, construction, and sanitation of business premises within the City of Birmingham.

(c) This ordinance shall be interpreted with respect to the Darren Wesley "Ato" Hall Compassion Act, Ala. Code, 1975, § 20-2A-1, et seq. and the rules of the Alabama Medical Cannabis Commission, as either is now or may hereafter be amended.

SECTION 2.

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

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31a, Section 31.5a continued

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

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

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

A CERTIFIED COPY
Lee Frazier, City Clerk
Birmingham, Al

3

Zoning Ordinance – Attachment to Exhibit 31a, Section 31.5a

CITY OF BIRMINGHAM

Department Of Planning, Engineering & Permits
710 North 20th Street
City Hall|Room 210
Birmingham, Alabama 35203

PUTTING PEOPLE FIRST

RANDALL L. WOODFIN
MAYOR

KATRINA THOMAS
DIRECTOR

March 2, 2023

Green Bud LLC
4956 Valleydale Rd, Suite 103
Birmingham, AL 35242

RE: 1300 50th St N Birmingham, AL 35212

ZCL#2023-00011

To Whom It May Concern:

The property located at 1300 50th St N is zoned CB-2, Contingency General Business District. Properties to the north, south and east are also zoned CB-2. The property to the west is zoned R-3, Single-Family District. The property is located in the Woodlawn Neighborhood and Council District 4. According to the City of Birmingham's Geographic Information System (GIS), the property is partially located in a regulated floodplain. It is not located in a Commercial Revitalization or Historic District.

A Medical Cannabis Dispensary is permitted with conditions in this zoning district. The conditions include:

1. The applicant submits a statement from the Alabama Medical Cannabis Commission, AMCC, that the proposed facility meets requirements for operation and that all applicable and/or appropriate license or licenses have been obtained. If no license or licenses are needed or required for operation from the above listed agency, a letter stating that fact from this agency must be provided.
2. Medical Cannabis Dispensaries authorized pursuant to Ala. Code, 1975, § 20-2A-64, as now or hereafter amended, shall operate with the provisions of Ala. Code, 1975, § 20-2A-1, et seq., as now or hereafter amended, and shall comply with all Rules and Regulations of the Alabama Medical Cannabis Commission, AMCC. Except as specifically provided in this Section, Dispensaries shall be governed by the Medical Cannabis Act and the AMCC Rules.

The City of Birmingham's Zoning Ordinance is available online at www.birminghamal.gov

Zoning Ordinance – Attachment to Exhibit 31a, Section 31.5a continued

This letter is only to confirm zoning information for the location provided in your request but does not verify that the location meets the spacing required for a dispensary. This letter does not approve the use of the medical cannabis dispensary at the above-mentioned address. All medical cannabis related uses in the City of Birmingham must be approved by the Alabama Medical Cannabis Commission and shall comply with the Rules and Regulations of the Alabama Medical Cannabis Commission.

Sincerely,

Kimberly D. Spoorl
Zoning Administrator

The City of Birmingham's Zoning Ordinance is available online at www.birminghamal.gov

Blueprint – Free Birmingham – Attachment to Exhibit 31a, Section 31.6a

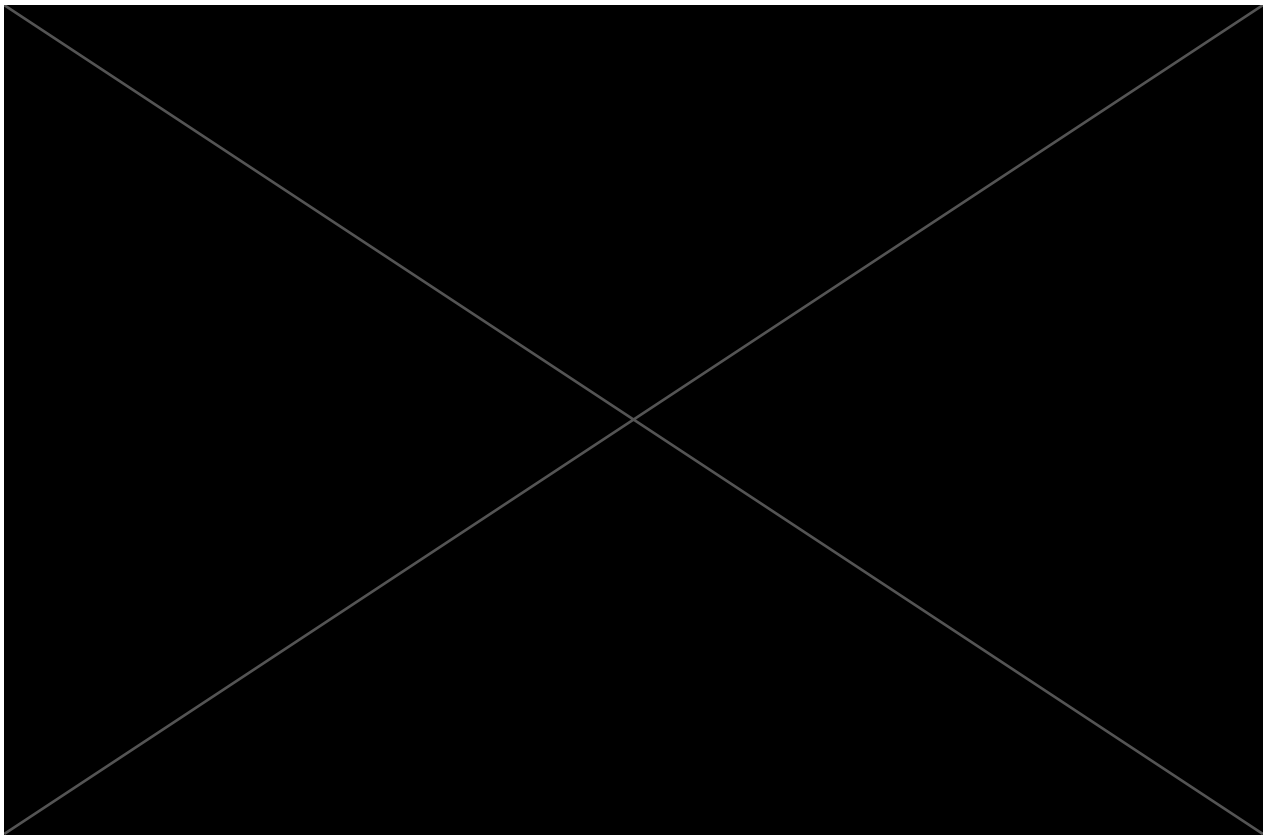


Exhibit 31b – Facilities *Gadsden Dispensing Site*

31.1b Facility Name and Type

Facility Name: Free Gadsden

Facility Type: Dispensing Site

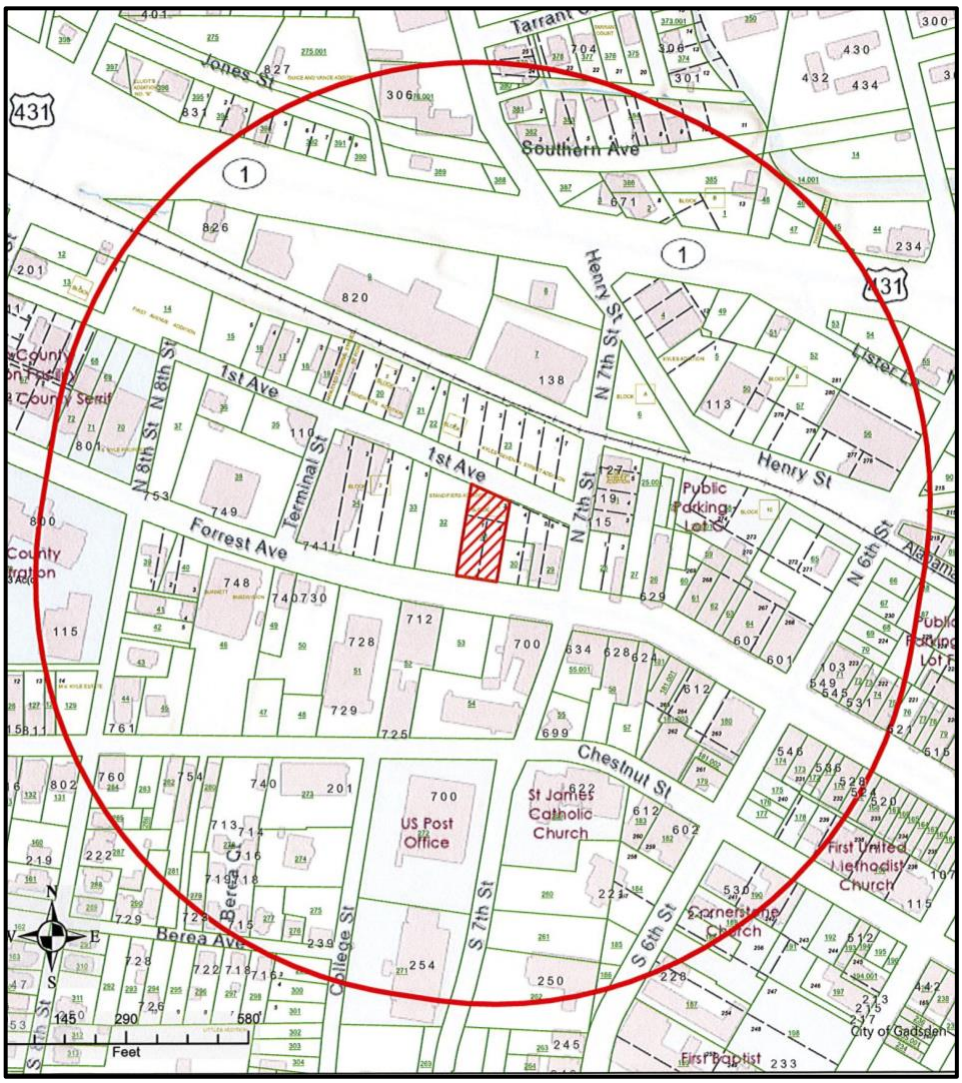
31.2b Physical Address & GPS Coordinates of Facility

703 Forrest Ave

Gadsden, AL 35901

GPS Coordinates: 34°00'55.6"N 86°00'31.5"W

31.3b Aerial Photograph of Facility with Clearly Identified Site Boundaries



31.4b Proof of Authorization to Occupy Property

The Applicant has been approved through the city of Gadsden for a dispensary to be built at 703 Forrest Avenue under our ownership entity Green Bud, LLC to lease the property identified in 31.1b above. Mayor Craig Ford has provided his letter of support along with a necessary zoning approval See attached letter of support and zoning approval (identified as "Free Gadsden Property Approval" – Attachment to Exhibit 31b, Section 31.4b"). Terms of the ground lease will be finalized upon receipt of the Integrated License issued by the AMCC.

31.5b – Local Jurisdiction Approvals

The City Council of Gadsden, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31b, Section 31.5b"). The applicant has included a certified copy of the zoning ordinance to demonstrate that the applicant is permitted to operate the proposed facility at the proposed location (identified as "Zoning Ordinance – Attachment to Exhibit 31b, Section 31.5b").

31.6b – Blueprint of Facility

The blueprint for the facility identified in 31.1b above is attached hereto and identified as "Blueprint – Free Gadsden – Attachment to Exhibit 31b, Section 31.6b").

31.7b – Facility Timetable

The applicant expects that construction of Free Gadsden, including compliance with all facility requirements under the Act and the AMCC Rules, will be complete on or before October 30, 2023. The applicant expects that it will be able to commence operations at Free Gadsden by November 15, 2023.

31.8b – Public Access to Facility

Free Gadsden will be open to the public, limited only to caregivers and registered patients, for the purpose of medical cannabis dispensing. The applicant anticipates the hours of operation for the facility to be as follows:

Monday – Tuesday	11:00 a.m. – 8:00 p.m. CT
Wednesday – Thursday	8:00 a.m. – 9:00 p.m. CT
Friday – Saturday	7:00 a.m. – 10:00 p.m. CT

31.9b – Facility Hours of Operation / After Hours Contact

The applicant anticipates that the Free Gadsden Facility will be occupied by the applicant's employees during all public access hours (see 31.8b above) and approximately 30 minutes before and after the public access hours.

After Hours Management Contact:

Cell phone: will be provided once business commences

Email: will be provide once business commences

Attachments to Exhibit 31b

Free Gadsden Property Approval – Attachment to Exhibit 31b, Section 31.4b

CITY OF GADSDEN

December 13, 2022

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

To Whom It May Concern,

I am writing to express support for this applicant to open and operate a medical cannabis facility in Gadsden. The City of Gadsden has established a task force of administrative leaders to facilitate inquiries and assist with the application process, and this company has been in contact with our administration throughout their application development process.

I feel their business will be beneficial to Gadsden residents and the goals of the state.

I appreciate you taking the time to review my thoughts on their application. If you need any additional information from me, please contact me.

Sincerely,

Craig Ford, Mayor

Office of the Mayor | 90 Broad Street Gadsden, AL 35901 | 256-549-4646

Free Gadsden Property Approval – Attachment to Exhibit 31b, Section 31.4b continued

City of
GADSDEN

P. O. Box 267
Gadsden, Alabama 35902
Phone: (256) 549-4520
FAX: (256) 549-4851

Heath Williamson
Director of Engineering
Nick Hall
Director of Planning

March 2, 2023

Green Bud, LLC

Re: 703 Forrest Avenue
Gadsden, AL 35901
Medical Cannabis Dispensary

To Whom it May Concern:

The subject property located at 703 Forrest Avenue, Gadsden, AL, 35901, is located within the corporate limits of the City of Gadsden and has a zoning designation of B-4, Design Review District. The City of Gadsden Chart of Permitted Uses, Chapter 130, Section 312(f) allows for a Medical Cannabis Dispensary as a "use by right" in a B-4, Design Review District. This letter does not exempt this use or property from any other requirements for permitting or licensing.

A Medical Cannabis Dispensary, as proposed to be located at 703 Forrest Avenue, Gadsden, AL, 35901, being a "use by right" in a B-4, Design Review District, is eligible to apply for a City of Gadsden business license only after the applicant has received a provisional Integrated Facility license or a provisional Medical Cannabis Dispensary license, as may be applicable, from the Alabama Medical Cannabis Commission.

The subject property is in compliance with the Alabama Medical Cannabis Commission Rules and Regulations, Chapter 8, Regulation of Dispensaries, Section 538-x-8-.04, Requirements and Limitations as to Dispensing Sites.

This information was researched on March 1, 2023, by the undersigned, per request and as a public service. The undersigned certifies that the above information contained herein is believed to be accurate and is based upon, or relates to the information provided by the requestor. The Authority assumes no liability for errors or omissions. All information was obtained from public records, which may be inspected during regular business hours. Should you have further questions, please contact me at 256-549-4525.

Sincerely,

Tina P. Cody
Zoning Administrator
City of Gadsden Planning Department

City of Champions

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31b, Section 31.5b

2022/371

ORDINANCE NO. O-37-22

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

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

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

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

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

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

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

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

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

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

Jennifer Smith, Acting
Iva Nelson, City Clerk

APPROVED on October 11, 2022

Sherman Guyton
Sherman Guyton, Mayor

Zoning Ordinance – Attachment to Exhibit 31b, Section 31.5b

2022/467

ORDINANCE NO. O-49-22

Amending the Zoning Ordinance to Permit Medical Cannabis

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GADSDEN, ALABAMA, as follows:

Section 1. Section 130-312(f) of the Gadsden City Code is amended to add the following uses as follows:

Under Commercial (Retail Sales):

Names, Uses and Conditions	R-1	R-2	R-T	B-1	B-2	B-3	B-4	I-1	I-2	O-1
Medical Cannabis Dispensary: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	R	R	R	R	-	-	R

Under Industrial:

Names, Uses and Conditions	R-1	R-2	R-T	B-1	B-2	B-3	B-4	I-1	I-2	O-1
Medical Cannabis Secure Transporter: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	R	X	-	R	R	-
Names, Uses and Conditions	**R-1**	**R-2**	**R-T**	**B-1**	**B-2**	**B-3**	**B-4**	**I-1**	**I-2**	**O-1**
Medical Cannabis Integrated Facility: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Zoning Ordinance – Attachment to Exhibit 31b, Section 31.5b continued

Under Manufacturing:

Names, Uses and Conditions	R-1	R-2	R-T	B-1	B-2	B-3	B-4	I-1	I-2	O-1
Medical Cannabis Processors: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 8 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Under Other Uses:

Names, Uses and Conditions	R-1	R-2	R-T	B-1	B-2	B-3	B-4	I-1	I-2	O-1
Medical Cannabis Cultivators: Subject to all Rules and Regulations of the Alabama Medical Cannabis Commission; §20-2A-2, Chapter 5 in conjunction Rules and Regulations of the Alabama Department of Agriculture found in r.80-14-1 (current and future amendments)	-	-	-	-	X	X	-	R	R	-

Section 2. The definitions in Section 130-1 of the Gadsden City Code are amended to add the following definitions:

Dispensary means an entity licensed by the commission under § 20-2A-64, Code of Alabama 1975 (as amended), authorized to dispense and sell medical cannabis at dispensing sites.

Secure Transporter means an entity licensed by the Commission under § 20-2A-65, Code of Alabama 1975 (as amended), authorized to transport cannabis or medical cannabis from one licensed facility or site to another licensed facility or site.

Integrated Facility means an entity licensed under § 20-2A-67, Code of Alabama 1975 (as amended).

Zoning Ordinance – Attachment to Exhibit 31b, Section 31.5b continued

Processor means one who is licensed by the Commission under § 20-2A-63, Code of Alabama 1975 (as amended), authorized pursuant to Article 4 of the Act of these Rules to purchase cannabis from a cultivator and extract derivatives from the cannabis to produce a medical cannabis product or products for sale and transfer in packaged and labeled form back to the contracting cultivator, if applicable, or to a dispensary or integrated facility where the packaged and labeled product may be offered for sale at a dispensary site to holders of a valid, unrevoked and unexpired Medical Cannabis Card.

Cultivator means an entity licensed by the Alabama Medical Cannabis Commission (or, as applicable, the Department of Agriculture and Industries) under § 20-2A-62, Code of Alabama 1975 (as amended), to grow cannabis pursuant to Article 4 of the Act.

Section 3. The provisions of this ordinance shall be effective on publication.

Section 4. The sections, subsections, paragraphs, sentences, clauses and phrases of this ordinance are severable. If any section, subsection, paragraph, sentence, clause and phrase of this ordinance is declared unconstitutional or invalid by a valid judgment of a court of competent jurisdiction, such judgment shall not affect the validity of any other section, subsection, paragraph, sentence, clause and phrase of this ordinance. The city council declares that it is its intent that it would have enacted this ordinance without such invalid or unconstitutional provisions.

Section 5. The provisions of this ordinance repeal any prior ordinance or provision of the Gadsden City Code to the extent of any conflict.

I certify that the City Council of the City of Gadsden, Alabama, duly adopted this ordinance at an open meeting held on December 13, 2022.

Iva Nelson

Iva Nelson, City Clerk

APPROVED on December 13, 2022

Craig Ford, Mayor

Blueprint – Free Gadsden – Attachment to Exhibit 31b, Section 31.6b

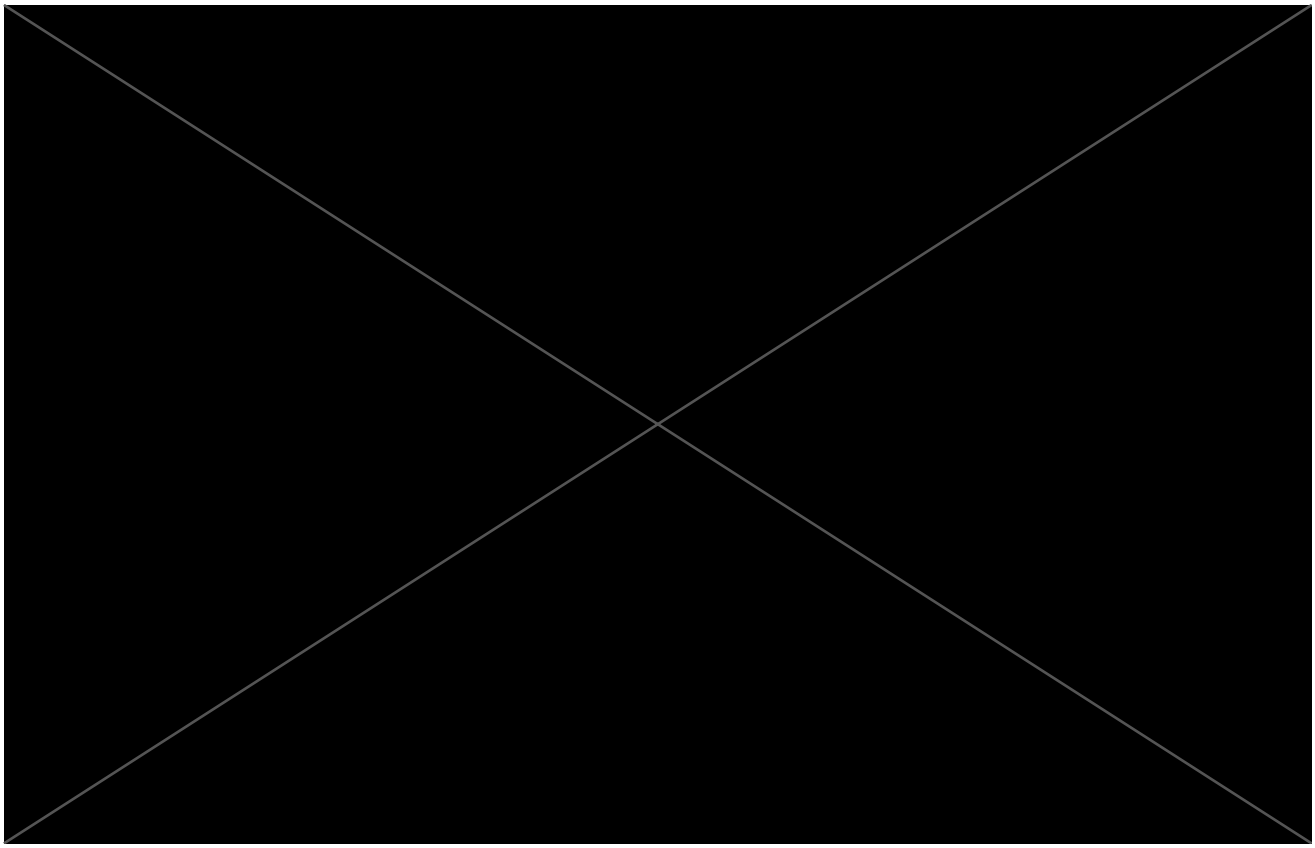


Exhibit 31c – Facilities *Montgomery Dispensing Site*

31.1c Facility Name and Type

Facility Name: Free Montgomery

Facility Type: Dispensing Site

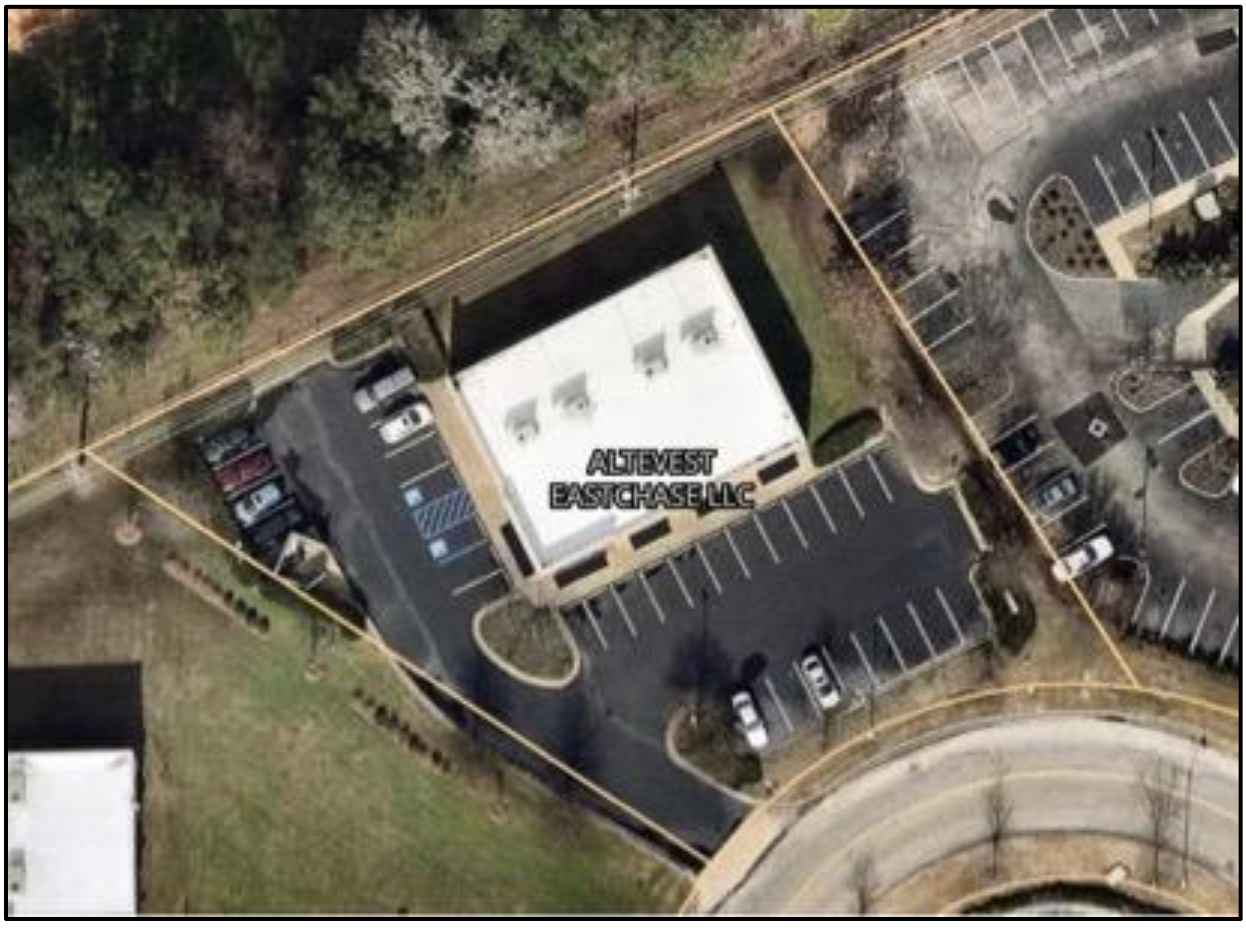
31.2c Physical Address & GPS Coordinates of Facility

6971 Eastchase Loop

Montgomery, AL 36117

GPS Coordinates: 32°21’ 36.4’’ N 86° 10’ 11.3’’ E

31.3c Aerial Photograph of Facility with Clearly Identified Site Boundaries



31.4c Proof of Authorization to Occupy Property

The Applicant has entered into a letter of intent through our ownership entity Green Bud, LLC to lease the property identified in 31.1c above. See attached agreement (identified as "Free Montgomery LOI – Attachment to Exhibit 31c, Section 31.4c").

31.5c – Local Jurisdiction Approvals

The City Council of Montgomery, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31c, Section 31.5c"). Based on Ordinance 63-2021 in the Montgomery planning and zoning meeting, no specific zoning requirements were set forth for future medical cannabis dispensaries. With the property already zoned for retail use, no additional zoning requirements are needed. The company will be required to purchase a business license upon receipt of the integrated license and subject to any individual requirements set forth by the city for operation.

31.6c – Blueprint of Facility

The blueprint for the facility identified in 31.1c above is attached hereto and identified as "Blueprint – Free Montgomery – Attachment to Exhibit 31c, Section 31.6c").

31.7c – Facility Timetable

The applicant expects that construction of Free Montgomery, including compliance with all facility requirements under the Act and the AMCC Rules, will be complete on or before September 30, 2023. The applicant expects that it will be able to commence operations at Free Montgomery by October 15, 2023.

31.8c – Public Access to Facility

Free Montgomery will be open to the public, limited only to caregivers and registered patients, for the purpose of medical cannabis dispensing. The applicant anticipates the hours of operation for the facility to be as follows:

Monday – Tuesday	11:00 a.m. – 8:00 p.m. CT
Wednesday – Thursday	8:00 a.m. – 9:00 p.m. CT
Friday – Saturday	7:00 a.m. – 10:00 p.m. CT

31.9c – Facility Hours of Operation / After Hours Contact

The applicant anticipates that the Free Montgomery Facility will be occupied by the applicant's employees during all public access hours (see 31.8c above) and approximately 30 minutes before and after the public access hours.

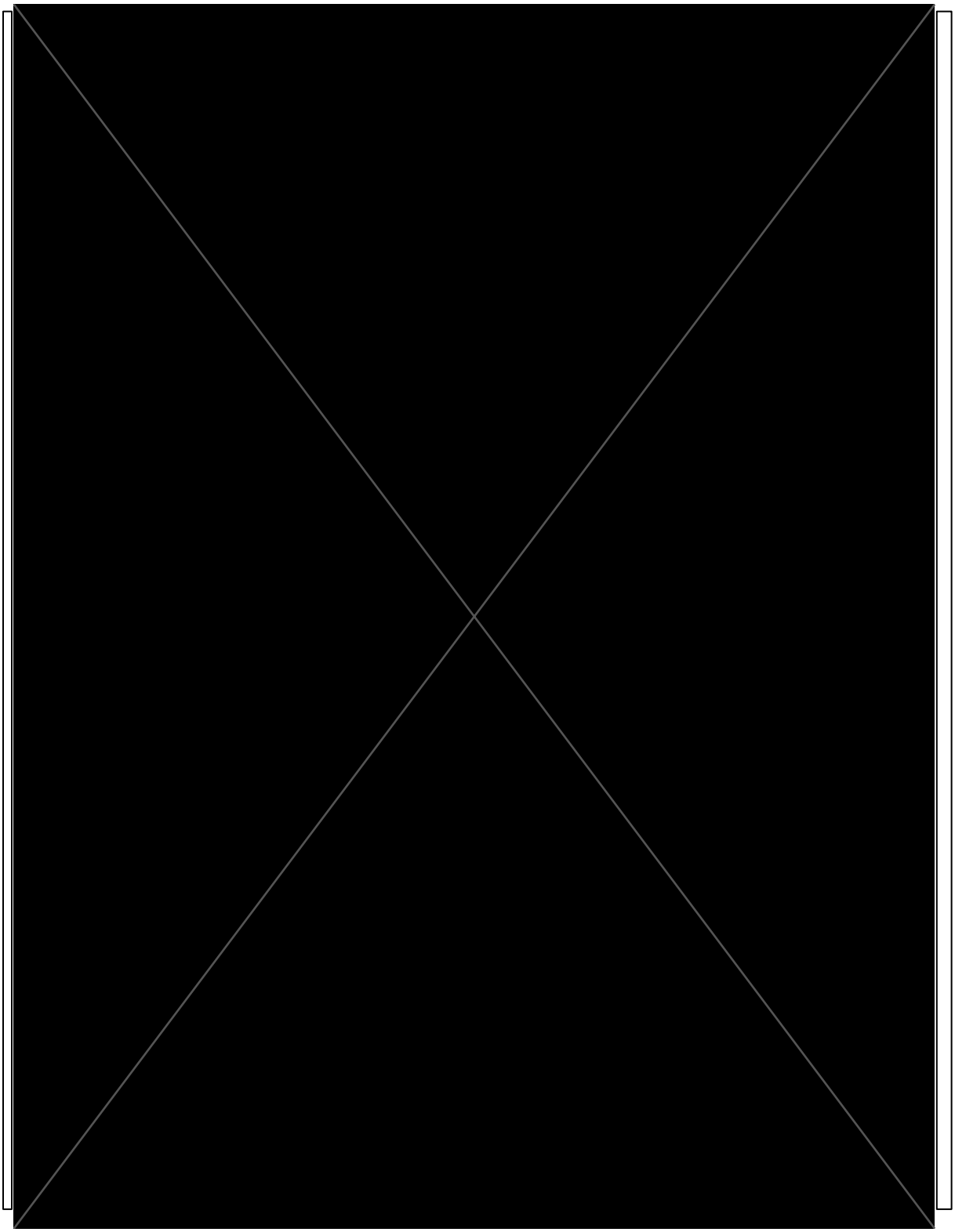
After Hours Management Contact:

Cell phone: will be provided once business commences

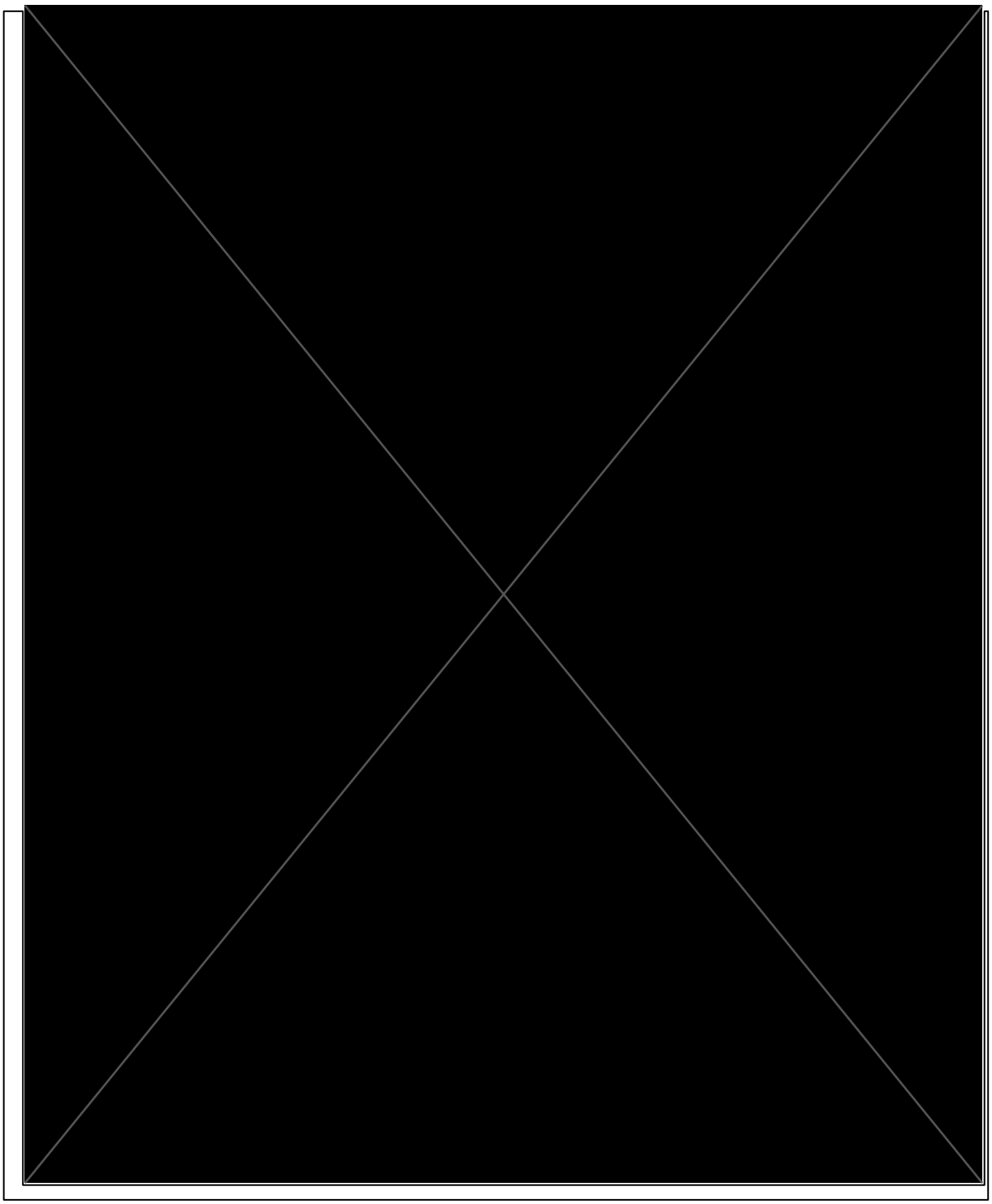
Email: will be provide once business commences

Attachments to Exhibit 31c

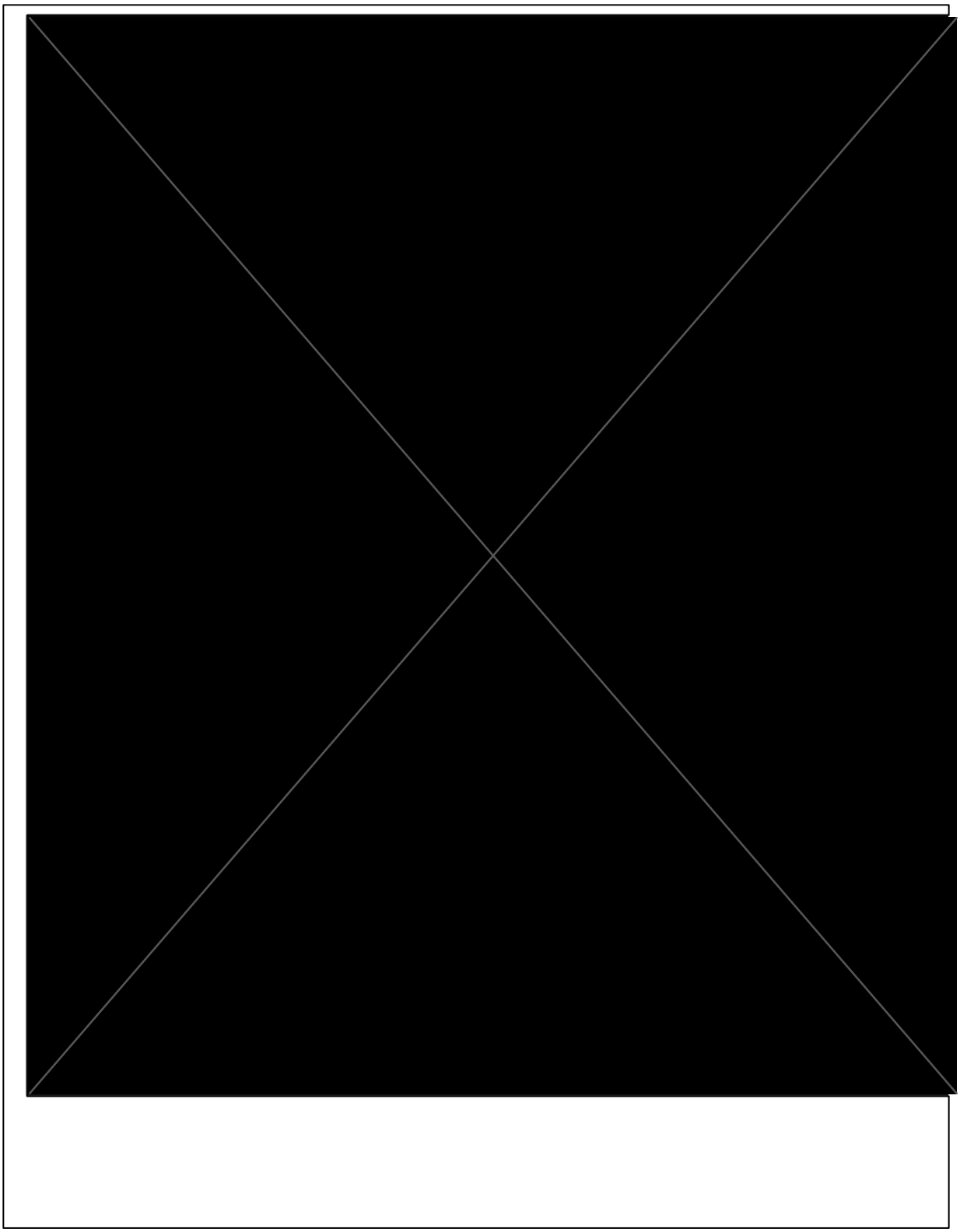
Free Montgomery LOI – Attachment to Exhibit 31c, Section 31.4c



Free Montgomery LOI – Attachment to Exhibit 31c, Section 31.4c continued



Free Montgomery LOI – Attachment to Exhibit 31c, Section 31.4c continued



City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31c, Section 31.5c

ORDINANCE NO. 63-2021

AUTHORIZING THE OPERATION OF A MEDICAL CANNABIS DISPENSARY WITHIN THE CORPORATE LIMITS OF THE CITY OF MONTGOMERY

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

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MONTGOMERY, ALABAMA, that it authorizes the operation of dispensing sites within the corporate limits of the City of Montgomery subject to any applicable zoning restrictions the City of Montgomery may adopt pursuant to §20-2A-51(c)(3).

ADOPTED this the 7th **day of** December **, 2021.**

STEVEN L. REED, MAYOR

ATTEST:

BRENDA GALE BLALOCK, CITY CLERK

63-2021

Blueprint – Free Montgomery – Attachment to Exhibit 31c, Section 31.6c

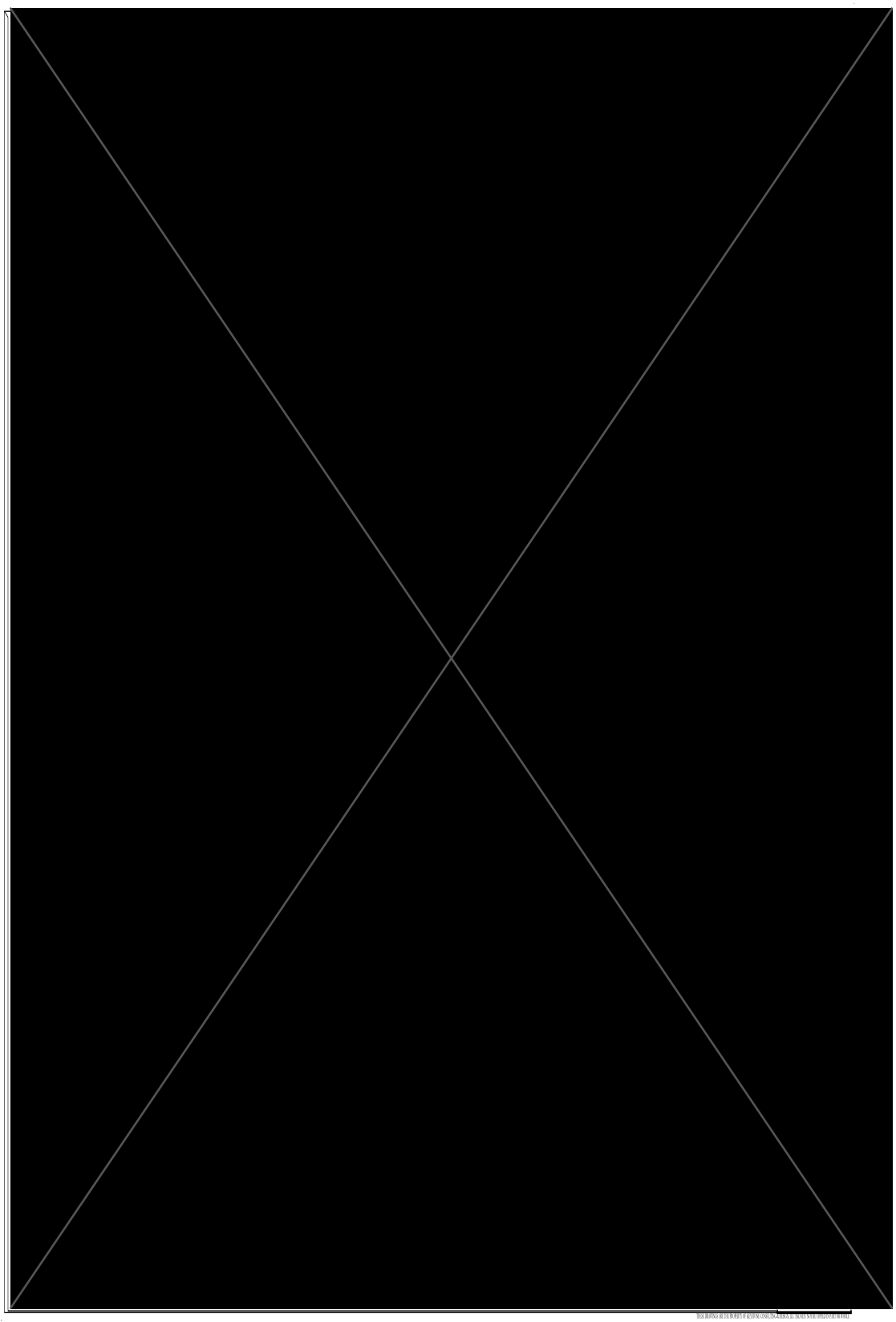


Exhibit 31d – Facilities *Opelika Dispensing Site*

31.1d Facility Name and Type

Facility Name: Free Opelika

Facility Type: Dispensing Site

31.2d Physical Address & GPS Coordinates of Facility

105 Fox Run Parkway

Opelika, AL 36801

GPS Coordinates: 32° 38’ 33.1’’ N 85° 21’ 16.6’’ E

31.3d Aerial Photograph of Facility with Clearyl Identified Site Boundaries

31.4d Proof of Authorization to Occupy Property

The Applicant has entered into a letter of intent through our ownership entity Green Bud, LLC to lease the property identified in 31.1d above. See attached agreement (identified as "Free Opelika LOI – Attachment to Exhibit 31d, Section 31.4d").

31.5d – Local Jurisdiction Approvals

The City of Opelika, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31d, Section 31.5d"). The applicant has included a certified copy of the zoning ordinance to demonstrate that the applicant is permitted to operate the proposed facility at the proposed location (identified as "Zoning Ordinance – Attachment to Exhibit 31d, Section 31.5d").

31.6d – Blueprint of Facility

The blueprint for the facility identified in 31.1d above is attached hereto and identified as "Blueprint – Free Opelika – Attachment to Exhibit 31d, Section 31.6d").

31.7d – Facility Timetable

The applicant expects that construction of Free Opelika, including compliance with all facility requirements under the Act and the AMCC Rules, will be complete on or before September 30, 2023. The applicant expects that it will be able to commence operations at Free Opelika by October 15, 2023.

31.8d – Public Access to Facility

Free Opelika will be open to the public, limited only to caregivers and registered patients, for the purpose of medical cannabis dispensing. The applicant anticipates the hours of operation for the facility to be as follows:

Monday – Tuesday	11:00 a.m. – 8:00 p.m. CT
Wednesday – Thursday	8:00 a.m. – 9:00 p.m. CT
Friday – Saturday	7:00 a.m. – 10:00 p.m. CT

31.9d – Facility Hours of Operation / After Hours Contact

The applicant anticipates that the Free Opelika Facility will be occupied by the applicant's employees during all public access hours (see 31.8d above) and approximately 30 minutes before and after the public access hours.

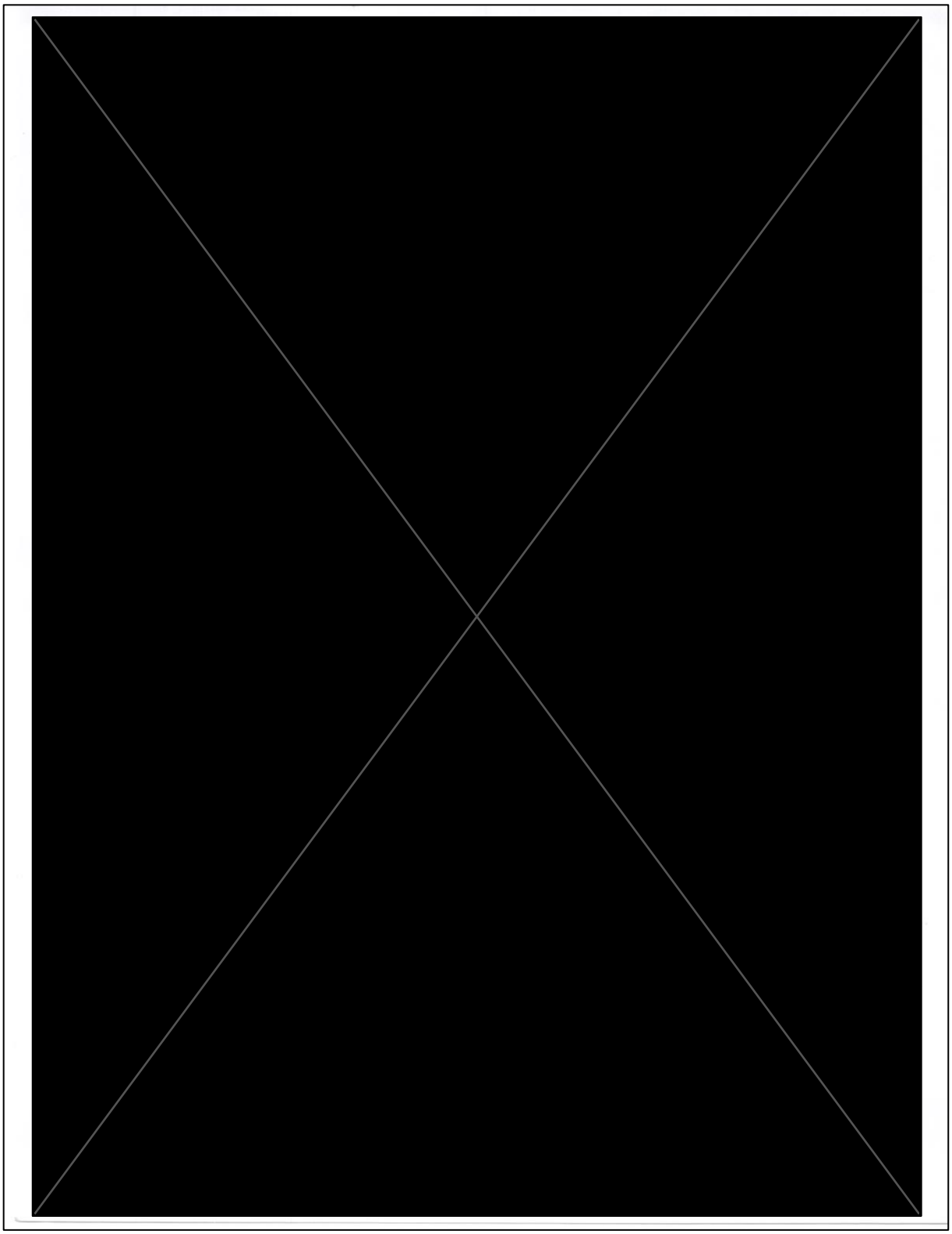
After Hours Management Contact:

Cell phone: will be provided once business commences

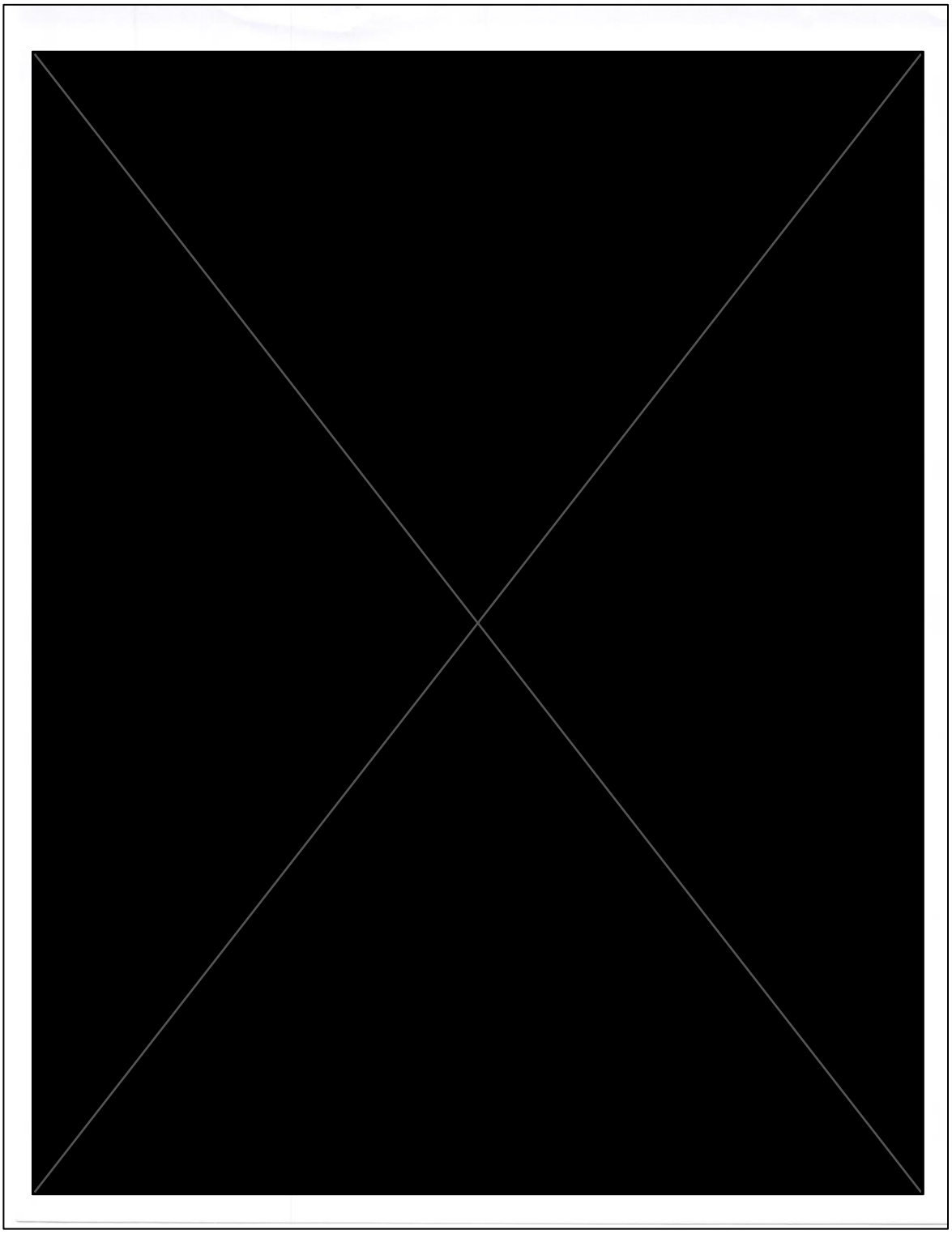
Email: will be provide once business commences

Attachments to Exhibit 31d

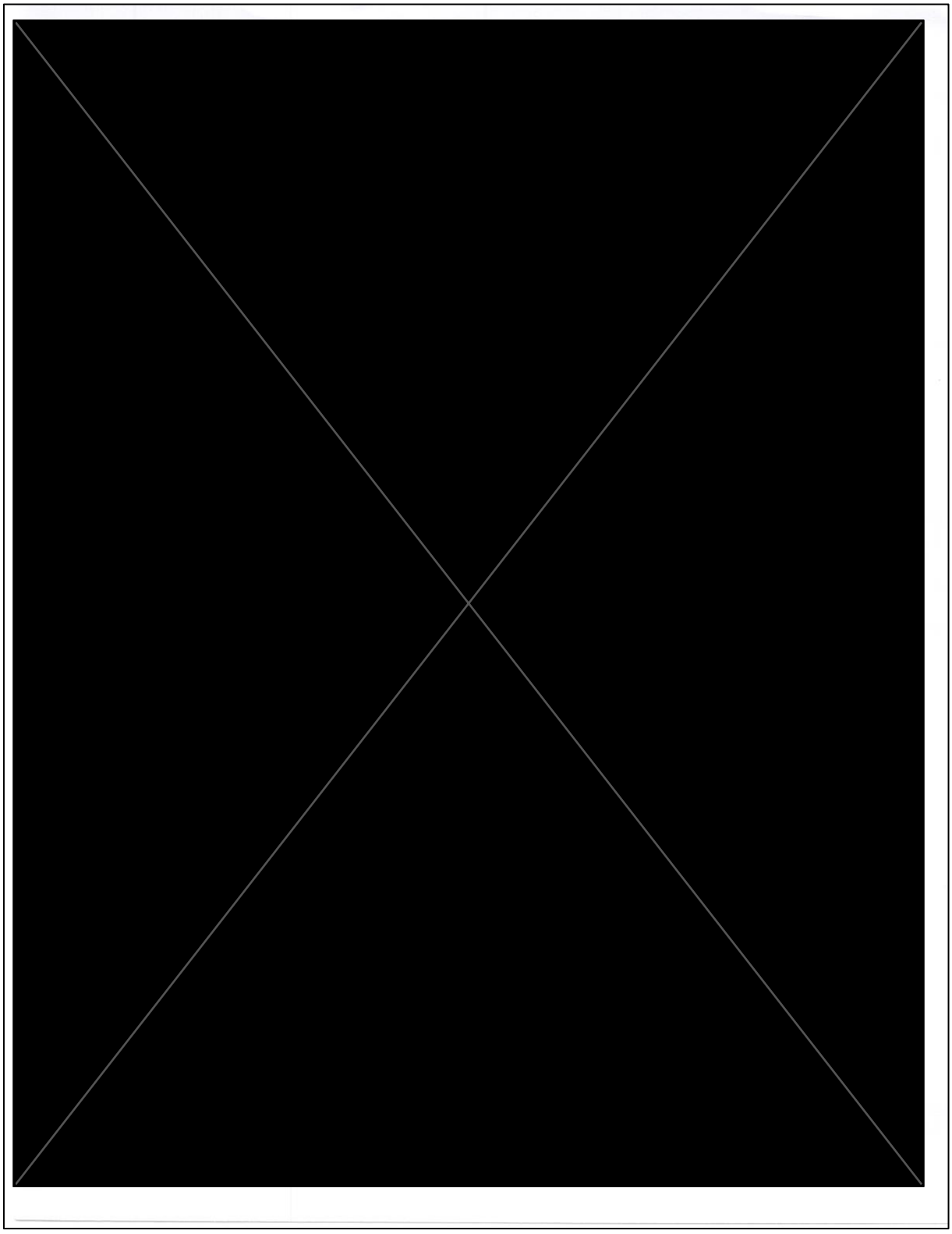
Free Opelika LOI – Attachment to Exhibit 31d, Section 31.4d



Free Opelika LOI – Attachment to Exhibit 31d, Section 31.4d continued



Free Opelika LOI – Attachment to Exhibit 31d, Section 31.4d continued



City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31d, Section 31.5d

ORDINANCE NO. 028-22

AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES

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

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

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

; and

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

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

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

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

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

City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31d, Section 31.5d continued

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

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

BE IT FURTHER ORDAINED, that the City Clerk of the City of Opelika, Alabama is hereby authorized and directed to cause this Ordinance to be published one (1) time in a newspaper of general circulation published in the City of Opelika, Lee County, Alabama.

ADOPTED AND APPROVED this the 4th day of OCTOBER, 2022.

PRESIDENT OF THE CITY COUNCIL OF THE CITY OF OPELIKA, ALABAMA

ATTEST:

CITY CLERK

TRANSMITTED TO MAYOR on this the 5th day of OCTOBER, 2022.

CITY CLERK

ACTION BY MAYOR

APPROVED this the 5th day of OCTOBER, 2022.

MAYOR

ATTEST:

CITY CLERK

Zoning Ordinance – Attachment to Exhibit 31d, Section 31.5d

ORDINANCE NO. 032-22

AN ORDINANCE TO AMEND THE TEXT OF THE ZONING ORDINANCE OF THE CITY OF OPELIKA AND SPECIFICALLY TO AMEND SECTIONS 2.2, 7.3C AND 7.8 AND ADDING A NEW SECTION 8.28.3 ENTITLED "MEDICAL CANNABIS DISPENSARIES" THEREOF

BE IT ORDAINED by the City Council (the "City Council") of the City of Opelika, Alabama (the "City") as follows:

Section 1. Amendments. That Ordinance 124-91 entitled "Zoning Ordinance of the City of Opelika, Alabama", adopted on September 17, 1991, as amended, is further amended in the following respects:

(a) That Section 2.2 ĐEFINITIONS" is further amended to add the following definition of "Medical Cannabis Dispensary":

Medical Cannabis Dispensary: An entity licensed by the Alabama Medical Cannabis Commission under § 20-2A-64 or § 20-2A-67, Code of Alabama 1975 (as amended), authorized to dispense and sell medical cannabis at dispensing sites to registered qualified patients and registered caregivers pursuant to Article 4 of the Darren Wesley 'Ato' Hall Compassion Act (Act 21-450). This shall include both independent medical cannabis dispensaries and the dispensary function of an integrated medical cannabis facility. These regulations shall not apply to the other functions of an integrated medical cannabis facility including cultivation, processing, or secure transportation.

(b) That the matrix of use categories, as provided and set forth in Section 7.3C, is amended to add the category "Medical Cannabis Dispensary" as follows:

Sec. 7.3C Uses

USES	DISTRICTS														
	R-1	R-1A	R-2	R-3	R-4	R-4M	R-5	R-5M	C-1	C-2	C-3	M-1	M-2	I-1	GC-P	GC-S
COMMERCIAL																
Medical Cannabis Dispensary	N	N	N	N	N	N	N	N	C	C	C	C	C	C	C	C

(c) That Subsection 7.8B(3), "VILLAGE COMMERCIAL DISTRICT", is hereby amended to read as follows:

B. Permitted Uses.

3. The following uses are NOT allowed:

Automobile-Related Businesses (auto maintenance, auto repairs, etc.)
Automobile Sales and Service
Automobile Service Stations
Carwashes
Check Cashing Services
Convenience Stores, with or without Gasoline Sales
Drive Through Businesses
Restaurants—High-Traffic Volume/High Turnover (Fast Food, Take-Out, Delivery)
Liquor/Package Stores
Pawn Shops
Supermarkets
Video Rental Stores
Medical Cannabis Dispensaries

Zoning Ordinance – Attachment to Exhibit 31d, Section 31.5d continued

(d) That a new Section 8.28.3 entitled "MEDICAL CANNABIS DISPENSARIES" is added to read as follows:

SEC. 8.28.3 MEDICAL CANNABIS DISPENSARIES

A. Purpose and Intent

The purpose and intent of this section is to regulate the dispensation of medical cannabis within the City of Opelika. The following regulations are intended to supplement the regulations adopted by the State of Alabama Medical Cannabis Commission to address the health, safety, and welfare concerns for the citizens of the City of Opelika. These regulations shall apply to licensees who have either a standalone Medical Cannabis Dispensary license or the dispensary portion of an Integrated Medical Cannabis Facility license.

B. Use Standards and Dispersal Requirements

1. Medical cannabis dispensaries are prohibited unless the proposed use is located more than 2,500 feet from another medical cannabis dispensary. The separation distances shall be measured in a straight line from property line of the proposed dispensary to the property line of the existing dispensary.

2. Medical cannabis dispensaries are prohibited unless the proposed use is located more than 500 feet from any property used primarily for a single-family residence or property zoned for primarily for residential uses. The following zones are considered residential zones for the purpose of this section: R-1, R-IA, R-2, R-3, R-4, R-4M, R-5, R-5M, VR-1, VR-2, or PRD. The separation distances shall be measured in a straight line from property line of the dispensary to the property line of the residential use.

3. If the proposed medical cannabis dispensary meets the criteria in Section 8.28.3 B.1 and B.2, this use is permitted by conditional use permit ("CUP") only.

4. Burglar bars, steel gates, and steel-roll down doors or shutters are prohibited on the exterior of a structure when visible from any public or private street. Interior security burglar bars, steel gates and roll down doors shall allow 80 percent visibility into the tenant space and shall be fully retractable during business hours of operation.

5. All medical cannabis dispensaries shall be in compliance with all local and state requirements at all times.

Section 2. Severability. If any section, clause, provision or portion of this Ordinance shall be held to be invalid or unconstitutional by any court of competent jurisdiction, said holding shall not effect any other section, clause, provision or portion of this Ordinance which is not in or of itself invalid or unconstitutional.

Section 3. Repeal of Conflicting Ordinances. Any ordinance or part thereof in conflict with provisions of this Ordinance be and the same are hereby repealed.

Section 4. Effective Date. This Ordinance shall become effective upon its adoption, approval and publication as required by law.

Section 5. Publication. This Ordinance shall be published in a newspaper of general circulation in the City of Opelika, Lee County, Alabama.

Section 6. Codification. Codification of this Ordinance in the Zoning Ordinance of the City of Opelika is hereby authorized and directed.

Zoning Ordinance – Attachment to Exhibit 31d, Section 31.5d continued

ADOPTED AND APPROVED this the 6th day of DECEMBER, 2022.

PRESIDENT OF THE CITY COUNCIL OF THE
CITY OF OPELIKA, ALABAMA

ATTEST:

CITY CLERK

TRANSMITTED TO MAYOR on this the 7th day of DECEMBER, 2022.

CITY CLERK

ACTION BY MAYOR

APPROVED this the 7th day of DECEMBER, 2022.

MAYOR

ATTEST:

CITY CLERK

Blueprint – Free Opelika – Attachment to Exhibit 31d, Section 31.6d

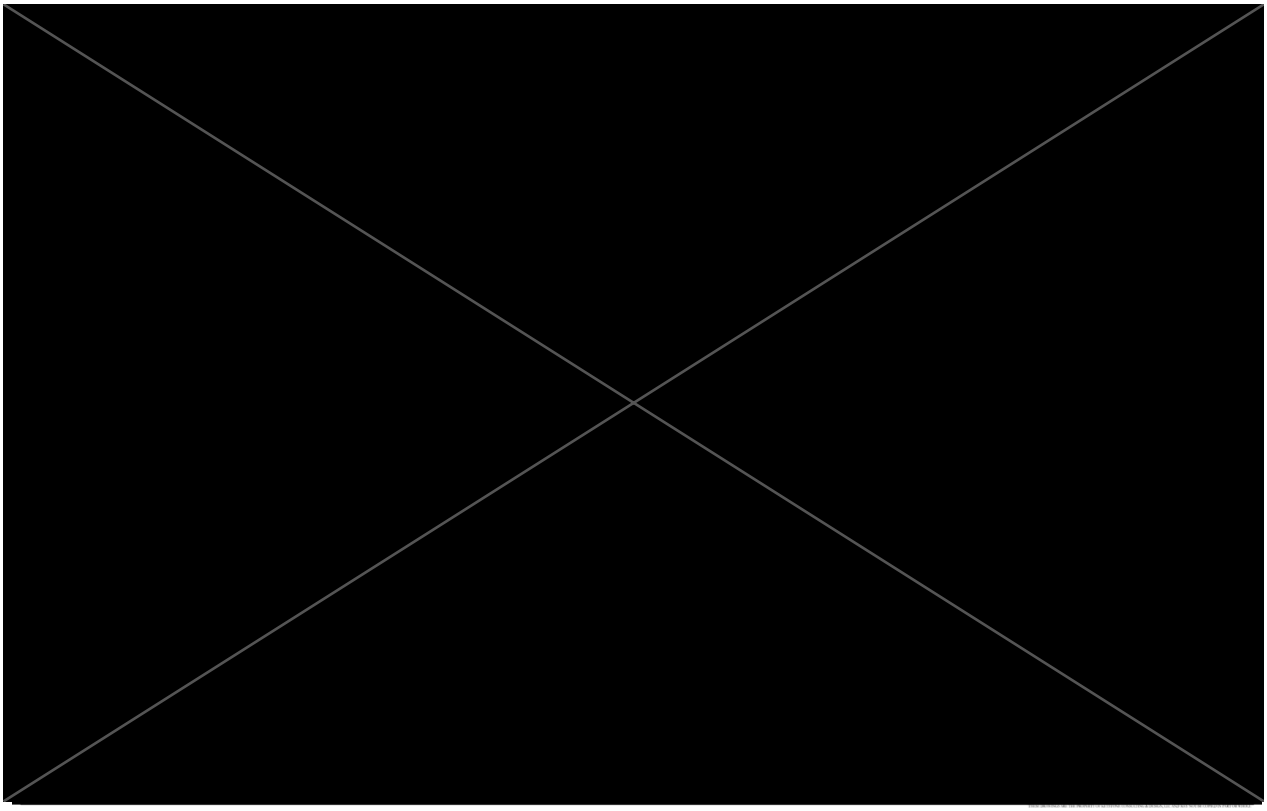


Exhibit 31e – Facilities *Troy Dispensing Site*

31.1e Facility Name and Type

Facility Name: Free Troy

Facility Type: Dispensing Site

31.2e Physical Address & GPS Coordinates of Facility

105 Southland Village

Troy, AL 36079

GPS Coordinates: 31°47’ 05.1’’ N 85° 57’ 58.8’’ E

31.3e Aerial Photograph of Facility with Clearly Identified Site Boundaries

31.4e Proof of Authorization to Occupy Property

The Applicant has entered into a letter of intent through our ownership entity Green Bud, LLC to lease the property identified in 31.1e above. See attached agreement (identified as "Free Troy LOI – Attachment to Exhibit 31e, Section 31.4e").

31.5e – Local Jurisdiction Approvals

The City Council of Troy, Alabama adopted an ordinance approving the operation of cannabis dispensary operations in said municipality. See attached copy of ordinance (identified as "City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31e, Section 31.5e"). At the February 15th City Council Meeting in Troy, the City Council unanimously approved the resolution to amend the city ordinance for medical cannabis dispensaries in zones C4 commercial districts and M1 & M2 in industrial districts. The proposed site for Green Bud is in a retail center zoned C4 therefore requiring no additional action other than a business license upon receipt of the license.

31.6e – Blueprint of Facility

The blueprint for the facility identified in 31.1e above is attached hereto and identified as "Blueprint – Free Troy – Attachment to Exhibit 31e, Section 31.6e").

31.7e – Facility Timetable

The applicant expects that construction of Free Troy, including compliance with all facility requirements under the Act and the AMCC Rules, will be complete on or before September 30, 2023. The applicant expects that it will be able to commence operations at Free Troy by October 15, 2023.

31.8e – Public Access to Facility

Free Troy will be open to the public, limited only to caregivers and registered patients, for the purpose of medical cannabis dispensing. The applicant anticipates the hours of operation for the facility to be as follows:

Monday – Tuesday	11:00 a.m. – 8:00 p.m. CT
Wednesday – Thursday	8:00 a.m. – 9:00 p.m. CT
Friday – Saturday	7:00 a.m. – 10:00 p.m. CT

31.9e – Facility Hours of Operation / After Hours Contact

The applicant anticipates that the Free Troy Facility will be occupied by the applicant's employees during all public access hours (see 31.8e above) and approximately 30 minutes before and after the public access hours.

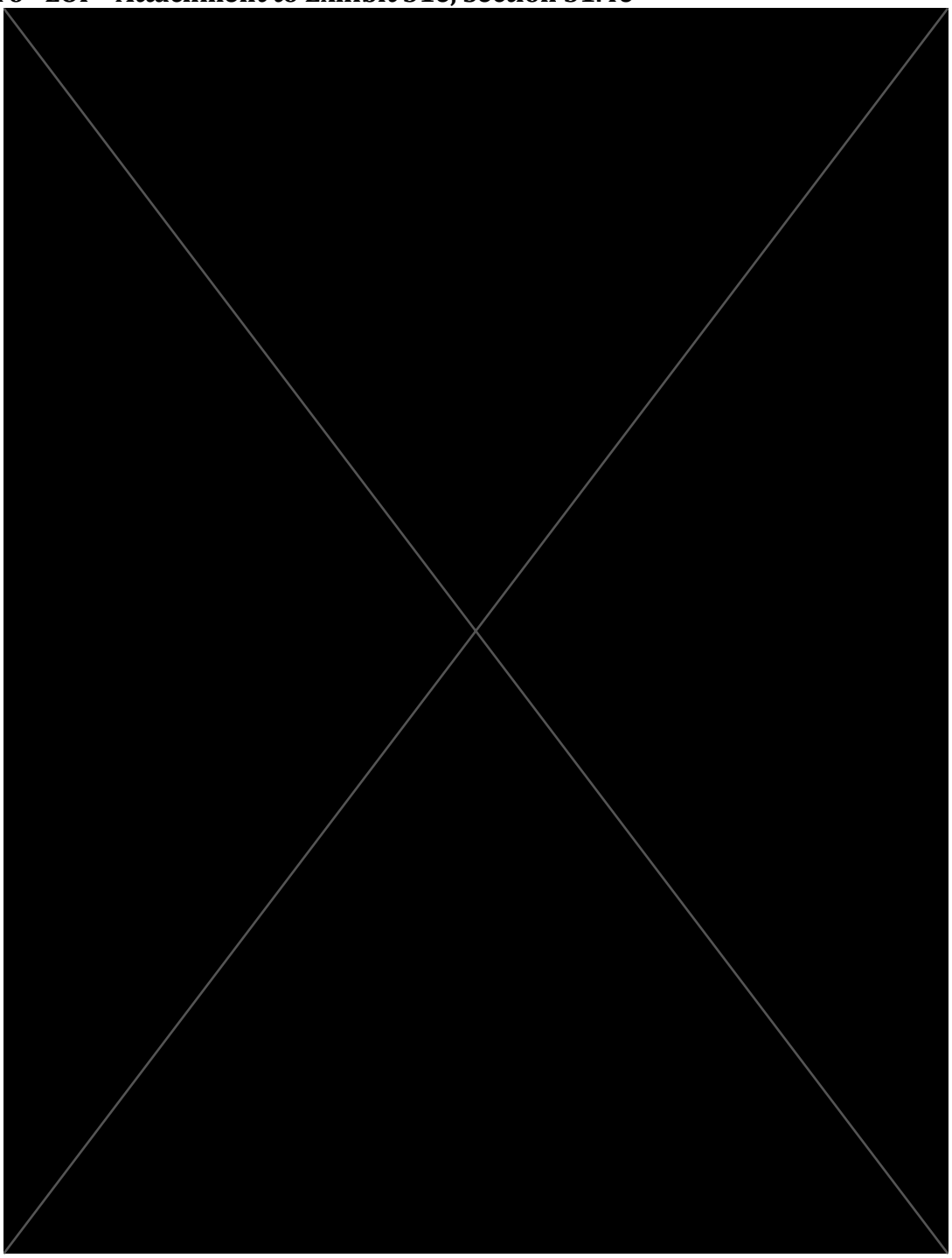
After Hours Management Contact:

Cell phone: will be provided once business commences

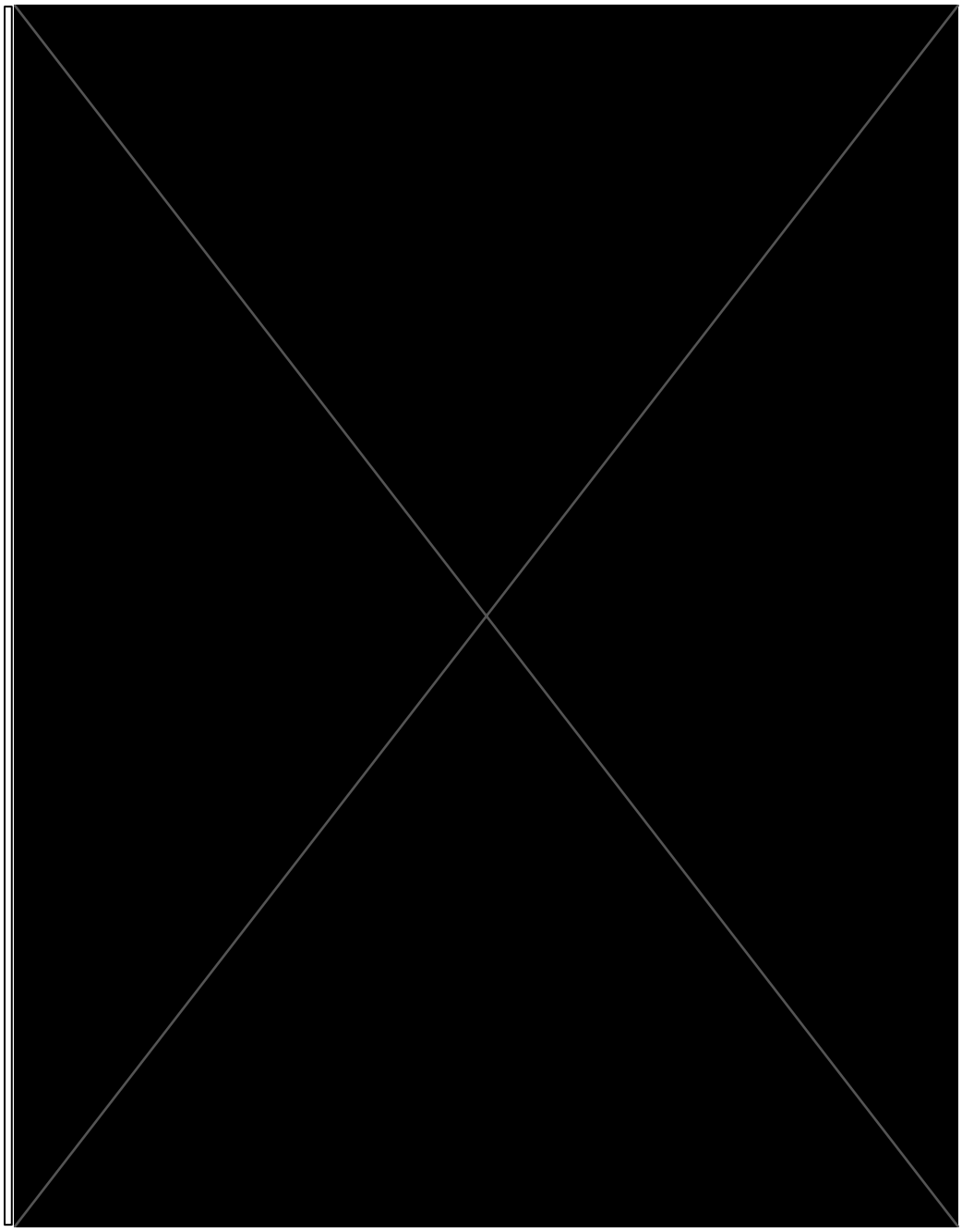
Email: will be provide once business commences

Attachments to Exhibit 31e

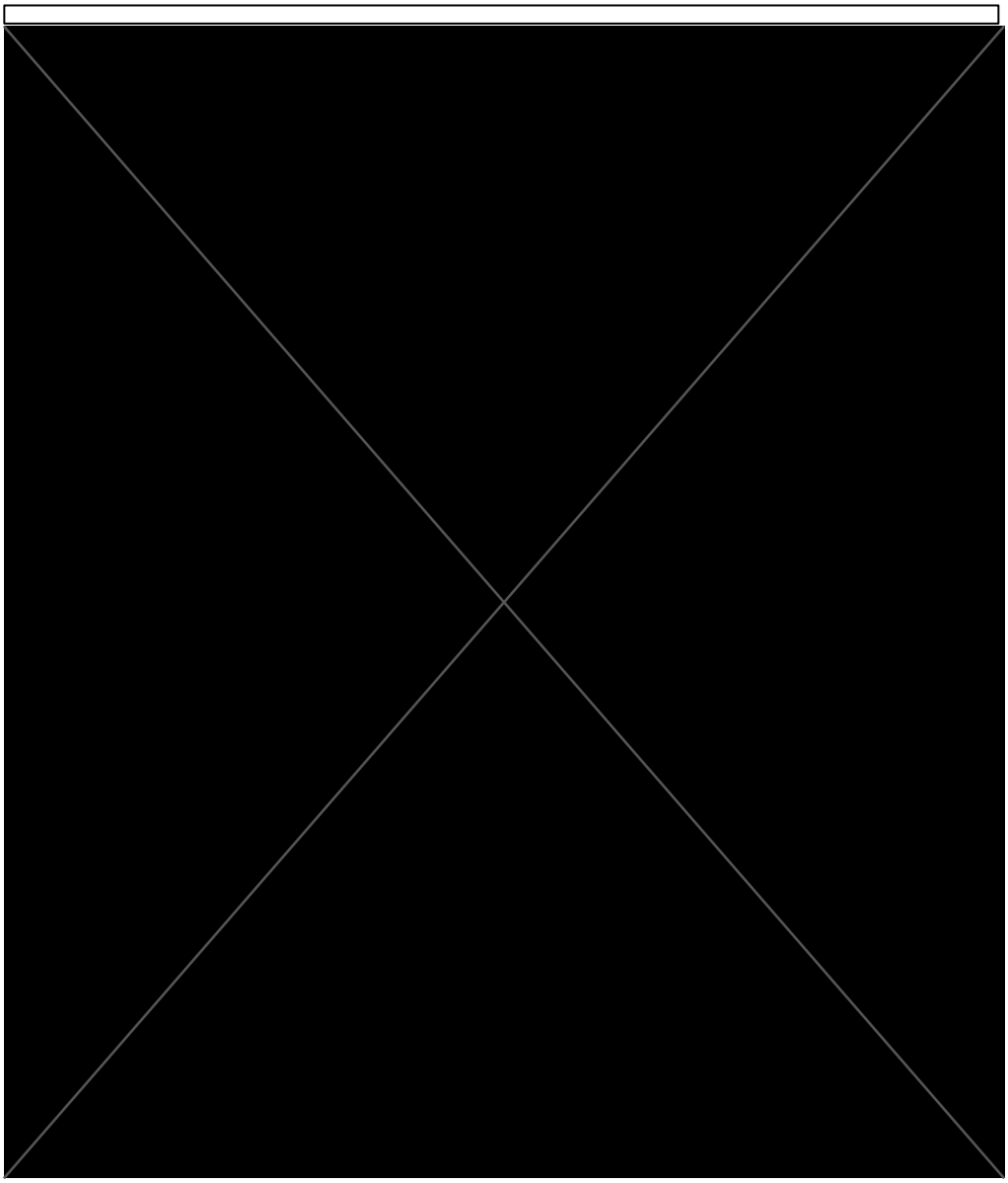
Free Tro LOI – Attachment to Exhibit 31e, Section 31.4e



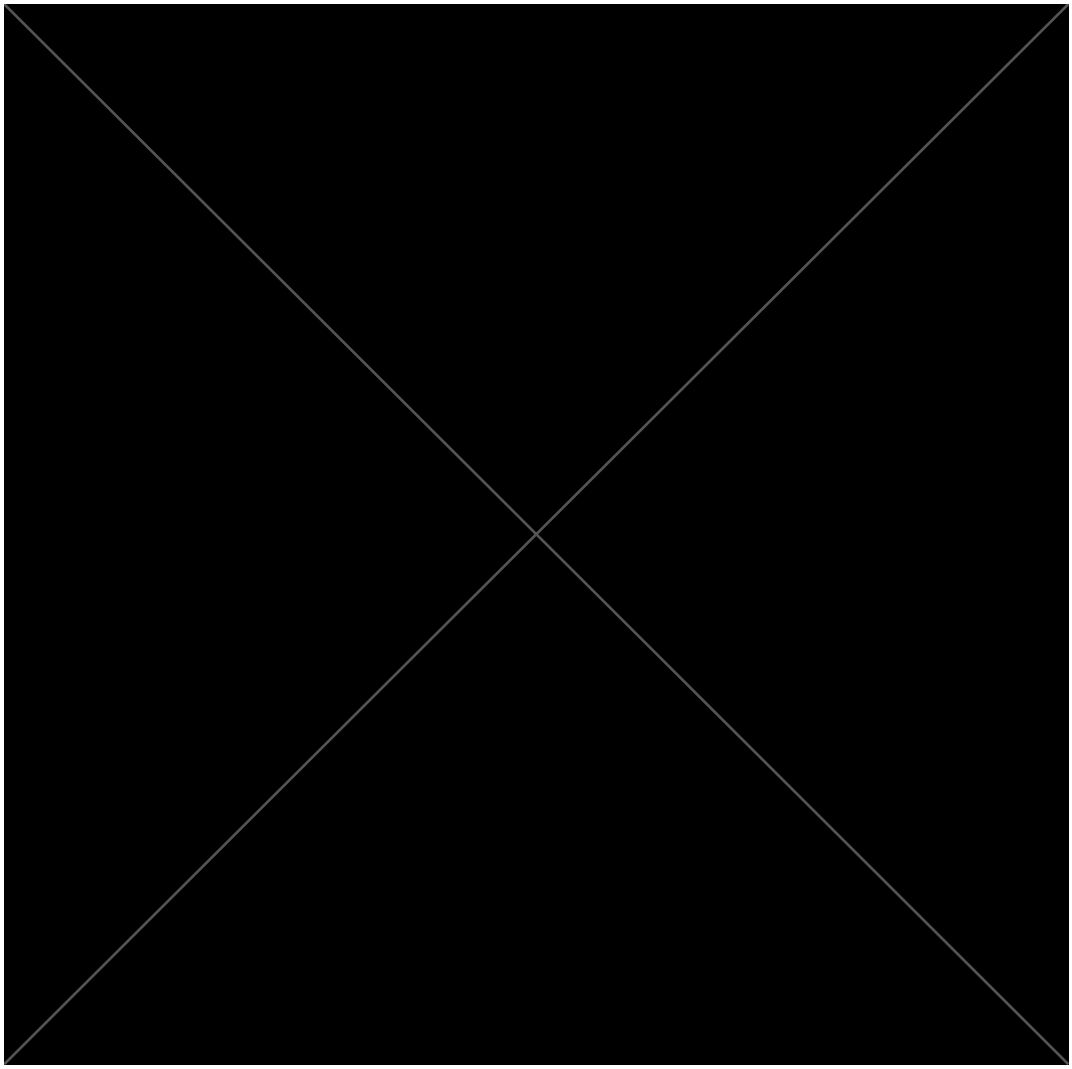
Free Troy LOI – Attachment to Exhibit 31e, Section 31.4e continued



Free Troy LOI – Attachment to Exhibit 31e, Section 31.4e continued



Free Troy LOI – Attachment to Exhibit 31e, Section 31.4e continued



City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 31e, Section 31.5e

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

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF TROY, ALABAMA, that it authorizes the operation of dispensing sites within the corporate limits of the City of Troy, subject to any applicable zoning restrictions the City of Troy may adopt pursuant to §20-2A-51(c)(3).

ADOPTED and APPROVED this 13th day of December 2022.

Presiding Officer

ATTEST:
City Clerk

APPROVED this the 13th day of December, 2022.

Jason A. Reeves, Mayor

ATTEST:
City Clerk

Blueprint – Free Troy – Attachment to Exhibit 31e, Section 31.6e

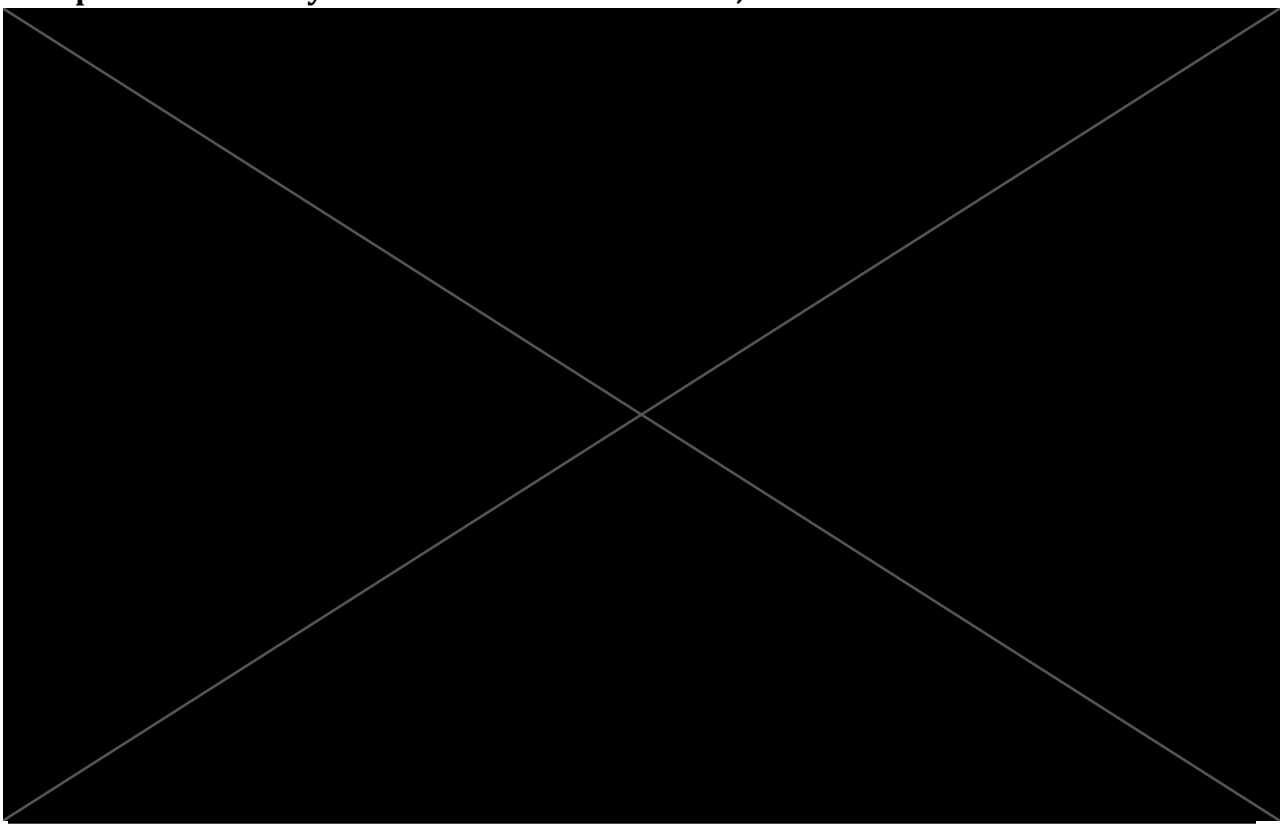


Exhibit 31f – Facilities [redacted] Cultivation and Processing Facility*

[redacted]

31.1f Facility Name and Type

Facility Name: [redacted] Cultivation and Processing Facility

Facility Type: Cultivation and Processing Facility

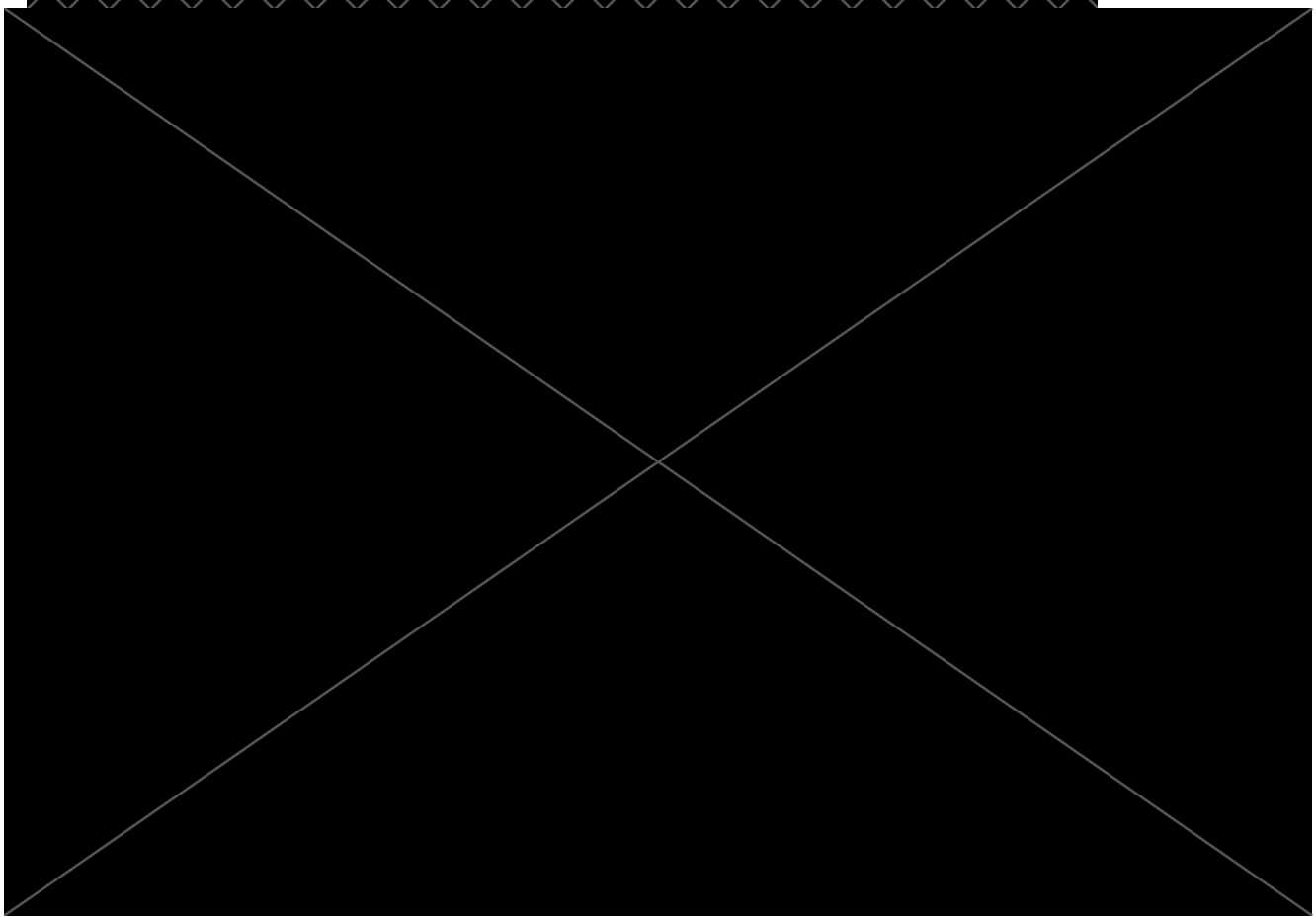
31.2f Physical Address & GPS Coordinates of Facility

[redacted]

[redacted]

GPS Coordinates: [redacted]

[redacted]



31.4f Proof of Authorization to Occupy Property

The Applicant has entered into a letter of intent through our ownership entity Green Bud, LLC to obtain the land use rights for the facility identified in 31.1f above. See attached agreement (identified as "[redacted]LOI – Attachment to Exhibit 31f, Section 31.4f").

31.5f – Local Jurisdiction Approvals

[redacted]

31.6f – Blueprint of Facility

The blueprint for the facility identified in 31.1f above is attached hereto and identified as "Blueprint – [redacted] Cultivation and Processing Facility – Attachment to Exhibit 31f, Section 31.6f").

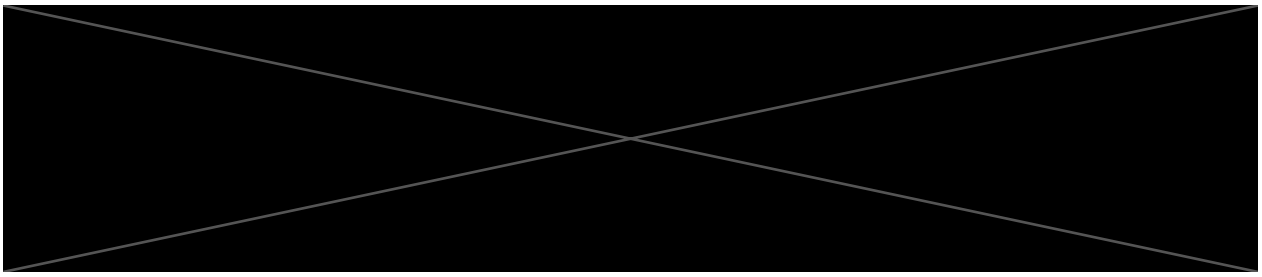
31.7f – Facility Timetable

The applicant expects that construction of the [redacted] Cultivation and Processing Facility, including compliance with all facility requirements under the Act and the AMCC Rules, will be complete on or before November 30, 2023. [redacted]

31.8f – Public Access to Facility

The [redacted] Cultivation and Processing Facility will be not be open to the public.

[redacted]



After Hours Management Contact:

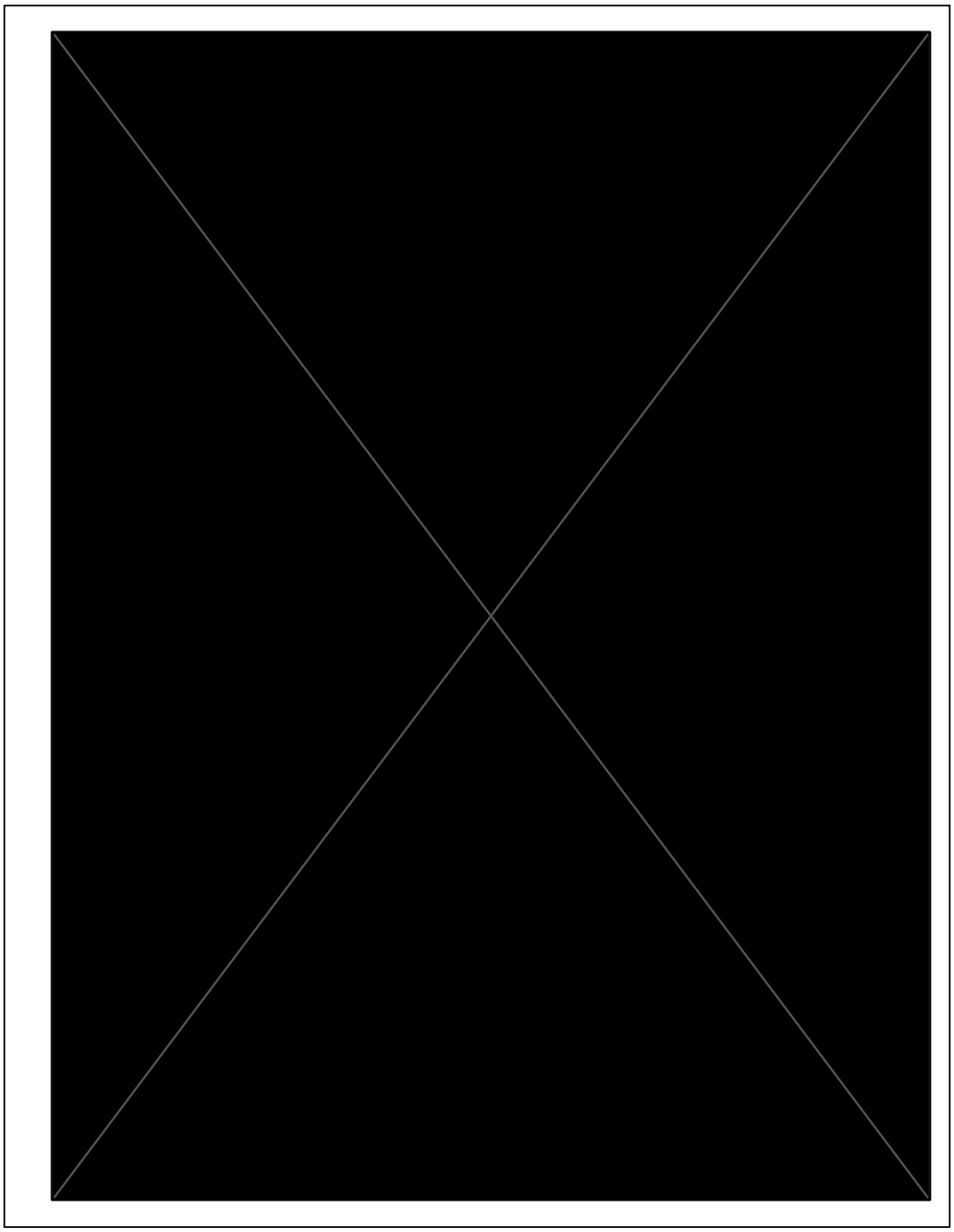
[redacted]

Cell phone: will be provided once business commences

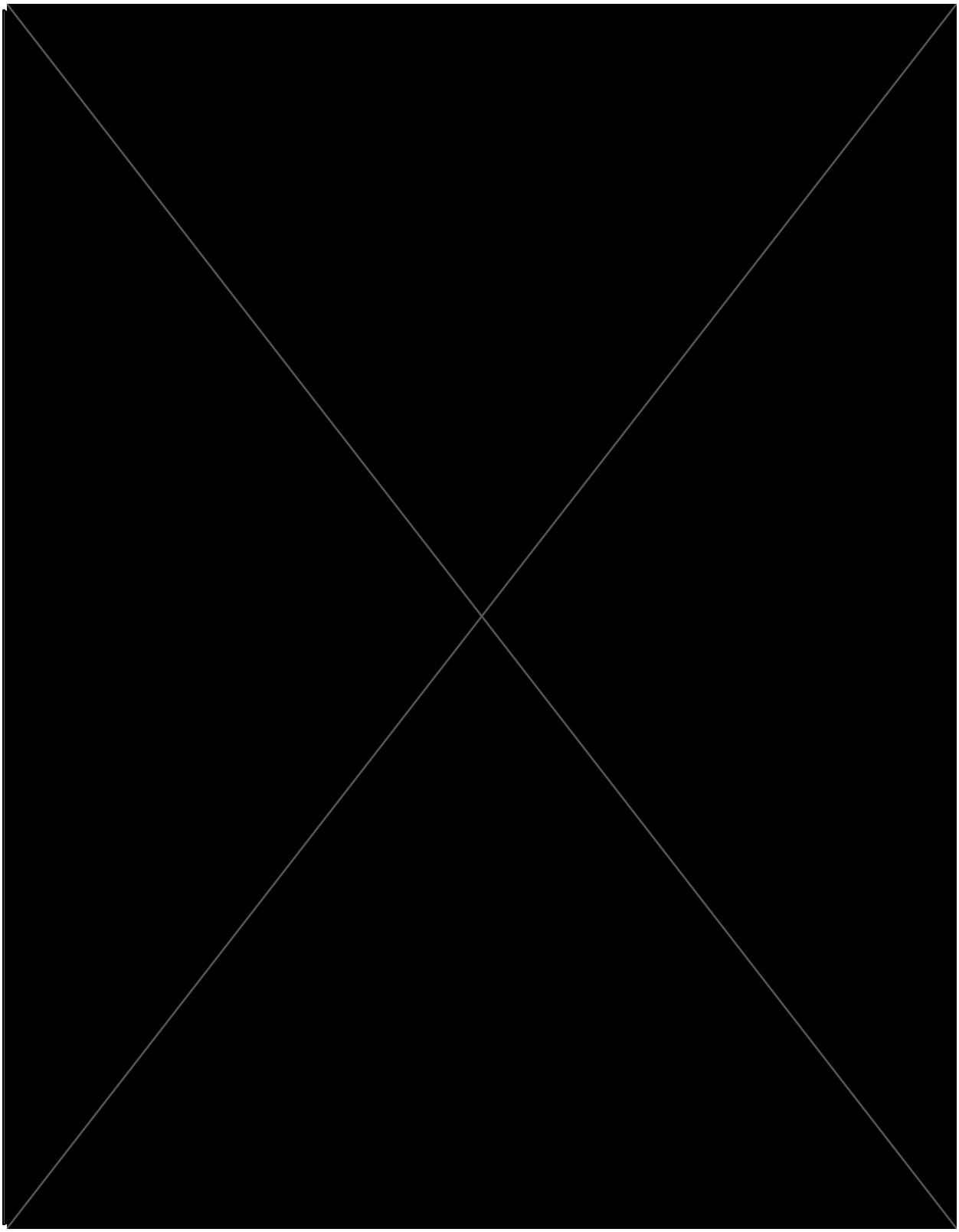
Email: will be provide once business commences

Attachments to Exhibit 31f

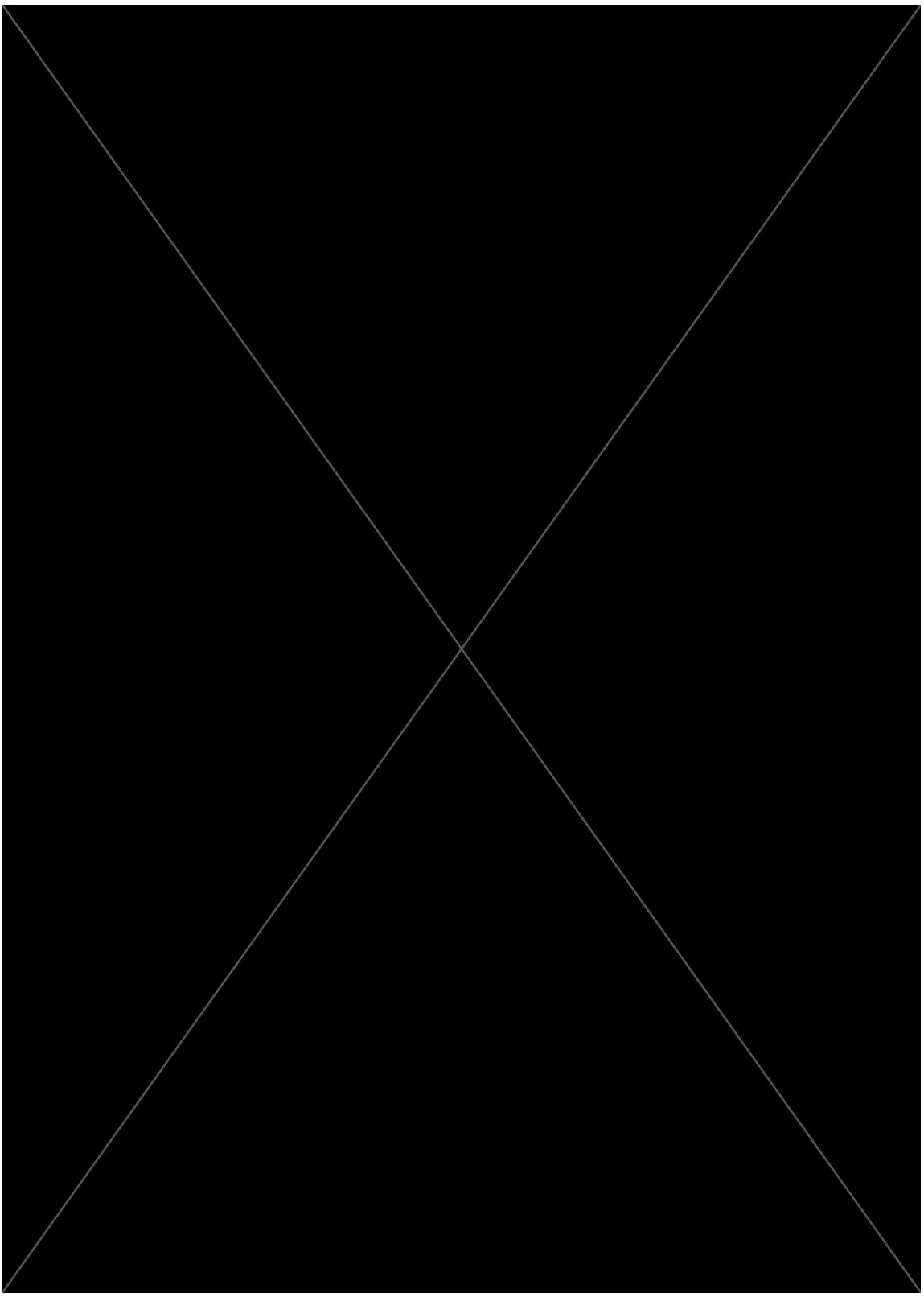
[redacted]LOI – Attachment to Exhibit 31f, Section 31.4f



[redacted] **Zoning Letter – Attachment to Exhibit 31f, Section 31.5f**



Blueprint – [redacted] Cultivation and Processing Facility – Attachment to Exhibit 31f, Section 31.6f



License Type: Integrated

Redacted Copy

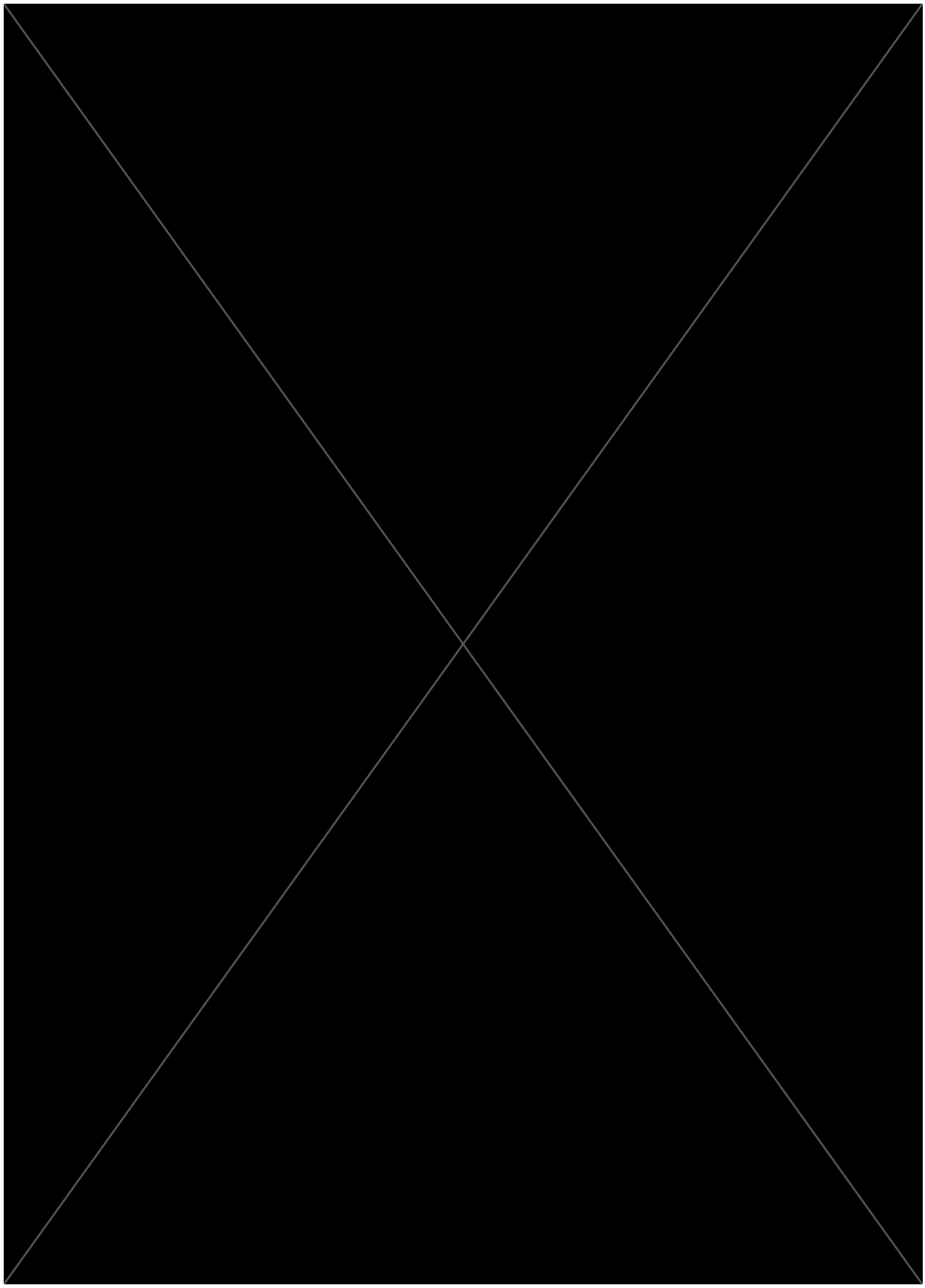
In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

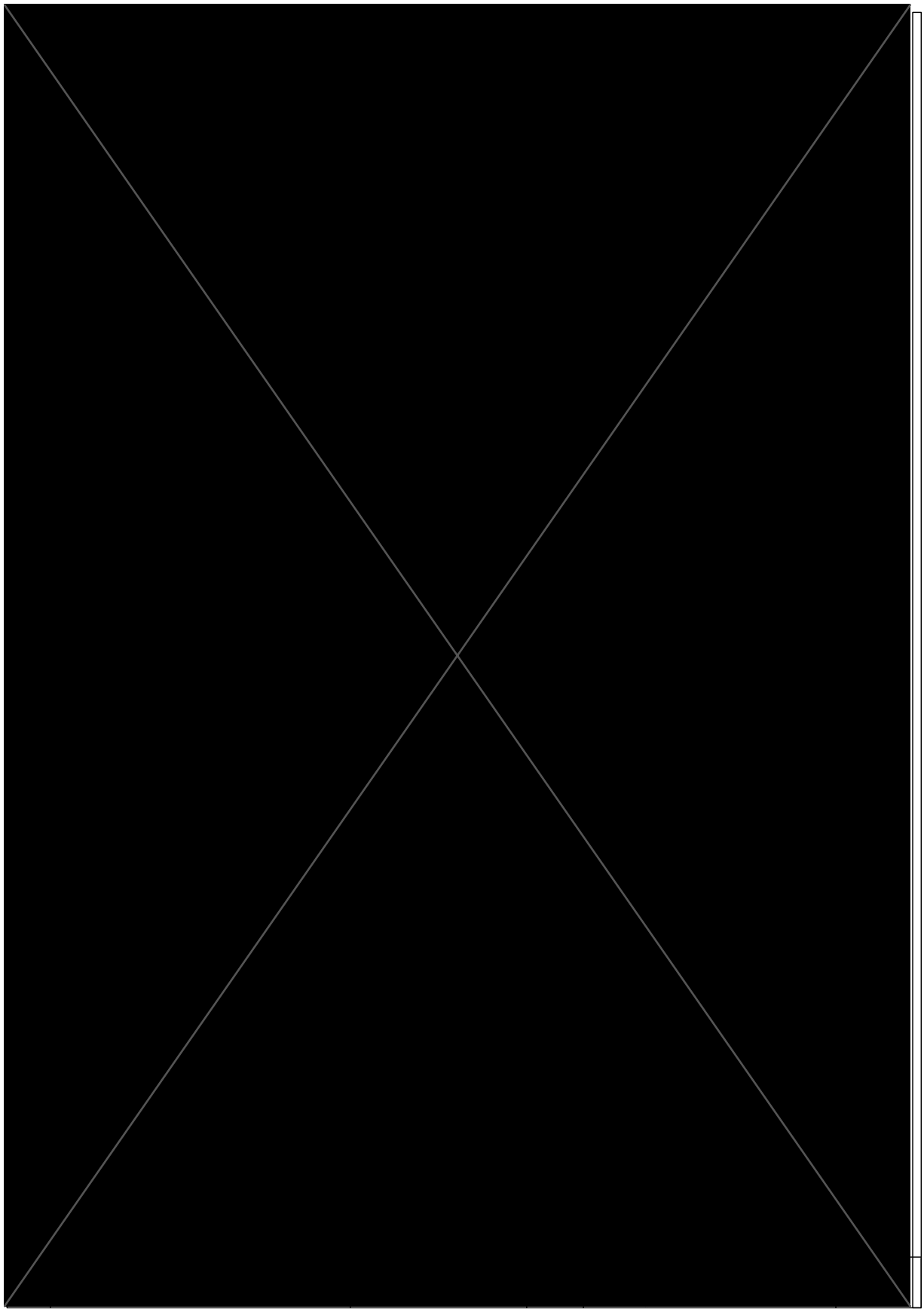
Exhibit 32 – Engineering Plans and Specifications (Cultivation Facilities)

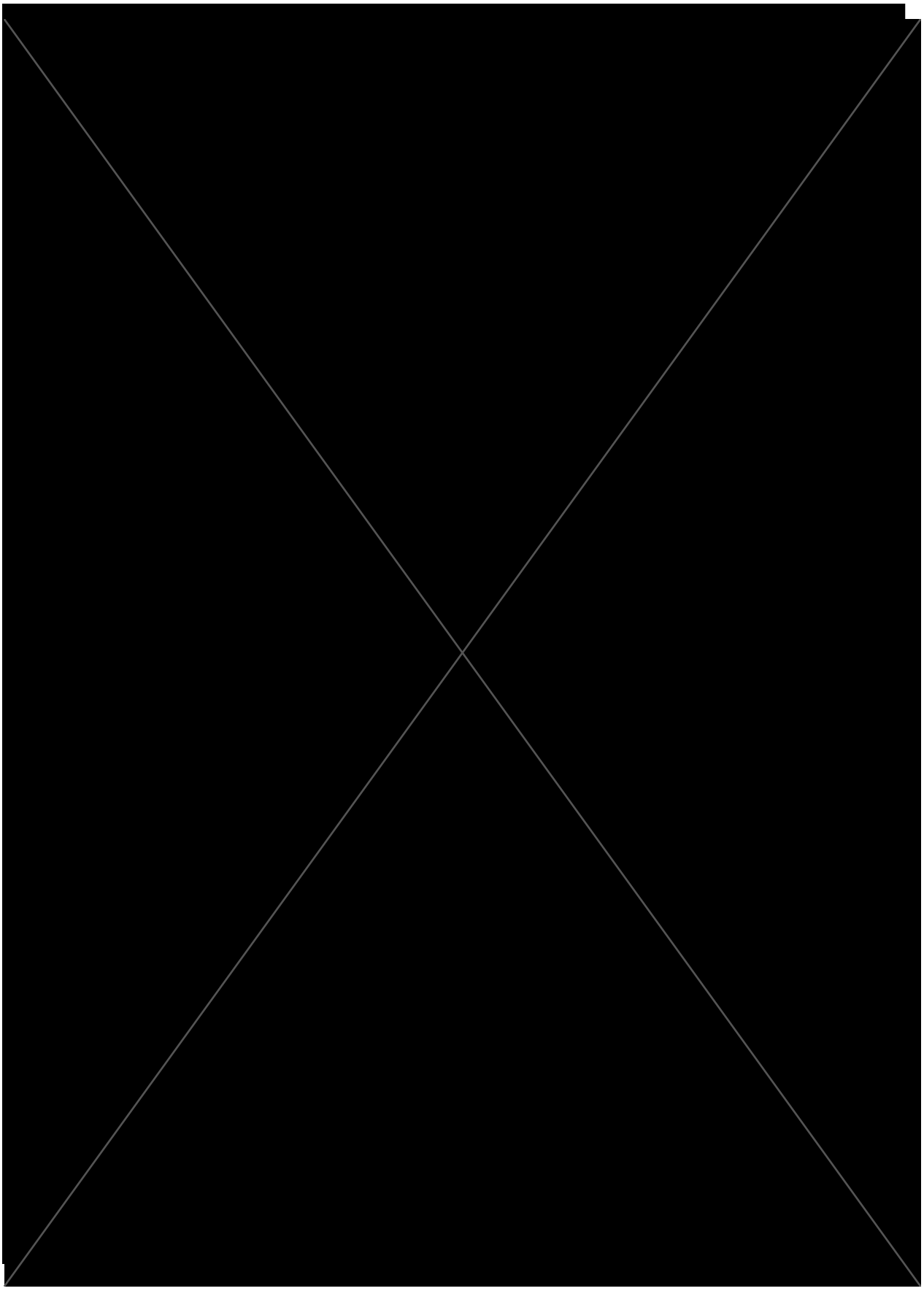
Verification

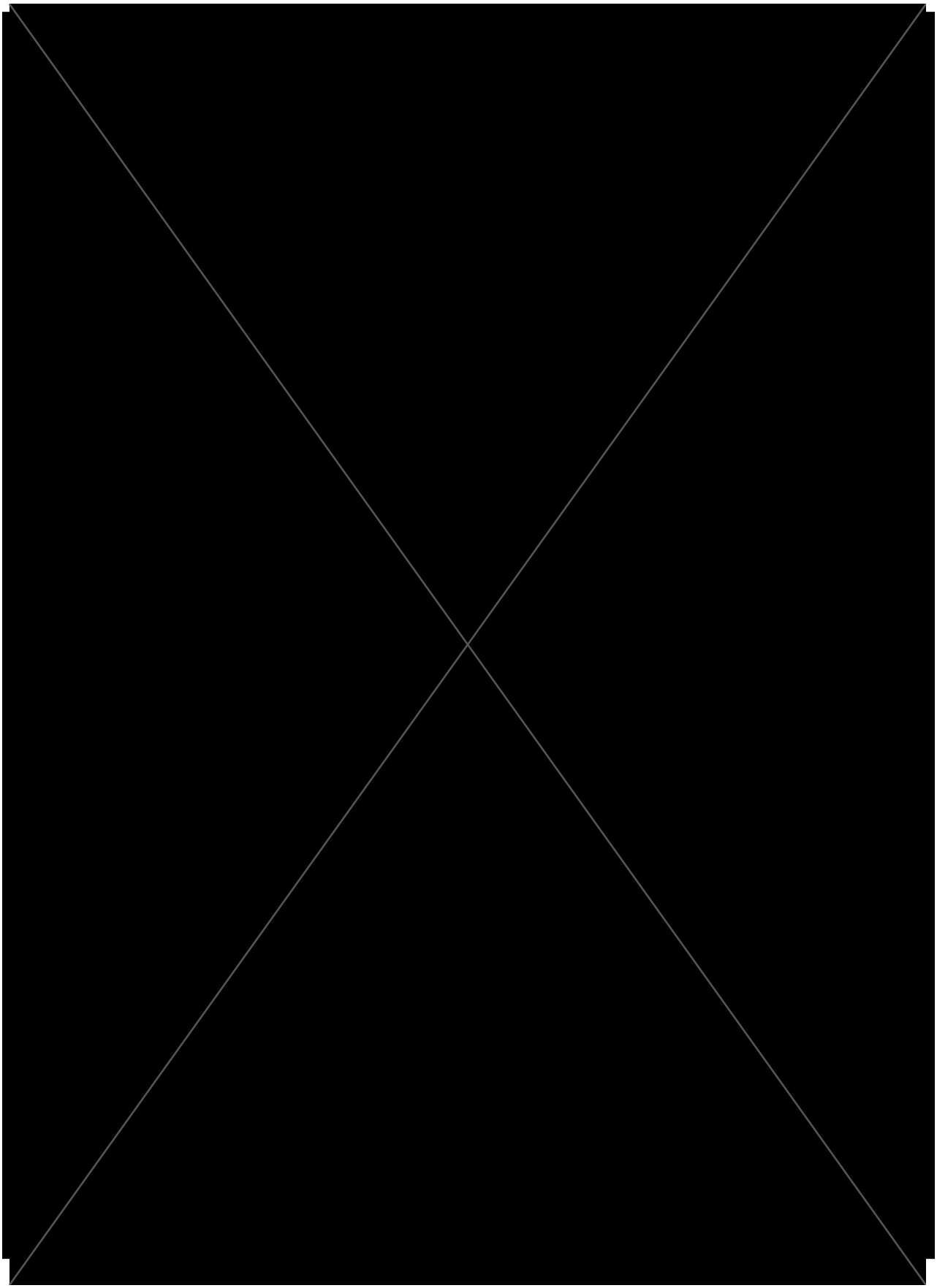
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

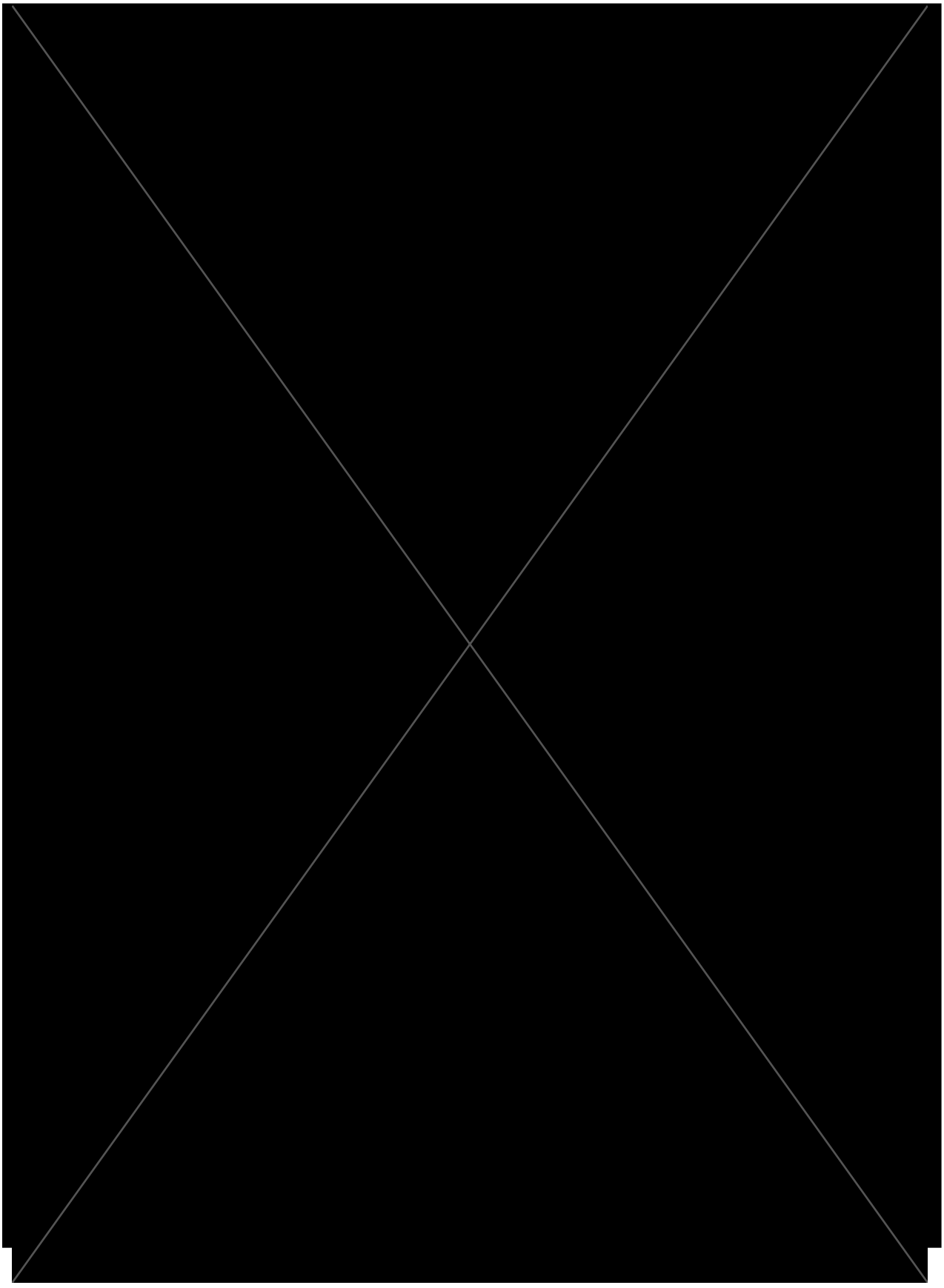
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**











License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

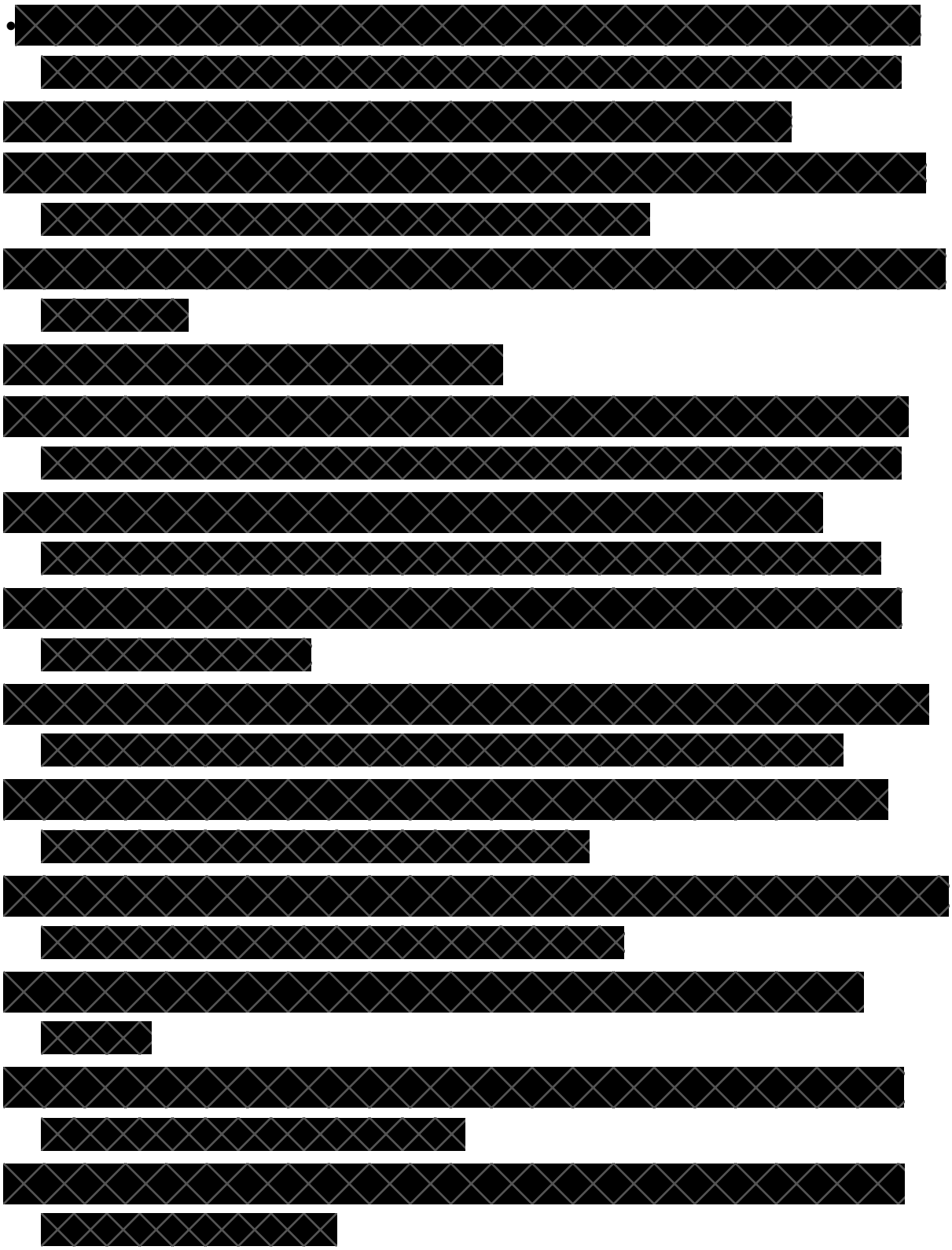
Exhibit 33 – Security Plan

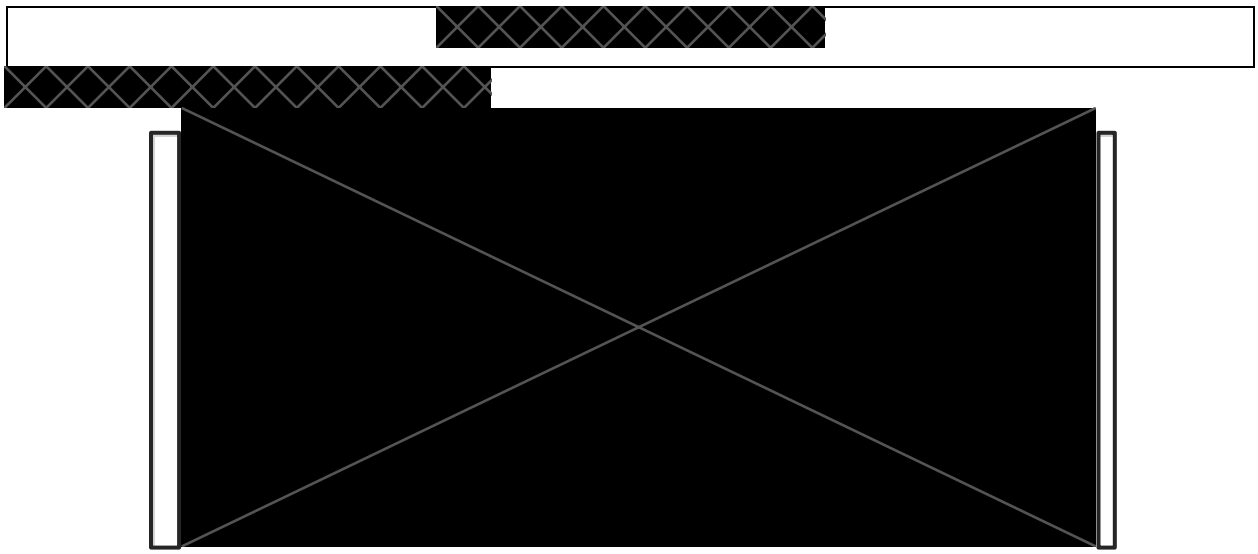
Verification

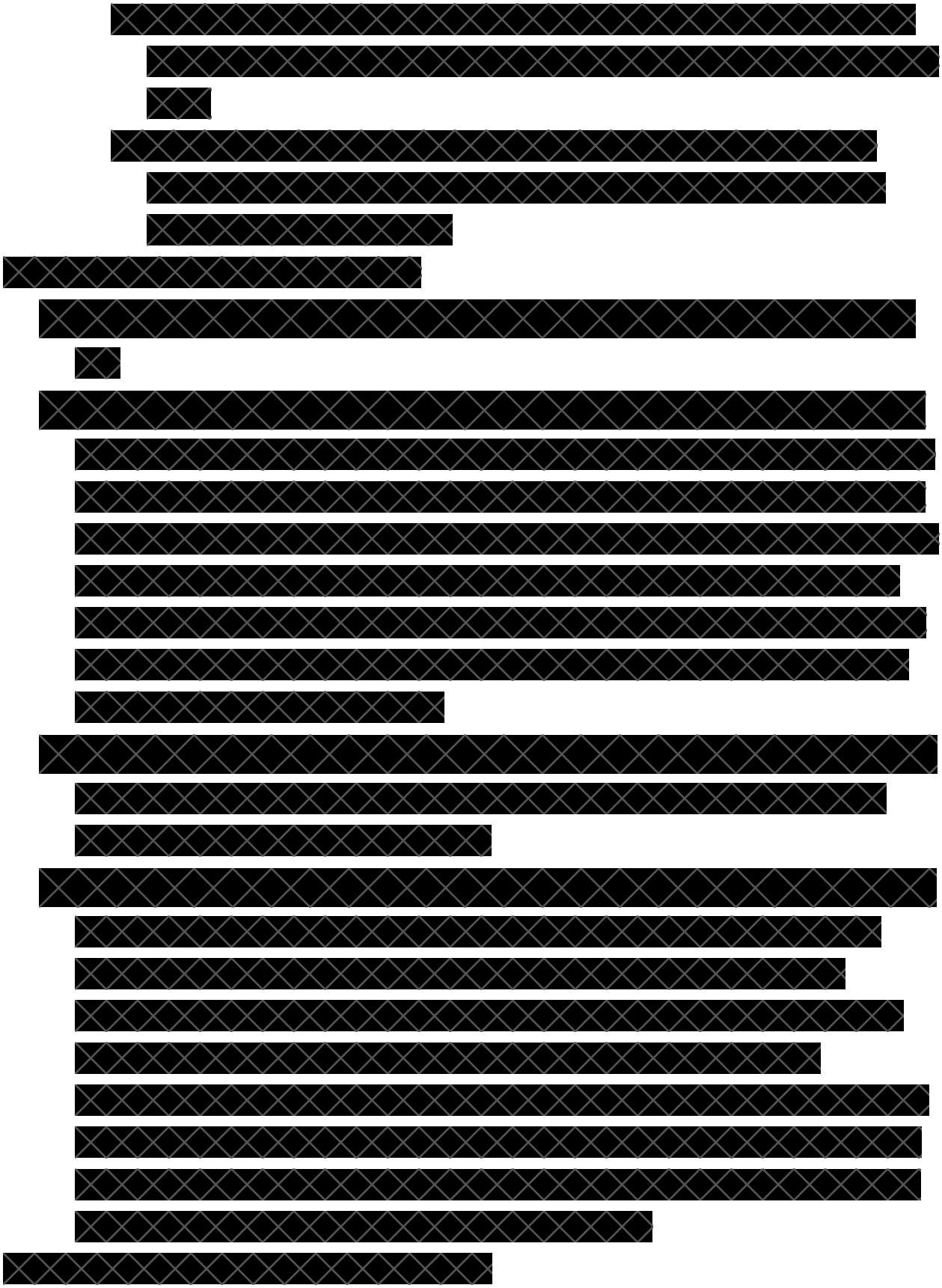
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

[redacted]







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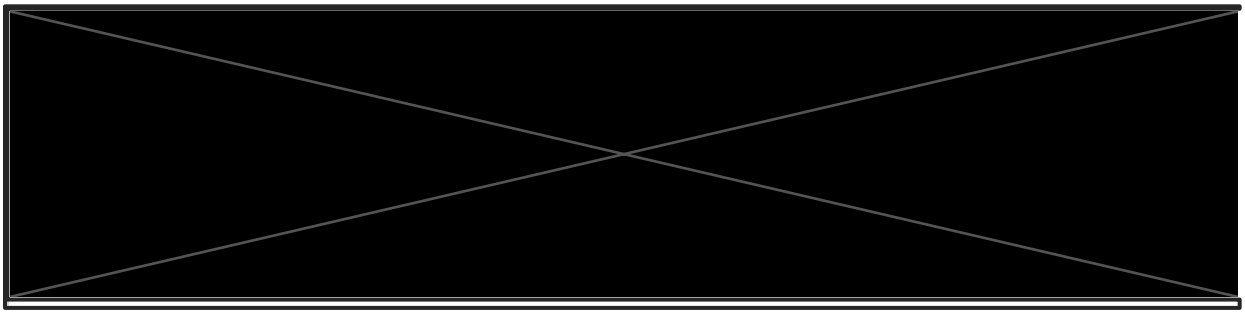

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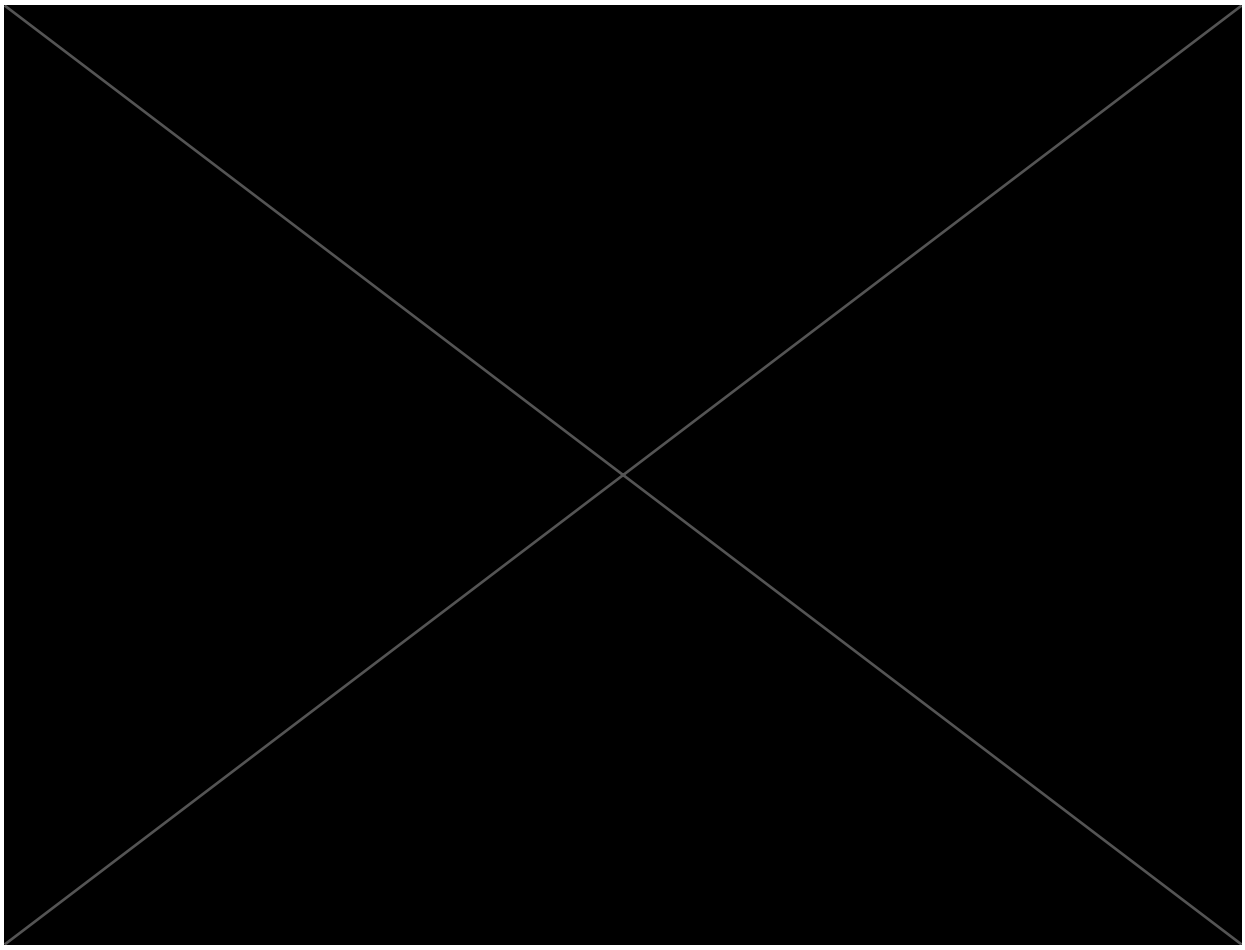

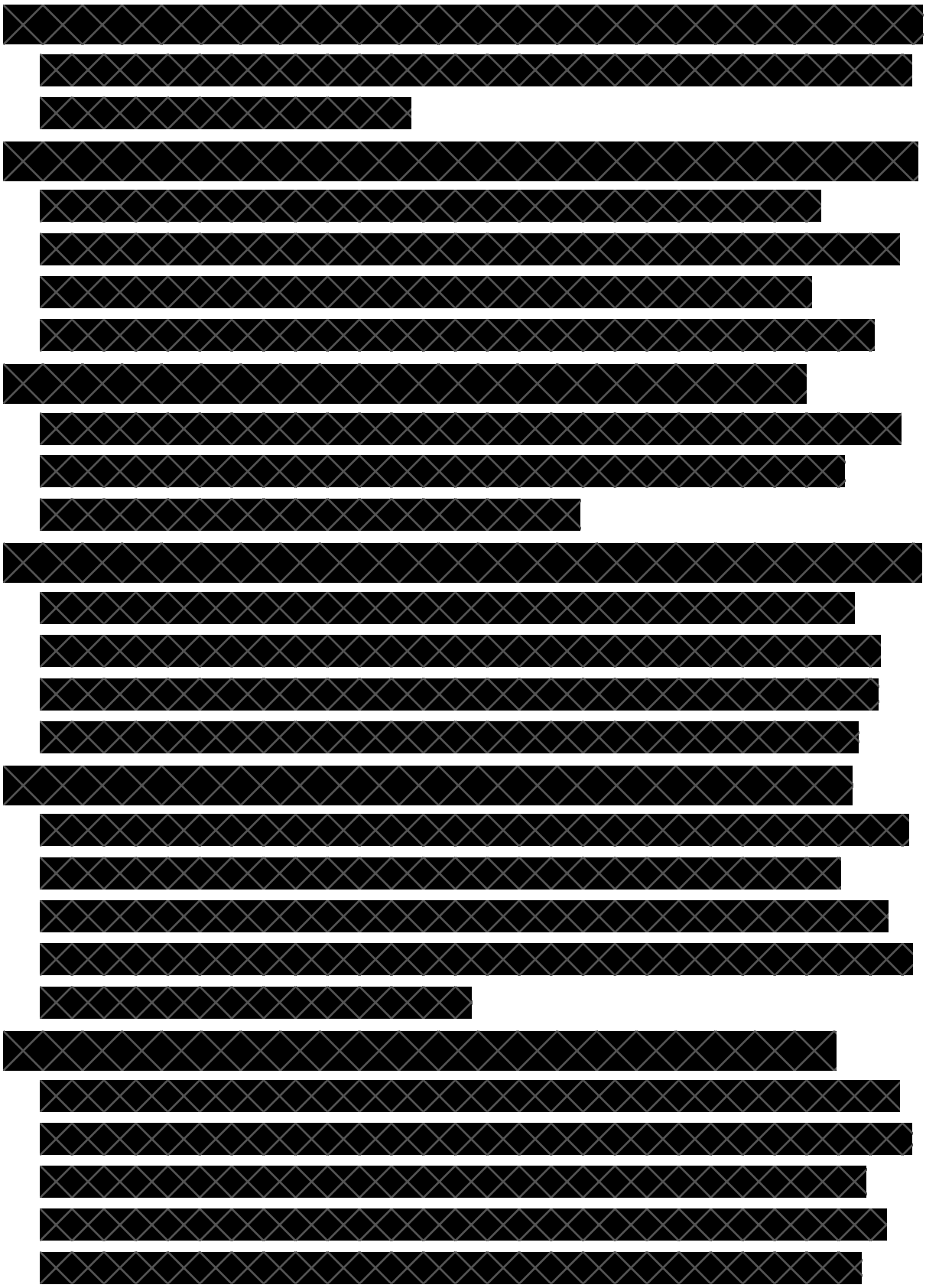

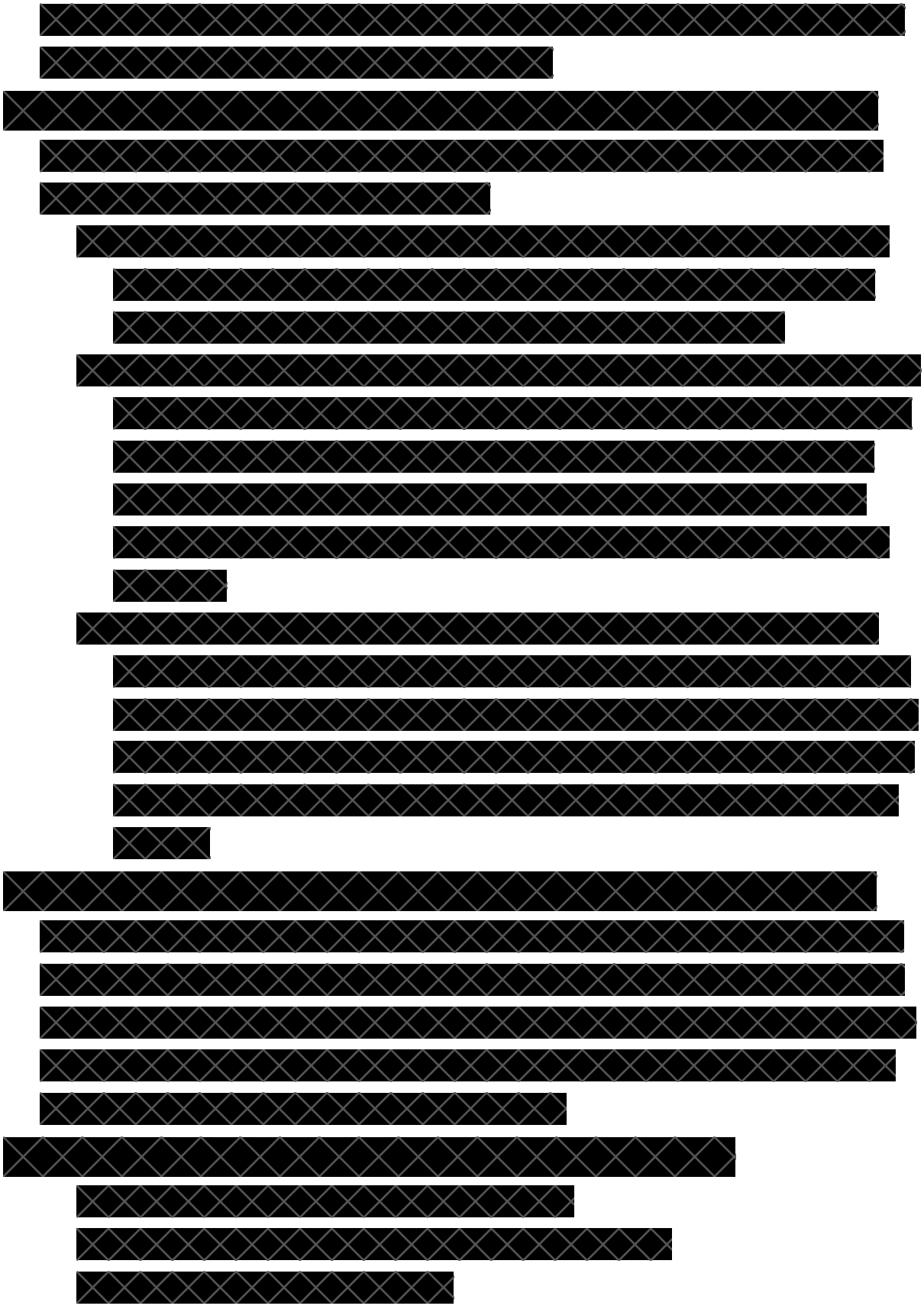

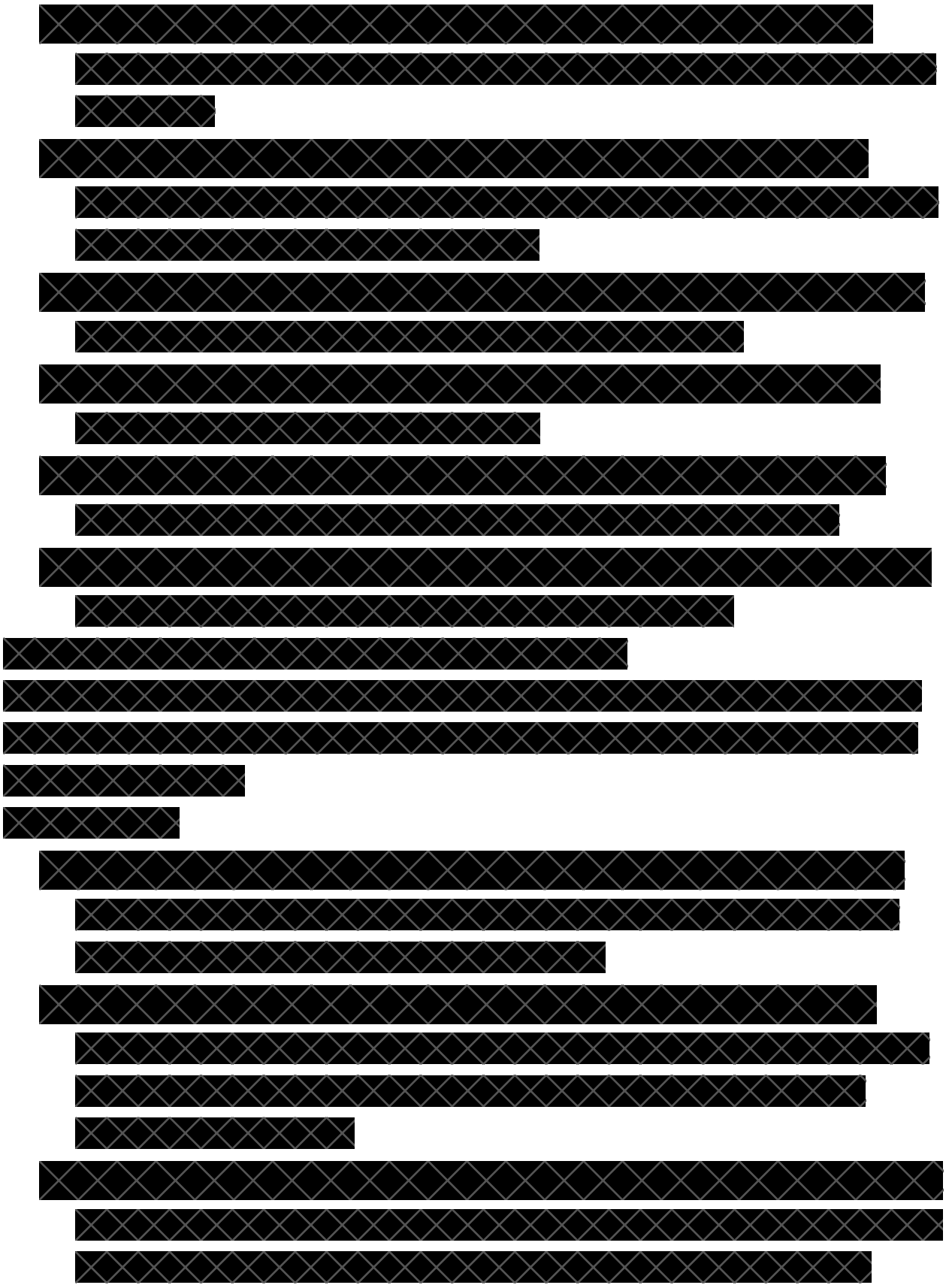

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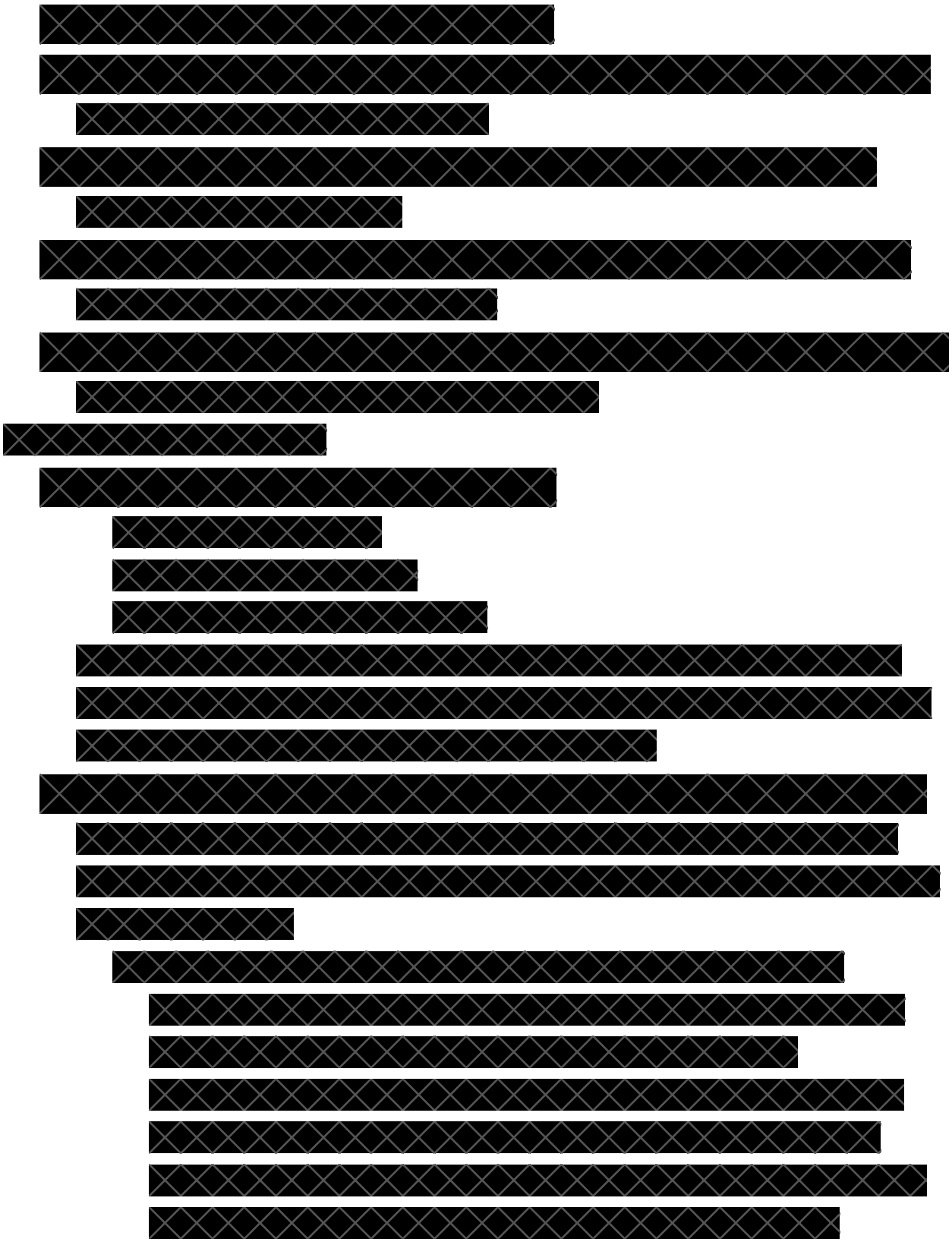

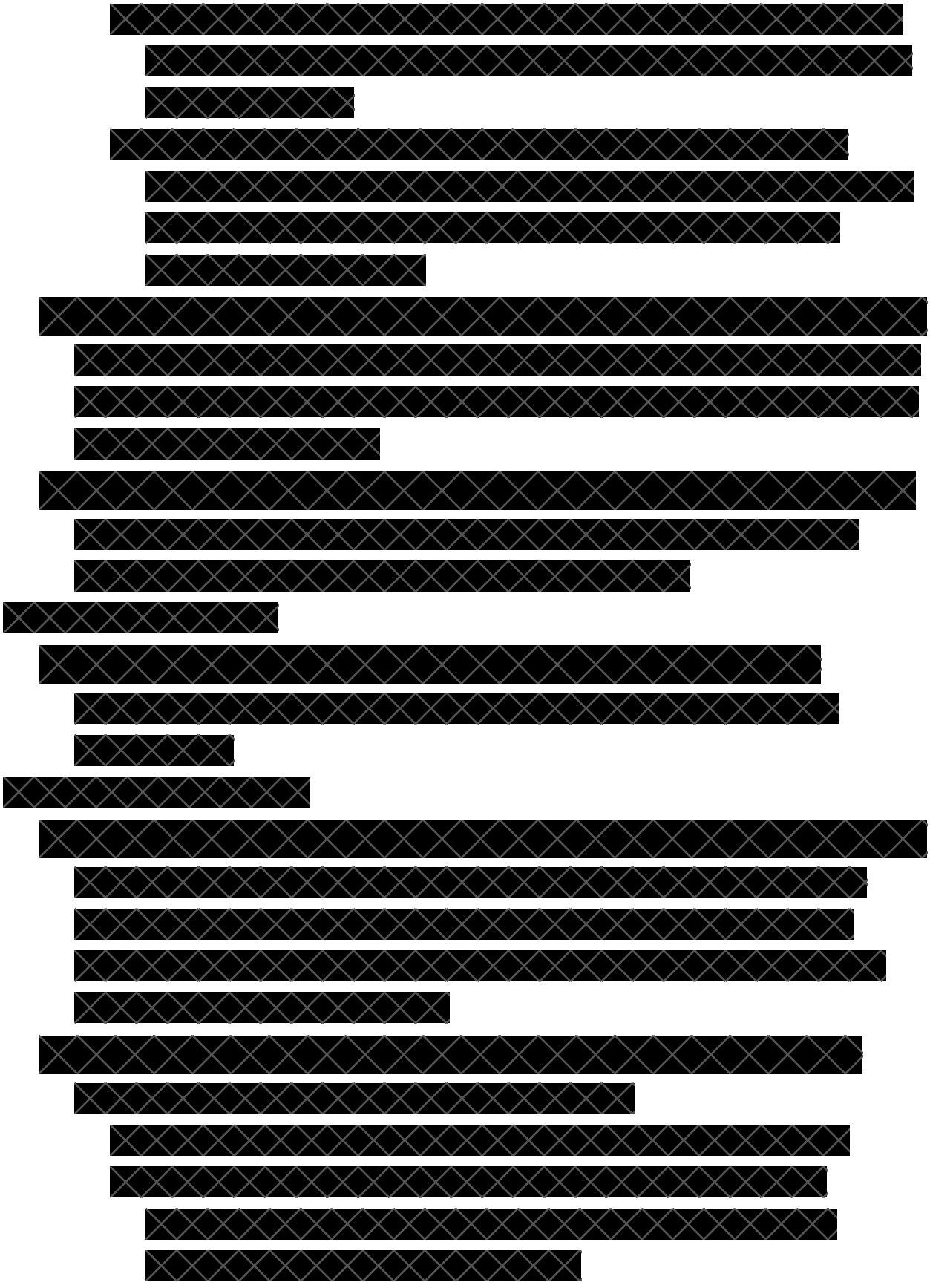

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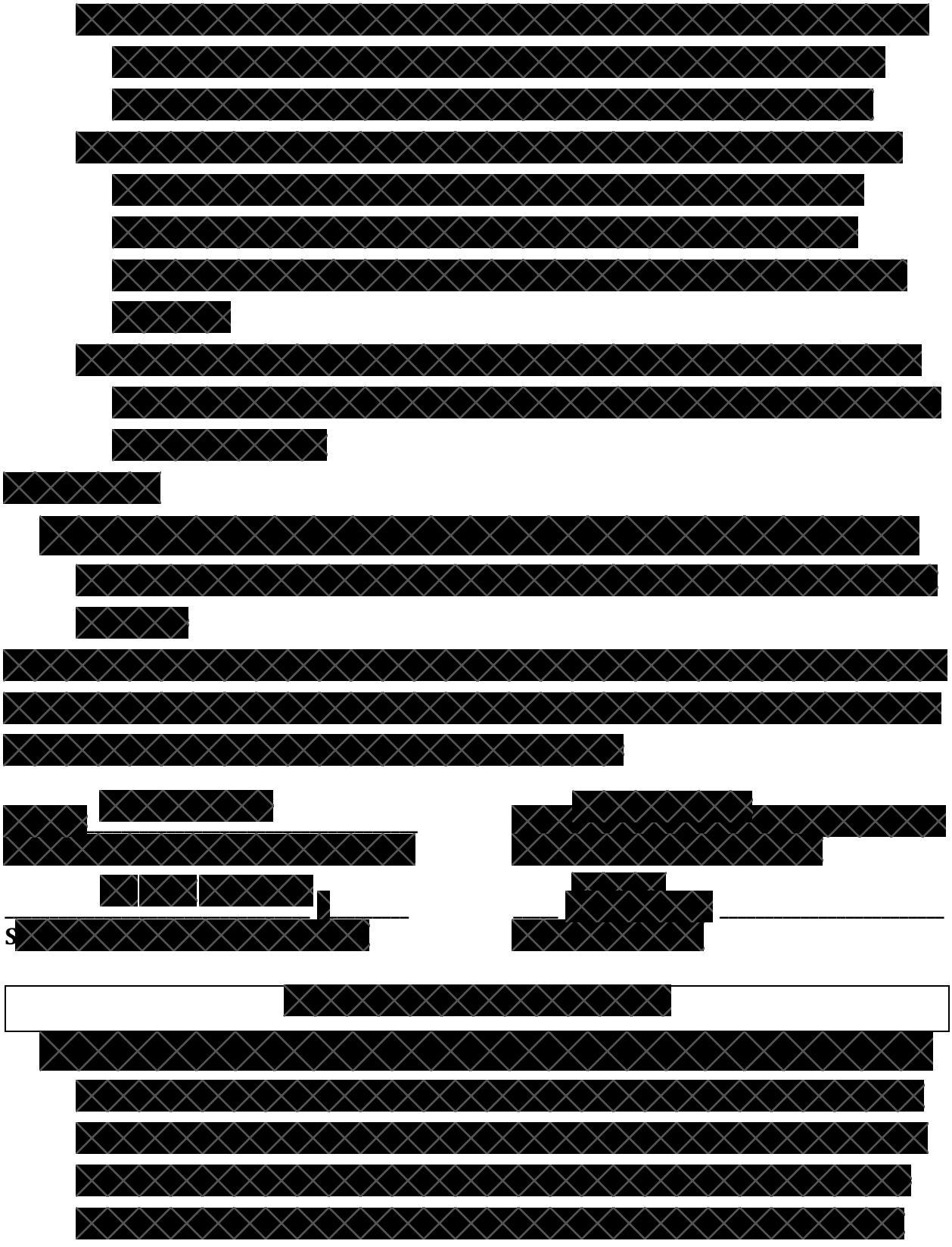

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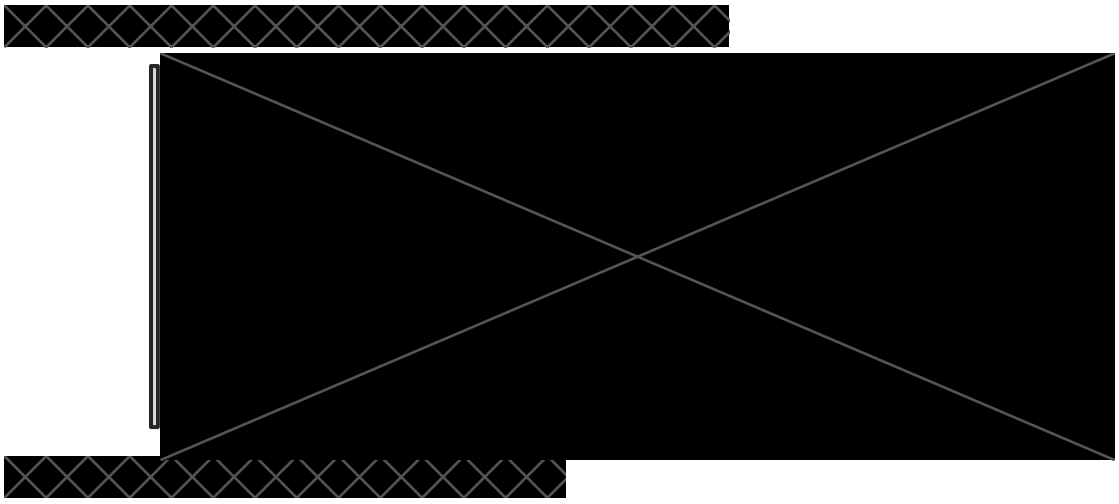

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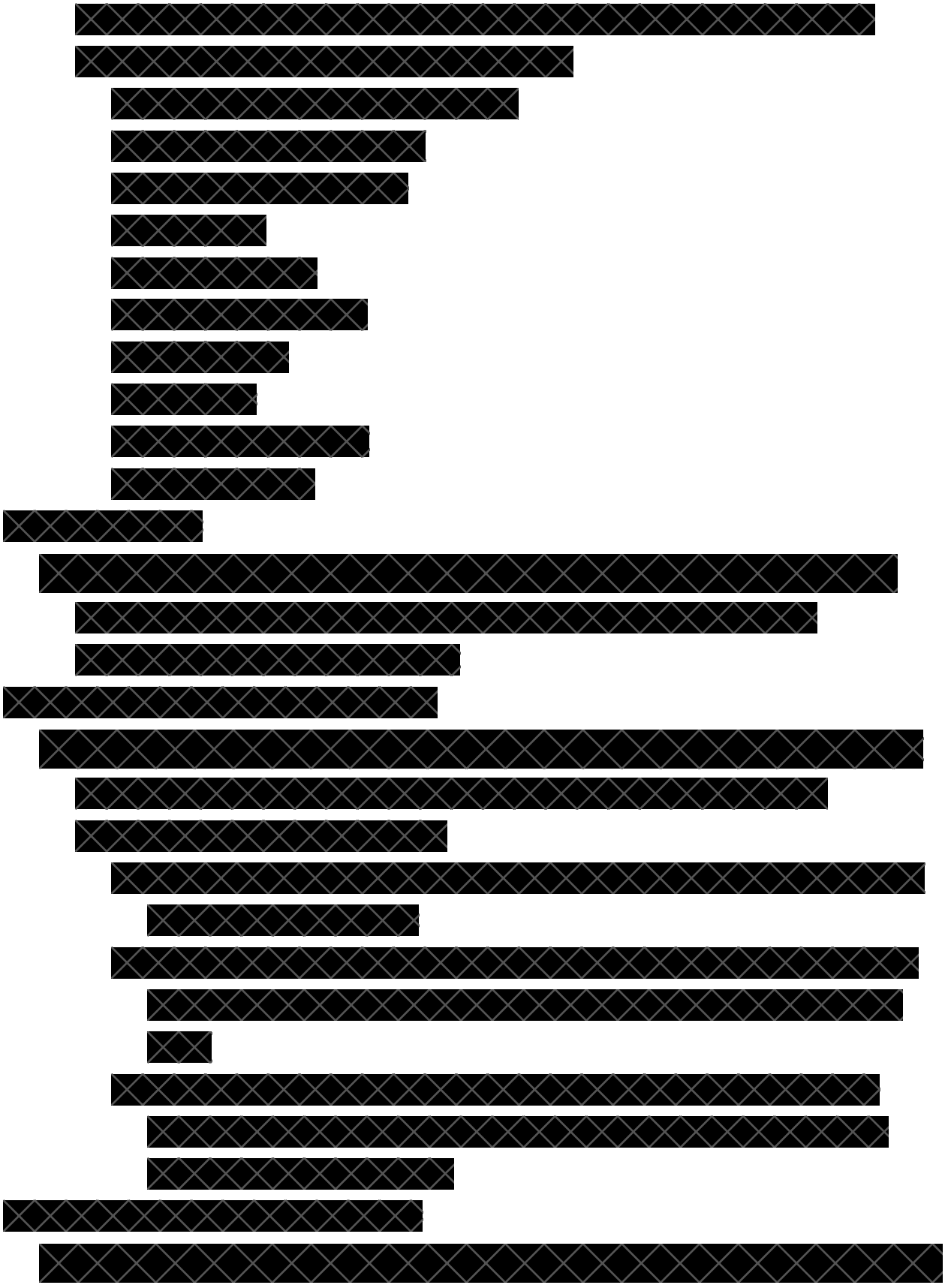

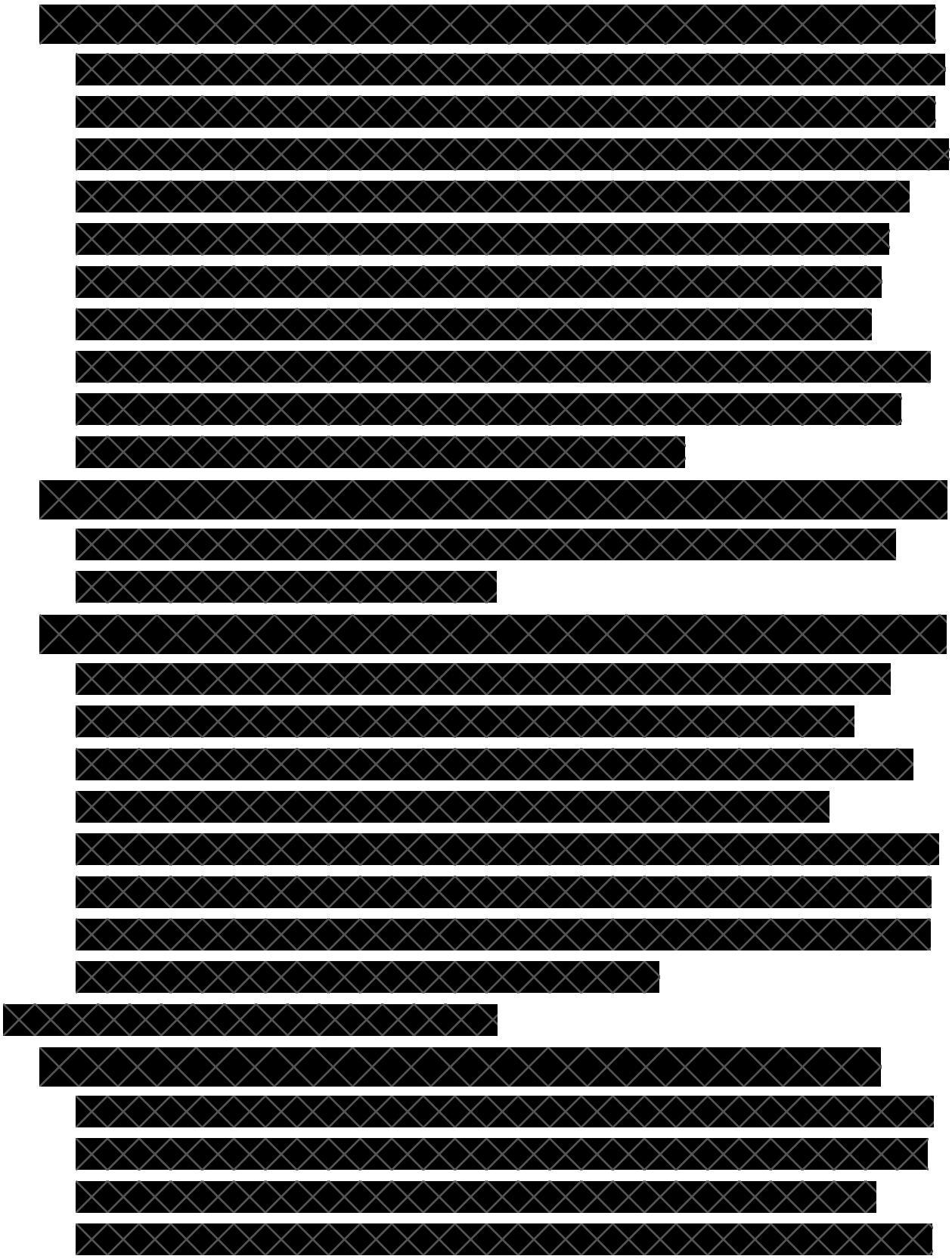

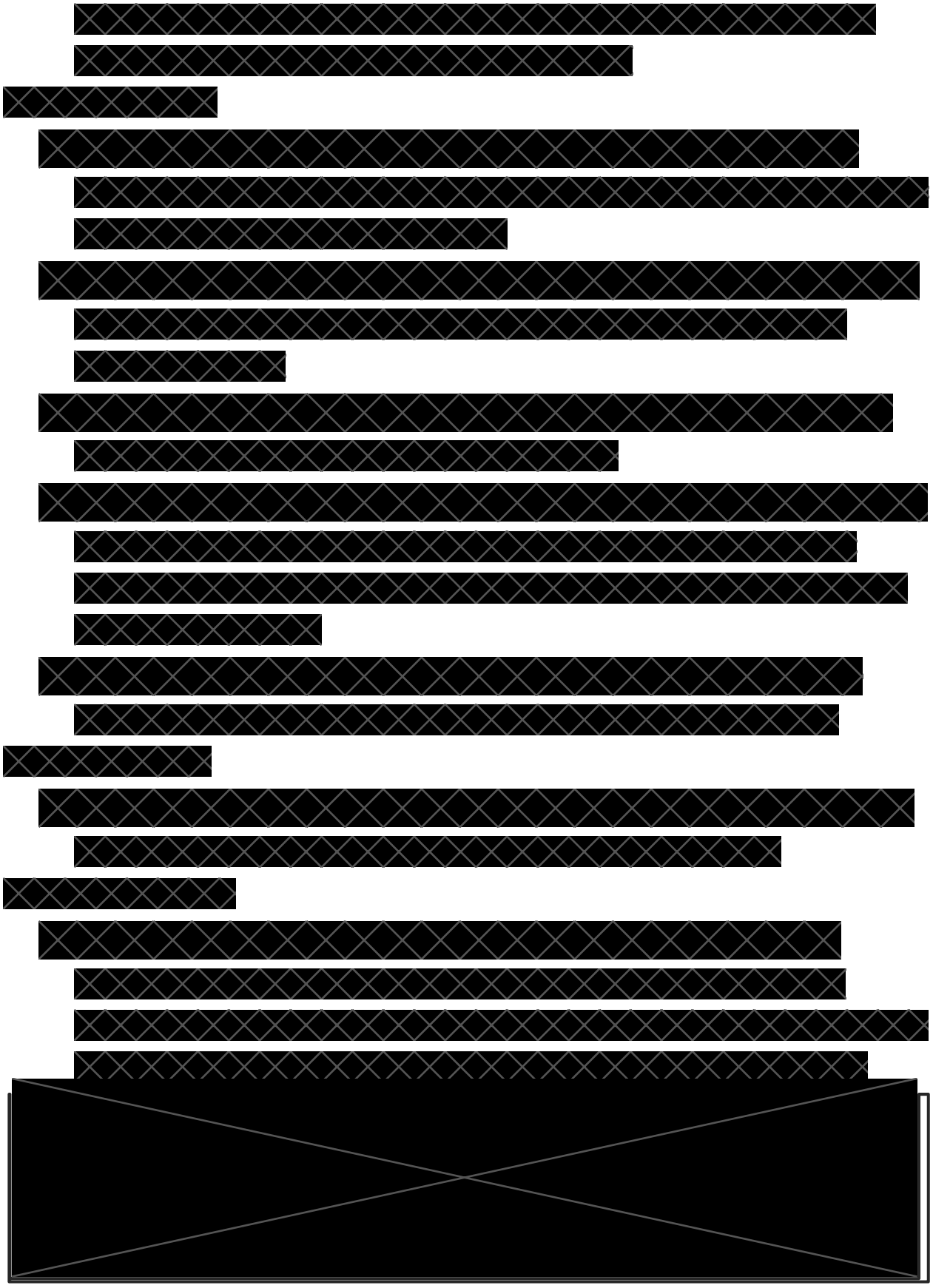

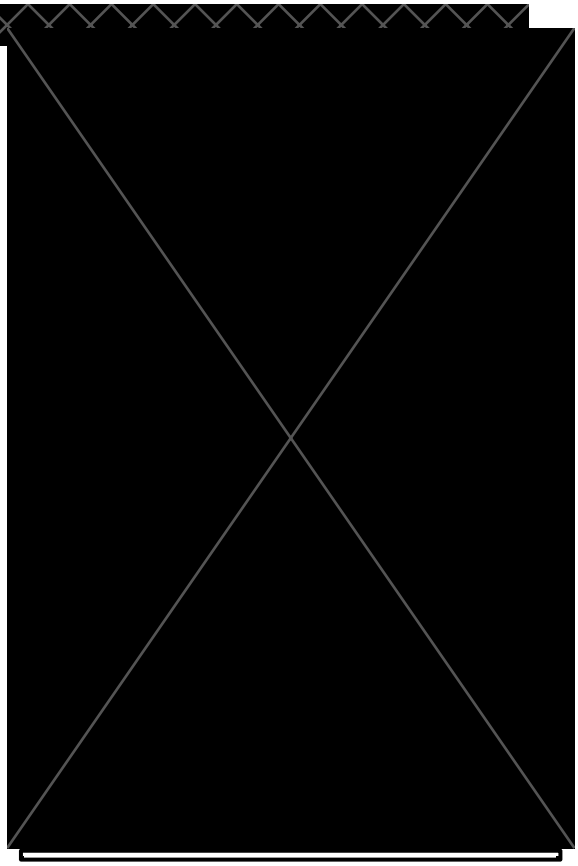

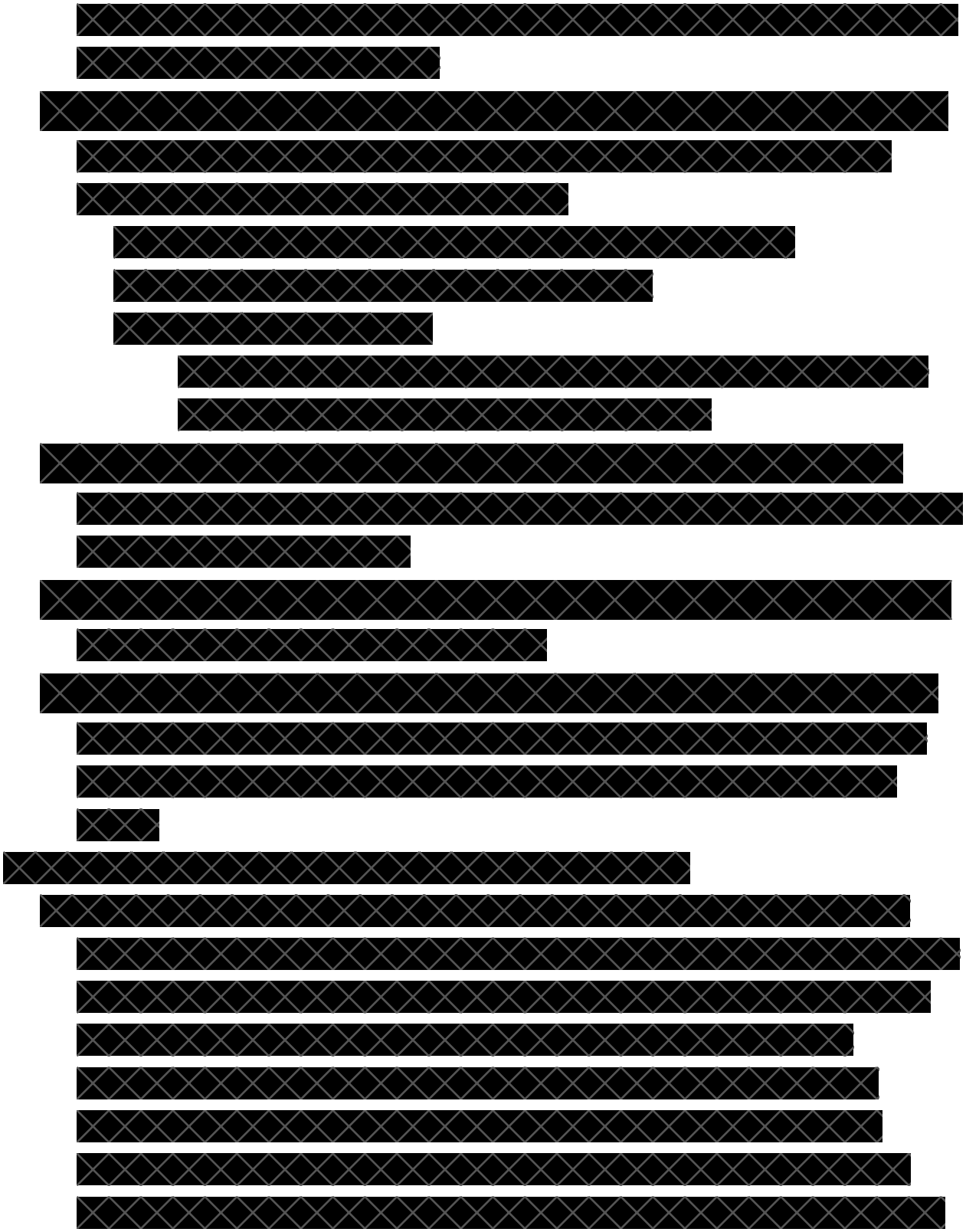

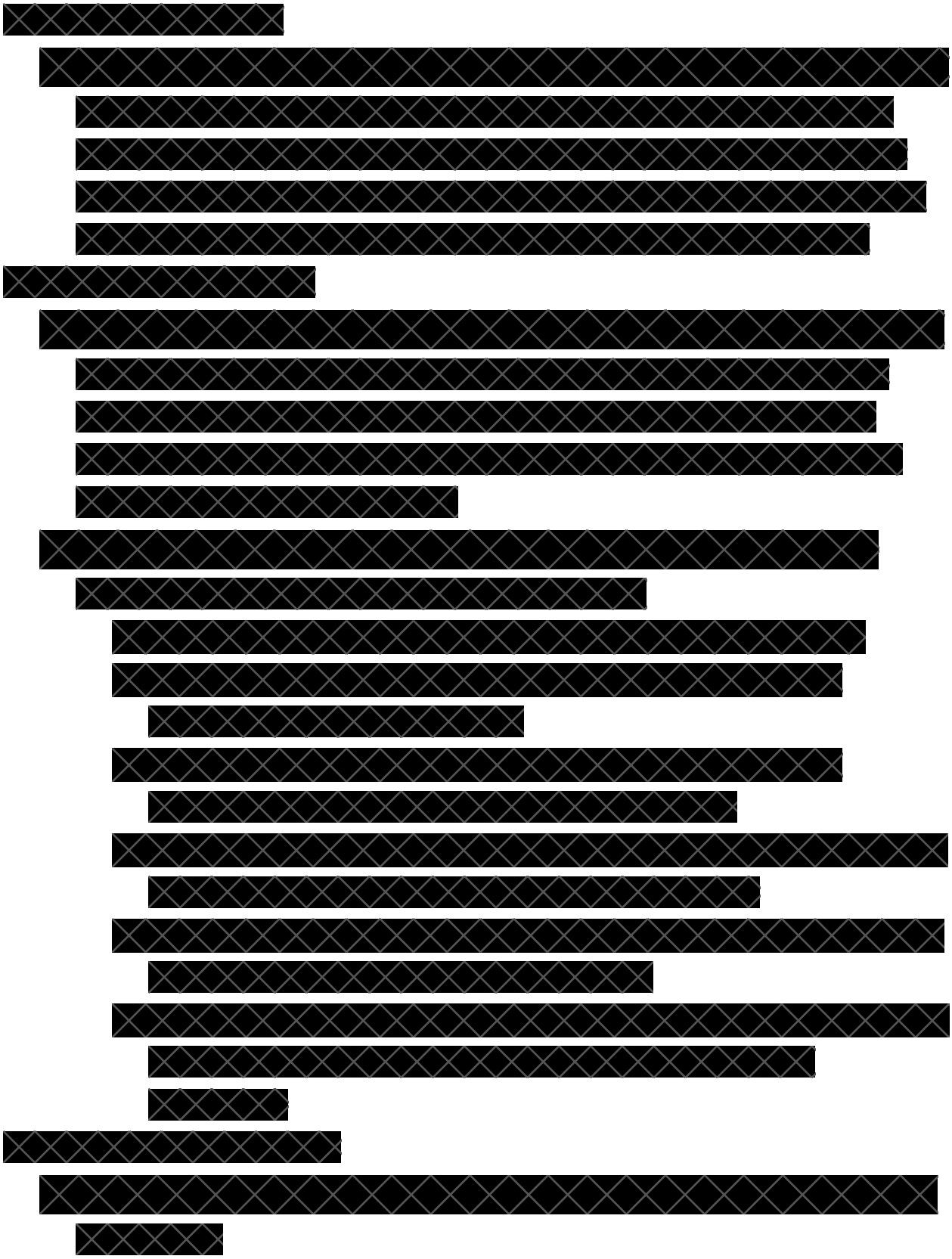

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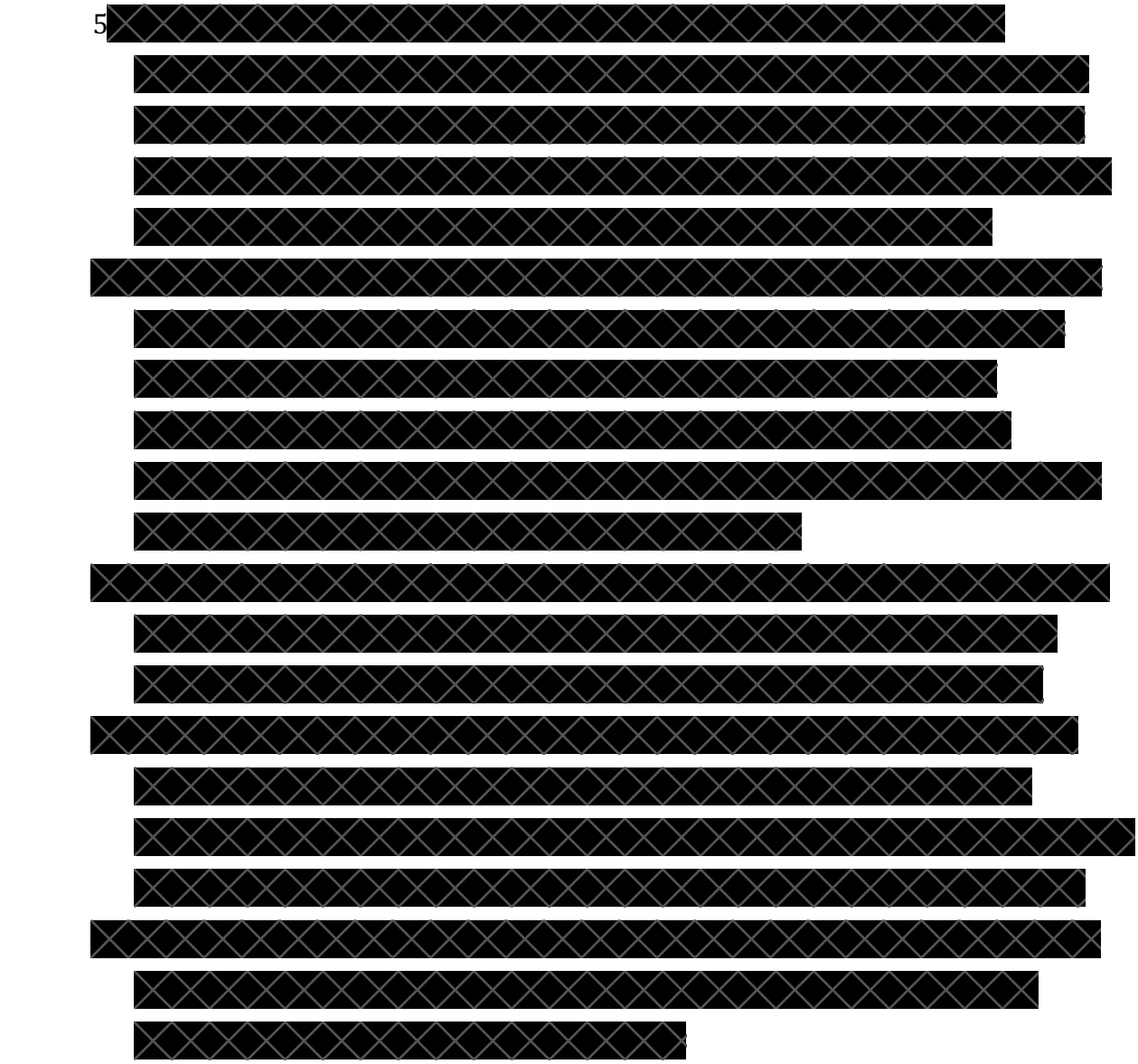

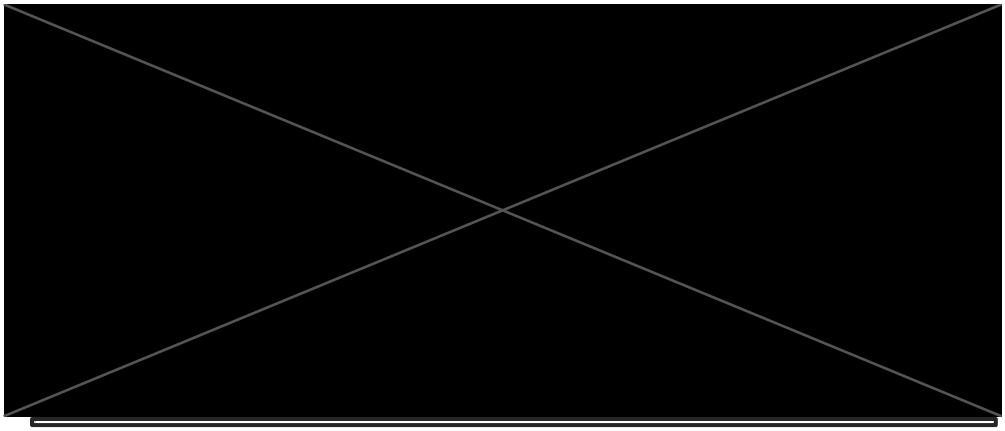

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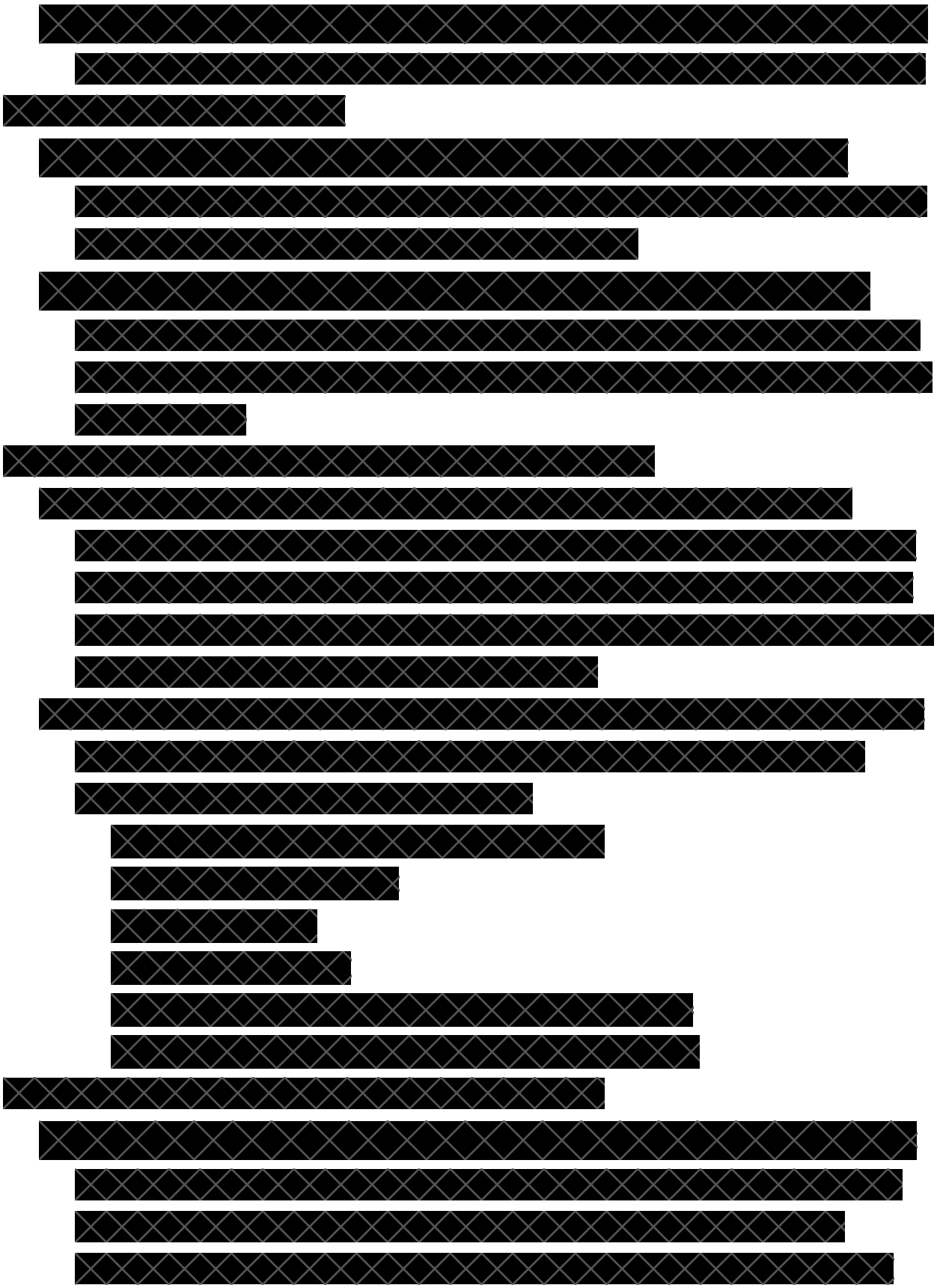

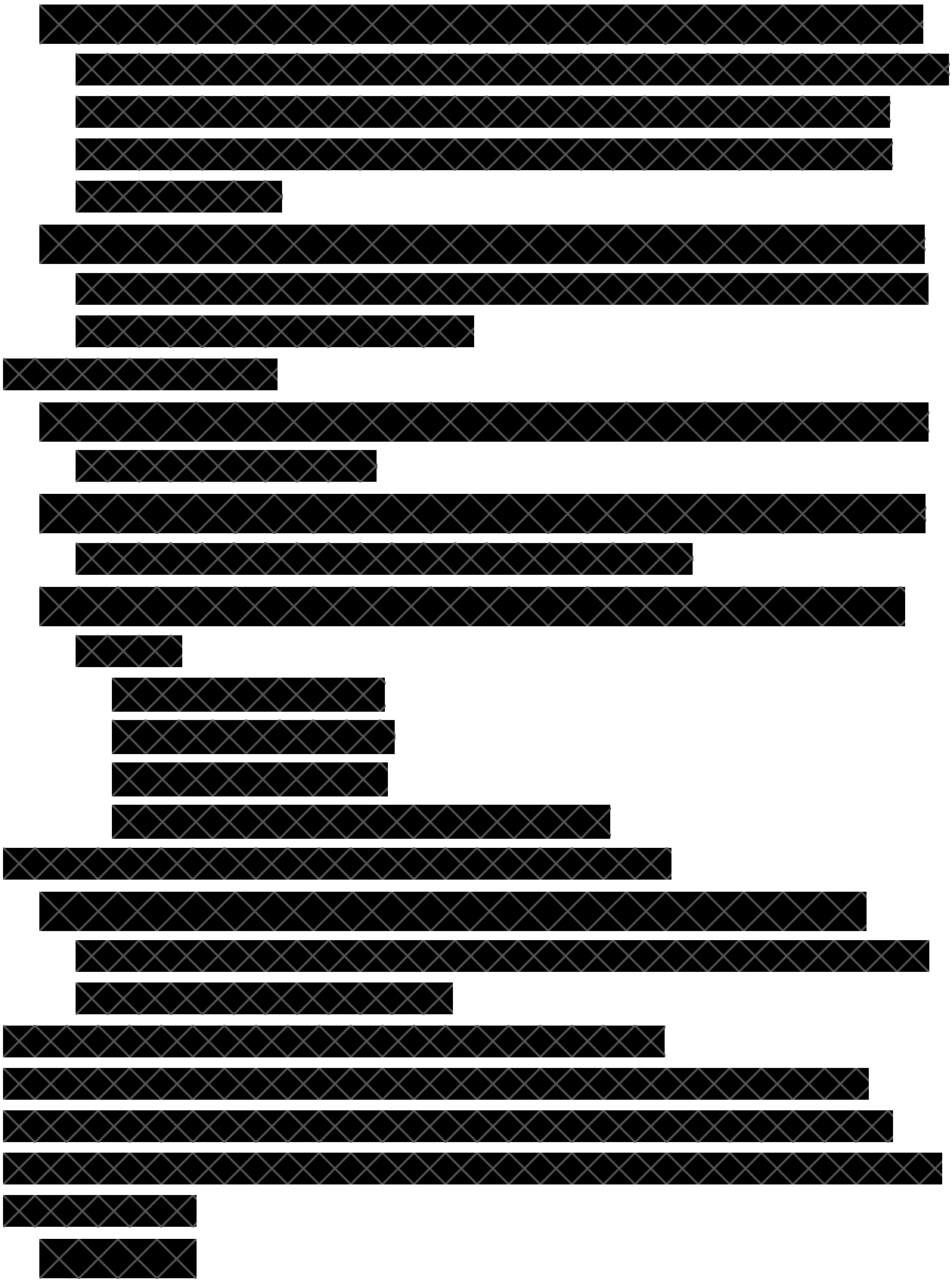

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 34 – Personnel

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/28/23
Signature of Verifying Individual	**Verification Date**

FORM G: PERSONNEL ROSTER & VERIFICATION

Green Bud, LLC
Business License Applicant Name

Integrated
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.

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

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SSN

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Telephone

[redacted]
Email

[redacted]
Street Address

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City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

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Title/Position

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SSN

[redacted]
Telephone

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Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

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[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

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Telephone

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Email

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Street Address

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City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

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Leader/Employee Name

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Title/Position

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Telephone

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Street Address

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Leader/Employee Name

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Title/Position

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Zip

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Leader/Employee Name

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Title/Position

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Street Address

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City

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State

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Zip

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Leader/Employee Name

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Title/Position

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[redacted]
Telephone

[redacted]
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Street Address

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City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted]
Leader/Employee Name

[redacted]
Title/Position

[redacted]
SSN

[redacted]
Telephone

[redacted]
Email

[redacted]
Street Address

[redacted]
City

[redacted]
State

[redacted]
Zip

[redacted] _____ [redacted]

Leader/Employee Name Title/Position

[redacted] _____ [redacted] _____ [redacted] _____

SSN Telephone Email

[redacted] _____

Street Address

[redacted] _____ [redacted] _____ [redacted] _____

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.

Josh Brunner — Chief Executive Officer and Chief Financial Officer

Printed Name of Verifying Individual — Title of Verifying Individual

Signature of Verifying Individual

02/28/2023

Verification Date

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

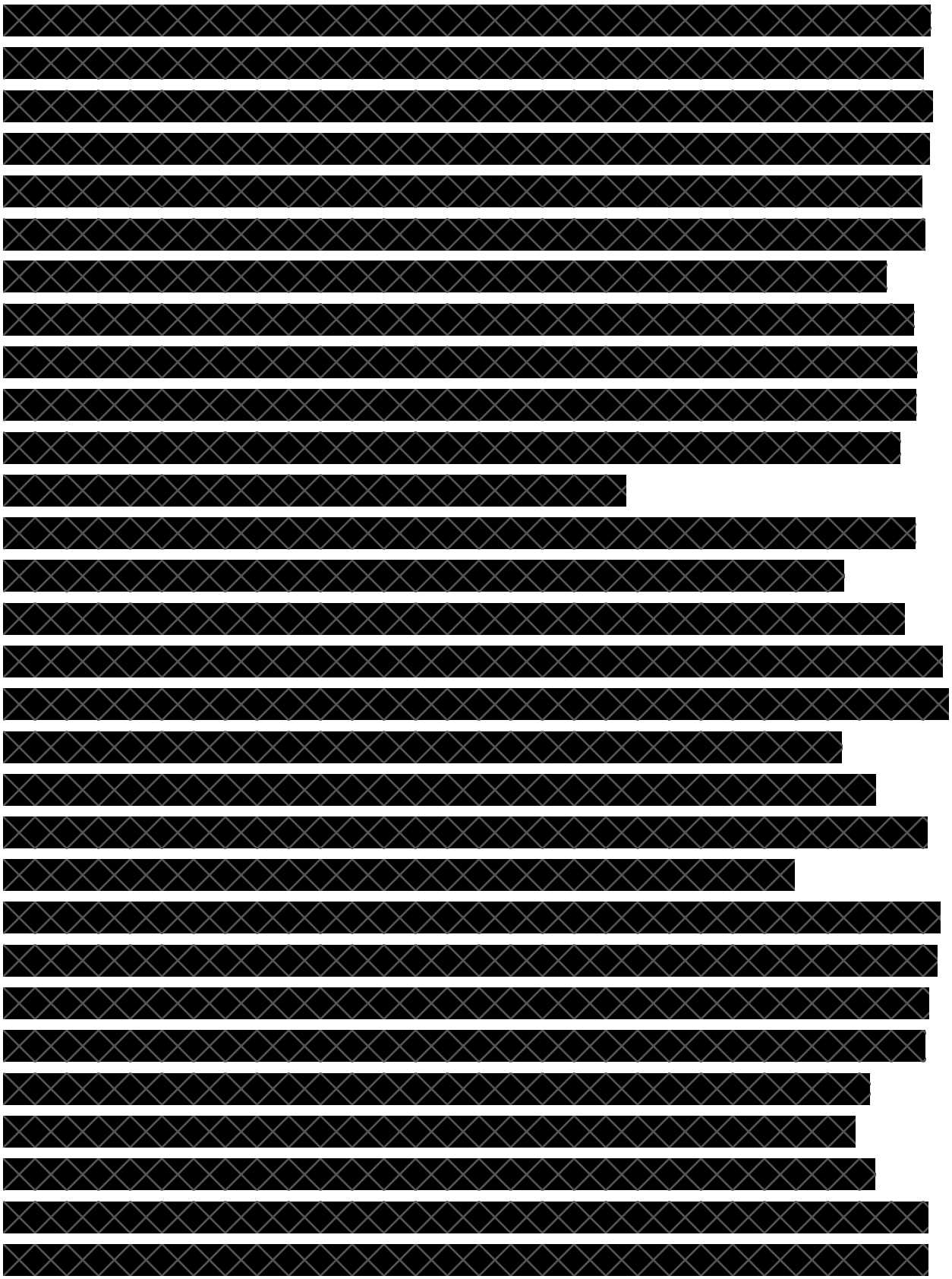
Exhibit 35 – Business Leadership Credentials

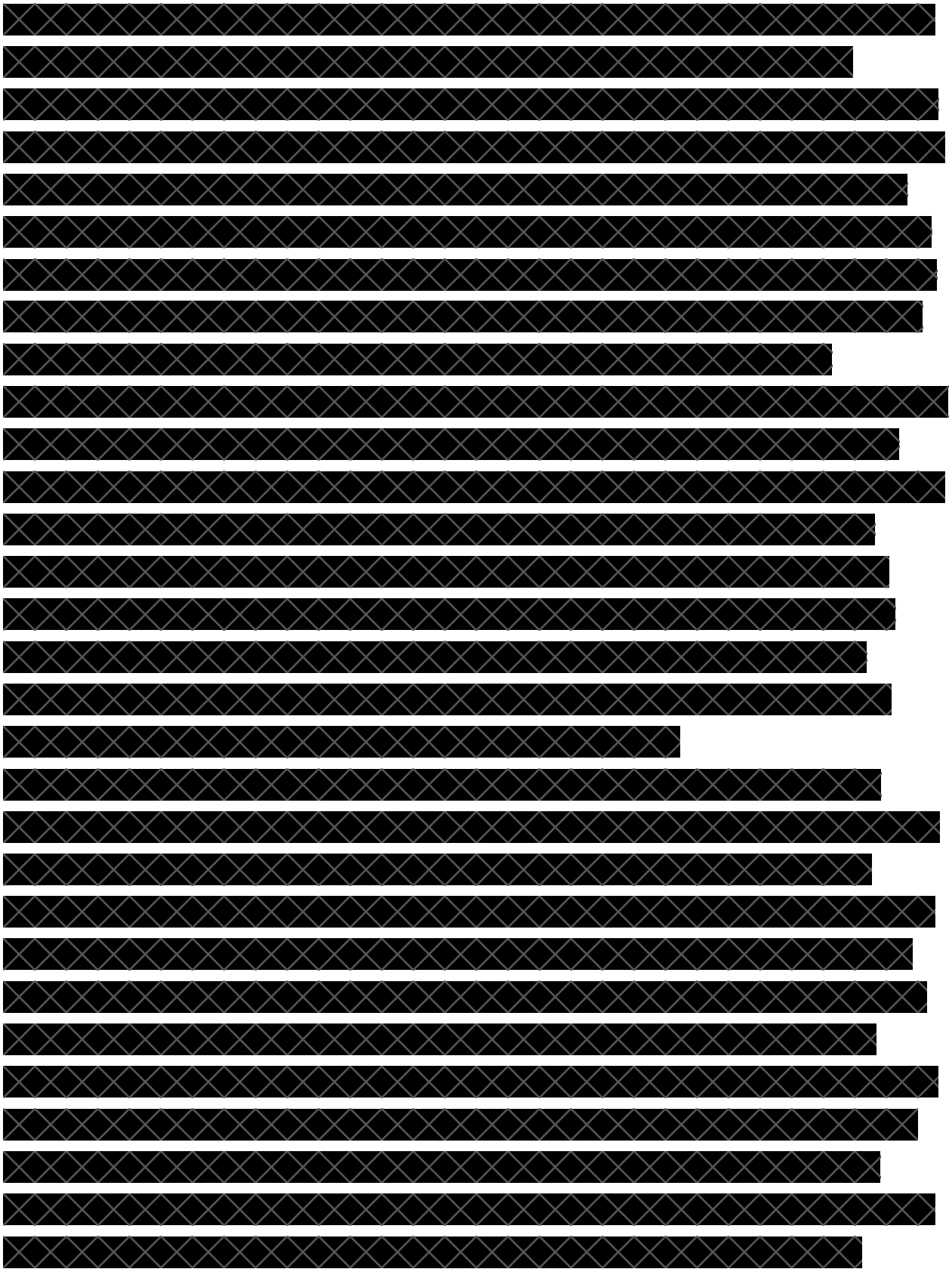
Verification

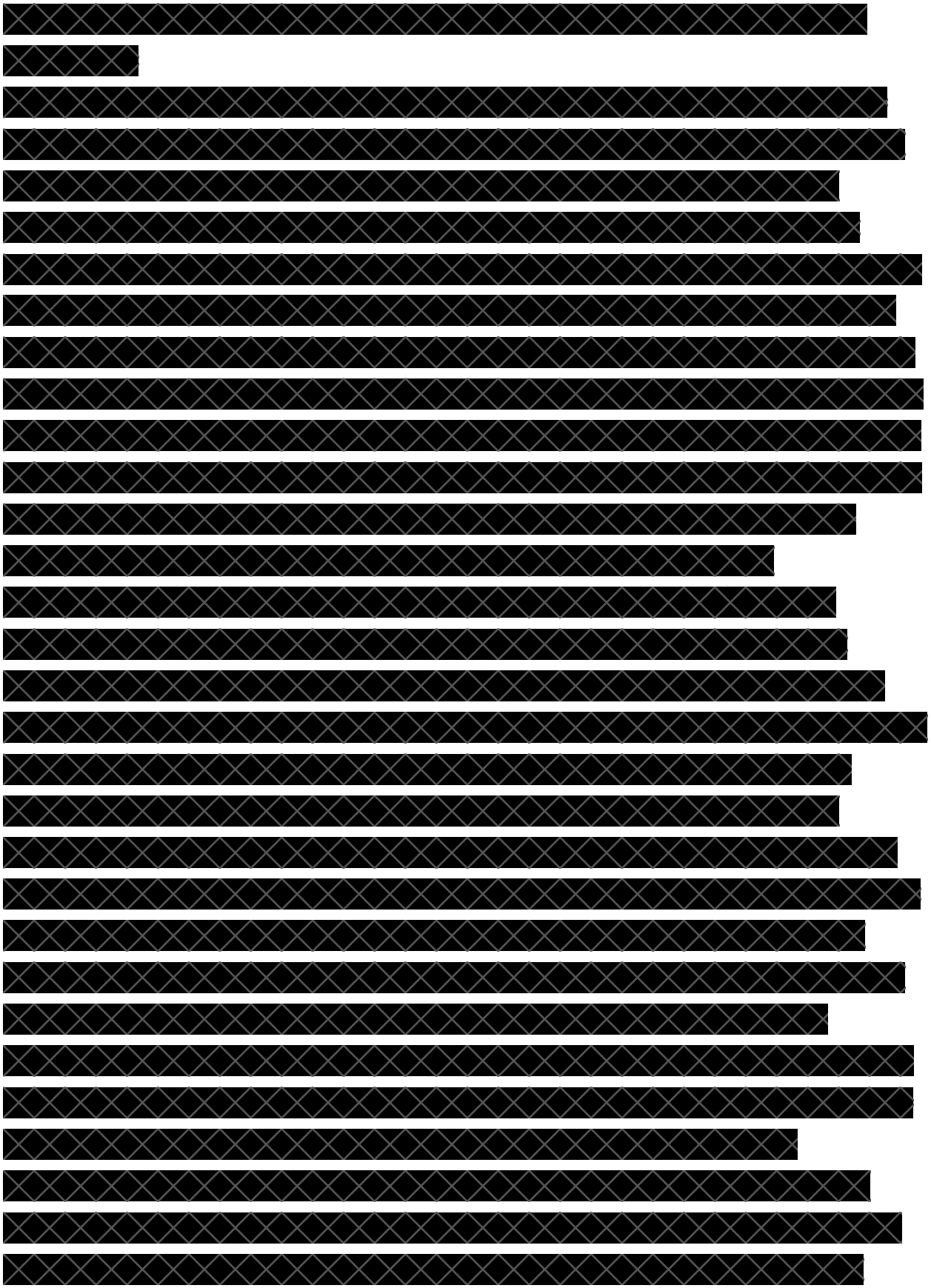
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

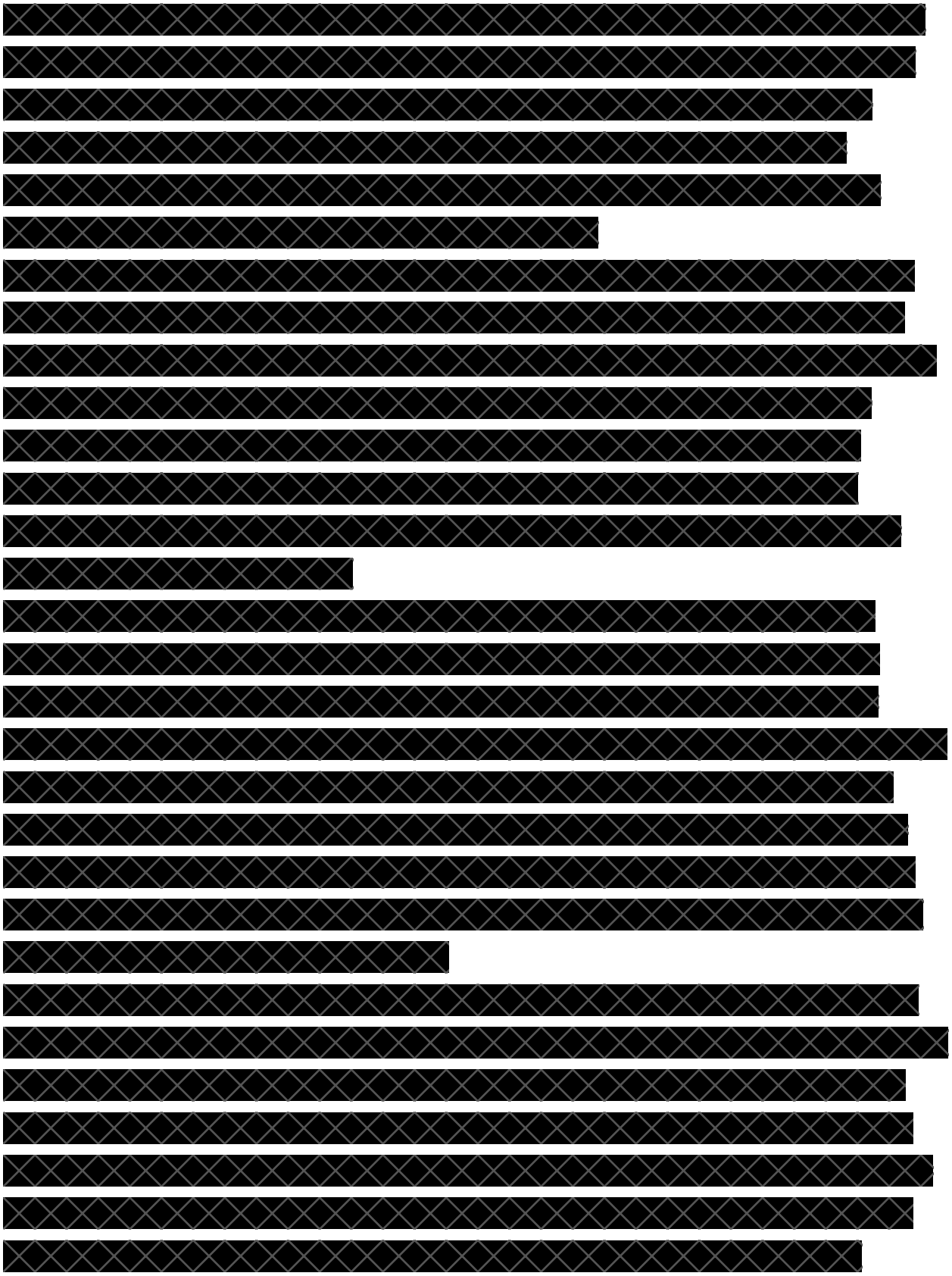
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

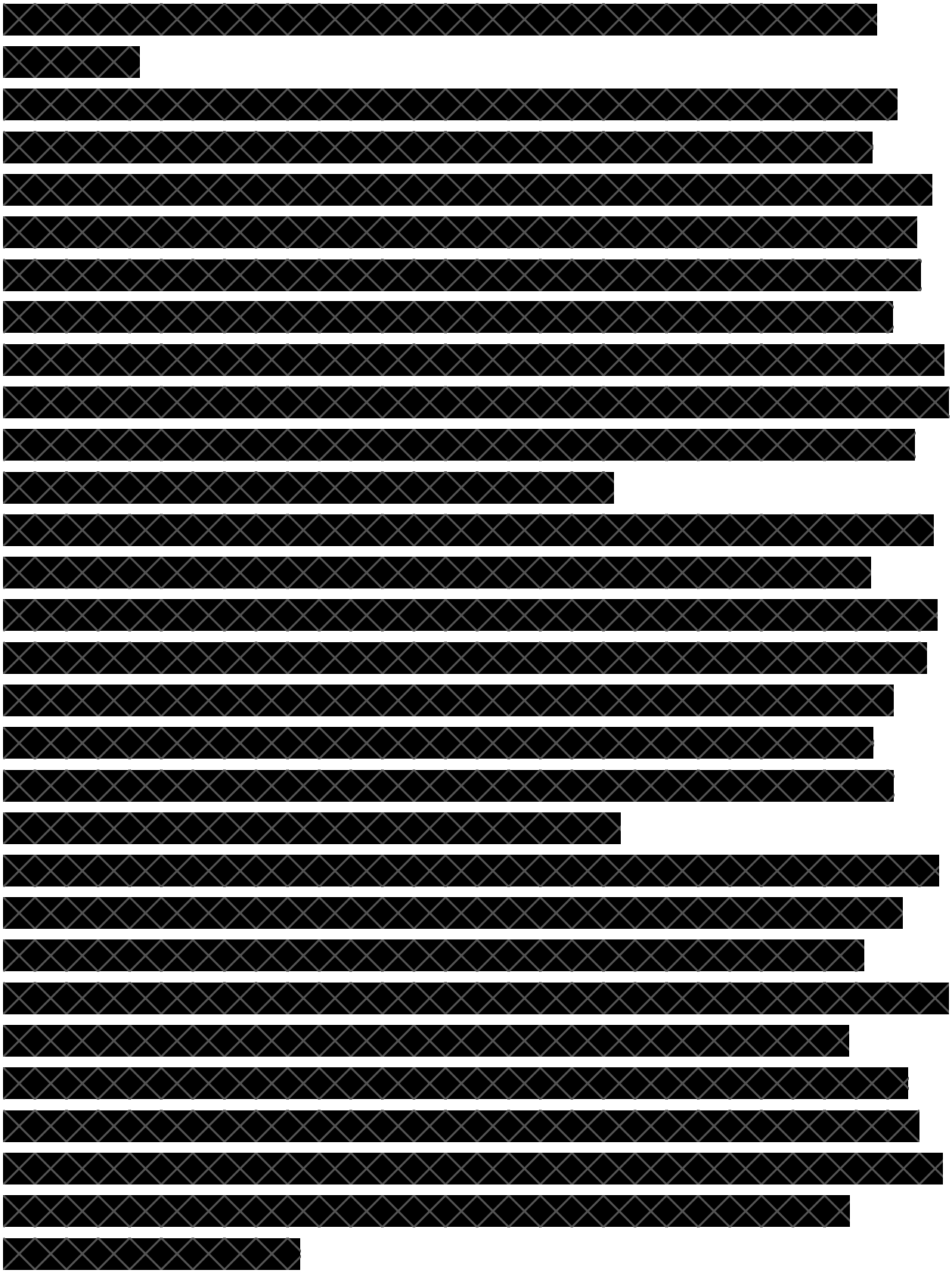
35.1 – A curriculum vitae for the business leaders





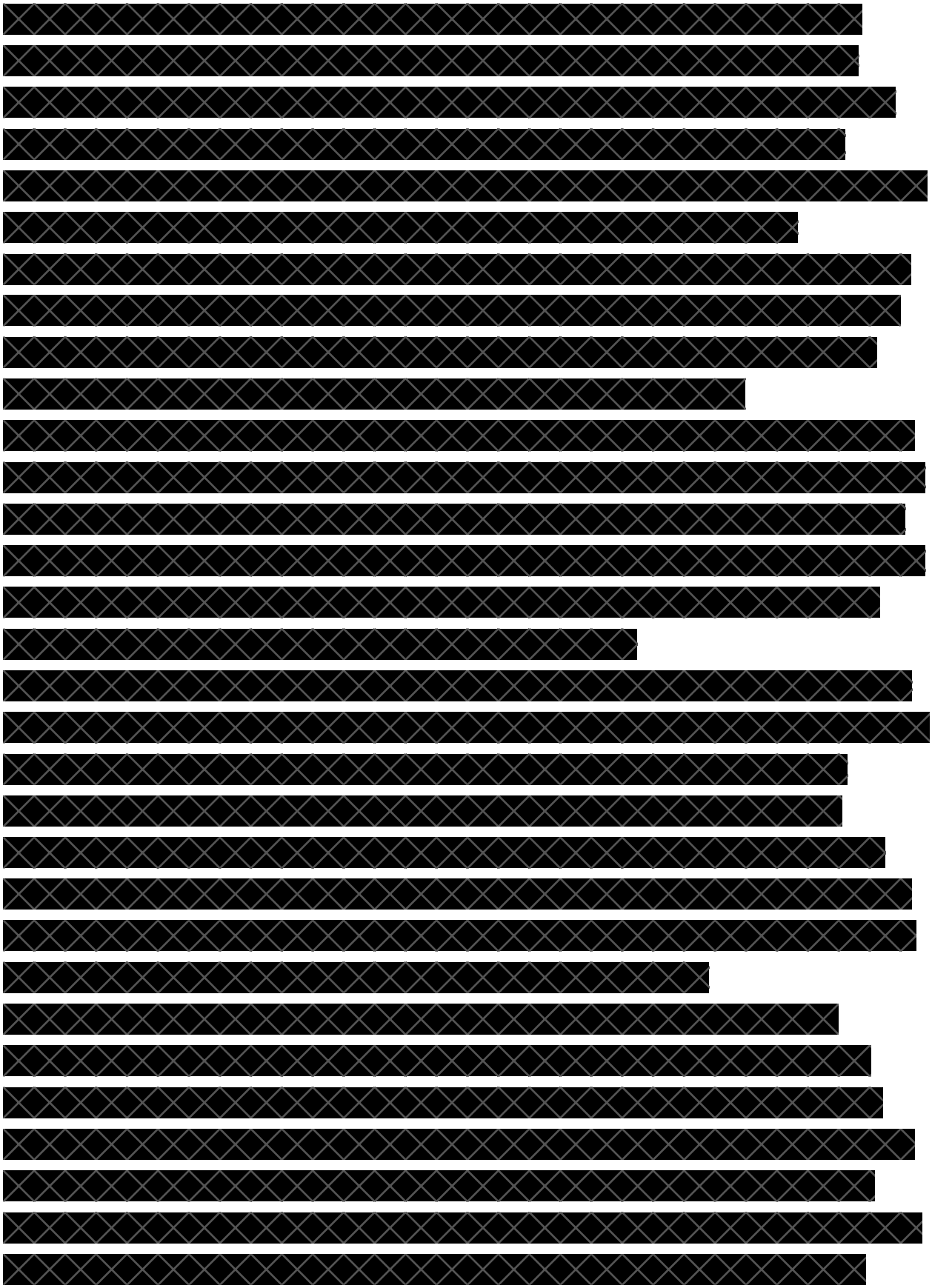


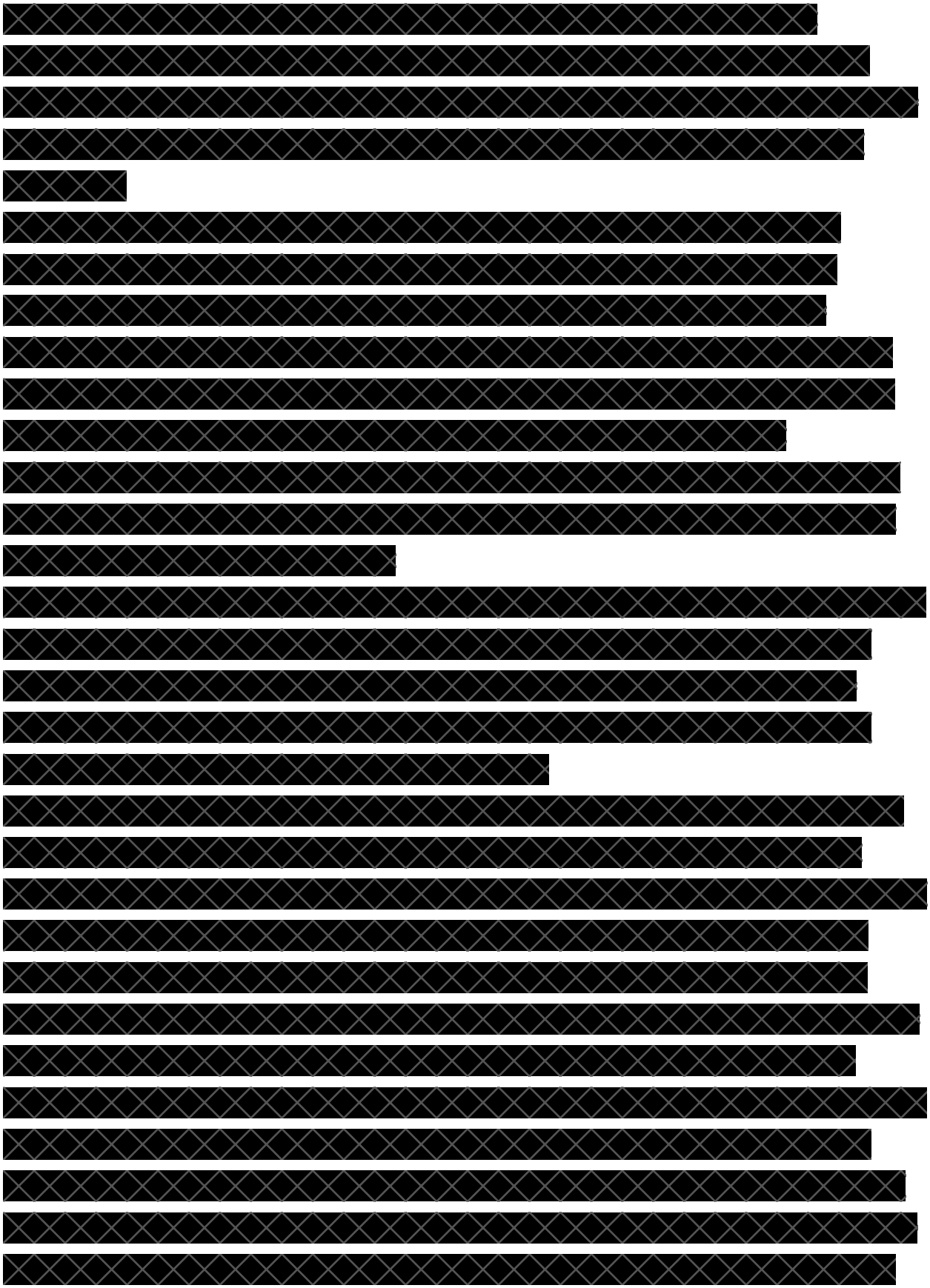




35.2 – A detailed explanation of key roles

[redacted]



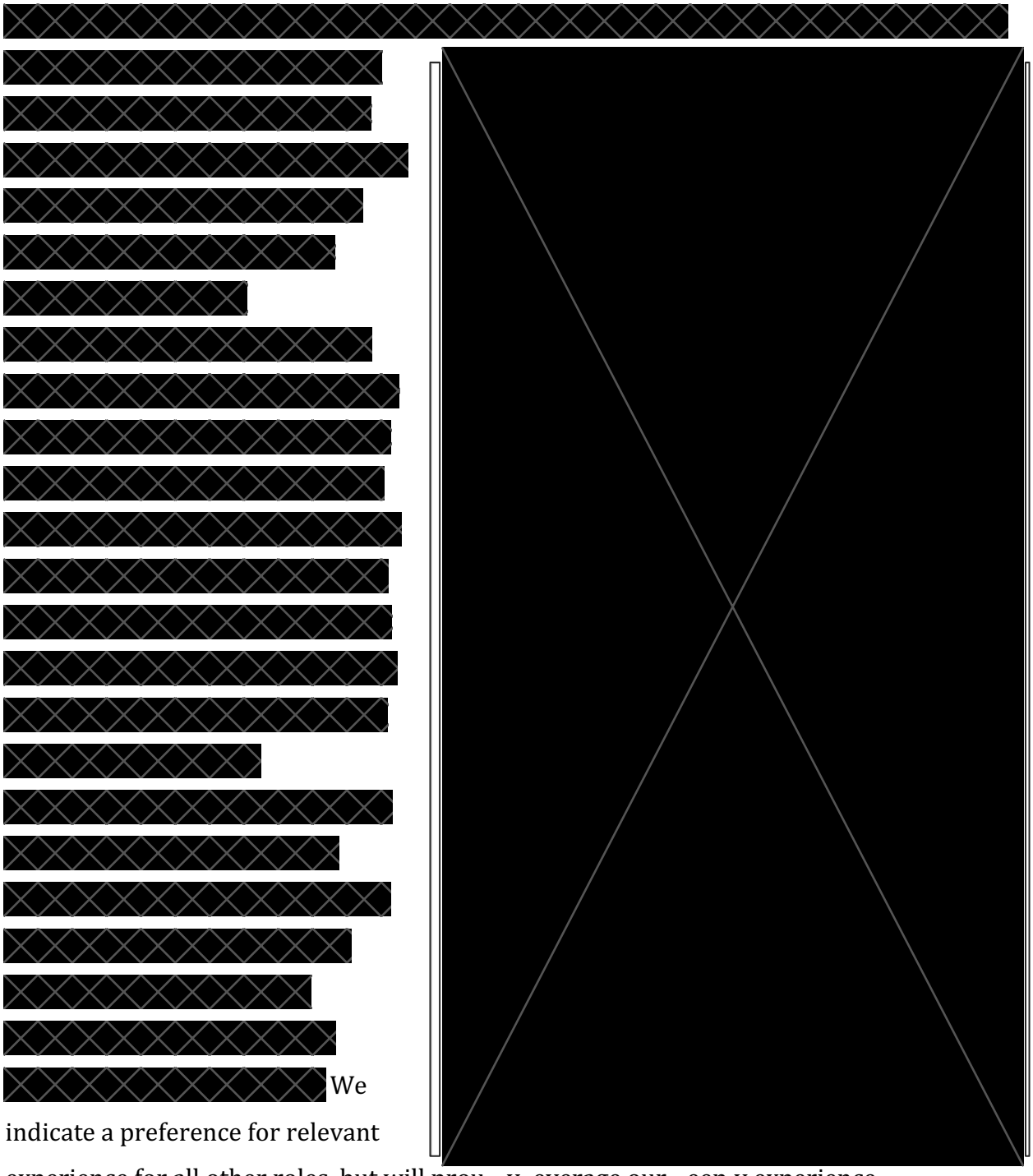


[redacted]

35.3 – A 5-year hiring plan for its employees, identifying the types, positions, required education, required experience, and expected roles of such personnel.

The applicant estimates it will hire 130 employees within the first year of commencing operations for the proposed integrated medical cannabis company. See the chart below identifying the positions and types of roles we expect to hire. Based on our experience

operating a medical cannabis startup business in a new legal state, and considering our estimate of the market growth and correspondingly planned facility expansions, we would expect our operational workforce to increase approximately 3



We indicate a preference for relevant experience for all other roles, but will prou y everage our eep y experience management team in developing and training a workforce which we expect to be eager, although fairly inexperienced given it is a new industry for the State.

License Type: Integrated

Exhibit 36 – Employee Handbook

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant has provided the outline for the company's employee handbook below. The detailed handbook will be completed by the C3PO in conjunction with the human resources director. The final version will be completed and available within 30 days of obtaining licensure.

- Safety policies, including personnel safety and crime prevention techniques.
- The company's policies on drug and alcohol use, including prohibition of being under the influence while on duty.
- The company's policies on harassment, discrimination, and retaliation.
- The company's policies on medical cannabis use, including procedures for obtaining and using medical cannabis products, as well as the process for obtaining a medical cannabis card.
- The company's policies on the use of company property, including the use of company vehicles, equipment, and facilities.
- The company's policies on the use of technology, including the use of company-provided computers and other devices, as well as guidelines for the appropriate use of the internet and email.
- The company's policies on attendance and punctuality, including guidelines for arriving to work on time and for taking time off.
- The company's policies on employee conduct, including guidelines for professional behavior and for maintaining a respectful and productive work environment.
- The company's policies on employee development and training, including opportunities for professional development and opportunities for advancement within the company.
- The company's policies on compensation and benefits, including information on pay and benefits, as well as the process for filing a complaint or grievance.
- The company's policies on compliance and regulations, including procedures for ensuring that the company is in compliance with all relevant laws and regulations, and guidelines for reporting and responding to any compliance issues that arise.

- The company's policies on termination, including the process for terminating an employee and the grounds for termination.
- The company's policies on confidential information, including guidelines for handling and protecting sensitive information, such as patient and caregiver information, financial information, and other confidential data.
- The company's policies on security, including guidelines for maintaining the security of company property and for protecting against theft and other crimes.
- The company's policies on emergency procedures, including guidelines for responding to emergencies and for notifying appropriate authorities.
- The company's policies on the use of company's resources and facilities, such as the use of company's vehicles, equipment, and facilities, etc.
- The company's policies on the rights and responsibilities of employees, including information on employee rights and the process for filing a complaint or grievance.
- The company's policies on the process for reporting and responding to any issues or concerns that employees may have, including a protocol for whistleblower protection.

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 37 – Secure Transport Drivers

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

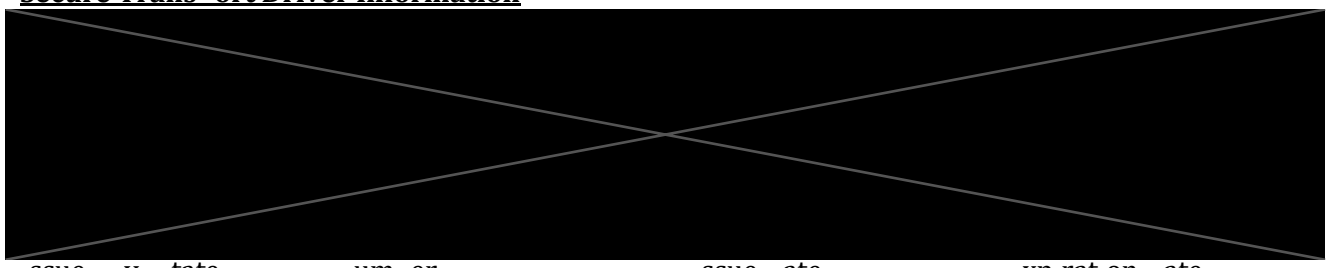
FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

Green Bud, LLC — Business License Applicant Name

Integrated — License Type

Secure Trans ort Driver Information



ssue y tate um er ssue ate xp rat on ate

Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): ☐ Citation ☐ Fine ☐ Violation

Violation/Charge — Issued By

Date of Occurrence — Location (City/County) — Location (State)

Disposition/Amount — Date of Disposition

Type (select all that apply): ☐ Citation ☐ Fine ☐ Violation

Violation/Charge — Issued By

Date of Occurrence — Location (City/County) — Location (State)

Disposition/Amount — Date of Disposition

Type (select all that apply): ☐ Citation ☐ Fine ☐ Violation

Violation/Charge — Issued By

Date of Occurrence — Location (City/County) — Location (State)

Disposition/Amount — Date of Disposition

Type (select all that apply): ☐ Citation ☐ Fine ☐ Violation

Violation/Charge | Issued By

Date of Occurrence | Location (City/County) | Location (State)

Disposition/Amount | Date of Disposition

Type (select all that apply): ☐ Citation ☐ Fine ☐ Violation

Violation/Charge | Issued By

Date of Occurrence | Location (City/County) | Location (State)

Disposition/Amount | Date of Disposition

Type (select all that apply): ☐ Citation ☐ Fine ☐ Violation

Violation/Charge | Issued By

Date of Occurrence | Location (City/County) | Location (State)

Disposition/Amount | Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.

Josh Brunner — Printed Name of Verifying Individual

CEO I CFO — Title of Verifying Individual

/s/ Josh Brunner — Signature of Verifying Individual

2/15/2023 — Verification Date

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 38 – Driver's 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.

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant driver's manual is included below detailing the qualifications, standards, and procedures to be met and followed by its drivers and prospective drivers.

- Drivers must possess the following qualifications. They must also pass a background check and drug test before being hired.
    - Must be at least 21 years of age
    - Must have a valid driver's license with a clean driving record
    - Must pass a comprehensive background check
    - Must be knowledgeable of the regulations and laws related to the medical cannabis industry and transportation
    - Must be physically capable of performing the duties required of the position
    - Must be able to read, write, and communicate effectively in English

- Drivers must comply with all federal, state, and local laws, including traffic laws, regulations, and guidelines. They must also abide by the company's policies and procedures as outlined in the Employee Handbook.

- Drivers must complete a pre-trip inspection of the vehicle and security features to ensure they are in good working condition, including but not limited to the following:
    - Air conditioning in the secured storage area is working properly
    - Coolant levels at the appropriate fill line
    - Engine oil at the appropriate fill line
    - Windshield wash fluid at the appropriate fill line
    - Windshield wipers do not have tears or other defects
    - Exterior lights including headlights and signals are working properly
    - Tire pressure and condition check
    - Gas is of an adequate level to facilitate not requiring stopping to refill while transporting controlled substances

[redacted]

- Drivers must follow all safety protocols, including wearing seat belts, obeying posted speed limits, and avoiding distractions while driving. They must also report any accidents or incidents to the proper authorities.

- Drivers must follow all procedures for loading and unloading the medical cannabis, including securing the products, and ensuring the integrity of the products.

- Drivers must maintain accurate transportation manifests, route plans, and other required logs, including the destination, time of arrival, and any issues encountered during transportation.

- Drivers must communicate regularly with the security and secured transportation office at the cultivation and processing facility / distribution hub, and keep them informed of their location and estimated time of arrival.
- Drivers must report any incidents, accidents, or security breaches that occur during transportation to the appropriate authorities and the company's compliance officer.
- Drivers must maintain professional conduct, including being polite and respectful to customers and other drivers.
- Drivers must be familiar with the company's emergency procedures and know how to respond in the event of an accident or other emergency.
- Drivers must report any issues with the vehicle to the maintenance department and follow the company's protocol for vehicle maintenance.
- Smoking and eating is prohibited in the company's vehicles.
- Drivers must maintain a professional appearance, refrain from using profanity, and refrain from making offensive or discriminatory comments while on duty.
- The company's vehicles are for company's use only and drivers are prohibited from using the vehicles for personal use.
- Drivers must comply with all traffic laws and regulations, and must avoid any actions that could lead to a violation, such as speeding, reckless driving, or operating the vehicle while under the influence of drugs or alcohol.
- Drivers must comply with the company's security protocols, including locking the vehicle when it is parked and maintaining the confidentiality of the products and the company's information.
- Drivers must comply with all company policies and regulations, including the employee handbook, the driver's manual, and the company's compliance and regulation policies.

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

Exhibit 39 – Quality Control and Quality Assurance Plan

Verification

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

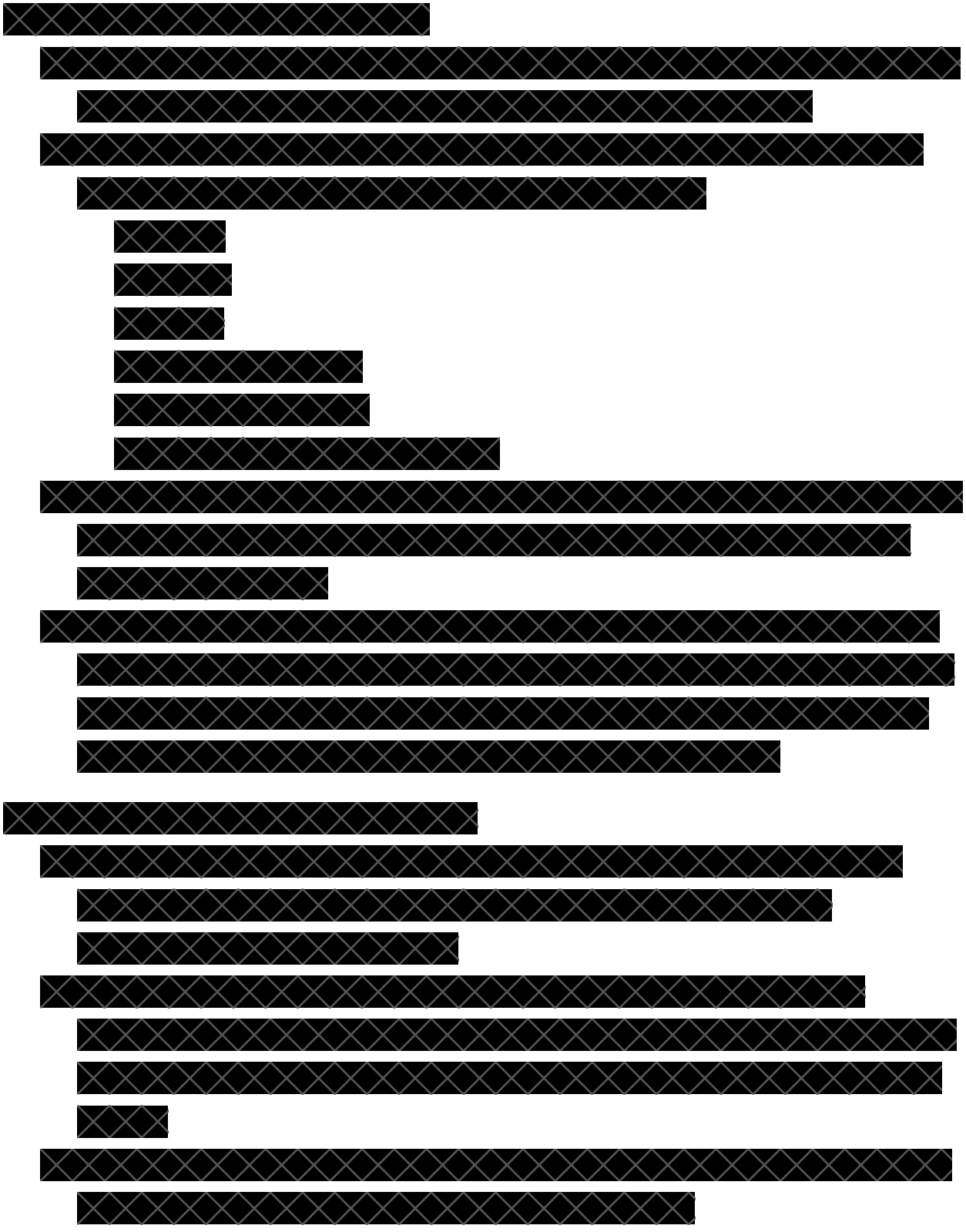
Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant considers the following quality control and quality assurance plan as the foundation for its competitive advantage in being able to deliver the highest standard in medical cannabis products to Alabama patients. The responsibility of potentially operating one of the initial integrated medical cannabis businesses in the State is not taken lightly by the company's assembled senior management. Several members of this significantly seasoned team have contributed to the following plan; designed to grow medical-grade cannabis, which will be used to manufacture pharmaceutical-grade medical cannabis products, worthy of setting the standard for quality. The following individuals will also play an extensive role in the implementation and application of this plan at our cultivation and processing facility, leaning on their significant professional experience.

39.1 Overview of steps to ensure high quality in the cultivation and manufacturing process

The company will implement the following protocols throughout the cultivation and processing phases and activities in order to grow appropriate medical grade cannabis, and

process high quality medical cannabis products. These protocols are designed to ensure the safety, potency, stability, lifespan, and consistency among batches of the same product.



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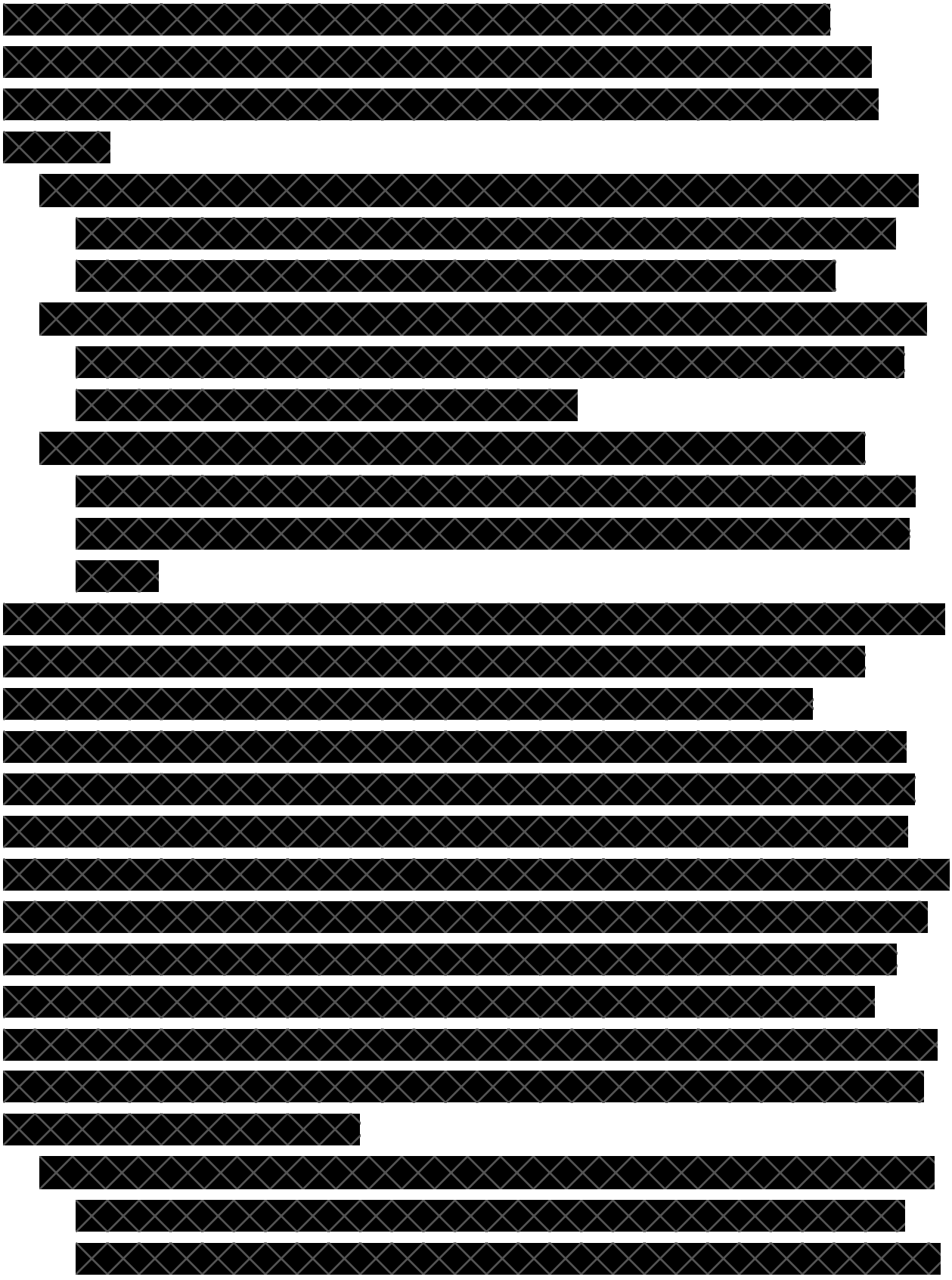

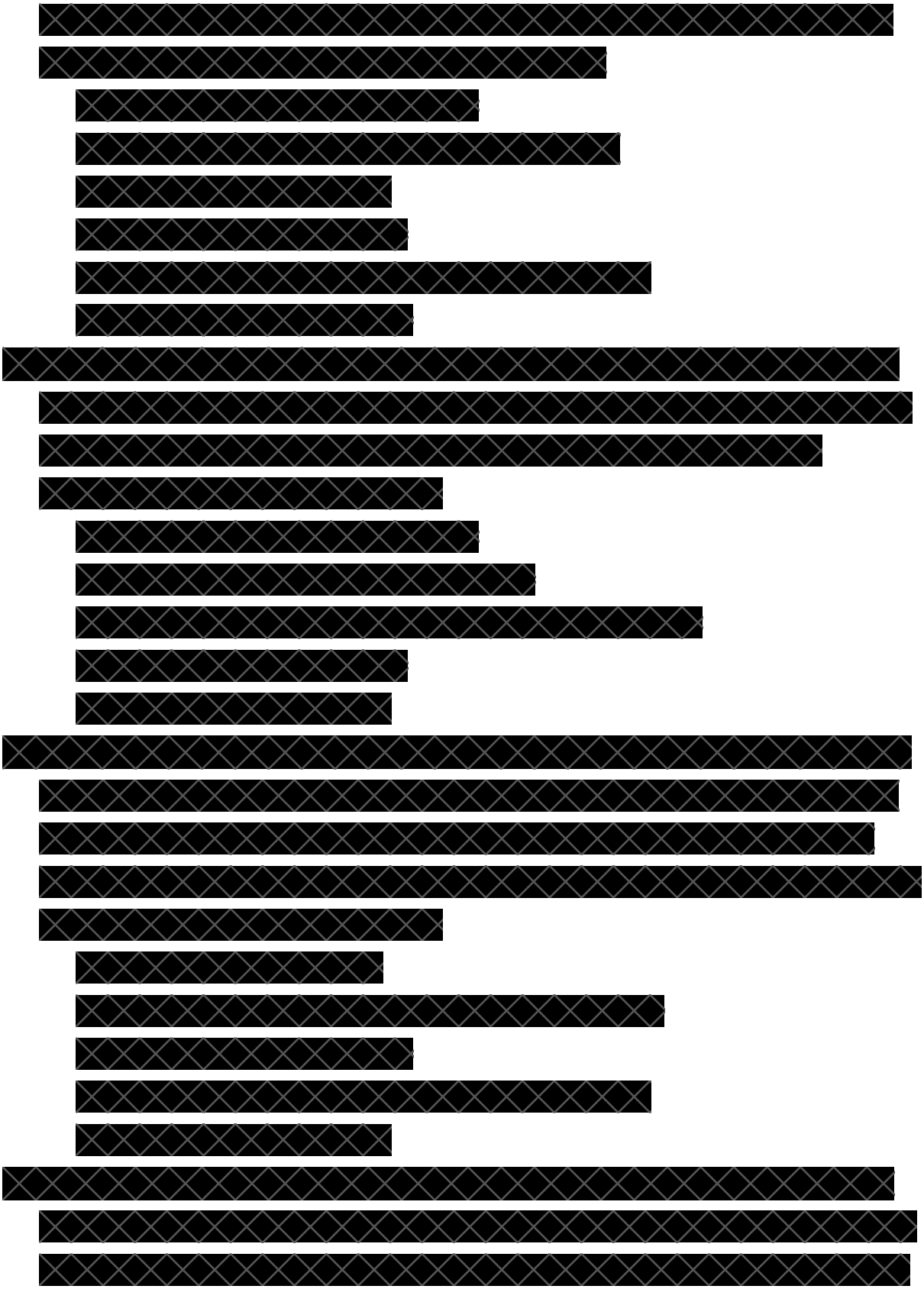

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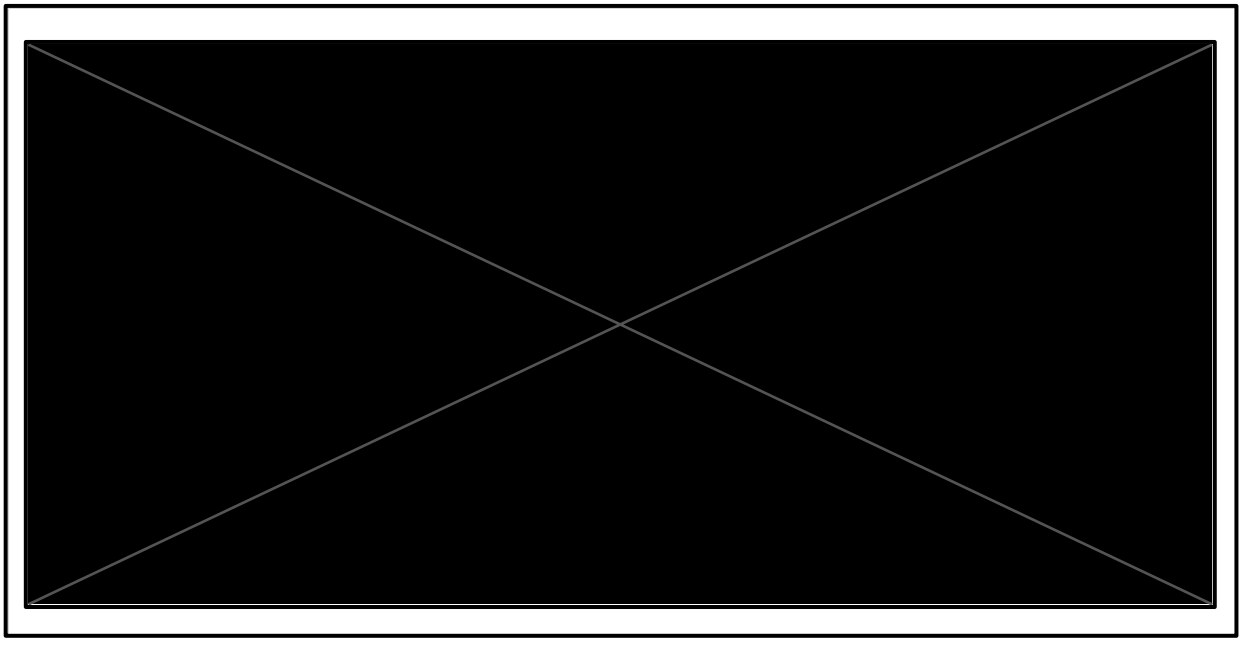

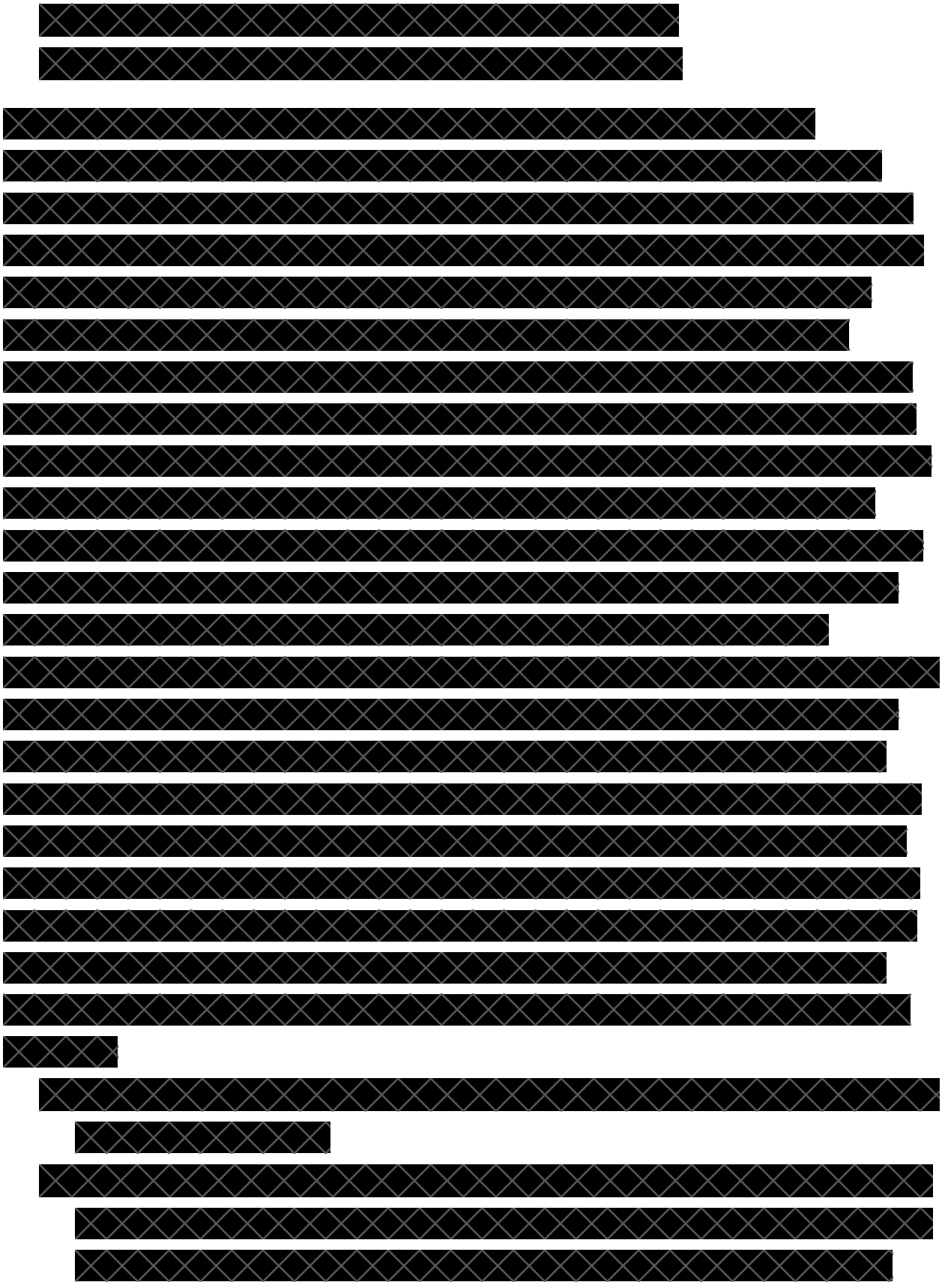

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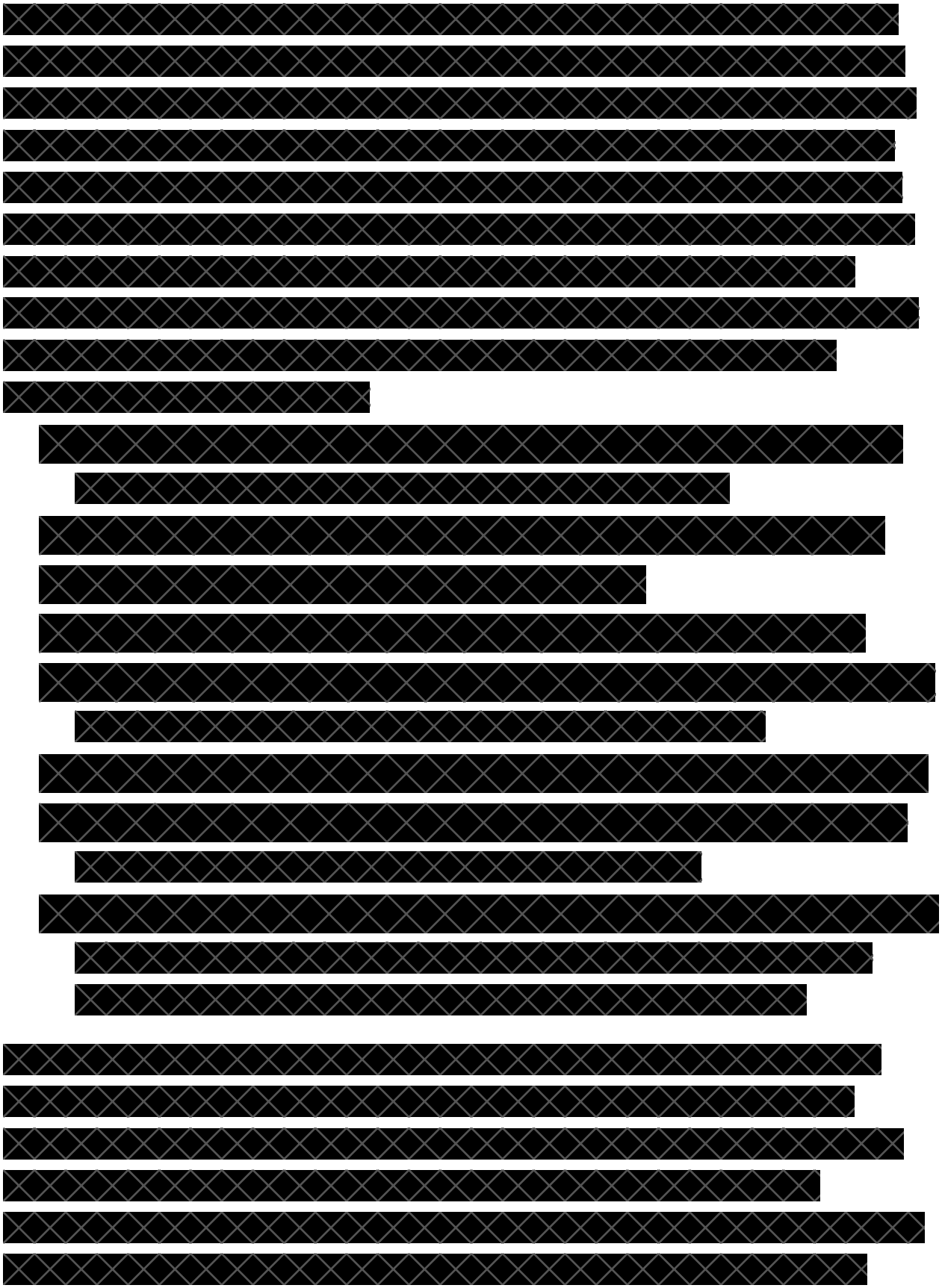

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39.2 Quality control and testing plan

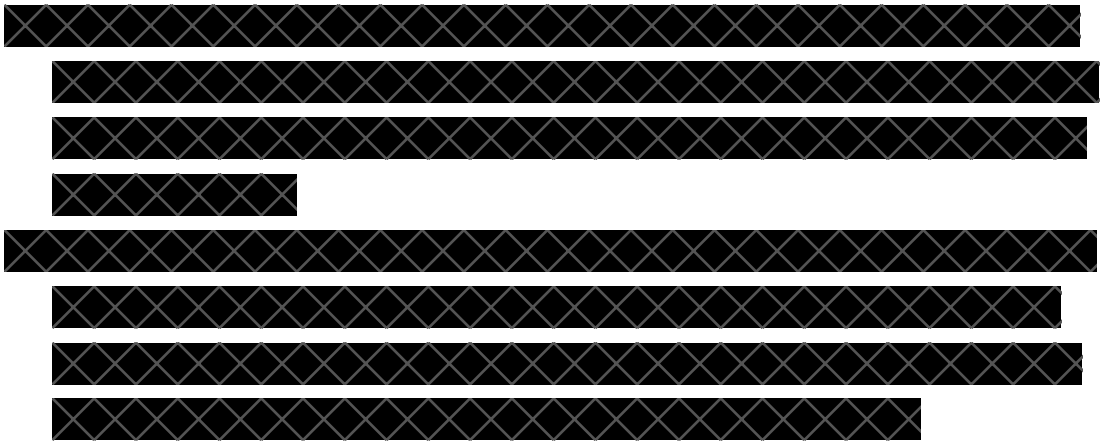
The medical cannabis products the company intends to produce will be subjected to a minimum of three (3) official tests performed by a state testing laboratory at each of the following stages of the production of our medical cannabis products:

- Test #1 of cannabis material destined for extraction after completion of the curing stage.
- Test #2 of solvent-based extract of cannabis after the extraction stage.
- Test #3 of final medical cannabis product after the final production stage, but before final packaging of the product.

The following summarizes each of the tests to be conducted:

Test #1 – Cannabis destined for extraction

1. [redacted]



- After the plants have been transferred and complete the flower phase, the cultivation team responsible for harvesting will ensure all cannabis material is immediately transferred to the drying room to be weighed and hanged within 2 hours of harvested time. They will pay careful attention to keeping all lots appropriately segregated which will continue through the completion of the drying and cure phase.

2. *Segregation of lots and sample selection*
    - The finished product team lead will initiate contact with the contracted State Testing Laboratory to schedule a sample collection from each segregated lot of dried and cured cannabis material that has been homogenized to allow for random sampling.
    - As required by the rules, from the time that a lot or production run has been homogenized for sample testing and eventual packaging and sale to a patient or caregiver, we will segregate and withhold from use the entire lot or production run, except the samples that have been removed by the State Testing Laboratory for testing.
    - The sample will be at least ten (10) grams, and no more than thirty (30) grams as deemed appropriate for each individual lot. This is subject to policy refinement at a later date to determine optimal sample size that is conducive to minimizing waste.
    - At all times while segregated and stored, the facility will maintain the lot in a secure, cool, and dry location so as to prevent the cannabis from becoming contaminated or losing its efficacy.

- Appropriate physical controls will be implemented to prevent cannabis from being moved to another phase or department outside of cultivation without an appropriate test result.
- We will ensure the Statewide Seed-to-Sale System is timely and appropriately updated throughout the process.

3. *Testing type*
   - Request required tests pursuant to the protocols and corresponding tolerance limits in accordance with the current minimum standards established by the Commission, which are available on the Commission's website, including:
     - Potency analysis
     - Terpene analysis
     - Foreign matter inspection
     - Mycotoxin screening
     - Heavy metal screening
     - Pesticide residue analysis
     - Herbicide screening
     - Growth regulator screening
     - Total yeast and mold
     - Total Enterobacteriaceae
     - Salmonella
     - Pathogenic E. coli
     - Aspergillus fumigatus
     - Aspergillus flavus
     - Aspergillus terreus
     - Aspergillus niger
     - Total coliform

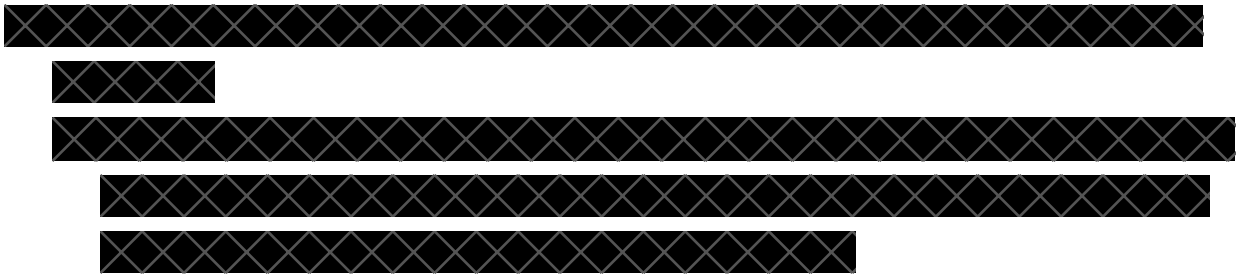
Test #2 – Solvent-based extract of cannabis

2. *Segregation of lots and sample selection*
    - The extraction team lead will initiate contact with the contracted State Testing Laboratory to schedule a sample collection from each batch of extract of cannabis that has been homogenized to allow for random sampling.
    - As required by the rules, from the time that a lot or production run has been homogenized for sample testing and eventual packaging and sale to a patient or caregiver, we will segregate and withhold from use the entire lot or production run, except the samples that have been removed by the State Testing Laboratory for testing.
    - We believe a sample size of the lesser of one percent (1%) of the total product weight or ten (10) grams of extracted cannabis to be appropriate. We will work with the commission to ensure this is an appropriate sample size.
    - At all times while segregated and stored, the facility will maintain the lot in a secure, cool, and dry location so as to prevent the cannabis from becoming contaminated or losing its efficacy.
    - Appropriate physical controls will be implemented to prevent extracted cannabis from being moved to another phase or department outside of processing without an appropriate test result.
    - We will ensure the Statewide Seed-to-Sale System is timely and appropriately updated throughout the process.

3. *Testing type*

- Request required tests pursuant to the protocols and corresponding tolerance limits in accordance with the current minimum standards established by the Commission, which are available on the Commission's website, including:
    - Potency analysis
    - Terpene analysis
    - Foreign matter inspection
    - Residual solvent test
    - Mycotoxin screening
    - Heavy metal screening
    - Pesticide residue analysis
    - Total yeast and mold
    - Total Enterobacteriaceae
    - Salmonella
    - Pathogenic E. coli
    - Aspergillus fumigatus
    - Aspergillus flavus
    - Aspergillus terreus
    - Aspergillus niger

Test #3 – Medical cannabis product



2. *Segregation of lots and sample selection*

- The finished product team lead will initiate contact with the contracted State Testing Laboratory to schedule a sample collection from each batch of medical cannabis products that have been homogenized to allow for random sampling.

- As required by the rules, from the time that a lot or production run has been homogenized for sample testing and eventual packaging and sale to a patient or caregiver, we will segregate and withhold from use the entire lot or production run, except the samples that have been removed by the State Testing Laboratory for testing.
- The sample size of a production run of medical cannabis will be the lesser of one percent (1%) of the total product weight of the production run or ten (10) units of product.
- At all times while segregated and stored, the facility will maintain the lot in a secure, cool, and dry location so as to prevent the cannabis from becoming contaminated or losing its efficacy.
- Appropriate physical controls will be implemented to prevent medical cannabis products from being moved to another phase or department outside of processing, including being sent to a dispensing site without an appropriate test result.
- We will ensure the Statewide Seed-to-Sale System is timely and appropriately updated throughout the process.

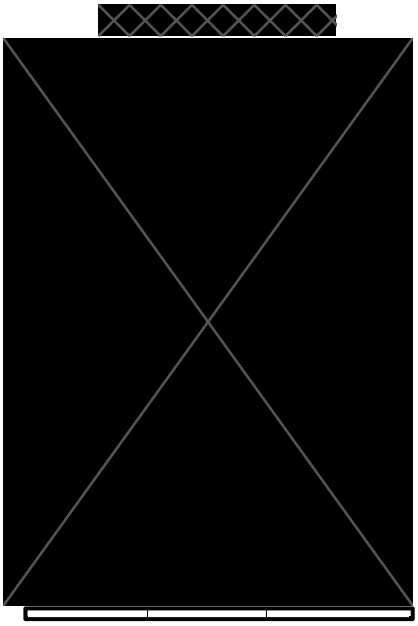
3. *Testing type*
    - Request required tests pursuant to the protocols and corresponding tolerance limits in accordance with the current minimum standards established by the Commission, which are available on the Commission's website, including:
        - Capsules, gelatinous cubes, tinctures, inhalers
            - Potency analysis
            - Foreign matter inspection
            - Terpene analysis
            - Mycotoxin screening
        - Topical creams and transdermal patches
            - Potency analysis
            - Terpene analysis

Other periodic testing

- The applicant will also look for further guidance from the commission and partner with the state testing laboratories to submit to testing for compliance with good manufacturing practices, including but not limited to the following:
    - Tests demonstrating that medical cannabis is medical grade.
    - Tests demonstrating that medical cannabis contains no active ingredients other than cannabis provided by a licensee.
    - Tests demonstrating that any excipients are pharmaceutical grade within safe and effective levels, in accordance with the applicable formulae.
    - Any other tests as may be reasonable, necessary, and appropriate to demonstrate good manufacturing processes.
- Quarterly testing for pesticides and other hazardous materials
    - In compliance with Alabama Department of Agriculture and Industries Rule 80-14-1-.13, the cultivation director will oversee quarterly independent testing of cannabis to ensure that no pesticides or other hazardous substances are present in the cannabis material. The cultivation director will maintain records of these tests at the facility for at least two years and provide the results to the department and commission upon request.

39.3 Return and remediation or destruction of failed test samples

All product that is in the process of testing will remain in quarantine in the respective area so designated. In the event a testing fail is accepted, all product in the particular lot or batch will be transferred to the appropriate destruction storage area and subsequently destroyed in a timely and compliant fashion. The location of these areas within the cultivation and processing facility are presented in the adjacent figures to this section.



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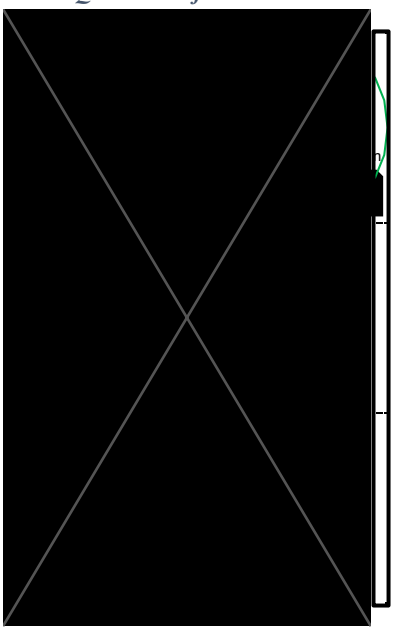
Quarantine for Test # 2



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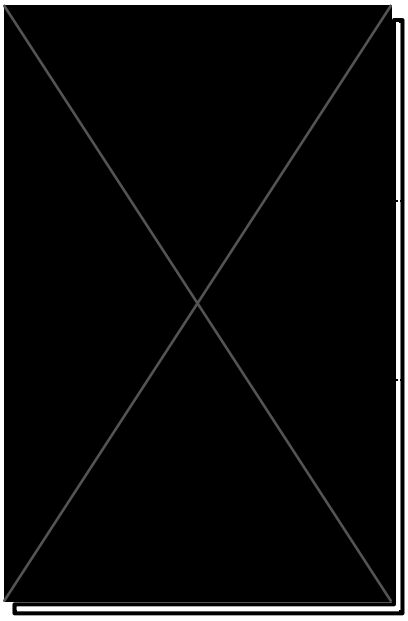

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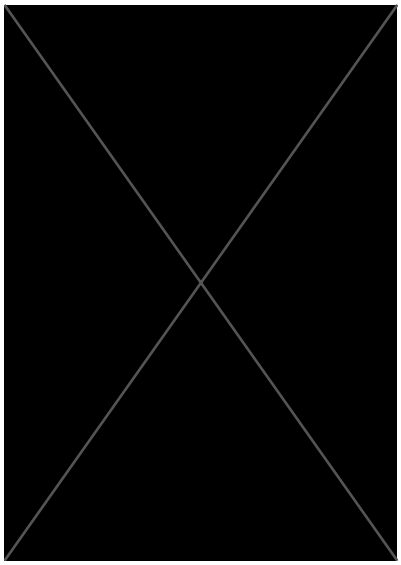
Desi nated Destruction Stora e



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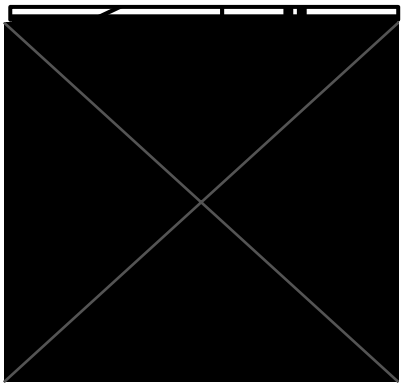
Designated Destruction Area



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- The company will comply with all applicable laws, regulations, and industry standards related to the disposal of waste cannabis or medical cannabis, and will respond to regulator inquiries or requests related to the company's handling of waste cannabis or medical cannabis.

License Type: Integrated

Exhibit 40 – Contamination and Recall Plan

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The purpose of this contamination and recall plan is to provide a comprehensive framework for the recall of medical cannabis products (including any individual lots or batches) in the event of a determination that such products are contaminated or otherwise unsafe for consumption. This plan outlines the procedures for returning, remediation, and/or destruction of recalled products that the chief quality officer will follow in order to ensure the safety and well-being of medical cannabis patients.

- Any suspicion that a product may need to be recalled will be treated with the prompt and immediate attention of the chief quality officer who will be responsible for overseeing the recall process.

40.1 Provisions for notifying the originating Processor or Integrated Facility and Any Other Licensee in the Chain of Custody of an Adverse Event:

- The chief quality officer upon notification of a potential recall issue will conduct an initial investigation and make a determination as to a recall action with 24 hours.
- If a recall is deemed warranted, the chief quality officer will proceed with notification of other licensees in the chain of custody utilizing batch recall on affected product in the Statewide Seed-to-Sale Tracking System to identify as applicable:
    - Sold product.
    - Product inventory that is finished and available for sale.
    - Product that is in the process of transfer.
    - Product being processed into another form.
    - As applicable, postharvest raw product, such as product that is in the drying, trimming, or curing process.
- The chief quality officer will immediately notify the commission and all licensees (as applicable dispensing sites, processors, other integrated facilities) in the chain of custody via a phone call followed up with an email communication.
- All notifications will include a clear description of the adverse event, any affected product batch/lot numbers, and the steps that the company is taking to address the situation.
- The chief quality officer will maintain a detailed record of all notifications and any subsequent communication with the licensees in the chain of custody.

40.2 – Factors about an adverse event that would likely necessitate a recall, and any potential for retesting or remediation.

- The chief quality officer will assess the severity of the adverse event and determine if a recall is necessary. Factors that may trigger a recall include:
    - Adverse patient responses or dose-related efficacy issues notated in the Statewide Seed-to-Sale Tracking System.
    - Any reports of adverse or allergic reactions reported by patients our dispensing sites.
    - Issues identified from quality control checks and compliance audits.
    - Mislabeled product including incorrect dosage, expiration date, type, or listed ingredients.
    - Positive test results for contaminants such as heavy metals, pesticides, or microbials that exceed the established safety limits.
    - Unsafe or noncompliant packaging.
    - Potential cross-contamination from exposure to unsanitary conditions or storage in improper environmental conditions.
    - Compliance audits that reveal inconsistencies or deviations from established SOPs and Good Manufacturing Practices that could compromise product quality and safety.
    - Any other situation that poses a reasonable threat to public health or safety.
- The chief quality officer may make the determination in consultation with the commission, that it may be possible to retest or remediate the recalled product to bring it into compliance with applicable regulations and standards. If so, the chief quality officer will oversee the process to retest or remediate the recalled products.

40.3 – Responsible individuals or positions within the Applicant's organization who will oversee the recall process.

- The recall team will be comprised of the following:
    - The chief quality officer will be responsible for overseeing the recall process and communicating with other licensees identified in the chain of custody as well as the commission and any other relevant regulator.

- The compliance director will be responsible for overseeing the investigation and analysis of the factors that led to the adverse event, as well as maintaining detailed records of all recall activities and for reporting to the commission and other regulators.
- The ICC / logistics coordinator at the cultivation and processing facility will be responsible for ensuring that the recalled product is returned, remediated, or destroyed.

40.4 – Notification protocols to other licensees and the Commission through the Statewide Seed-to-Sale Tracking System.

- Notify all relevant licensees in the chain of custody of the affected products, including the originating Processor or Integrated Facility and any other licensees and internal dispensing sites who have received affected products.
- Establish a process for verifying that all relevant licensees have been notified and have taken the necessary steps to protect the public, including recalling any affected products in their possession.
- Update the Statewide Seed-to-Sale Tracking System to reflect the recall and to provide information on the affected products, including the extent of the recall, the results of any testing or remediation, and the steps taken to protect the public.
- Work with the commission to ensure that the recall information is accurately reflected in the Statewide Seed-to-Sale Tracking System and to ensure that the public is protected from any potential danger.
- In the event that additional information becomes available or that further action is necessary, update the Statewide Seed-to-Sale Tracking System and notify all relevant licensees and the commission as appropriate.

40.5 – Processes to ensure that the recalled product is returned, remediated (and approved as safe), or destroyed.

- Identify all affected products, including any lots or batches thereof, and determine the extent of the recall.
- If deemed necessary in consultation with the commission, use the Statewide Seed-to-Sale Tracking System to identify patients who purchased any of the affected products and immediately issue a stop use warning to patient who may be in

possession of the affected product. Such persons will be contacted by phone, email, or personal visit, whichever may be most expedient. Communication efforts will continue until point of contact has occurred;

- Establish a process for collecting and tracking all returned products, including a means of verifying that all affected products have been returned.
- Test returned products to determine the extent of the contamination and to determine whether the product can be remediated (and approved as safe) or must be destroyed.
- If the product can be remediated (and approved as safe), establish a process for performing the remediation and for verifying that the product is safe for consumption.
- If the product must be destroyed, establish a process for performing the destruction and for verifying that the product has been destroyed in accordance with our destruction plan but with careful consideration to any safety concerns about the recalled product.
- Document all aspects of the recall, including the number of products returned, the extent of the contamination, and the results of any testing or remediation.
- Work with the commission to ensure that all necessary steps are taken to protect the public, including conducting additional testing or monitoring as needed.
- Update the Statewide Seed-to-Sale Tracking System to reflect the recall, including any relevant information on the affected products, the extent of the recall, and the results of any testing or remediation.
- Continuously monitor the recall process to ensure that all affected products have been returned or destroyed, and to ensure that the public is protected from any potential danger.

40.6 – Processes to report to the Commission and any other appropriate regulatory body regarding crisis response and steps taken to mitigate or avoid danger to the public.

- Notify the commission and any other relevant regulatory body as soon as possible (but no longer than 24 hours) after the determination of an adverse event that requires a recall.

- Provide regular updates to the commission on the progress of the recall, including the number of products that have been returned or destroyed, the number of customers who have been notified, and the steps taken to mitigate any potential danger to the public.
- Prepare a comprehensive recall report, including an overview of the recall process, the results of the investigation into the root cause(s) of the contamination, and the steps taken to prevent similar incidents in the future.
- Make the recall report available to the public, either through the company's website or another appropriate means.
- Work with the commission to ensure that all relevant information is accurately recorded and that the recall is conducted in accordance with all applicable laws and regulations.
- Take all necessary steps to prevent further contamination and to protect the public, including implementing additional controls or processes as needed.
- Conduct a thorough review of the recall process to identify any areas for improvement and make any necessary changes to internal protocols and processes to prevent similar incidents in the future.
- Provide any additional information requested by the commission to assist in their investigation or to help prevent similar incidents in the future.

40.7 – Steps to be taken to avoid further contamination, to preserve and protect uncontaminated cannabis or medical cannabis products, and to ensure access to said products by those who depend on it.

- Retrain employees on proper storage and handling procedures, as well as any lessons learned in the recall process, to ensure that everyone in the organization understands the procedures and is prepared to respond appropriately.
- Quarantine the recalled products that are on hand making sure to follow appropriate security protocols to remove the cannabis or medical cannabis from inventory, secure in a designated area, and label as recalled.
- Conduct an internal investigation to identify the source of the contamination and to determine any changes that can be made to avoid a similar situation in the future.

- Work with the commission to obtain approval for any necessary remediation of the recalled product, including testing and certification that the product is safe for use.
- Work with the commission to determine a plan for the secure disposal of all recalled products in the chain of custody that are deemed unsafe, in accordance with all relevant regulations.
- Ensure that the recall is communicated to impacted patients and caregivers in a clear and timely manner, providing them with information about the recalled product and any necessary steps they should take.
- Maintain records of all recall activities, including communications with other licensees, patients, and caregivers, as well as any steps taken to address the cause of the contamination and prevent future incidents.
- Make a plan to replace low inventory levels caused by any recalled product as soon as possible to maintain access of medical cannabis to patients.

40.8 – Investigation and analysis of the factors that led to the unsafe condition requiring the recall, and any adjustments to internal protocols and processes to avoid recurrence.

- The chief quality officer will lead a thorough investigation into the factors that led to the unsafe condition requiring the recall, including a review of all relevant records and data.
- Identify all potential sources of contamination, including equipment, facilities, materials, and processes.
- Conduct a root cause analysis to determine the underlying cause(s) of the contamination and the factors that contributed to it.
- Develop a comprehensive plan to address the root cause(s) of the contamination and to prevent similar incidents in the future.
- Establish a cross-functional team, including representatives from relevant departments to oversee the investigation and implementation of the corrective action plan.
- Evaluate and adjust existing protocols and processes to ensure that they are adequate to prevent future contamination, including any changes to equipment, facilities, materials, or processes.

- Develop new protocols and procedures as necessary to address identified deficiencies and prevent future incidents.
- Train employees on the updated protocols and procedures, ensuring that everyone in the organization understands the changes and is able to implement them effectively.
- Continuously monitor and assess the effectiveness of the corrective action plan, making any necessary adjustments to ensure that the protocols and procedures are effectively preventing future contamination.

License Type: Integrated

Exhibit 41 – Marketing and Advertising Plan

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant has prepared the following limited marketing and advertising plan.

41.1 – Any proposed logos, branding, messaging, or other marketing or advertising communications, either in-house (e.g., in displays or on video monitors installed in the dispensing site) or providing exemplars of any specific advertisements.

As discussed in the applicant's business plan, we intend to conduct business with integrity, care, and responsibility to let our reputation uplift the business. Based on the nature of the industry and associated perception, we believe it is of utmost importance to make our medical cannabis patients feel comfortable. Accordingly, we will begin by designing dispensing sites that provide a professional experience in a comfortable, bright, and safe feeling environment.

Our dispensing sites will be simply named "*Free*" as we desire to provide a place where medical cannabis patients and caregivers can feel freedom from the stigma associated with cannabis. We want them to feel free to pursue medical cannabis for its therapeutical benefits under a program expertly designed to keep them safe.

Authorized patients and caregivers entering our dispensing sites will be met by our team of certified dispensers and dispensing assistants who will be the focal point of our approach and identified by their team moniker "*All Are Welcome*." The medical cannabis products will bear the name of "*Green Bud Pharma*" which comes from the overall company name which we intend to do business under as the "*Green Bud Packaging Company.*" Our cultivation and processing employees will proudly represent "*Green Bud Farms.*"

41.2 – Any specific media outlets or platforms where the marketing or advertising campaigns or programs will be utilized.

The applicant has purchased the domain greenbudpackagingco.com. No further development of the website has occurred at the time of application, but we intend to put limited marketing and educational resources subject to the approval by the commission.

41.3 – The identity of any media outlet or third-party individual or entity who is projected to play any role in the Applicant's marketing or advertising efforts, and copies of all contracts or contract forms proposed for use, if any, between itself and such media outlet or third-party individual or entity.

We do not intend on using any media our third-party outlet. Our chief people, patient, and pharmaceutical officer (C3PO) will manage this function based on her extensive experience in pharmaceutical packaging as well as 6+ years in developing compliant cannabis packaging for the medical marijuana industry. This aggregate knowledge of compliant cannabis packaging across 37 medical use states and Canada, allows the applicant to confidently select the best form factor for each therapeutic area. This knowledge is deeply important as selecting the best packaging solution requires the applicant to keep three major factors in mind: i) safety, ii) product integrity and iii) practicality. The package must be familiar enough so it's intuitive for the patient to navigate but not in such a manner that it is accessible to children. Along with ensuring proper access by the intended party, the proper material must be selected to ensure the extended shelf life and integrity of the product inside. Lastly, our C3PO's deep proficiency in compliant labeling language will ensure the final selected form factors bear in mind the need to include of all and any regulatory language as well as instructions for use, net weight, product description, and more at a legible font size to ensure our patients can administer their medication as intended by the prescribing physician.

41.4 – Virtual renderings of all packaging to be provided by the Applicant, demonstrating the size, color, logo, artwork, or statements appearing on the packaging, as well as all child-resistant, tamper-evident, or other safety features, demonstrating conformity with the Act and the AMCC Rules.

See our C3PO's extensive experience in this area as discussed in 41.3. The following are virtual renderings of some of the packaging she has prepared for the applicant to consider for proposal to the commission.

Child Resistant Reverse Cap Vials

Child Resistant Packer Bottles

Transdermal Patch Pouches

Child Resistant Flex Pouches

Child Resistant Airless Pump for Lotions

Child Resistant Tincture Bottles

Inhaler Packaging

41.5 – Exemplars of all proposed labeling, including labels on packaging, on containers and any inserts to be included in any packages, demonstrating conformity with the Act and the AMCC Rules.

The applicant notes that our C3PO and compliance director will work directly with the commission in refining our labeling to ensure compliance in the event we are to receive licensure.

License Type: Integrated

Exhibit 42 – Website and Social Media

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

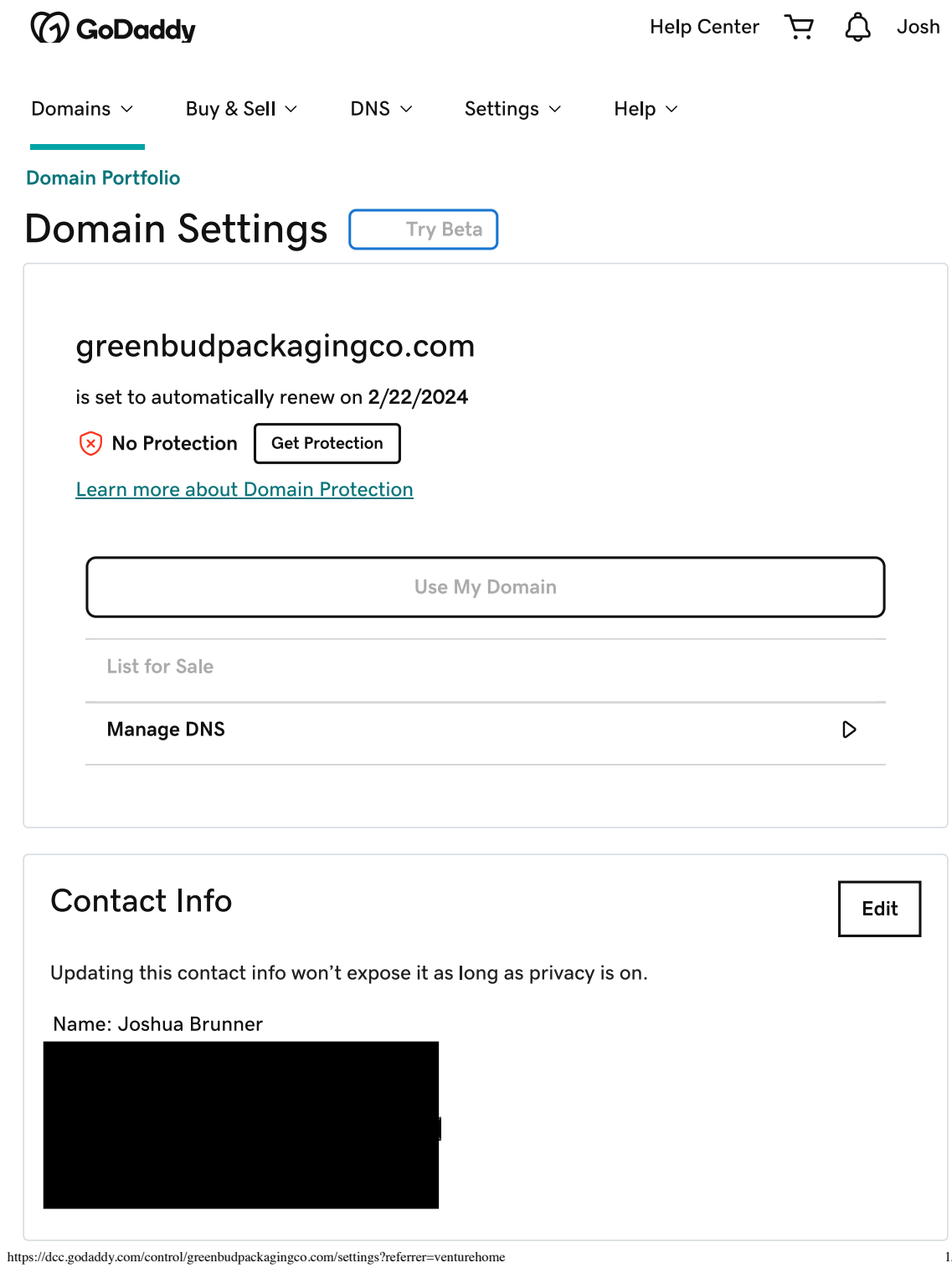
42.1 – A complete site map of each website owned or operated by the Applicant.

The applicant has purchased the domain greenbudpackagingco.com as shown in the attachment to this exhibit. No further development of the website has occurred at the time of application.

42.2 – The web address of each webpage, social media page, or other online site owned or operated by the Applicant.

The applicant has purchased the domain greenbudpackagingco.com as shown in the attachment to this exhibit. No further development of the website has occurred at the time of application. The applicant doesn't currently have any ties to social media.

Attachment: Domain purchase evidence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Try Beta
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is set to automatically renew on 2/22/2024
No Protection
Get Protection
Learn more about Domain Protection
Use My Domain
List for Sale
Manage DNS
Contact Info
Edit
Updating this contact info won't expose it as long as privacy is on.
Name: Joshua Brunner
[redacted]

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FORM I: OWNERSHIP ENTITY INDIVIDUALS

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

"Ownership Entity" – An entity that has any ownership interest in the Applicant.

Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.

For purposes of this form, if the ownership entity is a trust, disclose the names and addresses of all trustees and beneficiaries; if a privately held corporation, the names and addresses of all shareholders, officers, and directors; if a publicly held corporation, the names and addresses of all shareholders holding a direct or indirect interest of greater than five percent, officers, and directors; if a partnership or limited liability partnership, the names and addresses of all partners; if a limited partnership or limited liability limited partnership, the names of all partners, both general and limited; or if a limited liability company, the names and addresses of all members and managers.

Green Bud, LLC
Business License Applicant Name

Integrated Facility
License Type

Ownership Entity Information

AMAC Design Builders, LLC
Ownership Entity Name

[redacted]
Ownership Entity % Ownership in Applicant

Ownership Entity Type:
- ○ Trust
- ○ Privately Held Corporation
- ○ Publicly Held Corporation
- ○ Partnership
- ○ Limited Liability Partnership
- ○ Limited Partnership
- ○ Limited Liability Limited Partnership
- ◉ Limited Liability Company
- ○ Other (specify): _____

[redacted]
Owner Name

CEO
Role

[redacted]
% Ownership in Entity

[redacted]
Street Address

Birmingham
City

AL
State

35223
Zip

[redacted]

CFO
Role

[redacted]
% Ownership in Entity

[redacted]
Street Address

Birmingham
City

AL
State

35243
Zip

Owner Name | Role | % Ownership in Entity

Street Address

City | State | Zip

Owner Name | Role | % Ownership in Entity

Street Address

City | State | Zip

Owner Name | Role | % Ownership in Entity

Street Address

City | State | Zip

Owner Name | Role | % Ownership in Entity

Street Address

City | State | Zip

Owner Name | Role | % Ownership in Entity

Street Address

City | State | Zip

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate list of all individuals with an applicable ownership interest in an ownership entity with an ownership interest in the Applicant.

Josh Brunner
Printed Name of Verifying Individual

CEO / CFO
Title of Verifying Individual

Signature of Verifying Individual

3/01/23
Verification Date

License Type: Integrated

Redacted Copy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

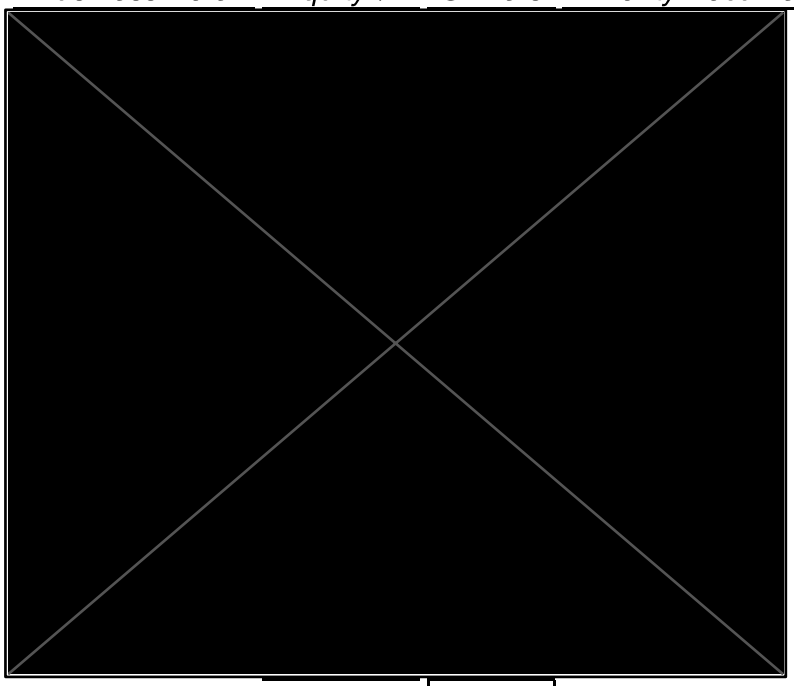
Minority Ownership Documents

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.

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	2/15/23
Signature of Verifying Individual	**Verification Date**

The applicant has included this document in order to demonstrate it is 51% owned and controlled by members of a minority group as defined in § 20-2A-51(b), Code of Alabama 1975. See the following ownership summary which includes an identification of those minority owners.

Owners	*Business Role*	*Ownership Equity %*	*Minority Owners*	*Page Reference for Minority Documents*
William Bell				
Josh Brunner				
James McWilliams				
Zachary Carothers				
Steve French				
Carmen Lam				
Steve VanMeetren				
Crystal Verduzco				
Derek Waltchack				
Ryan Ramage				
Monica Henderson				
Ashley Spriggs				
Terrence Whittier				
Bronson Ahlo				
Chanae Taylor				
Chris Baughman				
Julieanne Evangelista				
		100%	51%	

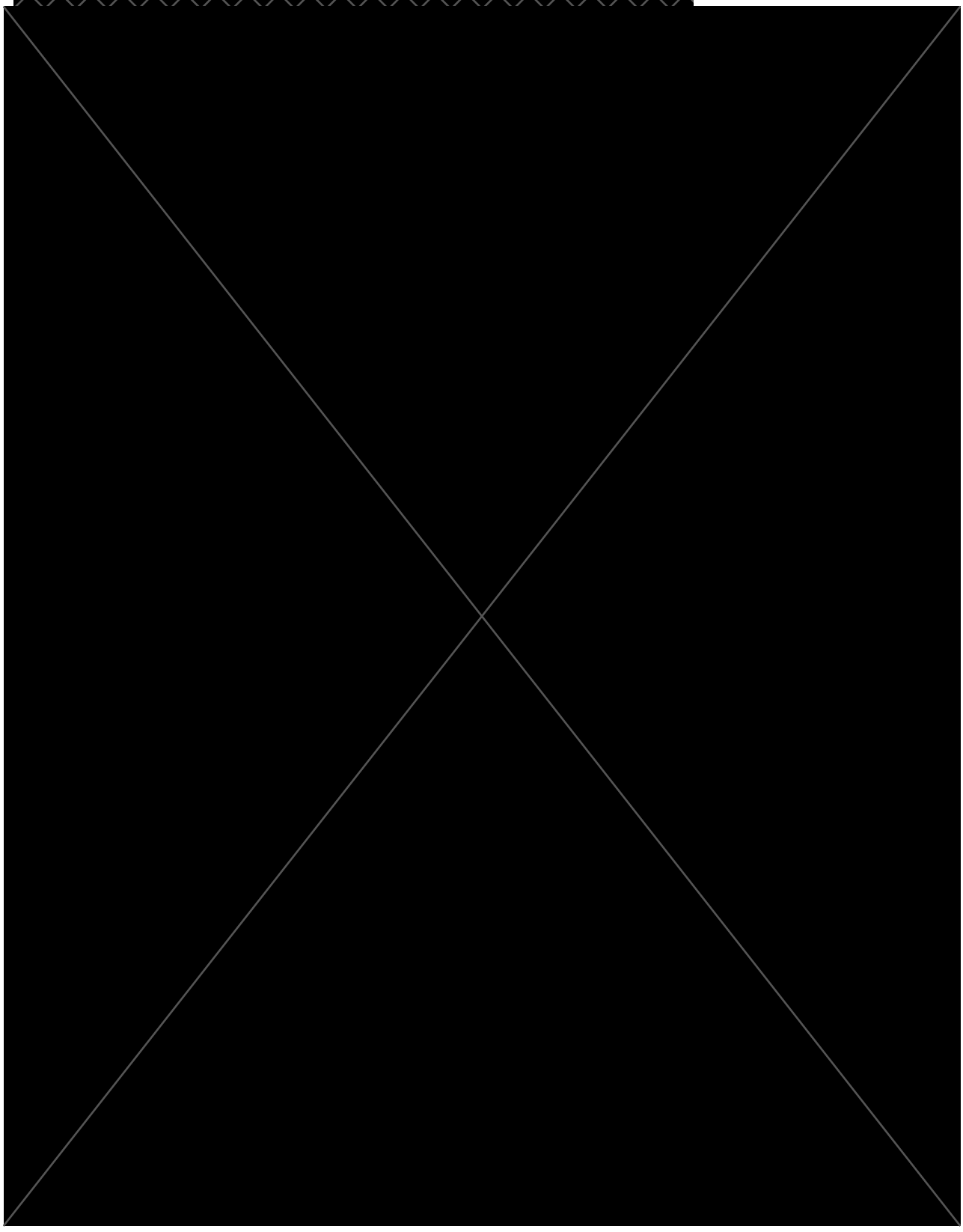
The applicant noted the following relevant Application/License Q&A on the Commission's website and has provided the appropriate documentation in the following pages as referenced in the table above.

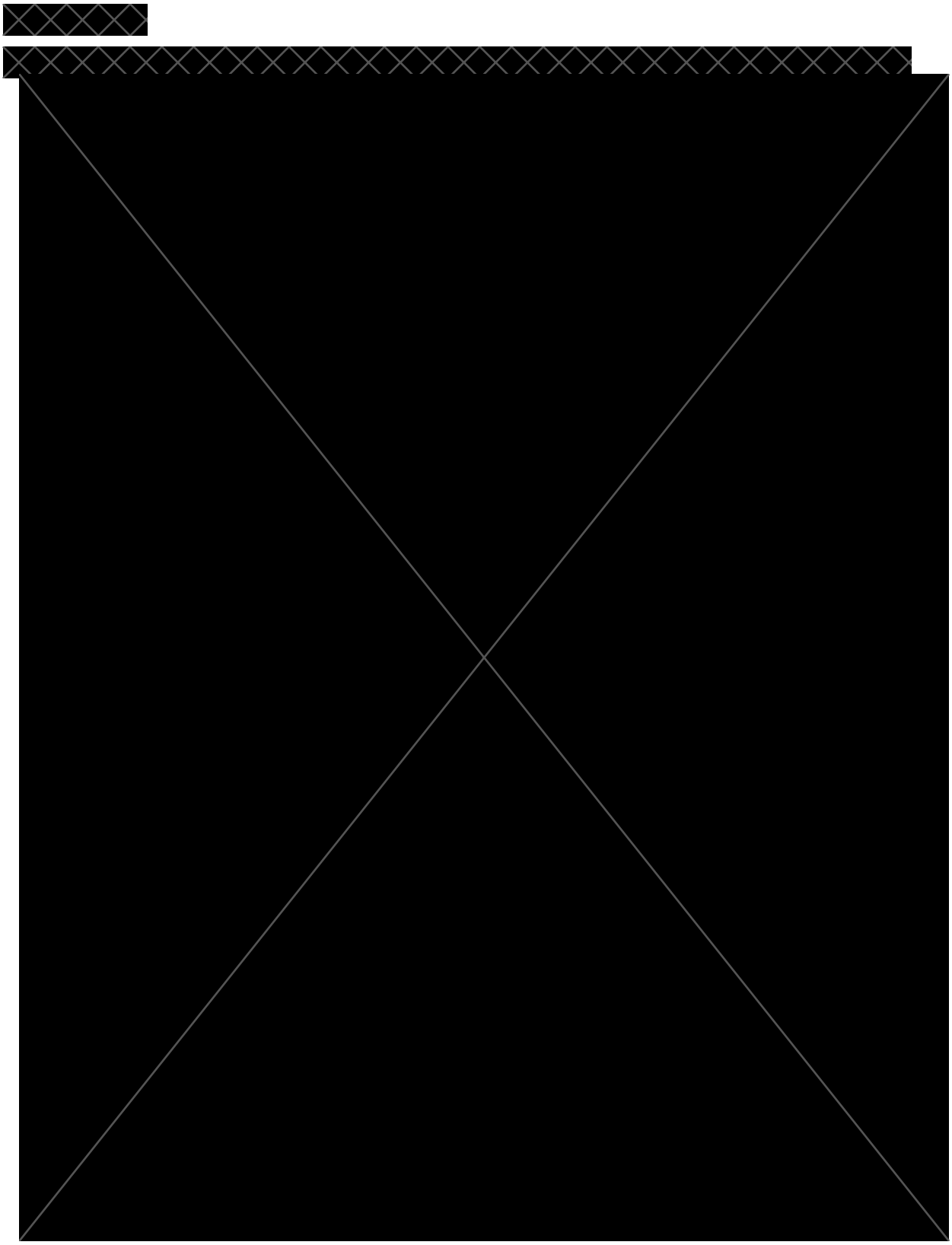
What documents should an applicant provide to demonstrate that the applicant is at least 51% owned and controlled by member(s) of a minority group?

*For **each** individual who is a member of a minority group, and who owns, manages and controls the daily operations of the applicant's business, the applicant must provide at least one of the following items:*

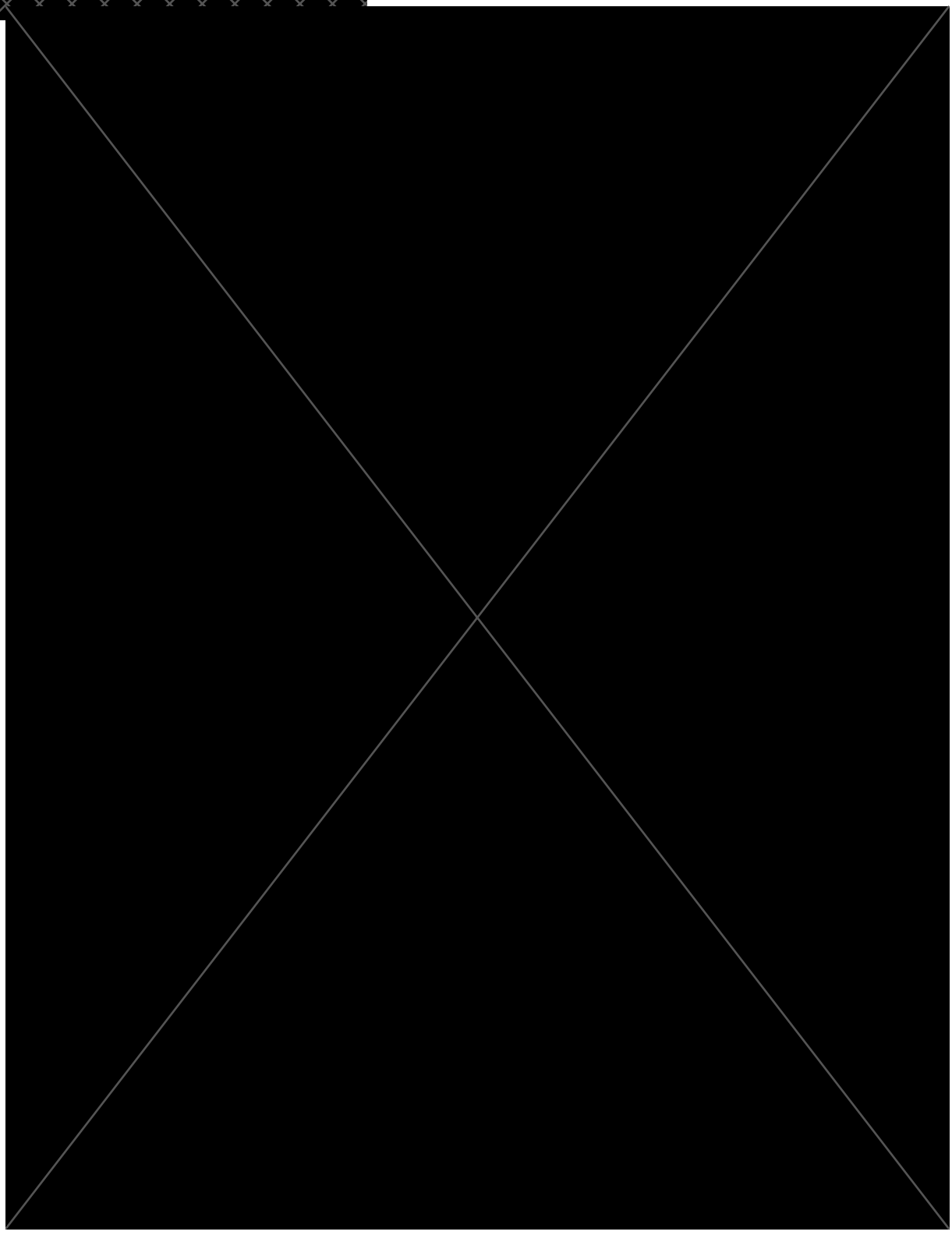
- *Birth Certificate that includes race*
- *Military records or other government issued documents that includes race*

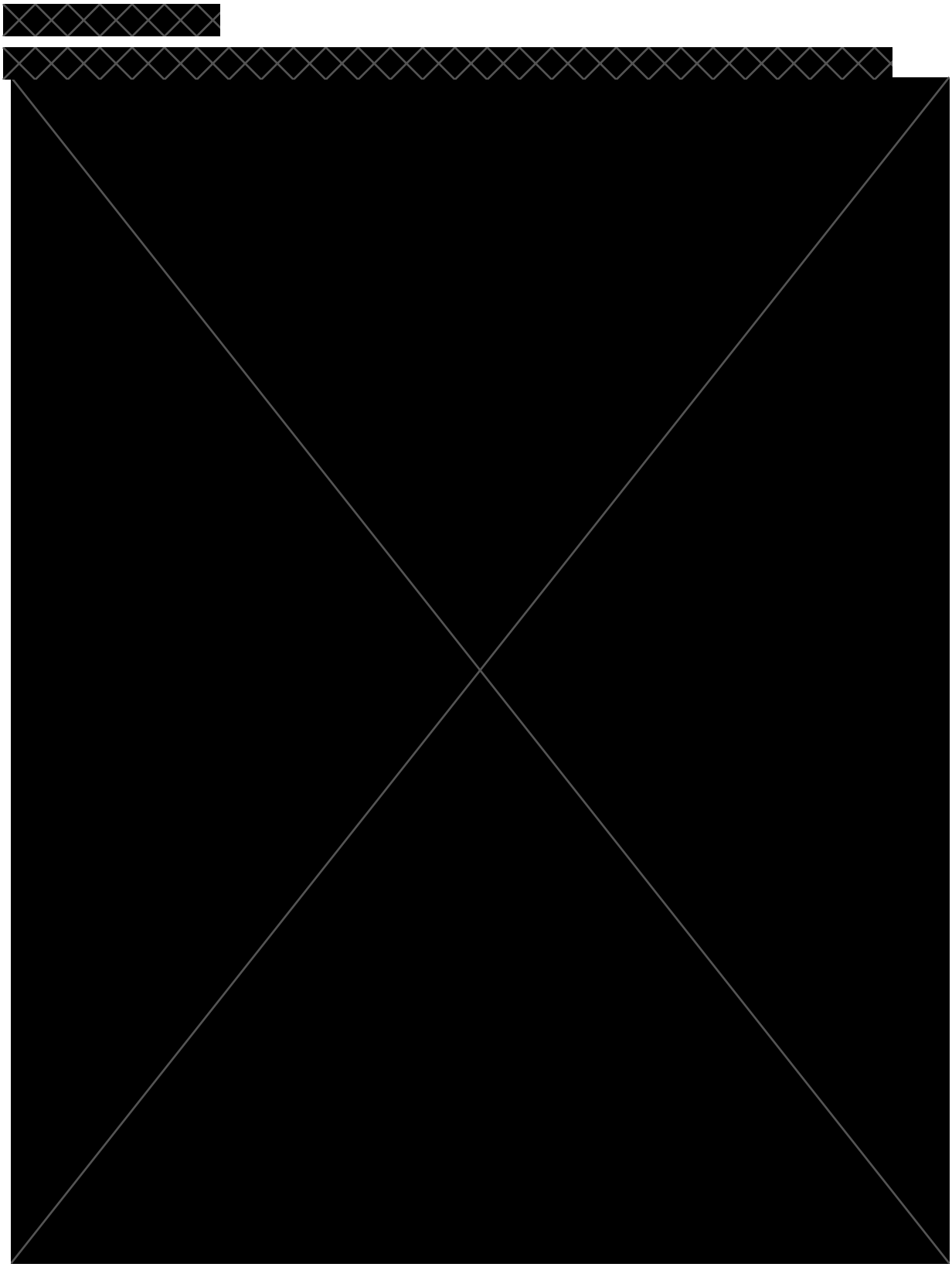
[redacted]





[redacted]





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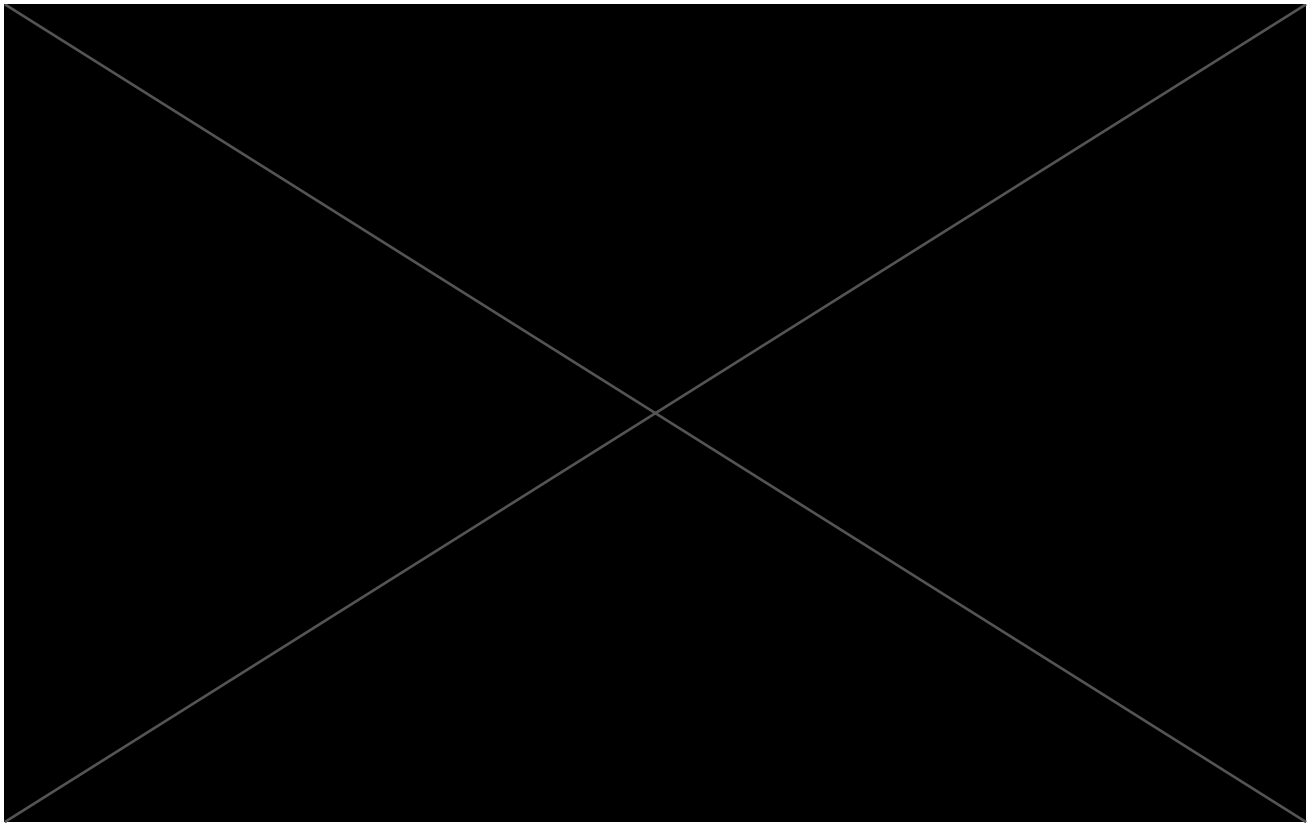

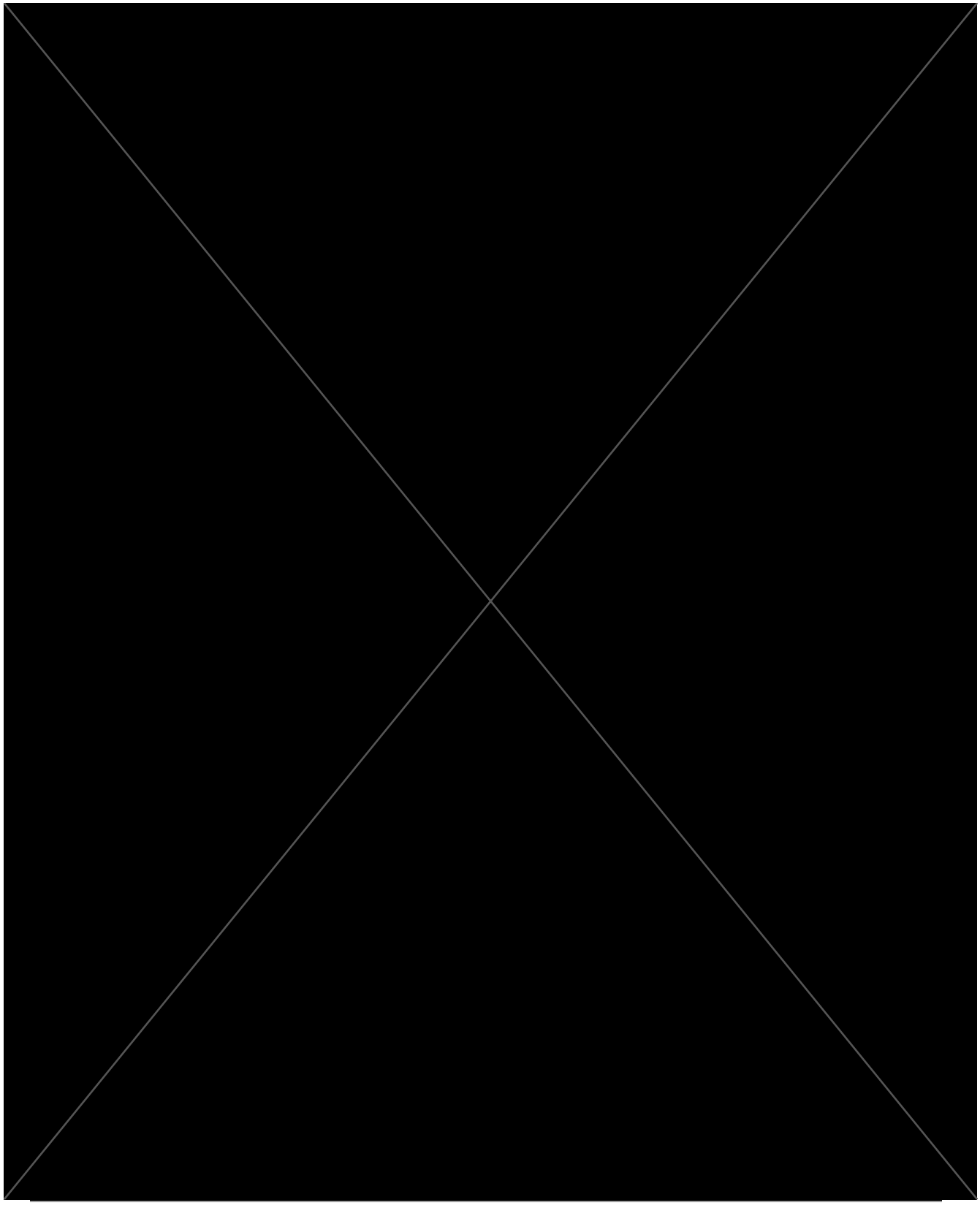

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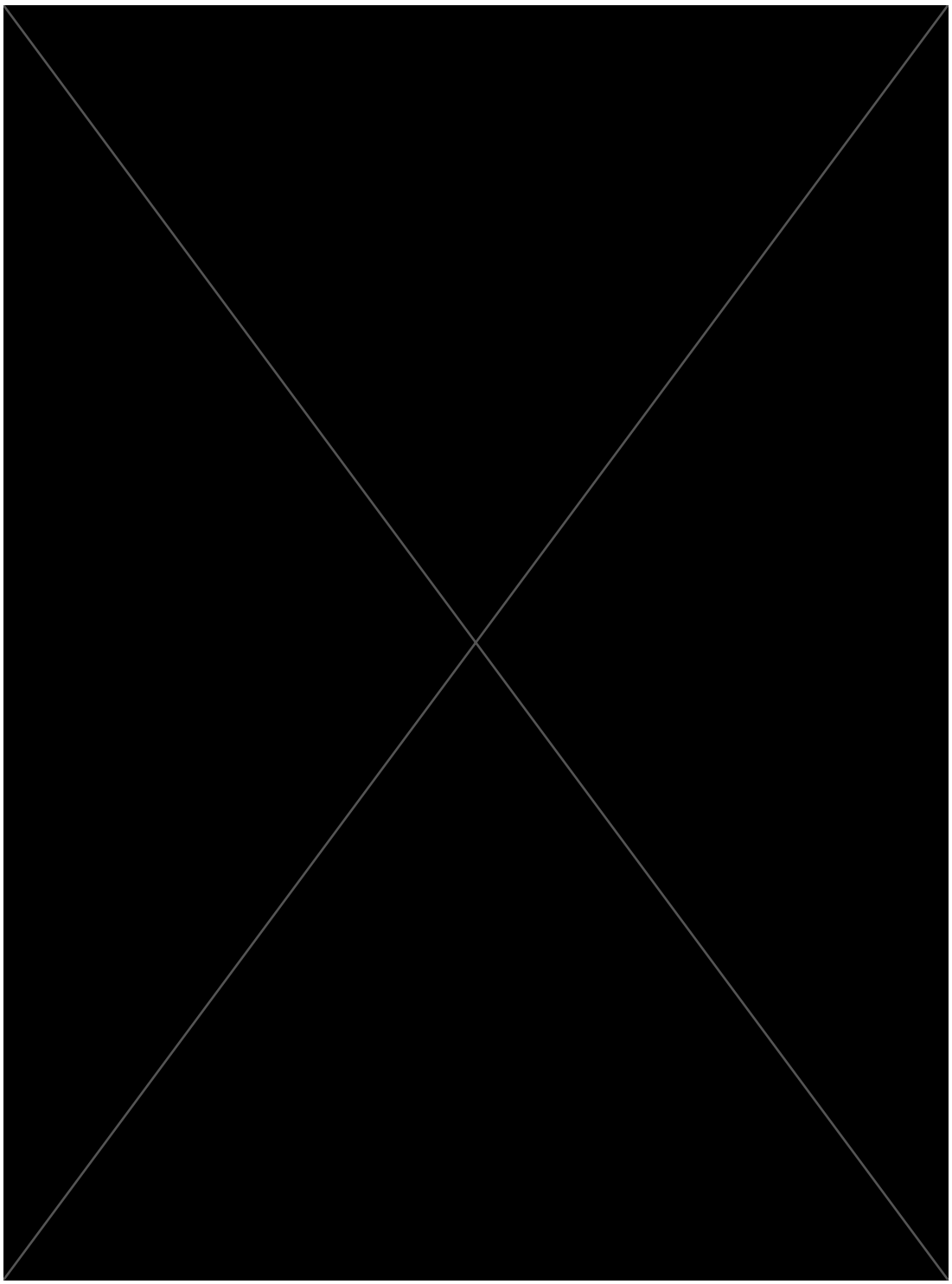

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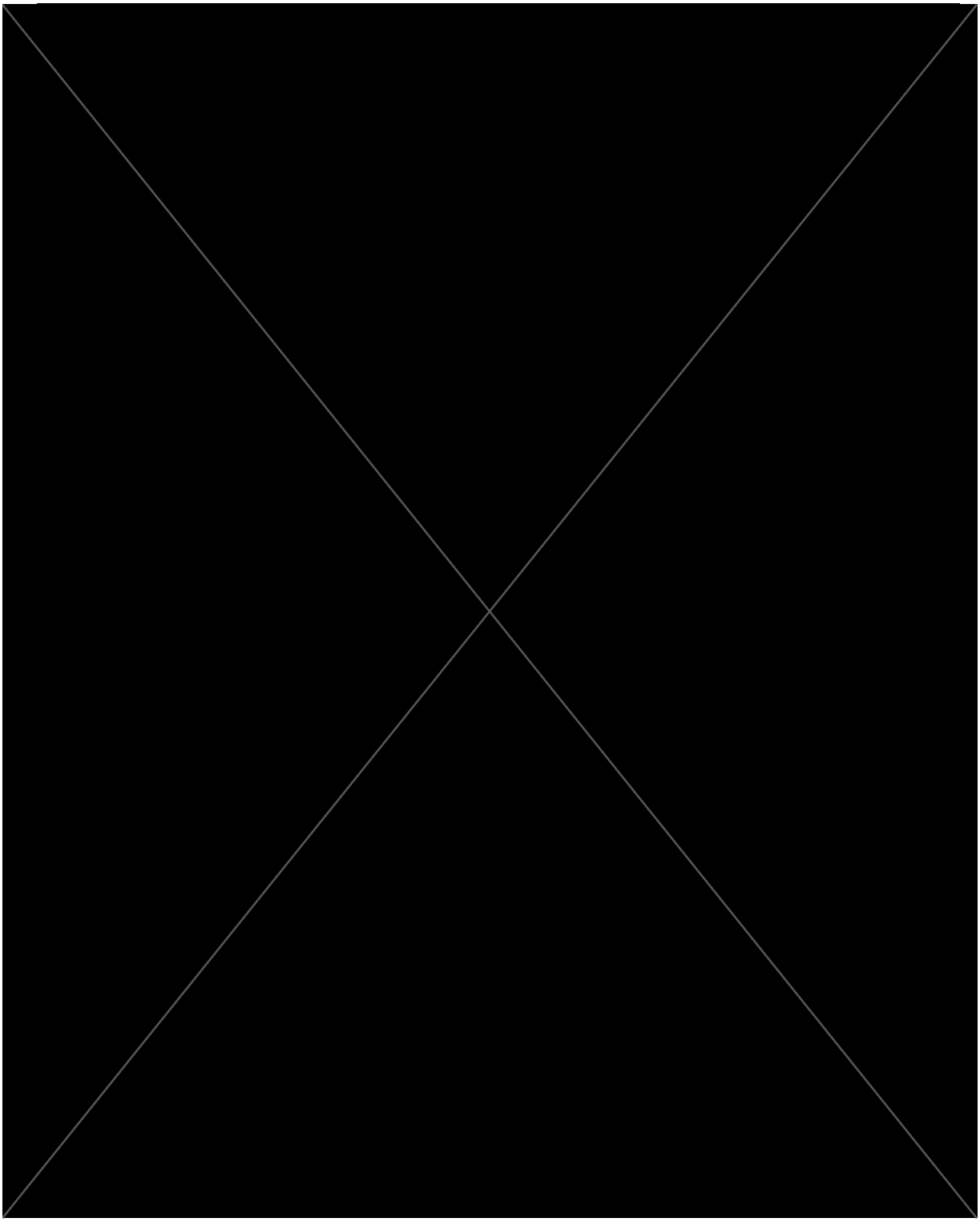
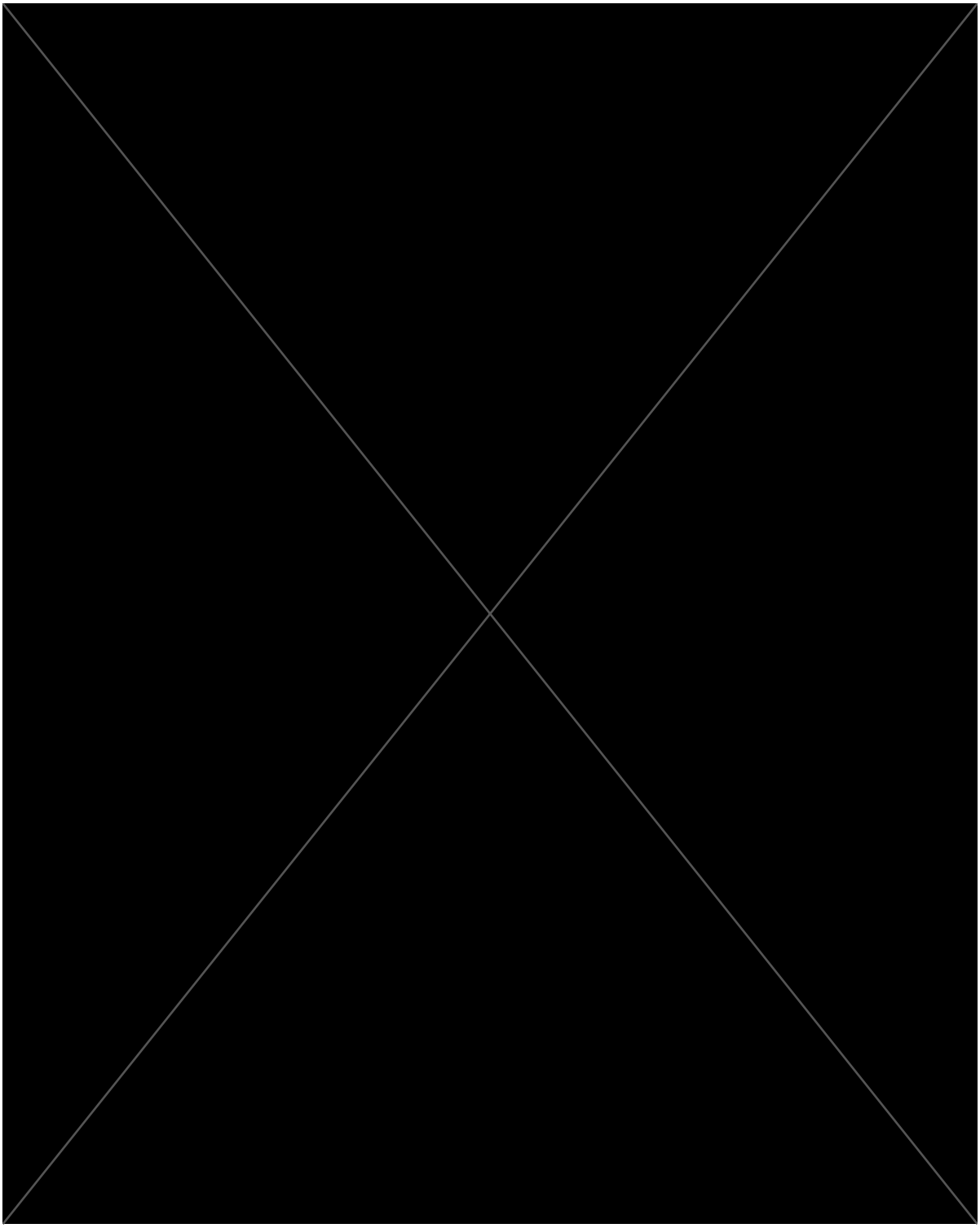
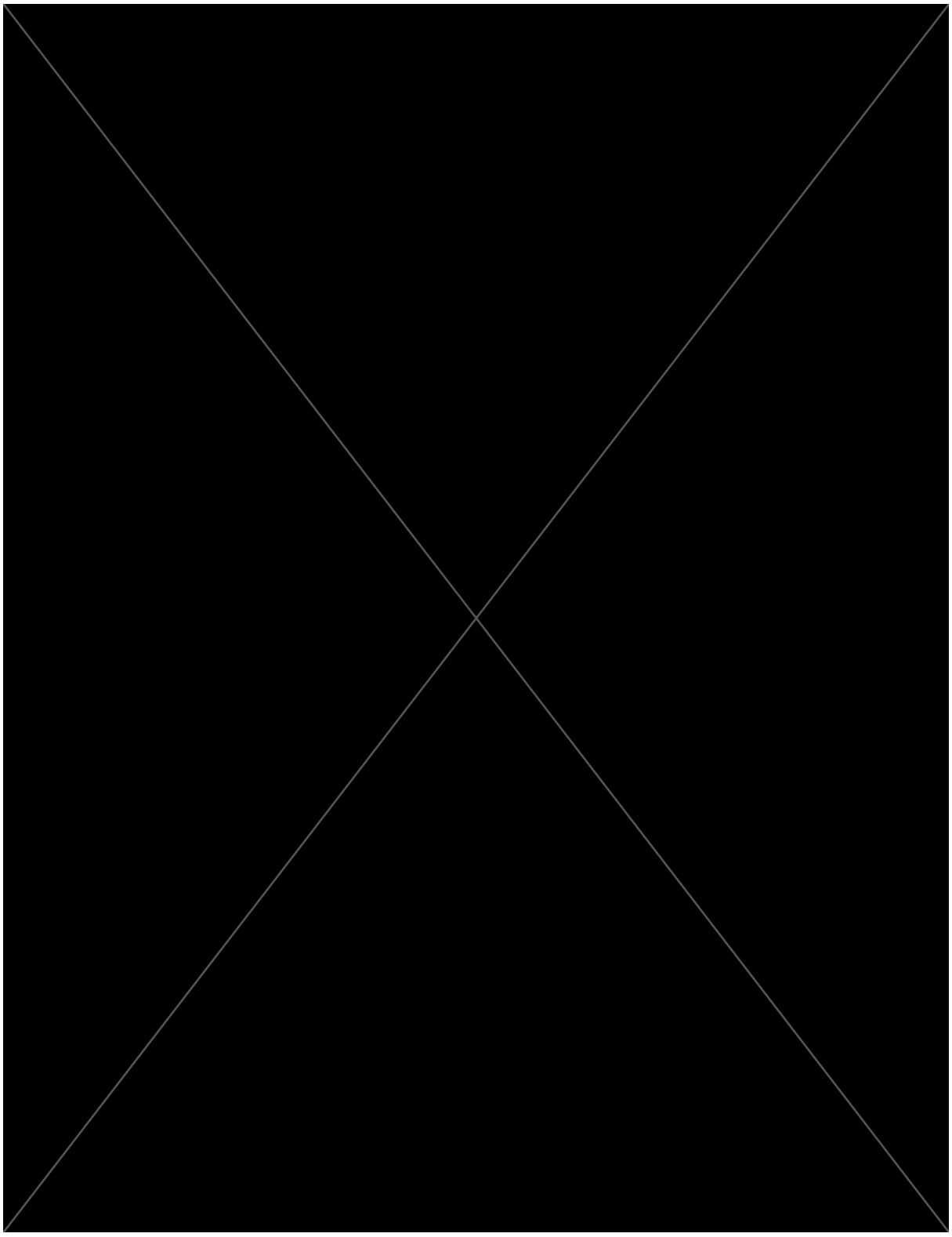
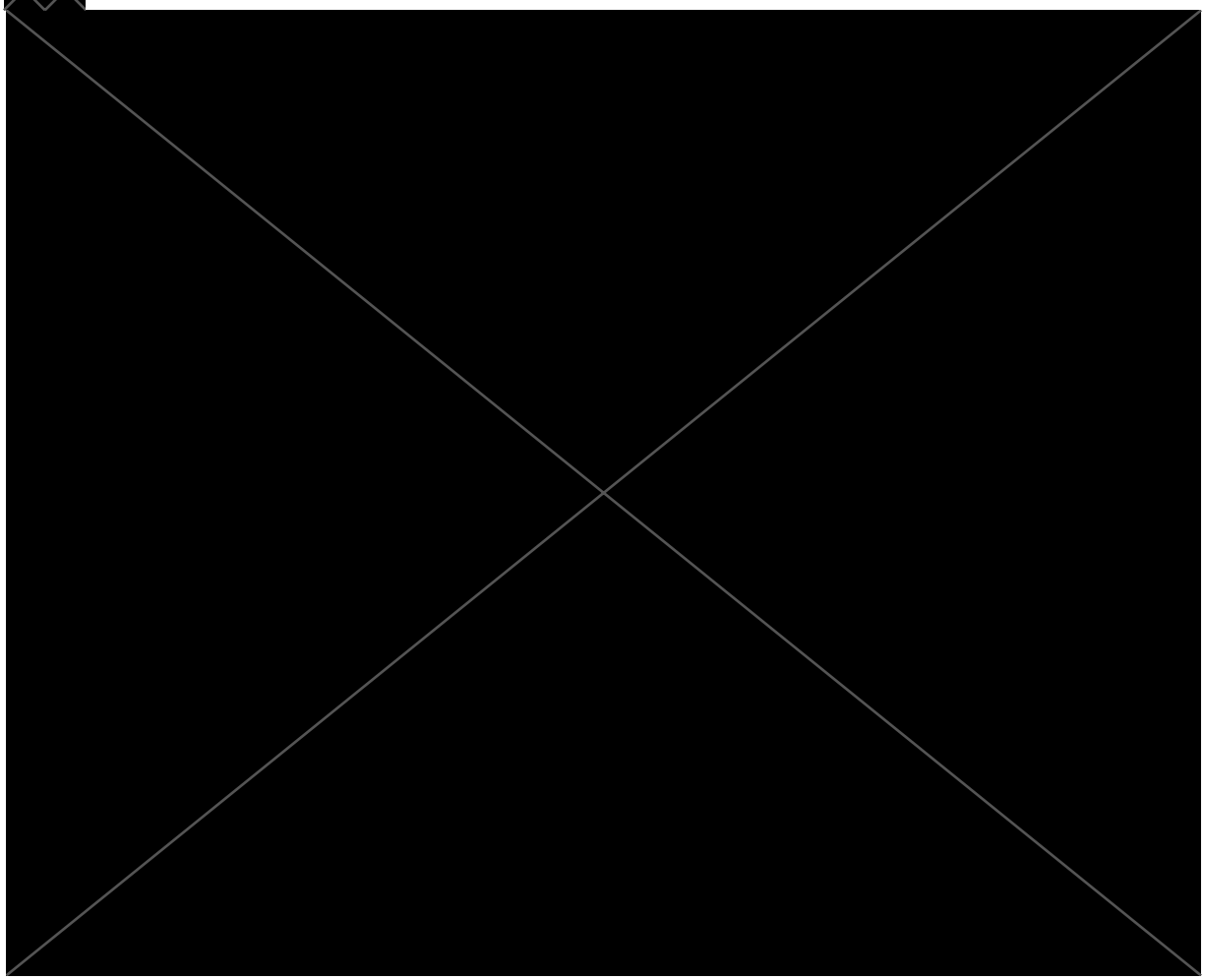


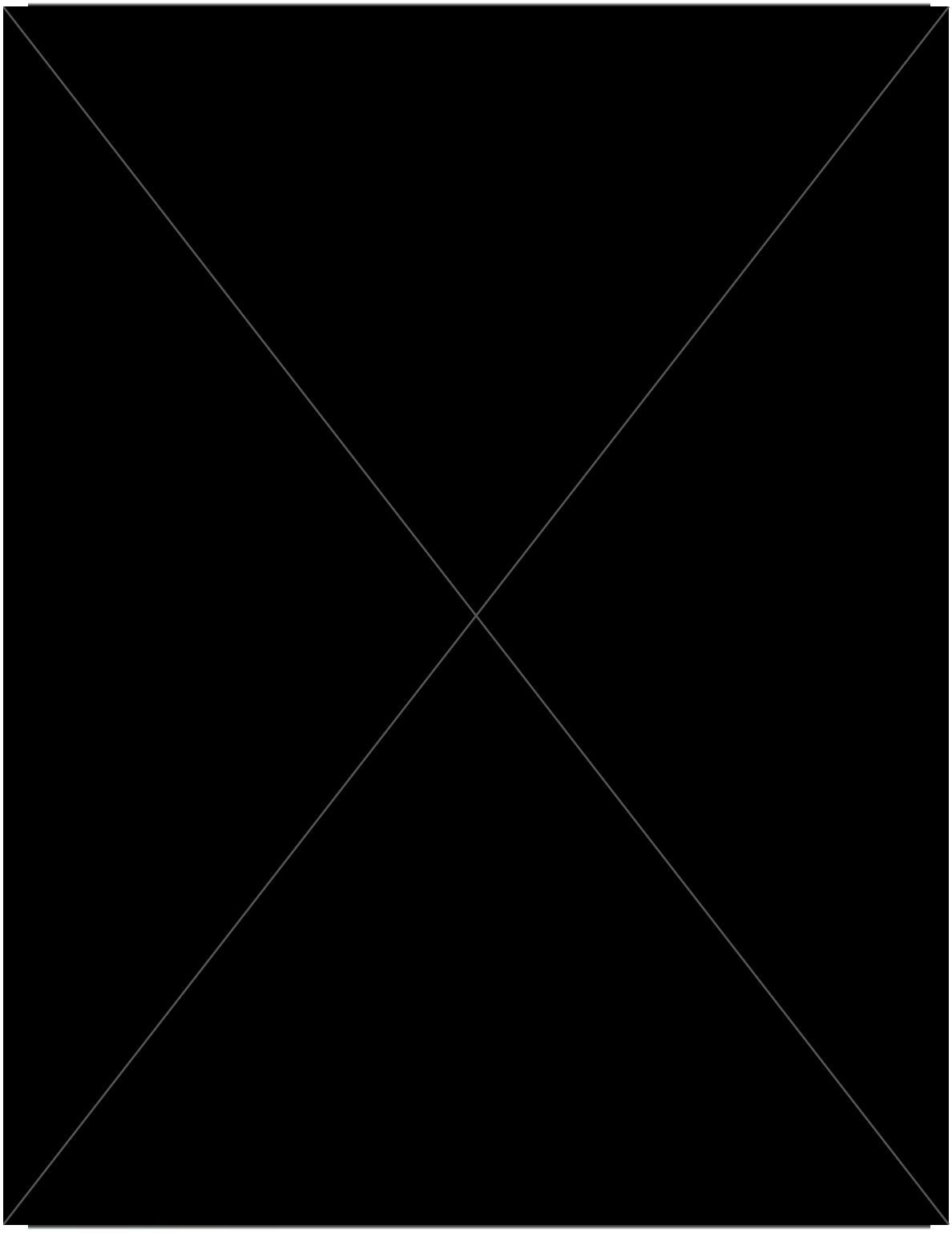
[redacted]



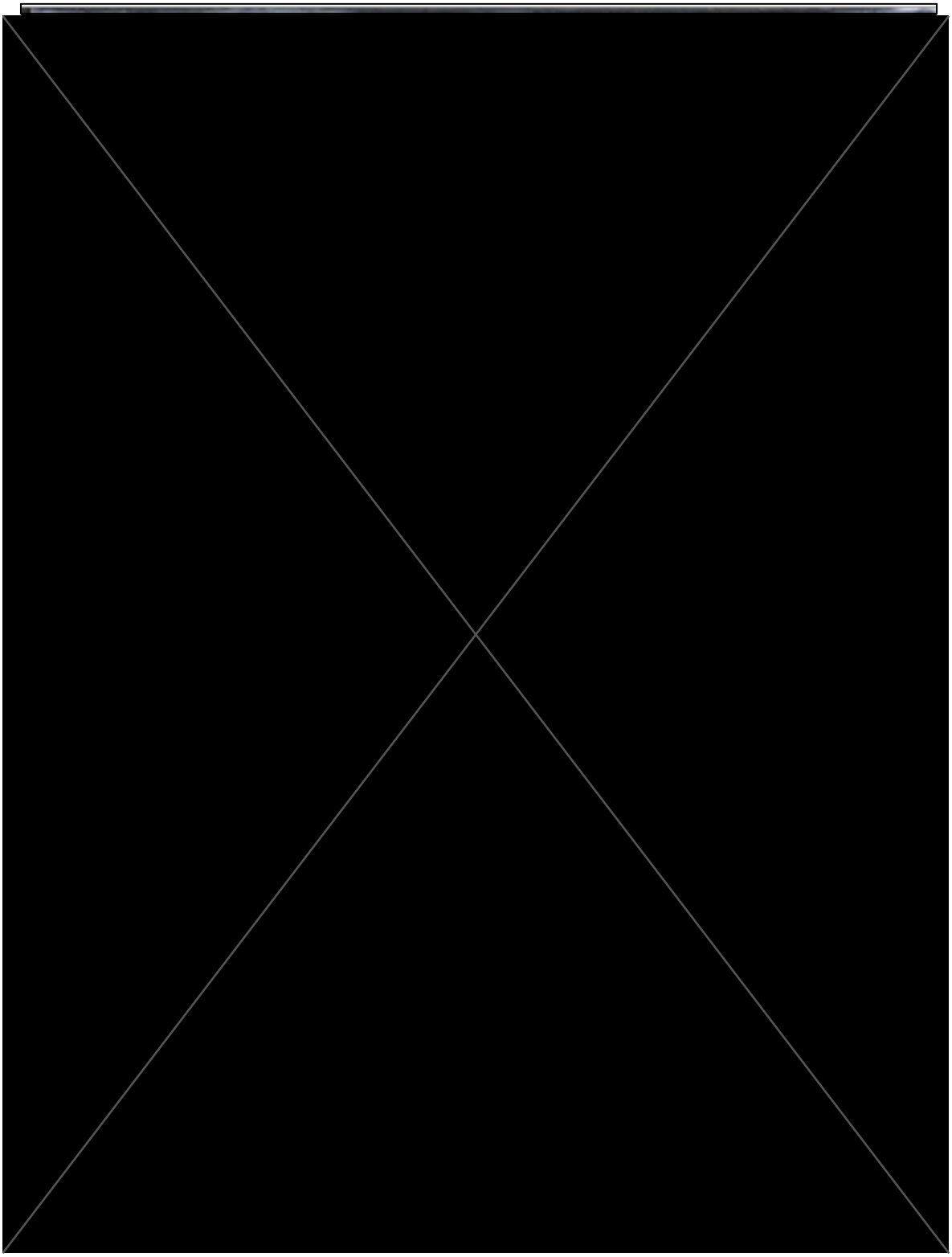


[redacted]





[redacted]



Redacted Cpy

In accordance with Alabama Code Section 36-12-40, the applicant has made the below redactions due to confidentiality and proprietary concerns and as they are considered "records concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures."

License Type: Integrated

Affidavit – Entity Applicant

Verification

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

Josh Brunner	CEO / CFO
Printed Name of Verifying Individual	**Title of Verifying Individual**
/s/ Josh Brunner	3/01/23
Signature of Verifying Individual	**Verification Date**

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

STATE OF ALABAMA)

)

JEFFERSON **COUNTY**)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (*please type or print legibly*):

1. NAME OF ENTITY APPLYING FOR LICENSE: GREEN BUD, LLC
2. NAME OF AFFIANT: RYAN RAMAGE
3. AFFIANT'S POSITION WITH APPLICANT: MEMBER / CFO AMAC DESIGN
4. AFFIANT IS THE APPLICANT'S (*Check One*): ◯ Responsible Party ◉ Contact Person
   (*The affidavit of BOTH individuals is required*)
5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (*Check One*):

◯ Cultivator	◯ Processor	◯ Secure Transporter
◯ Dispensary	☒ Integrated Facility	◯ State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:
   a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.
   _____ INITIAL HERE
   b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit. **(*Attach a copy of the entity applicant's written authorization to this Affidavit.*)**
   _____ INITIAL HERE
   c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.
   _____ INITIAL HERE
   d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

____ INITIAL HERE

e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

____ 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. 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:

Green Bud, LLC
Applicant

Sworn to and subscribed before me on this 1st day of March, 2023.

_____
Notary Public

My Commission Expires: 08/03/25

[SEAL]

ERIN C MYRICK
NOTARY PUBLIC
ALABAMA STATE AT LARGE

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

STATE OF Alabama)

)

Jefferson **COUNTY**)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (*please type or print legibly*):

1. NAME OF ENTITY APPLYING FOR LICENSE: Green Bud LLC
2. NAME OF AFFIANT: Stephen P. French
3. AFFIANT'S POSITION WITH APPLICANT: Owner/Member
4. AFFIANT IS THE APPLICANT'S (*Check One*): ◉ Responsible Party ○ Contact Person
   (The affidavit of BOTH individuals is required)
5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (*Check One*):

○ Cultivator	○ Processor	○ Secure Transporter
○ Dispensary	◉ Integrated Facility	○ State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:
   a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.
   SPF 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.)***
   SPF 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.
   SPF INITIAL HERE
   d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.
____ INITIAL HERE

e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.
____ 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. 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:

Green Bud LLC
Applicant

Sworn to and subscribed before me on this 1st day of March, 2023

Notary Public

My Commission Expires: 08/3/25

[SEAL]

ERIN C MYRICK
NOTARY PUBLIC
ALABAMA STATE AT LARGE

2/28/2023

To Whom it May Concern,

Please accept this letter that I have given authorization for Steve French and Ryan Ramage to act as the Responsible Party and Contact Person respectively for my application to AMCC under the name of Green Bud LLC.

Sincerely,

James Alexander McWilliams

Green Bud LLC