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

Dear Alabama Medical Cannabis Commission:

In accordance with Section 1.8 of the Integrated Facility Applicants Application (Initial Offering 2022-2023) and § 36-12-40 et seq., Code of Alabama (as amended), the Applicant provides the following written description of the grounds for each redaction in its Redacted Copy of its Integrated Facility Application, along with the justification under Alabama law. Additionally, the Applicant respectfully requests that its entries into the online application portal be exempted from public disclosure pursuant to Op. Att'y Gen. Ala. No. 2006-134 (Aug. 17, 2006). § 8-38-2(6), Code of Alabama (as amended) (personal identifying information); § 8-27-1, et. seq. Code of Alabama (as amended) (trade secrets); and § 39-2-2(g), Code of Alabama (as amended), Ala. Att'y Gen. Op. 2019-048 & 2020-015 (direct impact on security of people and facilities). *See also Stone v. Consol. Publ'g Co.*, 404 So. 2d 678, 681 (Ala. 1981).

The Application Form has been redacted for Personally identifying information; Op. Att'y Gen. Ala. No. 2006-134 (Aug. 17, 2006). § 8-38-2(6), Code of Alabama (as amended). Proof of Minimum Liability and Casualty Insurance have been redacted for Applicant Confidential and Proprietary Information. § 1.8 of the Integrated Facility Applicants Application (Initial Offering 2022-2023). Form I has been redacted for Personally identifying information; Op. Att'y Gen. Ala. No. 2006-134 (Aug. 17, 2006). § 8-38-2(6), Code of Alabama (as amended).

Thank You,

J. Gregory Allen  
Greg.Allen@BeasleyAllen.com  
(334) 269-2343



Exhibit	Description of Grounds
1	<ul style="list-style-type: none"><li>• Sensitive personnel records. <i>Stone v. Consol. Publ'g Co.</i>, 404 So. 2d 678, 681 (Ala. 1981).</li><li>• Personally identifying information; Op. Att'y Gen. Ala. No. 2006-134 (Aug. 17, 2006). § 8-38-2(6), Code of Alabama (as amended).</li><li>• Direct impact on the security or safety of persons or facilities and requires confidential handling. § 39-2-2(g), Code of Alabama (as amended); Ala. Att'y Gen. Op. 2019-048 &amp; 2020-015.</li><li>• Applicant Confidential and Proprietary Information. § 1.8 of the Integrated Facility Applicants Application (Initial Offering 2022-2023).</li><li>• Trade Secret, Confidential proprietary and competitively sensitive information. § 8-27-1, et. seq. Code of Alabama (as amended); <i>Holland v. Eads</i>, 614 So. 2d 1012, 1016 (Ala. 1993); <i>Duck Head Apparel Co. v. Hoots</i>, 659 So. 2d 897, 916-17 (Ala. 1995).</li><li>• Recorded information received by a public officer in confidence and records the disclosure of which would be detrimental to the best interests of the public. <i>Stone v. Consol. Publ'g Co.</i>, 404 So. 2d 678, 681 (Ala. 1981).</li></ul>
2	<ul style="list-style-type: none"><li>• Tax Records. § 40-2A-10, Code of Alabama (as amended).</li><li>• Bank Records. §§ 5-3A-3(a), 5-5A-43, Code of Alabama (as amended).</li><li>• Sensitive personnel records. <i>Stone v. Consol. Publ'g Co.</i>, 404 So. 2d 678, 681 (Ala. 1981).</li><li>• Personally identifying information; Op. Att'y Gen. Ala. No. 2006-134 (Aug. 17, 2006). § 8-38-2(6), Code of Alabama (as amended).</li><li>• Direct impact on the security or safety of persons or facilities and requires confidential handling. § 39-2-2(g), Code of Alabama (as amended); Ala. Att'y Gen. Op. 2019-048 &amp; 2020-015.</li><li>• Applicant Confidential and Proprietary Information. § 1.8 of the Integrated Facility Applicants Application (Initial Offering 2022-2023).</li></ul>



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	<p>of the public. <i>Stone v. Consol. Publ'g Co.</i>, 404 So. 2d 678, 681 (Ala. 1981).</p>
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42	None



Please use a supported browser for best performance. Please click here for a list of supported browsers (/dist/browserSupport.html)

DISMISS

Review

Selected Account: Insa Alabama, LLC

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

Your reference code is [REDACTED]

File Date : 03/03/2023 11:52 AM

Your transaction ID is : [REDACTED]

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: 0370

General Applicant Information

Applicant Name : Insa Alabama, LLC

Applying as: Business Entity

Trade Name (DBAs) :

Identification Number Type : FEIN

Federal Tax Identification Number : [REDACTED]

Business Entity Name : Insa Alabama, LLC

Business Entity Type : Limited Liability Company

Secretary of State Entity ID Number : [REDACTED]

Federal Business Code No : [REDACTED]

Date of Qualification, Organization or Incorporation : 09/12/2022

Applicant Street Address

Street: 218 COMMERCE ST

Unit No / Apt No :

City: MONTGOMERY

County: 51-Montgomery

State: Alabama

Zip Code: 36104

Address Verified?: Yes

## Applicant Mailing Address

---

✓ **Street:** 218 COMMERCE  
ST

✓ **Unit No / Apt :**  
No

✓ **City:** MONTGOMERY

✓ **State:** Alabama

✓ **Zip Code:** 36104

✓ **Address Verified?:** Yes

**Applicant Website :**

✓ **Applicant Email Address :** facility-licensing@myinsa.com

✓ **Applicant Phone Number :** 3345464499

✓ **Do you have a management service agreement in place?:**

No

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

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## Primary Contact Person

---

✓ **First Name:** Jere

✓ **Last Name:** Beasley

✓ **Title:** Owner

✓ **Phone Number :** 3342013811

✓ **Email:** facility-licensing@myinsa.com

✓ **Street:** 218 COMMERCE  
ST

✓ **Unit No / Apt :**  
No

✓ **City:** MONTGOMERY

✓ **State:** Alabama

✓ **Zip Code:** 36104

✓ **Address Verified?:** Yes

## License Information

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✓ **License Type:** Integrated Facility

## Facility Information

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## Facility Information

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✓ **Facility Type:** Cultivation Facility

## Physical Address

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- ✓ **Street:** 6030 PERIMETER P  
KWY
- ✓ **Unit No / Apt:**  
No
- ✓ **City:** MONTGOMERY
- ✓ **County:** 51-Montgomery
- ✓ **State:** Alabama
- ✓ **Zip Code:** 36116
- ✓ **Address Verified?** : Yes

## Facility Information Questions

---

- ✓ **Applicant's interest in property where proposed facility is located** : Leases/Rents
- ✓ **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** : 365
- ✓ **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:** 6030 PERIMETER P  
KWY
- ✓ **Unit No / Apt:**  
No
- ✓ **City:** MONTGOMERY
- ✓ **County:** 51-Montgomery
- ✓ **State:** Alabama
- ✓ **Zip Code:** 36116
- ✓ **Address Verified?** : Yes

## Facility Information Questions

---

- ✓ **Applicant's interest in property where proposed facility is located** : Leases/Rents
- ✓ **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** : 180
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 365
- ✓ **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

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

## Physical Address

---

- ✓ **Street:** 6030 PERIMETER P KWW
- ✓ **Unit No / Apt:** No
- ✓ **City:** MONTGOMERY
- ✓ **County:** 51-Montgomery
- ✓ **State:** Alabama
- ✓ **Zip Code:** 36116
- ✓ **Address Verified?** : Yes

## Facility Information Questions

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- ✓ **Applicant's interest in property where proposed facility is located** : Leases/Rents
- ✓ **Is this facility under construction?** : No
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 365
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 365
- ✓ **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:** 4630 MONTGOMER  
Y HWY

**Unit No / Apt:**  
No

✓ **City:** DOTHAN

✓ **County:** 35-Houston

✓ **State:** Alabama

✓ **Zip Code:** 36303

✓ **Address** : Yes  
Verified?

## Facility Information Questions

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

✓ **Is this facility under** : No  
**construction?**

✓ **The number of days, if awarded a license, within which the** : 365  
**Applicant reasonably projects it will commence operations at**  
**this facility**

✓ **The number of days, if awarded a license, within which the** : 365  
**Applicant reasonably projects it will reach full capacity at this**  
**facility**

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

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✓ **Facility Type:** Dispensing Site (Re  
tail Facility)

✓ **Dispensing** : Stand Alone Buildin  
**Site** g  
**Premises**

## Physical Address

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✓ **Street:** 2002 MARVYN PK  
WY

**Unit No / Apt:**  
No

✓ **City:** OPELIKA

✓ **County:** 41-Lee

✓ **State:** Alabama

✓ **Zip Code:** 36804

✓ **Address** : Yes  
Verified?

## Facility Information Questions

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

✓ **Is this facility under** : No  
**construction?**

- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 365
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 365
- ✓ **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:** 714 29TH ST S
  - ✓ **Unit No / Apt: No**
  - ✓ **City:** BIRMINGHAM
  - ✓ **County:** 37-Jefferson
  - ✓ **State:** Alabama
  - ✓ **Zip Code:** 35233
  - ✓ **Address Verified?** : Yes

## Facility Information Questions

- 
- ✓ **Applicant's interest in property where proposed facility is located** : Leases/Rents
  - ✓ **Is this facility under construction?** : No
  - ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 365
  - ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 365
  - ✓ **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:** 7900 AIRPORT BLV  
D

**Unit No / Apt:**  
No

✓ **City:** MOBILE

✓ **County:** 49-Mobile

✓ **State:** Alabama

✓ **Zip Code:** 36608

✓ **Address** : Yes  
Verified?

## Facility Information Questions

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

✓ **Is this facility under** : No  
**construction?**

✓ **The number of days, if awarded a license, within which the** : 365  
**Applicant reasonably projects it will commence operations at**  
**this facility**

✓ **The number of days, if awarded a license, within which the** : 365  
**Applicant reasonably projects it will reach full capacity at this**  
**facility**

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

---

## Ownership of Applicant

---

✓ **Select type of record:** Individual

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


## Individual

---

✓ **Legal First** : Peter  
**Name**

**Legal Middle:**  
**Name**

✓ **Legal Last** : Gallagher  
**Name**



## Residence Address

---



---

✓ **Select type of record:** Individual

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

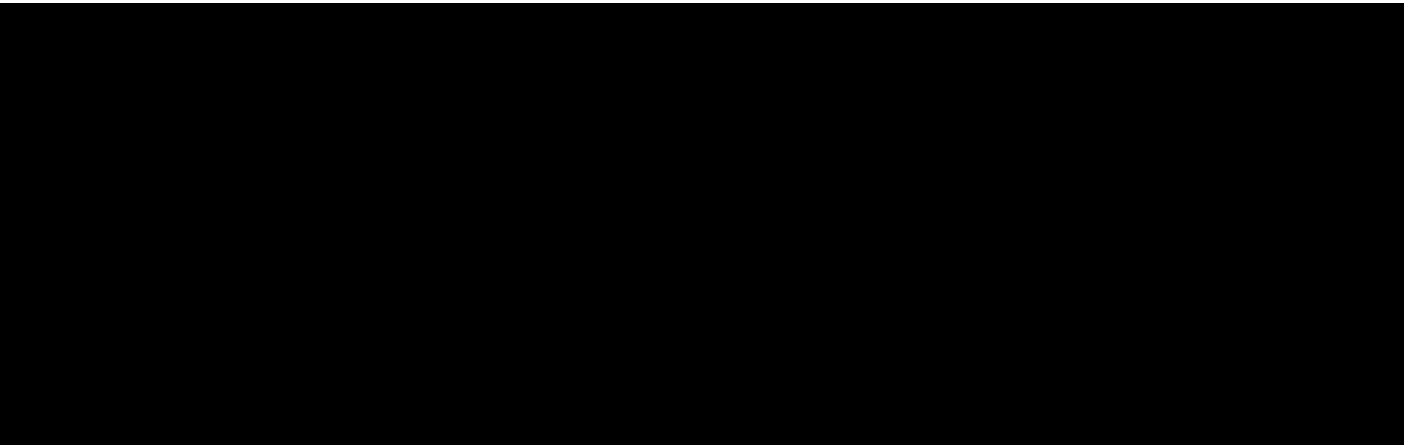
## Individual

---

✓ **Legal First Name** : Stephen

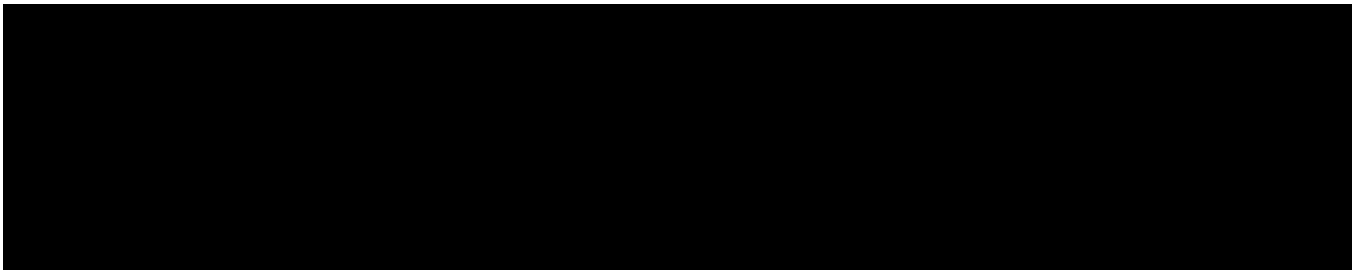
**Legal Middle Name**

✓ **Legal Last Name** : Reilly



## Residence Address

---



---

✓ **Select type of record:** Entity

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

## Entity

---

- ✓ **Entity Name:** Clearview Ranch, L  
LC
- ✓ **Entity Type:** Limited Liability Co  
mpany
- ✓ **Are there** : Yes  
**individuals with**  
**direct or indirect**  
**ownership interest**  
**in this entity?**
- ✓ **FEIN:** ██████████
- ✓ **Ownership** : 51  
**Percentage of**  
**the Applicant**

## Physical Address

---

- ✓ **Street:** 218 COMMERCE S  
T
- ✓ **Unit No / Apt:**  
No
- ✓ **City:** MONTGOMERY
- ✓ **State:** Alabama
- ✓ **Zip Code:** 36104
- ✓ **Address** : Yes  
**Verified?**

## Primary Contact/ Responsible Person

---

- ✓ **First Name:** John
- ✓ **Last Name:** Gregory
- ✓ **Title:** Allen
- ✓ **Phone** : 8008982034  
**Number**
- ✓ **Email** : greg.allen@beasley  
**Address** allen.com
- ✓ **Street** : 218 COMMERCE S  
**Address** T
- ✓ **Unit No / Apt:**  
No
- ✓ **City:** MONTGOMERY
- ✓ **State:** Alabama
- ✓ **Zip Code:** 36104
- ✓ **Address** : Yes  
**Verified?**

---

## Cannabis Industry Entities

---

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

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

## Individual

---

- ✓ **Legal First** : Peter  
**Name**
- ✓ **Legal Last** : Gallagher  
**Name**
- ✓ **Suffix:**

✓ **Cannabis Entity Name** : I.N.S.A., Inc.

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

✓ **Connection to Cannabis Entity** : Individual

✓ **Role in Cannabis Entity** : Manager

✓ **Percentage of ownership in cannabis entity** : [REDACTED]

## Cannabis Entity's Physical Address

---

✓ **Street:** 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

## Cannabis Entity's Primary Contact/Responsible Person

---

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ **Phone Number** : 4132314450

✓ **Email Address** : steve@myinsa.com

✓ **Street Address** : 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

✓ **Select Individual or Entity:** Individual

## Individual

---

✓ **Legal First Name** : Peter

✓ **Legal Last Name** : Gallagher

**Suffix:**

✓ **Cannabis Entity Name** : D&D Accounting Services, LLC

✓ **Entity Type:** Limited Liability Company

✓ **Connection to Cannabis Entity** : Individual

✓ **Role in Cannabis Entity** : Manager

✓ **Percentage of ownership in cannabis entity** : [REDACTED]

## Cannabis Entity's Physical Address

---

✓ **Street:** 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

## Cannabis Entity's Primary Contact/Responsible Person

---

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ **Phone Number** : 4132314450

✓ **Email Address** : steve@myinsa.com

✓ **Street Address** : 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

✓ **Select Individual or Entity:** Individual

## Individual

---

✓ **Legal First Name** : Peter

✓ **Legal Last Name** : Gallagher

**Suffix:**

✓ **Cannabis Entity Name** : Insa LLC

✓ **Entity Type:** Limited Liability Company

✓ **Connection to Cannabis Entity** : Individual

✓ **Role in Cannabis Entity** : Manager

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

## Cannabis Entity's Physical Address

---

✓ **Street:** 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

## Cannabis Entity's Primary Contact/Responsible Person

---

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ **Phone Number** : 4132314450

✓ **Email Address** : Steve@myinsa.com

✓ **Street Address** : 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ Zip Code: 01013

✓ Address : Yes  
Verified?

✓ Select : Individual  
Individual or  
Entity:

## Individual

✓ Legal First : Peter  
Name

✓ Legal Last : Gallagher  
Name

Suffix:

✓ Cannabis : INSA OHIO, LLC  
Entity Name

✓ Entity Type: Limited Liability Co  
mpany

✓ Connection : Individual  
to Cannabis  
Entity

✓ Role in : Member , Manager  
Cannabis  
Entity

✓ Percentage of : ████  
ownership in  
cannabis entity

## Cannabis Entity's Physical Address

✓ Street: 35 CENTER ST

Unit No / Apt:  
No

✓ City: CHICOPEE

✓ State: Massachusetts

✓ Zip Code: 01013

✓ Address : Yes  
Verified?

## Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Stephen

✓ Last Name: Reilly

✓ Title: Owner

✓ Phone : 4132314450  
Number

✓ Email : steve@myinsa.com  
Address

✓ Street : 35 CENTER ST  
Address

Unit No / Apt:  
No

✓ City: CHICOPEE

✓ State: Massachusetts

✓ Zip Code: 01013

✓ Address : Yes  
Verified?

✓ Select : Individual  
Individual or  
Entity:

## Individual

✓ Legal First : Peter  
Name

✓ Legal Last : Gallagher  
Name

Suffix:

✓ Cannabis : Insa CT, LLC  
Entity Name

✓ Entity Type: Limited Liability Co  
mpany

✓ Connection : Individual  
to Cannabis  
Entity



✓ **Role in Cannabis Entity** : Member

✓ **Percentage of ownership in cannabis entity** : [REDACTED]

## Cannabis Entity's Physical Address

---

✓ **Street:** 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

## Cannabis Entity's Primary Contact/Responsible Person

---

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ **Phone Number** : 4132314450

✓ **Email Address** : steve@myinsa.com

✓ **Street Address** : 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

✓ **Select Individual or Entity:** Individual

## Individual

---

✓ **Legal First Name** : Stephen

✓ **Legal Last Name** : Reilly

**Suffix:**

✓ **Cannabis Entity Name** : I.N.S.A., Inc.

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

✓ **Connection to Cannabis Entity** : Individual

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

✓ **Percentage of ownership in cannabis entity** : [REDACTED]

## Cannabis Entity's Physical Address

---

✓ **Street:** 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

**Cannabis Entity's Primary Contact/Responsible Person**

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ **Phone Number** : 4132314450

✓ **Email Address** : steve@myinsa.com

✓ **Street Address** : 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

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

## Individual

✓ **Legal First Name** : Stephen

✓ **Legal Last Name** : Reilly

**Suffix:**

✓ **Cannabis Entity Name** : D&D Accounting Services, LLC

✓ **Entity Type:** Limited Liability Company

✓ **Connection to Cannabis Entity** : Individual

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

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

## Cannabis Entity's Physical Address

✓ **Street:** 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

## Cannabis Entity's Primary Contact/Responsible Person

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ **Phone Number** : 4132314450

✓ **Email Address** : steve@myinsa.com

✓ **Street Address** : 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

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

## Individual

---

✓ **Legal First Name** : Stephen

✓ **Legal Last Name** : Reilly

**Suffix:**

✓ **Cannabis Entity Name** : INSA LLC

✓ **Entity Type:** Limited Liability Company

✓ **Connection** : Individual to Cannabis Entity

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

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

## Cannabis Entity's Physical Address

---

✓ **Street:** 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

## Cannabis Entity's Primary Contact/Responsible Person

---

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ **Phone Number** : 4132314450

✓ **Email Address** : Steve@myinsa.com

✓ **Street Address** : 35 CENTER ST

**Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

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

## Individual

---

✓ **Legal First Name** : Stephen

✓ **Legal Last Name** : Reilly

**Suffix:**

✓ **Cannabis Entity Name** : INSA OHIO, LLC

✓ **Entity Type:** Limited Liability Company

✓ **Connection** : Individual to Cannabis Entity

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

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

## Cannabis Entity's Physical Address

---

✓ **Street:** 35 CENTER ST

✓ **Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

## Cannabis Entity's Primary Contact/Responsible Person

---

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ **Phone Number** : 4132314450

✓ **Email Address** : steve@myinsa.com

✓ **Street Address** : 35 CENTER ST

✓ **Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

---

✓ **Select Individual or Entity:** Individual

## Individual

---

✓ **Legal First Name** : Stephen

✓ **Legal Last Name** : Reilly

**Suffix:**

✓ **Cannabis Entity Name** : Insa CT, LLC

✓ **Entity Type:** Limited Liability Company

✓ **Connection to Cannabis Entity** : Individual

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

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

## Cannabis Entity's Physical Address

---

✓ **Street:** 35 CENTER ST

✓ **Unit No / Apt:**  
No

✓ **City:** CHICOPEE

✓ **State:** Massachusetts

✓ **Zip Code:** 01013

✓ **Address Verified?** : Yes

## Cannabis Entity's Primary Contact/Responsible Person

---

✓ **First Name:** Stephen

✓ **Last Name:** Reilly

✓ **Title:** Owner

✓ Phone Number : 4132314450

✓ Email Address : steve@myinsa.com

✓ Street Address : 35 CENTER ST

Unit No / Apt:  
No

✓ City: CHICOPEE

✓ State: Massachusetts

✓ Zip Code: 01013

✓ Address Verified? : Yes

✓ Select Individual or Entity: Individual

## Individual

✓ Legal First Name : Stephen

✓ Legal Last Name : Reilly

Suffix:

✓ Cannabis Entity Name : Kalyx, LLC

✓ Entity Type: Limited Liability Company

✓ Connection : Individual to Cannabis Entity

✓ Role in Cannabis Entity : Member

✓ Percentage of ownership in cannabis entity :

## Cannabis Entity's Physical Address

✓ Street: 125 N MAIN ST

Unit No / Apt:  
No

✓ City: BELCHERTOWN

✓ State: Massachusetts

✓ Zip Code: 01007

✓ Address Verified? : Yes

## Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Stephen

✓ Last Name: Reilly

✓ Title: Owner

✓ Phone Number : 4132314450

✓ Email Address : steve@myinsa.com

✓ Street Address : 125 N MAIN ST

Unit No / Apt:  
No

✓ City: BELCHERTOWN

✓ State: Massachusetts

✓ Zip Code: 01007

✓ 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? : NO

---

✓ 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:** Related Cannabis Entity : ✓ **Name:** D&D Accounting Services, LLC : ✓ **License Type:** Medical Marijuana Treatment Center (License #: MMTCC-2019-0016)

✓ **Licensing Board or Commission:** Florida Office of Medical Marijuana Use : ✓ **License Issued Date:** 06/22/2021 : ✓ **License Expiration Date:** 06/22/2023

---

✓ **Select One:** Related Cannabis Entity : ✓ **Name:** I.N.S.A., Inc. : ✓ **License Type:** Marijuana Retailer (License #: MR281680)

✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission : ✓ **License Issued Date:** 10/20/2022 : ✓ **License Expiration Date:** 10/20/2023

---

✓ **Select One:** Related Cannabis Entity : ✓ **Name:** I.N.S.A., Inc. : ✓ **License Type:** Marijuana Cultivator (License #: MC281268)

✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission : ✓ **License Issued Date:** 10/20/2022 : ✓ **License Expiration Date:** 10/20/2023

---

✓ **Select One:** Related Cannabis Entity : ✓ **Name:** I.N.S.A., Inc. : ✓ **License Type:** Marijuana Product Manufacturing (License #: MP281426)

✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission : ✓ **License Issued Date:** 10/20/2022 : ✓ **License Expiration Date:** 10/20/2023

---

✓ **Select One:** Related Cannabis Entity : ✓ **Name:** I.N.S.A., Inc. : ✓ **License Type:** Medical Marijuana Treatment Center (License #: RMD365)

✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission : ✓ **License Issued Date:** 06/09/2022 : ✓ **License Expiration Date:** 06/30/2023

---

✓ **Select One:** Related Cannabis Entity  
✓ **Name:** I.N.S.A., Inc.  
✓ **License Type:** Medical Marijuana Treatment Center (License #: RMD845)  
✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission  
✓ **License Issued Date:** 08/12/2022  
✓ **License Expiration Date:** 08/12/2023

---

✓ **Select One:** Related Cannabis Entity  
✓ **Name:** I.N.S.A., Inc.  
✓ **License Type:** Marijuana Retailer (License #: MR281892)  
✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission  
✓ **License Issued Date:** 09/16/2022  
✓ **License Expiration Date:** 09/16/2023

---

✓ **Select One:** Related Cannabis Entity  
✓ **Name:** I.N.S.A., Inc.  
✓ **License Type:** Marijuana Retailer (License #: MR282632)  
✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission  
✓ **License Issued Date:** 08/06/2022  
✓ **License Expiration Date:** 08/06/2023

---

✓ **Select One:** Related Cannabis Entity  
✓ **Name:** INSA LLC  
✓ **License Type:** Medical Marijuana Grower/Processor (License #: GP18-4001)  
✓ **Licensing Board or Commission:** Pennsylvania Department of Health  
✓ **License Issued Date:** 07/31/2022  
✓ **License Expiration Date:** 07/31/2023

---

✓ **Select One:** Related Cannabis Entity  
✓ **Name:** I.N.S.A., Inc.  
✓ **License Type:** Medical Marijuana Treatment Center (Provisional) (License #: RMDA3362)  
✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission  
✓ **License Issued Date:** 09/15/2022  
✓ **License Expiration Date:** 09/15/2023

---

✓ **Select One:** Related Cannabis Entity  
✓ **Name:** I.N.S.A., Inc.  
✓ **License Type:** Marijuana Product Manufacturing (Provisional) (License #: MPN282163)  
✓ **Licensing Board or Commission:** Massachusetts Cannabis Control Commission  
✓ **License Issued Date:** 06/09/2022  
✓ **License Expiration Date:** 06/09/2023

---

✓ **Select One:** Related Cannabis Entity  
✓ **Name:** INSA OHIO, LLC  
✓ **License Type:** Medical Marijuana Dispensary (Provisional) (License #: MMD.04095)



✓ **Licensing Board or Commission** : Ohio Board of Pharmacy

✓ **License Issued Date** : 04/07/2022

✓ **License Expiration Date** : 05/17/2022

✓ **Select One:** Related Cannabis Entity

✓ **Name:** Kalyx, LLC

✓ **License Type** : Marijuana Retailer (Provisional) (License #: MRN282687)

✓ **Licensing Board or Commission** : Massachusetts Cannabis Control Commission

✓ **License Issued Date** : 04/07/2022

✓ **License Expiration Date** : 04/07/2023

✓ **Select One:** Related Cannabis Entity

✓ **Name:** Insa CT, LLC

✓ **License Type** : Cultivator (Provisional) (License #: ACE.0000015)

✓ **Licensing Board or Commission** : Connecticut Department of Consumer Protection

✓ **License Issued Date** : 08/04/2022

✓ **License Expiration Date** : 08/04/2023

✓ **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?** : YES

✓ **Select One:** Ownership Entity

✓ **Name:** Clearview Ranch, LLC

✓ **Amount of Tax** : [REDACTED]

✓ **Type of Tax:** Ad valorem

✓ **Description of Action** : Ad valorem tax sale and redemption. Resolved on 4/21/2010. This is not an open matter.

✓ **Taxing Agency** : Macon County Revenue Commissioner

✓ **Tax Period Start Date** : 10/01/2003

✓ **Tax Period End Date** : 10/01/2009

✓ **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? : NO

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

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

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

**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: 45 of Operation ✓ Year One: 175 ✓ Year Two: 175

✓ Year Three: 190 ✓ Year Four: 190 ✓ Year Five: 202

✓ 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: Greg Allen

✓ Signature Date: 12/29/2022

✓ <b>Resume or Curriculum Vitae of Individuals with Ownership Interest:</b>	1627_Exhibit 1_Resume or Curriculum Vitae....pdf (./api/documents/ts...
✓ <b>Residency of Owners:</b>	Exhibit 2_Residency of Owners.pdf (./api/documents/-5fx5uaAl/downl...
✓ <b>Commercial Horticulture or Agronomic Production Experience of Owners:</b>	Exhibit 3_Commercial Horticulture or Agronomic Production Experienc...
✓ <b>Criminal Background Check:</b>	1627_Exhibit 4_Criminal Background Check.pdf (./api/documents/JgN...
✓ <b>Minimum Performance Bond Requirement:</b>	1627_Exhibit 5_Minimum Performance Bond Requirements.pdf (./api/...
✓ <b>Minimum Liquid Assets Requirement:</b>	Exhibit 6_Minimum Liquid Assets Requirement.pdf (./api/documents/...
✓ <b>Demonstration of Sufficient Capital:</b>	Exhibit 7_Demonstration of Sufficient Capital.pdf (./api/documents/Fa...
✓ <b>Minimum Operating Capital Requirement:</b>	Exhibit 8_Minimum Operating Capital Requirement.pdf (./api/documen...
✓ <b>Financial Statements:</b>	Exhibit 9_Financial Statements.pdf (./api/documents/TKmx-C1FE/dow...
✓ <b>Tax Plan:</b>	Exhibit 10_Tax Plan.pdf (./api/documents/mHRA653Sw/download)
✓ <b>Business Formation Documents:</b>	1627_Exhibit 11_Business Formation Documents.pdf (./api/document...
✓ <b>Business License and Authorization of Local Jurisdictions:</b>	1627_Exhibit 12_Business Licenses....pdf (./api/documents/TVVkdRZ...
✓ <b>Business Plan:</b>	1627_Exhibit 13_Business Plan.pdf (./api/documents/oHYal-1aE/dow...
✓ <b>Evidence of Business Relationship with other Licensees and Prospective Licensees:</b>	1627_Exhibit 14_Evidence of Business Relationships.pdf (./api/docum...
✓ <b>Coordination of Information from Registered Certifying Physicians:</b>	Exhibit 15_Coordination of Information from Registered Certifying Phy...
✓ <b>Point-of-Sale Responsibilities:</b>	Exhibit 16_Point-of-Sale Responsibilities.pdf (./api/documents/eq1-yY...
✓ <b>Confidentiality of Patient Information:</b>	Exhibit 17_Confidentiality of Patient Information.pdf (./api/documents/...
✓ <b>Money Handling and Taxes:</b>	Exhibit 18_Money Handling and Taxes.pdf (./api/documents/ObWJRh...
✓ <b>Standard Operating Plan and Procedures:</b>	Exhibit 19_Standard Operating Plan and Procedures.pdf (./api/docume...
✓ <b>Policies and Procedures Manual:</b>	Exhibit 20_Policies and Procedures Manual.pdf (./api/documents/3wB...

✓ <b>Production and Manufacturing Process:</b>	1627_Exhibit 21_Production and Manufacturing Process.pdf (/api/doc...
✓ <b>Machinery and Equipment:</b>	Exhibit 22_Machinery and Equipment.pdf (/api/documents/M0I9kEqa...
✓ <b>Receiving and Shipping Plan:</b>	Exhibit 23_Receiving and Shipping Plan.pdf (/api/documents/2KaSzP...
✓ <b>Secure Transport Vehicles:</b>	1627_Exhibit 24_Secure Transport Vehicles.pdf (/api/documents/bLT...
✓ <b>Compliance with Alabama Public Service Commission Requirements:</b>	Exhibit 25_Compliance with Alabama Public Service Commission Requ...
✓ <b>Commercial Drivers' License:</b>	Exhibit 26_Commercial Driver_s License.pdf (/api/documents/Sysfgei...
✓ <b>Fleet Summary:</b>	Exhibit 27_Fleet Summary.pdf (/api/documents/6zIAc0J6V/download)
✓ <b>Care and Maintenance of Vehicles:</b>	Exhibit 28_Care and Maintenance of Vehicles.pdf (/api/documents/NF...
✓ <b>Route Plans:</b>	Exhibit 29_Route Plans.pdf (/api/documents/qbPy2KwP/download)
✓ <b>Plan for Segregation of Processes Within and Transportation Between Facilities:</b>	Exhibit 30_Plan for Segregation of Processes.pdf (/api/documents/vU...
✓ <b>Facilities:</b>	1627_Exhibit 31_Facilities.pdf (/api/documents/Q6LaZCXdK/downloa...
✓ <b>Engineering Plans and Specifications:</b>	1627_Exhibit 32_Engineering Plans and Specifications.pdf (/api/docu...
✓ <b>Security Plan:</b>	Exhibit 33_Security Plan.pdf (/api/documents/KetoulDF0/download)
✓ <b>Personnel:</b>	1627_Exhibit 34_Personnel.pdf (/api/documents/_qBMYUFxm/downl...
✓ <b>Business Leadership Credentials:</b>	Exhibit 35_Business Leadership Credentials.pdf (/api/documents/bVX...
✓ <b>Employee Handbook:</b>	Exhibit 36_Employee Handbook.pdf (/api/documents/jputRmMgP/do...
✓ <b>Secure Transport Drivers:</b>	1627_Exhibit 37_Secure Transport Drivers.pdf (/api/documents/dxSL...
✓ <b>Drivers' Manual:</b>	Exhibit 38_Driver_s Manual.pdf (/api/documents/5A8PQBxn1/downlo...
✓ <b>Quality Control and Quality Assurance Plan:</b>	Exhibit 39_Quality Control and Quality Assurance Plan.pdf (/api/docu...
✓ <b>Contamination and Recall Plan:</b>	Exhibit 40_Contamination and Recall Plan.pdf (/api/documents/rJI49...
✓ <b>Marketing and Advertising Plan:</b>	1627_Exhibit 41_Marketing and Advertising Plan.pdf (/api/documents...

- ✓ **Website and Social Media:** Exhibit 42\_Website and Social Media.pdf (./api/documents/mjWQUBB...
- ✓ **Ownership Entity Individuals (if applicable):** Insa Alabama\_ LLC\_Ownership Entity Individuals.pdf (./api/documents...
- ✓ **Proof of Minimum Liability and Casualty Insurance:** Proof of Minimum Liability and Casualty Insurance.pdf (./api/documen...
- ✓ **Affidavit - Entity Applicant:** Insa Alabama\_ LLC\_Affidavit - Entity Applicant.pdf (./api/documents/3...

## Payments

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

# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23  
\_\_\_\_\_  
Verification Date

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

Insa Alabama, LLC  
Business License Applicant Name

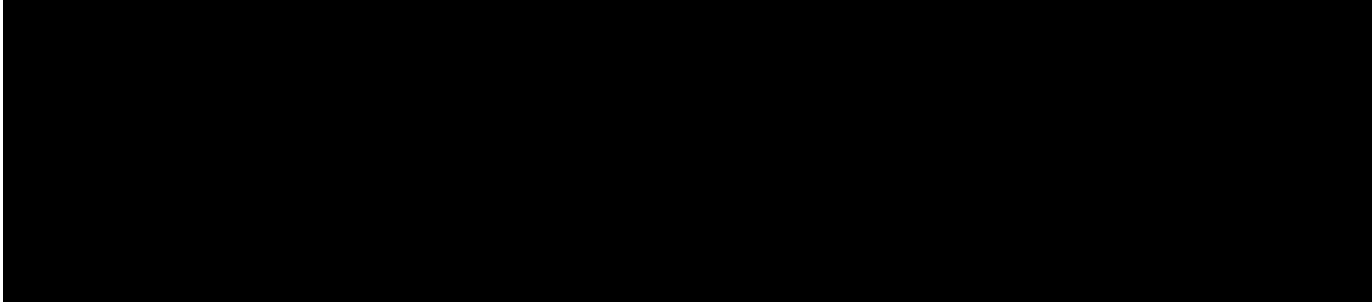
Integrated Facility  
License Type

John Gregory Allen  
Individual with Ownership Interest in Applicant

[REDACTED]  
%'s Ownership Percentage in Applicant

**Residential History**

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



Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

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Residential Street Address

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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**Education**

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

<u>Jones School of Law</u>	<u>Montgomery</u>	<u>AL</u>
Institution	City	State
<u>08/1979</u>	<u>01/1983</u>	<u>JD</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

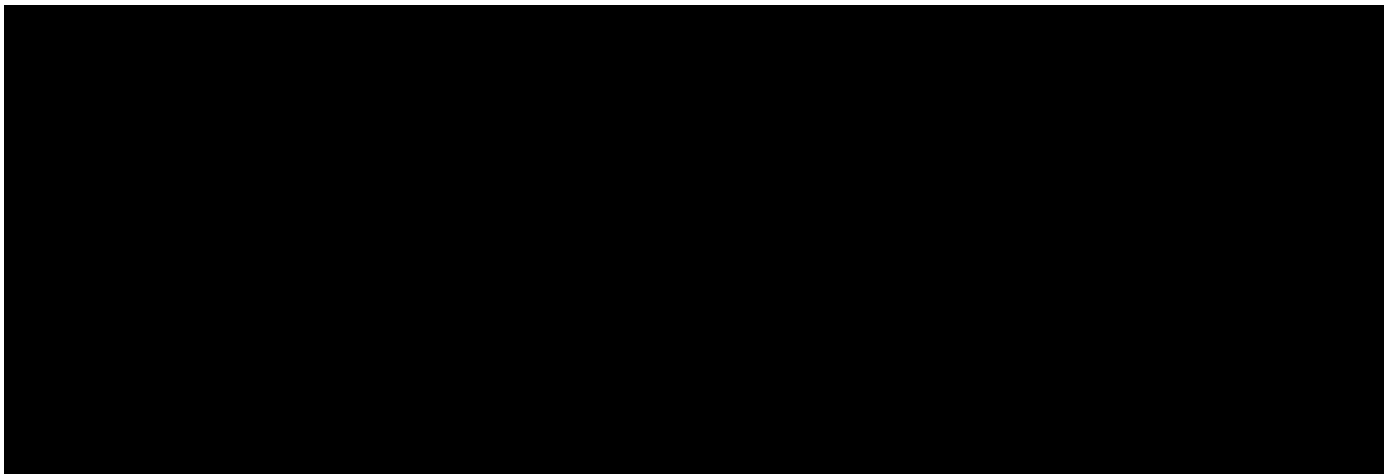
<u>West Georgia College</u>	<u>Carrollton</u>	<u>GA</u>
Institution	City	State
<u>09/1972</u>	<u>08/1976</u>	<u>BBA</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

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

**Employment History**

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



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Employer Contact Person Telephone

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Business Address

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City State Zip

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

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Employer Contact Person Telephone

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Business Address

---

City State Zip

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

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Employer Contact Person Telephone

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Business Address

---

City State Zip

---

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

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Employer Contact Person Telephone

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Business Address

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City State Zip

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

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Employer	Contact Person	Telephone
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Business Address

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

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

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

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Insa Alabama, LLC  
Business License Applicant Name

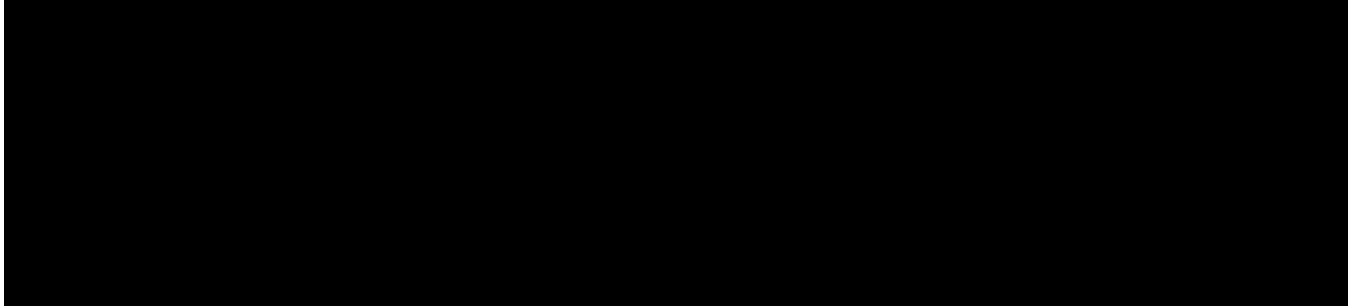
Integrated Facility  
License Type

Jere Locke Beasley  
Individual with Ownership Interest in Applicant

[REDACTED]  
[REDACTED]'s Ownership Percentage in Applicant

**Residential History**

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



Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

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Residential Street Address

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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**Education**

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

<u>University of Alabama School of Law</u>	<u>Tuscaloosa</u>	<u>AL</u>
Institution	City	State
<u>01/1959</u>	<u>1962</u>	<u>LLB</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

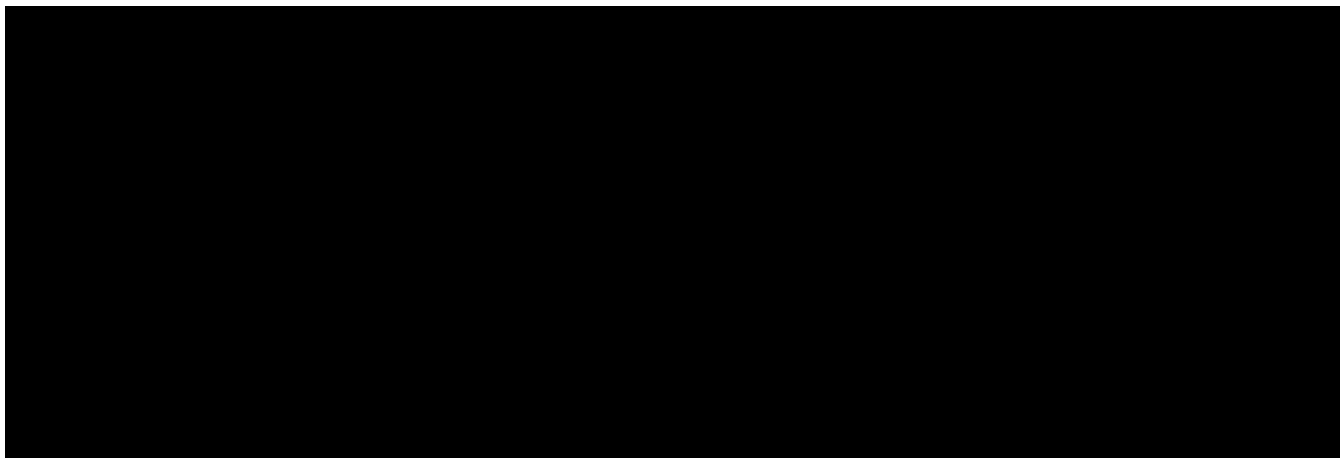
<u>Auburn University</u>	<u>Auburn</u>	<u>AL</u>
Institution	City	State
<u>09/1957</u>	<u>05/1959</u>	<u>BS</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

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

**Employment History**

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



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Employer	Contact Person	Telephone
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Business Address

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

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

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

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

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

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

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

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Insa Alabama, LLC

Business License Applicant Name

Peter Gallagher

Individual with Ownership Interest in Applicant

Integrated Facility

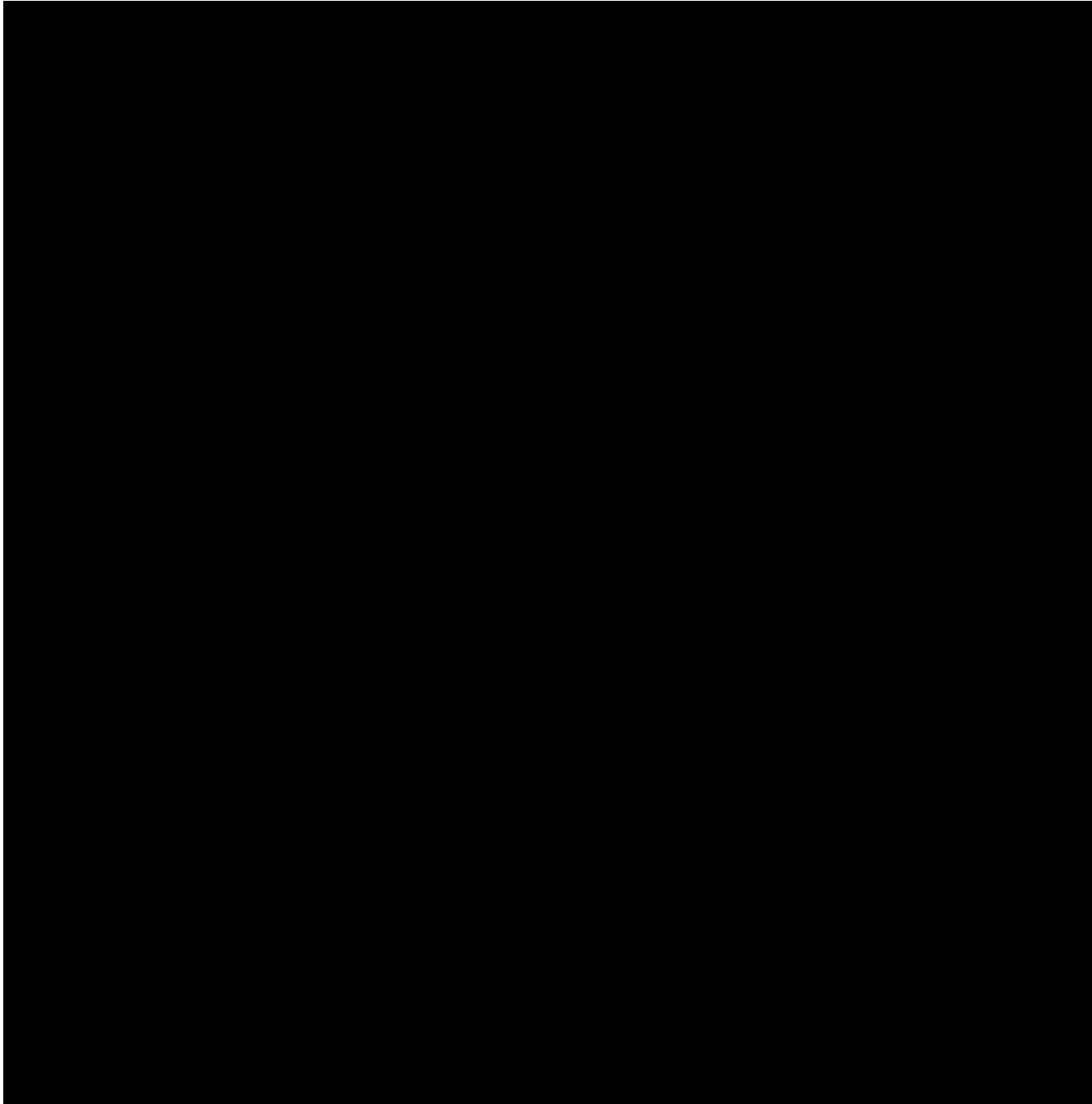
License Type

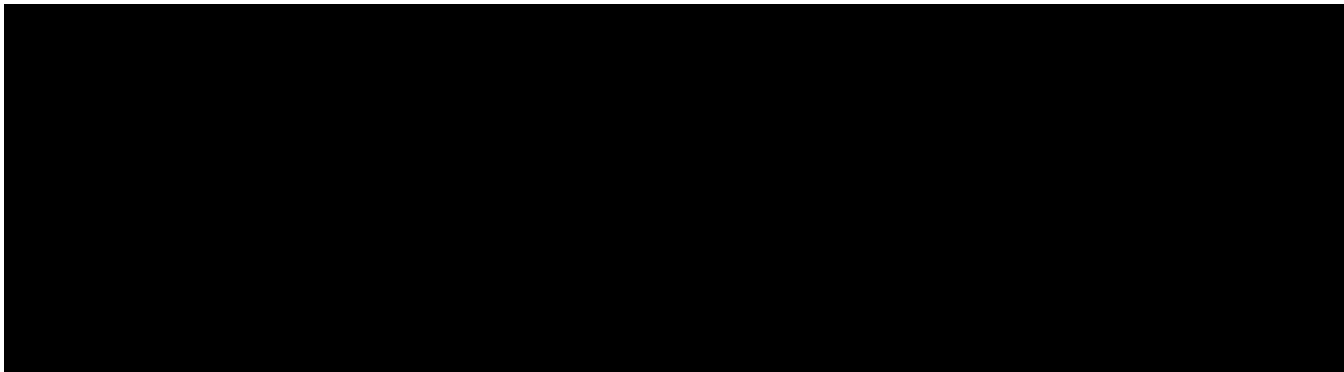


Individual's Ownership Percentage in Applicant

**Residential History**

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





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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Residential Street Address

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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**Education**

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

<u>University of St. Andrews</u>	<u>St. Andrews</u>	<u>Scotland</u>
Institution	City	State
<u>08/1999</u>	<u>05/2003</u>	<u>MA Econ &amp; Math</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

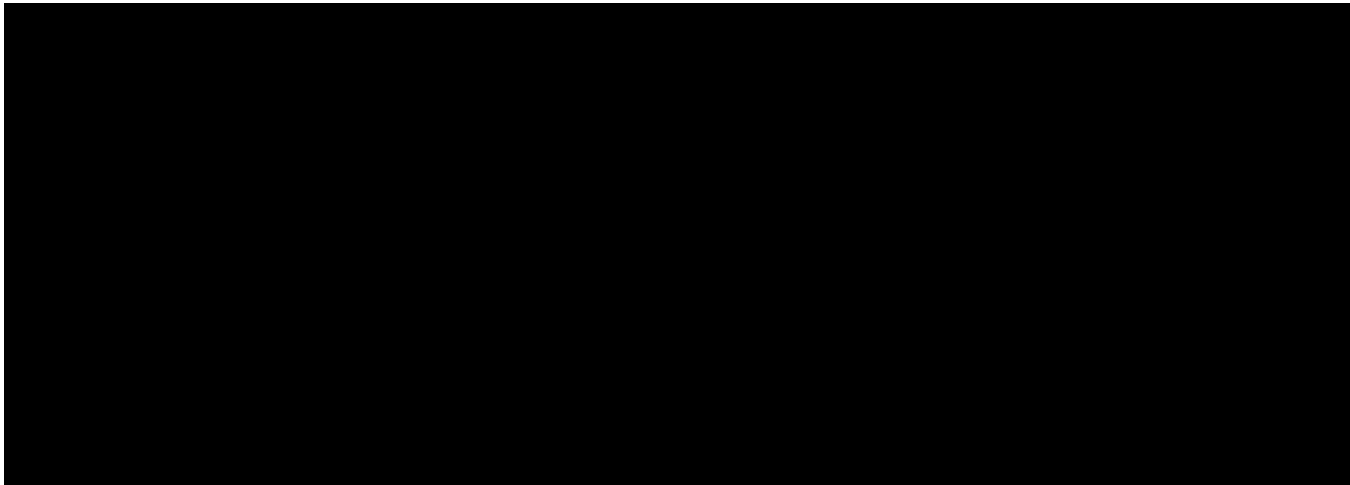
_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

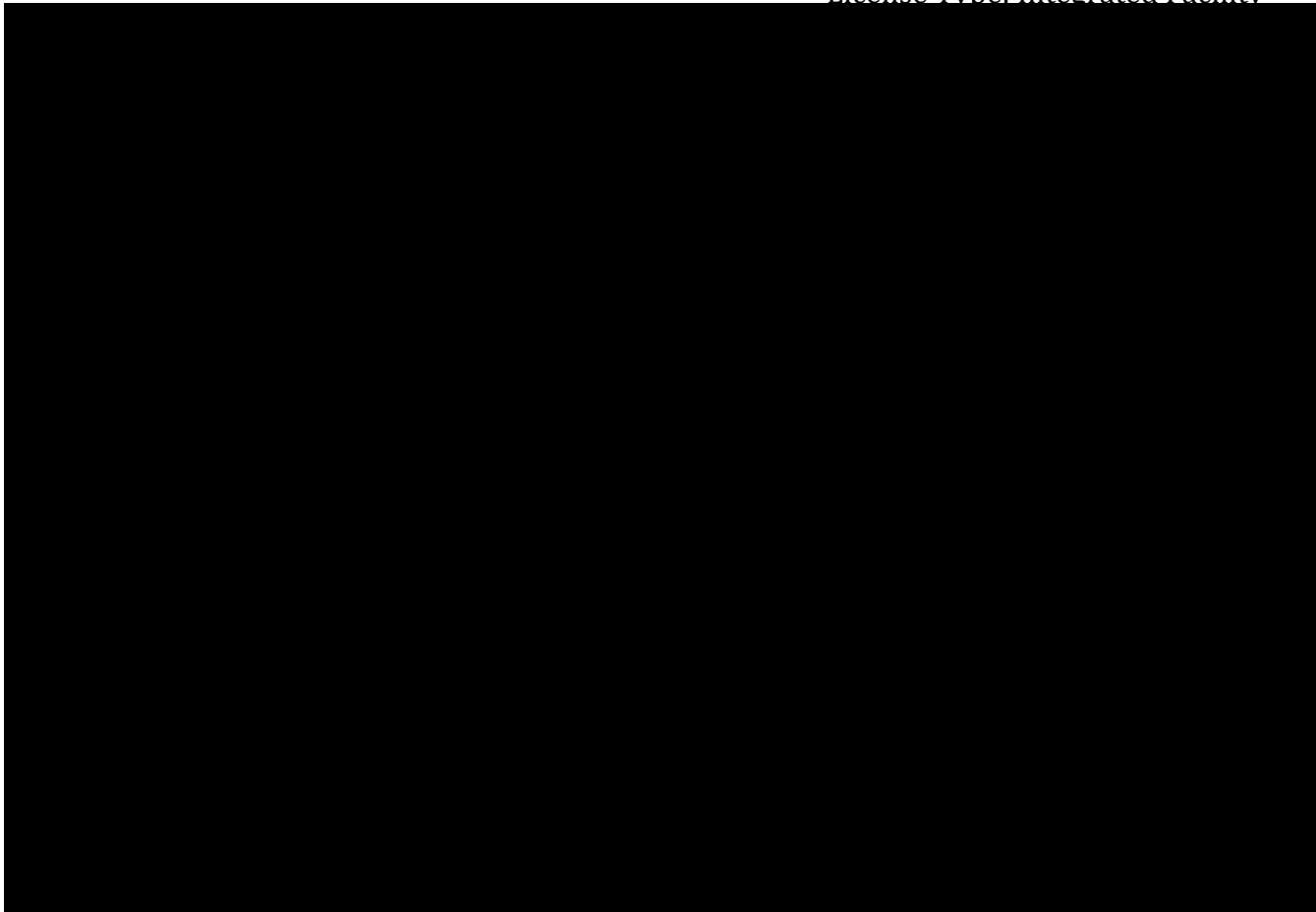
_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
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.*





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Employer	Contact Person	Telephone
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Business Address

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

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

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

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

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

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Insa Alabama, LLC

Business License Applicant Name

Stephen M. Reilly

Individual with Ownership Interest in Applicant

Integrated Facility

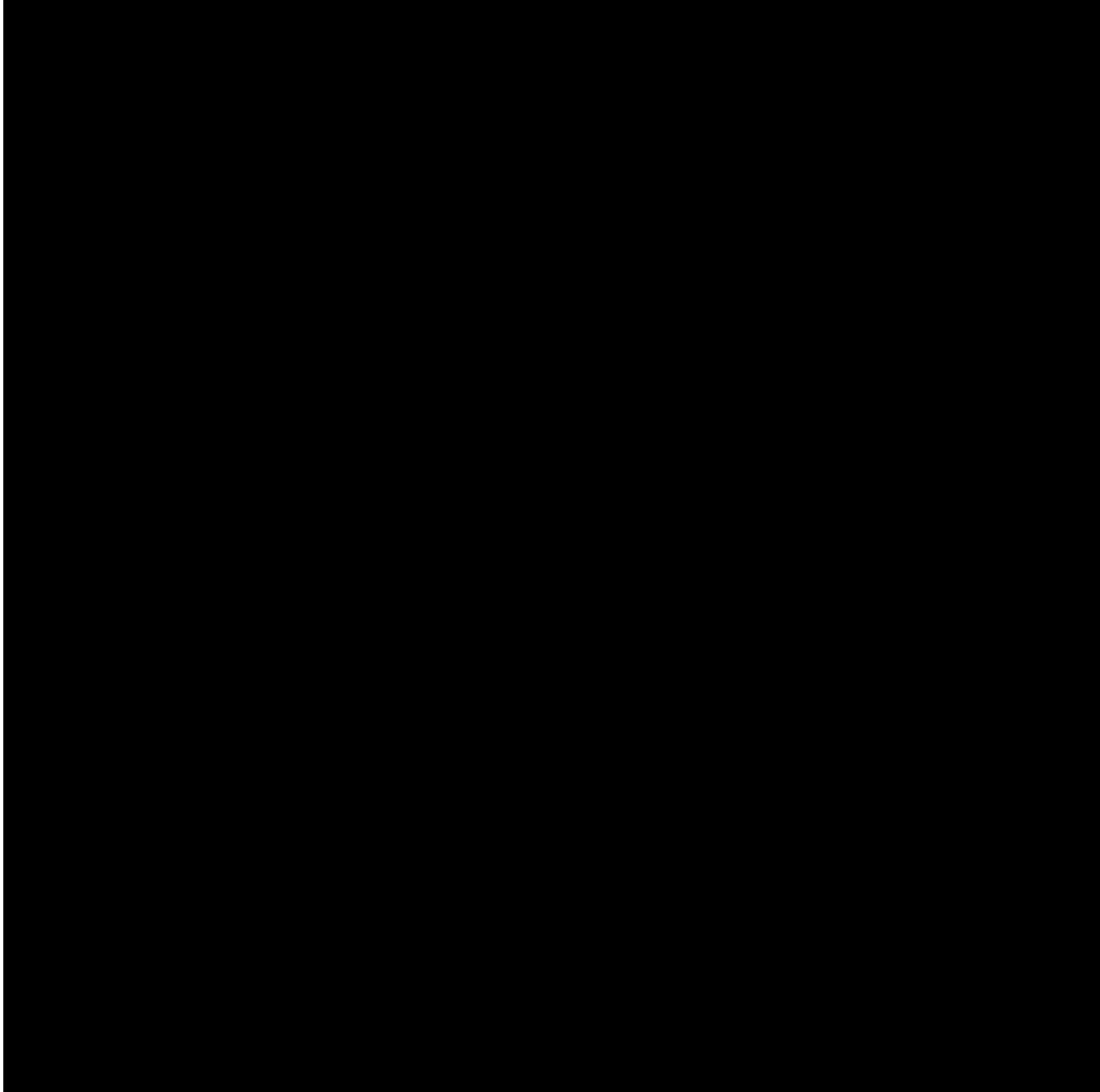
License Type



Individual's Ownership Percentage in Applicant

**Residential History**

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



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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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**Education**

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

<u>University of Rhode Island</u>	<u>Kingston</u>	<u>RI</u>
Institution	City	State
<u>09/1999</u>	<u>05/2000</u>	<u>N/A</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

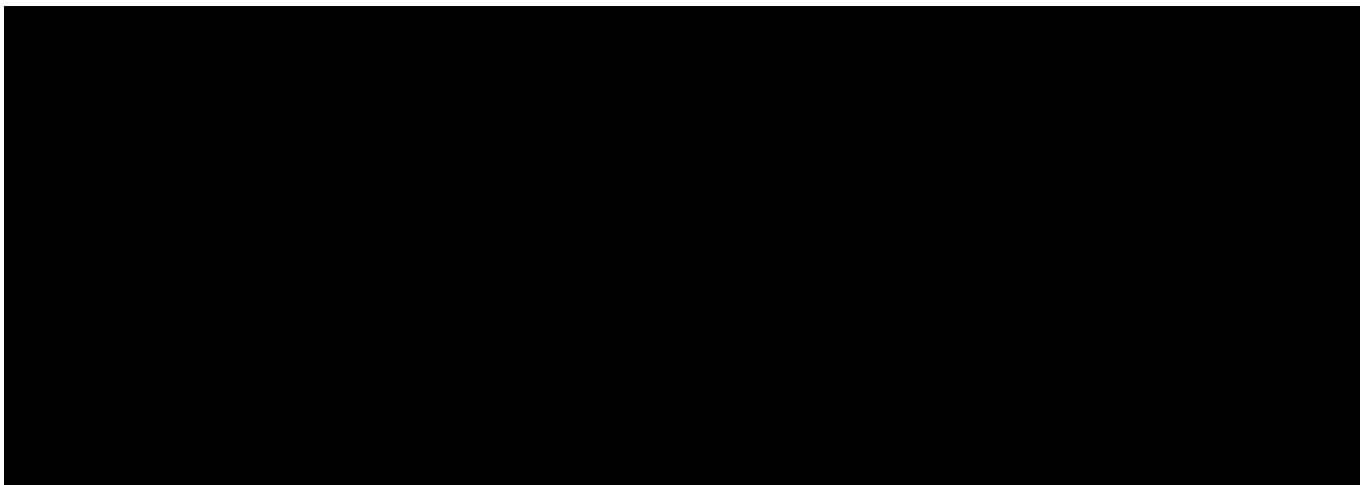
<u>University of Massachusetts</u>	<u>Amherst</u>	<u>MA</u>
Institution	City	State
<u>09/2000</u>	<u>05/2003</u>	<u>BA - Finance</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>Western New England University</u>	<u>Springfield</u>	<u>MA</u>
Institution	City	State
<u>09/2003</u>	<u>05/2006</u>	<u>JD</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

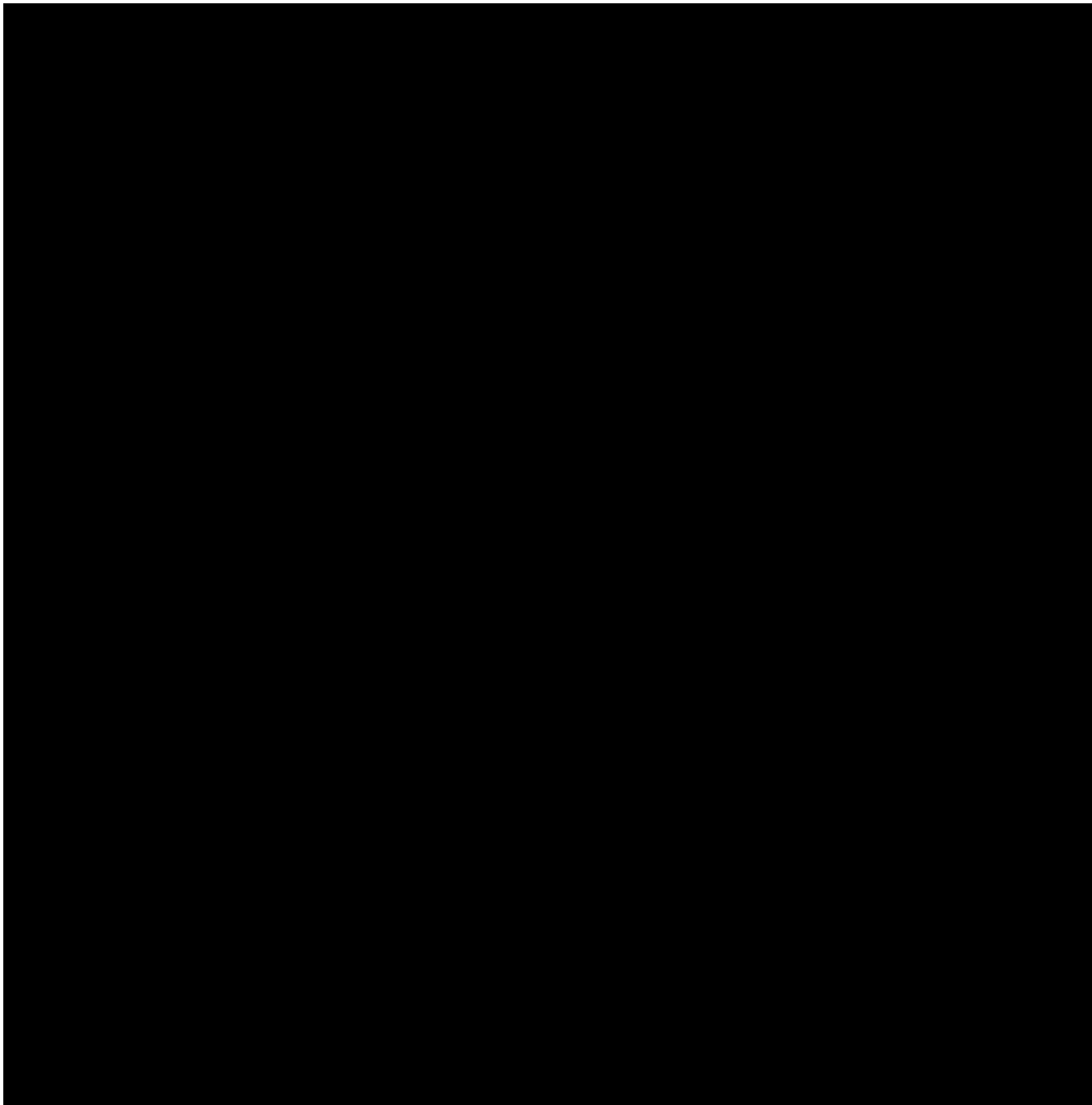
_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History**

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







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Employer

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Contact Person

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Telephone

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Business Address

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City

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State

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Zip

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Date Employed From (MM/YYYY)

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Date Employed To (MM/YYYY)

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Employer	Contact Person	Telephone
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Business Address

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

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

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

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Insa Alabama, LLC  
Business License Applicant Name

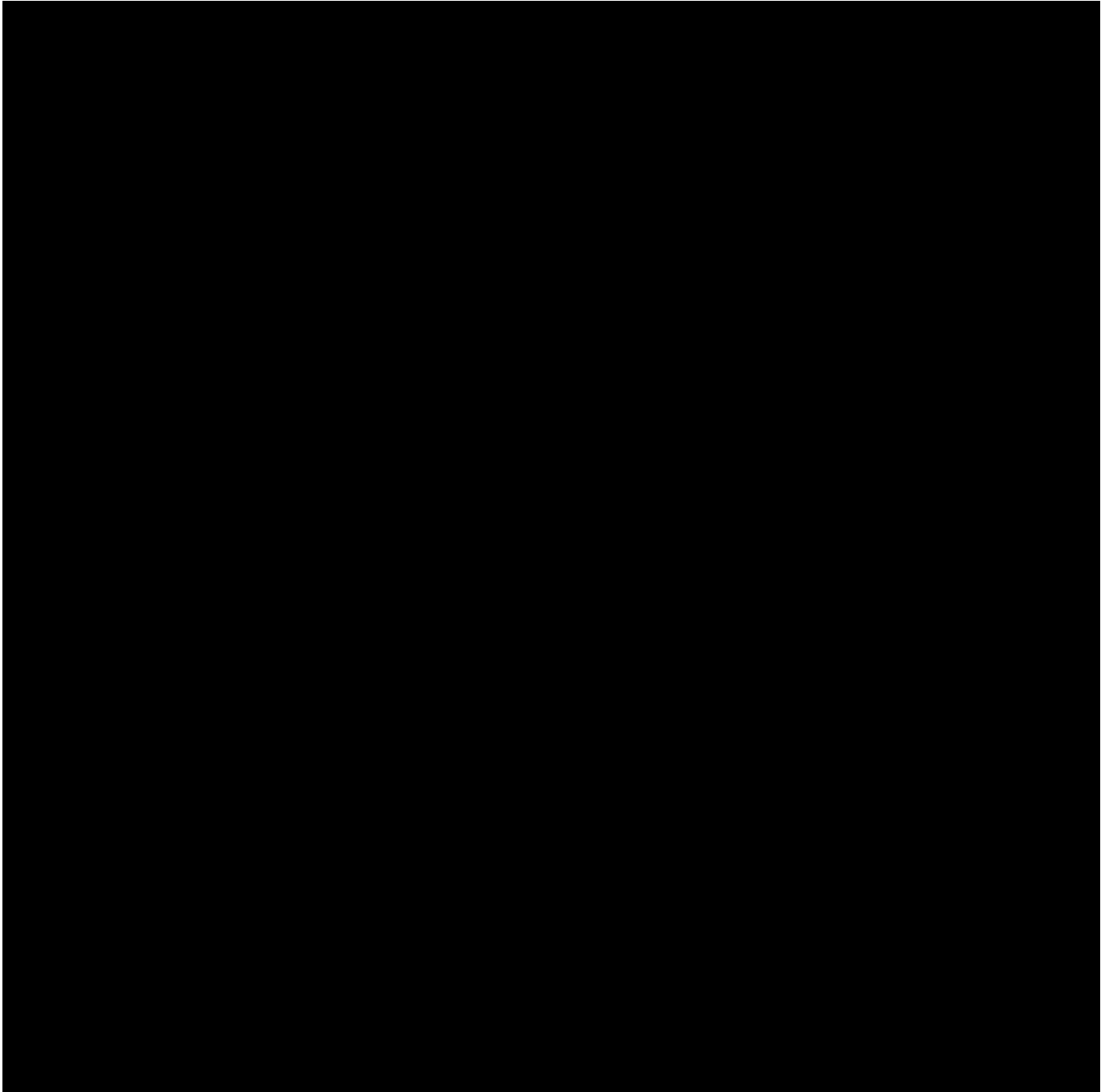
Integrated Facility  
License Type

Phillip C. Pouncey  
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.*



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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Employer	Contact Person	Telephone
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Business Address

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

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

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

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

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

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

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

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

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

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

David Herrick, M.D.  
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.*



Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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



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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

---

**Education**

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

<u>Auburn University</u> Institution	<u>Auburn</u> City	<u>AL</u> State
<u>09/1980</u> Date Attended From (MM/YYYY)	<u>06/1984</u> Date Attended To (MM/YYYY)	<u>BS</u> Degree Received

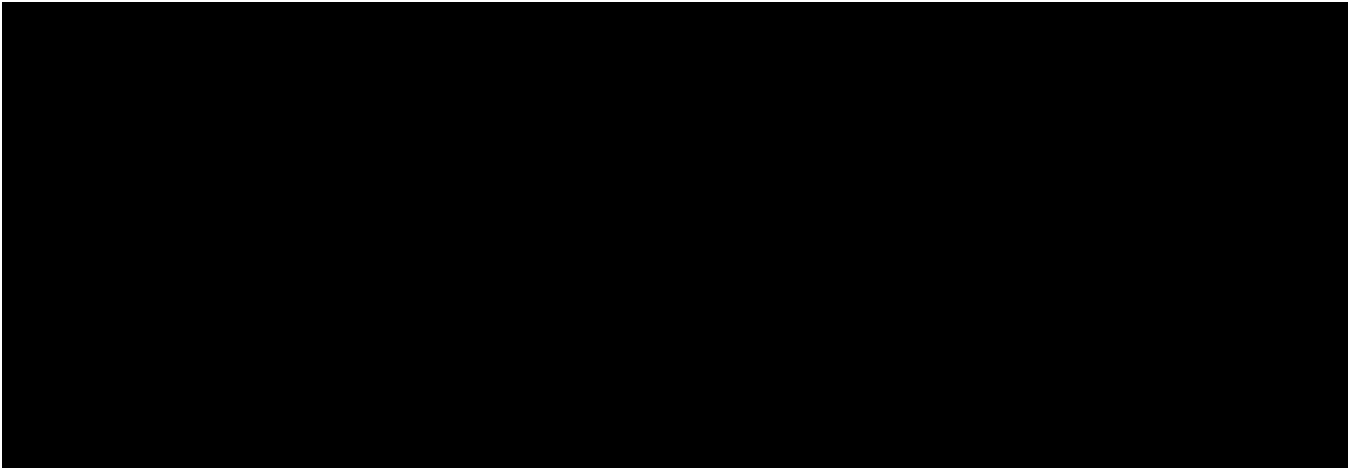
<u>University of AL School of Medicine</u> Institution	<u>Birmingham</u> City	<u>AL</u> State
<u>07/1984</u> Date Attended From (MM/YYYY)	<u>06/1988</u> Date Attended To (MM/YYYY)	<u>MD</u> Degree Received

_____ 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.*



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Employer Contact Person Telephone

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Business Address

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City State Zip

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

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Employer Contact Person Telephone

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Business Address

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City State Zip

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

---

---

Employer Contact Person Telephone

---

Business Address

---

City State Zip

---

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

---

---

Employer Contact Person Telephone

---

Business Address

---

City State Zip

---

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

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Employer	Contact Person	Telephone
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---

Business Address

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

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

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

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Insa Alabama, LLC

Business License Applicant Name

Integrated Facility

License Type

Kendall C. Dunson

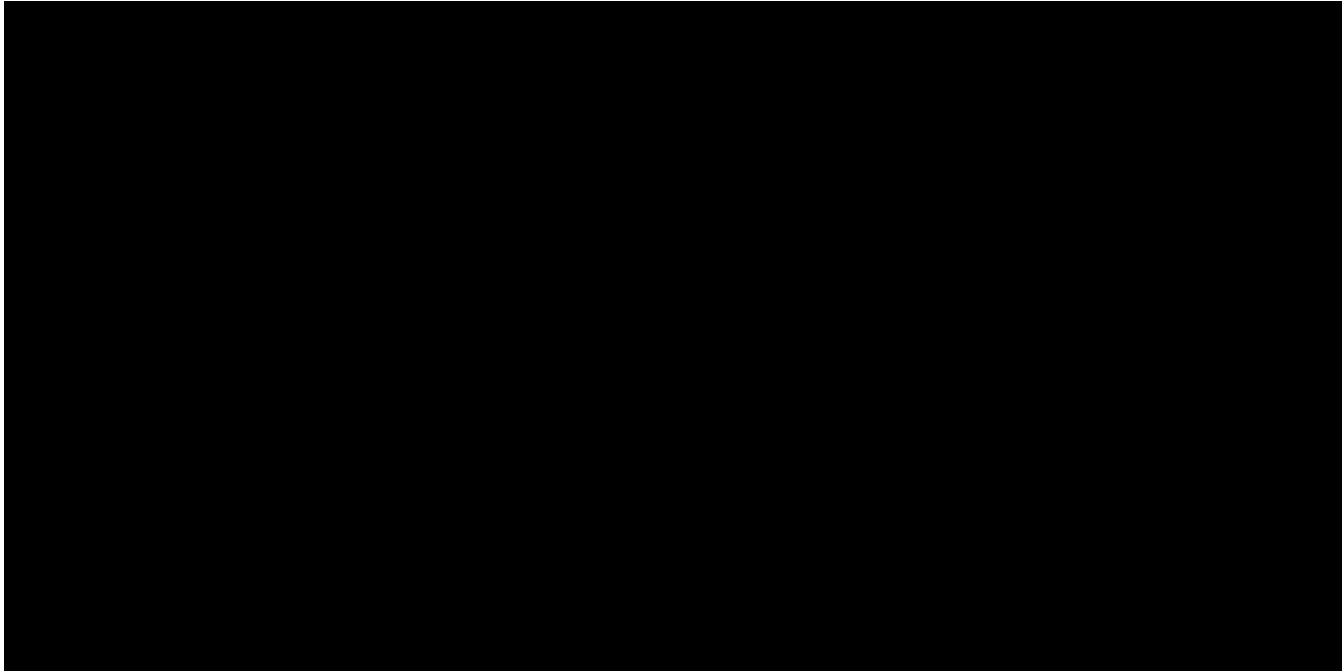
Individual with Ownership Interest in Applicant

[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.*



Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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Date Resided To (MM/YYYY)

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

---

Date Resided To (MM/YYYY)

---

**Education**

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

<u>University of Alabama</u>	<u>Tuscaloosa</u>	<u>AL</u>
Institution	City	State
<u>06/1993</u>	<u>05/1996</u>	<u>JD</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

---

<u>University of Georgia</u>	<u>Athens</u>	<u>GA</u>
Institution	City	State
<u>09/1989</u>	<u>05/1993</u>	<u>Business Finance</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

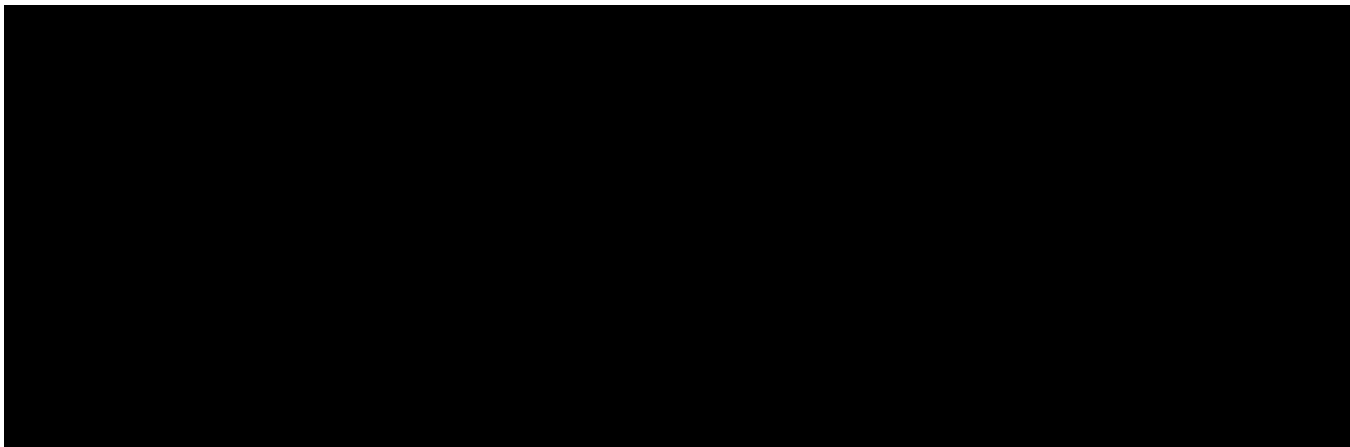
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<u>        </u>	<u>        </u>	<u>        </u>
Institution	City	State
<u>        </u>	<u>        </u>	<u>        </u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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**Employment History**

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



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Employer	Contact Person	Telephone
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Business Address

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

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

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

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

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

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

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

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Insa Alabama, LLC  
Business License Applicant Name

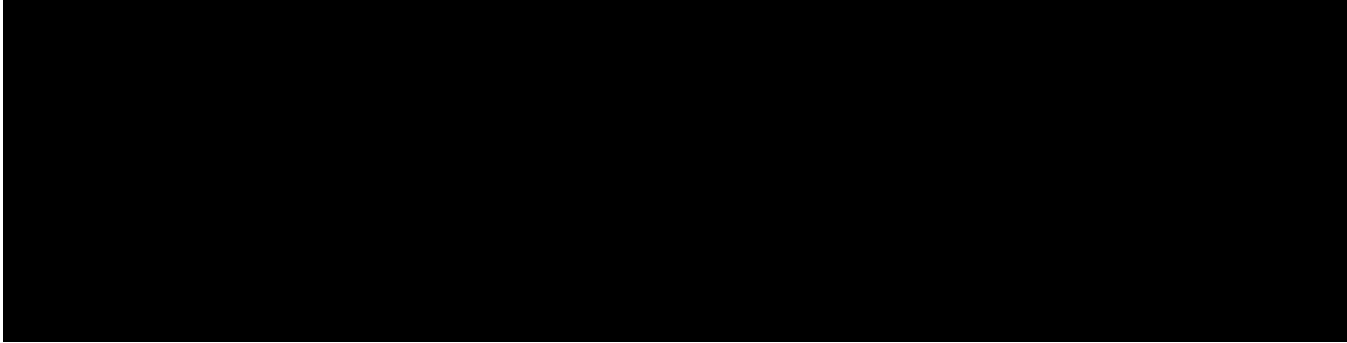
Integrated Facility  
License Type

Larry Shane Seaborn  
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.*



Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

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Residential Street Address

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City

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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Residential Street Address

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Employer	Contact Person	Telephone
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Business Address

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

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

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

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

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

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

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

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City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Insa Alabama, LLC  
Business License Applicant Name

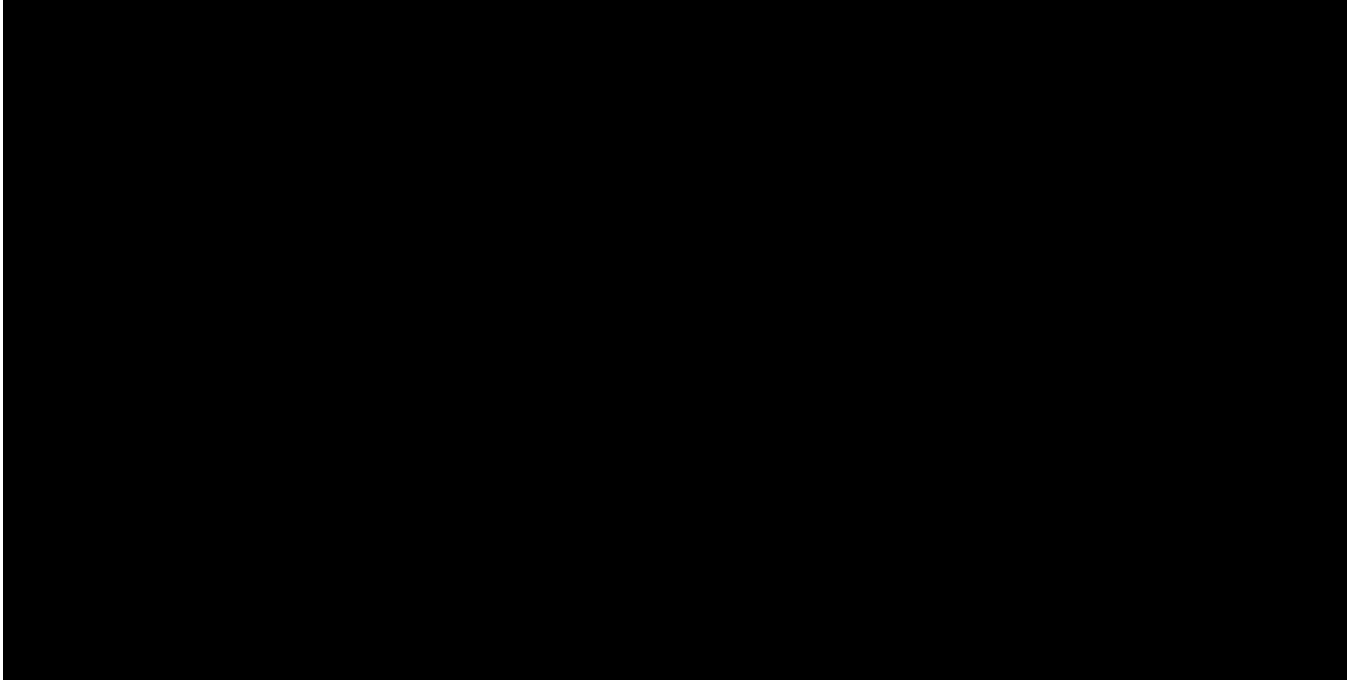
Integrated Facility  
License Type

Samuel E. Bone  
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.*



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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

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

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Employer Contact Person Telephone

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Business Address

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City State Zip

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

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Employer Contact Person Telephone

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Business Address

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City State Zip

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

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Employer Contact Person Telephone

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Business Address

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City State Zip

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

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Employer Contact Person Telephone

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Business Address

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City State Zip

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

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Employer	Contact Person	Telephone
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Business Address

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

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

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

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

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

Summary

[Redacted text block]

J. Gregory Allen

[Redacted text block]

Jere L. Beasley

[Redacted text block]

[REDACTED]

**Shane Seaborn**

[REDACTED]

**Samuel Bone**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

**Phillip Pouncey**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

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

**David Herrick**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

**Kendall Dunson**

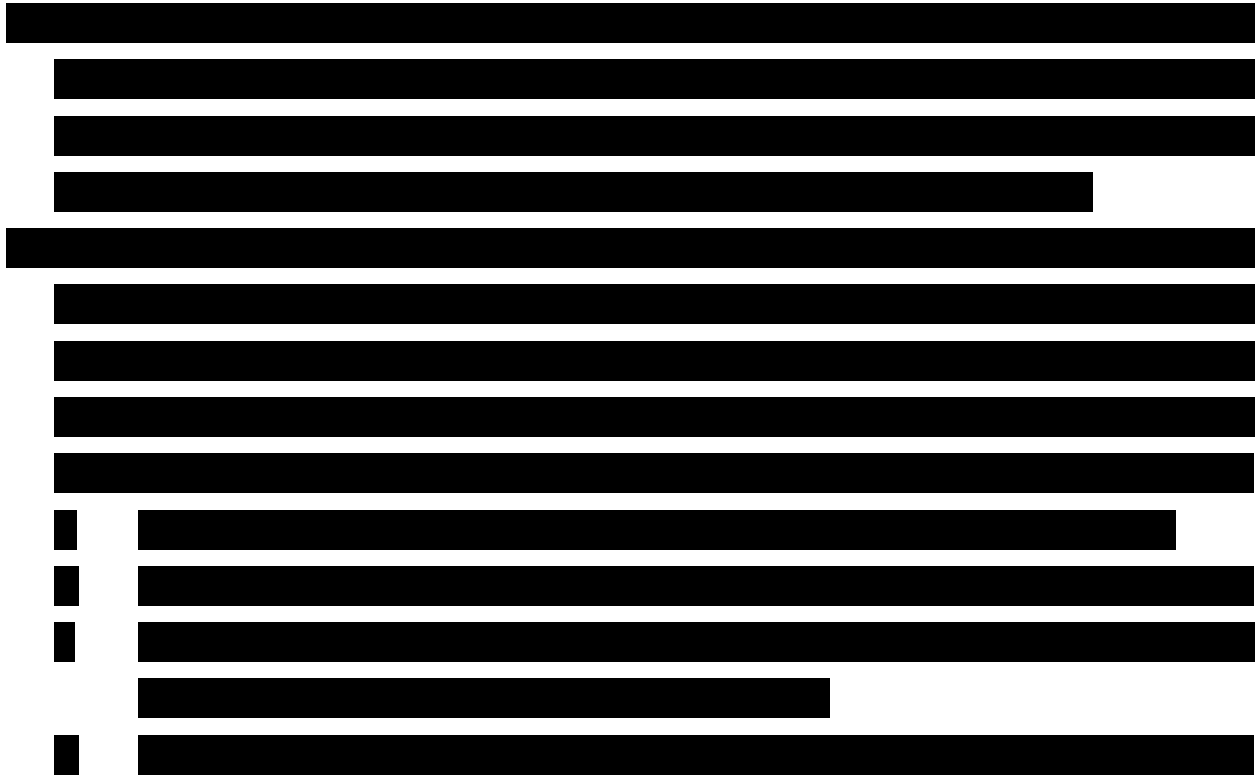
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[REDACTED]

[REDACTED]

[REDACTED]





**Table of Contents**

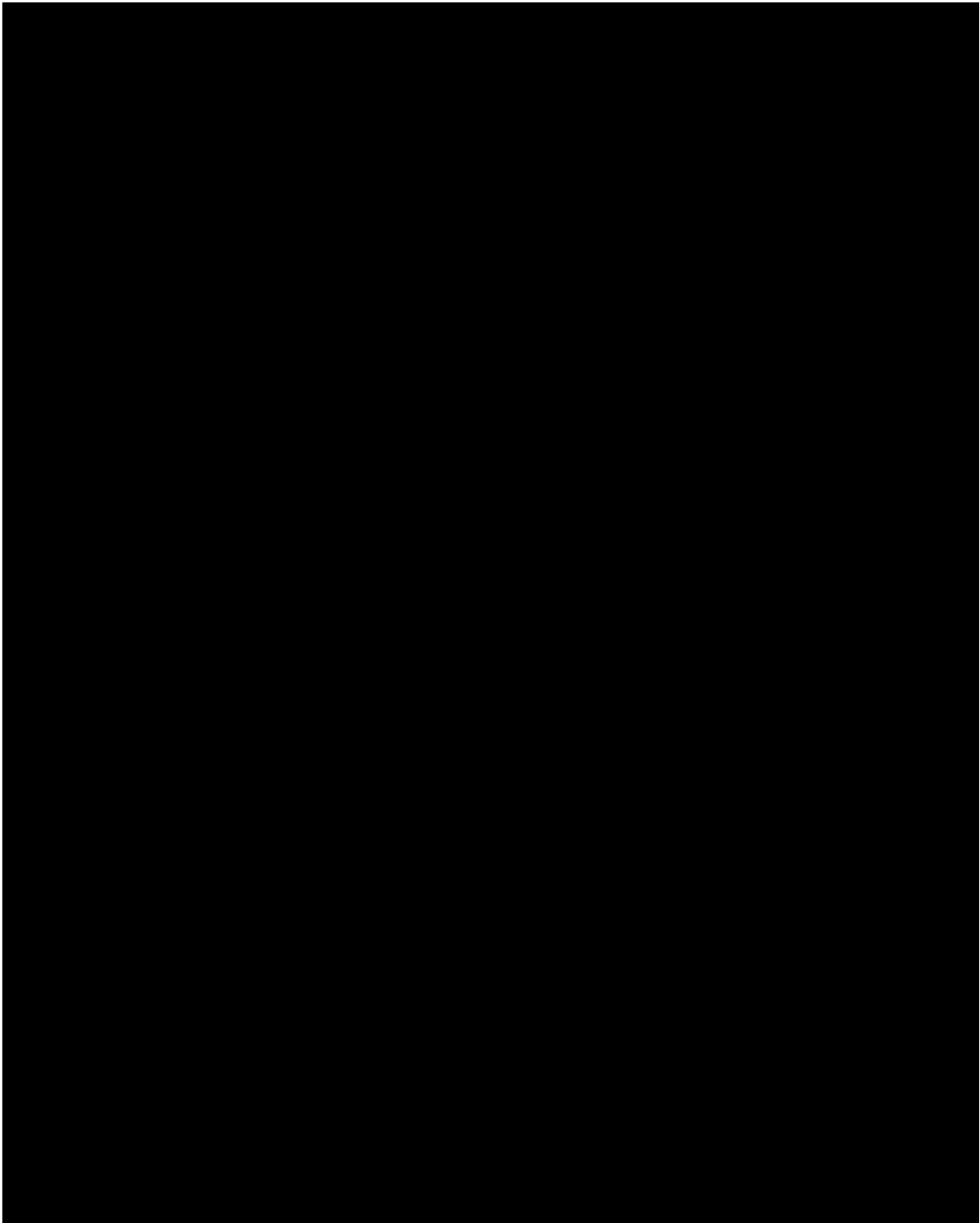
Operating Agreement – Attachment to Exhibit 2 ..... 6

Entity Ownership Chart – Attachment to Exhibit 2 ..... 50

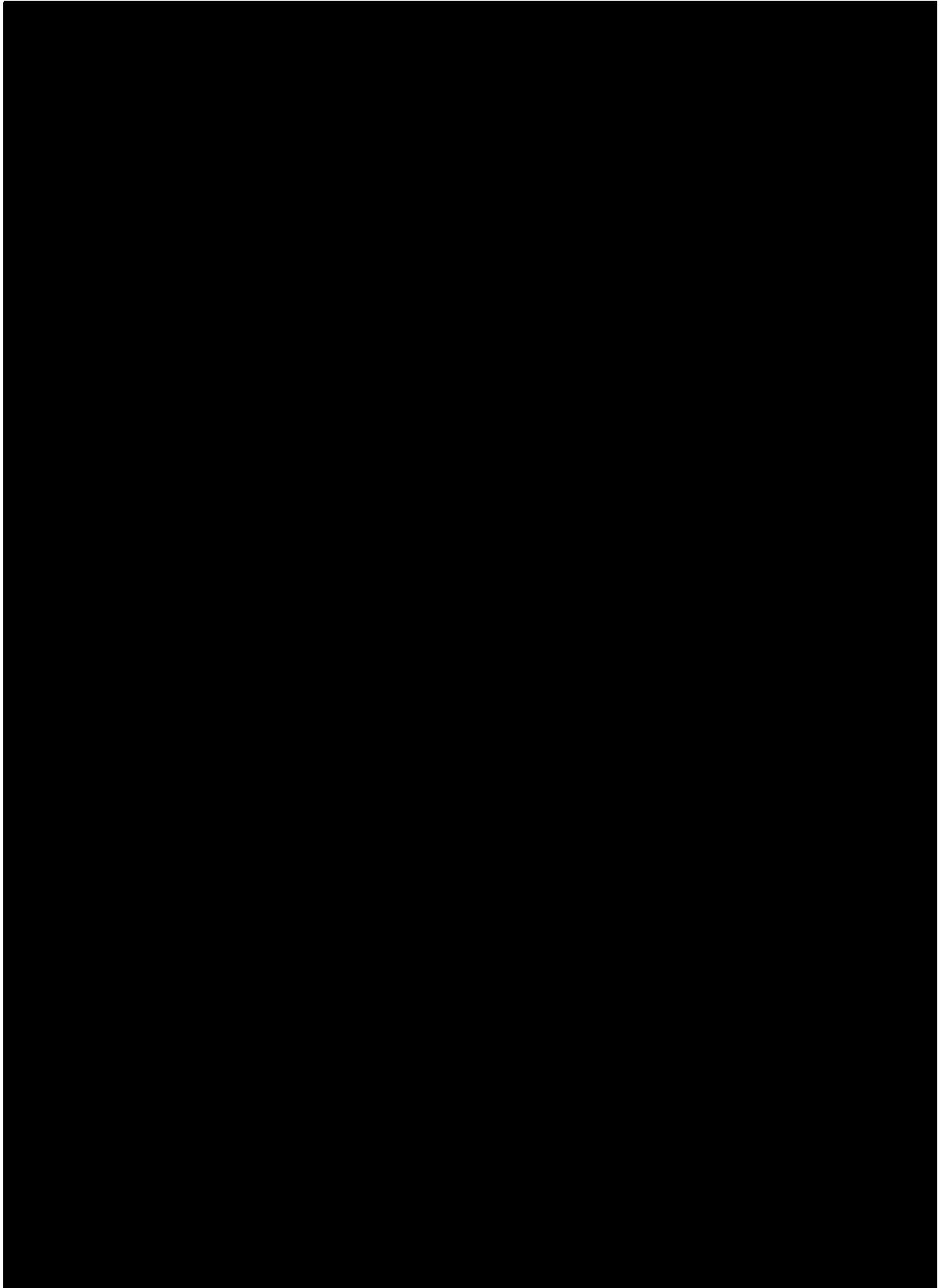
Proof of Residency Documents – Attachment to Exhibit 2 ..... 53

Operating Agreement - Attachment to Exhibit 2

**COMPANY AGREEMENT OF  
INSA ALABAMA, LLC**

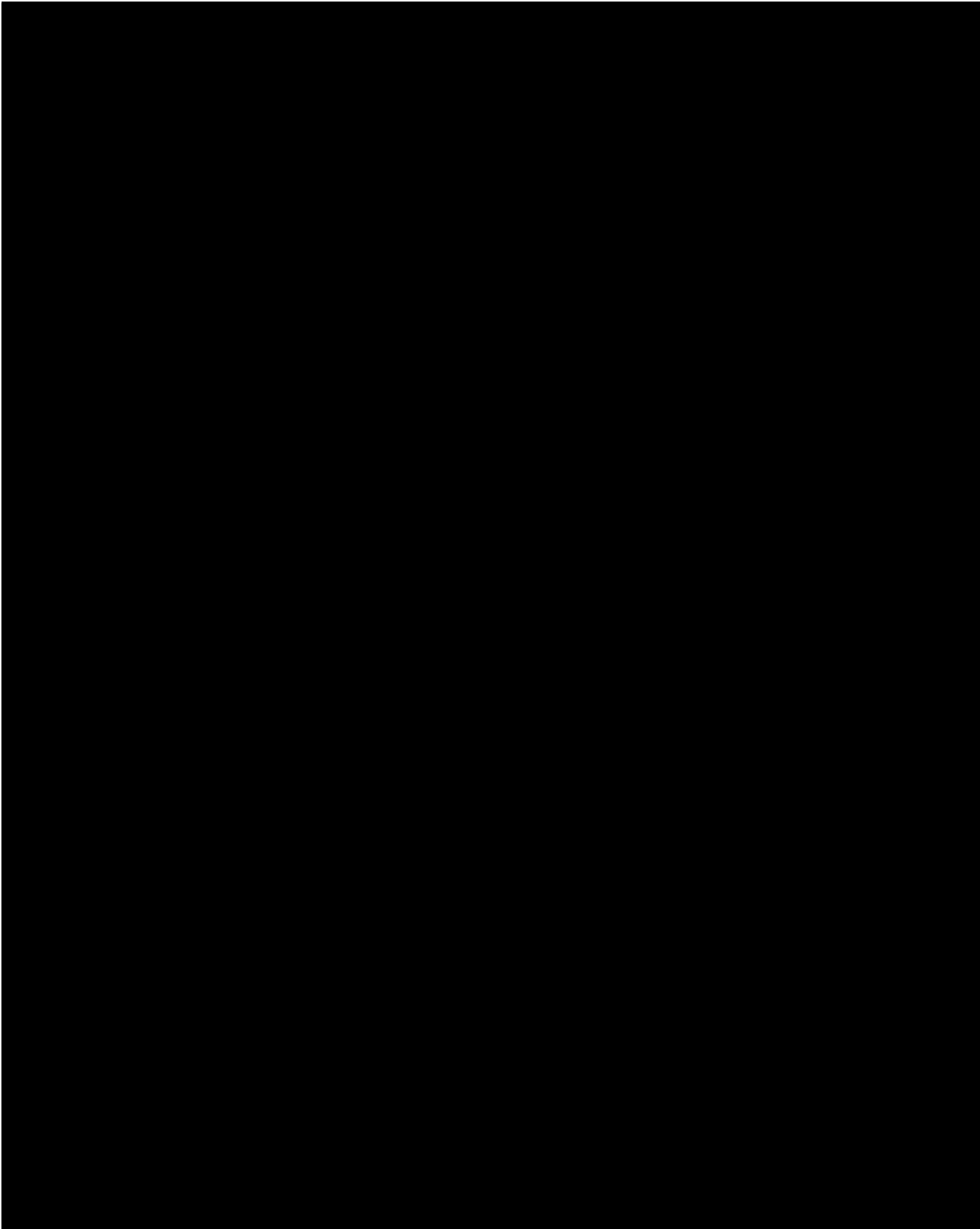


Operating Agreement - Attachment to Exhibit 2

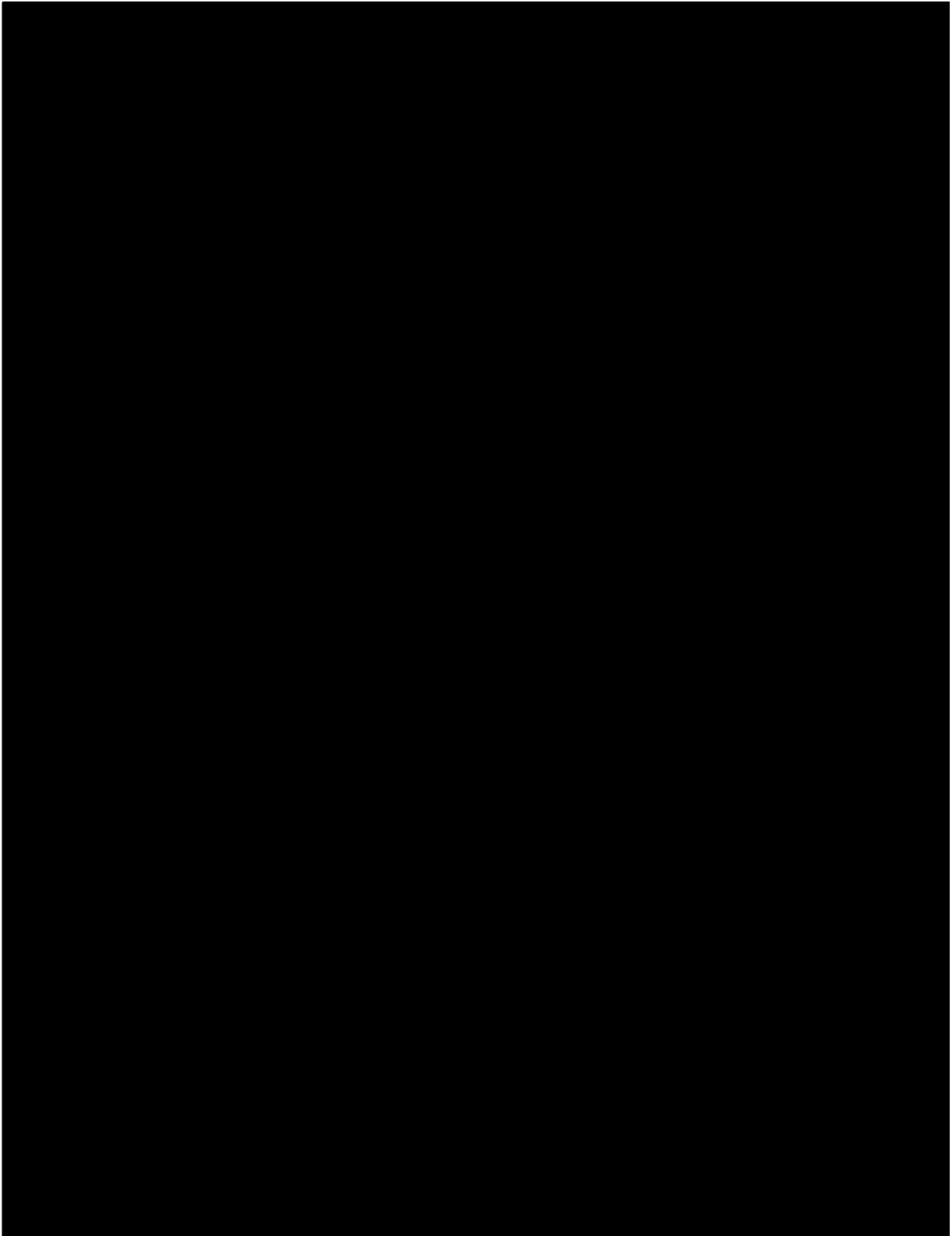


**FH1112709.7**

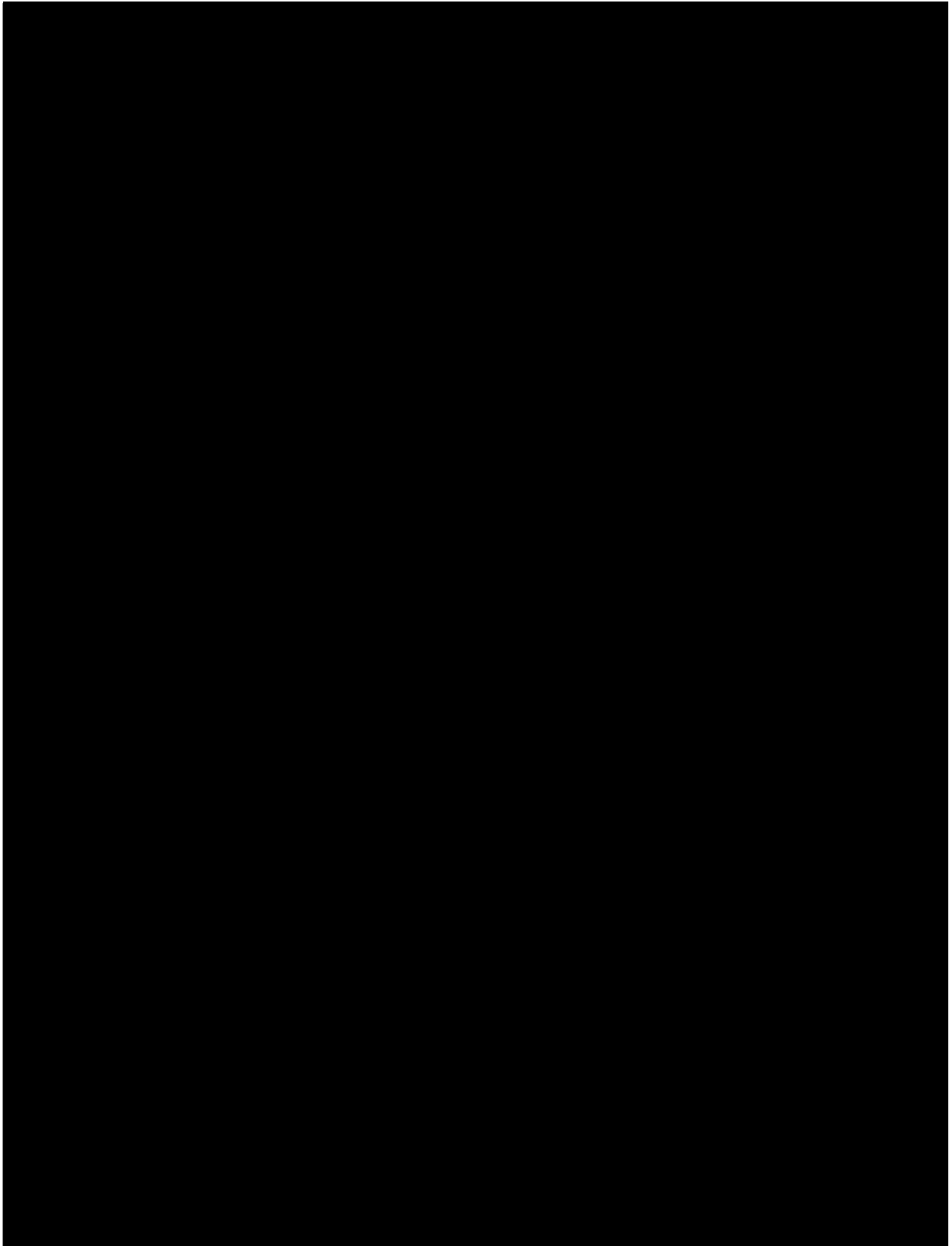
Operating Agreement - Attachment to Exhibit 2



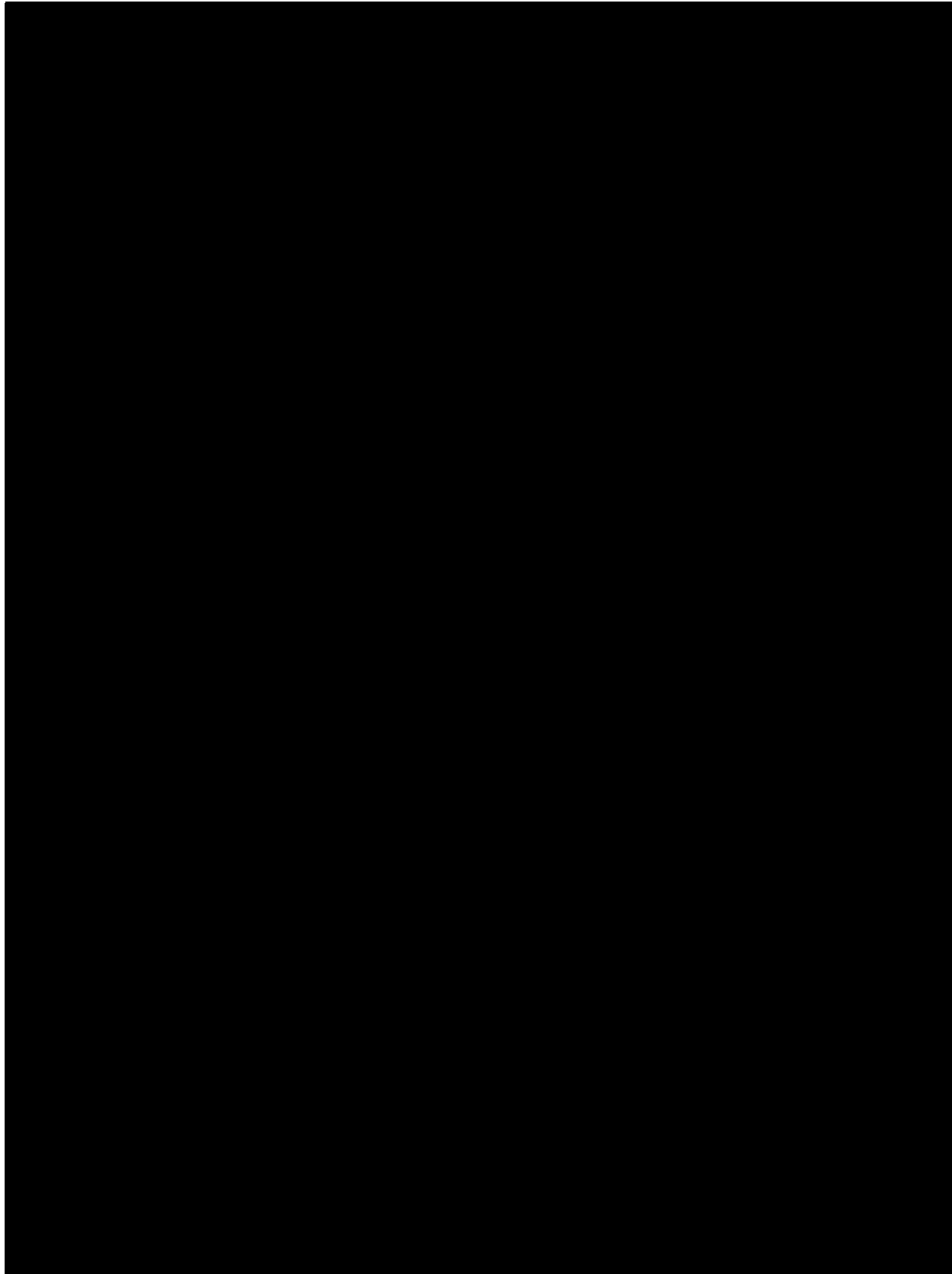
Operating Agreement - Attachment to Exhibit 2



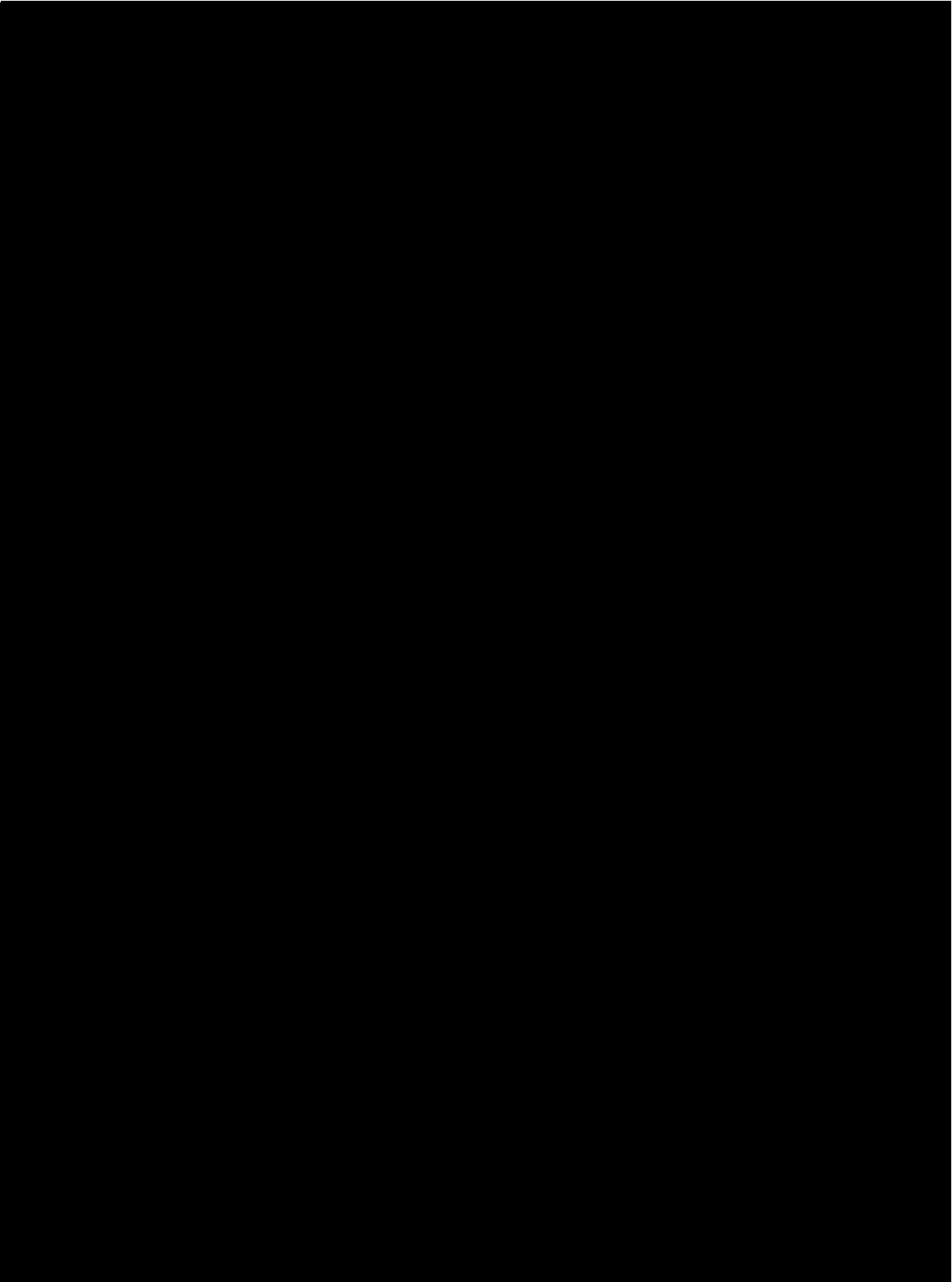
Operating Agreement - Attachment to Exhibit 2



Operating Agreement - Attachment to Exhibit 2

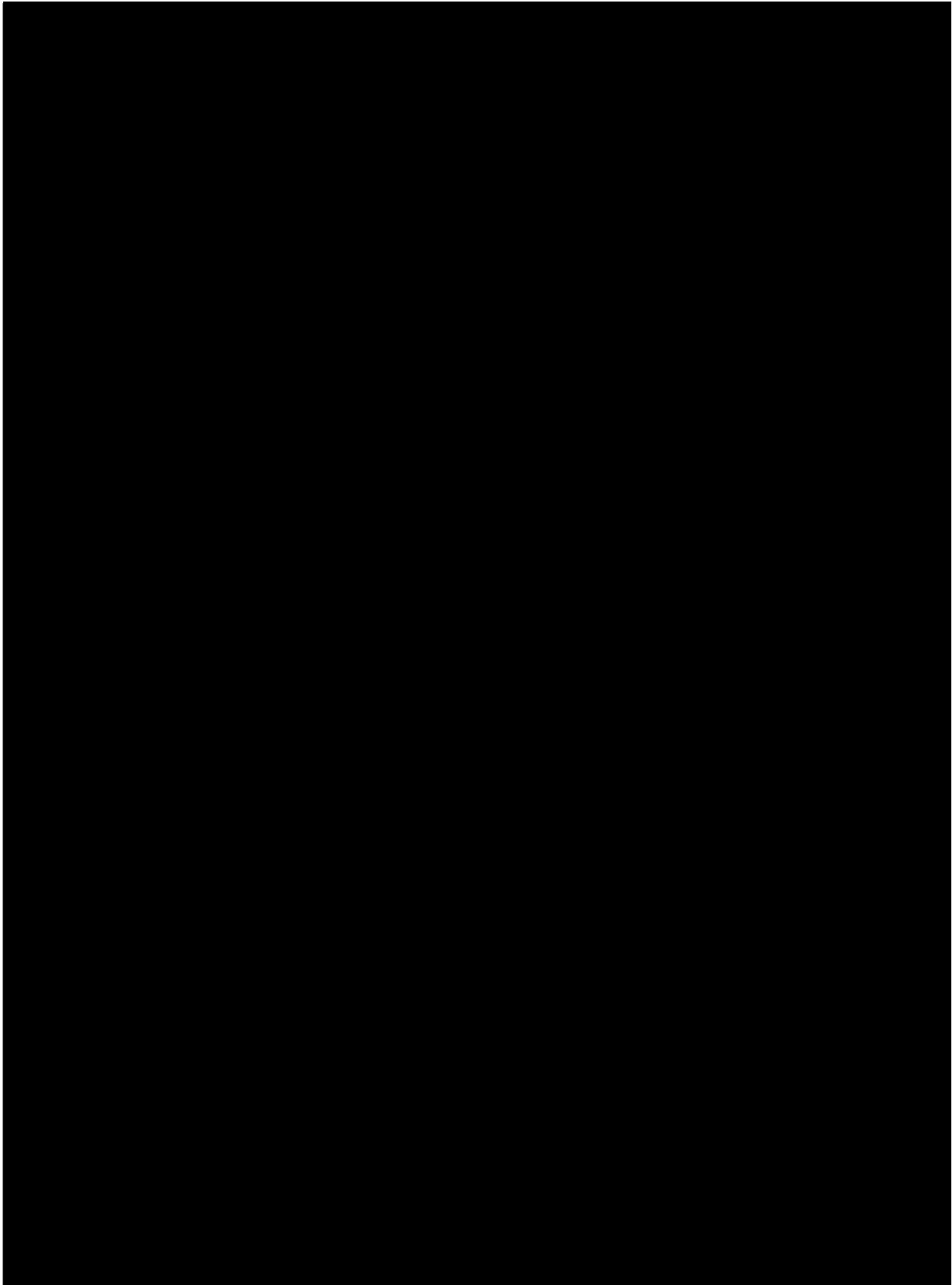


Operating Agreement - Attachment to Exhibit 2

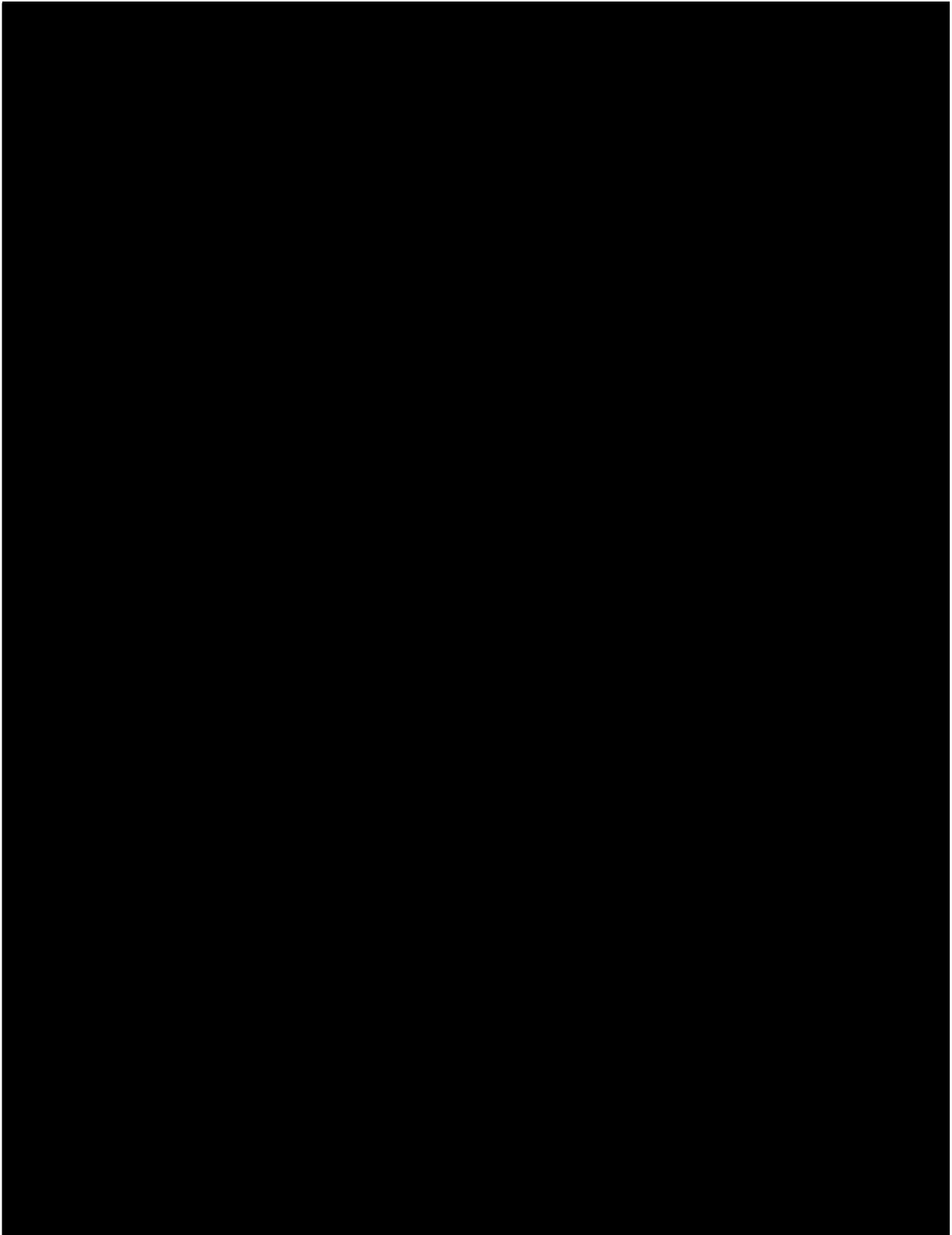




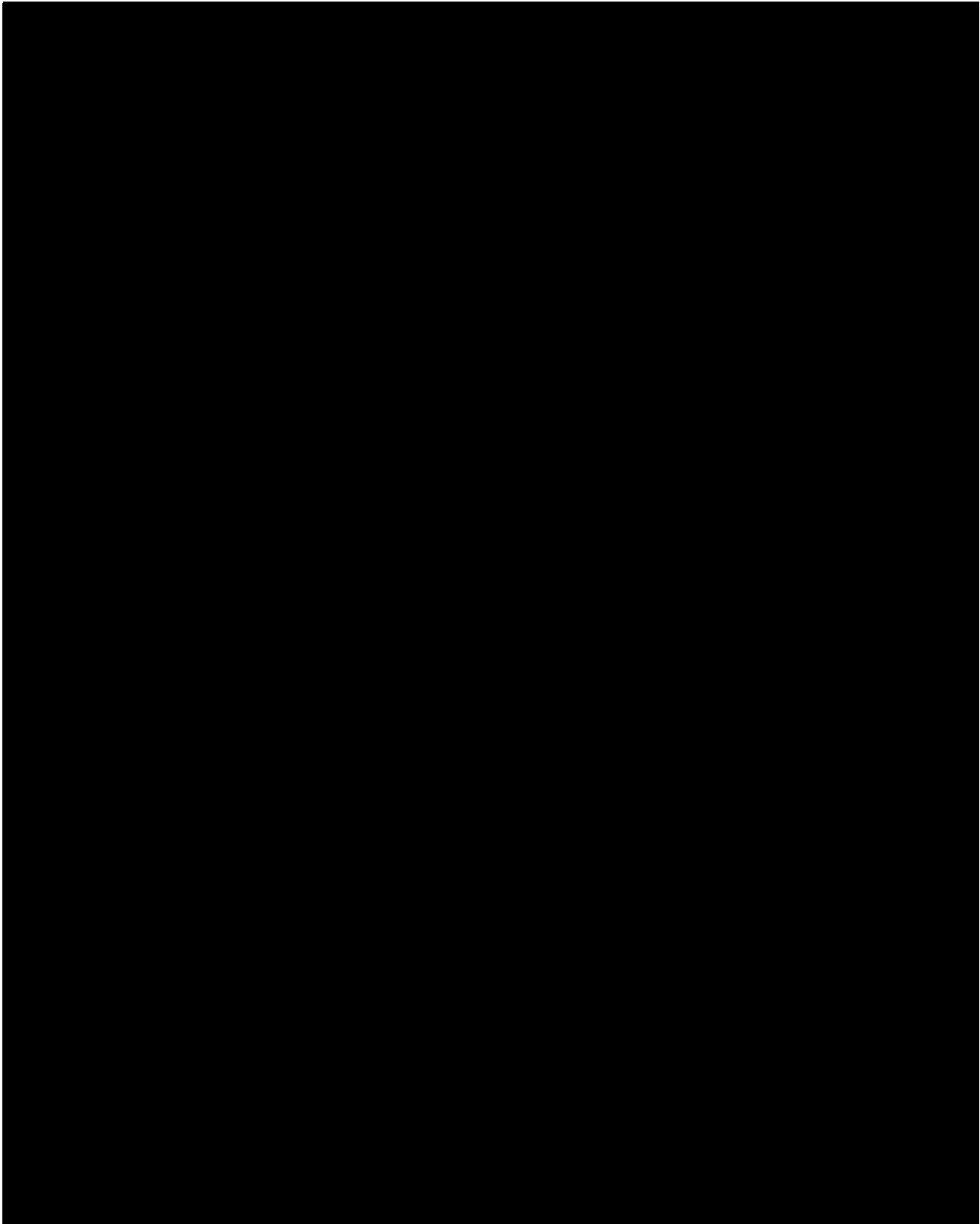
Operating Agreement - Attachment to Exhibit 2



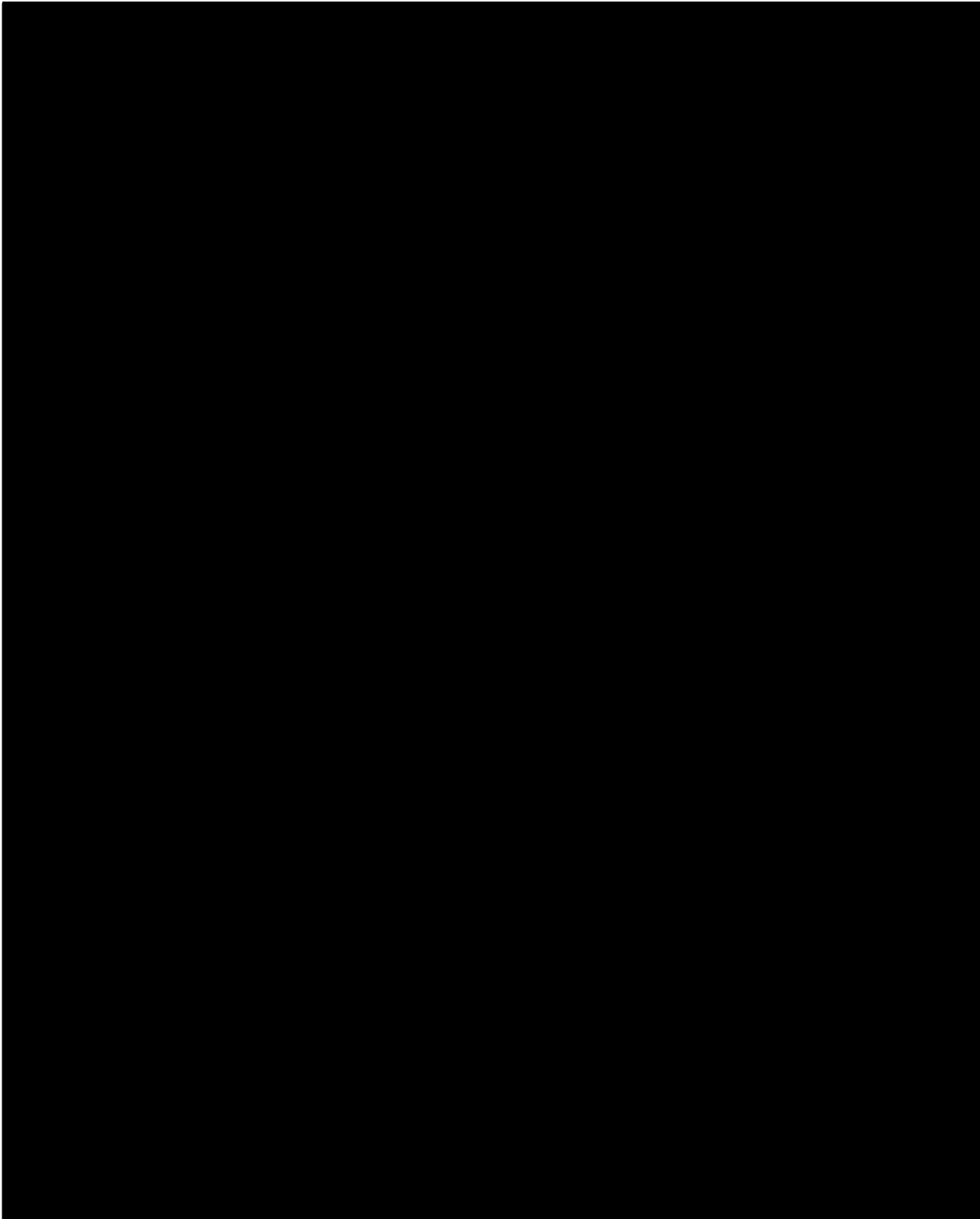
Operating Agreement - Attachment to Exhibit 2



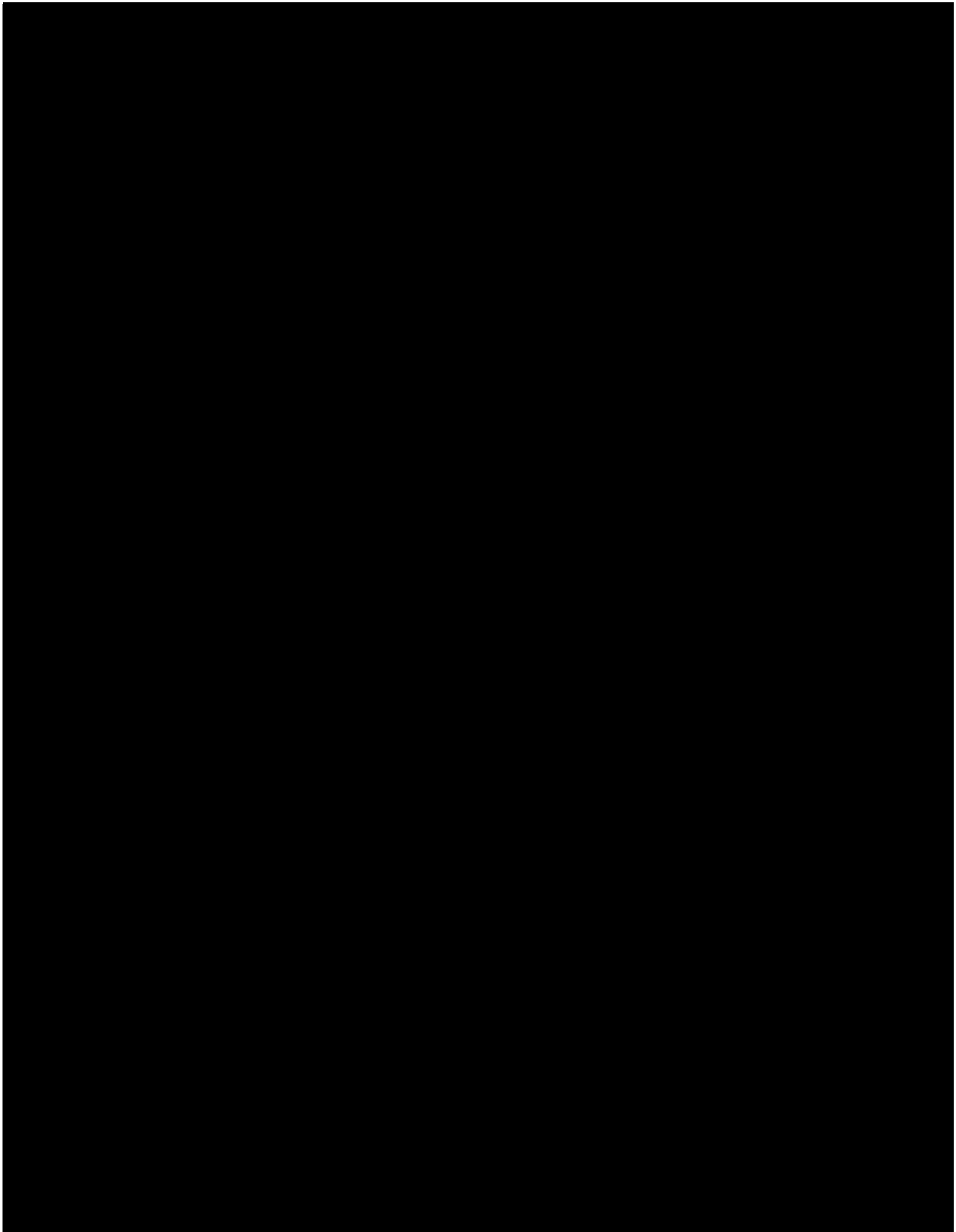
Operating Agreement - Attachment to Exhibit 2



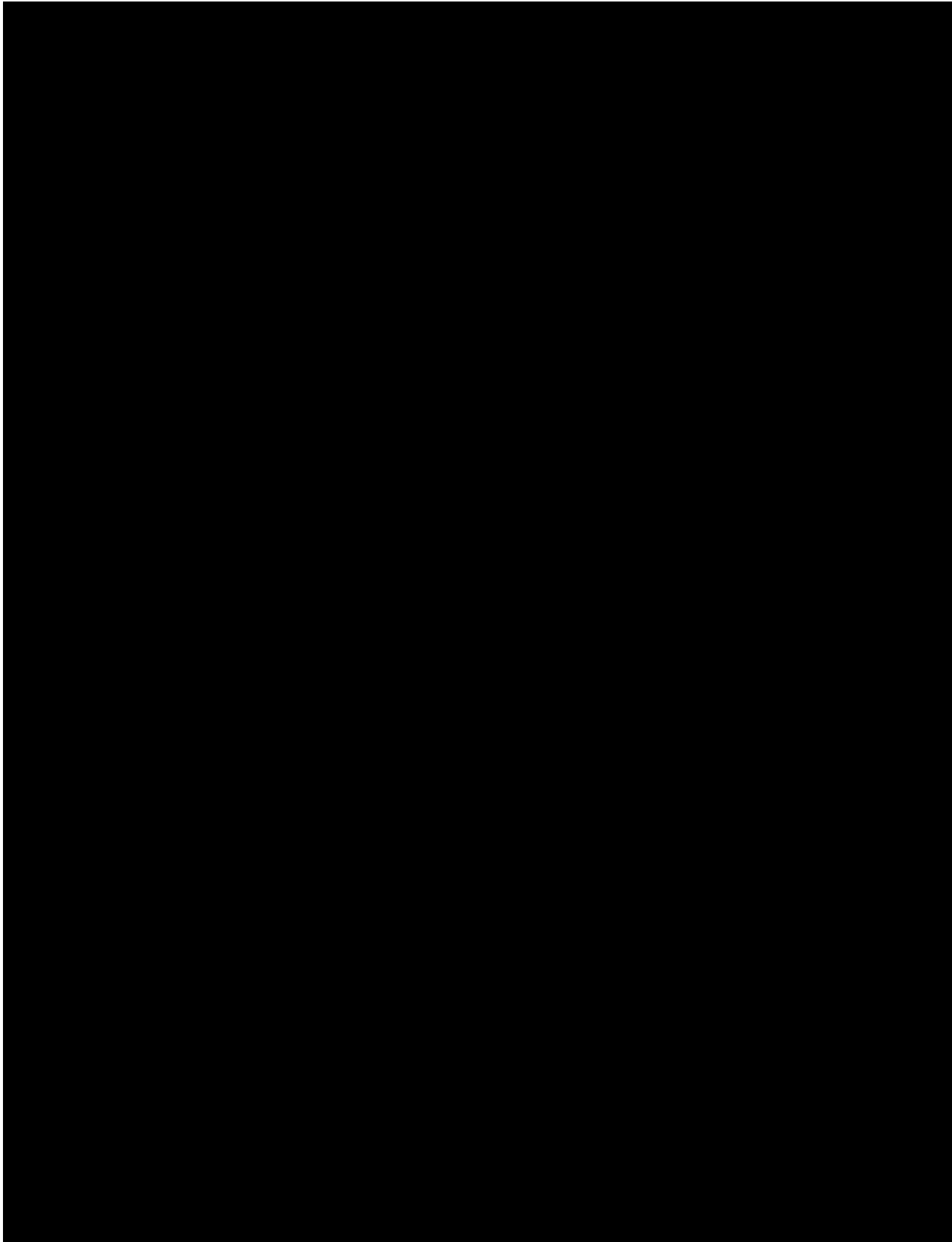
Operating Agreement - Attachment to Exhibit 2



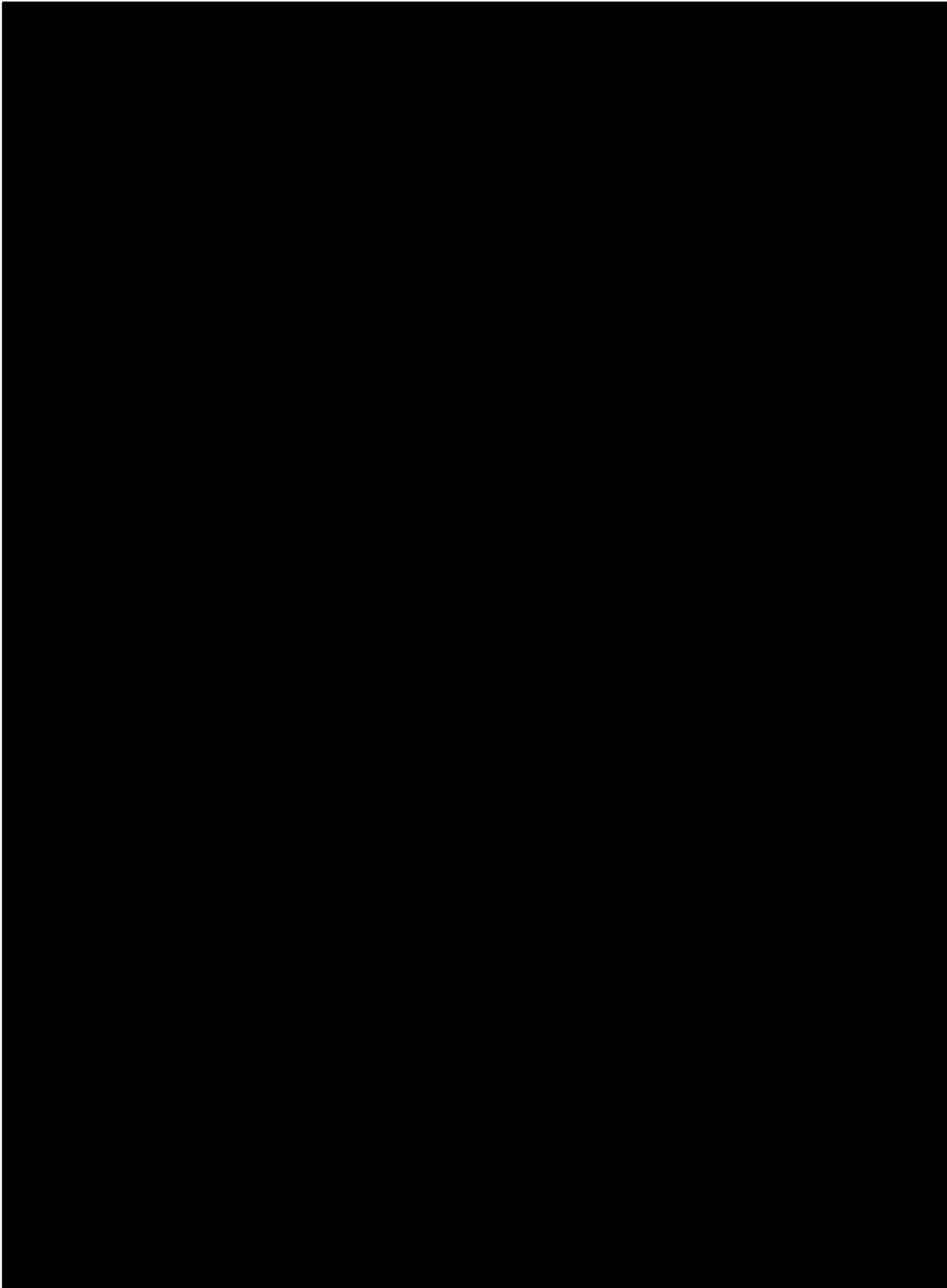
Operating Agreement - Attachment to Exhibit 2



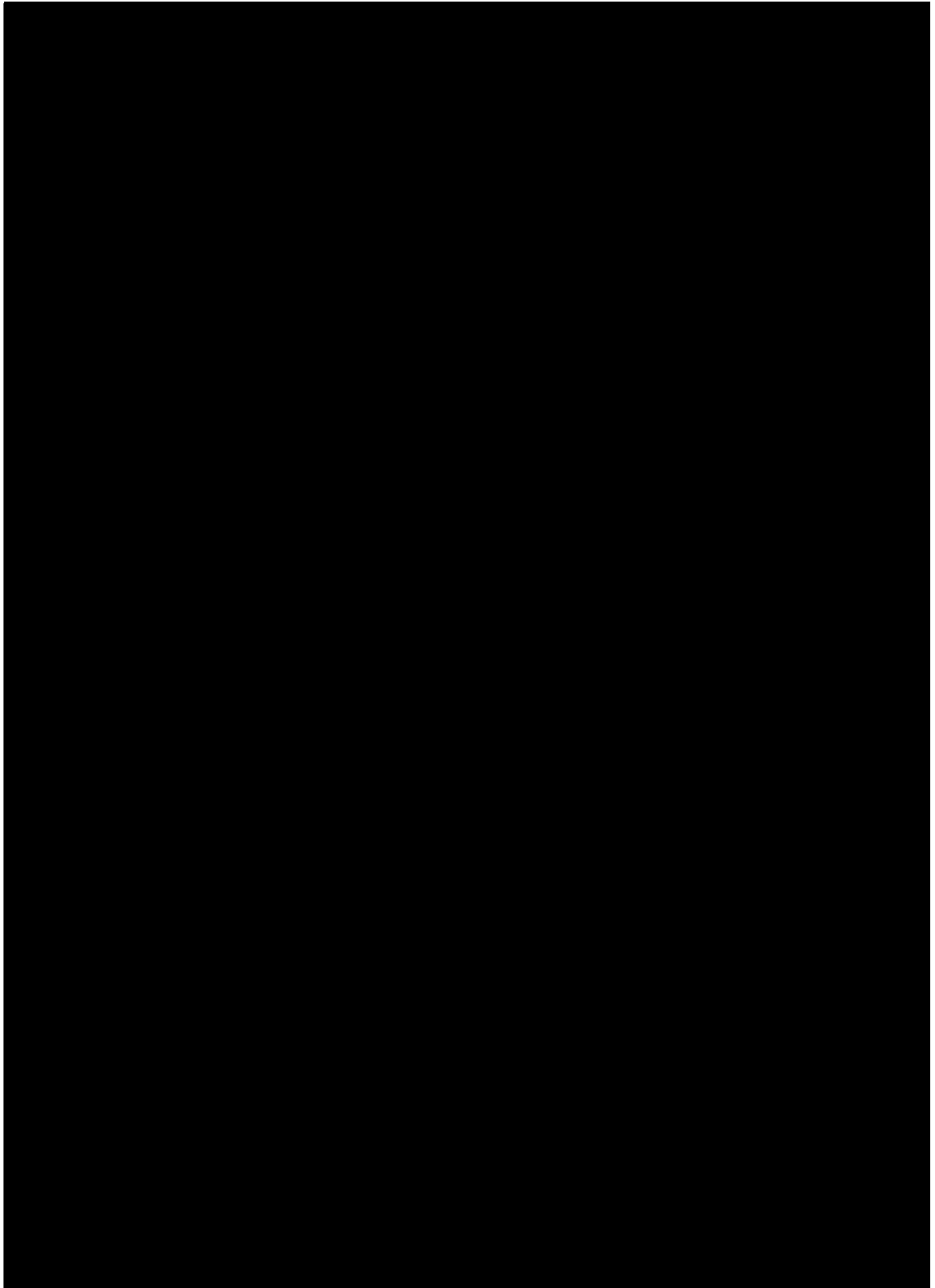
Operating Agreement - Attachment to Exhibit 2



Operating Agreement - Attachment to Exhibit 2

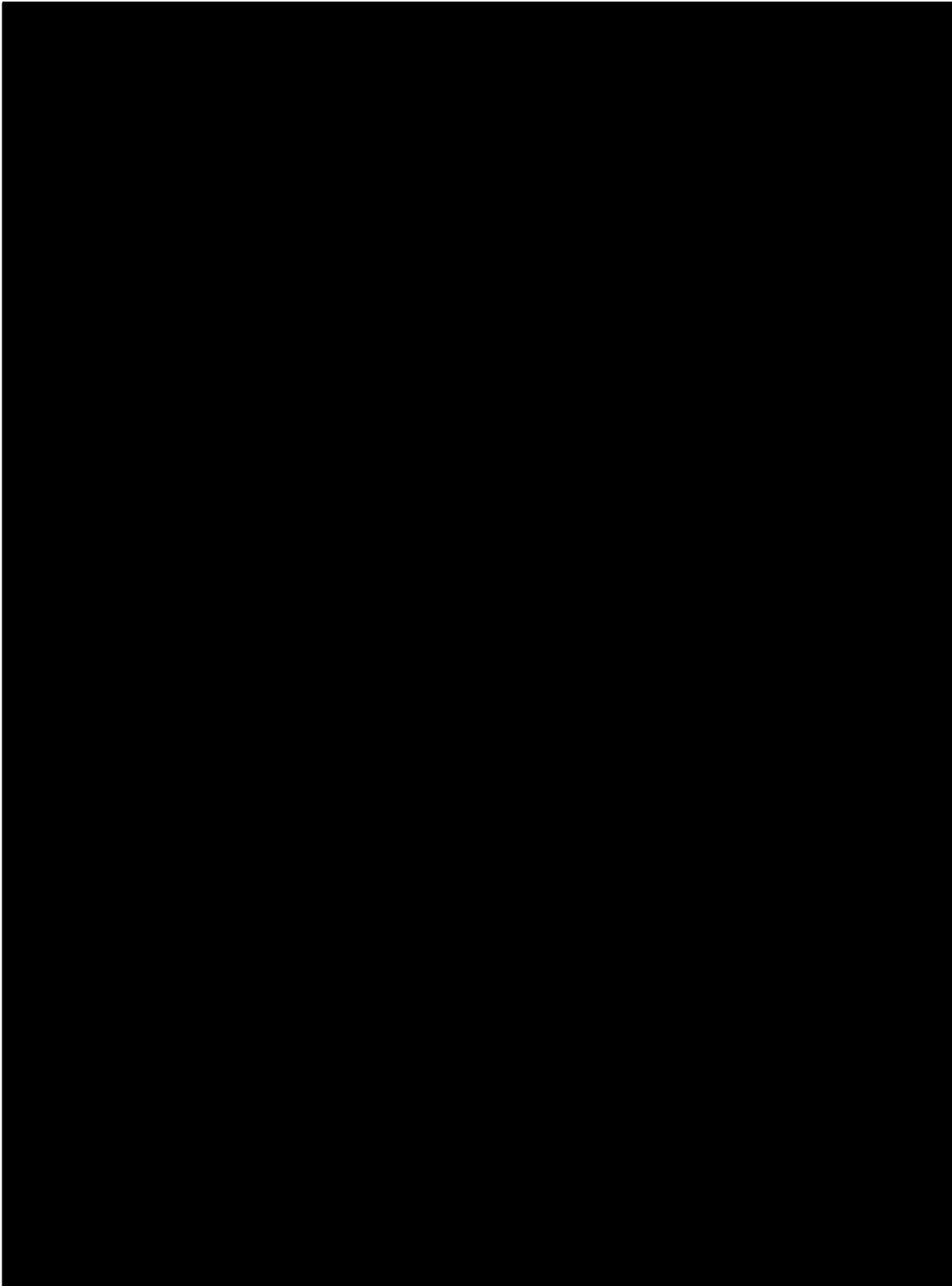


Operating Agreement - Attachment to Exhibit 2

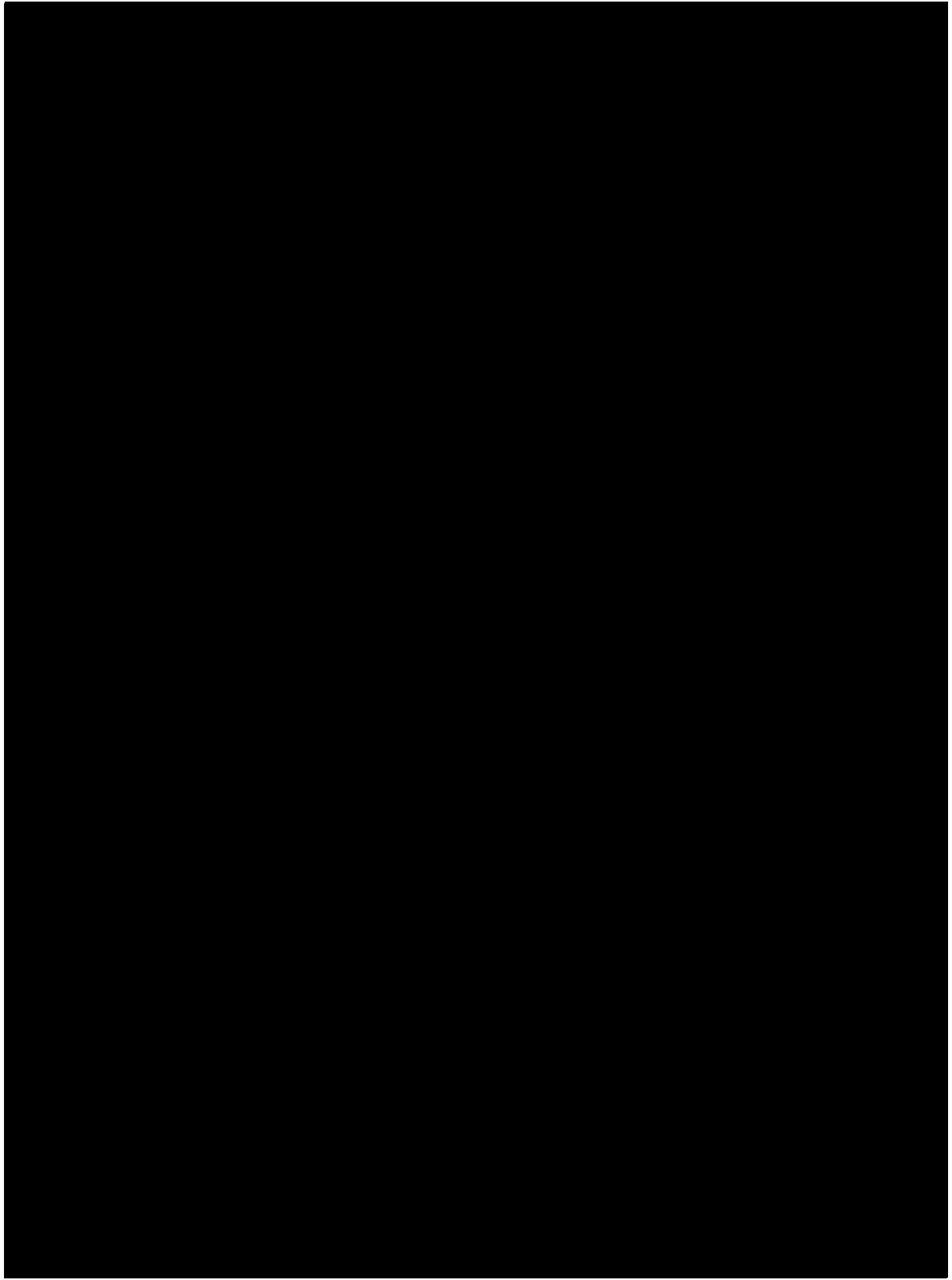




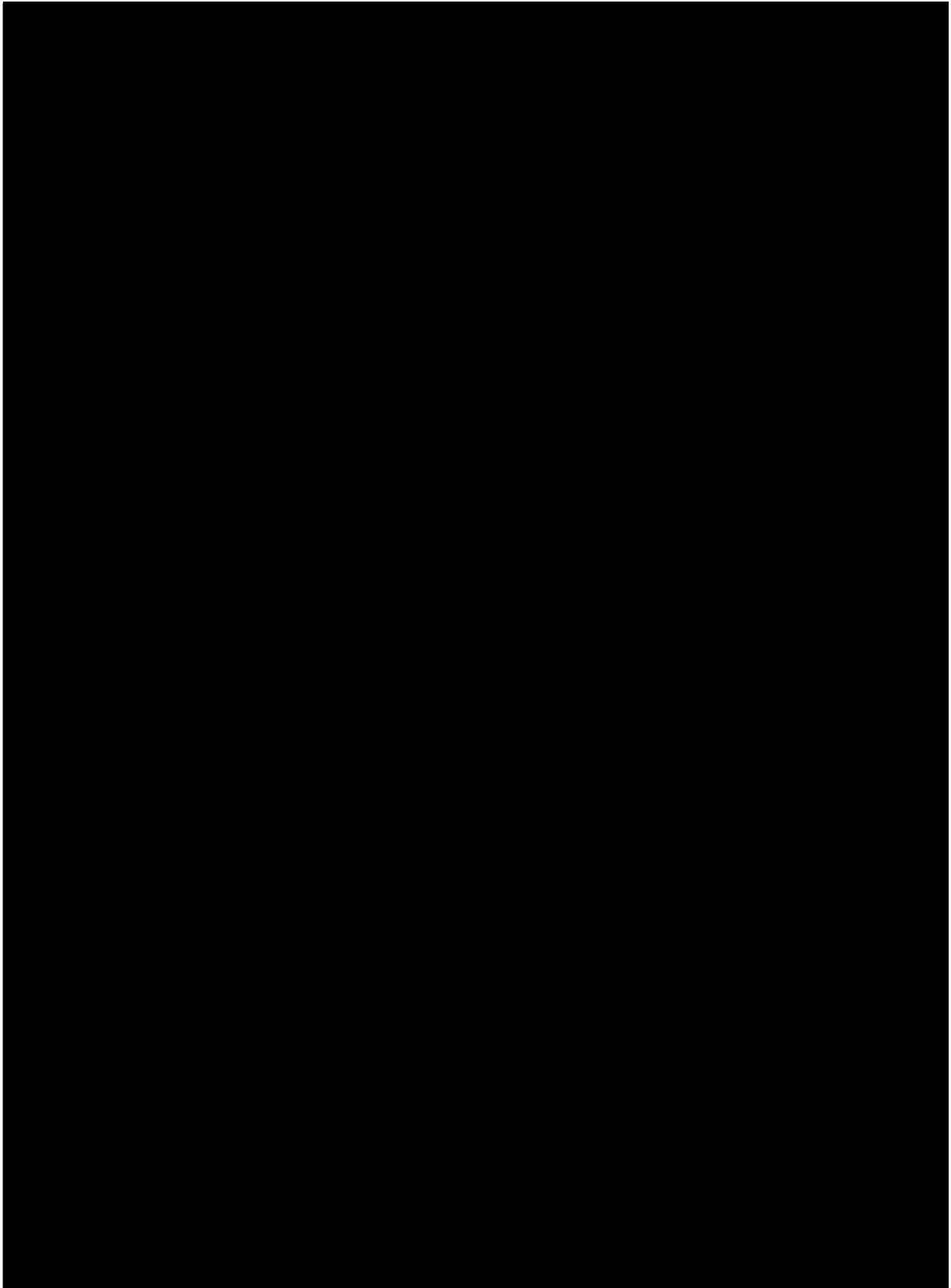
Operating Agreement - Attachment to Exhibit 2



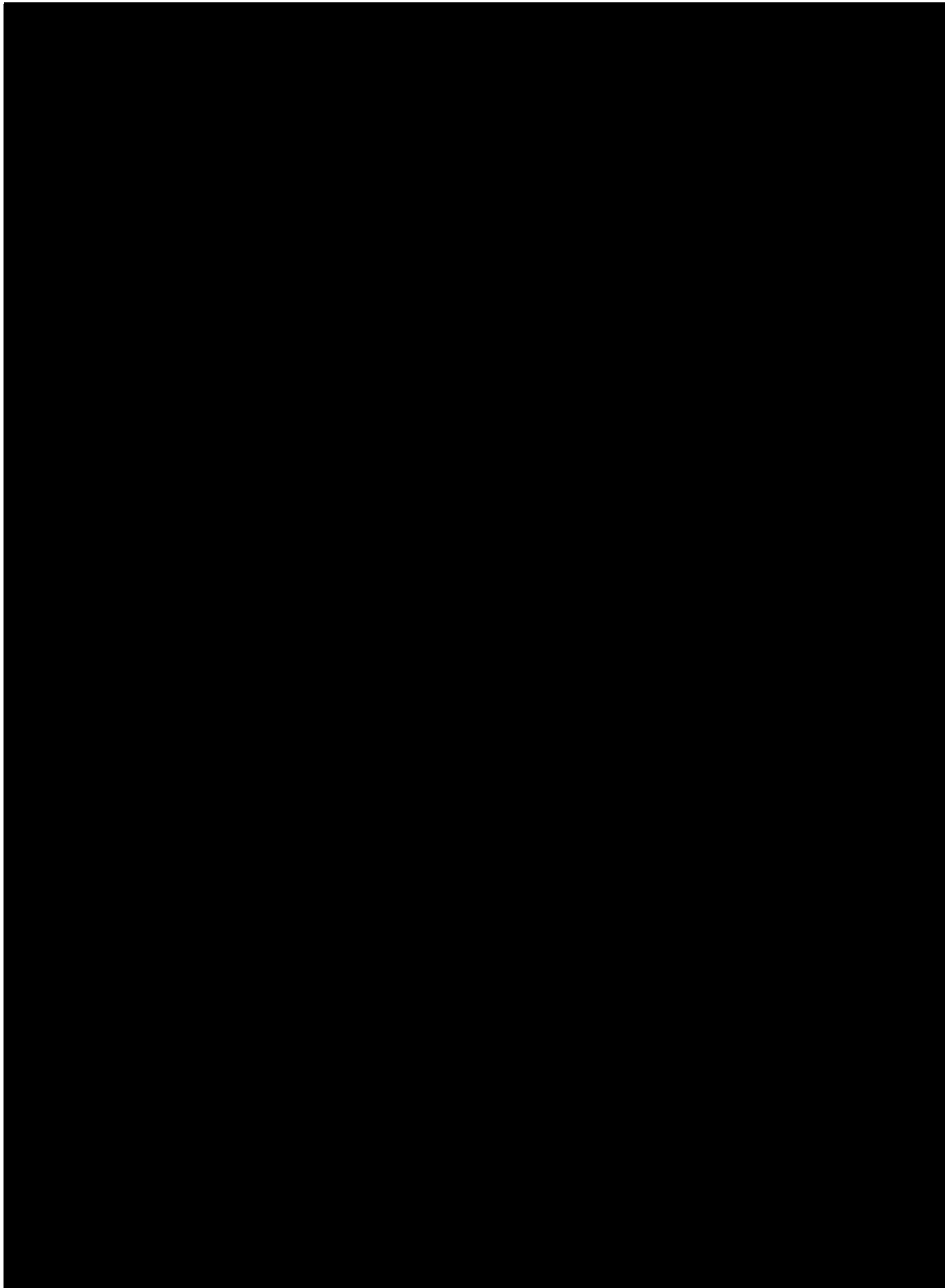
Operating Agreement - Attachment to Exhibit 2



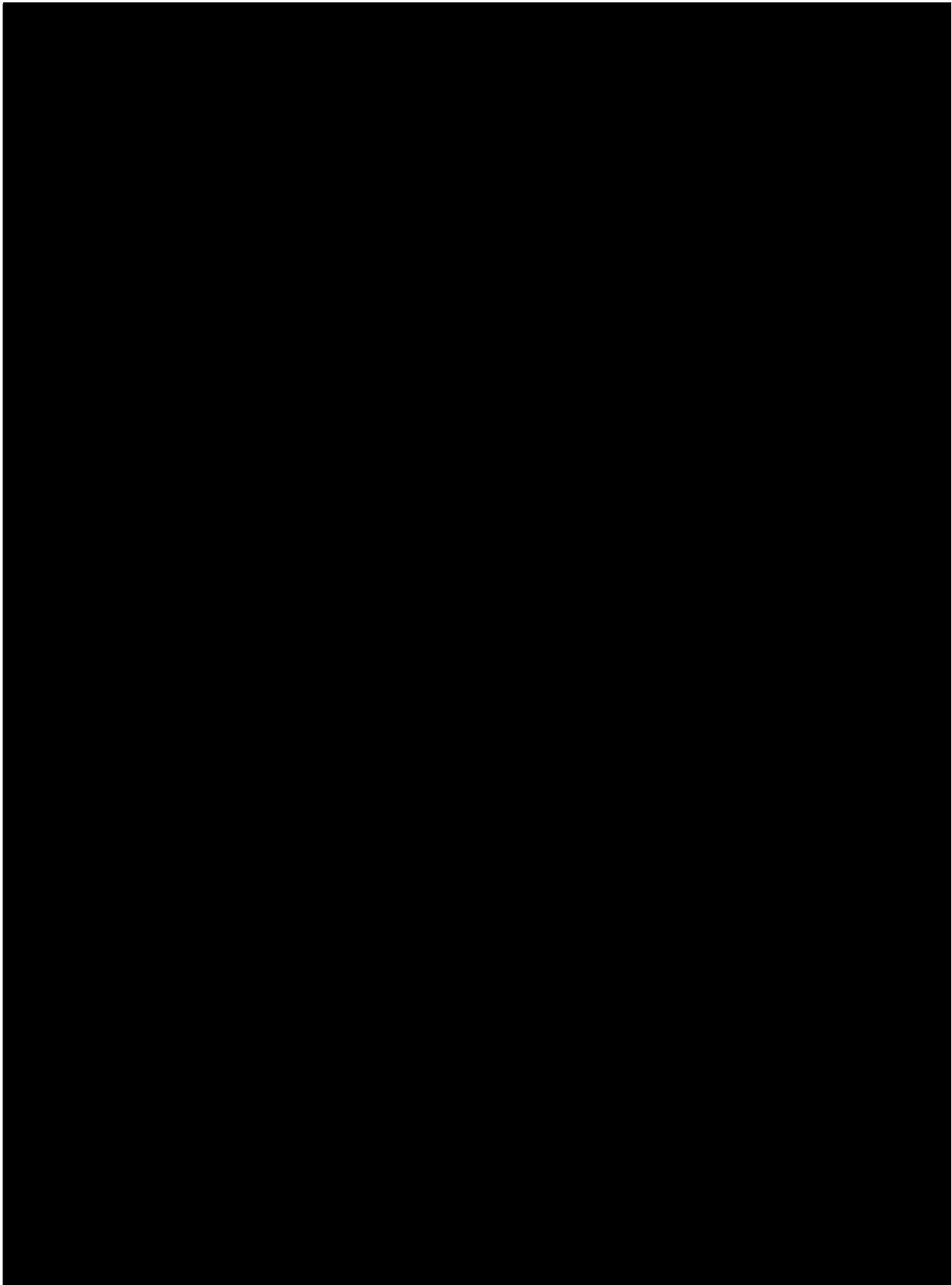
Operating Agreement - Attachment to Exhibit 2



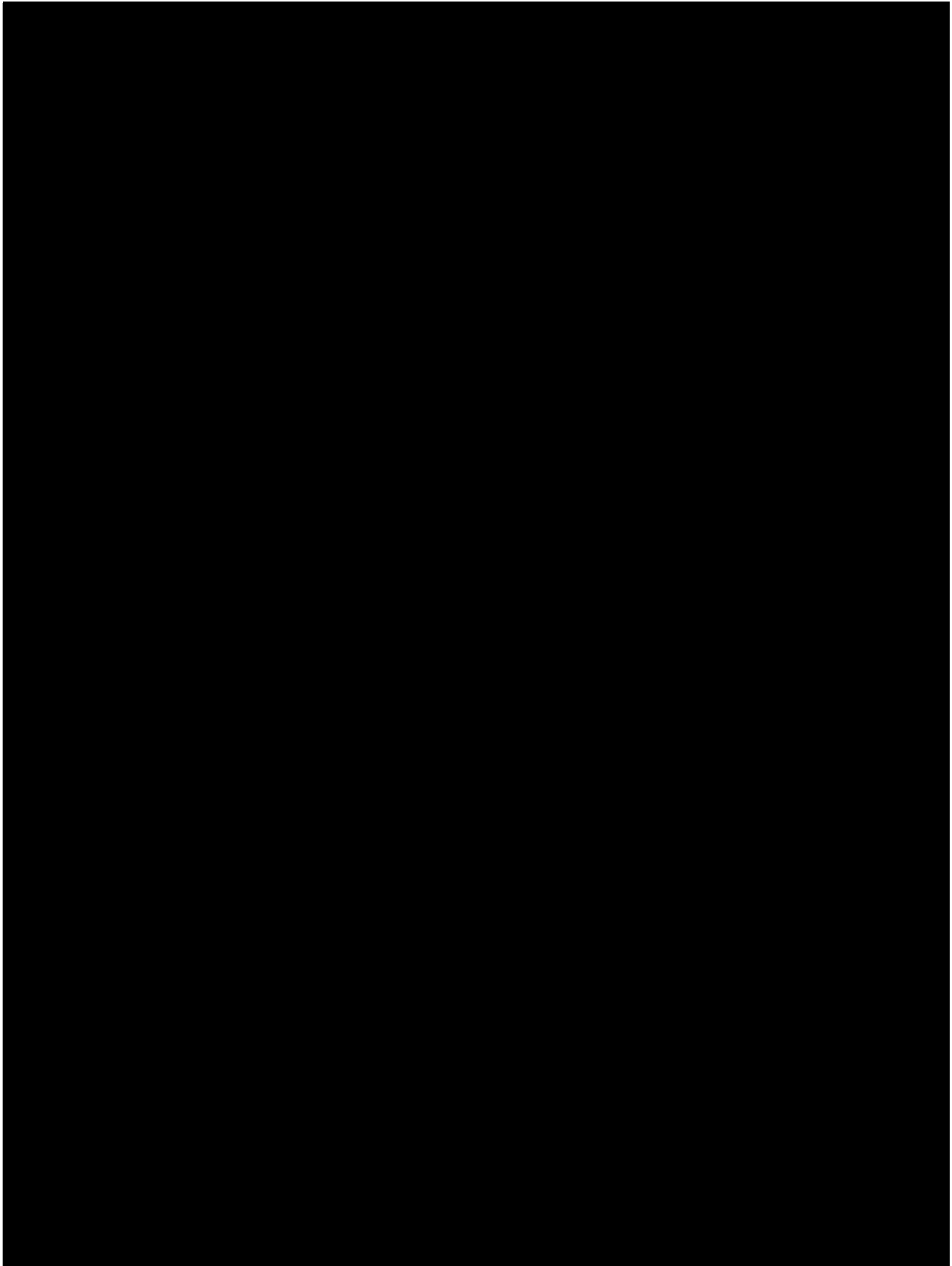
Operating Agreement - Attachment to Exhibit 2



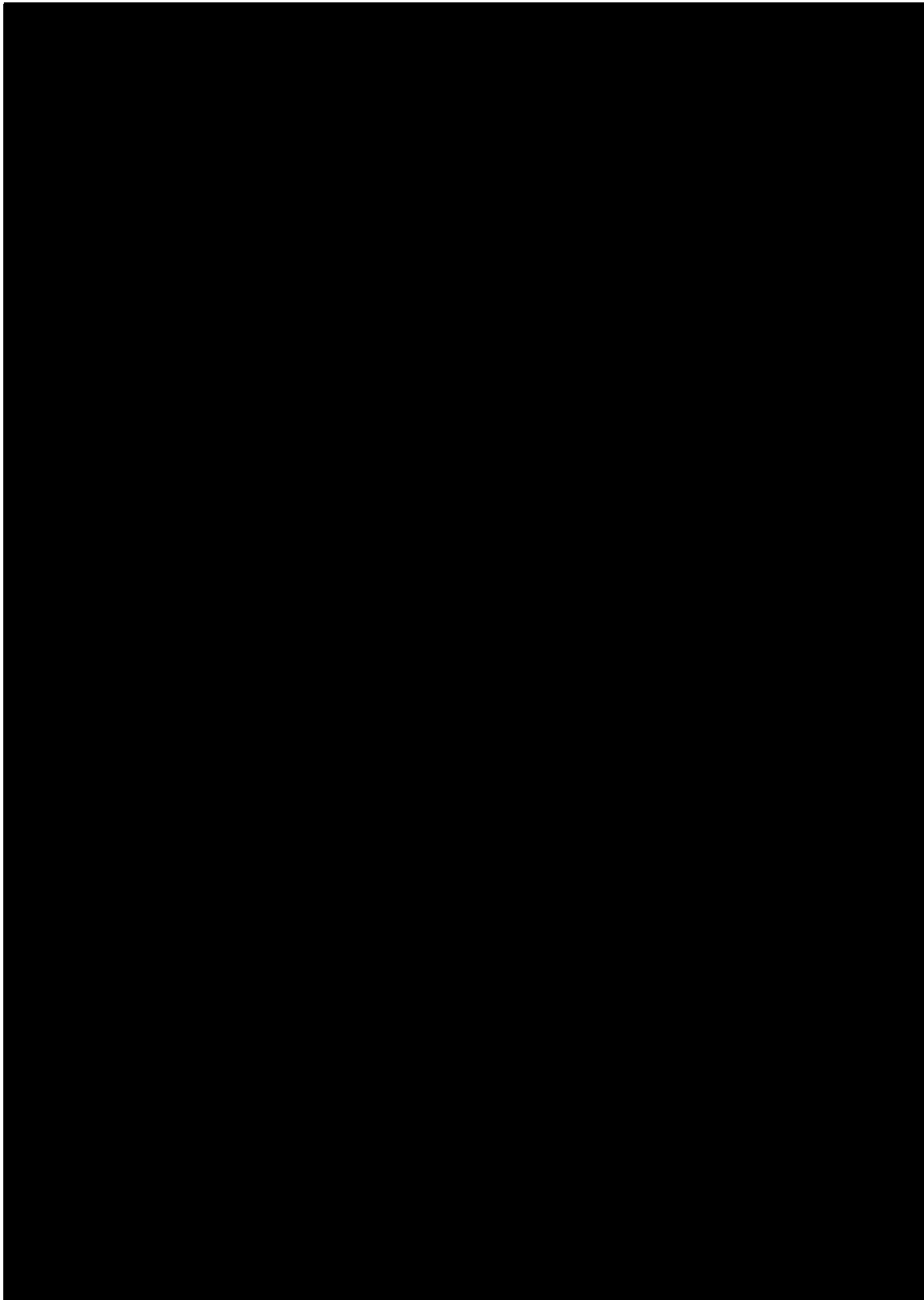
Operating Agreement - Attachment to Exhibit 2



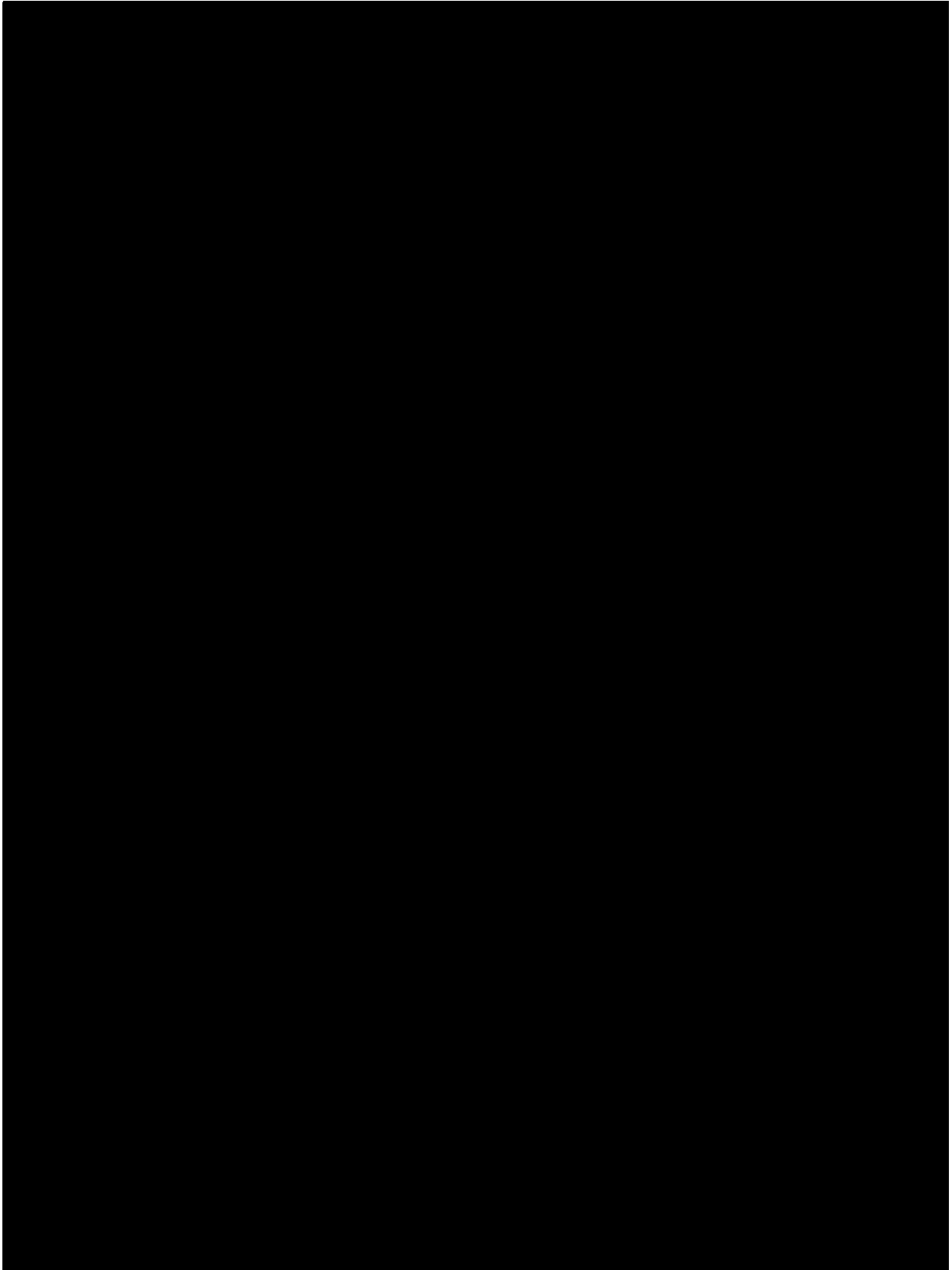
Operating Agreement - Attachment to Exhibit 2



Operating Agreement - Attachment to Exhibit 2

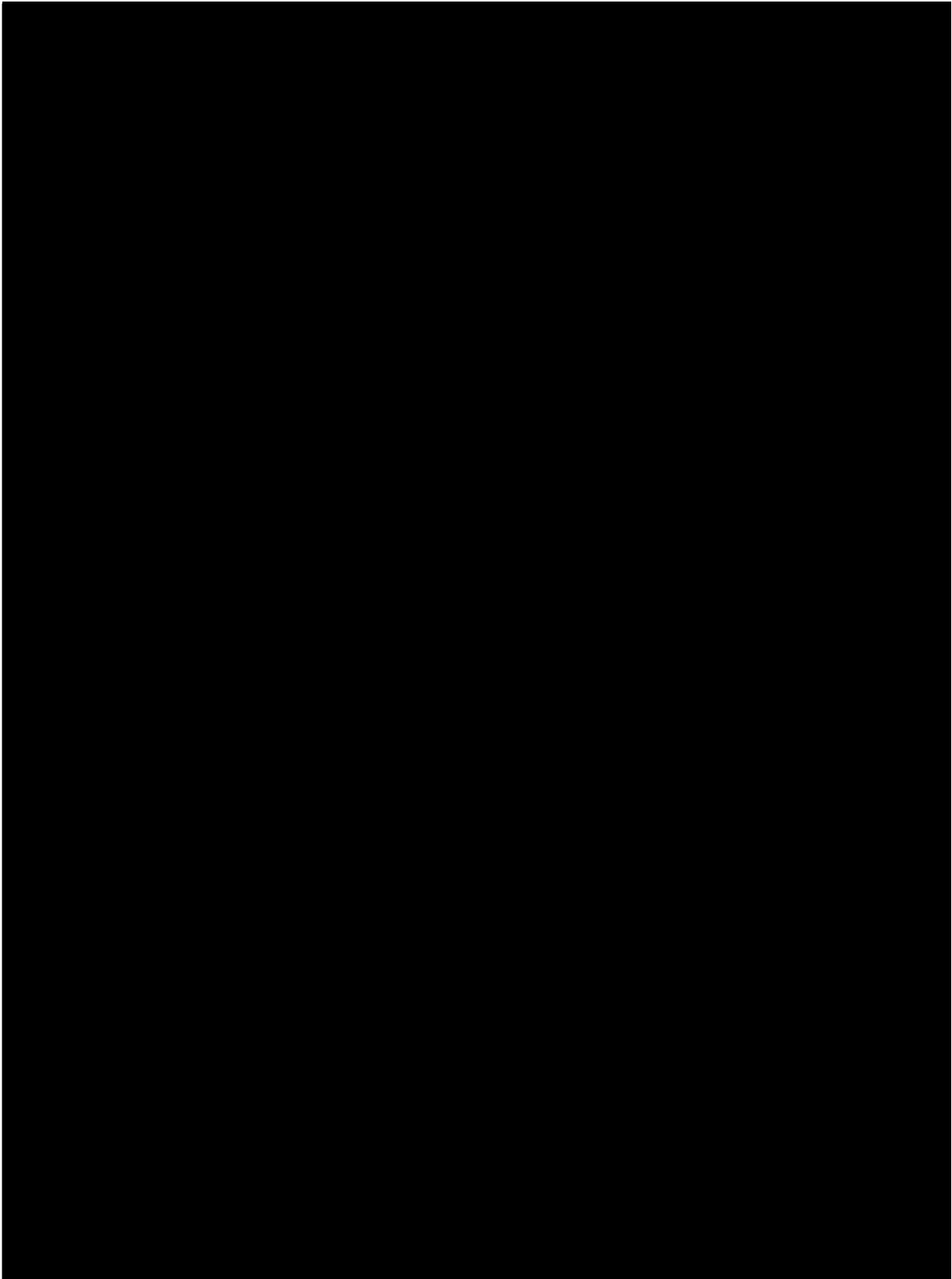


Operating Agreement - Attachment to Exhibit 2

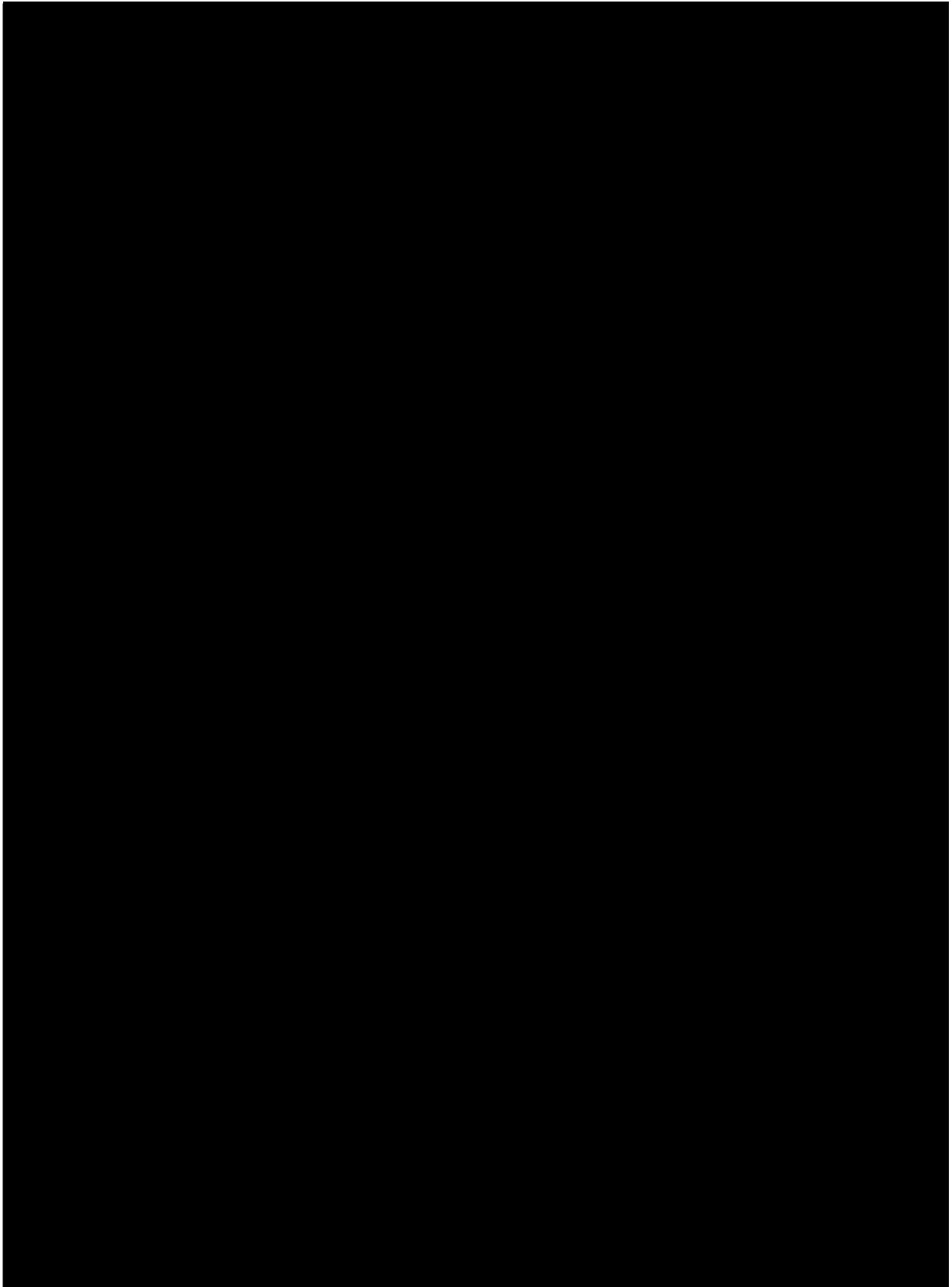




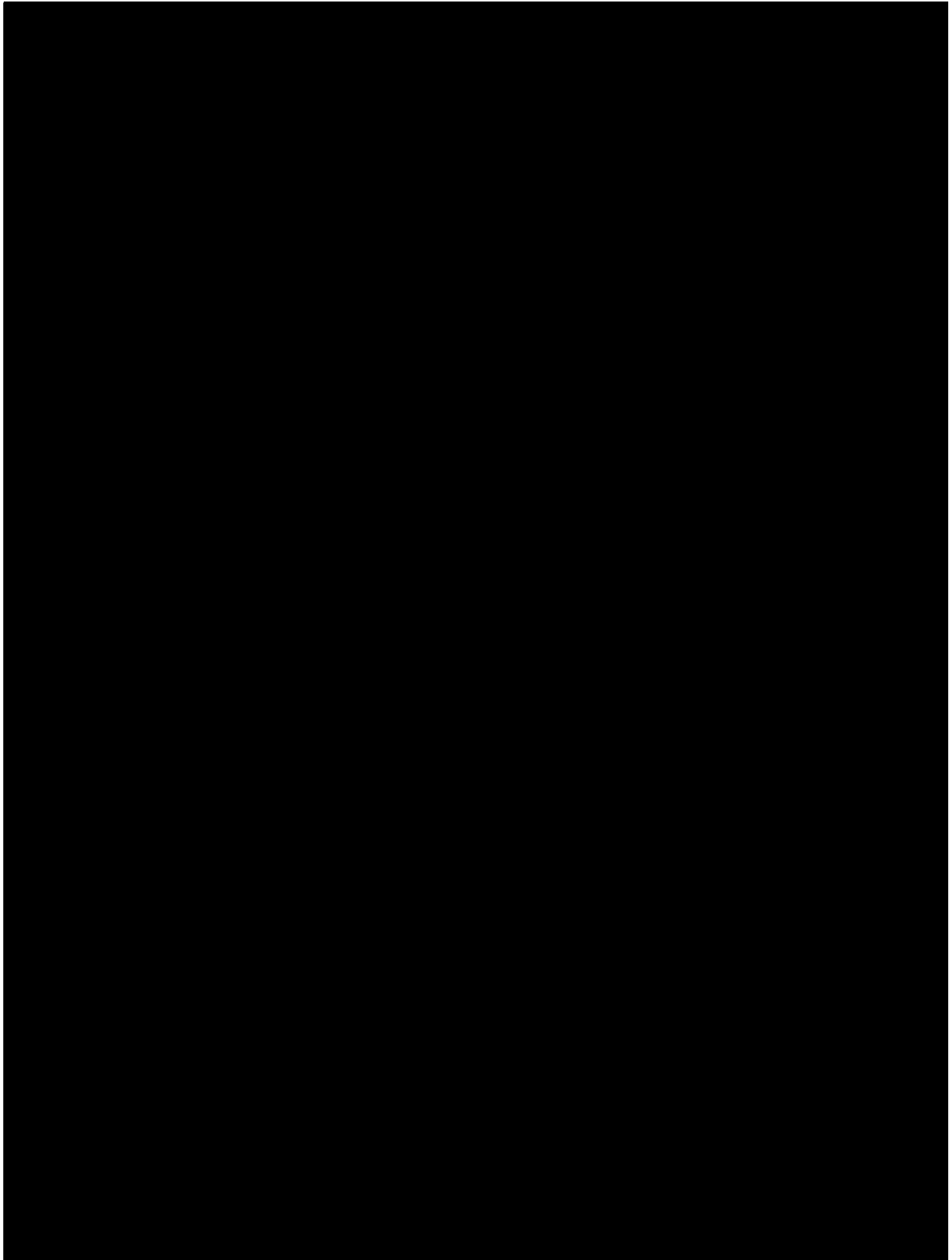
Operating Agreement - Attachment to Exhibit 2



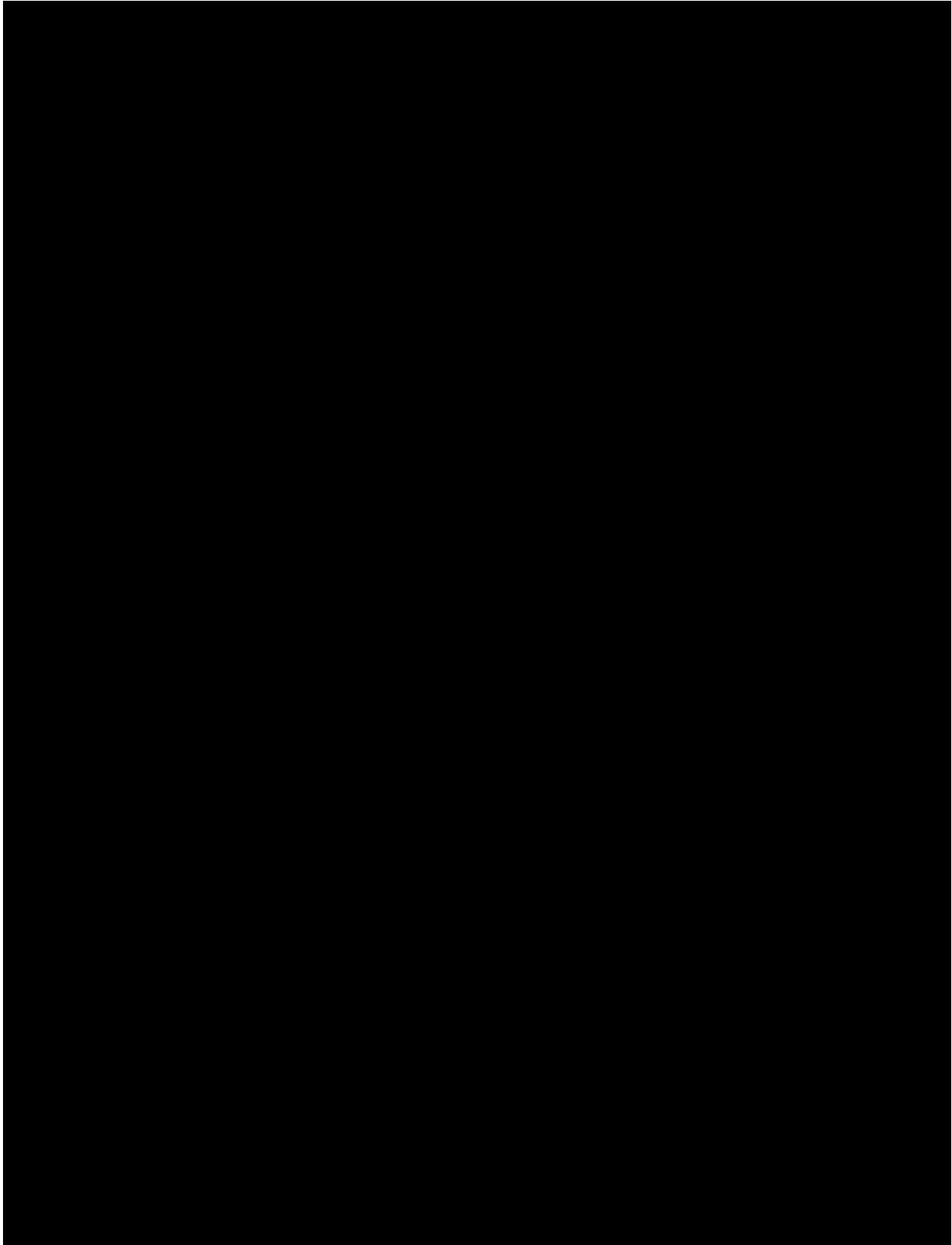
Operating Agreement - Attachment to Exhibit 2



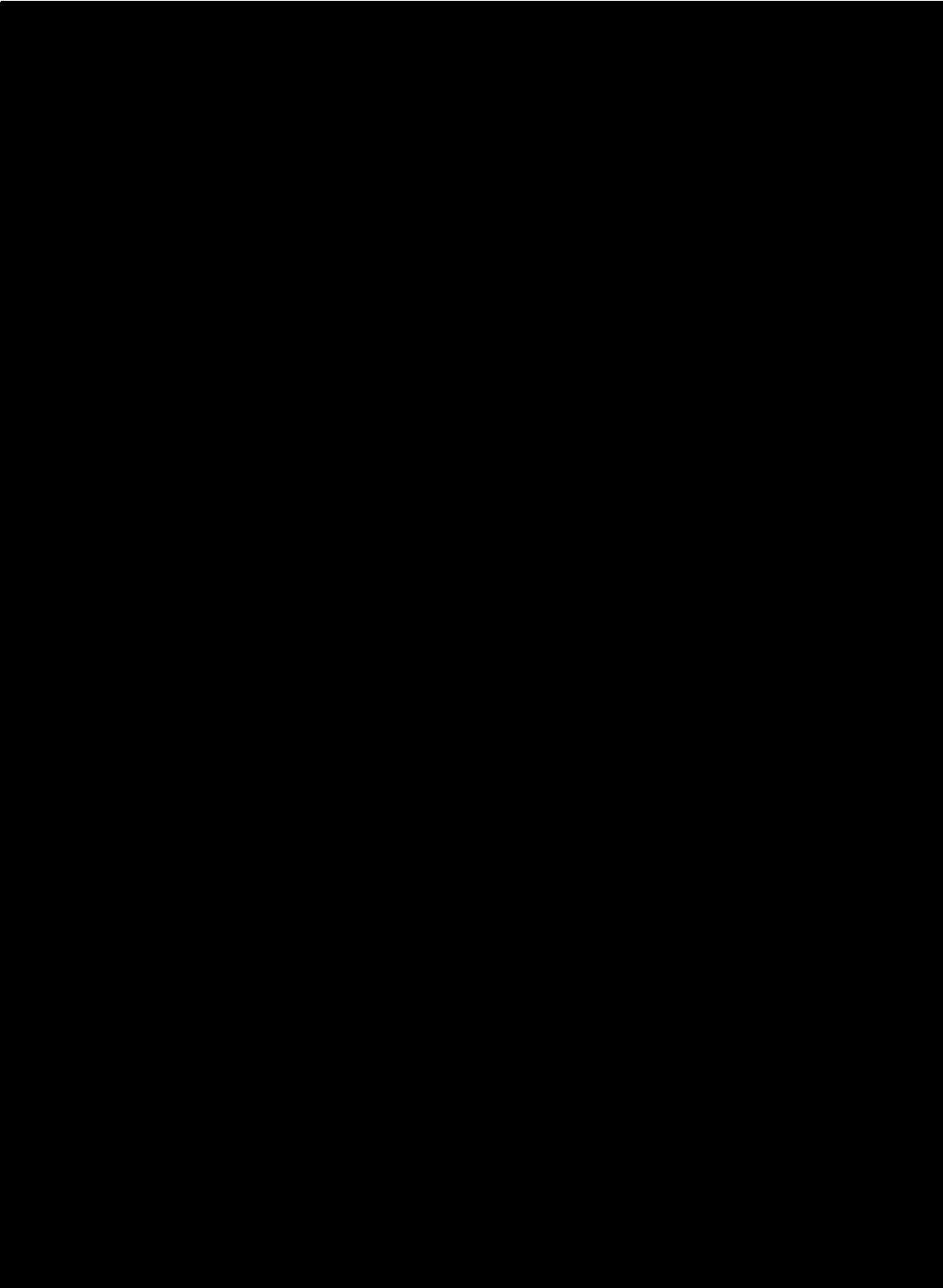
Operating Agreement - Attachment to Exhibit 2



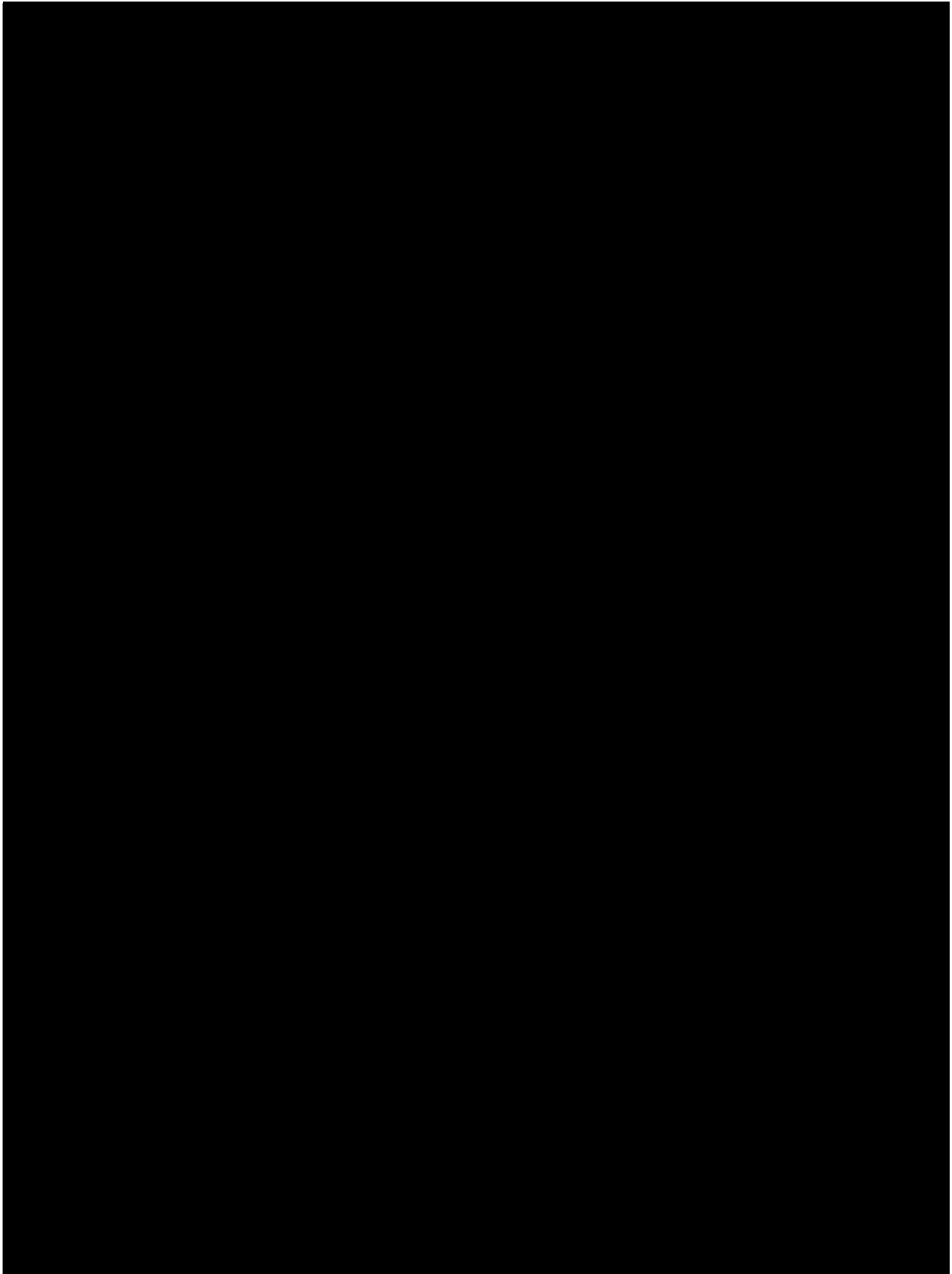
Operating Agreement - Attachment to Exhibit 2



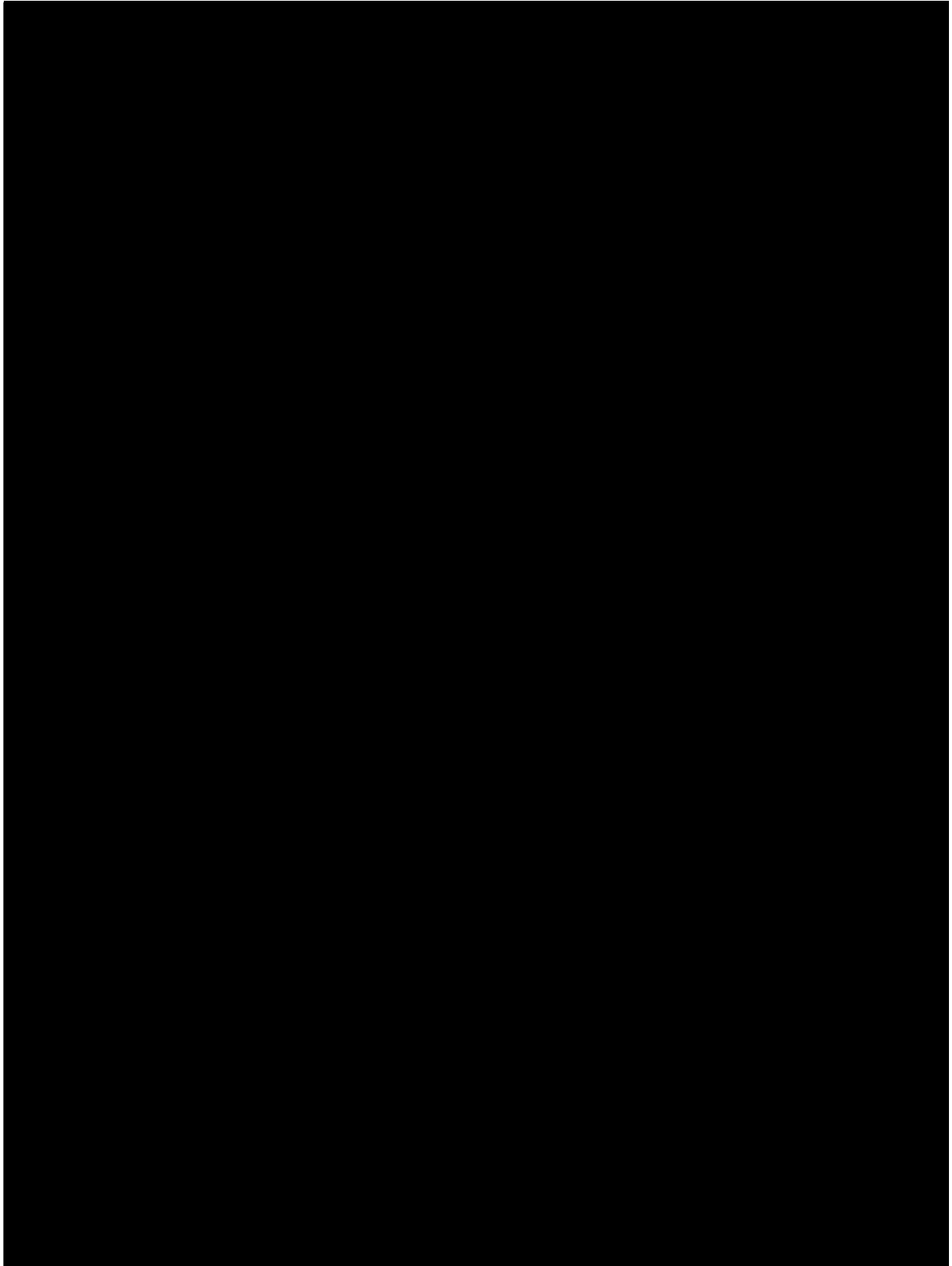
Operating Agreement - Attachment to Exhibit 2



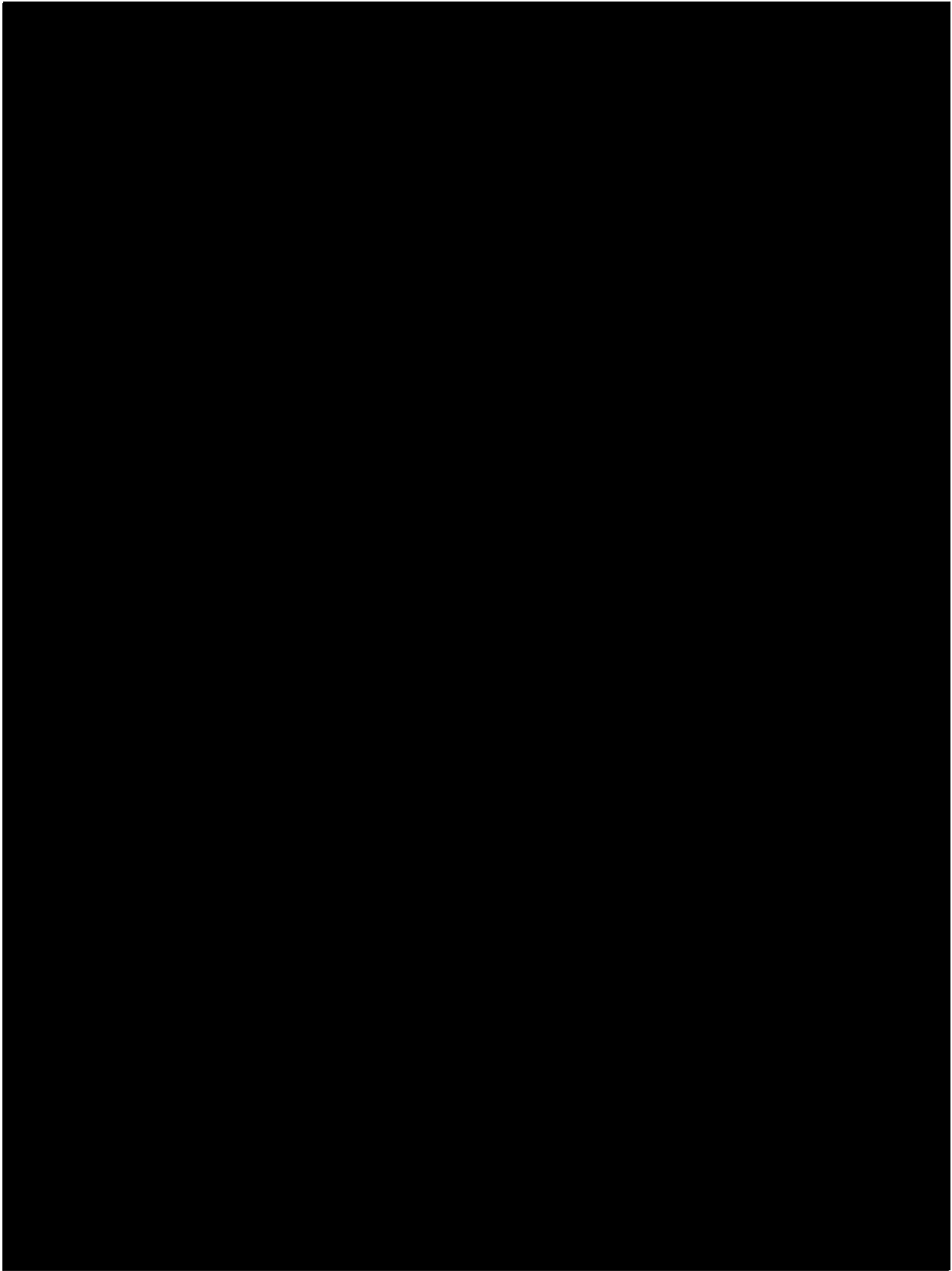
Operating Agreement - Attachment to Exhibit 2



Operating Agreement - Attachment to Exhibit 2

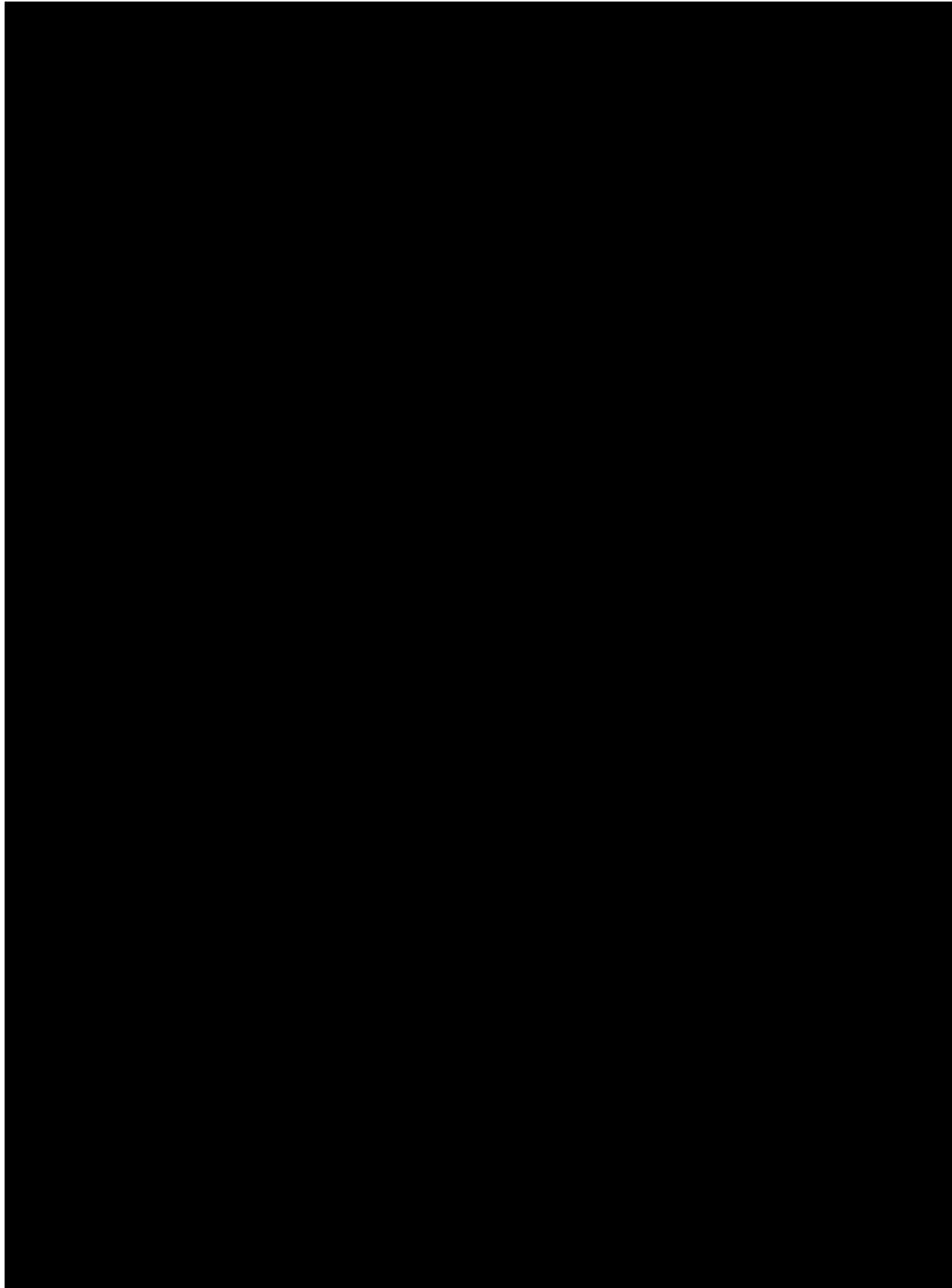


Operating Agreement - Attachment to Exhibit 2

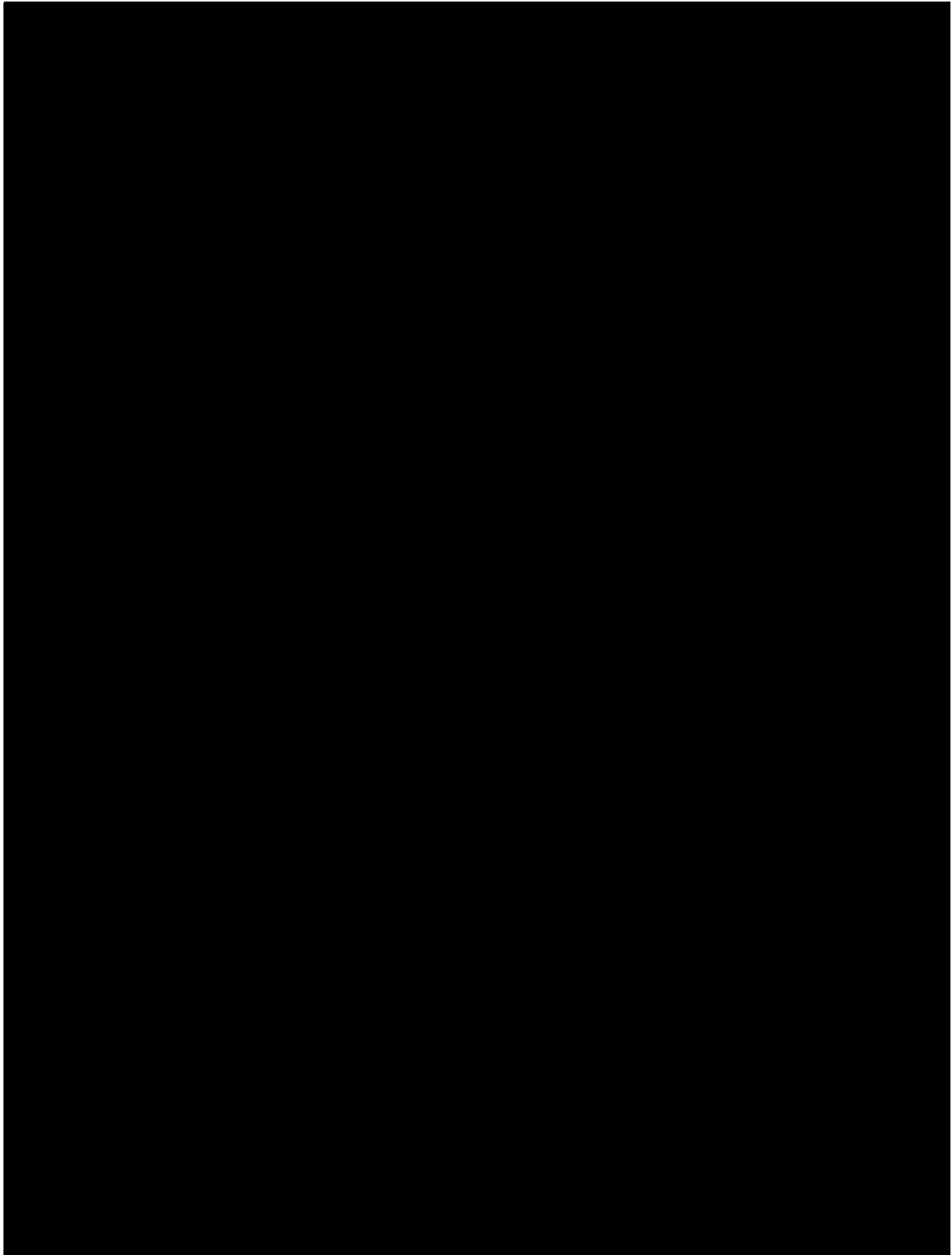




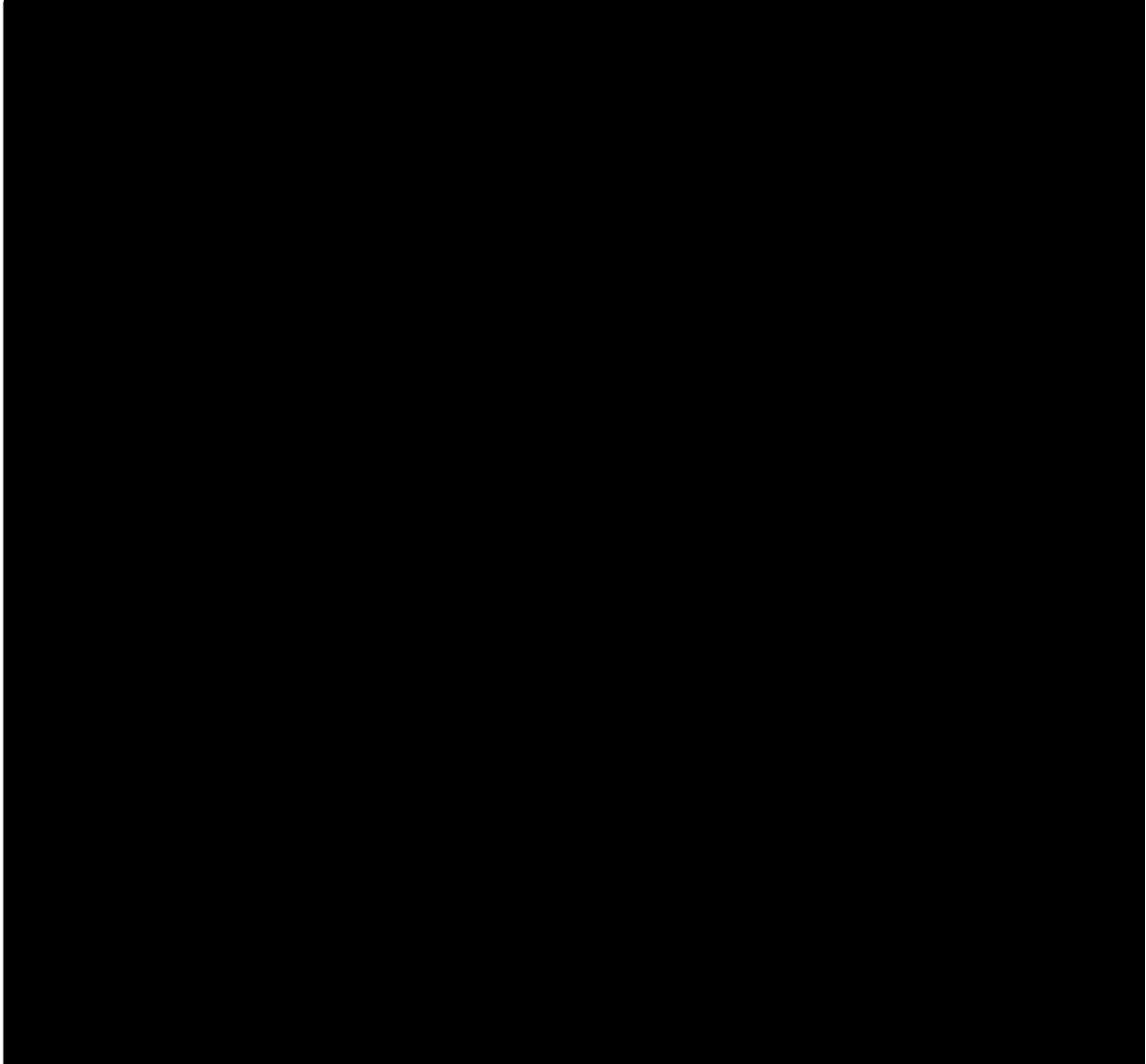
Operating Agreement - Attachment to Exhibit 2



Operating Agreement - Attachment to Exhibit 2



Operating Agreement - Attachment to Exhibit 2



Operating Agreement - Attachment to Exhibit 2

IN WITNESS WHEREOF, the parties have executed this Company Agreement as of the date first written above.

**MEMBERS:**

CLEARVIEW RANCH, LLC

By: J. Gray Allen  
Name: J. Gray Allen  
Title: Manager

[Signature]  
Peter Gallagher

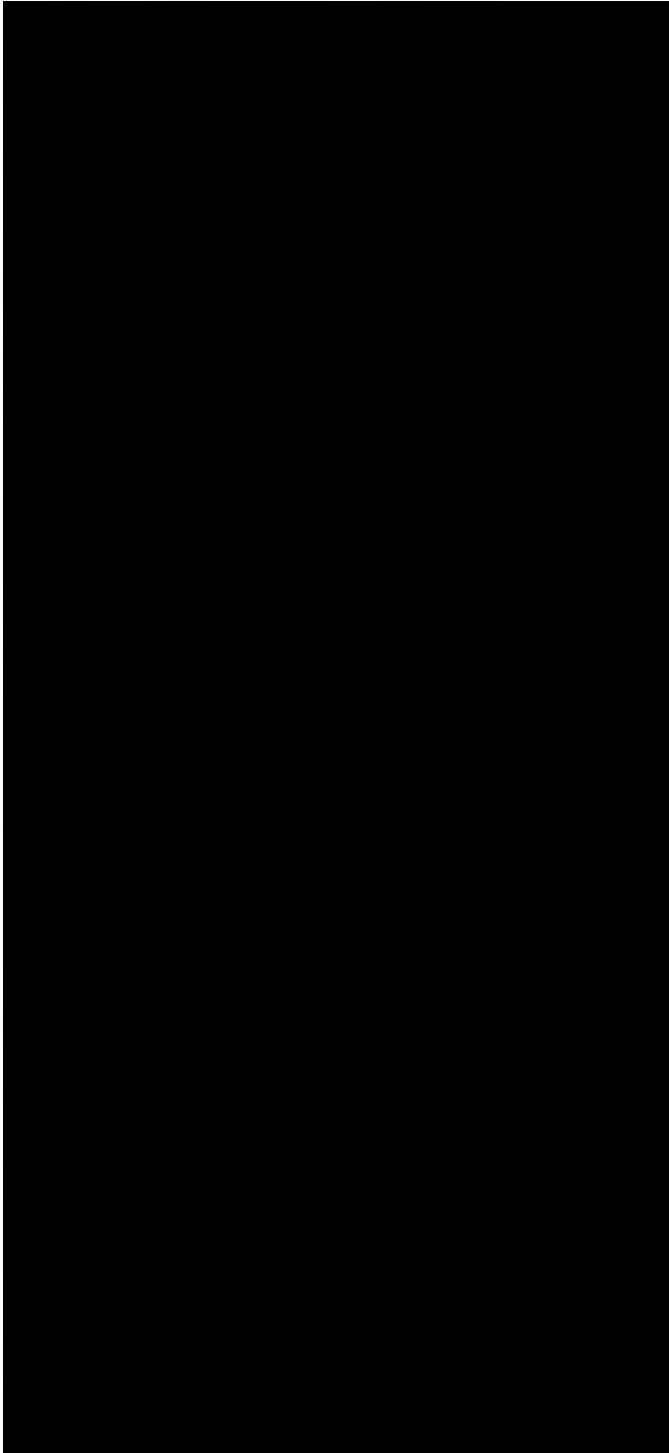
[Signature]  
Steve Reilly

[Signature Page to Company Agreement of Insa Alabama, LLC]

Operating Agreement - Attachment to Exhibit 2

Schedule A – Schedule of Members

Company Agreement  
of Insa Alabama, LLC



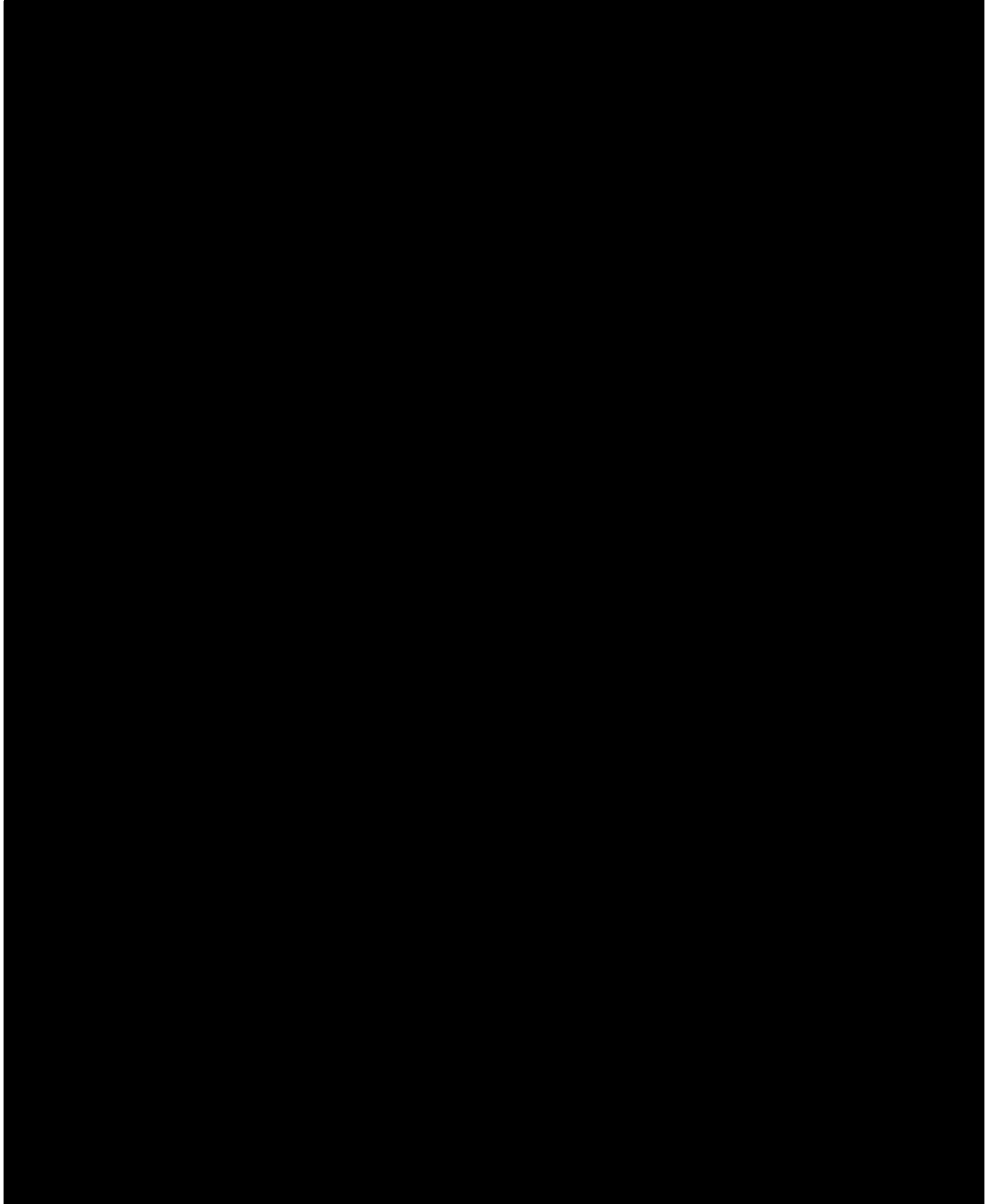
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FH1112709.7

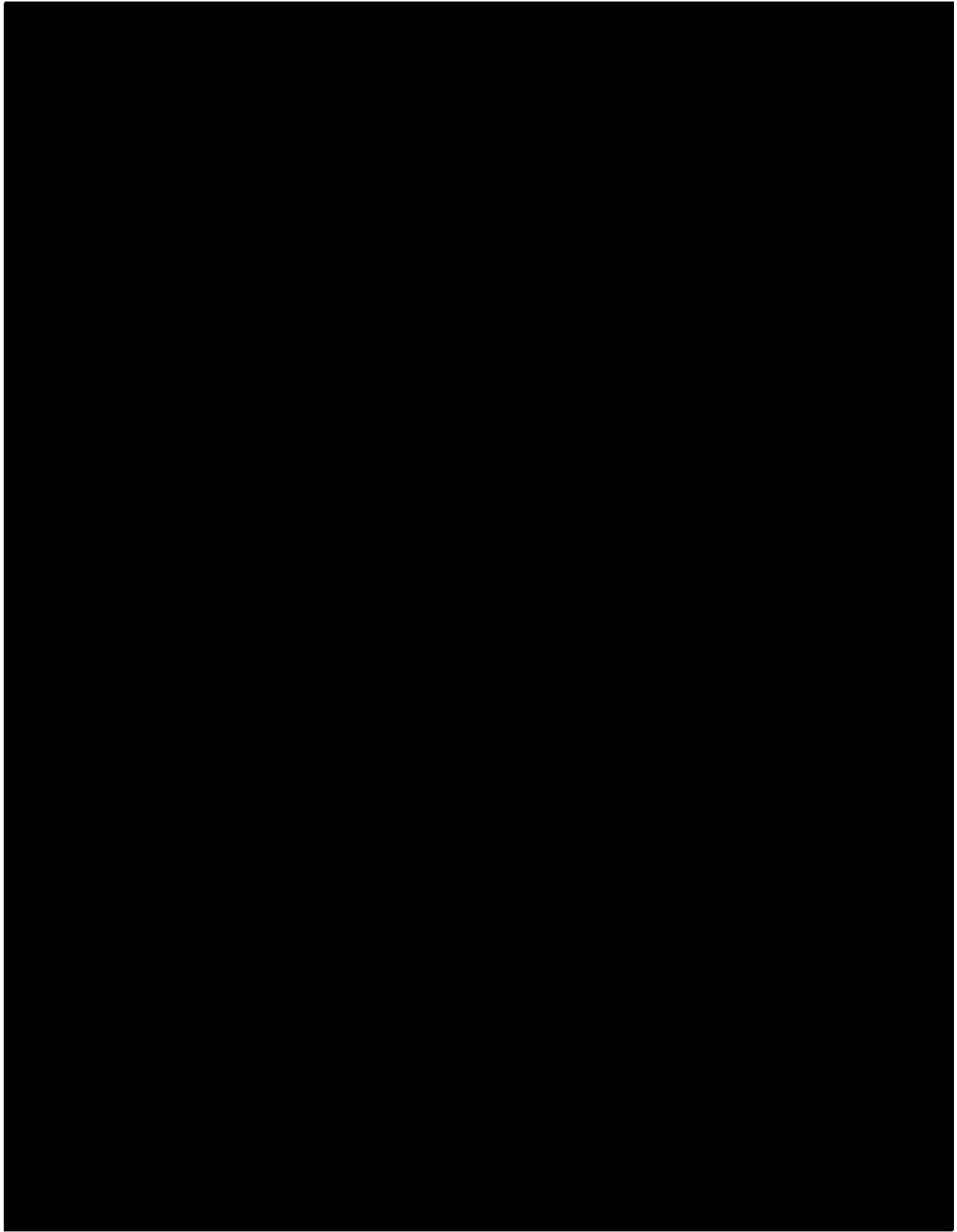
Operating Agreement - Attachment to Exhibit 2

**Schedule B**

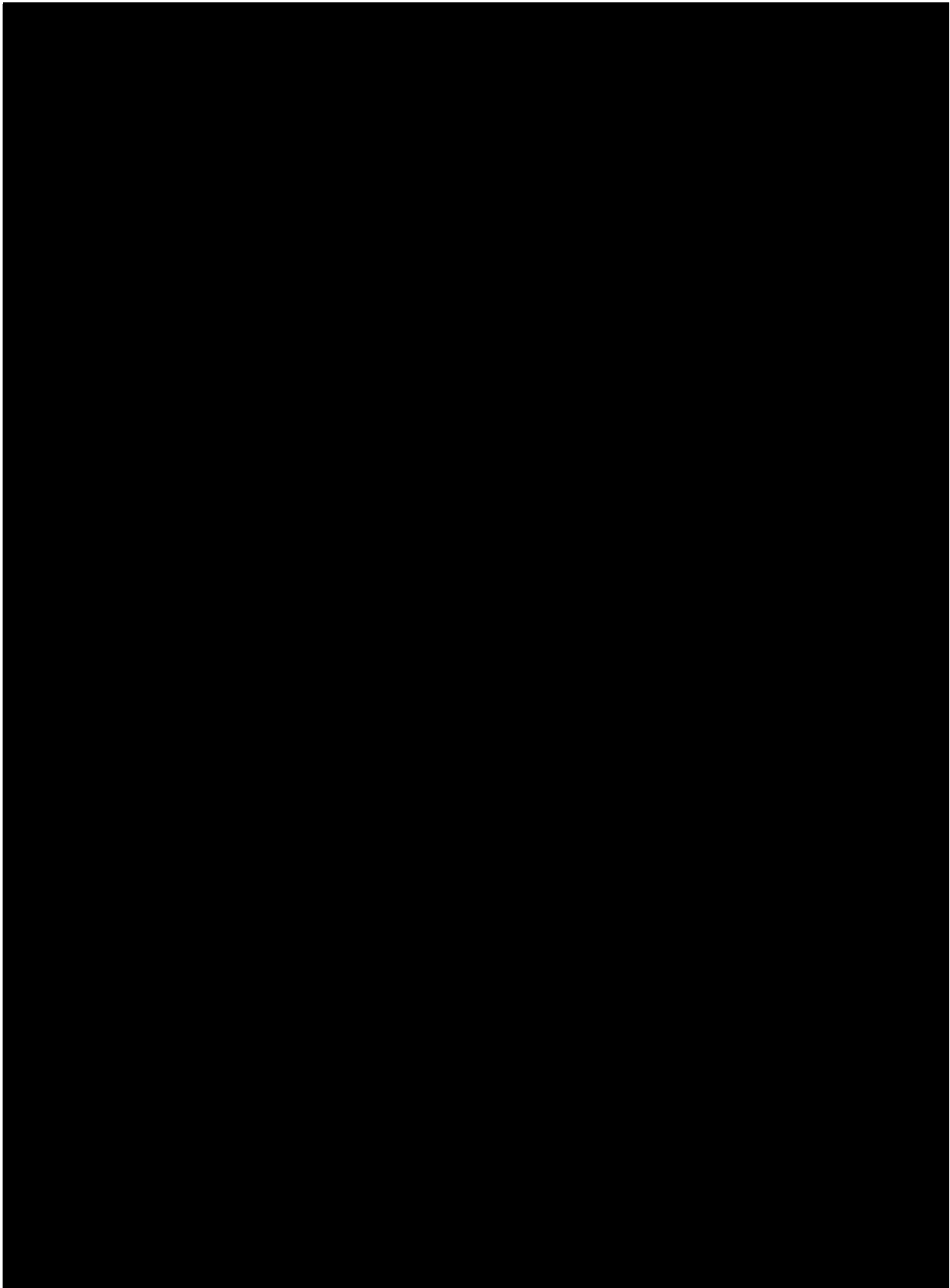
**Company Agreement  
of Insa Alabama, LLC**



Operating Agreement - Attachment to Exhibit 2



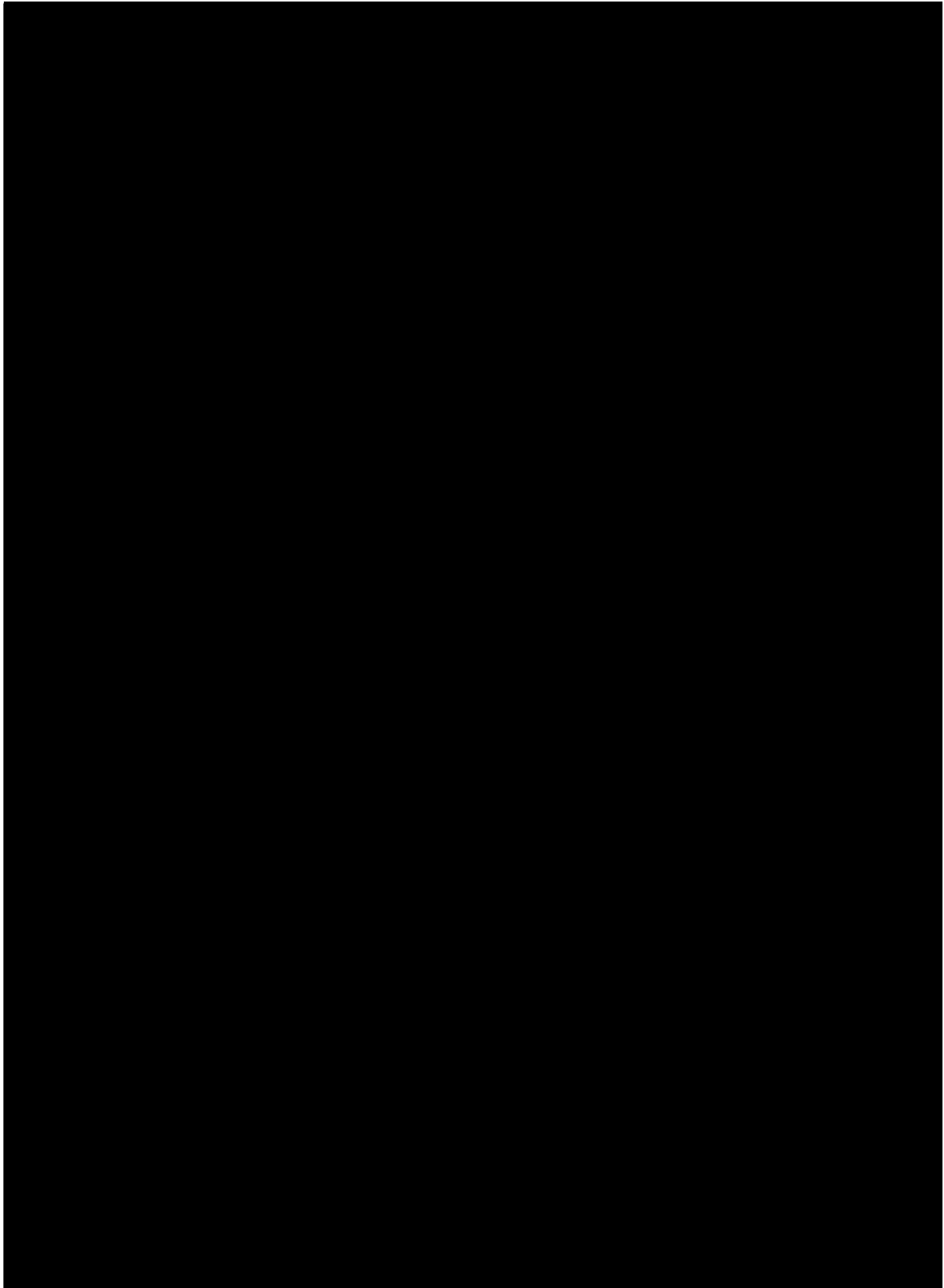
Operating Agreement - Attachment to Exhibit 2



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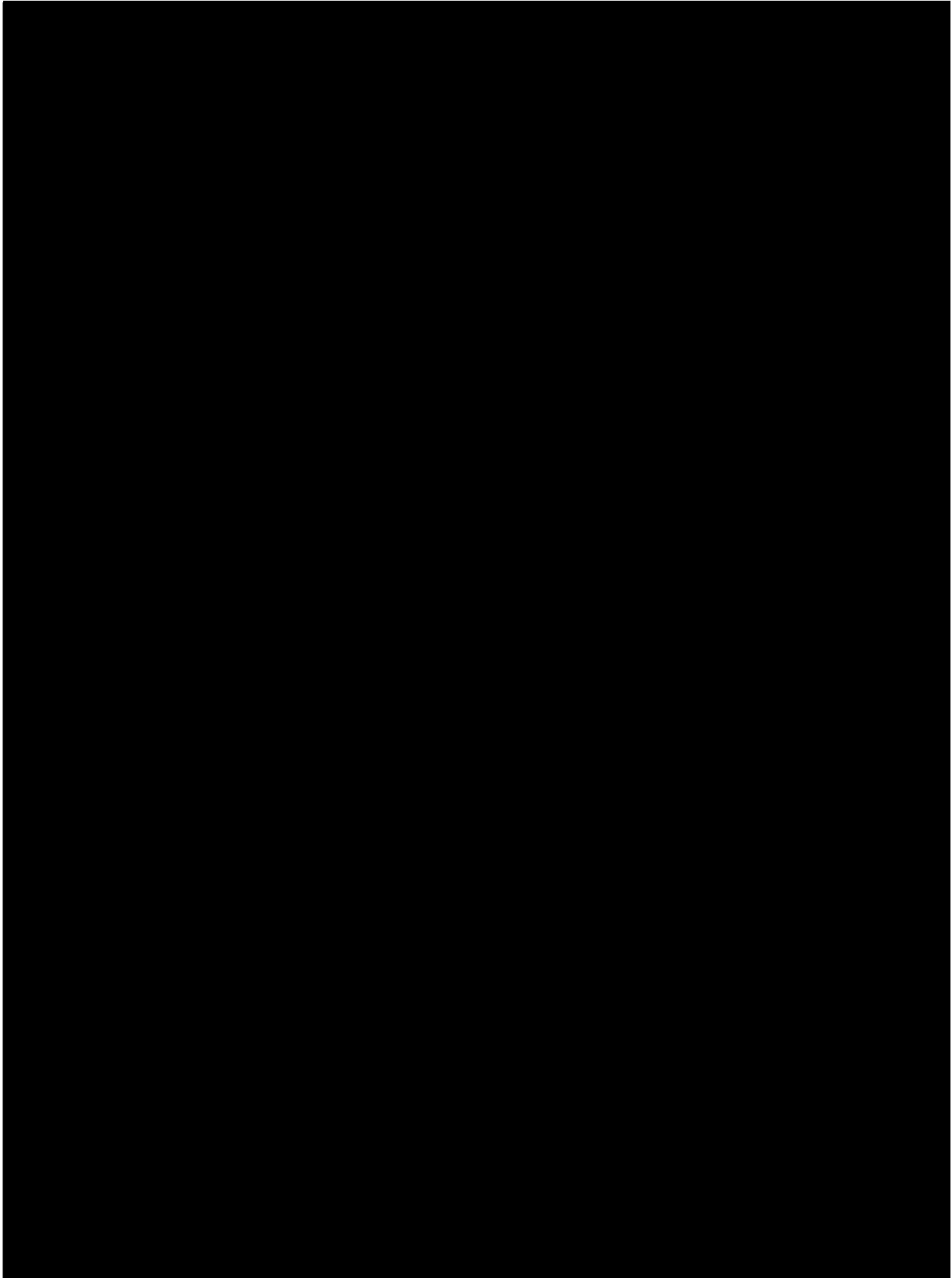


Operating Agreement - Attachment to Exhibit 2

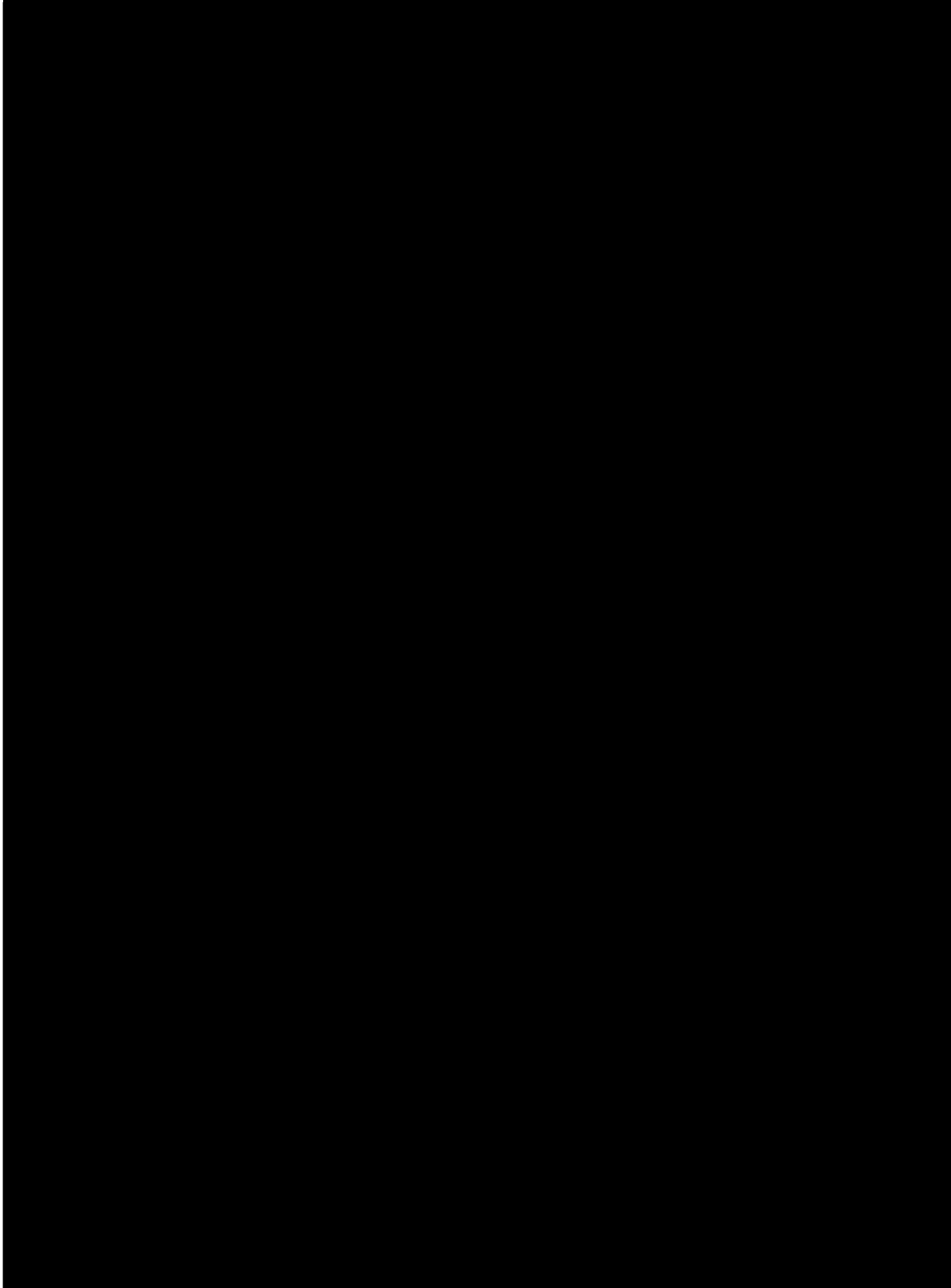


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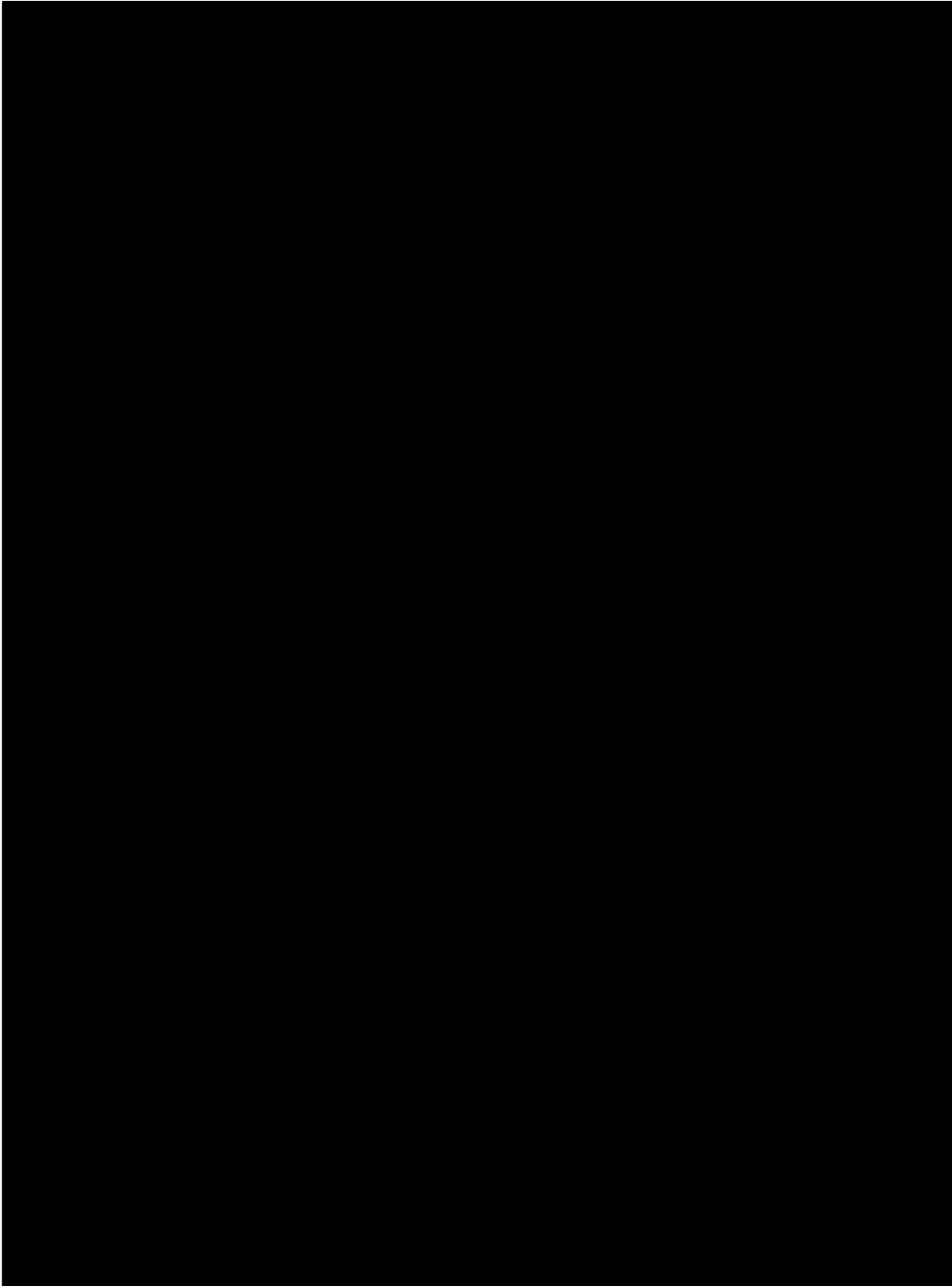
Operating Agreement - Attachment to Exhibit 2



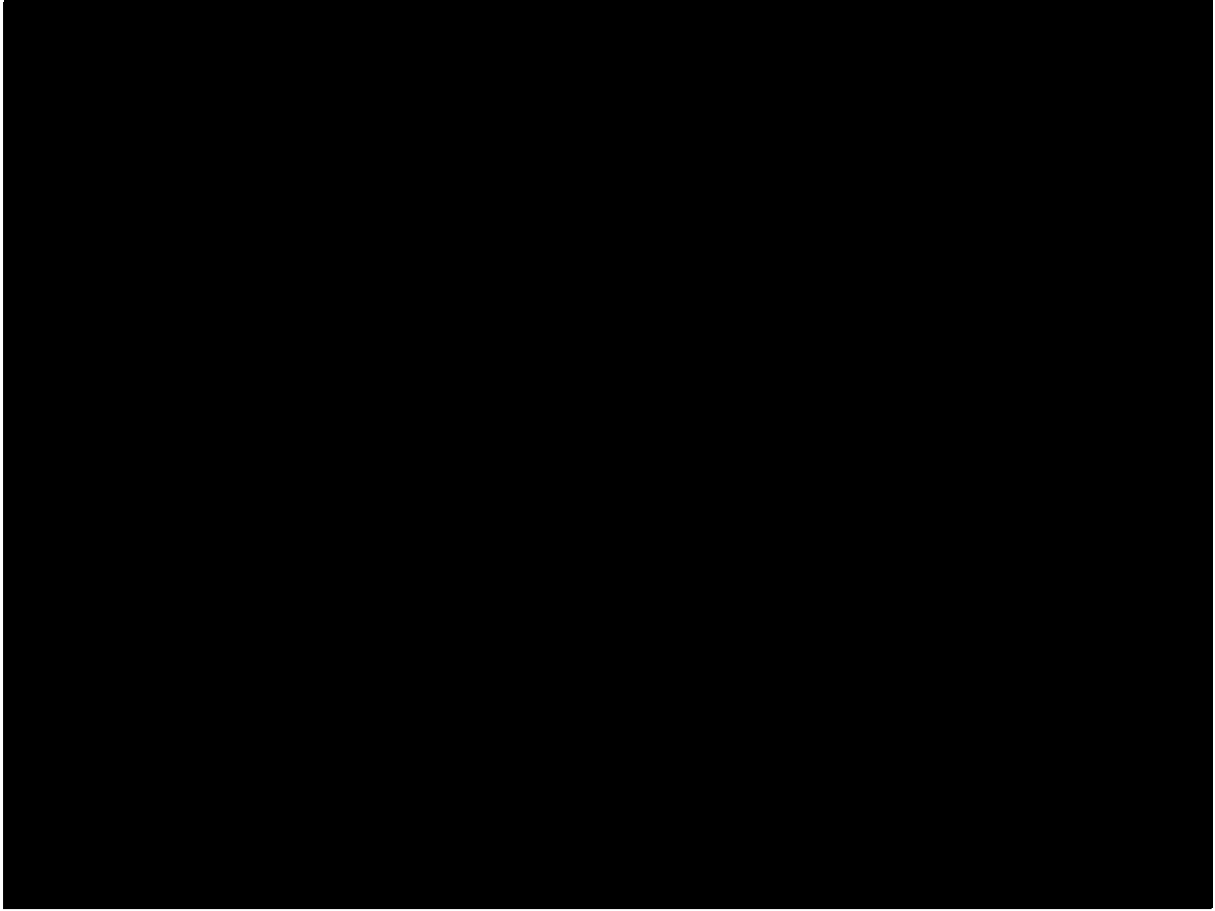
Operating Agreement - Attachment to Exhibit 2

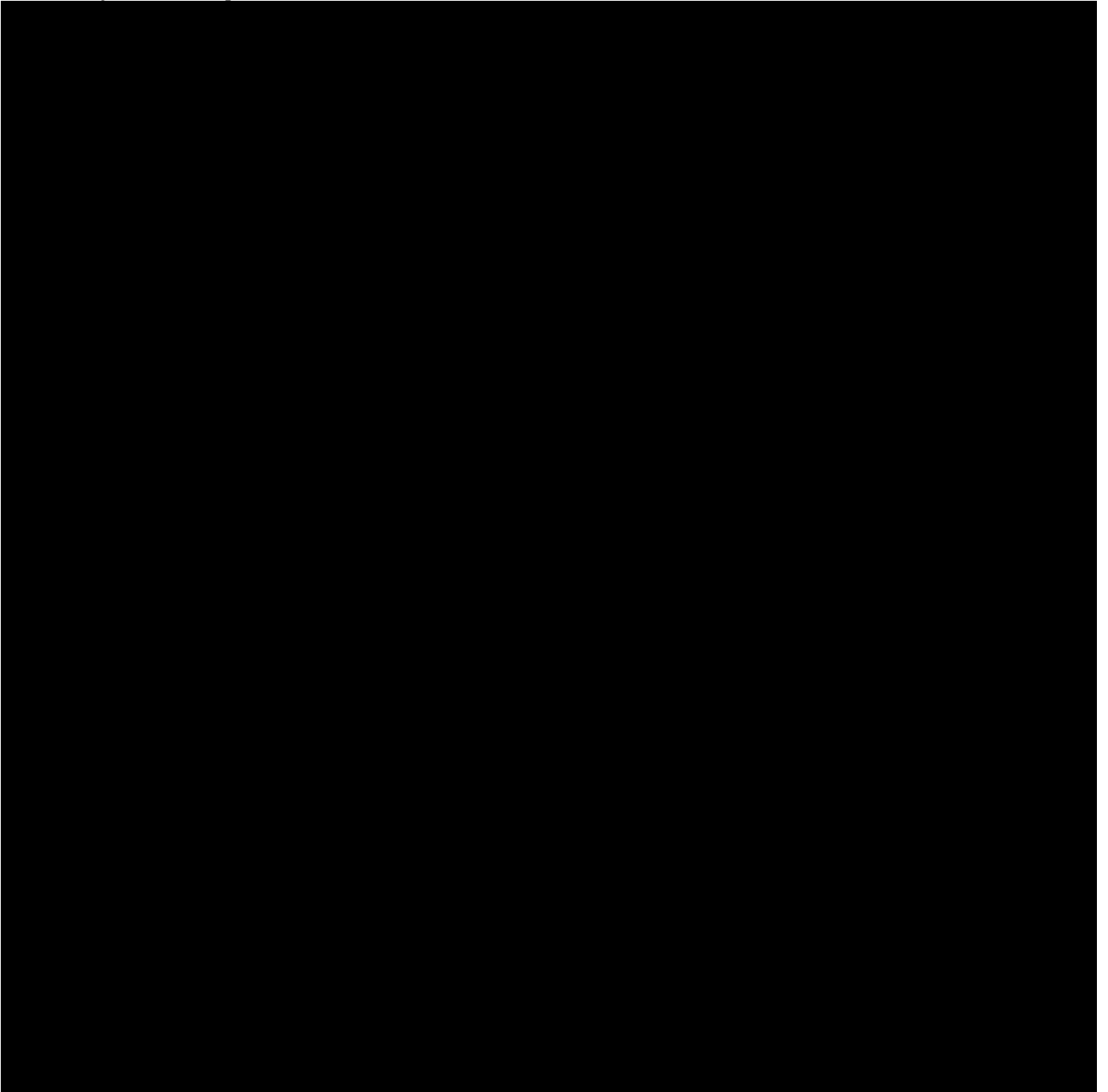


Operating Agreement - Attachment to Exhibit 2



Operating Agreement - Attachment to Exhibit 2





Entity Ownership Chart - Attachment to Exhibit 2

**Capitalization Table of Insa Alabama, LLC**

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

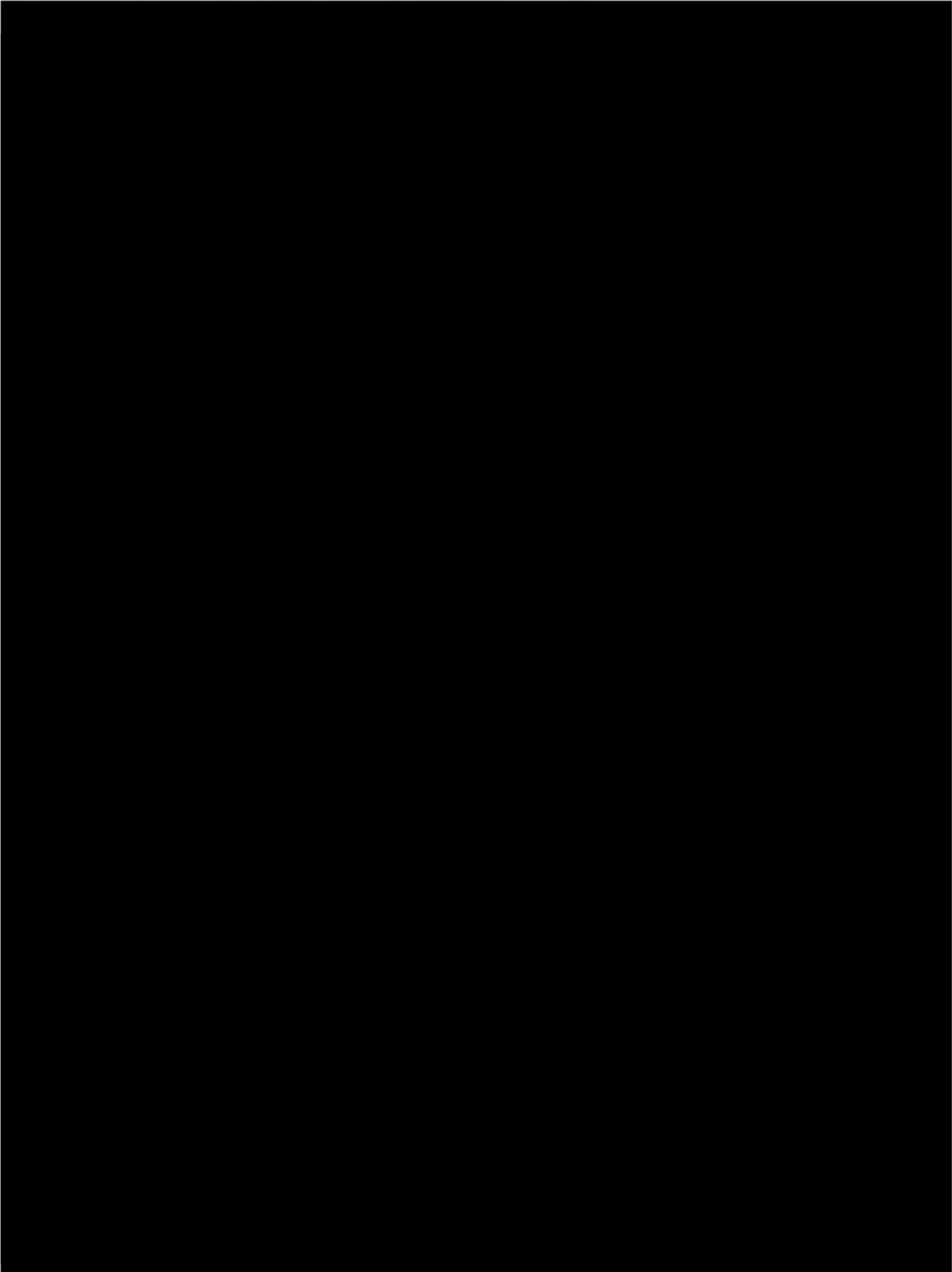
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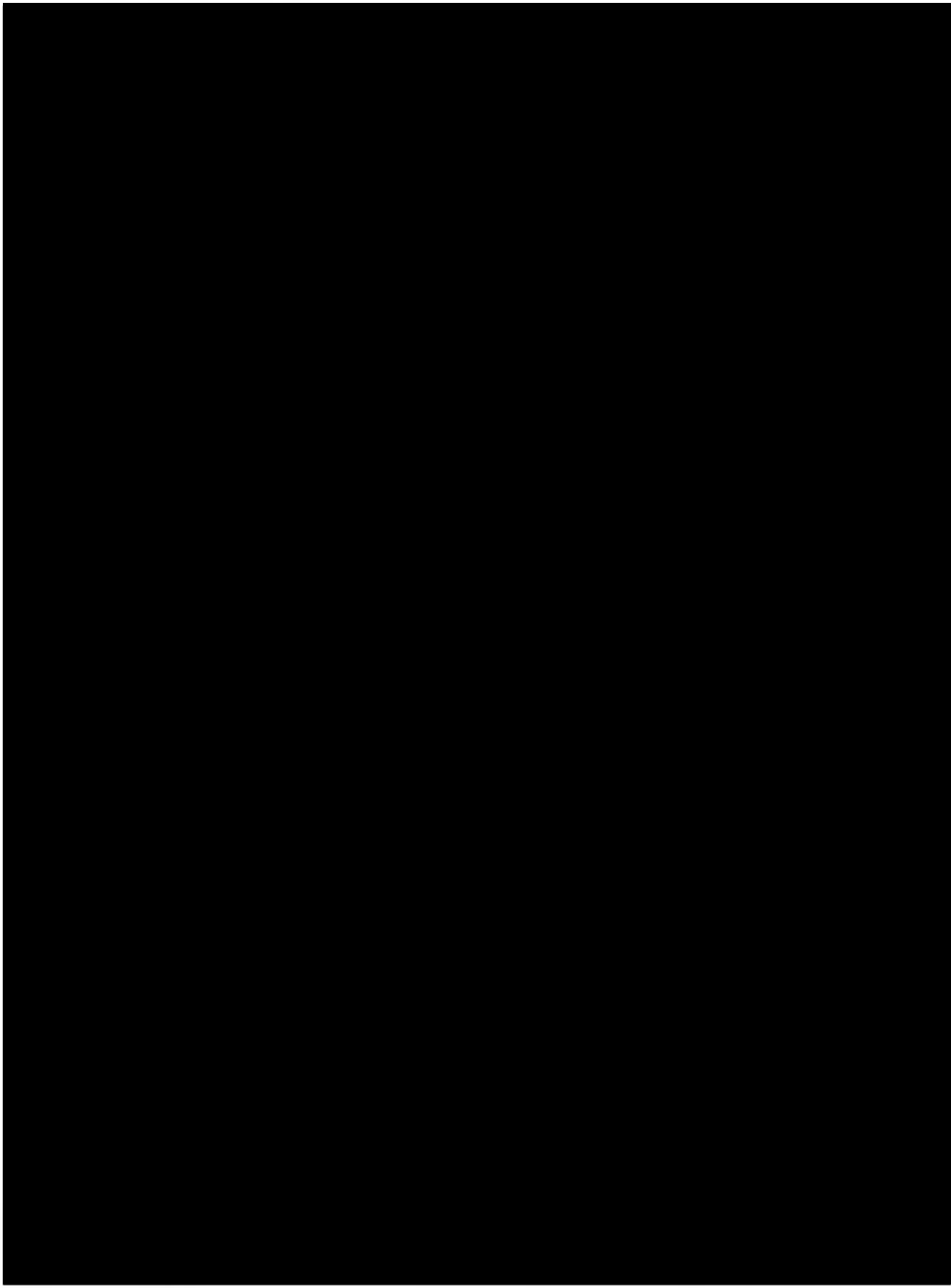


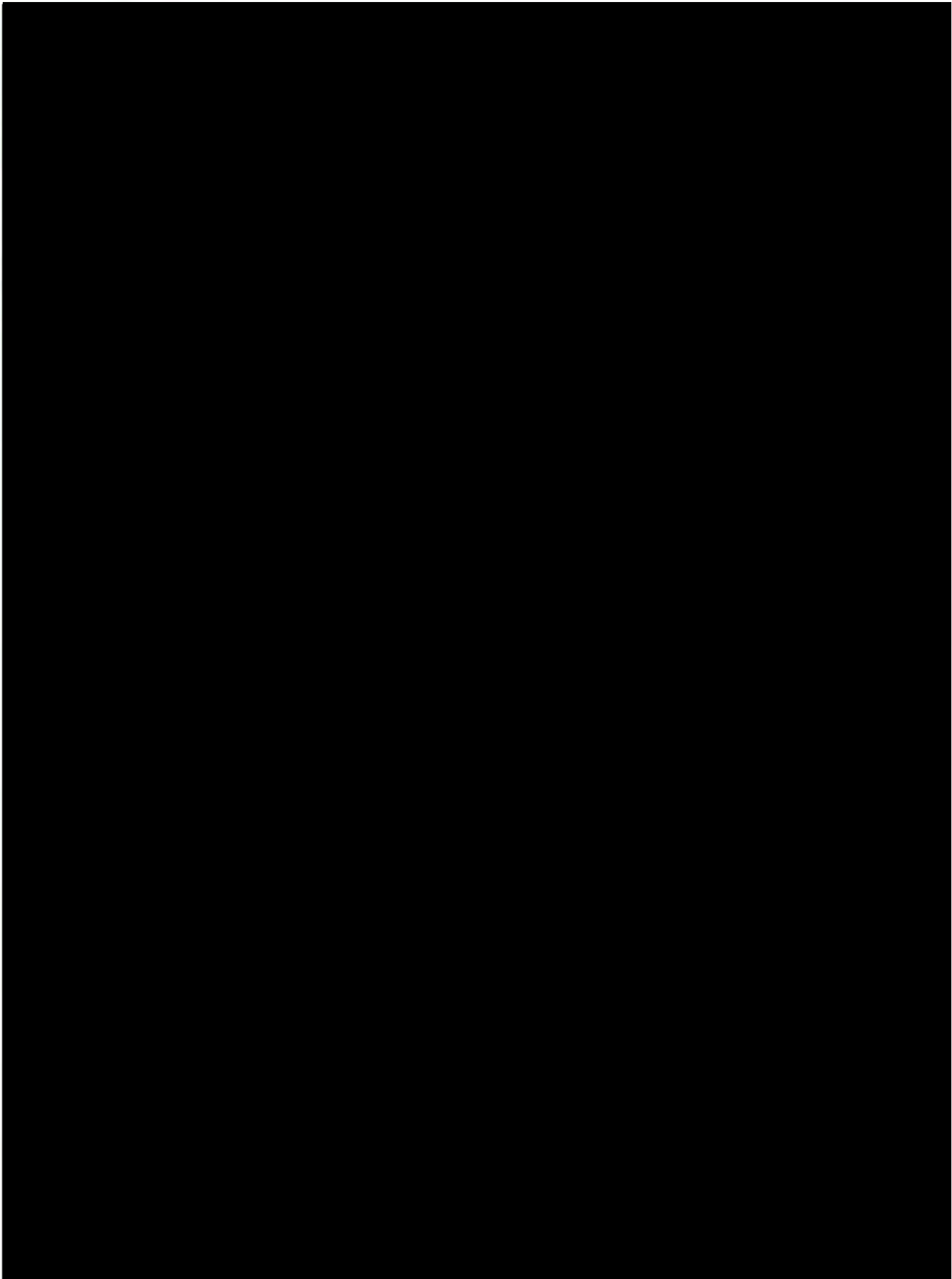


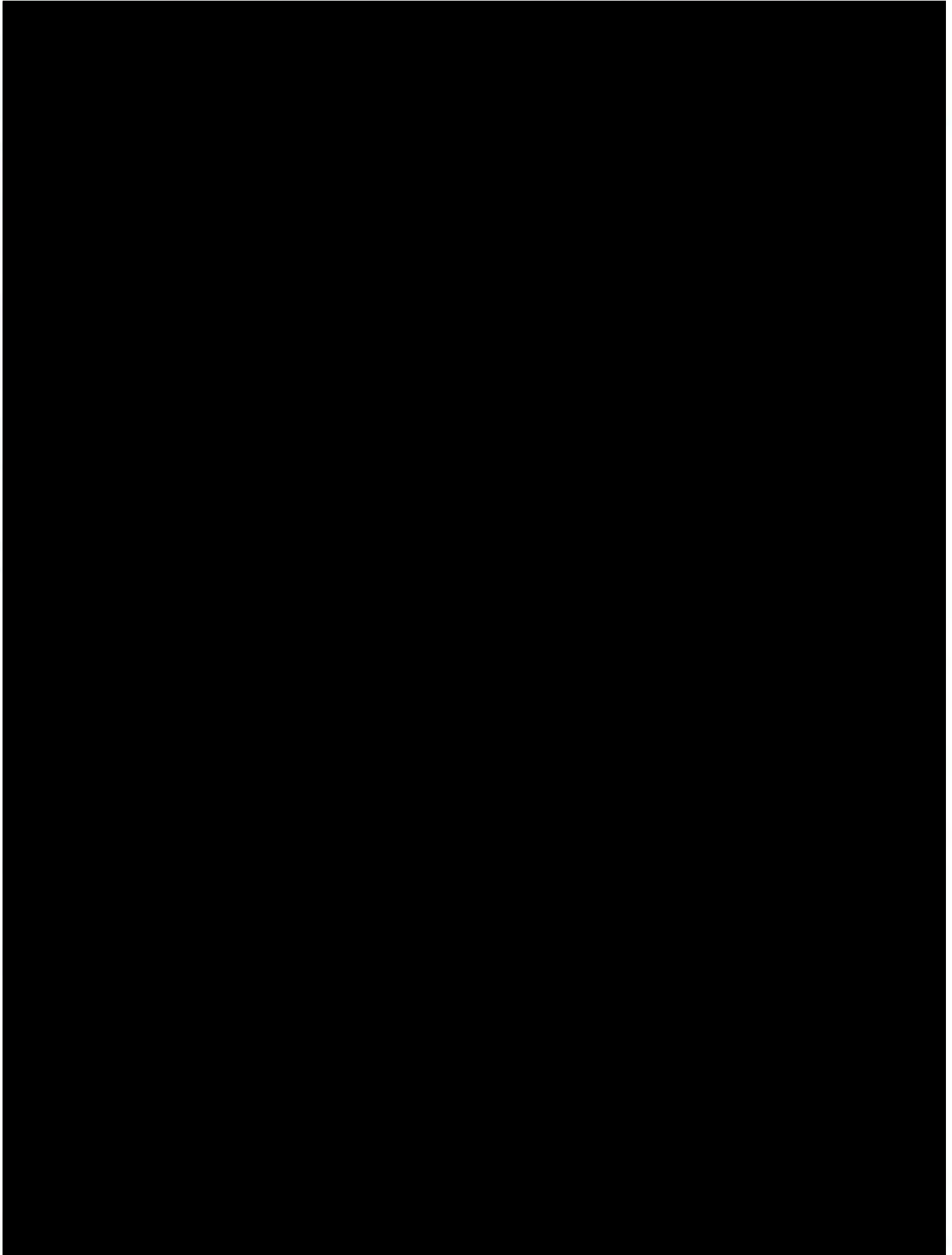
**J. Gregory Allen - Proof of Residency Documentation**

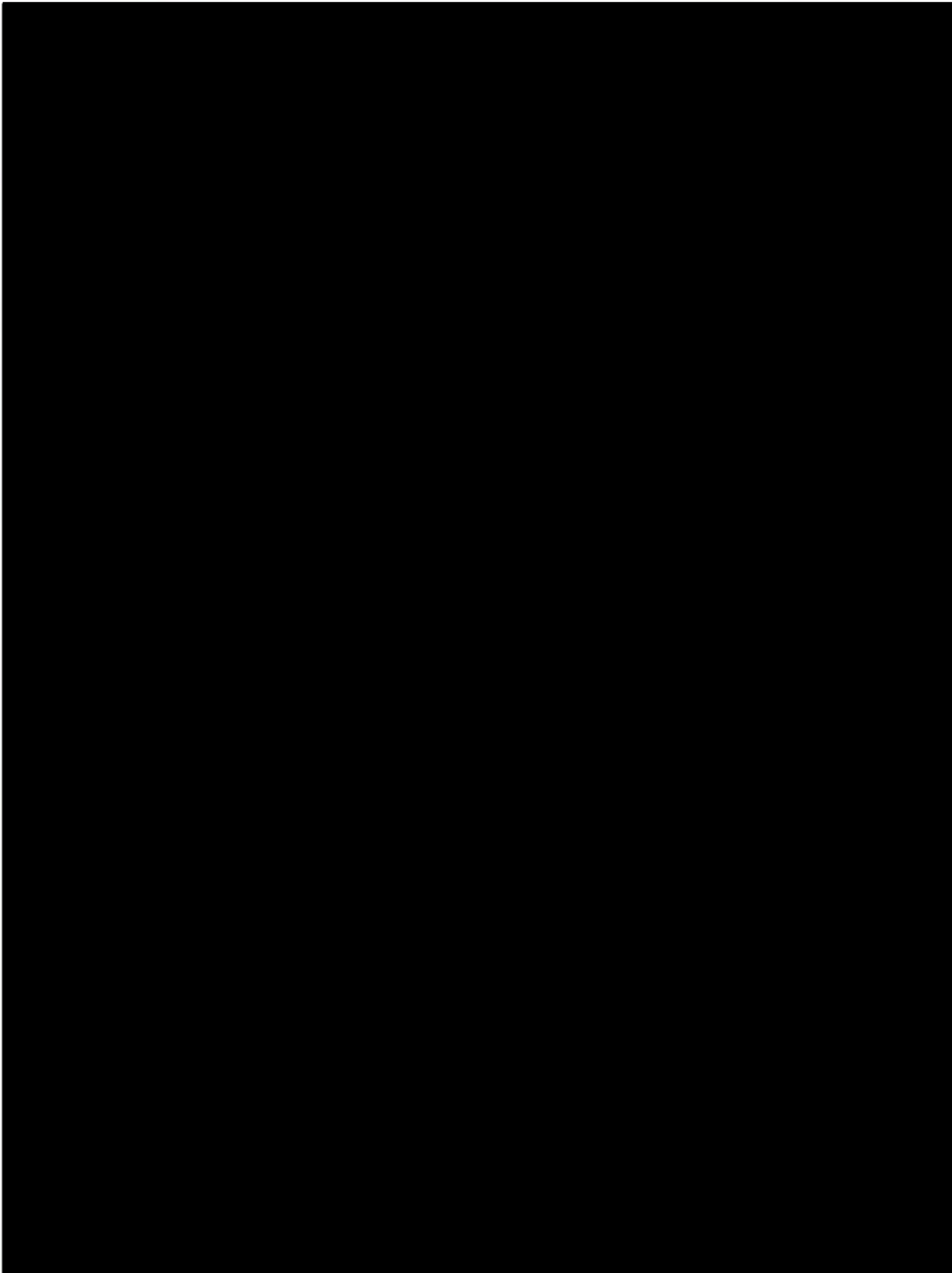
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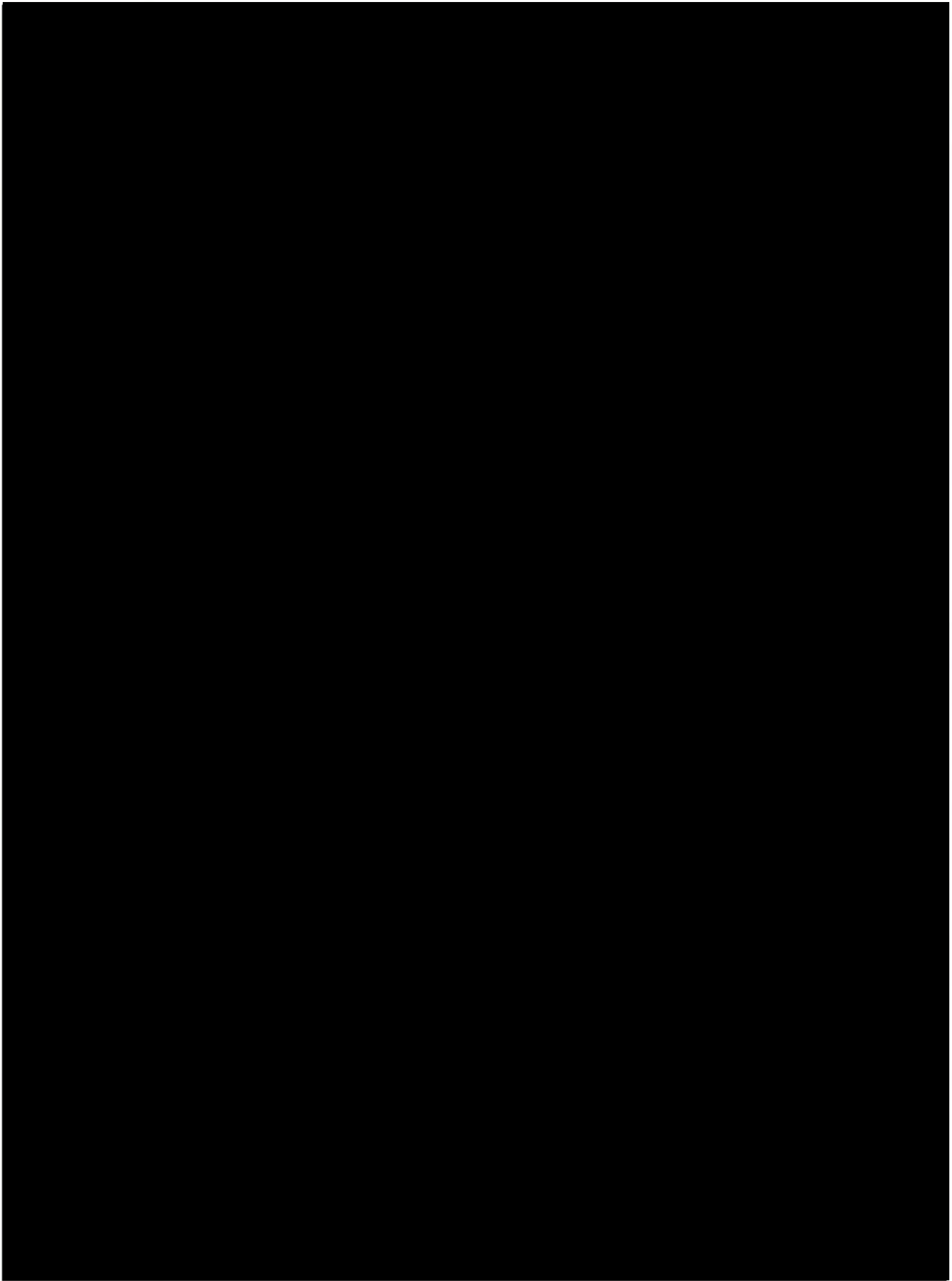


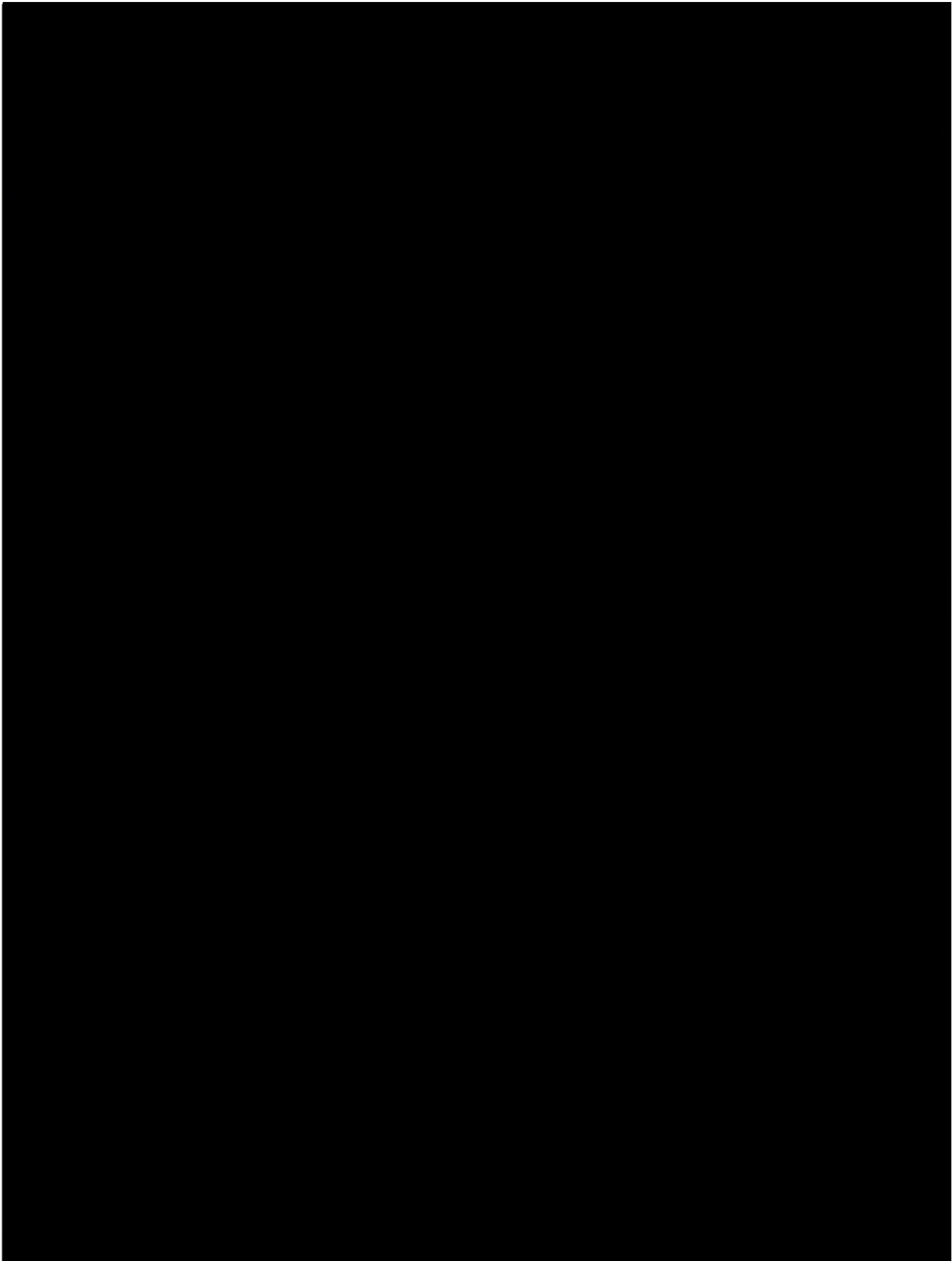




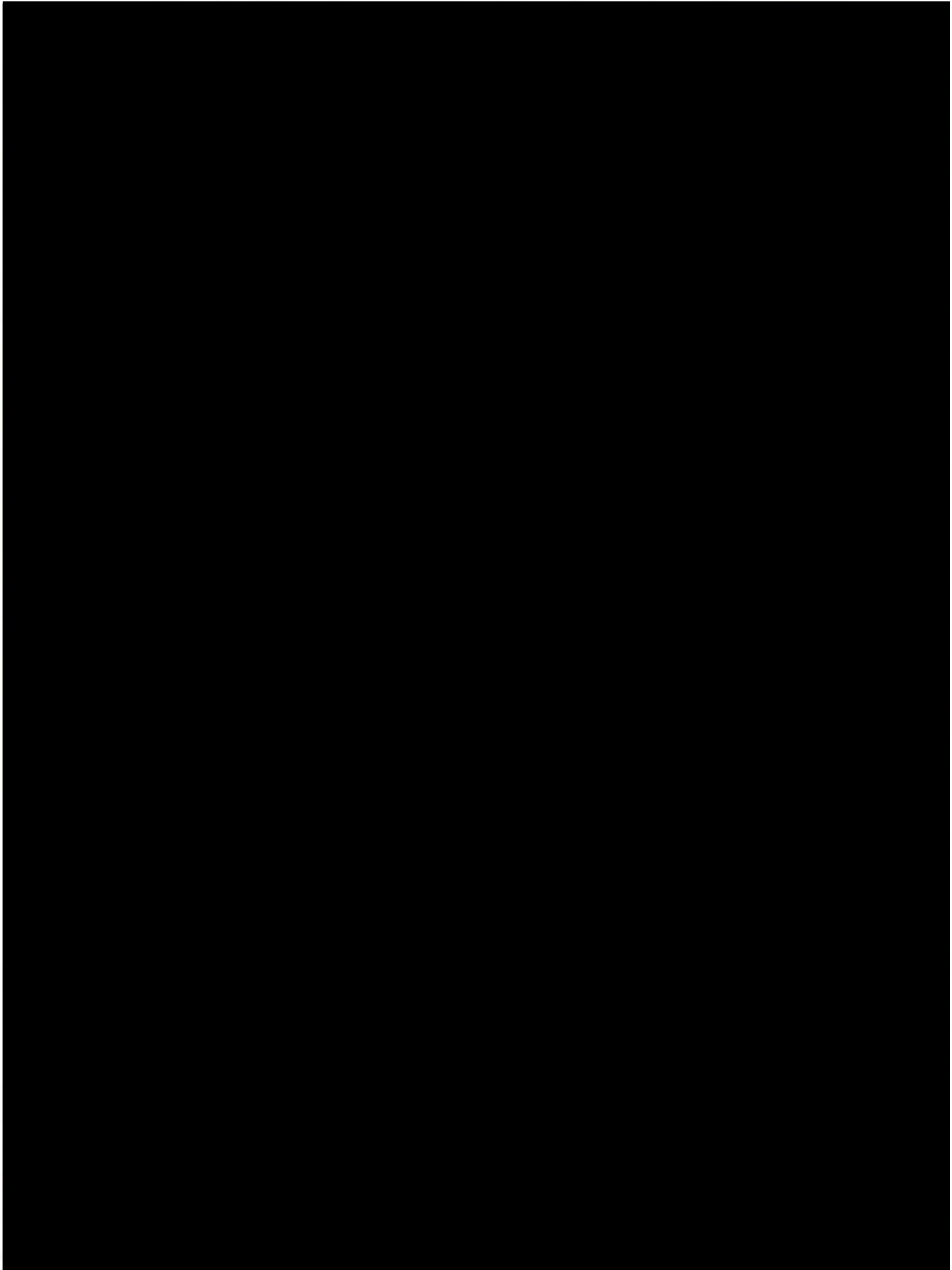


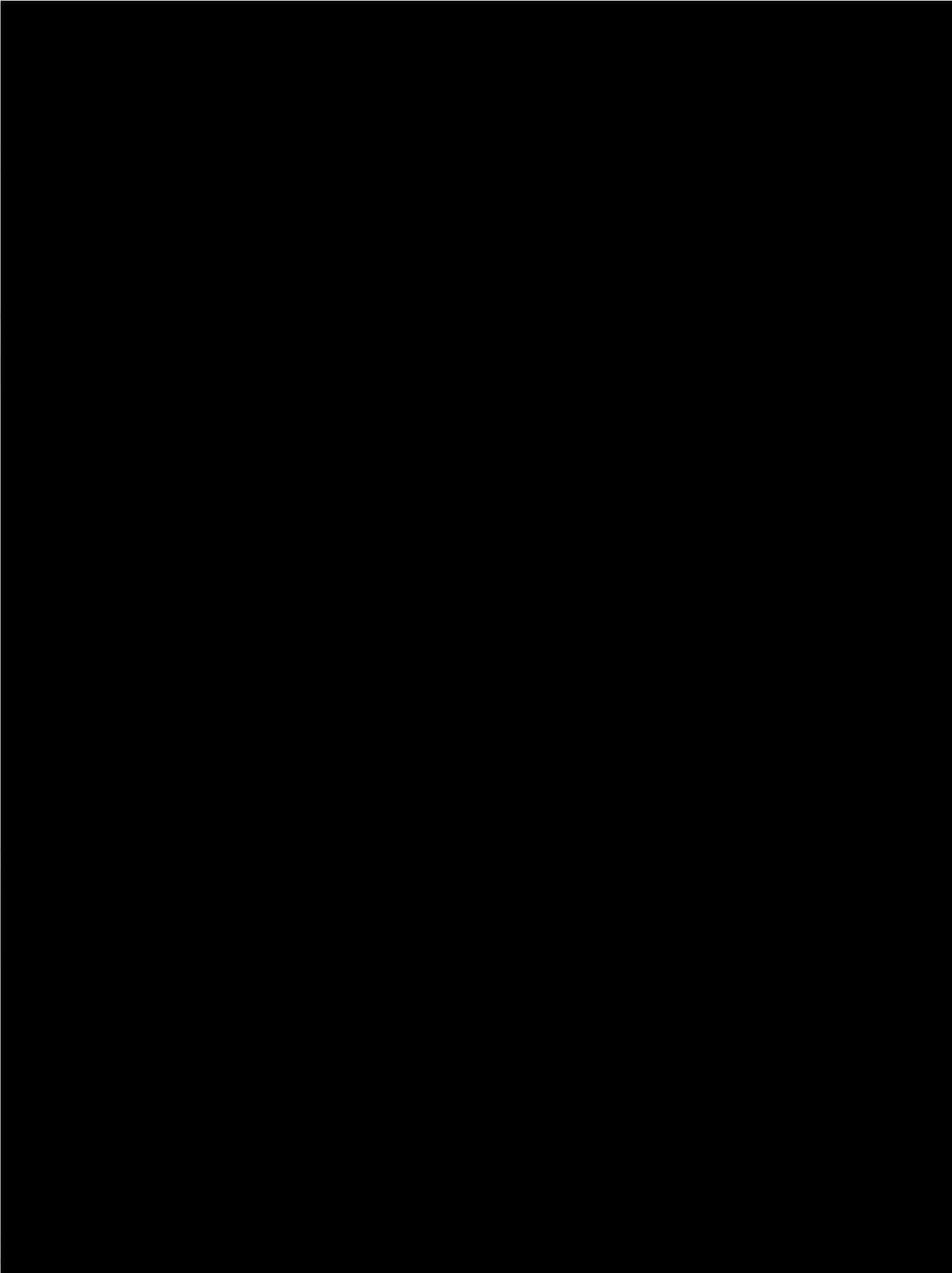


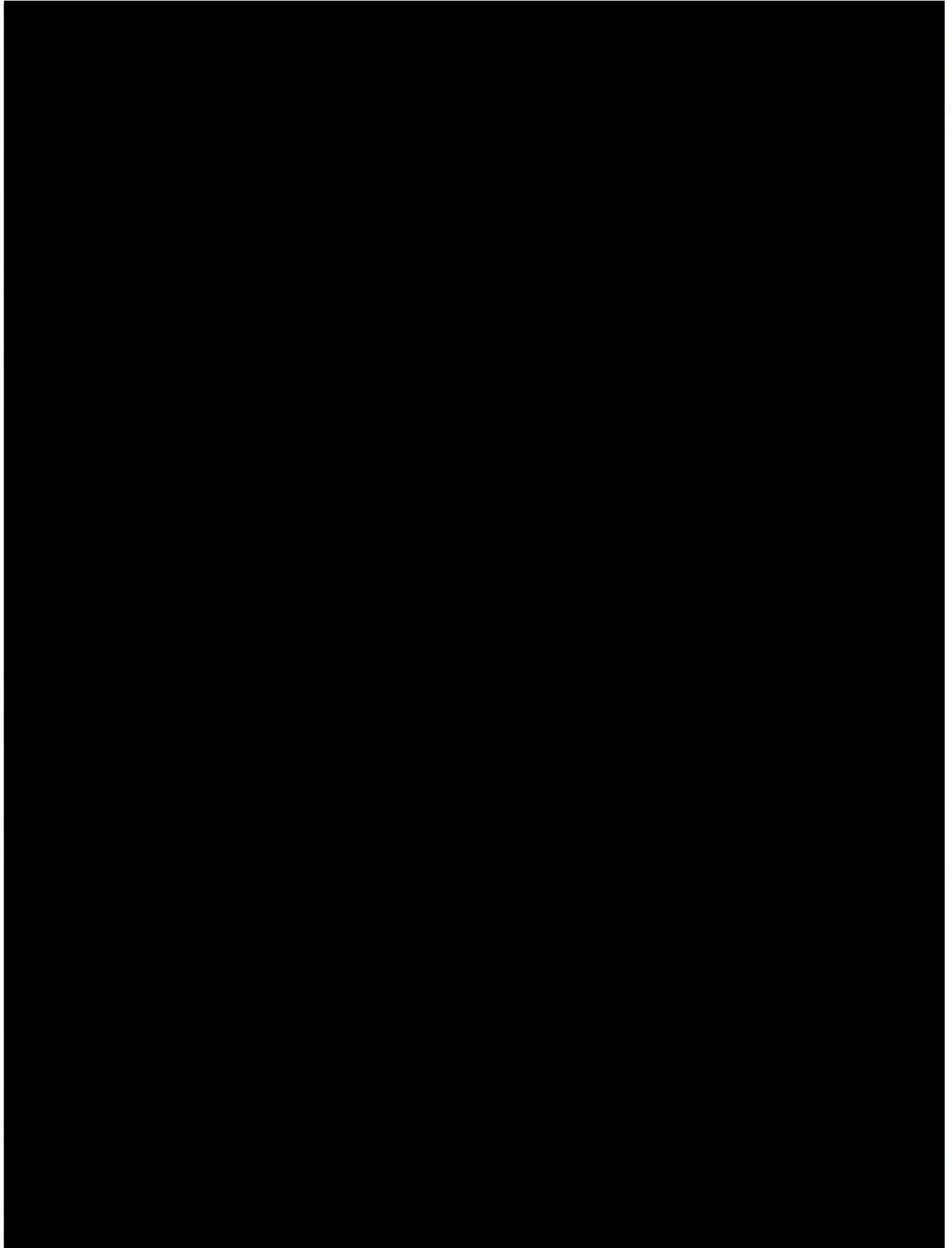


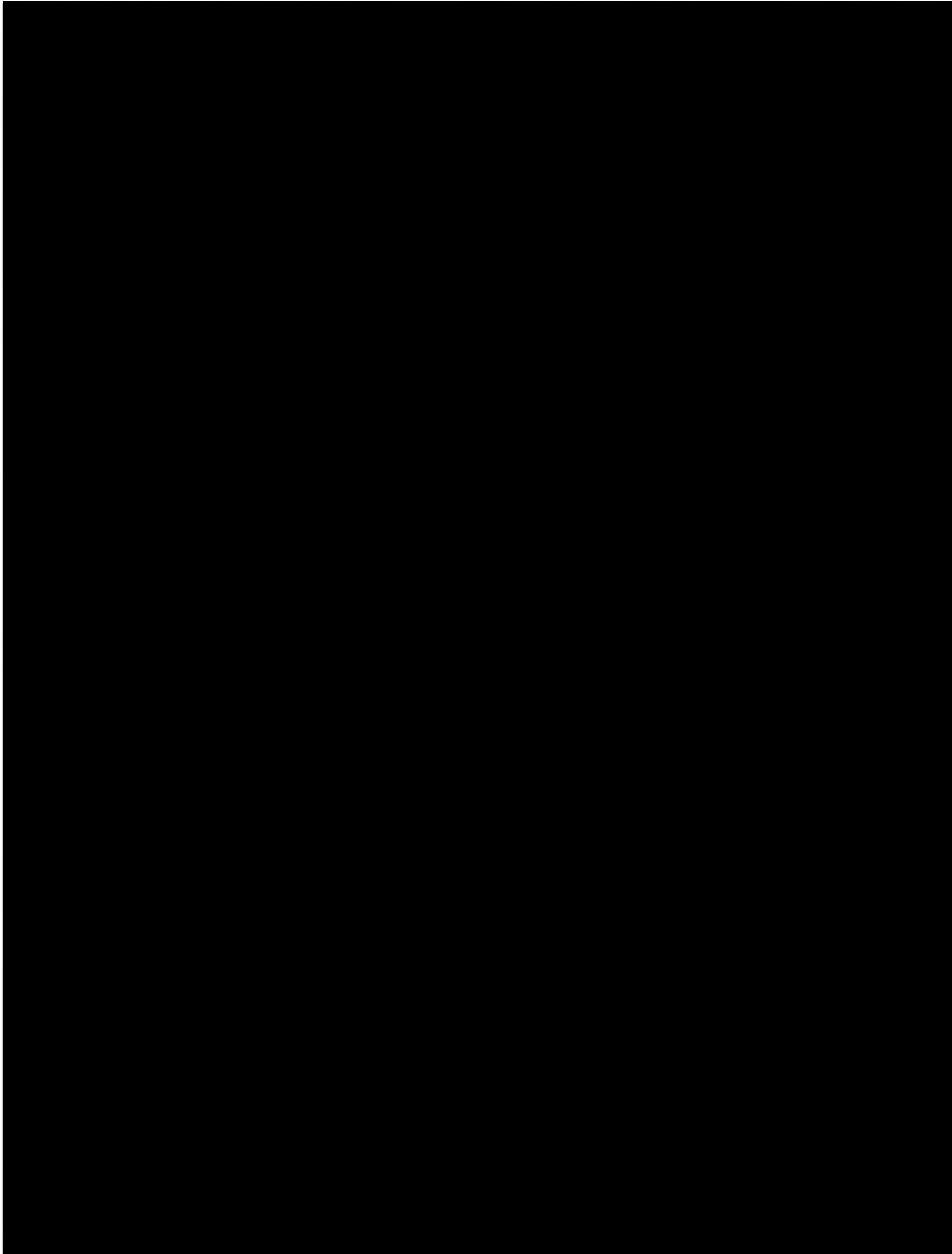


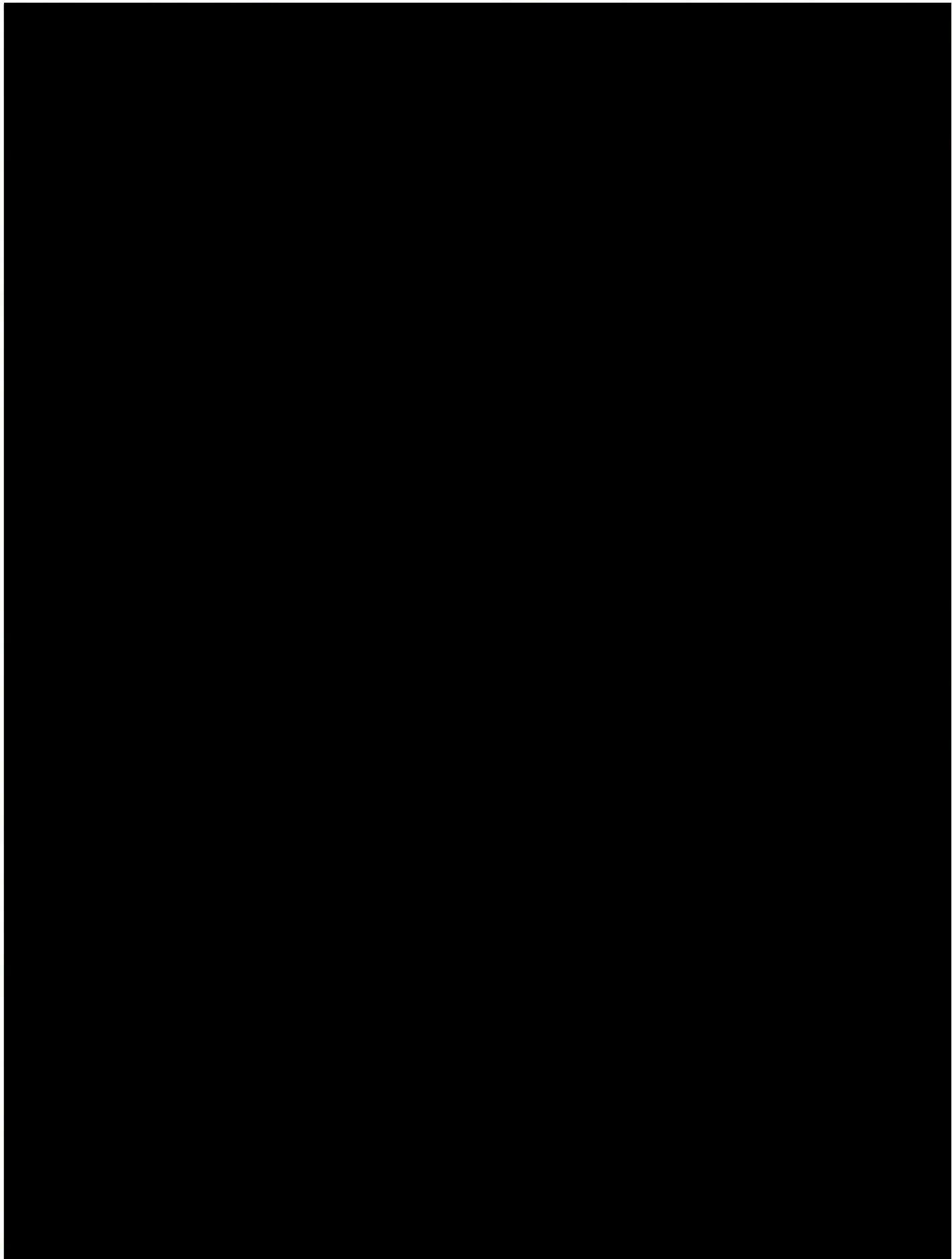


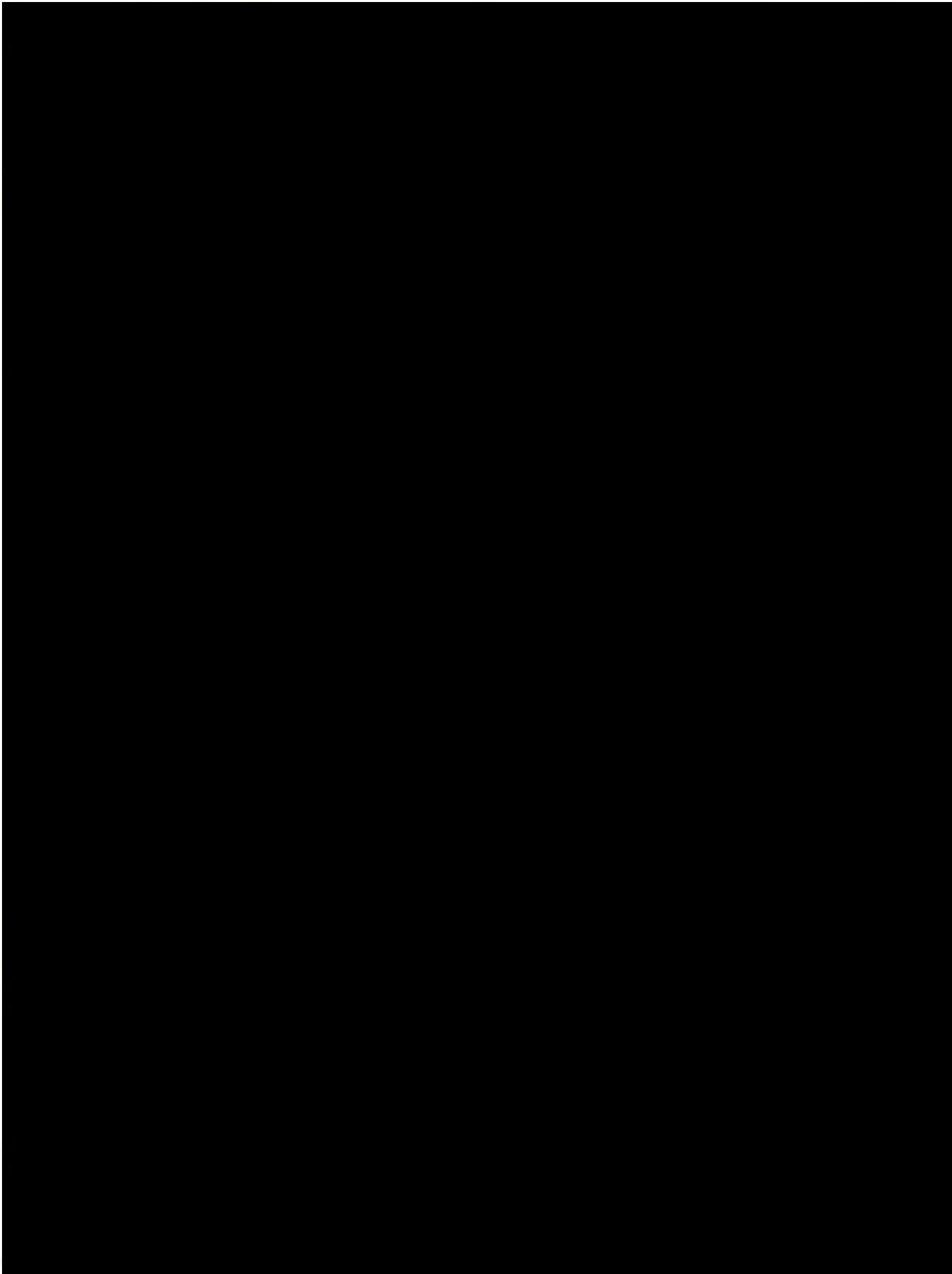


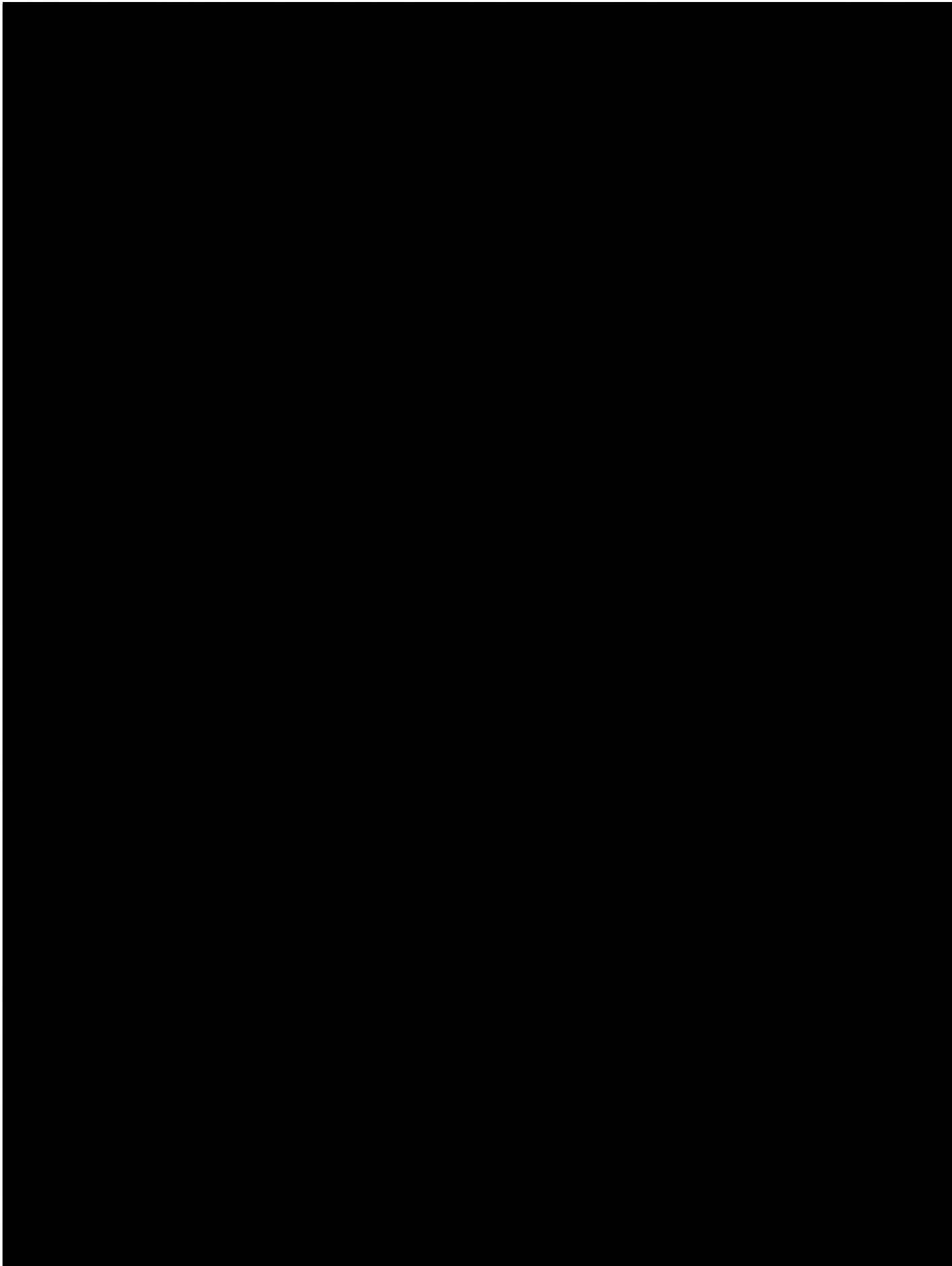


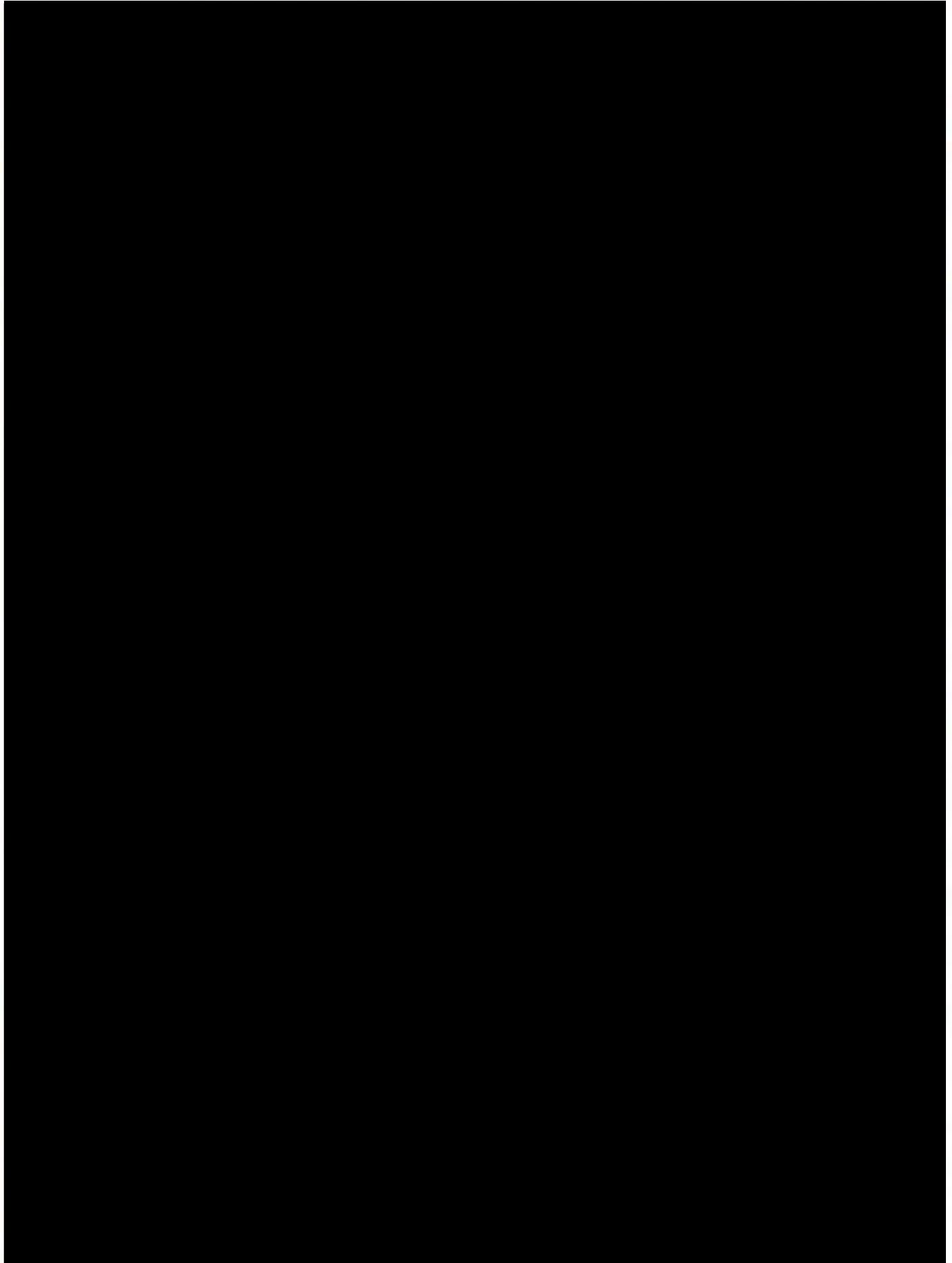




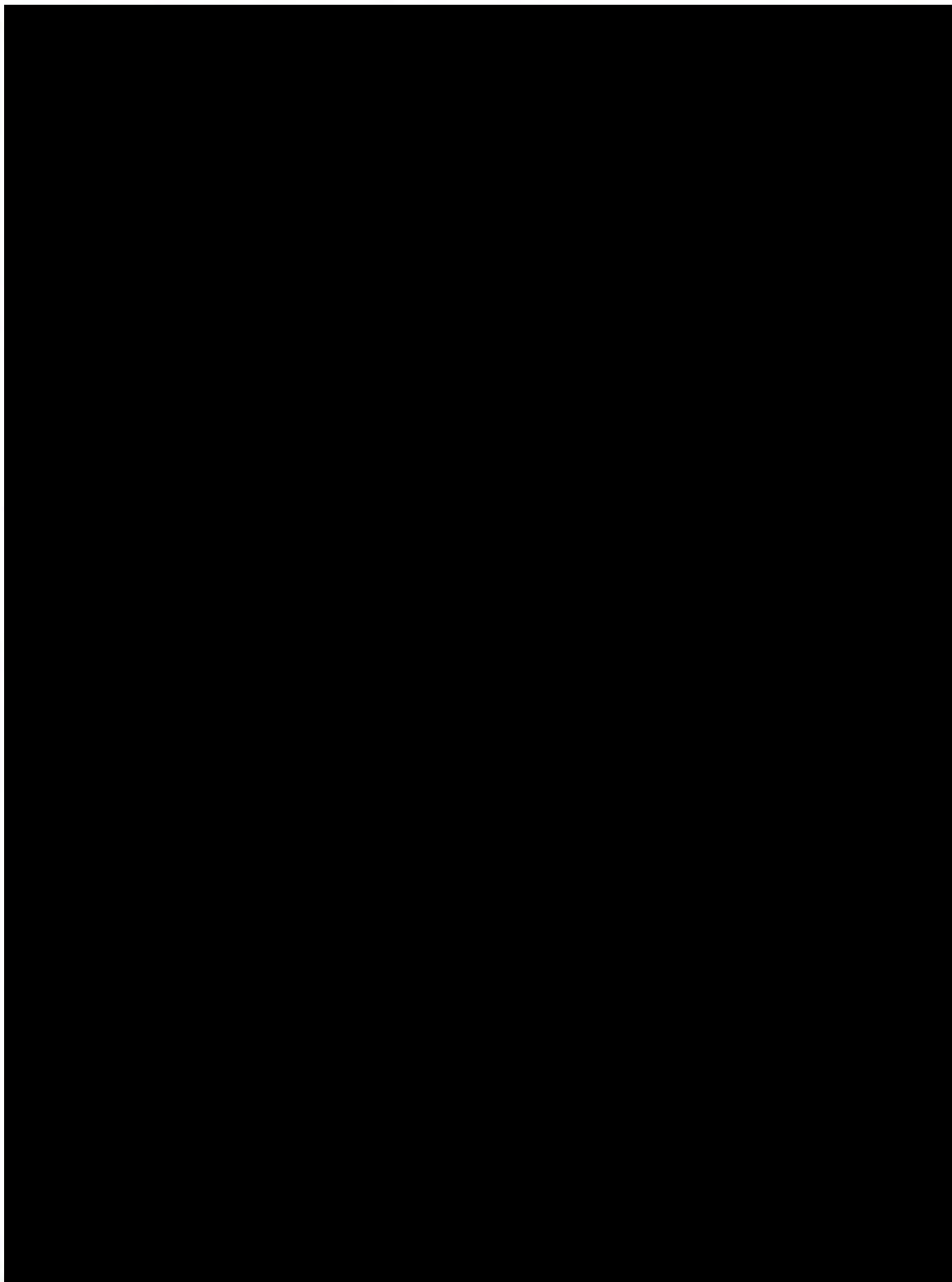


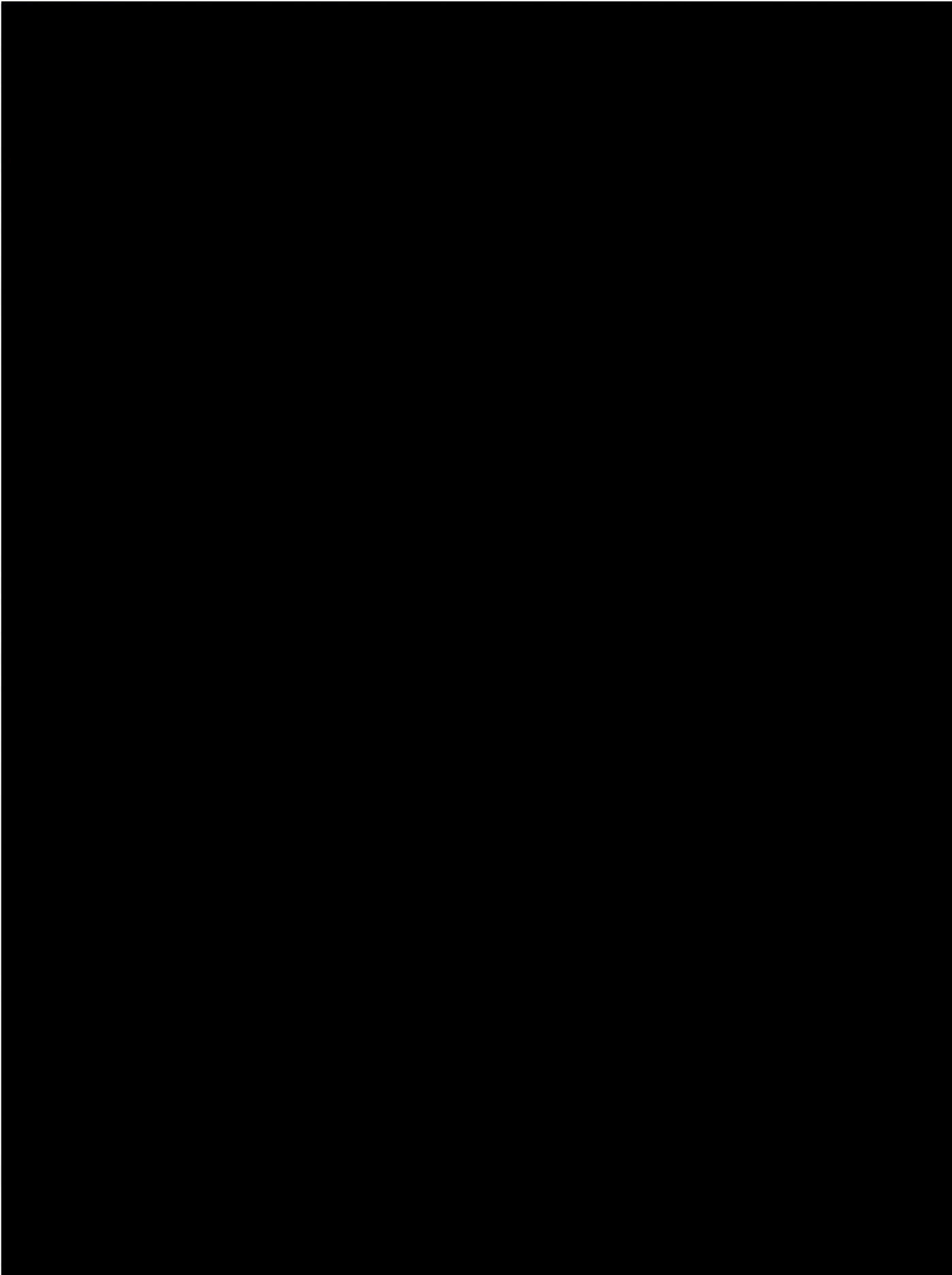


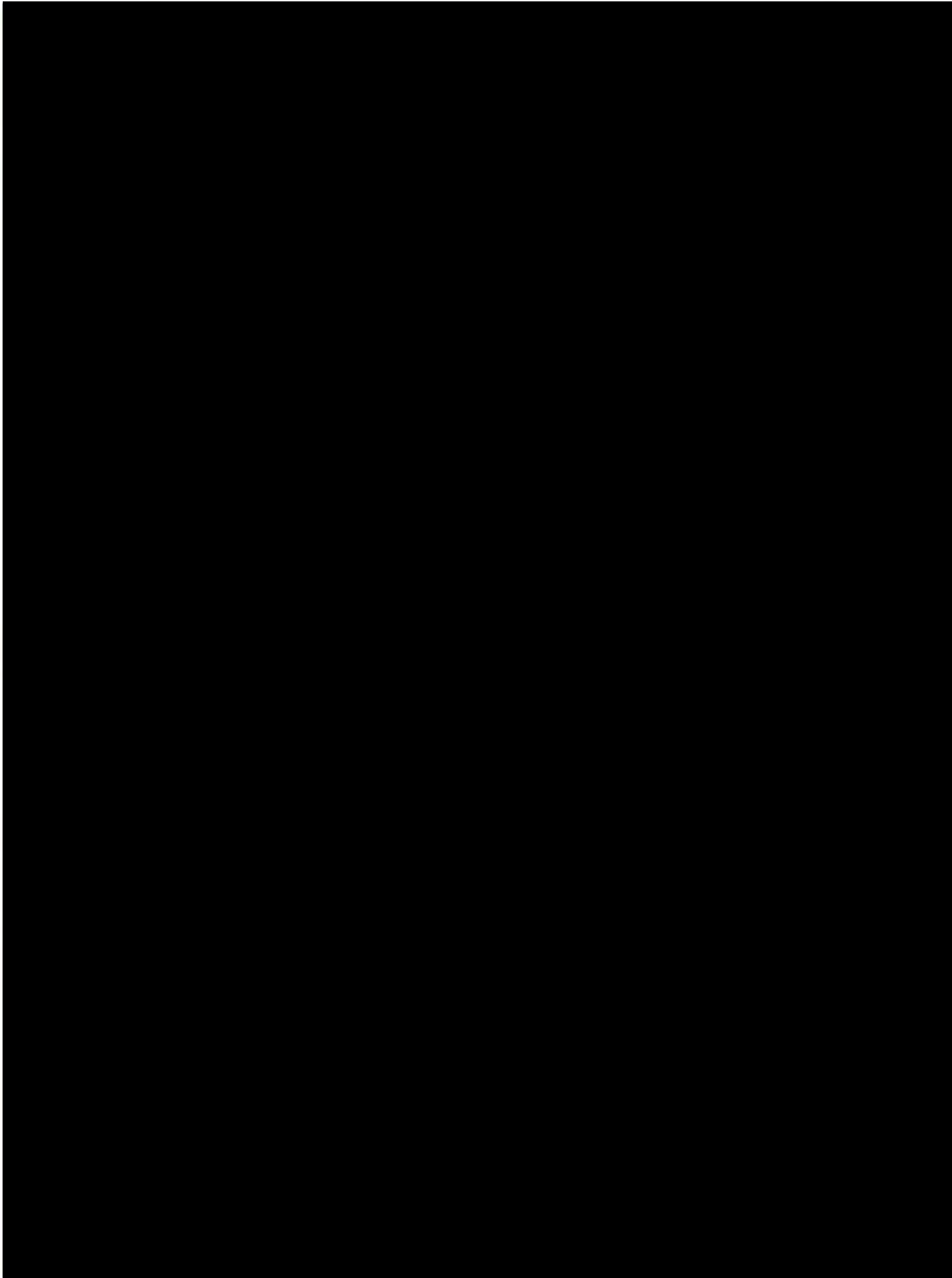


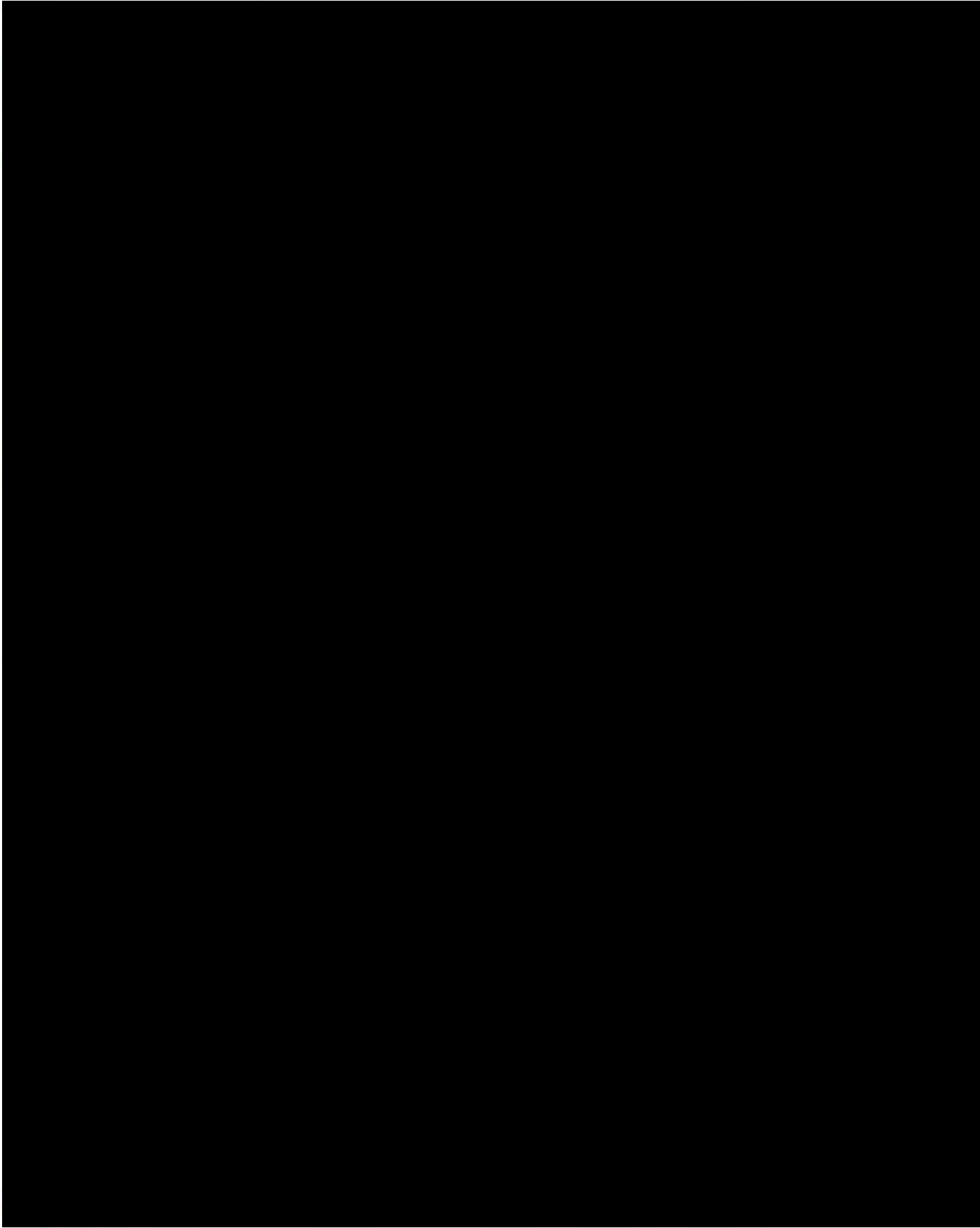


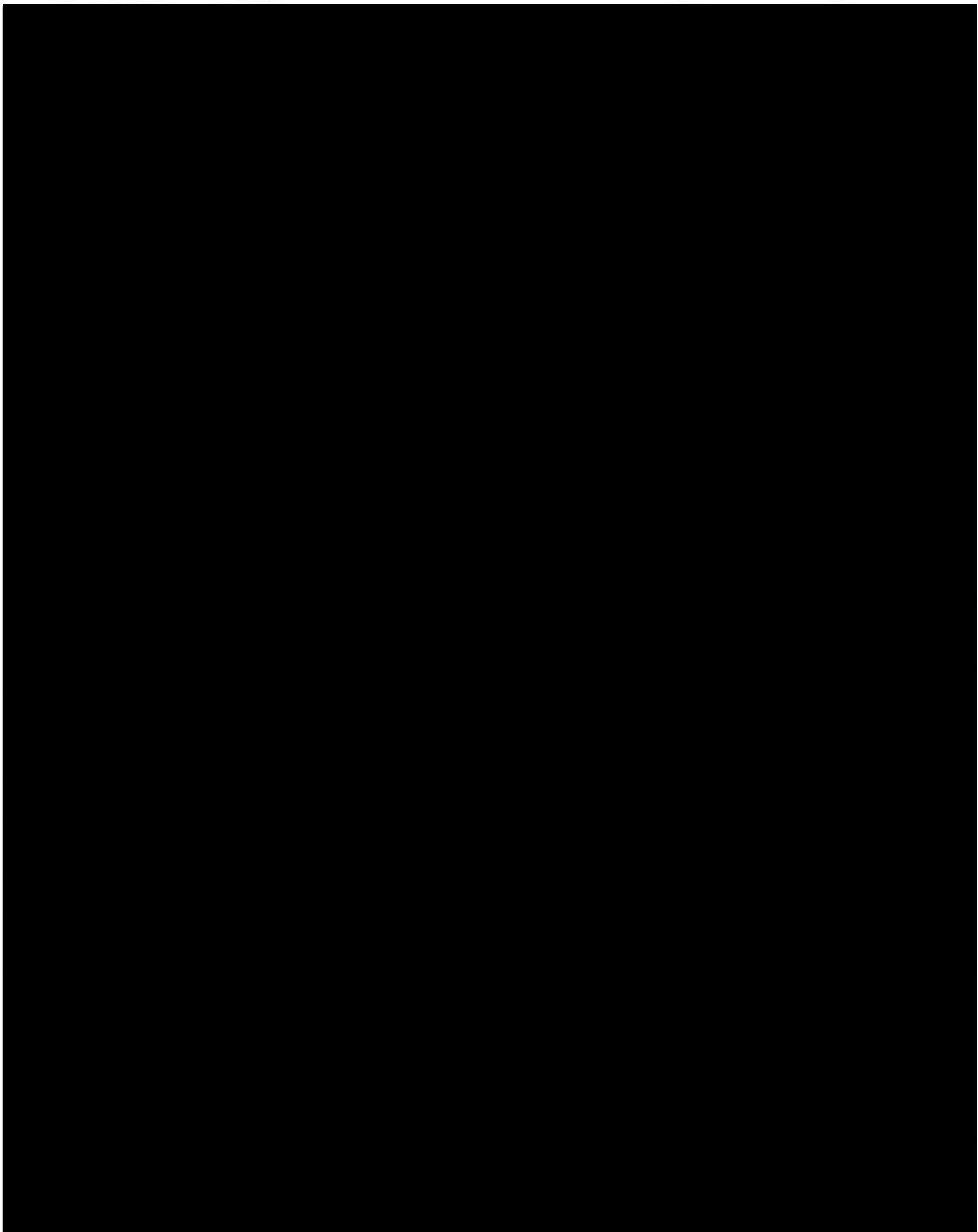




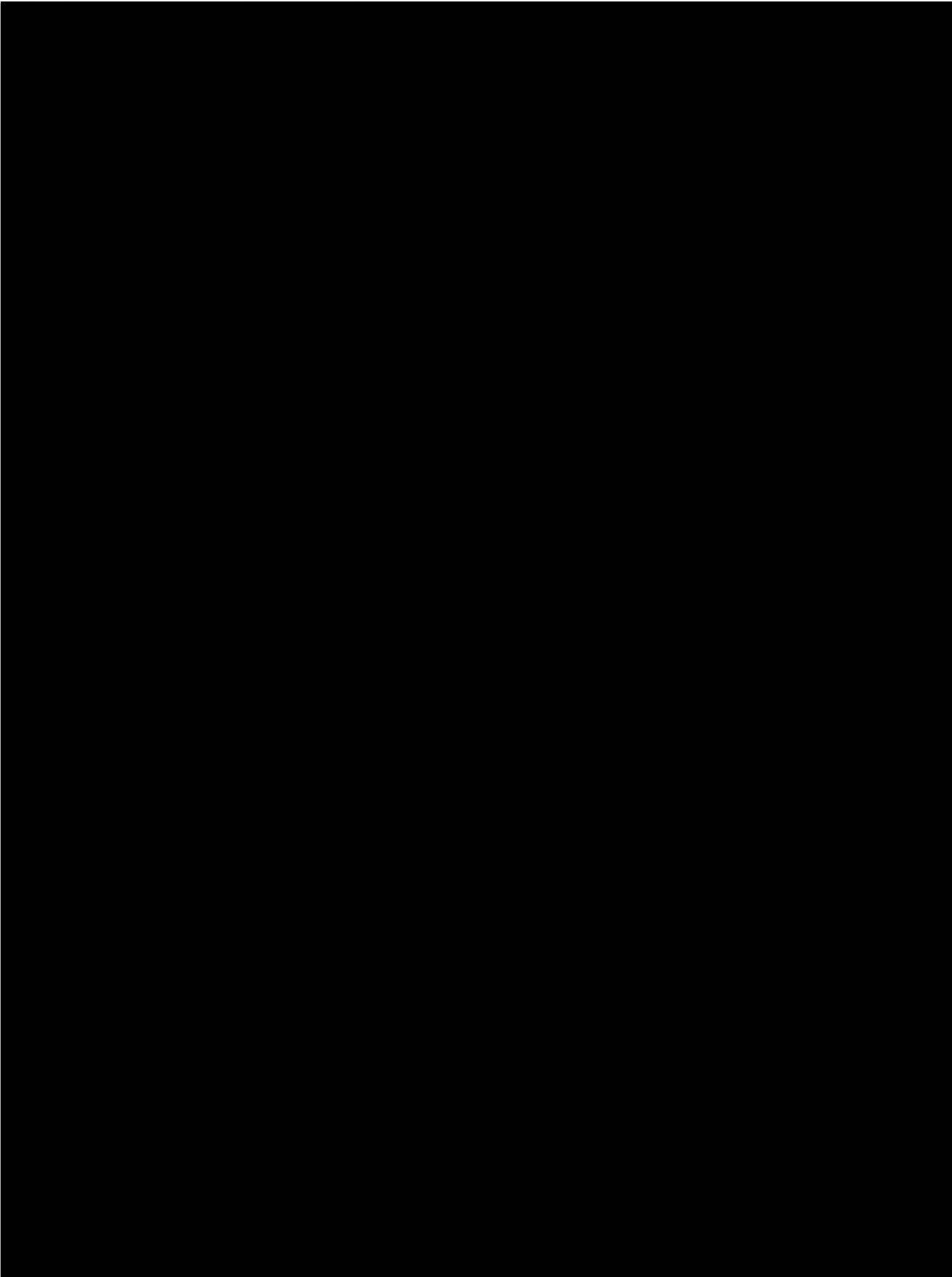


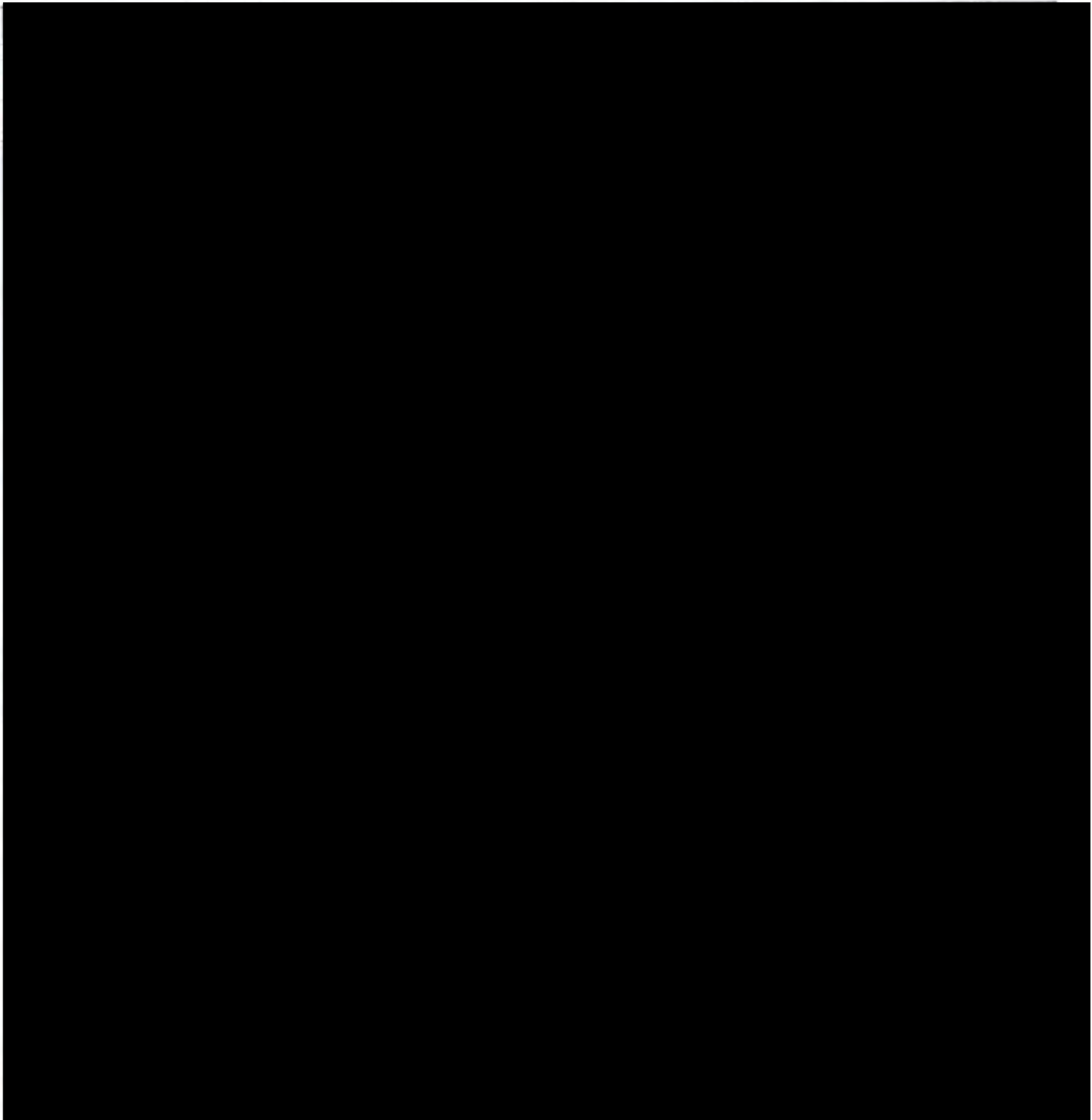




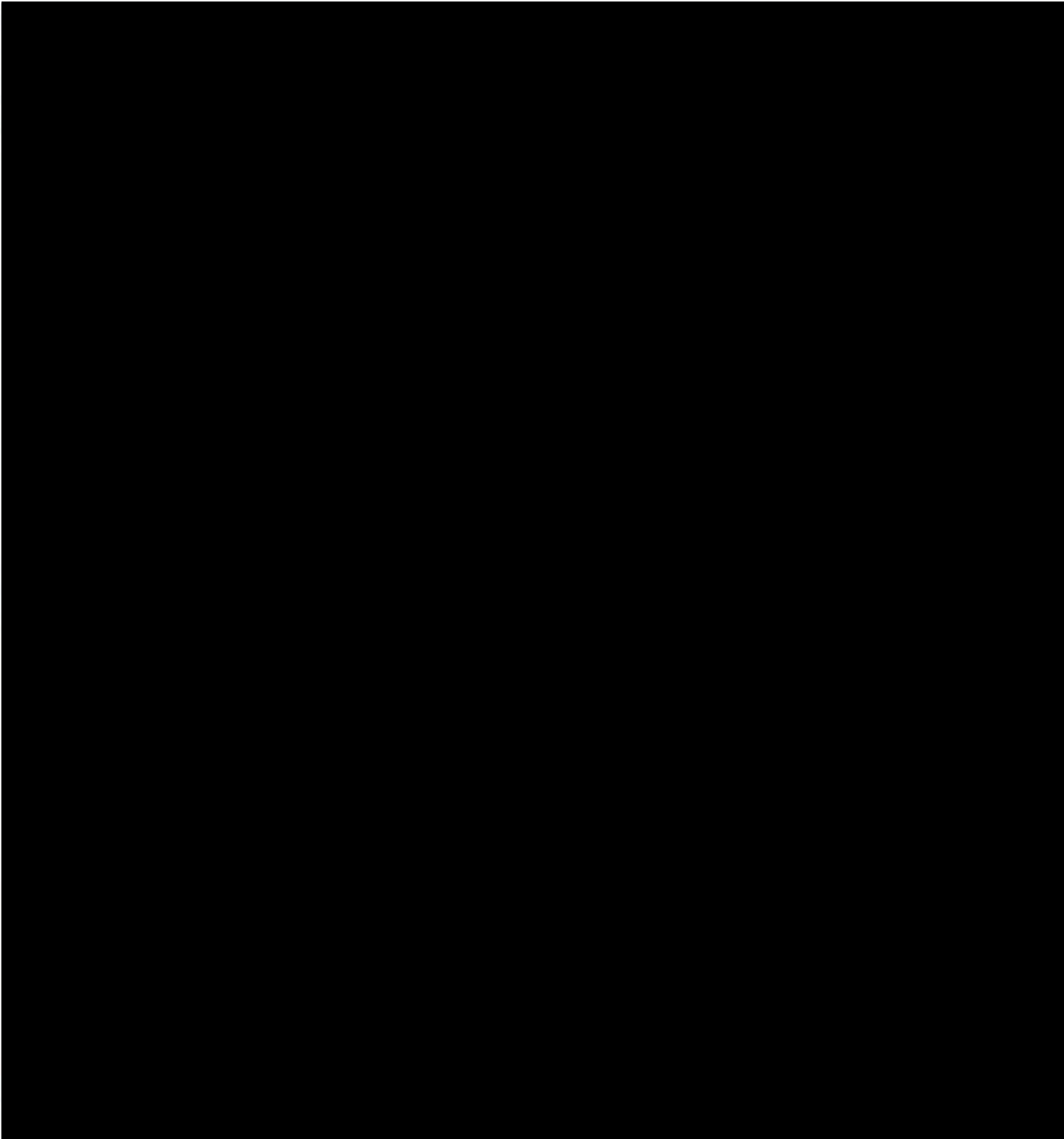


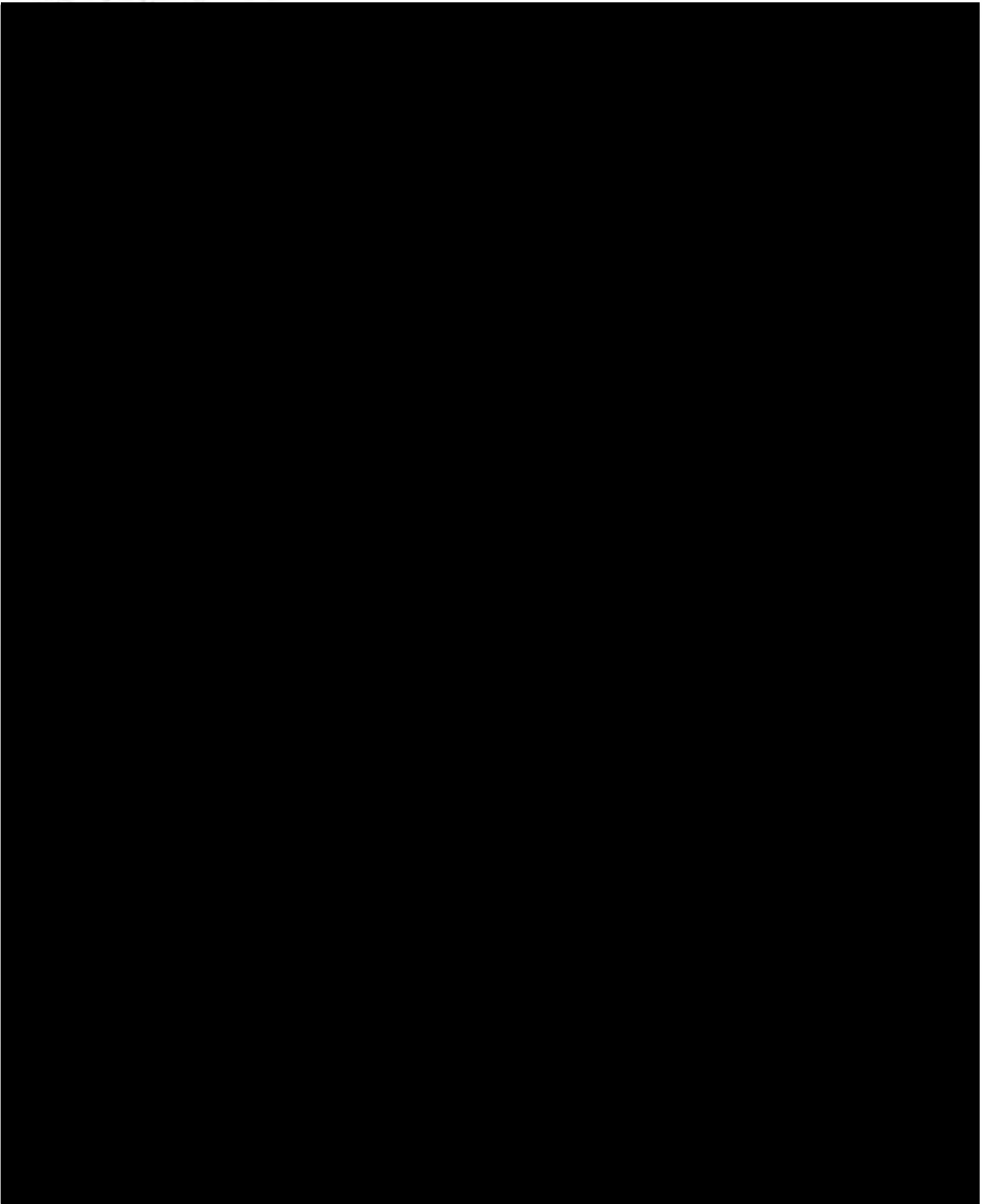
**Jere L. Beasley - Proof of Residency Documentation**



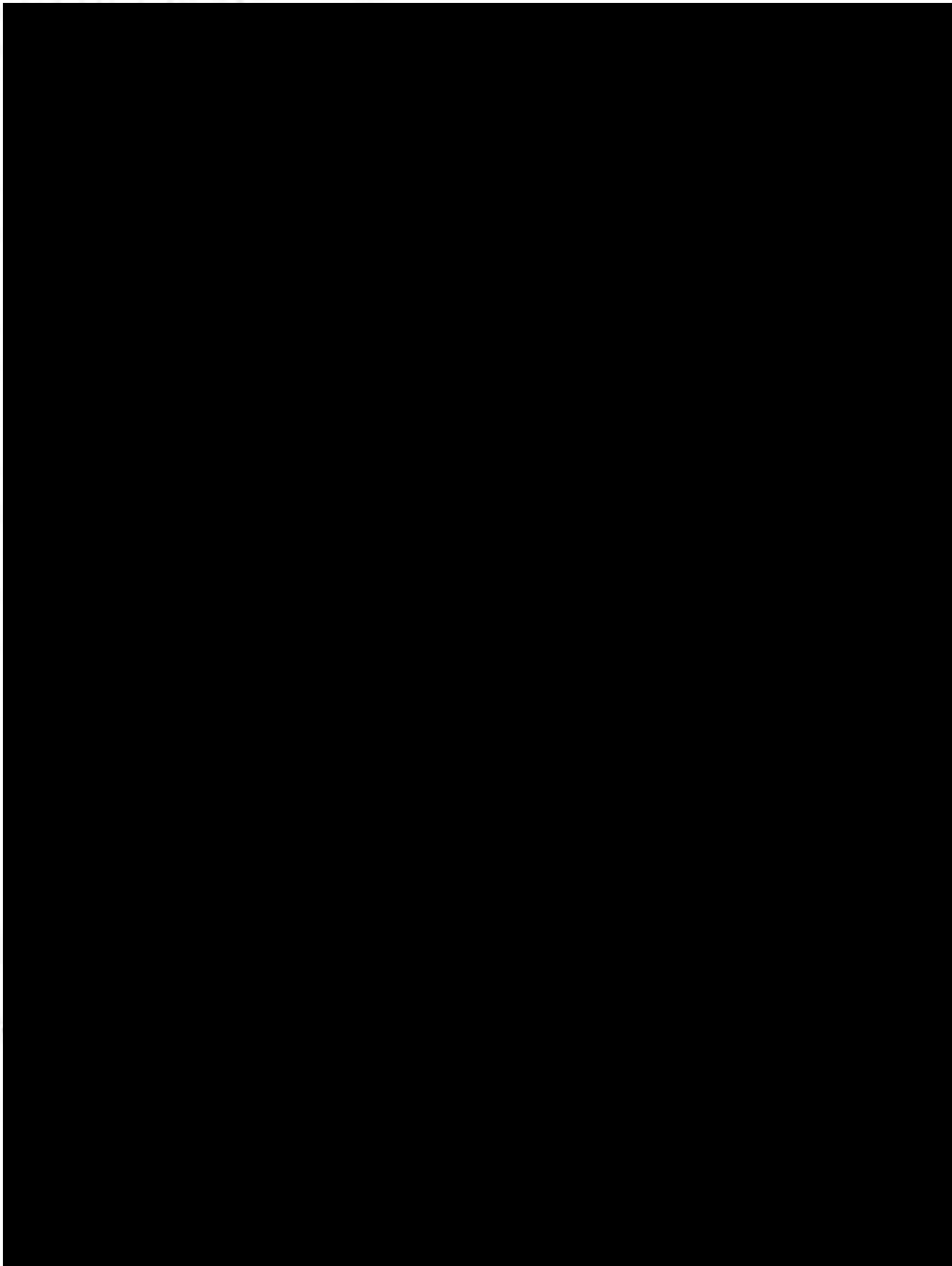


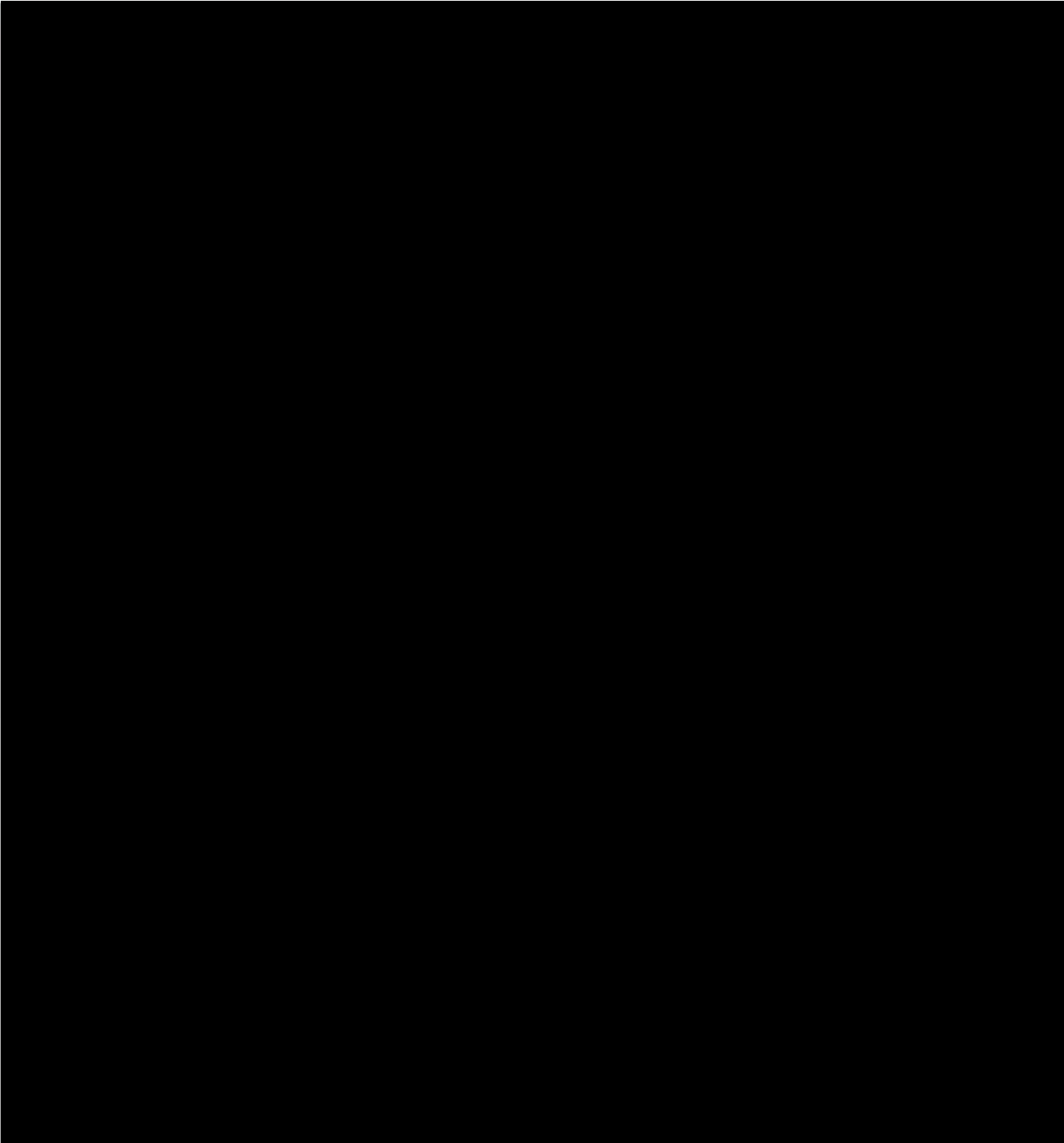


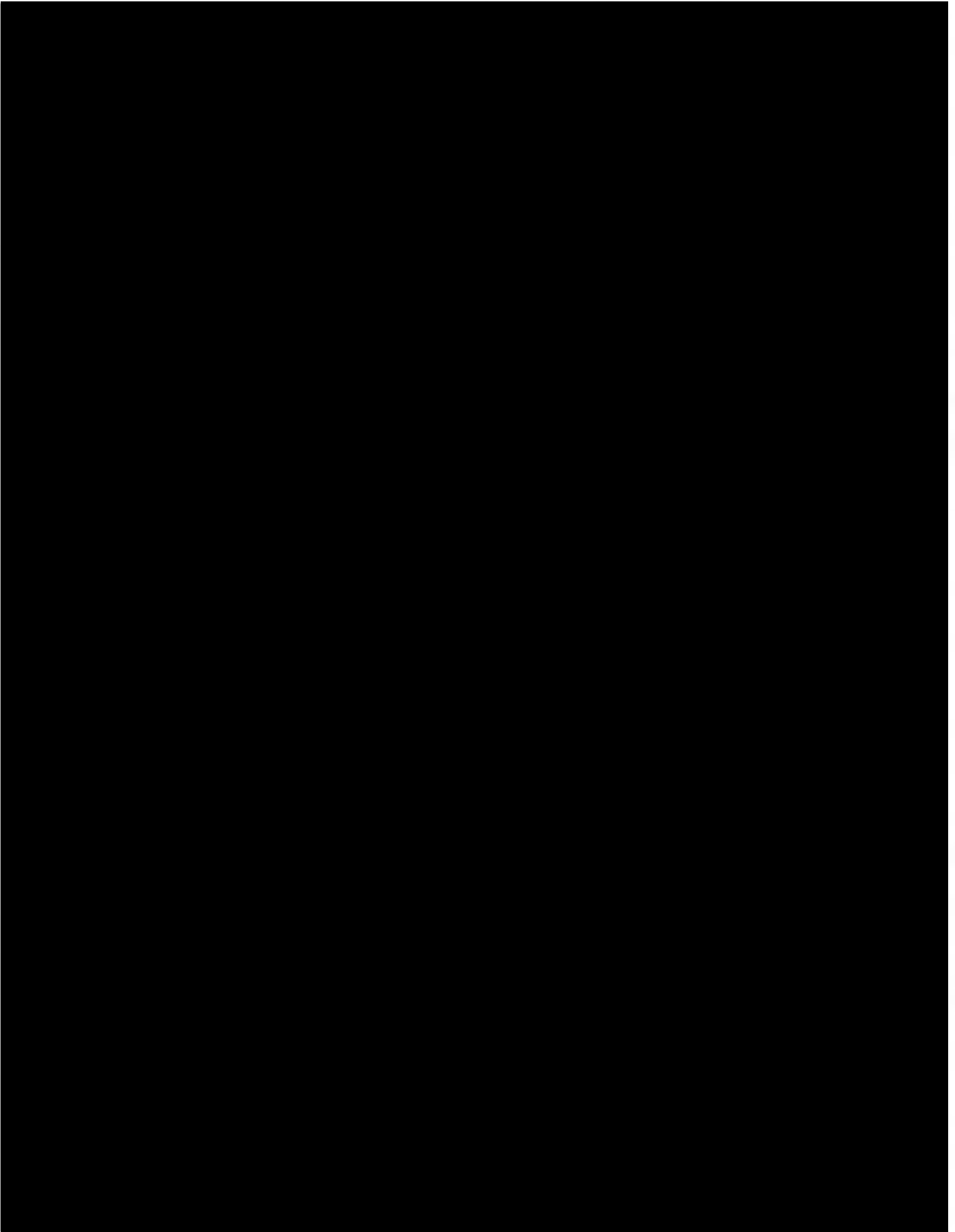


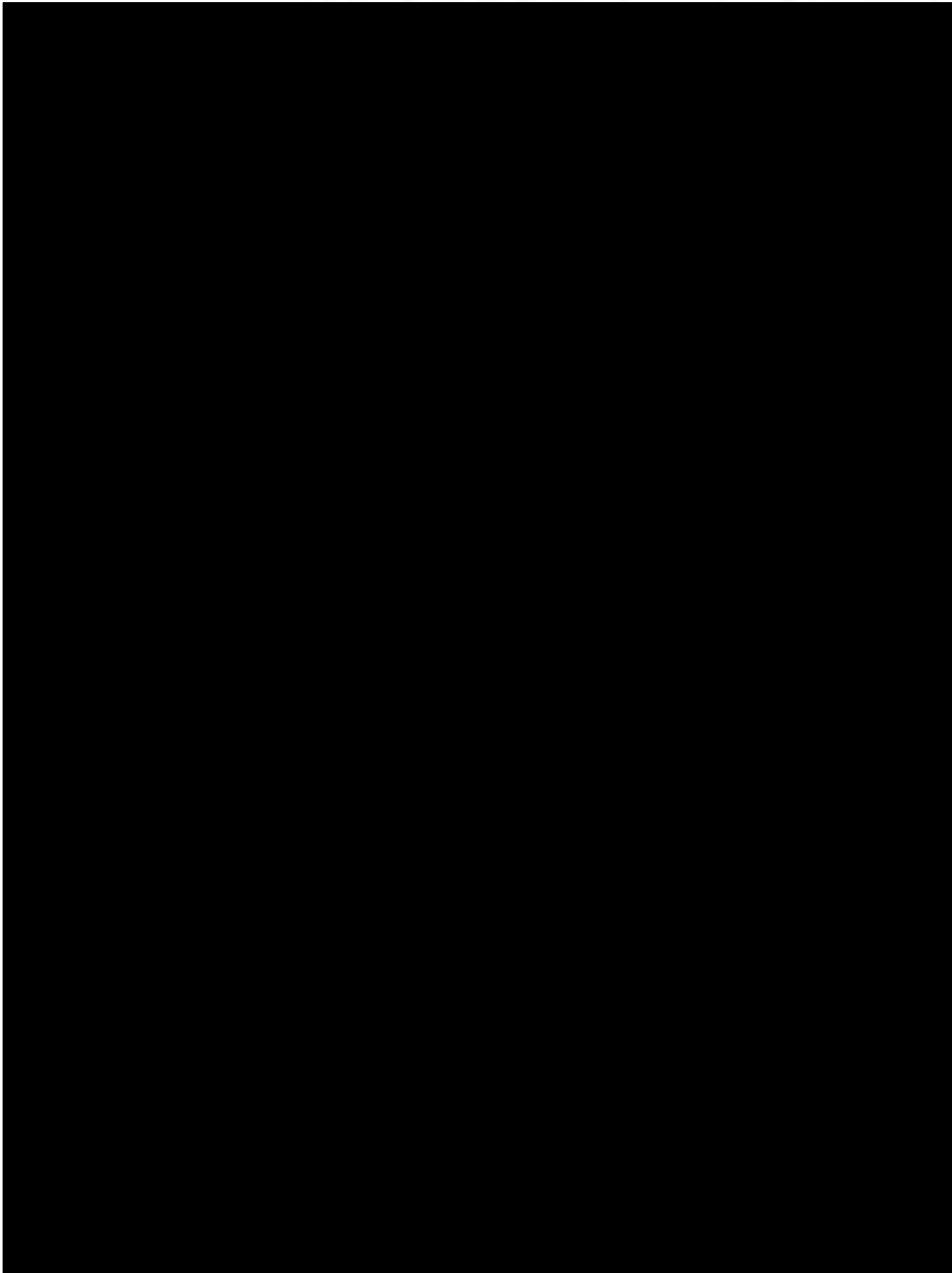


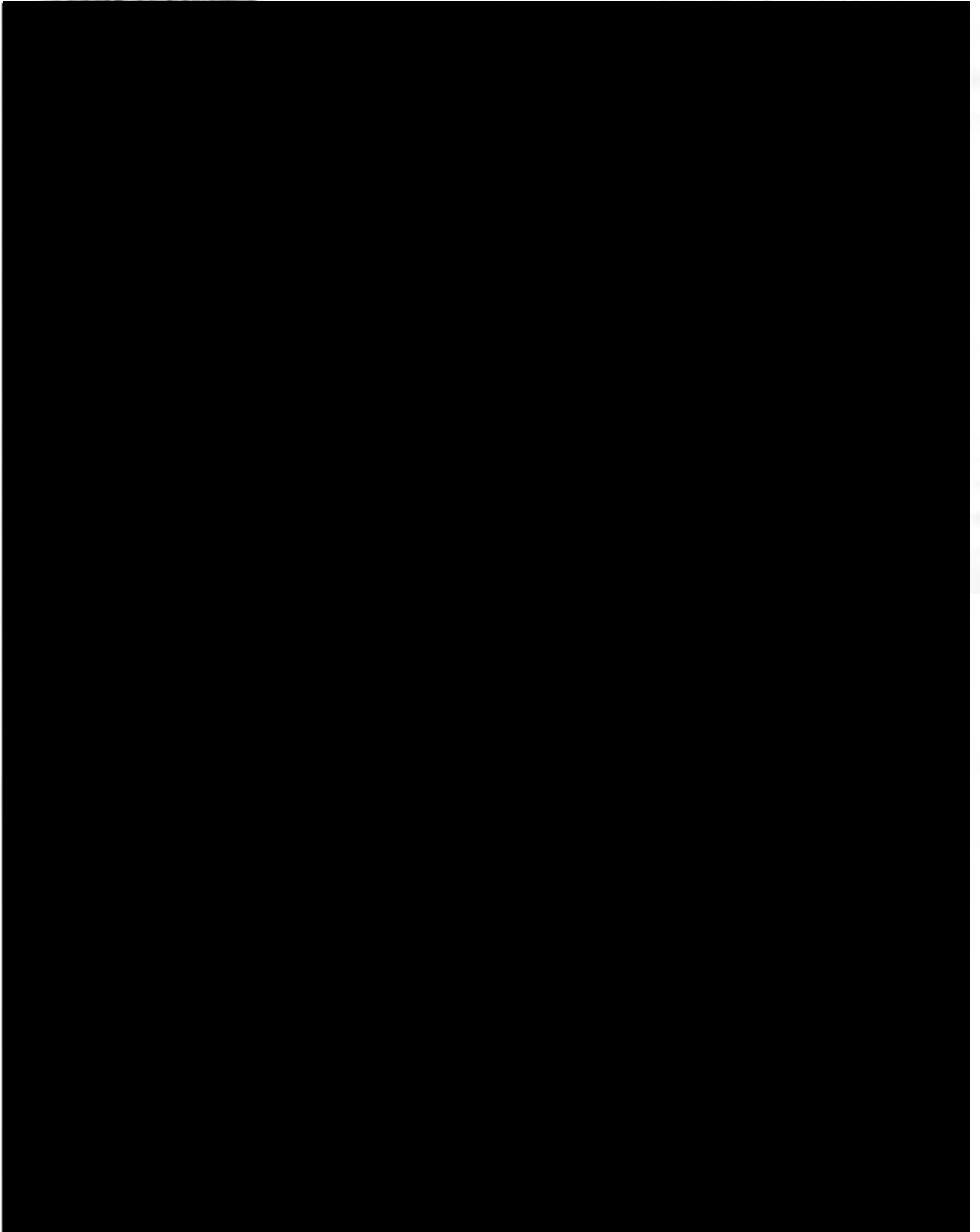
**L. Shane Seaborn - Proof of Residency Documentation**



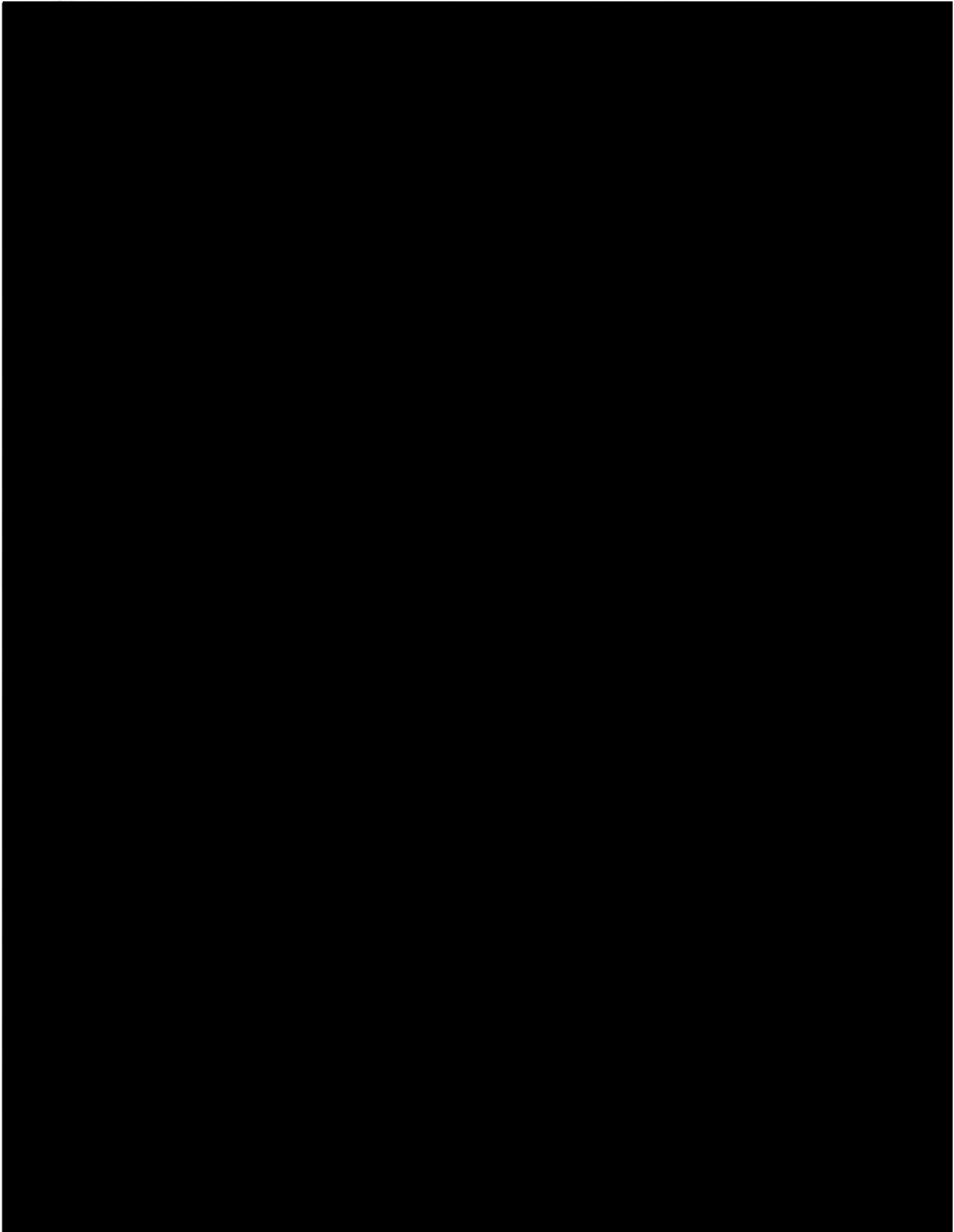


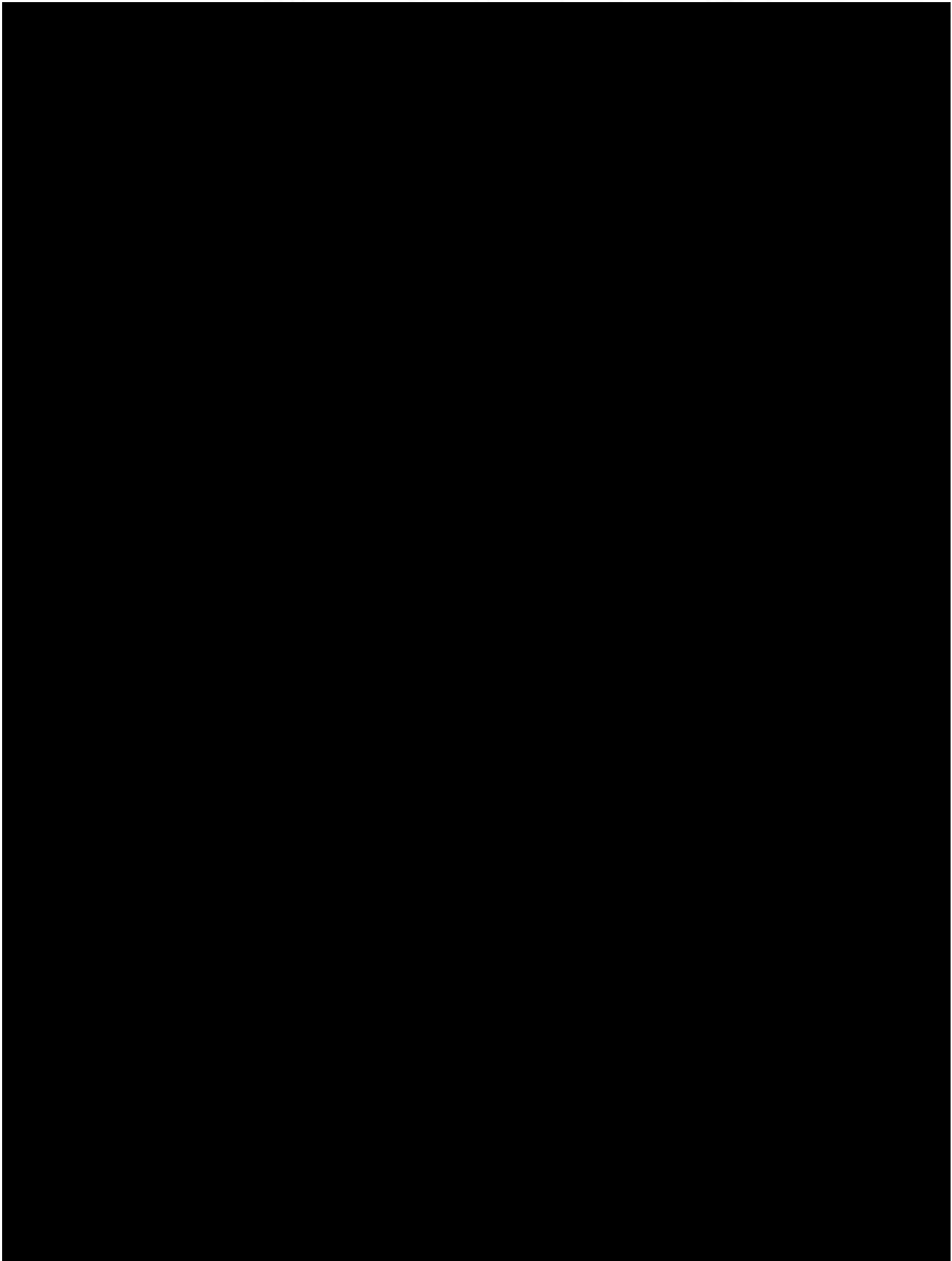


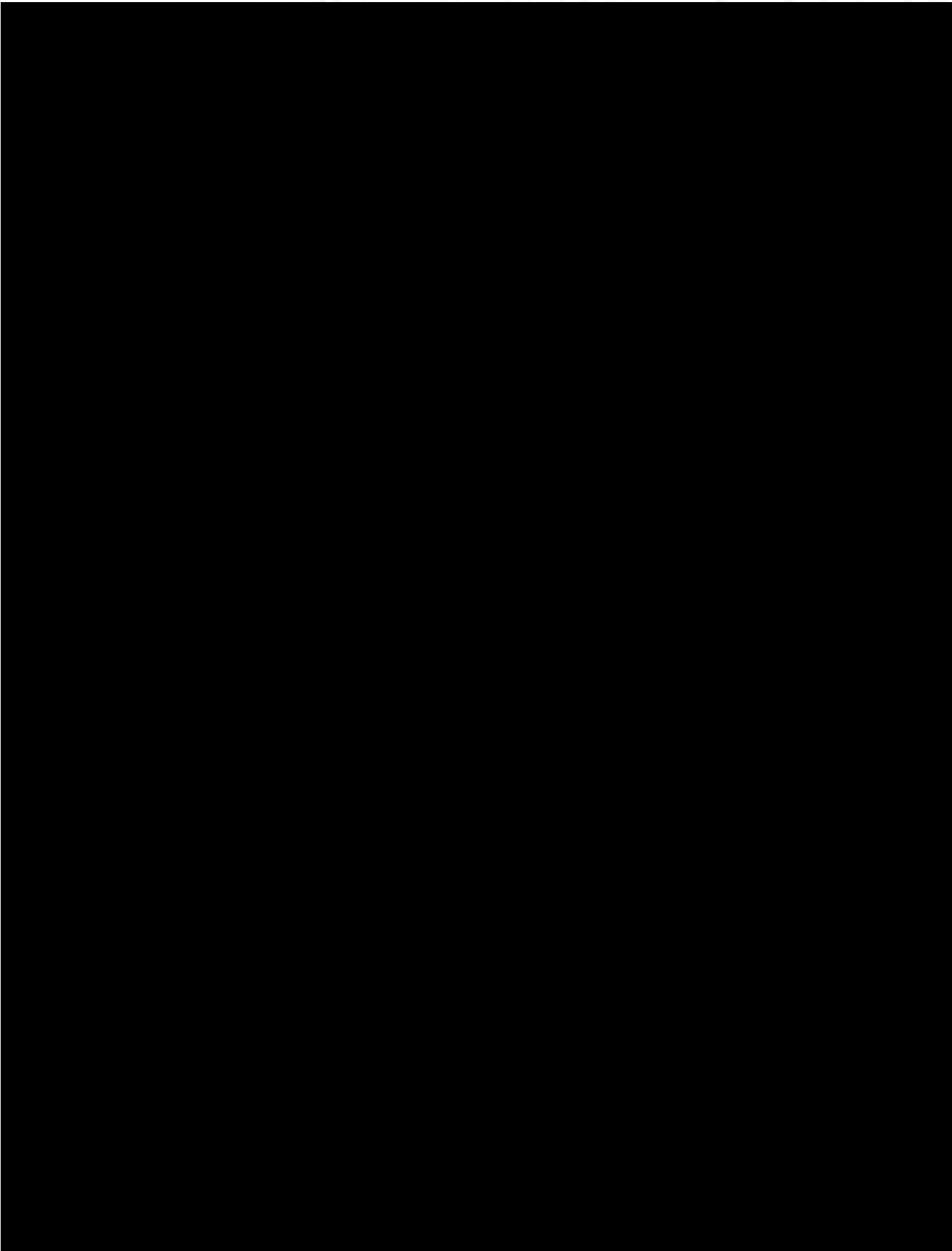


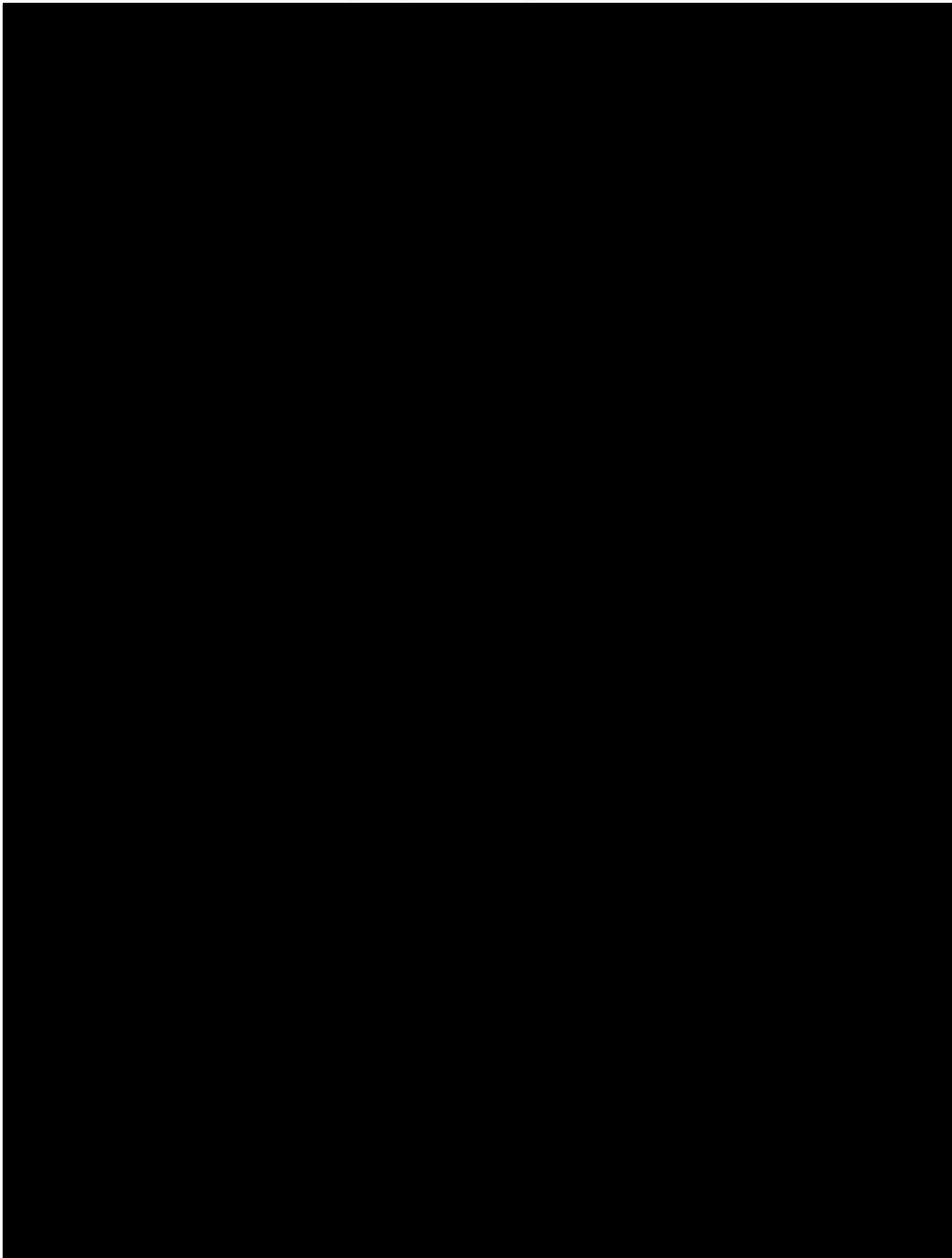


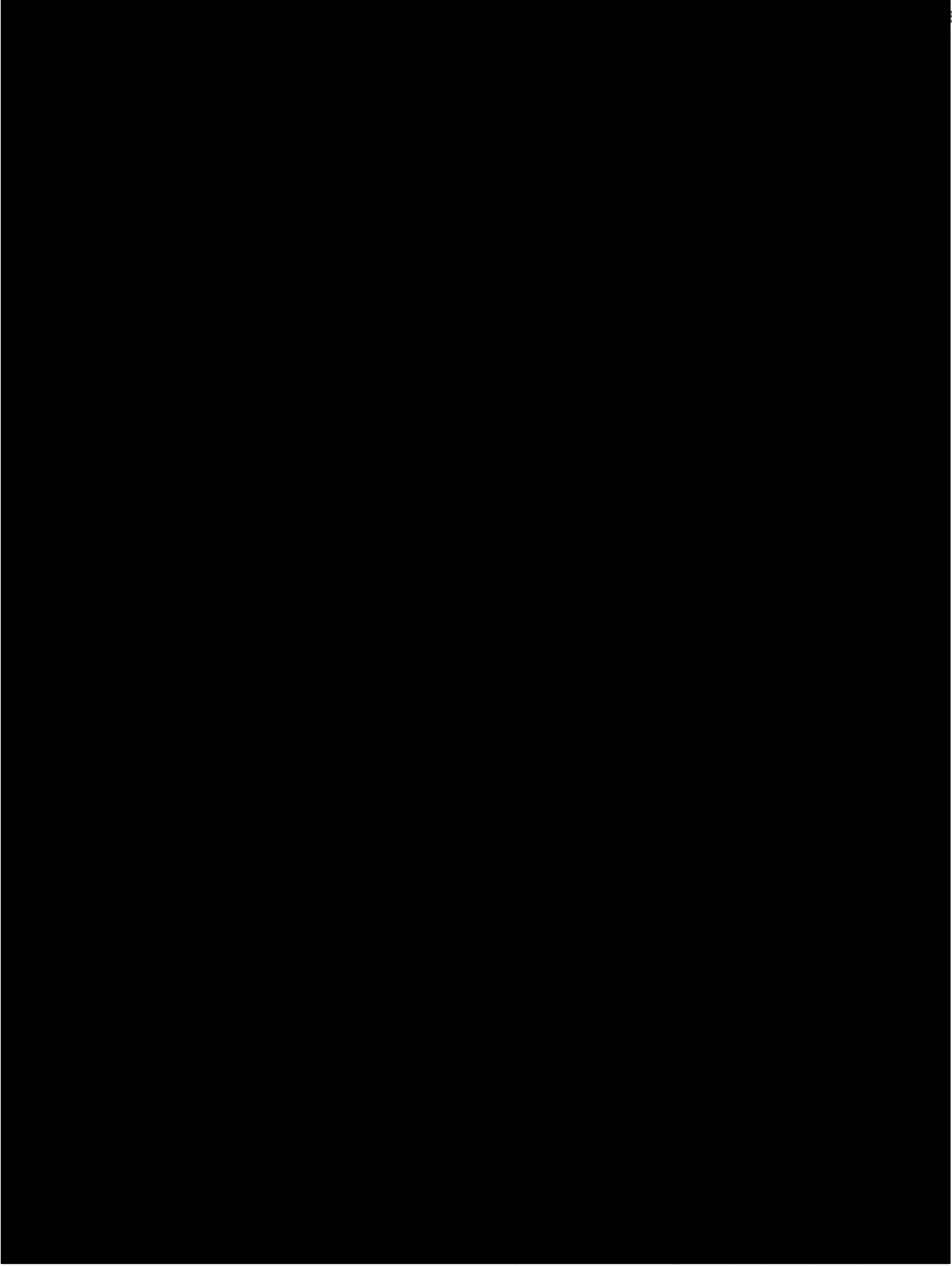


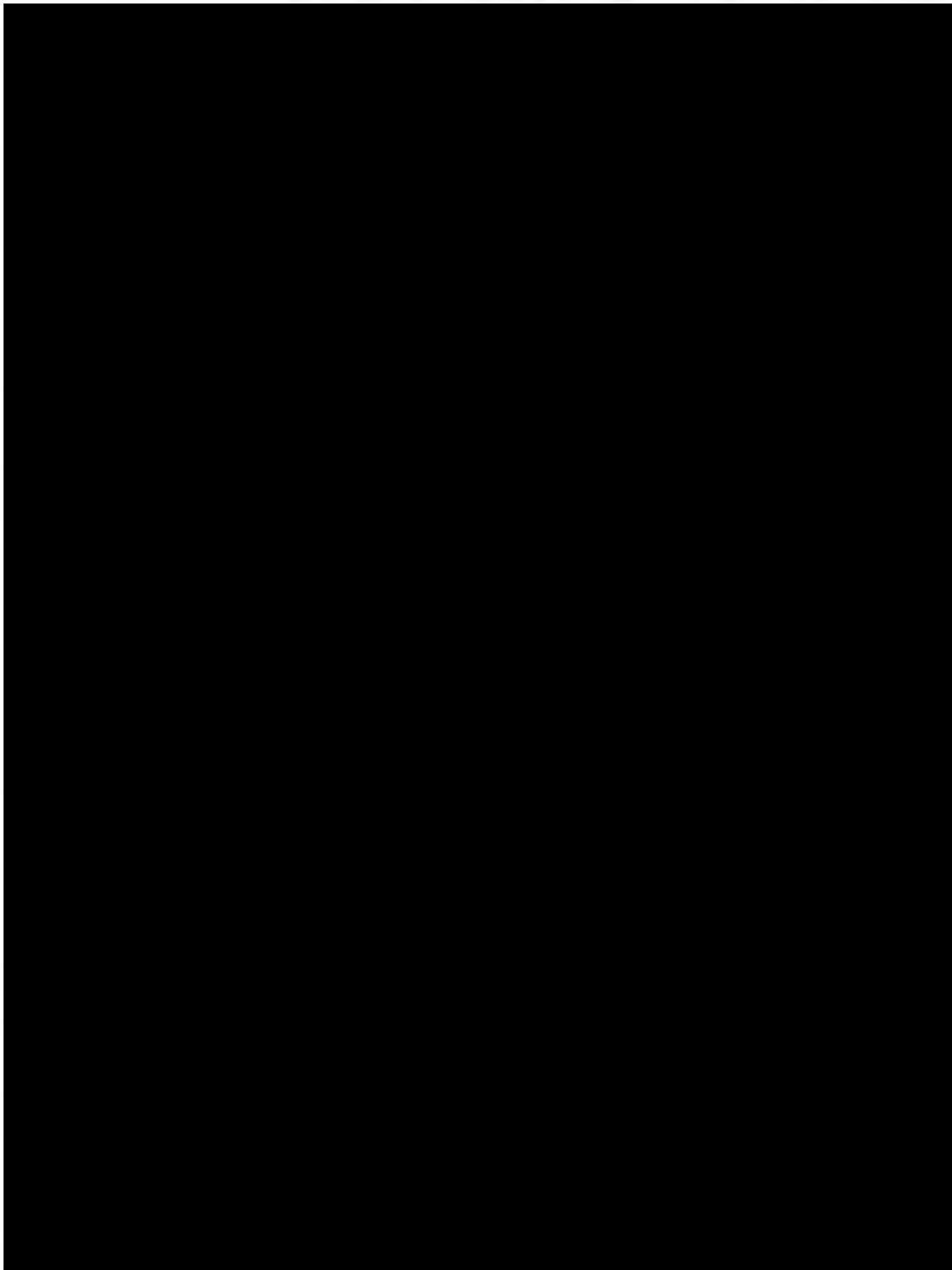


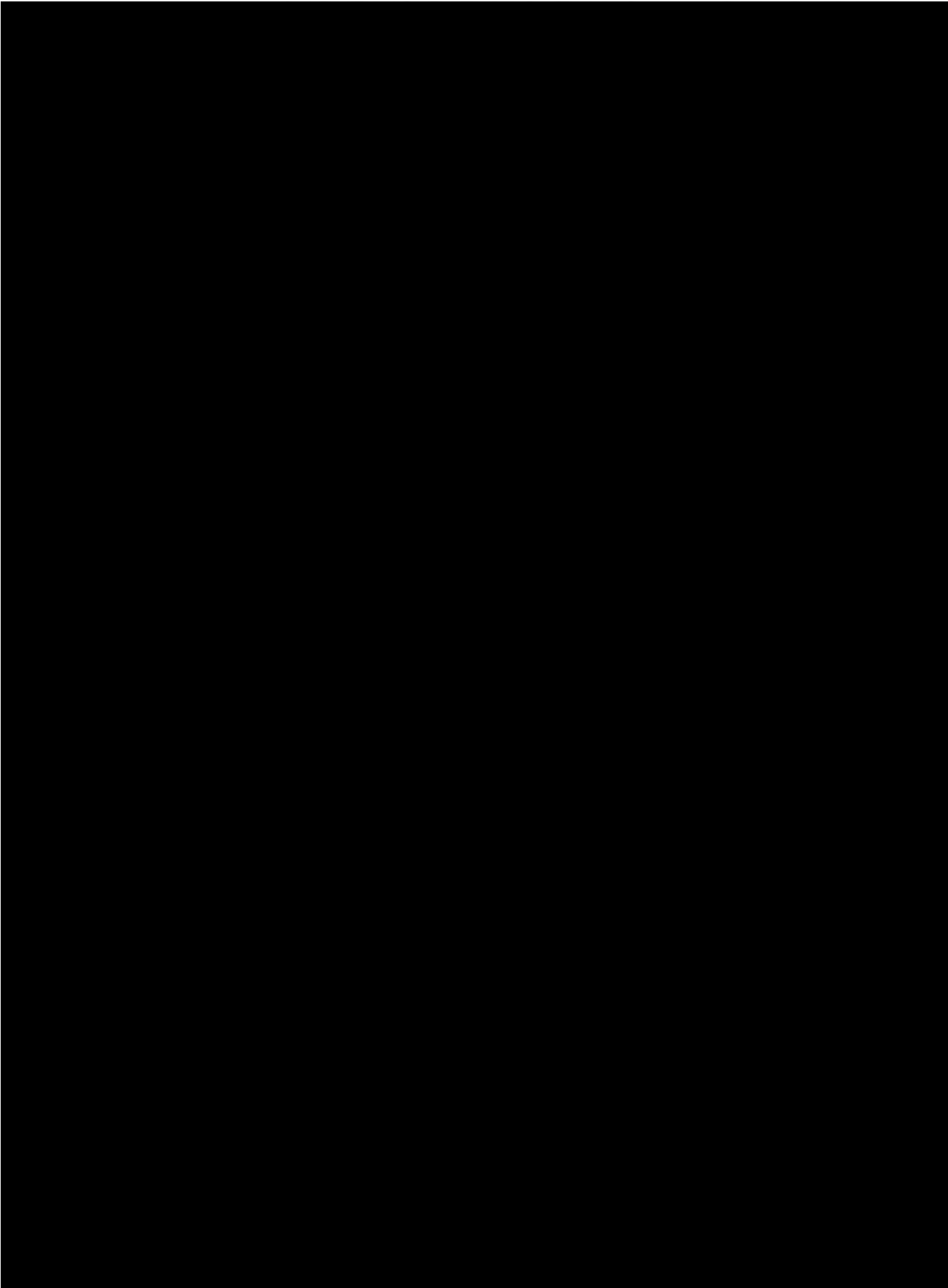


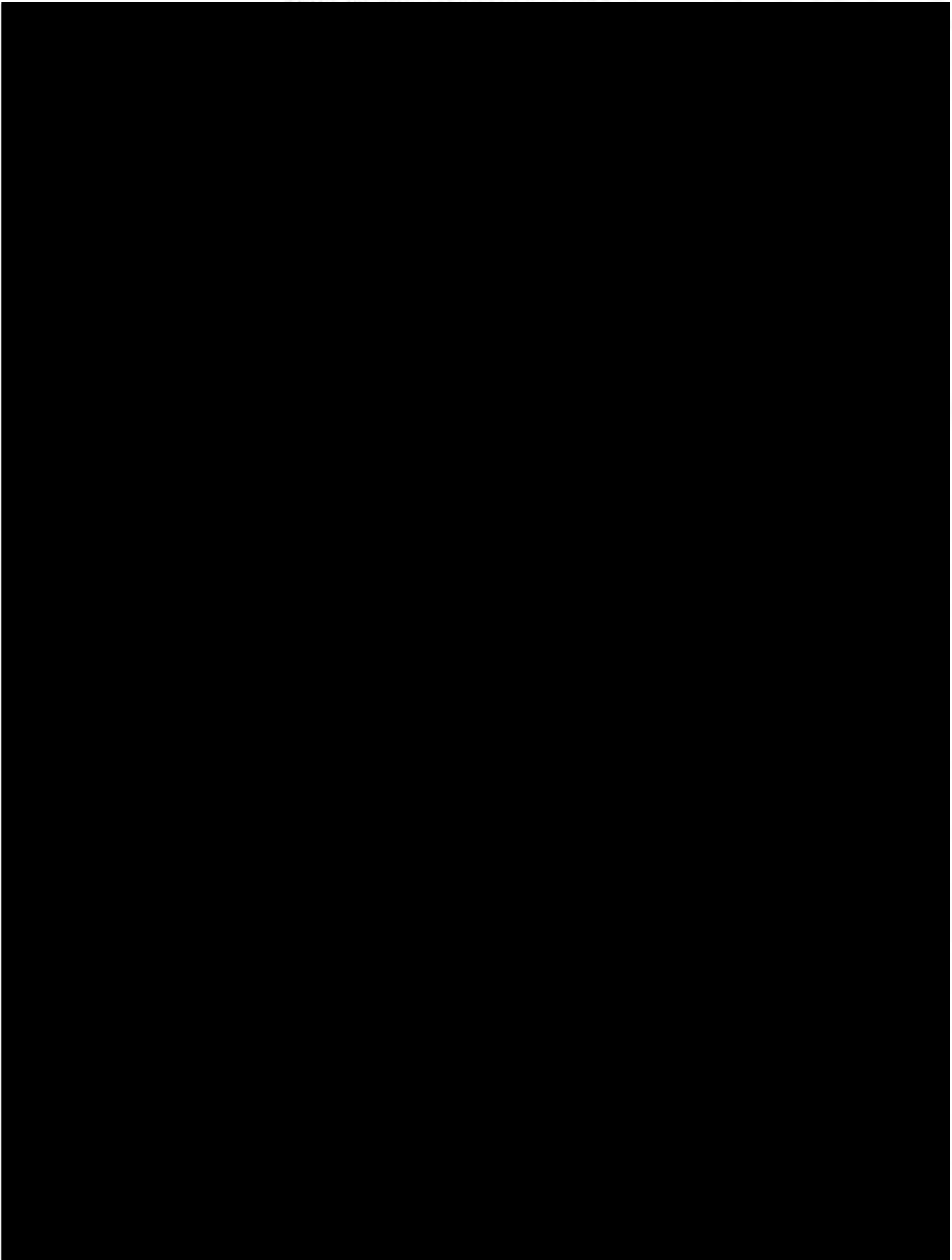




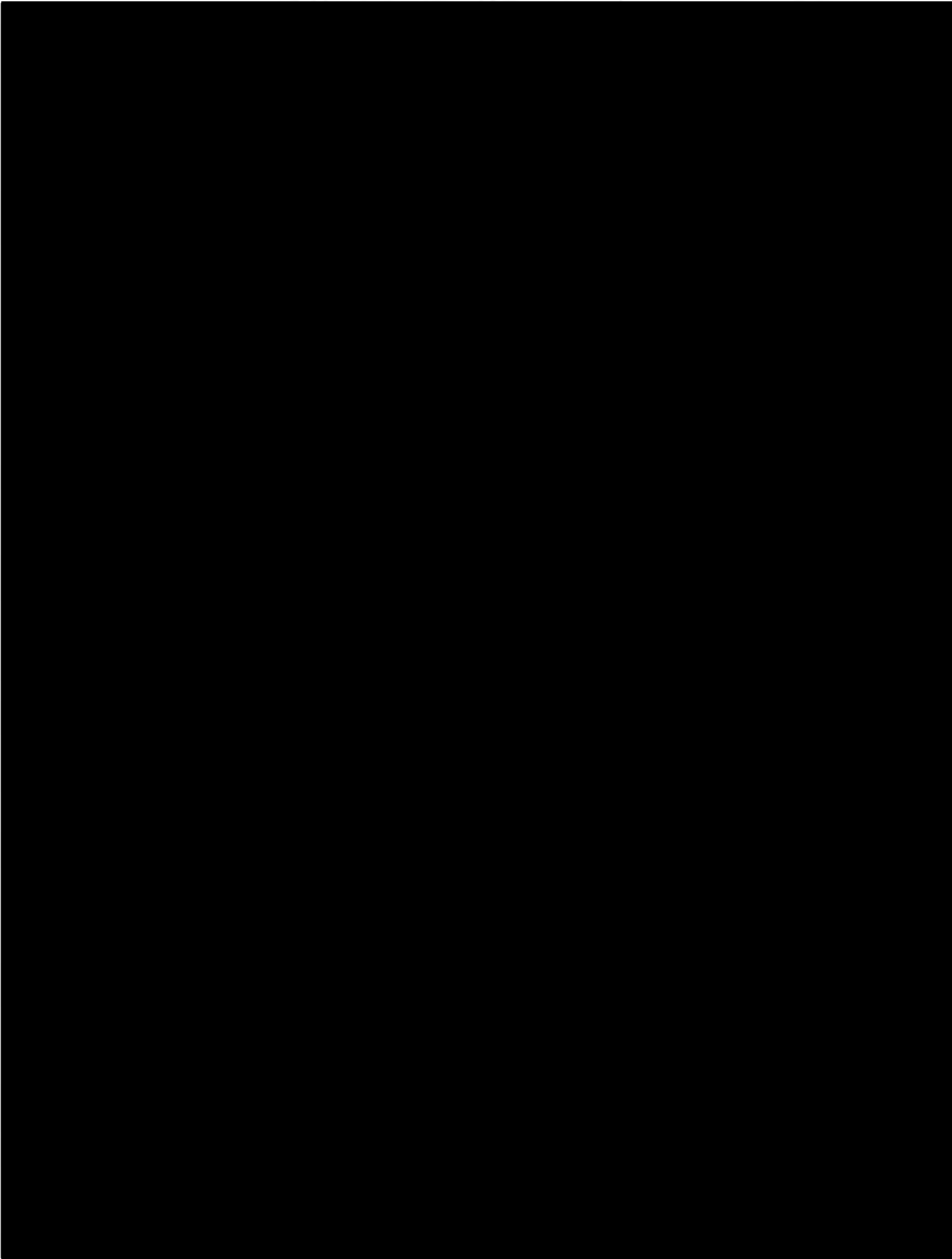


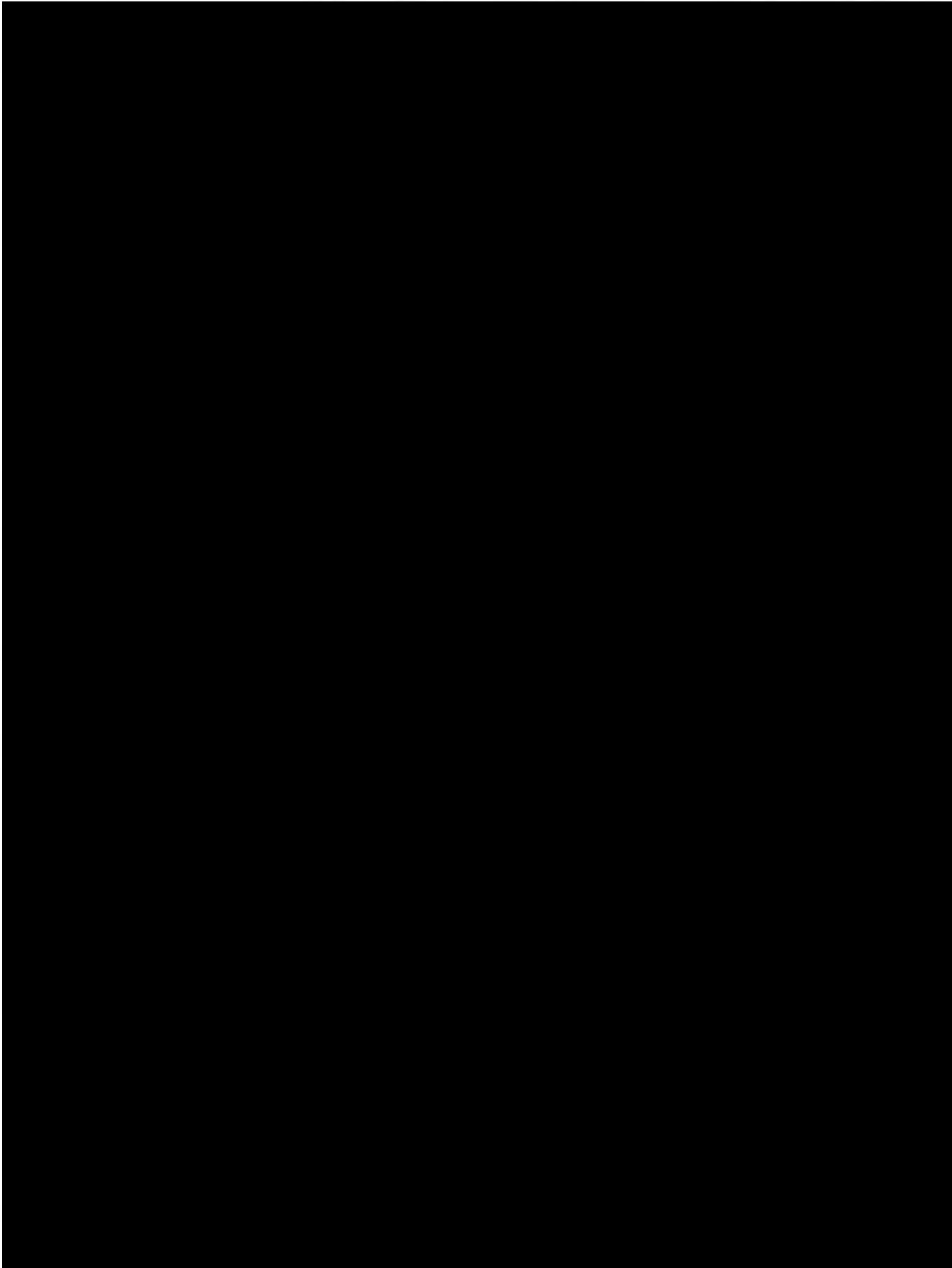


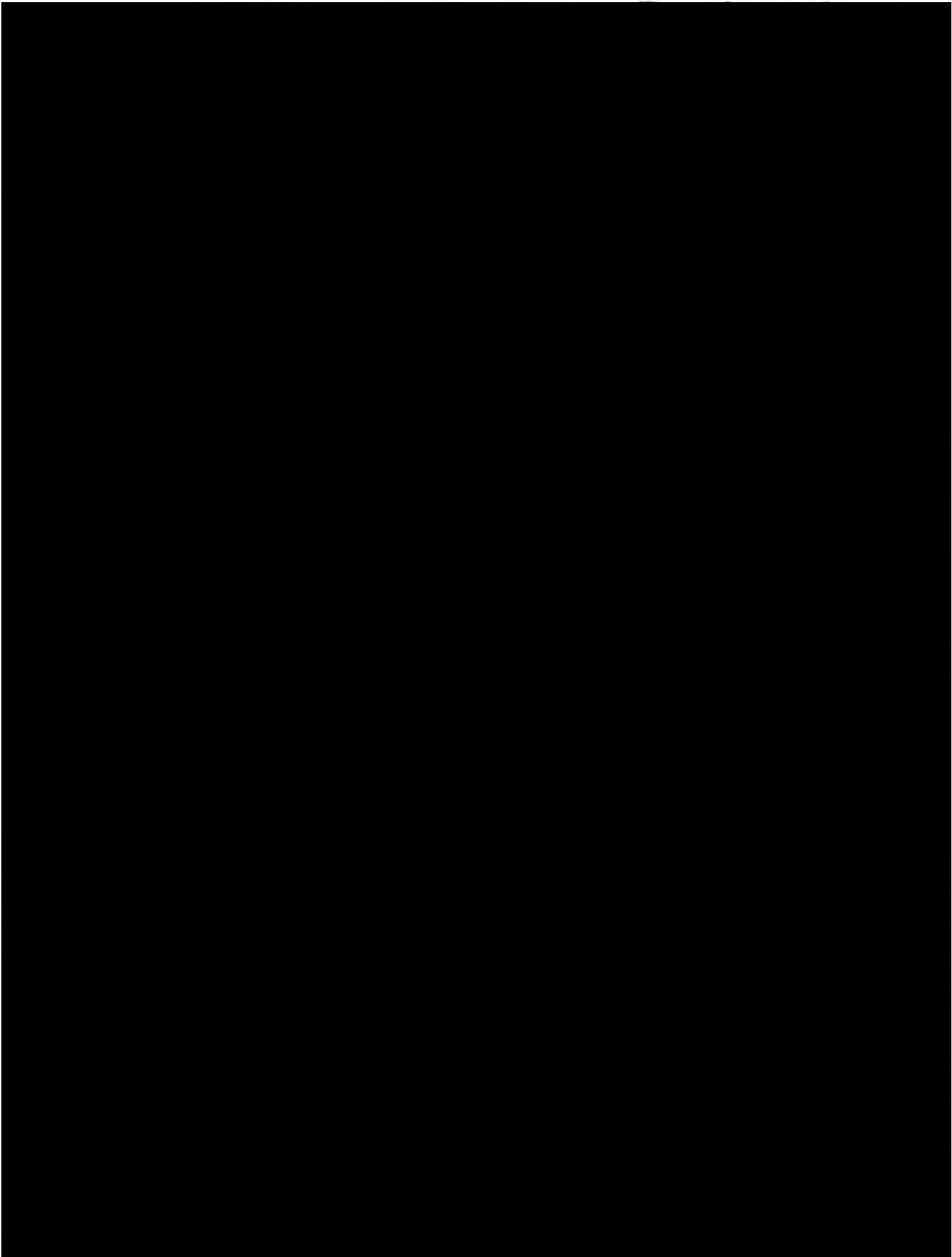


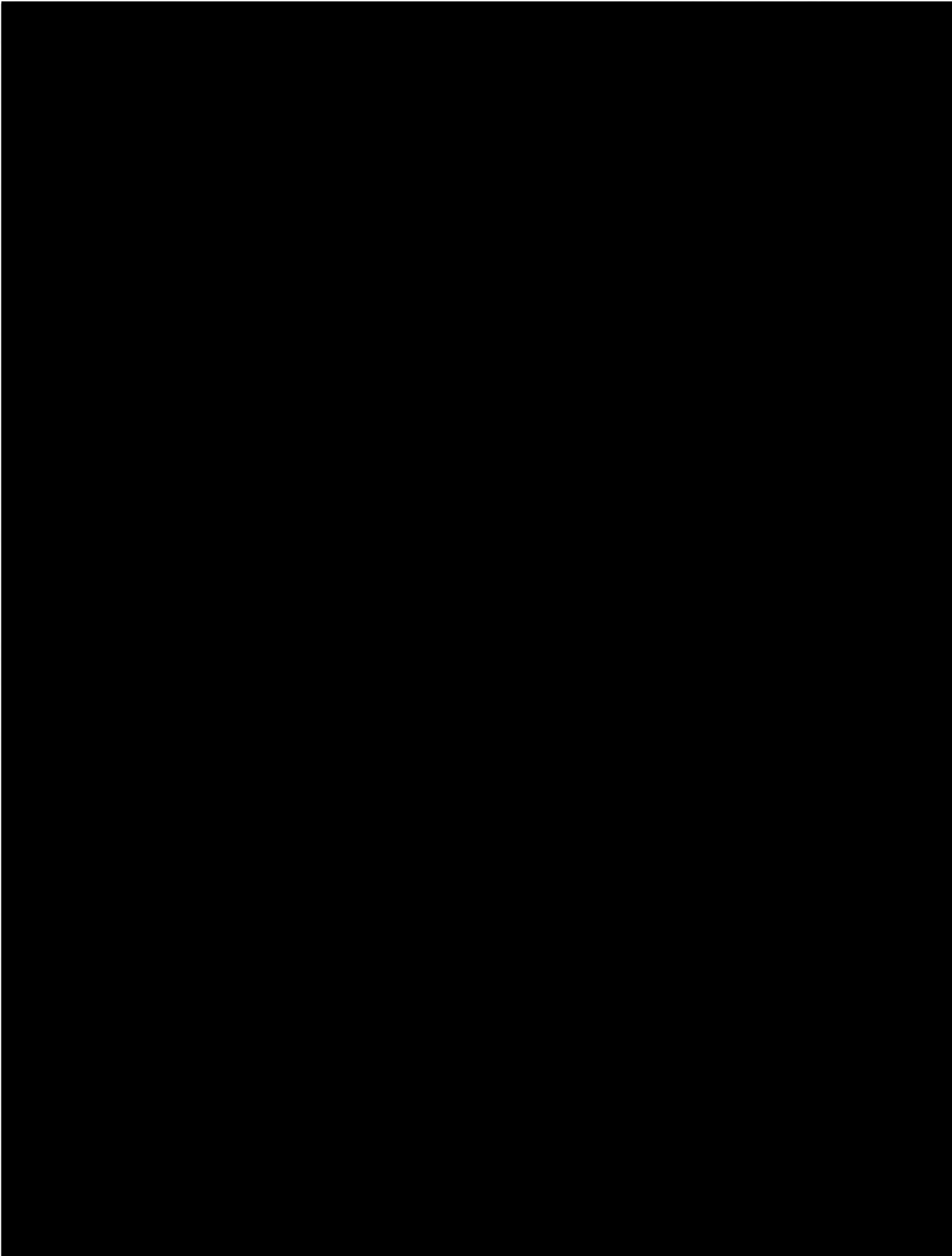


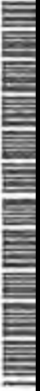








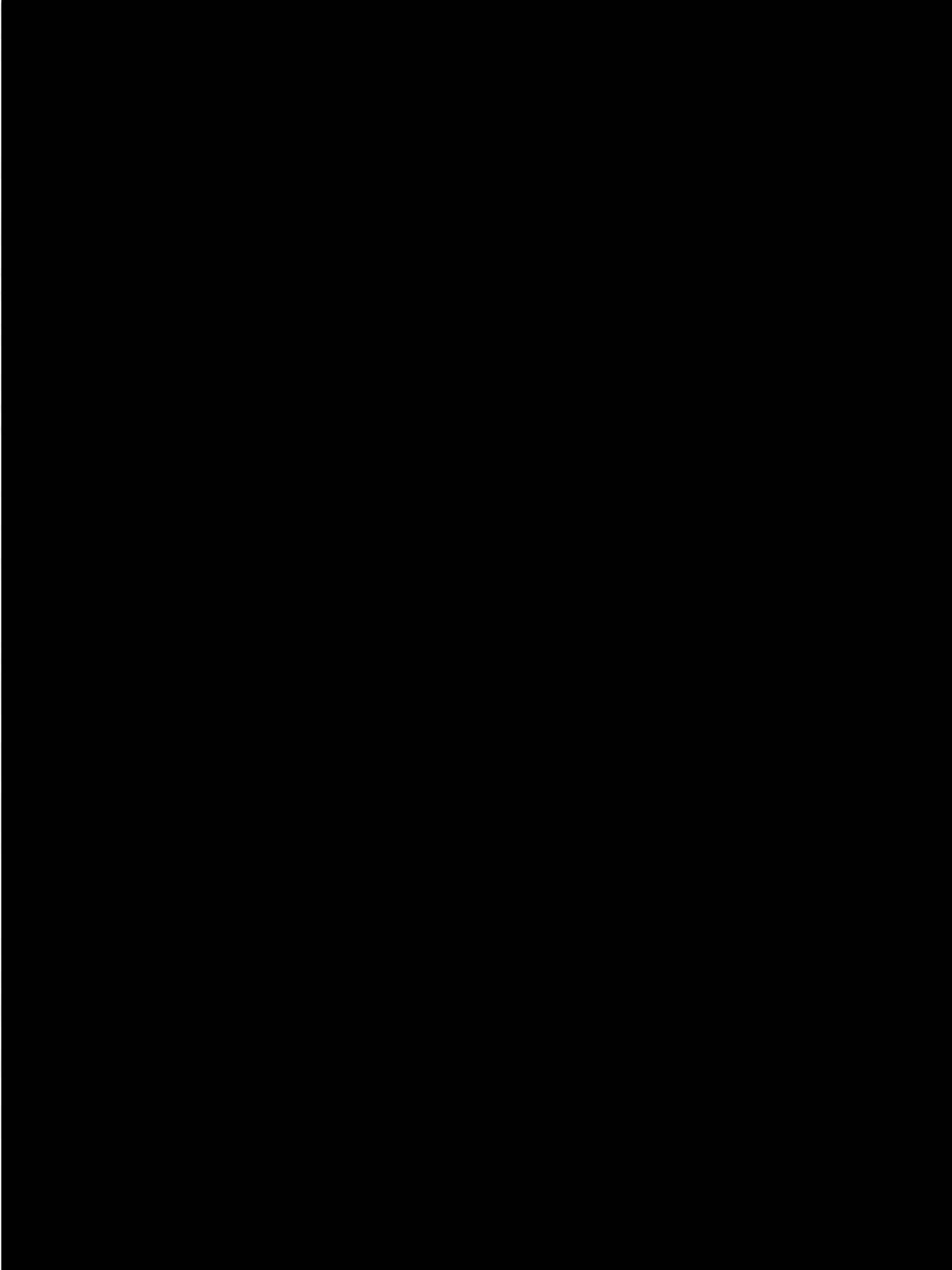


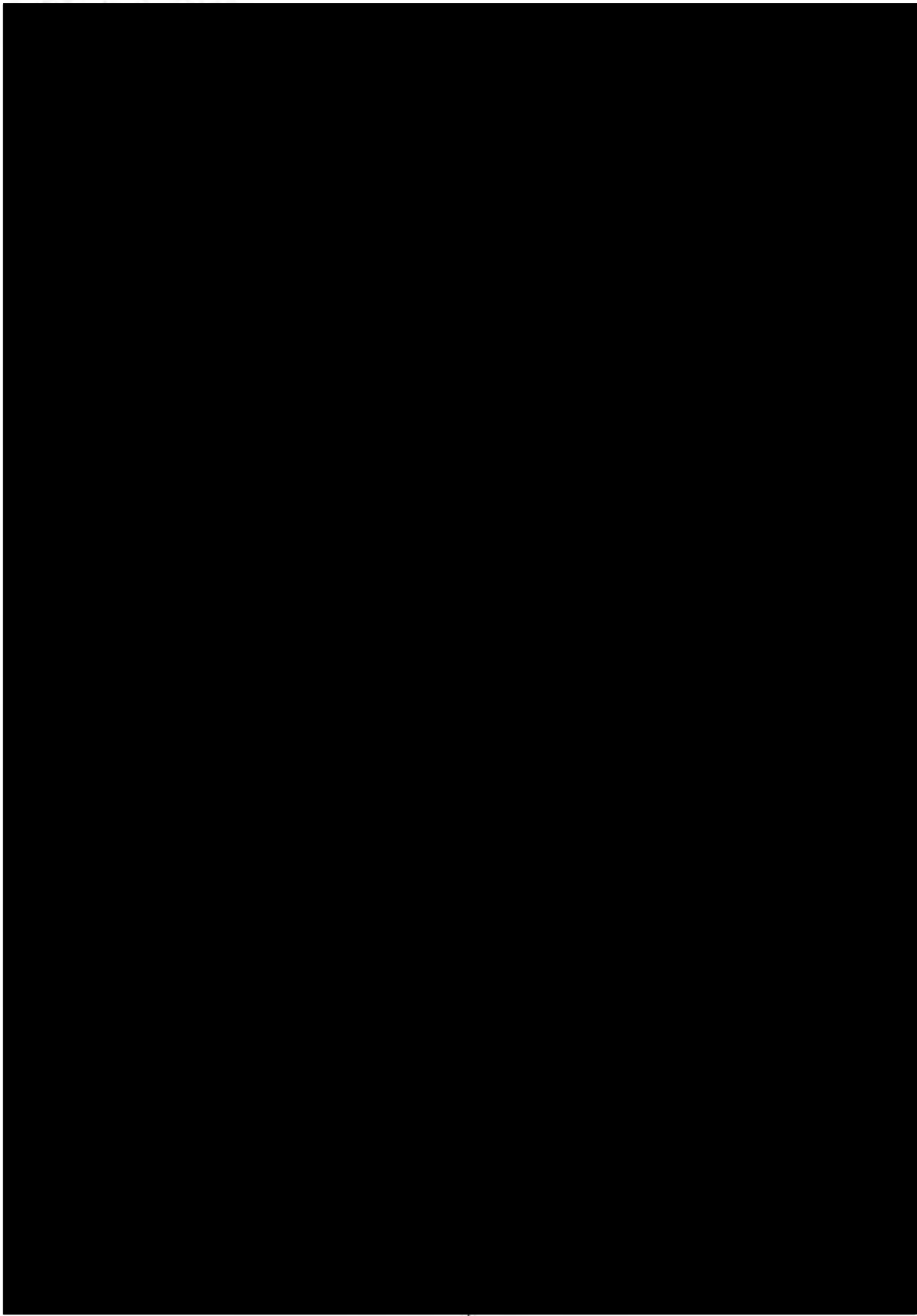


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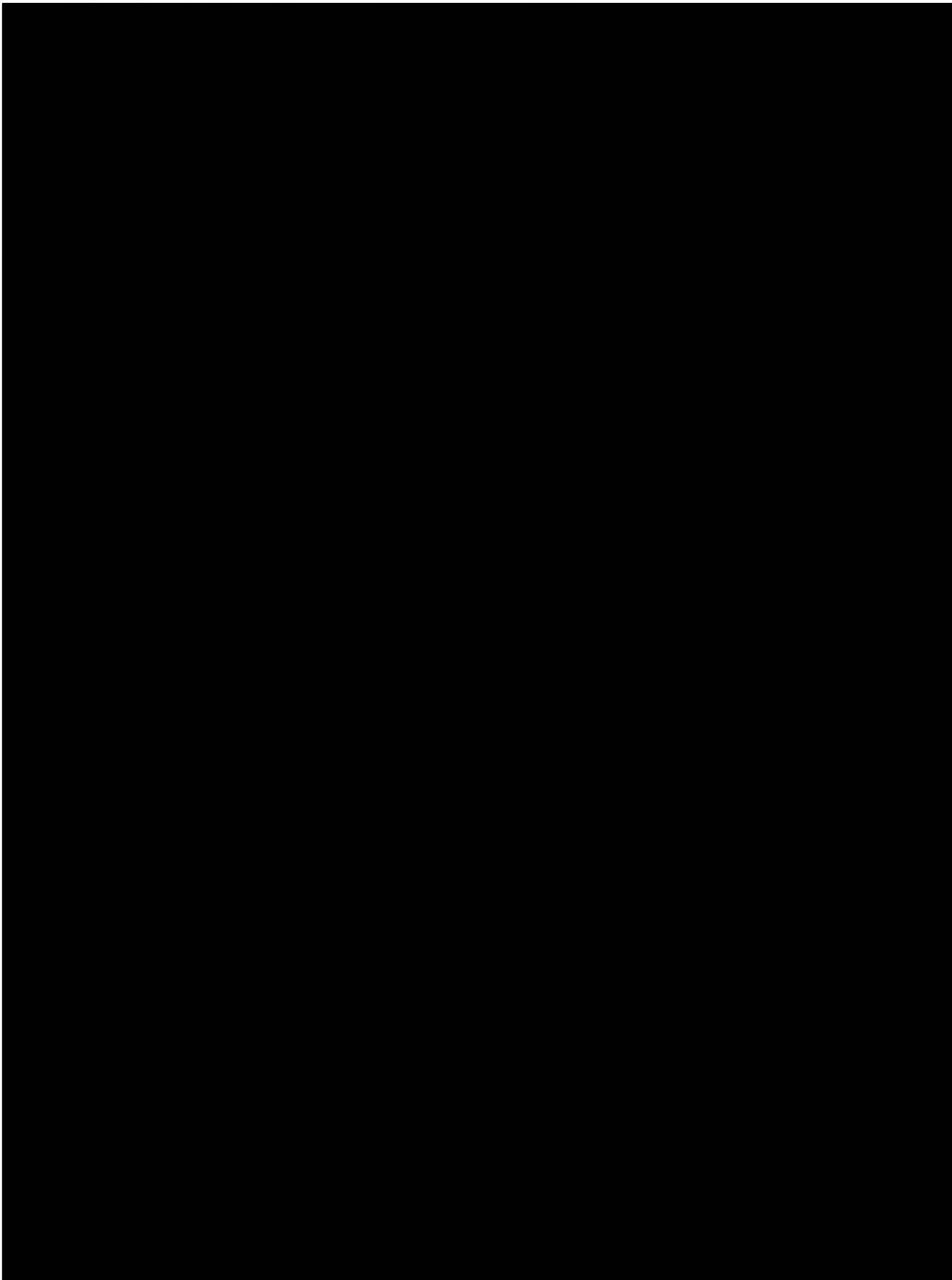
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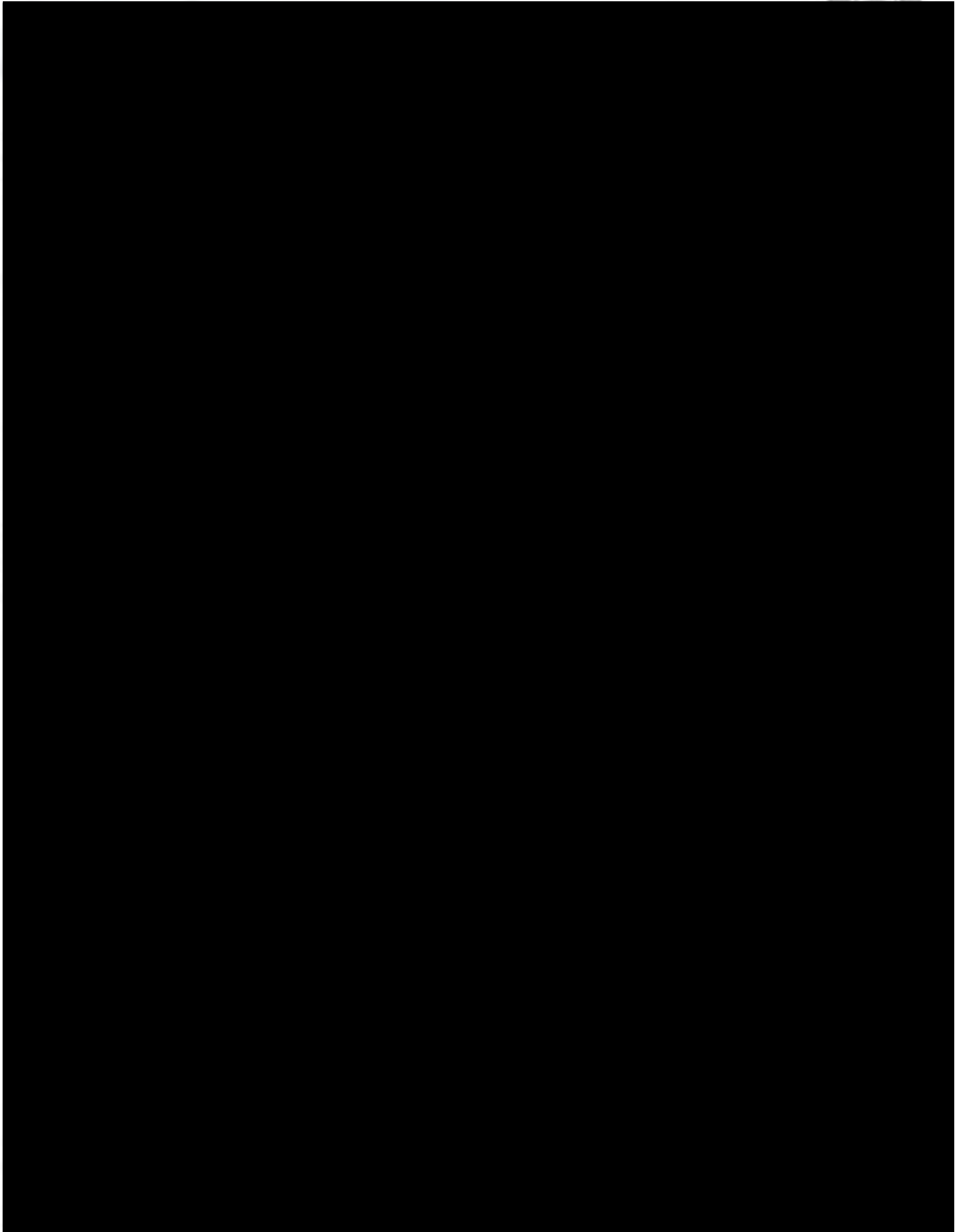


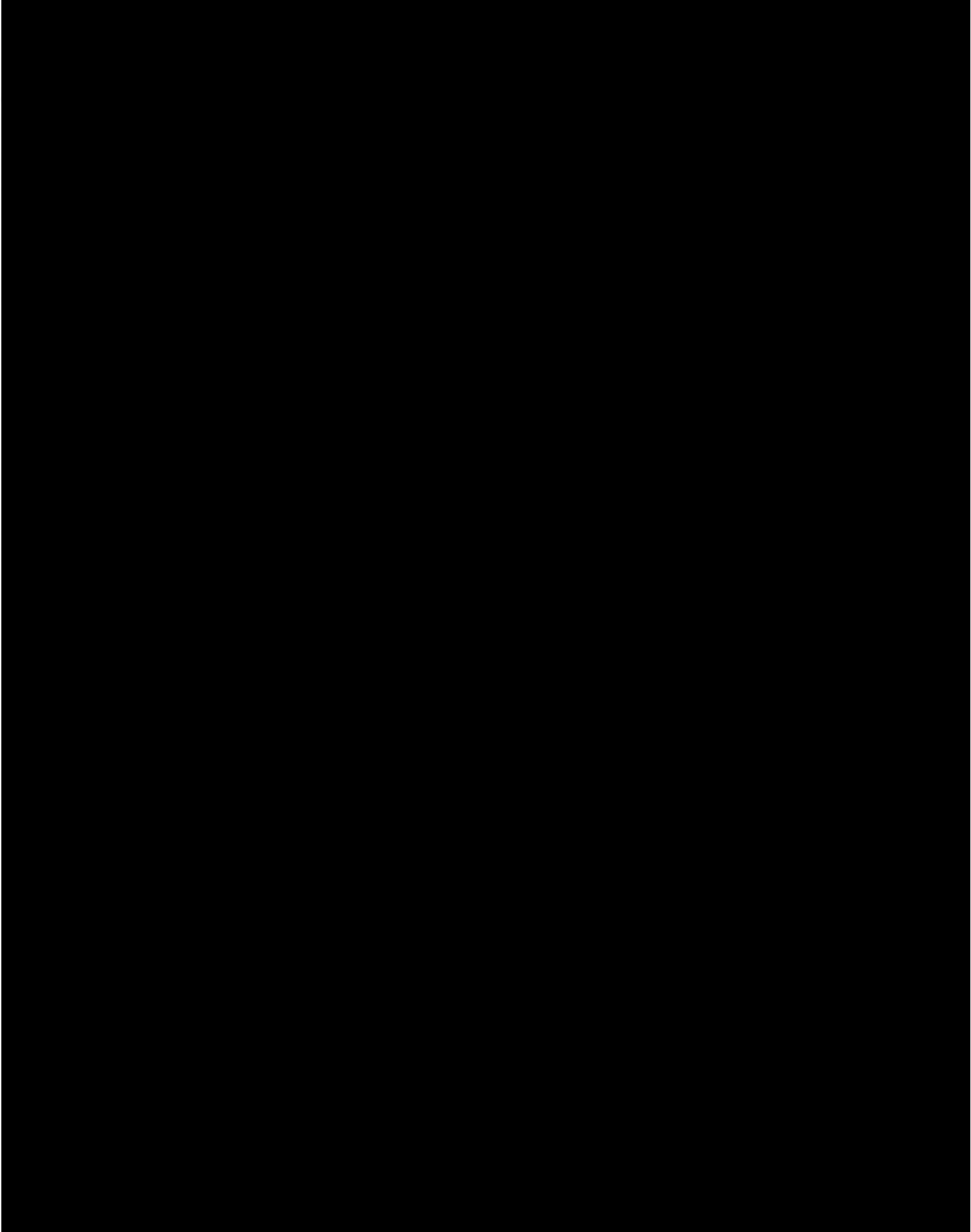


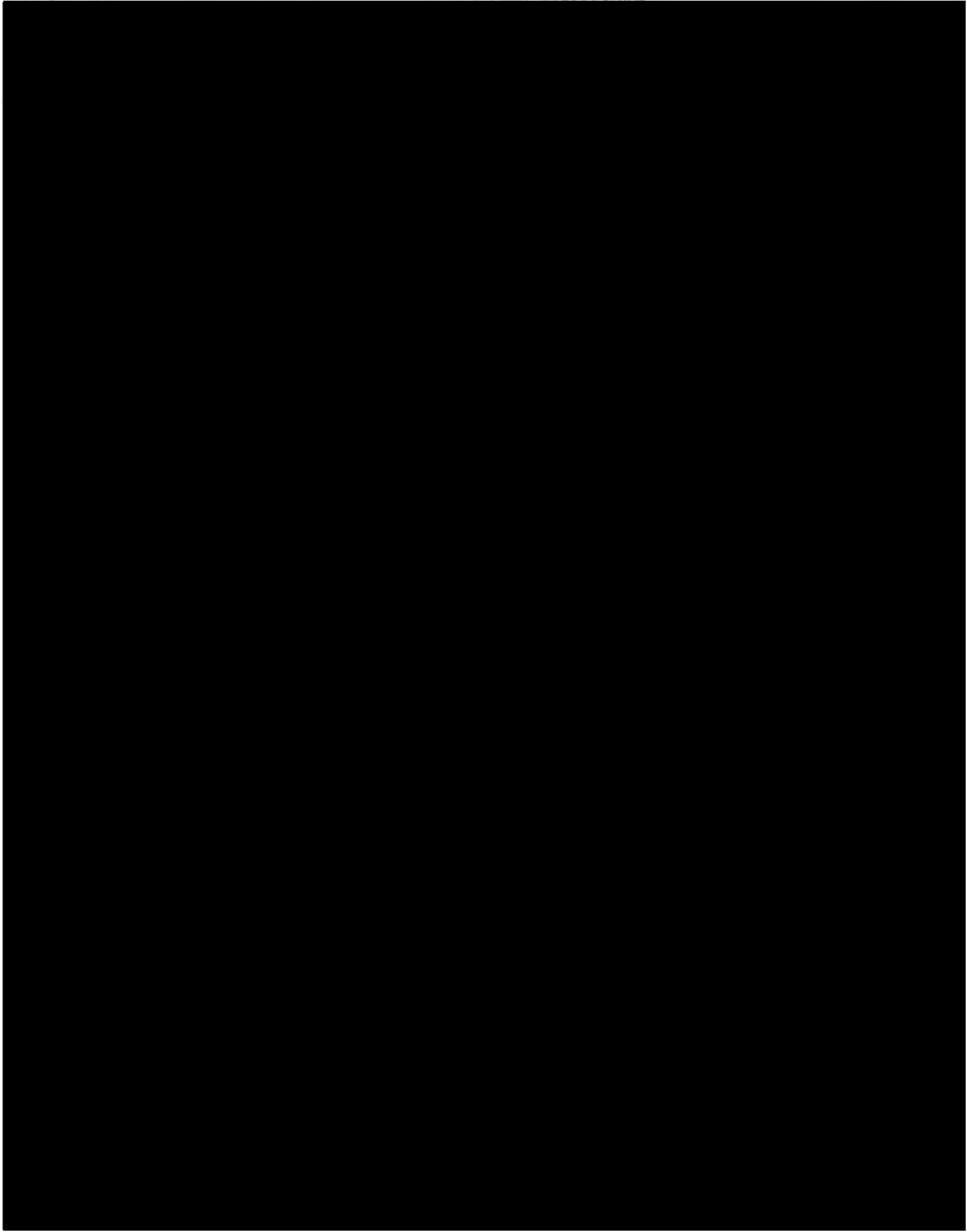
**Samuel Bone – Proof of Residency Documentation**

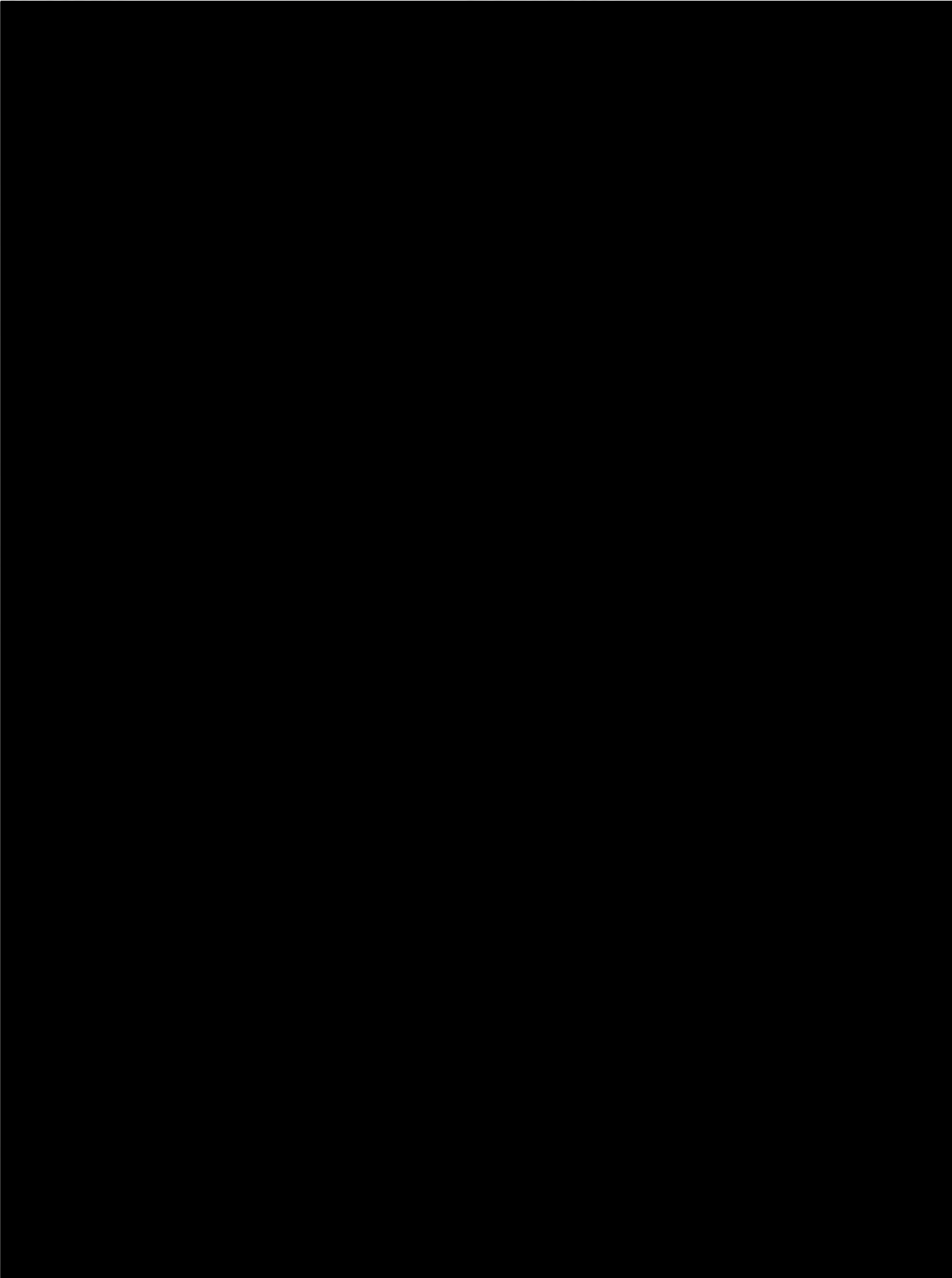




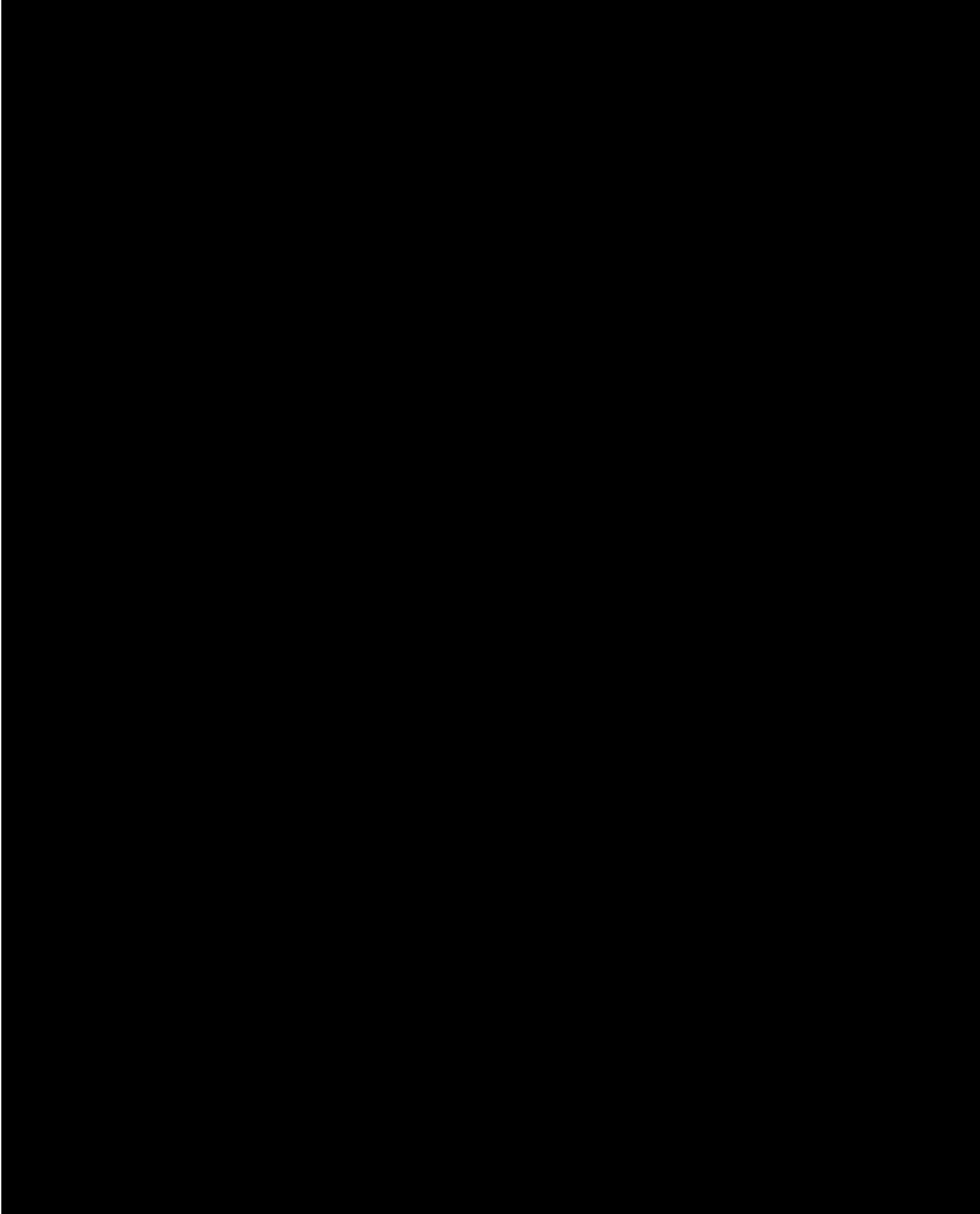


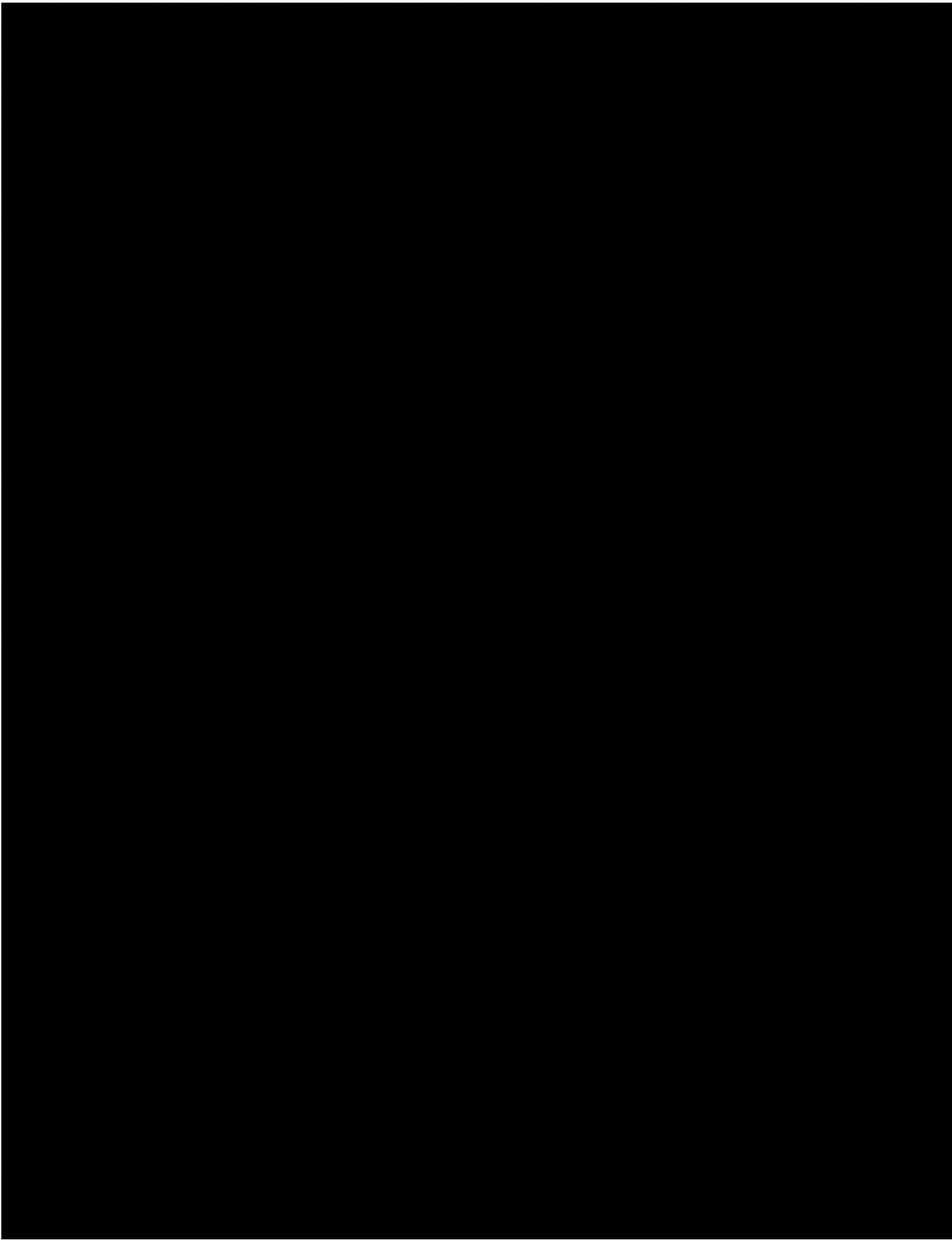




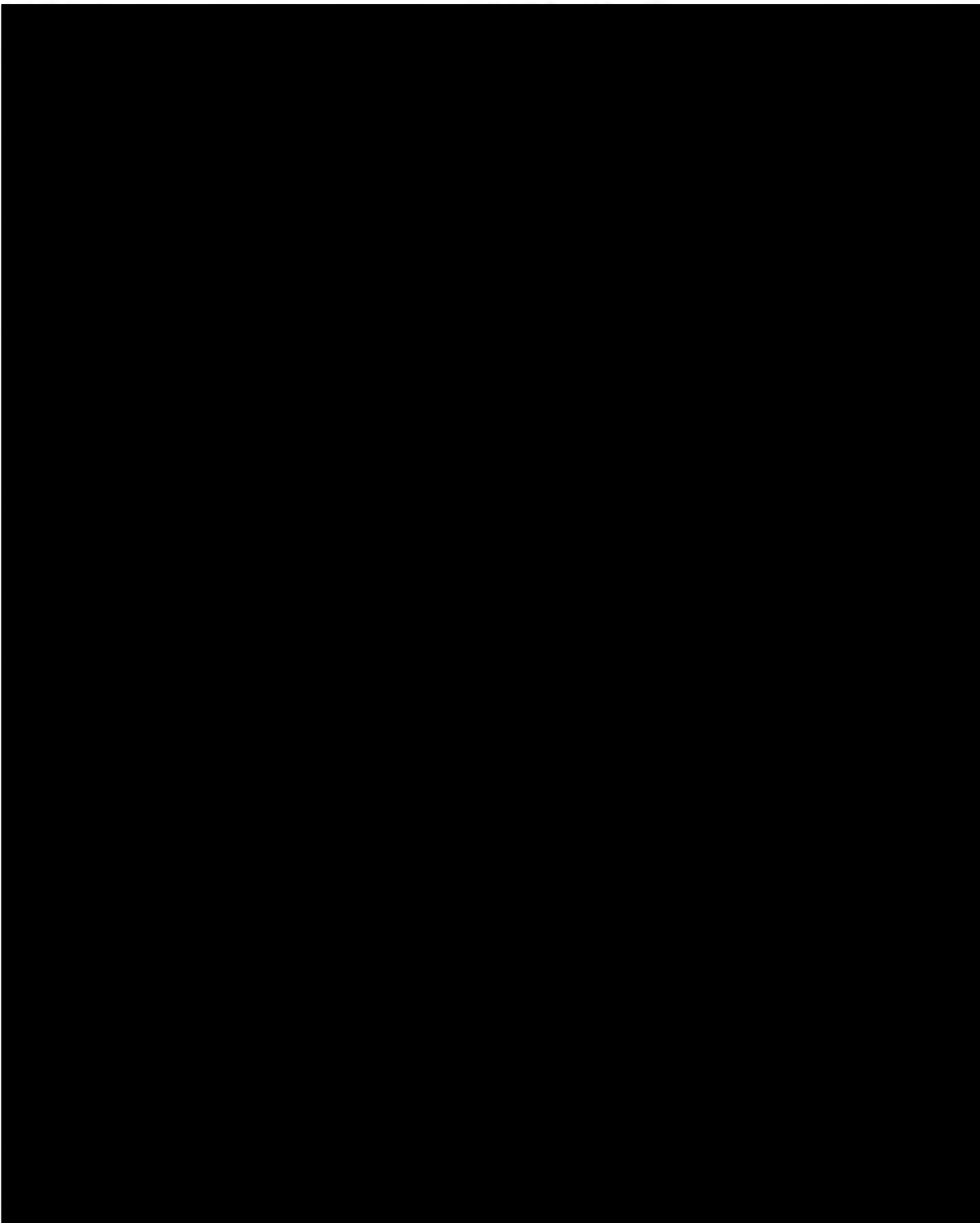


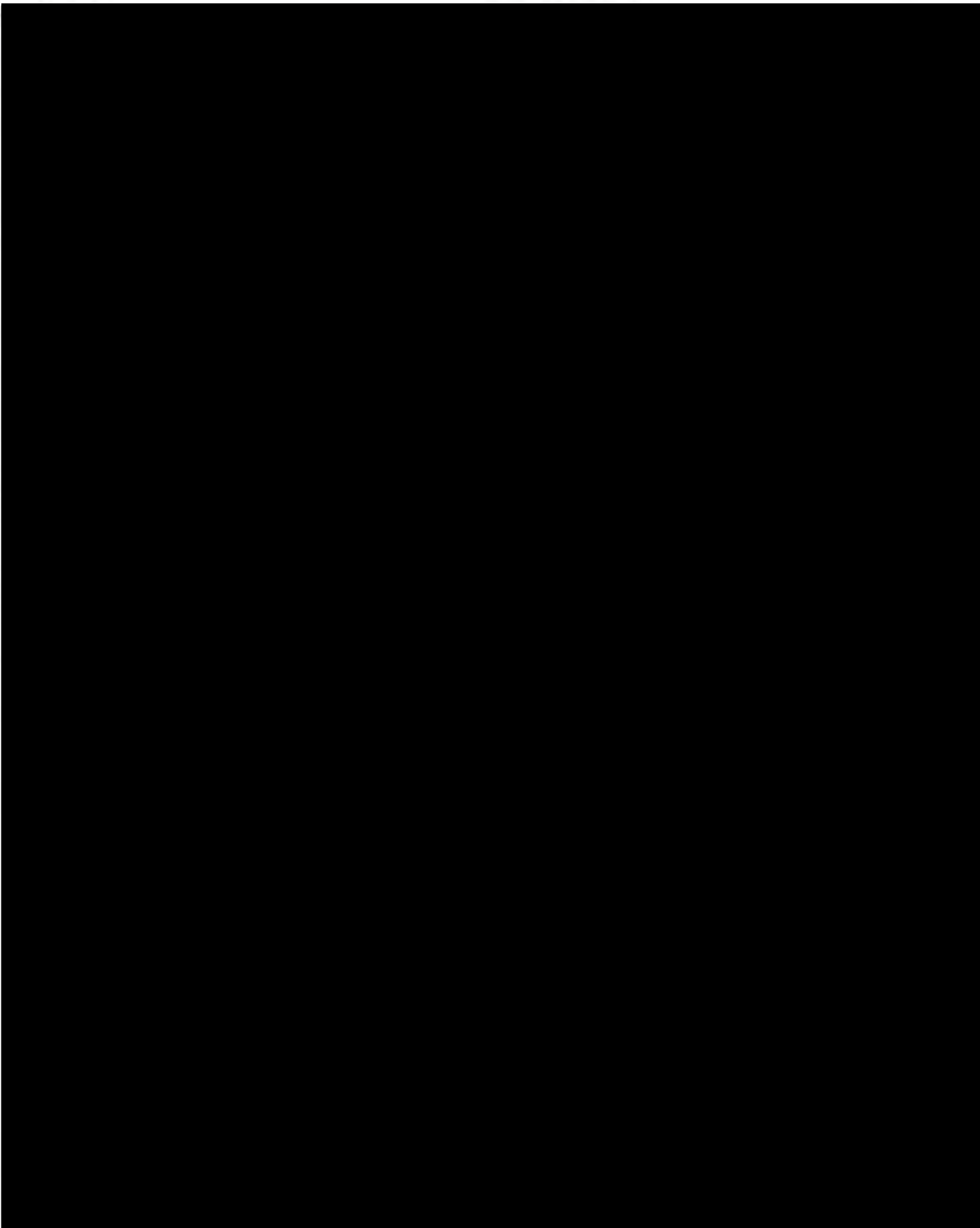


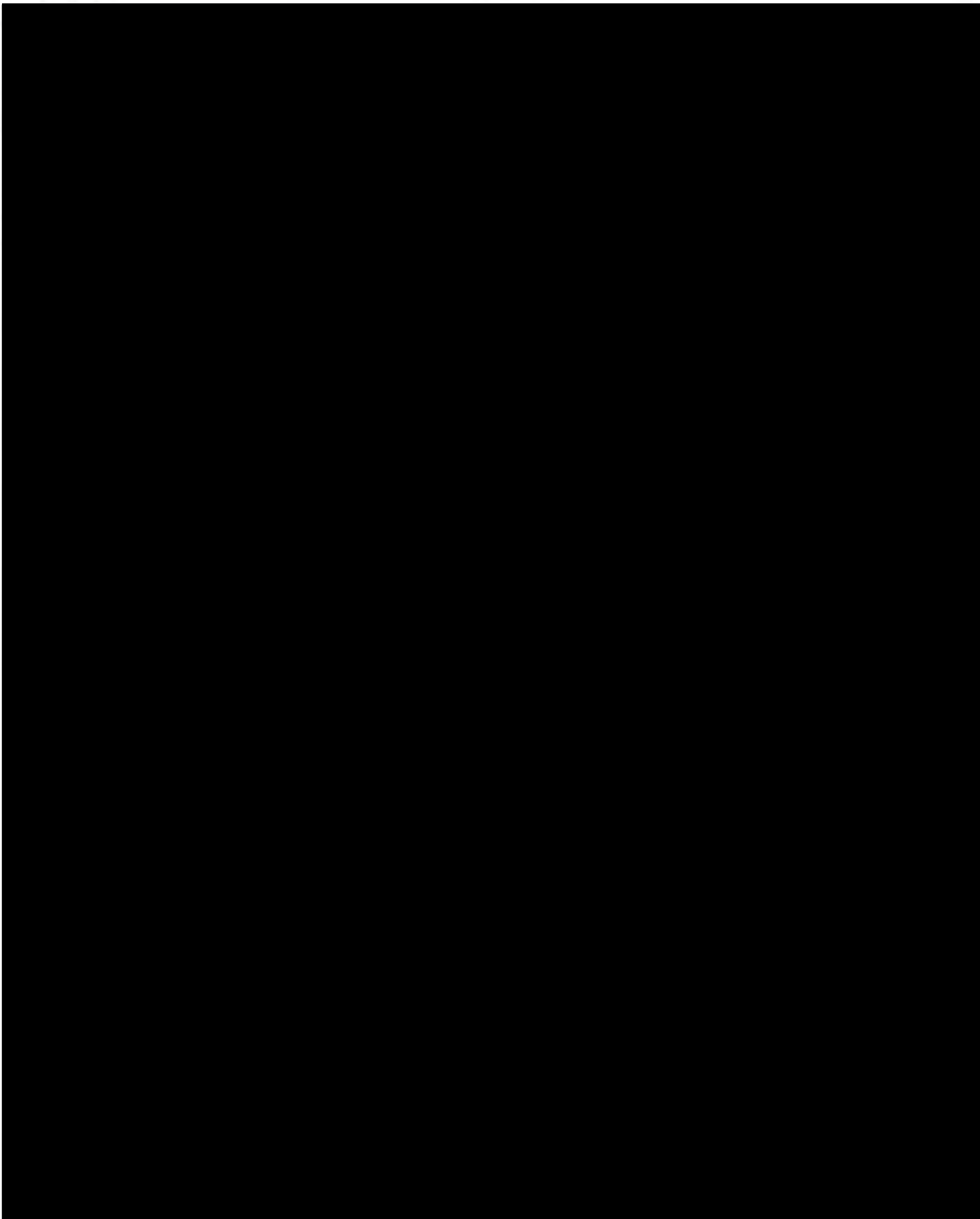


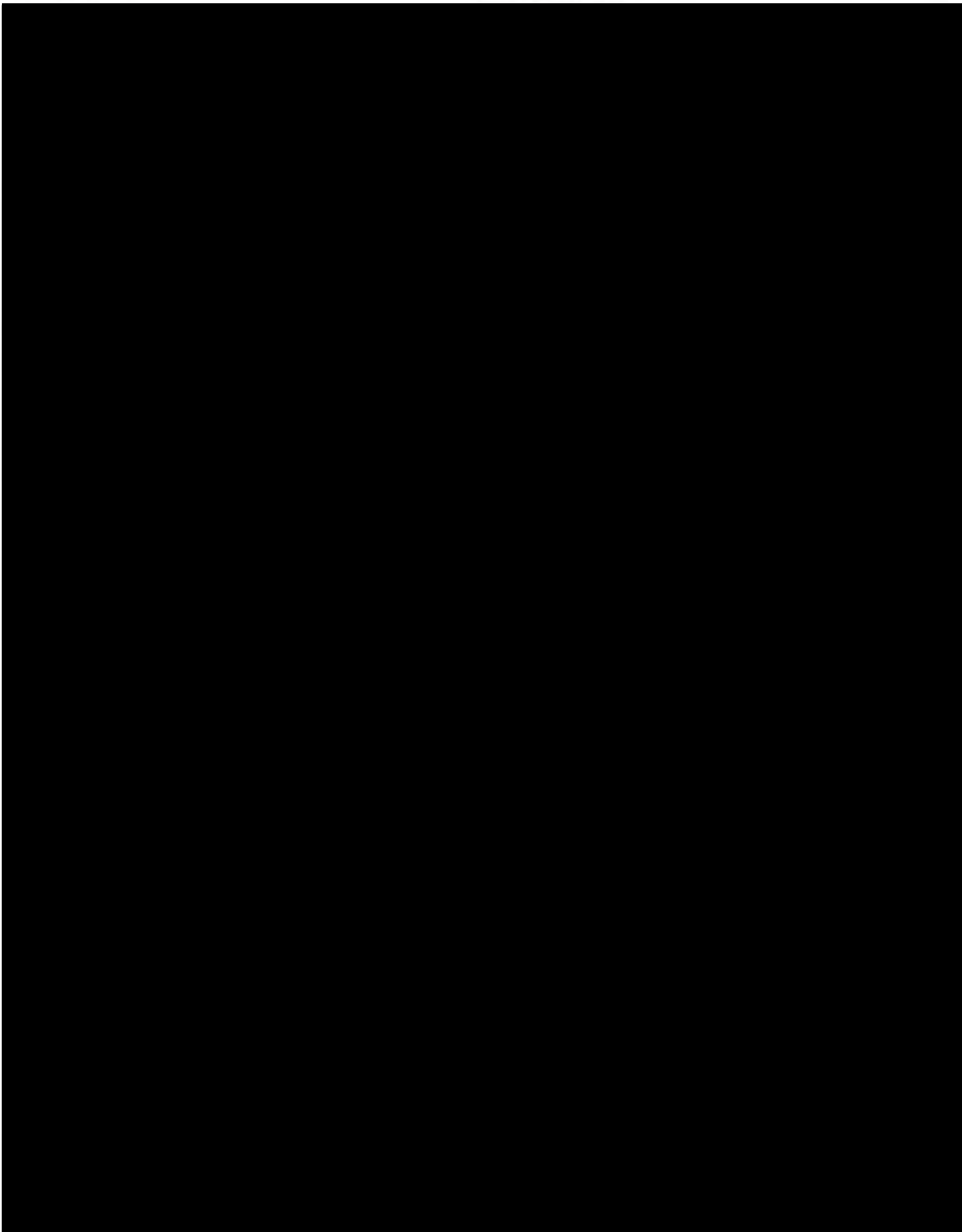


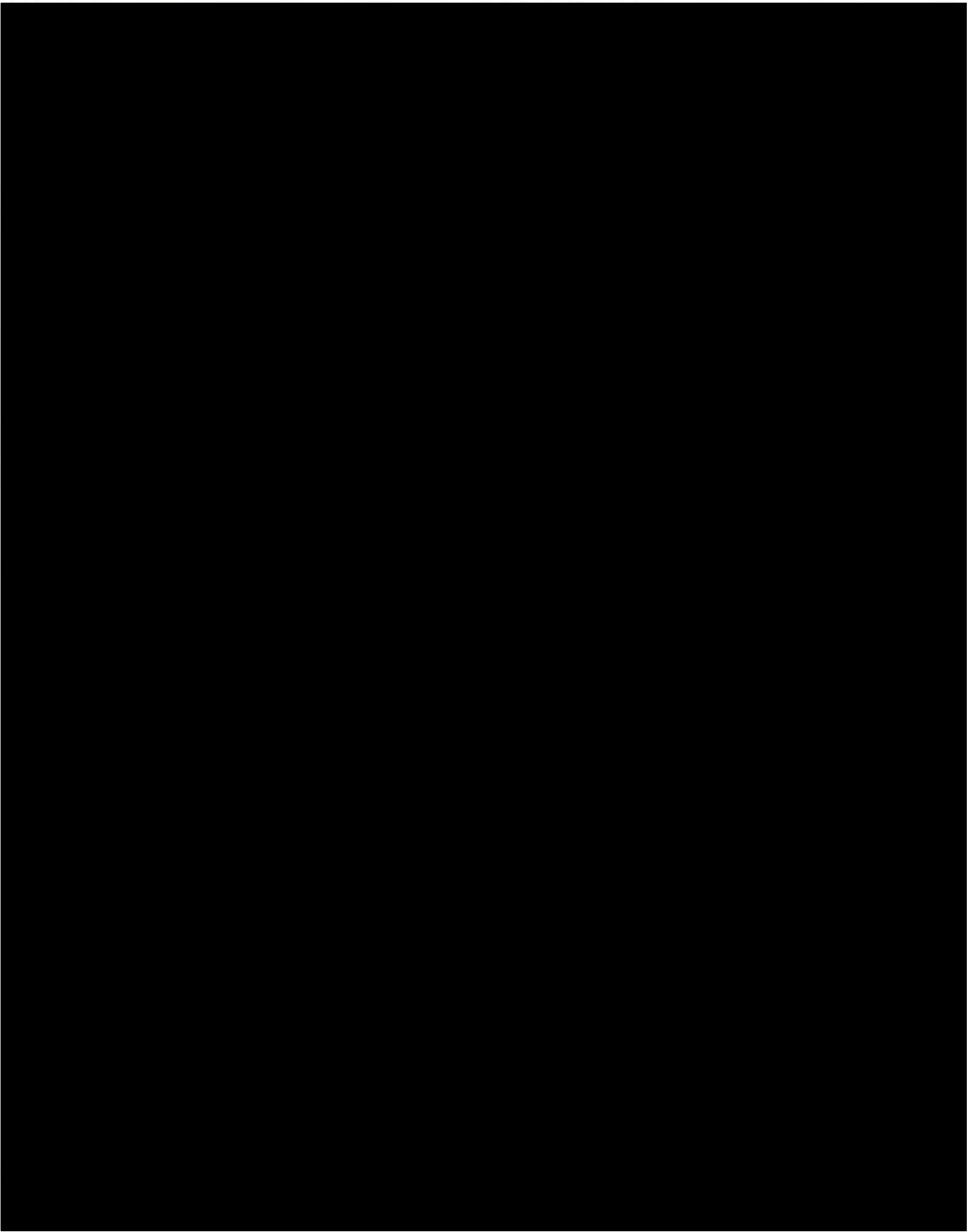












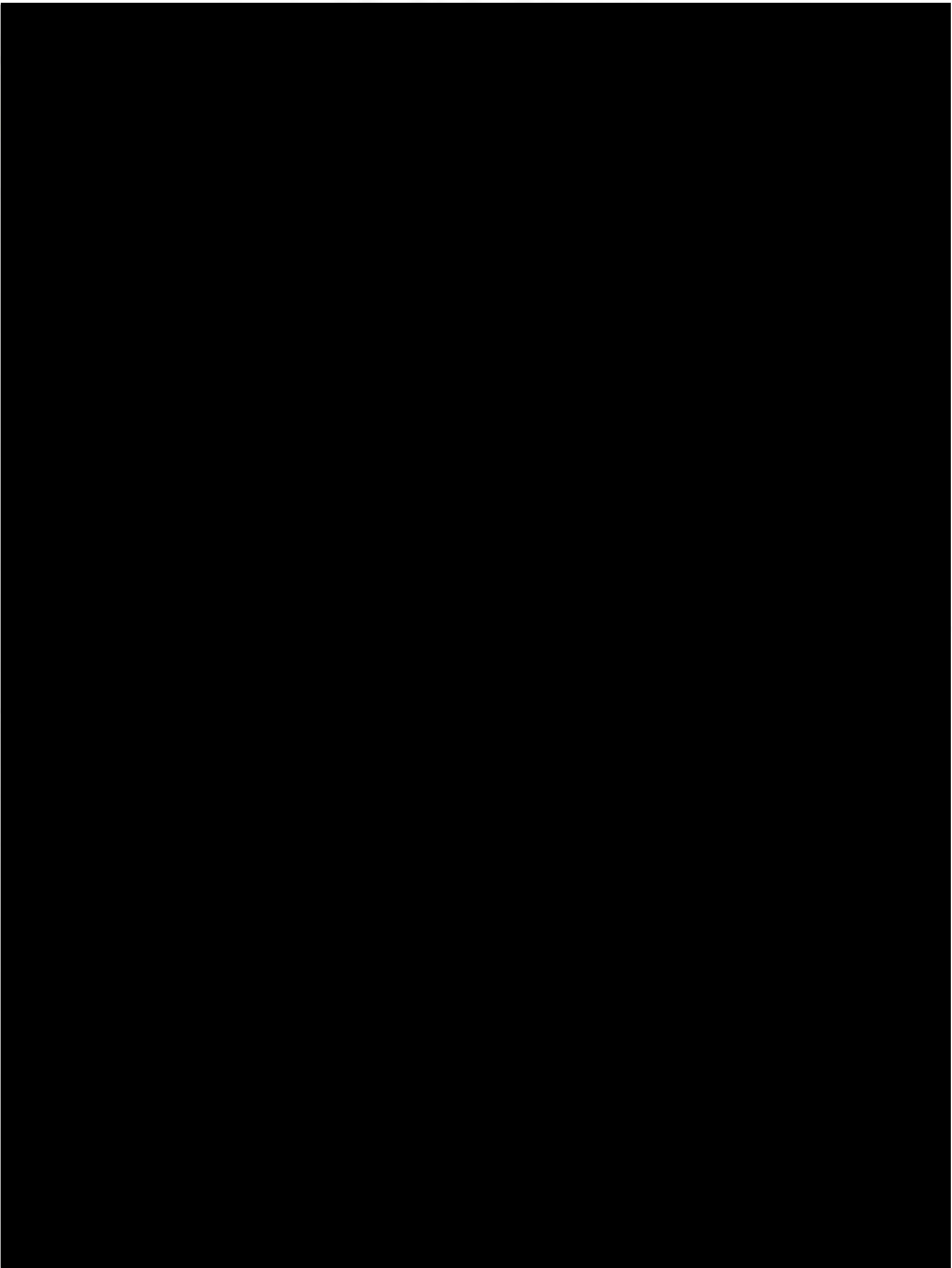


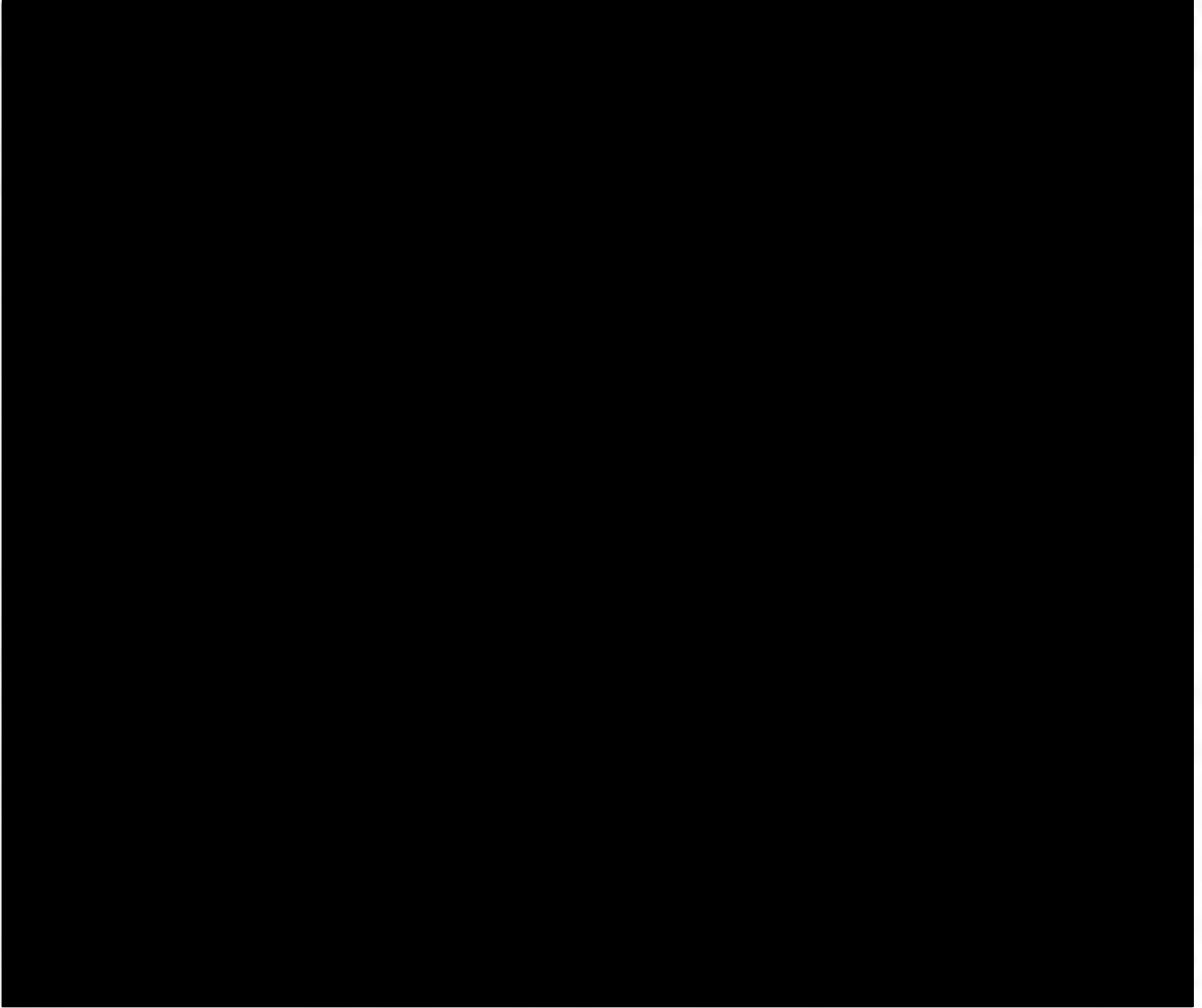


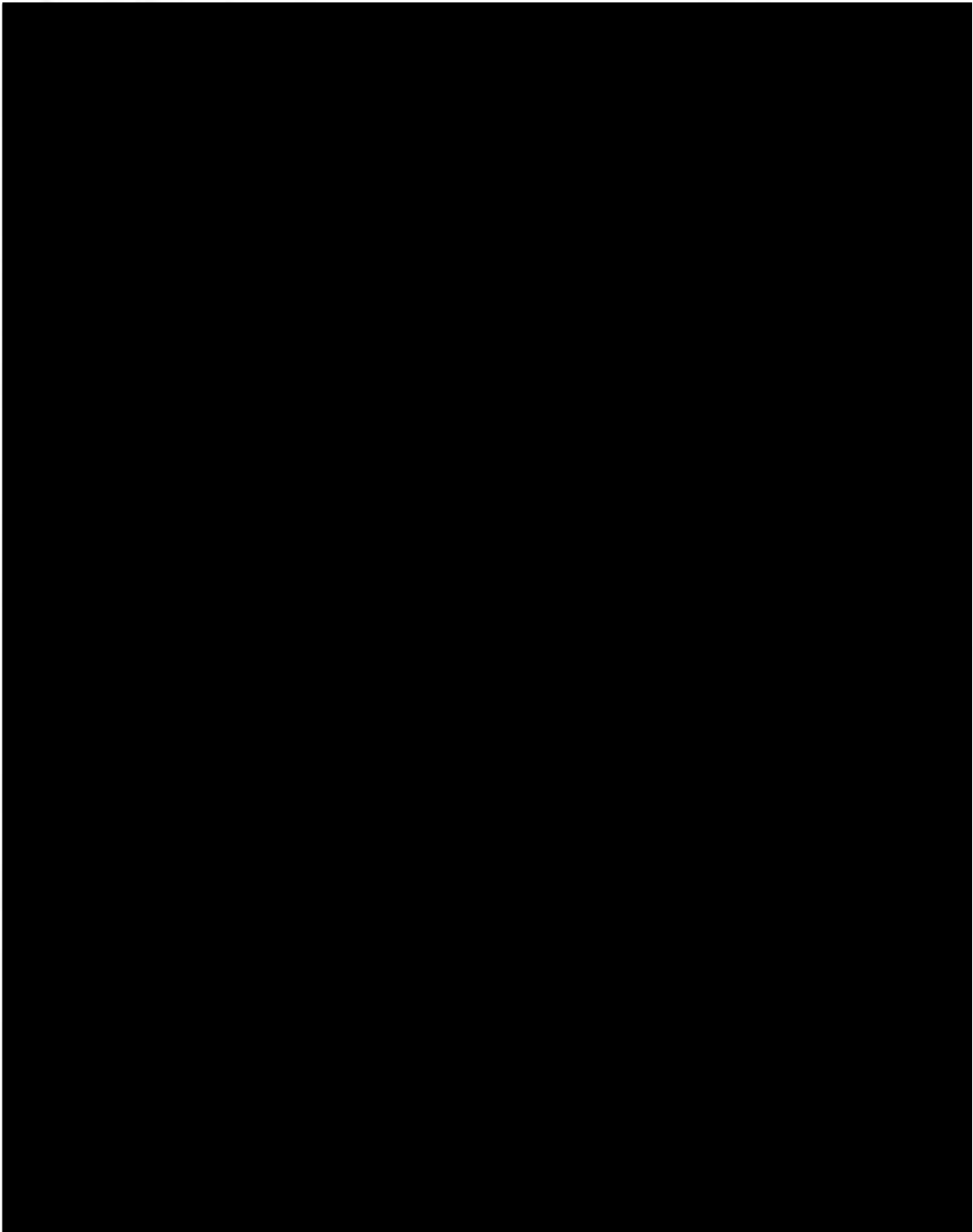








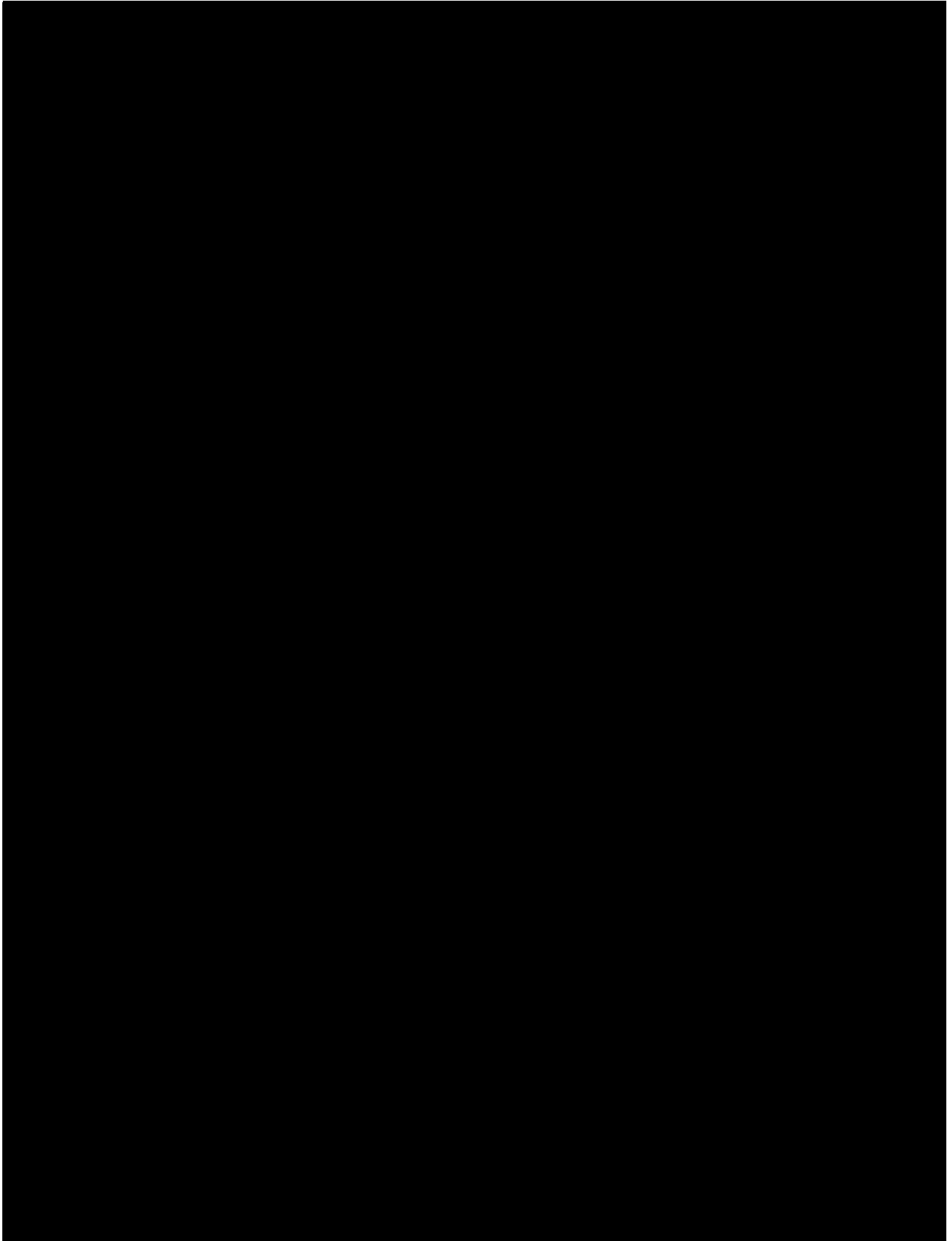




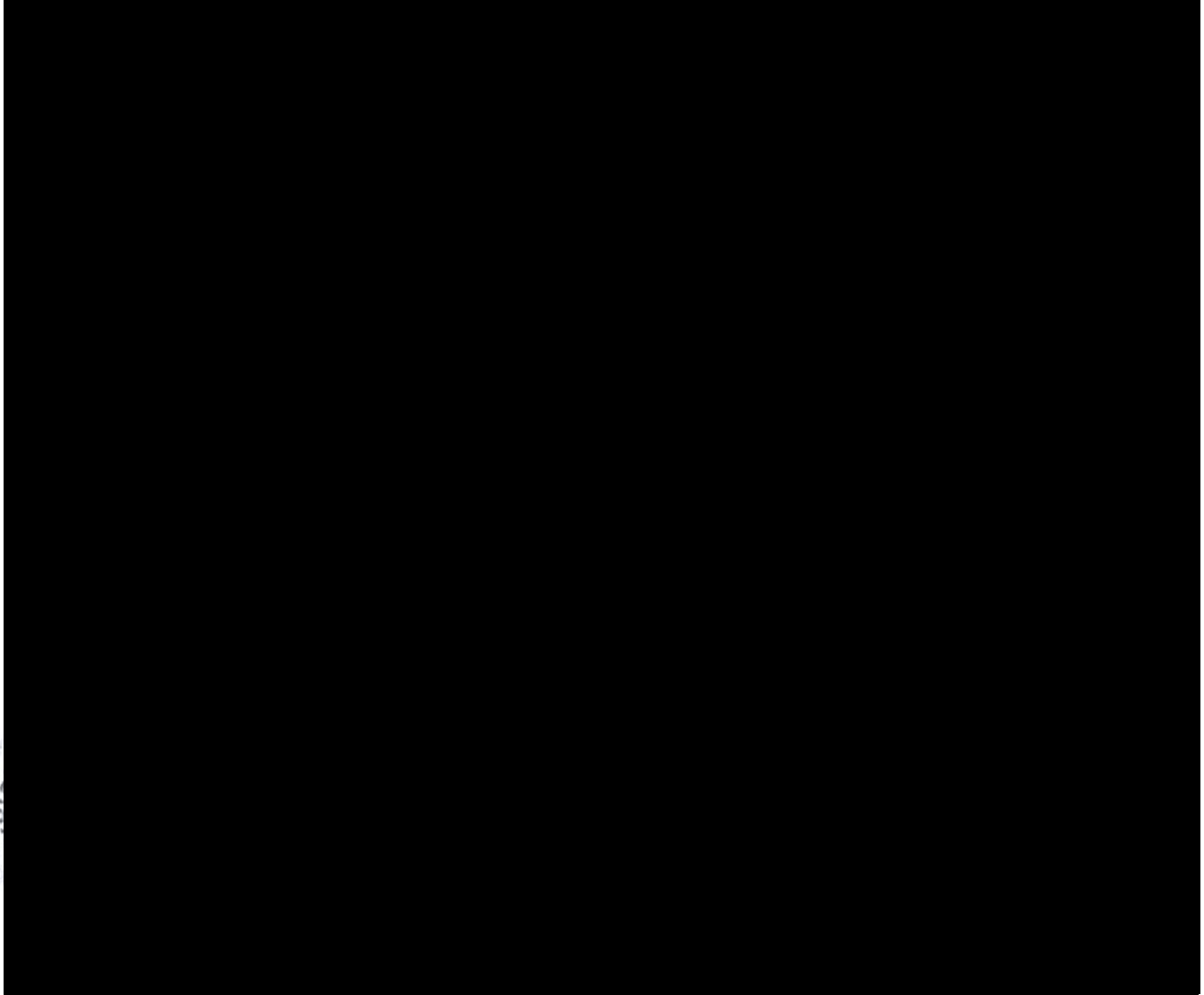


**Phillip Pouncey - Proof of Residency Documentation**

Proof of Residency Documents - Attachment to Exhibit 2

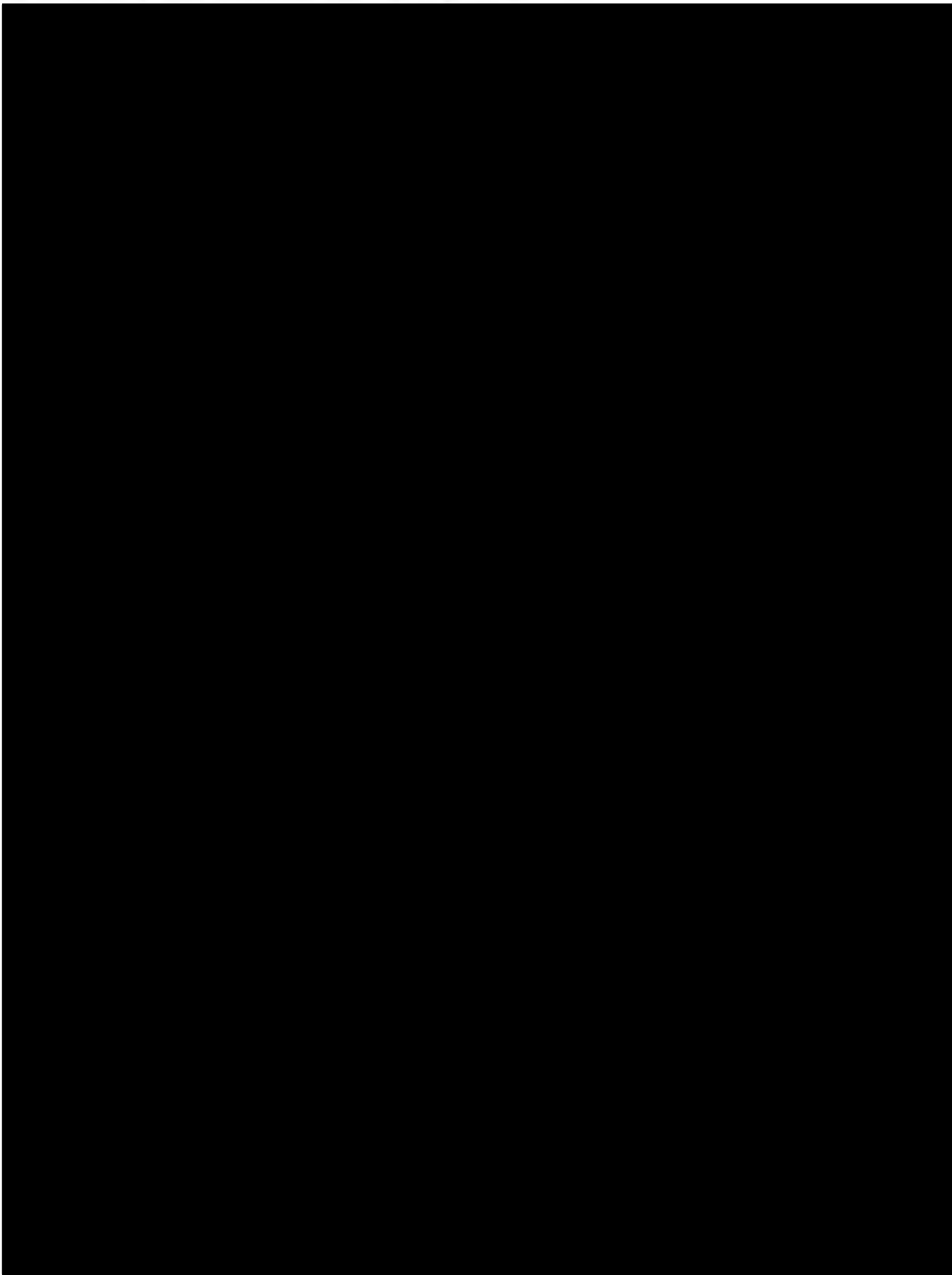


Proof of Residency Documents - Attachment to Exhibit 2





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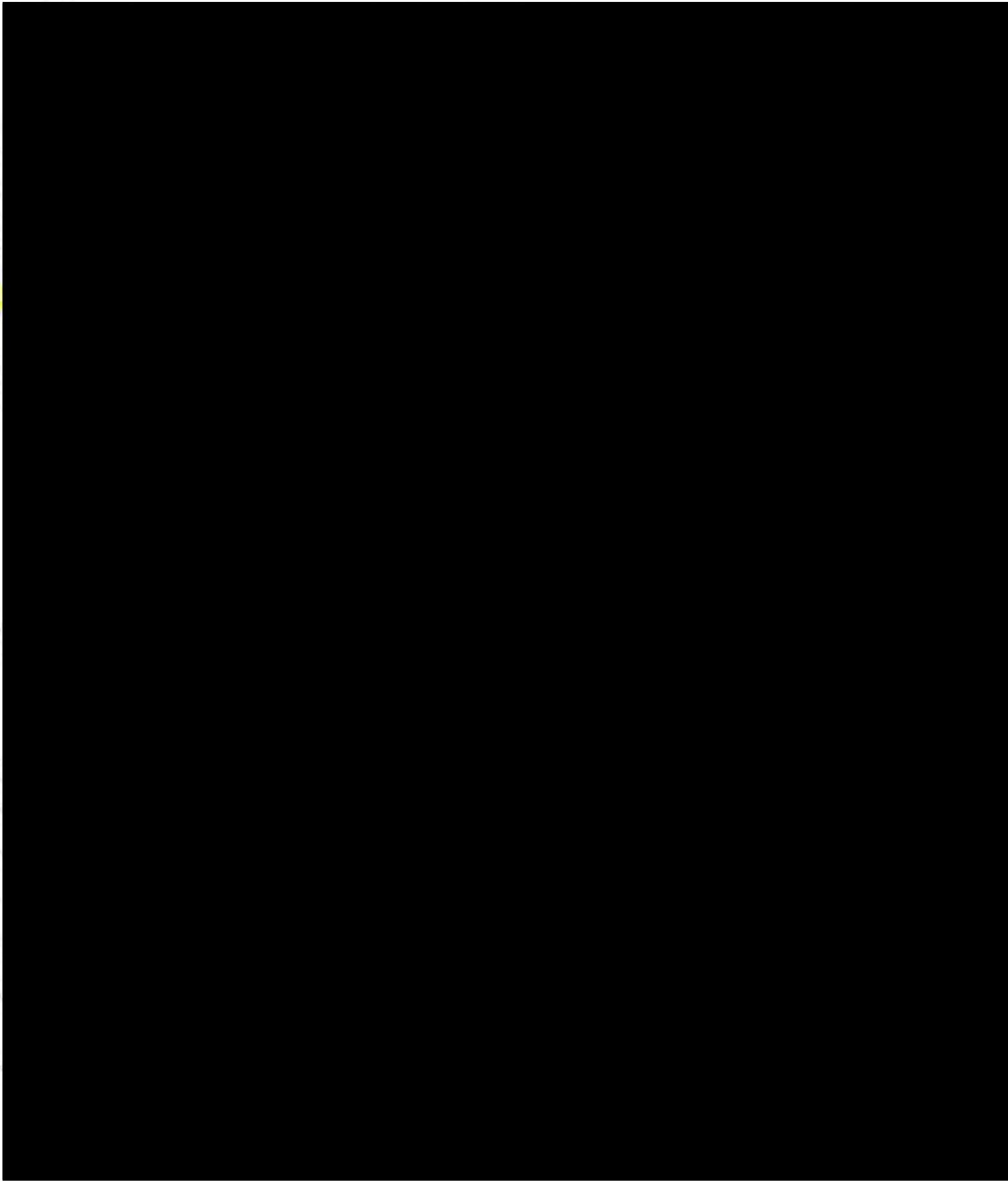
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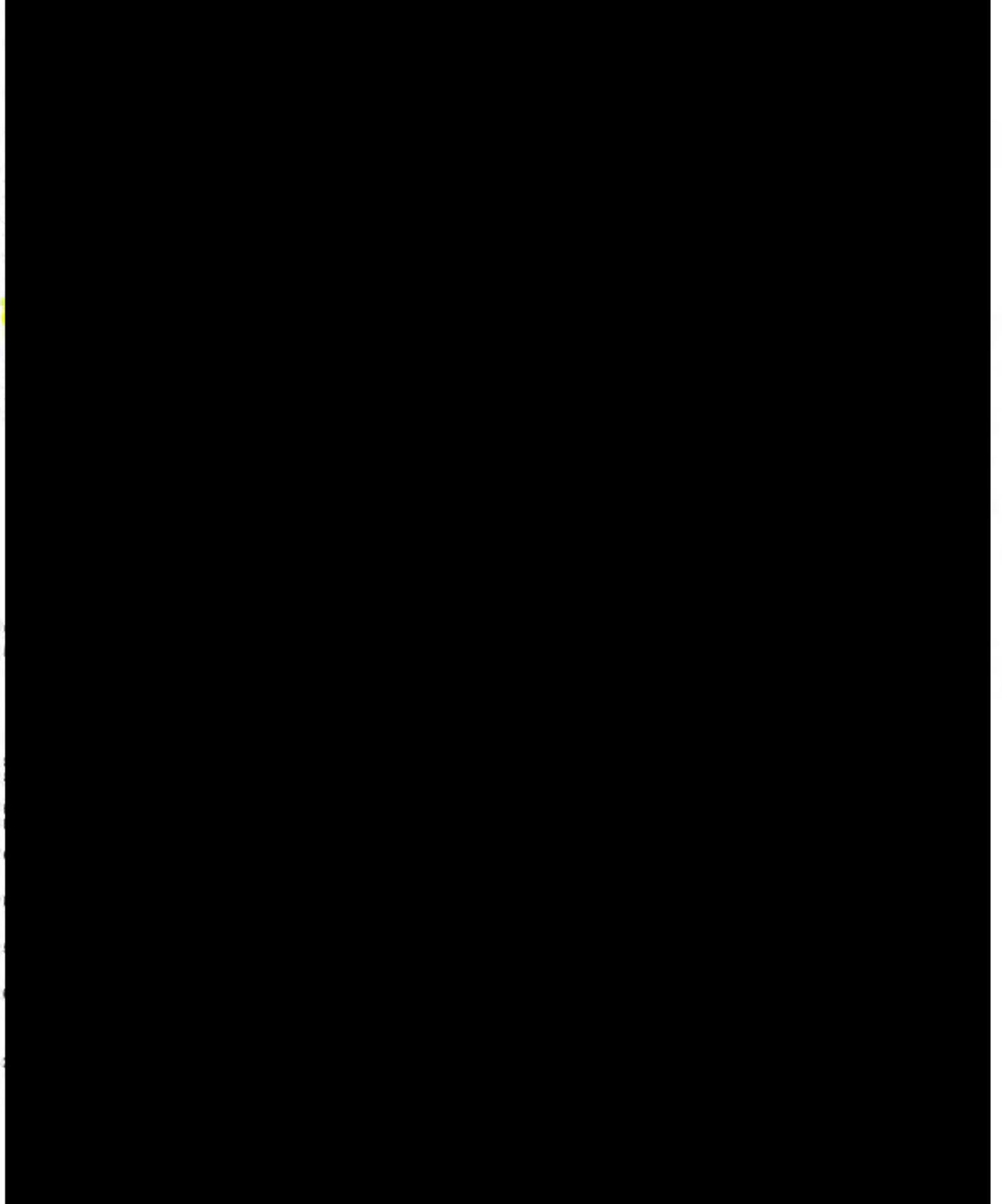
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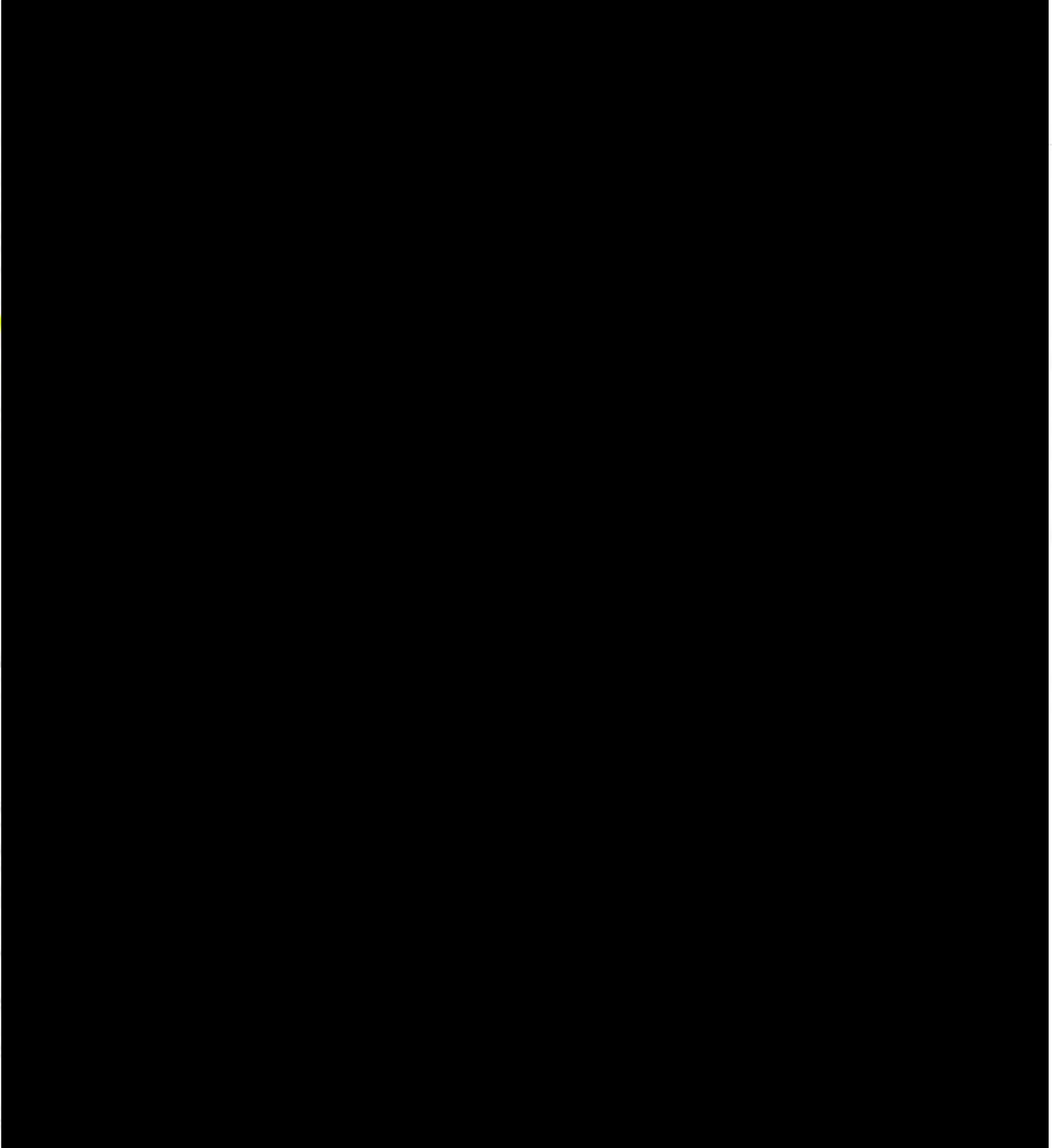
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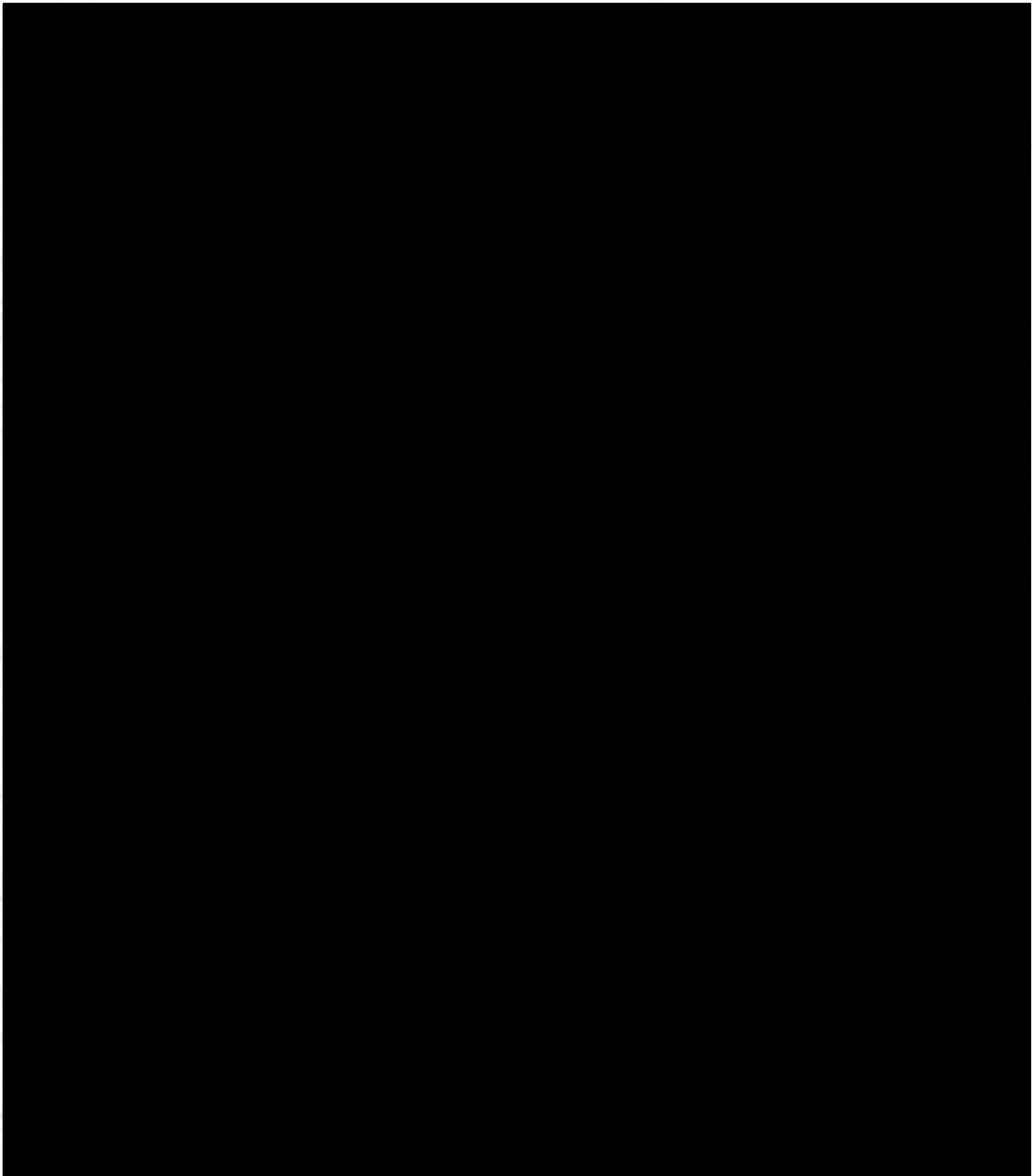
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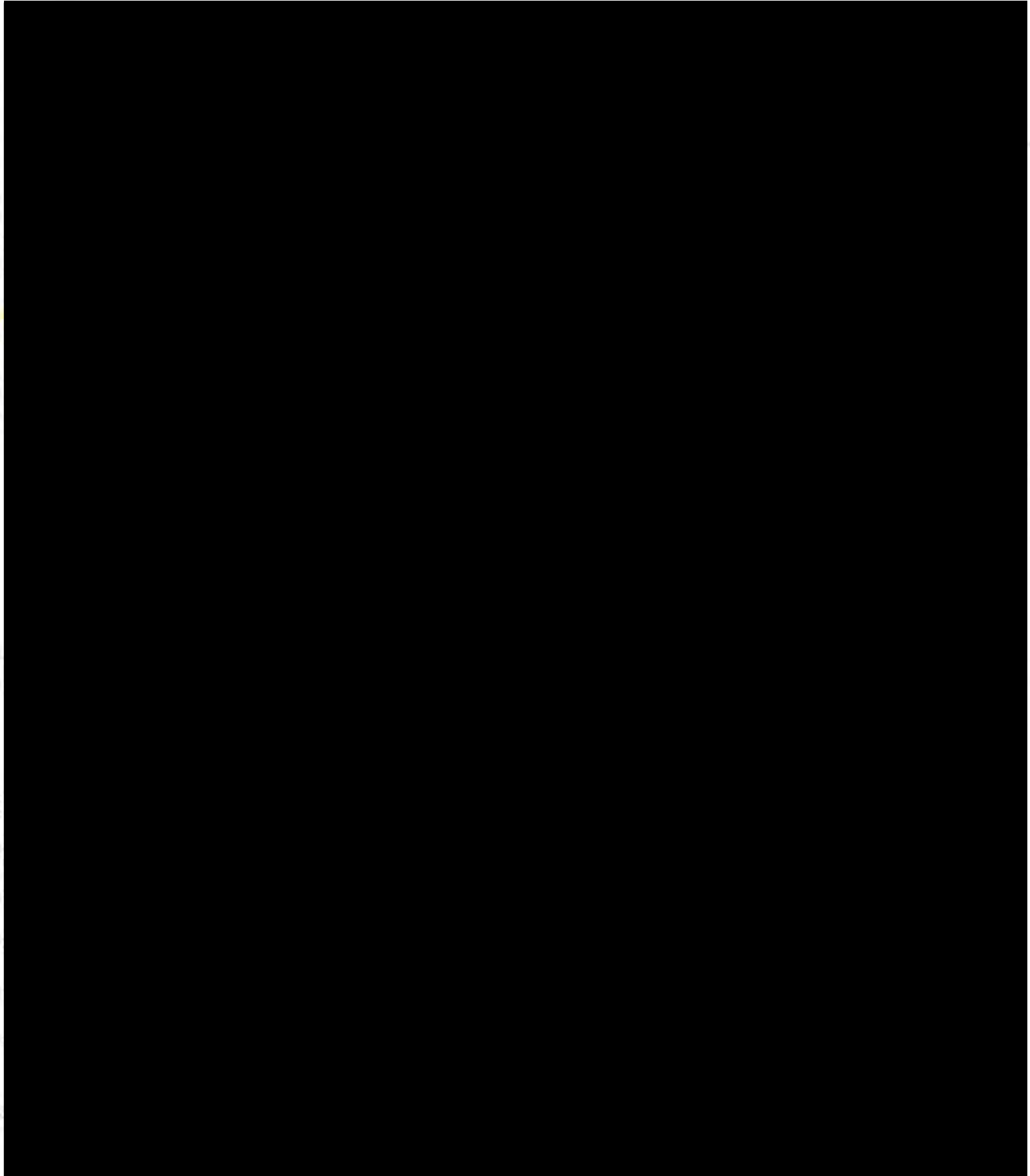


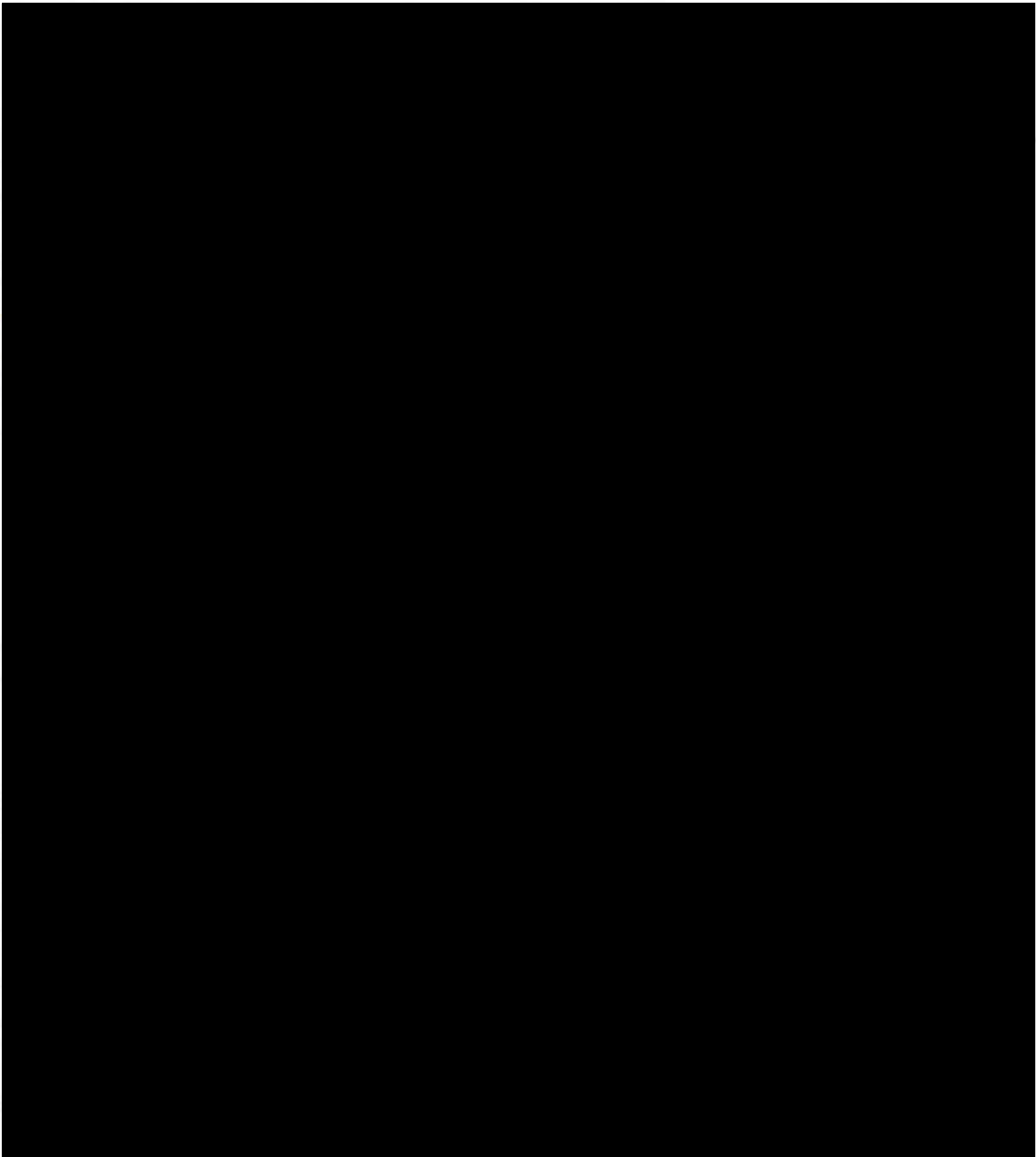


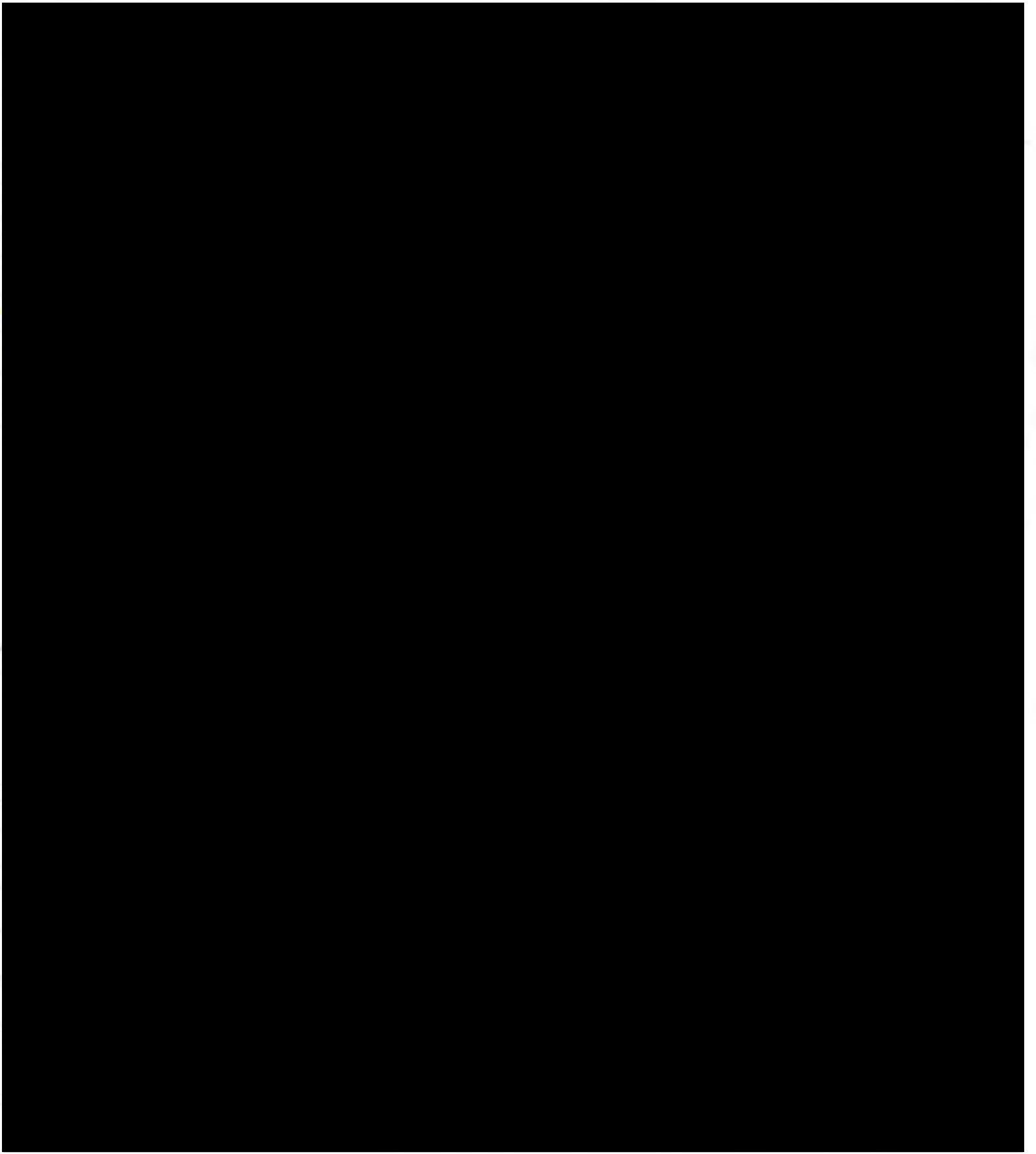


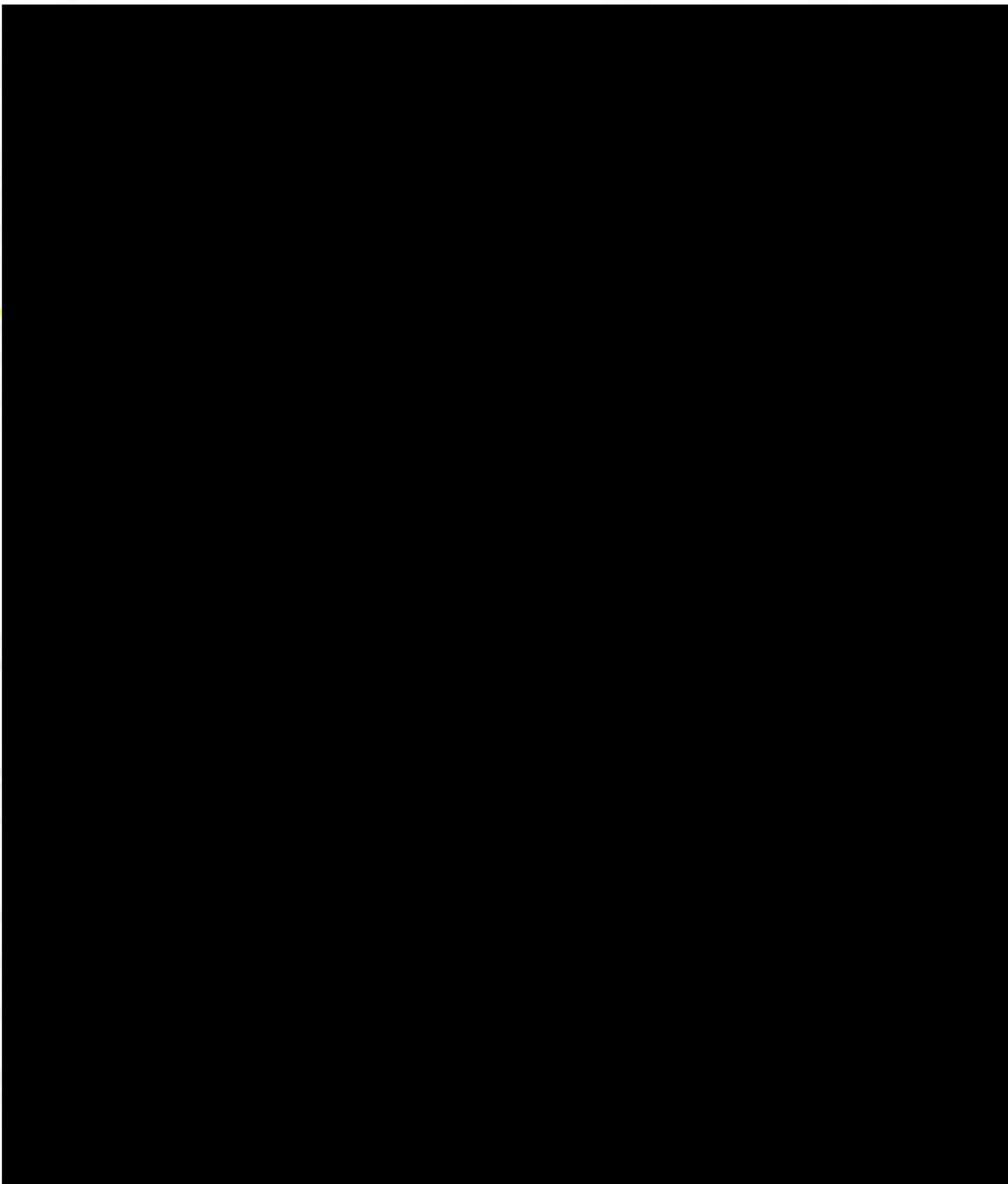


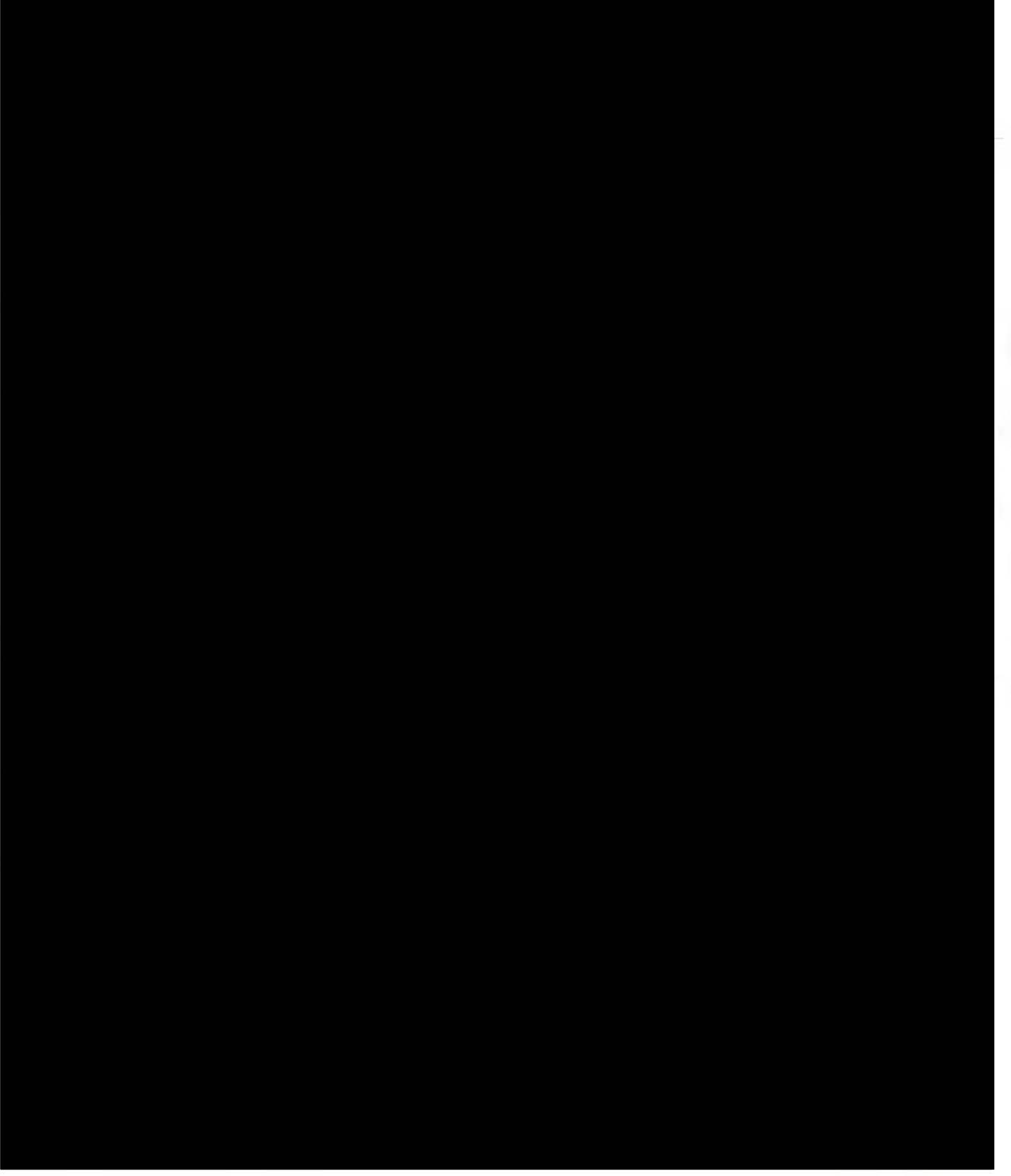


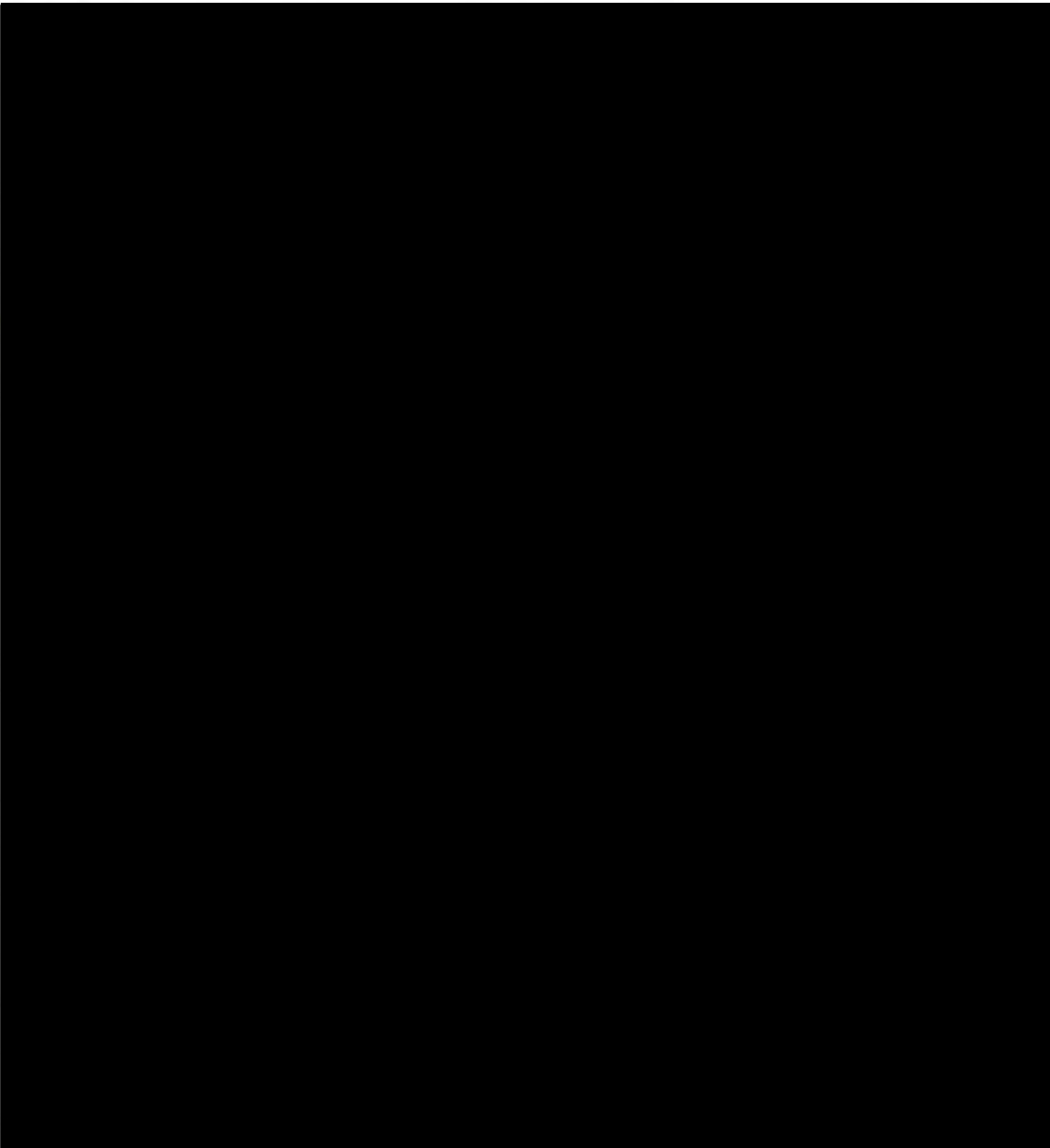


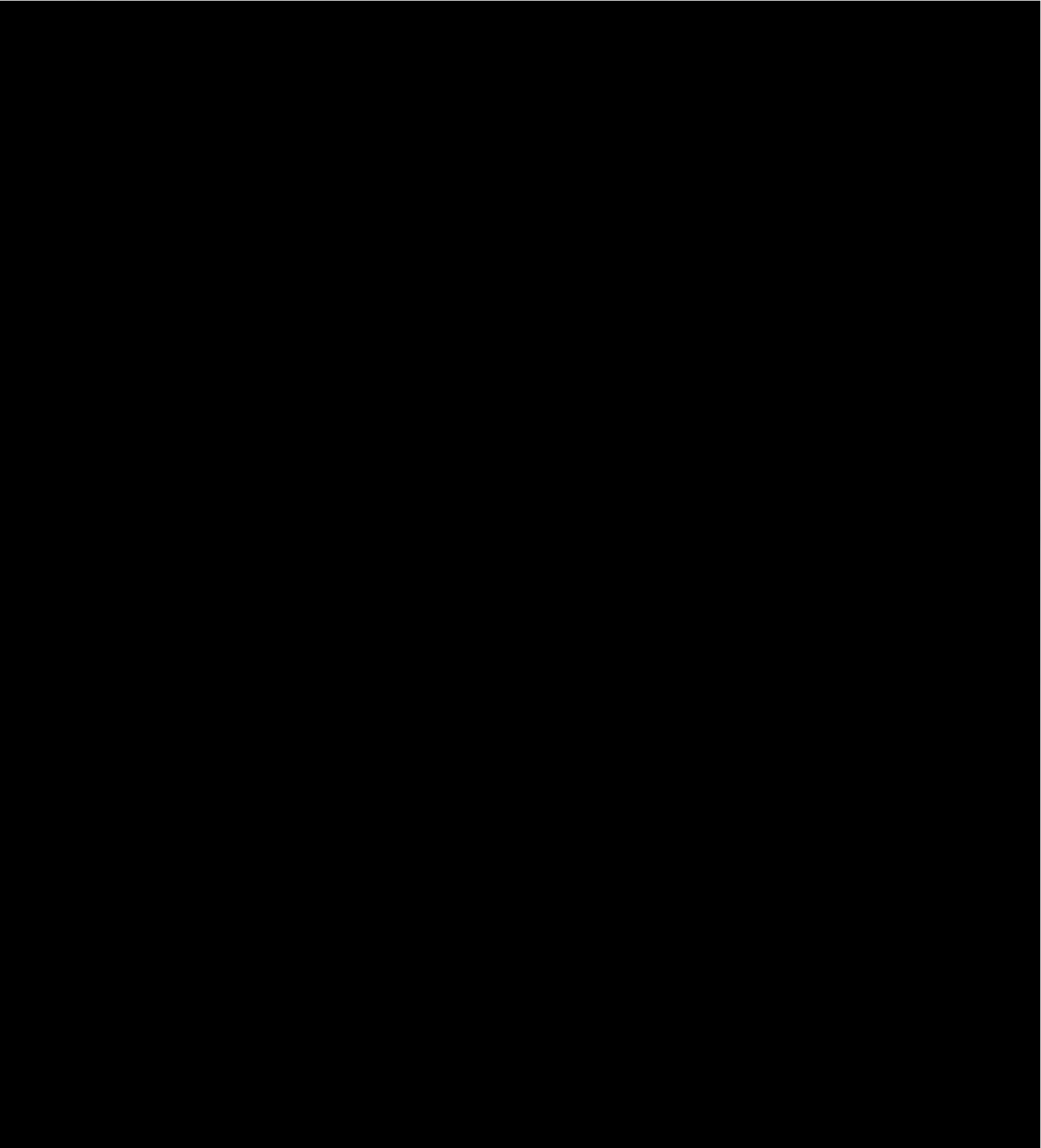


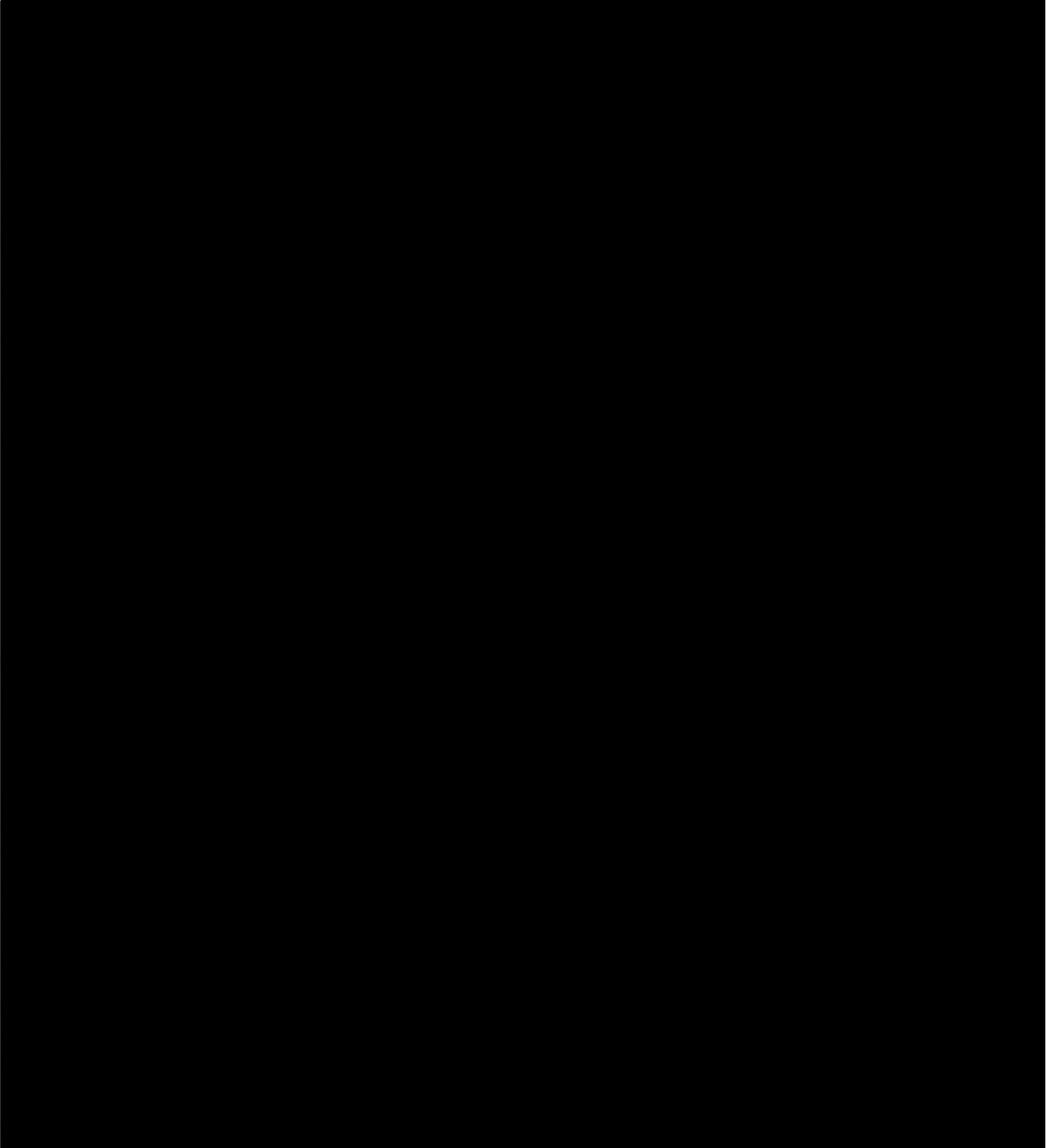




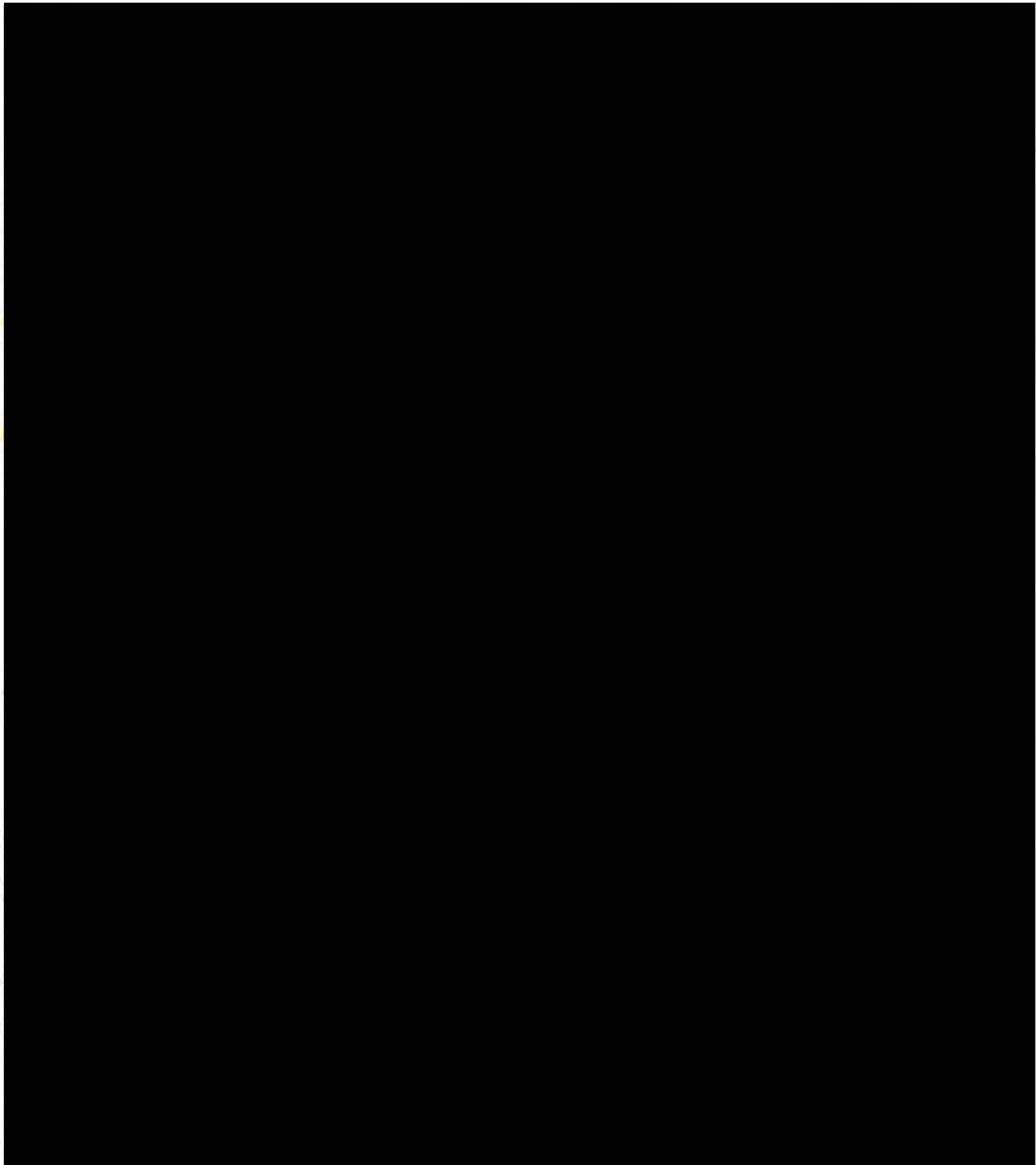




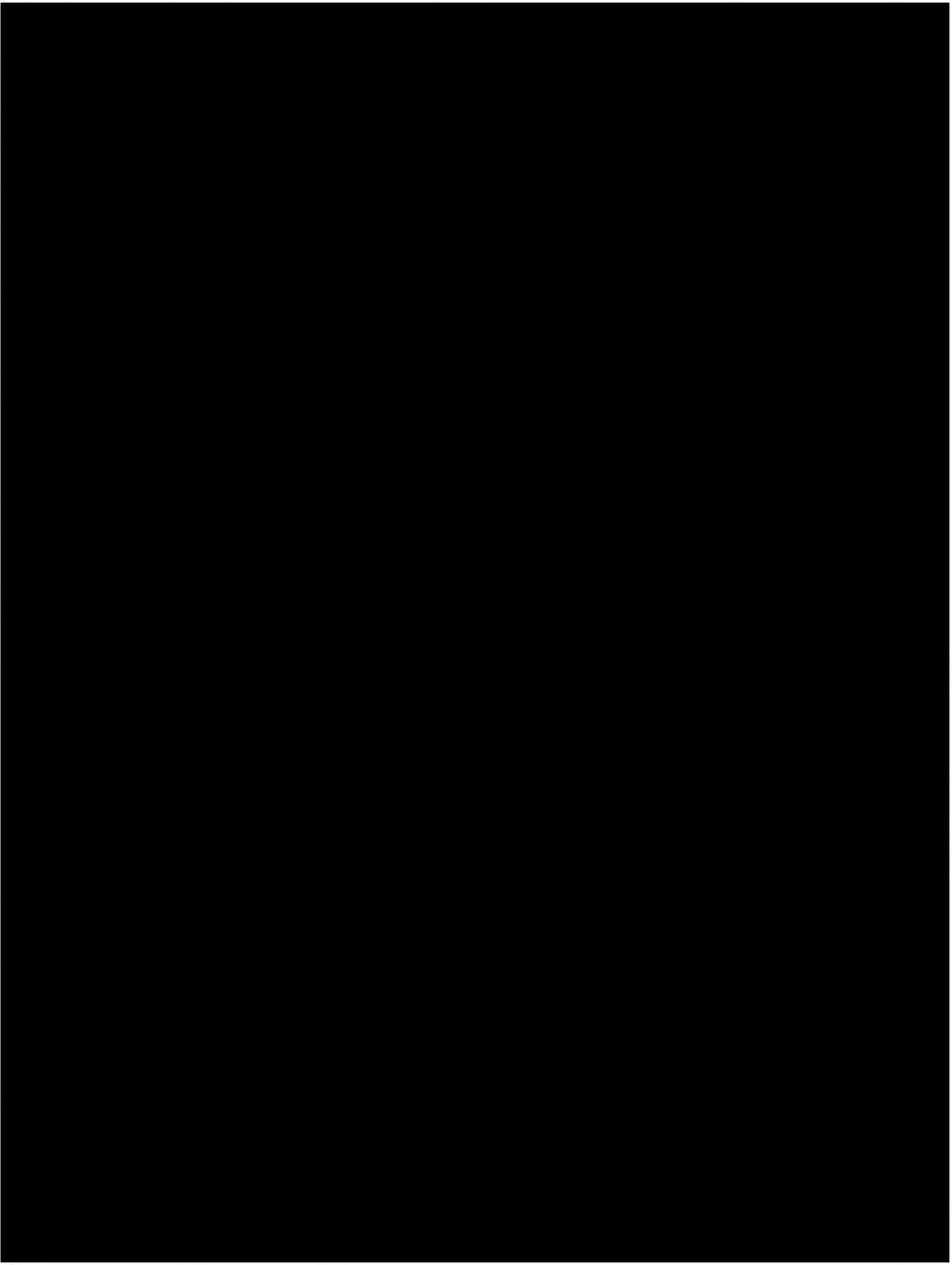




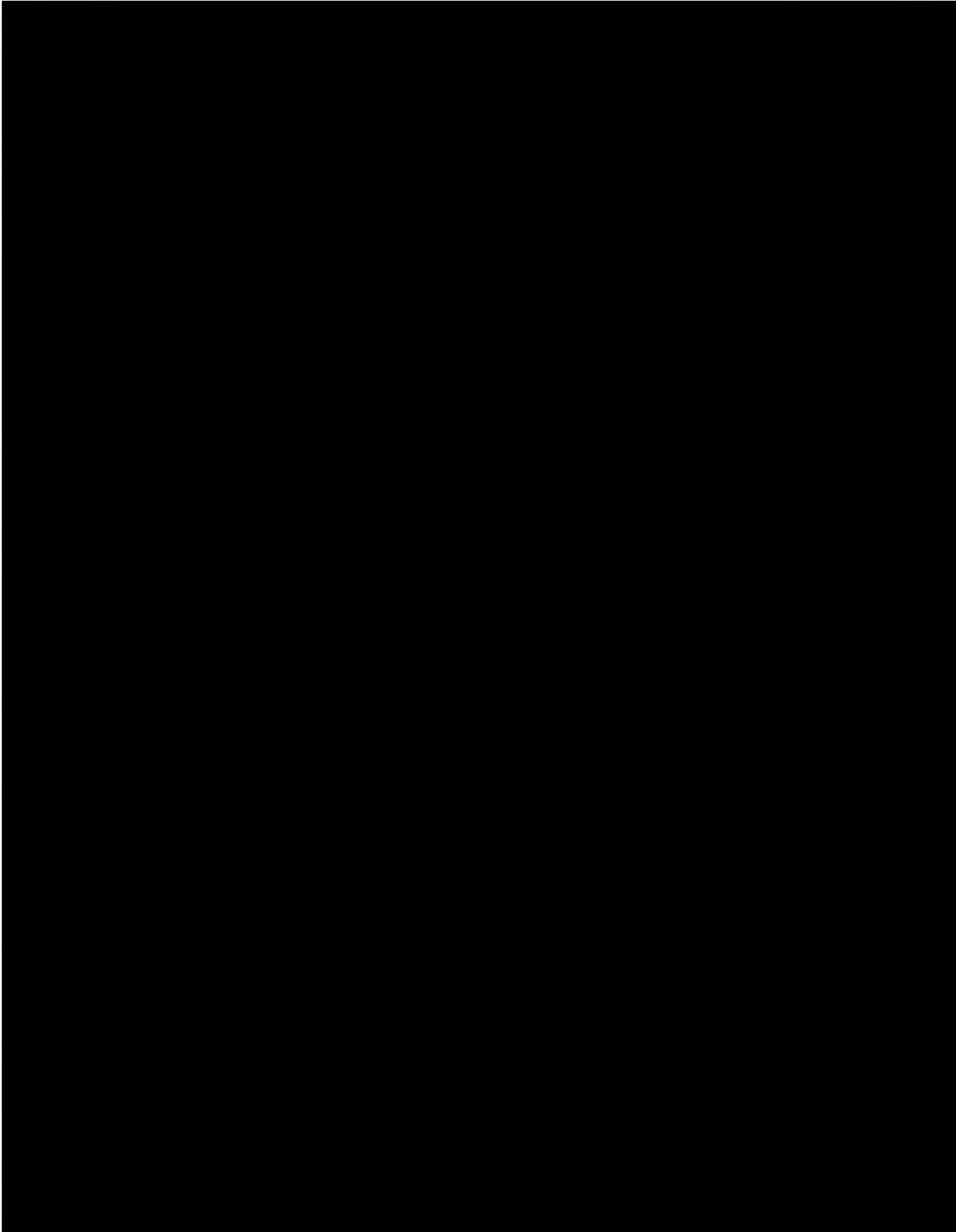


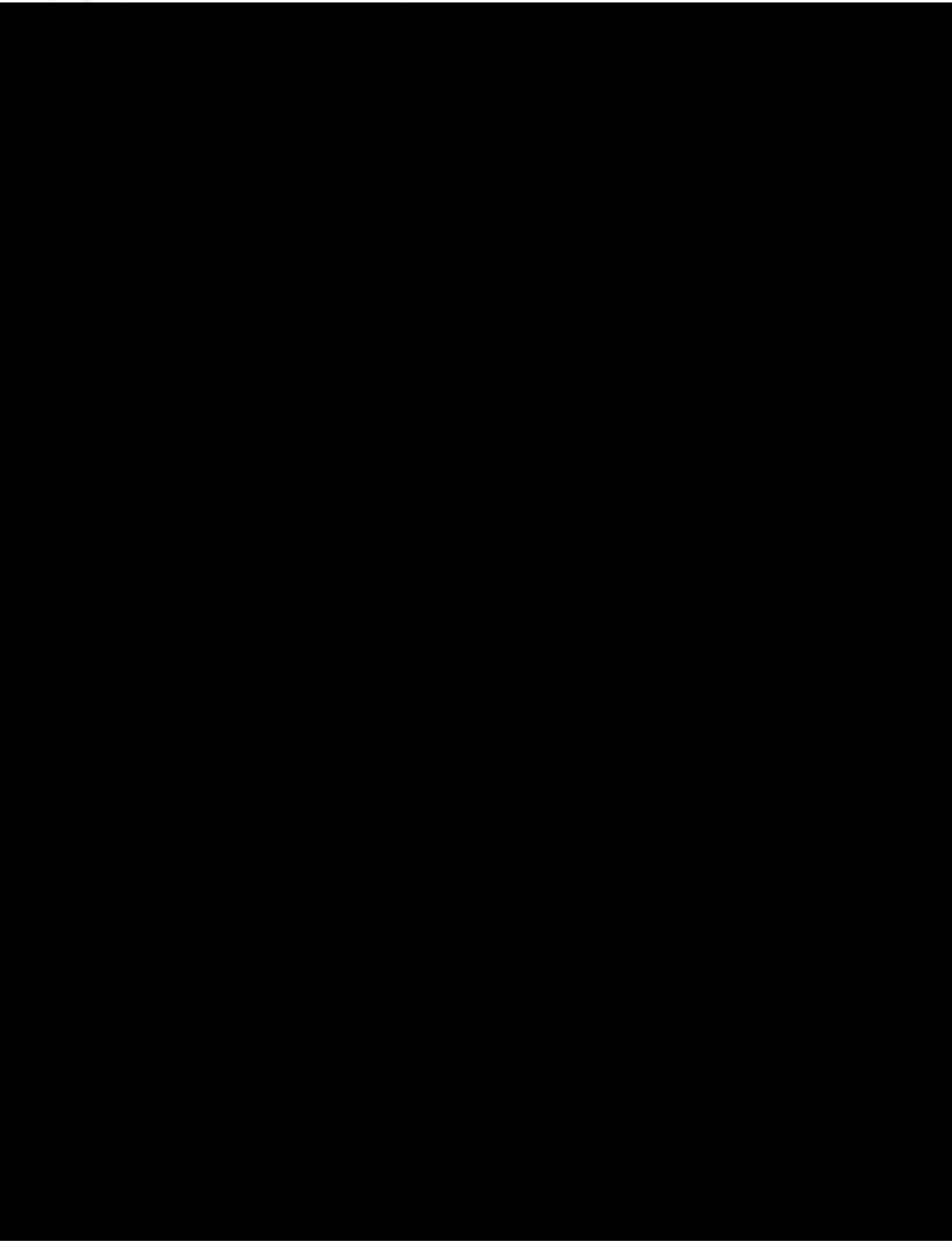


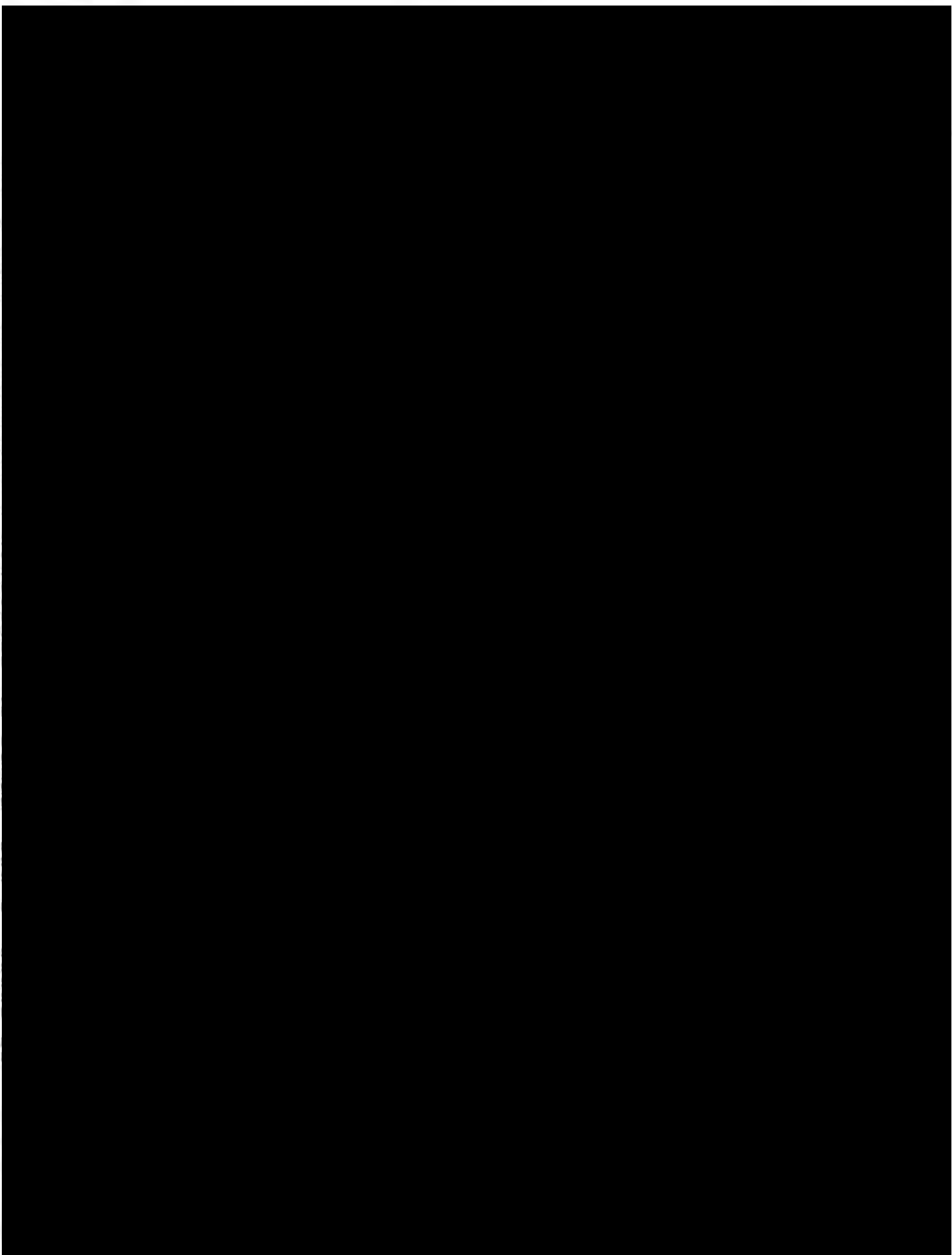


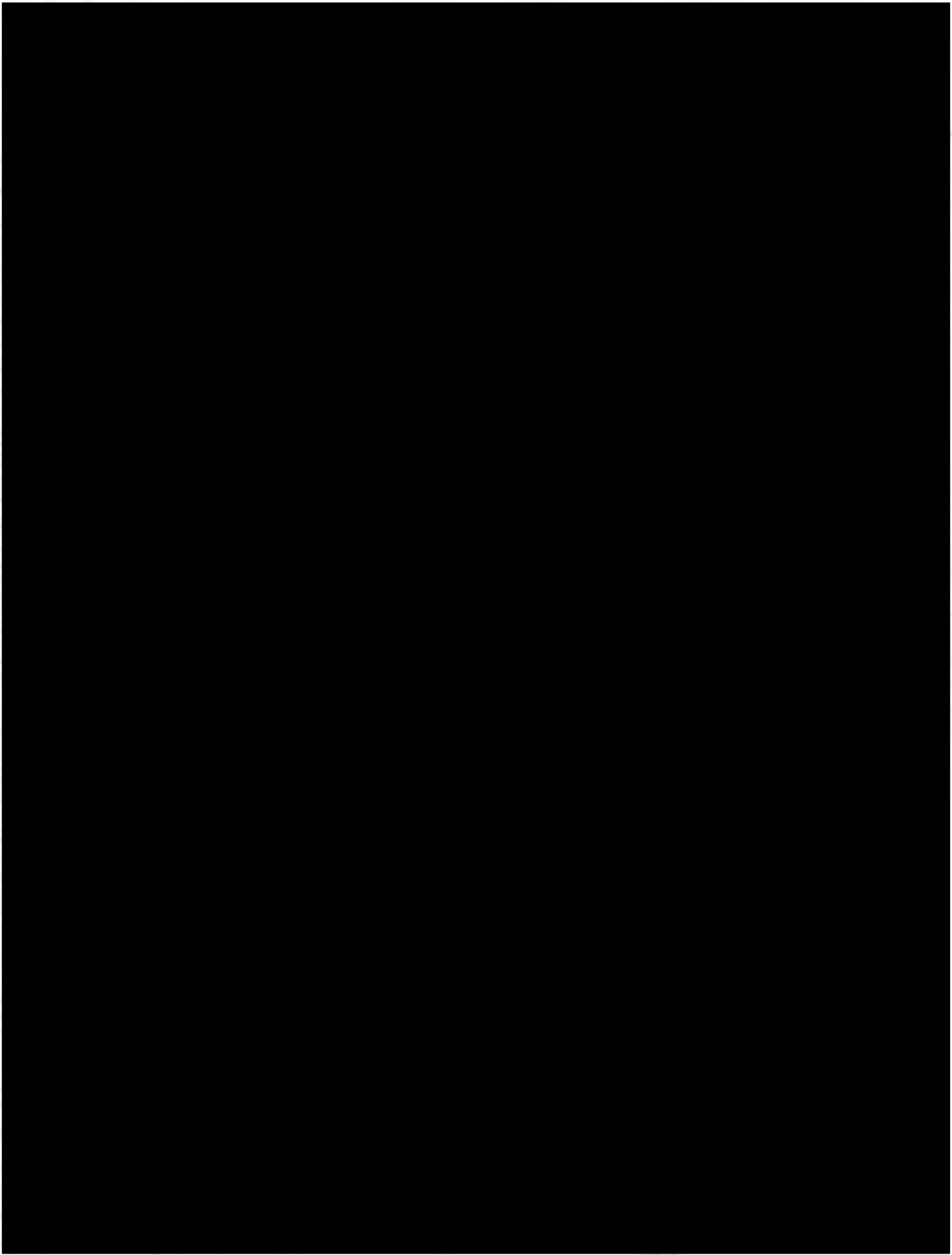






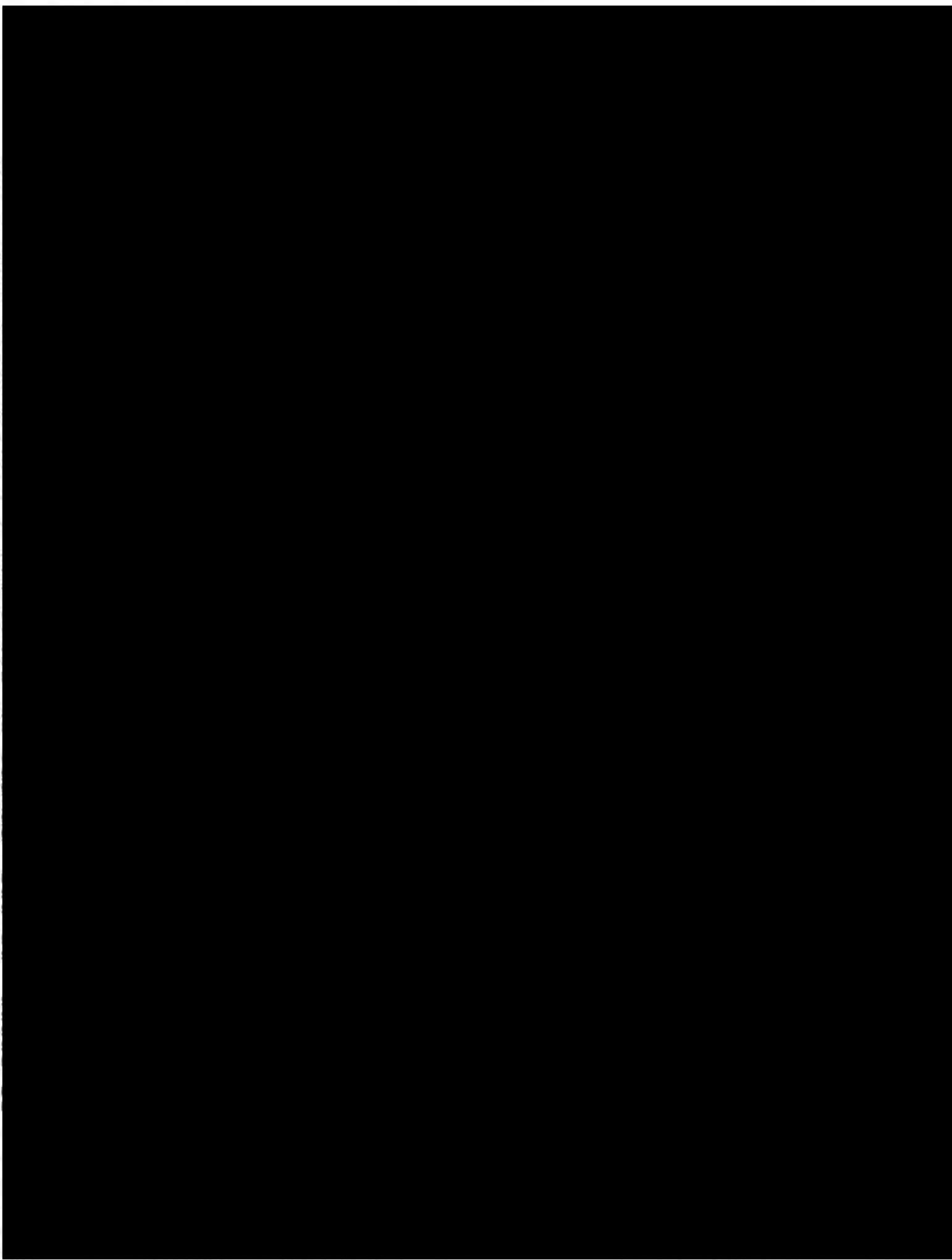


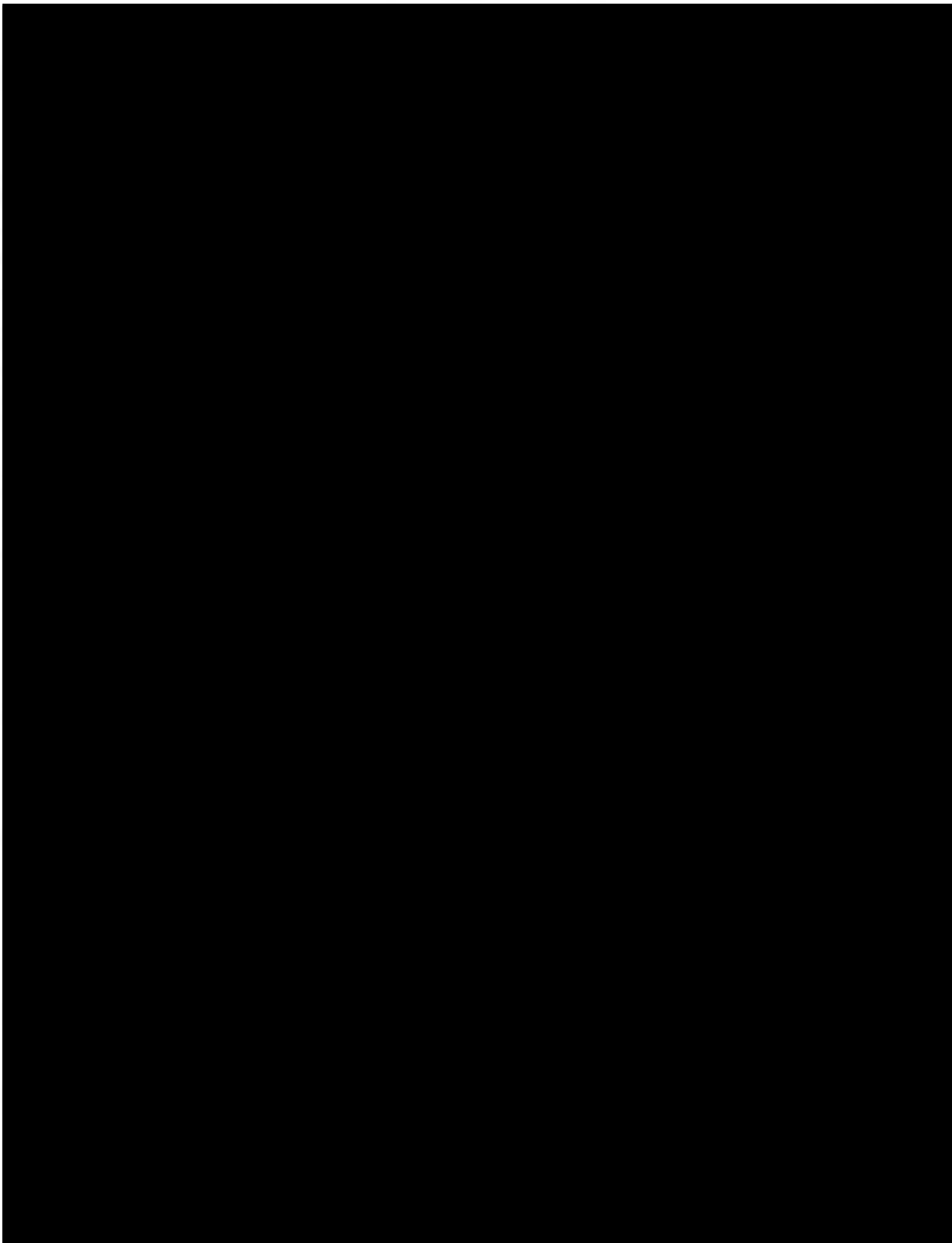


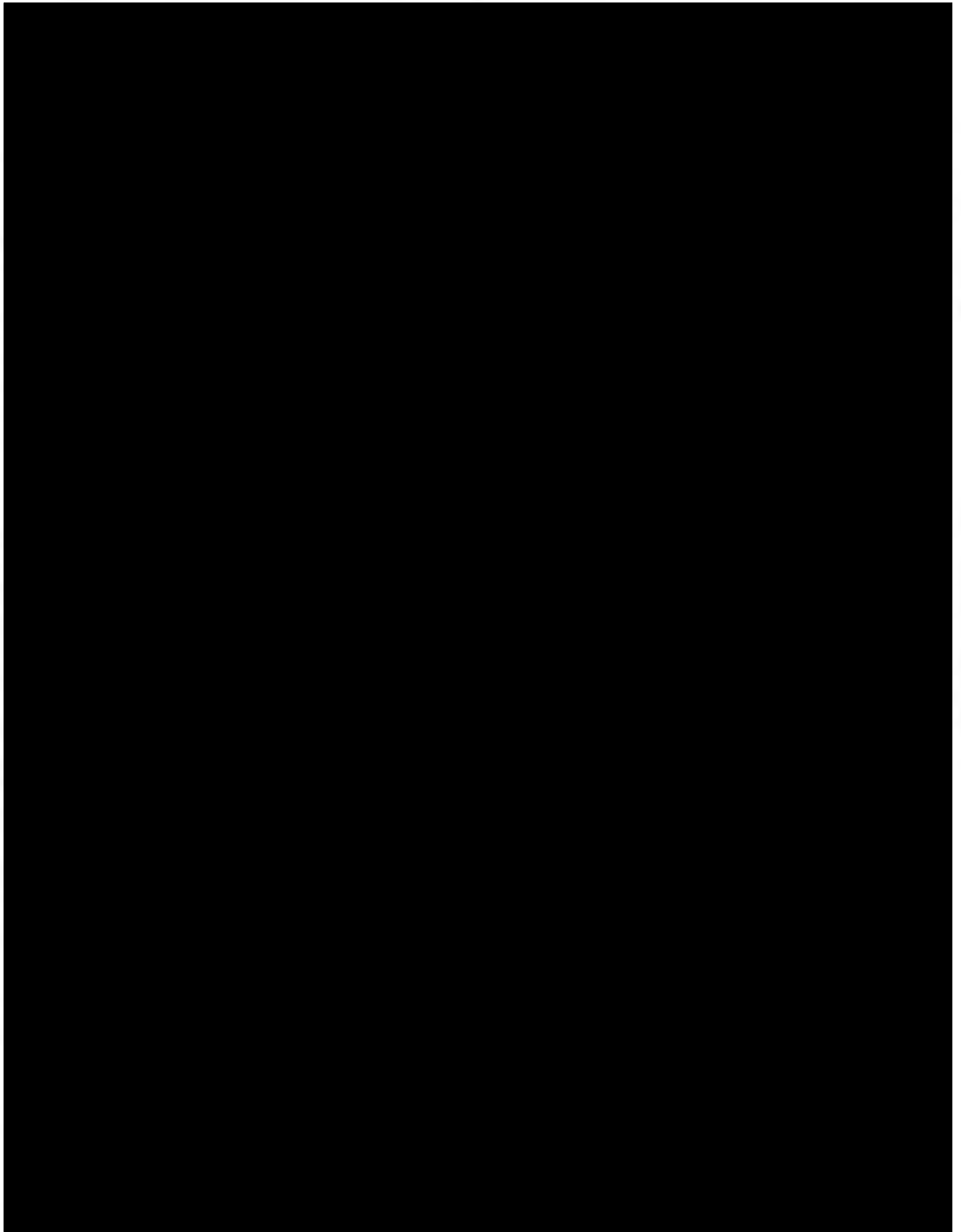


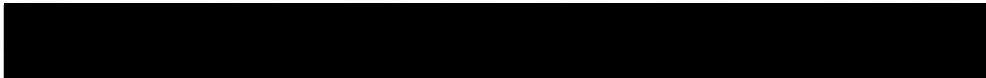
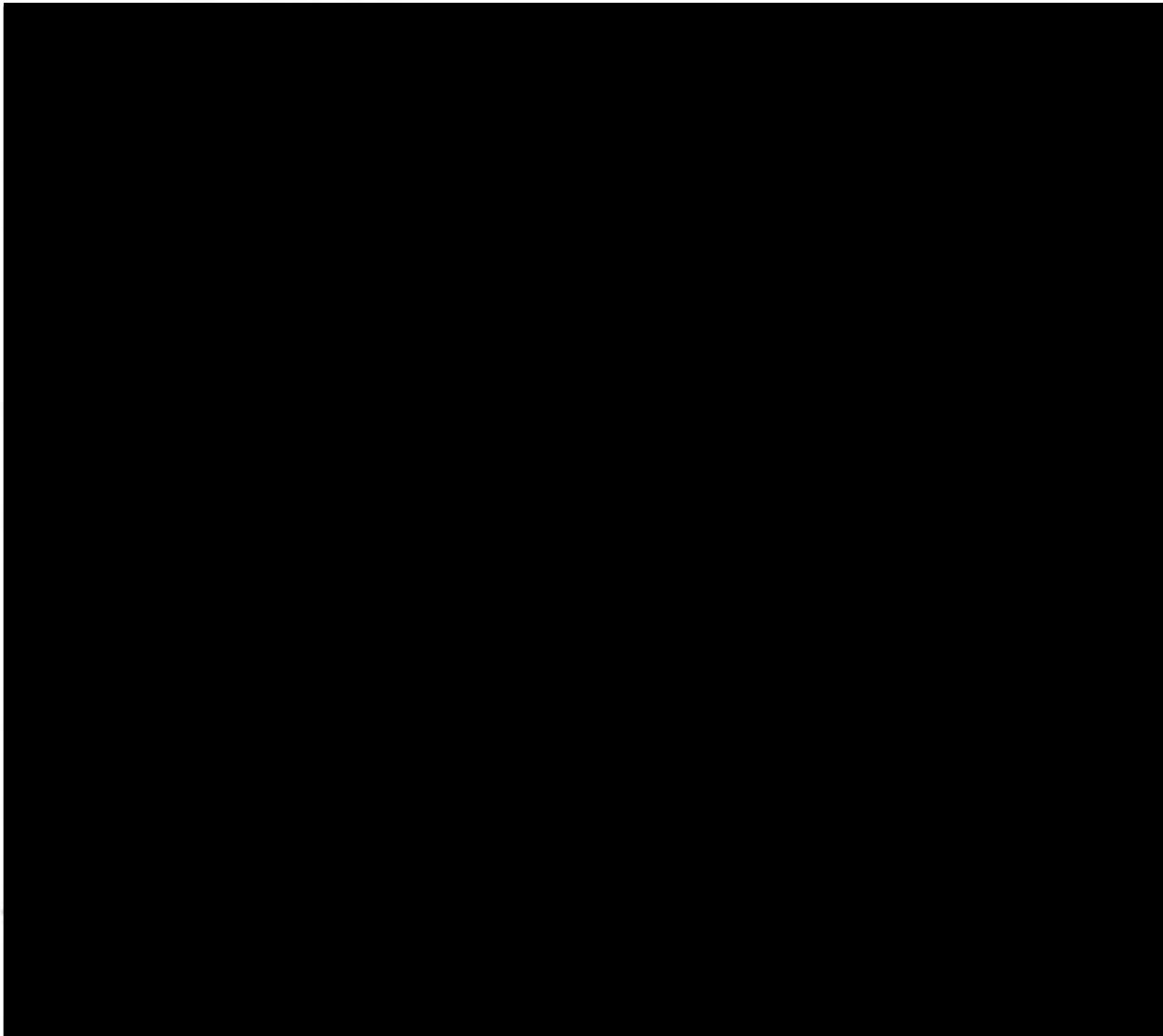


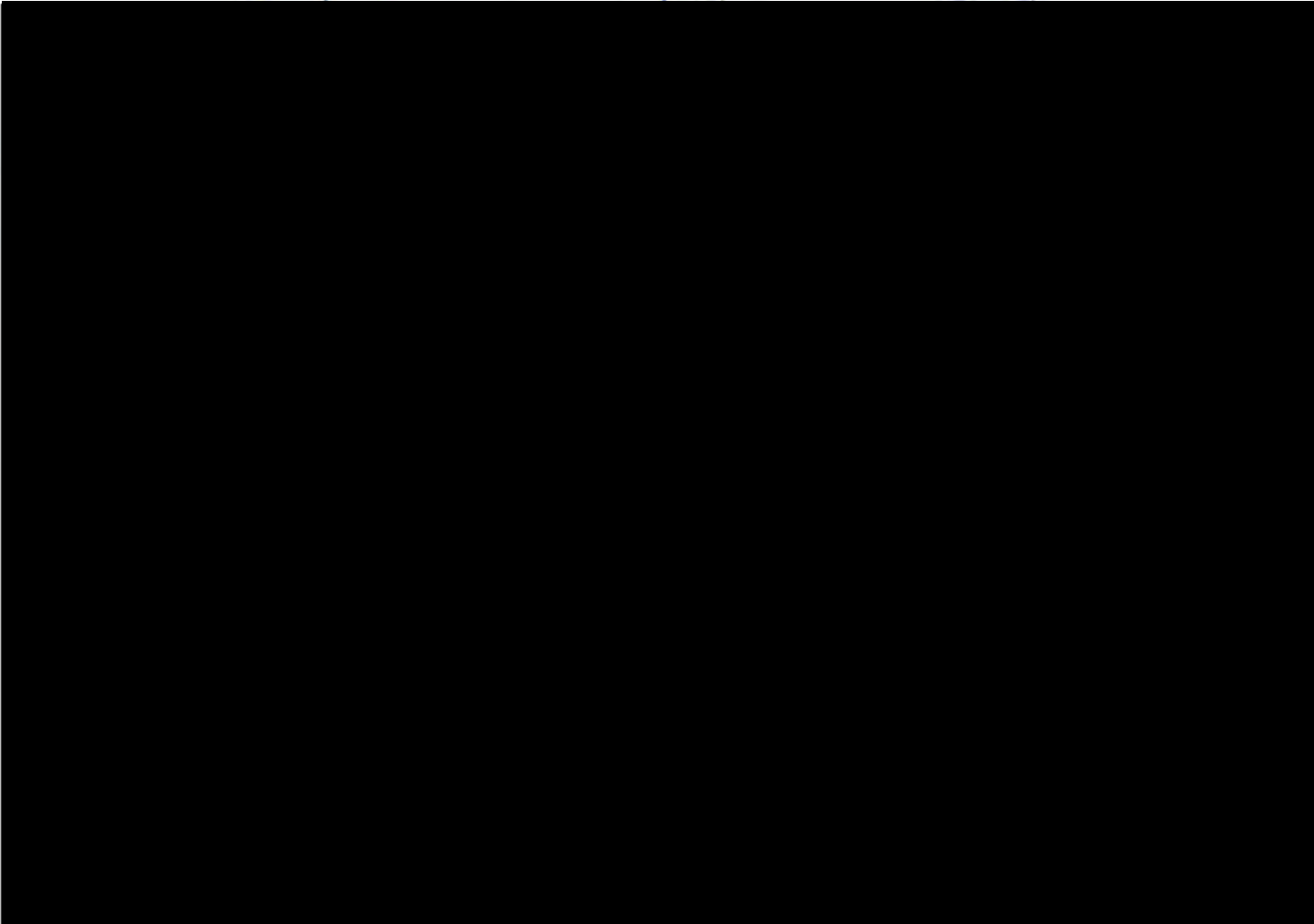
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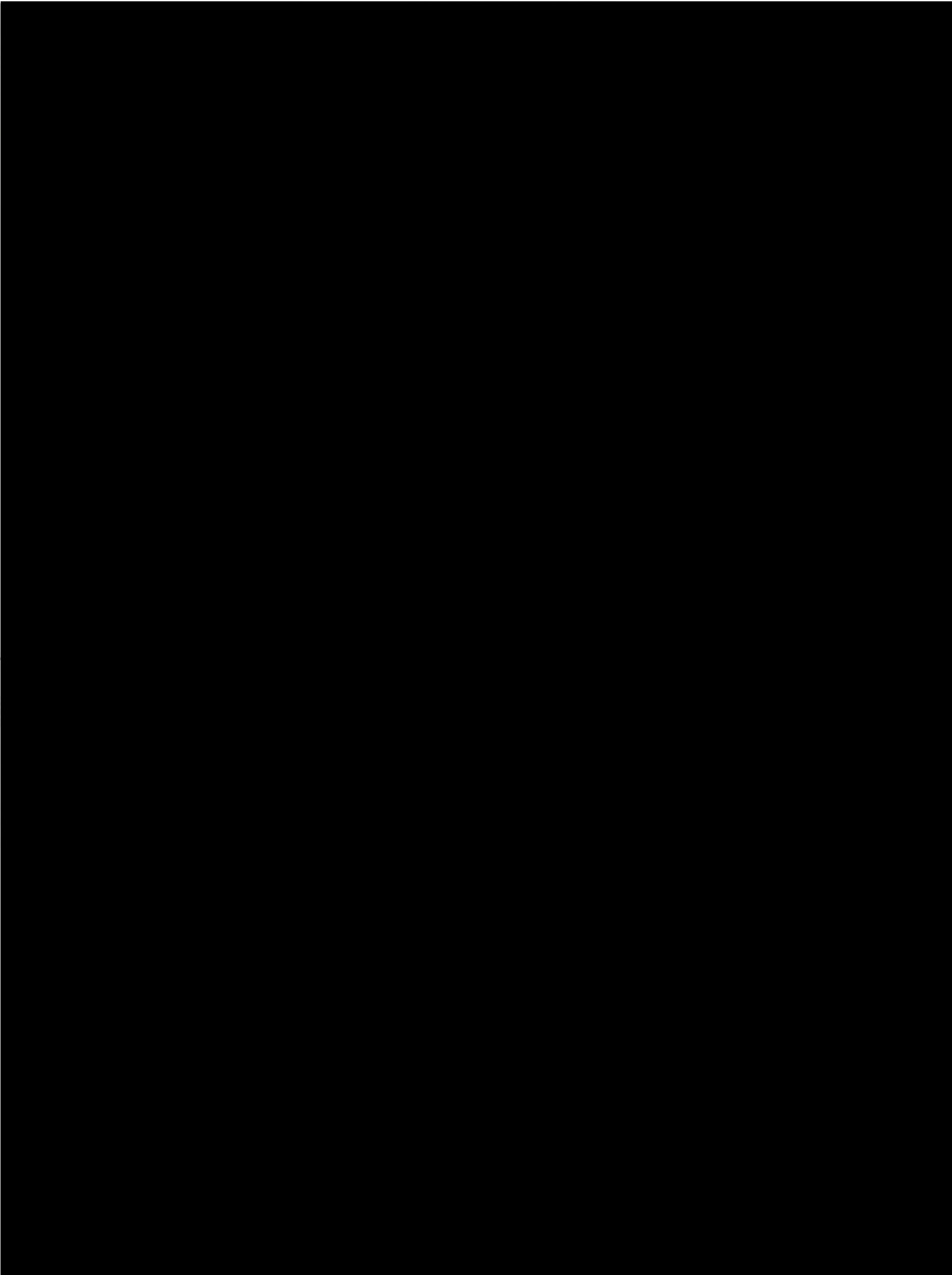


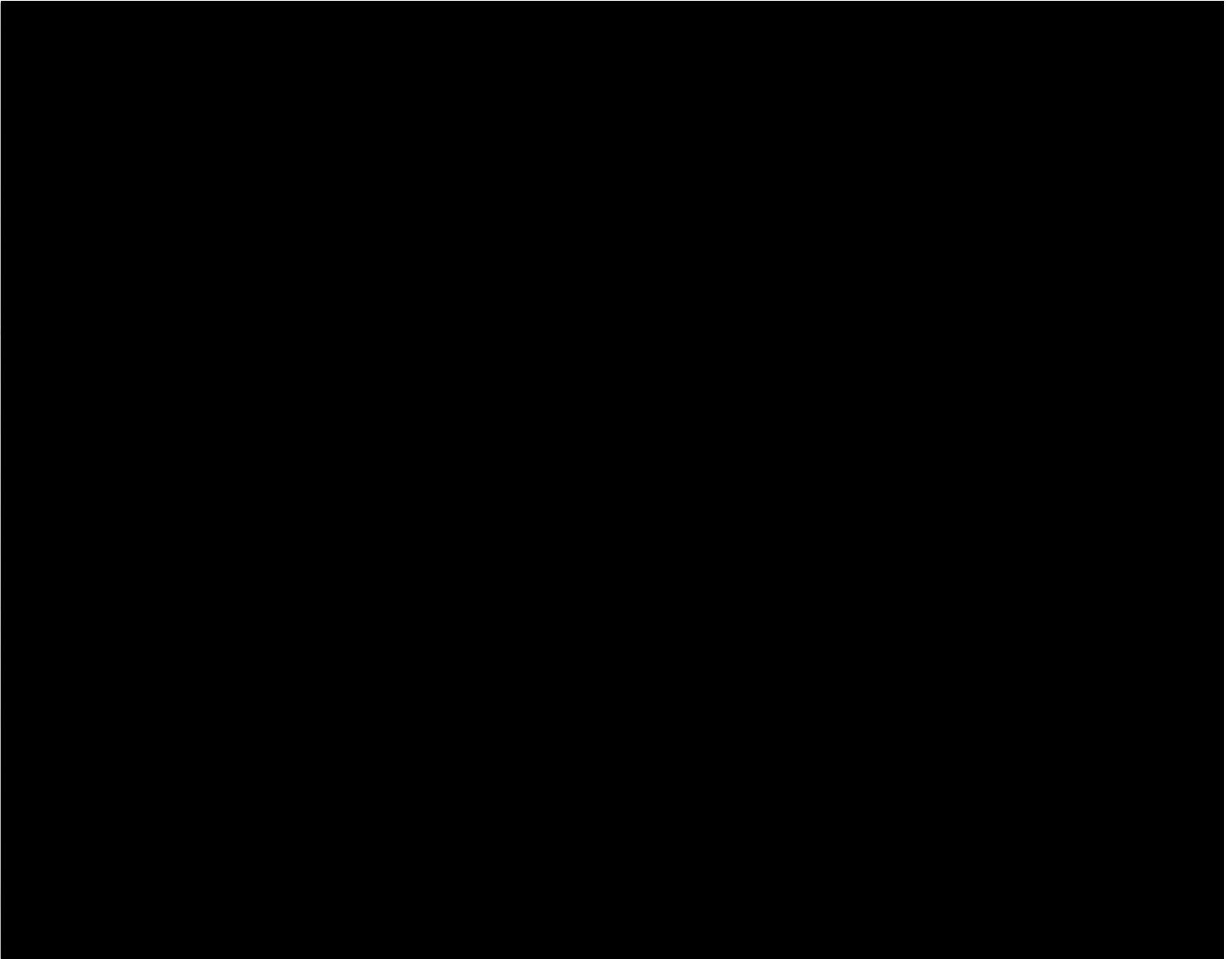




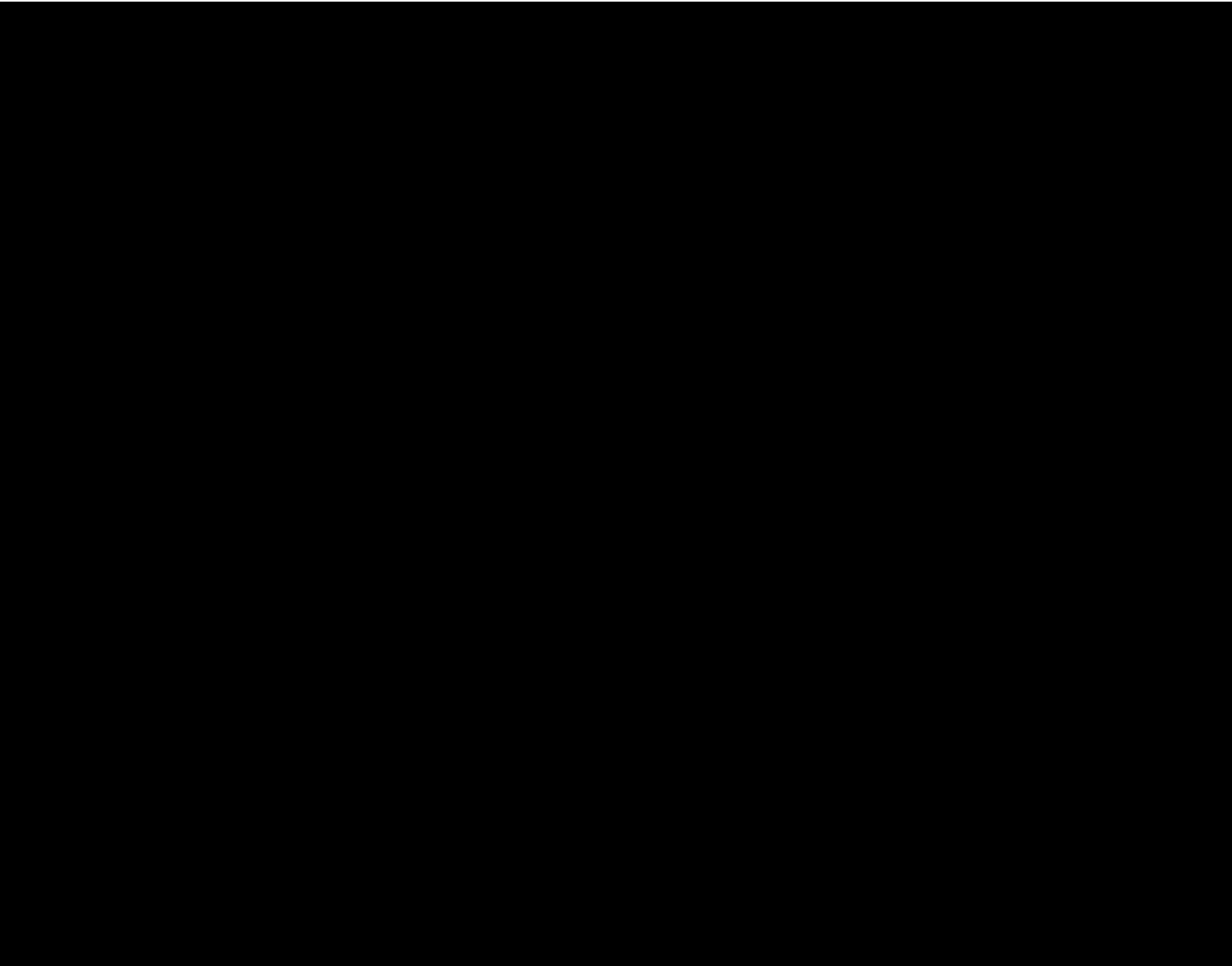


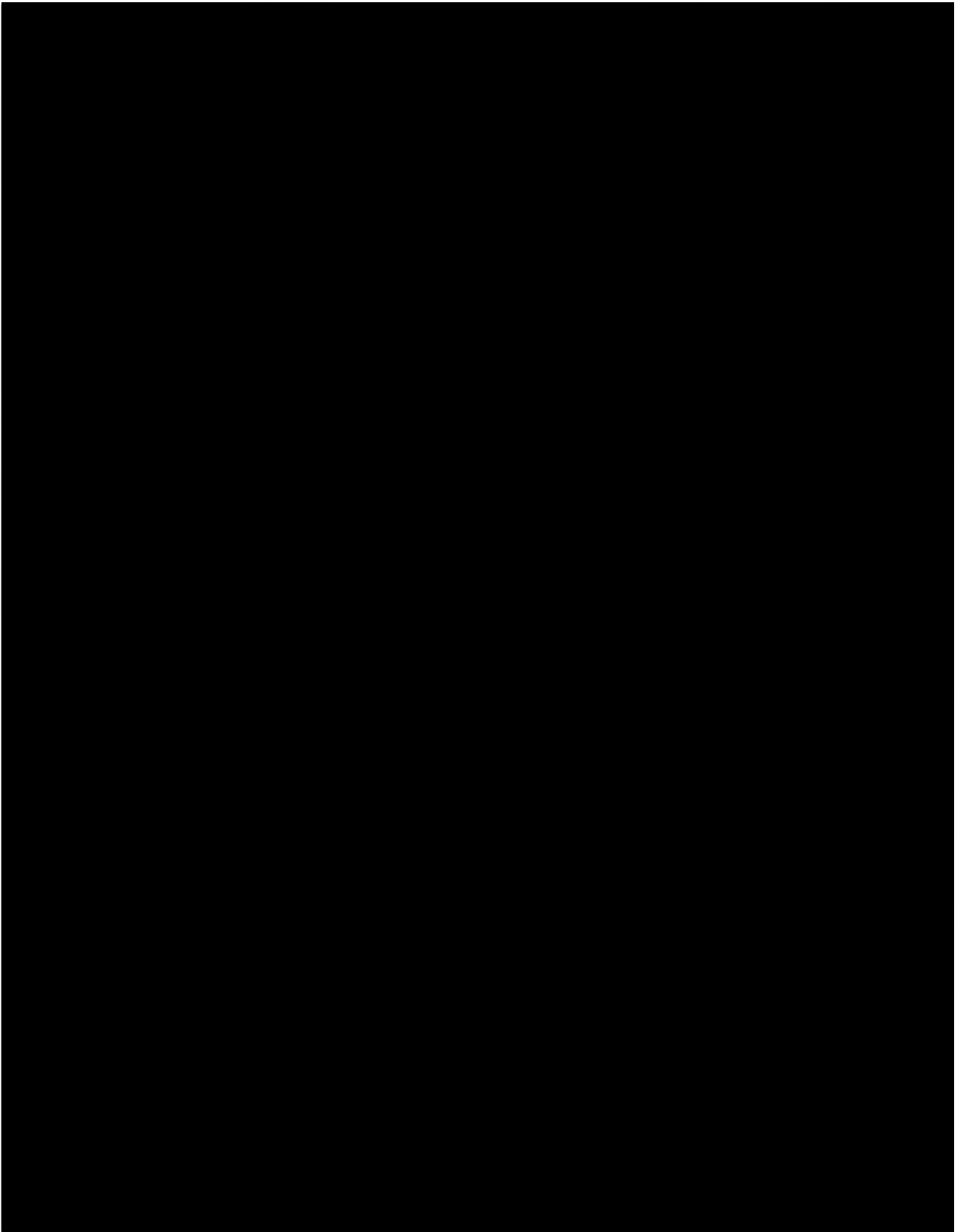


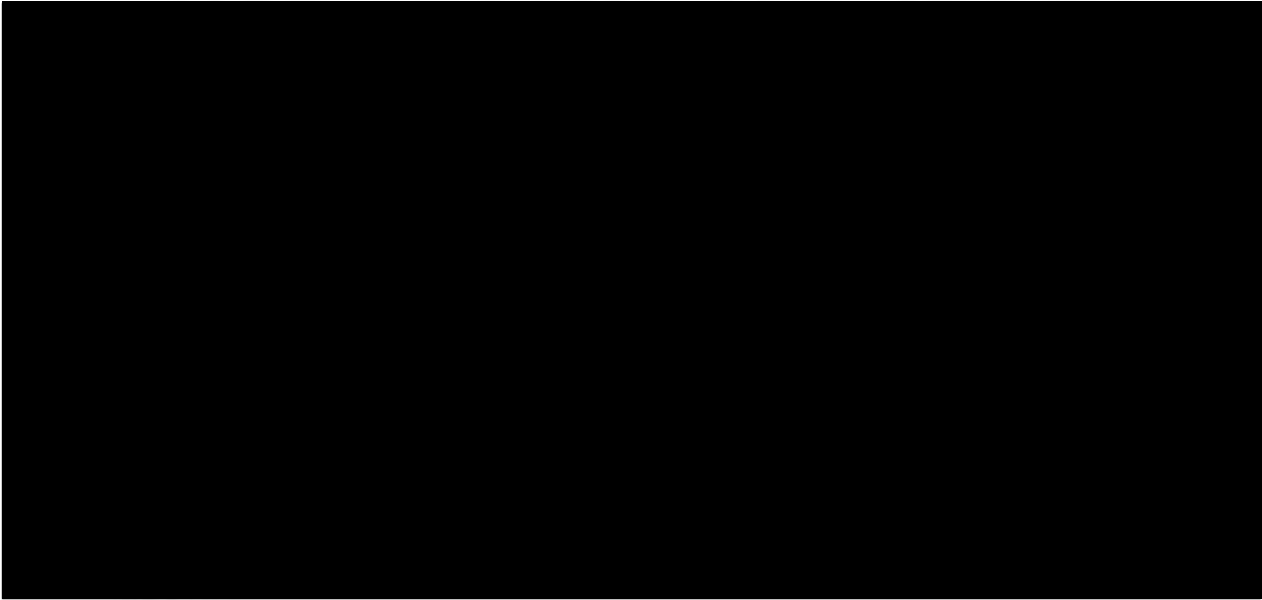




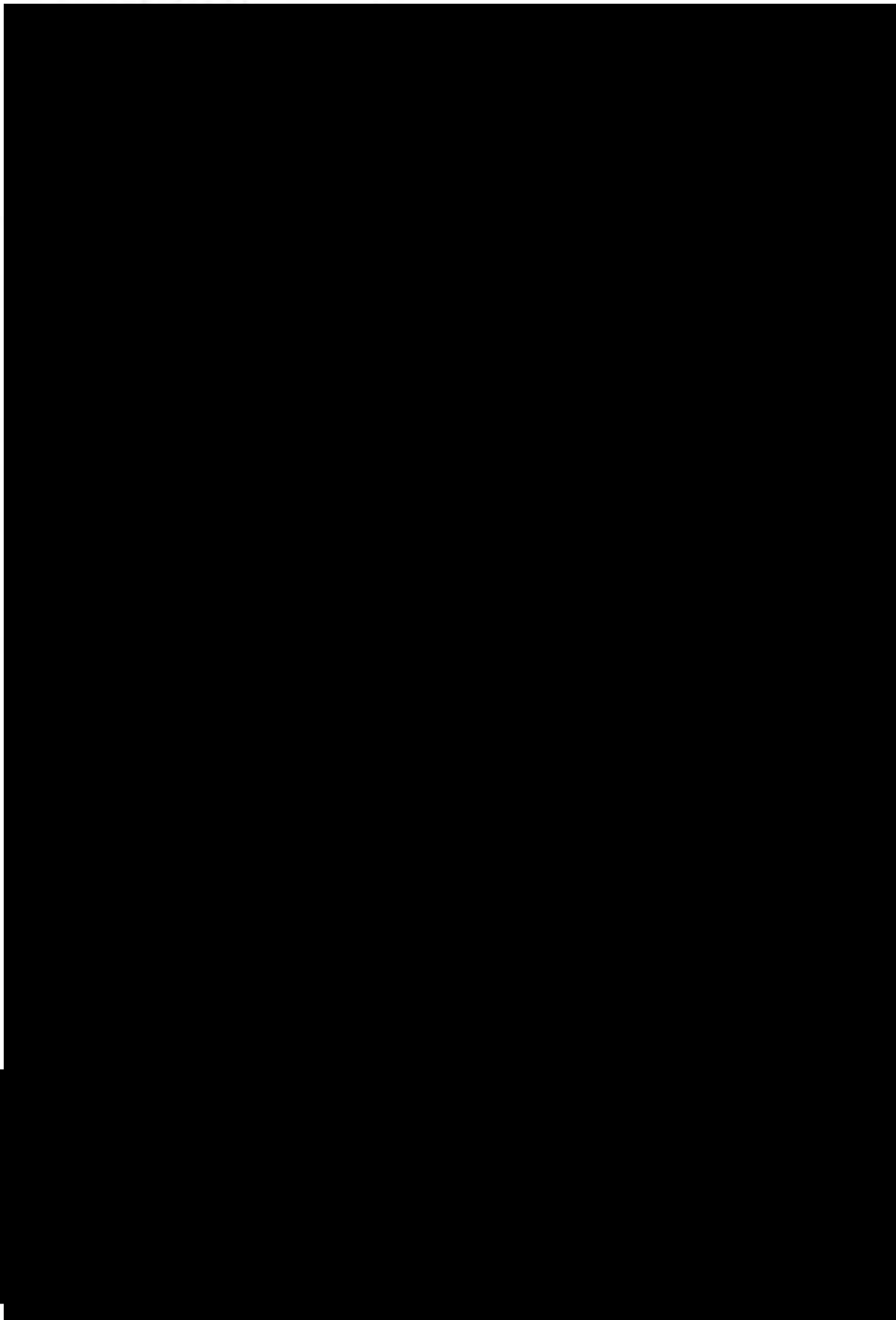


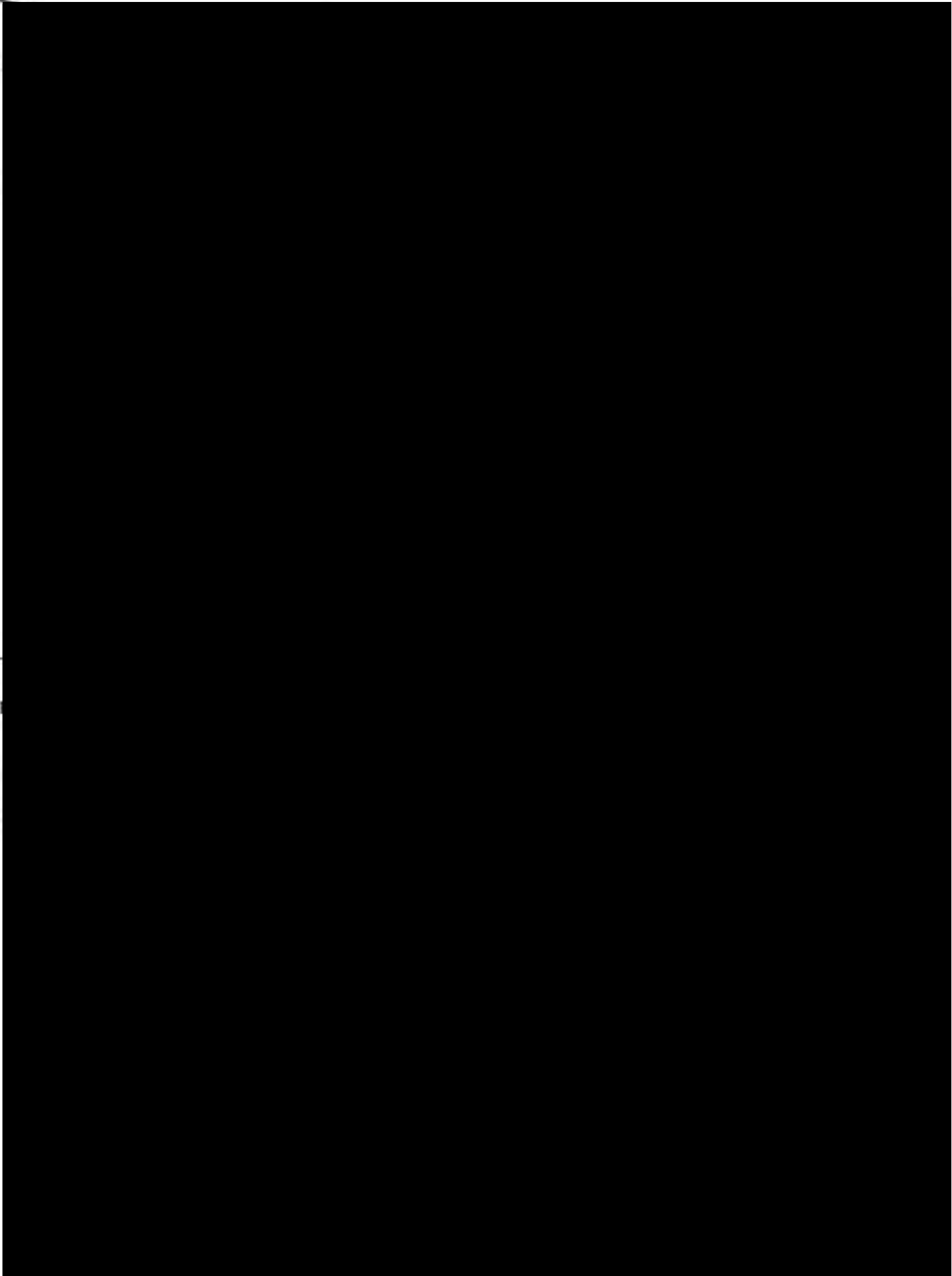




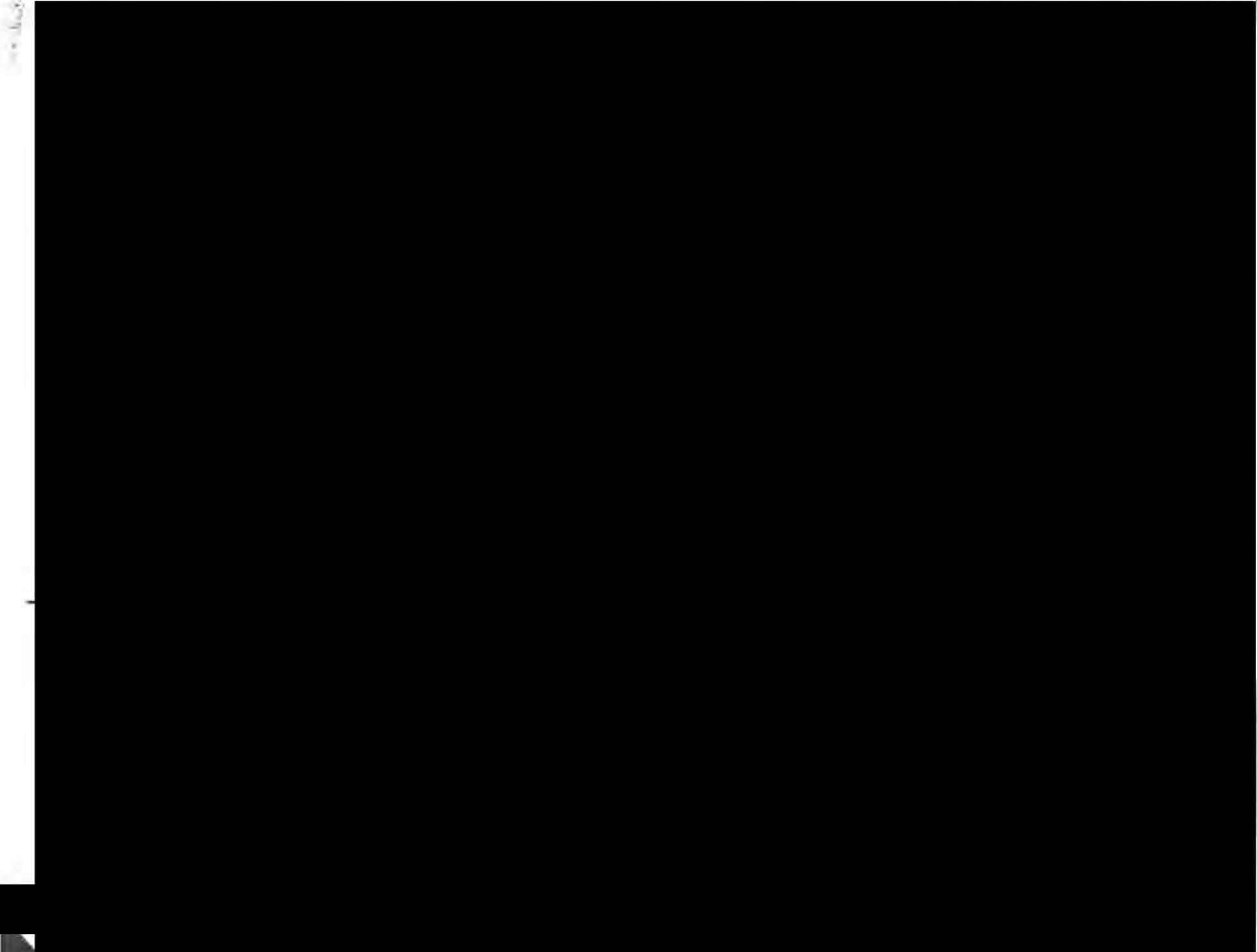


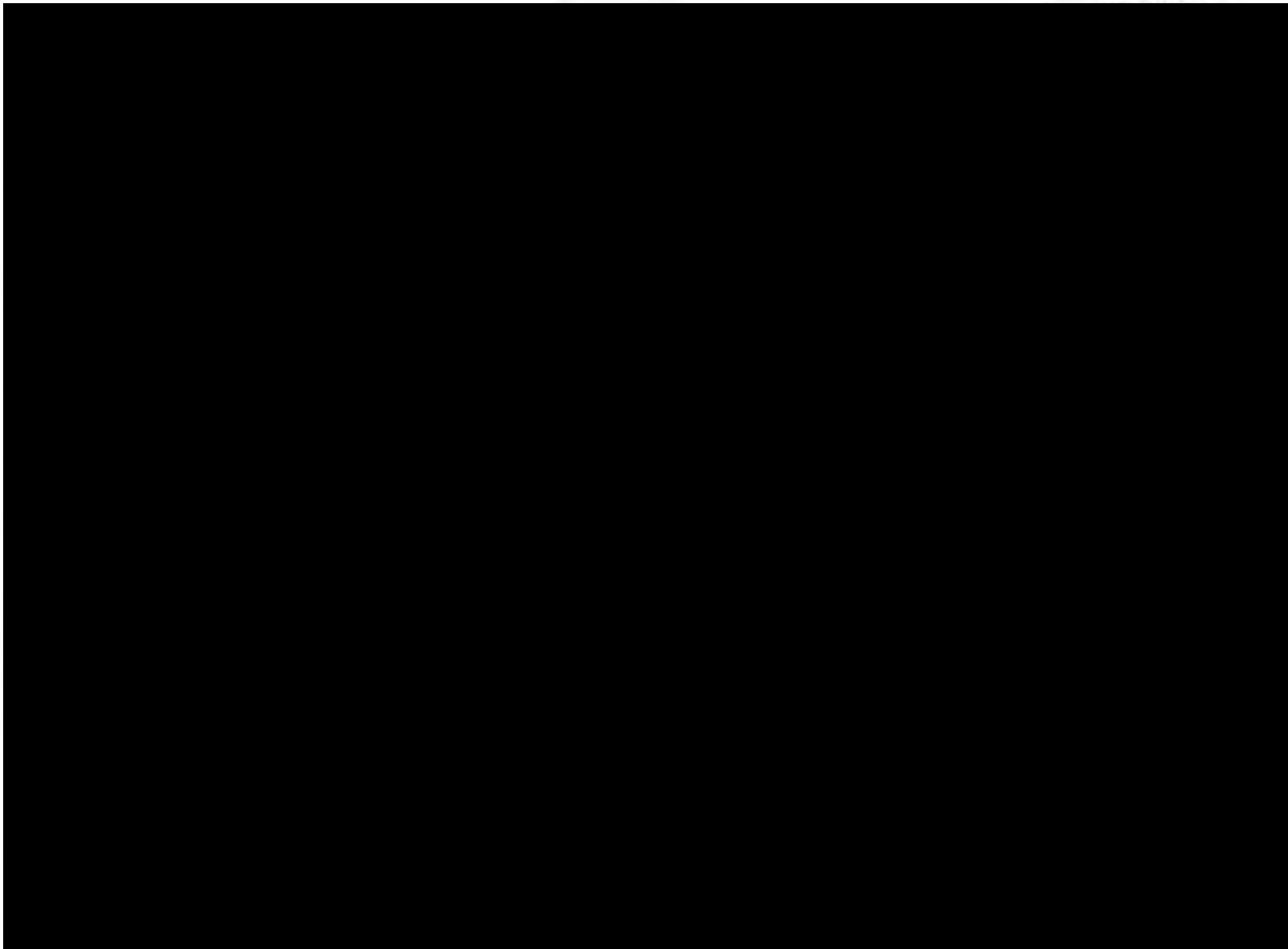
**David Herrick – Proof of Residency Documentation**



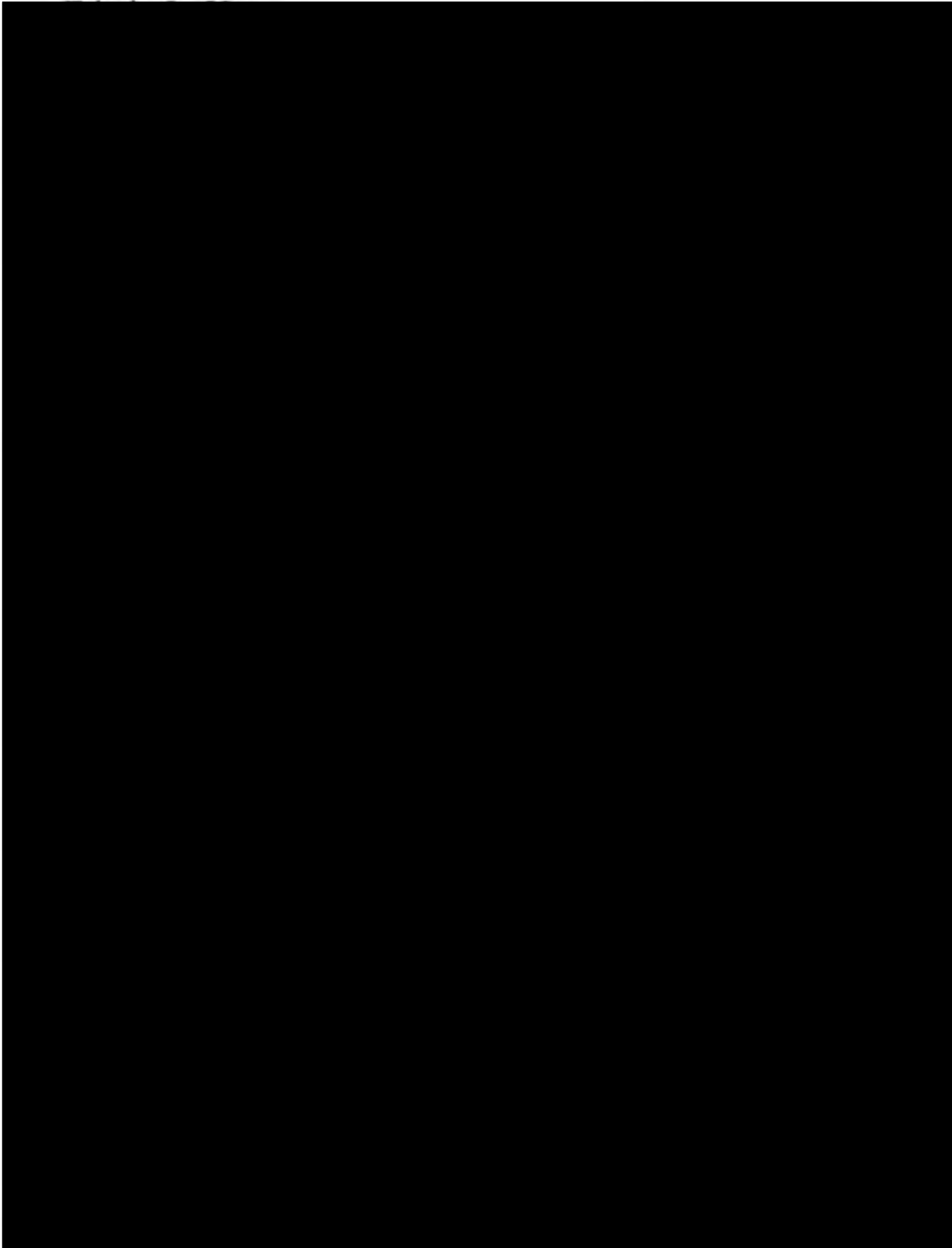


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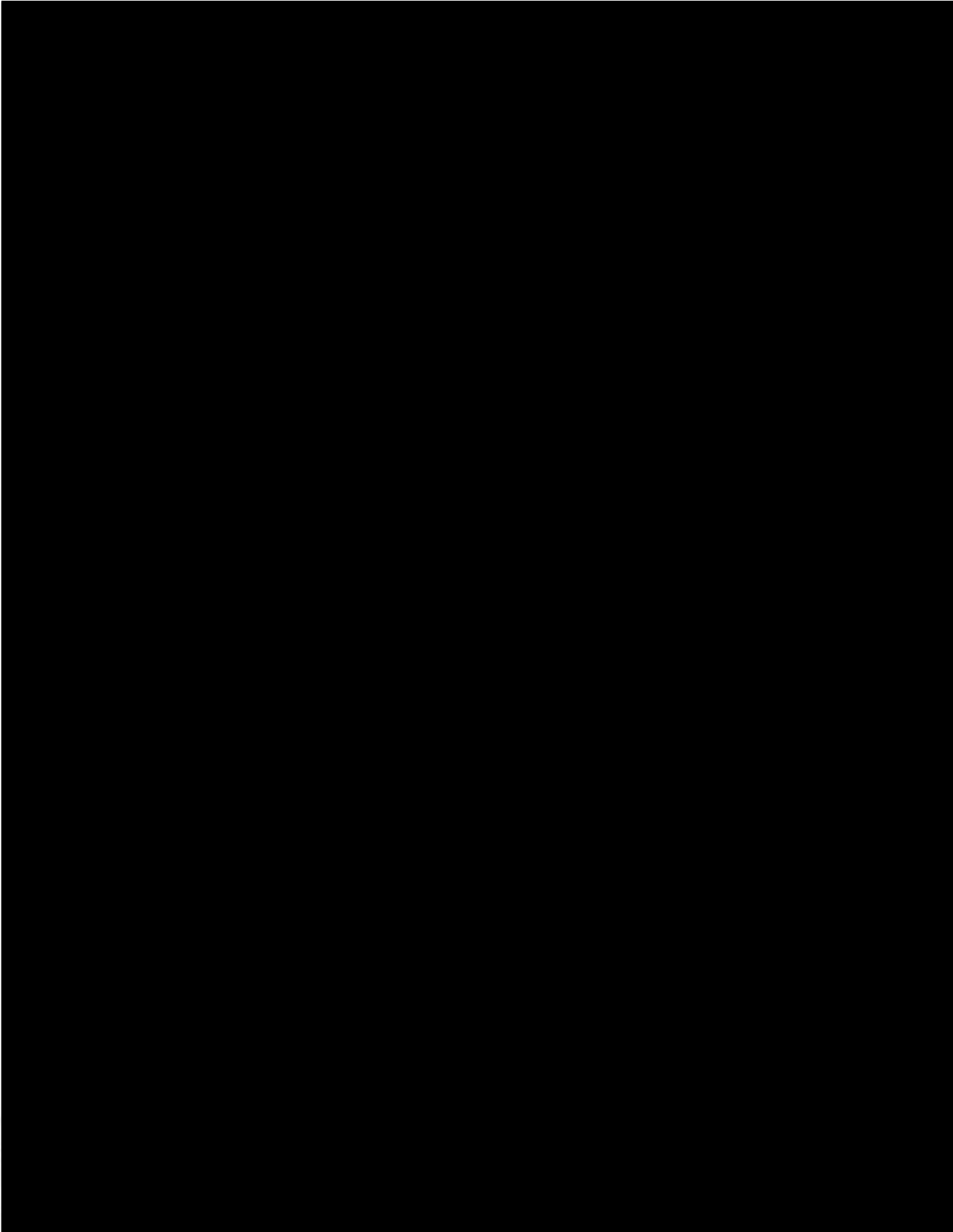


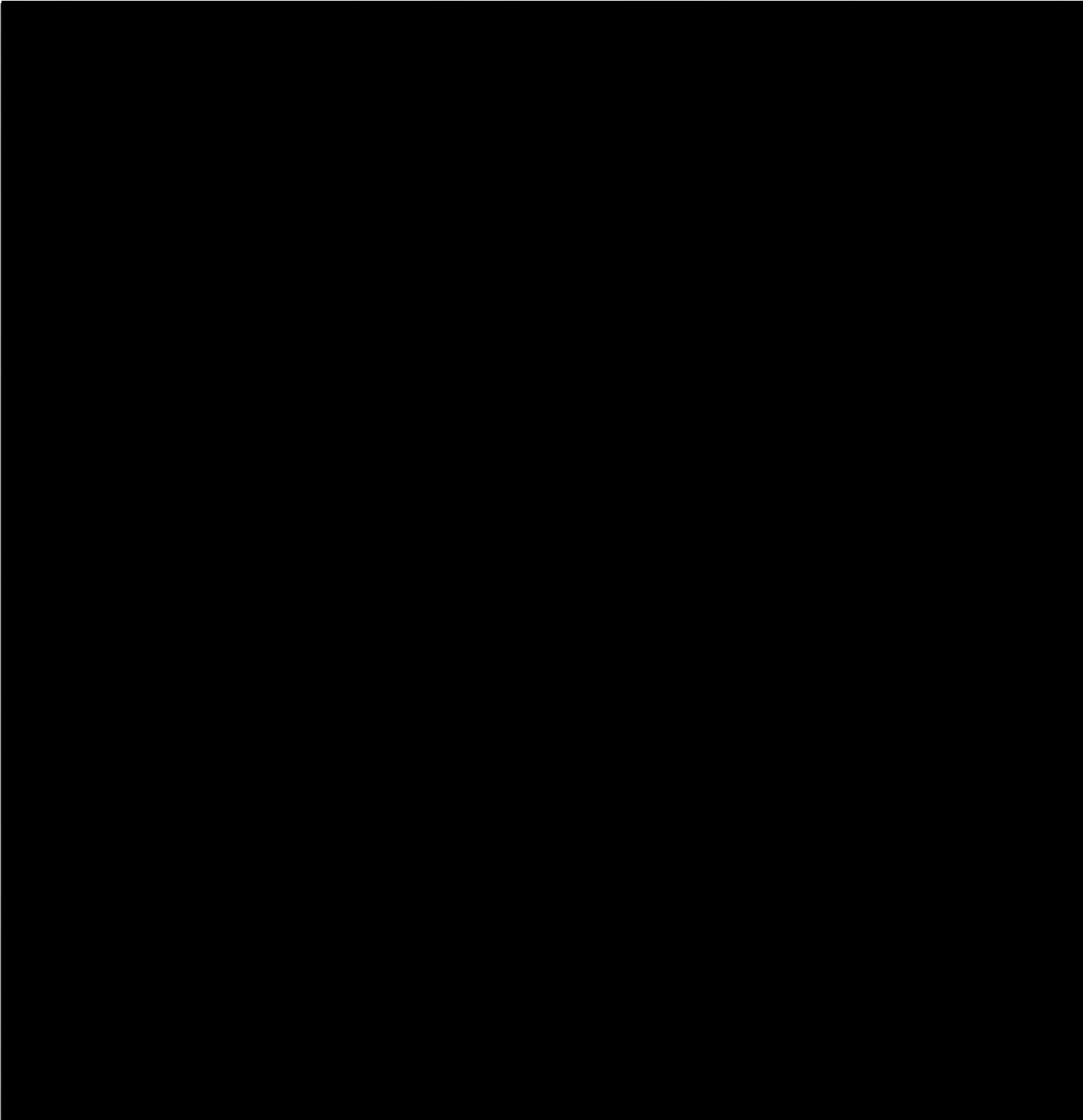




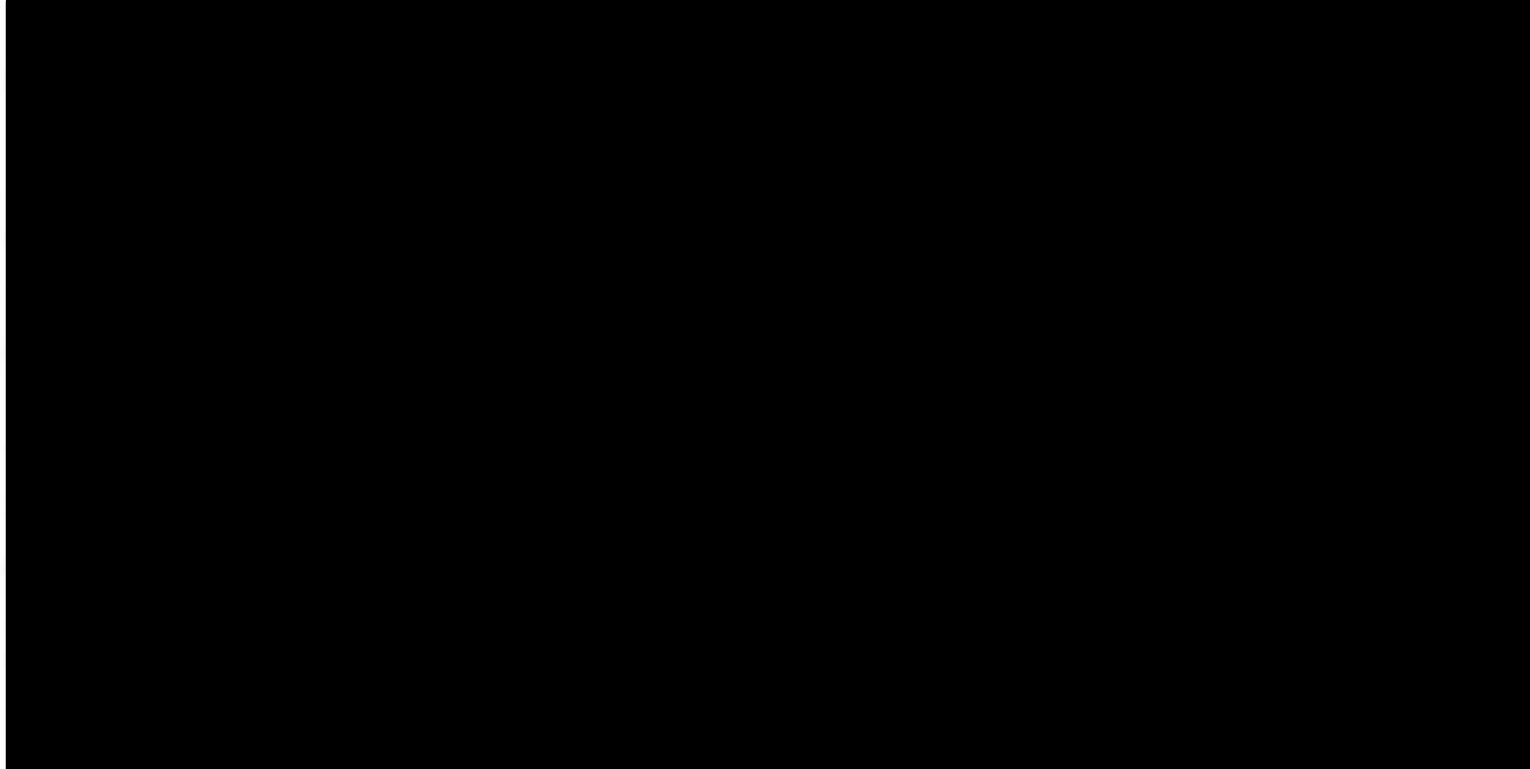


**Kendall Dunson - Proof of Residency Documentation**









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# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

Under **Ala. Code. § 20-2A-55(11)**, the Applicant, Insa Alabama, LLC, provides the following explanation and documents setting forth that a majority of its ownership is attributable to an entity with cumulative business experience in the field of commercial horticulture or agronomic production for a period of at least 15 years. [REDACTED] directly owns 51% of the membership interest in Applicant, as shown in the Applicant’s Operating Agreement (identified as “Operating Agreement – Attachment to Exhibit 3) and the Applicant’s Entity Ownership Chart (identified as “Entity Ownership Chart – Attachment to Exhibit 3). [REDACTED] owns and uses farmland known as [REDACTED] for [REDACTED]. The following is summary of each record (identified as “Documentation of Agricultural Experience – Attachment to Exhibit 3), which is provided as proof that that [REDACTED] has cumulative business experience in the field of commercial horticulture or agronomic production for a period of at least 15 years.

1. Report of Commodities – Farm and Tract Data Listing as maintained by the United State Department of Agriculture for the years from [REDACTED]. These reports were obtained from the United States Department of Agriculture (USDA) for the operations of [REDACTED], Alabama. [REDACTED] by the USDA. The reports show for each of the following years, the operator, the tract of land, the producer, the crop and the acreage cultivated:

Year	Operator	Tract	Producer	Crop	Acres cultivated
2008	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1200
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	138.60
2009	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1338.60
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	477.74
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	204.76

		████		██████████	480.50
		████		██████████	161.90
2011	██████████	████	████	██████████	477.74
		████	████	██████████	204.76
		████		██████████	480.50
		████		██████████	161.90
2012	██████████	████	████	██████████	322.50
		████	████	██████	360
		████		██████████	340.50
		████		██████████	25.93
		████		██████	5.97
		████		██████	270
2013	██████████	████	████	██████	183.43
		████	████	██████████	137.51
		████		██████	360
		████		██████	373.51
		████		██████	243
		████		██████████	25.93
2014	██████████	████	████	██████	183.43
		████	████	██████████	137.51
		████		██████	360
		████		██████	373.51
		████		██████	243
		████		██████████	25.93
2015	██████████	████	████	██████	12.19
		████	████	██████████	279.70
		████	████	██████	278.80
		████		██████	0.96
		████		██████	53.74
		████		██████	298.99

2016	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	79.10
		[REDACTED]	[REDACTED]	[REDACTED]	393.10
		[REDACTED]		[REDACTED]	92.60
		[REDACTED]		[REDACTED]	5.89
		[REDACTED]		[REDACTED]	23.33
		[REDACTED]		[REDACTED]	170.96
		[REDACTED]		[REDACTED]	185
2017	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	34.20
		[REDACTED]	[REDACTED]	[REDACTED]	341.88
		[REDACTED]	[REDACTED]	[REDACTED]	165.70
		[REDACTED]		[REDACTED]	18.23
		[REDACTED]		[REDACTED]	132.40
		[REDACTED]		[REDACTED]	241.90
2018	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	18.35
		[REDACTED]	[REDACTED]	[REDACTED]	132.36
		[REDACTED]	[REDACTED]	[REDACTED]	294.50
		[REDACTED]		[REDACTED]	15.78
		[REDACTED]		[REDACTED]	214.29
2019	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	313.74
		[REDACTED]	[REDACTED]	[REDACTED]	183.93
		[REDACTED]	[REDACTED]	[REDACTED]	157.23
2020	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	475.48
		[REDACTED]	[REDACTED]	[REDACTED]	377.75
			[REDACTED]		
2021	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	501.70
		[REDACTED]	[REDACTED]	[REDACTED]	373.50
			[REDACTED]		

2. Tax Assessment records as maintained by the Revenue Commissioner for [REDACTED] County Alabama for the years 2007 to 2022 for real property assessed to [REDACTED]. The real property was assessed as Class 3 property which includes the use of "farming."
3. Tax Assessment records as maintained by the Revenue Commissioner for [REDACTED] County Alabama for the years 2016 to 2022. The real property was assessed as Class 3 property which includes the use of "farming."
4. Attorney opinion letter re Tax Assessments.
5. Lease Agreement between [REDACTED], as Lessor, and [REDACTED], Lessee, dated [REDACTED] for the tillage of at least 1000 acres of [REDACTED].
6. Lease Agreement between [REDACTED] as Lessor, and [REDACTED] as Lessee, on a month-to-month basis beginning [REDACTED], for use of the property in [REDACTED] including the growing [REDACTED].
7. Lease Agreement between [REDACTED] as Lessor, and [REDACTED] as Lessee, for a term of [REDACTED] beginning [REDACTED], for use of the property in [REDACTED] which including the growing of [REDACTED].
8. Lease Agreement between [REDACTED], as Lessor, and [REDACTED], as lessee for a term of [REDACTED] beginning [REDACTED].
9. Lease Agreement between [REDACTED], as Lessor, and [REDACTED] as Lessee, dated [REDACTED], for a term of [REDACTED] and for use of the land to [REDACTED].
10. Affidavit of [REDACTED] stating that during the years [REDACTED] he harvested [REDACTED] on [REDACTED].
11. Affidavit of [REDACTED], owner of [REDACTED], stating that between the years of [REDACTED] he operated a [REDACTED] on the land [REDACTED].

12. Affidavit of [REDACTED] stating that between the years [REDACTED] he was involved in a [REDACTED] on the lands [REDACTED].

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## Operating Agreement - Attachment to Exhibit 3

**COMPANY AGREEMENT OF  
INSA ALABAMA, LLC**

This Company Agreement (the “Agreement”) of Insa Alabama, LLC, an Alabama limited liability company (the “Company”) is effective as the Effective Date (as defined below), by and among the persons identified as Members on Schedule A attached hereto.

WHEREAS, the Company was organized on September 12, 2022 (the “Effective Date”), with such formation being made pursuant to the Alabama Limited Liability Company Law of 2014, Section 10A-5A-1.01 et seq., Code of Alabama, 1975, as amended from time to time (the “Act”), by filing a Certificate of Formation of the Company with the office of the Secretary of State of the State of Alabama (as it may be amended at any time and from time to time, the “Certificate of Formation”);

WHEREAS, it is intended that the Company be treated as a partnership for federal and state income tax purposes.

NOW, THEREFORE, in consideration of the agreements and obligations set forth herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound, the parties hereby agree as follows:

**ARTICLE 1.  
DEFINED TERMS**

**Section 1.1 Definitions.**

As used herein, the following terms shall have the following meanings:

**Acceptance Period**: the meaning set forth in Section 8.6(b).

**Act**: the meaning set forth in the recitals of this Agreement.

**Adjusted Capital Account Balance**: the meaning set forth in Section 1 of Schedule B.

**Adjusted Taxable Profit and Adjusted Taxable Loss**: the meaning set forth in Section 1 of Schedule B.

**Adverse Suitability Determination**: with respect to a Person, a recommendation or determination by a Cannabis Regulatory Body that such Person, its Affiliates, or any of such Person’s or its Affiliates’ respective Representatives is not suitable for licensure in connection with a cannabis business in the State of Alabama pursuant to the AL Cannabis Act, and any regulations, policies, notifications, or approvals of the Alabama Medical Cannabis Commission or any other provision of law.

**Affiliate**: with respect to any Person, any Person that controls, is controlled by or is under common control with such Person.

Operating Agreement - Attachment to Exhibit 3

**Agreement:** this Company Agreement, as amended, modified, supplemented or restated from time to time.

**AL Cannabis Act:** An Act Relating to the Medical Use of Cannabis (SB46), codified as the Darren Wesley "Ato" Hall Compassion Act, Section 20-2A-1 et seq., Code of Alabama 1975, as amended from time to time.



**Assignee:** any Person who acquires a Membership Interest, or any part thereof, in accordance with Section 8.1 and Section 8.2, and any Person who, notwithstanding the provisions of Section 8.1, acquires a Membership Interest from any Member by involuntary transfer of such Membership Interest.

**Board:** the meaning set forth in Section 4.1(a).

**Book Item:** the meaning set forth in Section 5(a) of Schedule B.

**Cannabis Regulatory Body:** any regulatory body in Alabama that regulates cannabis businesses, any municipality that regulates cannabis businesses, any other governmental body that regulates cannabis businesses, or the staff of such regulatory or governmental bodies, including but not limited to the Alabama Medical Cannabis Commission.

**Capital Account:** the meaning set forth in Section 2 of Schedule B.

**Capital Contribution:** as to each Member, the aggregate amount of cash and the fair market value (as determined by Manager Approval) of property other than cash contributed to the Company by such Member.

**Certificate of Formation:** the meaning set forth in the recitals of this Agreement.

**Change of Control:** (i) a sale of the Company, whether by merger, consolidation or otherwise, (ii) a sale of a majority of the Membership Interests by the Members, or (iii) the sale, lease, transfer, exclusive license or other disposition by the Company of all or substantially all the assets of the Company.

**Company:** the meaning set forth in the first paragraph of this Agreement.

**Company Agreement:** means this Agreement and the provisions of the Act not in conflict herewith.

**Company Minimum Gain:** the meaning set forth in Section 1 of Schedule B.

**Covered Person:** the meaning set forth in Section 12.2(a).

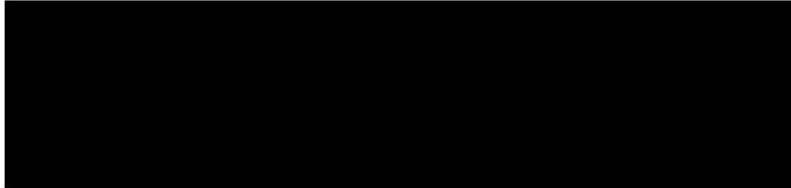
**Depreciation:** the meaning set forth in Section 1 of Schedule B.

**Distributable Cash:** as of any particular time and as determined by Manager Approval, all cash, revenues, and funds received by the Company from any source whatsoever



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less the sum of the following to the extent paid or set aside by the Company: (i) all principal and interest payments on indebtedness of the Company and all other sums paid to lenders (which may include Members); (ii) all cash expenditures incurred incident to the normal operation of the Company's business as determined by Manager Approval; and (iii) such reserves deemed appropriate, as determined by Manager Approval, for the proper operation of the Company's business after taking into account the foregoing items.



**Effective Date:** the meaning set forth in the preamble.

**Excess Capital Contribution:** with respect to each Member, the amount by which the Capital Contribution of such Member exceeds the aggregate amount such Member would have made as capital contributions to the Company had the Member only made capital contributions in proportion to its Percentage Interest.

**Fiscal Year:** the meaning set forth in Section 2.5.



**Gross Asset Value:** the meaning set forth in Section 1 of Schedule B.

**Internal Revenue Code:** the meaning set forth in Section 1 of Schedule B.

**Liquidating Agent:** the meaning set forth in Section 10.1(a).

**Manager:** the initial Managers, and each other Person who may be designated or elected from time to time by the Members in accordance with Section 4.1 to serve as a Manager hereunder, in each case, as long as such person shall serve, and in such person's capacity, as a Manager hereunder.

**Manager Approval:** approval by the Managers then in office, given pursuant to the terms and subject to the conditions of Section 4.3.

**Member:** any Person named as a member of the Company on Schedule A hereto as of the date hereof and any Person admitted as an additional Member or as a Substitute Member pursuant to the provisions of this Agreement, in such Person's capacity as a member of the Company.

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**Member Approval:** written approval by the Members holding at least two-thirds (2/3rds) of the Percentage Interests as reflected on Schedule A hereof at the time of such determination.

**Member Nonrecourse Debt:** the meaning set forth in Section 1 of Schedule B.

**Member Nonrecourse Debt Minimum Gain:** the meaning set forth in Section 1 of Schedule B.

**Member Tax Amount:** the meaning set forth in Section 6.4.

**Membership Interest:** a Member's share of the Adjusted Taxable Profit and Adjusted Taxable Loss of the Company and a Member's right to receive distributions of the Company's assets, reflected with respect to such Member by such Member's Percentage Interest and in each case subject to the terms and conditions of this Agreement, such meaning being the same as the meaning given for "limited liability company interest" in the Act.

**Nonrecourse Deductions:** the meaning set forth in Section 1 of Schedule B.

**Nonrecourse Liability:** the meaning set forth in Section 1 of Schedule B.

**Offered Securities:** the meaning set forth in Section 8.6(a).

**Partnership Tax Audit Rules:** the meaning set forth in Section 1 of Schedule B.

**Percentage Interest:** for each Member, the Percentage Interest set forth on Schedule A hereto as of the date hereof and as modified from time to time pursuant to the provisions of this Agreement.

**Person:** shall include any corporation, association, joint venture, partnership, limited partnership, limited liability company, business trust, institution, foundation, pool, plan, government or political subdivision thereof, government agency, trust or other entity or organization or a natural person.

**Preferred Return:** means, with respect to each Member, a five percent (5%) per annum (compounding annually) return on the amount of such Member's Unreturned Excess Capital Contribution, which shall begin to accrue with respect to any portion of such Unreturned Excess Capital Contribution from the date such Member made the applicable portion of such Member's Excess Capital Contribution to the Company.

**Proposed Transferee:** the meaning set forth in Section 8.6(a).

**Representative:** means, with respect to a Person, such Person's officers, directors, employees, members, managers, equity holders, agents, consultants, advisors and representatives.

**Repurchase Interest:** the meaning set forth in Section 8.9.

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**Repurchase Member**: the meaning set forth in Section 8.9.

**Repurchase Price**: the meaning set forth in Section 8.9.

**Repurchase Trigger Event**: the meaning set forth in Section 8.9(a).

**Right of Co-Sale**: the meaning set forth in Section 8.7(a).

**Right of First Refusal**: means the right, but not the obligation, of RG, or its successors or assigns, to purchase some or all of the Offered Securities with respect to a proposed Transfer by the Alabama Partner.

**Securities Act**: the United States Securities Act of 1933, as amended.

**Selling Member**: the meaning set forth in Section 8.6(a).

**Substitute Member**: an Assignee of all or any portion of the Membership Interest of a Member, which Assignee is admitted as a Member of the Company pursuant to Article 8.

**Tax Distributions**: the meaning set forth in Section 6.3(d).

**Tax Liability**: with respect to any Member and any Fiscal Year of the Company, an amount, as determined by Manager Approval, equal to the product of the Tax Rate multiplied by the amount of taxable income of the Company allocated to such Member for United States federal income tax purposes in the Company's tax return filed or to be filed with respect to such Fiscal Year.

**Tax Matters Person**: the meaning set forth in Section 6(a) of Schedule B.

**Tax Rate**: with respect to any Fiscal Year of the Company, a single assumed combined United States federal, state and local income tax rate, as determined by Manager Approval. In exercising their discretion in determining the Tax Rate, the Managers may, but are not required to, take into account such factors as they choose in their sole discretion, including an assumed tax status (such as individual or corporation), assumed locality of residence of the Members, the different tax rates that may be in effect for different types of income, and any applicable United States federal deduction for state income taxes.

**Transfer**: means any assignment, sale, offer to sell, pledge, mortgage, hypothecation, encumbrance, disposition of or any other like transfers or encumbering of any Membership Interest (or any interest therein) by any of the Members.

**Transfer Notice**: the meaning set forth in Section 8.6(a).

**Treasury Regulations**: the meaning set forth in Section 1 of Schedule B.

**Unpaid Preferred Return**: the Preferred Return of a Member reduced by the aggregate cumulative amount of distributions previously received by such Member pursuant to

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Section 6.3(c)(i) (including, for the avoidance of doubt, any distributions pursuant to Section 10.2 or Section 6.3(d) to the extent made in accordance with Section 6.3(c)(i)).

**Unreturned Excess Capital Contribution:** the Excess Capital Contribution of a Member reduced by the aggregate cumulative amount of distributions previously received by such Member pursuant to Section 6.3(c)(ii) (including, for the avoidance of doubt, any distributions pursuant to Section 10.2 or Section 6.3(d) to the extent made in accordance with Section 6.3(c)(ii)).

**ARTICLE 2.  
GENERAL PROVISIONS**

**Section 2.1 Organization; Continuation of the Company.**

The Company has been formed by the filing of its Certificate of Formation with the Secretary of State of the State of Alabama pursuant to the Act. [REDACTED]

[REDACTED] The Members hereby agree to continue the Company as a limited liability company under and pursuant to the provisions of the Act and agree that the rights, duties and liabilities of the Members shall be as provided in the Act, except as otherwise expressly provided herein.

**Section 2.2 Company Name.**

(a) The name of the Company is "Insa Alabama, LLC". All business of the Company shall be conducted under the Company name. The Managers shall promptly execute, file and record such certificates as are required by any applicable limited liability company act, fictitious name act or similar statute.

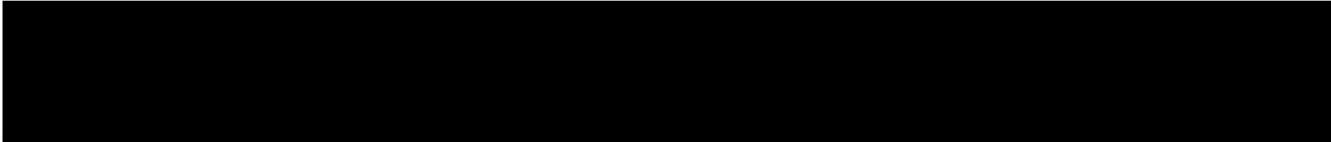
(b) The Company shall at all times have all rights in and to the Company name. The Company may use the Company name or any portion thereof in connection with any other partnership, limited liability company or business activity entered into by the Company. Upon the dissolution of the Company pursuant to the provisions of Article 10 or otherwise, except as otherwise expressly provided herein or by applicable law, or by Manager Approval, no further business shall be done in the Company name except for the completion of any transactions in process and the taking of such action as shall be necessary for the performance and discharge of the obligations of the Company, the winding up and liquidation of its affairs and the distribution of its assets.

**Section 2.3 Place of Business; Agent for Service of Process.**

(a) The principal place of business of the Company shall be such location as determined from time to time by Manager Approval. [REDACTED]

(b) [REDACTED]

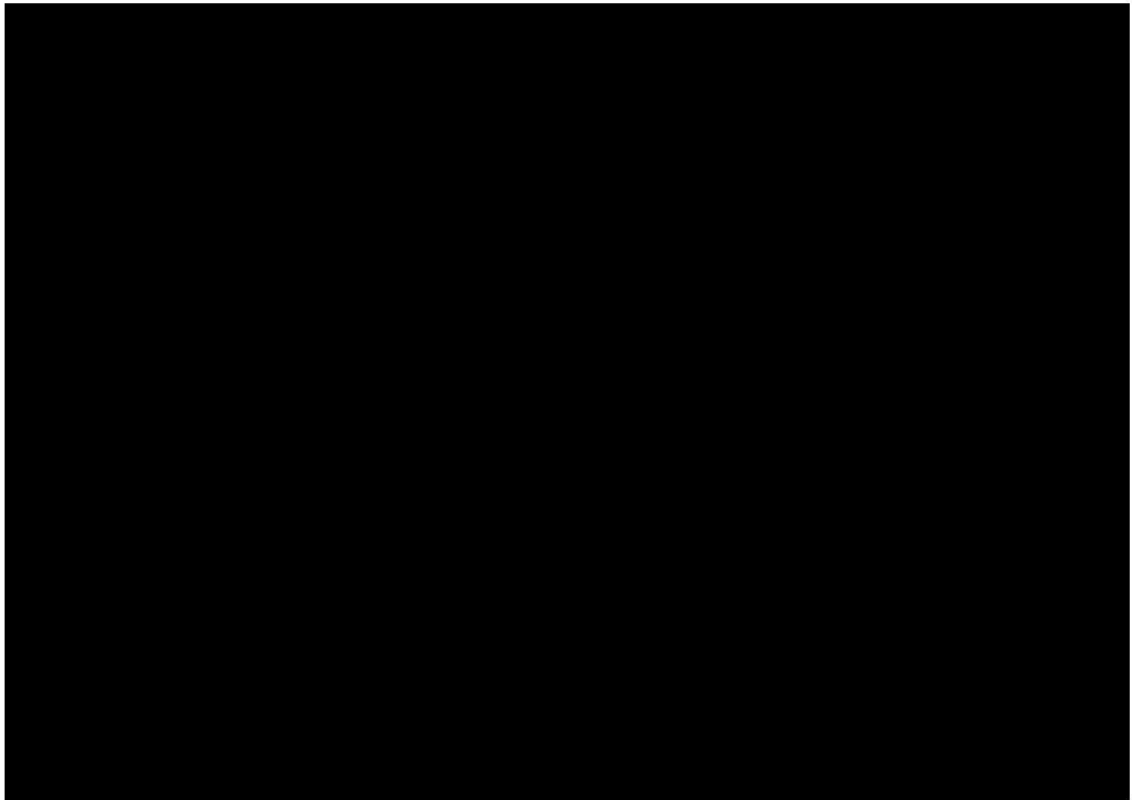
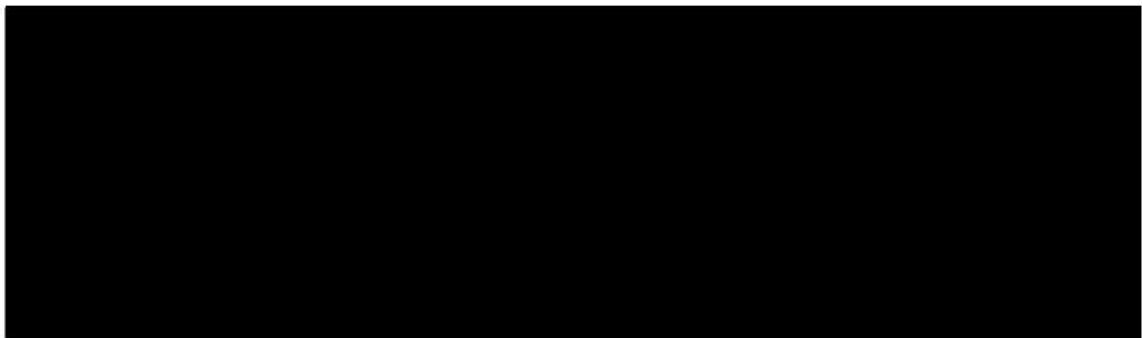
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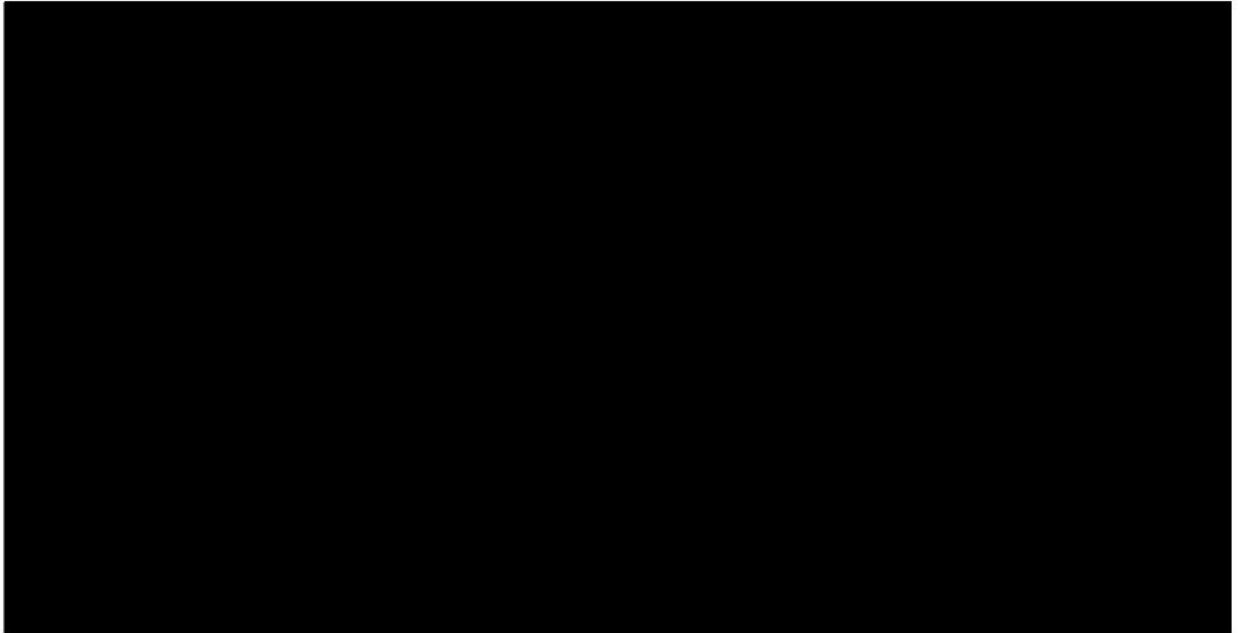
**Section 2.4 Purposes and Powers of the Company.**

(a) The purpose of the Company is to engage in cannabis activities; any and all activities necessary, advisable or incidental thereto, to the extent permitted and in accordance with Alabama law; and any other lawful business, purpose or activity for which limited liability companies may be formed under the Act.

(b)



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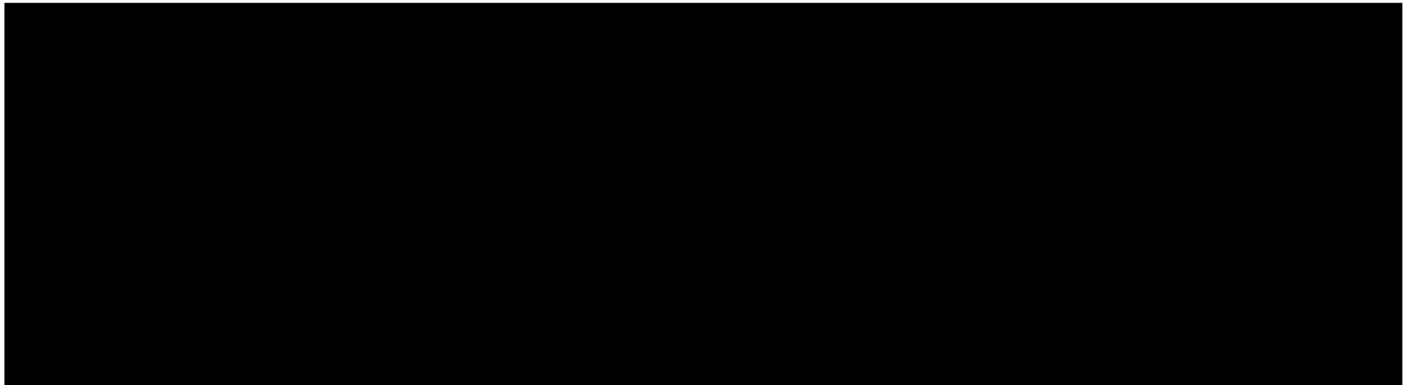


**Section 2.5 Fiscal Year.**

The "Fiscal Year" of the Company shall be the tax year of the Company and shall initially be the calendar year, or such other Fiscal Year as may be designated by Manager Approval and permitted by the Internal Revenue Code.

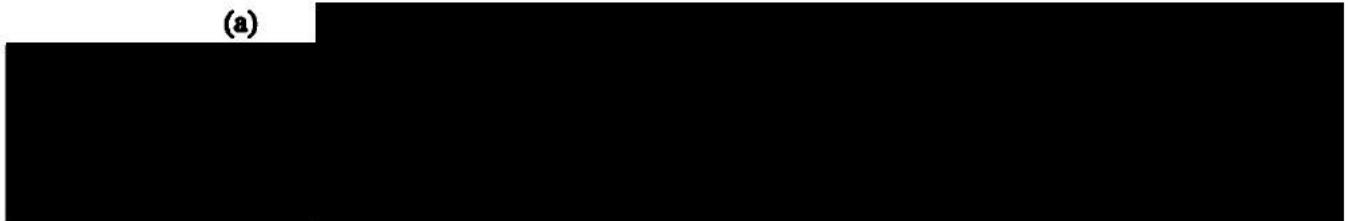
**ARTICLE 3.  
GENERAL PROVISIONS**

**Section 3.1 Members.**

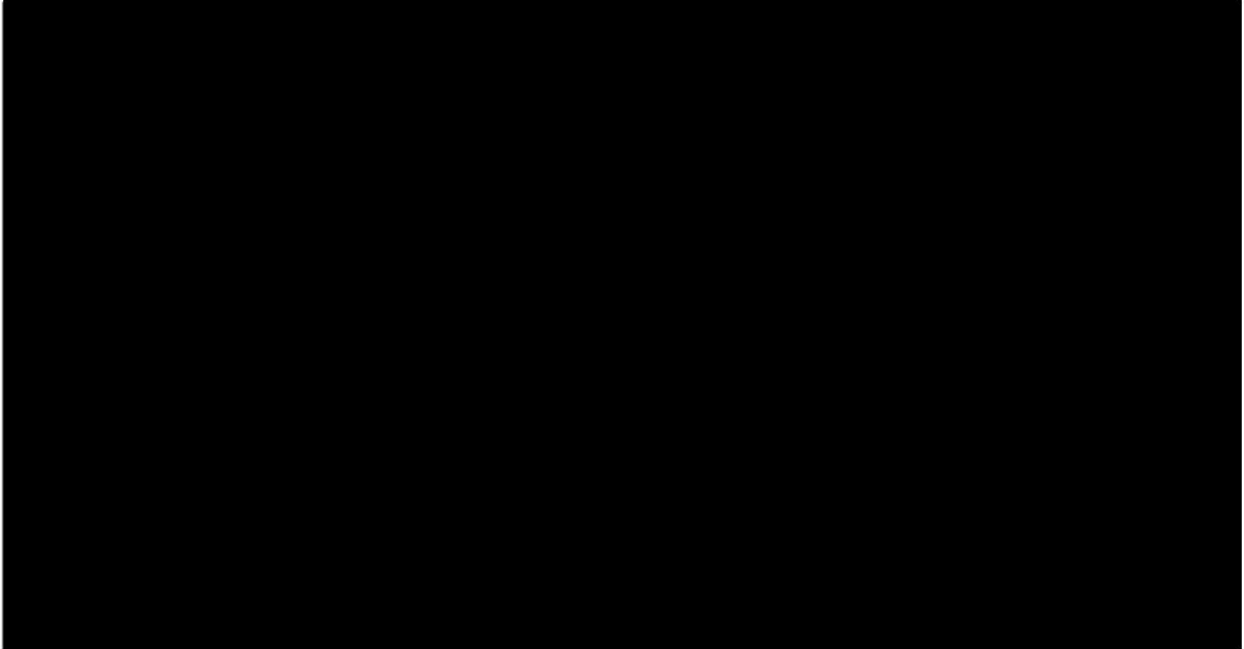


**Section 3.2 Membership Interests Generally.**

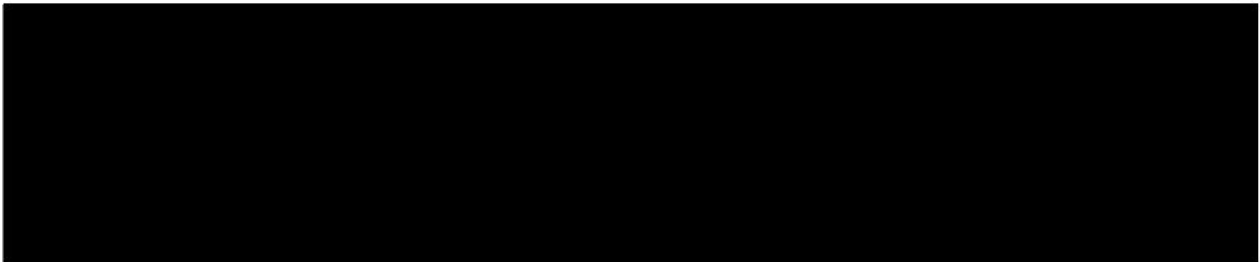
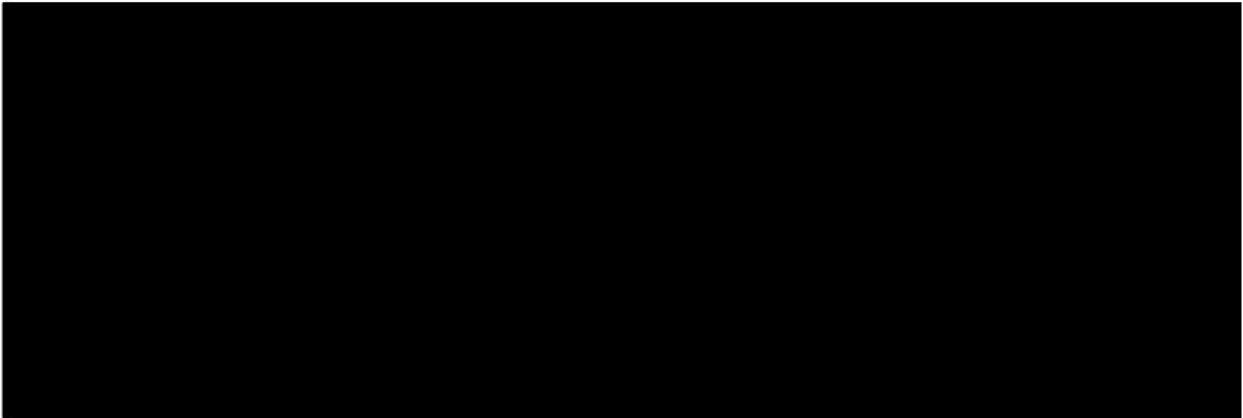
**(a)**



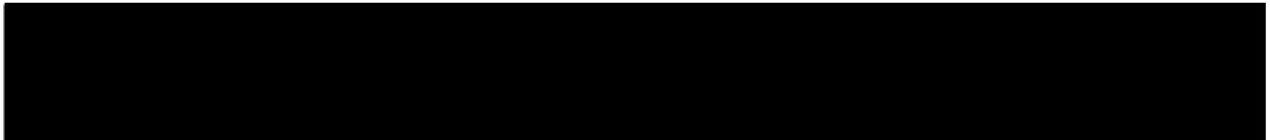
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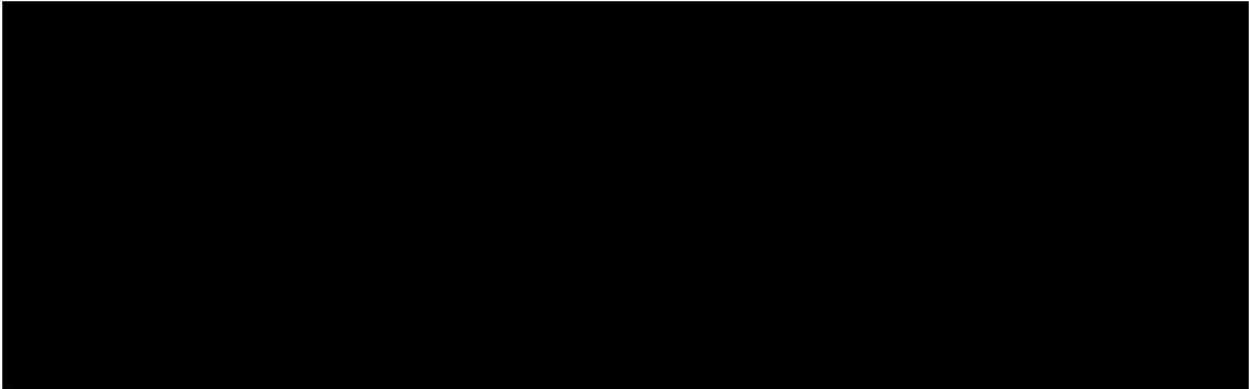
**Section 3.3 Voting and Management Rights.**



**Section 3.4 Liability of Members.**



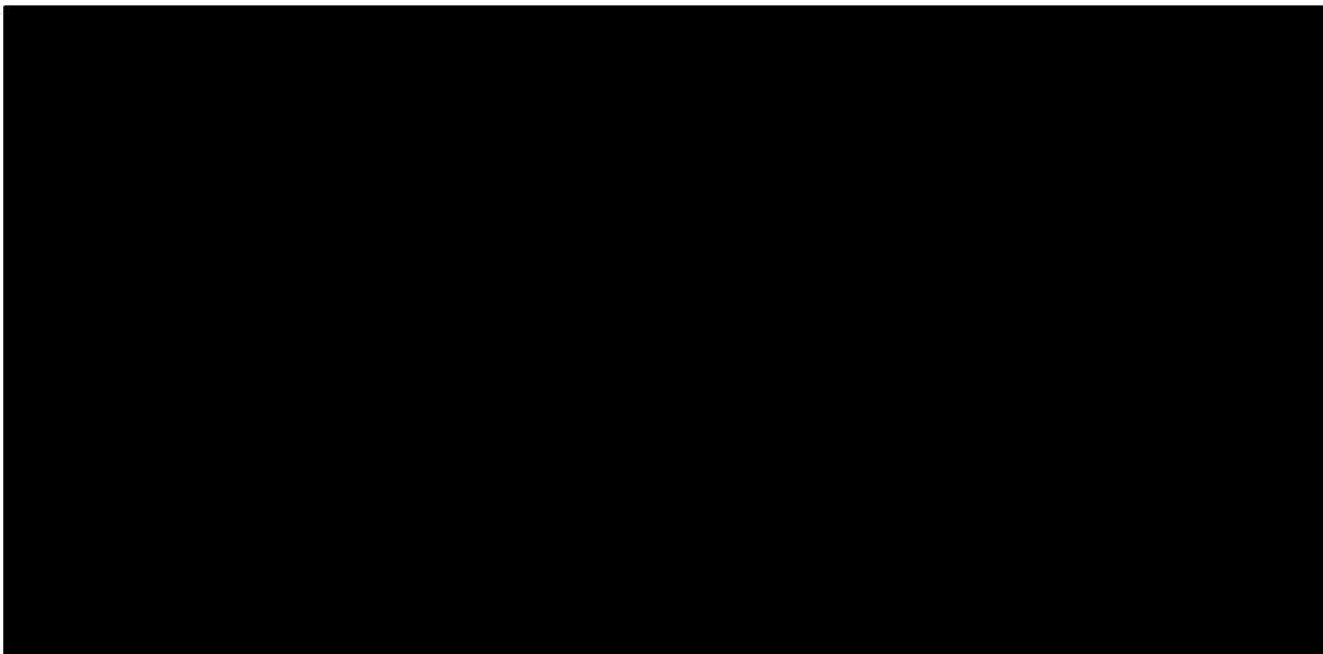
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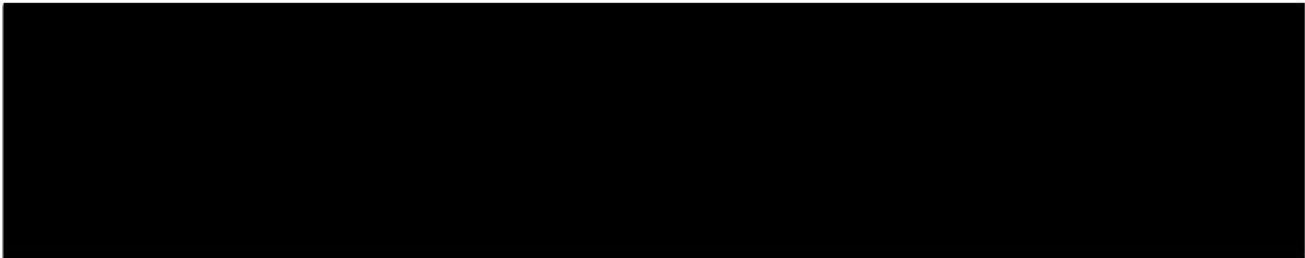
**Section 3.5 No Right to Division of Assets.**



**Section 3.6 Member's Investment.**



**Section 3.7 Expenses.**

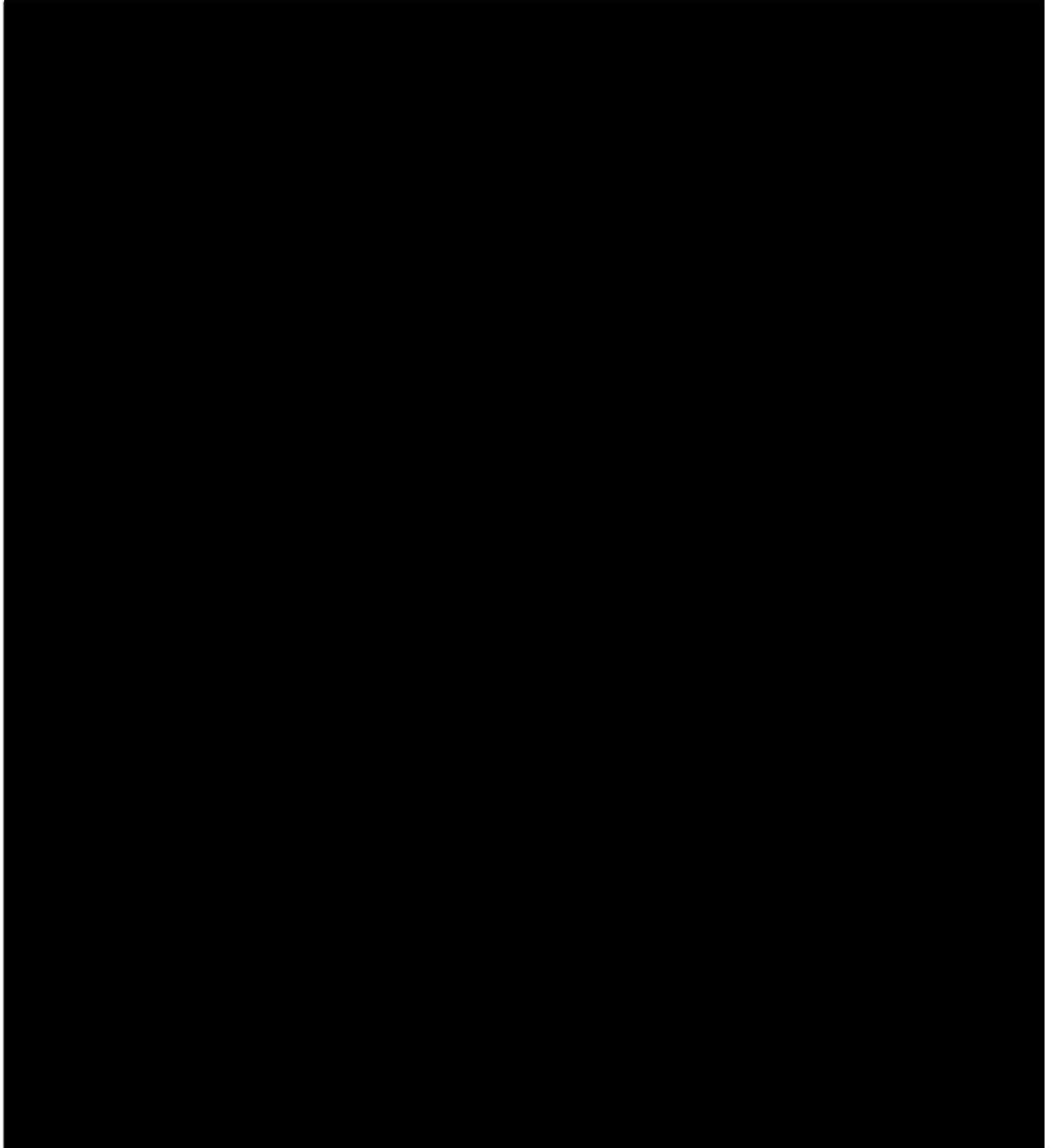




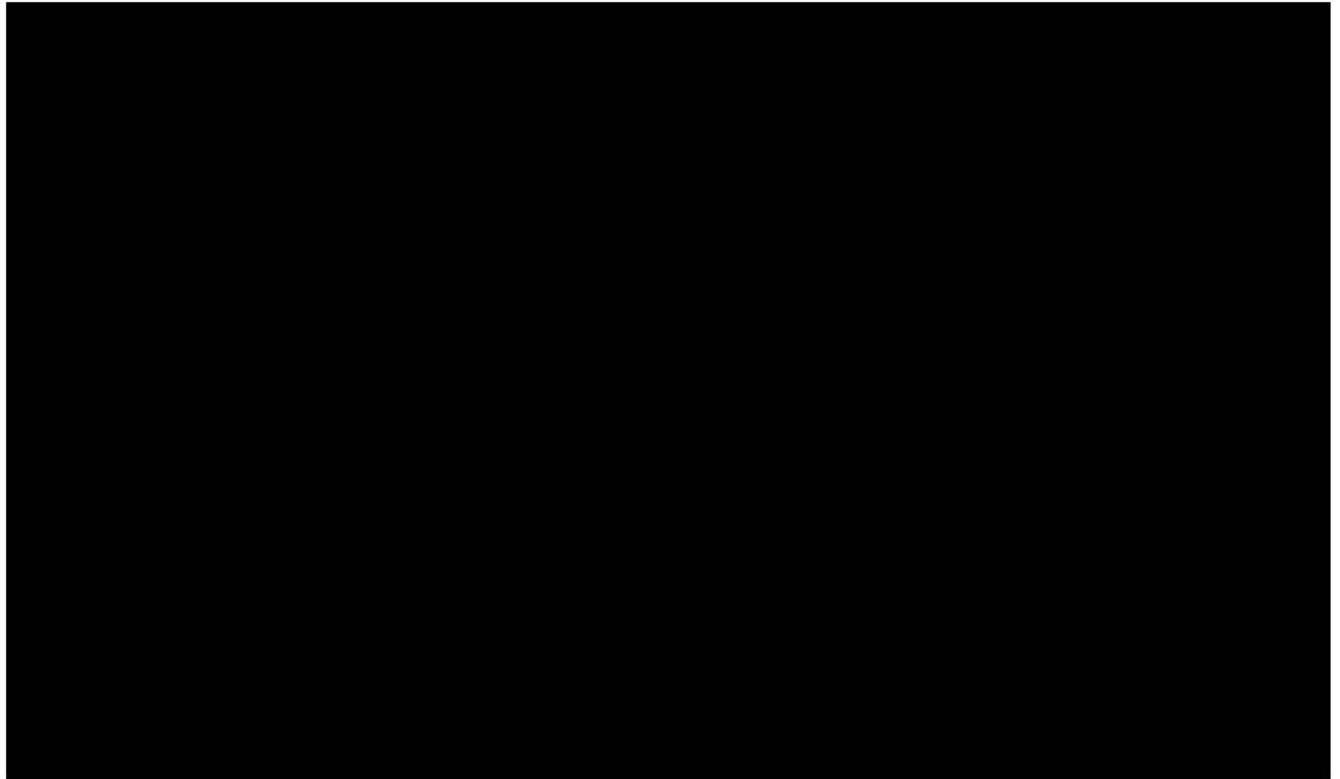
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**ARTICLE 4.  
MANAGEMENT OF THE COMPANY**

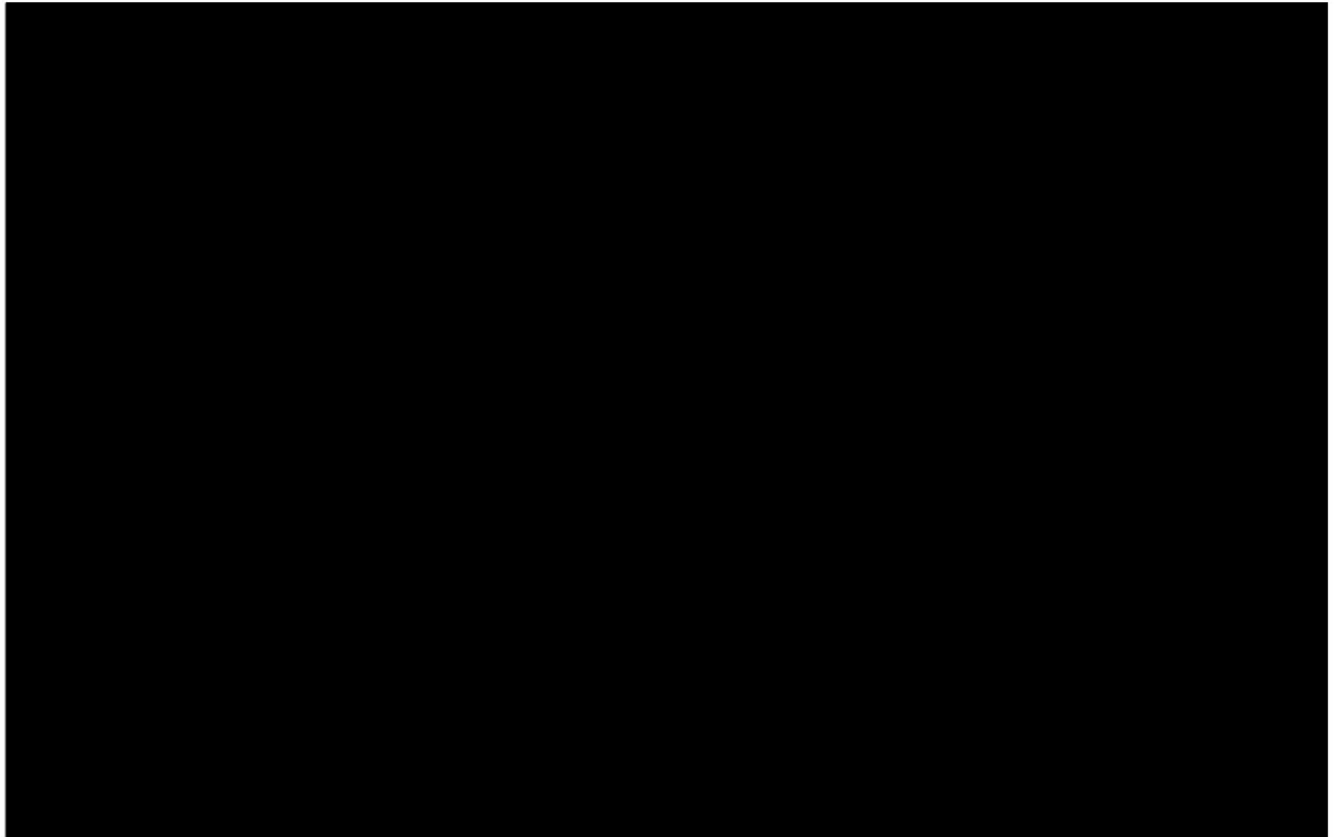
**Section 4.1      Managers.**



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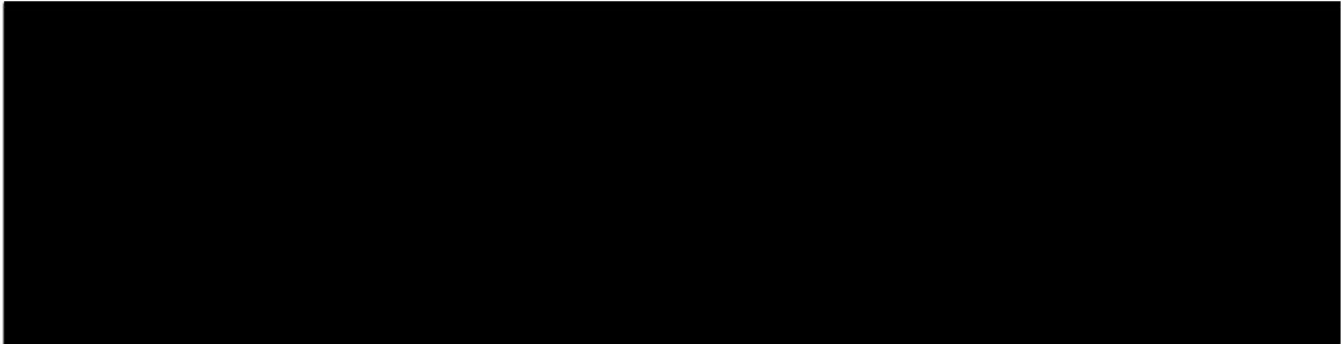
**Section 4.2            Manager Voting Rights; Meetings; Quorum.**



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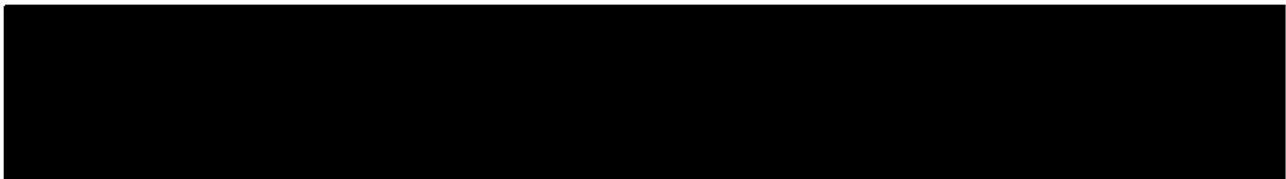
**Section 4.3            Actions of the Managers.**



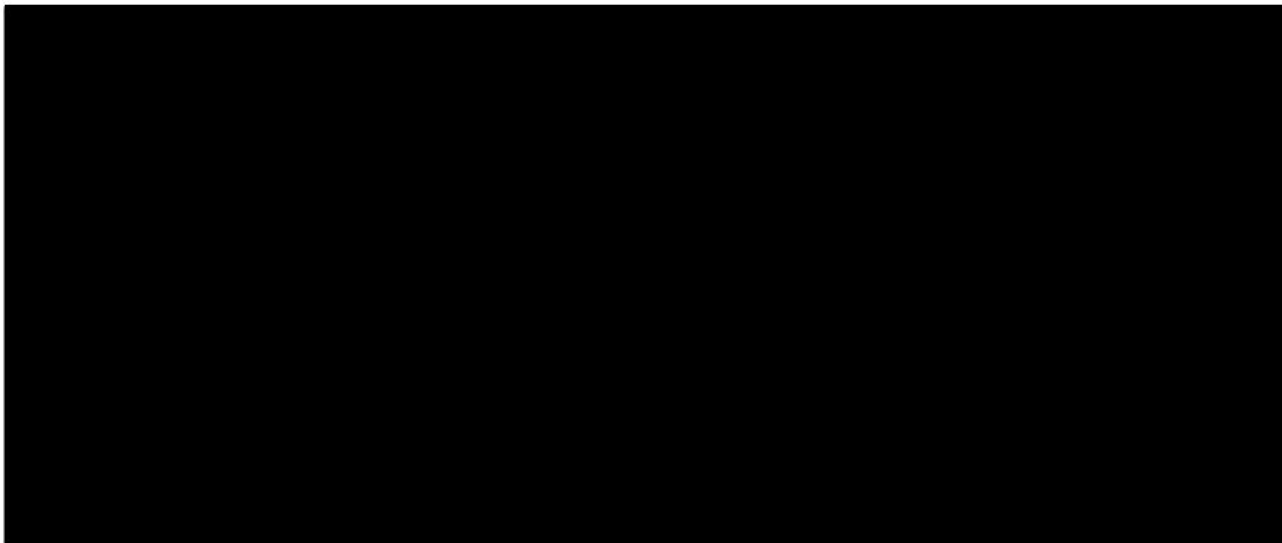
**Section 4.4            Manager as Agent.**



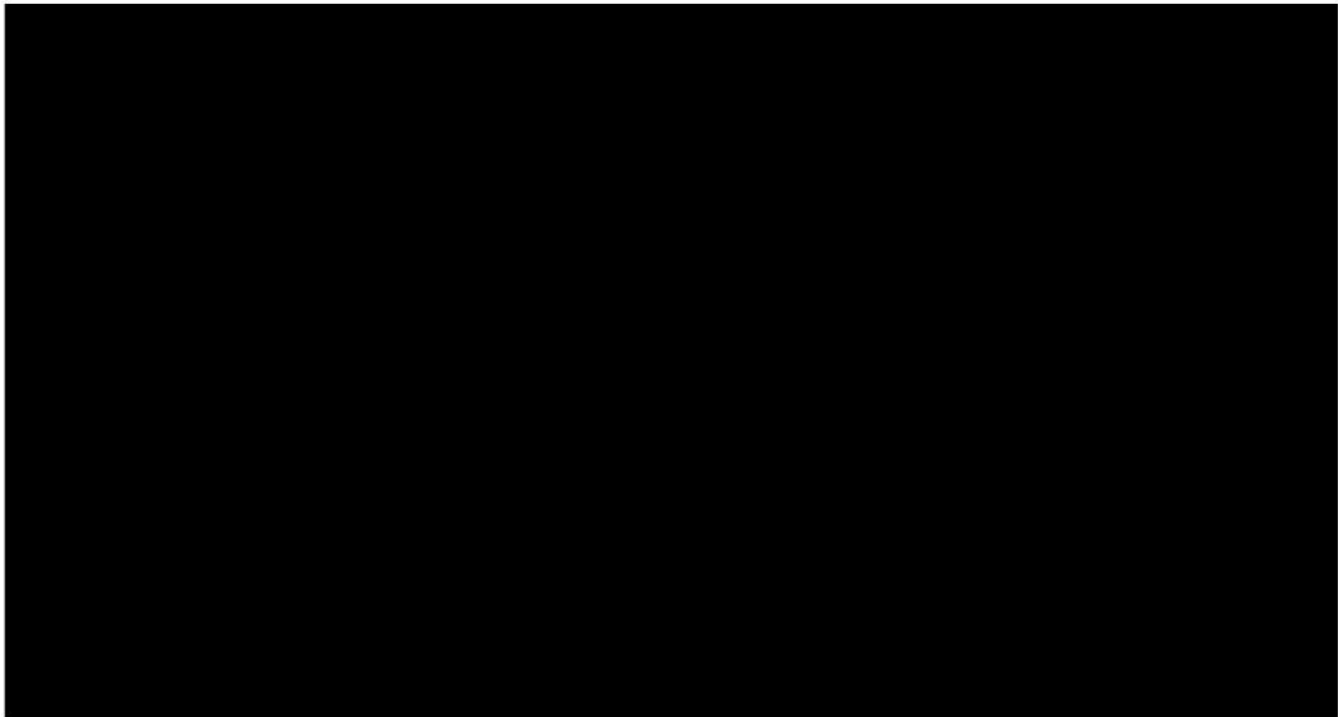
**Section 4.5            Officers and other Agents.**



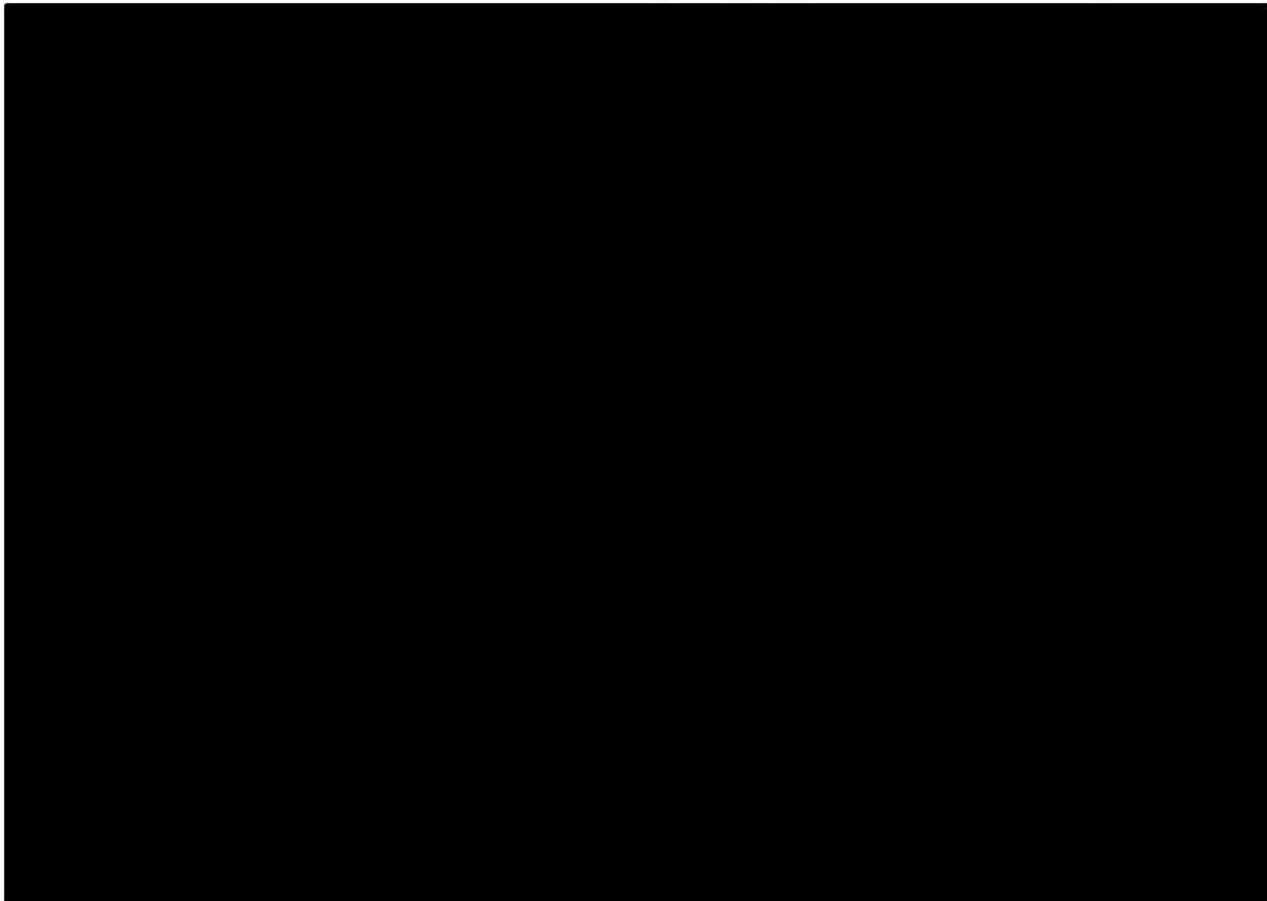
**Section 4.6            Powers of the Managers.**



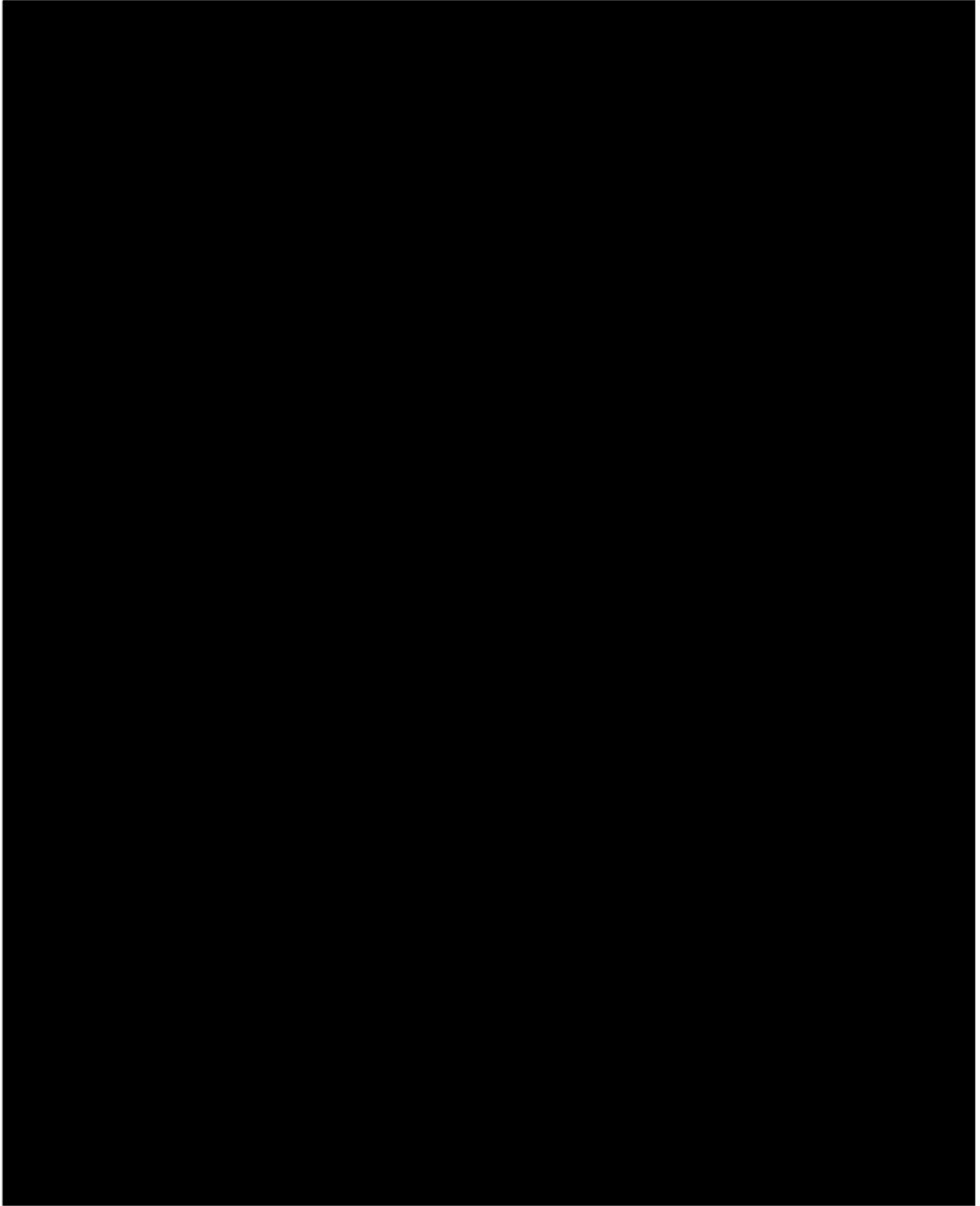
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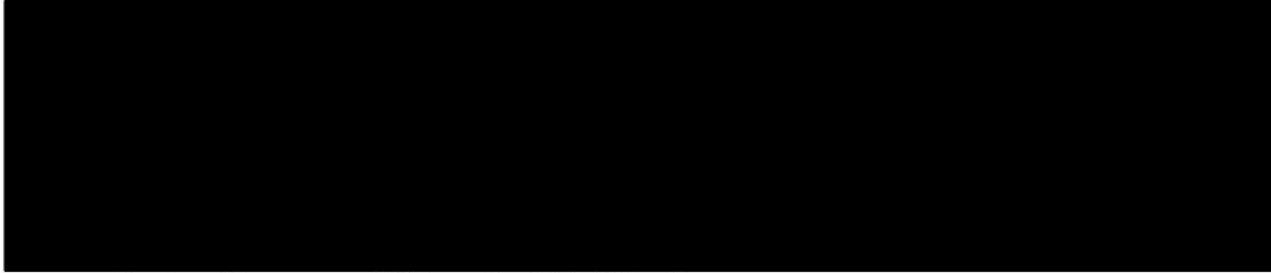
**Section 4.7            Certain Actions Requiring Approval of the RG Manager**



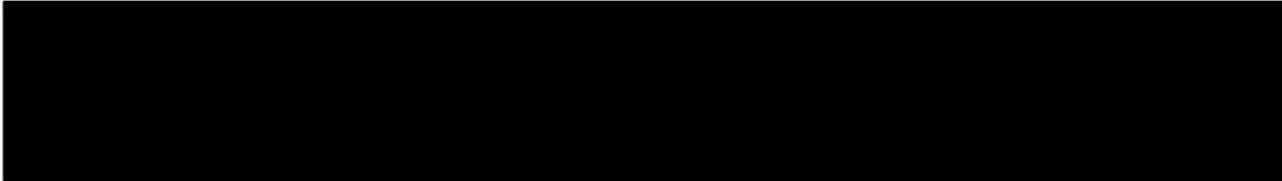
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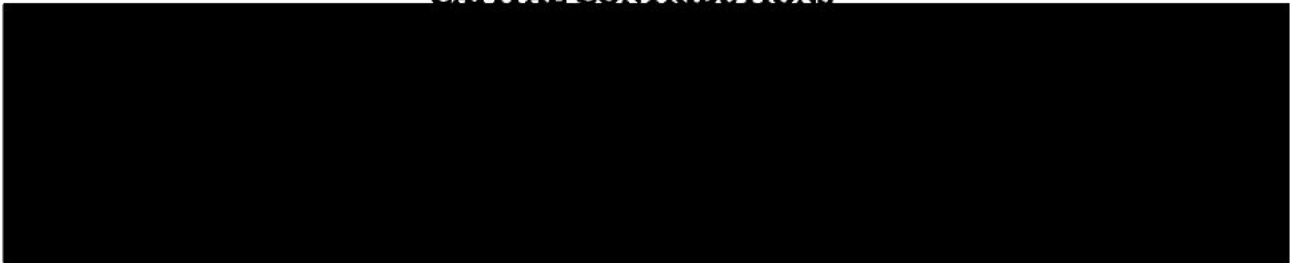
**Section 4.8      Reliance by Third Parties.**



**Section 4.9      Reimbursement.**



**ARTICLE 5.  
CAPITAL CONTRIBUTIONS**



**ARTICLE 6.  
CAPITAL ACCOUNTS; ALLOCATIONS; DISTRIBUTIONS**

**Section 6.1      Capital Accounts.**

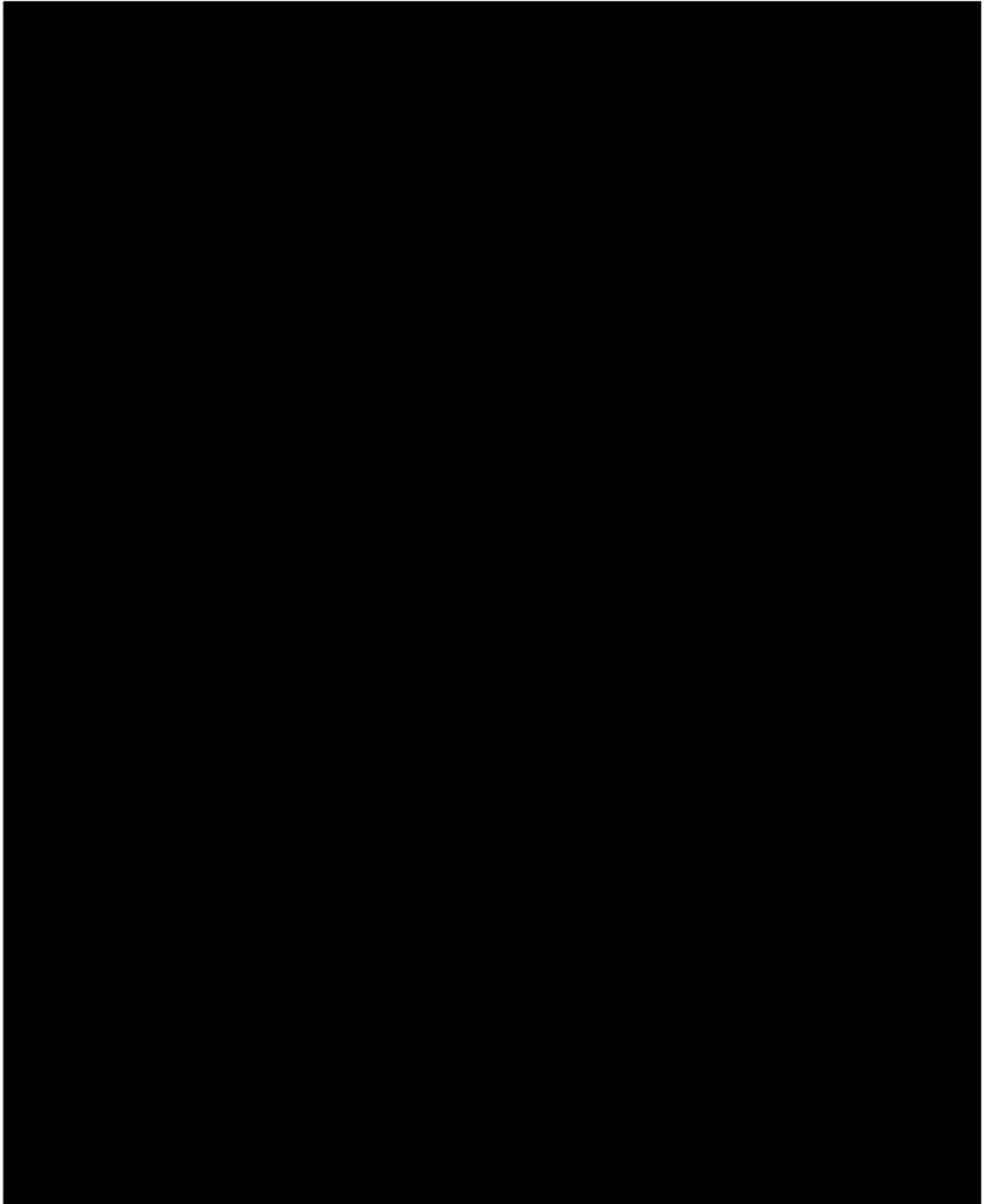


**Section 6.2      Allocations.**



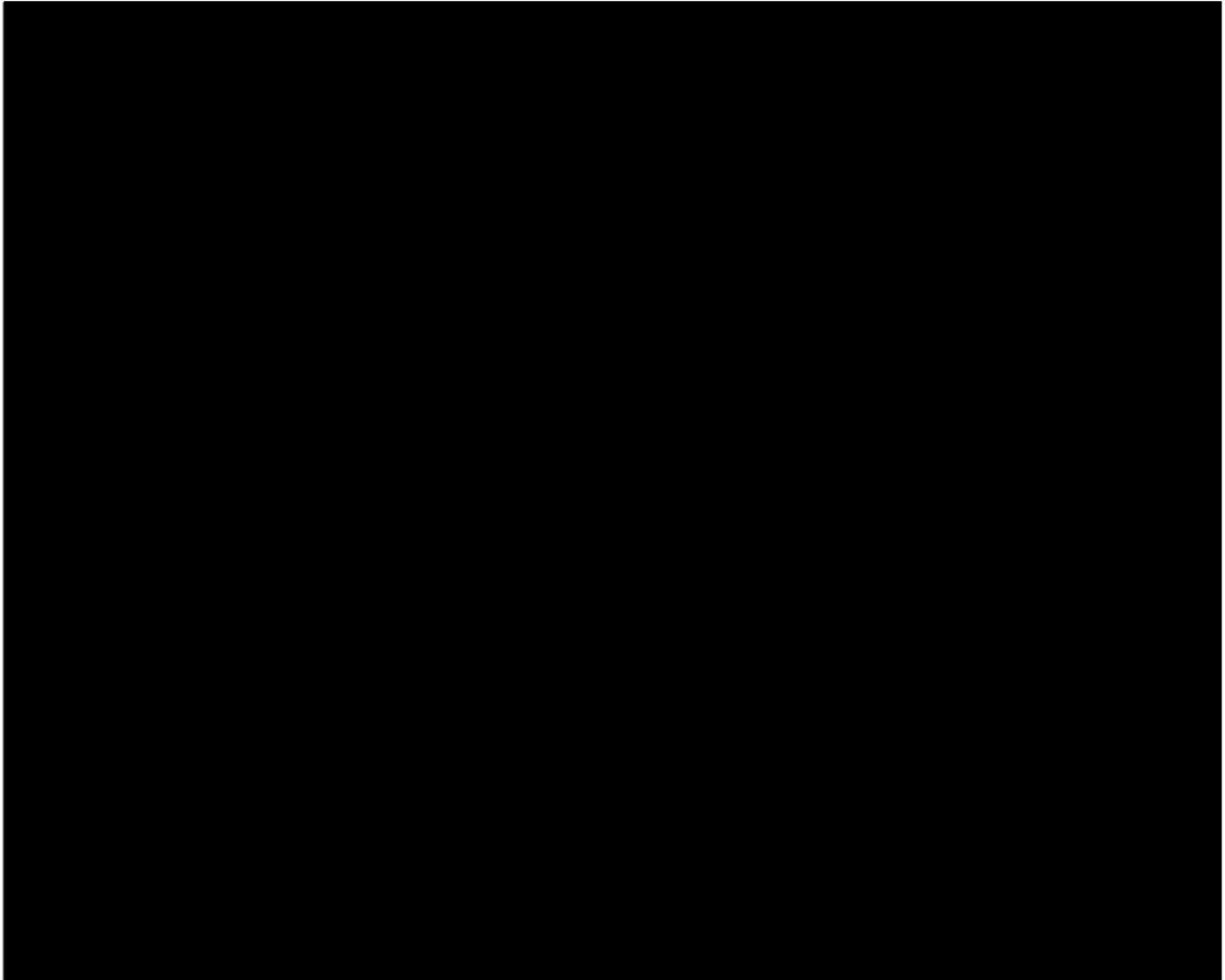
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**Section 6.3 Distributions.**



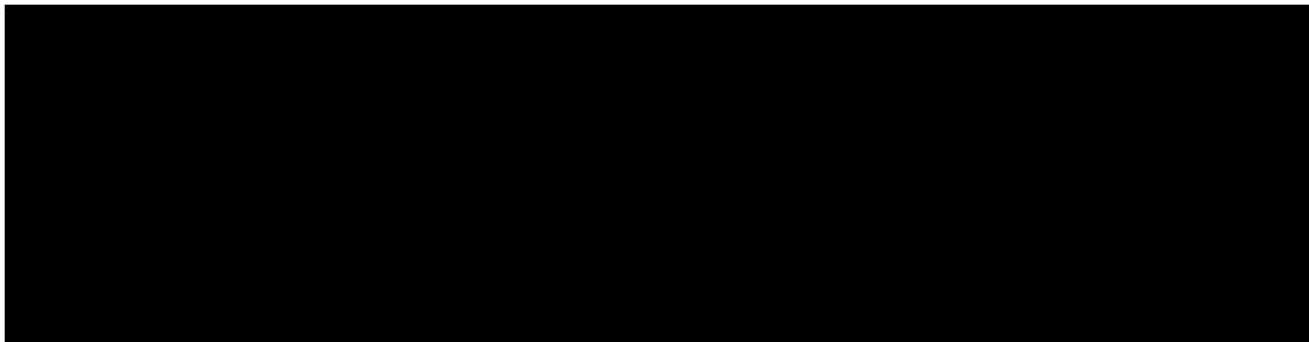
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**Section 6.4 Withholding; Tax Documentation.**



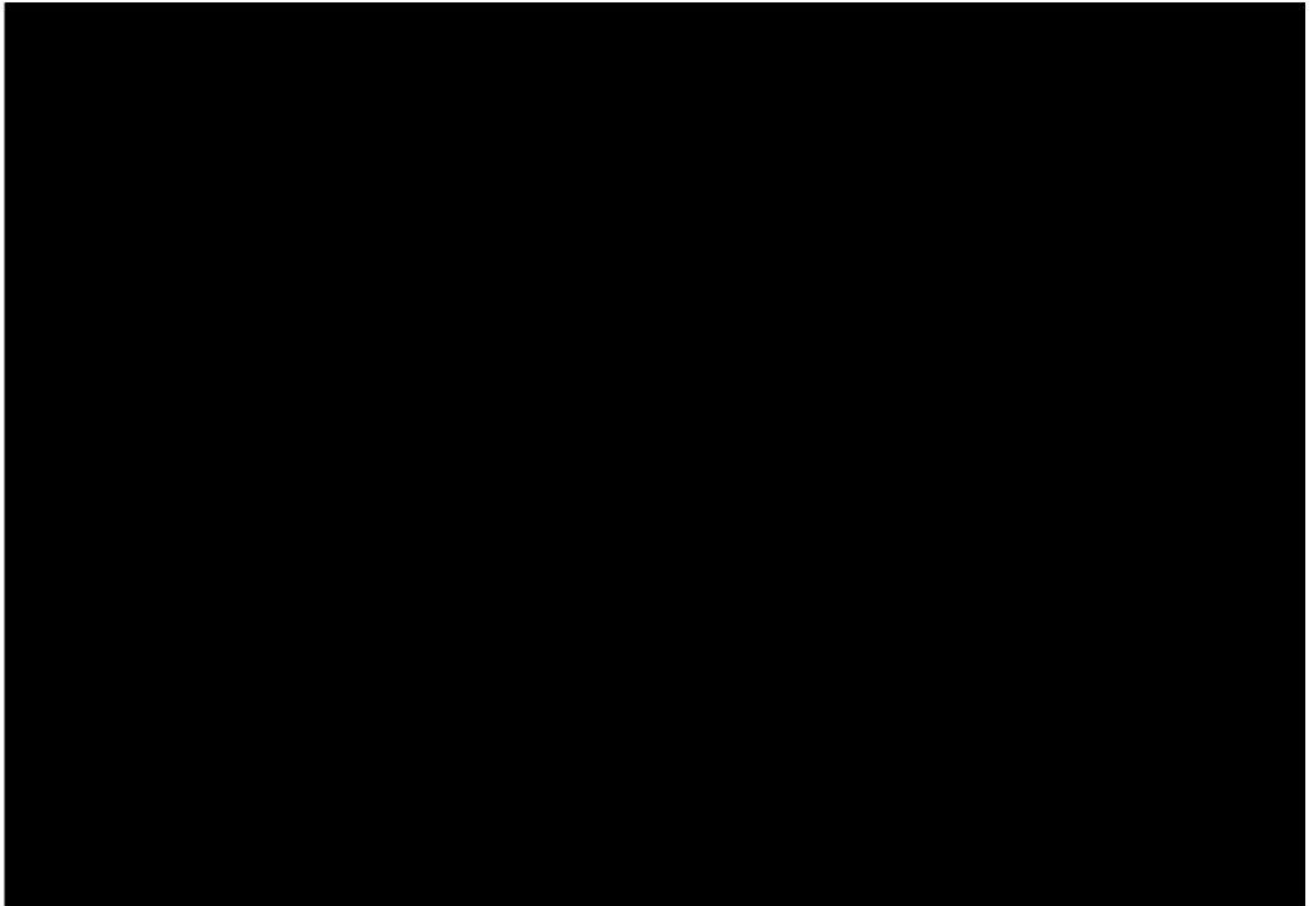
**ARTICLE 7.  
ISSUANCE OF ADDITIONAL MEMBERSHIP INTERESTS; ADMISSION OF  
ADDITIONAL MEMBERS**

**Section 7.1 Additional Issuances; Additional Members.**



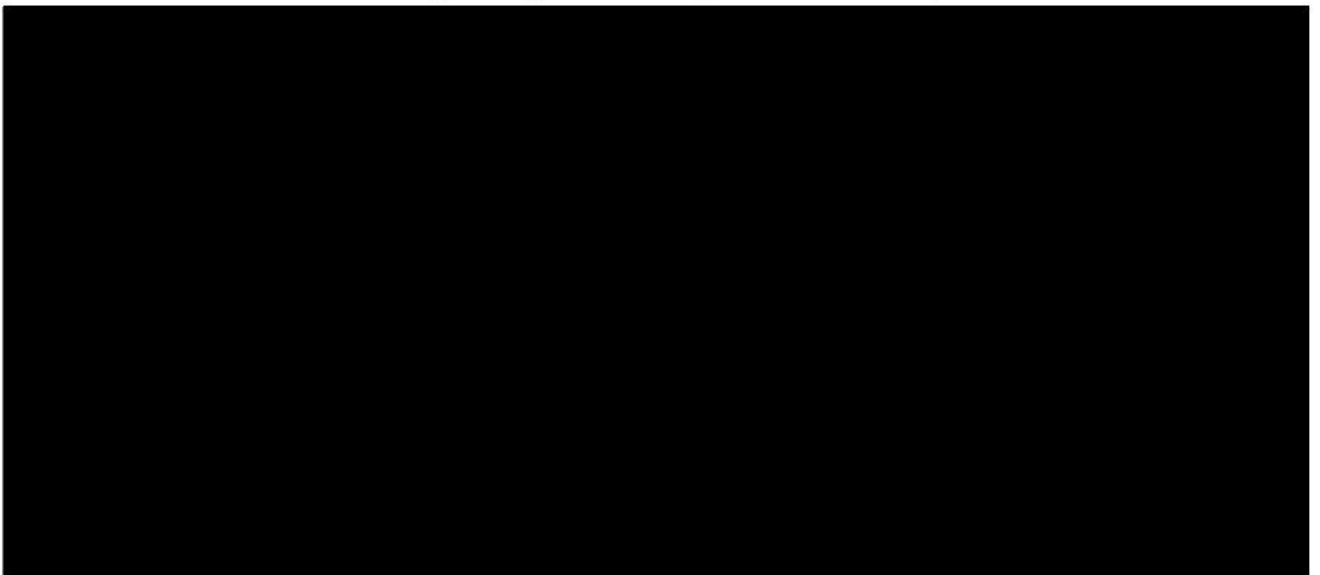


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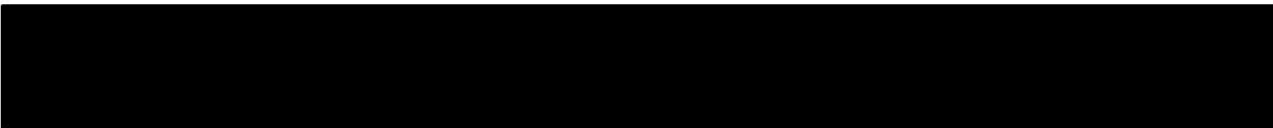


**ARTICLE 8.  
TRANSFER OF MEMBERSHIP INTERESTS; LEGAL REPRESENTATIVES**

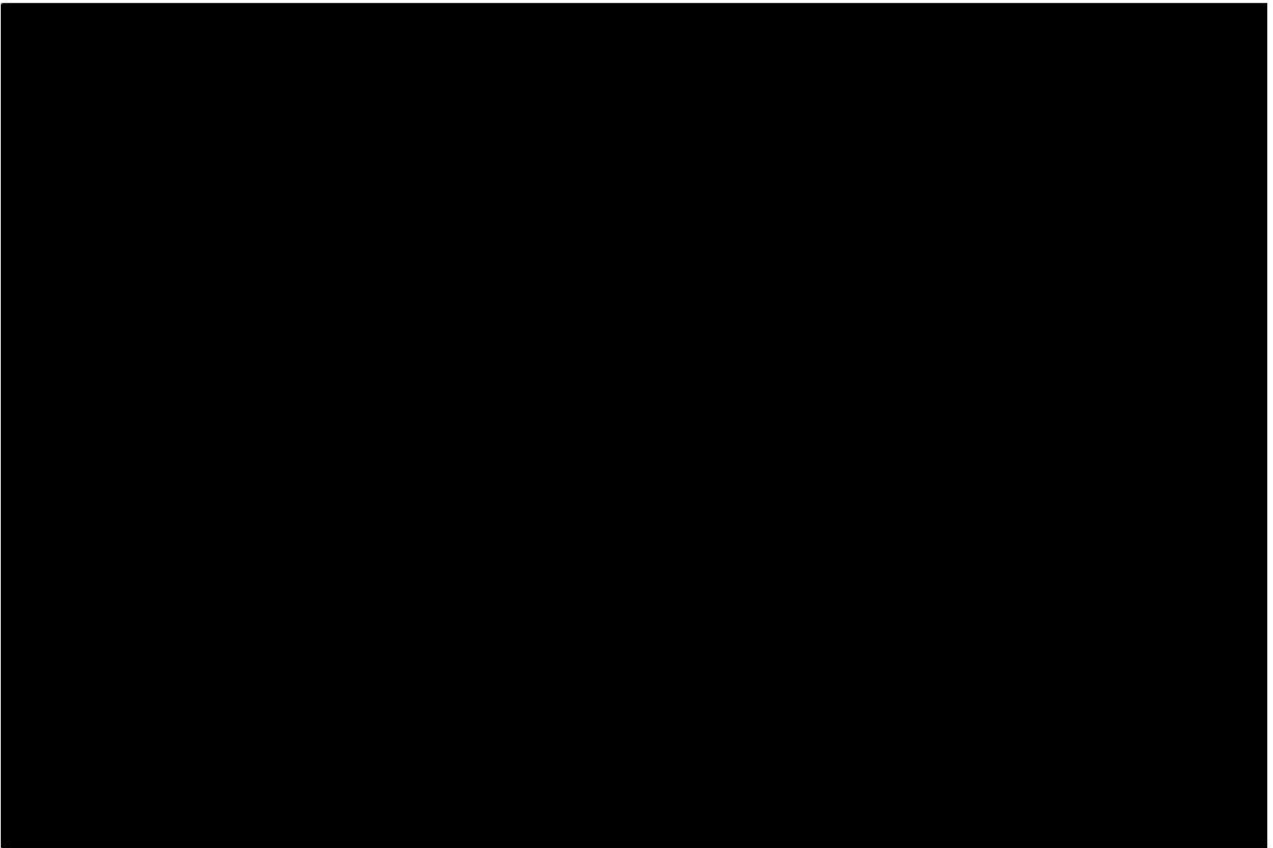
**Section 8.1            Assignability of Interests; Substitute Members.**



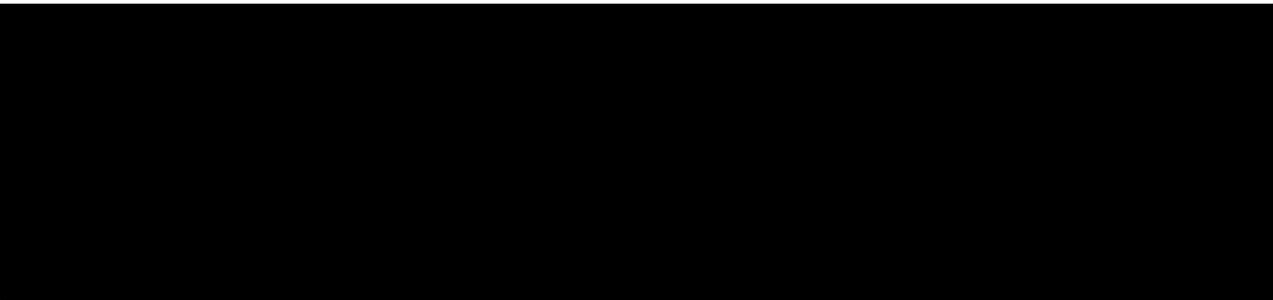
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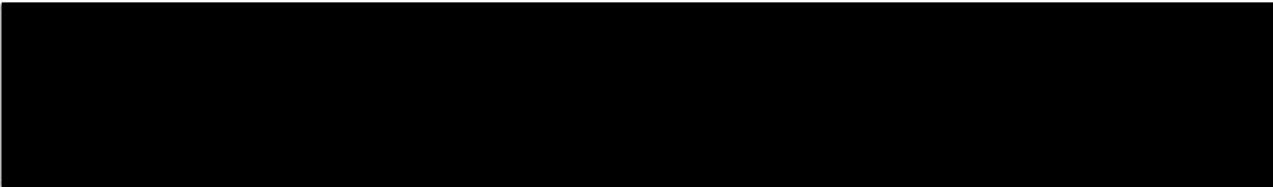
**Section 8.2 Additional Requirements.**



**Section 8.3 Distributions as Between Assignor and Assignee.**



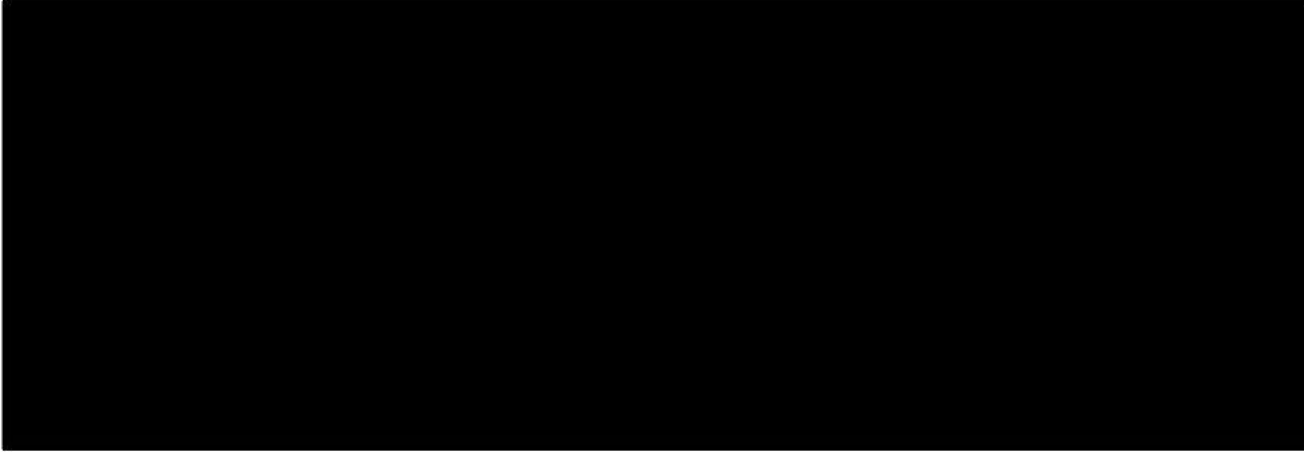
**Section 8.4 Deemed Agreement.**



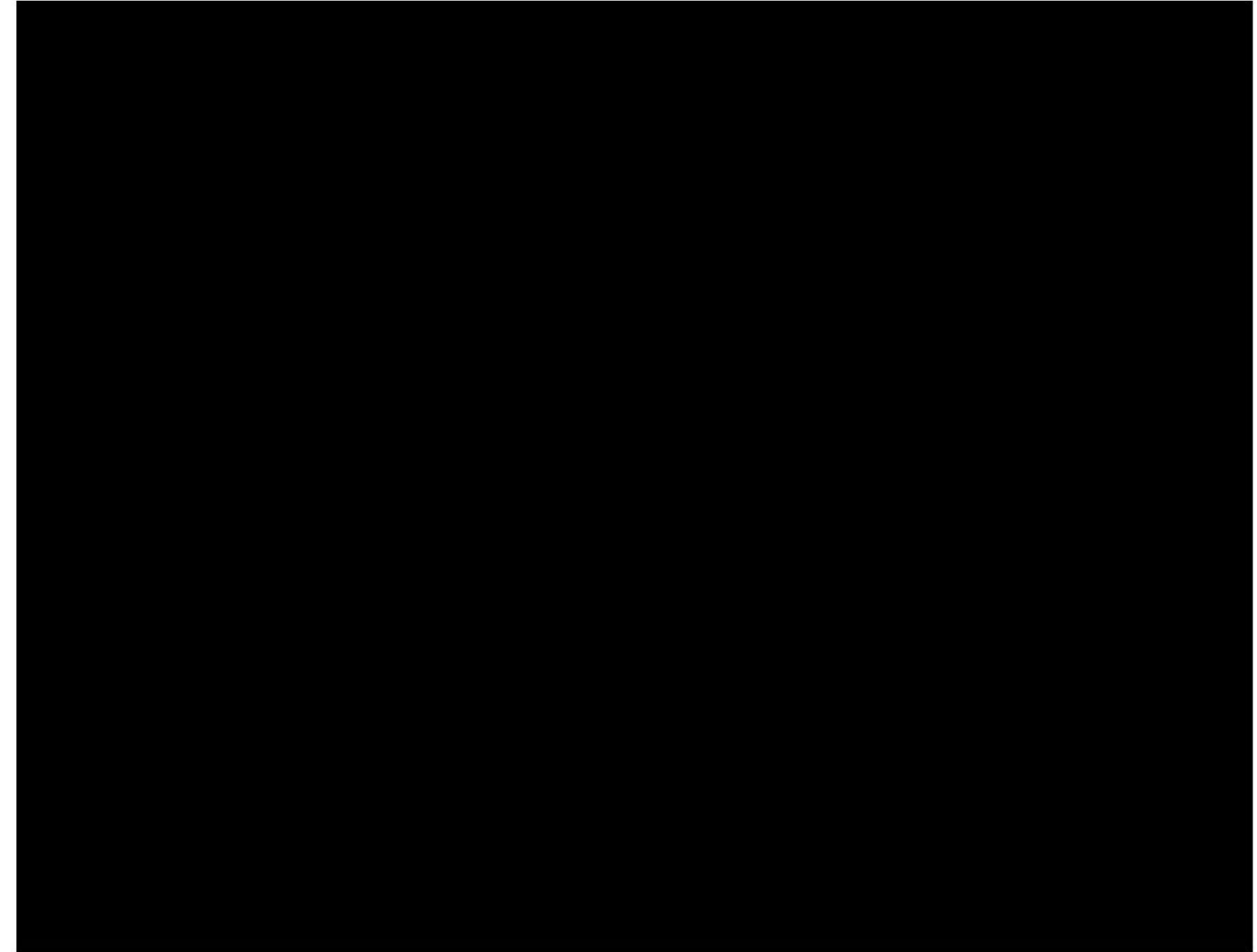
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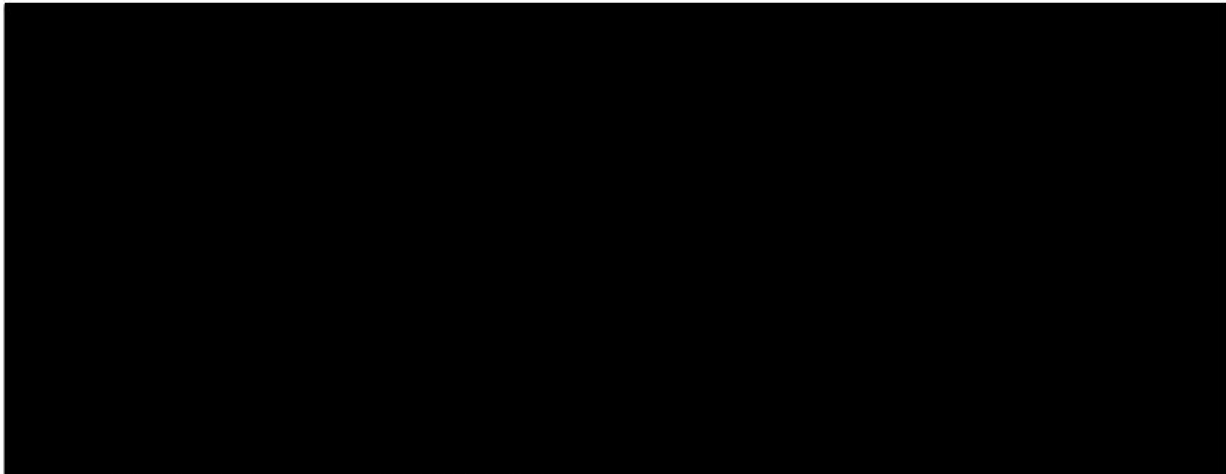
**Section 8.5      Transfer of Capital Accounts.**



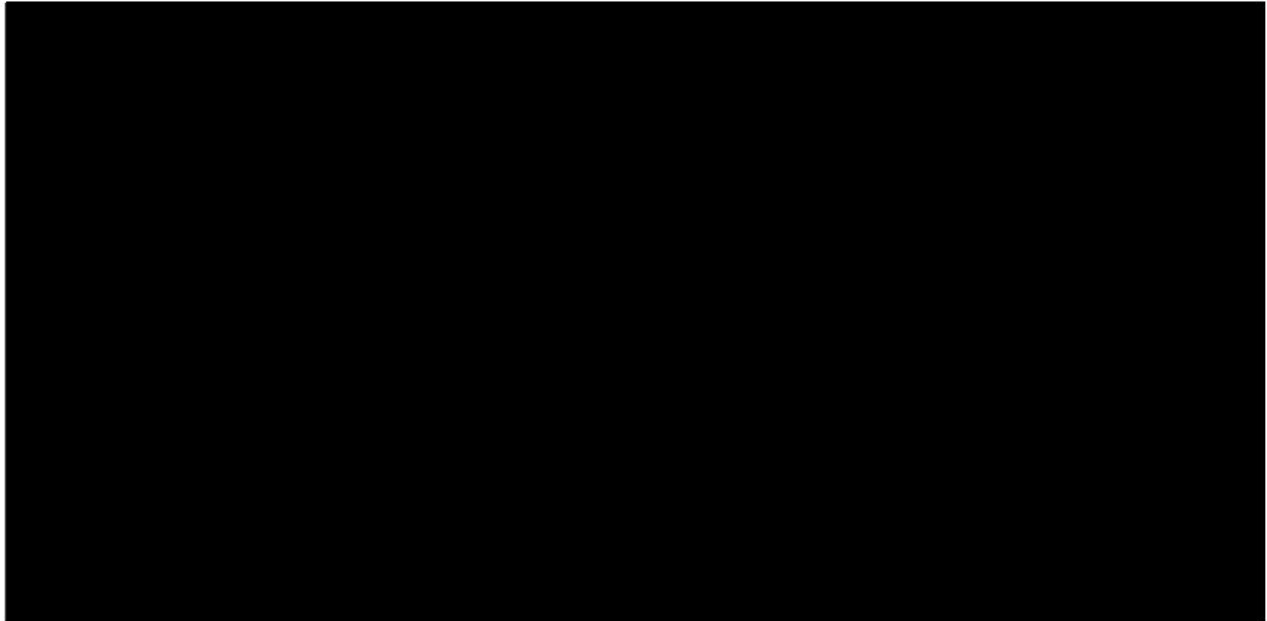
**Section 8.6      Right of First Refusal.**



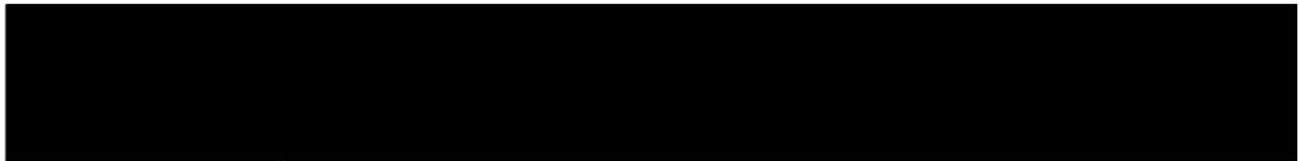
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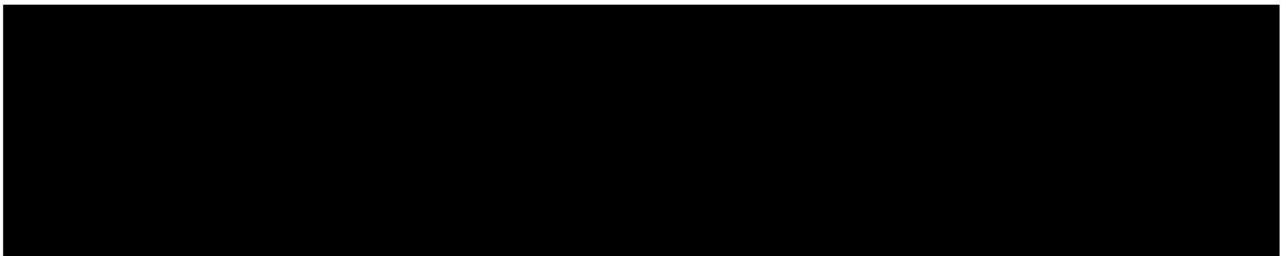
**Section 8.7 Co-Sale Rights.**



**Section 8.8 Option to Purchase.**

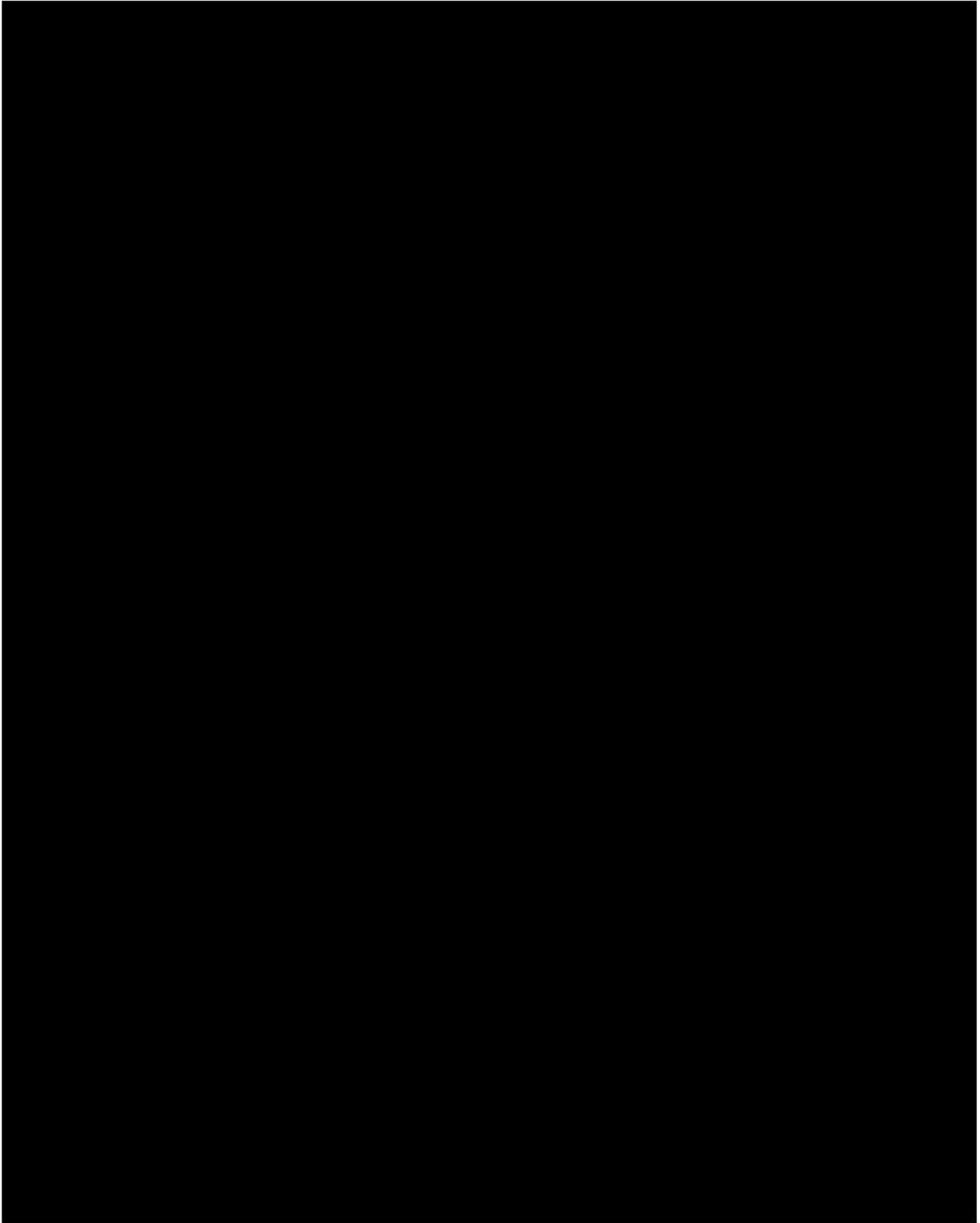


**Section 8.9 Company Right of Repurchase.**

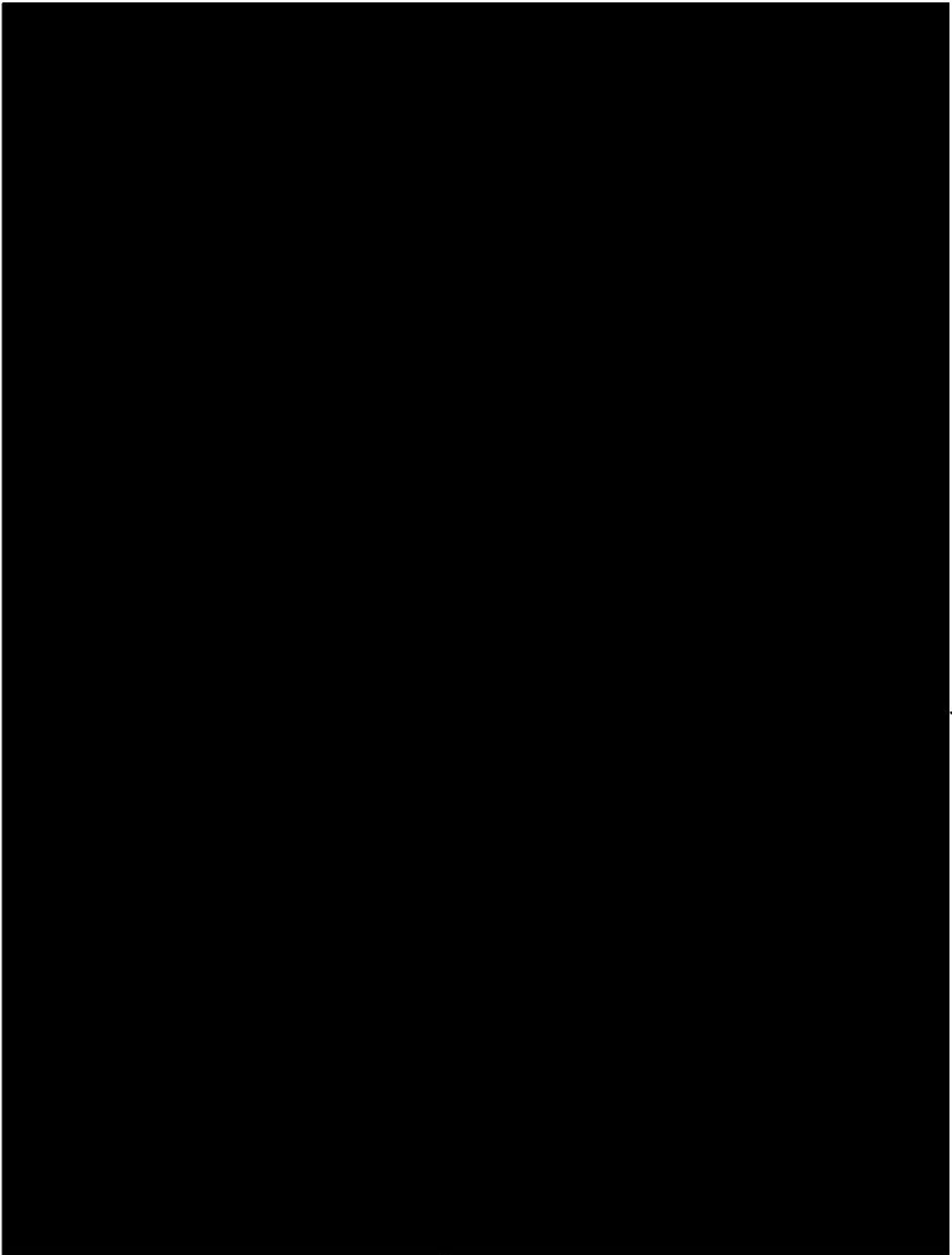


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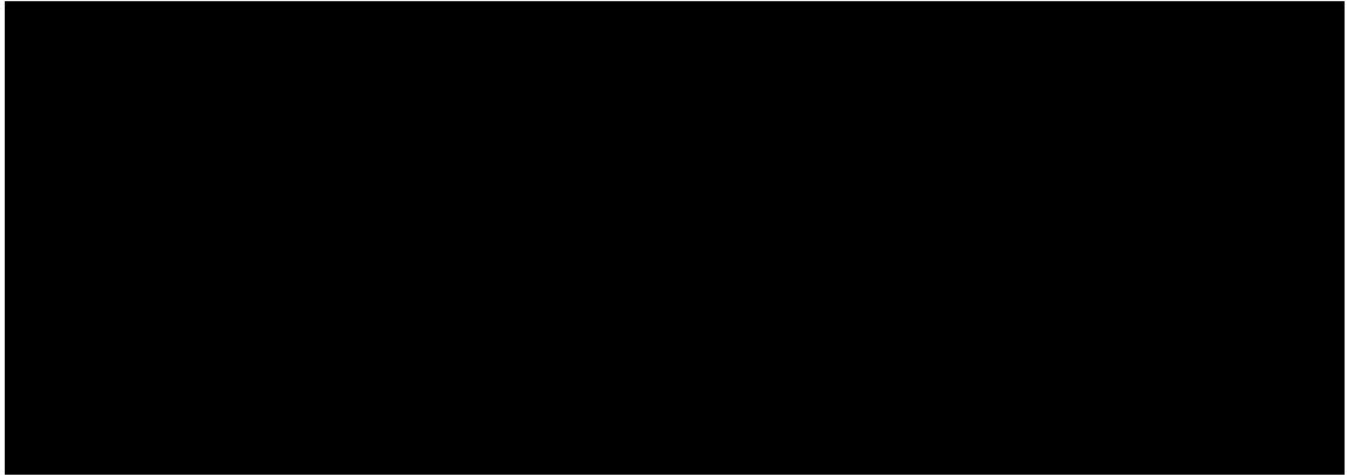


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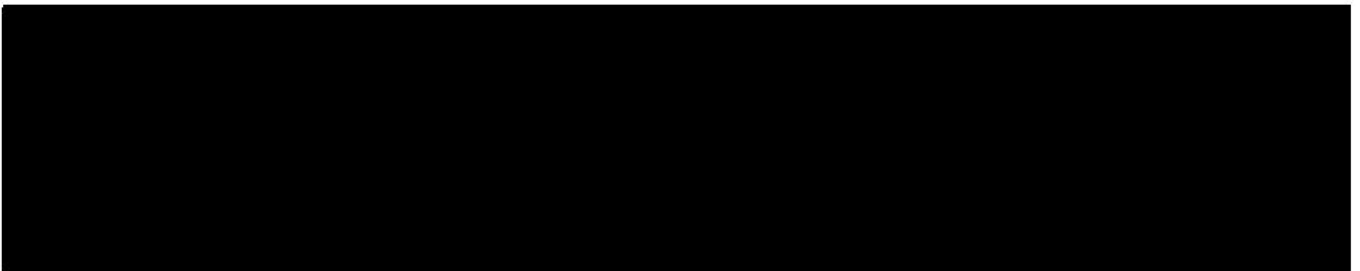
**ARTICLE 9.  
DURATION OF THE COMPANY**

**Section 9.1      Duration.**

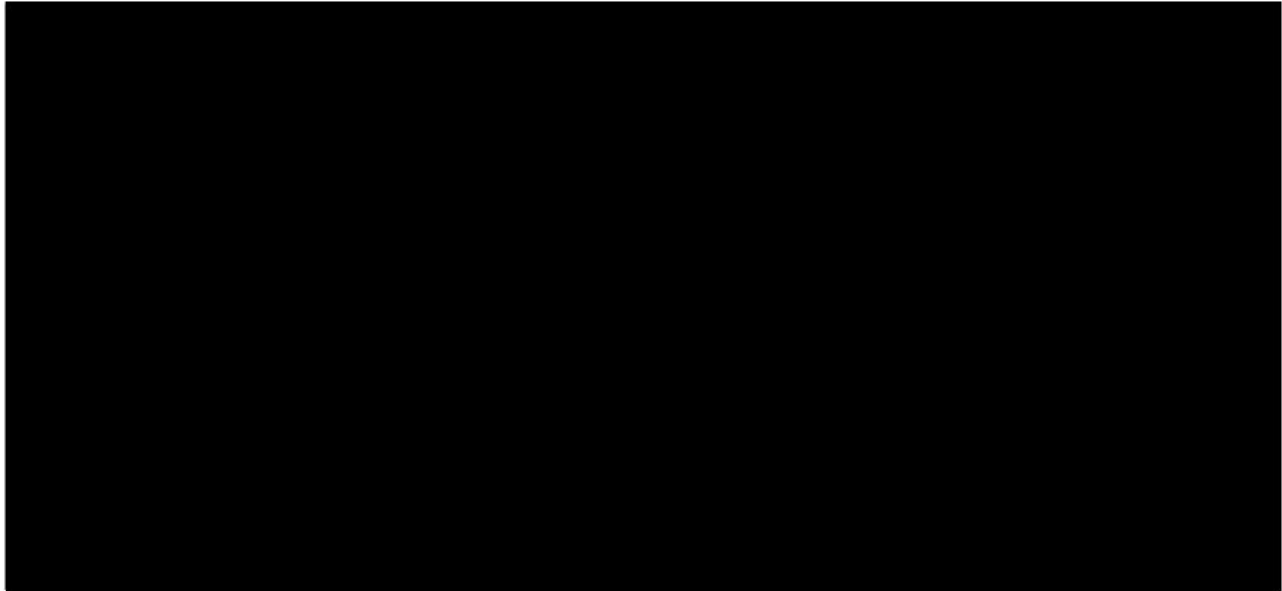


**ARTICLE 10.  
LIQUIDATION OF THE COMPANY**

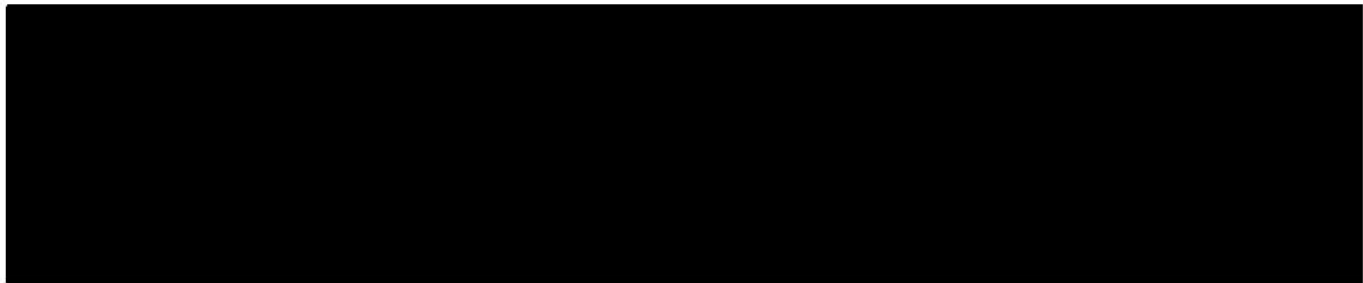
**Section 10.1      General.**



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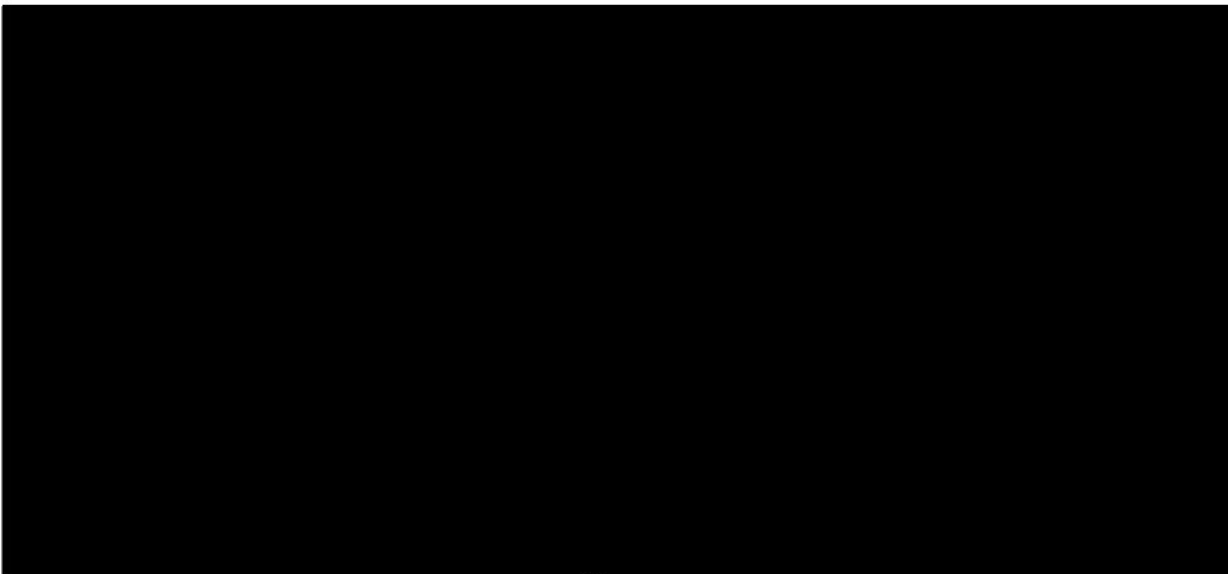
**Section 10.2 Final Allocations and Distributions.**



**ARTICLE 11.**

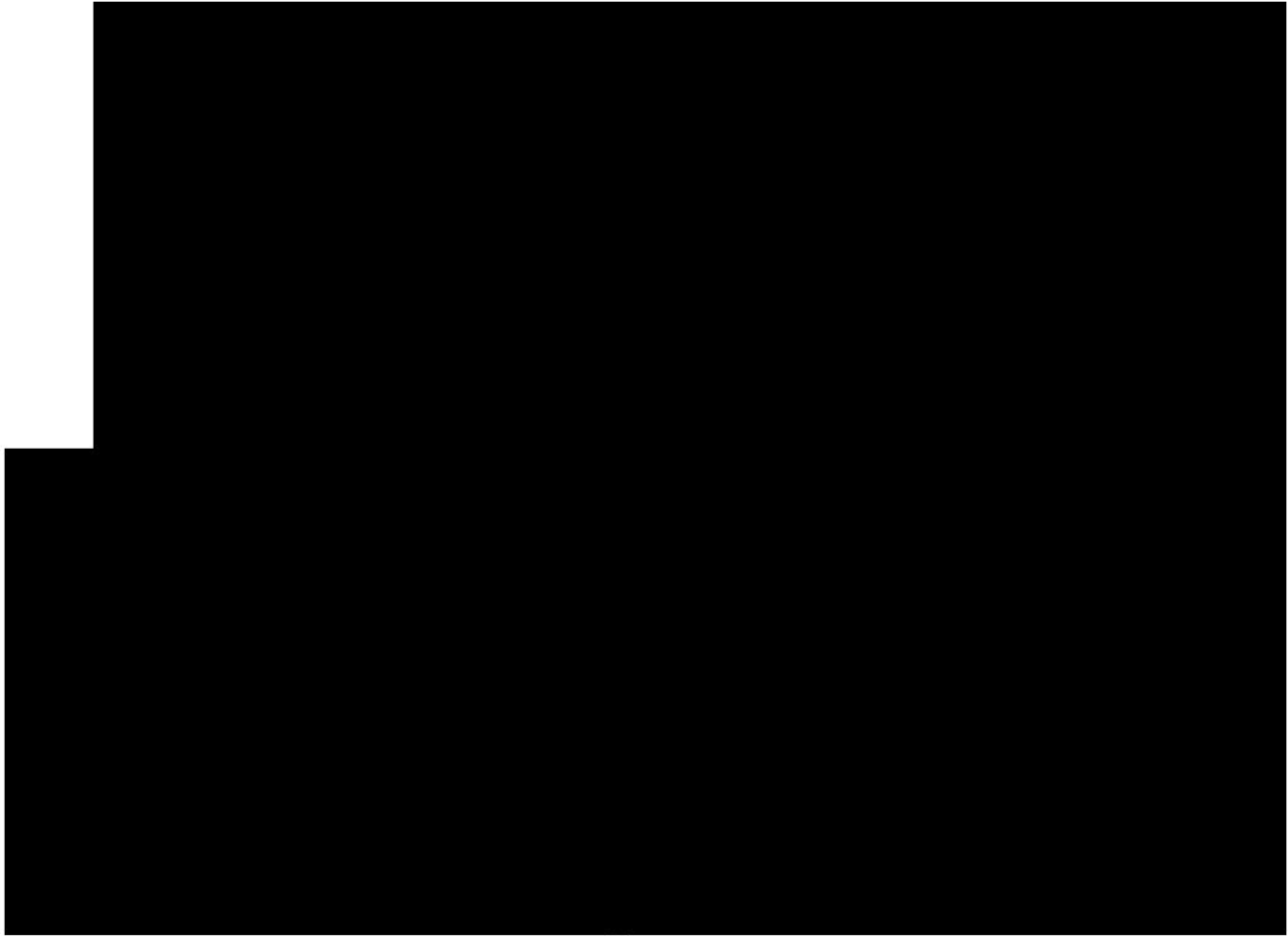


**Section 11.1 General.**





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**ARTICLE 12.  
DUTIES, EXCULPATION AND INDEMNIFICATION**

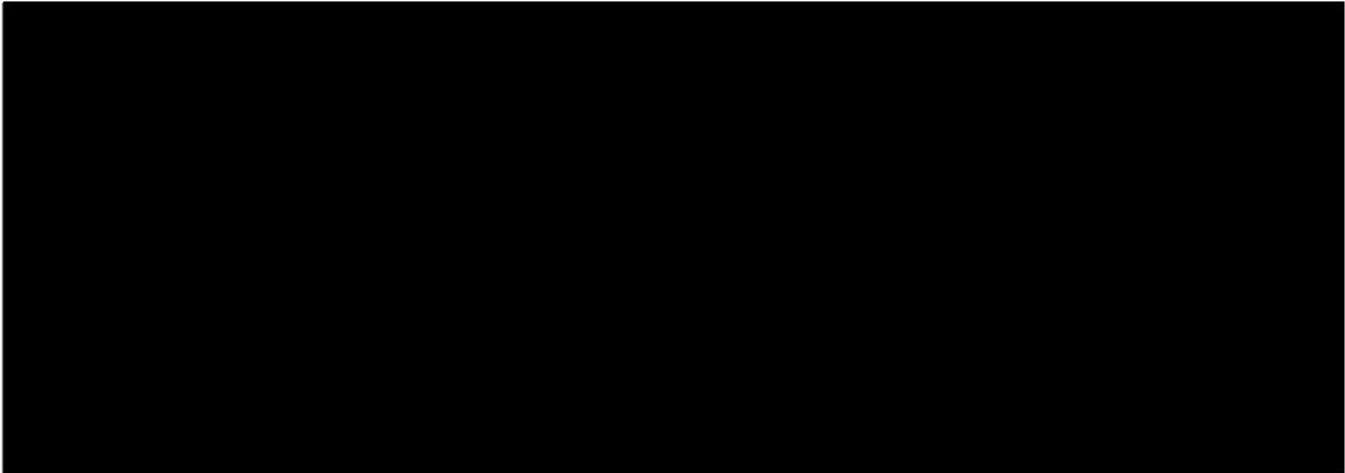
**Section 12.1 Duties of Manager, Tax Matters Person and Liquidating Agent.**



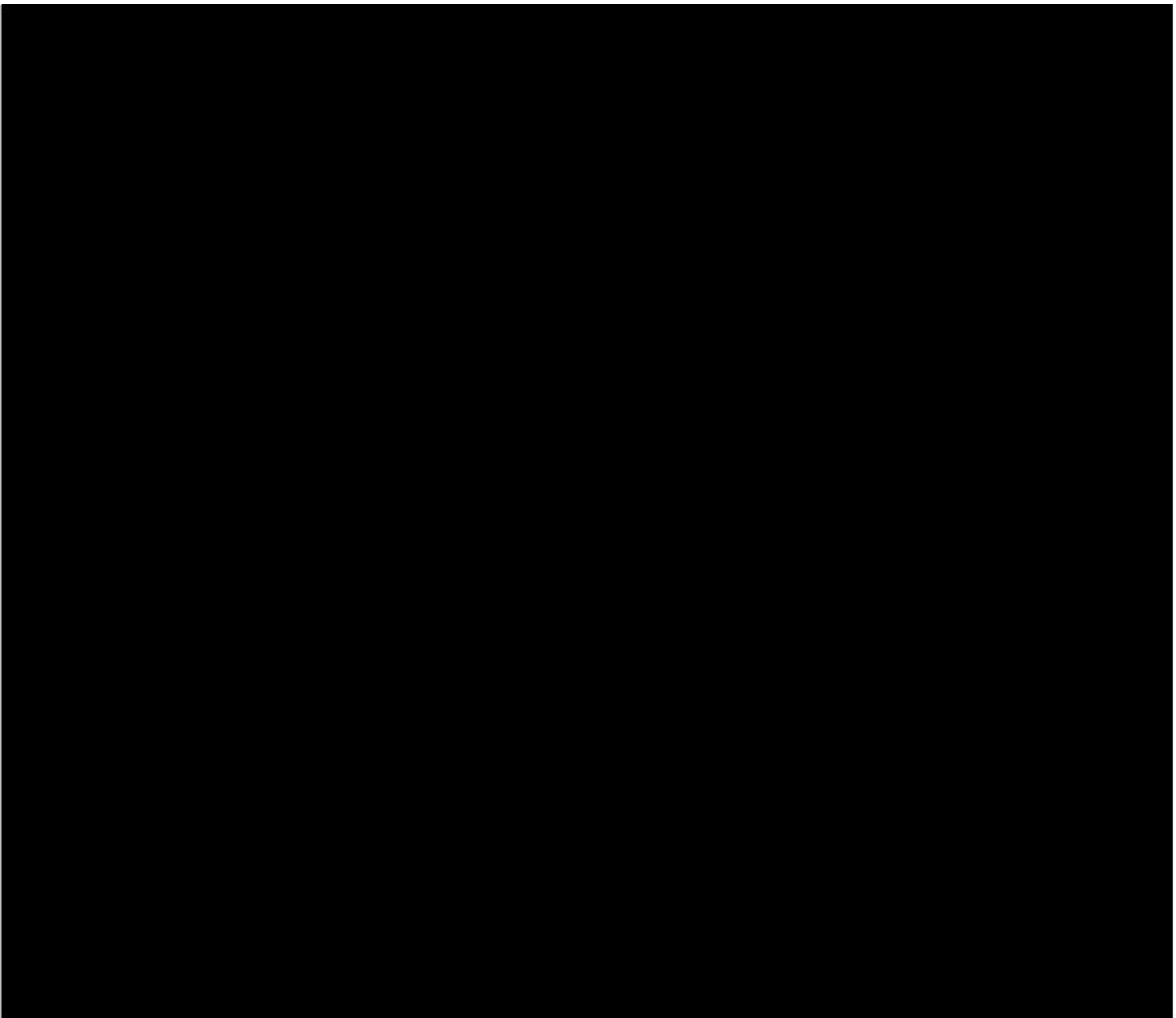
**Section 12.2 Exculpation; Liability of Covered Persons.**



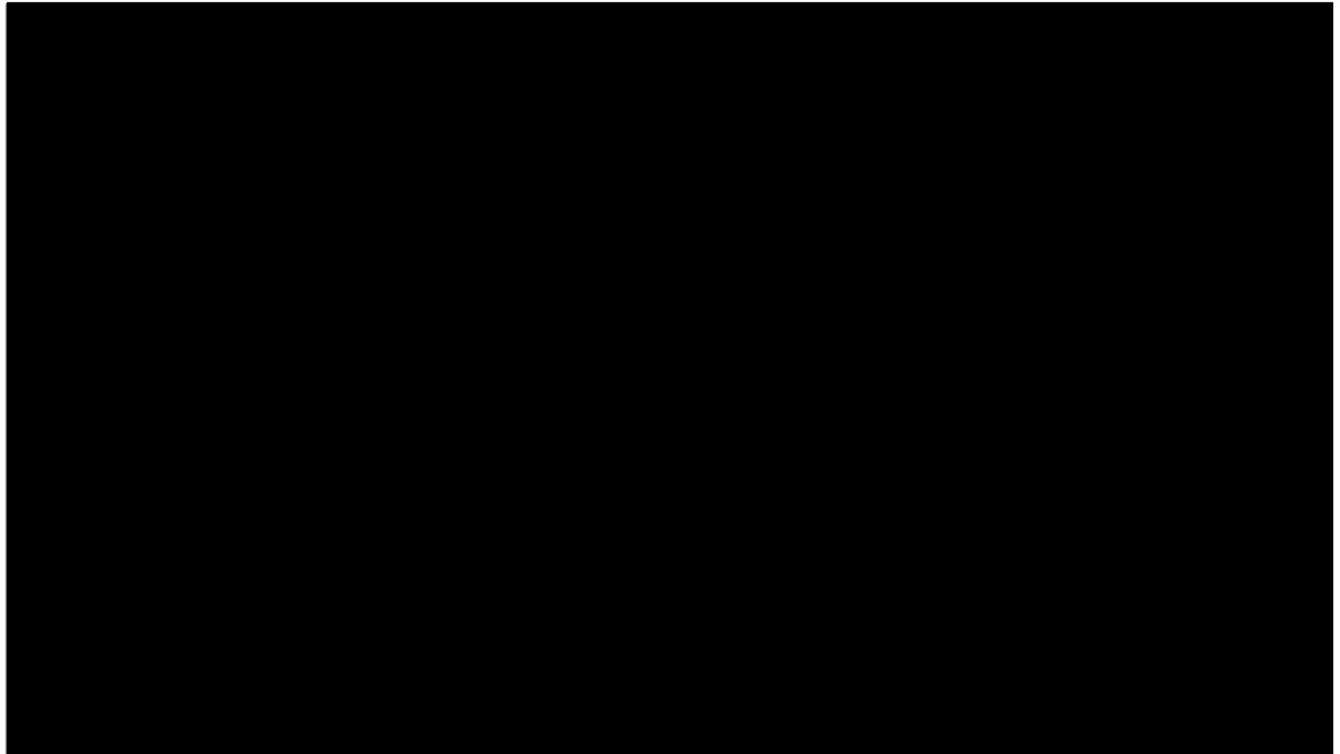
Operating Agreement - Attachment to Exhibit 3



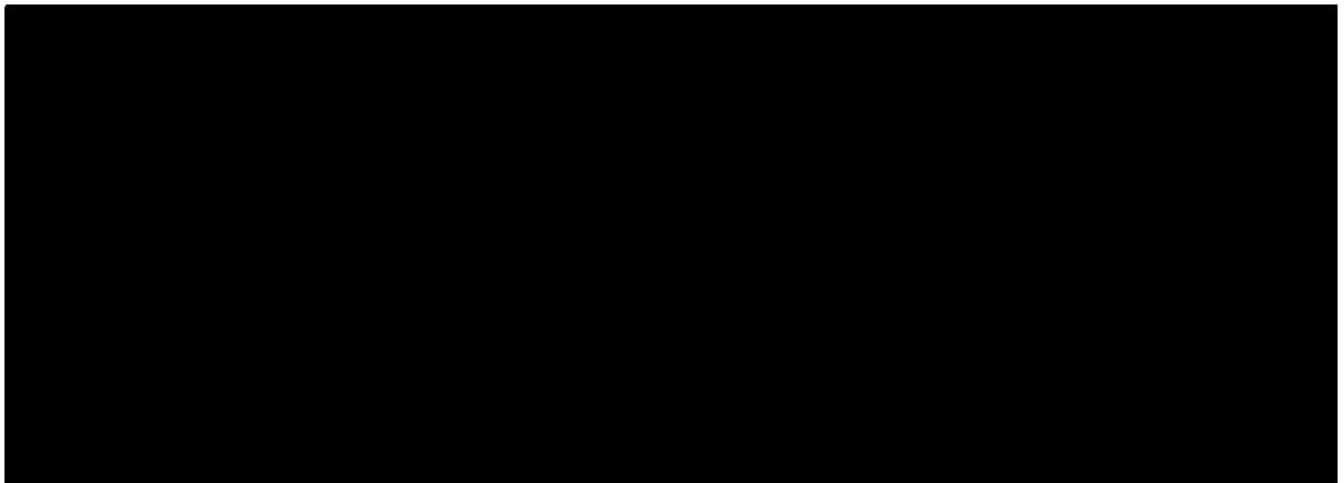
**Section 12.3 Indemnification of Covered Persons.**



Operating Agreement - Attachment to Exhibit 3

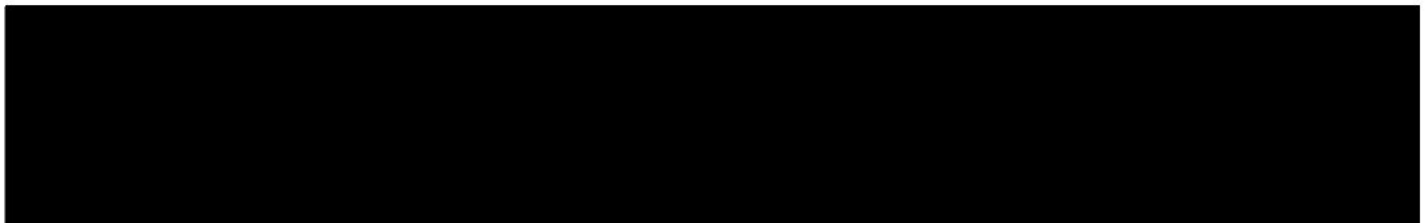


**Section 12.4 Interested Transactions.**

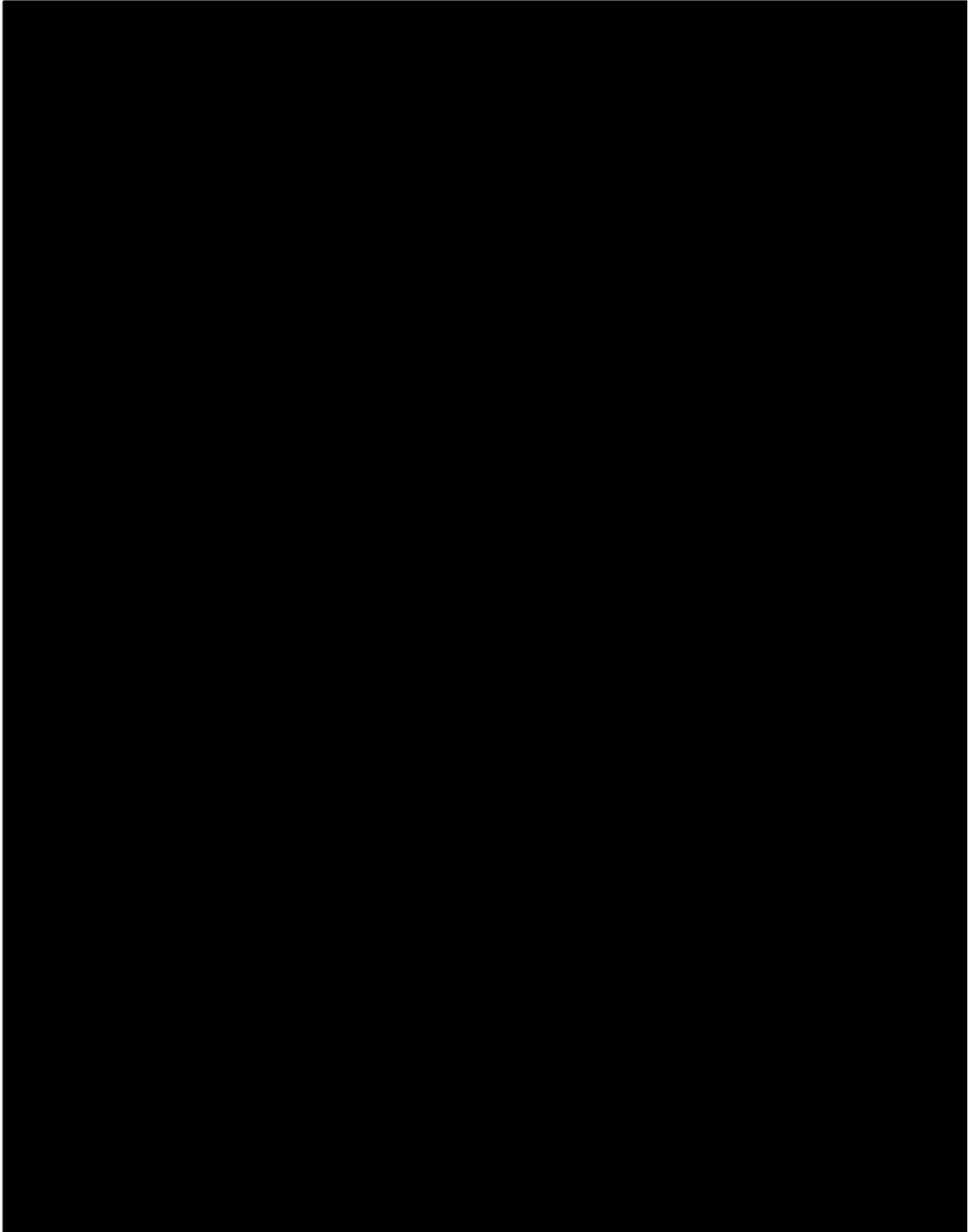


**ARTICLE 13.  
MISCELLANEOUS PROVISIONS**

**Section 13.1 Books and Accounts; Confidentiality.**



Operating Agreement - Attachment to Exhibit 3

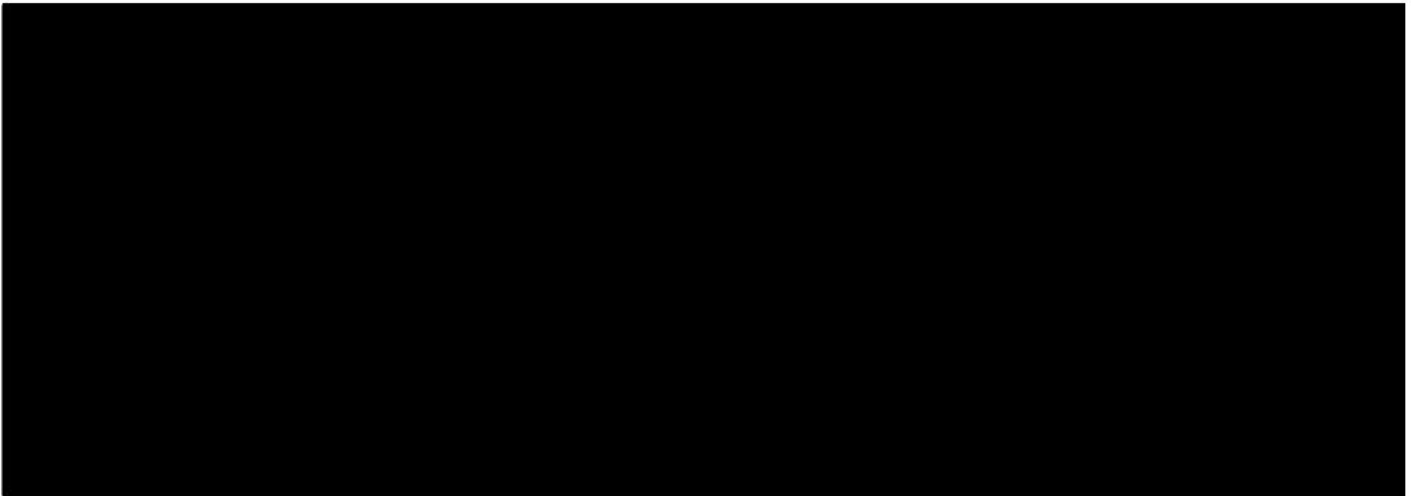


Operating Agreement - Attachment to Exhibit 3

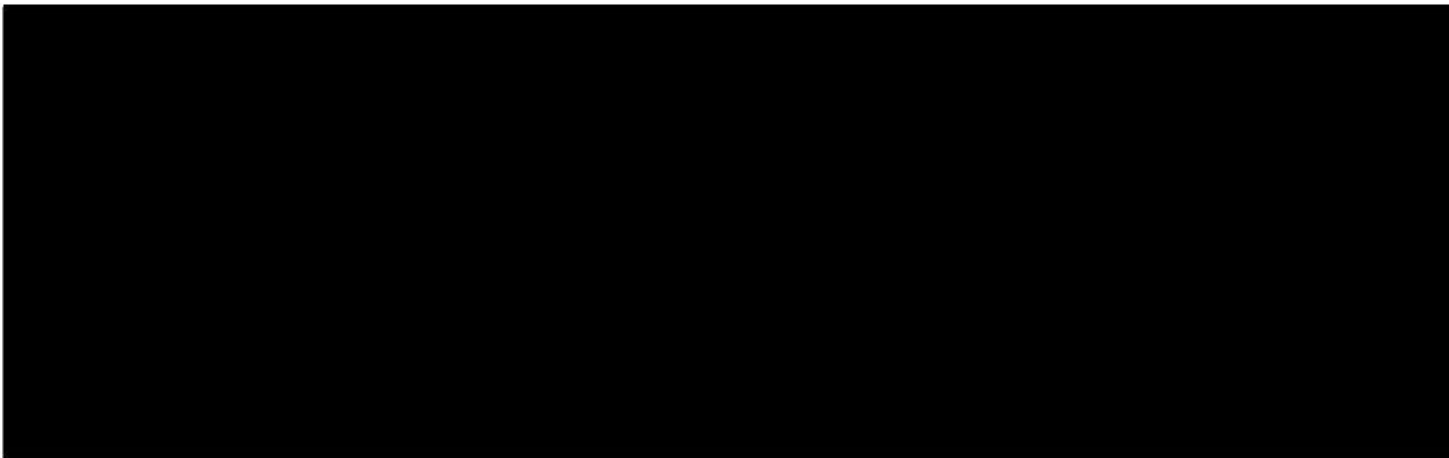
**Section 13.2 Survival of Rights and Remedies.**



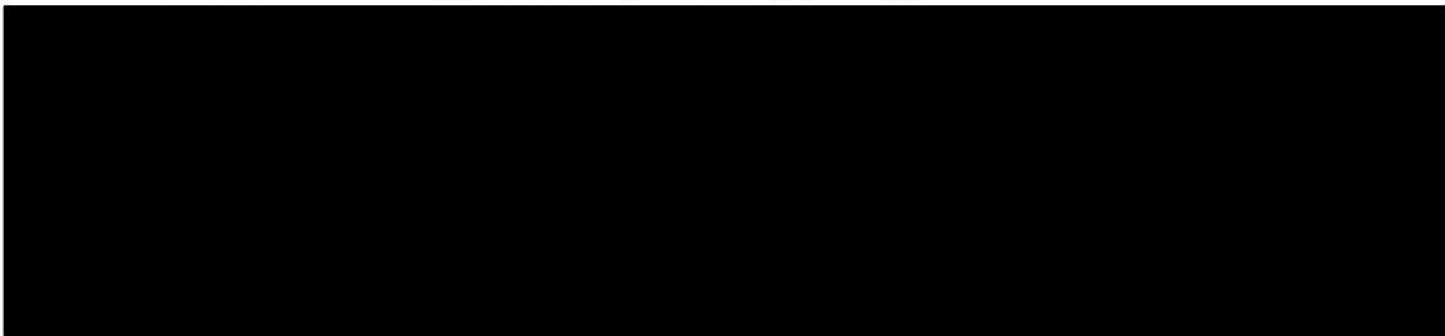
**Section 13.3 Notices.**



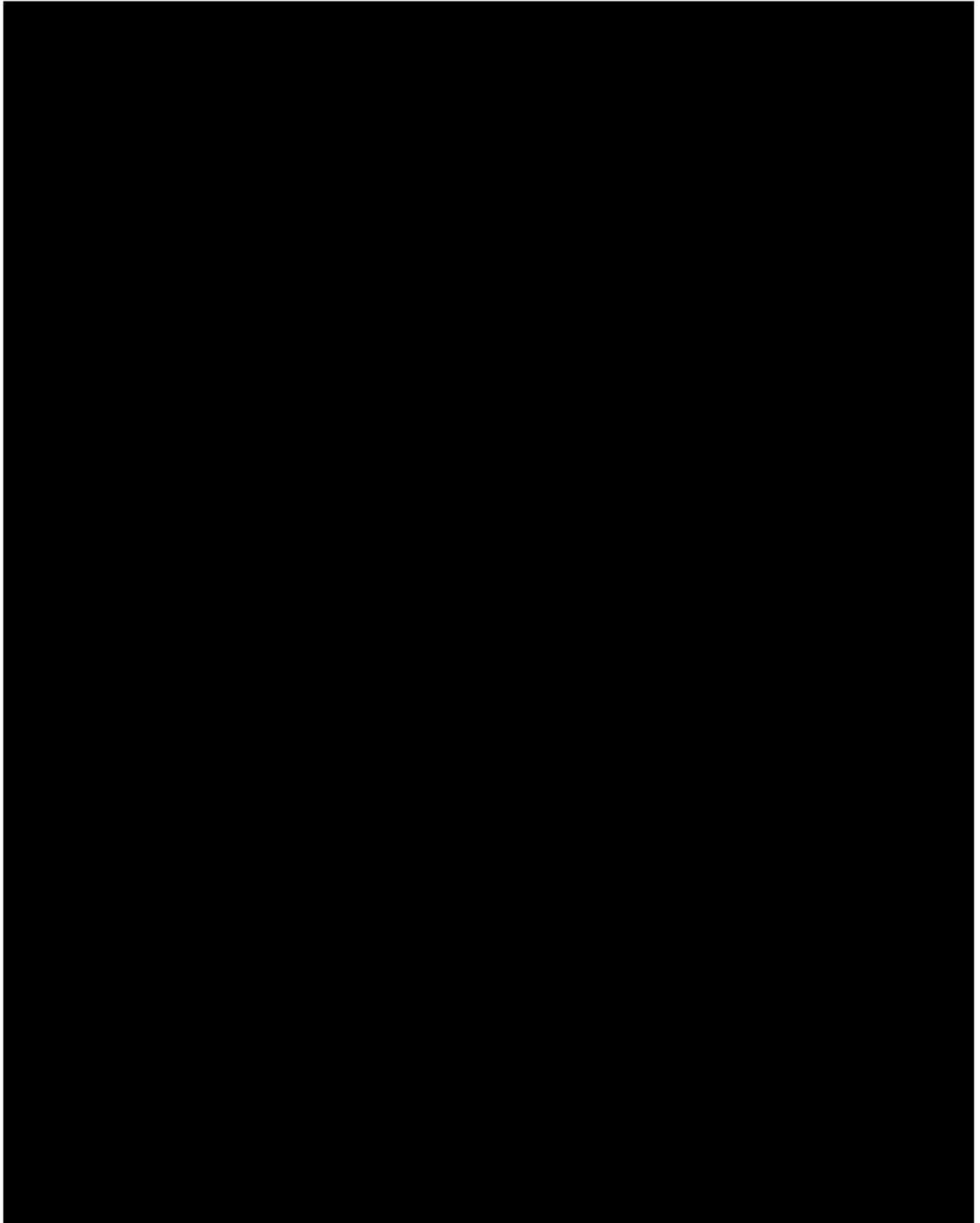
**Section 13.4 Waivers; Amendments.**



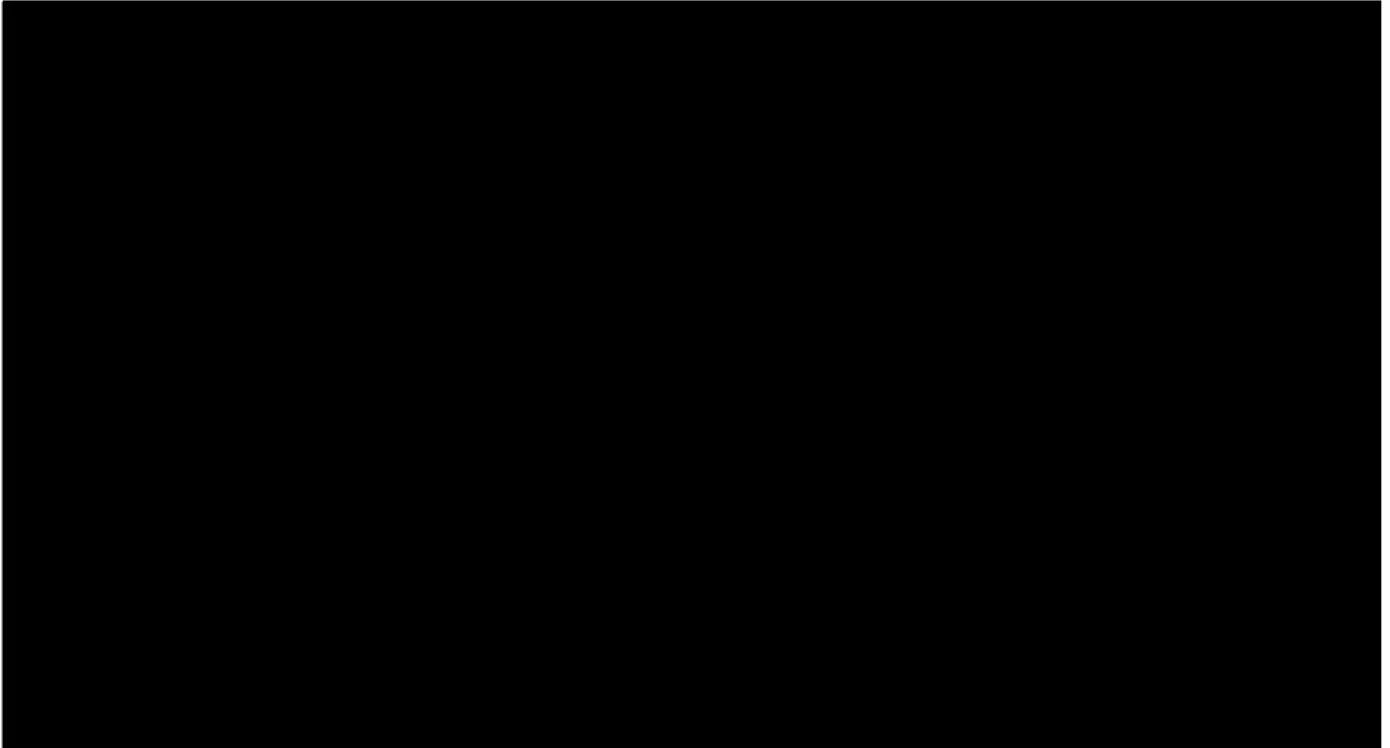
**Section 13.5 Applicable Law; Jurisdiction; Damages.**



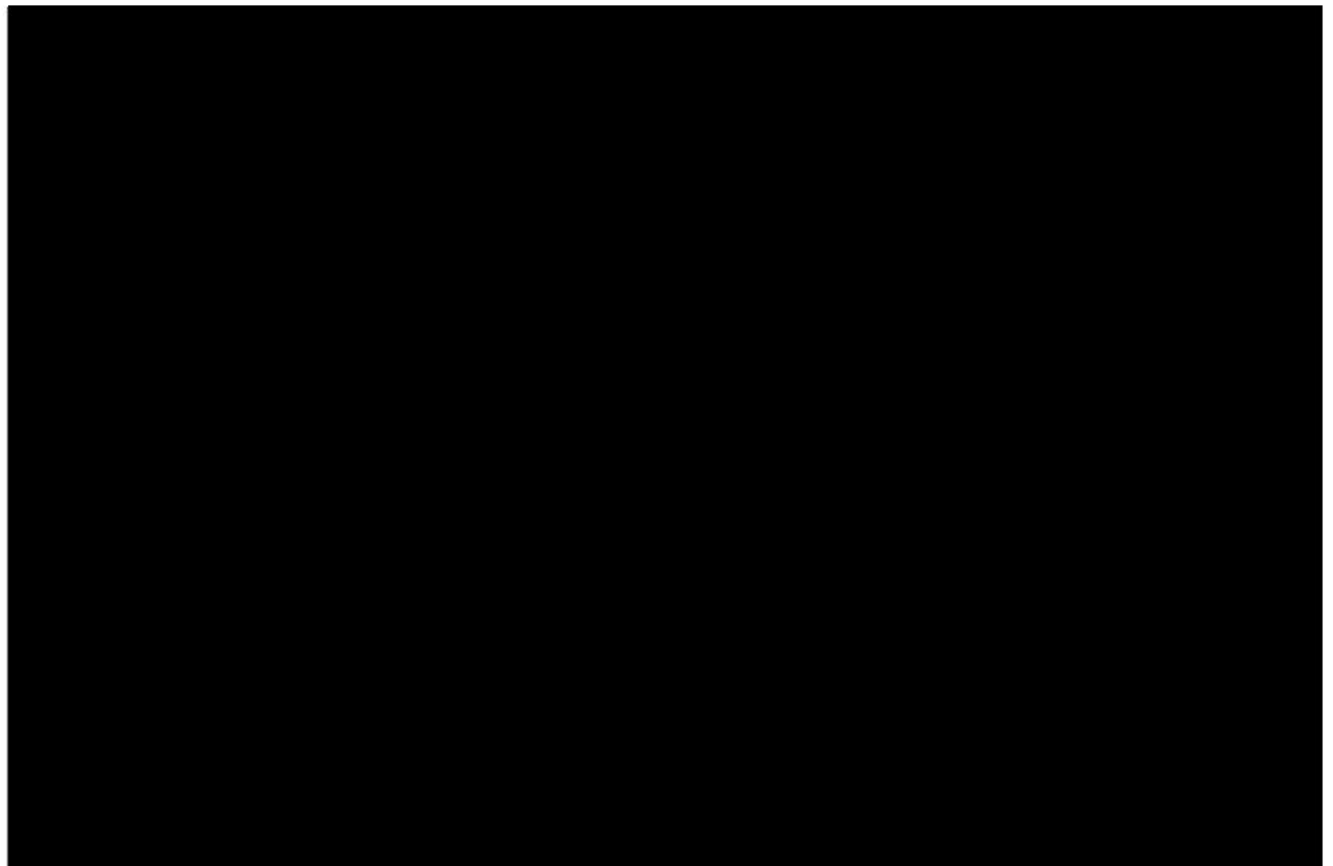
Operating Agreement - Attachment to Exhibit 3



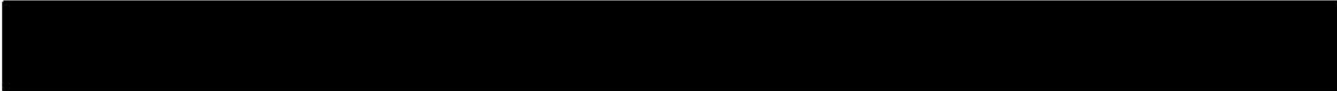
Operating Agreement - Attachment to Exhibit 3



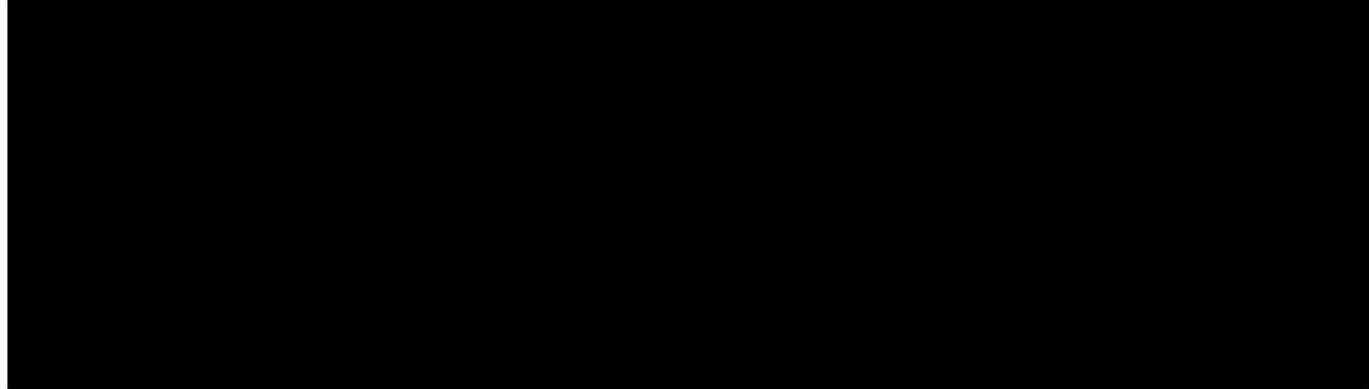
**Section 13.9 Construction.**



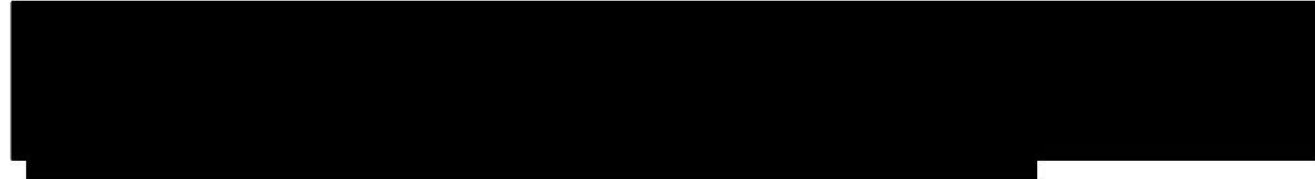
Operating Agreement - Attachment to Exhibit 3



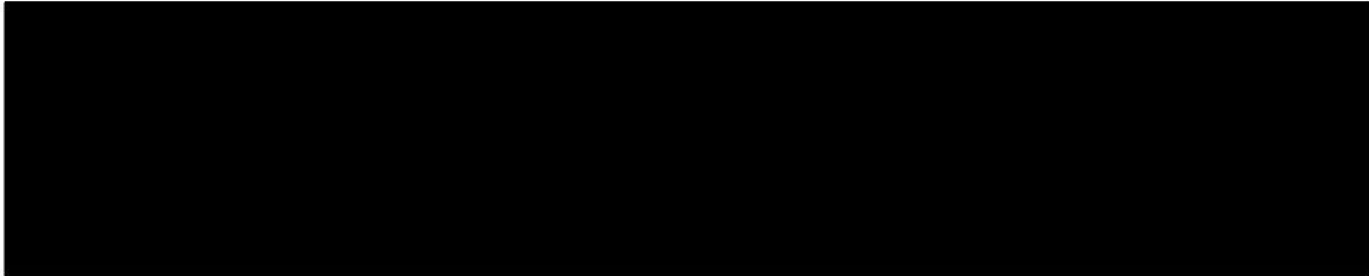
**Section 13.10 Binding Effect.**



**Section 13.11 Severability.**



**Section 13.12 Entire Agreement.**





Operating Agreement - Attachment to Exhibit 3

IN WITNESS WHEREOF, the parties have executed this Company Agreement as of the date first written above.

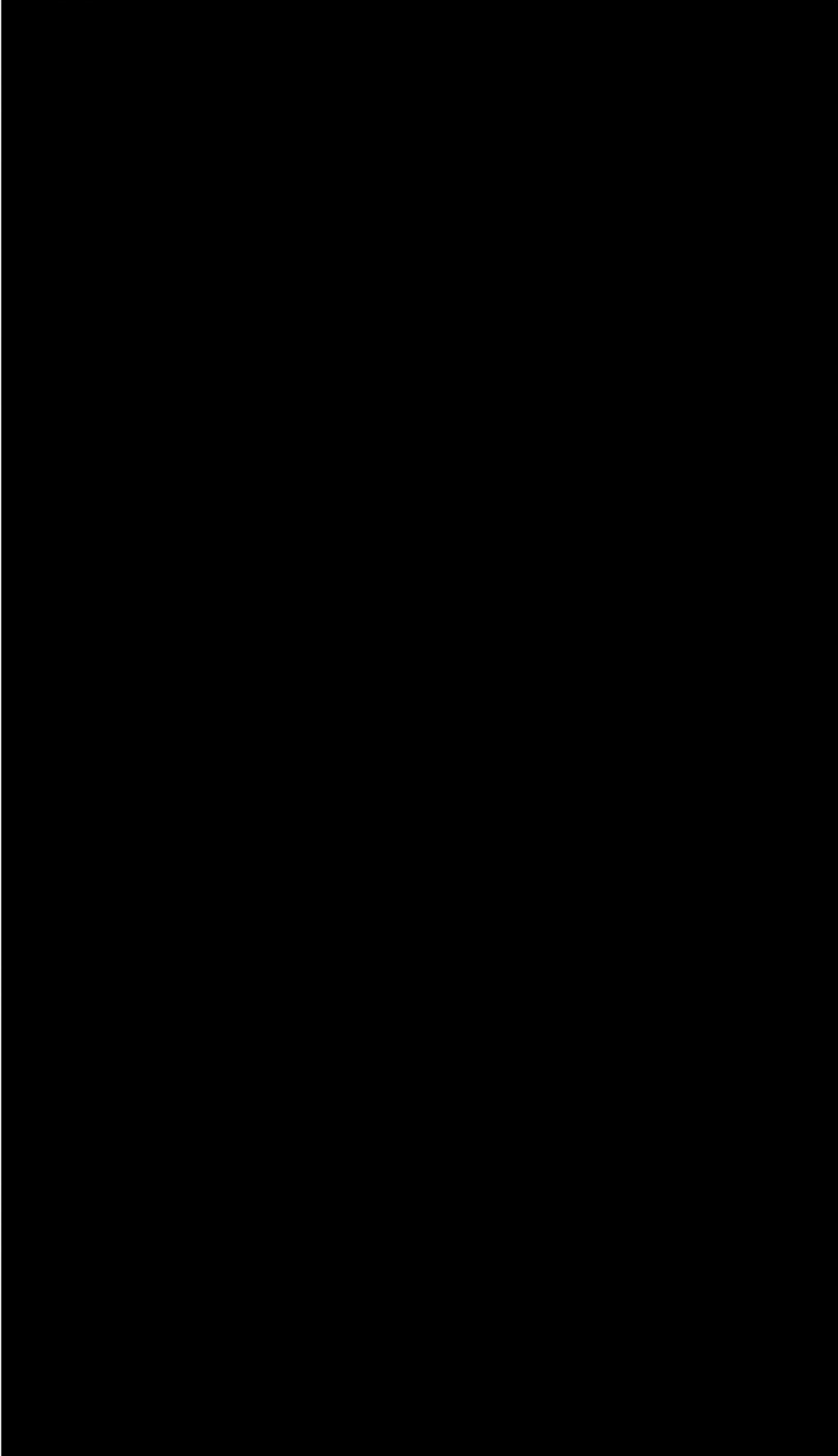
**MEMBERS:**



[Signature Page to Company Agreement of Insa Alabama, LLC]

FH1112709.7

Operating Agreement - Attachment to Exhibit 3



A-1

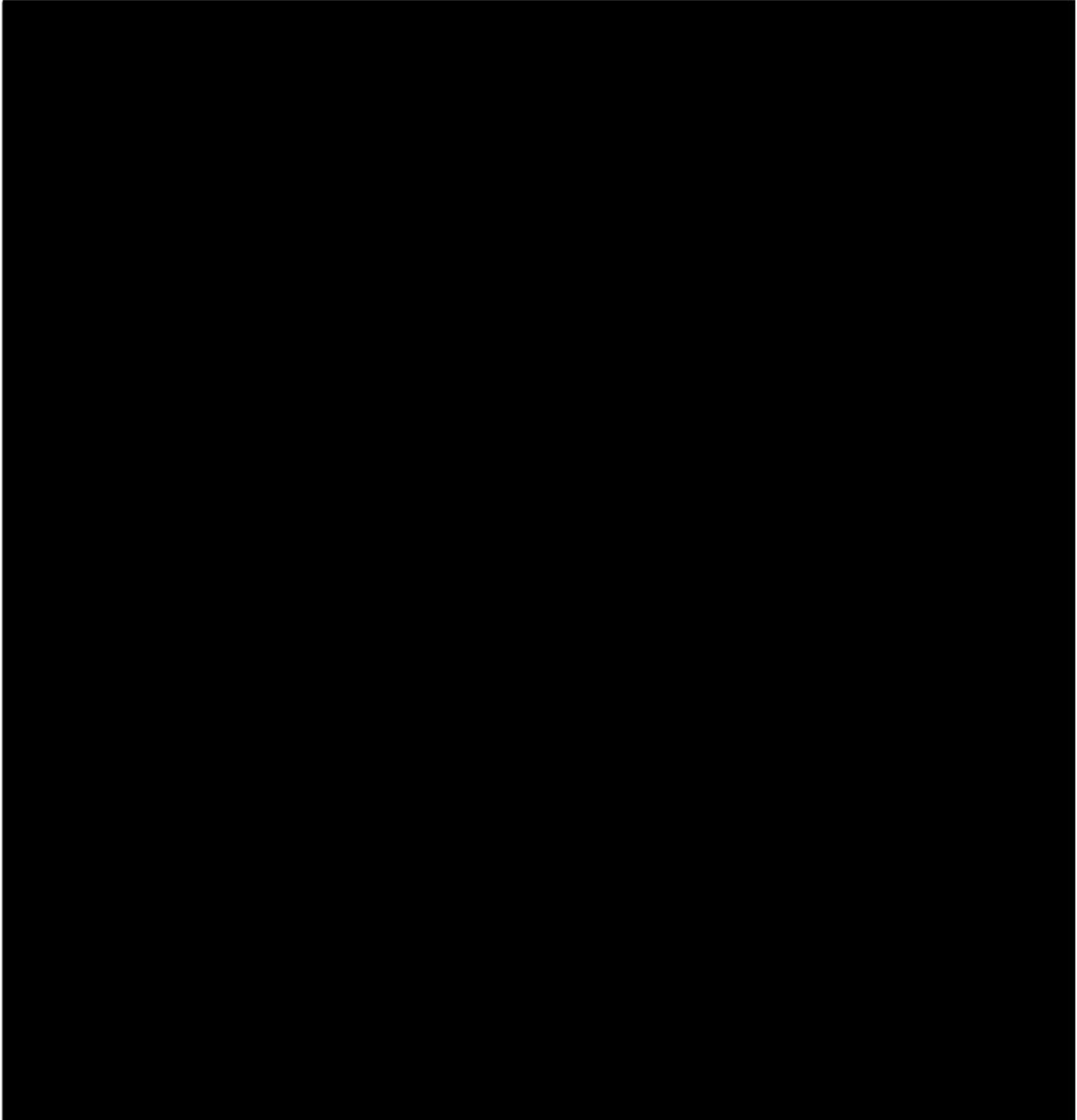
FH1112709.7

**Schedule B**

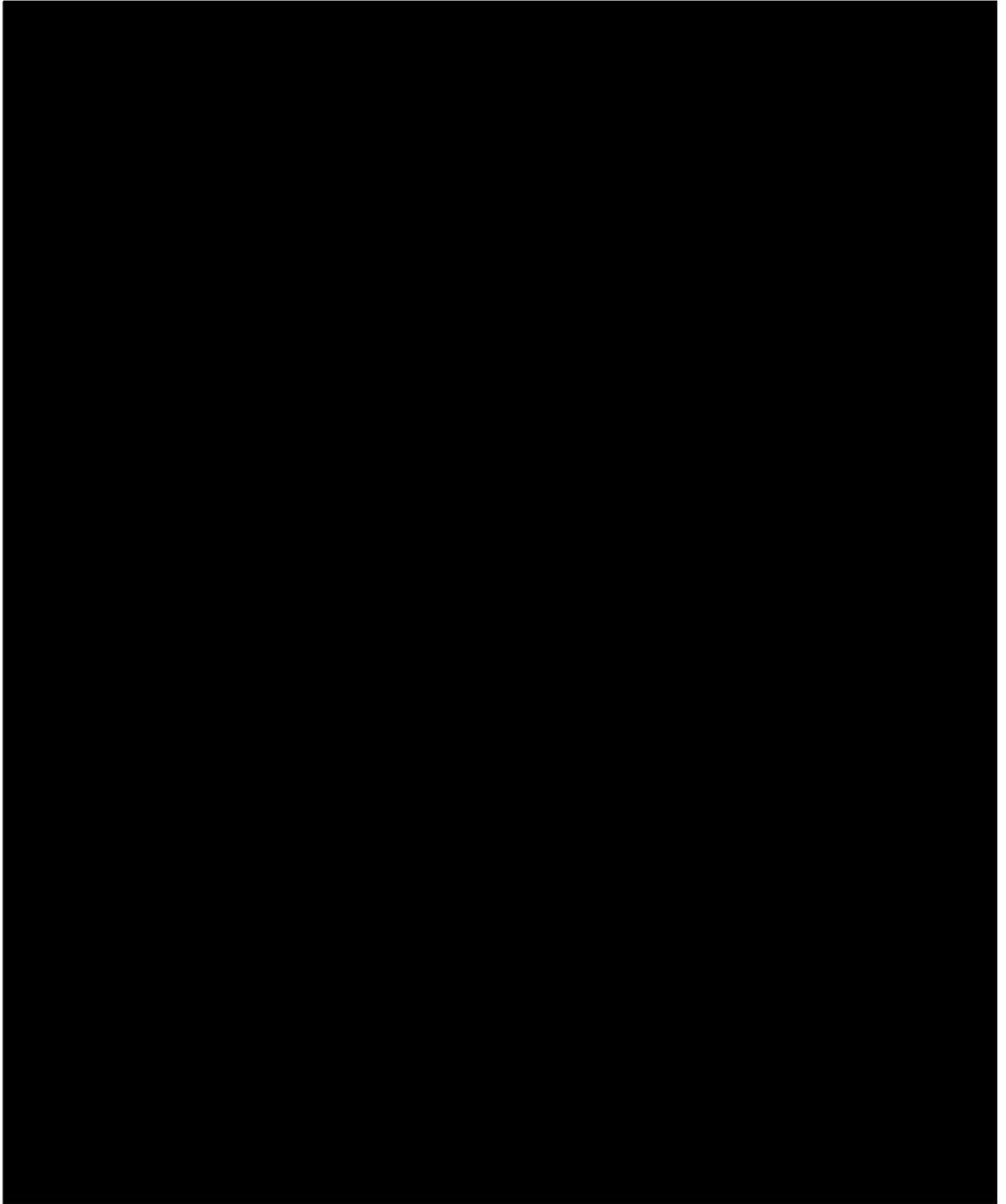
**Company Agreement  
of Insa Alabama, LLC**



**1. Defined Terms.** For purposes of this Schedule B and this Agreement, the following capitalized terms have the respective meanings ascribed to them:

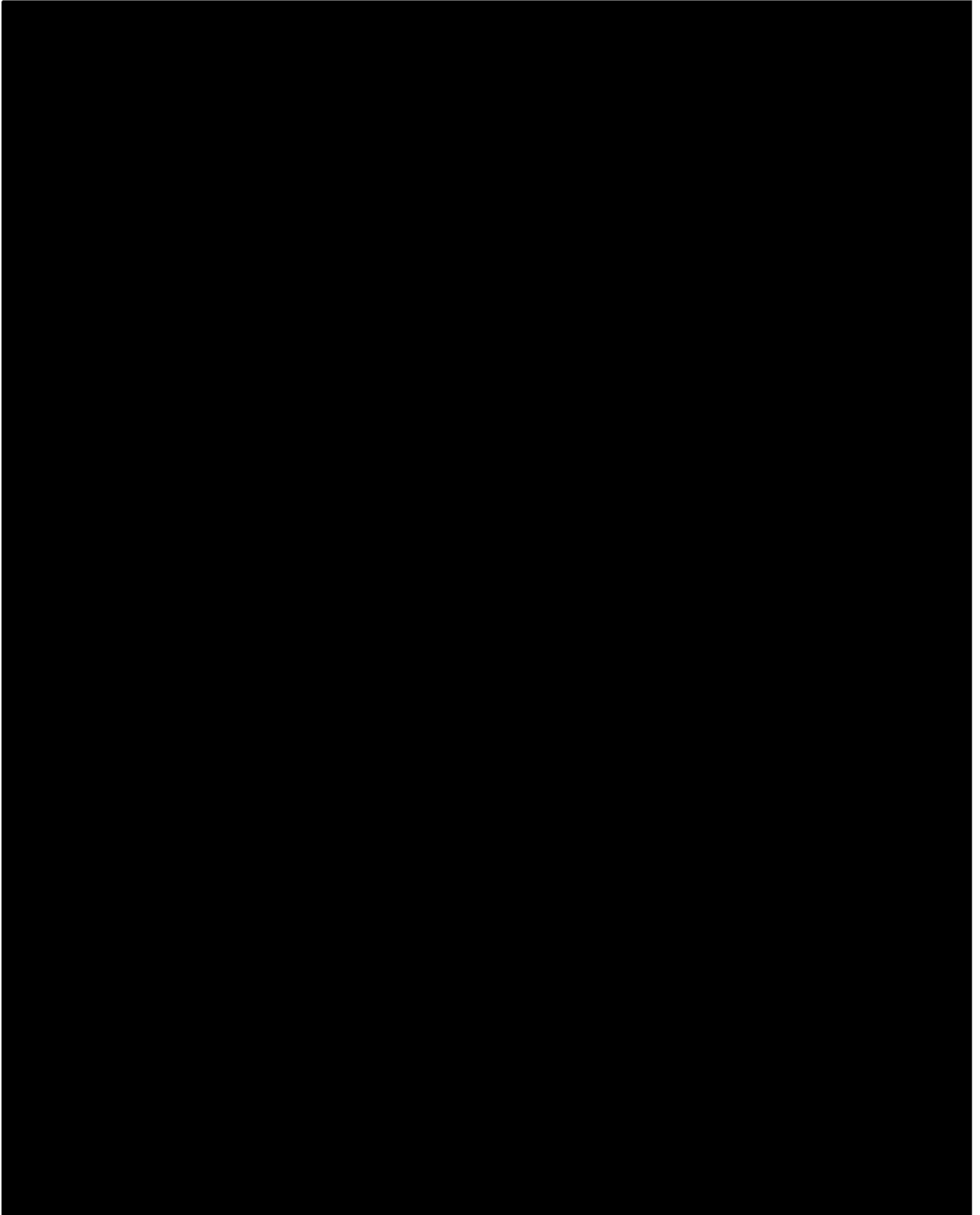


Operating Agreement - Attachment to Exhibit 3



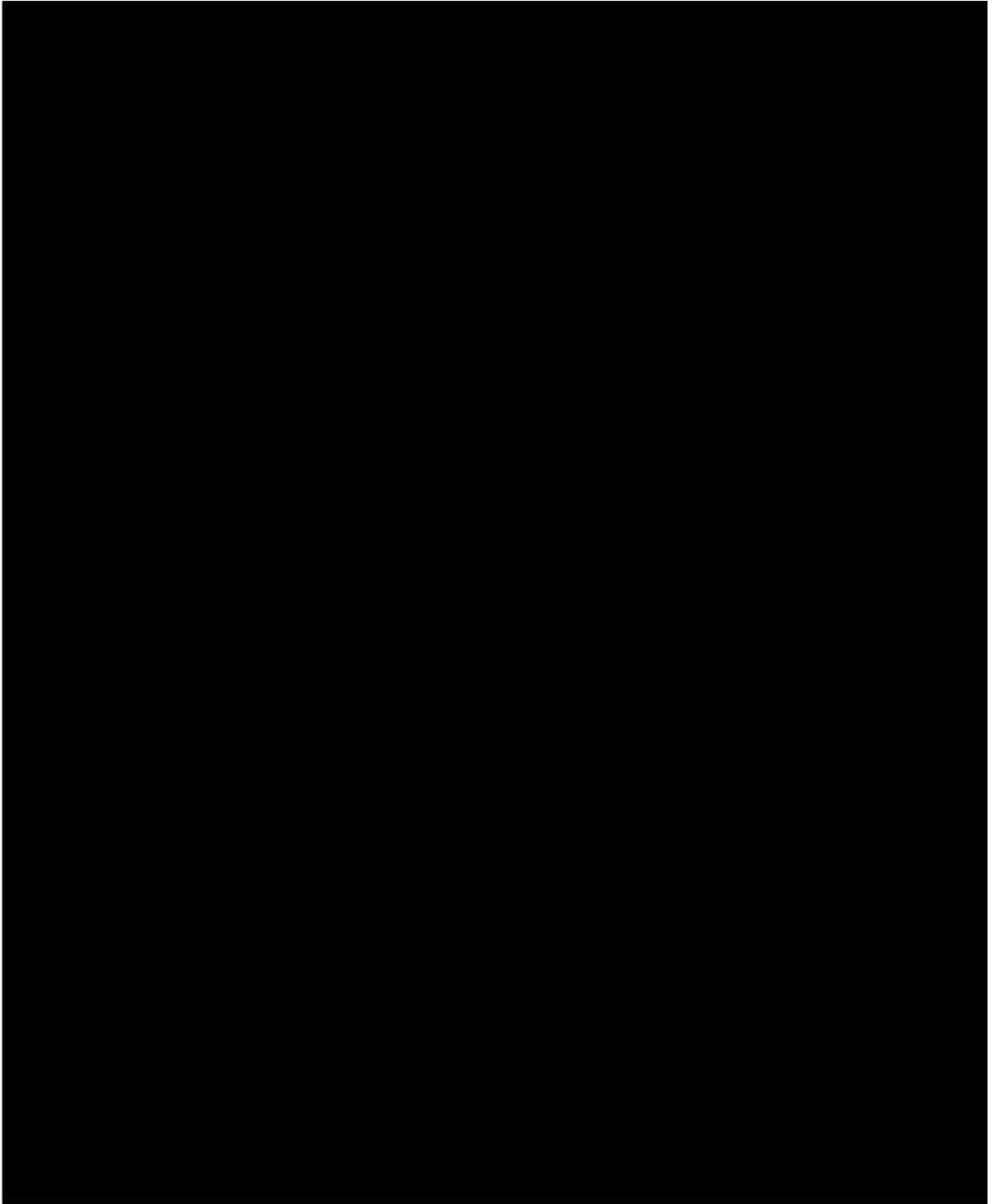
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Operating Agreement - Attachment to Exhibit 3



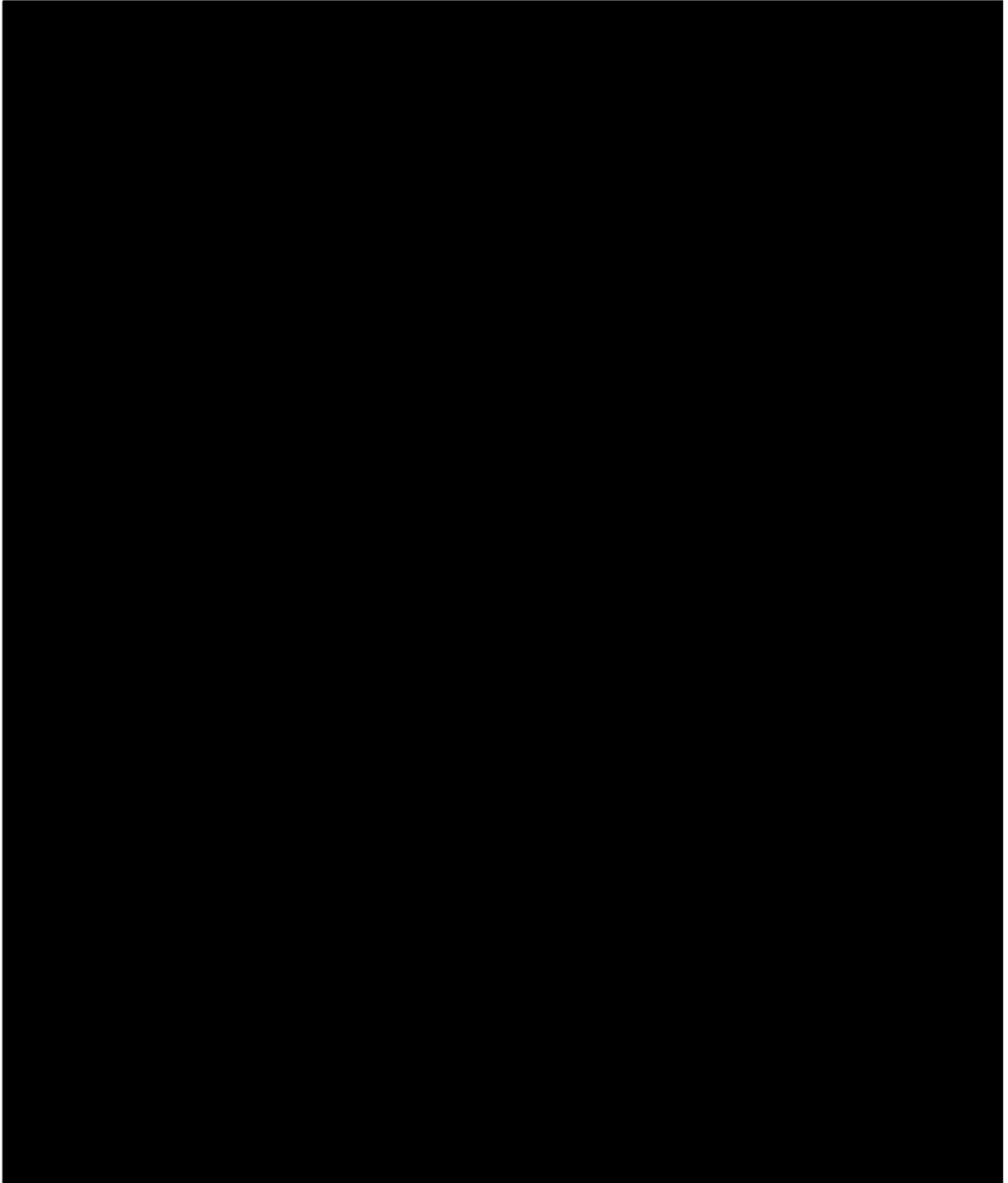
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Operating Agreement - Attachment to Exhibit 3



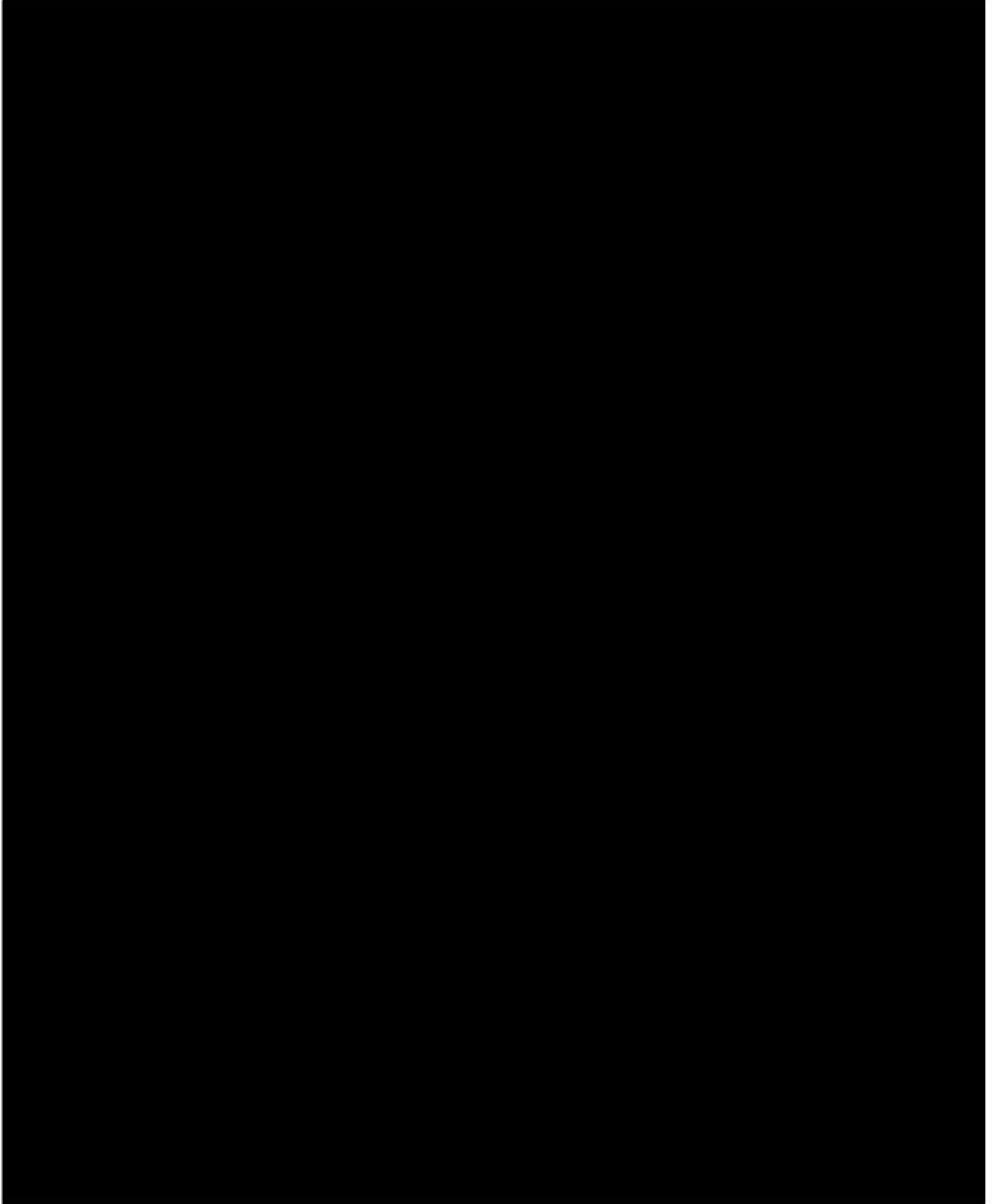
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Operating Agreement - Attachment to Exhibit 3



**FH11112709.7**

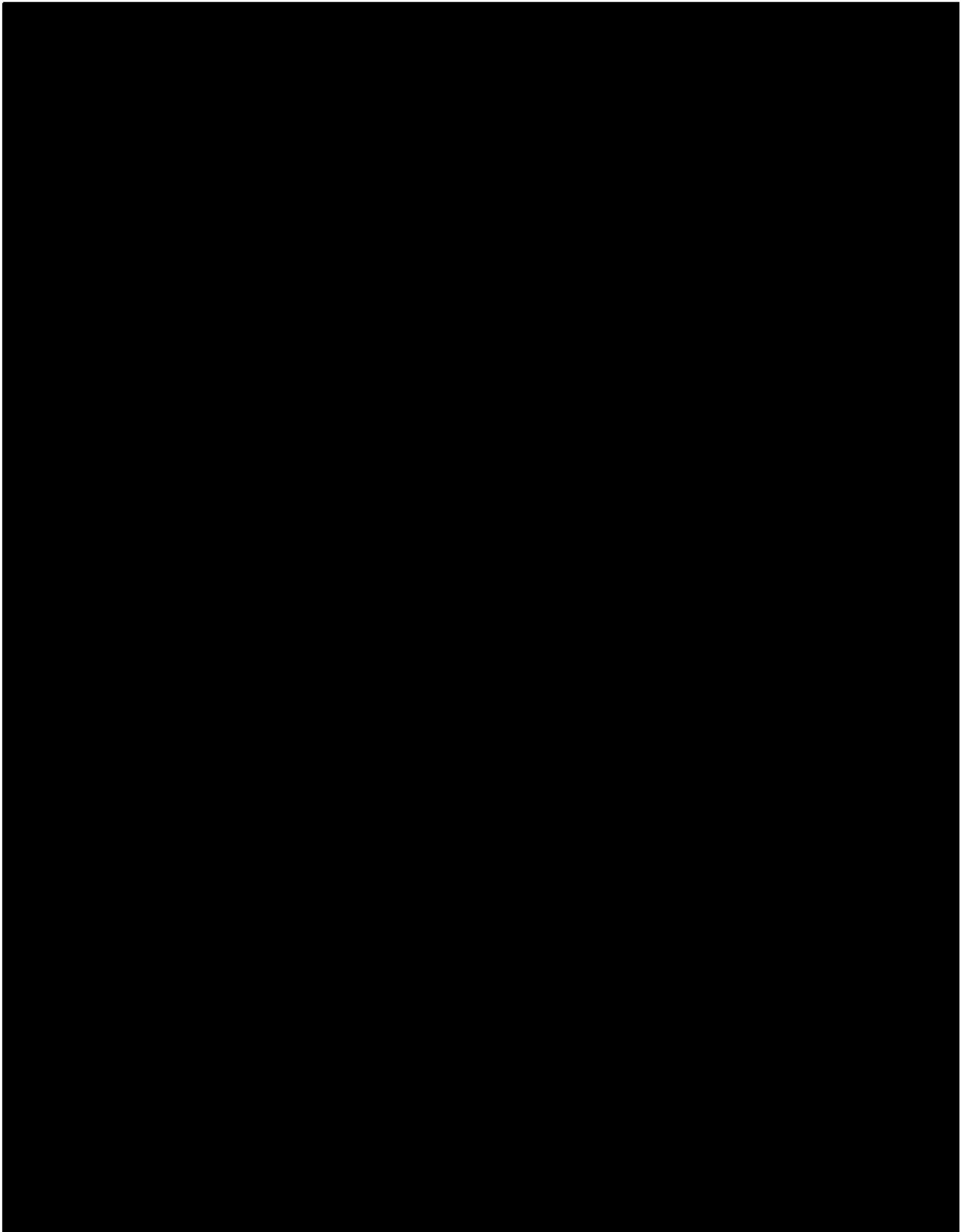
Operating Agreement - Attachment to Exhibit 3



**FH11112709.7**

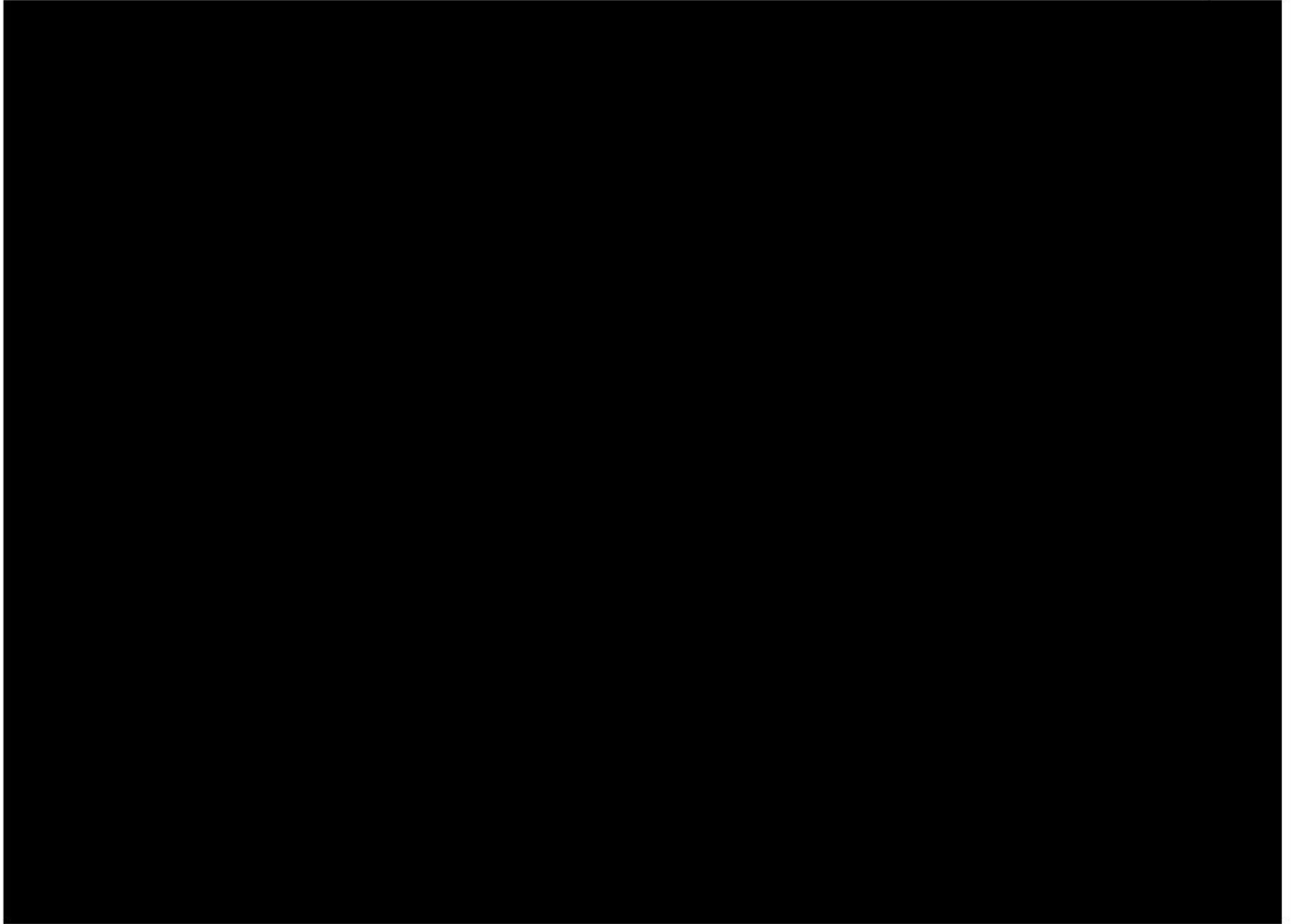


Operating Agreement - Attachment to Exhibit 3



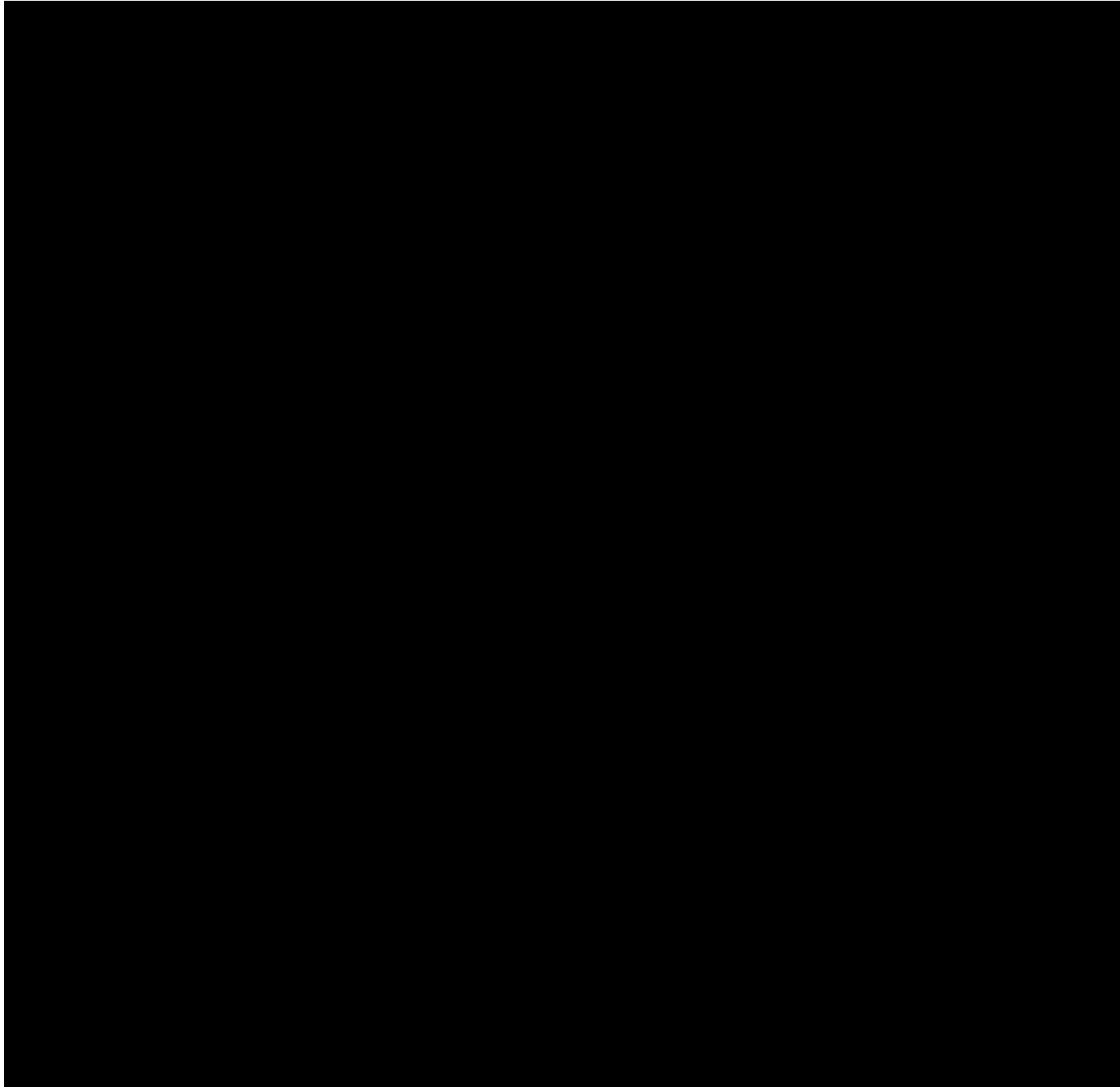
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Operating Agreement - Attachment to Exhibit 3

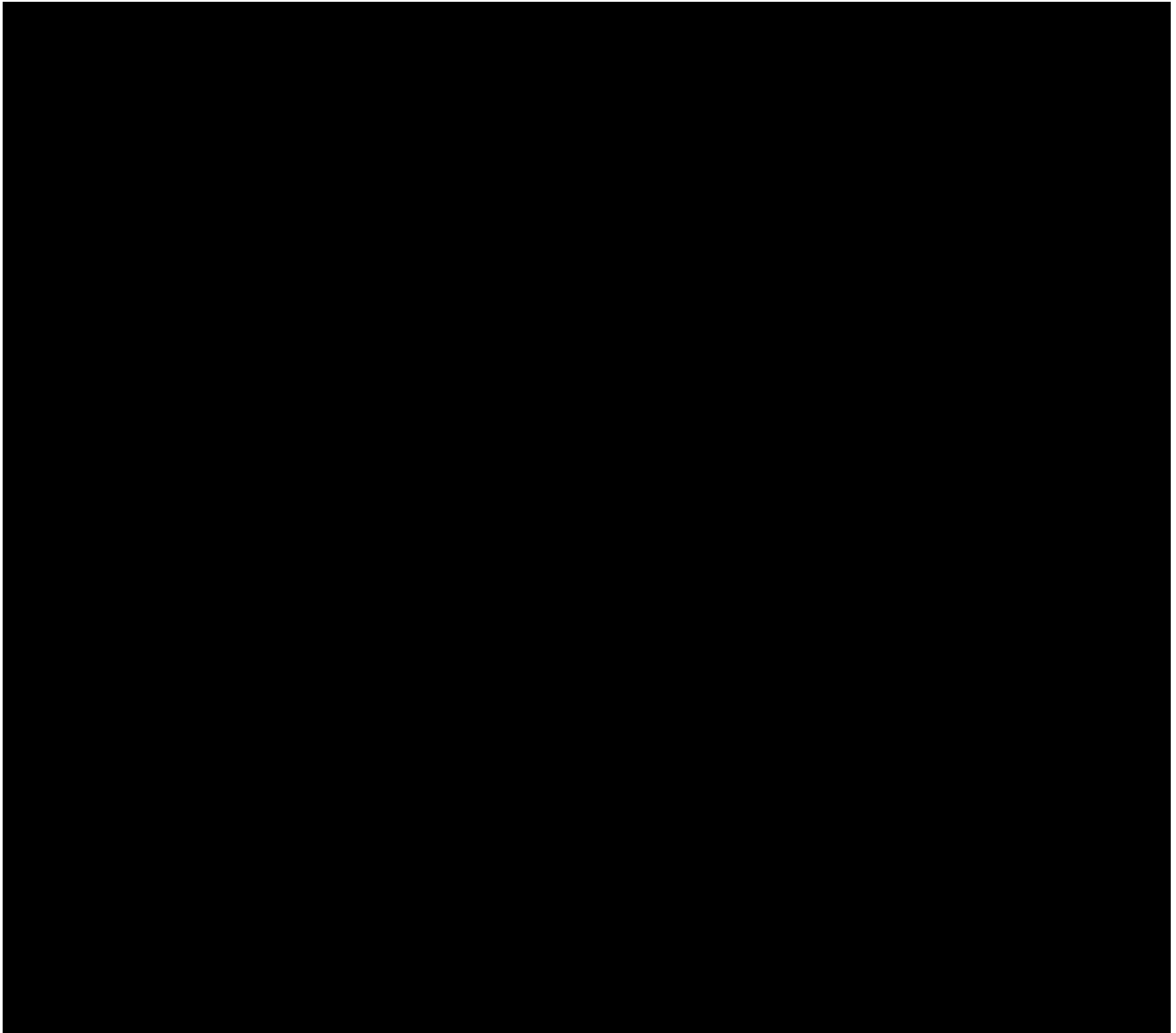


Entity Ownership Chart - Attachment to Exhibit 3

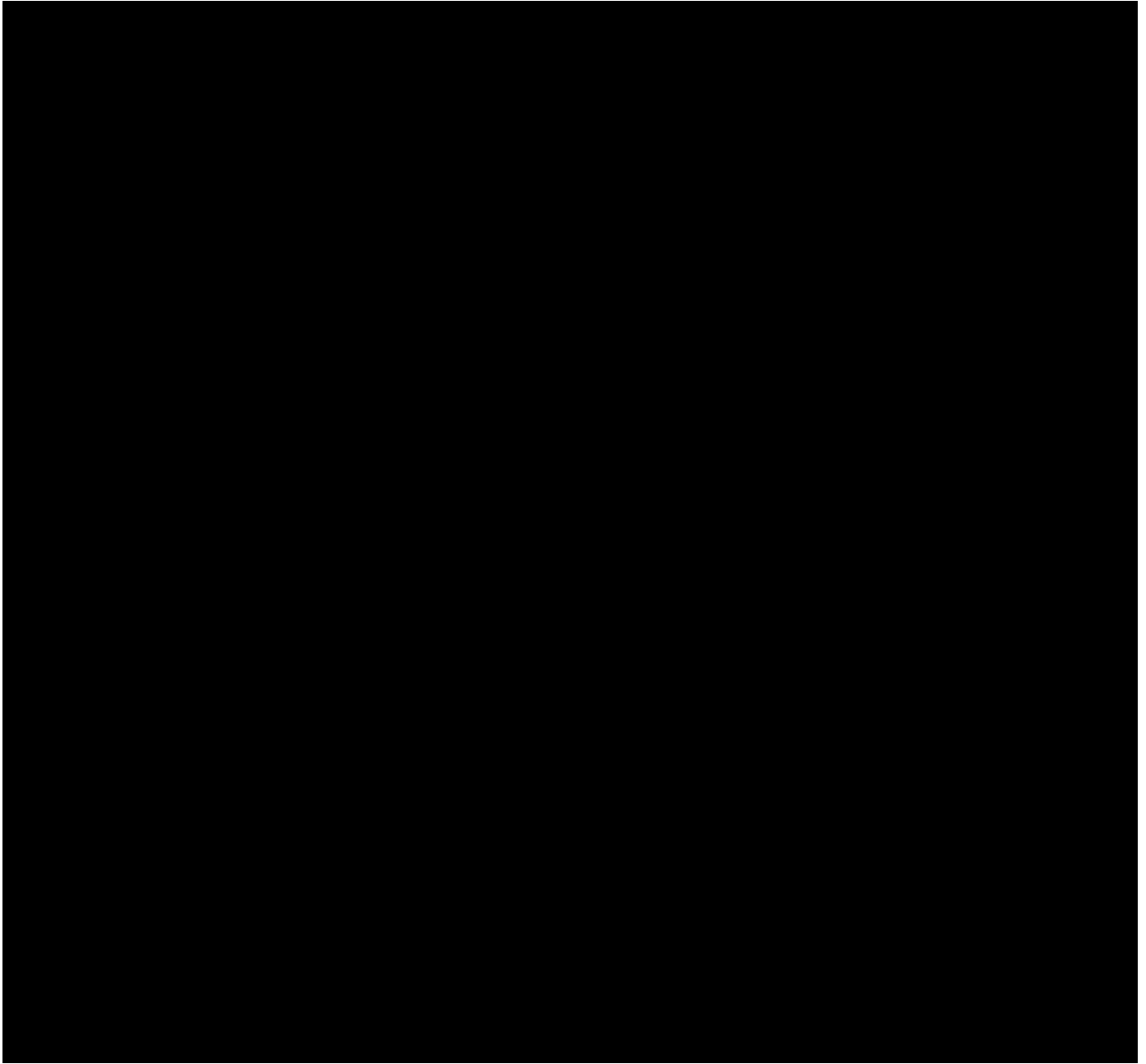
**Entity Organizational Chart for Insa Alabama, LLC**



Entity Ownership Chart - Attachment to Exhibit 3



Entity Ownership Chart - Attachment to Exhibit 3



Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,338.60  
Farmland: 1,479.00

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Offical/ Measured	Planting Date	End Date
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[REDACTED]														
[REDACTED]														
[REDACTED]														
[REDACTED]														
[REDACTED]														

Photo Number/Legal Descriptio	[REDACTED]	Cropland: 1,338.60	Reported on Cropland: 1,338.60	Difference: 0.00	Reported on Non-Cropland: 0.00
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Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
FARM SUMMARY

DATE: 12/05/2022  
PAGE: 2

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,338.60  
Farmland: 1,479.00

NOTE: The authority for collecting the following information is Pub.L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
--------------------	------------------	-------	--------------------	------------------	-------	--------------------	------------------	-------	--------------------	------------------	-------

OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land.

Operator's Signature (By)

Title/Relationship of Individual Signing in the Representative Capacity

Date

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, sex, age, marital status, or disability.

Documentation of Agricultural Experience - Attachment to Exhibit 3

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,338.60  
Farmland: 1,479.00

FSA - 578 (09-13-16)

Operator Name and Address

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	End Date
[REDACTED]														

Cropland: 1,338.60      Reported on Cropland: 1,338.60      Difference: 0.00      Reported on Non-Cropland: 0.00



Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

Operator Name and Address

REPORT OF COMMODITIES  
FARM SUMMARY

DATE: 12/05/2022  
PAGE: 2

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,338.60  
Farmland: 1,479.00

NOTE: The authority for collecting the following information is Pub.L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
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OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

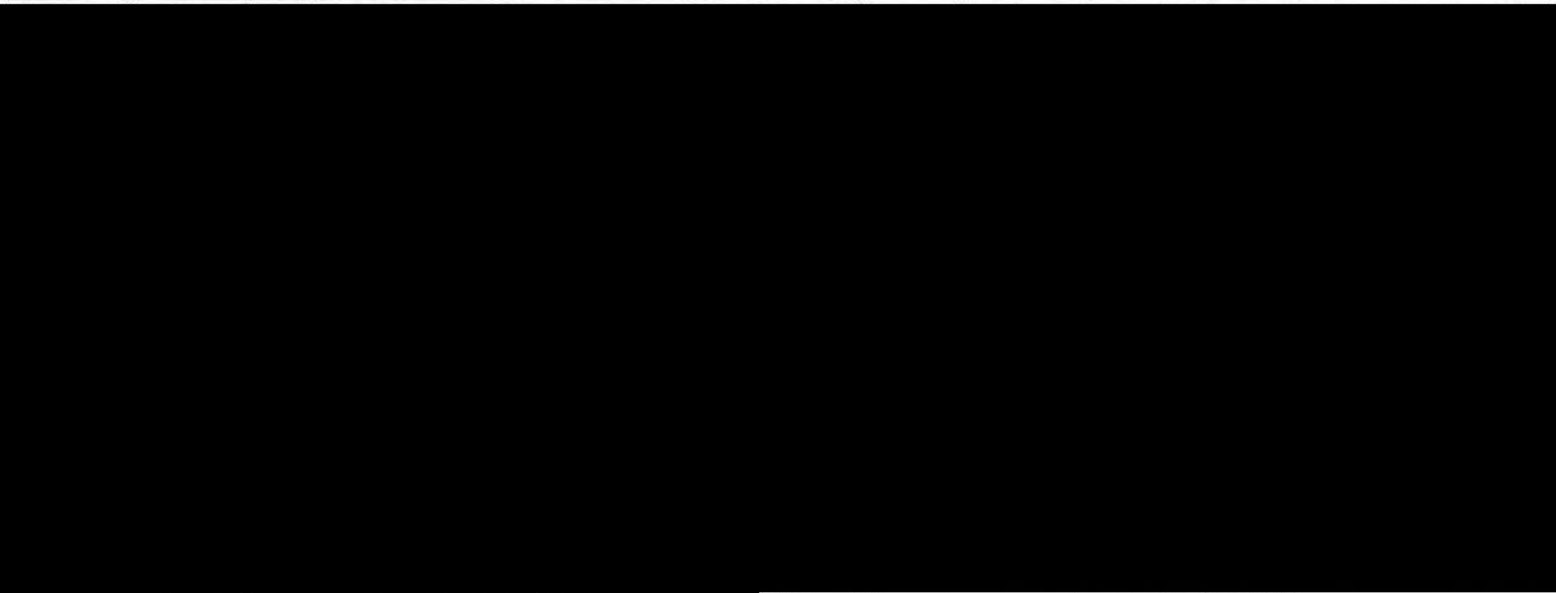
**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

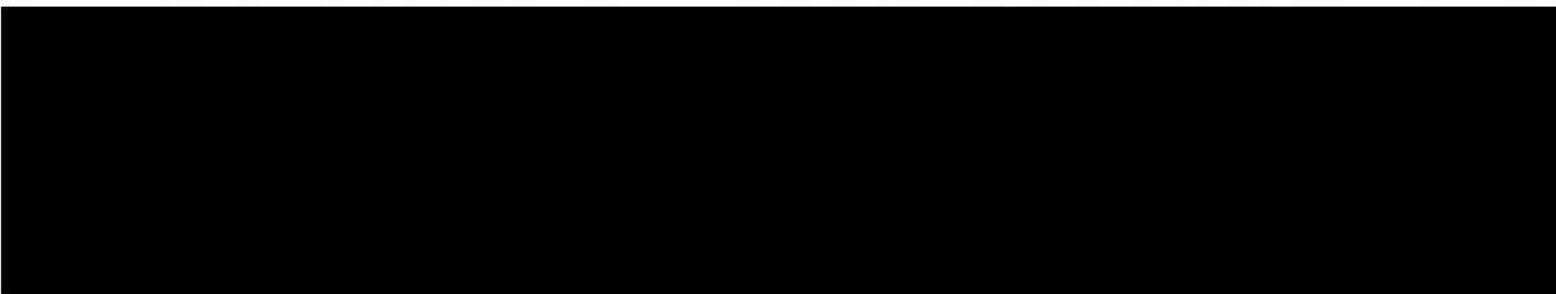
Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,324.90  
Farmland: 1,479.00

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	End Date
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Cropland: 682.50      Reported on Cropland: 682.50      Difference: 0.00      Reported on Non-Cropland: 0.00



Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	End Date
[REDACTED]														
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Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
FARM SUMMARY

DATE: 12/05/2022  
PAGE: 3

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,324.90  
Farmland: 1,479.00

NOTE: The authority for collecting the following information is Pub.L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
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OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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Documentation of Agricultural Experience - Attachment to Exhibit 3

[Redacted]

FSA - 578 (09-13-16)

[Redacted]

Operator Name and Address

[Redacted]

### REPORT OF COMMODITIES FARM AND TRACT DETAIL LISTING

[Redacted]

DATE: 12/05/2022  
PAGE: 1

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,324.90  
Farmland: 1,479.00

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
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[Redacted Table Content]

Cropland: 682.50      Reported on Cropland: 682.50      Difference: 0.00      Reported on Non-Cropland: 0.00

[Redacted Table Content]

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 642.40      Reported on Cropland: 642.40      Difference: 0.00      Reported on Non-Cropland: 0.00

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
FARM SUMMARY

DATE: 12/05/2022  
PAGE: 3

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,324.90  
Farmland: 1,479.00

NOTE: The authority for collecting the following information is Pub.L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
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OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, sex, age, marital status, or disability.

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

### REPORT OF COMMODITIES FARM AND TRACT DETAIL LISTING

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,324.90  
Farmland: 1,479.00

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 682.50      Reported on Cropland: 682.50      Difference: 0.00      Reported on Non-Cropland: 0.00



Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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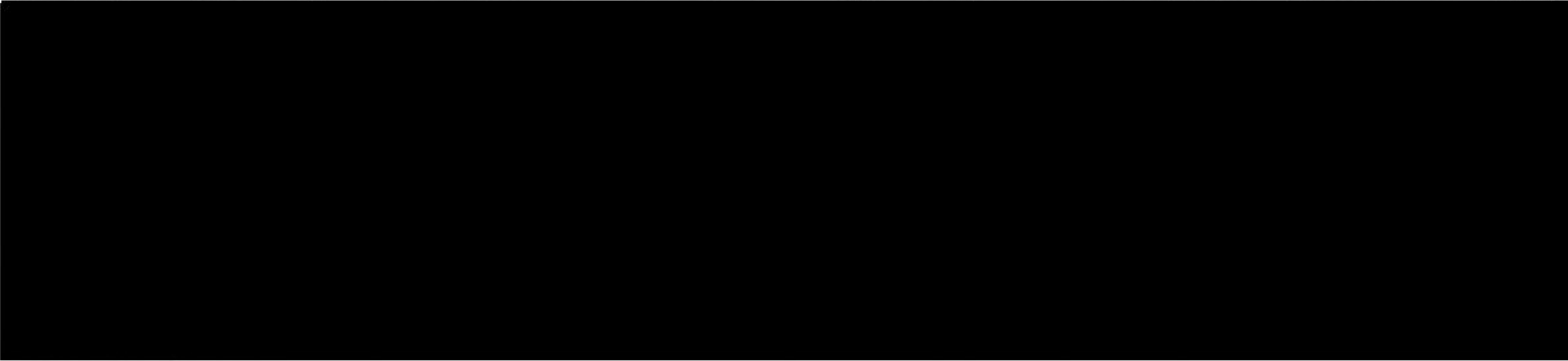


Photo Number/Legal Description:  
Cropland: 642.40

Reported on Cropland: 642.40

Difference: 0.00

Reported on Non-Cropland: 0.00

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

Operator Name and Address

REPORT OF COMMODITIES  
FARM SUMMARY

DATE: 12/05/2022  
PAGE: 3

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,324.90  
Farmland: 1,479.00

NOTE: The authority for collecting the following information is Pub.L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, sex, age, marital status, or disability.

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,323.38  
Farmland: 1,486.21

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Aet Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 680.94      Reported on Cropland: 680.94      Difference: 0.00      Reported on Non-Cropland: 0.00

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 642.44

Reported on Cropland: 642.44

Difference: 0.00

Reported on Non-Cropland: 0.00

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
FARM SUMMARY

DATE: 12/05/2022  
PAGE: 3

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,323.38  
Farmland: 1,486.21

NOTE: The authority for collecting the following information is Pub.L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
--------------------	------------------	-------	--------------------	------------------	-------	--------------------	------------------	-------	--------------------	------------------	-------

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, sex, age, marital status, or disability.

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,323.38  
Farmland: 1,486.21

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 680.94      Reported on Cropland: 680.94      Difference: 0.00      Reported on Non-Cropland: 0.00

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
[REDACTED]																
Cropland: 642.44			Reported on Cropland: 642.44			Difference: 0.00			Reported on Non-Cropland: 0.00							

Documentation of Agricultural Experience - Attachment to Exhibit 3

**REPORT OF COMMODITIES  
FARM SUMMARY**

FSA - 578 (09-13-16)

Operator Name and Address

DATE: 12/05/2022  
PAGE: 3

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 1,323.38  
Farmland: 1,486.21

NOTE: The authority for collecting the following information is Pub.L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.



CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, sex, age, marital status, or disability.



Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

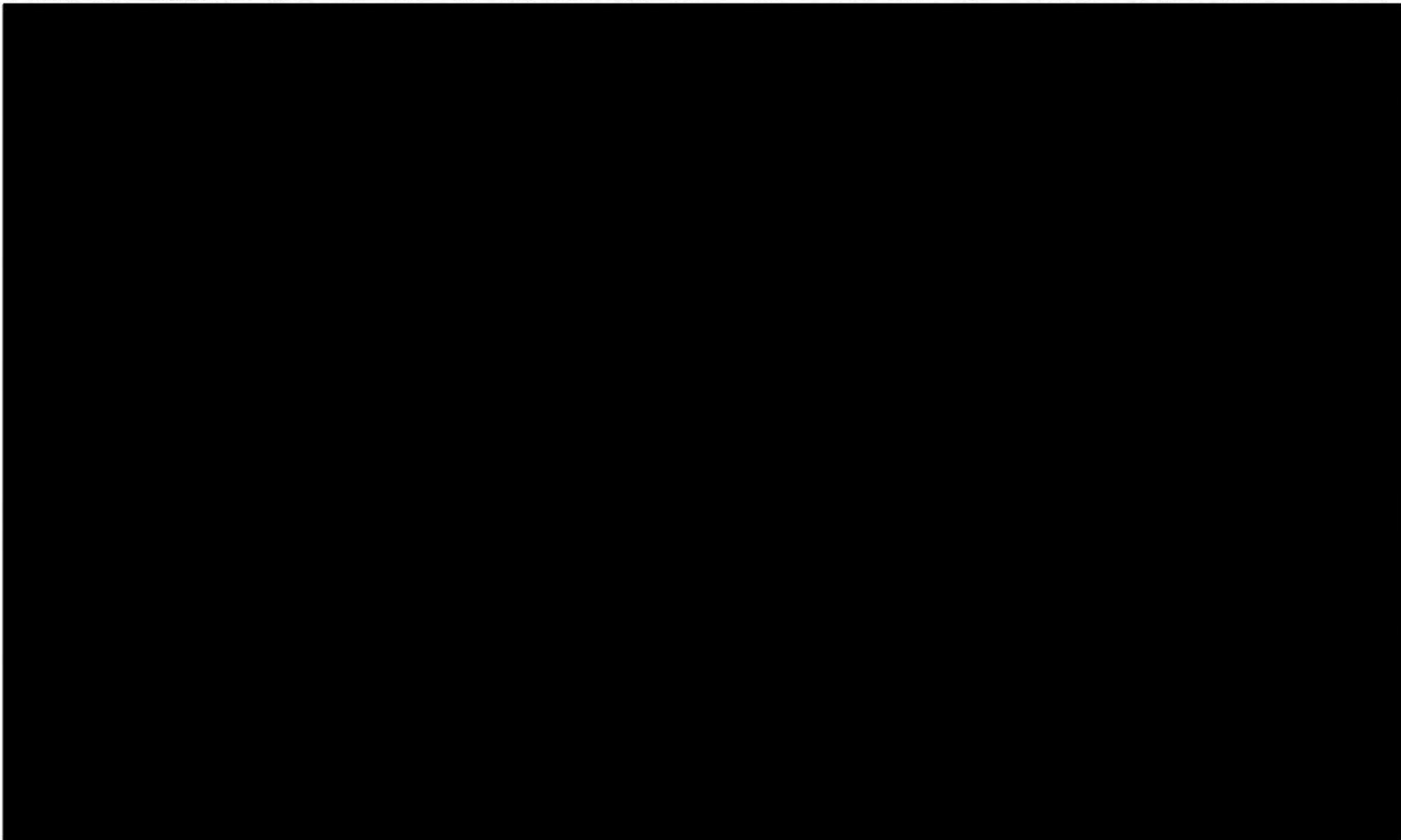
**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 924.38  
Farmland: 1,486.29

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
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Cropland: 570.69      Reported on Cropland: 570.69      Difference: 0.00      Reported on Non-Cropland: 0.00

Cropland: 353.69      Reported on Cropland: 353.69      Difference: 0.00      Reported on Non-Cropland: 0.00

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
FARM SUMMARY

DATE: 12/05/2022  
PAGE: 3

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 924.38  
Farmland: 1,486.29

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

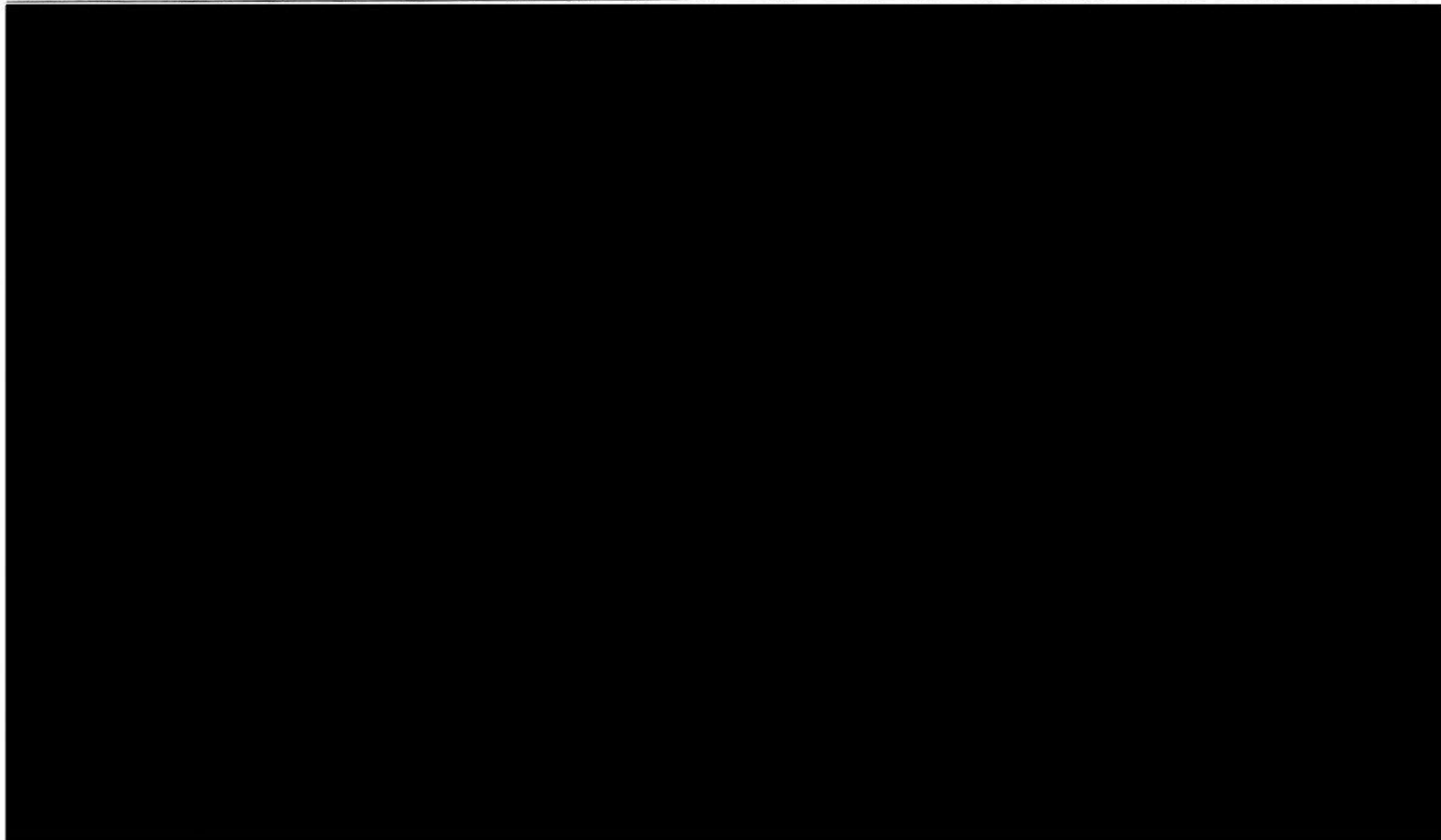
**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 924.38  
Farmland: 1,486.29

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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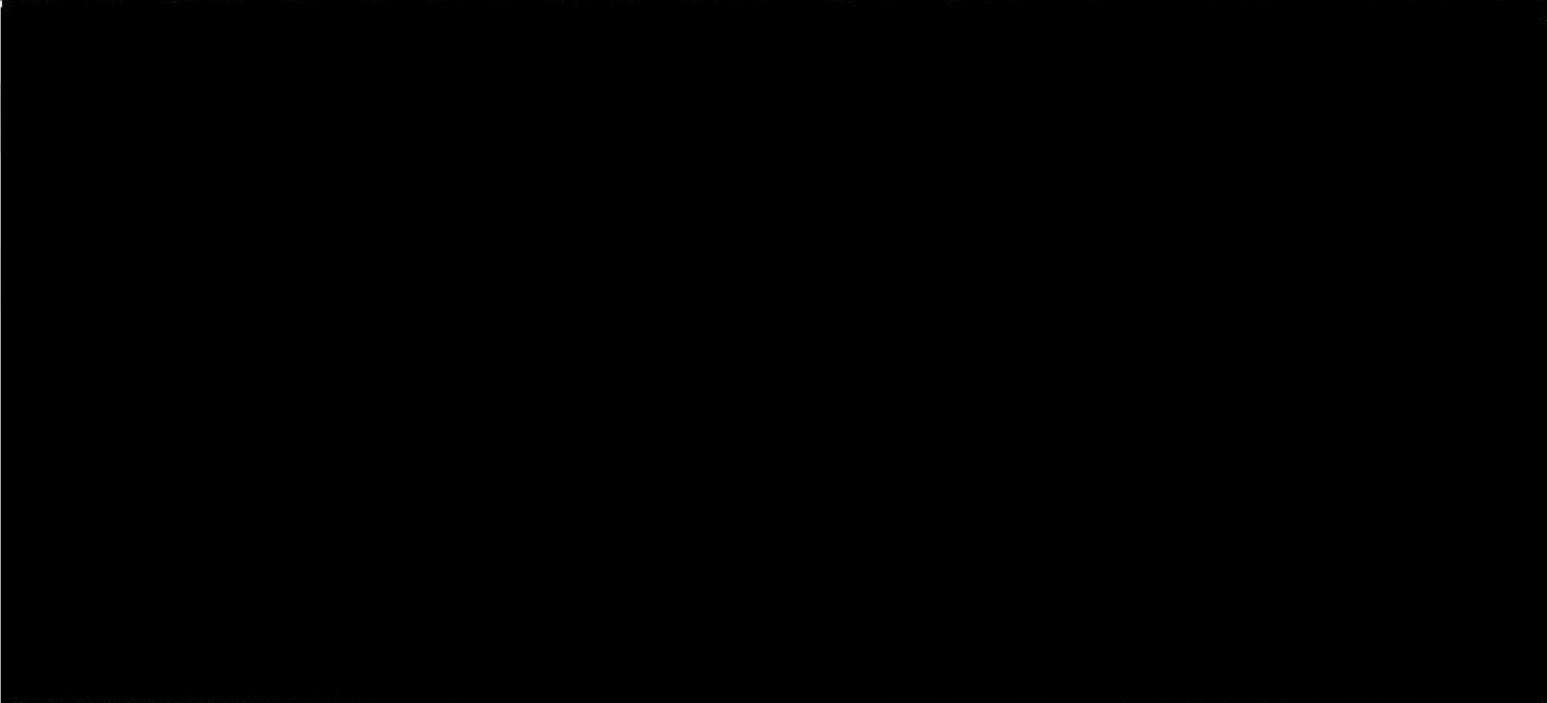
Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

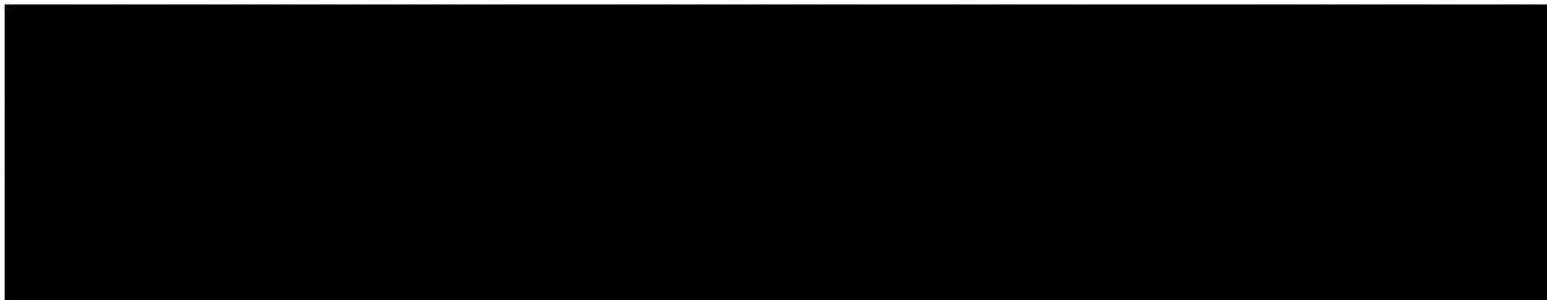
**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 570.69      Reported on Cropland: 570.69      Difference: 0.00      Reported on Non-Cropland: 0.00



Documentation of Agricultural Experience - Attachment to Exhibit 3

[REDACTED]  
FSA - 578 (09-13-16)  
[REDACTED]

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

[REDACTED]  
DATE: 12/05/2022  
PAGE: 3

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
[REDACTED]																		

Cropland: 353.69      Reported on Cropland: 379.29      Difference: 25.60      Reported on Non-Cropland: 0.00

Documentation of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
FARM SUMMARY

DATE: 12/05/2022  
PAGE: 4

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 924.38  
Farmland: 1,486.29

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 832-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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FSA - 578 (09-13-16)

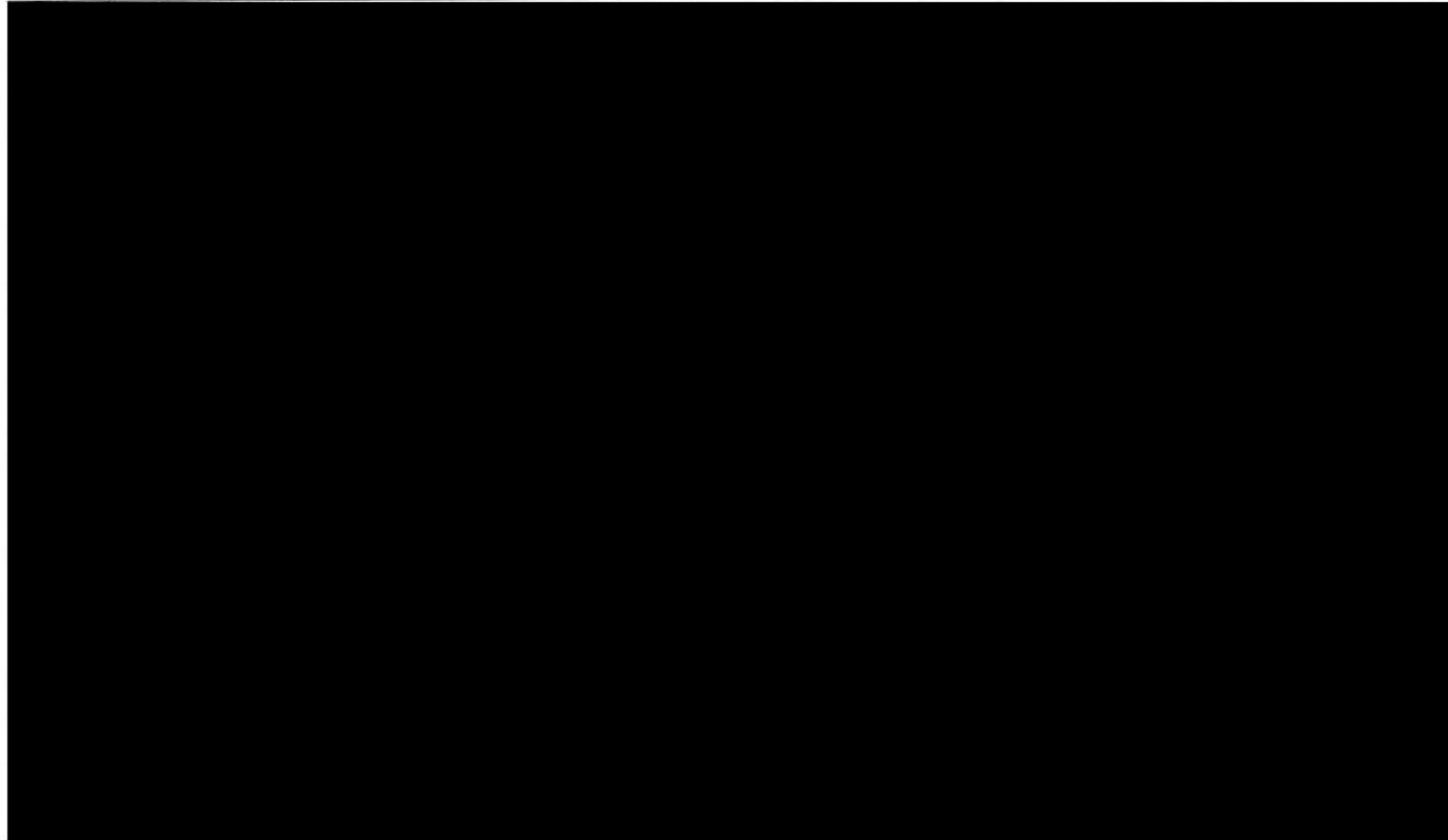
**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 924.38  
Farmland: 1,486.29

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 570.69      Reported on Cropland: 570.69      Difference: 0.00      Reported on Non-Cropland: 0.00



of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 3

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date

Cropland: 353.69      Reported on Cropland: 393.49      Difference: 39.80      Reported on Non-Cropland: 0.00

of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES
FARM SUMMARY

DATE: 12/05/2022
PAGE: 4

Operator Name and Address

Original:
Revision:
Cropland: 924.38
Farmland: 1,486.29

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs.

Table with 9 columns: Crop/Commodity, Variety/Type, Share. The table content is redacted.

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year.

Operator's Signature (By) Title/Relationship of Individual Signing in the Representative Capacity Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

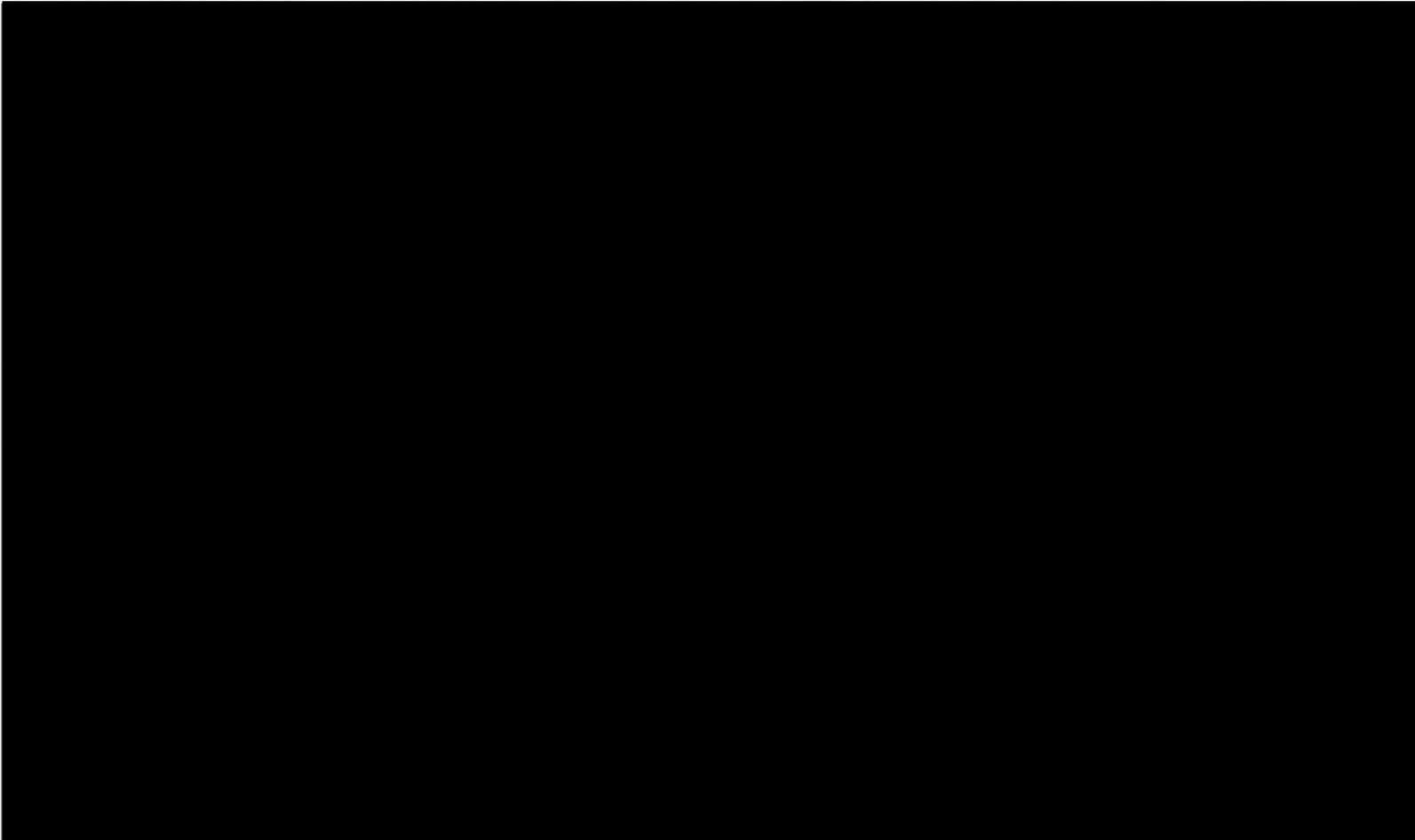
**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Original: \_\_\_\_\_  
Revision: \_\_\_\_\_  
Cropland: 924.38  
Farmland: 1,486.29

Operator Name and Address

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date	
[REDACTED]																			
				Cropland: 570.89	Reported on Cropland: 570.89				Difference: 0.00				Reported on Non-Cropland: 0.00						

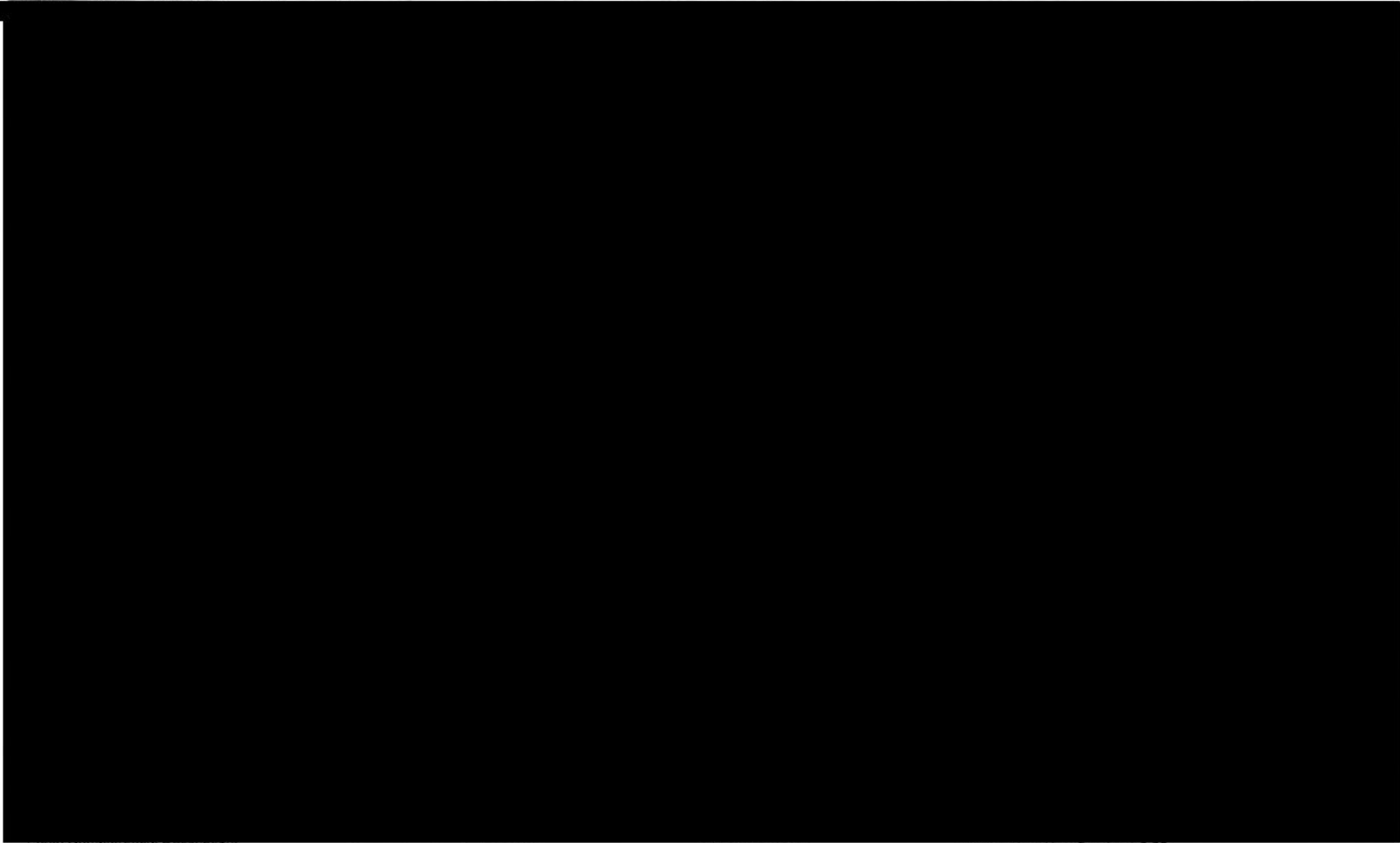
of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 3

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 353.69

Reported on Cropland: 380.68

Difference: 26.99

Reported on Non-Cropland: 0.00

of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

REPORT OF COMMODITIES
FARM SUMMARY

DATE: 12/05/2022
PAGE: 4

Operator Name and Address

Original:
Revision:
Cropland: 924.38
Farmland: 1,486.29

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Table with columns: Crop, Acreage, Share, Crop, Variety, Share, Crop, Variety, Share, Crop, Variety, Share. The table content is mostly obscured by a large black redaction box.

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crop/land uses are reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By) Title/Relationship of Individual Signing in the Representative Capacity Date

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of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: CAN  
Revision: \_\_\_\_\_  
Cropland: 924.38  
Farmland: 1,485.79

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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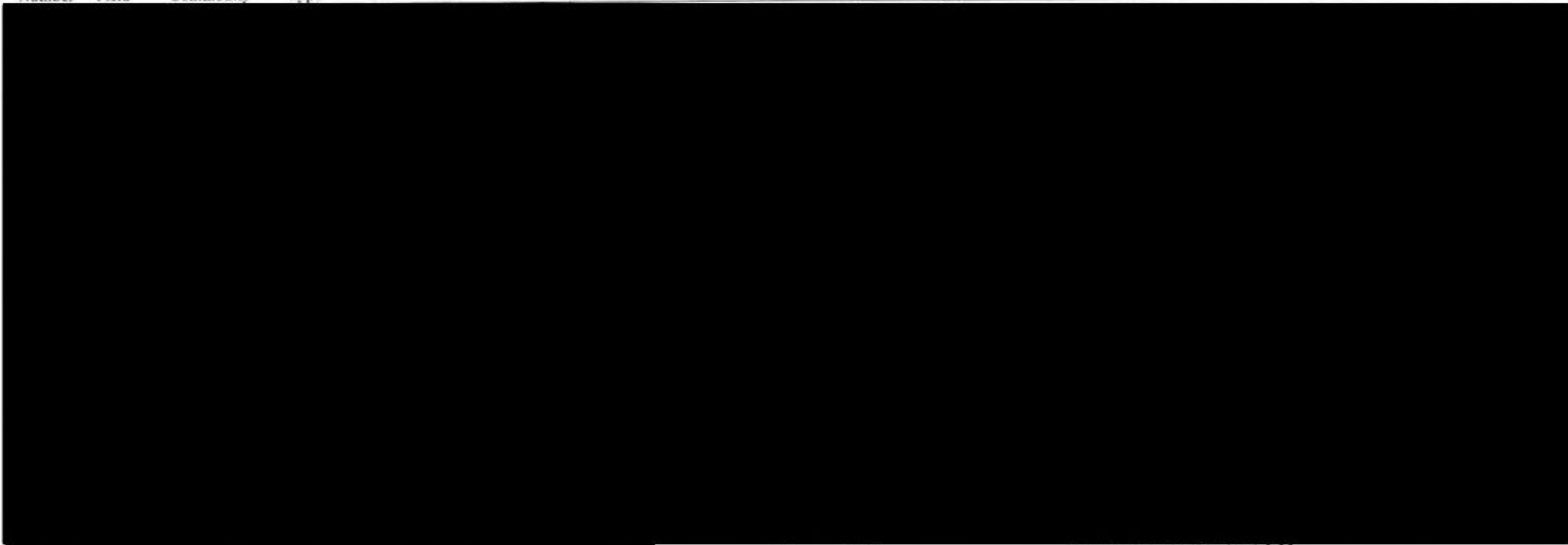
of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 570.69

Reported on Cropland: 576.00

Difference: 5.91

Reported on Non-Cropland: 0.00



of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 3

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 353.69

Reported on Cropland: 359.86

Difference: 6.17

Reported on Farm Cropland: 6.00

of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM SUMMARY**

DATE: 12/05/2022  
PAGE: 4

Operator Name and Address

Original: CAN  
Revision: \_\_\_\_\_  
Cropland: 924.38  
Farmland: 1,485.79

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
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CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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FSA - 578 (09-13-16)

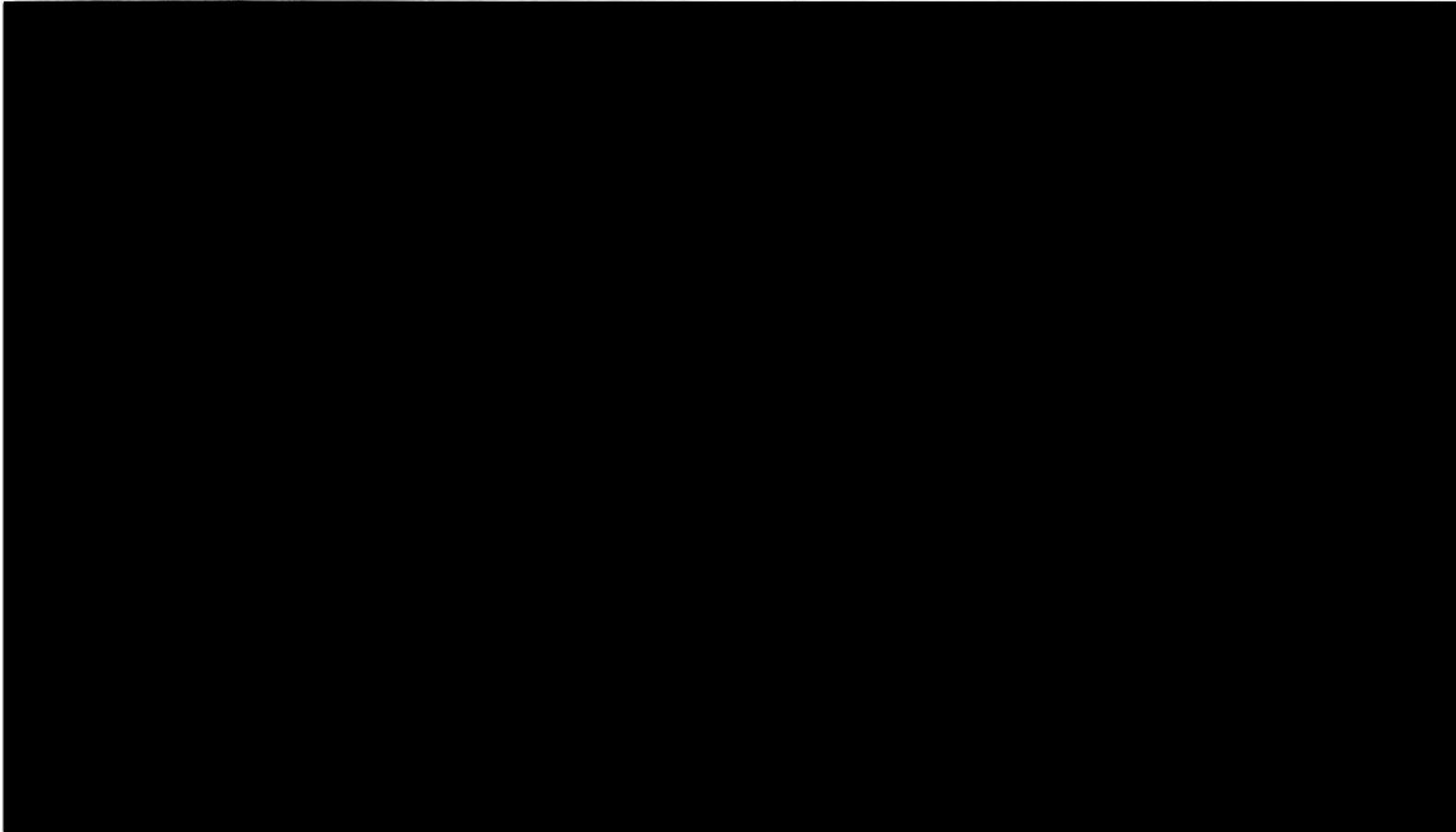
**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Operator Name and Address

Original: RMP  
Revision: \_\_\_\_\_  
Cropland: 950.47  
Farmland: 1,485.68

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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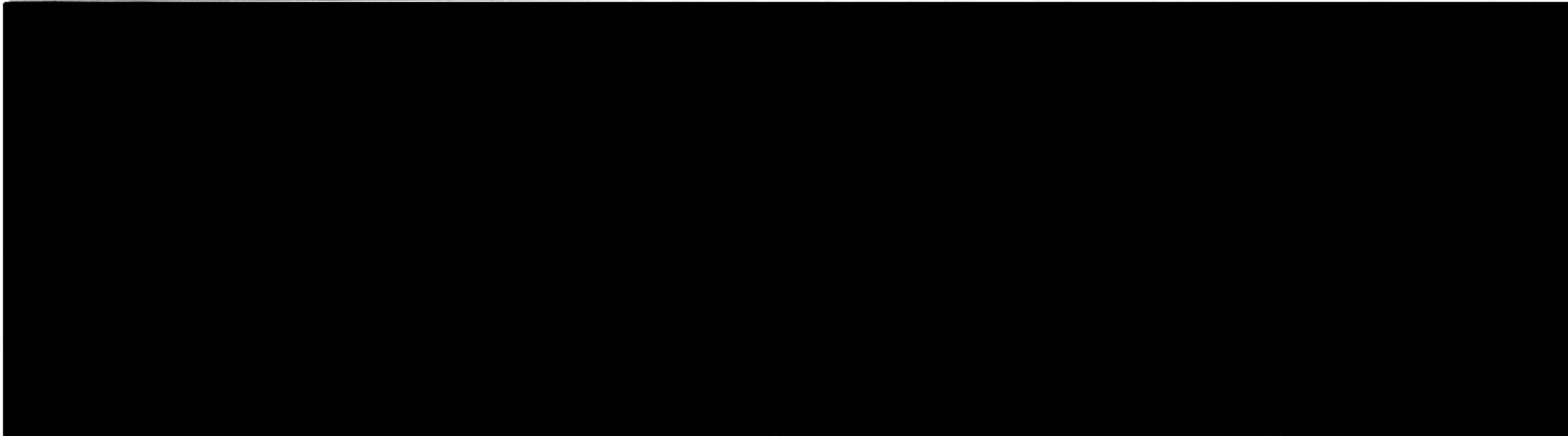
of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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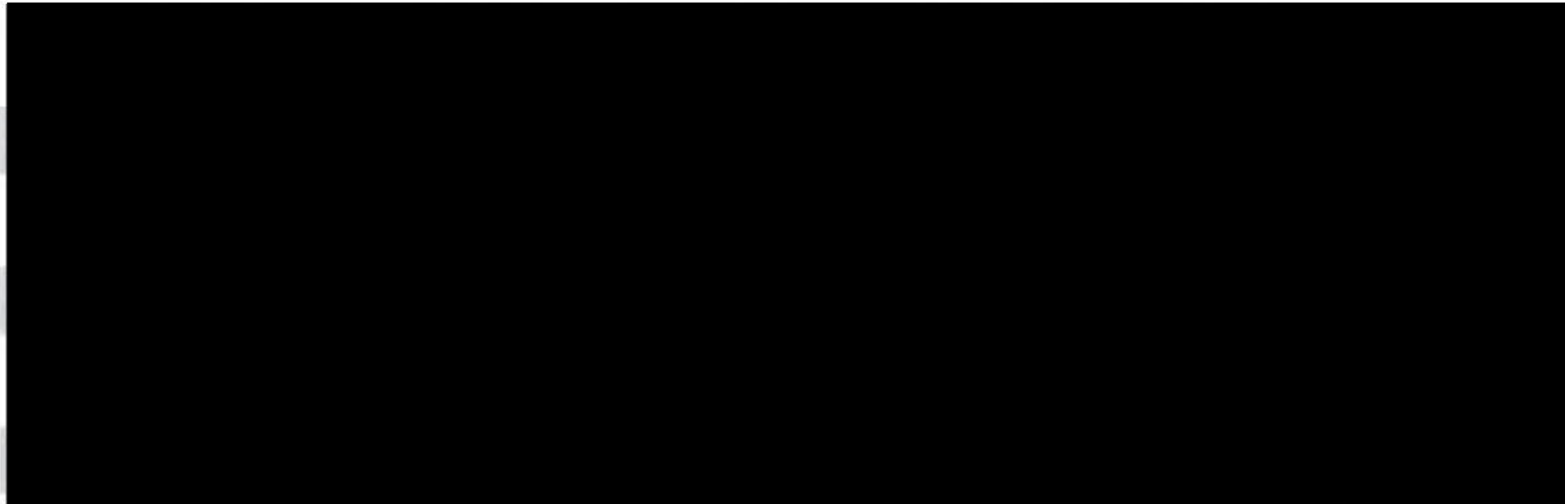


Cropland: 560.84

Reported on Cropland: 560.84

Difference: 0.00

Reported on Non-Cropland: 0.00



of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 3

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
[REDACTED]																		
Cropland: 389.63		Reported on Cropland: 389.63		Difference: 0.00		Reported on Non-Cropland: 0.00												

of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM SUMMARY**

DATE: 12/05/2022  
PAGE: 4

Operator Name and Address

Original: RMP  
Revision: \_\_\_\_\_  
Cropland: 950.47  
Farmland: 1,485.68

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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FSA - 578 (09-13-16)

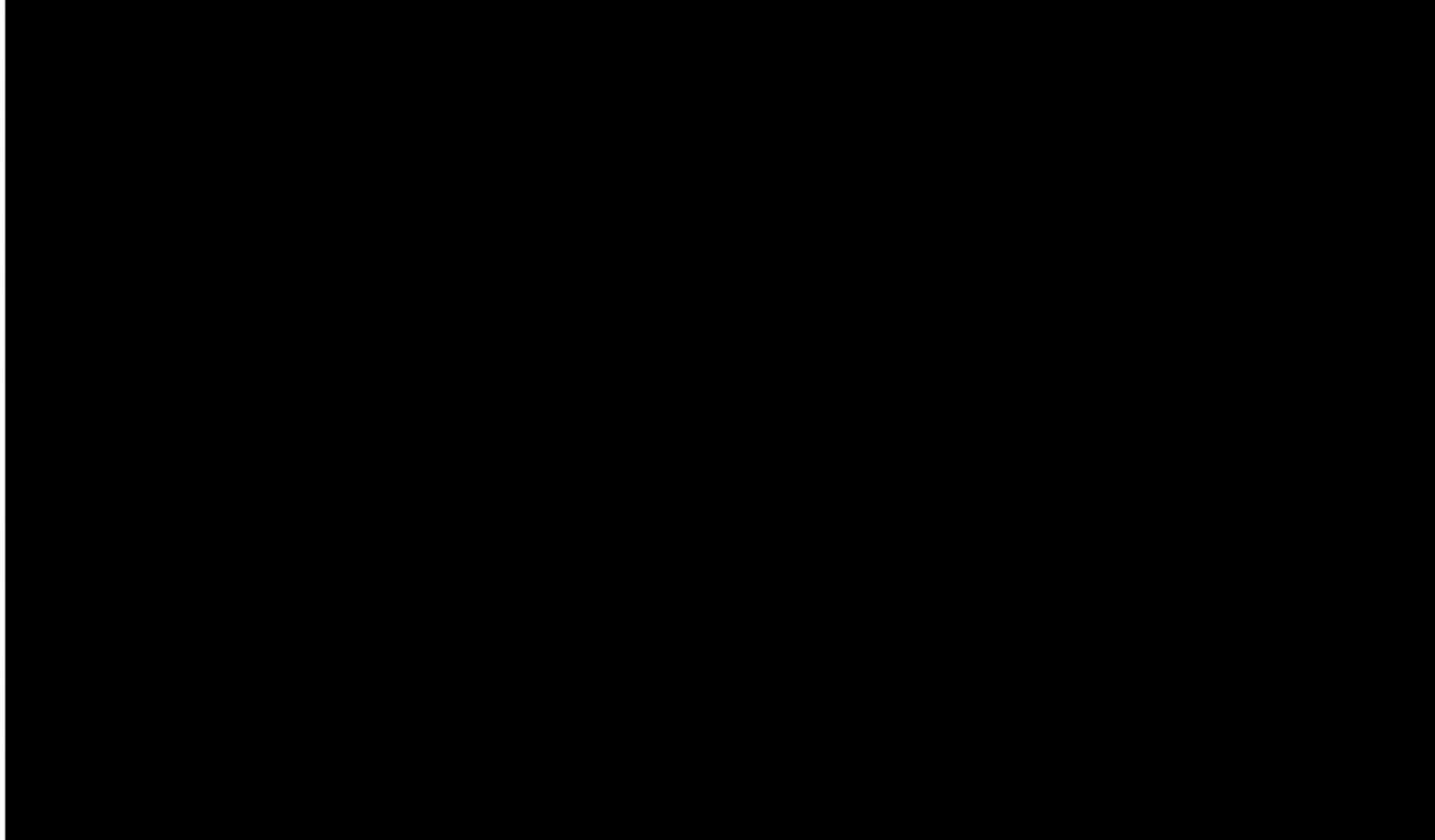
**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 1

Original: HSC  
Revision: HSC  
Cropland: 950.47  
Farmland: 1,485.68

Operator Name and Address

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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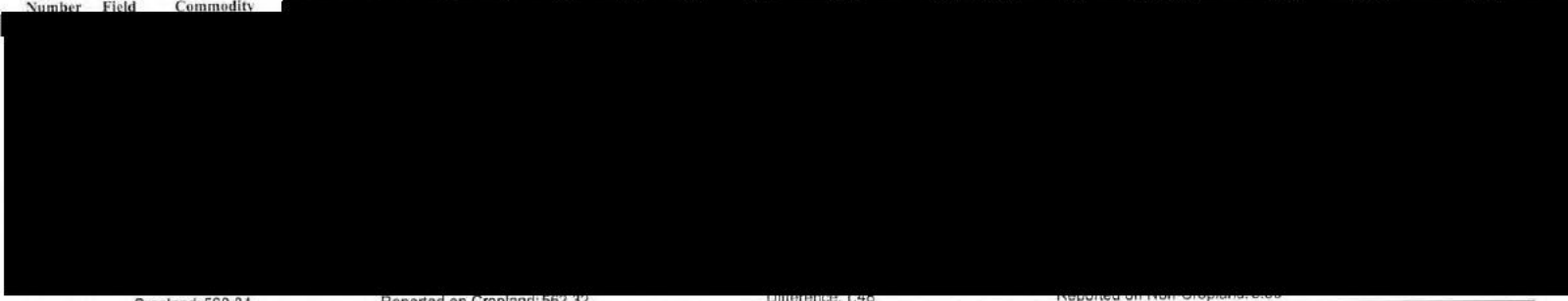
of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022  
PAGE: 2

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Code	Int	Act	Irr.	Org	Nat.	C/C	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
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Cropland: 560.84      Reported on Cropland: 562.32      Difference: 1.48      Reported on Non-Cropland: 0.00



of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING**

DATE: 12/05/2022

PAGE: 3

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/ Measured	Planting Date	Planting Period	End Date
[REDACTED]																		
Cropland: 389.63				Reported on Cropland: 395.06				Difference: 5.43				Reported on Non-Cropland: 0.00						

of Agricultural Experience - Attachment to Exhibit 3

FSA - 578 (09-13-16)

**REPORT OF COMMODITIES  
FARM SUMMARY**

DATE: 12/05/2022  
PAGE: 4

Operator Name and Address

Original: HSC  
Revision: HSC  
Cropland: 950.47  
Farmland: 1,485.68

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
[Redacted Table Content]											

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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PARCEL: [REDACTED]  
CORPORATION: [REDACTED]  
OWNER: [REDACTED]

LAND VALUE 10% [REDACTED]  
LAND VALUE 20% \$0  
CU VALUE [DEACTIVATED] \$0  
LV 10% WITH CU [DEACTIVATED] \$0

ADDRESS: [REDACTED]

EXEMPT CODE: []  
OVER 65 CODE: [REDACTED] DISABILITY CODE: [REDACTED] MUN CODE: 01 COUNTY1  
PROP. CLASS: 3 [] SCHOOL DIST: 01 EXM OVERRIDE AMT: \$0  
OVR ASD VALUE: [REDACTED] CLMNT: HS YEAR: 0  
OVR65: INPROGRESS

TOTAL MARKET VALUE: [REDACTED]

CLASS USE [REDACTED]  
FOREST ACRES: [REDACTED] TAX SALE: [REDACTED] ASSMT. FEE: [REDACTED]  
LAND USE CODE: [REDACTED] TIF DIST: [REDACTED] PVT CODE: [REDACTED]

Assessment Override:  
MARKET VALUE:  
CU VALUE:  
PENALTY:  
ASSESSED VALUE:

PARENT PARCEL: [REDACTED]

REMARKS:  
Last Modified: 8/9/2021 4:43:42 PM [Mark as Verified](#) [Change Log](#) LETTERS

BOE FEE AMT: \$0.50 DIST: DEMOLITION FEE FIRE FEE WEED FEE

Property Address: 0

Contiguous Parcels:

CURR ASSMT: [NONE] MTG CODE: - LOAN: ACCOUNT NO : 0000338100

ASSESSMENT/TAX

CLASS MUNICODE ASSD VALUE TAX EXEMPTION TAX EXEMPTION TOTAL TAX

[REDACTED TABLE]

INSTRUMENTS  
INST NUMBER DATE SALE DATE SALE PRICE SALE TYPE RATIOABLE  
No Sales Information on Record

LEGAL DESCRIPTION  
MAP NUMBER: CODE1: [REDACTED]  
SUB DIVISON1: UNDETERMINED MAP BOOK: [REDACTED]  
SUB DIVISON2: MAP BOOK: [REDACTED]

PRIMARY LOT: PRIMARY BLOCK:  
SECONDARY LOT: SECONDARY BLOCK:

SECTION1 [REDACTED] TOWNSHIP1 [REDACTED] RANGE1 [REDACTED]  
SECTION2 [REDACTED] TOWNSHIP2 [REDACTED] RANGE2 [REDACTED]  
SECTION3 [REDACTED] TOWNSHIP3 [REDACTED] RANGE3 [REDACTED]  
SECTION4 [REDACTED] TOWNSHIP4 [REDACTED] RANGE4 [REDACTED]  
LOT DIM1 [REDACTED] LOT DIM2 0.0 [REDACTED] ACRES [REDACTED]

METES AND BOUNDS: [REDACTED]  
REMARKS: [REDACTED]

[REDACTED TABLE]

of Agricultural Experience Attachment to Exhibit 3  
OFFICE OF THE REVENUE COMMISSIONER  
ASSESSMENT RECORD - 2022

Printed On: 11/30/2022

PARCEL:  
CORPORATION:  
OWNER:

LAND VALUE 10%  
LAND VALUE 20% \$0  
CU VALUE [DEACTIVATED] \$0  
LV 10% WITH CU [DEACTIVATED] \$0

ADDRESS:

EXEMPT CODE: []  
OVER 65 CODE:  
PROP. CLASS: 3 []  
OVR ASD VALUE:  
DISABILITY CODE:  
SCHOOL DIST: 01  
MUN CODE: 01 COUNTY1  
EXM OVERRIDE AMT: \$0  
HS YEAR: 0  
CLMNT:  
OVR65: INPROGRESS

TOTAL MARKET VALUE:

CLASS USE 0  
FOREST ACRES: 240 TAX SALE:  
LAND USE CODE: 0 TIF DIST:  
PREV. YEAR VALUE  
NBH: 00008888  
PARENT PARCEL:  
REMARKS:

Assessment Override:  
MARKET VALUE:  
CU VALUE:  
PENALTY:  
ASSESSED VALUE:

Last Modified: 8/9/2021 4:43:42 PM [Mark as Verified](#) [Change Log](#) LETTERS  
BOE FEE AMT: \$0.50 DIST: DEMOLITION FEE FIRE FEE WEED FEE  
Property Address: 0  
Contiguous Parcels:

CURR ASSMT: [NONE] MTG CODE: - LOAN: ACCOUNT NO  
Sort Code : 0000338100

ASSESSMENT/TAX CLASS MUNICODE ASSD VALUE TAX EXEMPTION TAX EXEMPTION TOTAL TAX

STATE  
COUNTY  
SCHOOL  
DIST SCHOOL  
CITY  
FOREST

ASSD. VALUE  
EXMT. TAX: \$

INSTRUMENTS SALES INFORMATION  
INST NUMBER DATE SALE DATE SALE PRICE SALE TYPE RATIOABLE  
No Sales Information on Record

LEGAL DESCRIPTION

MAP NUMBER: CODE1  
SUB DIVISON1: UNDETERMINED MAP BOOK:  
SUB DIVISON2: MAP BOOK: PAGE:

PRIMARY LOT: PRIMARY BLOCK:  
SECONDARY LOT: SECONDARY BLOCK:

SECTION1 TOWNSHIP1 RANGE1  
SECTION2 TOWNSHIP2 RANGE2  
SECTION3 TOWNSHIP3 RANGE3  
SECTION4 TOWNSHIP4 RANGE4  
LOT DIM1 0 LOT DIM2 0 ACRES 0 SQ FT 0.000

METES AND BOUNDS:  
REMARKS:



ASSESSMENT RECORD - 2022

PARCEL:  
CORPORATION:  
OWNER:

[REDACTED]

LAND VALUE 10%  
LAND VALUE 20%  
CU VALUE [DEACTIVATED]  
LV 10% WITH CU [DEACTIVATED]

[REDACTED]

ADDRESS:

EXEMPT CODE: []  
OVER 65 CODE: []  
PROP. CLASS: 3 []  
OVR ASD VALUE:

DISABILITY CODE:  
SCHOOL DIST: 01

MUN CODE: 01 COUNTY1  
EXM OVERRIDE AMT: \$0  
HS YEAR: 0  
CLMNT:  
OVR65: INPROGRESS

TOTAL MARKET VALUE:

Assessment Override:  
MARKET VALUE:  
CU VALUE:  
PENALTY:  
ASSESSED VALUE:

CLASS USE

FOREST ACRES:  
LAND USE CODE:  
PREV. YEAR VAL:  
NBH: 00008888

[REDACTED]

ASSMT. FEE:  
PVT CODE:

PARENT PARCEL:

REMARKS:

Last Modified: 8/9/2021 4:43:42 PM [Mark as Verified](#) [Change Log](#) LETTERS

BOE FEE AMT: \$0.50 DIST: DEMOLITION FEE FIRE FEE WEED FEE

Property Address:

Contiguous Parcels:

CURR ASSMT: [NONE] MTG CODE: - LOAN: ACCOUNT NO

Sort Code : 0000338100

ASSESSMENT/TAX

CLASS MUNICODE ASSD VALUE TAX EXEMPTION TAX EXEMPTION TOTAL TAX

[REDACTED TABLE]

INST NUMBER

INSTRUMENTS  
DATE

SALE DATE  
SALE PRICE  
No Sales Information on Record

SALES INFORMATION  
SALE TYPE

RATIOABLE

MAP NUMBER: CODE1: CODE2:  
SUB DIVISON1: UNDETERMINED  
SUB DIVISON2:

LEGAL DESCRIPTION

MAP BOOK  
MAP BOOK PAGE

PRIMARY LOT: PRIMARY BLOCK:  
SECONDARY LOT: SECONDARY BLOCK:

SECTION1 TOWNSHIP1 RANGE1  
SECTION2 TOWNSHIP2 RANGE2  
SECTION3 TOWNSHIP3 RANGE3  
SECTION4 TOWNSHIP4 RANGE4  
LOT DIM1 LOT DIM2 0 ACRES

SQ FT 0.000

METES AND BOUNDS:

REMARKS:

[REDACTED]



of Agricultural Experience Attachment to Exhibit 3

REVENUE COMMISSION  
ASSESSMENT RECORD - 2022

Tel: (334) [REDACTED]  
Printed On: 11/9/2022

PARCEL:  
CORPORATION:  
OWNER:

[REDACTED]

LAND VALUE 10%  
LAND VALUE 20%  
CU VALUE  
LV 10% WITH CU

[DEACTIVATED]  
[DEACTIVATED]

\$0  
\$0  
\$0

ADDRESS:

[REDACTED]

EXEMPT CODE: []  
OVER 65 CODE:  
PROP. CLASS: 3 []  
OVR ASD VALUE:

DISABILITY CODE:  
SCHOOL DIST: 01

MUN CODE: 11 COUNTY  
EXM OVERRIDE AMT: \$0  
HS YEAR: 0  
CLMNT:

TOTAL MARKET VALUE:

[REDACTED]

Assessment Override:  
MARKET VALUE:  
CU VALUE:  
PENALTY:  
ASSESSED VALUE:

CLASS USE  
FOREST ACRES: 9  
LAND USE CODE: 0  
PREV. YEAR VALUE:  
NBH: 0000BCR1  
PARENT PARCEL:

0  
TAX SALE:  
TIF DIST:

ASSMT. FEE:  
PVT CODE:

REMARKS:  
Last Modified: 8/3/2021 6:31:40 PM LETTERS  
DEMOLITION FEE FIRE FEE WEED FEE  
Property Address:  
Contiguous Parcels:

CURR ASSMT: [NONE] MTG CODE: - L

Sort Code : 0000791800

ASSESSMENT/TAX

CLASS MUNCODE ASSD. VALUE TAX EXEMPTION TAX EXEMPTION TOTAL TAX

[REDACTED TABLE]

MAP NUMBER: CODE1: 009999 CODE2:  
SUB DIVISION1: N/A  
SUB DIVISION2:

MAP BOOK: [REDACTED]  
MAP BOOK: PAGE:

PRIMARY LOT: PRIMARY BLOCK:  
SECONDARY LOT: SECONDARY BLOCK:

SECTION1 TOWNSHIP1 RANGE1  
SECTION2 TOWNSHIP2 RANGE2  
SECTION3 TOWNSHIP3 RANGE3  
SECTION4 TOWNSHIP4 RANGE4  
LOT DIM1 LOT DIM2 ACRES

SQ FT [REDACTED]

METES AND BOUNDS:

REMARKS:

[REDACTED]

Tax Year Entity Name Assmt Class Exempt Code Mailing Address

[REDACTED TABLE]



of Agricultural Experience Attachment to Exhibit 3  
NEARA'S REED  
REVENUE COMMISSION  
ASSESSMENT RECORD - 2022

Printed On: 11/9/2022

PARCEL:  
CORPORATION:  
OWNER:

[REDACTED]

LAND VALUE 10%  
LAND VALUE 20%  
CU VALUE [DEACTIVATED]  
LV 10% WITH CU [DEACTIVATED]

[REDACTED]

ADDRESS:

EXEMPT CODE: [ ]  
OVER 65 CODE:  
PROP. CLASS: 2 [ ]  
OVR ASD VALUE:

DISABILITY CODE:  
SCHOOL DIST: 01

MON CODE: 11 COUNTY  
EXM OVERRIDE AMT: \$0  
HS YEAR: 0  
CLMNT:

CLASS 2  
BLDG 1 111 \*

CLASS 3  
BARN/SHED BARN S B23ALL3 \*  
BARN/SHED BARN S B22ALL2 \*

[REDACTED]

CLASS USE 0  
FOREST ACRES: 33  
LAND USE CODE: 0  
PREV. YEAR VALUE:  
NBH: 0000BCR1  
PARENT PARCEL:

TAX SALE:  
TIF DIST:

ASSMT. FEE:  
PVT CODE:

TOTAL MARKET VALUE:

Assessment Override:  
MARKET VALUE:  
CU VALUE:  
PENALTY:  
ASSESSED VALUE:

REMARKS:  
Last Modified: 8/3/2021 6:31:40 PM LETTERS  
DEMOLITION FEE FIRE FEE WEED FEE

Property Address:  
Contiguous Parcels:

CURR ASSMT: [NONE] MTG CODE: - LOAN: 0 ACCOUNT NO: [REDACTED]  
Sort Code : 0000791490

ASSESSMENT/TAX

[REDACTED TABLE]

INST NUMBER DATE SALE DATE SALE PRICE SALE TYPE RATIOABLE  
No Sales Information on Record

MAP NUMBER: CODE1  
SUB DIVISON1: N/A  
SUB DIVISON2:

LEGAL DESCRIPTION

MAP BOOK  
MAP BOOK: PAGE:

PRIMARY LOT:  
SECONDARY LOT:

PRIMARY BLOCK:  
SECONDARY BLOCK:

SECTION1  
SECTION2  
SECTION3  
SECTION4  
LOT DIM1

TOWNSHIP1  
TOWNSHIP2  
TOWNSHIP3  
TOWNSHIP4  
LOT DIM2 0.

RANGE1  
RANGE2  
RANGE3  
RANGE4  
ACRES

METES AND BOUNDS:  
REMARKS:

[REDACTED]

[REDACTED TABLE]



of Agricultural Experience - Attachment to Exhibit 3

**REAL AND PERSONAL PROPERTY ASSESSMENT  
AFFIDAVIT TO CLAIM EXEMPTION FOR HOMESTEAD  
HOMESTEAD EXEMPTION APPLICATION FOR 65 AND OVER**

1. Phone number \_\_\_\_\_  
 2. Do you own and live on the property for which you are claiming exemption? Yes \_\_\_\_\_ No \_\_\_\_\_  
 3. Applicant date of birth \_\_\_\_\_ Spouse date of birth \_\_\_\_\_  
 4. Did you file a Federal Income Tax Return for 20\_\_\_\_? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give net taxable income from line 43 (1040), line 27 (1040A), or line 6 (1040EZ) \$ \_\_\_\_\_ (including spouse's income)  
 5. Did you file a 20\_\_\_\_ State Income Tax Return? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give net taxable income from line 10 (40) or line 7 (40A) in Exhibit A:  
 Exhibit A: Adjusted gross income for 20\_\_\_\_ \$ \_\_\_\_\_  
 Exhibit B: Applicant's adjusted gross income for 20\_\_\_\_ \$ \_\_\_\_\_  
 Exhibit C: Spouse's adjusted gross income for 20\_\_\_\_ \$ \_\_\_\_\_  
 (Exhibit B and C combined should total Exhibit A.)

**PROPERTY CLASSIFICATIONS**  
 CLASS 1-PUBLIC UTILITIES 30% OF MARKET VALUE  
 CLASS 2-OTHER 20% OF MARKET VALUE  
 CLASS 3-AGRICULTURAL FOREST SINGLE-FAMILY OWNER OCCUPIED RESIDENCES, HISTORICAL SITES 10% OF MARKET VALUE

**MUNICIPAL CODES**  
 11 RURAL  
 22 UNION SPRINGS  
 31 MIDWAY

Phone \_\_\_\_\_

HOMESTEAD: 0  
 NOT EXEMPT  
 YR SIGN: 0

I solemnly swear (or affirm) that I am the head of the family and that no other claim of exemption from taxes for principal residence has been made or filed by or on behalf of any member of my immediate household. Under the penalties of perjury, I declare that all information contained herein is true, correct and complete to the best of my knowledge. I understand that any information submitted hereon may be verified from official records or files at the Department of Internal Revenue Service, State Department of Revenue or any other appropriate Government Agency.  
 Are you 100% totally and permanently disabled? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Signature \_\_\_\_\_

**OATH TO BE ADMINISTERED TO TAXPAYER**

"I do solemnly swear (or affirm) that the hereon list of property returned by me is a full and complete return of all property (under the parcel numbers listed hereon) owned by or in which I had any interest whatever, the situs of which for taxation, or exemption from taxation, is in this county on the first of October of this present tax year, so help me God."

PREVIOUS OWNER	DESCRIPTION	CLASS	EXEMPT	TAXN	DIST	ACRES	APPRAISED VALUE	BOARD OF EQ. VALUE	CURRENT USE VALUE	ASSESSED VALUE

ASSESSED VALUE		TOTAL STATE & COUNTY TAX	STATE EXEMPT		COUNTY EXEMPT	
REAL ESTATE	PERSONAL		VALUE	TAX	VALUE	TAX
		0				
	Special Sch					

X \_\_\_\_\_

Subscribed and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

BY: \_\_\_\_\_

Property Use: Residential \_\_\_\_\_  
 Farm \_\_\_\_\_  
 Timber \_\_\_\_\_  
 Commercial \_\_\_\_\_  
 Rental \_\_\_\_\_  
 Other \_\_\_\_\_

**APPLICATION FOR CURRENT USE VALUATION**  
 I hereby apply for appraisal according to Current Use for the property hereon.

X \_\_\_\_\_  
 Signature of Owner or Agent

**NOTES**

Real Estate Acquired from: \_\_\_\_\_

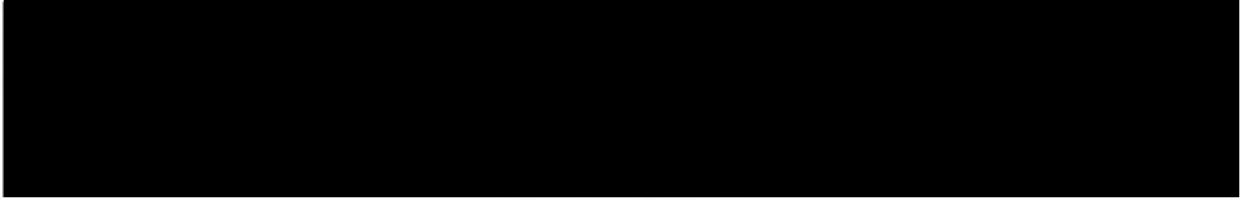
Deed Book \_\_\_\_\_ Page \_\_\_\_\_

Dated \_\_\_\_\_

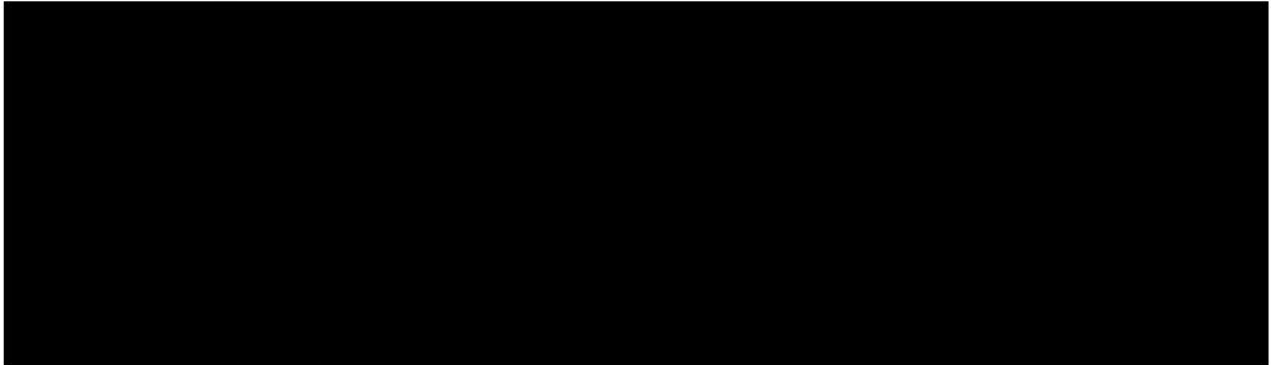
Prec. Yr. Acct. # \_\_\_\_\_

Purchase Price \_\_\_\_\_




of Agricultural Experience - Attachment to Exhibit 3



December 6, 2022



Dear 

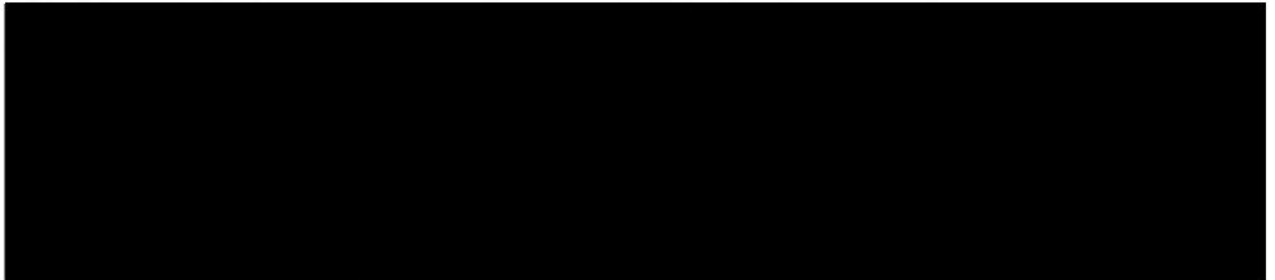
You requested that I review the ad valorem tax assessments records in   
 for the property owned in each county by  
 and its related predecessors in title. In this regard I have  
reviewed the following:

1.



2.

Based upon the foregoing I have confirmed and it is my opinion as follows:



[REDACTED] of Agricultural Experience - Attachment to Exhibit 3

[REDACTED]

2.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

of Agricultural Experience - Attachment to Exhibit 3

STATE OF ALABAMA  
MONTGOMERY COUNTY

LEASE AGREEMENT

[REDACTED]  
tillable and open acreage known as [REDACTED]

[REDACTED] under the following terms and conditions:

1. Lessee agrees to pay a rental rate in the amount [REDACTED] per acre per year. [REDACTED]

[REDACTED] Calculation of the tilled acreage shall verify with GPS systems as well as Certification with the USDA authorities. The minimum acreage to be tilled will be at least 1,000 acres.

2. [REDACTED]

3. Lessee, at Lessee's expense will maintain all roads on the property in good repair. Rock slag will be added where needed. [REDACTED]

[REDACTED] Washed out or damaged areas will be repaired as needed.

4. Lessor retains the right to complete access to the property for the purpose of hunting and recreation and Lessee shall assist Lessor in providing an environment conducive to the same and will not interfere with Lessor's right to hunt or enjoy the property. Lessor specifically retains all fishing and hunting rights, including deer, turkey, and other wild game.
5. Lessee will be allowed to remove only the fences that Lessor has deemed acceptable.

[REDACTED]

[REDACTED]

of Agricultural Experience - Attachment to Exhibit 3

6. Lessee, at Lessee's expense shall be allowed to clear and remove only the vegetation, trees and shrubs that Lessors deems acceptable. However, no merchantable timber shall be removed or harmed in any way.

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

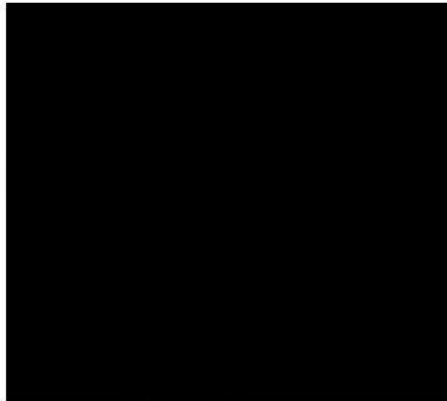
12. [REDACTED]

13. [REDACTED]


of Agricultural Experience - Attachment to Exhibit 3

14. In the event of any default in the terms and conditions of the Lease by Lessee, Lessor will notify Lessee of reason for default and lessee will be given (15) days to remedy. Thereafter, Lessor shall a right to terminate the Lease on written notice to the Lessee at his last known mailing address. In such event, Lessee shall have thirty (30) days in which to vacate the premises.
15. This Lease cannot be assigned or subleased by Lessee without permission of Lessor. It is the intention of both parties to enter into a longer term relationship.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals as of the day and year first above written.



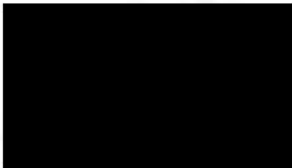
Lessee:



of Agricultural Experience - Attachment to Exhibit 3

STATE OF ALABAMA )

MONTGOMERY COUNTY )



LEASE AGREEMENT



following terms and conditions:

1. Lessee agrees to pay a rental rate in the amount of

The rental payment shall be due in equal installments each quarter



2. Lessee will not be allowed to use the property for any business enterprise other



3. Lessee shall bush-cut or mow the property to prevent small trees and brush from growing up onto the land. Such bush-cutting or mowing of the property will be at Lessee's expense. This would not include land that cannot be cut at signing of the lease.

4. Lessee, at Lessee's expense will maintain all roads on the property in good repair. Rock slag will be added where needed. The roads will be

of Agricultural Experience - Attachment to Exhibit 3

kept at least in the condition they were or [REDACTED] Washed out or damaged areas will be repaired as needed.

5. Lessor retains the right to complete access to the property for the purpose of hunting and recreation and Lessee shall assist Lessor in providing an environment conducive to the same and will not interfere with Lessor's right to hunt or enjoy the property. Lessor specifically retains all fishing and hunting rights, including deer, turkey, and other wild game.

6. All trash and debris that Lessee accumulates on the property will be removed from the premises at Lessee's expense. All of Lessee's employees will be trained and instructed that all debris will be properly and promptly disposed of. All dead cattle will be buried at a single designated area on Clearview.

7. During the growing months, the pond dams and areas around the barns will be mowed by Lessee at least one time per month. Lessee will notify Lessor of any structural repairs needed to lakes. Lessee will repair any damage caused [REDACTED]

8. [REDACTED]



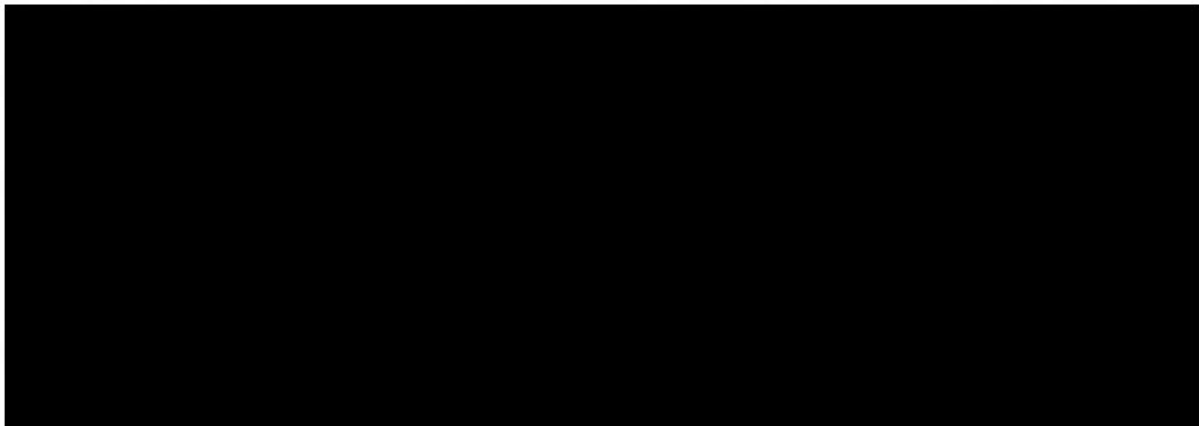
of Agricultural Experience - Attachment to Exhibit 3

10. Lessee agrees to maintain the condition of the barns, including repairing and restoring the roofs of the barns.

11. Lessee shall keep and maintain in force adequate insurance coverage for liability and workmen's compensation with limits of at least One Million and No/100 Dollars (\$1,000,000.00) and Lessors shall be maintained as named insureds under the applicable policies.

12. Lessee shall not conduct or allow any illegal use of the property during the term of the Lease.

13. In the event of any default in the terms and conditions of the Lease by Lessee, Lessor will notify Lessee of reason for default and Lessee will be given fifteen (15) days to remedy. Thereafter, Lessor shall have a right to terminate the Lease on written notice to the Lessee at his last known mailing address. In such event, Lessee shall have thirty (30) days in which to vacate the premises.

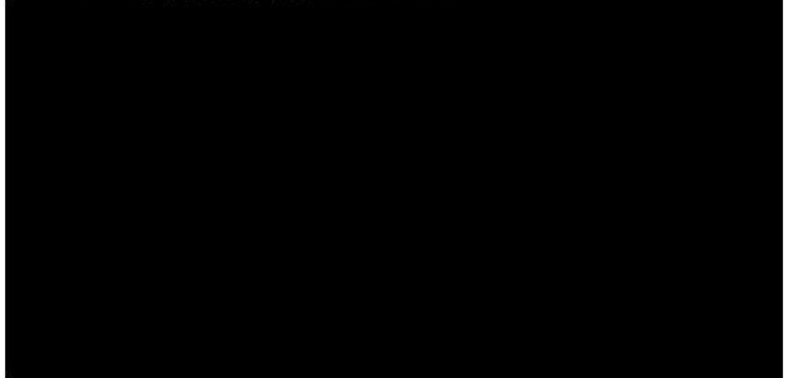


15. This Lease cannot be assigned or subleased by Lessee without permission of Lessor.

of Agricultural Experience - Attachment to Exhibit 3

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals as of the day and year first above written.

LESSORS:



LESSEE:

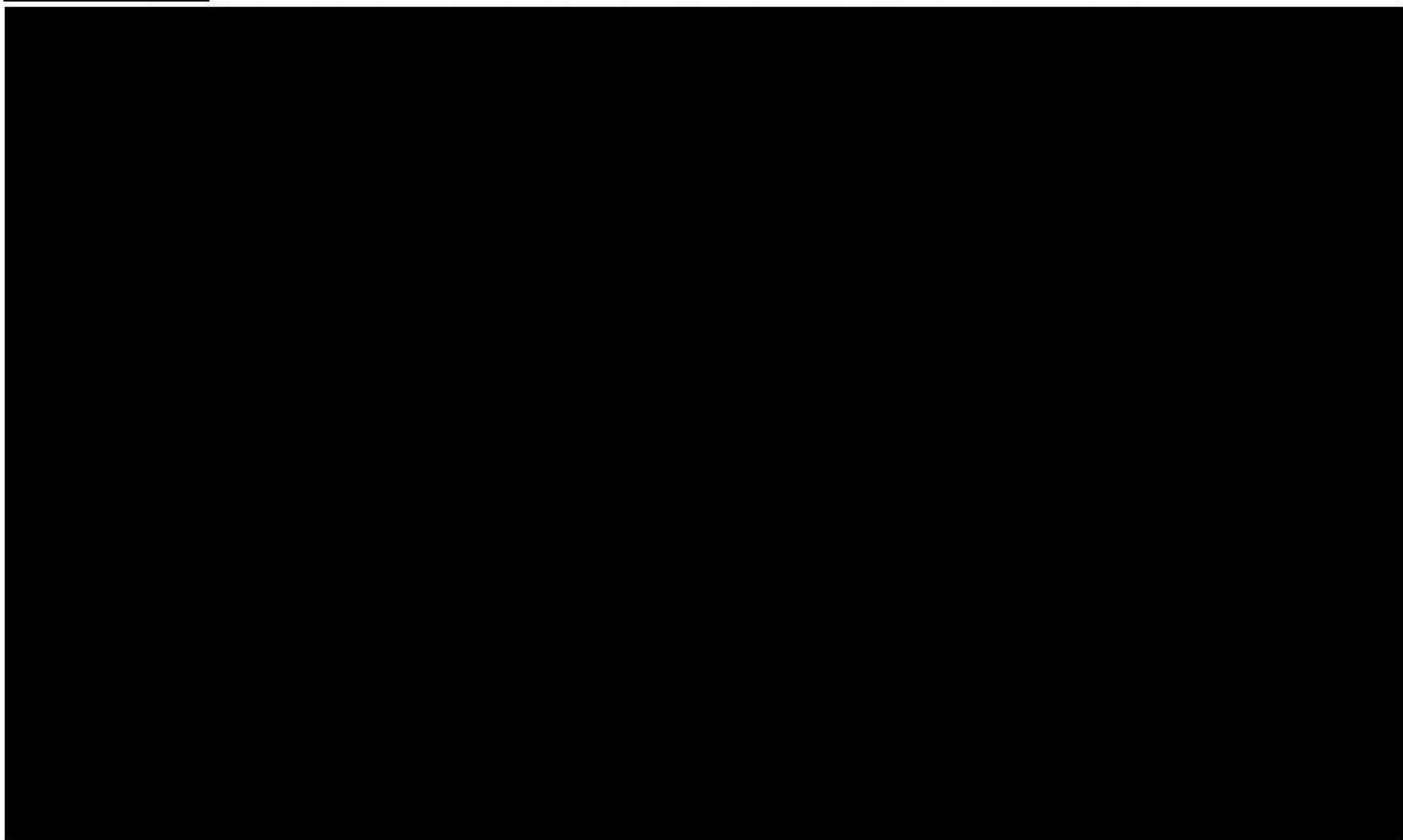


of Agricultural Experience - Attachment to Exhibit 3

STATE OF ALABAMA )

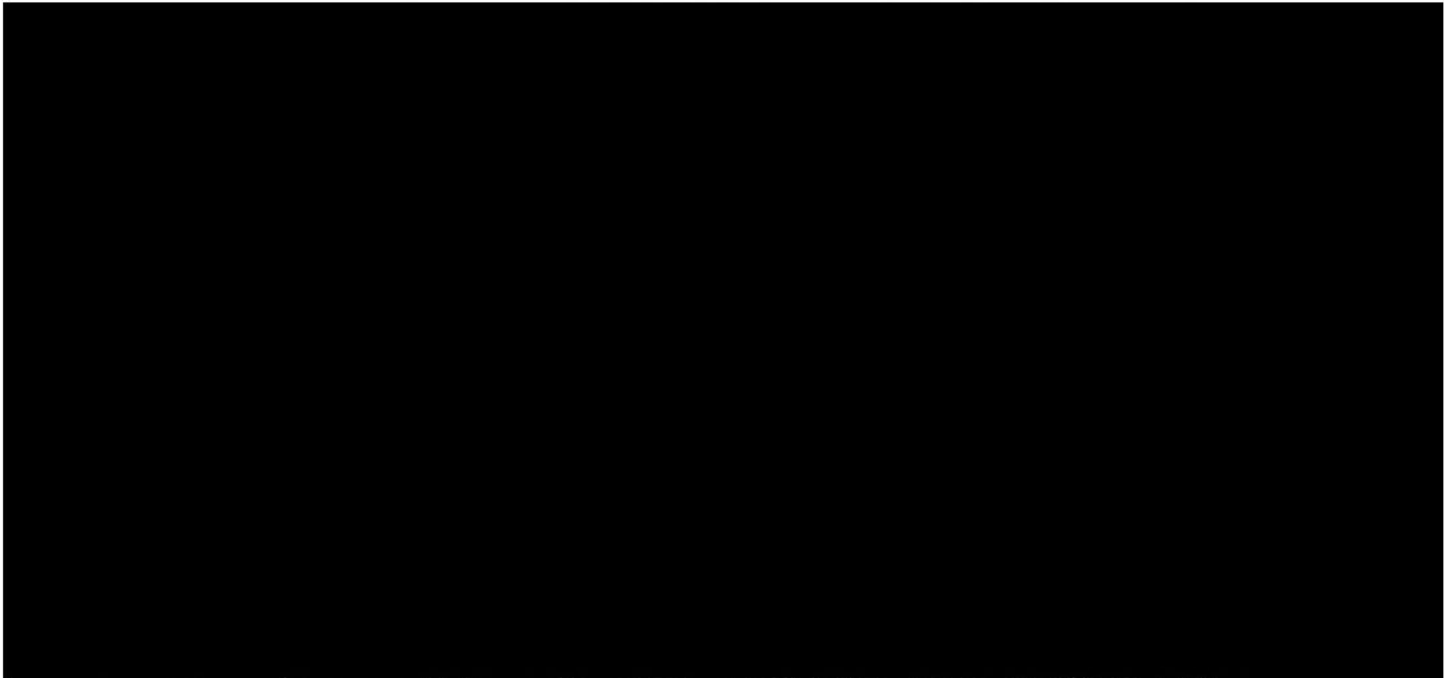
MONTGOMERY COUNTY )

LEASE AGREEMENT



3. Lessee shall bush-cut or mow the property to prevent small trees and brush from growing up onto the land. Such bush-cutting or mowing of the property will be at Lessee's expense. This would not include land that cannot be bush hogged at signing of lease.

of Agricultural Experience - Attachment to Exhibit 3



7. Lessee will keep the grass around the lakes, buildings and structures mowed at Lessee's expense. Lessee will notify Lessor of any structural repairs needed to lakes. Lessee will repair any damage caused by the cattle operation.

8. Lessee will maintain the grasslands and pastures in good condition and shall fertilize the fields as needed at Lessee's expense.



10. Lessee shall keep and maintain in force adequate insurance coverage for liability and workmen's compensation with limits of at least One Million and No/100 Dollars (\$1,000,000.00) and Lessors shall be maintained as named insureds under the applicable policies.

of Agricultural Experience - Attachment to Exhibit 3

11. Lessee shall not conduct or allow any illegal use of the property during the term of the Lease.

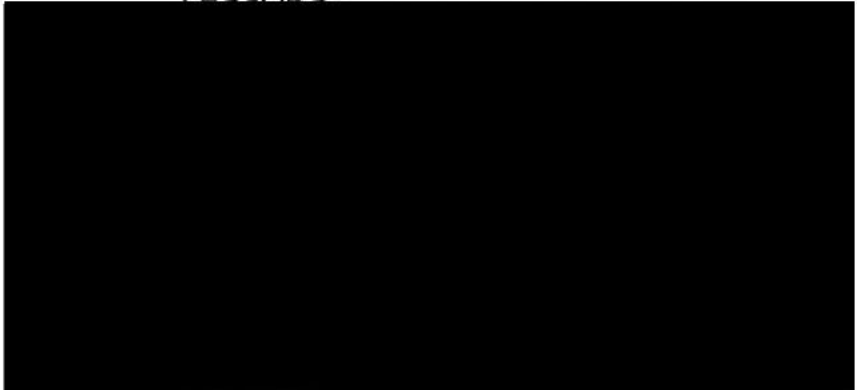


13. In the event of any default in the terms and conditions of the Lease by Lessee, Lessor will notify Lessee of reason for default and Lessee will be given fifteen (15) days to remedy. Thereafter, Lessor shall have a right to terminate the Lease on written notice to the Lessee at his last known mailing address. In such event, Lessee shall have thirty (30) days in which to vacate the premises.

14. This Lease cannot be assigned or subleased by Lessee without permission of Lessor.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals as of the day and year first above written.

LESSORS:



LESSEE:

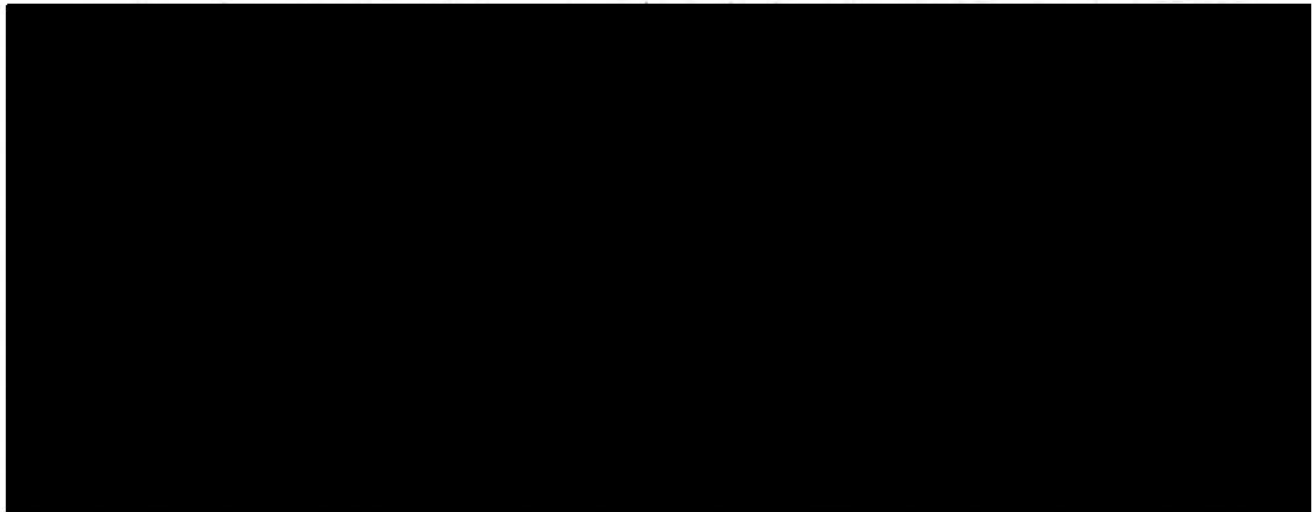
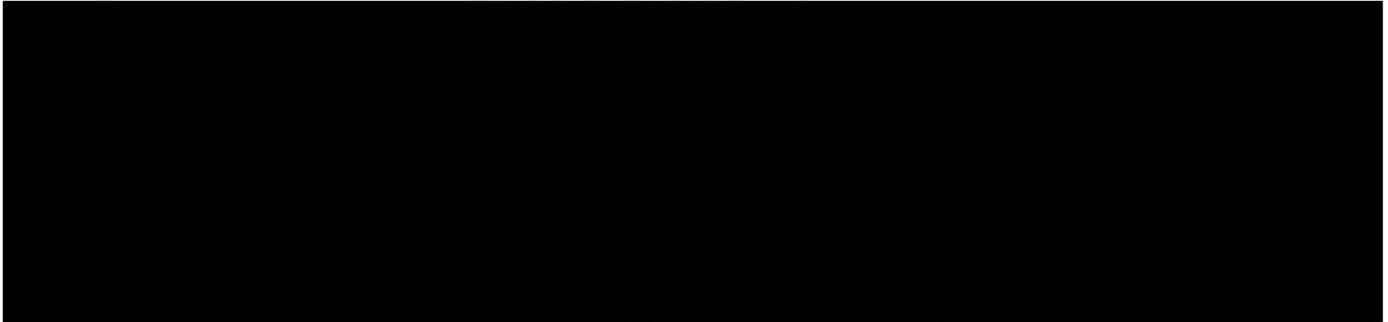


of Agricultural Experience - Attachment to Exhibit 3

STATE OF ALABAMA )

MONTGOMERY COUNTY )

LEASE AGREEMENT



2. Lessee agrees that no land subject to CRP or other government organizations will be interfered with or utilized in such a fashion as to hinder the rights of Lessor and to obtain such benefits. It is understood and agreed that the land included in such CRP or other government program may change from year to year. The government program land will not exceed 476 acres, or make remaining land unusable by Lessee.



of Agricultural Experience - Attachment to Exhibit 3

3. It is further agreed that monies spent by Lessee in repairing fencing and repairing barns shall be deducted from the rent due and payable. The amount to be deducted would include labor and materials certified by Lessee to have been expended in connection with the construction of fencing necessary for the use of the property for a



4. Lessee will not be allowed to use the property for any business enterprise



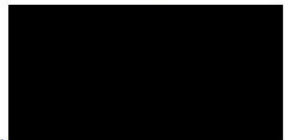
5. Lessee shall bush-cut or mow the property to prevent small trees and brush from growing up onto the land. This would not include property included in any CRP program. Such bush-cutting or mowing of the property will be at Lessee's expense. This would not include land that cannot be bushhogged at signing of lease.

6. Lessee agrees to start making repairs to the fencing within thirty (30) days from the execution of this Lease and shall complete the task of the perimeter fencing within a reasonable length of time.

7. Lessor retains the right to complete access to the property for the purpose of dove hunting and Lessee shall assist Lessor in providing an environment conducive to dove concentrations and will not interfere with Lessor's right to hunt the property. Lessor further retains hunting rights including deer, turkey, and other wild game.

8. Lessee will repair barns on the property and such repairs will be offset from the rent due. Repairs will be limited to the intended use of the building.

9. Lessee will maintain and repair the roads on the property which will also be deducted from the rent due. All repairs will be approved by Lessors.



of Agricultural Experience - Attachment to Exhibit 3

10. Lessee will clean up and dispose of all of the remains of the large barn behind the silo that was damaged by the wind storm which will be deducted from the rent due. Lessee will have a scrap yard to haul off all of the excess equipment that is not useable including the car located beside the house on the property. This will be done within three (3) months from the signing of this Lease.

11. Lessee will keep the grass around the lakes, buildings and structures mowed at Lessee's expense. Lessee will notify Lessor of any structural repairs needed to lakes. [REDACTED]

12. Lessee will maintain the grasslands and pastures in good condition and shall fertilize the fields as needed, at Lessee's expense.

13. Lessee shall not dump any toxic waste of any kind on the property nor shall Lessee use any pesticides that have been deemed illegal by the Department of Agriculture or any other government entity.

14. Lessee shall keep and maintain in force adequate insurance coverage for liability and workmen's compensation with limits of at least One Million and no/100 Dollars (\$1,000,000) and Lessor shall be maintained as insureds under the applicable policies.

15. Lessee shall cut no timber on the property.

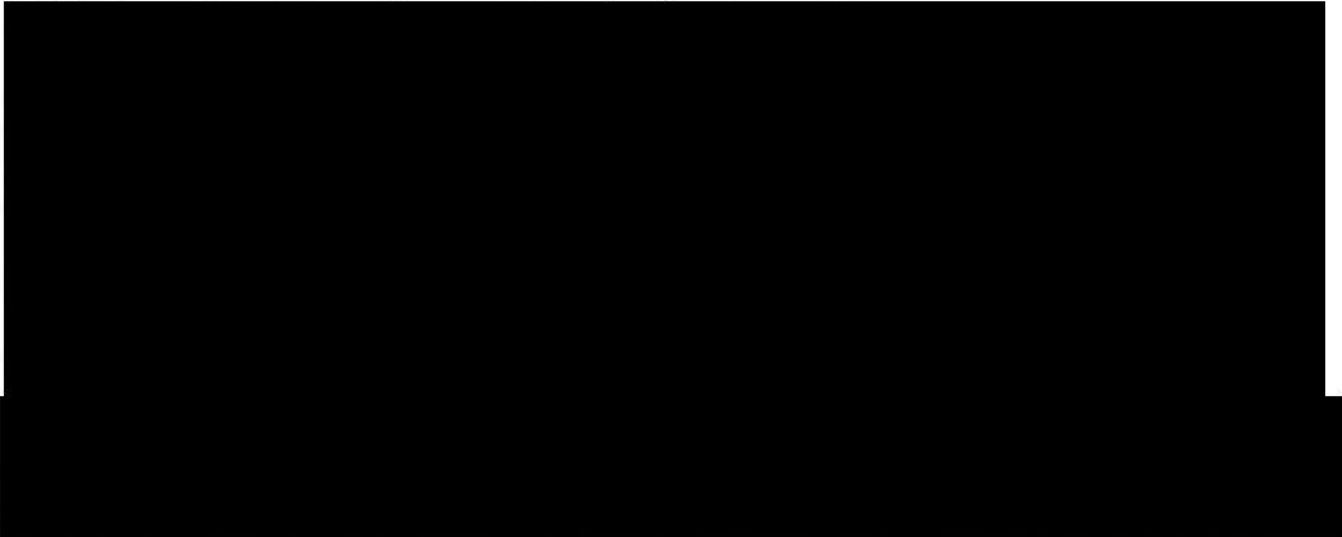
16. Lessee shall not conduct or allow any illegal use of the property during the term of the Lease.

17. The lease does not include use of the house on the property.



of Agricultural Experience - Attachment to Exhibit 3

18. The entrance gate to the property shall be kept locked at all times with only parties to this Lease Agreement having keys to the lock.



20. In the event of any default in the terms and conditions of the Lease by Lessee, Lessor will notify Lessee of reason for default and Lessee will be given fifteen (15) days to remedy. Thereafter, Lessor shall have a right to terminate the Lease on written notice to the Lessee at his last known mailing address. In such event, Lessee shall have thirty (30) days in which to vacate the premises. The Lease may be extended after renegotiation between Lessor and Lessee at the end of five (5) years.

21. This Lease cannot be assigned by Lessee. However, should Raymond Davis die or become disabled, the lease will be assumed by Donnie Davis.

IN WITNESS WHEREOF, the parties have hereunto set their hand and seals as of the day of year first above written.



of Agricultural Experience - Attachment to Exhibit 3

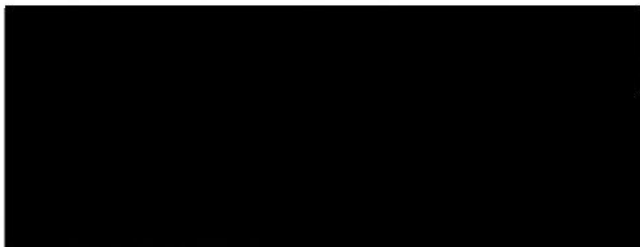
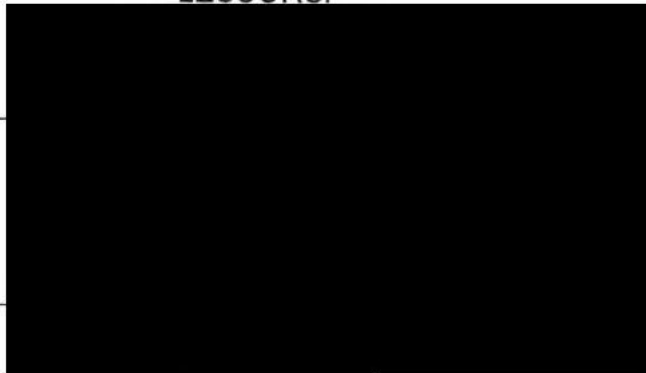
WITNESSES:

LESSORS:

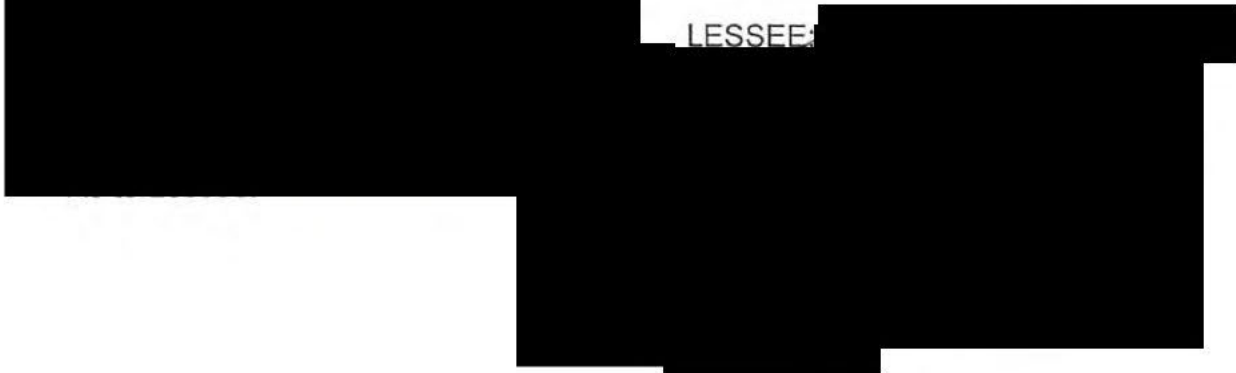
1. \_\_\_\_\_

2. \_\_\_\_\_

As to Lessors:



LESSEE:



of Agricultural Experience - Attachment to Exhibit 3

STATE OF ALABAMA )

MONTGOMERY COUNTY )

**LEASE AGREEMENT**

[REDACTED]

(description is attached hereto) for a term of

five years under the following terms and conditions:

[REDACTED]

2. Lessee shall bush-cut or mow the property for hay and shall remove all surplus grass, weeds, and small trees on open land at his expense.

[REDACTED]

[REDACTED]

5. Lessee shall repair the steel truss barn at his expense.

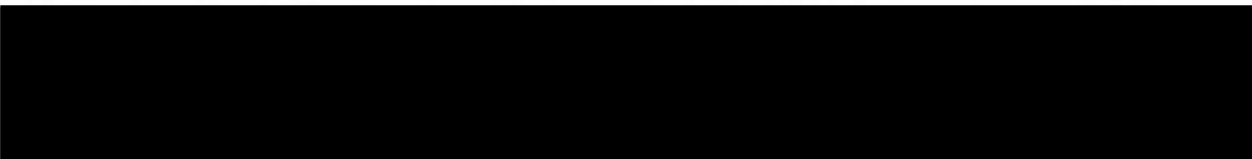
[REDACTED]

of Agricultural Experience - Attachment to Exhibit 3

6. Upon request by Lessors, Lessee shall clean up and dispose of all that remains of the large barn behind the silos that was badly damaged by windstorm at Lessee's expense.

7. Lessee shall provide supervision of any repairs done or requested by Lessors on other structures which shall be done at Lessors' expense.

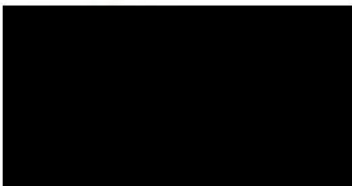
8. Lessors and Lessee shall share hunting and fishing rights and privileges during the term of the lease. Lessee will make reasonable accommodation to hunters' access and will not intentionally interfere with the same. Any fees or charges received by Lessee for managed hunts operated by Lessee shall be divided as follows: two-thirds to Lessors and one-third to Lessee. Lessee shall have the exclusive rights for deer hunting during the month of January for each year of the lease term and shall share proceeds as provided above.



10. Lessee shall keep the grass cut down around all lakes and ponds and around all buildings and structures.

11. Lessee shall not dump any toxic waste of any kind on the property, nor use any pesticides that have been deemed illegal by the Department of Agriculture or by any other governmental entity.

12. Lessee shall maintain and keep in force adequate worker's compensation insurance for his employees.



of Agricultural Experience - Attachment to Exhibit 3

13. Lessee shall maintain and keep in force a policy of liability insurance with limits of at least \$1,000,000, which shall insure Lessors and protect them against loss.

14. Lessee shall cut no timber on the property.

15. Lessee shall not conduct nor allow any illegal use of the property during the term of the lease.

16. Lessee agrees to maximize CRP payments for Lessors and agrees not to do anything to interfere with the collection of CRP funds.

17. Lessee shall keep and maintain the property, fences, and structures in good condition during the term of the lease, which shall include the primary road into the property, at his expense.

18. The entrance gate to the property shall be locked at all times with only the parties to this agreement having keys to the lock.

19. Lessee shall indemnify and hold Lessors harmless from any damages, loss, or expenses incurred or sustained by Lessors due to the fault of Lessee.



21. In the event of any default in the terms and conditions of the lease by Lessee, Lessors shall have the right to terminate the lease on written notice to Lessee at his last known mailing address. In such event, Lessee shall have thirty (30) days in which to vacate the premises.

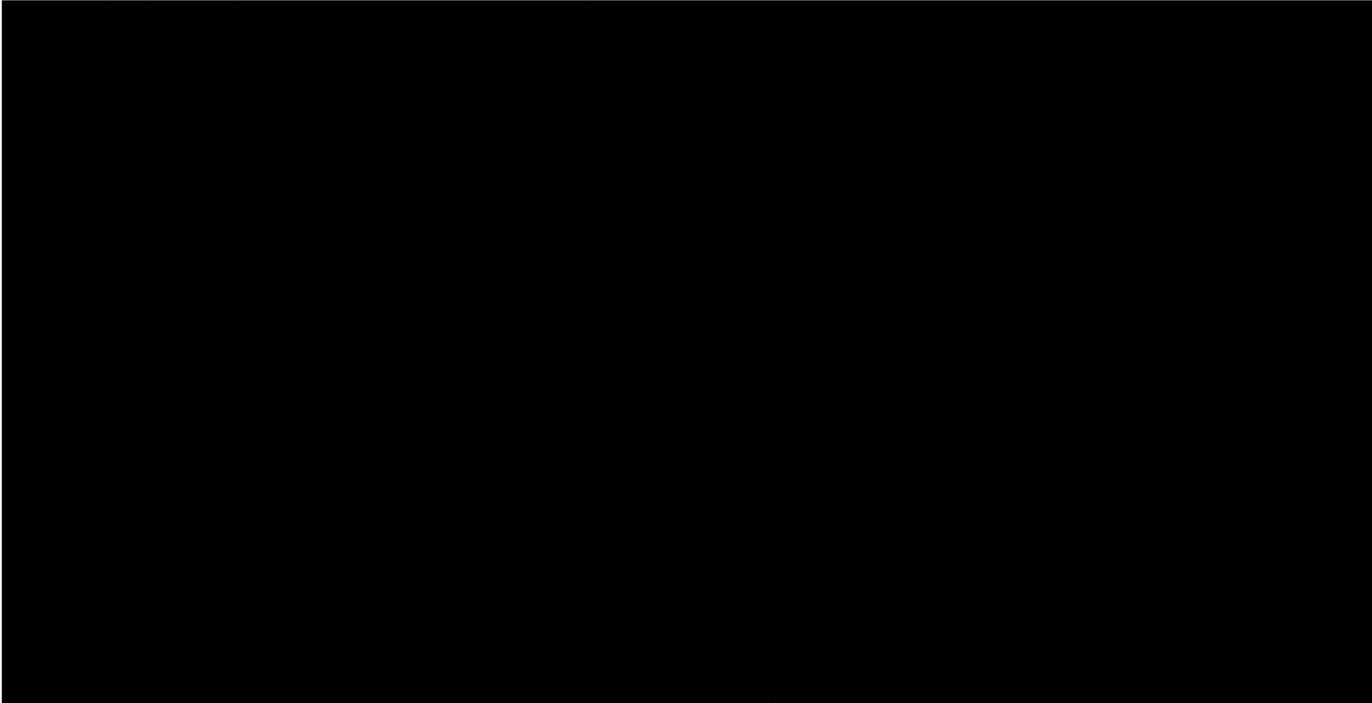
22. Lessee shall have an option for a period of one (1) year from the date of this lease to purchase an undivided one-third interest in the property from



of Agricultural Experience - Attachment to Exhibit 3



23. This lease cannot be assigned by Lessee.



of Agricultural Experience - Attachment to Exhibit 3

STATE OF ALABAMA )  
COUNTY OF MONTGOMERY )

AFFIDAVIT

Before me, the undersigned authority personally appeared this day [REDACTED]  
well known to me to be the person described herein and who being by me first duly sworn, deposes  
and says:

My name [REDACTED]

[REDACTED]

[REDACTED]

Further affiant saith not.

Dated this the 5 day of December 2022

STATE OF ALABAMA  
COUNTY OF MONTGOMERY

SWORN TO and SUBSCRIBED before me on this the 5 day of  
November 2022.


[REDACTED]

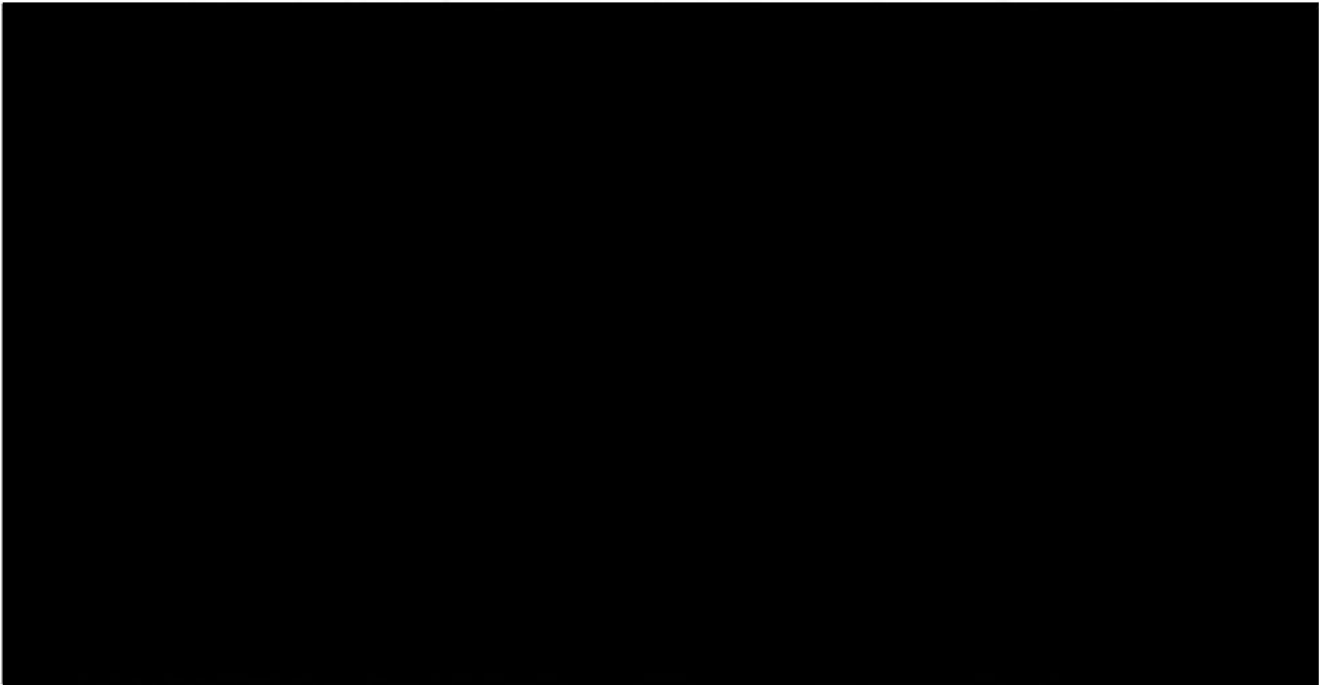
[REDACTED]

of Agricultural Experience - Attachment to Exhibit 3


STATE OF ALABAMA )  
COUNTY OF MONTGOMERY )

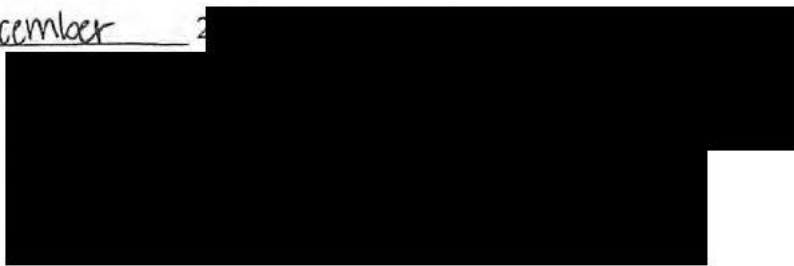
AFFIDAVIT

Before me, the undersigned authority personally appeared this   
well known to me to be the person described herein and who being by me first duly sworn,  
deposes and says:



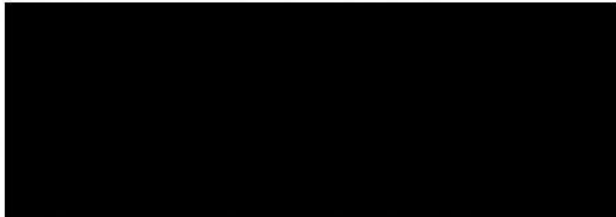
Further affiant saith not.

Dated this the 3rd day of December 



STATE OF ALABAMA  
COUNTY OF Montgomery

SWORN TO and SUBSCRIBED before me on this the 3rd day of  
December 2022.





of Agricultural Experience - Attachment to Exhibit 3

STATE OF ALABAMA )  
COUNTY OF \_\_\_\_\_ )

AFFIDAVIT

Before me, the undersigned authority personally appeared this day [redacted]  
[redacted] well known to me to be the person described herein and who being by me first  
duly sworn, deposes and says:

[redacted]

Further affiant saith not.

Dated this the 3 day of Dec

[redacted]

STATE OF ALABAMA  
COUNTY OF Montgomery

SWORN TO and SUBSCRIBED before me on this the 3 day of  
December 2022.

[redacted]

# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23  
\_\_\_\_\_  
Verification Date

License Type: Integrated Facility

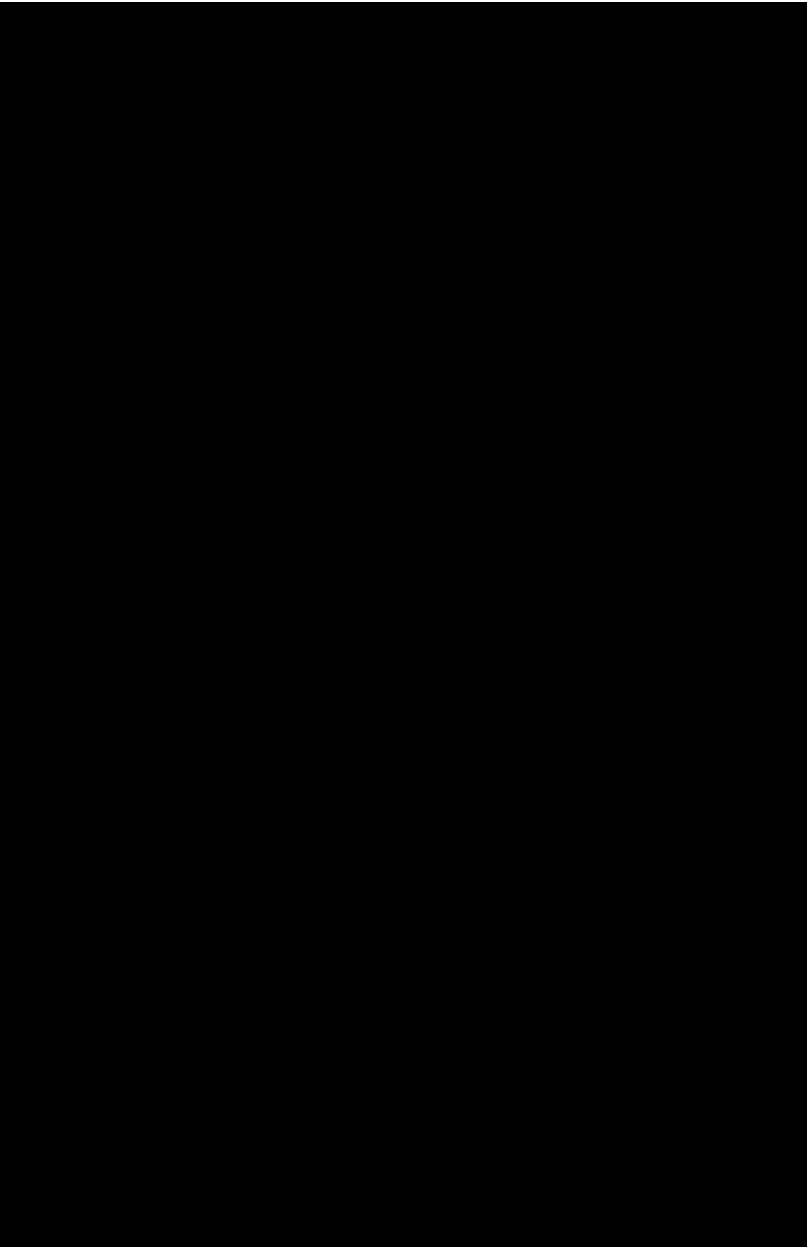
**FORM B: BACKGROUND CHECK APPLICANT VERIFICATION**

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
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
<u>Jere L. Beasley</u>
<u>J. Greg Allen</u>
<u>Phillip C. Pouncey</u>
<u>L. Shane Seaborn</u>
<u>Dr. David Herrick</u>
<u>Kendall C. Dunson</u>
<u>Samuel E. Bone</u>
<u>Peter Gallagher</u>
<u>Stephen Reilly</u>



**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.

J. Greg Allen  
Printed Name of Verifying Individual

  
Signature of Verifying Individual

Owner  
Title of Verifying Individual

December 9, 2022  
Verification Date

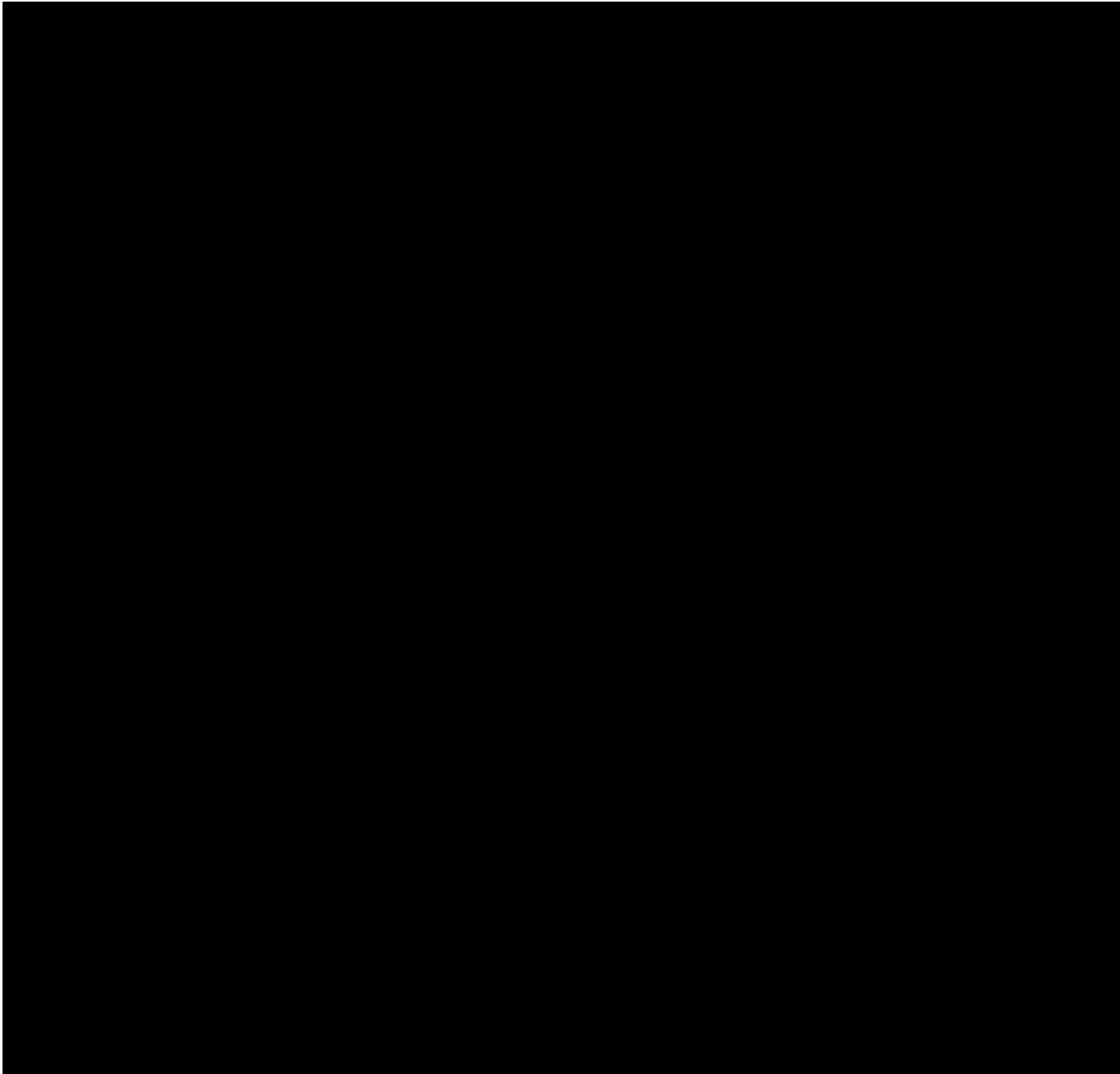
**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

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

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

Jere Locke Beasley  
Individual's Name



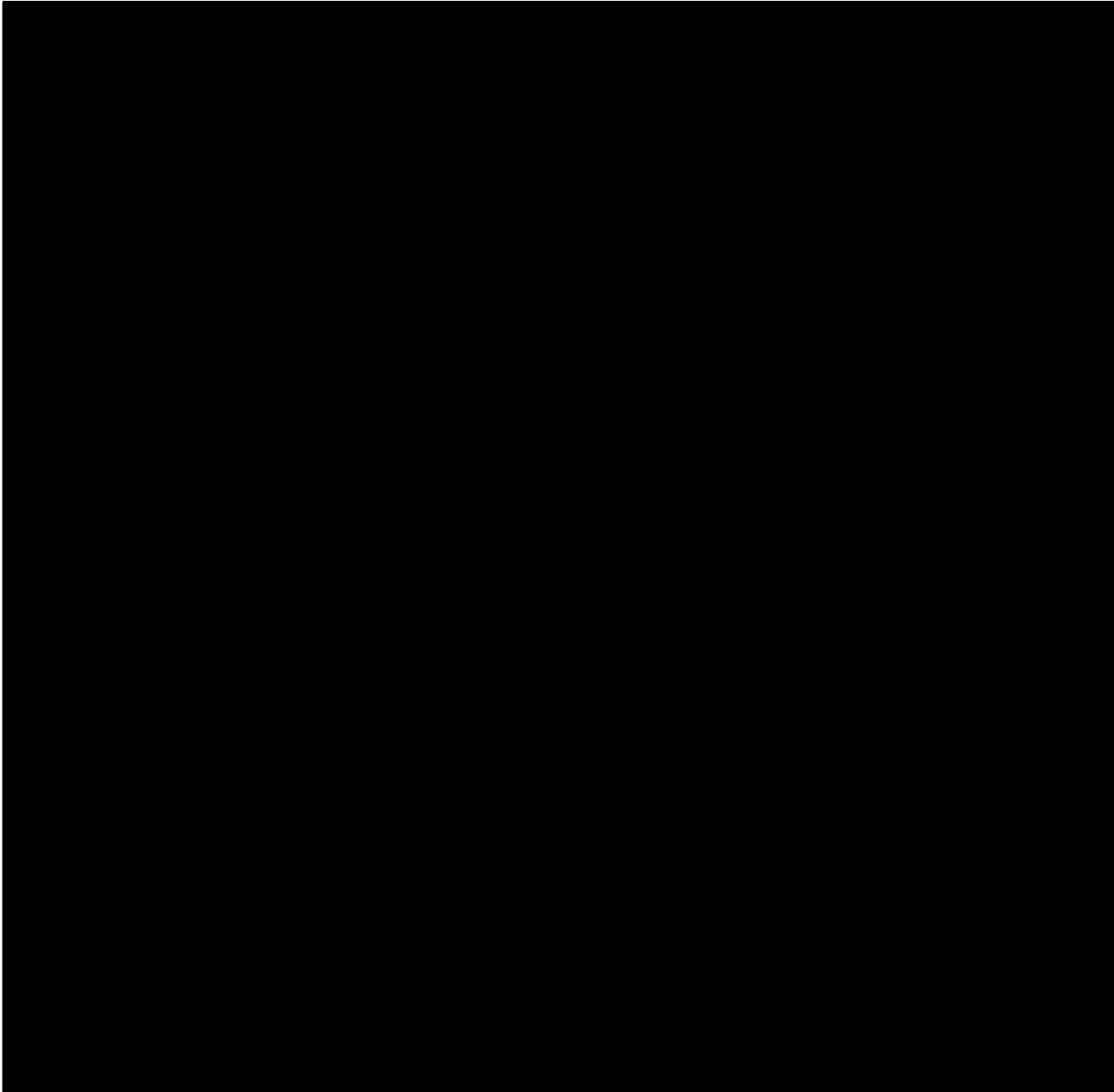
**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*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.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

J. Gregory Allen  
Individual's Name



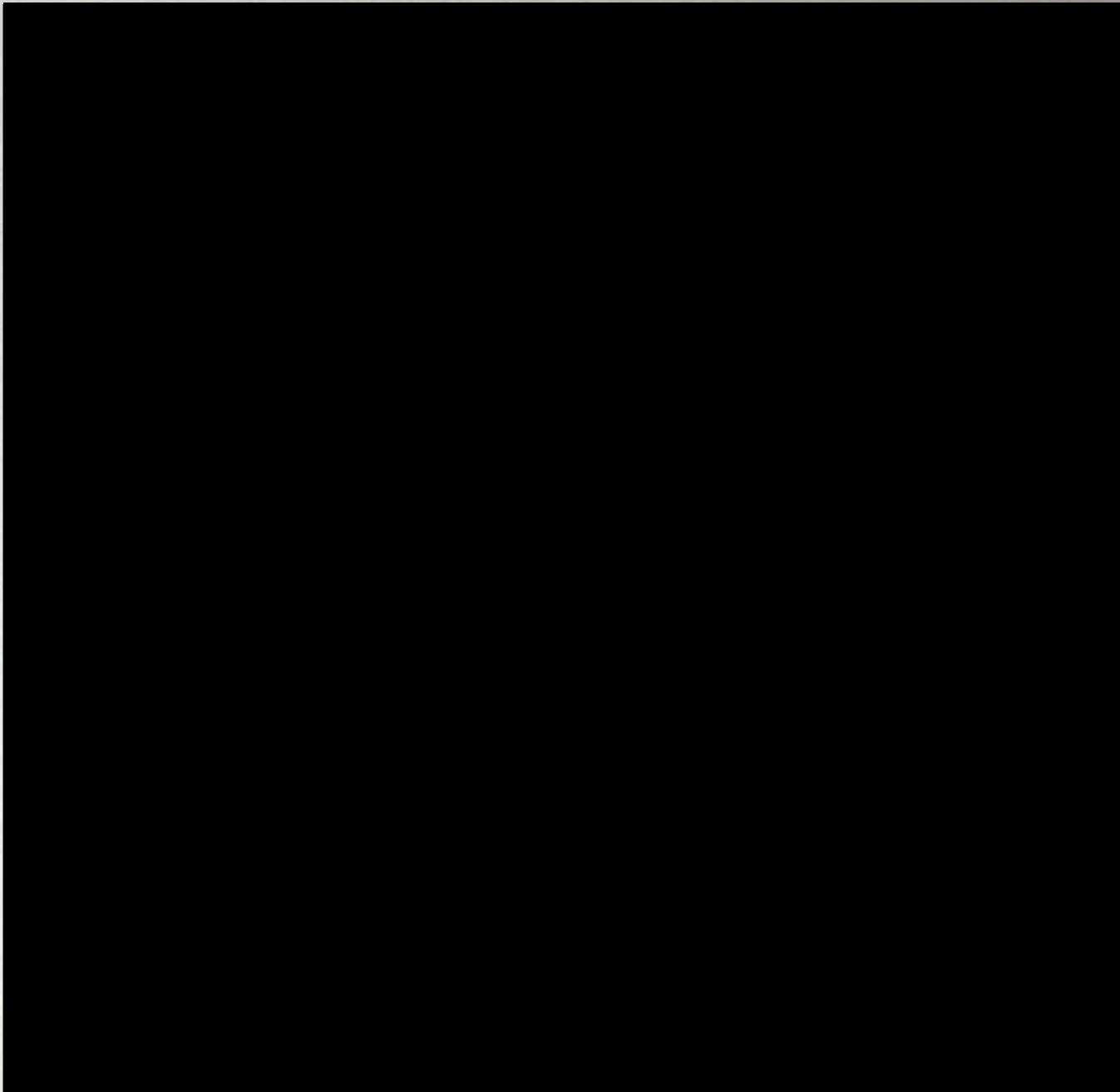
**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*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.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

Phillip C. Pouncey  
Individual's Name



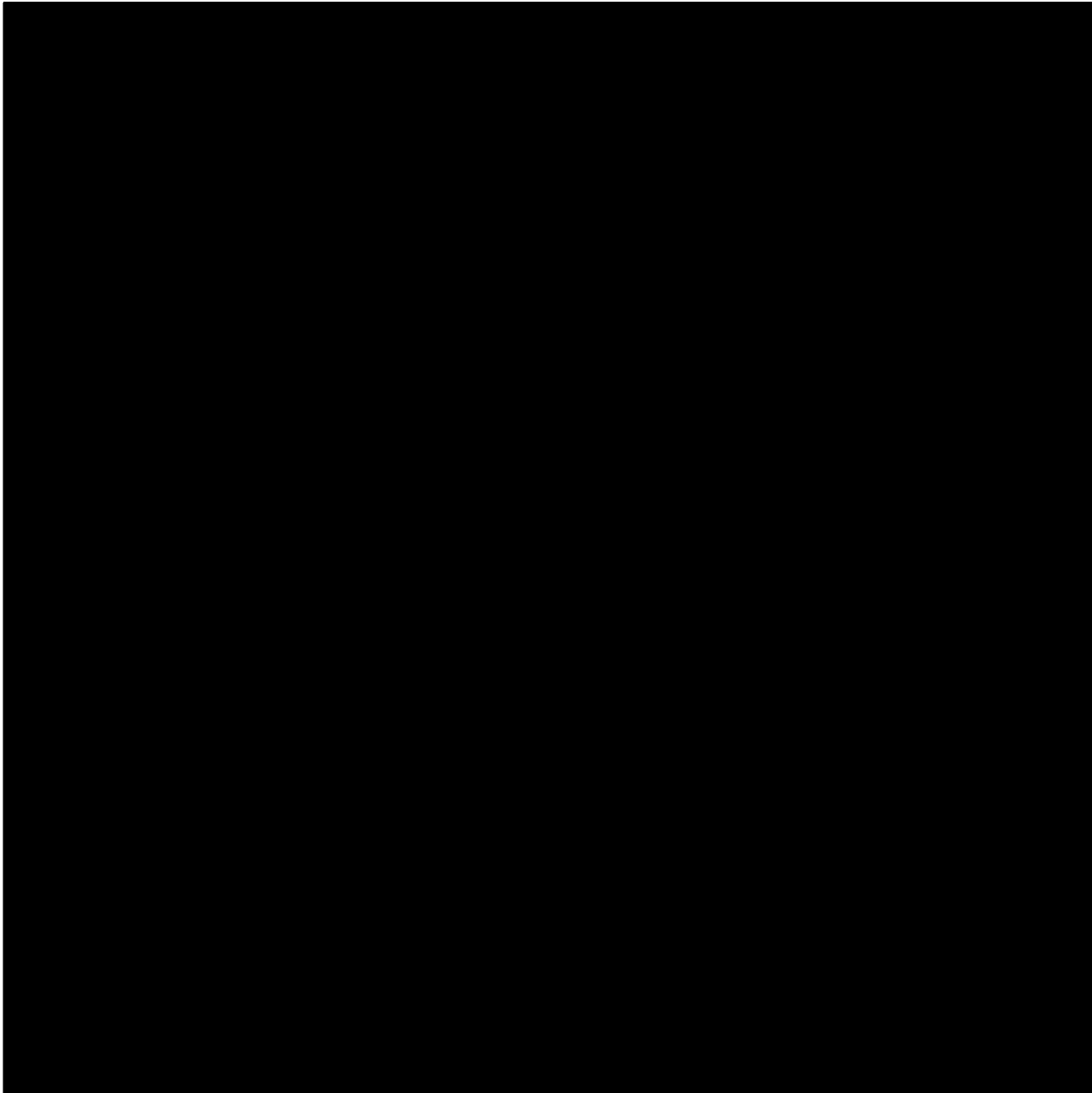
**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*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.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

L. Shane Seaborn  
Individual's Name



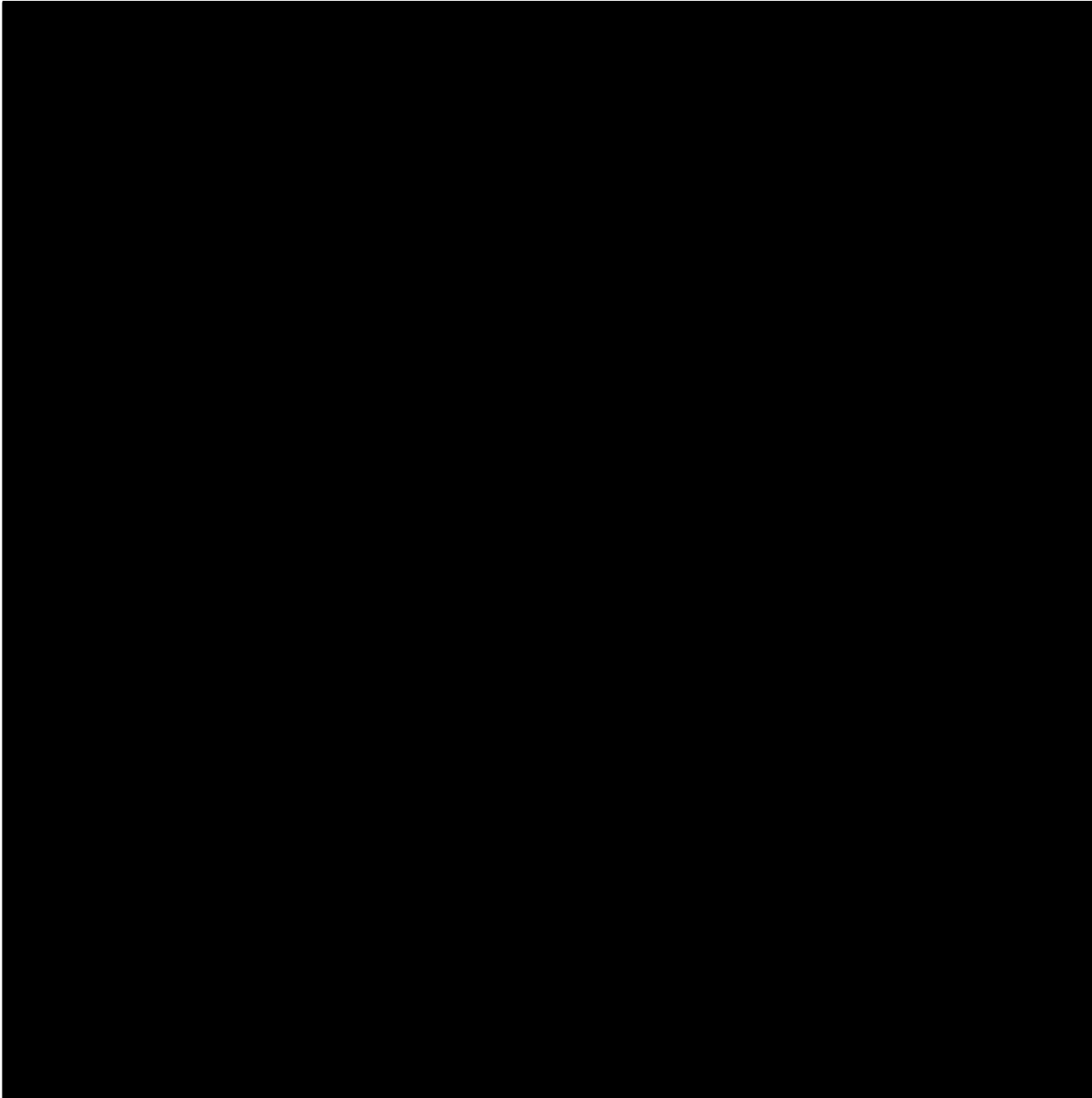
**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*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.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

David Herrick, M.D.  
Individual's Name





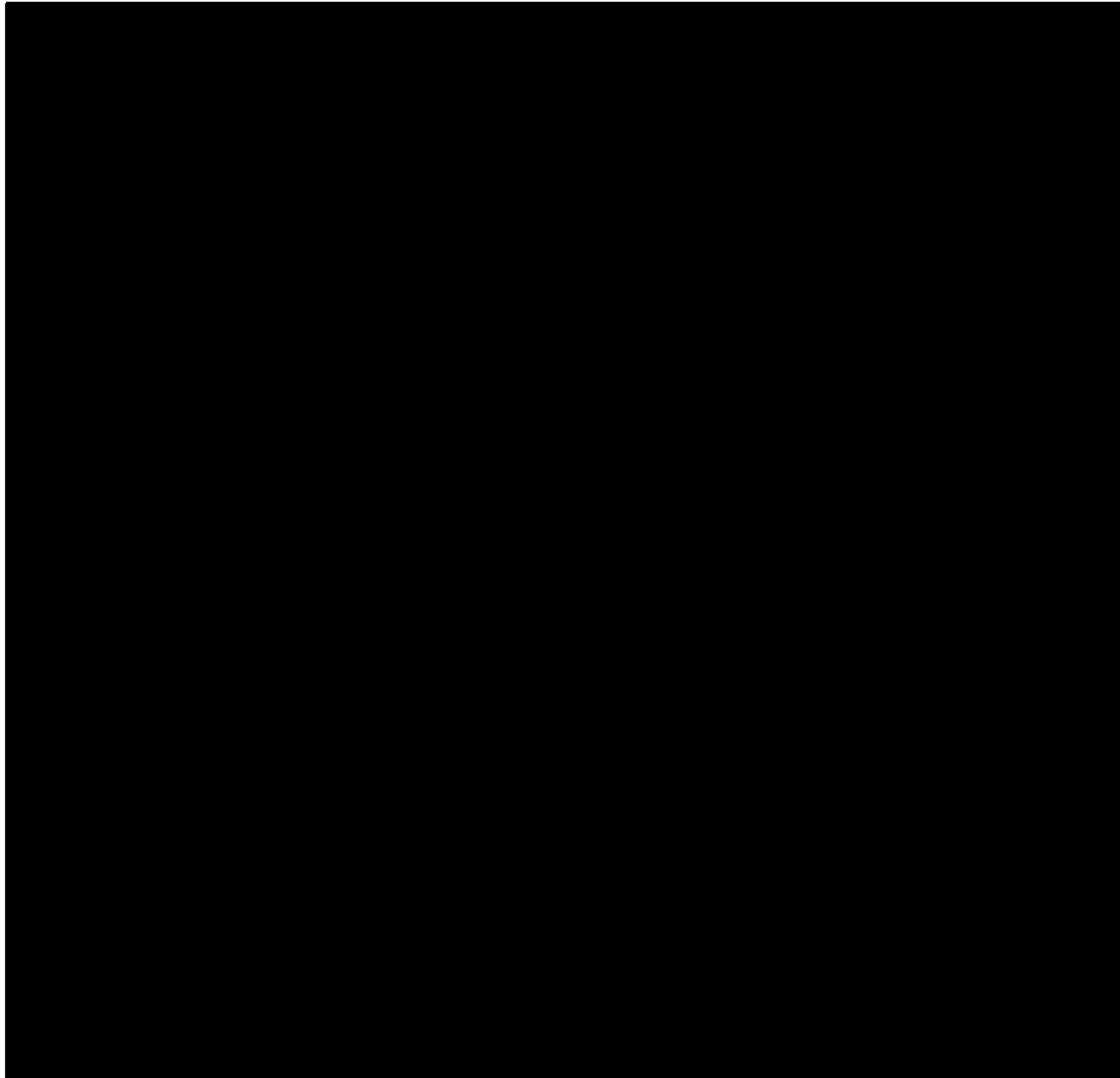
**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*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.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

Kendall C. Dunson  
Individual's Name



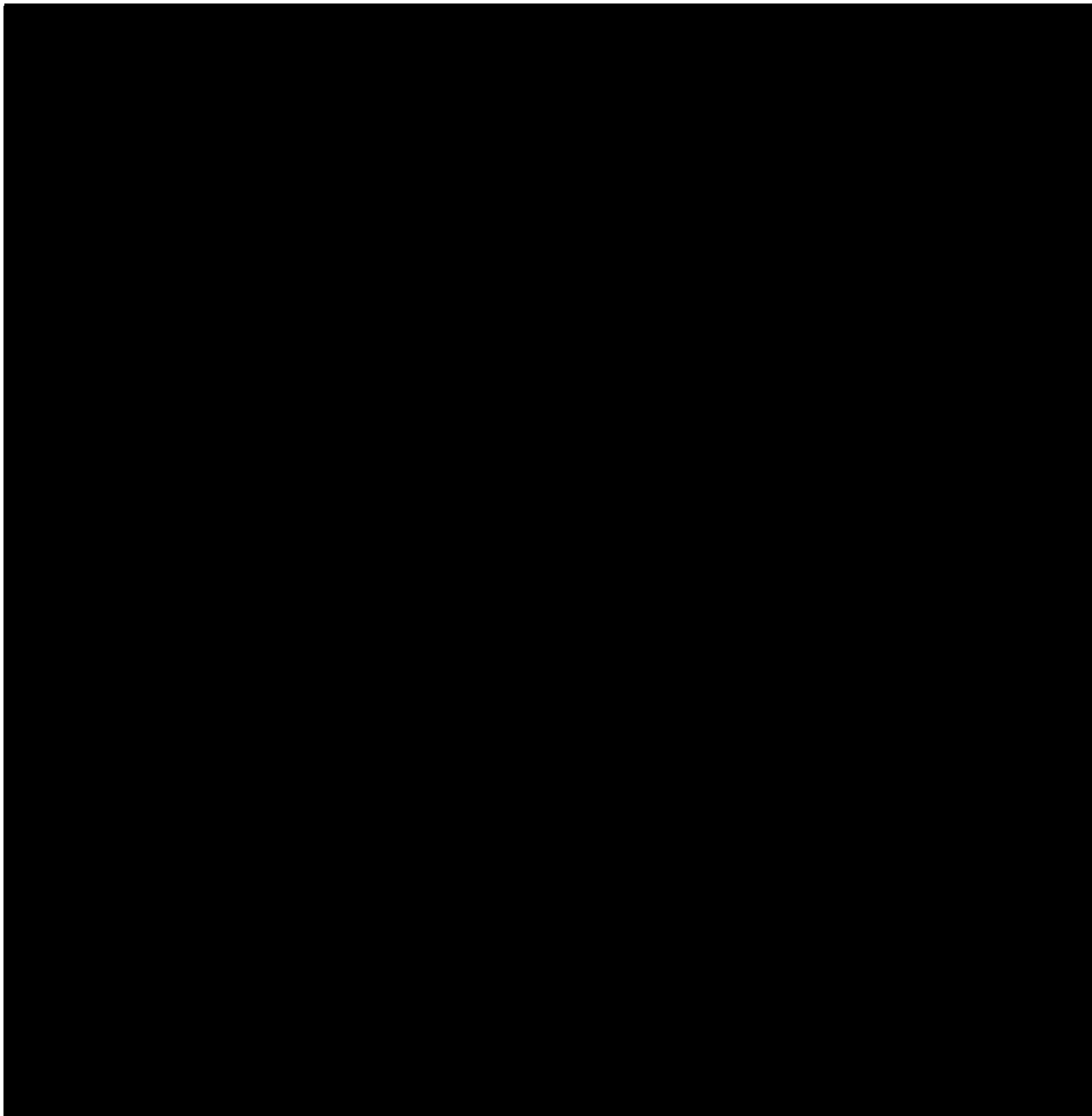
**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*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.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

Samuel E. Bone  
Individual's Name



**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.*

Insa Alabama, LLC

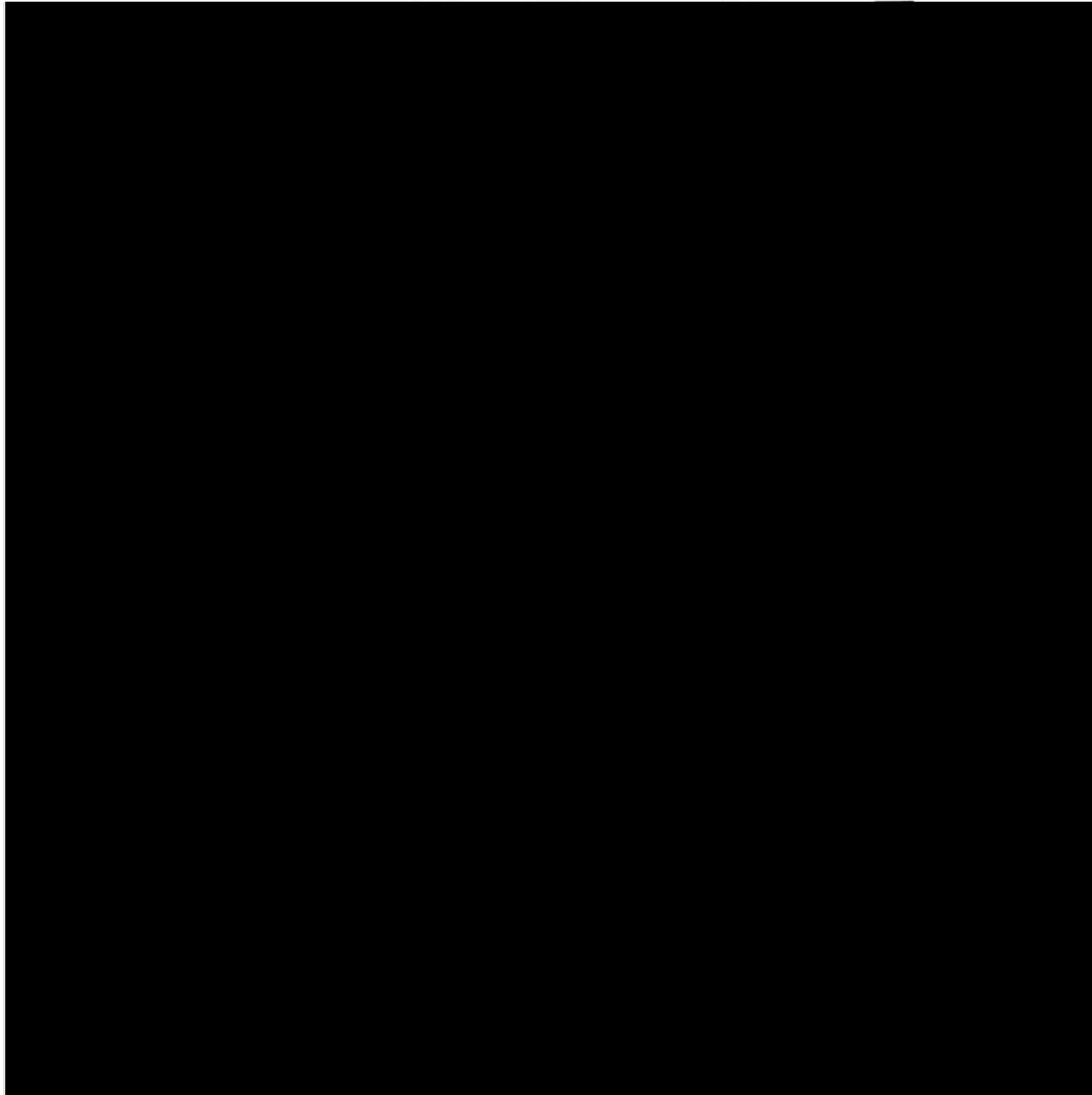
Business License Applicant Name

Peter Gallagher

Individual's Name

Integrated Facility

License Type



**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.*

Insa Alabama, LLC

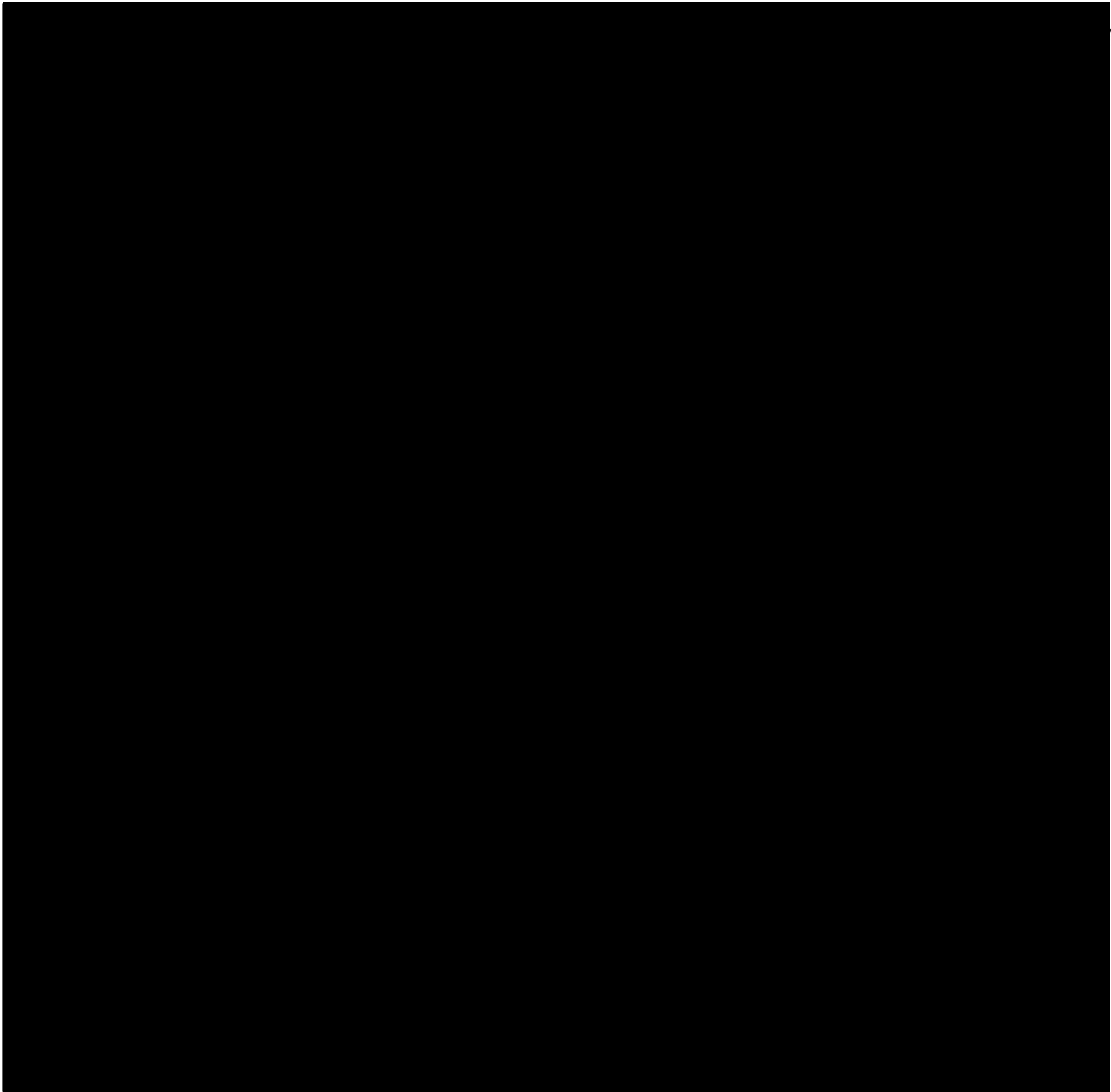
Business License Applicant Name

Stephen M. Reilly

Individual's Name

Integrated Facility

License Type



# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23  
\_\_\_\_\_  
Verification Date

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

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

<u>Insa Alabama, LLC</u>	<u>J. Greg Allen</u>	
Integrated Facility Applicant	Contact Person	
<u>453 South Hull Street</u>		
Applicant Address		
<u>Montgomery</u>	<u>AL</u>	<u>36104</u>
City	State	Zip
<u>413-231-4450</u>	<u>Greg.Allen@BeasleyAllen.com</u>	
Phone	Email	

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

<u>Continental Heritage Insurance Company</u>		
Surety Company		
<u>Brian D. Rehfuss</u>	<u>CUO &amp; SVP Operations</u>	
Surety's Authorized Representative	Title	
<u>200 Park Avenue, Suite 400</u>		
Surety Address		
<u>Orange Village</u>	<u>OH</u>	<u>44122</u>
City	State	Zip
<u>440-995-1420</u>	<u>brehfuss@chicins.com</u>	
Phone	Email	

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

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

*BDR*

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.

License Type: Integrated Facility

**CONTINENTAL HERITAGE INSURANCE COMPANY**  
ORANGE VILLAGE, OH  
POWER OF ATTORNEY

**POWER NO. InsaALFormM**

KNOW ALL MEN BY THESE PRESENTS: That the Continental Heritage Insurance Company, a corporation in the State of Florida, does hereby nominate, constitute and appoint: \*\*\*\* **Brian D. Rehfuss** \*\*\*\*

its true and lawful Attorney(s)-In-Fact to make, execute, attest, seal and deliver for and on its behalf, as Surety, and as its act and deed, where required, any and all bonds, undertakings, recognizances and written obligations in the nature thereof, PROVIDED, however, that the obligation of the Company under this Power of Attorney shall not exceed **Two Million and 00/100 Dollars (\$2,000,000.00)**

This Power of Attorney is granted and is signed by facsimile pursuant to the following Resolution adopted by its Board of Directors on the 23rd day of July, 2004:

“RESOLVED, That any two officers of the Company have the authority to make, execute and deliver a Power of Attorney constituting as Attorney(s)-in-fact such persons, firms, or corporations as may be selected from time to time.  
FURTHER RESOLVED, that the signatures of such officers and the Seal of the Company may be affixed to any such Power of Attorney or any certificate relating thereto by facsimile; and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company; and any such powers so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.”

IN WITNESS WHEREOF, the Continental Heritage Insurance Company has caused its corporate seal to be affixed hereunto, and these presents to be signed by its duly authorized officers this 27th day of August, 2021.

**CONTINENTAL HERITAGE INSURANCE COMPANY**



By: \_\_\_\_\_  
Sean T. O'Brien, President

By: \_\_\_\_\_  
Alfred Shikany, Secretary

Notary Public)  
State of Florida)                      SS:

On this 27th day of August, 2021, before the subscriber, a Notary for the State of Ohio, duly commissioned and qualified, personally came Adam Hall and Sean T. O'Brien of the Continental Heritage Insurance Company, to me personally known to be the individuals and officers described herein, and who executed the preceding instrument and acknowledged the execution of the same and being by me duly sworn, deposed and said that they are the officers of said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of said Corporation, and that the resolution of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at Orange Village, Ohio, the day and year above written.



JENNIFER LIOTTA-HARRIS  
Notary Public, State of Ohio  
My Commission Expires  
January 22, 2024

\_\_\_\_\_  
Jennifer Liotta-Harris, Notary Public  
My Commission Expires January 22, 2024

State of Ohio )                      SS:

I, the undersigned, Secretary of the Continental Heritage Insurance Company, a stock corporation of the State of Florida, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth herein above, is now in force.  
Signed and sealed in Orange Village, Ohio this 16<sup>th</sup> day of December, 2022.



\_\_\_\_\_  
Alfred Shikany, Secretary

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

BDR

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

BDR

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

BDR

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

BDR

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

BDR

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

BDR

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

[Signature]  
Signature of Surety's Authorized Representative

12-16-2022  
Date

Sworn to and subscribed before Sean O'Brien, a Notary Public,  
by Brian Behfuss on this 16<sup>th</sup> day of  
December, 2022.

[Signature]  
Signature of Notary

N/A  
My Commission Expires

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



SEAN T. O'BRIEN  
Attorney At Law  
NOTARY PUBLIC  
STATE OF OHIO  
My Commission Has  
No Expiration Date  
Page 2 of 6  
Section 147.03 O.R.C.



# AM Best Rating Services

## Continental Heritage Insurance Company

BestLink  AMB #: 001933 NAIC #: 39551 FEIN #: 870363183

**Administrative Office**

200 Park Avenue Suite 400  
Orange Village, Ohio 44122

[United States](#)

**Web:** [www.continentalheritage.com](http://www.continentalheritage.com)

**Phone:** 440-995-1420

**Fax:** 216-938-6952

[View Additional Address Information](#)

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



View additional [news, reports and products](#) for this company.

Based on AM Best's analysis, [058597 - Continental Heritage Hldg Co. LLC](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

### Best's Credit Ratings

**Financial Strength** [View Definition](#)

**Rating (Rating Category):** A- (Excellent)  
**Outlook (or Implication):** Stable  
**Action:** Affirmed  
**Effective Date:** May 25, 2022  
**Initial Rating Date:** June 30, 1991

**Best's Credit Rating Analyst**

**Rating Office:** A.M. Best Rating Services, Inc.  
**Senior Financial Analyst:** Maurice Thomas  
**Associate Director :** Christopher Draghi, CPCU  
*Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.*

**Long-Term Issuer Credit** [View Definition](#)

**Rating (Rating Category):** a- (Excellent)  
**Outlook (or Implication):** Stable  
**Action:** Affirmed  
**Effective Date:** May 25, 2022  
**Initial Rating Date:** April 03, 2008

**Disclosure Information**

**Disclosure Information Form**  
 View AM Best's [Rating Disclosure Form](#)  
 View AM Best's [Rating Review Form](#)

**Financial Size Category** [View Definition](#)

**Financial Size Category:** VI (\$25 Million to \$50 Million)

u Denotes [Under Review Best's Rating](#)

## License Type: Integrated Facility

### Rating History

AM Best has provided ratings & analysis on this company since 1991.

#### Financial Strength Rating

Effective Date	Rating
May 25, 2022	A-
May 11, 2021	A-
April 21, 2020	A-
April 04, 2019	A-
April 17, 2018	A-

#### Long-Term Issuer Credit Rating

Effective Date	Rating
May 25, 2022	a-
May 11, 2021	a-
April 21, 2020	a-
April 04, 2019	a-
April 17, 2018	a-

### Best's Credit & Financial Reports



[Best's Credit Report](#) - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s).



[Best's Credit Report - Archive](#) - reports which were released prior to the current Best's Credit Report.



[Best's Financial Report](#) - financial data included in Best's Financial Report reflects the most current data available to AM Best, including updated financial exhibits and additional company information, and is available to subscribers of Best's Insurance Reports.



[Best's Financial Report - Archive](#) - reports which were released prior to the current Best's Financial Report.

View additional [news, reports and products](#) for this company.

## License Type: Integrated Facility

## Press Releases

<u>Date</u> ▾	<u>Title</u>
May 10, 2013	<a href="#">A.M. Best Revises Outlook to Stable for Continental Heritage Insurance Company</a>

**European Union Disclosures**

A.M. Best Rating Services BV (AMB-EU), a subsidiary of A.M. Best Rating Services, Inc. is an External Credit Assessment Institution (ECAI) in the EU. Therefore, credit ratings issued and endorsed by AMB-EU may be used for regulatory purposes in the EU as per Directive 2013/36/EU.

Apr 30, 2004	<a href="#">A.M. Best Places Ratings of Century Under Review</a>
--------------	--

**United Kingdom Disclosures**

A.M. Best – Europe Rating Services Limited (AMBERS), a subsidiary of A.M. Best Rating Services, Inc., is an External Credit Assessment Institution (ECAI) in the United Kingdom (UK). Therefore, Credit Ratings issued and endorsed by AMBERS may be used for regulatory purposes in the United Kingdom as per the Credit Rating Agencies (Amendment, etc.) (EU Exit) Regulations 2019.

**Australian Disclosures**

A.M. Best Asia-Pacific Limited (AMBAP), Australian Registered Body Number (ARBN No.150375287), is a limited liability company incorporated and domiciled in Hong Kong. AMBAP is a wholesale Australian Financial Services (AFS) Licence holder (AFS No. 411055) under the Corporations Act 2001. Credit ratings emanating from AMBAP are not intended for and must not be distributed to any person in Australia other than a wholesale client as defined in Chapter 7 of the Corporations Act. AMBAP does not authorize its Credit Ratings to be disseminated by a third-party in a manner that could reasonably be regarded as being intended to influence a retail client in making a decision in relation to a particular product or class of financial product. AMBAP Credit Ratings are intended for wholesale clients only, as defined.

Credit Ratings determined and disseminated by AMBAP are the opinion of AMBAP only and not any specific credit analyst. AMBAP Credit Ratings are statements of opinion and not statements of fact. They are not recommendations to buy, hold or sell any securities or any other form of financial product, including insurance policies and are not a recommendation to be used to make investment /purchasing decisions.

A.M. Best Asia-Pacific (Singapore) Pte. Ltd. (AMBAPS), Australian Registered Body Number (ARBN No. 35486928345), is a private limited company incorporated and domiciled in Singapore. AMBAPS is a wholesale Australian Financial Services (AFS) Licence holder (AFS No. 540265) under the Corporations Act 2001. Credit ratings emanating from AMBAPS are not intended for and must not be distributed to any person in Australia other than a wholesale client as defined in Chapter 7 of the Corporations Act. AMBAPS does not authorize its Credit Ratings to be disseminated by a third-party in a manner that could reasonably be regarded as being intended to influence a retail client in making a decision in relation to a particular product or class of financial product. AMBAPS Credit Ratings are intended for wholesale clients only, as defined.

Credit Ratings determined and disseminated by AMBAPS are the opinion of AMBAPS only and not any specific credit analyst. AMBAPS Credit Ratings are statements of opinion and not statements of fact. They are not recommendations to buy, hold or sell any securities or any other form of financial product, including insurance policies and are not a recommendation to be used to make investment /purchasing decisions.

**Important Notice:** AM Best's Credit Ratings are independent and objective opinions, not statements of fact. AM Best is not an Investment Advisor, does not offer investment advice of any kind, nor does the company or its Ratings Analysts offer any form of structuring or financial advice. AM Best's credit opinions are not recommendations to buy, sell or hold securities, or to make any other investment decisions. For additional information regarding the use and limitations of credit rating opinions, as well as the rating process, information requirements and other rating related terms and definitions, please view [Guide to Best's Credit Ratings](#).



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# Exhibit 6 – Minimum Liquid Assets Requirement

## Verification

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

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

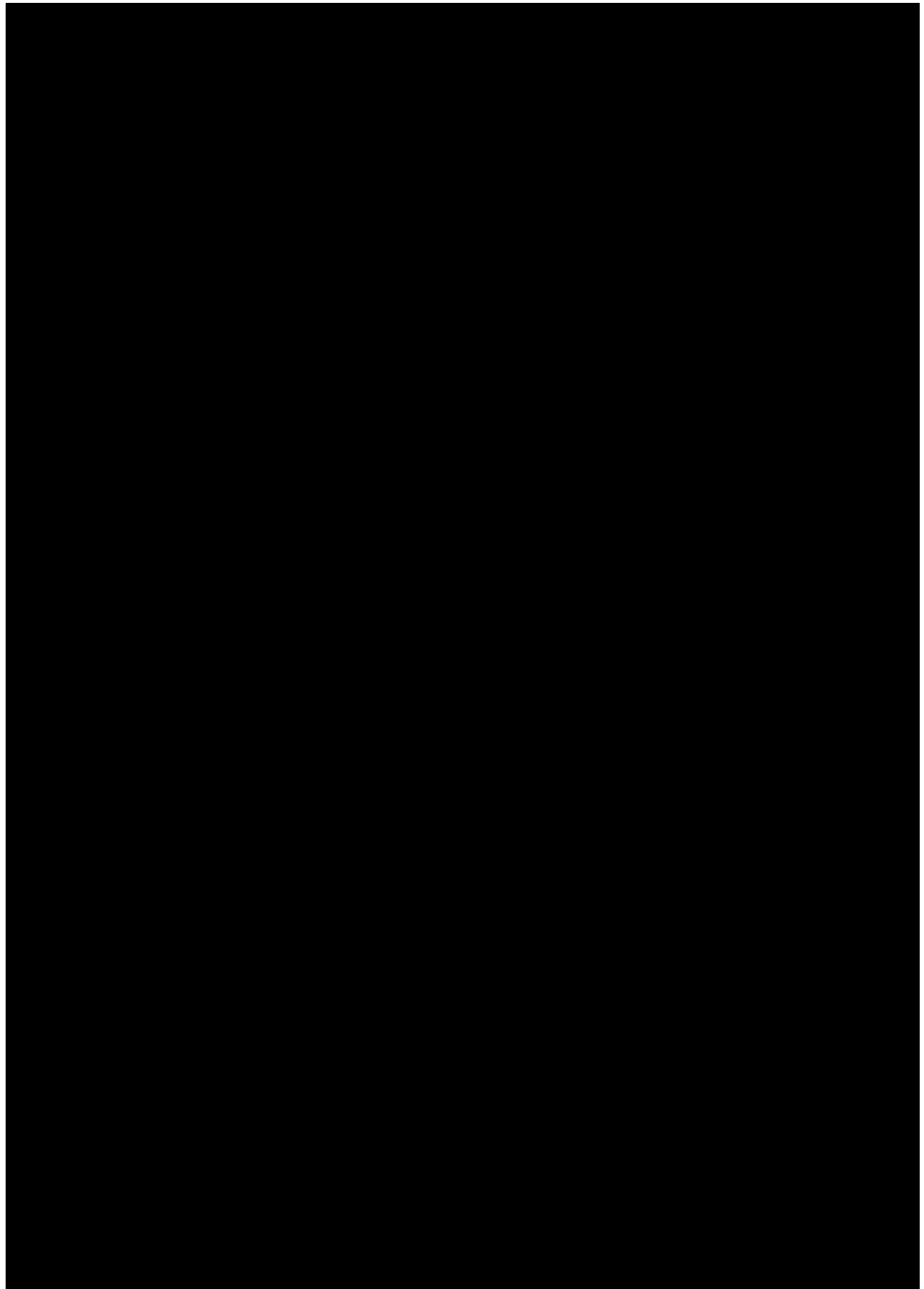
**Summary**

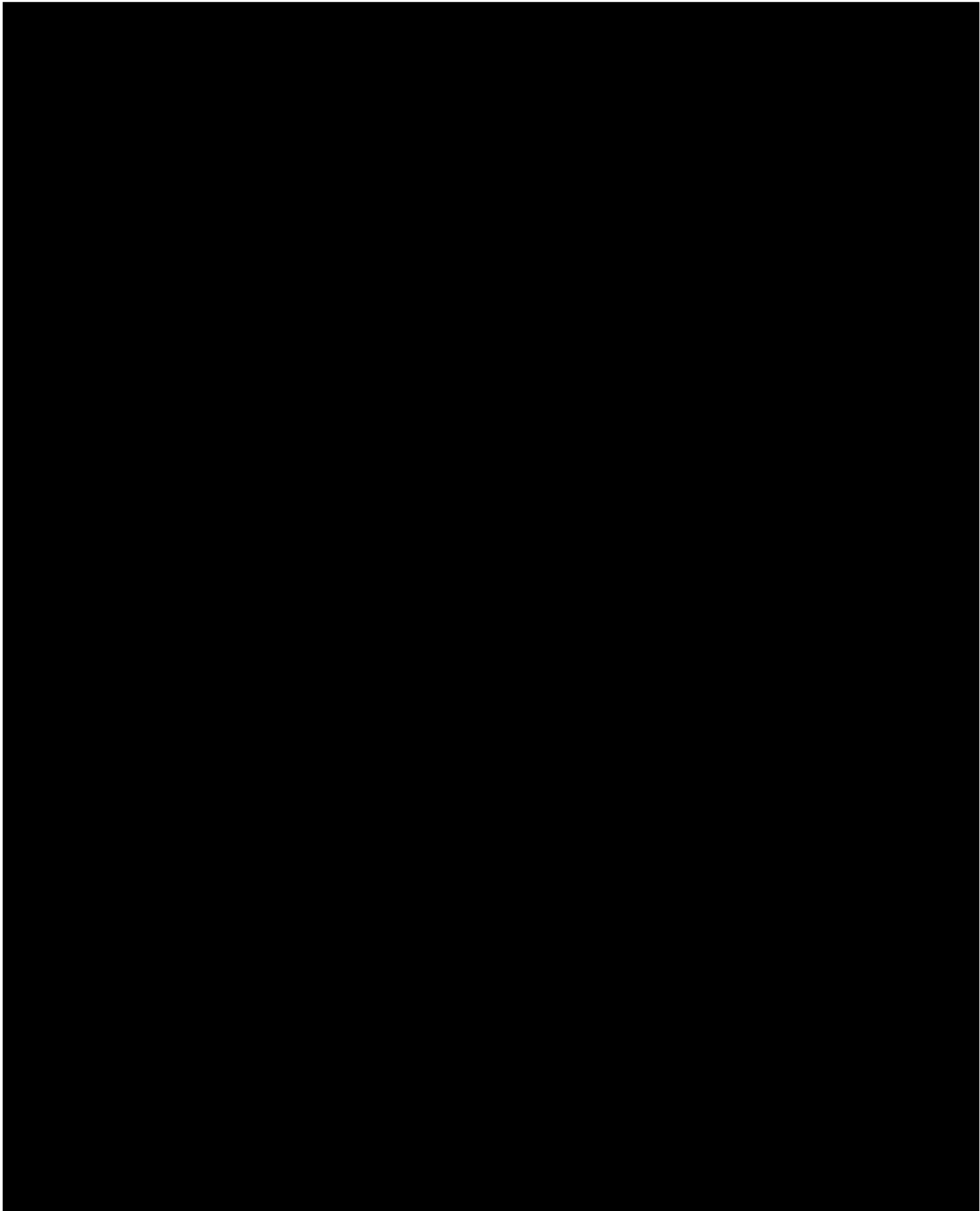
Insa Alabama LLC (“Applicant”) *exceeds* the requirement of **§ 20-2A-67**, Code of Alabama 1975 (as amended), that it demonstrate two hundred fifty thousand dollars (\$250,000) in liquid assets available at the time the license is issued. [REDACTED]

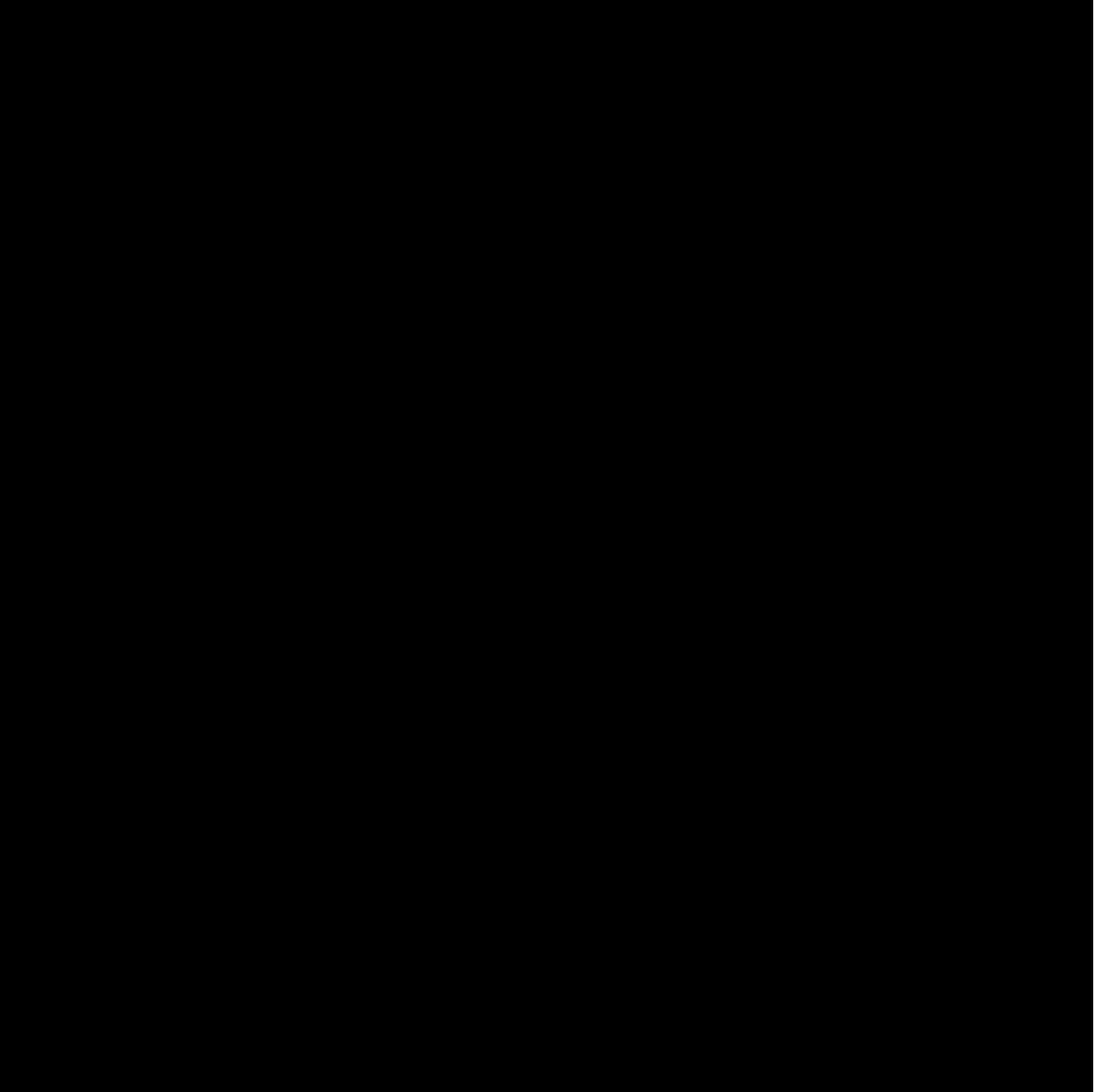
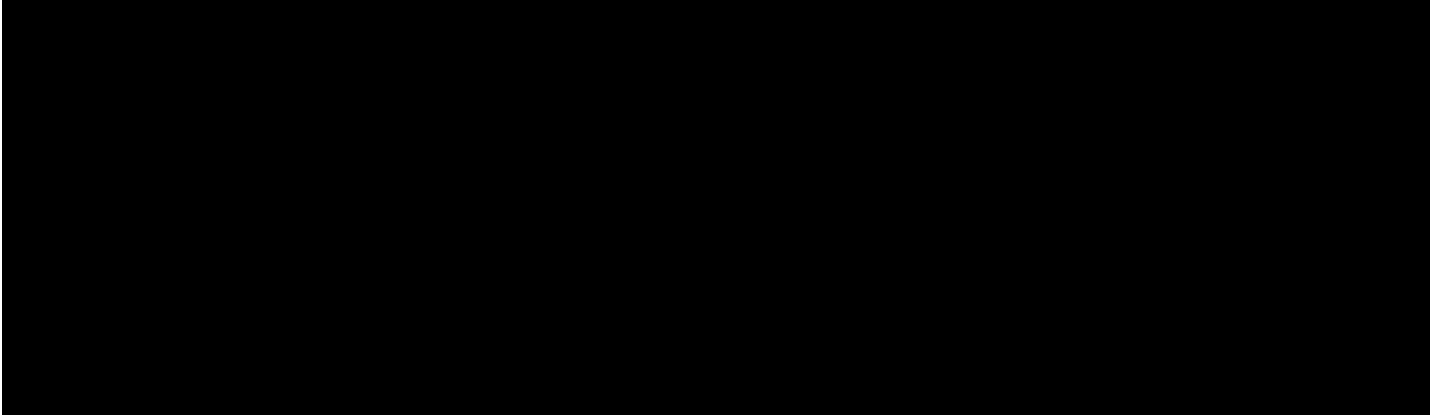
[REDACTED]

[REDACTED]

**Demonstration of Applicant’s Liquid Assets (Total Capital)**



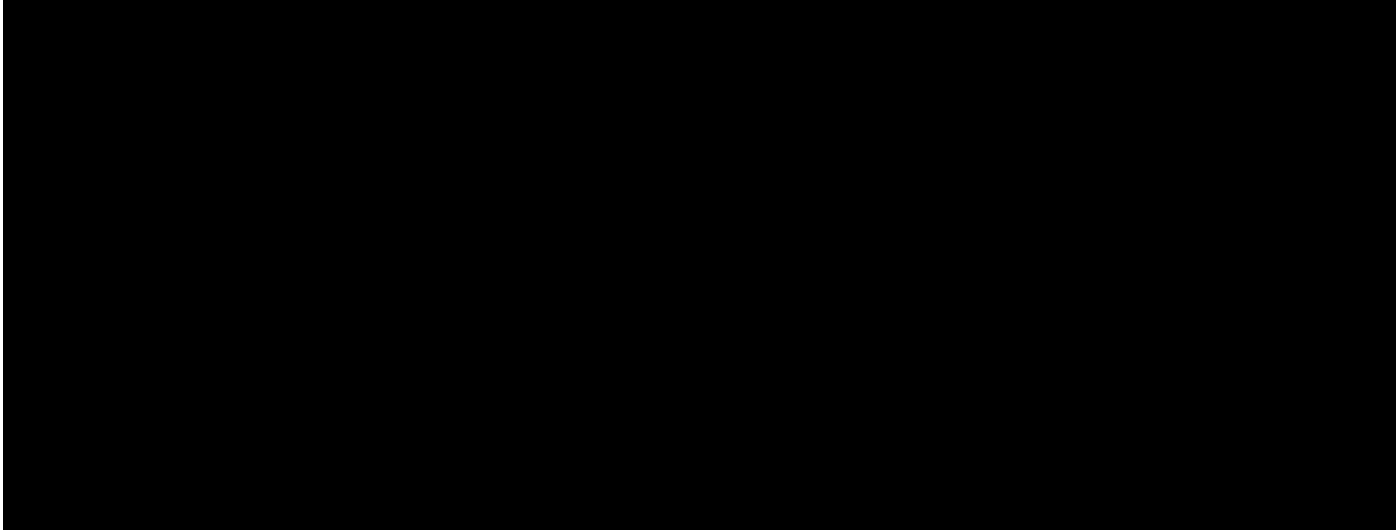




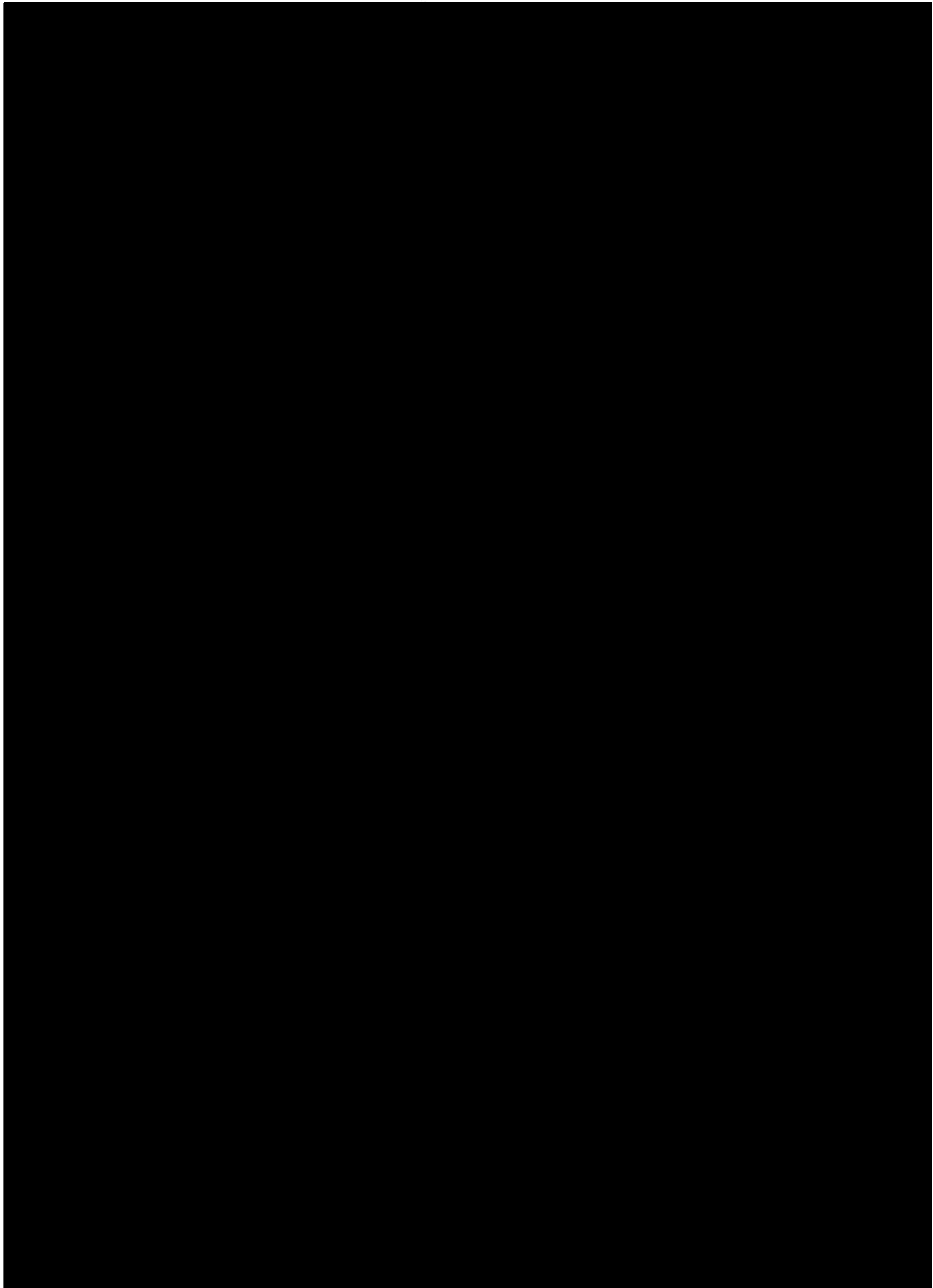


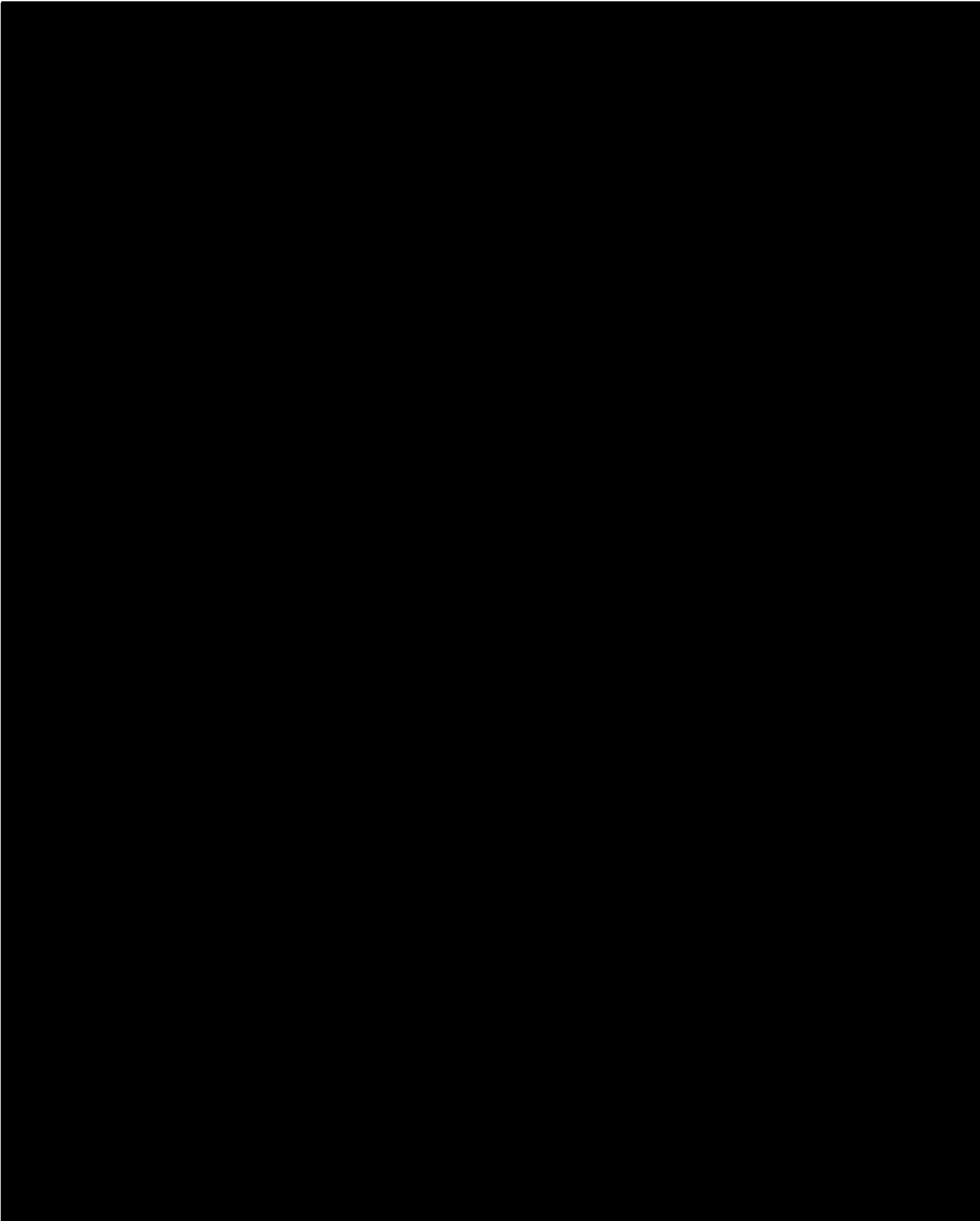


**Table of Contents**

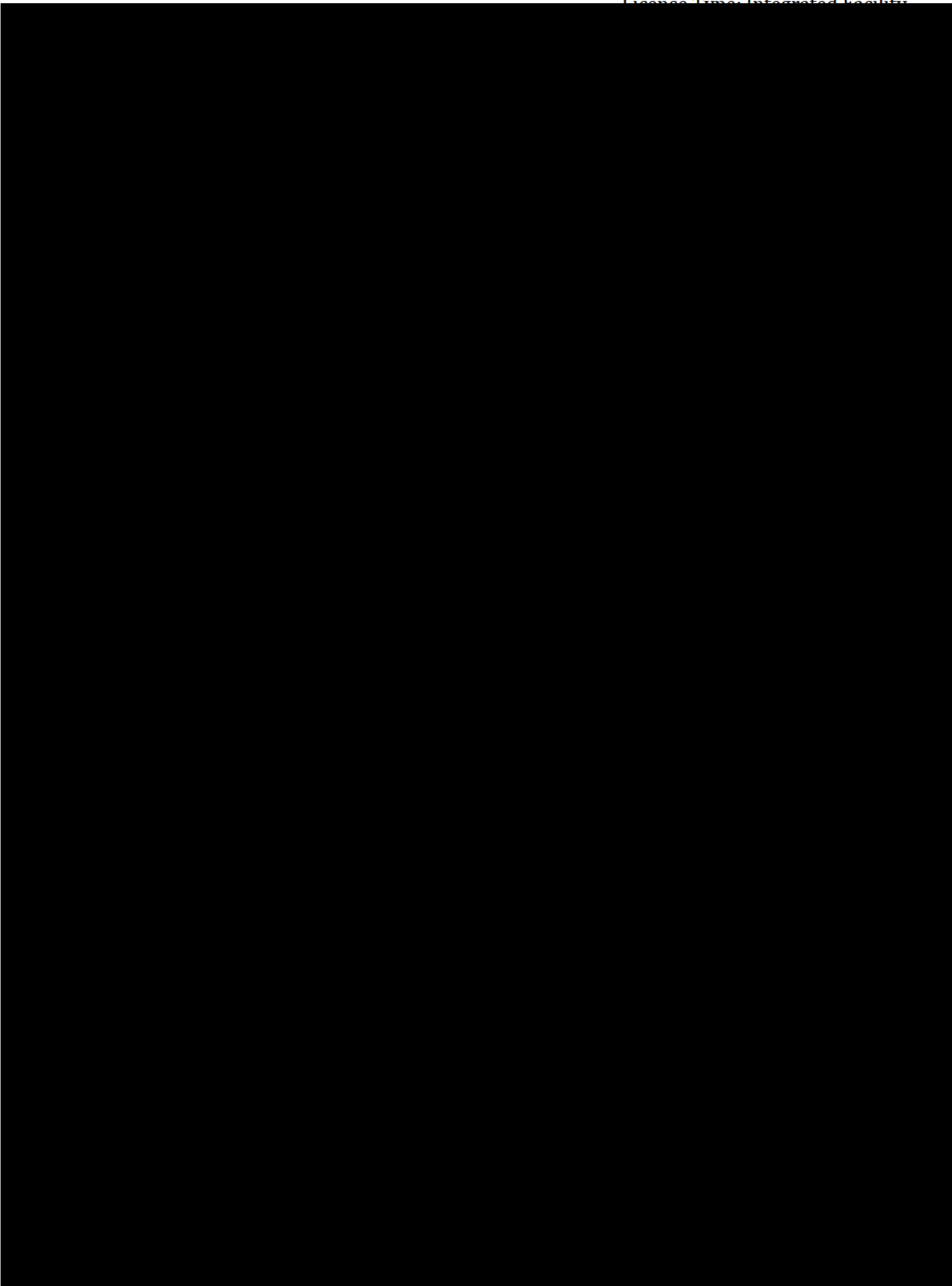


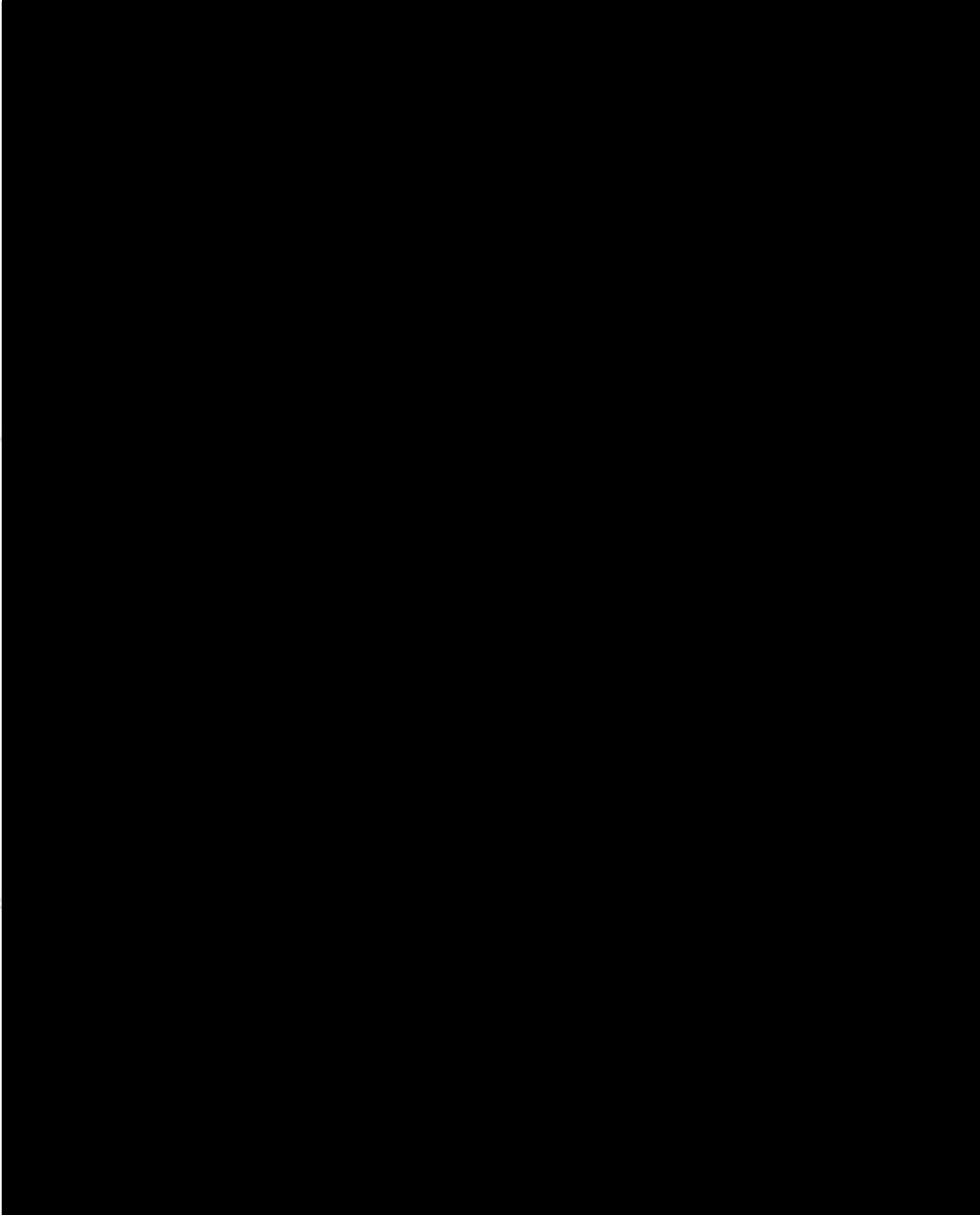


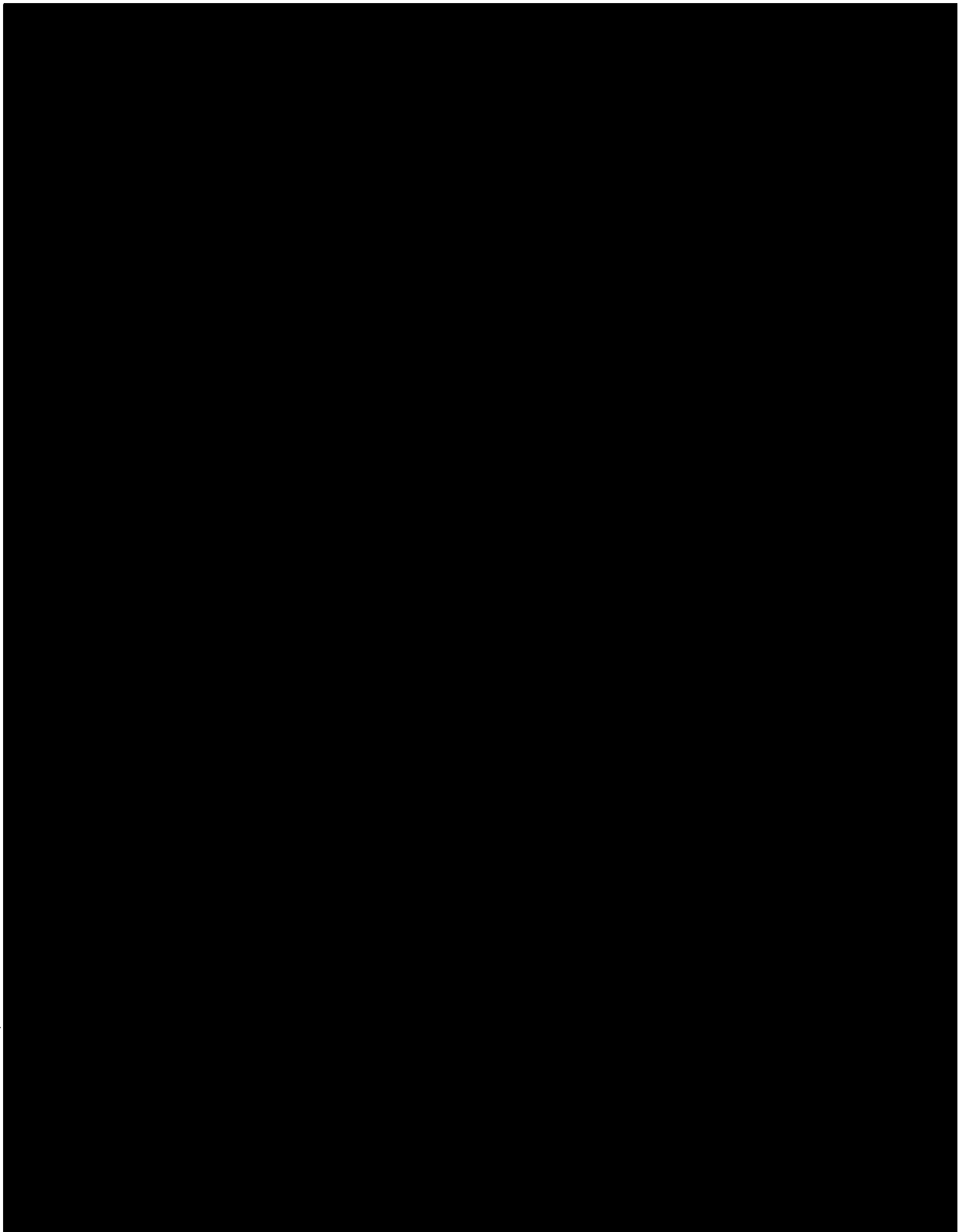








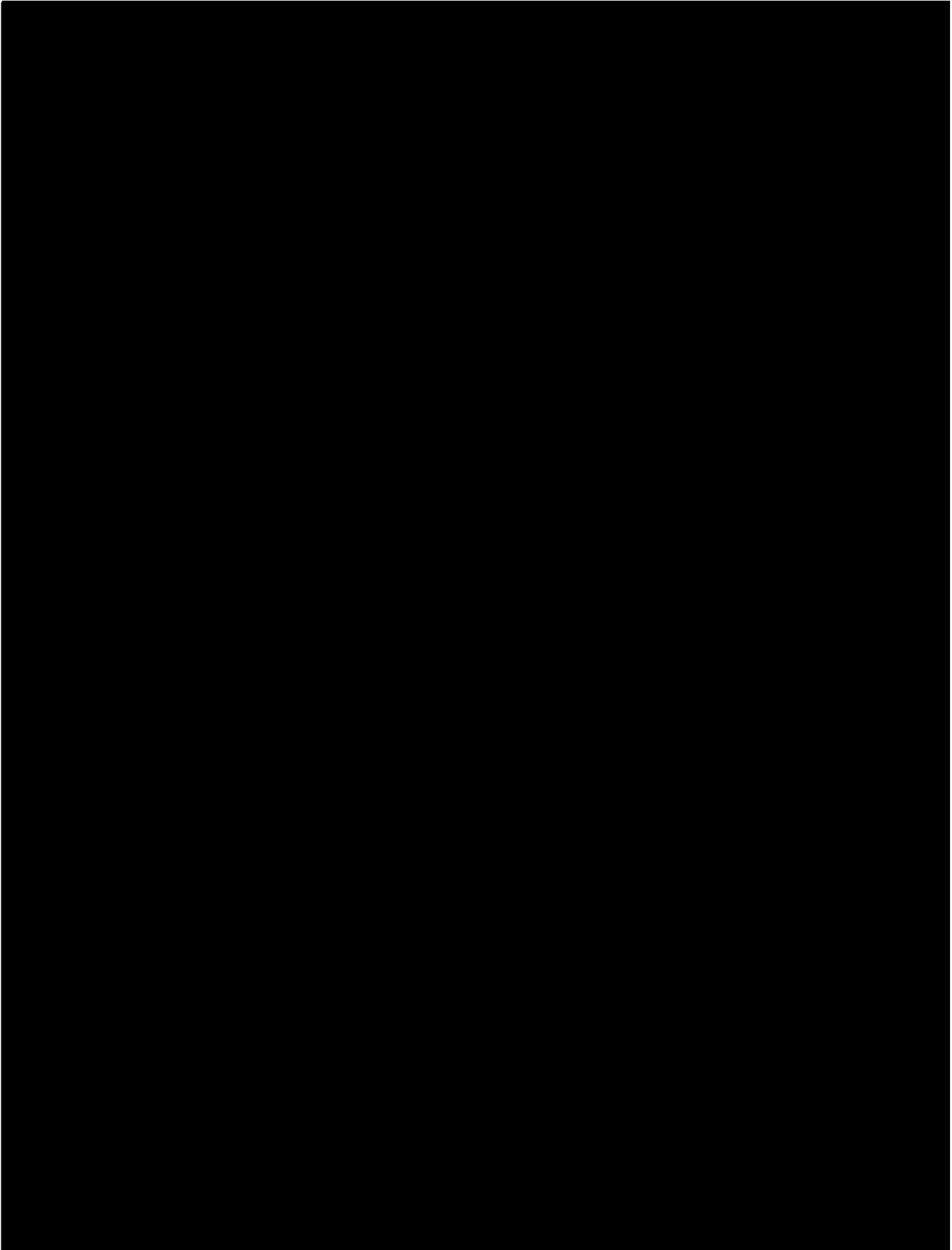


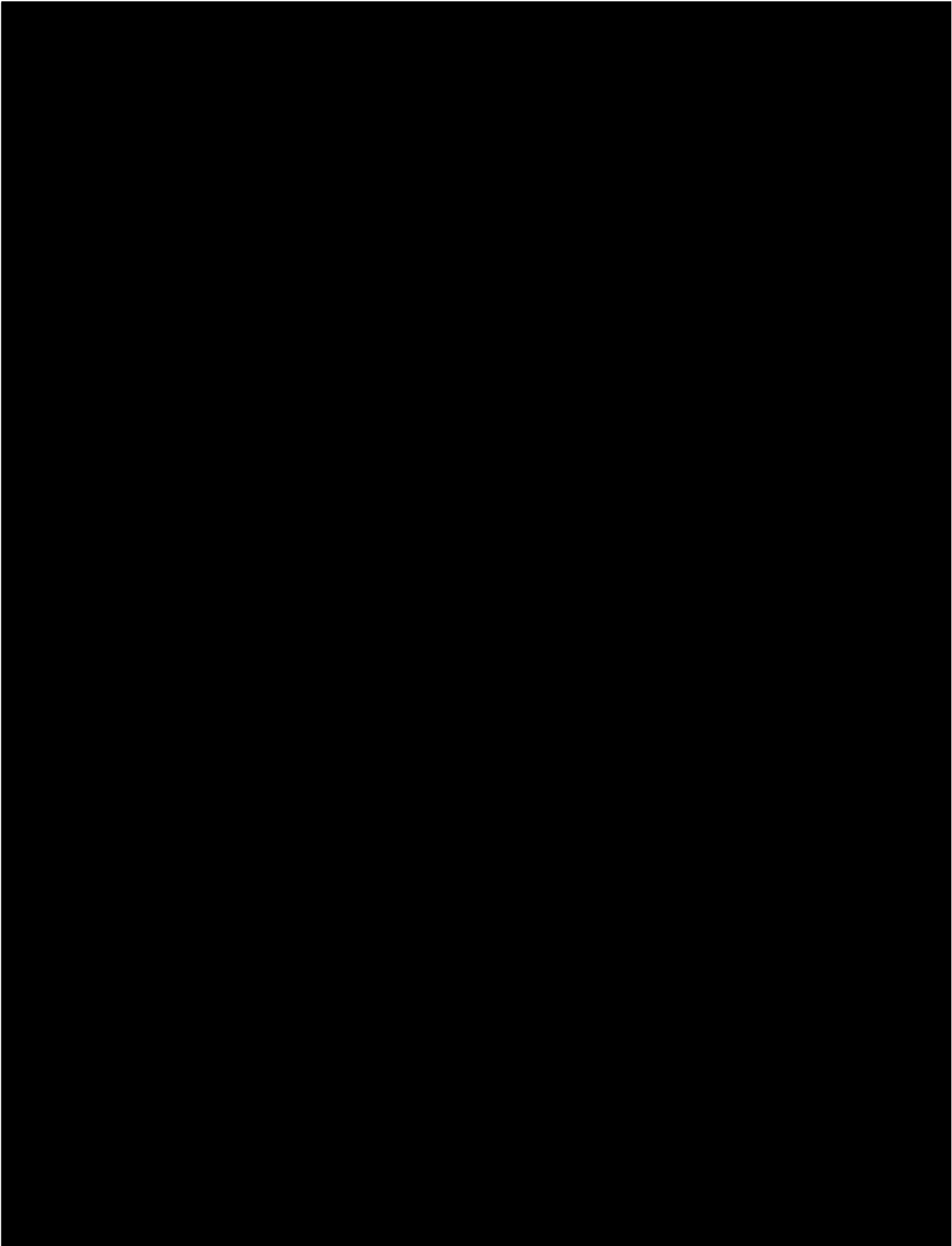




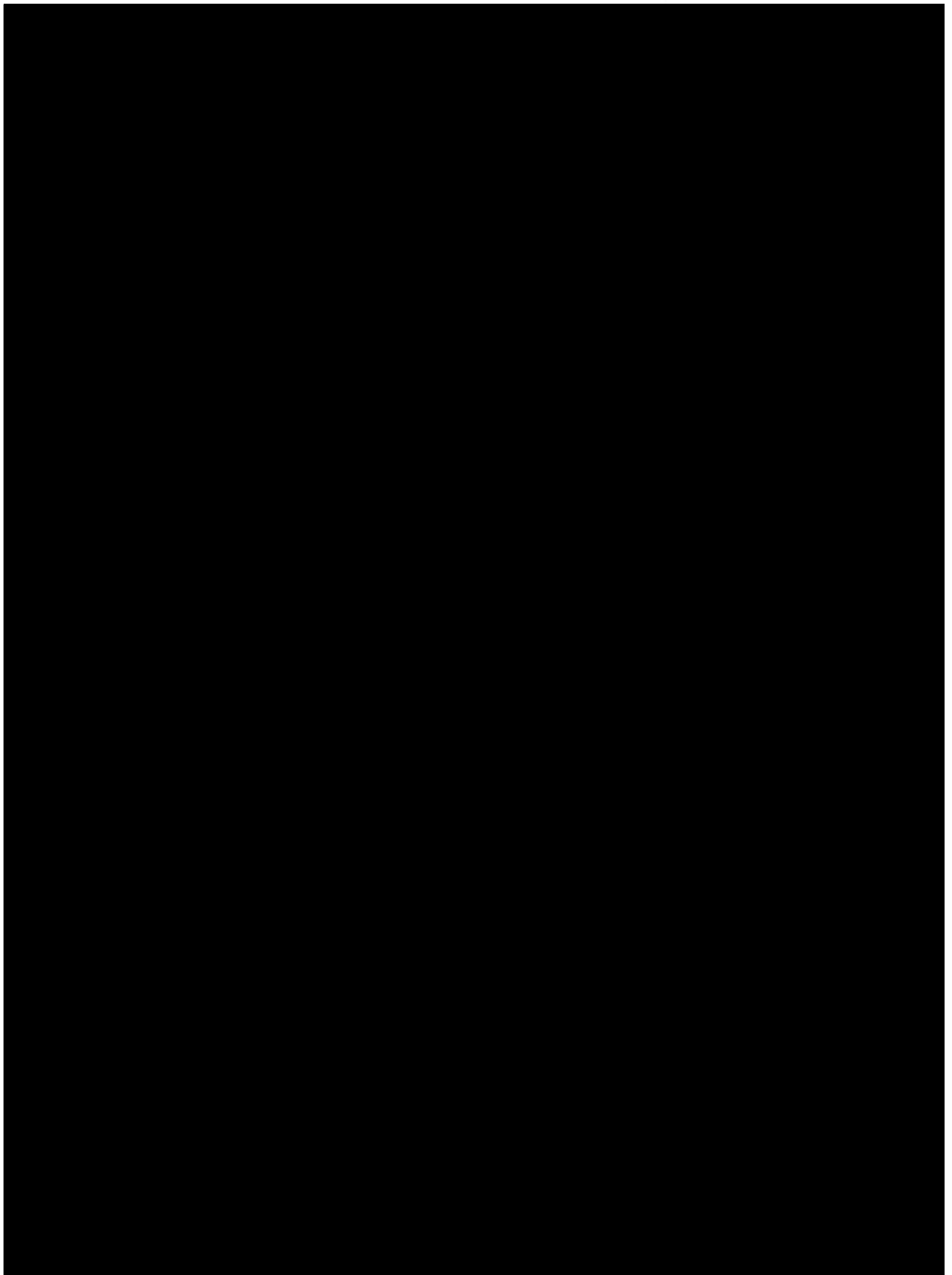
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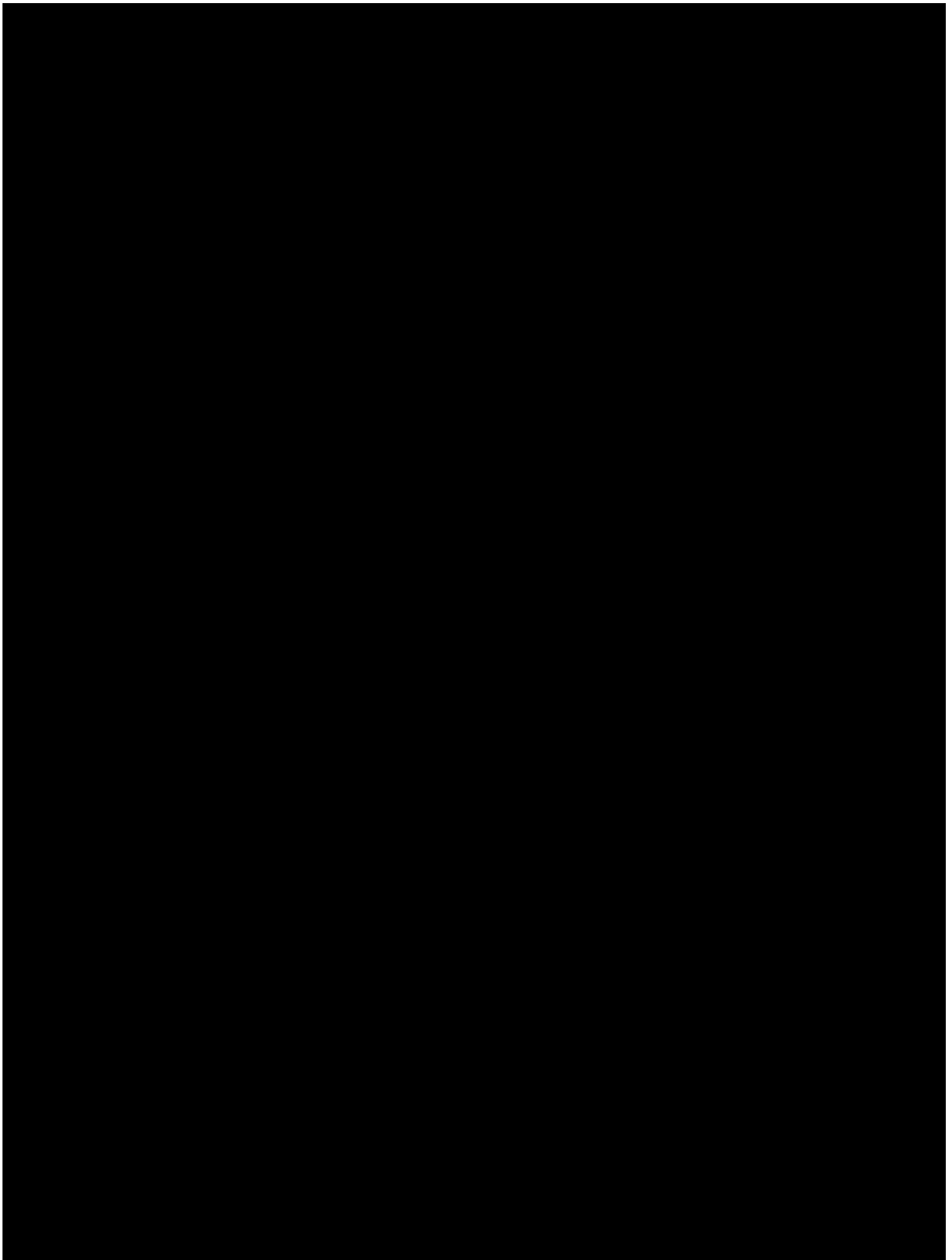


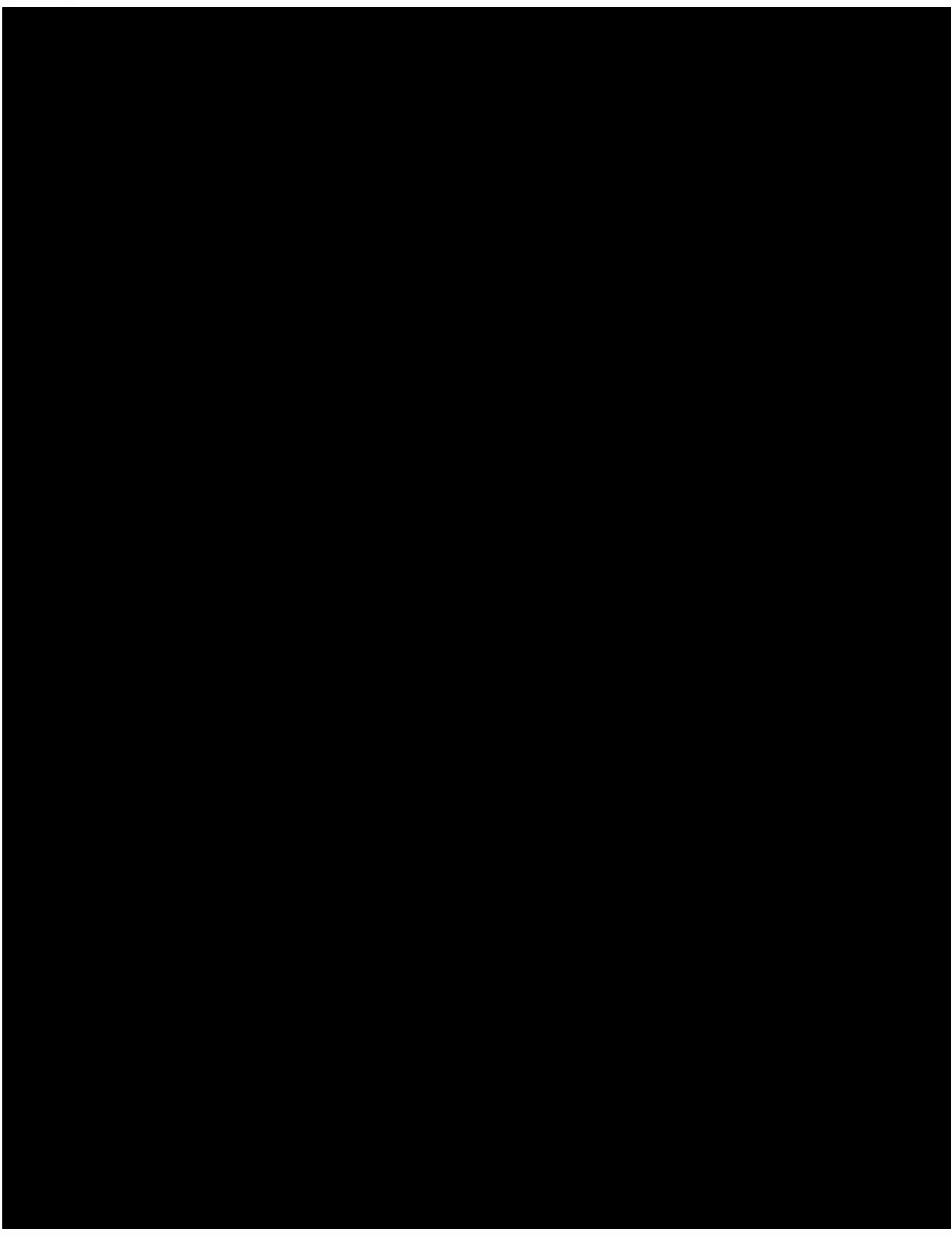




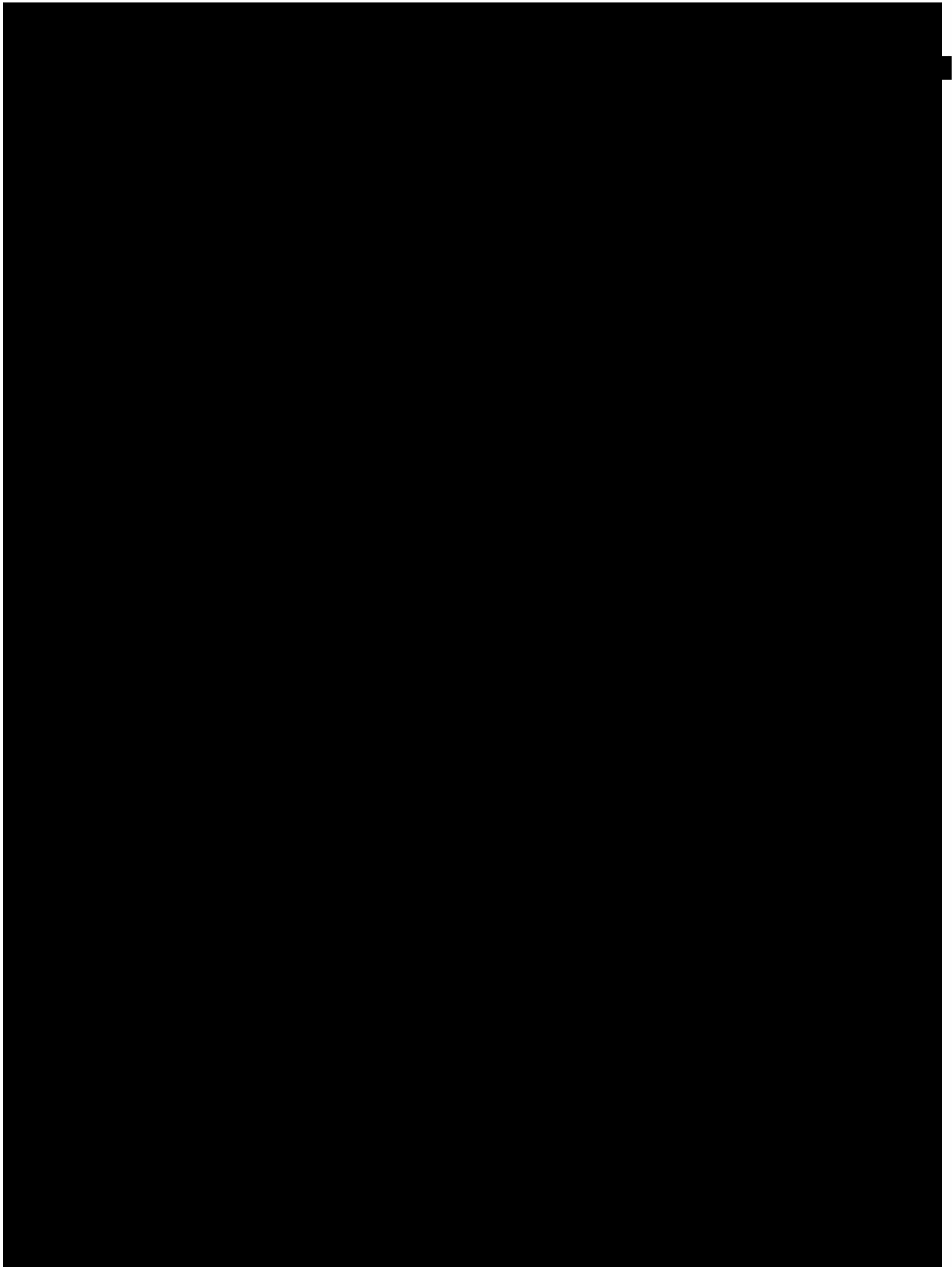














# Exhibit 7 – Demonstration of Sufficient Capital

## 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.

J. Gregory Allen

Owner

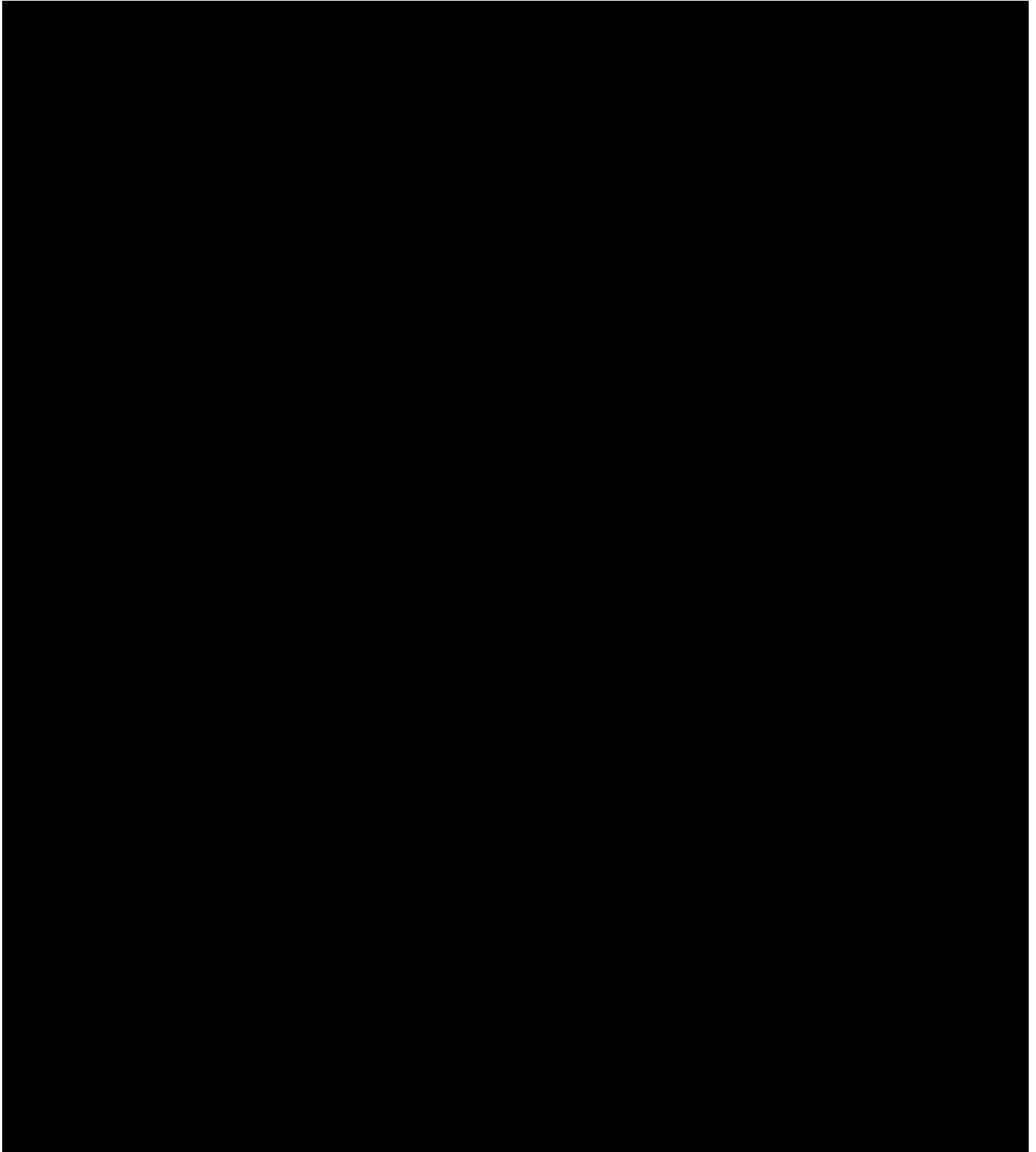
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Printed Name of Verifying Individual

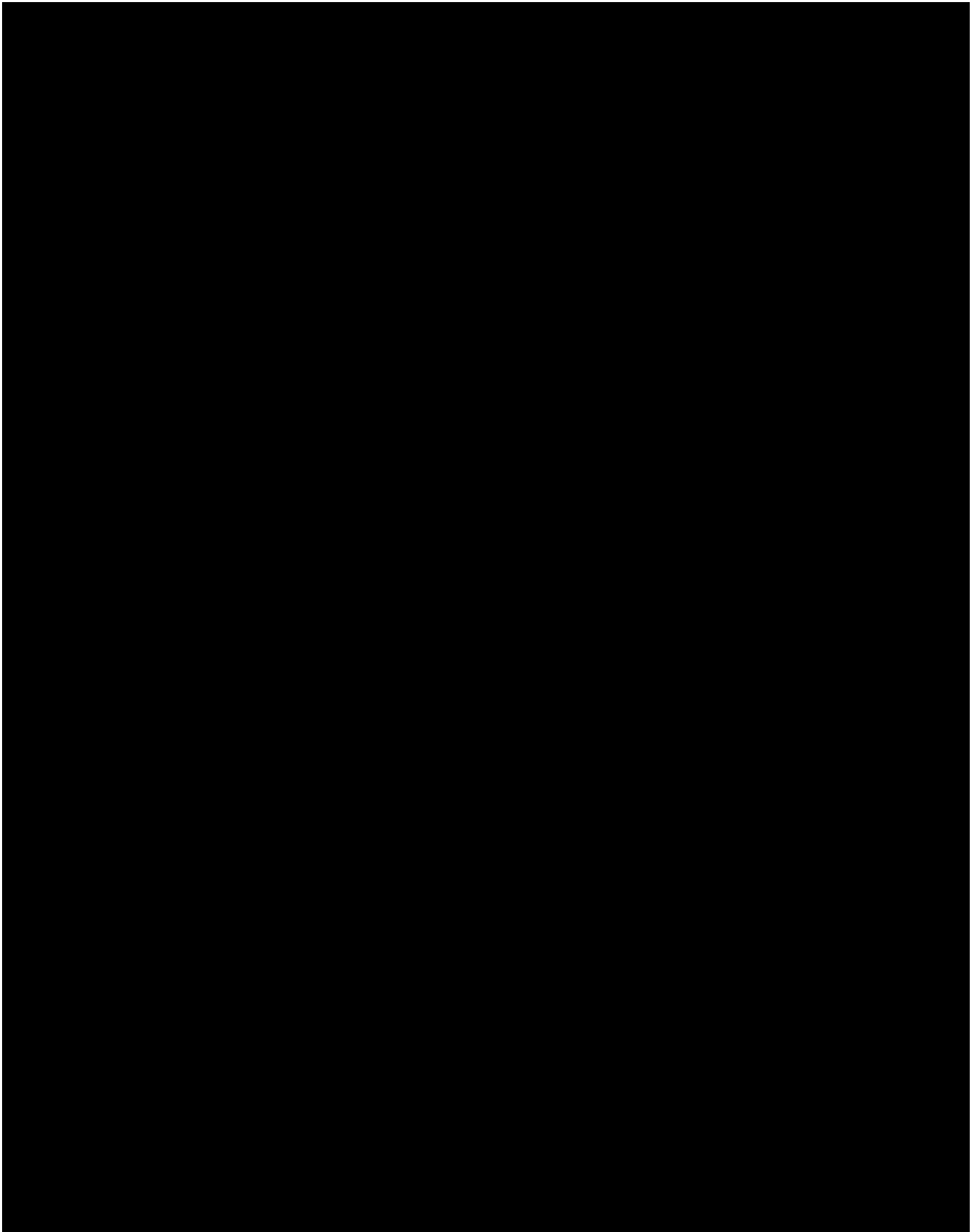
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Title of Verifying Individual

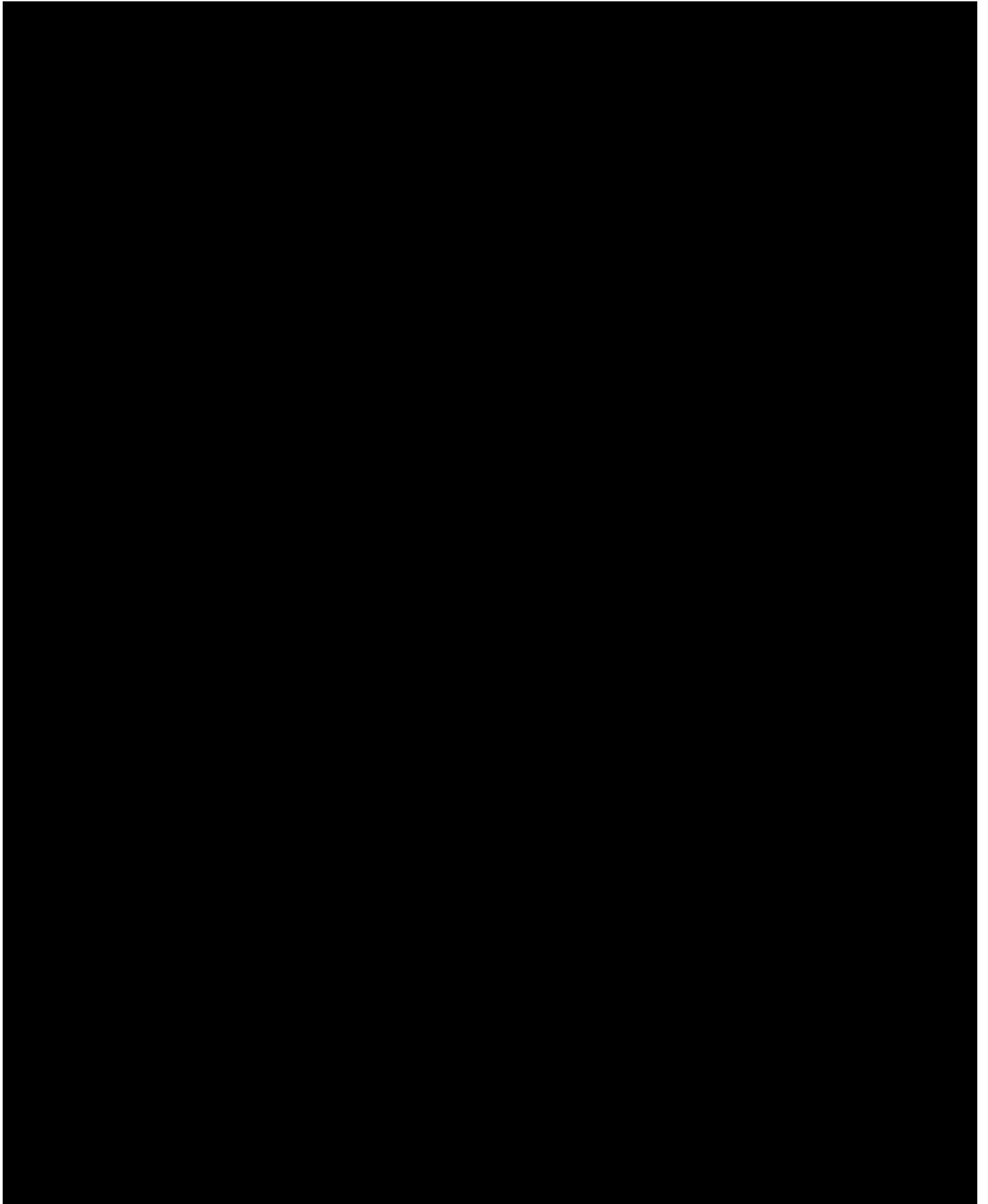
  
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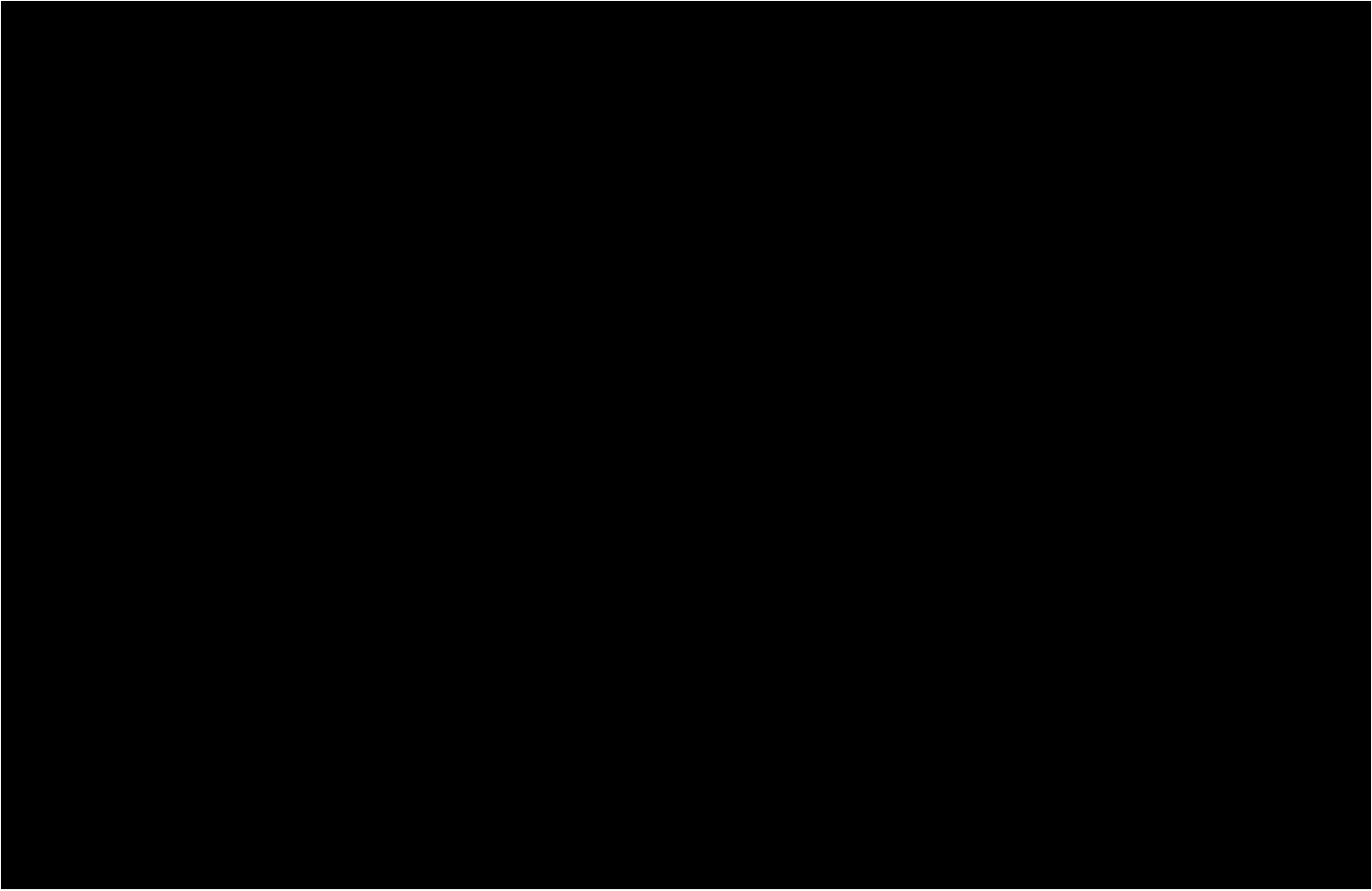
12/26/22  
\_\_\_\_\_  
Verification Date

Insa Alabama LLC (“Applicant”) *far exceeds* the requirement of § 20-2A-67(d)(3), Code of Alabama 1975 (as amended), that it demonstrate it has sufficient capital to fund its annual budgets during the first three full years after an Integrated Facility license is issued.









"I, the undersigned responsible person for Insa Alabama, LLC, hereby confirm that, based upon my knowledge of the company's financials, Insa Alabama LLC is a sufficiently capitalized and, in specific, has access to capital sufficient to meet the total of its projected annual budgets during the first three years after issuance of a license."

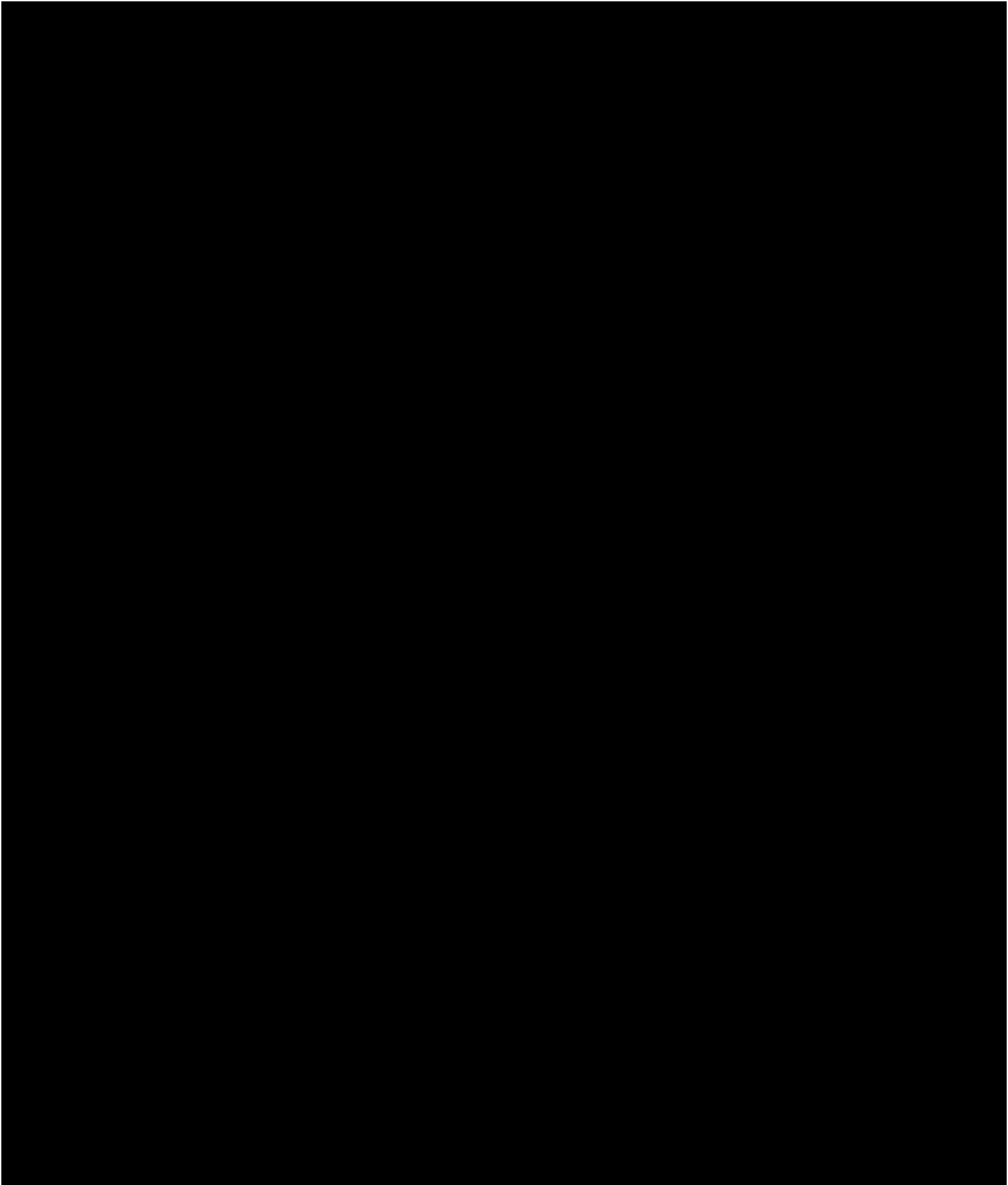
J. Greg Allen  
Printed Name of Verifying Official Title of Verifying Official

J. Greg Allen  
Signature of Verifying Official Verification Date

"I, the undersigned contact person for Insa Alabama, LLC, hereby confirm that, based upon my knowledge of the company's financials, Insa Alabama, LLC is a sufficiently capitalized and, in specific, has access to capital sufficient to meet the total of its projected annual budgets during the first three years after issuance of a license."

Jere Beasley                      Owner  
Printed Name of Verifying Official Title of Verifying Official

Jere Beasley                      12/26/22  
Signature of Verifying Official Verification Date





# 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.

J. Gregory Allen

Owner

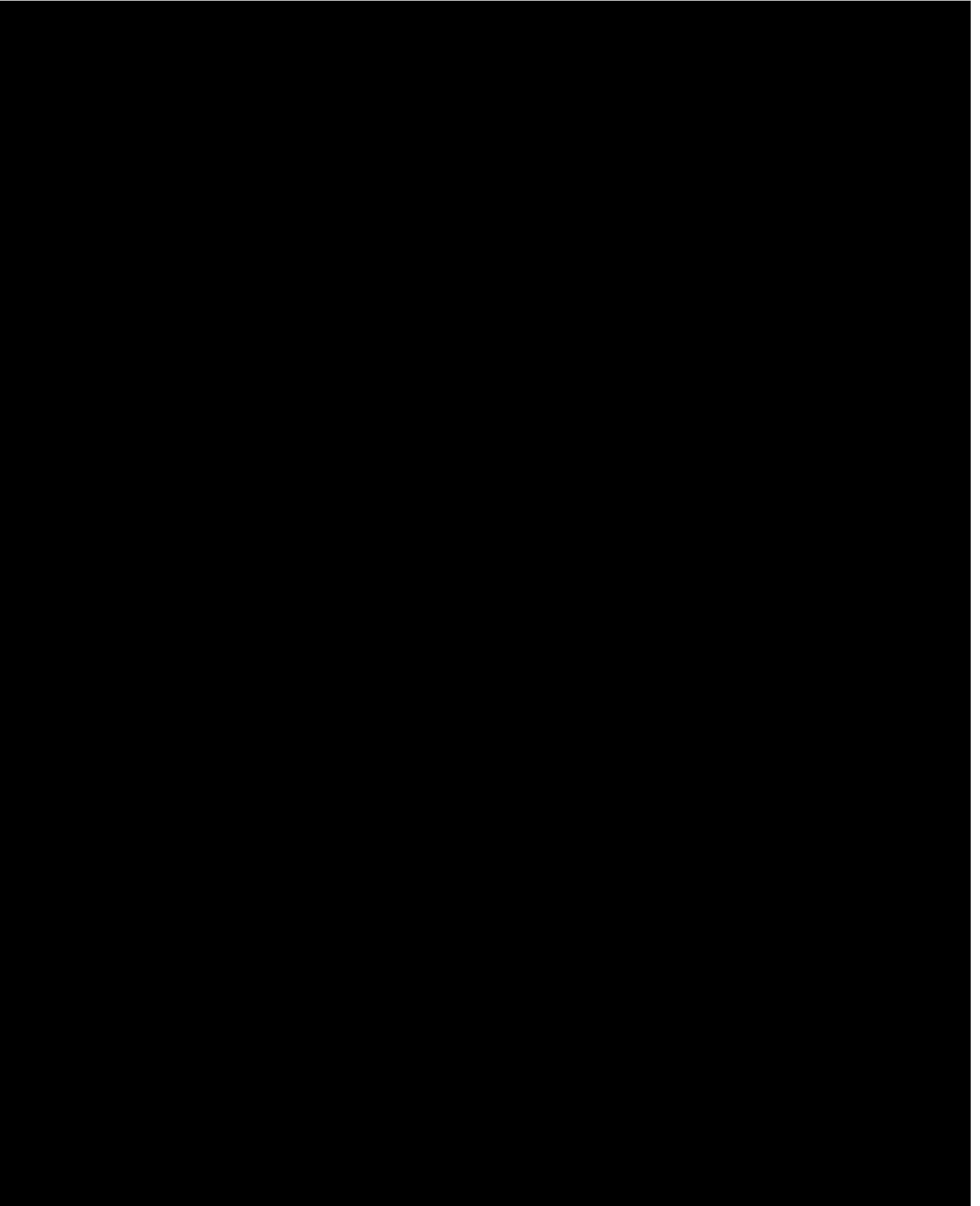
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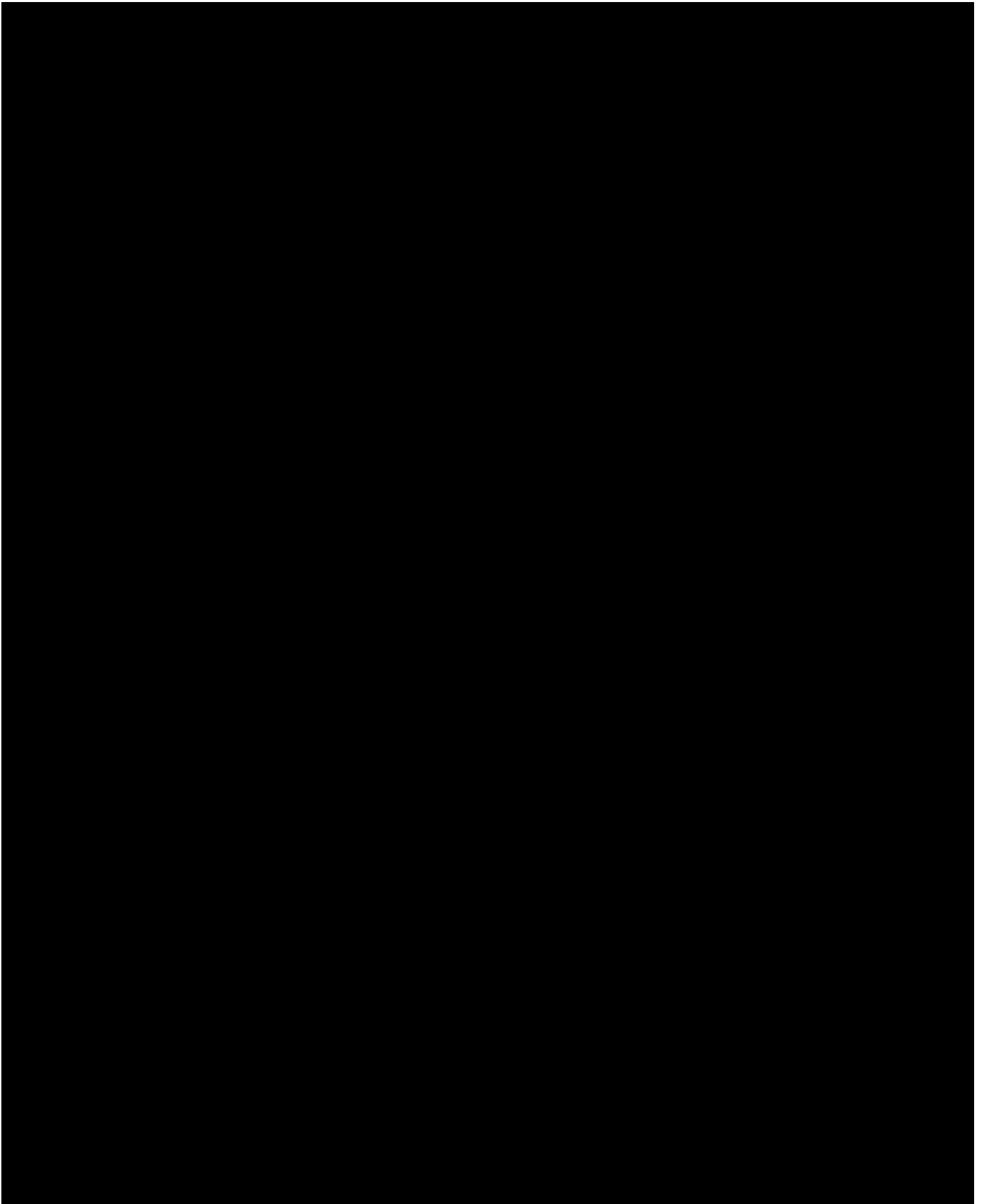
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Title of Verifying Individual

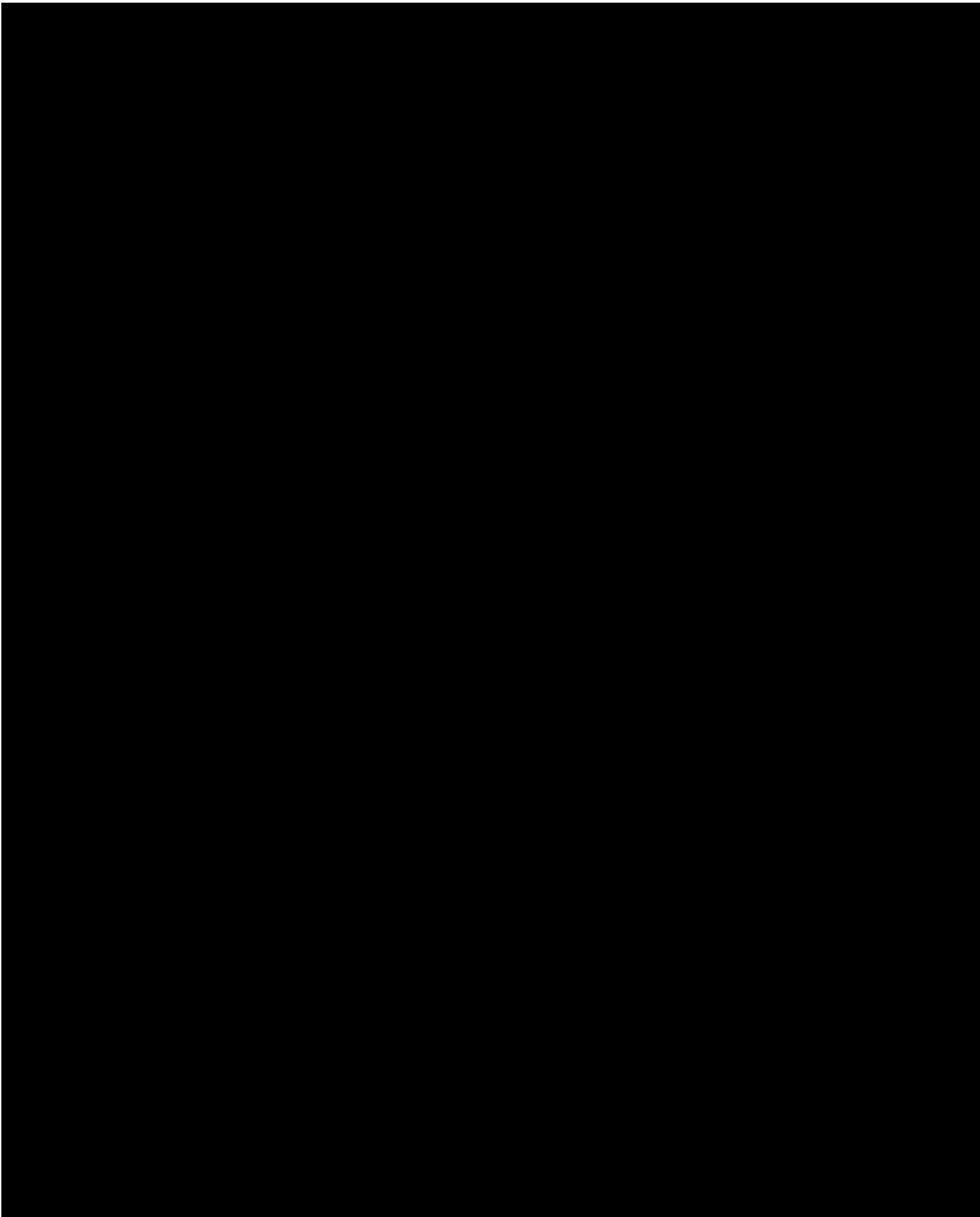
  
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Signature of Verifying Individual

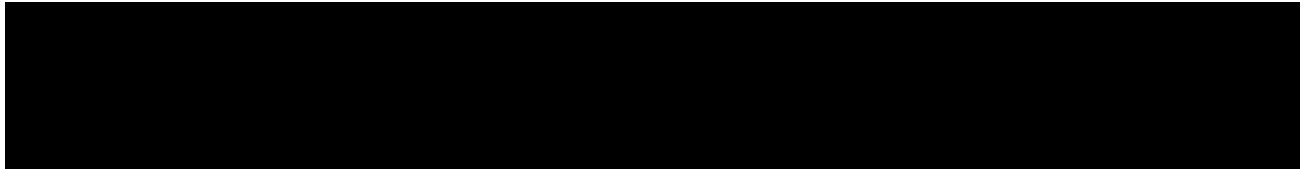
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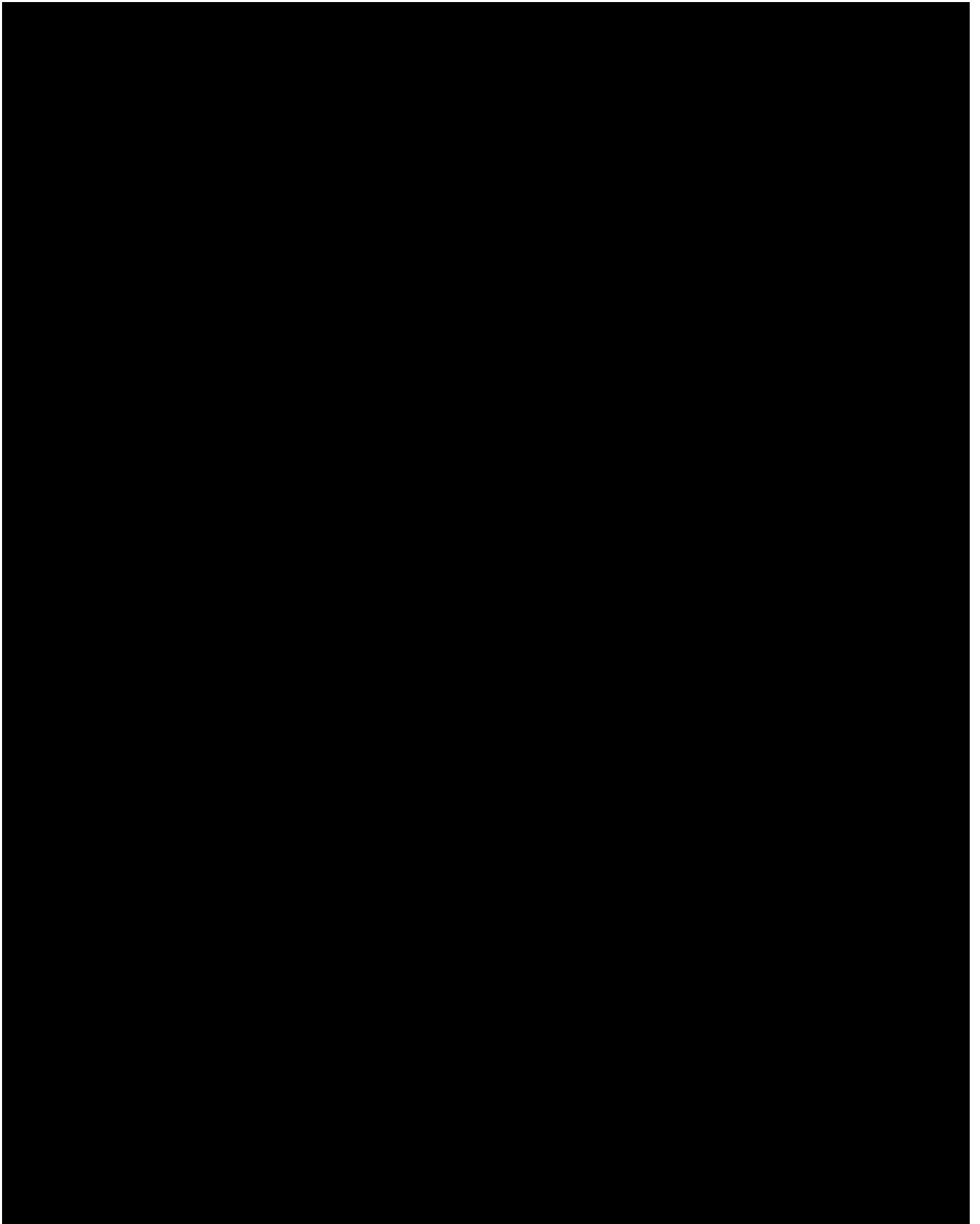
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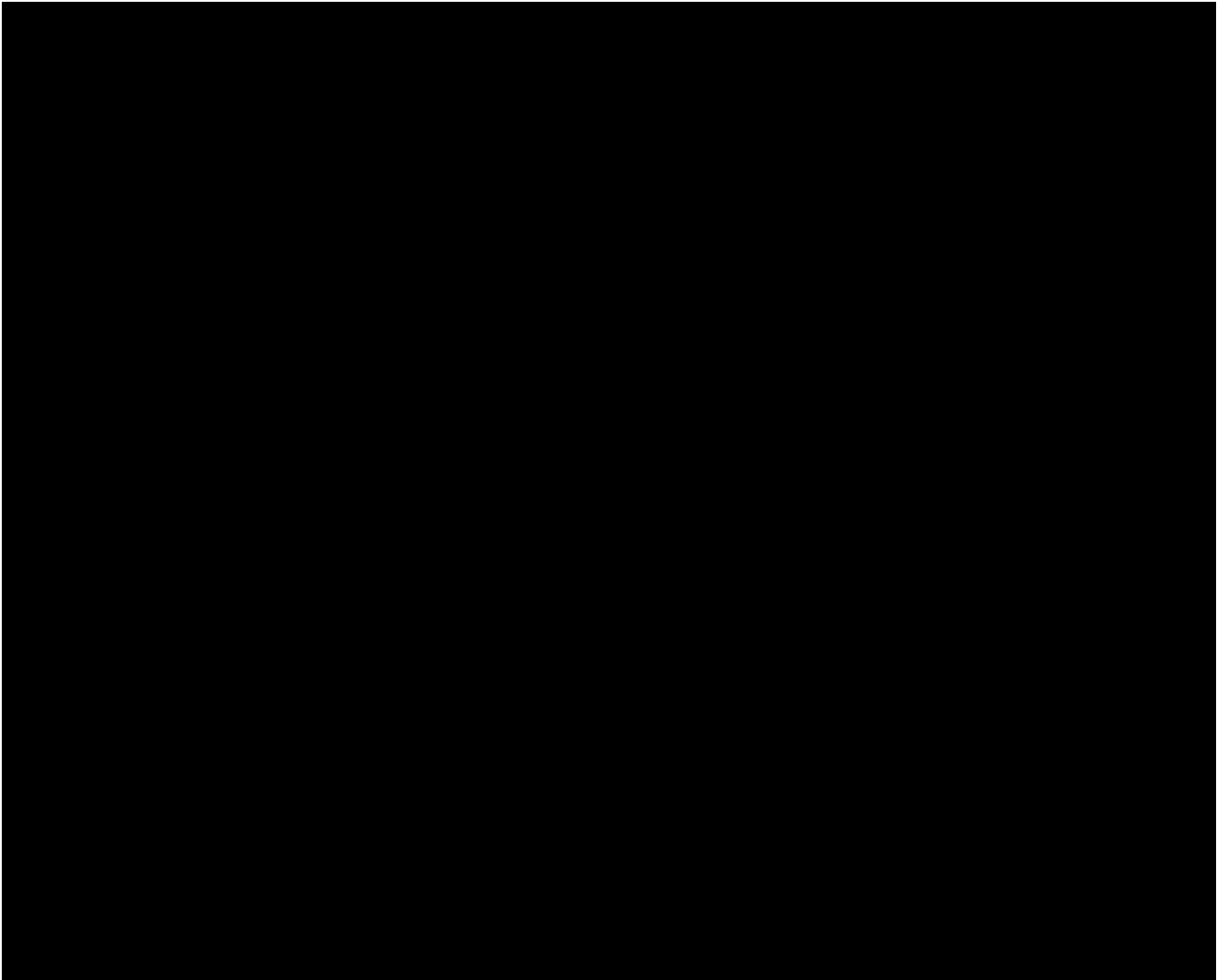


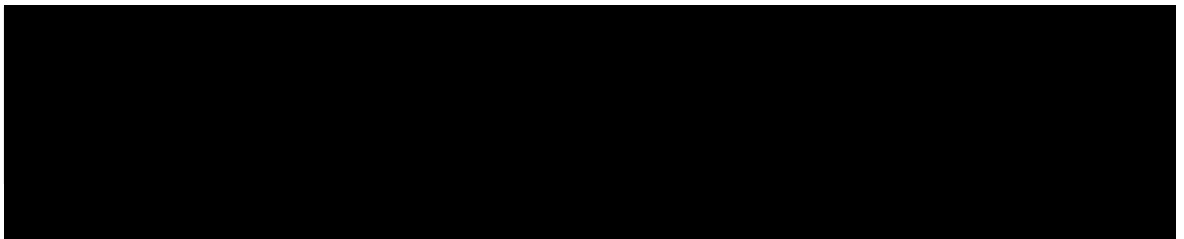
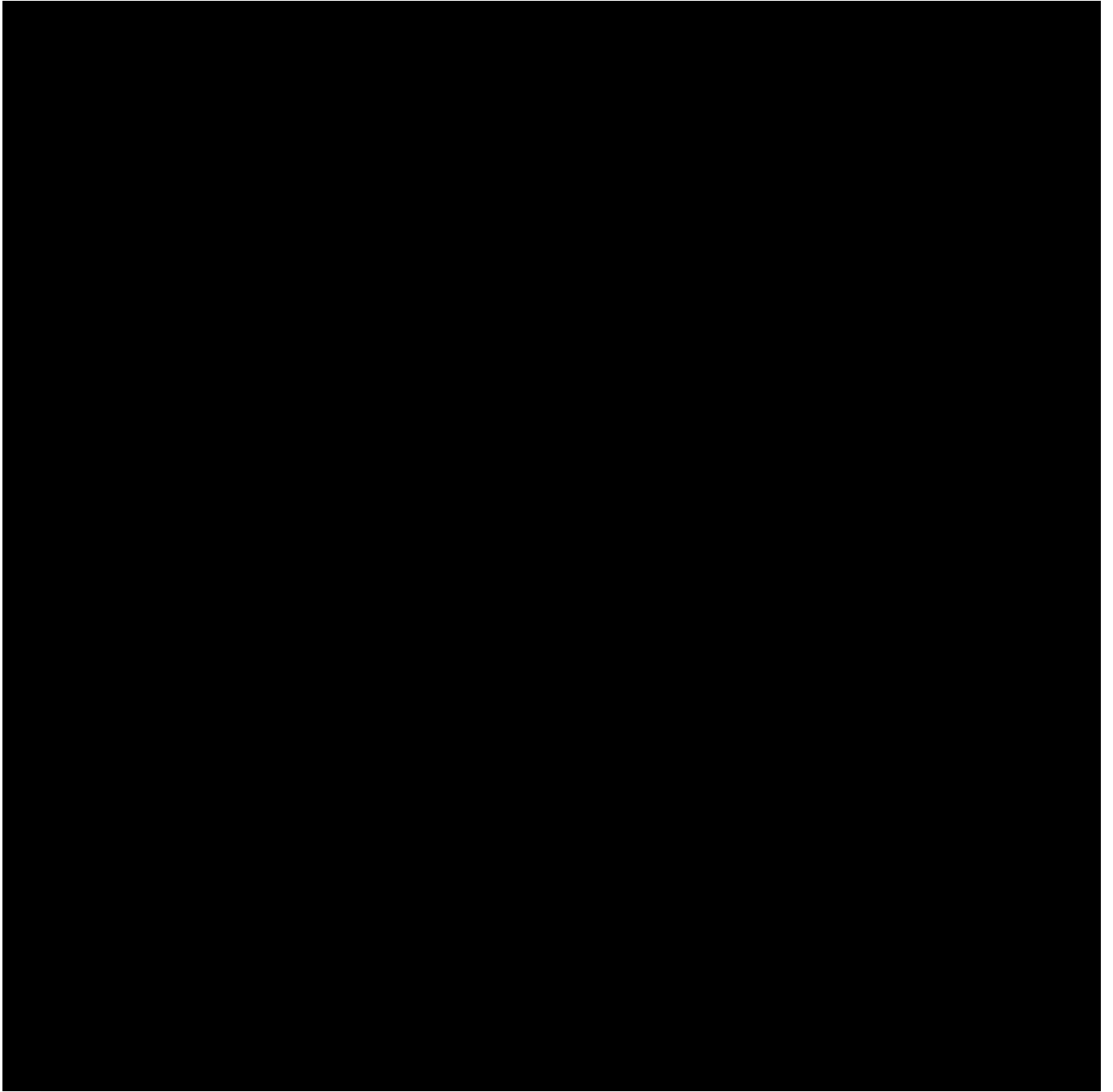




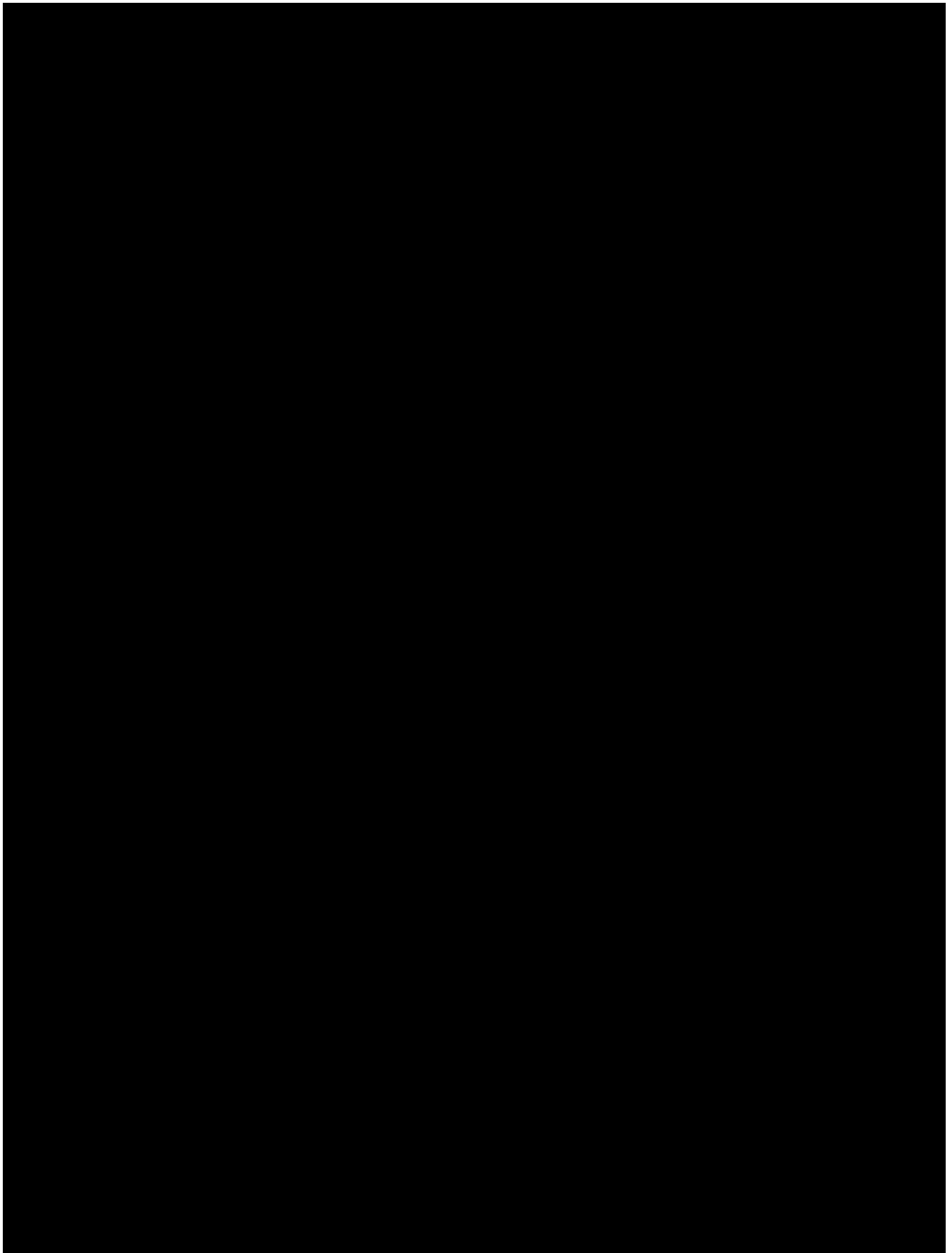


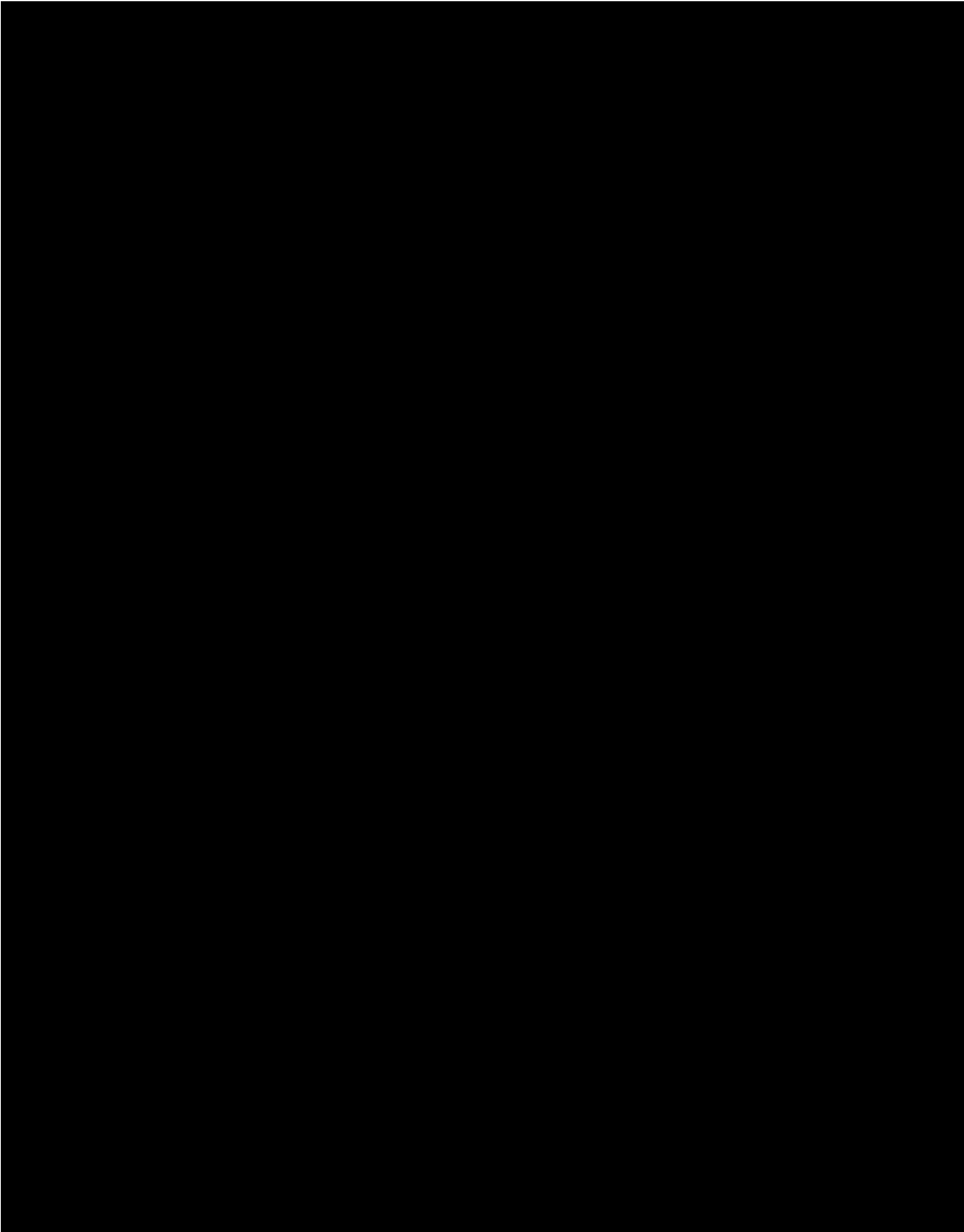
*Figure 3. Pledge Agreement 1 (Page 2) – Attachment to Exhibit 8*

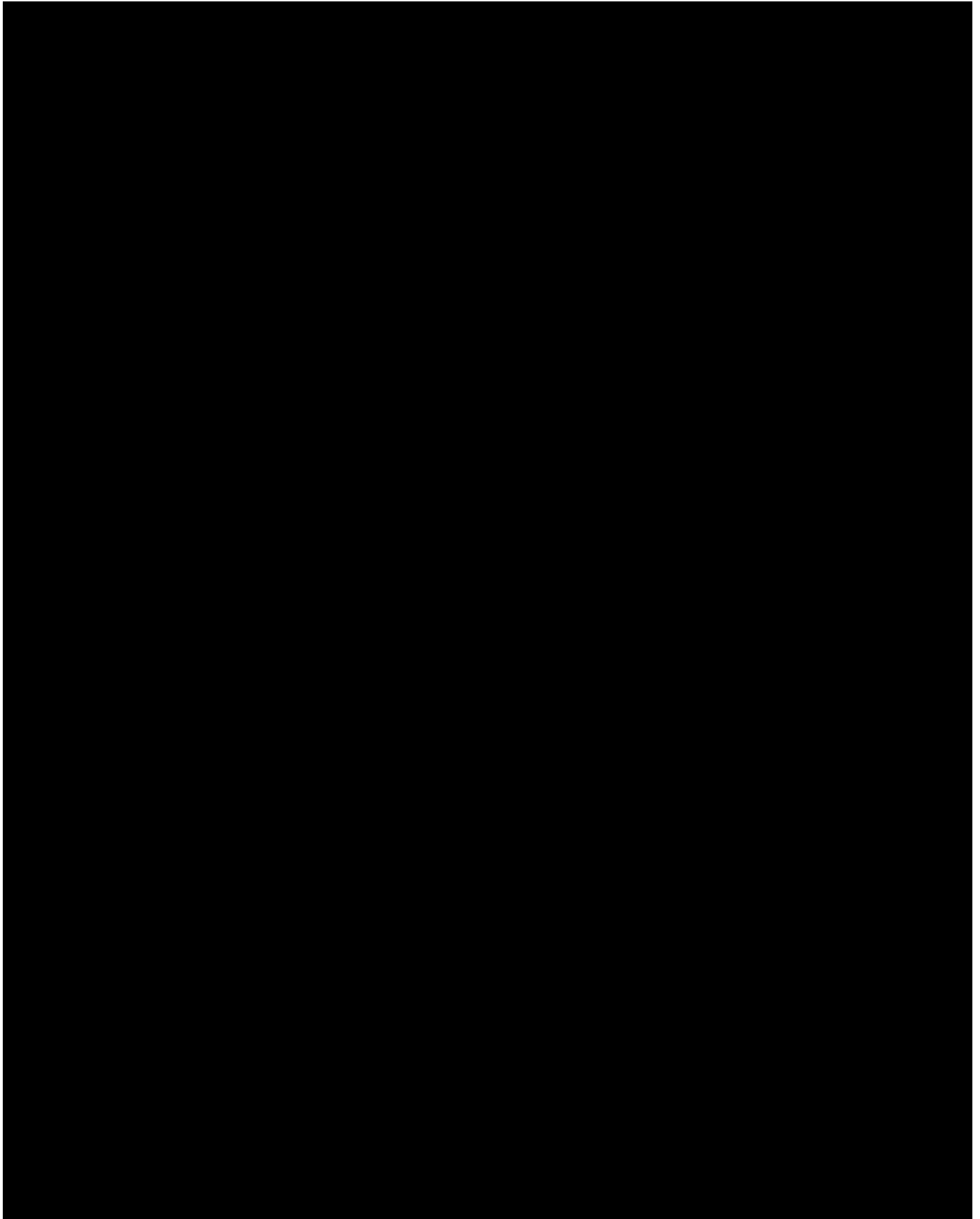












# Exhibit 9 – Financial Statements

## 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.

J. Gregory Allen

Owner

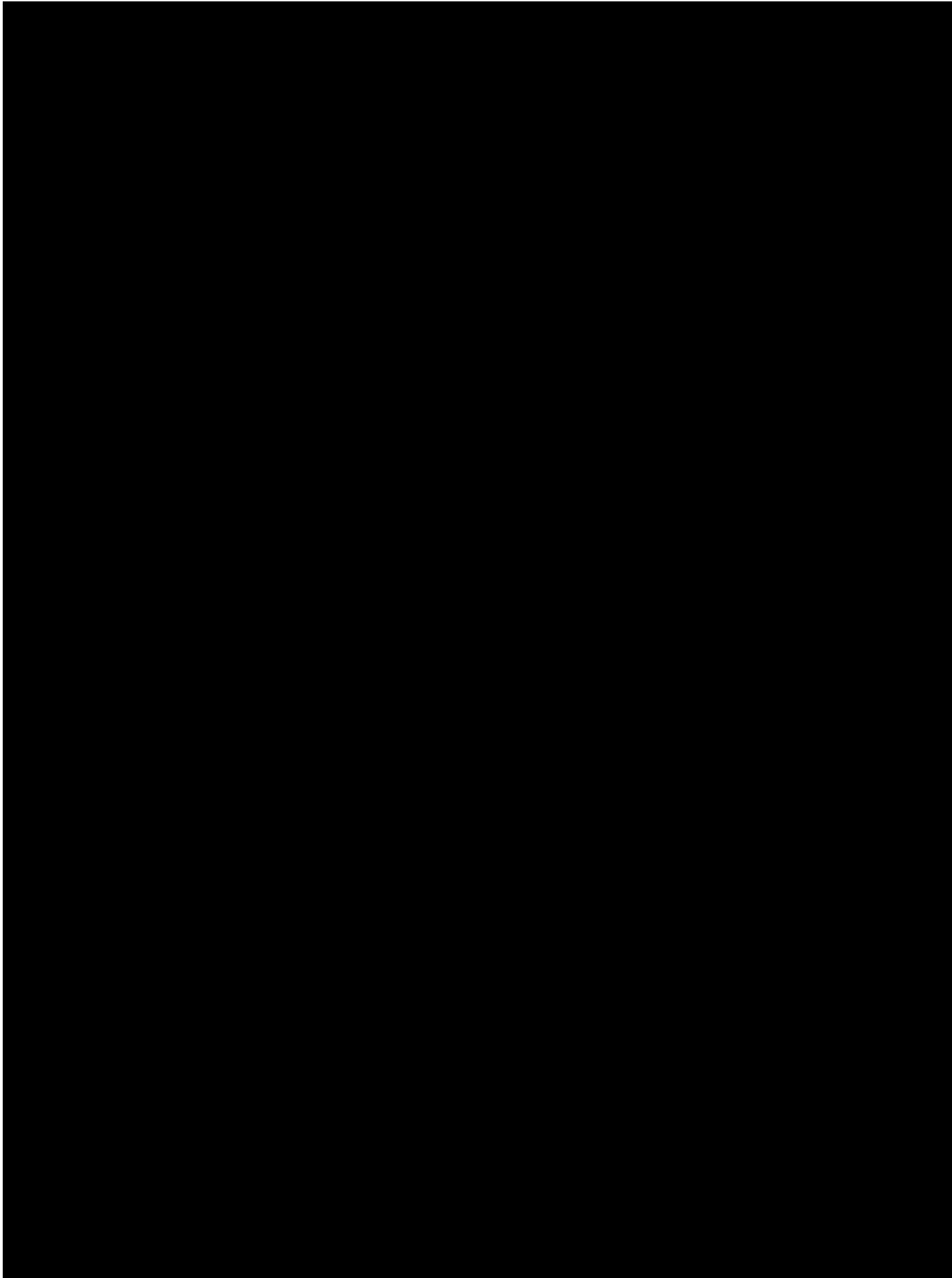
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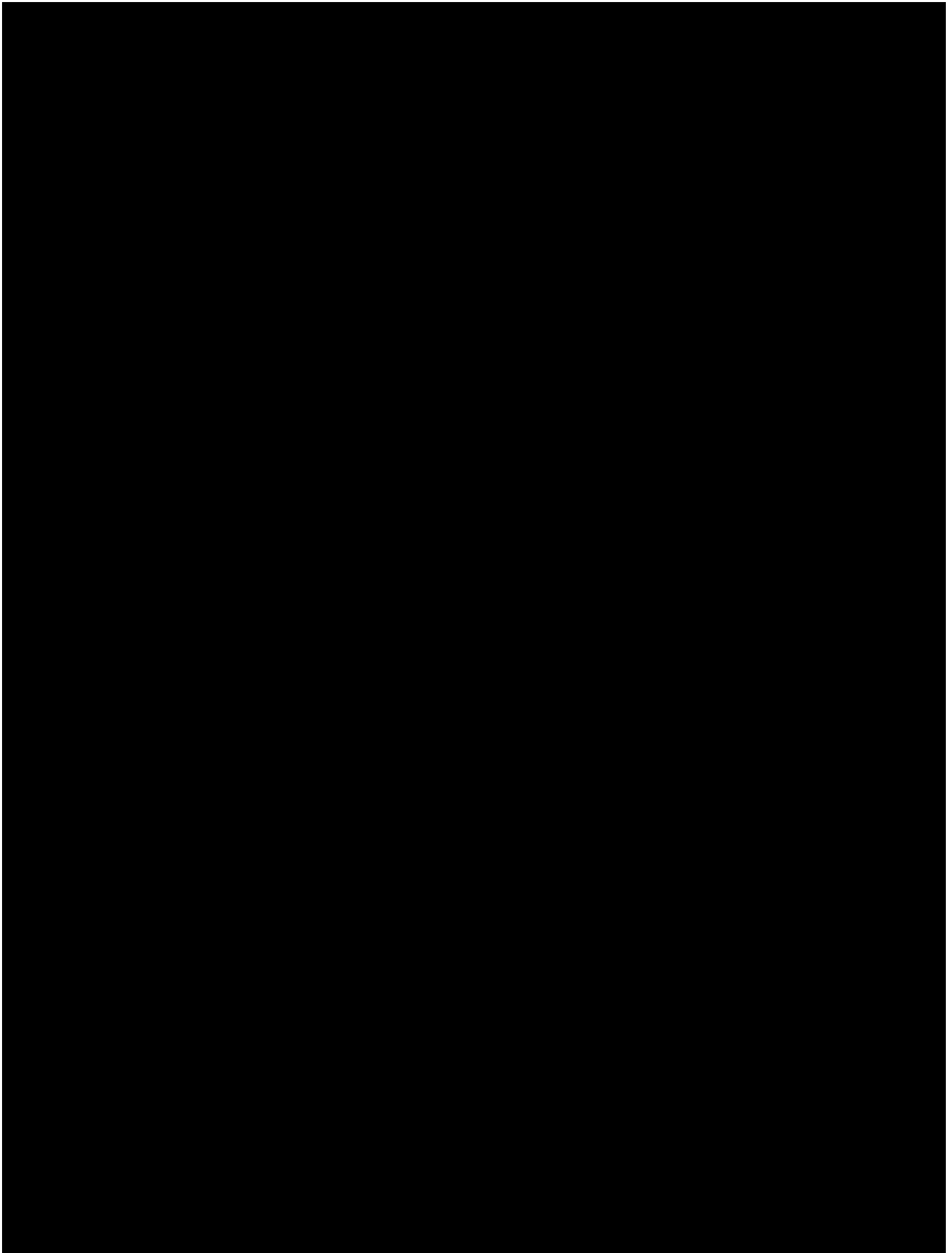
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Title of Verifying Individual

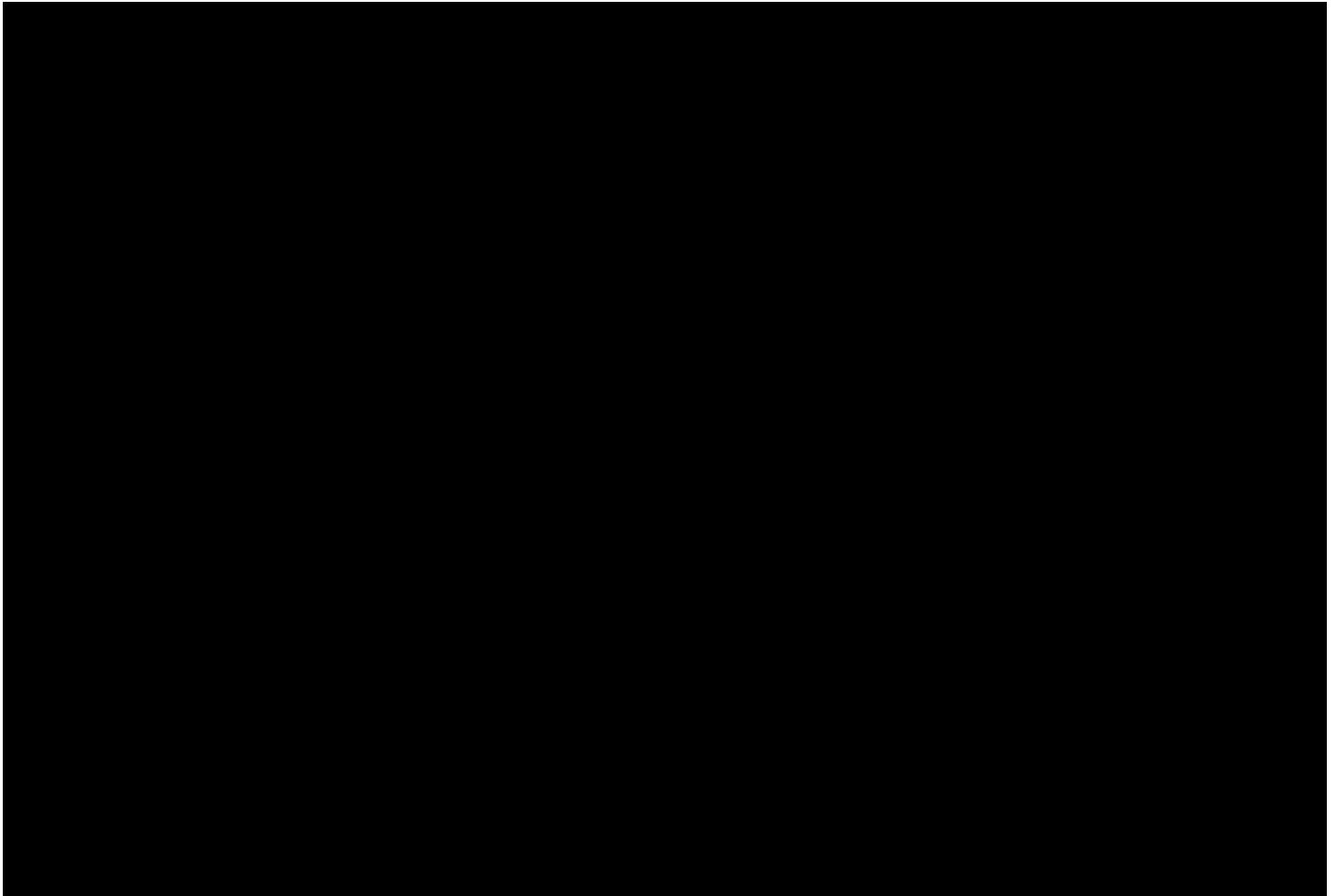
  
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Signature of Verifying Individual

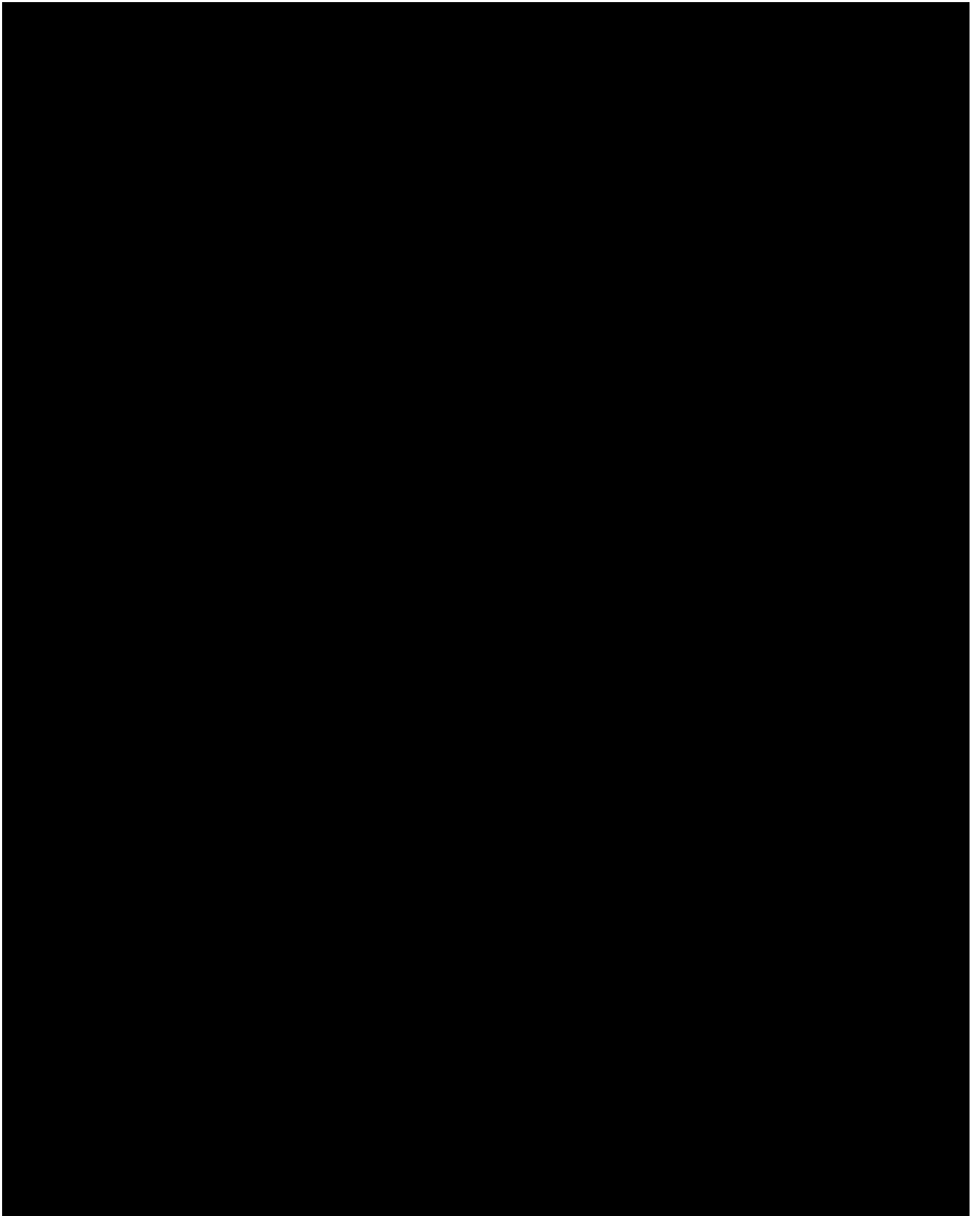
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Verification Date

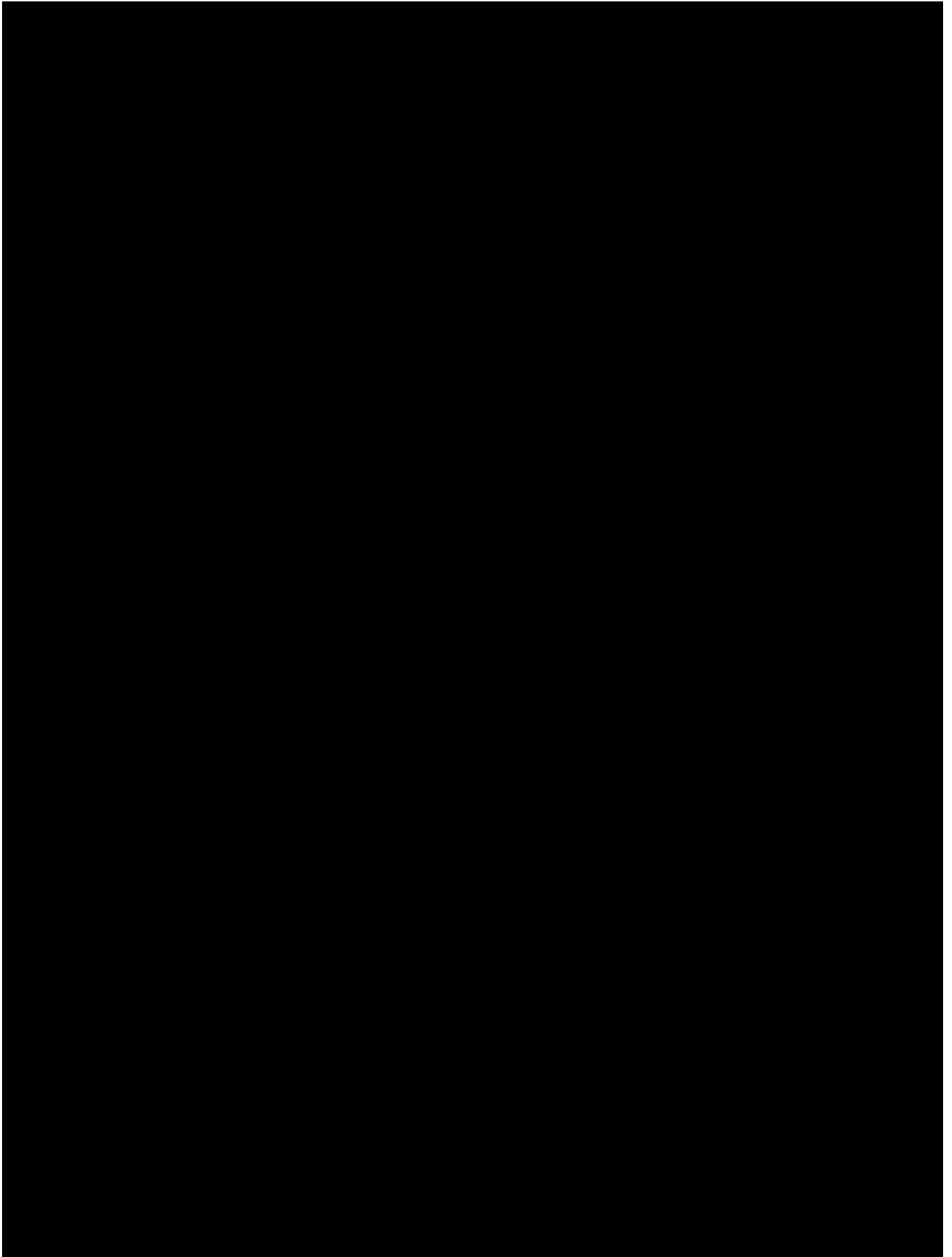


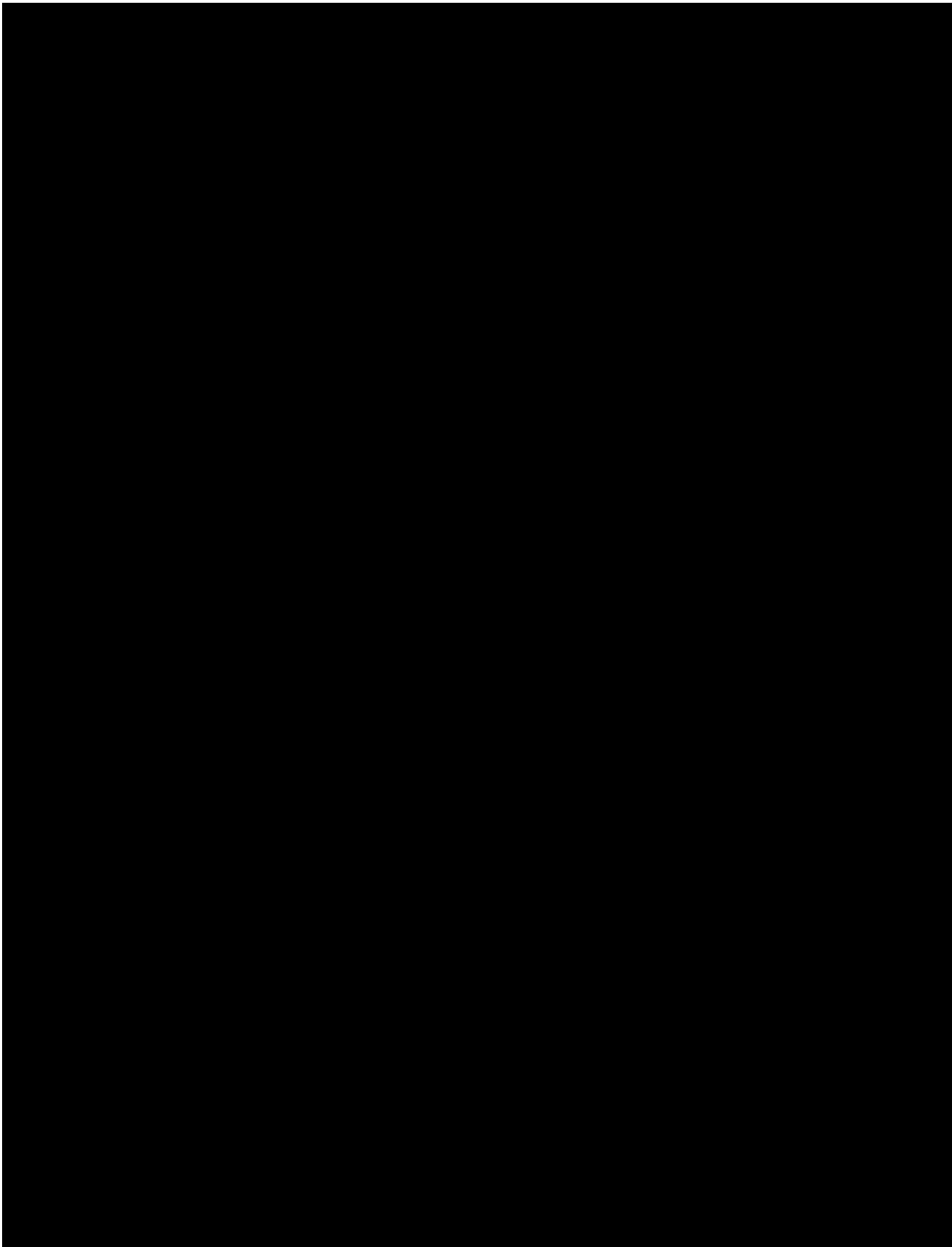


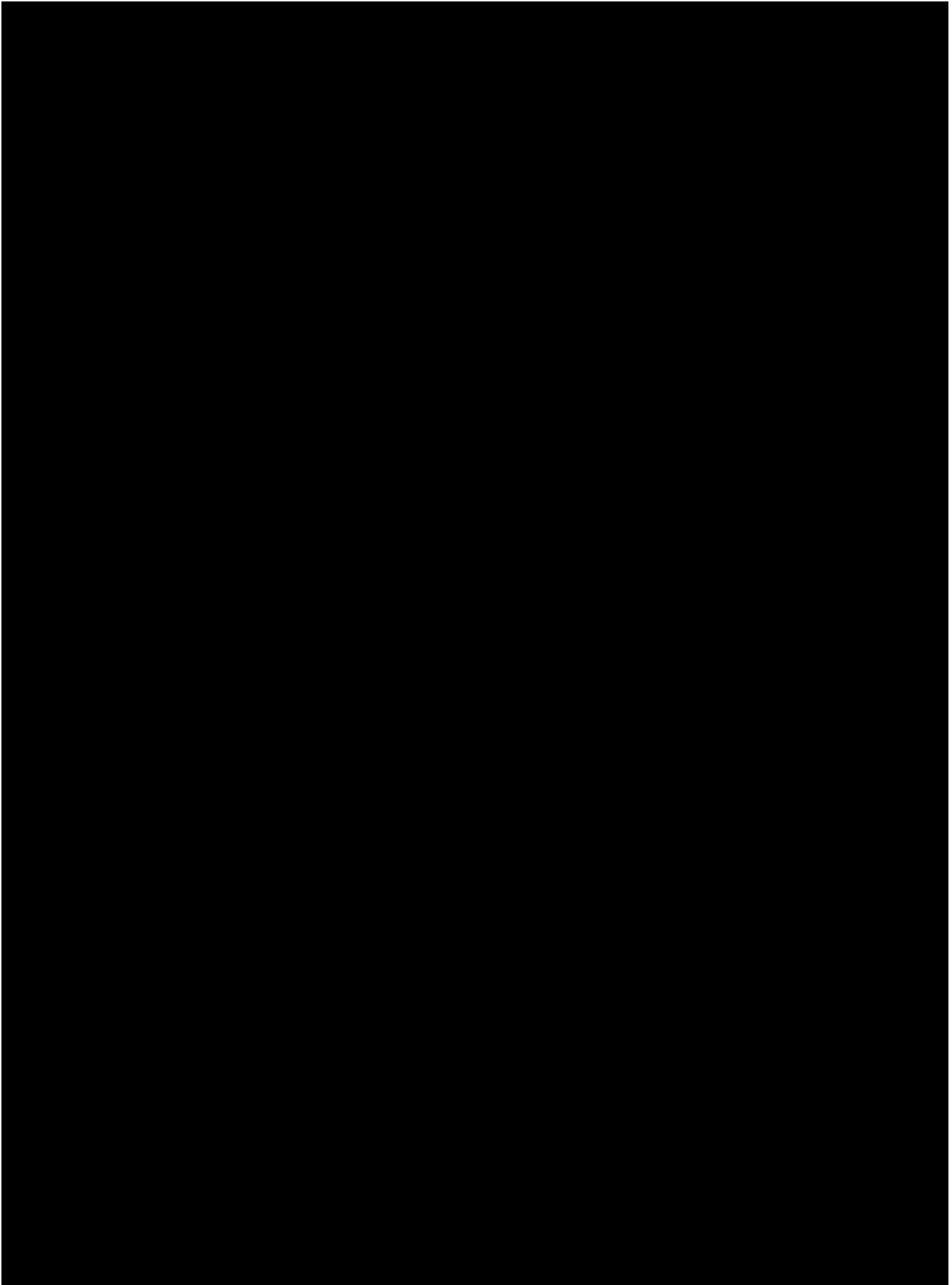


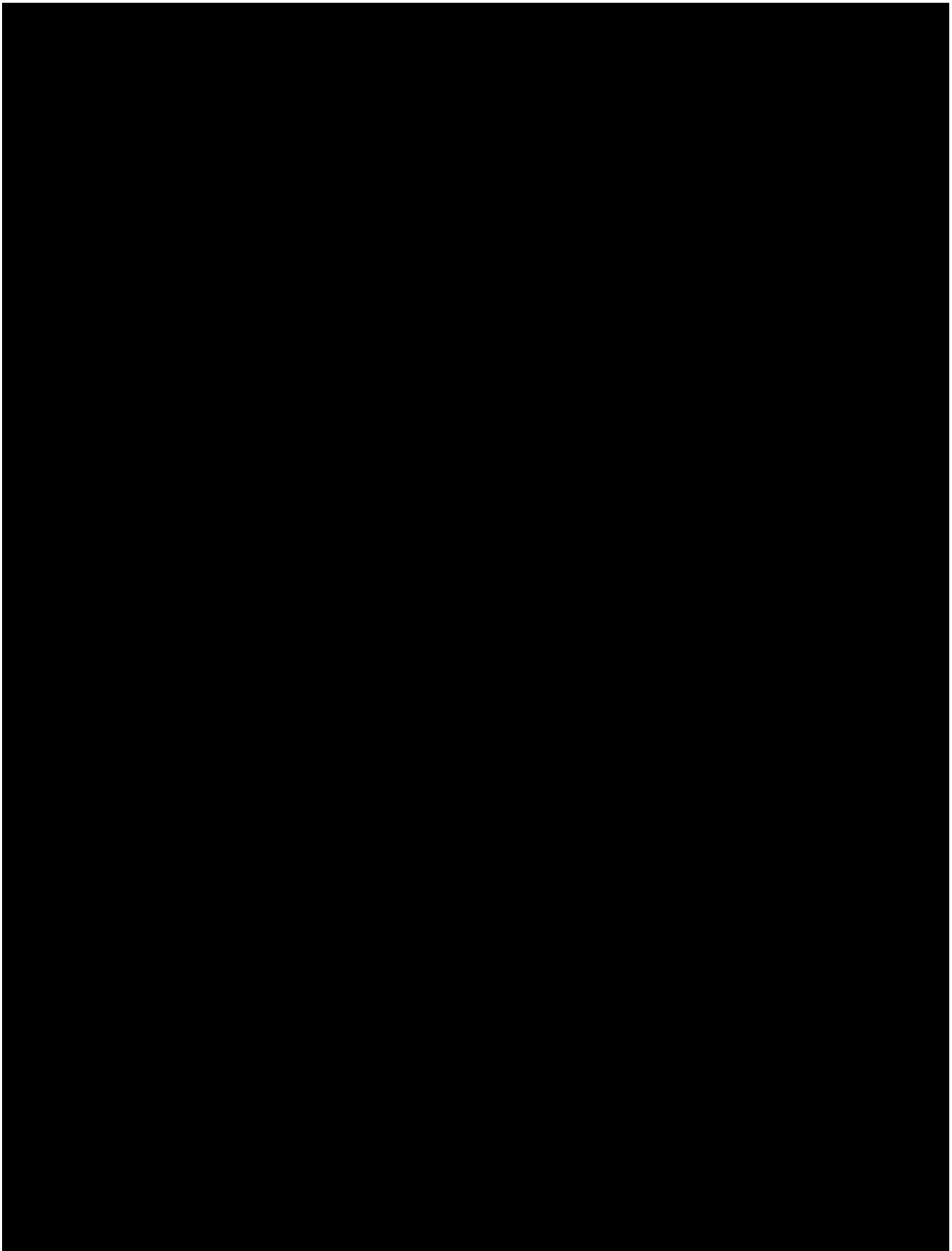


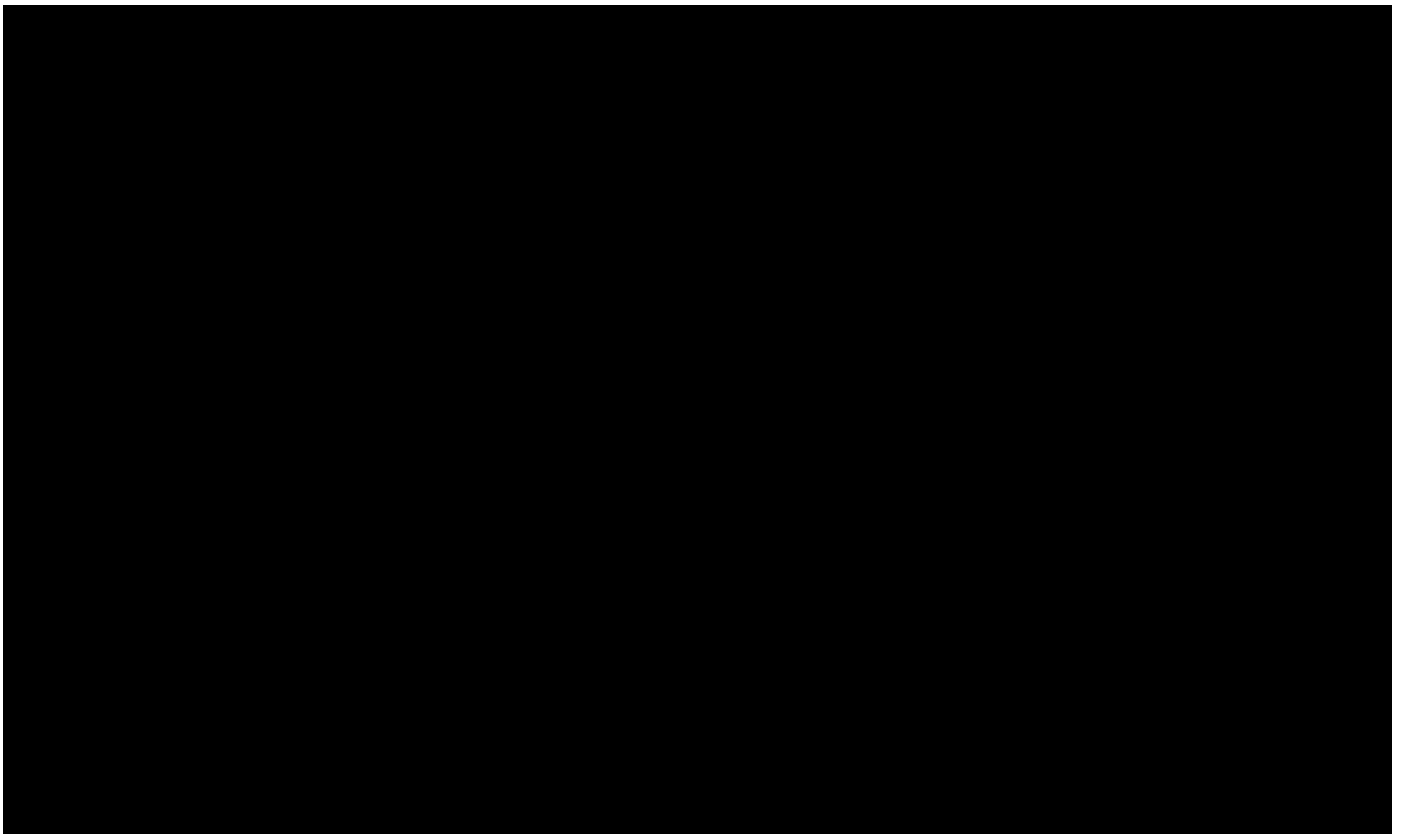


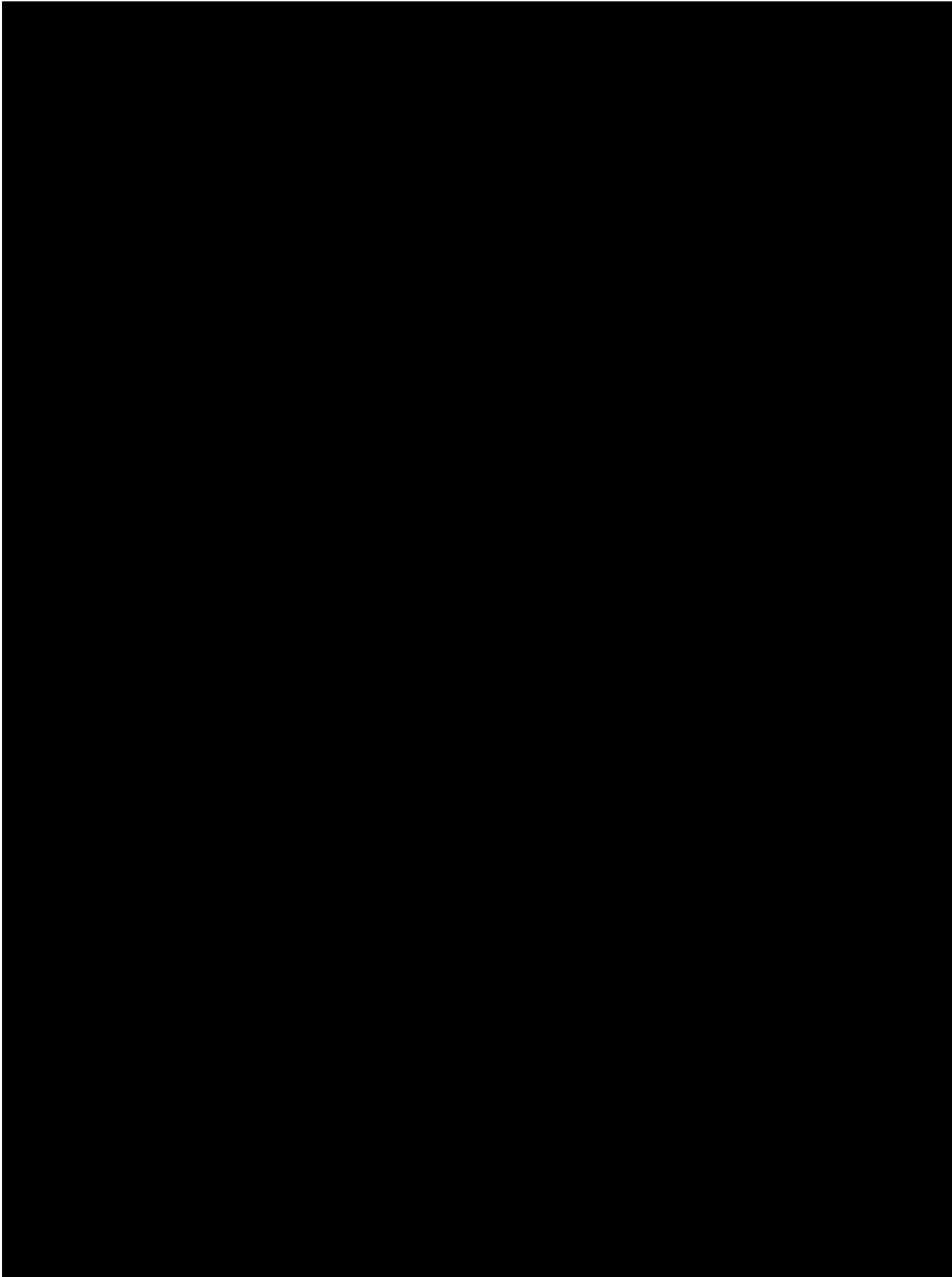


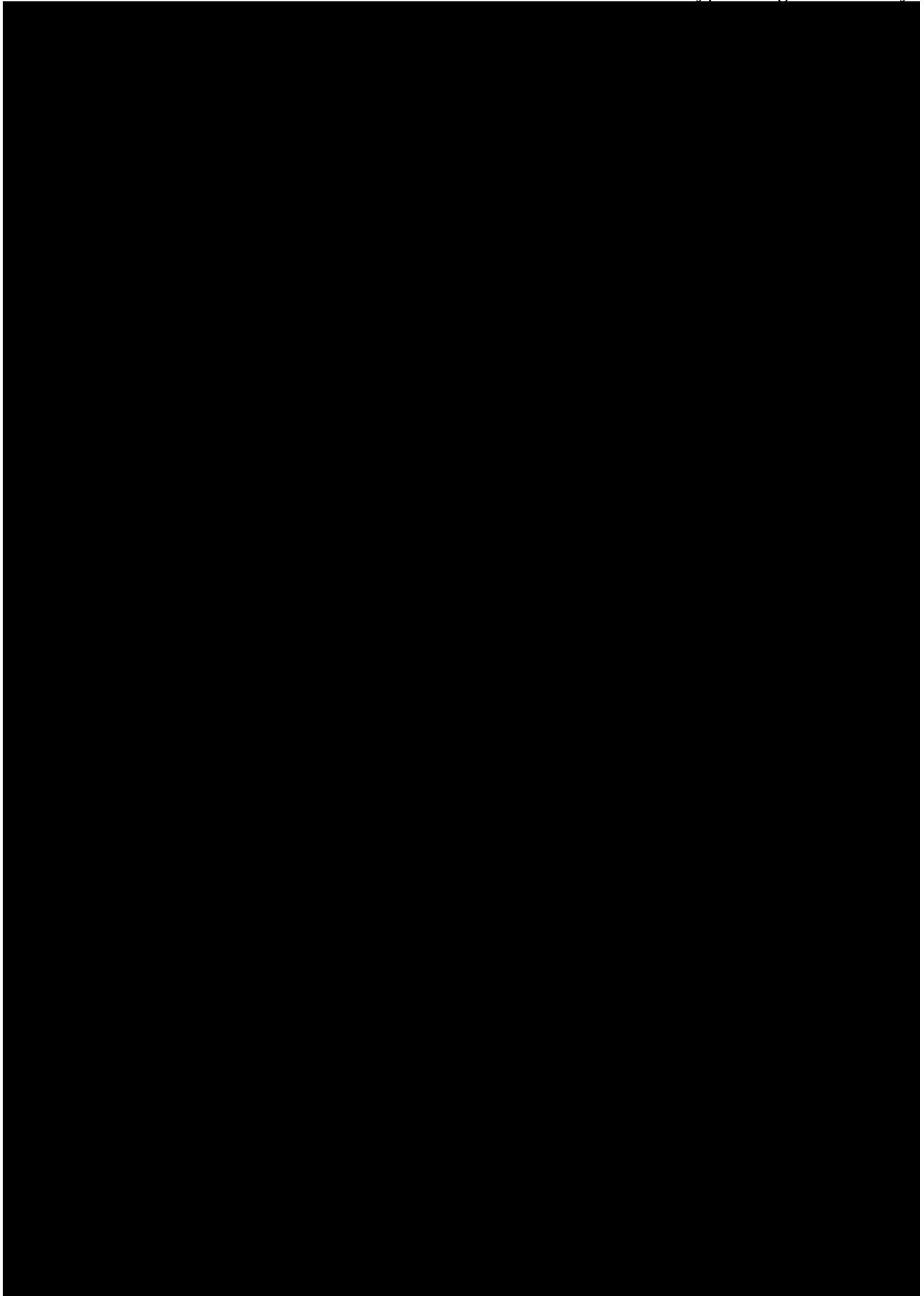


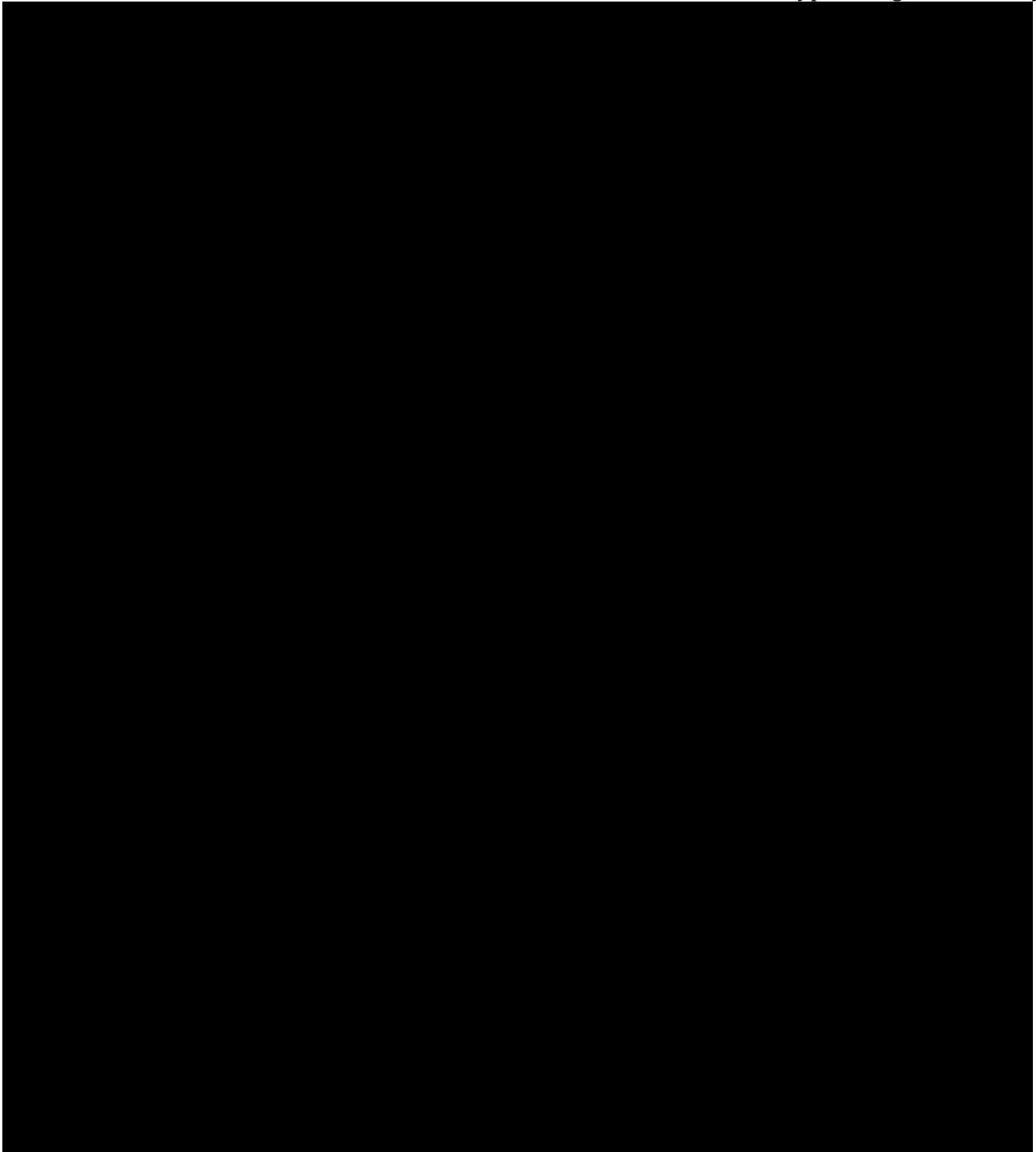




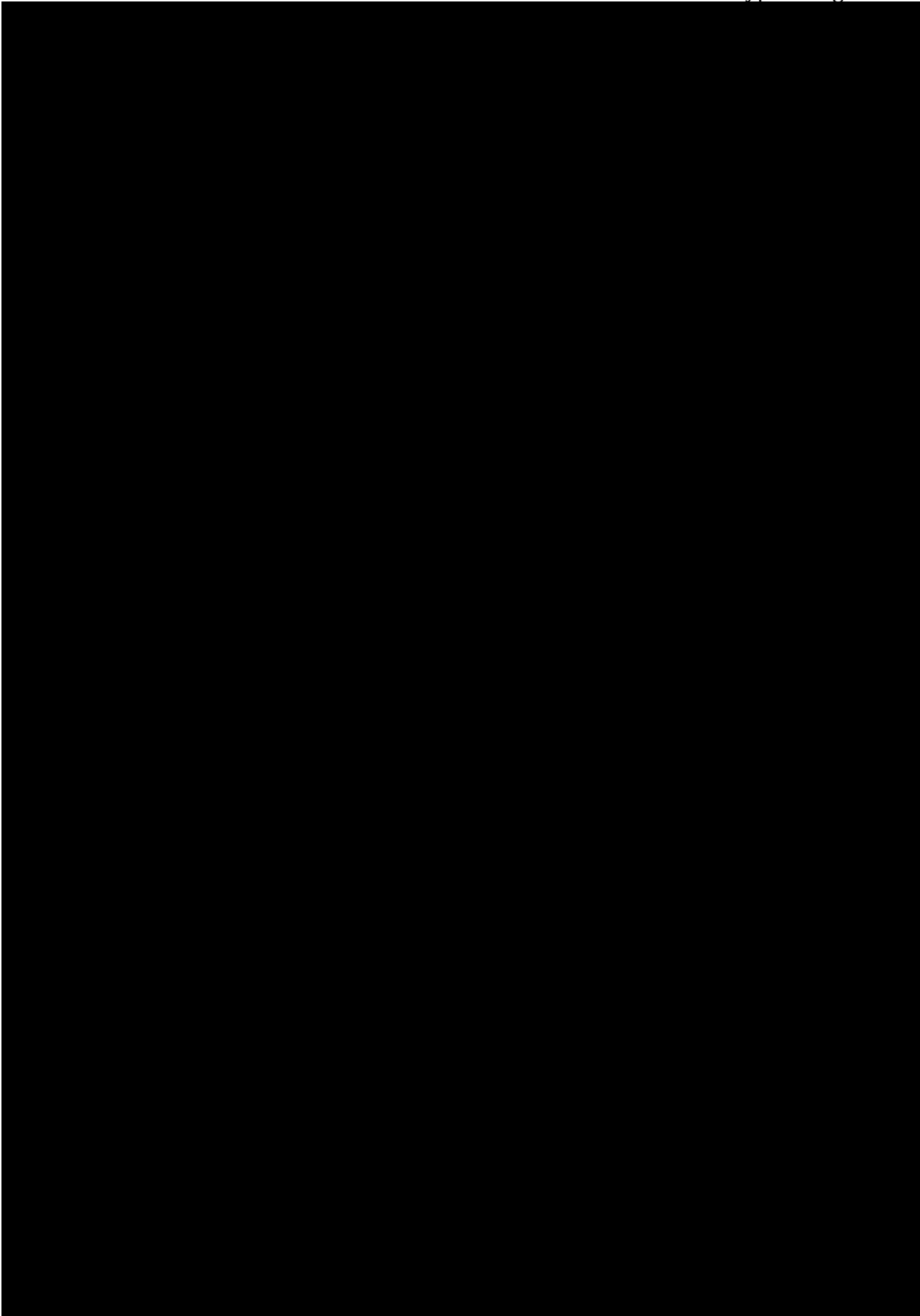


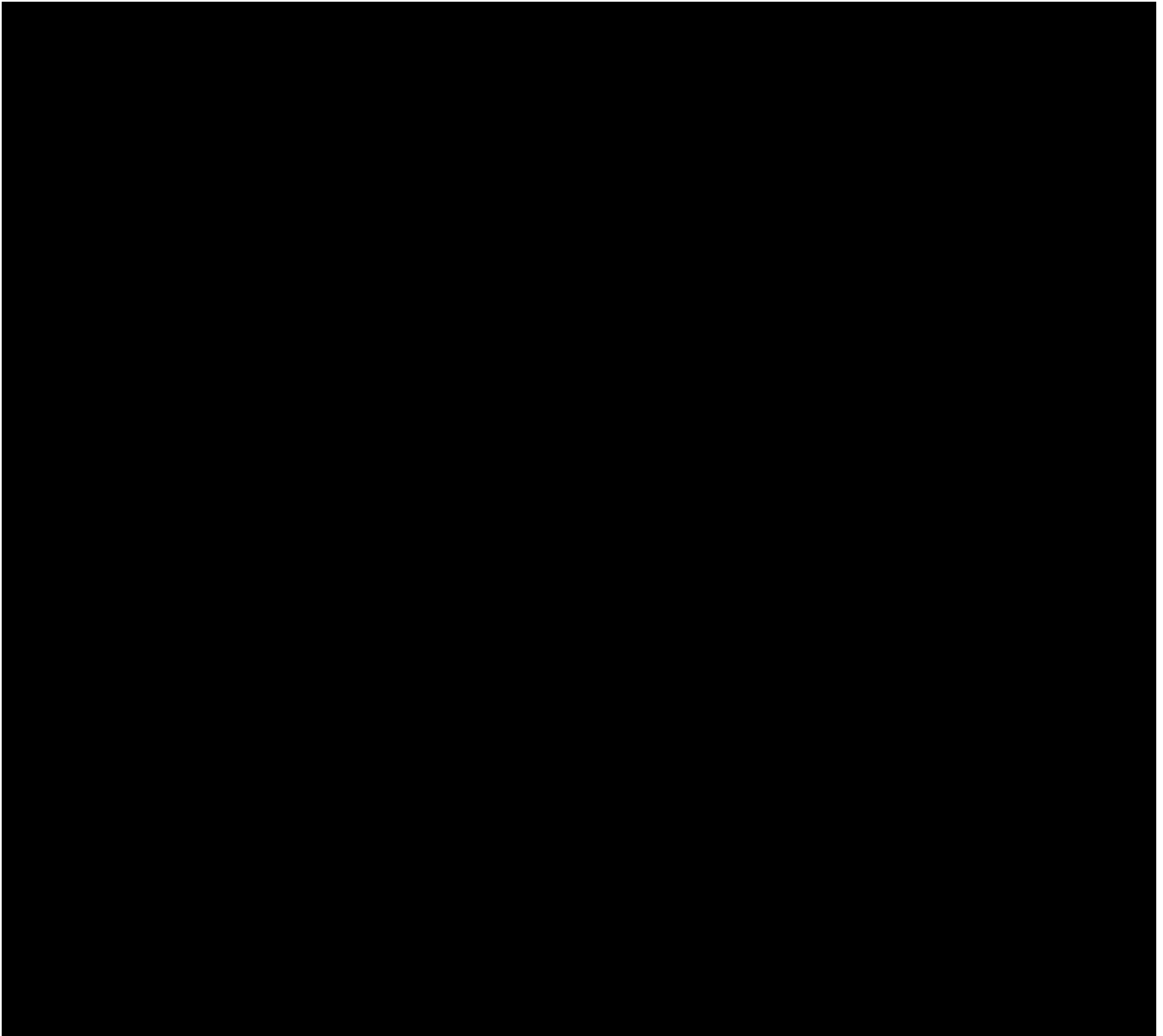


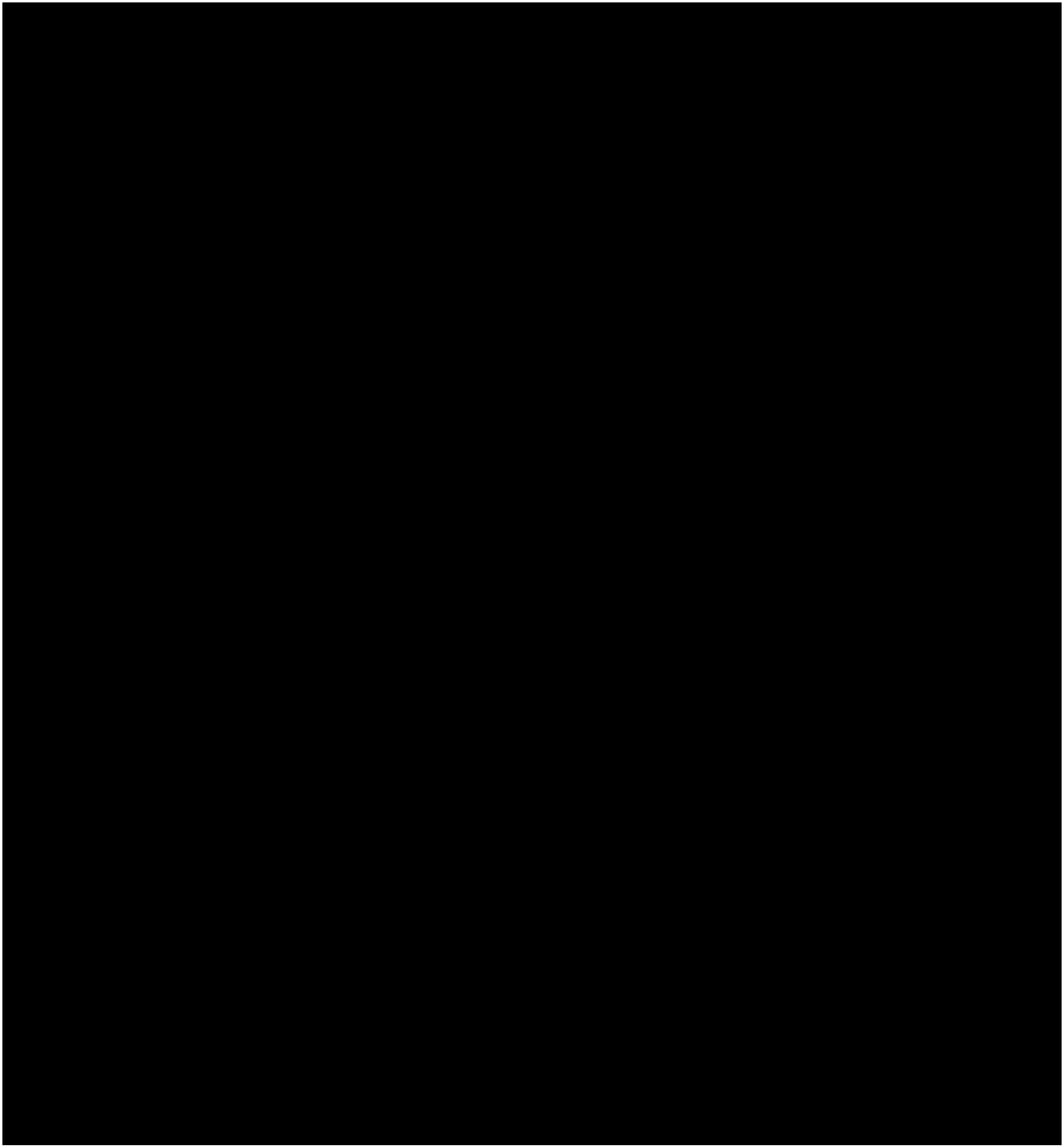












# Exhibit 10 – Tax Plan

## 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

Applicant takes seriously its obligation to comply with all applicable federal, state and local tax compliance requirements, with all filings accurately completed and filed with the applicable taxing authorities, and all payments accurately calculated and remitted to the applicable taxing authorities, in each case on a timely basis. In turn, Applicant understands that failure to comply with federal, state and local tax laws can result in penalties and the potential revocation of its Integrated Facility license. In addition, Applicant envisions a comprehensive tax plan as a means by which it can demonstrate transparency and compliance in its operations to governmental regulators, including the Alabama Medical Cannabis Commission (“Commission”), as well as its competency in operating in the uniquely-taxed cannabis industry.

**Applicant has the expertise and wherewithal to compliance with applicable tax obligations and reporting requirements.**

Owing to the personal experiences of several members of its management team operating tax-compliant, vertically-integrated cannabis operations in other jurisdictions, Applicant has a strong understanding of the relevant tax compliance obligations and reporting requirements relating to a vertically-integrated medical cannabis business. In particular, Applicant has identified the following types of taxes with which it must comply, and has identified its standard operating procedures for each such tax to meet the relevant obligations and requirements.

*Applicant will pay income taxes.*

Federal Income Tax:

- Applicant is a multi-member limited liability company that is classified as a partnership for federal income tax purposes. Therefore, Applicant generally will not owe federal income tax at the entity level. **26 C.F.R. 1.701-1.**
- Applicant will timely file IRS Form 1065 (U.S. Return of Partnership Income), including all applicable schedules (e.g., Schedules K-1), by the annual filing deadline. **26 U.S.C. 6031 and 6072.** Applicant also will furnish each of its members with a Schedule K-1 by such original or extended annual filing deadline, as applicable. **26 U.S.C. 6031(b).**

State Income Tax:

- Under the default rules, Applicant also would be treated as a partnership for Alabama state income tax purposes, in which case Applicant generally would not owe Alabama state income tax at the entity level. **§§ 40-18-24 and 40-18-1(35), Ala. Code 1975; Ala. Rev. Proc. 98-001 (March 16, 1998).**
- If, however, Applicant makes a timely election to be subject to Alabama's state income tax at the entity level by filing Alabama Form PTE-E online via the My Alabama Taxes ("MAT") platform at any time during the relevant tax year or by the 15<sup>th</sup> day of the third month following the end of the relevant tax year in accordance with **§ 40-18-24.4(d), Ala. Code 1975**, Applicant would be subject to Alabama income tax (currently at a rate of 5.0% of taxable income in excess of \$3,000, the highest marginal income tax rate for individuals) on its taxable income apportioned to Alabama and would submit estimated tax payments, in accordance with **§ 40-18-24.4(e), Ala. Code 1975.**
- In either case, Applicant will timely file Alabama Form 65 (Partnership/Limited Liability Company Return of Income), including all applicable schedules (e.g., Schedules K-1), by the annual filing deadline. **Ala. Admin. Code, Reg. 810-3-28-01.** Applicant also will furnish each of its members with a Schedule K-1 by such original or extended annual filing deadline, as applicable. **§ 40-18-28, Ala. Code 1975; Ala. Admin. Code, Reg. 810-3-28-01.**
- If Applicant elects to be taxed at the entity level, then in addition to filing Alabama Form 65, it will file Alabama Form EPT (Electing Pass-Through Entity Return), including all applicable schedules (e.g., Schedules EPT-K1), by the annual filing deadline. Applicant also will furnish each of its members with a Schedule EPT-K1 by such original or extended annual filing deadline, as applicable. **Ala. Admin. Code, Reg. 810-3-36-.01.**

*Applicant will pay business privilege taxes and obtain all necessary licenses.*

Alabama Business Privilege Tax:

- Applicant will apply for a Business Privilege License and will file Alabama Form PPT and pay an annual Alabama Business Privilege Tax of \$0.25-\$1.75 per \$1,000 of its net worth (i.e., the sum of its capital accounts) apportioned to Alabama (max. \$15,000) as of January 1 each year. **§40-14A-22, Ala. Code 1975.** Applicant will also comply with the annual filing and payment deadline. **Ala. Admin. Code, Reg. 810-2-8-.06.**

Alabama Medical Cannabis Privilege Tax:

- Applicant will also pay an annual Alabama Medical Cannabis Privilege Tax of \$0.25-\$1.75 per \$1,000 of its net worth (i.e., the sum of its capital accounts) apportioned to Alabama (max. \$15,000) as of January 1 each year. **§20-2A-80, Ala. Code 1975.** Applicant will also comply with the annual payment deadline, which is March 15. **§ 20-2A-80(b)(3), Ala. Code 1975.**

Local Registration

- In addition to a Business Privilege License, Applicant will also apply for a municipality and county license in each and every municipality and county in which it does business, as applicable.

*Applicant will pay sales taxes.*

Applicant will apply for a sales tax permit to the Alabama Department of Revenue, Sales and Use Tax Division using the MAT platform. **§ 40-23-6, Ala. Code 1975.**

Retail Sales (General)

- Applicant will collect Alabama sales tax at a rate of 4% on the gross proceeds of retail sales of tangible personal property made by it in Alabama, in accordance with **§ 40-23-2(1), Ala. Code 1975,** and will file and remit such sales taxes using the MAT platform by the 20<sup>th</sup> of the month for the preceding month's liability. **§ 40-23-7, Ala. Code 1975.** Applicant will also collect and file and remit all municipal and county sales taxes applicable in the locations in which it does business.

Retail Sales (Medical Cannabis)

- Applicant will also collect Alabama medical cannabis sales tax at a rate of 9% on the gross proceeds of retail sales of medical cannabis made by it in Alabama, in accordance

with **§20-2A-80(a), Ala. Code 1975**, and will file and remit such sales taxes using the MAT platform by the 20<sup>th</sup> of the month for the preceding month's liability.

*Applicant will pay payroll taxes.*

Applicant expects to hire a payroll company which accepts Alabama cannabis companies for payroll processing. Applicant expects this company to assist in the preparation of any required filings in a timely manner and Applicant will review, approve and sign any required filings prior to their submission.

#### Federal Payroll Taxes

- Applicant will report required federal withholding and payments for federal income, social security and Medicare taxes by filing IRS Form 941, Employer Quarterly Federal Tax Return each quarter. **26 C.F.R. 31.6011(a)-1**. Applicant will report its federal unemployment tax by filing IRS Form 940, Employer's Annual Federal Unemployment Tax Return, by January 31 of each year and deposit payments quarterly. Applicant will file an IRS Form W-2, Wage and Tax Statement, for each applicable employee for whom federal taxes were and comply with all federal backup withholding requirements.

#### State Payroll Taxes

- Applicant will apply for an Alabama Withholding Tax Code Number with the Alabama Department of Revenue and will file gross income taxes withheld as well as contributions for unemployment insurance, healthcare subsidies, workforce deployment, disability insurance, and family leave insurance monthly, in accordance with **Ala. Admin. Code, Reg. 810-3-74-.01**. Applicant will also file each employee's IRS Form W-2, Wage and Tax Statement and Alabama Form A-3, Annual Reconciliation of Income Tax Withheld with the Department of Revenue by January 31 of each year. **Ala. Admin. Code, Reg. 810-3-75.03**.

#### **Applicant has in place internal controls and accounting practices.**

*Cash management and competent accounting measures will comply with best practices.*

Applicant recognizes that a cash-intensive business requires unique internal controls to safeguard its assets and to maintain adequate records of cash transactions. The IRS defines a cash-intensive business as one that receives most of its revenues in cash



and/or pays many of its expenses in cash. To maintain proper accounting records to support potential tax and other regulatory audits, a cash-intensive business must document the flow of each receipt or revenue from the customer's hands to the business, to the final end in the business bank account or as a payment for a business expense. In order to create accountability and to generate these key performance indicators, Applicant will maintain a perpetual accounting system, likely QuickBooks or similar. Using this system will ensure accuracy when Applicant collaborates between its internal and external accounting teams. In turn, Applicant will build complete standard operating procedures for accounting to ensure that all federal, state and local taxes are navigated and paid.

*Applicant has experienced cannabis accounting leadership.*

██████████ is Applicant's Chief Financial Officer ("CFO"). A Certified Public Accountant and a Certified Fraud Examiner, ██████████ is a highly-skilled accounting professional with a record of success in public accounting. While employed at a multi-state cannabis company (one of Applicant's minority owners), ██████████ has helped to develop the company's Accounting and Finance Department, implementing internal controls to ensure integrity and accuracy. In an industry with many accounting complexities, specifically regarding the tax consequences of IRS Section 280E, ██████████ has provided sound support and strategic vision. In his role as Applicant's CFO, ██████████ will leverage the resources and experience of several outside CPA firms such as ██████████, ██████████.

"I, the undersigned Certified Public Accountant, hereby verify the enclosed Tax Plan."

██████████  
\_\_\_\_\_  
Printed Name of Verifying Official Title of Verifying Official

██████████  
\_\_\_\_\_  
Signature of Verifying Official Verification Date

*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23  
\_\_\_\_\_  
Verification Date

**Summary**

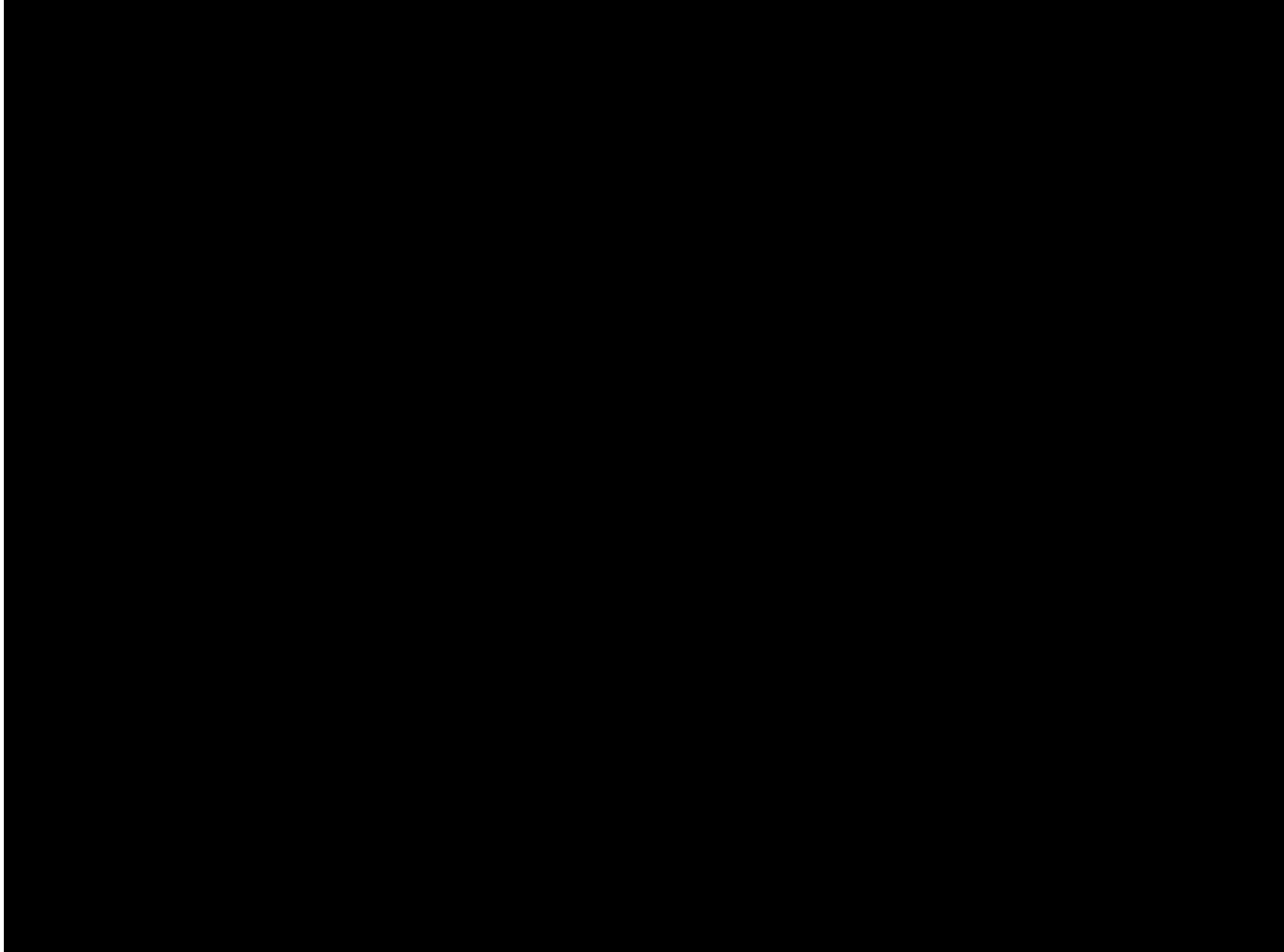
Insa Alabama, LLC (“Applicant”) is jointly owned by [REDACTED] [REDACTED] experienced multi state cannabis operators, see Entity Organizational Chart, Capitalization Table, and Entities Directly Involved in the Cannabis Industry Statement (identified as “Entity Ownership Chart – Attachment to Exhibit 11”); and was formed as an Alabama LLC on September 12, 2022, see Certificate of Formation (identified as “Certificate of Formation – Attachment to Exhibit 11”). Applicant is in compliance with the Alabama Department of Revenue, see Certificate of Compliance (identified as “Certificate of Compliance – Attachment to Exhibit 11”), currently exists with the Alabama Secretary of State, see Certificate of Existence (identified as “Certificate of Existence – Attachment to Exhibit 11”), and operates pursuant to its Operating Agreement, see Operating Agreement (identified as “Operating Agreement – Attachment to Exhibit 11”).

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Certificate of Existence – Attachment to Exhibit 11 .....	10
Operating Agreement – Attachment to Exhibit 11.....	11

Entity Ownership Chart – Attachment to Exhibit 11

**Entity Organizational Chart for Insa Alabama, LLC**



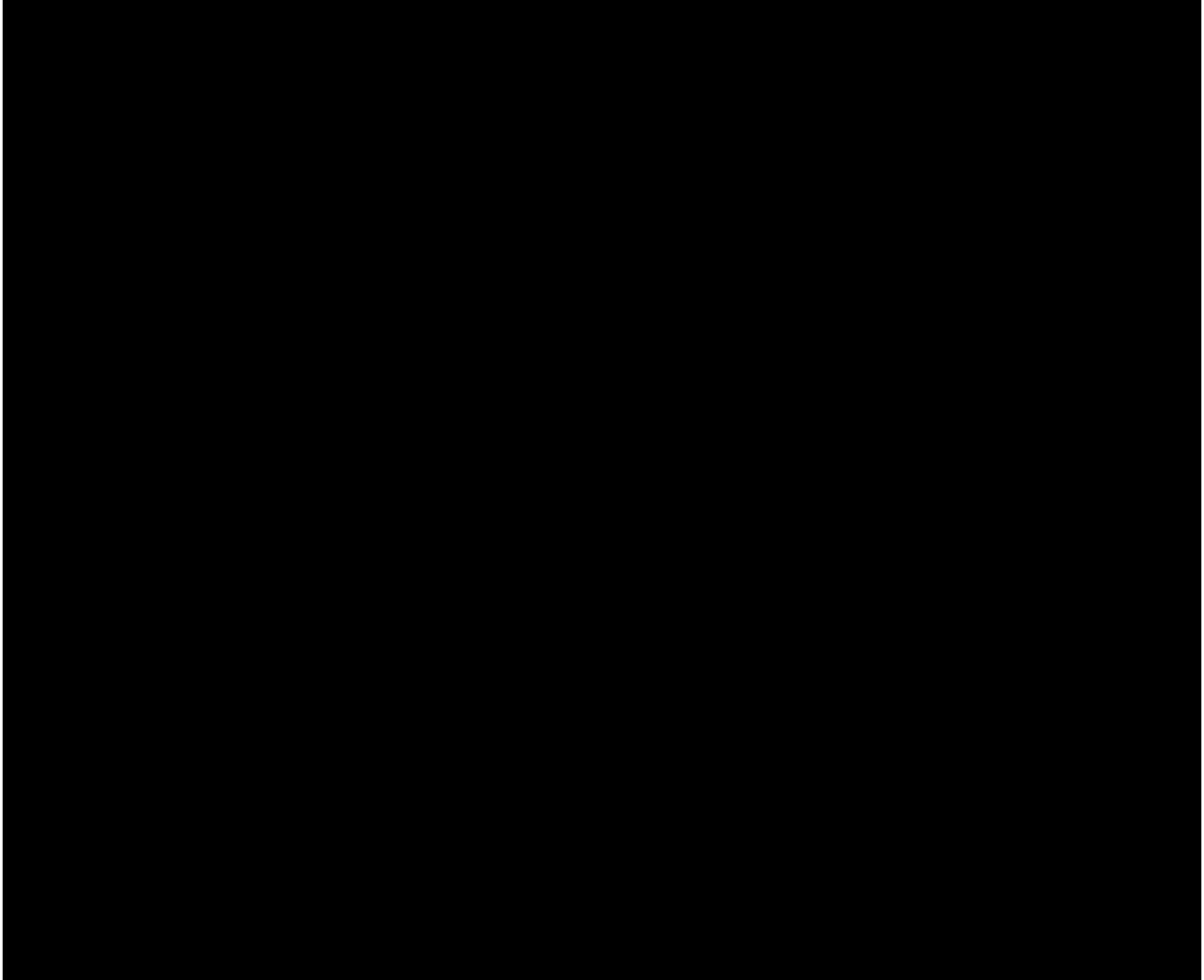
Entity Ownership Chart – Attachment to Exhibit 11

**Capitalization Table of Insa Alabama, LLC**

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

Entity Ownership Chart – Attachment to Exhibit 11

**Entities Directly Involved in the Cannabis Industry**



Certificate of Formation – Attachment to Exhibit 11  
John H. Merrill  
Secretary of State

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

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Formation filed on behalf of Insa Alabama, LLC, as received and filed in the Office of the Secretary of State on 09/12/2022.



20221103000004630

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.

11/03/2022

Date

A handwritten signature in black ink that reads 'John H. Merrill'.

John H. Merrill

Secretary of State

Certificate of Formation – Attachment to Exhibit 11

**CERTIFICATE OF FORMATION  
OF  
Insa Alabama, LLC**

STATE OF ALABAMA            )  
COUNTY OF MONTGOMERY    )

The undersigned organizer desires to form a Limited Liability Company under the Alabama Limited Liability Company Law of 2014, Section 10A-5A-1.01 et seq., Code of Alabama, 1975, as amended, and does hereby certify as follows:

**ARTICLE I  
NAME**

The name of the Limited Liability Company shall be "Insa Alabama, LLC".

**ARTICLE II  
REGISTERED OFFICE AND AGENT**

The initial registered office of this Limited Liability Company is located at 453 South Hull Street, Montgomery, Alabama 36104. The name of the initial registered agent of the Limited Liability Company at such address is Edwin L. Yates.

**ARTICLE III  
MEMBERS**

The Limited Liability Company has at least one member.

**ARTICLE IV  
SERIES OF ASSETS**

The Limited Liability Company may have one or more series of assets subject to the limitations provided in Section 10A-5A-11.02(a), Code of Alabama 1975 as amended.

*744*  
RECEIVED DATE  
SEP 12 2022  
SECRETARY OF STATE  
OF ALABAMA

Alabama  
Sec. Of State  
New Entity  
001-039-322 DSL  
Date 9/12/2022  
Time 10:39  
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Montgomery County  
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County \$100.00  
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03/006

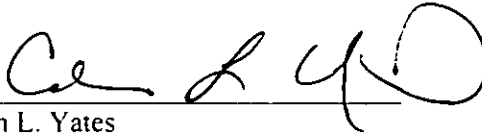


Certificate of Formation – Attachment to Exhibit 11

**ARTICLE V**  
**EFFECTIVE DATE**

This Certificate of Formation shall effective immediately upon filing with the Secretary of State.

IN WITNESS WHEREOF, the undersigned organizer does hereby subscribe his name on this the 12 day of September, 2022.

  
\_\_\_\_\_  
Edwin L. Yates  
Organizer

This document prepared by:  
Edwin L. Yates  
453 S. Hull St.  
Montgomery, AL 36104  
(334) 264-0182

Certificate of Formation – Attachment to Exhibit 11

John H. Merrill  
Secretary of State

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

# STATE OF ALABAMA

**I, John H. Merrill, 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:

**Insa Alabama, LLC**

This name reservation is for the exclusive use of Edwin L. Yates, [REDACTED] [REDACTED] for a period of one year beginning September 06, 2022 and expiring September 06, 2023



RES044254

**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.**

September 06, 2022

Date

Handwritten signature of John H. Merrill in cursive script.

John H. Merrill

Secretary of State



***State of Alabama***  
***Department of Revenue***

**Certificate of Compliance**

**Insa Alabama, LLC** is found to be in compliance for purposes of the issuance of a Certificate of Compliance from the Alabama Department of Revenue. An examination of the Alabama Department of Revenue's records for the following accounts: Corporate Income, Excise, Pass Through Entity, Business Privilege, Business & License Tax, Withholding, International Fuel Tax Agreement, International Registration Plan, and Sales and Use Tax, reveals that the aforementioned taxpayer/entity has filed all applicable tax returns and paid the tax or taxes, interest amounts, and any penalties that were reported due for all tax returns, assessments, and/or audit liabilities that were owed, as of October 27, 2022. No representation is made as to the accuracy of the amounts reported. Like all taxpayers, this taxpayer is subject to audit and billing for additional amounts for periods within the statute of limitations.

*IN WITNESS WHEREOF, I hereunto set my hand this date of October 27, 2022.*

---

*Disclosure Officer*

**Phone: 334-242-1189**

**Fax: 334-242-1030**

Request Date: October 27, 2022  
Request Code: 22102717352108

Certificate of Existence – Attachment to Exhibit 11  
John H. Merrill  
Secretary of State

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

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Insa Alabama, LLC was formed in Alabama, Alabama on September 12, 2022. The Alabama Entity Identification number for this entity is 001-039322. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

**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.**



20221027000016984

10/27/2022

Date

**John H. Merrill**

**Secretary of State**

Operating Agreement – Attachment to Exhibit 11

**COMPANY AGREEMENT OF  
INSA ALABAMA, LLC**

This Company Agreement (the “Agreement”) of Insa Alabama, LLC, an Alabama limited liability company (the “Company”) is effective as the Effective Date (as defined below), by and among the persons identified as Members on Schedule A attached hereto.

WHEREAS, the Company was organized on September 12, 2022 (the “Effective Date”), with such formation being made pursuant to the Alabama Limited Liability Company Law of 2014, Section 10A-5A-1.01 et seq., Code of Alabama, 1975, as amended from time to time (the “Act”), by filing a Certificate of Formation of the Company with the office of the Secretary of State of the State of Alabama (as it may be amended at any time and from time to time, the “Certificate of Formation”);

WHEREAS, it is intended that the Company be treated as a partnership for federal and state income tax purposes.

NOW, THEREFORE, in consideration of the agreements and obligations set forth herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound, the parties hereby agree as follows:

**ARTICLE 1.  
DEFINED TERMS**

**Section 1.1 Definitions.**

As used herein, the following terms shall have the following meanings:

**Acceptance Period**: the meaning set forth in Section 8.6(b).

**Act**: the meaning set forth in the recitals of this Agreement.

**Adjusted Capital Account Balance**: the meaning set forth in Section 1 of Schedule B.

**Adjusted Taxable Profit and Adjusted Taxable Loss**: the meaning set forth in Section 1 of Schedule B.

**Adverse Suitability Determination**: with respect to a Person, a recommendation or determination by a Cannabis Regulatory Body that such Person, its Affiliates, or any of such Person’s or its Affiliates’ respective Representatives is not suitable for licensure in connection with a cannabis business in the State of Alabama pursuant to the AL Cannabis Act, and any regulations, policies, notifications, or approvals of the Alabama Medical Cannabis Commission or any other provision of law.

**Affiliate**: with respect to any Person, any Person that controls, is controlled by or is under common control with such Person.

Operating Agreement – Attachment to Exhibit 11

**Agreement:** this Company Agreement, as amended, modified, supplemented or restated from time to time.

**AL Cannabis Act:** An Act Relating to the Medical Use of Cannabis (SB46), codified as the Darren Wesley “Ato” Hall Compassion Act, Section 20-2A-1 et seq., Code of Alabama 1975, as amended from time to time.



**Assignee:** any Person who acquires a Membership Interest, or any part thereof, in accordance with Section 8.1 and Section 8.2, and any Person who, notwithstanding the provisions of Section 8.1, acquires a Membership Interest from any Member by involuntary transfer of such Membership Interest.

**Board:** the meaning set forth in Section 4.1(a).

**Book Item:** the meaning set forth in Section 5(a) of Schedule B.

**Cannabis Regulatory Body:** any regulatory body in Alabama that regulates cannabis businesses, any municipality that regulates cannabis businesses, any other governmental body that regulates cannabis businesses, or the staff of such regulatory or governmental bodies, including but not limited to the Alabama Medical Cannabis Commission.

**Capital Account:** the meaning set forth in Section 2 of Schedule B.

**Capital Contribution:** as to each Member, the aggregate amount of cash and the fair market value (as determined by Manager Approval) of property other than cash contributed to the Company by such Member.

**Certificate of Formation:** the meaning set forth in the recitals of this Agreement.

**Change of Control:** (i) a sale of the Company, whether by merger, consolidation or otherwise, (ii) a sale of a majority of the Membership Interests by the Members, or (iii) the sale, lease, transfer, exclusive license or other disposition by the Company of all or substantially all the assets of the Company.

**Company:** the meaning set forth in the first paragraph of this Agreement.

**Company Agreement:** means this Agreement and the provisions of the Act not in conflict herewith.

**Company Minimum Gain:** the meaning set forth in Section 1 of Schedule B.

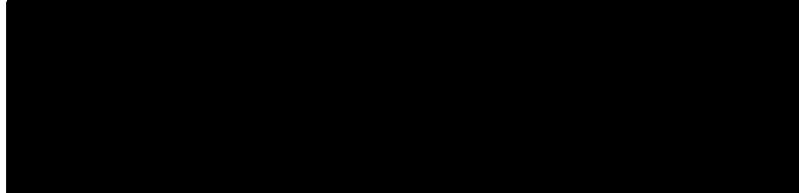
**Covered Person:** the meaning set forth in Section 12.2(a).

**Depreciation:** the meaning set forth in Section 1 of Schedule B.

**Distributable Cash:** as of any particular time and as determined by Manager Approval, all cash, revenues, and funds received by the Company from any source whatsoever

Operating Agreement – Attachment to Exhibit 11

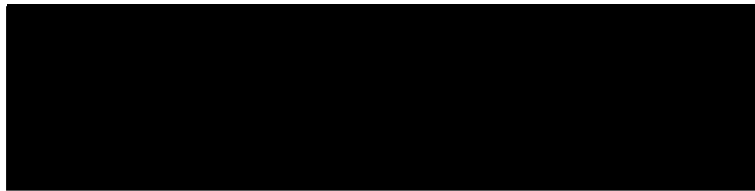
less the sum of the following to the extent paid or set aside by the Company: (i) all principal and interest payments on indebtedness of the Company and all other sums paid to lenders (which may include Members); (ii) all cash expenditures incurred incident to the normal operation of the Company's business as determined by Manager Approval; and (iii) such reserves deemed appropriate, as determined by Manager Approval, for the proper operation of the Company's business after taking into account the foregoing items.



**Effective Date:** the meaning set forth in the preamble.

**Excess Capital Contribution:** with respect to each Member, the amount by which the Capital Contribution of such Member exceeds the aggregate amount such Member would have made as capital contributions to the Company had the Member only made capital contributions in proportion to its Percentage Interest.

**Fiscal Year:** the meaning set forth in Section 2.5.



**Gross Asset Value:** the meaning set forth in Section 1 of Schedule B.

**Internal Revenue Code:** the meaning set forth in Section 1 of Schedule B.

**Liquidating Agent:** the meaning set forth in Section 10.1(a).

**Manager:** the initial Managers, and each other Person who may be designated or elected from time to time by the Members in accordance with Section 4.1 to serve as a Manager hereunder, in each case, as long as such person shall serve, and in such person's capacity, as a Manager hereunder.

**Manager Approval:** approval by the Managers then in office, given pursuant to the terms and subject to the conditions of Section 4.3.

**Member:** any Person named as a member of the Company on Schedule A hereto as of the date hereof and any Person admitted as an additional Member or as a Substitute Member pursuant to the provisions of this Agreement, in such Person's capacity as a member of the Company.

Operating Agreement – Attachment to Exhibit 11

**Member Approval:** written approval by the Members holding at least two-thirds (2/3rds) of the Percentage Interests as reflected on Schedule A hereof at the time of such determination.

**Member Nonrecourse Debt:** the meaning set forth in Section 1 of Schedule B.

**Member Nonrecourse Debt Minimum Gain:** the meaning set forth in Section 1 of Schedule B.

**Member Tax Amount:** the meaning set forth in Section 6.4.

**Membership Interest:** a Member's share of the Adjusted Taxable Profit and Adjusted Taxable Loss of the Company and a Member's right to receive distributions of the Company's assets, reflected with respect to such Member by such Member's Percentage Interest and in each case subject to the terms and conditions of this Agreement, such meaning being the same as the meaning given for "limited liability company interest" in the Act.

**Nonrecourse Deductions:** the meaning set forth in Section 1 of Schedule B.

**Nonrecourse Liability:** the meaning set forth in Section 1 of Schedule B.

**Offered Securities:** the meaning set forth in Section 8.6(a).

**Partnership Tax Audit Rules:** the meaning set forth in Section 1 of Schedule B.

**Percentage Interest:** for each Member, the Percentage Interest set forth on Schedule A hereto as of the date hereof and as modified from time to time pursuant to the provisions of this Agreement.

**Person:** shall include any corporation, association, joint venture, partnership, limited partnership, limited liability company, business trust, institution, foundation, pool, plan, government or political subdivision thereof, government agency, trust or other entity or organization or a natural person.

**Preferred Return:** means, with respect to each Member, a five percent (5%) per annum (compounding annually) return on the amount of such Member's Unreturned Excess Capital Contribution, which shall begin to accrue with respect to any portion of such Unreturned Excess Capital Contribution from the date such Member made the applicable portion of such Member's Excess Capital Contribution to the Company.

**Proposed Transferee:** the meaning set forth in Section 8.6(a).

**Representative:** means, with respect to a Person, such Person's officers, directors, employees, members, managers, equity holders, agents, consultants, advisors and representatives.

**Repurchase Interest:** the meaning set forth in Section 8.9.



Operating Agreement – Attachment to Exhibit 11

**Repurchase Member**: the meaning set forth in Section 8.9.

**Repurchase Price**: the meaning set forth in Section 8.9.

**Repurchase Trigger Event**: the meaning set forth in Section 8.9(a).

**Right of Co-Sale**: the meaning set forth in Section 8.7(a).

**Right of First Refusal**: means the right, but not the obligation, of RG, or its successors or assigns, to purchase some or all of the Offered Securities with respect to a proposed Transfer by the Alabama Partner.

**Securities Act**: the United States Securities Act of 1933, as amended.

**Selling Member**: the meaning set forth in Section 8.6(a).

**Substitute Member**: an Assignee of all or any portion of the Membership Interest of a Member, which Assignee is admitted as a Member of the Company pursuant to Article 8.

**Tax Distributions**: the meaning set forth in Section 6.3(d).

**Tax Liability**: with respect to any Member and any Fiscal Year of the Company, an amount, as determined by Manager Approval, equal to the product of the Tax Rate multiplied by the amount of taxable income of the Company allocated to such Member for United States federal income tax purposes in the Company's tax return filed or to be filed with respect to such Fiscal Year.

**Tax Matters Person**: the meaning set forth in Section 6(a) of Schedule B.

**Tax Rate**: with respect to any Fiscal Year of the Company, a single assumed combined United States federal, state and local income tax rate, as determined by Manager Approval. In exercising their discretion in determining the Tax Rate, the Managers may, but are not required to, take into account such factors as they choose in their sole discretion, including an assumed tax status (such as individual or corporation), assumed locality of residence of the Members, the different tax rates that may be in effect for different types of income, and any applicable United States federal deduction for state income taxes.

**Transfer**: means any assignment, sale, offer to sell, pledge, mortgage, hypothecation, encumbrance, disposition of or any other like transfers or encumbering of any Membership Interest (or any interest therein) by any of the Members.

**Transfer Notice**: the meaning set forth in Section 8.6(a).

**Treasury Regulations**: the meaning set forth in Section 1 of Schedule B.

**Unpaid Preferred Return**: the Preferred Return of a Member reduced by the aggregate cumulative amount of distributions previously received by such Member pursuant to

Operating Agreement – Attachment to Exhibit 11

**Section 6.3(c)(i) (including, for the avoidance of doubt, any distributions pursuant to Section 10.2 or Section 6.3(d) to the extent made in accordance with Section 6.3(c)(i)).**

**Unreturned Excess Capital Contribution: the Excess Capital Contribution of a Member reduced by the aggregate cumulative amount of distributions previously received by such Member pursuant to Section 6.3(c)(ii) (including, for the avoidance of doubt, any distributions pursuant to Section 10.2 or Section 6.3(d) to the extent made in accordance with Section 6.3(c)(ii)).**

**ARTICLE 2.  
GENERAL PROVISIONS**

**Section 2.1 Organization; Continuation of the Company.**

The Company has been formed by the filing of its Certificate of Formation with the Secretary of State of the State of Alabama pursuant to the Act. [REDACTED]

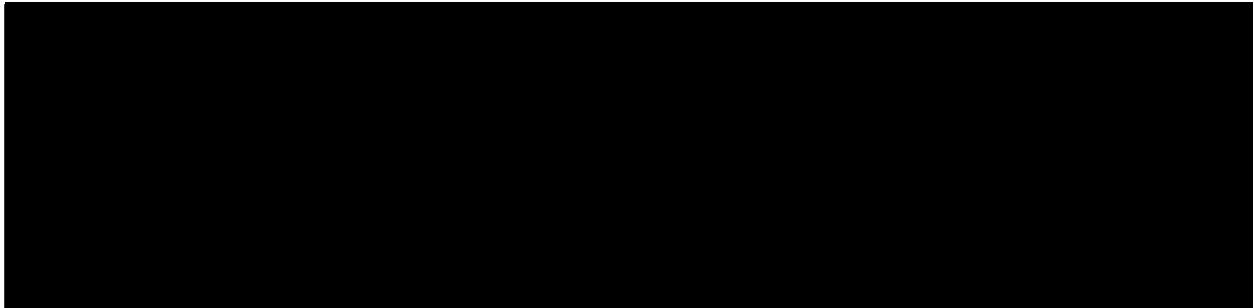
[REDACTED] The Members hereby agree to continue the Company as a limited liability company under and pursuant to the provisions of the Act and agree that the rights, duties and liabilities of the Members shall be as provided in the Act, except as otherwise expressly provided herein.

**Section 2.2 Company Name.**

(a) The name of the Company is “Insa Alabama, LLC”. All business of the Company shall be conducted under the Company name. The Managers shall promptly execute, file and record such certificates as are required by any applicable limited liability company act, fictitious name act or similar statute.

(b) The Company shall at all times have all rights in and to the Company name. The Company may use the Company name or any portion thereof in connection with any other partnership, limited liability company or business activity entered into by the Company. Upon the dissolution of the Company pursuant to the provisions of Article 10 or otherwise, except as otherwise expressly provided herein or by applicable law, or by Manager Approval, no further business shall be done in the Company name except for the completion of any transactions in process and the taking of such action as shall be necessary for the performance and discharge of the obligations of the Company, the winding up and liquidation of its affairs and the distribution of its assets.

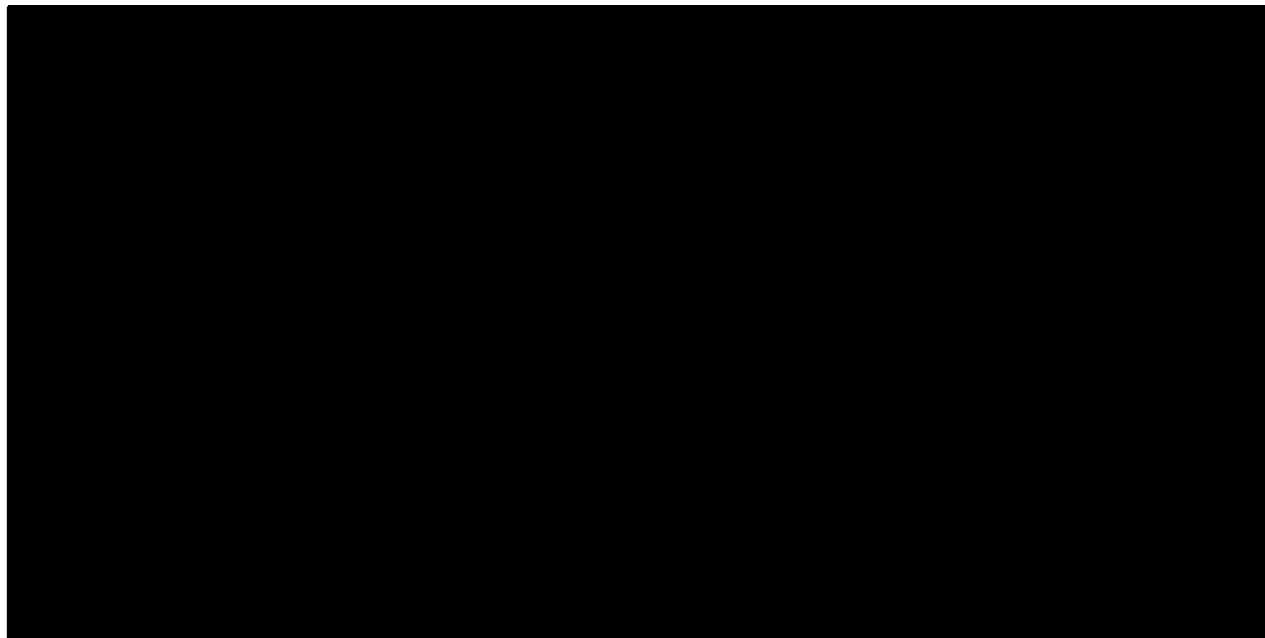
**Section 2.3 Place of Business; Agent for Service of Process.**



**Section 2.4 Purposes and Powers of the Company.**

(a) The purpose of the Company is to engage in cannabis activities; any and all activities necessary, advisable or incidental thereto, to the extent permitted and in accordance with Alabama law; and any other lawful business, purpose or activity for which limited liability companies may be formed under the Act.

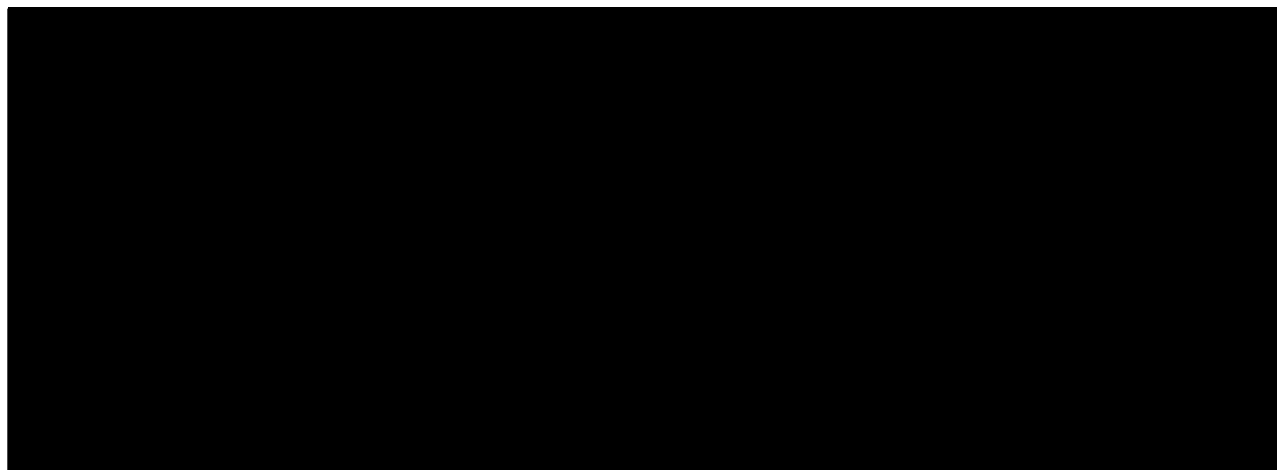
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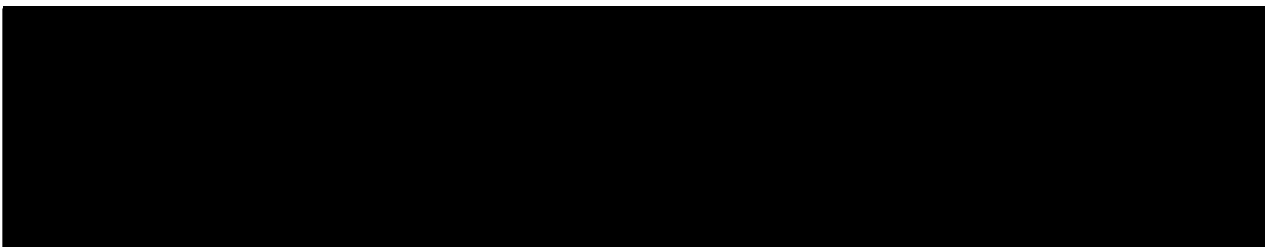
**Section 2.5            Fiscal Year.**

The "Fiscal Year" of the Company shall be the tax year of the Company and shall initially be the calendar year, or such other Fiscal Year as may be designated by Manager Approval and permitted by the Internal Revenue Code.

**ARTICLE 3.  
GENERAL PROVISIONS**



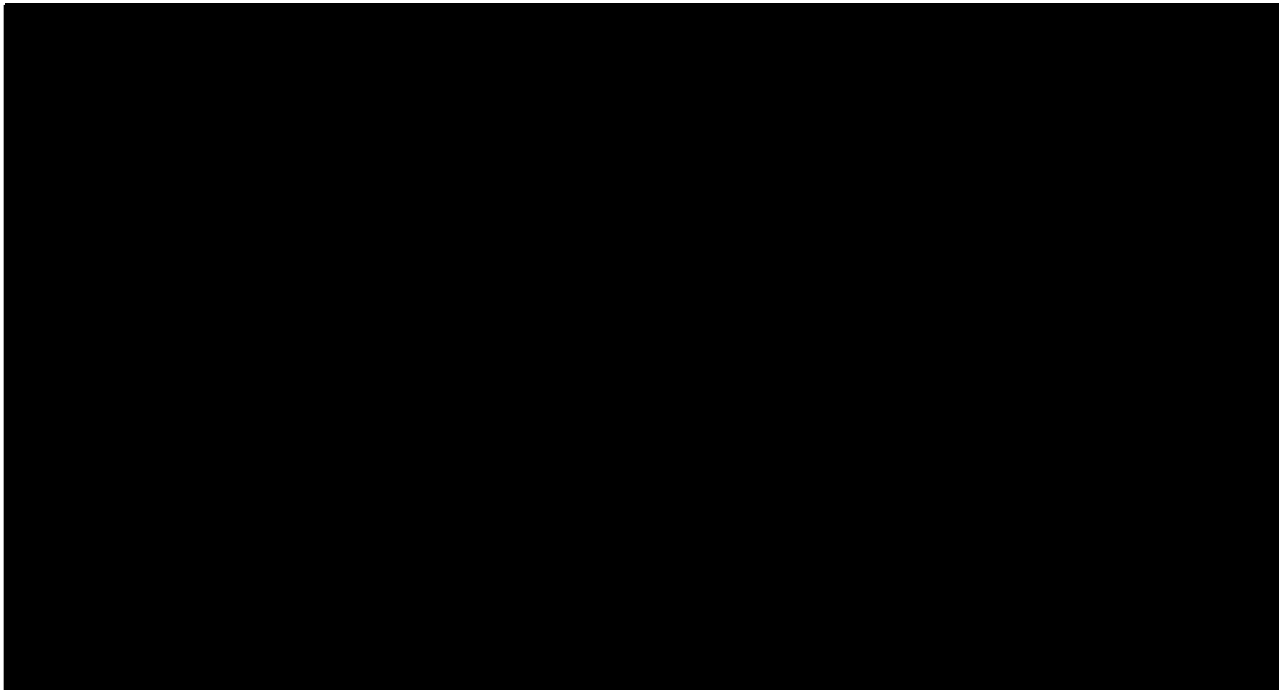
**Section 3.2            Membership Interests Generally.**



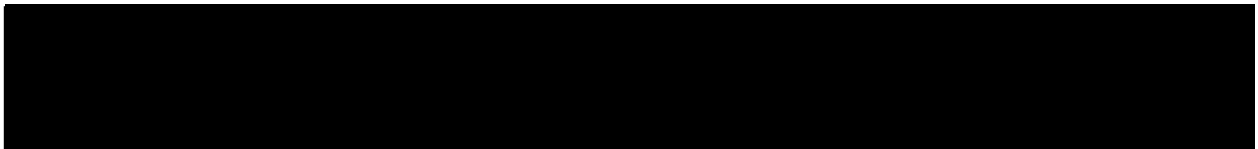
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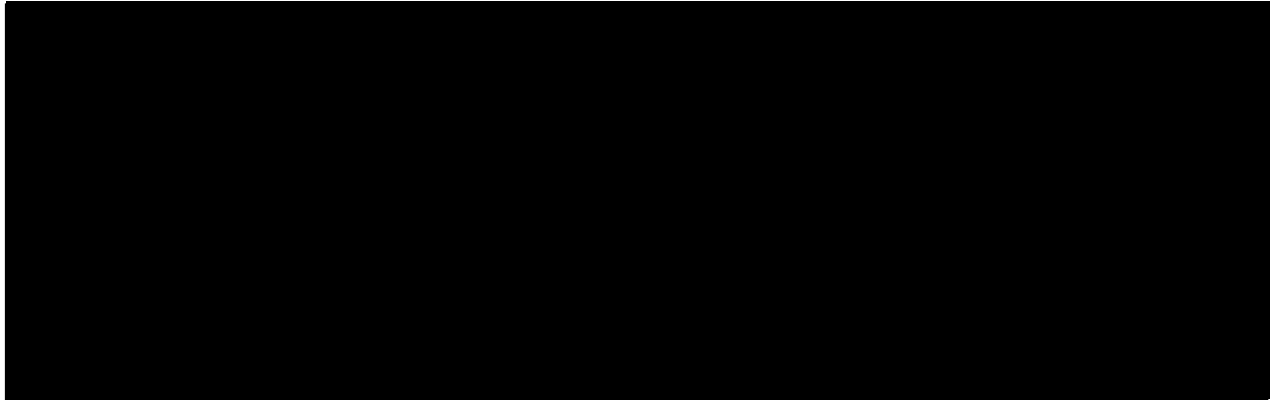
**Section 3.3            Voting and Management Rights.**



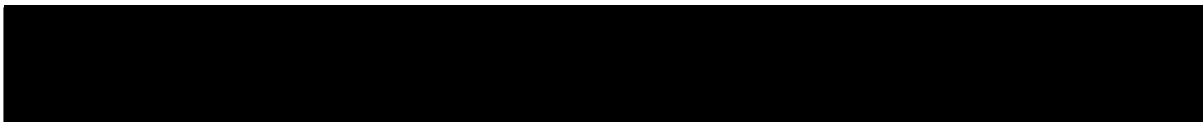
**Section 3.4            Liability of Members.**



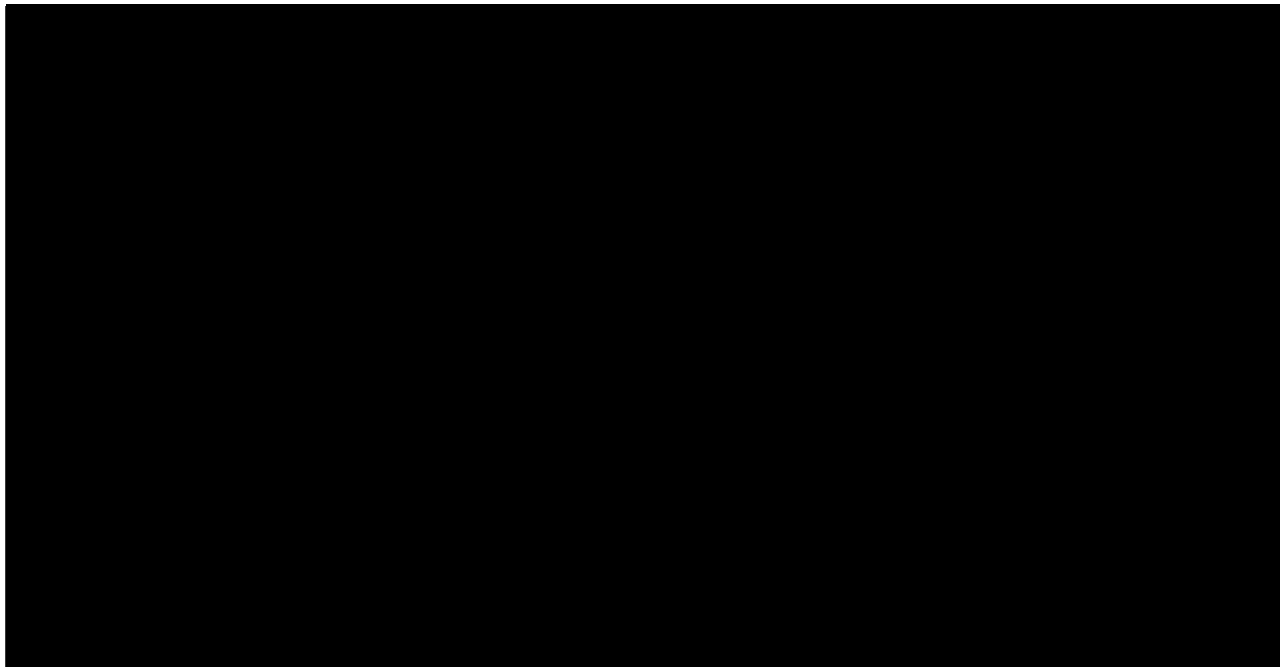
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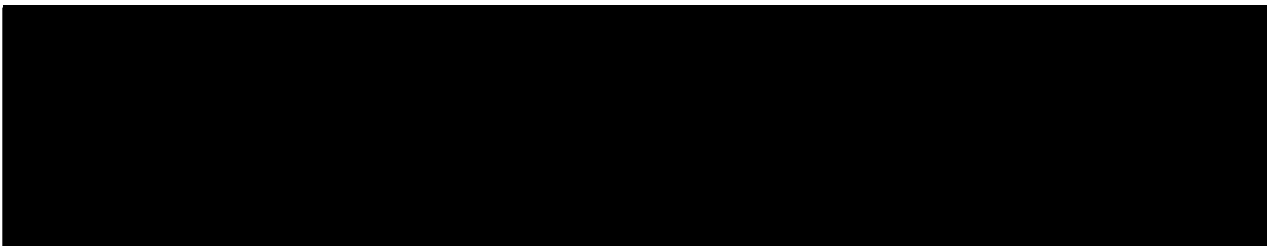
**Section 3.5 No Right to Division of Assets.**



**Section 3.6 Member's Investment.**

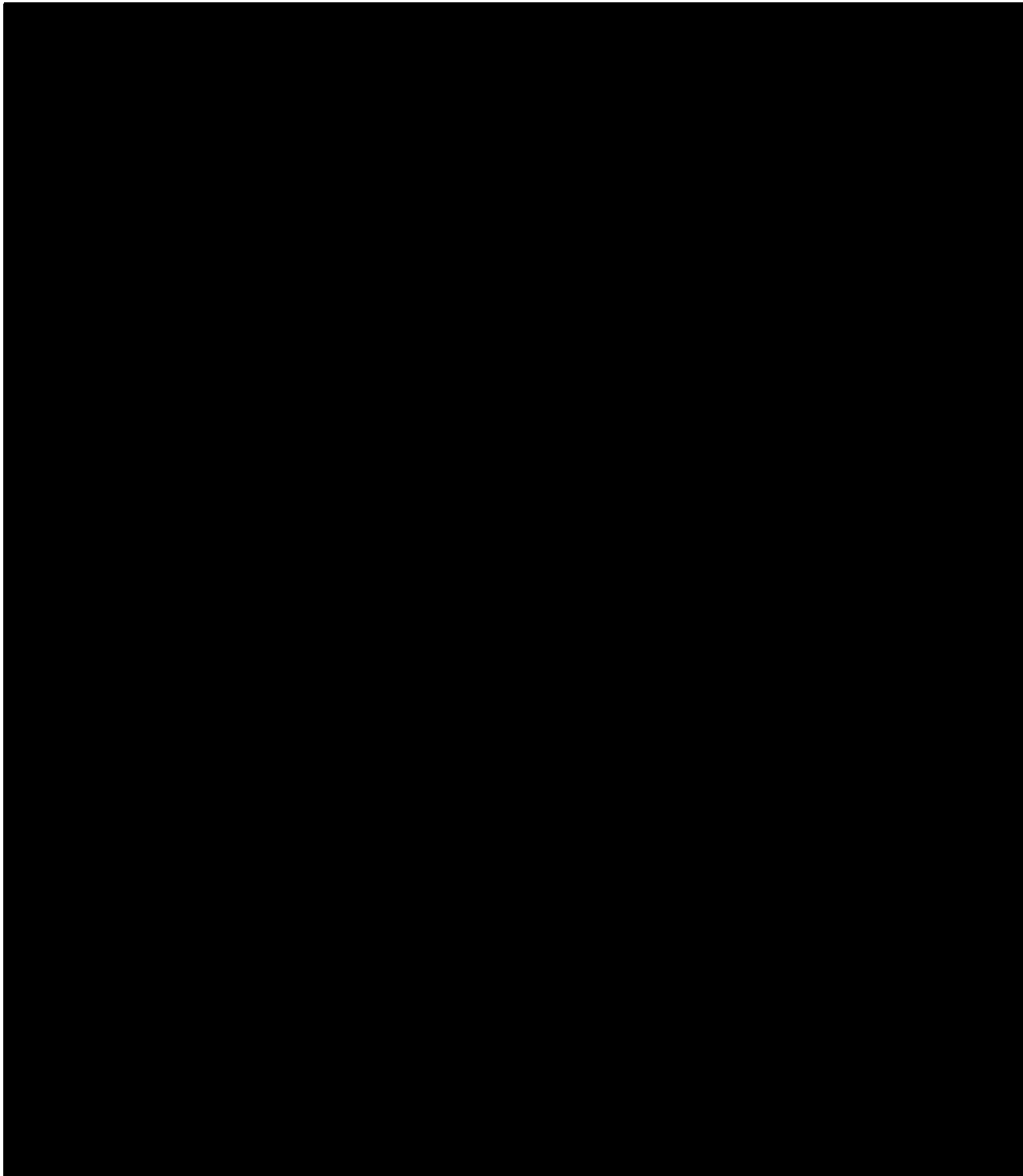


**Section 3.7 Expenses.**

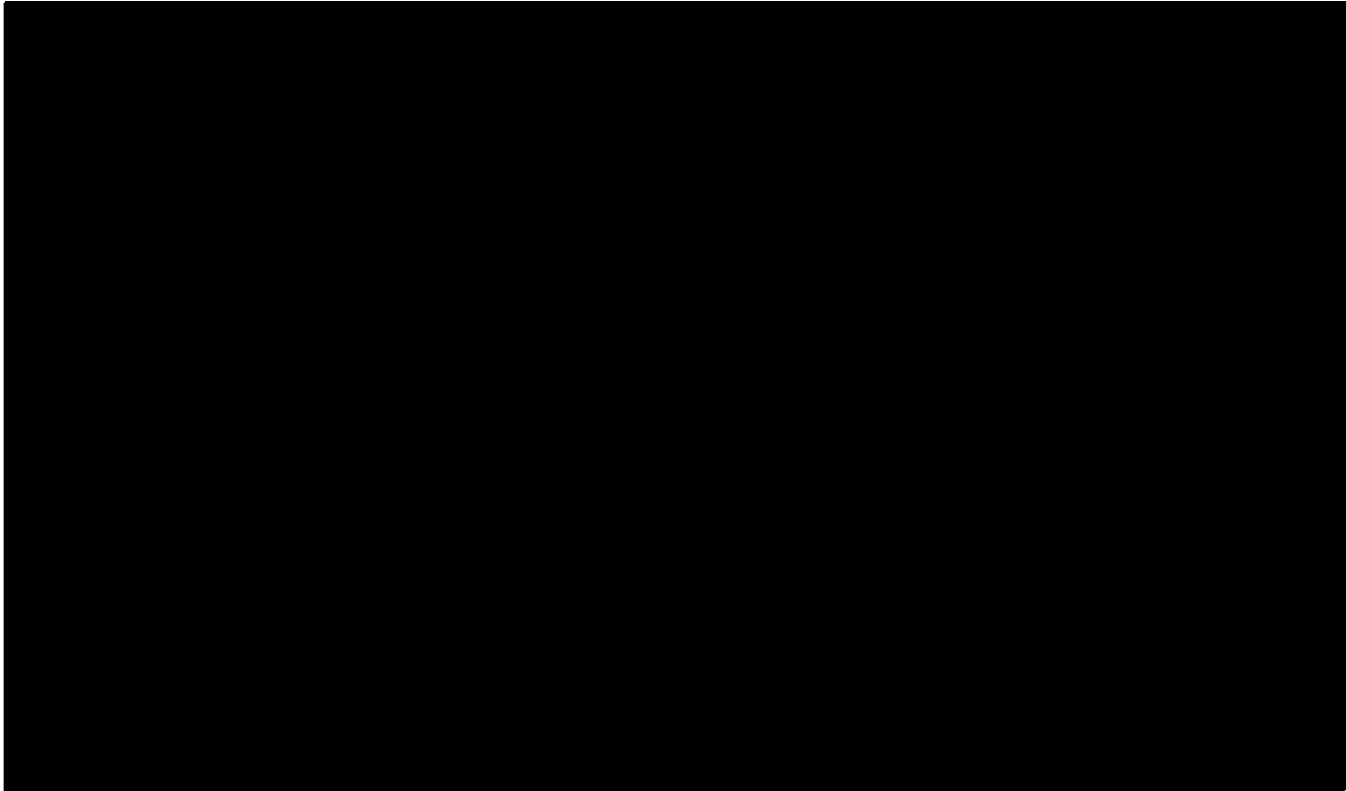


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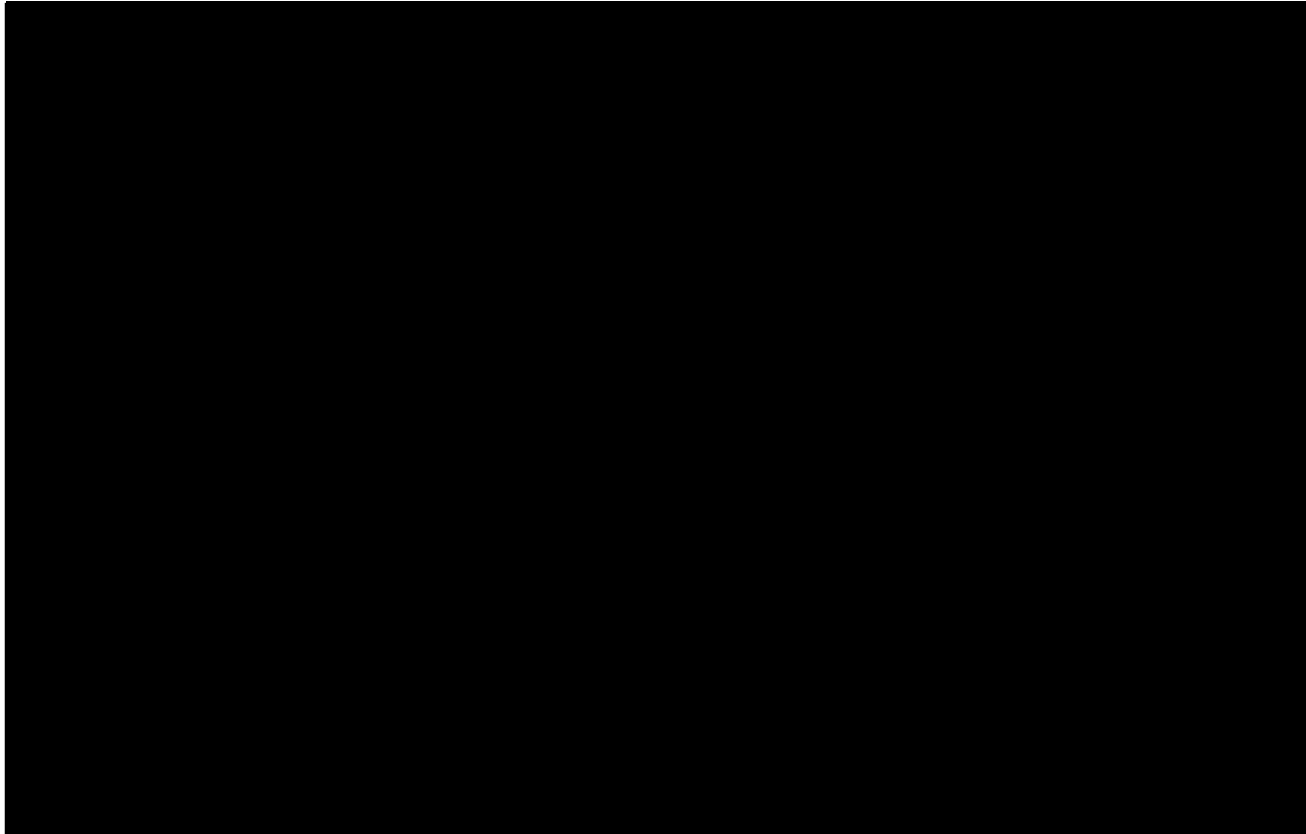
**ARTICLE 4.  
MANAGEMENT OF THE COMPANY**



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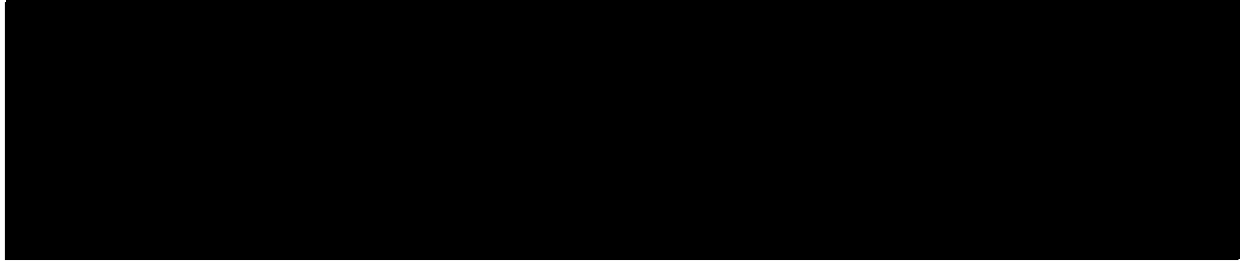


**Section 4.2            Manager Voting Rights; Meetings; Quorum.**

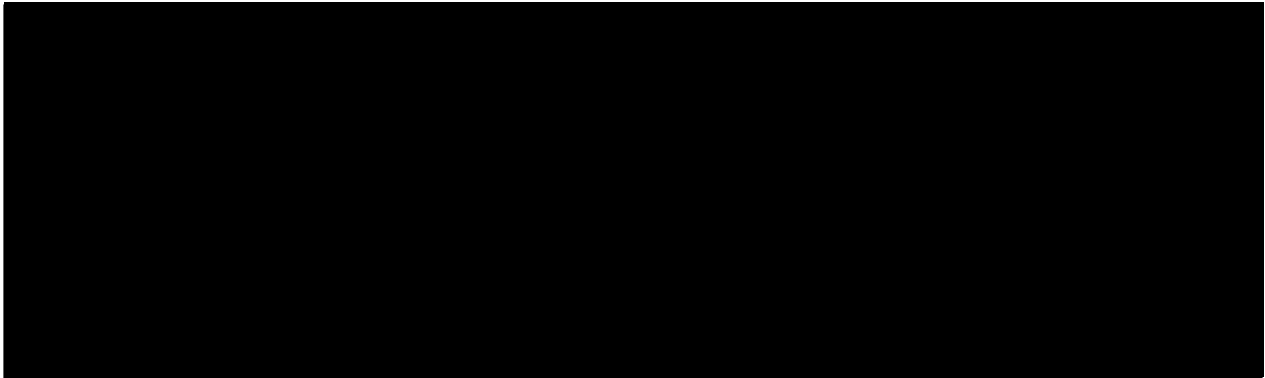




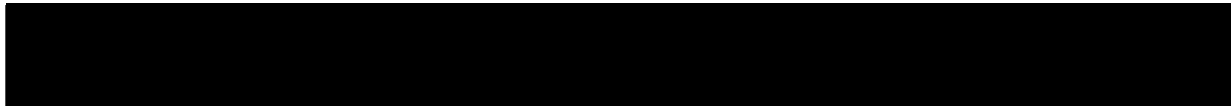
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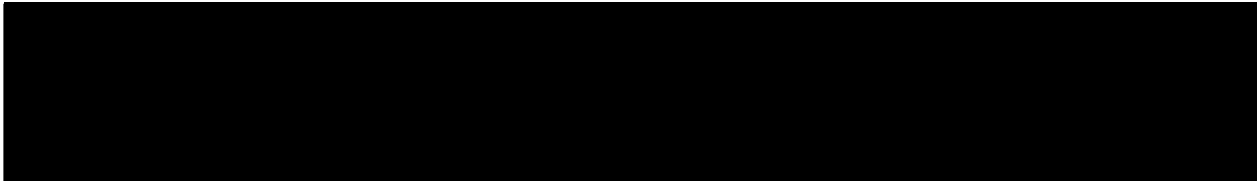
**Section 4.3                    Actions of the Managers.**



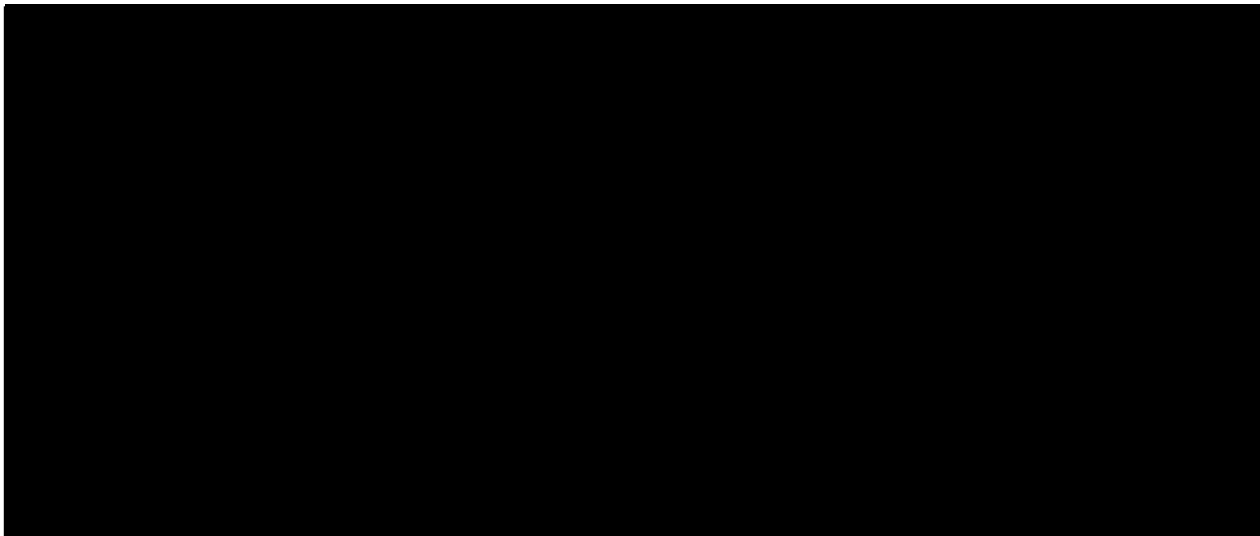
**Section 4.4                    Manager as Agent.**



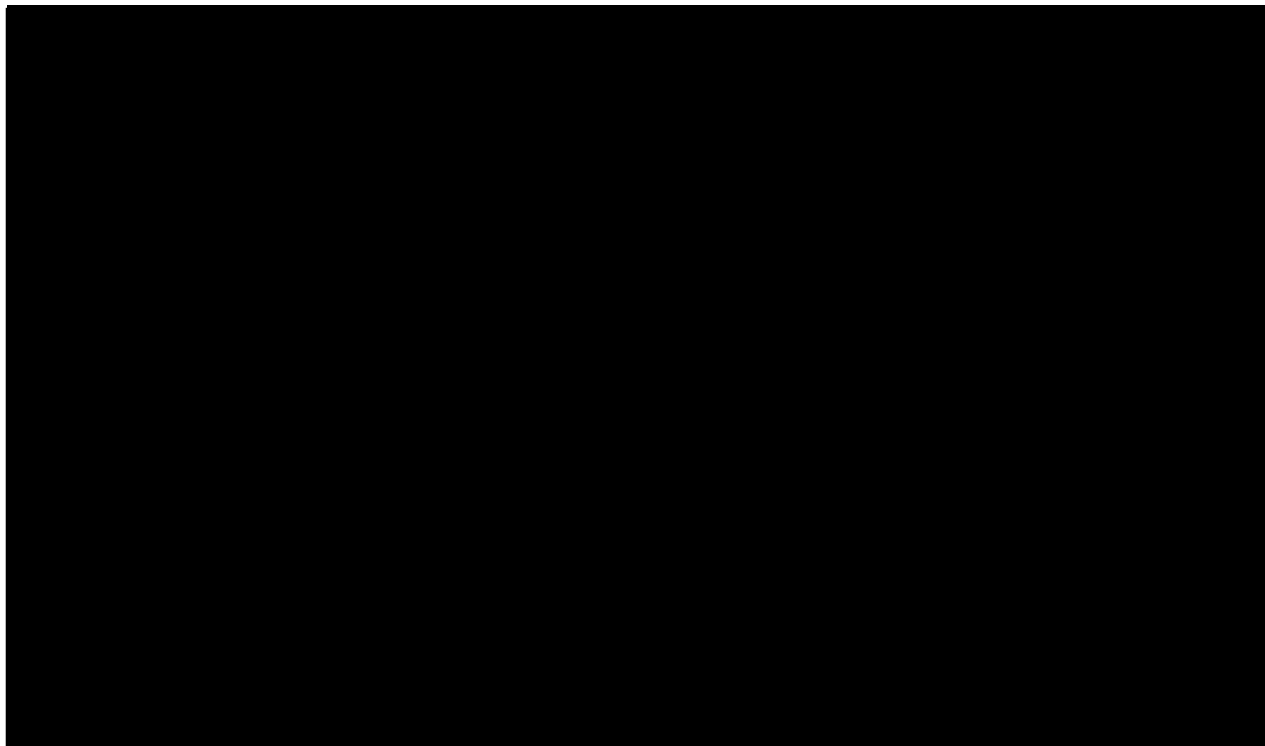
**Section 4.5                    Officers and other Agents.**



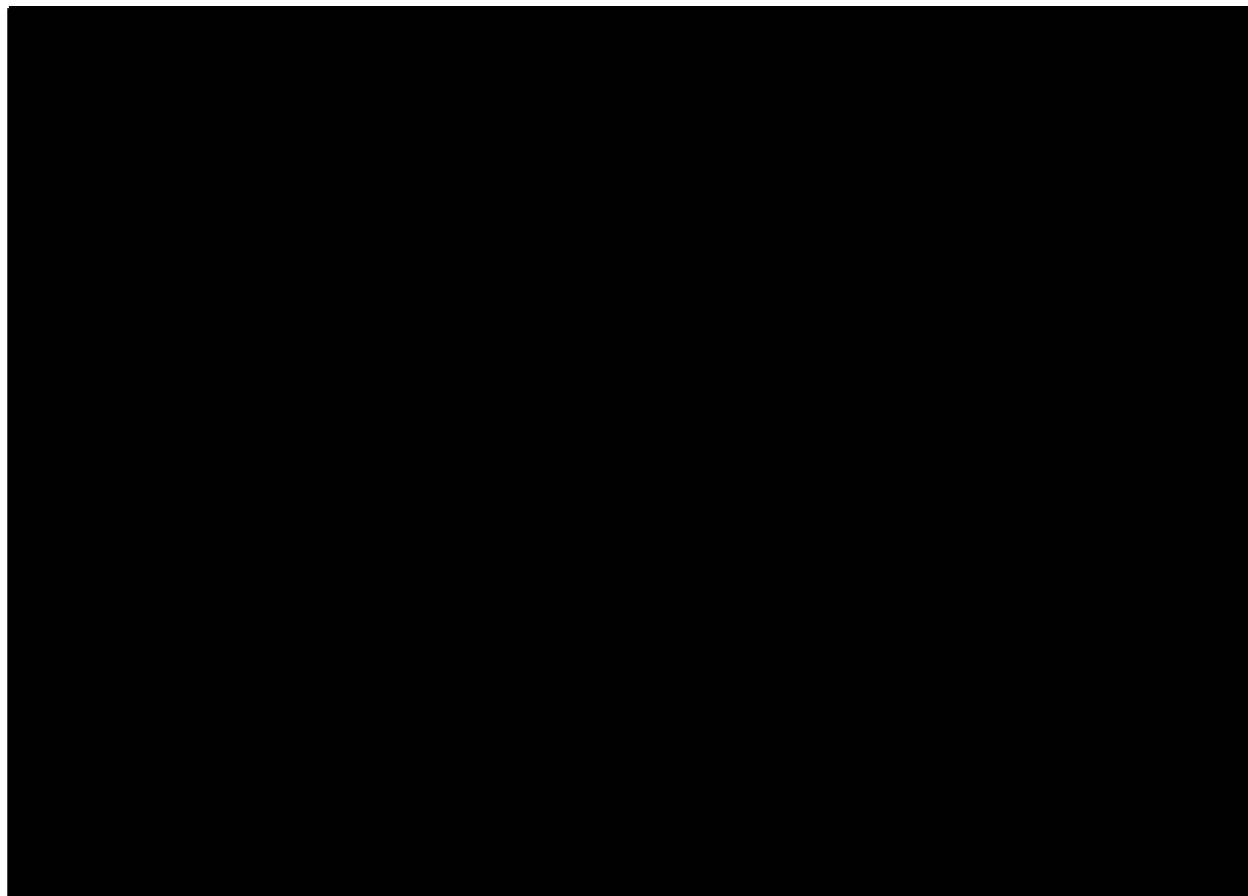
**Section 4.6                    Powers of the Managers.**



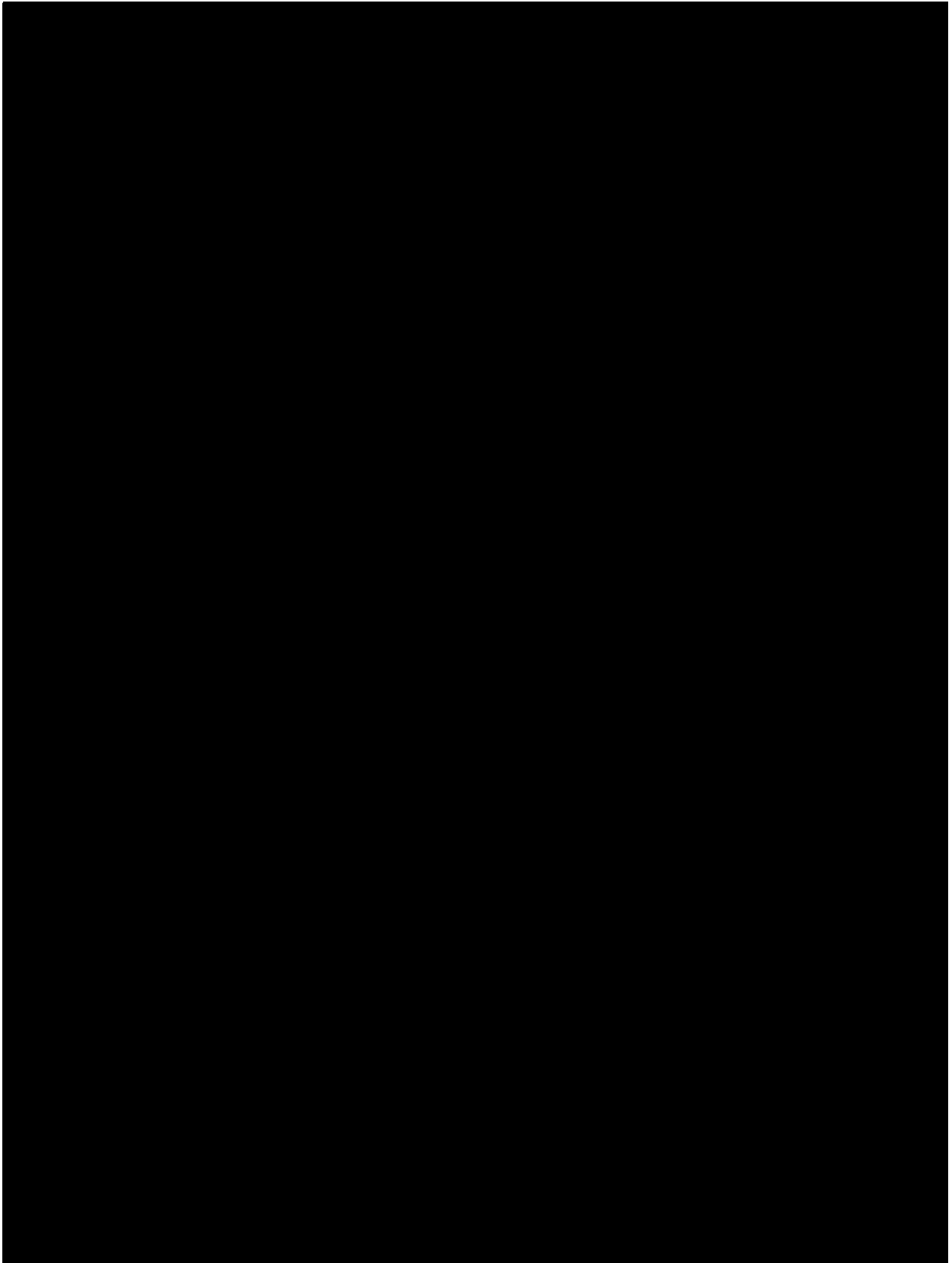
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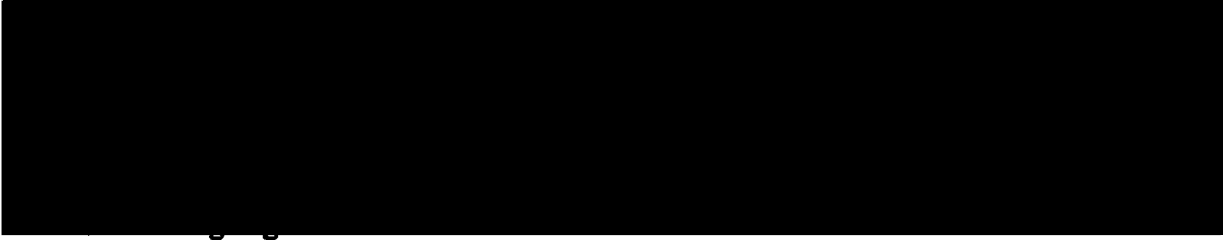
**Section 4.7**      **Certain Actions Requiring Approval of the** 



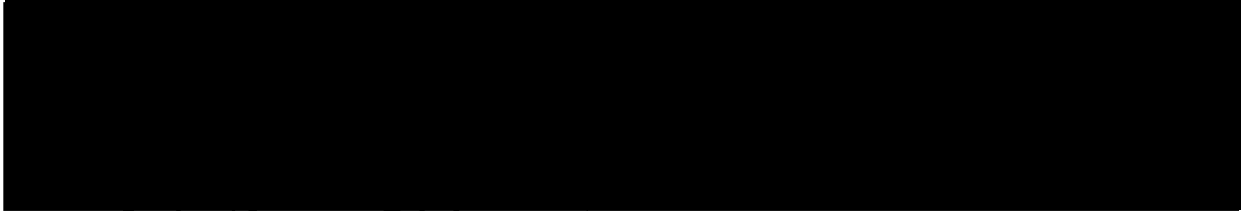
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**Section 4.8            Reliance by Third Parties.**



**Section 4.9            Reimbursement.**



**ARTICLE 5.  
CAPITAL CONTRIBUTIONS**

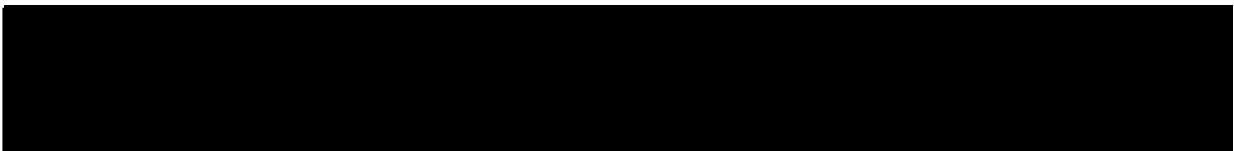


**ARTICLE 6.  
CAPITAL ACCOUNTS; ALLOCATIONS; DISTRIBUTIONS**

**Section 6.1            Capital Accounts.**

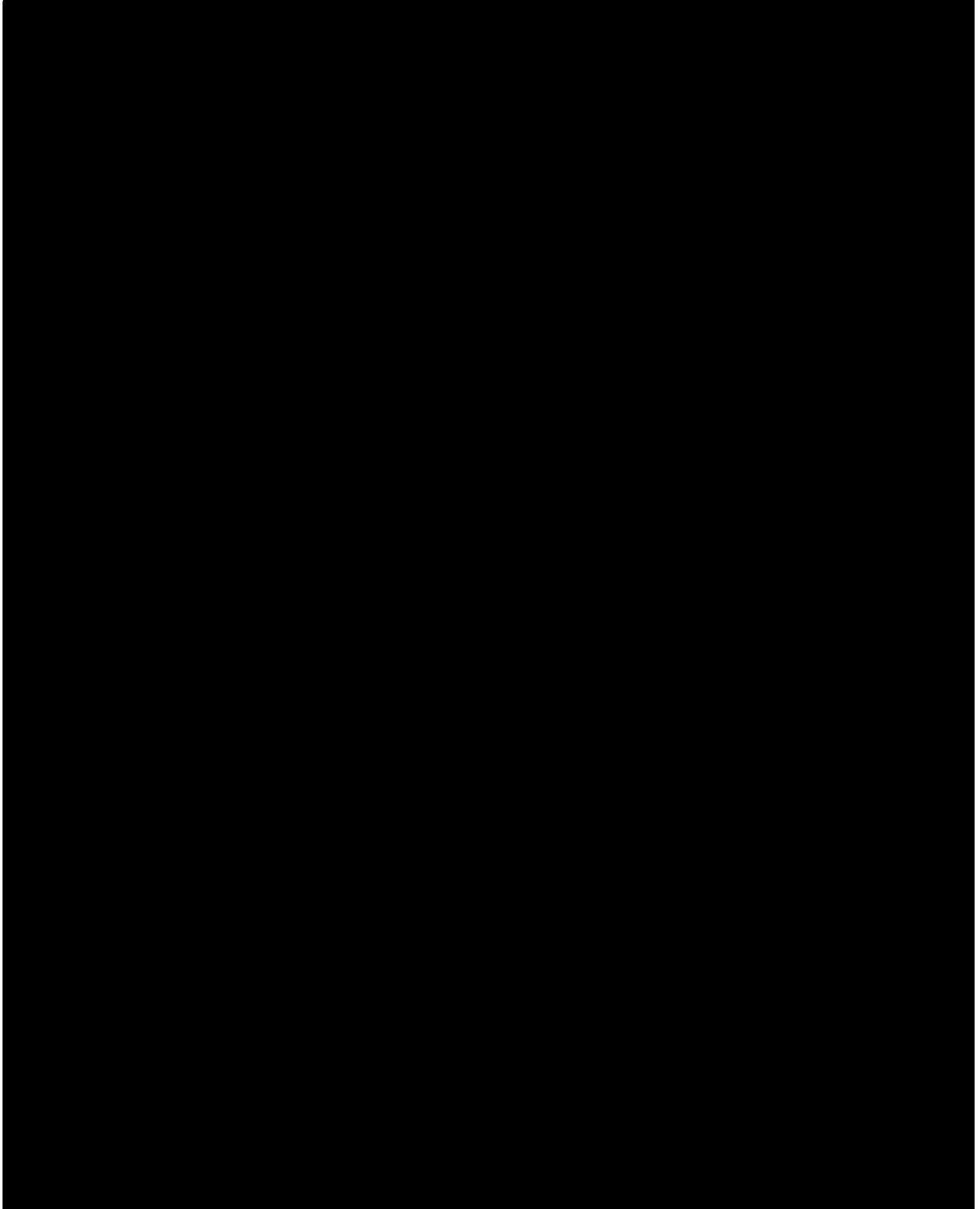


**Section 6.2            Allocations.**



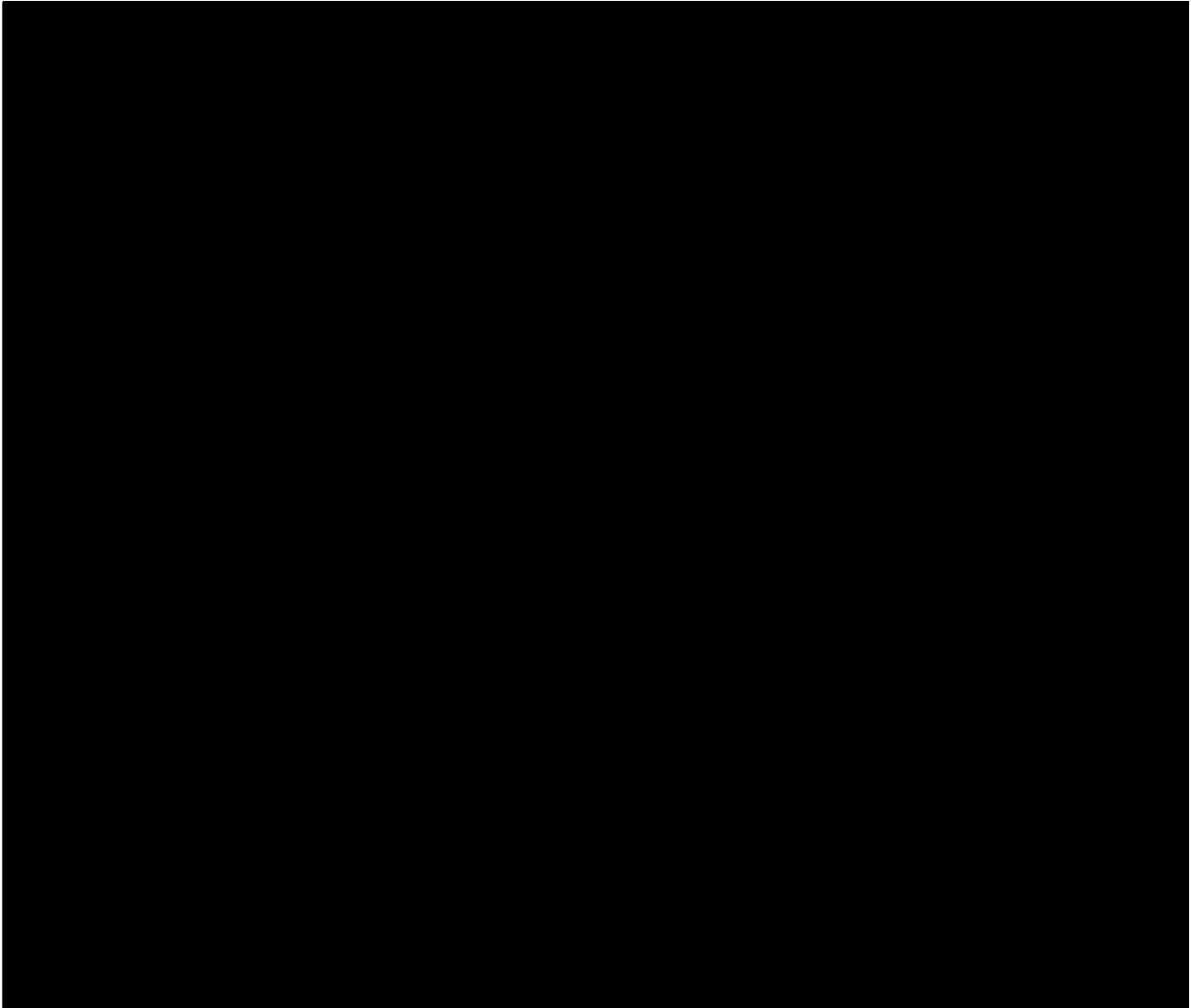
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**Section 6.3 Distributions.**



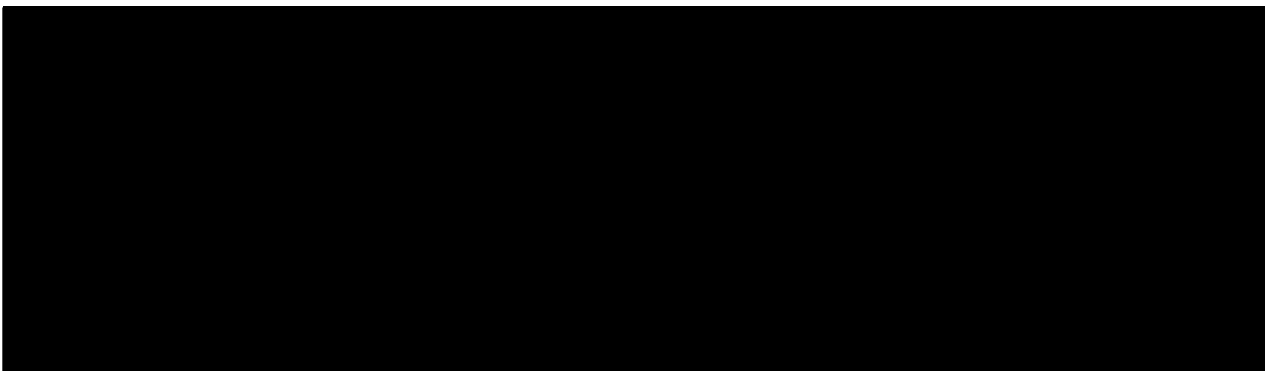
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**Section 6.4 Withholding; Tax Documentation.**

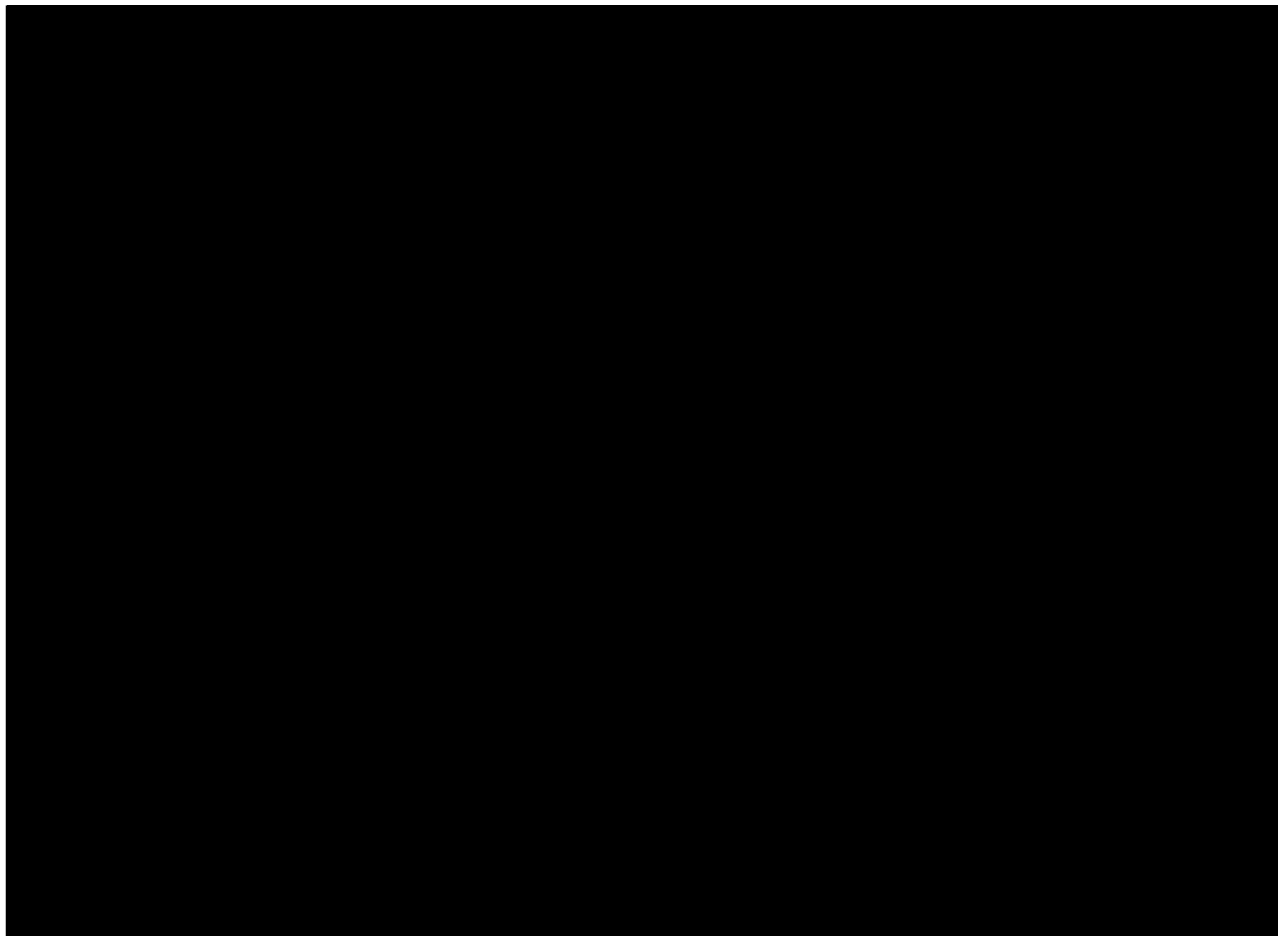


**ARTICLE 7.  
ISSUANCE OF ADDITIONAL MEMBERSHIP INTERESTS; ADMISSION OF  
ADDITIONAL MEMBERS**

**Section 7.1 Additional Issuances; Additional Members.**

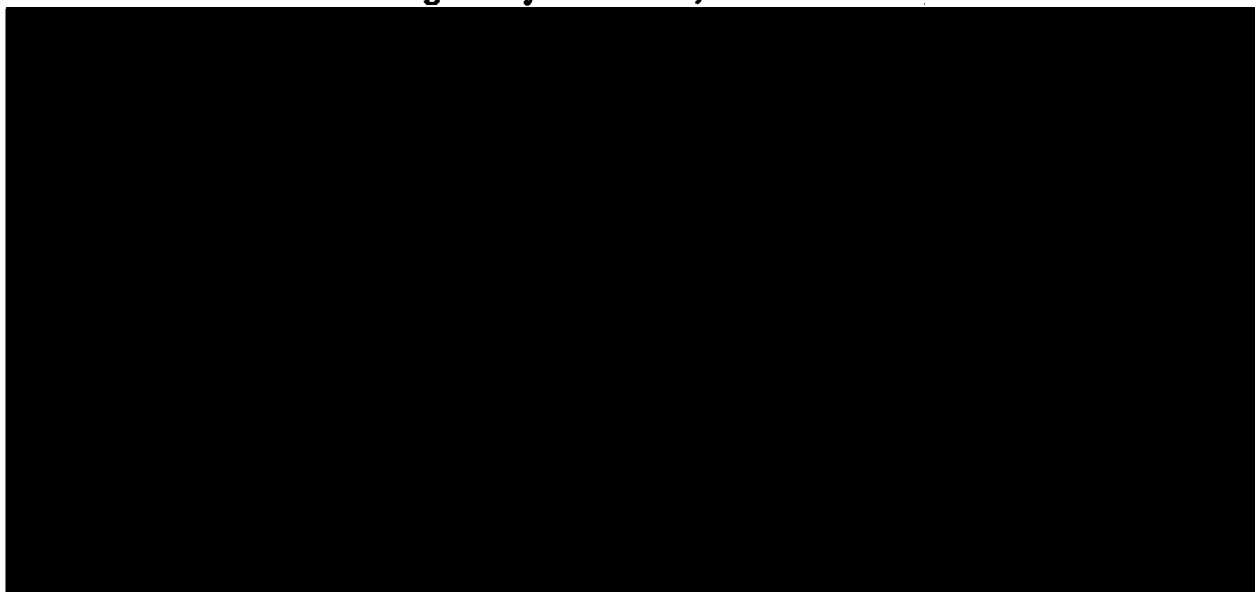


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**ARTICLE 8.**  
**TRANSFER OF MEMBERSHIP INTERESTS; LEGAL REPRESENTATIVES**

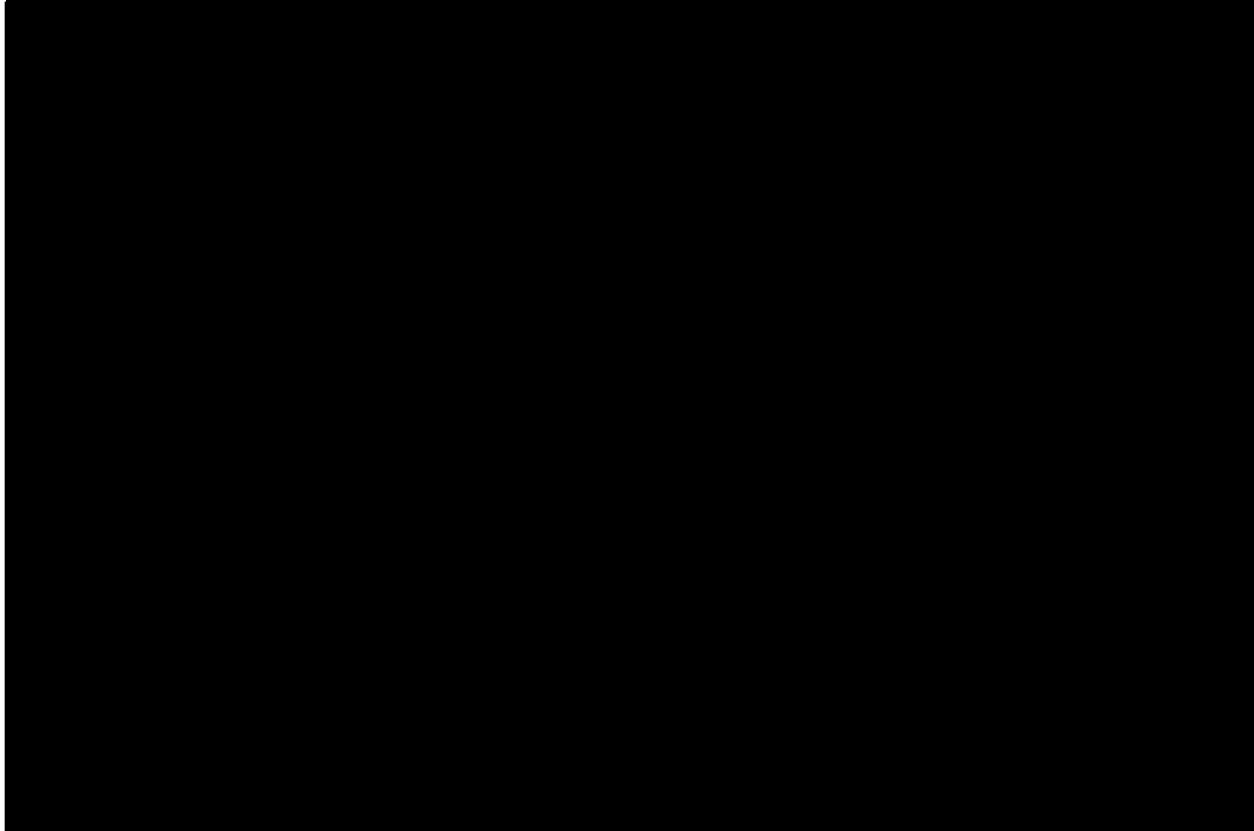
**Section 8.1 Assignability of Interests; Substitute Members.**



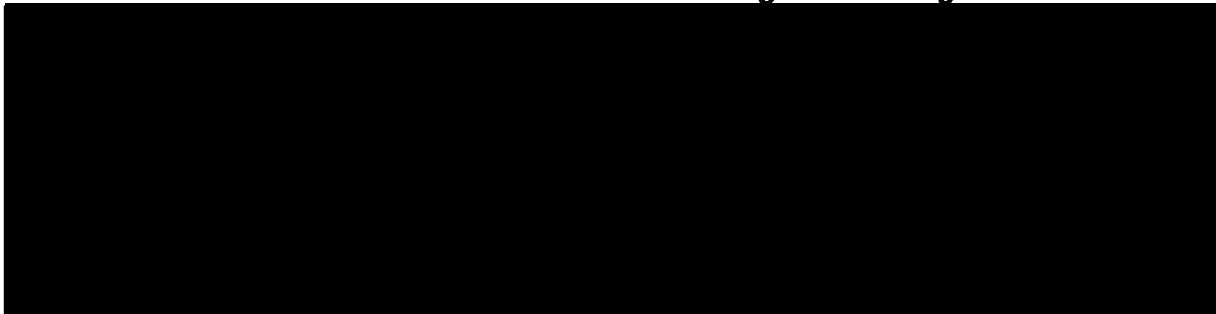
Operating Agreement - Attachment to Exhibit 11



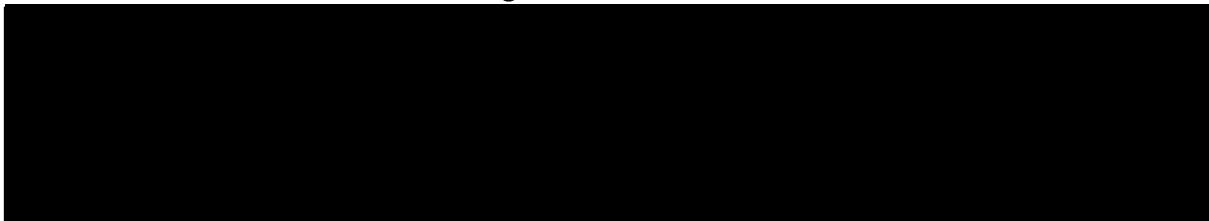
**Section 8.2 Additional Requirements.**



**Section 8.3 Distributions as Between Assignor and Assignee.**

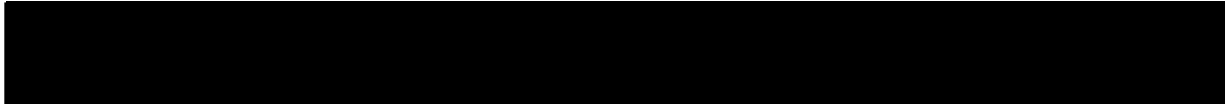


**Section 8.4 Deemed Agreement.**

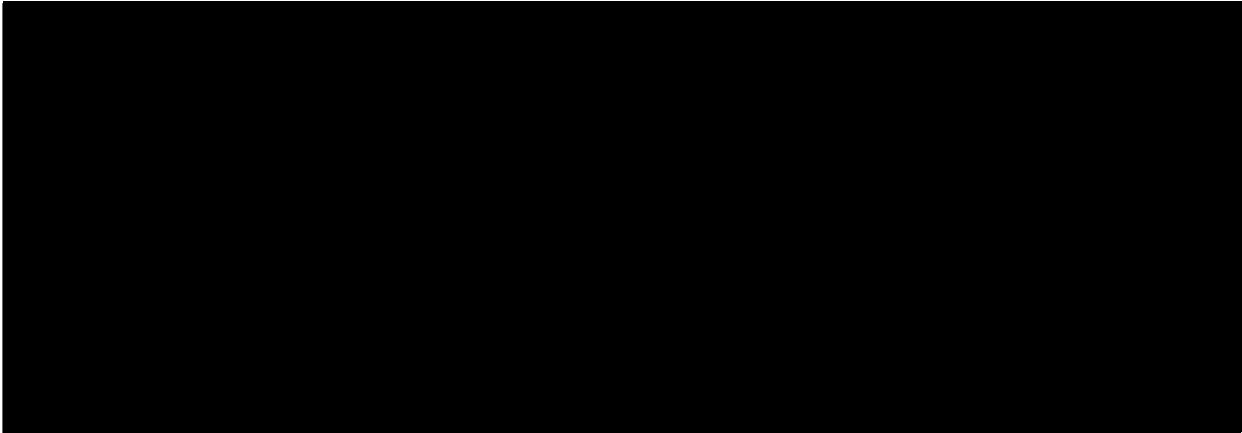




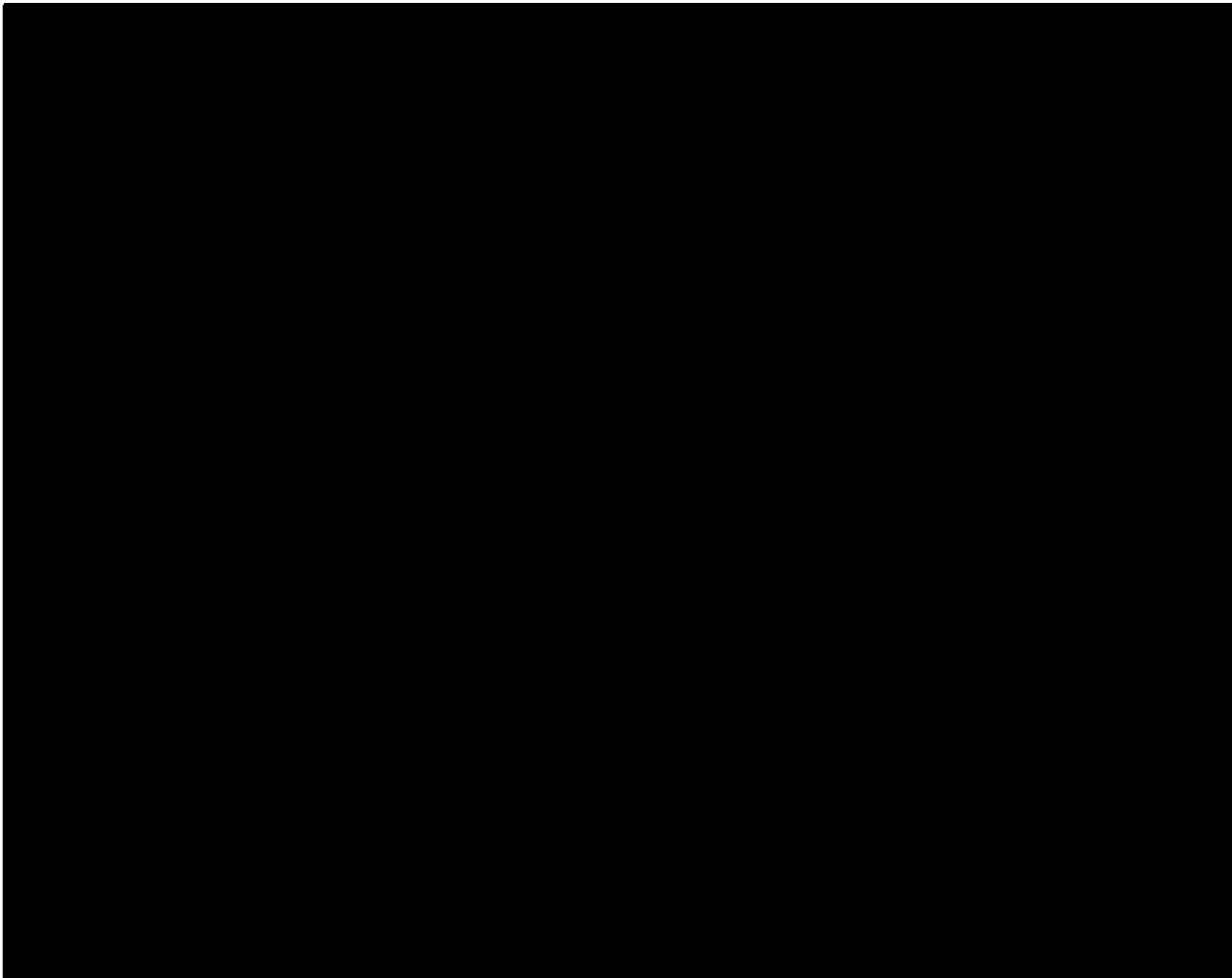
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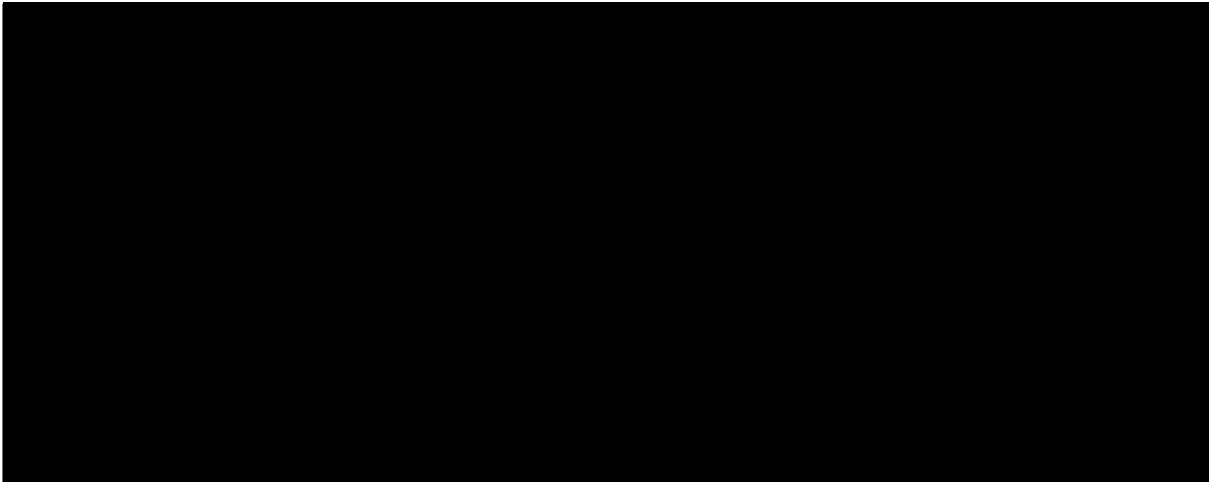
**Section 8.5      Transfer of Capital Accounts.**



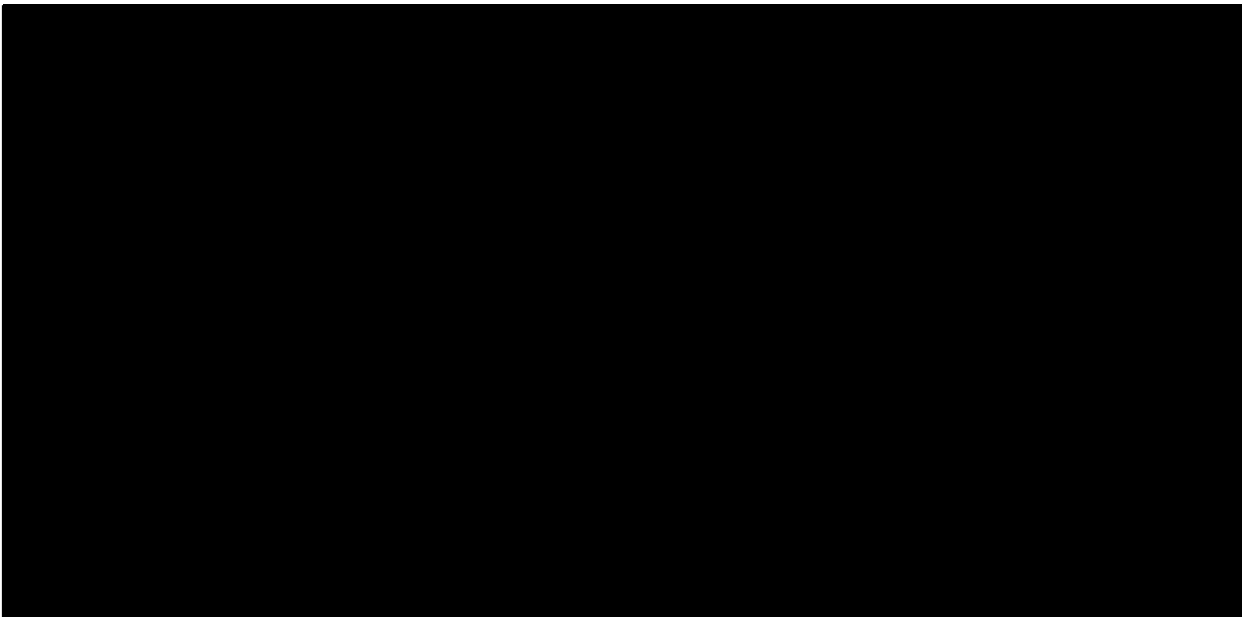
**Section 8.6      Right of First Refusal.**



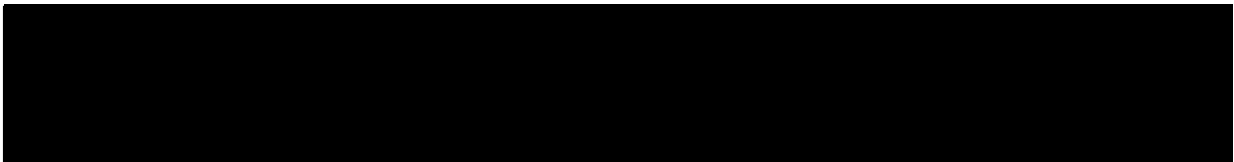
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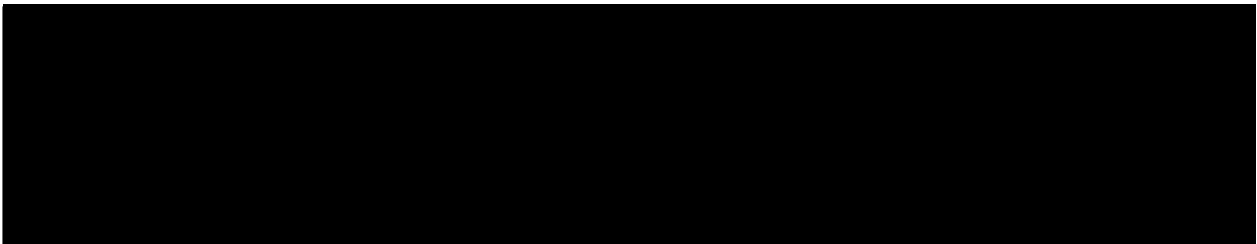
**Section 8.7 Co-Sale Rights.**



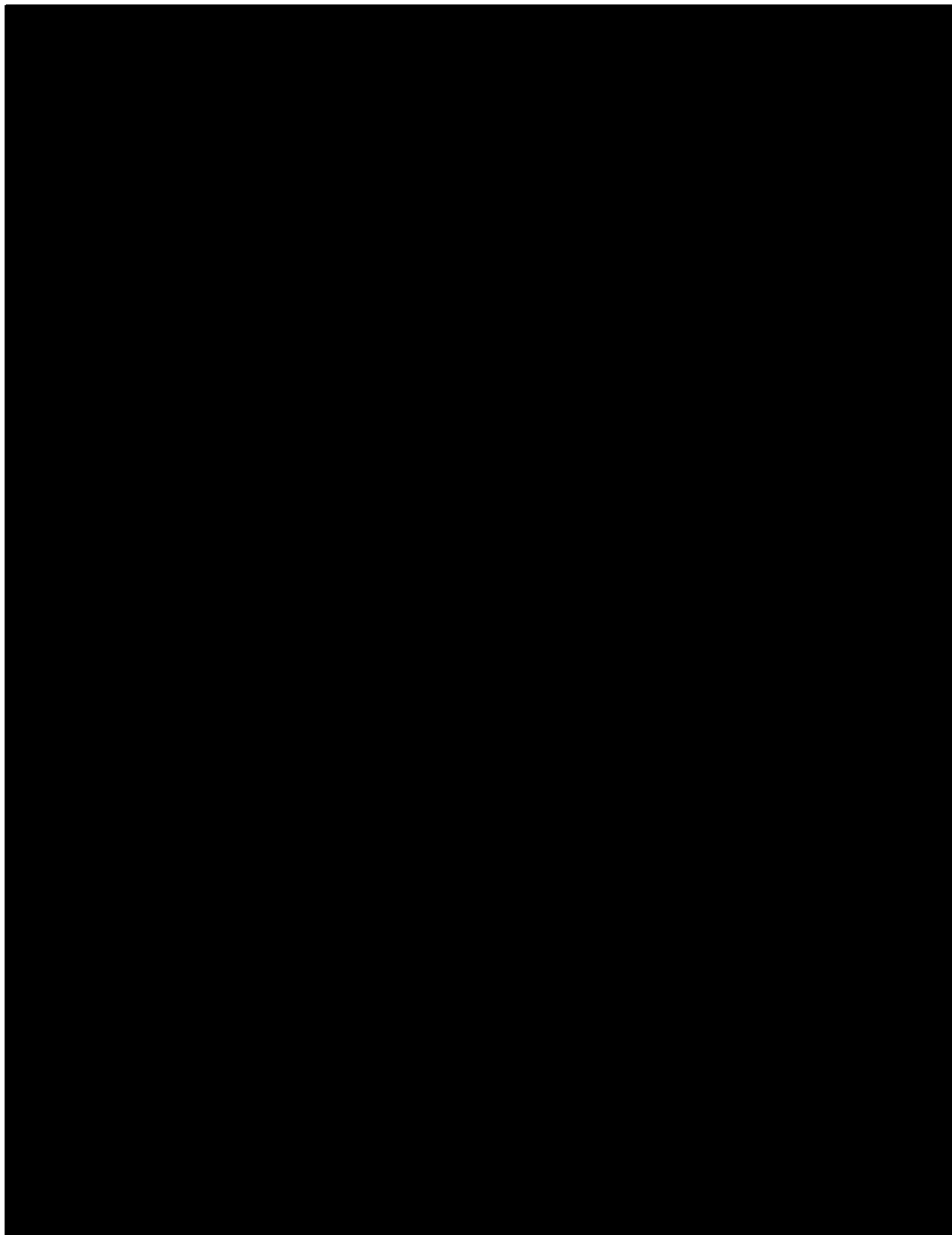
**Section 8.8 Option to Purchase.**



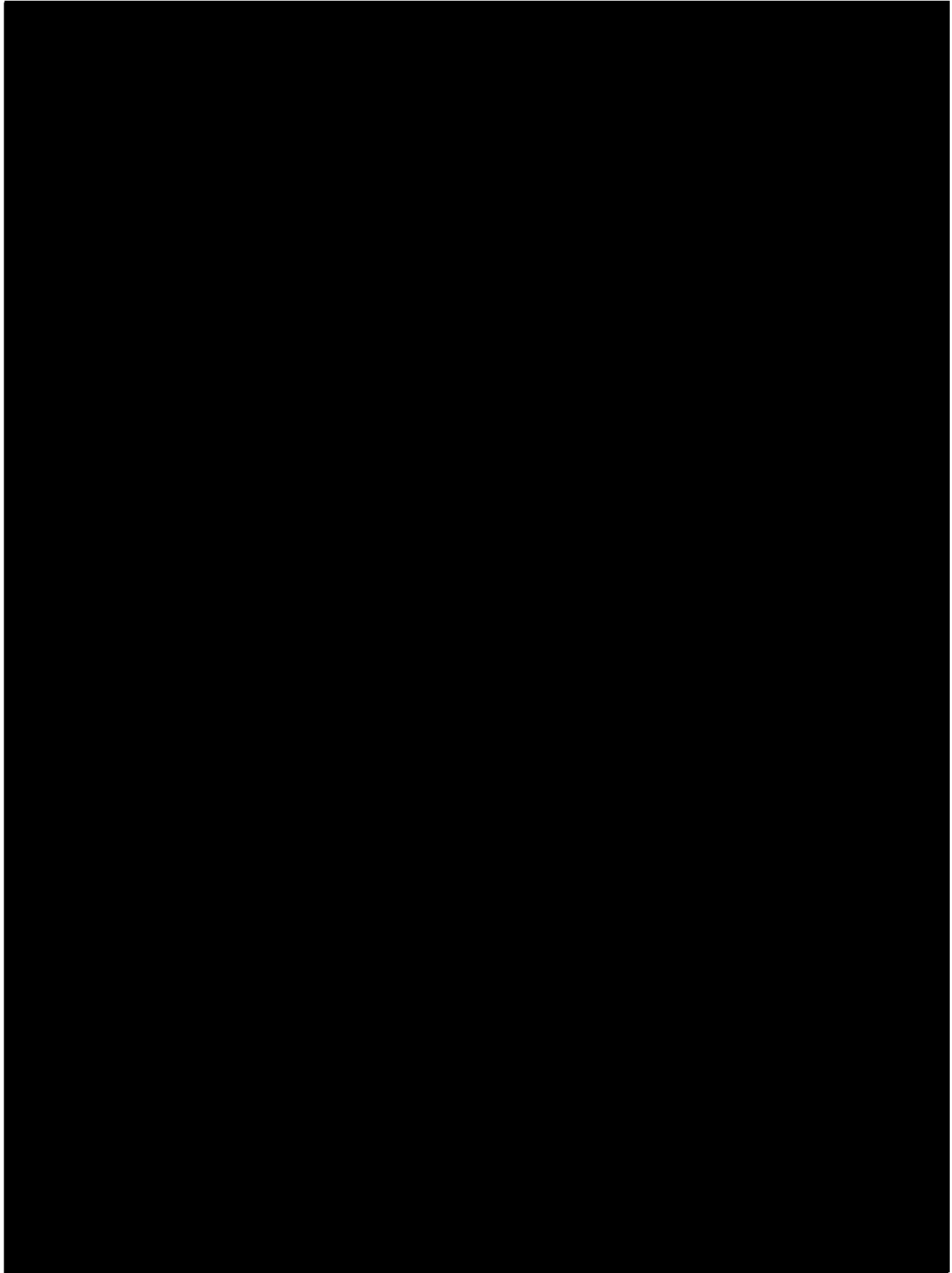
**Section 8.9 Company Right of Repurchase.**



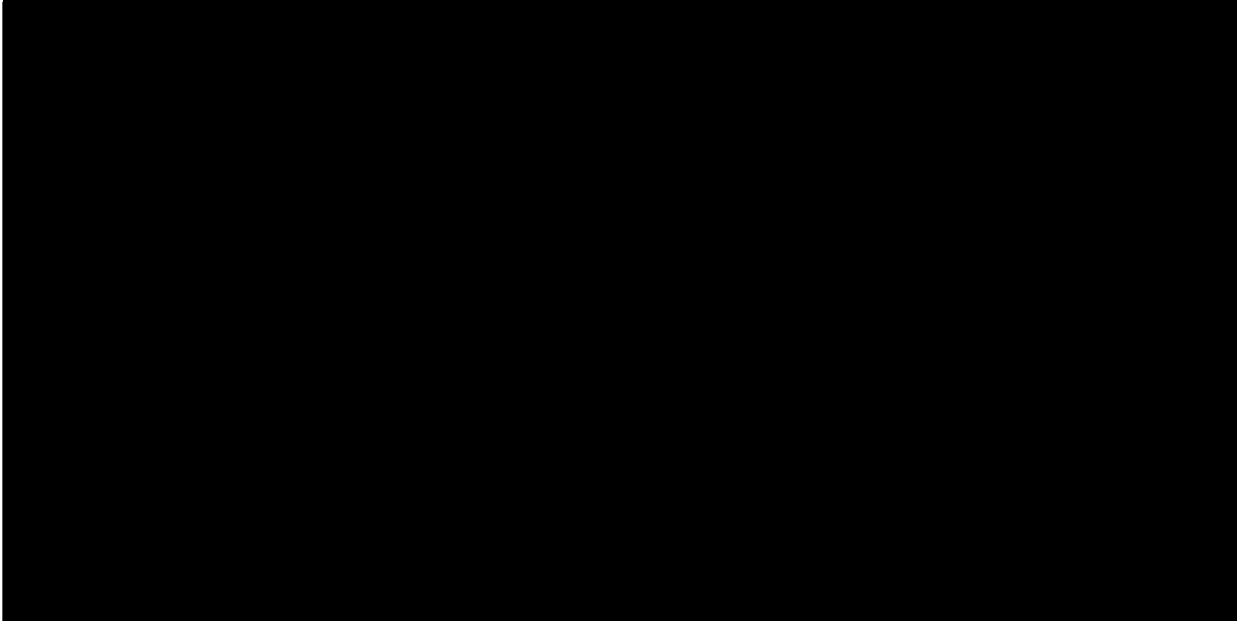
Operating Agreement – Attachment to Exhibit 11



Operating Agreement – Attachment to Exhibit 11

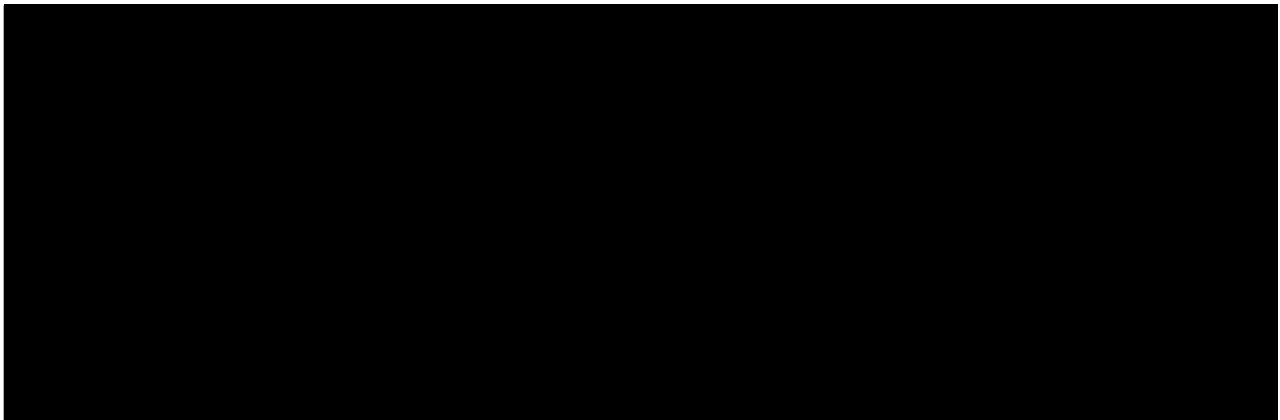


Operating Agreement – Attachment to Exhibit 11



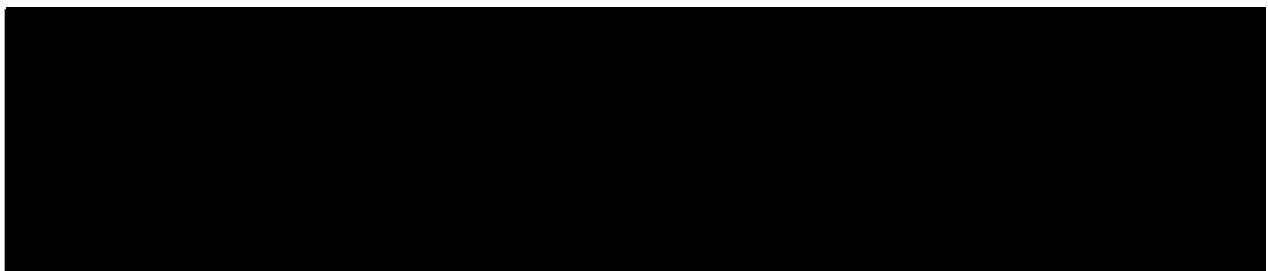
**ARTICLE 9.  
DURATION OF THE COMPANY**

**Section 9.1      Duration.**

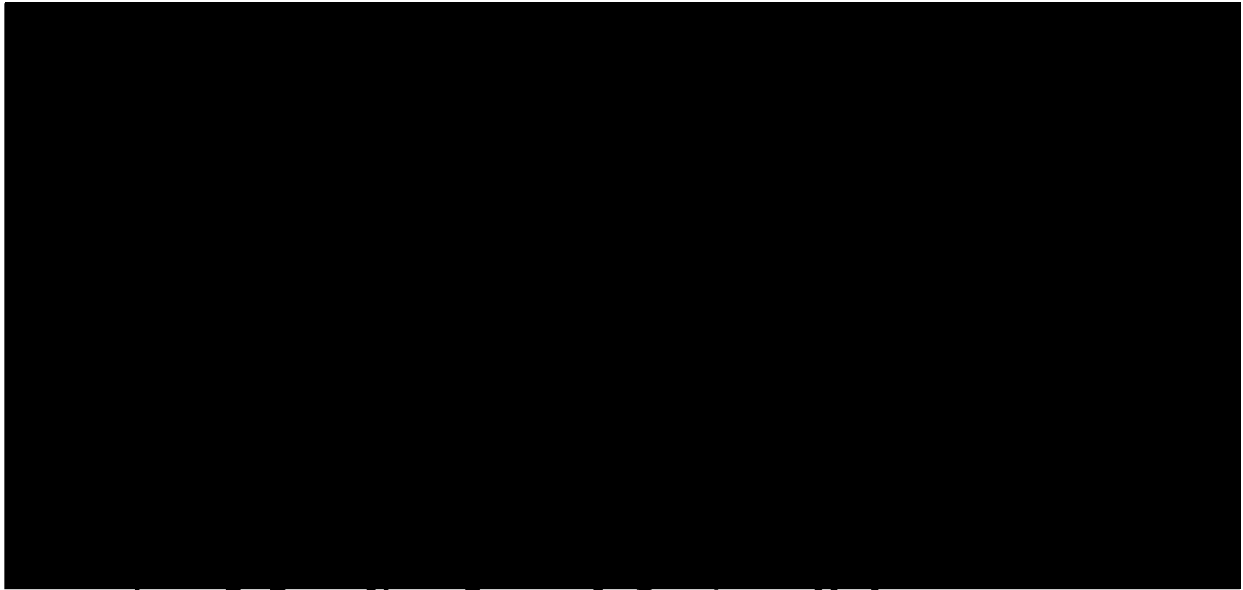


**ARTICLE 10.  
LIQUIDATION OF THE COMPANY**

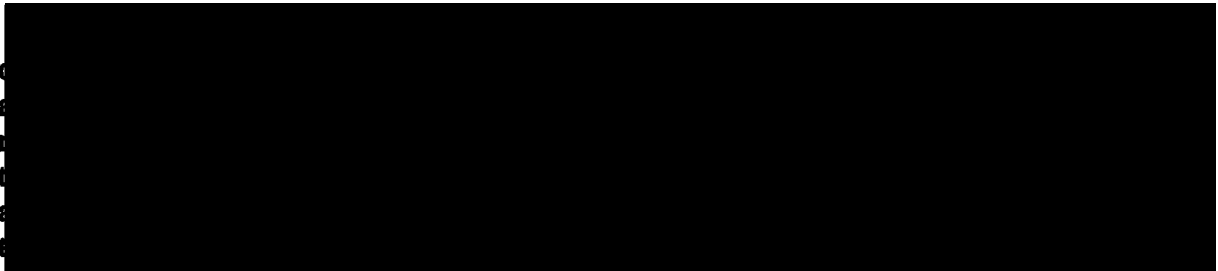
**Section 10.1      General.**



Operating Agreement – Attachment to Exhibit 11

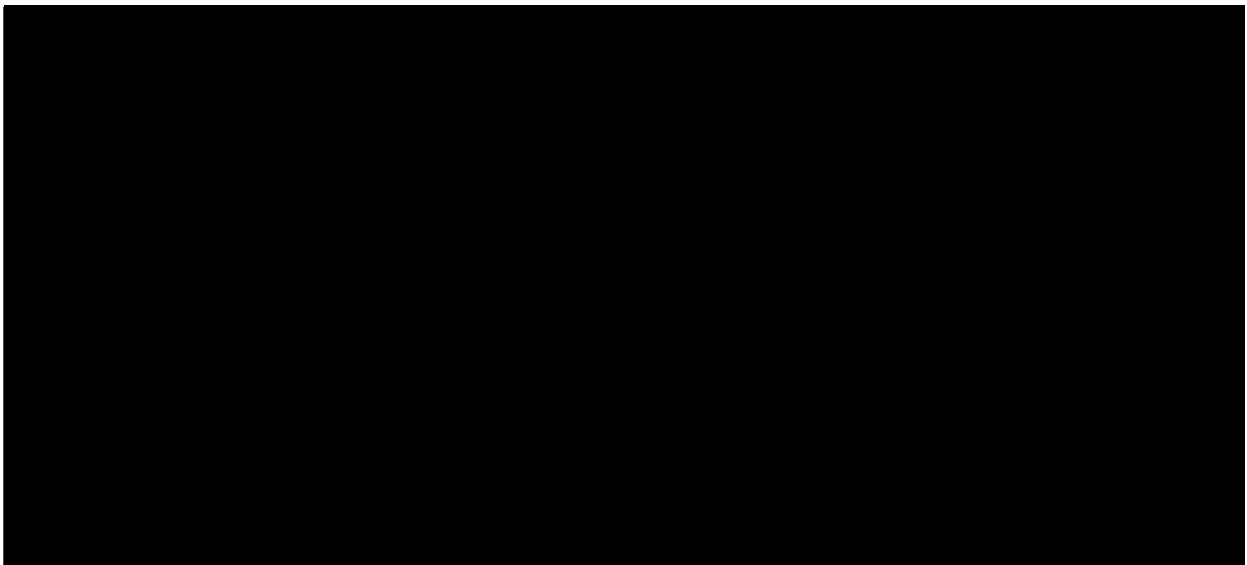


**Section 10.2 Final Allocations and Distributions.**

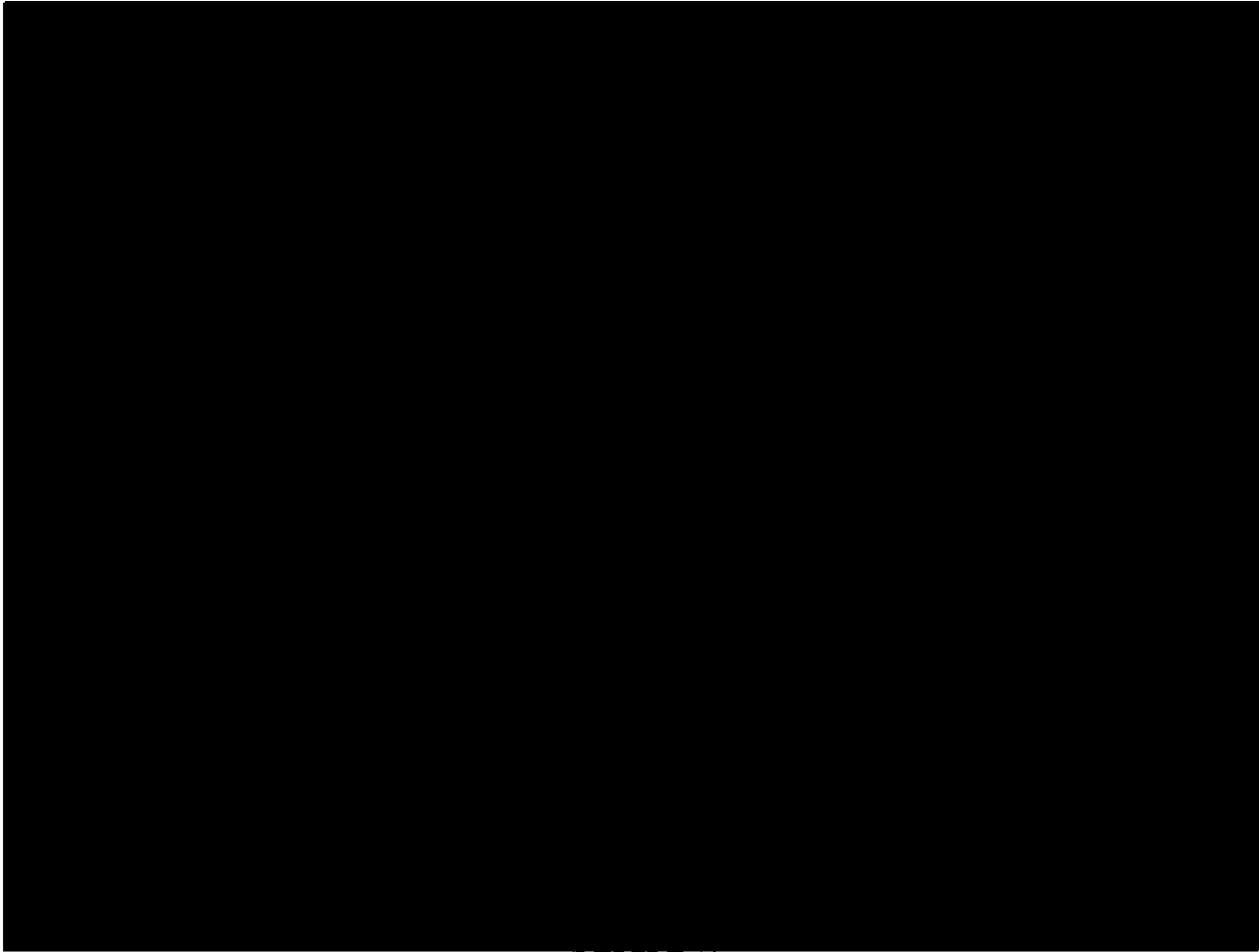


**ARTICLE 11.  
POWER OF ATTORNEY**

**Section 11.1 General.**

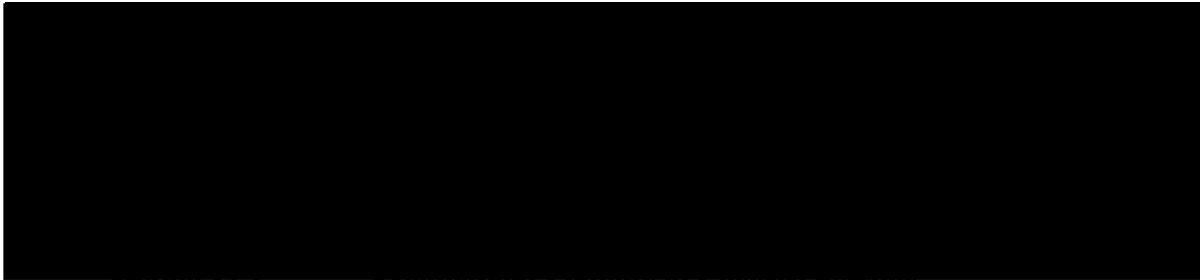


Operating Agreement – Attachment to Exhibit 11

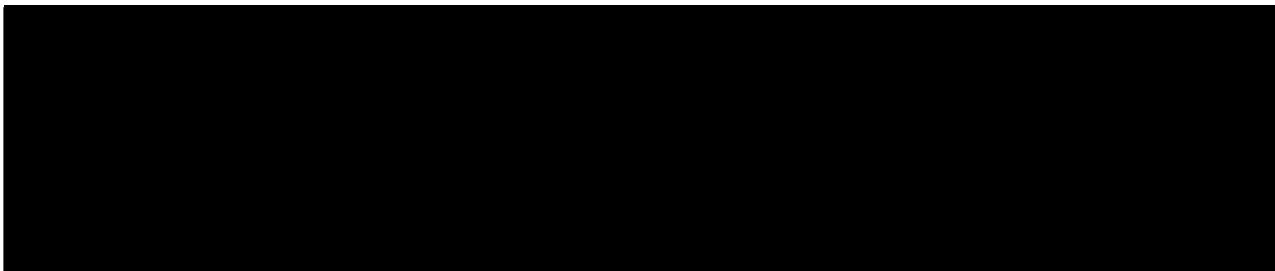


**ARTICLE 12.  
DUTIES, EXCULPATION AND INDEMNIFICATION**

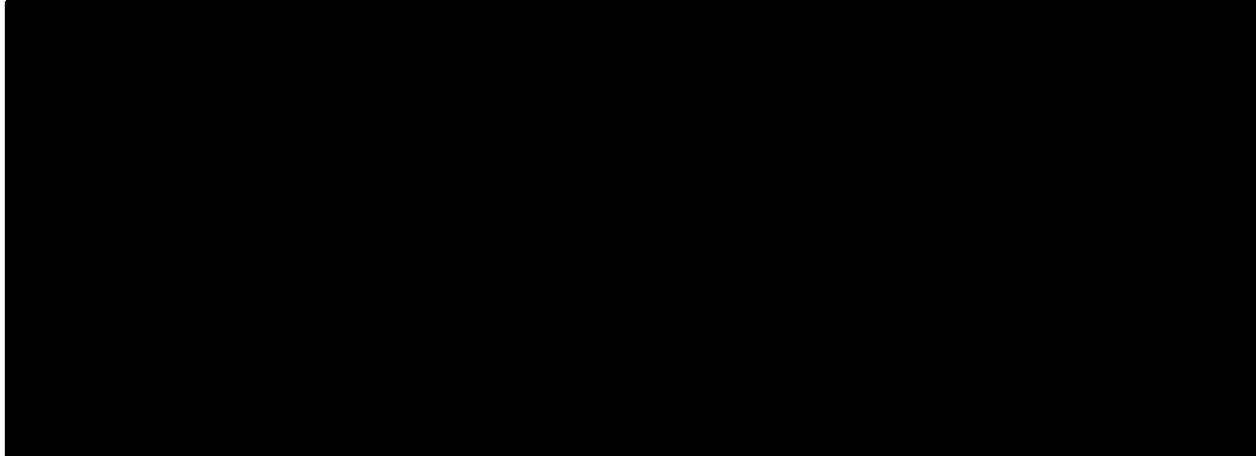
**Section 12.1 Duties of Manager, Tax Matters Person and Liquidating Agent.**



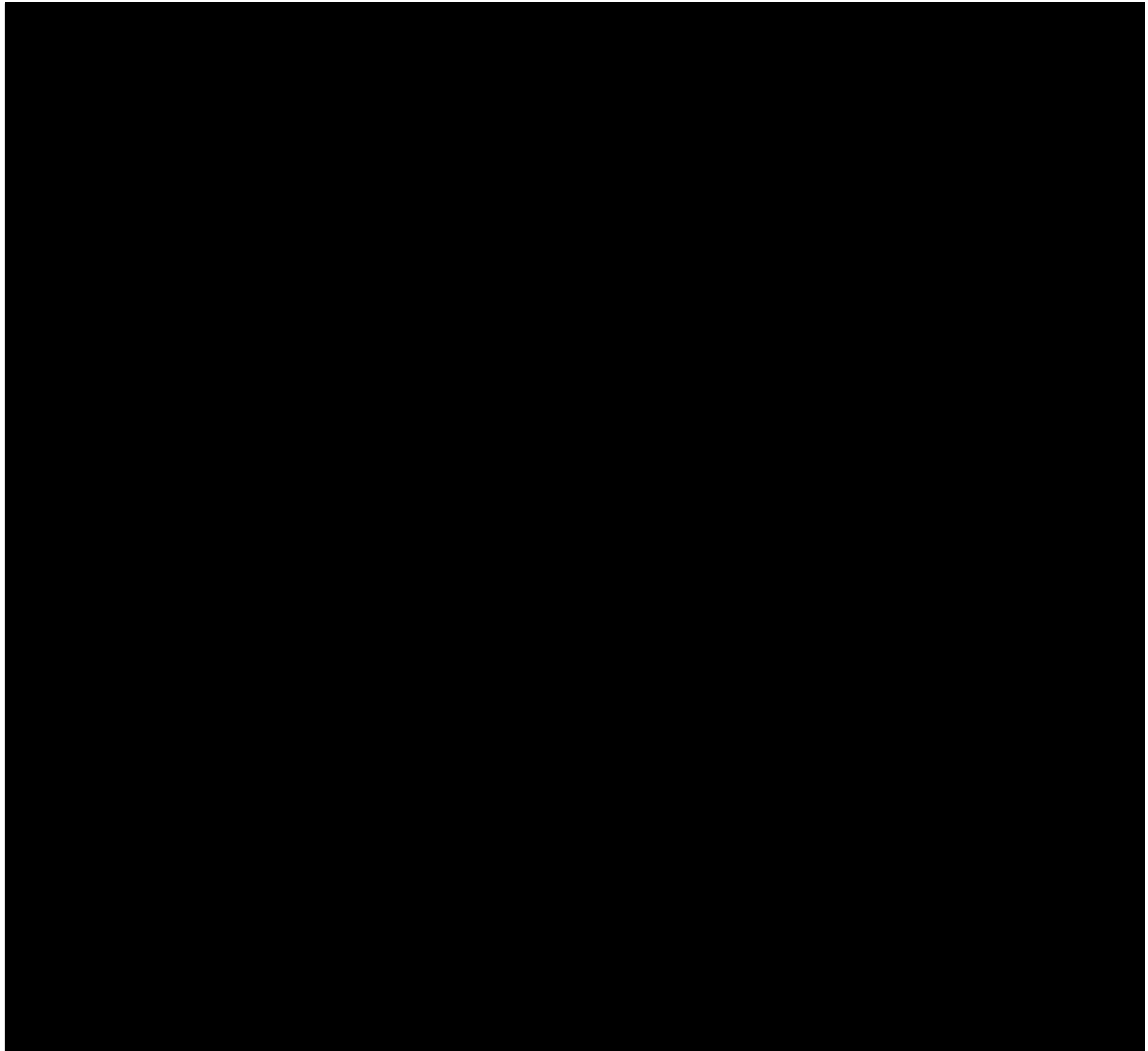
**Section 12.2 Excemption, Liability of Covered Persons.**



Operating Agreement – Attachment to Exhibit 11

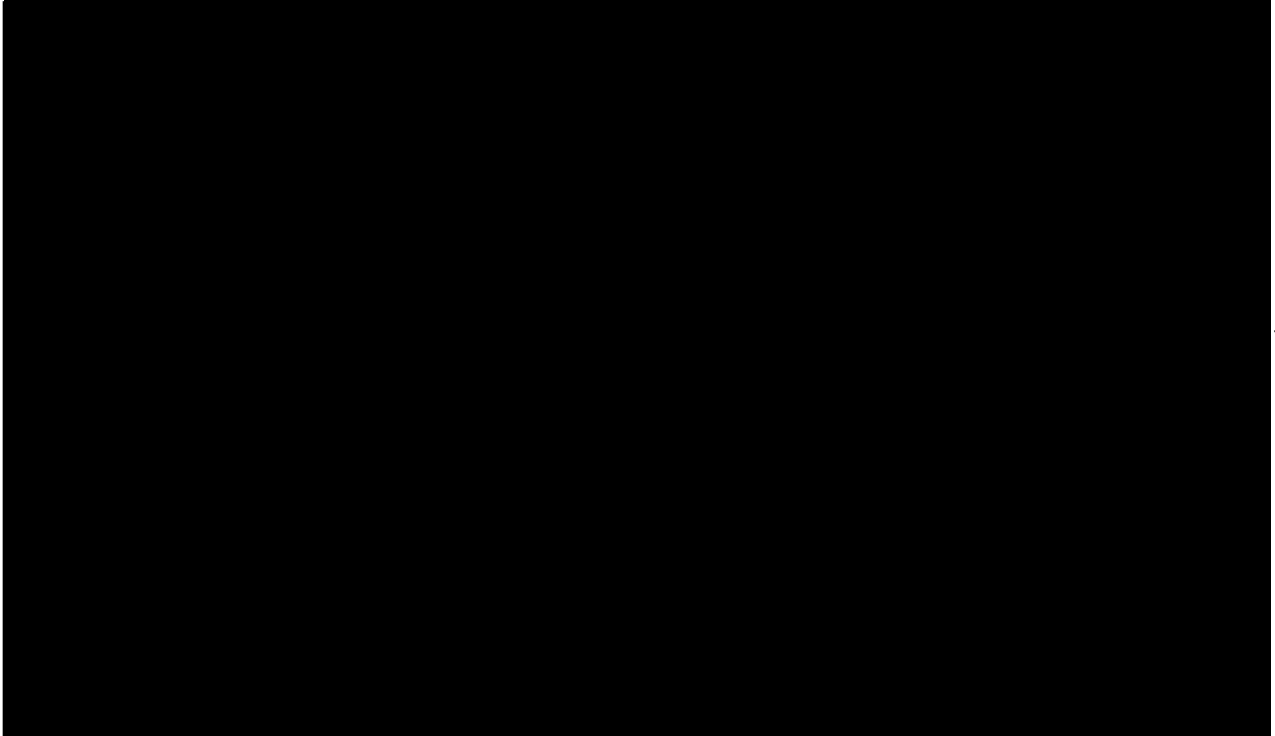


**Section 12.3 Indemnification of Covered Persons.**

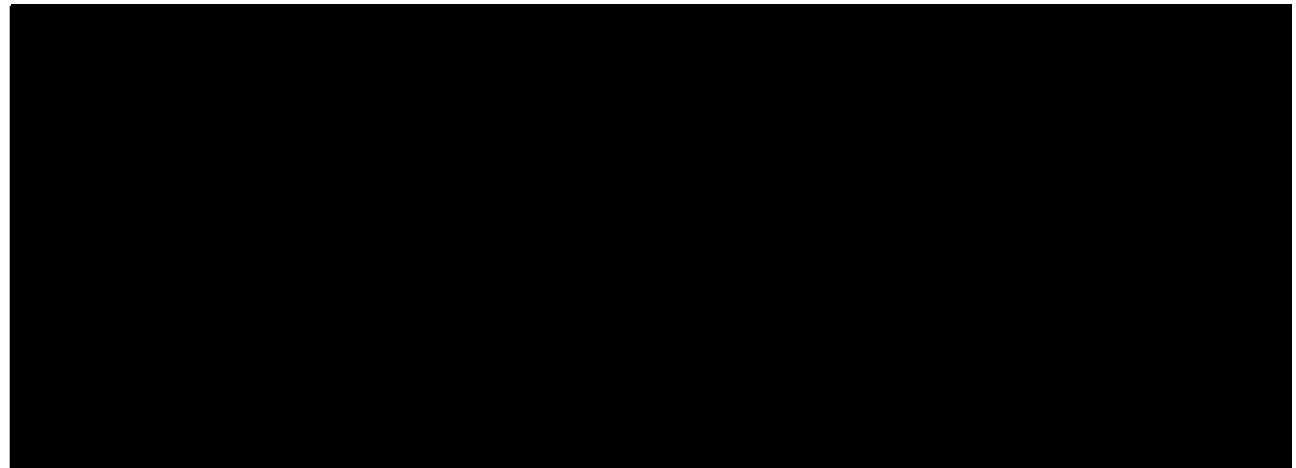




Operating Agreement – Attachment to Exhibit 11

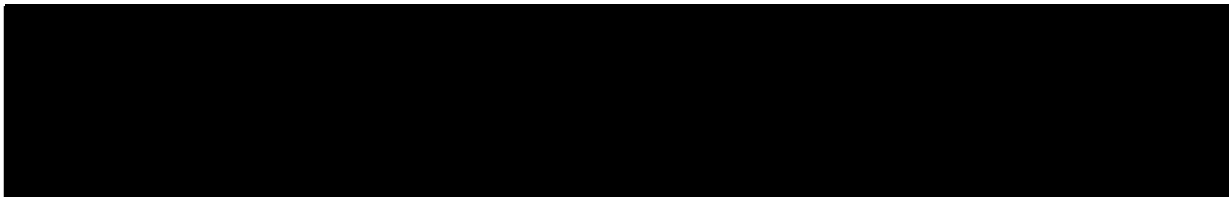


**Section 12.4 Interested Transactions.**

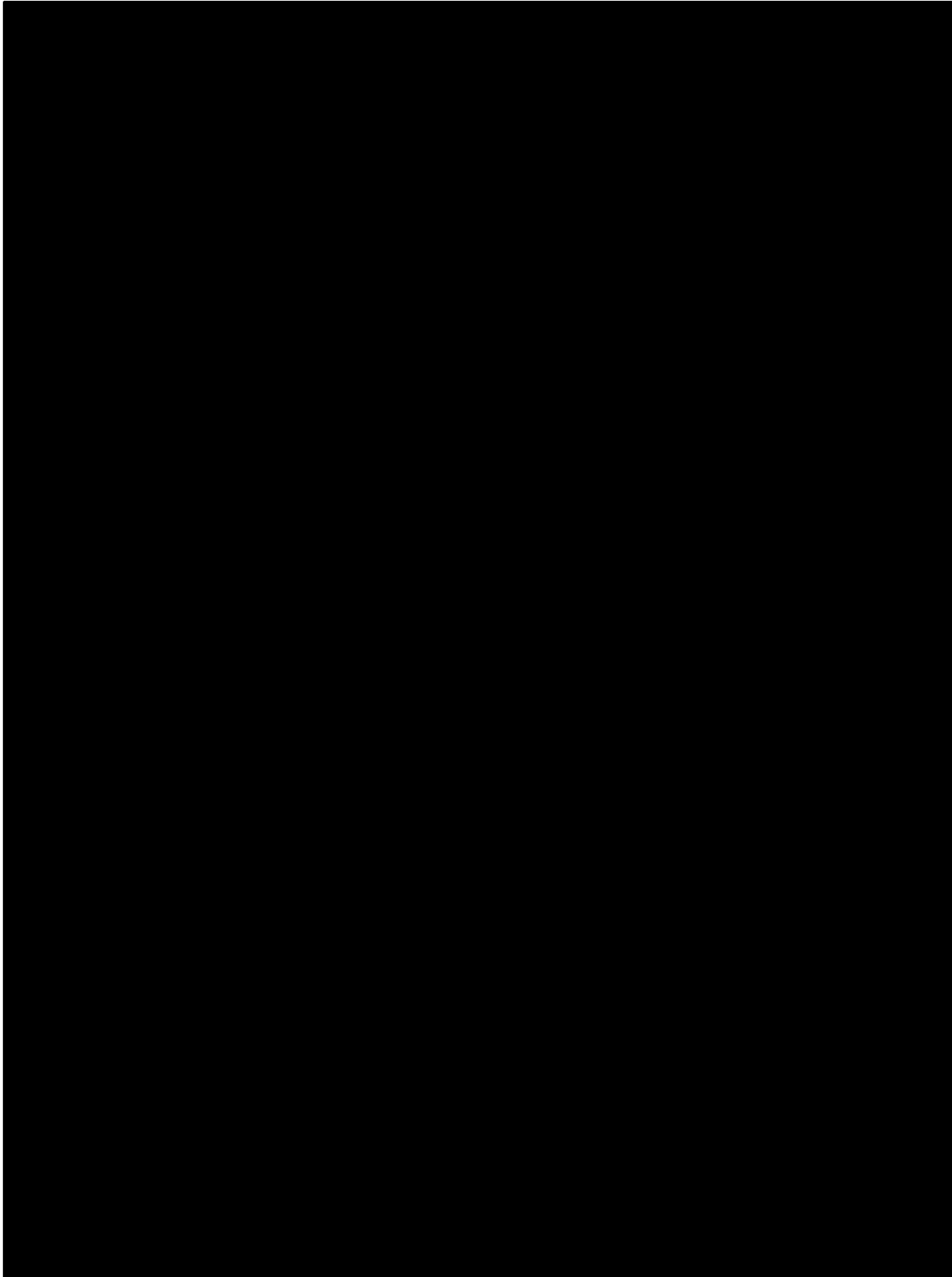


**ARTICLE 13.  
MISCELLANEOUS PROVISIONS**

**Section 13.1 Books and Accounts; Confidentiality.**



Operating Agreement – Attachment to Exhibit 11



Operating Agreement – Attachment to Exhibit 11

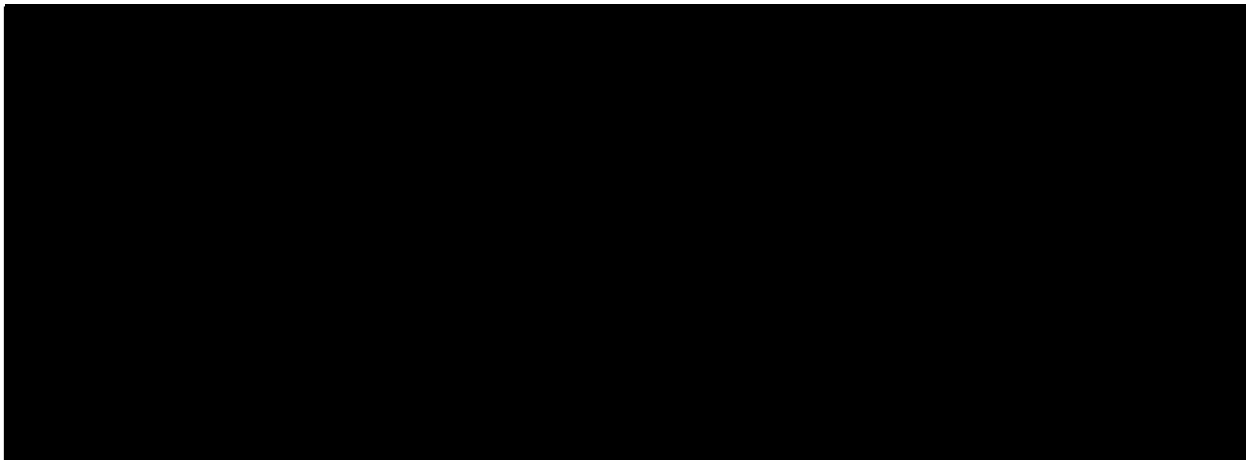
**Section 13.2 Survival of Rights and Remedies.**



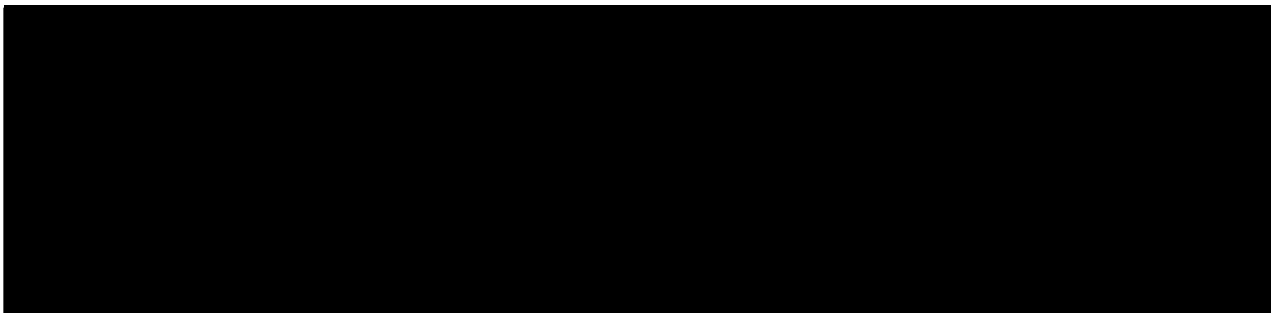
**Section 13.3 Notices.**



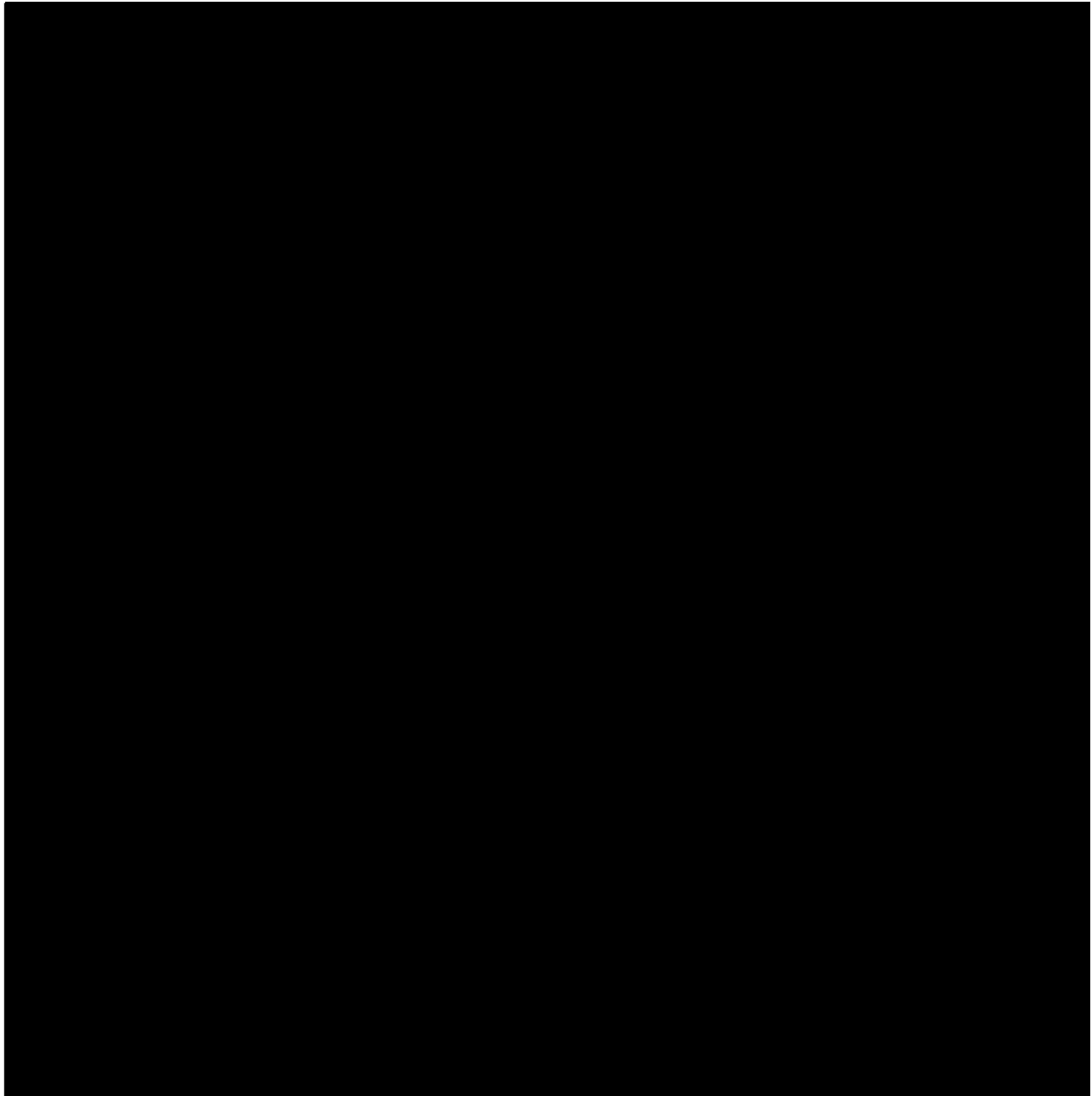
**Section 13.4 Waivers; Amendments.**



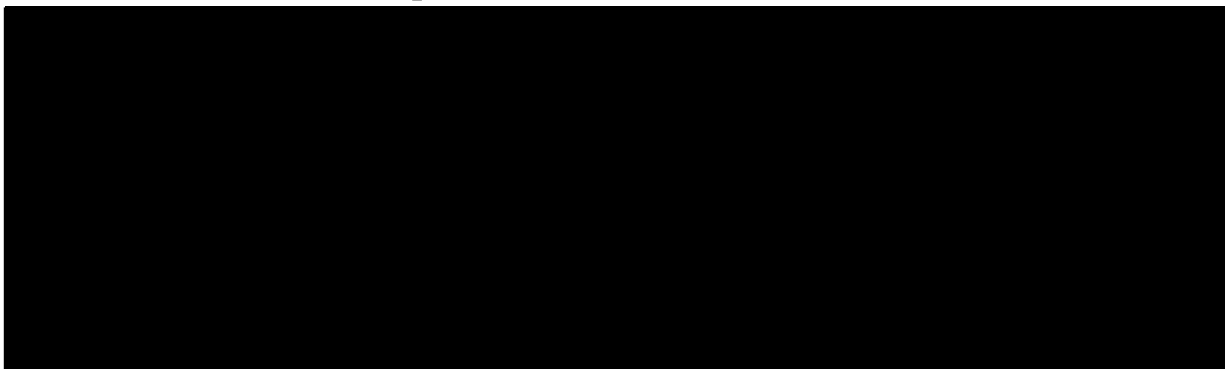
**Section 13.5 Applicable Law; Jurisdiction; Damages.**



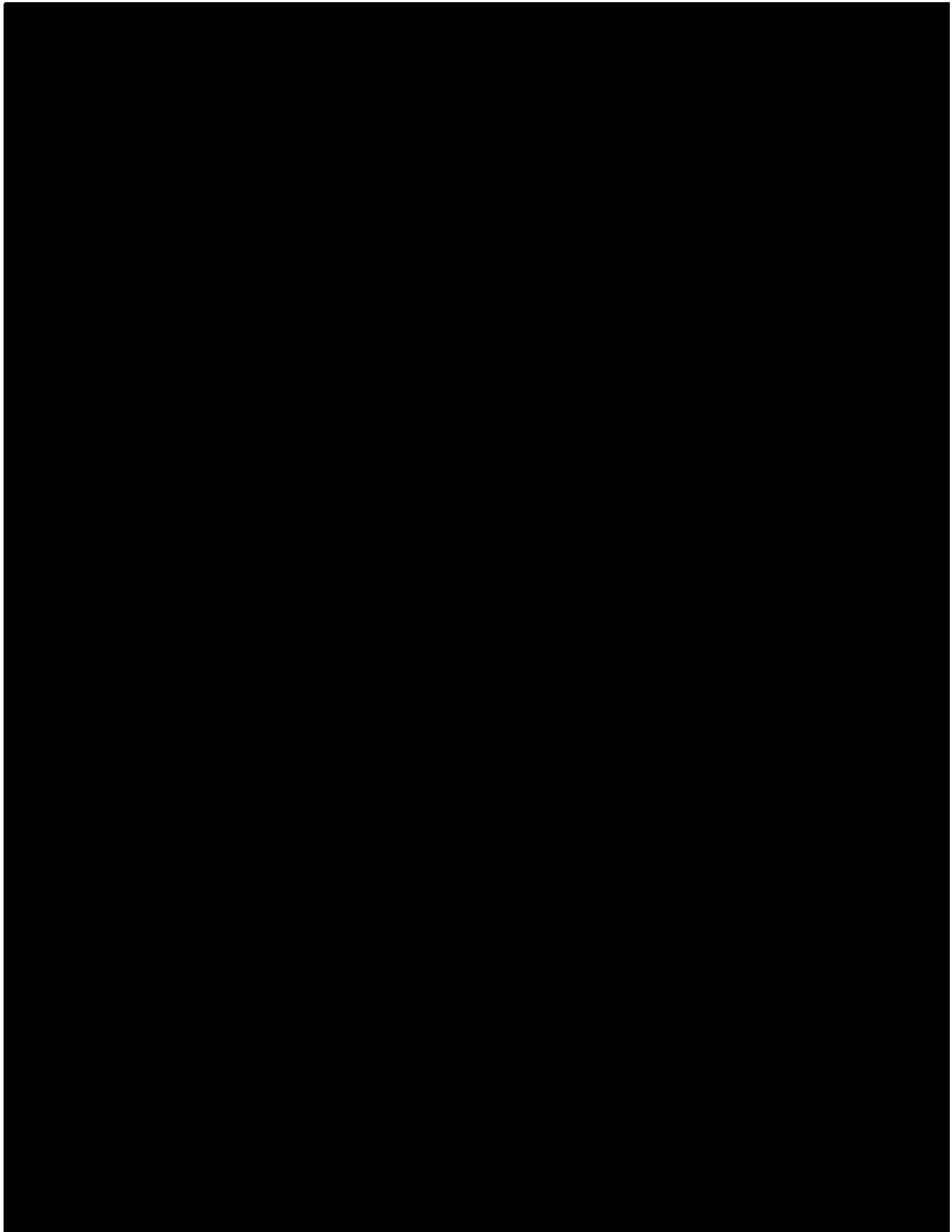
Operating Agreement – Attachment to Exhibit 11



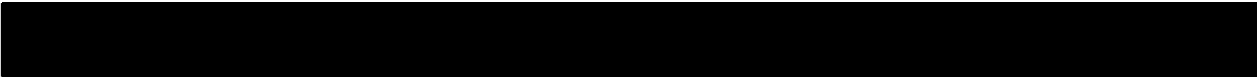
**Section 13.8      Legal Counsel.**



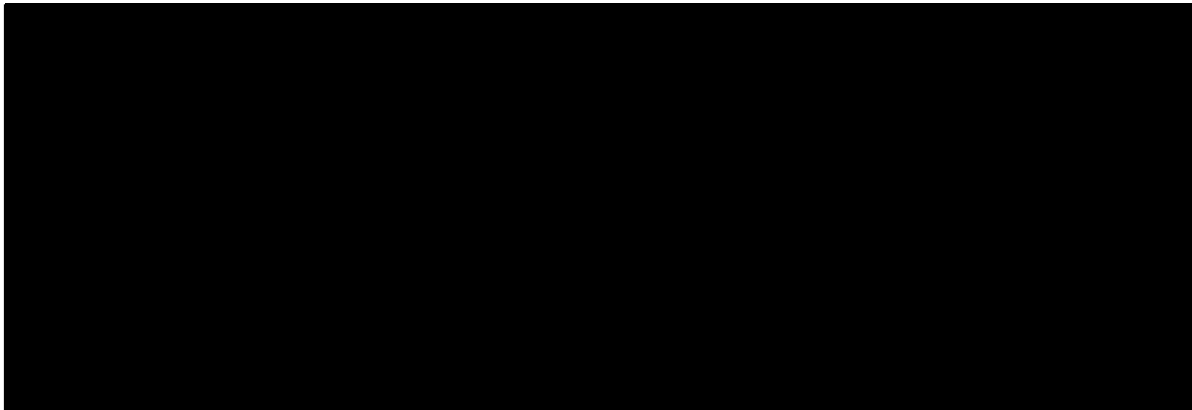
Operating Agreement – Attachment to Exhibit 11



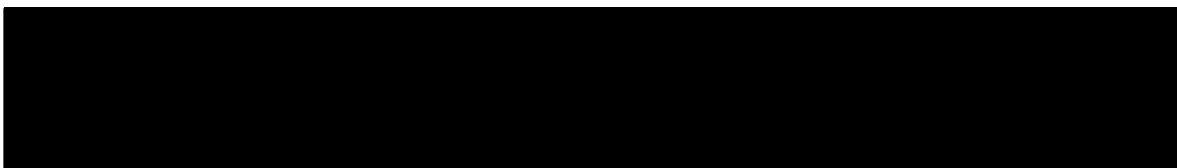
Operating Agreement – Attachment to Exhibit 11



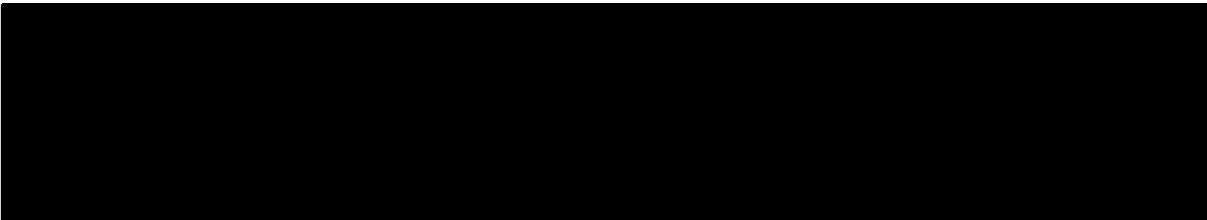
**Section 13.10 Binding Effect.**



**Section 13.11 Severability.**



**Section 13.12 Entire Agreement.**

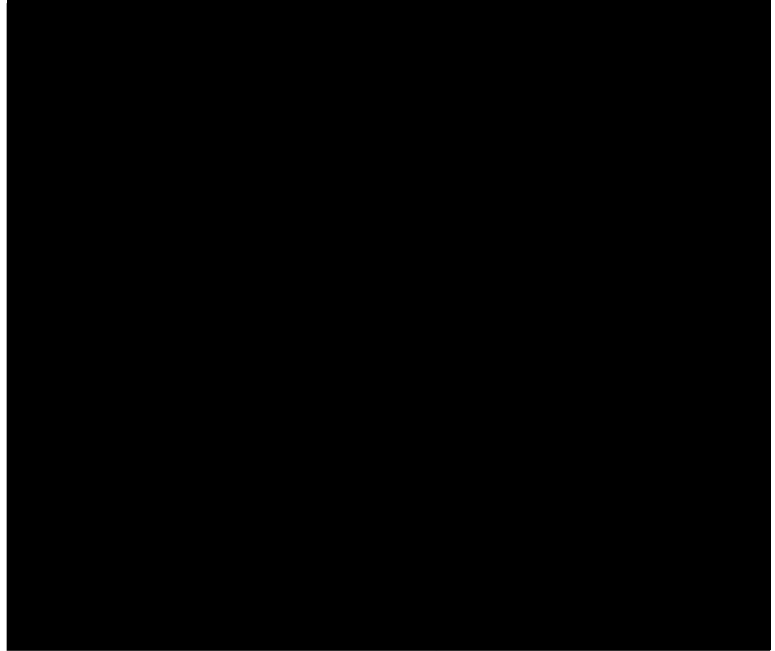


[Remainder of page intentionally left blank.]

Operating Agreement – Attachment to Exhibit 11

IN WITNESS WHEREOF, the parties have executed this Company Agreement as of the date first written above.

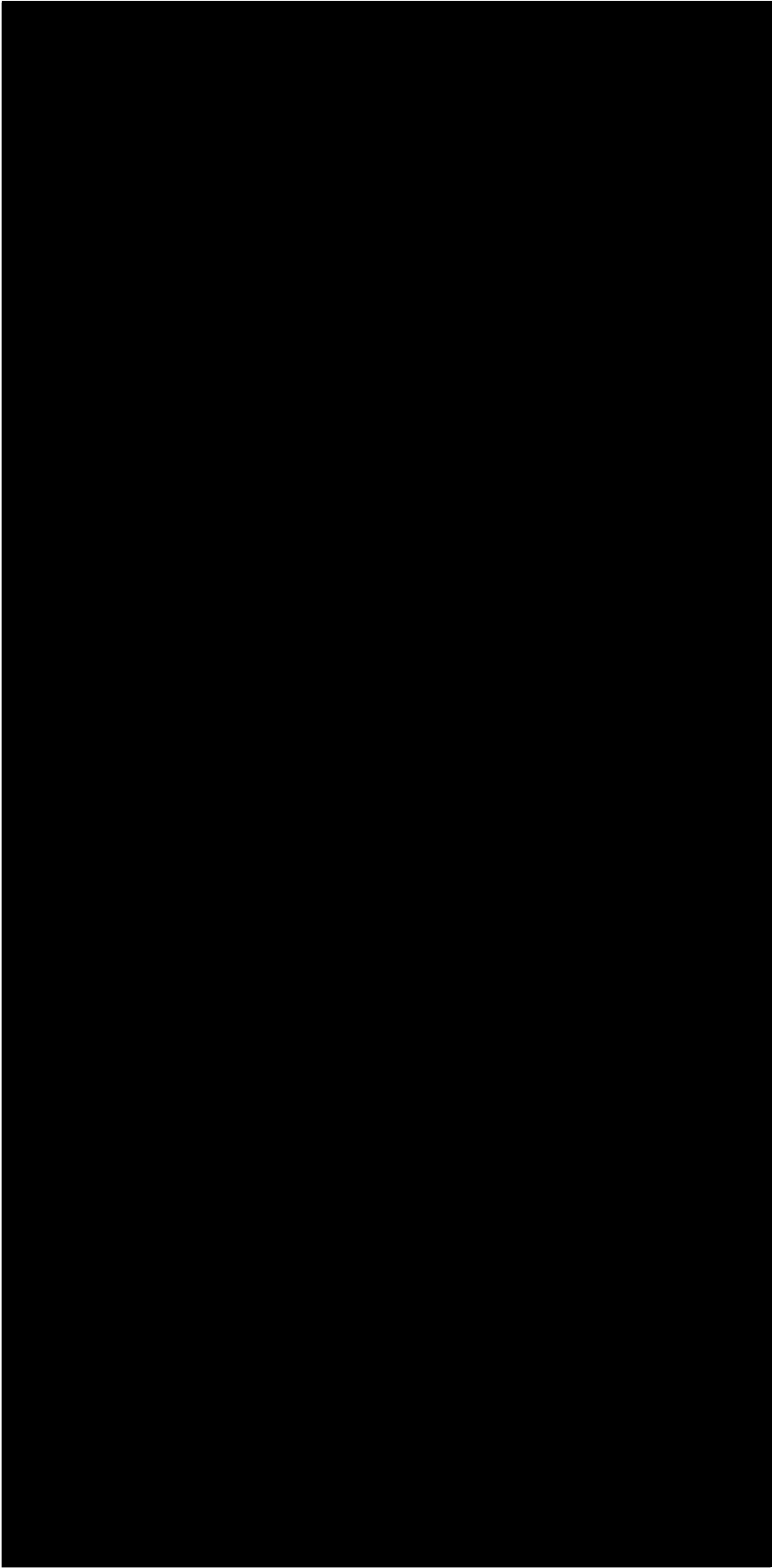
**MEMBERS:**



[Signature Page to Company Agreement of Insa Alabama, LLC]

Operating Agreement – Attachment to Exhibit 11

Schedule A – Schedule of Members



A-1

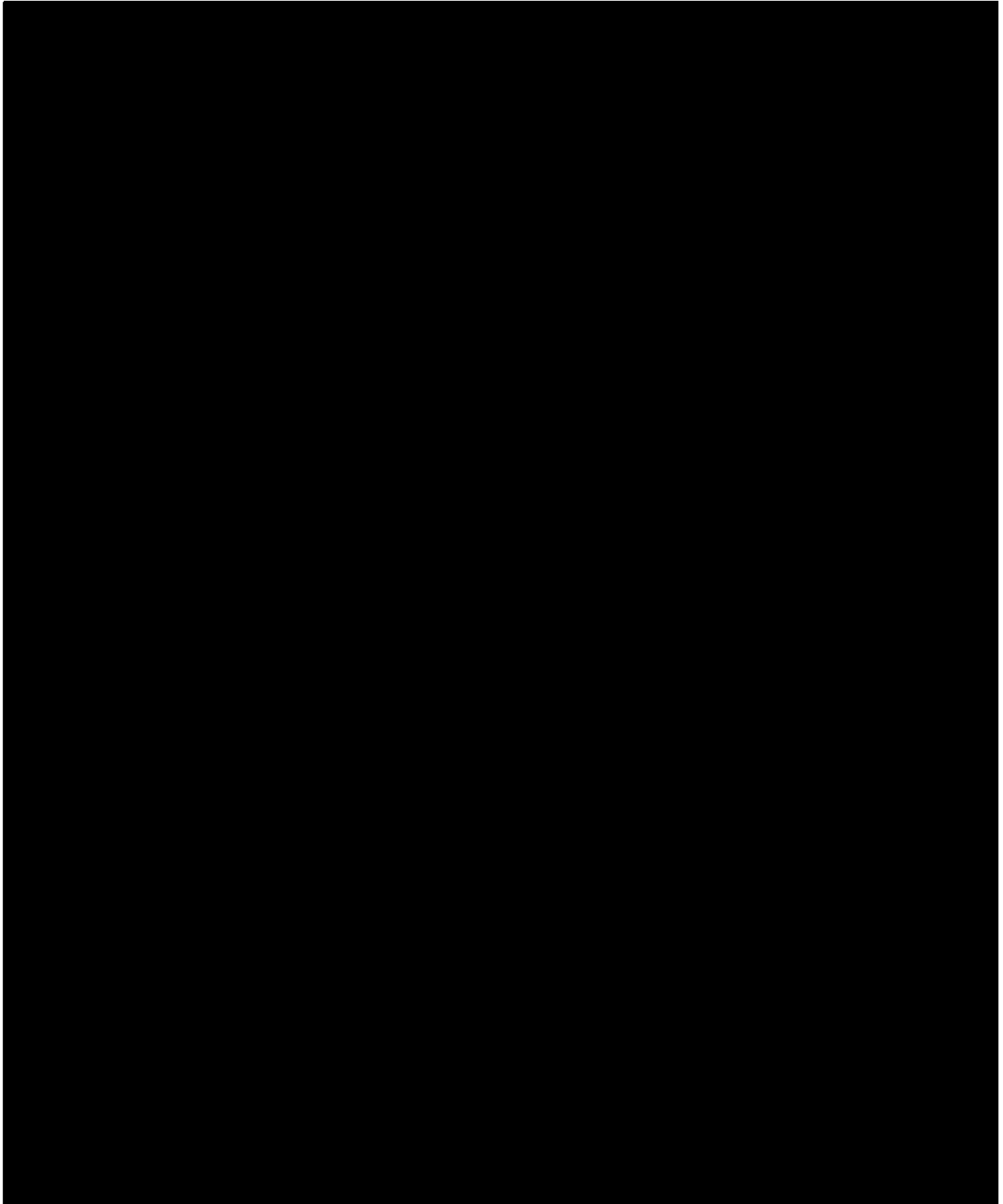
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Operating Agreement – Attachment to Exhibit 11

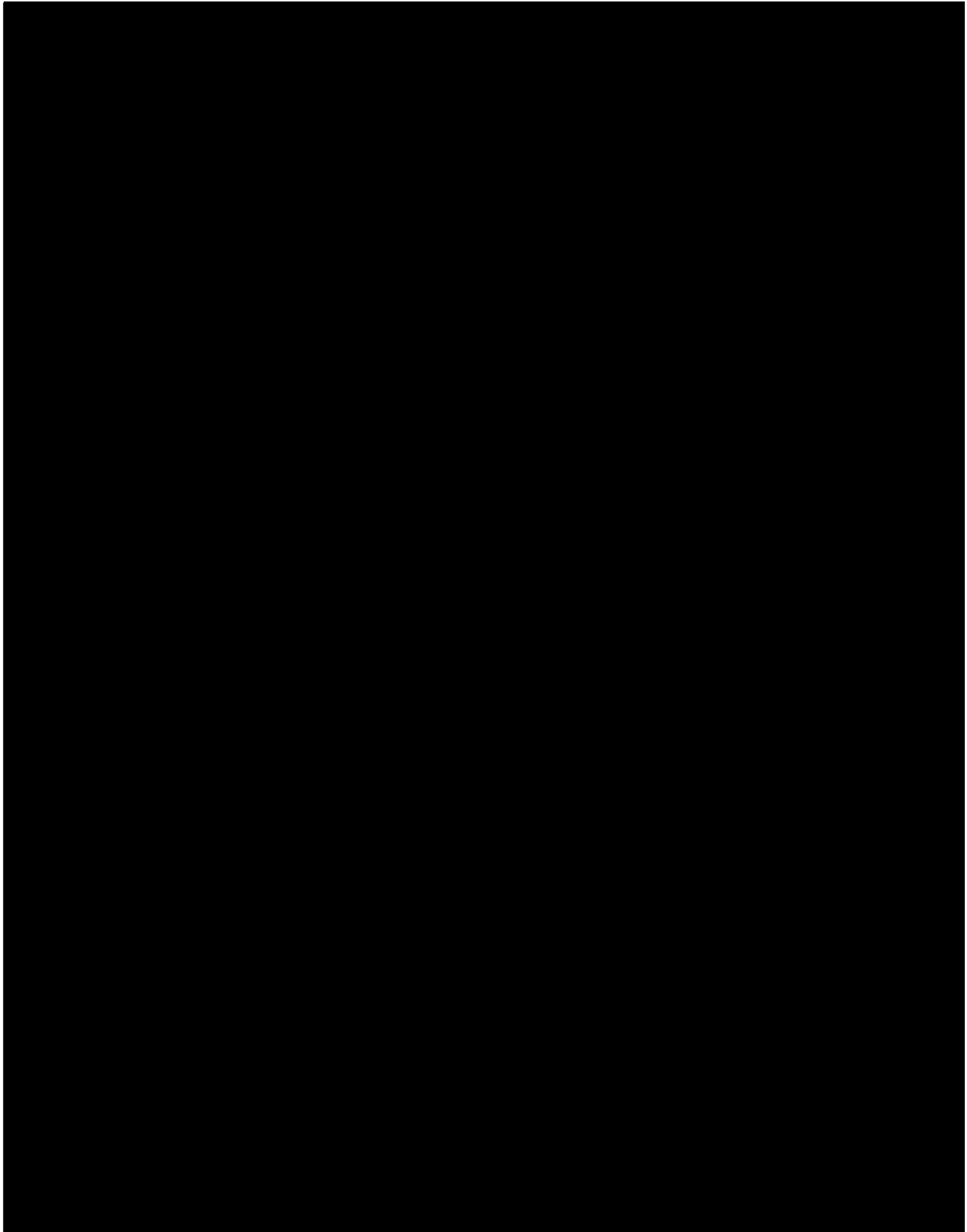
**Schedule B**

**Company Agreement  
of Insa Alabama, LLC**

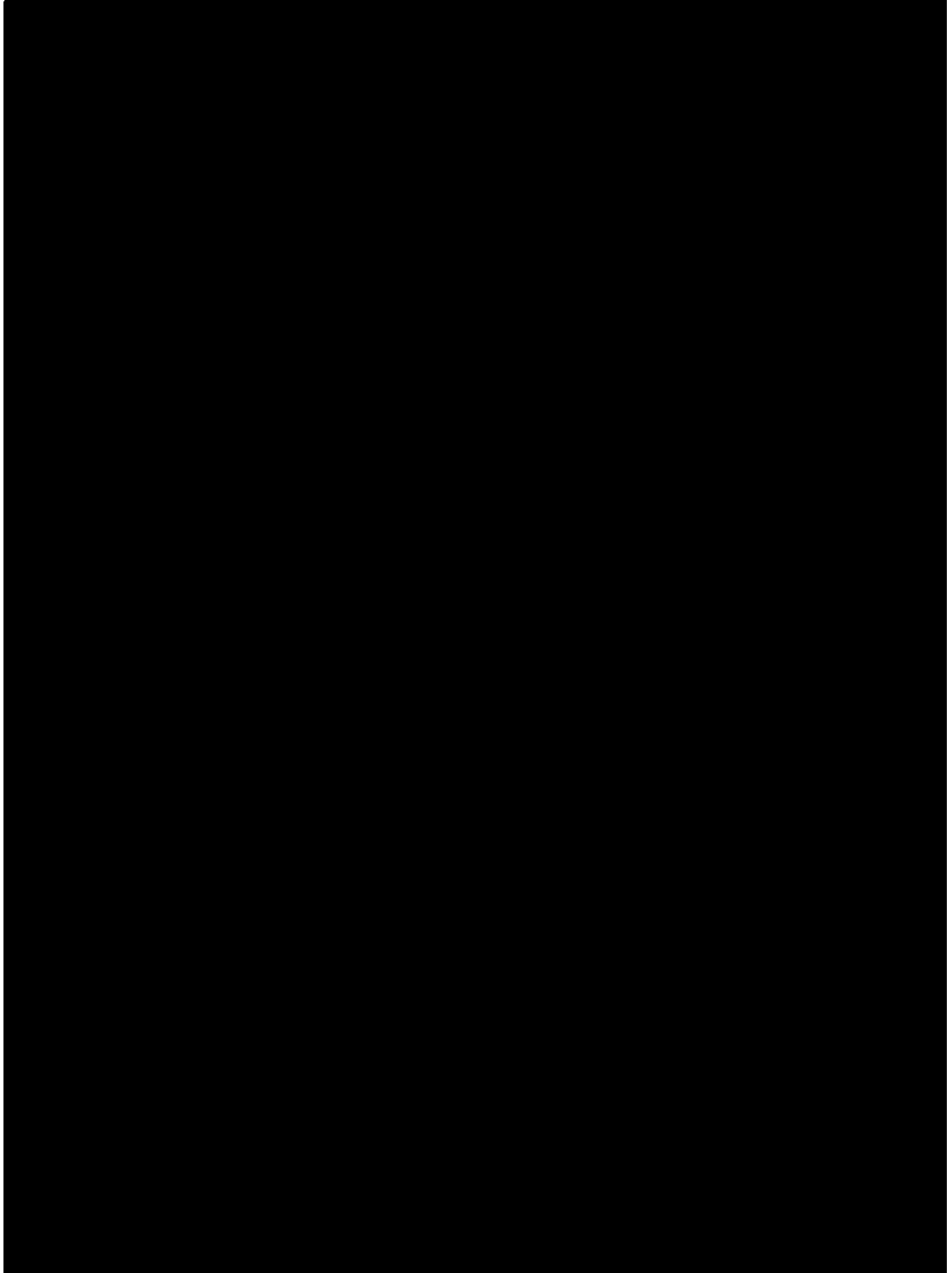


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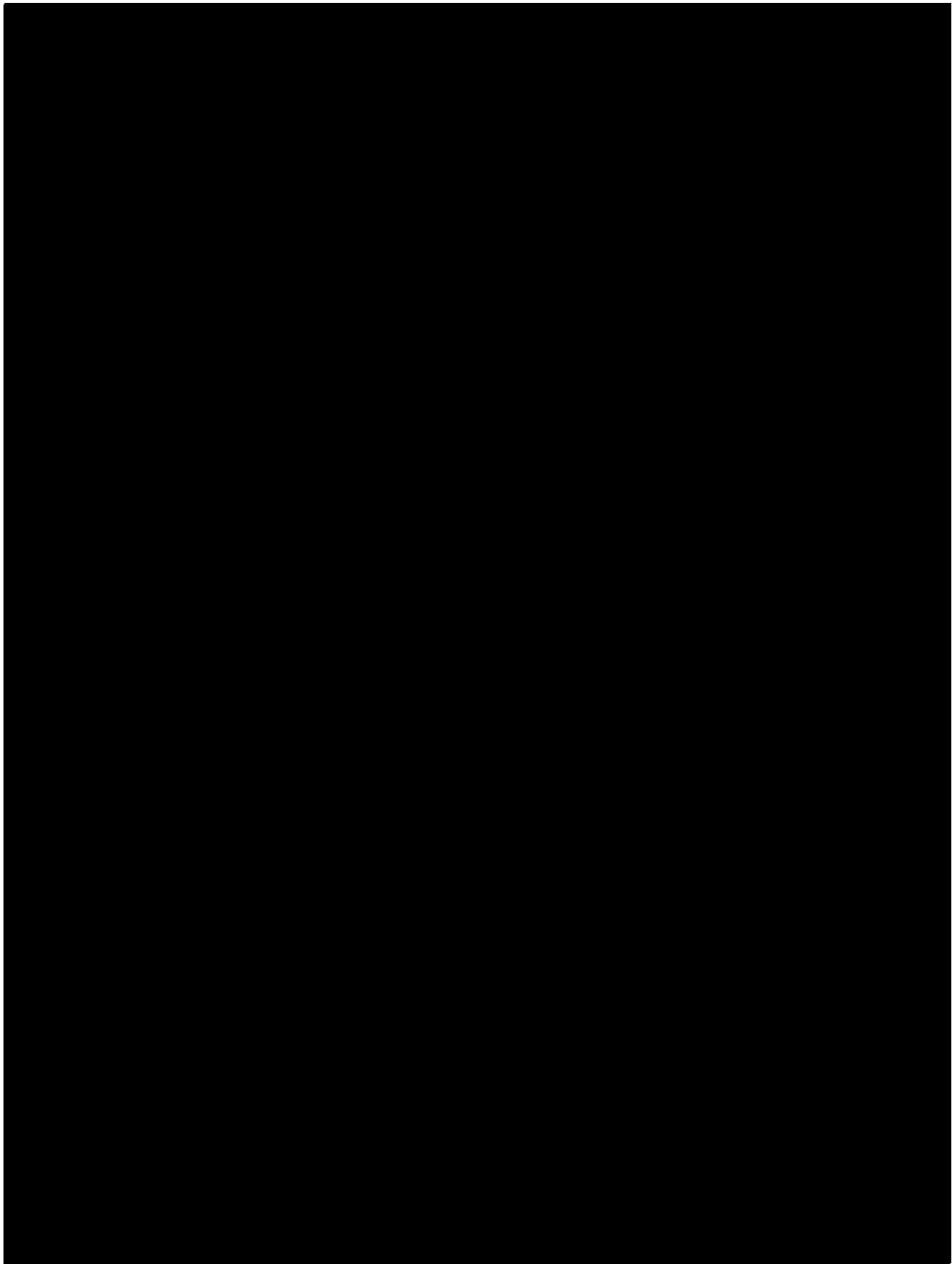
Operating Agreement – Attachment to Exhibit 11



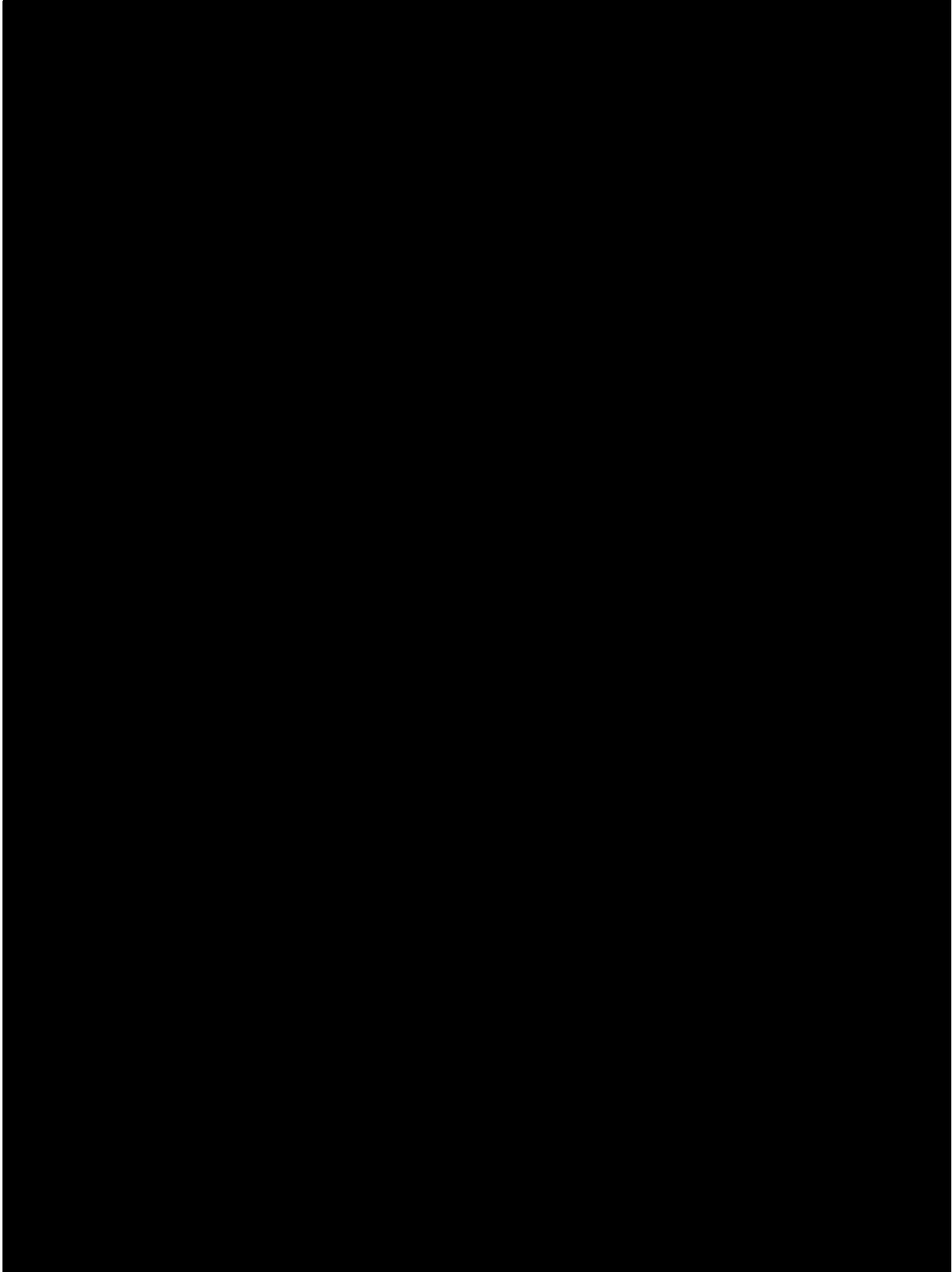
Operating Agreement – Attachment to Exhibit 11



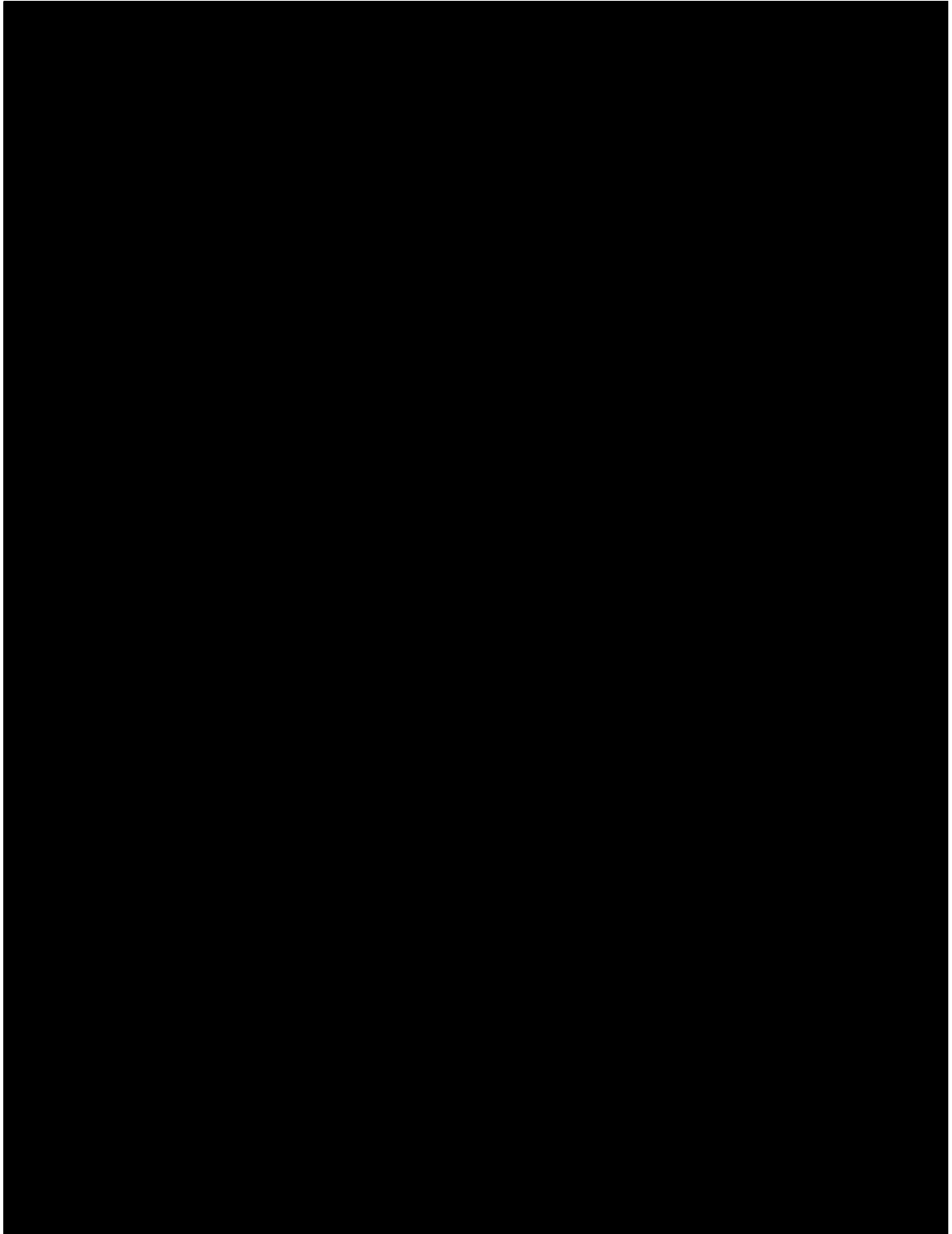
Operating Agreement – Attachment to Exhibit 11



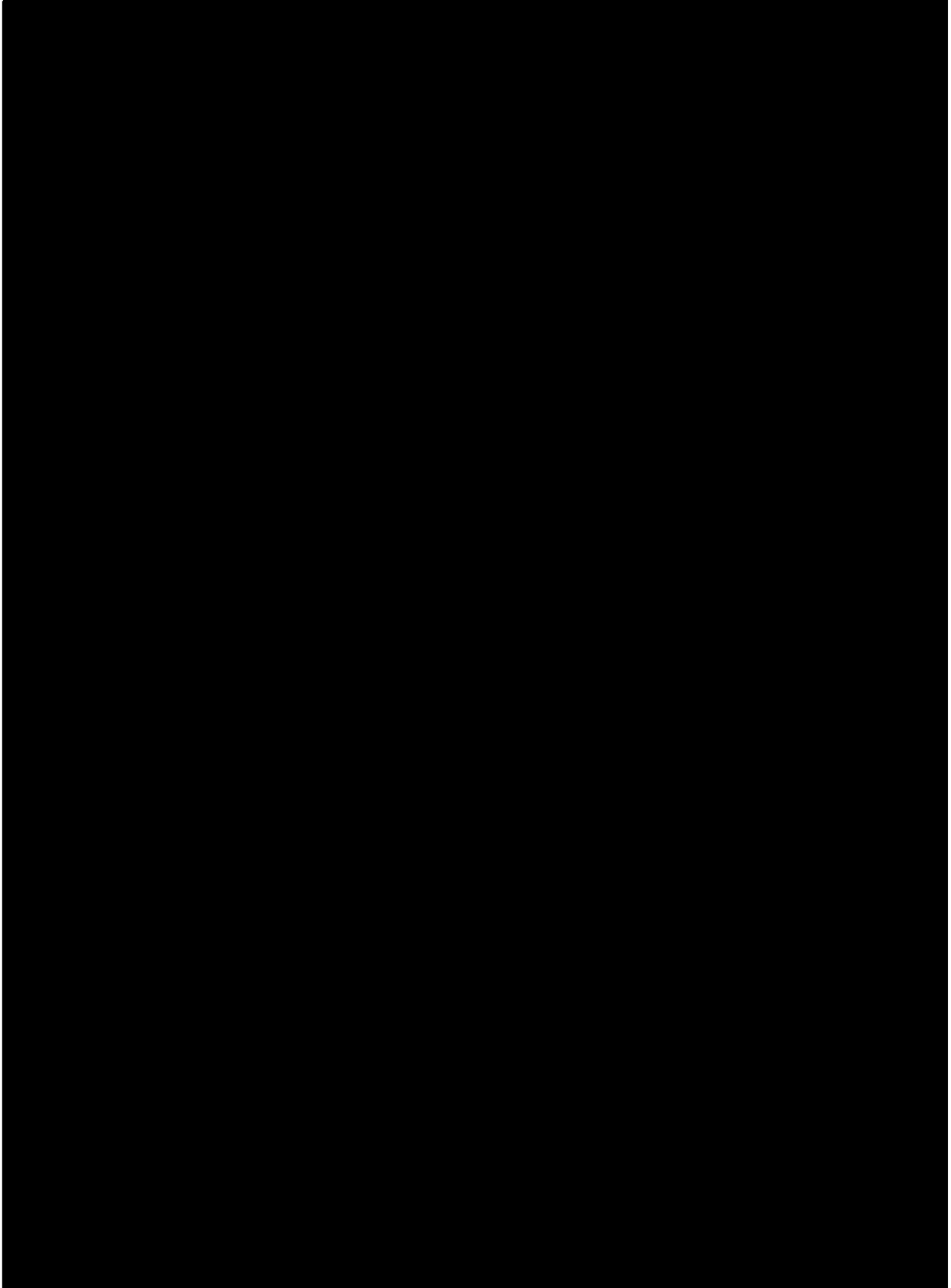
Operating Agreement – Attachment to Exhibit 11



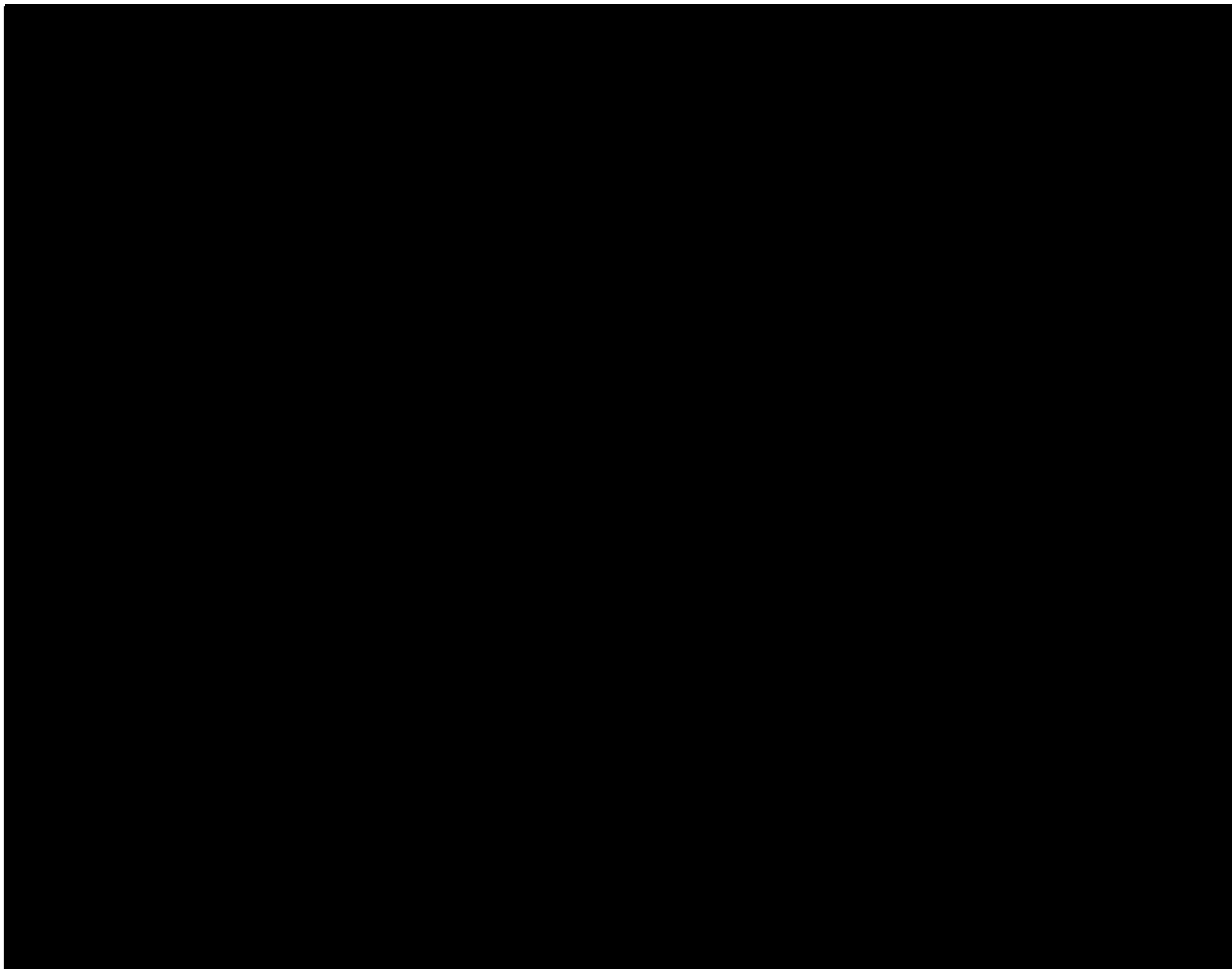
Operating Agreement – Attachment to Exhibit 11



Operating Agreement – Attachment to Exhibit 11



Operating Agreement – Attachment to Exhibit 11





# 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.

J. Gregory Allen

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

Owner

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

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

3/1/23  
\_\_\_\_\_  
Verification Date

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12.2 – Local Approval - Summary..... 3

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Attachments to Exhibit 12, Section 12.2 ..... 39

**Summary**

**12.1 – As applicable, certified copies of the Applicant’s business license.**

*Montgomery*

A business license for Insa Alabama, LLC (the “Applicant”) has been issued by the City of Montgomery as license number 202300000639 for Applicant’s site at 6030 Perimeter Parkway, Montgomery, **see attached business license (identified as “City of Montgomery Business License- Attachment to Exhibit 12, Section 12.1”)**. Applicant has also obtained letters of support for Montgomery, **see attached letters of support (identified as “Letters of Support- Attachment to 12, Section 12.1”)**.

*Mobile*

On December 20, 2022, Edwin Yates, attorney for Applicant, spoke with the Business License Granting Authority in Mobile, the Mobile Revenue Department, regarding the issuance of a business license for Applicant. The Mobile Revenue Department advised that after talking with the State Cannabis Commission, it can deny a local business license at this time. However, the Mobile Revenue Department would not send a letter or email confirming such, **see attached email from Attorney Edwin Yates (identified as “Email from Attorney Edwin Yates- Attachment to Exhibit 12, Section 12.1”) and Affidavit of Attorney Edwin Yates (identified as “Affidavit of Attorney Edwin Yates- Attachment to Exhibit 12, Section 12.1”)**

*Opelika*

Attorney Edwin L. Yates contacted the license department for the City of Opelika regarding a business license for a cannabis dispensary site, **see attached Affidavit of Attorney Edwin Yates (identified as “Affidavit of Attorney Edwin Yates- Attachment to Exhibit 12,**

**Section 12.1”**). Applicant received a response from Lillie Finley with the City of Opelika stating “We can only issue a business license once the state has issued the permit...”, **see attached Opelika business license email (identified as “Opelika Business License Email- Attachment to Exhibit 12, Section 12.1”)** Applicant has also obtained a letter of support for Opelika, **see attached letters of support (identified as “Letters of Support- Attachment to Exhibit 12, Section 12.1”)**.

#### *Dothan*

An application was submitted to the City of Dothan to obtain a business license, **see attached Application for Dothan Business License (identified as “Dothan Application for Business License- Attachment to Exhibit 12, Section 12.1”)**. After submitting the application, Applicant received an email from Garry Shirah, Senior Revenue Officer for the City of Dothan, advising that the City of Dothan cannot move forward with the application until all documentation has been submitted showing Insa Alabama LLC has received the necessary approvals from the State of Alabama to operate a dispensary, **see attached email from Gary Shirrah (identified as “Email from Gary Shirrah- Attachment to Exhibit 12, Section 12.1”)** and **Affidavit of Attorney Edwin Yates (identified as “Affidavit of Attorney Edwin Yates- Attachment to Exhibit 12, Section 12.1”)**

#### *Birmingham*

On December 20, 2022, Edwin Yates, attorney for Insa Alabama LLC, spoke with the Business License Granting Authority in Birmingham, the Revenue Department for the City of Birmingham, about obtaining a business license for a cannabis dispensary. The Revenue Department advised that the City of Birmingham would not be issuing licenses for cannabis dispensaries until July 2023 and referred all further inquiries to Travis Brooks for confirmation of such and an inquiry was made to Mr. Brooks, **see attached email from Attorney Edwin Yates to Travis Brooks (identified as “Email from Attorney Edwin Yates to Travis Brooks- Attachment to Exhibit 12, Section 12.1”)**. Attorney Edwin L. Yates spoke with Travis Brooks on December 21 and verbally confirmed business licenses for cannabis dispensaries would not be issued until July 2023, **see Affidavit of Attorney Edwin Yates (identified as “Affidavit of Attorney Edwin Yates- Attachment to Exhibit 12, Section 12.1”)**. To date, no response has been received.

**12.2 – As applicable, resolution(s) or ordinance(s) by local jurisdiction(s) (County or Municipality, as appropriate) approving the Applicant’s business presence in each applicable local jurisdiction**

*Facility 1: Montgomery Cultivation Facility*

Insa Alabama, LLC (the “Applicant”) is locating its Cultivation Facility at 6030 Perimeter Parkway, Montgomery, AL. This site is zoned as an M-1 (light Industry) Residential Zoning District allowing the cultivation of medical cannabis by right. **See attached Montgomery Zoning Letter (identified as “Montgomery Zoning Letter for Cannabis Cultivation and Processing Operations at the Montgomery Site- Attachment to Exhibit 12, Section 12.2”)**, from the City of Montgomery evidencing zoning compliance for an Integrated Facility at 6030 Perimeter Parkway, Montgomery, AL. The proposed Cultivation Facility is located 1,000 feet from schools, daycares, and childcare facilities, **see attached Radius Maps (identified as “1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2”)**

*Facility 2: Montgomery Processing Facility*

Applicant is locating its Processing Facility at 6030 Perimeter Parkway, Montgomery, AL. This site is zoned as an M-1 (light Industry) Residential Zoning District allowing the processing of medical cannabis by right. **See attached Montgomery Zoning Letter (identified as “Montgomery Zoning Letter for Cannabis Cultivation and Processing Operations at the Montgomery Site- Attachment to Exhibit 12, Section 12.2”)**, from the City of Montgomery evidencing zoning compliance for an Integrated Facility at 6030 Perimeter Parkway, Montgomery, AL. The proposed Processing Facility is located 1,000 feet from schools, daycares, and childcare facilities, **see attached Radius Maps (identified as “1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2”)**

*Facility 3: Montgomery Dispensing Site*

Applicant is locating a Dispensing Site at 6030 Perimeter Parkway, Montgomery, AL. This site is zoned as an M-1 (light Industry) Residential Zoning District allowing the dispensing of medical cannabis by right. **See attached Montgomery Zoning Letter (identified as “Montgomery Zoning Letter for Cannabis Cultivation and Processing Operations at the Montgomery Site- Attachment to Exhibit 12, Section 12.2”)**, from the City of Montgomery evidencing zoning compliance for an Integrated Facility at 6030

Perimeter Parkway, Montgomery, AL, and **see attached Montgomery Ordinance (identified as “Montgomery Ordinance No. 63-2021 Approving Cannabis Dispensary Operations- Attachment to Exhibit 12, Section 12.2”)** The proposed Dispensing Site is located 1,000 feet from schools, daycares, and childcare facilities, **see attached Radius Maps (identified as “1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2”)**

*Facility 4: Dothan Dispensing Site*

Applicant is locating a Dispensing Site at 4630 Montgomery Highway, Dothan, AL. This site is zoned B-2 (Highway Commercial) allowing the dispensing of medical cannabis by right. **See attached Dothan Zoning Letter (identified as “Dothan Zoning Letter authorizing Cannabis Dispensary Operations at the Dothan Site- Attachment to Exhibit 12, Section 12.2”)**, from the City of Dothan evidencing zoning compliance for a Dispensing Site at 4630 Montgomery Highway, Dothan, AL, and **see attached Dothan Ordinance (identified as “Dothan Ordinance No. 2022-290 Authorizing the Operation of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2”)** The proposed Dispensing Site is located 1,000 feet from schools, daycares, and child care facilities, **see attached Radius Maps (identified as “1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2”)**.

*Facility 5: Opelika Dispensing Site*

Applicant is locating a Dispensing Site at 2002/2004 Marvyn Parkway, Opelika, AL. This site is zoned C-3 (General Commercial) with a GC-P (Gateway Corridor- Primary) overlay. Medical dispensaries are an approved conditional use in all commercial and industrial zoning districts including the foregoing. **See attached Opelika Zoning Letter (identified as “Opelika Zoning Letter for Cannabis Dispensary Operations at the Opelika Site- Attachment to Exhibit 12, Section 12.2”)**, from the City of Opelika evidencing zoning compliance for a Dispensing Site at 2002/2004 Marvyn Parkway, Opelika, AL, and **see attached Opelika Ordinance (identified as “Opelika Ordinance No. 028-22 Authorizing the Operation of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2”)**. The proposed Dispensing Site is located 1,000 feet from schools, daycares, and childcare facilities, **see attached Radius Maps (identified as “1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2”)**

*Facility 6: Birmingham Dispensing Site*

Applicant is locating a Dispensing Site at 714 29<sup>th</sup> Street, Birmingham, AL. This site is zoned B-2 (General Business) where medical dispensaries are a permitted use with conditions. **See attached Birmingham Zoning Letter (identified as “Birmingham Zoning Letter for Cannabis Dispensary Operations at the Birmingham Site- Attachment to Exhibit 12, Section 12.2”)**, from the City of Birmingham evidencing zoning compliance for a Dispensing Site at 714 29<sup>th</sup> Street, Birmingham, AL, and **see attached Birmingham Ordinance (identified as “Birmingham Ordinance No. 22-142 Authorizing the Operation of Medical Cannabis Dispensaries- Attachment to Exhibit 12, Section 12.2”)**. The proposed Dispensing Site is located 1,000 feet from schools, daycares, and childcare facilities, **see attached Radius Maps (identified as “1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2”)**

*Facility 7: Mobile Dispensing Site*

Applicant is locating a Dispensing Site at 7900 Airport Blvd., Mobile, AL. This site is zoned B-3 (Community Business) where medical dispensaries are a permitted use by right. **See attached Mobile Zoning Letter (identified as “Mobile Zoning Letter for Cannabis Dispensary Operations at the Mobile Site- Attachment to Exhibit 12, Section 12.2”)**, from the City of Mobile evidencing zoning compliance for a Dispensing Site at 7900 Airport Blvd., Mobile, AL, and **see attached Mobile Ordinance (identified as “Mobile Ordinance No. 2022-01-062 Authorizing the Operation of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2”)**. The proposed Dispensing Site is located 1,000 feet from schools, daycares, and childcare facilities, **see attached Radius Maps (identified as “1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2”)**

THIS  
LICENSE  
EXPIRES

December 31st

PLEASE RENEW  
BY FEBRUARY 1ST  
OF THE FOLLOWING YEAR

CITY OF MONTGOMERY  
MONTGOMERY, ALABAMA



BUSINESS LICENSE

No. 202300000639

LICENSE VALID  
ONLY AT LOCATION  
INDICATED  
NON TRANSFERABLE

MAILING NAME AND ADDRESS

LOCAL TRADE NAME AND PHYSICAL LOCATION

INSA ALABAMA LLC  
218 COMMERCE ST  
MONTGOMERY, AL 36104-2540

INSA ALABAMA LLC  
6030 PERIMETER PKWY  
MONTGOMERY, AL 36116-5169

THE FIRM, CORPORATION, ORGANIZATION, BUSINESS OR PERSON, WHOSE NAME APPEARS ABOVE HAS PAID THE REQUIRED LICENSE FEE AND IS AUTHORIZED TO ENGAGE IN BUSINESS IN MONTGOMERY, ALABAMA AS INDICATED BELOW.

CODE	ACCOUNT NUMBER	LICENSE NUMBER	RECEIPT NUMBER	TYPE OF LICENSE
	041709-BUS	202300000639		

551100 BUSINESS OFFICE ONLY  
 000000 DISPENSING OF CANNABIS NOT PERMITTED  
 000000 FARMING/PLANTING OF CANNABIS NOT PERMITTED  
 000000 TRANSPORTATION/STORAGE OF CANNABIS NOT INCLUDED

DATE ISSUED

12/13/2022

MONTGOMERY,  
ALABAMA

MUST BE POSTED IN AREA ACCESSIBLE TO PUBLIC

Betty P. Beville  
Director of Finance

NOTICE

License issued subject  
to compliance with all  
pertinent city codes.

Letters of Support- Attachment to 12, Section 12.1



# INDEPENDENT RIGHTS & RESOURCES

EMPOWERING PEOPLE WITH DISABILITIES

<http://www.independentrandr.org>

345 Molton Street • Montgomery, AL 36104

Office (334) 240-2520 • email: [kent.crenshaw@independentrandr.org](mailto:kent.crenshaw@independentrandr.org)

(334) 240-2520 (TDD)

*(Formerly Montgomery Center for Independent Living)*

October 19, 2022

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

Dear Chairman McMillian:

My name is Kent Crenshaw. I am the Executive Director of Independent Rights and Resources which is an agency established to serve and empower persons with disabilities, which in many cases suffer from chronic pain, depression and other illnesses which may benefit from medical cannabis usage. We currently serve 18 counties and over 1 million Alabamians in our service area, we are located at 345 Molton Street in Montgomery, Alabama. Independent Rights and Resources promotes a philosophy of living independently and for persons with a disability to empower themselves to have the best quality of life achievable. This movement epitomizes a group of people working for equal opportunities, self-respect and the right to exercise individual self-determination. Independent Rights and Resources will continue to be a pivotal voice in the community for personas who have a disability or have suffered debilitating injuries.

I first met Jere Beasley and Greg Allen when I was severely injured in a car crash which resulted in me being paralyzed. Prior to the accident I was an exceptional basketball player at Auburn University in Montgomery and was a very outgoing young man. Since the crash my life has been severely altered and with my new reality I have since dedicated myself to the improvement of the lives of persons with disabilities to improve their independence.

It is my pleasure to write this letter in support of and on behalf of Insa of Alabama, L.L.C. who is applying for a license to operate a cannabis facility in Montgomery, Alabama. I have met with representatives of Insa and discussed their background, experience and plans for their operations in Montgomery, which include outreach and education to the consumer population we serve in the central Alabama area and their plans to contribute to research on



Letters of Support- Attachment to 12, Section 12.1

effective treatments for various diseases which affect our consumers. As an experienced and highly successful operator in Massachusetts, Connecticut and Georgia, I know that their team has the necessary knowledge, business acumen and industry experience to efficiently operate a cannabis facility to provide Alabama consumers with safe and effective medical cannabis products.

Having personally known Mr. Beasley and Mr. Allen, I know that Insa of Alabama, L.L.C. will be operated in a manner that is conducive to the benefit of the people of Alabama and not just for profits.

We deeply appreciate Insa's commitment to working in service of the health and wellness of underserved consumers suffering from spinal cord injuries in Alabama. Many of our consumers have conditions that are not successfully treated by conventional medical applications. Any potential additional medical treatment that is safe and effective for our consumers will be beneficial and much needed. We look forward to our partnership with Insa, who will help further our mission and produce positive outcomes for consumers. As a part of a memorandum of understanding between Independent Rights and Resources, Insa has agreed to partner with and fund the development and implementation of programs that will study the use of medical cannabis with spinal cord patients and others with similar disabilities.

October 19, 2022

John McMillian

Page 2

I fully endorse Insa's application, and it is my hope that they will be granted a license. Should the Commission have any questions, please feel free to contact me at [kent.crenshaw@independentrandr.org](mailto:kent.crenshaw@independentrandr.org) or (334) 546-4732.

Very truly yours,



KENT CRENSHAW

Executive Director

Independent Rights and Resources

345 Moulton Street

Montgomery, AL 36104



License Type: Integrated Facility  
**Neurology Consultants of Montgomery, P.C.**

1722 Pine Street / Suite 700 Montgomery, Alabama 36106-1149

(334) 834-1300 Fax (334) 834-8347

Website: [www.ncnmgm.com](http://www.ncnmgm.com)

Letters of Support- Attachment to 12, Section 12.1

P. Caudill Miller, M.D.

*Diplomate American  
Board of Psychiatry  
& Neurology*

Sara S. Shashy, M.D.

*Diplomate American  
Board of Internal  
Medicine*

Larry W. Epperson, M.D.

*Diplomate American  
Board of Psychiatry  
& Neurology*

Jessica E. McLemore, M.D.

*Diplomate American  
Board of Psychiatry  
& Neurology*

October 21, 2022

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

Dear Chairman McMillian:

It is my pleasure to write this letter in support on behalf of Insa of Alabama, L.L.C. who is applying for a license to operate a cannabis facility in Montgomery, Alabama with dispensaries in central and north Alabama. I have practiced medicine in Montgomery, Alabama, specializing in neurology for 34 years. I attach my curriculum vitae to this letter.

I have discussed with Greg Allen the proposed plans for their medical cannabis operations in Alabama, which includes partnering of Clearview Ranch, L.L.C. with Insa to form Insa of Alabama, Inc. I believe it is important that we understand better the efficacy of medical cannabis going forward. I have agreed to consult with Insa Alabama, Inc. as a medical consultant to hopefully improve the efficacy of medical cannabis when other therapies fail. I do see in my practice chronic pain which is in need of treatment. If cannabis is proved to be an alternative to other more addictive prescriptions that would be very good for the general public. I look forward to working with Insa of Alabama, L.L.C. to help further the mission to produce positive outcomes for patients. As part of our memorandum of understanding with Insa, Insa has agreed to partner with and fund the development and implementation of programs for the study of disease and the effectiveness of medical cannabis treatment for various diseases. Hopefully these studies will help to refine the need for medical cannabis. I am acting as a consultant and not an investor. My goal is to help Alabamians to improve their health and improve the use of medical cannabis in the State of Alabama.

I endorse the application and it is my hope that they will be granted a license. Should the Commission have any questions, please feel free to contact me at [caudillmillermd@gmail.com](mailto:caudillmillermd@gmail.com) or (334) 224-1505.

Very truly yours,

DR. CAUDILL MILLER  
Neurology Consultants of Montgomery  
1722 Pine Street, Suite 700  
Montgomery, AL 36106

Letters of Support- Attachment to 12, Section 12.1

**CURRICULUM VITAE**

NAME: Paul Caudill Miller, MD

OCCUPATION: Neurologist: Neurology Consultants of Montgomery, PC  
1722 Pine Street Suite 700  
Montgomery, Alabama 36106  
Fax: (334) 834-8347  
E-mail: [caudill@ncmmgm.com](mailto:caudill@ncmmgm.com)  
Phone: 334-834-1300, cell 334-224-1505  
Website-ncmmgm.com

Electrodiagnostic Consultants of Nashville, PLLC  
3326 Aspen Grove Drive, Suite 502  
Franklin, TN 37067  
Phone: 615-684-4770 fax 615-771-3708  
Email: [caudillmillermd@gmail.com](mailto:caudillmillermd@gmail.com)

DATE OF BIRTH: February 13, 1957

PLACE OF BIRTH: Memphis, Tennessee

CHILDREN: Joseph Hardy Miller – Born May 29, 1983  
Paul Caudill Miller, Jr. – Born June 07, 1985  
Rachel Becton Miller – Born September 16, 1986  
Anastasiya Miller- Bone November 4, 2000

FATHER: Joseph Hardy Miller, M.D. -deceased  
Medical College of Georgia – 1955  
Neurosurgeon  
The Neurosurgical Group, Memphis, Tennessee  
Associate Professor of Neurosurgery  
The University of Tennessee Center for the Health Sciences, Memphis,  
Tennessee – Retired

MOTHER: Netta Sue McKnight-deceased  
Teacher – Georgia Public Schools (1950 – 1955)  
Real Estate Broker, Vilas, NC

BROTHERS: Joseph Hardy Miller – Deceased, age 17.  
David Dwight Miller – Deceased, age 44.

Letters of Support- Attachment to 12, Section 12.1

CHILDREN: Joseph Hardy Miller,MD- Neurosurgeon, Chattanooga, TN  
 Paul Caudill Miller,Jr- Masters in Advertising, Atlanta, GA  
 Rachel Weizenecker- teacher  
 Anastasiya Miller- Junior at the University of Alabama

Page 2  
 Curriculum Vitae  
 Paul Caudill Miller

SISTERS: Leta Fern Bickers – B.S. in Nursing- retired  
 Netta Sue Hill – B.S. in Nursing- retired, teacher  
 Angelique Amie Tyler

GRANDPARENTS: Dr. and Mrs. Joseph H. Miller, Sr.  
 (Dr. Miller – deceased 1977)  
 President Truett-McConnel College – 15 years  
 Minister – Chaplain of Shelby County Penal Farm  
  
 Dr. and Mrs. R. Paul Caudill – Deceased  
 Pastor – First Baptist Church of Memphis, 31 years

EDUCATION: Memphis, Tennessee  
 Kindergarten Evergreen Presbyterian 1962-1963  
 Grades 1 – 6 Snowden Elementary School 1963-1969  
 Grades 7 – 9 Snowden Junior High School 1969-1972  
 Grades 10 – 11 Central High School 1972-1974  
 Grade 12 Briarcrest High School 1974-1975  
 Birmingham, Alabama  
 Undergraduate – Samford University 1975-1979  
 Graduate – University of Alabama  
 School of Medicine 1980-1984  
 Internship/Residency – University of Alabama  
 School of Medicine 1984-1988  
 Private practice – Neurology Consultants of  
 Montgomery, PC Since 02-1988

ACTIVITIES: 1970-1971 (Grade 8) Snowden Junior High School  
 School Band Drummer  
 School Band Tour  
 DAR Award for Excellence in History  
 Student Council Officer  
 Basketball Team

Letters of Support- Attachment to 12, Section 12.1

Golf Team – Most Valuable Player Award  
National Junior Honor Society  
Historical Society  
Football Team  
Optimist Club Award for Outstanding Junior Citizen

Page 3  
Curriculum Vitae  
Paul Caudill Miller

ACTIVITIES:  
(continued)

1971-1972 (Grade 9) Snowden Junior High School

DAR Award for Excellence in History  
Basketball Team  
Golf Team – Most Valuable Player Award  
French Club  
National Junior Honor Society  
Elementary Teacher Assistant  
School Newspaper Staff – Best Writer

1972-1973 (Grade 10) Central High School

ROTC  
Order of the Red Man  
Pep Club  
“New Life Singers” touring choir for First Baptist Church  
Basketball Team  
Cross Country Track Team  
Golf Team – Captain

1973-1974 (Grade 11) Central High School

ROTC  
Washington Workshops – Congressional Seminar  
March 24-31, 1974 – Washington, D.C.  
Student Council – Commission on Publicity  
National Honor Society  
Gold Team – Captain  
Basketball Team  
Order of the Red Man  
“New Life Singers” touring choir for First Baptist Church  
Pep Club  
Mu Alpha Theta National Math Club

1974-1975 (Grade 12) Briarcrest High School

Student Government President  
Pep Club

Letters of Support- Attachment to 12, Section 12.1

Mu Alpha Theta National Math Club  
Basketball Team  
National Honor Society  
Key Club

Page 4  
Curriculum Vitae  
Paul Caudill Miller

ACTIVITIES:  
(continued)

1975-1976 (Undergraduate, Sophomore) Samford University

Phi Eta Sigma – National Freshman Honor Society  
Summer Missions Committee of Campus Ministries  
Beta Beta Beta, Associate Member  
Sigma Nu Fraternity, Member  
Dean's List  
Resident Assistant for Men's Housing  
Counselor – Laity Lodge Youth Camp – Leakey, Texas – June-  
August, 1977

1977-1978 (Undergraduate, Junior) Samford University

Alpha Epsilon Delta  
Delegate to national AED Convention – Columbia, S.C.  
Beta Beta Beta, Member  
Sigma Nu Fraternity, Pledge Marshall  
Dean's List  
Omicron Delta Kappa  
Lab Assistant for Freshman Biology and Chemistry Labs

1978-1979 (Undergraduate, Senior) Samford University

Omicron Delta Kappa  
Alpha Epsilon Delta, Vice President  
Beta Beta Beta, Vice President  
Sigma Nu Fraternity, Athletic Director  
Intramural Sports: Football, Volleyball, Basketball, Softball  
Phi Kappa Phi National Honor Society

1984-1988 Resident Neurology, UAB Department of Neurology

1988-Present Private Practice, Neurology Consultants of Montgomery,  
P.C. Montgomery, Alabama  
Past Chief of Medical Staff – Jackson Hospital  
Past President – Alabama Academy of Neurology – 6 terms- last term  
concluded May 4, 2018

Letters of Support- Attachment to 12, Section 12.1

Present –

Blue Cross/Blue Shield State Advisory Committee

State of Alabama Impaired Driver's Task Force

State of Alabama Representative: AANEM

Board of Directors of Alabama Academy of Neurology

AANEM State Advisory Committee for State of Alabama 2010-

2021

RELIGION:

Member – First Baptist Church, Memphis, Tennessee (1965-1983)

Member – Brookwood Baptist Church, Birmingham, AL (1983-1988)

Member—First Baptist Church, Montgomery, AL 1988-2011

Member – St James United Methodist church, Montgomery, AL 2011-

2022

Member-- Brentwood Baptist Church, Brentwood, TN 4/2022 to present

Page 5

Curriculum Vitae

Paul Caudill Miller

BOARD CERTIFICATION:

The American Board of Psychiatry and Neurology

Diplomate in the specialty of Neurology

MRI certified, American Society of Neuroimaging

PUBLICATIONS:

Poster Presentation, American Academy of Neurology – May 02, 1985

“EEG and Frequency Analysis Techniques for Monitoring Carotid Endarterectomy: A Blind Comparison”

Poster Presentation, American Academy of Neurology, April 09, 1987

“Metrizamide Myelography and Computerized Tomography in the Evaluation of Nerve Root Avulsion”

PROFESSIONAL ASSOCIATIONS:

American Academy of Neurology

Montgomery County Medical Society

Medical Association of Alabama

American Medical Association

The American Society of Internal Medicine

American Society of Electrodiagnostic Medicine

The Movement Disorder Society

American Society of Neuroimaging

Alabama Academy of Neurology – President 1999-2000,

2004-6, 2011-18

State of Alabama Omnibus State Workman's Comp Board- 2006-2012

Alabama Dept of Highway Patrol Advisory Board- present

Alabama Governors Stroke Task Force- 2008-10

Alabama Impaired Drivers Fund- 2008-10

Letters of Support- Attachment to 12, Section 12.1

Alabama State Liason Committee AANEM- 2010-2021



Letters of Support- Attachment to 12, Section 12.1

## **CURRICULUM VITAE**

**PAUL CAUDILL MILLER, M.D.**

**1722 PINE STREET  
SUITE 700  
MONTGOMERY, ALABAMA 36106  
(334) 834-1300**

**3326 Aspen Grove Dr Suite 502  
Franklin, TN 37067  
615-684-4770**

Letters of Support- Attachment to 12, Section 12.1



November 30, 2022

Office of the  
CITY COUNCIL

The Honorable John M. McMillan, Jr.  
Commissioner  
Alabama Medical Cannabis Commission  
P.O. Box 309585  
Montgomery, AL 36130-9585

Steven L. Reed, Mayor  
City Council Members  
Charles W. Jinright, President  
Cornelius "CC" Calhoun-President Pro Tem  
Audrey Graham  
Ed Grimes  
Marche Johnson  
Brantley W. Lyons  
Clay McInnis  
Oronde K. Mitchell  
Glen O. Pruitt, Jr.

Dear Director McMillan,

This letter is to express support for INSA Alabama, LLC and their application for an integrated license to grow, cultivate, produce, and dispense medical cannabis at their main facility in Montgomery, and via their dispensary locations throughout the state.

Mr. Beasley and Mr. Allen are longtime citizens of Montgomery, and have spent untold amounts of time, effort, money, and vision to transform Commerce St. and beyond via their development efforts.

The Beasley Allen Law Firm is well known and highly regarded throughout our state and even our nation, not only for their service to their clients, but for their fair, open, and honest treatment of their partners, attorneys, and support staff.

We welcome INSA Alabama's project to Montgomery - their investment in our city and county, and their commitment to making this project a success.

I believe that there is not a finer group of individuals who could be pursuing this process, and I give my enthusiastic support for their application - Mr. Beasley and Mr. Allen are just the type of upstanding moral individuals we want operating Medical Cannabis facilities in our great state.

I endorse INSA Alabama's application, and I truly hope the commission sees fit to grant them the license which they are seeking. Should the commission have any questions, please feel free to contact me at 334-314-0489 or [charlesjinright@gmail.com](mailto:charlesjinright@gmail.com).

Sincerely,



Charles Jinright  
Montgomery City Council President

**MONTGOMERY NEUROSURGICAL ASSOCIATES**

Letters of Support- Attachment to 12, Section 12.1

PATRICK G. RYAN, M.D.  
Diplomate, American Board  
of Neurological Surgery

THOMAS R. WHISENHUNT JR., M.D./Ph.D.  
Diplomate, American Board  
of Neurological Surgery

DERRICK H. CHO, M.D.  
Diplomate, American Board  
of Neurological Surgery

December 13, 2022

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

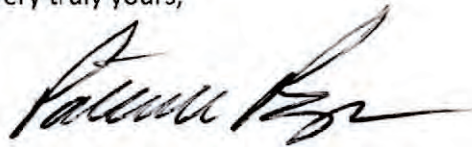
Dear Chairman McMillian:

It is my pleasure to write this letter in support on behalf of Insa of Alabama, L.L.C, who is applying for a license to operate a cannabis facility in Montgomery, Alabama with dispensaries in central and north Alabama. I have practiced medicine in Montgomery, Alabama, as a neurosurgeon for 33 years. I attach my curriculum vitae to this letter.

I have discussed with Shane Seaborn the proposed plans for their medical cannabis operations in Alabama, which includes partnering of Clearview Ranch, L.L.C, with Insa to form Insa of Alabama, Inc. I believe it is important tat we understand better the efficacy of medical cannabis going forward. I have agreed to consult with Insa Alabama, Inc. as a medical consultant to hopefully improve the efficacy of medical cannabis when other therapies fail. I do see in my practice chronic pain, which is in need of; treatment. If cannabis is proved to be an alternative to other more addictive prescriptions that would be very good for the general public. I look forward to working with Insa of Alabama, L.L.C. to help further the mission to produce positive outcomes for patients. As part of our memorandum of understanding with Insa, Insa has agreed to partner with and fund the development and implementation of programs for the study of disease and the effectiveness of medical cannabis treatment for various diseases. Hopefully, these studies will help to refine the need for medical cannabis. I am acting as a consultant and not an investor. My goal is to help Alabamians to improve their health and improve the use of medical cannabis in the State of Alabama.

I endorse the application and it is my hope that they will be granted a license. Should the Commission have any questions, please feel free to contact me at [pryan02@sprintmail.com](mailto:pryan02@sprintmail.com) or 334-834-6422.

Very truly yours,



Patrick G. Ryan, M.D.

Enclosure:

Letters of Support- Attachment to 12, Section 12.1

**Curriculum Vitae**

**Patrick G. Ryan M.D.**

**PERSONAL DATA:**

**Address** 1510 Forest Avenue  
Montgomery AL 36106

**Date of Birth** March 25, 1956

**Place of Birth** Lake Charles, Louisiana

**EDUCATION:**

**Premedical** Bachelor of Science, Cum Laude  
1978  
McNeese State University  
Lake Charles, Louisiana

**Medical** Doctor of Medicine, 1982  
Louisiana State University  
School of Medicine  
New Orleans, Louisiana

**Internship** General Surgery, July 1982-June 1983  
University of Florida  
Gainesville, Florida

**Residency** Neurological Surgery, 1983-1988  
University of Florida  
Gainesville, Florida

**MEDICAL LICENSE:** State of Louisiana - 1982  
State of Alabama - 1988

**CERTIFICATIONS:** FLEX exam, passed 1982  
American Board of Neurologic Surgery  
Board Certification - May 1992

Letters of Support- Attachment to 12, Section 12.1

**Curriculum Vitae**  
**Patrick G. Ryan, M.D.**  
**Page two**

**SOCIETIES:**

**Medical Association of State of Alabama**  
**Montgomery County Medical Society**  
**Phi Kappa Phi Honor Society**  
**Congress of Neurological Surgeons**  
**American Association of Neurological Surgery**  
**Alabama Neurosurgical Society**  
**North American Spine Society**  
**Fellow American College of Surgeons**

**POSITIONS HELD:**

**Jackson Hospital Chief of Surgery 1996-1997**  
**State Health Planning Commission as**  
**Appointed by Gov. Fob James 1997-2001**  
**Member State of Alabama Medical Services**  
**Board 2013-present**  
**Elected member to Board of Trustees for**  
**Jackson Hospital 1999-present**  
**Elected Chairman Jackson Hospital Board of**  
**Trustees, 2015**  
**Jackson Hospital Chief of Staff 2003-2004**  
**Montgomery County Medical Society Board**  
**of Trustees 2004-2006**

**TEACHING EXPERIENCE:**

**Instructor, Medical Neuroscience Course**  
**University of Florida College of Medicine**  
**1984 & 1986**  
**Instructor, Neuropathology**  
**University of Florida College of**  
**Medicine 1985**

Letters of Support- Attachment to 12, Section 12.1

**Curriculum Vitae**

**Patrick G. Ryan, M.D.**

**page three**

**PUBLICATIONS:**

1. **Ryan, P.;Day,A: Stump Embolization from the Occluded Internal Carotid Artery, Journal of Neurosurgery, March 1987**
2. **Mickle,J.P.;Quisling,R.;Ryan,P.: Transtorcular Approach to Vein of Galen aneurysms, Concepts in Pediatric Neurosurgery 6:230-238, 1985**
3. **Sceats, D.J.;Quisling,R.;Rhoton,A.L.;Ballinger,W.;and Ryan,P.: Primary Leptomeningeal Glioma Mimicking an Acoustic Neuroma: Case Report with Review of the Literature, Neurosurgery 4: 649-654, 1986**
4. **Baskin,D.;Ryan,P.;Sonntag,V.;Westmark,R.;Widmayer,M.A.: A prospective, randomized controlled cervical fusion study using recombinant human bone morphogmetic protein - 2 with the Cornerstone-SR, allograft ring and the ATLANTIS anterior cervical plate - Spine 2003; 28 (12): 1219-1225**

**EMPLOYMENT:**

**Private Practice in Montgomery, AL since April 1989**

**Office Address: 1510 Forest Avenue  
Montgomery, AL 36106**

**Phone: (334) 834-6422**

**RESEARCH:**

1. **Investigator - A prospective multi-center controlled clinical trial of an artificial cervical disk LP at a single level for symptomatic cervical disk disease.**
2. **Investigator - A prospective randomized controlled study of an artificial cervical disk vs ACF at single level for symptomatic cervical disk disease.**
3. **Investigator - A prospective, randomized controlled cervical fusion study using recombinant human bone morphogmetic protein - 2 with the Cornerstone-SR, allograft ring and the ATLANTIS anterior cervical plate.**

Letters of Support - Attachment to 12, Section 12.1



**FAULKNER LAW**  
THOMAS GOODE JONES SCHOOL OF LAW

November 17, 2022

The Honorable John M. McMillan, Jr.  
Director  
Alabama Medical Cannabis Commission  
P.O. Box 309585  
Montgomery, AL 36130-9585

Dear Director McMillan:

I write to express my support for Insa Alabama, L.L.C., which is applying for a license to operate a medical cannabis facility in Montgomery, Alabama, with dispensaries in central and north Alabama.

I have discussed with J. Greg Allen, Esq., the proposed plans for Insa Alabama’s medical cannabis operations in Alabama. Mr. Allen is a leading member of the Alabama State Bar who enjoys an outstanding national reputation.

For the Darren Wesley ‘Ato’ Hall Compassion Act, Ala. Code §§ 20-2A-1 to 20-2A-100 (Supp. 2022), to achieve the goals adopted by the Alabama Legislature, it is imperative that those licensed by the Alabama Medical Cannabis Commission be committed to scrupulously following the laws and regulations governing medical cannabis in Alabama. From my discussions with Mr. Allen, it appears that Insa Alabama has such a commitment and is prepared for the responsibility it entails.

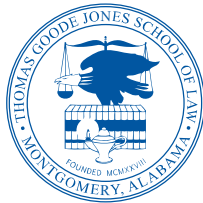
I endorse Insa Alabama’s application and hope that it will be granted a license. Should the Commission have any questions, please feel free to contact me at [ccampbell@faulkner.edu](mailto:ccampbell@faulkner.edu) or (334) 386-7528.

Sincerely,



Charles B. Campbell  
Dean and Associate Professor of Law

CBC:mmi



Office of the Dean

Charles B. Campbell  
Dean and  
Associate Professor of Law

**Faulkner University**  
Thomas Goode Jones  
School of Law  
5345 Atlanta Highway  
Montgomery, AL 36109-3390

Tel 334.386.7528  
Fax 334.386.7545  
[ccampbell@faulkner.edu](mailto:ccampbell@faulkner.edu)

Letters of Support- Attachment to 12, Section 12.1

November 21, 2022

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

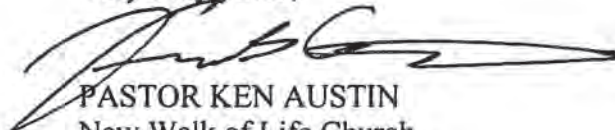
Dear Chairman McMillian:

I am Pastor Ken Austin, the Executive Director of Ministry About People (MAP) and Mercy House. Our goal is to serve the Montgomery Community that is ravaged by poverty. We have a very high rate of poverty of children that live in our neighborhood. We have a high unemployment rate. In order to assist on these needs, the Mercy House building is our day shelter where we care for people. We are in the process of transforming the community. Our programs allow us to bring people in need into our orbit. We provide clothing and food to meet immediate basic human needs. Mercy House is a springboard to the rest of our ministry. We invest in the community's future by investing in the children. We are doing our part to try to break the chains of poverty. This is my life's work and it is very important to me.

It is my understanding that Jere Beasley and Greg Allen under the name of Insa of Alabama, L.L.C. are applying for a medical cannabis license. It is my understanding they are partnering with Insa, a group out of Massachusetts to seek a license from the state. These men have assisted our ministry in a number of ways. I believe they will continue to assist us from funds obtained in the delivery of the medical cannabis through the State of Alabama.

I know that there are limited number of licenses to be issued and I fully endorse Insa of Alabama, Inc. as a recipient of one of these licenses. I have been assured that a substantial portion from the profits from Insa of Alabama, Inc. will go to charitable purposes, including our ministry. I fully endorse their receipt of a state license. Call me if you have any questions. I can be reached at (334) 398-0467.

Very truly yours,



PASTOR KEN AUSTIN  
New Walk of Life Church  
PO Box 10035  
Montgomery, AL 36108



Letters of Support- Attachment to 12, Section 12.1



**LEGISLATIVE OFFICE**

204 South 7th Street • P.O. Box 390

Opelika, AL 36803-0390

(p) 334-705-5110

(f) 334-705-5153

www.opelika-al.gov

**November 30, 2022**

The Honorable John M. McMillan, Jr.  
Commissioner  
Alabama Medical Cannabis Commission  
P.O. Box 309585  
Montgomery, AL 36130-9585

Dear Director McMillan,

This letter is to express support for INSA Alabama, LLC and their application for an integrated license to grow, cultivate, produce, and dispense medical cannabis at their main facility in Montgomery, and via their dispensary locations throughout the state.

Mr. Beasley and Mr. Allen are longtime denizens of downtown Montgomery, and have spent untold amounts of time, effort, money, and vision to transform Commerce St. and beyond via their development efforts.

The Beasley Allen Law Firm is well known and highly regarded throughout our state and even our nation, not only for their service to their clients, but for their fair, open, and honest treatment of their partners, attorneys, and support staff.

We welcome INSA Alabama's project to Opelika - their investment in our city and county, and their commitment to making this project a success.

I believe that there is not a finer group of individuals who could be pursuing this process, and I give my enthusiastic support for their application - Mr. Beasley and Mr. Allen are just the type of upstanding moral individuals we want operating Medical Cannabis facilities in our great state.

I endorse INSA Alabama's application, and I truly hope the commission sees fit to grant them the license which they are seeking. Should the commission have any questions, please feel free to contact me at 334-749-5134 or esmith@opelika-al.gov.

A handwritten signature in blue ink, appearing to read "Eddie Smith, Jr.", is written over a horizontal line.

C. E. "Eddie" Smith, Jr.  
President of the City Council  
City of Opelika, Alabama



Letters of Support- Attachment to 12, Section 12.1

**Jerry C. Kyser**

Developer  
Perimeter Park Plat 1

J. Greg Allen  
218 Commerce Street  
Montgomery, Alabama 36104

Re: Approval of Intended Use for  
6030 Perimeter Parkway  
Montgomery, Alabama

Dear Greg,

This letter confirms the undersigned has been made aware that J. Greg Allen and/or his assigns is the Buyer (collectively the "Buyer"), and G & I Properties, LLC is the Seller of the real property and improvements located at 6030 Perimeter Parkway, Montgomery, Alabama (the "Property"), otherwise described as follows:

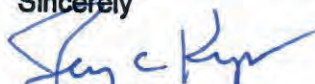
**Lot 2 according to the Map of Perimeter Park Plat No. 1, as said Plat appears of record in the Office of the Judge of Probate of Montgomery County, Alabama in Plat Book 39, at Page 70.**

The Property is subject to a Declaration of Protective Covenants as set forth in the Perimeter Park Plat 1, as recorded in the Office of the Judge of Probate for Montgomery County, Alabama in Plat Book 39, at Page 70 (the "Protective Covenants"). Article 2 of the Protective Covenants provides that the uses for real estate within the Plat shall be subject to the review and approval of the Developer. The Developer is defined in Article 1.02 to be Jerry C. Kyser.

The Buyer has made known to Developer its intended use of the Property for an Integrated Facility and Dispensary Site, authorized to perform the functions of a cultivator, processor, secure transporter, dispensary, and all other purposes allowed an Integrated Facility licensee under the Darren Wesley 'Ato' Hall Compassion Act, Section 20-2A-1 et seq., Code of Alabama (the "Intended Use").

This letter serves as notice that the Developer has reviewed all required and necessary plans and specifications for the Intended Use, and hereby approves the same and authorizes Buyer to commence and proceed with its Intended Use, including commencement of construction, alteration, additions, and remodeling of the Property.

Sincerely

  
Jerry C. Kyser

10/13/22

Doug Singleton, District 5  
CHAIRMAN

Letters of Support- Attachment to 12

Isaiah Sankey, District 4  
VICE CHAIRMAN



License Type: Integrated Facility

Daniel Harris, Jr, District 1  
Carmen Moore-Zeigler, District 2  
Ronda M. Walker, District 3

November 30, 2022

The Honorable John M. McMillan, Jr.  
Commissioner  
Alabama Medical Cannabis Commission  
P.O. Box 309585  
Montgomery, AL 36130-9585

Dear Director McMillan,

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Mr. Beasley and Mr. Allen are longtime denizens of downtown Montgomery, and have spent innumerable amounts of time, effort, money and vision to transform Commerce St. and beyond via their development efforts.

The Beasley Allen Law Firm is well known and highly regarded throughout our state and even our nation, not only for their service to their clients, but for their fair, open and honest treatment of their partners, attorneys and support staff.

We welcome INSA Alabama's project, their investment in our city and county, and their commitment to making this project a success.

I believe that there is not a finer group of individuals who could be pursuing this process, and I give my enthusiastic support for their application – Mr. Beasley and Mr. Allen are just the type of upstanding moral individuals we want operating Medical Cannabis facilities in our great state.

I endorse INSA Alabama's application, and I truly hope the commission sees fit to grant them the license which they are seeking. Should the commission have any questions, please feel free to contact me at 334-201-0199 or email [dougsingleton@mc-ala.org](mailto:dougsingleton@mc-ala.org).

Sincerely,

A handwritten signature in blue ink that reads "Doug Singleton".

Doug Singleton  
Chairman, Montgomery County Commission

A COUNTY OLDER THAN THE STATE

101 S. Lawrence Street • P.O. Box 1667 • Montgomery, AL 36102

[www.mc-ala.org](http://www.mc-ala.org)

Exhibit 12 - Business License and Authorization of Local Authorities

Phone 334.832.1210 • Fax 334.832.2533 • TDD 334.205.9568

Page 26 of 61

Email from Attorney Edwin Yates- Attachment to Exhibit 12, Section 12.1

**From:** [peteyates1234@gmail.com](mailto:peteyates1234@gmail.com) <[peteyates1234@gmail.com](mailto:peteyates1234@gmail.com)>  
**Sent:** Tuesday, December 20, 2022 11:44 AM  
**To:** Steve Reilly <[steve@myinsa.com](mailto:steve@myinsa.com)>; 'Brandi Ross' <[Brandi.Ross@BeasleyAllen.com](mailto:Brandi.Ross@BeasleyAllen.com)>  
**Cc:** 'Greg Allen' <[Greg.Allen@BeasleyAllen.com](mailto:Greg.Allen@BeasleyAllen.com)>  
**Subject:** RE: Mobile, Birmingham

WARNING: This email is from an EXTERNAL source. Please exercise caution when opening attachments or clicking links.

I spoke with a Mr. Skinner in the Revenue Department for the City of Mobile that is responsible for issuance of business licenses. He said they talked with the State Cannabis Commission and were told they could deny a local license at this time. However, he will not send us a letter or email to that effect.

Pete Yates

---

Edwin L. Yates  
453 South Hull Street  
Montgomery, AL 36104  
Phone: (334) 264-0182  
Fax: (334) 264-0862  
email: [peteyates1234@gmail.com](mailto:peteyates1234@gmail.com)

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**From:** Steve Reilly <[steve@myinsa.com](mailto:steve@myinsa.com)>  
**Sent:** Tuesday, December 20, 2022 10:18 AM  
**To:** [peteyates1234@gmail.com](mailto:peteyates1234@gmail.com); Brandi Ross <[Brandi.Ross@BeasleyAllen.com](mailto:Brandi.Ross@BeasleyAllen.com)>  
**Cc:** Greg Allen <[Greg.Allen@BeasleyAllen.com](mailto:Greg.Allen@BeasleyAllen.com)>  
**Subject:** Mobile, Birmingham

Pete/Brandi,

Have we reached out to get business licenses from Mobile and Birmingham? If not we should do that asap and document their response if they won't provide them.

Thanks.

Steve

Affidavit of Attorney Edwin Yates- Attachment to Exhibit 12, Section 12.1

STATE OF ALABAMA )  
COUNTY OF MONTGOMERY )

AFFIDAVIT

Before me, the undersigned authority personally appeared this day, Edwin L. Yates, well known to me to be the person described herein and who being by me first duly sworn, deposes and says:

My name is Edwin L. Yates and I am a practicing attorney in Montgomery, Alabama. My client, Insa Alabama, LLC is making application to the Alabama Cannabis Commission (the "Commission") for issuance of an integrated cannabis license. Regulation 538-x-3.05 promulgated by the Commission requires each application submitted to include "if applicable, certified copies of the applicant's business license." I procured a local license from the City of Montgomery for general office use, but I was unable to obtain a local business license for the cultivation, processing and sale of medical cannabis until a state cannabis license is obtained. The City of Montgomery provided a written memorandum stating the business license will be updated for other uses upon the applicant obtaining a state cannabis license authorizing such uses. This was the same response received from each local jurisdiction contacted including Dothan, Birmingham, Mobile and Opelika. I make this affidavit for the purpose of establishing a local business license for medical cannabis cannot be obtained until a state cannabis license is granted authorizing the use.

Further affiant saith not.

Dated this the 28 day of December 2022.

  
Edwin L Yates

Affidavit of Attorney Edwin Yates- Attachment to Exhibit 12, Section 12.1

STATE OF ALABAMA  
COUNTY OF MONTGOMERY

SWORN TO and SUBSCRIBED before me on this the 28<sup>th</sup> day of  
December 2022.



*Brade Ross*  
Notary Public  
Commission Expires. June 3, 2025

Opelika Business License Email- Attachment to Exhibit 12, Section 12.1

**Brandi Ross**

---

**From:** Greg Allen  
**Sent:** Wednesday, December 28, 2022 12:17 PM  
**To:** Brandi Ross  
**Subject:** FW: [EXT] RE: [EXT]Cannibis

**J. Greg Allen**

Lead Products Liability Attorney  
334.269.2343

**From:** Finley, Lillie <LFinley@opelika-al.gov>  
**Sent:** Wednesday, December 28, 2022 10:07 AM  
**To:** Smith, Eddie <ESmith@opelika-al.gov>; Greg Allen <Greg.Allen@BeasleyAllen.com>; Motley, Joey <jmotley@opelika-al.gov>  
**Subject:** [EXT] RE: [EXT]Cannibis

**[EXTERNAL]**

Good Morning Mr. Allen. We can only issue a business license once the state has issued the permit and all zoning regulations are completed. If you need anything else, please let me know.

Thanks,

Lillie

**From:** Smith, Eddie <ESmith@opelika-al.gov>  
**Sent:** Wednesday, December 28, 2022 9:50 AM  
**To:** Greg Allen <Greg.Allen@BeasleyAllen.com>; Finley, Lillie <LFinley@opelika-al.gov>; Motley, Joey <jmotley@opelika-al.gov>  
**Subject:** Re: [EXT]Cannibis

Lillie, please see the email from Mr. Allen below. Please respond to him that we are not able to issue a business license for cannabis until they are awarded the cannabis license. Thanks Eddie

Get [Outlook for IOS](#)

---

**From:** Greg Allen <Greg.Allen@BeasleyAllen.com>  
**Sent:** Tuesday, December 27, 2022 2:28 PM  
**To:** Smith, Eddie <ESmith@opelika-al.gov>  
**Subject:** [EXT]

**CAUTION:** This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Opelika Business License Email Attachment to Exhibit 12, Section 12.1

Mr. Smith, I know that we have gone to great lengths to make your life more difficult recently. We are trying to finalize and file our application for the cannabis license. We need one last thing from the city of Opelika, but we are not having any luck. I know that most cities will not issue a business license without us having the cannabis license. However, because the application requires a business license, we have requested other cities to send us a letter or e-mail saying they cannot issue a business license to INSA Alabama at this time because INSA does not currently have a cannabis license. Is there any possible way you could find somebody that could send me an e-mail to that effect to me? We are trying to file our application tomorrow. Thank You and happy new year.



**J. Greg Allen**

Lead Products Liability Attorney  
800.898.2034

[Greg.Allen@BeasleyAllen.com](mailto:Greg.Allen@BeasleyAllen.com)  
[BeasleyAllen.com](http://BeasleyAllen.com) | [My bio](#)

[Learn more about our ongoing litigation.](#)



CONFIDENTIALITY & PRIVILEGE NOTICE



Dothan Application for Business License- Attachment to Exhibit 12, Section 12.1

**City of Dothan Business License Application**



**Business Information**

**Application Type \***

- New
- Renewal
- Location Change
- Owner Change
- Name Change

**Legal Business Name \***

Insa Alabama, LLC

DBA Name, if different

**Business Structure Type \***

- Sole Proprietorship
- Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP)
- Corporation
- Other

Upload your Certificate of Formation or Articles of Incorporation:

Certificate of Formation - Insa Alabama, LLC - recorded.pdf 433.92KB

**Tax Filing Number Type \***

- Social Security Number (SSN)
  - Federal Employer Identification Number (FEIN)
- LLCs, LLPs, and Corporations MUST have an FEIN

**Federal Employer Identification Number (FEIN)**

92-0470285

State of Alabama Tax ID Number, if applicable

**Business Activity \***

This should be the main activity conducted by the business within the city limits of Dothan.

Other

**Business Activity Description \***

Please describe the business activities to be conducted within the city limits of Dothan.

Medical Marijuana Dispensary

**Business NAICS Code**

Visit <https://www.census.gov/ipeds/www/naics/> to determine your NAICS code. Businesses with multiple activities may have more than one NAICS code they operate under. The Dothan Area Chamber of Commerce can be reached at (334) 792-6139 or (800) 221-1027 for assistance with determining the appropriate NAICS code.

459991

Dothan Application for Business License- Attachment to Exhibit 12, Section 12.1

**Location Information**

Does the business have a physical location inside the city limits of Dothan? \*

- Yes
- No

Is it a residential or commercial location?

- Residential
- Commercial

Will utilities need to be transferred into your business's name?

- Yes
- No

Will renovations, alterations, repairs, or any other construction activities be done at the business location?

- Yes
- No

If so, please explain what construction activities are planned for the space (i.e. an addition, installation of a grease trap, paint, new flooring, etc).

Exterior site work to include parking and landscaping improvements, lighting and exterior security, cameras, secure delivery area.

Inside it would be renovation of existing fixtures, installation of new fixtures for retail sales, POS systems, counters, displays, installation of security features including vault, cameras, motion detectors, glass breaks, key card access systems.

**Physical Address \***

Please be sure to include a suite number, if necessary.

Street Address

4630 Montgomery Hwy.

Address Line 2

City

Dothan

Postal / Zip Code

36303

State / Province / Region

Alabama

Country

USA

**Mailing Address \***

Street Address

218 Commerce Street

Address Line 2

City

Montgomery

Postal / Zip Code

36104

State / Province / Region

Alabama

Country

USA

Dothan Application for Business License- Attachment to Exhibit 12, Section 12.1

**Applicant Information**

**Applicant Name\***

Edwin L. Yales

**Applicant Title\***

Owner/Co-Owner

Manager

Employee

Other attorney

**Applicant Phone Number\***

334 264-0182

**Applicant Email Address\***

peleyates1234@gmail.com

**Owner Names**

List any owner information not already provided as the applicant.

Name	Title	Phone Number	Email Address
------	-------	--------------	---------------

Dothan Application for Business License- Attachment to Exhibit 12, Section 12.1

## Signature

### *Electronic Signature Agreement*

By checking the "I agree" box below, you agree and acknowledge that 1) the document will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

\*

I agree.

Signature \*

*Edwin L. Yates*

Email from Gary Shirrah - Attachment to Exhibit 12, Section 12.1

**pete.yates1212@outlook.com**

---

**From:** peteyates1234@gmail.com  
**Sent:** Tuesday, November 22, 2022 9:47 AM  
**To:** 'Shirah, Garry'  
**Cc:** 'Steve Reilly'; 'Alderman, Jesse'; 'Greg Allen'  
**Subject:** RE: Insa Alabama-Business License Information from the City of Dothan

Mr. Shirah,

Thank you for your quick response. I was not sure of the procedure in Dothan regarding the issuance of a local business license and out of an abundance of caution I wanted to go ahead and apply. I will proceed with the application for a state license from the Alabama Cannabis Commission, and if awarded I will resubmit the application for a local business license in Dothan.

Pete Yates

---

**Edwin L. Yates**  
453 South Hull Street  
Montgomery, AL 36104  
Phone: (334) 264-0182  
Fax: (334) 264-0862  
email: [peteyates1234@gmail.com](mailto:peteyates1234@gmail.com)

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**From:** Shirah, Garry <gshirah@dothan.org>  
**Sent:** Tuesday, November 22, 2022 9:42 AM  
**To:** peteyates1234@gmail.com  
**Subject:** Insa Alabama-Business License Information from the City of Dothan

Mr. Yates,

Thank you for your application to obtain a business license to operate a dispensary here. As you are probably aware, the Alabama Department of Agriculture is the regulatory agency who has the authority to authorize dispensaries.

Please send all documentation that shows that Insa Alabama LLC has received all of the necessary approvals from the State of Alabama to operate a dispensary here. We will be unable to move forward until that documentation is provided to us.

Email from Gary Shirrah - Attachment to Exhibit 12, Section 12.1

*Best Regards,  
Garry Shirrah, CMRO  
Sr. Revenue Officer  
City of Dothan, AL  
Tel. 334-615-3165 Direct  
[gshirrah@dothan.org](mailto:gshirrah@dothan.org)*

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Email from Attorney Edwin Yates to Travis Brooks- Attachment to Exhibit 12, Section 12.1

**From:** peteyates1234@gmail.com <peteyates1234@gmail.com>  
**Sent:** Wednesday, December 21, 2022 8:42 AM  
**To:** travis.brooks@birminghamal.gov  
**Subject:** business license

Travis,

Thank you for the call this morning. As I explained I represent Insa Alabama, LLC and they are applying for an integrated cannabis business license from the Alabama Cannabis Commission. In that regard my client has secured a site in Birmingham for a locating a dispensary site. The regulations for the state commission require an applicant so submit a local business license as applicable. I understand that local jurisdictions do not want to issue a license until a state license is acquired by the applicant. Nonetheless I want to submit with my client's application a letter or email from each local jurisdiction reflecting that we reached out for the local business license and an application for a local license will be entertained once a state cannabis license is acquired. I have attached a memo from the City of Montgomery as an example of what I am looking for, but it does not have to be that elaborate. A simple response to this email stating a local business license cannot be obtained until the applicant has obtained a state cannabis license will be sufficient.

Thank you.

Pete Yates

---

Edwin L. Yates  
453 South Hull Street  
Montgomery, AL 36104  
Phone: (334) 264-0182  
Fax: (334) 264-0862  
email: [peteyates1234@gmail.com](mailto:peteyates1234@gmail.com)

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Montgomery Zoning Letter for Cannabis Cultivation and Processing Operations at the Montgomery Site- Attachment to Exhibit 12, Section 12.2



*City Council Members*  
Charles W. Jarrish - President  
Constance "CC" Calhoun - Pres. Pro Tem  
Ed Orsini  
Bradley W. Lyons  
Merrill Johnson  
Audrey Goshart  
Owens K. Mitchell  
Cody McInnis  
Grant D. Franklin

Sтивен L. Reed  
Mayor

October 25, 2022

INSA of Alabama, LLC  
218 Commerce St.  
Montgomery, AL 36104

RE: 6030 Perimeter Parkway

Dear Sir or Madam:

This is to advise you that the property located at 6030 Perimeter Parkway is in an M-1 (Light Industry) Residential Zoning District, which will permit an integrated medical cannabis facility.

The City is providing this information solely as a courtesy and the person requesting such information should independently confirm the information contained herein. The City assumes no liability or responsibility for any misstatements or inaccuracies contained. If we can be of any further assistance, please do not hesitate to contact me at (334)625-2722.

Sincerely,

Thomas M. Tyson, Jr.  
Land Use Control Administrator

/trj





# 1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2

\*NO SCHOOL, DAYCARE, OR CHILDCARE  
FACILITY PROPERTIES WITHIN 1,000 FEET  
OF PROPERTY IN QUESTION\*

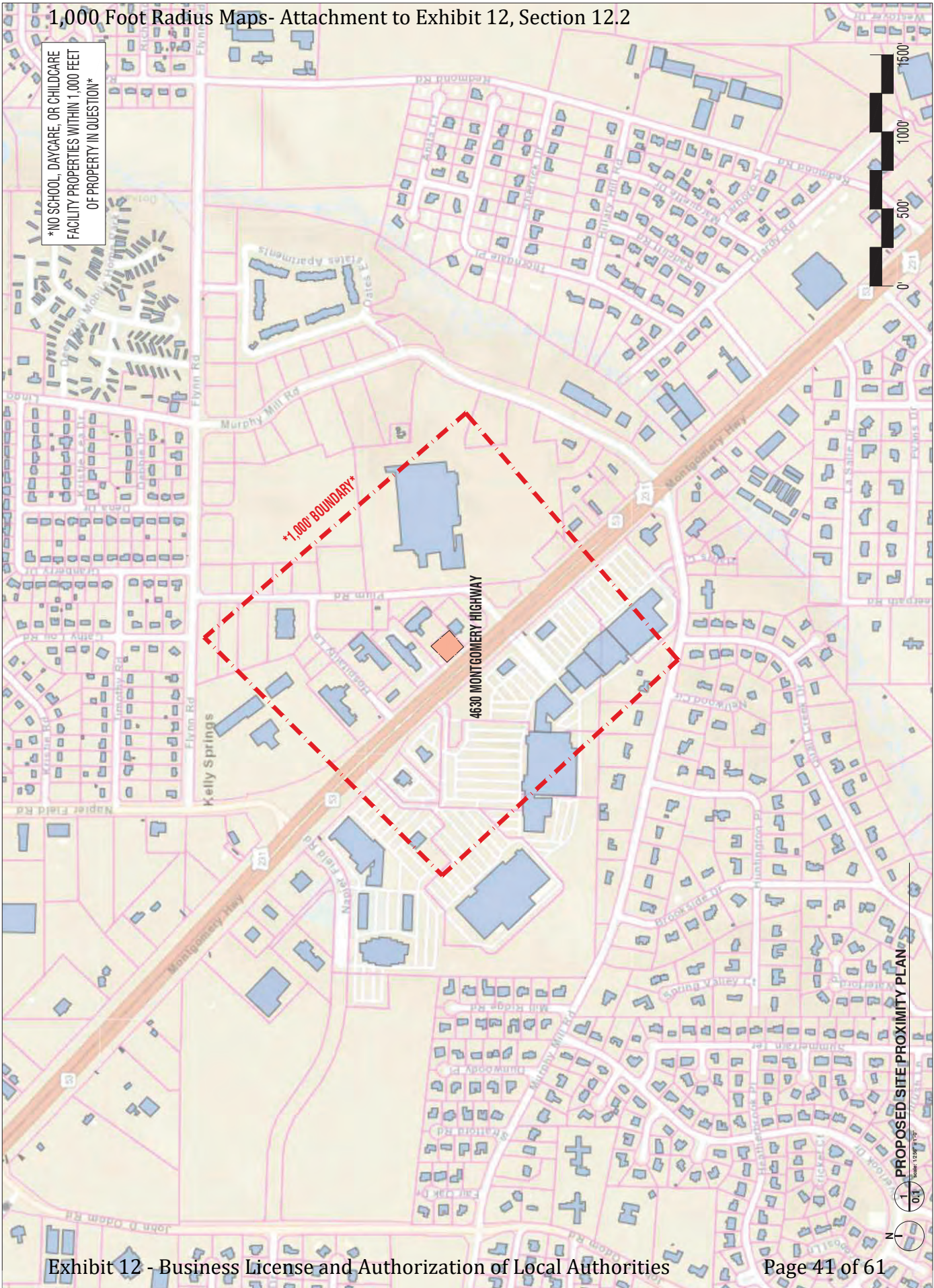


PROPOSED SITE PROXIMITY PLAN  
0.1  
SCALE: 1/8" = 1'-0"



# 1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2

\*NO SCHOOL, DAYCARE, OR CHILDCARE  
FACILITY PROPERTIES WITHIN 1,000 FEET  
OF PROPERTY IN QUESTION\*





# 1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2

\*NO SCHOOL, DAYCARE, OR CHILDCARE  
FACILITY PROPERTIES WITHIN 1,000 FEET  
OF PROPERTY IN QUESTION\*



\*1,000 BOUNDARY\*

1701 PEPPERELL PARKWAY

PROPOSED SITE PROXIMITY PLAN  
SCALE: 1/8" = 1'-0"  
0.1  
N



# 1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2

\*NO SCHOOL, DAYCARE, OR CHILDCARE  
FACILITY PROPERTIES WITHIN 1,000 FEET  
OF PROPERTY IN QUESTION\*

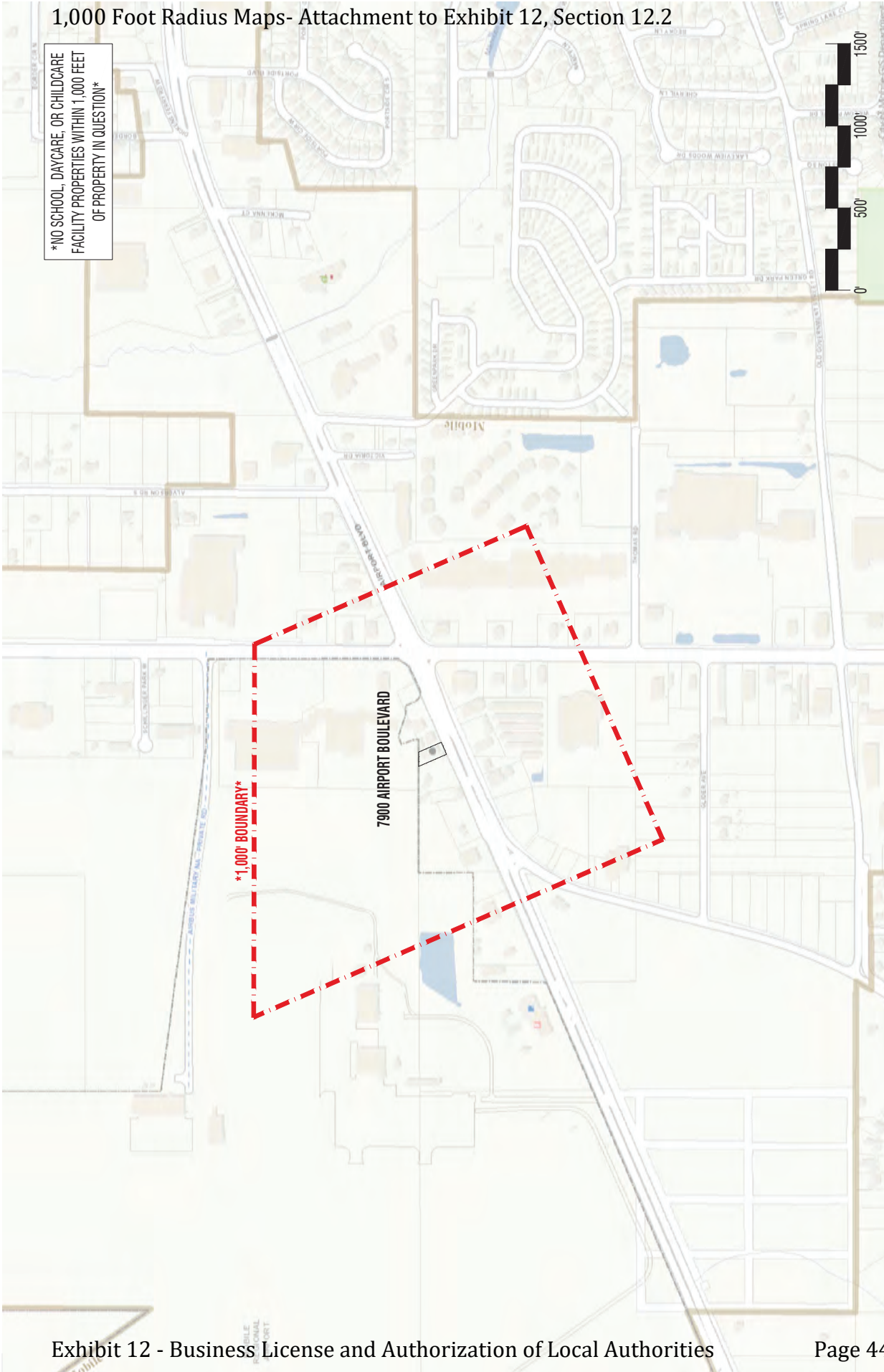


PROPOSED SITE PROXIMITY PLAN  
SCALE: 1/8" = 1'-0"



# 1,000 Foot Radius Maps- Attachment to Exhibit 12, Section 12.2

\*NO SCHOOL, DAYCARE, OR CHILDCARE  
FACILITY PROPERTIES WITHIN 1,000 FEET  
OF PROPERTY IN QUESTION\*



Montgomery Ordinance No. 63-2021 Approving  
Cannabis Dispensary Operations- Attachment to Exhibit 12, Section 12.2



City of **Montgomery**, Alabama

**CITY CLERK'S OFFICE**  
Brenda Gale Blalock  
City Clerk

Steven L. Reed, Mayor  
City Council Members  
Charles W. Jirright, President  
Cornelius "CC" Calhoun - President Pro Tem  
Audrey Graham  
Ed Grimes  
Marche Johnson  
Brantley W. Lyons  
Clay McInnis  
Oronde K. Mitchell  
Glen O. Pruitt, Jr.

STATE OF ALABAMA )  
COUNTY OF MONTGOMERY )  
CITY OF MONTGOMERY )

I, Brenda Gale Blalock, City Clerk of the City of Montgomery, Alabama, DO  
HEREBY CERTIFY that the attached is a true and correct copy of Ordinance No. 63-2021,  
adopted by the Council of the City of Montgomery, Alabama at its regular meeting held the  
7<sup>th</sup> day of December, 2021.

GIVEN under my hand and the official SEAL of the City of Montgomery, Alabama,  
this the 21<sup>st</sup> day of November, 2022.

  
BRENDA GALE BLALOCK, CITY CLERK

SEAL

Montgomery Ordinance No. 63-2021 Approving  
Cannabis Dispensary Operations- Attachment to Exhibit 12, Section 12.2

**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 TH day of December, 2021.

  
STEVEN L. REED, MAYOR

ATTEST:

  
BRENDA GALE BLALOCK, CITY CLERK

63-2021

Dothan Zoning Letter authorizing Cannabis Dispensary  
Operations at the Dothan Site- Attachment to Exhibit 12, Section 12.2



**CITY OF DOTHAN**  
**Department of Planning and Development**

P. O. BOX 2128 · DOTHAN, ALABAMA 36302 · 334-615-4410 (o) · 334-615-4419 (f)  
www.dothan.org

*Todd L. McDonald, AICP – Director*

November 23, 2022

Insa Alabama, LLC

RE: 4630 Montgomery Hwy

To Whom It May Concern:

The Planning and Development Department is pleased to report that the subject property is zoned B-2 (Highway Commercial) according to the Official Zoning Map of the City of Dothan, Alabama. Under the B-2 zoning district, medical cannabis dispensaries are permitted by-right.

Preliminary review of the location referenced above indicates that there are no schools, day cares, or childcare facilities within 1,000 feet of this property. However, this is a requirement of state law and is not part of the city ordinance. It is your responsibility to verify that none of these uses exists with 1000 ft. of this property.

- The Property is not in a special, restrictive, or overlay district.
- The Property is not part of a PUD.
- Adjacent properties are zoned B-2.

Should you have any questions, please feel free to contact me. My direct telephone number is 334-615-4412 and my e-mail address is [kvann@dothan.org](mailto:kvann@dothan.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly Vann".

Kimberly Vann  
Planning Assistant

cc: File



Dothan Ordinance No. 2022-290 Authorizing the  
Operation of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2

**ORDINANCE NO. 2022-290**

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

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

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

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

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

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

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

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

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

Dothan Ordinance No. 2022-290 Authorizing the Operation of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2

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

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

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

ATTEST:

Wendy Shiver  
City Clerk

[Signature]  
Mayor

[Signature]  
Associate Commissioner District 1

[Signature]  
Associate Commissioner District 2

[Signature]  
Associate Commissioner District 3

[Signature]  
Associate Commissioner District 4

[Signature]  
Associate Commissioner District 5

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

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

Wendy Shiver  
Wendy Shiver  
City Clerk

I, Wendy Shiver, City Clerk of the City of Dothan, Alabama, do hereby certify this is a true and correct copy of Ordinance No. 2022-290, as adopted by the Board of Commissioners of the City of Dothan on September 20, 2022.

Wendy Shiver  
Wendy Shiver  
City Clerk

Opelika Zoning Letter for Cannabis Dispensary  
Operations at the Opelika Site- Attachment to Exhibit 12, Section 12.2

Opelika, AL 36804  
(p) 334-705-5156 (f) 334-705-5159  
www.opelika-al.gov



December 16, 2022

INSA Alabama, LLC.,  
218 Commerce Street  
Montgomery, AL 36104

Subject: Medical Cannabis Dispensary – 2002/2004 Marvyn Parkway, Opelika, AL 36804

To Whom It May Concern,

This letter is in reference to the property on the west side of Marvyn Parkway (AL Hwy 51) a portion of Lee County Tax Parcel 43 10 04 19 1 000 001.000. The property is addressed 2004 Marvyn Parkway, although the county records list is as 2002 Marvyn Parkway. The subject property is zoned C-3 (General Commercial) with a GC-P (Gateway Corridor - Primary) overlay. On December 6, 2022, the Opelika City Council approved medical dispensaries as a conditional use in all commercial and industrial zoning districts including C-3 and GC-P. This means that final approval is required by the Planning Commission.

The subject property meets all of the use standards and dispersal requirements set specifically for medical cannabis dispensaries. At this time, there are no other apparent issues that would prevent us from providing a positive staff recommendation to the Commission. The applicant would have to meet the general standards of the zoning ordinance including setbacks, landscaping, and building materials as any other commercial development is required to do.

Please let me know if you have any question or I may assist you with this project.

Sincerely,

Matt Mosley, AICP  
Planning Director  
City of Opelika

Opelika Ordinance No. 028-22 Authorizing the Operation of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2

**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*.


**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 4<sup>th</sup> day of OCTOBER, 2022.

Opelika Ordinance No. 028-22 Authorizing the Operation  
of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2

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

ATTEST:  
  
\_\_\_\_\_  
CITY CLERK

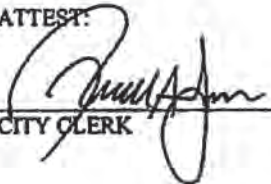
TRANSMITTED TO MAYOR on this the 5<sup>th</sup> day of OCTOBER, 2022.

  
\_\_\_\_\_  
CITY CLERK

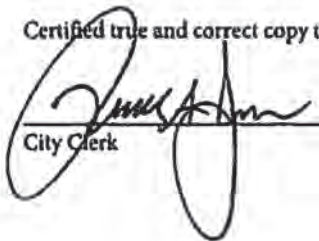
ACTION BY MAYOR

APPROVED this the 5<sup>th</sup> day of OCTOBER, 2022.

  
\_\_\_\_\_  
MAYOR

ATTEST:  
  
\_\_\_\_\_  
CITY CLERK

Certified true and correct copy this the 15<sup>th</sup> day of November 2022.

  
\_\_\_\_\_  
City Clerk



Birmingham Zoning Letter for Cannabis Dispensary Operations  
at the Birmingham Site- Attachment to Exhibit 12, Section 12.2

# CITY OF BIRMINGHAM

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



**PUTTING PEOPLE FIRST**

**RANDALL L. WOODFIN**  
MAYOR

**KATRINA THOMAS**  
DIRECTOR

16 December 2022

Insa Alabama LLC  
453 S Hull St  
Montgomery, AL 36104

**RE: 714 29<sup>th</sup> St Birmingham, AL 35233**

**PID#23-00-31-4-003-005.000**

**ZCL#2022-00194**

To Whom It May Concern:

The property located at 714 29<sup>th</sup> St is zoned B-2, General Business District. Properties to the north, south, east & west are also zoned B-2. The property is located in the Southside Neighborhood and Council District 5. According to the City of Birmingham's Geographic Information System (GIS), the property is not located in a regulated floodplain. The property is located in the Lakeview Commercial Revitalization District and the Southside Historic District.

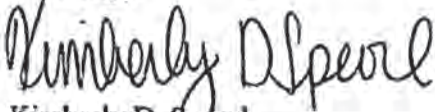
A Medical Cannabis Dispensary is permitted with conditions in this zoning district. The conditions include:

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.

Birmingham Zoning Letter for Cannabis Dispensary Operations  
at the Birmingham Site- Attachment to Exhibit 12, Section 12.2

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. Speerl  
Zoning Administrator

Birmingham Ordinance No. 22-142 Authorizing the Operation  
of Medical Cannabis Dispensaries- Attachment to Exhibit 12, Section 12.2

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



Birmingham Ordinance No. 22-142 Authorizing the Operation  
of Medical Cannabis Dispensaries- Attachment to Exhibit 12, Section 12.2

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

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

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

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

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

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

**SECTION 1.**

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

**SECTION 2.**

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

Birmingham Ordinance No. 22-142 Authorizing the Operation  
of Medical Cannabis Dispensaries- Attachment to Exhibit 12, Section 12.2

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

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

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



A CERTIFIED COPY  
Lee Frazier, City Clerk  
Birmingham, AL  
*Lee Frazier*

Mobile Zoning Letter for Cannabis Dispensary Operations  
at the Mobile Site- Attachment to  
Exhibit 12, Section 12.2



THE CITY OF MOBILE, ALABAMA  
PLANNING & ZONING DEPARTMENT

ZONING CERTIFICATION LETTER

December 21, 2022

Alabama Medical Cannabis Commission  
Post Office Box 309585  
Montgomery, Alabama 36130

**RE: 7900 Airport Blvd, Mobile, AL 36608**  
**Parcel Number: R022706244000003.000**

To Whom It May Concern:

This is to certify that the above-referenced property is zoned B-3, Community Business, and may be used for any conforming use, subject to compliance with all municipal codes and ordinances. Use of the property as a medical marijuana dispensary is allowed by right in this zoning district under the Unified Development Code (UDC), which will be the Zoning Ordinance applicable to the City of Mobile in the future, subject to compliance with all State and Federal regulations.

The UDC can be found online here: <https://mapformobile.org/ude/>. See the attached ordinance for any additional requirements.

If additional assistance is needed, please contact me (251) 208-5895.

Sincerely,

Tiffany Green  
Planner I

P.O. Box 1827 • MOBILE, ALABAMA 36633-1827

Mobile Ordinance No. 2022-01-062 Authorizing the Operation  
of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2

**01-062**

**2022**

**AN ORDINANCE TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS  
DISPENSING SITES WITHIN THE CITY LIMITS OF THE CITY OF MOBILE,  
ALABAMA**

---

Sponsored by: Councilmembers Penn, Carroll, Small, Daves and Gregory

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

**Section 1. Definitions of Capitalized Terms.**

(a) For purposes of this Ordinance, the following terms have the following meanings:

- (i) Act means Chapter 2A of Title 20 of the Code of Alabama 1975.
- (ii) City means the City of Mobile, Alabama.
- (iii) Commission means the Alabama Medical Cannabis Commission created pursuant to the Act.
- (iv) State means the State of Alabama.

(b) For purposes of this Ordinance, the following terms have the meanings assigned thereto in the Act:

- (i) Dispensary;
- (ii) Dispensing Site;
- (iii) Integrated Facility;
- (iv) Medical Cannabis.

**Section 2. Findings and Determinations**

The City has heretofore, upon evidence duly presented to and considered by it, found and determined, and does hereby find, determine and declare that:

- (a) The Act authorizes the:

Mobile Ordinance No. 2022-01-062 Authorizing the Operation  
of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2

(1) use of Medical Cannabis in the State by certain patients with qualifying medical conditions meeting the requirements of the Act;

(2) regulation by the Commission of all aspects of the use, cultivation, processing, dispensing and transportation of Medical Cannabis from seed to sale in the State; and

(3) Commission to grant licenses to Medical Cannabis Licensees in the manner prescribed in the Act.

(b) Section 20-2A-51(c) of the Act provides that:

(1) the Commission shall not permit the operation of a Dispensing Site in any municipality in the State unless the governing body of said municipality, by ordinance, has authorized the operating of Dispensing Sites within its corporate limits;

(2) any municipality that adopts an ordinance authorizing the operation of Dispensing Sites within its corporate limits shall notify the Commission not more than seven calendar days after adopting said ordinance; and

(3) the Act does not prohibit a municipality from adopting zoning ordinances restricting the operation of Dispensing Sites within its corporate limits.

(c) The location and operation of Dispensing Sites within the City will generate employment opportunities in and local revenues for the City and is therefore desirable and in the best interests of the taxpayers and citizens of the City.

**Section 3. Authorization of Medical Cannabis Licensees and Dispensing Sites**

In accordance with Section 20-2A-51(c)(1) of the Act, the City hereby authorizes the location and operation of Dispensing Sites for state-licensed Dispensaries and Integrated Facilities in the corporate limits of the City, subject to the provisions of the Act, the rules and regulations promulgated thereunder, and applicable city tax ordinances, zoning ordinances and all laws, resolutions and ordinances, as may be amended at any time and from time to time.

**Section 4. Notification of the Commission**

In accordance with Section 20-2A-51(c)(2) of the Act, the City Clerk is hereby authorized and directed to forward a copy of this Ordinance to the Commission within seven calendar days following its adoption.

**Section 5. General.**

(a) All ordinances, resolutions, orders, or parts thereof in conflict or inconsistent with any provision herein hereby are, to the extent of such conflict or inconsistency, repealed.


(b) Each and every provision of this Ordinance is hereby declared to be severable so that if a provision is declared unconstitutional or invalid by a valid judgment of a court of

Mobile Ordinance No. 2022-01-062 Authorizing the Operation of Medical Cannabis Dispensing Sites- Attachment to Exhibit 12, Section 12.2

competent jurisdiction, such judgment shall not affect the validity of any other provision, for the City Council declares that it is its intent that it would have enacted this Ordinance without such invalid or unconstitutional provision(s).

(c) This Ordinance shall take effect upon publication as provided by law.

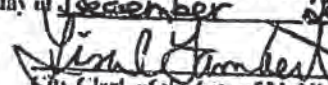
Approved: DEC 13 2022

  
\_\_\_\_\_  
City Clerk

STATE OF ALABAMA  
COUNTY OF MOBILE

I, the undersigned, being the duly appointed, qualified and acting City Clerk of the City of Mobile, Alabama, do hereby certify that the above and foregoing is a true and correct copy of a  
Ordinance  
adopted by the Mobile City Council on the 13 day of December, 2022.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal of the City of Mobile, this the 16 day of December, 2022.

  
City Clerk of the City of Mobile, Alabama



# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23  
\_\_\_\_\_  
Verification Date



















































































































# 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.

J. Gregory Allen

Owner

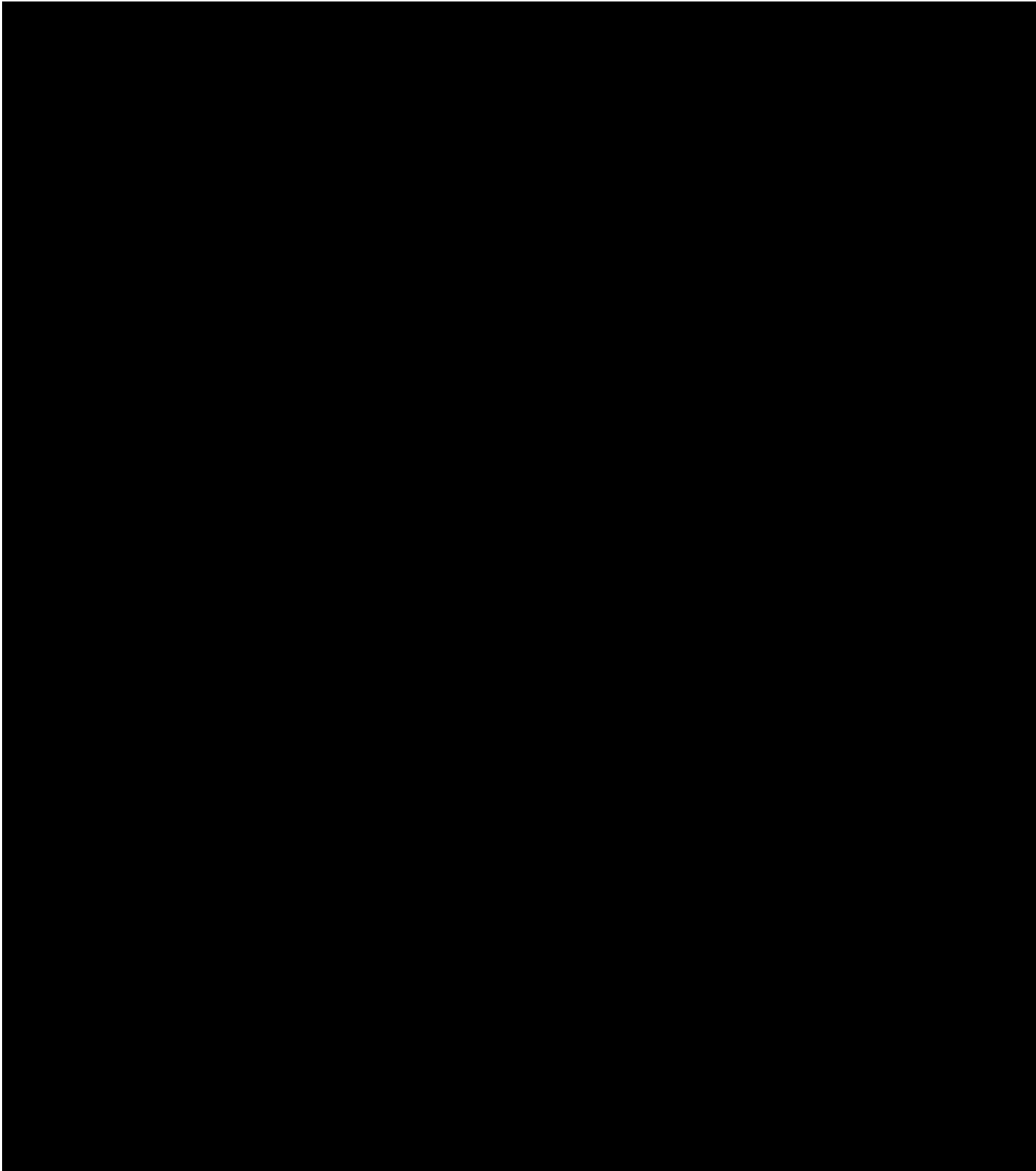
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Printed Name of Verifying Individual

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

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

3/1/23

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



### **Summary**

Insa Alabama, LLC (“Applicant”) has leveraged the relationships of its partners Insa and Clearview Ranch to identify prospective cannabis operators across the full license spectrum in Alabama. The prospective operators are a mix of entities with whom Applicant’s principals have historically done business, as well as start-up operators familiar to Applicant’s Alabama-based principals. As such, Applicant has entered into agreements including contracts, contingent contracts, and memoranda of understanding with at least one prospective operator in each of the categories set forth below. Applicant has attached agreements between Applicant and these other prospective operators, which detail the services to be provided in the event of licensure.















































































































# 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.

J. Gregory Allen

Owner

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

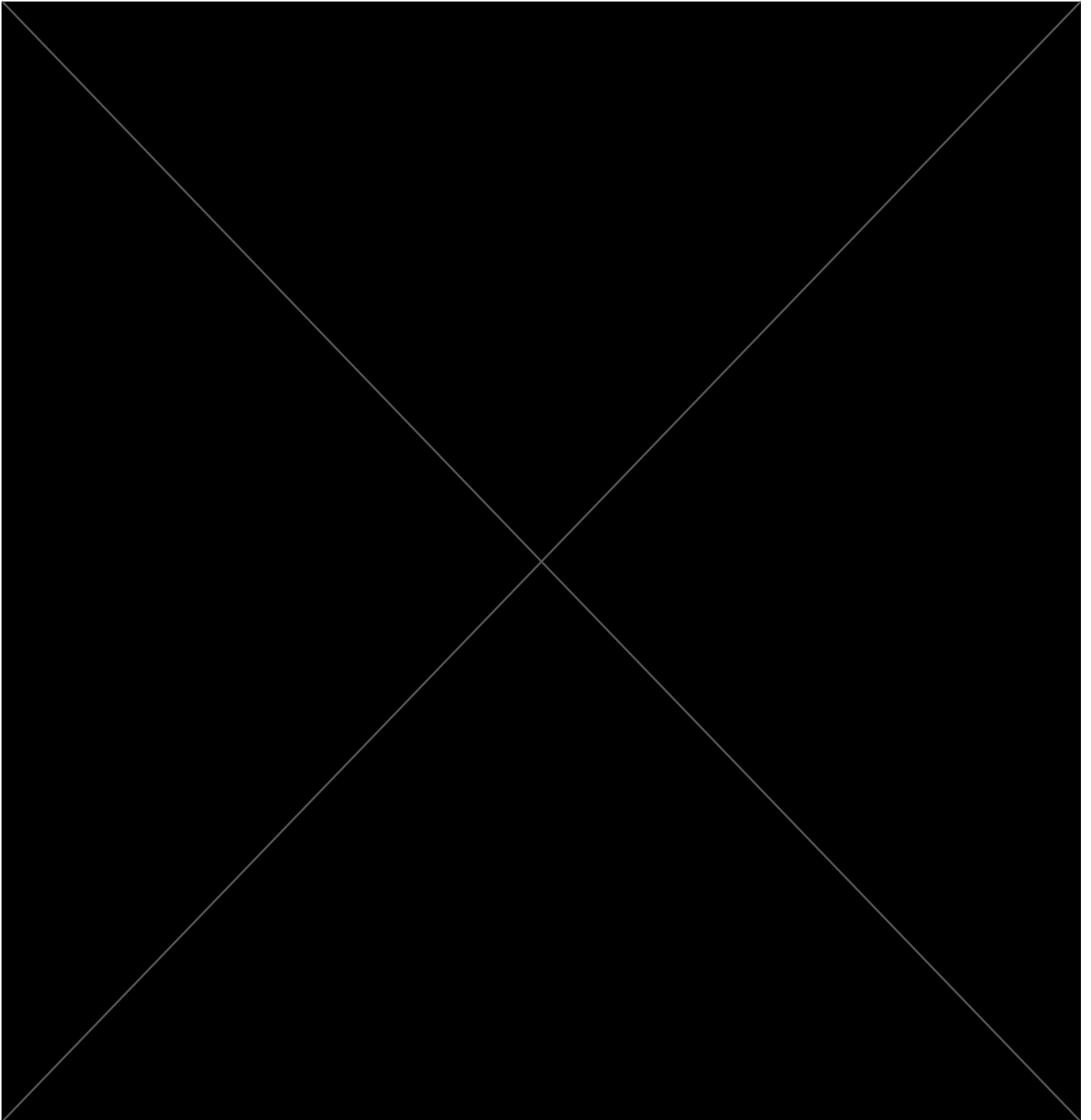
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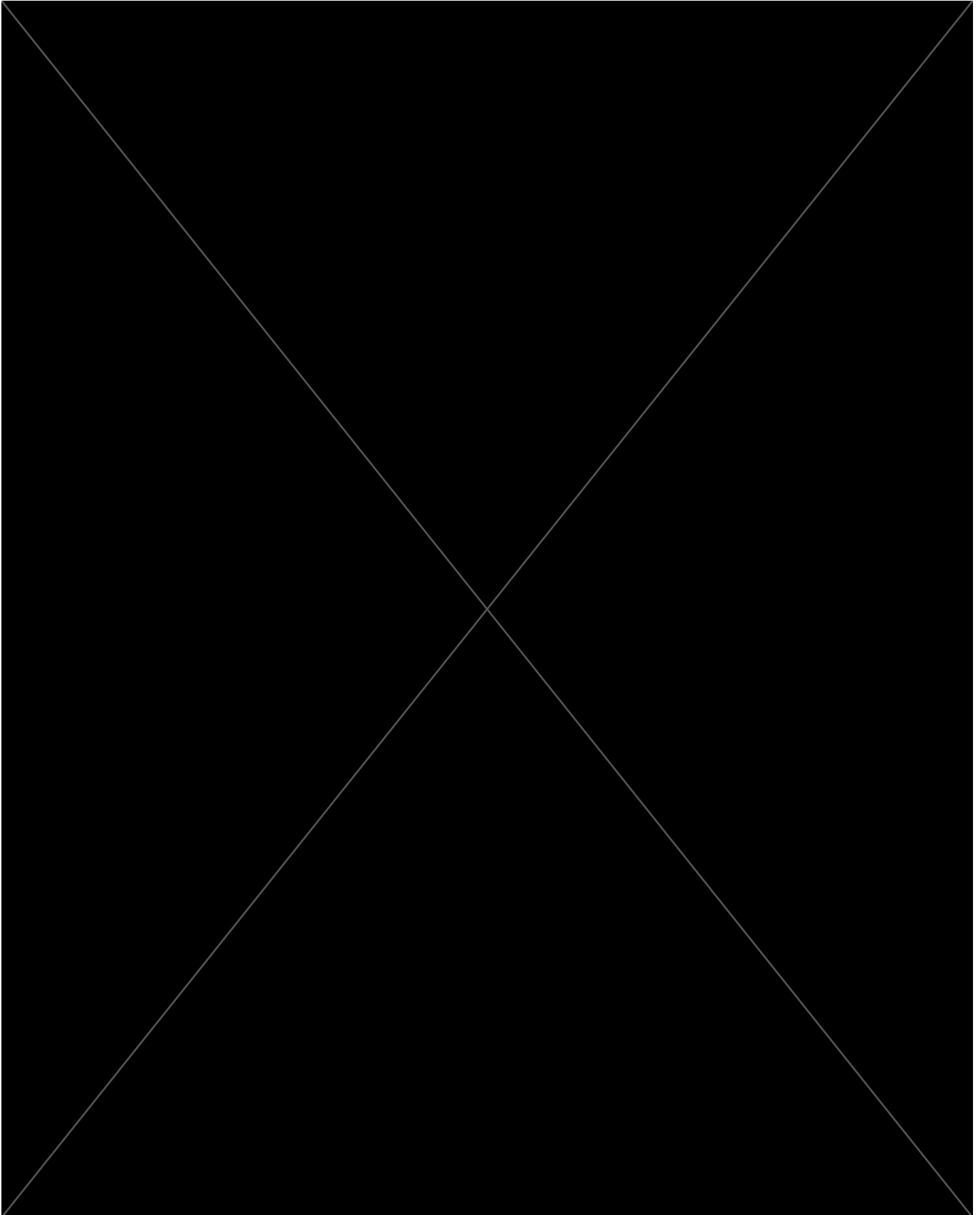
  
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Signature of Verifying Individual

12/26/22

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Verification Date

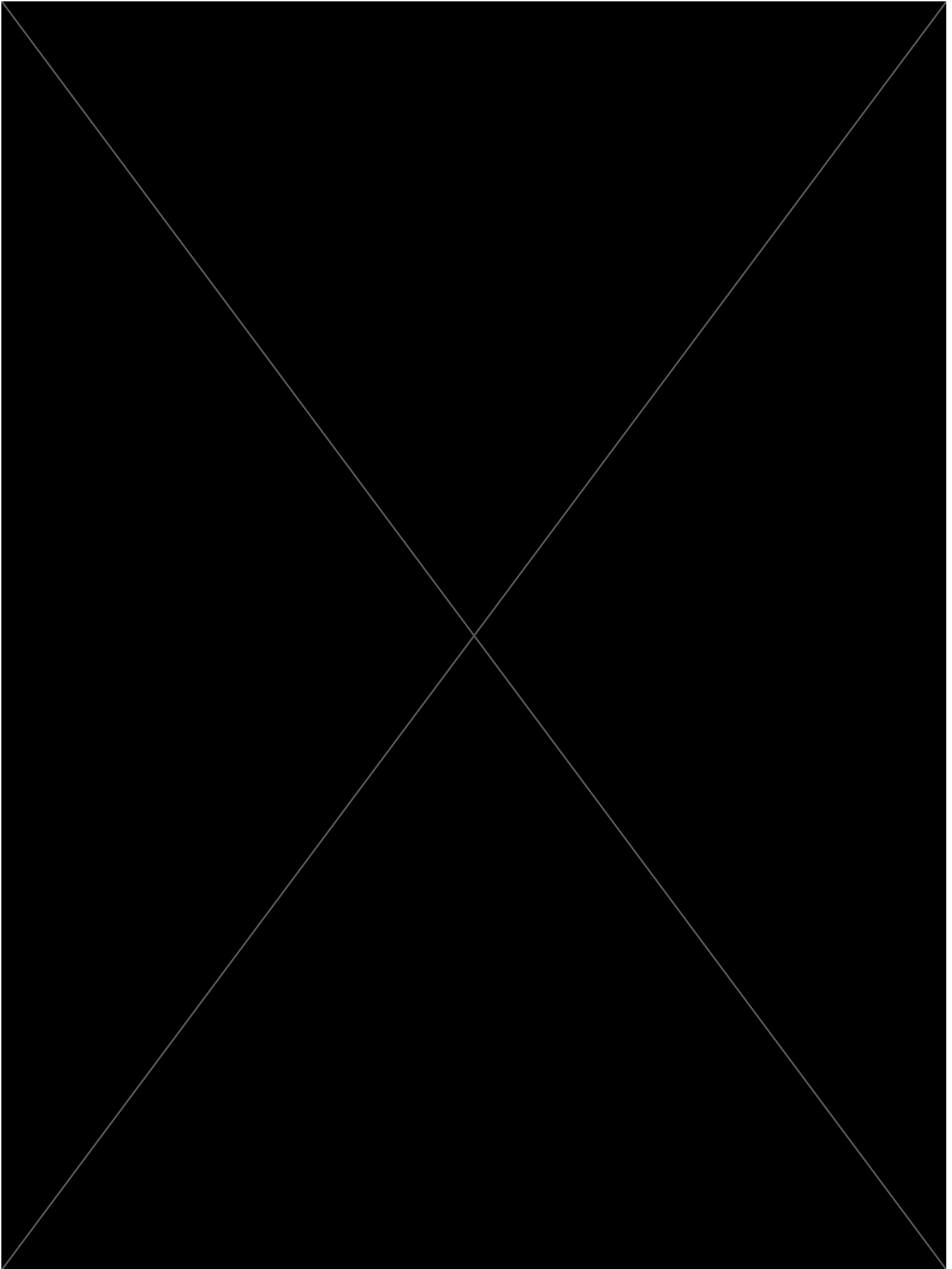
**Applicant has a thorough and compliant plan for receiving and coordinating information and certifications from registered certifying physicians recommending**

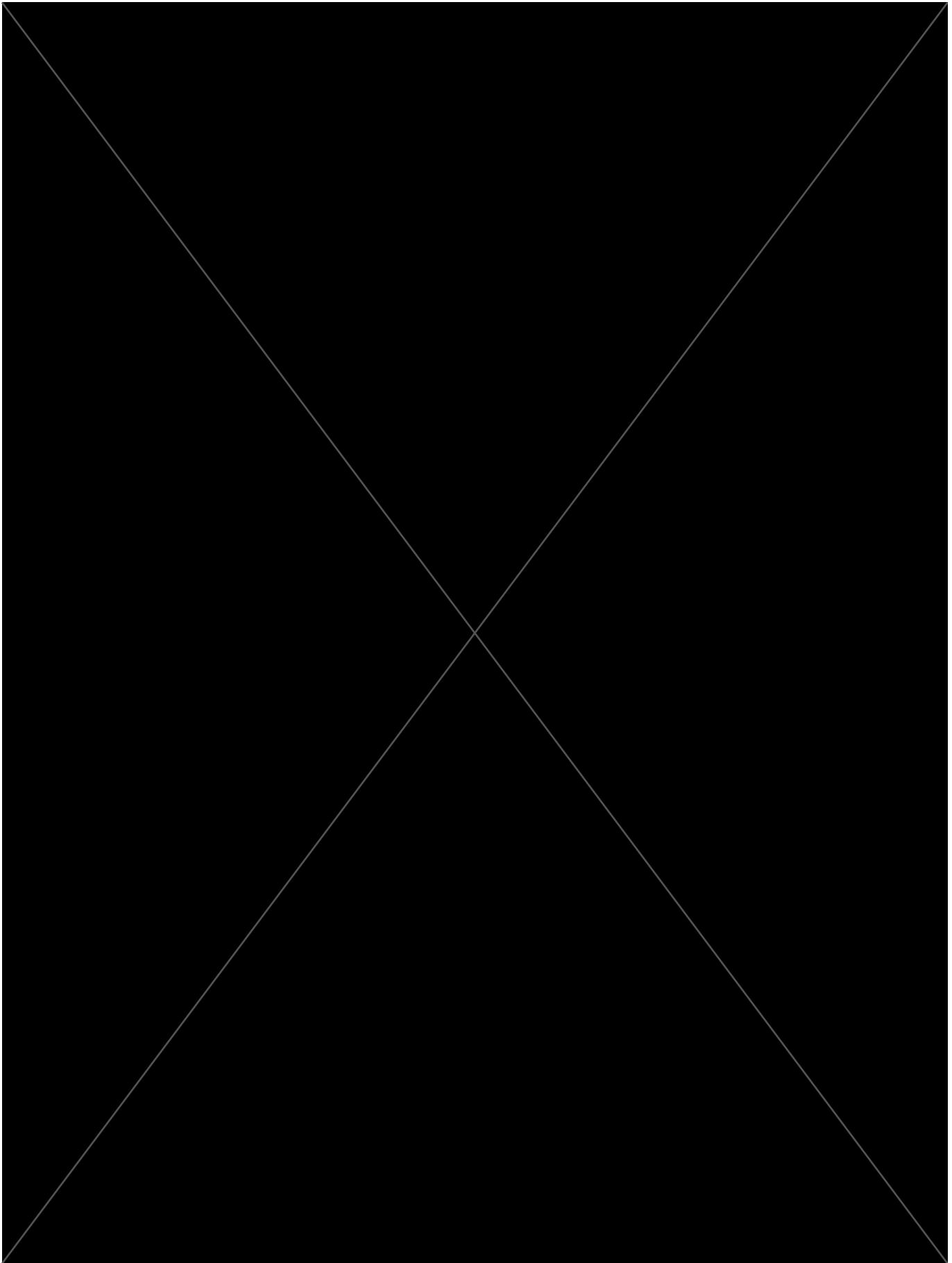


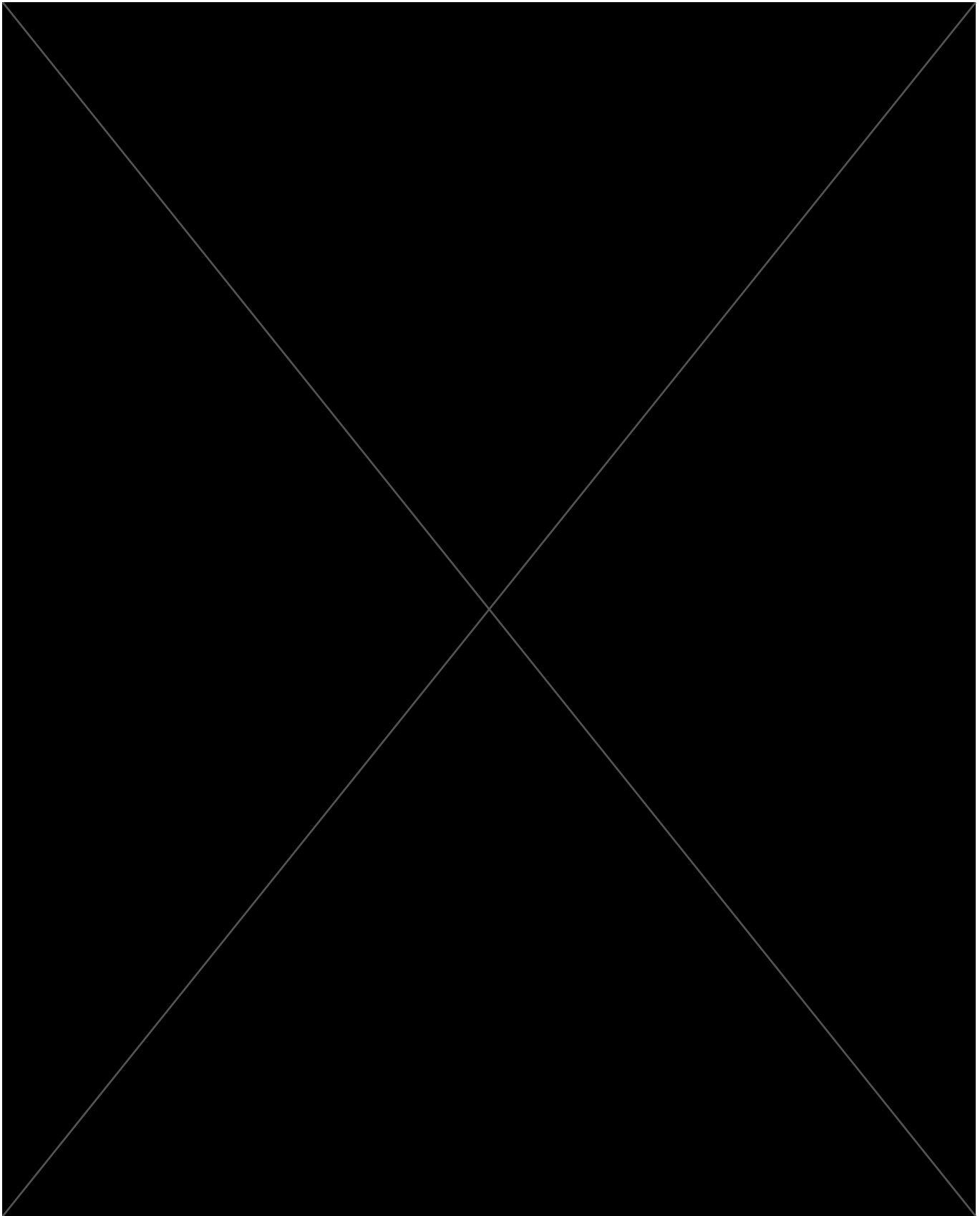


**medical cannabis products for patient and caregiver customers.**









*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

Owner

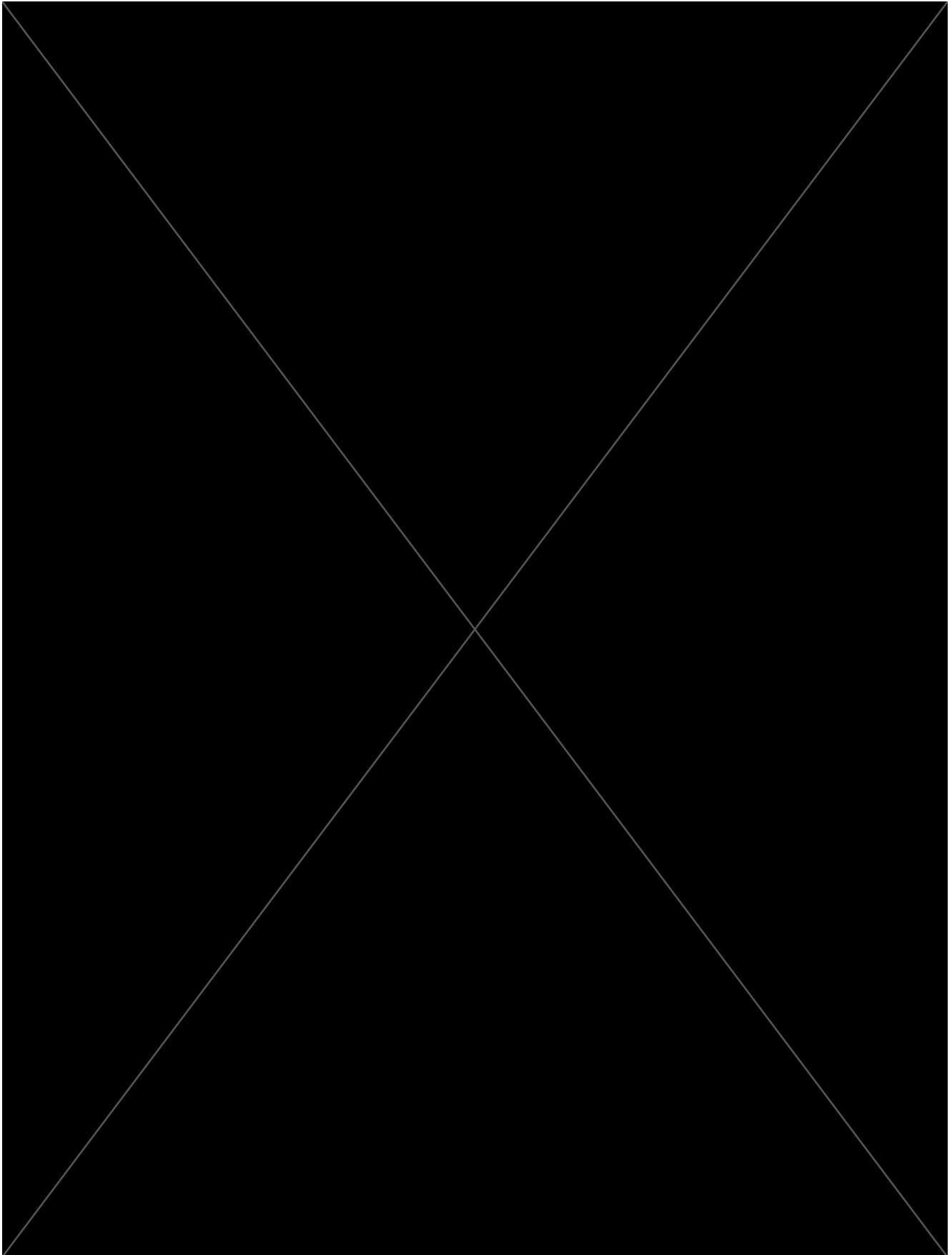
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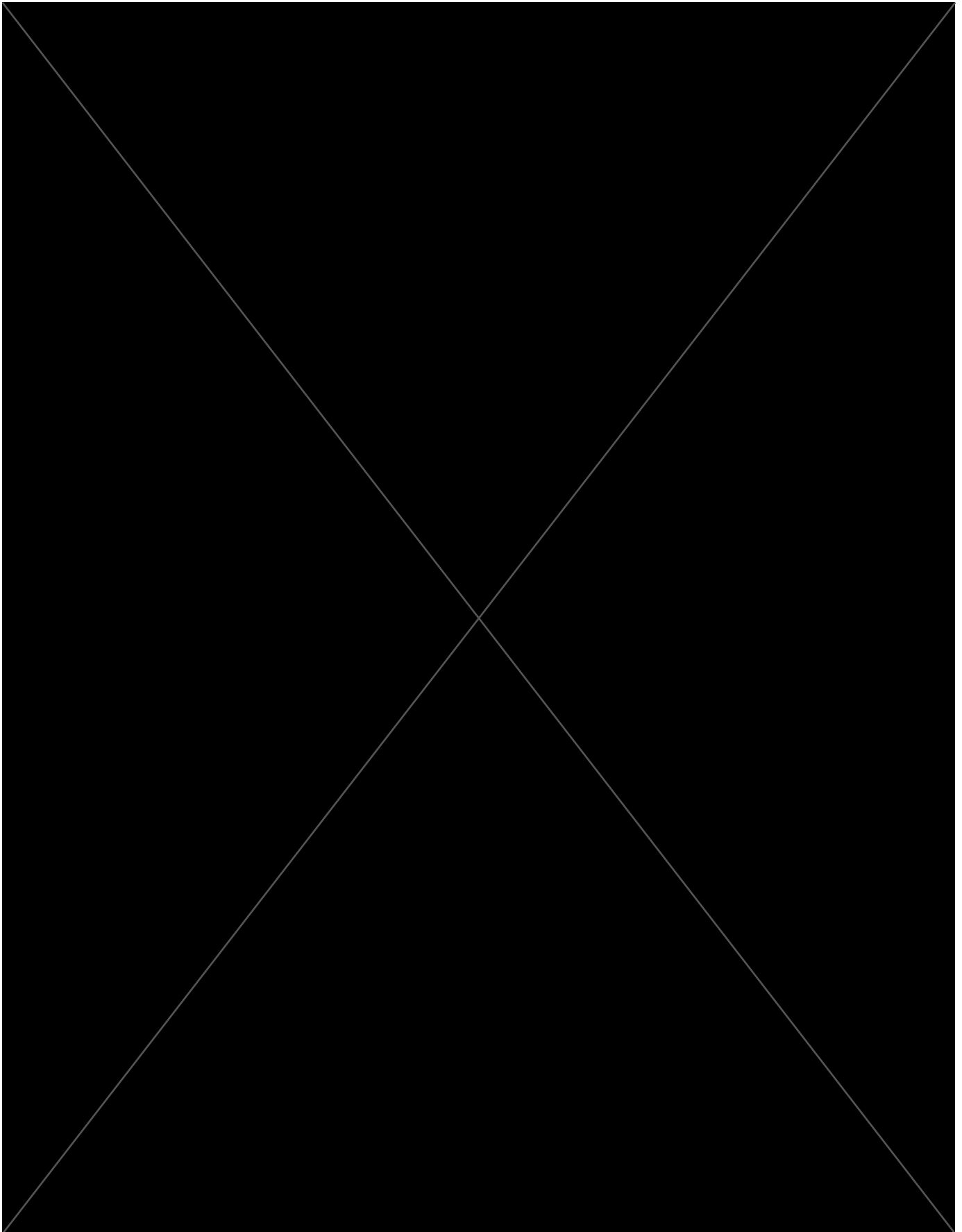
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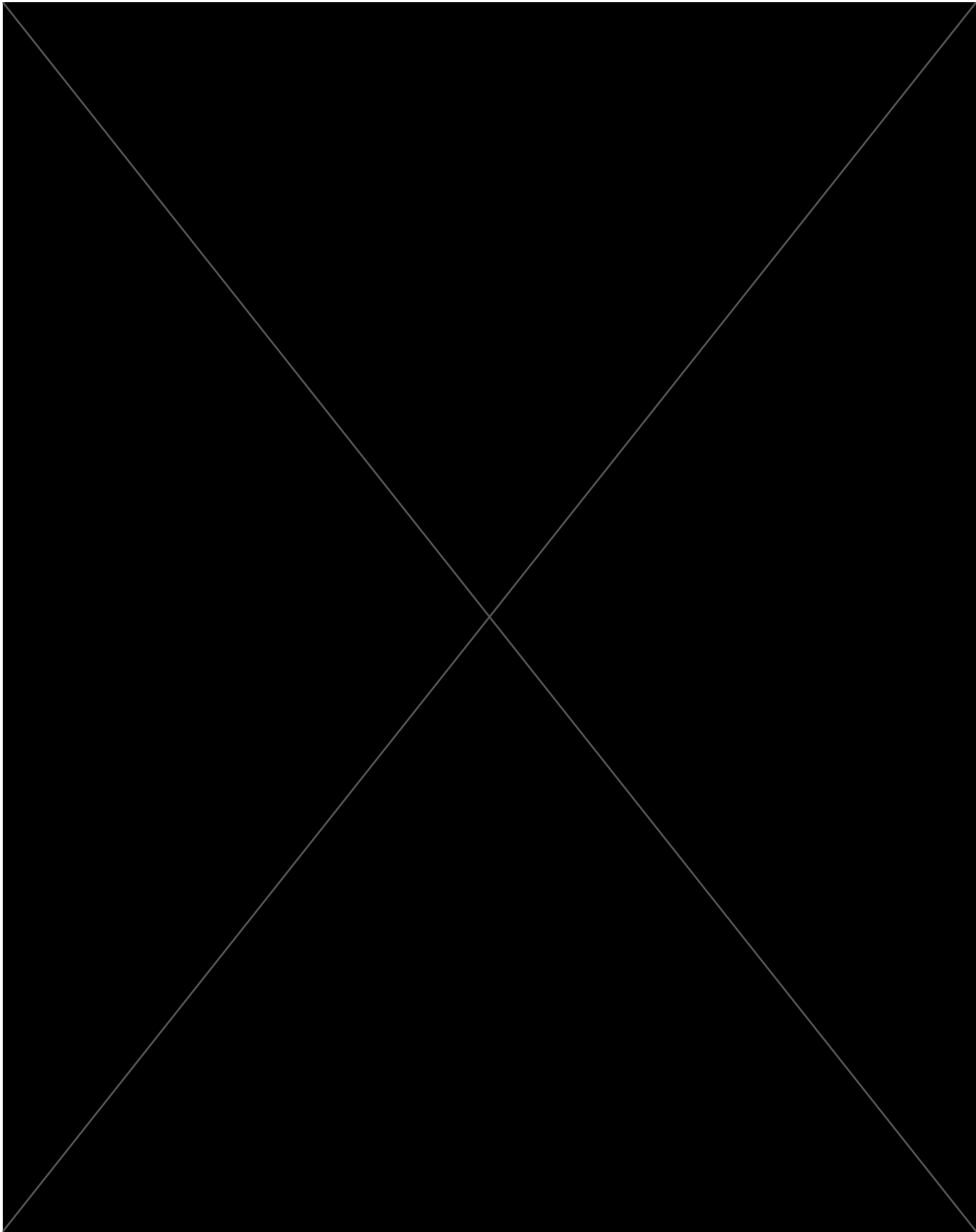
  
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Signature of Verifying Individual

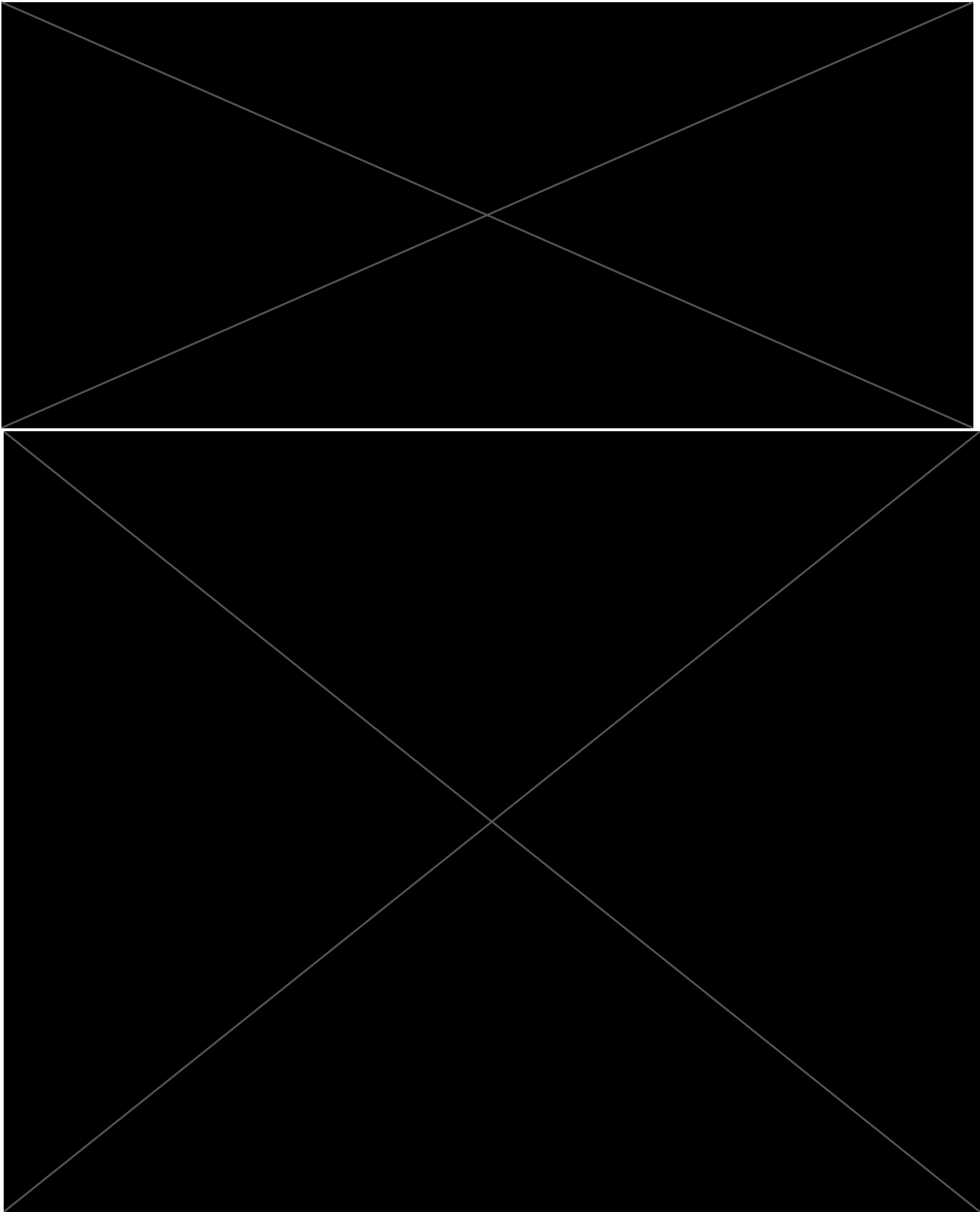
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Verification Date

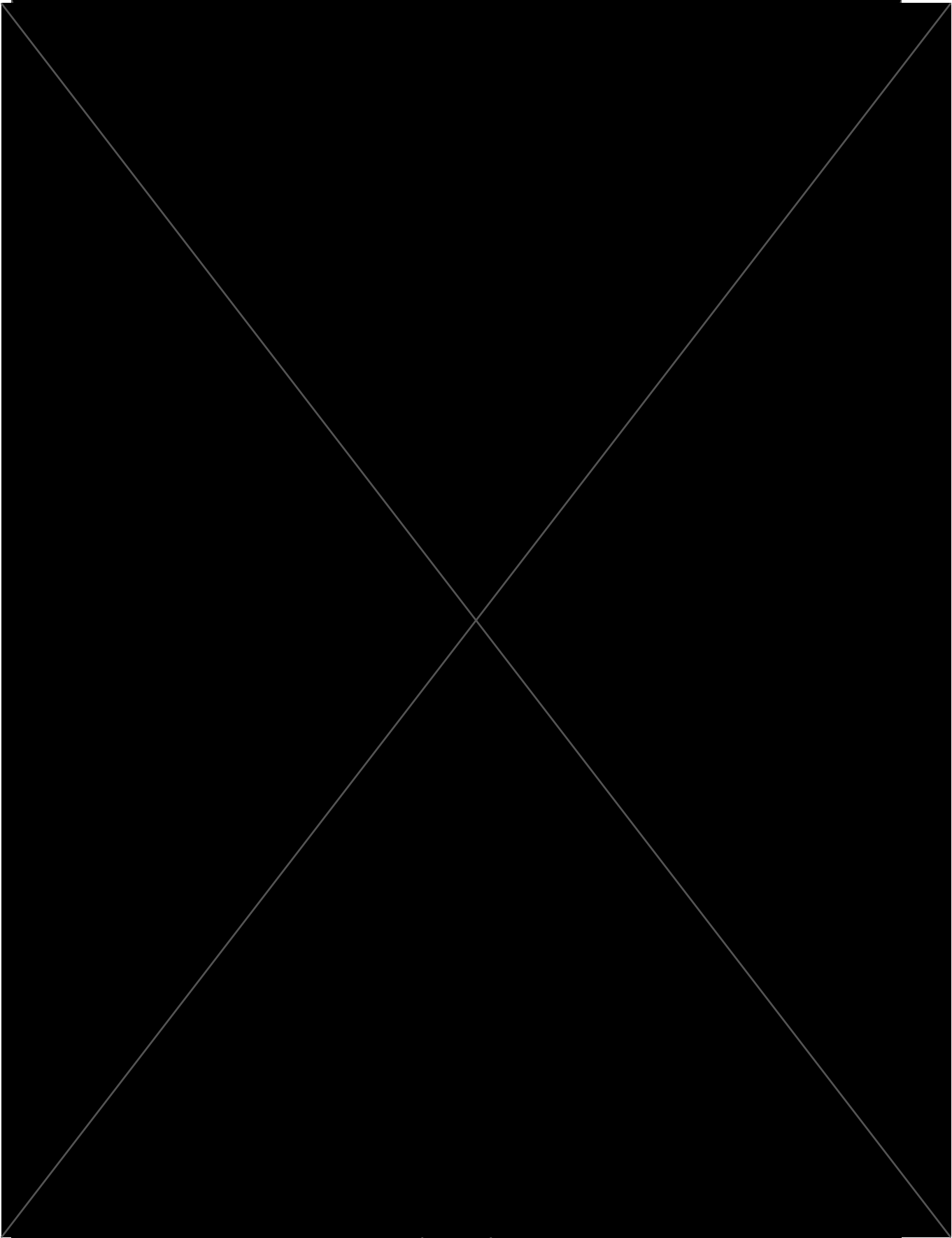












# Exhibit 17 – Confidentiality of Patient Information

## 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.

J. Gregory Allen

Owner

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

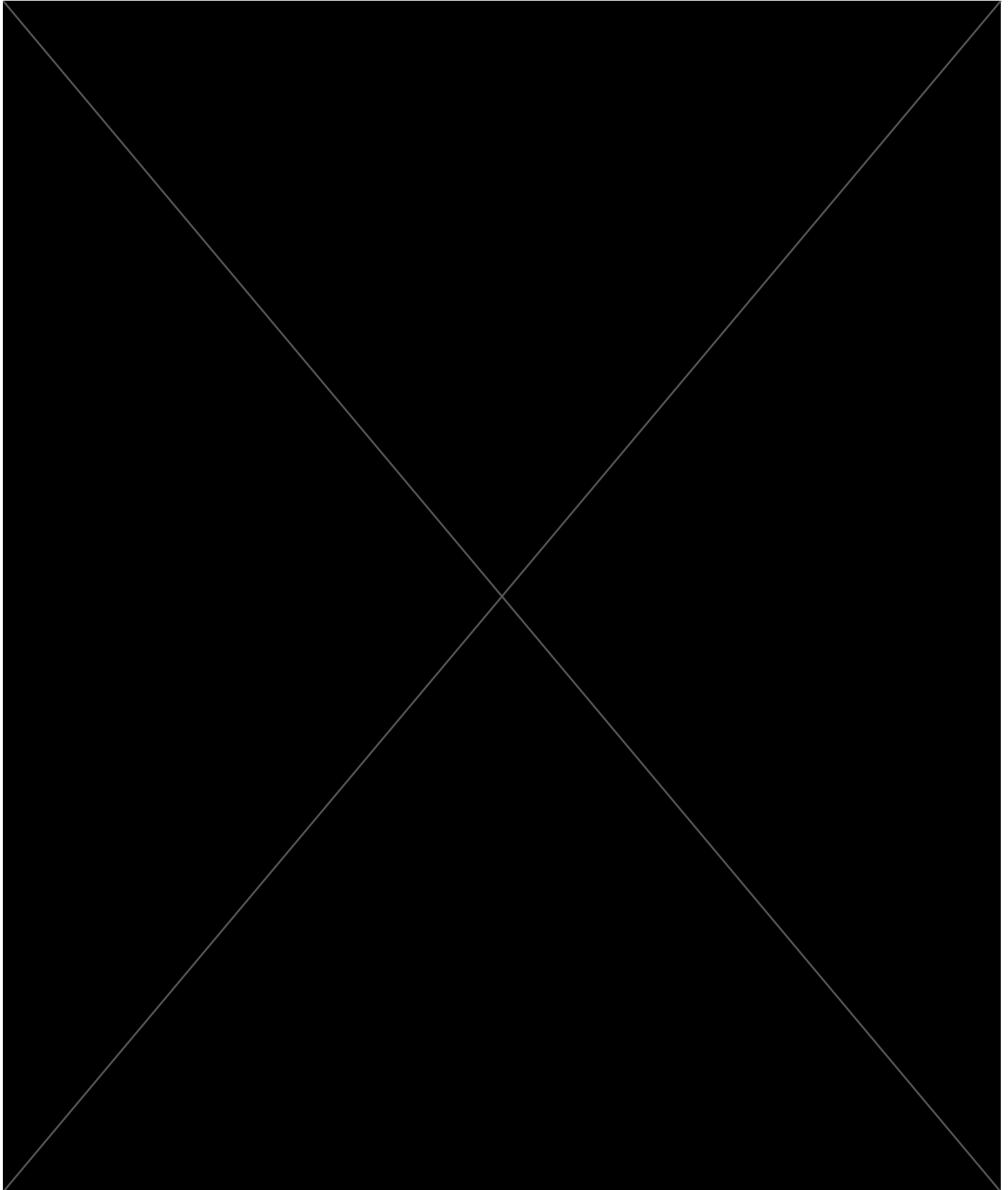
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Title of Verifying Individual

  
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Signature of Verifying Individual

12/26/22  
\_\_\_\_\_  
Verification Date

Applicant's dispensing and cybersecurity policies and procedures exceed the

, " "



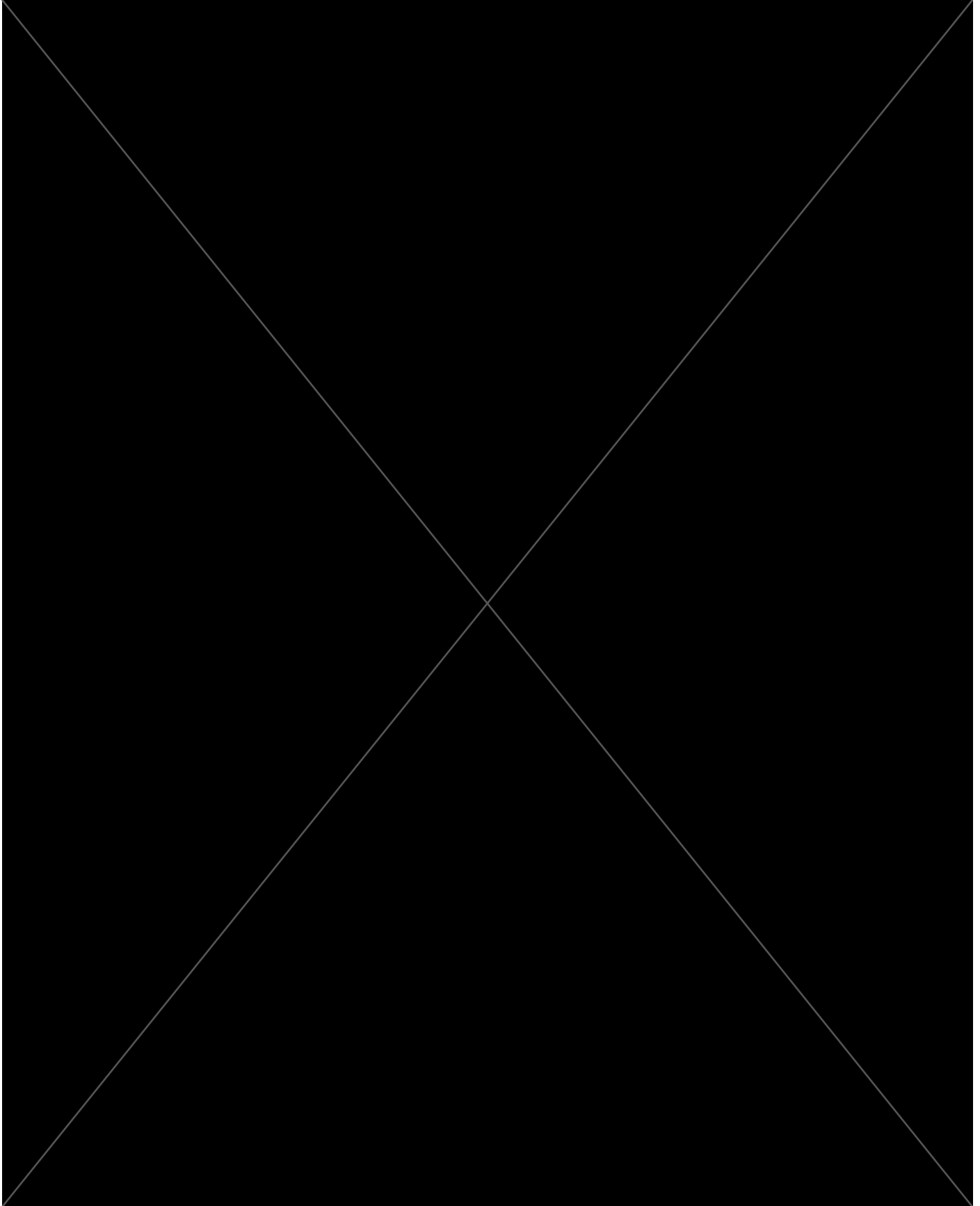
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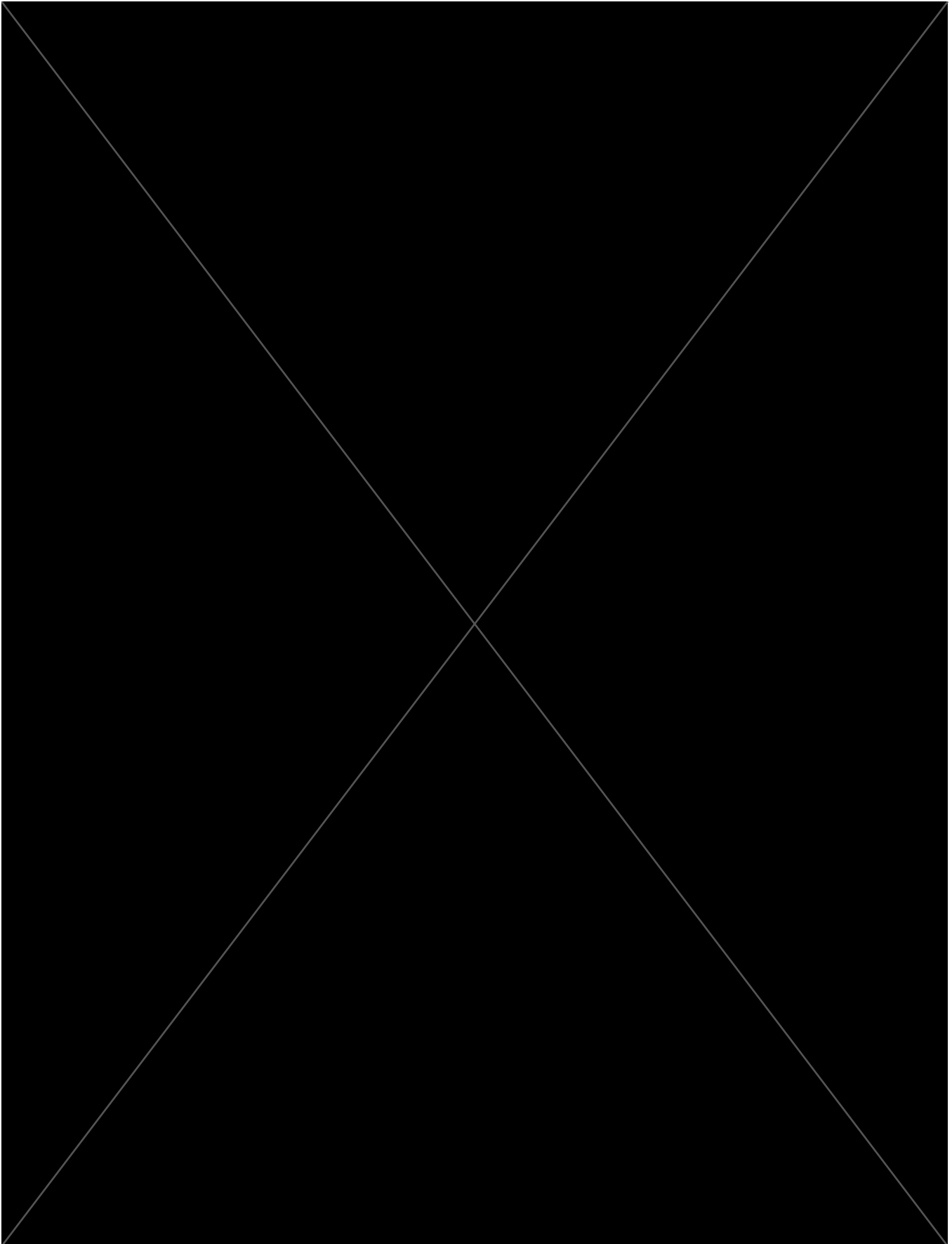
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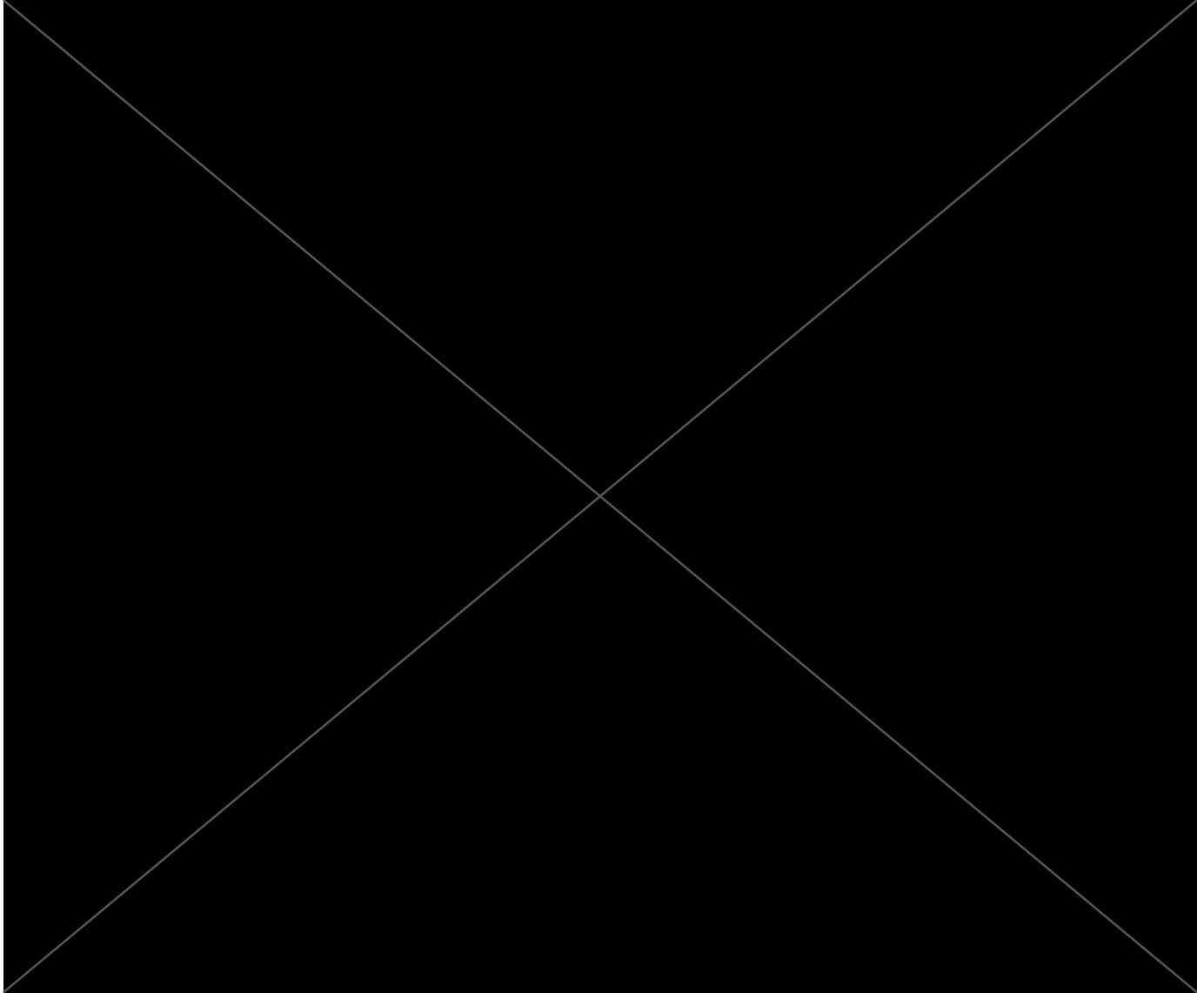
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of 5





*Applicant's technical safeguards will ensure confidentiality.*



*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

Owner

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

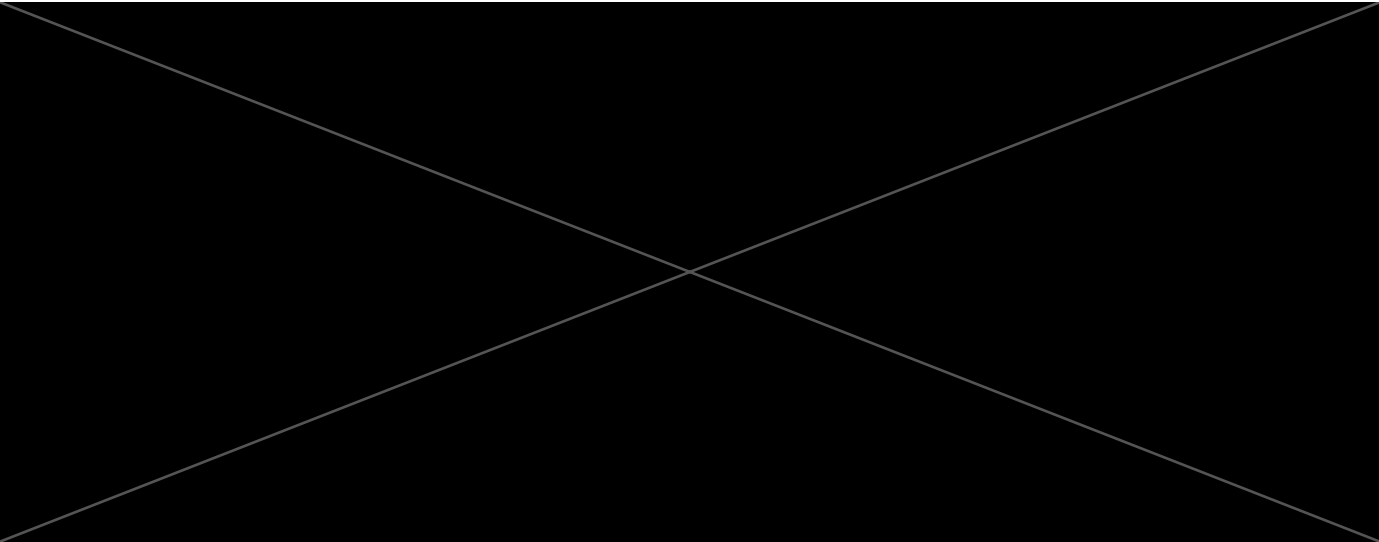
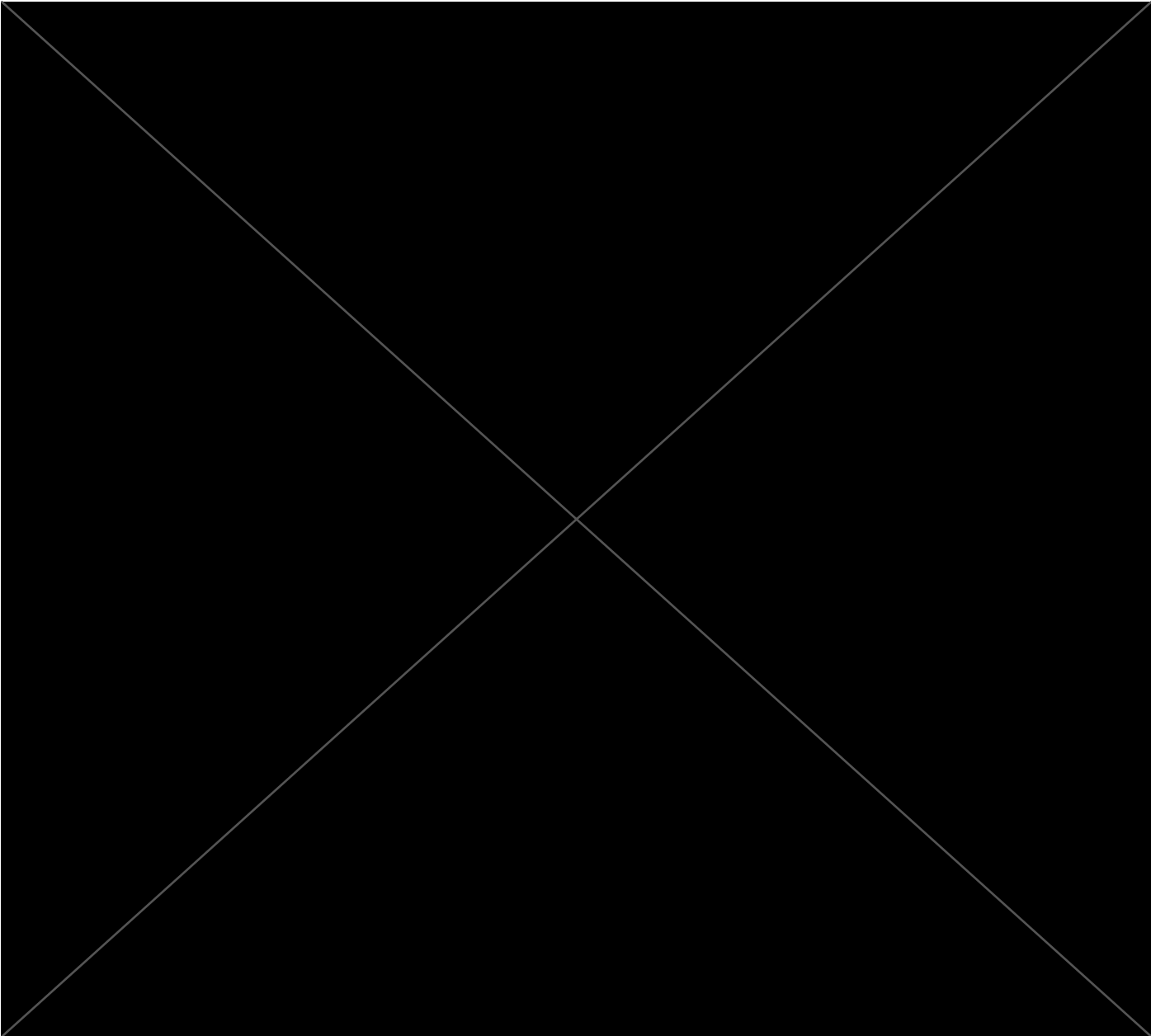
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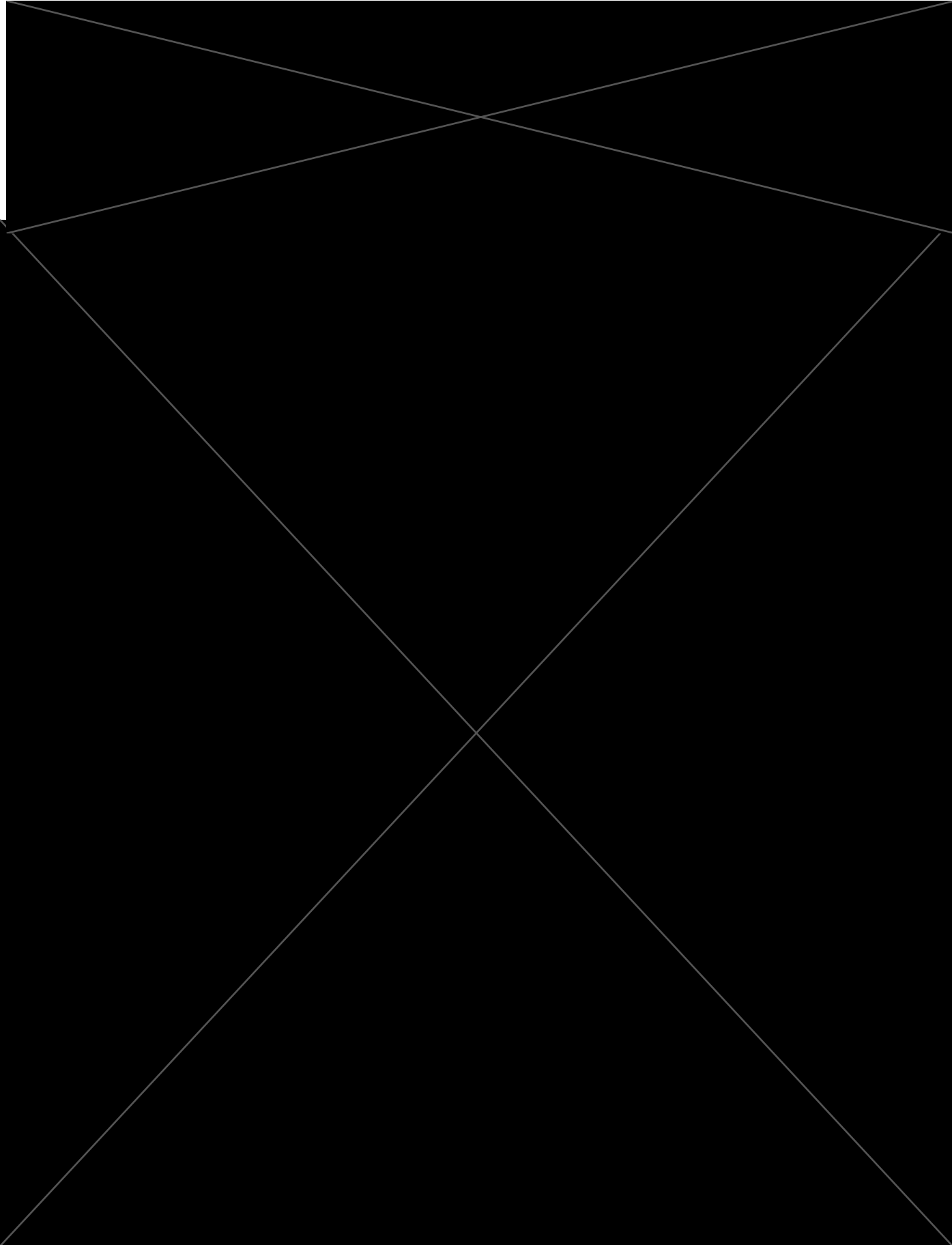
  
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Signature of Verifying Individual

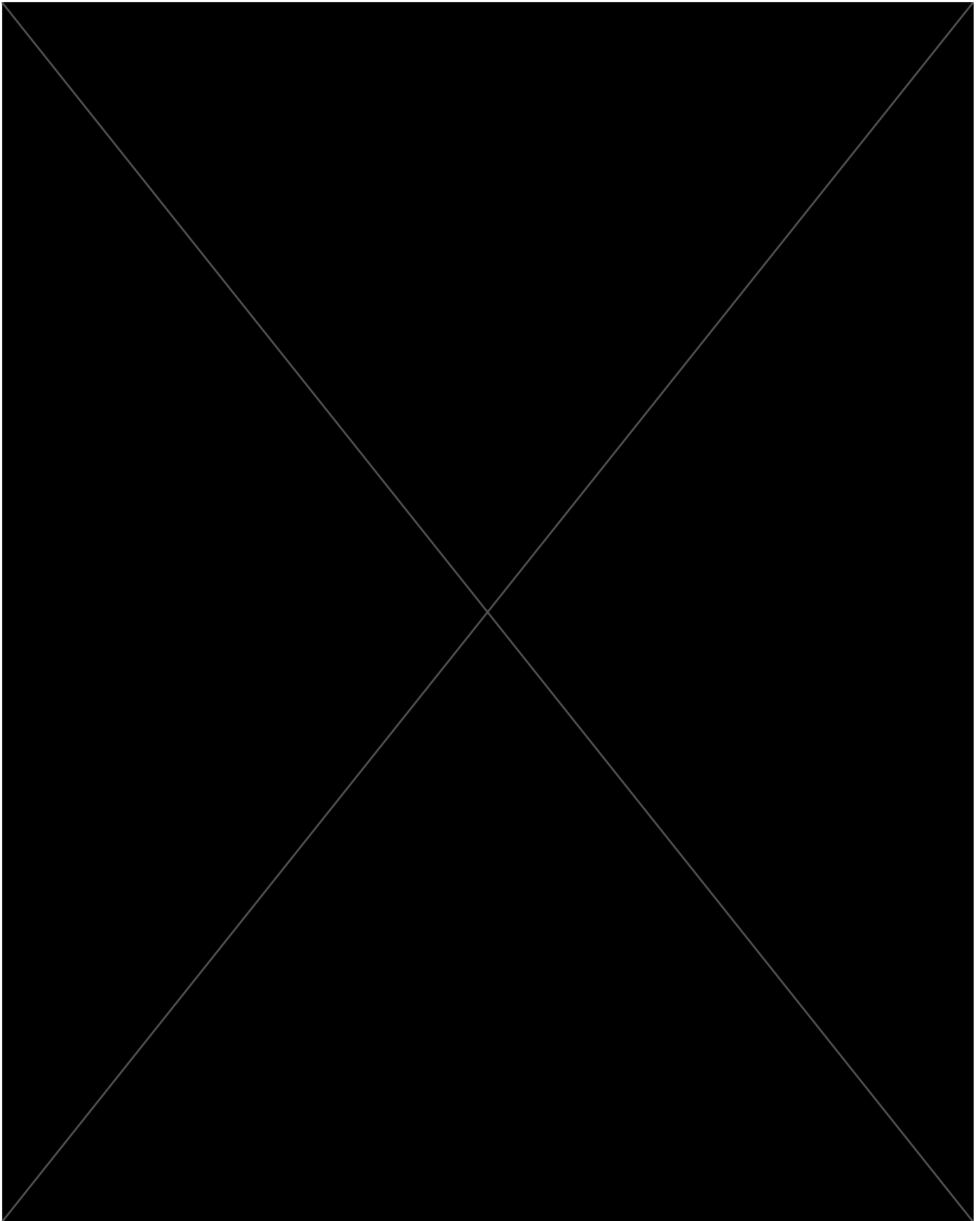
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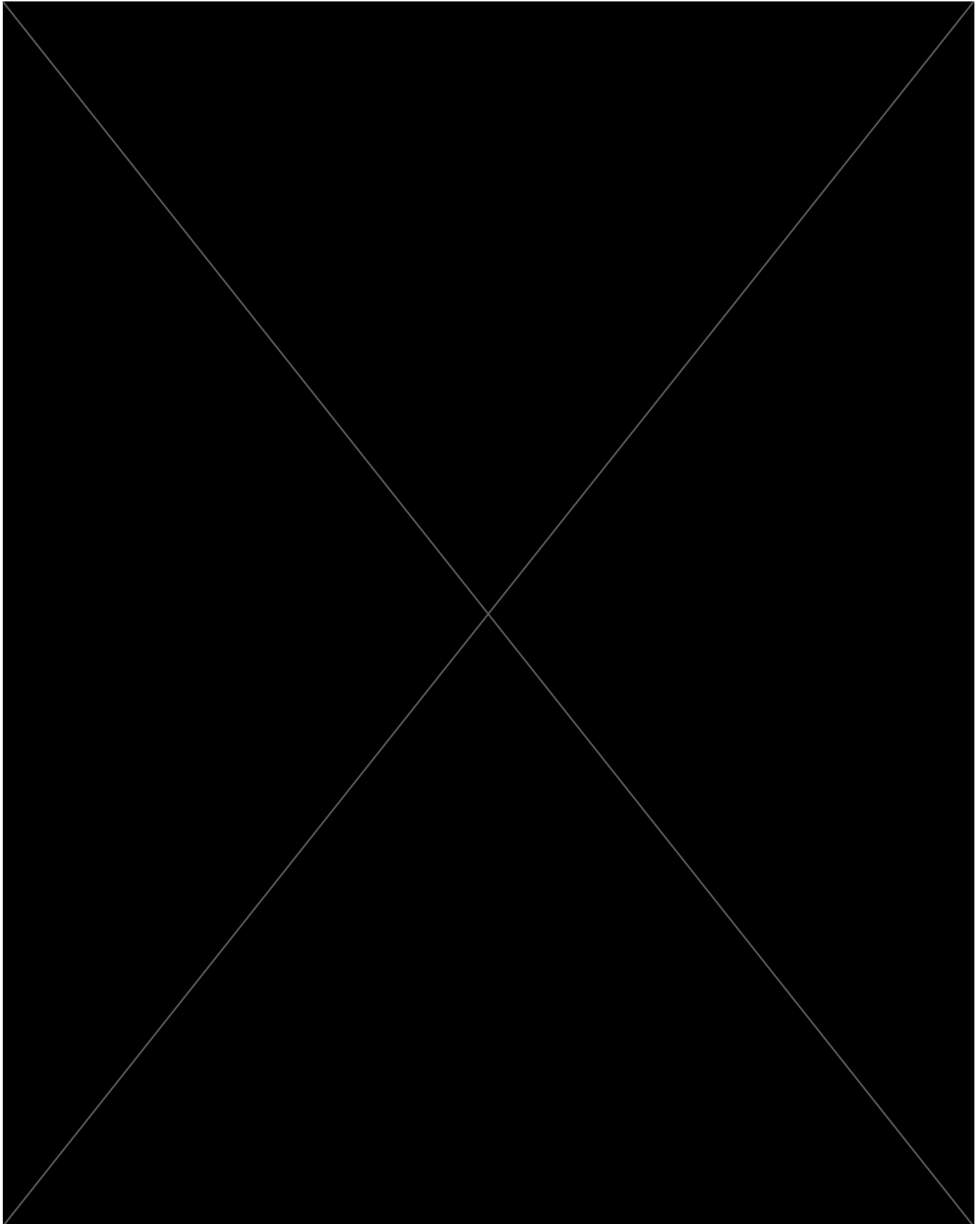
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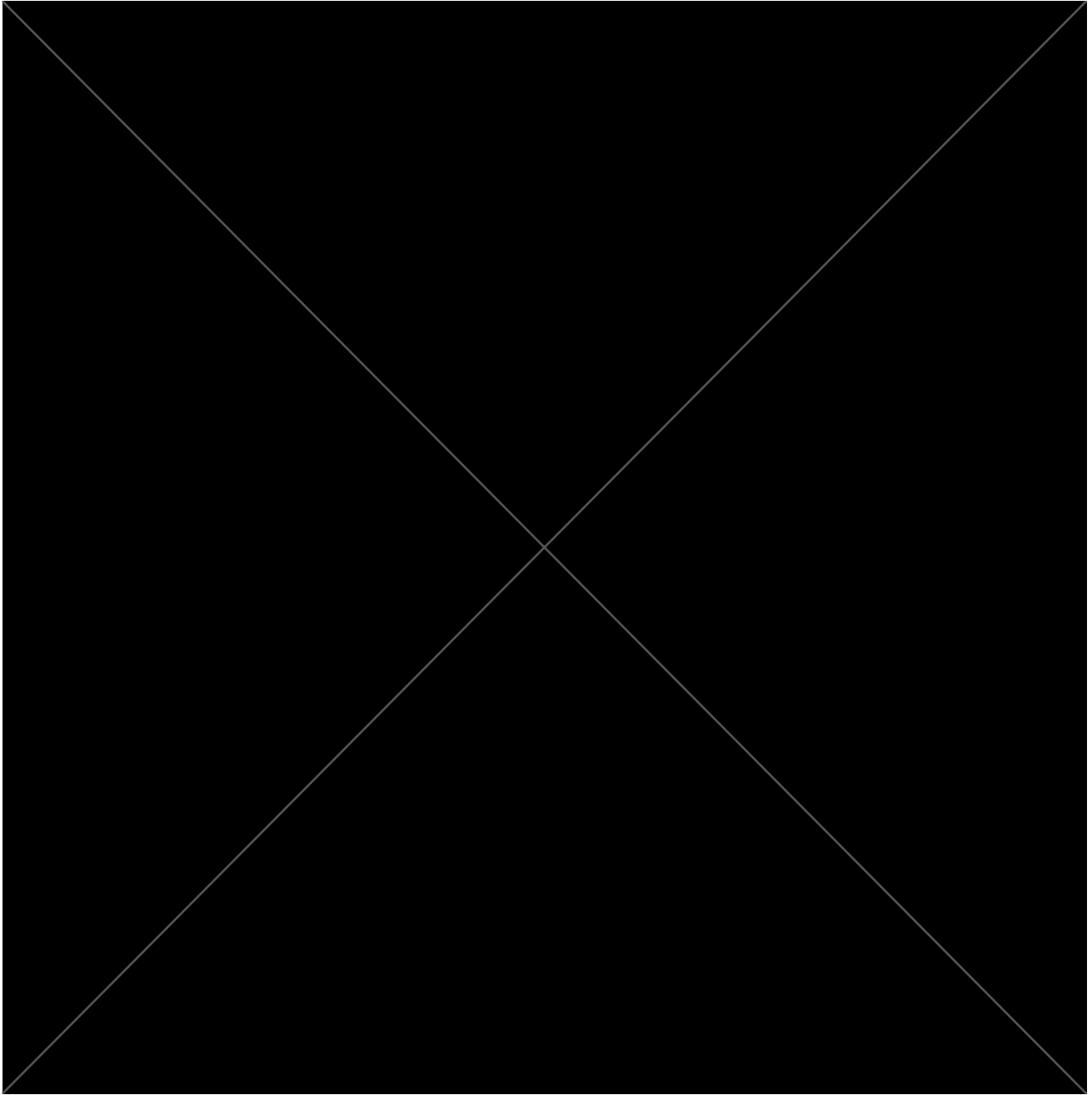












*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

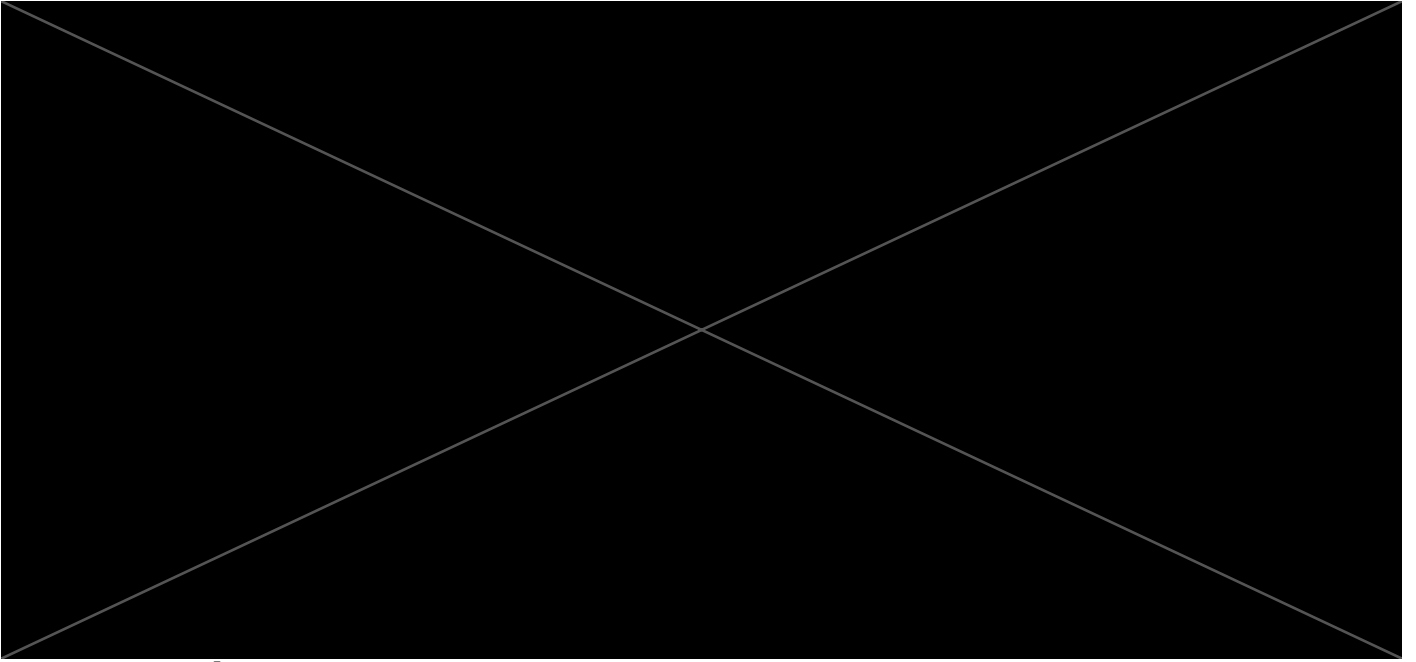
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Printed Name of Verifying Individual

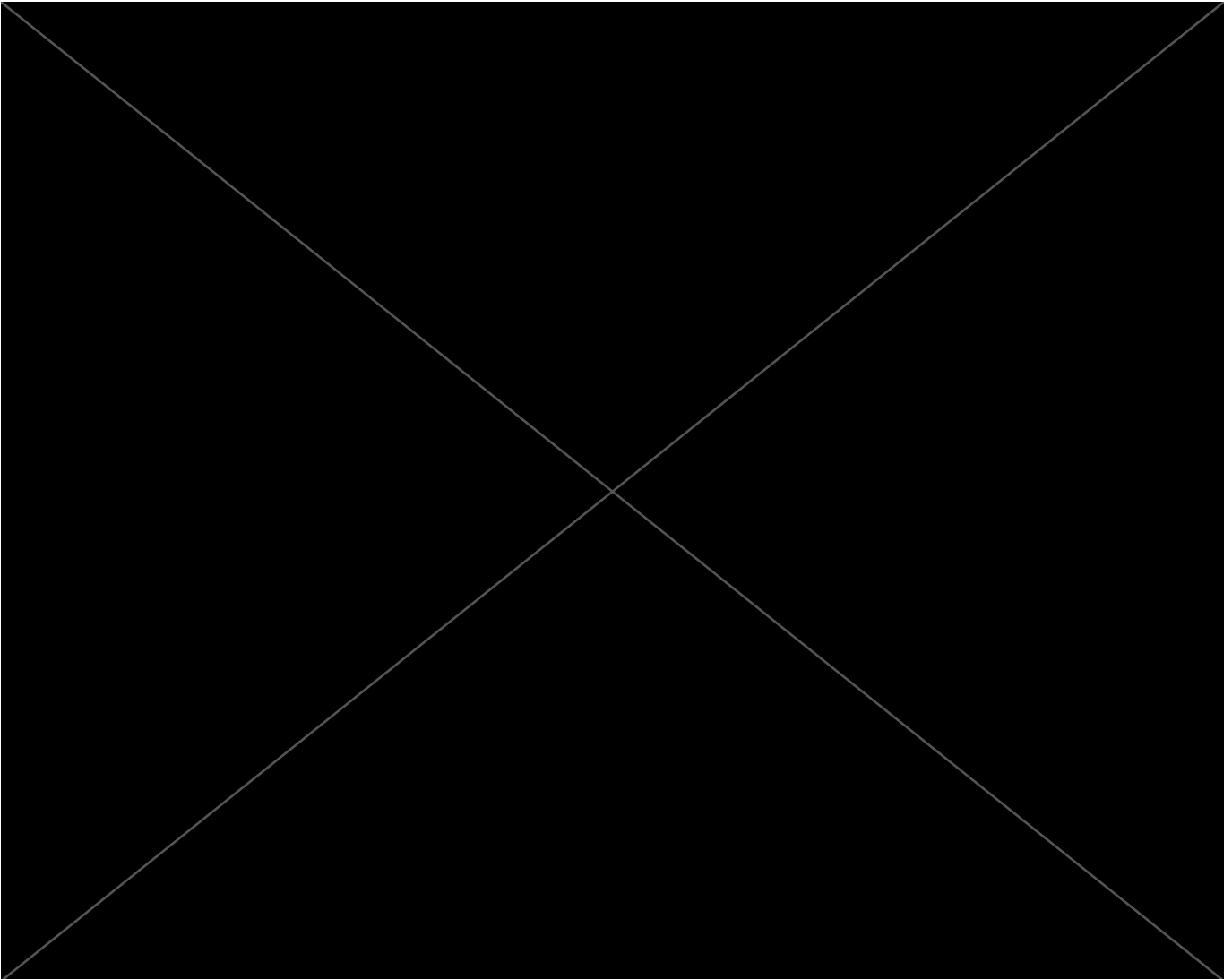
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Title of Verifying Individual

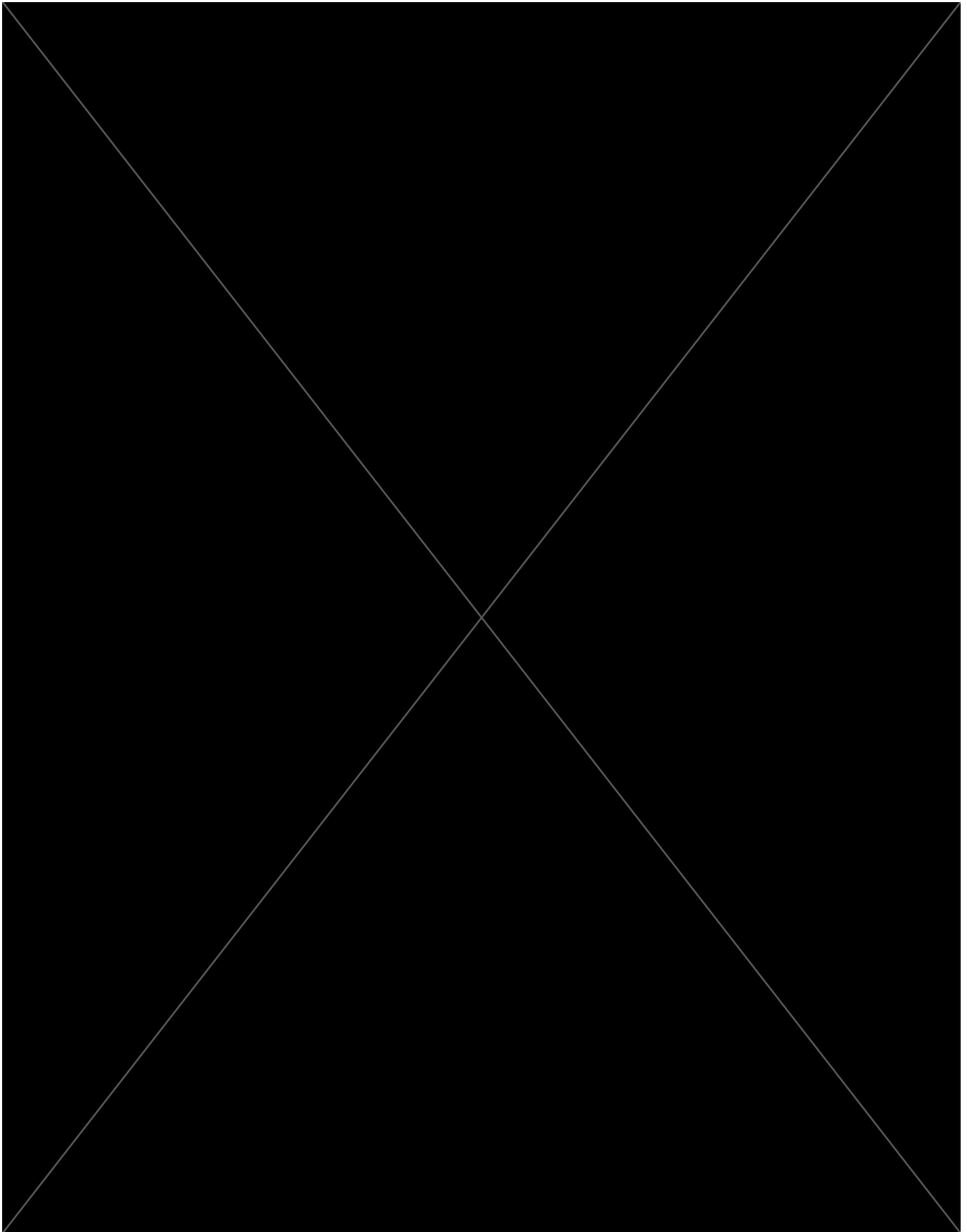
  
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Signature of Verifying Individual

12/26/22  
\_\_\_\_\_  
Verification Date

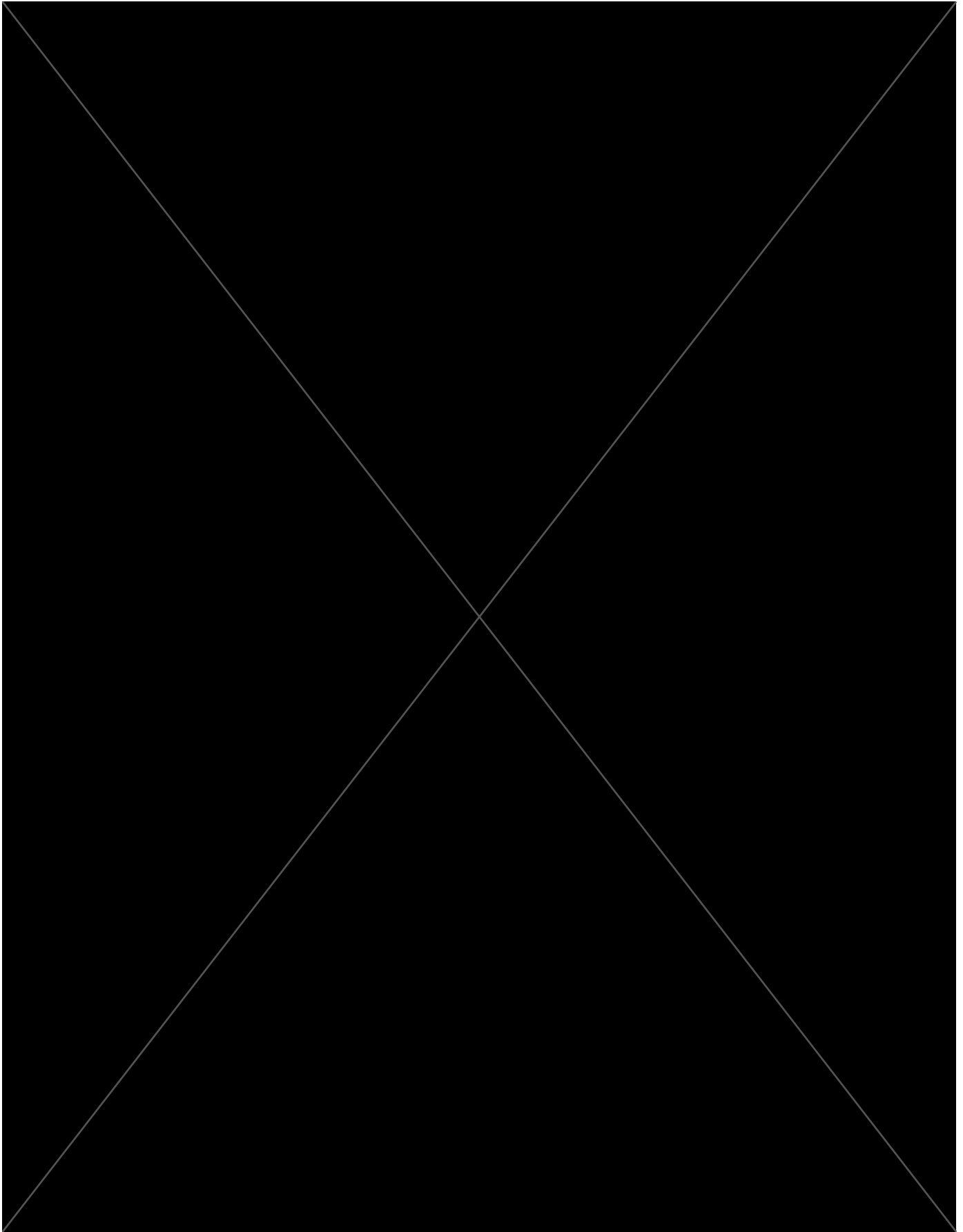


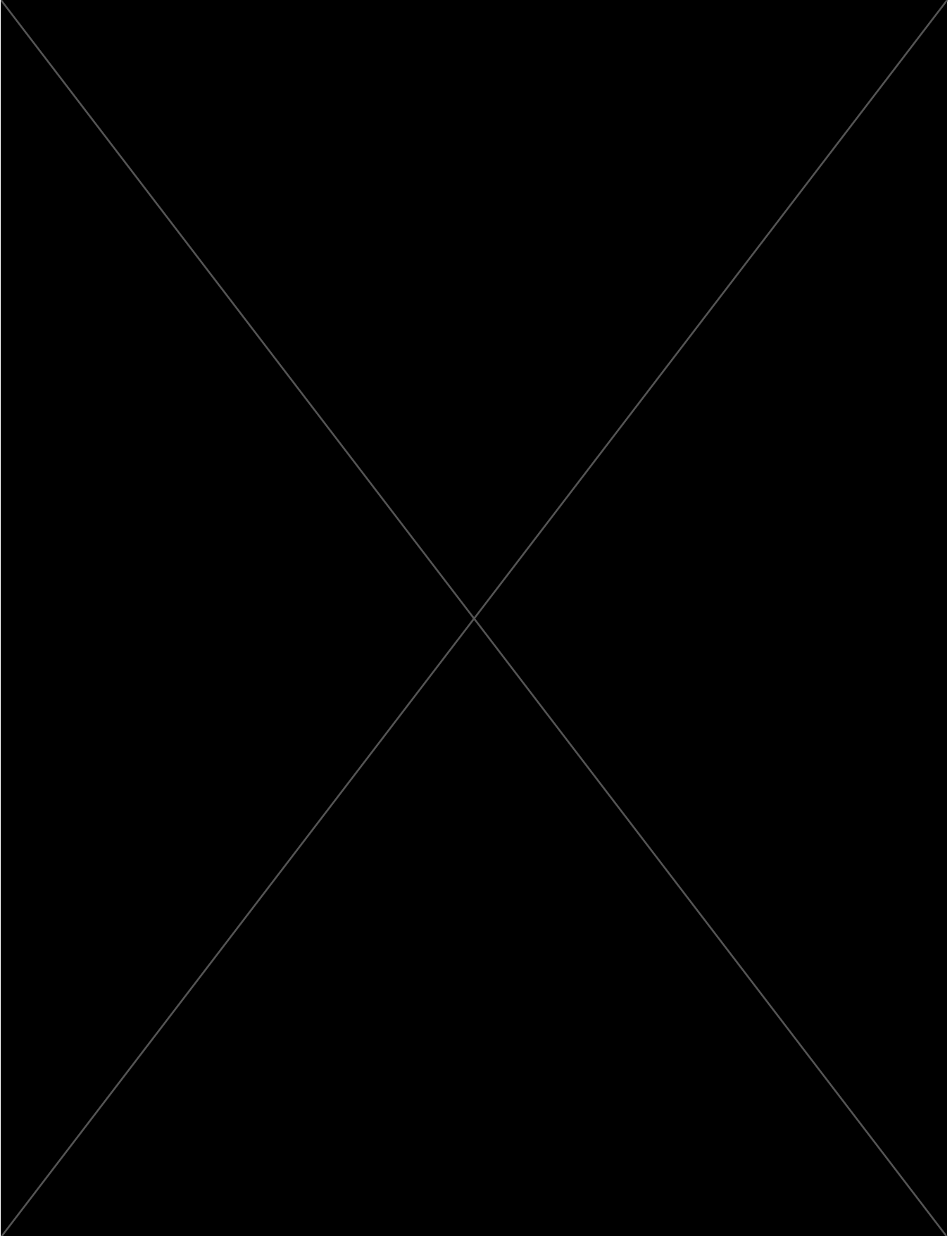
**19.1 - IT Plan**

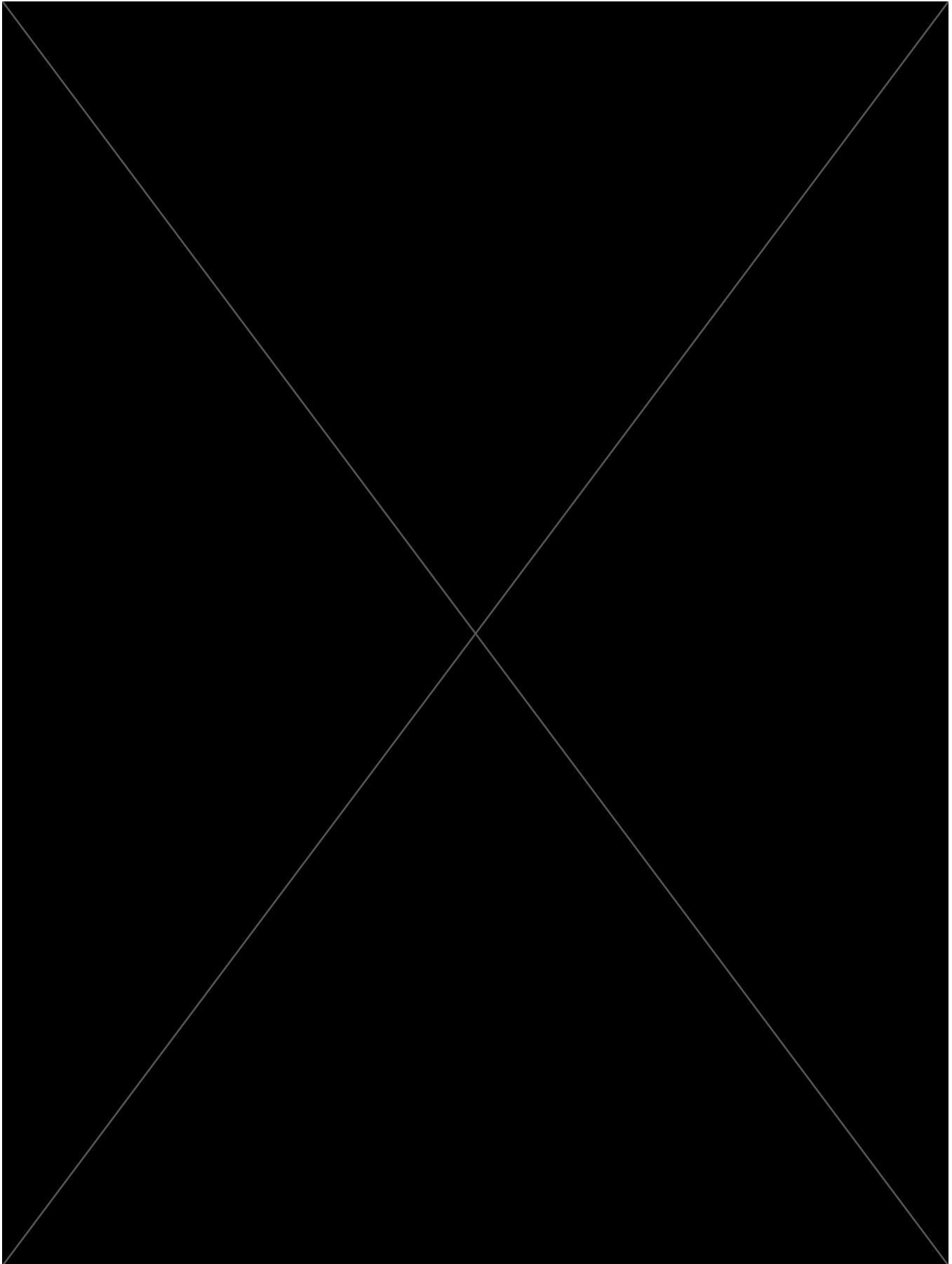


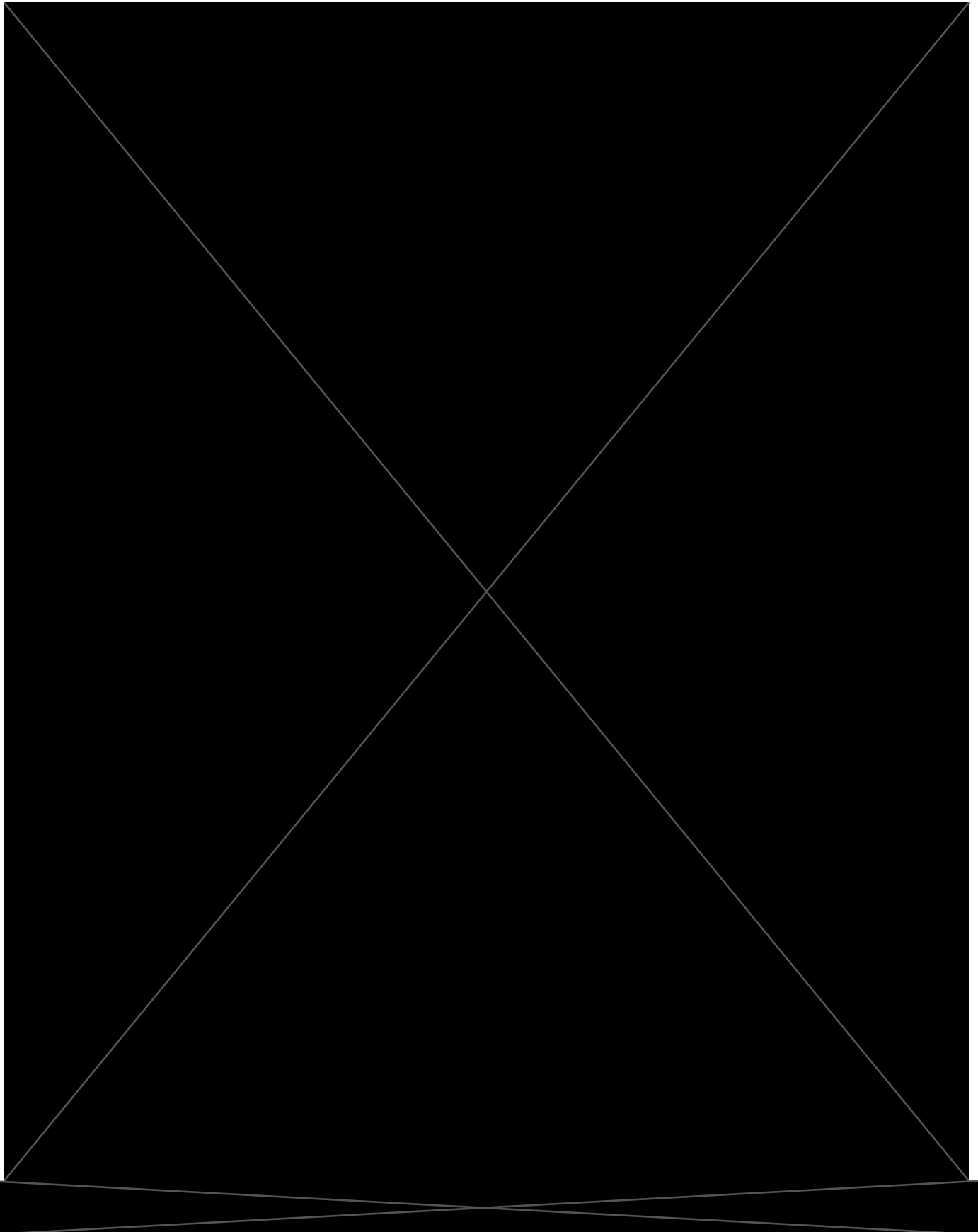


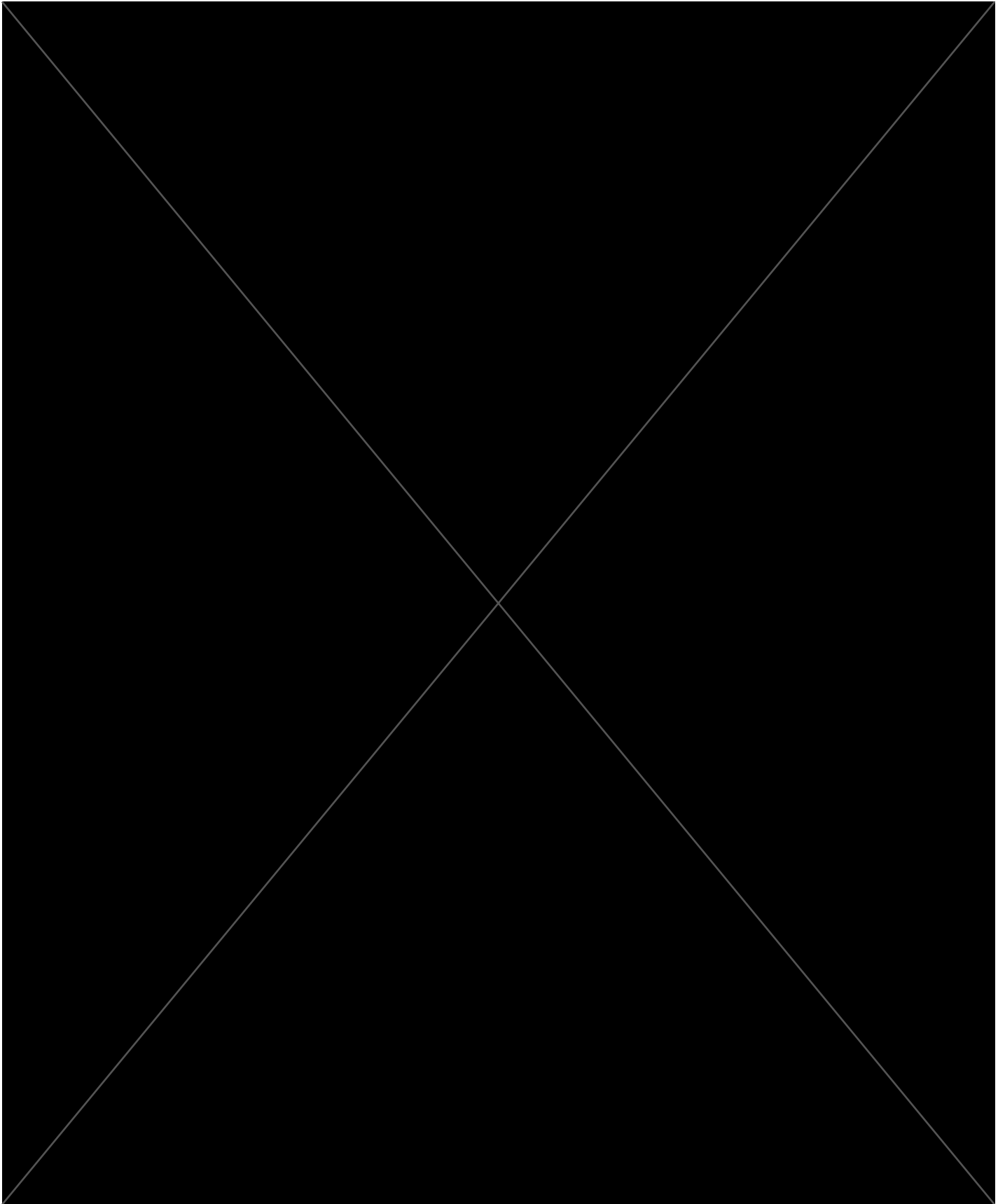


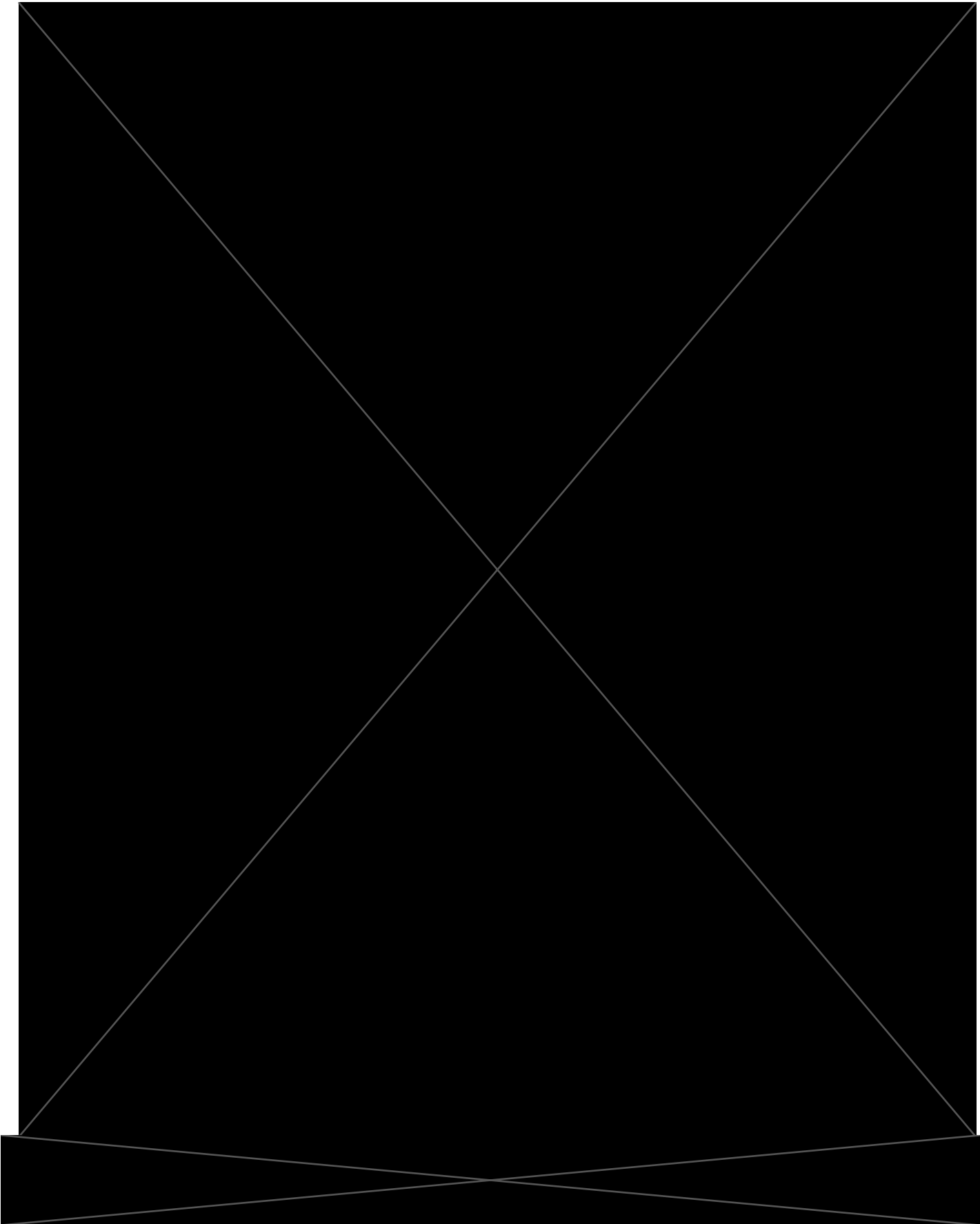


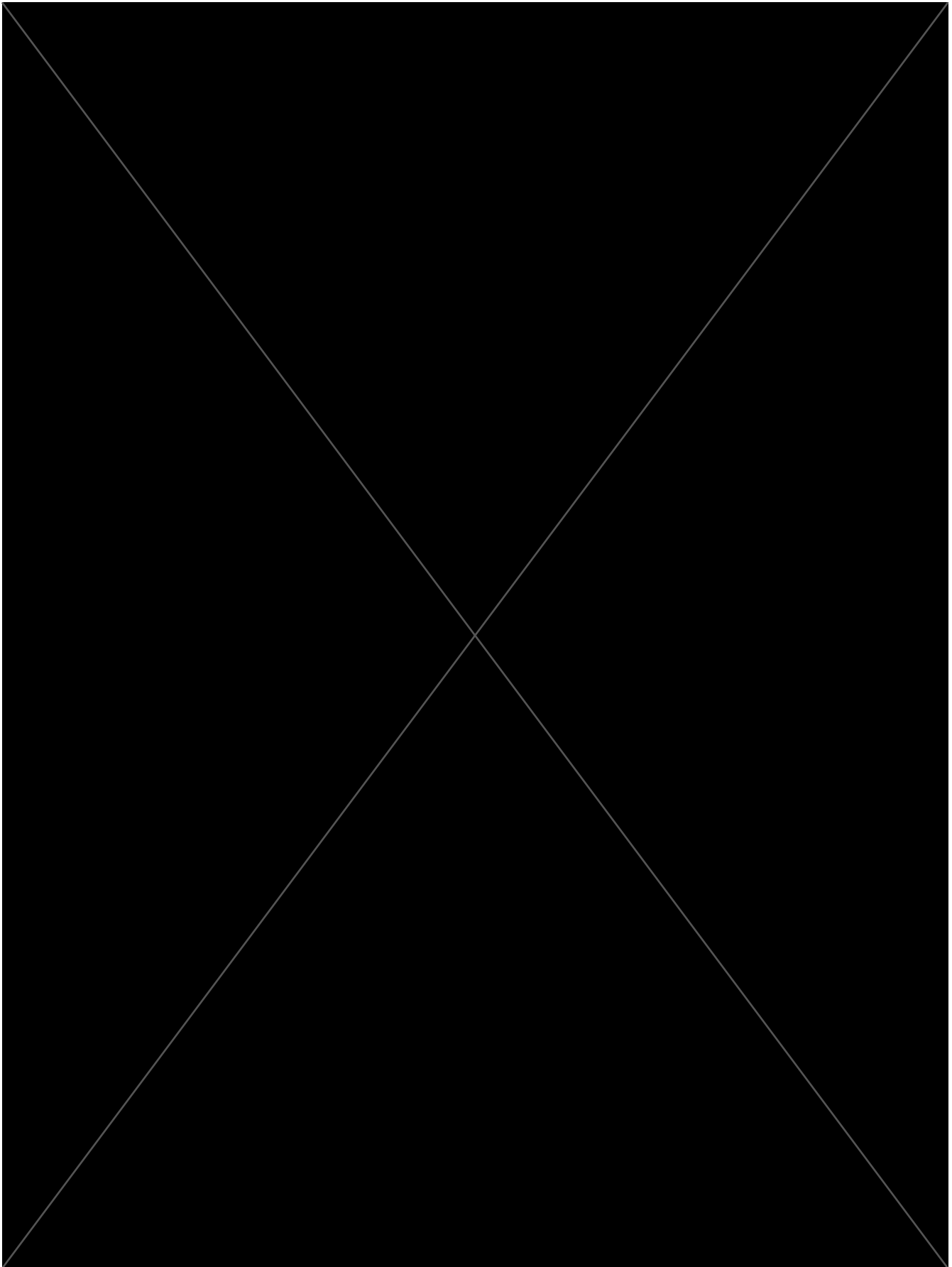


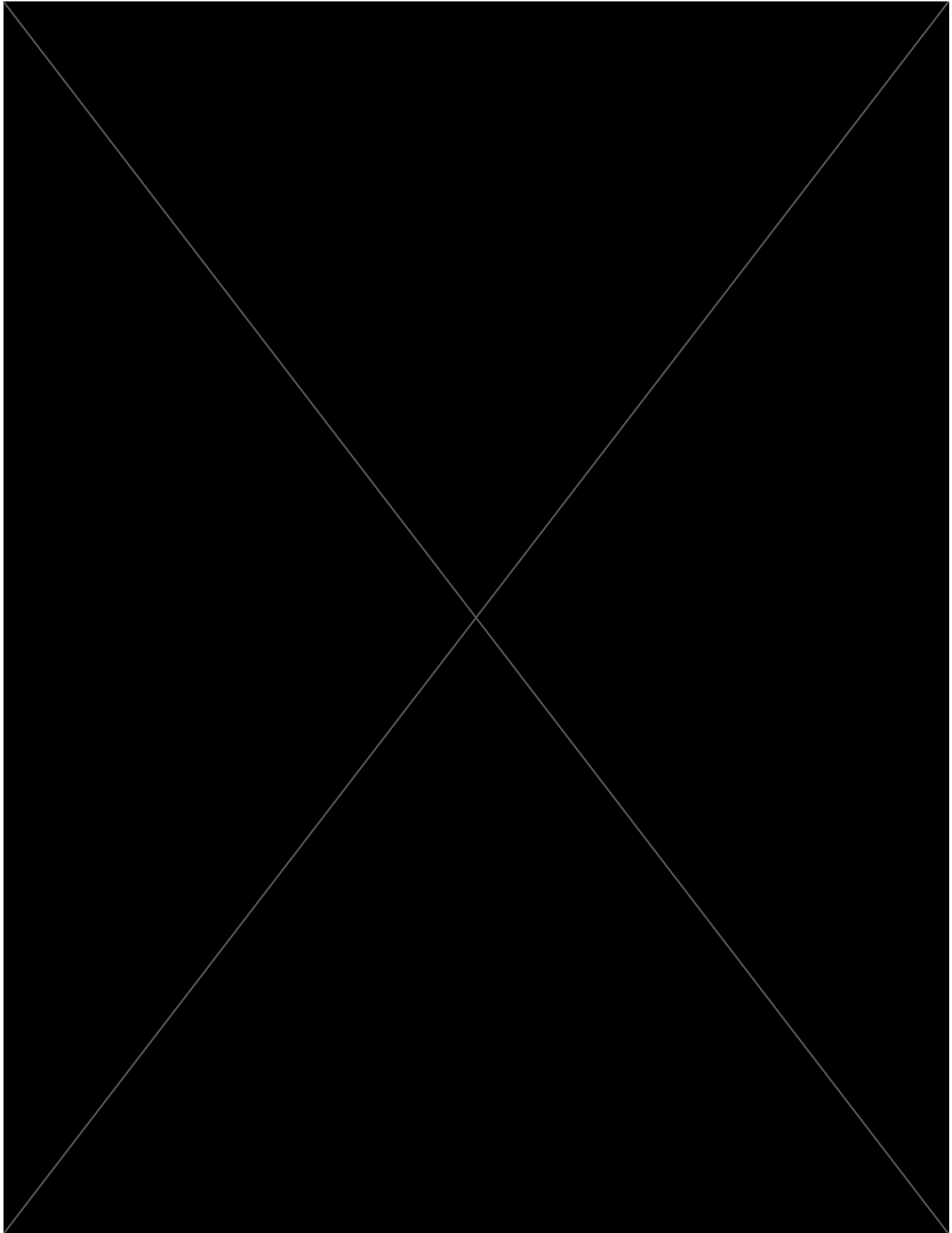




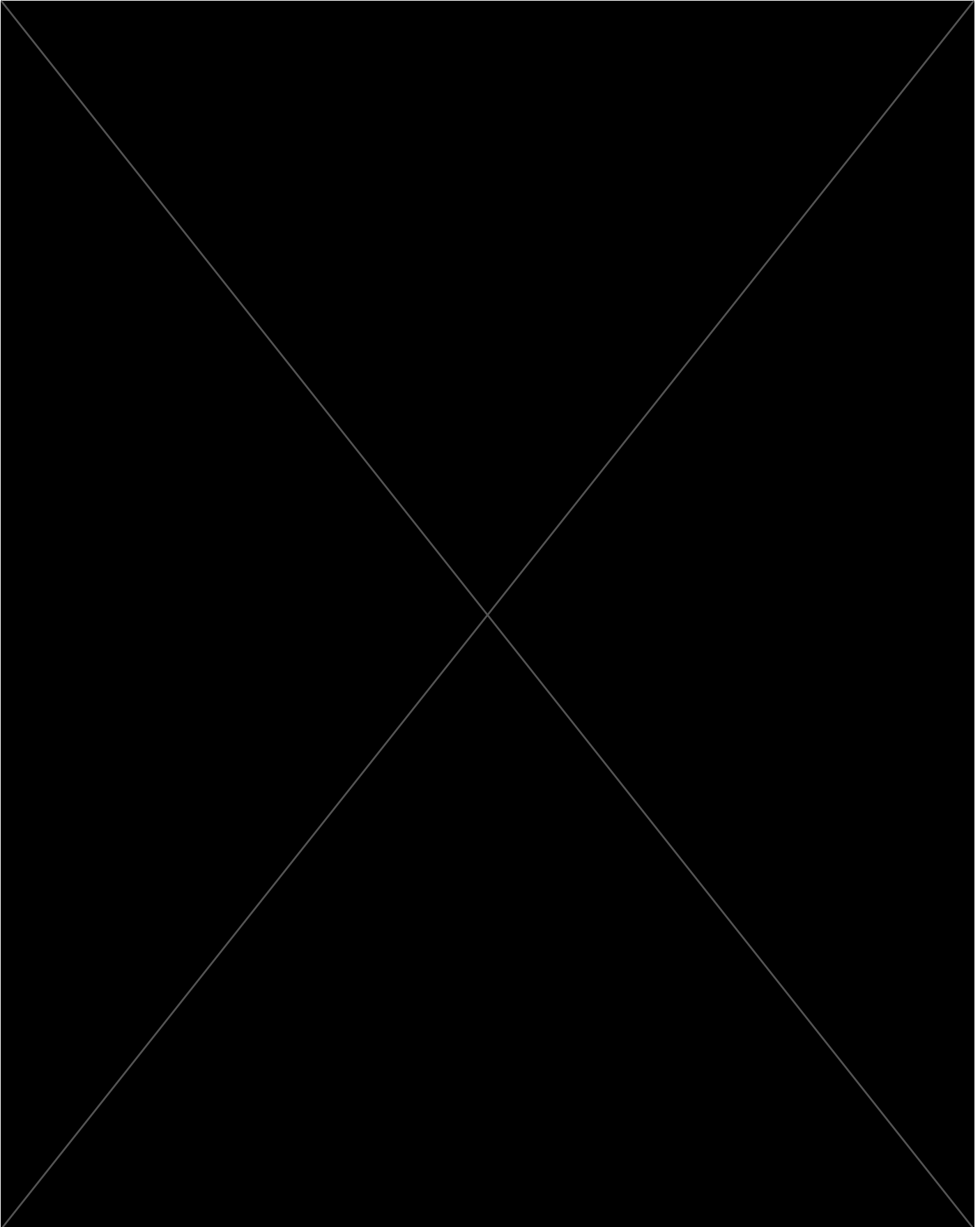


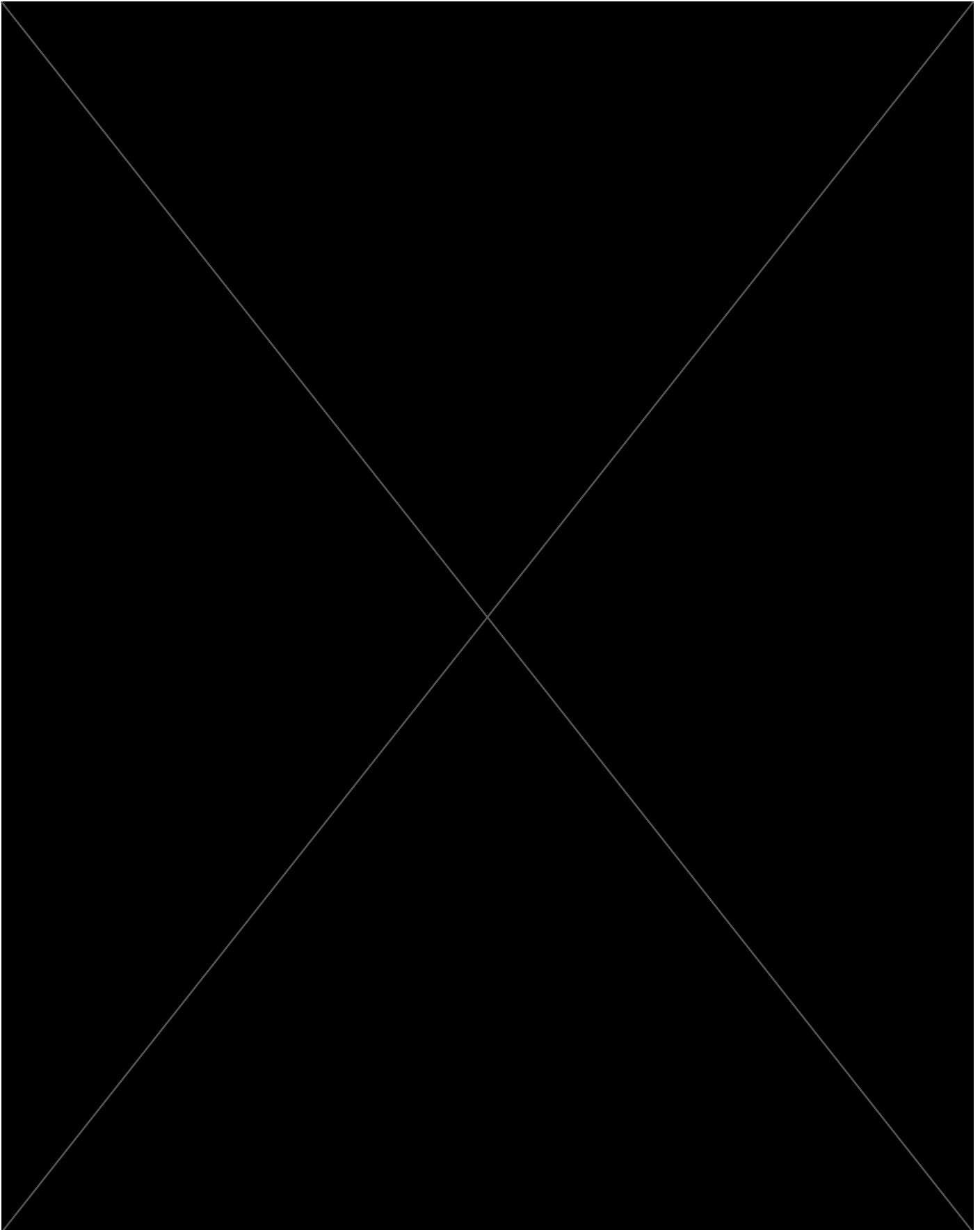


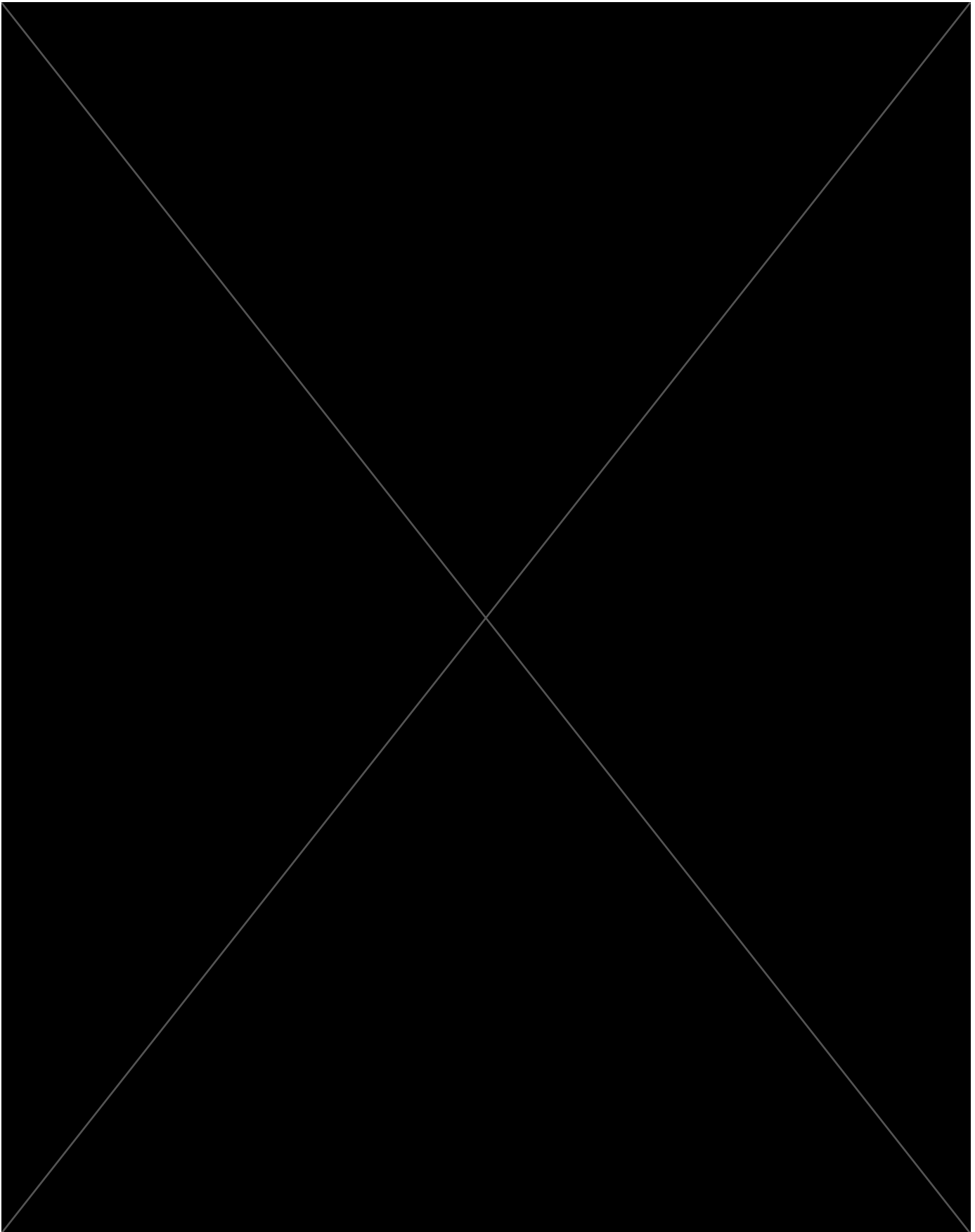


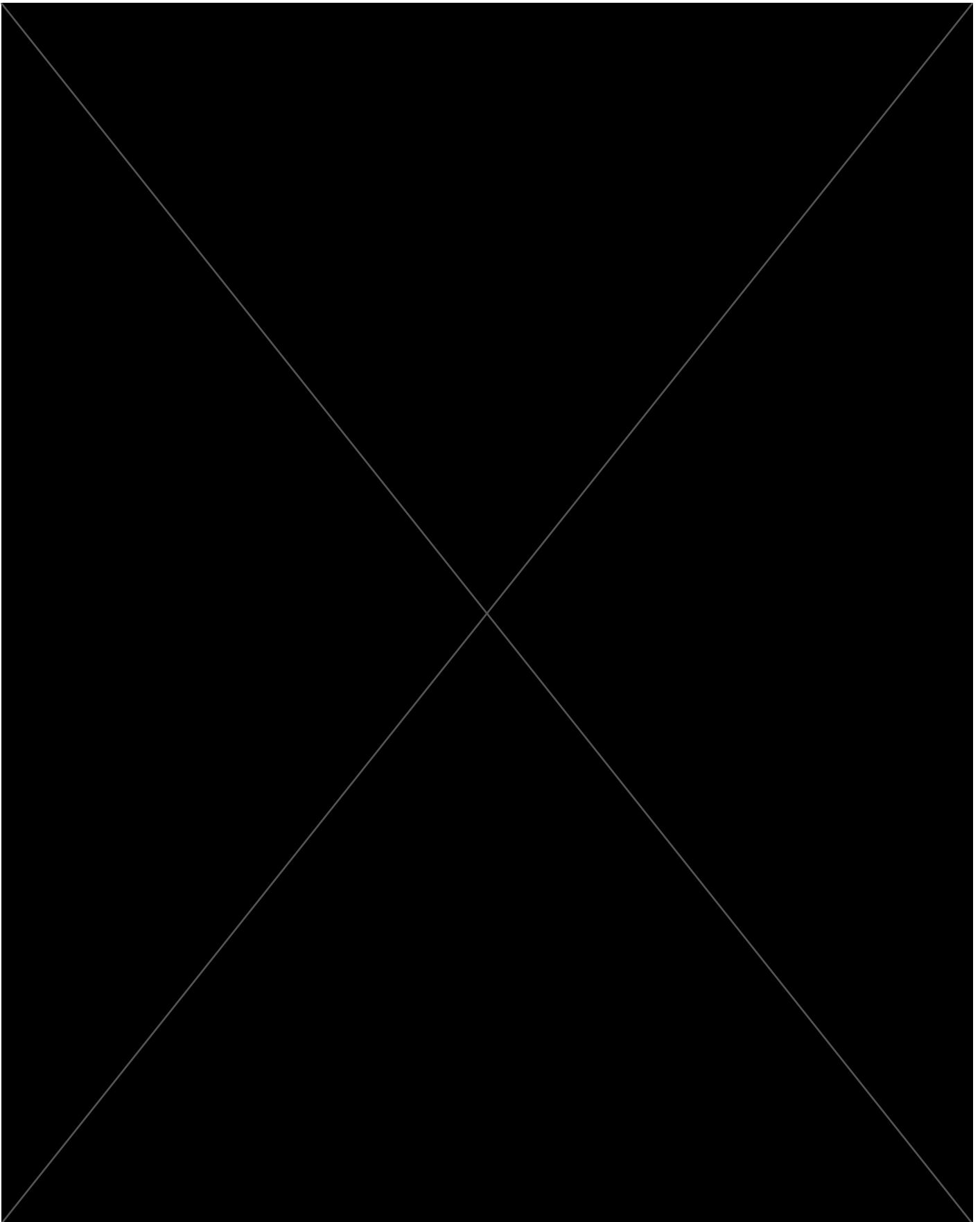


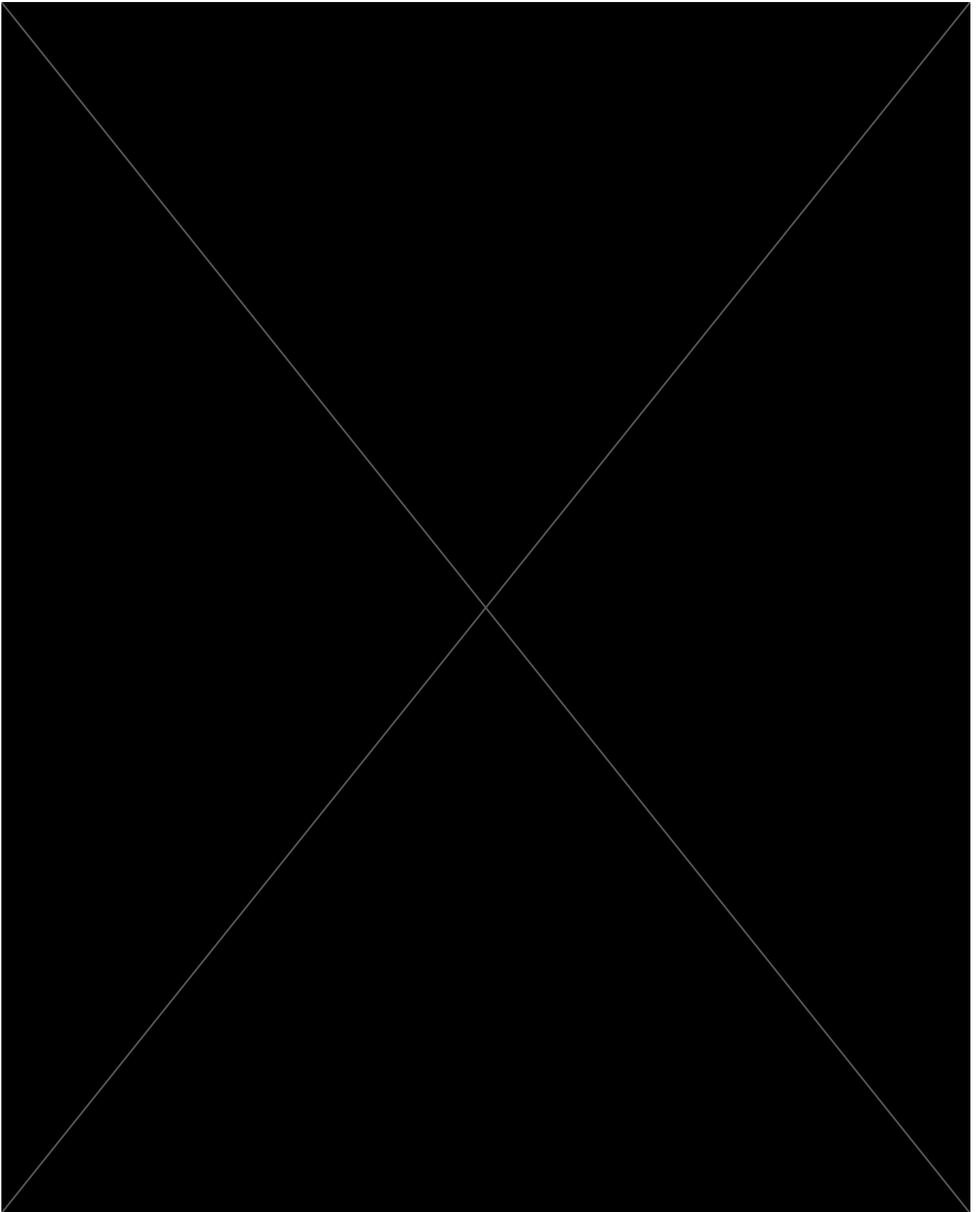


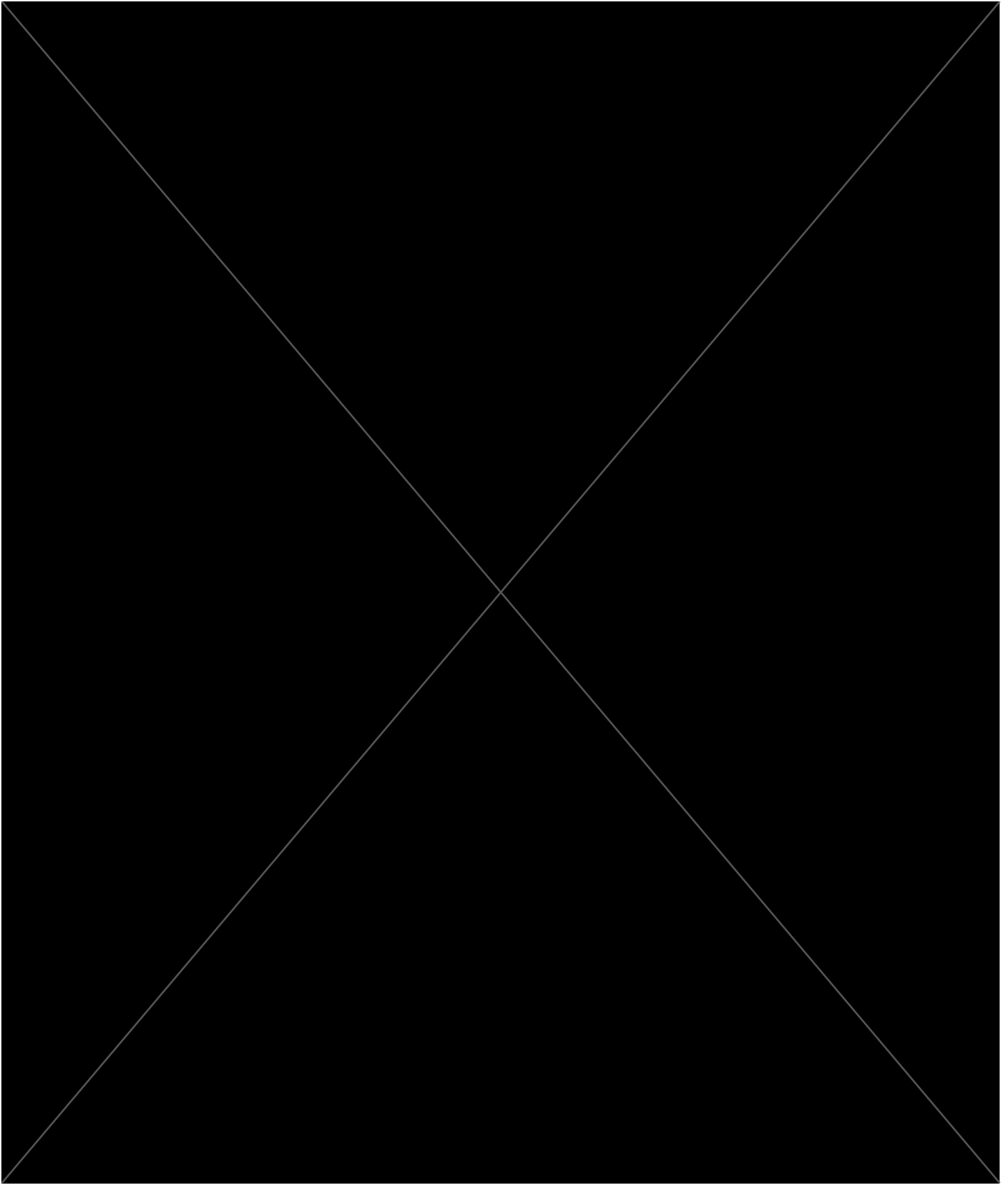


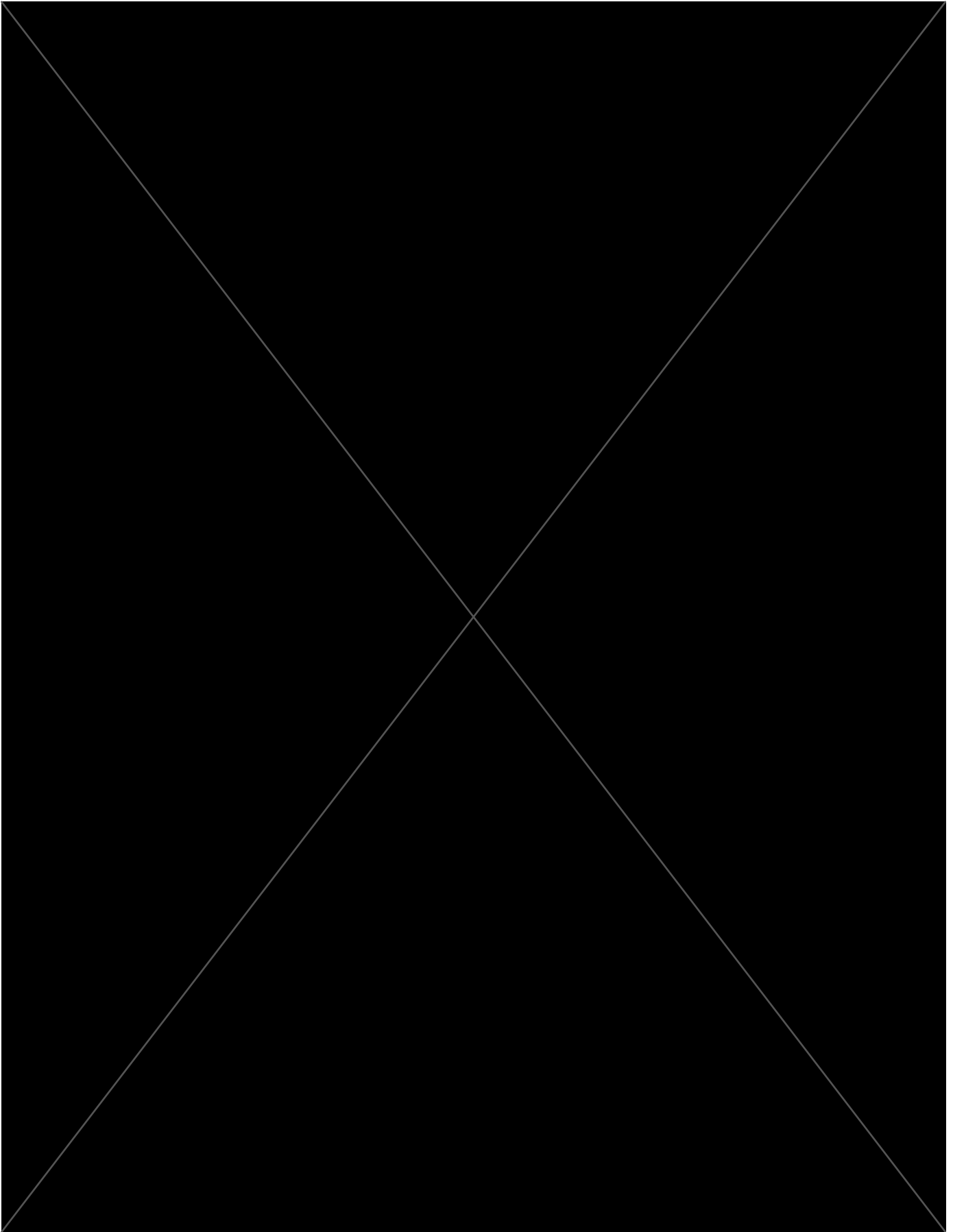


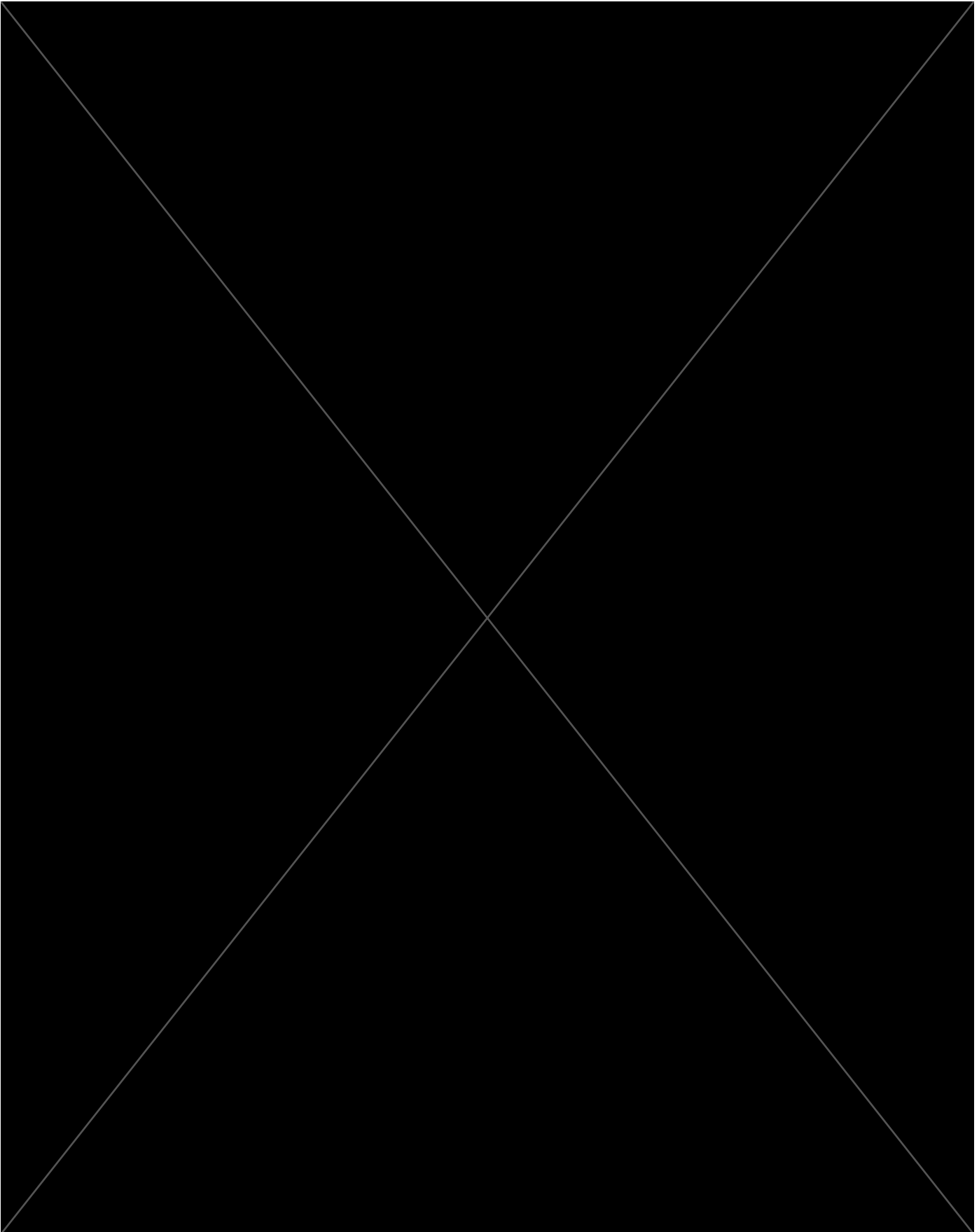




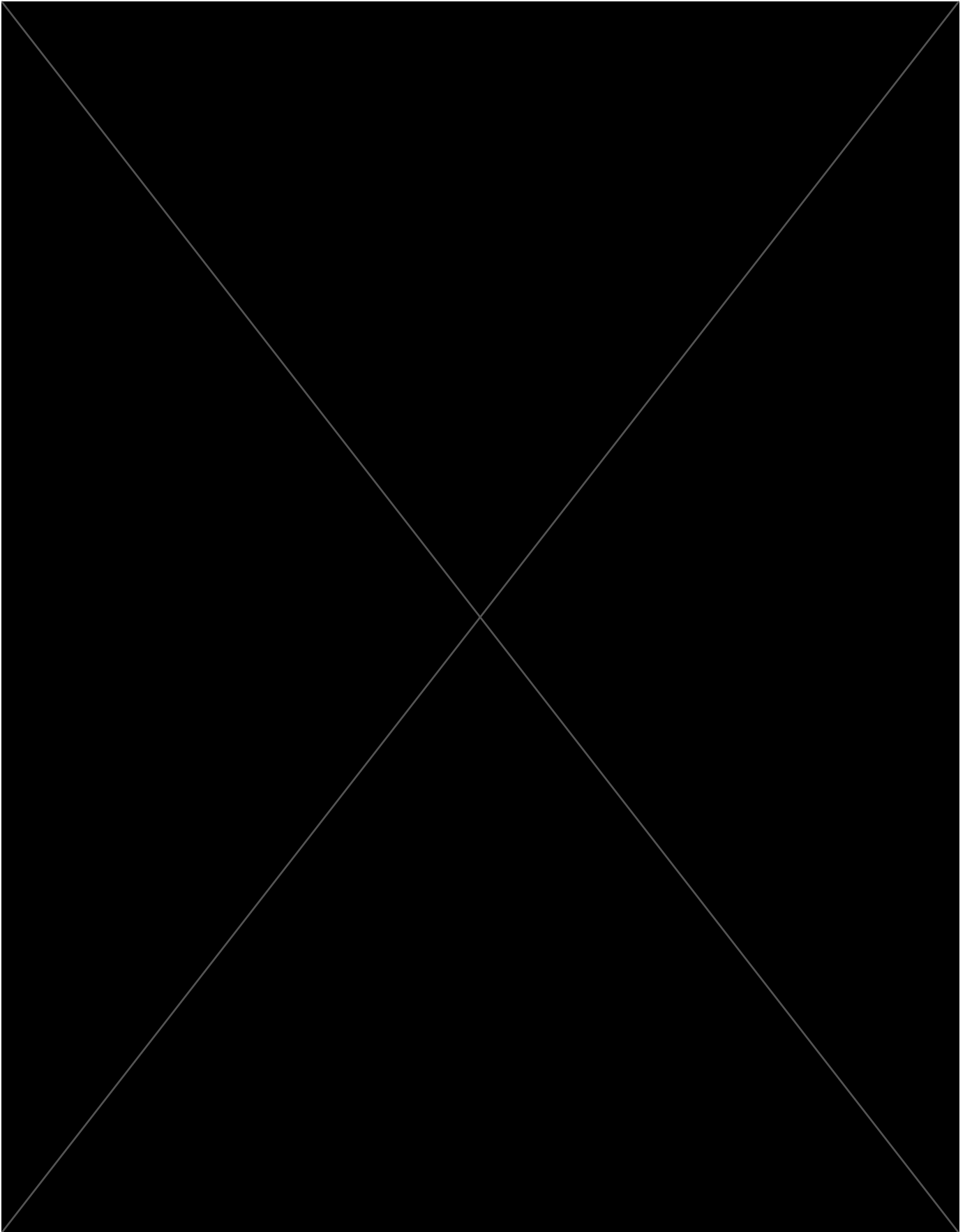


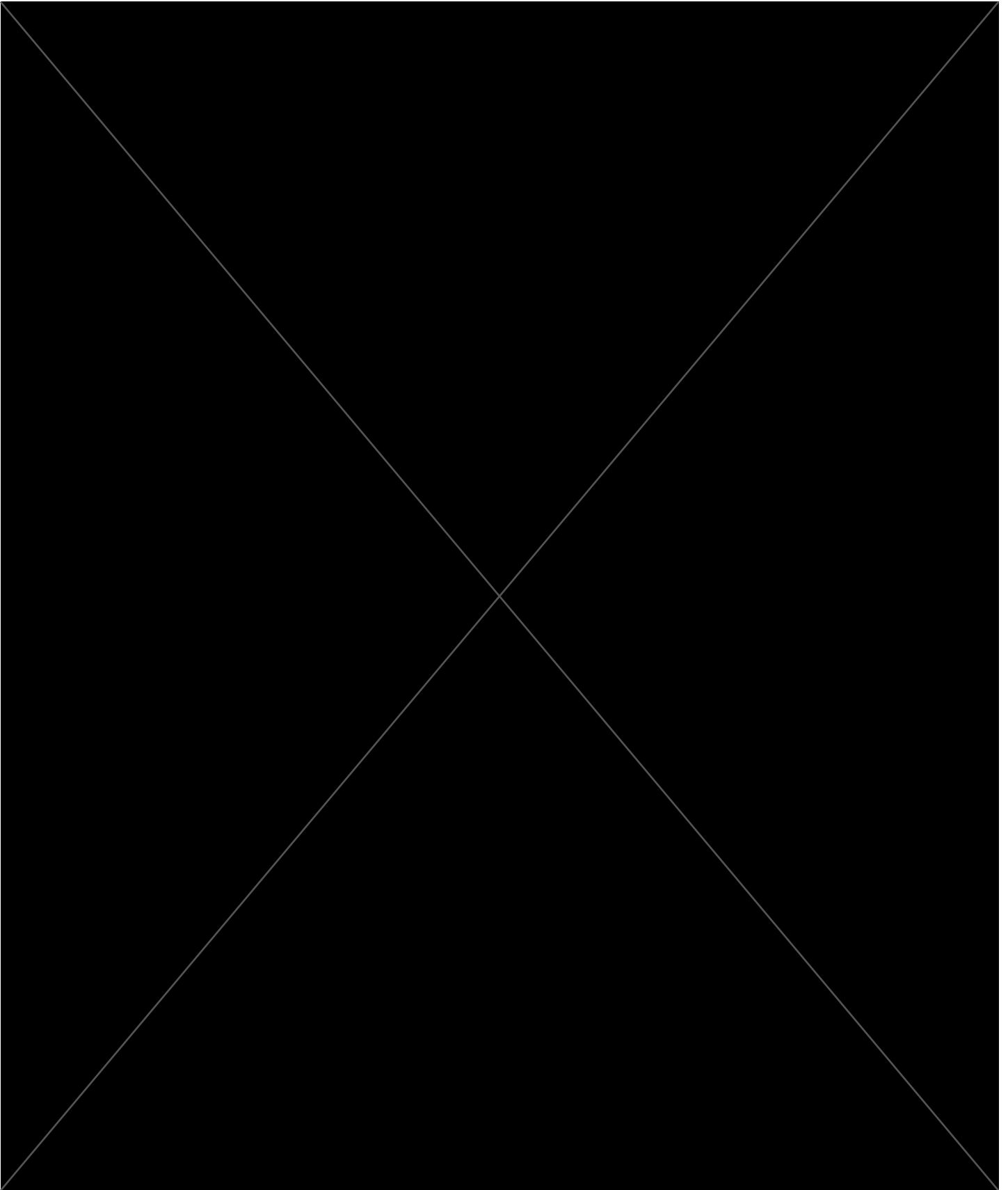


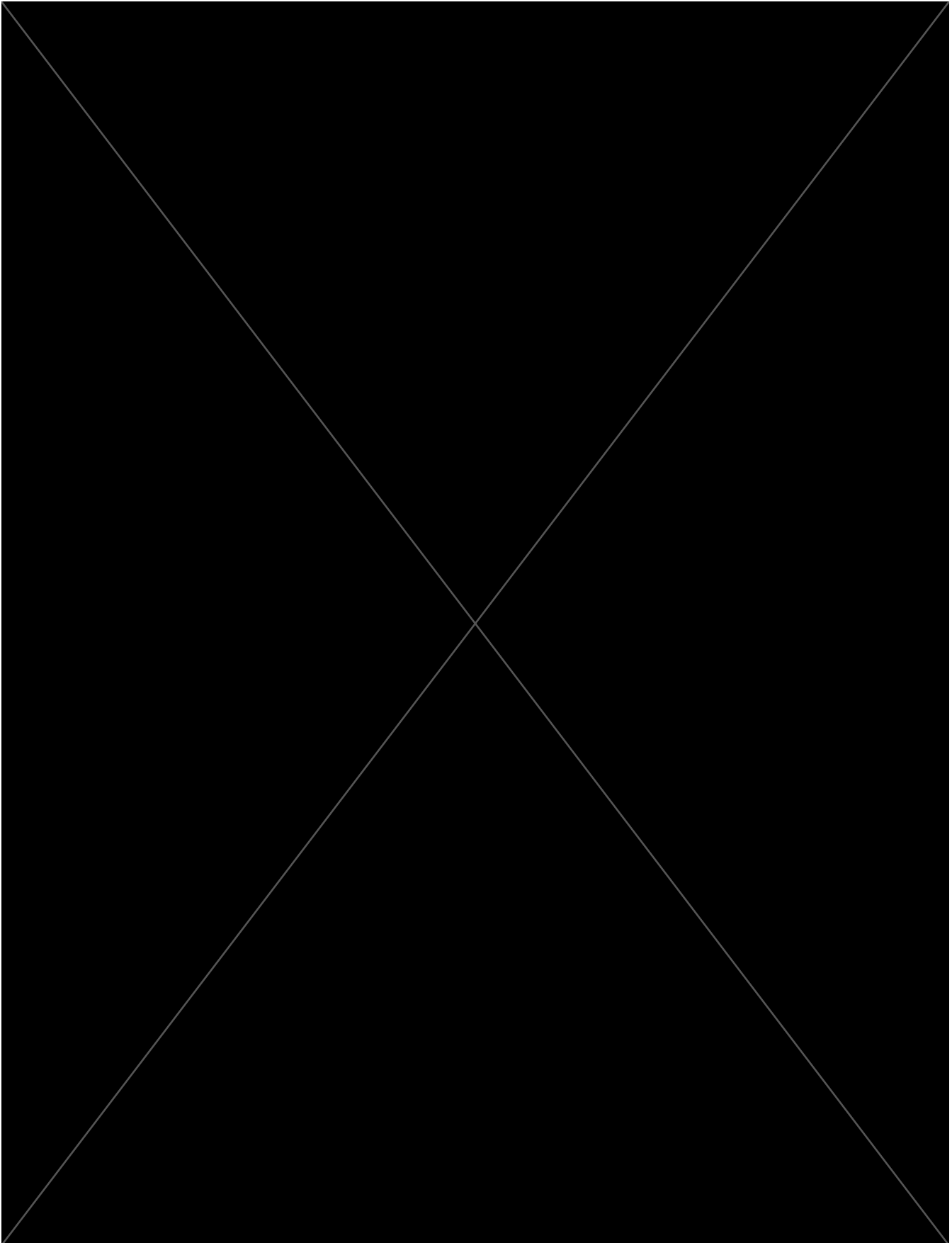


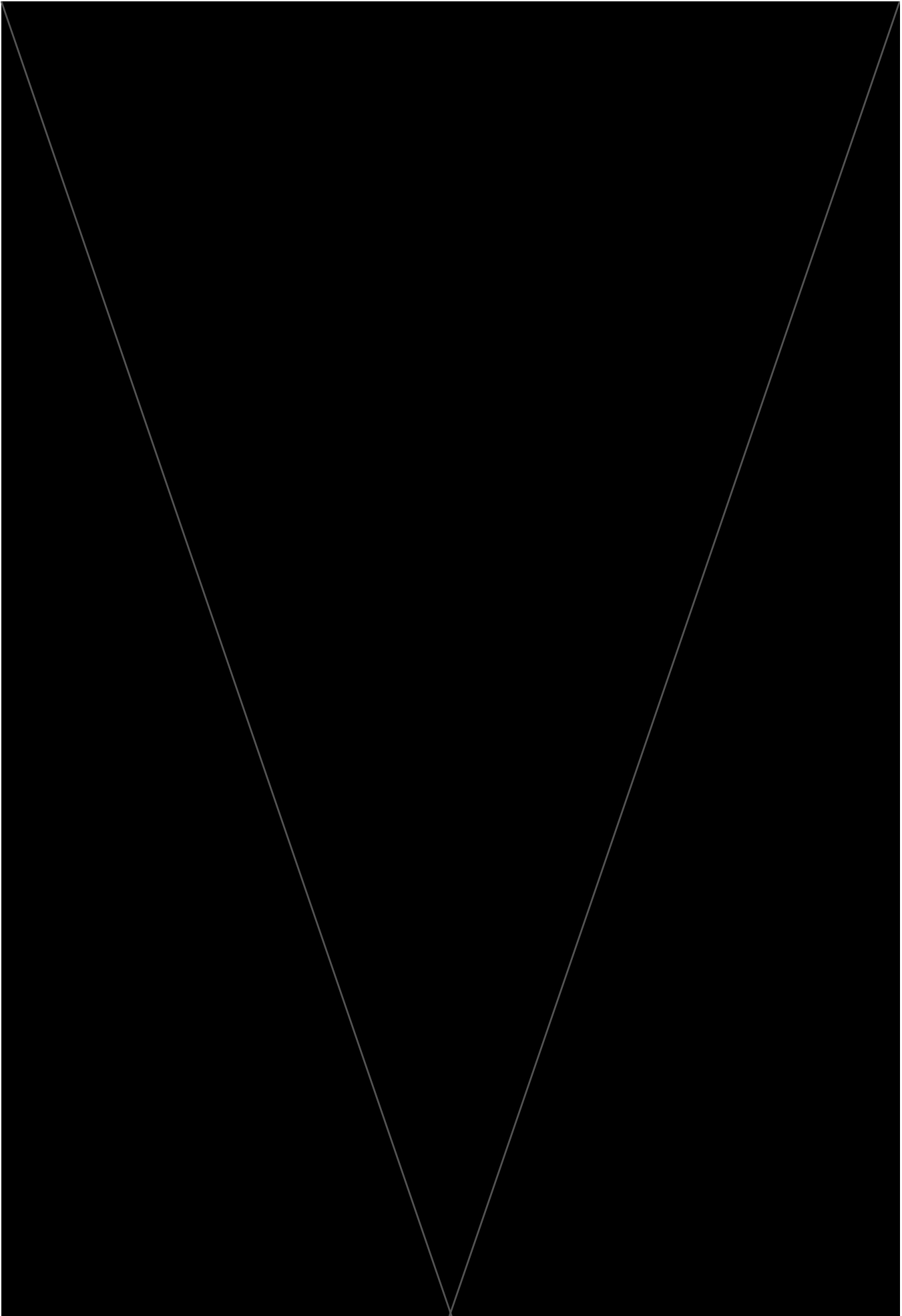


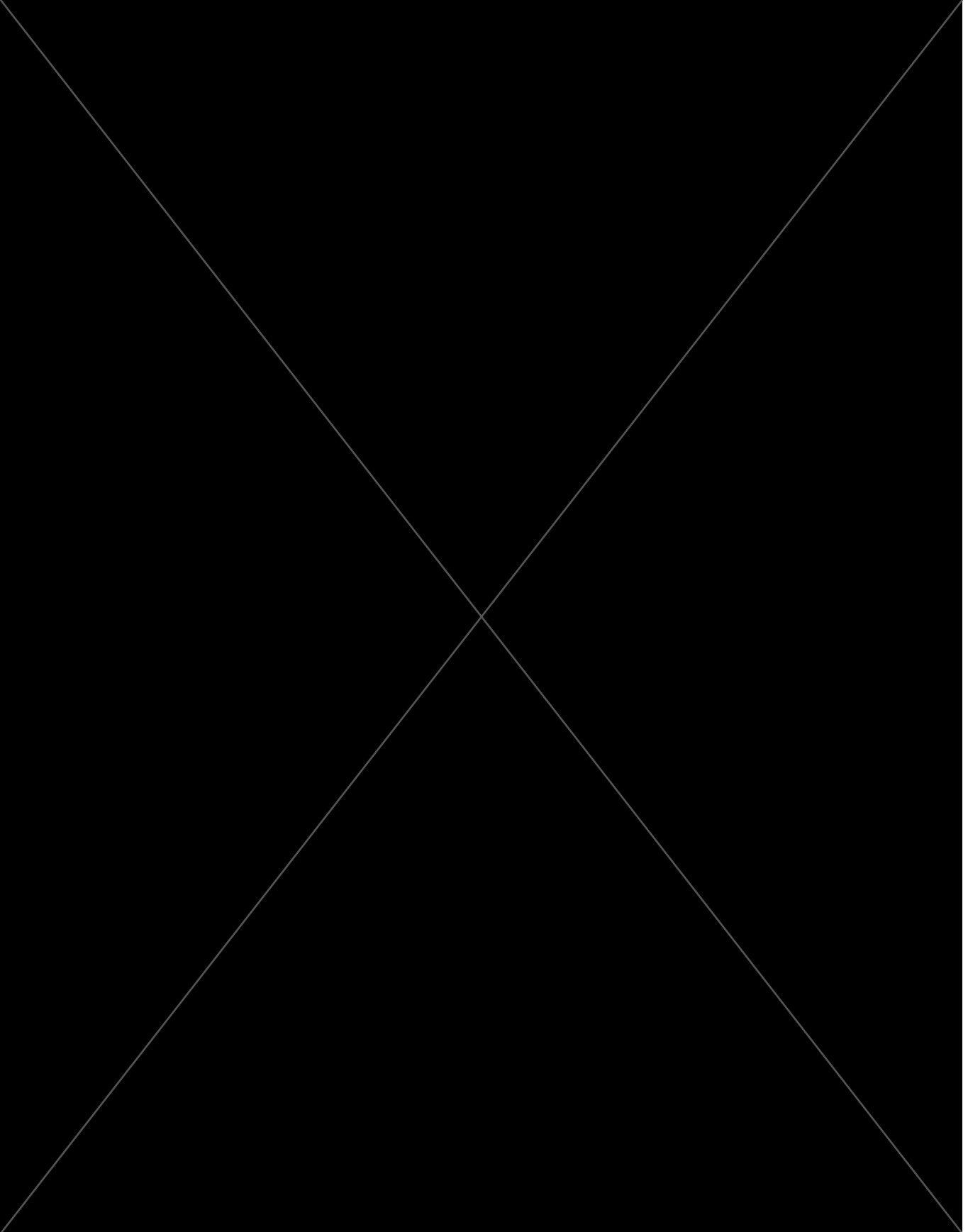


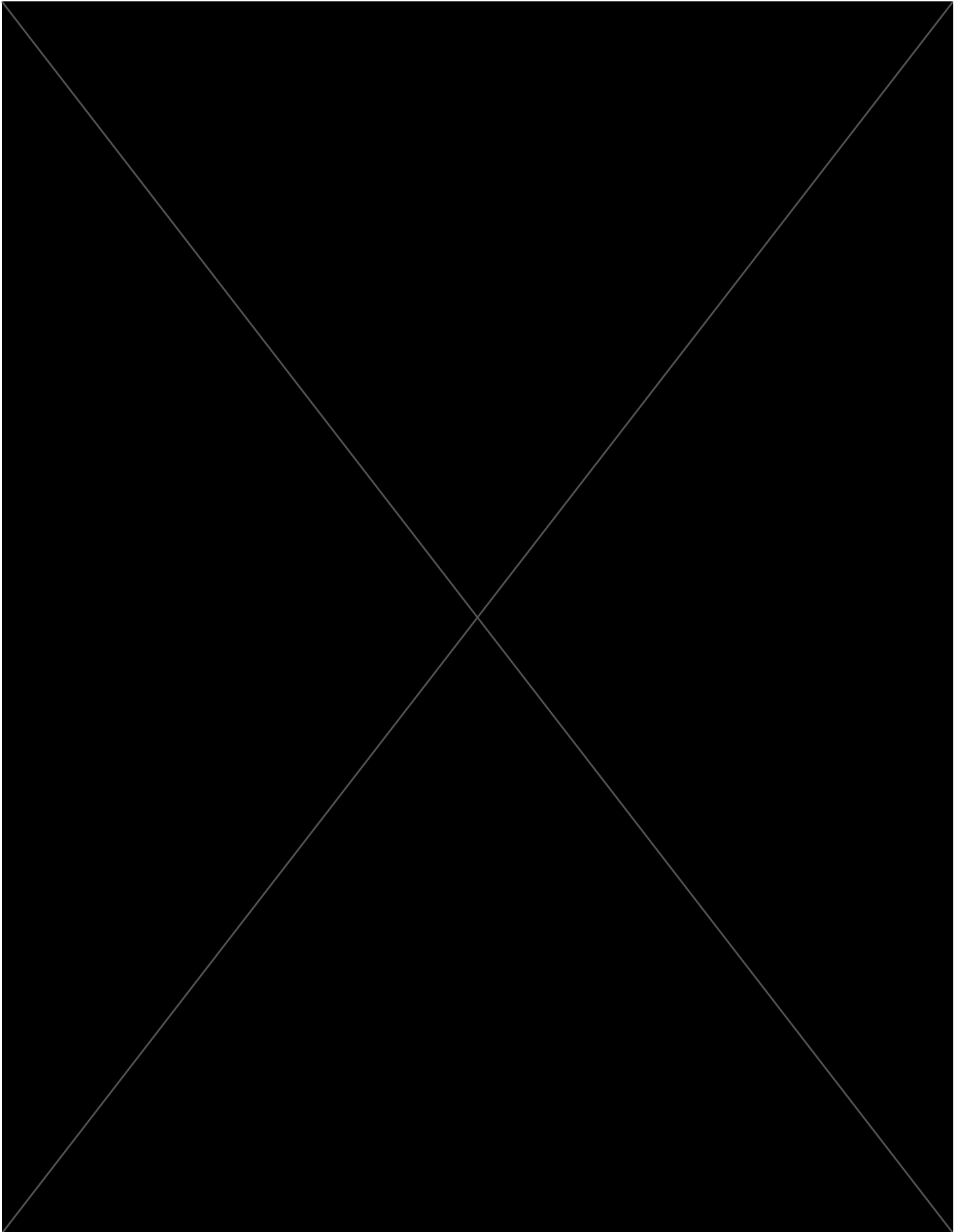


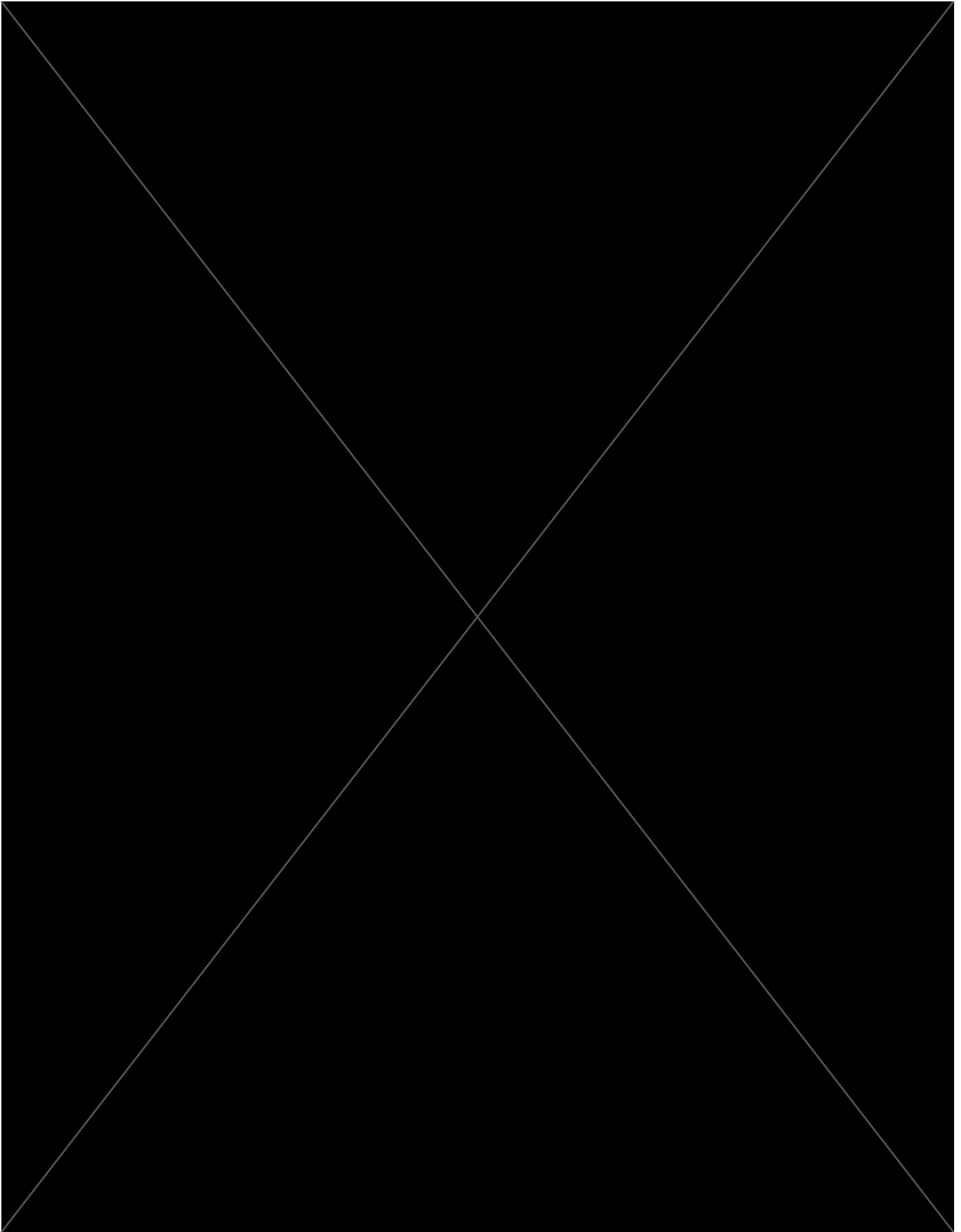


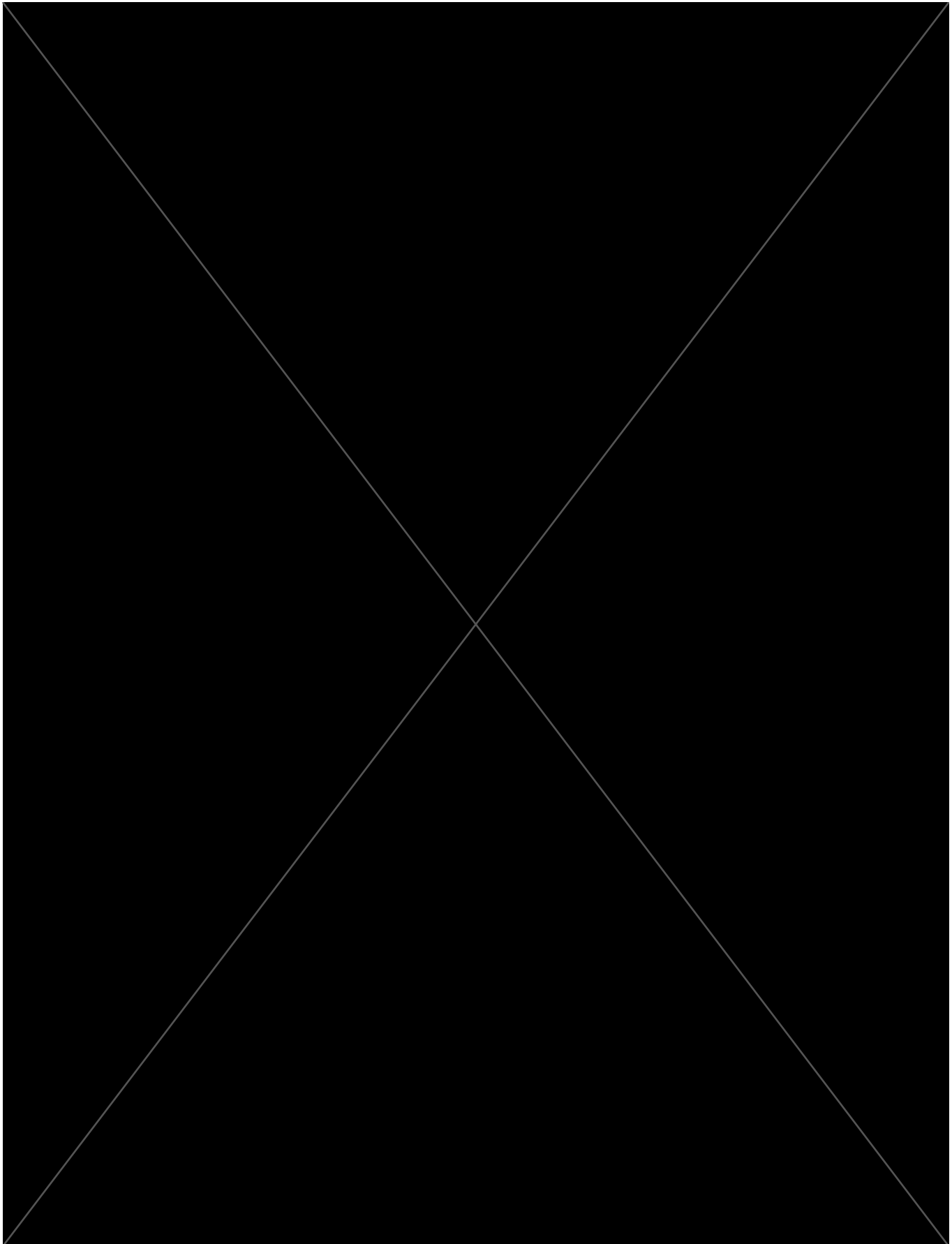




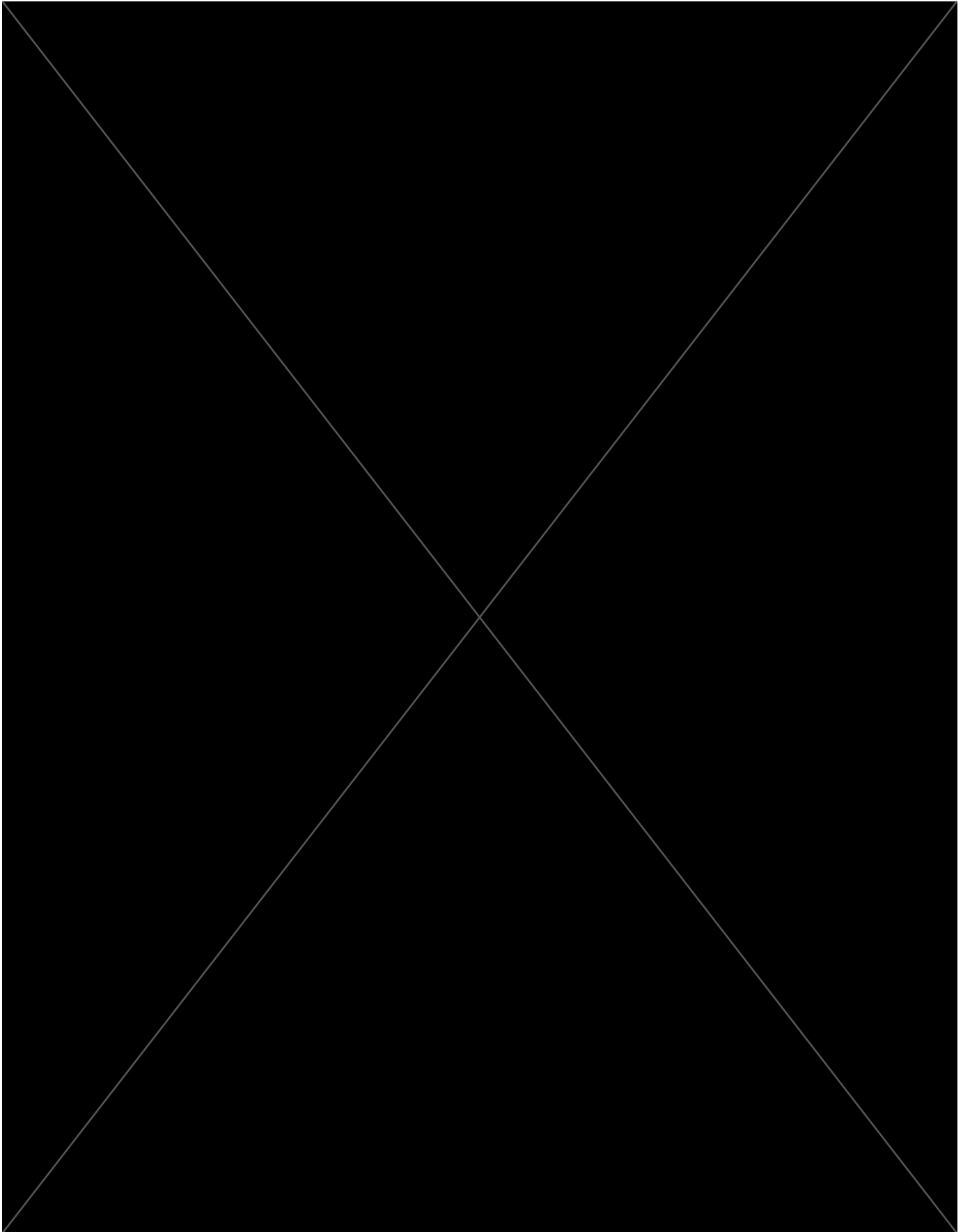


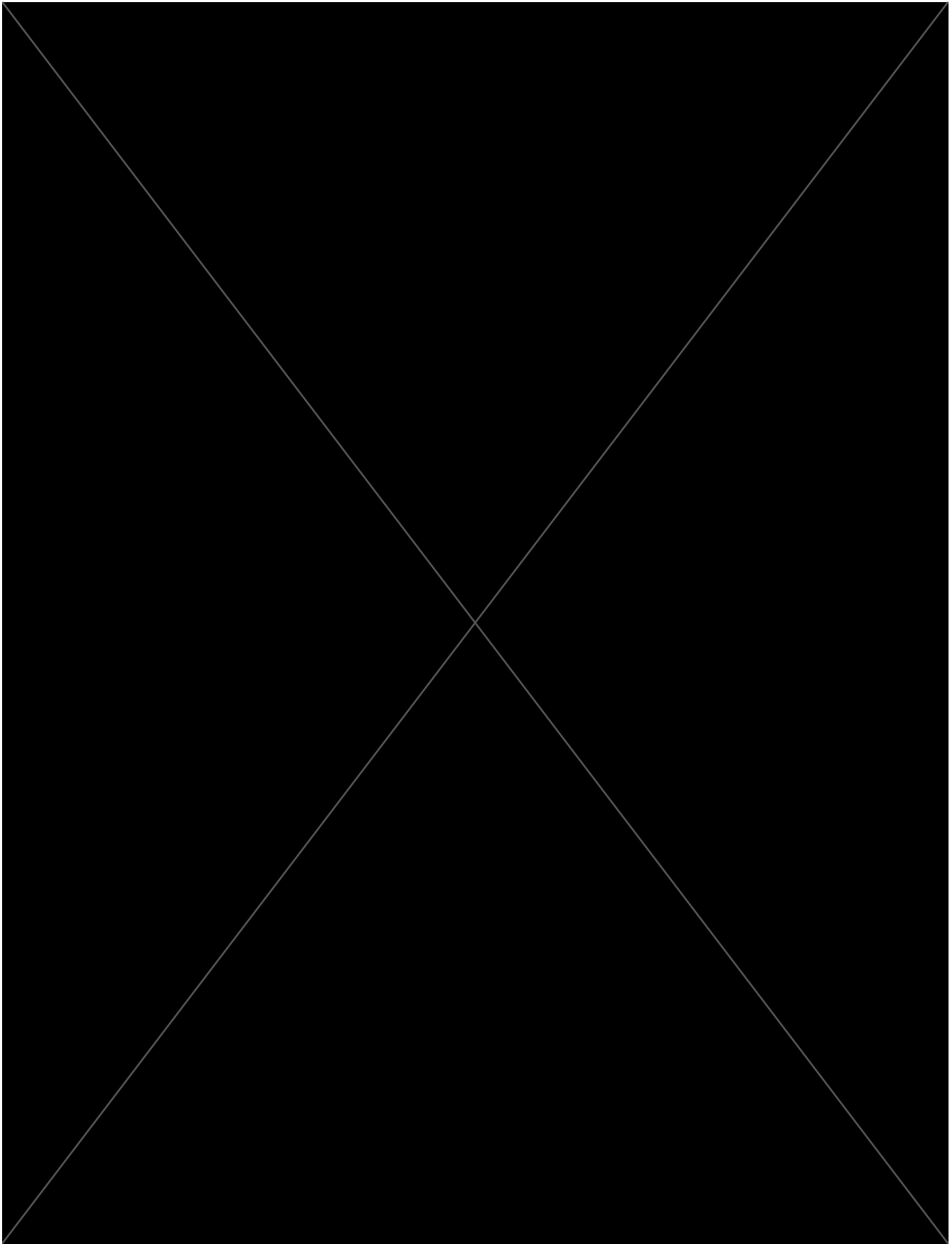


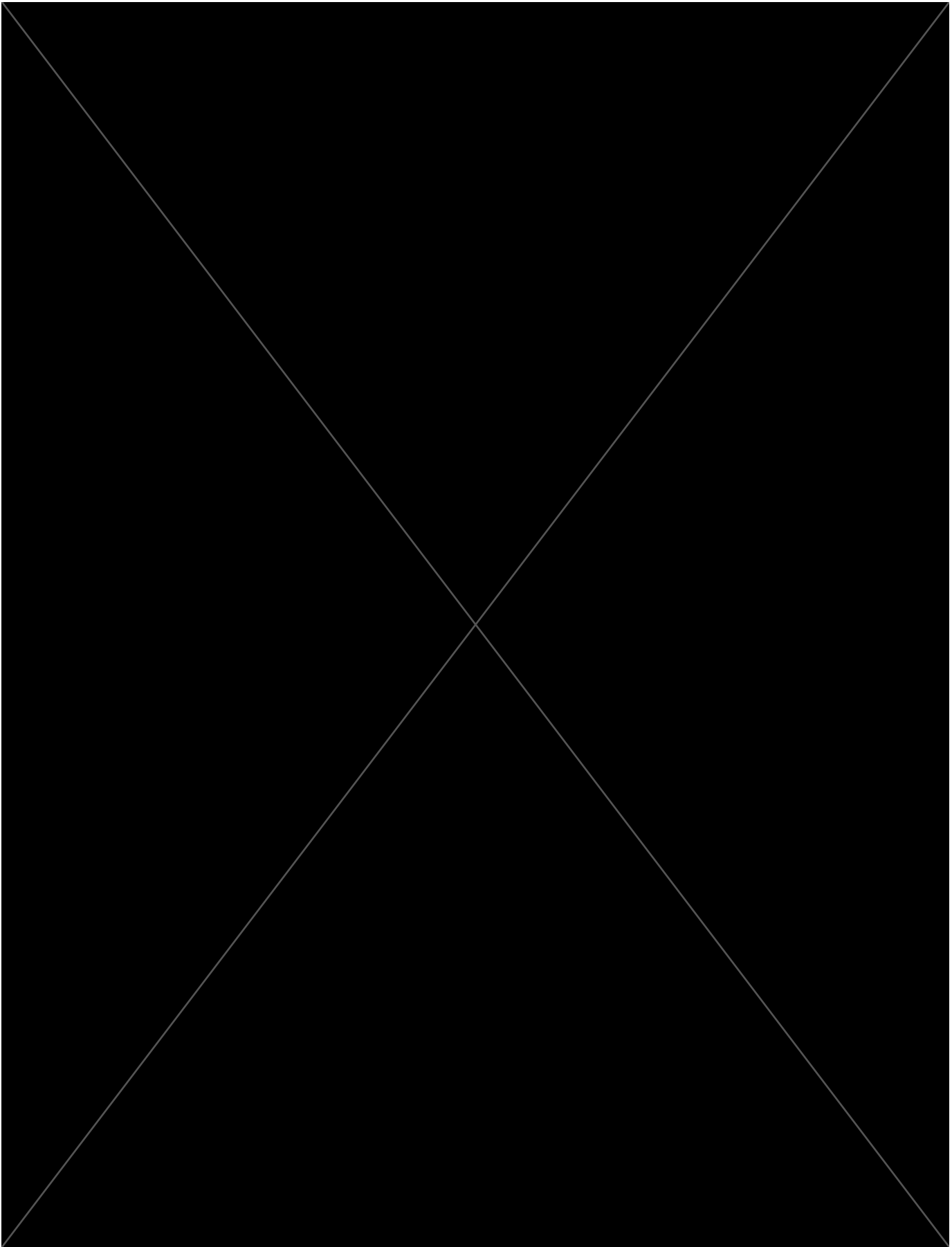


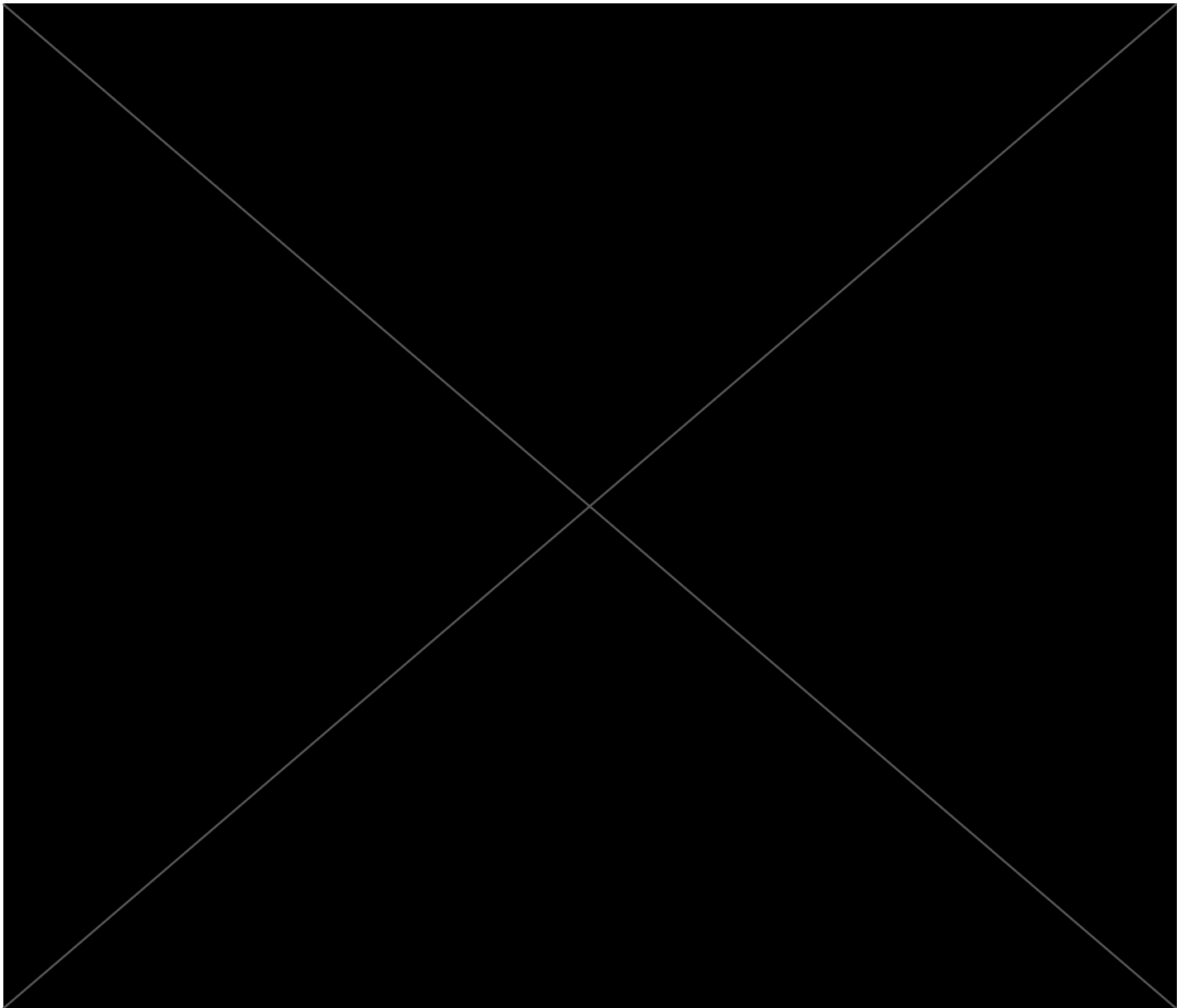












*Status of Written Plan: Completed*

"I, the undersigned J. Gregory Allen, hereby verify the enclosed Standard Operating Plan."

J. Gregory Allen \_\_\_\_\_ Owner \_\_\_\_\_

Printed Name of Verifying Official/ Title of Verifying Official

J. Allen \_\_\_\_\_ 12/26/22 \_\_\_\_\_

Signature of Verifying Official Verification/ Date

# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22

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

### Summary

The attached exhibit contains Insa Alabama, LLC's ("Applicant") Policies and Procedures Manual for all operations and functions at its Integrated Facility. These Policies and Procedures are complete and actionable for use in an Alabama Integrated Facility. These Policies and Procedures were meticulously developed and written – with a singular focus on Alabama – by Applicant's team of leaders, which include:

- The founding partners of a prominent Alabama law firm that grew from a single storefront in Montgomery to the nation's leading experts on pharmaceutical and medical device safety. Their expertise in pharmaceutical safety contributes to the rigor of these Policies and Procedures.
- The founders of Insa, a medical cannabis company with a spotless record, free of fines, violations, or discipline – an extreme rarity among large multiple-state companies. Insa operates medical cannabis cultivation and production facilities across the state line in Polk County, Florida, Massachusetts and Pennsylvania, and employs hundreds who contributed their knowledge of patient and worker safety and Certified Good Manufacturing Practices (cGMP) production to these Policies and Procedures.
- The Applicant's medical advisors, [REDACTED]  
[REDACTED]  
[REDACTED] will bring his world-renowned knowledge of prescription compliance to oversee Applicant's quality controls. Other medical advisors include an award-winning pulmonologist with over 44 years of experience [REDACTED]. Combined, the Applicant's medical advisors will oversee patient safety, patient registry and certification compliance among other aspects of these Policies and Procedures.
- The Applicant's Certified Dispensers, who exceed the qualifications under Ala. Admin. Code Reg. 583-x-8-.03, including a licensed retail pharmacist with over a decade of experience, an experienced product manufacturing Quality Control Technician, and a seasoned medical practice administrator. They will oversee all dispensary staff's implementation of these Policies and Procedures.



[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]



[REDACTED]

The detailed SOPs for the Applicant are attached to this Exhibit. See attached SOPs (Identified as Policies and Procedures Manual- Attachment to Exhibit 20).

*Status of Written Plan: Completed*

"I, the undersigned J. Gregory Allen, hereby verify the enclosed Policies and Procedures Manual."

J. Gregory Allen \_\_\_\_\_ Owner \_\_\_\_\_

Printed Name of Verifying Official/ Title of Verifying Official

f. g. allen \_\_\_\_\_ 12/26/22 \_\_\_\_\_

Signature of Verifying Official Verification/ Date











































































































































































































































































































































































































































































# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23

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


**21.1 - Identify which of the approved types of medical cannabis will be produced at each facility where cannabis is to be processed.**

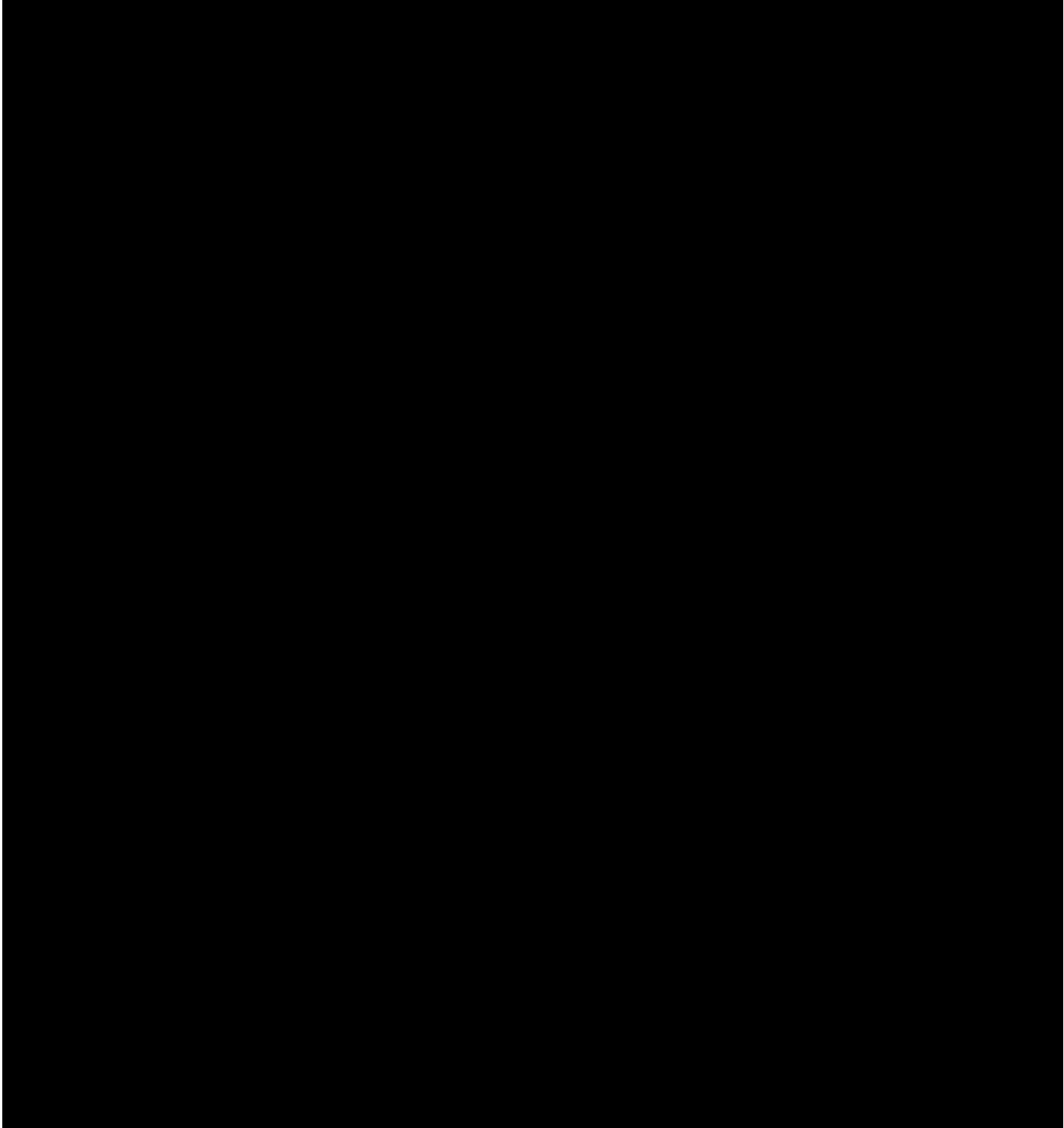
Applicant has determined that it has the expertise necessary in pharmaceutical products, medical devices, and medical cannabis products to produce high quality, consistent and reliable medical cannabis products in the following formulations:

[REDACTED]

**21.2 - Provide a summary of the manufacturing processes and methods to be utilized to produce each product, including the machinery, equipment, materials, and personnel necessary to produce each product.**

*Applicant has the experience necessary to make high quality, consistent medical cannabis products in* [REDACTED]

 *The summary of the manufacturing processes for these products are summarized below, including the necessary equipment materials and personnel needed to make these products for Alabama medical cannabis patients.*



















































# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

**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.**

[REDACTED]

[REDACTED]









































**22.2 - Specifications and operations manuals of all machinery and equipment to be used in the cultivation and processing of medical cannabis.**

[REDACTED]

[REDACTED]





























































































































# 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.

J. Gregory Allen

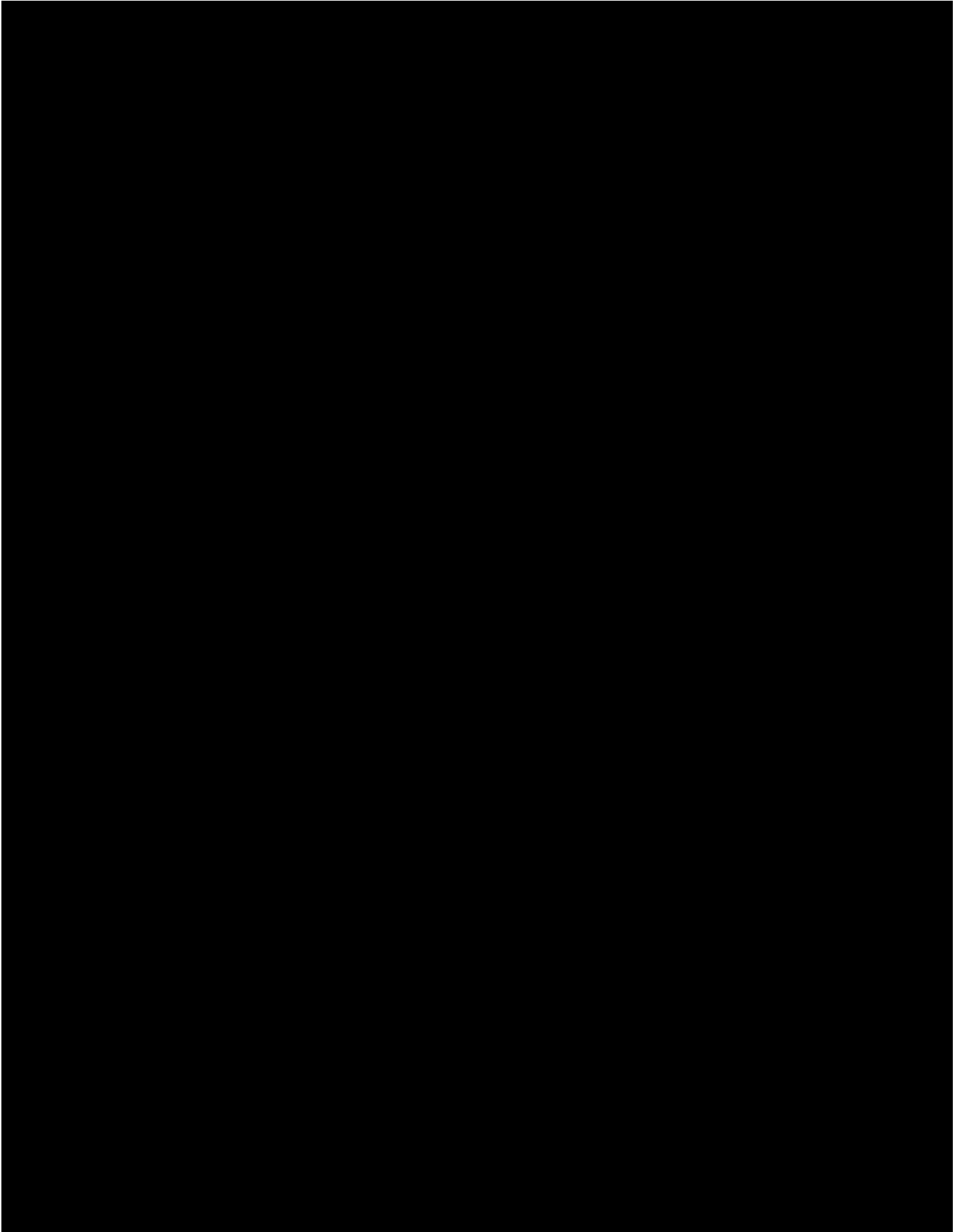
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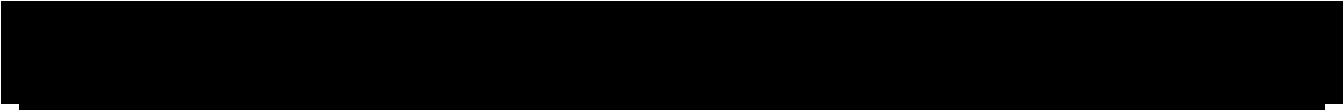
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Printed Name of Verifying Individual

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

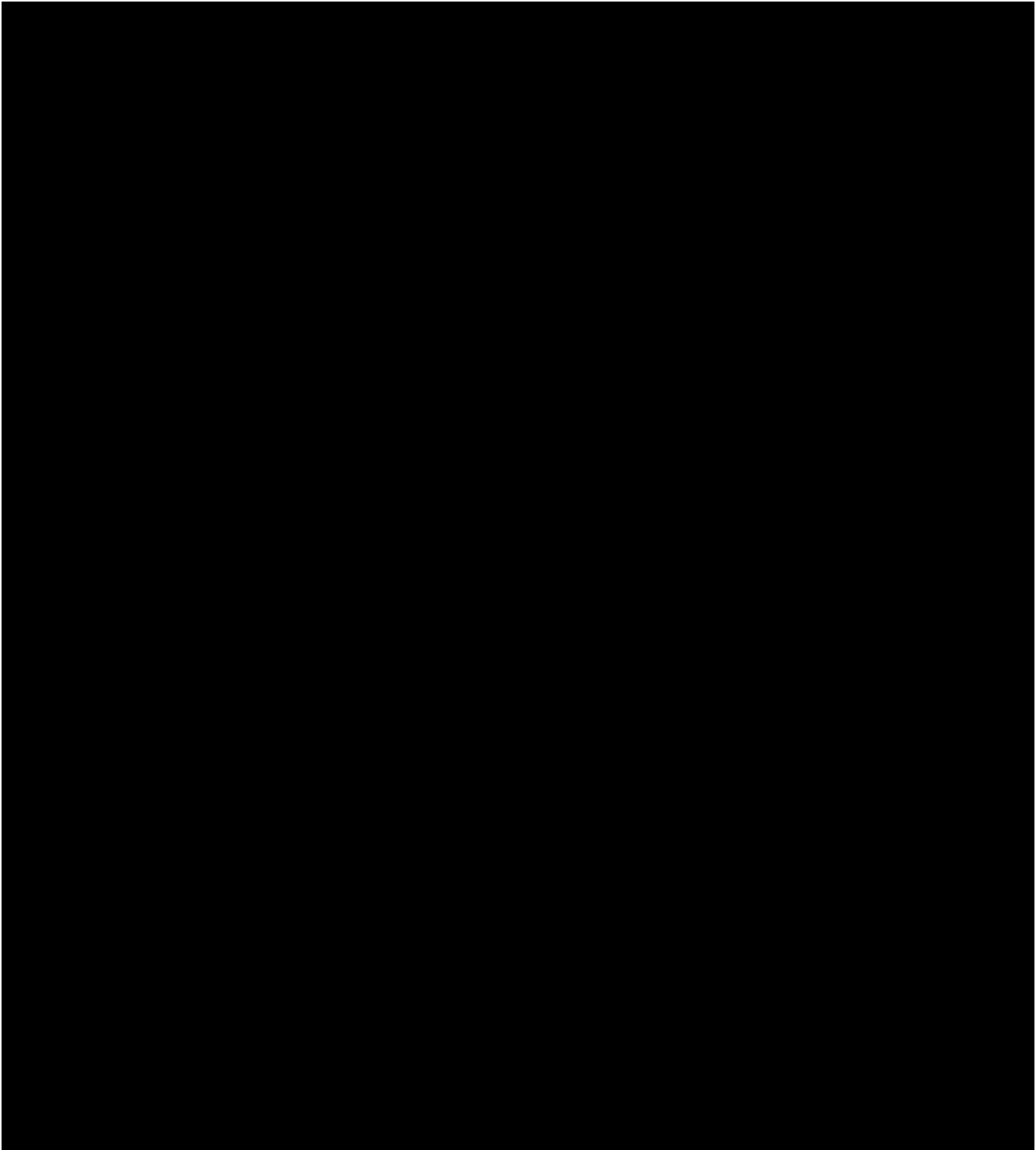
  
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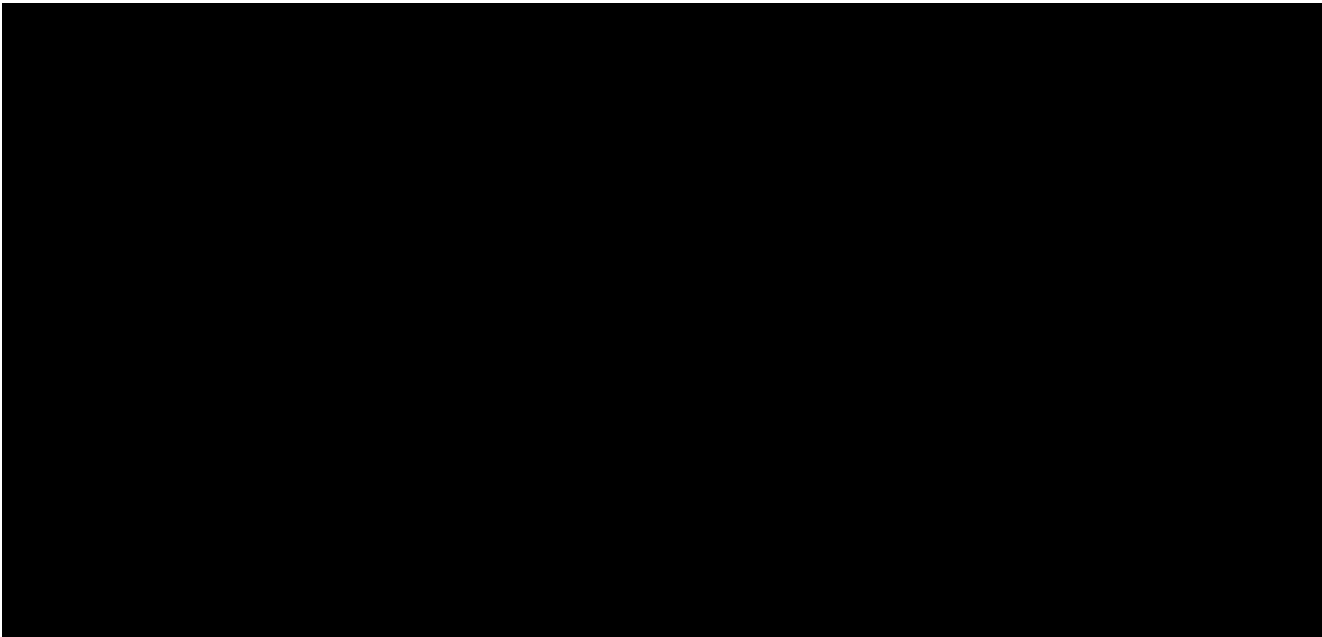
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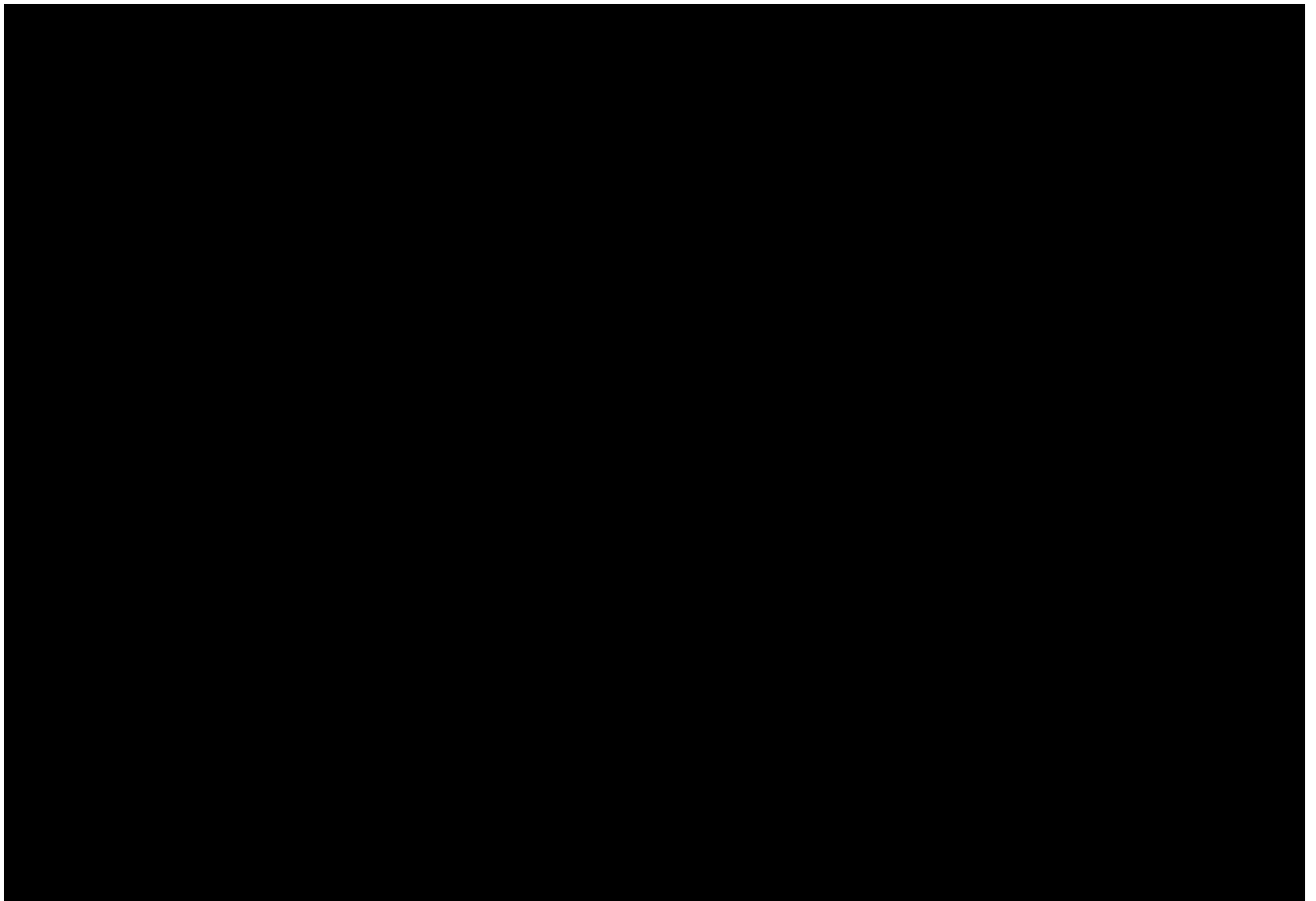


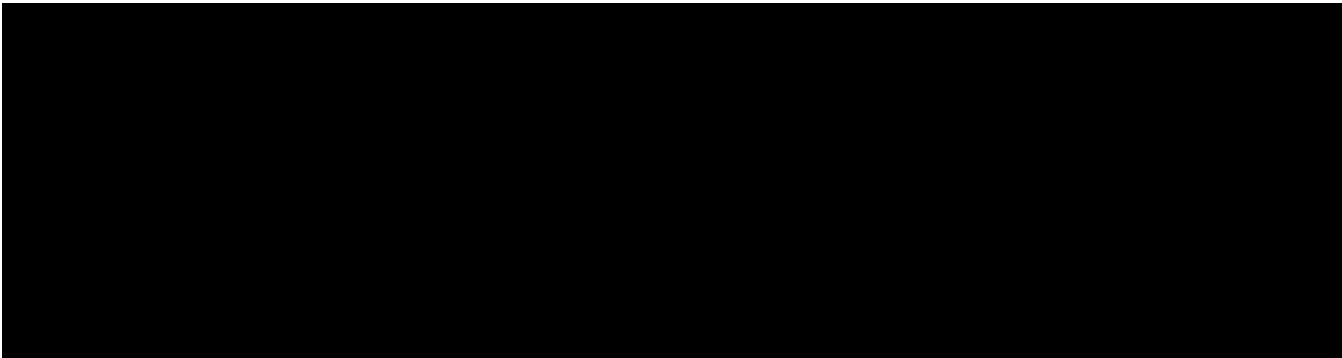
**23.1 - At time of receipt of any incoming batches of cannabis, Applicant will ensure those batches are appropriately prepared, tagged, or otherwise identified, and inserted into secure containers.**



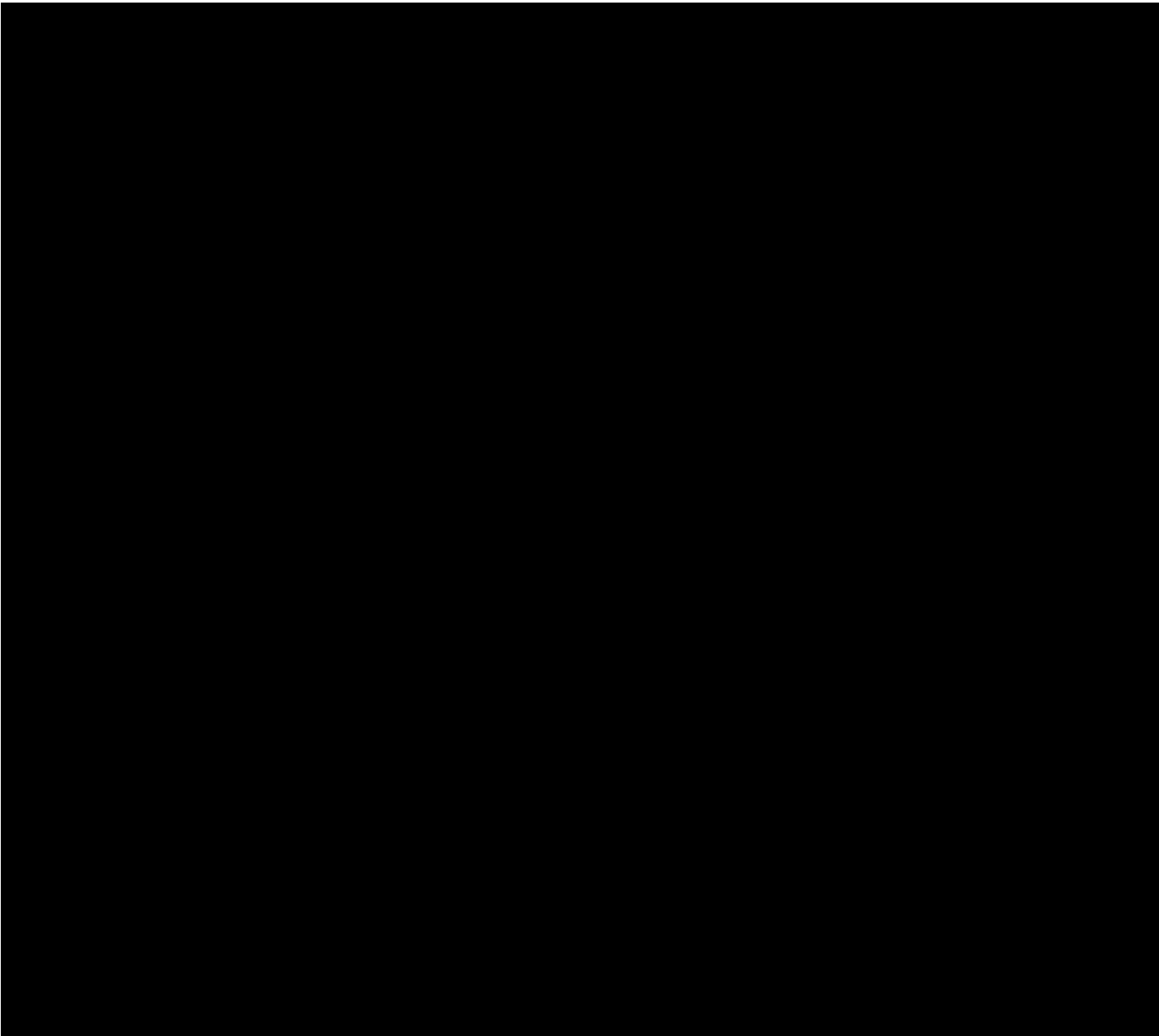


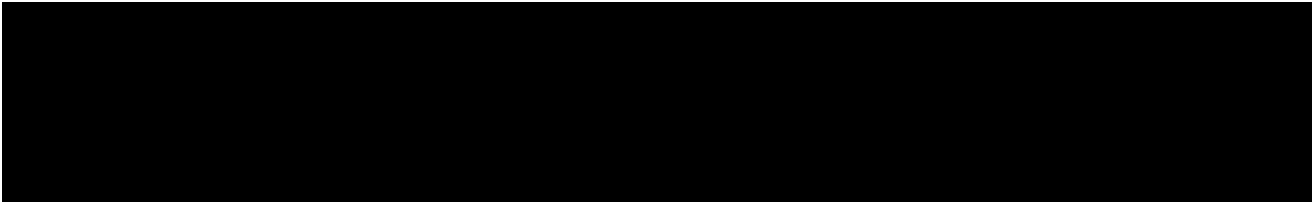
**23.2 - Upon arrival at the production facility, Applicant will ensure any batches and containers of cannabis have been QR coded or otherwise digitally coded to identify, at a minimum, the originating licensee and facility, plant tag identification number, date of harvest, and the date of the cultivator's State Laboratory testing approval.**



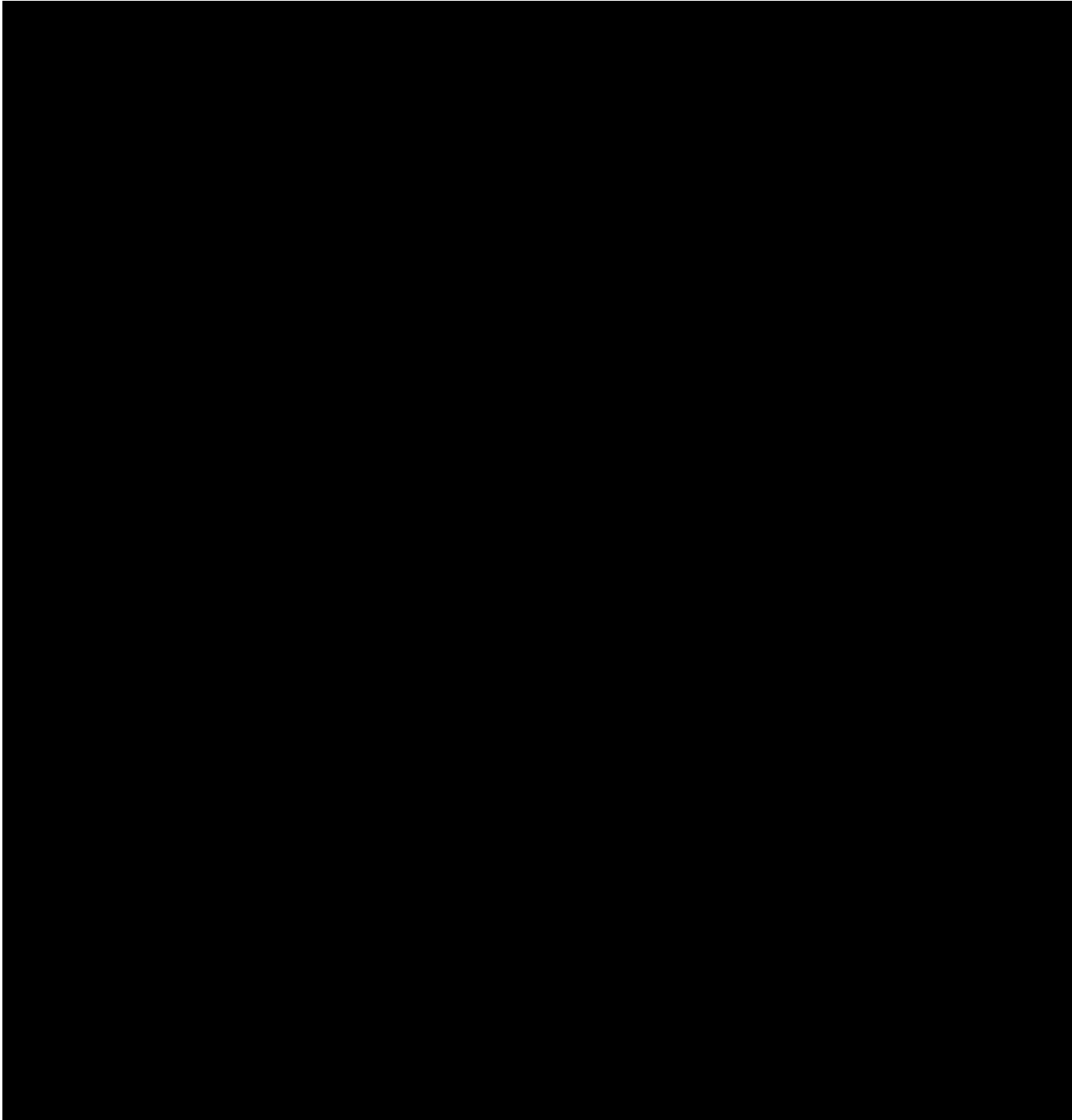


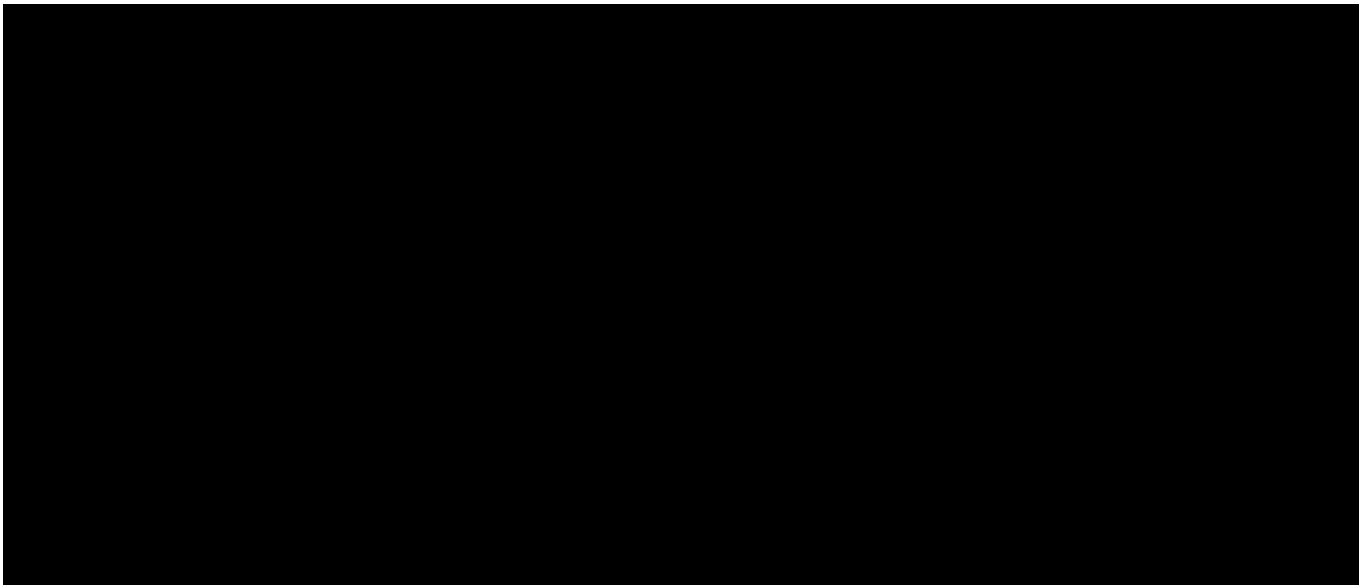
**23.3 – Applicant will ensure incoming cannabis is accompanied by the secure transporter’s manifest and other appropriate documentation, confirm the information thereon is accurate and verify that the manifest has been duly executed by all appropriate parties.**



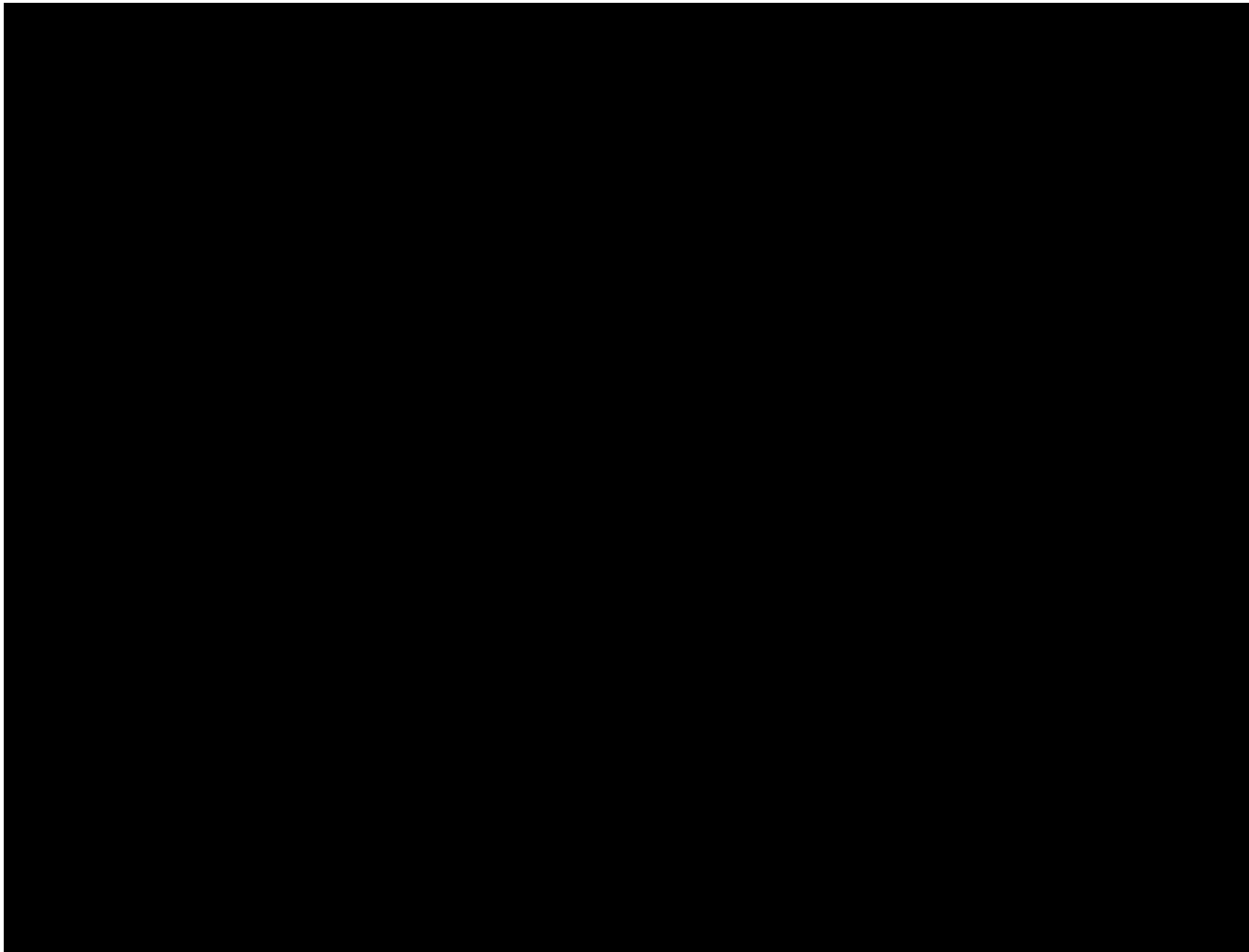


**23.4 - Applicant will log into the Statewide Seed-to-Sale Tracking System all information from the QR code or other digital code relating to incoming cannabis, as well as the date and time of arrival.**



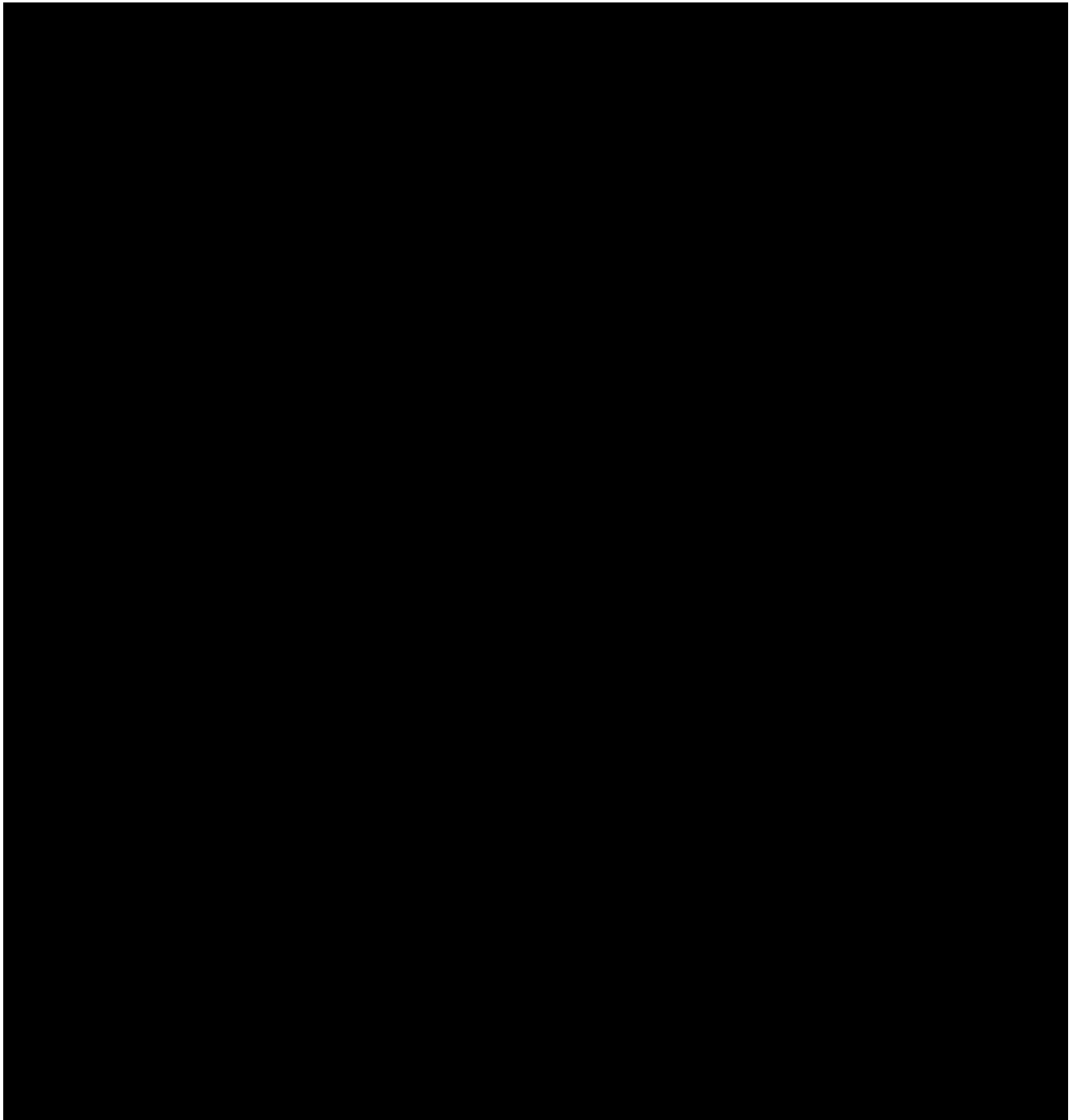


**23.5 - Applicant will appropriately package and label all individual batches of medical cannabis products before shipping them from the production facility and insert those batches into secure containers prior to transport.**

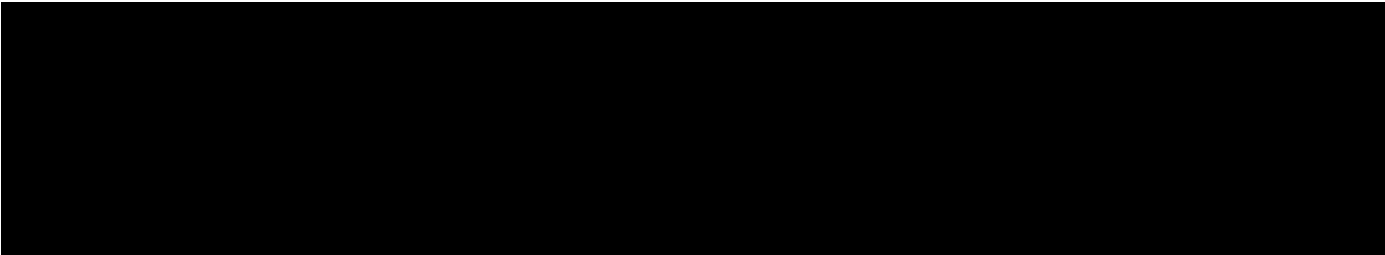




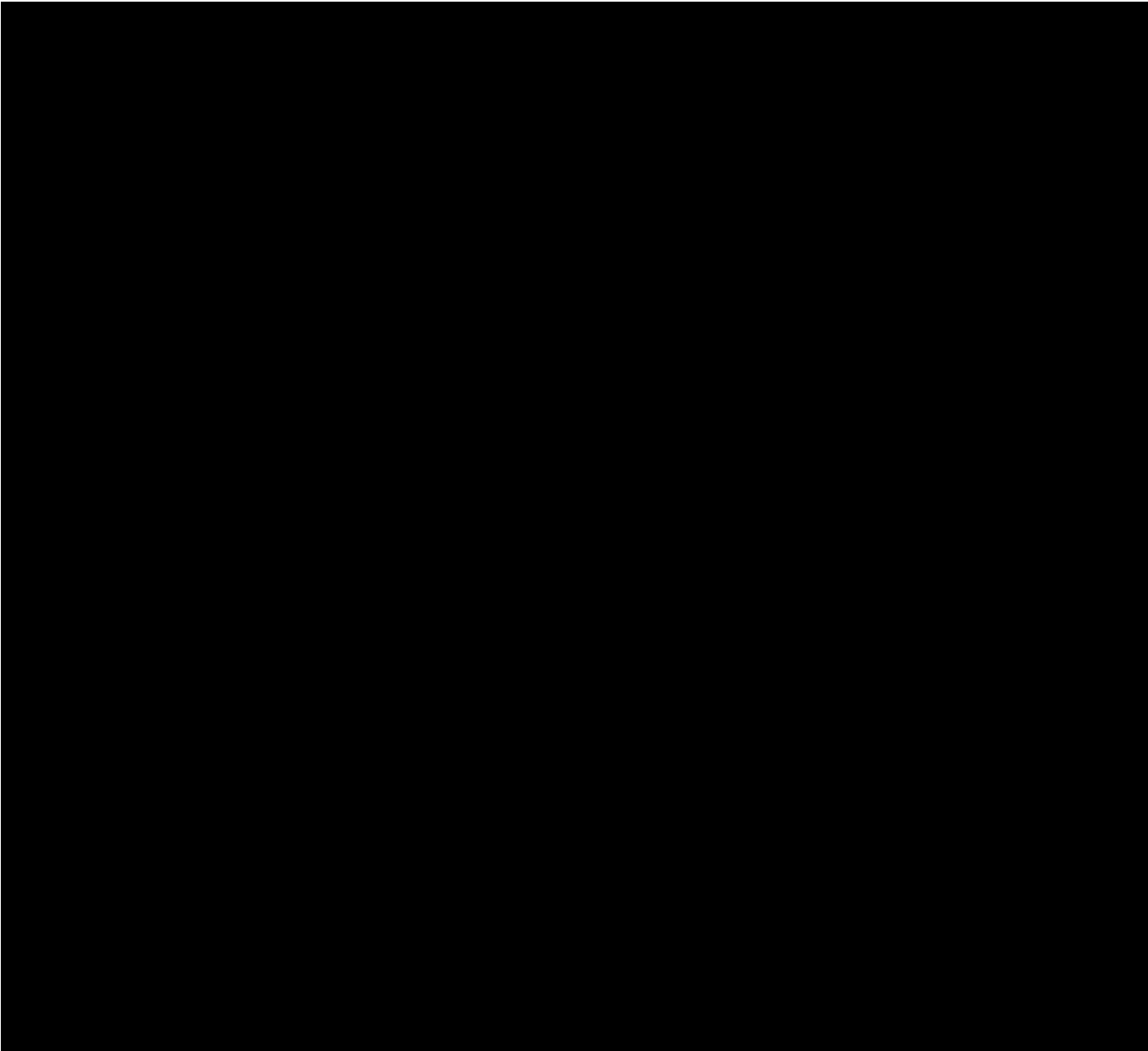
**23.6 - Applicant will QR code all batches and containers shipping out from the production facility to identify, at a minimum, the Integrated Facility, the type of product, date of processing and packaging, and the date of Applicant's State Laboratory testing approval(s).**

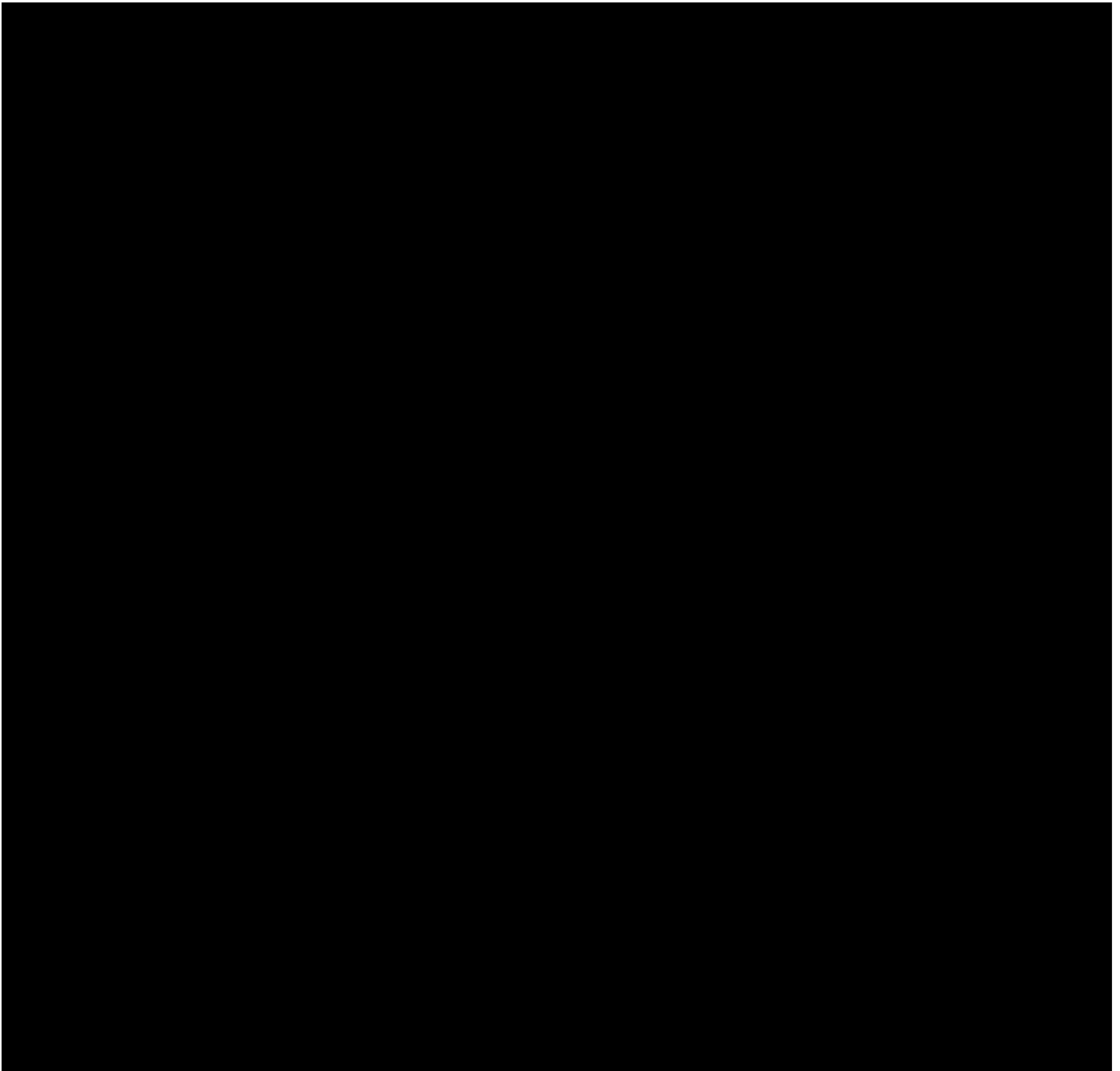




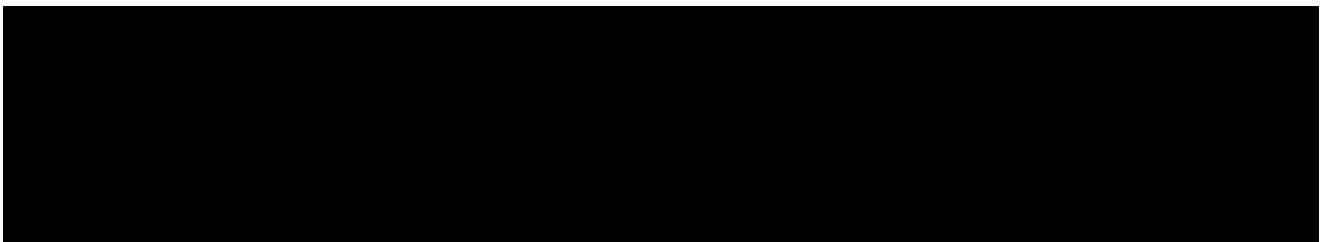


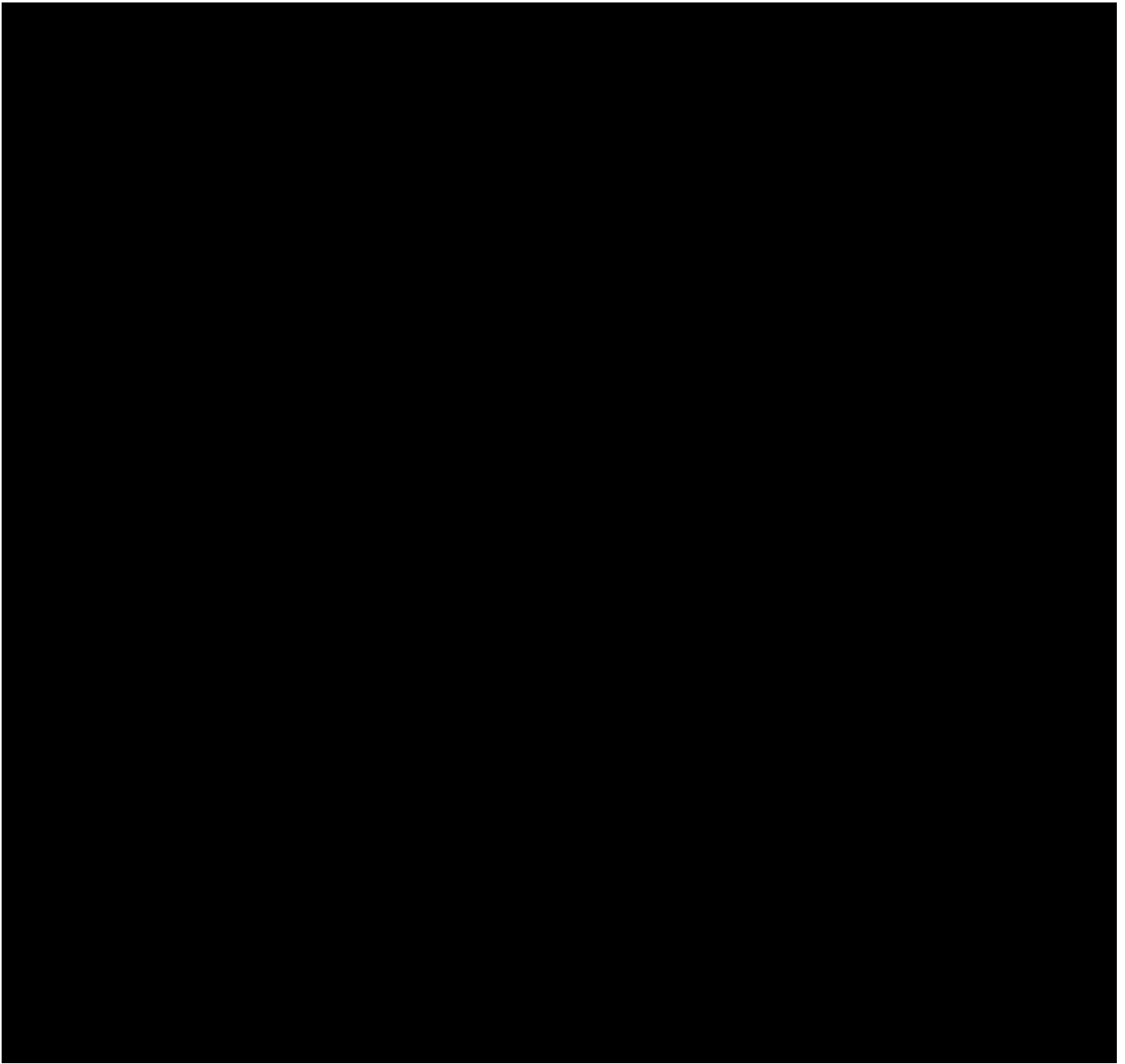
**23.7 - Applicant will ensure that all outgoing medical cannabis is accompanied by a transport manifest and other appropriate documentation, ensure that the information therein is accurate, and ensure that it is executed by all appropriate parties.**





**23.8 – Applicant will log into the Statewide Seed-to-Sale Tracking System all information from the QR code relating to the outgoing medical cannabis, as well as the date and time of shipment.**





# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23  
\_\_\_\_\_  
Verification Date



























































# 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.

J. Gregory Allen

Owner

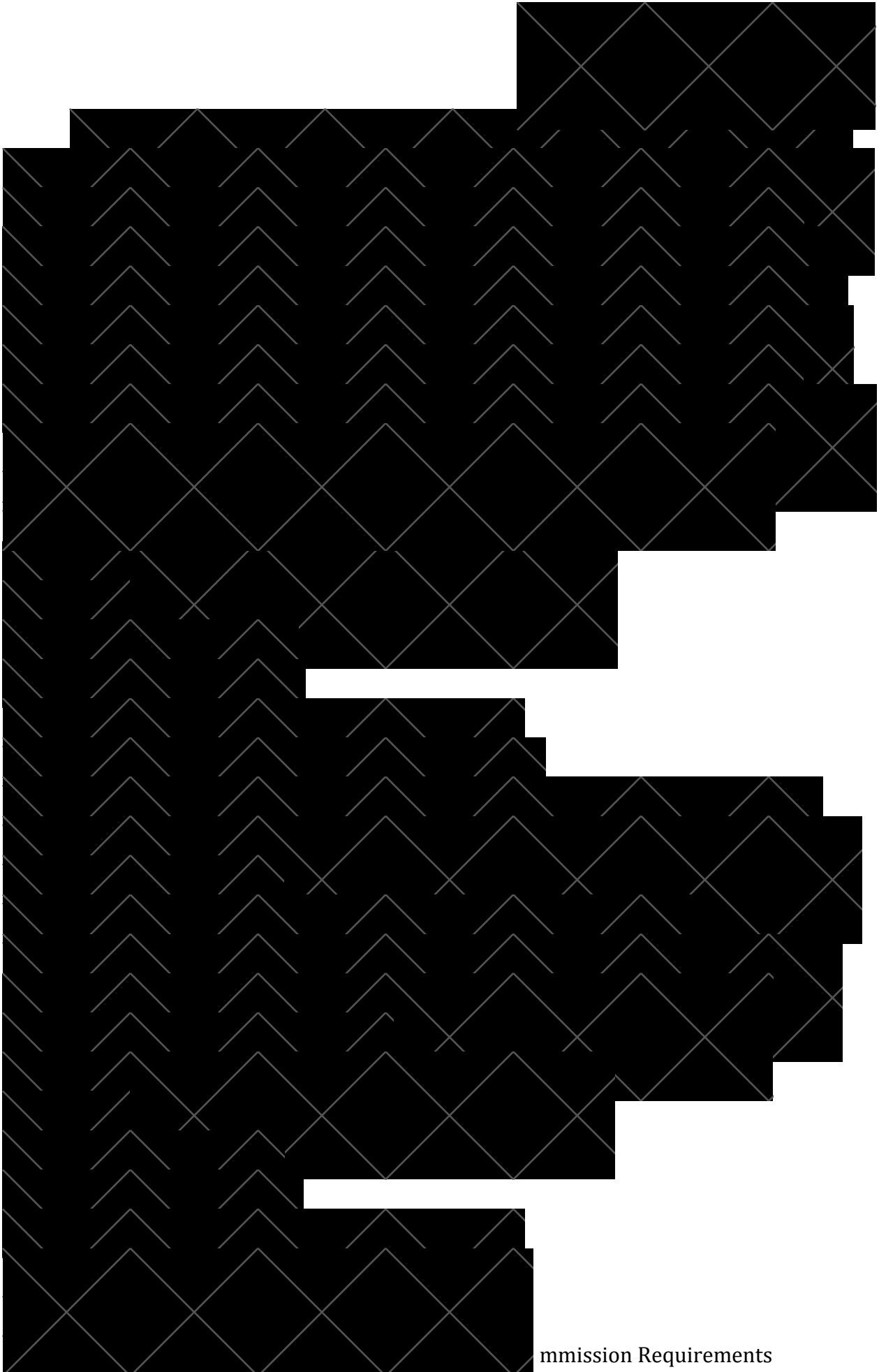
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Title of Verifying Individual

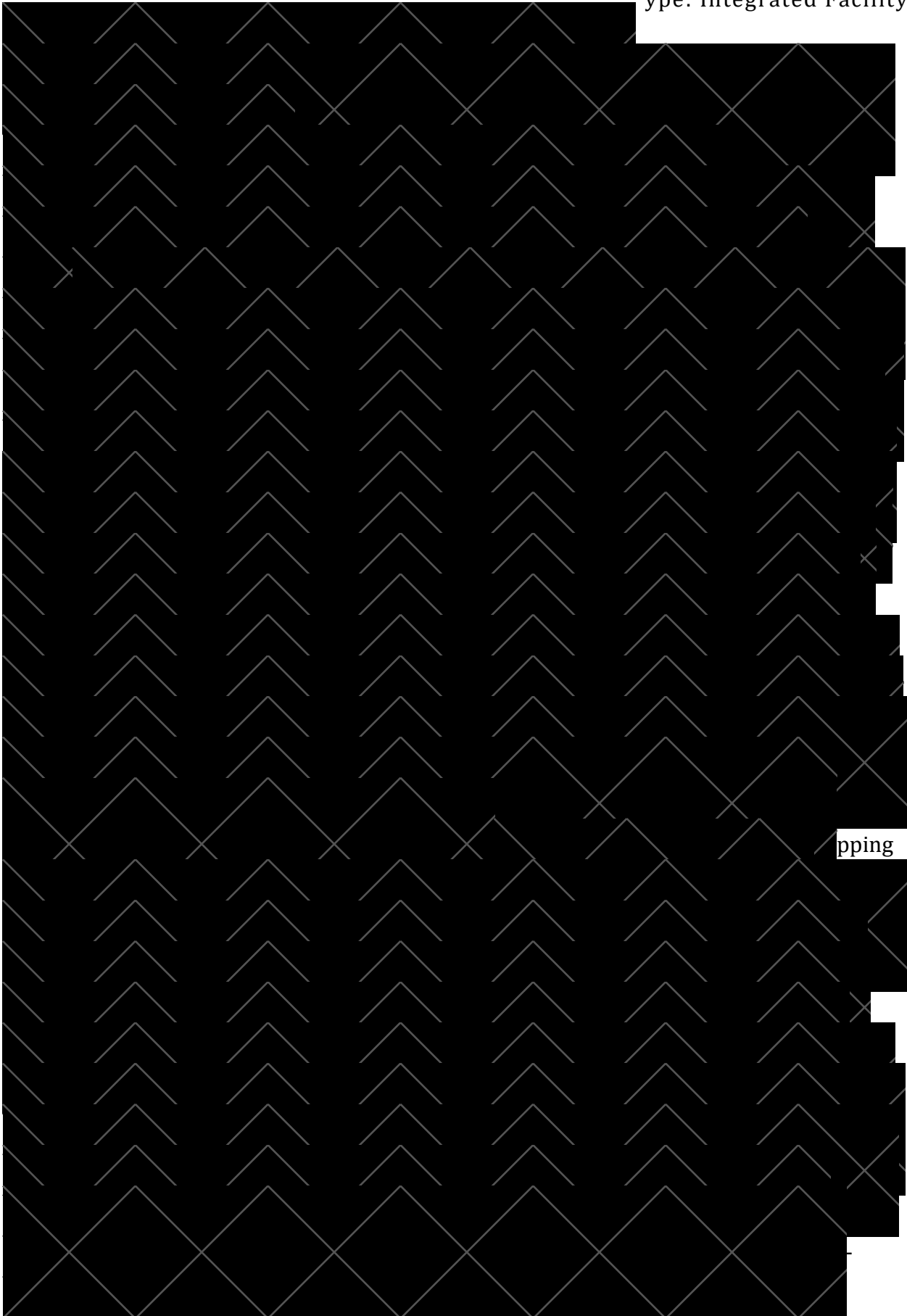
  
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Signature of Verifying Individual

12/26/22

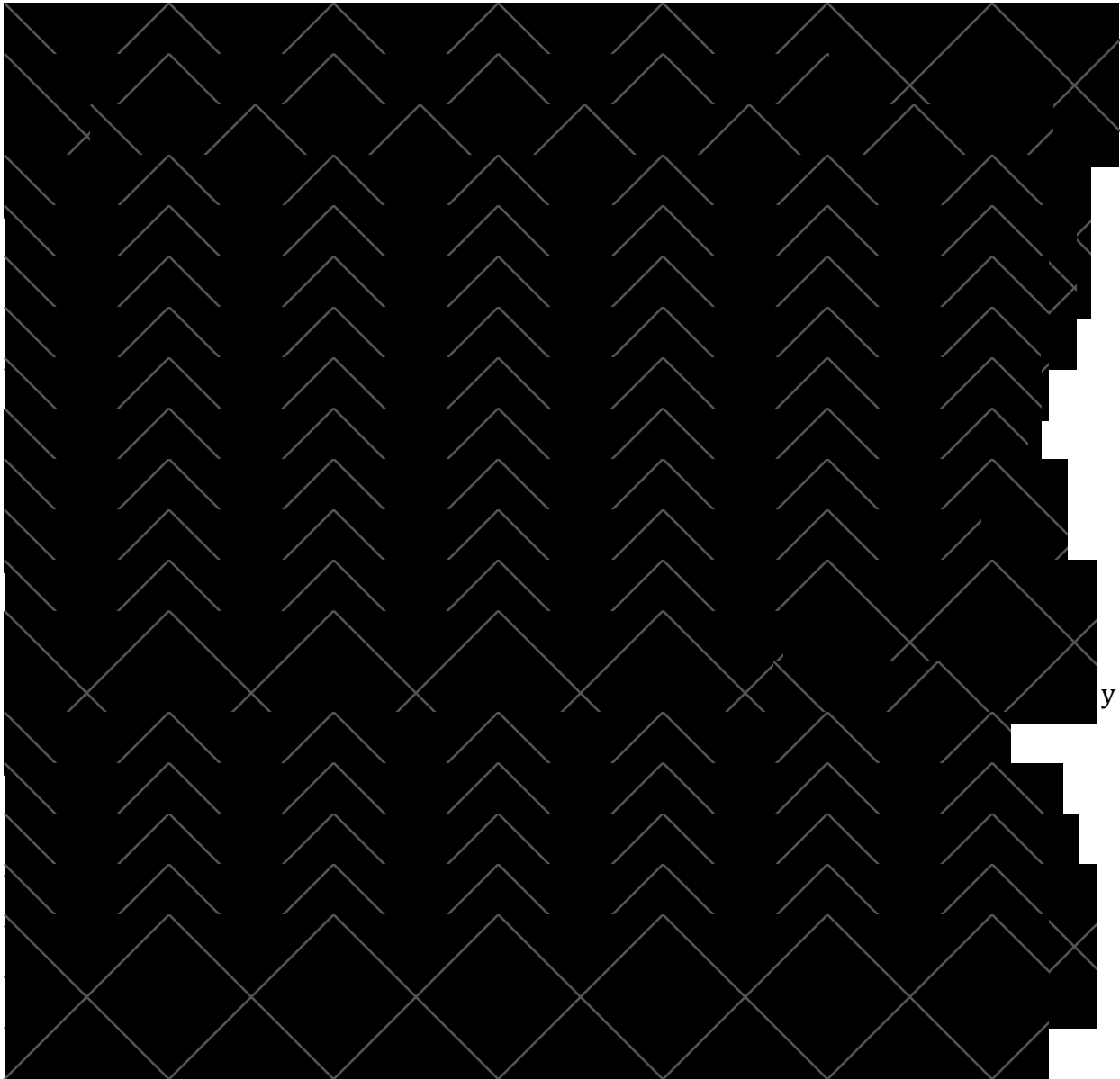
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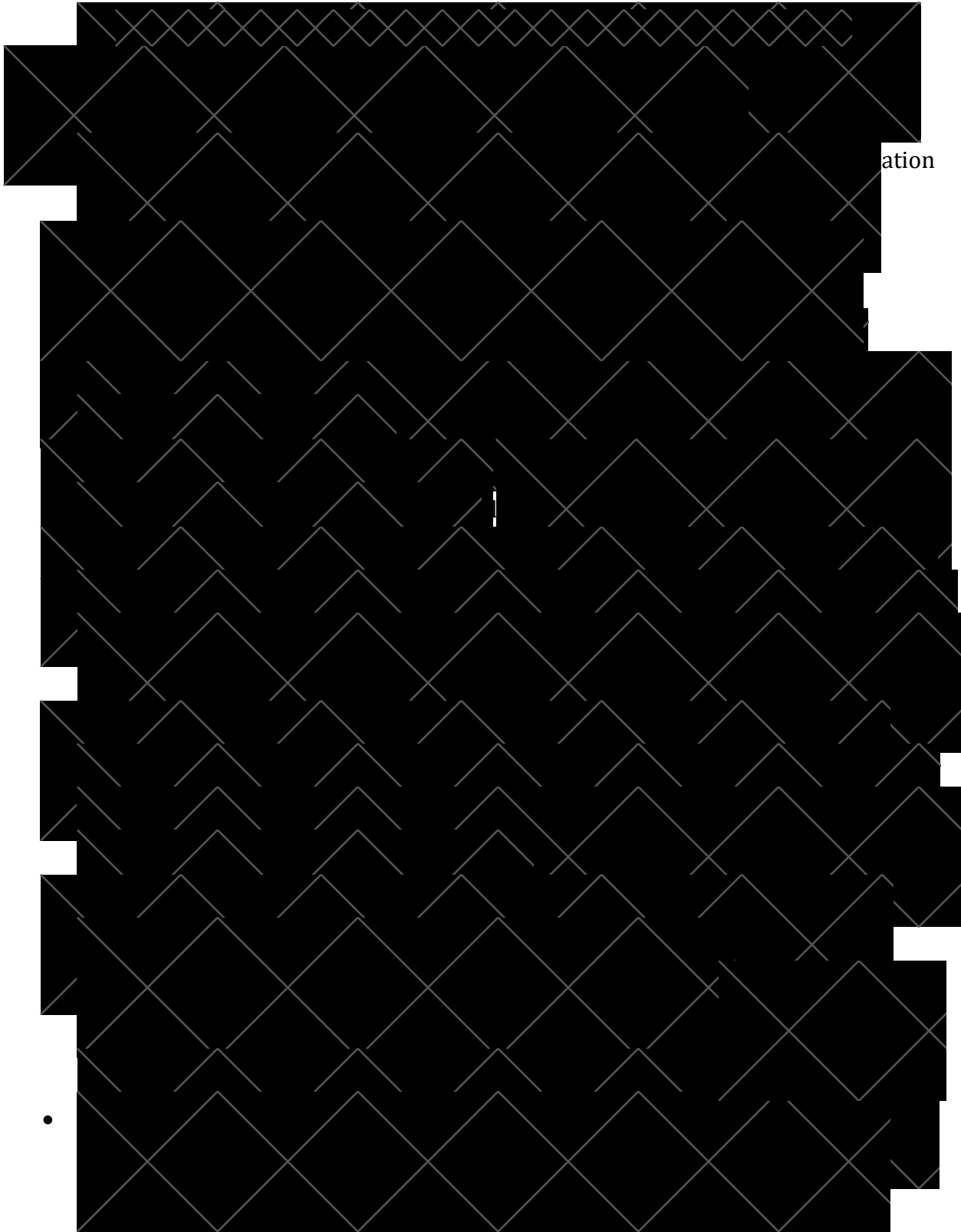
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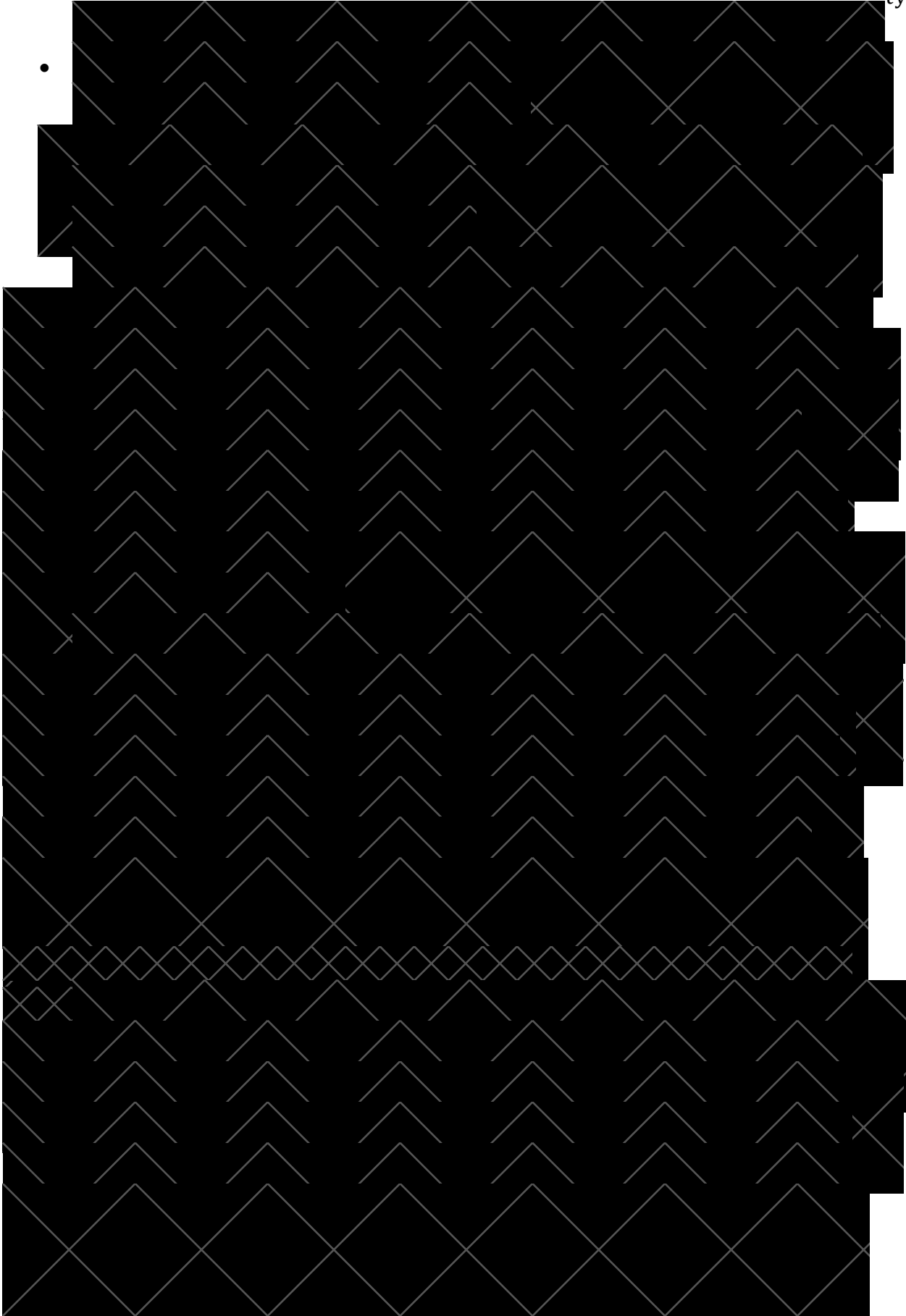
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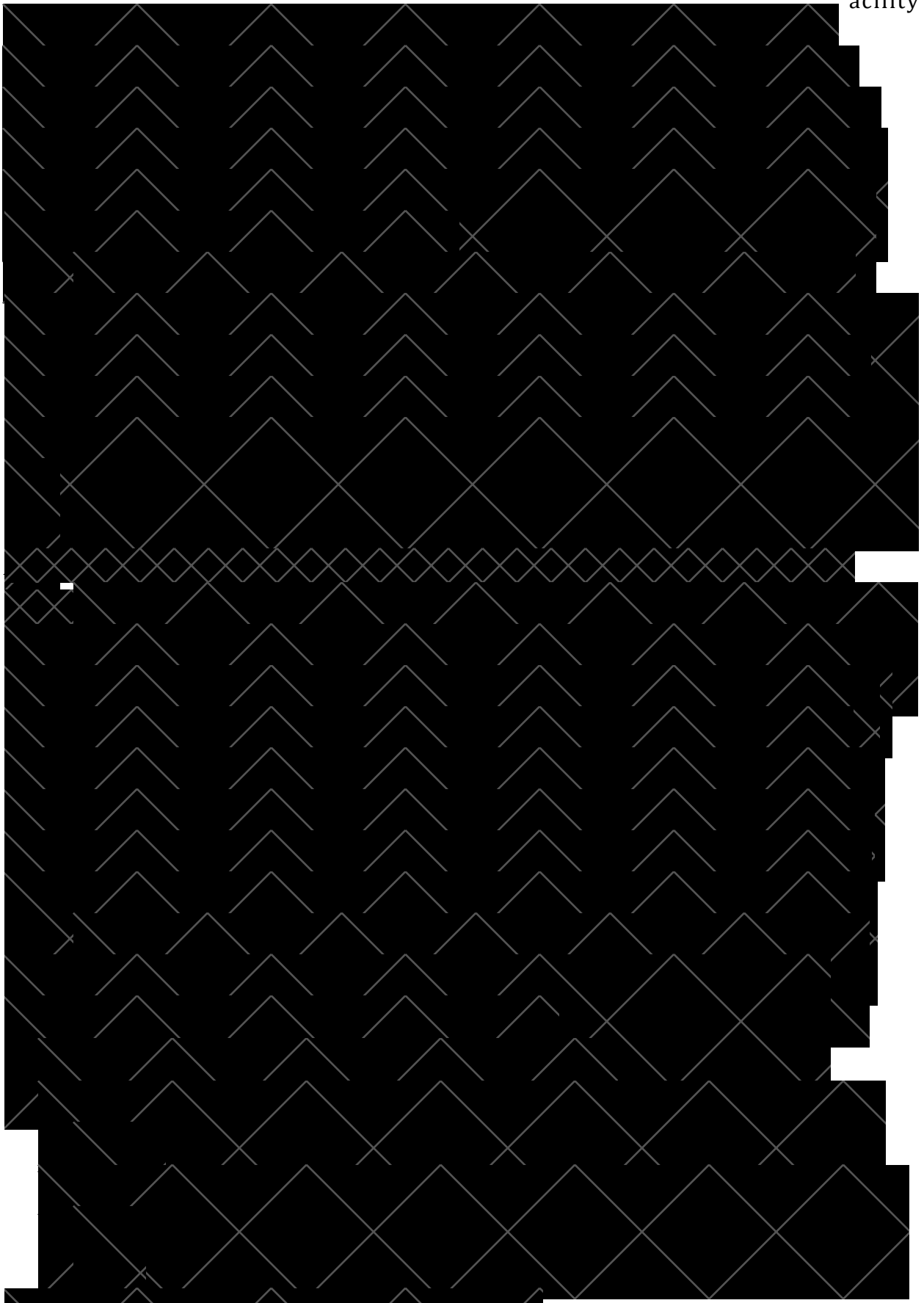
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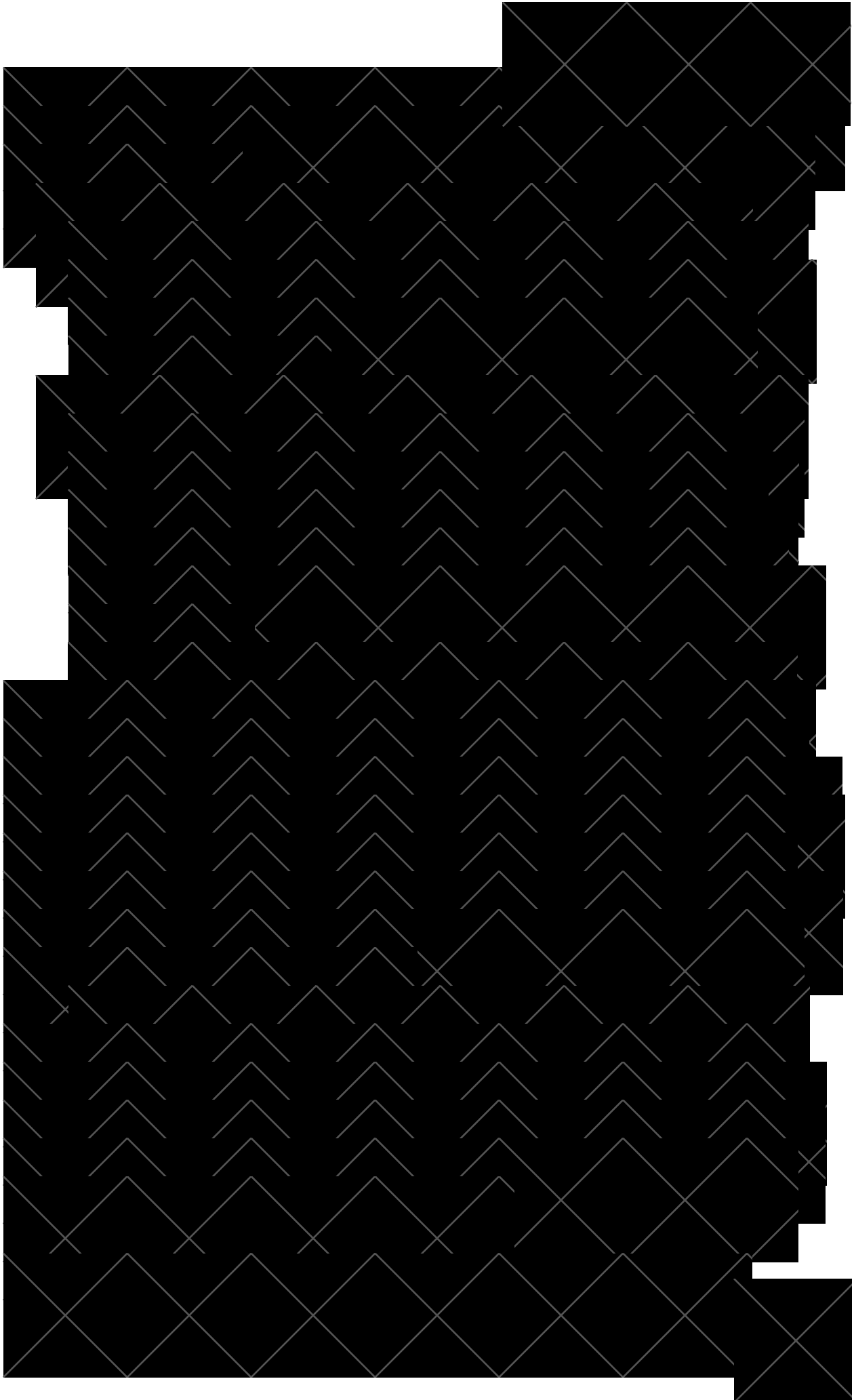
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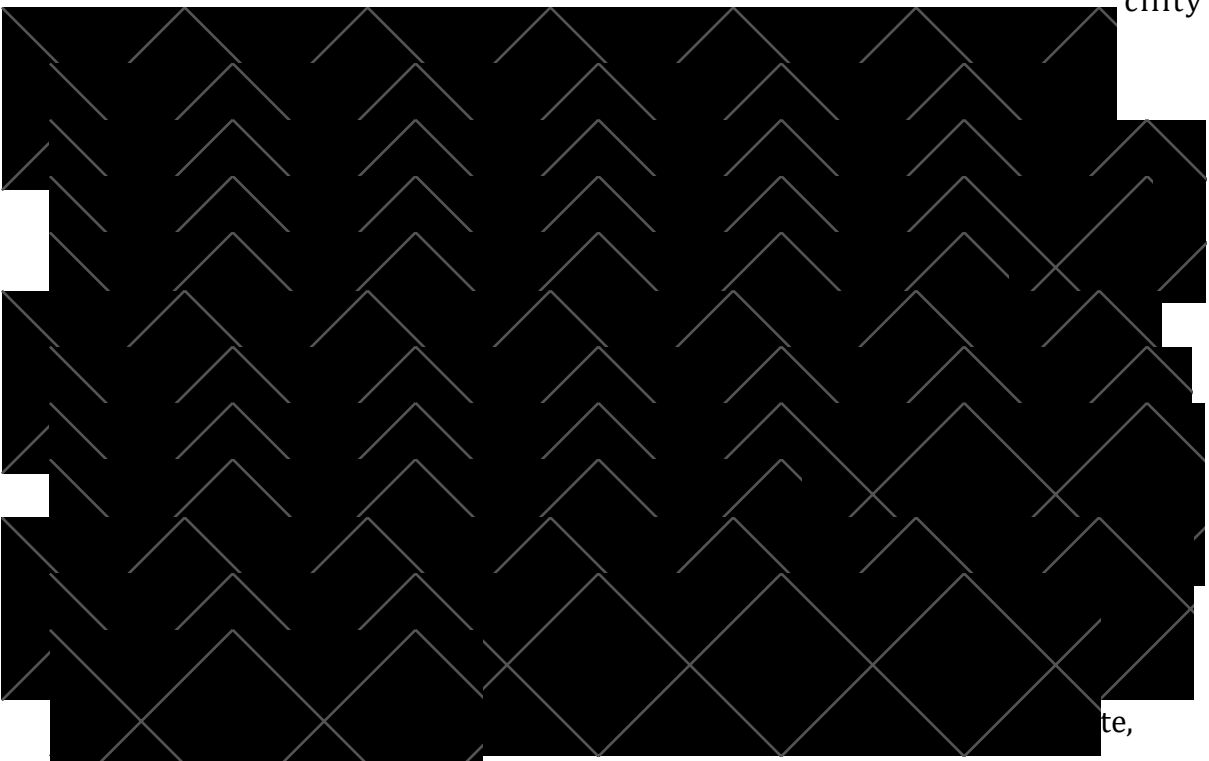








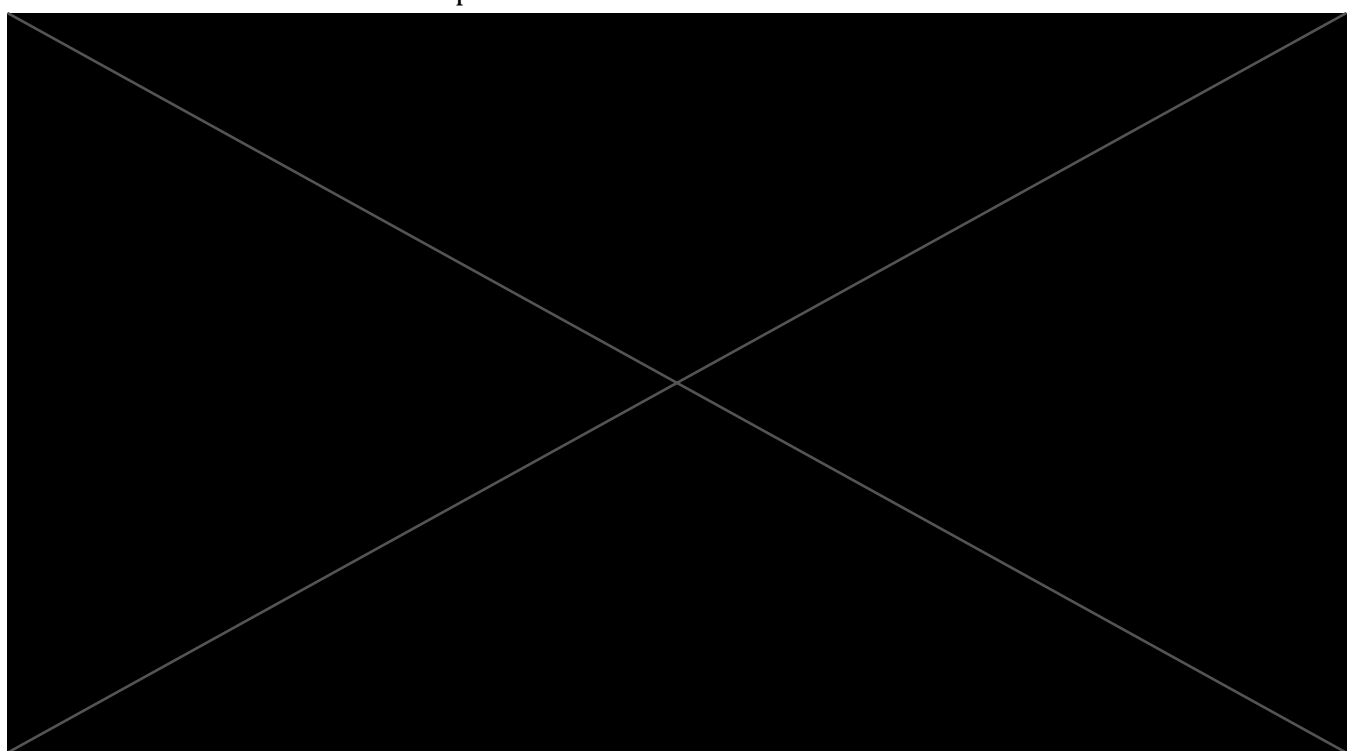
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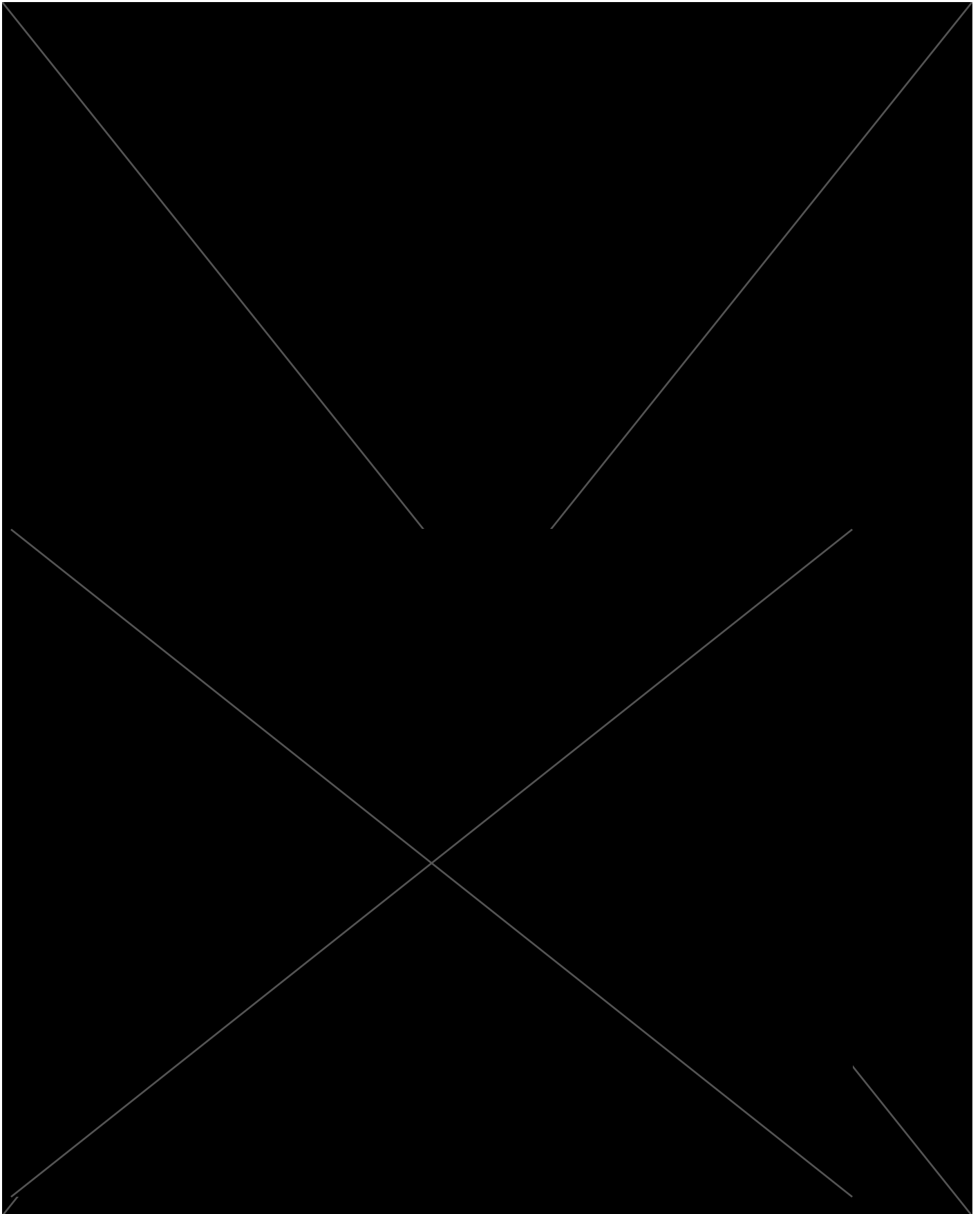


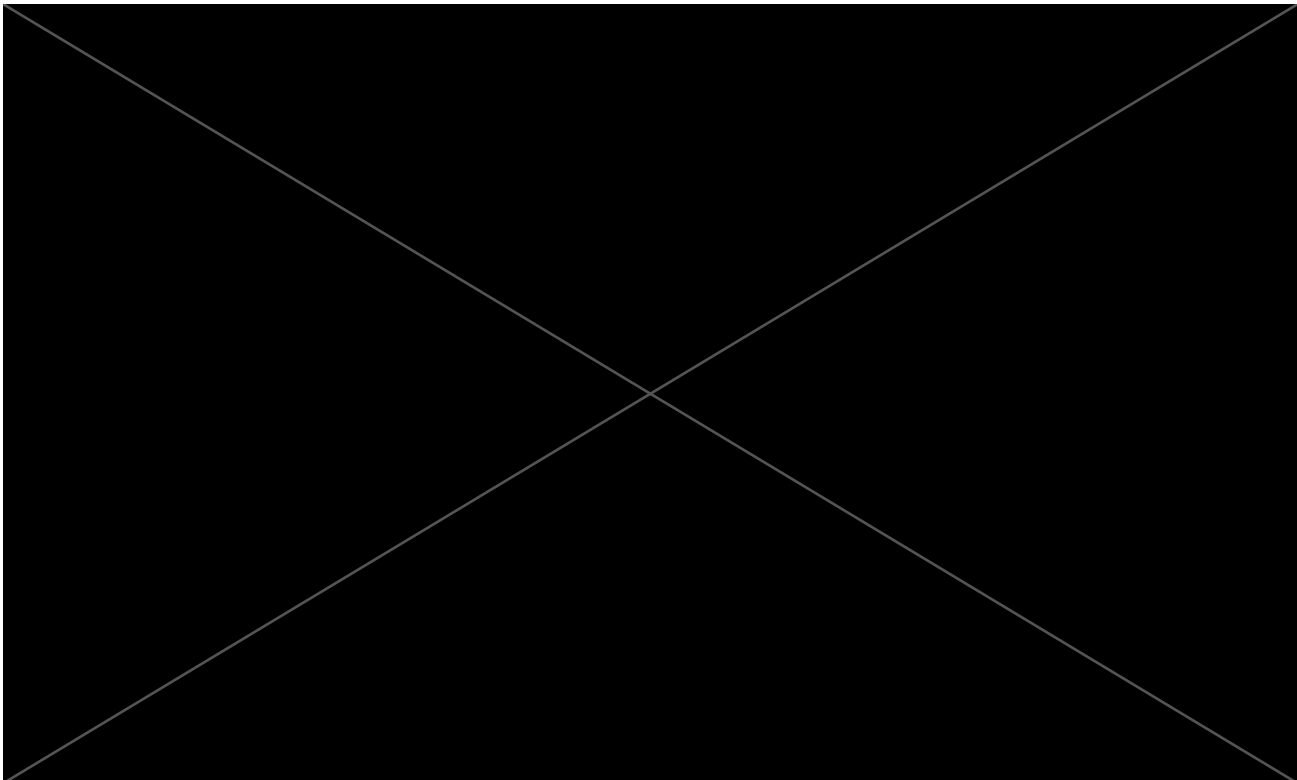
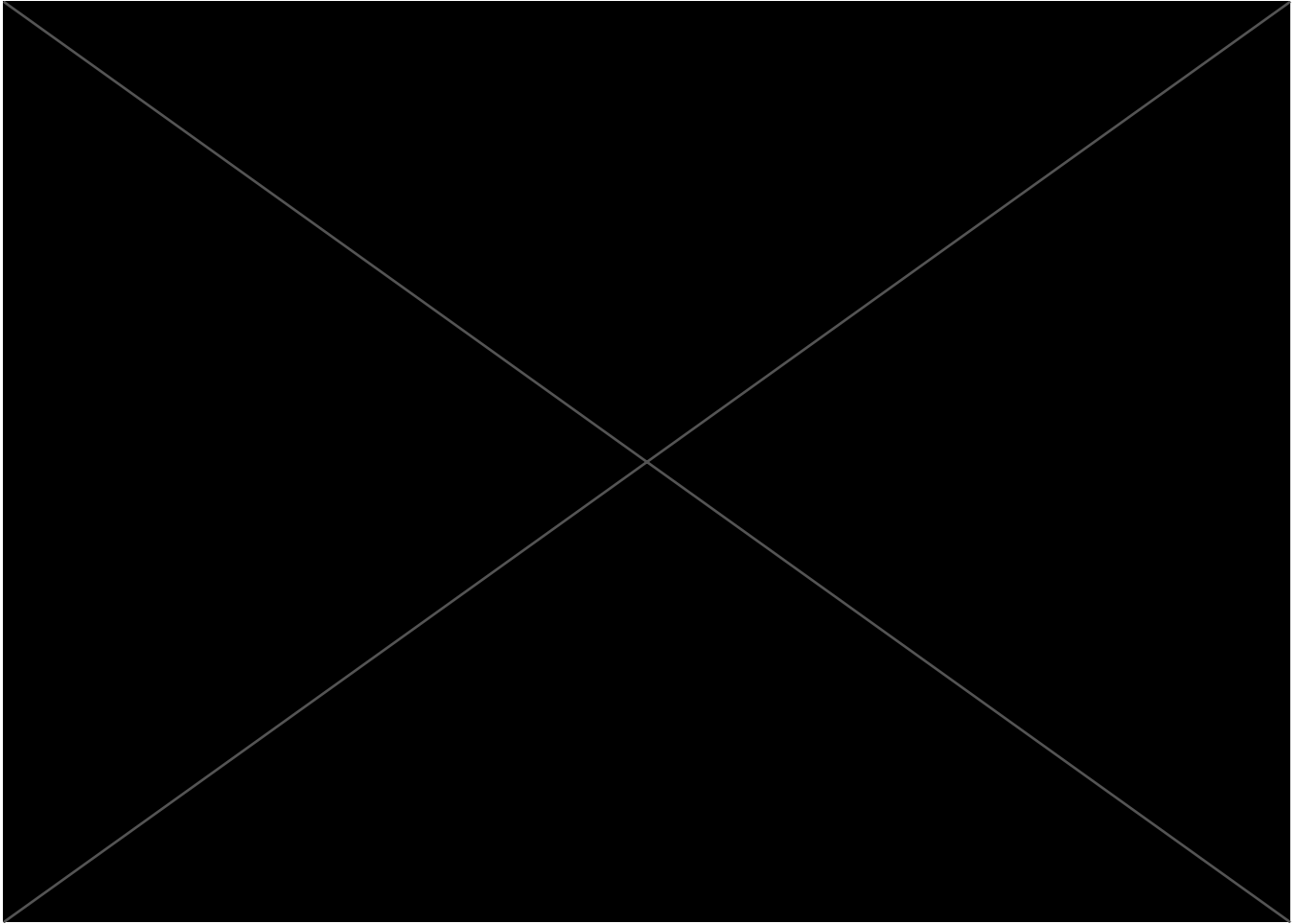
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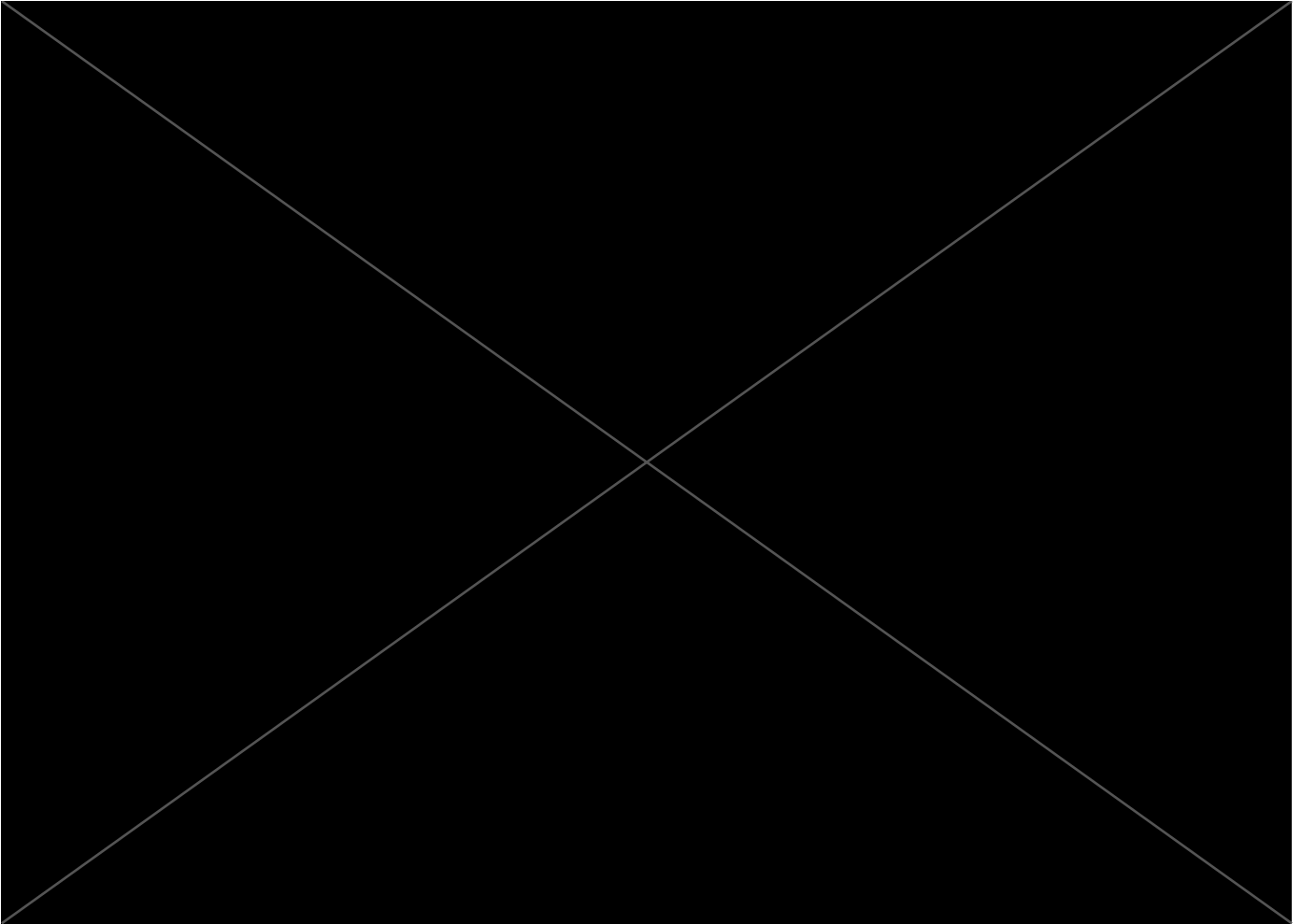
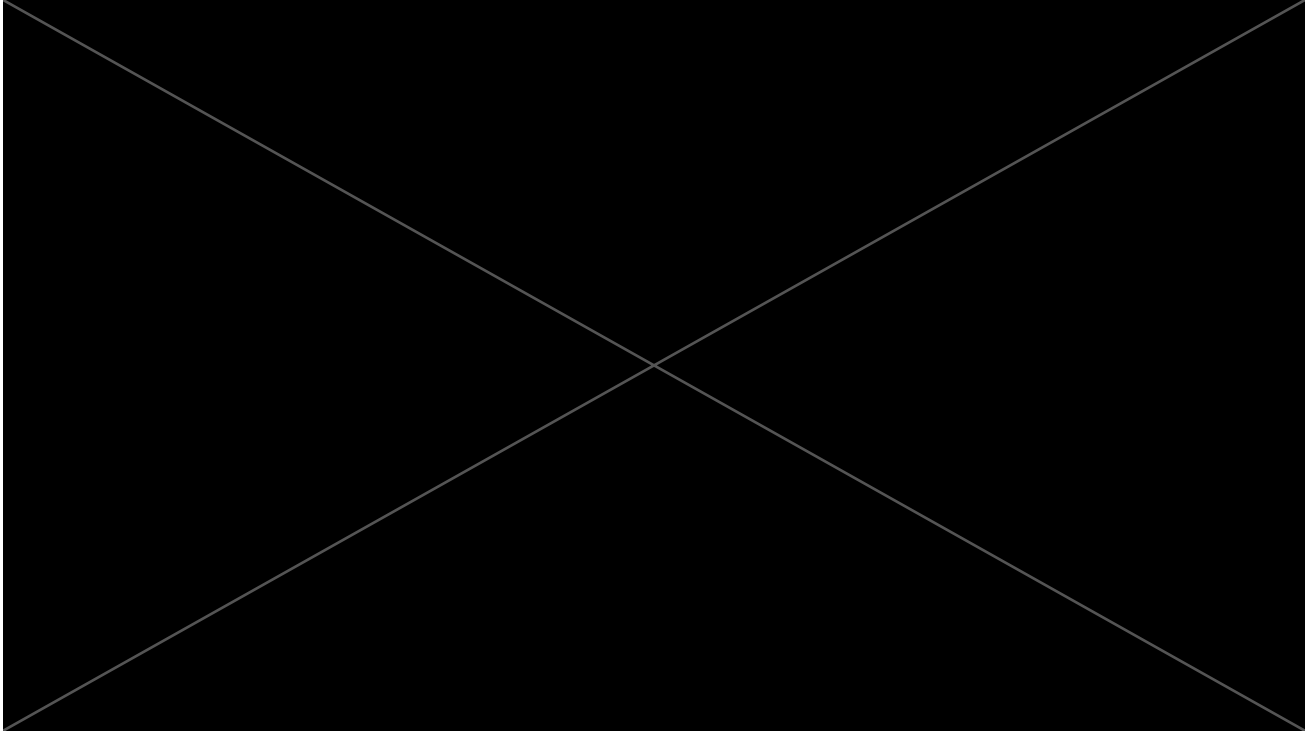
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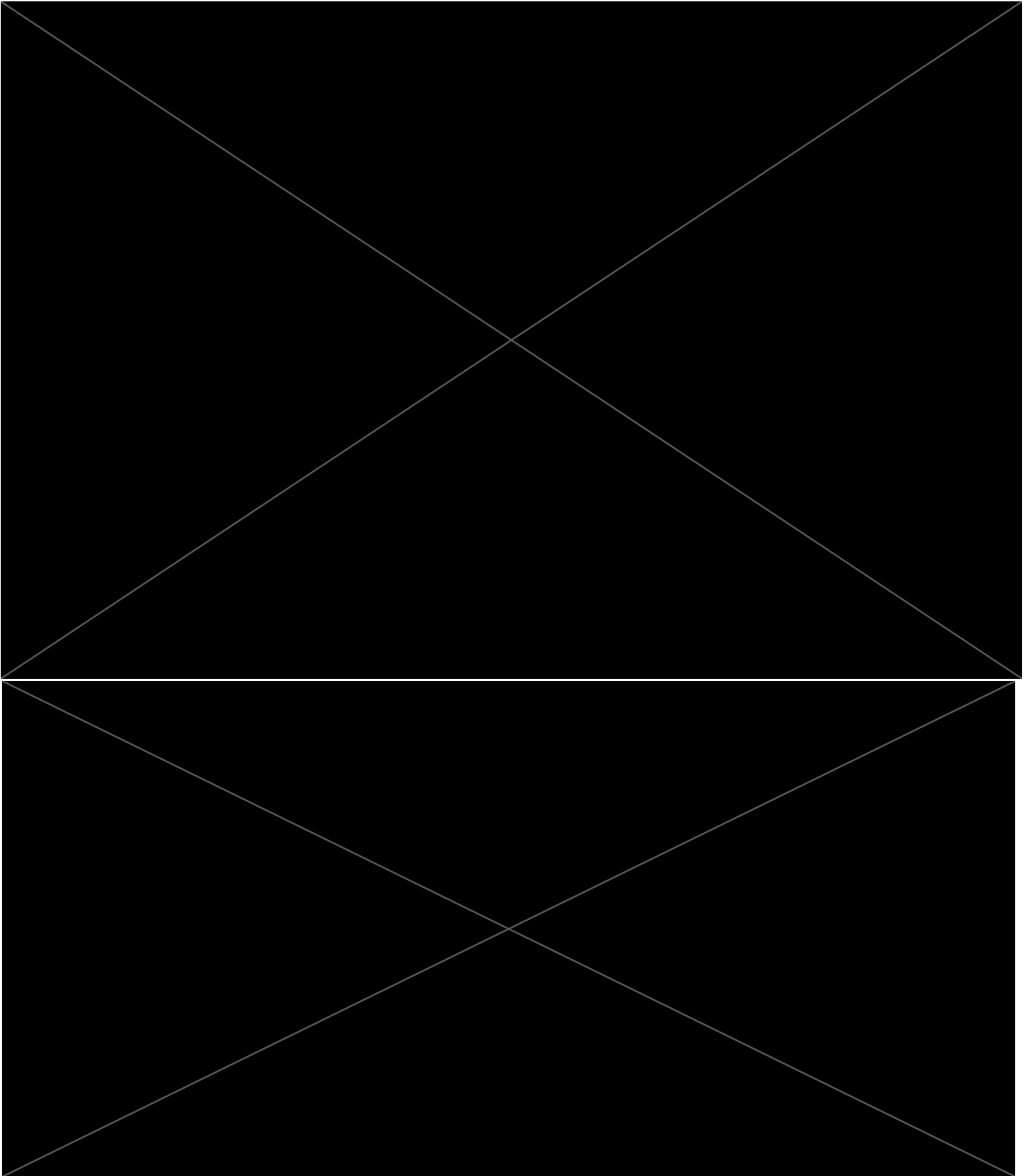
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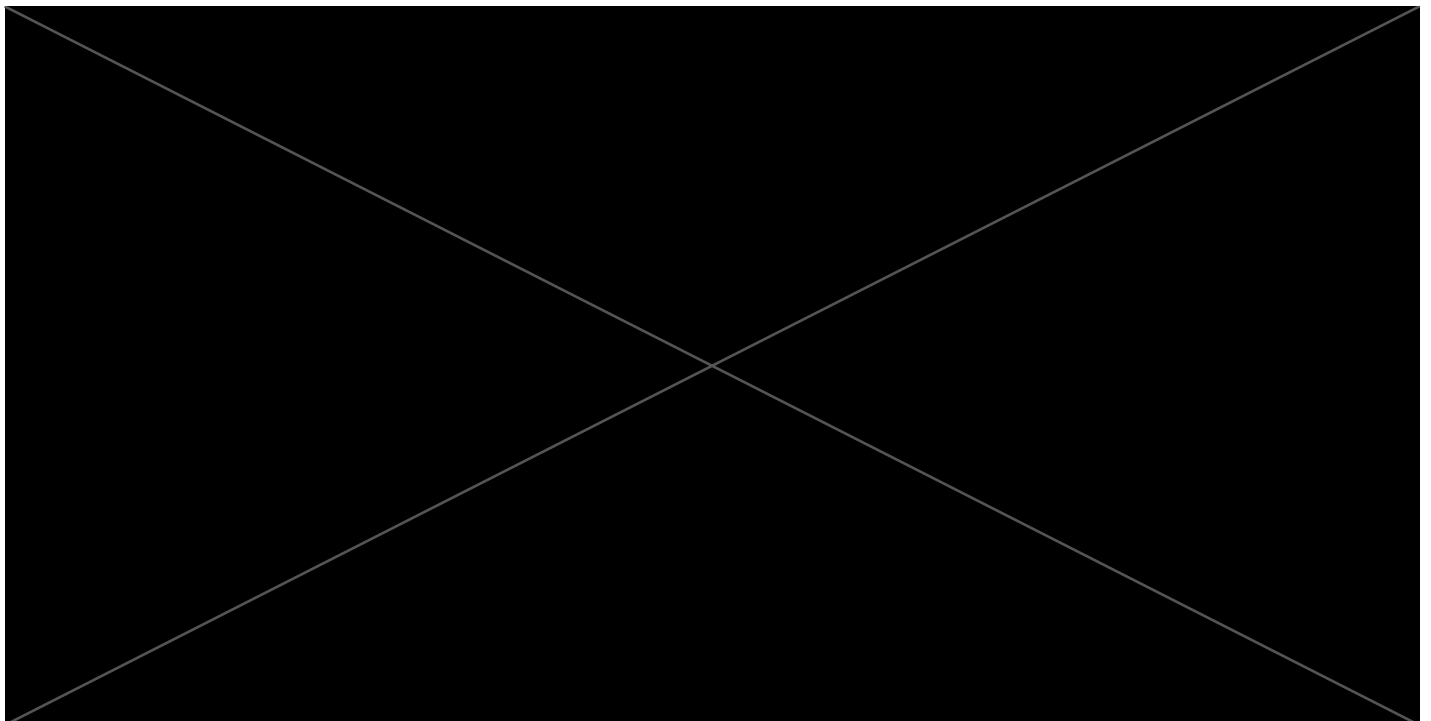
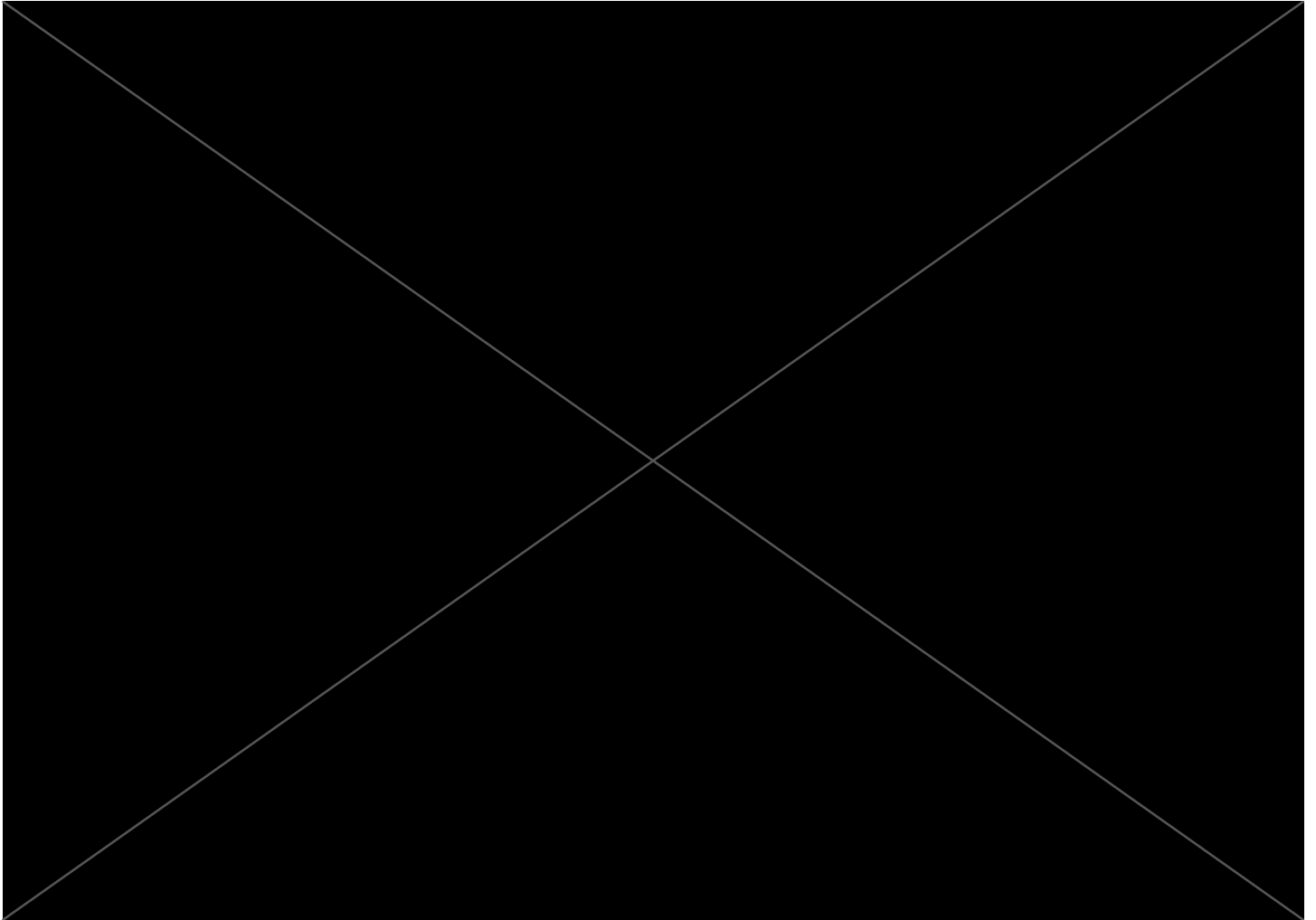


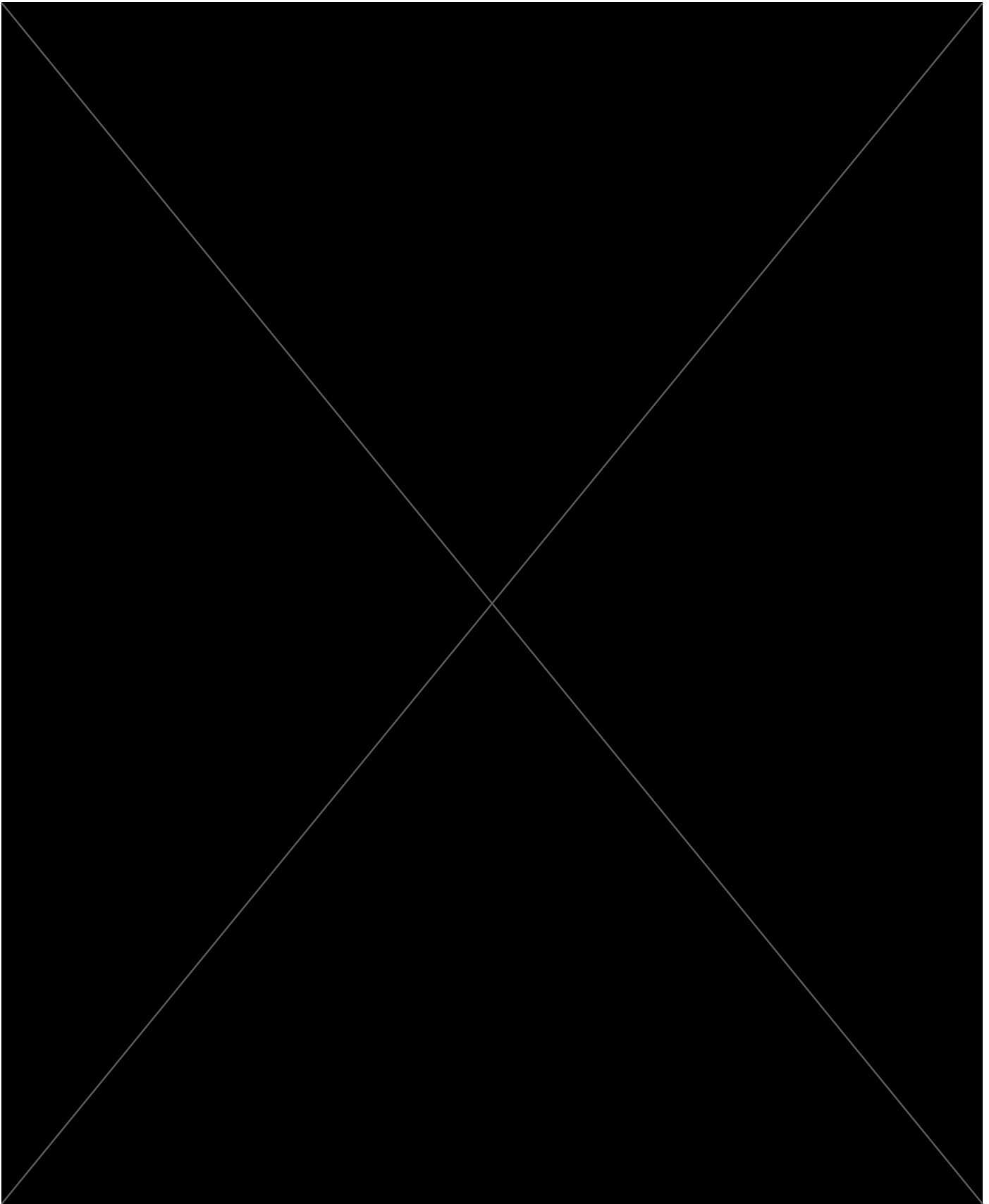


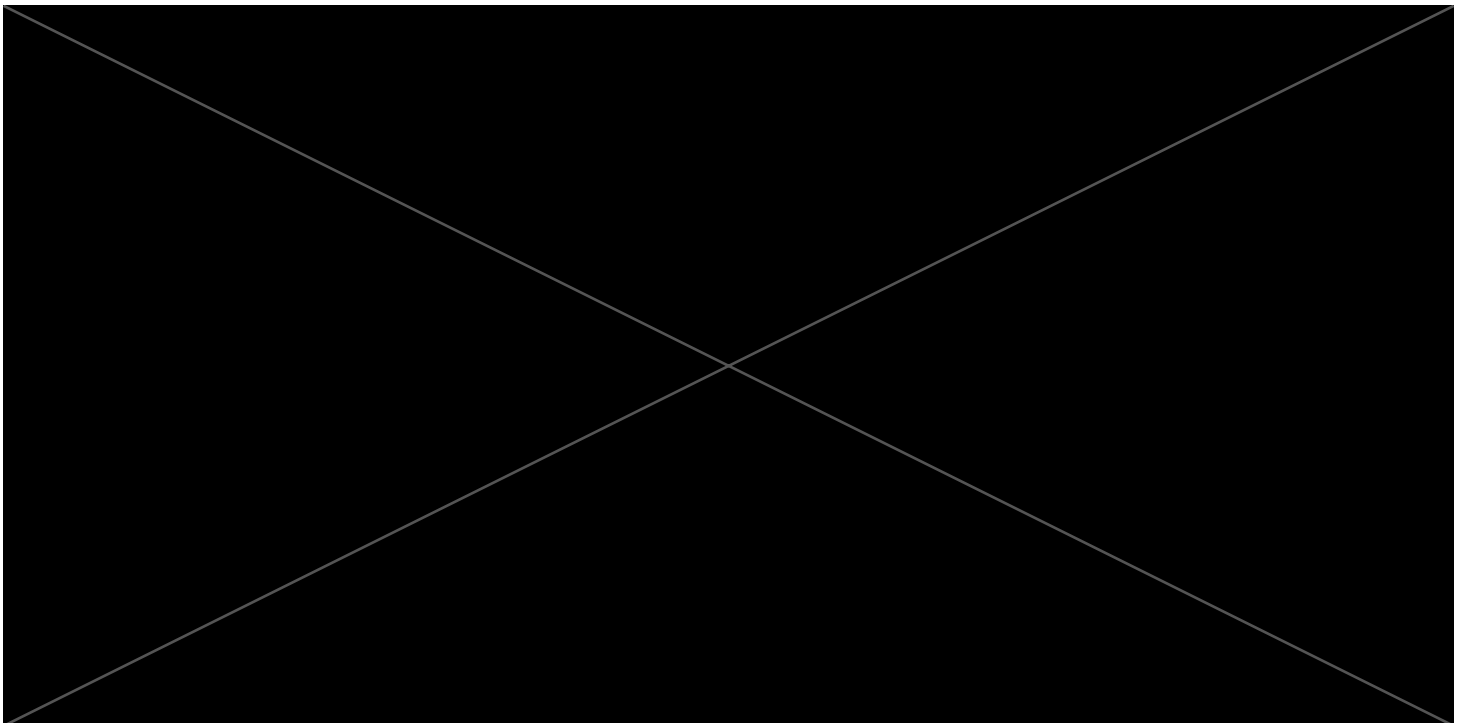
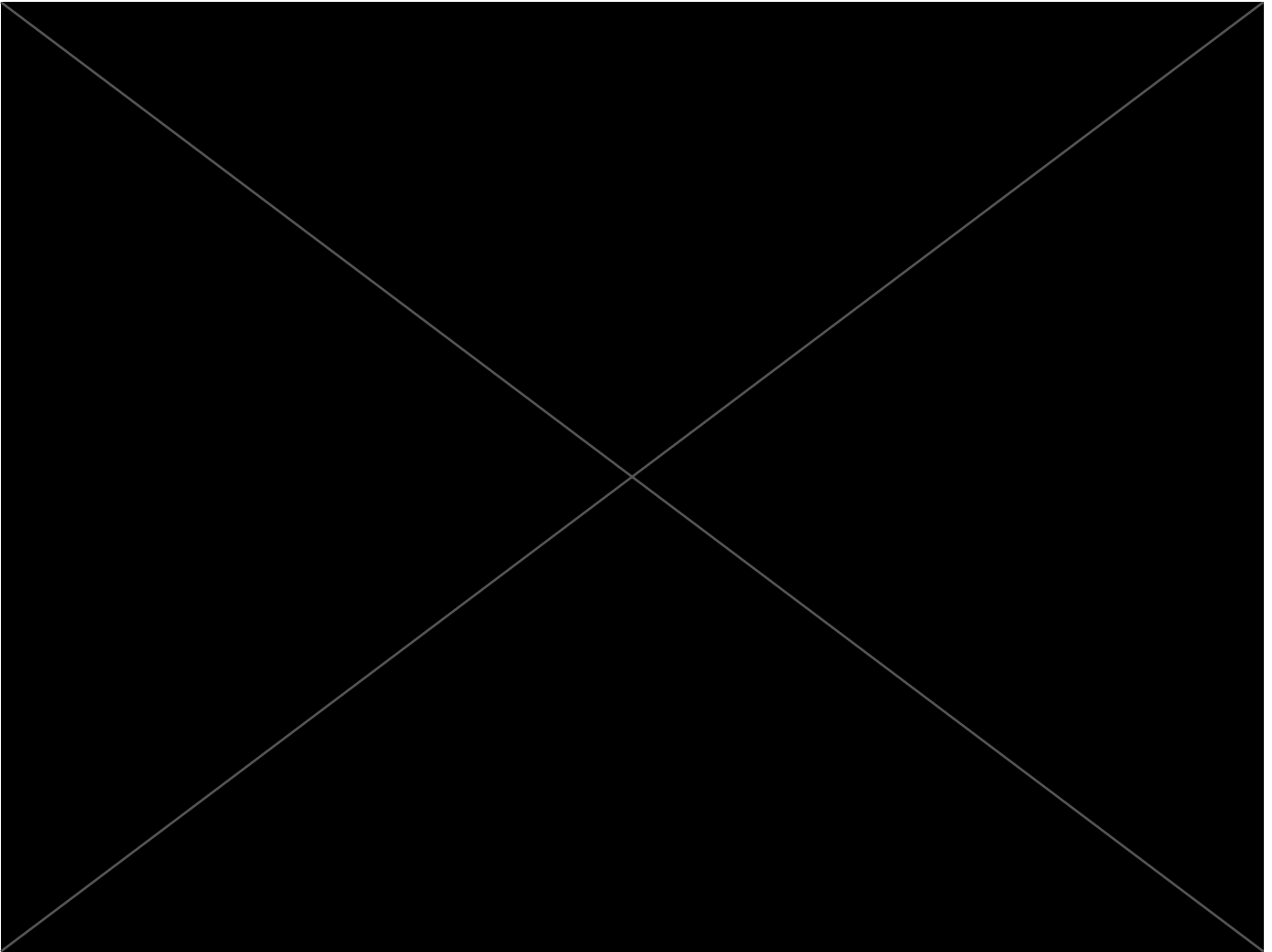




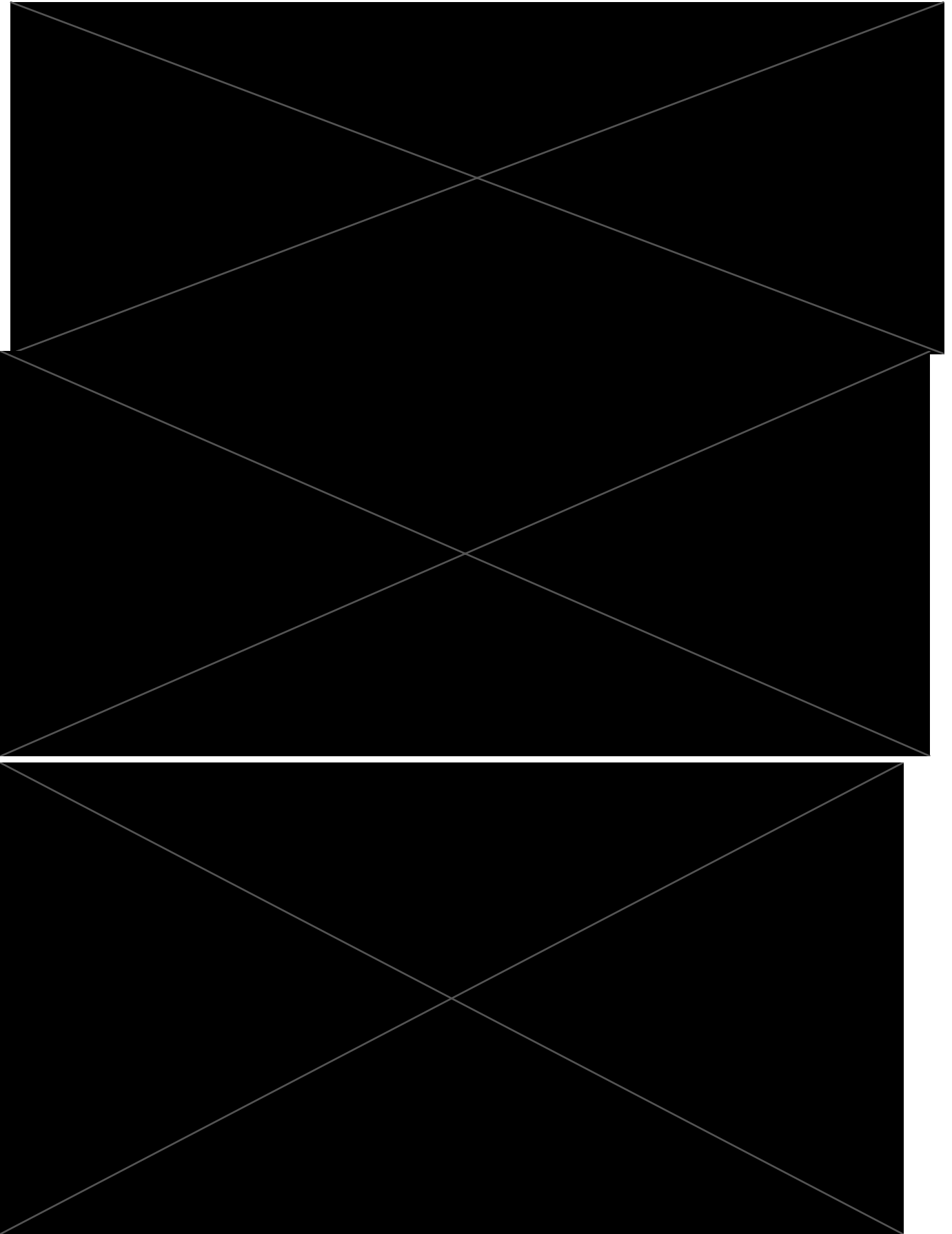


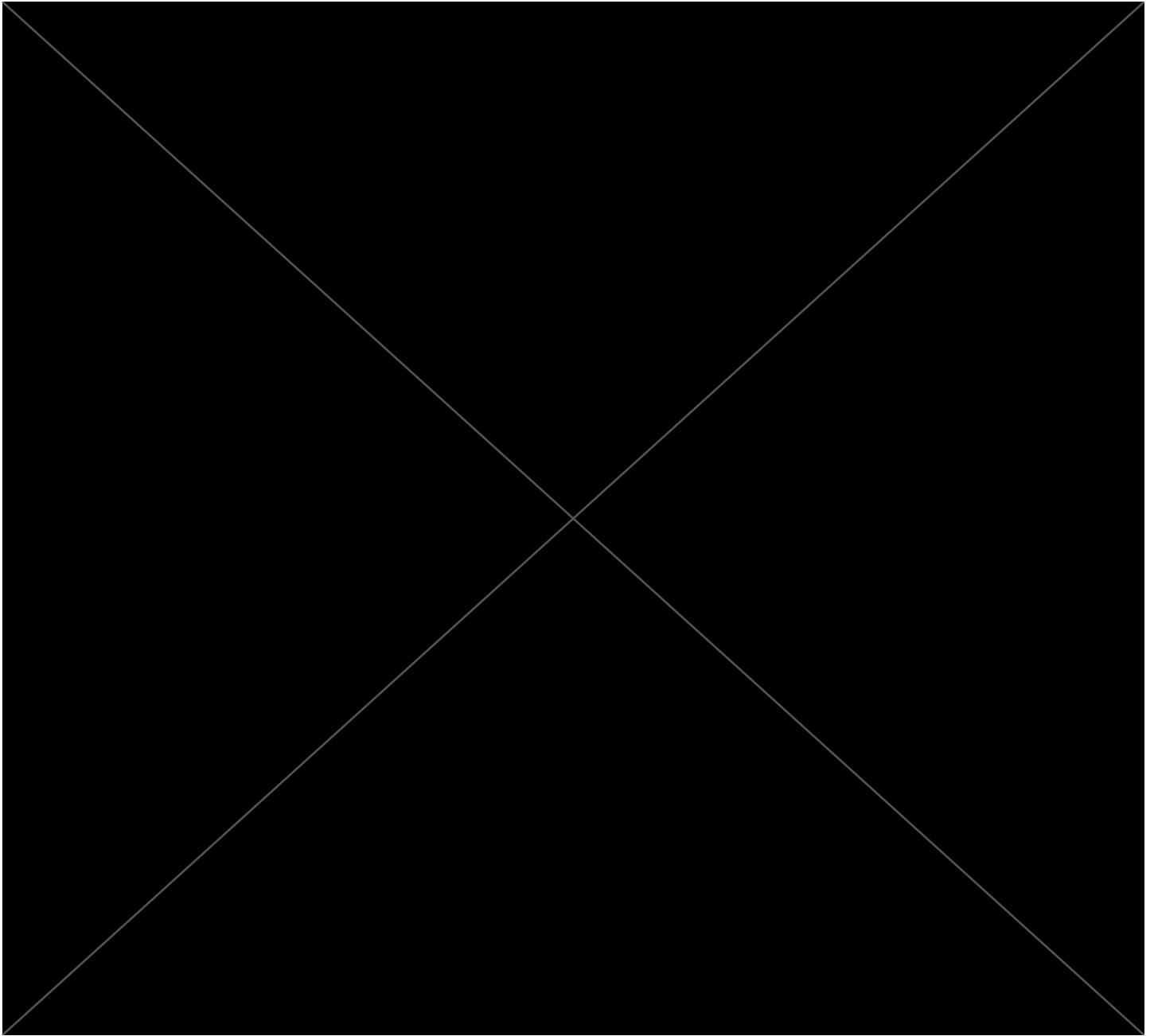
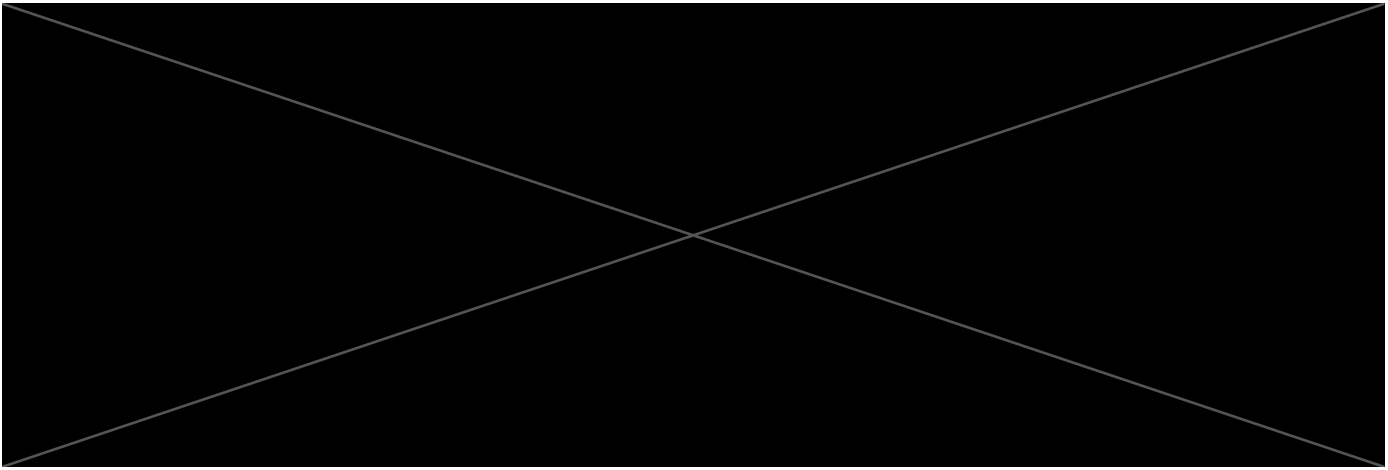


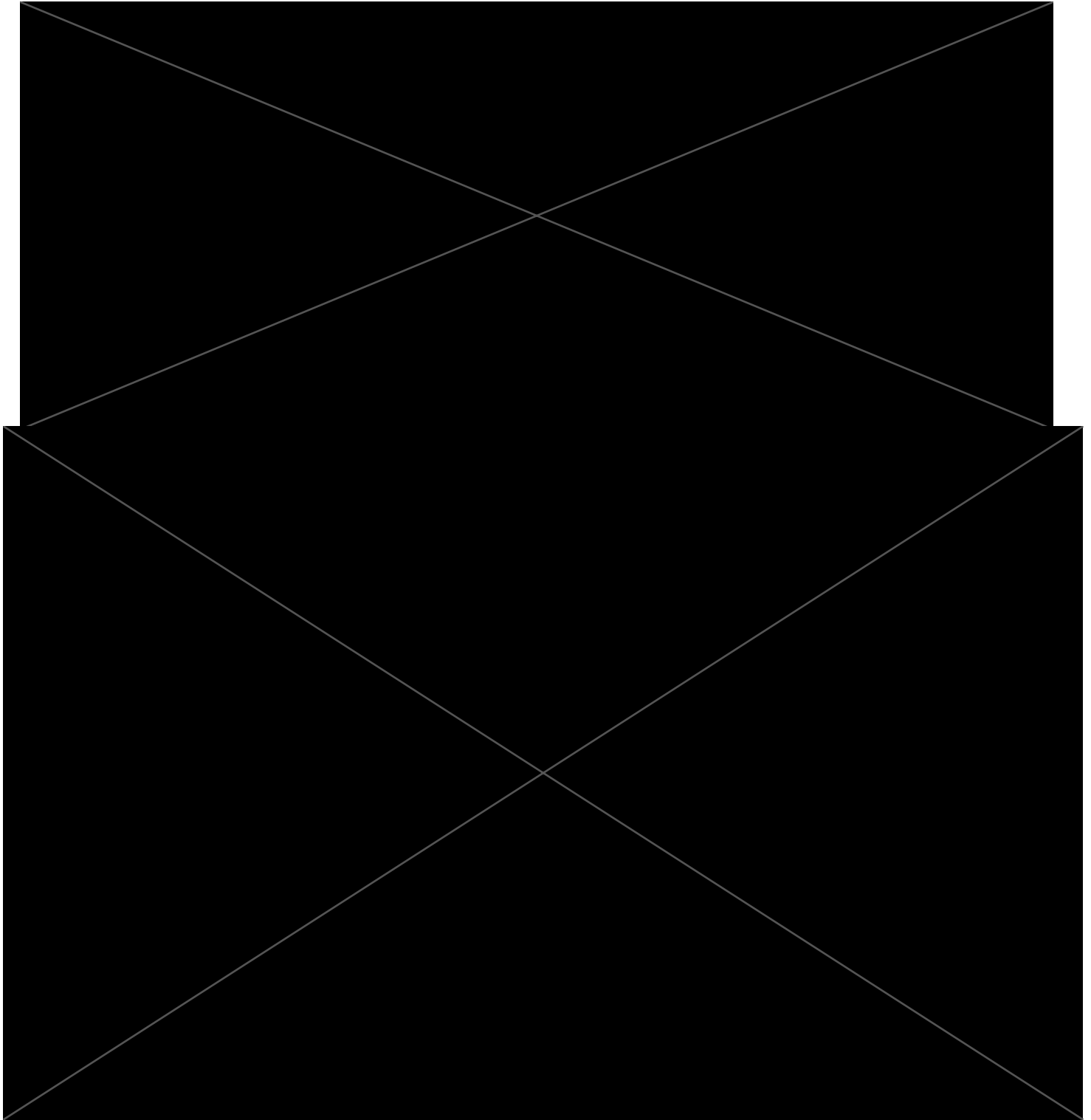


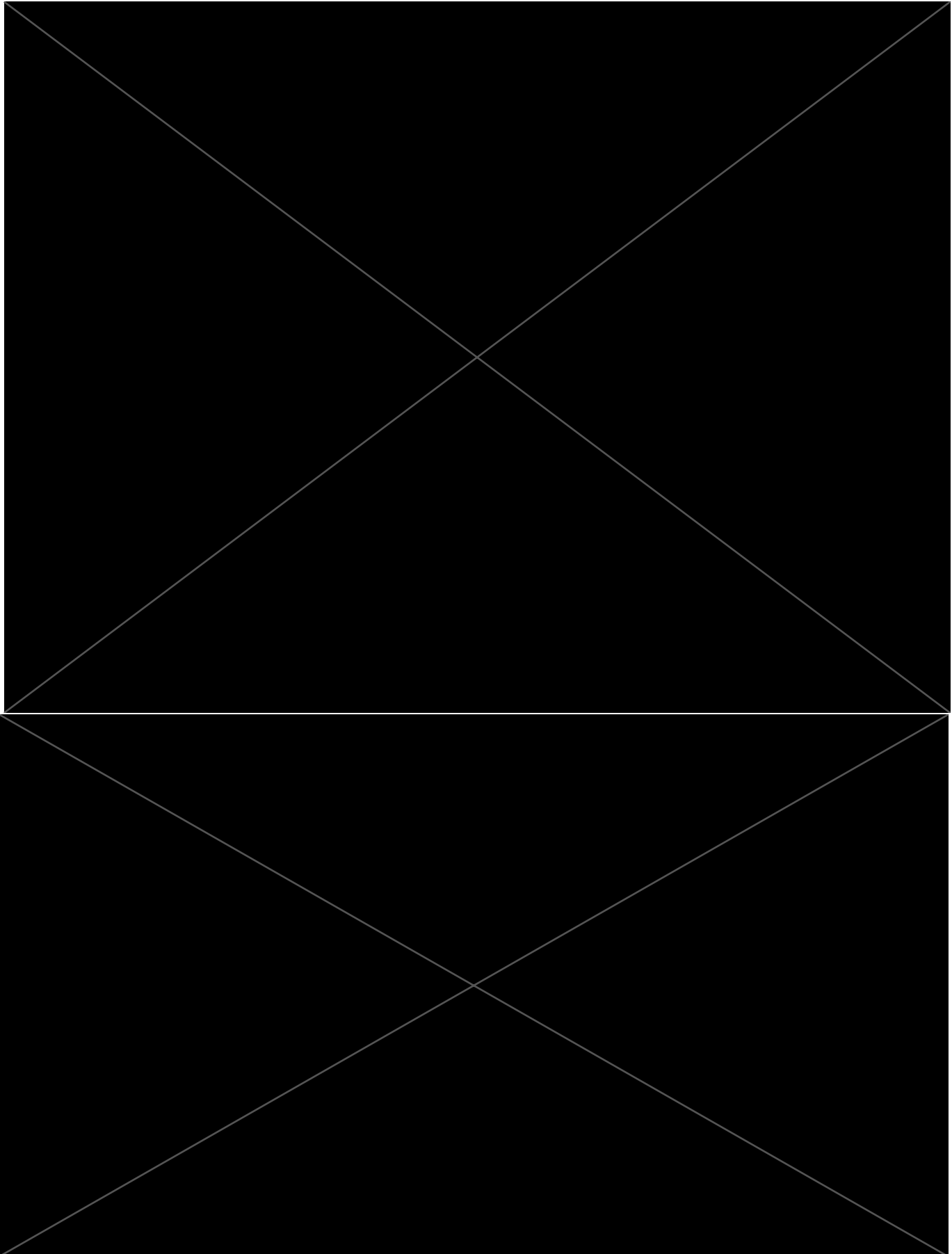


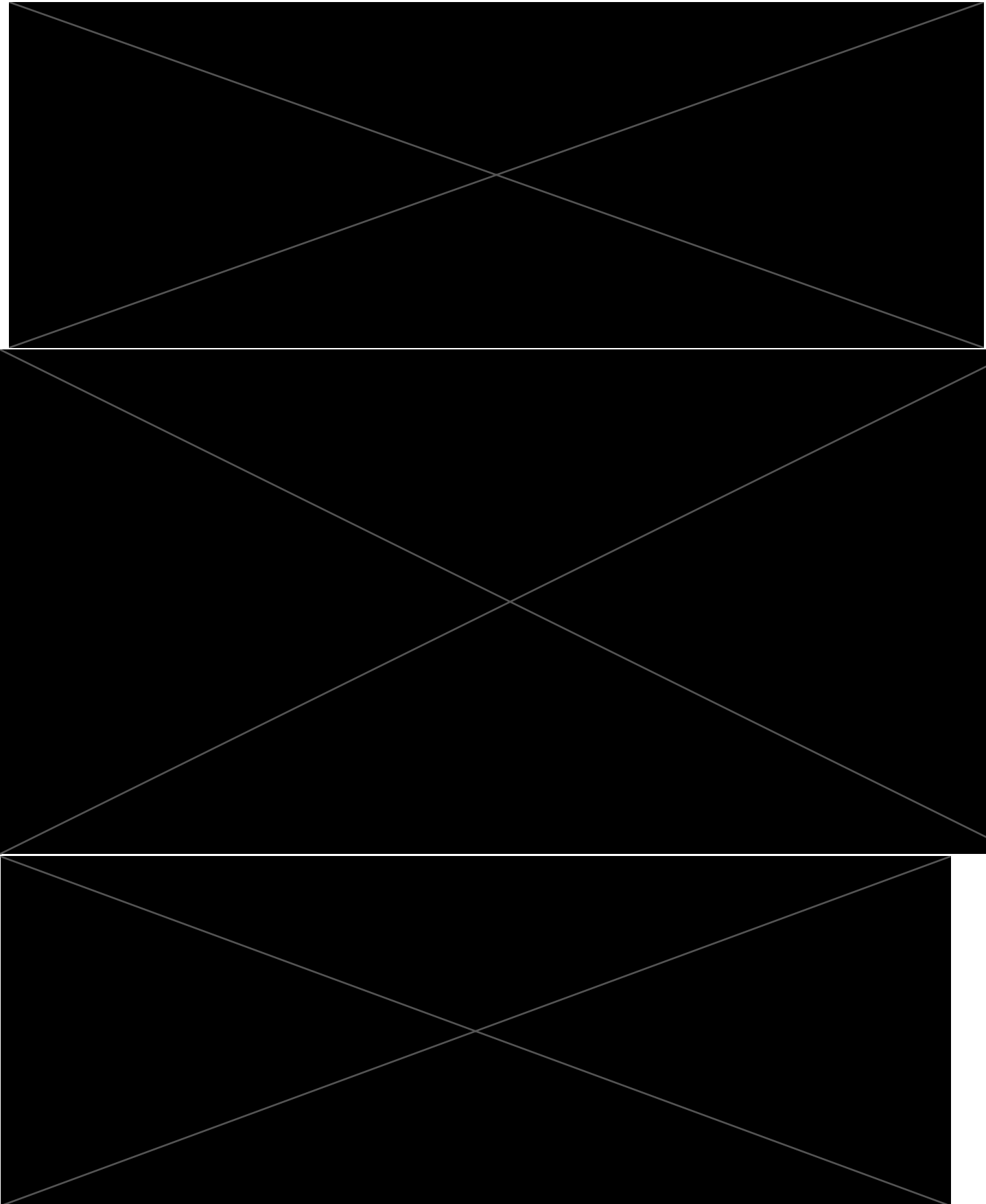


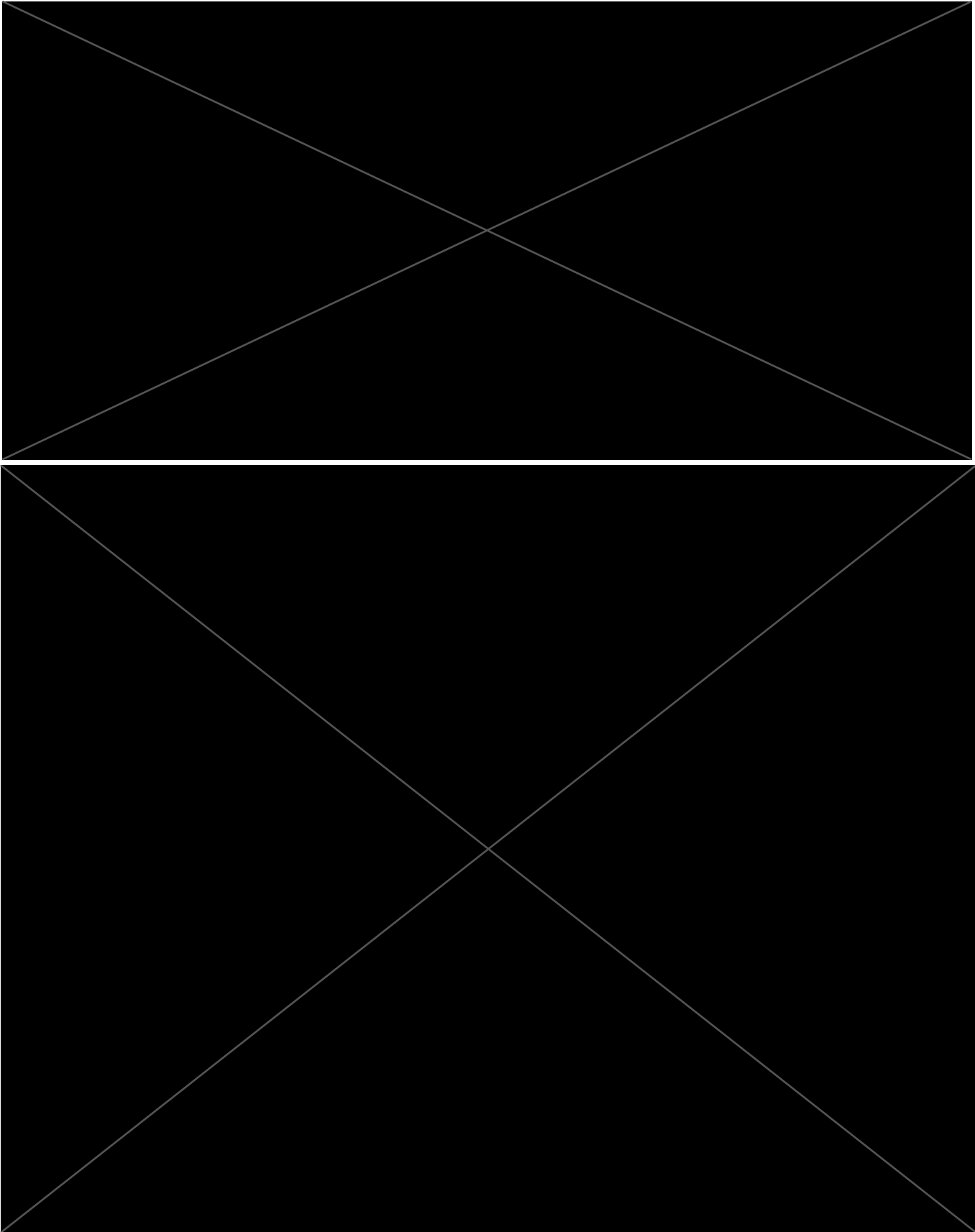


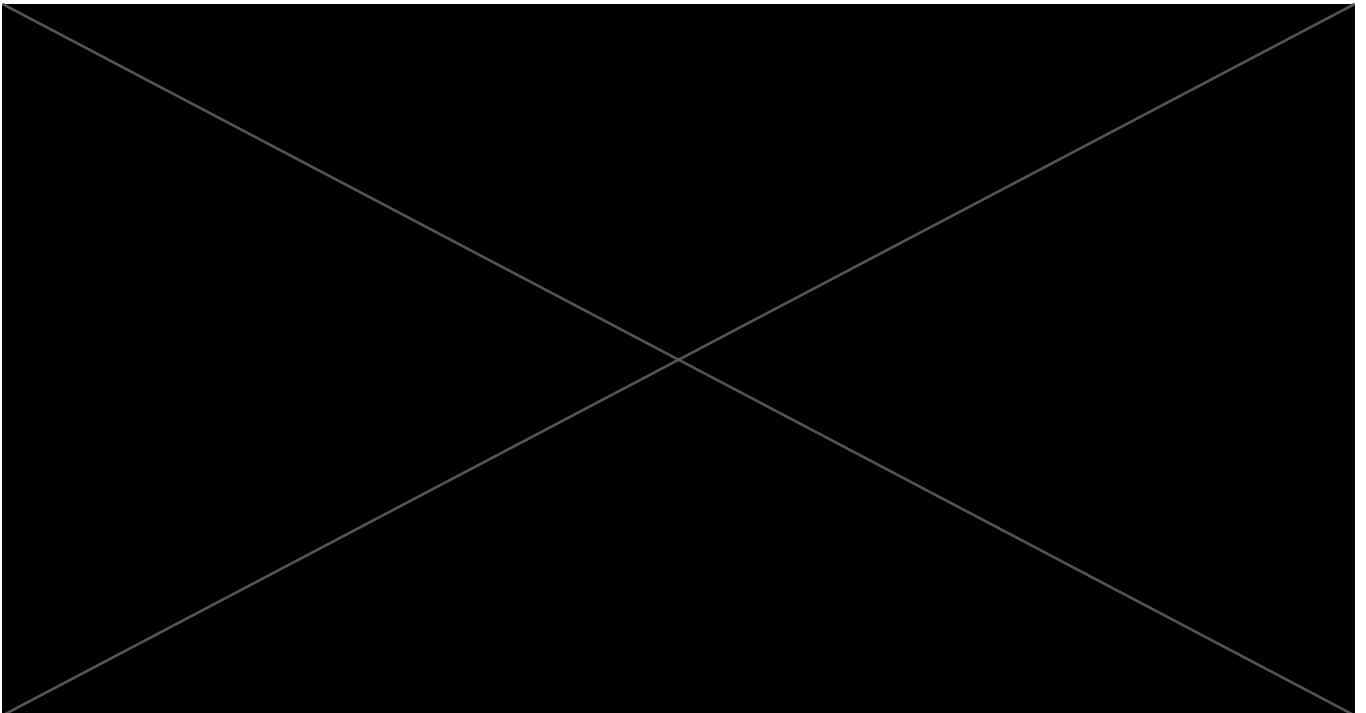
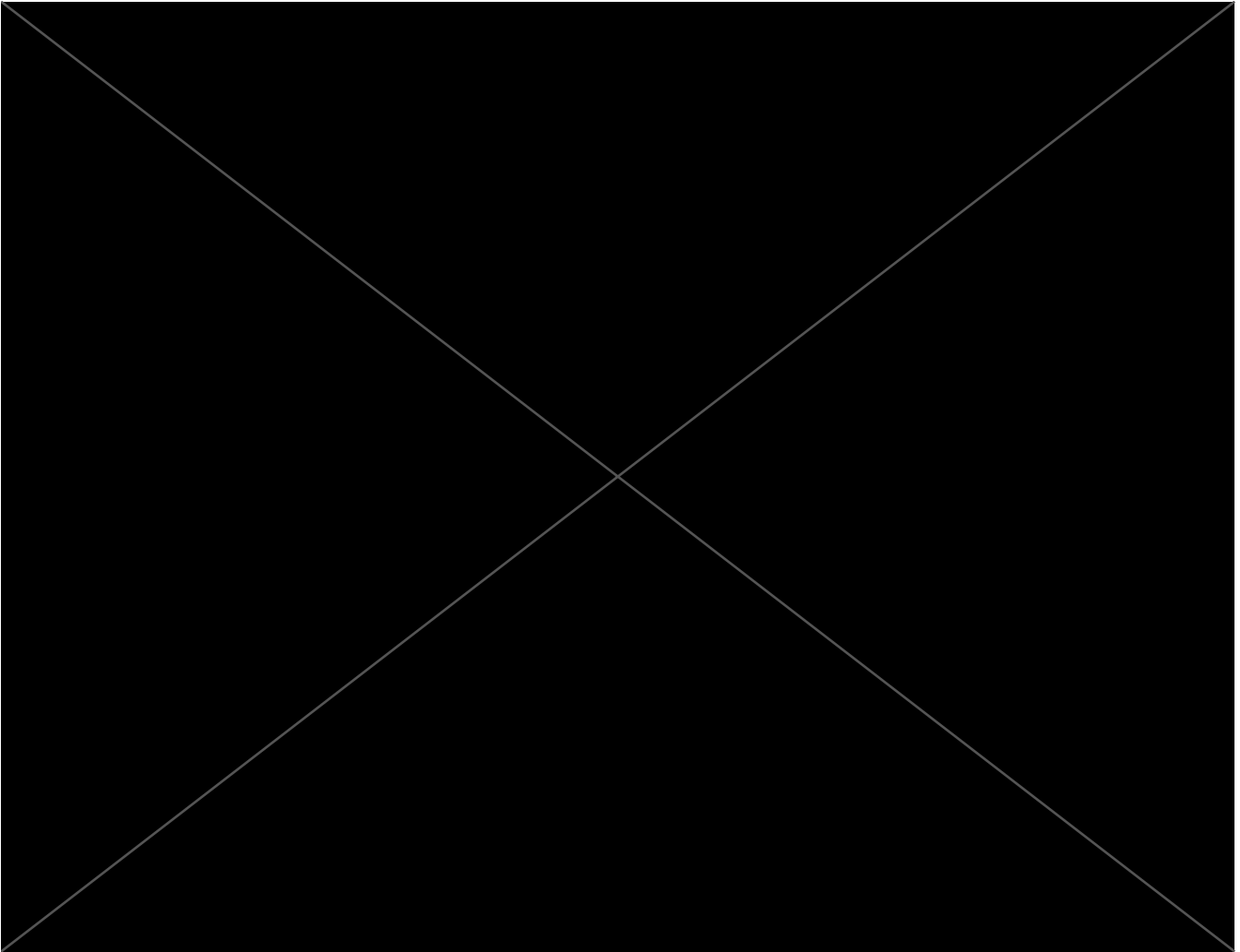


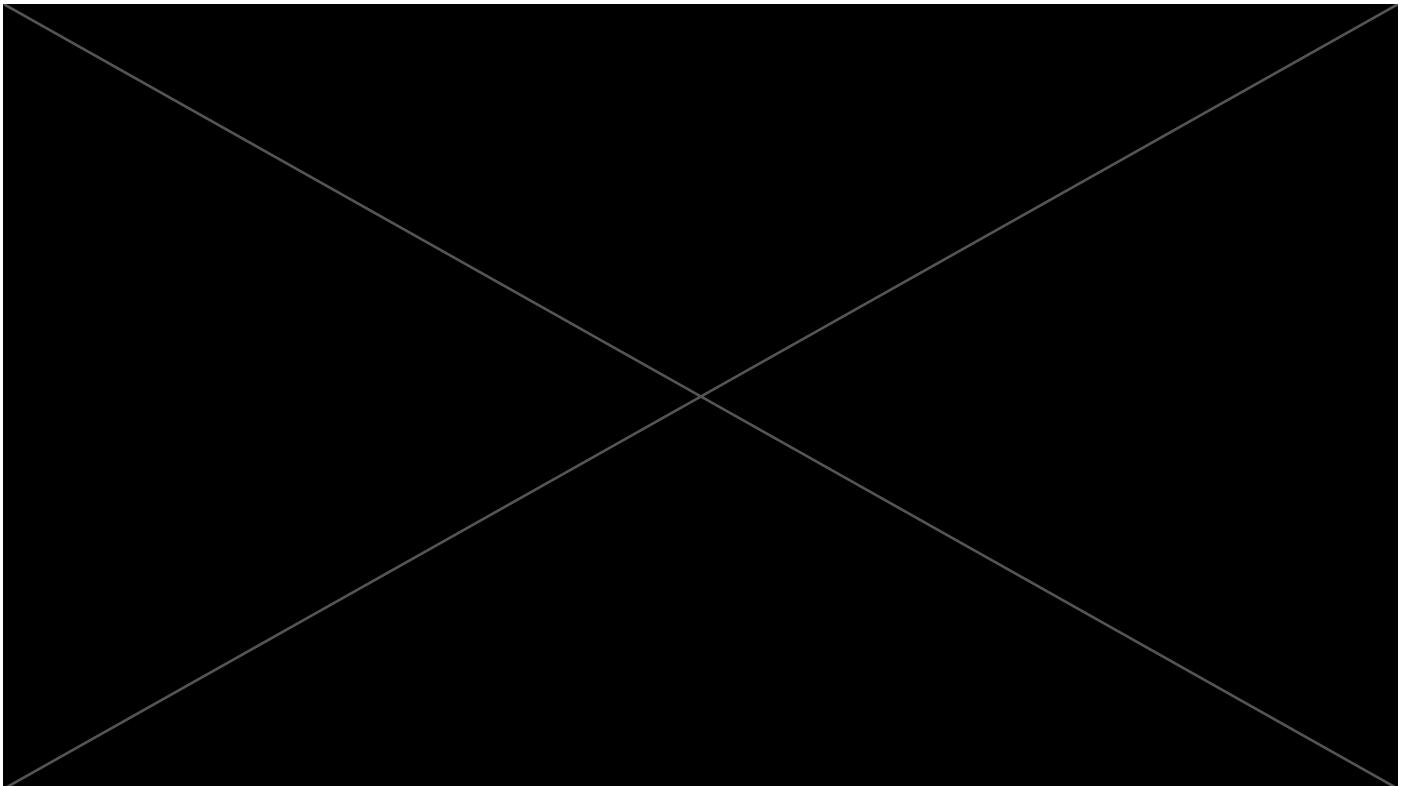
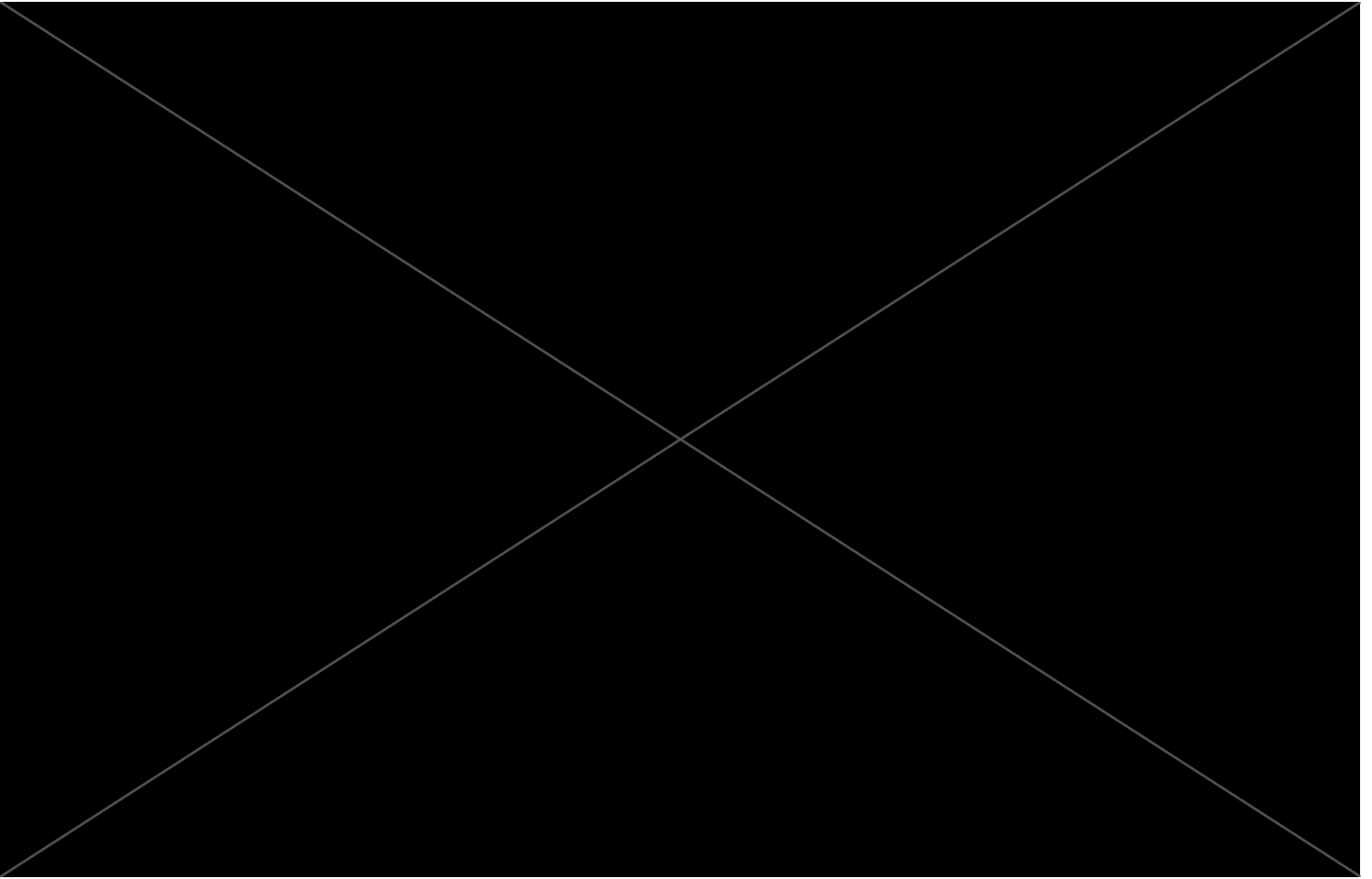




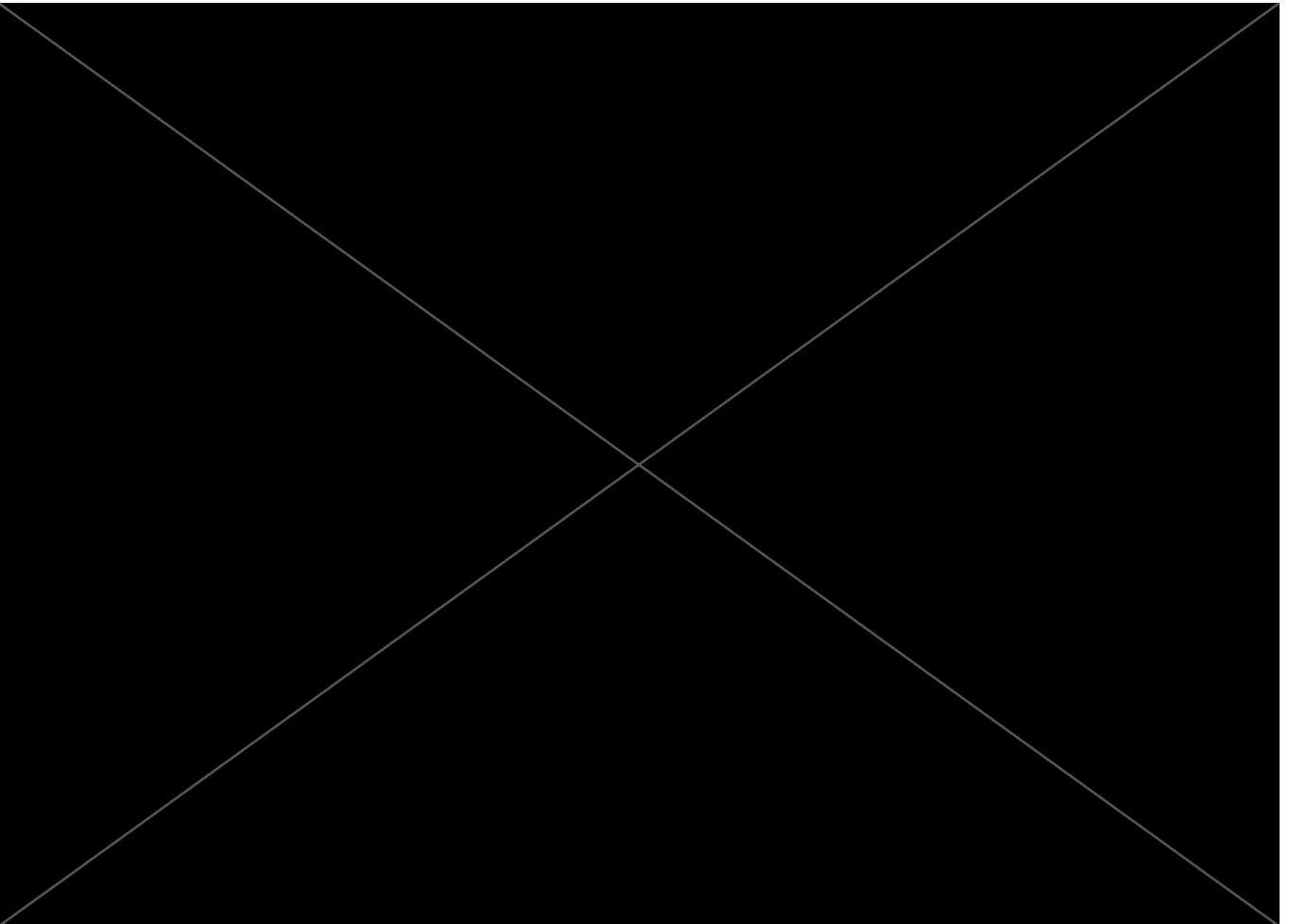
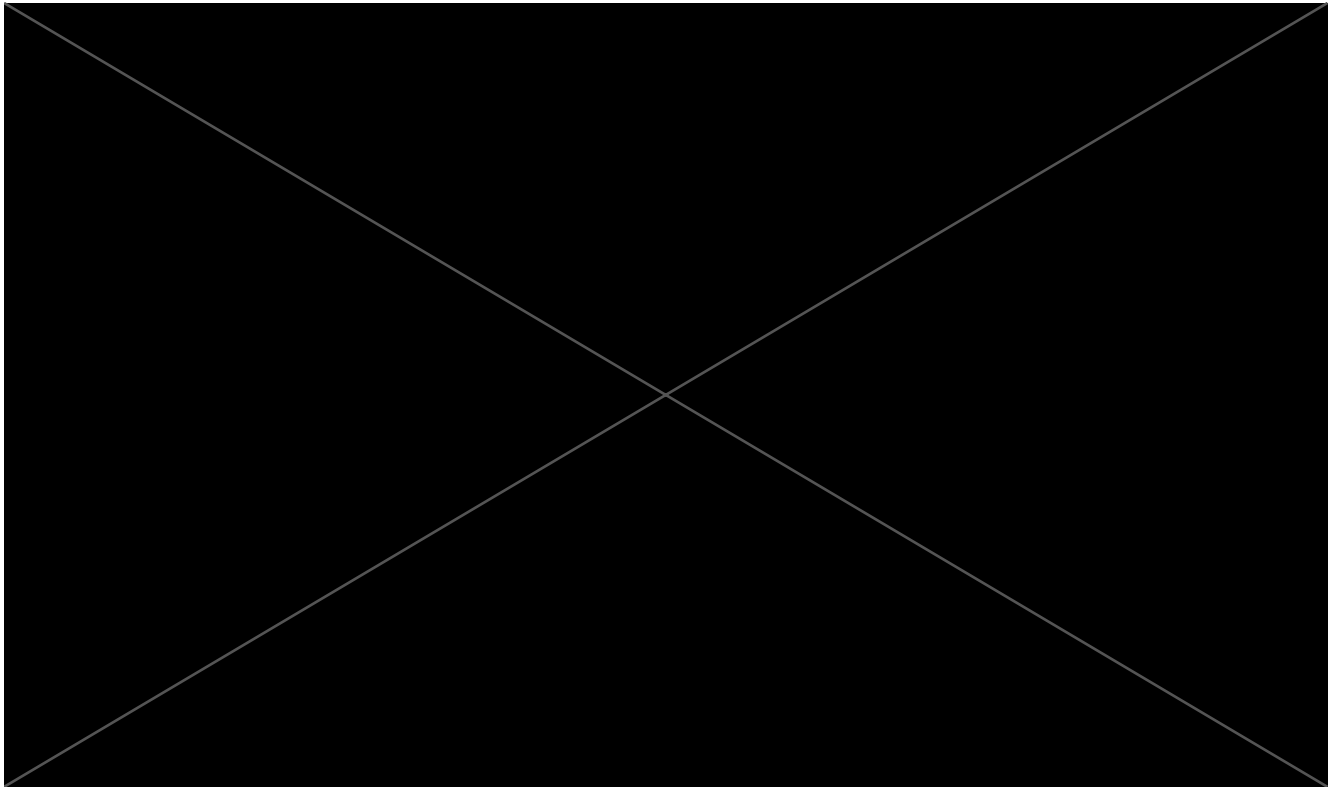


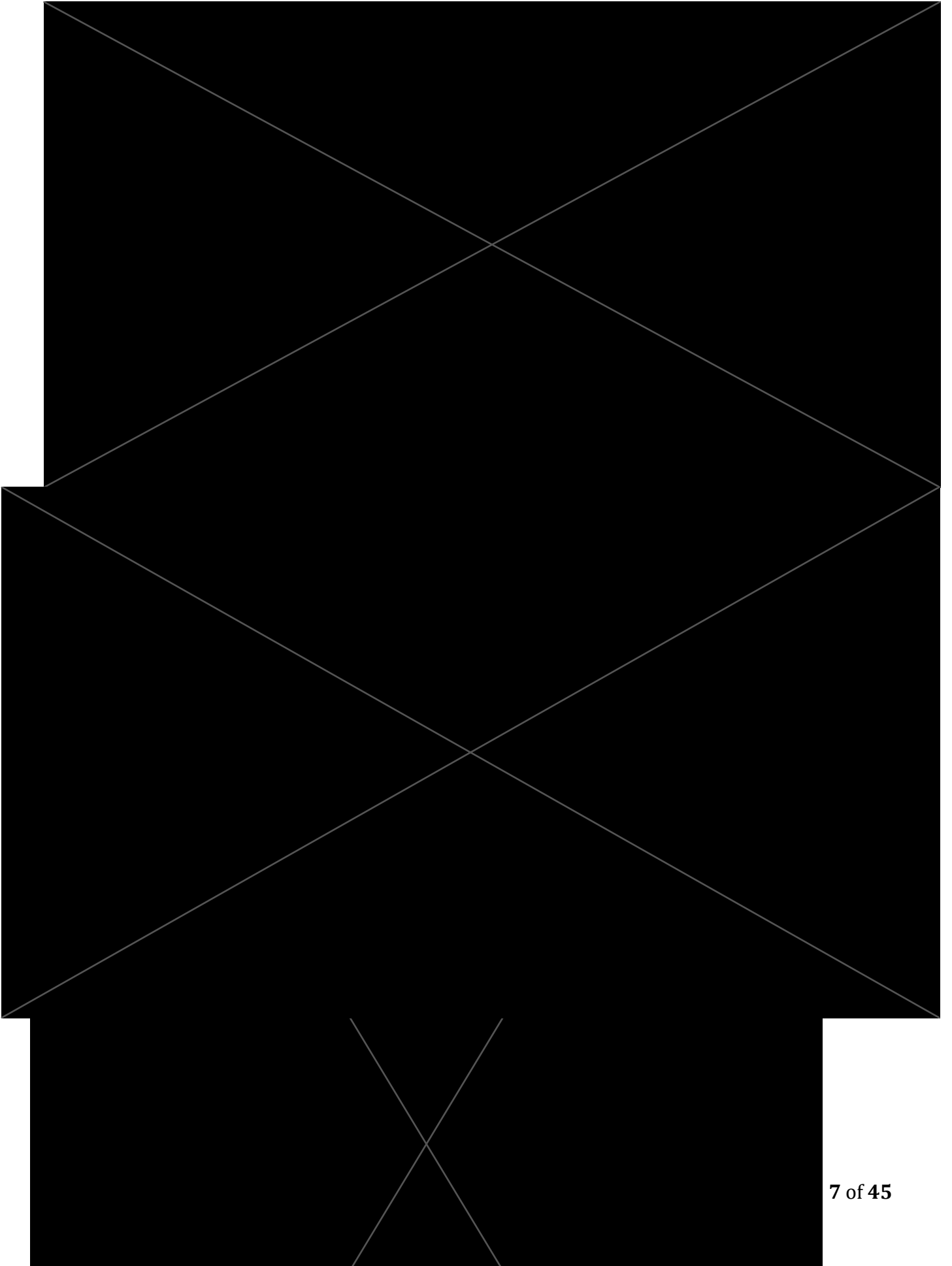


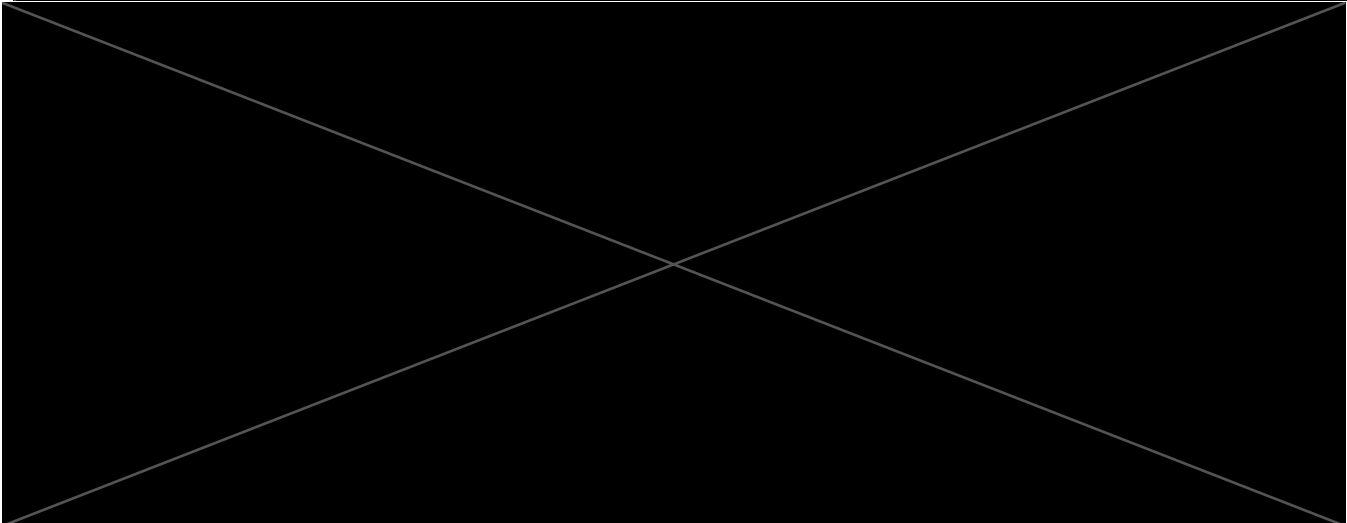
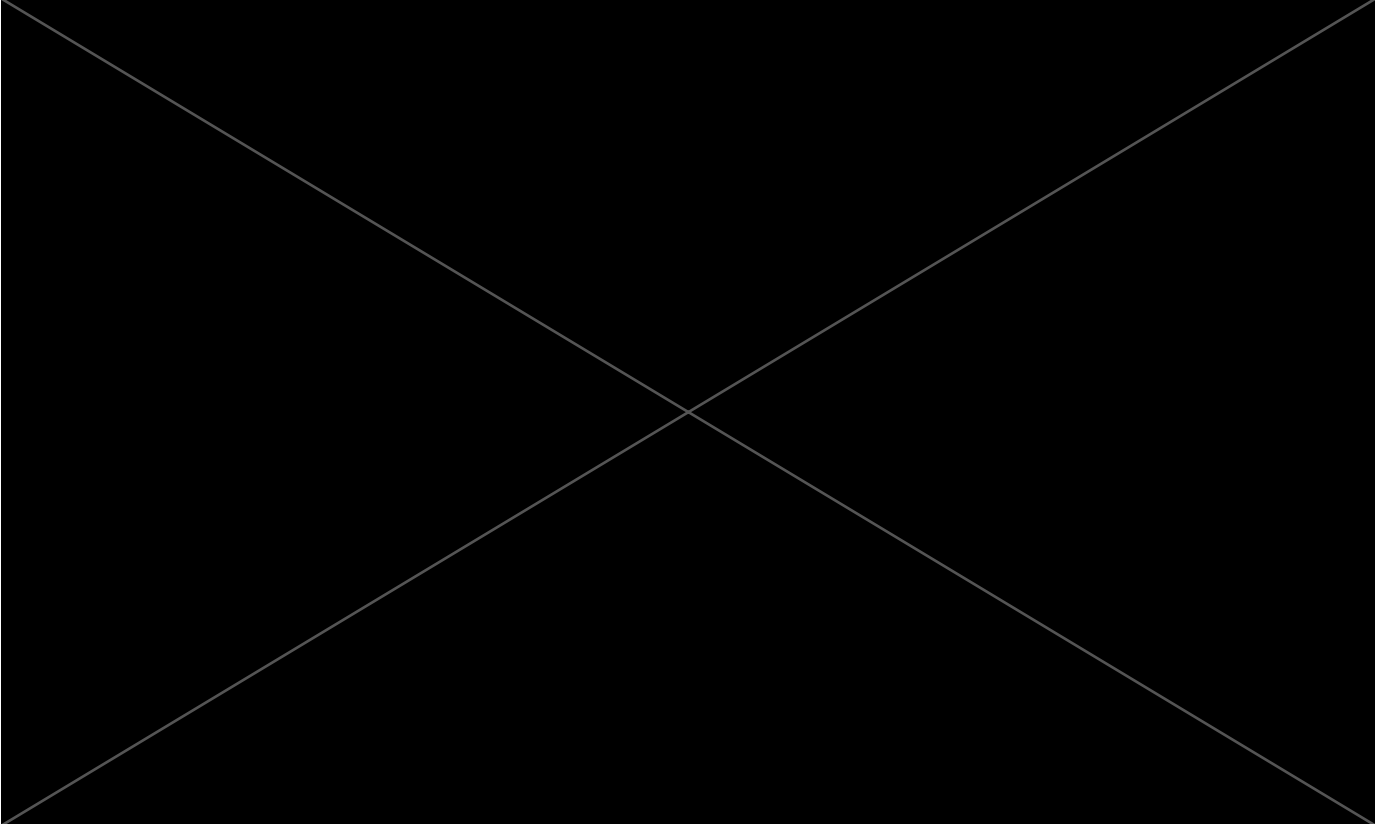
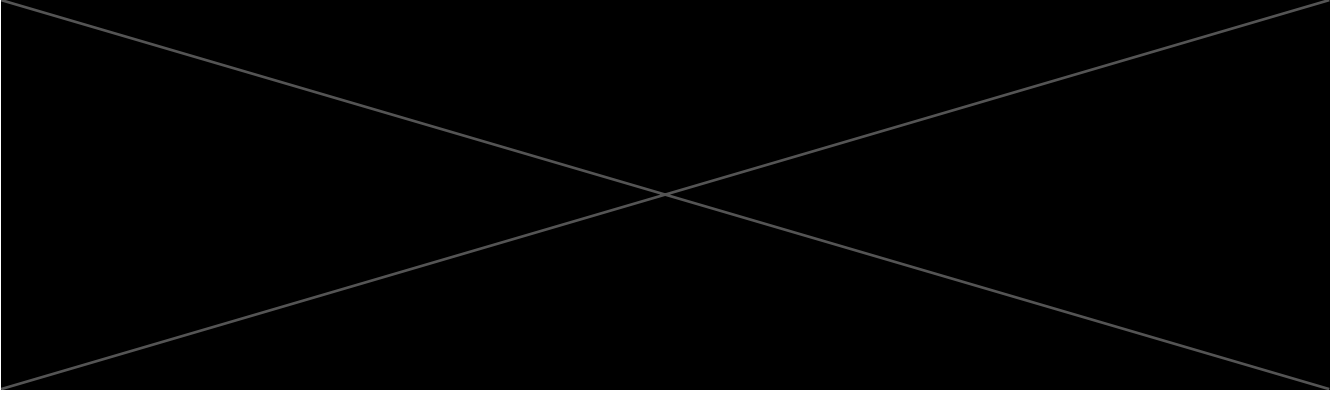


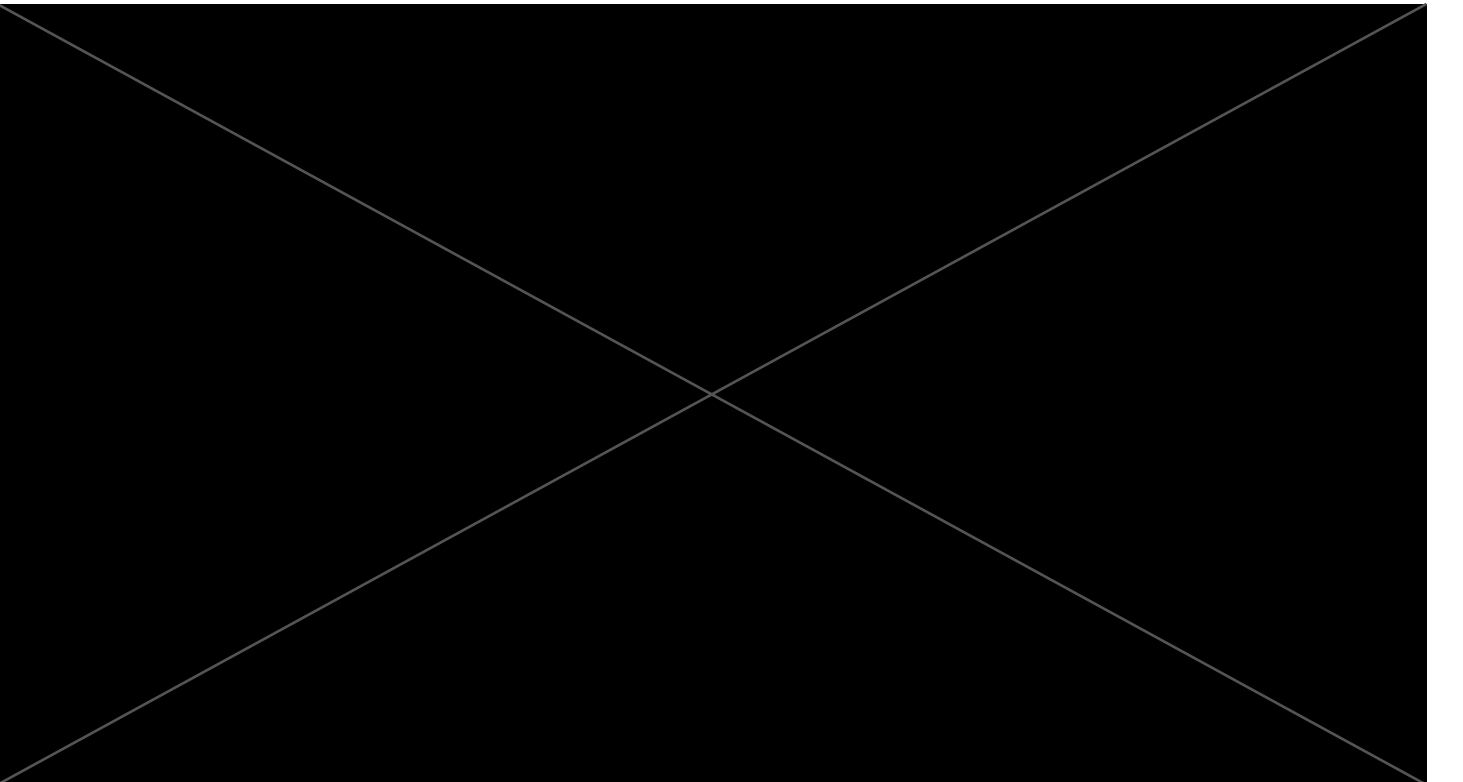
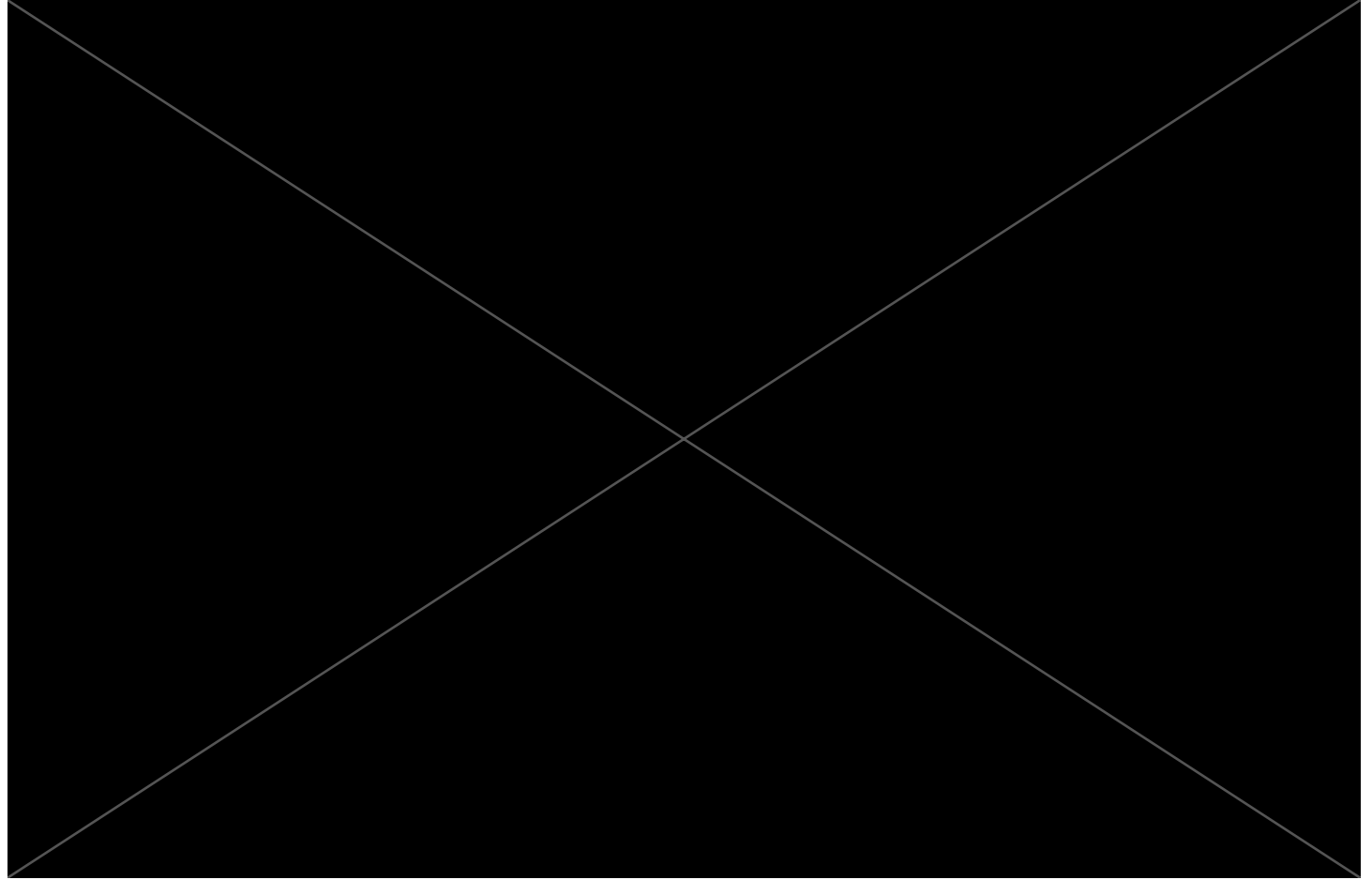


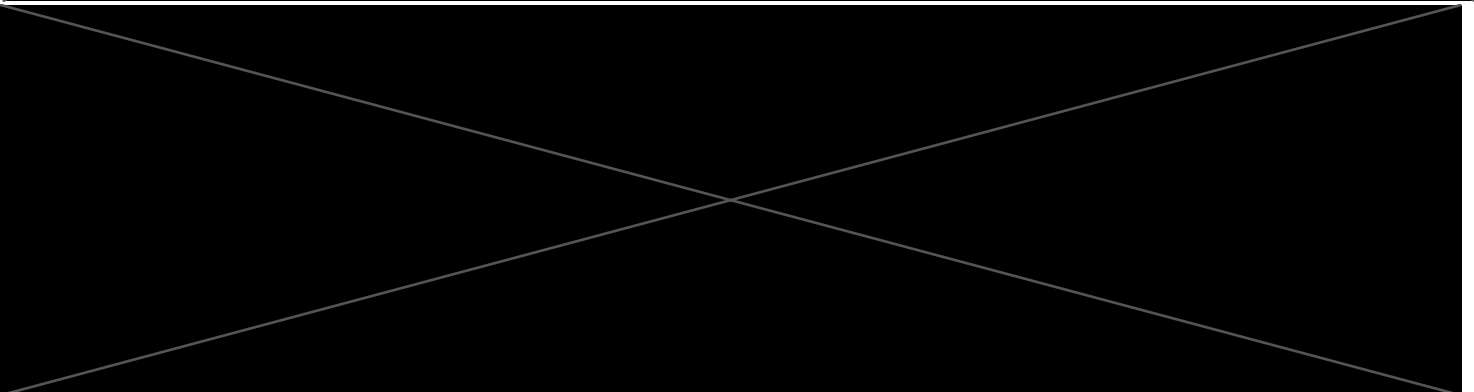
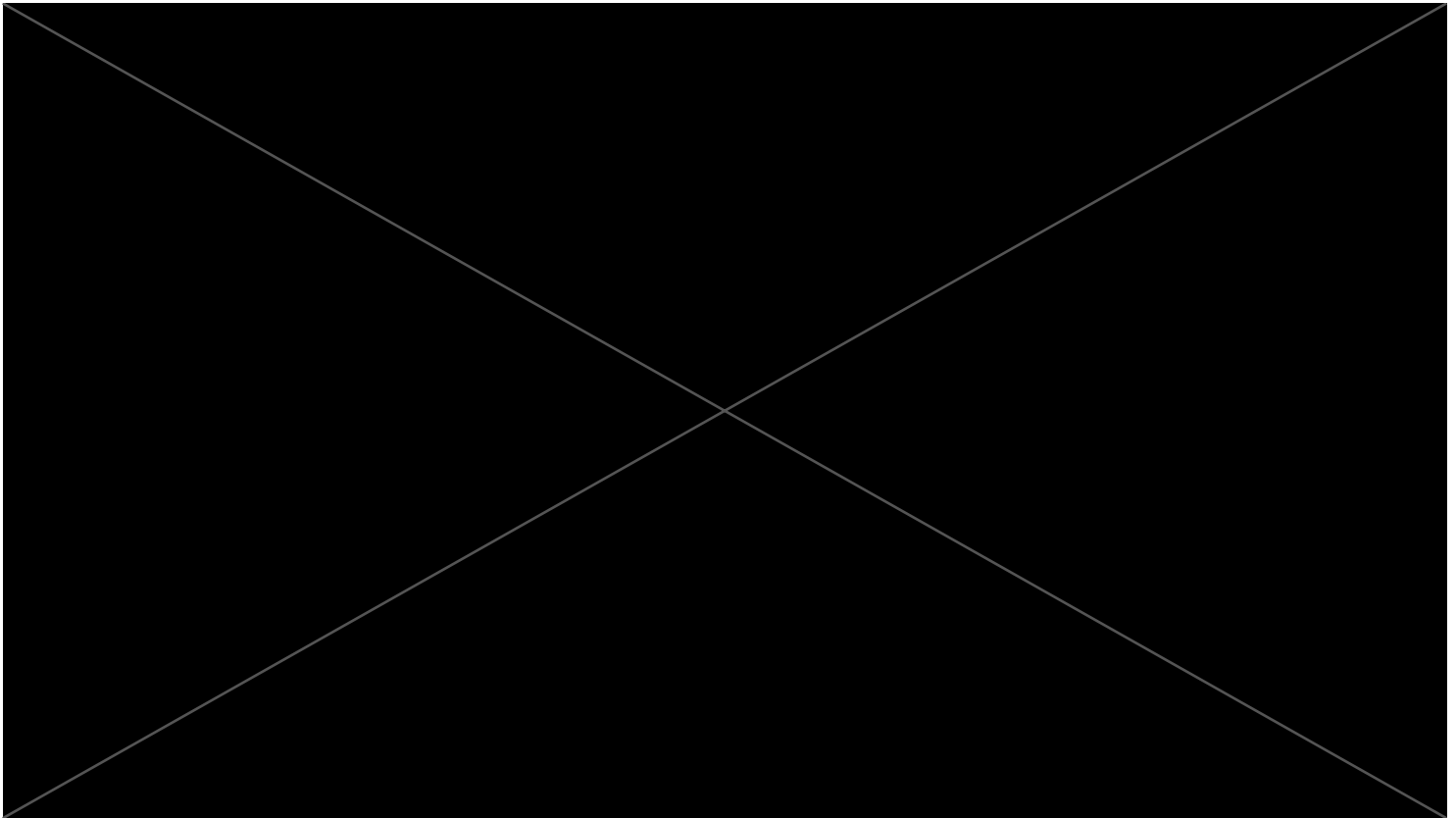
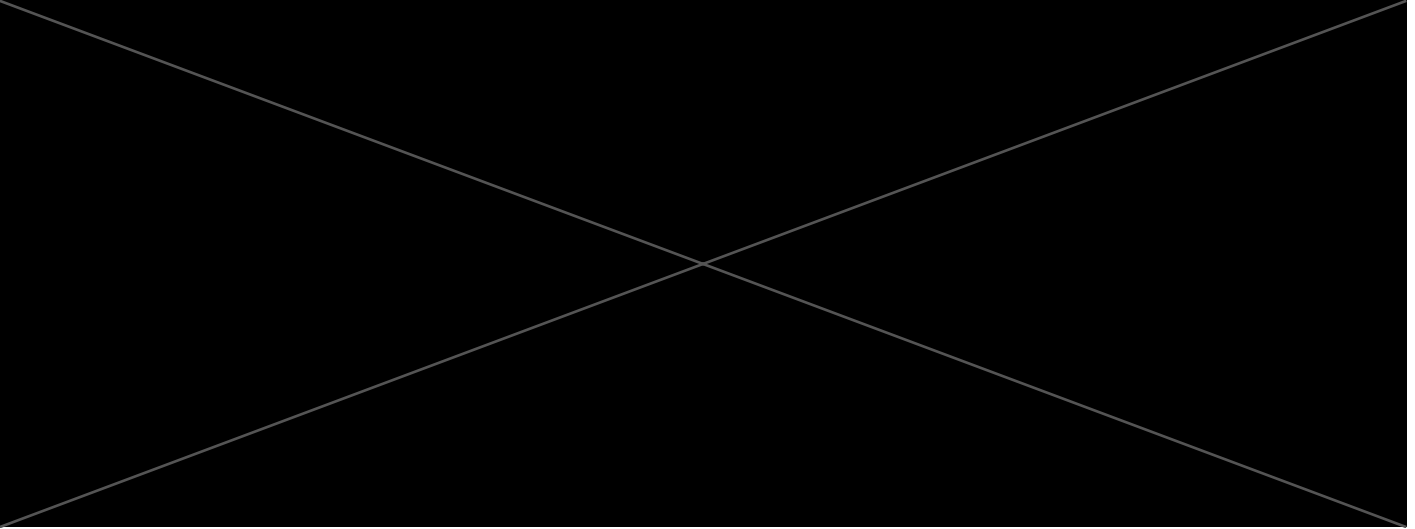


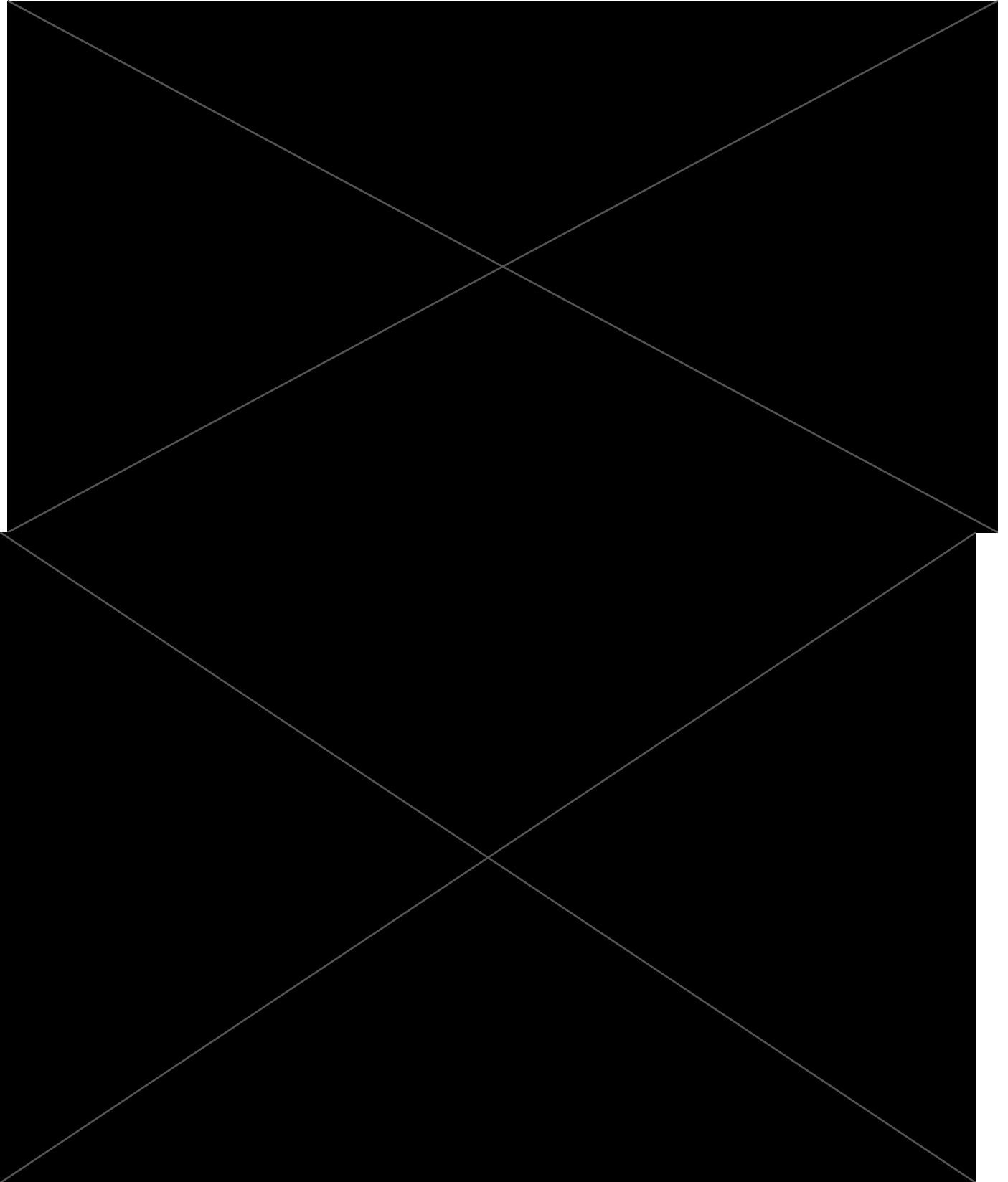


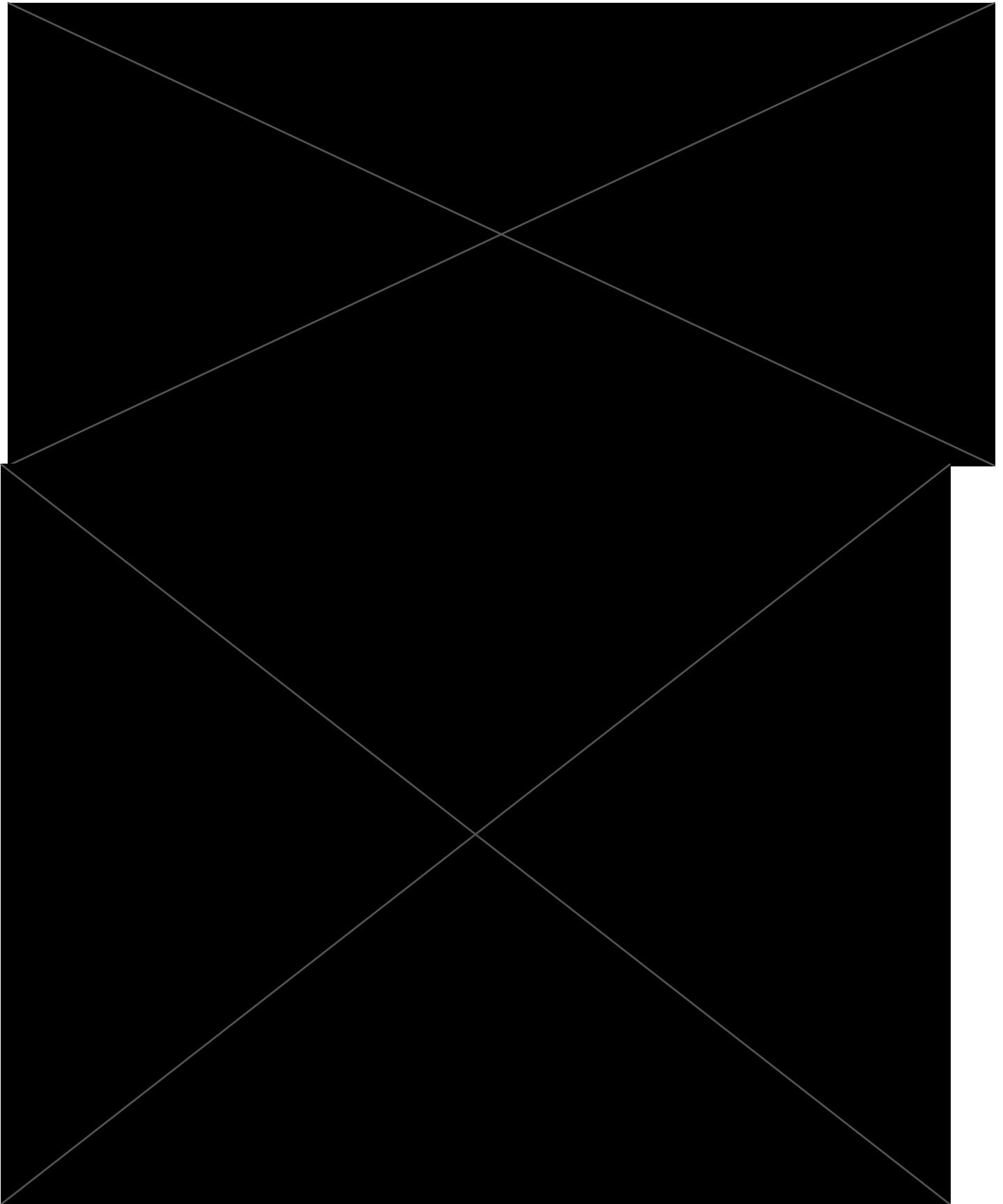


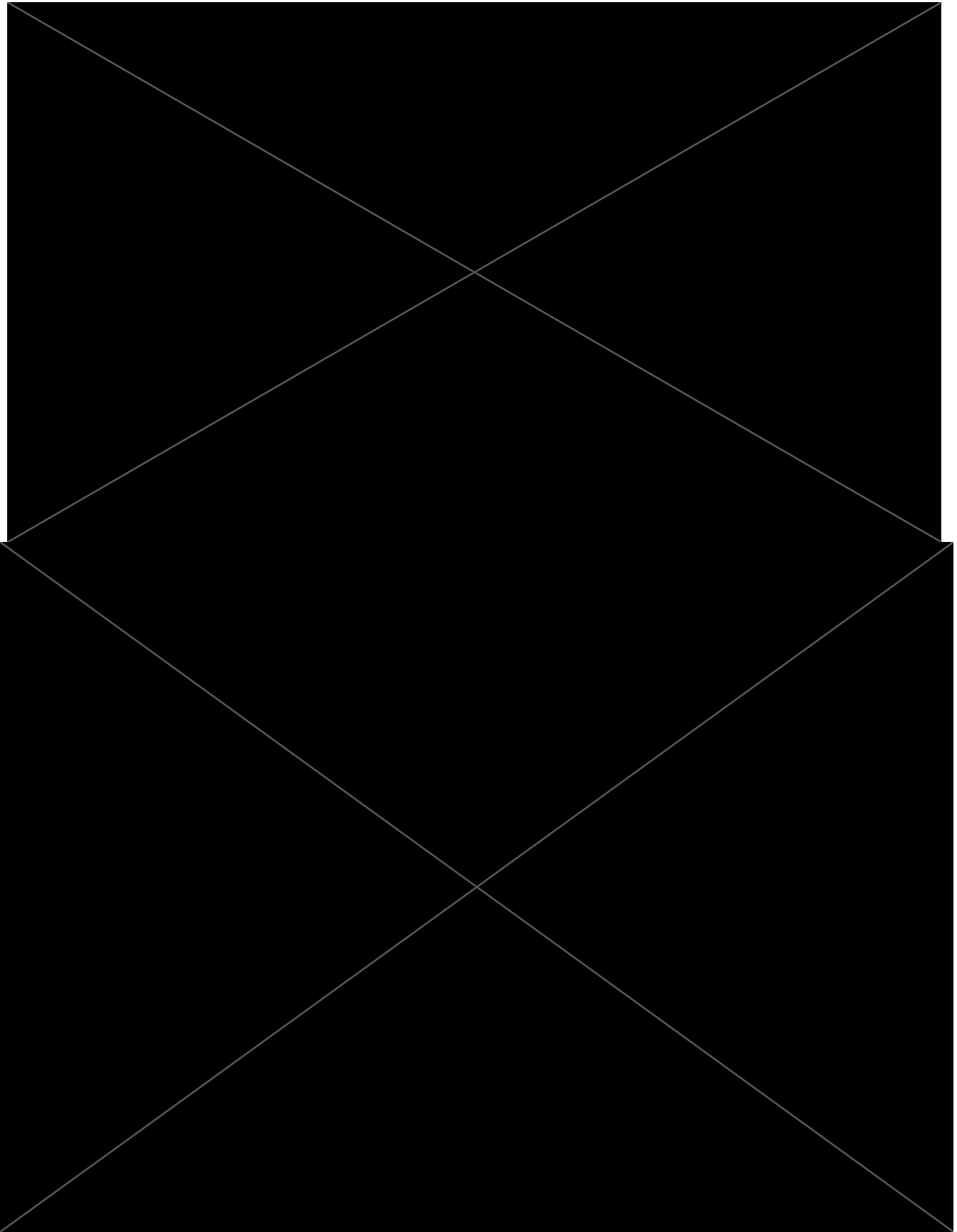




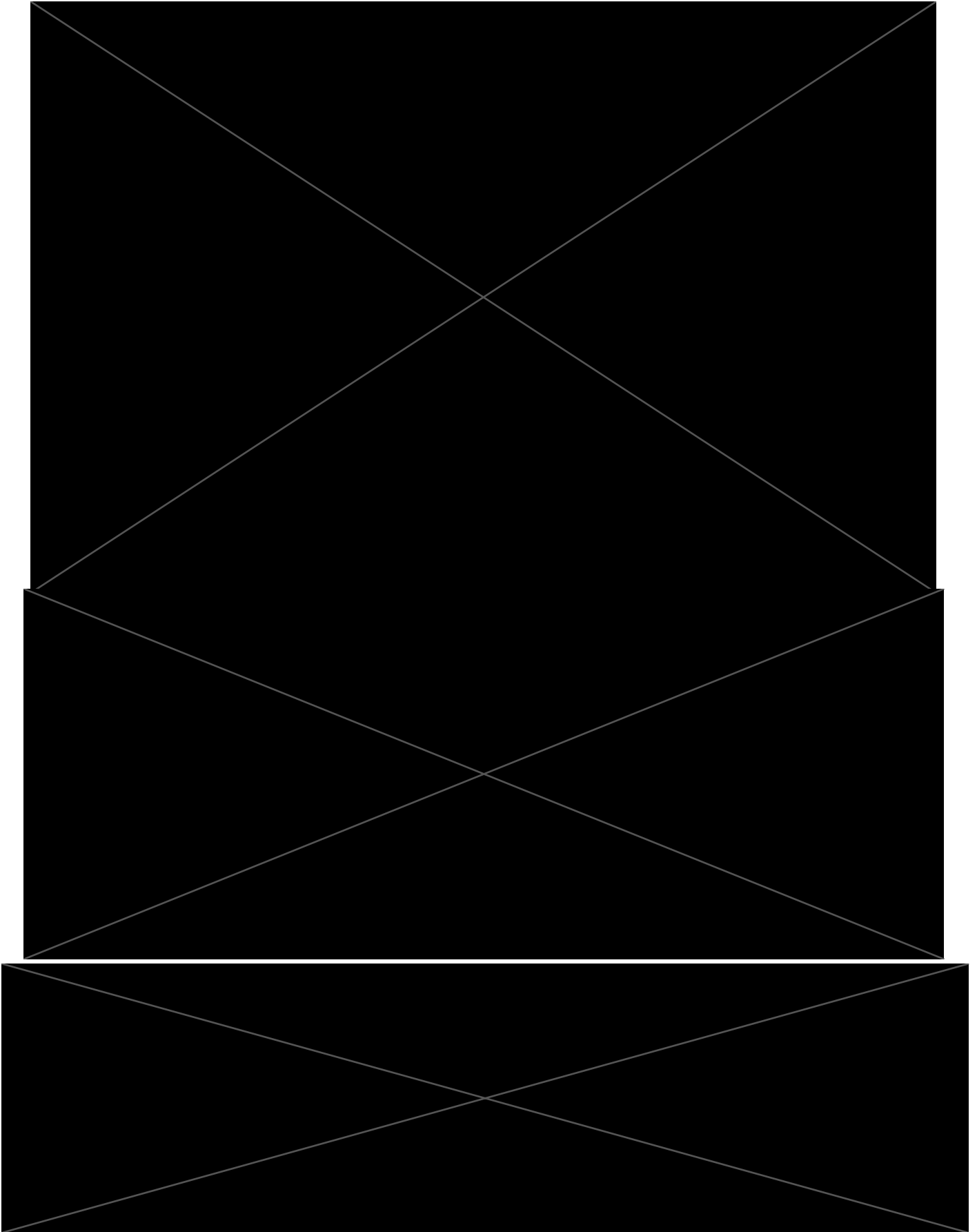


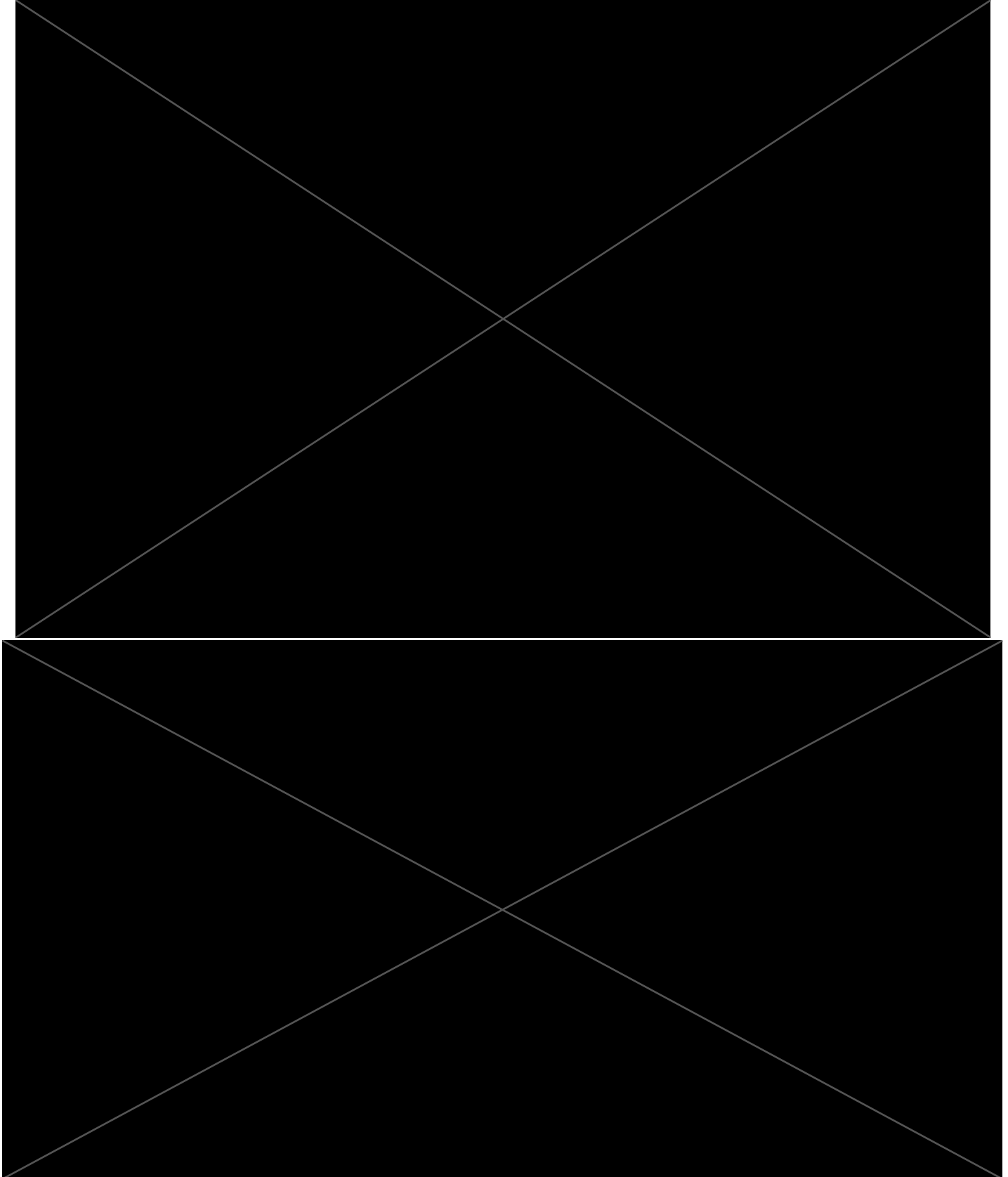


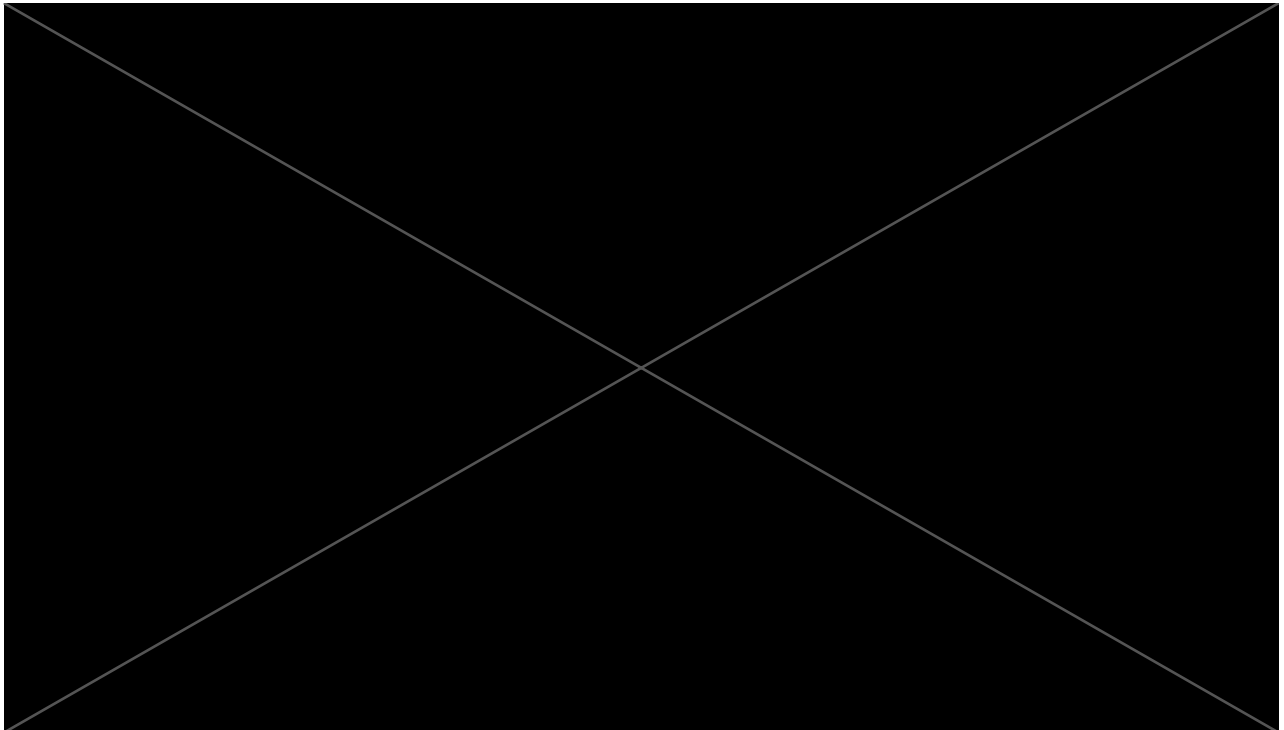
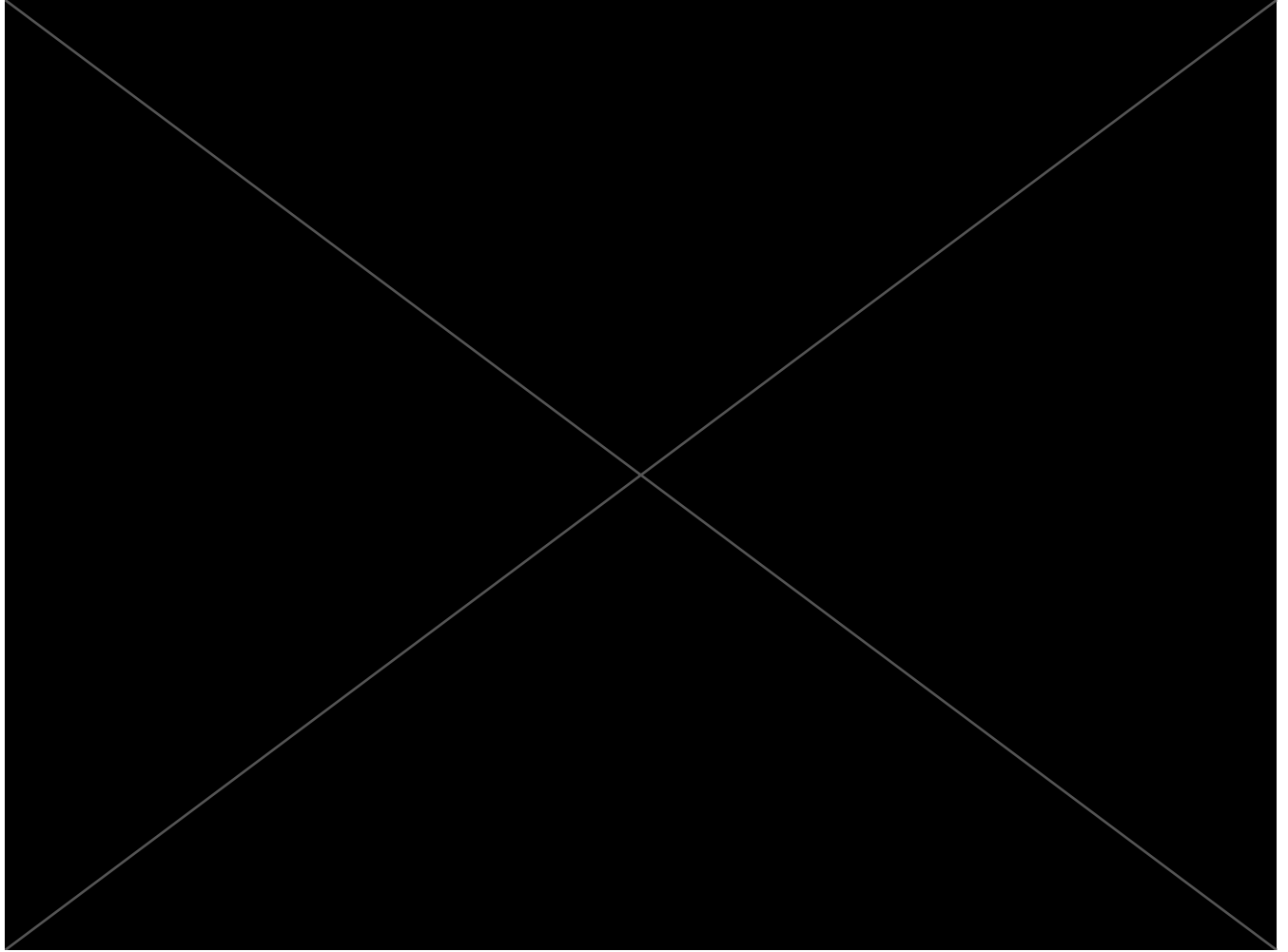


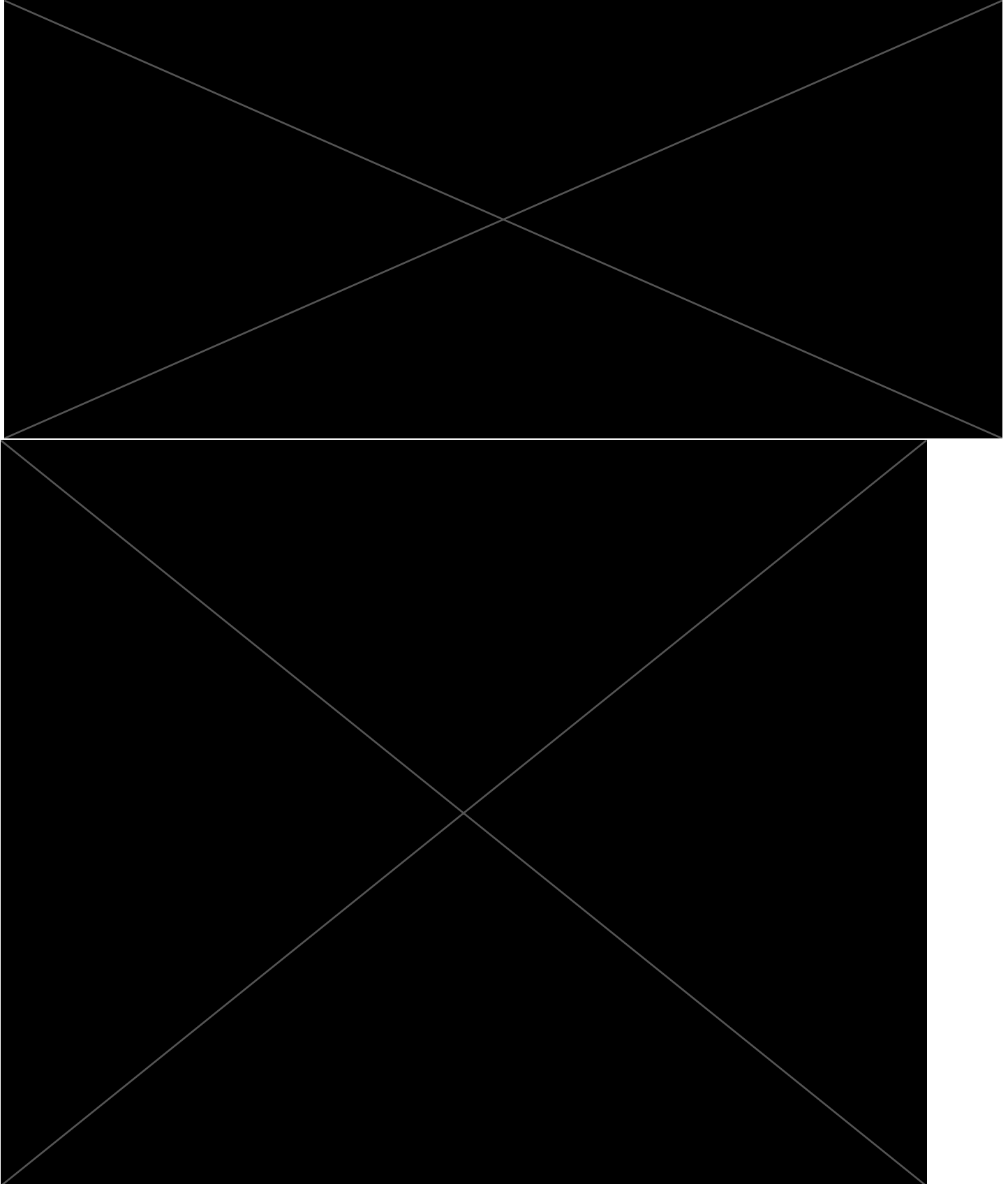


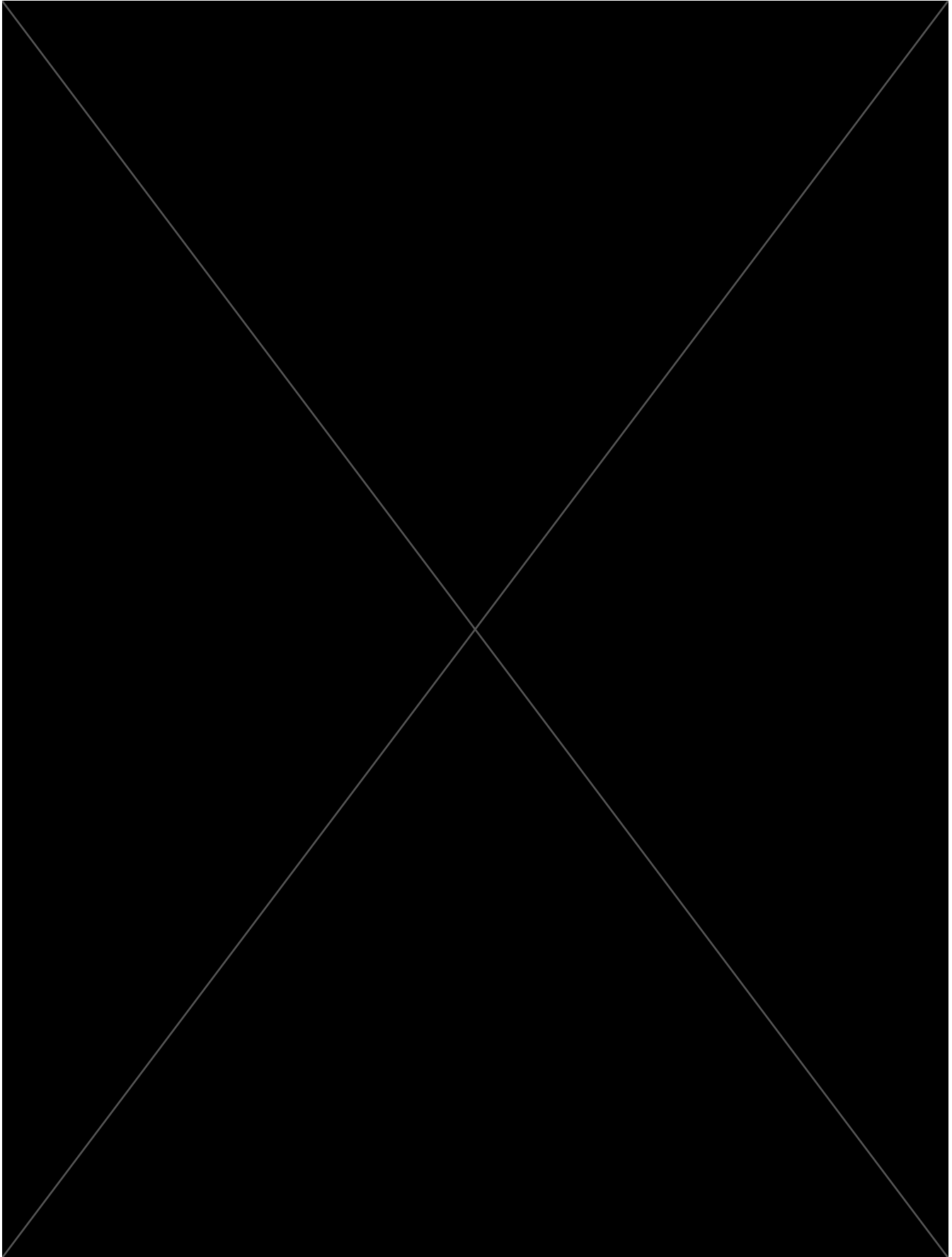


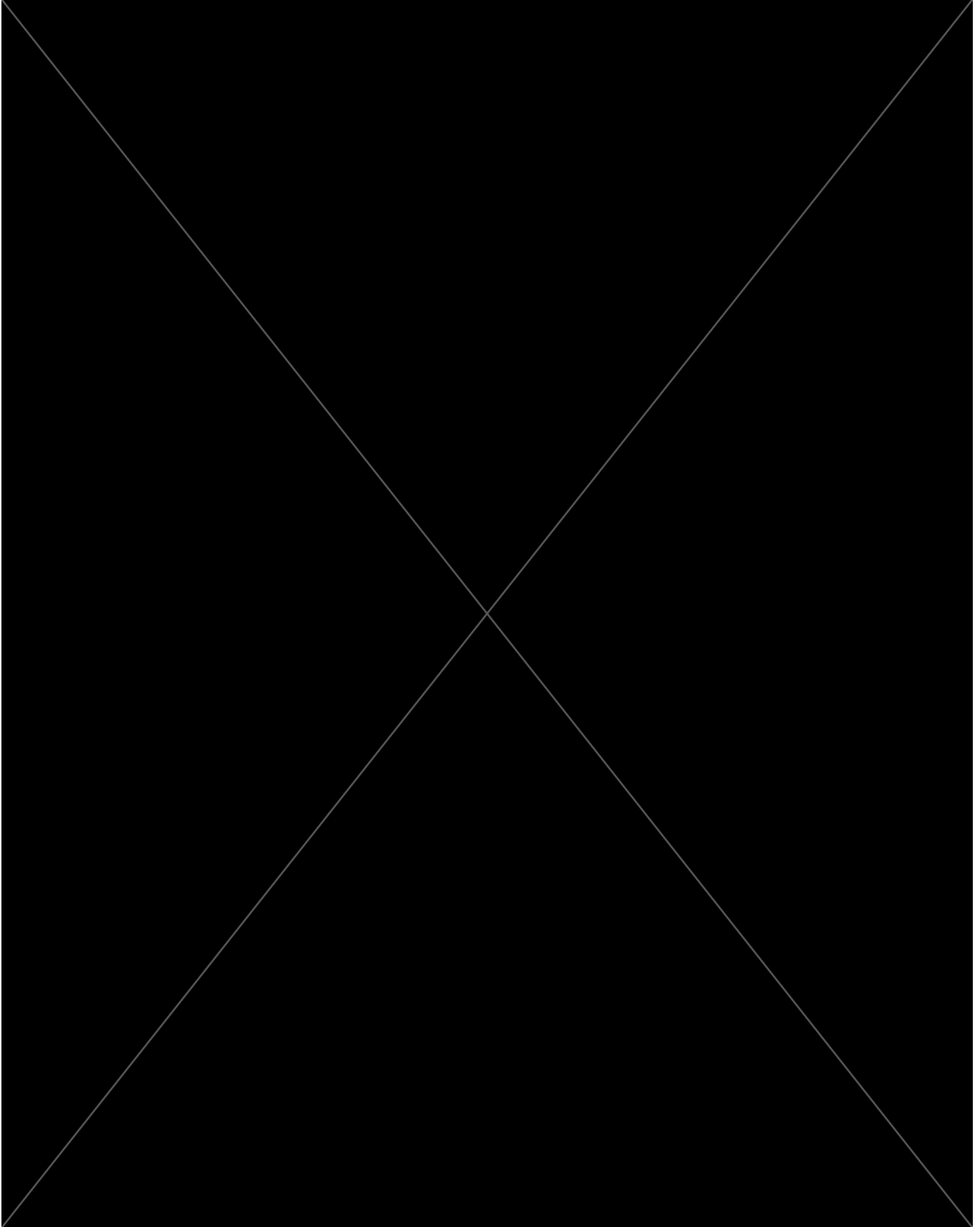


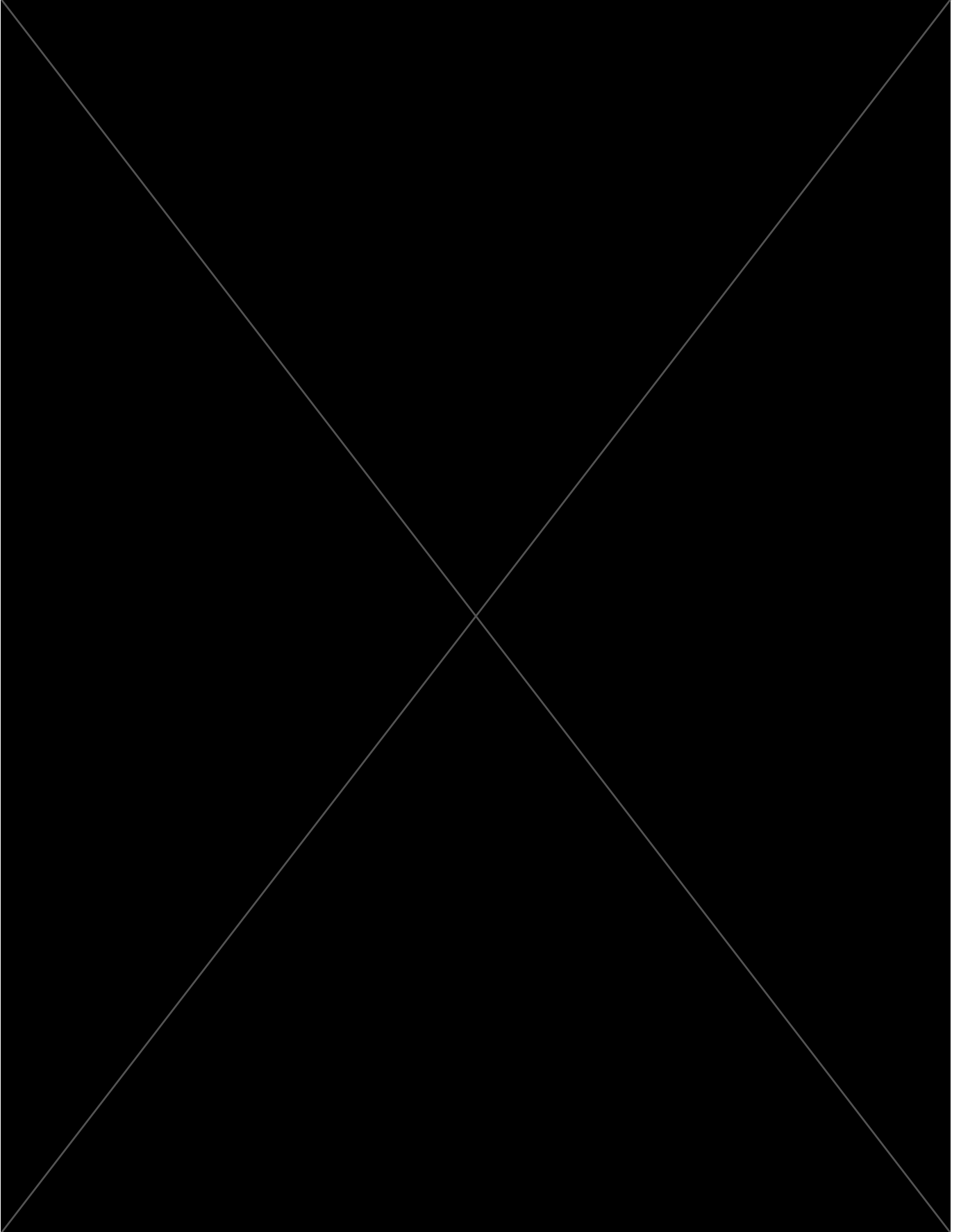


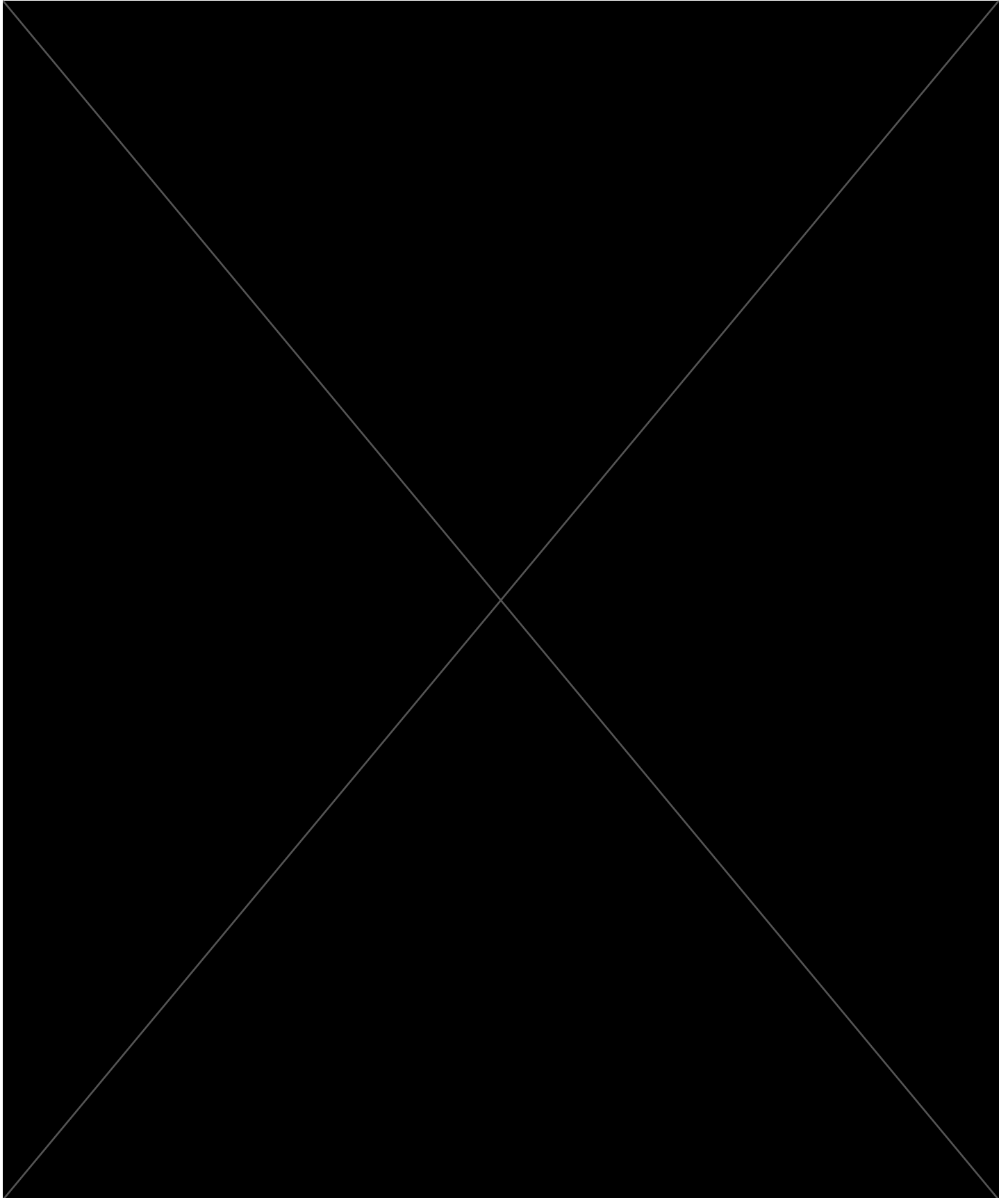




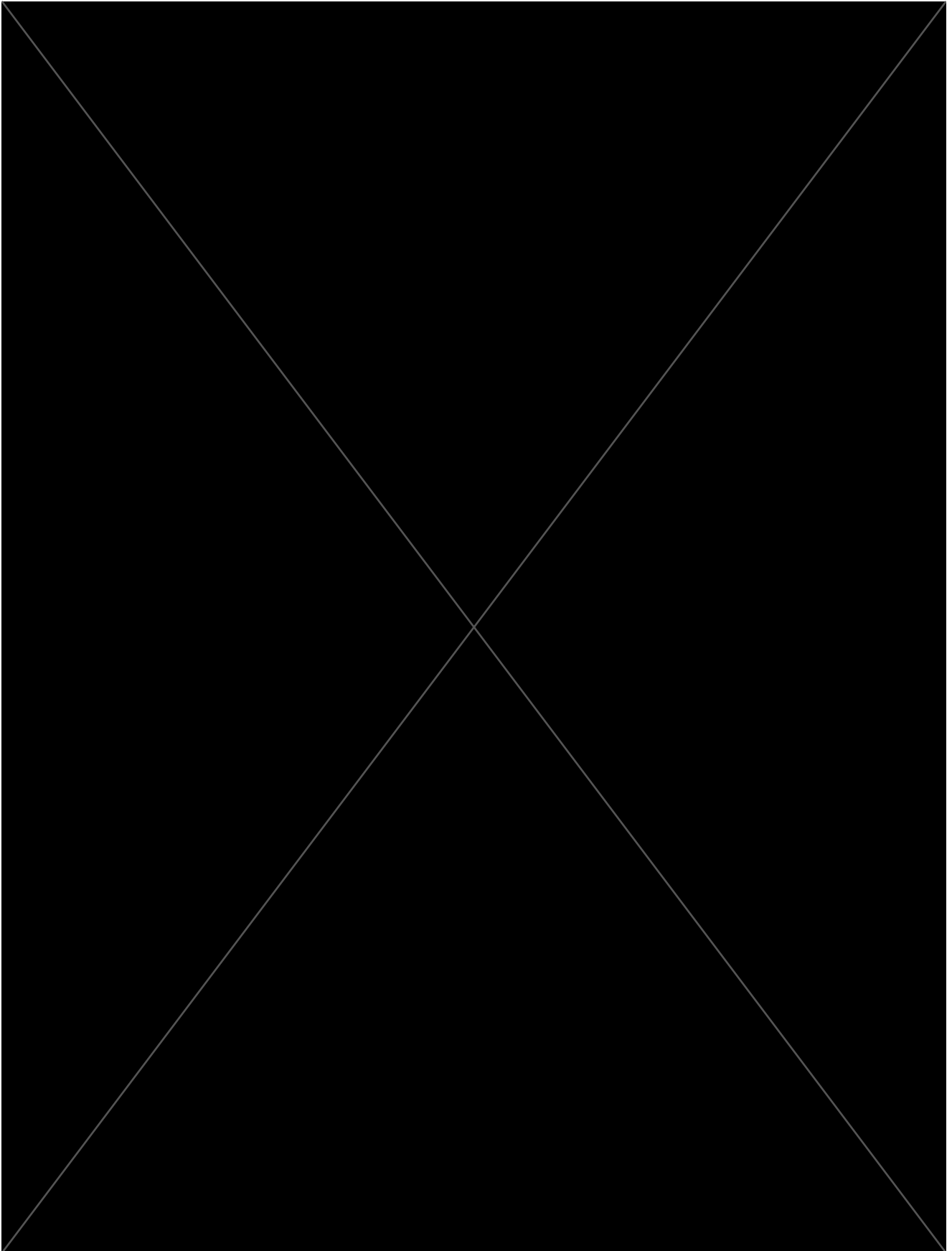


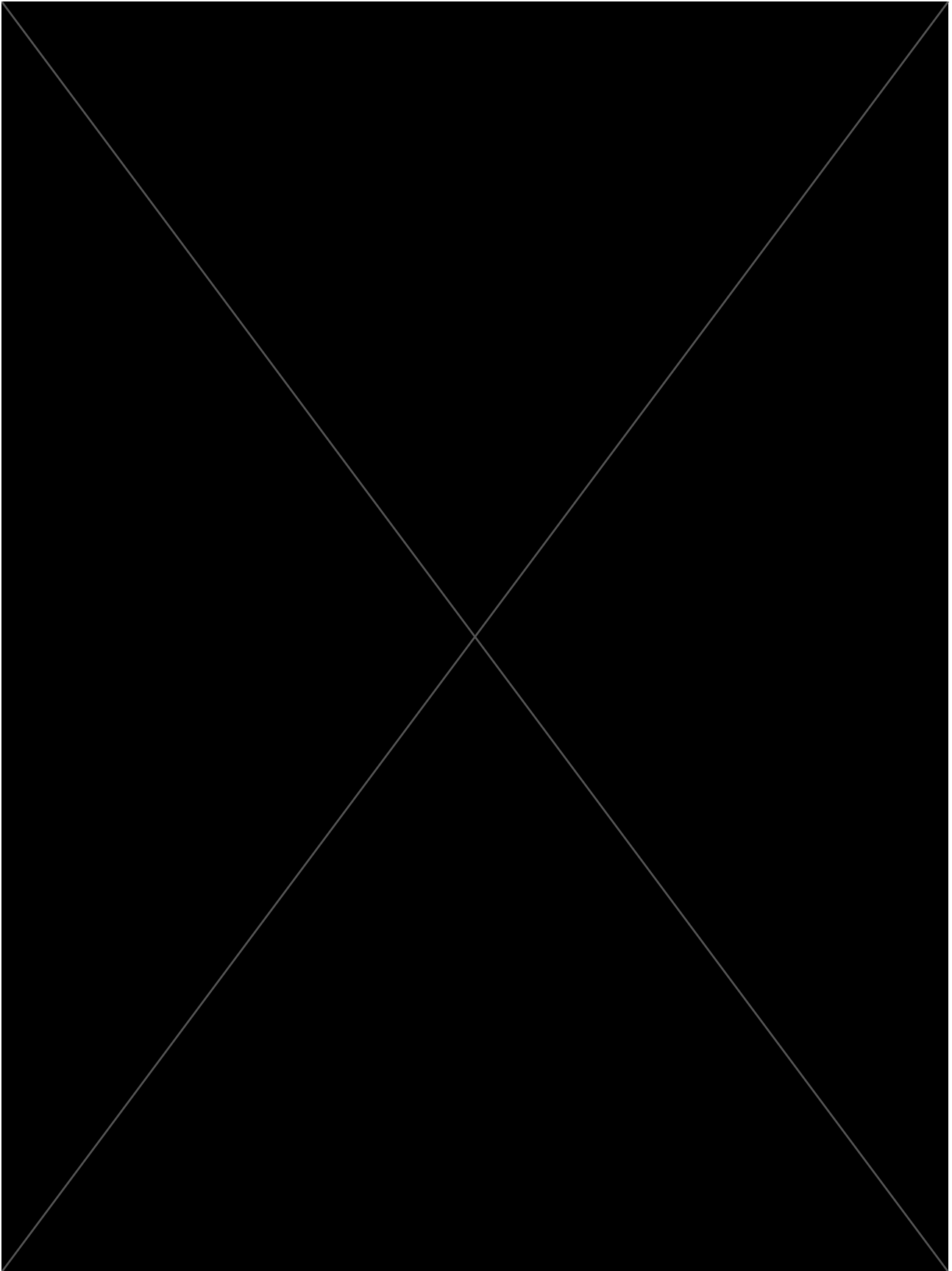


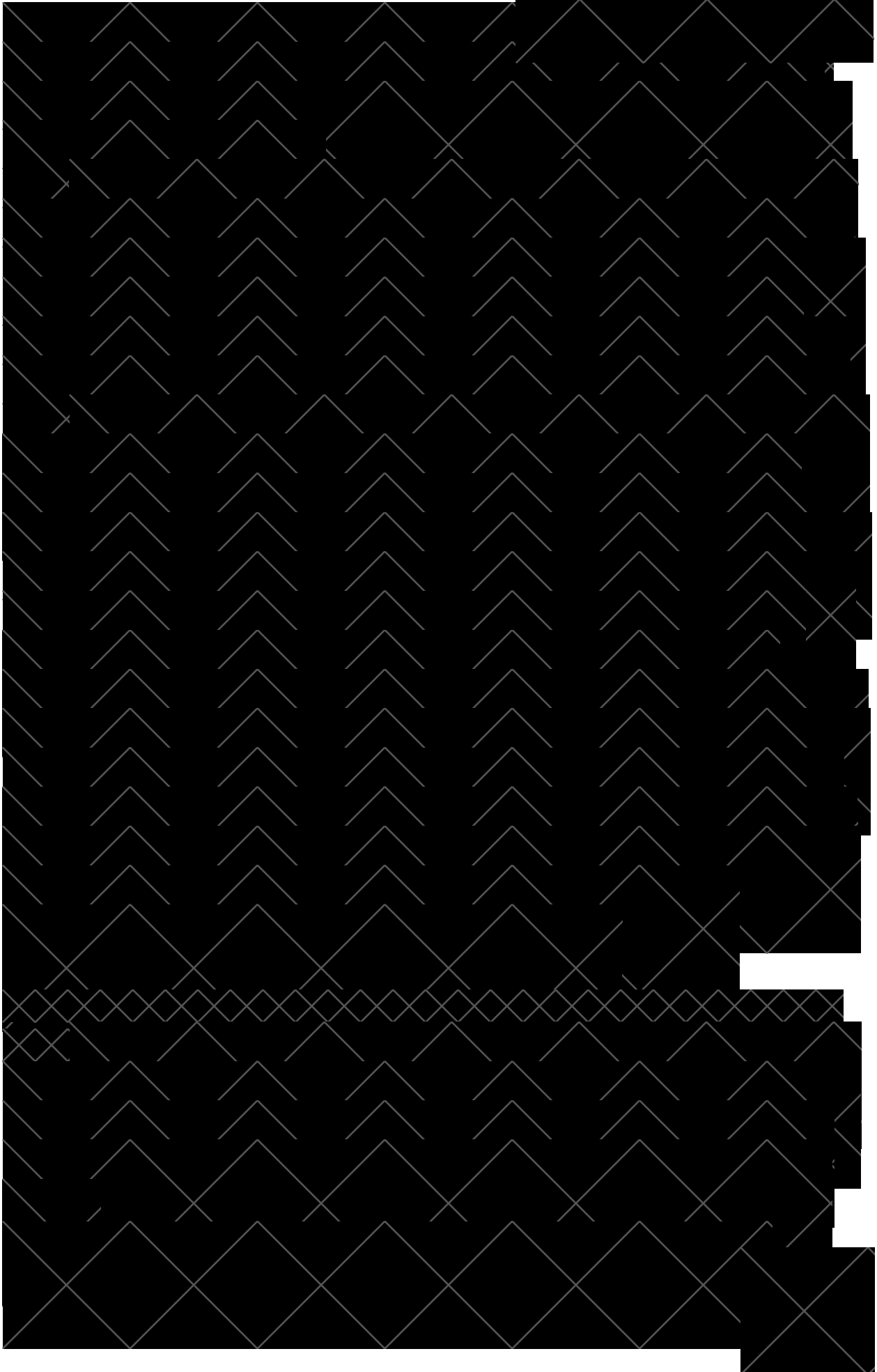


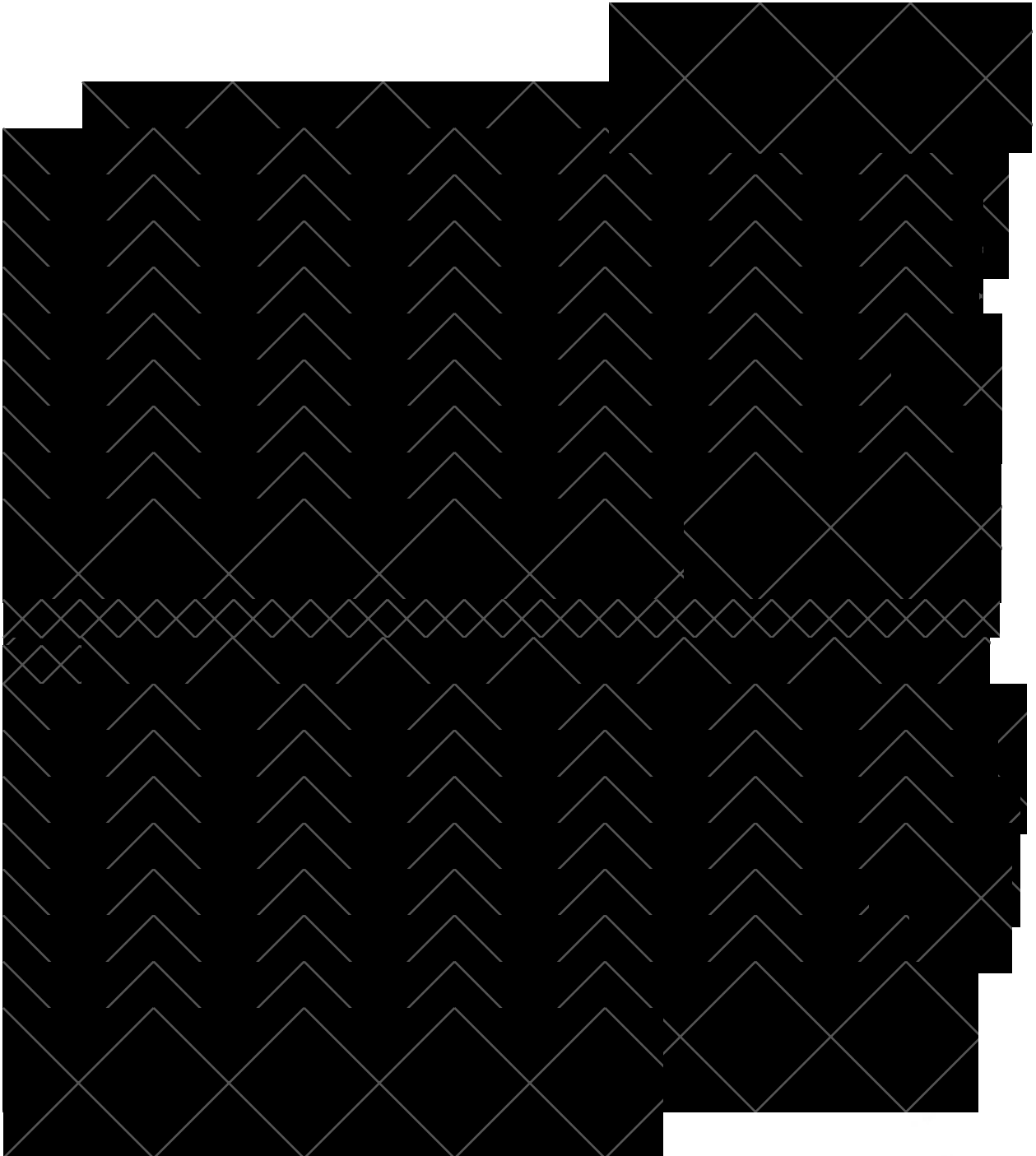












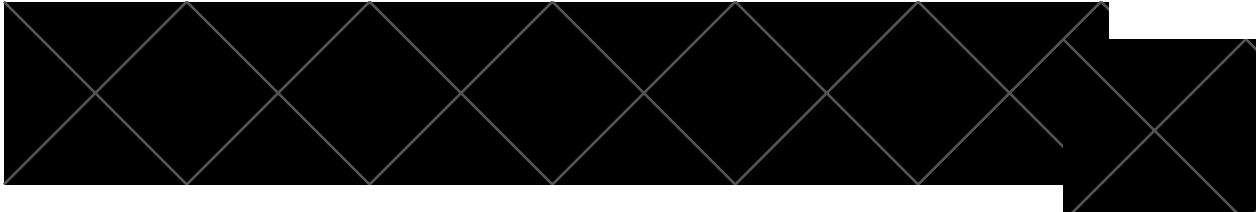
"The undersigned hereby verifies the Applicant is in compliance with Alabama Public Service Commission requirements for motor carriers":

J. Gregory Allen \_\_\_\_\_ Owner \_\_\_\_\_

Printed Name of Verifying Official/ Title of Verifying Official

 \_\_\_\_\_ 12/26/22 \_\_\_\_\_

Signature of Verifying Official Verification/ Date



# 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.

J. Gregory Allen

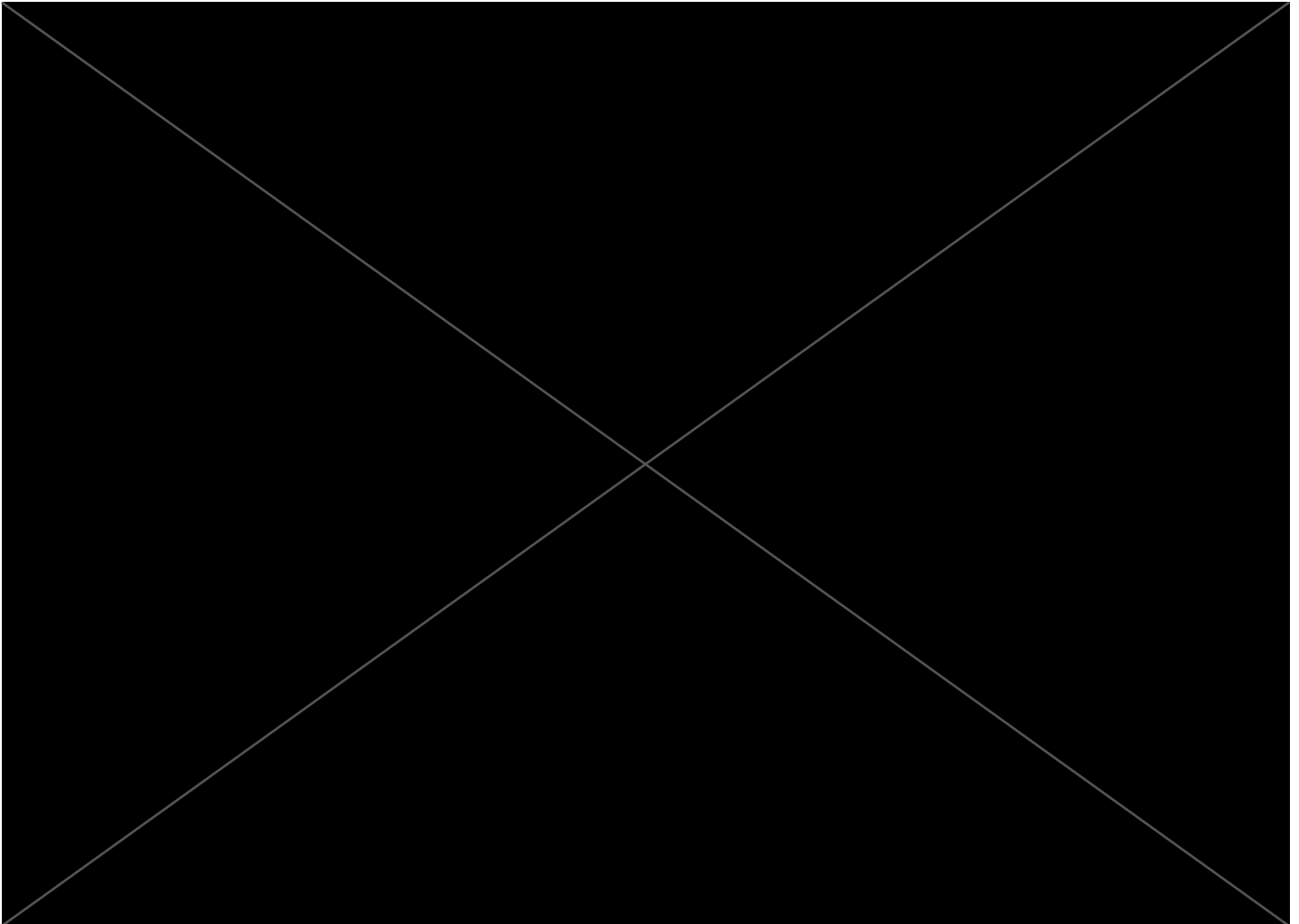
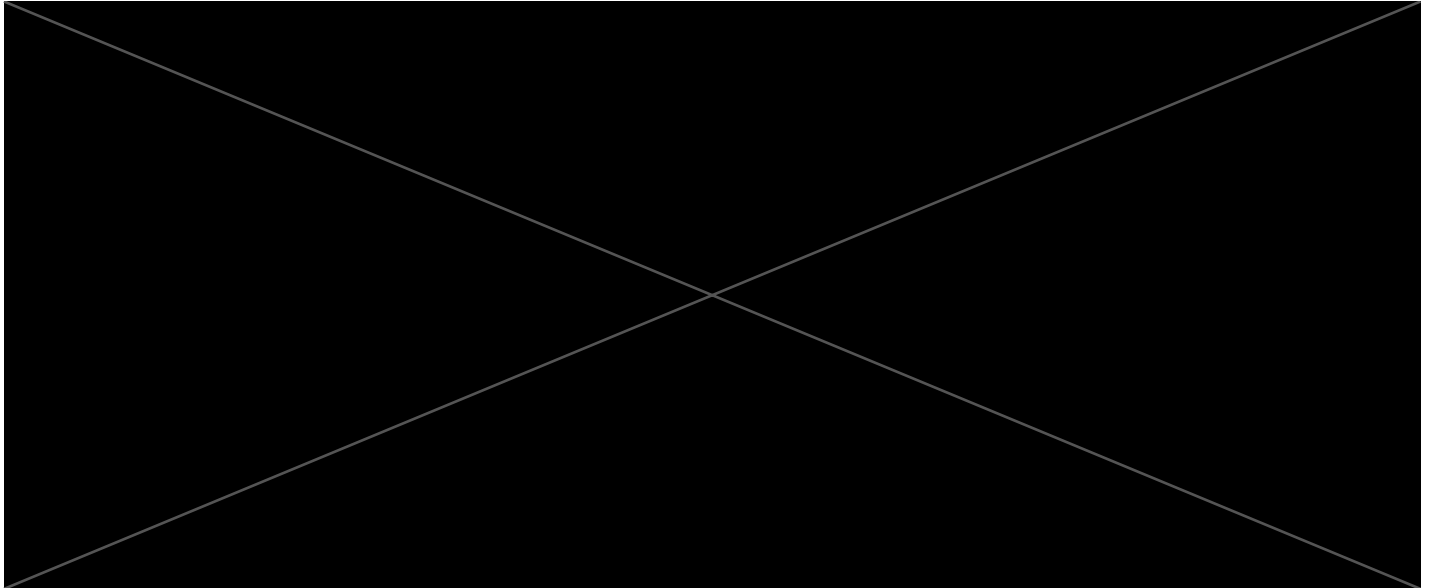
Owner

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

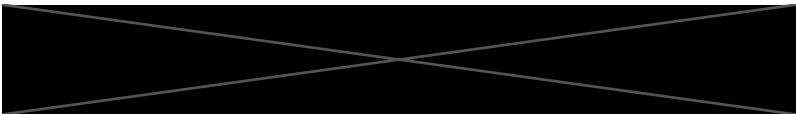
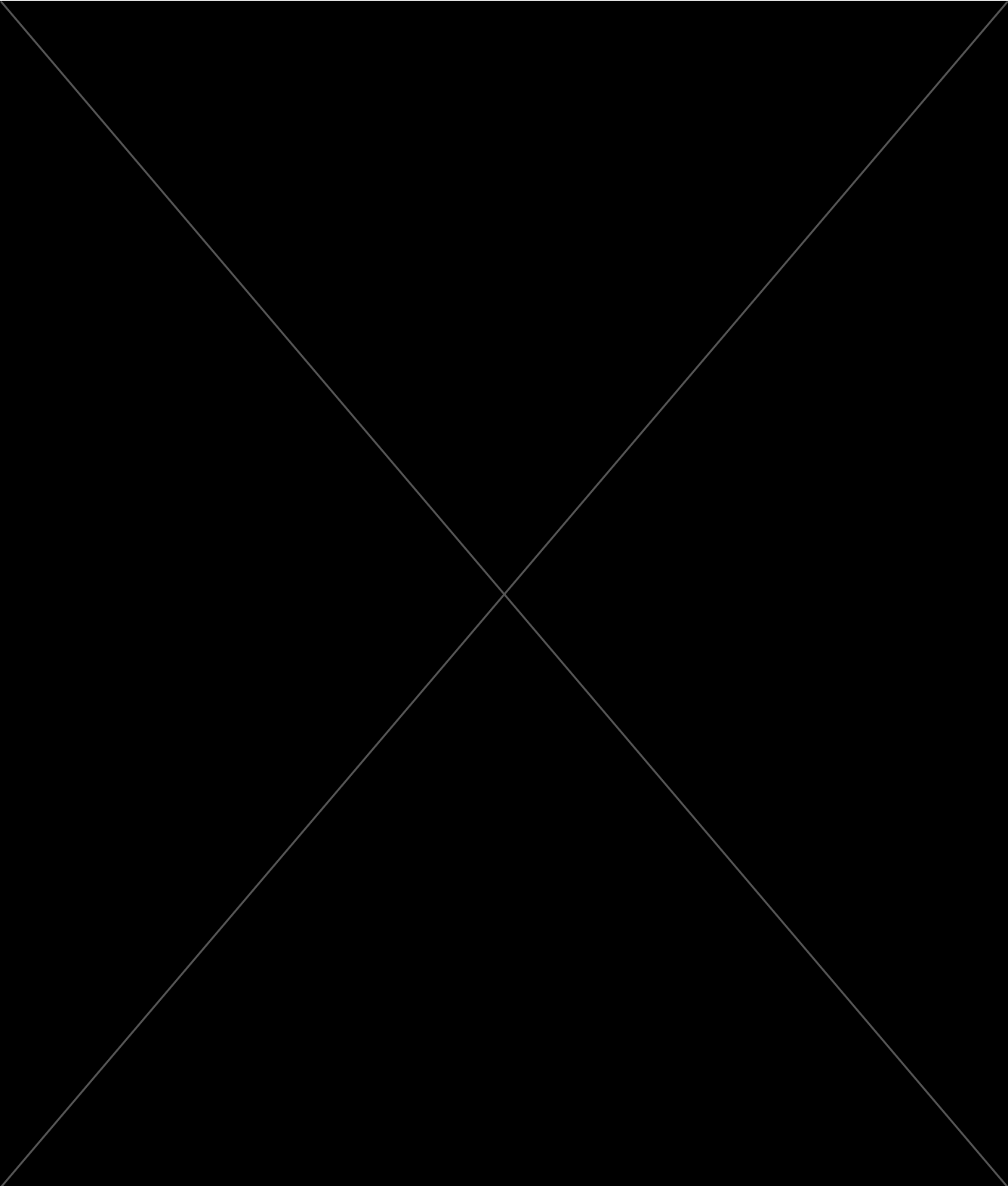
\_\_\_\_\_  
Title of Verifying Individual

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

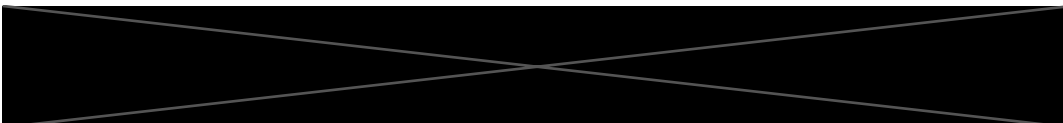
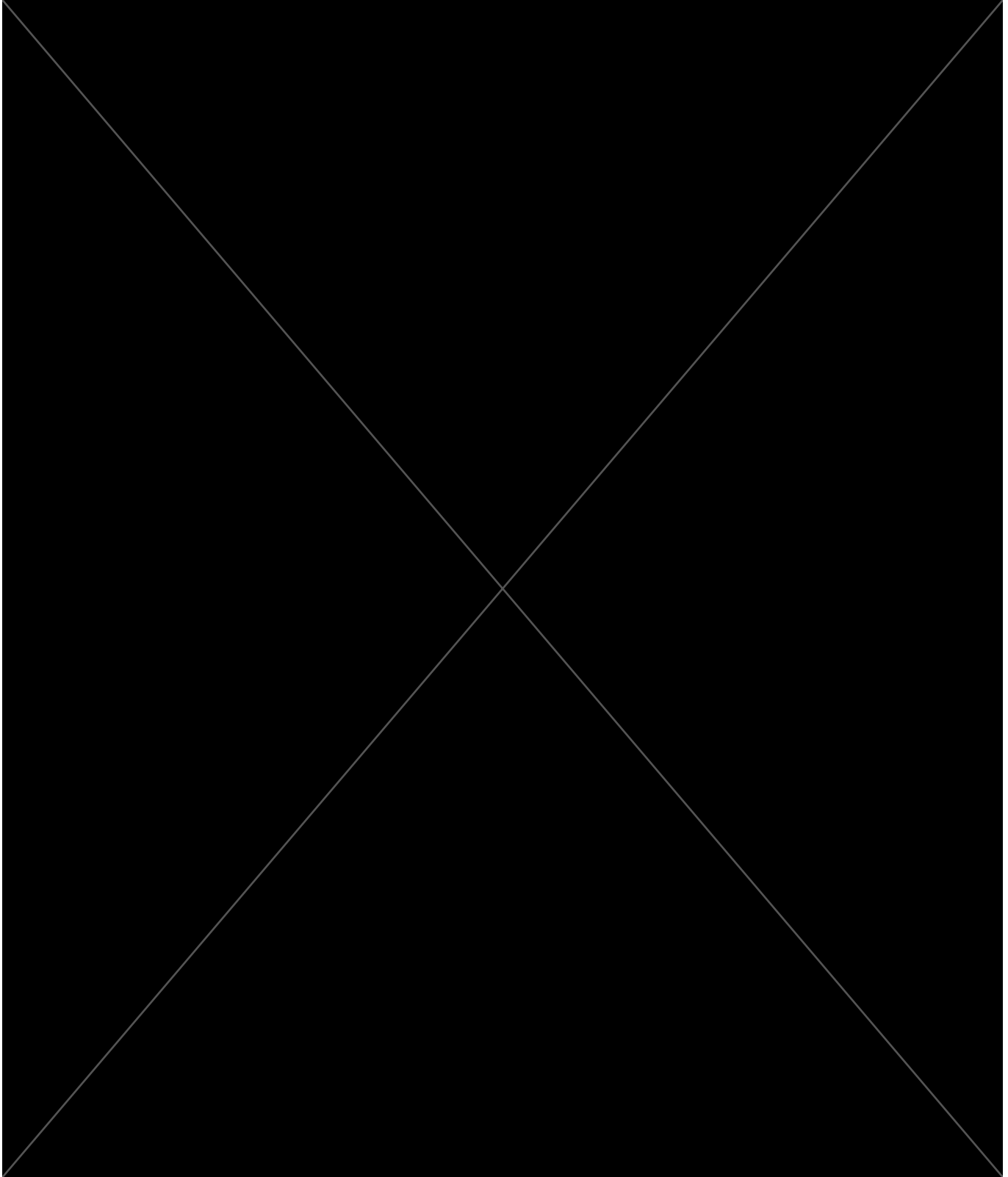
12/26/22  
\_\_\_\_\_  
Verification Date



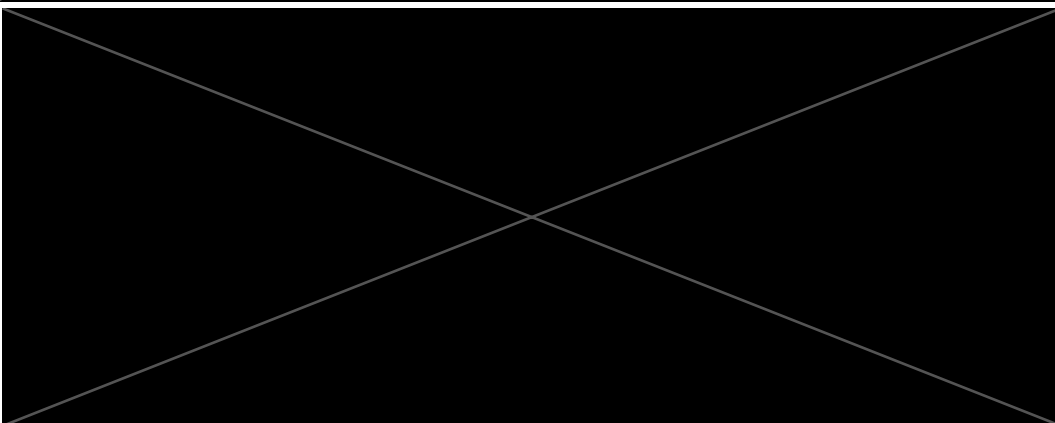
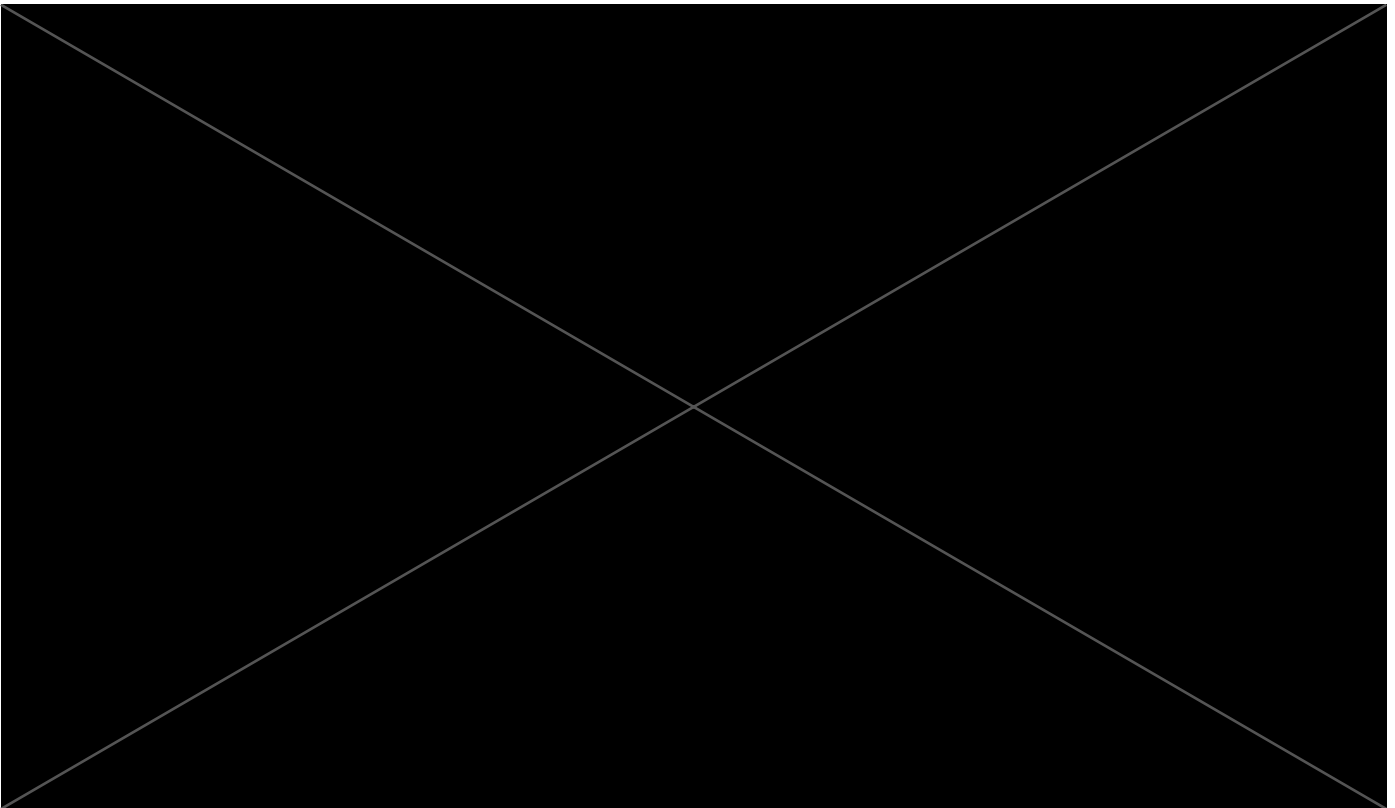
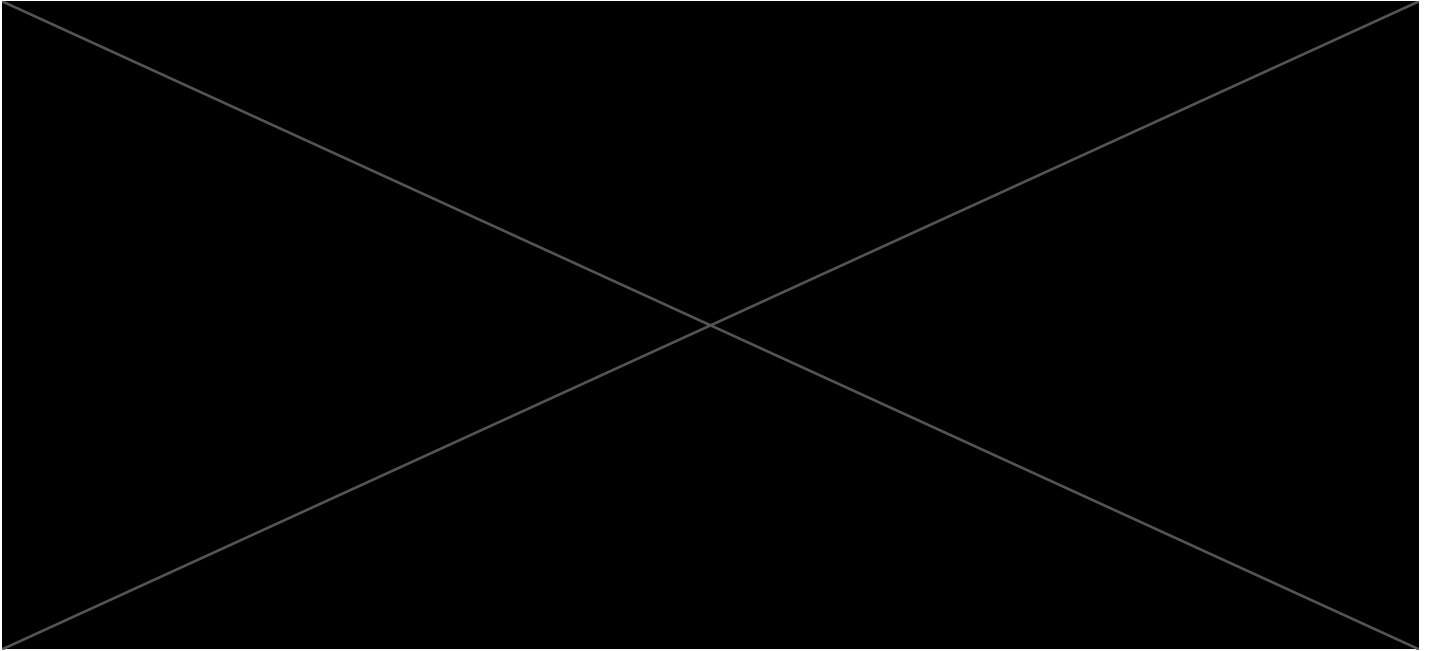
*Requisite Training and Compliance with All Laws*

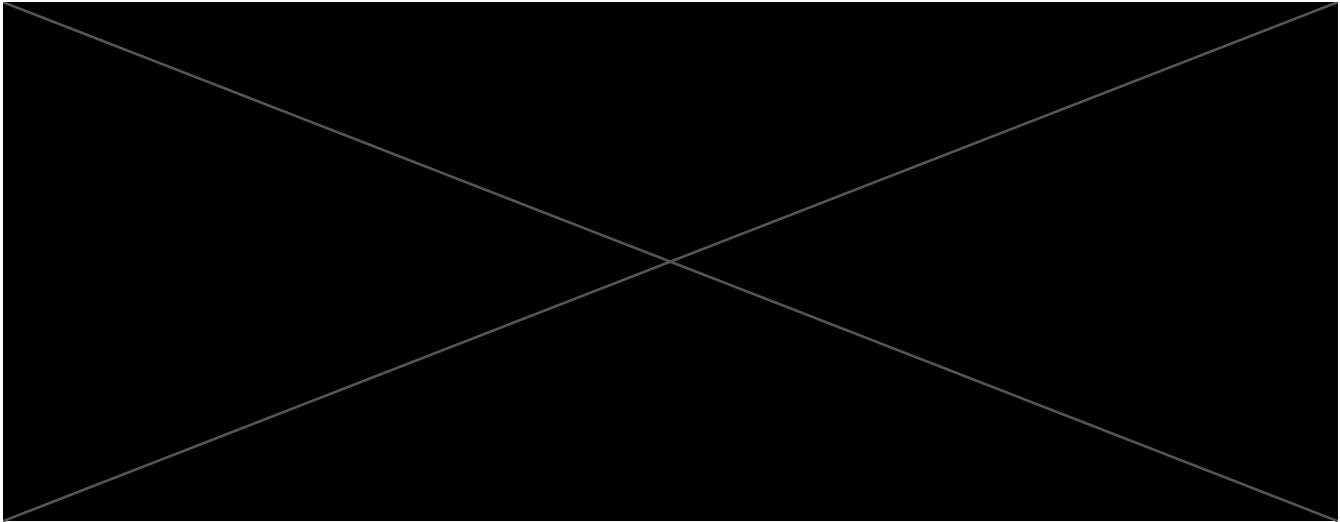


*ation*









**Verification**

The undersigned verifies that all vehicles and drivers have the requisite training and shall maintain compliance with federal, state and local laws applicable to them at all times while employed as a driver.

J. Greg Allen  
Printed Name of Verifying Individual

Owner  
Title of Verifying Individual

J. Greg Allen  
Signature of Verifying Individual

12/23/22  
Verification Date

*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

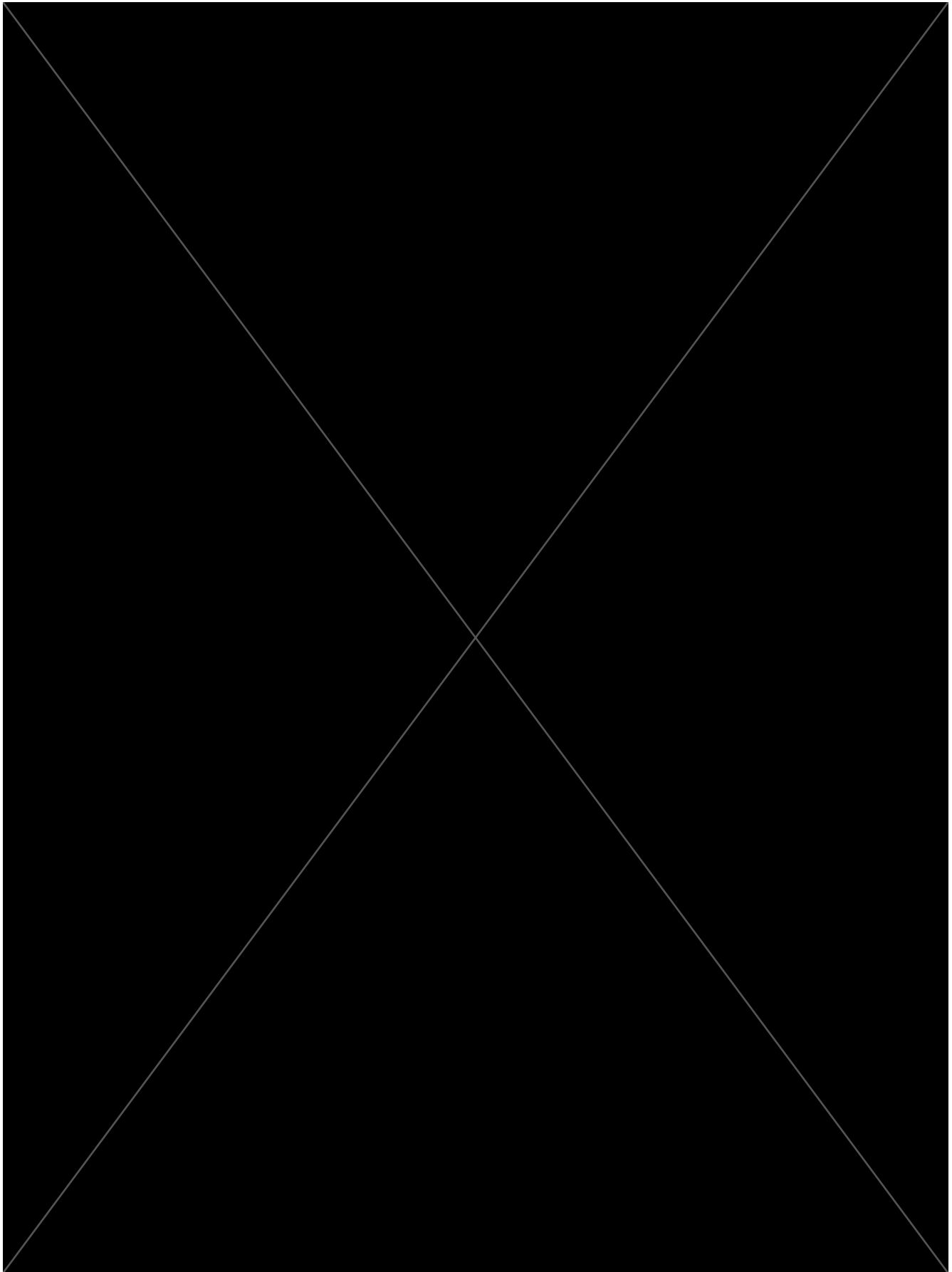
Owner

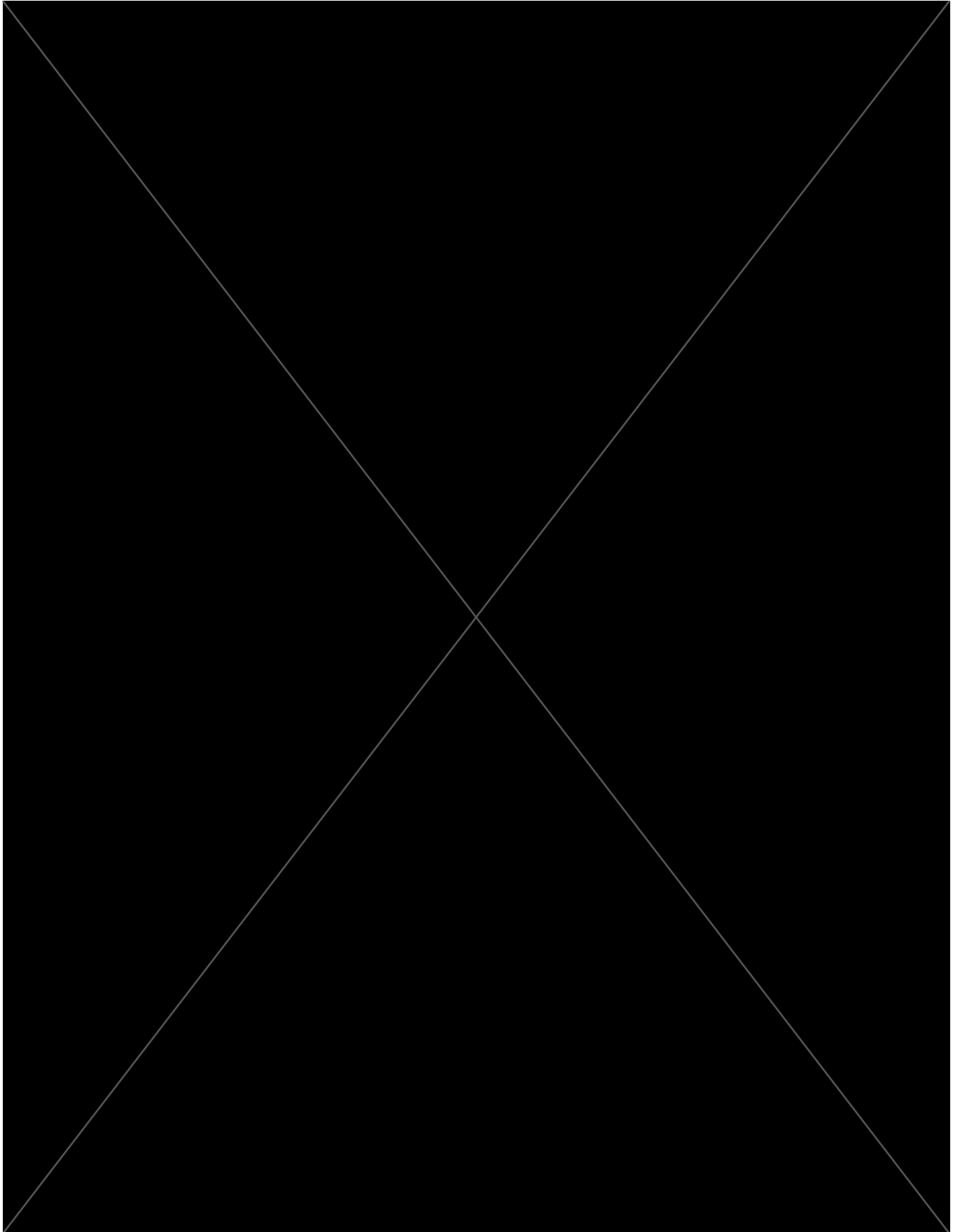
\_\_\_\_\_  
Printed Name of Verifying Individual

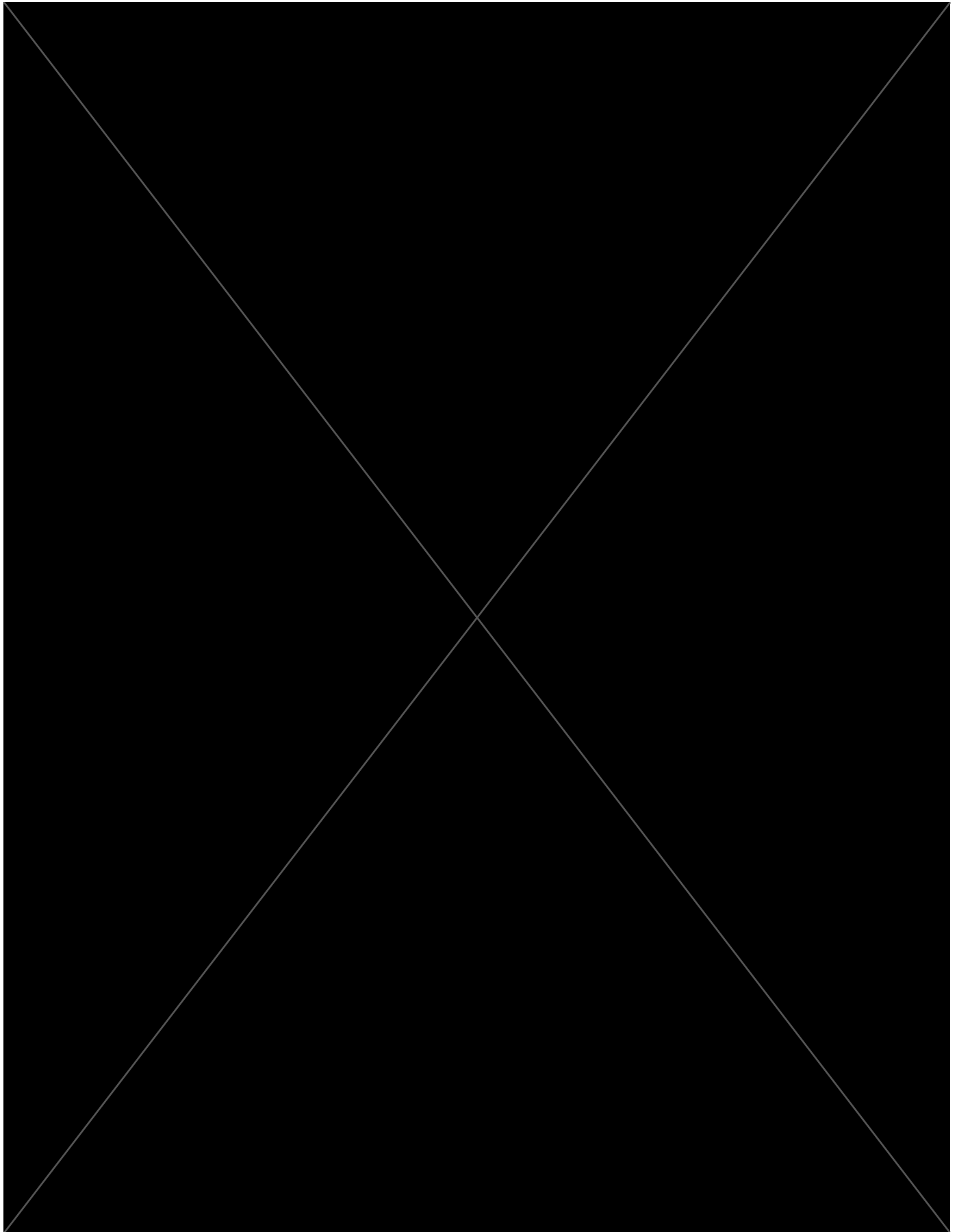
\_\_\_\_\_  
Title of Verifying Individual

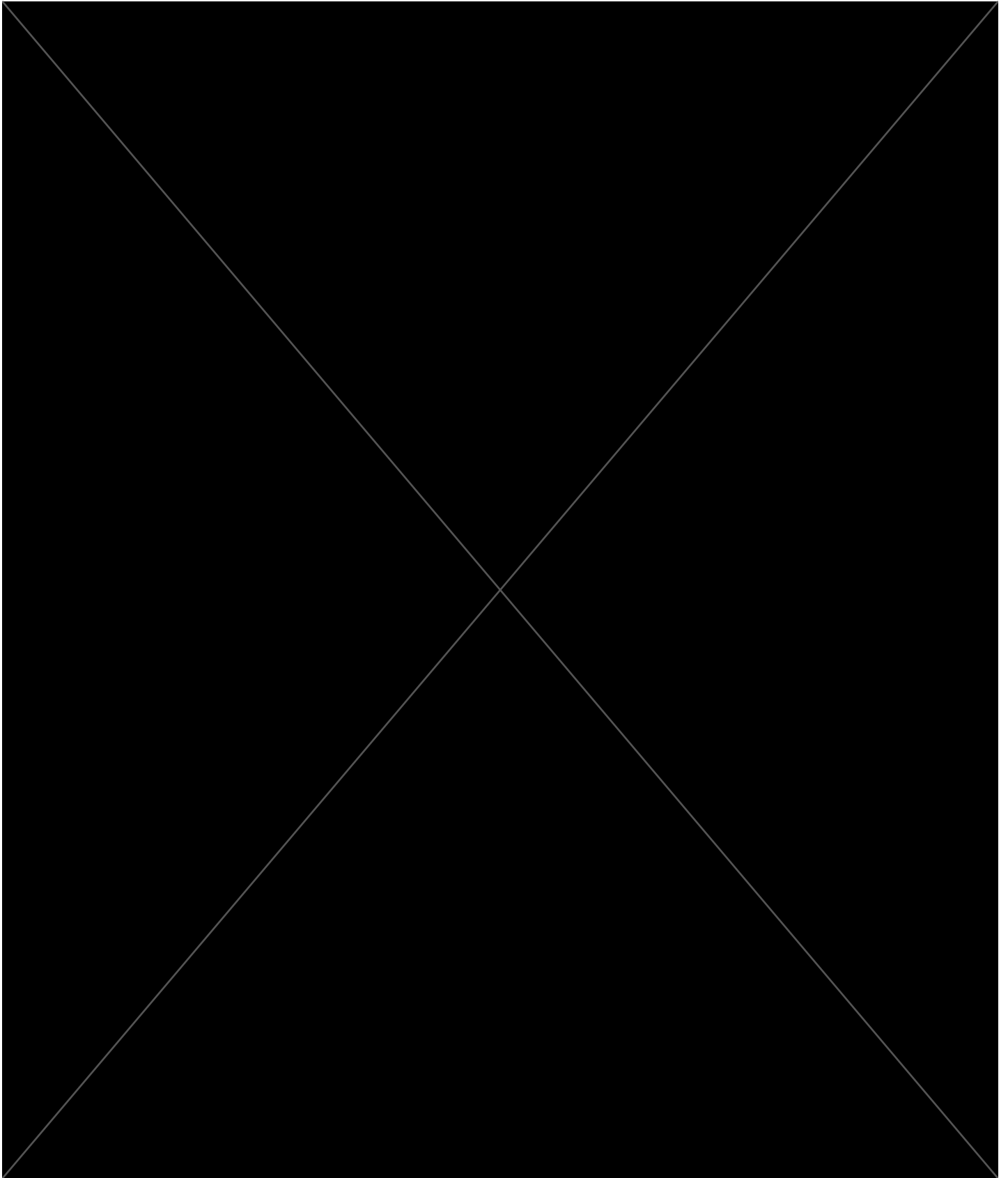
  
\_\_\_\_\_  
Signature of Verifying Individual

12/26/22  
\_\_\_\_\_  
Verification Date









# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date



Pursuant to **Ala. Admin. Code, Reg. 538-x-7-.03(2)(8)(c) (viii)**, and all other applicable Alabama Medical Cannabis Commission (“Commission”) regulations, Applicant has developed the following protocols (“Protocols”) for the care and maintenance of all vehicles used for transporting medical cannabis. The Protocols describe the Applicant’s policies and procedures for ensuring that Applicant’s fleet of vehicles are properly cared for inspected and maintained at all times [REDACTED]

[REDACTED]

[REDACTED]

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

Applicant’s primary vehicle care and maintenance objectives and the specific protocols to achieve those objectives are described below.

[REDACTED]

- [REDACTED]
- [REDACTED]

[Redacted text block]

- [Redacted list item]

[Redacted text block]

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

[Redacted text block]

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

[Redacted text block]

- [Redacted list item]

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



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

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

*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

Applicant's [REDACTED]

[REDACTED]

[REDACTED] Applicant will accomplish this by [REDACTED]

[REDACTED] Applicant's [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Applicant expects the majority of its routes to be between [REDACTED]

[REDACTED]

[REDACTED] Any other routes will be [REDACTED]

[REDACTED] in accordance with Applicant's [REDACTED]

Applicant *already* has [REDACTED]

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Using the processes described above, examples of Applicant's route plans [REDACTED]

[REDACTED] are as follows:

[Redacted text block containing approximately 35 lines of information, including a list of items with varying indentations.]



[Redacted text block containing multiple lines of obscured content]

[Redacted text block containing multiple lines of obscured content]

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

*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

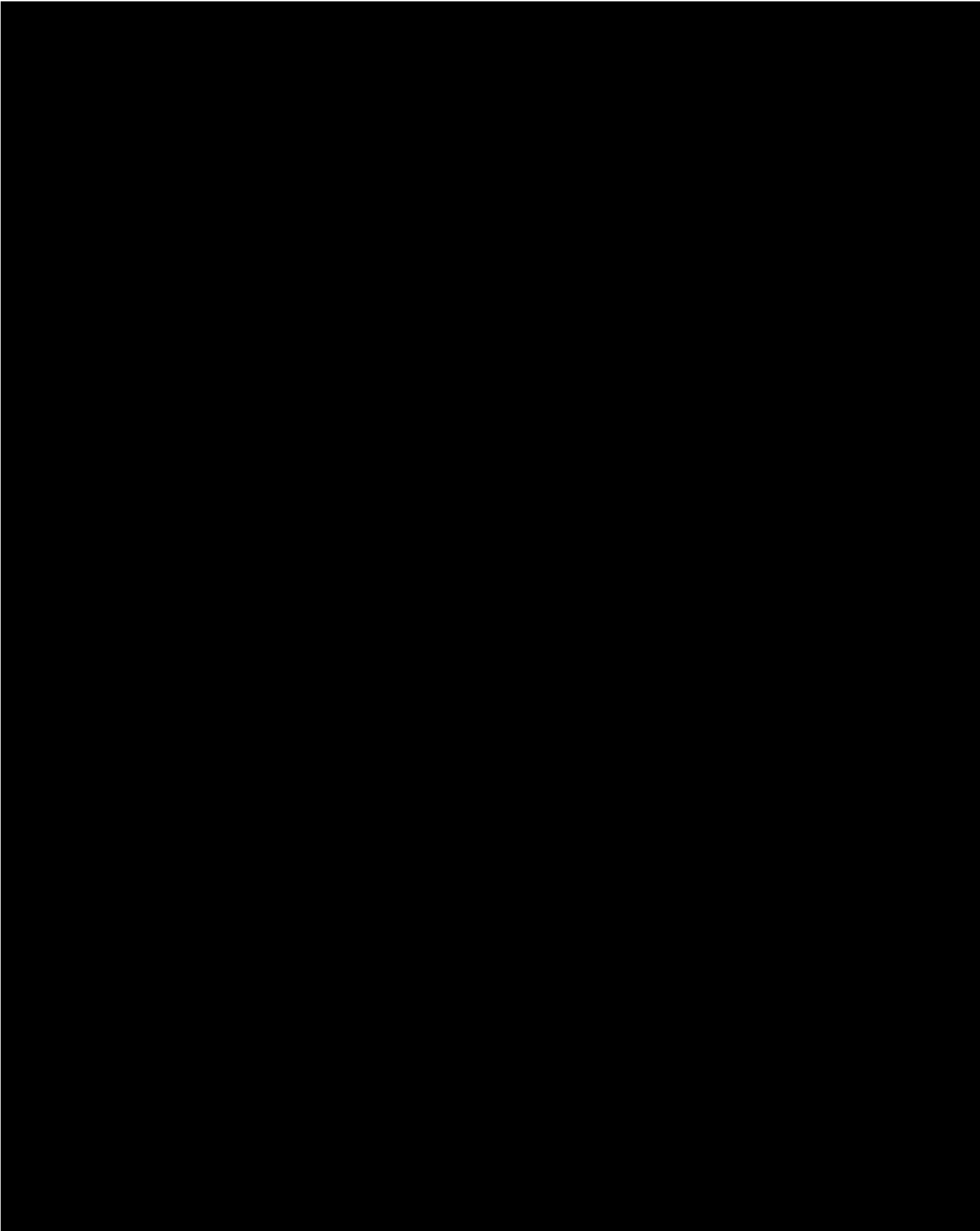
Owner

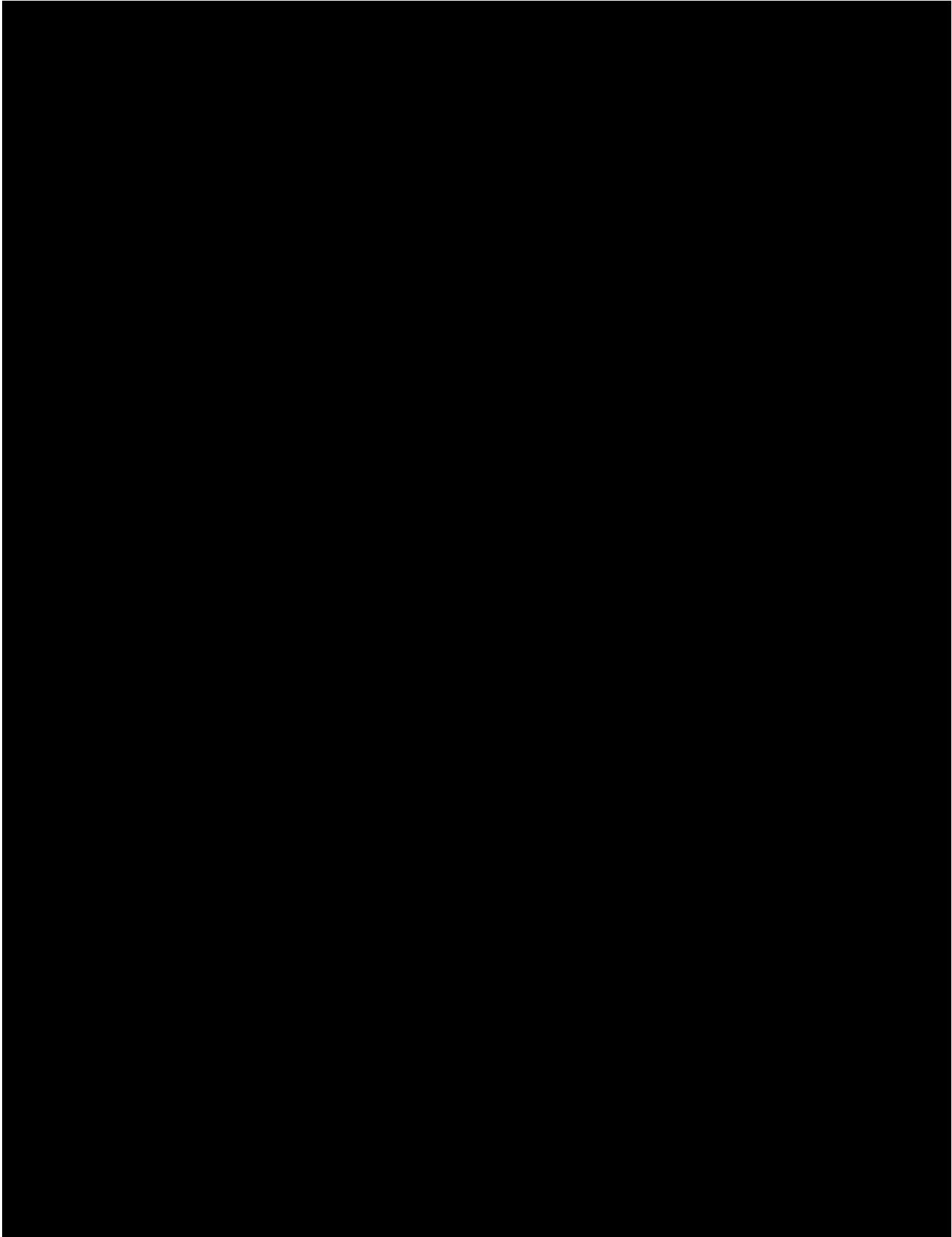
\_\_\_\_\_  
Printed Name of Verifying Individual

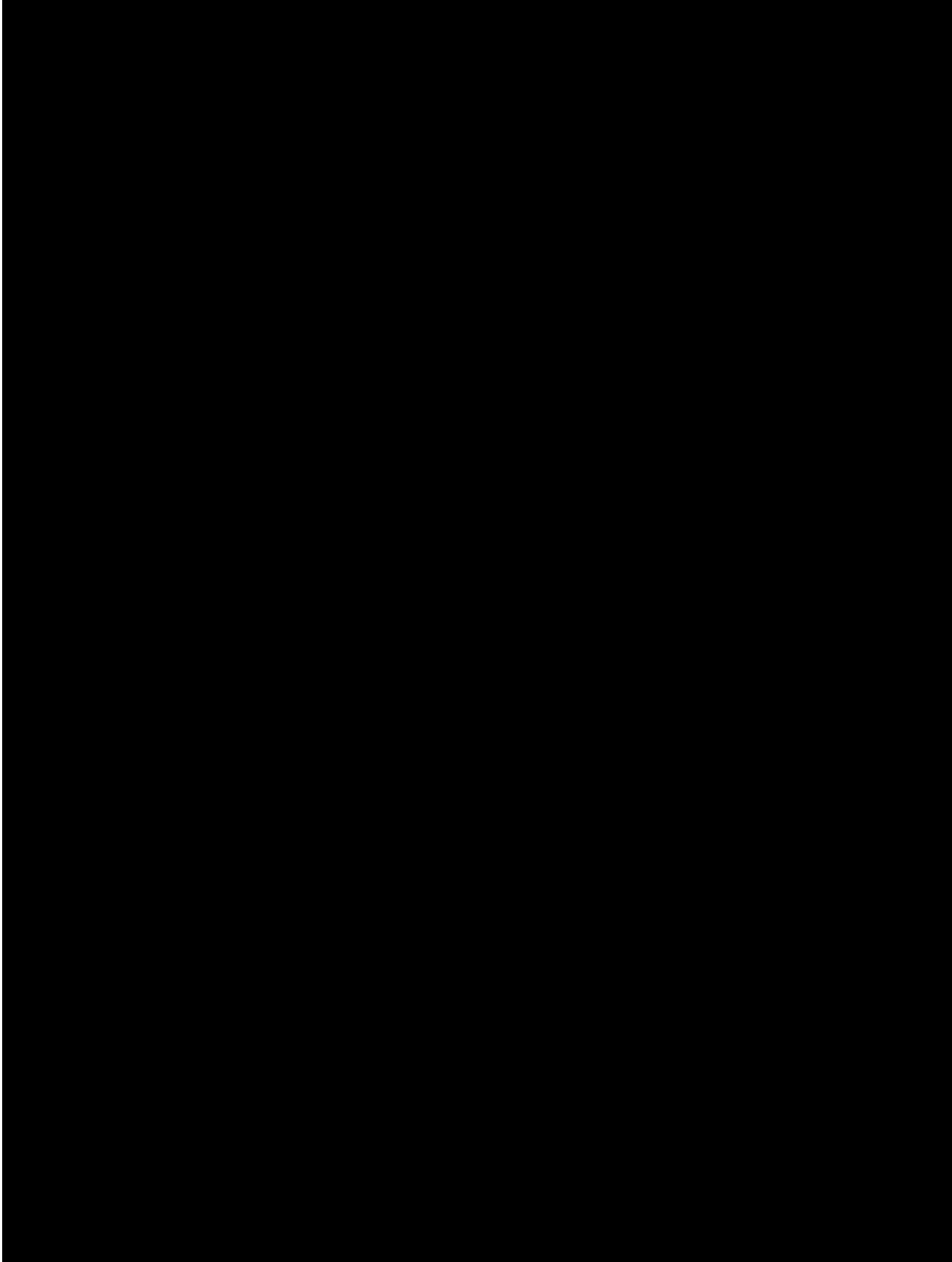
\_\_\_\_\_  
Title of Verifying Individual

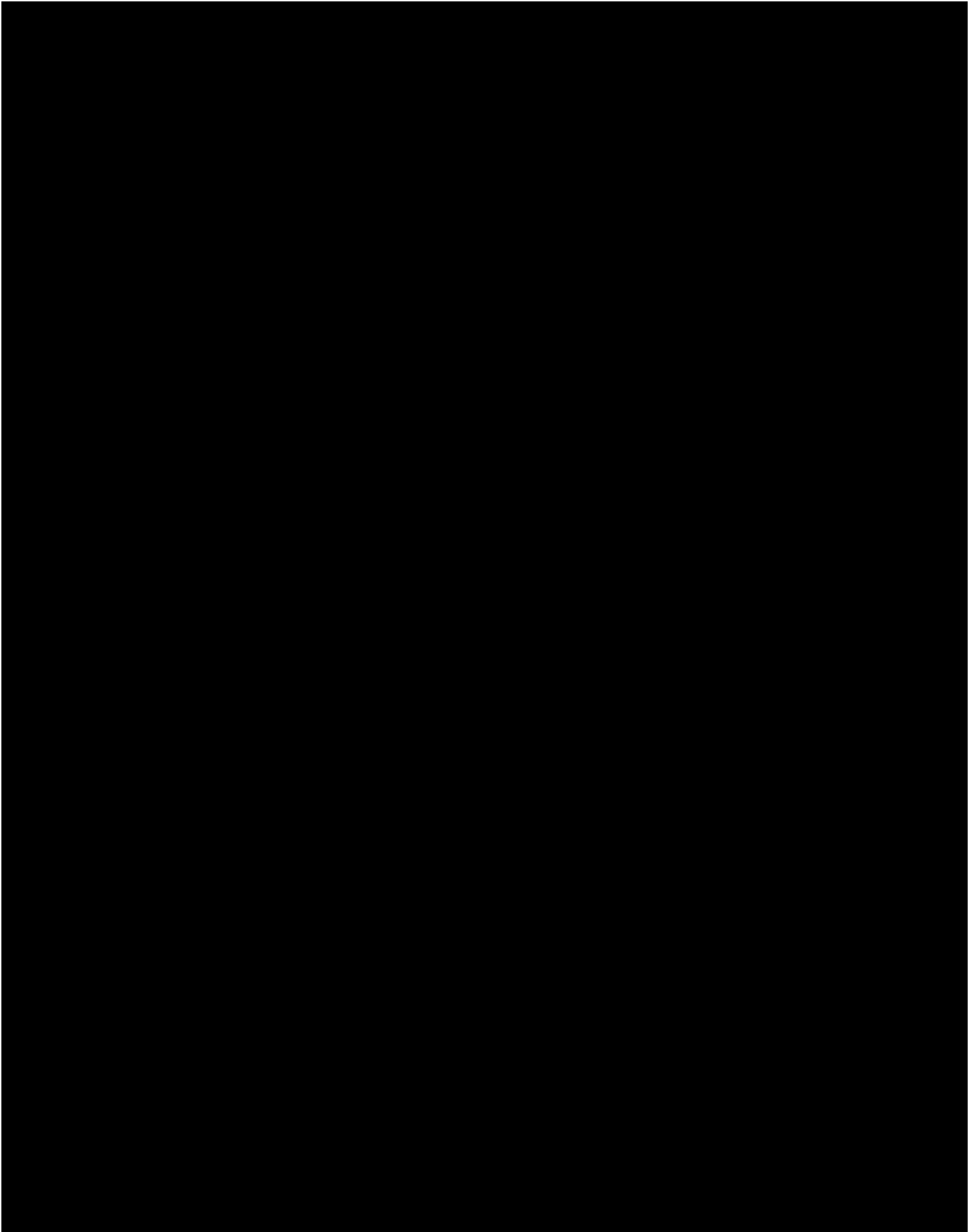
  
\_\_\_\_\_  
Signature of Verifying Individual

12/26/22  
\_\_\_\_\_  
Verification Date

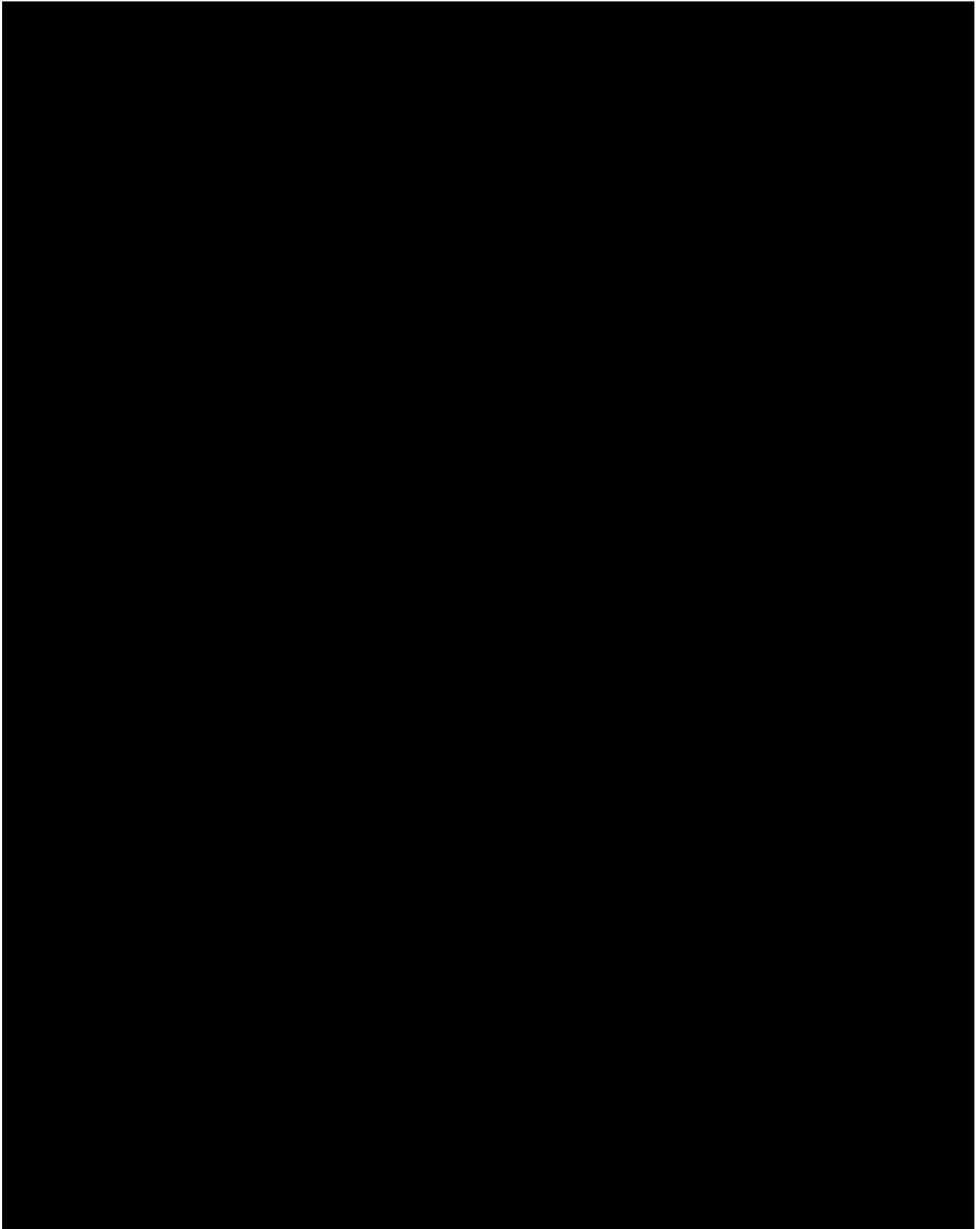


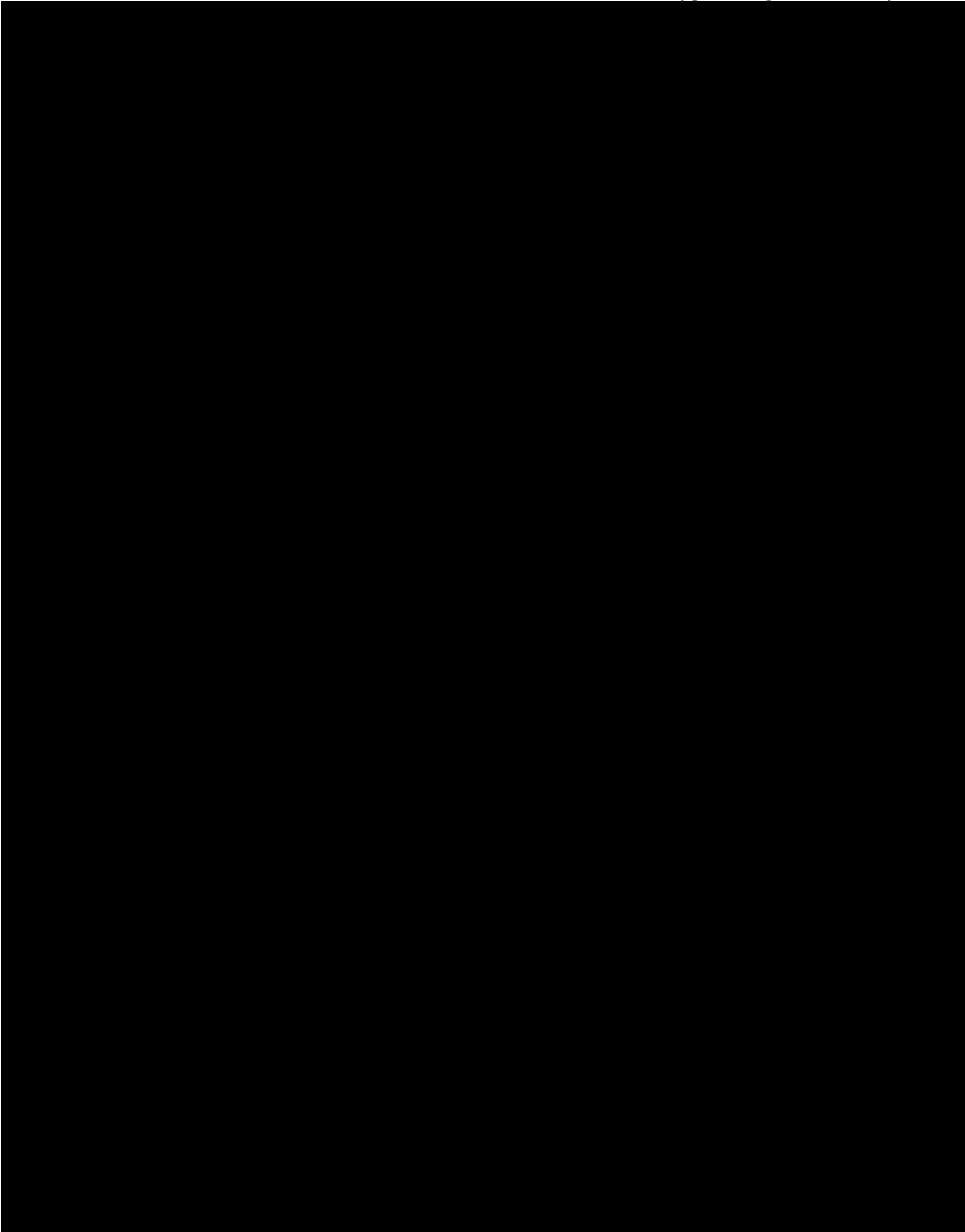


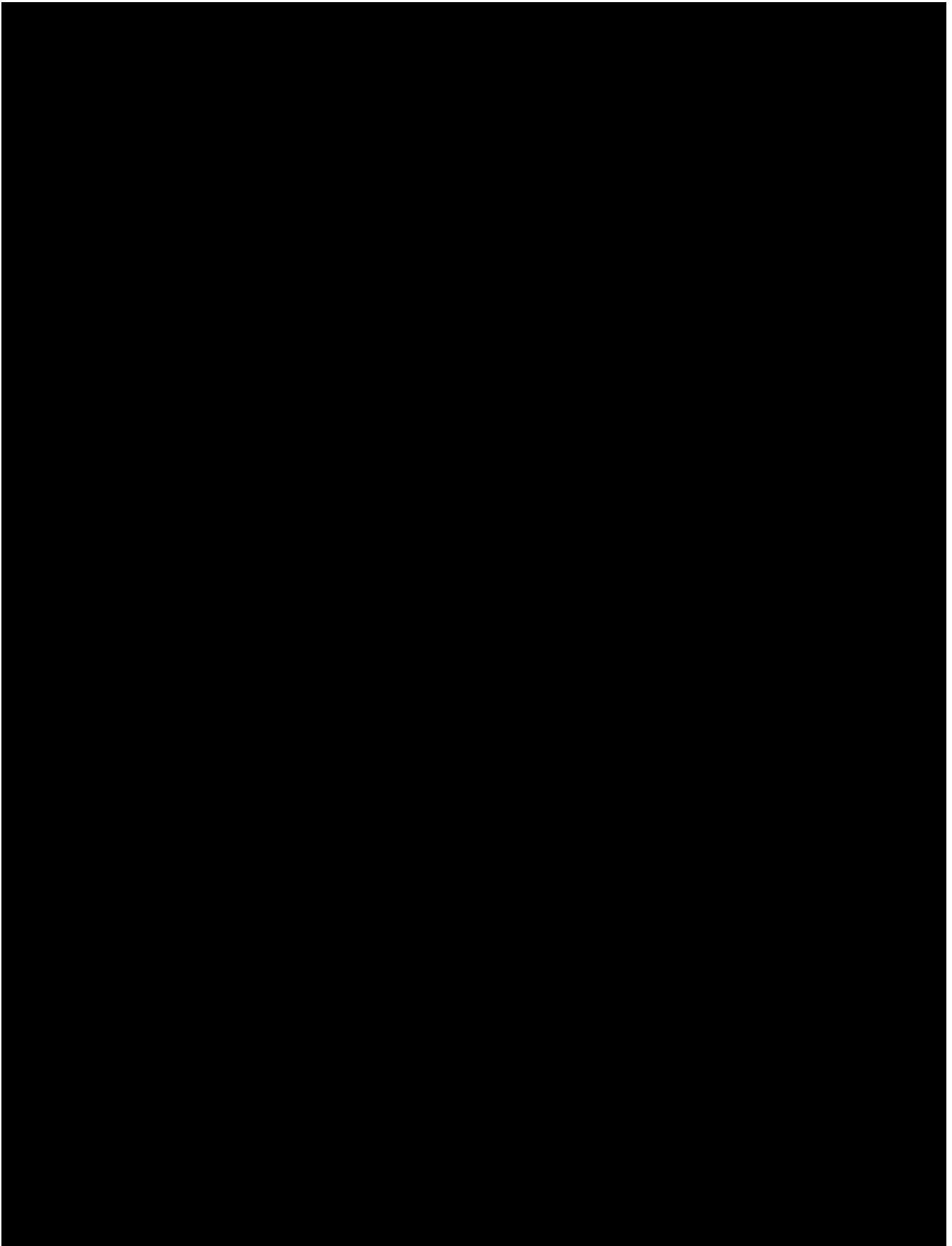


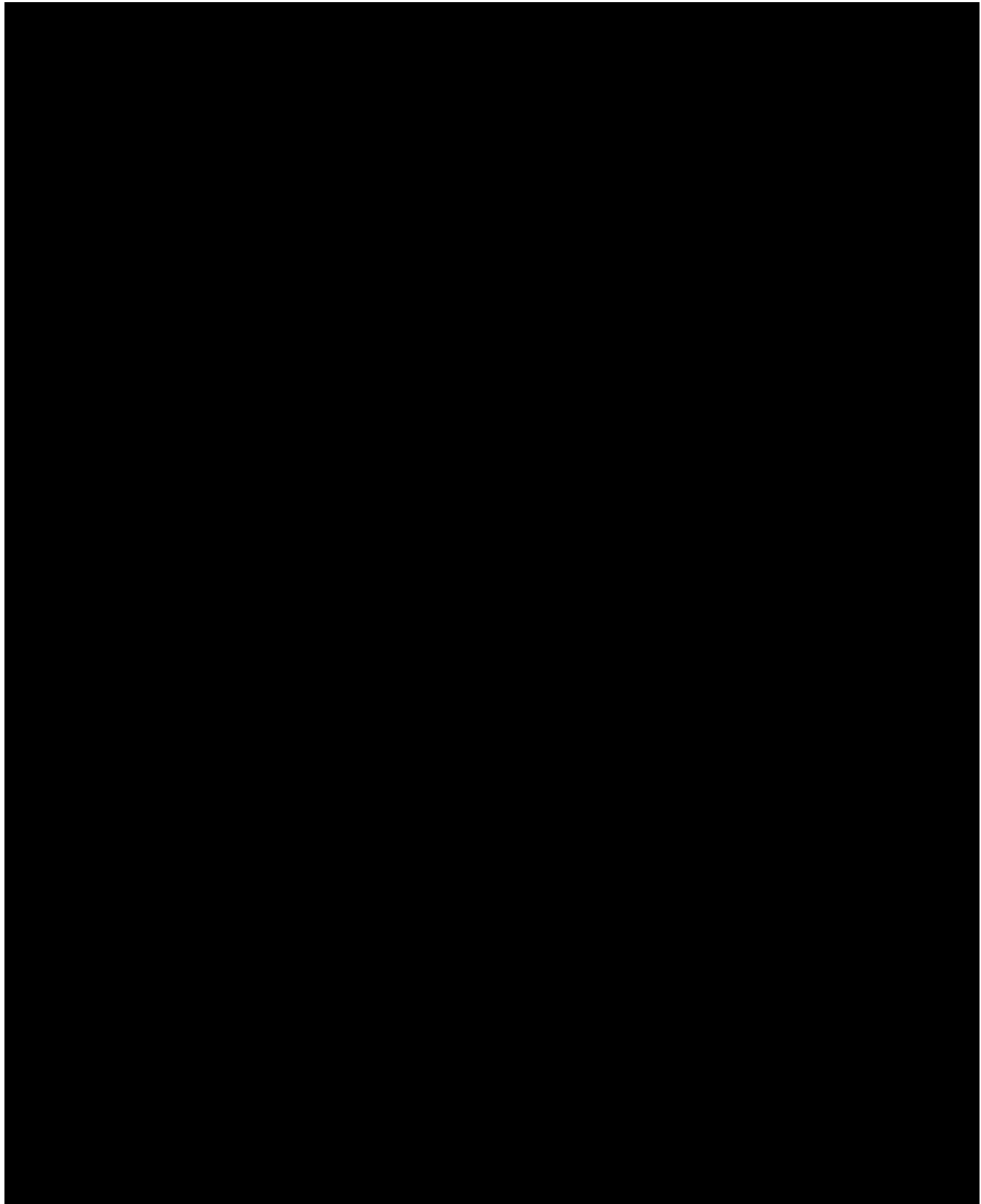
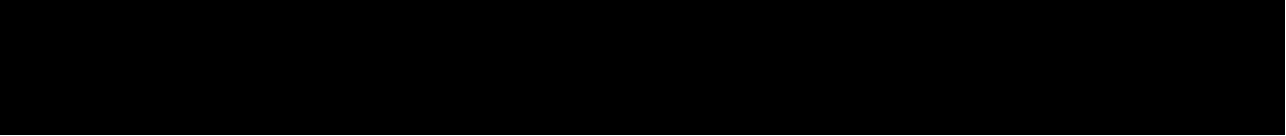














# Exhibit 31 – Facilities

## 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.

J. Gregory Allen

Owner

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

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

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

3/1/23  
\_\_\_\_\_  
Verification Date

**31.1 Facility Name and Type**

[REDACTED]  
| [REDACTED]  
| [REDACTED]

[REDACTED]  
| [REDACTED]  
| [REDACTED]

[REDACTED]  
| [REDACTED]  
| [REDACTED]

[REDACTED]  
| [REDACTED]  
| [REDACTED]

[REDACTED]  
| [REDACTED]  
| [REDACTED]

[REDACTED]  
| [REDACTED]  
| [REDACTED]

[REDACTED]  
| [REDACTED]  
| [REDACTED]

**31.2 Physical Address & GPS Coordinates of Facility**

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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



[REDACTED]

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

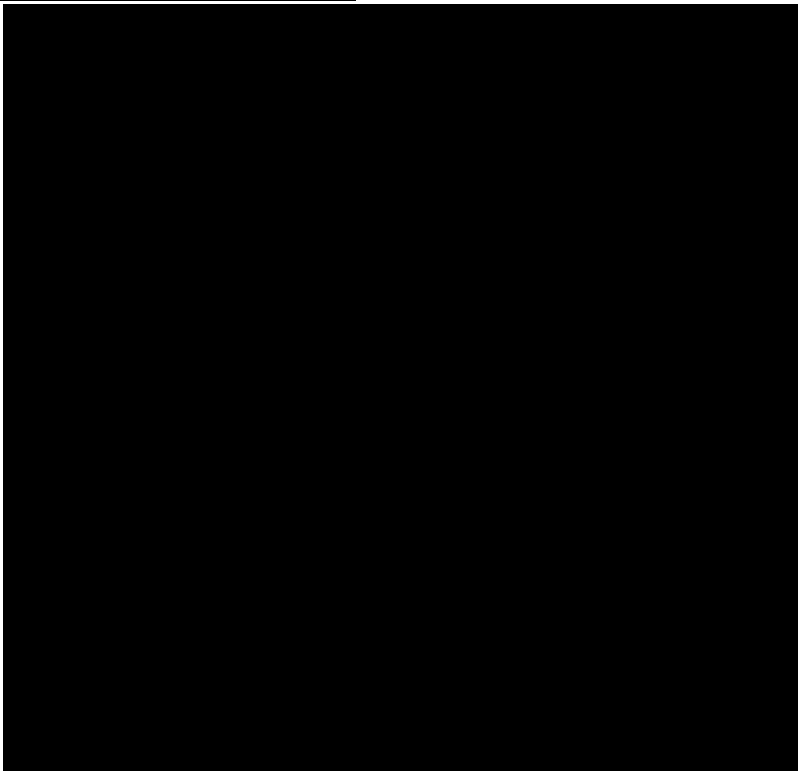
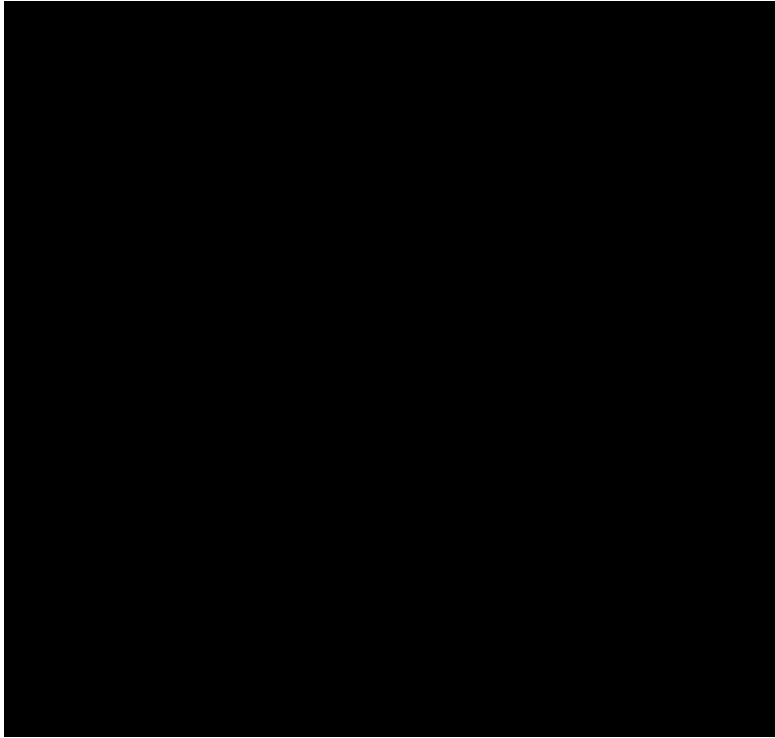
[REDACTED]

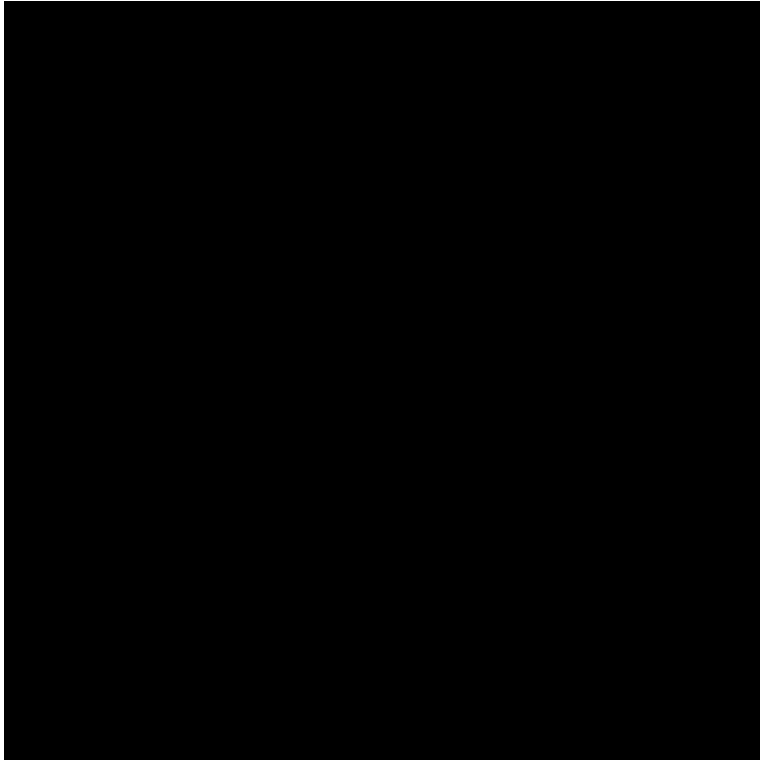
- [REDACTED]
- [REDACTED]
- [REDACTED]

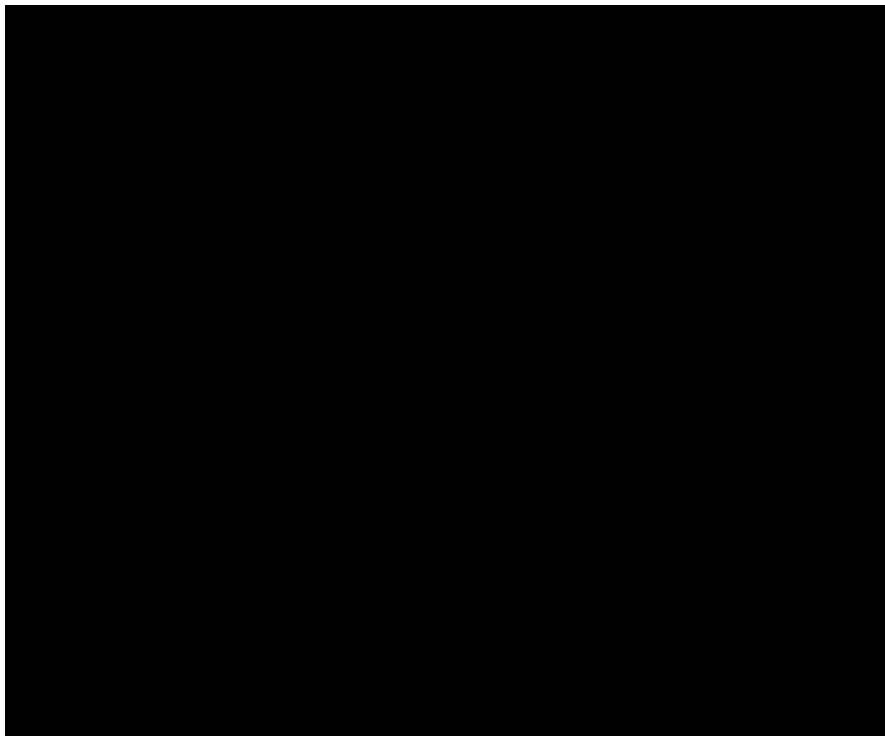
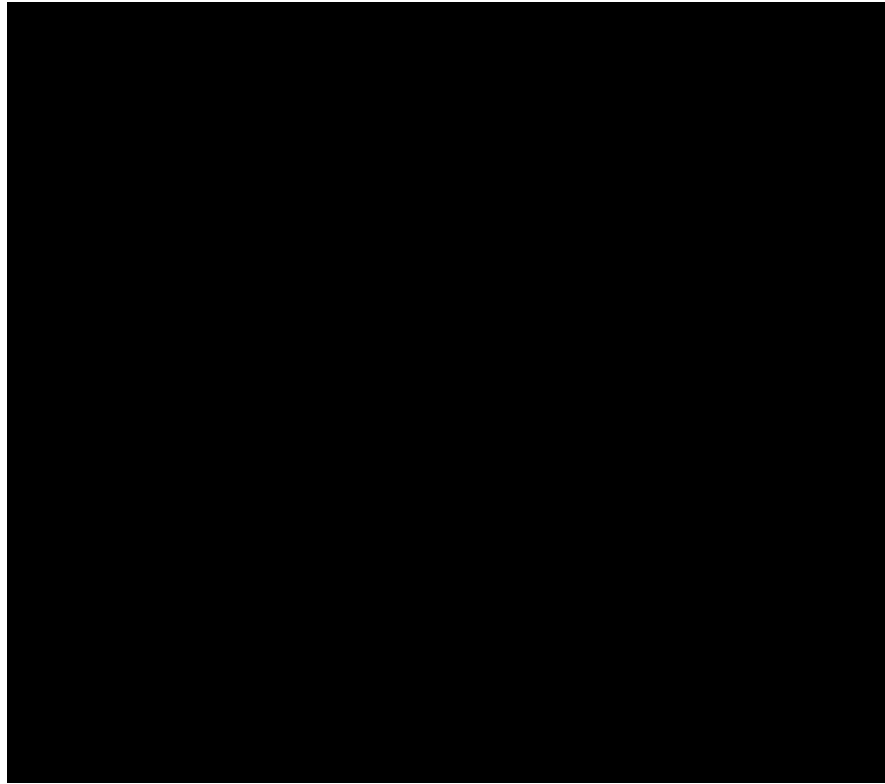
**31.3 Aerial Photograph of Facility**



[REDACTED]







**31.4 Proof of Authorization to Occupy Property**

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

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

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

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

**31.5 - Local Jurisdiction Approvals**

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]



[Redacted]

[Redacted]

[Redacted]

[Redacted text block]

**31.6 - Blueprint of Facility**

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**31.7 - Facility Timetable**

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**31.8 - Public Access to Facility**

[Redacted text block]

[Redacted text block]

[Redacted text block]

**31.9 - Facility Hours of Operation / After Hours Contact**

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



































































































































































































































































































































































































# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23  
\_\_\_\_\_  
Verification Date

Applicant provides herein engineering plans and specifications for its cultivation facility [REDACTED] to address each of the following:

- **A detailed plan and elevation drawings of all operational areas involved with the production of cannabis plants. This should include dimensions and elevation referenced to a single-facility benchmark.**

Applicant has attached a detailed plan and elevation drawings of the operational areas involved in the production of cannabis. [REDACTED]

- **Cross-sections that show the construction details and their dimensions to provide verification of construction materials, enhancement for security measures, and biosecurity measures.**

Applicant has attached engineering plans with construction details and dimensions to provide verification of construction materials, security, and biosecurity measures. [REDACTED]

- **Identification of all employee-accessible nonproduction areas.**

Applicant has an engineering plant that identifies all restricted access areas, employee access areas and public access areas. [REDACTED]

- **The location, size, and capacity of all storage areas, ventilation systems, and equipment used for the production of cannabis.**

Applicant has provided the location, size and capacity of all storage areas [REDACTED]

[REDACTED] The ventilation system detail is [REDACTED]

- **The location and door material specifications of all entrances and exits to the cultivation facility, as well as the physical makeup and specifications of all outer walls of the enclosed structure.**

Applicant has provided the location and door material specifications for all entrances and exits to the cultivation facility [REDACTED]

[REDACTED] The door schedule, partition type schedule and the structural make up of the inventory side wall, and existing walls [REDACTED].

- **The location and specifications of any windows, skylights and roof hatches.**

Applicant has provided the locations and specifications of all windows that will exist at the facility [REDACTED]

- **The location of all monitoring cameras and their field of view, verified to be operating 24 hours per day.**

[REDACTED]  
[REDACTED]  
[REDACTED]

- **The location of all alarm inputs (door contacts, motion detectors, duress/hold up devices) and alarm sirens.**

Applicant provides [REDACTED]  
[REDACTED] that demonstrates the proposed location of all alarm inputs. [REDACTED]  
[REDACTED] providing additional detail about the placement of motion detectors, door alarms, duress alarms and glass break detectors. [REDACTED]  
[REDACTED]

- **The location of the digital audio/video recorder and alarm control panel.**

Applicant has provided [REDACTED]  
[REDACTED] the location of a digital audio/video recorder and the alarm control



panel. [REDACTED]  
[REDACTED]

- **The location of all restricted, employee-accessible and public areas.**

Applicant has provided [REDACTED]  
[REDACTED] that clearly sets out the restricted, employee and public access areas. [REDACTED]  
[REDACTED]

- **The location where all plant inputs and application equipment are stored.**

Applicant has provided [REDACTED]  
[REDACTED] that shows where the plant inputs and application equipment are stored. [REDACTED]  
[REDACTED]  
[REDACTED]

- **The location of all enclosed, secure areas or loading/unloading docks...**

Applicant has provided [REDACTED]  
[REDACTED] that shows the enclosed, secure areas for loading and unloading cannabis or  
medical cannabis. [REDACTED]  
[REDACTED]

- **The location of any area used to store medical cannabis that has been returned to the cultivation facility from a processor or dispensary.**

Applicant has provided [REDACTED]  
[REDACTED] that shows the areas used to store medical cannabis. [REDACTED]  
[REDACTED]































# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date



Applicant will comply with all Commission requirements related to security and transportation, and at times exceed those requirements where it serves the good of the community and Applicant's staff. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] when

it comes to protecting [REDACTED]

Applicant's Security Plan is centered around [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Applicant

and the Alabama Medical Cannabis Commission ("Commission") [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted text block containing multiple paragraphs of obscured content]

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[Redacted text block containing approximately 15 lines of obscured content]

[Redacted text block containing approximately 1 line of obscured content]

[Redacted text block containing approximately 10 lines of obscured content]

[Redacted text block containing approximately 1 line of obscured content]

[Redacted text block containing approximately 3 lines of obscured content]

[Redacted text block containing approximately 3 lines of obscured content]

[Redacted text block containing approximately 1 line of obscured content]

[Redacted text block containing approximately 2 lines of obscured content]

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



[Redacted text block]



[Redacted text block]





[REDACTED]

[REDACTED]

[REDACTED] [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED] [REDACTED] [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] as

[REDACTED]

[REDACTED] [REDACTED]





[Redacted text block containing multiple paragraphs of information, with a few words like "as" visible at the bottom right of the block.]





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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

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| [Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[REDACTED]

*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23

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

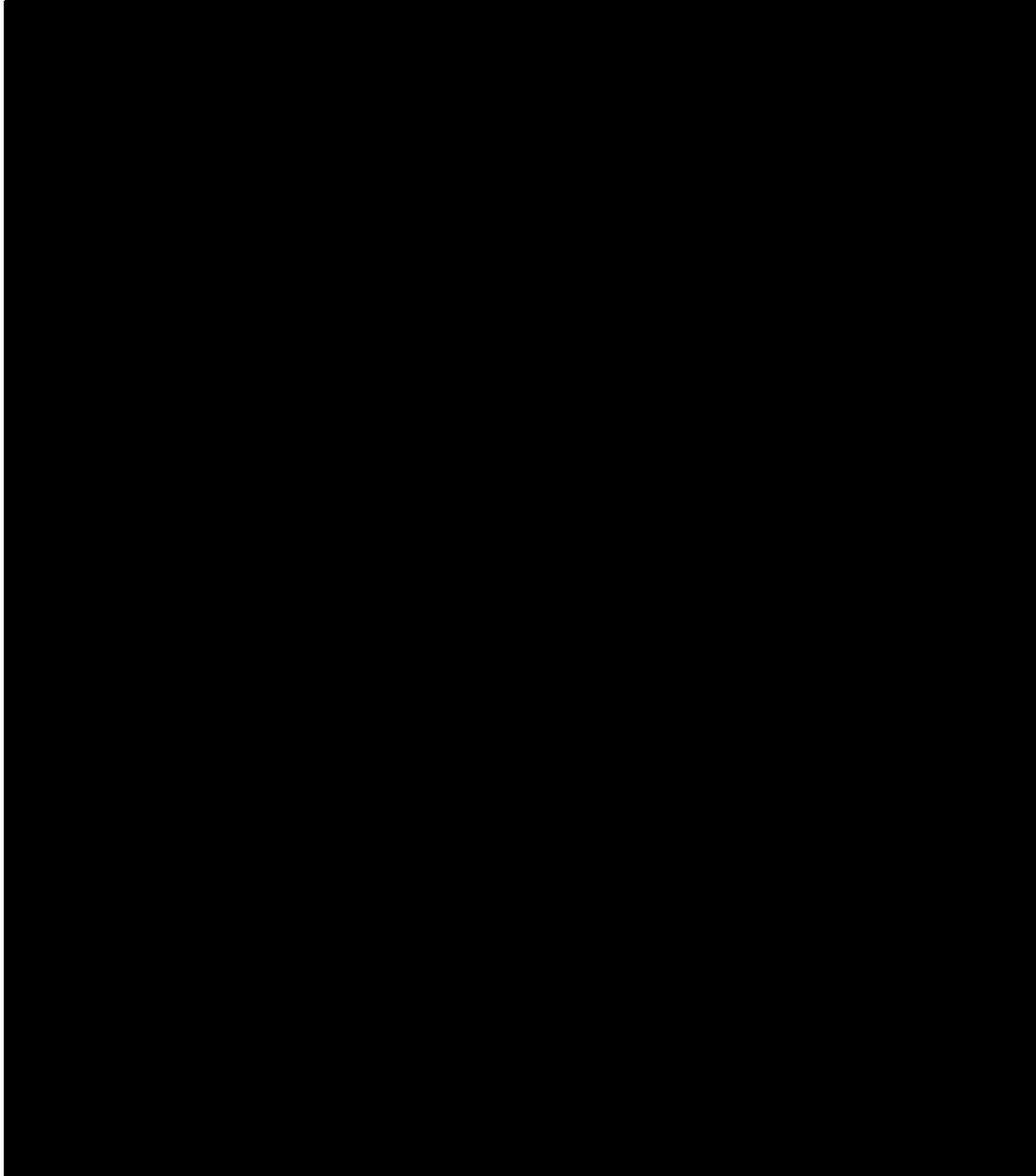
**FORM G: PERSONNEL ROSTER & VERIFICATION**

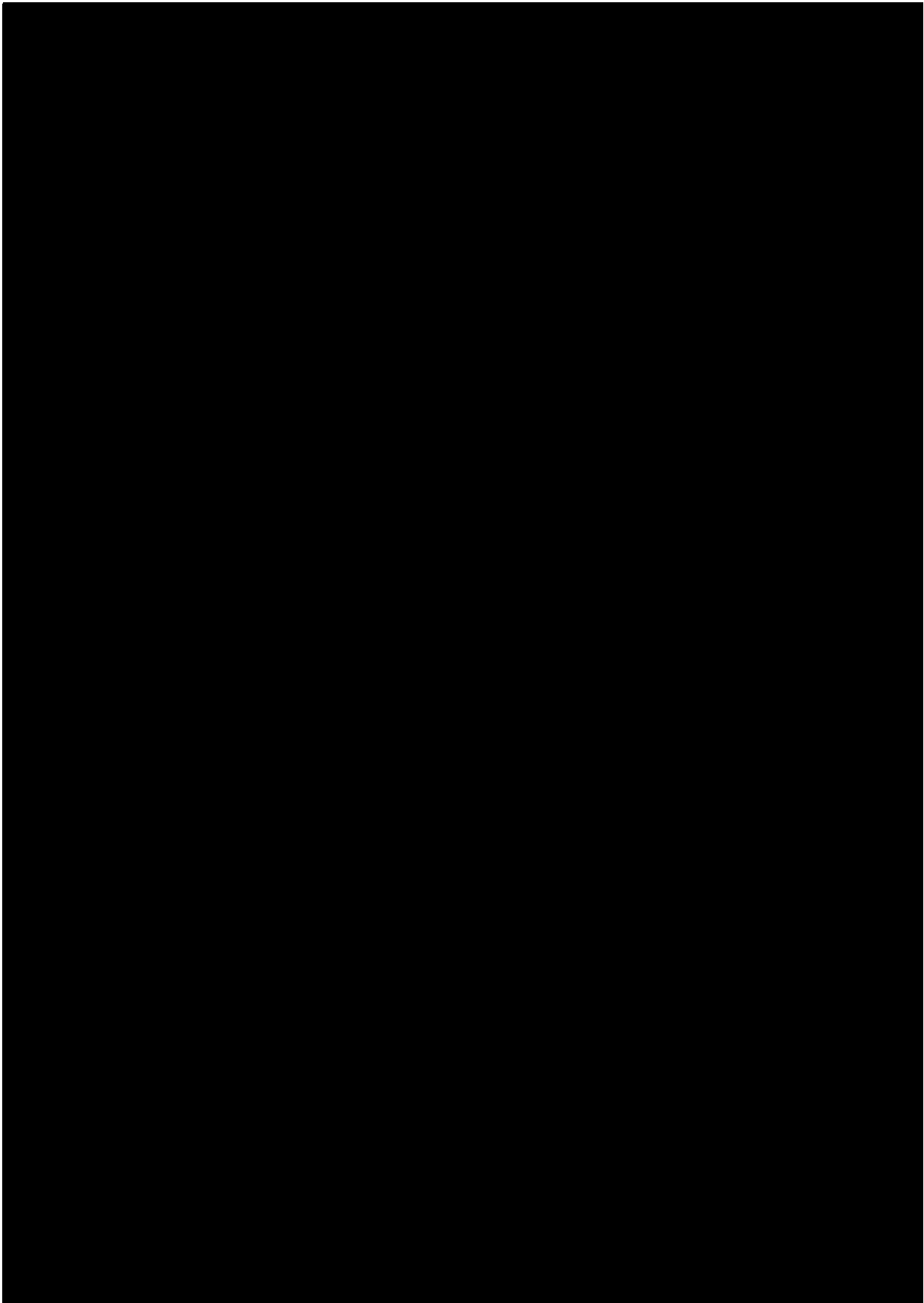
**Insa Alabama, LLC**

Business License Applicant Name

**Integrated Facility**

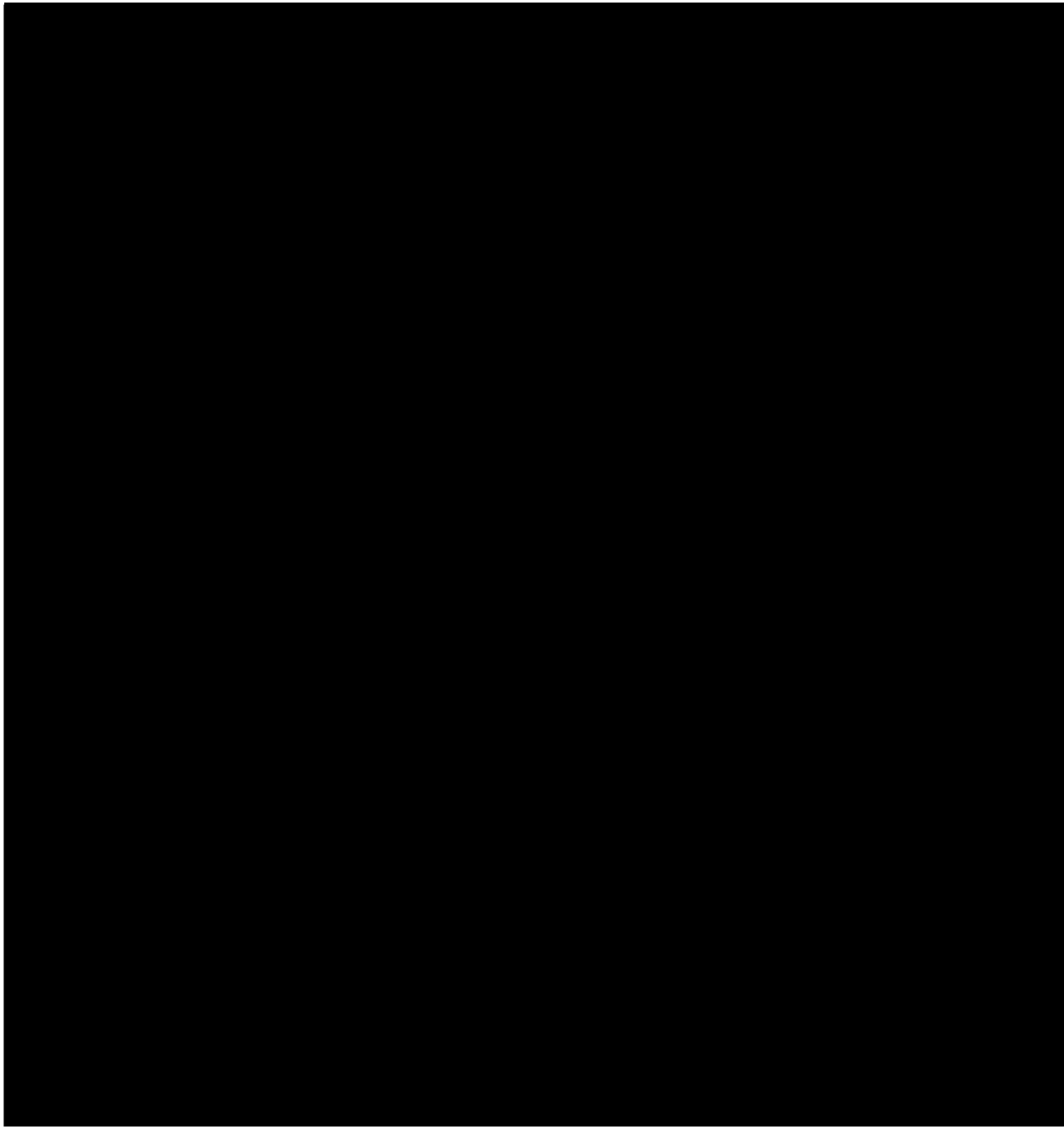
License Type





Form G: Personnel Roster & Verification  
Page 2





**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.

J. Gregory Allen  
Printed Name of Verifying Individual

Owner  
Title of Verifying Individual

  
Signature of Verifying Individual

12/27/22  
Verification Date

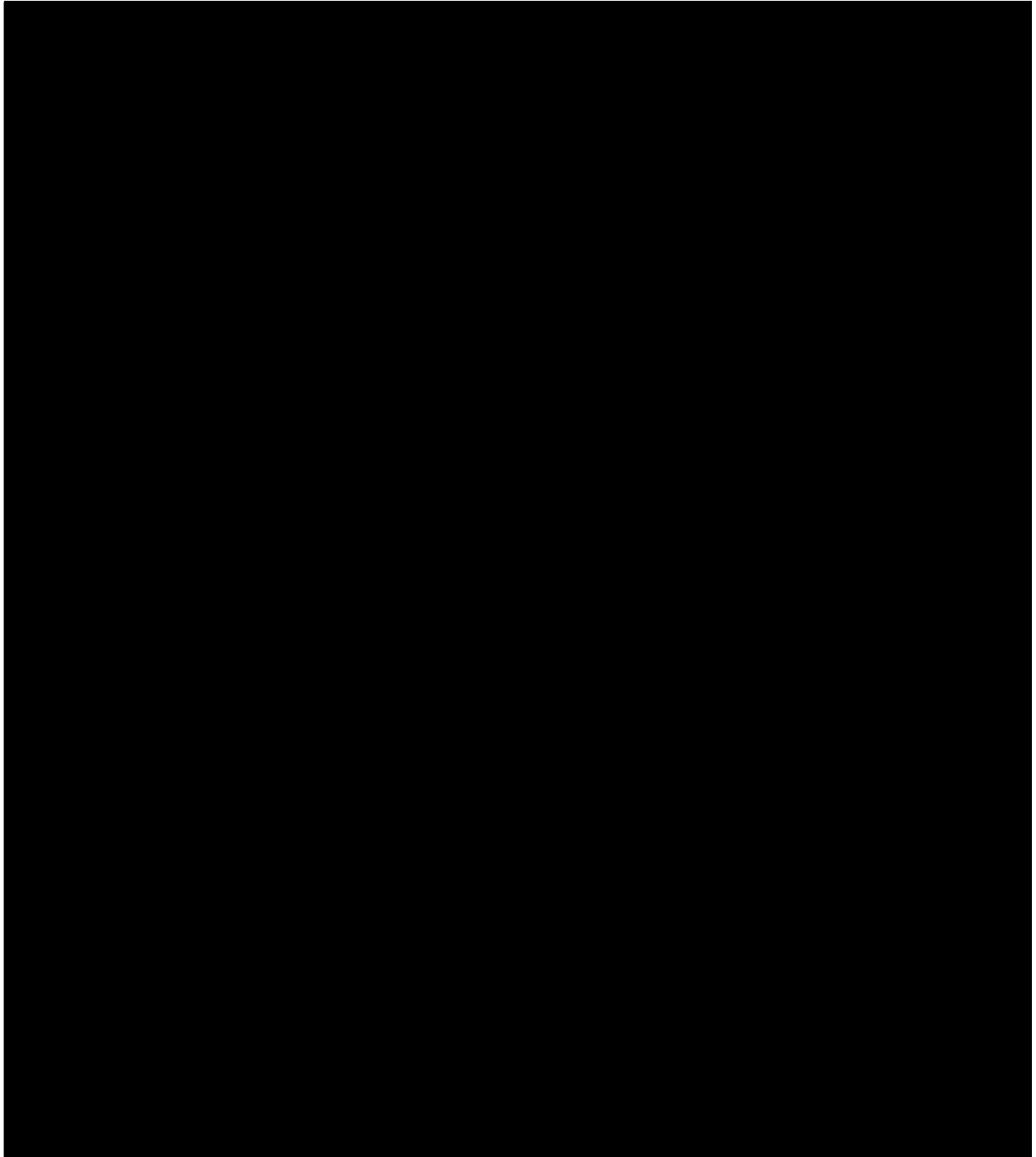
**FORM G: PERSONNEL ROSTER & VERIFICATION**

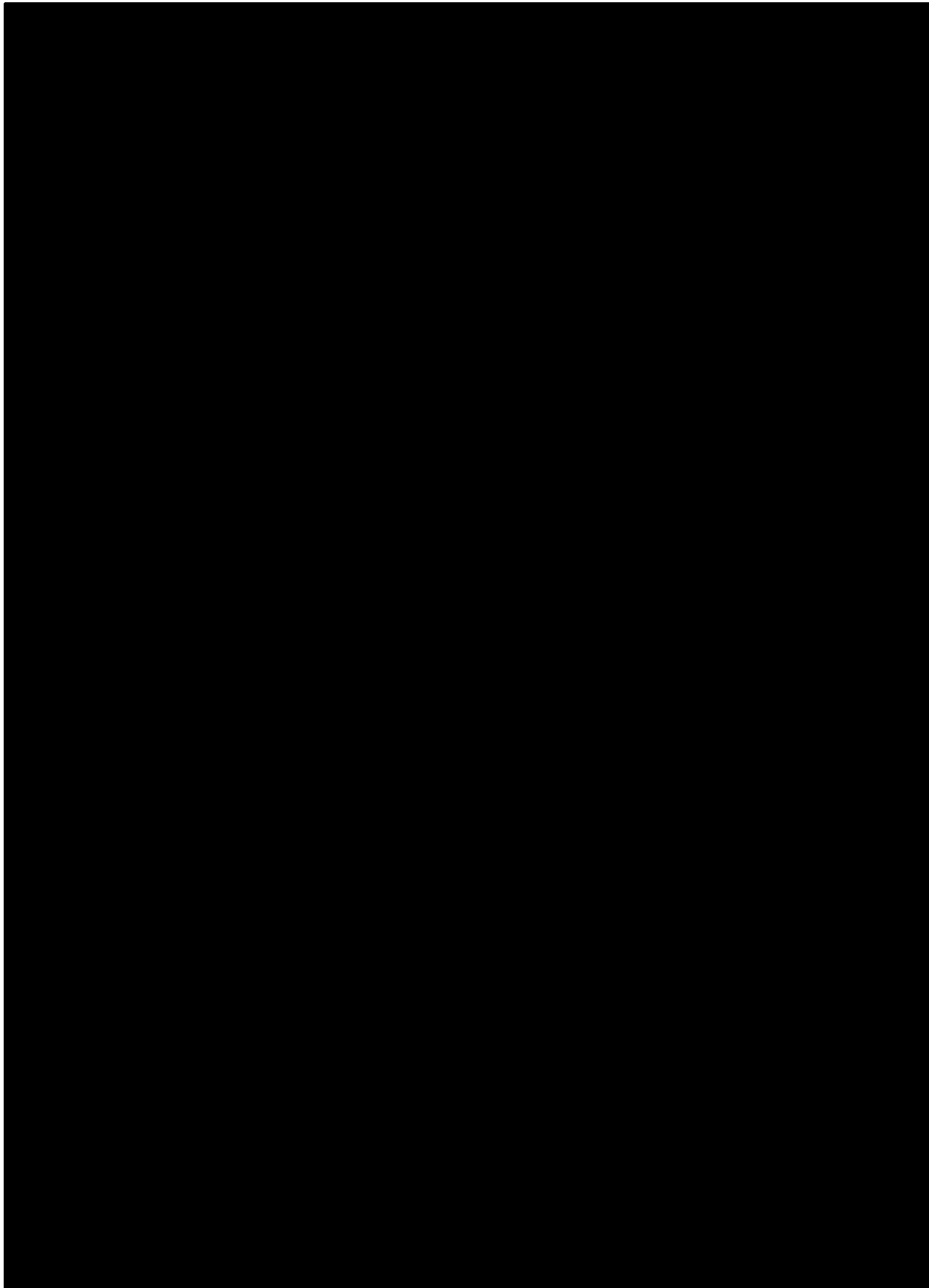
**Insa Alabama, LLC**

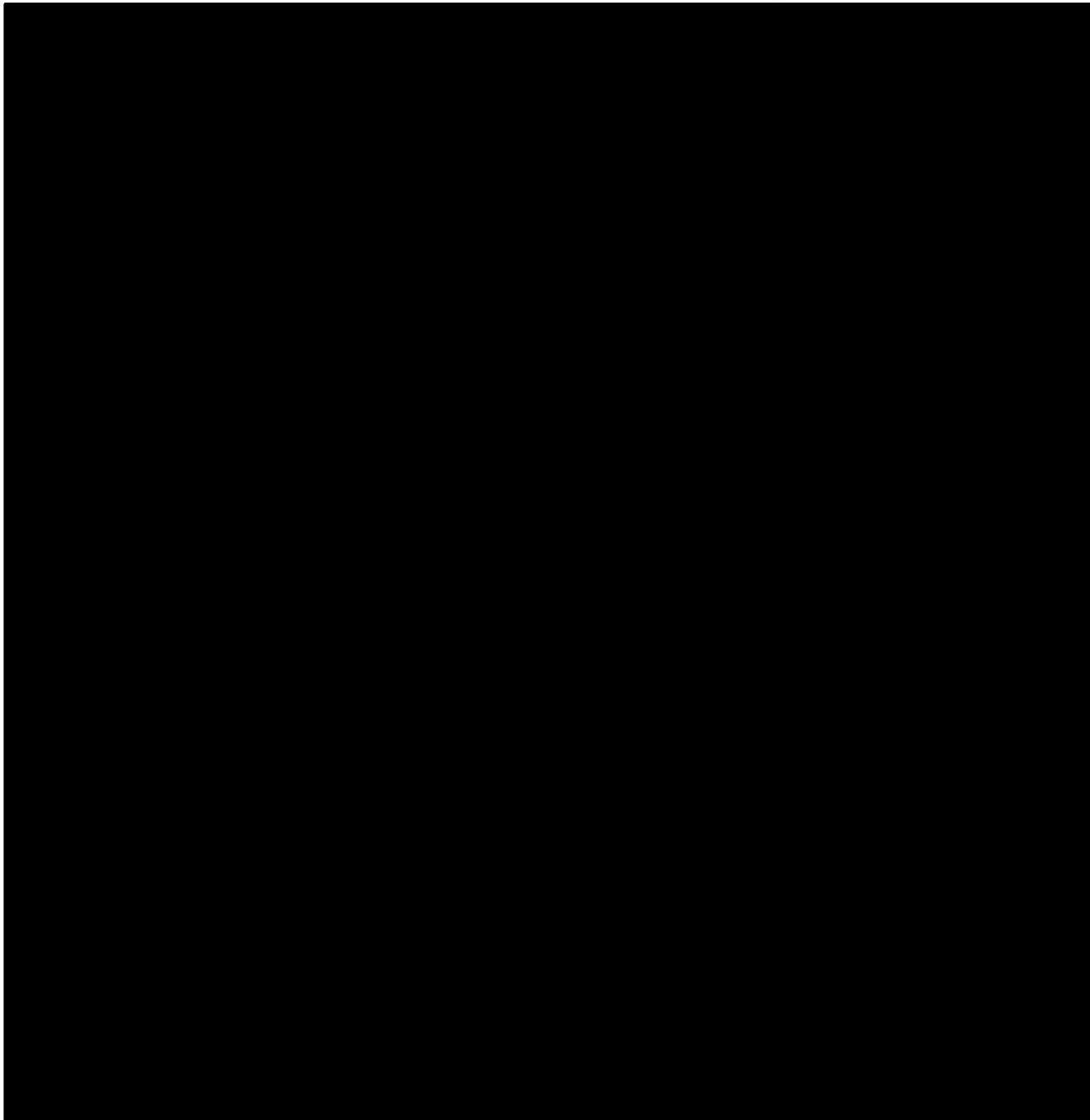
Business License Applicant Name

**Integrated Facility**

License Type







**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.

J. Gregory Allen  
Printed Name of Verifying Individual

Owner  
Title of Verifying Individual

J. Gregory Allen  
Signature of Verifying Individual

12/27/22  
Verification Date

# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

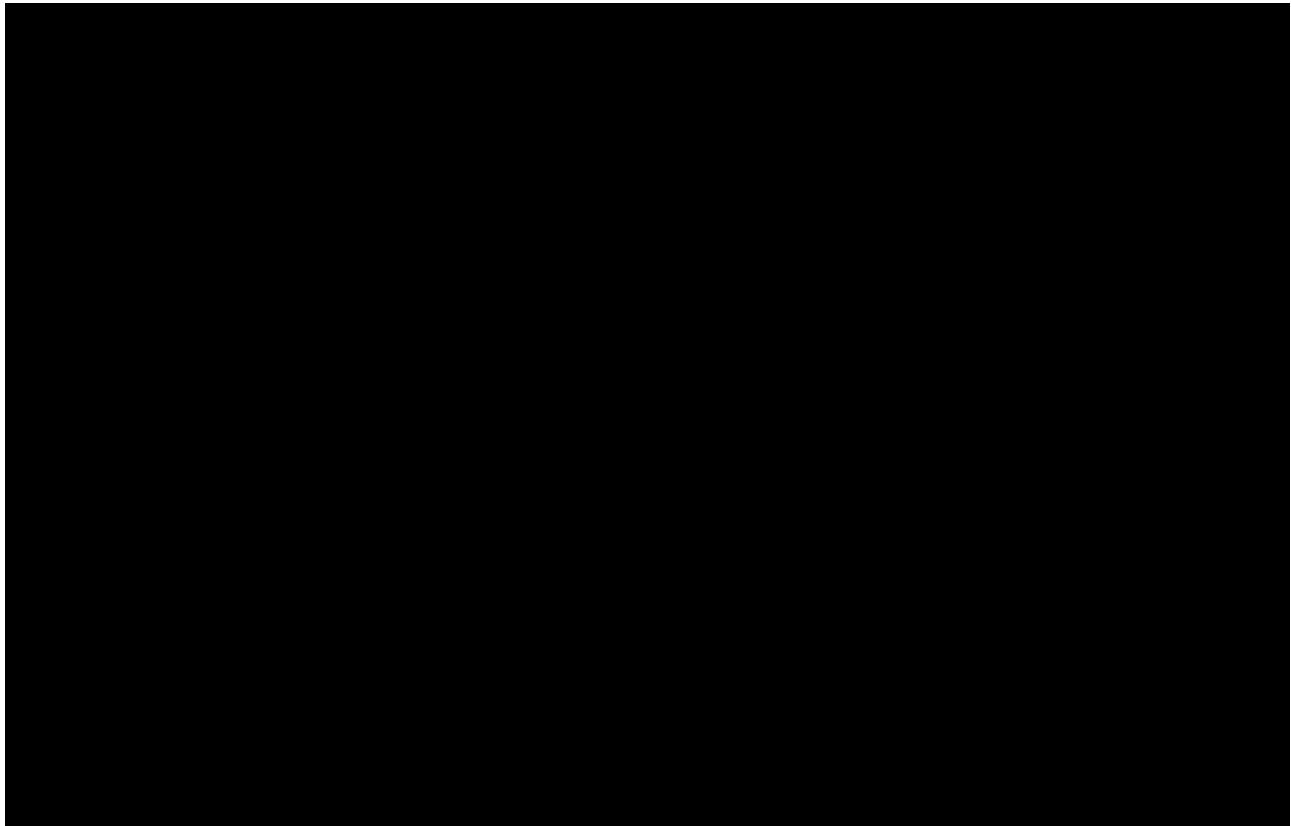
**35.1 – A Curriculum Vitae for the Business.**

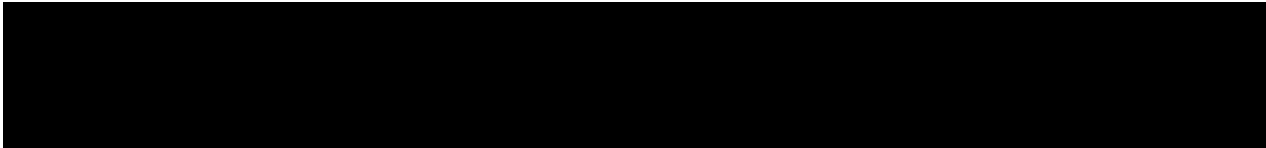
Applicant’s leadership team brings to bear an extensive array of valuable experiences that will ensure Applicant’s success in Alabama’s medical cannabis program.

Applicant’s team includes [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

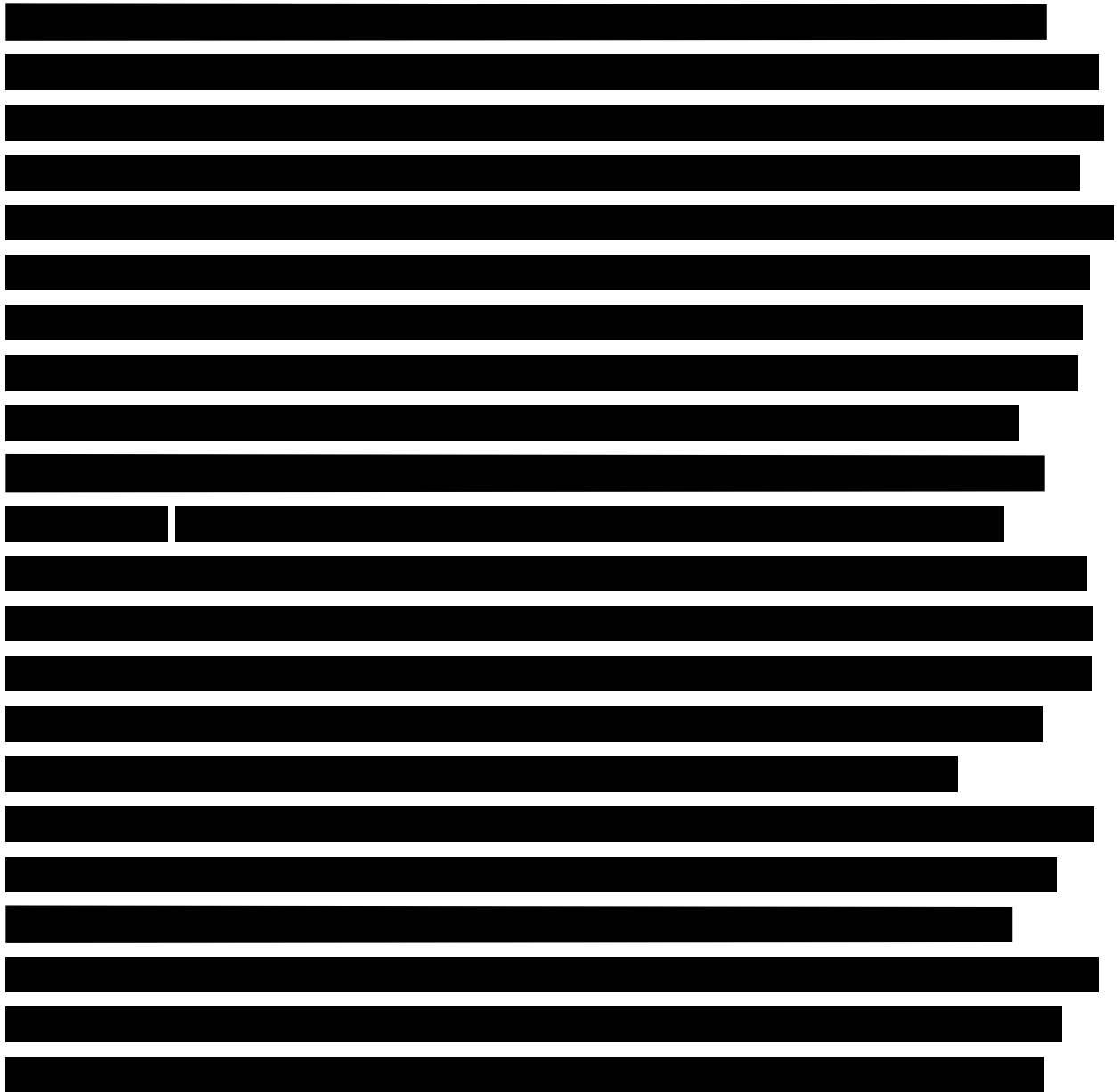
Applicant’s leadership team will [REDACTED]  
[REDACTED]  
[REDACTED]. [REDACTED]  
[REDACTED]

**Education.** As highlighted in the chart below, Applicant’s leadership team brings impressive education credentials across several relevant areas of study that will bolster the development of Applicant’s operations.





**Experience.** Applicant has assembled a team of accomplished experts with relevant experience across fields including pharmacy, healthcare, medical cannabis, medical device safety, law, business management, law enforcement, and security, to successfully lead and manage the Applicant’s operations. The breadth of experience held by Applicant’s leadership team is summarized below.



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



[REDACTED]

[REDACTED]

[Redacted]

**35.2 – A Detailed Explanation of the Role Each Leader is to Have in Facility**

**Operations.**

*Chief Executive Officer (CEO)* [Redacted]

*Chief Operating Officer (COO)* [Redacted]

[REDACTED]

[REDACTED]

*Secure Transport Drivers,* [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[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.**

Applicant plans [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

**Summary**

Included below is a verified copy of Insa Alabama, LLC’s (“Applicant’s”) proposed Employee Handbook. This Employee Handbook was meticulously developed and written – with a singular focus on Alabama – by Applicant’s team of leaders, which include:

- The founding partners of a prominent Alabama law firm that grew from a single storefront in Montgomery to the nation’s leading experts on pharmaceutical and medical device safety.
- The founders of Insa, a medical cannabis company with a spotless record, free of fines, violations, or discipline – an extreme rarity among large multiple-state companies. Insa operates medical cannabis cultivation and production facilities across the state line in Polk County, Florida, Massachusetts and Pennsylvania, and employs hundreds who contributed their knowledge of patient and worker safety and Certified Good Manufacturing Practices (cGMP).
- The Applicant’s medical advisors, [REDACTED] [REDACTED] [REDACTED] [REDACTED] will bring his world-renowned knowledge of prescription compliance to oversee Applicant’s quality controls. Other medical advisors include [REDACTED] [REDACTED] [REDACTED]
- The Applicant’s Certified Dispensers, who exceed the qualifications under Ala. Admin. Code Reg. 583-x-8-.03, including a licensed retail pharmacist with over a decade of experience, an experienced product manufacturing Quality Control Technician, and a seasoned medical practice administrator.
- Applicant’s Security leaders and Secure Transport Drivers, [REDACTED] [REDACTED] [REDACTED]



















































































































































































# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23

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





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.

J. Greg Allen  
\_\_\_\_\_  
Printed Name of Verifying Individual

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

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

December 12, 2022  
\_\_\_\_\_  
Verification Date



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.

J. Greg Allen  
\_\_\_\_\_  
Printed Name of Verifying Individual

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

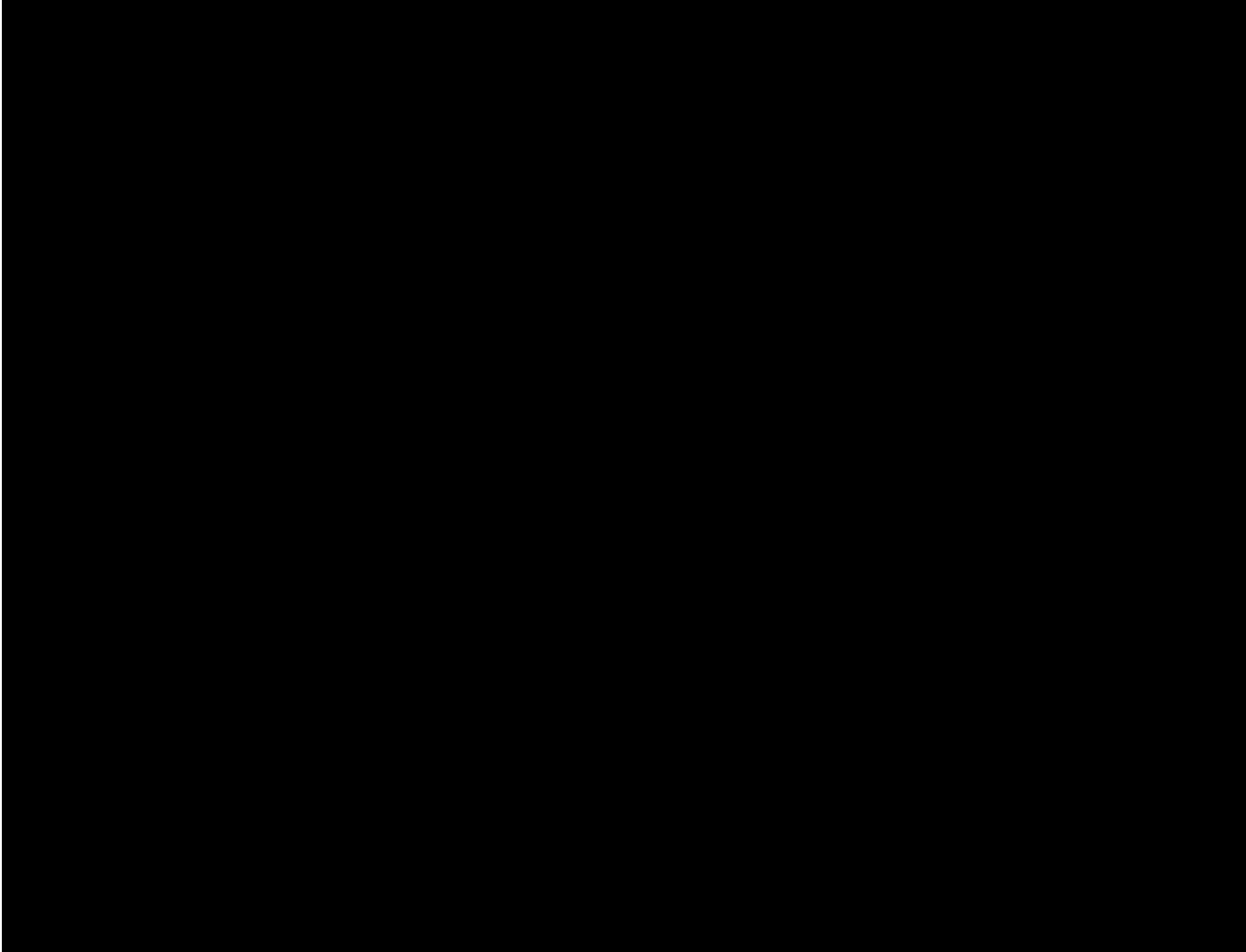
  
\_\_\_\_\_  
Signature of Verifying Individual

December 12, 2022  
\_\_\_\_\_  
Verification Date

License Type: Integrated Facility

**FORM H: SECURE TRANSPORT DRIVERS**

*Complete a separate form and verification for each of the Applicant's secure transport drivers.*



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.

J. Greg Allen  
\_\_\_\_\_  
Printed Name of Verifying Individual

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

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

December 12, 2022  
\_\_\_\_\_  
Verification Date

License Type: Integrated Facility

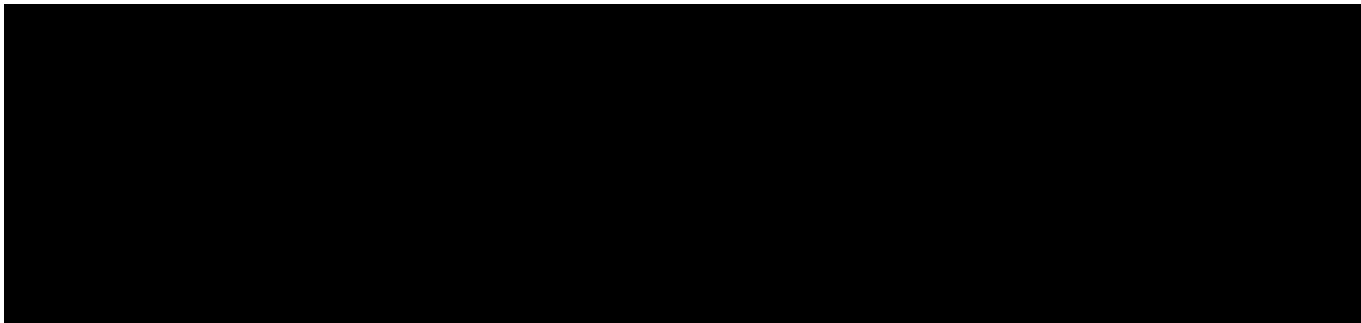
**FORM H: SECURE TRANSPORT DRIVERS**

Complete a separate form and verification for each of the Applicant's secure transport drivers.

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

**Secure Transport Driver Information**



**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

None  
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.

J. Greg Allen  
\_\_\_\_\_  
Printed Name of Verifying Individual

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

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

December 12, 2022  
\_\_\_\_\_  
Verification Date





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.

J. Greg Allen  
\_\_\_\_\_  
Printed Name of Verifying Individual

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

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

December 12, 2022  
\_\_\_\_\_  
Verification Date

License Type: Integrated Facility

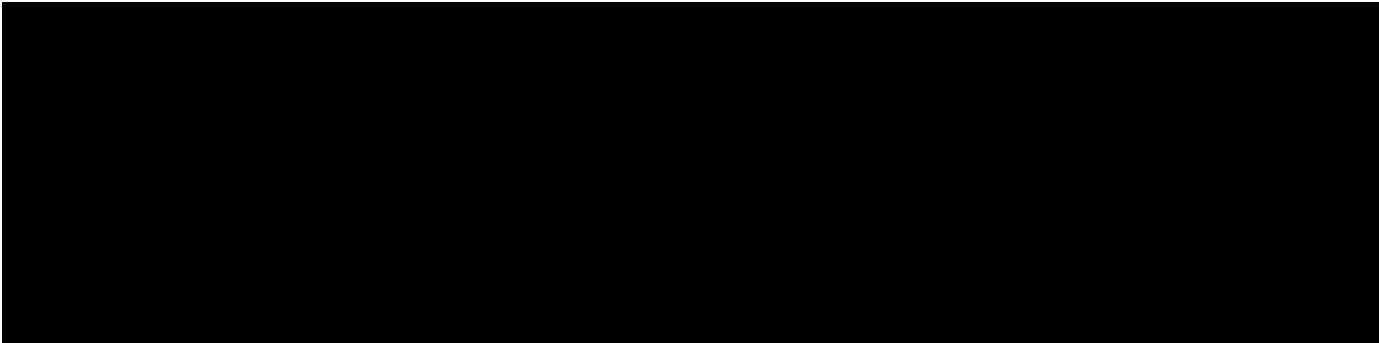
**FORM H: SECURE TRANSPORT DRIVERS**

*Complete a separate form and verification for each of the Applicant's secure transport drivers.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

**Secure Transport Driver Information**



*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

None  
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.

J. Greg Allen  
\_\_\_\_\_  
Printed Name of Verifying Individual

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

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

December 12, 2022  
\_\_\_\_\_  
Verification Date

# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date



[Redacted text block containing approximately 30 lines of blacked-out content]

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**DRIVER'S MANUAL**

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# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

It is axiomatic that medical cannabis patients around the country depend daily on the effectiveness of robust quality control and assurance measures within medical cannabis production facilities. Therefore, [REDACTED]

[REDACTED] for Applicant as it lays its roots in Alabama. [REDACTED]

[REDACTED] Applicant has a [REDACTED] Quality Control and Quality Assurance Plan ("Plan"), which will ensure that [REDACTED]

[REDACTED] registered patients in Alabama. Specifically, this Plan provides painstaking details addressing how Applicant will, [REDACTED]

[REDACTED] perform quality control [REDACTED]

[REDACTED] of medical cannabis in its control [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

It is also worth emphasizing that this Plan [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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**39.1 - An overview of the steps to be taken in the manufacturing process to provide high quality products and/or to ensure the safety, potency, stability, lifespan, and consistency among batches of the same product, whether as required by law or otherwise.**

[Redacted]

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

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[REDACTED]

**39.2 - A plan for performing, at its own expense after licensure, quality control and testing of a qualified sampling of medical cannabis in its control, regardless of whether said medical cannabis has been packaged, labeled and sealed. Such testing shall be conducted by the State Testing Laboratory. The plan shall include, but is not limited to, the following:**

- **What tests will be conducted, if any, at each stage or stages of production.**
- **Whether the testing at each stage will be in house, unofficially by private testing through a State Testing Laboratory, or solely by official testing through a State Testing Laboratory.**

[REDACTED]



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**39.3 – A plan for return and remediation or destruction of any failed test samples, including entry of the event on the Statewide Seed-to-Sale Tracking System.**

[REDACTED]

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[REDACTED]

*Status of Written Plan: Completed*



# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

Applicant has developed a [REDACTED] Contamination and Recall Plan [REDACTED]

[REDACTED]

[REDACTED]. This plan includes [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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**40.1 - Applicant has provisions in place to notify any other impacted licensees in the chain of custody in the case of an adverse event.**

[REDACTED]

[REDACTED]

[REDACTED]

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- | [REDACTED]
- | [REDACTED]

[REDACTED]

**40.2 - Applicant's Recall Plan contains established factors about an adverse event that would likely necessitate a recall, and any potential for retesting or remediation.**

[REDACTED]

[REDACTED]

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[REDACTED]

**40.3 Applicant has designated, responsible individuals or positions within the organization who will oversee the recall process.**

[REDACTED]

[REDACTED]

**40.4 - Applicant will deploy clear notification protocols to inform other licensees and the Commission of a recall through the Statewide Seed-to-Sale Tracking System.**

[REDACTED]

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

[REDACTED]

**40.5 - Applicant has compliant processes to ensure that the recalled product is returned, remediated (and approved as safe), or destroyed.**

[REDACTED]

[REDACTED]



[REDACTED]

**40.6 - Applicant will transparently report all recall activities to the Commission and also notify any other appropriate regulatory body regarding crisis response and steps taken to mitigate or avoid danger to the public.**

[REDACTED]

**40.7 - In the event of contamination or a recall, Applicant has identified future 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.**

[Redacted text block]

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[REDACTED]

**40.8 - In the event of a recall, Applicant will investigate and analyze the factors that led to the unsafe condition requiring the recall, and immediately implement any adjustments to internal protocols and processes to avoid recurrence.**

[REDACTED]

*Status of Written Plan: Completed*

# 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.

J. Gregory Allen

Owner

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

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

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

3/1/23

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

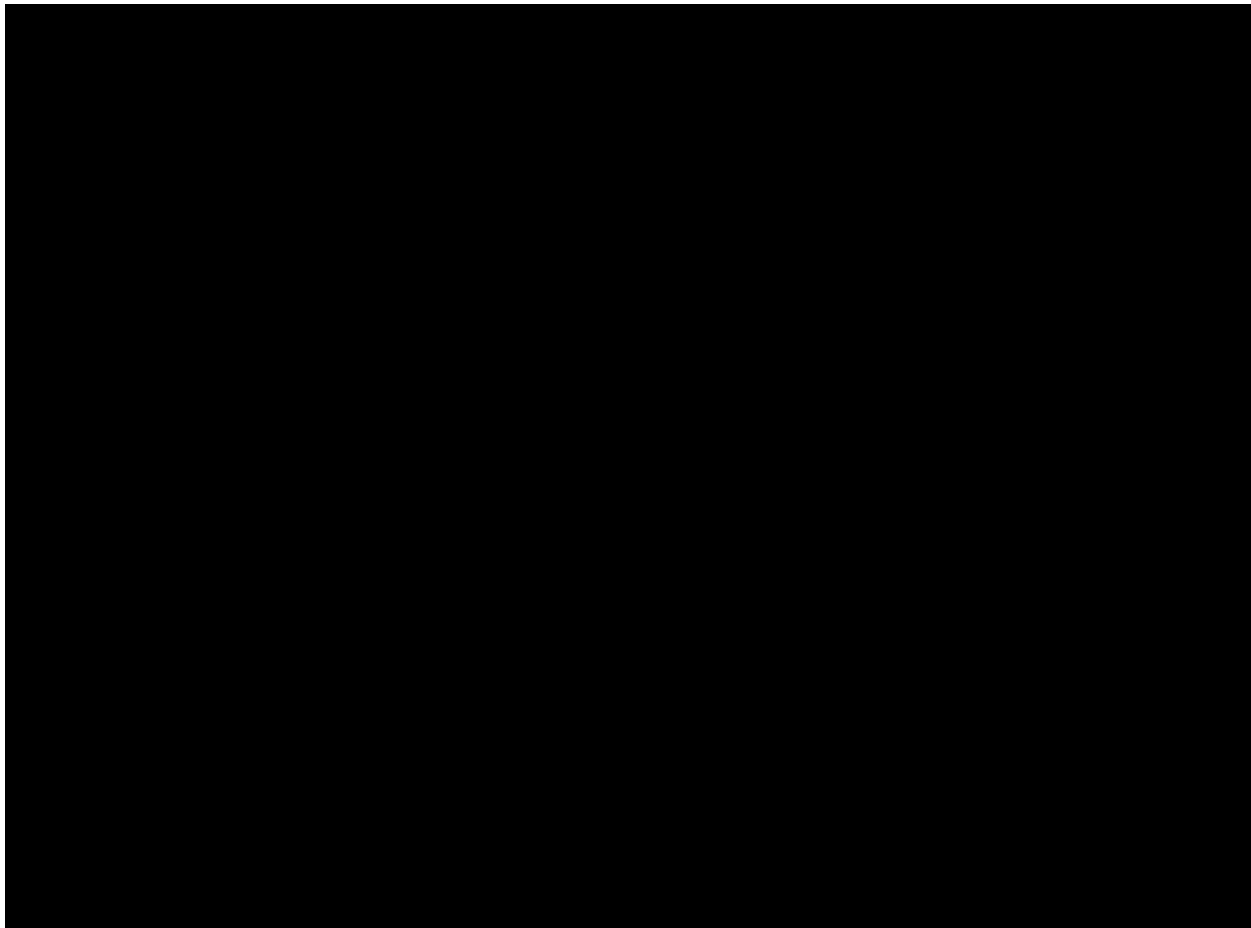
**41.1 - Any proposed logos, branding, messaging, or other marketing or advertising communications, either in-house (e.g., in displays or on video monitors installed in the dispensing site) or providing exemplars of any specific advertisements.**

The Applicant's logos, branding, messaging and other marketing and advertising communications [REDACTED]

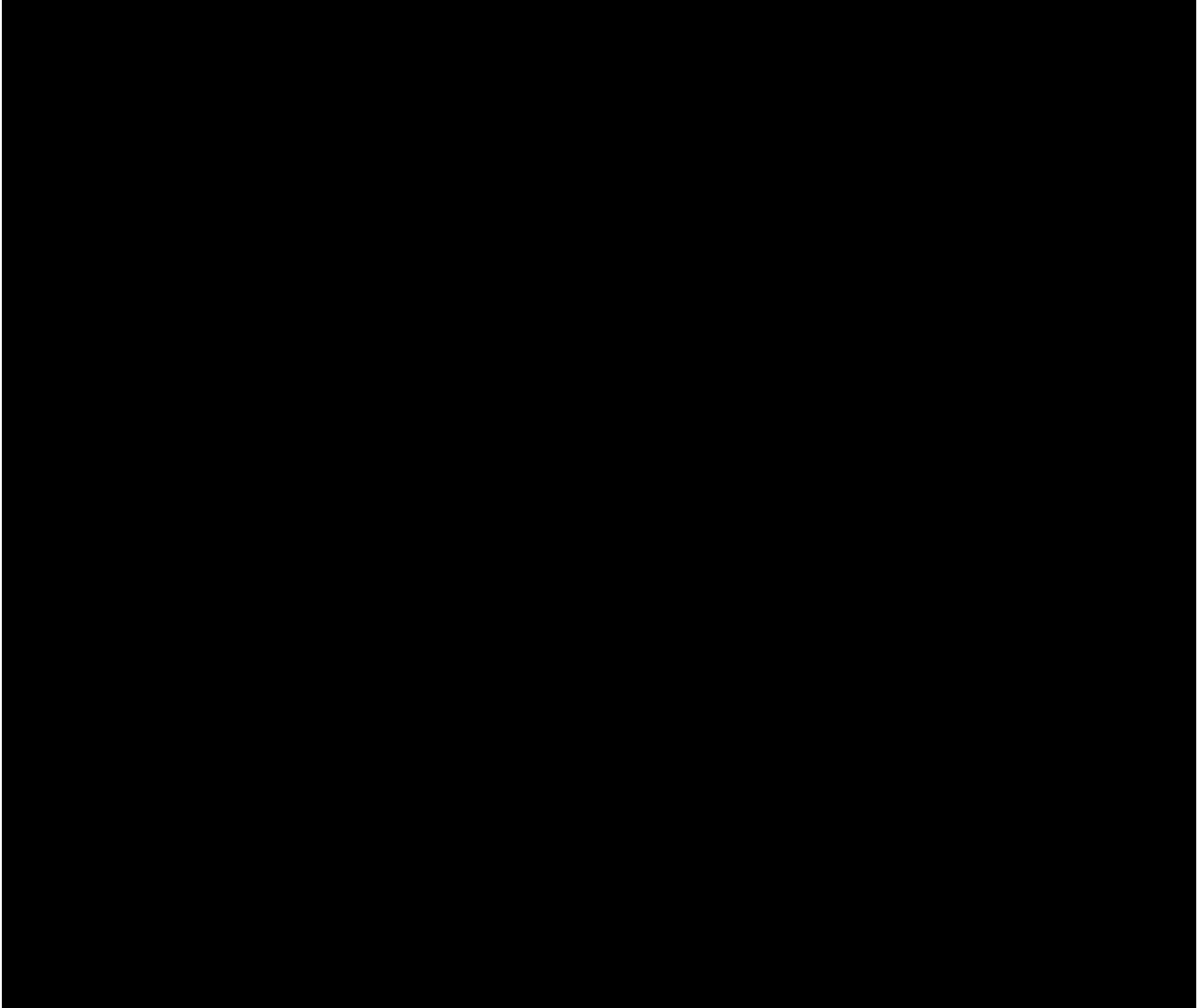
The Applicant intends [REDACTED]

[REDACTED] Ala. Code 1975, Ala. Admin. Code 538-x-4-.17, and Ala. Admin. Code 80-14-1-.18.

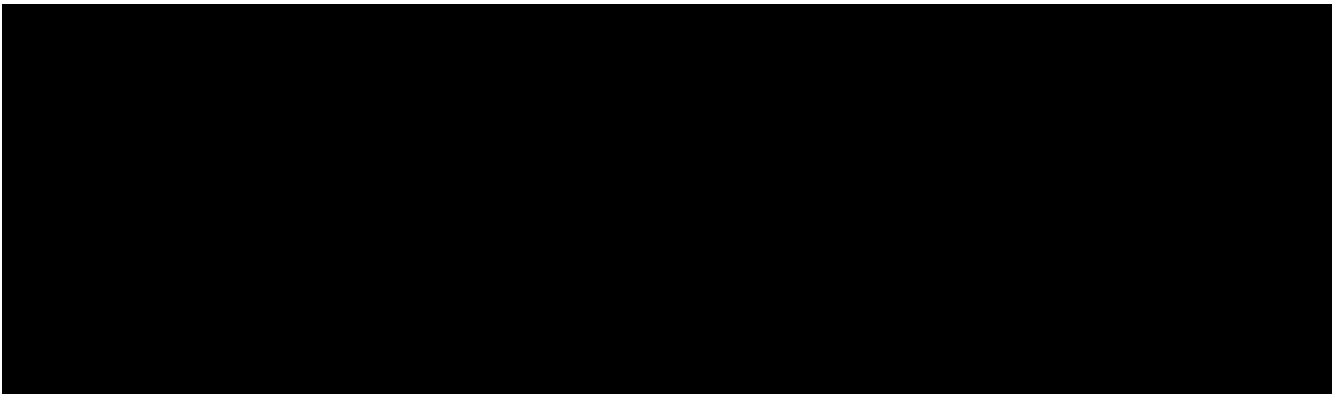
The Applicant's proposed logos and branding are as follows:

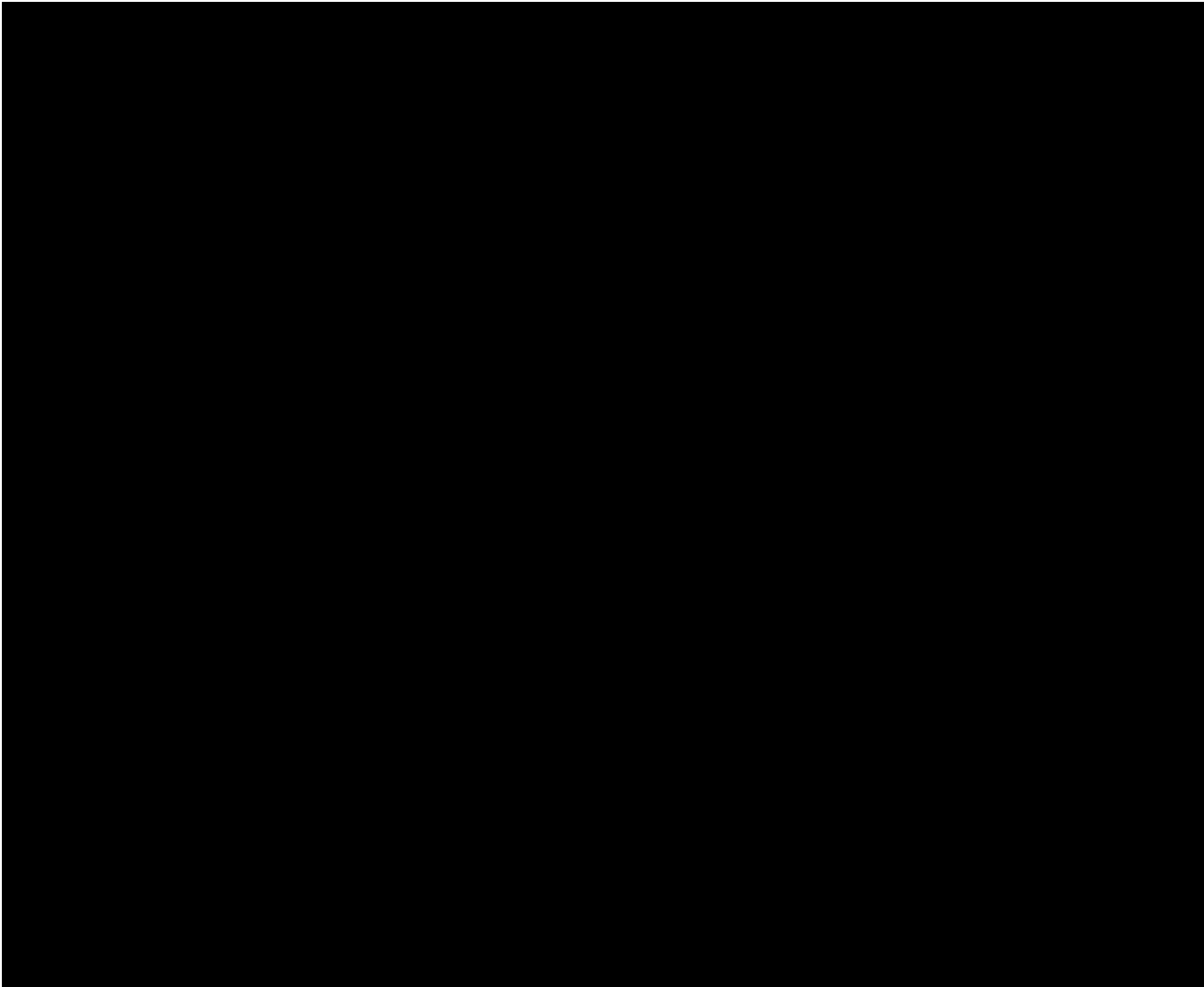


Applicant shall use the following imagery in connection with in-house marketing and advertising communications:



Applicant plans on using the following messaging on video displays on in store TV screens:





**41.2 - Any specific media outlets or platforms where the marketing or advertising campaigns or programs will be utilized.**



**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.**

Applicant has identified the following third parties who are projected to play a role in the Applicant's marketing or advertising efforts. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

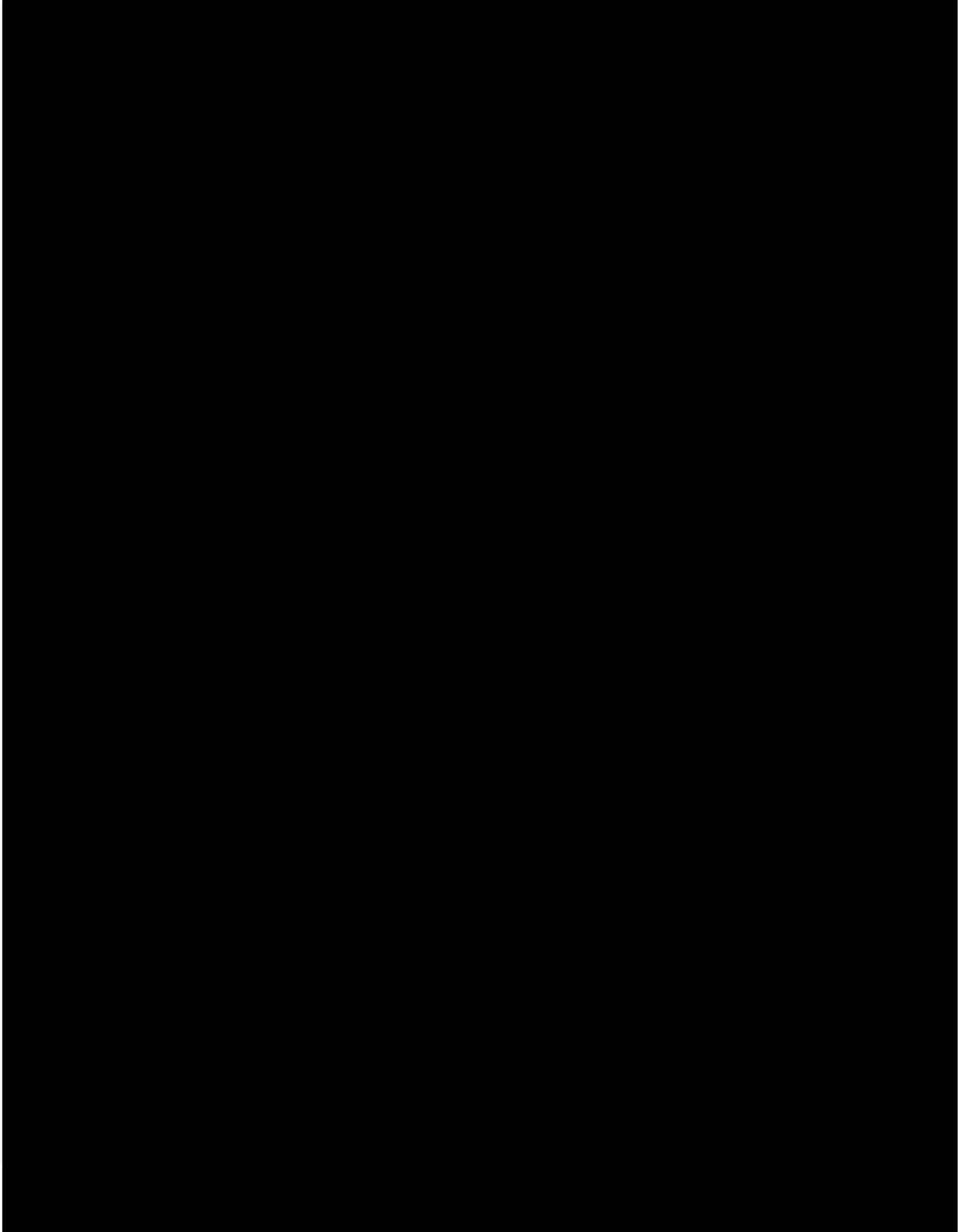
[REDACTED]

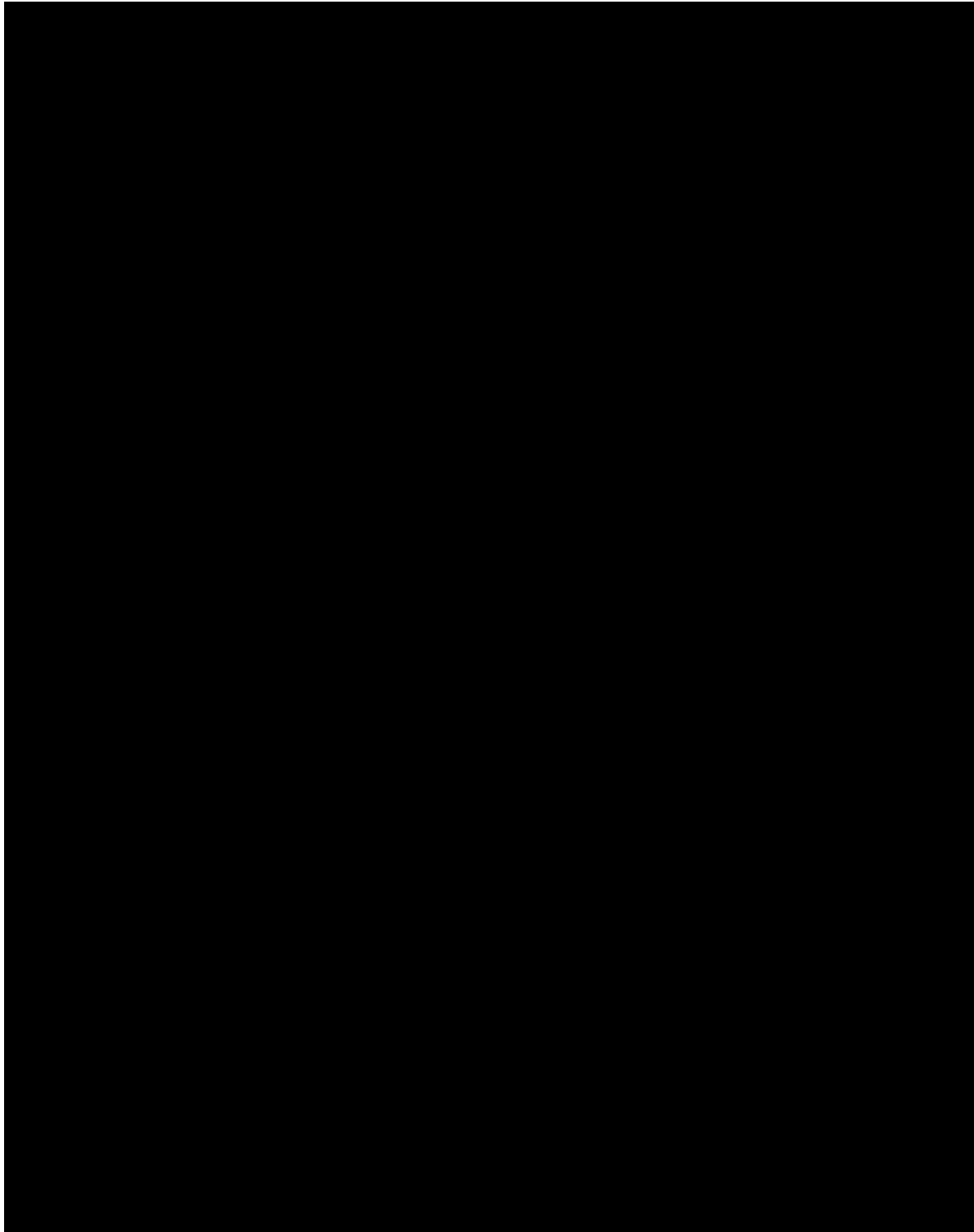
[REDACTED]



[Redacted text block]

[Redacted text block]







**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.**

All Applicant's packaging [redacted]

[redacted]

[redacted]

[redacted] virtual renderings of packaging to be provided by the Applicant demonstrating the color, logo, artwork as well as statements and their location appearing on the Applicant's packaging.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

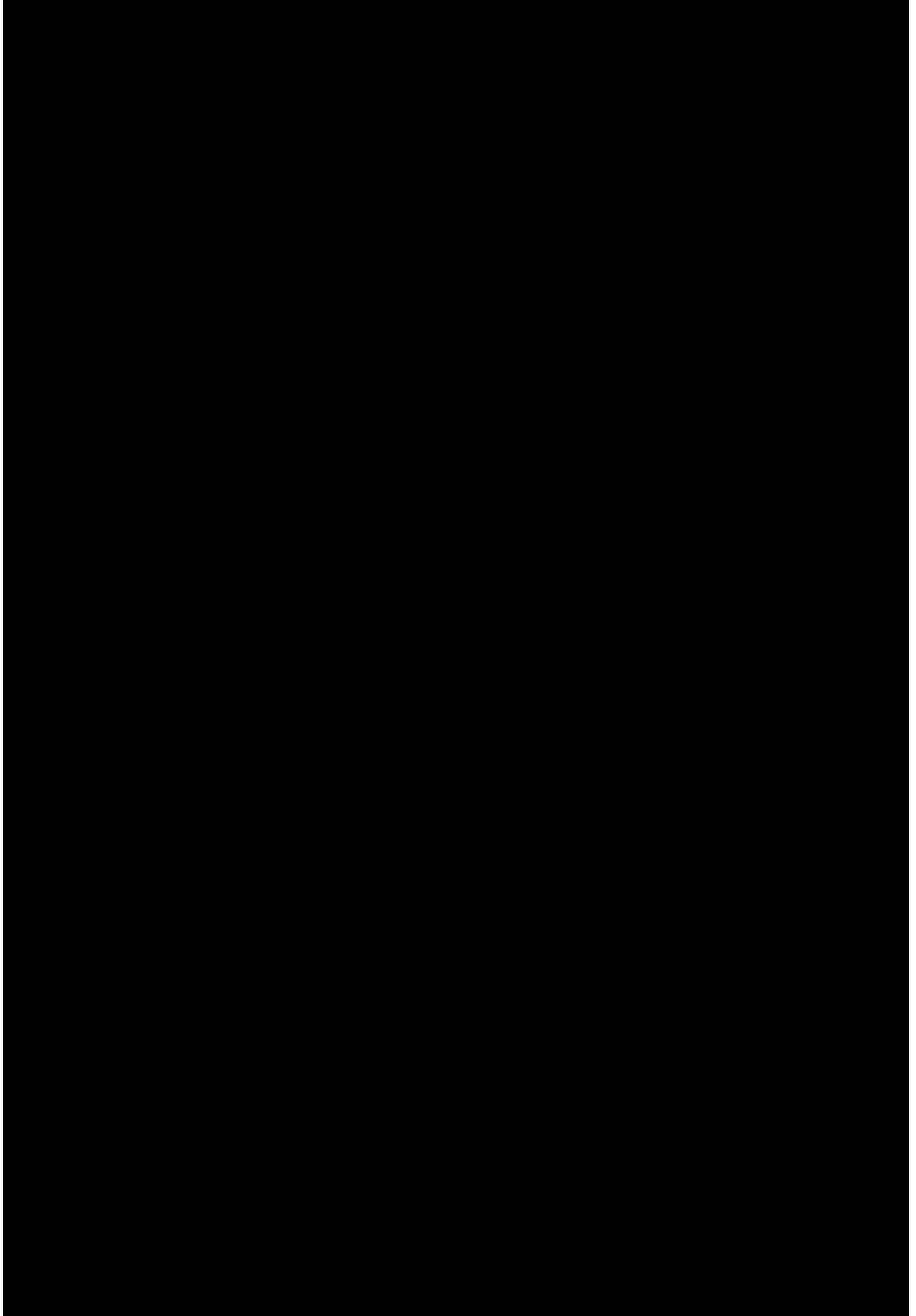
[redacted]

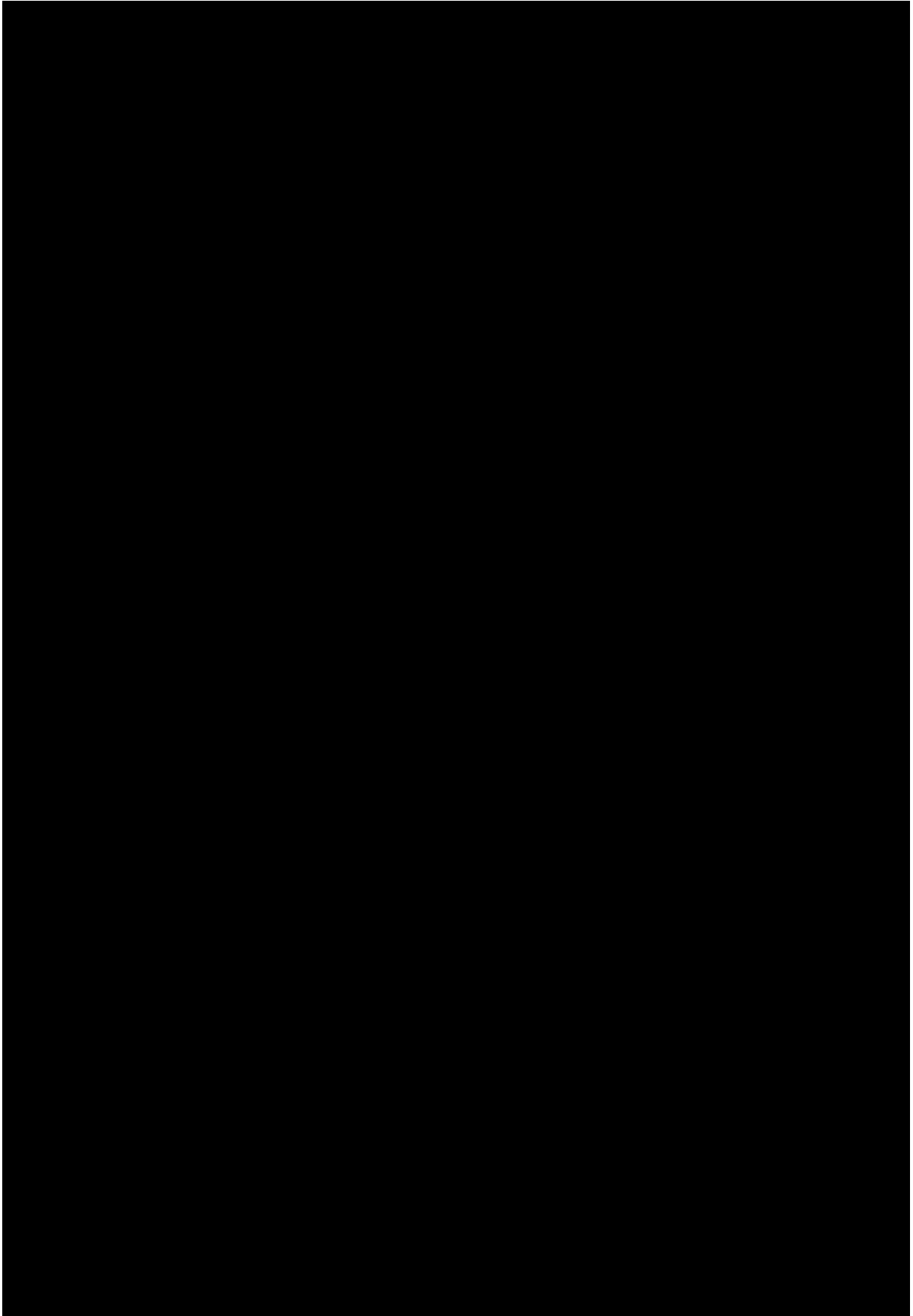
[redacted]

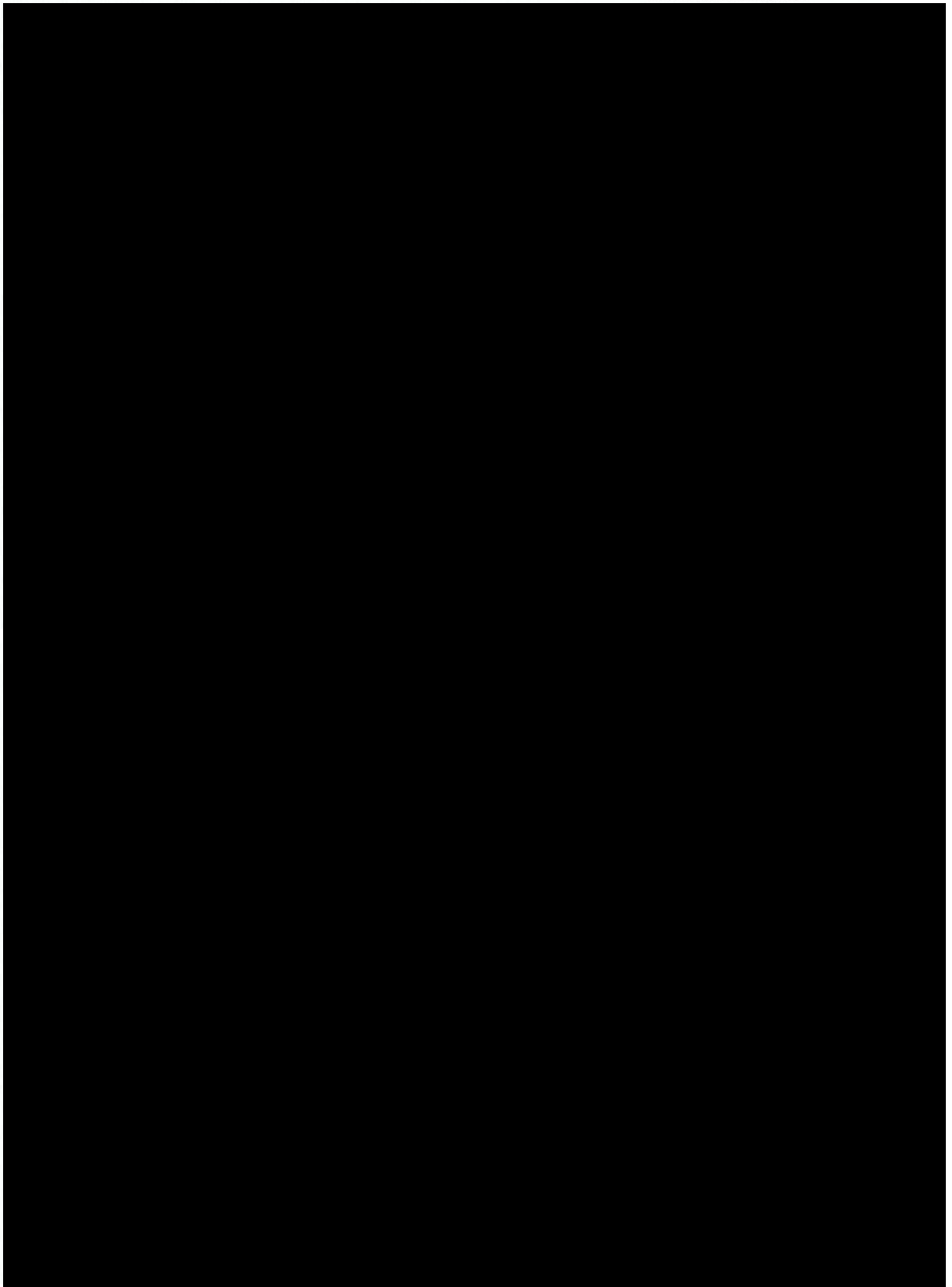
[redacted]

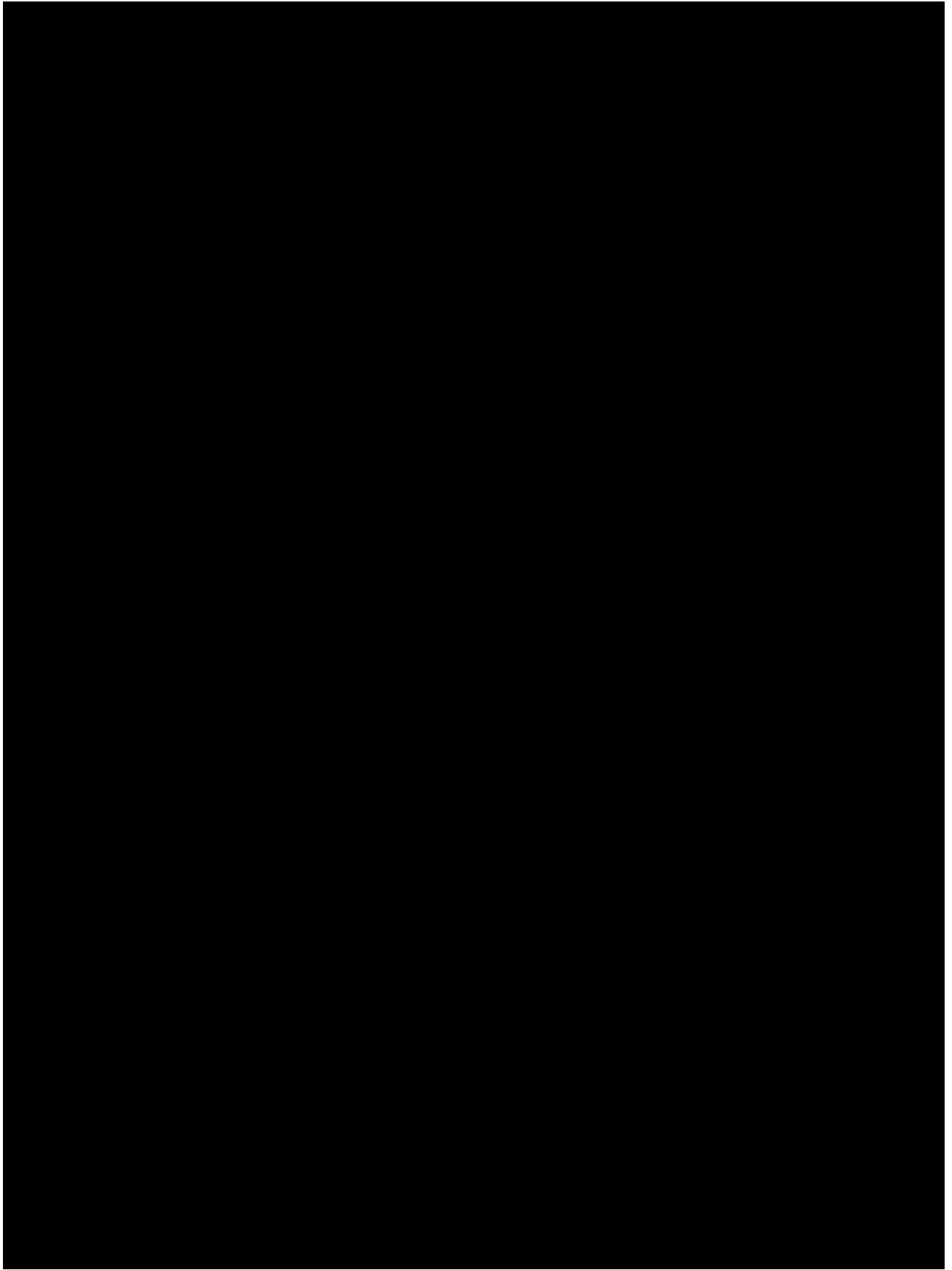
[redacted]

[redacted]

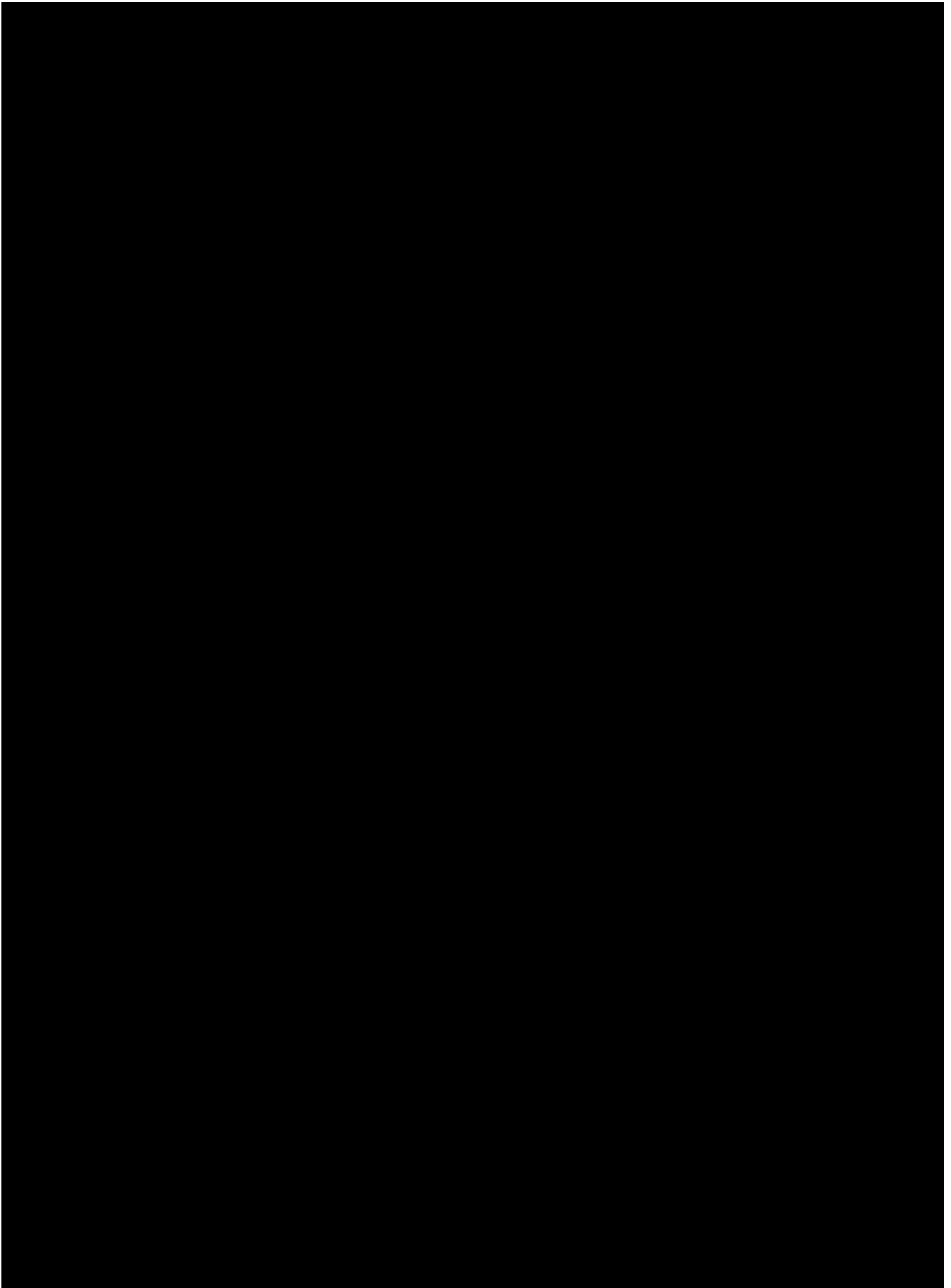


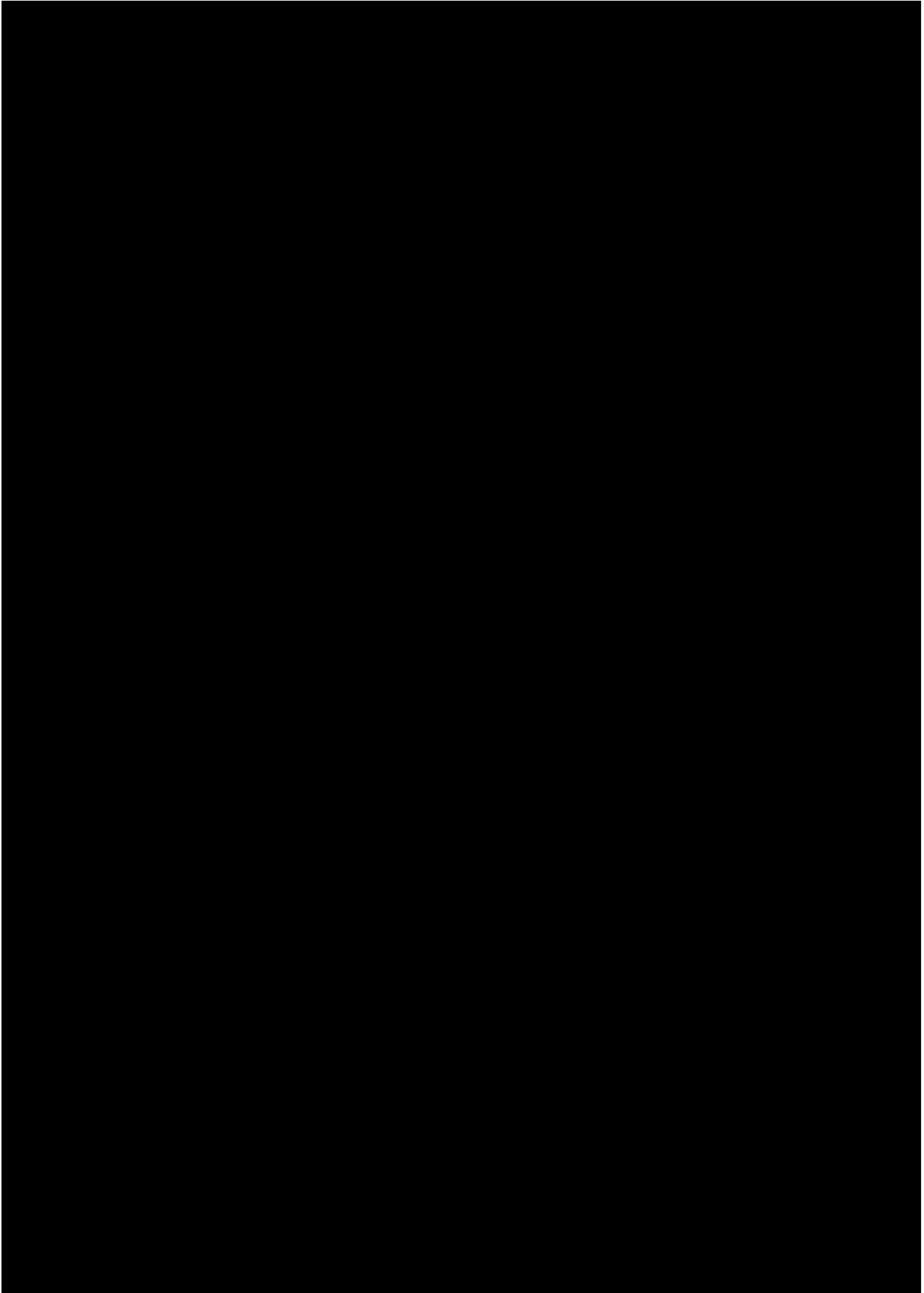


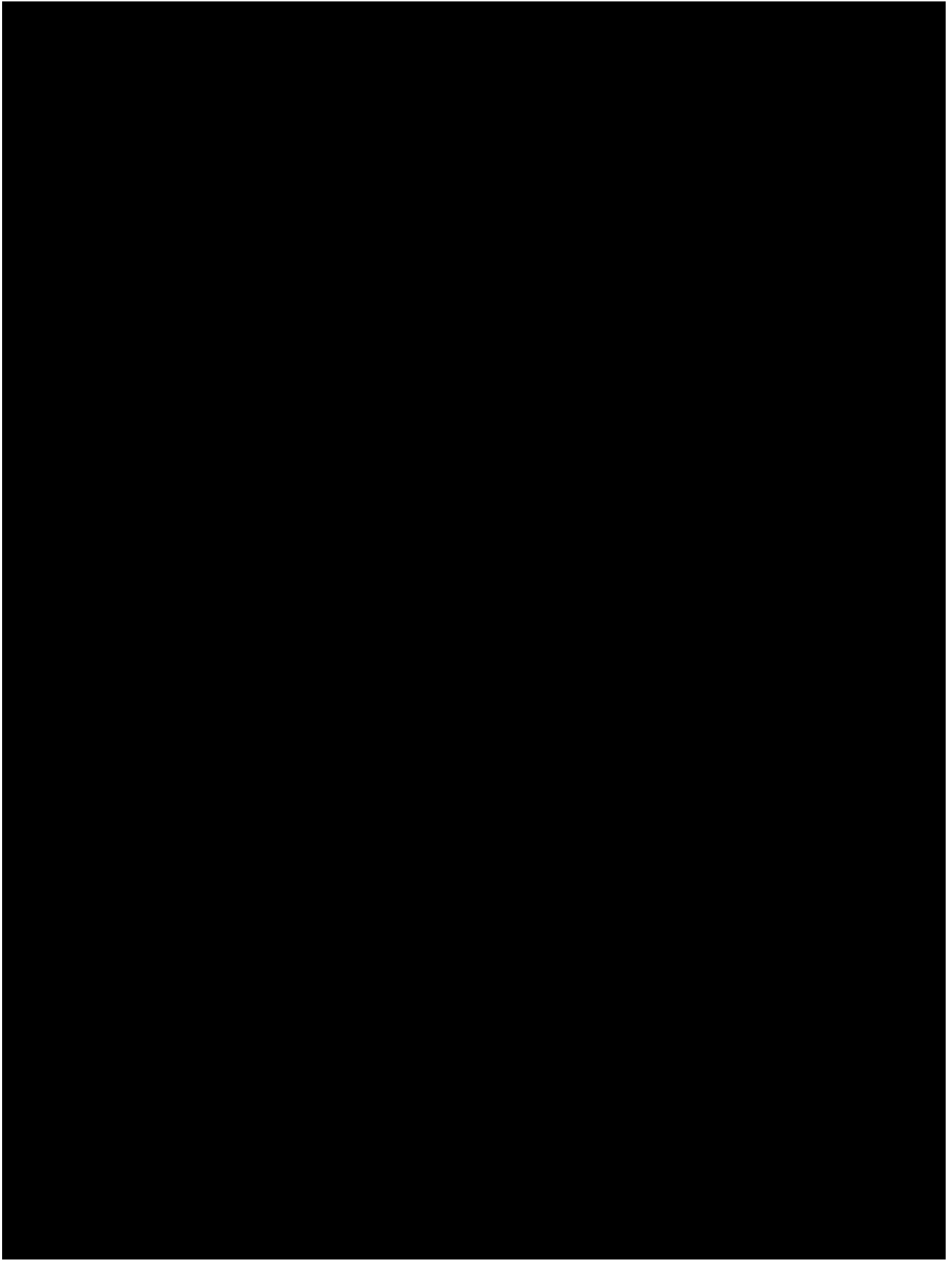


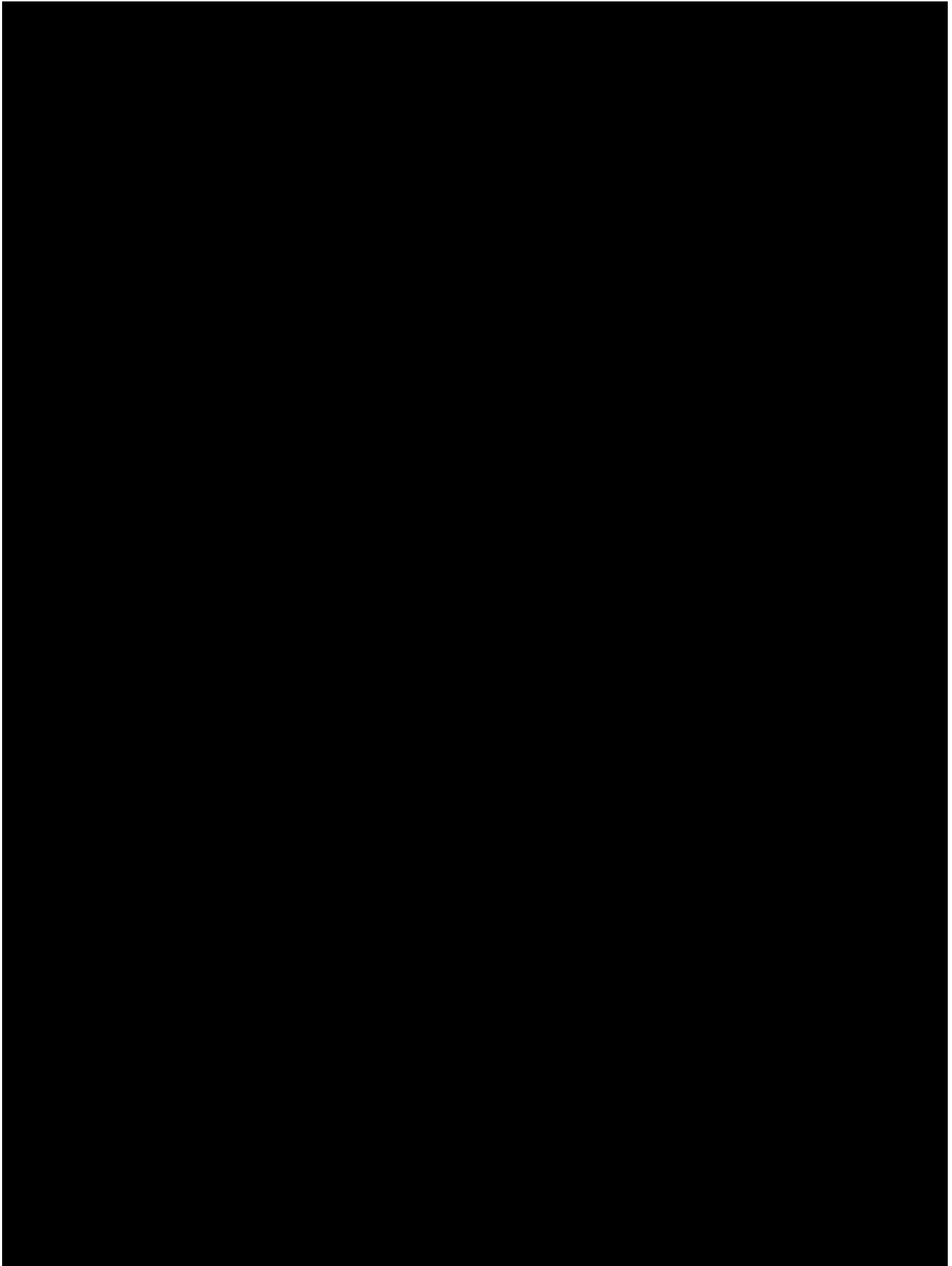


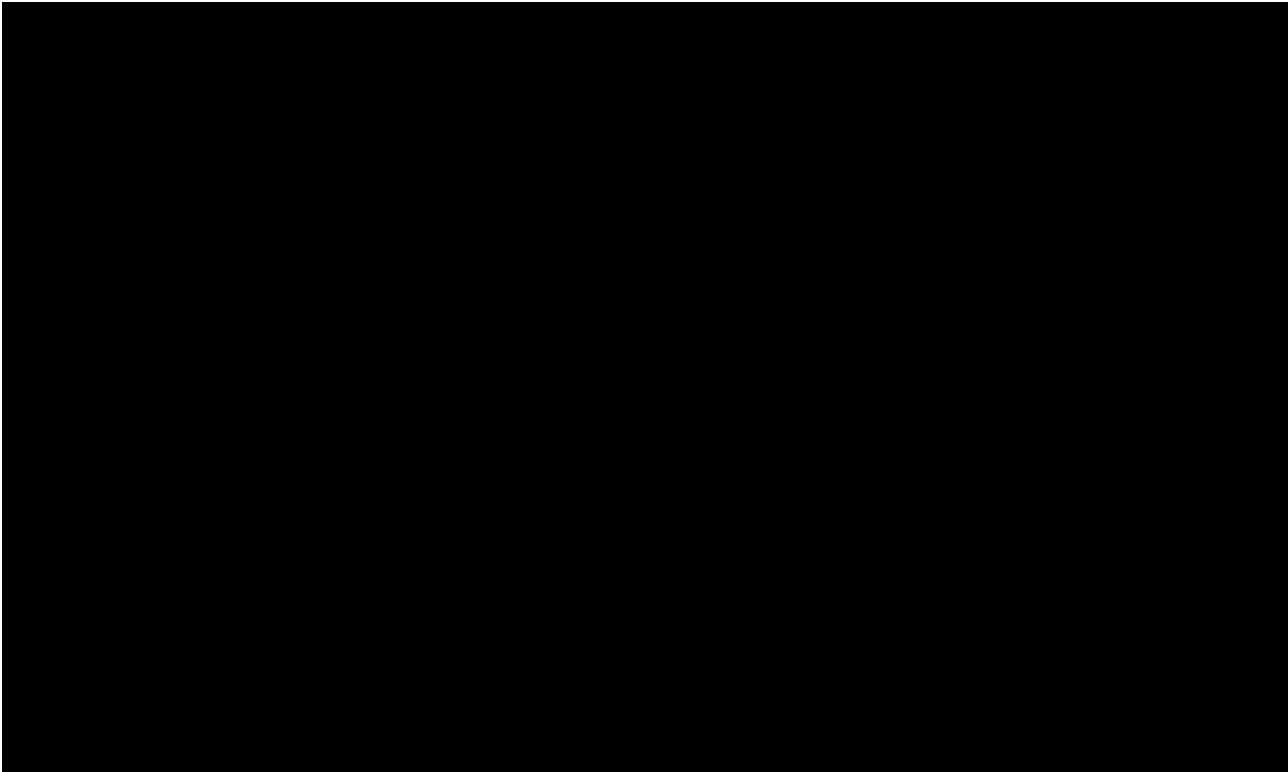












**41.5 - Exemplars of all proposed labeling, including labels on packaging, on containers and any inserts to be included in any packages, demonstrating conformity with the Act and the AMCC Rules.**

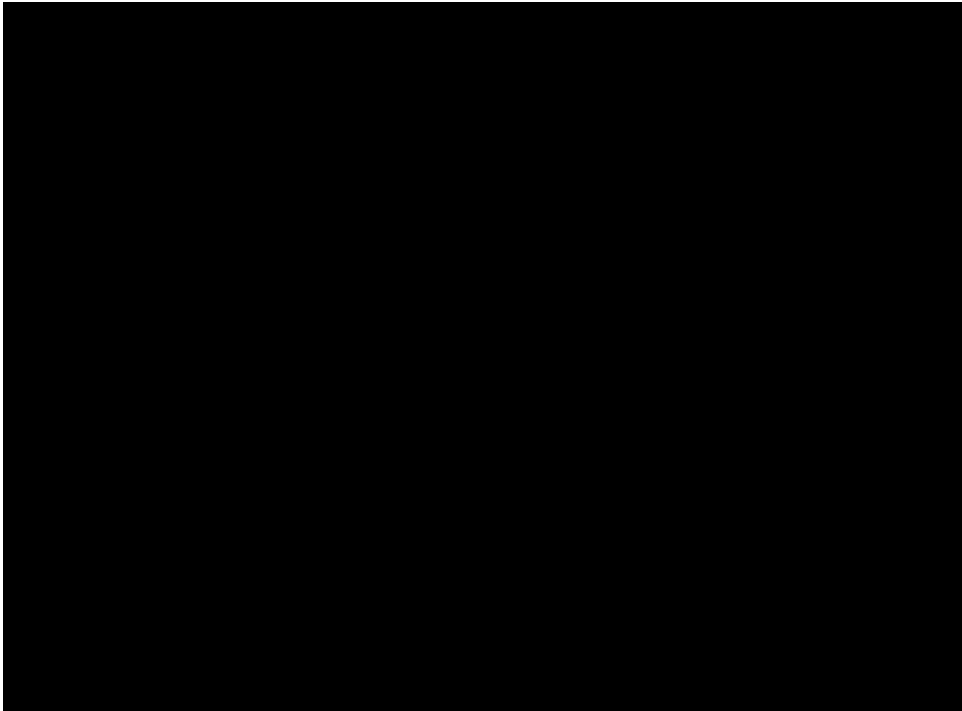
Applicant's labeling, including labels on packaging, on containers and any inserts to be included in any packages shall be in conformity with the Act and the AMCC Rules



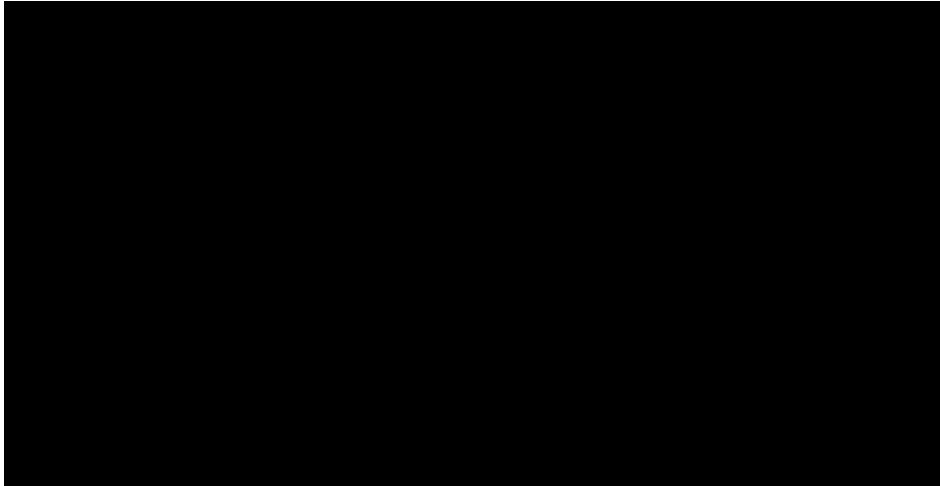
Applicant's Warning Labels will be as follows:



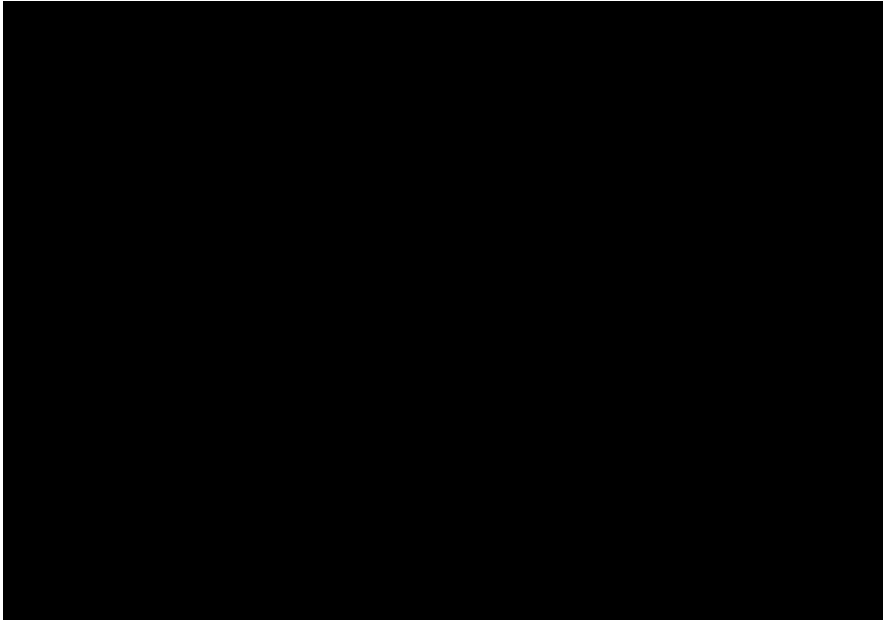
Applicant's Testing Labels will be as follows:



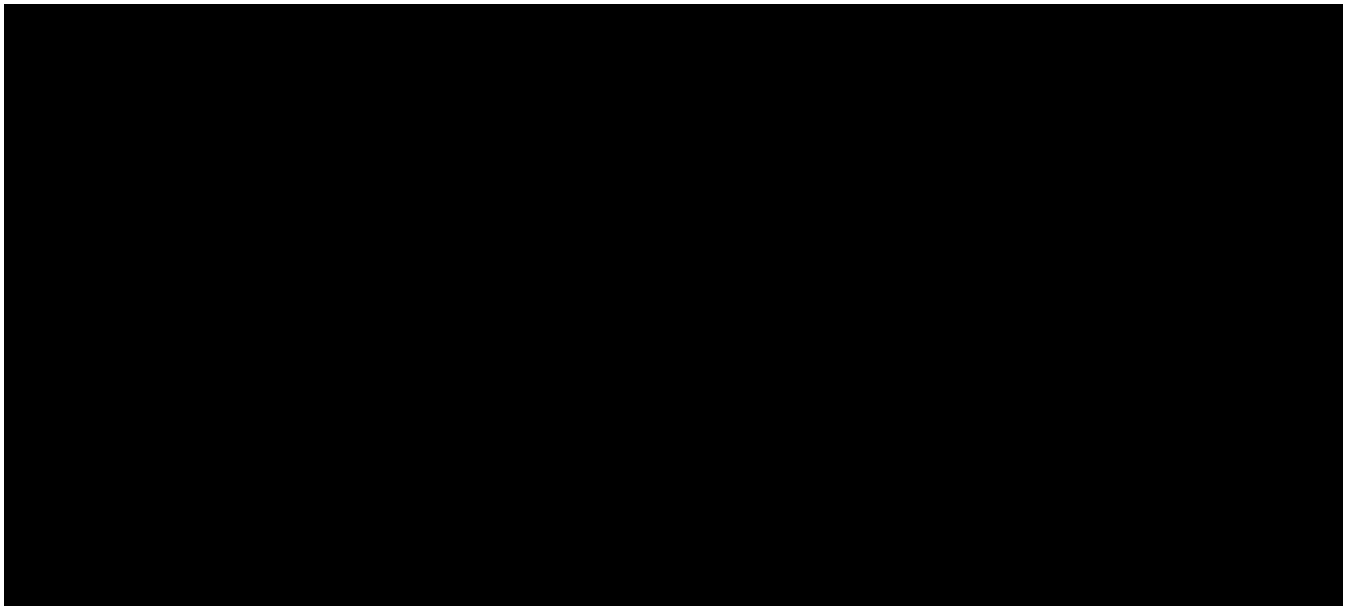
Applicant's Patient Labels will be as follows:

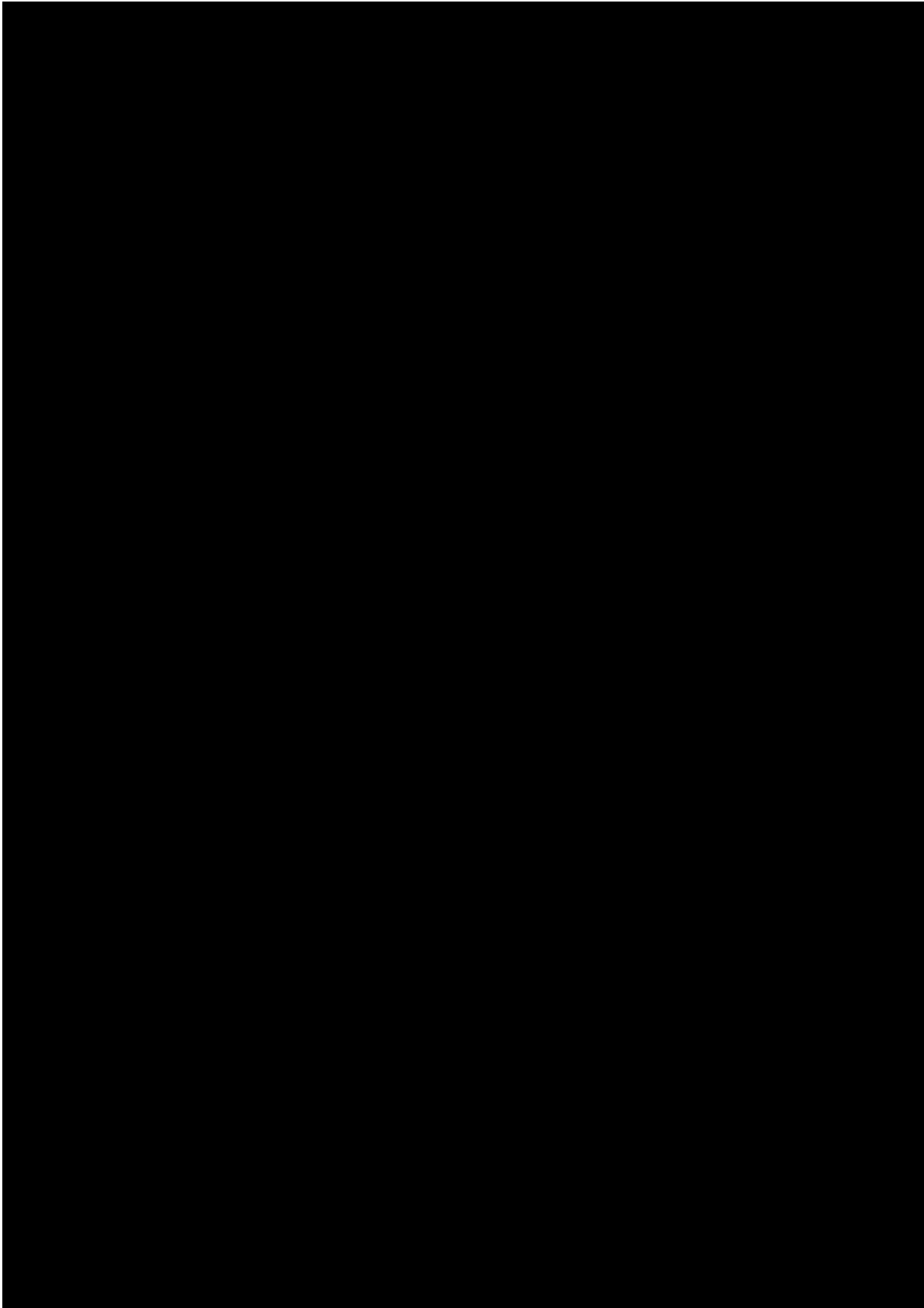


Applicant's Exit Packaging is as follows:



Applicant's Product Packaging is shown below. Applicant has indicated where the Testing Label, Patent Label and Warning Label will be displayed on the packaging:







# 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.

J. Gregory Allen

Owner

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

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

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

12/26/22  
\_\_\_\_\_  
Verification Date

**Website Overview: [www.insa.com/alabama/](http://www.insa.com/alabama/)**

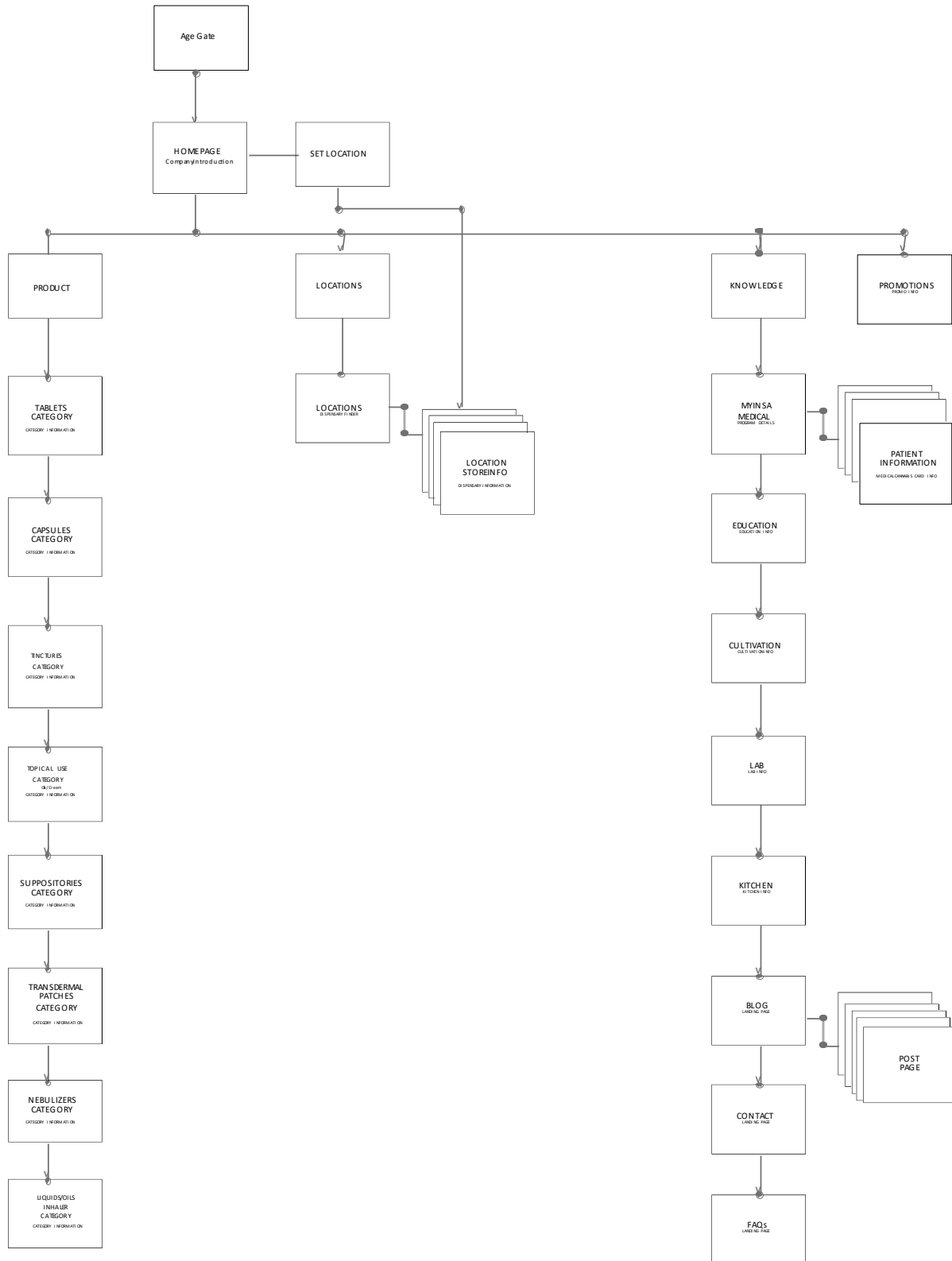
Applicant's Alabama website will feature Applicant brand marks, brand colors, product imagery, and lifestyle imagery to educate and enhance the user experience. The website will be used to communicate product offerings, product usage instructions, dispensary locations, introductions to medical cannabis, and educational content for patients. The overall look of the website will accord with Applicant's medical cannabis brand guidelines and comply with all applicable Alabama rules for marketing and advertising. The purpose of the website is to provide product information, education, and guidance to patients using medical cannabis.

The lifestyle imagery on the site will feature hired talent, employees of Applicant, and/or stock imagery. Lifestyle images will be used as a tool to better educate and inform patients about medical cannabis. Images will be used to help educate about product usage, and general messaging, and provide transparency into the creation of medical cannabis products that Applicant will offer. Icons and illustrations will also be used to highlight areas of the website and visually assist with products and educational items. Motion/videos will be used to enhance patient experience.

Applicant does not plan to use any social media in Alabama.

**42.1 – A complete site map of each website owned or operated by the Applicant.**

Applicant's only website will be insa.com/alabama/ and the site map will be as follows:



**42.2 – The web address of each webpage, social media page, or other online site owned or operated by the Applicant.**

Applicant intends to own and operate a website and has no plans to use other social media. The website address of the Applicant’s website will be **www.insa.com/alabama/**. The web addresses for individual webpages within Applicant’s website are as follows:

- **Homepage:** [www.insa.com/alabama](http://www.insa.com/alabama)
- **Set Store Location:** [www.insa.com/alabama/where-to-buy/](http://www.insa.com/alabama/where-to-buy/)
- **Each Store Location:** [www.insa.com/alabama/locations/\[name-of-location\]](http://www.insa.com/alabama/locations/[name-of-location])
- **Products:** [www.insa.com/alabama/products/](http://www.insa.com/alabama/products/)
- **Tablets Category:** [www.insa.com/alabama/products/category/tablets/](http://www.insa.com/alabama/products/category/tablets/)
- **Capsules Category:** [www.insa.com/alabama/products/category/capsules/](http://www.insa.com/alabama/products/category/capsules/)
- **Tinctures Category:** [www.insa.com/alabama/products/category/tinctures/](http://www.insa.com/alabama/products/category/tinctures/)
- **Topical Use Category:** [www.insa.com/alabama/products/category/topical/](http://www.insa.com/alabama/products/category/topical/)
- **Suppositories Category:** [www.insa.com/alabama/products/category/suppositories/](http://www.insa.com/alabama/products/category/suppositories/)
- **Transdermal Patches Category:**  
[www.insa.com/alabama/products/category/transdermal/](http://www.insa.com/alabama/products/category/transdermal/)
- **Nebulizers Category:** [www.insa.com/alabama/products/category/nebulizers/](http://www.insa.com/alabama/products/category/nebulizers/)
- **Liquids/Oils, Inhaler Category:** [www.insa.com/alabama/products/category/liquids/](http://www.insa.com/alabama/products/category/liquids/)
- **My INSA Medical:** [www.insa.com/alabama/myinsa-medical-loyalty-program/](http://www.insa.com/alabama/myinsa-medical-loyalty-program/)
- **Education:** [www.insa.com/alabama/education/](http://www.insa.com/alabama/education/)
- **Cultivation:** [www.insa.com/alabama/cultivation/](http://www.insa.com/alabama/cultivation/)
- **Laboratory:** [www.insa.com/alabama/the-lab/](http://www.insa.com/alabama/the-lab/)
- **Blog:** [www.insa.com/alabama/insa-blog/](http://www.insa.com/alabama/insa-blog/)
- **Blog Posts:** [www.insa.com/alabama/blog\[date-of-post\]/\[name-of-post\]/](http://www.insa.com/alabama/blog[date-of-post]/[name-of-post]/)
- **Contact:** [www.insa.com/alabama/contact-us/](http://www.insa.com/alabama/contact-us/)
- **FAQs:** [www.insa.com/alabama/faqs/](http://www.insa.com/alabama/faqs/)

**FORM I: OWNERSHIP ENTITY INDIVIDUALS**

*"Ownership Entity" – An entity that has any ownership interest in the Applicant.*

*Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.*

*For purposes of this form, if the ownership entity is a trust, disclose the names and addresses of all trustees and beneficiaries; if a privately held corporation, the names and addresses of all shareholders, officers, and directors; if a publicly held corporation, the names and addresses of all shareholders holding a direct or indirect interest of greater than five percent, officers, and directors; if a partnership or limited liability partnership, the names and addresses of all partners; if a limited partnership or limited liability limited partnership, the names of all partners, both general and limited; or if a limited liability company, the names and addresses of all members and managers.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

**Ownership Entity Information**

Clearview Ranch, LLC  
Ownership Entity Name

51%  
Ownership Entity % Ownership in Applicant

Ownership Entity Type:  Trust  Privately Held Corporation  Publicly Held Corporation  
 Partnership  Limited Liability Partnership  Limited Partnership  
 Limited Liability Limited Partnership  Limited Liability Company  
 Other (specify): \_\_\_\_\_

**Ownership Entity Owners**

<u>Jere Locke Beasley</u>	<u>Managing member</u>	<u>████</u>
Owner Name	Role	% Ownership in Entity

████████████████████  
S

<u>██████████</u>	<u>████</u>	<u>████</u>
City	State	Zip

<u>J. Gregory Allen</u>	<u>████████████████████</u>	<u>████</u>
Owner Name	Role	% Ownership in Entity

████████████████████  
Street Address

<u>██████████</u>	<u>████</u>	<u>████</u>
City	State	Zip



**FORM I: OWNERSHIP ENTITY INDIVIDUALS**

*"Ownership Entity" - An entity that has any ownership interest in the Applicant.*

*Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.*

*For purposes of this form, if the ownership entity is a trust, disclose the names and addresses of all trustees and beneficiaries; if a privately held corporation, the names and addresses of all shareholders, officers, and directors; if a publicly held corporation, the names and addresses of all shareholders holding a direct or indirect interest of greater than five percent, officers, and directors; if a partnership or limited liability partnership, the names and addresses of all partners; if a limited partnership or limited liability limited partnership, the names of all partners, both general and limited; or if a limited liability company, the names and addresses of all members and managers.*

Insa Alabama, LLC  
Business License Applicant Name

Integrated Facility  
License Type

**Ownership Entity Information**

Clearview Ranch II, LLC  
Ownership Entity Name

██████████  
Ownership Entity % Ownership in Applicant

- Ownership Entity Type:
- Trust
  - Privately Held Corporation
  - Publicly Held Corporation
  - Partnership
  - Limited Liability Partnership
  - Limited Partnership
  - Limited Liability Limited Partnership
  - Limited Liability Company
  - Other (specify): \_\_\_\_\_

**Ownership Entity Owners**

<u>Clearview Ranch, LLC</u> Owner Name	<u>Managing member</u> Role	<u>██████</u> % Ownership in Entity
<u>████████████████████</u> Street Address		
<u>██████████</u> City	<u>███</u> State	<u>██████</u> Zip

<u>David Herrick</u> Owner Name	<u>Member</u> Role	<u>███</u> % Ownership in Entity
<u>████████████████████</u> Street Address		
<u>██████████</u> City	<u>███</u> State	<u>██████</u> Zip

L. Shane Seaborn  
Owner Name  
Member  
Role  
% Ownership in Entity  
Street Address  
City  
State  
Zip

Phillip C. Pouncey  
Owner Name  
Member  
Role  
% Ownership in Entity  
Street Address  
City  
State  
Zip

Kendall C. Dunson  
Owner Name  
Member  
Role  
% Ownership in Entity  
Street Address  
City  
State  
Zip

Samuel E. Bone  
Owner Name  
Member  
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.

J. Gregory Allen  
Printed Name of Verifying Individual

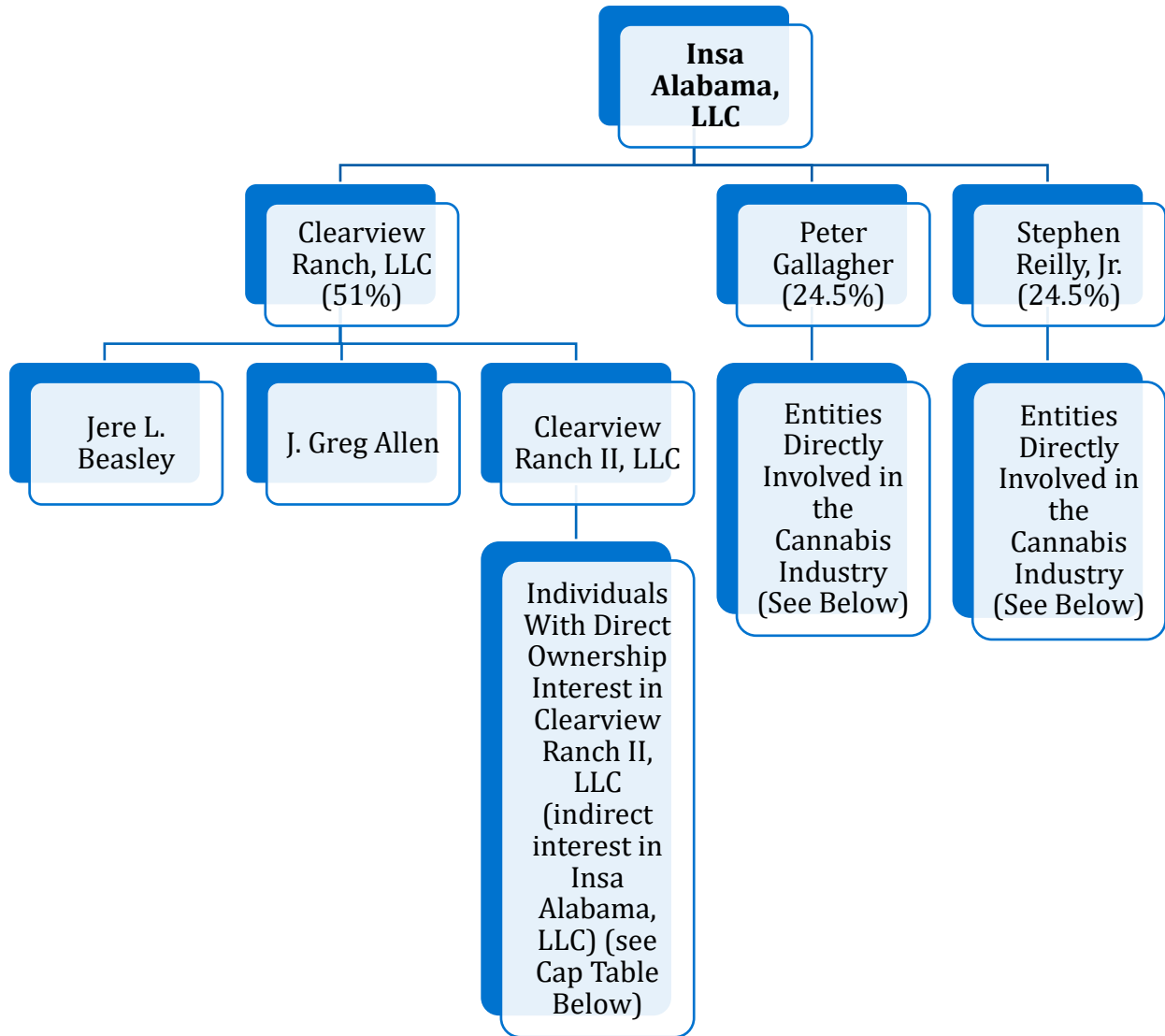
Owner  
Title of Verifying Individual

  
Signature of Verifying Individual

December 9, 2022  
Verification Date



**Entity Organizational Chart for Insa Alabama, LLC**



**Capitalization Table of Insa Alabama, LLC**

Peter Gallagher	██████	
Stephen Reilly, Jr.	██████	
Jere L. Beasley	██████████	See Attached Form I for Clearview Ranch, LLC and Clearview Ranch II, LLC
J. Greg Allen	██████████	See Attached Form I for Clearview Ranch, LLC and Clearview Ranch II, LLC
Phillip Pouncey	██████████	See Attached Form I Clearview Ranch II, LLC
David Herrick	██████████	See Attached Form I Clearview Ranch II, LLC
Kendall Dunson	██████████	See Attached Form I Clearview Ranch II, LLC
Samuel Bone	██████████	See Attached Form I Clearview Ranch II, LLC
L. Shane Seaborn	██████████	See Attached Form I Clearview Ranch II, LLC

**Entities Directly Involved in the Cannabis Industry**

Peter Gallagher also owns [REDACTED] of the issued and outstanding membership interest of GPM II, LLC. Stephen Reilly, Jr. owns [REDACTED] of GPM II, LLC. GPM II, LLC will be a funding source of Insa Alabama, LLC. GPM II, LLC holds the following beneficial interests in subsidiaries operating licensed cannabis businesses:

1. I.N.S.A., Inc. – Massachusetts Operating Company – Beneficial Ownership: 100%
  - Medical and Adult Use Licensee: Massachusetts Cannabis Control Commission License #: MR281680, MC281268, MP281426, MR281892, MR282632, MPN282163, RMD365, RMD845, RMDA3362
2. D&D Accounting Services, LLC d/b/a Insa – Florida Operating Company – Beneficial Ownership: 100%
  - Medical Licensee: Florida Department of Health Office of Medical Marijuana Use License #: MMTC-2019-0016
3. INSA, LLC – Pennsylvania Operating Company – Beneficial Ownership: 100%
  - Medical Licensee: Pennsylvania Department of Health Permit #: GP18-4001
4. INSA Ohio, LLC – Ohio Operating Company – Beneficial Ownership: 100%
  - Medical Licensee: Ohio Board of Pharmacy License #: MMD.04095
5. Insa CT, LLC – Connecticut Operating Company – Beneficial Ownership: 35%
  - Adult Use Licensee: Department of Consumer Protection License #: ACCE.0000015

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

STATE OF ALABAMA )  
 )  
MONTGOMERY 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: Insa Alabama, LLC

2. NAME OF AFFIANT: J. Gregory Allen

3. AFFIANT'S POSITION WITH APPLICANT: Owner


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*):

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="radio"/> Cultivator | <input type="radio"/> Processor                      | <input type="radio"/> Secure Transporter       |
| <input type="radio"/> Dispensary | <input checked="" type="radio"/> Integrated Facility | <input type="radio"/> 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.

[Signature] 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.

[Signature] INITIAL HERE

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

[Signature] 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.

[Signature] 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.

[Signature] 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.

[Signature] INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

[Signature] INITIAL HERE

[Signature]  
Signature of Affiant  
Acting for and on behalf of:

Insa Alabama, LLC  
Applicant

Sworn to and subscribed before me on this 27<sup>th</sup> day of December, 2022.

[Signature]  
Notary Public

My Commission Expires: June 3, 2025






December 27, 2022

To whom it may concern:

Insa Alabama, LLC hereby authorizes J. Gregory Allen, Manager, to provide the "Form K" Affidavit of Entity Applicant for Alabama Medical Cannabis License as the Responsible Person of Insa Alabama, LLC as that term is defined by Ala. Code Reg. 538-x-3-.02.

  
\_\_\_\_\_  
J. Gregory Allen  
Manager

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

STATE OF ALABAMA )  
 )  
MONTGOMERY 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: Insa Alabama, LLC

2. NAME OF AFFIANT: Jere Beasley

3. AFFIANT'S POSITION WITH APPLICANT: Owner

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*):

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="radio"/> Cultivator | <input type="radio"/> Processor                      | <input type="radio"/> Secure Transporter       |
| <input type="radio"/> Dispensary | <input checked="" type="radio"/> Integrated Facility | <input type="radio"/> 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.

JB 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.)**

JB 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.

JB 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.

JLB 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.

JLB INITIAL HERE

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

JLB 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.

JLB 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.

JLB 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.

JLB 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.

JLB INITIAL HERE

Jim Z Beaulieu

Signature of Affiant  
Acting for and on behalf of:

Insa Alabama, LLC

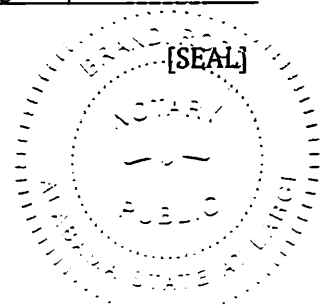
Applicant

Sworn to and subscribed before me on this 27<sup>th</sup> day of December, 2022.

Brandi Ross

Notary Public

My Commission Expires: June 3, 2025



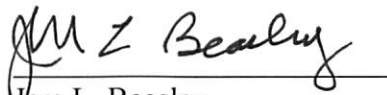




December 27, 2022

To whom it may concern:

Insa Alabama, LLC hereby authorizes Jere L. Beasley, Manager, to provide the "Form K" Affidavit of Entity Applicant for Alabama Medical Cannabis License as the Contact Person of Insa Alabama, LLC as that term is defined by Ala. Code Reg. 538-x-3-.02.

  
\_\_\_\_\_  
Jere L. Beasley  
Manager



