

REDACTIONS

Pursuant to The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), the following information is redacted:

[Application 1651]_[Exhibit 7]_[Demonstration for Sufficient Capital]_[Redacted] – Social Security Numbers for Michael Jemison and Shellie Jemison redacted.



Review

Selected Account: ML Jemison Properties LLC

Your application has been filed with the Alabama Medical Cannabis Commission.
Your reference code is 1651.

File Date : 03/24/2023 4:02 PM

Your transaction ID is : 89097232

Transaction Token: 99f8a385-5056-4992-ac9e-f758c69a516d

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

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

Request for Business Application Information

✓ Request Number: 0305

General Applicant Information

✓ Applicant Name: ML Jemison Properties LLC

✓ Applying as: Business Entity

✓ Trade Name (DBAs): Good and Rosie's leafy green farms

✓ Identification Number Type : FEIN

✓ Federal Tax Identification Number : 450515649

✓ Business Entity Name : ML Jemison Properties LLC

✓ Business Entity Type: Limited Liability Company

✓ Secretary of State Entity ID Number : 000000000

✓ Federal Business Code No : 1111

✓ Date of Qualification, Organization or Incorporation: 05/23/2003

Applicant Street Address

✓ Street: 3227 T R HARRISON JR RD

Unit No / Apt No:

✓ City: MARION

✓ County: 53-Perry

✓ State: Alabama

✓ Zip Code: 36756

✓ Address Verified?: Yes

Applicant Mailing Address

✓ Street: 3261 T R HARRISON JR RD

Unit No / Apt No:

✓ City: MARION

✓ State: Alabama

✓ Zip Code: 36756

✓ Address Verified?: Yes

Applicant Website:

✓ Applicant Email Address : michaeljemisonkc@gmail.com

✓ Applicant Phone Number : 8162232166

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

No

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

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

Primary Contact Person

- ✓ **First Name:** Michael
- ✓ **Last Name:** Jemison
- ✓ **Title:** Managing Member
- ✓ **Phone Number:** 8162232166
- ✓ **Email:** michaeljemisonkc@gmail.com
- ✓ **Street:** 3261 T R HARRISON JR RD
- ✓ **Unit No / Apt No:**
- ✓ **City:** MARION
- ✓ **State:** Alabama
- ✓ **Zip Code:** 36756
- ✓ **Address Verified?:** Yes

License Information

- ✓ **License Type:** Integrated Facility

Facility Information

Facility Information

- ✓ **Facility Type:** Cultivation Facility

Physical Address

- ✓ **Street:** 3261 T R HARRISON JR RD
- ✓ **Unit No / Apt No:**
- ✓ **City:** MARION
- ✓ **County:** 53-Perry
- ✓ **State:** Alabama
- ✓ **Zip Code:** 36756
- ✓ **Address Verified?:** Yes

Facility Information Questions

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

Physical Address

✓ **Street:** 3261 T R HARRISON JR R
D

Unit No / Apt No:

✓ **City:** MARION

✓ **County:** 53-Perry

✓ **State:** Alabama

✓ **Zip Code:** 36756

✓ **Address Verified?:** Yes

Facility Information Questions

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

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

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

Physical Address

✓ **Street:** 3261 T R HARRISON JR R
D

Unit No / Apt No:

✓ **City:** MARION

✓ **County:** 53-Perry

✓ **State:** Alabama

✓ **Zip Code:** 36756

✓ **Address Verified?:** Yes

Facility Information Questions

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

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

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

✔ **Street:** 3261 T R HARRISON JR R
D

Unit No / Apt No:

✔ **City:** MARION

✔ **County:** 53-Perry

✔ **State:** Alabama

✔ **Zip Code:** 36756

✔ **Address Verified?:** Yes

Facility Information Questions

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

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

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

Ownership of Applicant

✔ **Select type of record:** Individual

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

Individual

✔ **Legal First Name:** Michael

✔ **Legal Middle Name** : and Rosie's Leafy Green

✔ **Legal Last Name:** Jemison

Suffix:

✔ **Phone Number:** 8162232166

✔ **Email Address:** michaeljemisonkc@gmail.com

✔ **Date of Birth:** 03/25/1952

✔ **Social Security Number** [REDACTED]

✔ **Race/Ethnicity:** African American

✔ **Ownership Percentage of the Applicant** : 51

✔ **Role:** Manager

Residence Address

✔ **Street:** 3261 T R HARRISON JR R
D

Unit No / Apt No:

✔ **City:** MARION

✔ **State:** Alabama

✔ **Zip Code:** 36756

✔ **Address Verified?:** Yes

Cannabis Industry Entities

- ✓ Is any individual or entity below connected to any entity that is directly or indirectly involved in the cannabis industry, including, but not limited to, :No
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.
-

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 : NO
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?
-

- ✓ 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, : NO
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?
-

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

- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, : NO
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?
-

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

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

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

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

- ✓ Has any owner, director, board member, or individual with a controlling interest in the applicant ever been indicted for, charged with, arrested for, : NO
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?
-

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

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

✓ Commencement of Operation : 2

✓ Year One: 4

✓ Year Two: 4

✓ Year Three: 4

✓ Year Four: 6

✓ Year Five: 6

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

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

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

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

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

✓ Signature: Michael Jemison

✓ Signature Date: 12/29/2022

Documents

✓ Resume or Curriculum Vitae of Individuals with Ownership Interest: [Application 1651]_[Exhibit 1]_[Form A].pdf (/api/documents/uk_IQrWXI/download)

✓ Residency of Owners: [Application 1651]_[Exhibit 2]_[Residency of Owners].pdf (/api/documents/YDMF_FBXT/...)

✓ Commercial Horticulture or Agronomic Production Experience of Owners: [Application 1651]_[Exhibit 3]_[Commercial Horticulture or Argonomic Production Experi...

✓ Criminal Background Check: Jemison - Exhibit 4 (new).pdf (/api/documents/xs8T0tgcM/download)

✓ Minimum Performance Bond Requirement: Exhibit 5 Template.pdf (/api/documents/go-OrphRE/download)

✓ Minimum Liquid Assets Requirement: [Application 1651]_[Exhibit 6]_[Minimum Liquid Asssets Requirement].pdf (/api/docume...

✓ Demonstration of Sufficient Capital: [Application 1651]_[Exhibit 7]_[Demonstration for Sufficiant Capital].pdf (/api/documents...

✓ Minimum Operating Capital Requirement: [Application 1651]_[Exhibit 8]_[Minimum Operating Capital Requirement].pdf (/api/docu...

✓ Financial Statements: [Application 1651]_[Exhibit 9]_[Financial Statements].pdf (/api/documents/GBkMU8GD7...

✓ Tax Plan: [Application 1651]_[Exhibit 10]_[Tax Plan].pdf (/api/documents/9KJei8s-0/download)

✓ Business Formation Documents: [Application 1651]_[Exhibit 11]_[Business Formation Documents].pdf (/api/documents/k...

✓ Business License and Authorization of Local Jurisdictions: [Application 1651]_[Exhibit 12]_[Business License and Authorization of Local Authorities]...

✓ Business Plan: [Application 1651]_[Exhibit 13]_[Business Plan].pdf (/api/documents/vsDWOydm3/downl...

✓ Evidence of Business Relationship with other Licensees and Prospective Licensees: [Application 1651]_[Exhibit 14]_[Evidence of Business Relationship with Other Lincensees...

✓ Coordination of Information from Registered Certifying Physicians:	[Application 1651]_[Exhibit 15]_[Coordination of Information from Registered Certifying P...
✓ Point-of-Sale Responsibilities:	[Application 1651]_[Exhibit 16]_[Point of Sales Responsibilities].pdf (/api/documents/2w...
✓ Confidentiality of Patient Information:	[Application 1651]_[Exhibit 17]_[Confidentiality of Patient Information].pdf (/api/docume...
✓ Money Handling and Taxes:	[Application 1651]_[Exhibit 18]_[Money Handling and Taxes].pdf (/api/documents/eBsng...
✓ Standard Operating Plan and Procedures:	[Application 1651]_[Exhibit 19]_[Standard Operating Plan and Procedures].pdf (/api/docu...
✓ Policies and Procedures Manual:	[Application 1651]_[Exhibit 20]_[Policies and Procedures Manual].pdf (/api/documents/t...
✓ Production and Manufacturing Process:	[Application 1651]_[Exhibit 21]_[Production and Manufacturing Process].pdf (/api/docu...
✓ Machinery and Equipment:	[Application 1651]_[Exhibit 22]_[Machinery and Equipment].pdf (/api/documents/RawJV...
✓ Receiving and Shipping Plan:	[Application 1651]_[Exhibit 23]_[Receiving and Shipping Plan].pdf (/api/documents/nVk...
✓ Secure Transport Vehicles:	[Application 1651]_[Exhibit 24]_[Secure Transport Vehicles].pdf (/api/documents/15sNv...
✓ Compliance with Alabama Public Service Commission Requirements:	[Application 1651]_[Exhibit 25]_[Compliance with Alabama Public Service Commission Re...
✓ Commercial Drivers' License:	[Application_1651]_[Exhibit 26]_[Commercial Drivers' Liccense].pdf (/api/documents/iW...
✓ Fleet Summary:	[Application 1651]_[Exhibit 27]_[Fleet Summary].pdf (/api/documents/O5MigBnRG/dow...
✓ Care and Maintenance of Vehicles:	[Application 1651]_[Exhibit 28]_[Care and Maintenance of Vehicles].pdf (/api/documents...
✓ Route Plans:	[Application 1651]_[Exhibit 29]_[Route Plans].pdf (/api/documents/AN5vShhoN/downloa...
✓ Plan for Segregation of Processes Within and Transportation Between Facilities:	[Application 1651]_[Exhibit 30]_[Plan for Segregation of Processes Within and Transporta...
✓ Facilities:	[Application 1651]_[Exhibit 31]_[Facilities].pdf (/api/documents/drW-4Wl8K/download)
✓ Engineering Plans and Specifications:	[Application 1651]_[Exhibit 32]_[Engineering Plans and Specifications (Cultivation Faciliti...
✓ Security Plan:	[Application 1651]_[Exhibit 33]_[Security Plan].pdf (/api/documents/MbCP1jyia/downloa...
✓ Personnel:	[Application 1651]_[Exhibit 34]_[Personnel].pdf (/api/documents/1WBxJgrzF/download)
✓ Business Leadership Credentials:	[Application 1651]_[Exhibit 35]_[Business Leadership Credentials].pdf (/api/documents/...
✓ Employee Handbook:	[Application 1651]_[Exhibit 36]_[Employee Handbook].pdf (/api/documents/-r1m_Wu50/...
✓ Secure Transport Drivers:	[Application 1651]_[Exhibit 37]_[Secure Transport Drivers].pdf (/api/documents/hxl-TnsU...
✓ Drivers' Manual:	[Application 1651]_[Exhibit 38]_[Driver's Manual].pdf (/api/documents/OtFPohpJE/downl...
✓ Quality Control and Quality Assurance Plan:	[Application 1651]_[Exhibit 39]_[Quality Control and Quality Assurance Plan].pdf (/api/do...
✓ Contamination and Recall Plan:	[Application 1651]_[Exhibit 40]_[Contamination and Recall Plan].pdf (/api/documents/IZ...

✓ Marketing and Advertising Plan:	[Application 1651]_Exhibit 41]_Marketing and Advertising Plan].pdf (./api/documents/tc...
✓ Website and Social Media:	[Application 1651]_Exhibit 42]_Website and Social Media].pdf (./api/documents/NAT4k...
✓ Ownership Entity Individuals (if applicable):	tbd.pdf (./api/documents/6lyK7XgQQu/download)
✓ Minority Ownership Documents:	[Application 1651]_Exhibit Minority Ownership Document].pdf (./api/documents/2_bSD8...
✓ Proof of Minimum Liability and Casualty Insurance:	tbd.pdf (./api/documents/8AHFPQCUH/download)
✓ Affidavit - Entity Applicant:	img20230324_15573668.pdf (./api/documents/AUeQBnY8G/download)

Payments

- ✓ **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.

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

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

Applicant, Michael Jemison and Shellie Jemison, has satisfied the Resume or Curriculum Vitae of Individuals with Ownership Interest in Applicant requirement by submitting Michael Jemison's Form A and Shellie Jemison's Form A. See attached Form A (identified as "Michael Jemison's Form A - Attached to Exhibit 1") ('Shellie Jemison's Form A - Attached to Exhibit 1").

Additional Notes on Exhibit 1:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

 Business License Applicant Name

 License Type

 Individual with Ownership Interest in Applicant

 Individual's Ownership Percentage in Applicant
Residential History

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

 Residential Street Address

 City

 State

 Zip

 Date Resided From (MM/YYYY)

 Date Resided To (MM/YYYY)

 Residential Street Address

 City

 State

 Zip

 Date Resided From (MM/YYYY)

 Date Resided To (MM/YYYY).

 Residential Street Address

 City

 State

 Zip

 Date Resided From (MM/YYYY)

 Date Resided To (MM/YYYY)

 Residential Street Address

 City

 State

 Zip

 Date Resided From (MM/YYYY)

 Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Residential Street Address

City State Zip

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

Education

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

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

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

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

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

Employment History

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

_____	_____	_____
Employer	Contact Person	Telephone

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

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

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

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

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

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

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

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

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

ML Jemison Properties, LLC
 Business License Applicant Name
Shellie Jemison
 Individual with Ownership Interest in Applicant

Integrated Facility
 License Type
49%
 Individual's Ownership Percentage in Applicant

Residential History

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

4409 Northwest 65th Court

Residential Street Address

Kansas City

City

07/2003

Date Resided From (MM/YYYY)

MO

State

Current

Date Resided To (MM/YYYY)

64151

Zip

N/A

Residential Street Address

N/A

City

N/A

Date Resided From (MM/YYYY)

N/A

State

N/A

Date Resided To (MM/YYYY).

N/A

Zip

N/A

Residential Street Address

N/A

City

N/A

Date Resided From (MM/YYYY)

N/A

State

N/A

Date Resided To (MM/YYYY)

N/A

Zip

N/A

Residential Street Address

N/A

City

N/A

Date Resided From (MM/YYYY)

N/A

State

N/A

Date Resided To (MM/YYYY)

N/A

Zip

N/A

Residential Street Address

N/A

N/A

N/A

City

State

Zip

N/A

N/A

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

N/A

N/A

City

State

Zip

N/A

N/A

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

N/A

N/A

City

State

Zip

N/A

N/A

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

N/A

N/A

City

State

Zip

N/A

N/A

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

N/A

N/A

City

State

Zip

N/A

N/A

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>East Perry High School</u>	<u>Marion</u>	<u>AL</u>
Institution	City	State
<u>09/1966</u>	<u>05/1979</u>	<u>High School Diploma</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
<u>CA Fredd Technical College</u>	<u>Tuscaloosa</u>	<u>AL</u>
Institution	City	State
<u>09/1979</u>	<u>06/1981</u>	<u>Technical diploma</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Institution	City	State
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Institution	City	State
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

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

<u>Johnson Control</u>	<u>Liz Filley</u>	<u>(816) 801-4555</u>
Employer	Contact Person	Telephone
<u>7805 Northwest 97th Terrace</u>		
Business Address		
<u>Kansas City</u>	<u>MO</u>	<u>64153</u>
City	State	Zip
<u>09/2000</u>	<u>Current</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Employer	Contact Person	Telephone
<u>N/A</u>	<u>N/A</u>	
Business Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Employer	Contact Person	Telephone
<u>N/A</u>	<u>N/A</u>	
Business Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Employer	Contact Person	Telephone
<u>N/A</u>	<u>N/A</u>	
Business Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Employer	Contact Person	Telephone
<u>N/A</u>	<u>N/A</u>	
Business Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Employer	Contact Person	Telephone
<u>N/A</u>	<u>N/A</u>	
Business Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip
<u>N/A</u>	<u>N/A</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Employer	Contact Person	Telephone
<u>N/A</u>	<u>N/A</u>	
Business Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip
<u>N/A</u>	<u>N/A</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Employer	Contact Person	Telephone
<u>N/A</u>	<u>N/A</u>	
Business Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip
<u>N/A</u>	<u>N/A</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Employer	Contact Person	Telephone
<u>N/A</u>	<u>N/A</u>	
Business Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip
<u>N/A</u>	<u>N/A</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Exhibit 2 – Residency of Owners

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

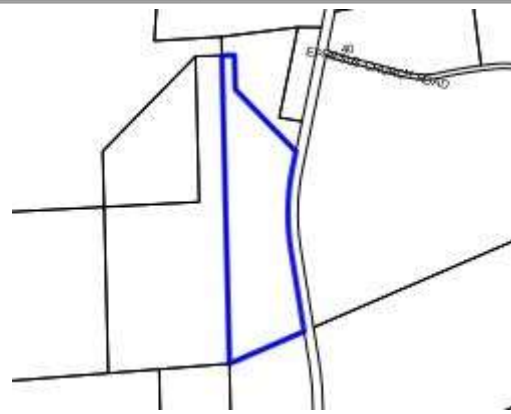
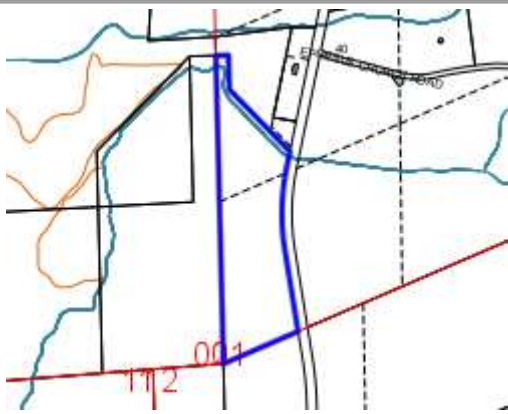
2 Residency of Owners

Applicant has maintained a residence for a continuous period of at least 15 years. Michael Jemison, as majority owner of Applicant business, was born in Alabama and has had deeded property in Perry County, Alabama since at least 2008. See attached Birth Certificate of Michael Jemison (identified as "**** - Attachment to Exhibit 2"), Driver's License of Michael Jemison (identified as "**** - Attachment to Exhibit 2"), and Property Record (identified as "**** - Attachment to Exhibit 2").

Additional Notes on Exhibit 2:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Property Record Card [Print](#) [Close](#)



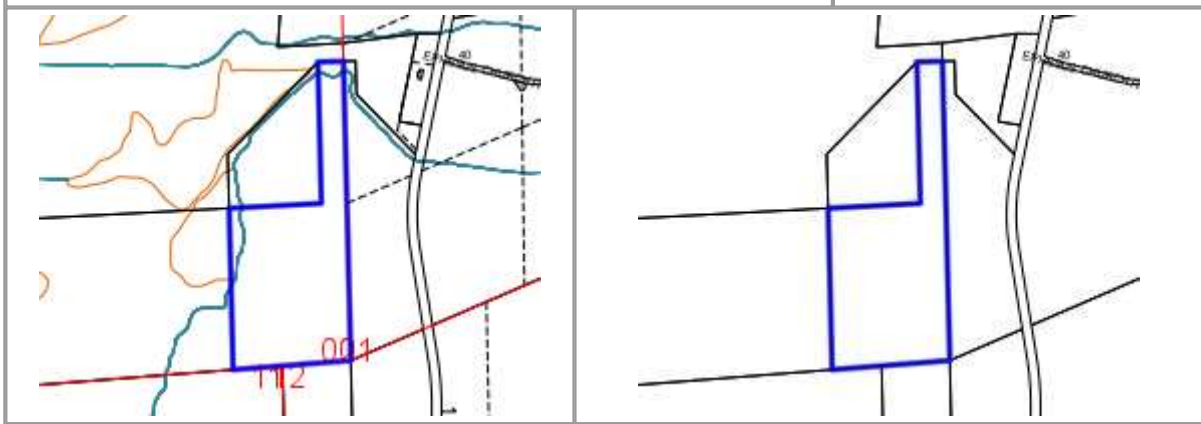
Parcel Info					
Parcel Number	Account #	Exempt	AMENITIES		
0901010000004000	8588	N	ROAD	1	
Subdivision	009999-N/A		TOPO	1	
Neighborhood	--		ELEC		
District	City	S-T-R	Acreage	Lot Size	Deed B/P
01	01	01-20N-08E	23	0 X 0	B-000489 P-000137 D-12/23/2008
Legal	23AC (D) BBEING PART OF FRACTIONAL F & G SEC 1 T20N-R8E DB 457 PG 241 & 242 DB 489 PG 137 DB 603 PG 385				

Owner	
Name	JEMISON ROSIE AS TRUSTEE C/O MICHEAL JEMISON
Mailing Addr	3227 T R HARRISON ,JR MARION, AL 36756
Physical Addr	

Values	
Land Total:	\$37,900.00
Building Total:	\$0.00
Appraised Value:	\$37,900.00
Yrly Tax:	\$50.12 for 2022

Land																		
AC#	CLEX	PEN	TYP	AC	TOT-AC	SCHED	PRICE	ADJ	ADJ	ADJ	ADJ	PREV_APPR	APPR	CURR-USE	BOE	ASSESSED	PEN	VAL-ADON
1	3	N	N	R	1	23	SL	400	0	0	0	400	400	350	0	40	0	0
2	3	N	N	A	14	23	A2	1800	0	0	0	25200	25200	6200	0	620	0	0
3	3	N	N	A	5	23	B2	1800	0	0	0	9000	9000	2220	0	220	0	0
4	3	N	N	F	3	23	C2	1100	0	0	0	3300	3300	1820	0	180	0	0

Property Record Card [Print](#) [Close](#)



Parcel Info					
Parcel Number	Account #	Exempt	AMENTITES 1		
0901020000004000	8588	N	ROAD 1		
Subdivision	009999-N/A		TOPO 1		
Neighborhood	--		ELEC		
District	City	S-T-R	Acreage	Lot Size	Deed B/P
01	01	02-20N-08E	35	0 X 0	B-000489 P-000137 D-12/23/2008
Legal	35 AC BEGIN IN THE SE COR OF SE1/4, TH N 2475'S TH W 215'S TH SLY 1185'S TH W 765'S TH S 1325'S TH E 1010'S TO POB LYING IN E1/2 OF SE1/4 DB 457 PG'S 241 & 242 DB 489 PG 137 DB 603 PG 385				

Owner	
Name	JEMISON ROSIE AS TRUSTEE C/O MICHEAL JEMISON
Mailing Addr	3227 T R HARRISON ,JR MARION, AL 36756
Physical Addr	

Values	
Land Total:	\$50,400.00
Building Total:	\$0.00
Appraised Value:	\$50,400.00
Yrly Tax:	\$88.28 for 2022

Land																			
AC#	CL	EX	PEN	TYP	AC	TOT-AC	SCHED	PRICE	ADJ	ADJ	ADJ	ADJ	PREV_APPR	APPR	CURR-USE	BOE	ASSESSED	PEN	VAL-ADON
1	3	N	N	R	17	35	A2	1800	0	0	0	0	30600	30600	7530	0	760	0	0
2	3	N	N	R	18	35	C2	1100	0	0	0	0	19800	19800	10890	0	1080	0	0

ALABAMA

Center for Health Statistics

License Type: Integrated Facility

THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL REGISTRAR WITHIN FIVE (5) DAYS AFTER BIRTH

SEE OTHER SIDE.

FILL IN WITH A TYPEWRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR RED INK.

ATTENDANT MUST SIGN PERSONALLY.

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

CERTIFICATE OF LIVE BIRTH STATE OF ALABAMA

BIRTH NO. **101- 59-066670**

1. PLACE OF BIRTH a. County Bibb		b. Beat No. 5	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State Alabama		b. County Bibb
c. City (If outside city or town limits, write RURAL) Or Town Centerville 04026			c. City (If outside city or town limits, write RURAL) Or Town Centerville d. Beat No. 5		
d. Full Name (If NOT in hospital or institution, give street address or location)			e. Street Address (If rural, give location) 04026		
3. CHILD'S NAME (Type or print)					
a. (First) Shellie		b. (Middle) Ann		c. (Last) Hogue	
4. Sex F	5a. This Birth 2	5b. If Twin Or Triplet (This child born) Single (X) Twin () Triplet ()		5c. Date Of Birth 11-13-59	
FATHER OF CHILD					
7. Full Name a. (First) Shelby		b. (Middle) Hogue		c. (Last) Cole	
8. Age (At time of this birth) 25 Years		10. Birthplace (State or foreign country) Perry County Ala		11a. Usual Occupation Sawmill	
				11b. Kind of Business or Industry Lumber	
MOTHER OF CHILD					
12. FULL MARRIAGE NAME a. (First) Mary		b. (Middle) Bell		c. (Last) Preston	
14. Age (At time of this birth) 19 Years		17. Birthplace (State or foreign country) Perry County Ala		15. Color Or Race Col	
16. Children Previously Born To This Mother (Do NOT include this child)					
a. How many OTHER children are now living? 0		b. How many OTHER children were born alive but are now dead? 0		c. How many children were stillborn (born dead) after 20 weeks' pregnancy? 0	
17. INFORMANT (Signature or Name) Mary Bell Preston Cole Hogue					
I hereby certify this child was born alive on the date stated above.		18a. Signature of Attendant Mattie Shelton		18b. Attendant at Birth M.D. () Midwife (X)	
		18d. Address Rt 2 Box 8 Centerville, Alabama		18c. Date Signed 11-30-59	
19. Date Rec'd by Local Reg. 12-2-59		20. Registrar's Signature JR. L...			

CORRECTED BY PARENT
DATE **8-10-60**

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-491-357-4

Nicole H. Rushing
Nicole Henderson Rushing

State Registrar of Vital Statistics

ALABAMA

Center for Health Statistics

License Type: Integrated Facility

CERTIFICATE OF LIVE BIRTH STATE OF ALABAMA

BIRTH NO. **10152-013974**

THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL REGISTRAR WITHIN FIVE DAYS AFTER BIRTH

369

SEE OWNER

FILL IN WITH A TYPE-WRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR RED INK.

ATTENDANT MUST SIGN PERSONALLY.

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

1. PLACE OF BIRTH a. County Dallas 24023 b. Seat No. 36		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State Alabama 5308 County Perry	
c. City (If outside city or town limits, write RURAL) Or Town Selma		c. City (If outside city or town limits, write RURAL) Or Town Spratts d. Seat No.	
d. Full Name of (If NOT in hospital or institution, give street address or location) Hospital Or Institution Good Samaritan Hospital		e. Street Address (If rural, give location) Rt. 1 Box 21	
3. CHILD'S NAME (Type or print) a. (First) Michael b. (Middle) Louis c. (Last) Jemison			
4. Sex M.	5a. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If Twin Or Triplet (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5. Date Of Birth (Month) (Day) (Year) March 25, 1952
FATHER OF CHILD			
7. Full Name a. (First) Edmond		b. (Middle) 525 c. (Last) Jemison	
8. Age (At time of this birth) 40 Years	10. Birthplace (State or foreign country) Alabama	11a. Usual Occupation Laborer	11b. Kind of Business or Industry
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Rosa		b. (Middle) Thomas c. (Last) Col.	
14. Age (At time of this birth) 35 Years	15. Birthplace (State or foreign country) Alabama	16. Children Previously Born To This Mother (Do NOT include this child) a. How many OTHER children are now living? 10 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT (Signature or Name) Rosa Jemison			
I hereby certify that this child was born alive on the date stated above.		18a. Signature of Attendant [Signature]	18b. Attendant at Birth M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
		18c. Address Selma, Ala.	18d. Date Signed 3/29/52
19. Date Rec'd by Local Reg. 4-2-52	20. Registrar's Signature [Signature]		21. Date on Which Given Name Added By (Registrar)

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-491-358-2

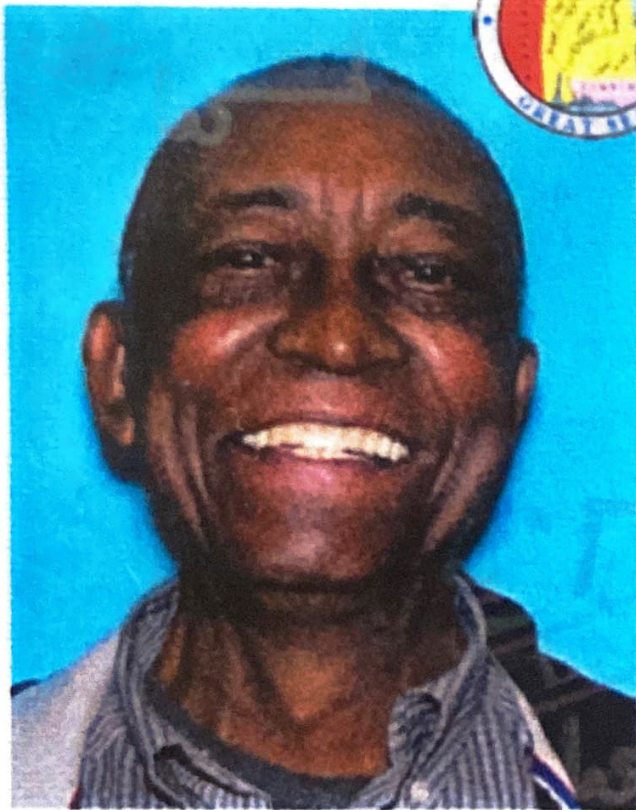
Nicole H. Rushing

Nicole Henderson Rushing
State Registrar of Vital Statistics



DRIVER LICENSE

ALABAMA



NO. [REDACTED]

CLASS DV

D.O.B. 03-25-1952

EXP 11-24-2025

MICHAEL LOUIS
JEMISON

RR 1 BOX 23
SPROTT AL 36756-6215

ENDORSEMENTS
ISS 11-24-2021

REST A

SEX M

HT 5-08

EYES BRO

WT 150

HAIR BLK

Michael Jemison



Secretary Hal Taylor
Secretary of Law Enforcement



VETERAN



Wayne Wallingford
Director of Revenue

MISSOURI

DRIVER LICENSE



9 CLASS **F**

4b EXP **11/13/2028**

4d DL NO. [REDACTED]

3 DOB **11/13/1959**

1 **JEMISON**

2 **SHELLIE ANN**

8 **4409 NW 65TH CT
KANSAS CITY, MO 64151**

9a END **NONE**

12 RESTRICTIONS **AY**

15 SEX **F**

17 WGT **155 lb**

16 HGT **5'-04"**

18 EYES **BRO**

4a ISS **01/24/2023**



Shellie Ann Jemison

5 DD **231690240056**

11/13/59

Exhibit 3 - Commercial Horticulture or Agronomic Production Experience of Owners

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

3 Commercial Horticulture or Agronomic Production Experience of Owners

Applicant has satisfied this requirement through his farming experience dating back to 1960. See the attached affidavit (identified as “Affidavit of Michael Jemison of ML Jemison Properties, LLC – attachment to Exhibit 3”).

Additional Notes on Exhibit 3:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Affidavit of Michael Jemison of ML Jemison Properties, LLC – Attachment to Exhibit 3

Comes now, affiant, Michael Jamison, and declares as follows:

1. That I began horticulture experience in 1960 in Perry County Alabama.
2. That a formal business was not formed at that time.
3. That the farmland was located in Perry County, Alabama.
4. That I farmed corn, cotton, okra, peanuts, peas, soybeans, sugar cane, hemp and livestock.
5. That peas, cotton, and okra, were sold locally to co-ops.
6. That my experience farming and selling the products of my family farm, satisfies the 15 year requirement for horticulture experience.

STATE OF Alabama)
 COUNTY OF Montgomery)

Before me, the undersigned authority, **Michael Jemison** personally appeared whose name is affixed to the foregoing Affidavit, who is known to me and who being first duly sworn deposes and says that she is informed and believes and that upon such information and belief states that the facts set out in the foregoing Affidavit are true and correct.

Michael Jemison
 AFFIANT

Sworn to and subscribed before me on March 24 2023.

Dalishia SummerSet
 NOTARY PUBLIC
 My Commission Expires:



Exhibit 4 – Criminal Background Check

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

4 Criminal Background Check

4.1 - Background Check Verification

See attached Form B: background Check Applicant Verification

4.2 - State Background Check

See attached Form C: State Background Check (ALEA)

4.3 - National Background Check

See attached Form D: National Background Check (FBI)

4.4 - Background Check Individual Verification

See attached Form E: Background Check Individual Verification

Additional Notes on Exhibit 4:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 5 – Minimum Security Bond 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.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

5 Minimum Security Bond Requirement

See attached Form M.

Additional Notes on Exhibit 5:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

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

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

<u>MJ JEMISON PROPERTIES, LLC</u>		<u>MICHAEL JEMISON</u>
Integrated Facility Applicant		Contact Person
<u>3227 T R HARRISON JUNIOR RD</u>		
Applicant Address		
<u>MARION</u>	<u>AL</u>	<u>36756</u>
City	State	Zip
<u>(816) 223-2166</u>	<u>MLJHVACSERVICES@GMAIL.COM</u>	
Phone	Email	

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

<u>LEXINGTON NATIONAL INSURANCE CORPORATION</u>		
Surety Company		
<u>C. CONSTANTIN POINDEXTER</u>	<u>ATTORNEY IN FACT</u>	
Surety's Authorized Representative	Title	
<u>P.O. BOX 6098</u>		
Surety Address		
<u>LUTHERVILLE</u>	<u>MD</u>	<u>21094</u>
City	State	Zip
<u>(410) 625-0800</u>	<u>UNDERWRITING@SURETYONE.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.

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

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

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

CP 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.

CP 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.

CP 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.

CP 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.

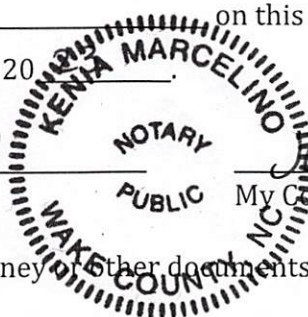
CP The Surety possesses, at a minimum, an A- rating and verified proof of such rating is attached hereto.



C. Pandexter 04/04/2023
Signature of Surety's Authorized Representative Date

Sworn to and subscribed before Kenia Marcelino, a Notary Public,
by C. Pandexter on this 4th day of
April, 2024

Kenia Marcelino June 12th, 2024
Signature of Notary My Commission Expires



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



IMPORTANT NOTICE – THIS POWER OF ATTORNEY IS VOID IF “LNIC Original” WATERMARK IS NOT PRESENT

POWER OF ATTORNEY

Lexington National Insurance Corporation

Lexington National Insurance Corporation, a corporation duly organized under the laws of the State of Florida and having its principal administrative office in Baltimore County, Maryland, does hereby make, constitute and appoint:

C. Constantin Poindexter, Maria de los Angeles Reynoso, Gabriel J. Palerm

as its true and lawful attorney-in-fact, each in their separate capacity, with full power and authority to execute, acknowledge, seal and deliver on its behalf as surety any bond or undertaking of \$6,000,000 or less. This Power of Attorney is void if used for any bond over that amount.

This Power of Attorney is granted under and by authority of the following resolutions adopted by the Board of Directors of the Company on February 15, 2018:

Be it Resolved, that the President or any Vice-President shall be and is hereby vested with full power and authority to appoint suitable persons as Attorney-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on the behalf of the Company, to execute, acknowledge and deliver any and all bonds, contracts, or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any all notices and documents cancelling or terminating the Company's liability thereunder and any such instruments so executed by any Attorney-in Fact shall be binding upon the Company as if signed by the President and sealed by the Corporate Secretary.

RESOLVED further, that the signature of the President or any Vice-President of LEXINGTON NATIONAL INSURANCE CORPORATION may be affixed by facsimile to any power of attorney, and the signature of the Secretary or any Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of such power, or any such power or certificate bearing such facsimile signature or seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed with respect to any bond to which it is attached continue to be valid and binding upon the Company.

IN WITNESS WHEREOF, the Company have caused this instrument to be signed and their corporate seal to be hereto affixed.



Ronald A. Frank, President



State of Maryland
County of Harford County, SS:

Before me, a notary public, personally appeared, Ronald A. Frank, President of Lexington National Insurance Corporation, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under the PENALTY of PERJURY under the laws of the State of Maryland that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Commission Expires: 05/23/24



Notary



I, Lisa R. Slater, Secretary of Lexington National Insurance Corporation, do hereby certify that the above and foregoing is true and correct copy of a Power of Attorney, executed by said company, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Baltimore, Maryland this 29th day of April, 2022.



Lisa R. Slater, Secretary

Attached to bond signed this 4TH day of APRIL, 2023

F:\lnic\Power of Attorney form CS 2021 with Watermark Seal

Exhibit 6 – Minimum Liquid Assets Requirement

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

6 Minimum Liquid Assets Requirement

The status of the plan and/or requirements is as follows:

Applicant have applied for a loan with USDA in the amount of \$500,000 and is currently awaiting determination. A verified plan is in progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 6:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 7 – Demonstration for Sufficient Capital - REDACTED

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

7 Demonstration of Sufficient Capital

Applicant has satisfied the Demonstration for Sufficient Capital requirement by submitting 2021 Tax Return. See attached 2021 Tax Return (identified as "Demonstration for Sufficient Capital - Attachment to Exhibit 7")

Additional Notes on Exhibit 7:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

2021

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) **4317752022088cfcfbuv**

Taxpayer's name MICHAEL L JEMISON	Social security number [REDACTED]
Spouse's name SHELLIE A JEMISON	Spouse's social security number [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	57,813
2 Total tax	2	3,367
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,480
4 Amount you want refunded to you	4	113
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize A BETTER BUSINESS LLC to enter or generate my PIN 13465 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature _____ Date ► 10-20-2022

Spouse's PIN: check one box only

- I authorize A BETTER BUSINESS LLC to enter or generate my PIN 94584 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature _____ Date ► 10-20-2022

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 431775-13405
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature _____ Date ► 10-20-2022

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2021)

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial MICHAEL L	Last name JEMISON	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial SHELLIE A	Last name JEMISON	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 4409 NW 65TH COURT		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. KANSAS CITY		
State MO	ZIP code 64151	
Foreign country name	Foreign province/state/county	Foreign postal code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for- • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		44,628
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	26,706
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		
	8	Other income from Schedule 1, line 10		(6,474)
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		57,813
	10	Adjustments to income from Schedule 1, line 26		
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶		57,813
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	26,450
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b		26,450
	13	Qualified business income deduction from Form 8995 or Form 8995-A		
14	Add lines 12c and 13		26,450	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		31,363	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	3,367																				
17	Amount from Schedule 2, line 3	17																					
18	Add lines 16 and 17	18	3,367																				
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19																					
20	Amount from Schedule 3, line 8	20																					
21	Add lines 19 and 20	21	0																				
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,367																				
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23																					
24	Add lines 22 and 23. This is your total tax	24	3,367																				
25	Federal income tax withheld from:																						
a	Form(s) W-2	25a	3,480																				
b	Form(s) 1099	25b																					
c	Other forms (see instructions)	25c																					
d	Add lines 25a through 25c	25d	3,480																				
26	2021 estimated tax payments and amount applied from 2020 return	26																					
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a																					
b	Nontaxable combat pay election	27b																					
c	Prior year (2019) earned income	27c																					
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28																					
29	American opportunity credit from Form 8863, line 8	29																					
30	Recovery rebate credit. See instructions	30	0																				
31	Amount from Schedule 3, line 15	31																					
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	0																				
33	Add lines 25d, 26, and 32. These are your total payments	33	3,480																				
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	113																				
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	113																				
Direct deposit? See instructions.	▶ b Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	▶ d Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36 Amount of line 34 you want applied to your 2022 estimated tax	36																					
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	0																				
	38 Estimated tax penalty (see instructions)	38																					

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes. Complete below.** **No**

Designee's name ▶ **REBECCA BURMEISTER** Phone no. ▶ **816-356-2900** Personal identification number (PIN) ▶ **1 3 4 0 5**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
13465	03-29-2022	HVAC SERVICE TECH	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
94584	03-29-2022	CUSTOMER SERVICE	
Phone no. 816-223-2166	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Preparer's name REBECCA BURMEISTER	10-20-2022	P00336405	
Firm's name ▶ A BETTER BUSINESS LLC	Phone no. 816-356-2900		
Firm's address ▶ 7300 RAYTOWN ROAD SUITE D RAYTOWN, MO 64133	Firm's EIN ▶ 56-2548201		

Exhibit 8 – Minimum Operating Capital Requirement

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

8 Minimum Operating Capital Requirement

The status of the plan and/or requirements is as follows:
Applicant has applied for a USDA loan in the amount of \$500,000. Additionally, Applicant holds a HEMP Grower license. Proceeds from the allowable HEMP business will also fund this expenditure if a license is awarded. A verified plan is in progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 8:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 9 – Financial Statements

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

• 9.1 – Balance sheet report, providing a snapshot of the value of assets, liabilities and equity at commencement, or for projections, as of December 31 of each year.

The status of the plan and/or requirements is as follows:
In Progress with completion expected 30 days before award of license.

• 9.2 – Profit and loss report, summarizing any income, expenses and net profit from the applicant's inception to date of commencement and as projected over each calendar year thereafter, including the year of commencement.

The status of the plan and/or requirements is as follows:
In Progress with completion expected 30 days before award of license.

• 9.3 – Statement of cash flow, examining the cash flowing into and out of the Applicant's business from inception to commencement and during each calendar year thereafter, including the year of commencement.

The status of the plan and/or requirements is as follows:
In Progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 9:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 10 – Tax Plan

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

10 Tax Plan

The status of the plan and/or requirements is as follows:

Michael Jemison and Shellie Jemison intend to work with a Certified Personal Accountant. A verified plan is in progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 10:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 11 – Business Formation Documents

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

11 Business Formation Documents

Applicant, ML Jemison Properties, LLC., is a Limited Liability Company incorporated by Michael Jemison and Shellie Jemison. See attached certificate of formation (identified as "Certificate of Formation - Attachment to Exhibit 11")

Additional Notes on Exhibit 11:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Wes Allen
Secretary of State

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

STATE OF ALABAMA

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

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 ML Jemison Properties LLC, as received and filed in the Office of the Secretary of State on 01/28/2022.



20230322000015322

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.

03/22/2023

Date

Wes Allen

Secretary of State



STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

1. THE NAME OF THE LIMITED LIABILITY COMPANY

ML Jemison Properties LLC

2. THIS FORM WAS PREPARED BY:

Michael Jemison

3. THE NAME AND STREET (NO PO BOXES) ADDRESS OF THE REGISTERED AGENT LOCATED AT THE REGISTERED OFFICE (MUST BE LOCATED IN ALABAMA):

Michael Jemison Farms
3261 T R Harrison Jr Road
Marion, AL 36756
PERRY

MAILING ADDRESS IN ALABAMA OF REGISTERED OFFICE (IF DIFFERENT FROM STREET ADDRESS):

4. THE UNDERSIGNED CERTIFY THAT THERE IS AT LEAST ONE MEMBER OF THE LIMITED LIABILITY COMPANY.

5. CHECK ONLY IF THE TYPE APPLIES TO THE LIMITED LIABILITY COMPANY BEING FORMED:

- NON-PROFIT LLC
- NON-PROFIT SERIES LLC
- PROFESSIONAL SERIES LLC
- PROFESSIONAL LLC COMPLYING WITH TITLE 10A, CHAPTER 5A, ARTICLE 8
- SERIES LLC COMPLYING WITH TITLE 10A, CHAPTER 5A, ARTICLE 11

(FOR SOS OFFICE USE ONLY)

Alabama
Sec. Of State
964-226 DLL
Date 01/28/2022
Time 11:52:00
File \$100.00
County \$100.00
Exp \$0.00
Total \$200.00

6. THE UNDERSIGNED SPECIFY 01/28/2022 11:50:10 AS THE EFFECTIVE DATE AND THE TIME OF FILING



ATTACHED ARE ANY OTHER MATTERS THE MEMBERS DETERMINE TO INCLUDE HEREIN

7. ORGANIZER(S) - OPTIONAL

Not Applicable

01/28/2022

DATE

Michael Louis Jemison Sr. Managing Member

ELECTRONIC SIGNATURE & TITLE

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:

ML Jemison Properties LLC

This name reservation is for the exclusive use of Michael Jemison, 4409 NW 65th Court, Kansas City, MO 64151-0000 for a period of one year beginning May 08, 2021 and expiring May 08, 2022

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.



RES950406

May 08, 2021

Date

John H. Merrill

Secretary of State

ML Jemison Properties LLC Members are as follows:

Michael Louis Jemison Sr.

Shellie Ann Jemison

Exhibit 12 – Business License and Authorization of Local Authorities

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

12 Business License and Authorization of Local Authorities

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 12:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 13 – Business Plan

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

13 Business Plan

Applicant has submitted the following business plan. See attached Business Plan (identified as “ML Jemison Properties, LLC Business Plan – Attachment to Exhibit 13”).

Additional Notes on Exhibit 13:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

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Executive Summary

ML Jemison Properties, LLC (“the Company”) seeks a position as one of Alabama’s first licensed medical cannabis integrated facilities Alabama’s medical cannabis patients with high-quality products, cultivated with care. As a medical cannabis company, our aim is to be a positive influence on our community, and we’ll be engaging in community service projects and working with charitable organizations to help improve the local community.

Medical cannabis dispensaries will be licensed and regulated by the Alabama Medical Cannabis Commission (AMCC) under legislation recently enacted.

Objectives:

- To cultivate and deliver safe and consistent medical cannabis and medical cannabis products through tested management practices and attention to quality control.
- To establish and maintain ML Jemison Properties, LLC as one of Alabama’s premier provider of medical cannabis products through a consistent supply of high quality medical cannabis.

Company Description and Philosophy

ML Jemison Properties, LLC aspires to provide for Alabama’s medical cannabis patients through cultivating exceptional quality cannabis, and working with licensed processors within the state to provide equally exceptional finished products.

The company has been established with the goal of being stewards of the cannabis industry, working with our local community through charitable organizations, creating community service opportunities, and helping to educate the public about the responsible use of cannabis. In pursuit of these goals, ML Jemison Properties, LLC will be a majority minority-owned and operated company, and will be focused on providing opportunities for minorities to take part in this industry.

Market Analysis

The public’s support for legalizing medical cannabis continues to grow. Further research provides more insight into the potential benefits, and casts doubt on many of the reported adverse effects of cannabis. This has made it more acceptable for states to experiment with

personal medical cannabis use and cultivation. Several polls continue to show strong support for general cannabis legalization at more than 50%. Gallup, for instance, found in October 2015 that 58% of Americans favor legalizing cannabis on a national scale. Another study from April 2014 found that 75% of Americans believe cannabis will eventually be legal nationwide.

It should be noted that Alabama has one of the largest senior populations in the nation, with over 17.6% of all residents being over the age of 65 for a total of nearly 1 million people, according to the U.S. Census. Bureau. While this group is traditionally thought to be conservative and unlikely to use medical cannabis, according to a CBS news report from May of 2016, seniors are the fastest-growing demographic of cannabis users in the country. Between 2013-14, the number of seniors using cannabis increased by 1.5 million. Cannabis has become an alternative to the expensive, habit-forming prescriptions which are often used by aging adults to treat pain. Seniors are finding relief from painful and debilitating conditions like arthritis, glaucoma and even Alzheimer's disease. According to the Colorado Department of Public Health and Environment, registered patients over 60 years old totaled 17,863, comprising 15.8% of total registered patients in Colorado in May of 2015. This number grew to 18,389 in May of 2016, representing 17% of all Colorado medical cannabis patients. It should also be noted that in Colorado, citizens over 60 account for only 13.1% of the state's population compared to Alabama's 17.6%.

Product Line

With direct control of the production center, we will have the ability to maintain the highest quality standards possible and ensure the safety of the medical cannabis provided to our patients. Once a facility is licensed to this service, we will provide an extra layer of protection for patients through the safety testing program.

All employees will be trained in the variety of cannabis strains produced by ML Jemison Properties, LLC, and will be able to offer information about all of the varieties for licensed processors and dispensaries. Training will be provided on site by experts in the industry. Experts will also be consulted on strain options and cultivation and processing techniques.

All products offered will go through rigorous in-house testing and at a certified medical cannabis testing laboratory. The samples will adhere to a strict chain of custody, and will not be available for customer purchase until a certificate of analysis is available. Certificates will be kept on record for each batch of cannabis produced by ML Jemison Properties, LLC.

Medical Cannabis Products

ML Jemison Properties, LLC will cultivate several high-quality varieties of medical cannabis with consistent results. We will keep accurate records as to the time and date a strain arrives at the production center, as well as the strains' source.

ML Jemison Properties, LLC will use information provided by industry consultants, the medical cannabis literature, and patient feedback to identify the spectrum of medical indications for cannabis. The initial formulary includes strains that cover the diagnostic spectrum of medical cannabis use. Going forward, formulary decisions will be based upon a continuous assessment of patient experience, the scientific medical cannabis literature and our ongoing professional relationships.

Strategy and Implementation Summary

ML Jemison Properties, LLC is raising the necessary capital for the licensing process, startup and operating costs. This timeline takes into consideration the build-out of the cultivation facility, acquisition of any additional required permits, time required to cultivate a successful medical crop, and the availability of an approved product-testing laboratory.

Phase 1: Site Selection Criteria

Safety

ML Jemison Properties, LLC has selected 1 property for a possible cultivation facility, and ML Jemison Properties, LLC intends to raise the needed capital from investors. The property is located in Perry County, Alabama.

Upon assessment, any proposed location must be secure and safe to protect employees and community members from harm and product diversion. All facilities will be in well-lit areas in locations with low crime occurrence. All buildings will be structurally sound with the ability to reinforce windows, doors and allow for vaulted safes.

The potential production sites will provide optimum security and are in an isolated and protected environment.

Community

ML Jemison Properties, LLC takes pride in being a good steward of the community. When selecting cultivation locations, we feel that it is imperative that the adjoining and neighboring business support our mission. If the licenses have been awarded, representatives will speak with owners and tenants in the area, disclosing the business plan and making them aware that ML Jemison Properties, LLC will be happy to address any questions or concerns related to operations.

The production facility site criteria had to be in a location that was safe, secure and isolated enough to minimize complaints from members of the surrounding community.

Phase 2: Permitting and Construction

ML Jemison Properties, LLC anticipates that the construction of the cultivation facility will be relatively smooth once a permit is obtained. The building will be specifically constructed for the purpose of housing the cultivation equipment and storing harvested cannabis while they wait to be shipped to the store. The building will be outfitted with security

monitoring equipment and an alarm system. When construction is complete, all appropriate inspections have been passed, and all necessary operational permits and licenses have been acquired, ML Jemison Properties, LLC will notify the Alabama Department of Health of the operating plans.

Phase 3: Staffing and Training

During the build-out of the various facilities, ML Jemison Properties, LLC will begin its employee recruitment and hiring process. Employees will be required to submit to all background checks, occupational licensing criteria and training set forth by the State. If approved for employment, each employee shall be required to attend training for their position. This training will include both classroom and hands-on job training provided by ML Jemison Properties, LLC. This training will include all tasks of each facility type, compliance with all rules and regulations, as well as relevant information related to medical cannabis. This training will ensure that our staff is prepared to begin working in the Company's facilities as soon as possible. Due to the fluidity of the industry, ongoing education and training programs will be provided.

Phase 4: Community Outreach Program

ML Jemison Properties, LLC is dedicated to making a positive impact in the Perry County community. In pursuit of this goal, our company plans to offer employee rewards for participating in community service activities. All employees will be eligible to earn extra vacation time for dedicating time to serving their community. Employees can earn one additional vacation day per year on top of their normal vacation days for every 8 hours they spend working on community building projects. Employees can receive credit for participating in any community service event ML Jemison Properties, LLC participates in, or they can submit a request for approval from management in advance for events not sponsored by the Company. Employees can accumulate a maximum of 7 additional vacation days per year through this program.

Prior to the granting of the license by the State, ML Jemison Properties, LLC will begin its community outreach program by offering resources to obtain information and education on medical cannabis treatments. ML Jemison Properties, LLC will reach out to establish health and education community programs such as "senior wellness through cannabis" and "caring for a seizure disorder in children with CBDs and cannabis". With a focus on community safety, the company will also provide educational classes and materials about diversion prevention, proper storage of medical cannabis, and preventing unauthorized access to medical cannabis. ML Jemison Properties, LLC intends to provide educational material as well as classroom educational courses.

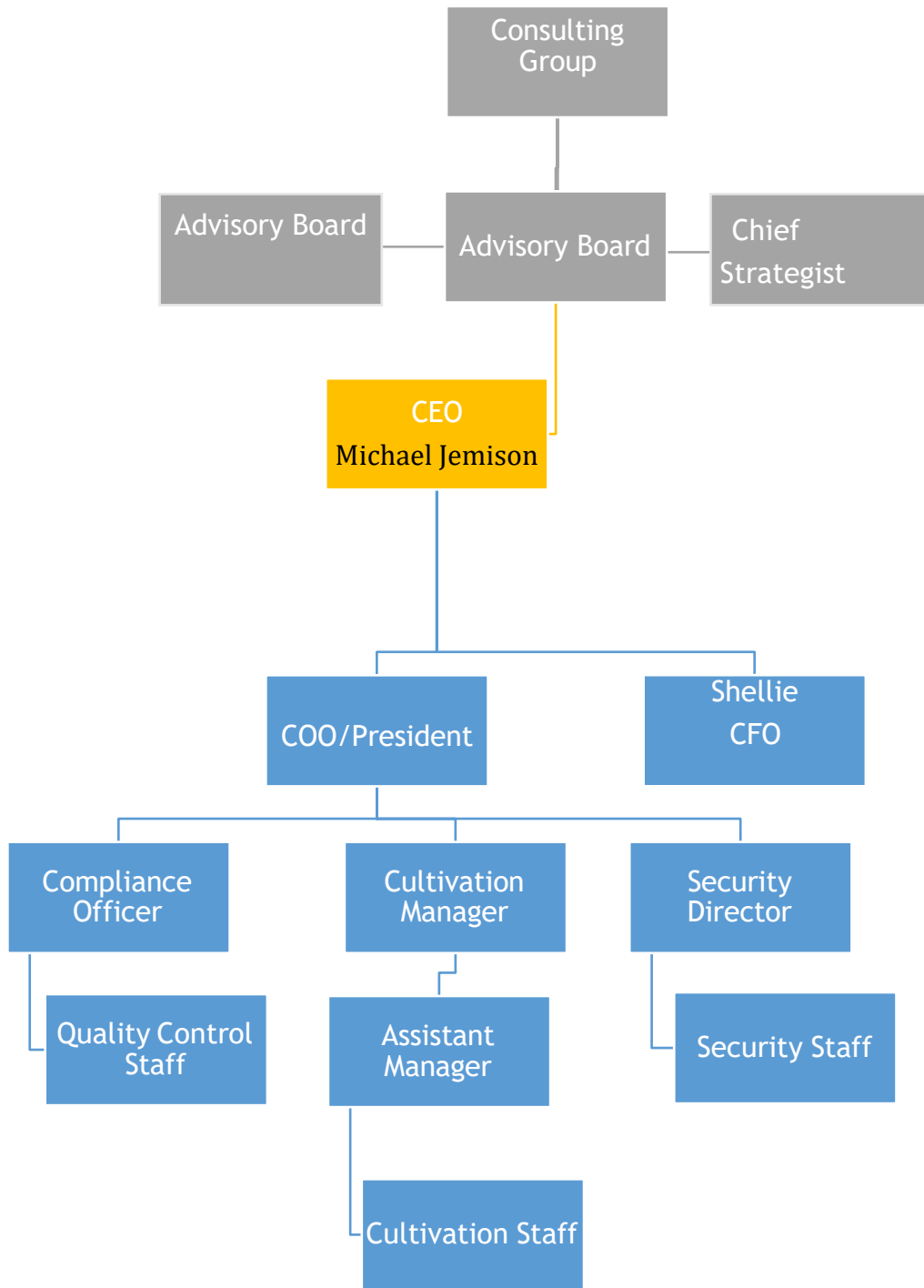
ML Jemison Properties, LLC will keep informed of emerging technologies and research and make these resources available to the community. Further, we will provide education to the community on the laws regarding medical cannabis and provide resources to contact medical specialists who can provide support for their qualifying medical conditions as mandated by the State. This program will provide patients with confidence that we are not

only a source of high quality medical cannabis, but a patient-focused organization with safety and compassion in mind.

Phase 5: Marketing and Sales

Using other states as an example, ML Jemison Properties, LLC will create an advertising and marketing campaign. The marketing plan will be a multi approach plan. Studies show that 80% of customers searching out dispensaries consult social media for recommendation and locations. ML Jemison Properties, LLC will develop a web site to interact with all the social media platforms. The second approach will be to develop a professional sales team that will be able to assist with the sale and marketing of our products.

Organization & Management



Staffing

- ML Jemison Properties, LLC will have an established Employee Handbook and Standard Operating Procedure Manuals.
- Employees will be found using staffing solution companies to help hire professional employees.
- Employees will receive certain benefits depending on their employment status. There will be a bi-weekly payroll structure.
- Management will provide hands on training to all employees in each position at ML Jemison Properties, LLC.
- At the management's direction, all employees will also register with and be approved by the Alabama Medical Cannabis Control Program. All fees associated with registering employees will be paid by ML Jemison Properties, LLC.
- All members, employees, contractors, or other individuals who may enter the licensed facility unescorted are required to submit to an annual background check.
- Employees shall notify management within 24 hours of any event which would disqualify the employee from employment in the medical cannabis industry.
- Management reserves the right to press charges for any and all crimes committed on its premises.
- Every employee, regardless of position and experience, shall complete a New Employee Orientation Program (NEOP) within the first two days of employment. The NEOP will be a way to bring new employees up to speed quickly by providing them with the information they need to succeed at our organization.
- Employees will receive training on the standard operating procedures during the NEOP and annually thereafter, or as changes in policies require.
- Training sessions will include cultivation, production, and dispensary overviews.
- Training content will be available as written materials.
- Training content will be available for all staff members. Additionally, a manual of standard operating procedures, lectures from qualified professionals, and sometimes quizzes for managers will be used to ensure staff is appropriately trained. Employees will also be encouraged to take advantage of special classes, leadership trainings, and other educational opportunities that may arise.
- The Company anticipates employing a minimum of between 35 and 50 people for all positions including skilled, unskilled and professional employees.

Security

ML Jemison Properties, LLC intends to contract with Cannabis Security (<https://cannabissecurity.com/>) for the design and implementation of the Company's security systems. Cannabis Security has been specializing in the security needs of the for over 25 years, giving them insight into the unique and often complex security challenges faced by businesses in this field.

Operational Security

ML Jemison Properties, LLC has established standard operating procedures with security, safety, and compliance at their heart. The following are some of the operational security procedures established by ML Jemison Properties, LLC:

- Prior to beginning employment, all potential hires must pass a criminal history background check consistent with the State of Alabama requirements.
- Each employee will be provided with a unique user code for the alarm system.
- Each employee is provided a unique user pin number, which is tracked with each action in the inventory control system
- All transactional or other sensitive data will be stored on a secure server.
- Employees will be provided emergency operating procedure training, including fire, bomb threat, robbery, or other emergencies
- All inventory will be tracked through the inventory control system from the time it's received until the time it's sold to a duly licensed processor or dispensary.
- All dried cannabis for transfer to licensed processors will be packaged in bulk in increments of 1lb.
- All dried cannabis sold to licensed dispensaries will be pre-packaged in units of 1 gram and 3.5 grams, and labeled according to all requirements and best practices.
- Management employees will be trained to inspect and test the surveillance and alarms systems at least monthly, and record results on provided logs.
- Management employees will be trained to review transaction history, discounts, and other information for loss prevention.
- Management employees will conduct inventory audits at least monthly, and document the findings. Any discrepancies will be investigated immediately, and any evidence of theft or diversion will be reported to the local police within 24 hours.

Security for visitors, 3rd party contractors, or other individuals:

- All visitors and patients will enter through the main entrance into the lobby, which is the public zone. No cannabis will be displayed or sold in this room.
- Entry into the restricted access areas will be controlled via electronic lock, controlled by either security personnel or by employees with appropriate authorization.
- Prior to entering the restricted access or limited access areas, all patients, contractors, or visitors must check in at reception in the lobby, and provide a valid government- issued ID. If the visitor is entering the limited access areas, they will be signed in on the visitor log by the receptionist.
- Patient identification and qualifications will be verified both at check-in with the receptionist, and again at the point of sale
- All visitors will be escorted by an authorized staff member at all times.
- Bank deposits will be transported using an armored car service.
- Signage will be posted stating that cell phone use is prohibited in restricted access areas.

- Signage will be posted stating that consumption of cannabis is prohibited on the premises.
- Any person observed consuming cannabis on-site will be escorted off the property by security personnel.

Facility Security

The Company's security plan includes many different measures both active and inactive, to ensure the safety and security of our patients, the community of Johnstown, and our staff members. Some of these measures include:

- Light diffusing film applied to all windows leading to areas where cannabis is received, packaged, stored, prepared, or sold to prevent visibility from outside the licensed premises
- Security bars in all areas where cannabis is received, packaged, stored, and prepared
- Door and window opening sensors
- Motion detection devices
- Electronic locks on all doors
- Video surveillance cameras, capable of recording in all lighting conditions
- Video surveillance will be maintained in the on-site DVR for 30 days, and will feature on and off-site backup of all recordings.
- Recording equipment will be equipped with a failure notification system, to inform management of any system failure immediately.
- A tamper alarm will be installed on the locked box housing the recording equipment.
- Secure inventory storage room
- Secure patient records storage
- Panic buttons, connected with silent alarms
- On-site security personnel
- Emergency operating procedures and staff training
- Car-stops or bollards on building exterior
- Height markers on entrances and exits to assist in identification of individuals on camera

Production

ML Jemison Properties, LLC plans to cultivate eight strains of medical cannabis to be processed into authorized medical cannabis forms. The following describes the general process of the proposed production plan. If the license is awarded, ML Jemison Properties, LLC will create a series of standard operating procedure documents that will dictate a uniform process for the cultivation and manufacturing of the products.

The cultivation process will begin with propagation. We intend to use cuttings or "clones" of strains. This shall ensure that each plant cultivated is similar in production capacity and cannabinoid potency, as well as help to ensure the crop does not become pollinated and begin producing seeds. Each plant will spend approximately two weeks in the propagation phase.

After two weeks, the clones will be transplanted into individual small containers. Plants will continue to establish roots and begin more aggressive vegetative growth in this phase. After two weeks in small containers, these plants will be transplanted into a large container. The plants will spend the remainder of their lifespan in this container.

After an additional two weeks of vegetative growth, the plants are transferred to one of the designated flowering rooms, where their lighting schedule changes to 12 hours of light and 12 hours of darkness each day. This induces the flowering phase of the medical cannabis plants. The plants will finish their flowering cycle approximately eight weeks after being transferred.

When the flowering cycle is complete, the plants will be harvested. Each plant is weighed individually, and recorded in the seed-to-sale inventory control system. Once each plant is recorded, it will be sent to the post-production processing department.

At post-production processing, the finished medical cannabis plants will be moved into the drying room. Drying product will be checked daily for moisture content until almost all moisture has been removed.

After drying, the finished medical cannabis will be moved to the cure phase. At this stage, the medical cannabis flowers will have a small amount of moisture, primarily contained in the center of each flower. In order to provide an even consistency and moisture level throughout the product, each package of curing medical cannabis will be vented regularly to exchange the stale, moist air in the container with fresh, less humid air. This helps the moisture trapped in the flowers to dry slowly, improving the quality of the finished product and helping to reduce the risk of molds or mildews.

After the cure phase is complete, the dried weight of the medical cannabis will be recorded in the seed-to-sale inventory system, and a sample will be sent for laboratory certification by a lab approved by the Alabama Department of Health for product safety testing. The laboratory will complete all required tests, and provide a certificate of analysis for each batch tested.

After the batch has passed the required tests, the batch will be released to the packaging department. Medical cannabis will be packaged in bulk, and sold to processor for use in concentrates or infused products once approved by the Director of Quality Assurance. Proper labeling will then be applied to each container.

The Director of Quality Assurance will review lab test results for each harvest batch and production batch, and inspect a sample package and label from each harvest or production batch to ensure compliance with all regulations. The Director of Quality Assurance will also review the batch for quality and consistency and suggest any process changes to improve the product.

Compliance and CannaScore

CannaScore is the medical cannabis industry's best way to regulate and audit facility operations. CannaScore is software that enables a licensee to automate and streamline compliance audits, reduce risks, and standardize reporting. The software was created by experts in the cannabis industry and offers an unmatched comprehensive approach to cannabis facility compliance auditing. The reports generated by CannaScore will be used to ensure compliance with all the state regulations and best management practices. Audit reports highlight aspects of the facility operations that are not in compliance, so they can be attended to immediately.

Financial Projections

The estimated initial investment for the cultivation project including the initial startup costs and operating expenses for the first year are estimated to be approximately \$2 million. While the initial investment is high, this is largely to have a financial cushion to cover operating expenses until the company has positive cash flow.

All projections in the tables below are profits before taxes.

Five-Year Financial Summary

	Year 1	Year 2	Year 3	Year 4	Year 5
Gross Revenue	\$1,824,000.00	\$5,472,000.00	\$10,032,000.00	\$10,488,000.00	\$10,944,000.00
Total Costs w/o startup	\$1,411,660.00	\$1,969,480.00	\$2,235,480.00	\$2,283,480.00	\$2,331,480.00
Net Revenue	\$412,340.00	\$3,502,520.00	\$7,796,520.00	\$8,204,520.00	\$8,612,520.00
Charitable Donations	\$15,517.00	\$175,126.00	\$389,826.00	\$410,226.00	\$430,626.00
Start Up & Expansion Costs	\$719,302.00	\$222,000.00		\$222,000.00	
Profit or Loss	-\$322,479.00	\$3,105,394.00	\$7,406,694.00	\$7,572,294.00	\$8,181,894.00
Profit or loss to date	-\$322,479.00	\$2,782,915.00	\$10,189,609.00	\$17,761,903.00	\$25,943,797.00

The above table represents a financial summary of the first five years of anticipated revenue, costs, and profits. These numbers are based on an average warehouse production of two pounds per lamp, using 2,000 sq. ft. for flowering. The expansion costs included reflect the intent to expand to a total of 9,000 sq. ft. for flowering, provided the State of Alabama approves our requests for expansion and market demand justifies. The following pages will break down the costs used to drive the estimates provided above.

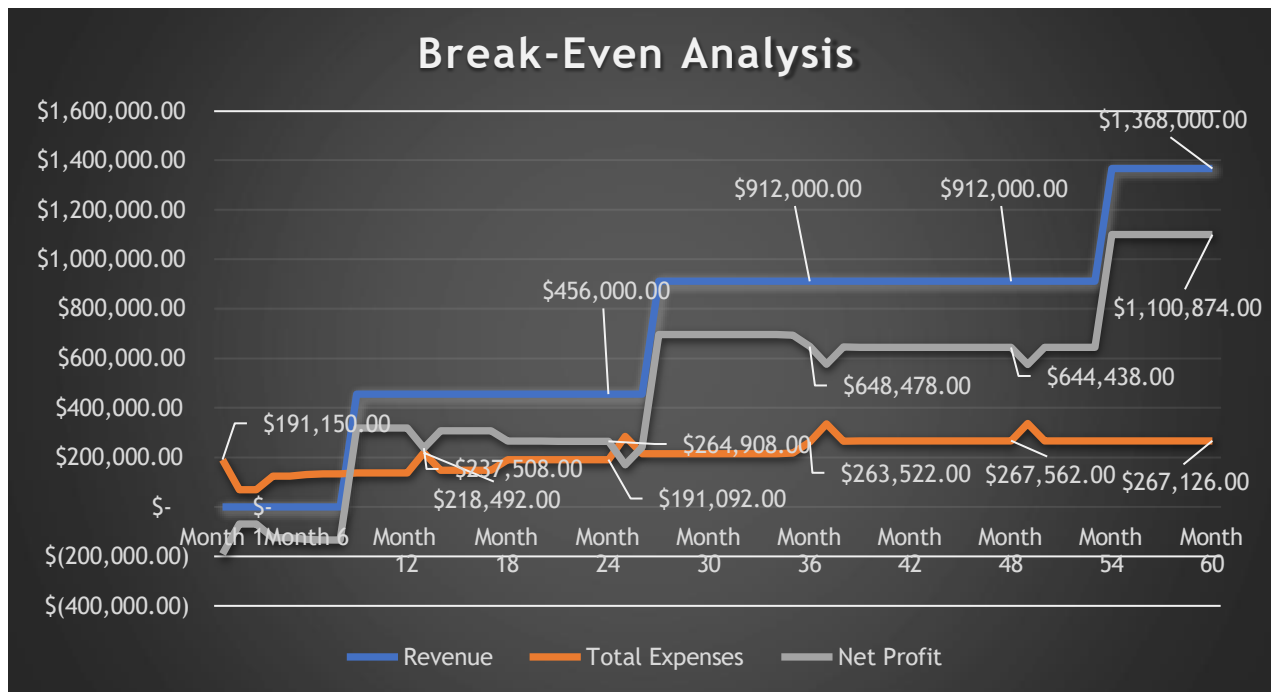
Estimated Startup Costs

Description	Cost
State License Fee - *ESTIMATED* FINAL TBD	\$50,000
Consulting Full SOP Manuals and Operations Manuals	\$5,000
Construction Costs - Retrofit (\$74 per sq ft) - 3,000 sq ft	\$222,000
HID lamps	\$48,000
Security Cameras	\$8,800
Security Alarms and Access Control	\$1,800
Security Plan	\$2,000
Engineering Design and Plans	\$8,700
IT- Rack, Computers, Scanners,	\$7,800
Certified Scales (8)	\$2,300
Inventory Cost	\$40,000
Training- Key People	\$5,000
Signage	\$5,400
Office Furniture Manger Offices/ Breakroom	\$5,800
Cleaning and Maintenance Supplies/ Equipment Start Up	\$2,000
Facility Repairs (Est)- After Warranties	\$10,200
Safes and Vault Room	\$35,400
Utilities	\$36,000
Packaging/Labeling - May vary depending on final rules	\$42,000
Crop Inputs - Soil, Nutrients, Pesticides, etc.	\$48,000
Hard goods- Facility up keep items	\$3,000
Waste Management Services	\$9,252
IT Professional Services	\$5,400
Legal Services	\$18,000
HVAC Maintenance and Repair	\$1,500
Security Contractor/ Consulting	\$17,350
Banking Fees	\$39,000
Office Supplies	\$9,600
Inventory System- Tags and Hardware- 1st month is initial	\$10,700
Inventory Tracking Monthly Fees	\$500
Security Monitoring	\$3,600
Armored Car Deposit Pick up	\$3,000
Employee Training	\$5,000
Employee Consumables (Coffee/Water)	\$4,200
Copier Expense- including paper	\$3,000
Total Expense	\$719,302

Estimated Operating Costs

Description	
IT Professional Services	\$18,500.00
Legal Services	\$90,000.00
Monthly Alarm Monitoring and Preventive Service	\$9,000.00
Armored Car Deposit Pick up	\$31,500.00
Electricity	\$51,000.00
Water and Sewer	\$12,000.00
CEO/ CFO/ Controller Salaries	\$165,000.00
Salaries Burden w/ workers Comp	\$316,800.00
Cultivation Staff Salary and Commissions	\$405,000.00
Hire Staff Costs	\$42,500.00
Facility Repairs (Est)- After Warranties	\$17,500.00
Waste Management Services	\$12,000.00
HVAC Maintenance and Repair	\$12,000.00
Janitorial Service	\$22,500.00
Dues and Subscriptions	\$12,000.00
Metric Tag Inventory	\$12,500.00
Franwell Metric	\$360.00
Crop inputs - soil, nutrients, pesticides, etc.	\$56,000.00
Franwell (METRC)Support	\$18,000.00
Office Supplies	\$12,000.00
Training- Key People	\$25,000.00
Employee Consumables (Coffee/Water)	\$22,500.00
Banking Fees	\$18,000.00
Cash Deposited Fee	\$12,000.00
Banking Audits- CPA- Monthly Reporting	\$18,000.00
Total Expense	\$1,411,660.00

Based on the market analysis provided earlier, the company anticipates significant profits if we're able to meet production goals. The market demand throughout the state should be significant enough that even if all cultivators reached their production capacity there still may be a significant shortage in supply. This may create a struggle for dispensaries and cultivators to keep up, and will likely keep the wholesale price rather high. For our estimates, we've anticipated approximately \$3,000 per pound on average, though this could likely be higher if the market conditions warrant. With these thoughts in mind, the following table represents the break-even analysis for the company, which is the point where our revenue earned outpaces our operating costs. These figures are shown on a month-by-month basis.



Based on the anticipated break-even point between 9-12 months into operation, the initial investment could be fully repaid within 18 months. The following table illustrates the pace of the loan repayment, using half of the anticipated profits generated to repay investors.

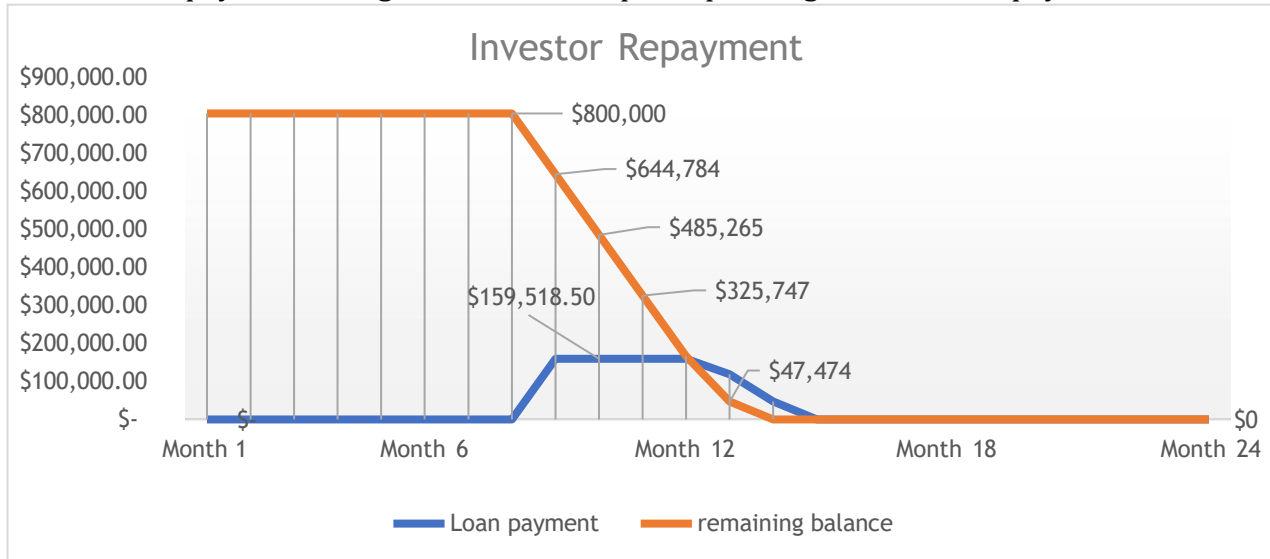


Exhibit 14 - Evidence of Business Relationship with Other Licensees and Prospective Licensees

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

14 Evidence of Business Relationship with Other Licensees and Prospective Licensees

Applicant intends to utilize the list of approved licensees to establish business relationships within the industry. The status of the plan and/or requirements is as follows:
A verified plan is in progress with completion expected 30 days after award of license.

Additional Notes on Exhibit 14:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 15 – Coordination of Information from Registered Certifying Physicians

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

15 Coordination of Information from Registered Certifying Physicians

Applicant, as a part of the hiring process and in the continuing education of its future employees, will ensure all employees and staff are well versed in the qualifications and requirements prescribed by statute for the dispensing of medical cannabis. Additionally, Applicant will maintain an account with the Alabama Medical Cannabis Patient Registry System, once established, in order to coordinate with physicians. Applicant will also adhere to strict guidelines of confidentiality and HIPPA. A verified and comprehensive guidebook will be drafted and delivered to all employees and staff once the guidelines for the Registry System are established and released. Completion is expected 30 days after award of license.

Additional Notes on Exhibit 15:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 16 - Point-of-Sale Responsibilities

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Michael Jemison

Signature of Verifying Individual

Owner

Title of Verifying Individual

03/24/2023

Verification Date

16 Point-of-Sale Responsibilities

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 16:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 17 – Confidentiality of Patient Information

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

17 Confidentiality of Patient Information

The Applicant's plan for maintaining confidential information and any records required to be confidentially maintained is as follows:

1. The business will be registered with the Patient Registry
2. All employees, contractors, vendors, etc. will be required to sign a HIPPA Confidentiality Agreement at the outset of employment. See attached agreement (Identified as "HIPPA Confidentiality Agreement – Attachment to Exhibit 17").
3. The business will contract with a Security Contractor to ensure no loss of any critical data.
 - a. The Security Contractor will design and install a customized security system which includes data retention and backup of all critical electronic records.
 - b. Electronic information will then be stored both on site in short term storage, and further backed up by Security Contractor at their offsite facility, creating maximum redundancy and long-term data security.
 - c. All physical information will be kept in a secure file cabinet and scanned to create an electronic copy, which will then be regularly backed up and stored.
 - d. On-site backup records storage will include electronic media that is backed up on a regular basis on a secure server, located in the secure recordkeeping area.
 - e. Offsite secure data storage will be managed by the data storage provider.
 - f. On-site backup storage will include at least 5 years of historical data, and remote data storage will include all data records that are at least 7 days and older, and will be stored in perpetuity.
4. All employees or any person with access to files will be monitored by a secure login issued by the business. The login credentials will change every eight (8) weeks to avoid the potential for hacking or breach. All access to patient records will be monitored through the login access system.

Additional Notes on Exhibit 17:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

HIPAA EMPLOYEE CONFIDENTIALITY AGREEMENT

Attachment to Exhibit 17

THIS AGREEMENT entered into this ____ day of _____, 20__, by and between _____, known as the "Healthcare Facility", and _____, known as the "Employee", and known collectively as the "Parties", set forth the terms and conditions under which information created or received by or on behalf of this Healthcare Facility (known collectively as protected health information or "PHI") may be used or disclosed under State law and the Health Insurance Portability and Accountability Act of 1996 and updated through HIPAA Omnibus Rule of 2013 and will also uphold regulations enacted there under (hereafter "HIPAA").

THEREFORE, in consideration of the premises and the covenants and agreements contained herein, the Parties hereto, intending to be legally bound hereby, covenant and agree as follows:

1. Confidential Information. The Parties acknowledge that meaningful employment may or will necessitate disclosure of Confidential Information by this Healthcare Facility to the Employee and use of Confidential Information by the Employee. The term "Confidential Information" includes, but is not limited to, PHI, any information about patients or other employees, any computer log-on codes or passwords, any patient records or billing information, any patient lists, any financial information about this Healthcare Facility or its patients that is not public, any intellectual property rights of Practice, any proprietary information of Practice and any information that concerns this Healthcare Facility's contractual relationships, relates to this Healthcare Facility's competitive advantages, or is otherwise designated as confidential by this Healthcare Facility.

2. Disclosure. Disclosure and use of Confidential Information includes oral communications as well as display or distribution of tangible physical documentation, in whole or in part, from any source or in any format (e.g., paper, digital, electronic, internet, social networks, magnetic or optical media, film, etc.). The Parties have entered into this Agreement to induce use and disclosure of Confidential Information and are relying on the covenants contained herein in making any such use or disclosure. This Healthcare Facility, not the Employee, is the records owner under state law and the Employee has no right or ownership interest in any Confidential Information.

3. Applicable Law. Confidential Information will not be used or disclosed by the Employee in violation of applicable law, including but not limited to HIPAA Federal and State records owner statute; this Agreement; the Practice's Notice of Privacy Practices, as amended; or other limitations as put in place by Practice from time to time. The intent of this Agreement is to ensure that the Employee will use and access only the minimum amount of Confidential Information necessary to perform the Employee's duties and will not disclose Confidential Information outside this Healthcare Facility unless expressly authorized in writing to do so by this Healthcare Facility. All Confidential Information received (or which may be received in the future) by Employee will be held and treated by him or her as confidential and will not be disclosed in any manner whatsoever, in whole or in part, except as authorized by this Healthcare Facility and will not be used other than in connection with the employment relationship.

4. Log-on Code and Password. The Employee understands that he or she will be assigned a log-on code or password by Practice, which may be changed as this Healthcare Facility, in its

sole discretion, sees fit. The Employee will not change the log-on code or password without this Healthcare Facility's permission. Nor will the Employee leave Confidential Information unattended (e.g., so that it remains visible on computer screens after the Employee's use). The Employee agrees that his or her log-on code or password is equivalent to a legally-binding signature and will not be disclosed to or used by anyone other than the Employee. Nor will the Employee use or even attempt to learn another person's log-on code or password. The Employee immediately will notify this Healthcare Facility's HIPAA Privacy Officer upon suspecting that his or her log-on code or password no longer is confidential. The Employee agrees that all computer systems are the exclusive property of Practice and will not be used by the Employee for any purpose unrelated to his or her employment. The Employee acknowledges that he or she has no right of privacy when using this Healthcare Facility's computer systems and that his or her computer use periodically will be monitored by this Healthcare Facility to ensure compliance with this Agreement and applicable law.

5. Returning Confidential Information. Immediately upon request by this Healthcare Facility, the Employee will return all Confidential Information to this Healthcare Facility and will not retain any copies of any Confidential Information, except as otherwise expressly permitted in writing signed by this Healthcare Facility. All Confidential Information, including copies thereof, will remain and be the exclusive property of this Healthcare Facility, unless otherwise required by applicable law. The Employee specifically agrees that he or she will not, and will not allow anyone working on their behalf or affiliated with the Employee in any way, use any or all of the Confidential Information for any purpose other than as expressly allowed by this Agreement. The Employee understands that violating the terms of this Agreement may, in this Healthcare Facility's sole discretion, result in disciplinary action including termination of employment and/or legal action to prevent or recover damages for breach. Breach reporting is imperative.

6. Breach. The Parties agree that any breach of any of the covenants or agreements set forth herein by the Employee will result in irreparable injury to this Healthcare Facility for which money damages are inadequate; therefore, in the event of a breach or an anticipatory breach, Practice will be entitled (in addition to any other rights and remedies which it may have at law or in equity, including money damages) to have an injunction without bond issued enjoining and restraining the Employee and/or any other person involved from breaching this Agreement.

7. Binding Arrangement. This Agreement shall be binding upon and endure to the benefit of all Parties hereto and to each of their successors, assigns, officers, agents, employees, shareholders and directors. This Agreement commences on the date set forth above and the terms of this Agreement shall survive any termination, cancellation, expiration or other conclusion of this Agreement unless the Parties otherwise expressly agree in writing.

8. Governing Law. The Parties agree that the interpretation, legal effect and enforcement of this Agreement shall be governed by the laws in the State of _____ and by execution hereof, each party agrees to the jurisdiction of the courts of the State. The Parties agree that any suit arising out of or relation to this Agreement shall be brought in the county where this Healthcare Facility's principal place of business is located.

9. Severability. If any provision under this Agreement shall be held invalid or unenforceable for any reason, the remaining provisions and statements shall continue to be valid and enforceable.

IN WITNESS WHEREOF, and intending to be legally bound, the Parties hereto have executed this Agreement on the date first above written, when signing below and after training on HIPAA Law with full understanding this agreement shall stand.

EMPLOYEE DOCUMENTATION OF HIPAA PRIVACY TRAINING

The Health Insurance Portability Act of 1996 (HIPAA) requires our privacy officer to train employees on our health information privacy policies and procedures to the HIPAA Omnibus Standards of 2013 which also includes HI-TECH and Protected Health Information (PHI), Electronic Protected Health Information (ePHI) and Electronic Health Records (EHR). All employees with treatment, payment or healthcare operations responsibilities, which allow access to protected health information, are trained with updates periodically as State and Federal mandates require. HIPAA also requires that we keep this documentation (that the training was completed) for six years after the training.

I, the undersigned, do hereby certify that I have received, read, understood and agree to abide by this Healthcare Facilities HIPAA Policies and Operating Procedures.

Employee's Signature _____ **Date** _____

Print Name _____

Exhibit 18 - Money Handling and Taxes

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Michael Jemison

Signature of Verifying Individual

Owner

Title of Verifying Individual

03/24/2023

Verification Date

18 Money Handling and Taxes

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 18:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 19 – Standard Operating Plan and Procedures

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

- **19.1 IT plan for ensuring accurate recordkeeping, compliance with inventory protocols, and coordination of information and systems with vendors, customers and others, as applicable, through the Alabama Medical Cannabis Patient Registry System**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.2 Plan for maintenance and storage of cannabis and medical cannabis at all times while in possession and control of licensee.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

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

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.4 - Contamination and Recall Plan.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.5 Criminal Activity Plan.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.6 Emergency Procedures/Disaster Plan.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

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

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.8 Employee Safety Plan in compliance with parallel OSHA standards applicable in workplaces similar to the type(s) proposed by the Applicant.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.9 Confidential Information and Cybersecurity Plan.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.10 A plan for tracking and proper disposal of waste cannabis or medical cannabis, as necessary.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.11 – Security Plan.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.12 – Grow Plan. A plan that shows the number of cannabis plants and methods of cultivation the Applicant intends to utilize.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.13 Engineering Plans and Specifications.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **19.14 As to facilities used for the Applicant’s cultivation operations, a detailed plan to ensure chain of custody, inventory, and tracking of cannabis and medical cannabis within each cultivation facility, and to interface with the Statewide Seed-to-Sale Tracking System.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 19:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 20 – Policies and Procedures Manual

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

20 Policies and Procedures Manual

Applicant does not have a Policies and Procedures Manual readily available for submission. Applicant is working with an advisory board to industry professionals to implement the best standard operating procedures for the business. Applicant is creating Standard Operating Procedures (SOP) that will be implemented to ensure the secure, safe, sustainable, and proper cultivation, processing, and dispensing of medical cannabis marijuana. The SOPs include step-by-step instructions on every task within the facility, providing the guidelines for conduct by the personnel and the procedures necessary to comply with the regulations set forth by the AMCC. The SOP manual will be well-organized, presenting a purpose, policy and procedure for every operation in the facility. The purpose establishes a general description for the items included in the SOP. The policy section provides the regulations from which the SOP was based, with AMCC regulations placed verbatim into the SOP policy section for quick reference to the requirement. The procedure section will present a step-by-step procedure for the completion of task items in the facility and includes any log forms, charts and diagrams required for record keeping.

Additional Notes on Exhibit 20:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 21 – Production and Manufacturing Process

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

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.**

The status of the plan and/or requirements is as follows:
In Progress with completion expected 30 days after award of license.

• **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.**

The status of the plan and/or requirements is as follows:
In Progress with completion expected 30 days after award of license.

• **21.3 – Provide a professionally-rendered blueprint (or if not available, professionally rendered floorplans or schematics) showing which portions of each of its facilities are ascribed to a particular phase or department of integrated production – cultivation, processing, transporting, and dispensing (or, as applicable, none of the foregoing**

The status of the plan and/or requirements is as follows:
In Progress with completion expected 30 days after award of license.

• **21.4 – Identify specific plans to ensure safety of personnel and facilities based on the types of processes proposed to be utilized.**

The status of the plan and/or requirements is as follows:
In Progress with completion expected 30 days after award of license.

• **21.5 – Provide a detailed list of formulae and ingredients for each medical cannabis product, including a list of all excipients to be utilized in the manufacture of each product, and the purpose served by each.**

The status of the plan and/or requirements is as follows:
In Progress with completion expected 30 days after award of license.

Additional Notes on Exhibit 21:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 22 – Machinery and Equipment

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

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.

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days after award of license.

• 22.2 – Specifications and operations manuals of all machinery and equipment to be used in the cultivation and processing of medical cannabis.

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days after award of license.

Additional Notes on Exhibit 22:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 23 – Receiving and Shipping Plan

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

- **23.1 Individual batches of cannabis being received for storage and/or processing were appropriately prepared, tagged or otherwise identified, and inserted in containers at the time of receipt.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **23.2 Batches and containers arriving from a cultivator have been QR coded or otherwise digitally coded to identify.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **23.3 Incoming cannabis is accompanied by the secure transporter's manifest and other appropriate documentation.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **23.4 - All information from the QR code relating to the incoming cannabis, as well as the date and time of arrival, has been logged into the Statewide-Seed-to-Sale Tracking System.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **23.5 Individual batches of medical cannabis products being shipped from a facility operated by an Integrated Facility to a Dispensary or Cultivator by means of a Secure Transporter must be appropriately packaged, labeled, and inserted in containers prior to transport.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **23.6 Batches and containers being shipped from the Applicant's facility must be QR coded or otherwise digitally coded to identify.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **23.7 Outgoing medical cannabis is accompanied by the Secure Transporter's manifest and other appropriate documentation; the information thereon is accurate and has been duly executed by all appropriate parties.**

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

- **23.8 All information from the QR code relating to the outgoing medical cannabis has been logged into the Statewide-Seed-to-Sale Tracking System.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 23:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 24 – Secure Transport Vehicles

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

• 24.1 - Title, lease or other documentation demonstrating possessory interest in all vehicles to be used for secure transportation of cannabis or medical cannabis.

The status of the plan and/or requirements is as follows:

In Progress with completion expected 30 days after award of license.

• 24.2 - Copies of declarations pages of insurance policies applicable to all vehicles to be owned and operated by the Applicant, particularly those proposed for the secure transport of cannabis or medical cannabis.

The status of the plan and/or requirements is as follows:

In Progress with completion expected 30 days after award of license.

• 24.3 - License plate numbers and DOT numbers, if available, for all secure transport vehicles.

The status of the plan and/or requirements is as follows:

In Progress with completion expected 30 days after award of license.

Additional Notes on Exhibit 24:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 25 – Compliance with Alabama Public Service Commission Requirements

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

25 Compliance with Alabama Public Service Commission Requirements

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 25:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 26 – Commercial Drivers’ License

Verification

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

Michael Jemison _____

Printed Name of Verifying Individual

Owner _____

Title of Verifying Individual

Michael Jemison _____

Signature of Verifying Individual

03/24/2023 _____

Verification Date

26 Commercial Drivers' License

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 after the award of license.

Additional Notes on Exhibit 26:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 27 – Fleet Summary

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

27- Fleet Summary

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days after award of license.

Additional Notes on Exhibit 27:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 28 – Care and Maintenance of Vehicles

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

28 Care and Maintenance of Vehicles

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 28:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 29 – Route Plans

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

29 Route Plans

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days after award of license.

Additional Notes on Exhibit 29:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 30 – Plan for Segregation of Processes Within and Transportation Between Facilities

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

30 Plan for Segregation of Processes Within and Transportation Between Facilities

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 30:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

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.

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

32 Engineering Plans and Specifications (Cultivation Facilities)

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 32:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 33 – Security Plan

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

- **33.1 Twenty-four-hour alarm systems must be installed in all facilities where cannabis or medical cannabis products are present.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.2 Reception areas and personnel adjacent to ingress and egress points shall have ready access to duress panic and hold-up alarms that may be activated in the event of access by unauthorized personnel or intruders.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.3 Broadcast communication devices.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.4 The Applicant, at each of its facilities, shall maintain an audio/video surveillance system that shall be in continuous operation 24 hours per day.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.5 Any facility owned by the Applicant at which medical cannabis is maintained, the Applicant must surround the perimeter of such facility with a sufficient fence or barrier to prevent access by unauthorized persons and must have sufficient lighting to allow for the proper functioning of video surveillance equipment at all times between dusk and dawn.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.6 Exterior doors of each facility operated by the Applicant must be designed or reinforced to withstand unlawful forcible entry. Doors must permit ingress to employees and other appropriate persons only by means of a keycard or other similar electronic access device.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.7 Exterior walls of each facility operated by the Applicant must be reinforced to withstand unlawful forcible entry.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.8 The Applicant must provide sufficient staffing of security guards at each facility where cannabis and medical cannabis is present to reasonably ensure the safety of the products stored.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.9 Strict access controls shall protect areas where cannabis or medical cannabis and daily monetary receipts are handled or stored – in a secured, locked room or vault.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.10 Protocols for beginning-of-day and end-of-day movement of medical cannabis and cash between secure areas and sales areas, as well as a plan for maintaining security of daily cash on hand at all times.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.11 Members of the public, other than patients and caregivers holding a valid, unexpired, unrevoked medical cannabis card, are not allowed inside a dispensing site.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.12 Records must be kept of all persons on the premises at a facility at all times.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.13 Employees, while on duty, shall wear identification badges that clearly identify them as employees.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.14 Visitors, including vendors, other licensees, Commission members, inspection personnel, or other representatives must wear a “visitor pass” or “AMCC Official” pass, as applicable, at all times while on the Applicant’s premises.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.15 – The Applicant’s proposed policies to report theft, diversion, or other loss of cannabis products to the Commission and to law enforcement as early as practicable and not more than 24 hours from the event or its discovery.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.16 The Applicant’s verification that it will prominently display at each entrance point to a dispensing site and in at least one location in the sales area of the dispensing site signs.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.17 Variable route plans and GPS tracking systems must be monitored from the secure transporter’s security center using Wi-Fi or hardline network technology.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.18 Locks and Alarm systems must be installed on all vehicles proposed for the secure transport of medical cannabis, including but not limited to the storage area within each vehicle where the product is to be kept while in transit.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.19 Vehicle dashboard and storage area audio/video recording devices must be installed and operational at all times while the vehicle is in transit.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.20 Secure transport vehicles must be free of markings.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.21 Cannabis and/or medical cannabis shall be kept in sealed tamper - evident containers that are not accessible to transport personnel during transit but are equipped with tracking devices that can be monitored remotely by the secure transporter at all times during transit.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.22 Cannabis, medical cannabis and containers holding the same must not be visible or recognizable outside the secure transport vehicle.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.23 Secure transport drivers shall have ready access to duress panic and/or hold-up alarms that may be activated in the event of an attempted diversion by unauthorized personnel, hijackers, terrorists, or other improper intervenors.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.24 If an emergency requires stopping the vehicle, employees must notify the Applicant's security center of the nature of the emergency and complete an incident report form provided by the Commission.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.25 Under no circumstances may any person other than a designated secure transporter employee have actual physical control of the motor vehicle transporting cannabis or medical cannabis.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.26 Secure transport drivers shall be trained in, and have ready access to, secure procedures for undergoing administrative inspection by law enforcement.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.27 Individual batches of cannabis or medical cannabis prepared for storage or transport must be appropriately labeled and inserted in containers prior to transport.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.28 Secure transport vehicles shall have no fewer than two personnel in the vehicle at all times when the vehicle is carrying cannabis or medical cannabis.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.29 Secure transport vehicles carrying cannabis or medical cannabis must adhere to the designated route at all times.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.30 Secure transport vehicles must be equipped with GPS tracking and monitored throughout transit by the Applicant's security center through Wi-Fi or hardwire networking technology.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.31 The Applicant's verification that route plans, manifests, transport logs, freight bills, bills of lading and any free-on-board terms of sale documents, maintenance and repair records, and insurance documentation will be kept.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **33.32 The Applicant's verification that, upon request, it will make available to the Commission or its inspectors all information relating to the Applicant's security plan.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 33:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 34 – Personnel

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

34 Personnel

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 34:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 35 – Business Leadership Credentials

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Michael Jemison

Signature of Verifying Individual

Owner

Title of Verifying Individual

03/24/2023

Verification Date

35 Business Leadership Credentials

35.1 CV for the Business

See attached resume (identified as “Michael Jemison Resume – Attachment to Exhibit 35”).

35.2 Explanation of the role of each leader, certified dispenser, scientist, business person, or engineer is to have in the operation of each facility

Michael Jemison is the owner and operator. He has been the majority owner of ML Jemison Properties since 2003. He holds certifications as a HEMP Cultivator and an HVAC Specialist. He also participated in the Kansas City Strategic Partnership Program. See the attached certifications (identified as “HEMP Cultivator License – Attachment to Exhibit 35”, HVAC Technician Certification – Attachment to Exhibit 35”, and “Strategic Partnership Program Certification – Attachment to Exhibit 45”).

35.3 A 5 - year hiring plan for its employees, identifying the types, positions, required education, required experience, and expected roles of such personnel

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 35:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

DEPARTMENT OF AGRICULTURE AND INDUSTRIES

STATE OF



ALABAMA

HEMP GROWER LICENSE

01_23-40094

THIS IS TO CERTIFY THAT:

Jemison, Michael
ML JEMISON PROPERTIES LLC

Good and Rosie's Leafy Green Farms
32.734250,-87.233361
PERRY COUNTY

IS IN FULL COMPLIANCE WITH ALL APPLICABLE ALABAMA STATUTES AND IS AUTHORIZED TO ENGAGE IN THE ACTIVITIES AND PRACTICES PROVIDED FOR THEREIN.

ISSUED AT MONTGOMERY ALABAMA ON 2/8/2023

THIS LICENSE EXPIRES ON 2/28/2024 UNLESS PREVIOUSLY VOIDED/REVOKED.

Gail M. Ellis
Hemp Program Manager

A handwritten signature in black ink that reads "Rick Pate".

Rick Pate
Commissioner of Agriculture and Industries

Pinnacle Career Institute

A Division of Manufacturers Technical Institute, Inc.

Hereby confers upon

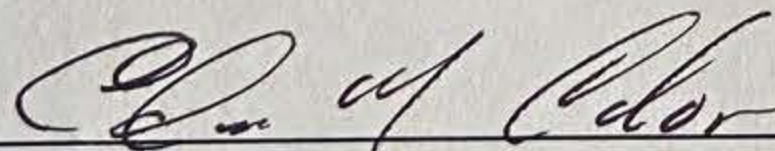
Michael Jemison

Diploma

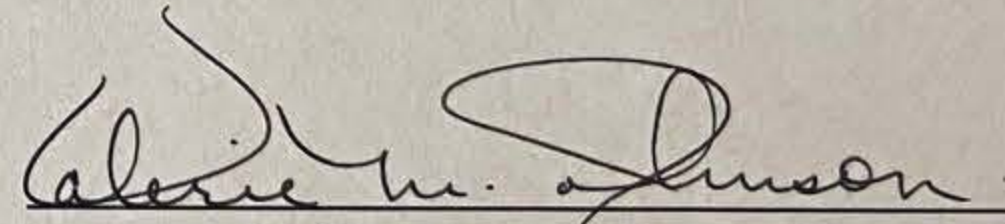
with all honors, rights, and privileges thereunto

HVAC Technician

Given at Kansas City, Missouri in the month of March 2011.



Executive Director



Director of Education

Certificate of Completion

Kansas City Strategic Partnership Program

Upon the successful completion of
an intensive six-month course of study,
we do hereby honor and recognize

Michael Jemison

as a graduate of the Kansas City Strategic Partnership Program.
Conferred this 11th day of September 2018.



Wesley T. Stith
Vice President
Clark | Weitz | Clarkson, A Joint Venture



EDGEMOOR
INFRASTRUCTURE & REAL ESTATE



CLARK **WEITZ** **CLARKSON**
CONSTRUCTION CONSTRUCTION COMPANY
A JOINT VENTURE



Geoff Stricker
Managing Director
Edgemoor Infrastructure & Real Estate

Exhibit 36 – Employee Handbook

Verification

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

Michael Jemison

Printed Name of Verifying Individual

Owner

Title of Verifying Individual

Michael Jemison

Signature of Verifying Individual

03/24/2023

Verification Date

36 Employee Handbook

Applicant does not currently have available for submission an Employee Handbook. Applicant is working with it's Advisory Board to finalize the Handbook. Applicant expects completion on or before April 30, 2023.

Additional Notes on Exhibit 36:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 37 – Secure Transport Drivers

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

37 Secure Transport Drivers

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days after award of license.

Additional Notes on Exhibit 37:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

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.

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

38 Driver's Manual

The status of the plan and/or requirements is as follows:
In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 38:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 39 – Quality Control and Quality Assurance Plan

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

- **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**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **39.2 A plan for performing, at its own expense after licensure, quality control and testing of a qualified sampling (as defined in Chapter 10 of the Rules) of medical cannabis in its control,**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

- **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.**

The status of the plan and/or requirements is as follows:

In progress with completion expected 30 days before award of license.

Additional Notes on Exhibit 39:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 40 – Contamination and Recall Plan

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

40 Contamination and Recall Plan

40.1 – Provisions for notifying the originating processor or integrated facility and any other licensee in the chain of custody of an adverse event

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days after award of license.

40.2 - Factors about an adverse event that will likely necessitate a recall, and any potential for retesting or remediation

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days after award of license.

40.3 - Responsible individuals or positions within the applicant's organization who will oversee the recall process

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days after award of license.

40.4 - Notification protocols to other licensees and the Commission through the Seed-to-Sell Tracking System

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days after award of license.

40.5 - Processes to ensure that the recalled product is returned, remediated (and approved as safe), or destroyed

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days after award of license.

40.6 - Processes to report to the Commission and any other appropriate regulatory body regarding crisis response and steps taken to mitigate or avoid danger to the public

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days after award of license.

40.7 - Steps to be taken to avoid further contamination, to preserve and protect uncontaminated cannabis or medical cannabis products, and to ensure access to said products by those who depend on it

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days after award of license.

40.8 - Investigation and analysis of the factors that led to the unsafe condition requiring the recall, and any adjustments to internal protocols and processes to avoid recurrence

The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 30 days after award of license.

Additional Notes on Exhibit 40:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 42 – Website and Social Media

Verification

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

Michael Jemison
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Michael Jemison
Signature of Verifying Individual

03/24/2023
Verification Date

42 Website and Social Media

42.1 - Complete Site Map of each website owned or operated by the Applicant

Applicant does not currently have a website for the proposed facility business. The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 14 days after award of license

42.2 - Web address for each website, social media, or other online site owned or operated by the Applicant

Applicant does not currently have a social media or website for the proposed facility business. The status of the plan and/or requirements is as follows:

A verified plan is in progress with completion expected 14 days after award of license.

Additional Notes on Exhibit 42:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

To be submitted

Exhibit – Minority Ownership Documents

Verification

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

Michael Jemison

Printed Name of Verifying Individual


Signature of Verifying Individual

Owner

Title of Verifying Individual

03/24/2023

Verification Date

Minority Ownership Documents

The applicant has submitted the following documentation in support of minority ownership of the applicant business: birth certificate of Michael Jemison (identified as “Certificate of Live Birth for Michael Jemison – Attachment to Exhibit”), birth certificate of Shelli Jemison (identified as “Certificate of Live Birth for Shellie Jemison – Attachment to Exhibit”), driver’s license of Michael Jemison (identified as “Driver’s License for Michael Jemison – Attachment to Exhibit”), and driver’s license of Shellie Jemison (identified as “Driver’s License for Shellie Jemison – Attachment to Exhibit”).

Additional Notes on Exhibit Minority Ownership Documents:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

ALABAMA

Center for Health Statistics

THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL REGISTRAR WITHIN FIVE (5) DAYS AFTER BIRTH

SEE OTHER SIDE.

FILL IN WITH A TYPEWRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR RED INK.

ATTENDANT MUST SIGN PERSONALLY.

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

CERTIFICATE OF LIVE BIRTH STATE OF ALABAMA

BIRTH NO. **101- 59-066670**

1. PLACE OF BIRTH		3. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. County Bibb	b. Beat No. 5	a. State Alabama	b. County Bibb
4. City (If outside city or town limits, write RURAL) Or Town Centerville 04026		5. City (If outside city or town limits, write RURAL) Or Town Centerville d. Beat No. 5	
6. Full Name (If NOT in hospital or institution, give street address or location)		7. Street Address (If rural, give location) 04026	
8. CHILD'S NAME (Type or print)			
a. (First) Shellie		b. (Middle) Ann	
c. (Last) Hogue		d. (Last) Gale	
9. Sex F	10. This Birth Single (X) Twin () Triplet ()	11. If Twin Or Triplet (This child born) 1st () 2nd () 3rd ()	
12. Date of Birth 11-13-59		13. Date of Birth 11-13-59	
FATHER OF CHILD			
14. Full Name			
a. (First) Shelby		b. (Middle) Hogue	
c. (Last) Gale		d. (Last) 200	
15. Age (At time of this birth) 25 Years	16. Birthplace (State or foreign country) Perry County Ala	17. Usual Occupation Sawmill	18. Kind of Business or Industry Lumber
MOTHER OF CHILD			
19. FULL MAIDEN NAME			
a. (First) Mary		b. (Middle) Belle	
c. (Last) Preston		d. (Last) Preston	
20. Age (At time of this birth) 19 Years	21. Birthplace (State or foreign country) Perry County Ala	22. Children Previously Born To This Mother (Do NOT include this child)	
23. INFORMANT (Signature or Name) Mary Belle Preston Gale Hogue		a. How many OTHER children are now living? 6	b. How many OTHER children were born alive but are now dead? 6
c. How many children were stillborn (born dead) after 20 weeks pregnancy? 0			
24. I hereby certify this child was born alive on the date stated above.		25. Signature of Attendant <i>Mattie Shetton</i>	26. Attendant at Birth M.D. () Midwife (X)
27. Address Rt2 Box 8 Centerville, Alabama		28. Date Signed 3 11-30-59	
29. Date Rec'd by Local Reg. 12-2-59	30. Registrar's Signature <i>J.R. L...</i>		

CORRECTED BY PARENT
DATE **8-18-60**

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-491-357-4

Nicole H. Rushing

Nicole Henderson Rushing
State Registrar of Vital Statistics

November 23, 2021

ALABAMA

Center for Health Statistics

CERTIFICATE OF LIVE BIRTH STATE OF ALABAMA

BIRTH NO. **10152-013974**

THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL REGISTRAR WITHIN FIVE DAYS AFTER BIRTH

369

SEE OTHER

FILL IN WITH A TYPE-WRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR RED INK.

ATTENDANT MUST SIGN PERSONALLY.

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

1. PLACE OF BIRTH a. County Dallas 24023 b. Seat No. 36		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State Alabama 5308 County Parry	
c. City (If outside city or town limits, write RURAL) Or Town Selma		c. City (If outside city or town limits, write RURAL) Or Town Sprotts d. Seat No.	
d. Full Name of (If NOT in hospital or institution, give street address or location) Hospital Or Institution Good Samaritan Hospital		e. Street Address (If rural, give location) Rt. 1 Box 21	
3. CHILD'S NAME (Type or print) a. (First) Michael b. (Middle) Louis c. (Last) Jemison			
4. Sex M.	5a. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If Twin Or Triplet (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5. Date Of Birth (Month) (Day) (Year) March 25, 1952
FATHER OF CHILD			
7. Full Name a. (First) Edmond b. (Middle) c. (Last) 525		8. Color Or Race Col.	
9. Age (At time of this birth) 40 Years	10. Birthplace (State or foreign country) Alabama	11a. Usual Occupation Laborer	11b. Kind of Business or Industry
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Rosa b. (Middle) c. (Last) Thomas		13. Color Or Race Col.	
14. Age (At time of this birth) 35 Years	15. Birthplace (State or foreign country) Alabama	16. Children Previously Born To This Mother (Do NOT include this child) a. How many OTHER children are now living? 10 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT (Signature or Name) Rosa Jemison			
I hereby certify that this child was born alive on the date stated above.		18a. Signature of Attendant R. Schmitt - Jemison 4/19	18b. Attendant at Birth M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
		18c. Address Selma, Ala.	18d. Date Signed 3/29/52
19. Date Rec'd by Local Reg. 4-2-52	20. Registrar's Signature J. H. Mackin		21. Date on Which Given Name Added By (Registrar)

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-491-358-2

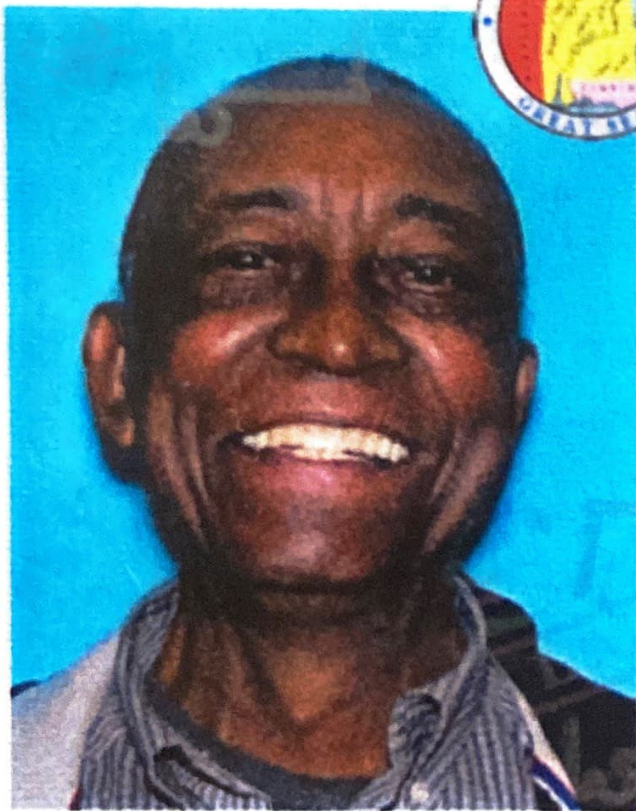
Nicole H. Rushing

Nicole Henderson Rushing
State Registrar of Vital Statistics



DRIVER LICENSE

ALABAMA



NO. 10348530

CLASS DV

D.O.B. 03-25-1952

EXP 11-24-2025

MICHAEL LOUIS JEMISON

RR 1 BOX 23
SPROTT AL 36756-6215

ENDORSEMENTS

REST A

ISS 11-24-2021

SEX M

HT 5-08

EYES BRO

WT 150

HAIR BLK

Michael Jemison

Secretary Hal Taylor
Secretary of Law Enforcement



VETERAN



USA

MISSOURI



Wayne Wallingford
Director of Revenue

DRIVER LICENSE



9 CLASS **F**

4b EXP **11/13/2028**

4d DL NO. **T981339971**

3 DOB **11/13/1959**

1 **JEMISON**

2 **SHELLIE ANN**

8 **4409 NW 65TH CT
KANSAS CITY, MO 64151**

9a END **NONE**

12 RESTRICTIONS **AY**

15 SEX **F**

17 WGT **155 lb**

16 HGT **5'-04"**

18 EYES **BRO**

4a ISS **01/24/2023**



DONOR



Shellie Ann Jemison

5 DD **231690240056**

11/13/59

1316

To be submitted

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

STATE OF ALABAMA

_____ PERRY 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: ML Jemison Properties LLC

2. NAME OF AFFIANT: Shelie Jemison

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):

- Cultivator Processor Integrated Facility State Testing Laboratory
 Dispensary

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

a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.

b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit. *(Attach a copy of the entity applicant's written authorization to this Affidavit.)*

c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.

d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

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.

§ 5 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.

§ 5 INITIAL HERE

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

§ 5 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.

§ 5 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.

§ 5 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.

§ 5 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.

§ 5 INITIAL HERE

Signature of Affiant
Acting for and on behalf of:

Alison Giverson

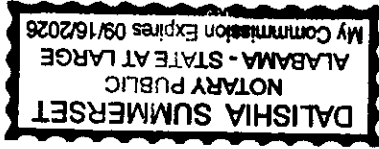
Applicant

Sworn to and subscribed before me on this 24 day of March, 2023.

Notary Public

[Signature]

My Commission Expires:



[SEAL]

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

STATE OF ALABAMA)

PERRY) 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: ML Jemison Properties LLC

2. NAME OF AFFIANT: Michael Jemison

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):

- Cultivator
 Processor
 Integrated Facility
 Dispensary
 Secure Transporter
 State Testing Laboratory

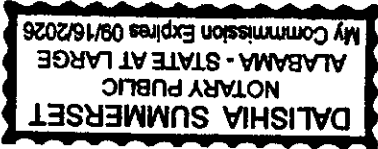
6. On behalf of the Applicant, I do hereby affirm under oath as follows:

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 ML

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 ML

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 ML

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



[SEAL]

My Commission Expires: _____

Notary Public

[Signature]

Sworn to and subscribed before me on this 24 day of March, 2023.

Applicant

Acting for and on behalf of:

Signature of Affiant

[Signature]

mt 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.

mt 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.

mt 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.

mt 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.

mt INITIAL HERE

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

mt 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.

mt INITIAL HERE

d. I 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.