



Review

Application Form Redacted (Ala. Code § 36-12-40(Personal Security))

Selected Account: MedShop Dispensary LLC

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

Your reference code is **1705**.

File Date : **04/12/2023 12:43 PM**

Your transaction ID is : **91107696**

Transaction Token: **dee32be5-dc29-4c53-8461-70dbf78cb7c7**

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

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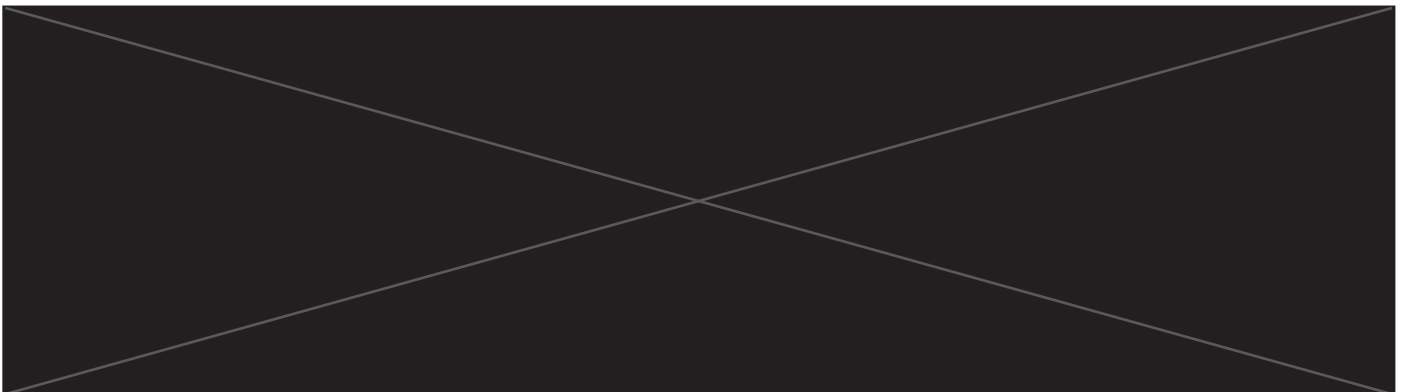
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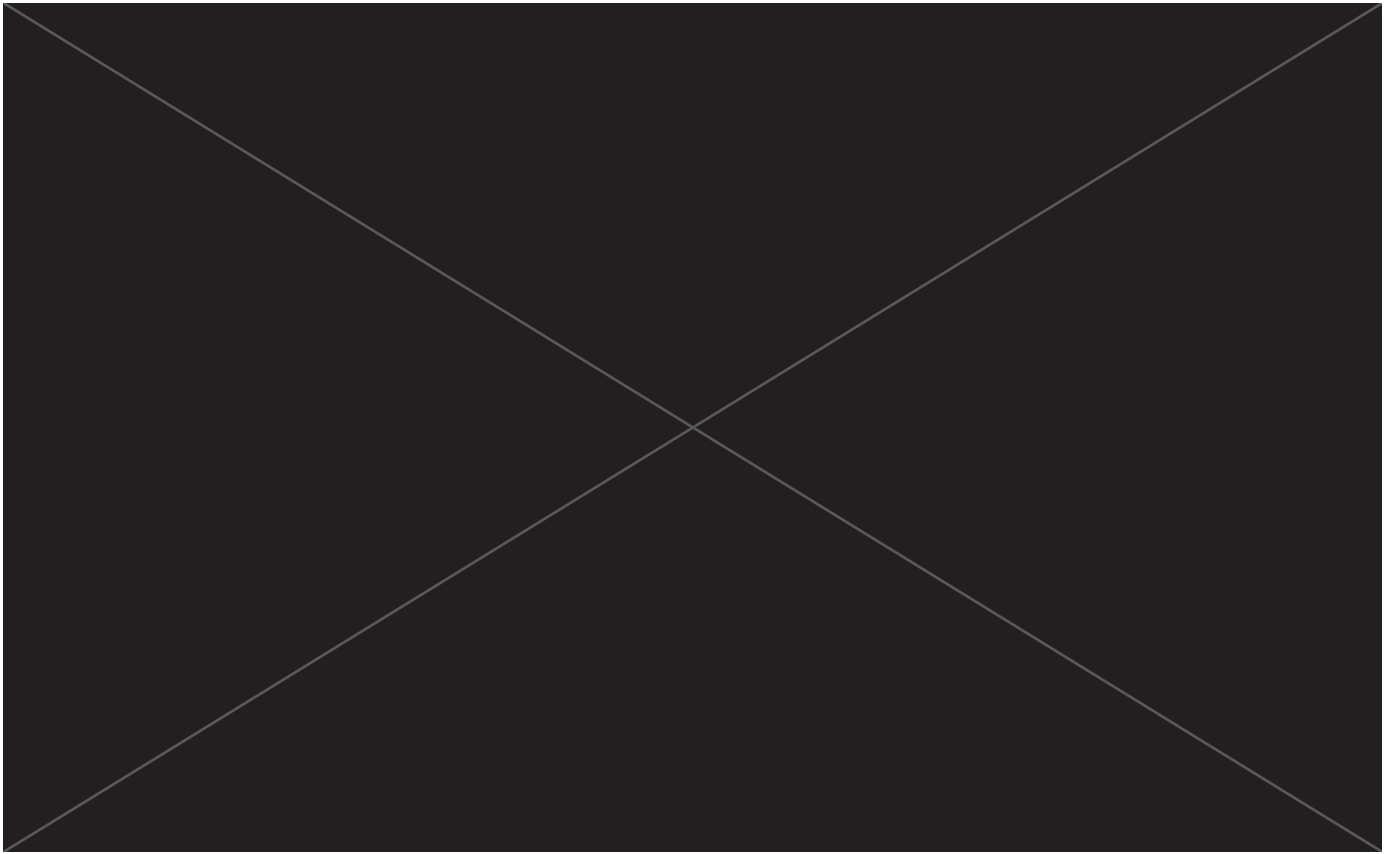
Exhibit 1 – Resume or CV of Owners

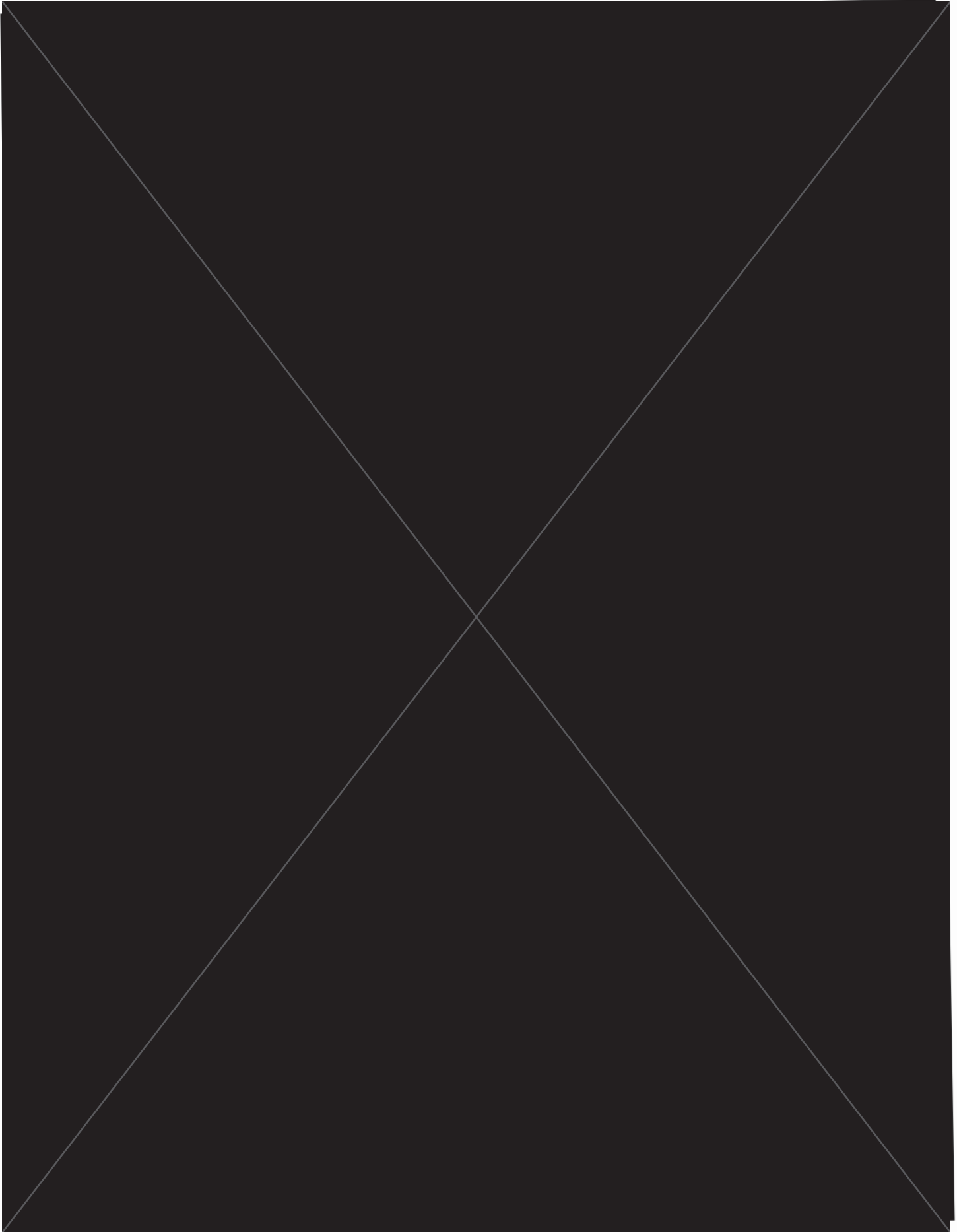
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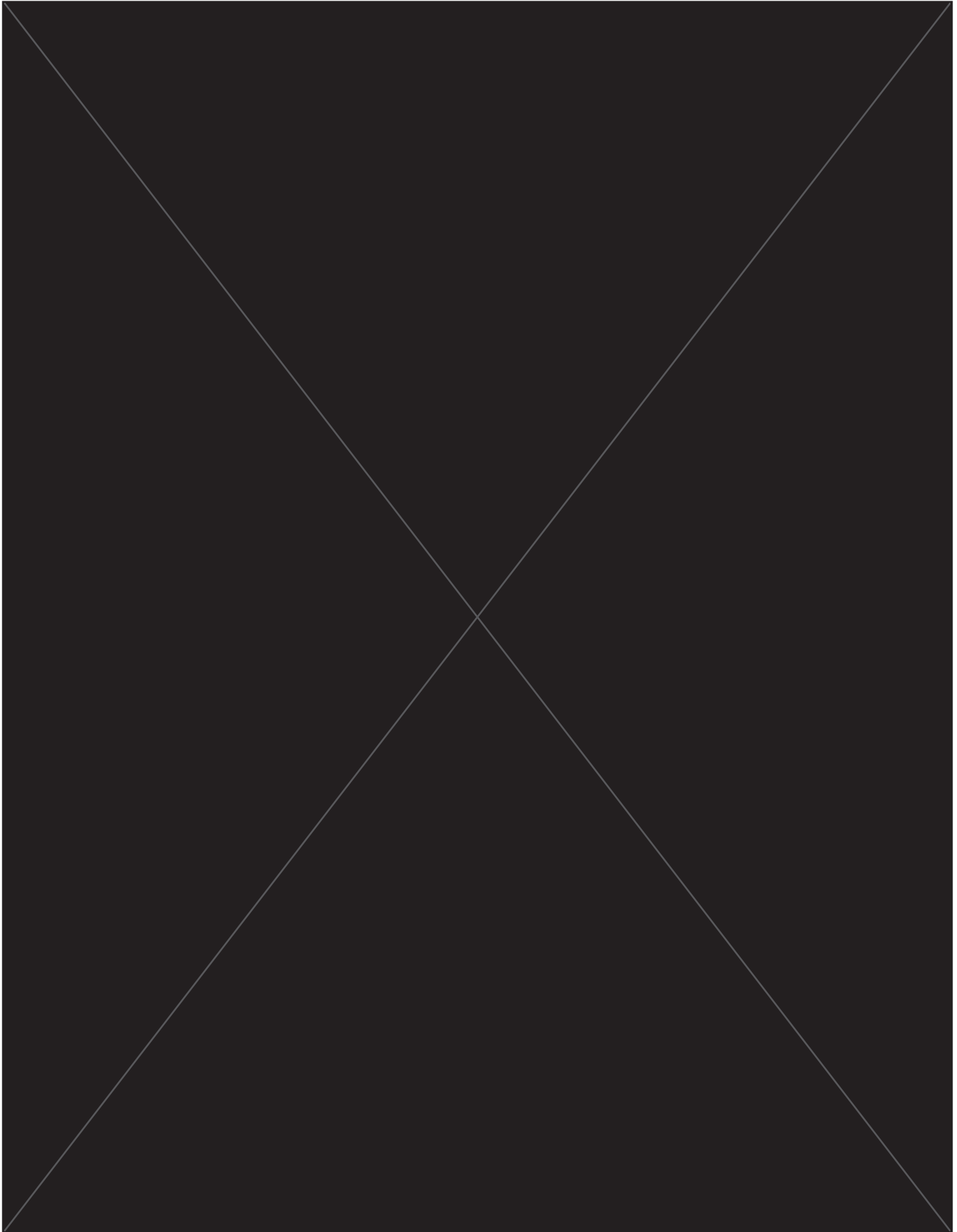
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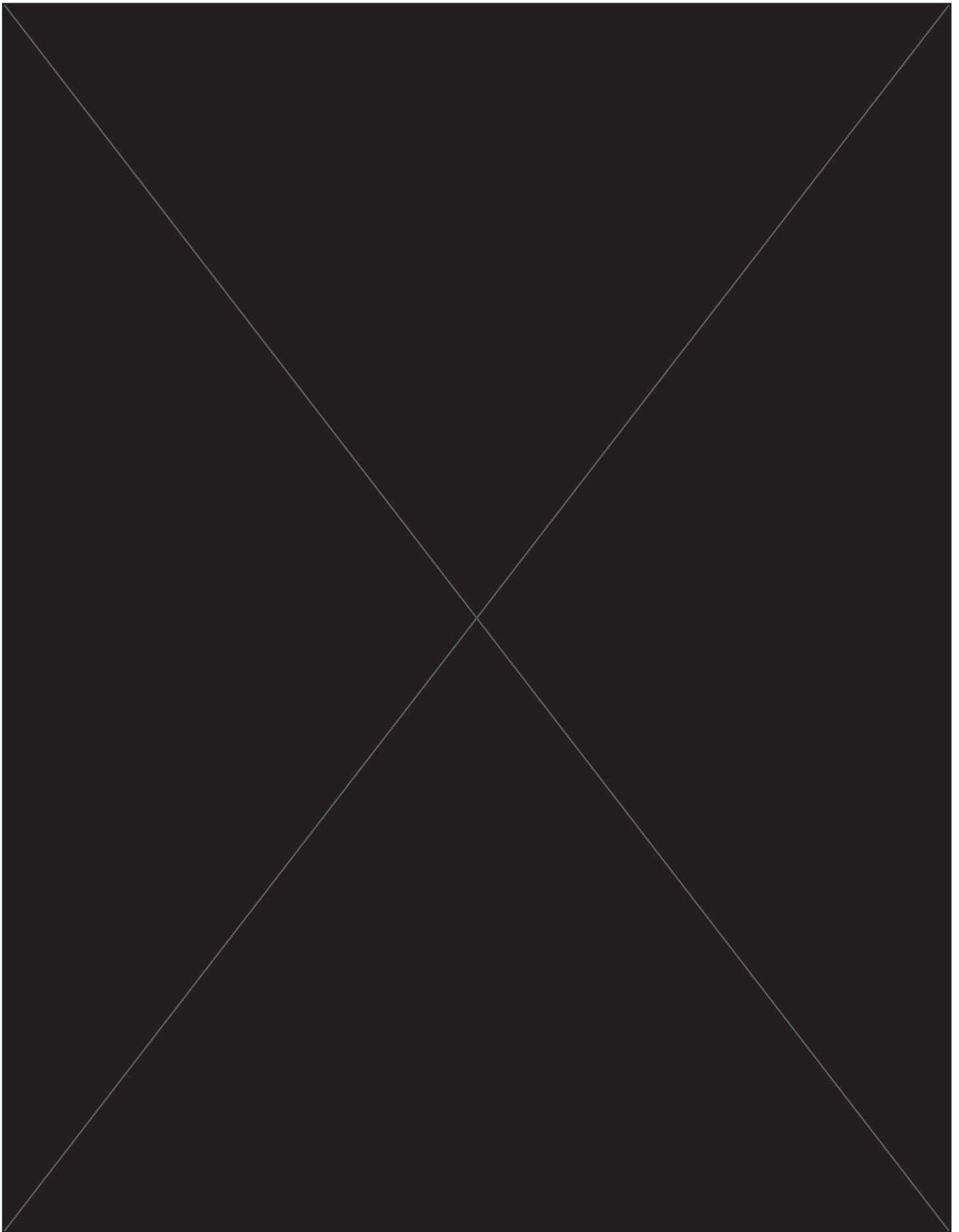
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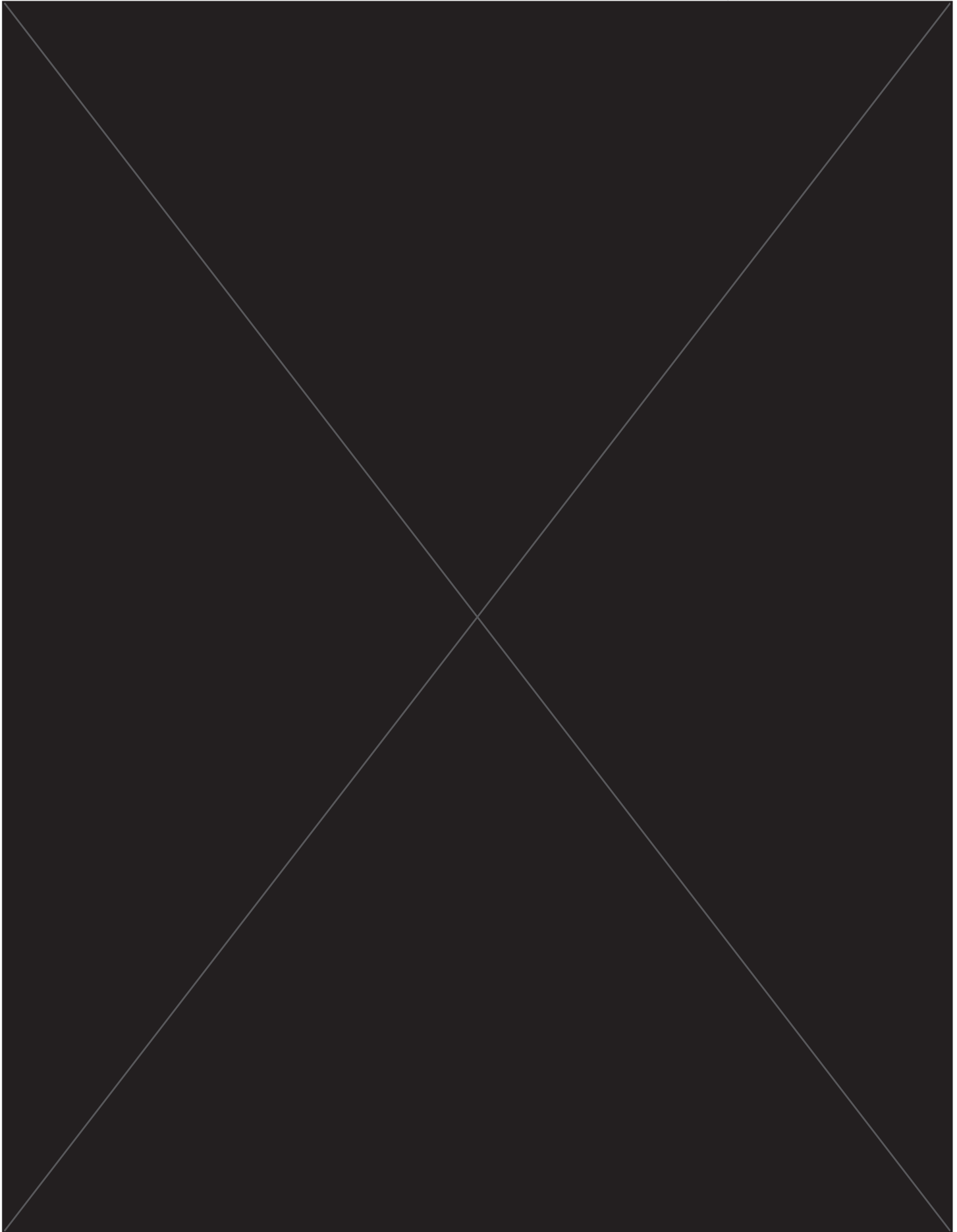


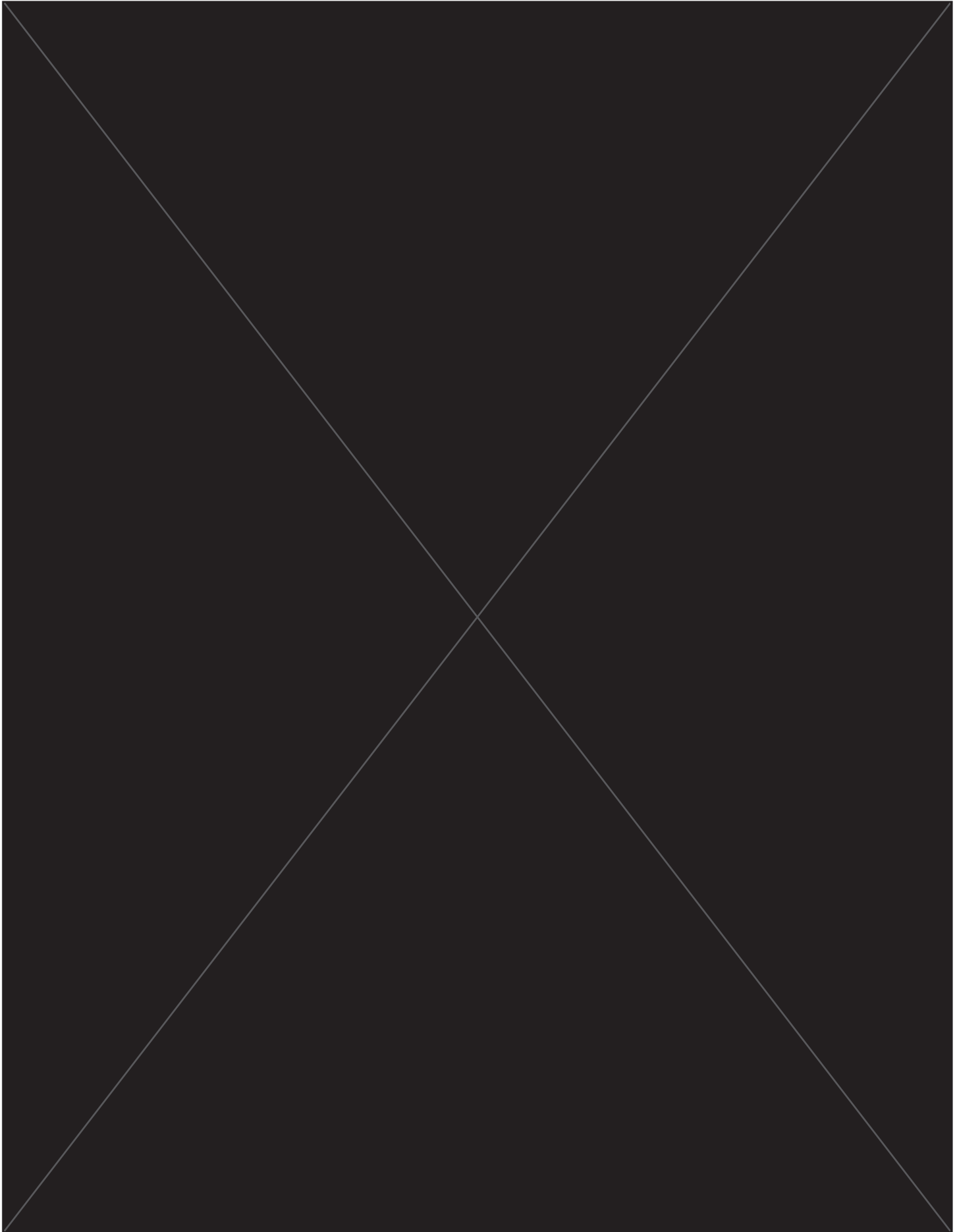


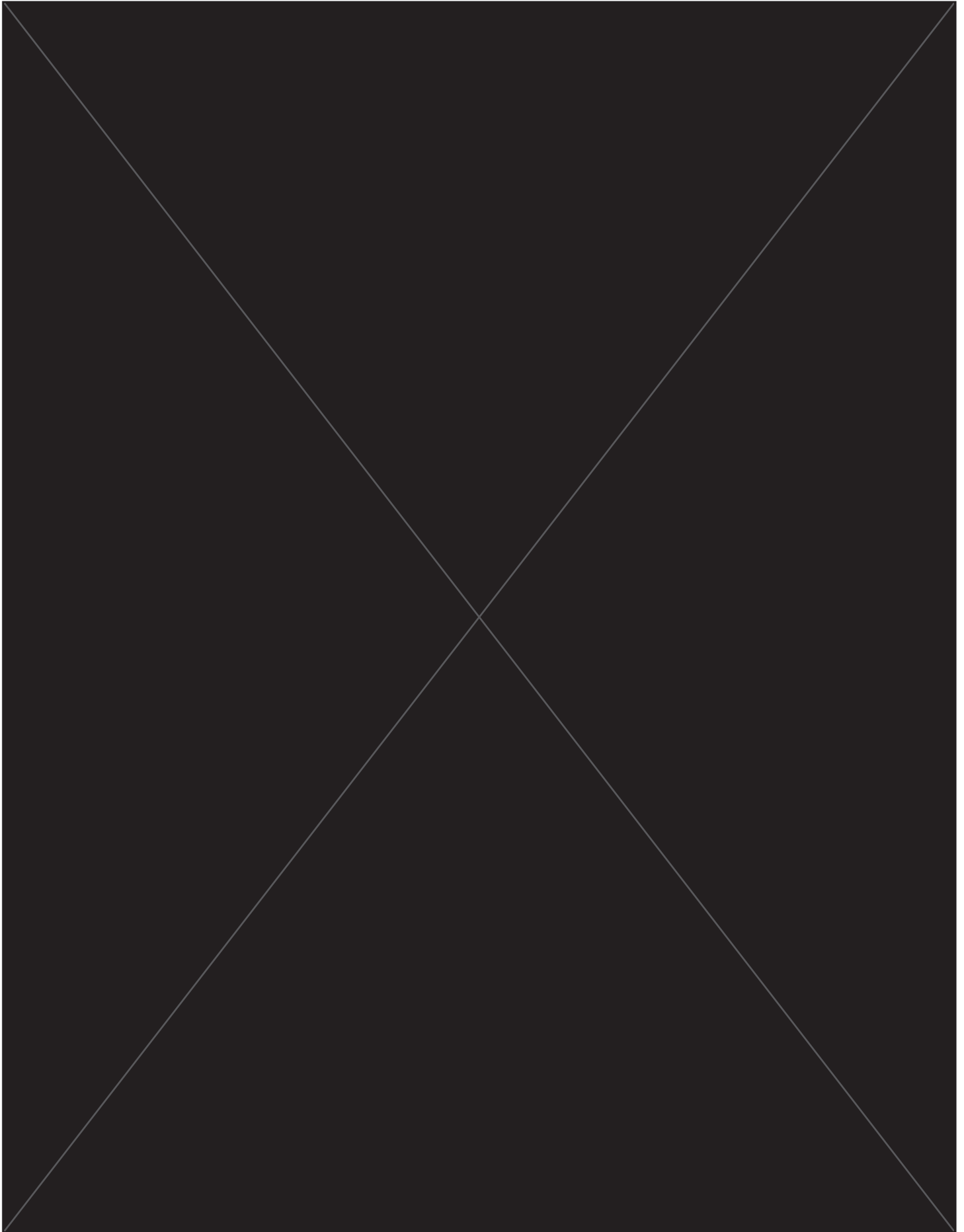


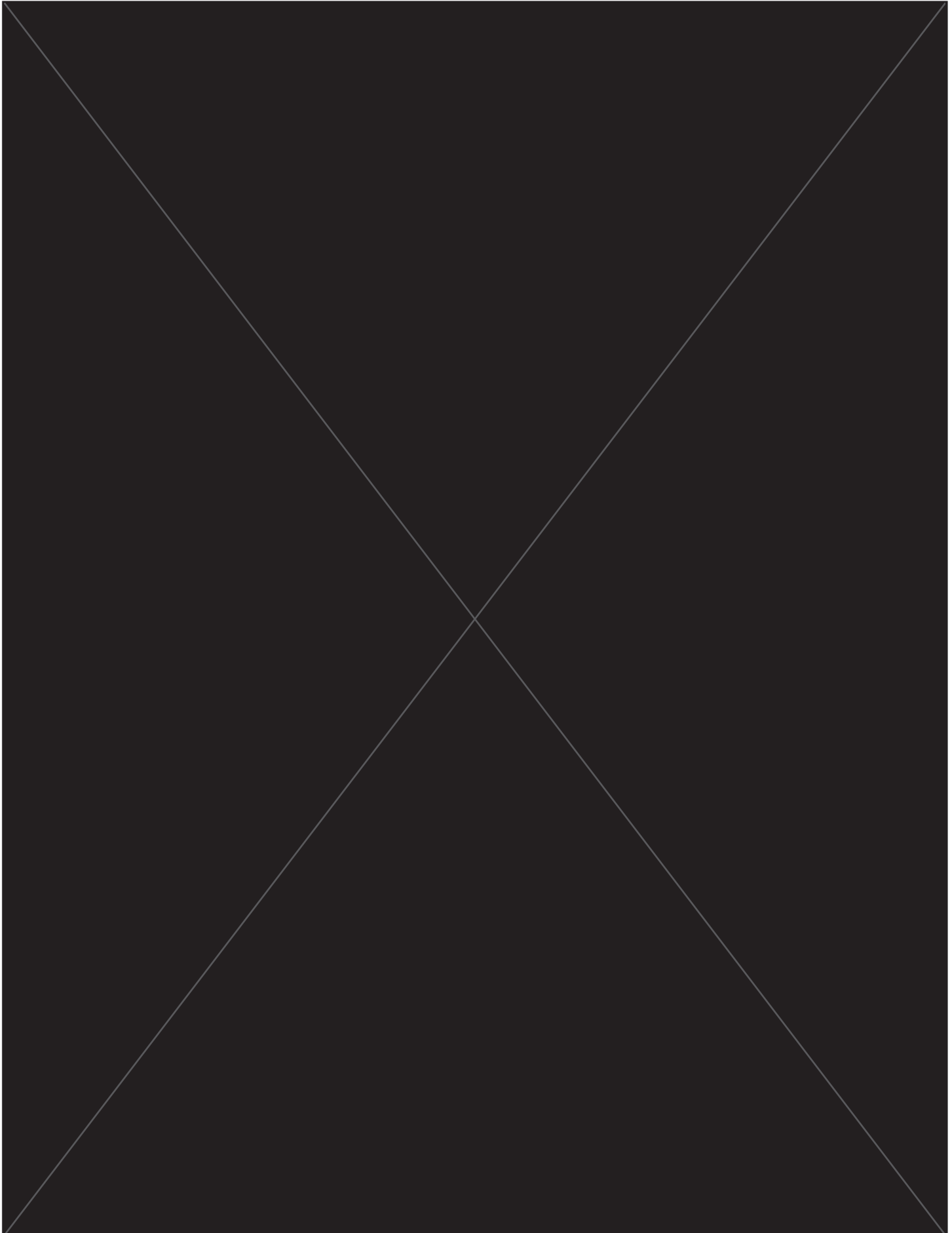


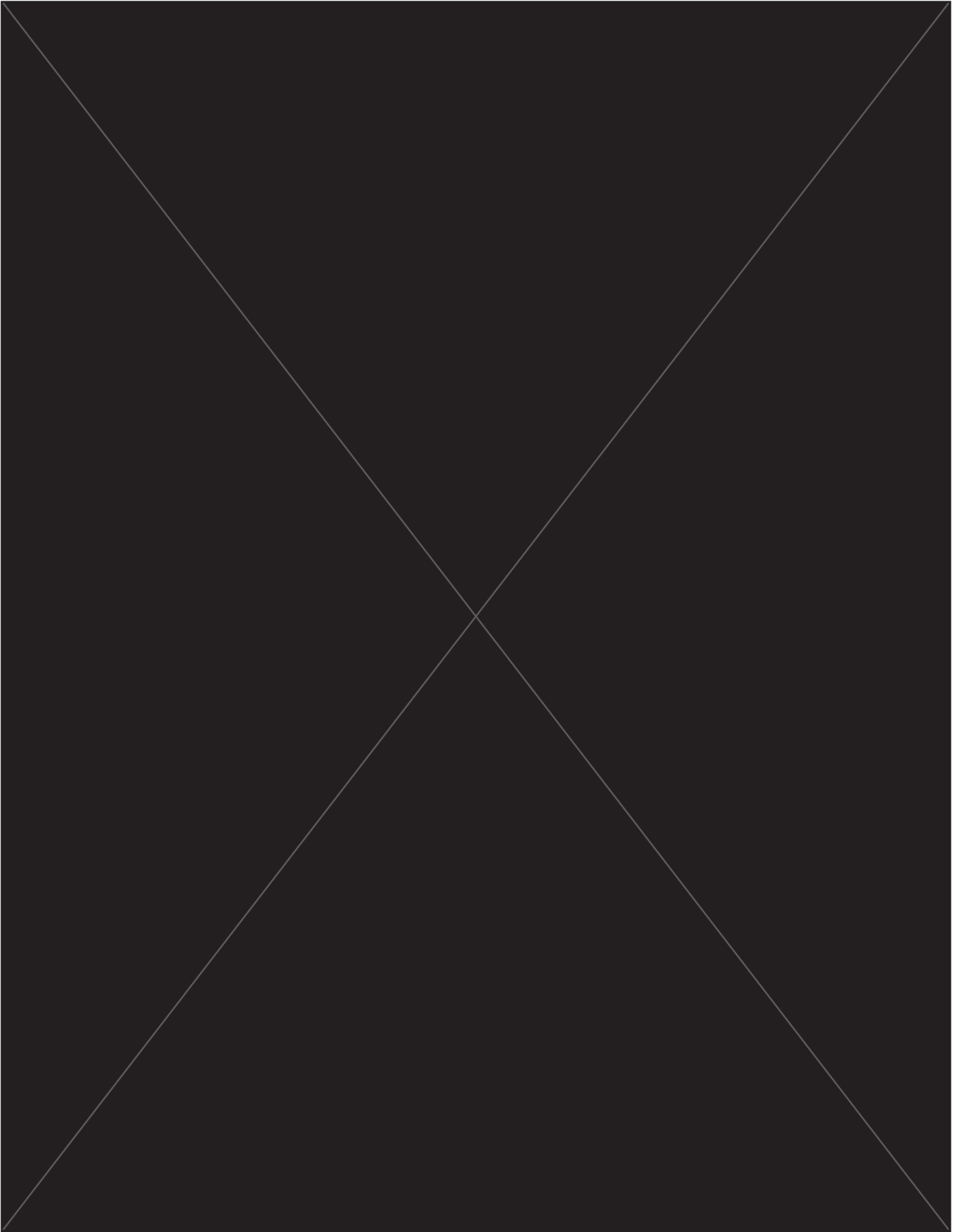


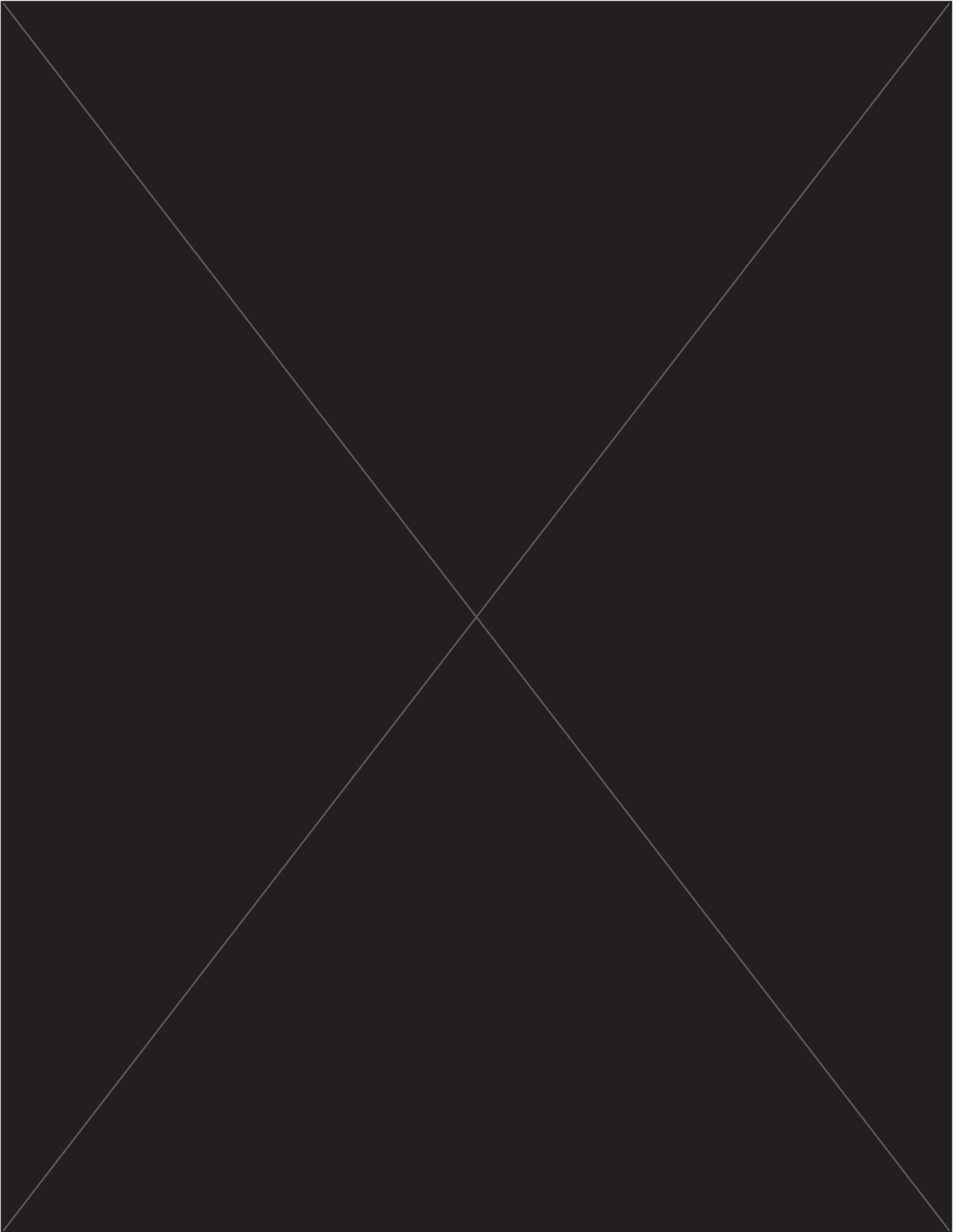


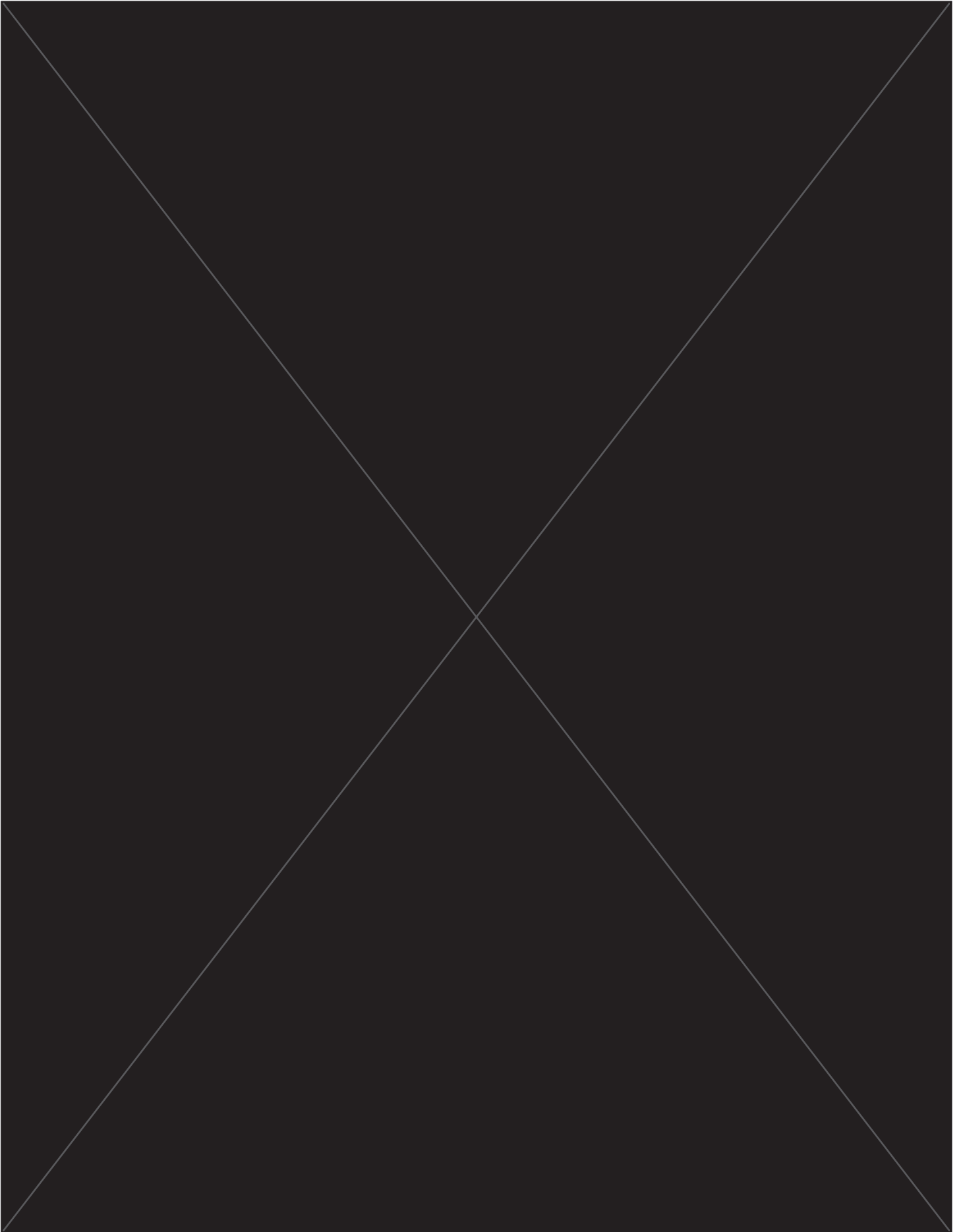


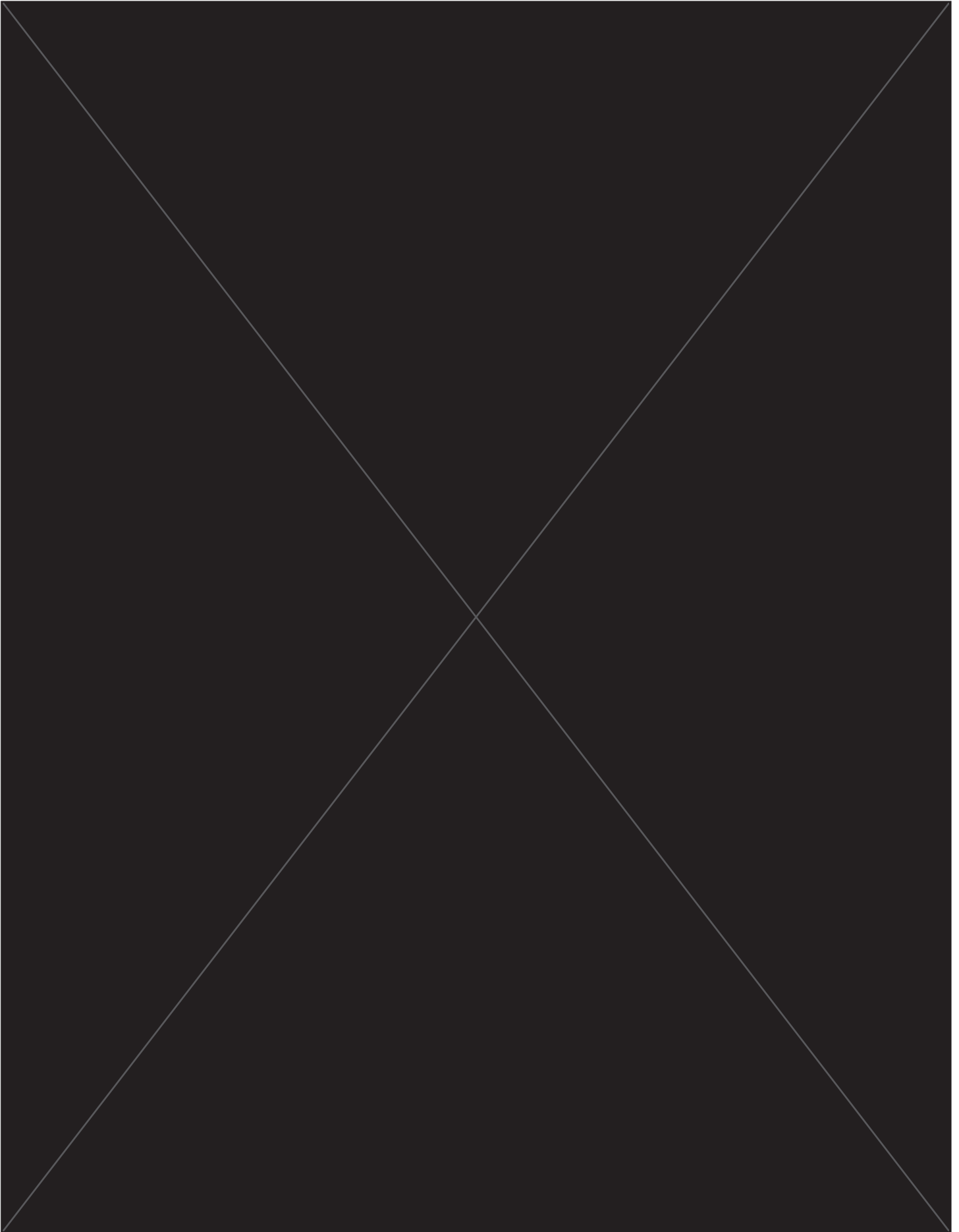


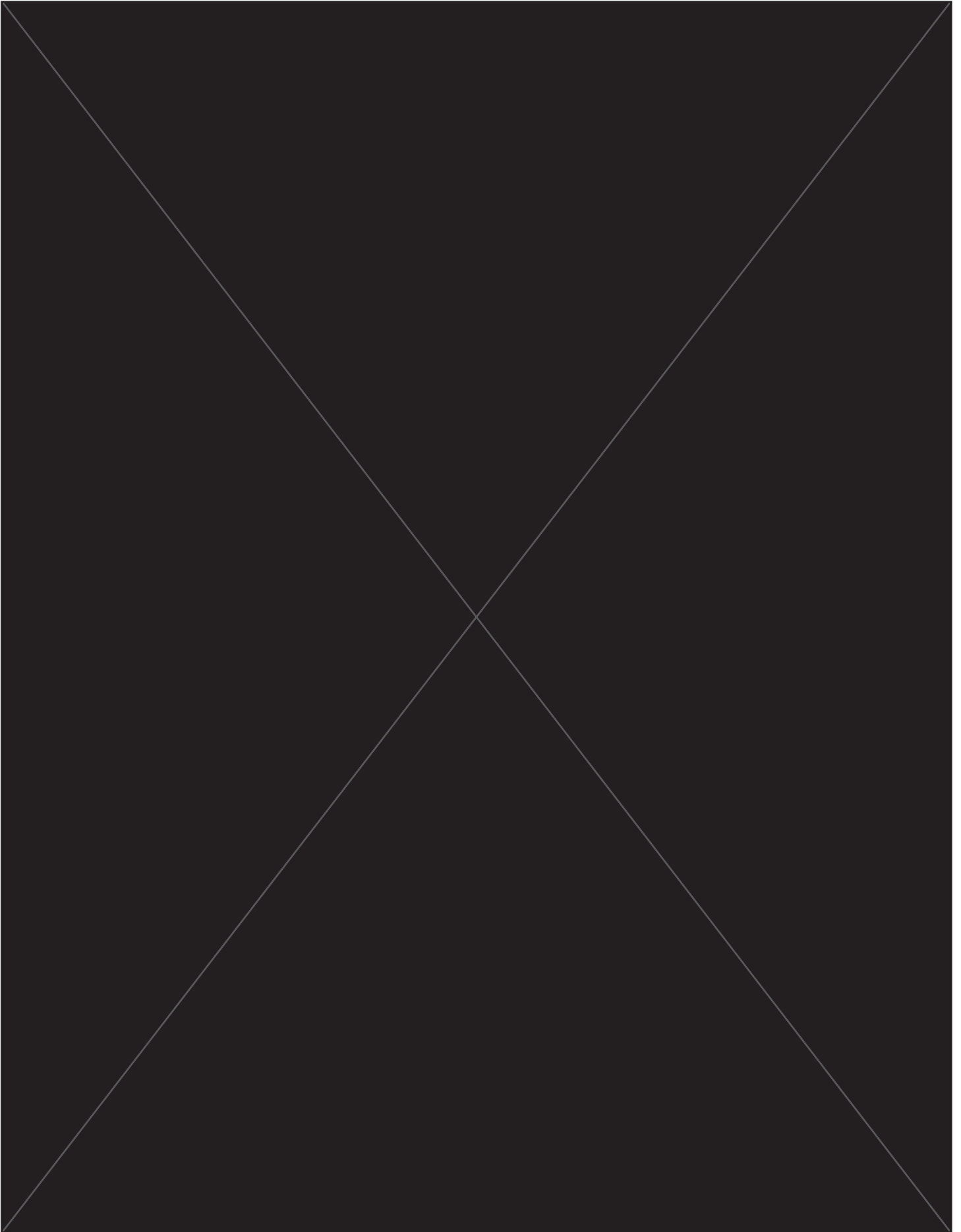


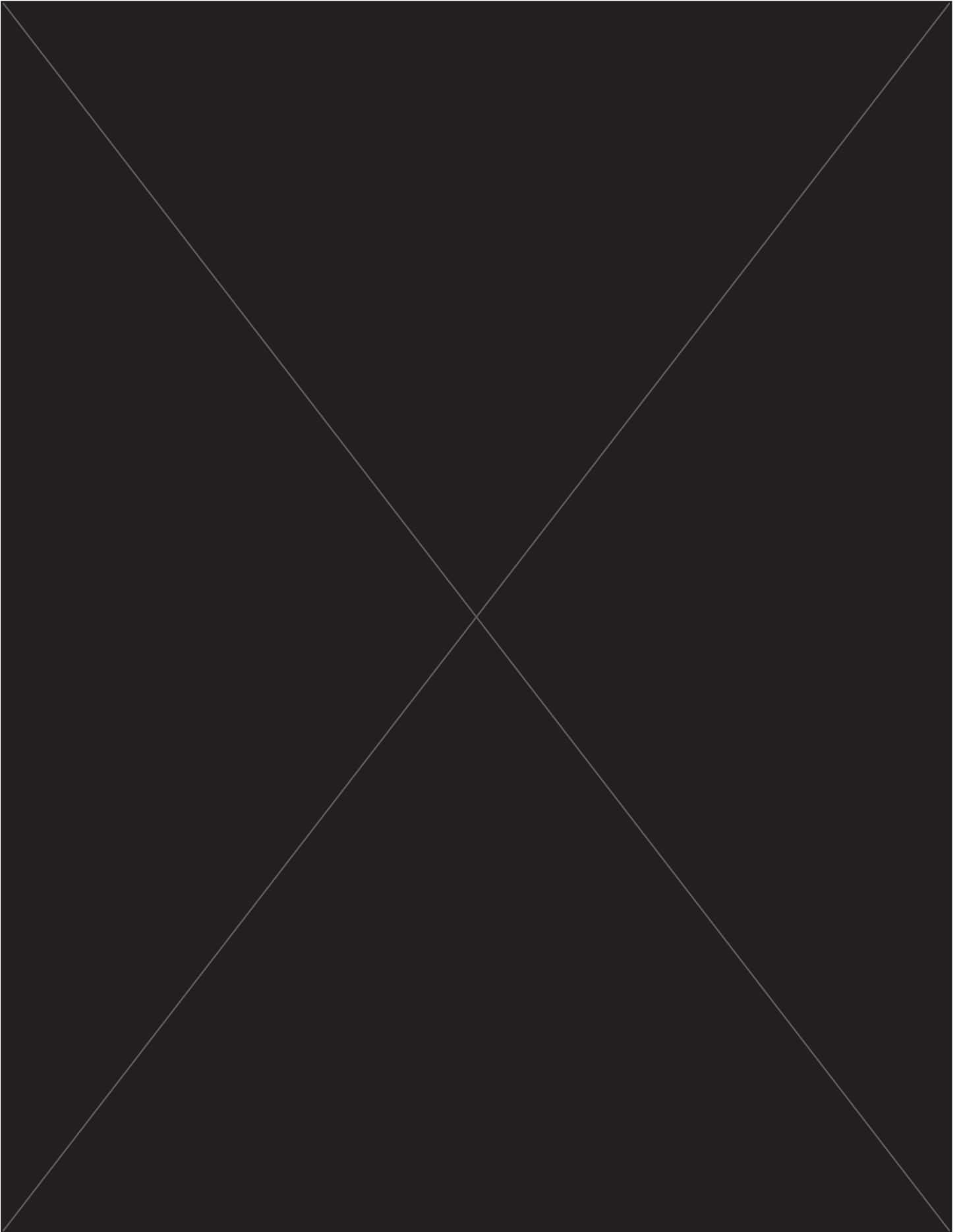


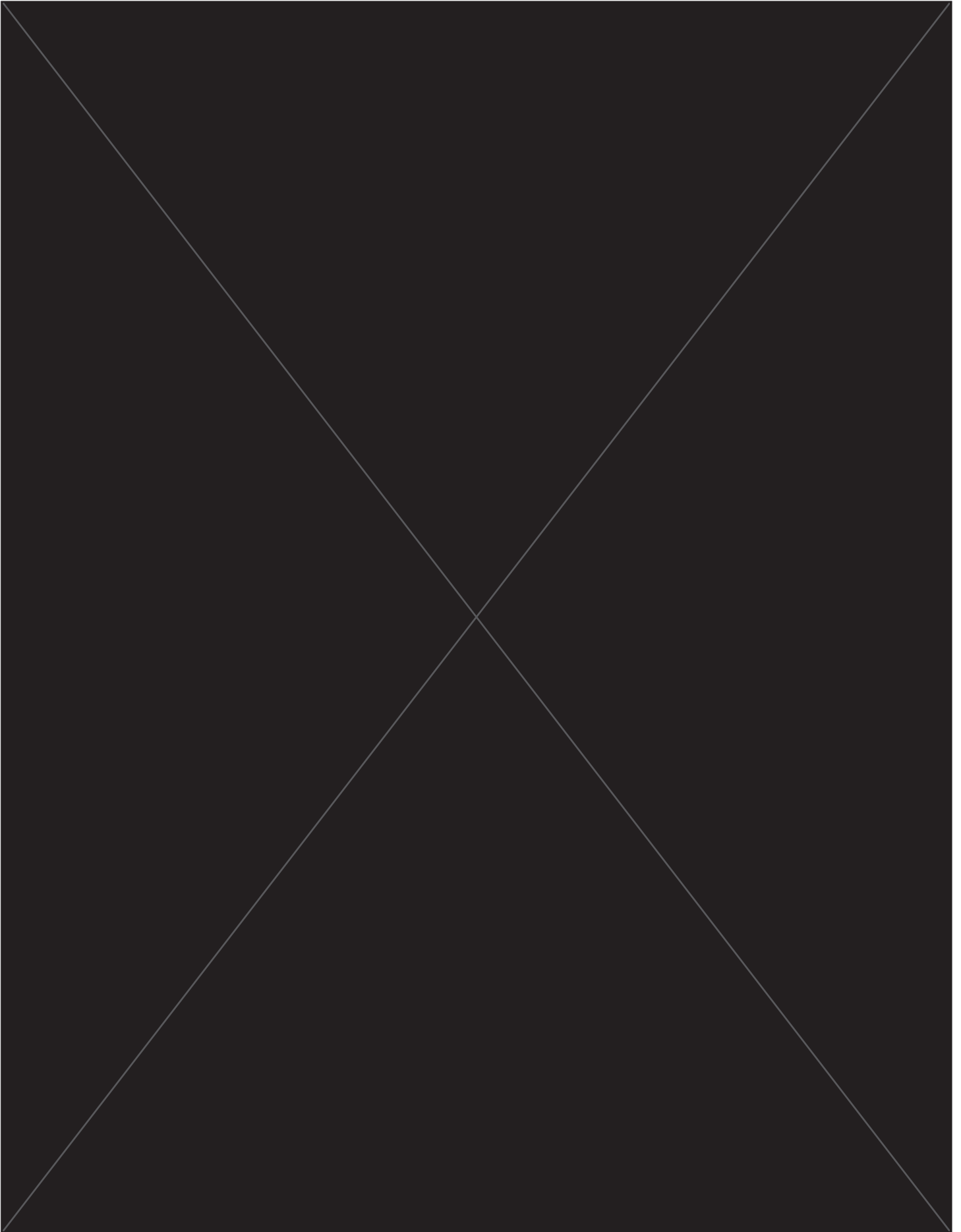


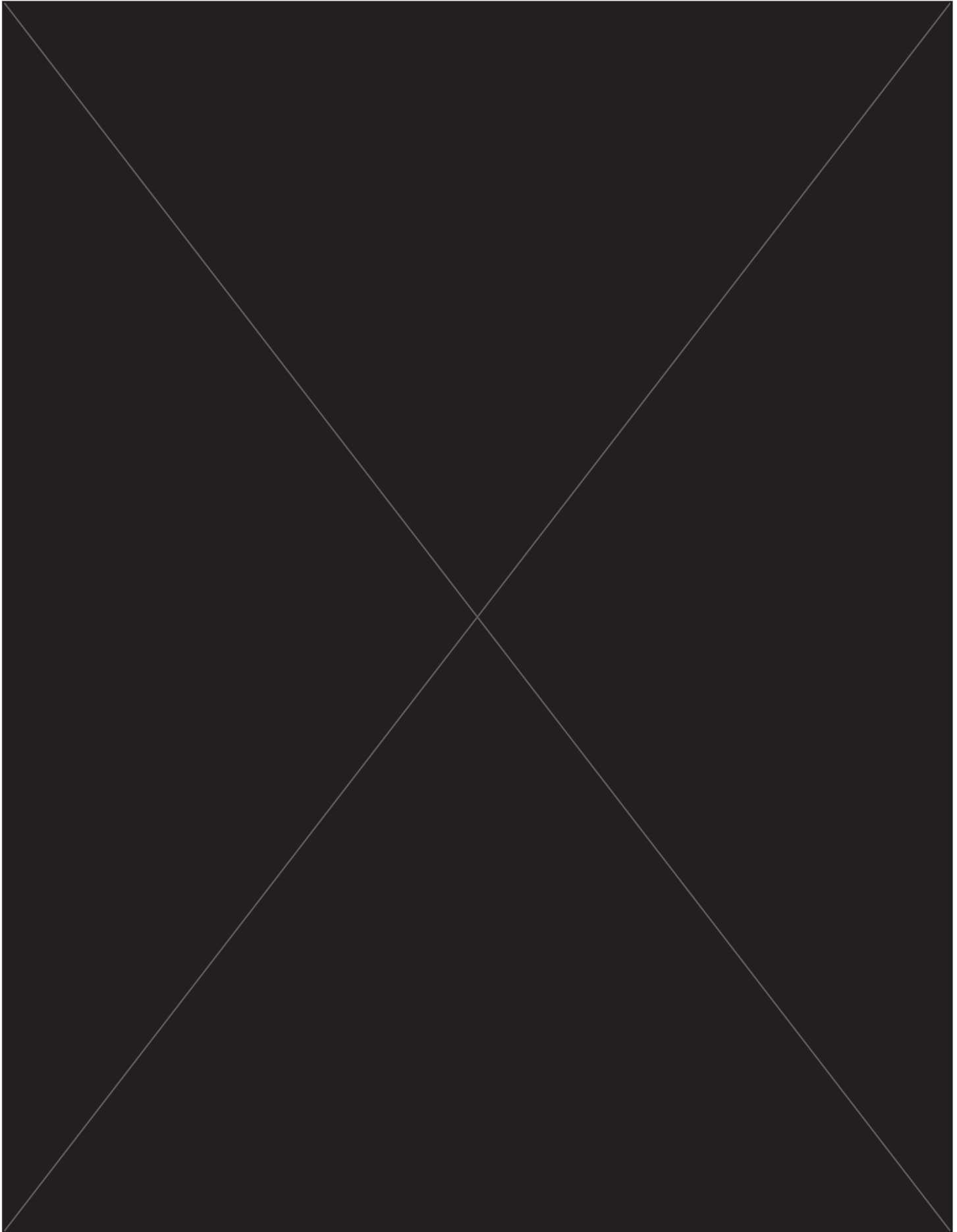


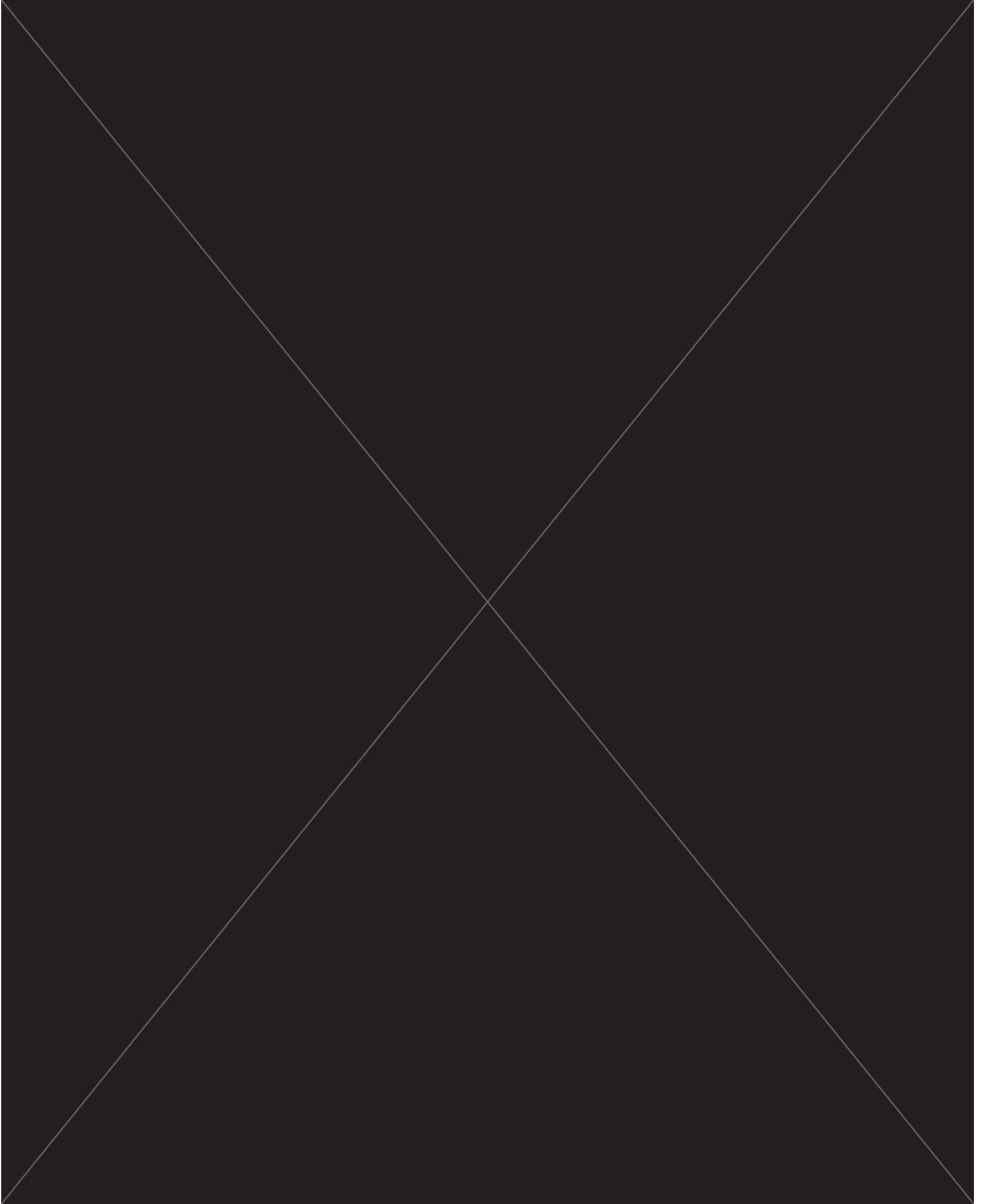


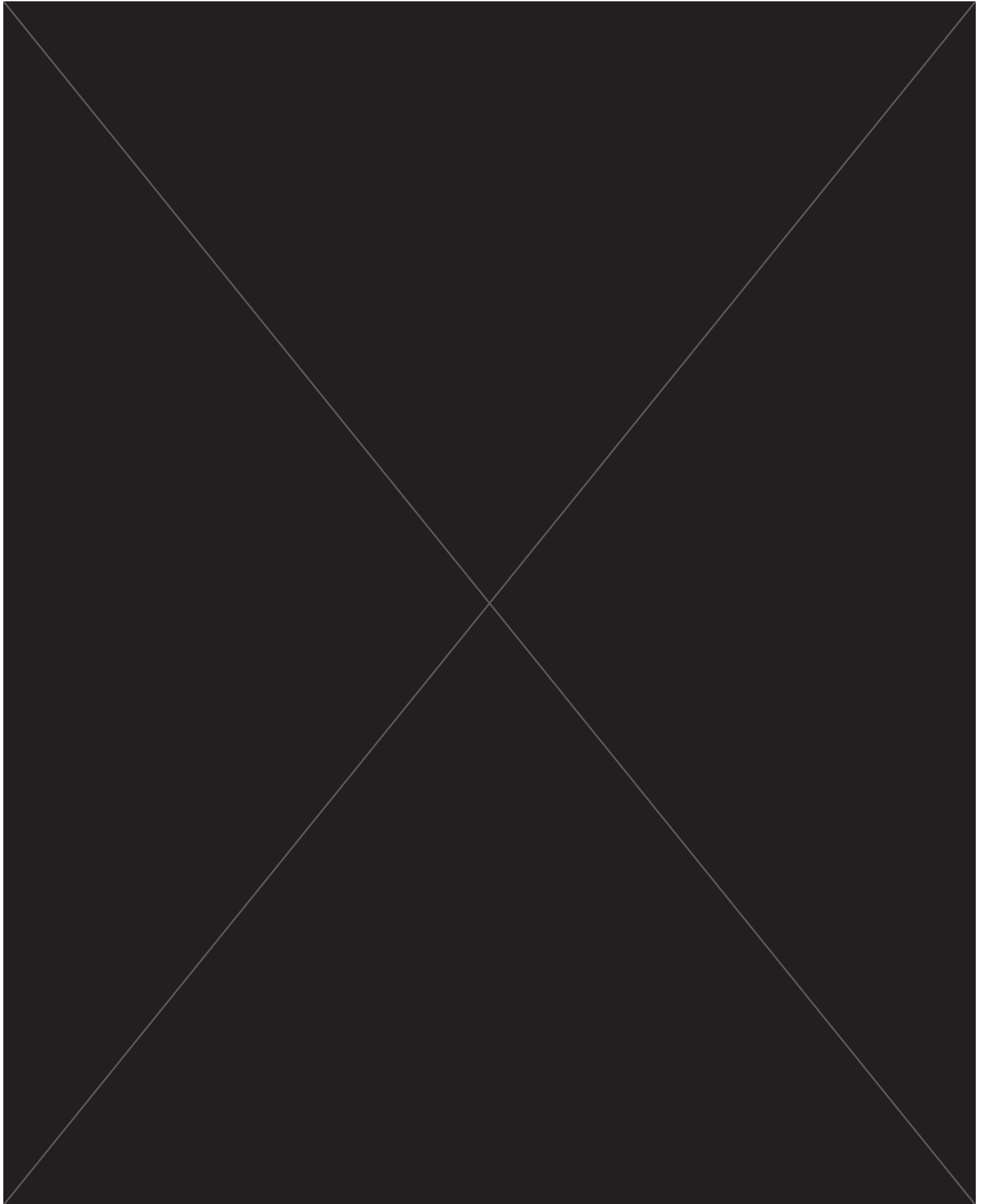


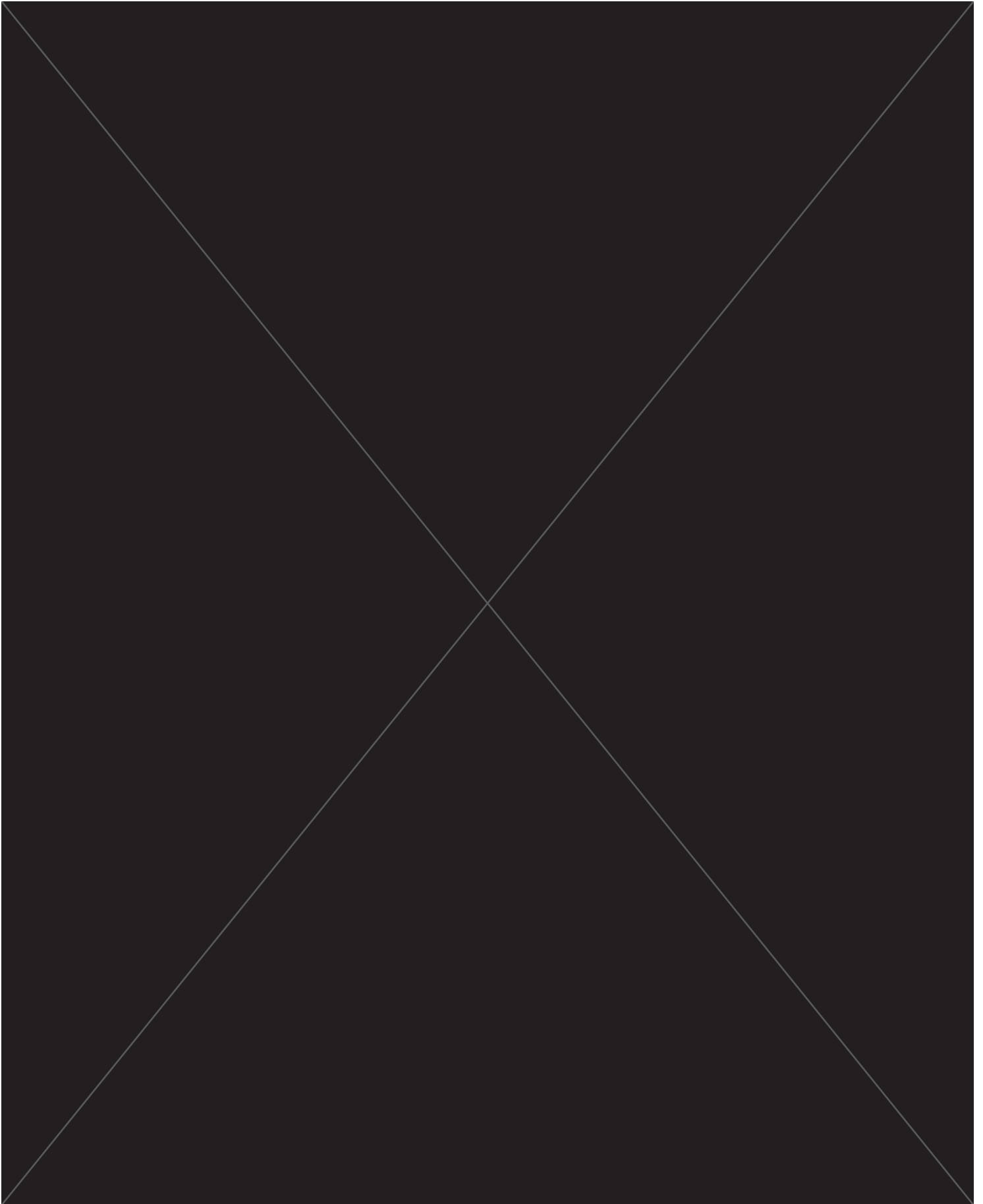


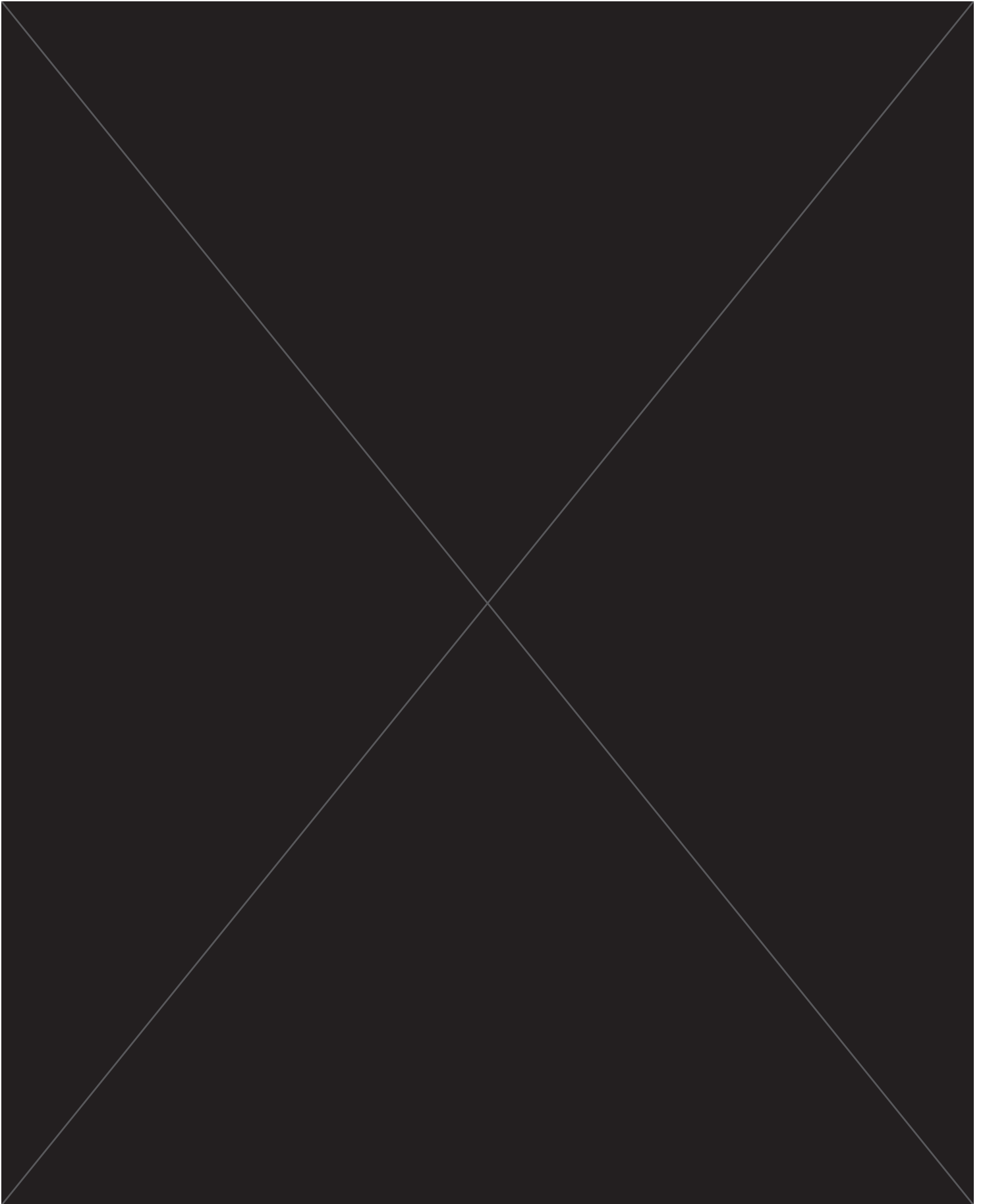


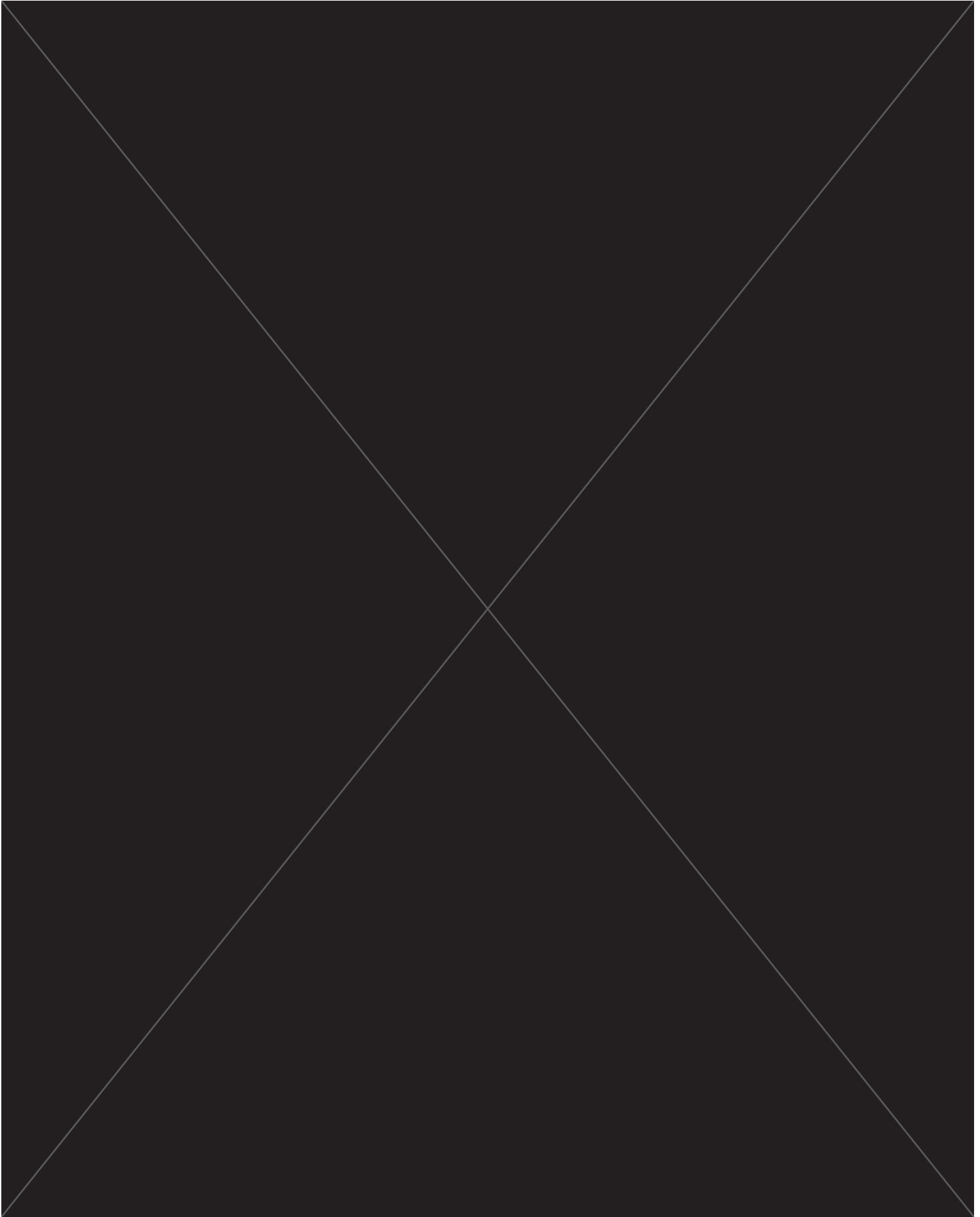


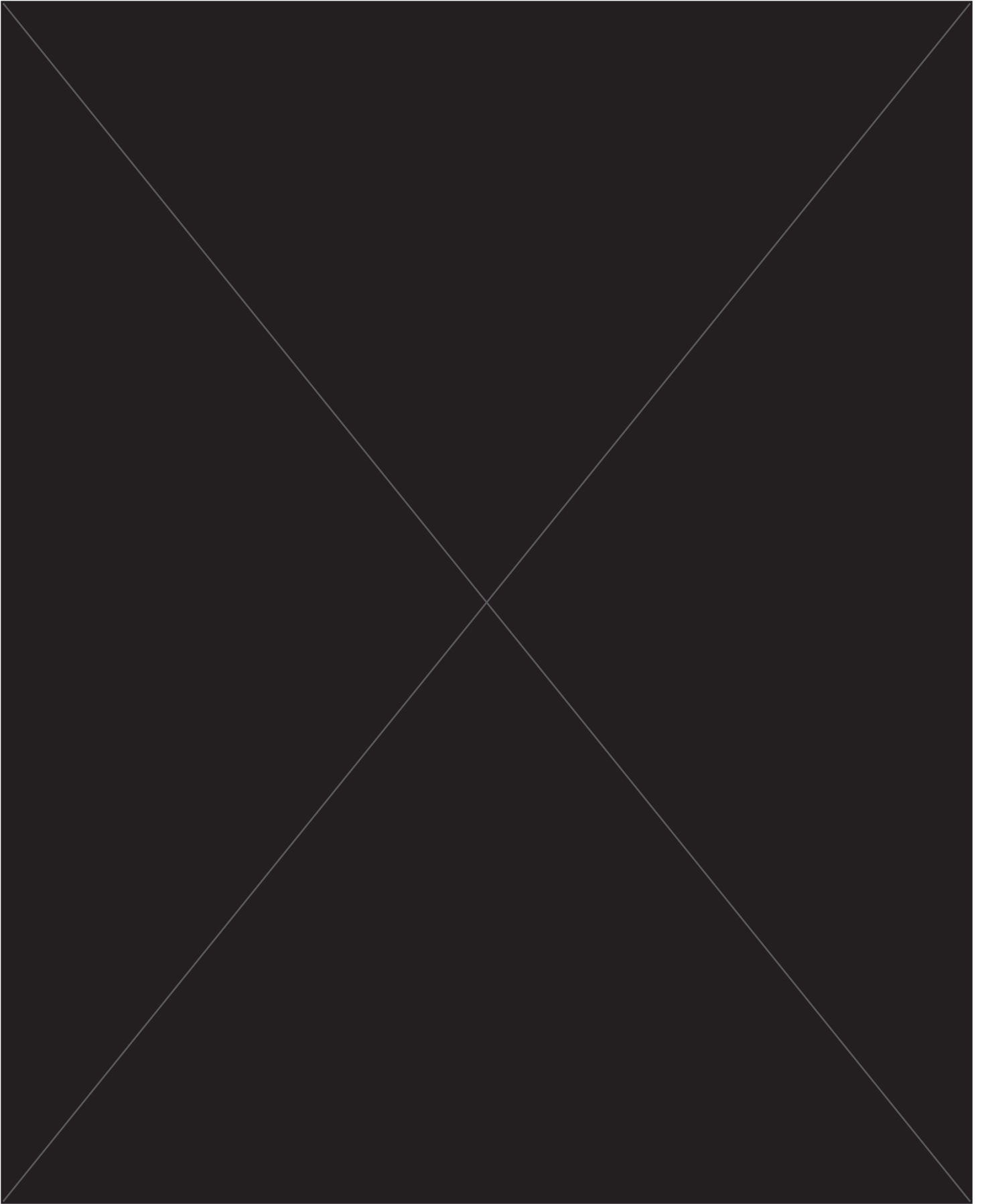


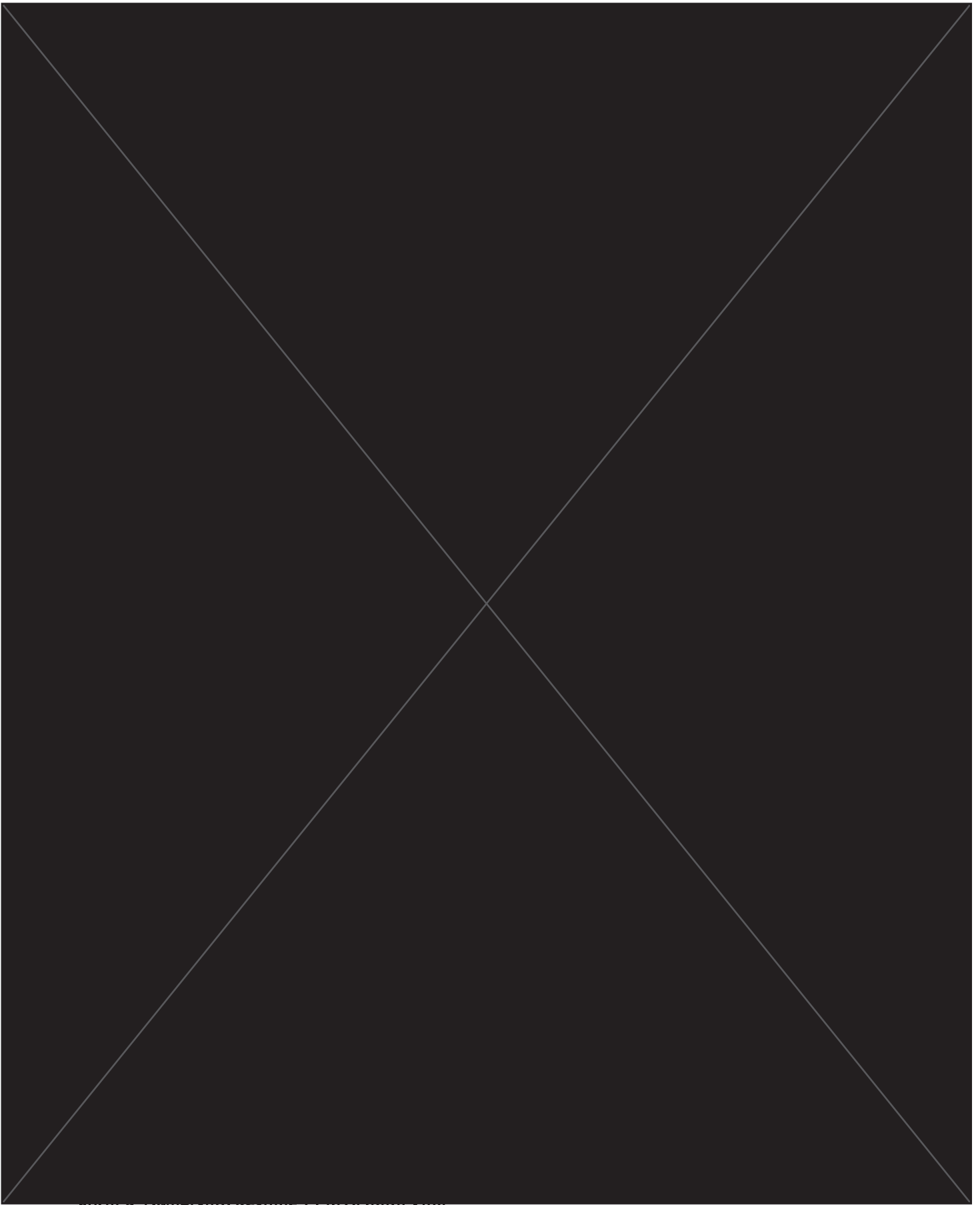




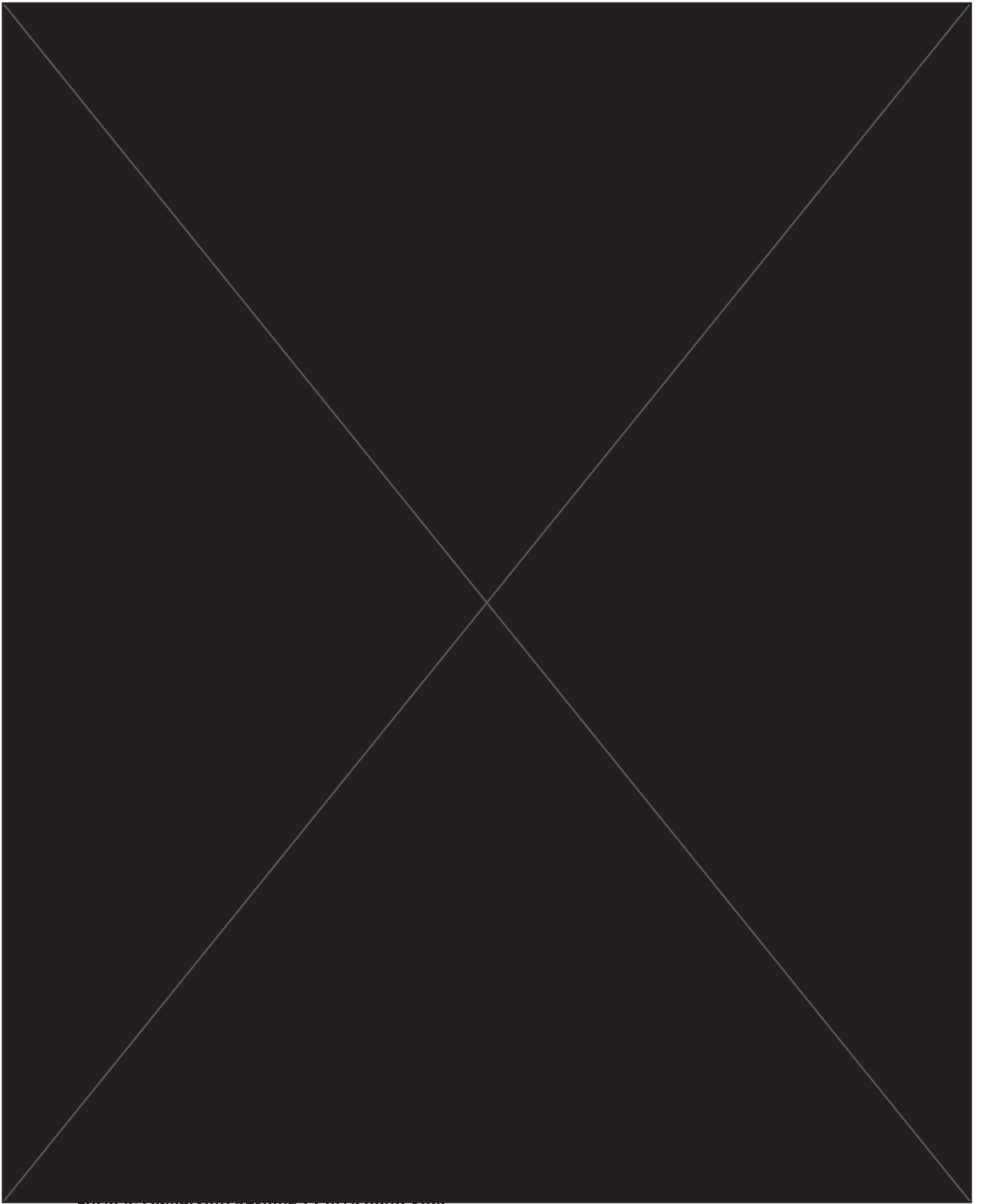


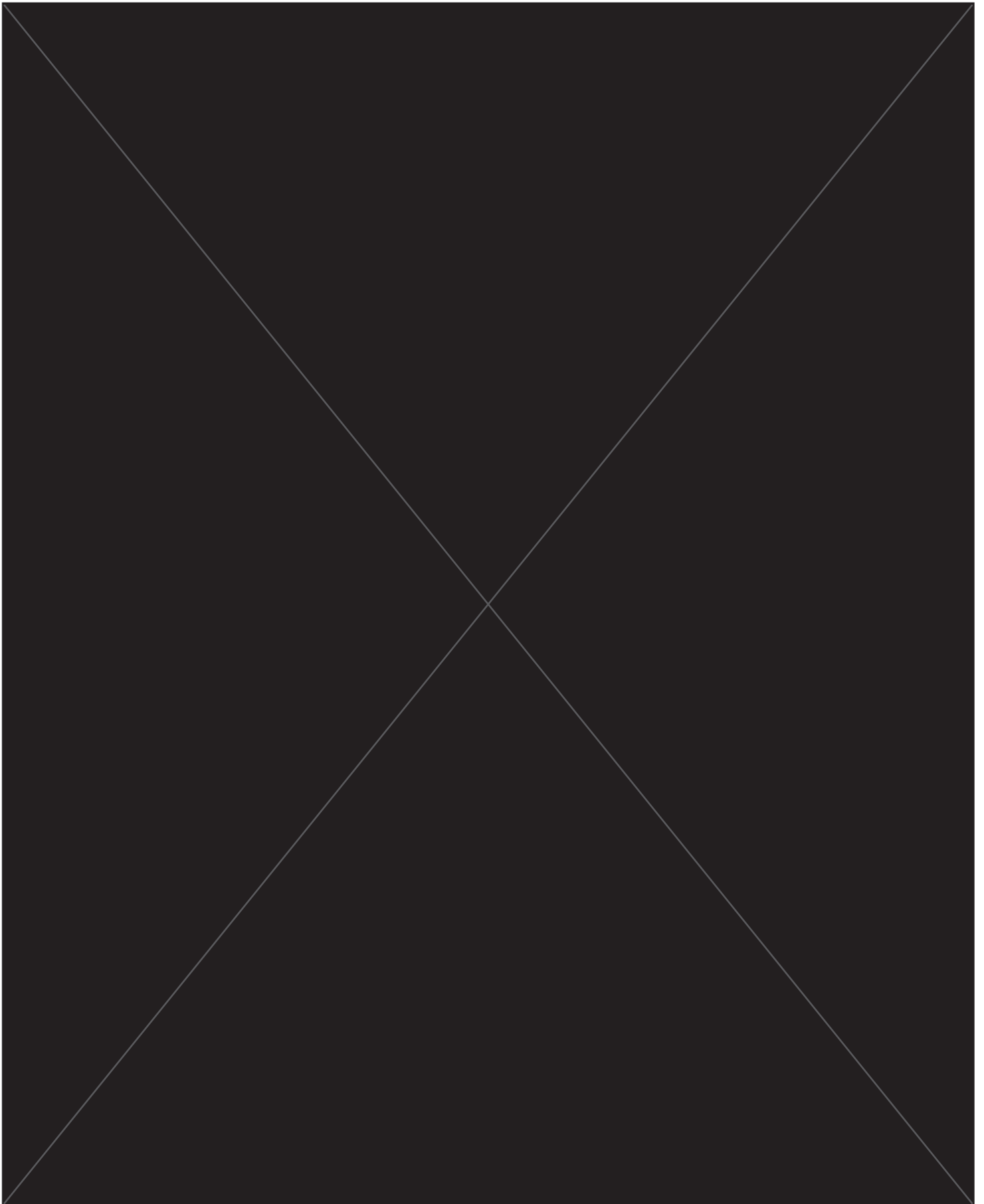


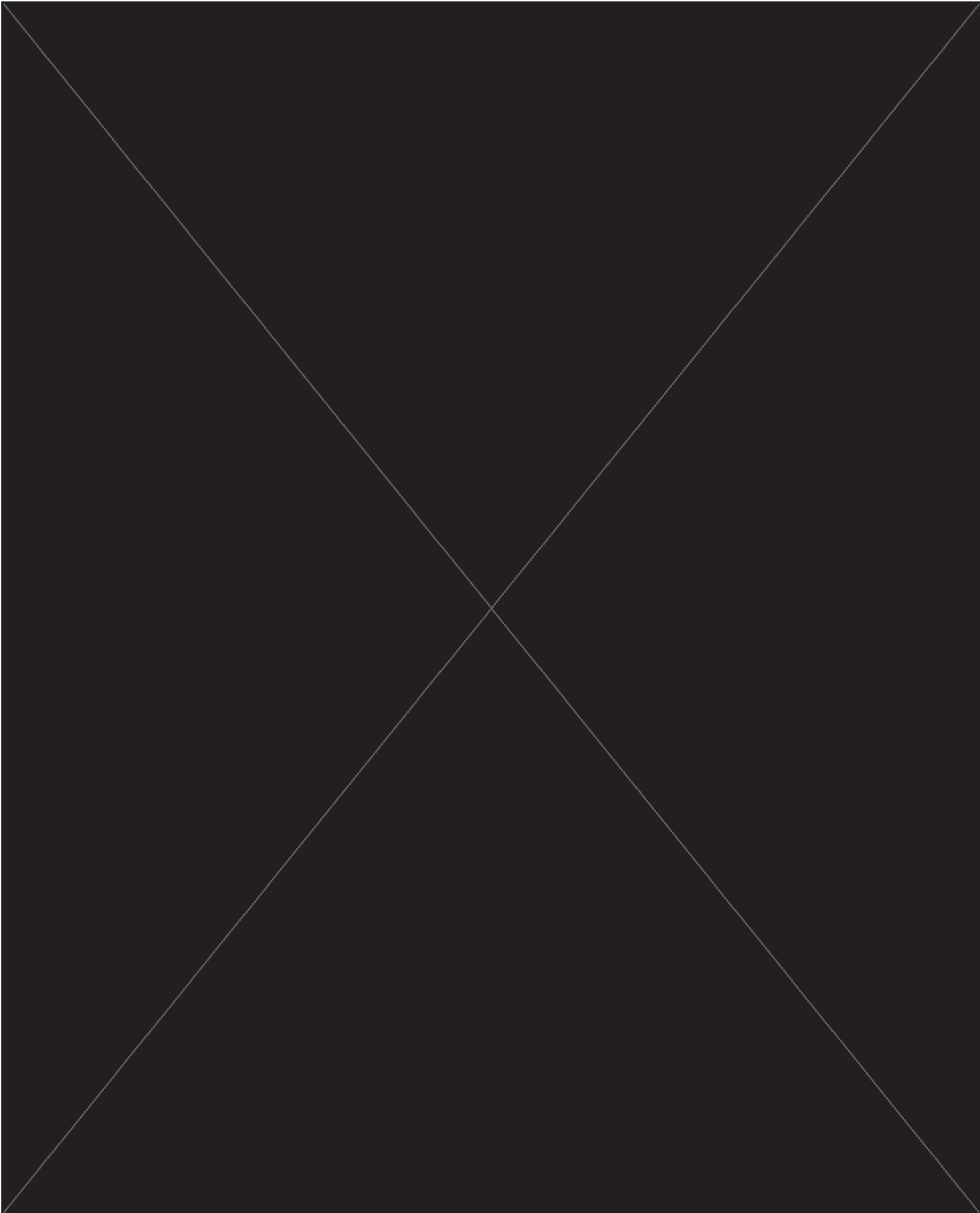


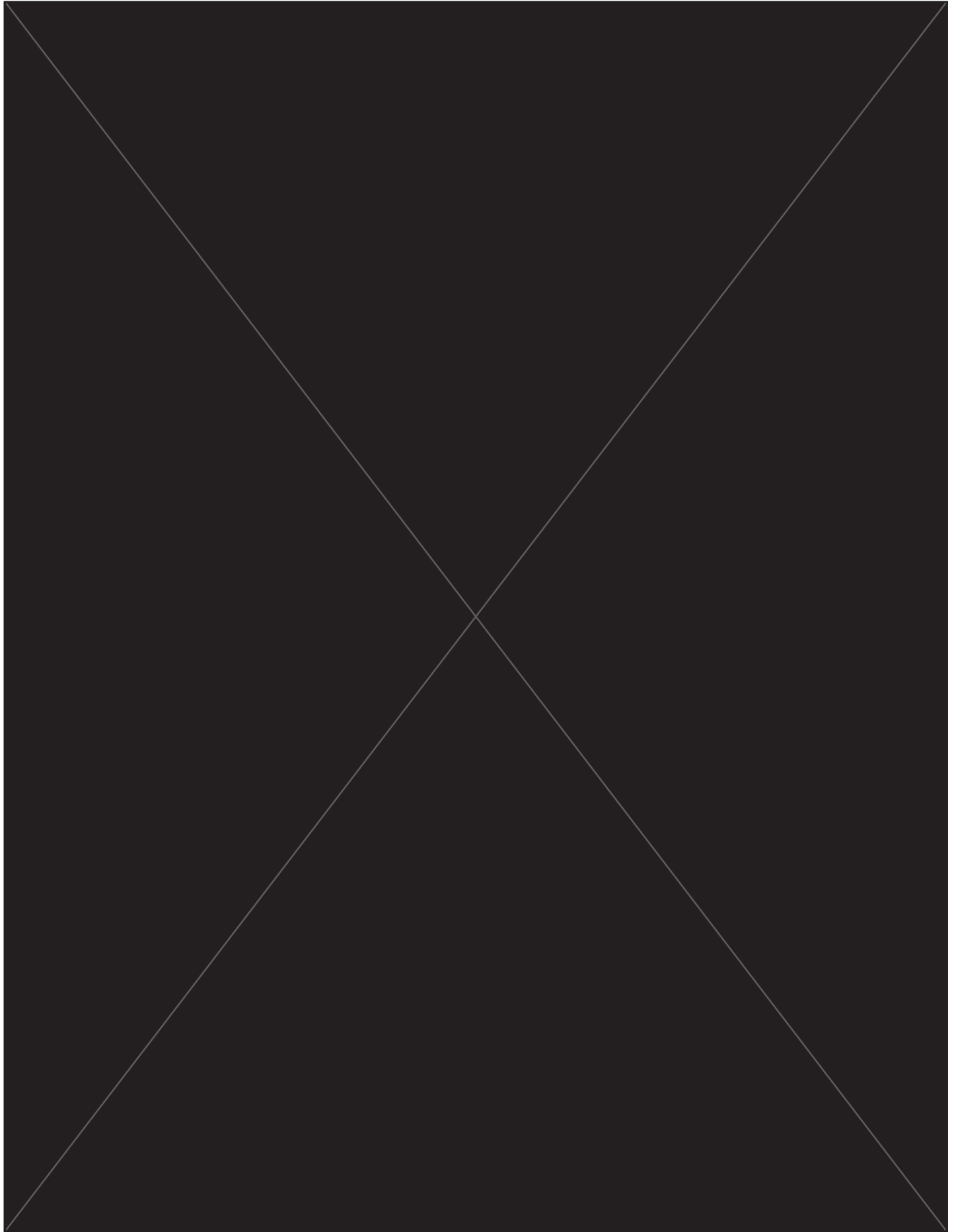


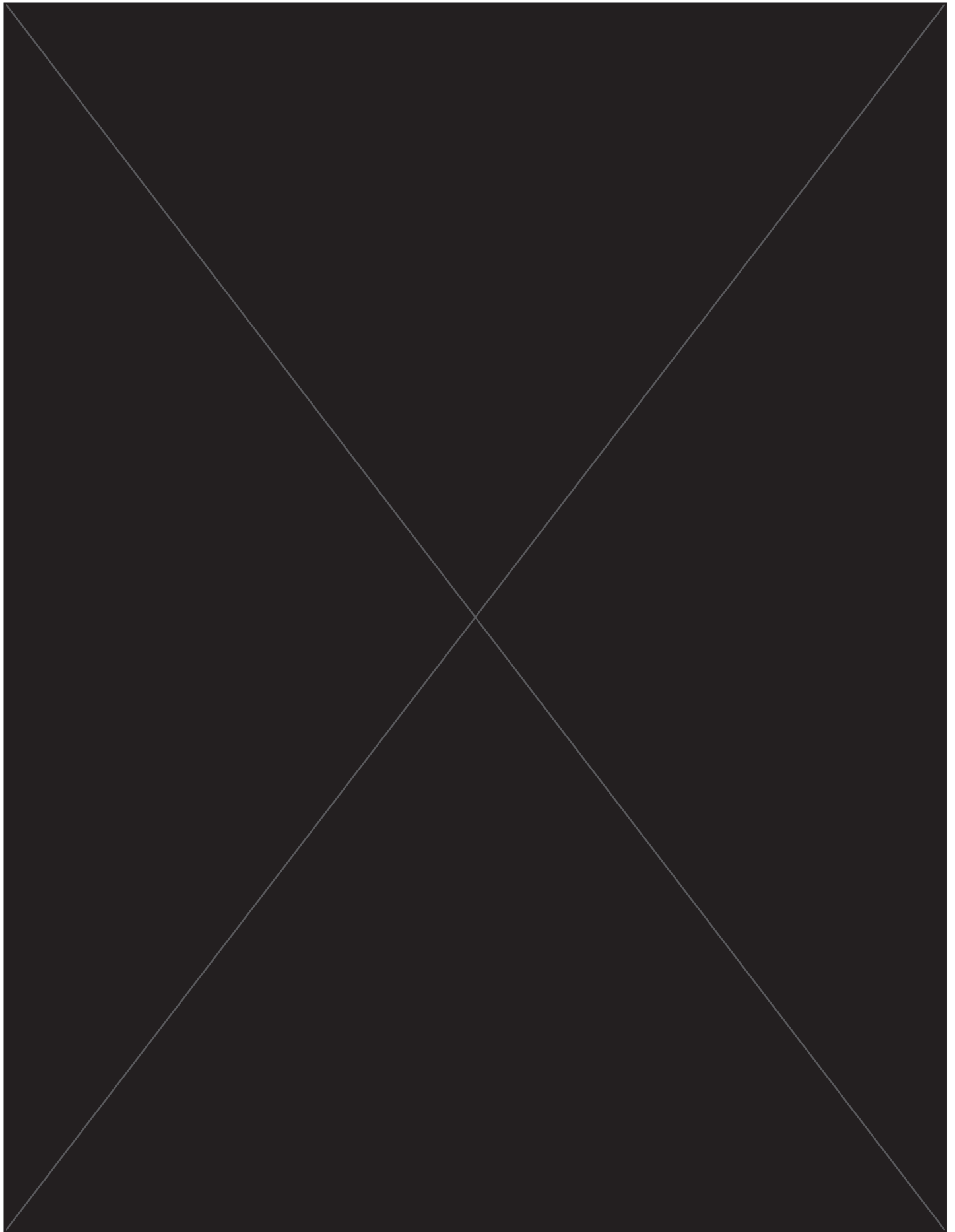
Form A: Ownership Resume / Curriculum Vitae
Page 2

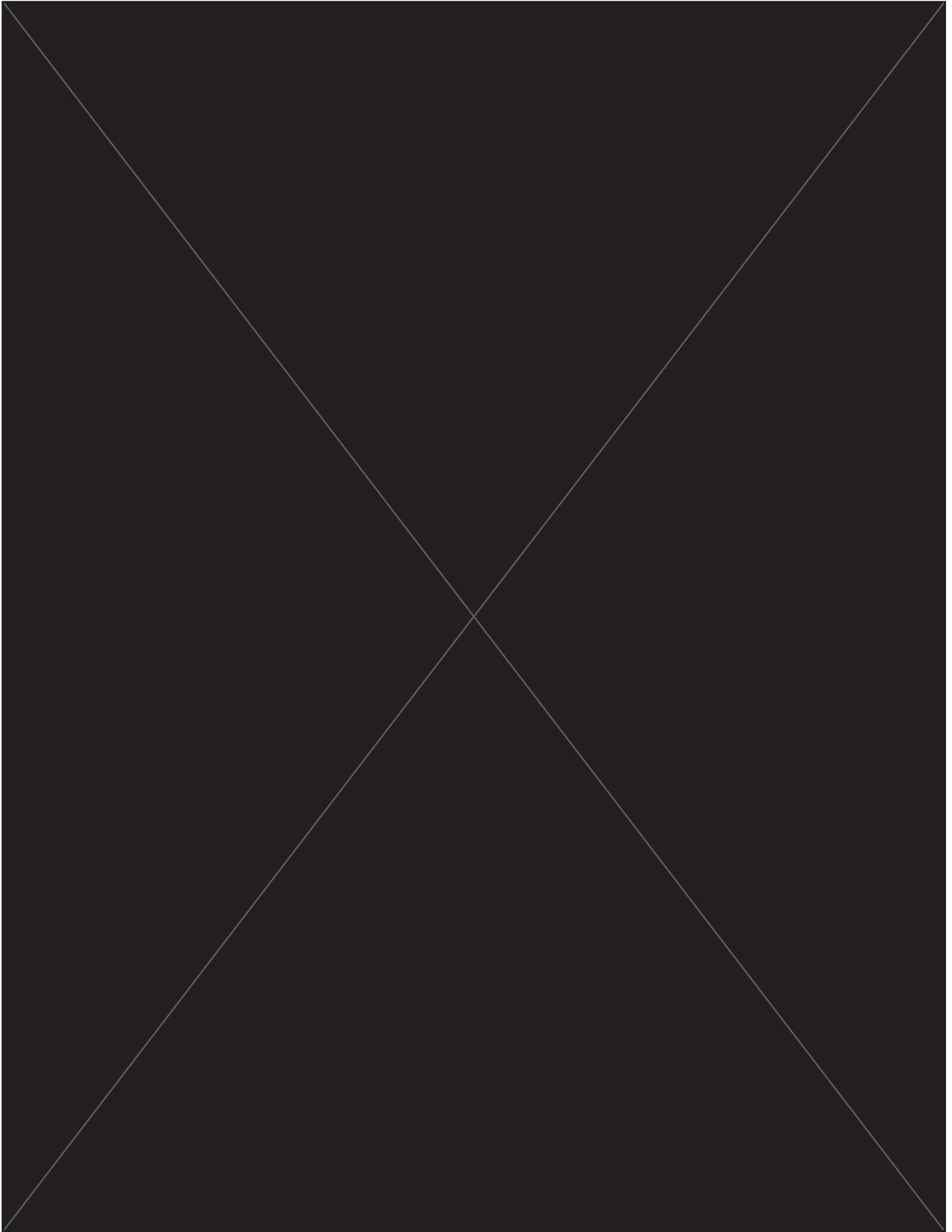


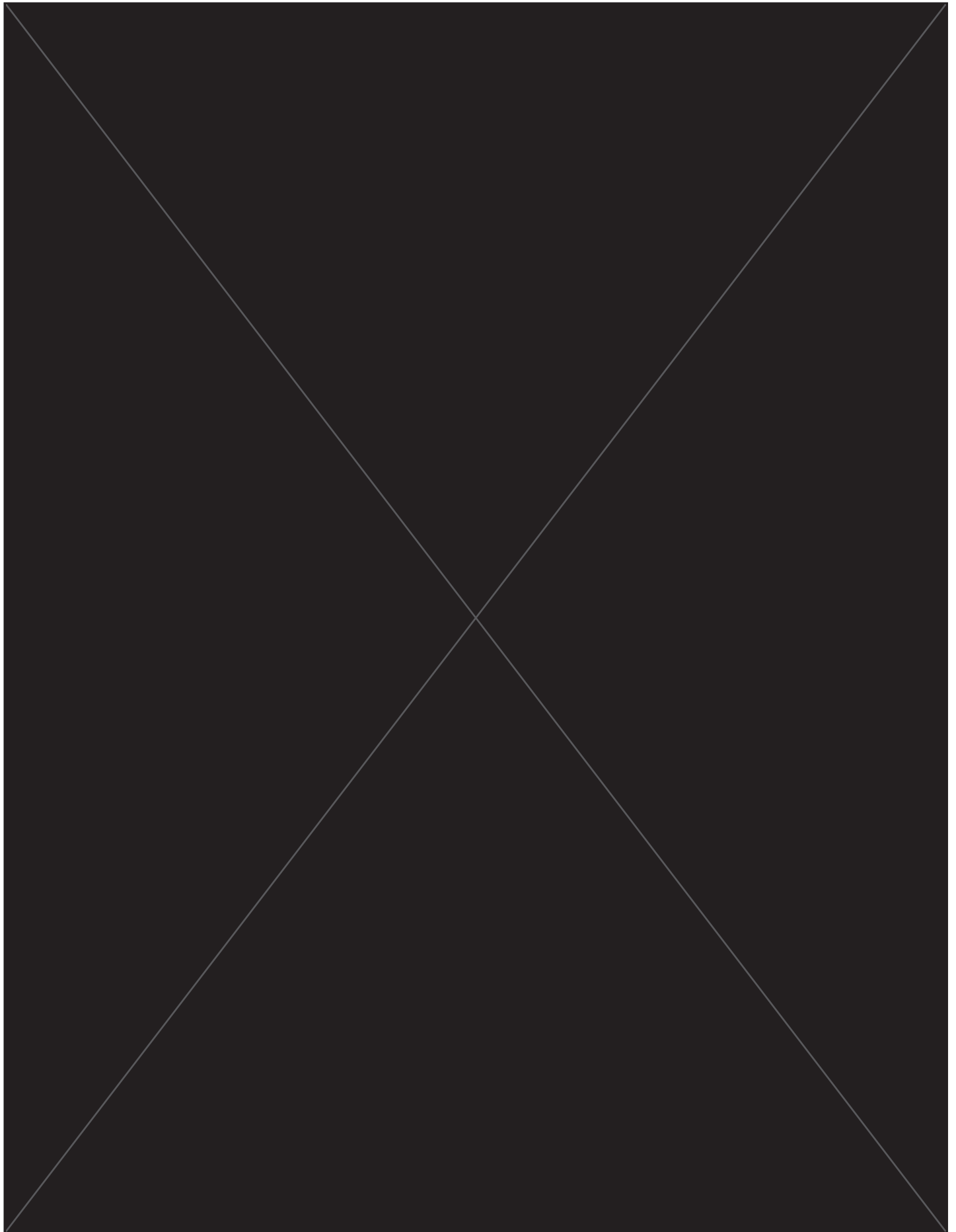


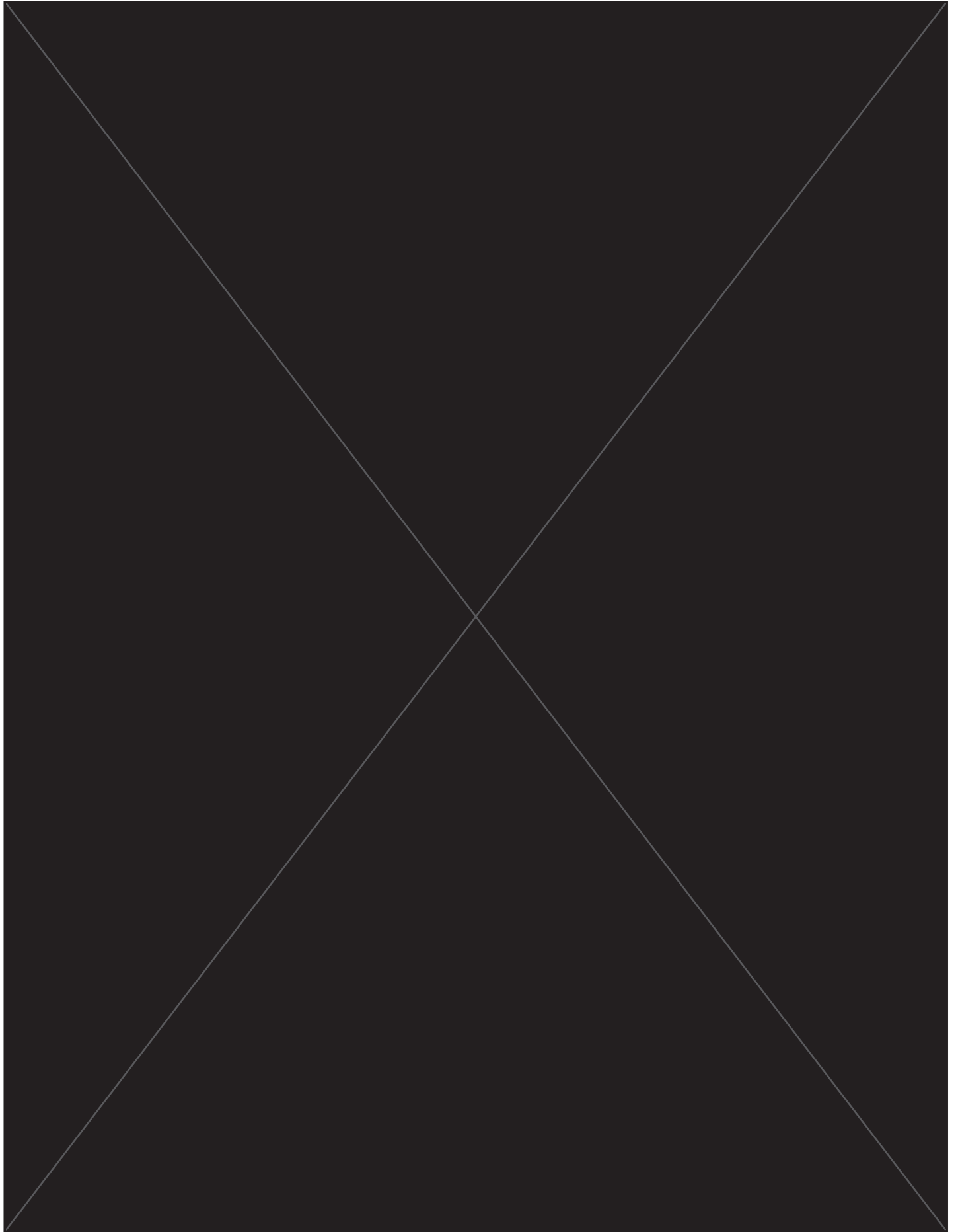


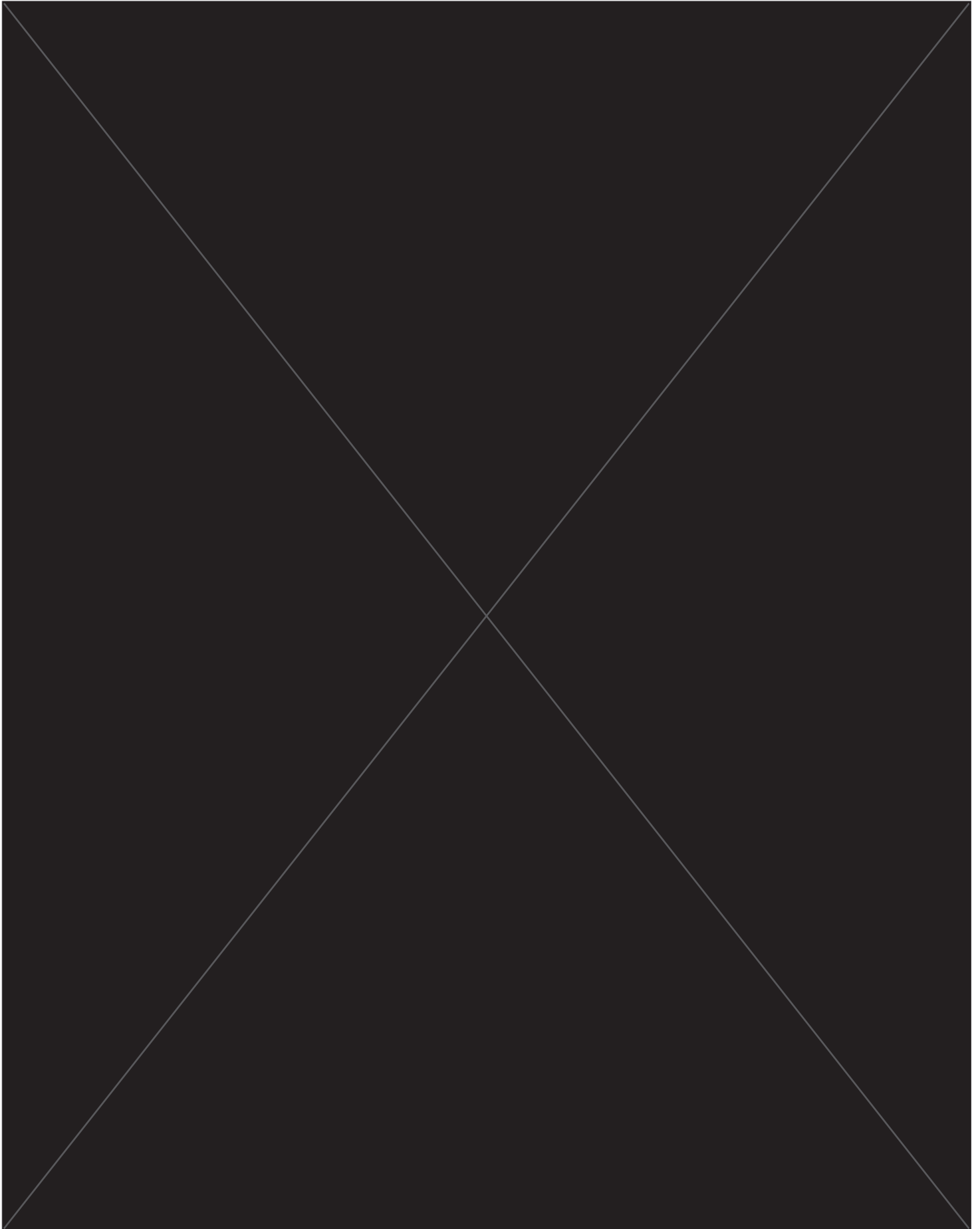


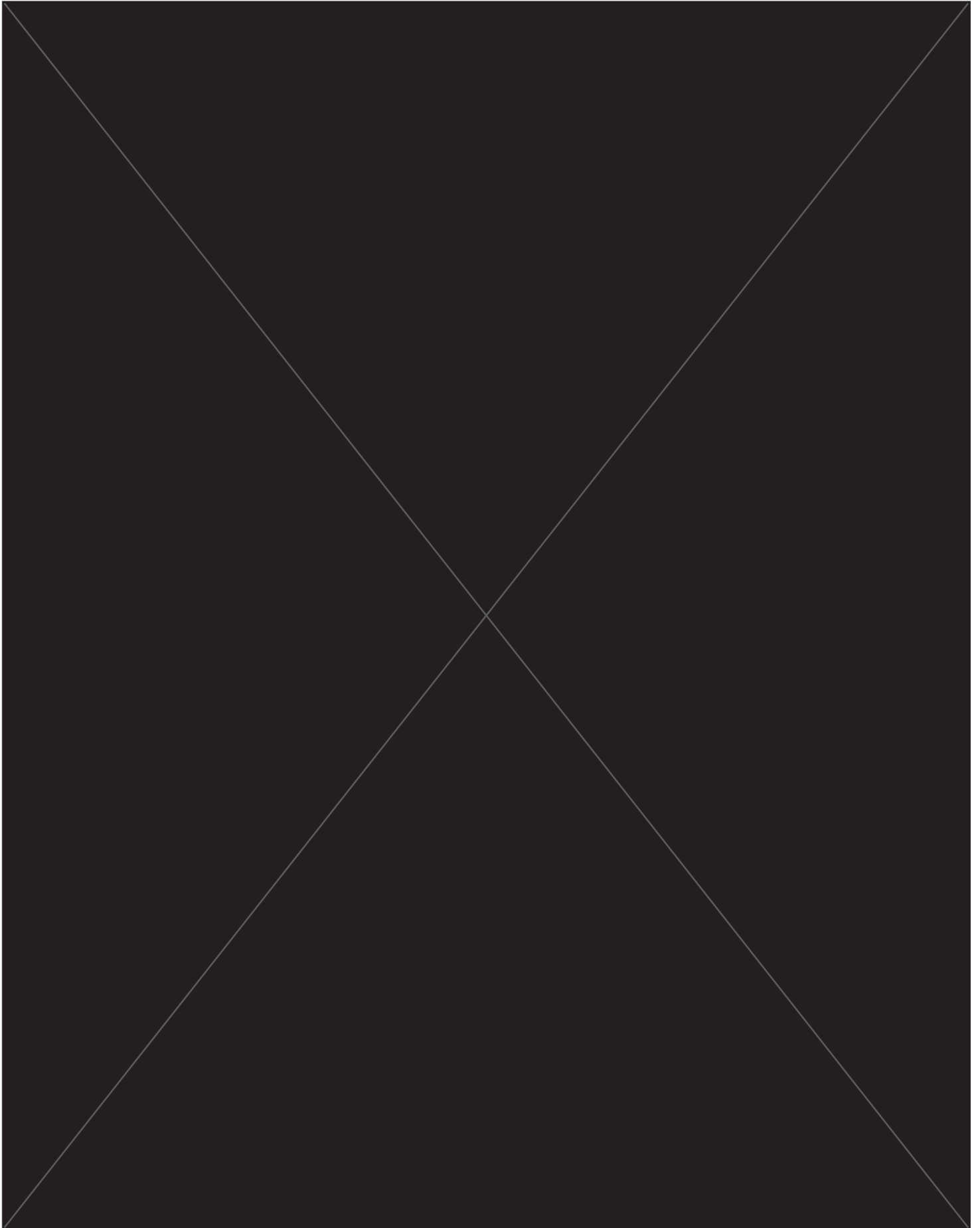


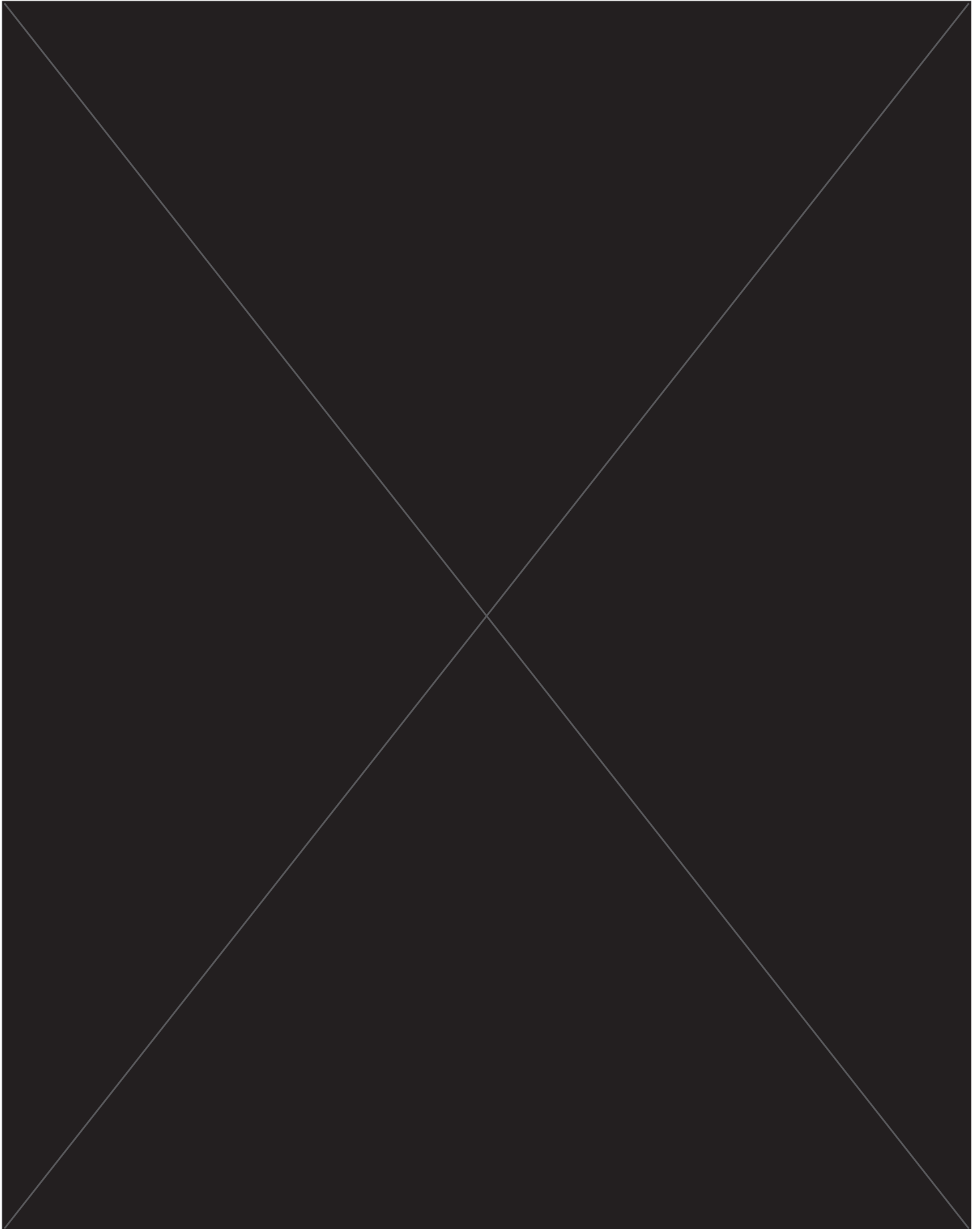


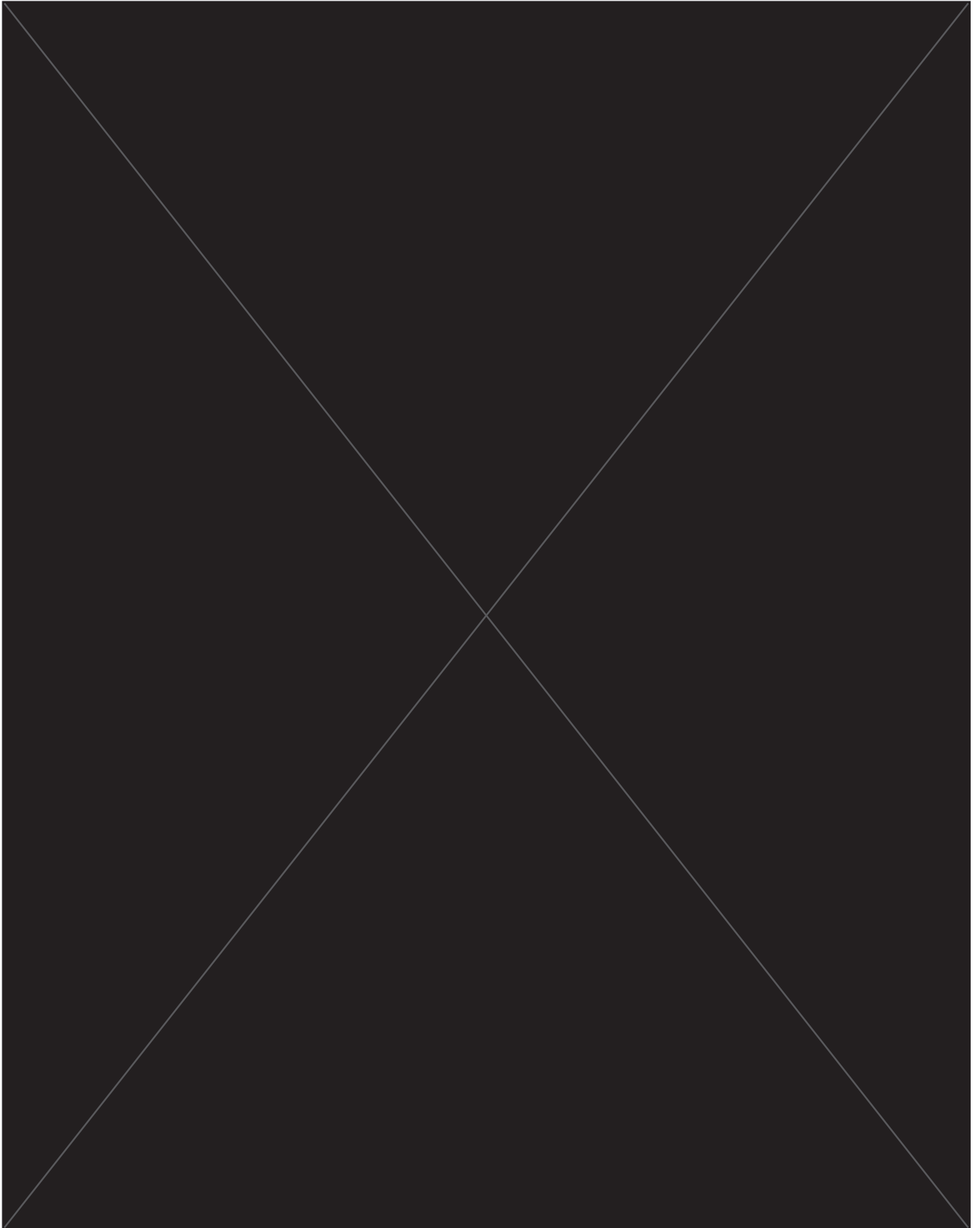


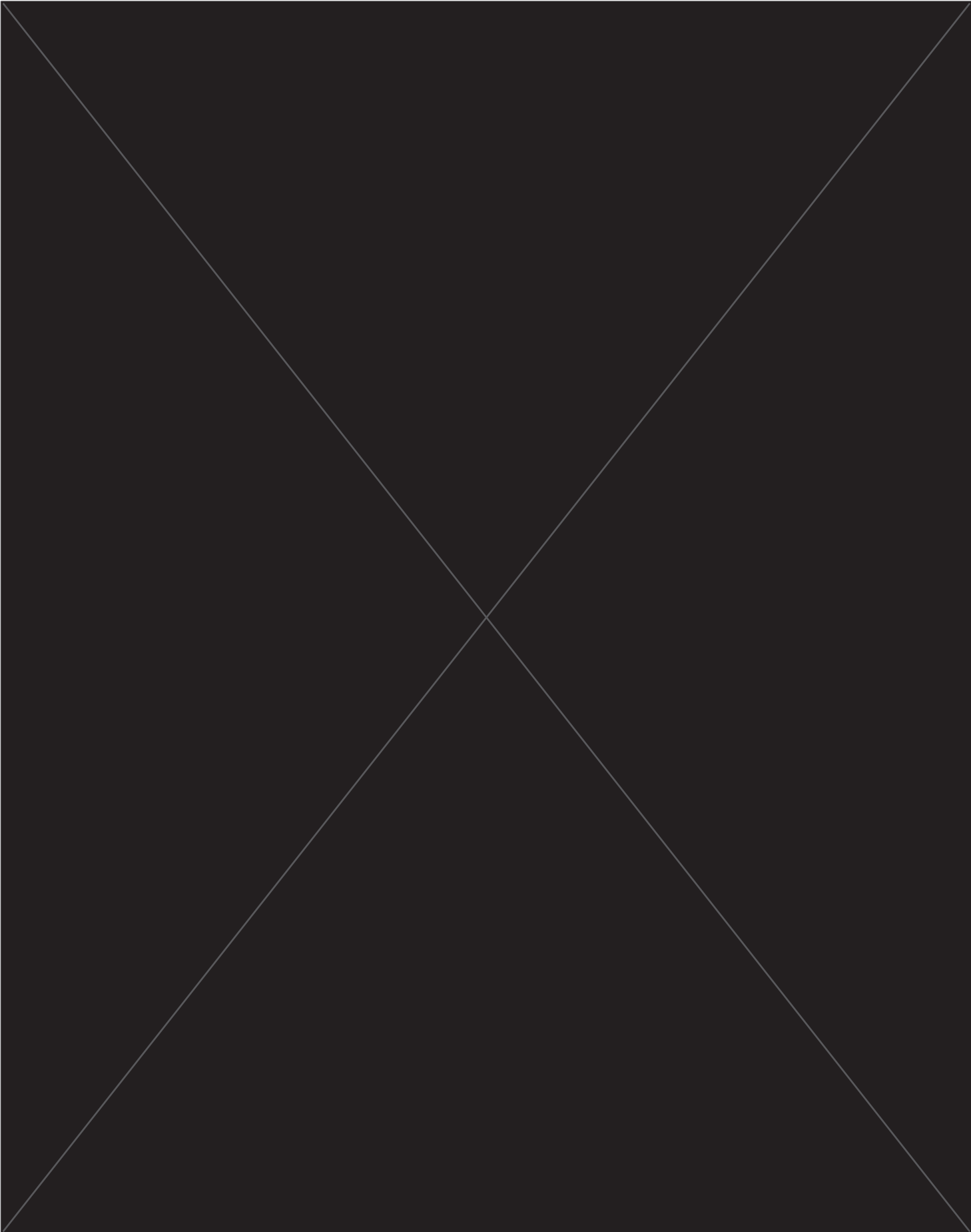


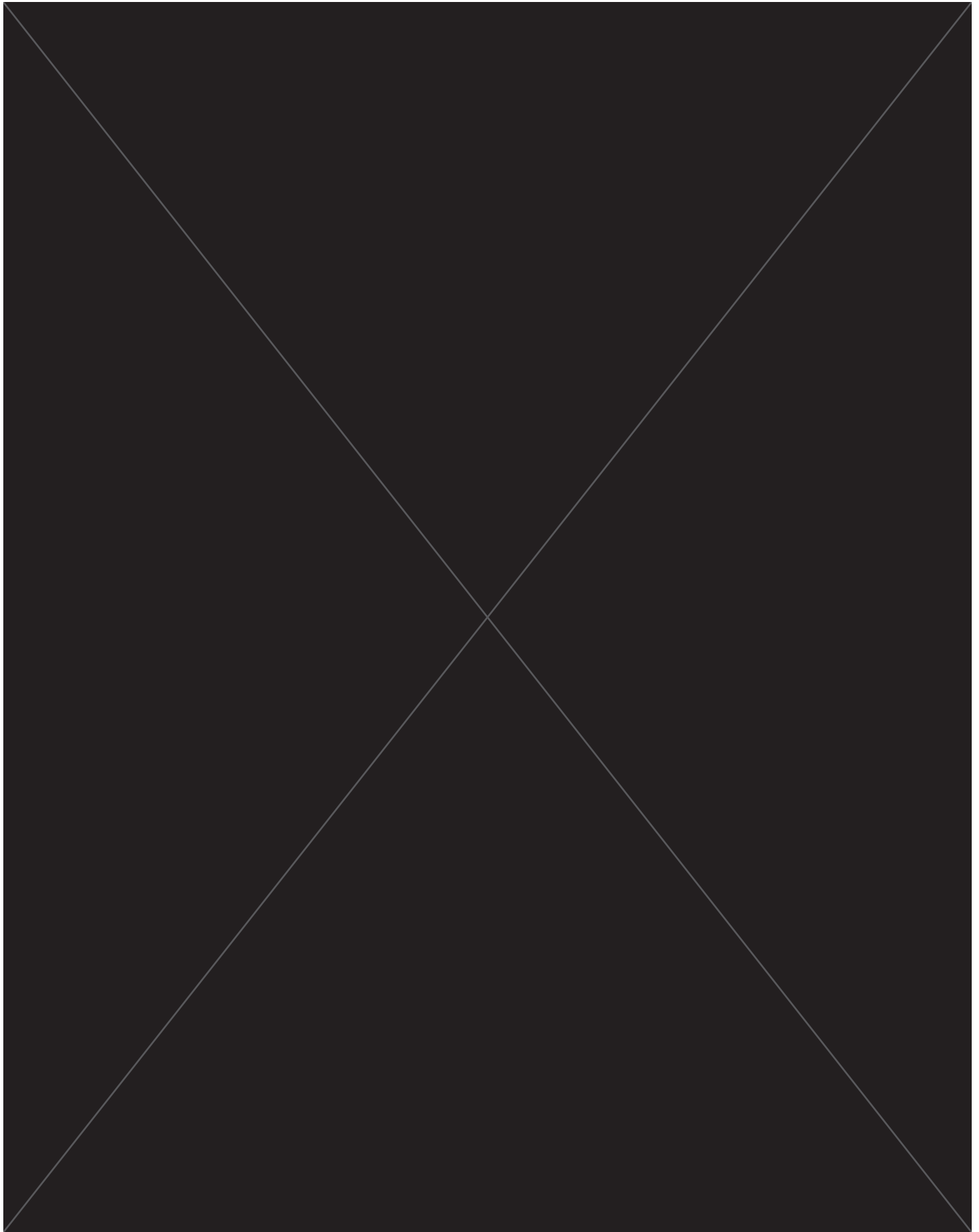


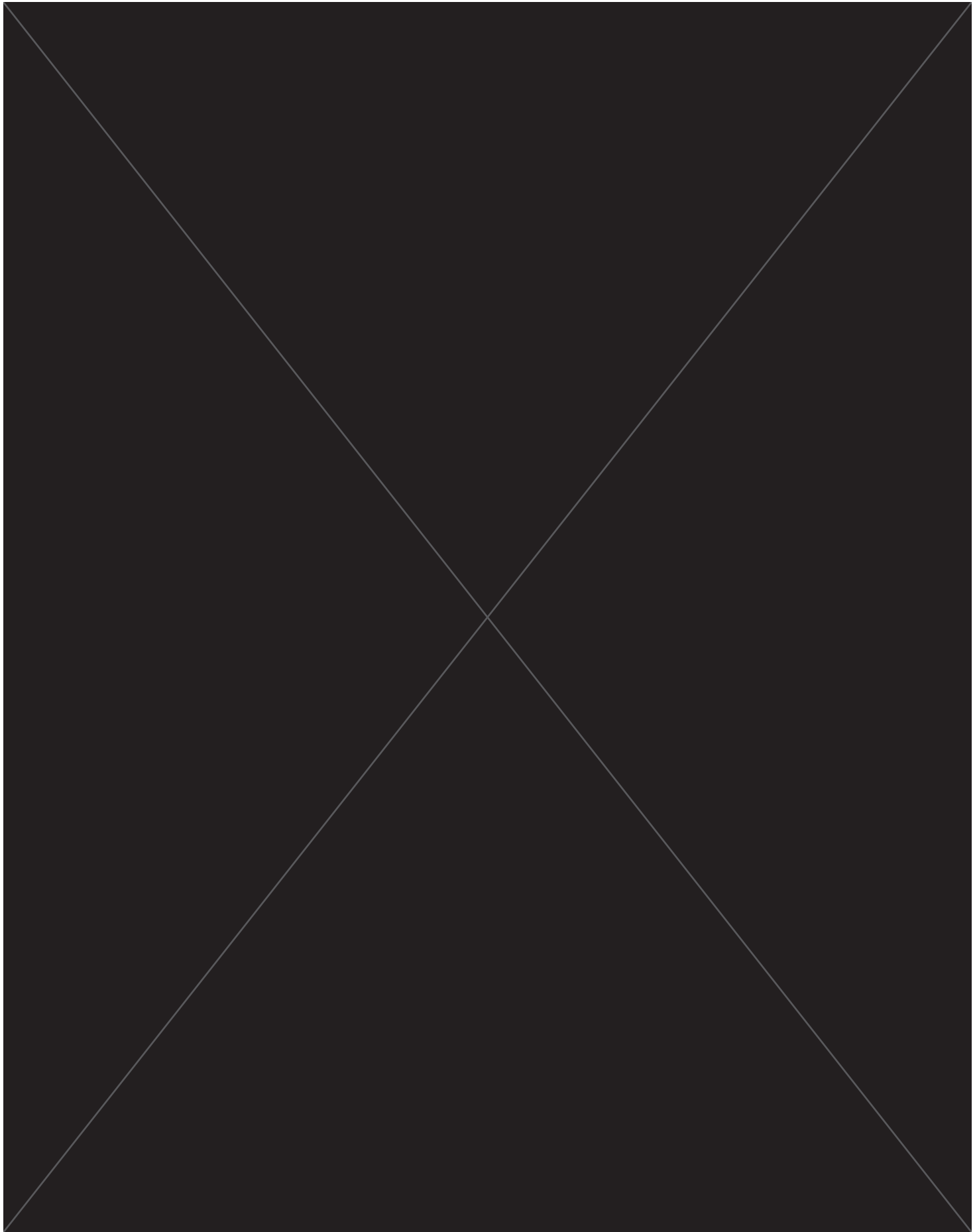


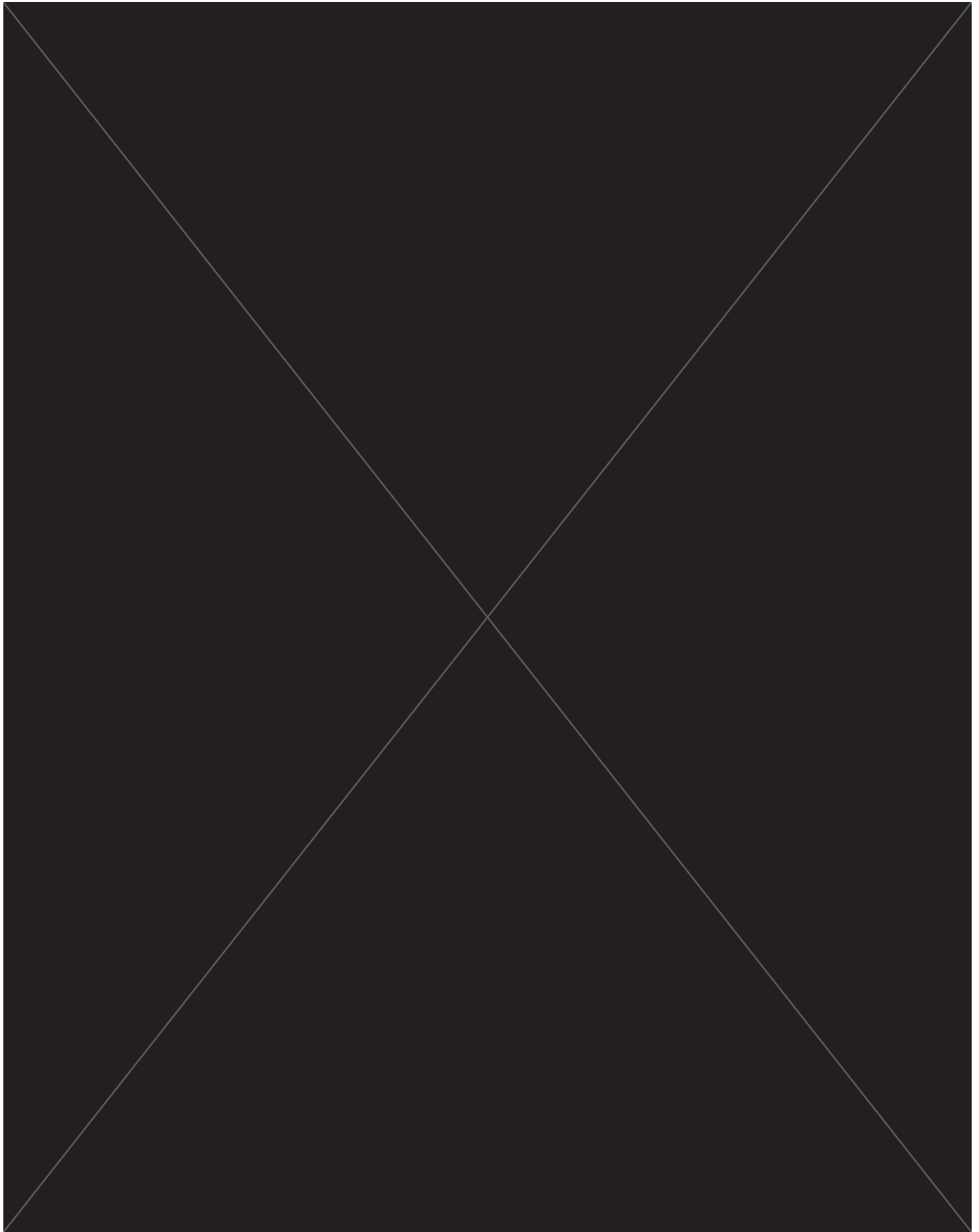


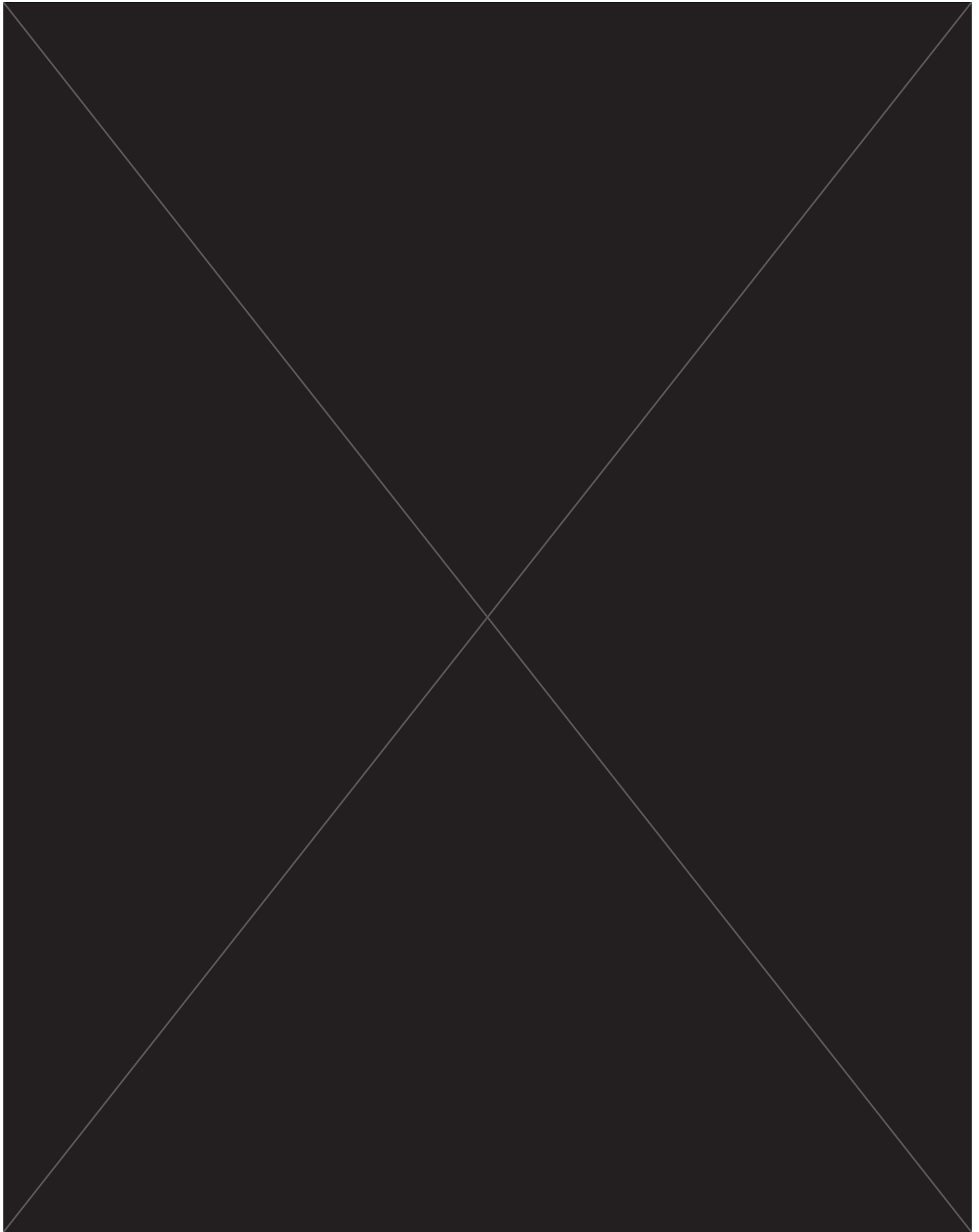


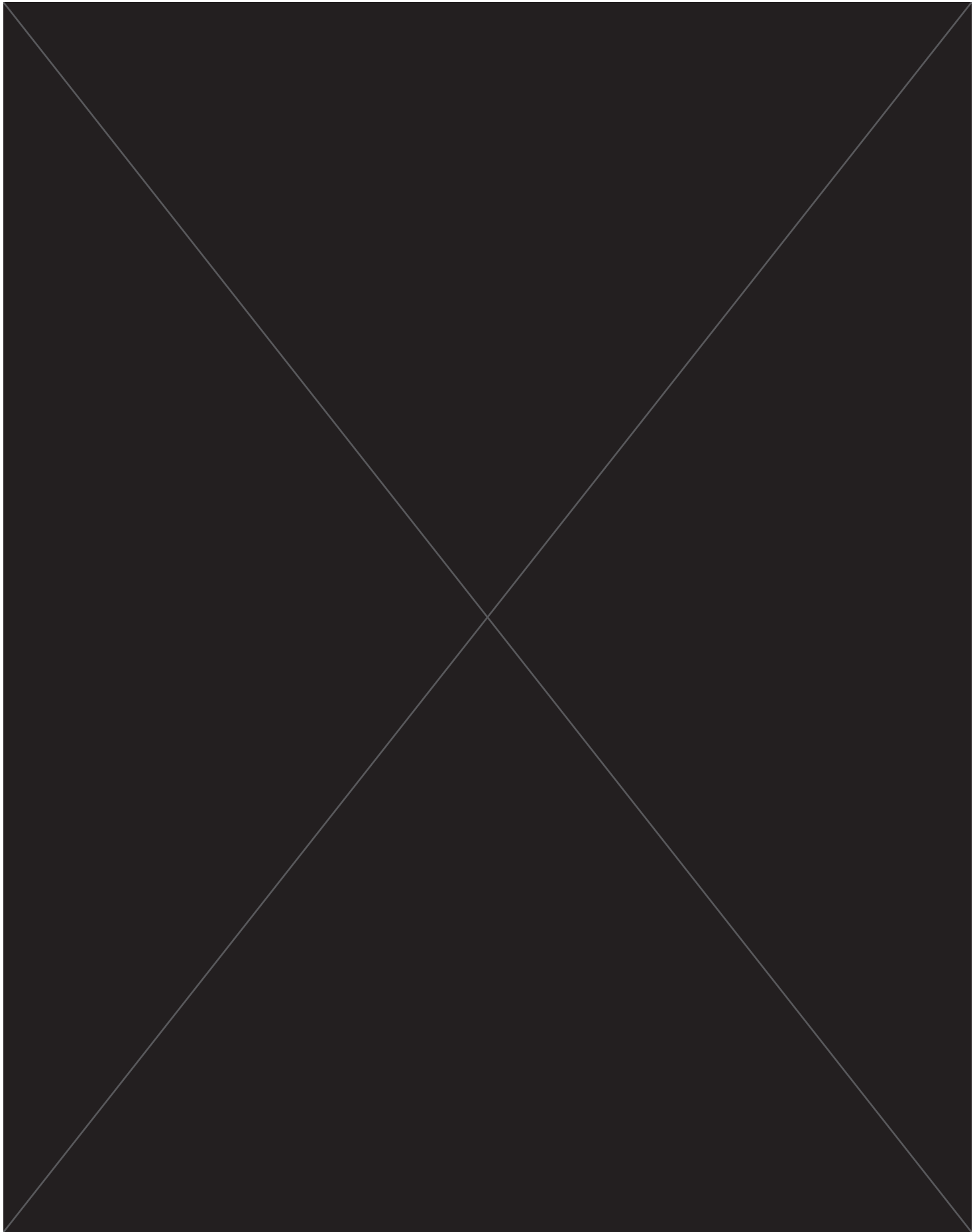


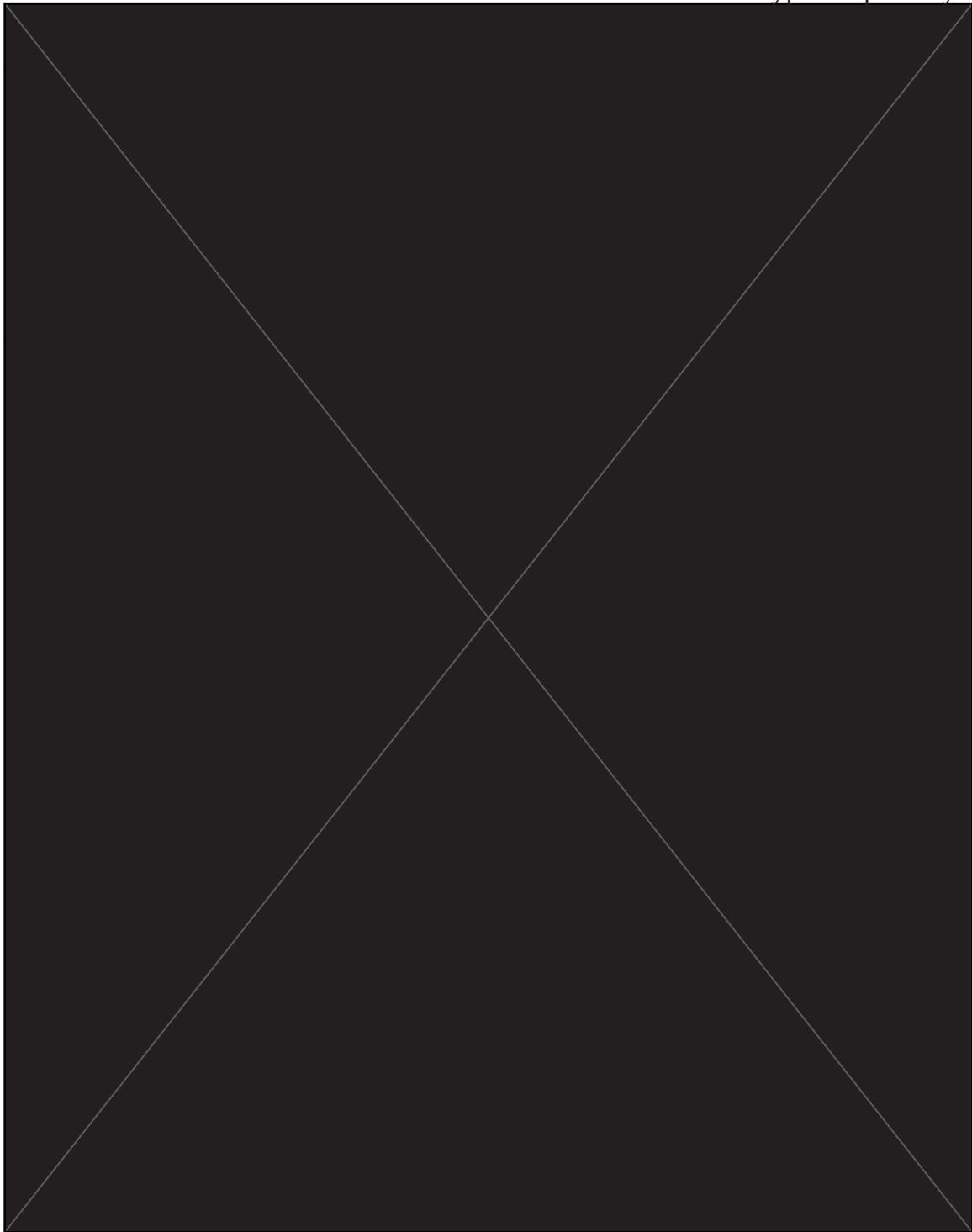


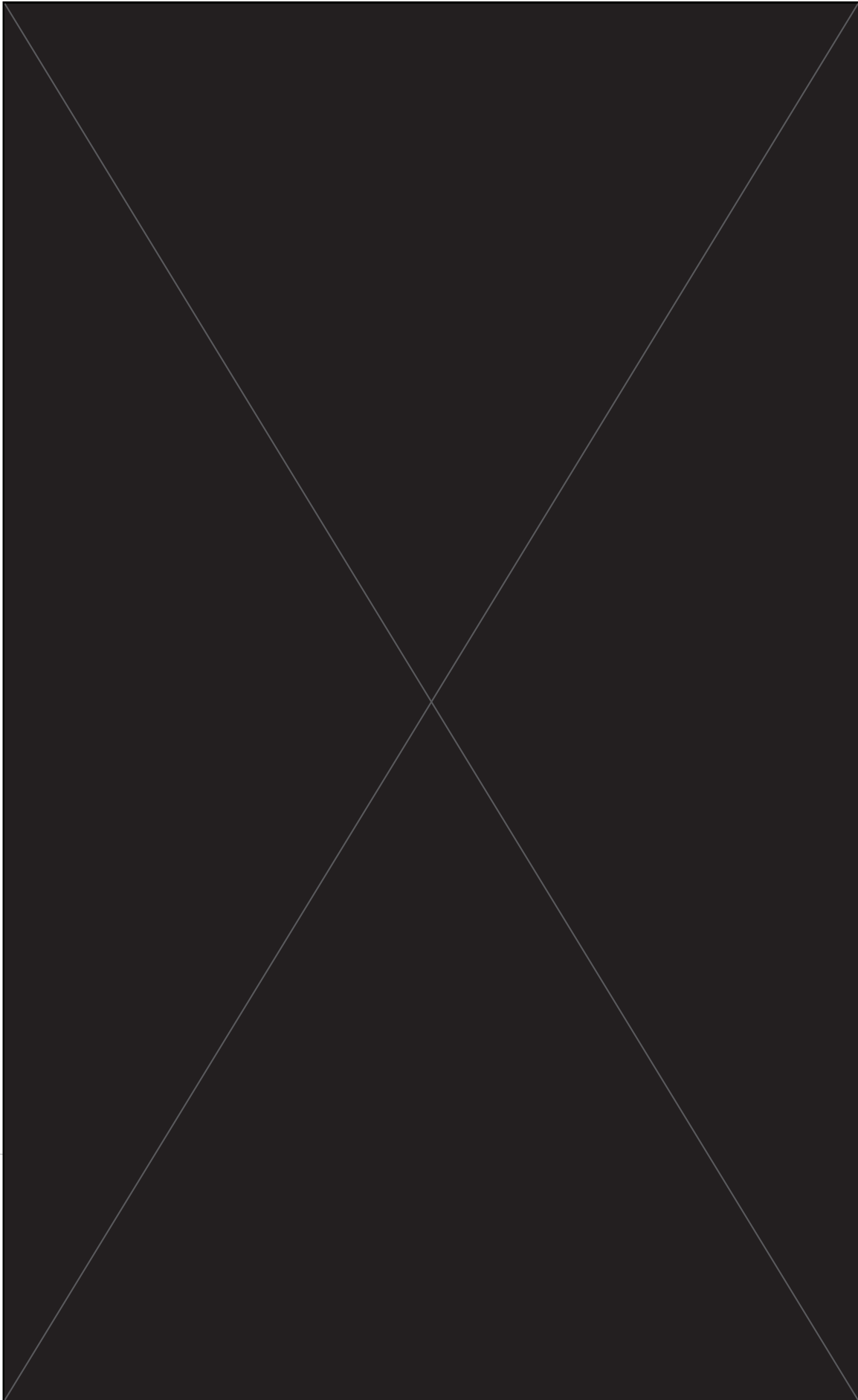


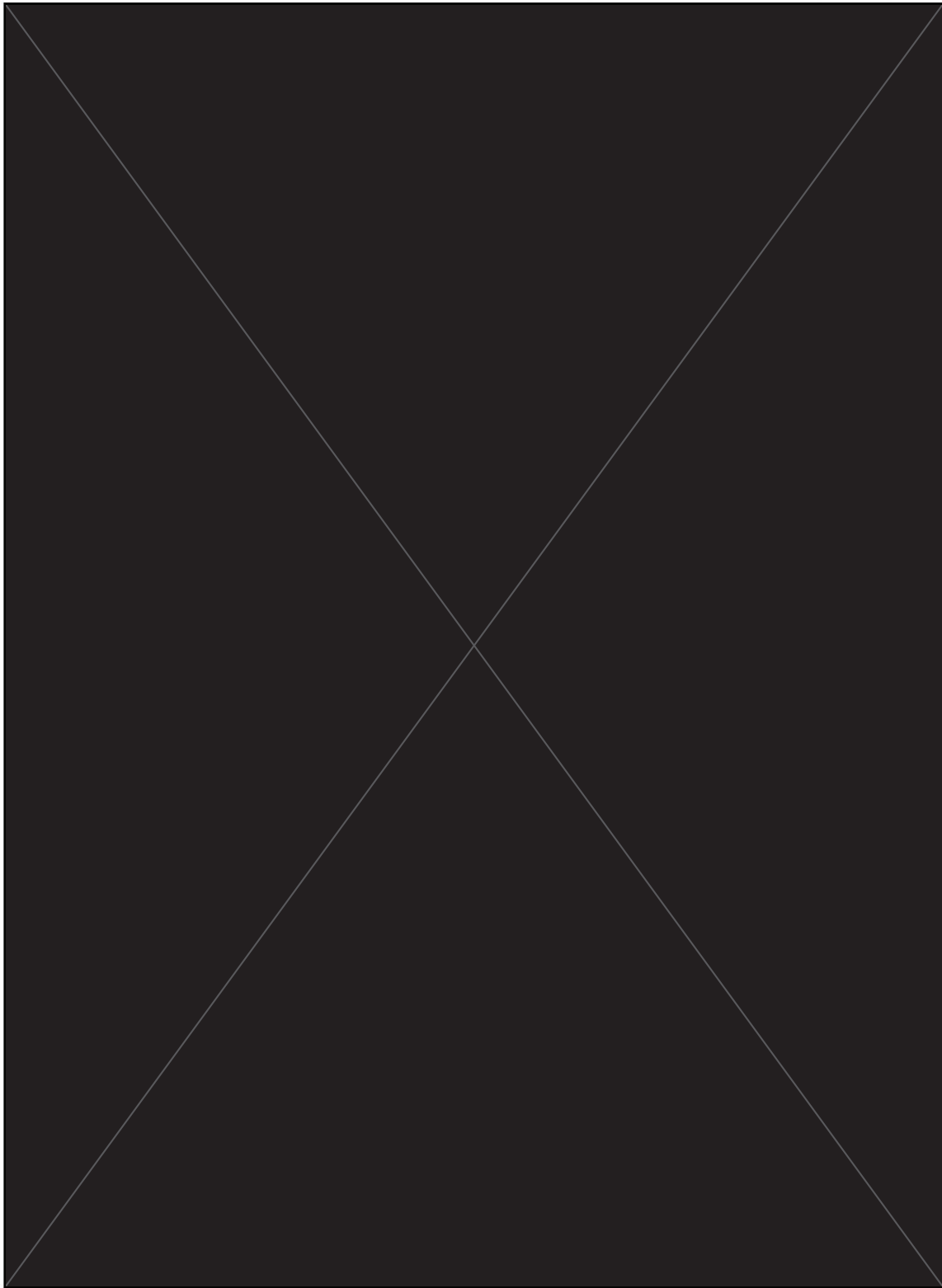


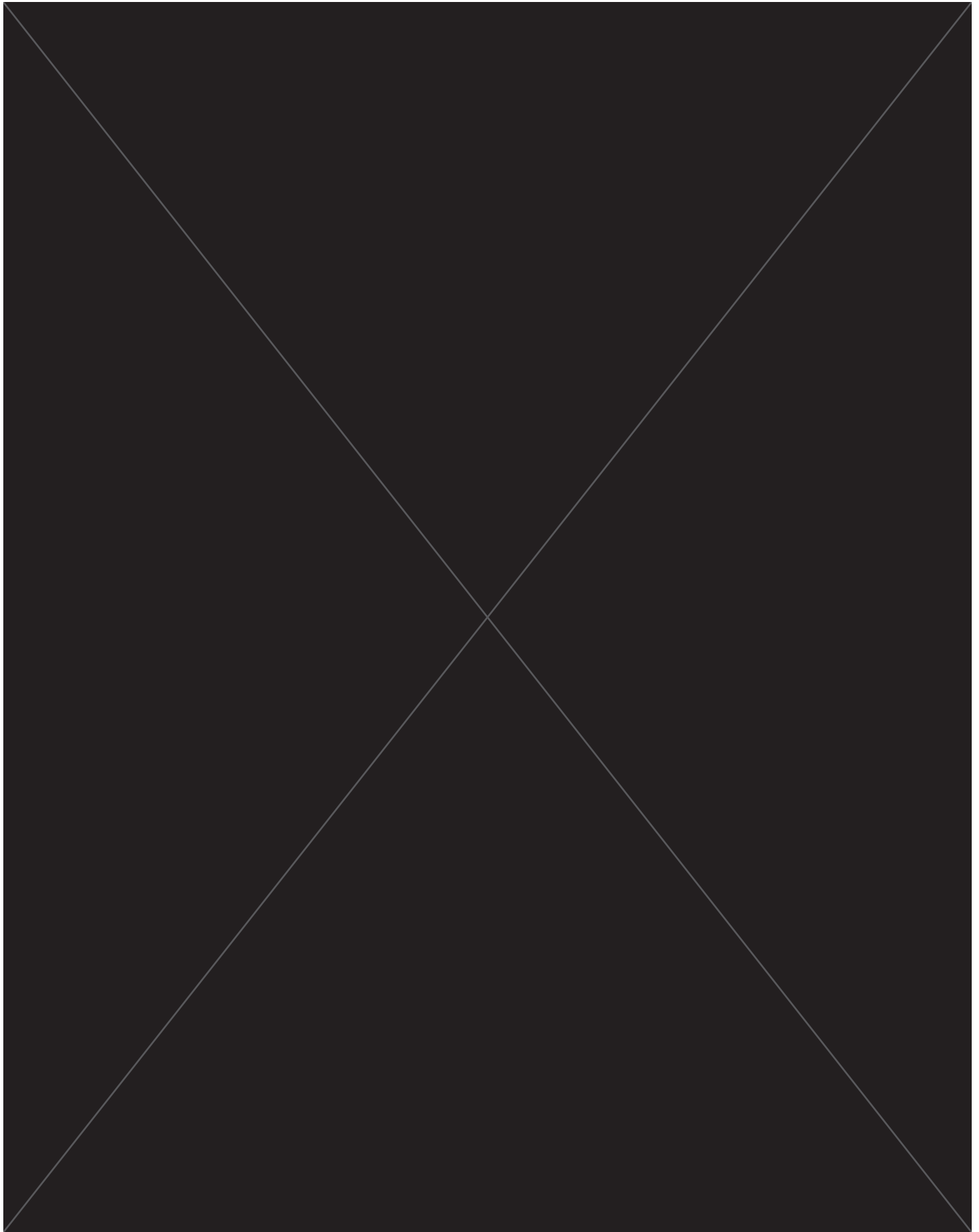


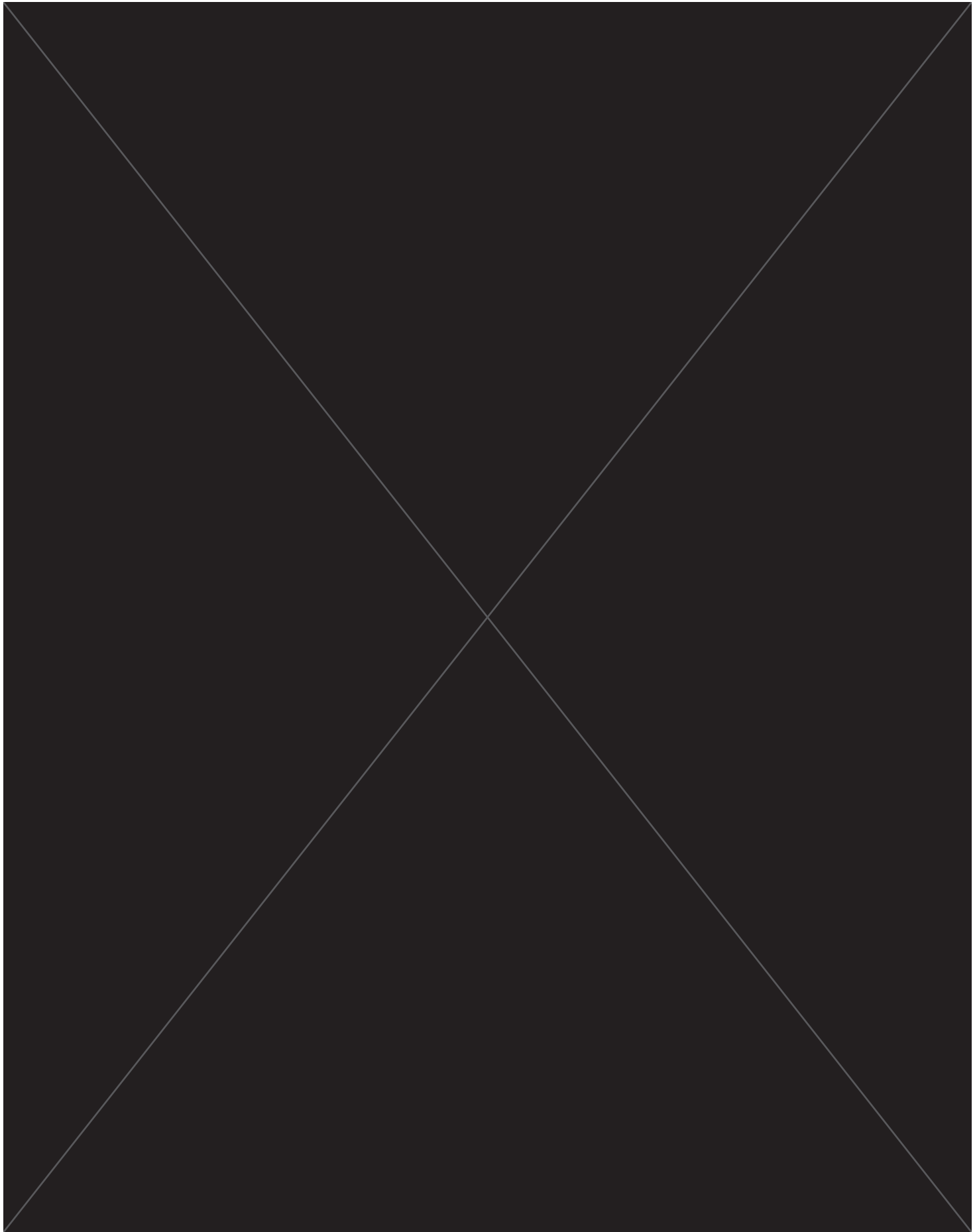


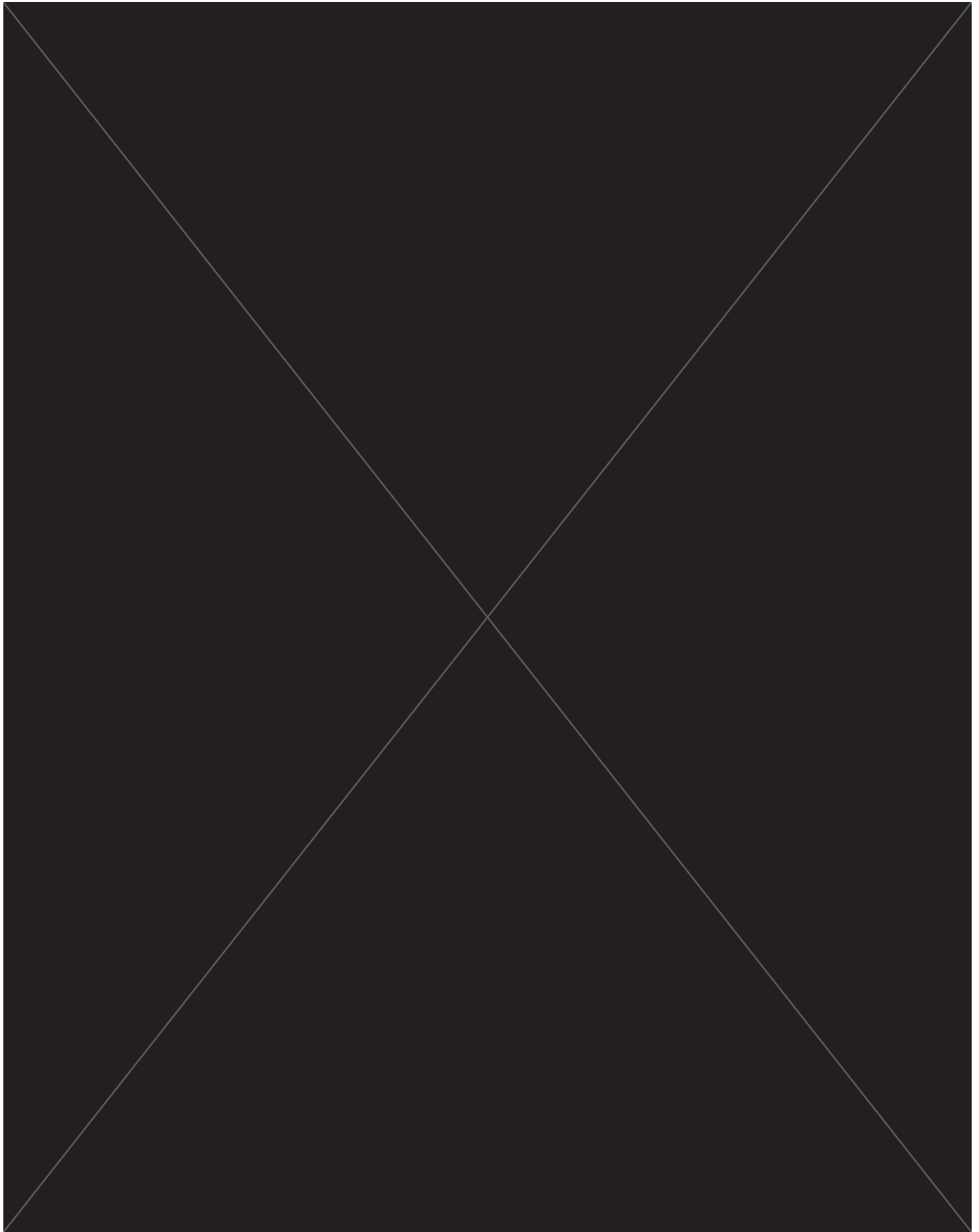


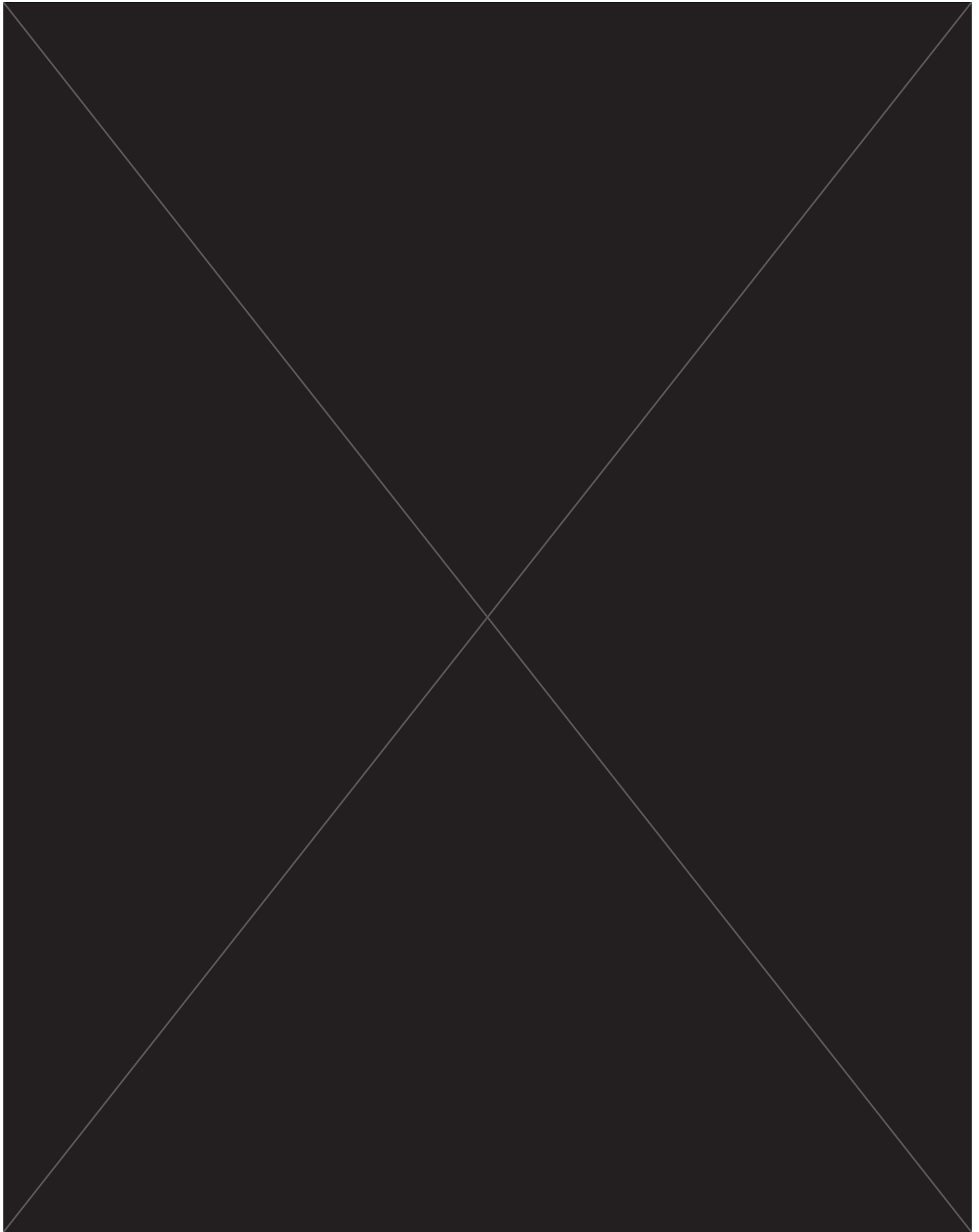












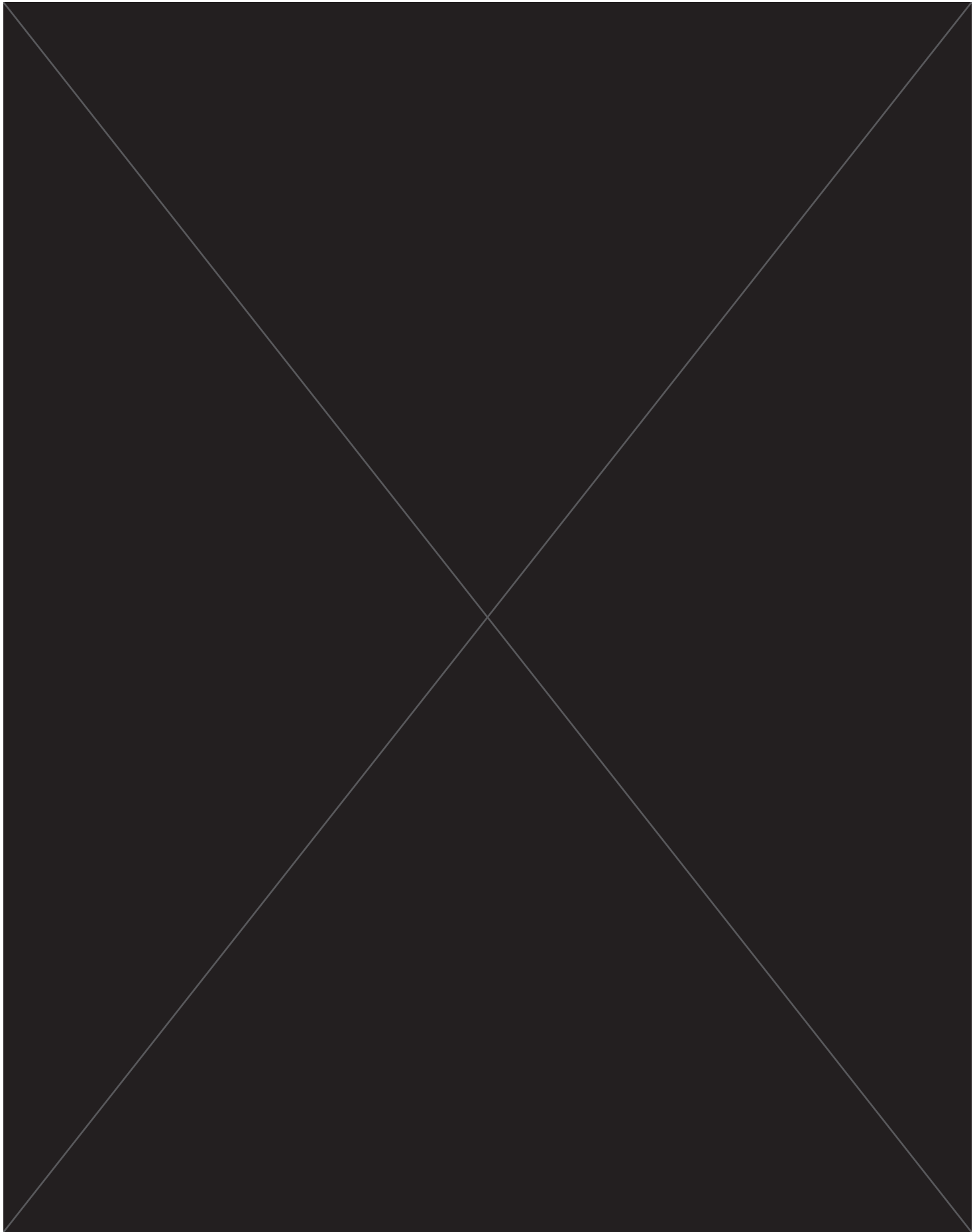
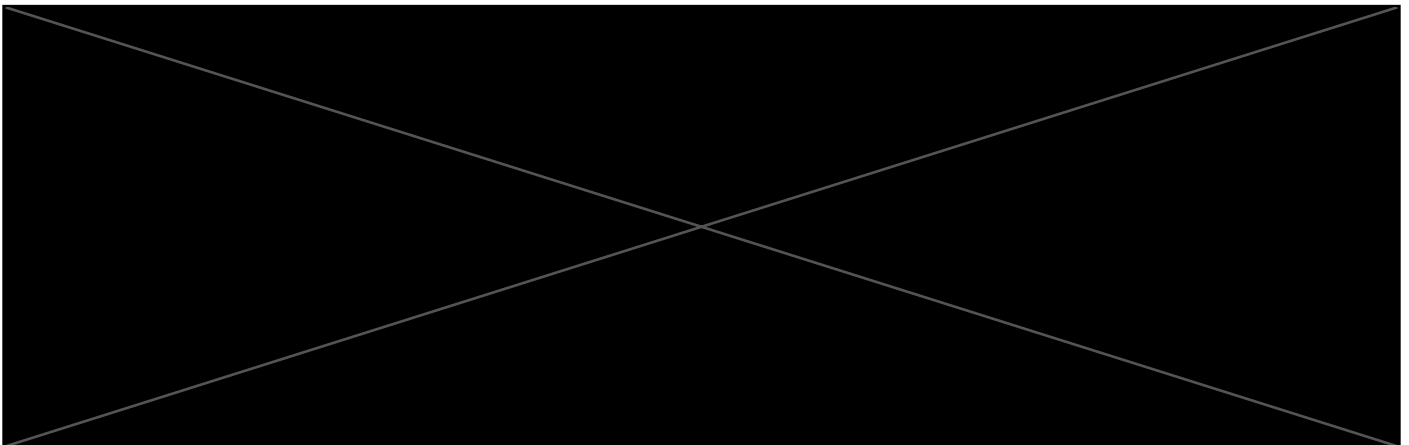


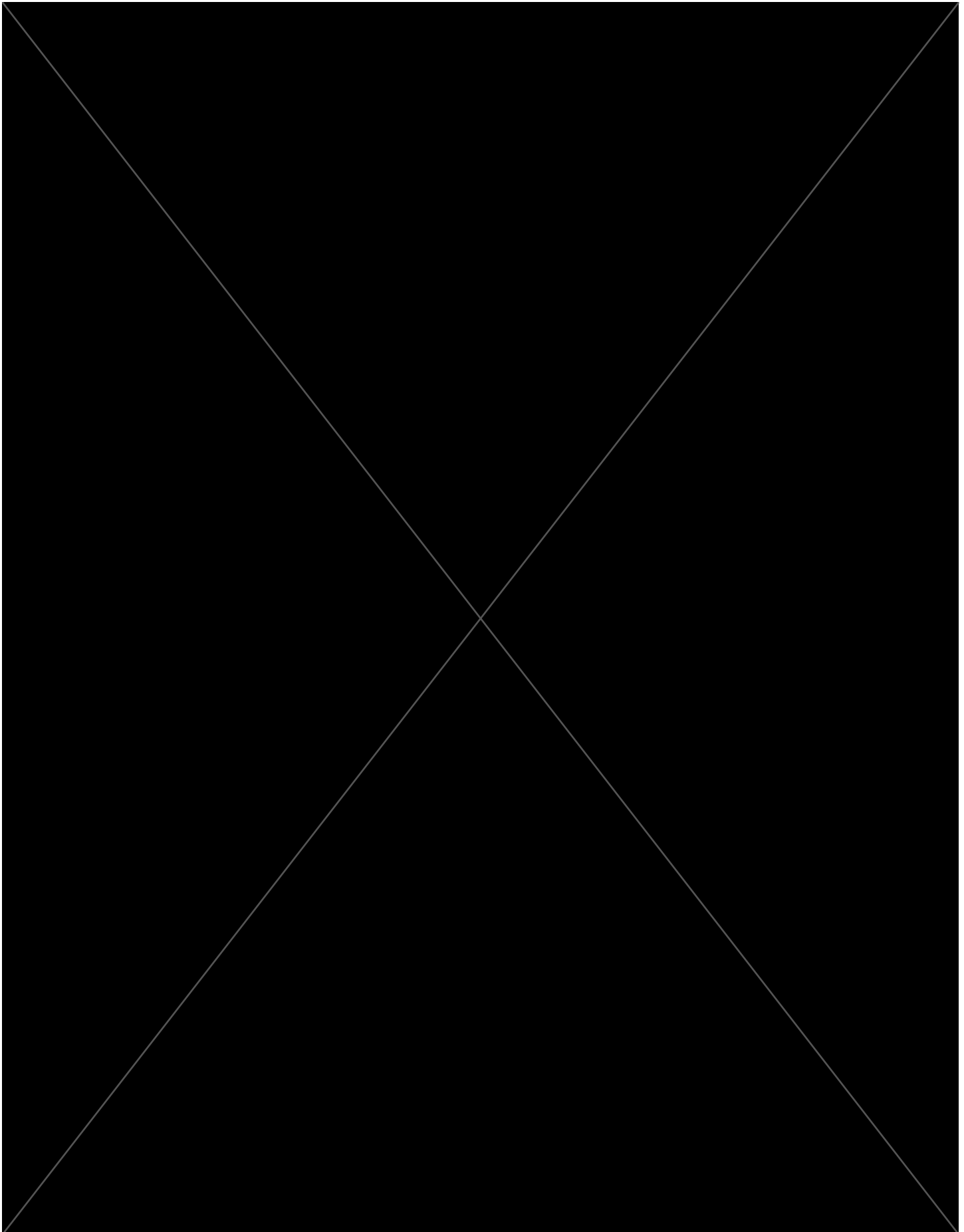
Exhibit 2 – Residency of Owners

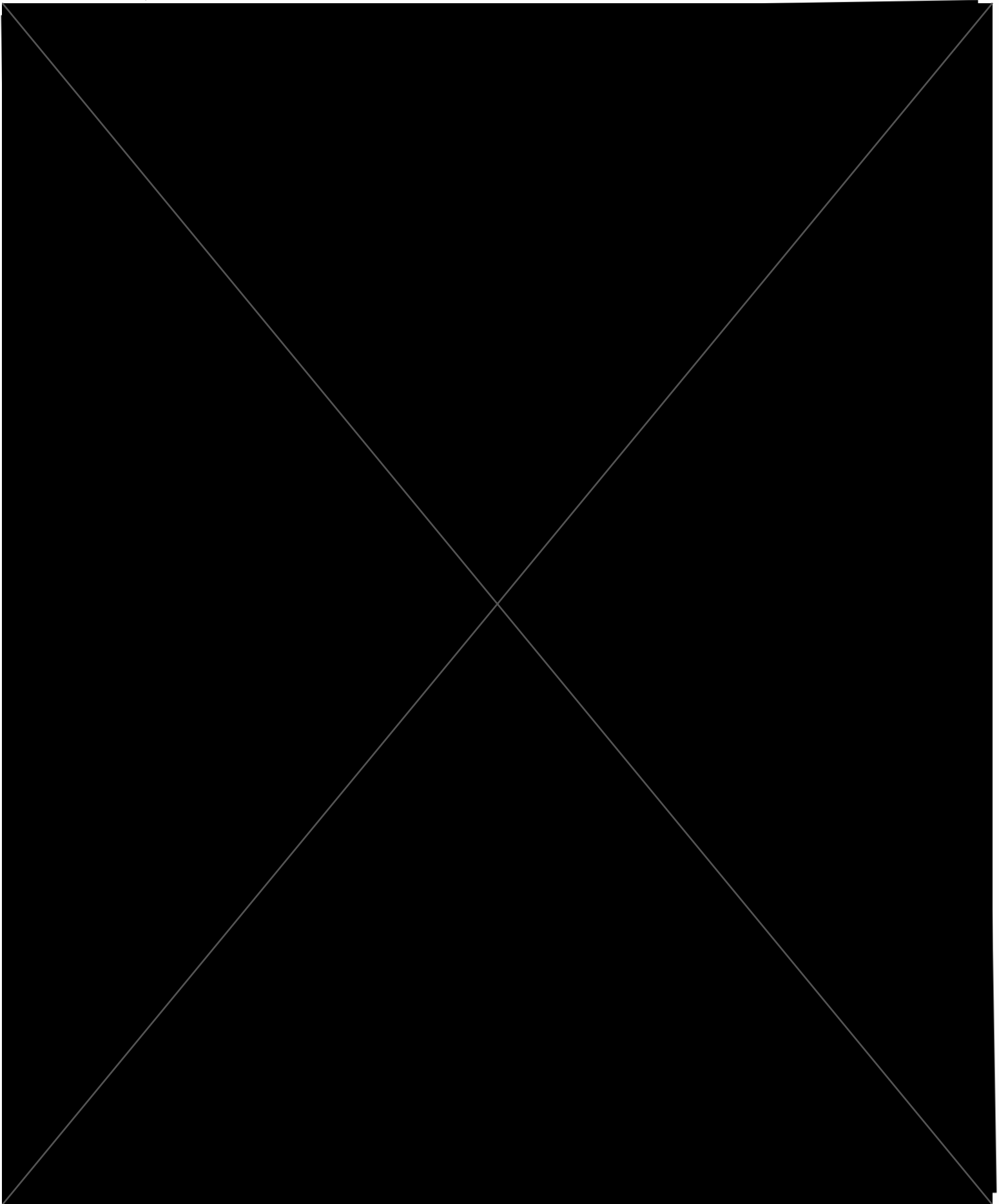
Exhibit 2 Redacted (ALA.code.36-12-40(Personal Security))

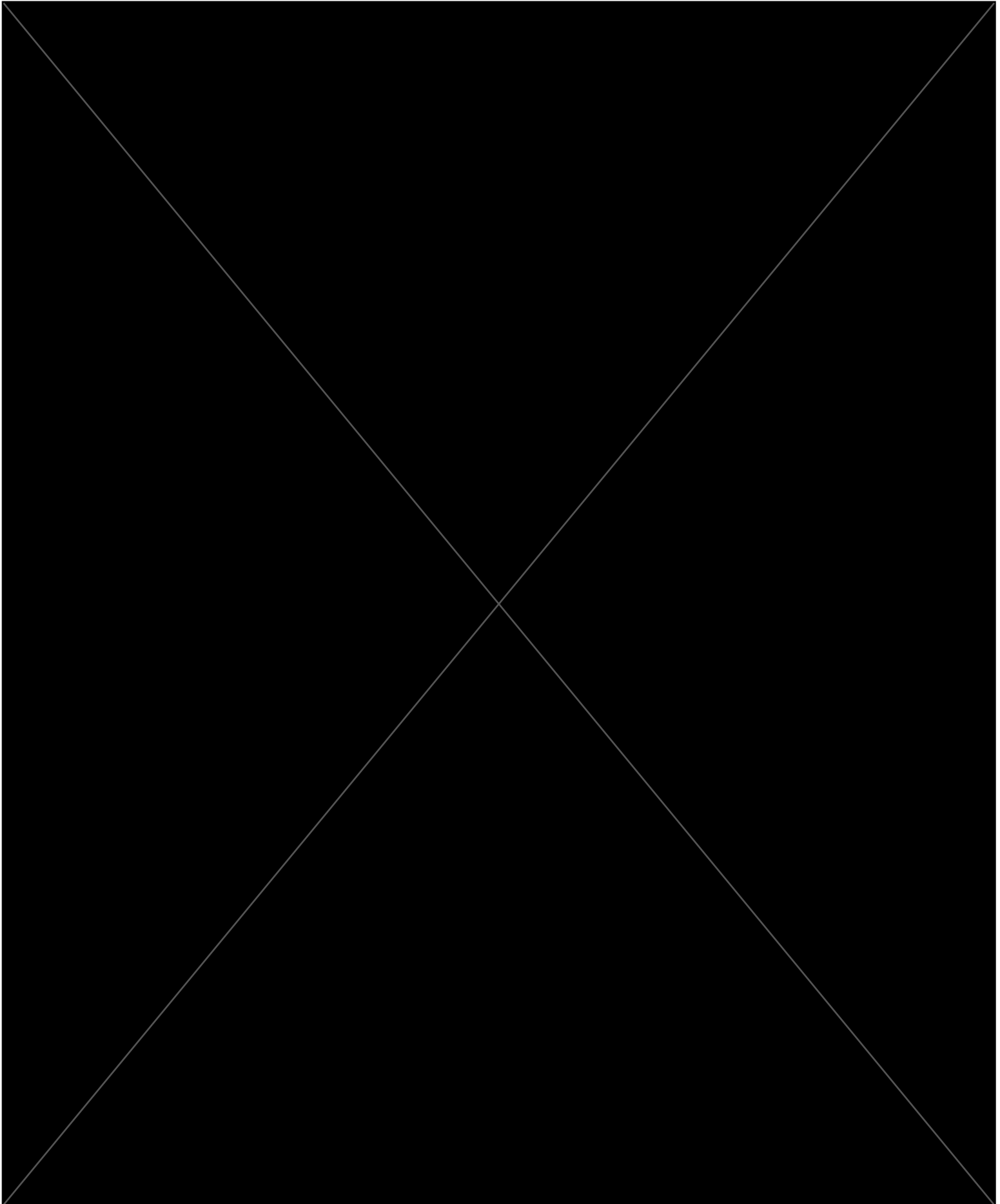
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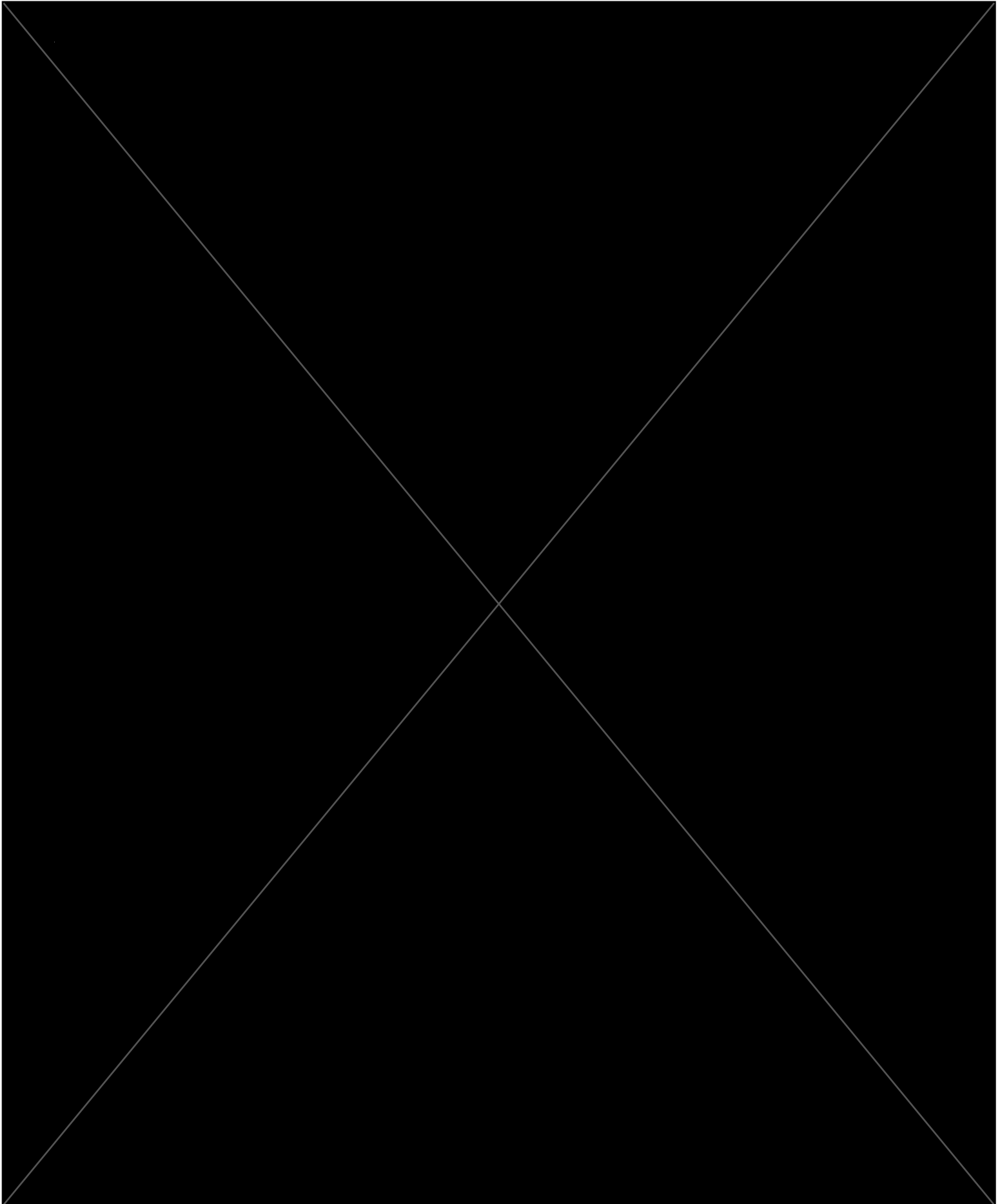
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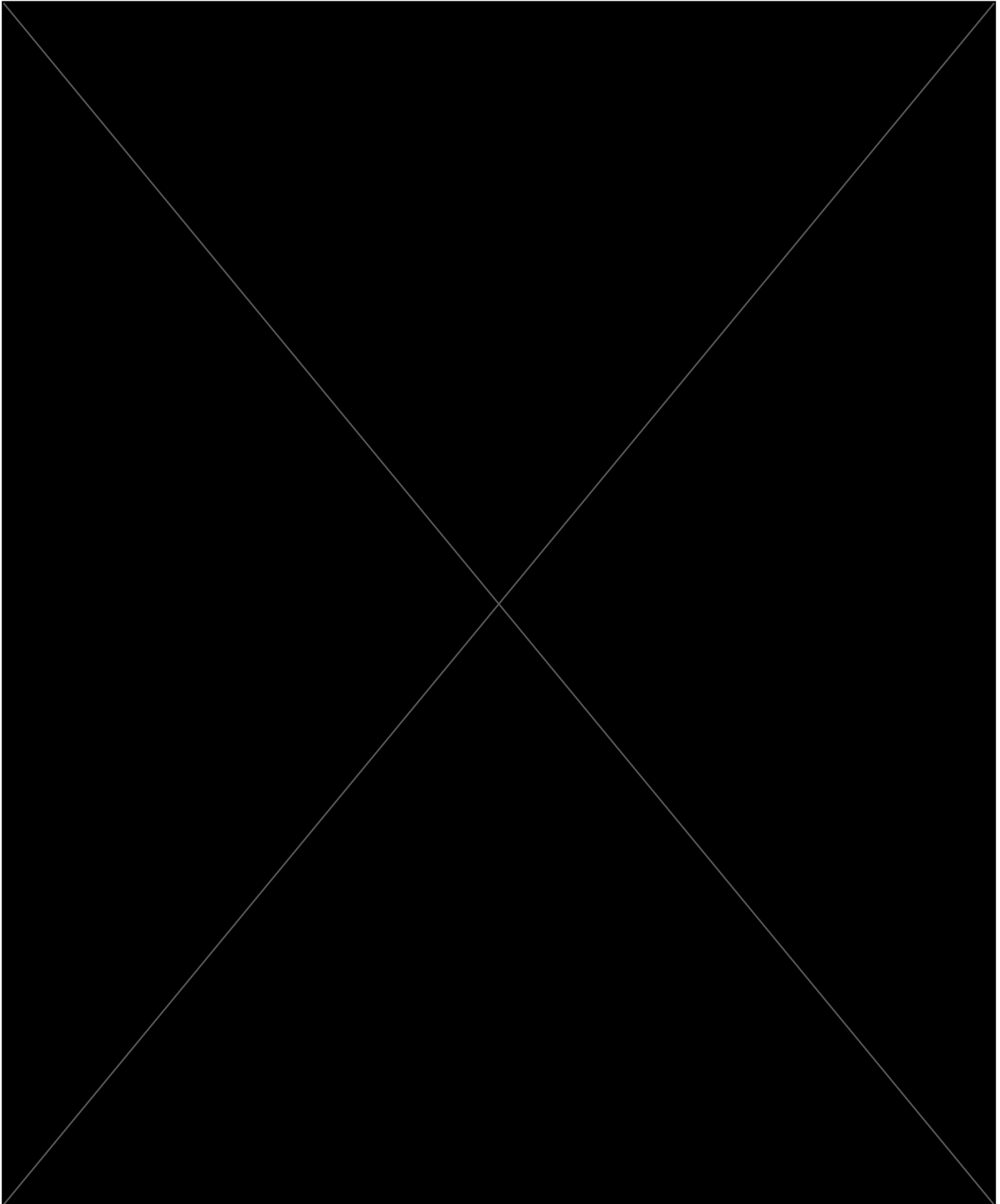


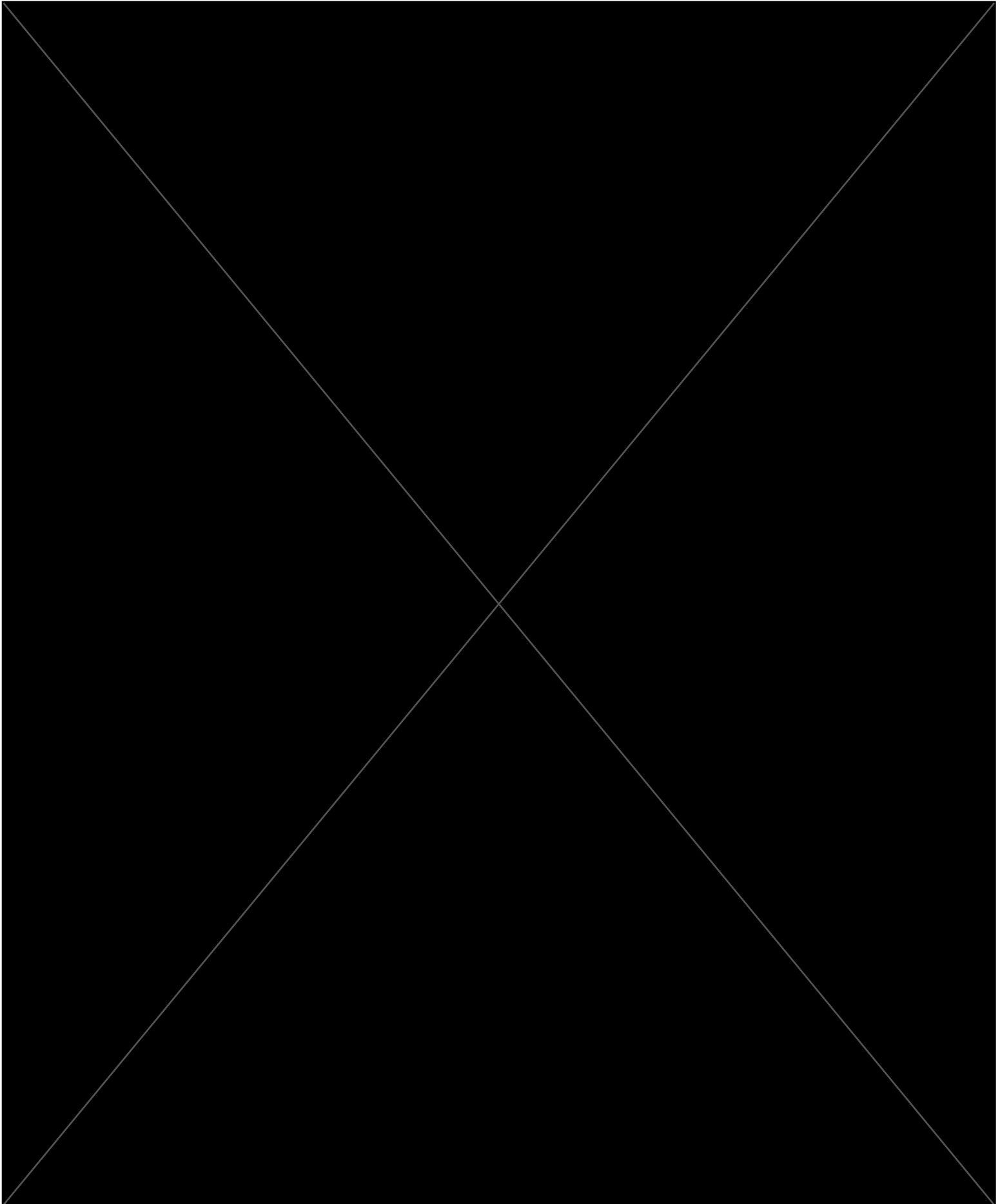


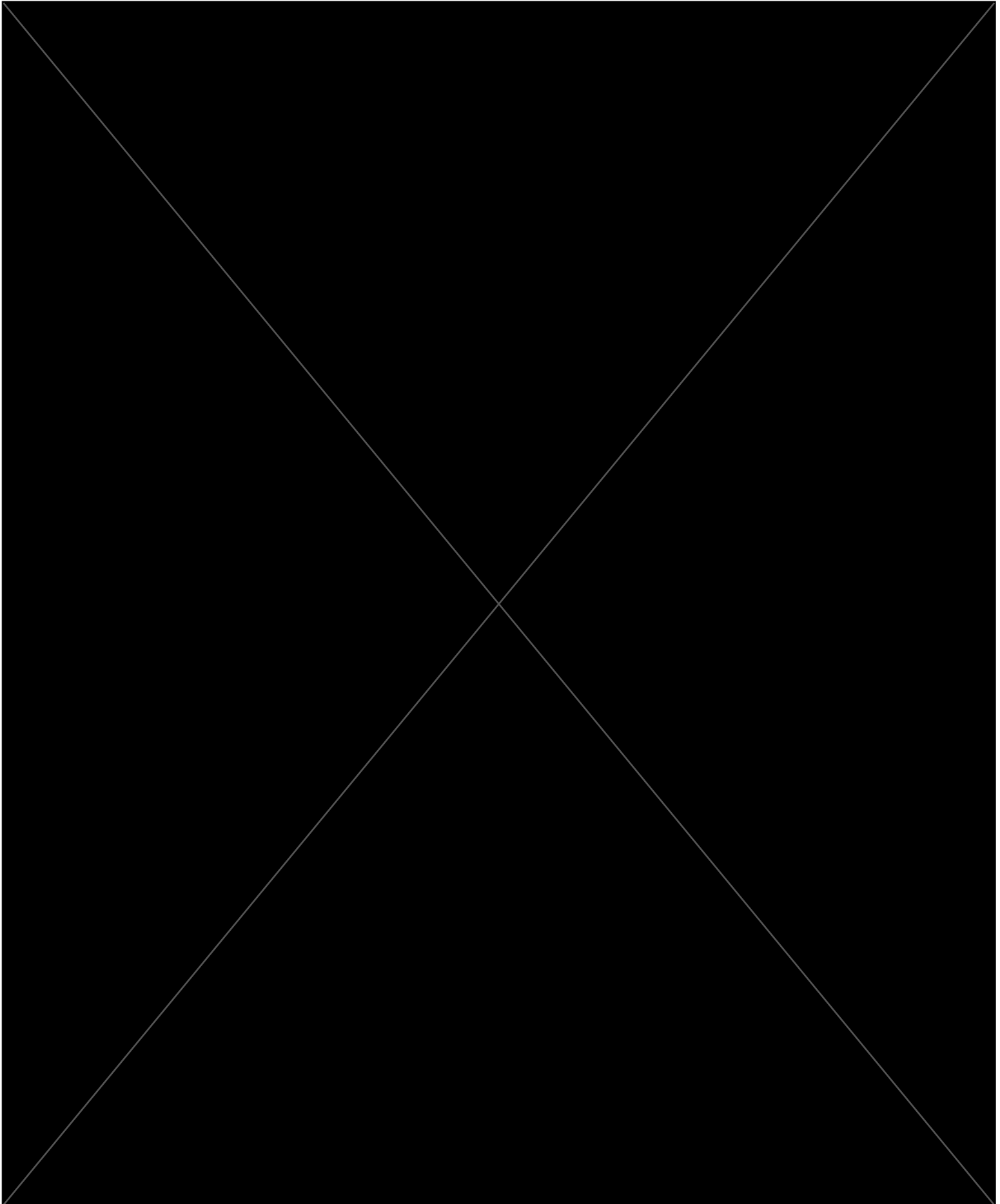


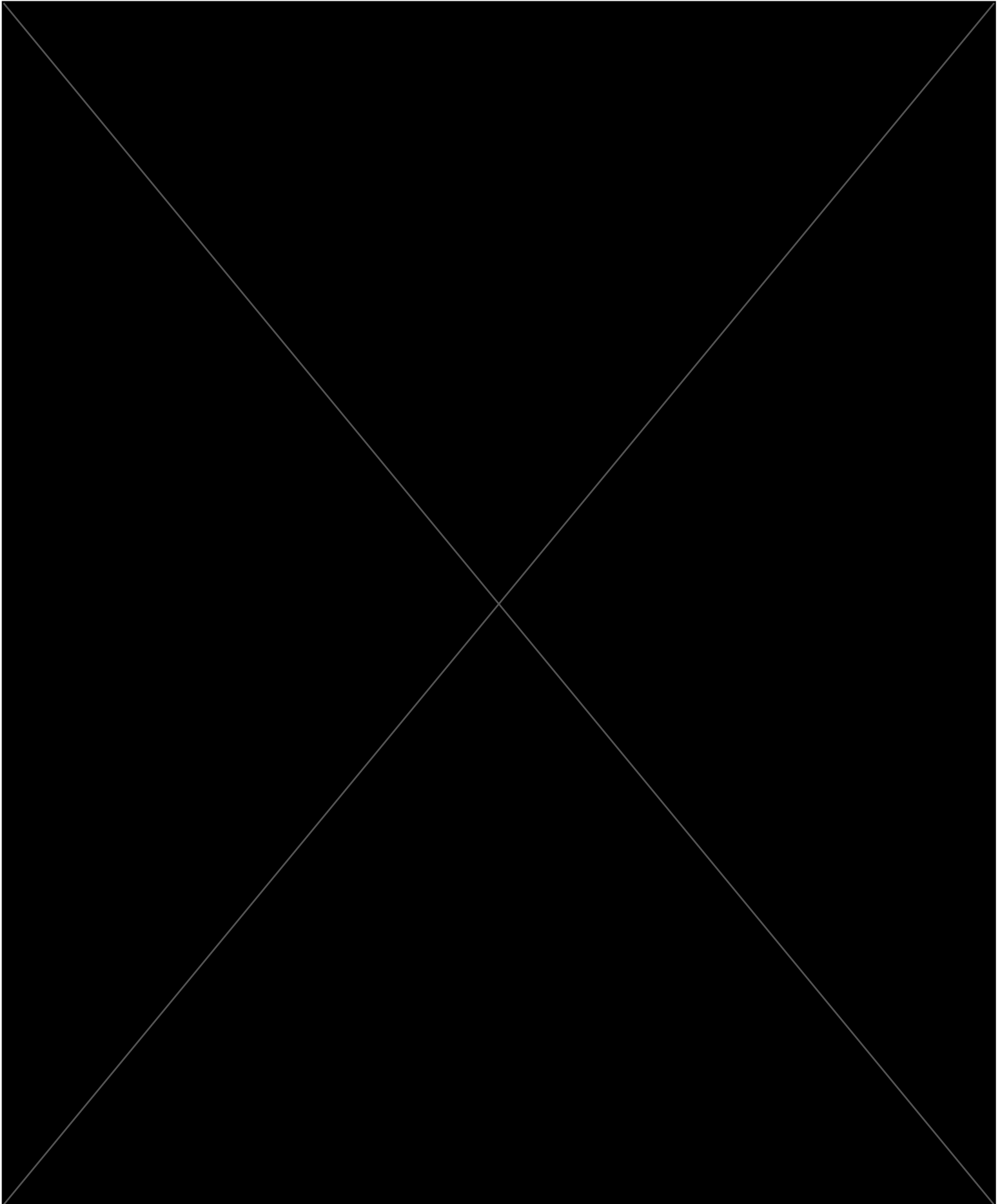


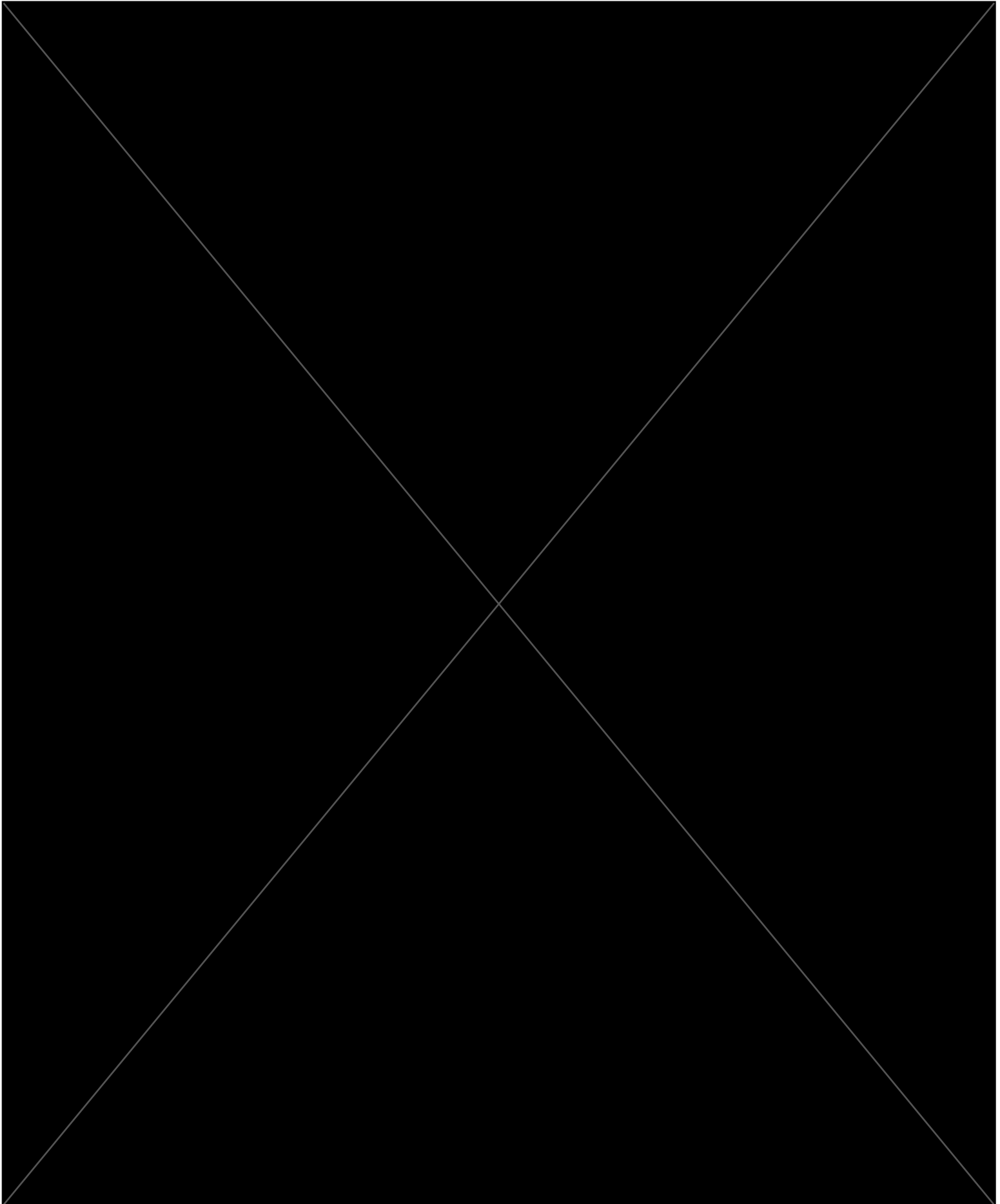


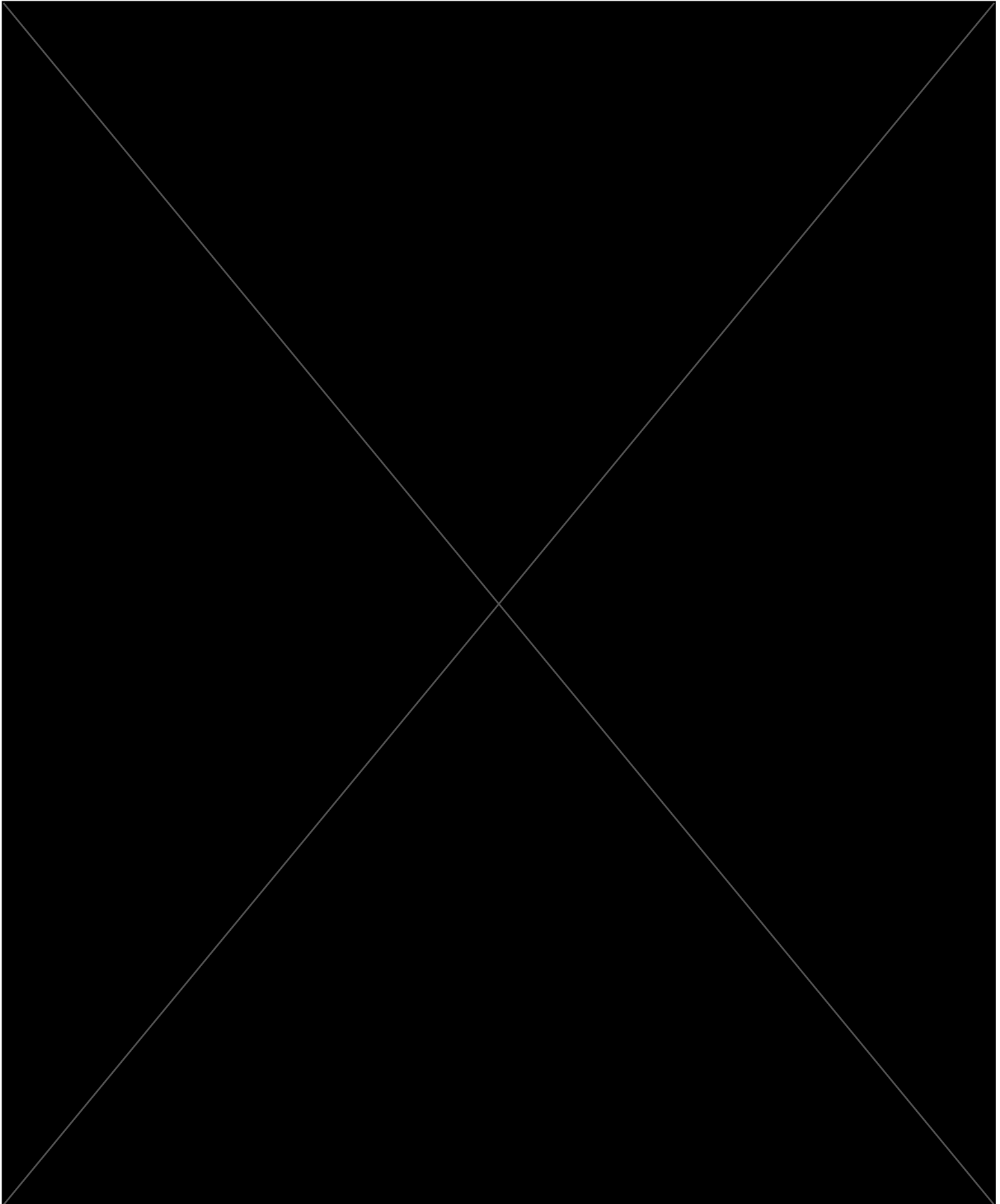


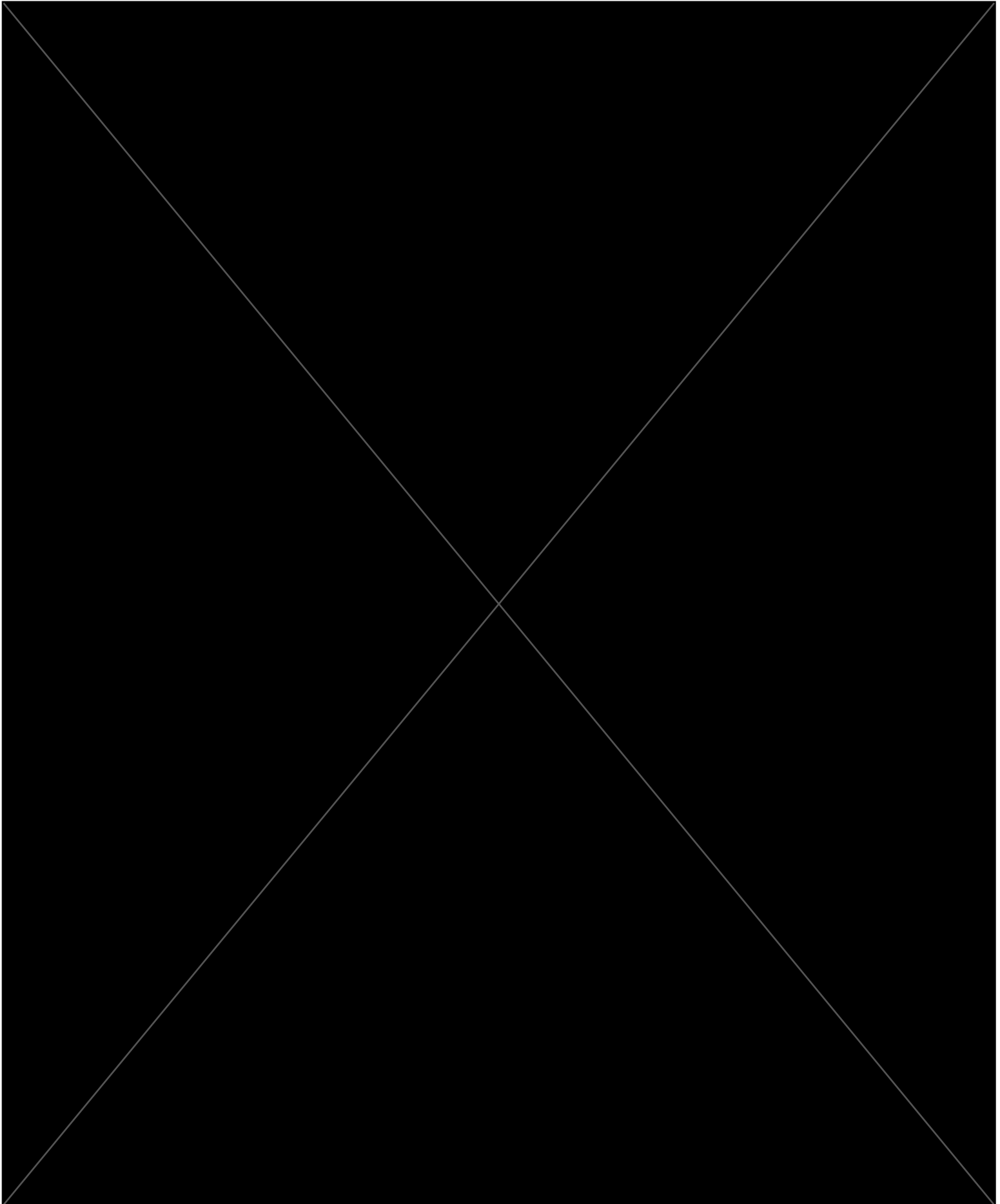


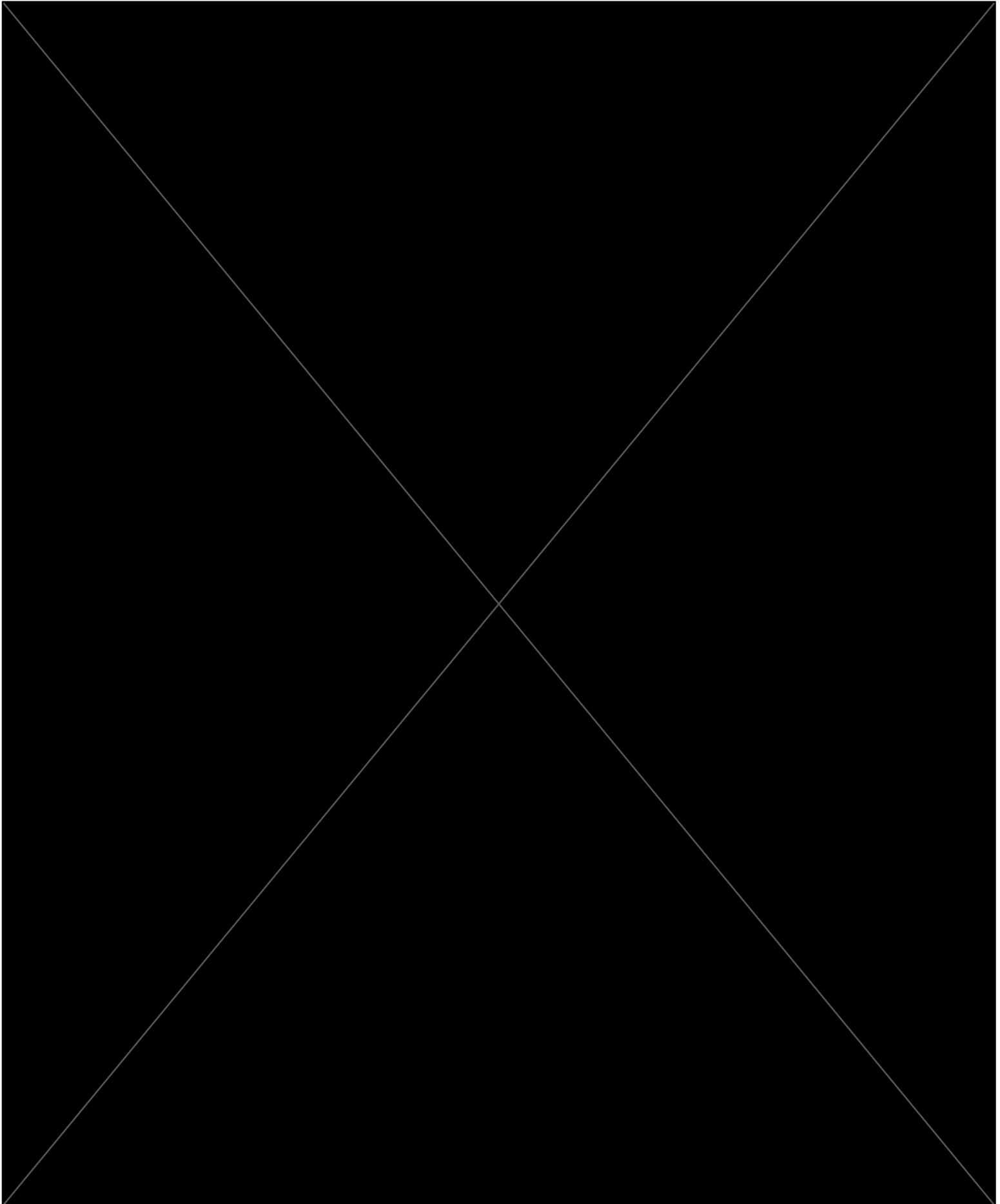


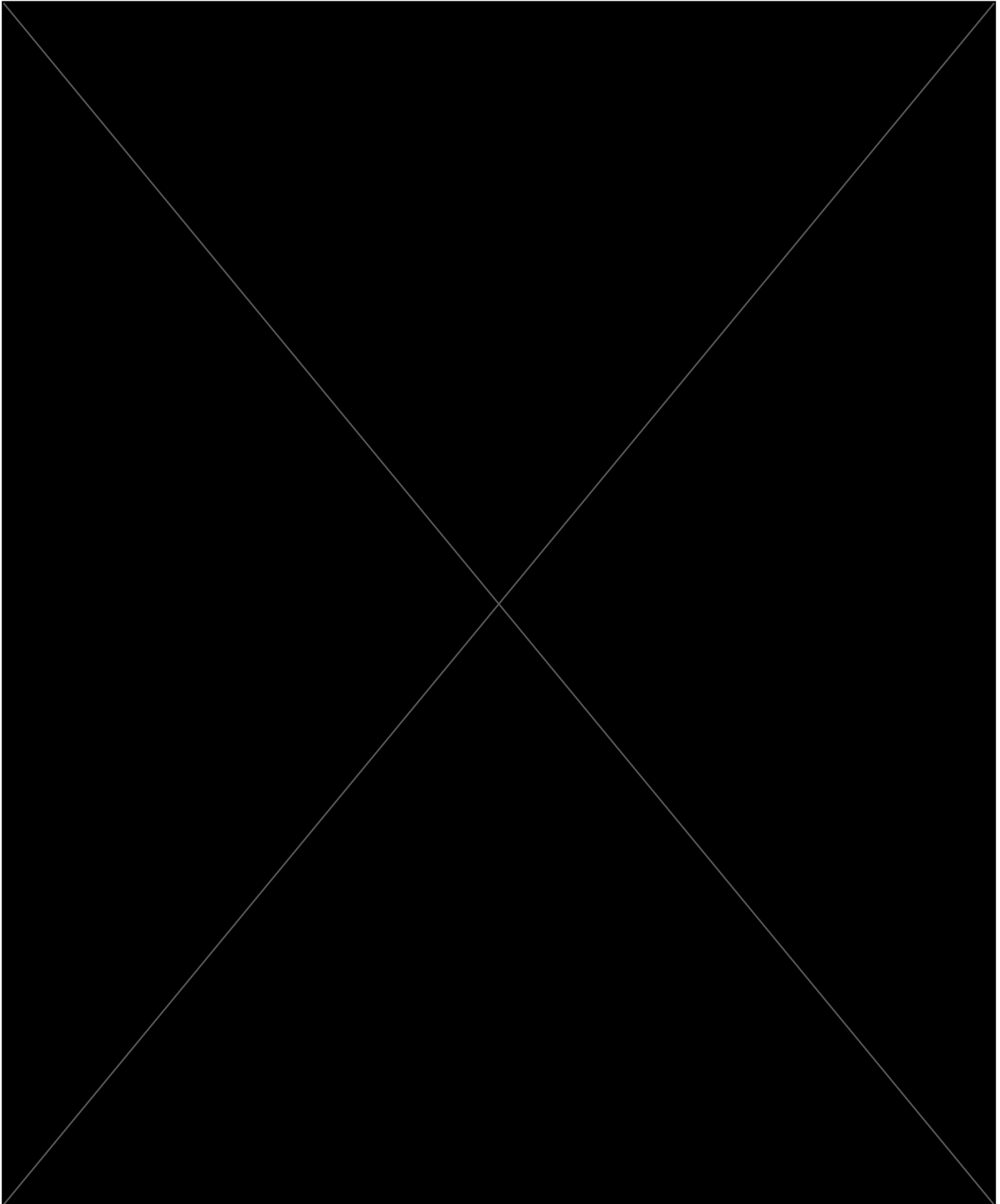


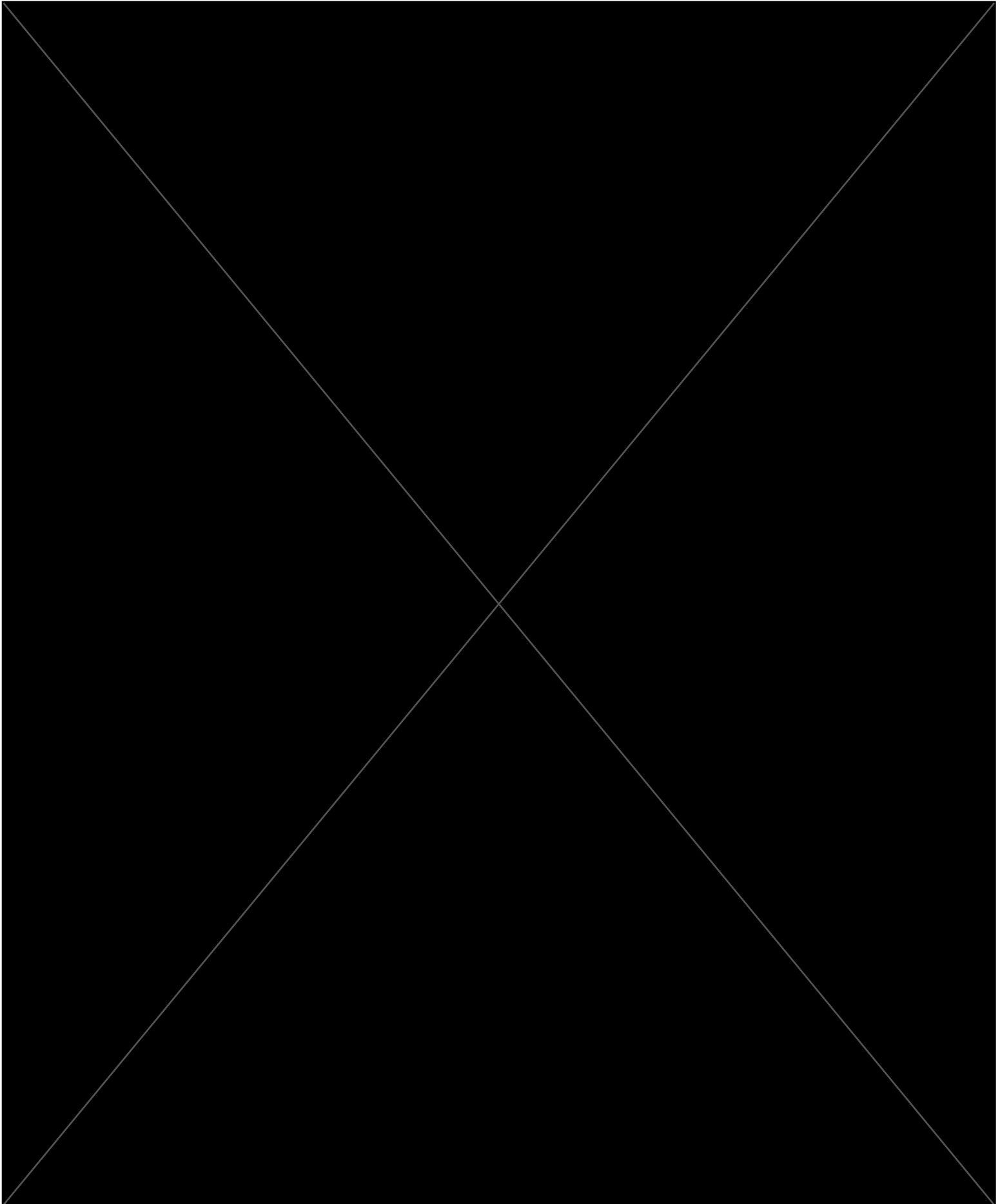


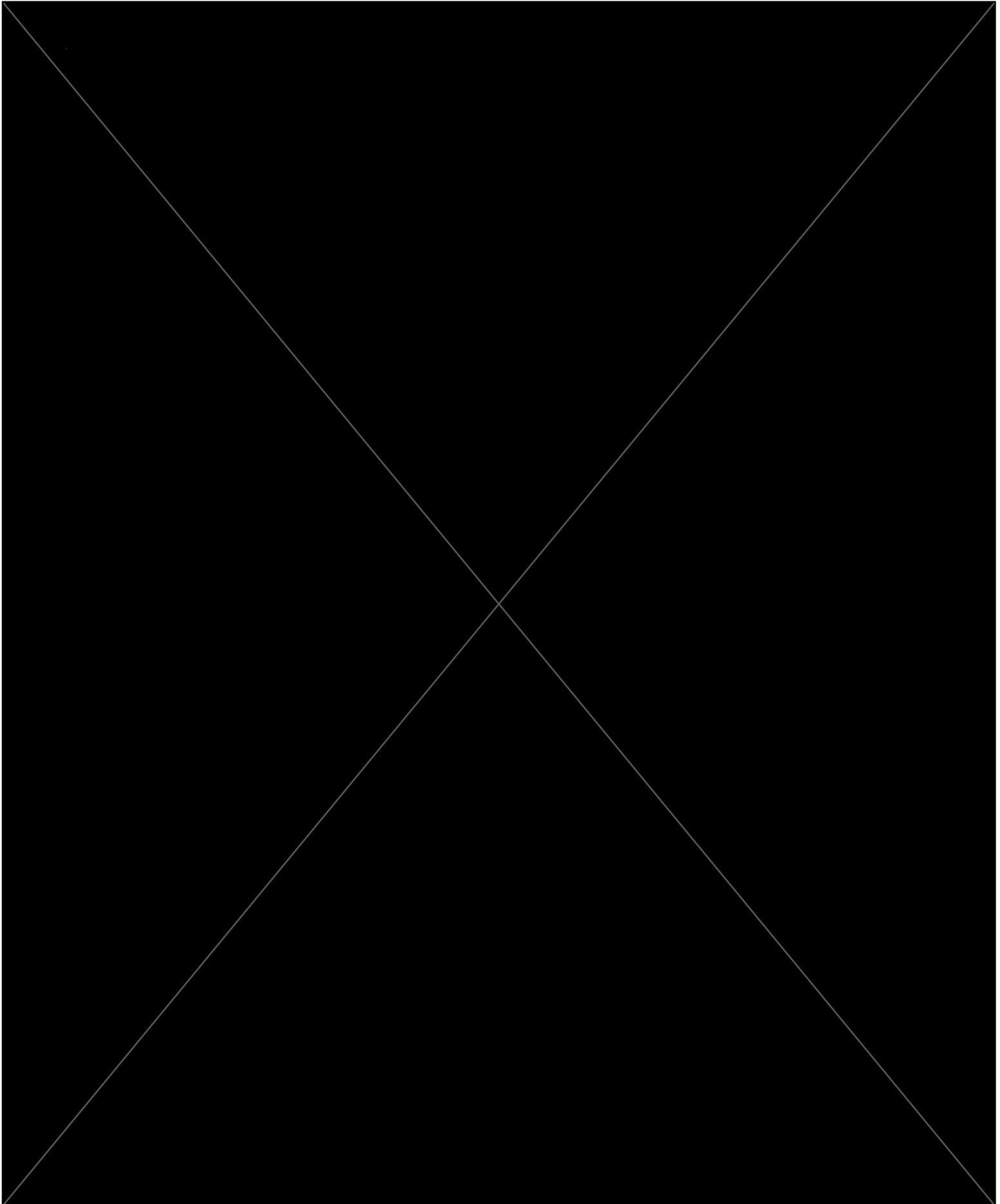


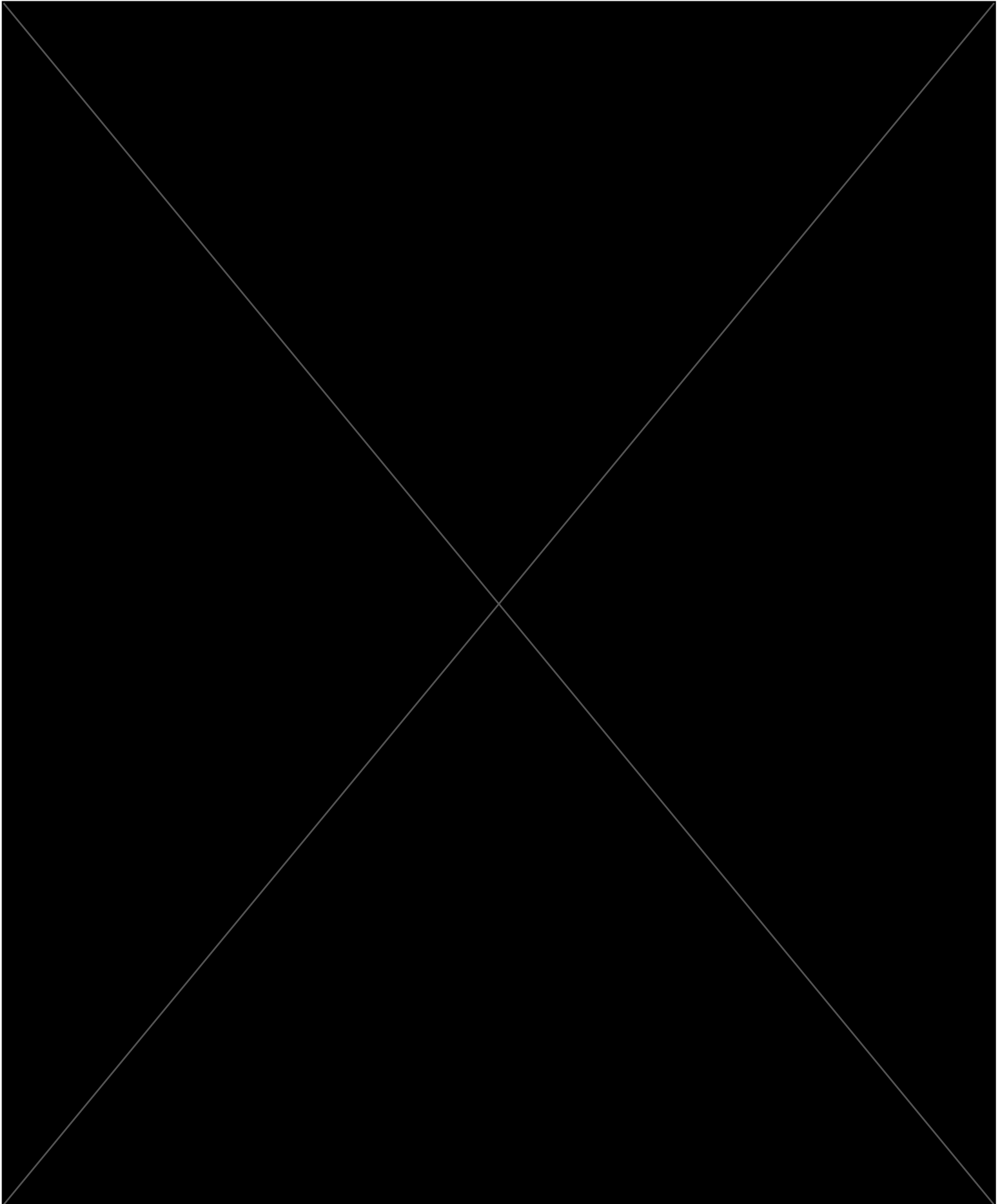


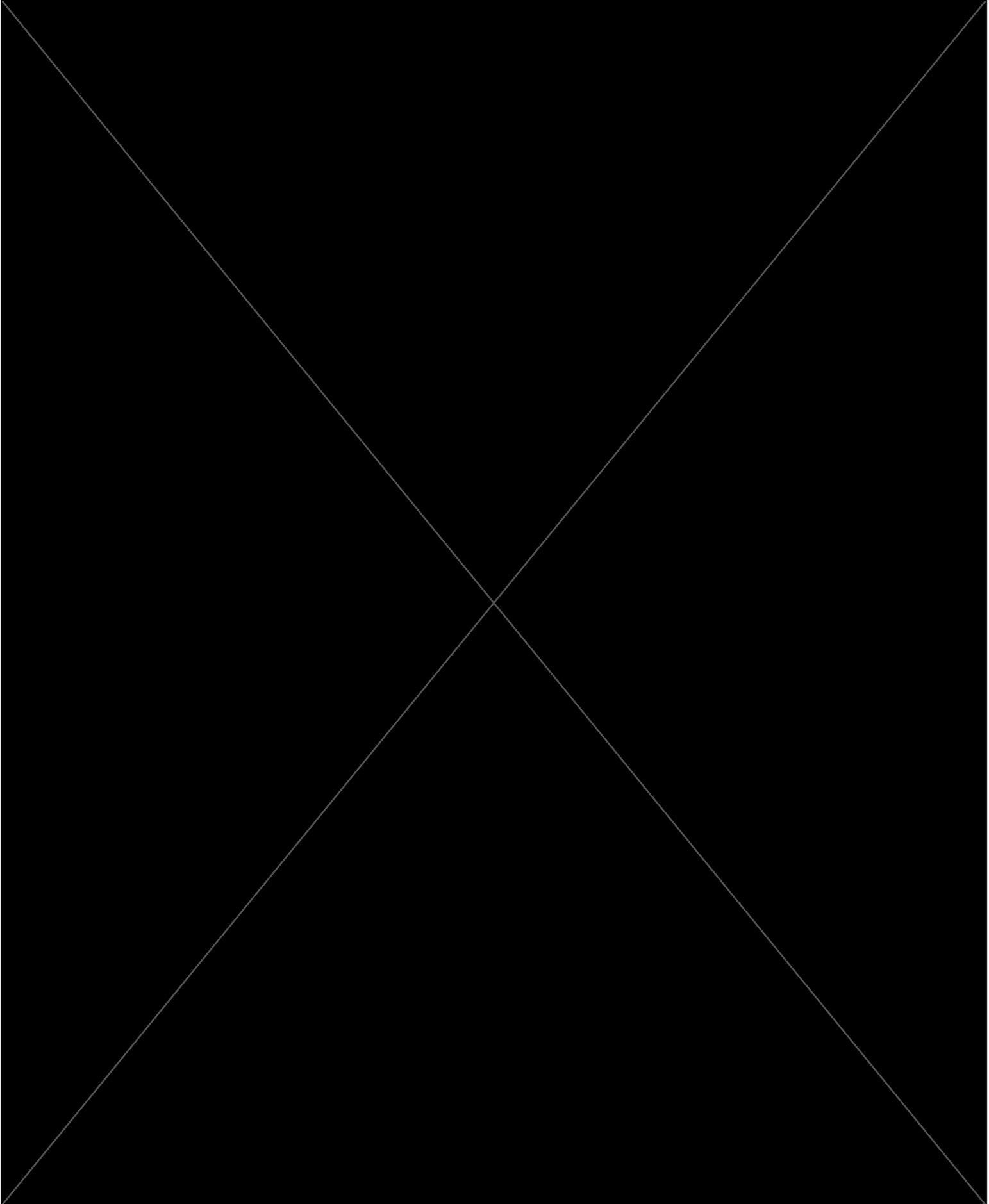


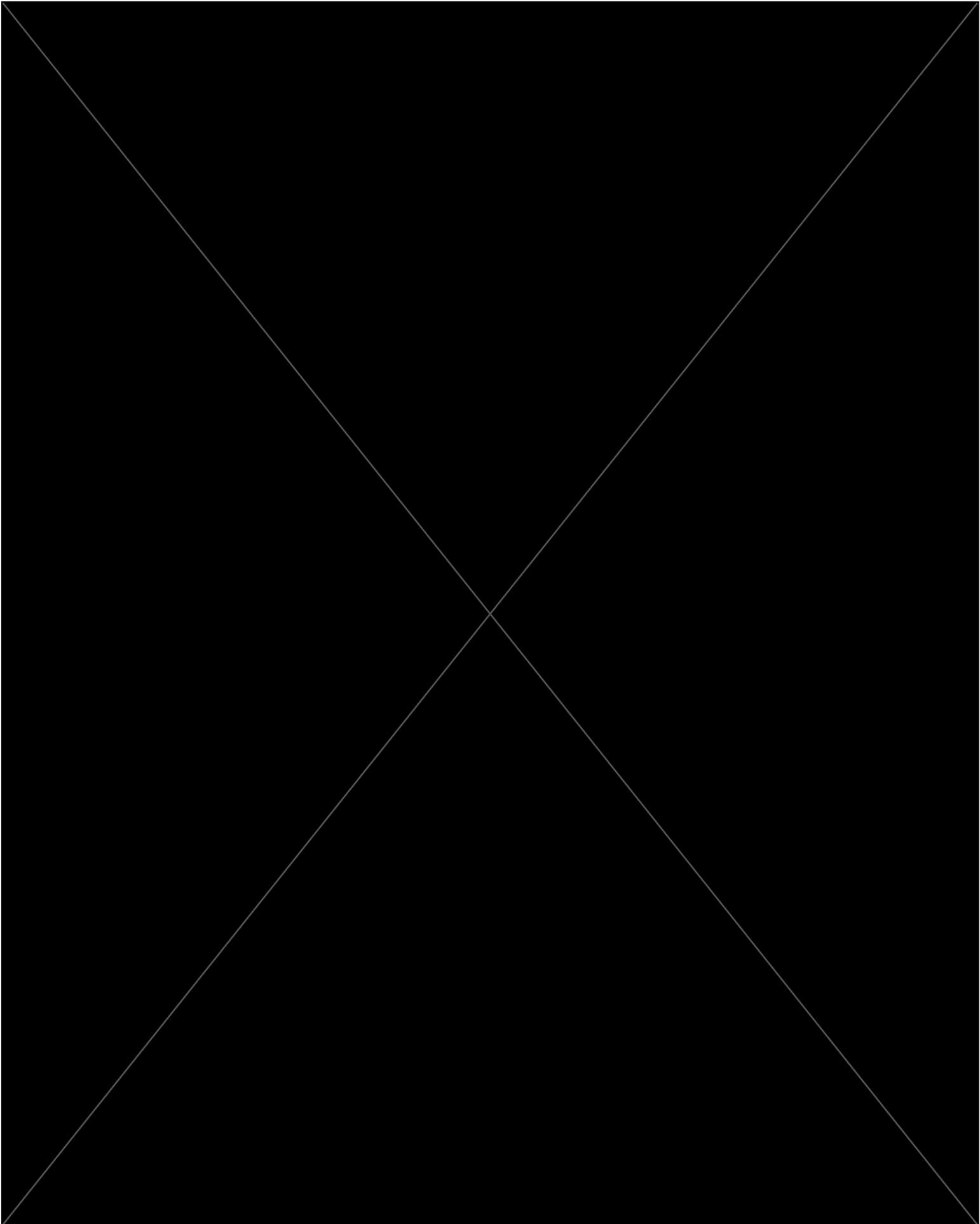


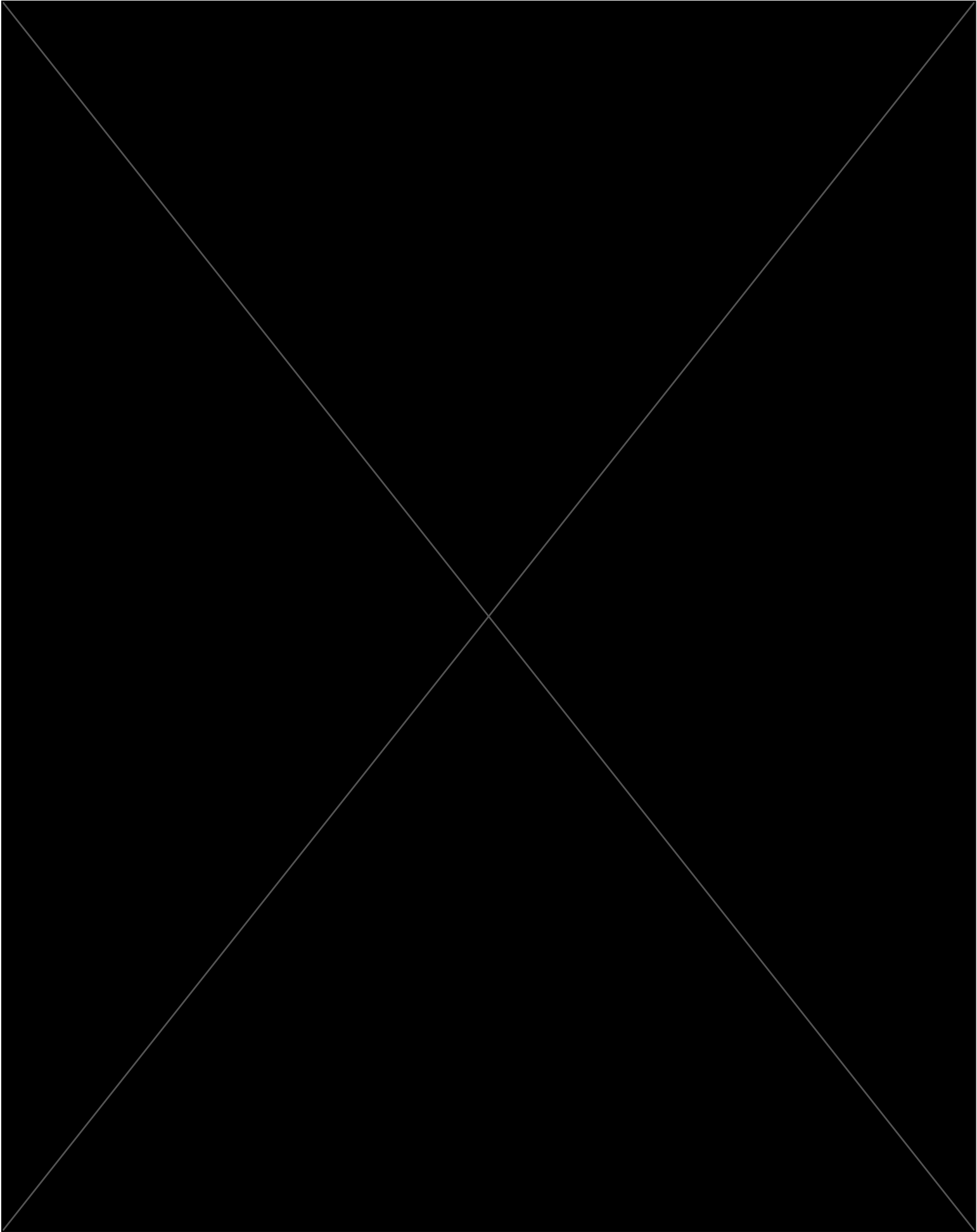


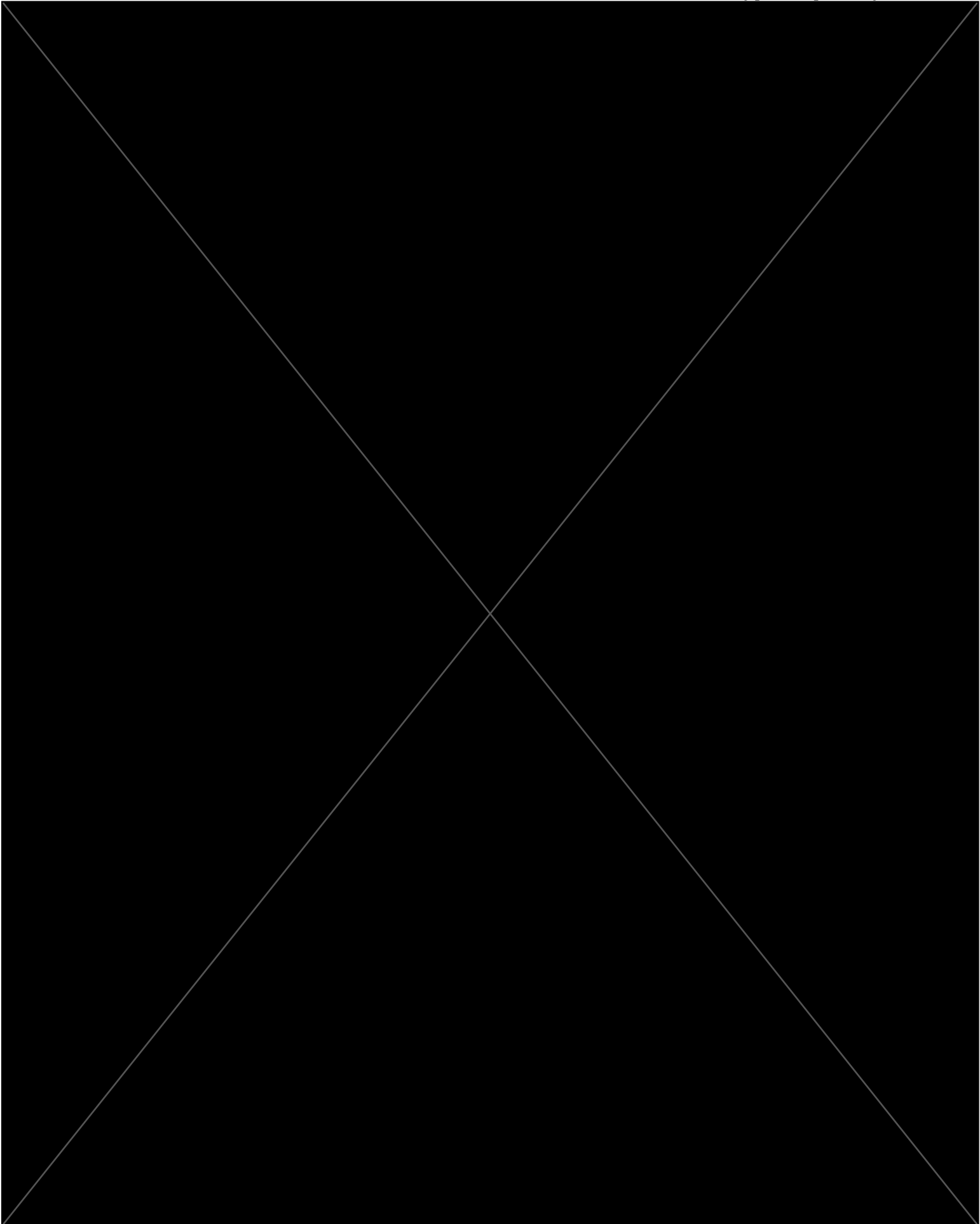


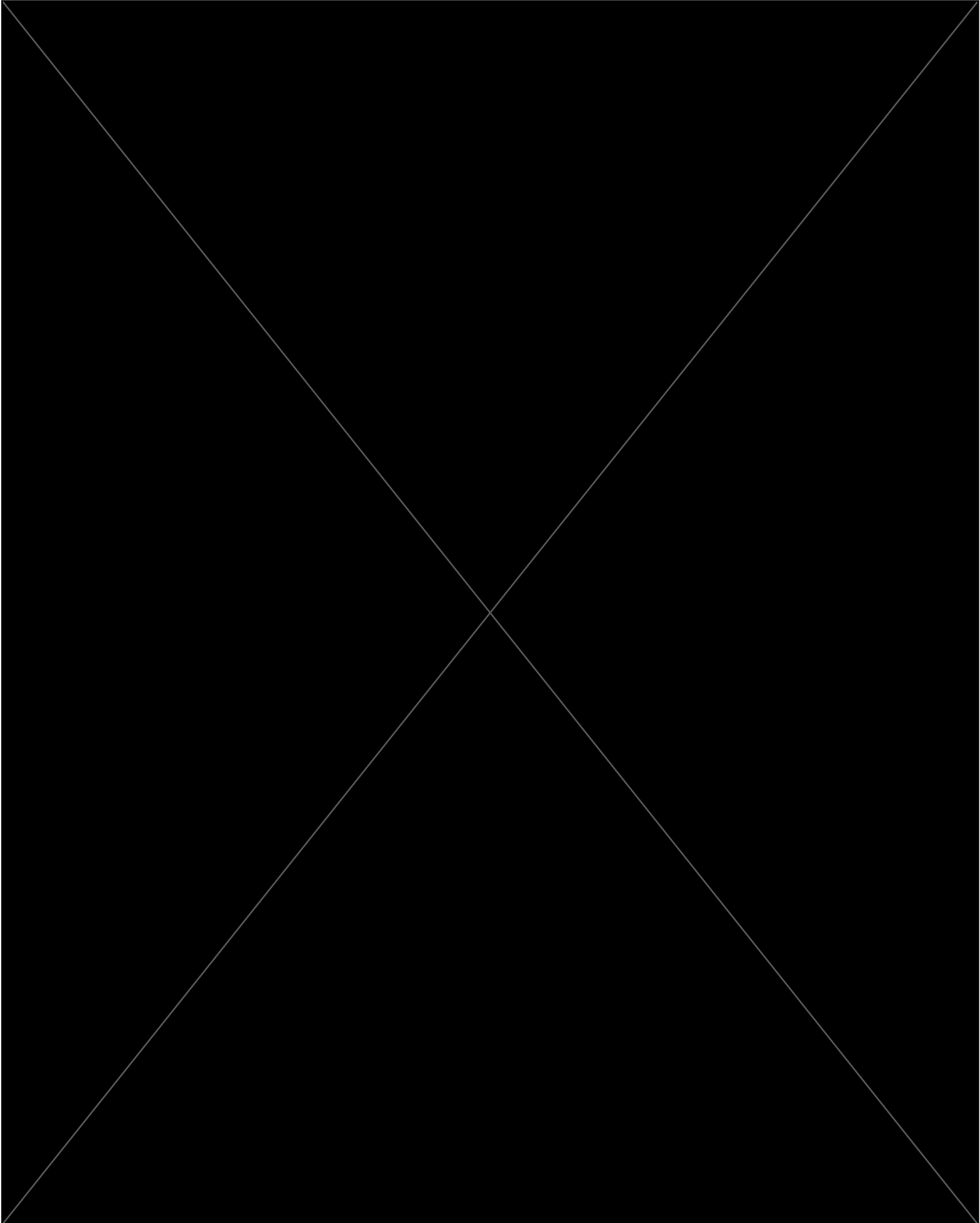


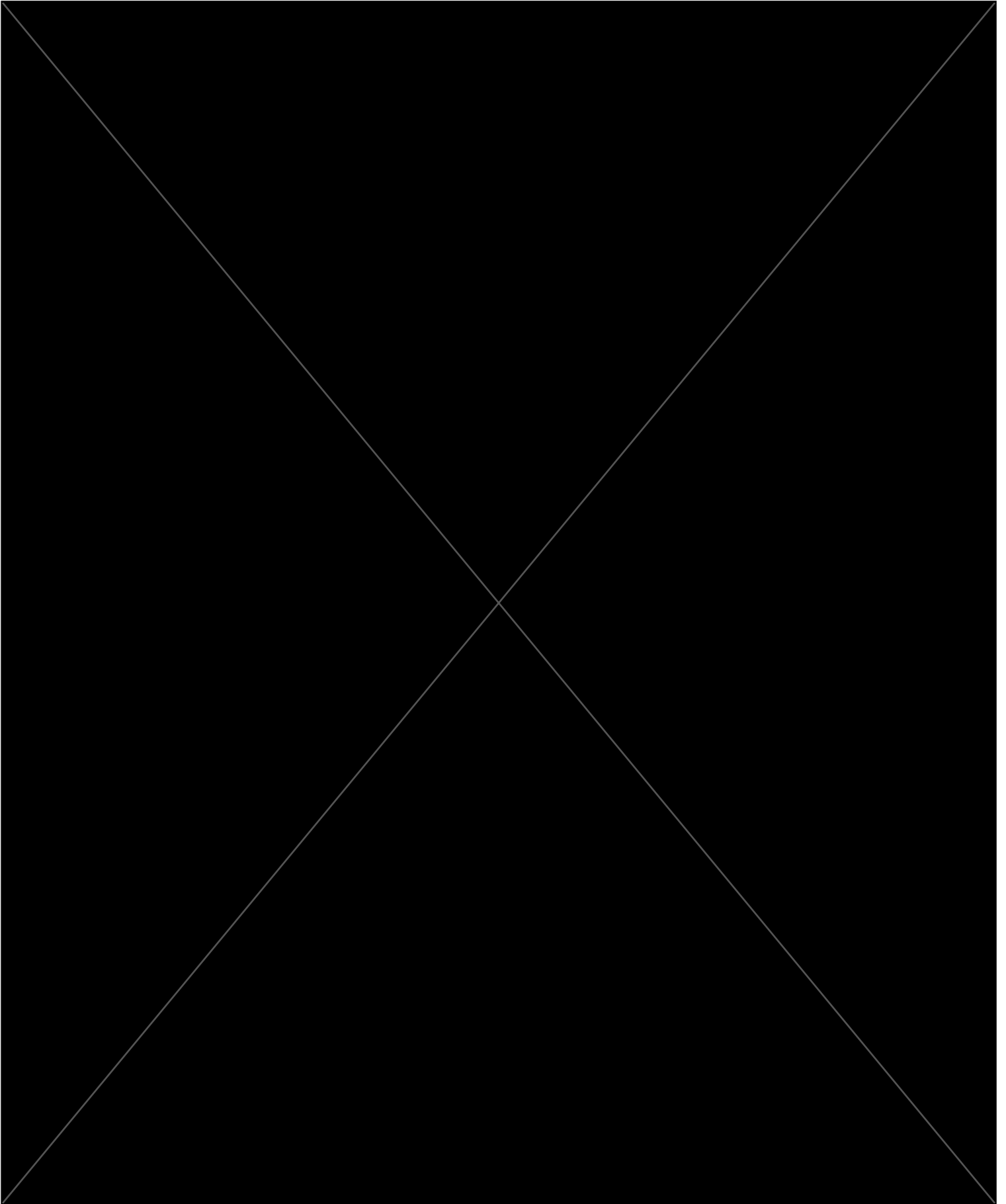


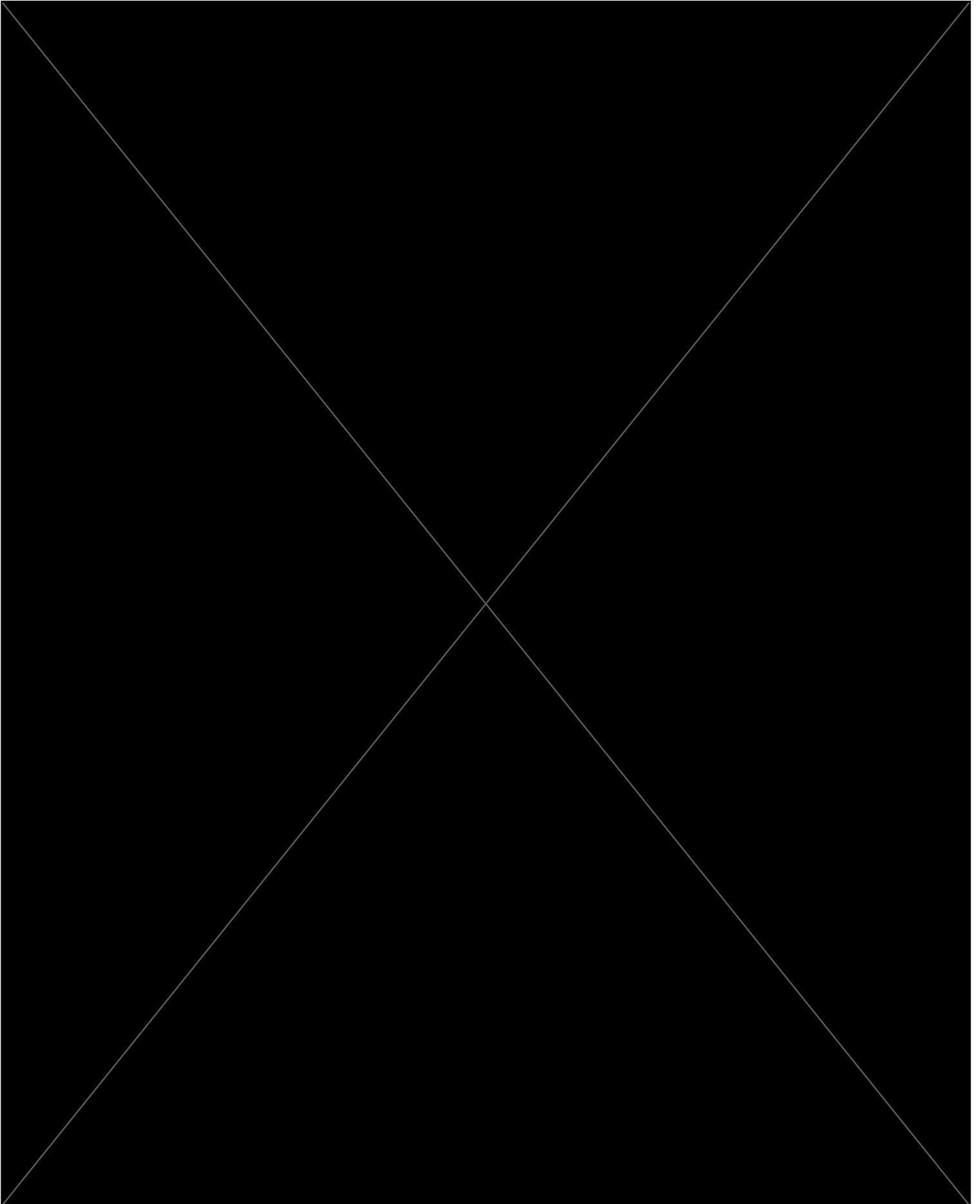


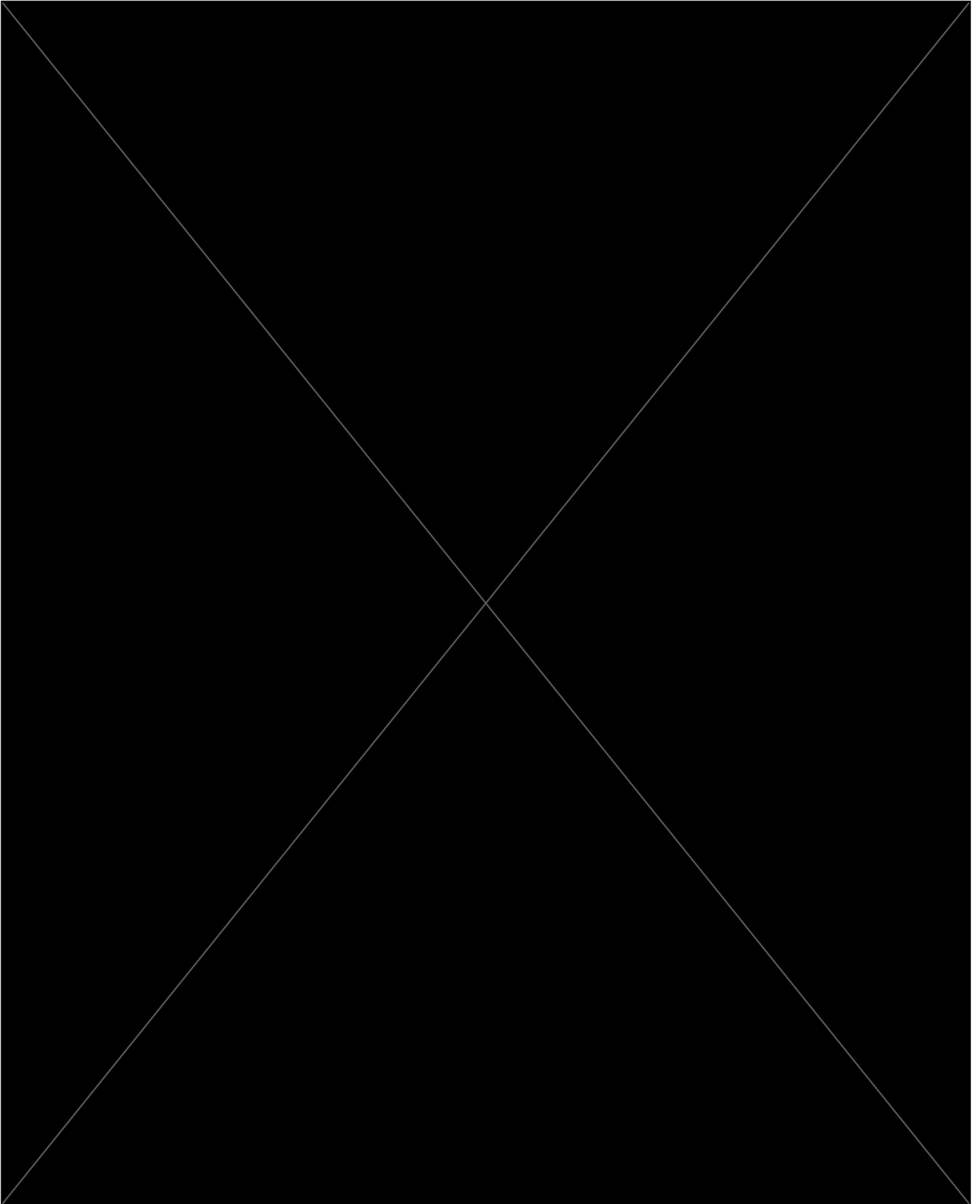


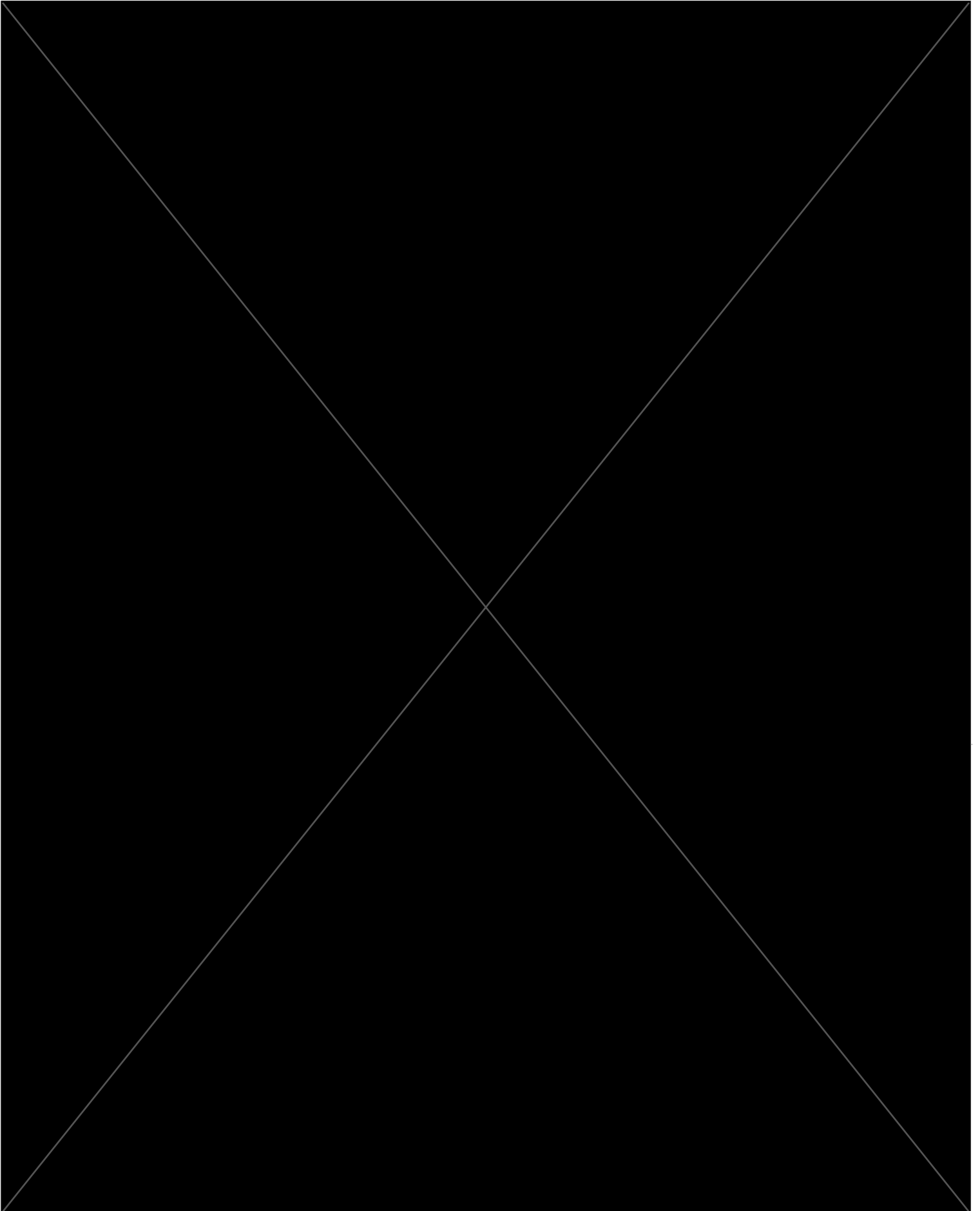


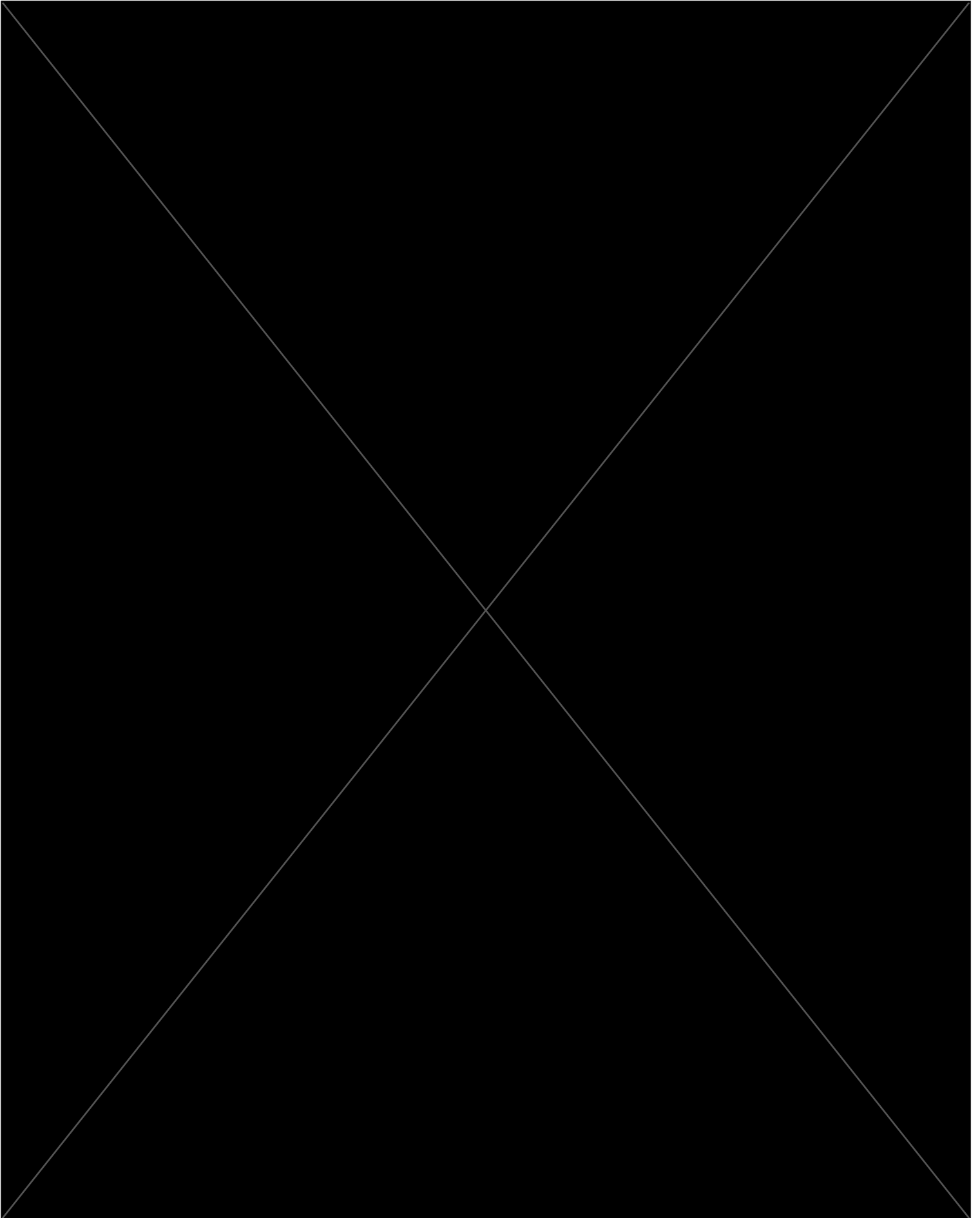


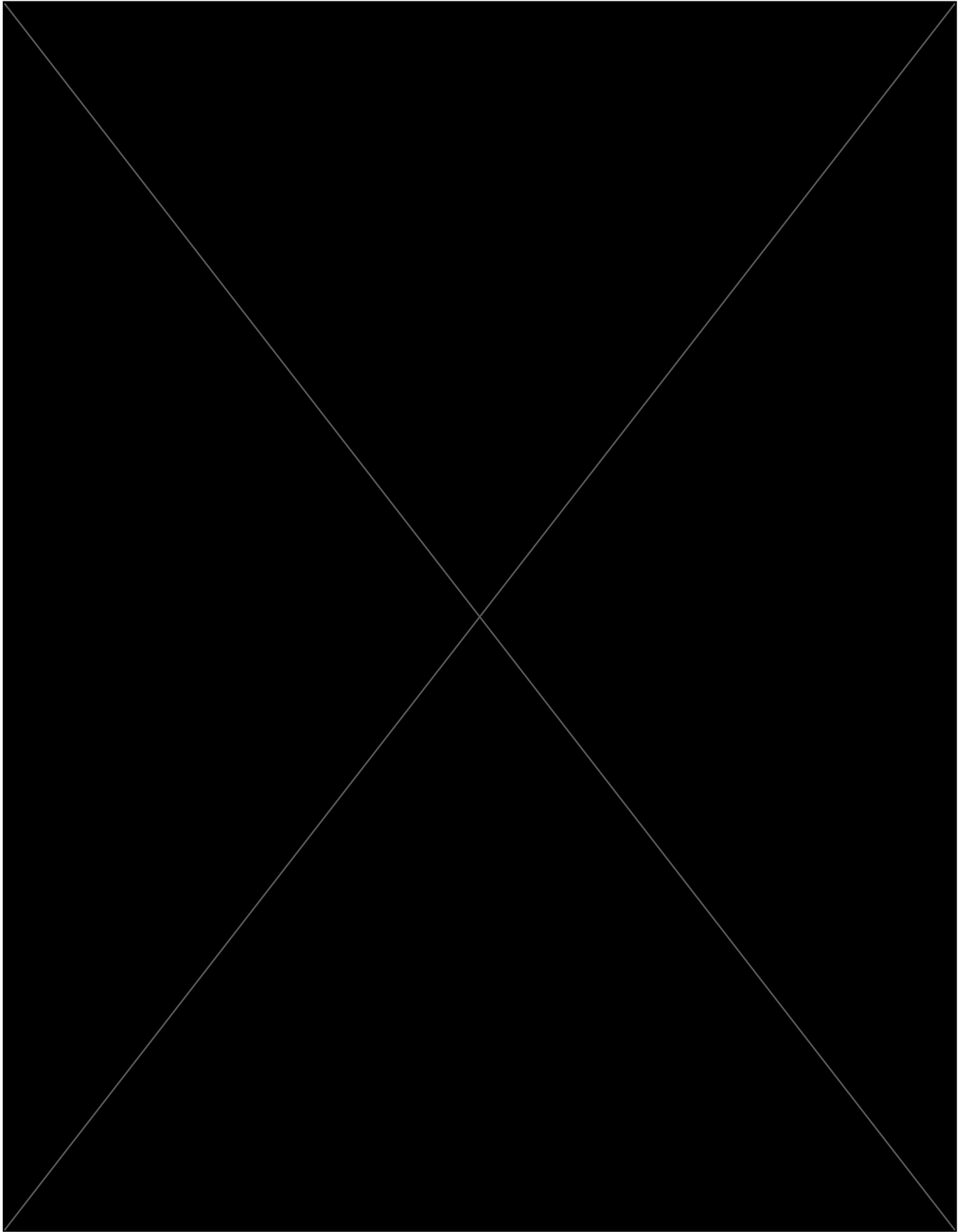


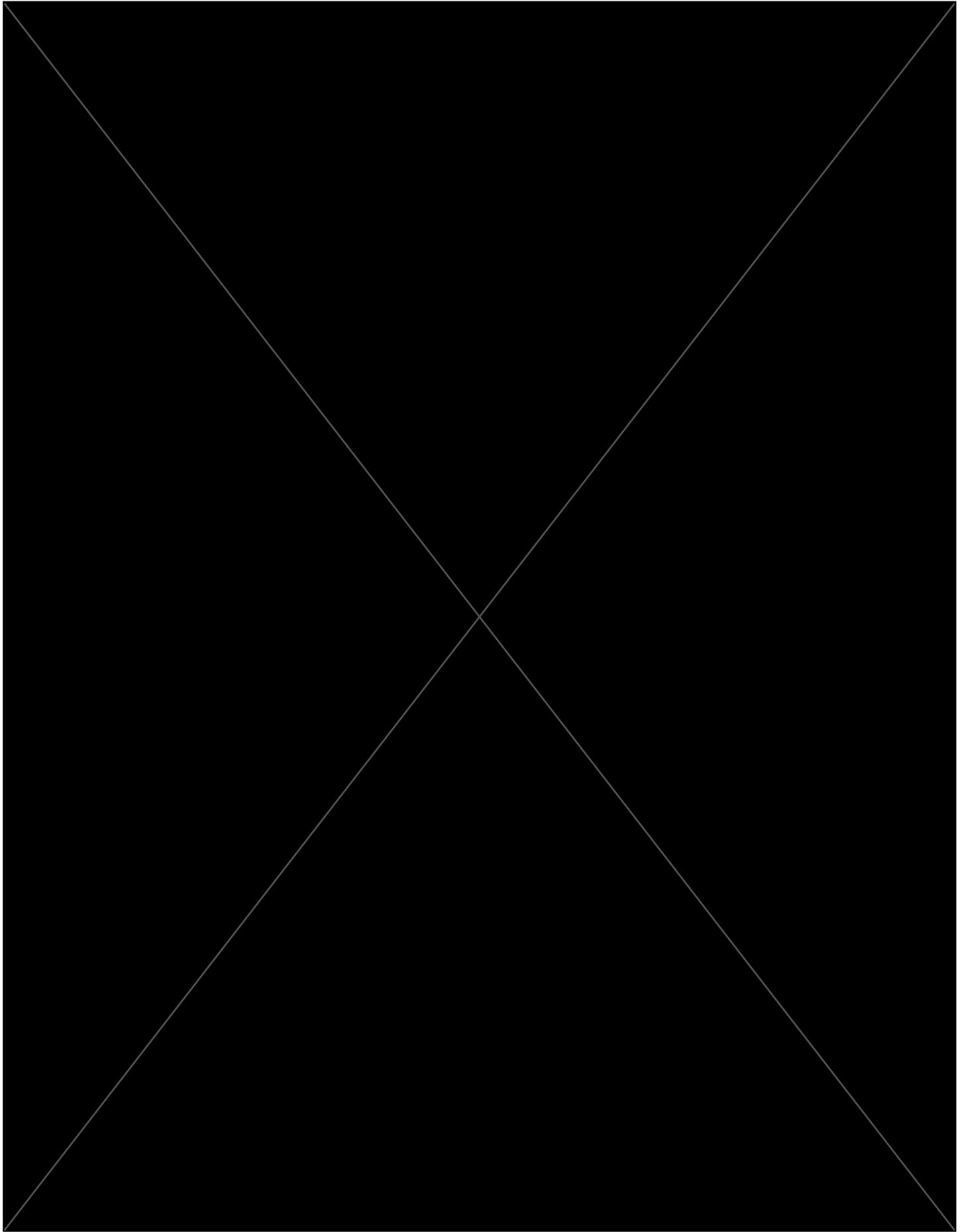


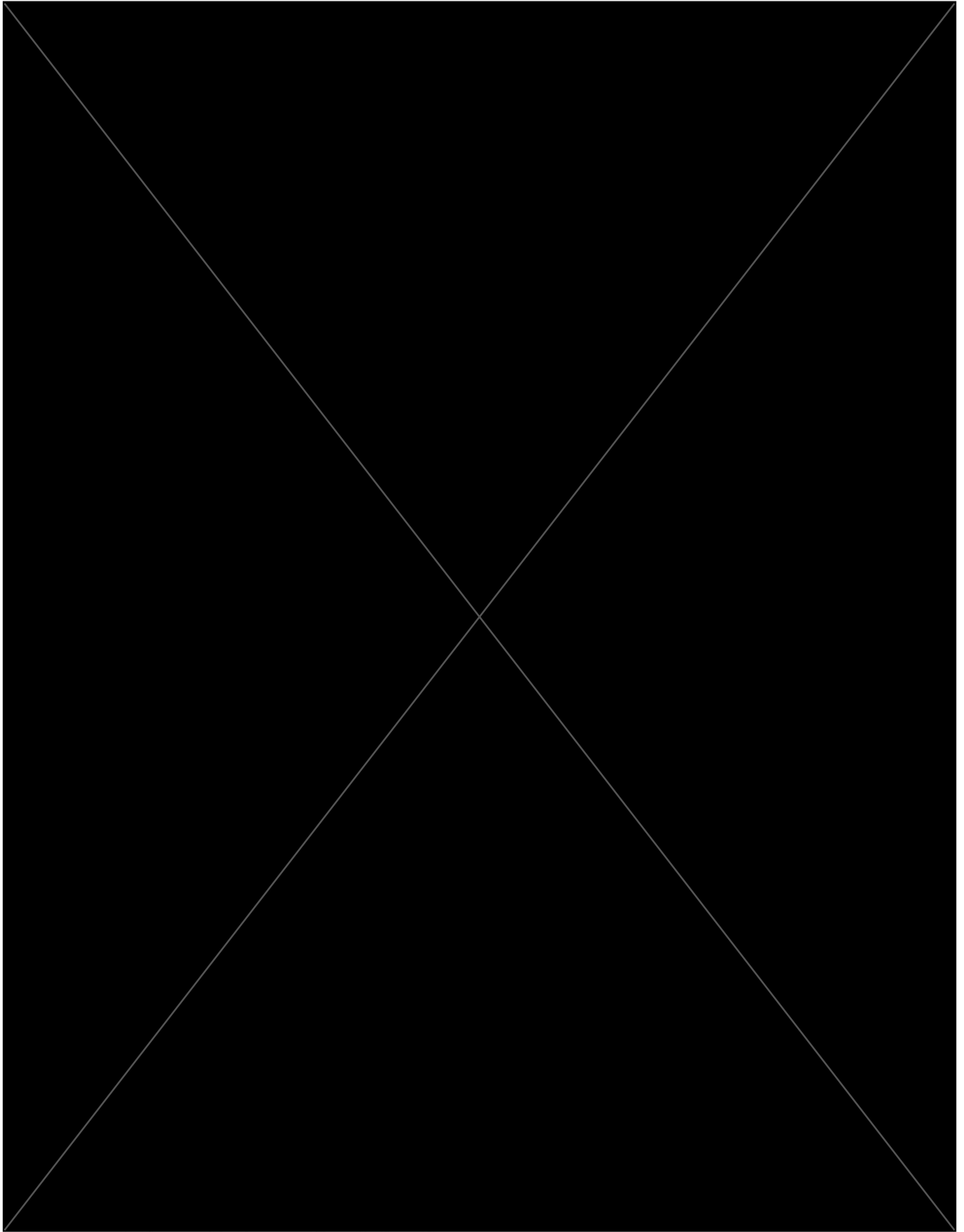


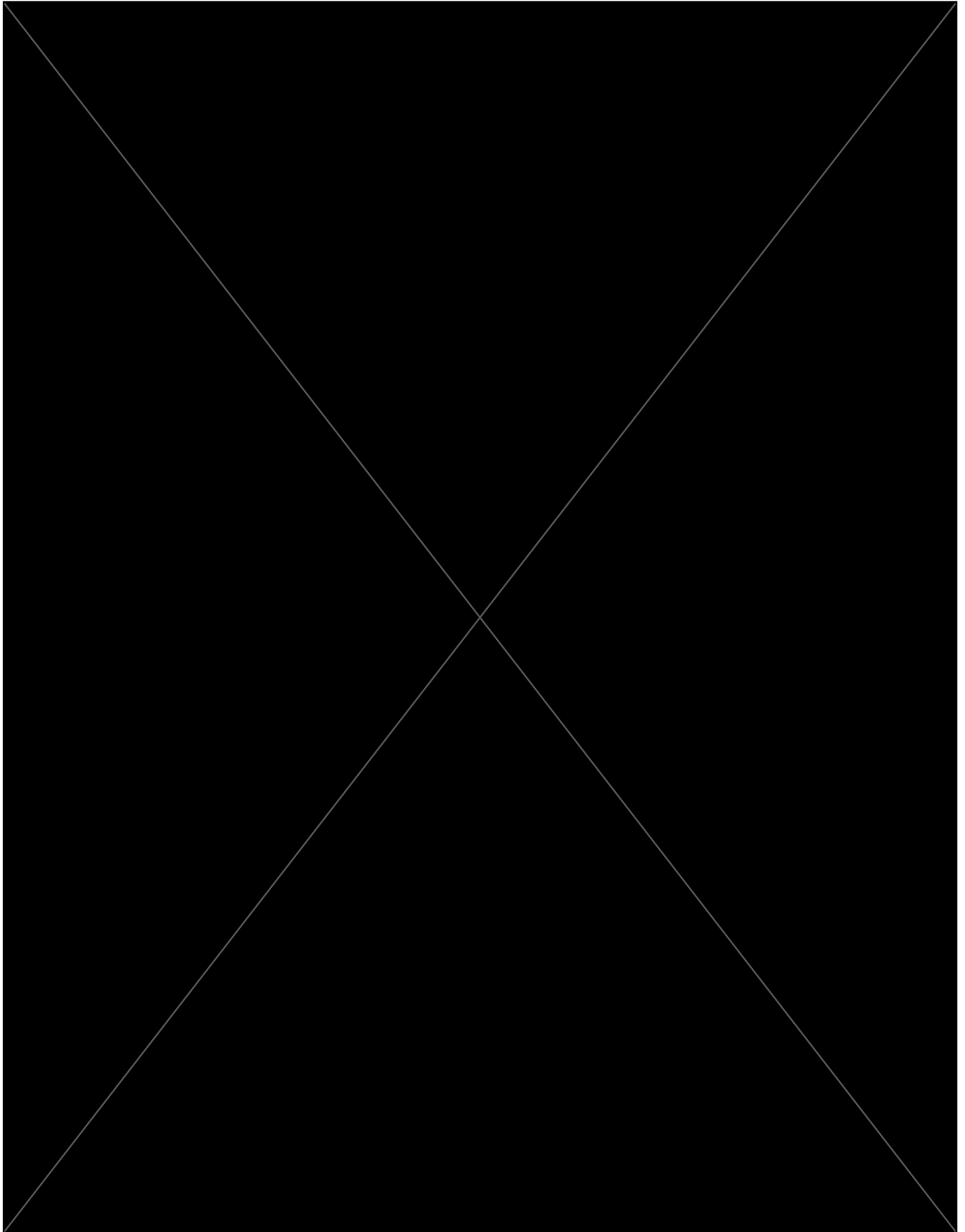


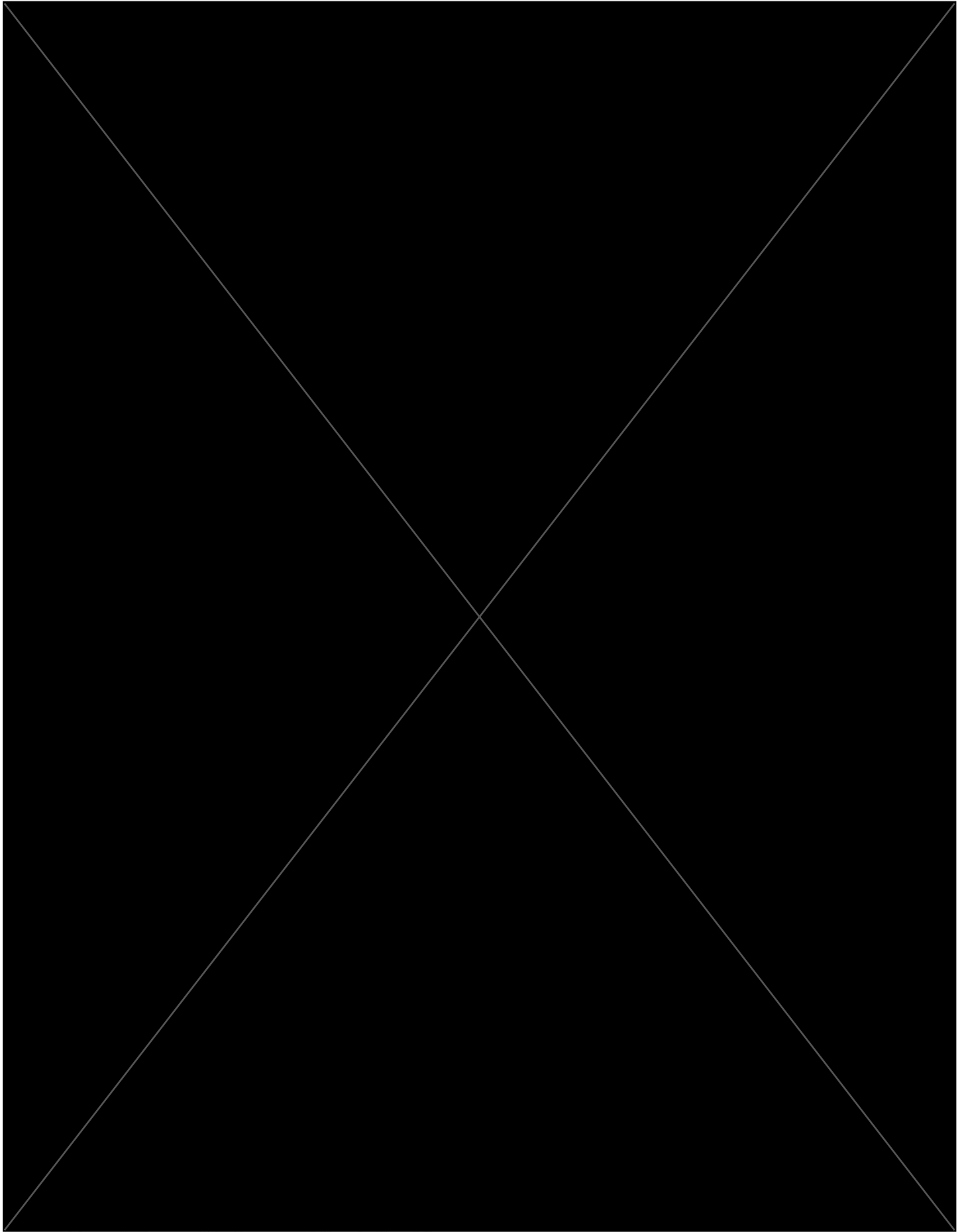


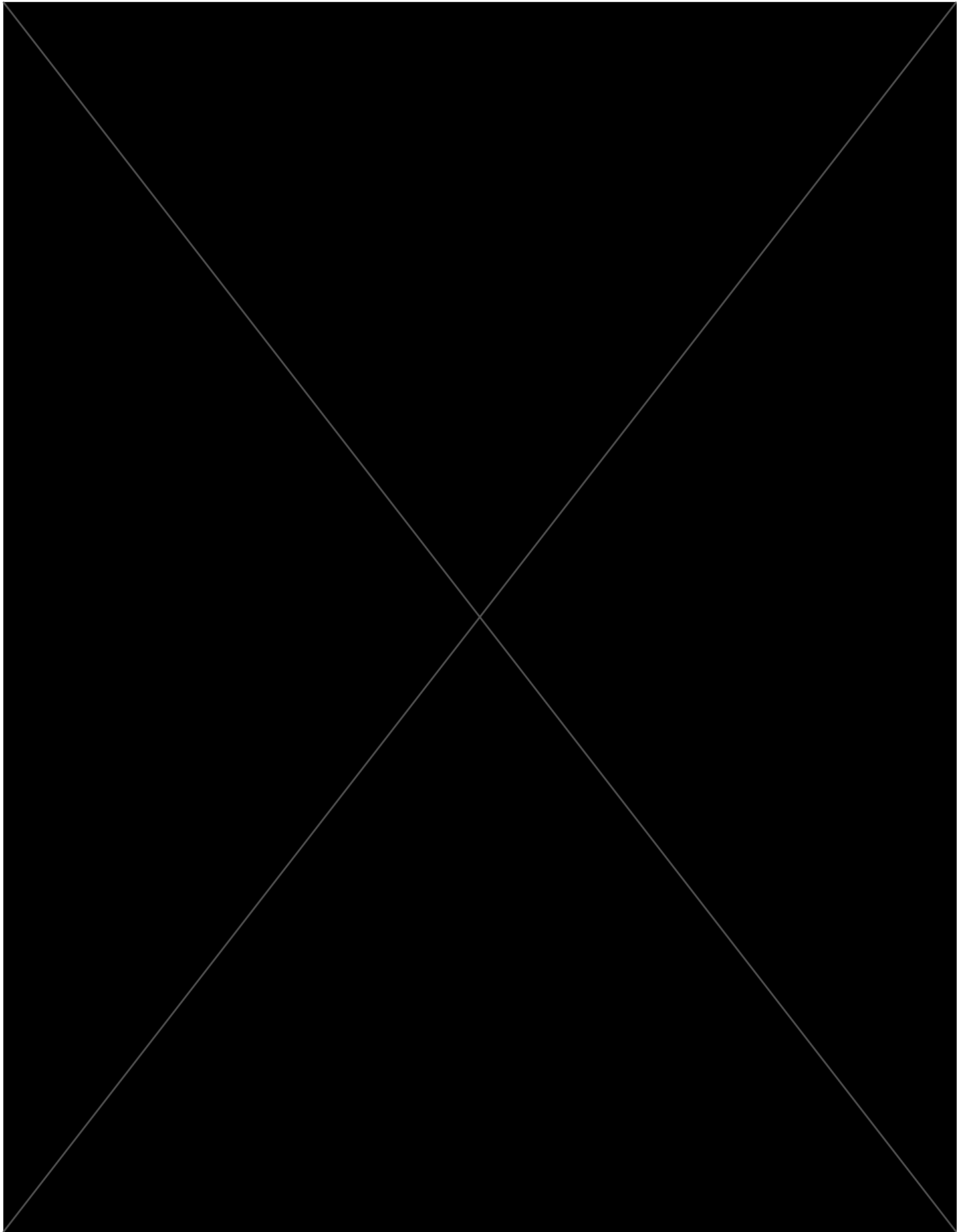


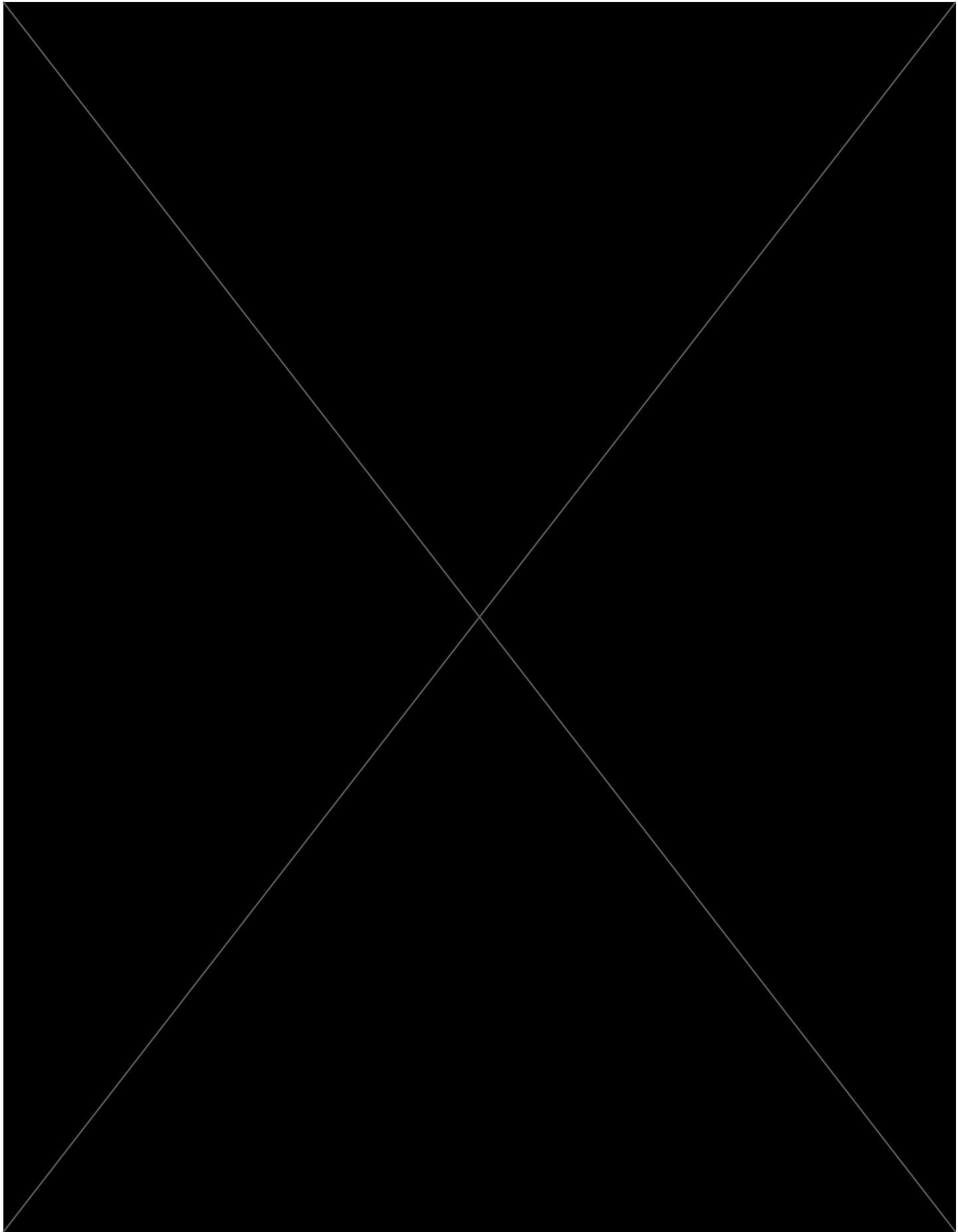


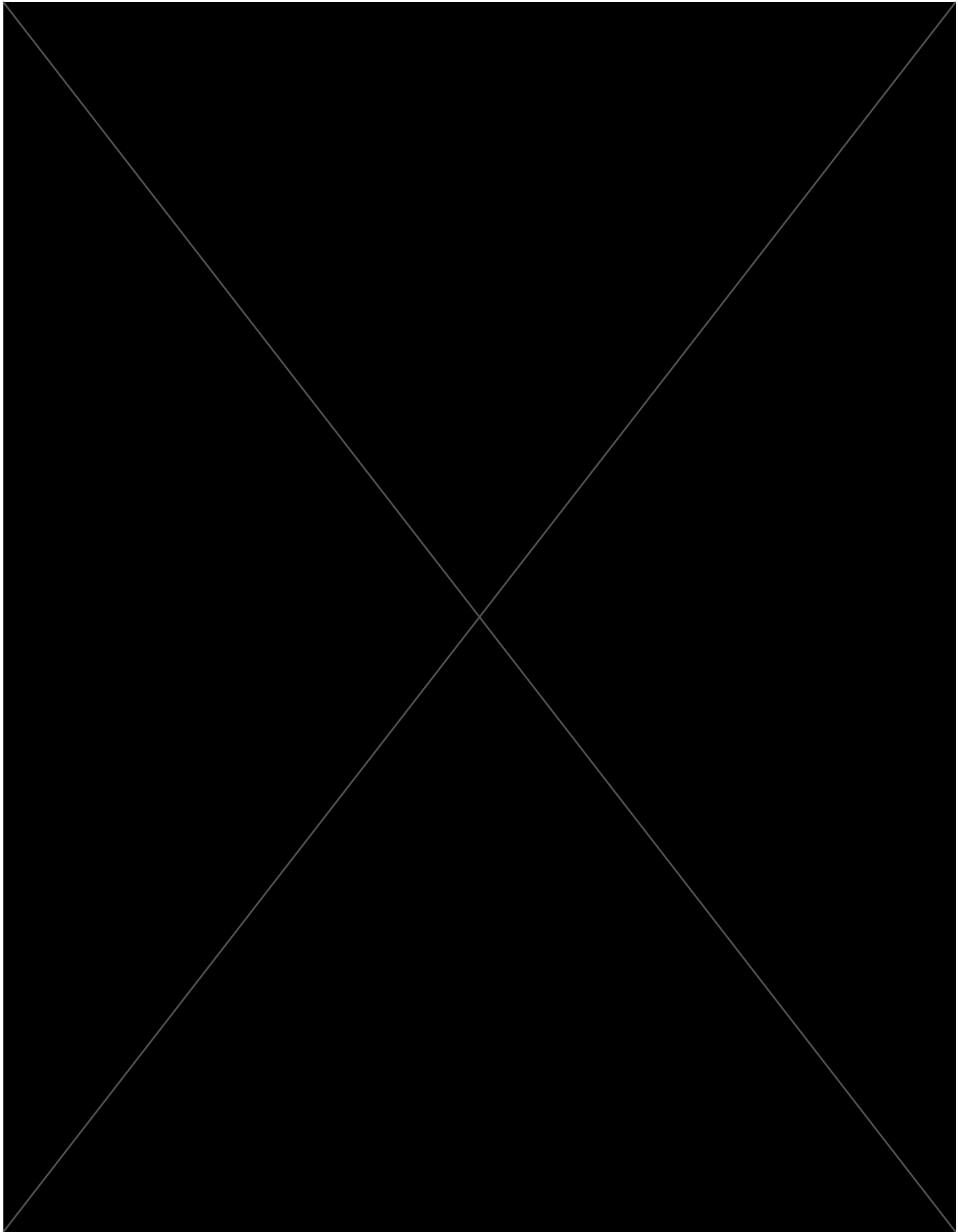


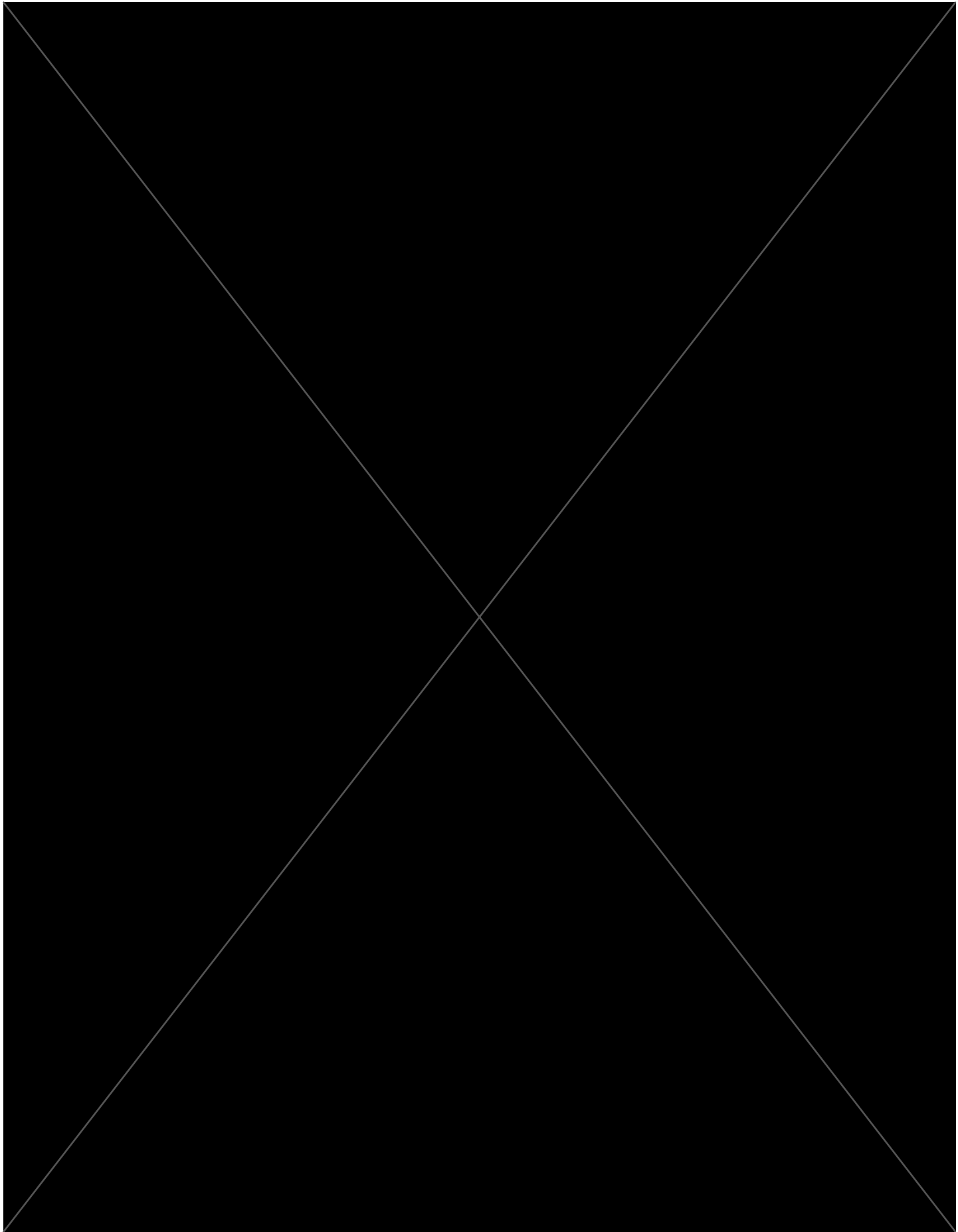


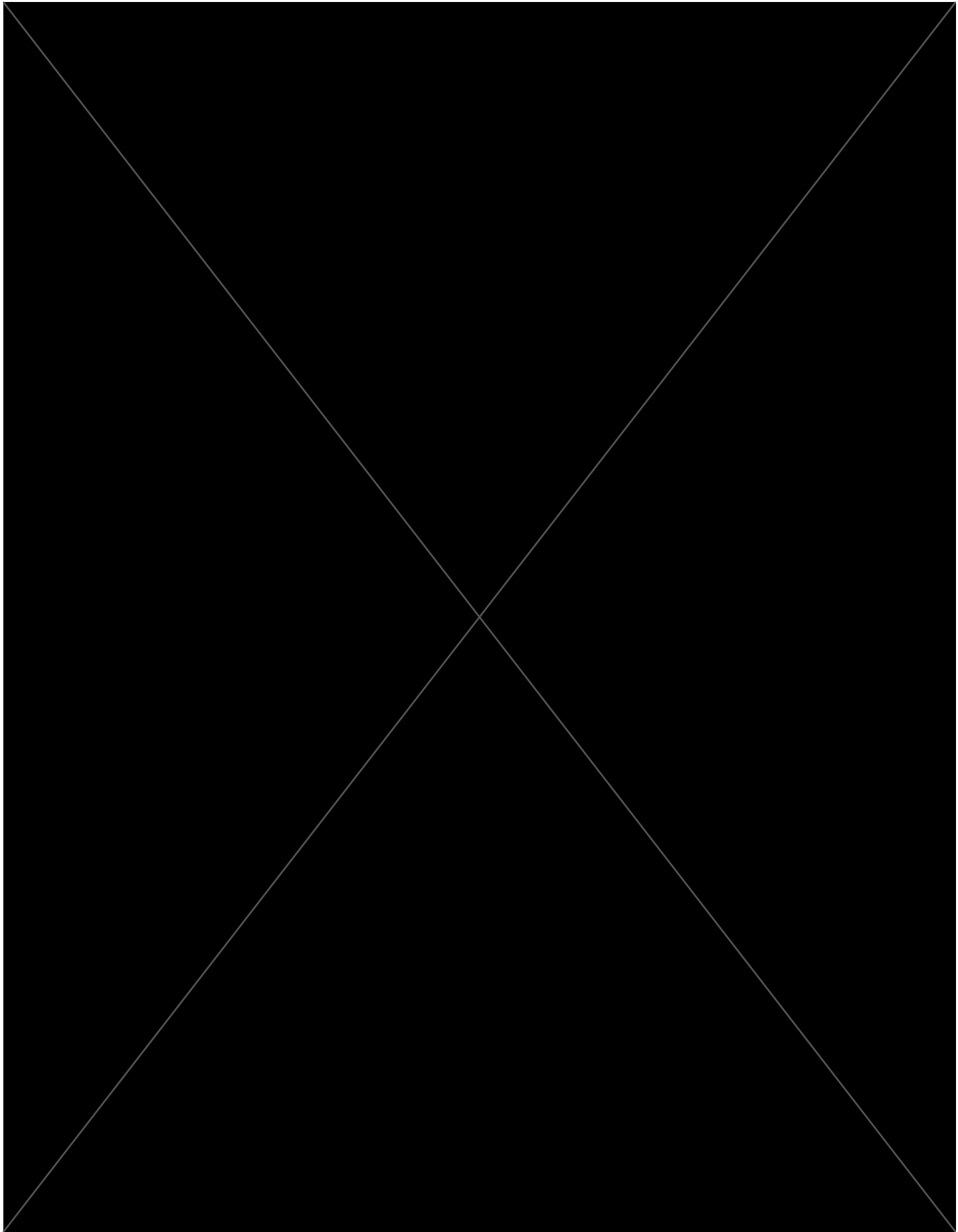


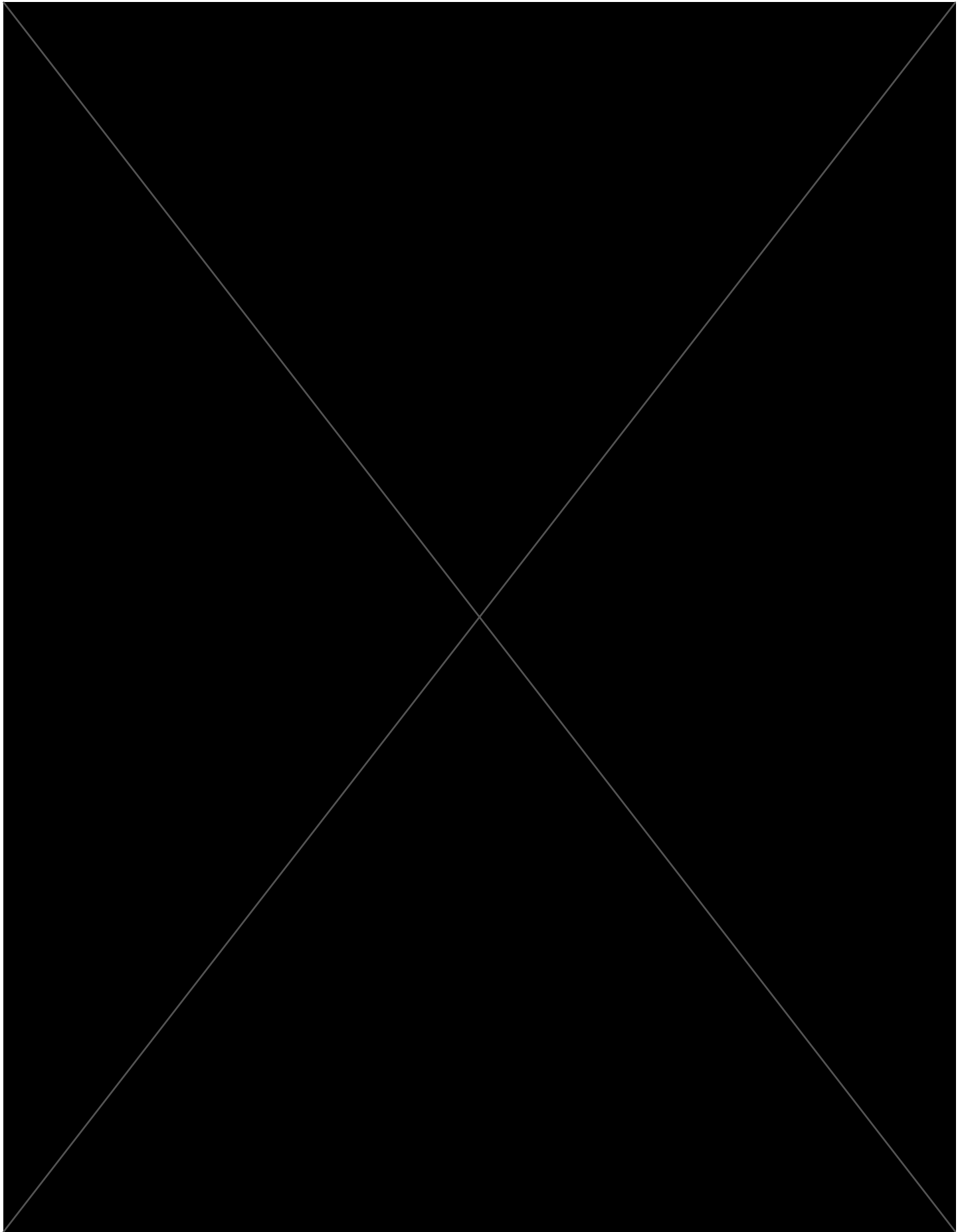


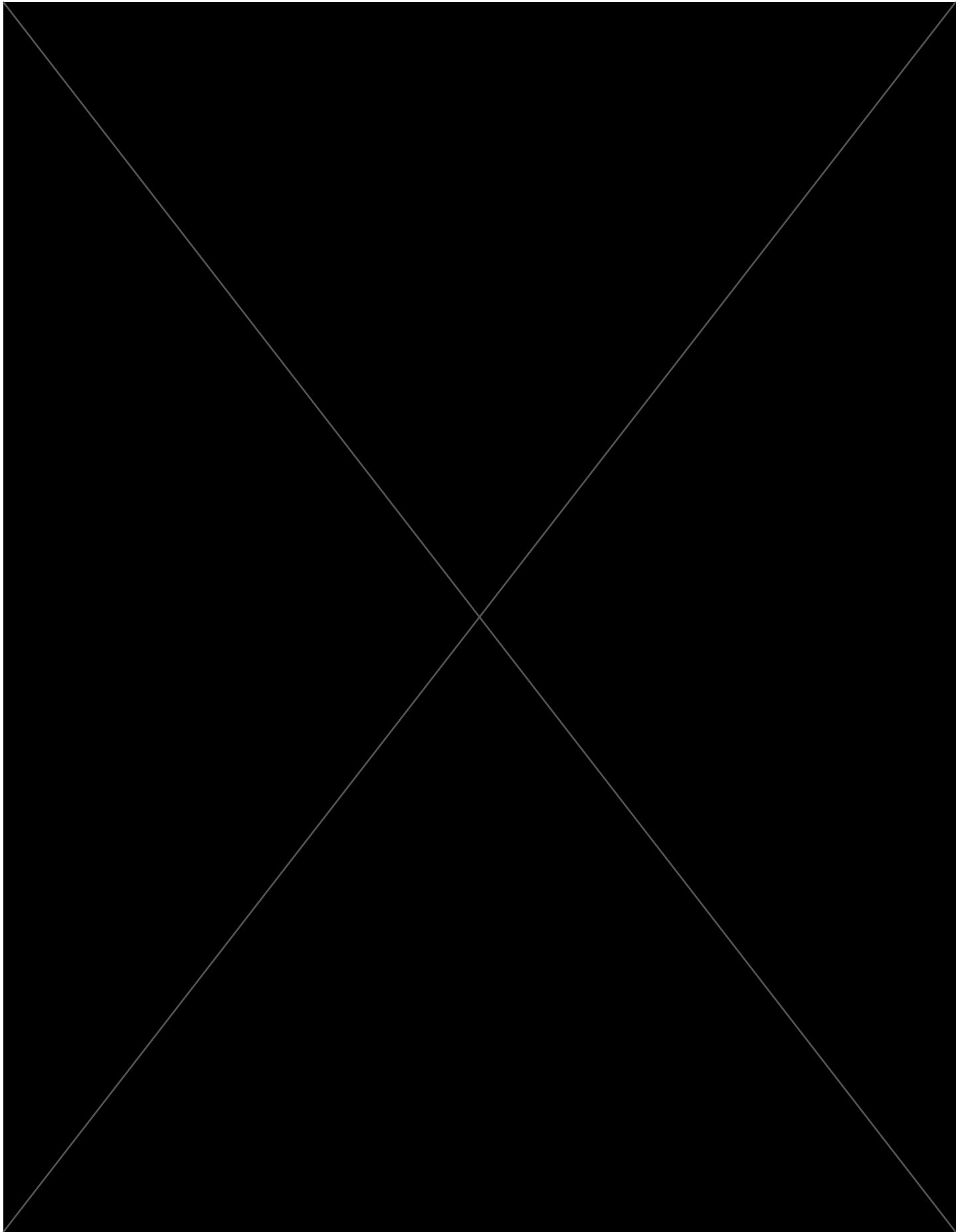


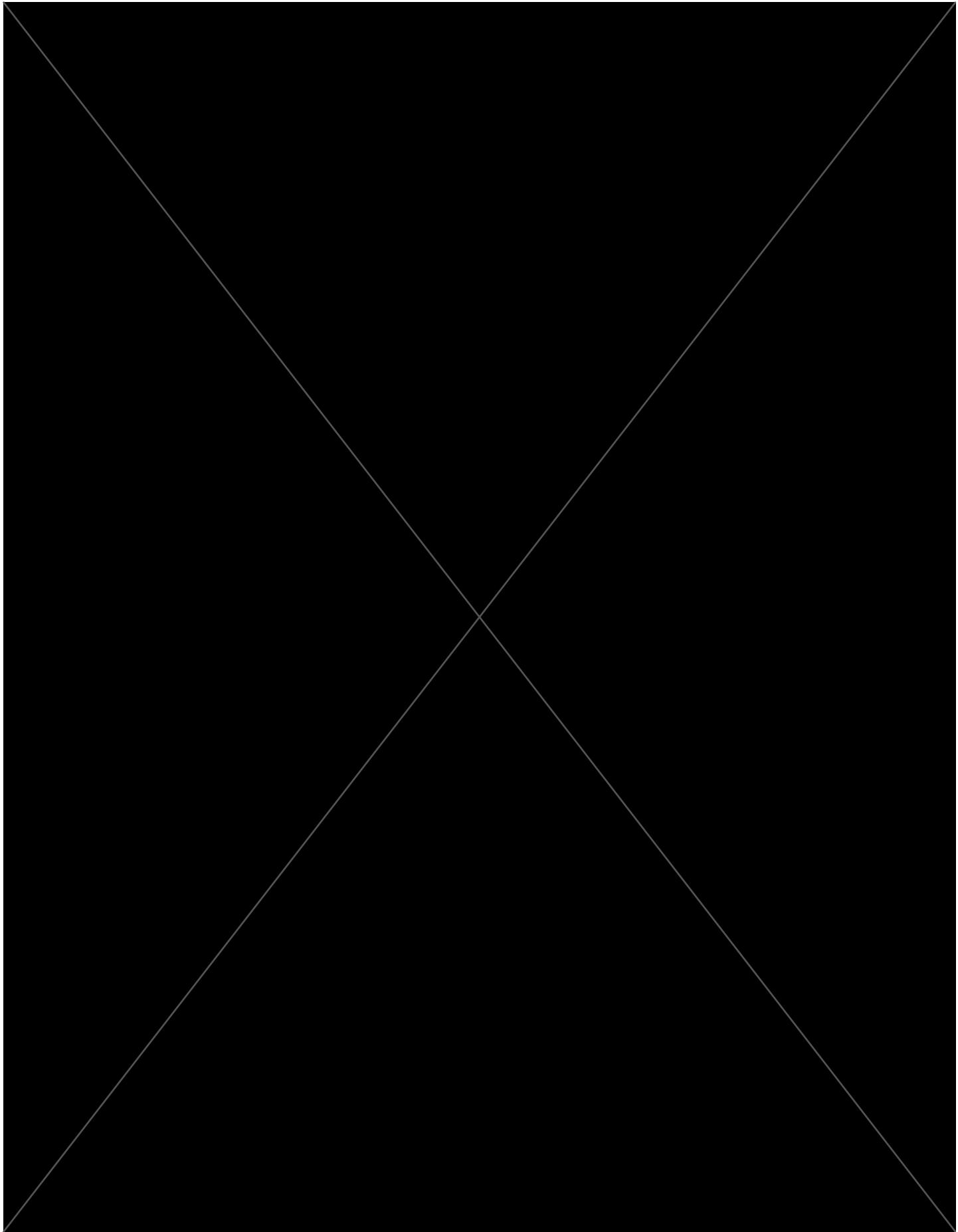


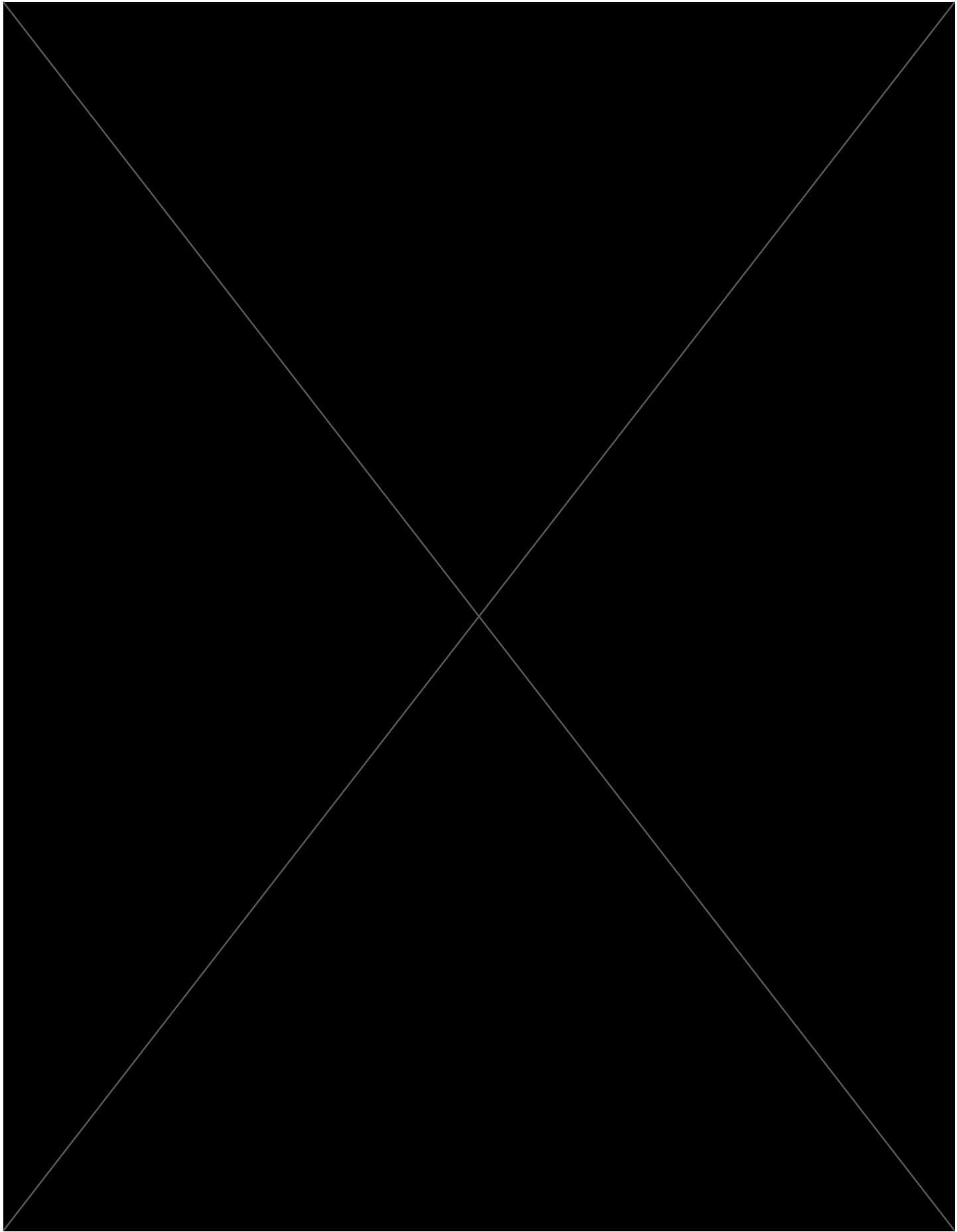


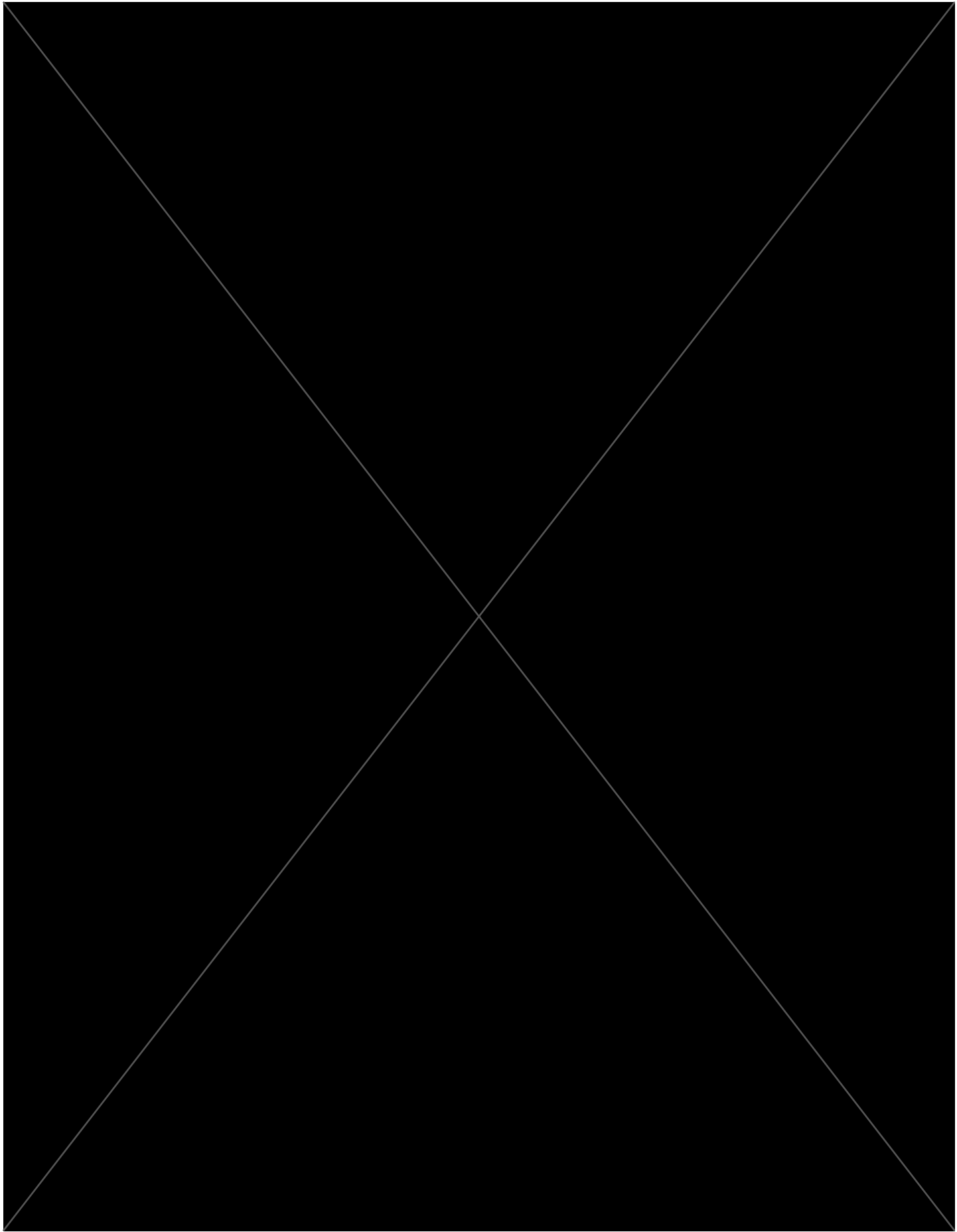


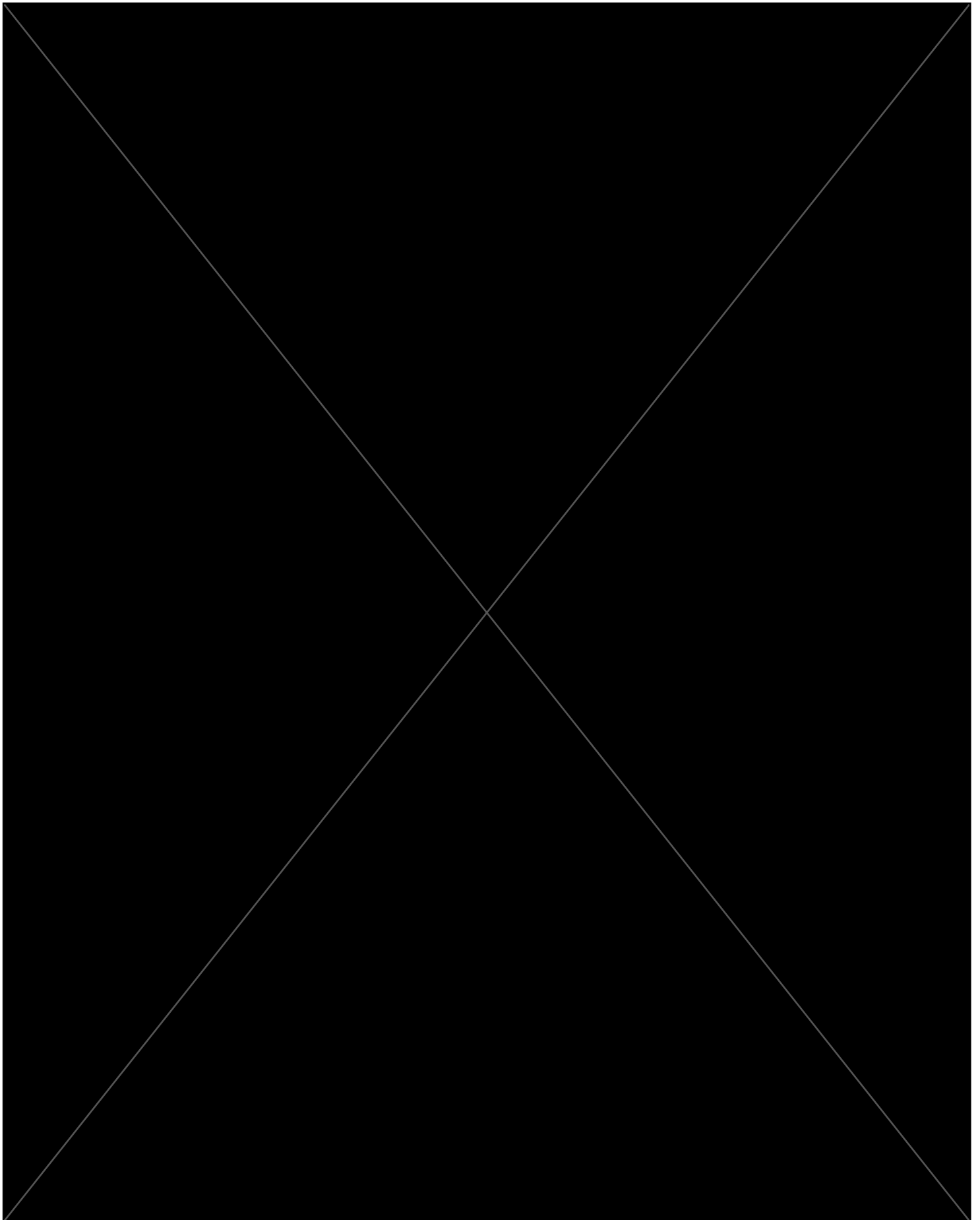












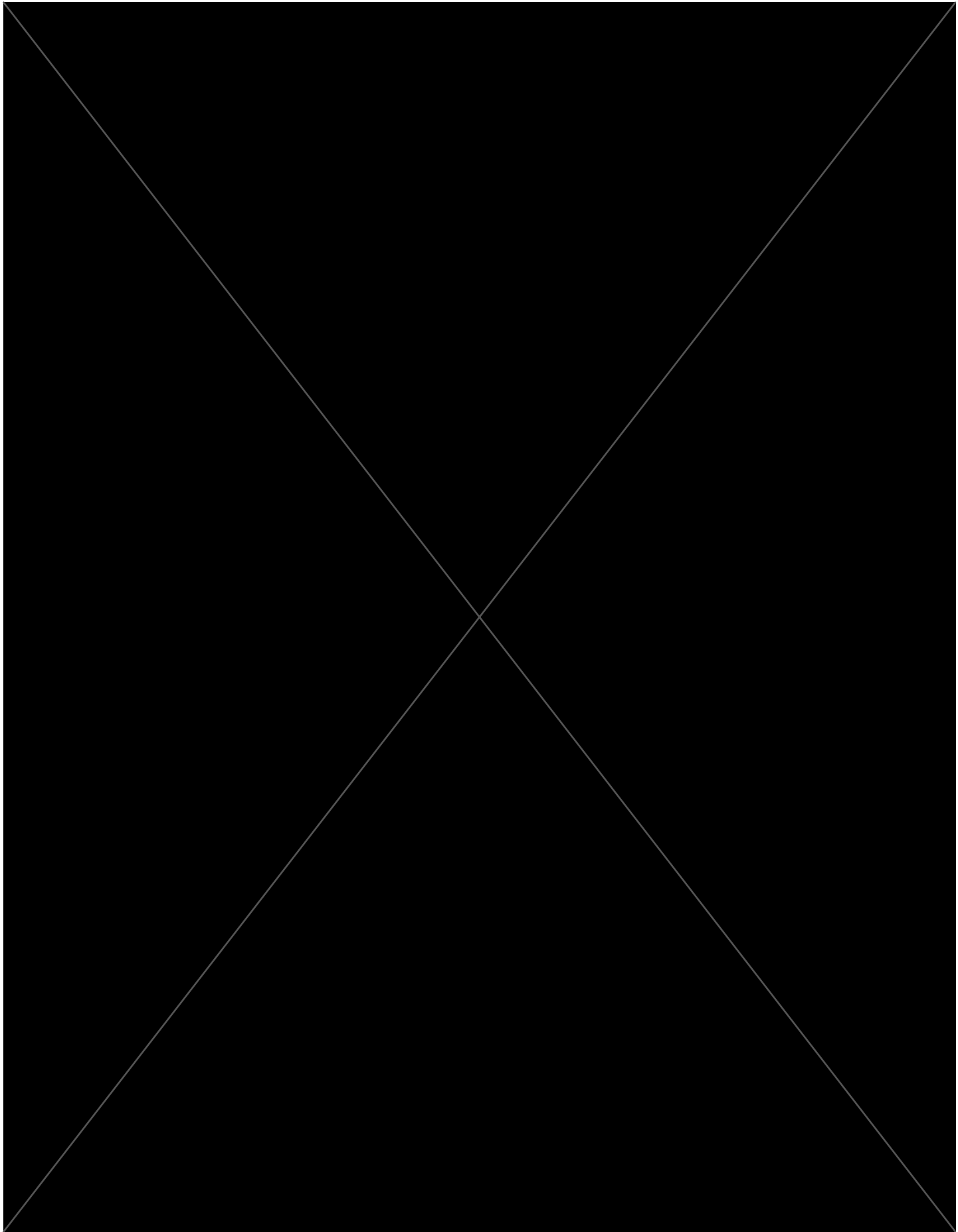
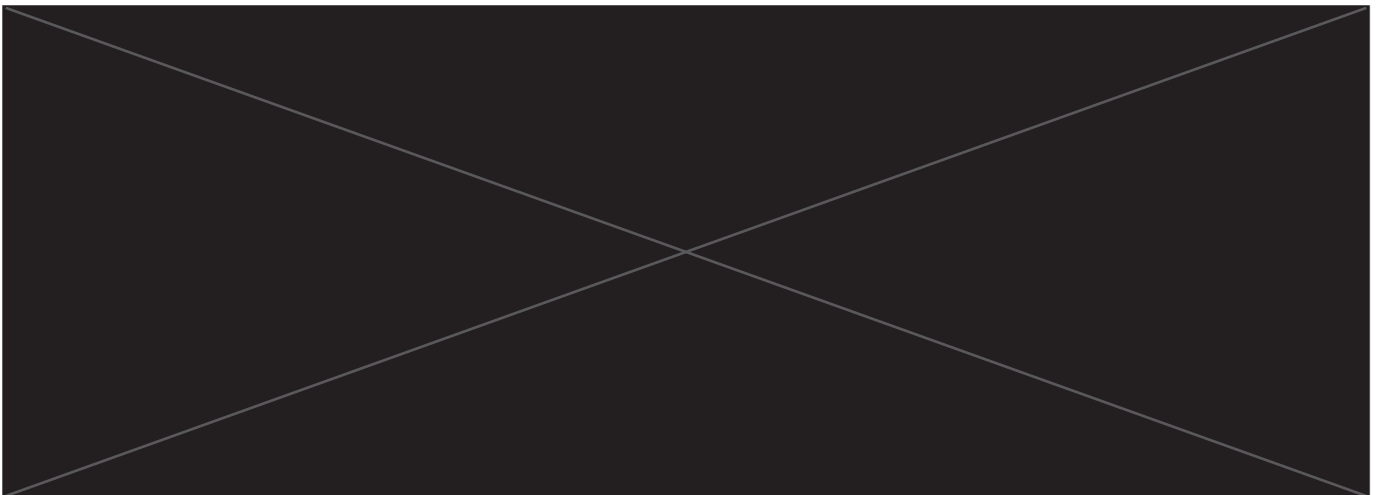


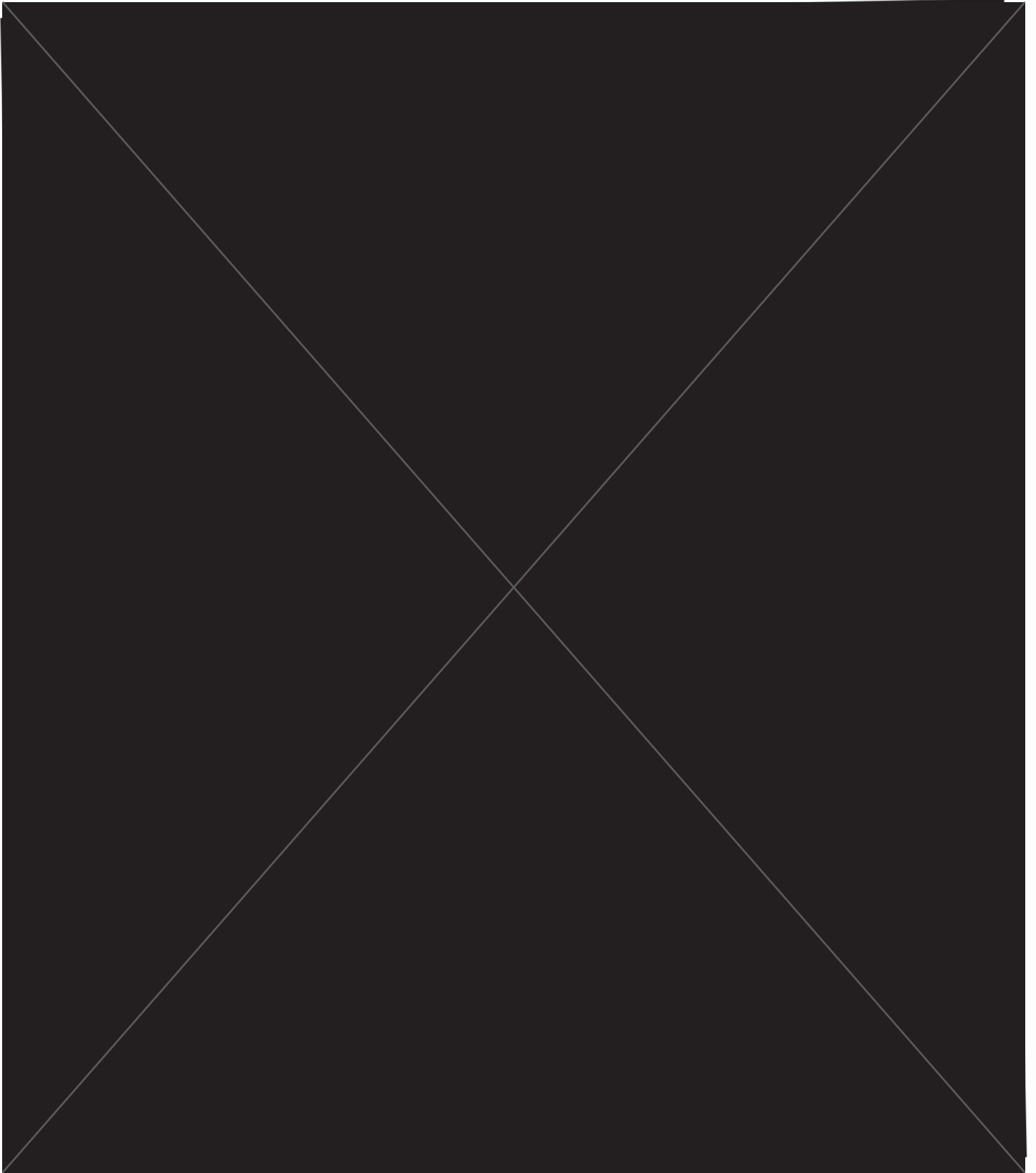
Exhibit 3 – Criminal Background Check

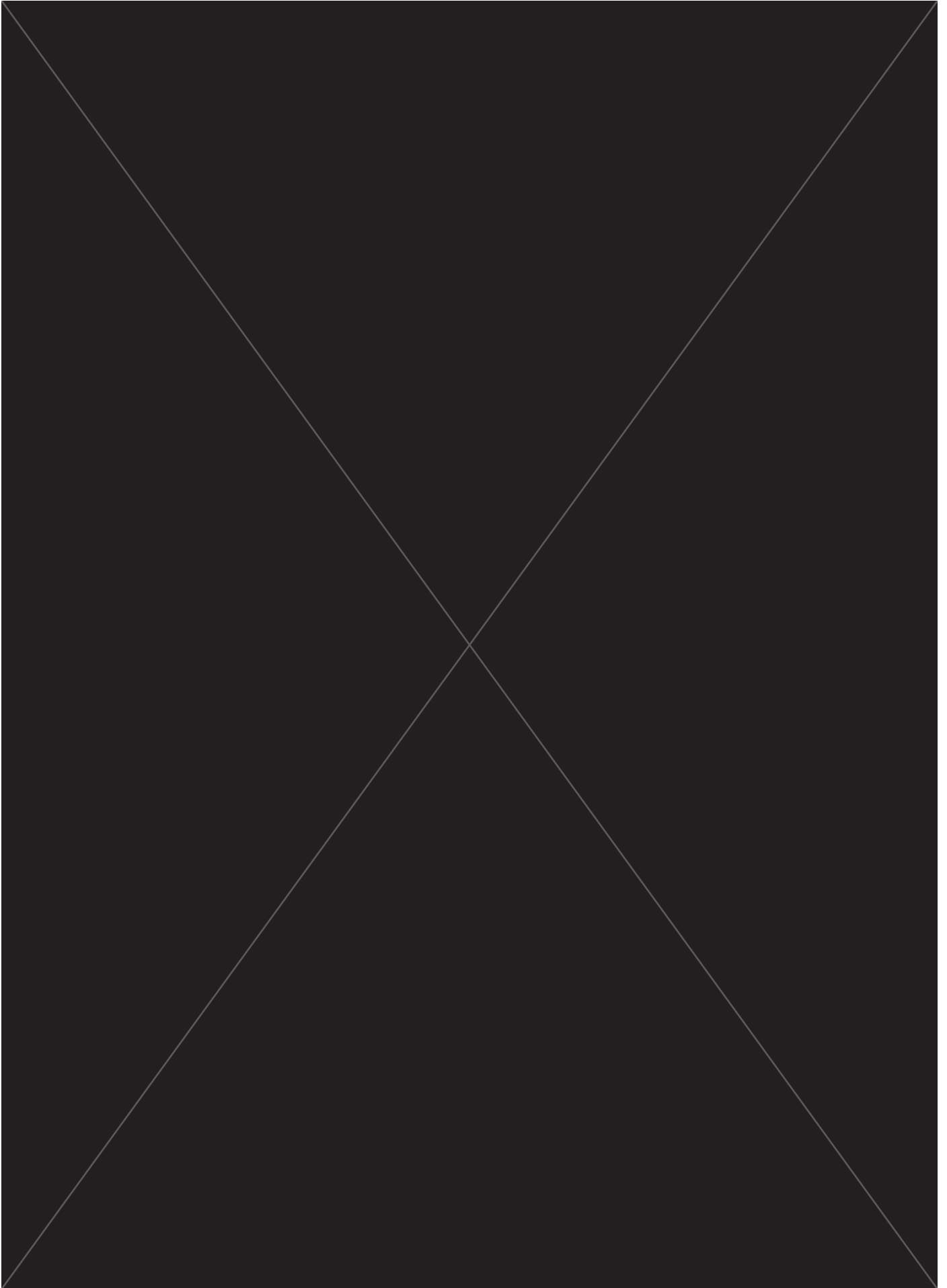
Exhibit 3 Redacted (ALA.code.36-12-40(Personal Security))

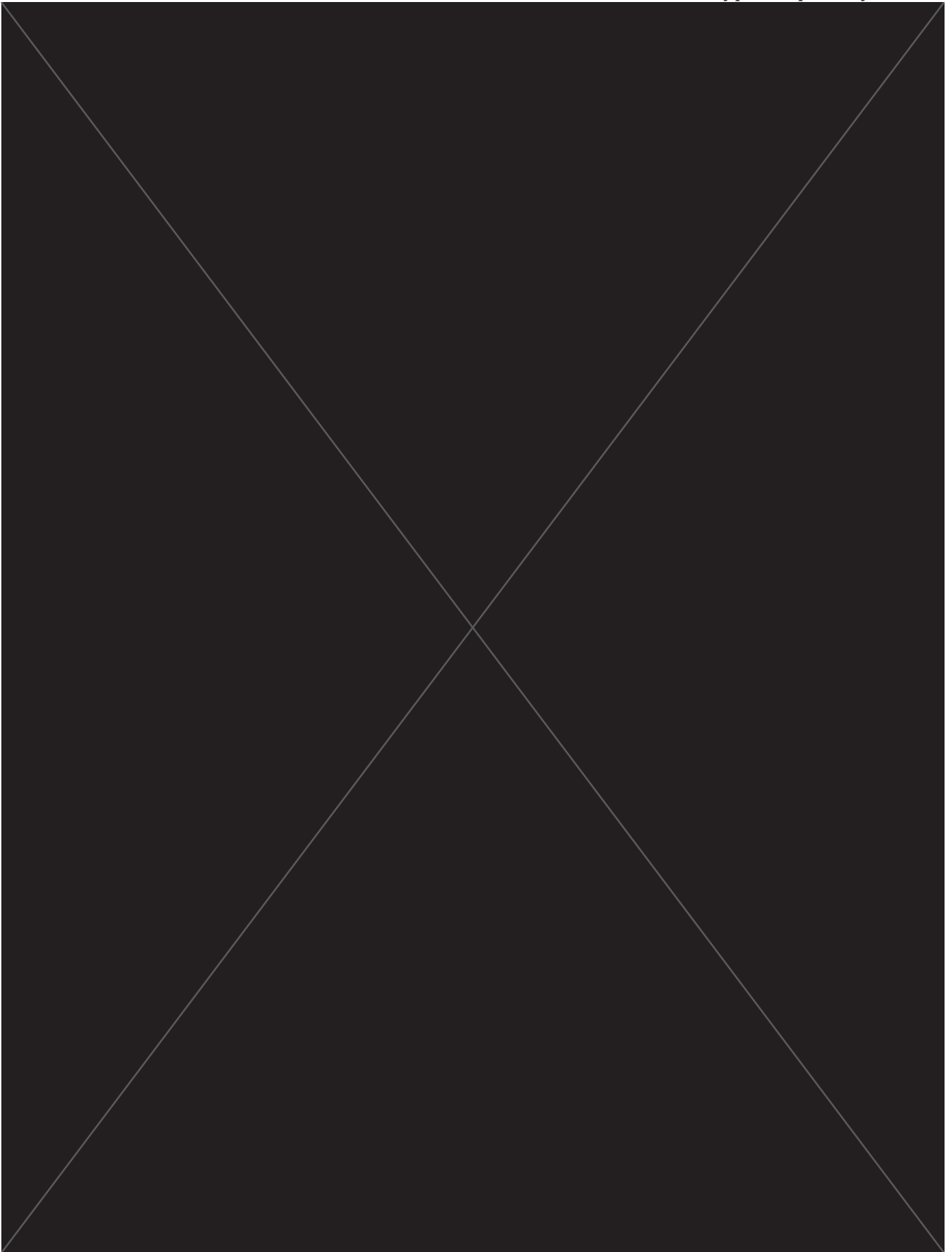
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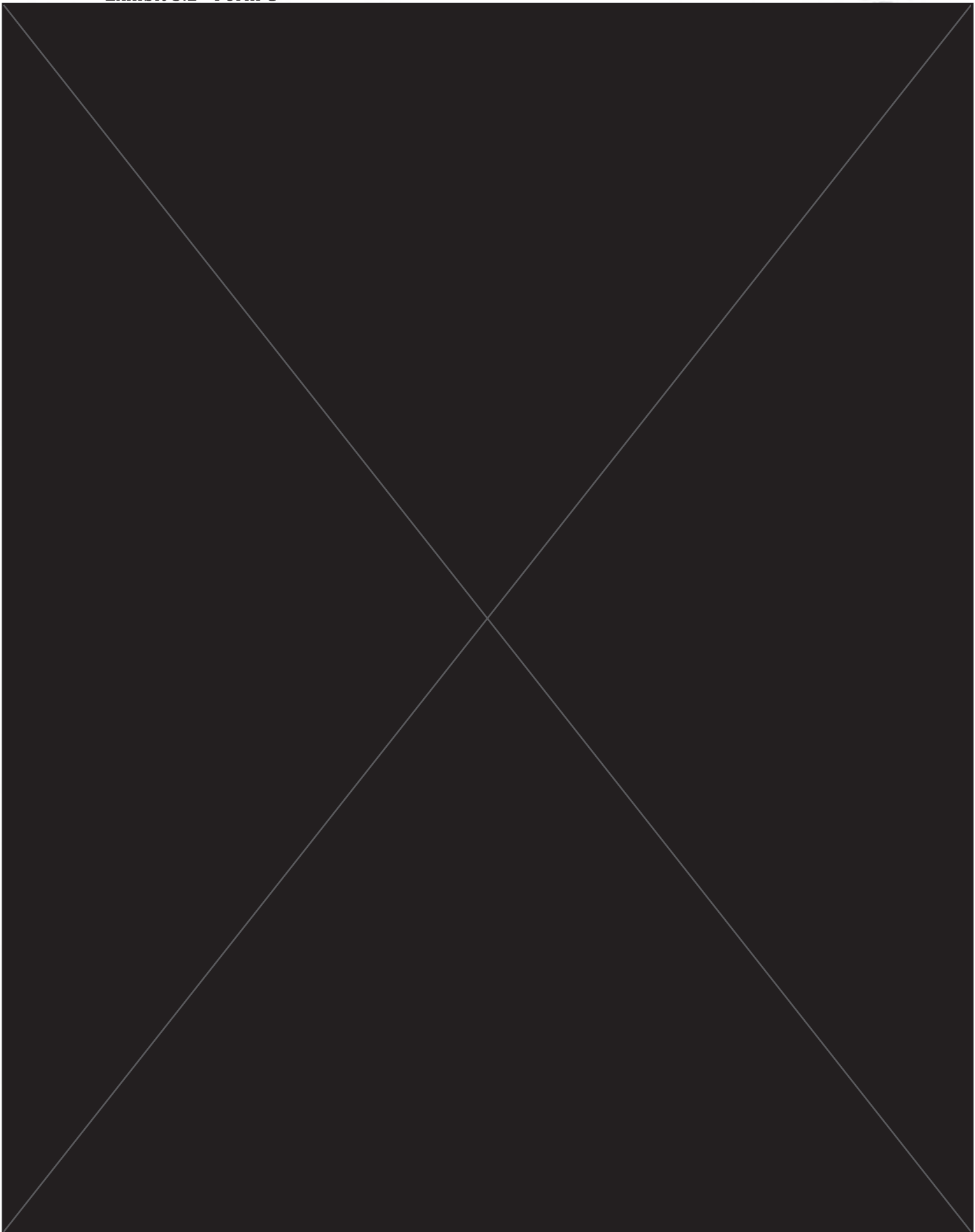
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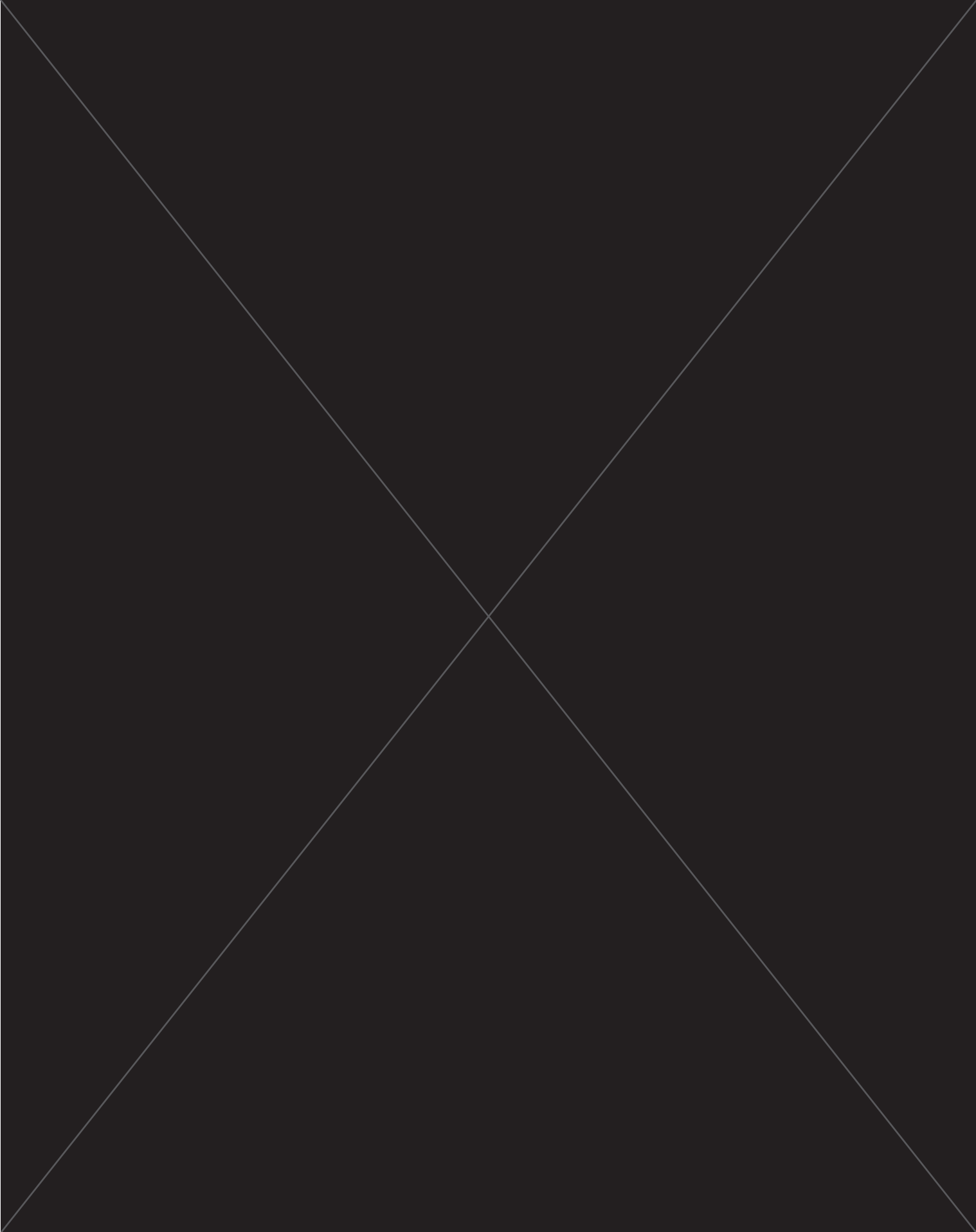


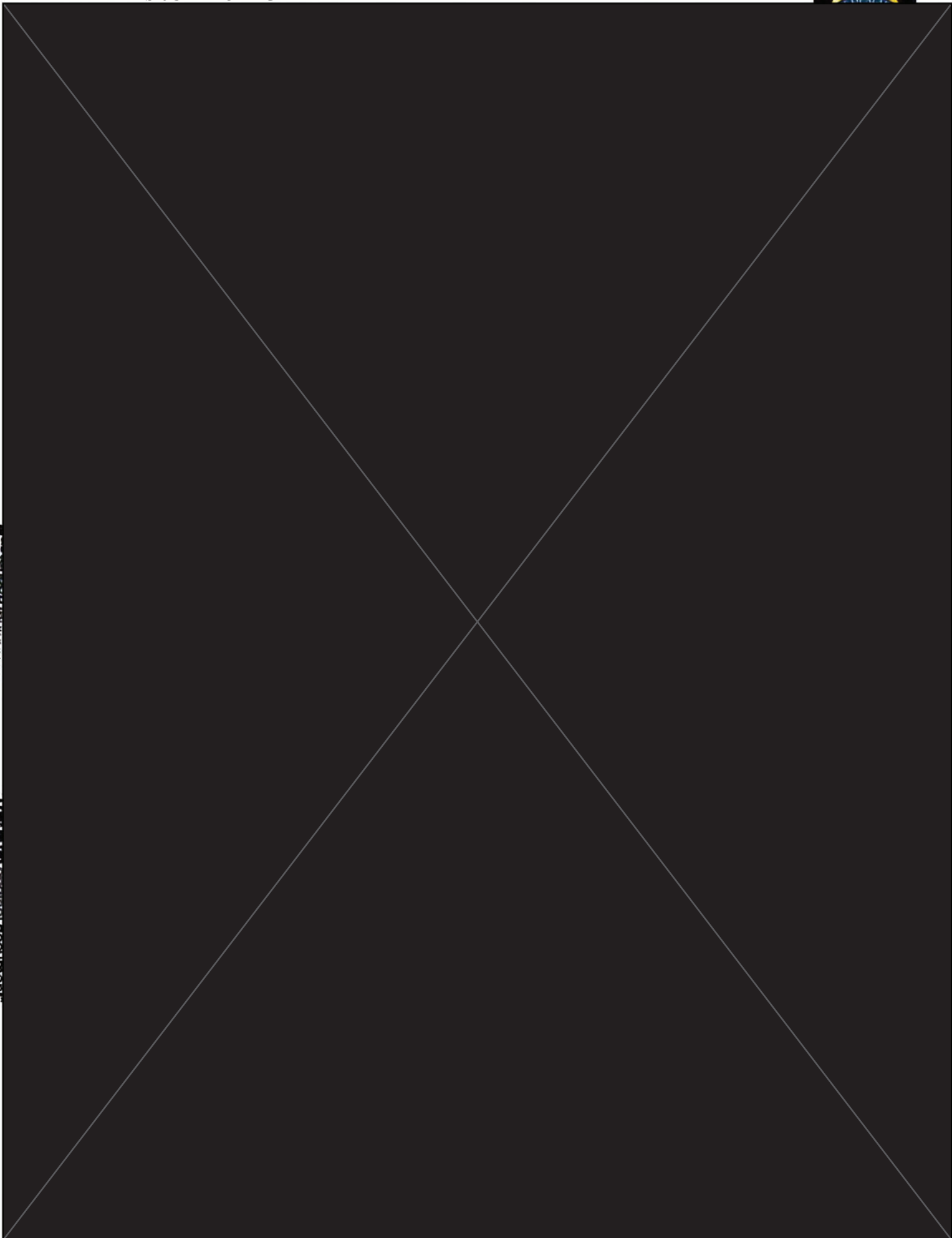






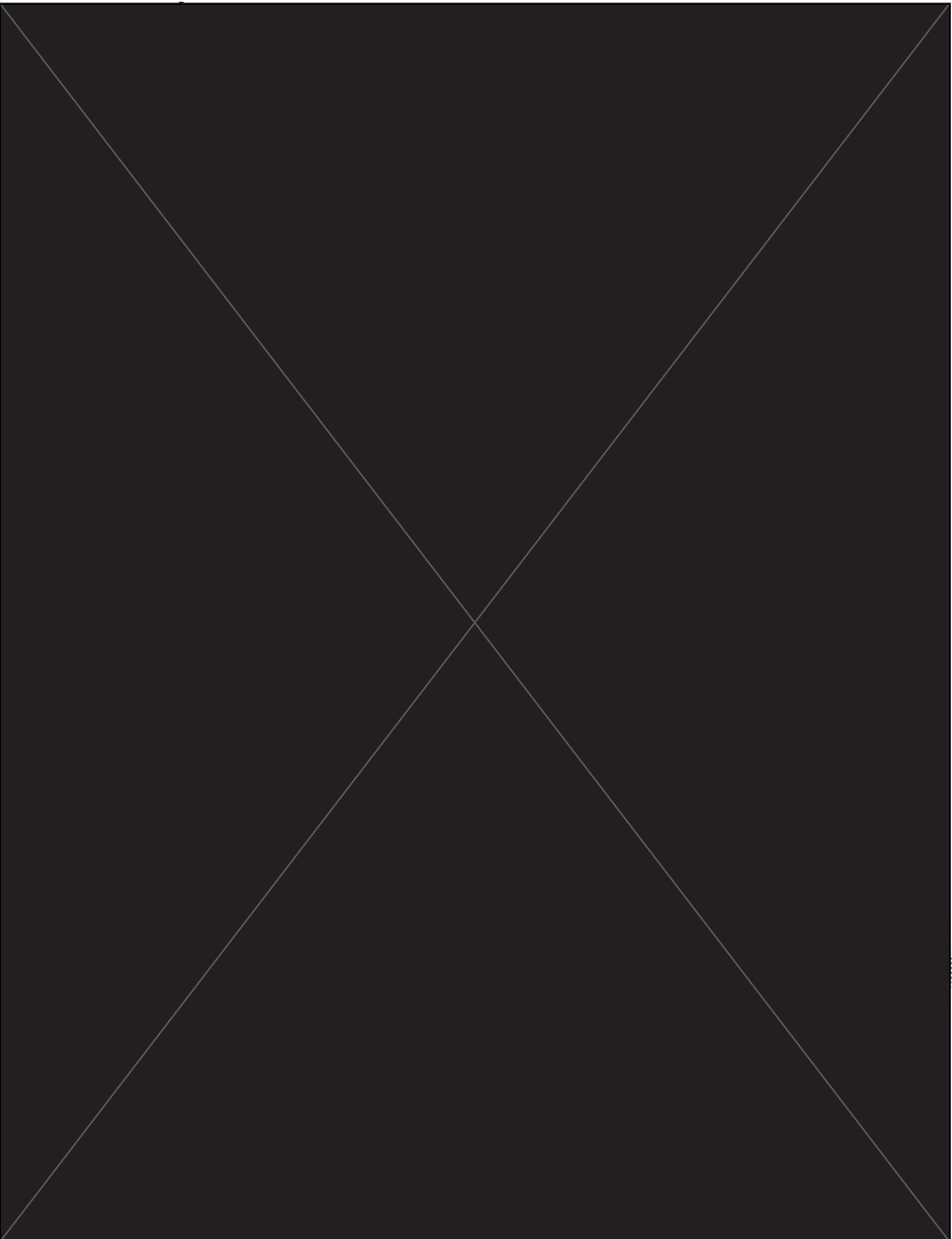


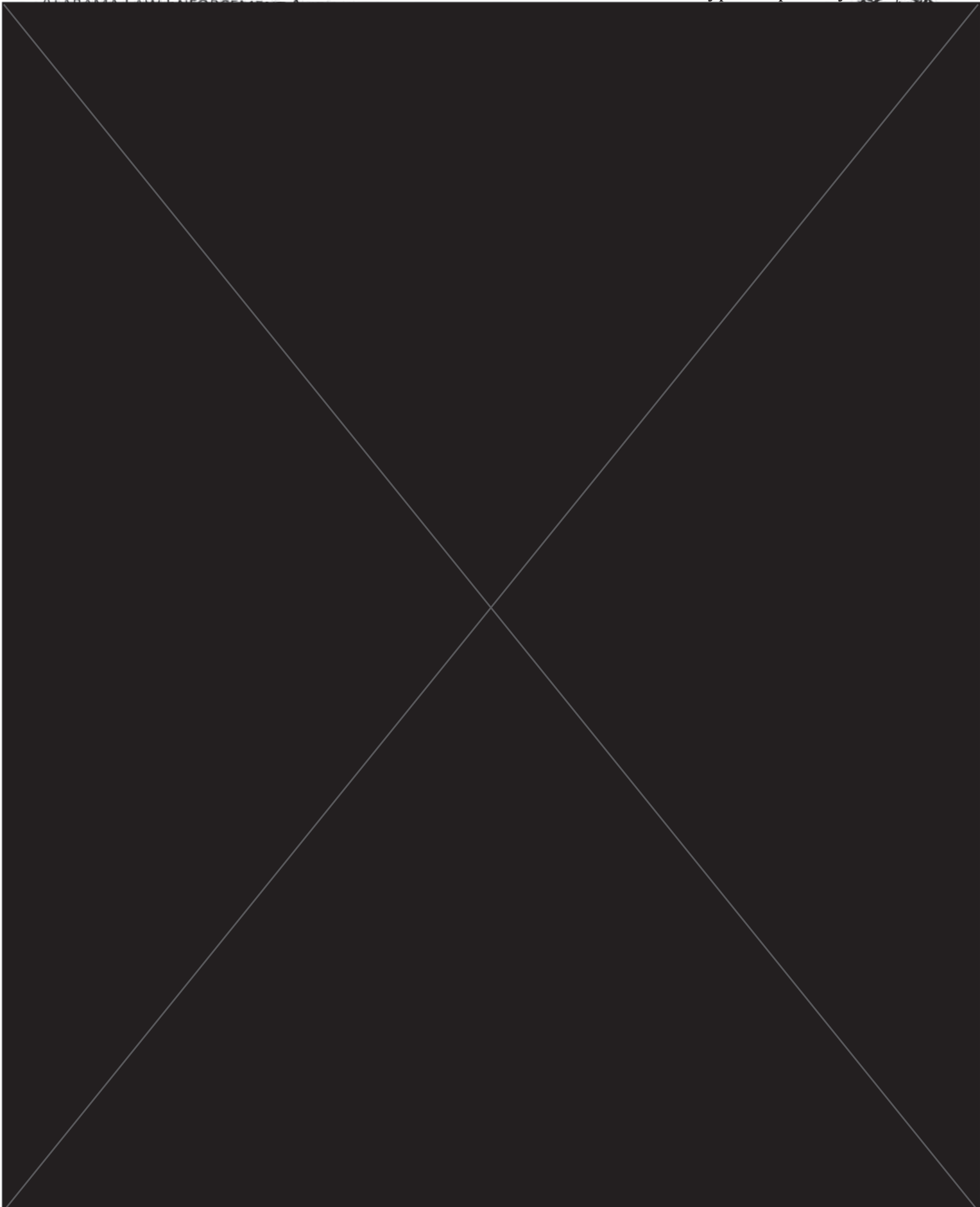


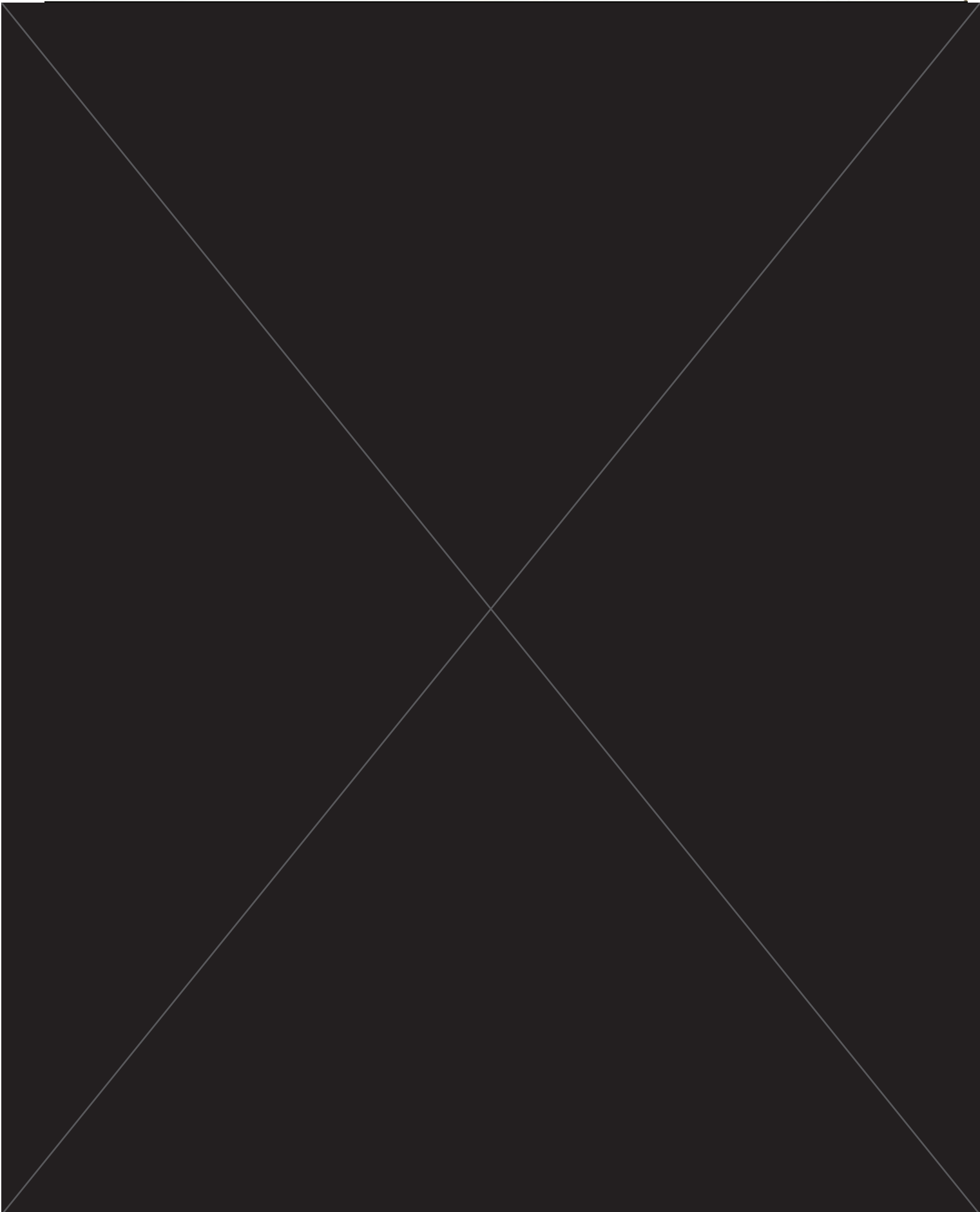


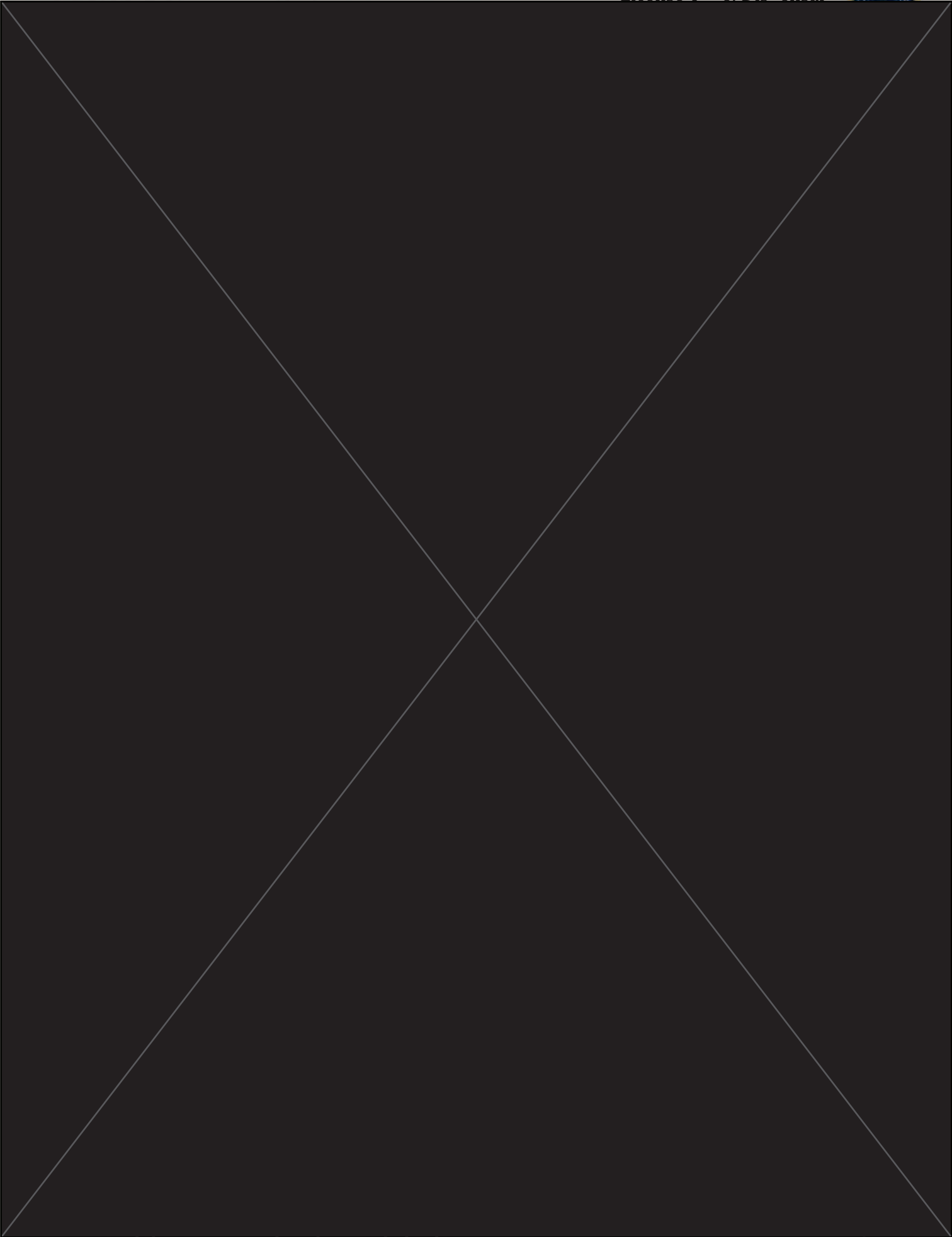
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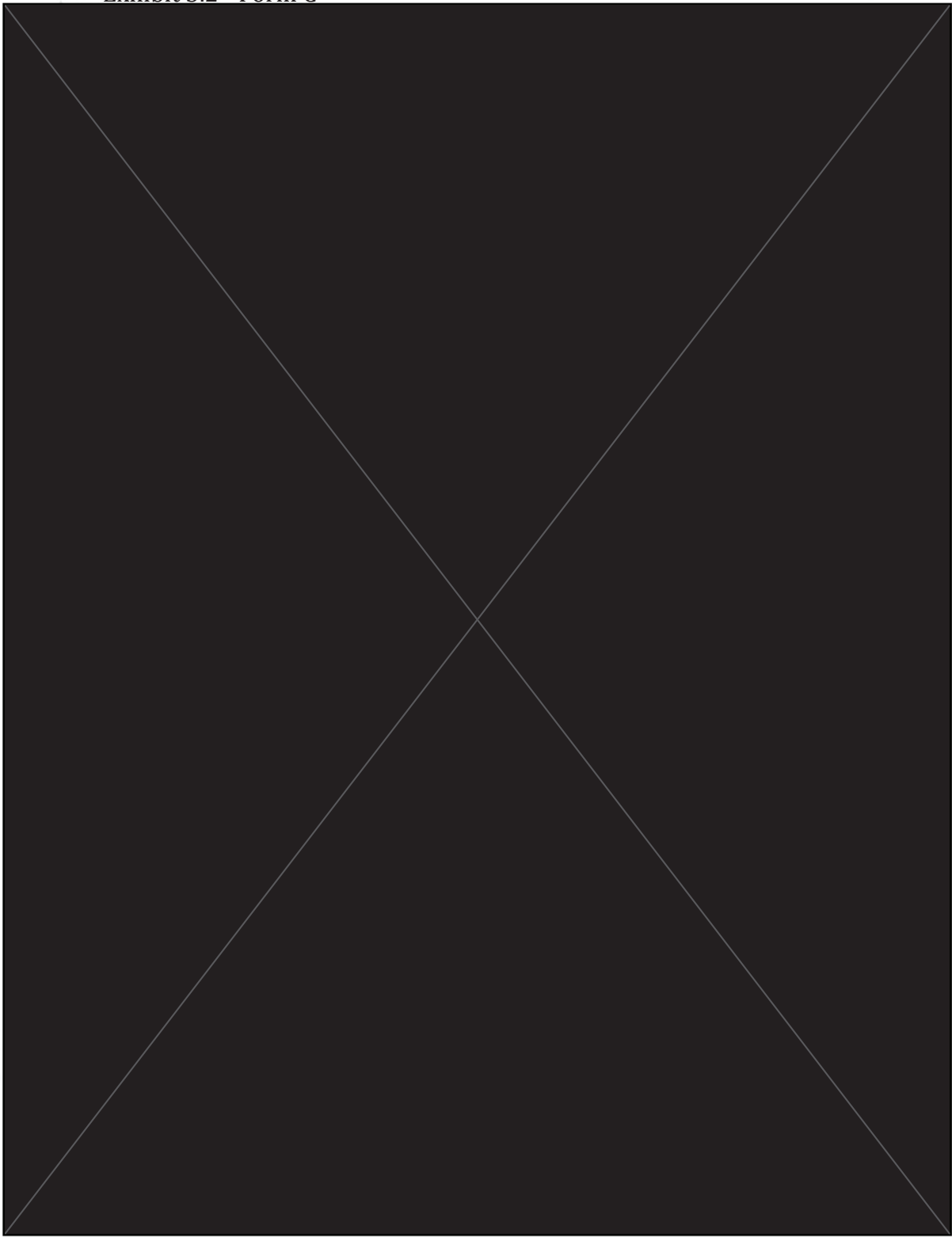
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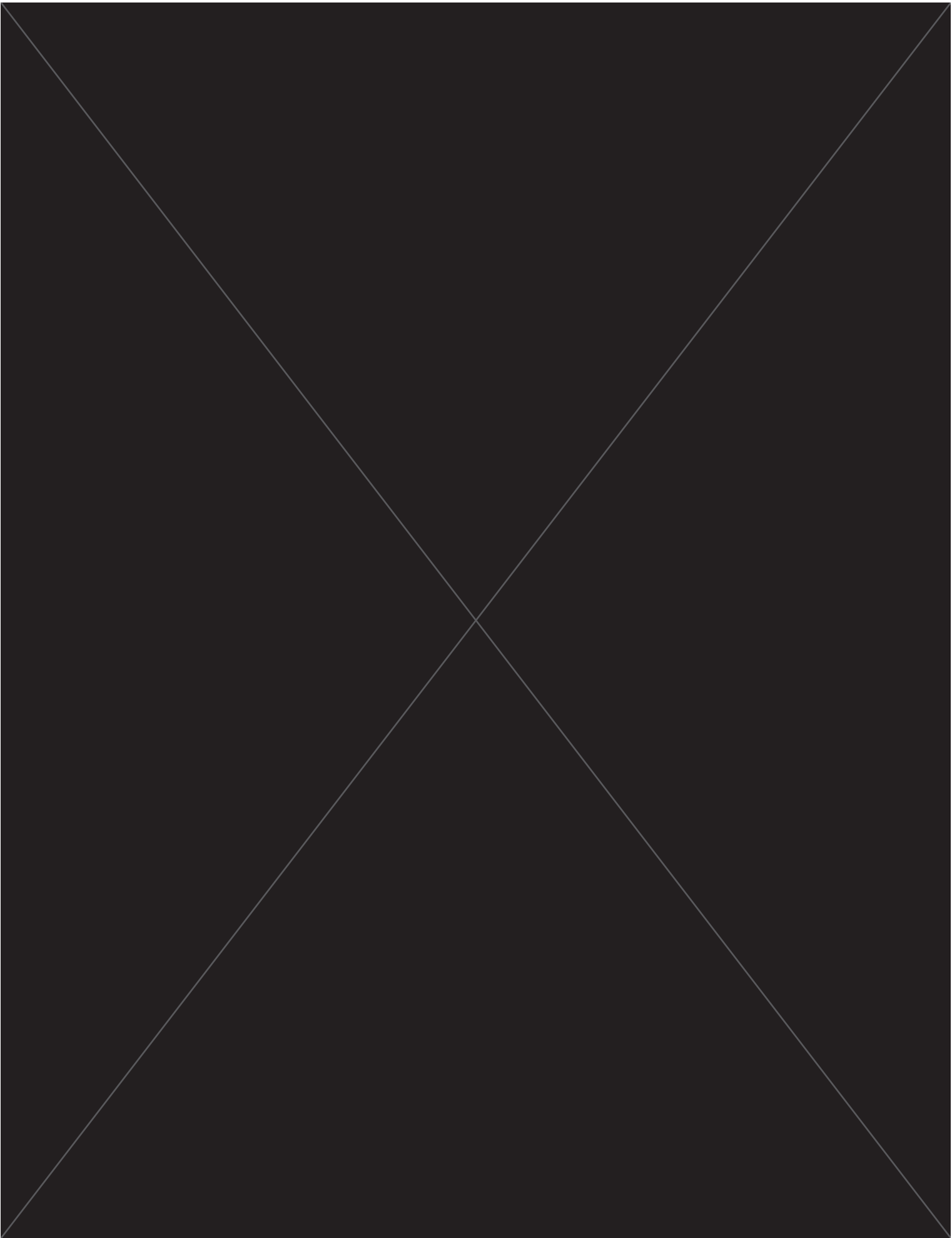


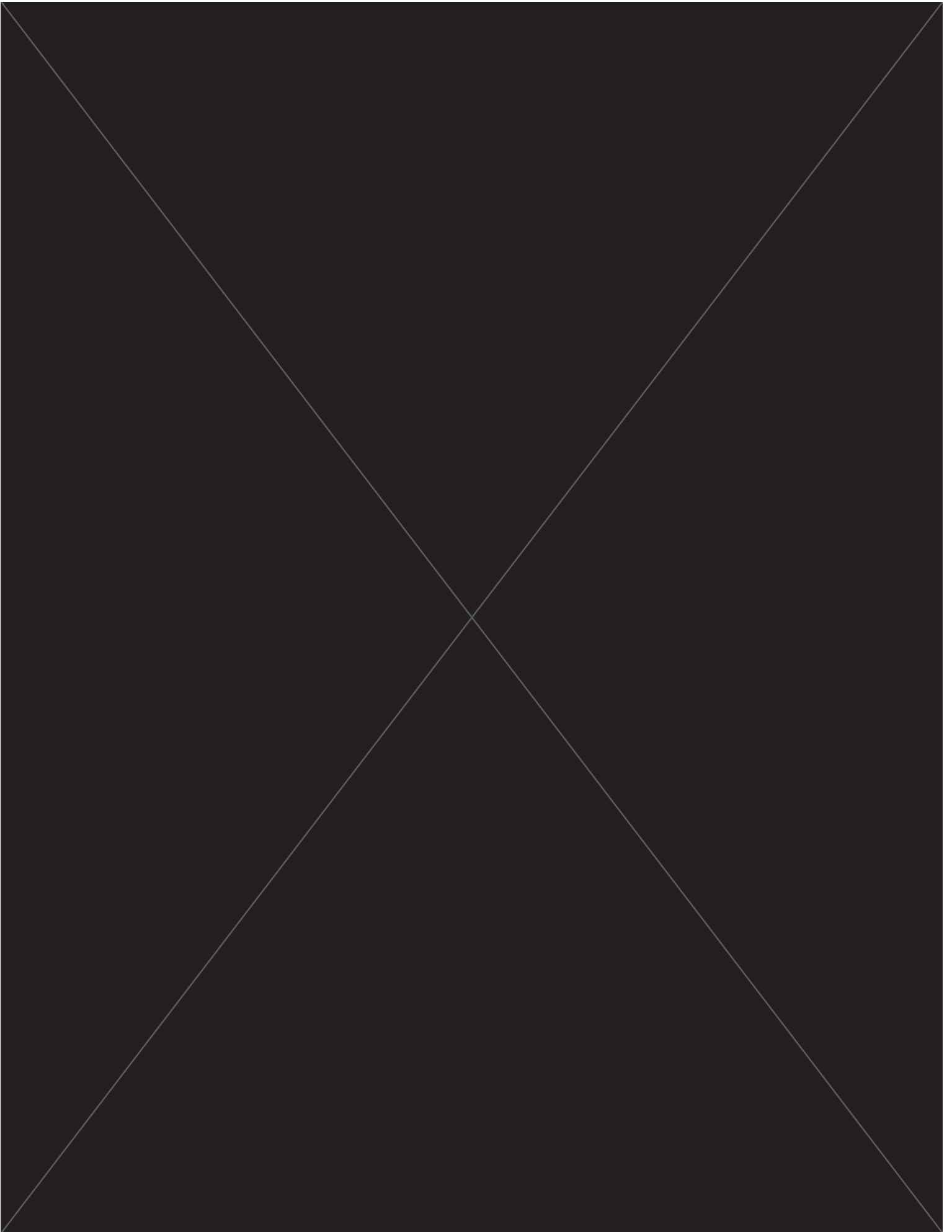


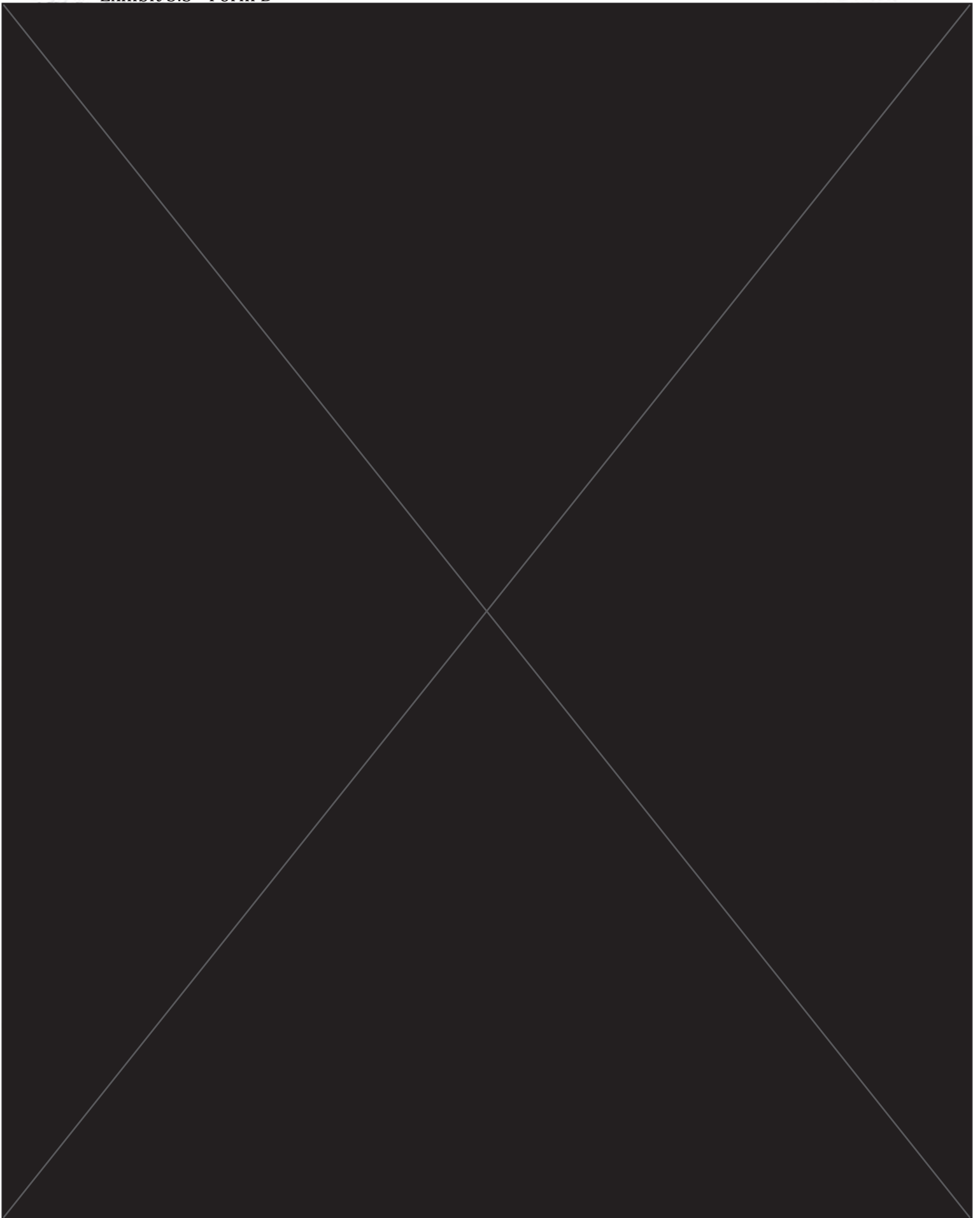


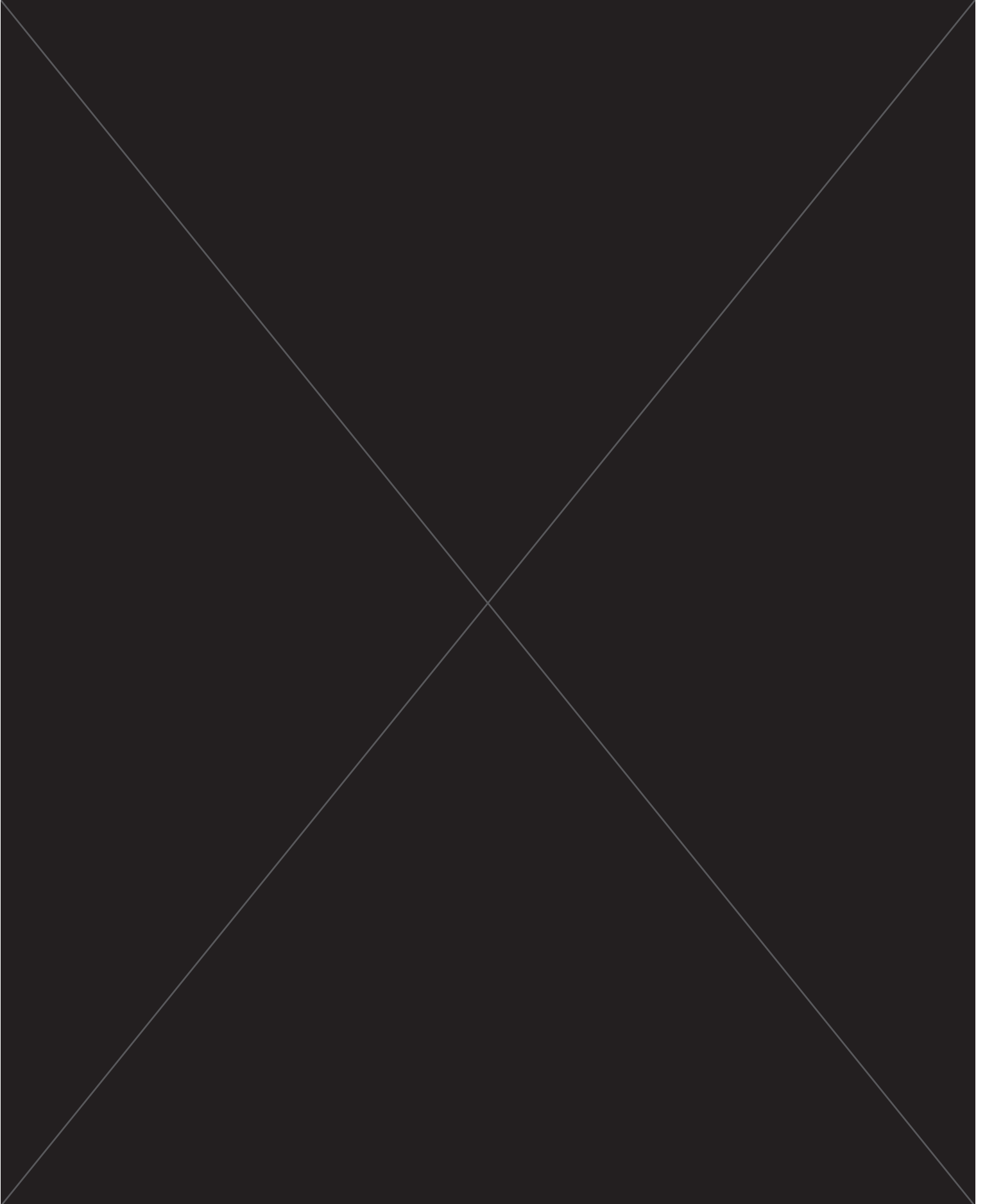


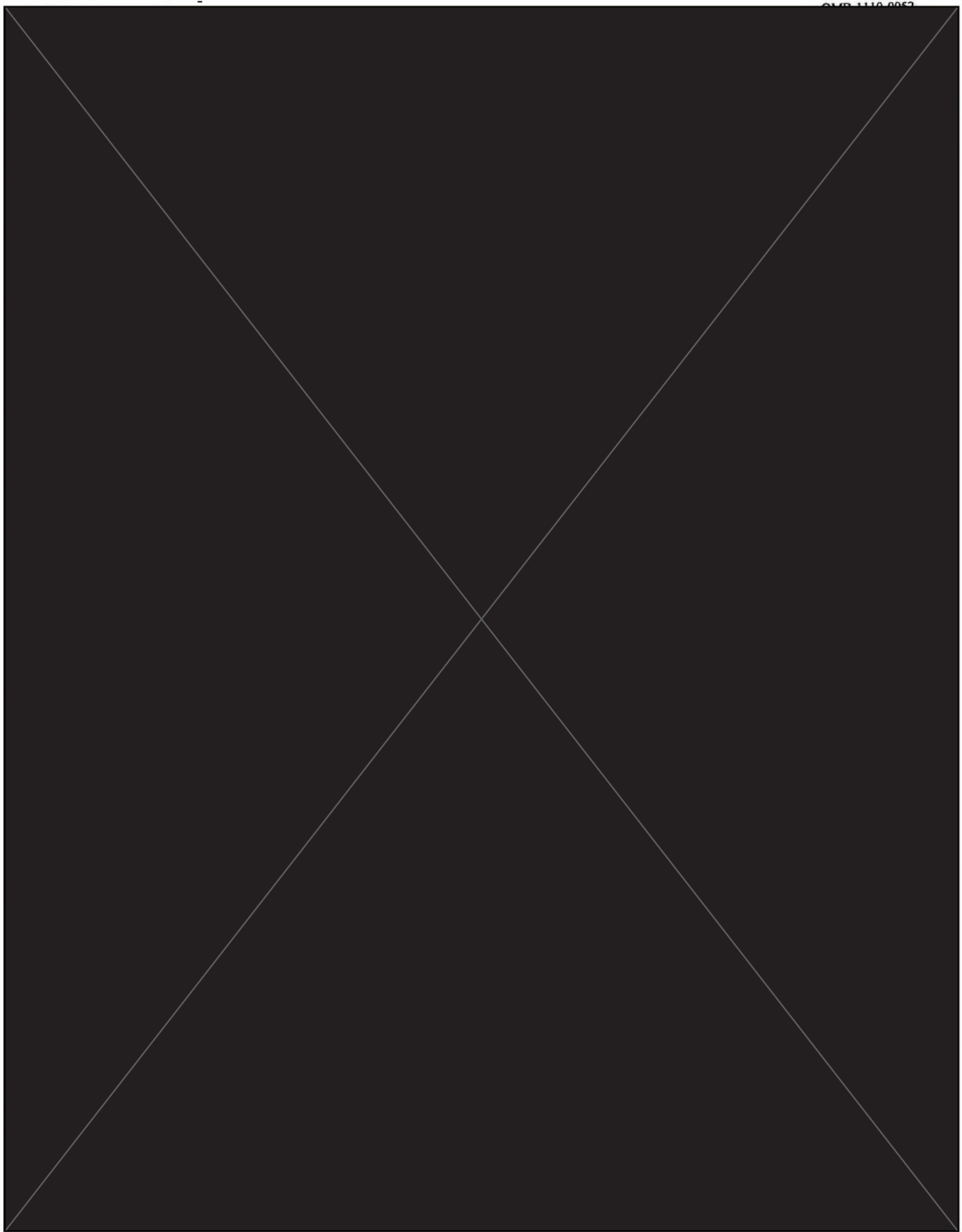


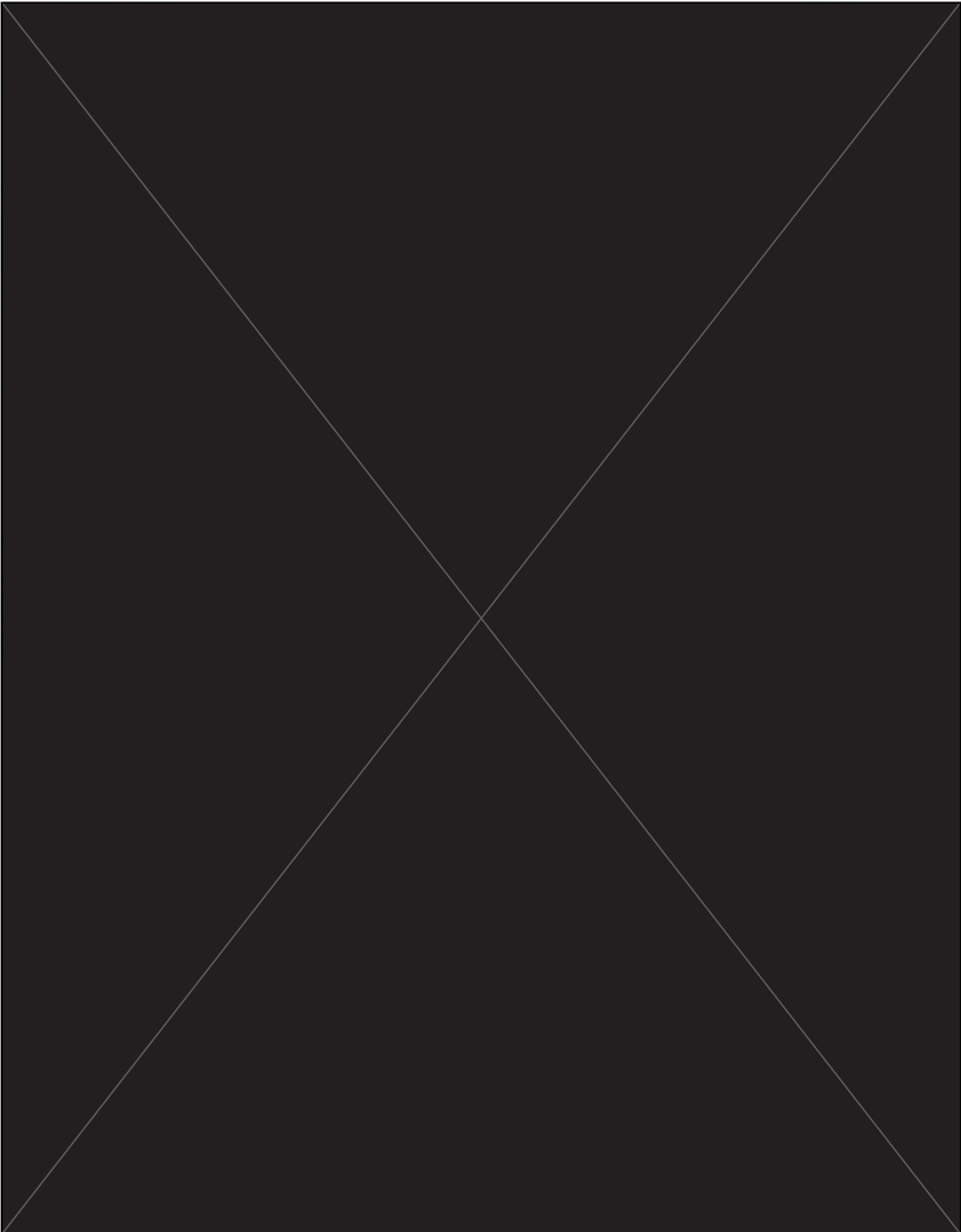


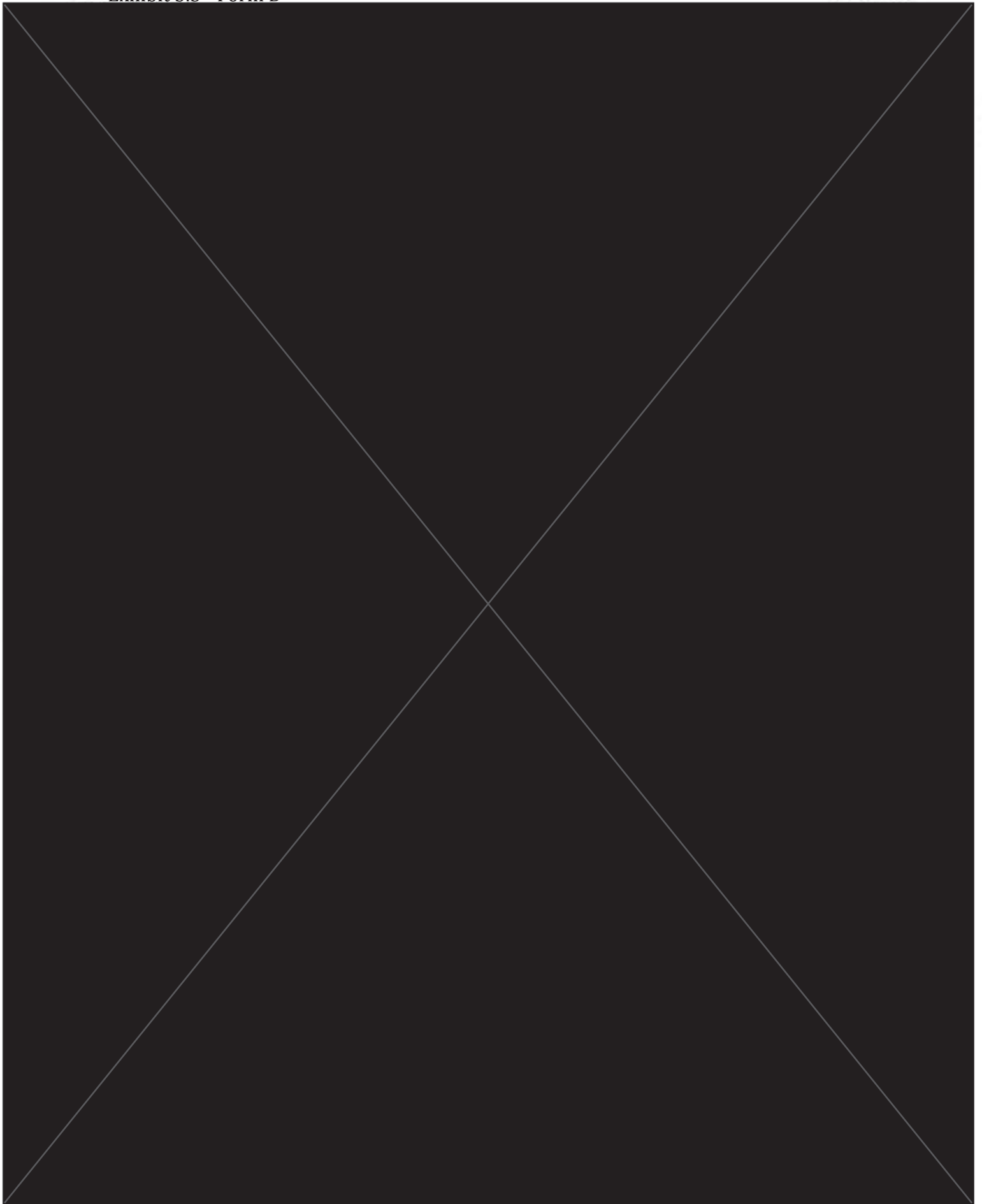


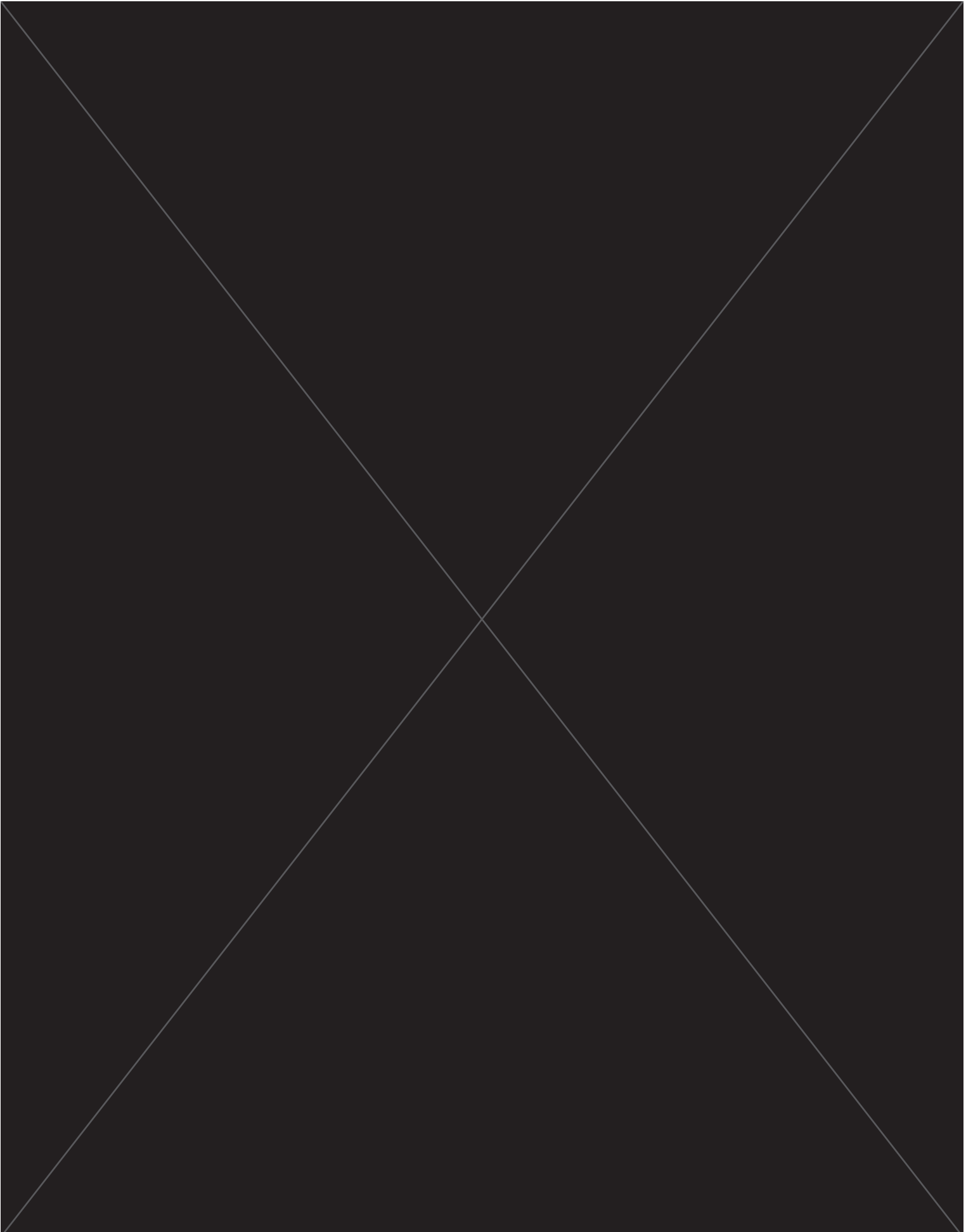


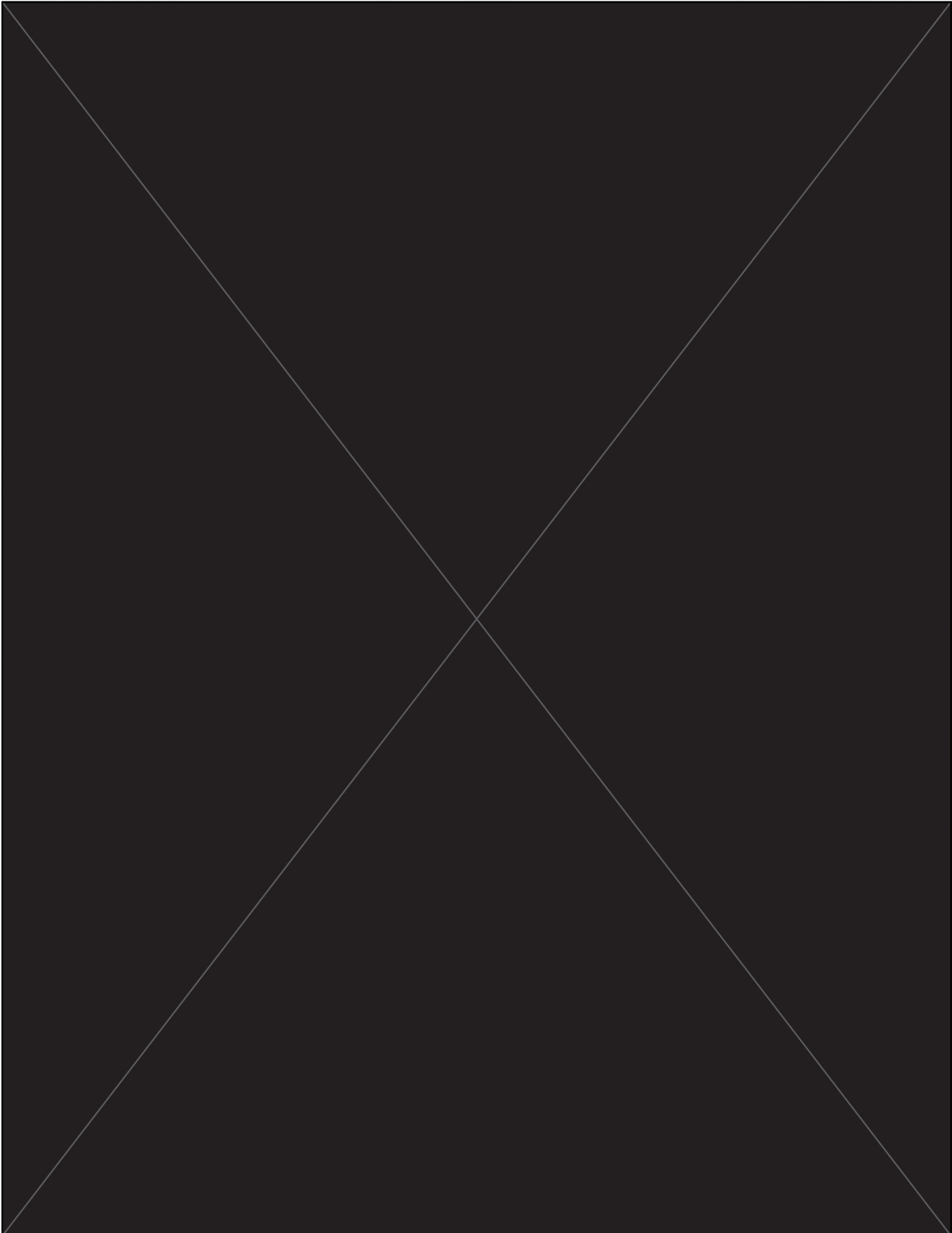


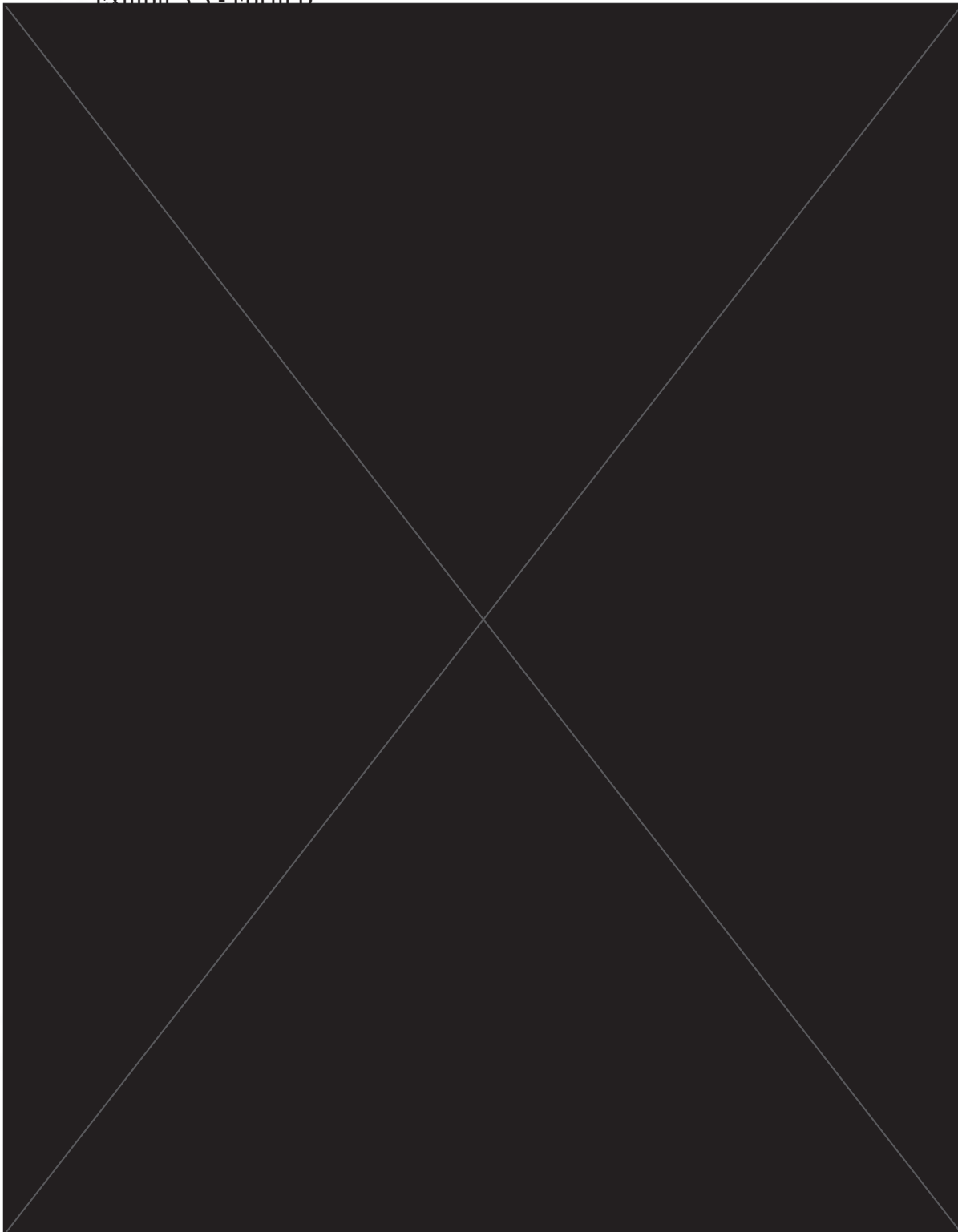


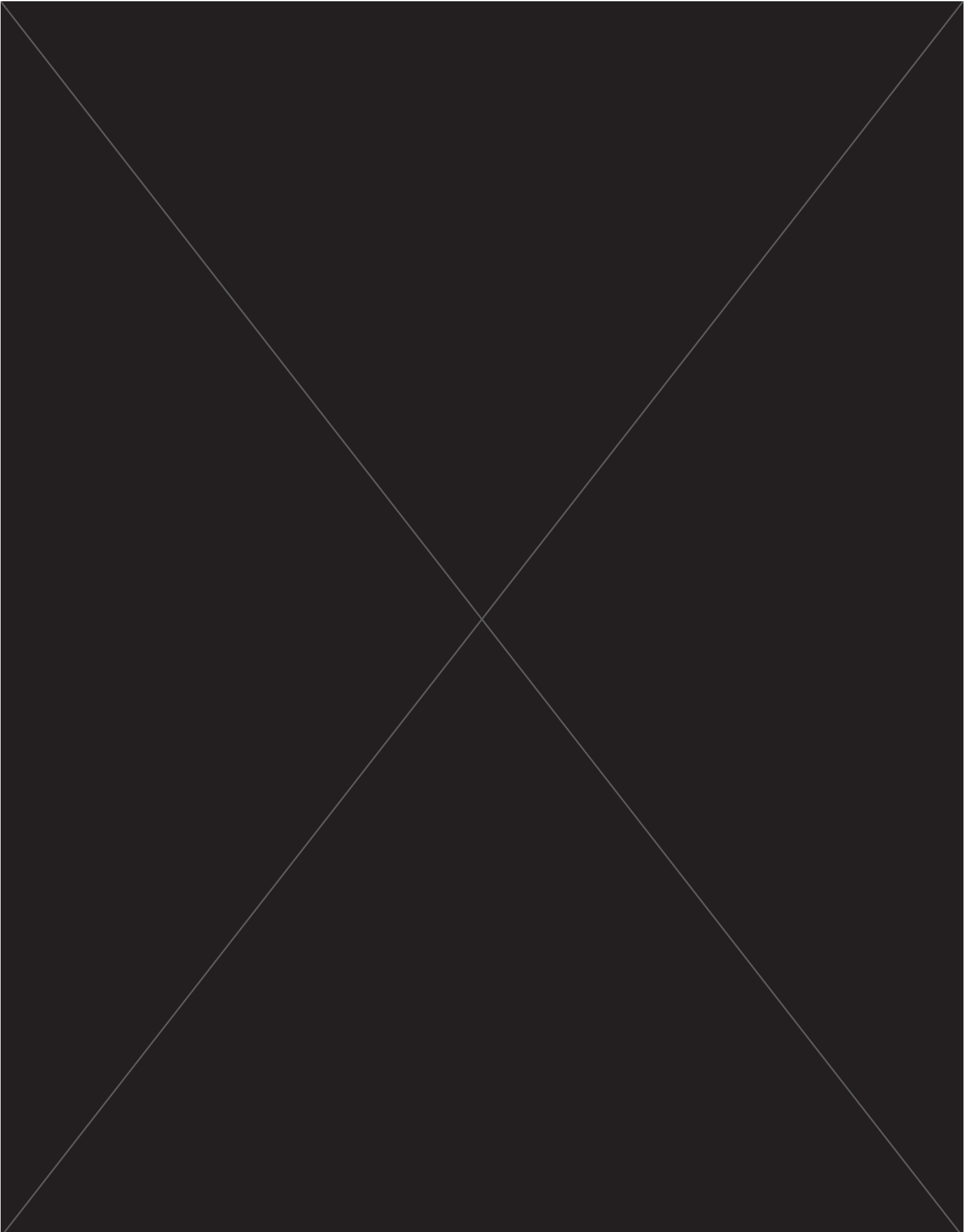


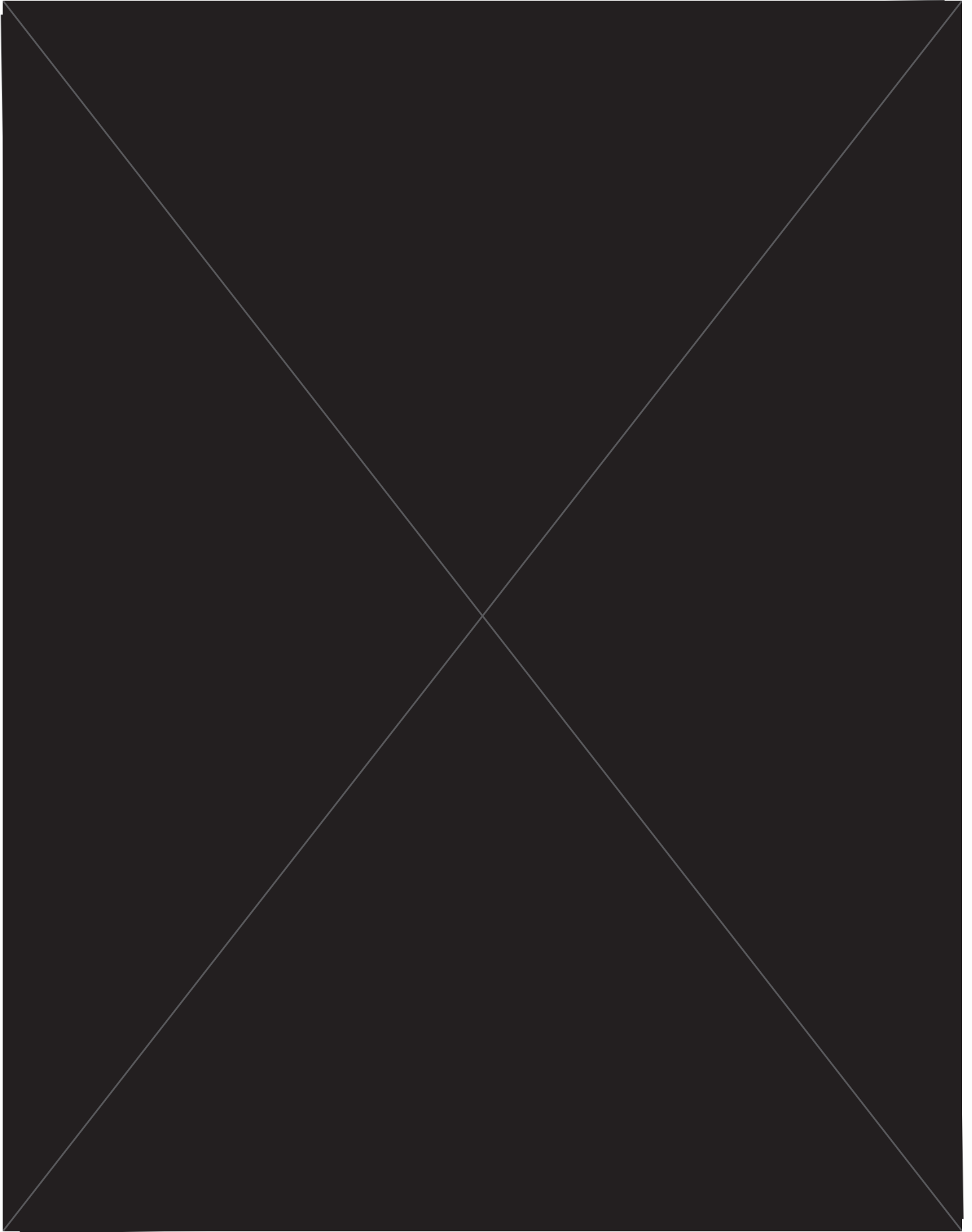


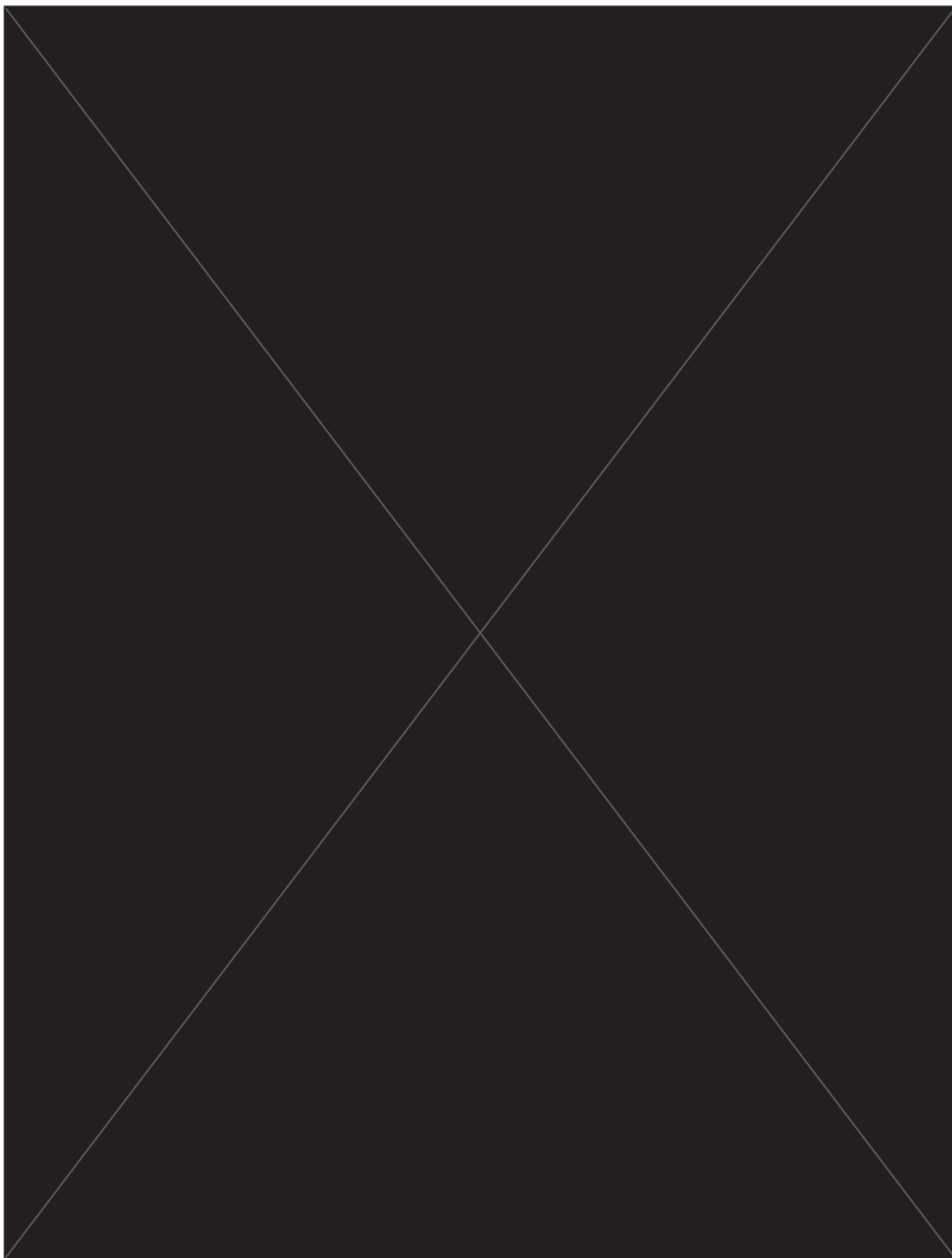


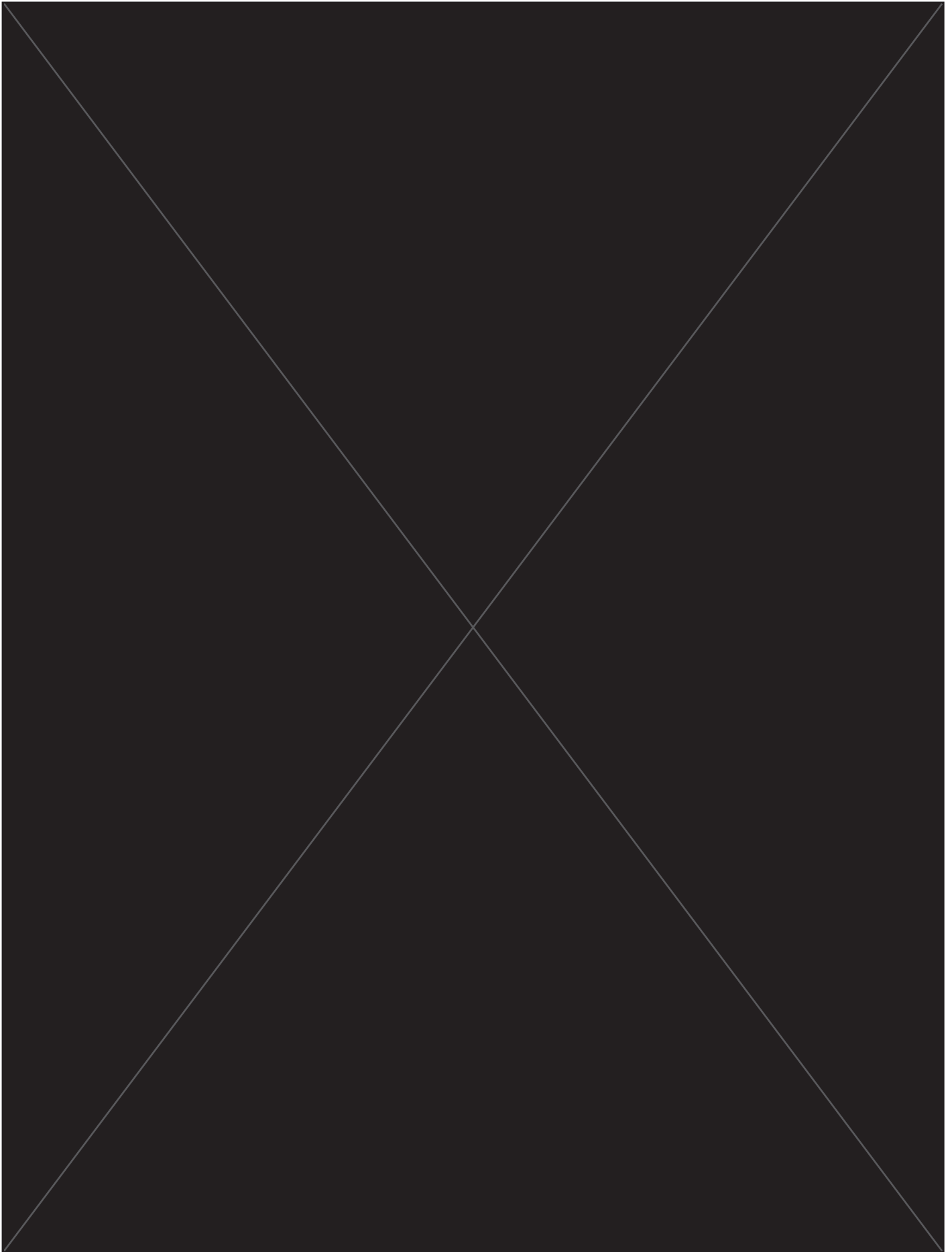


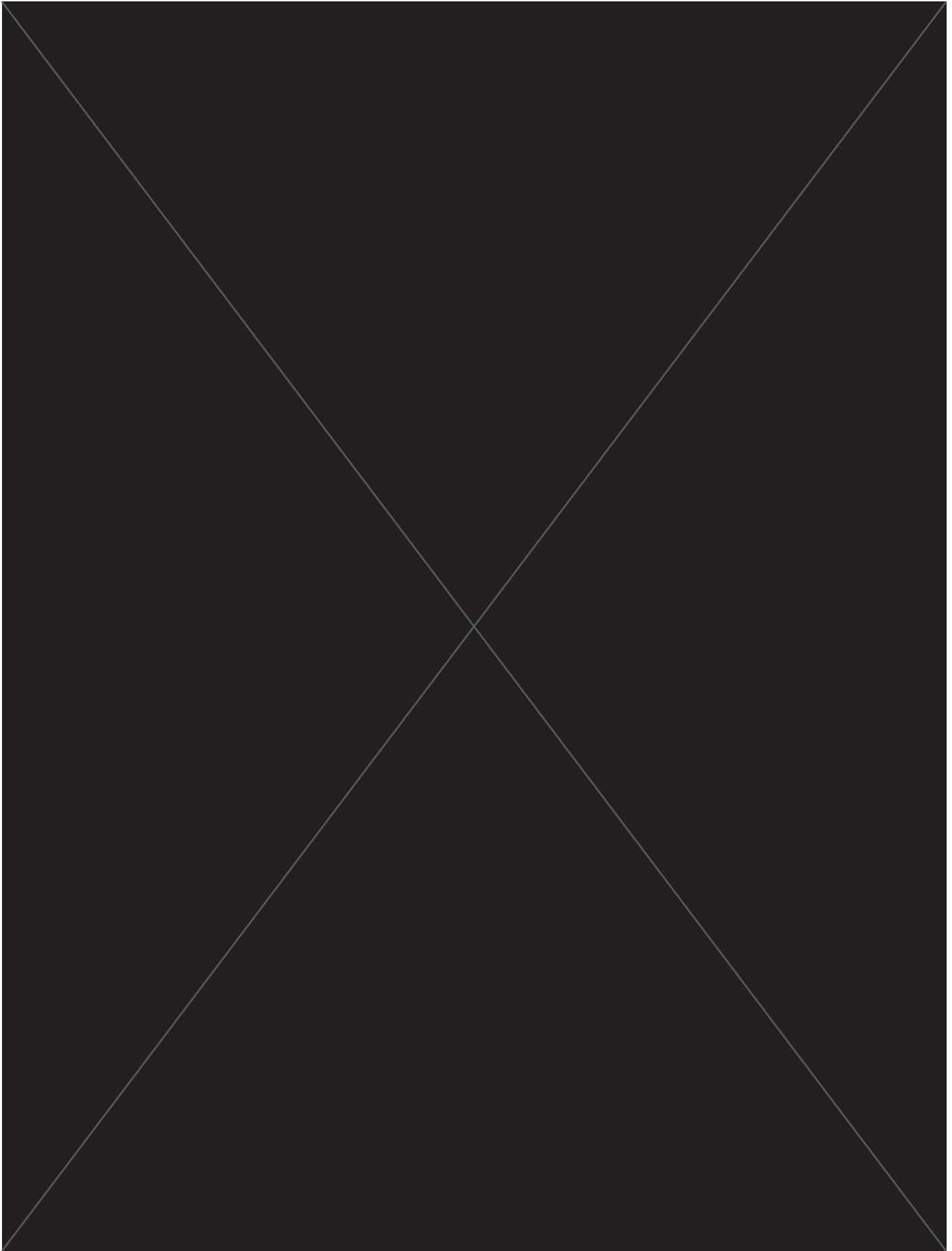


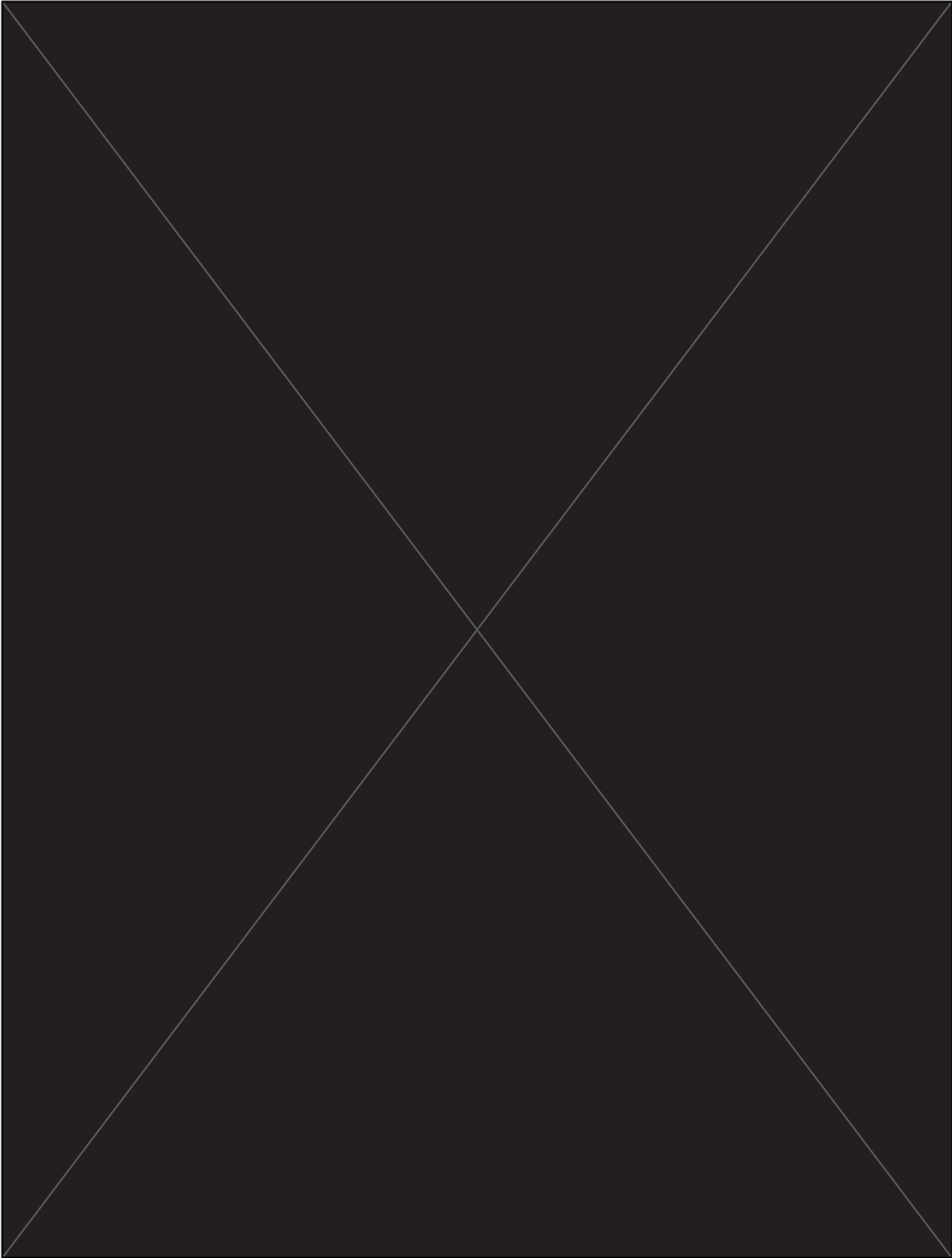


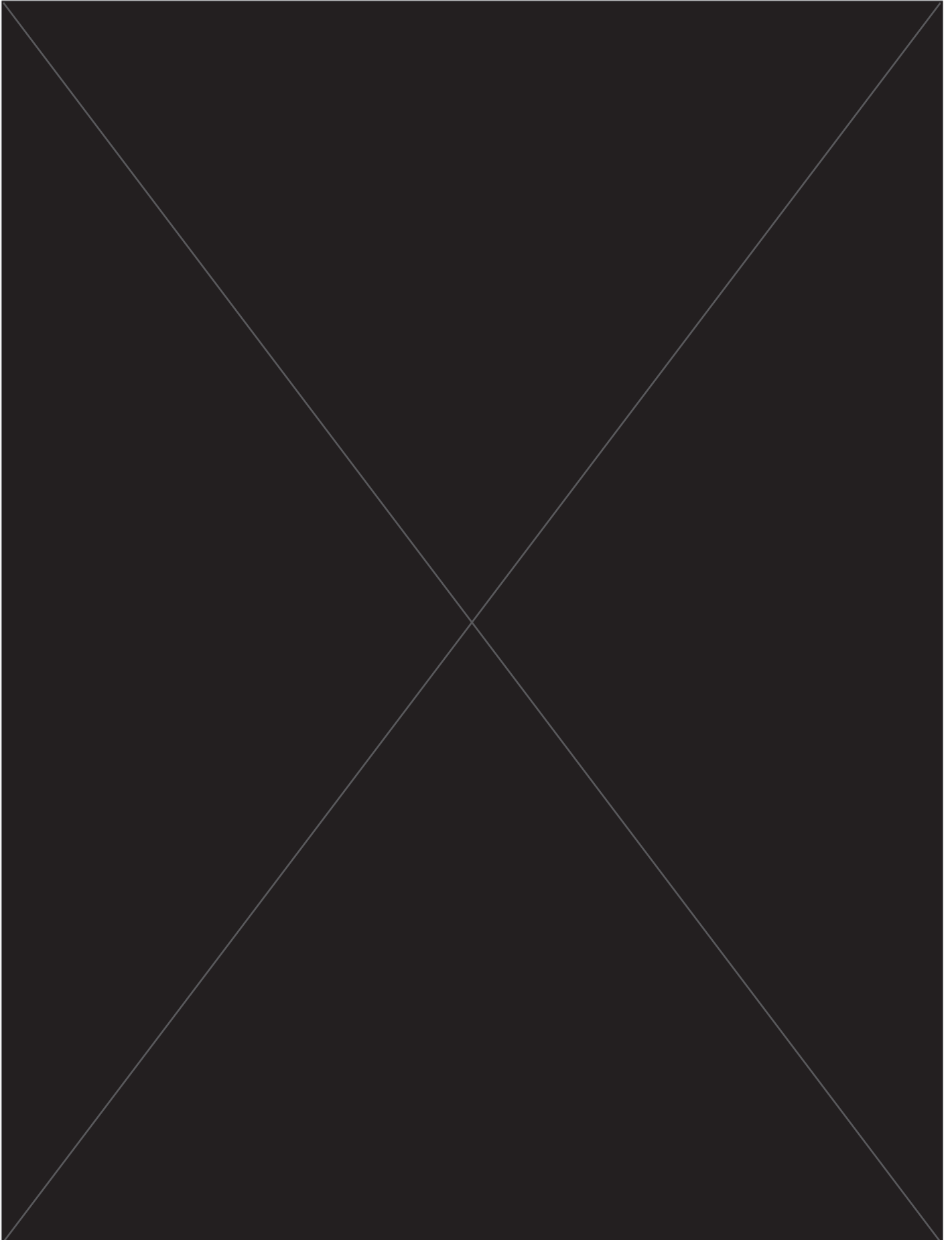


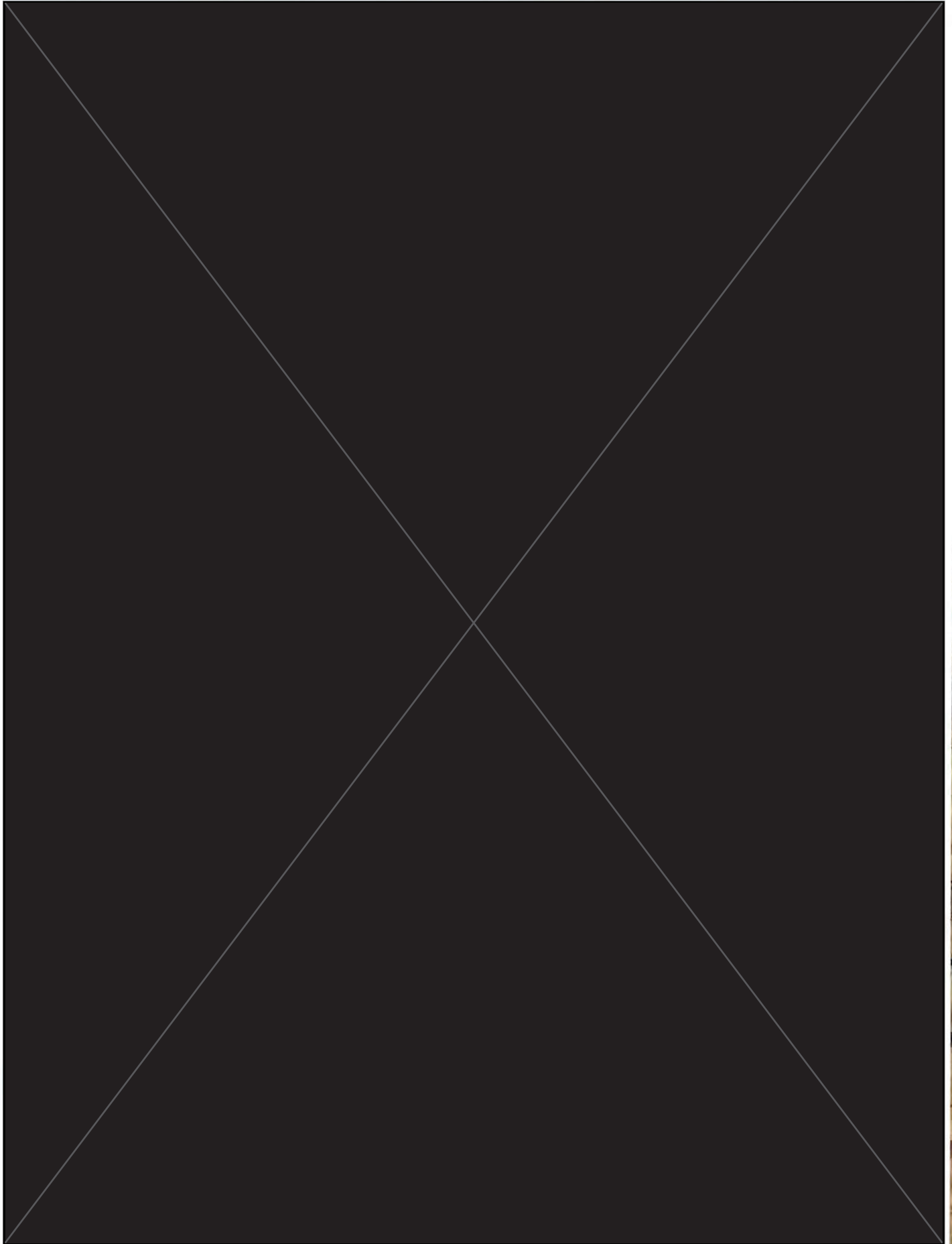


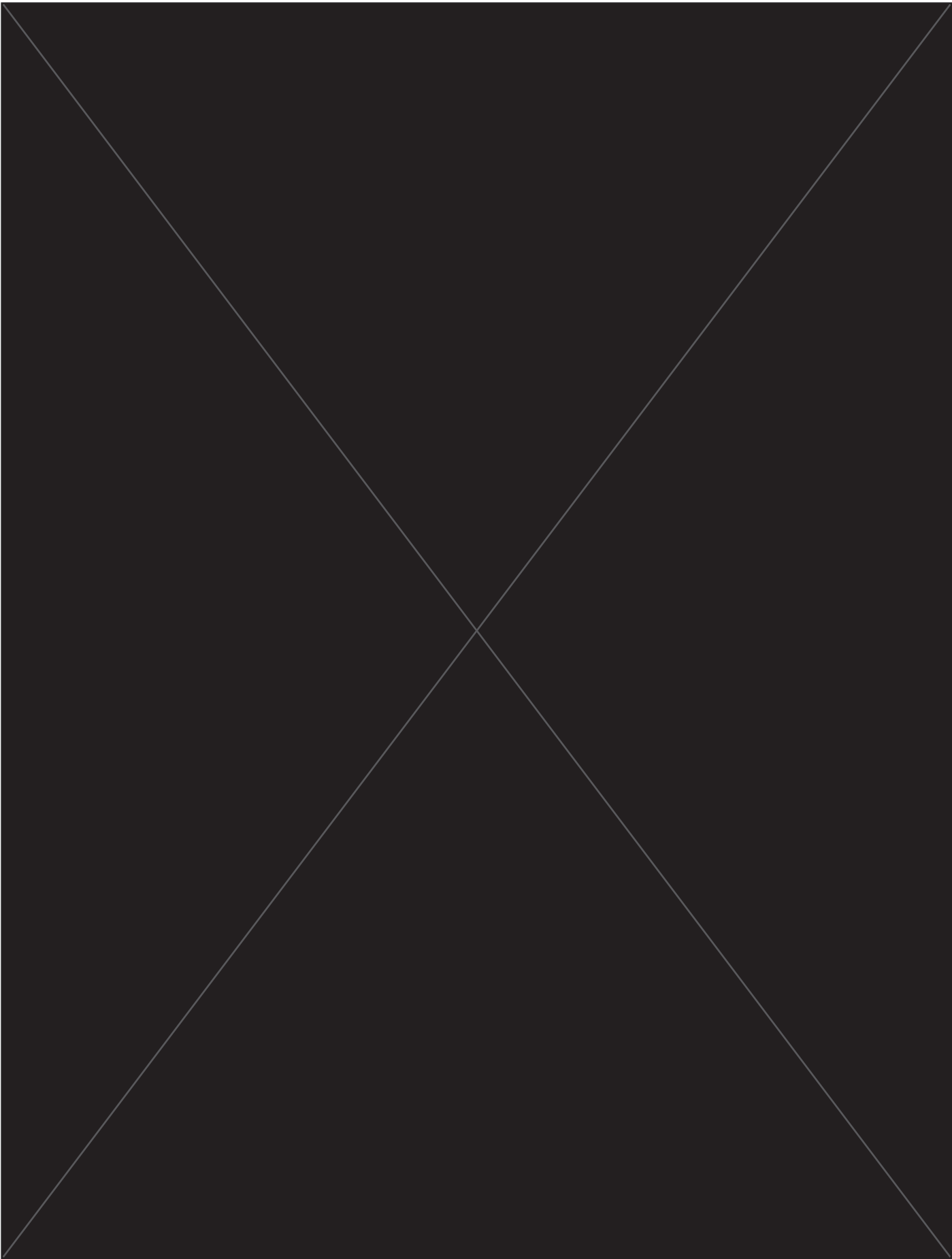


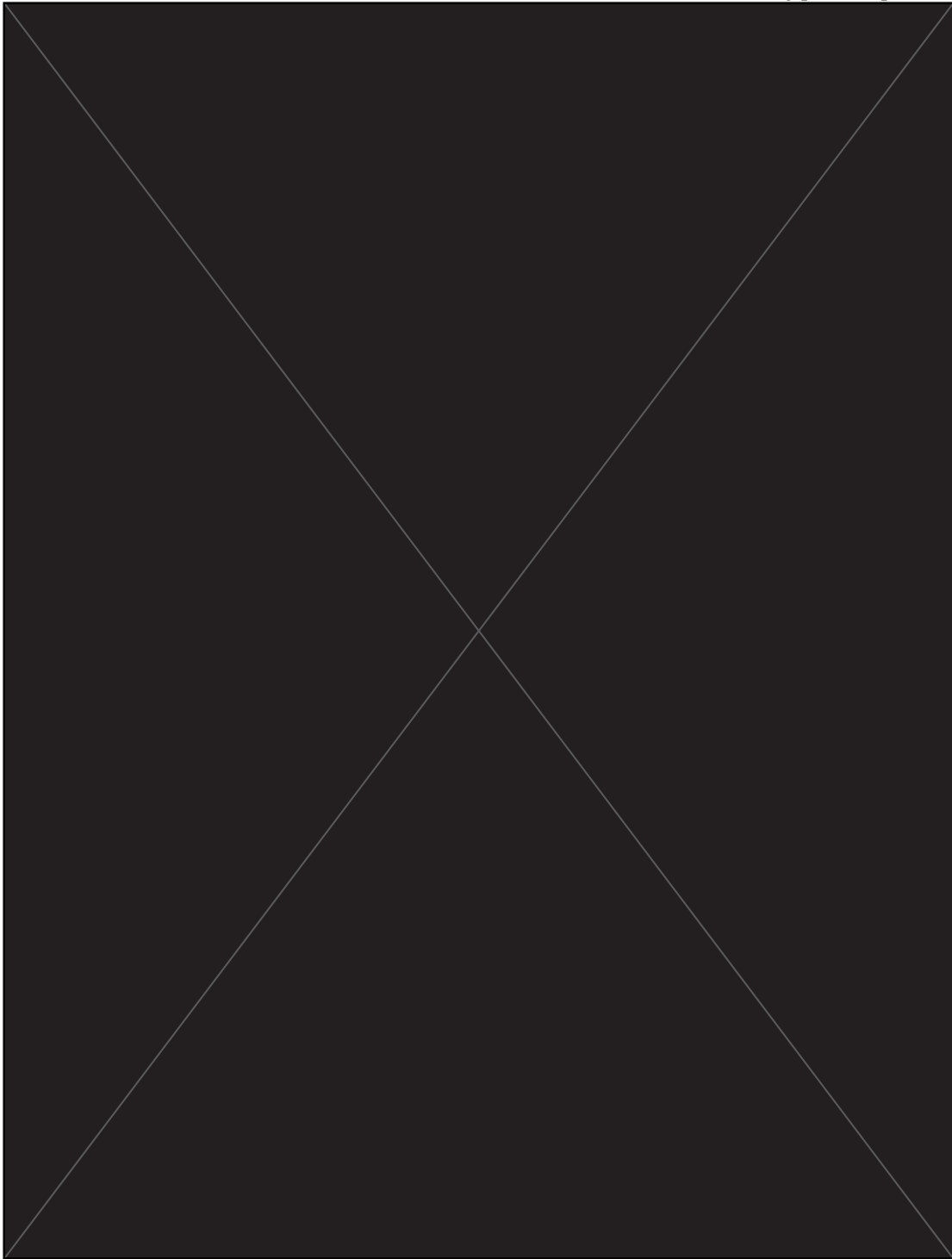


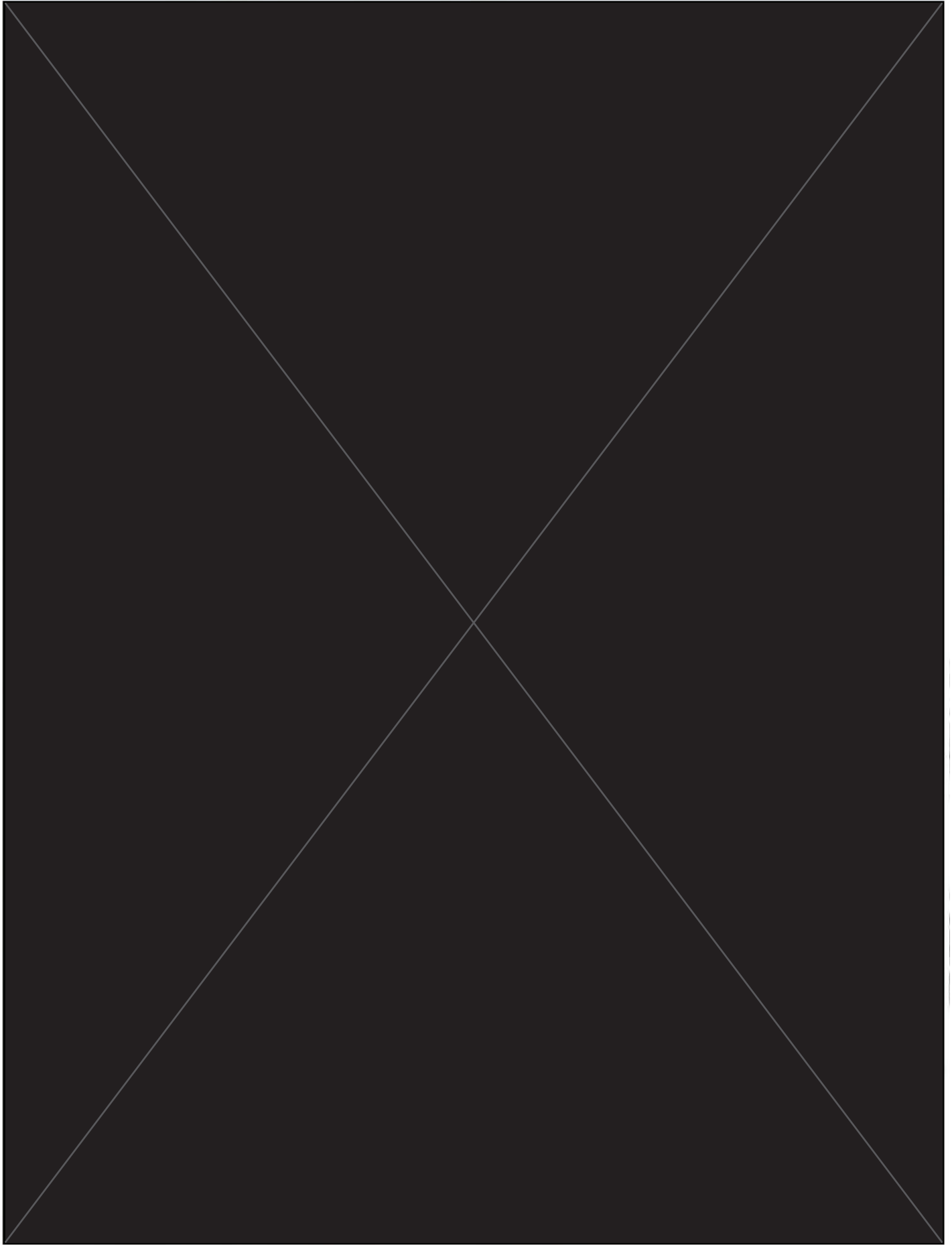


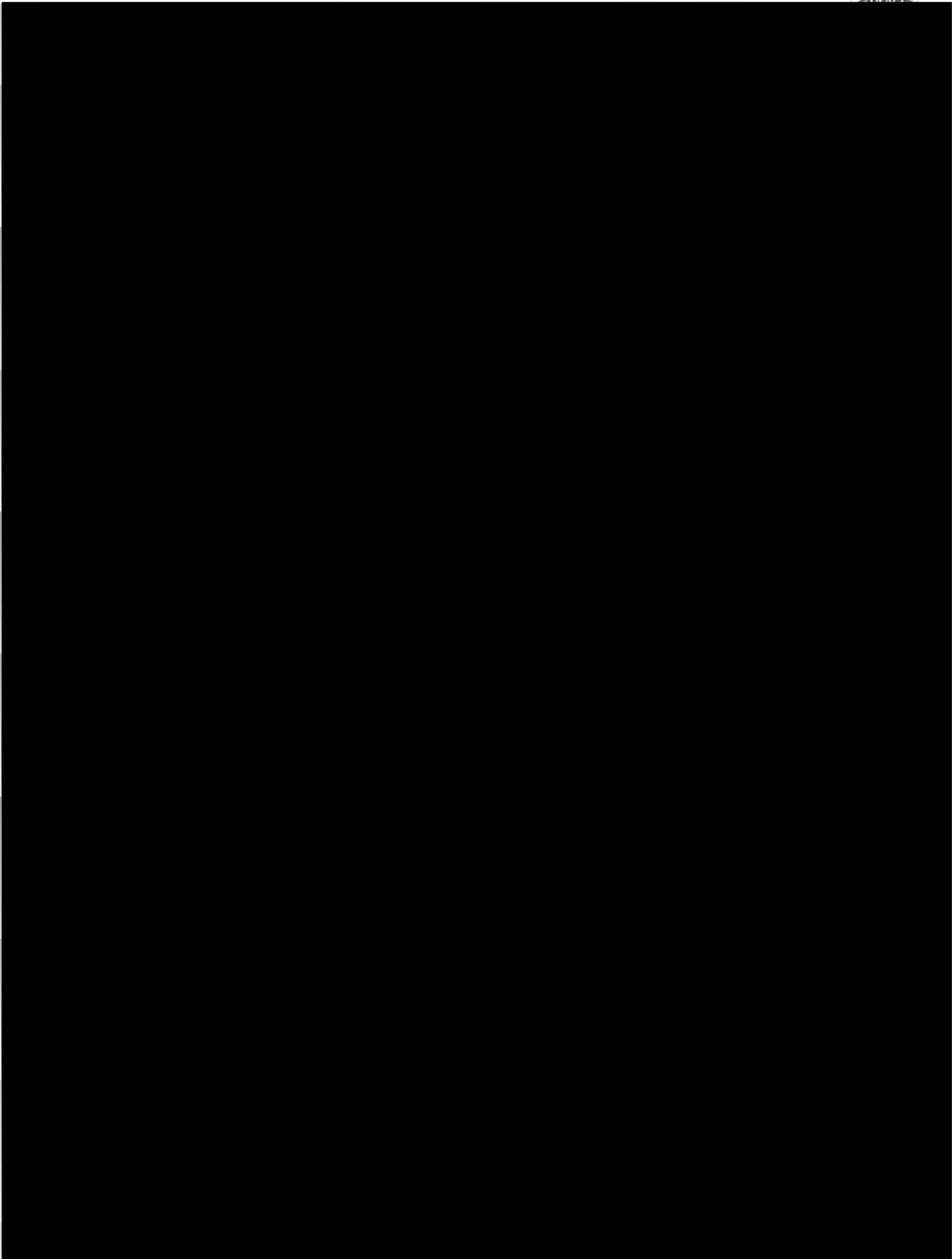












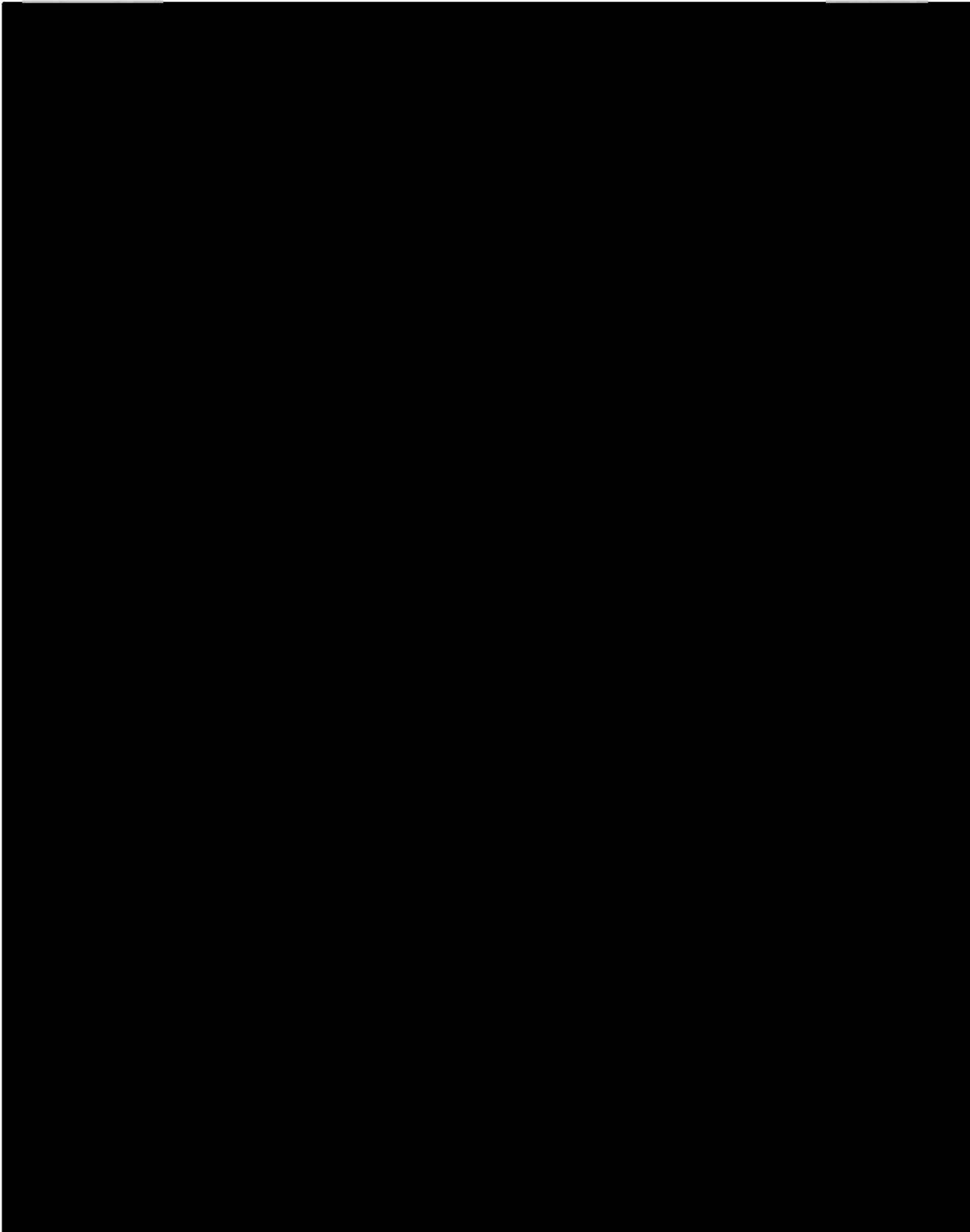


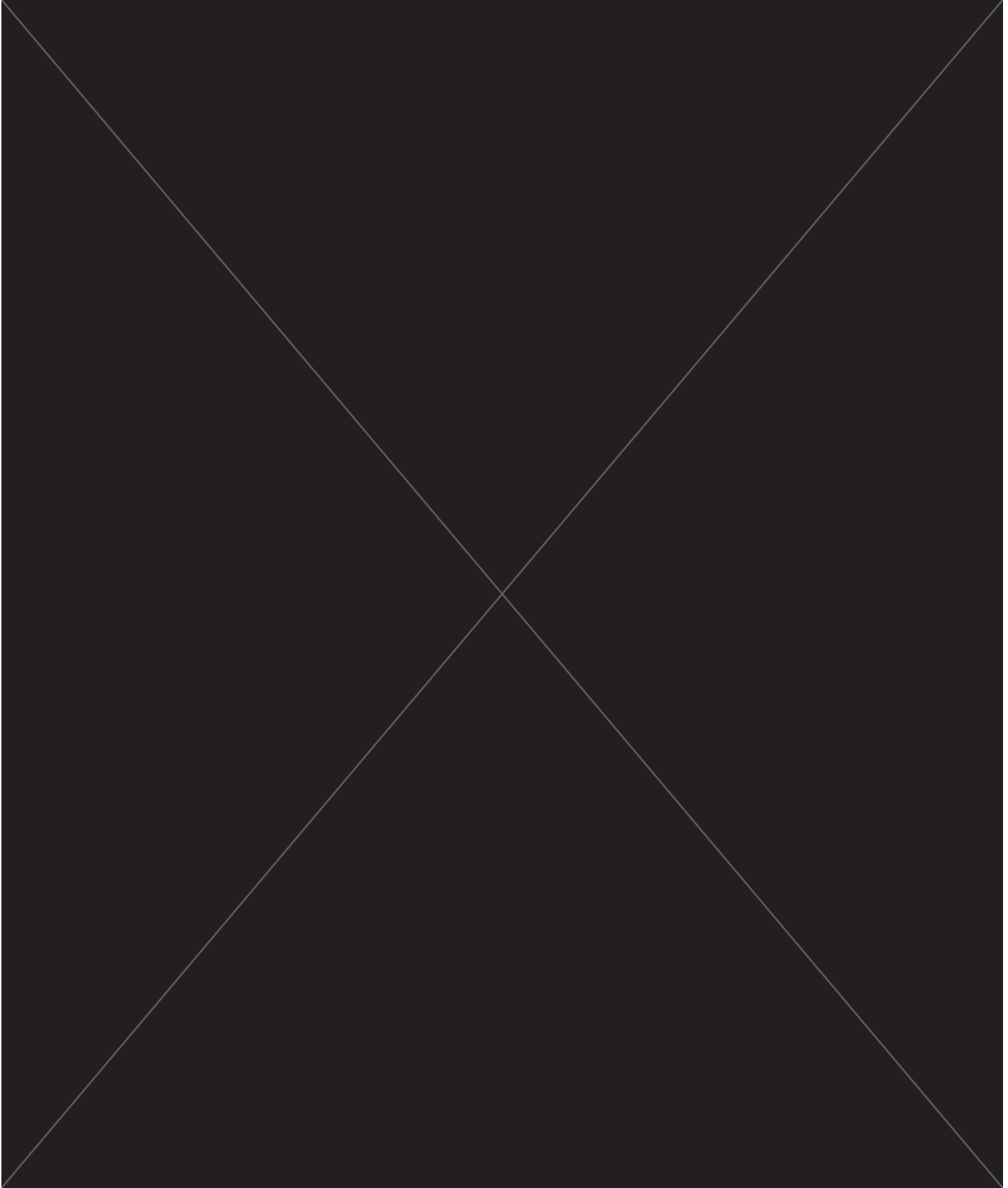
Exhibit 4 – Demonstration of Sufficient Capital

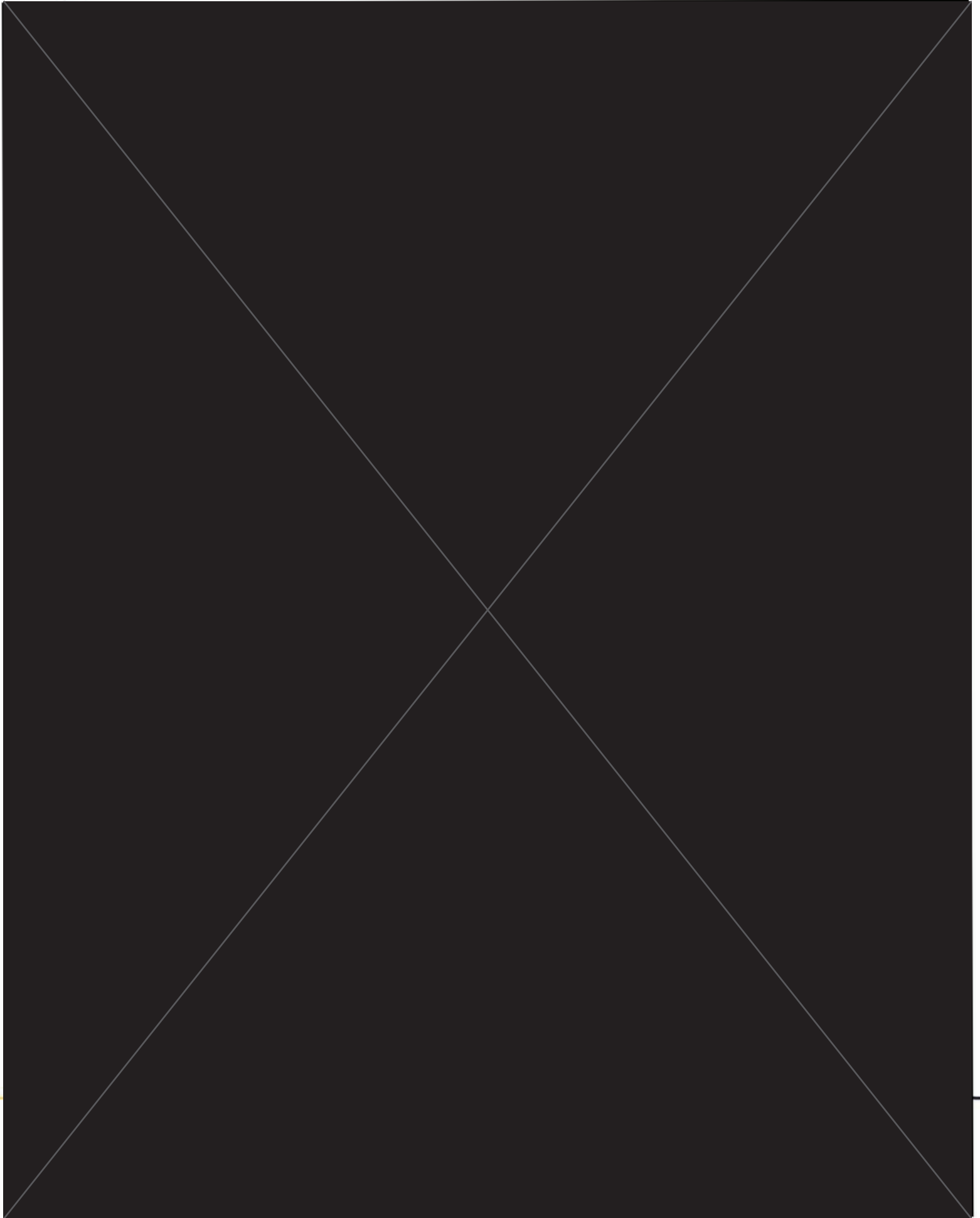
Exhibit 4 Redacted (ALA.code.36-12-40(Personal Security))

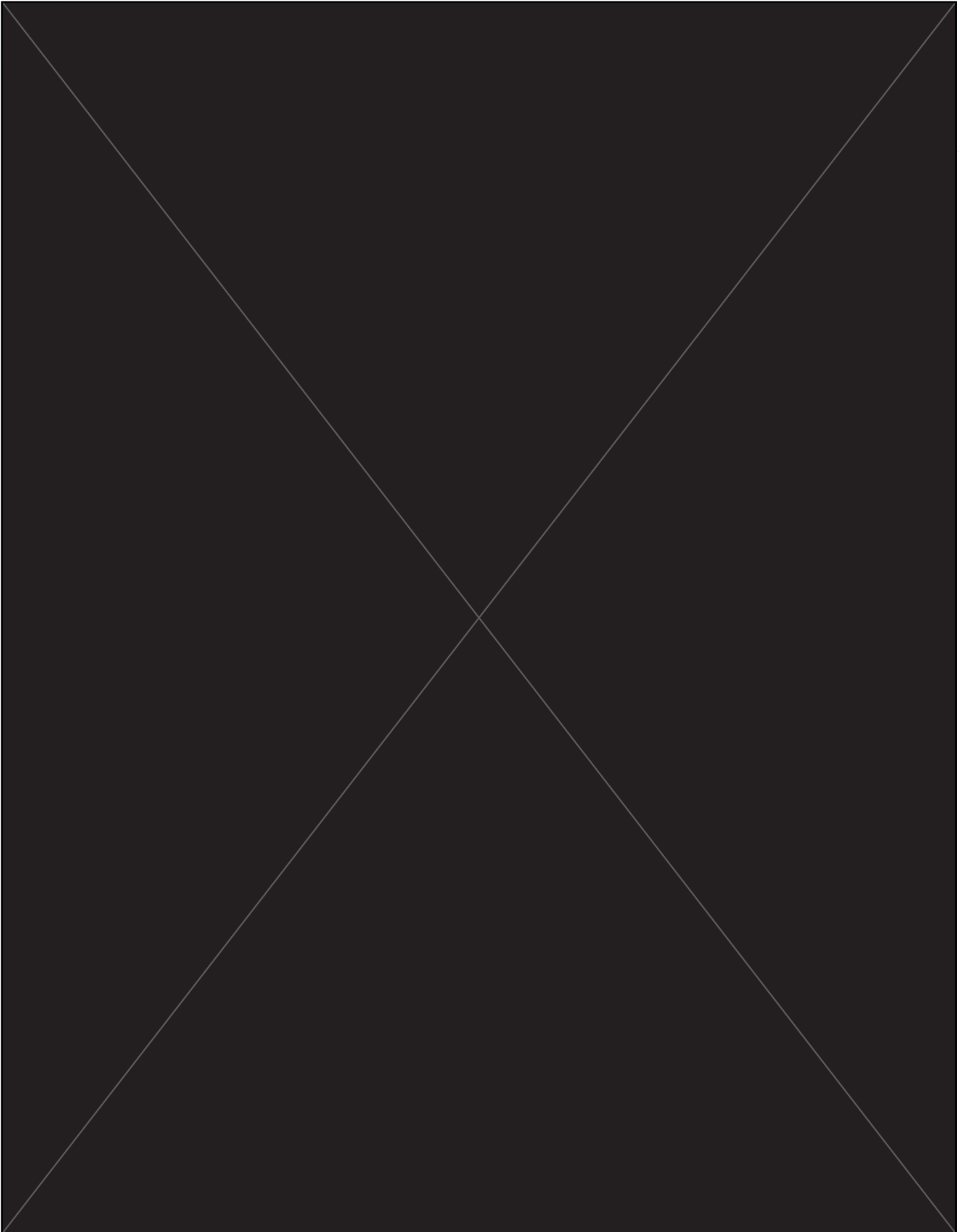
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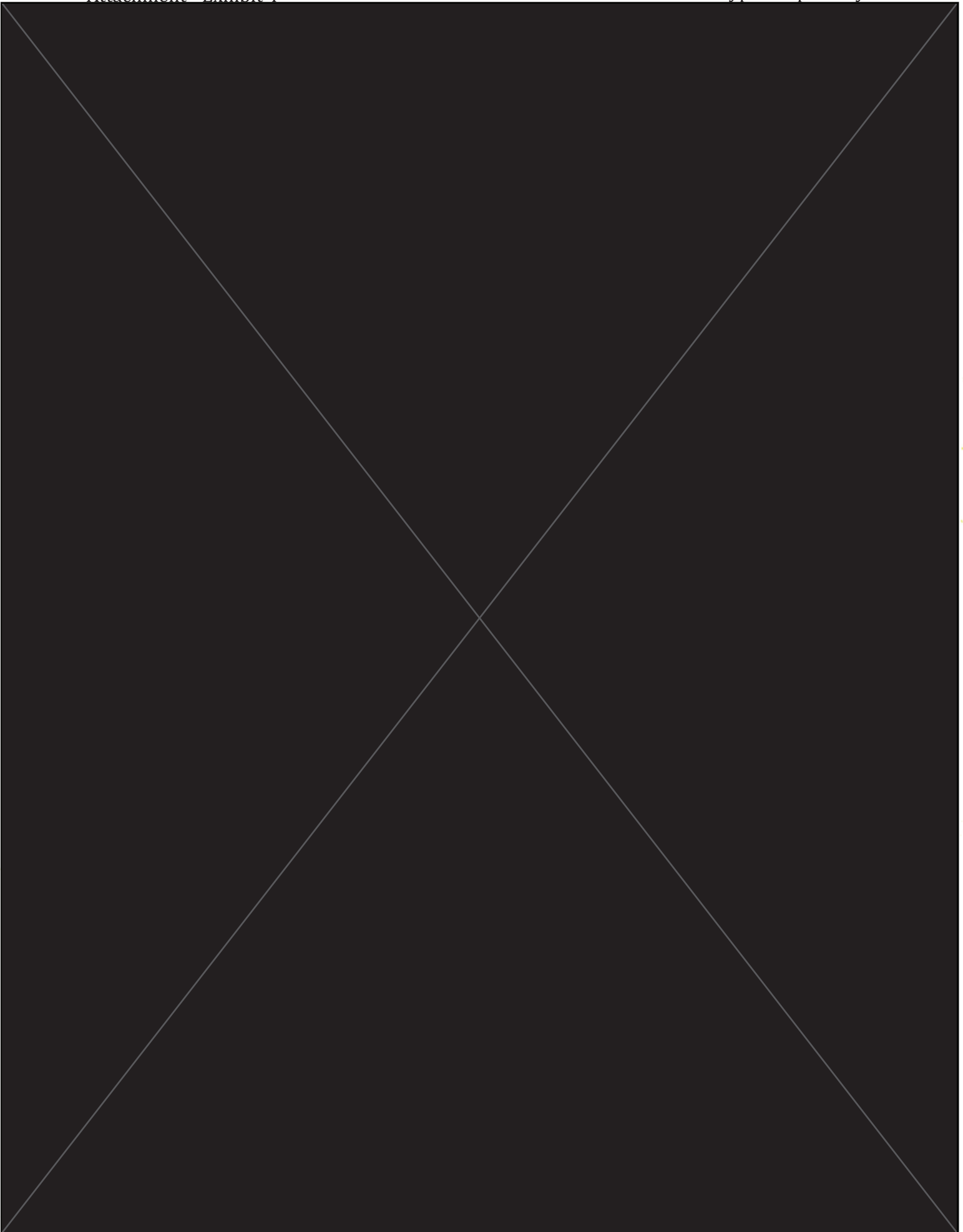
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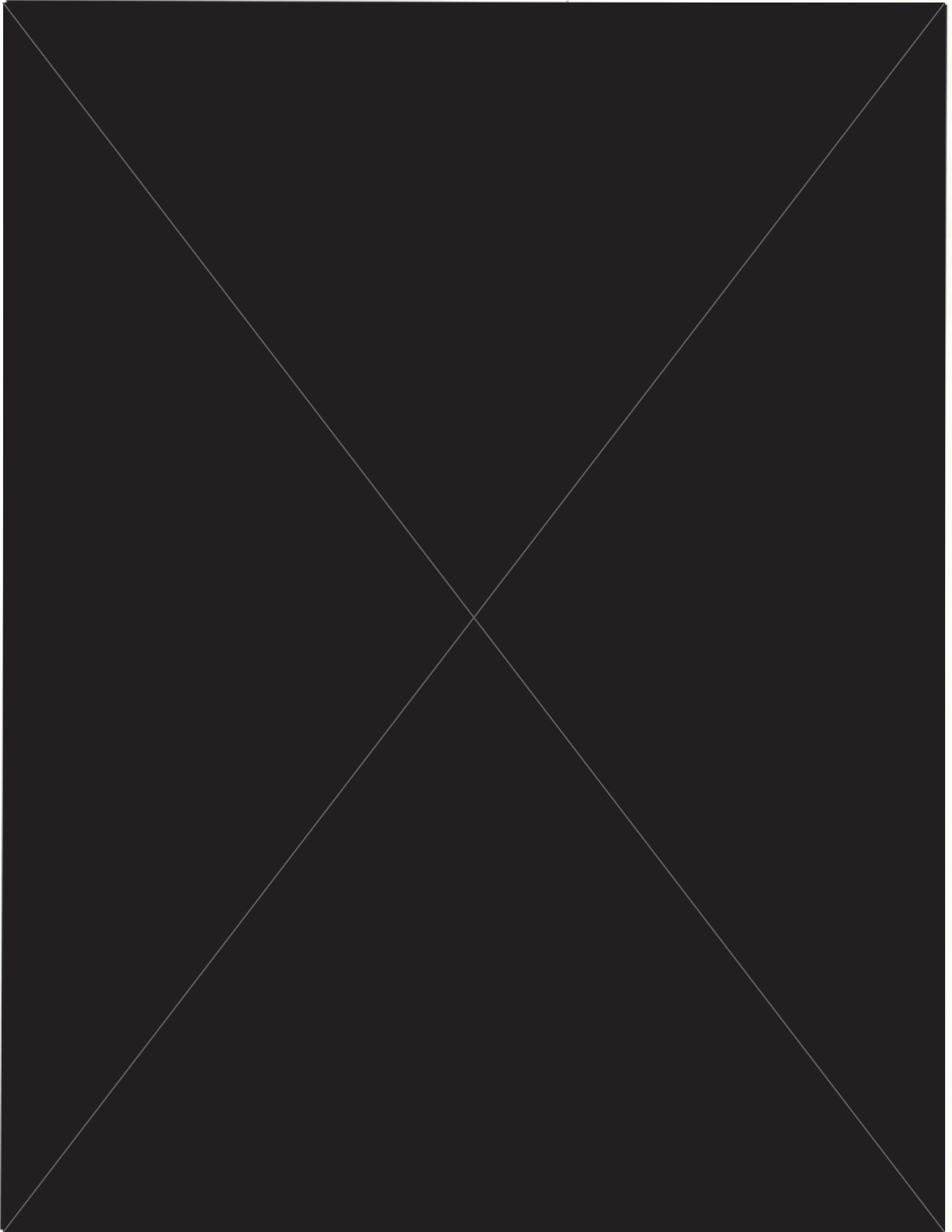
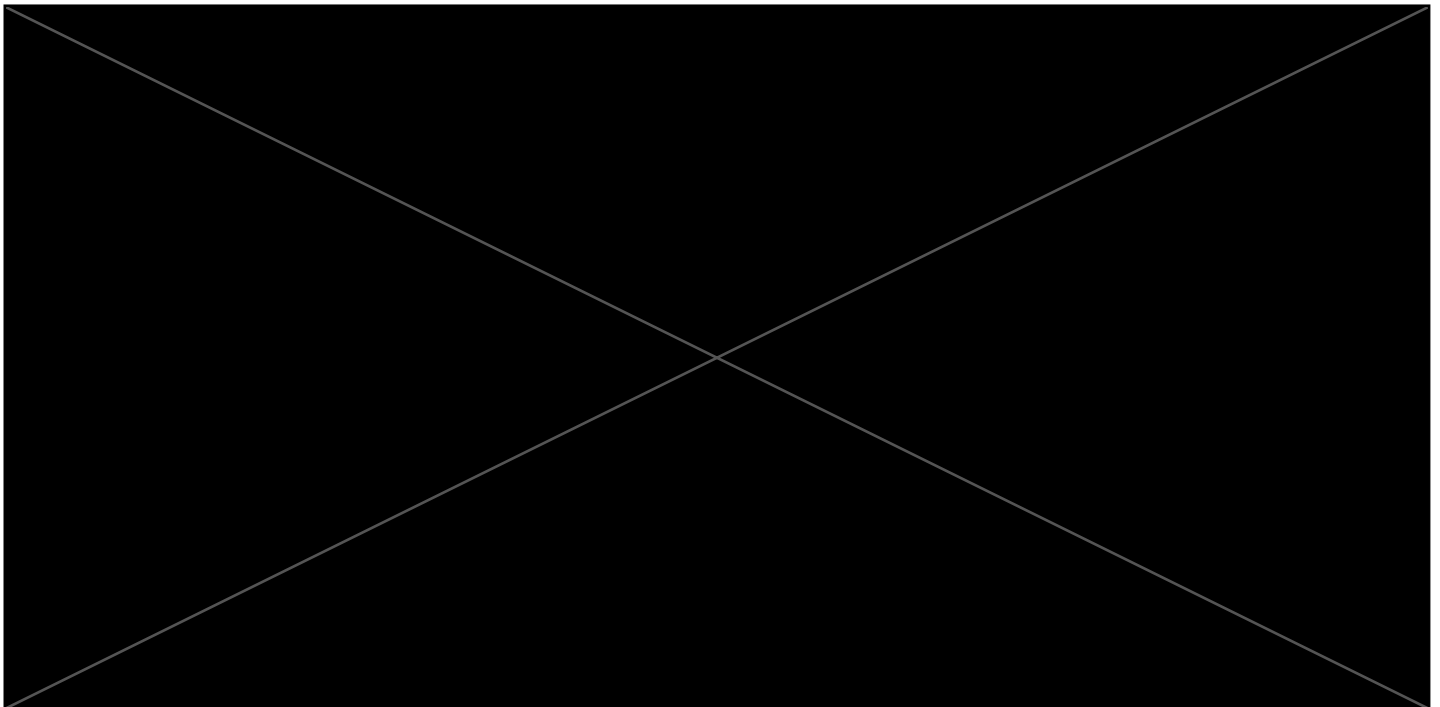


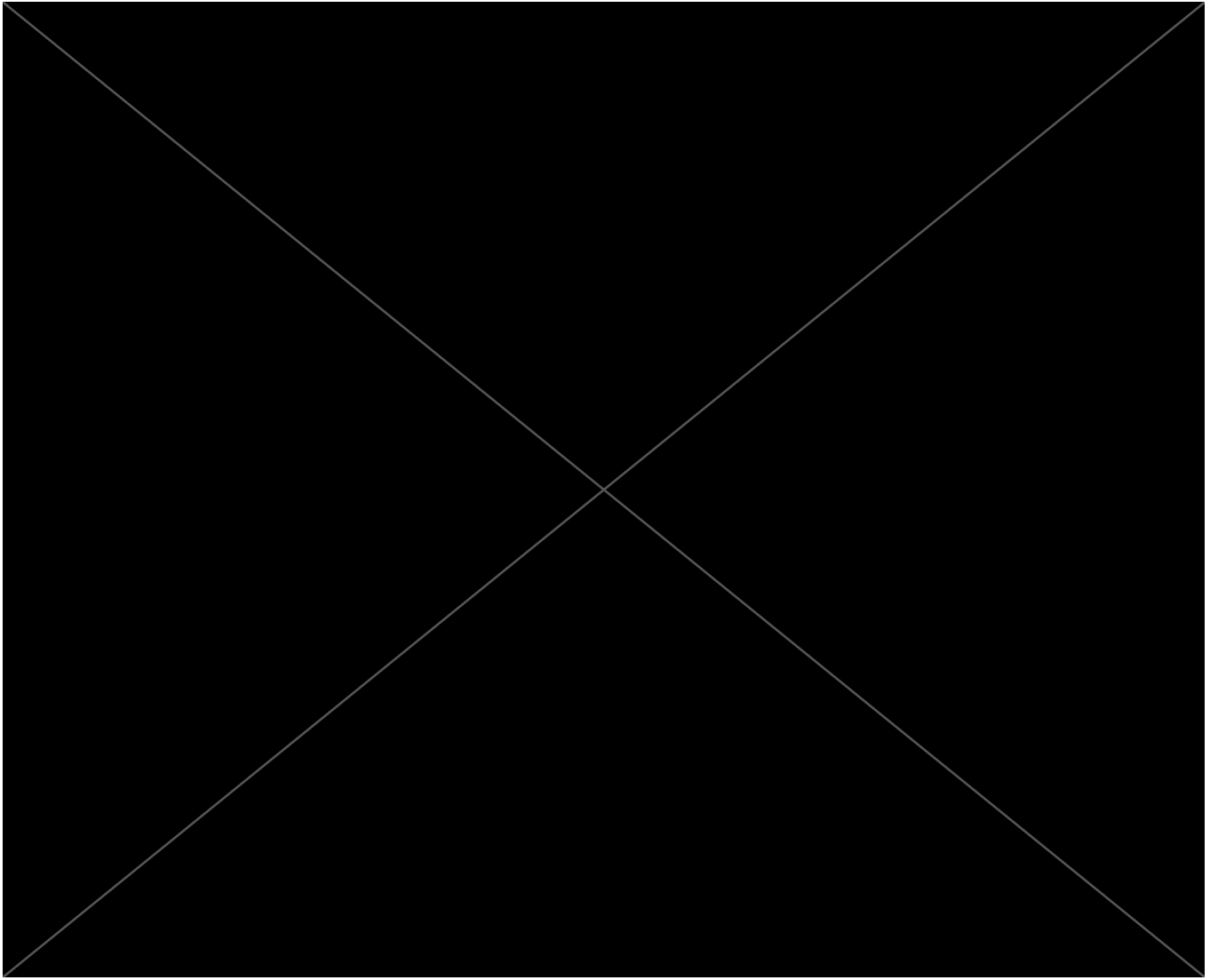
Exhibit 5 – Financial Statements

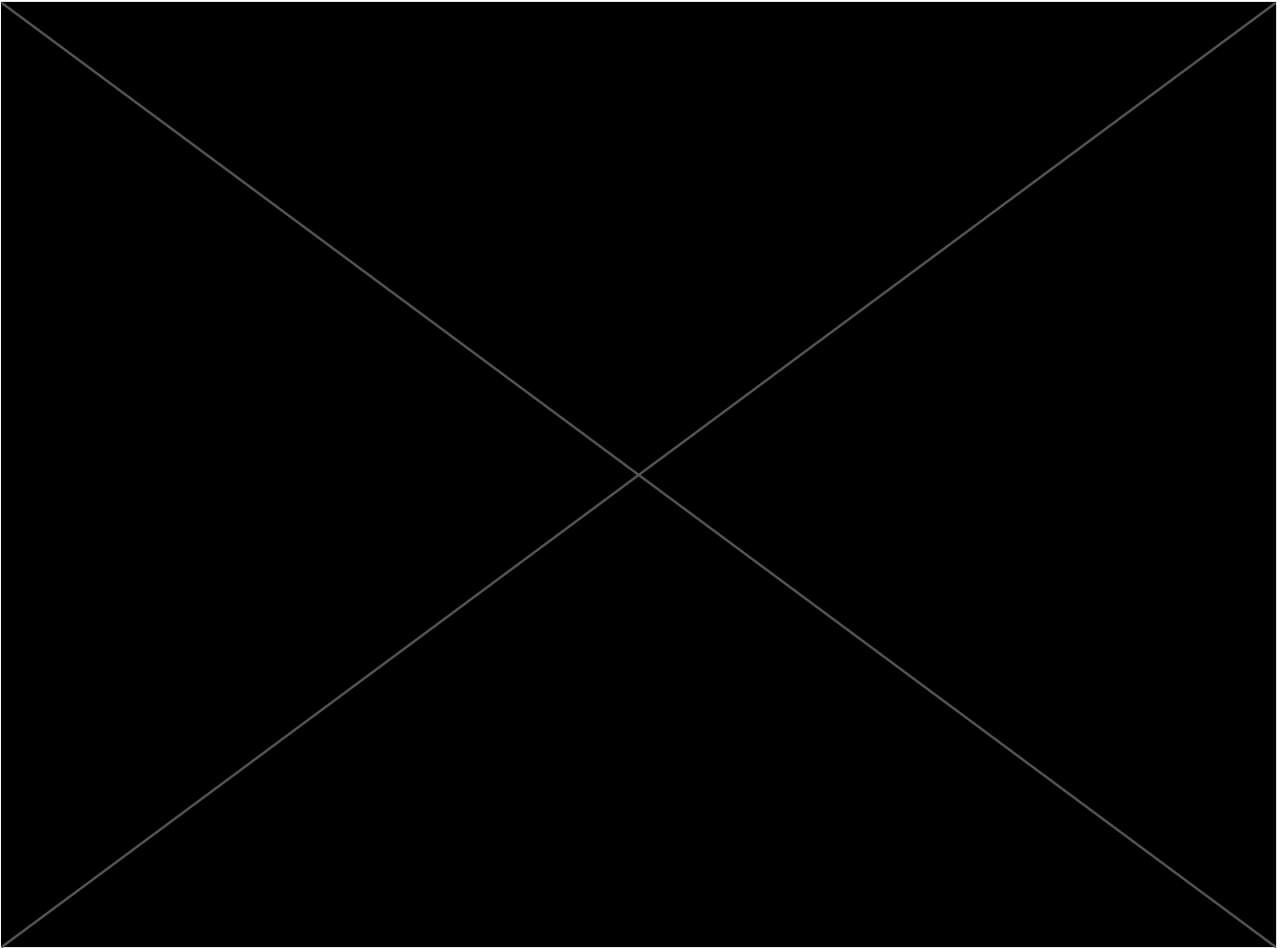
Exhibit 5 Redacted (ALA.code.36-12-40(records concerning security, assessments and measures))

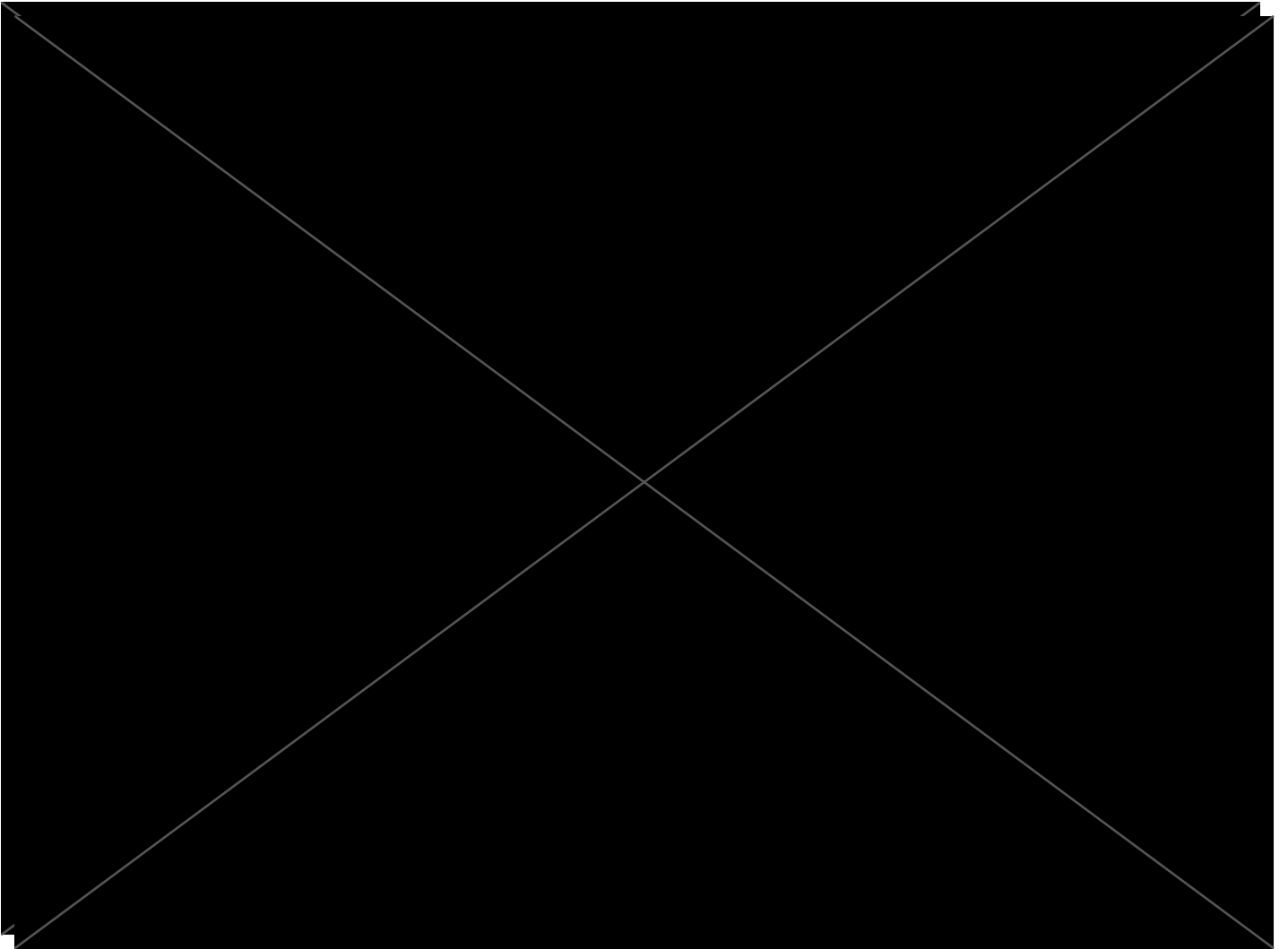
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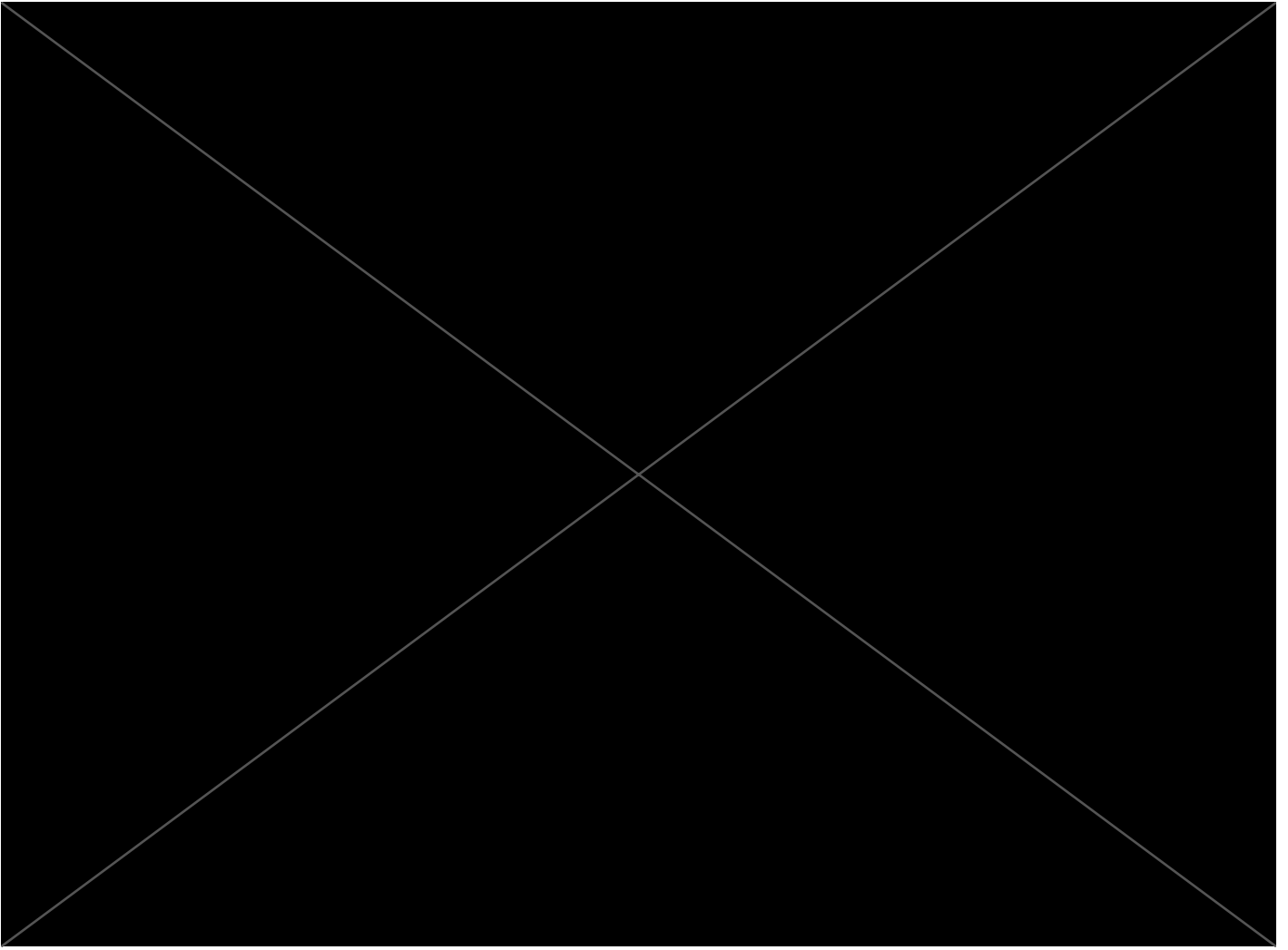
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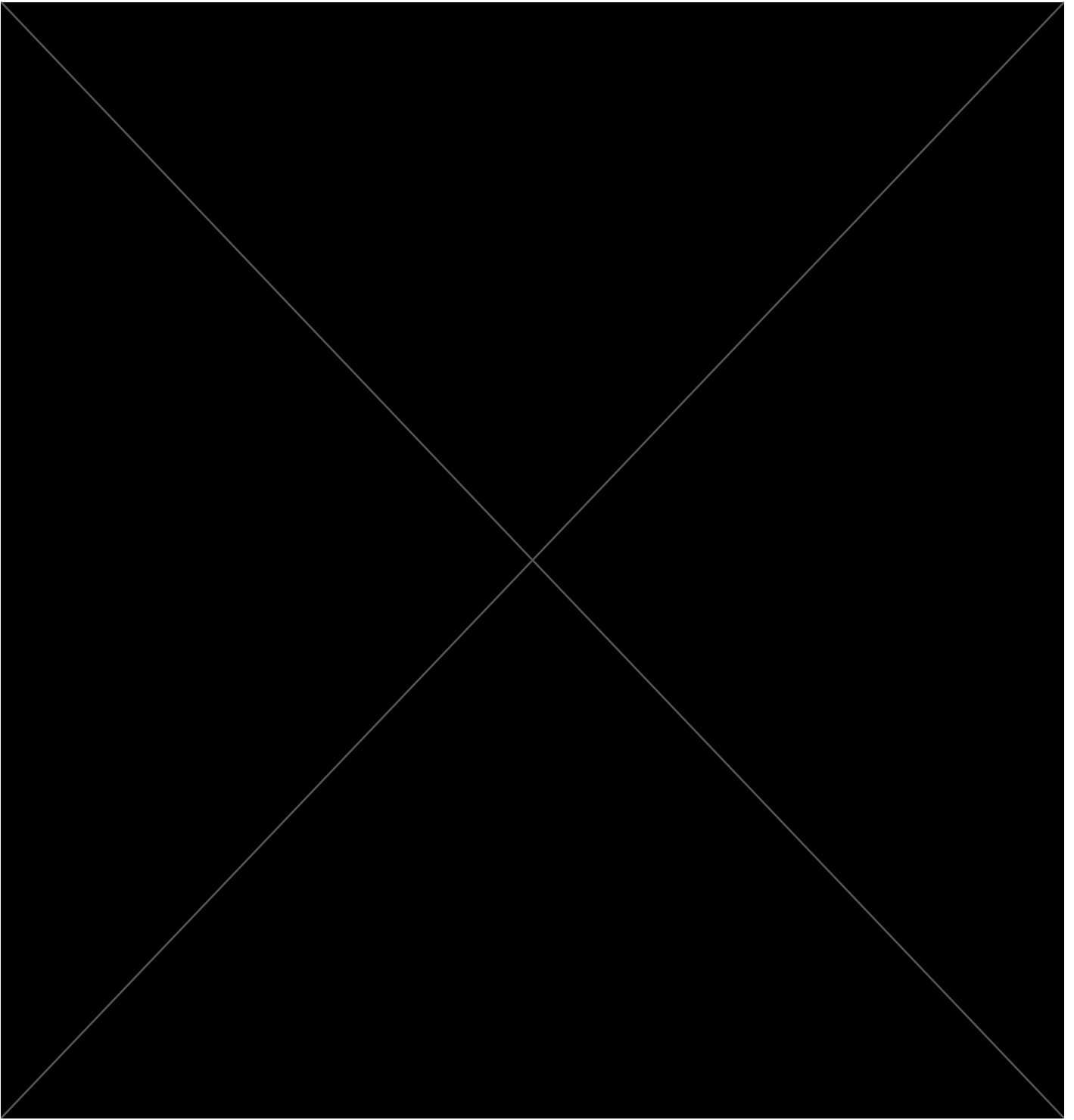


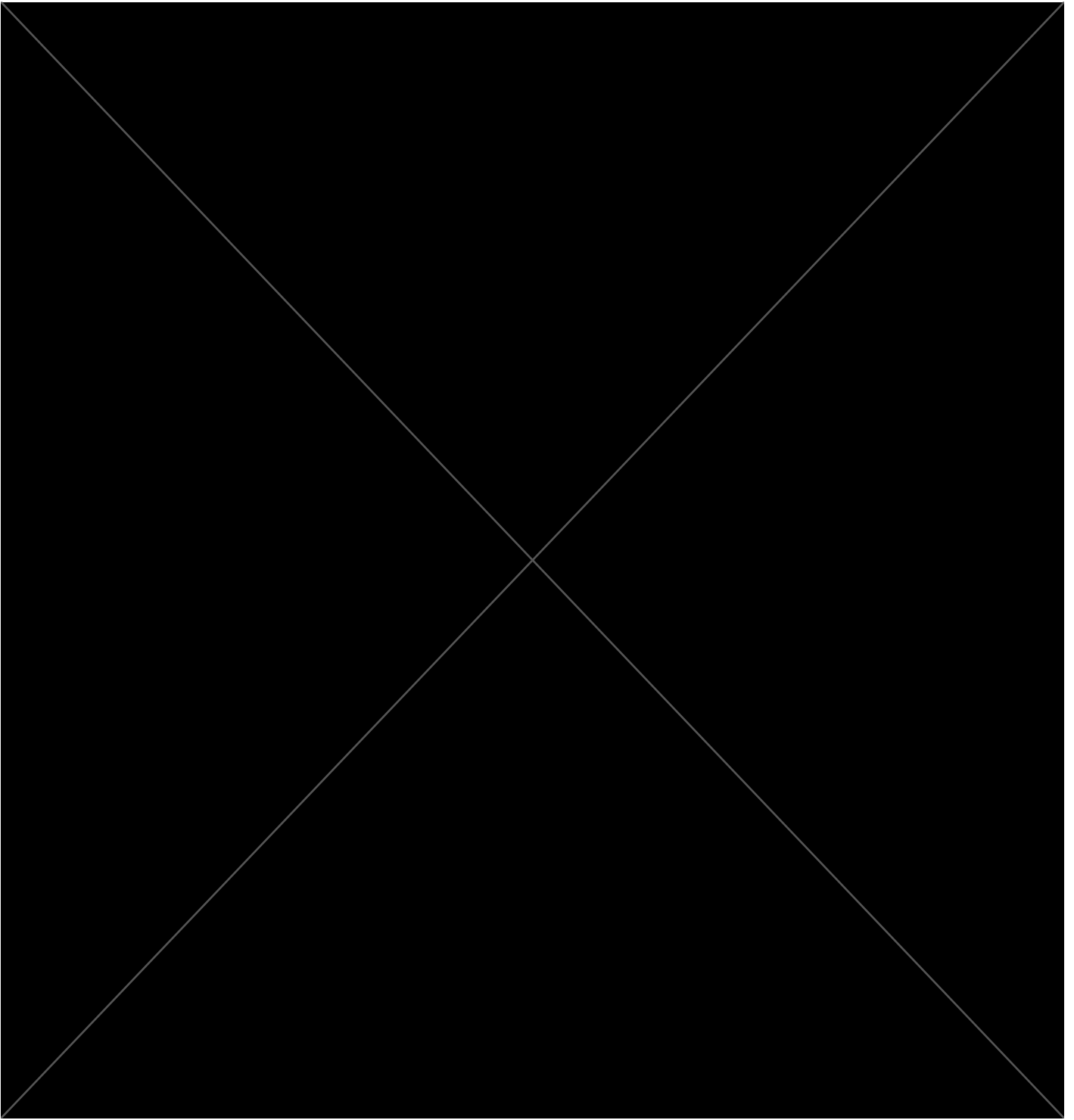


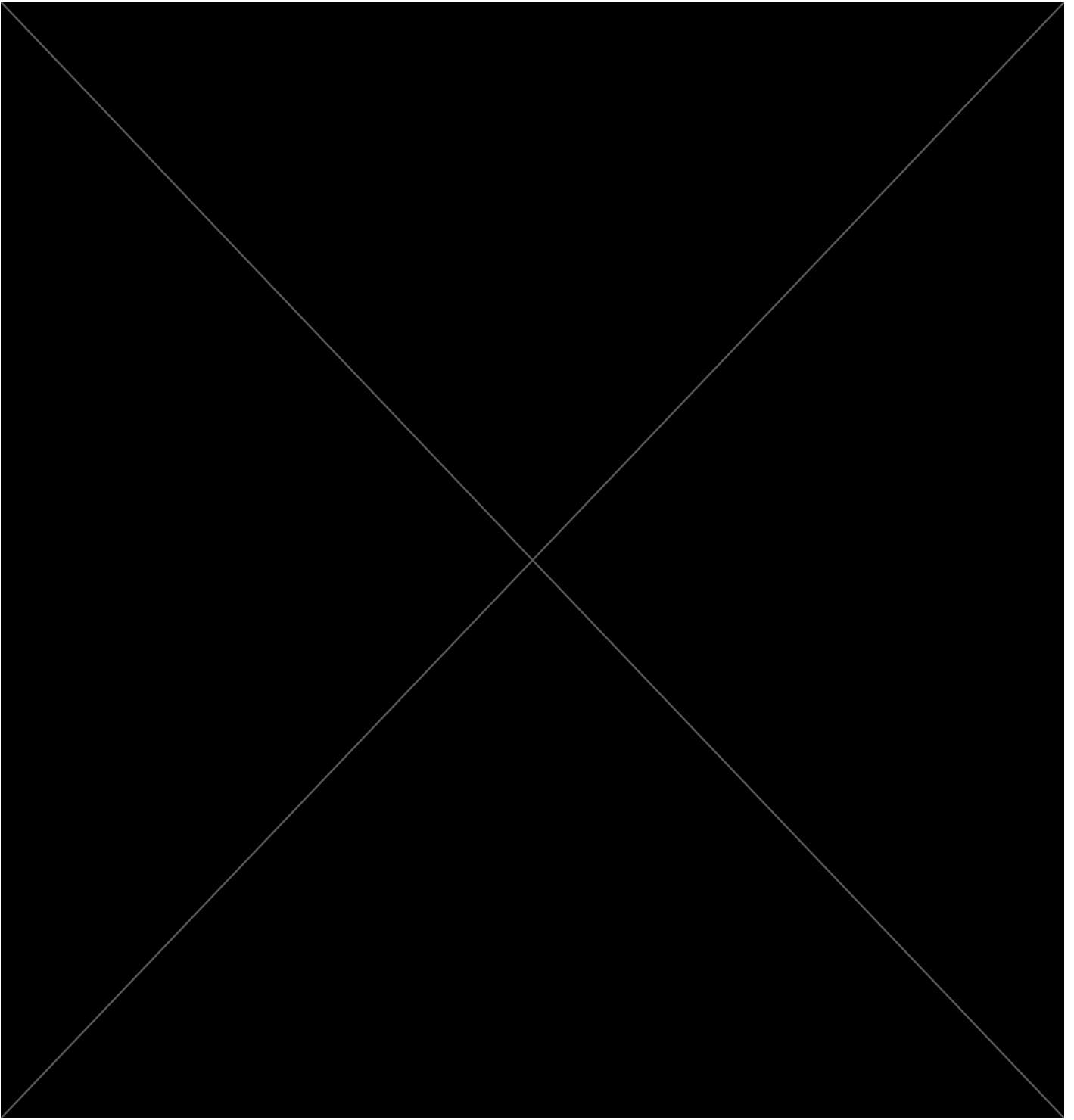


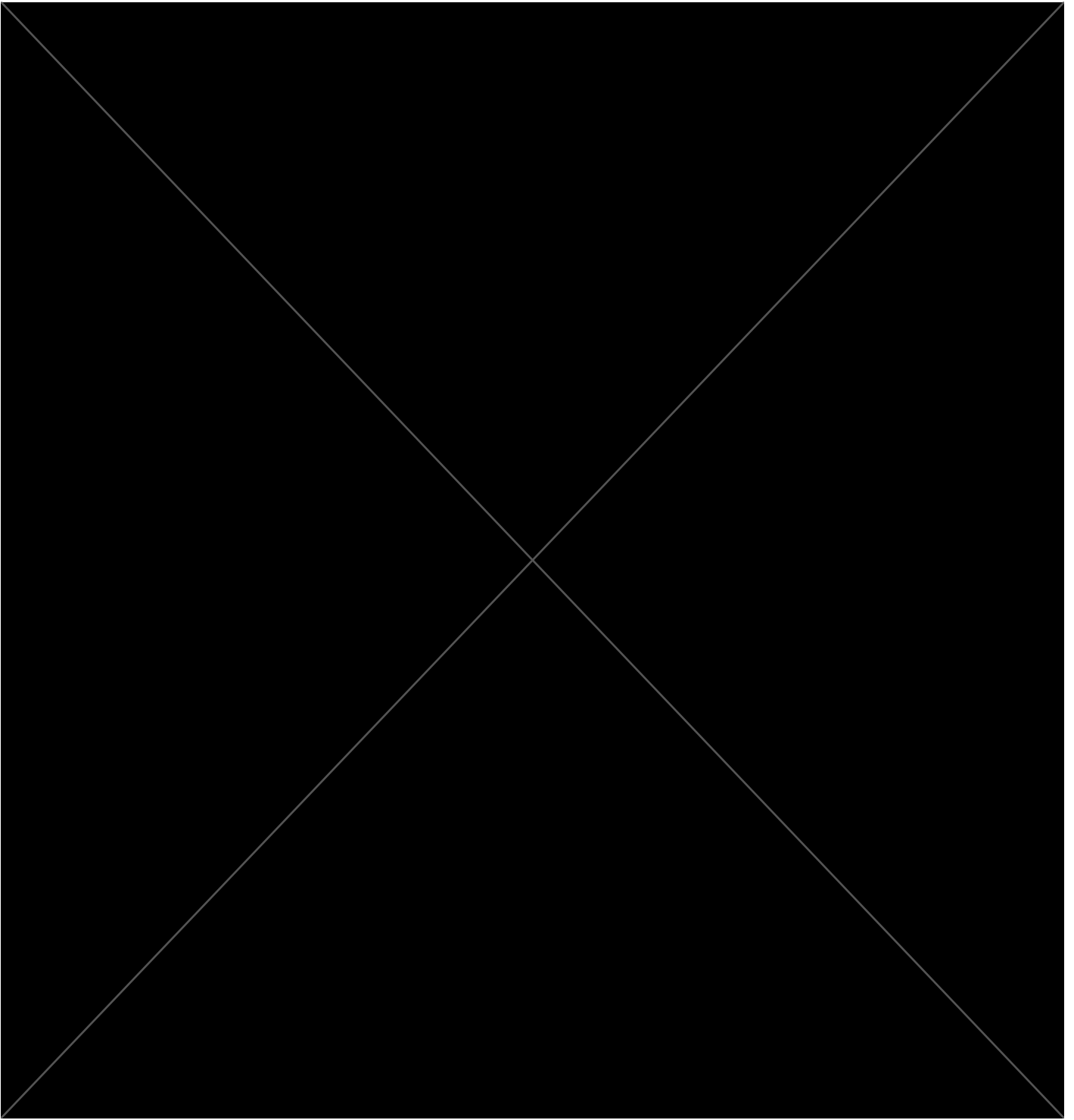


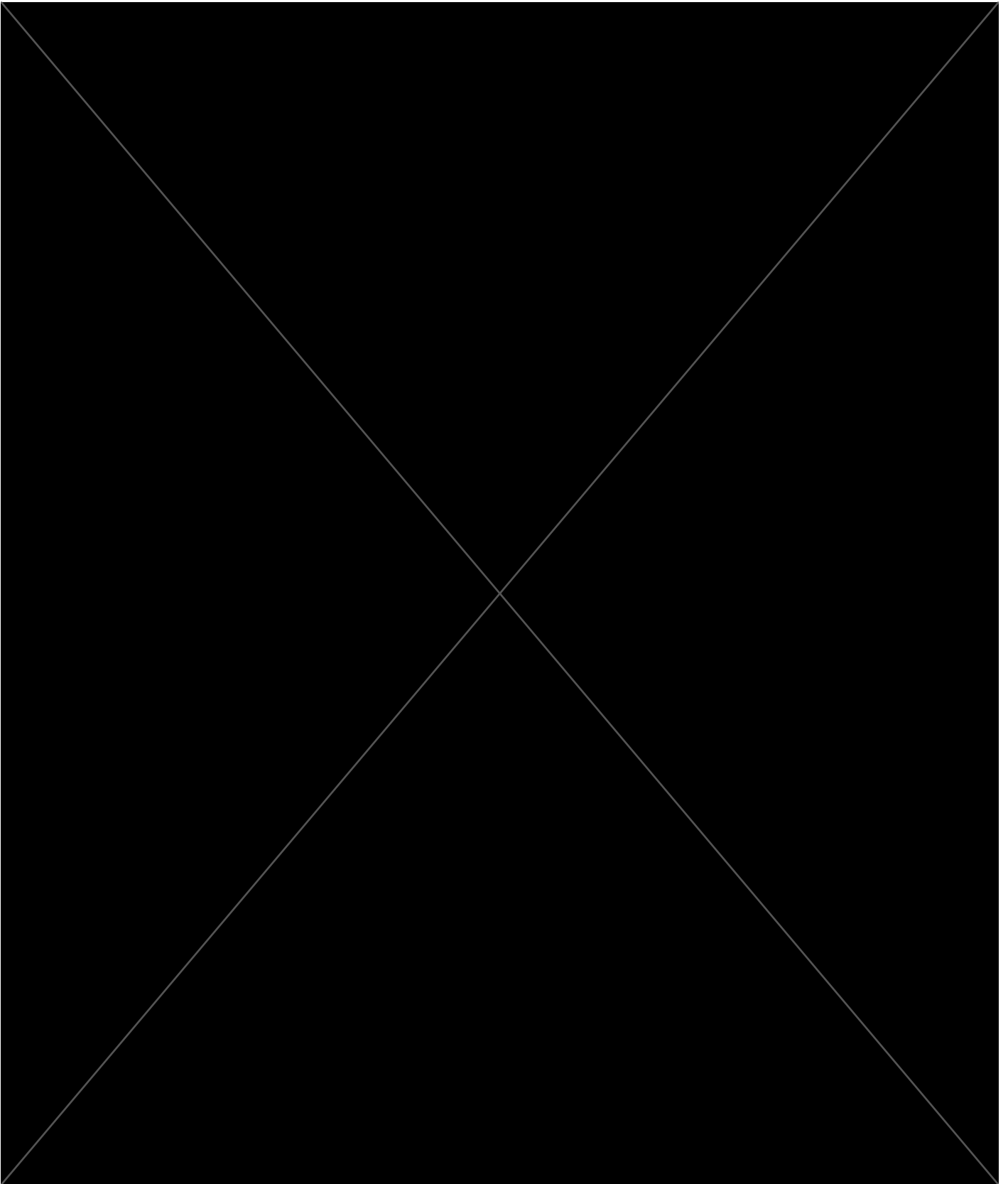


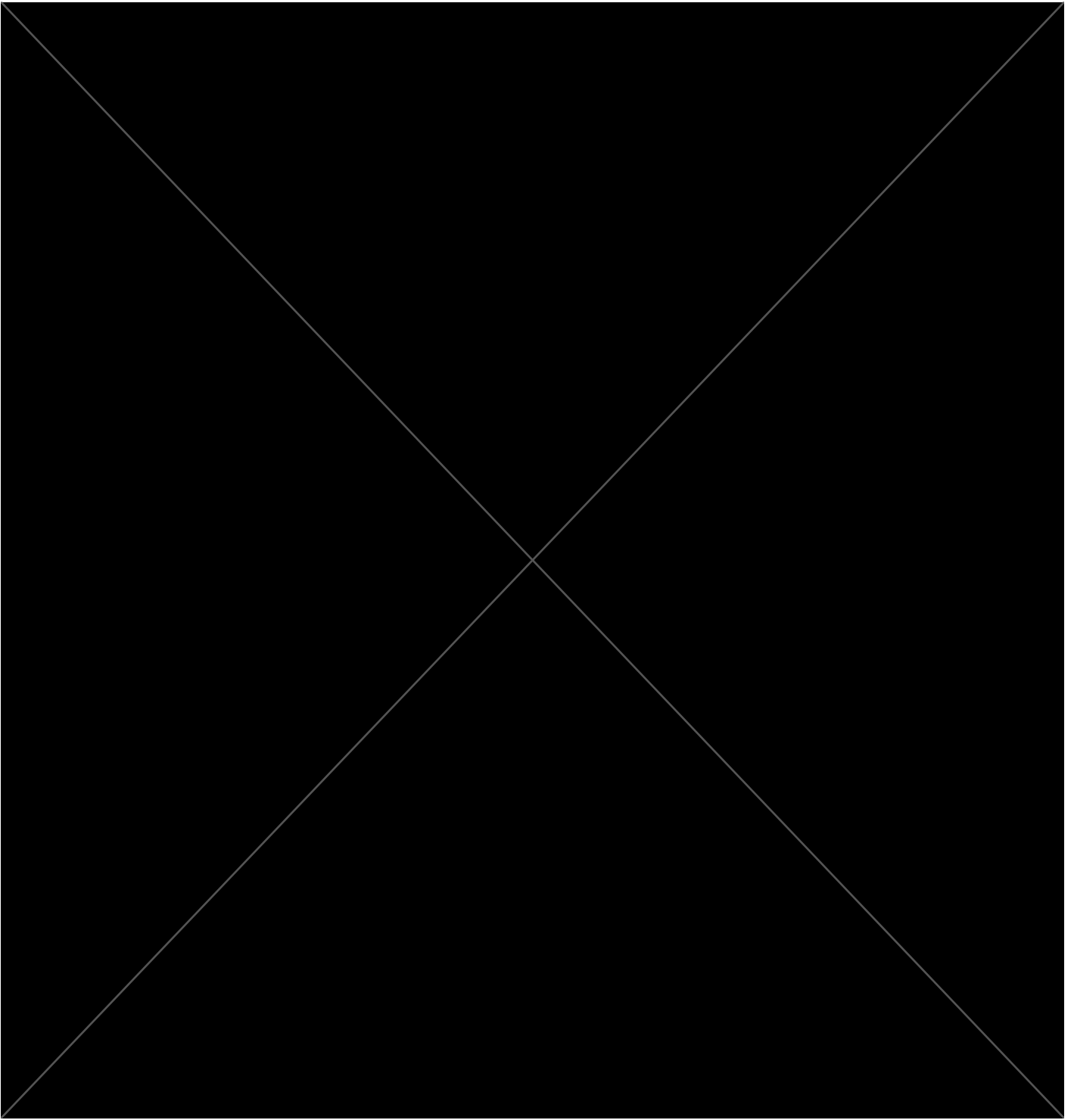


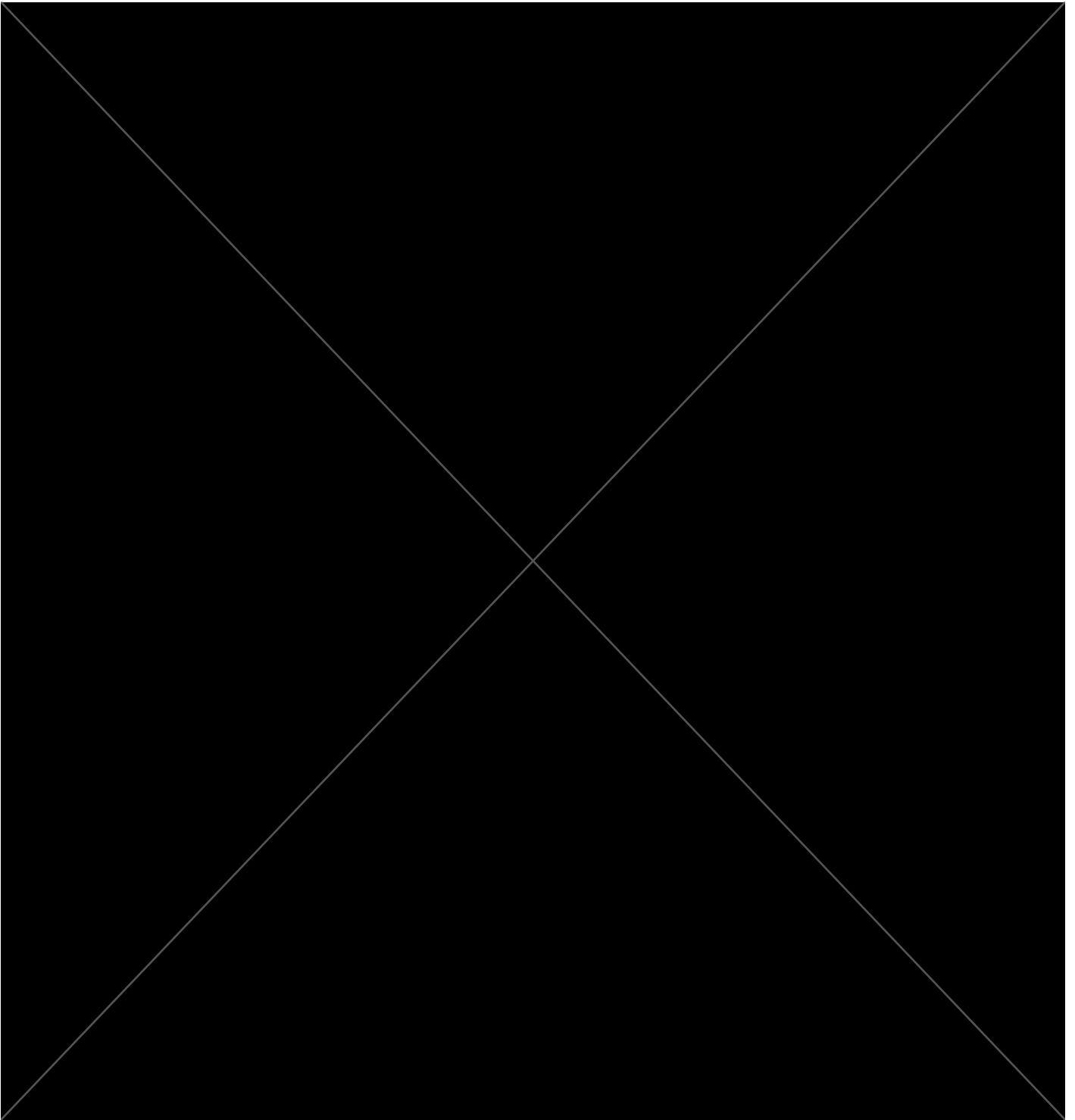


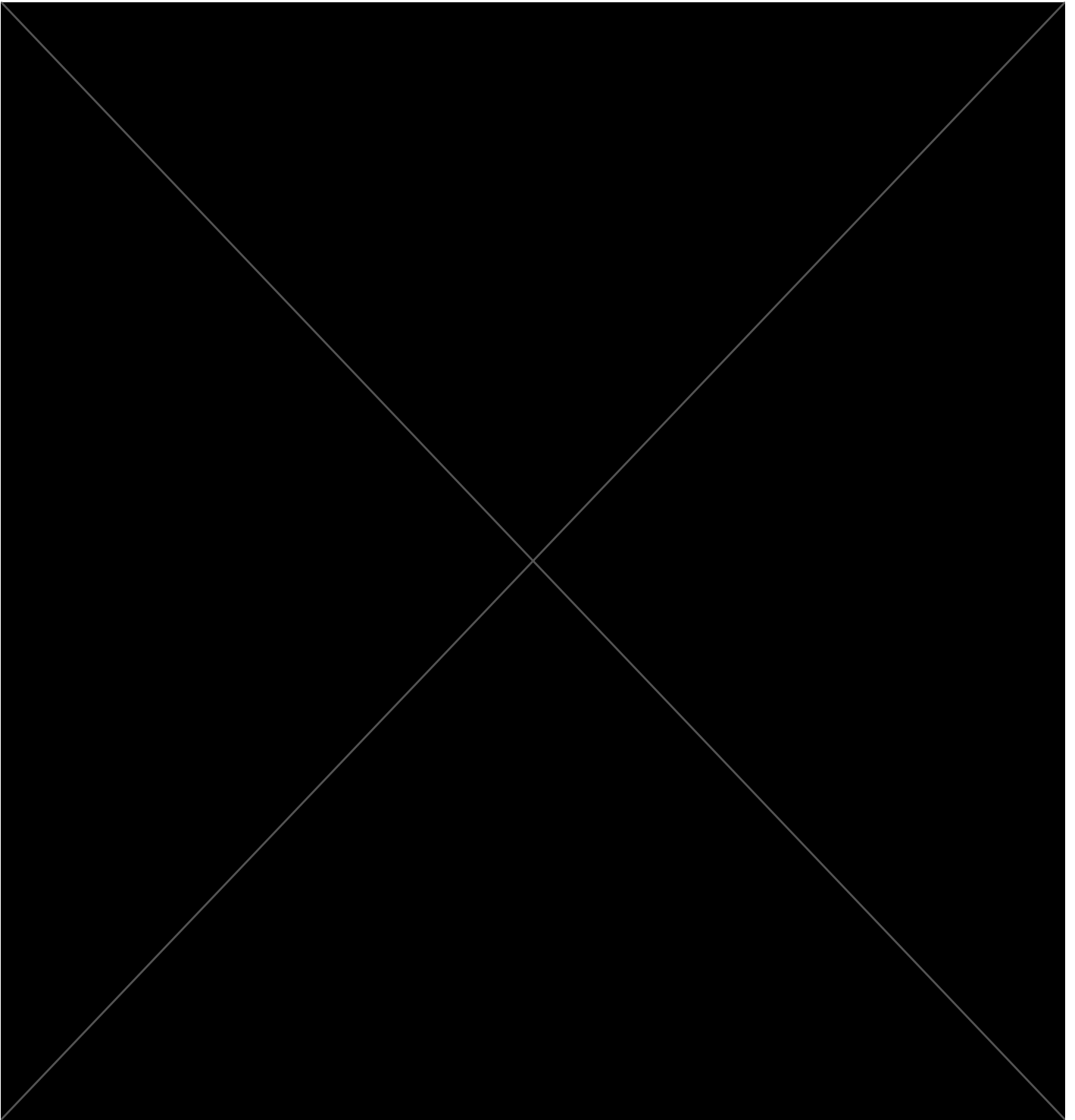












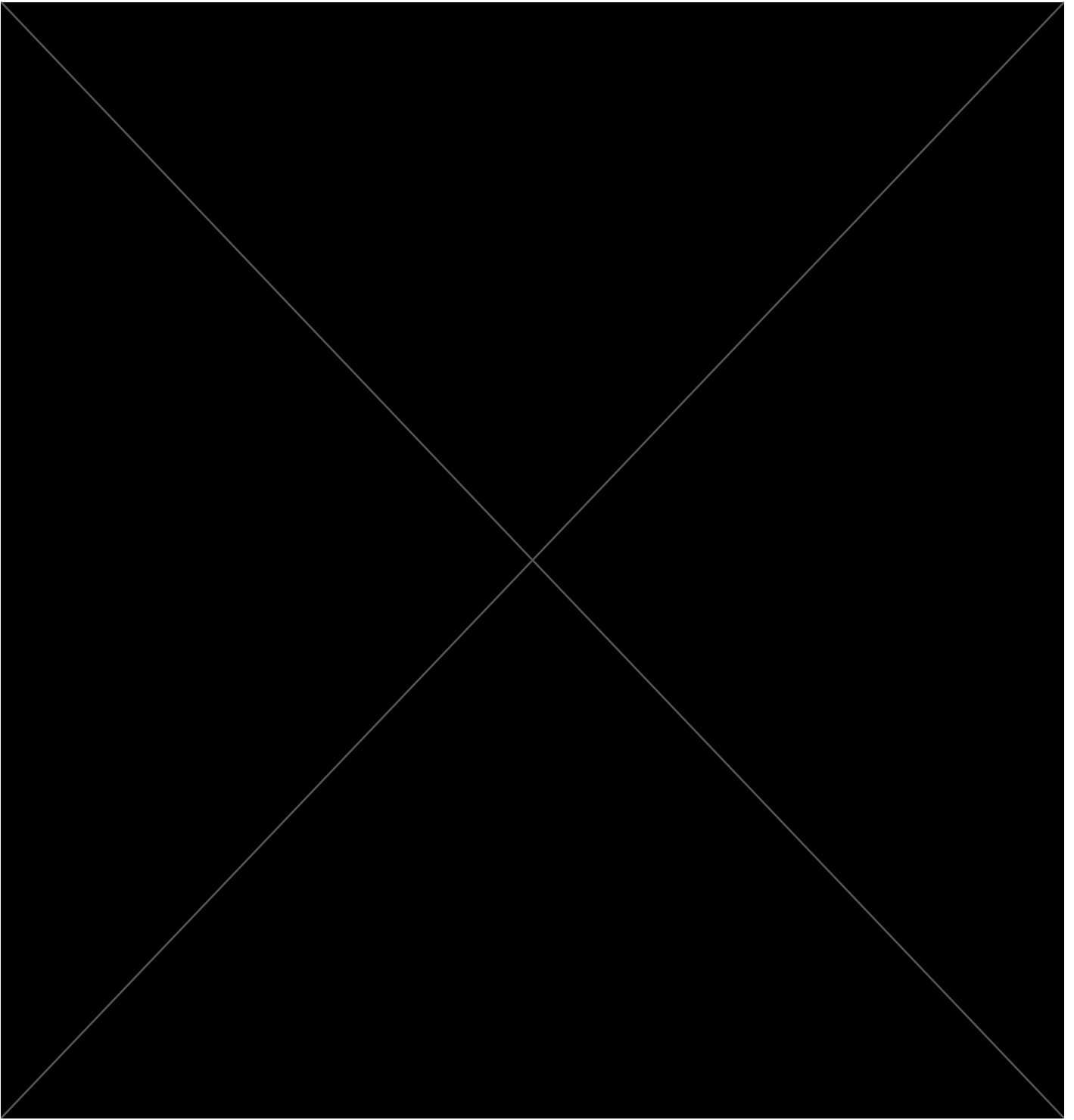
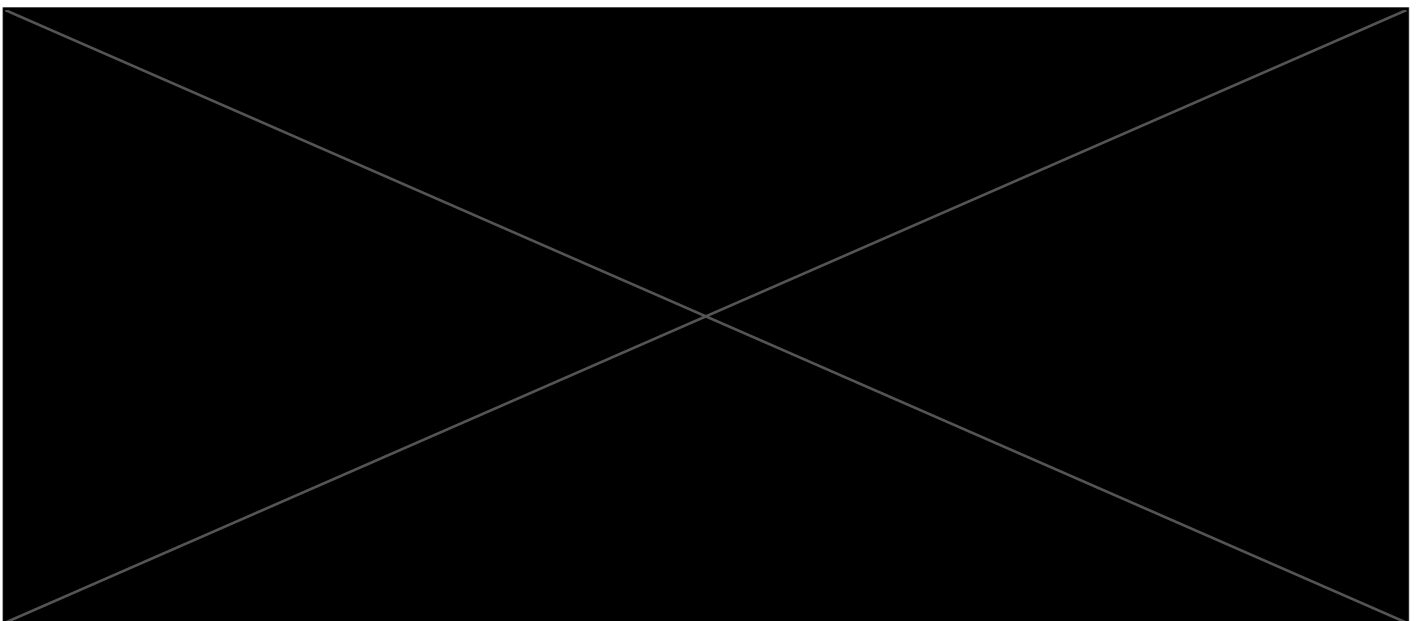


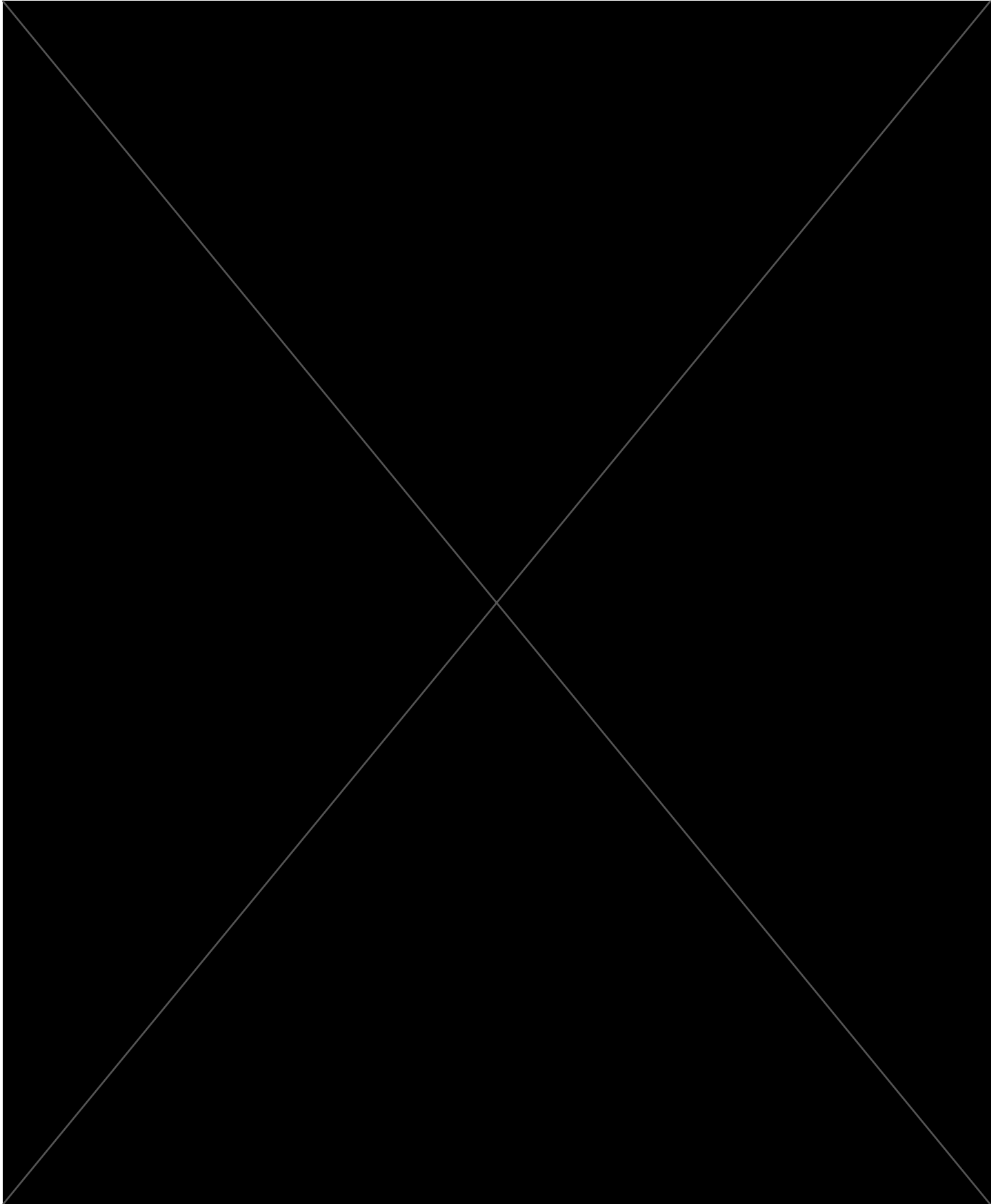
Exhibit 6 – Tax Plan

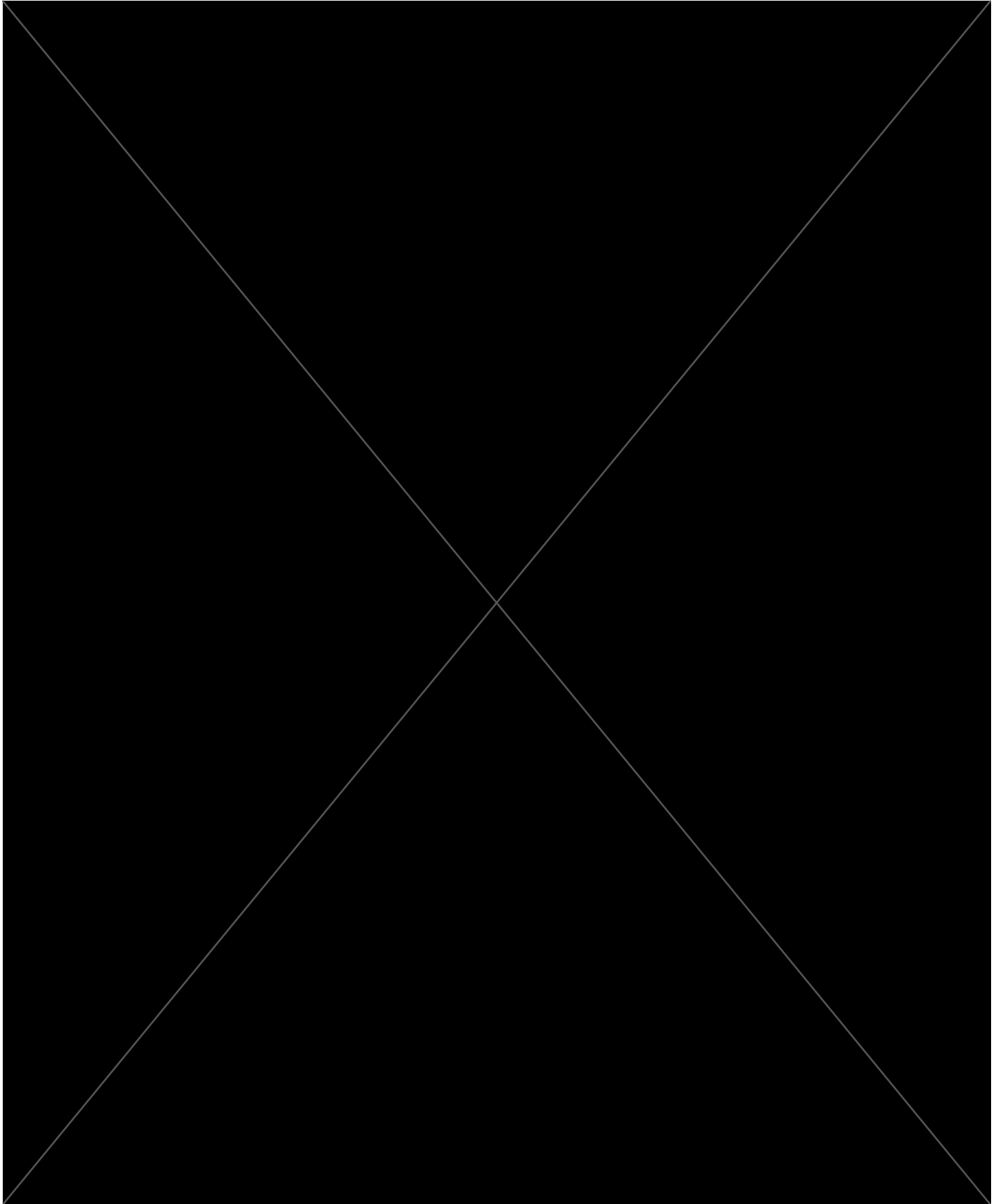
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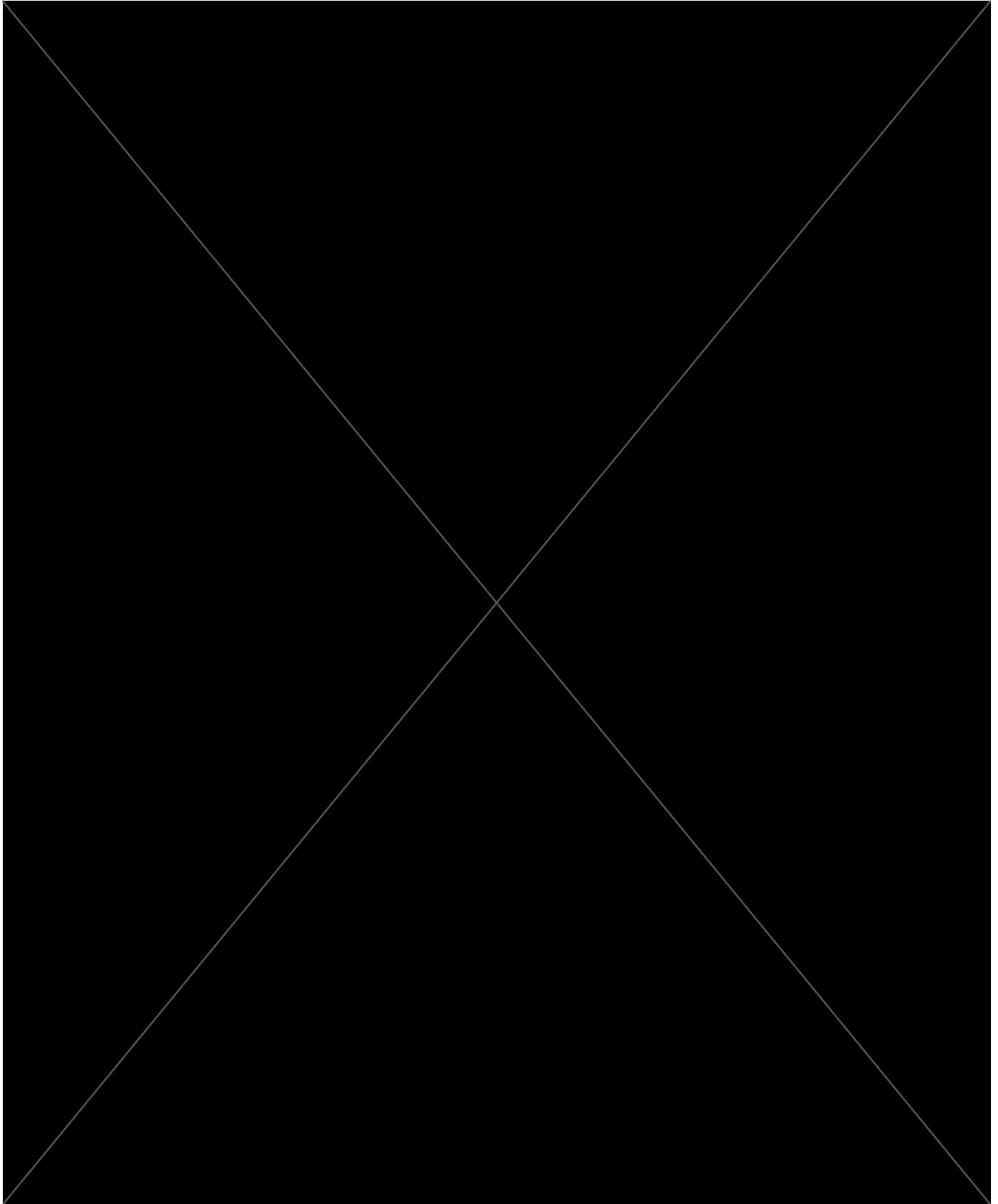
Verification

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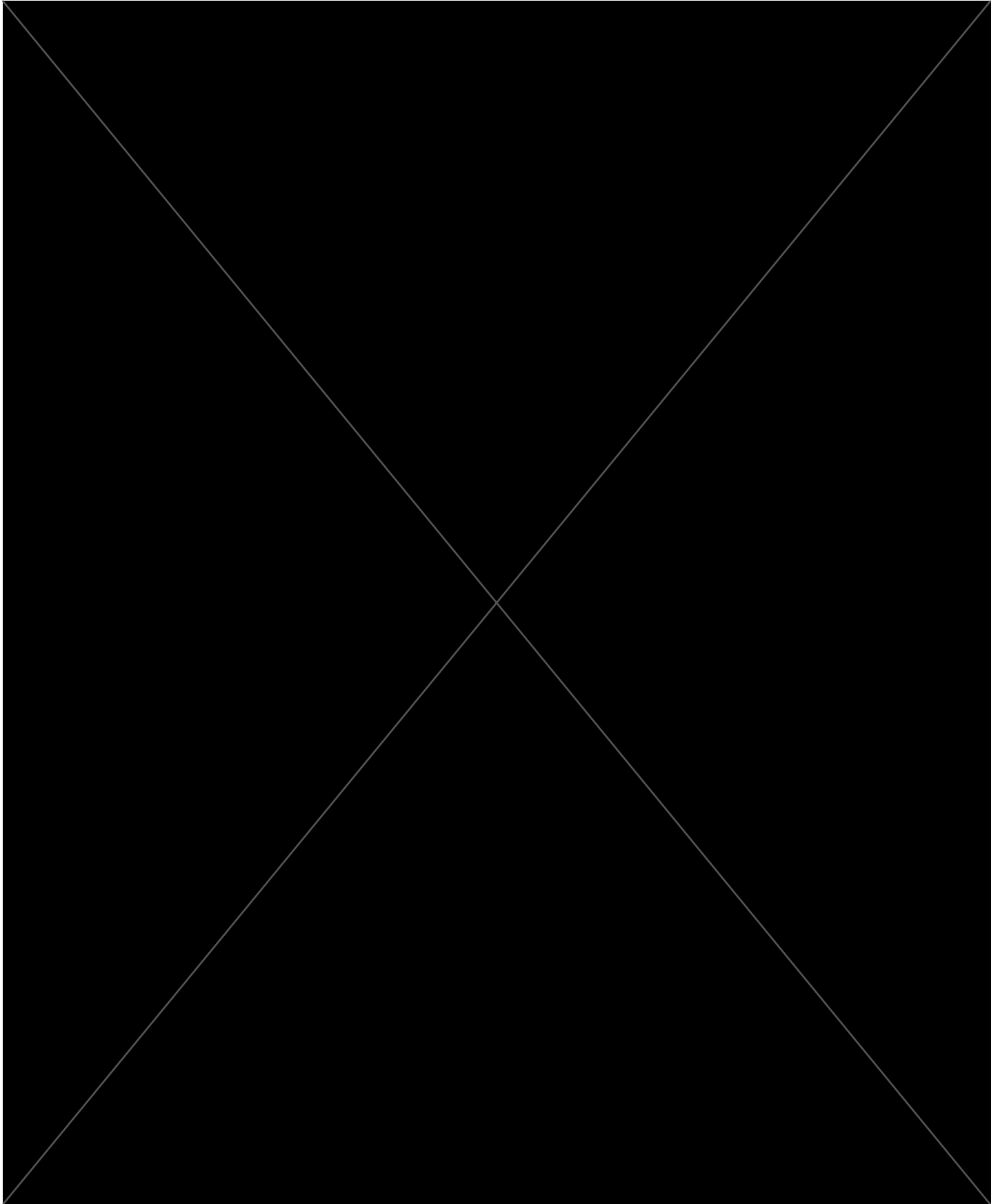
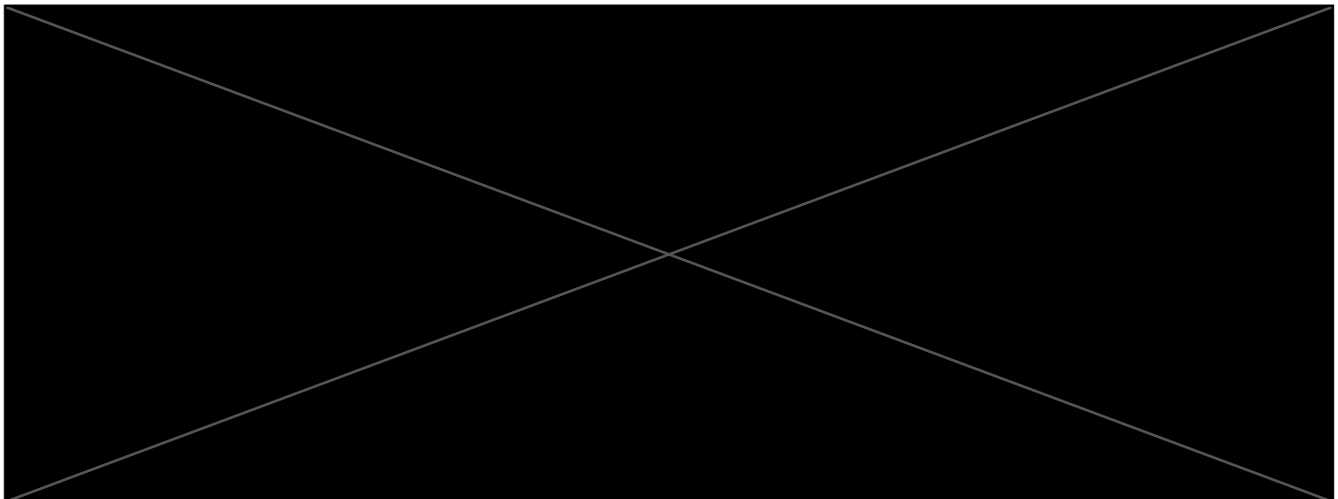


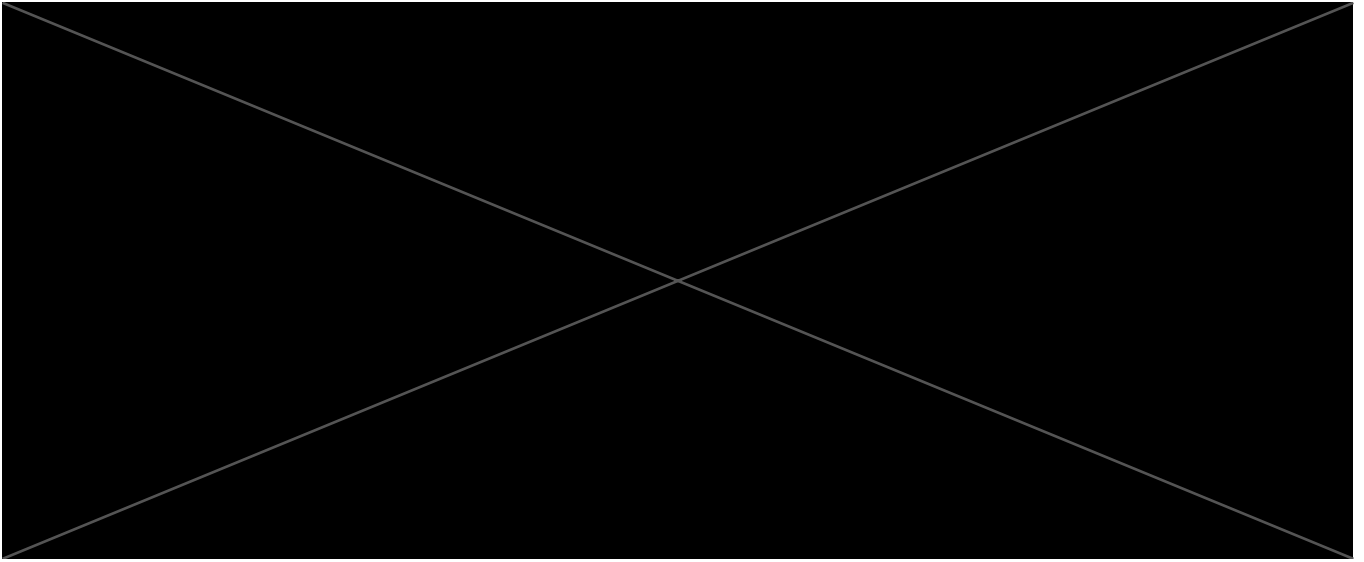
Exhibit 7 – Business Formation Documents

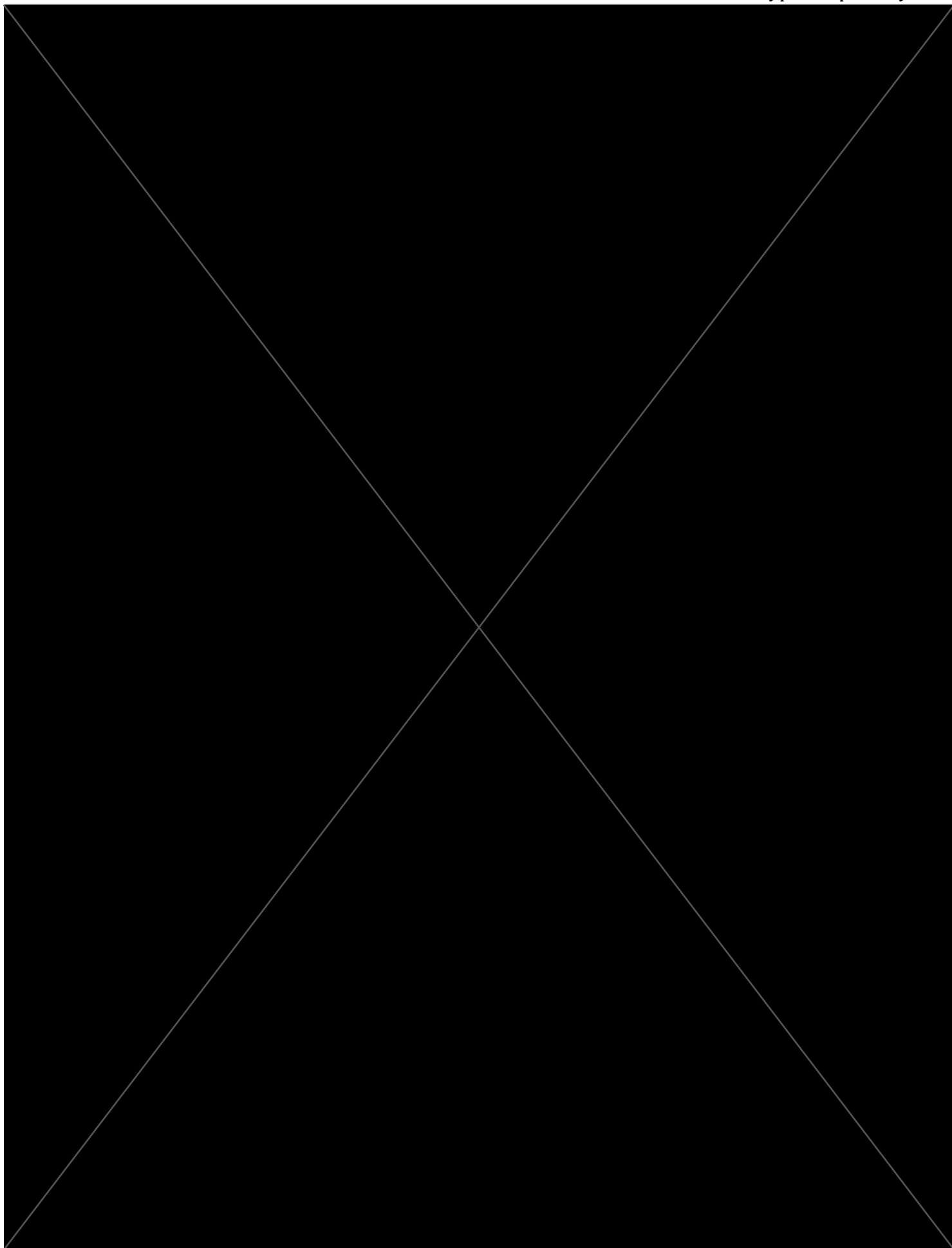
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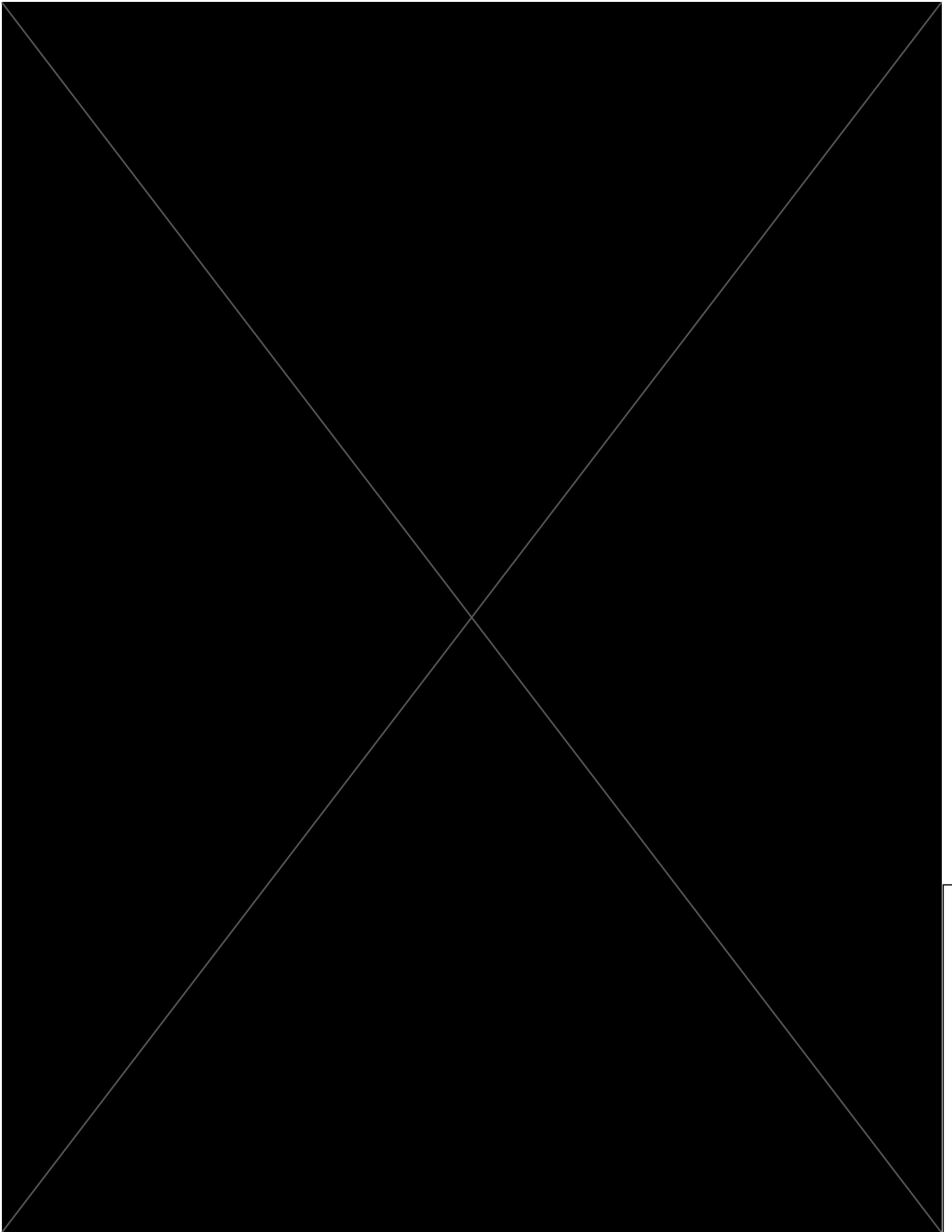
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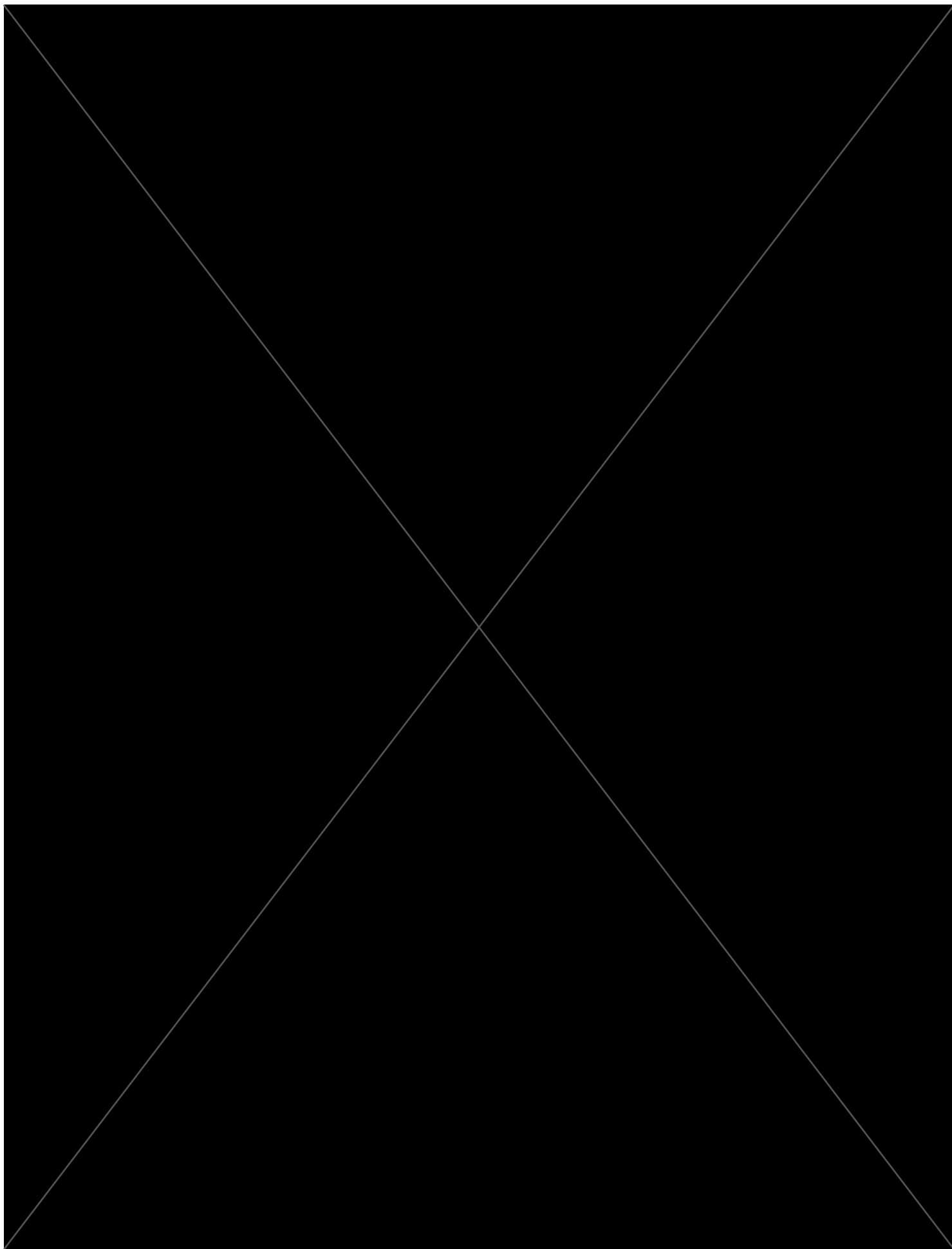
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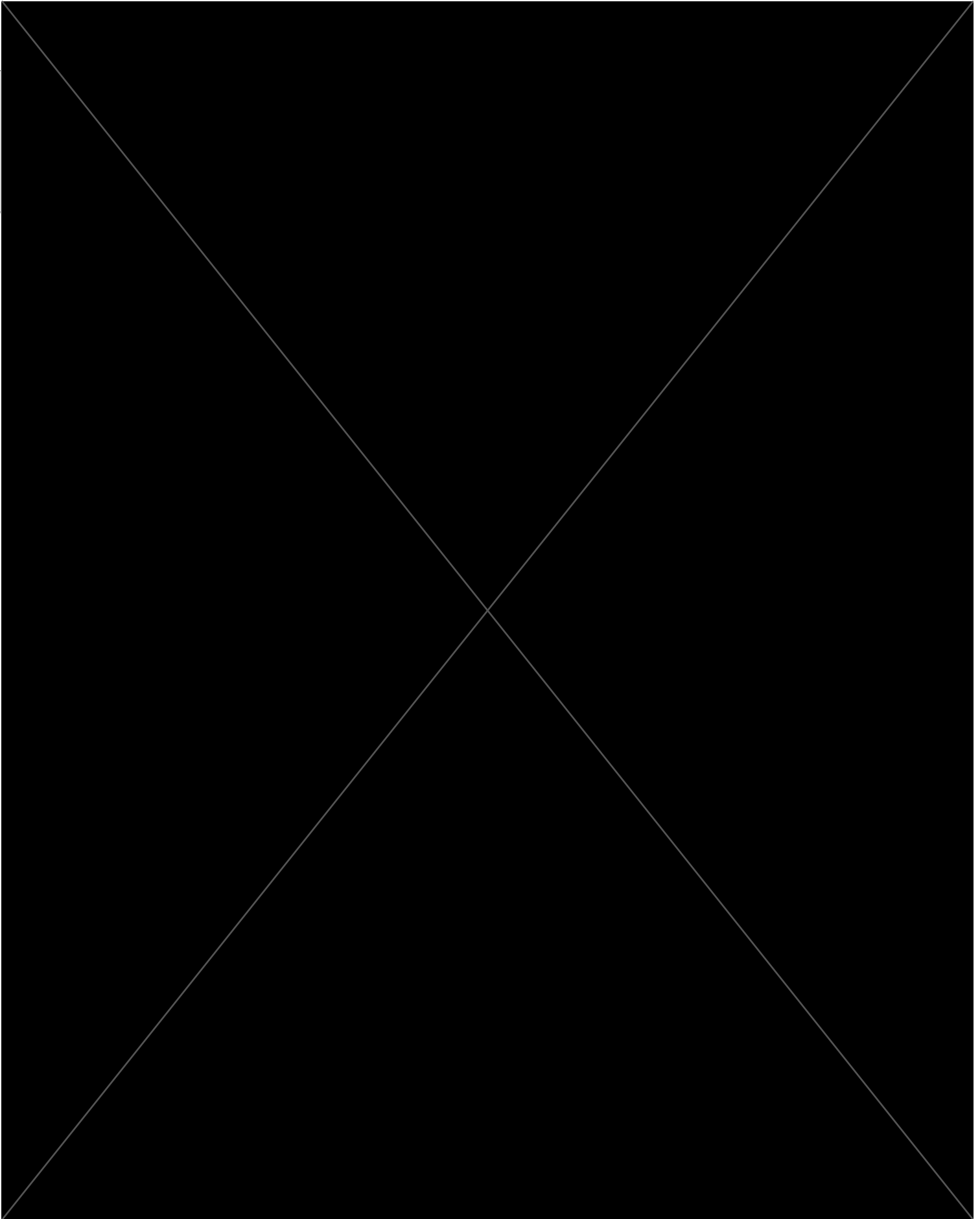












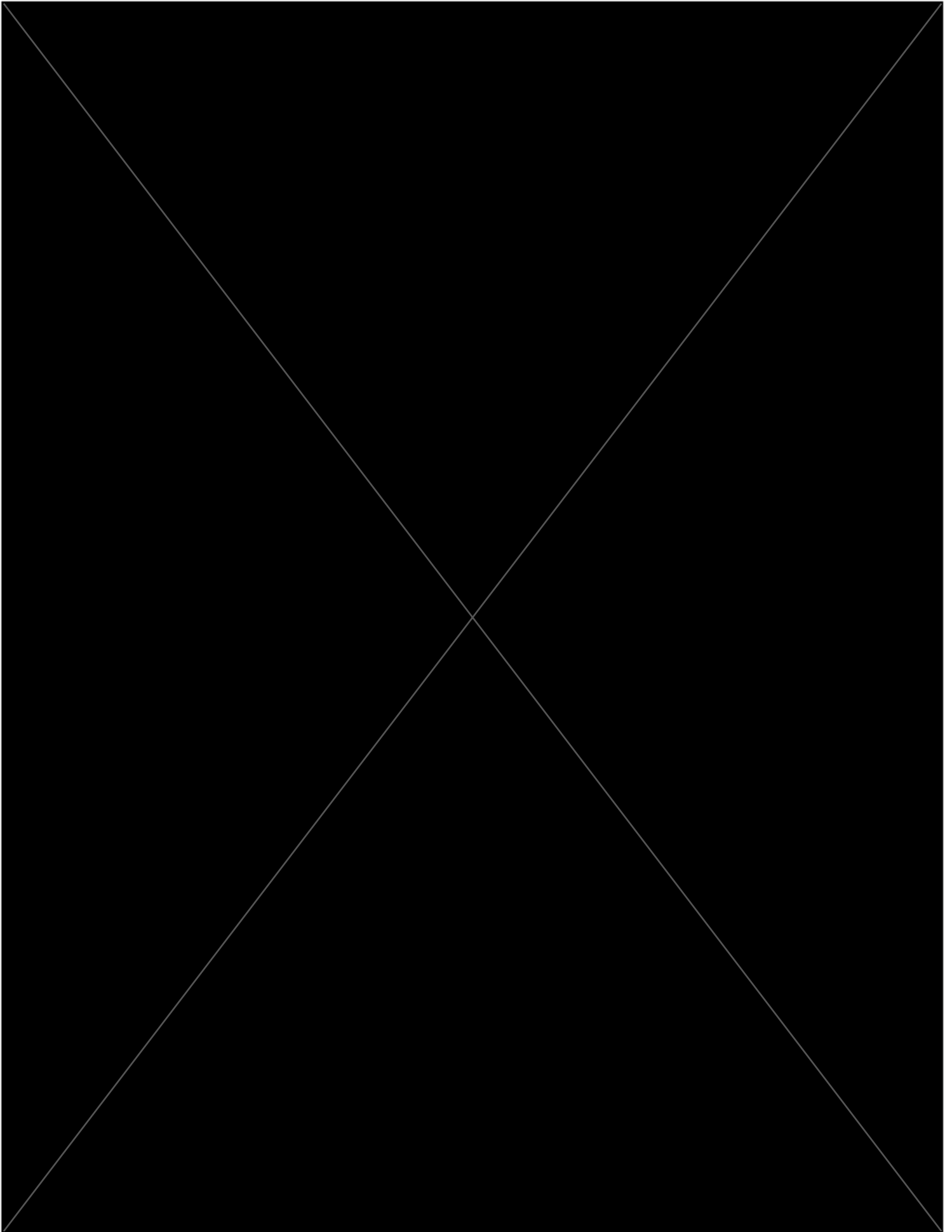
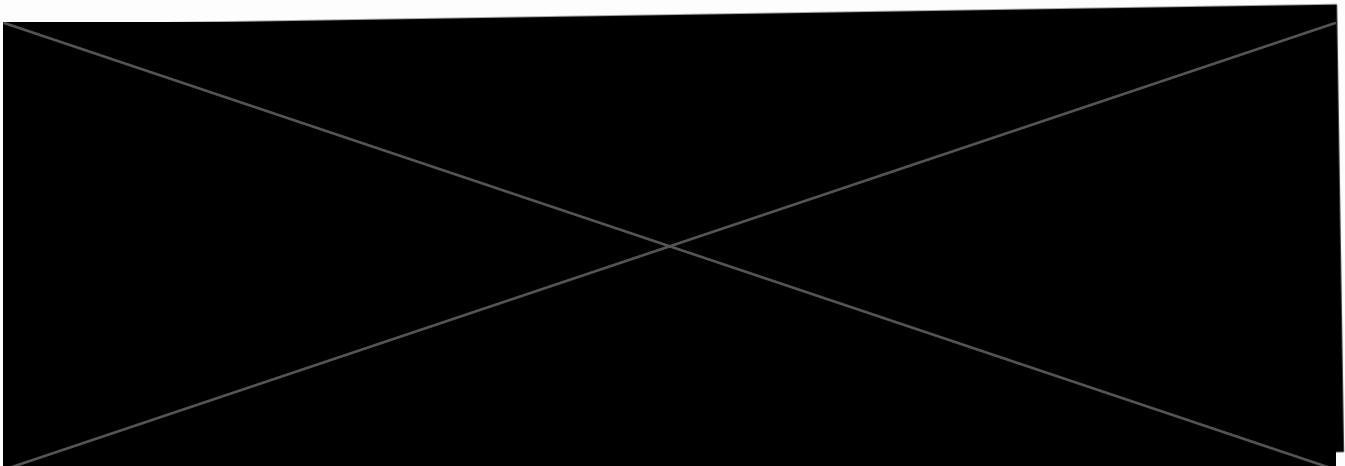


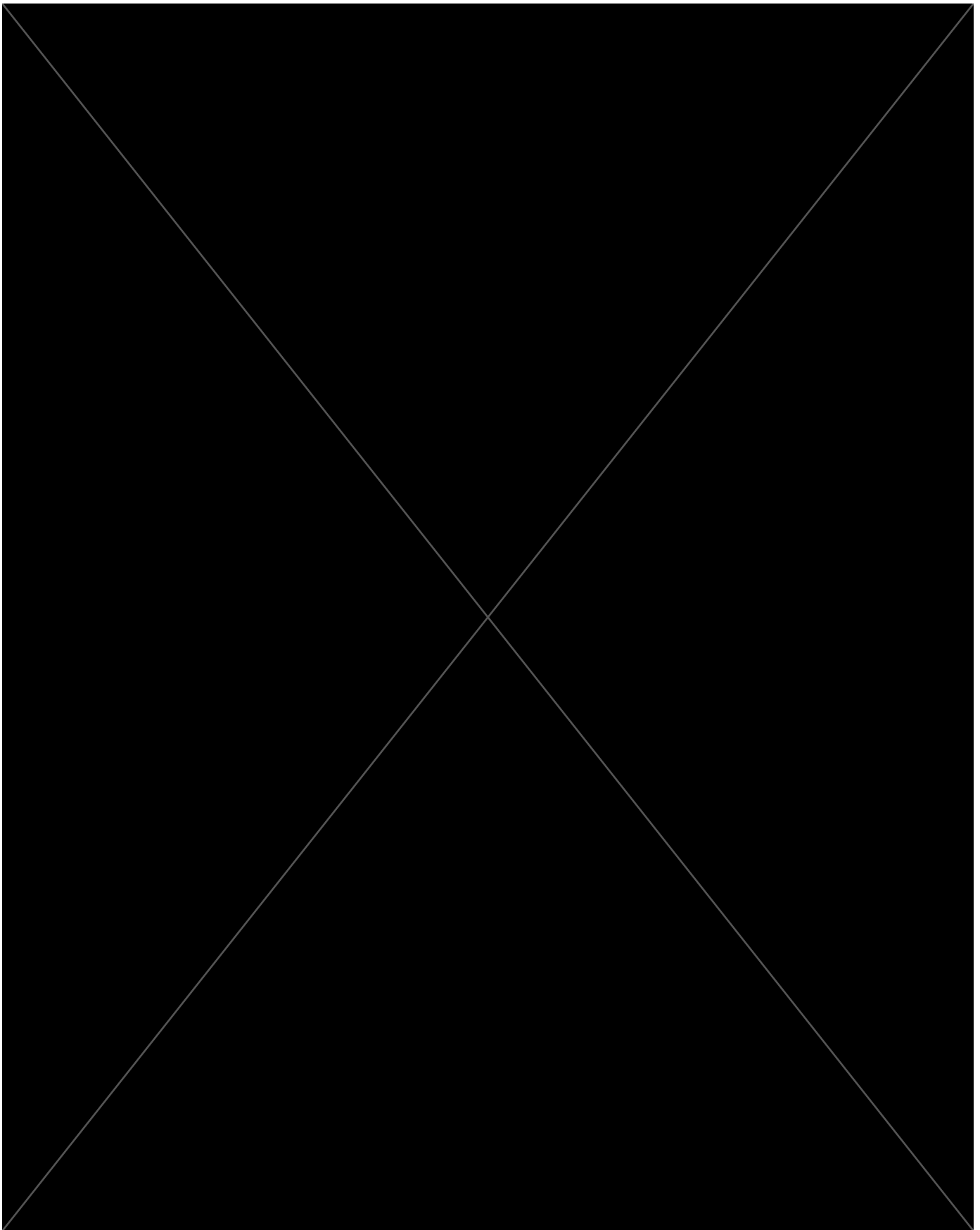
Exhibit 8 – Business License and Authorization of Local Authorities

Exhibit 8 Redacted (ALA.code.36-12-40(Personal Security))

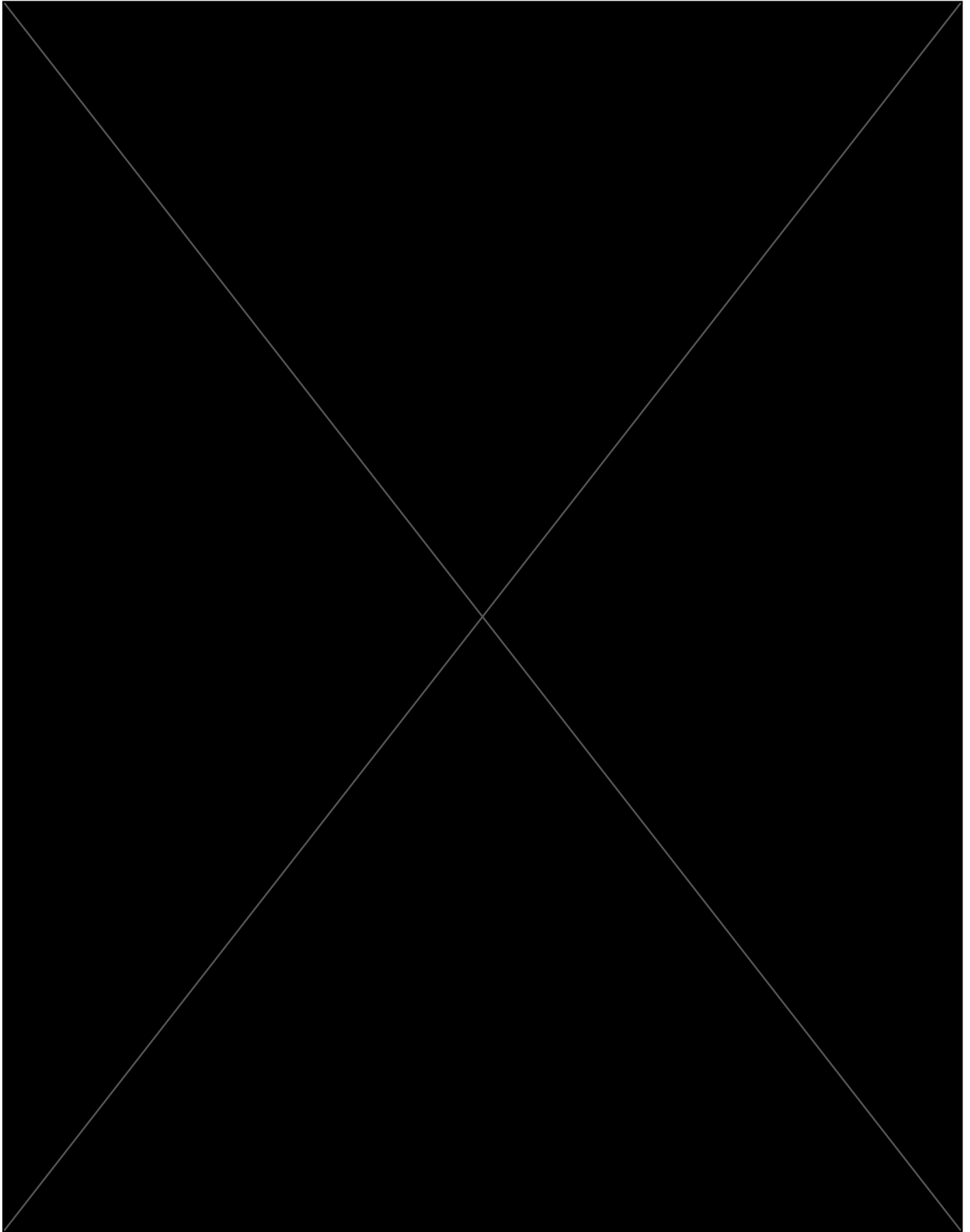
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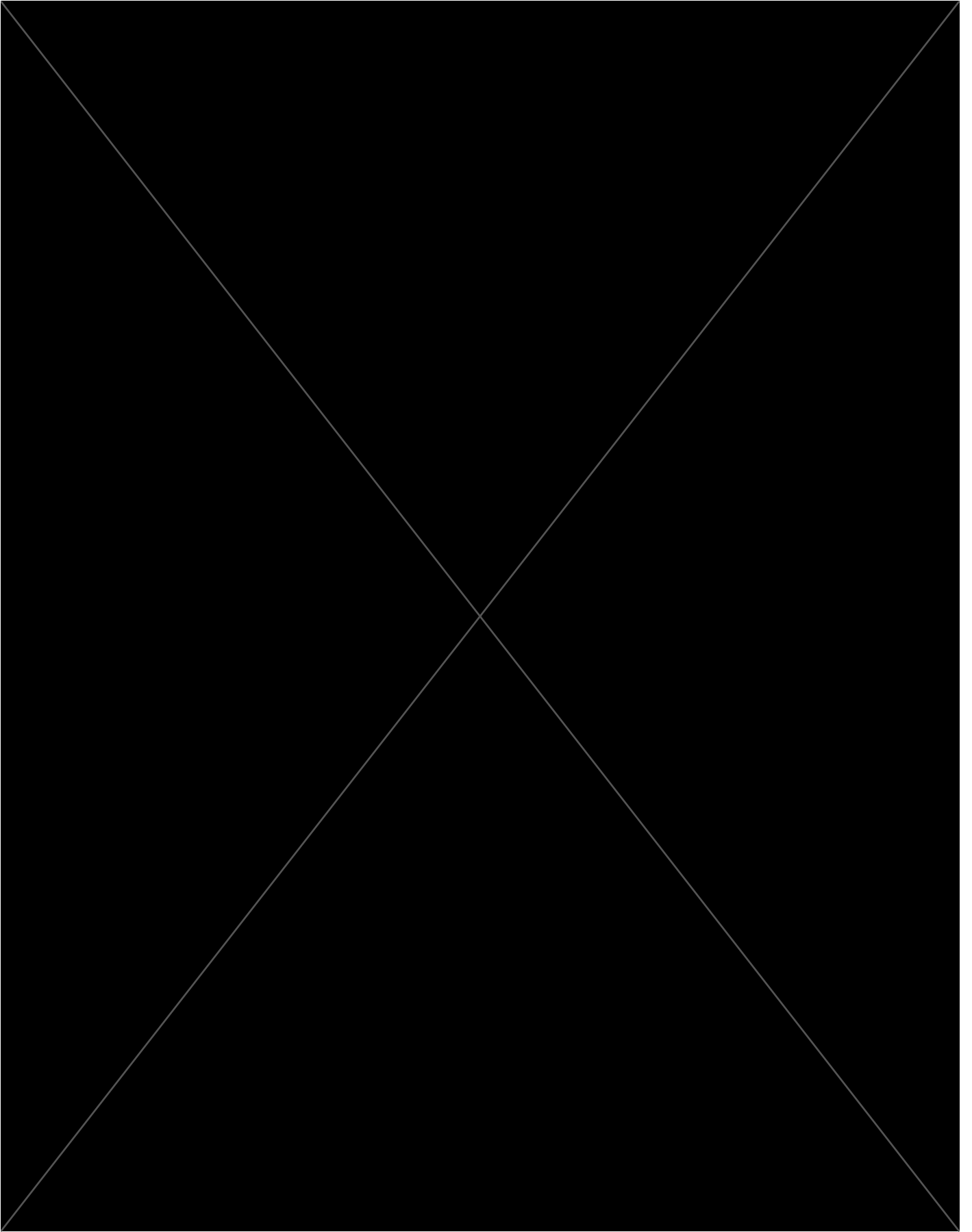
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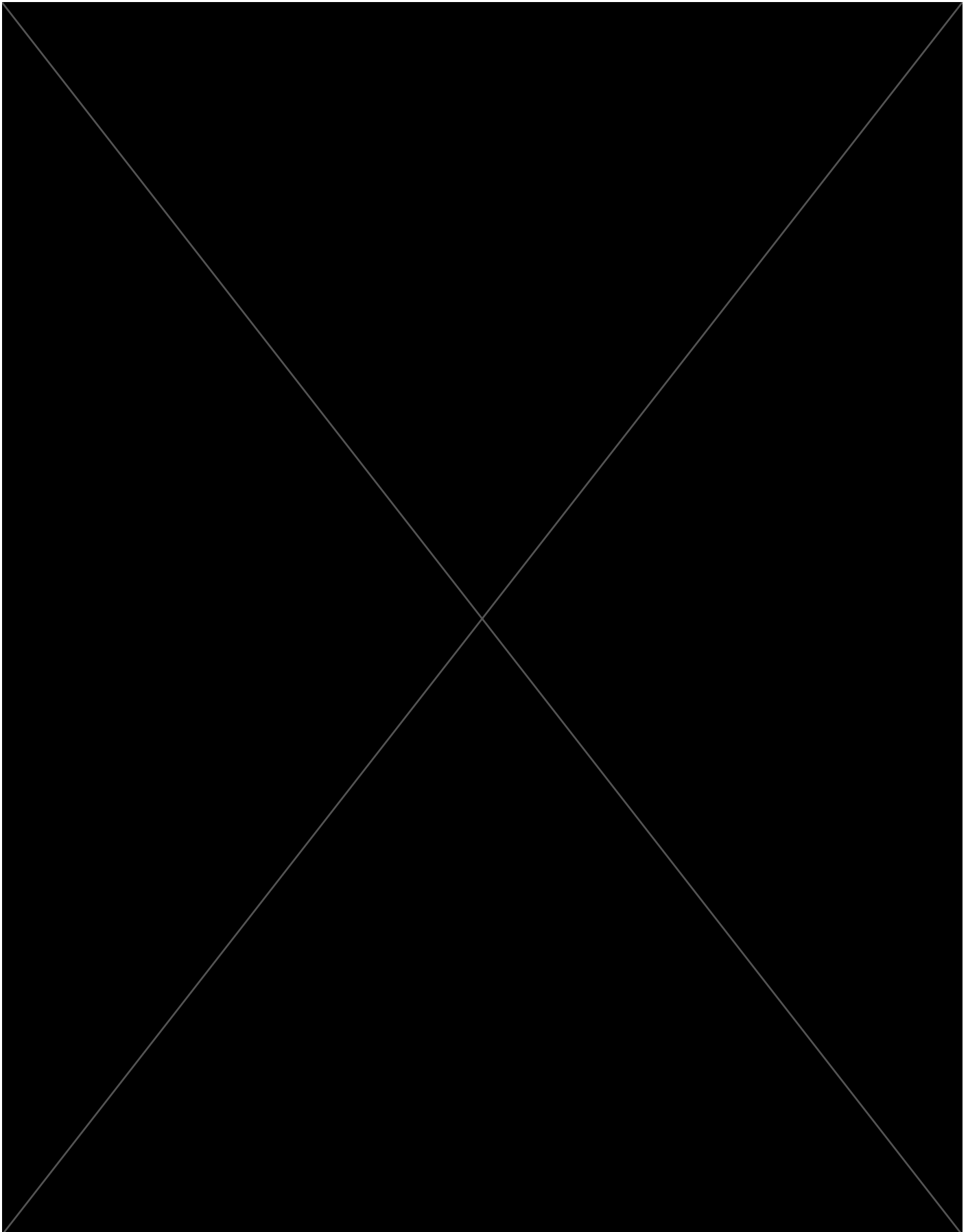


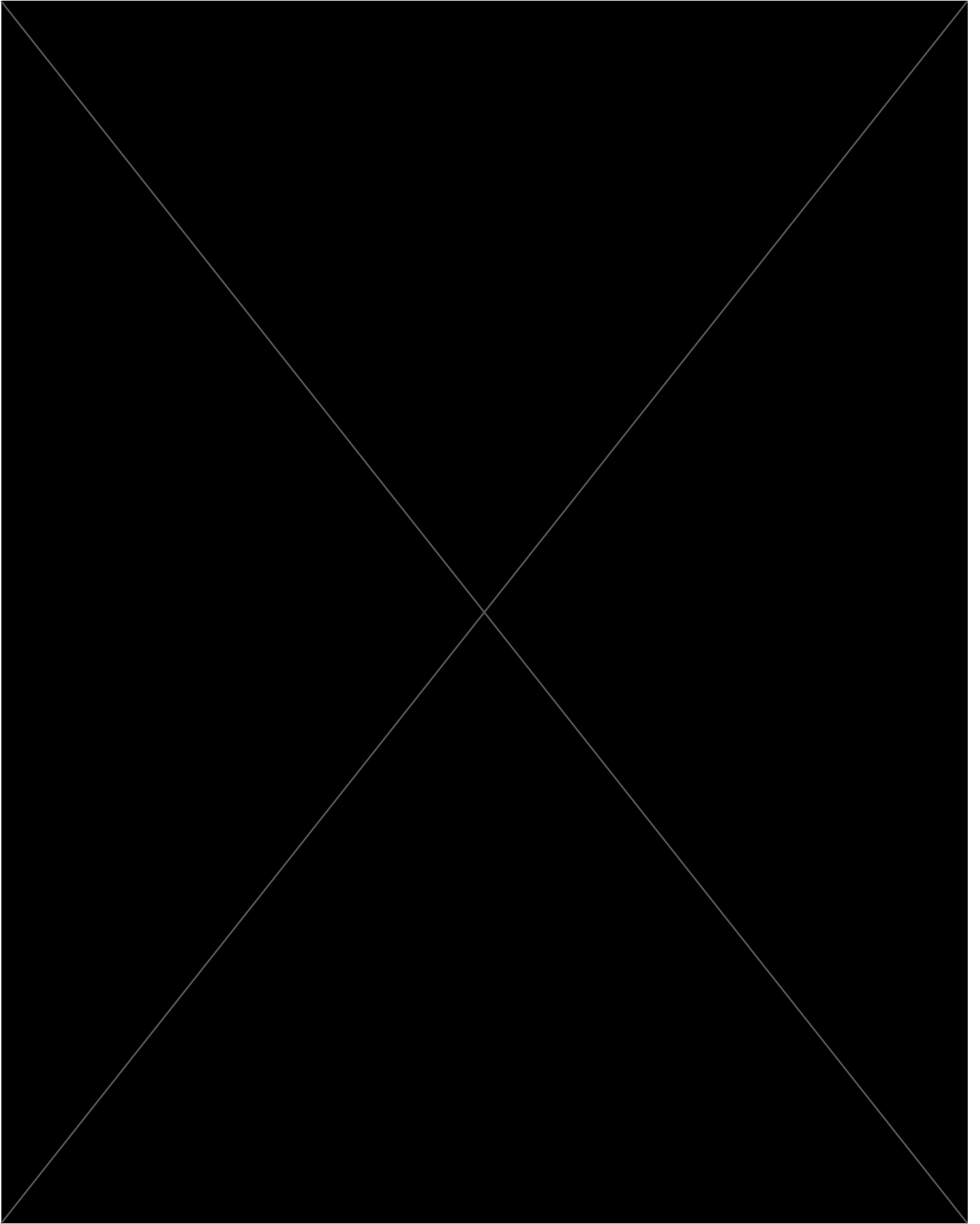


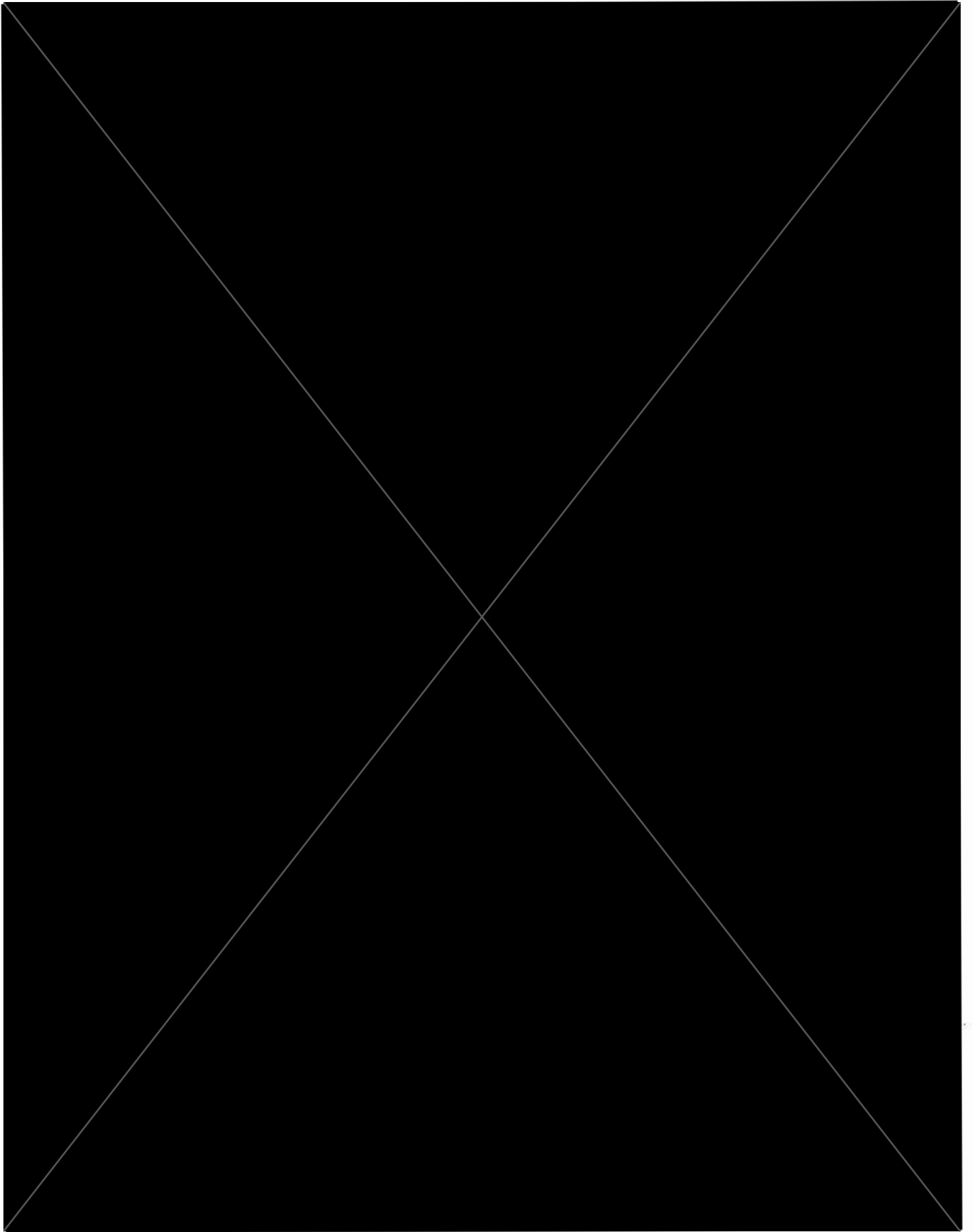












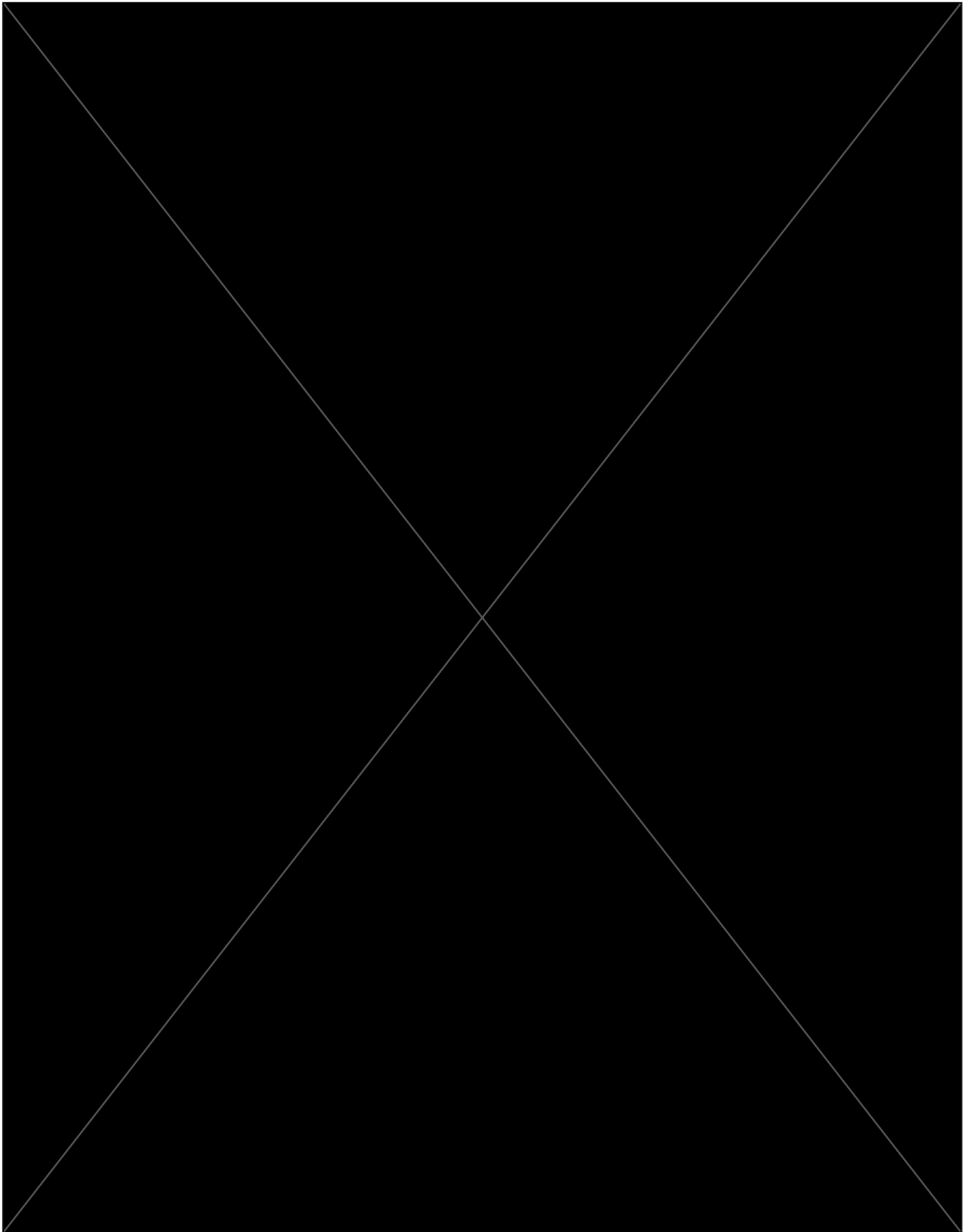
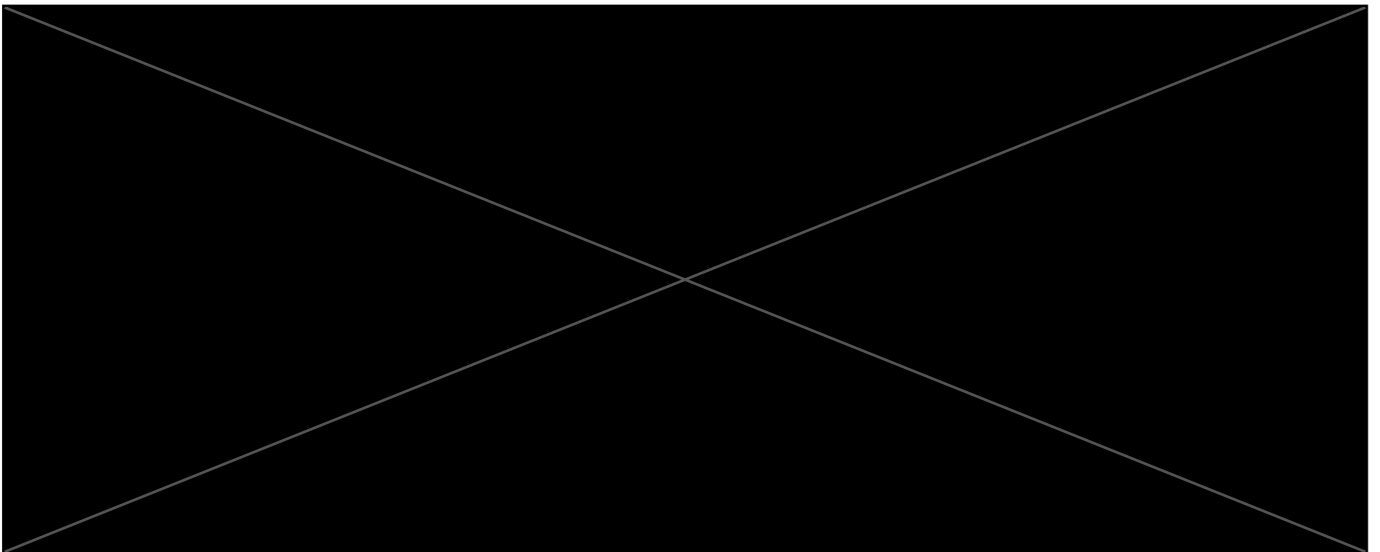


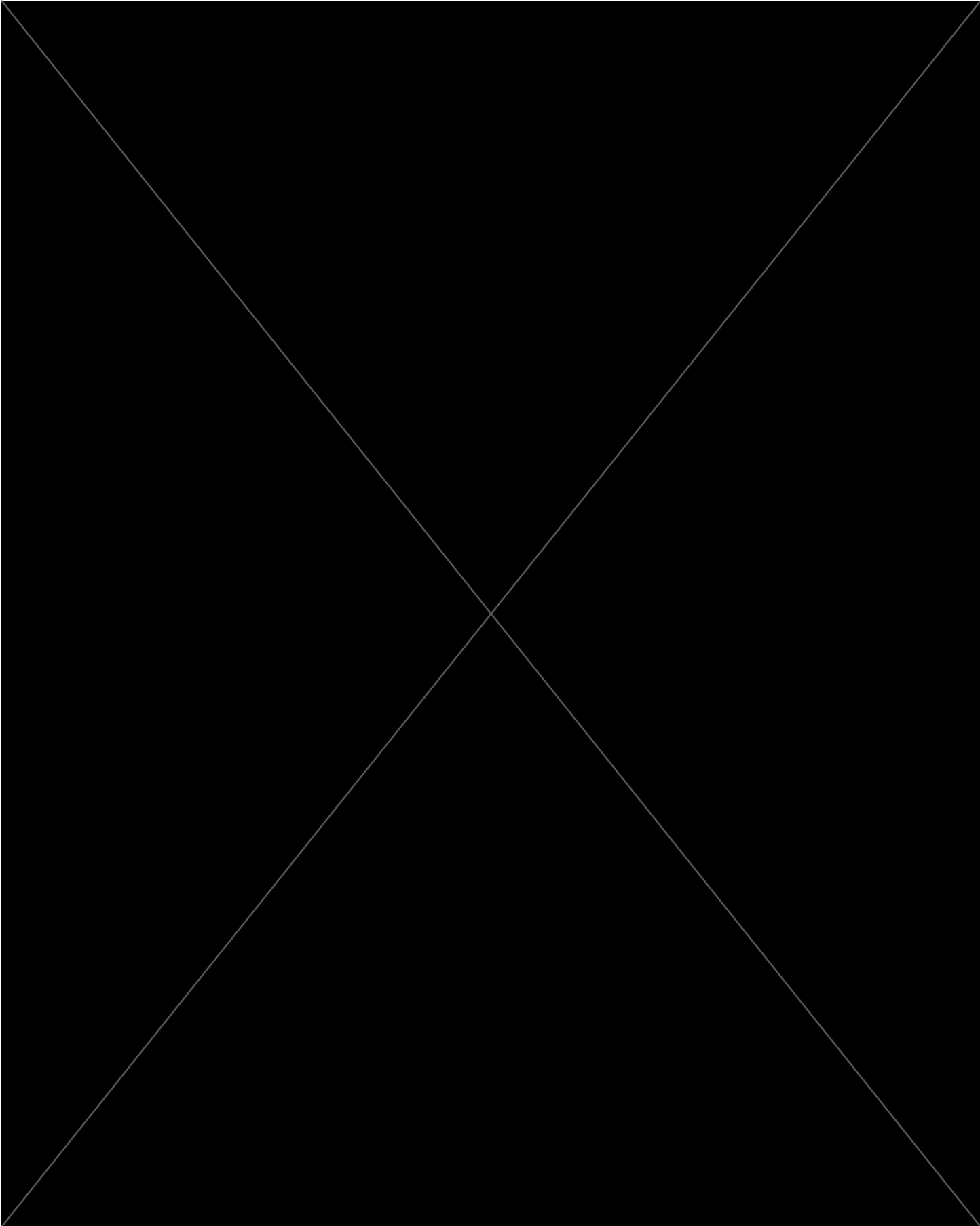
Exhibit 9 – Business Plan

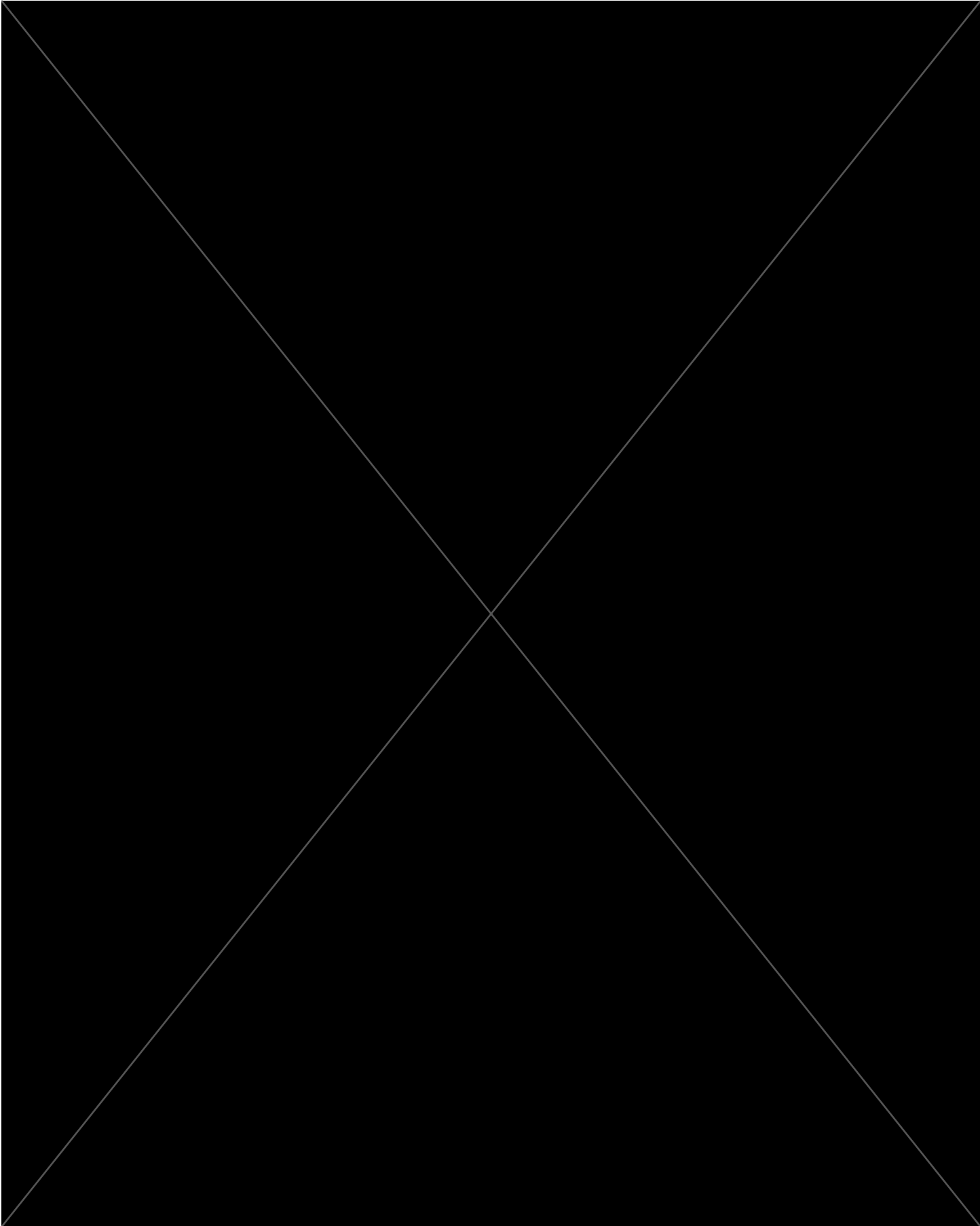
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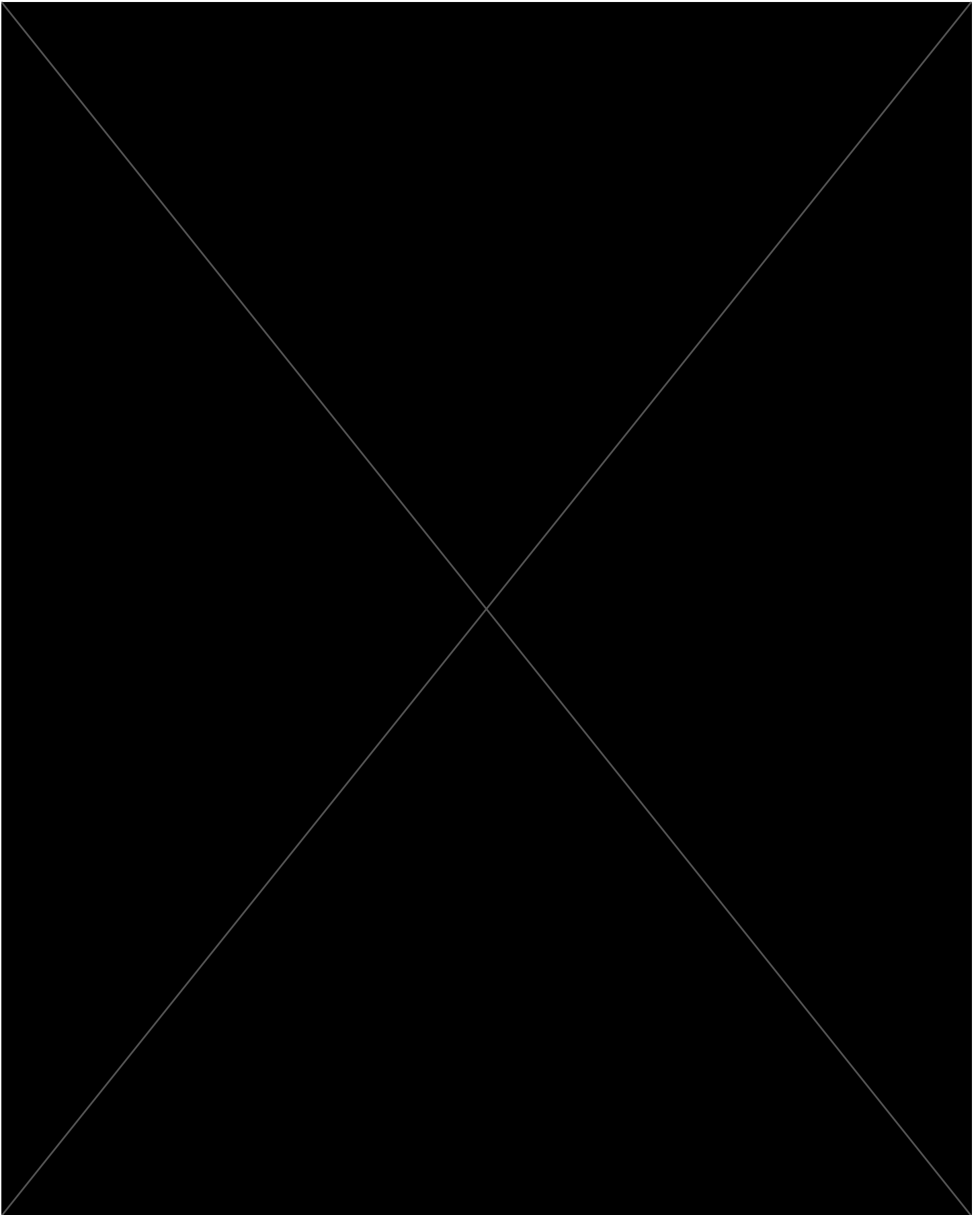
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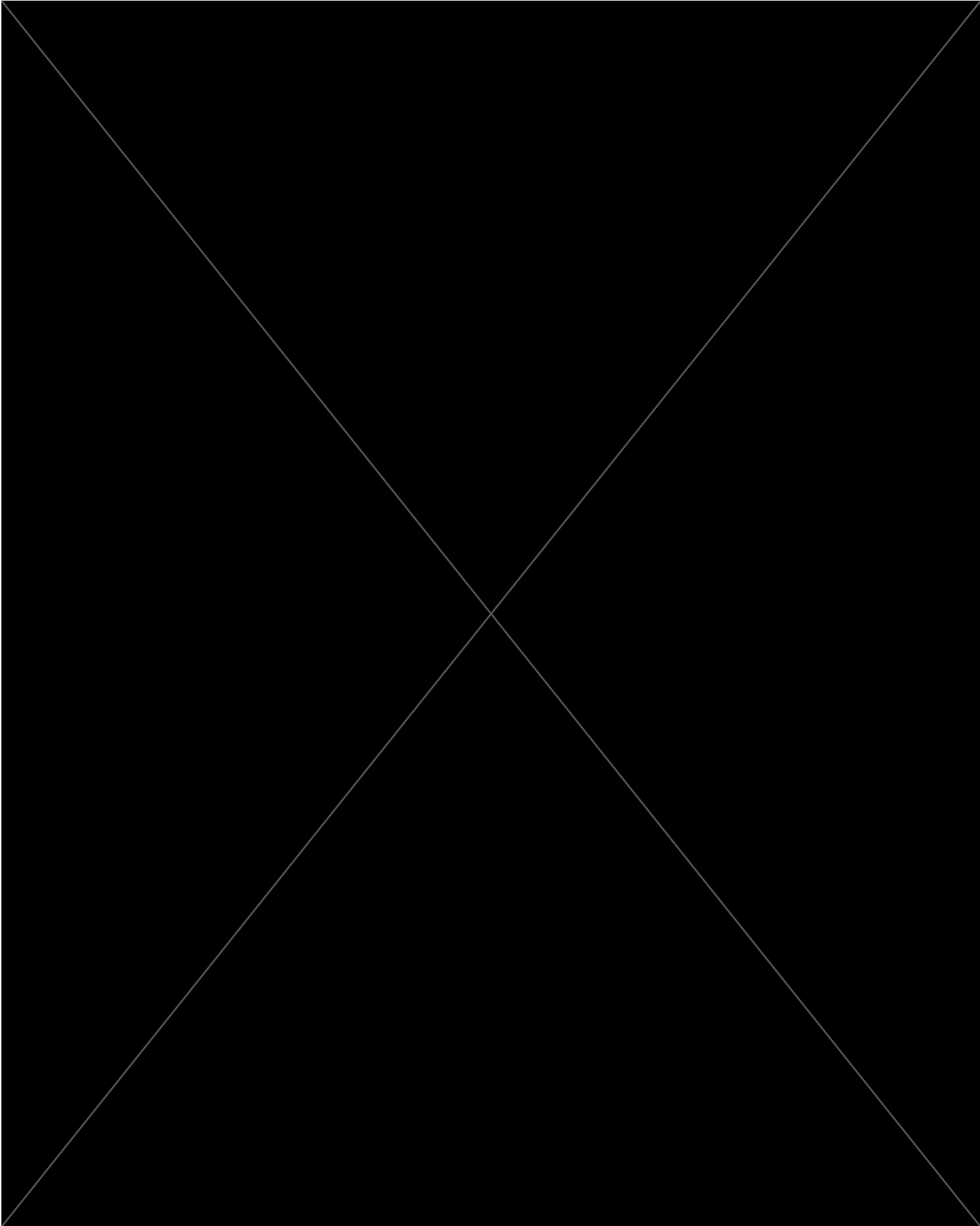
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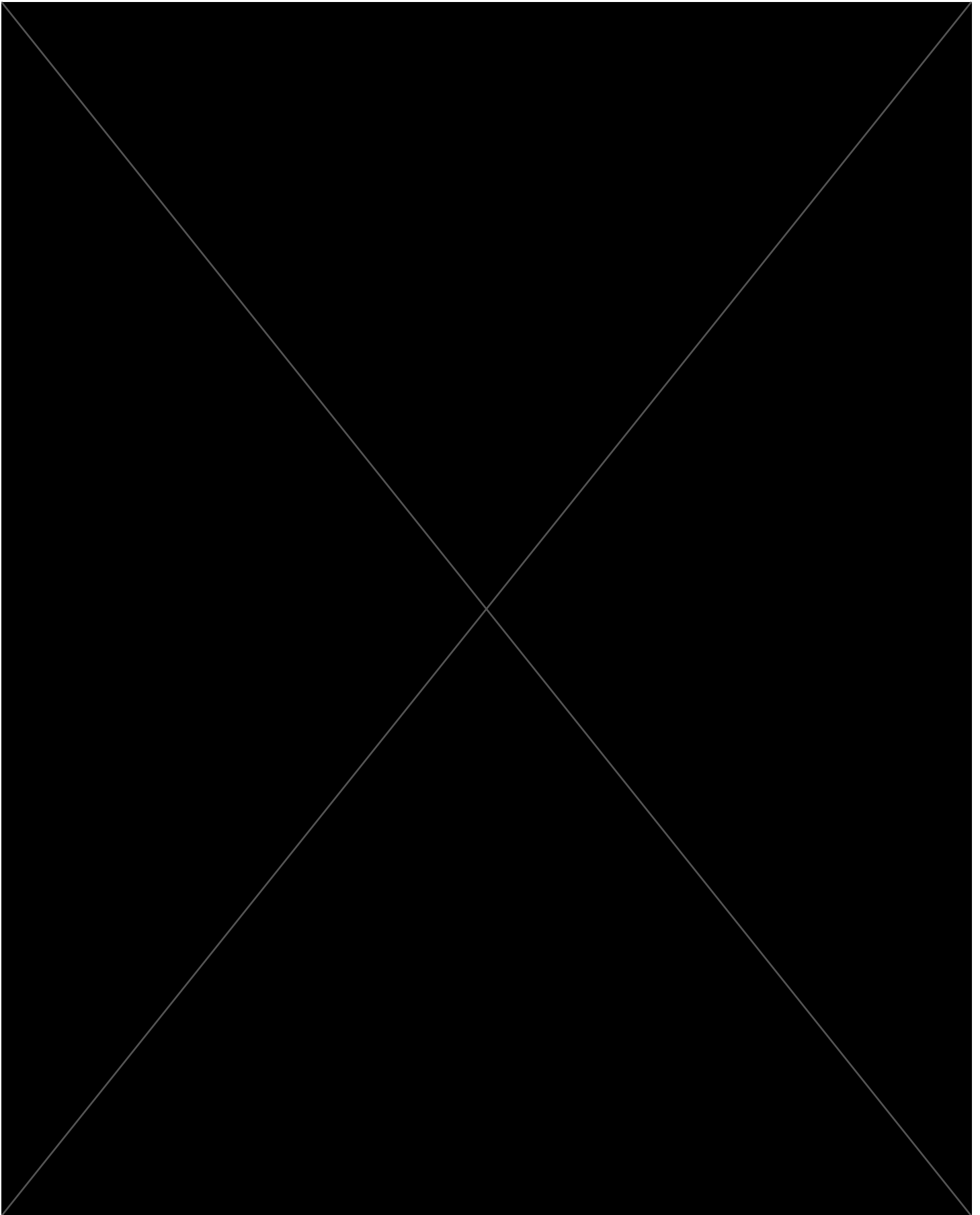


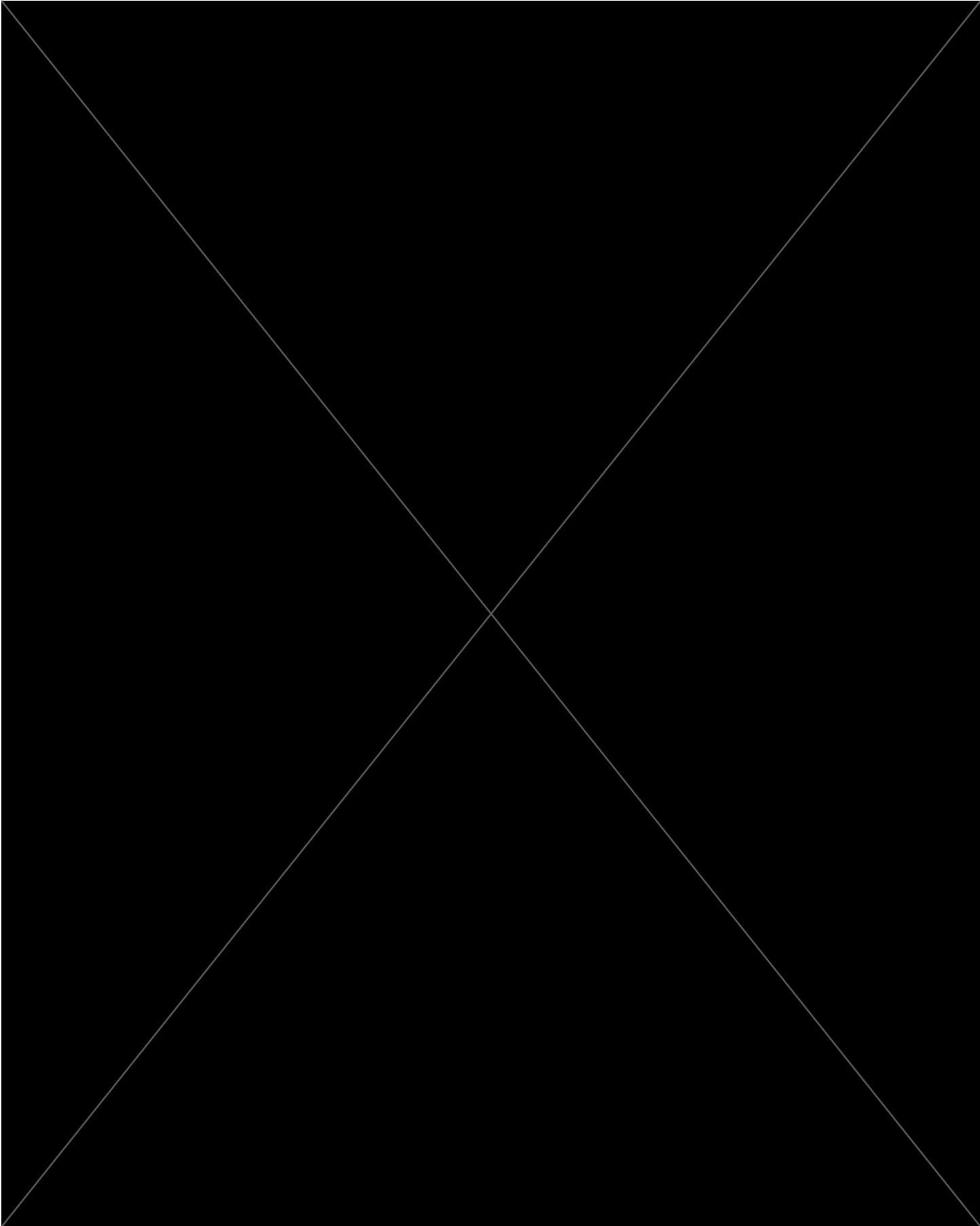


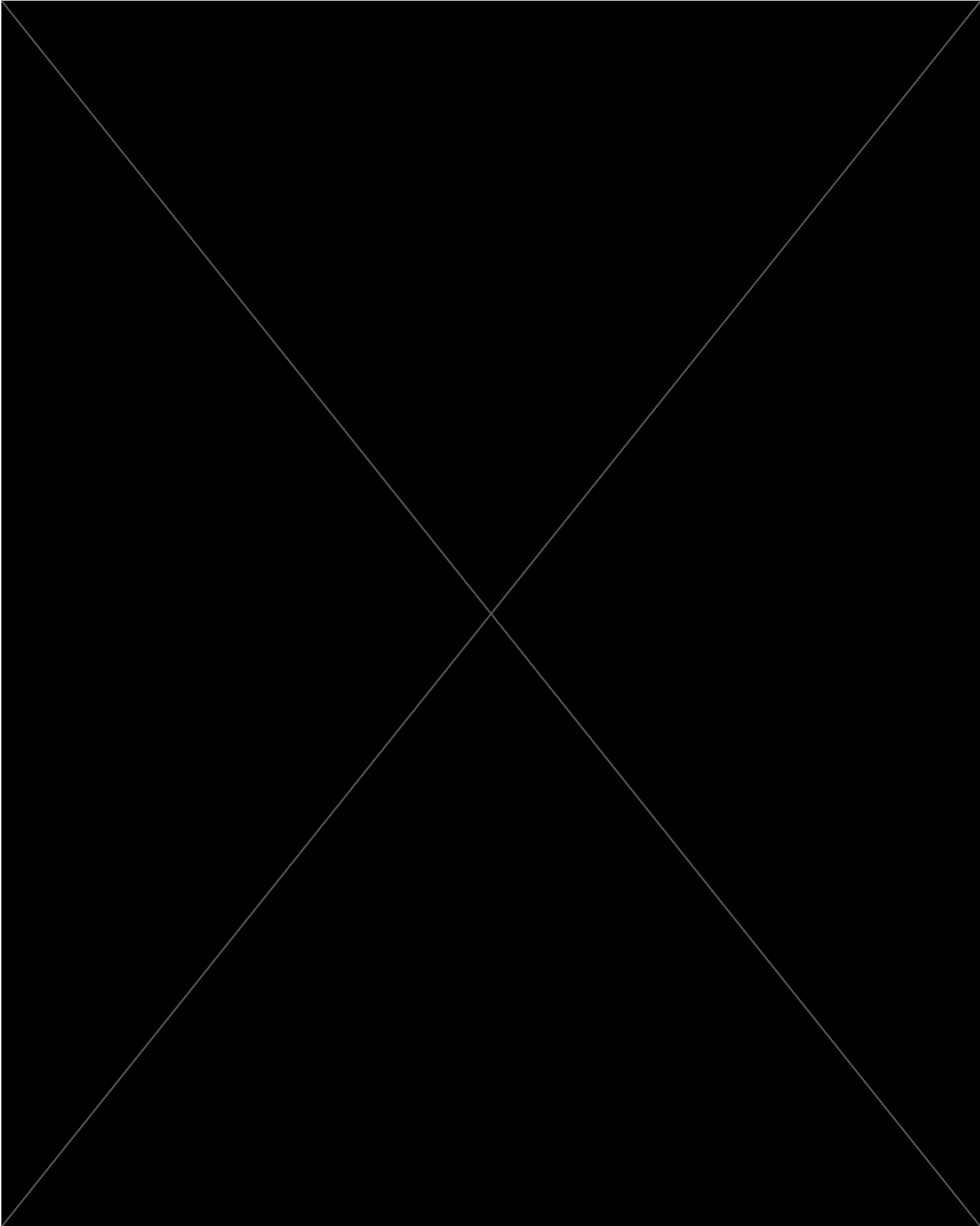


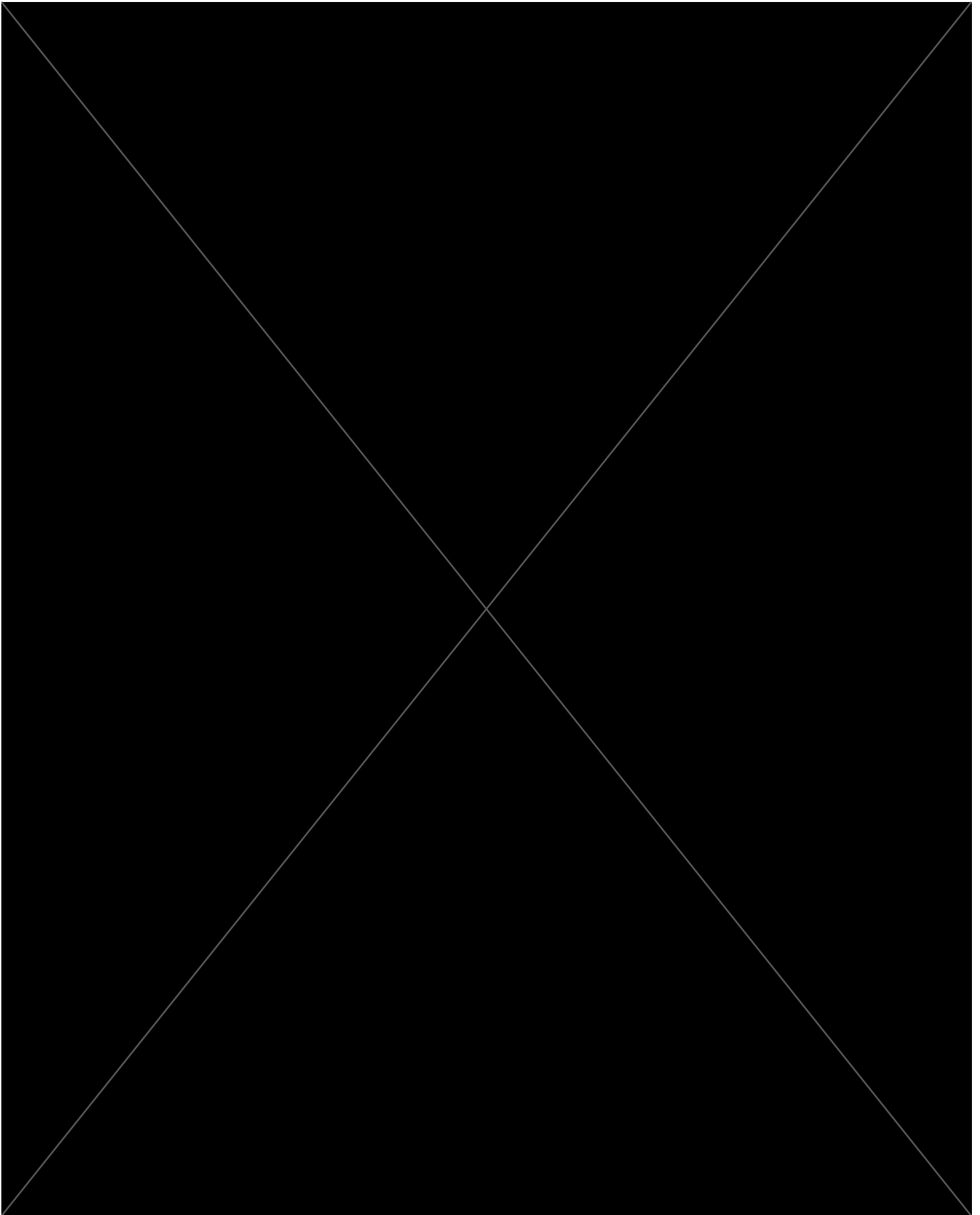


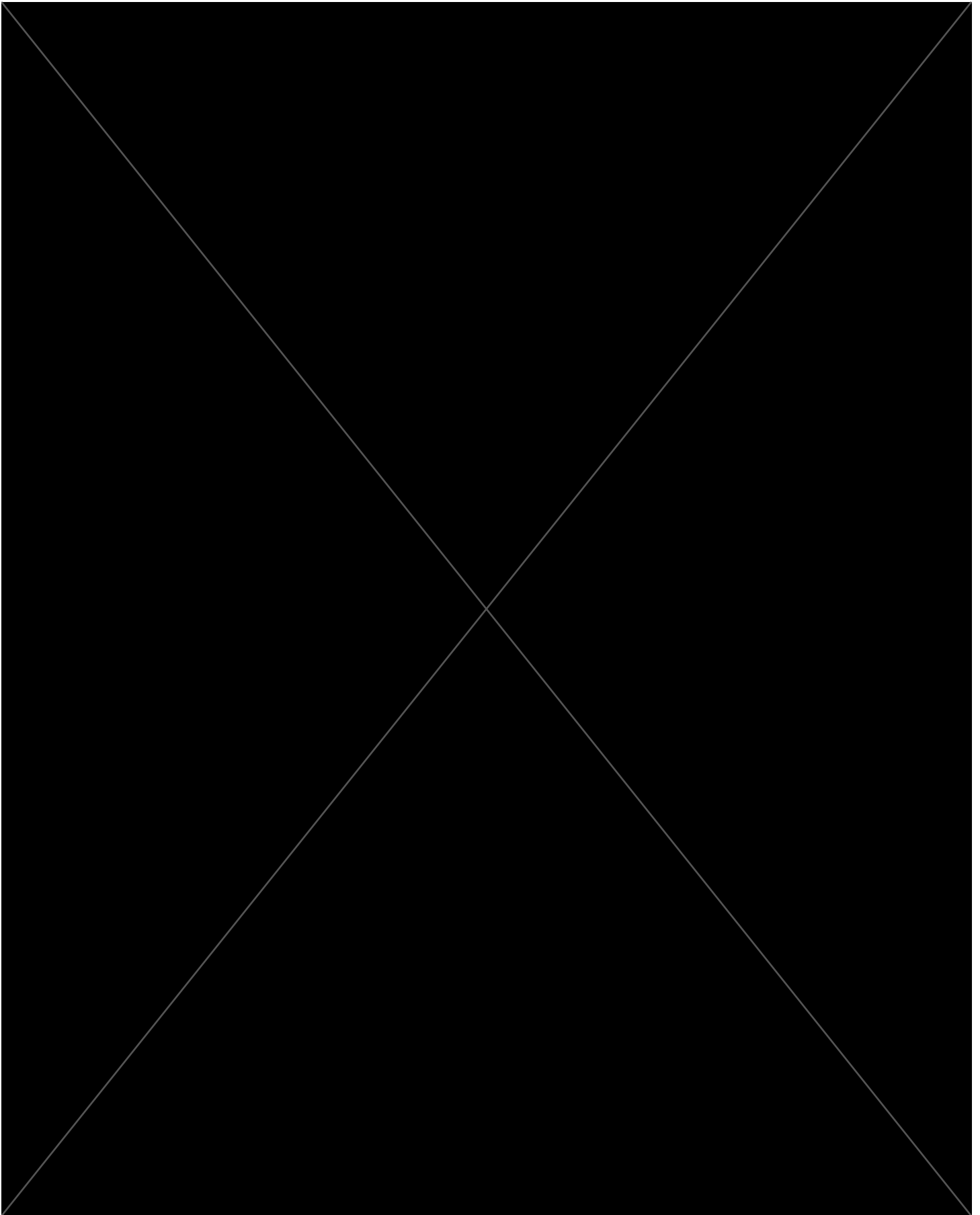


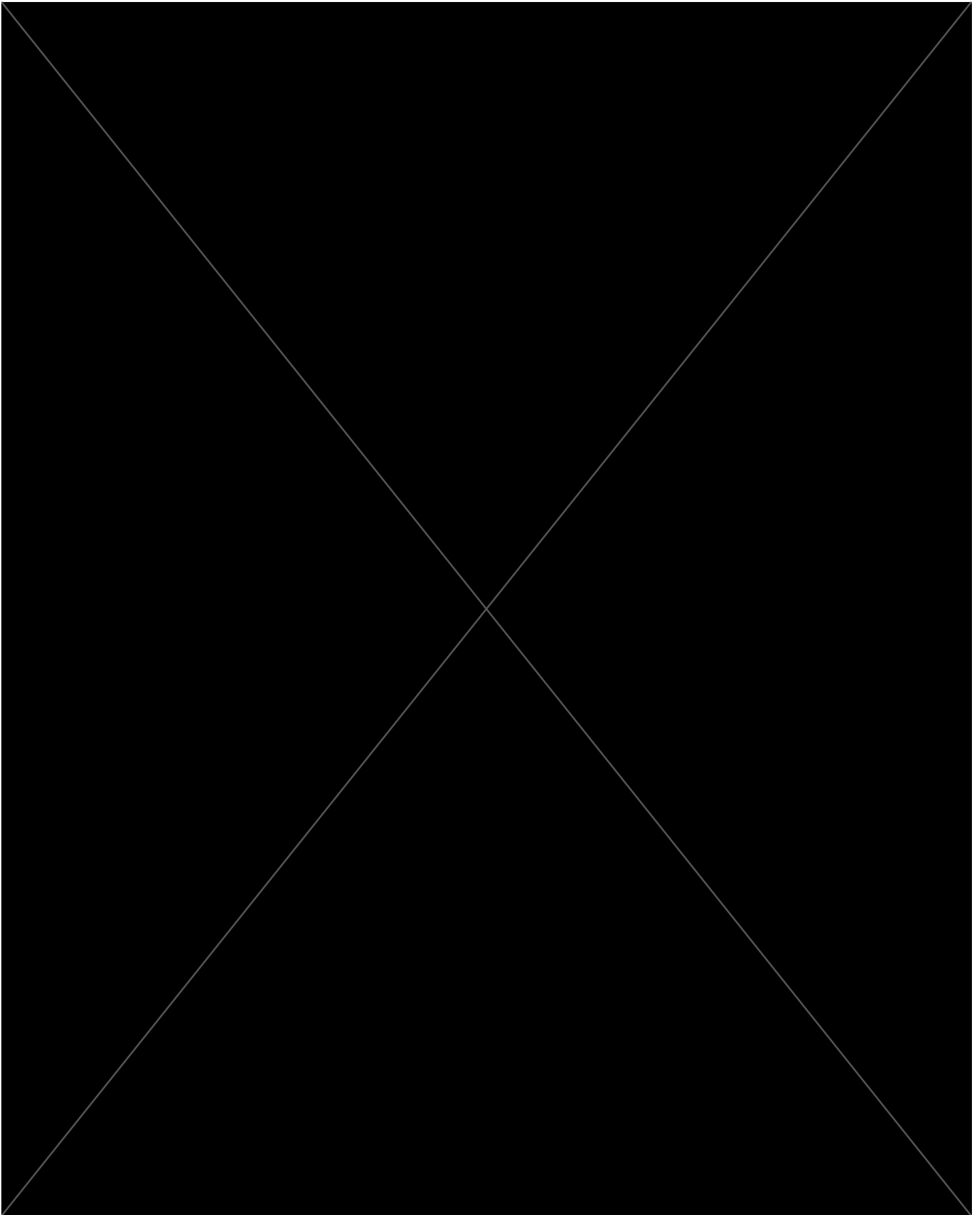


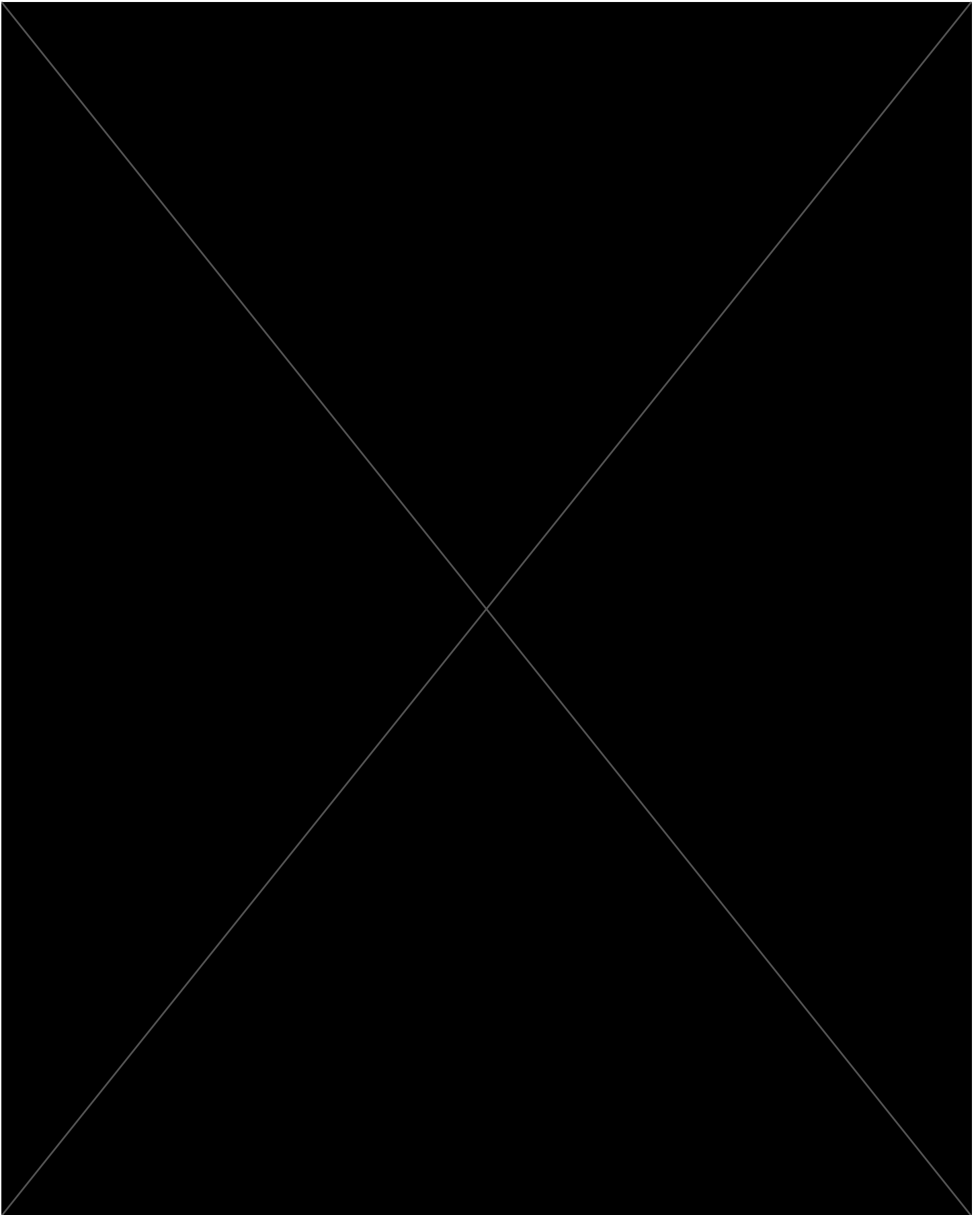


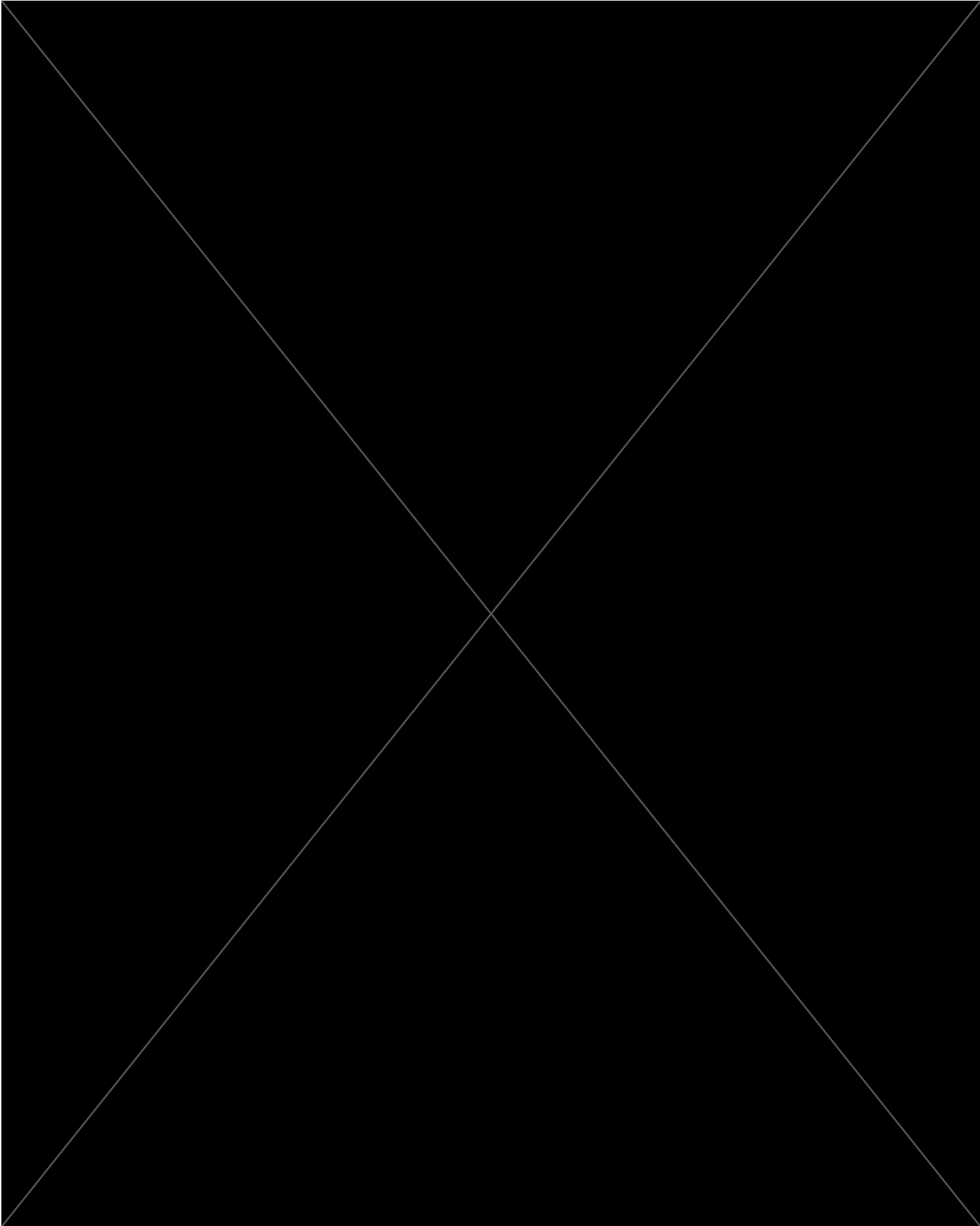


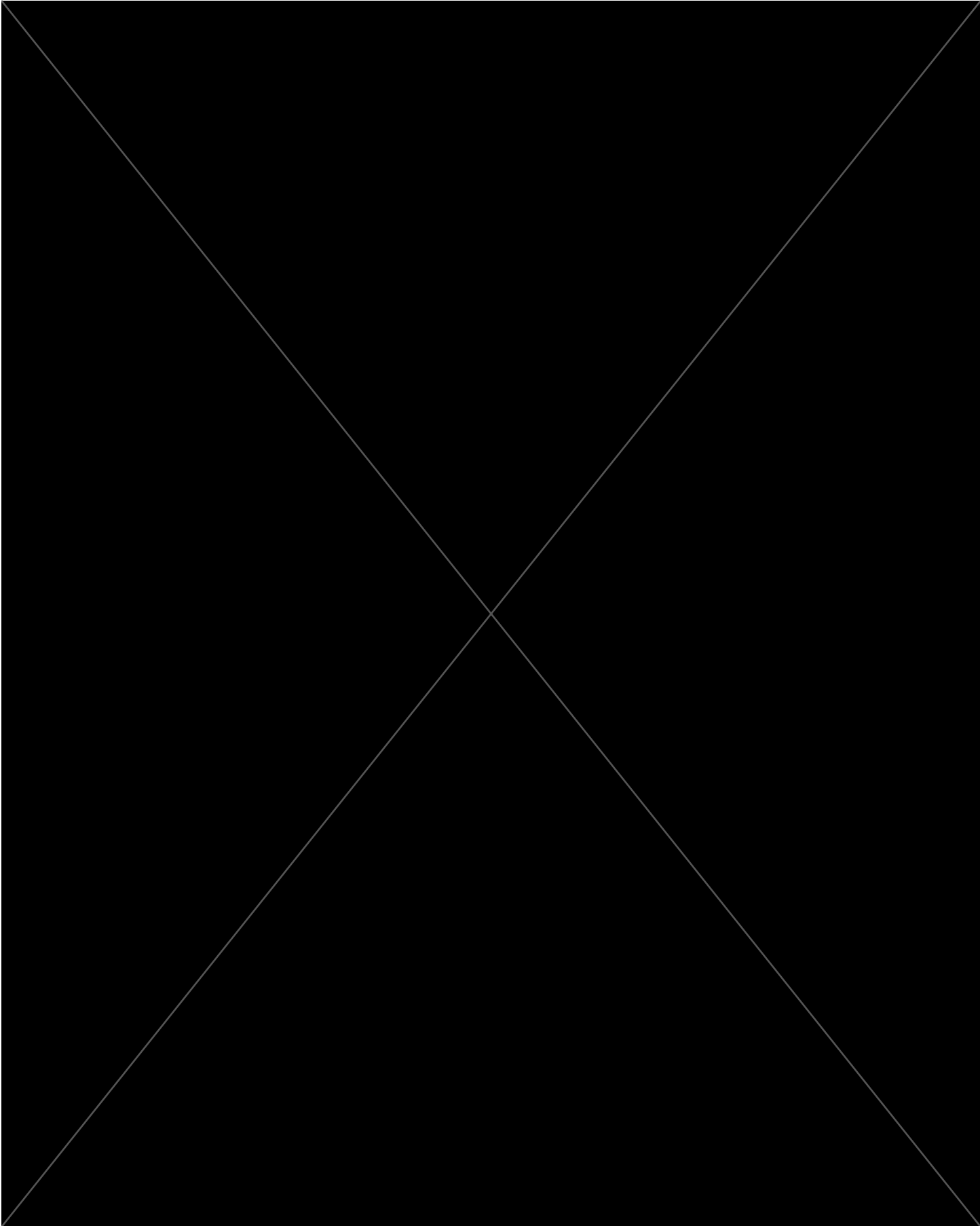


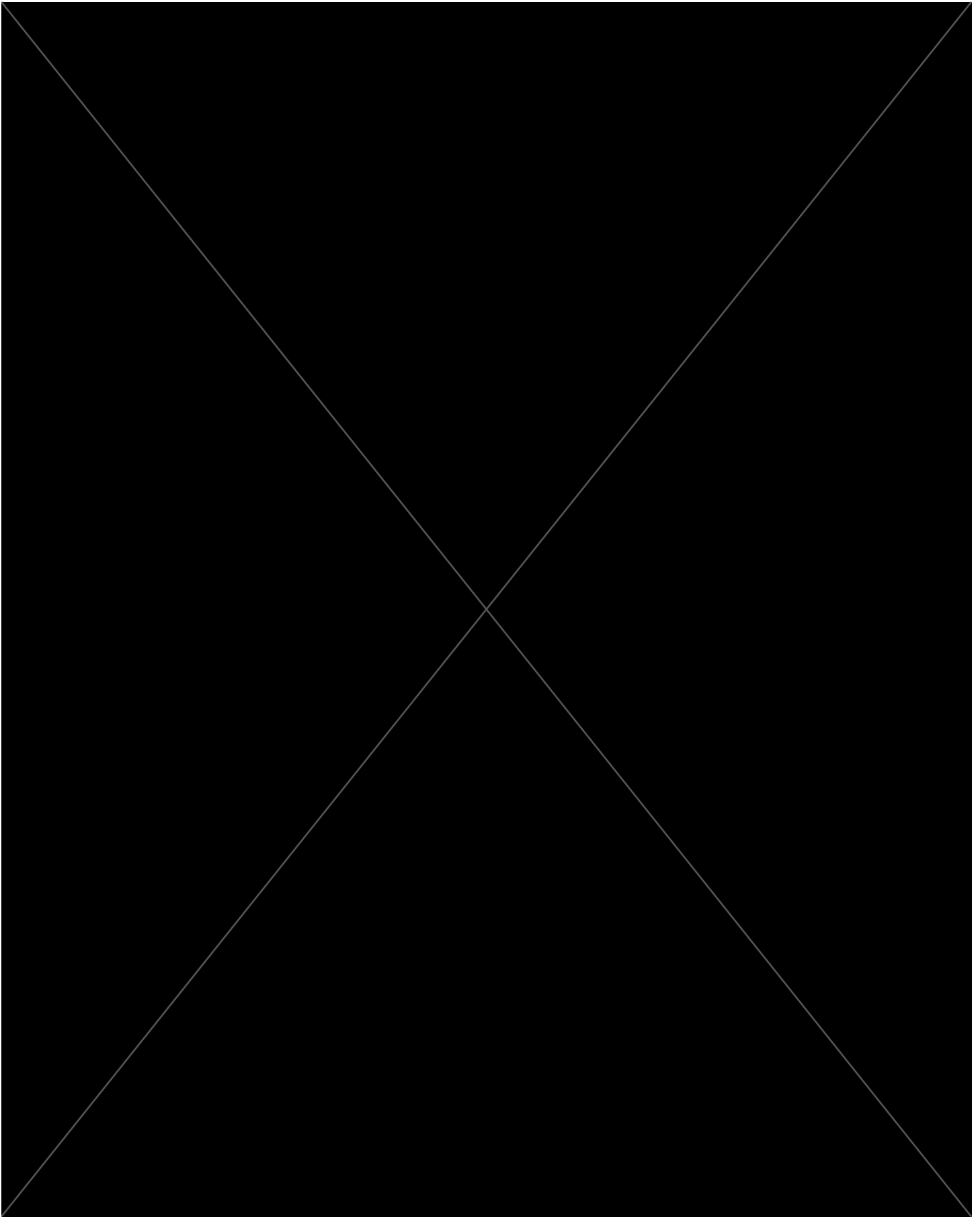


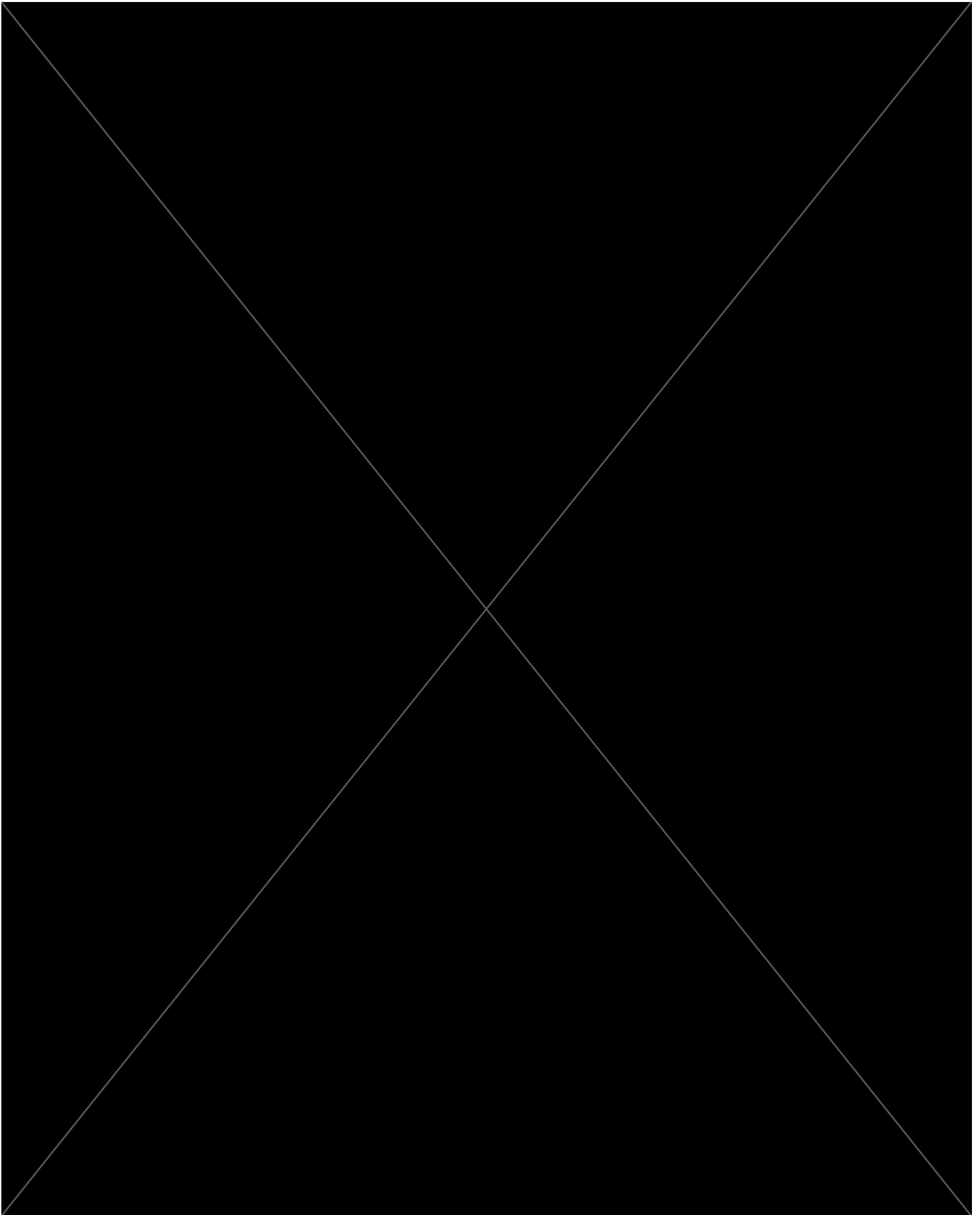


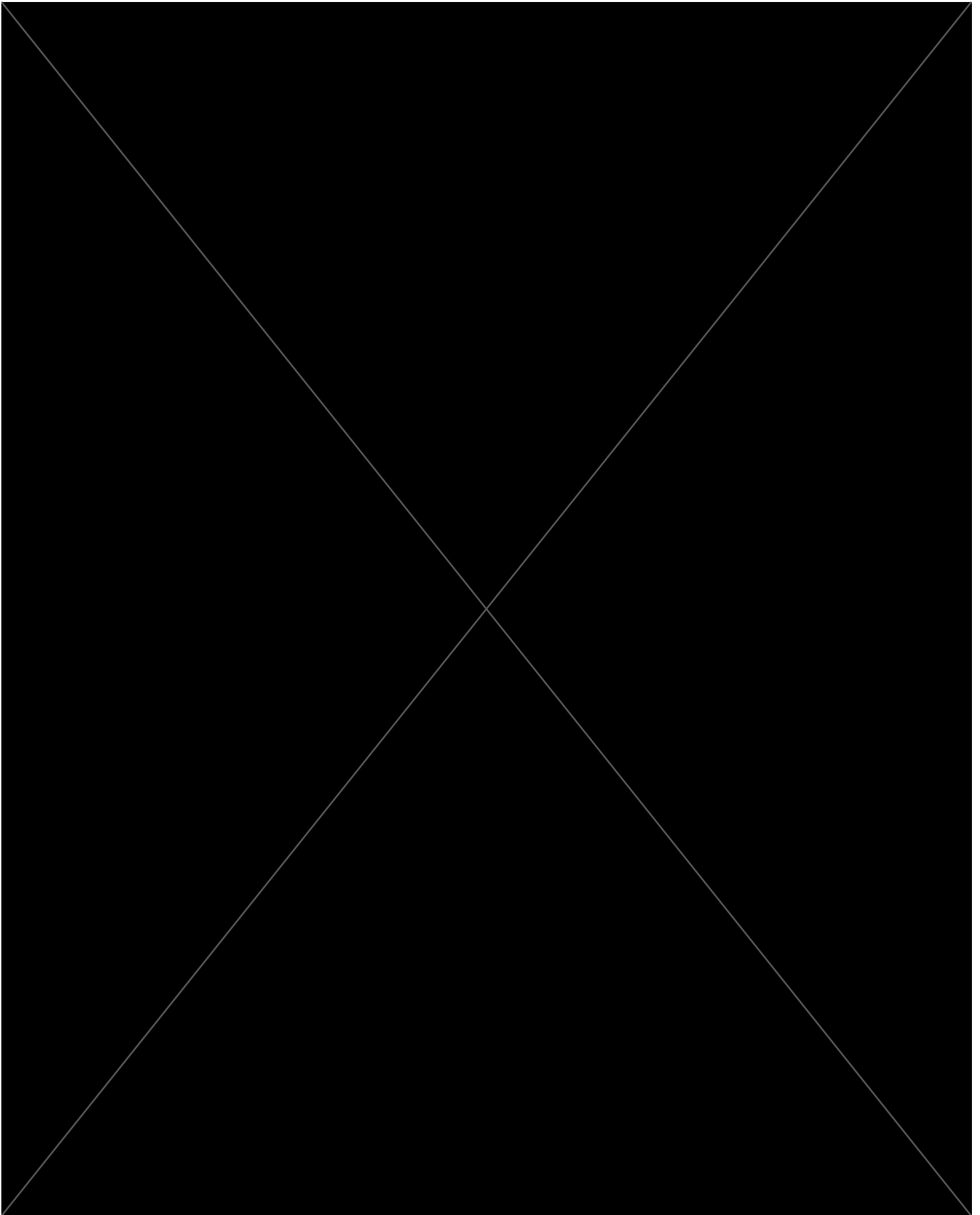


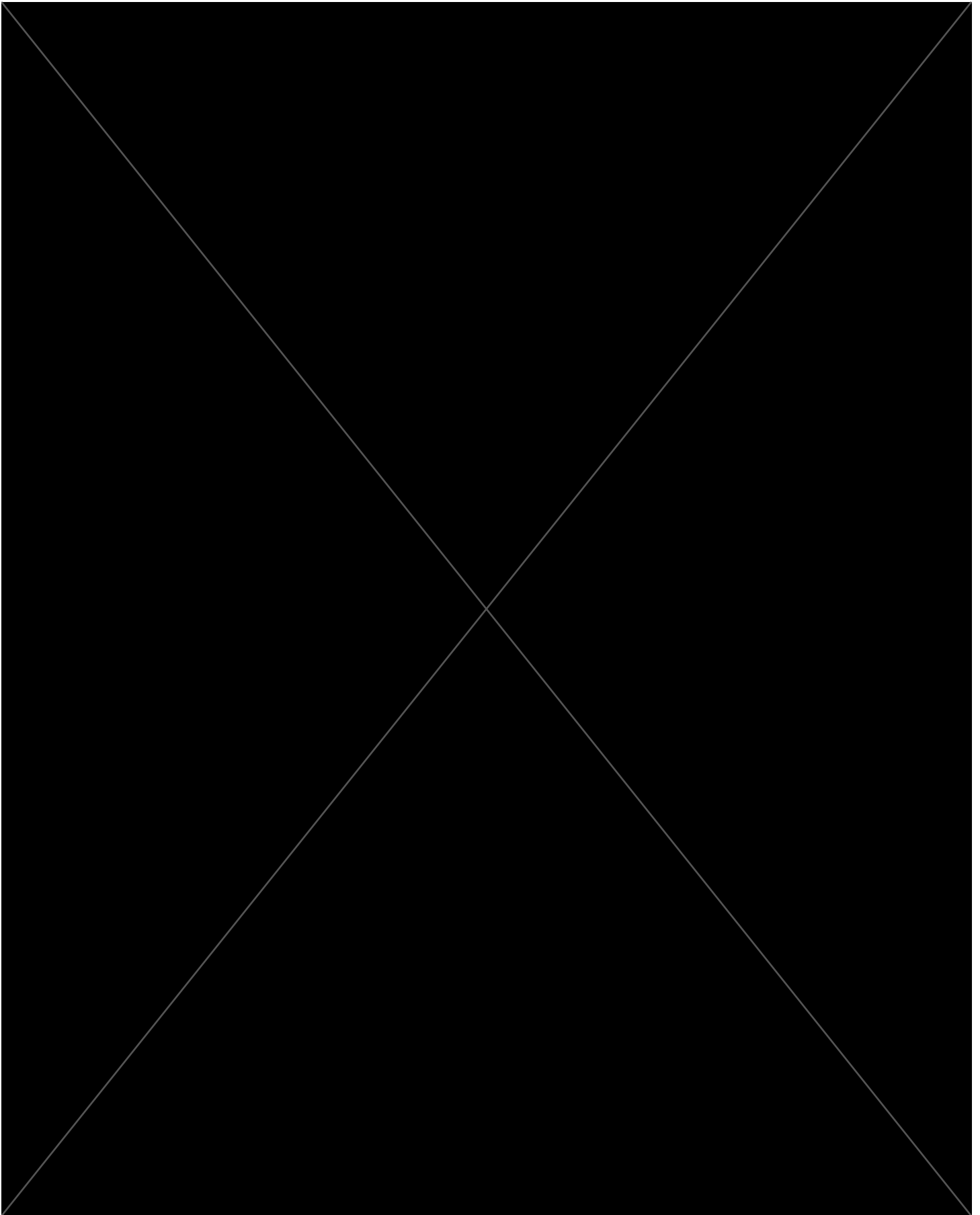


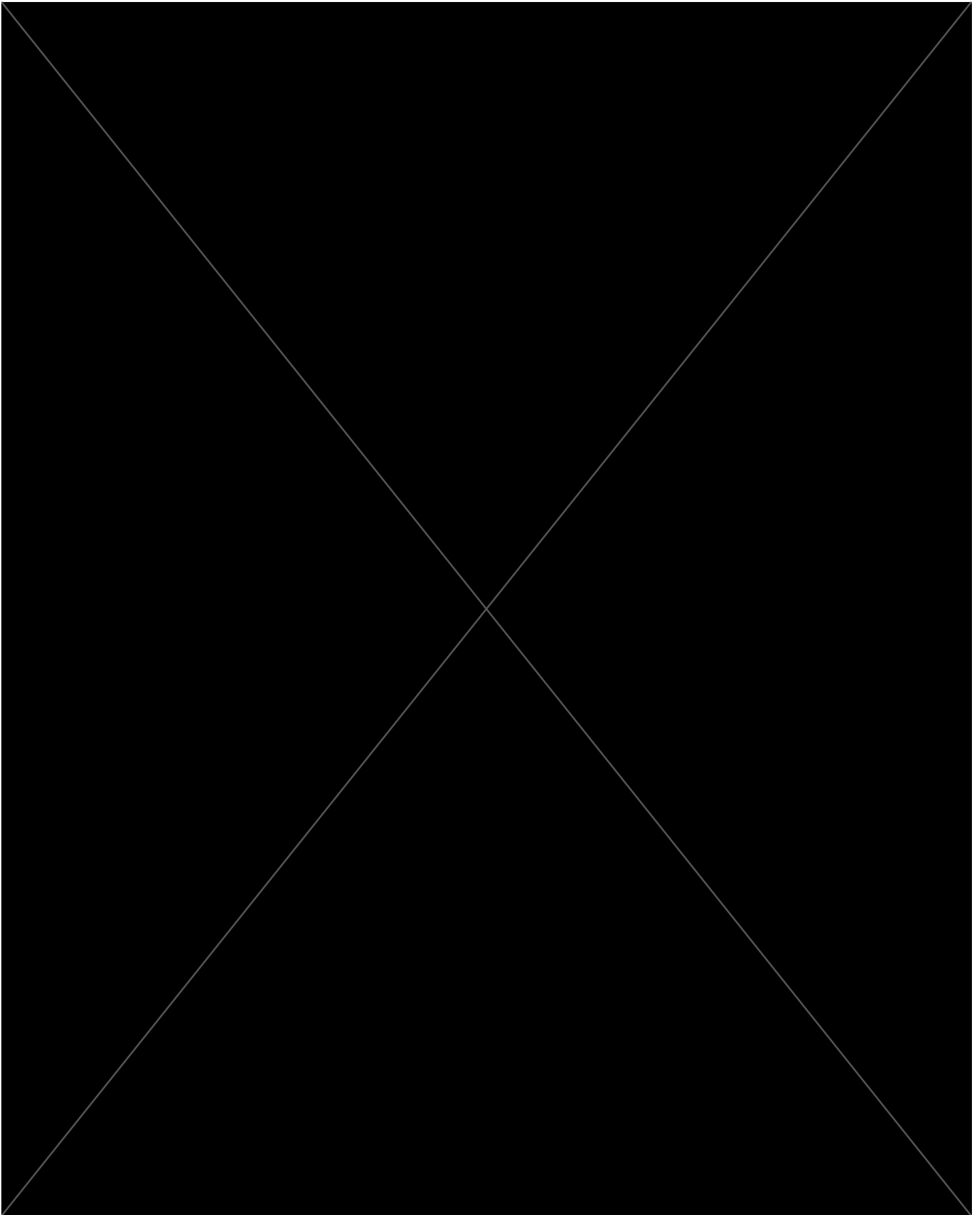


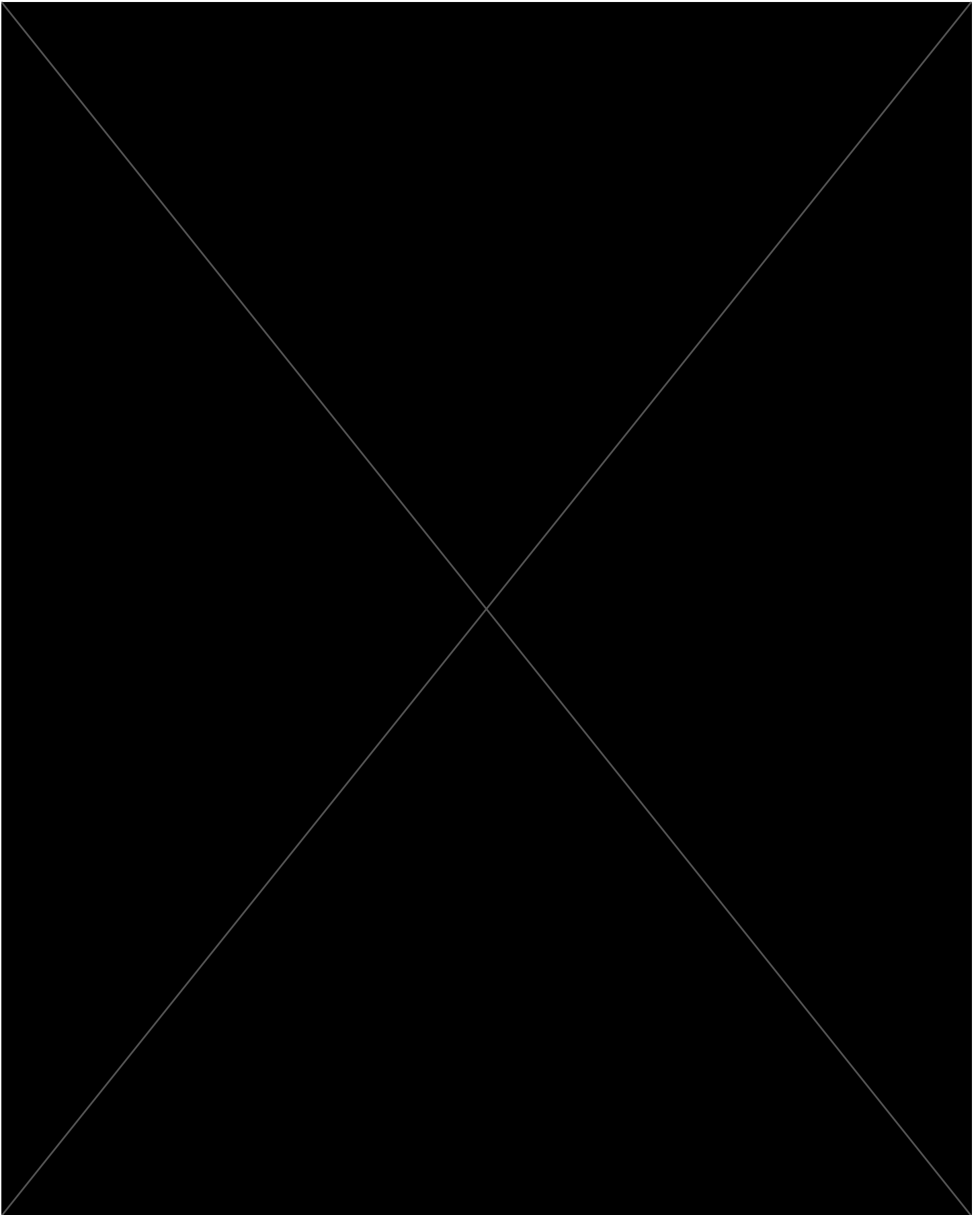


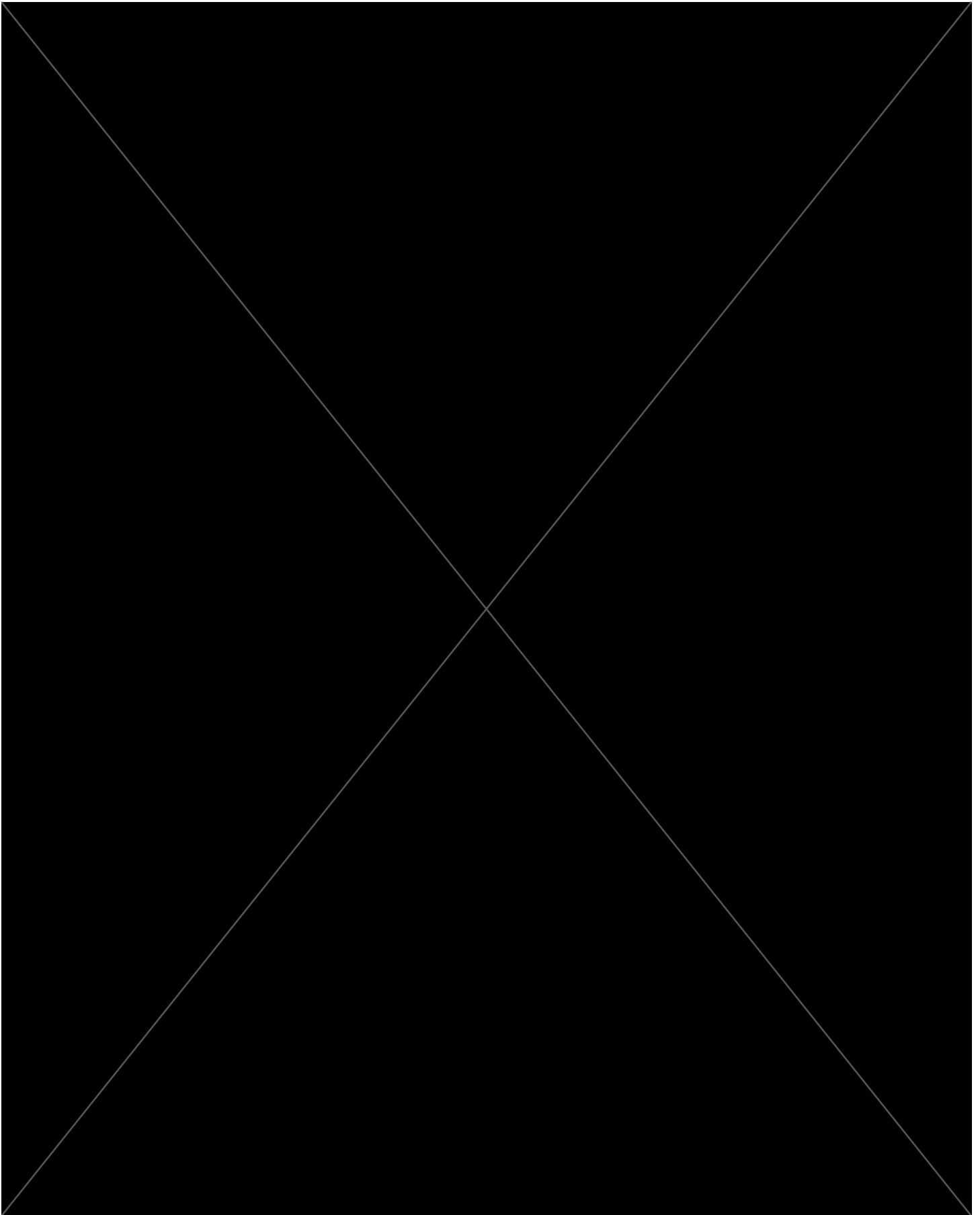


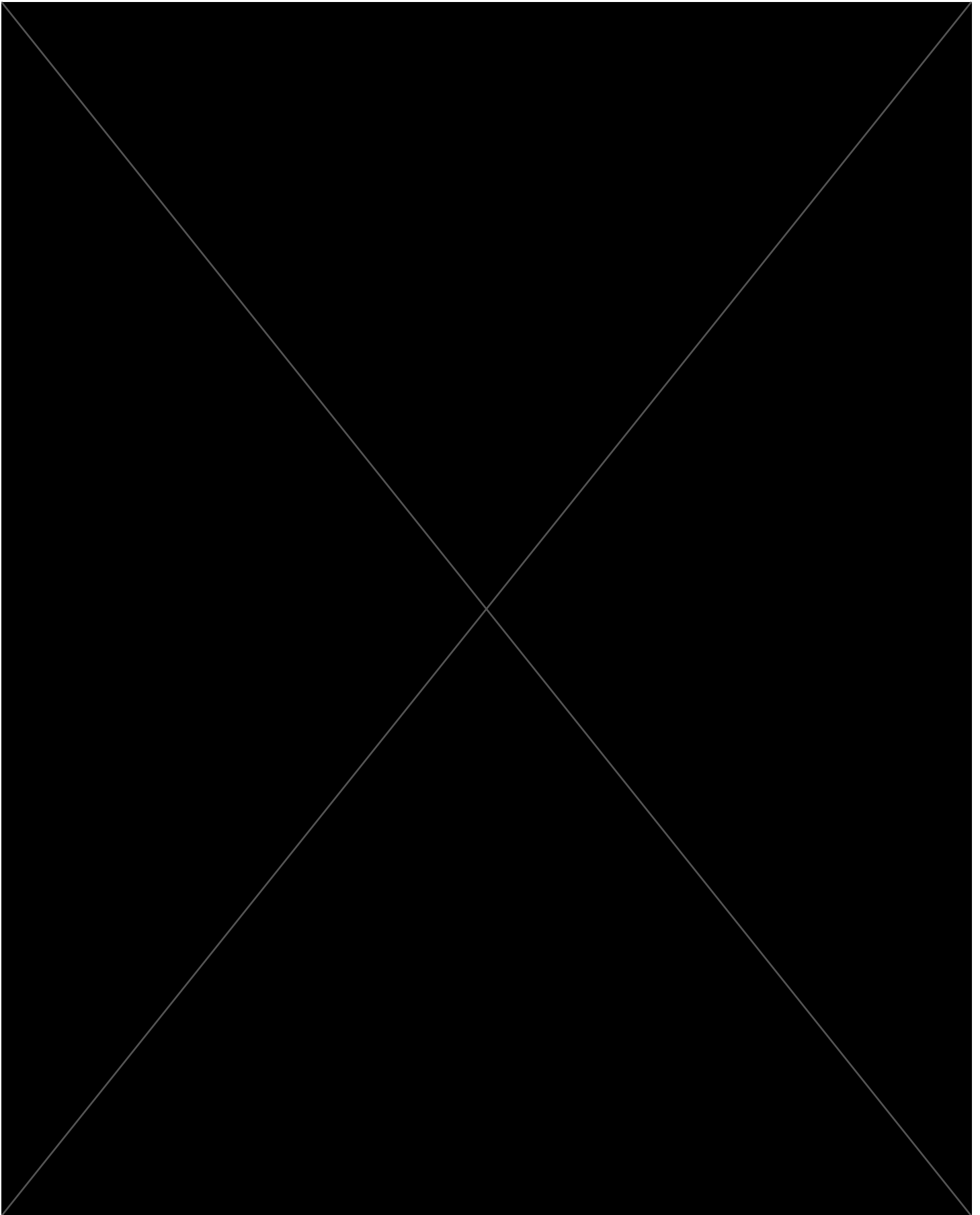


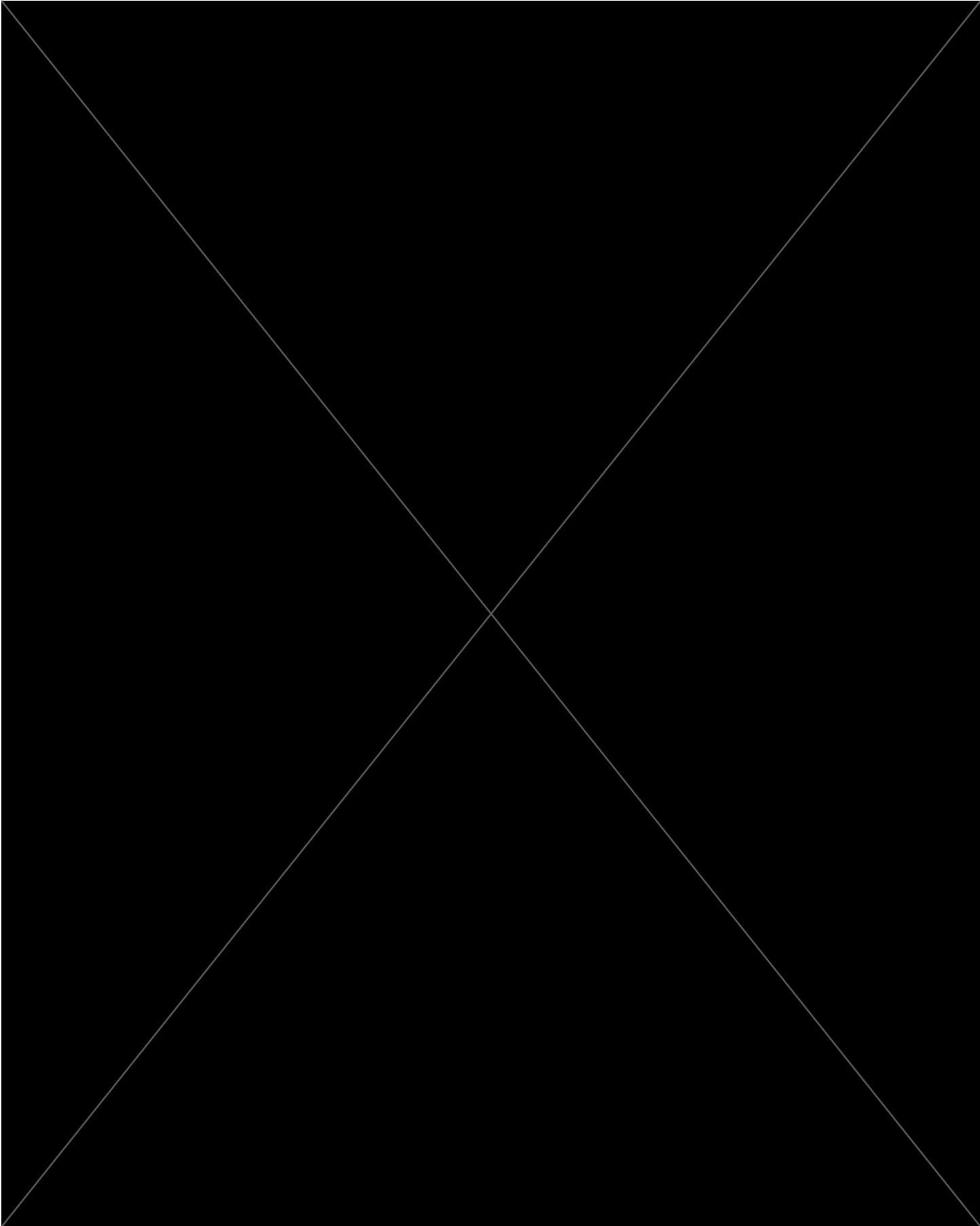


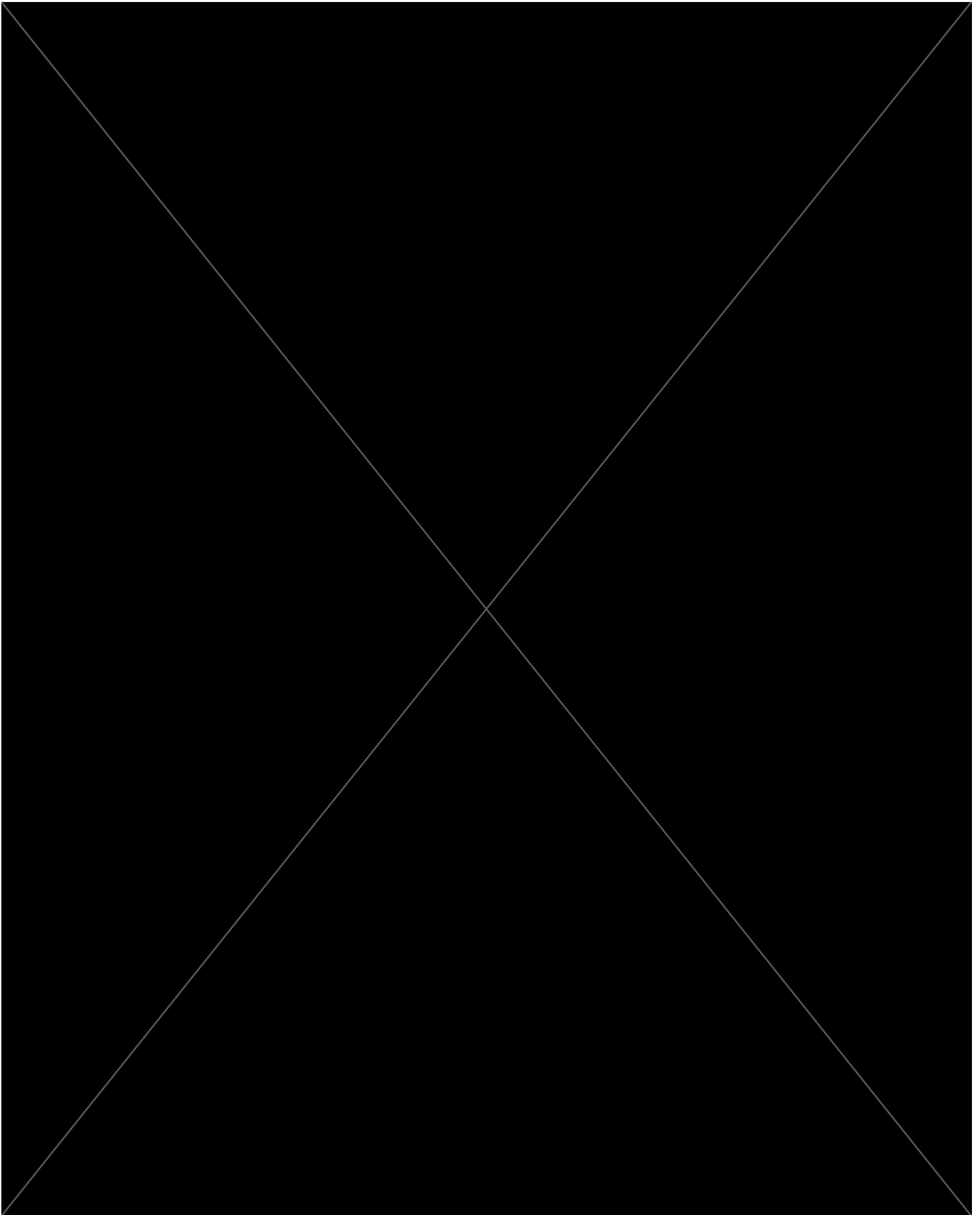


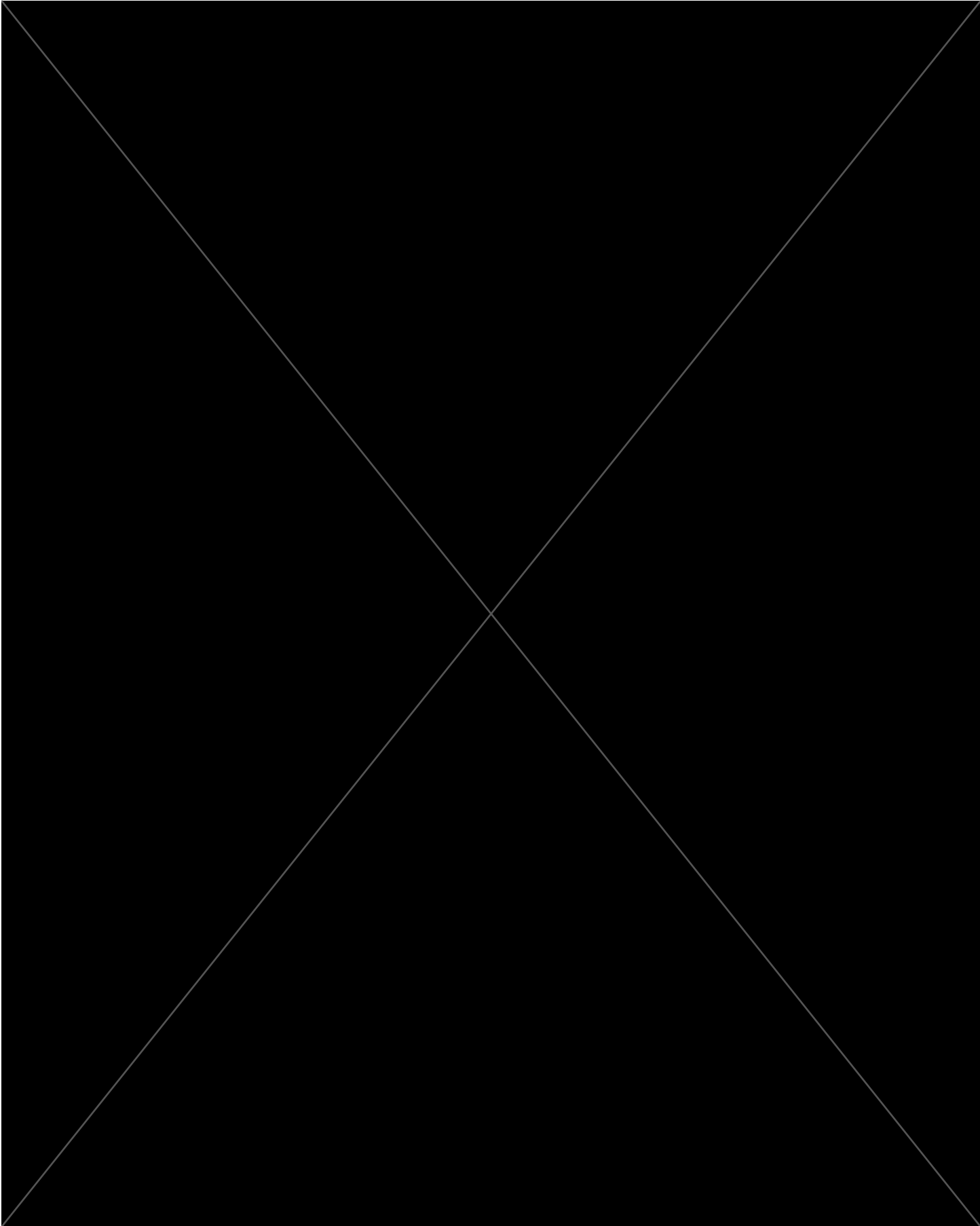


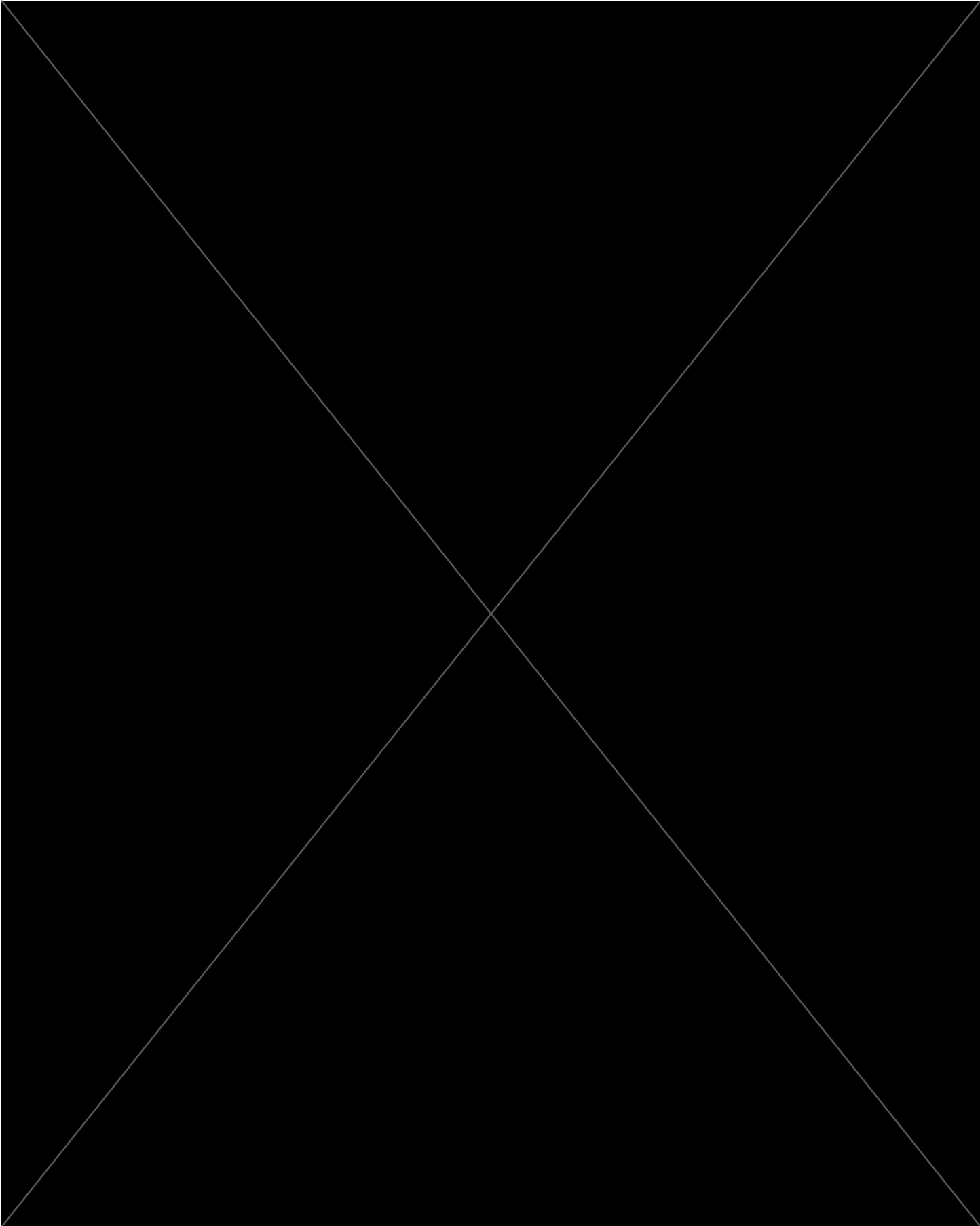


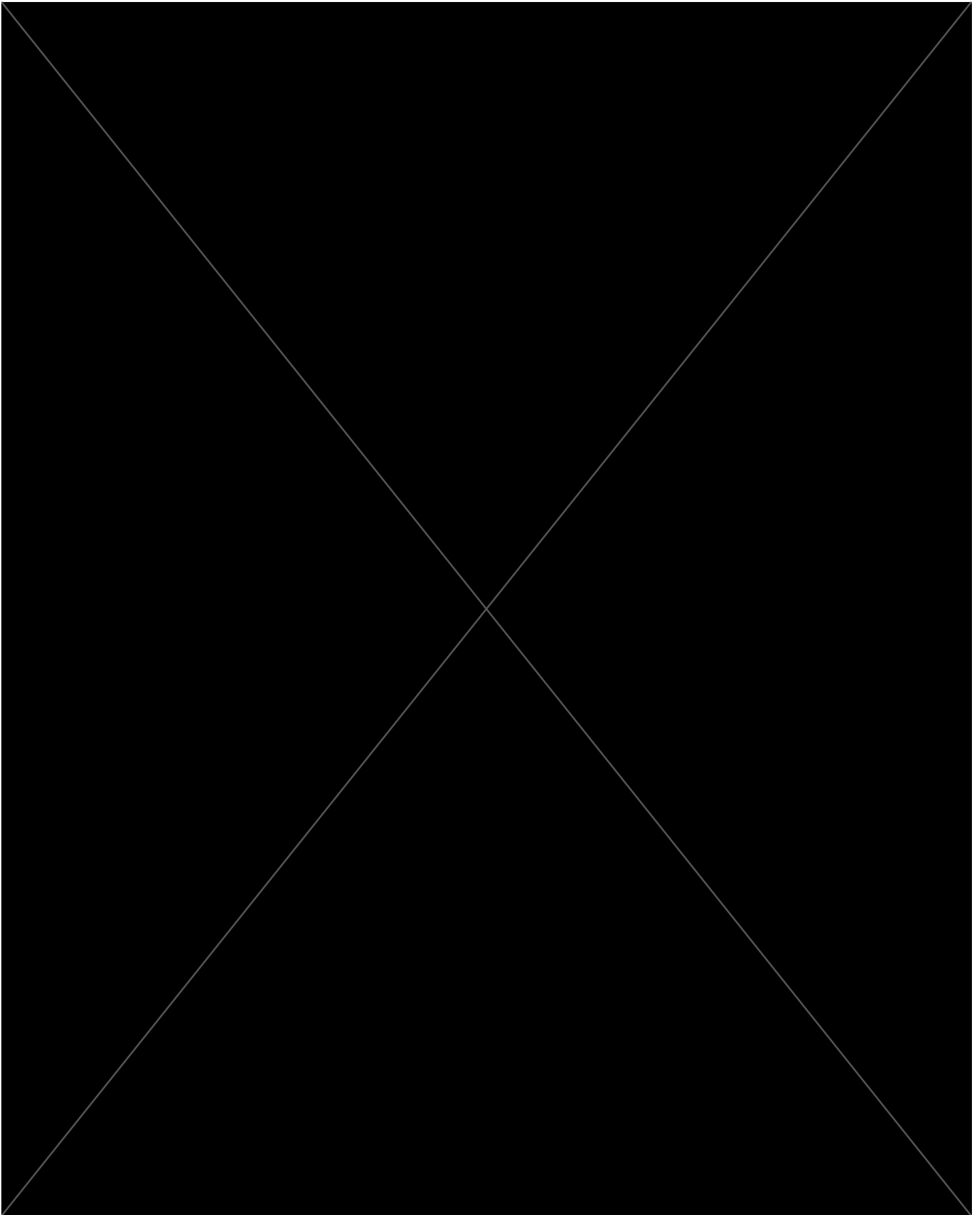


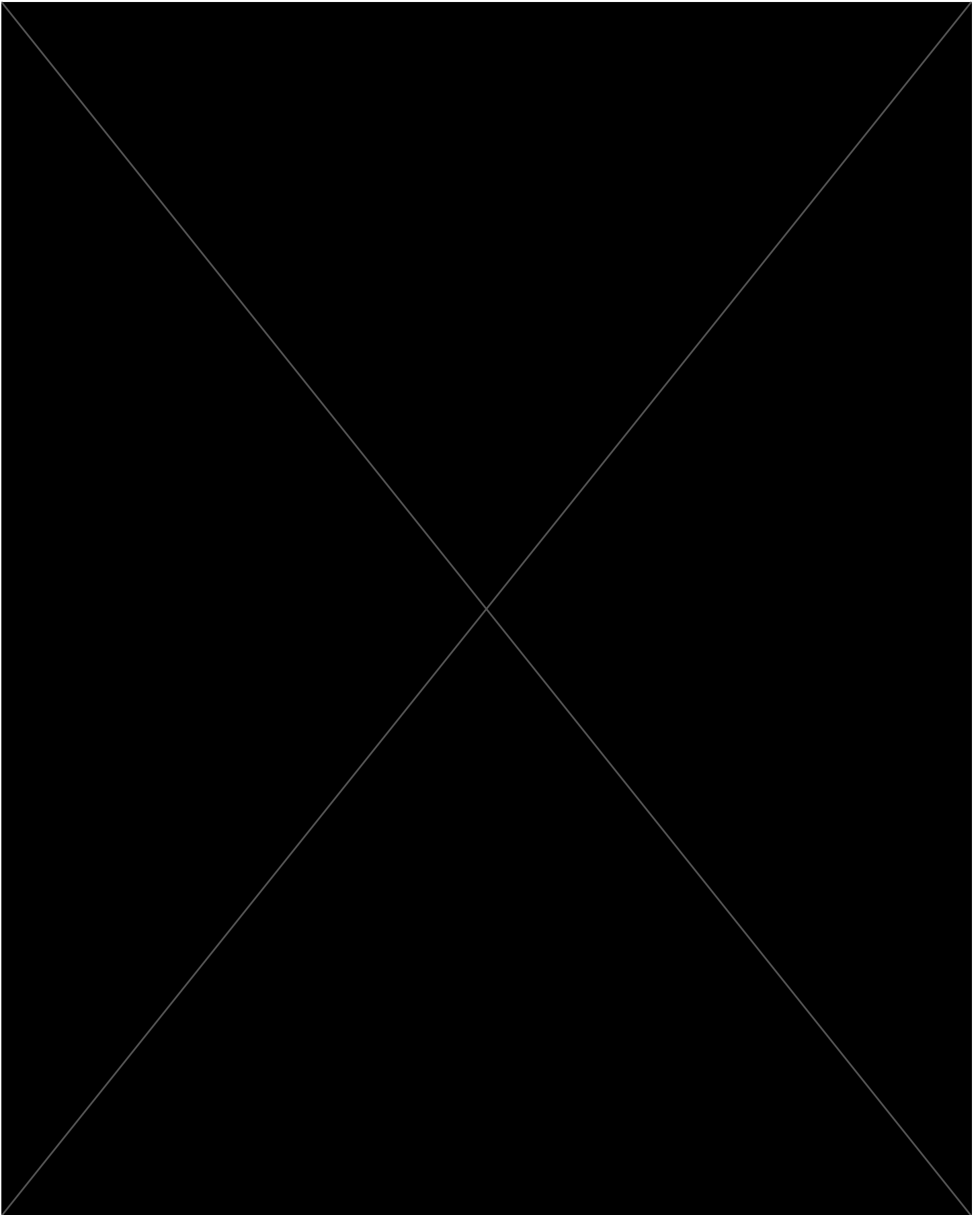


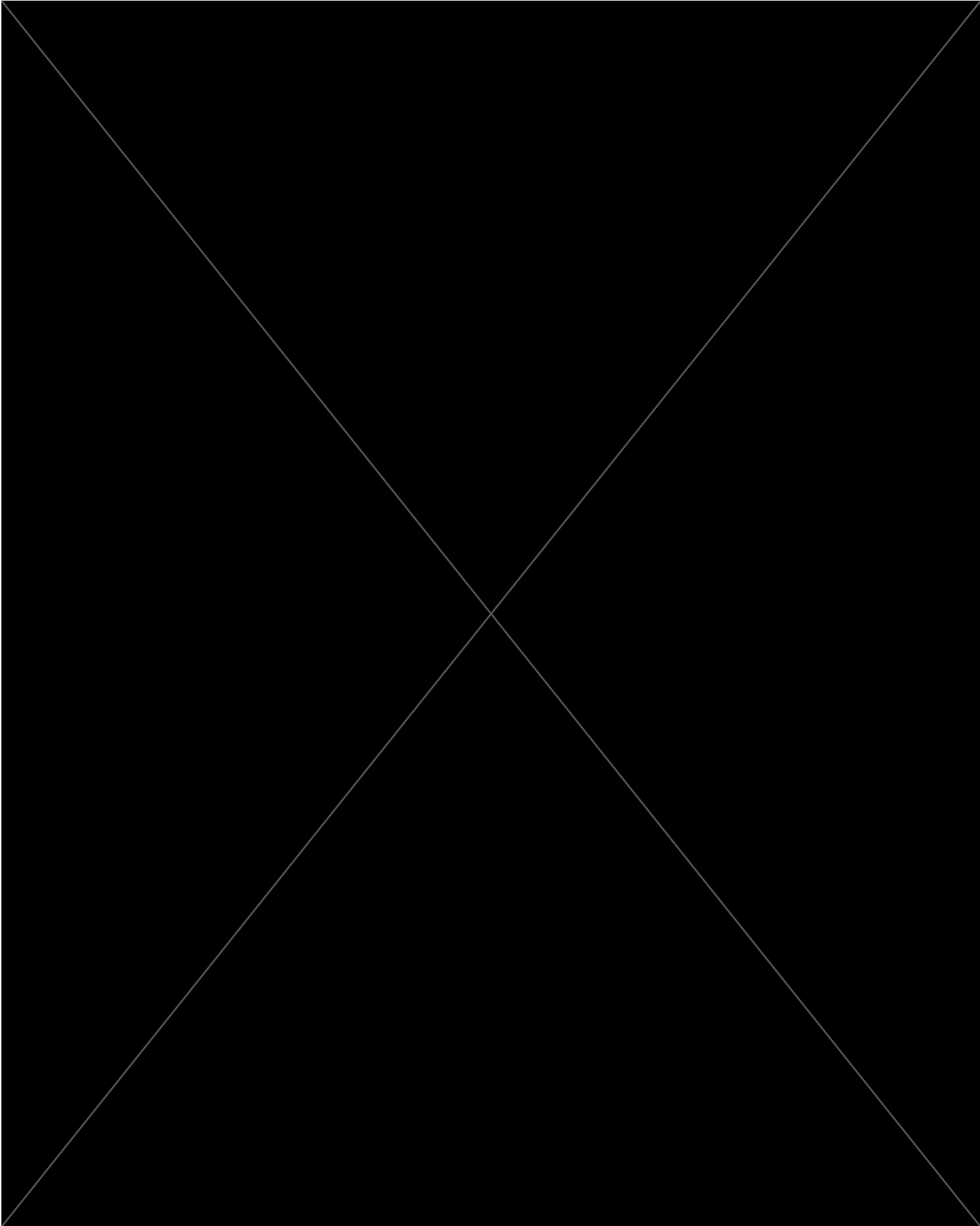


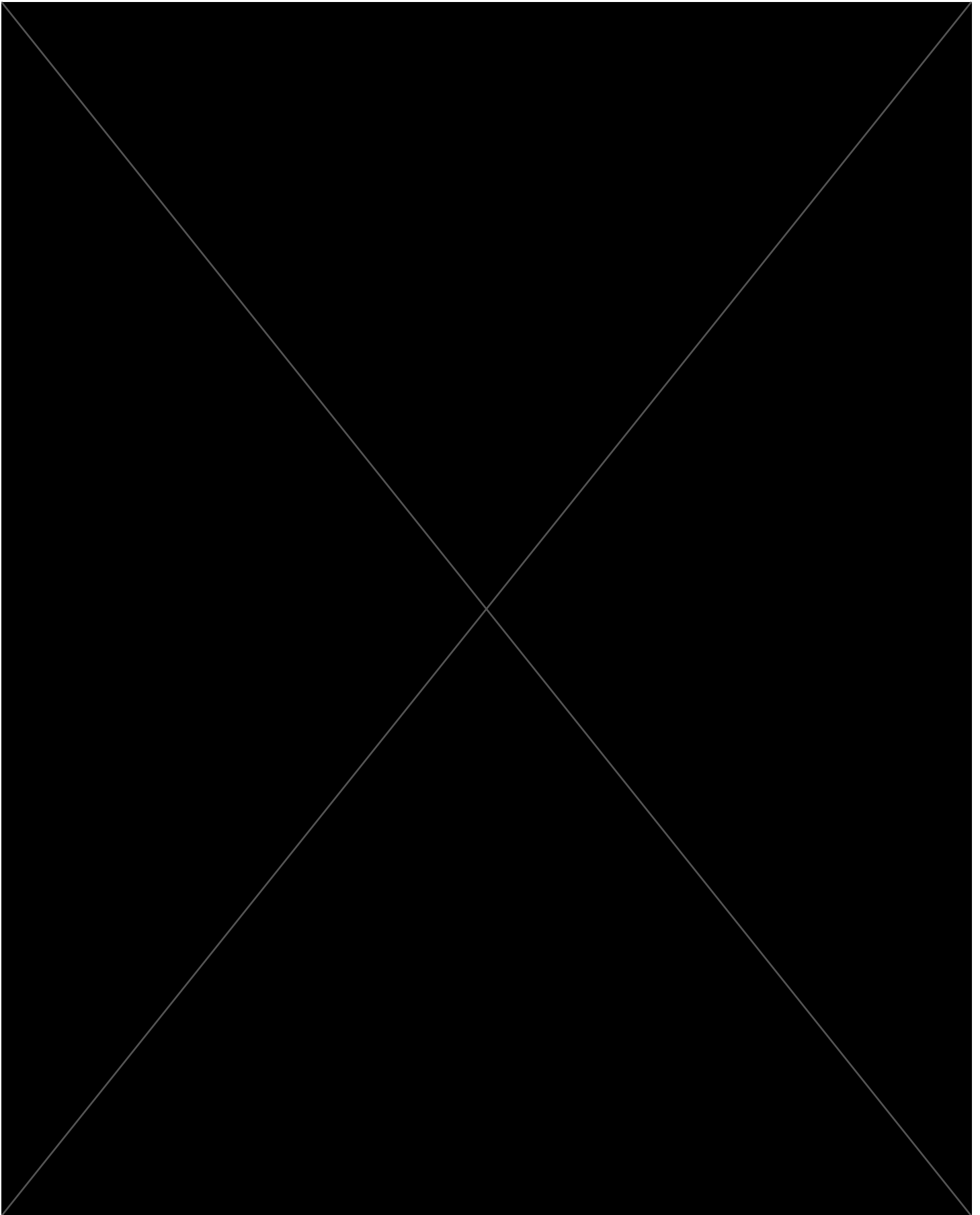


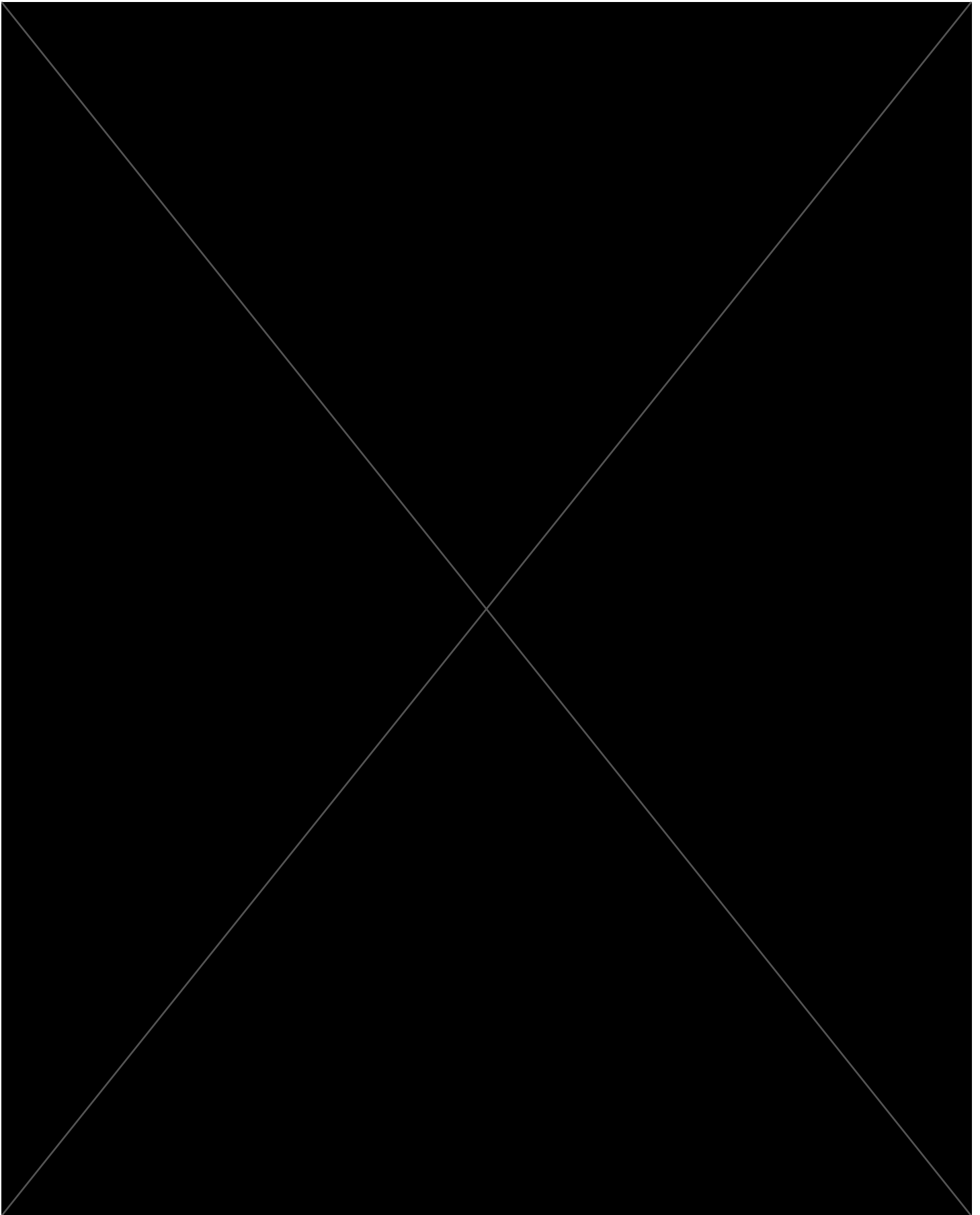


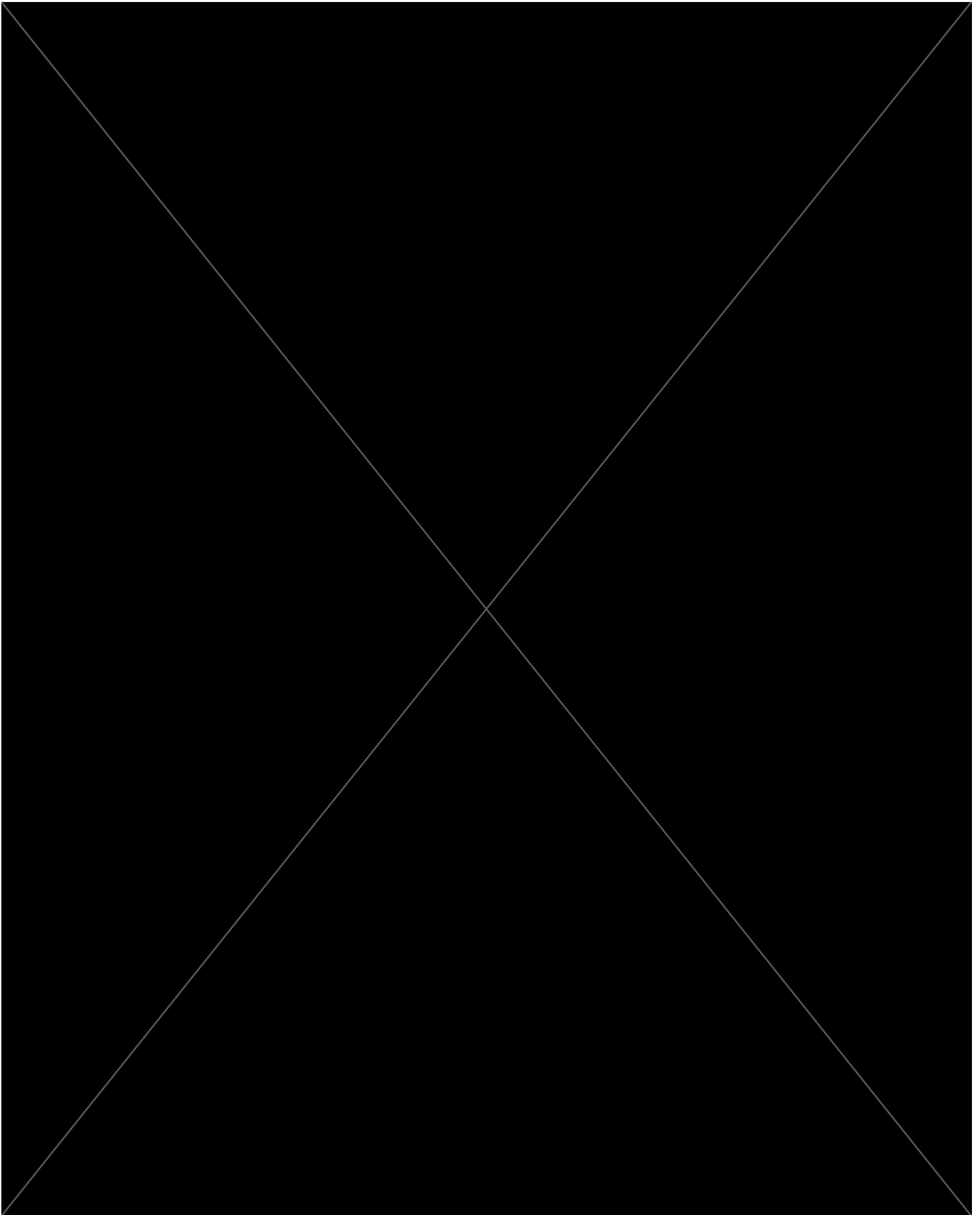


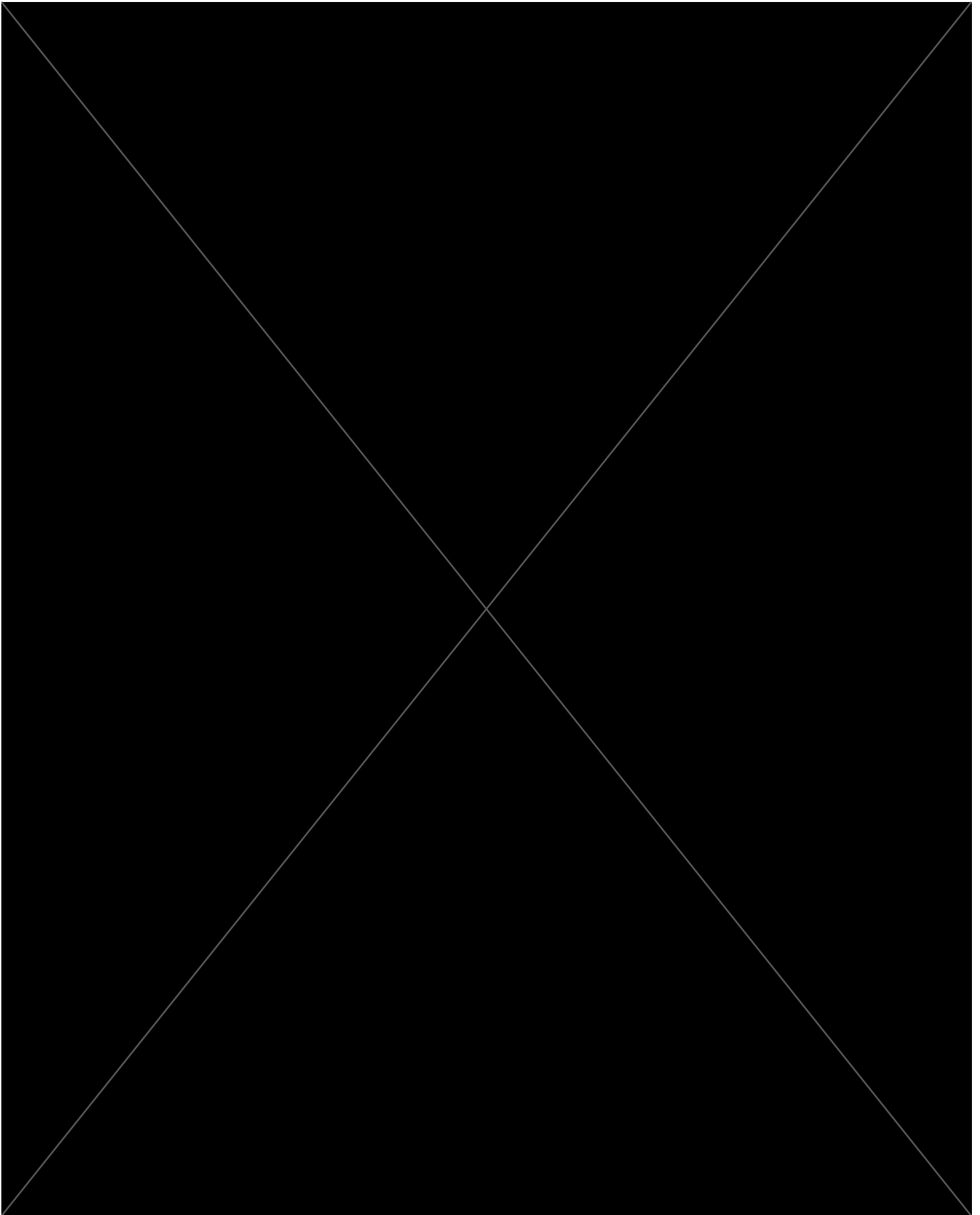


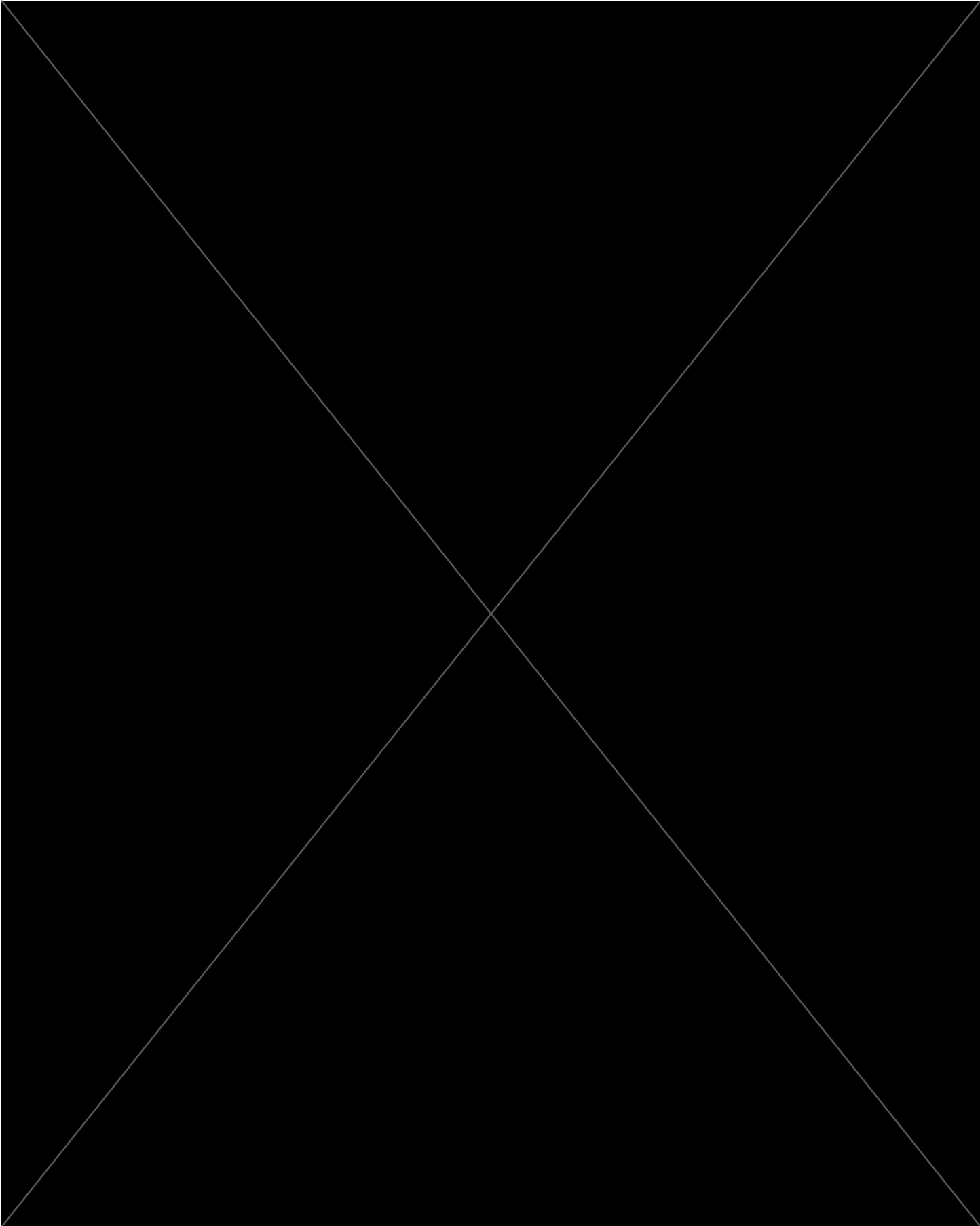












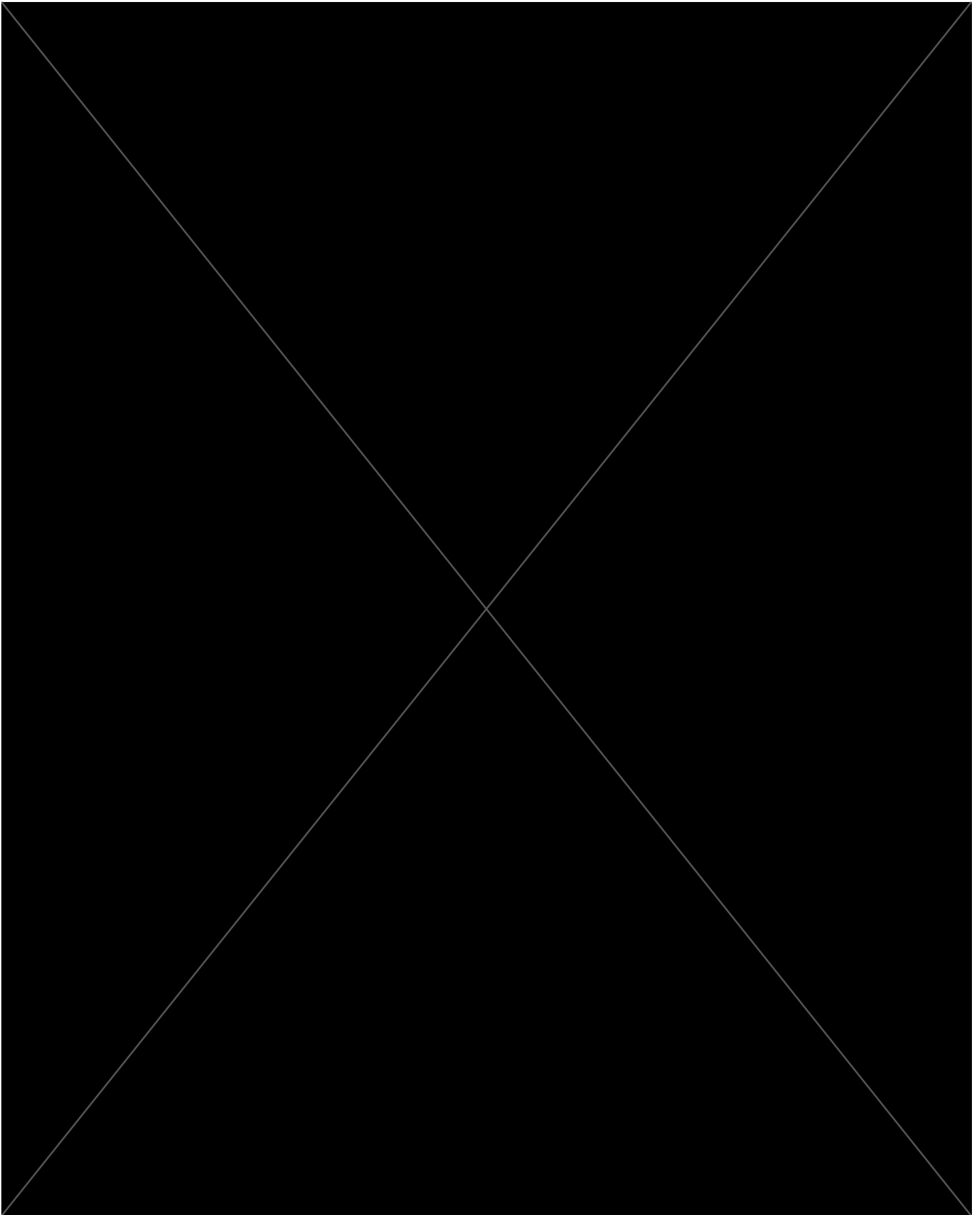
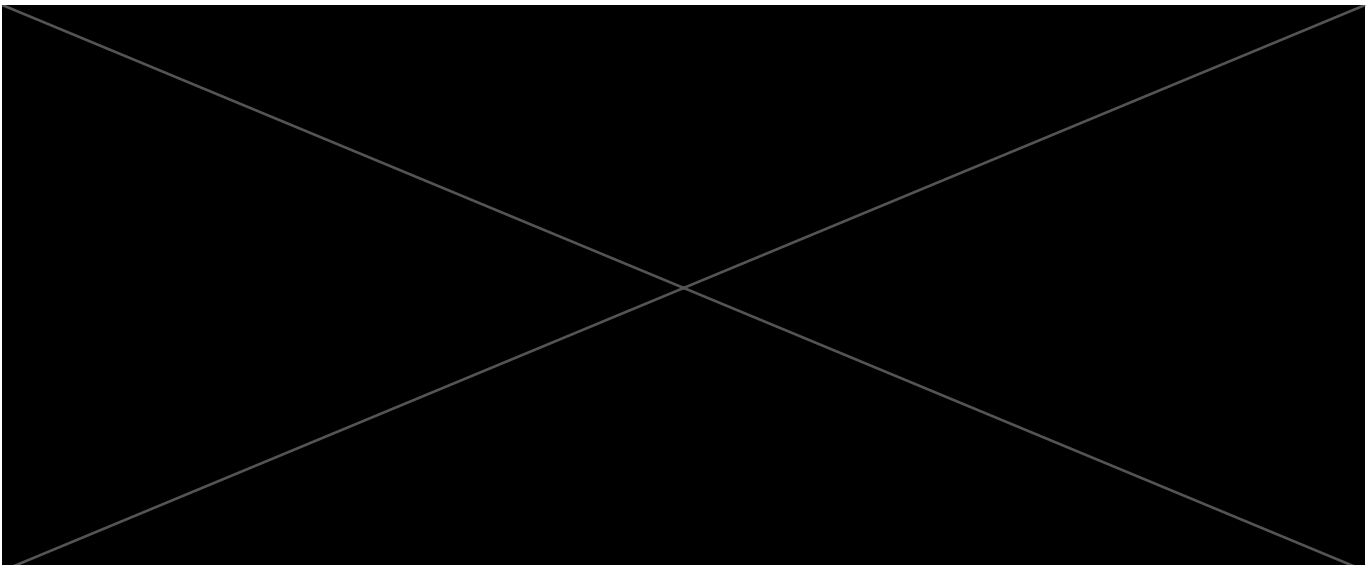


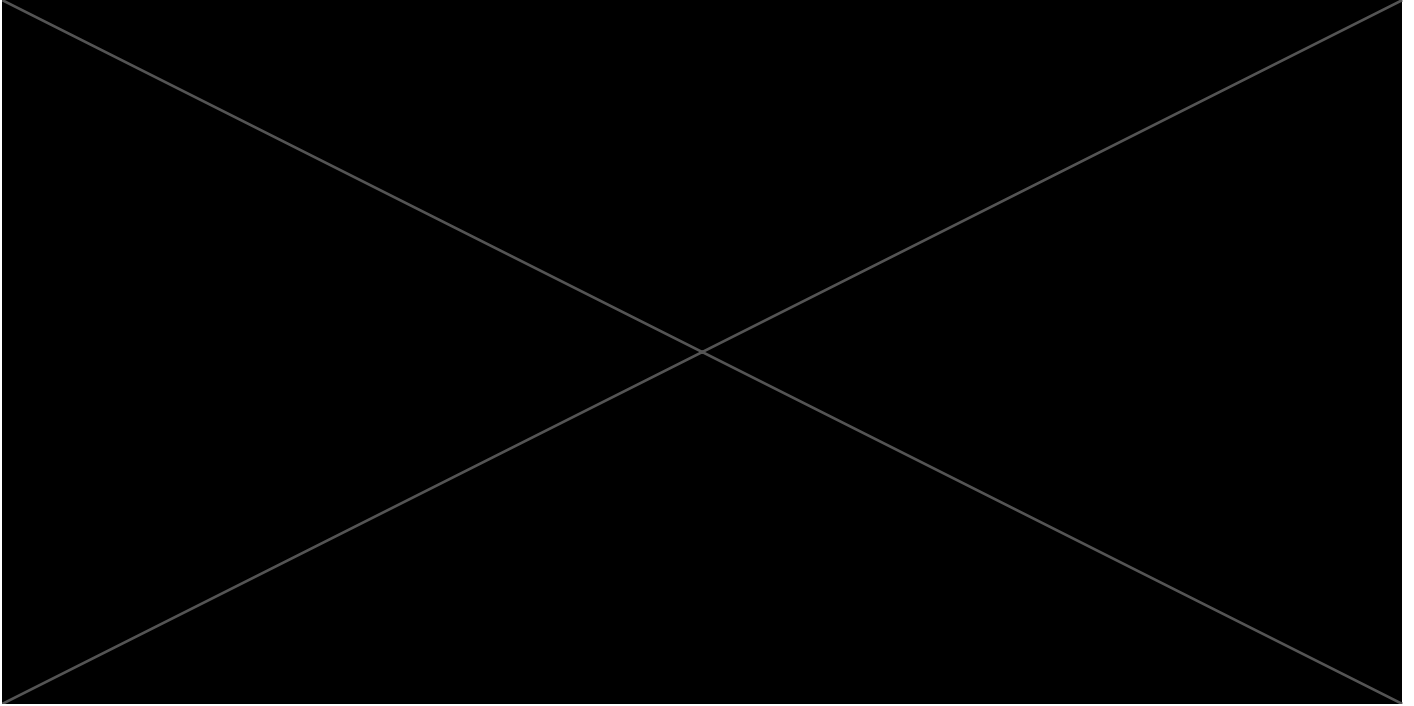
Exhibit 10 – Evidence of Business Relationship with Other Licensees and Prospective Licensees

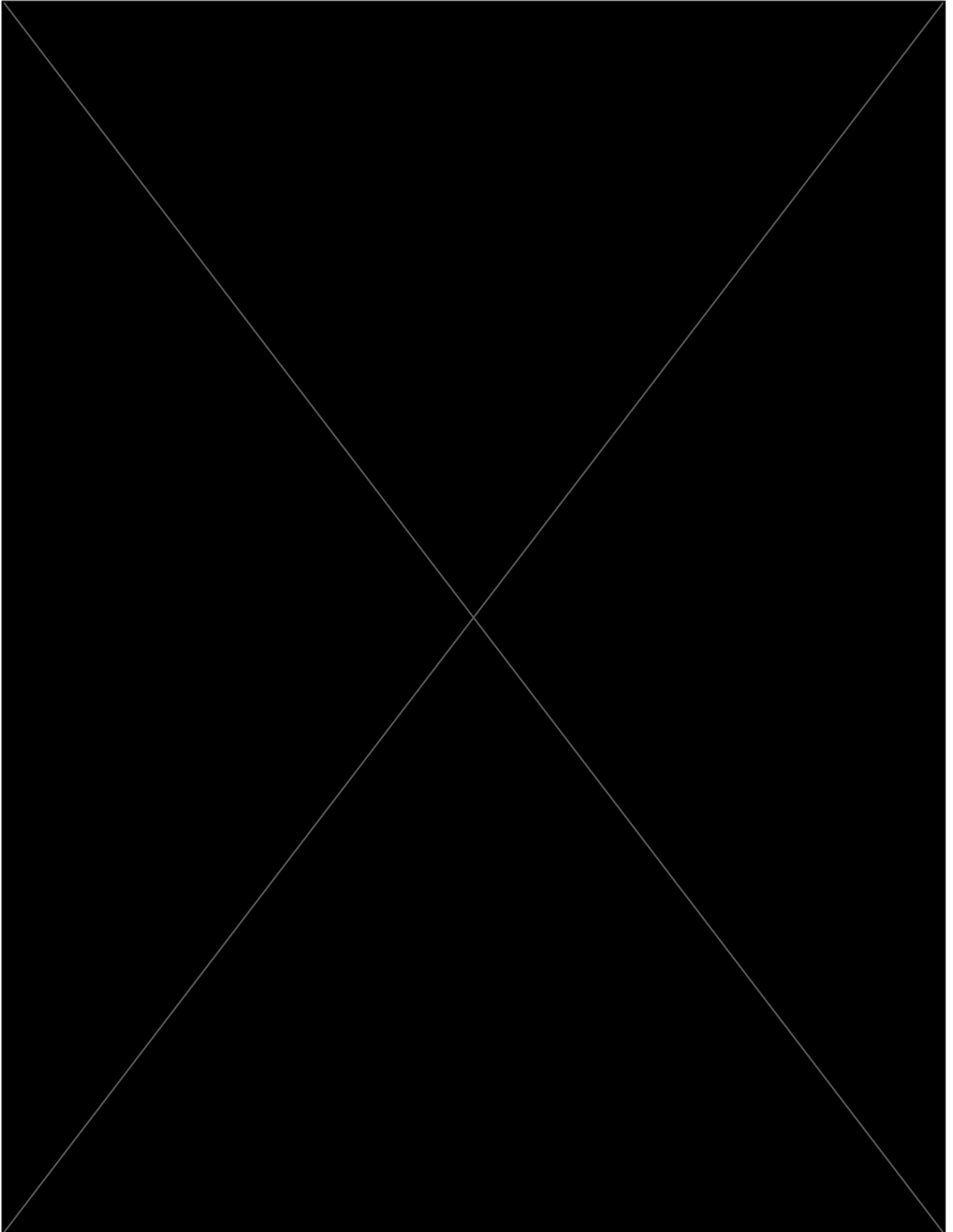
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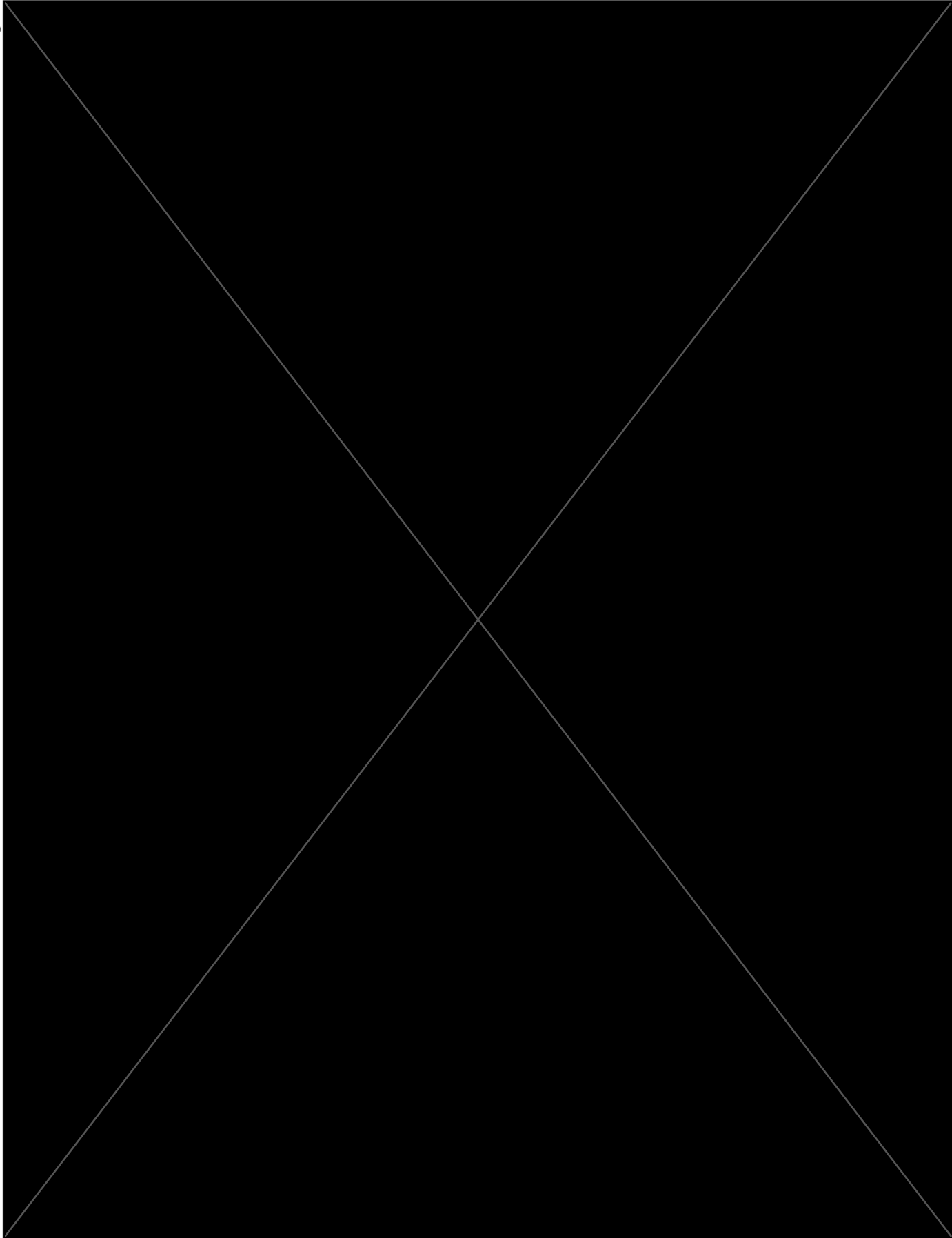
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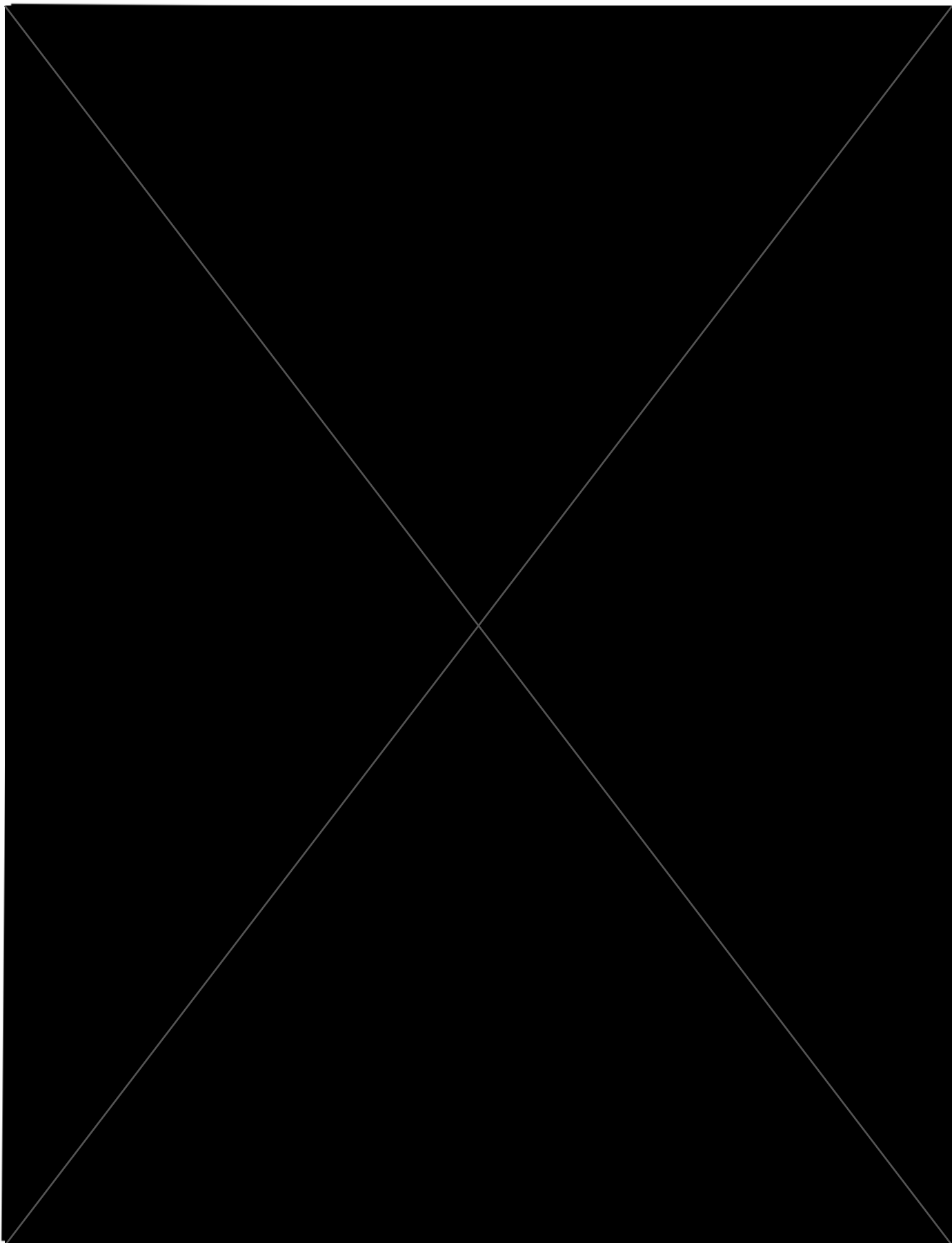
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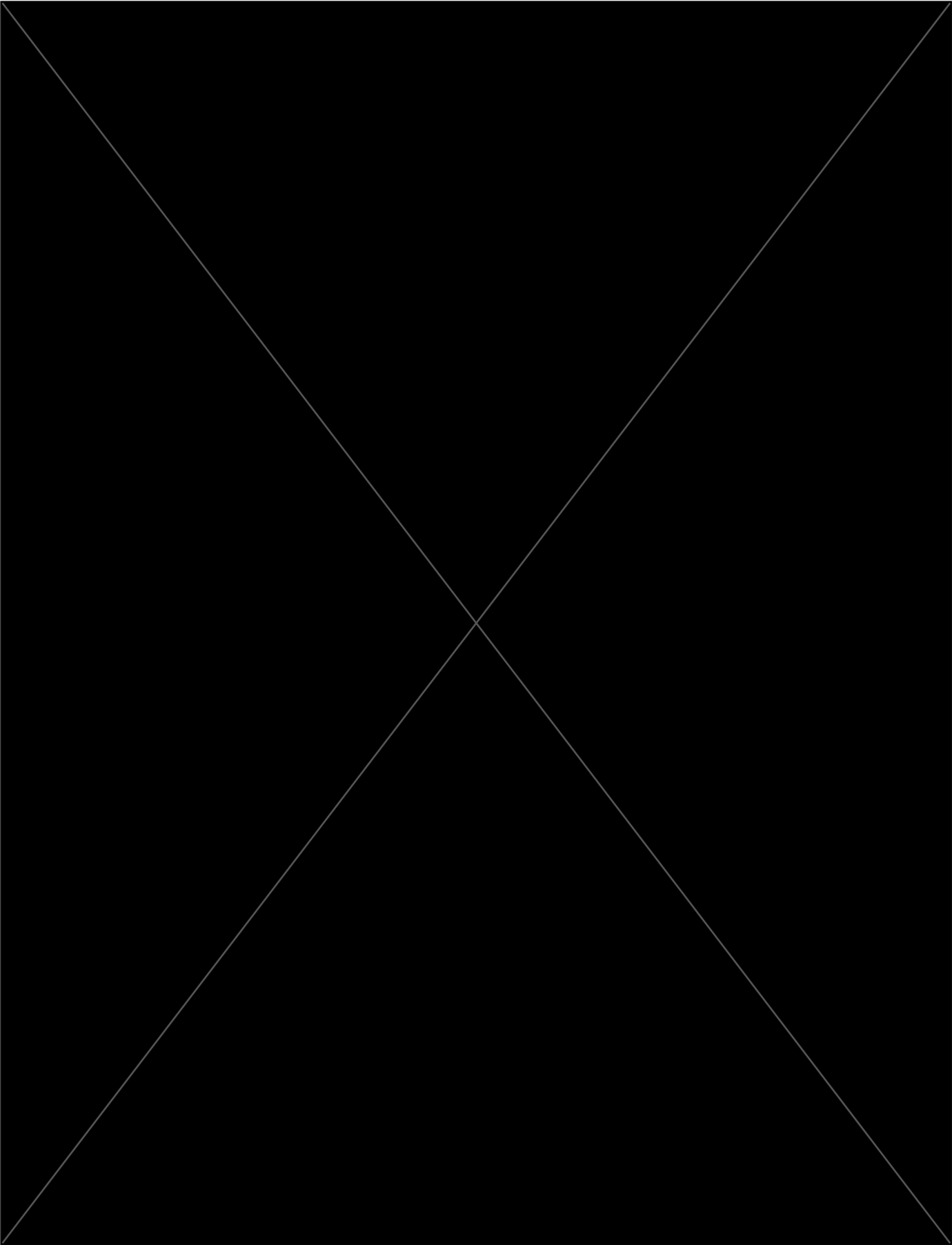


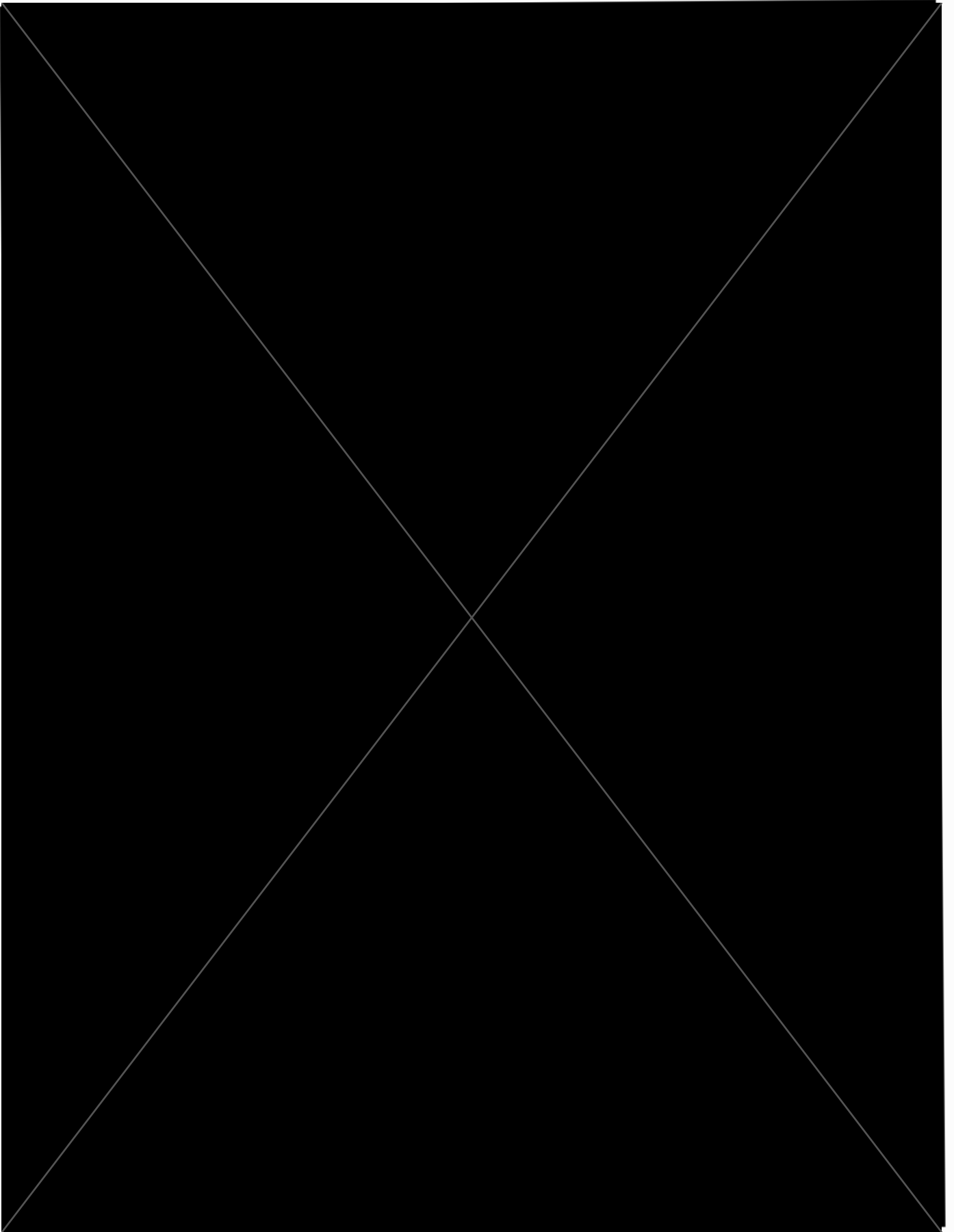


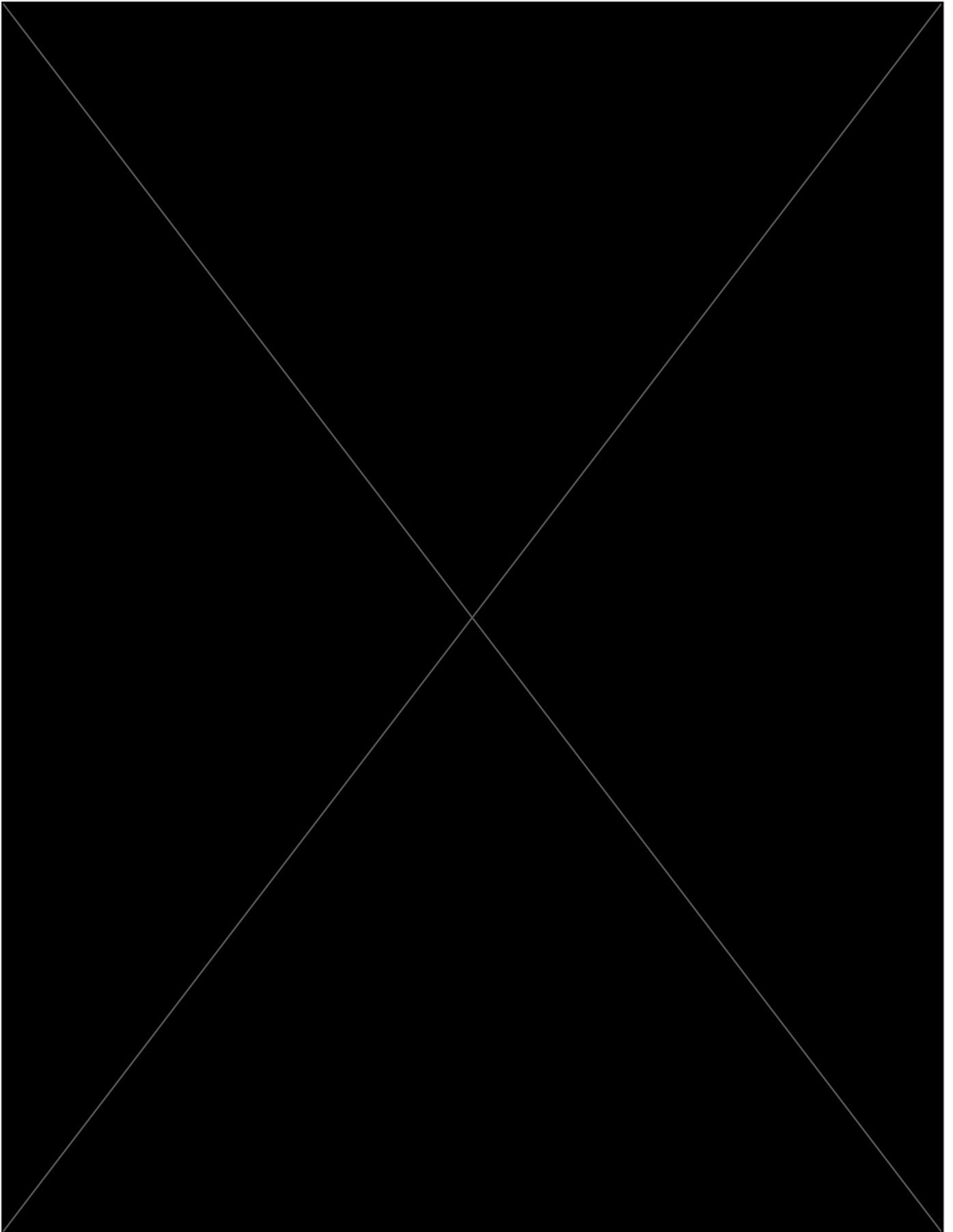


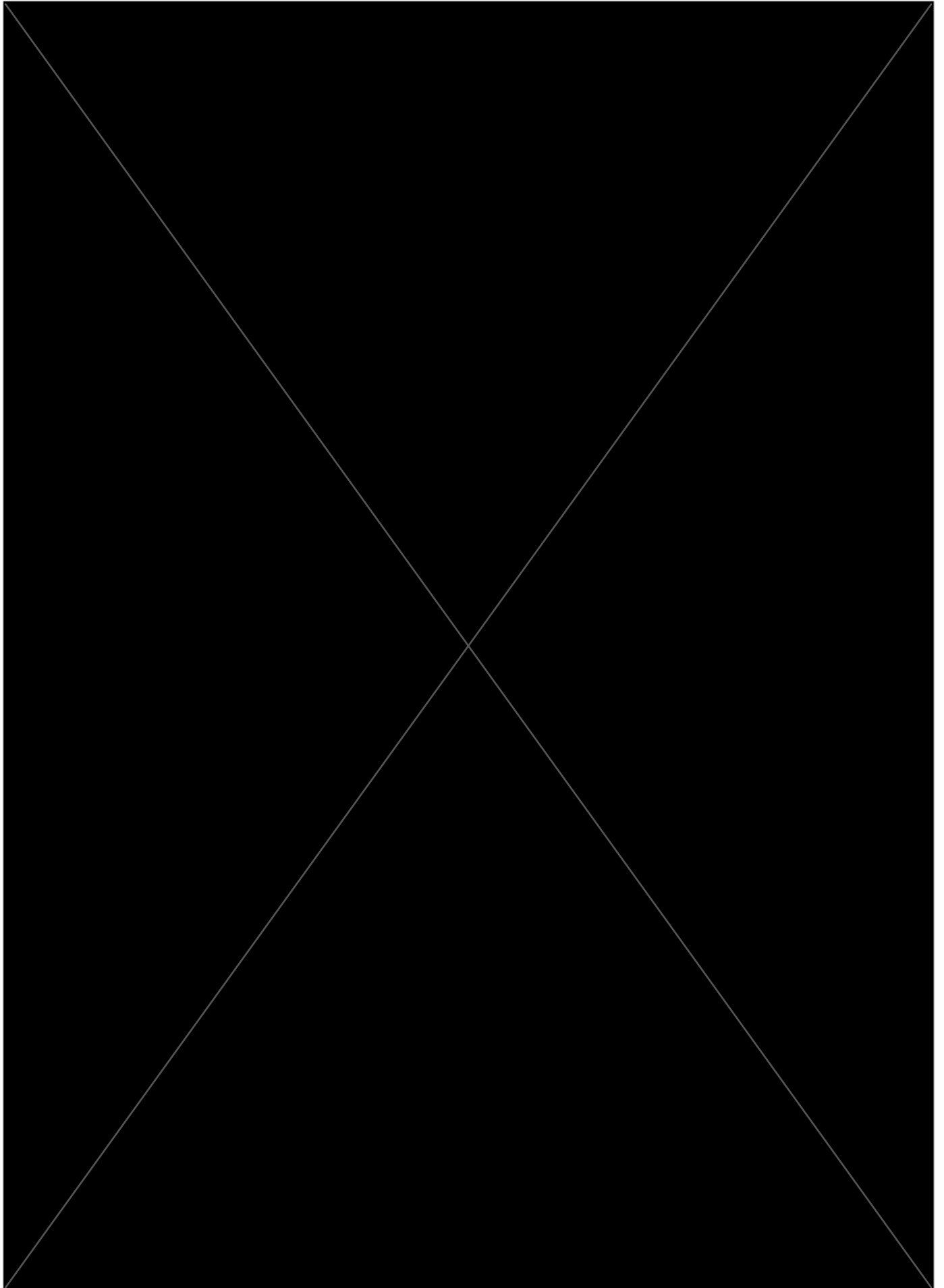


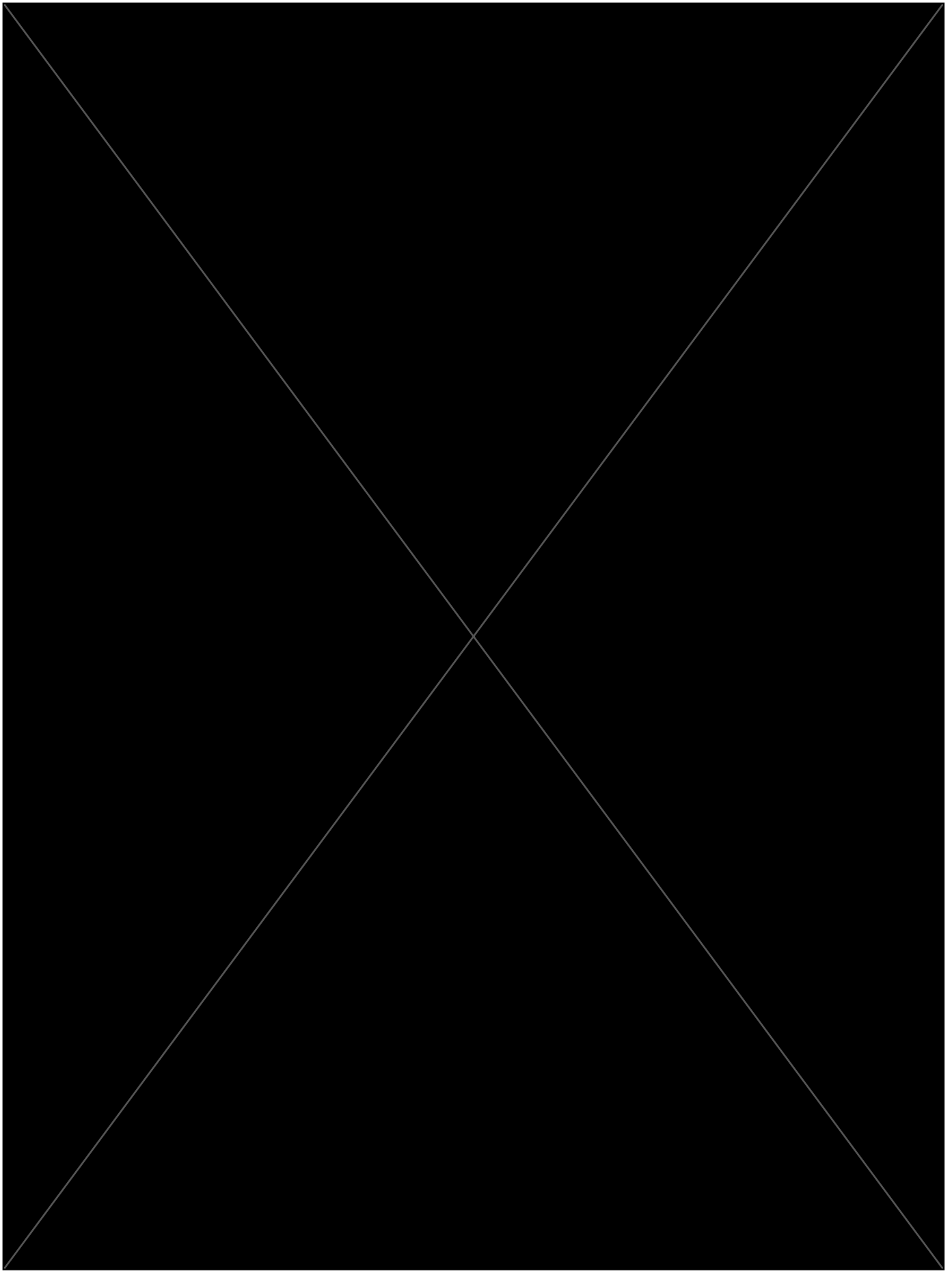




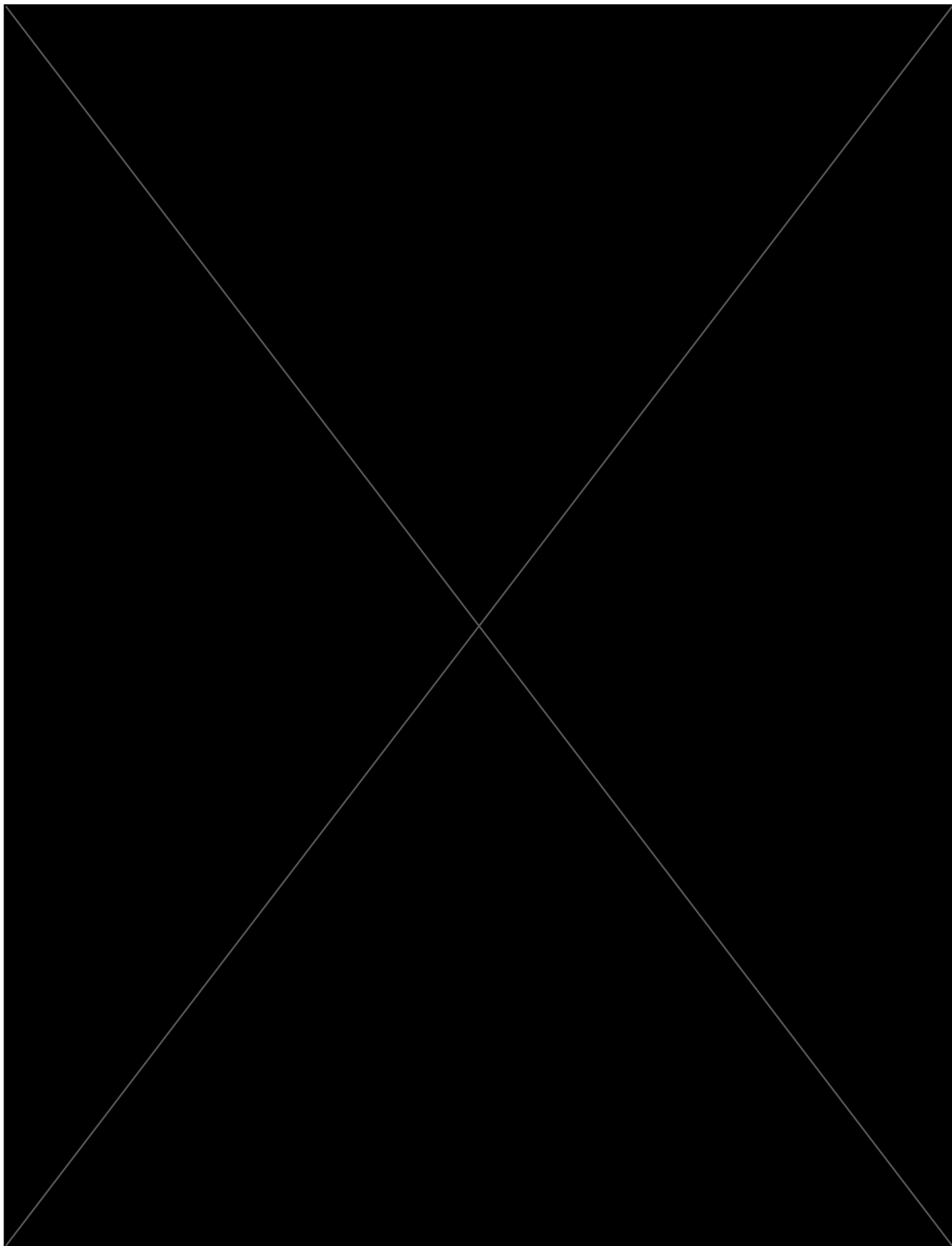


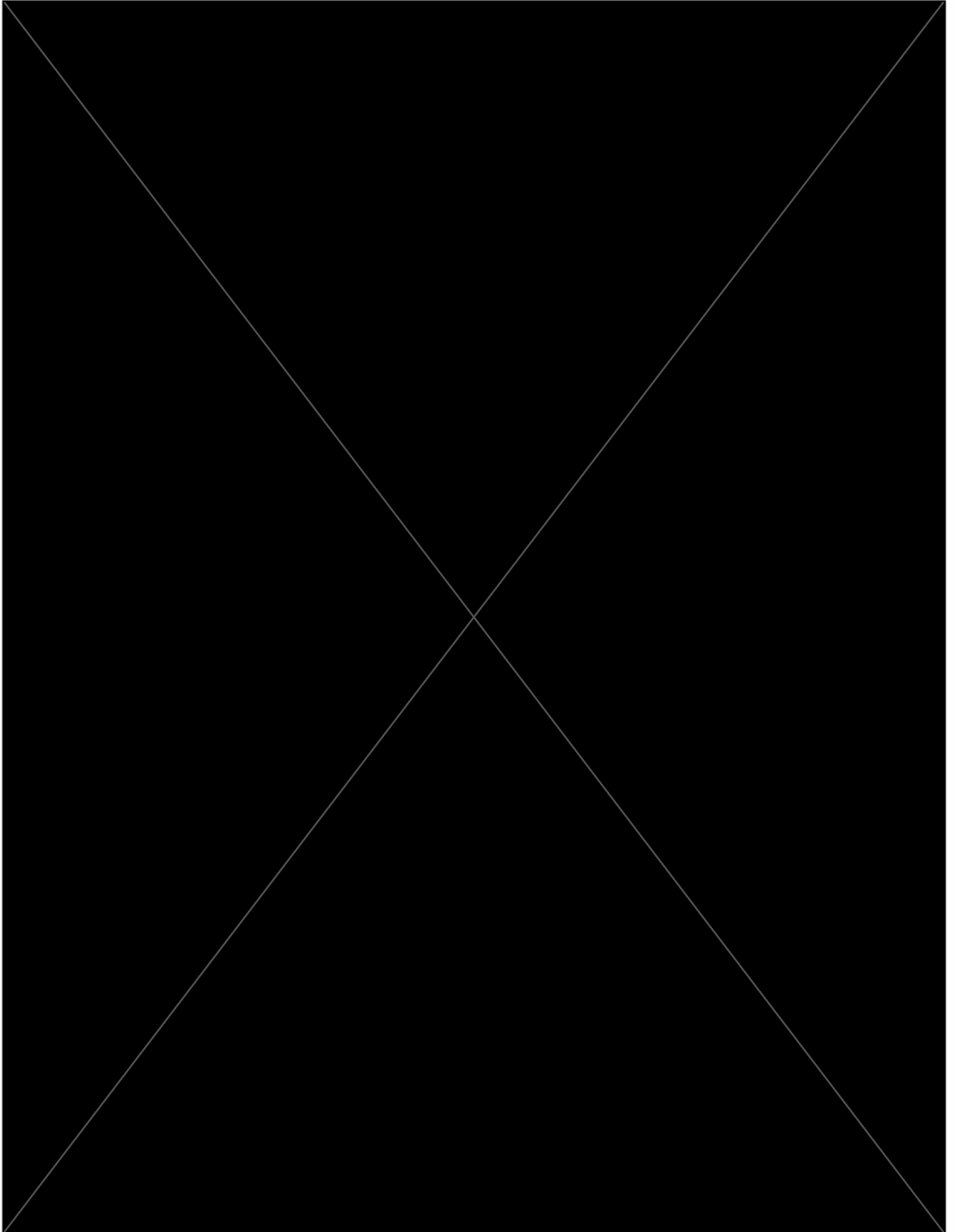


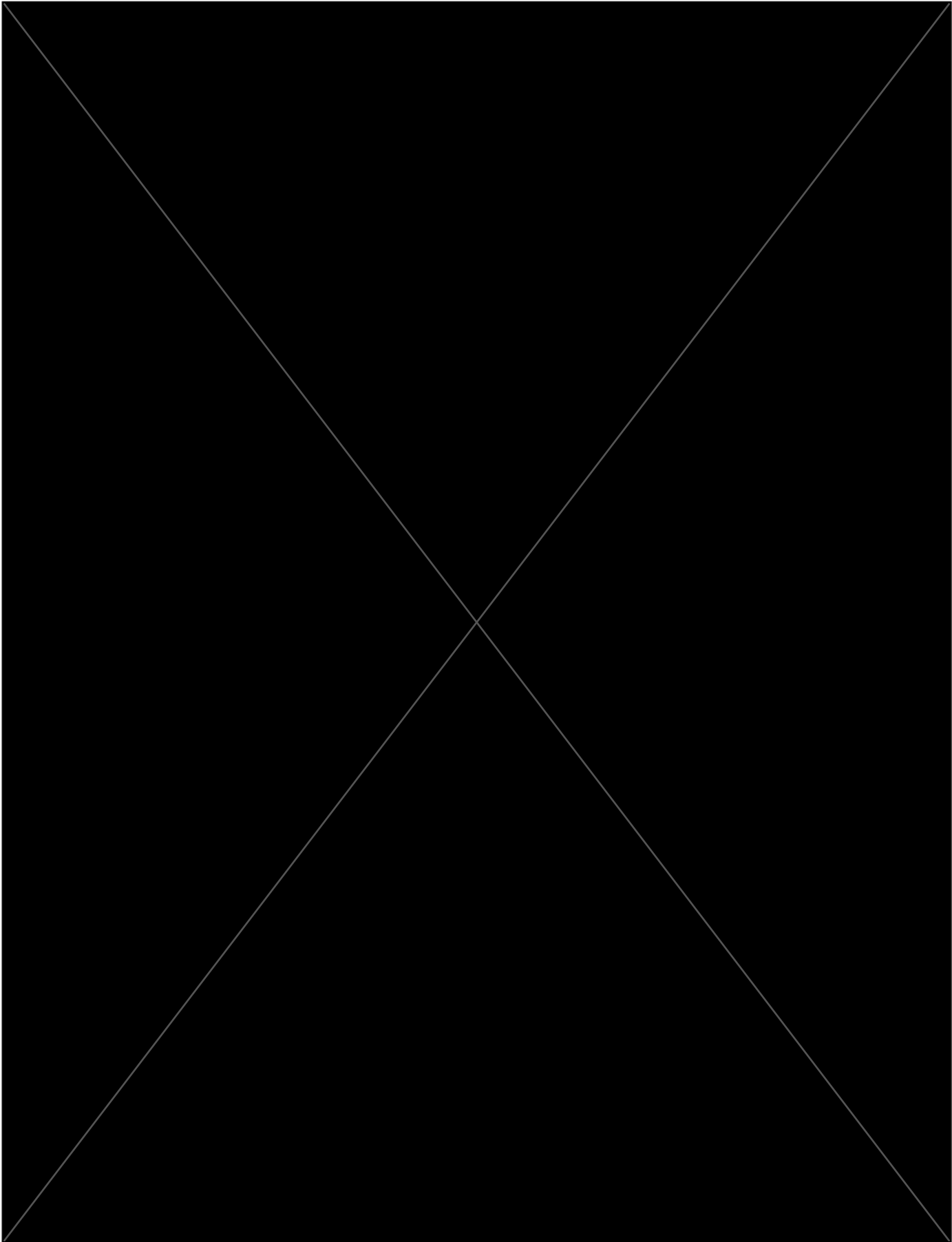


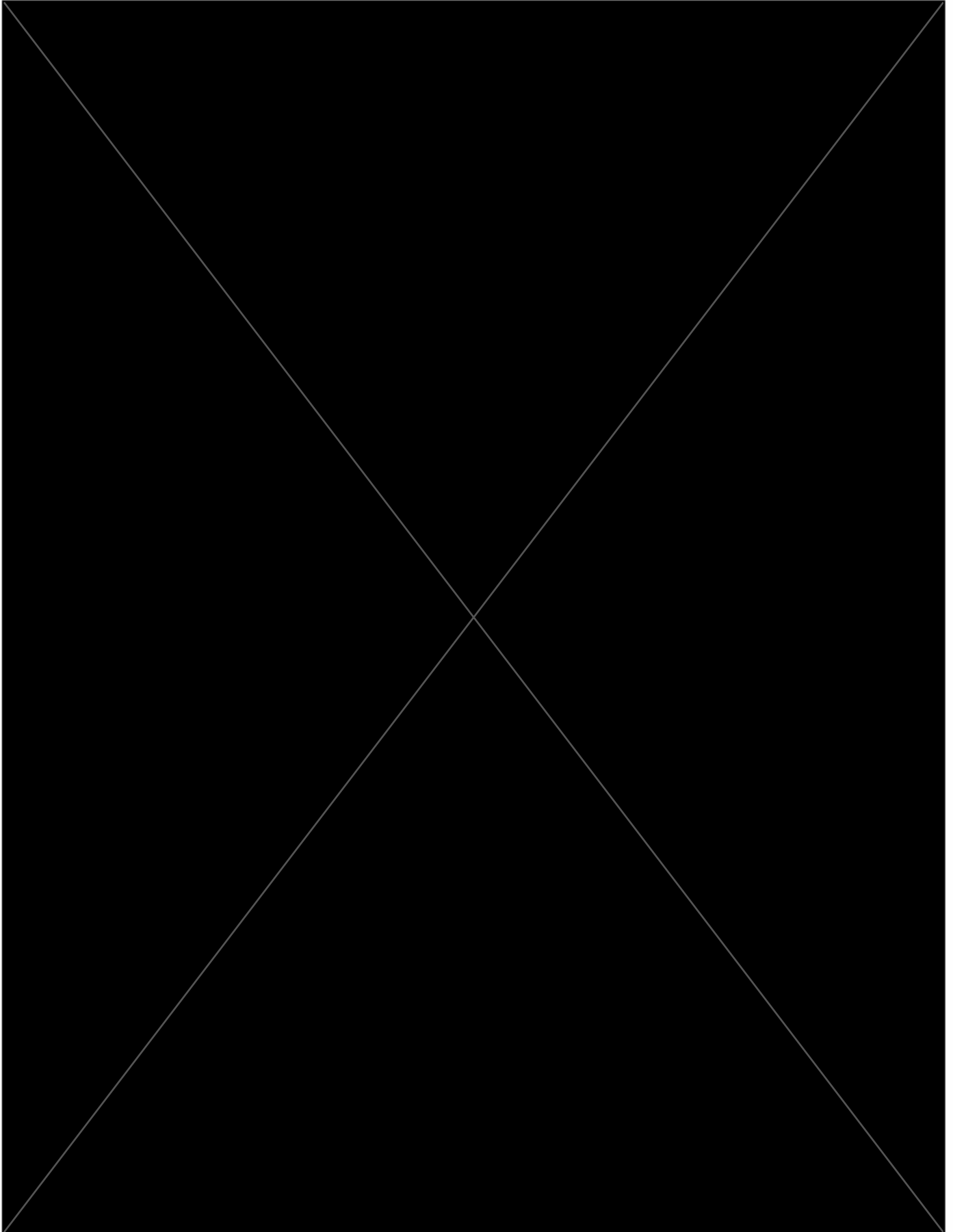


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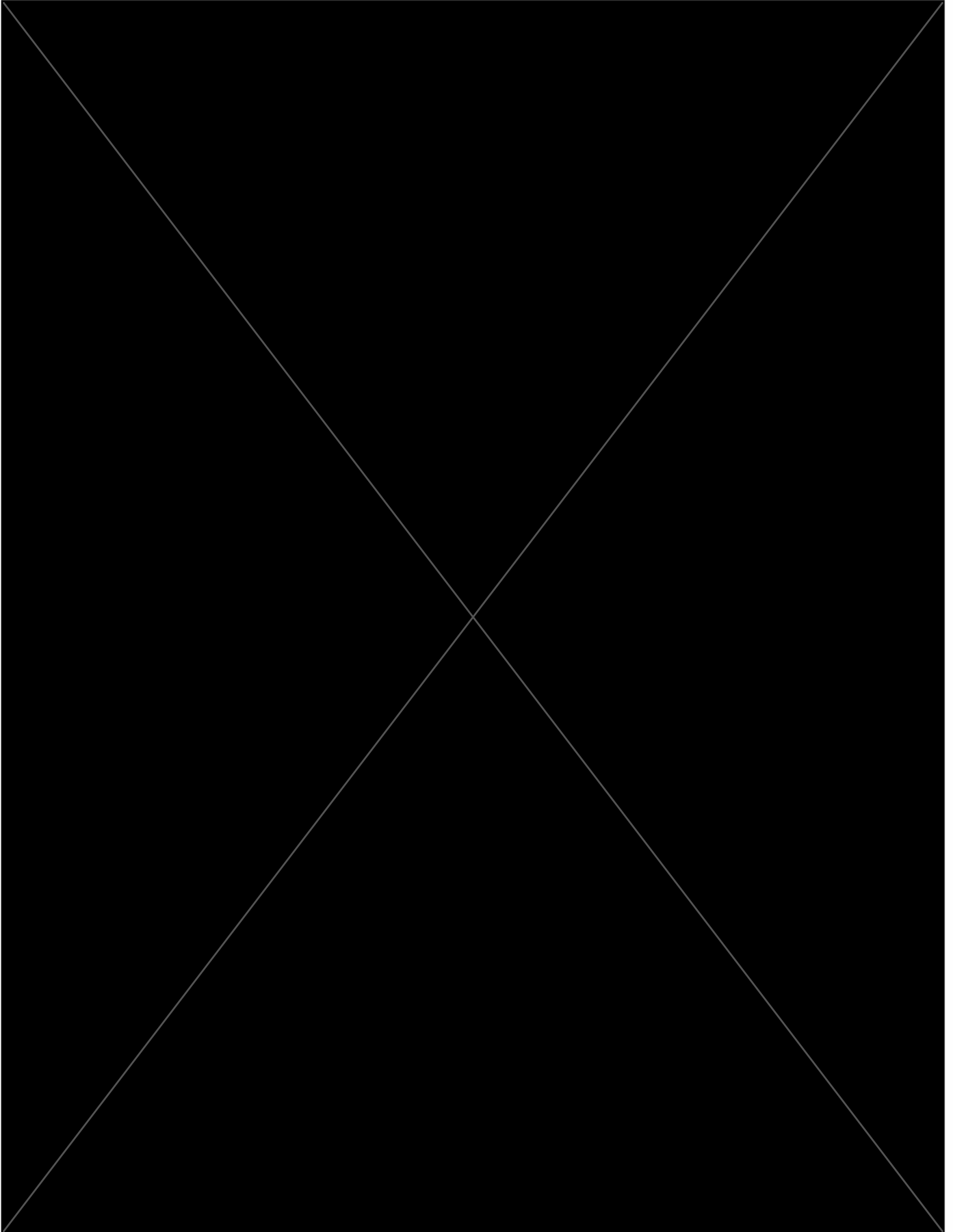


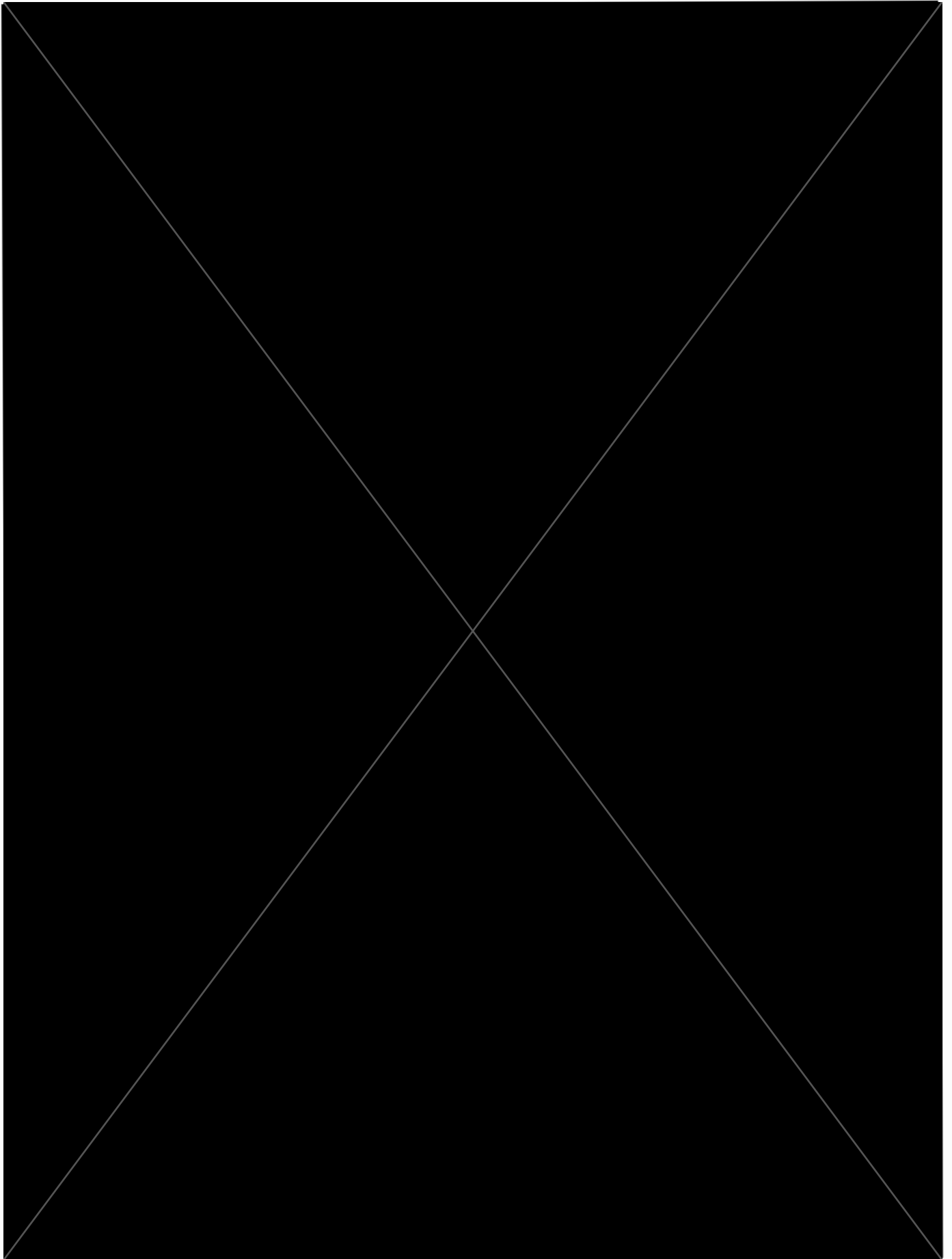


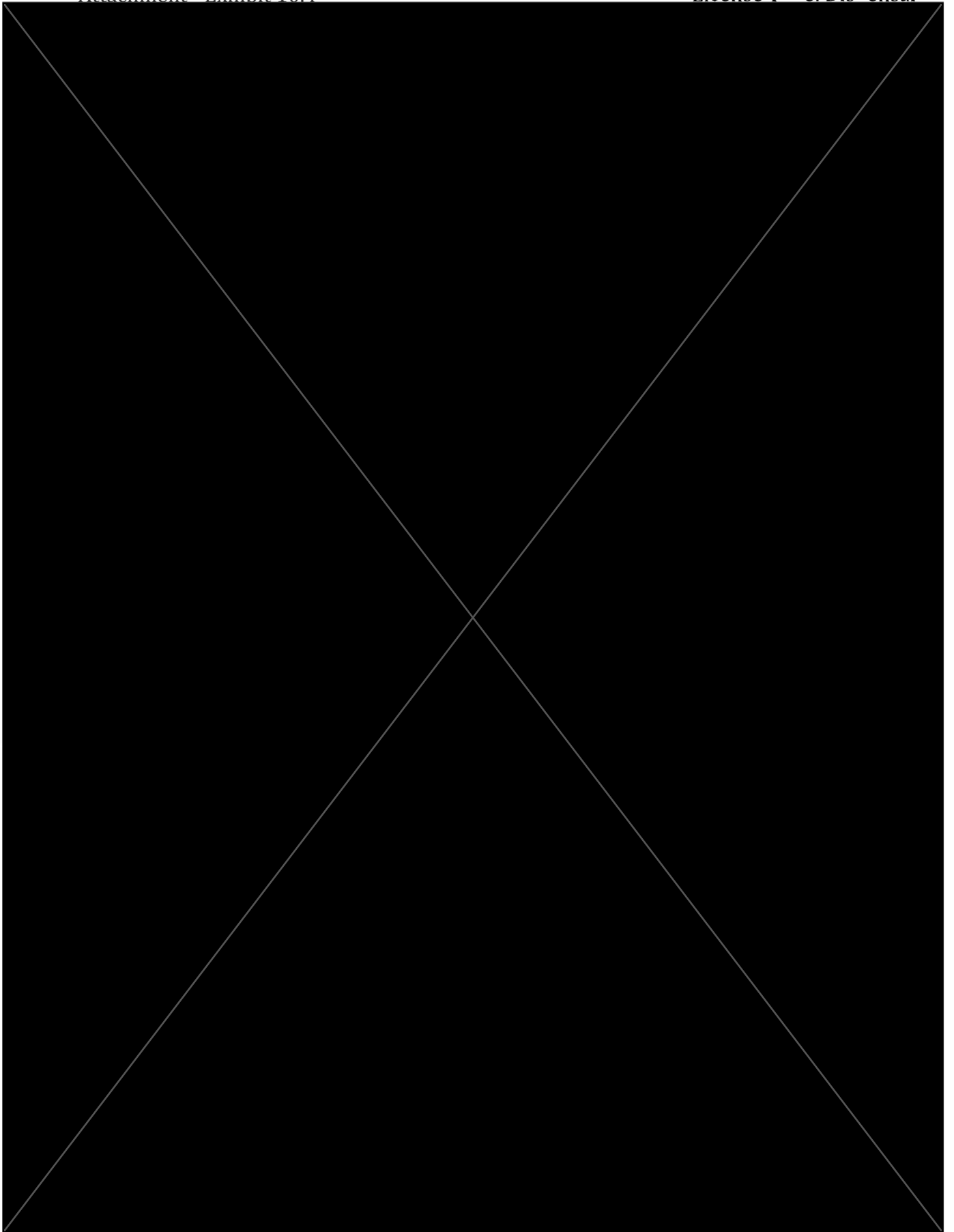


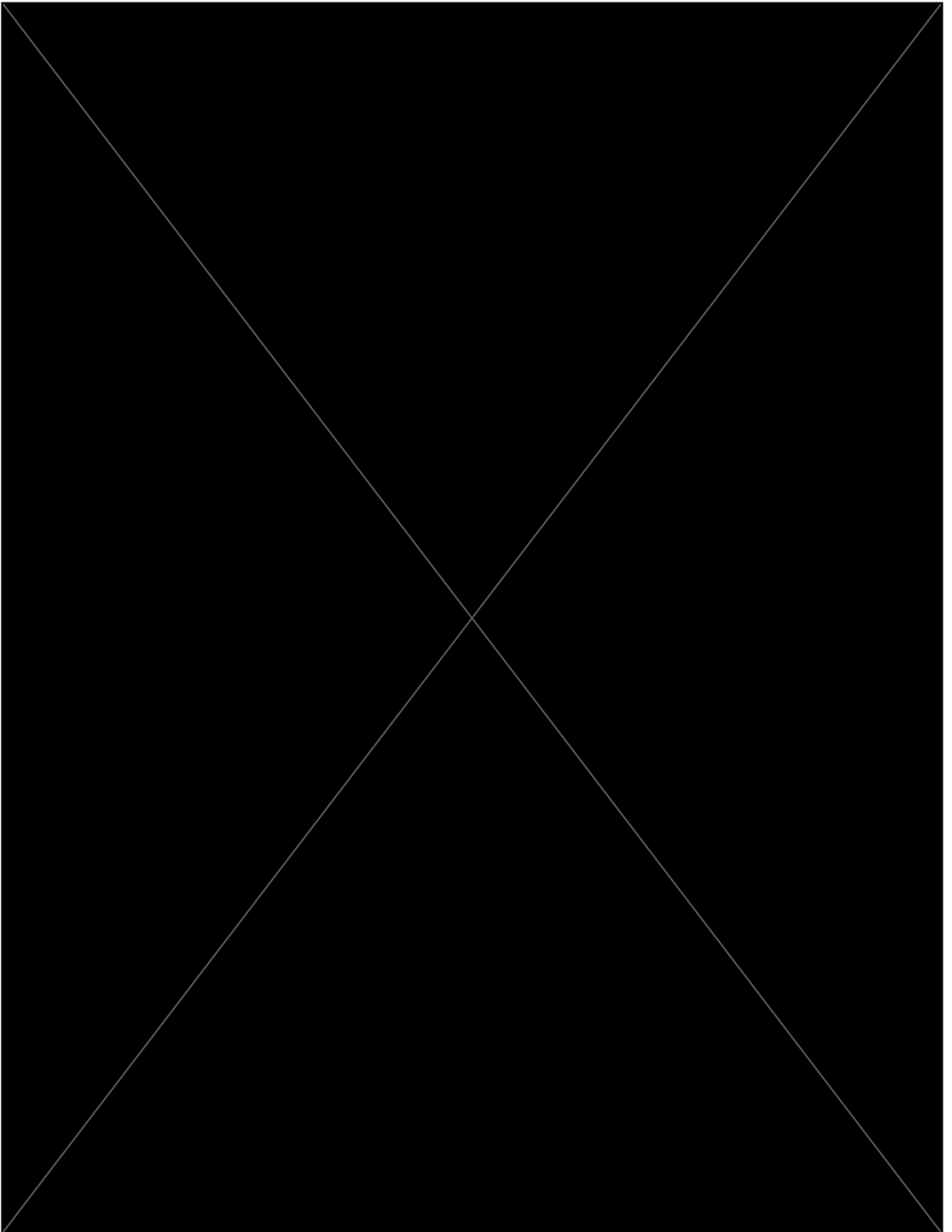


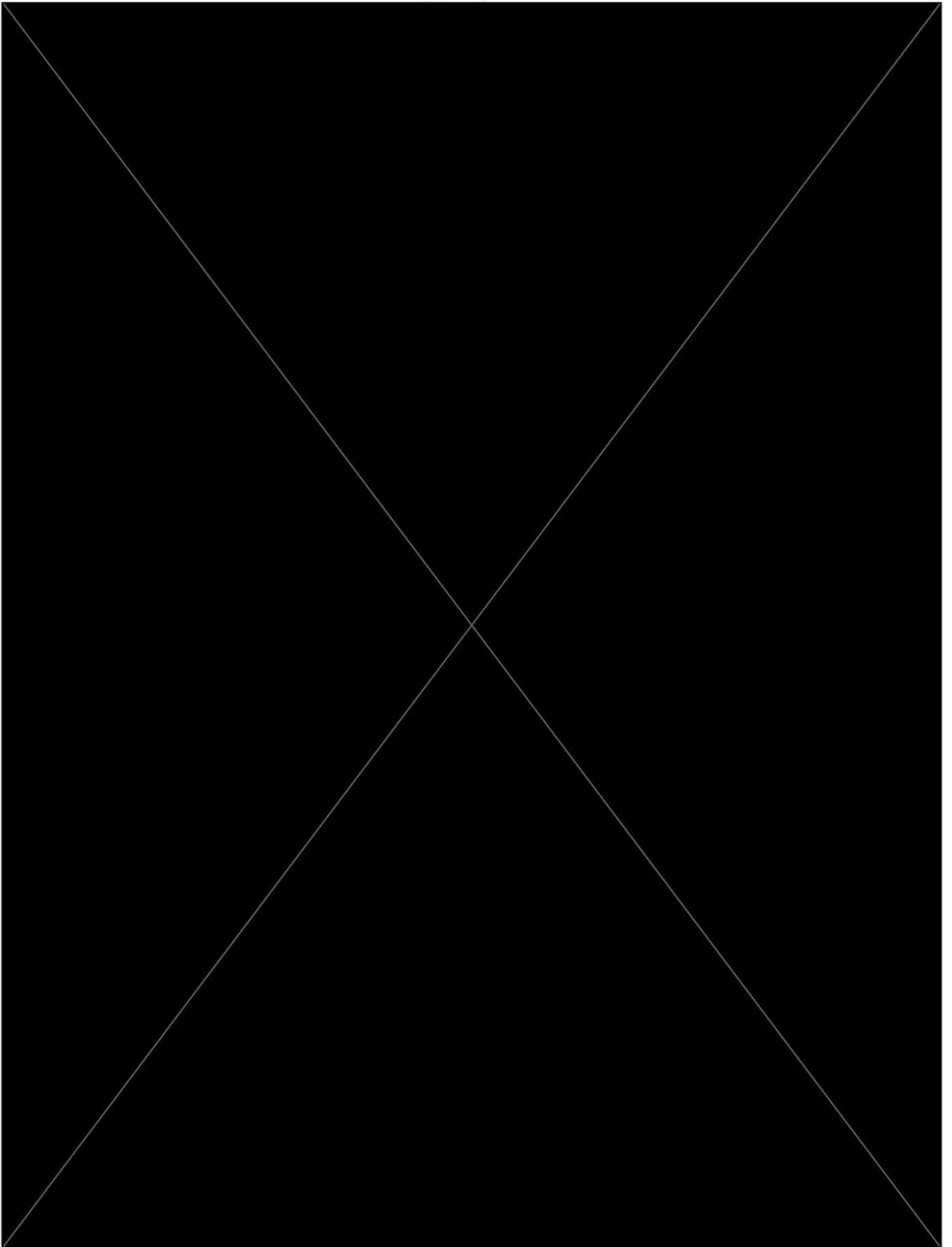
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Letter of Intent*











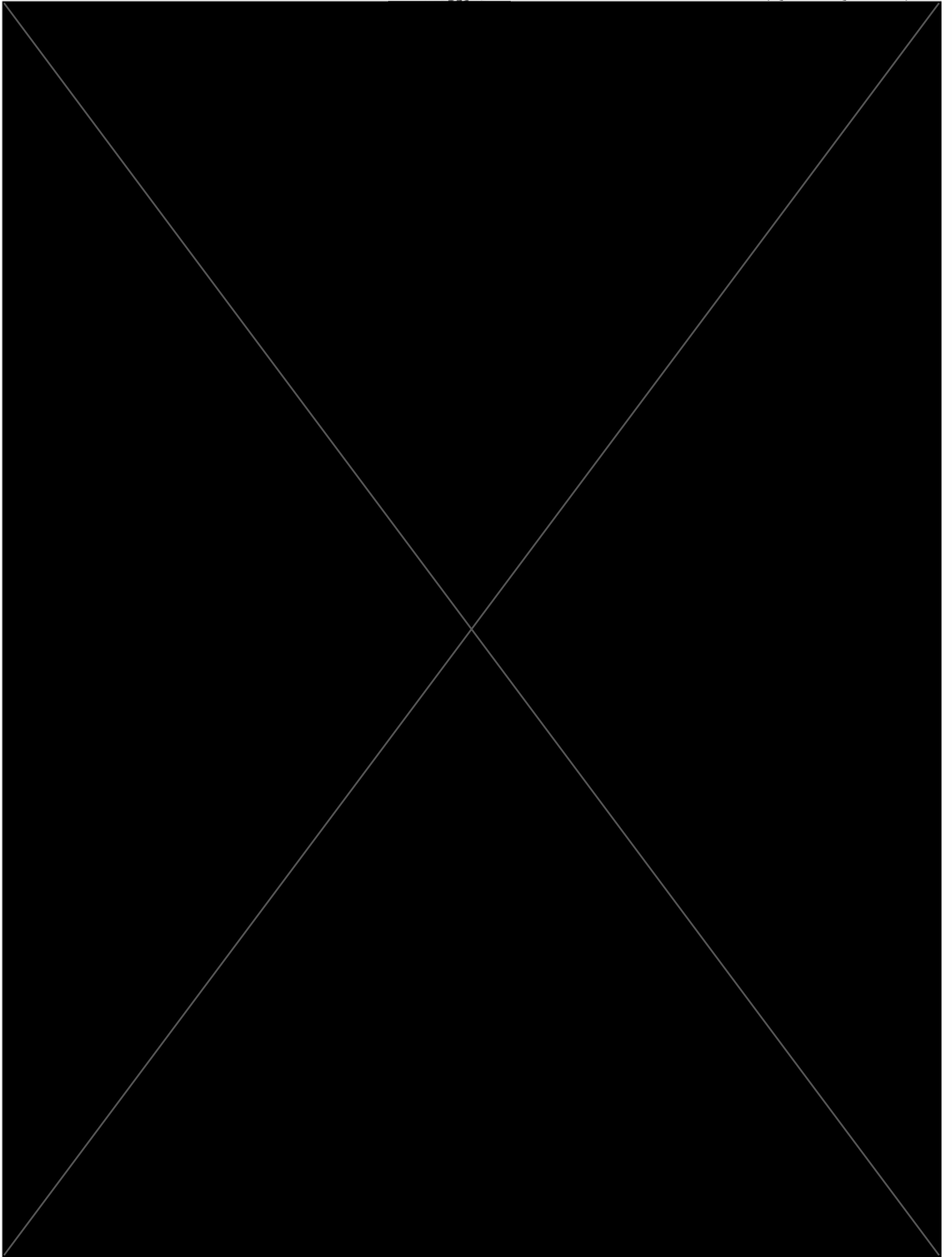
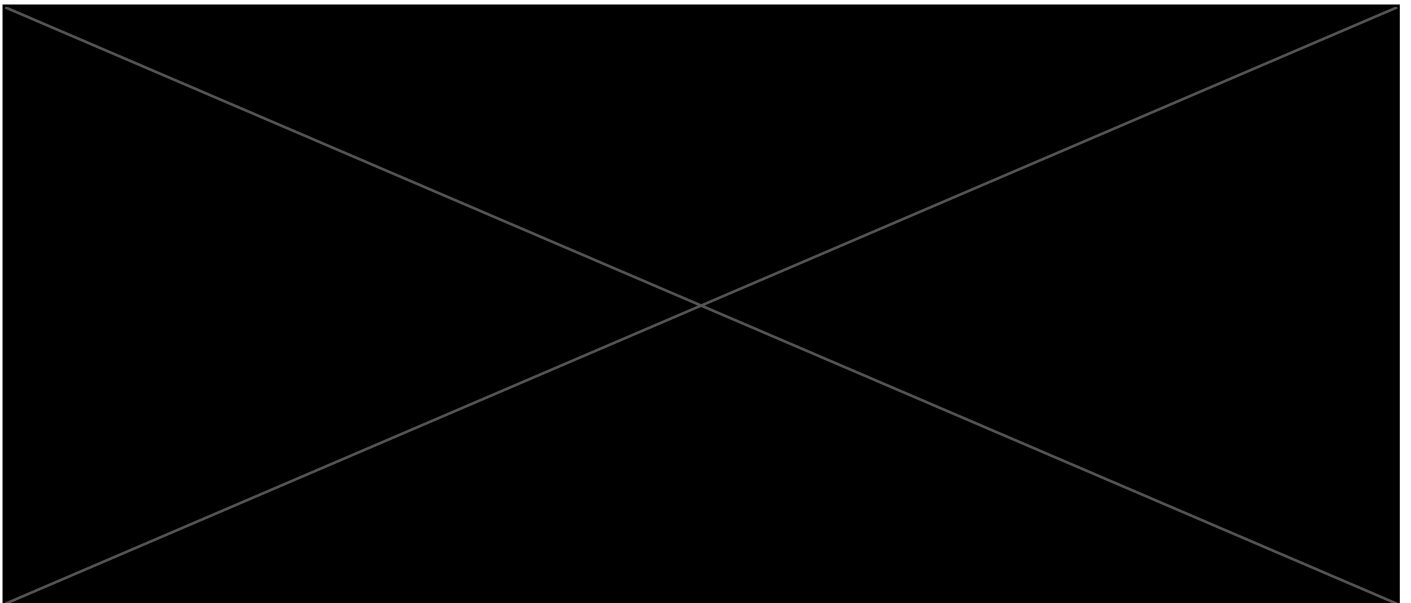


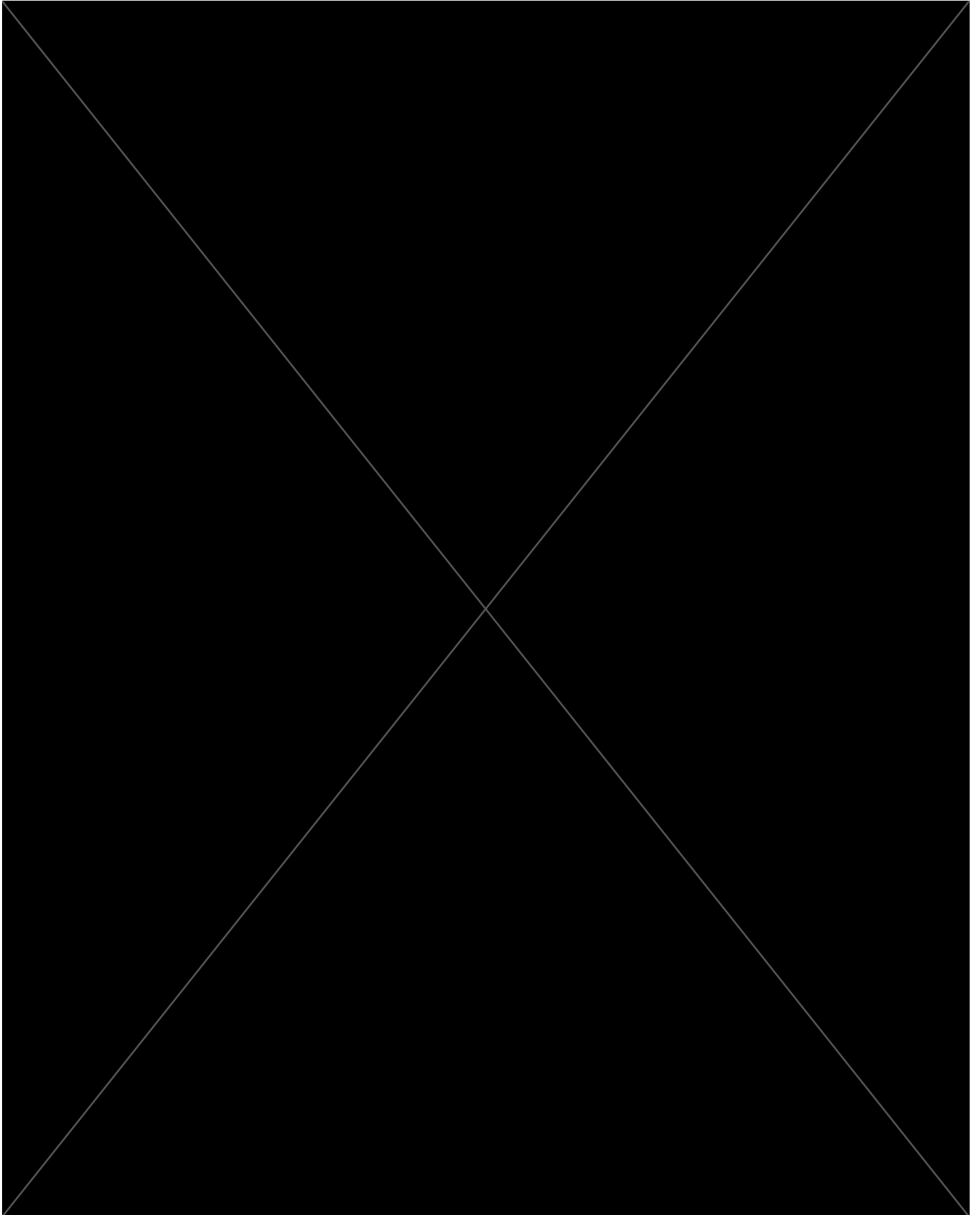
Exhibit 11 – Coordination of Information from Registered Certifying Physicians

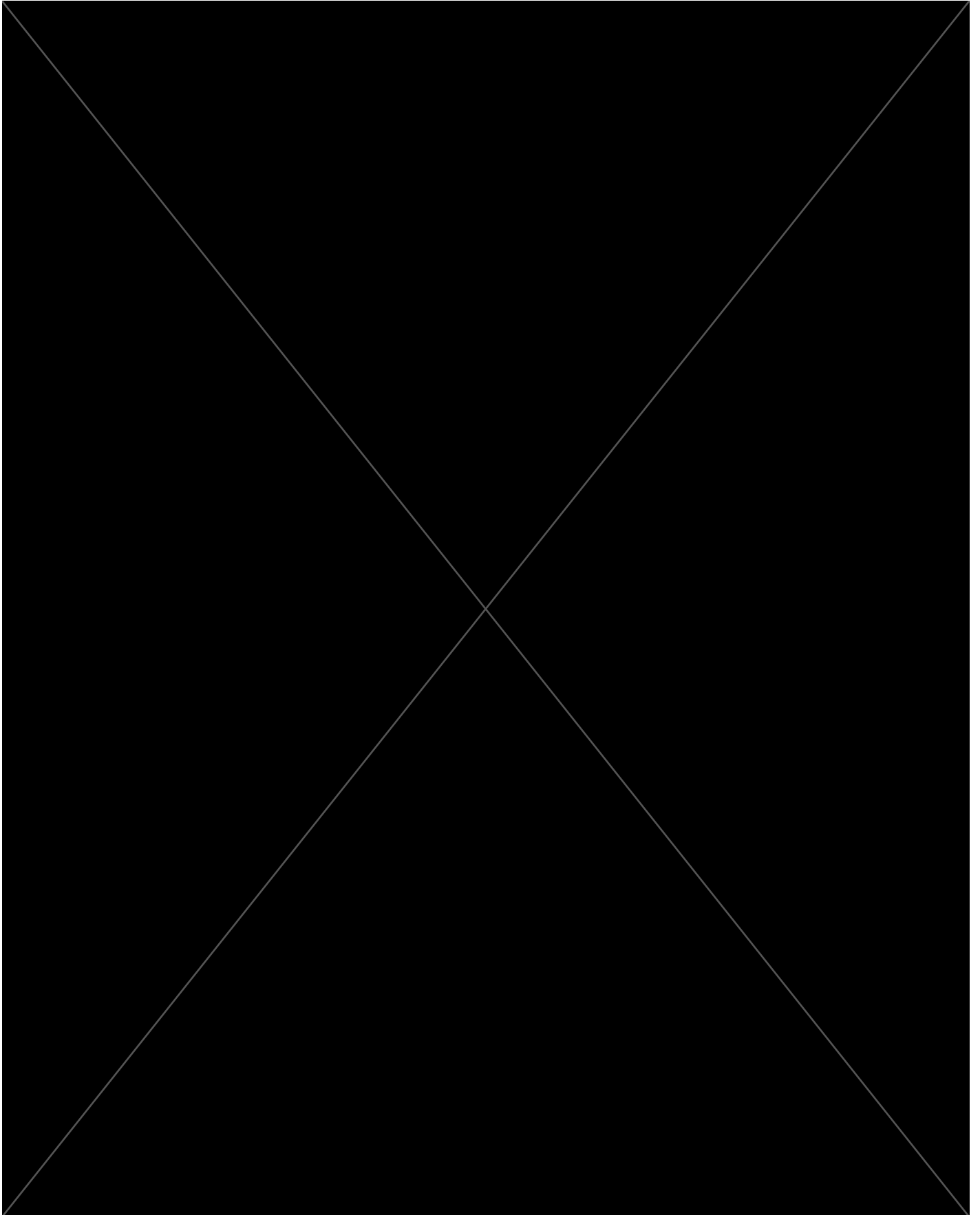
Exhibit 11 Redacted (ALA.code.36-12-40(Safety of Persons))

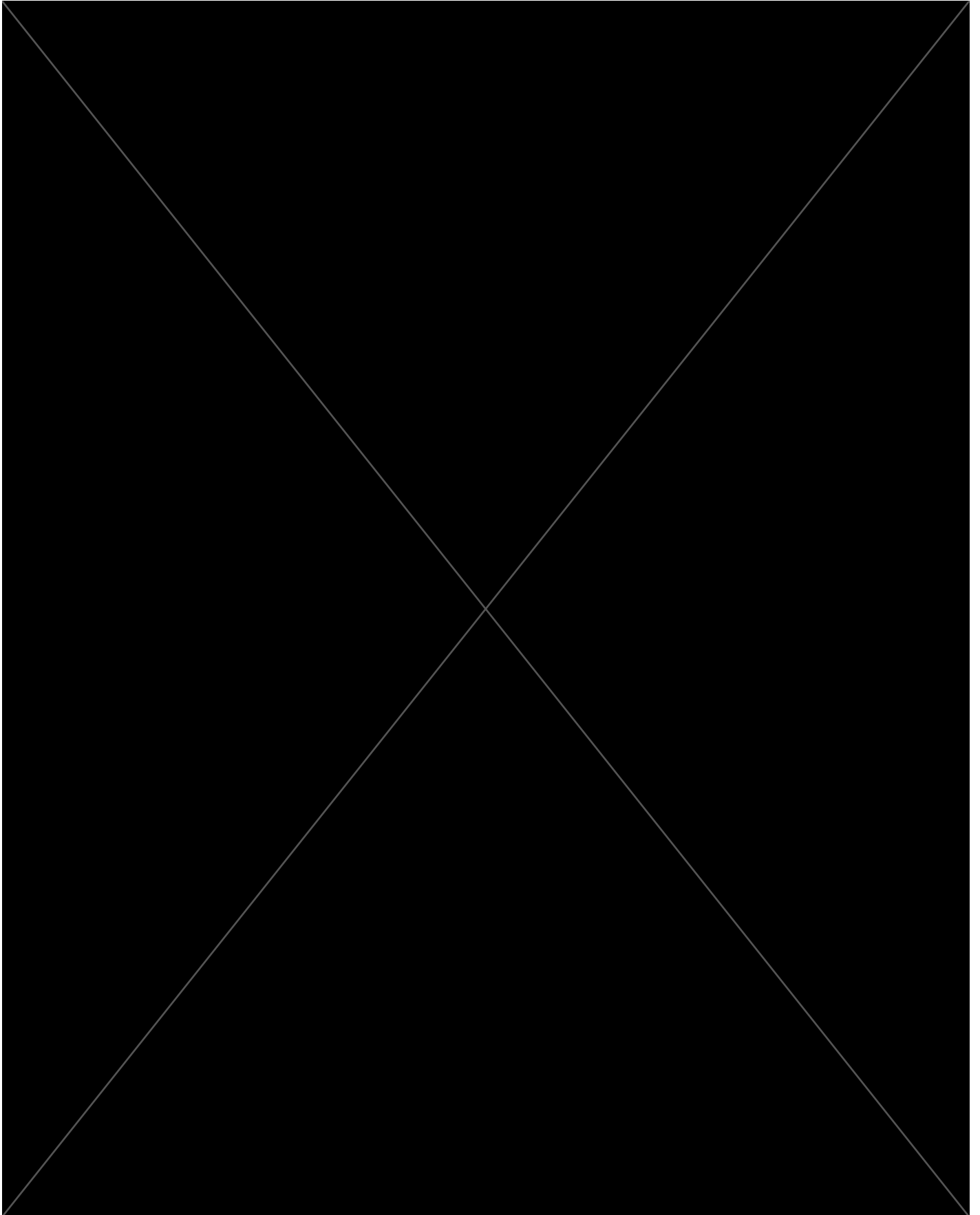
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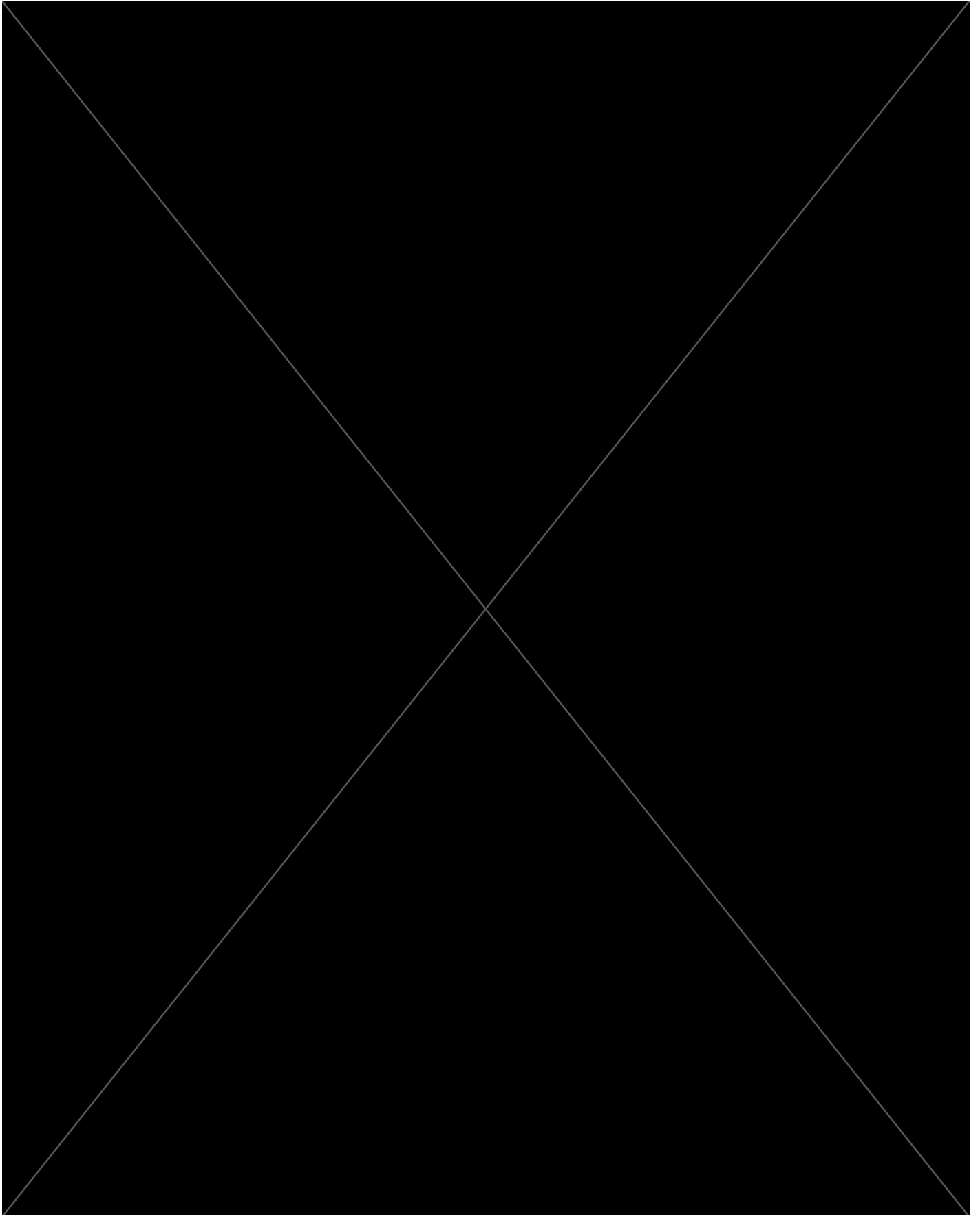
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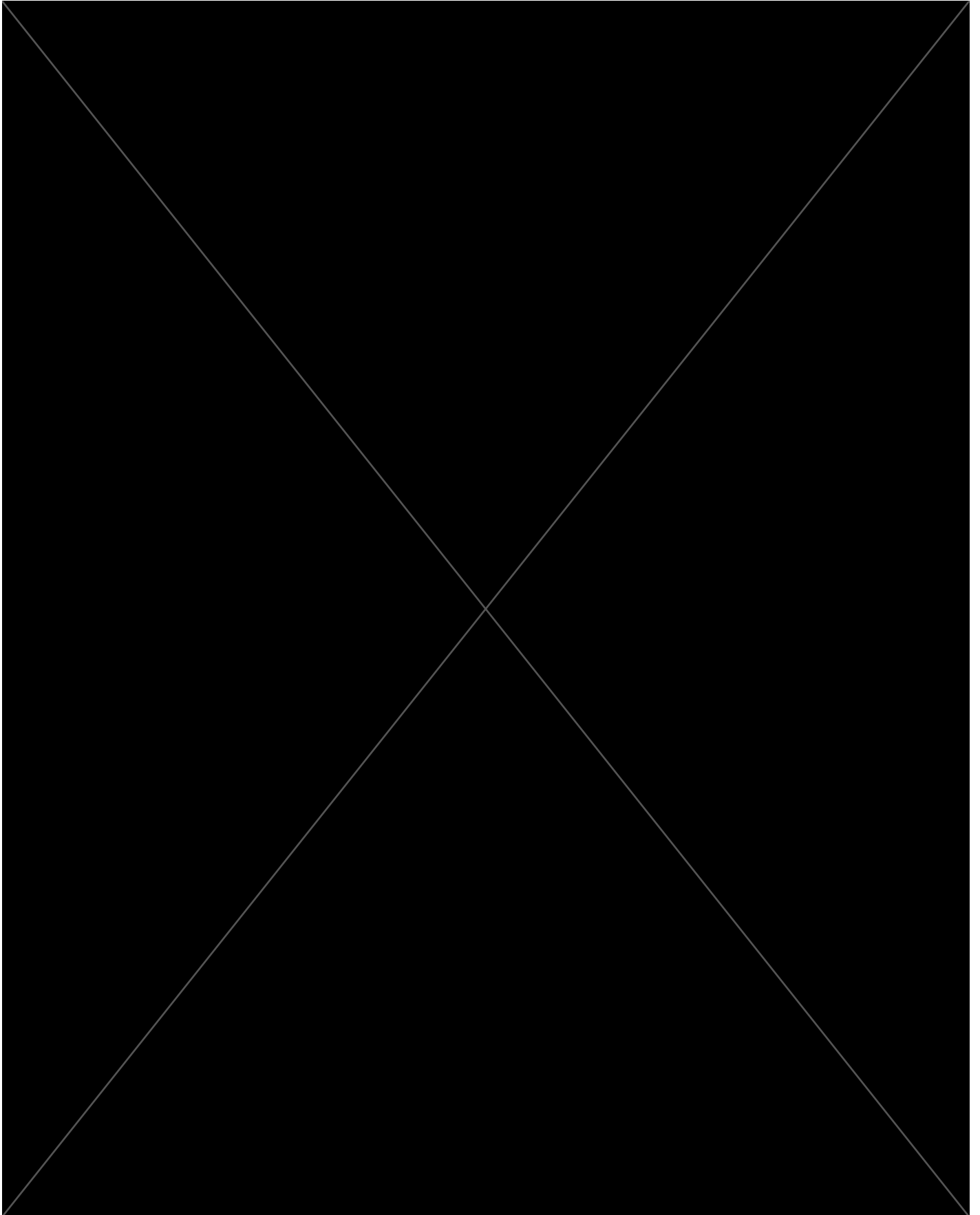


Exhibit 12 – Point-of-Sale Responsibilities

Exhibit 12 Redacted (ALA.code.36-12-40(Personal Security))

Verification

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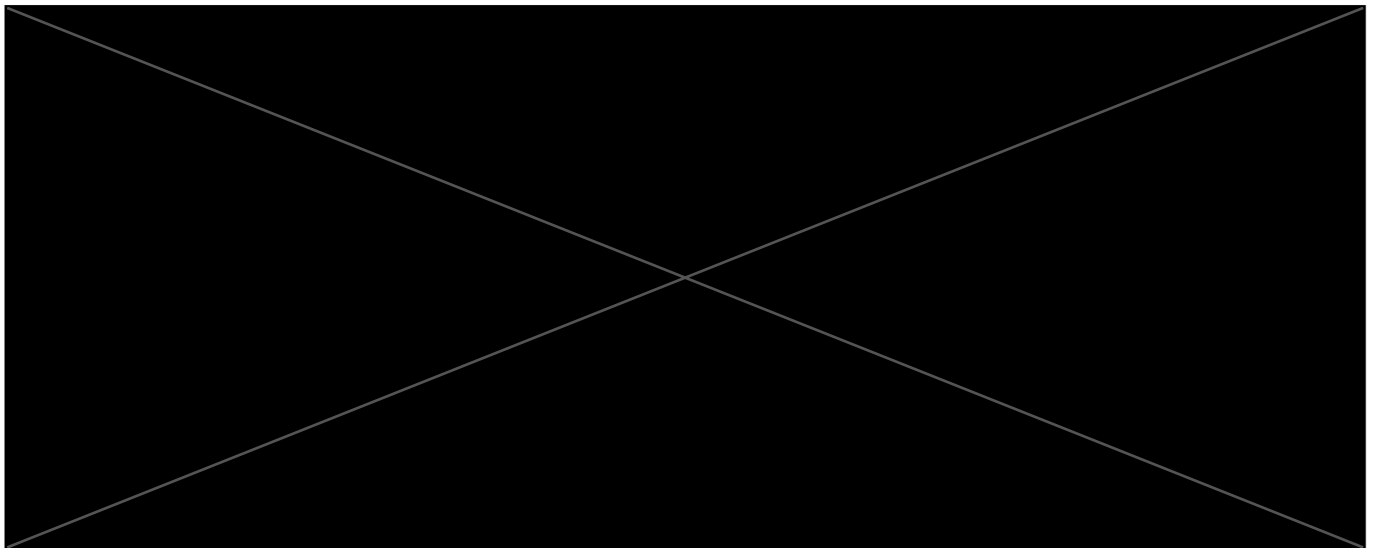


Exhibit 12 – Point-of-Sale Responsibilities

Plan Status: Completed

We have developed a comprehensive plan for point-of-sale education, consultation, provision of information, responses to patient and caregiver questions, and instructions for use regarding all medical cannabis products, to be conducted by the certified dispenser at each dispensing site. This plan and corresponding procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act and AMCC Rules and Regulations.

Employee Training

Execution of this plan is dependent on effective hiring and training of our employees. Our hiring strategy focuses on recruiting top talent and utilizing a training platform designed to maximize employee engagement and skills retention. Our Director of Patient Care will oversee training for the dispensary. Prior to dispensing medical cannabis, all employees will receive training on a variety of topics including: using the required patient registry and inventory tracking system, responsible use, signs of abuse, diversion, or adverse events, security measures and controls, confidentiality, patient education (e.g., forms and methods of consumption, use in treating qualifying conditions, contraindications, etc.), regulatory inspection preparedness, and requirements of dispensary licensure. Our internal training platform is designed to reinforce and supplement the State’s medical cannabis foundations training course. As required by the Commission, all Certified Dispensers must take and pass the foundations training course prior to beginning work.

In addition to the training provided upon employment, all employees will receive a minimum of ten (10) hours of continuing education approved by the Commission on an annual basis. This continuing education will address proper dispensing procedures, including the requirements of the Act and administrative rules, prevention of abuse and diversion of medical cannabis, and other topics related to public health, safety and good business practices relating to cannabis, medical cannabis and the dispensing thereof.

Oversight

All of our patient education content development and associated training process and materials will be supervised and directed by our Director of Patient Care in consultation with our Advisory Board members. Ultimately, the Director of Patient Care, a Certified Dispenser, is responsible for the development, dissemination and updating of patient education material.

Patient Education

A certified dispenser may, at the request of the patient or caregiver, provide instructions on the proper administration of medical cannabis, education regarding potential side effects, potential drug interactions, or other aspects of medical cannabis. We intend to offer patient education using a variety of mediums including in-store tablets and information kiosks as well as online resources available to patients on the go.

In compliance with state regulations, a certified dispenser may not offer advice regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or type of medical cannabis recommended by the registered certifying physician, except that a certified dispenser may direct the patient or caregiver back to the registered certifying physician to address questions or provide advice that the certified dispenser cannot.

We will make all our printed educational materials available in multiple languages, so as to We will also train staff to accommodate customers that are not English speakers by printing and distributing a short description, in multiple languages, and explaining that staff may use software to translate educational materials and extra labels in a preferred language. Staff will default to Google Translate for this service, unless a qualifying patient or caregiver recommends an alternative service that they are more comfortable with. We will train employees to be familiar with each of these educational items so that they will be able to guide a qualifying patient and caregiver customer through the materials if needed. All educational materials will clearly identify that cannabis has not been evaluated or approved by the FDA to diagnose, treat, cure, or prevent any disease or medical condition.

Signs of Abuse or Adverse Events

Employees will receive training on the signs of abuse and adverse events. This training will focus not only recognition of these signs in others but also in teaching our patients self-

awareness in assessing their own experiences. Our Patient Care Leads (Certified Dispensers) will have frequent interactions with patients and will quickly become aware of typical patient behaviors and experience with products. Patient Care Leads and Associates will be trained to recognize patient prompts that may signal more serious concerns including cannabis tolerance and withdrawal, using more cannabis than intended, reduced activities, and an inability to attend to daily responsibilities

Our Patient Care Leads are the first line in reporting adverse events. In building rapport and relationships with our patients, they are able to learn about the effects of various products on patients. Our Patient Care Leads are trained to recognize signs of medicine abuse or adverse events in the medical use of cannabis by a patient. Adverse event recognition and reporting is discussed at length during the employee's initial onboarding and training as well as during their continuing education classes. Our training program ensures that employees are able demonstrate a solid understanding of product administration, drug interactions and contraindication, and reporting requirements both for patients and employees.

Exhibit 13 – Confidentiality of Patient Information

Exhibit 13 Redacted (ALSA.code.36-12-40(Personal Security))

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.

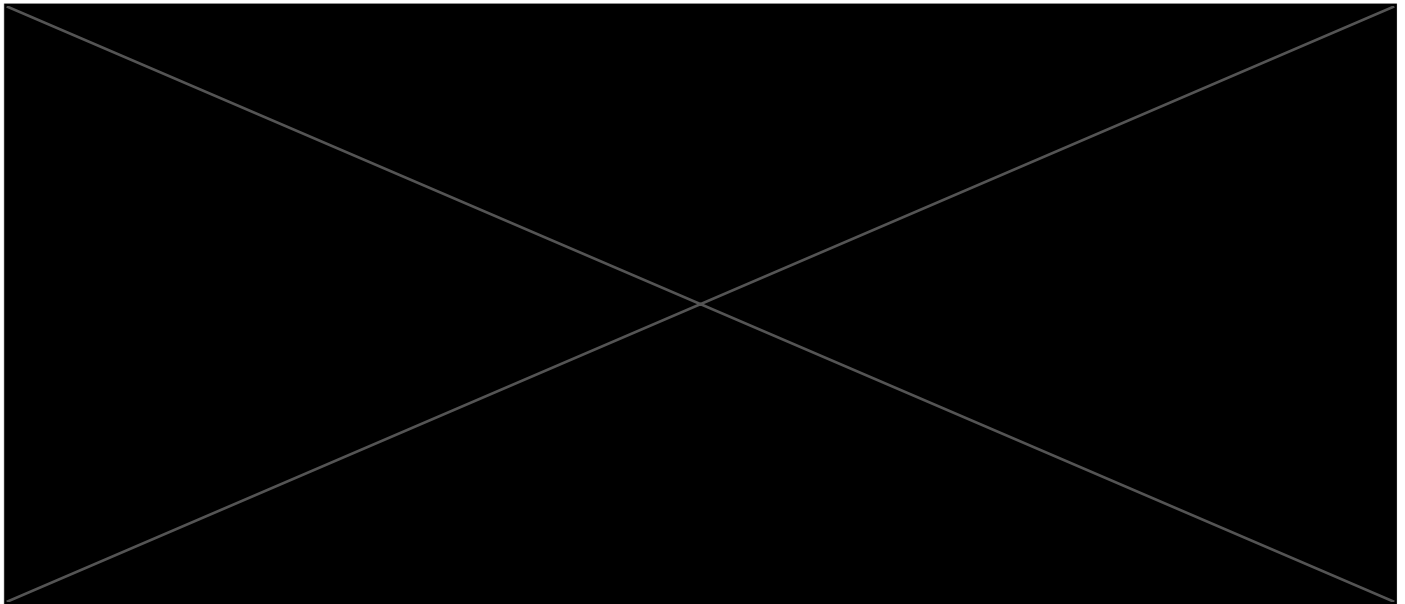


Exhibit 13 – Confidentiality of Patient Information

Plan Status: Completed

Our company has developed a Confidential Information and Cybersecurity Plan for securing and maintaining the confidentiality of any and all sensitive information and records required to be confidentially maintained, including, at a minimum, information and records communicated interpersonally, kept physically, or stored virtually. Our Director of Security will review this plan at least annually. This plan and corresponding procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act and AMCC Rules and Regulations.

Patient and Caregiver Confidentiality

Our company applies Good Records Management Practices (GRMP) and Good Recordkeeping Practices (GRP) based in part on guidelines set forth by the United States Small Business Administration and in consideration of the confidentiality practices created specifically for medical records under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We have been proactive in developing the necessary protocols and technology to maintain the confidentiality of patient information arising from or related to our company's access to the Patient Registry and/or from any other source in compliance with not only HIPAA, but also the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and recommendations from The Health Care Fraud Prevention and Enforcement Action Team (HEAT) within the Office for Civil Rights (OCR). Our Confidential Information and Cybersecurity protocols are reviewed at least annually by our Director of Patient Care and our cybersecurity partner.

Our Confidential Information and Cybersecurity protocols are strictly enforced to ensure the confidentiality of the information received, maintained, and uploaded, in compliance with HIPAA standards, including:

- Any release of patient information is only done with the patient's written and informed consent;

- All personal health information must be encrypted in a database or in files on a server;
- Content such as images or scans must be encrypted and contain no personally identifying information;
- Encryption techniques and mechanisms of sensitive information are known only to a select group of authorized registrants;
- Our company must always use Secure Sockets Layer (SSL) for web-based access of any sensitive data; and
- A strict, evergreen password policy is required for access to all internal databases.

Our Director of Patient Care is responsible for determining access to all patient databases. Our staff receives in-house training from the Director of Patient Care on all applicable state and federal confidentiality rules and regulations, as well as our company's privacy policies and procedures to ensure maintenance of patient confidentiality and proper handling of individual medical data in compliance with HIPAA. Only registered dispensary agents who have been trained on privacy and recordkeeping policies and procedures have access to patient records. Prior to beginning work, all of our company's employees who as part of their duties must interact with the Patient Registry, the AMCC website, the Statewide Seed-to-Sale Tracking System, and our company's third-party inventory tracking system must complete the provider-administered training for each database with which they must interact and demonstrate their proficiency in respect to those databases.

Our company uses a third-party inventory control and tracking system that is capable of interfacing with the Statewide Seed-to-Sale Tracking System and Alabama's Patient Registry to allow our company to enter to and access information from the Statewide Seed-to-Sale Tracking System, as required under §20-2A-60. Our system is the cannabis industry's first fully automated, turnkey e-commerce solution, powering 1000+ dispensaries and brands across 25 state markets with real-time Seed-to-Sale Tracking System integration. We understand that our company will bear the cost of technology sufficient to comply with the requirements of § 20-2A-60.

Cybersecurity

Our company's third-party inventory control and tracking system has all of the features required to ensure the confidentiality of information in the database by preventing access by a person who is not authorized to access the statewide seed-to-sale tracking system or is not authorized to access particular restricted information.

All systems accessed by our dispensary agents are password protected and each agent is also assigned a unique code that is used as his/her electronic signature. Our company requires unique passwords that are exclusive to an individual employee; prohibit sharing passwords; prohibits the storage of passwords on computers; requires passwords be changed every 90 days; requires passwords be at least eight characters in length and comprised of a combination of upper- and lower-case alpha characters, numbers (0 to 9), and special characters; and requires employees to log-off of their computer when they leave their workstation. An archive is kept of all logins and records created or edited.

Our company's Inventory Manager will be our designated liaison with the Alabama Medical Cannabis Commission for the purposes of coordinating, monitoring, and our company's inputs to the Statewide Seed-to-Sale Tracking System.

Our inventory tracking system has been audited for compliance with Type II Service Organization Control 2 (SOC 2) standards, which is an objective, third-party auditing framework used to ensure a Software as a Service (SAAS) provider has in place sufficient policies, technical procedures, and operational controls to protect its users' information and systems against unauthorized access at all times (collection, creations, use, processing, transmission, storage), to protect information that our company is required to designate as confidential and/or private.

Our company has worked with our cybersecurity partner to incorporate these standards into our own cybersecurity protocols, including:

- Issuance of unique credentials to new internal and external users.
- Authorization, modification, or removal of access to data, software, functions, and other protected information assets based on roles, responsibilities, or the system design.
- Restriction of physical access to facilities and protected information assets to

authorized personnel to meet its objectives.

- Implementation of controls to prevent or detect and act upon the introduction of unauthorized or malicious software to meet its objectives.
- Documentation of a defined incident response program to understand, contain, remediate, and communicate security incidents, as appropriate.
- Surveillance of system components and the operation of those components for anomalies indicative of malicious acts, natural disasters, and errors.
- Provision of notice of privacy practices to relevant parties, where such notices are updated and communicated in a timely manner, including changes in the use of personal information.
- Classification and secure retention of confidential information to meet SOC 2 objectives related to confidentiality.
- Evaluation and optimization of processing capacity and use of system components like infrastructure, data, and software to manage demand.

Our cybersecurity partner will perform daily vulnerability scans of our servers and electronic data, daily vulnerability checks on the protection of electronic information, and simulated phishing exercises to identify knowledge gaps among our team before they cause undue harm. Our cybersecurity partner also will provide data mapping services which map all personally identifiable information (PII) on our customers, vendors, suppliers, and employees to ensure it is being collected, stored, protected, and access controlled in compliance with all required regulations and in alignment with industry best practices for data privacy. In the unlikely event that malicious software is found in our systems, our security team will immediately inform the Commission and/or designated regulators of the suspected breach and cooperate in any subsequent investigation.

Given the cloud-based nature of the Statewide Seed to Sale Tracking System, the Patient Registry, the AMCC website, and our own third-party inventory tracking system, our company's network security will comply with cybersecurity standards set by the International Society of Automation (ISA) and the International Electrotechnical Commission (IEC) standard ISA/IEC 62443 applicable to industrial facilities operated by manufacturers of medical or pharmaceutical products.

Our cybersecurity partner refers to our employees as the “Human Firewall,” making them an important first line of defense for protecting confidential and sensitive information. As such, we will equip our employees with the necessary tools to be able to identify cybersecurity risks and prevent cybersecurity attacks.

Before beginning work, all employees will complete detailed cybersecurity training through our cybersecurity partner’s Security Awareness Training program, which includes a system of 17 Cyber Security Awareness Training modules designed to grow employee understanding of threats to cybersecurity, with continuing education occurring on a regular basis as technology systems are updated and new threats emerge. We will consult with our cybersecurity partner’s library of 120+ information security policies based on best practices in the industry to ensure adherence to stringent acceptable use policies across our organization. All staff will undergo annual retraining on cybersecurity best practices.

In the event of an incidental use or disclosure of personal health information, our Director of Patient Care is responsible for working with our cybersecurity partner and security team to correct and update our procedures to strengthen against a repeat occurrence. In the event an improper use or disclosure is determined to be a breach, the Director of Patient Care is responsible for appropriately notifying the US Department of Health and Human Services, the Alabama Department of Health, and the Alabama Medical Cannabis Commission, in addition to updating policies and procedures as necessary to correct similar future disclosures.

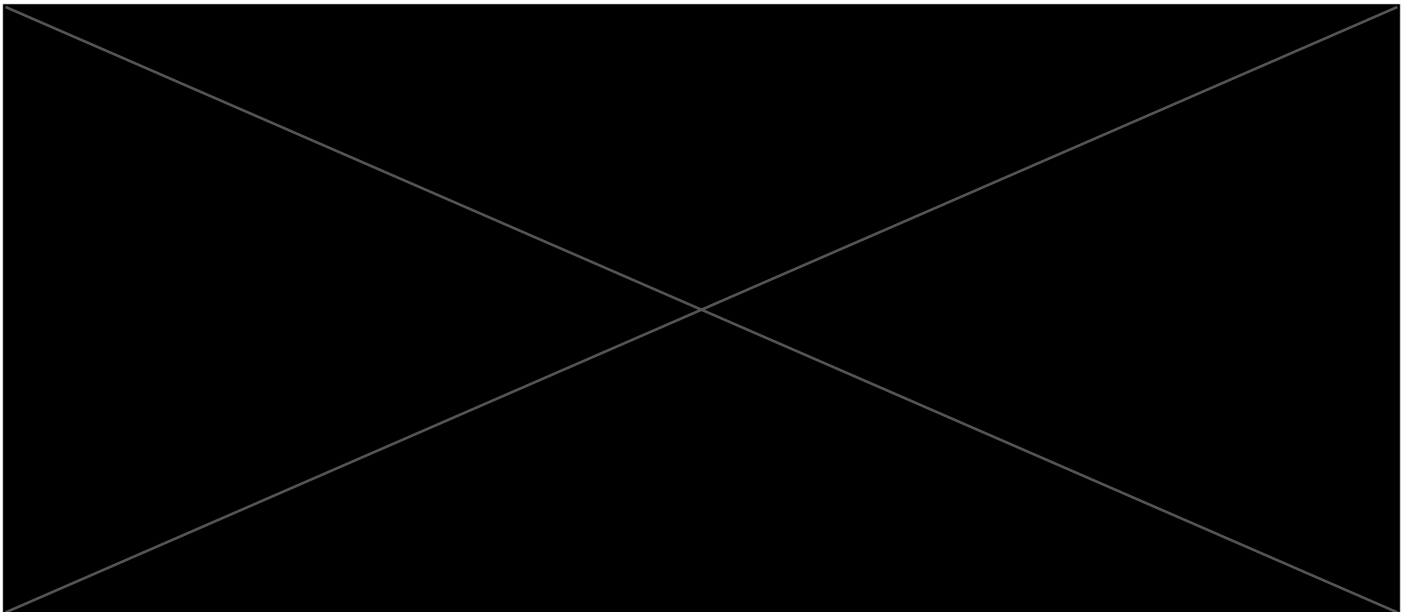
Our principals’ extensive experience successfully operating in a variety of highly regulated environments – including healthcare, law, alcohol, finance, manufacturing, agriculture, and state legal medical cannabis – ensures that all recordkeeping functions are carried out in full compliance with all regulations.

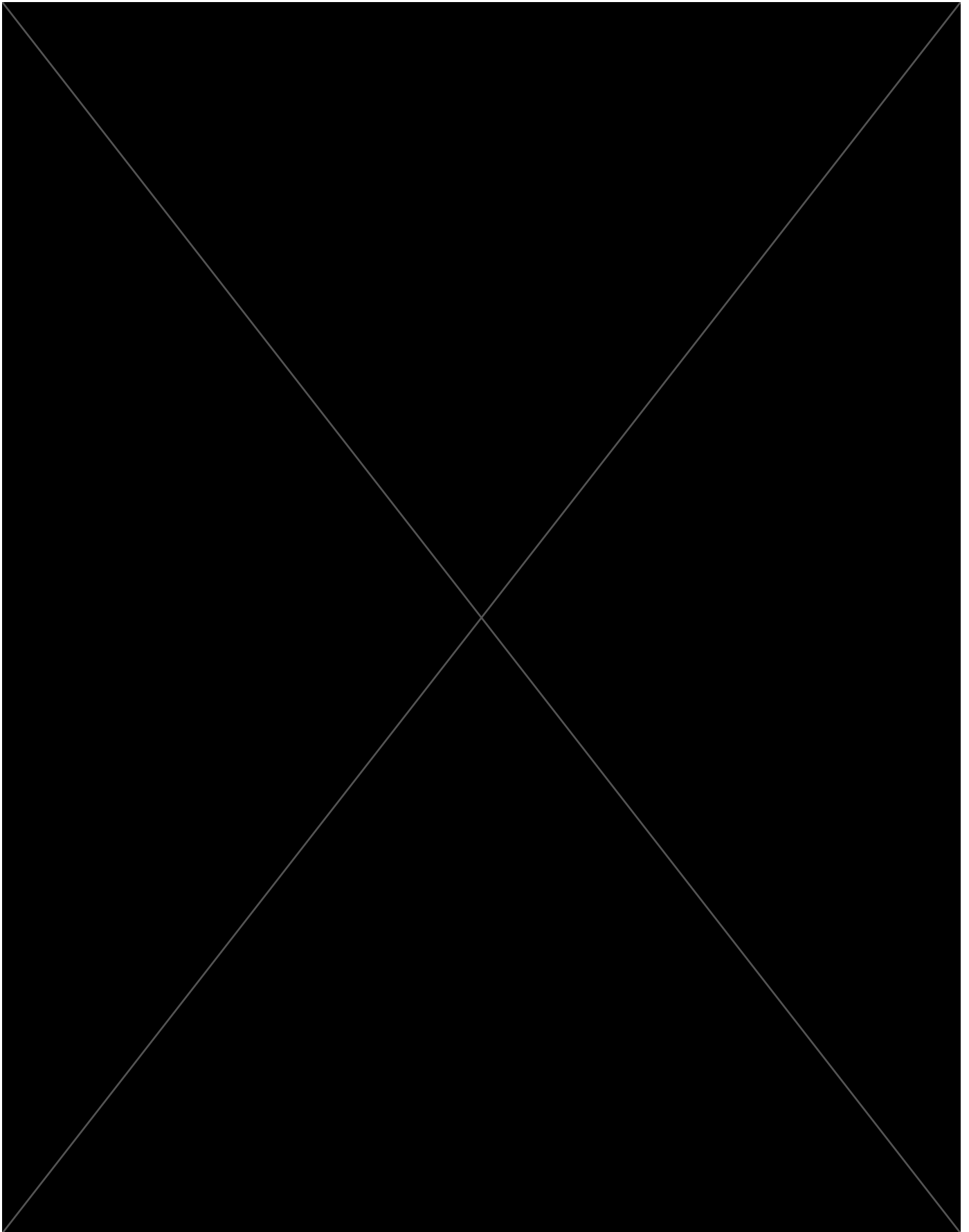
Exhibit 14 - Money Handling and Taxes

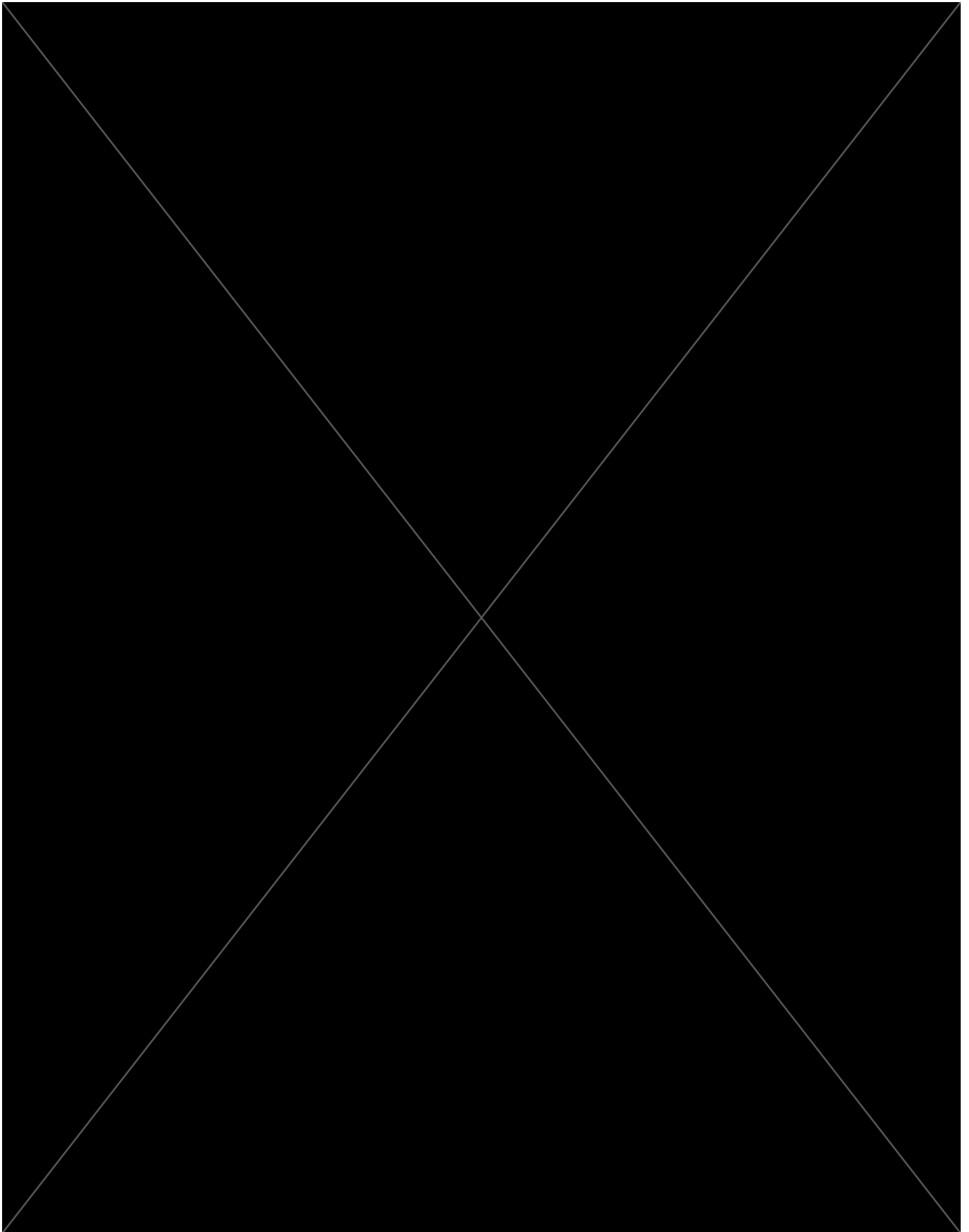
Exhibit 14 Redacted (ALA.code.36-12-40(Security))

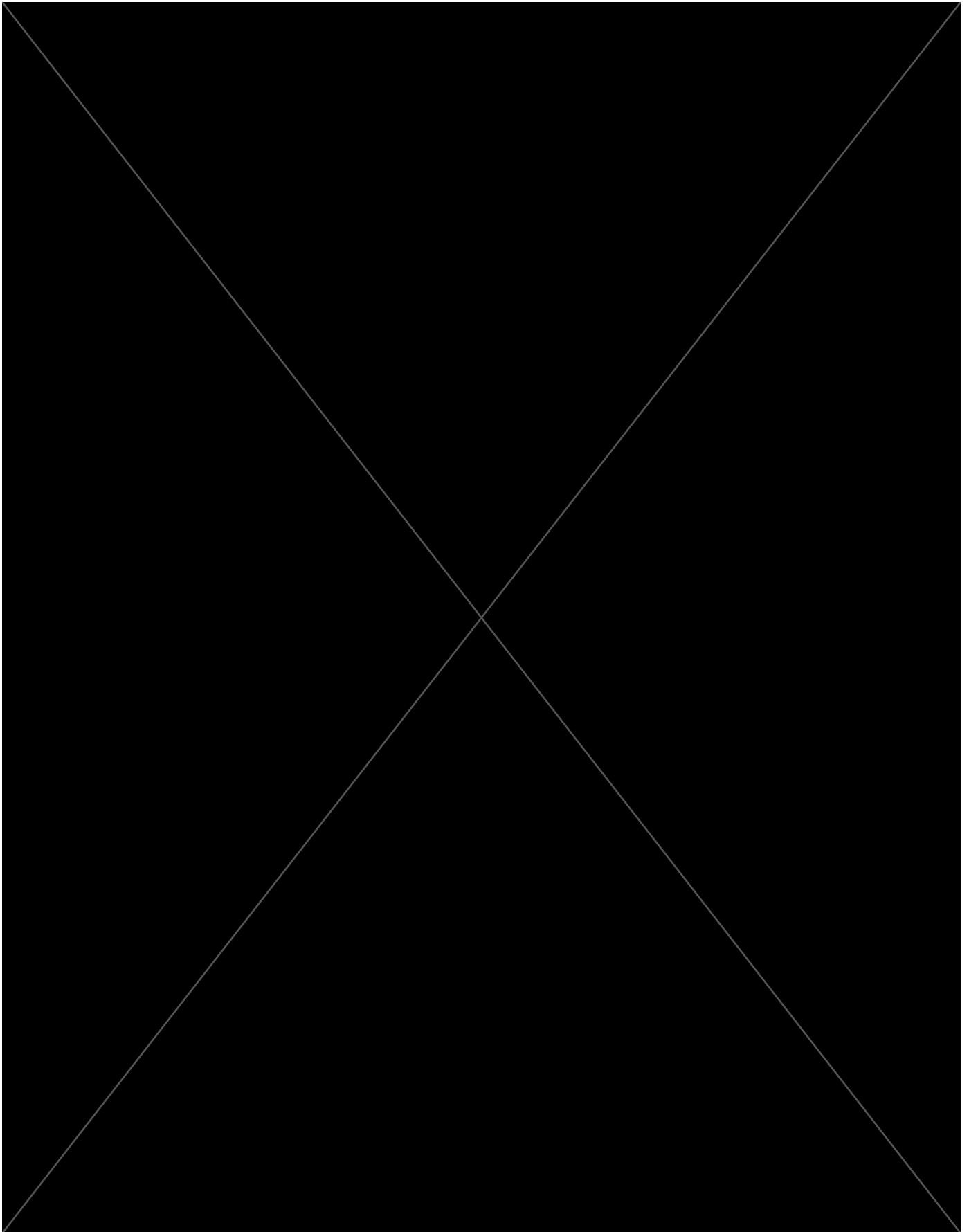
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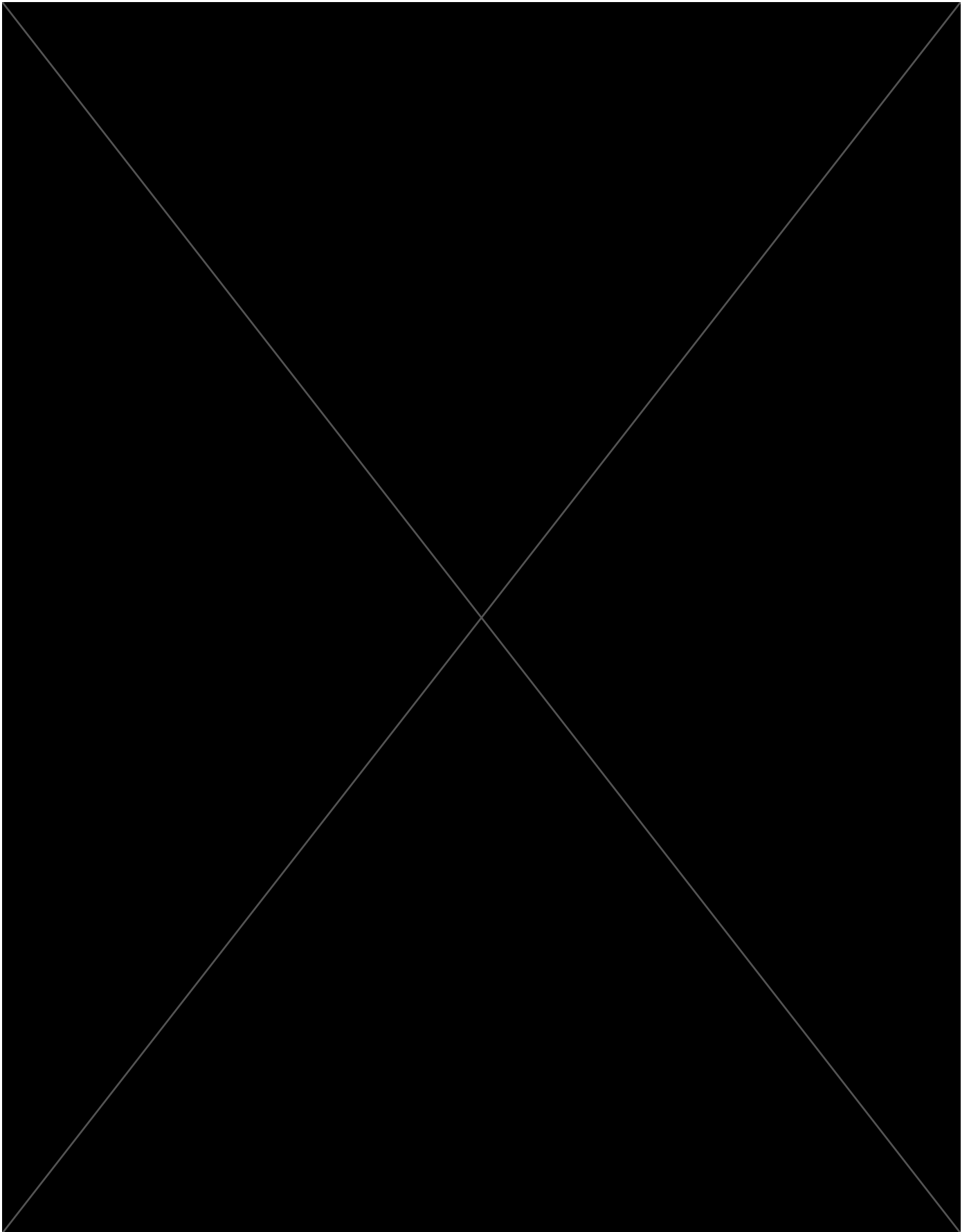
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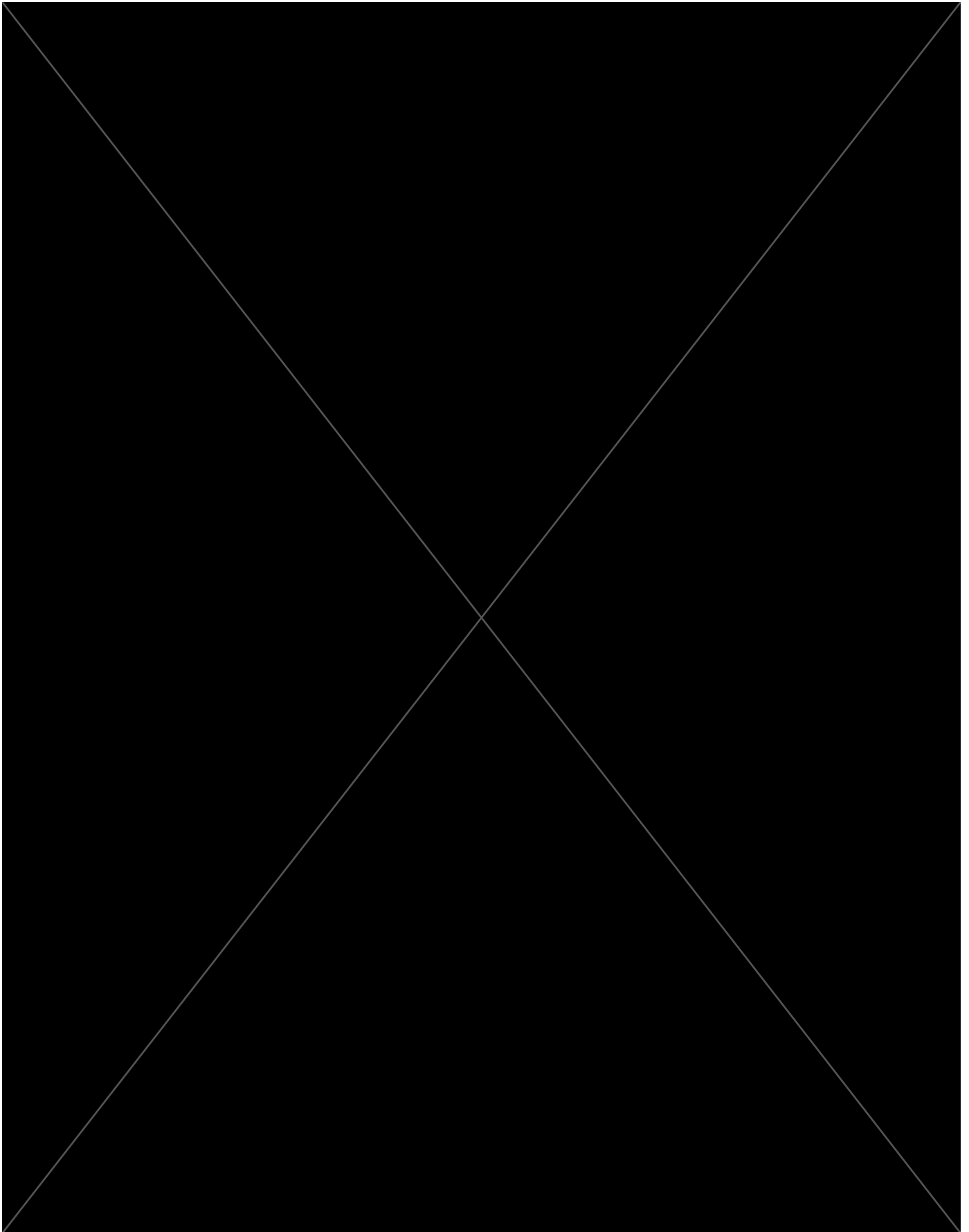
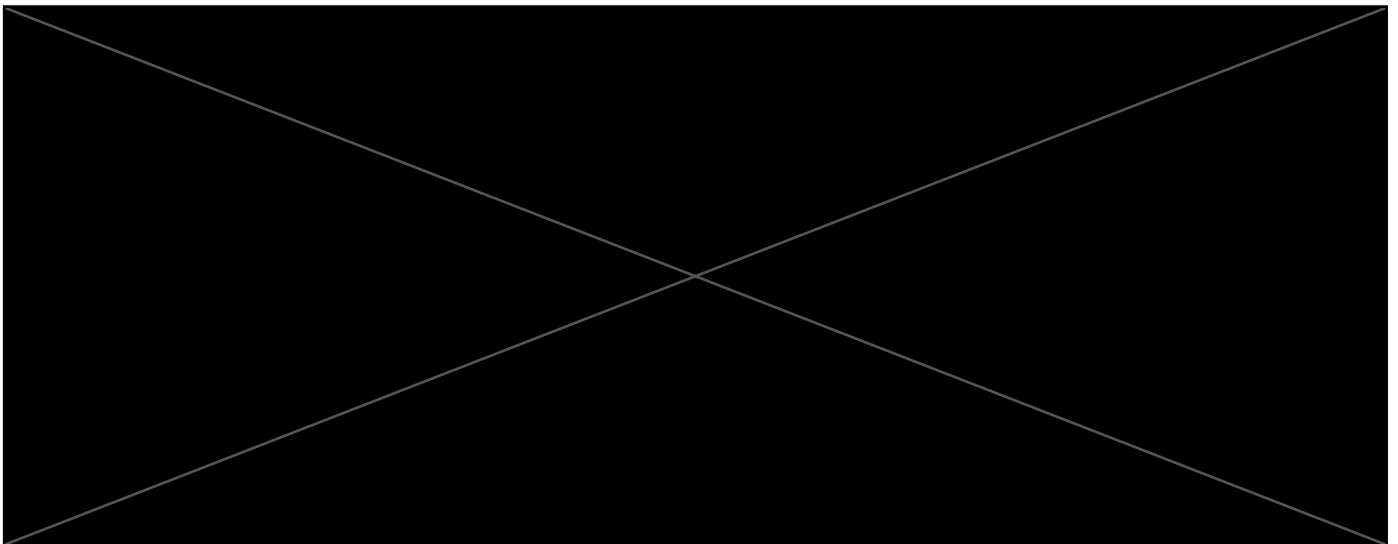


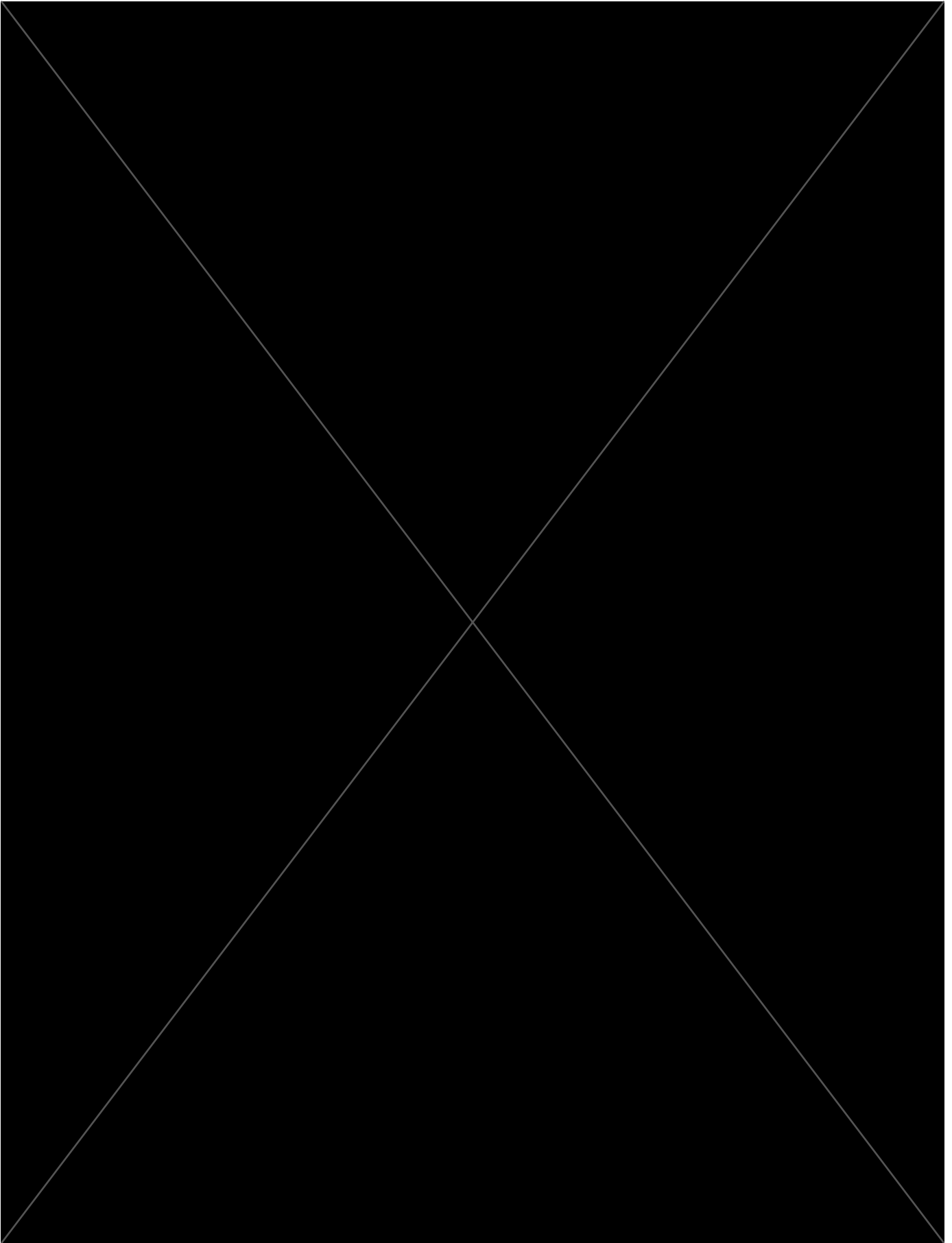
Exhibit 15 – Standard Operating Plan and Procedures

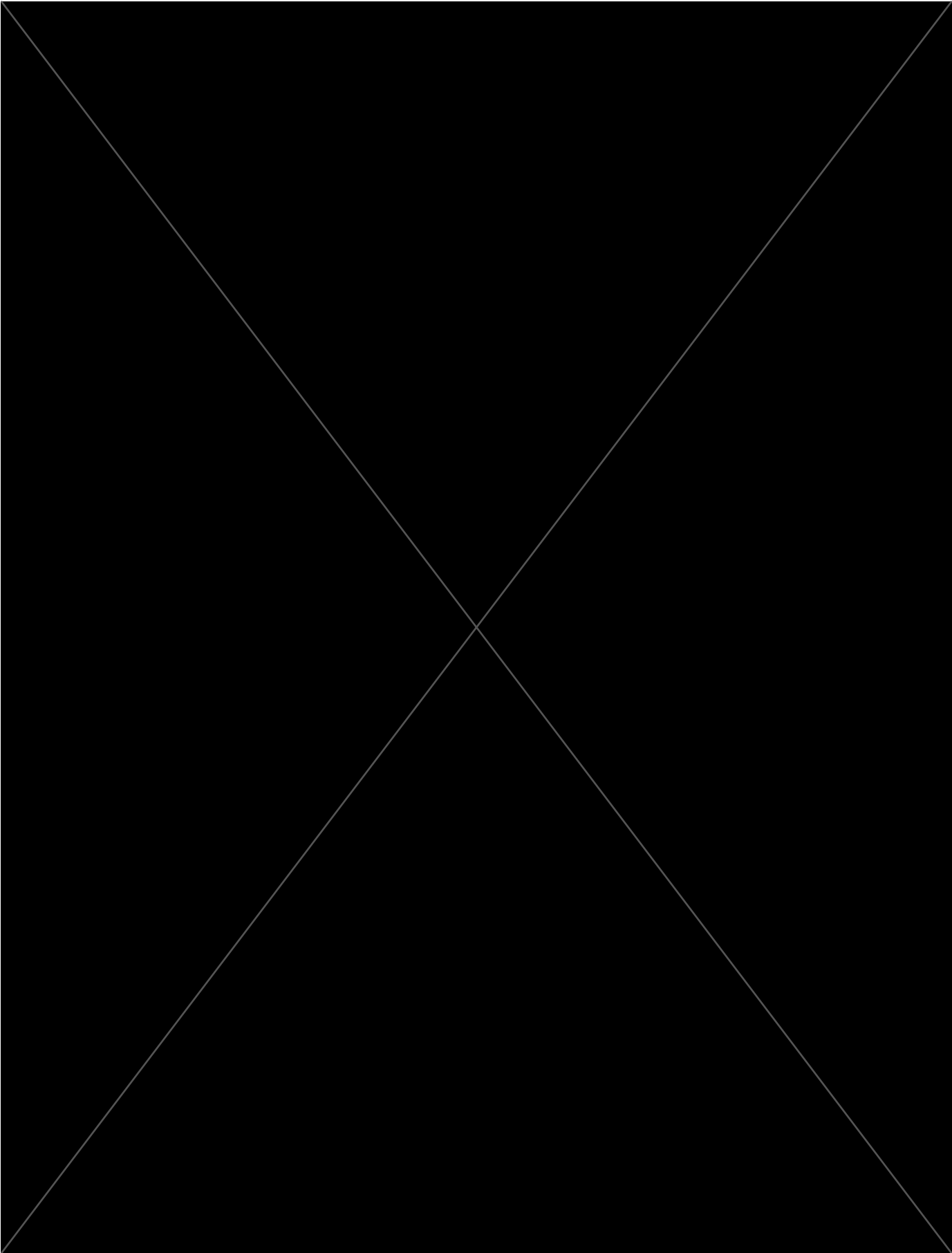
Exhibit 15 Redacted (ALA.code.36-12-40(Procedures and Security))

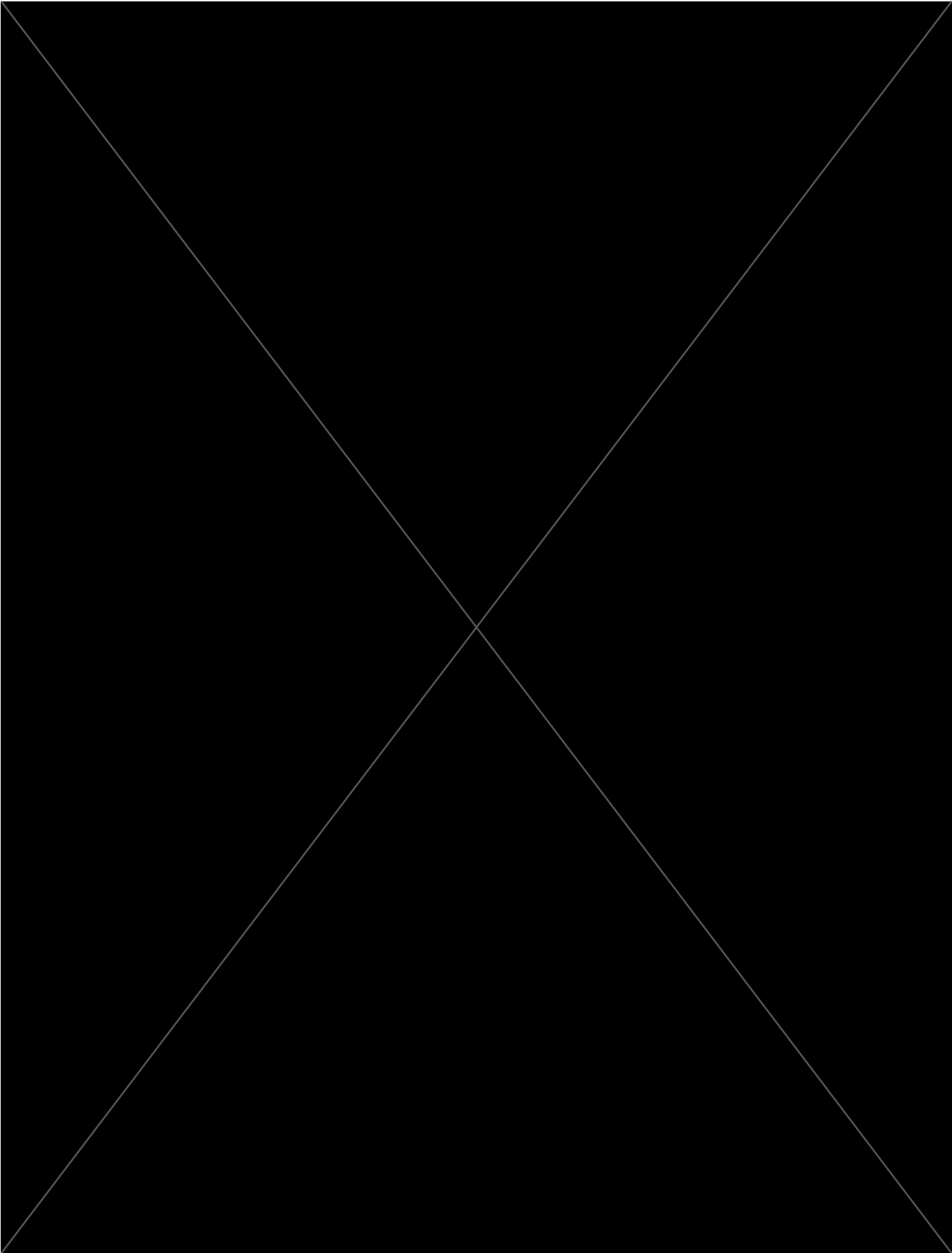
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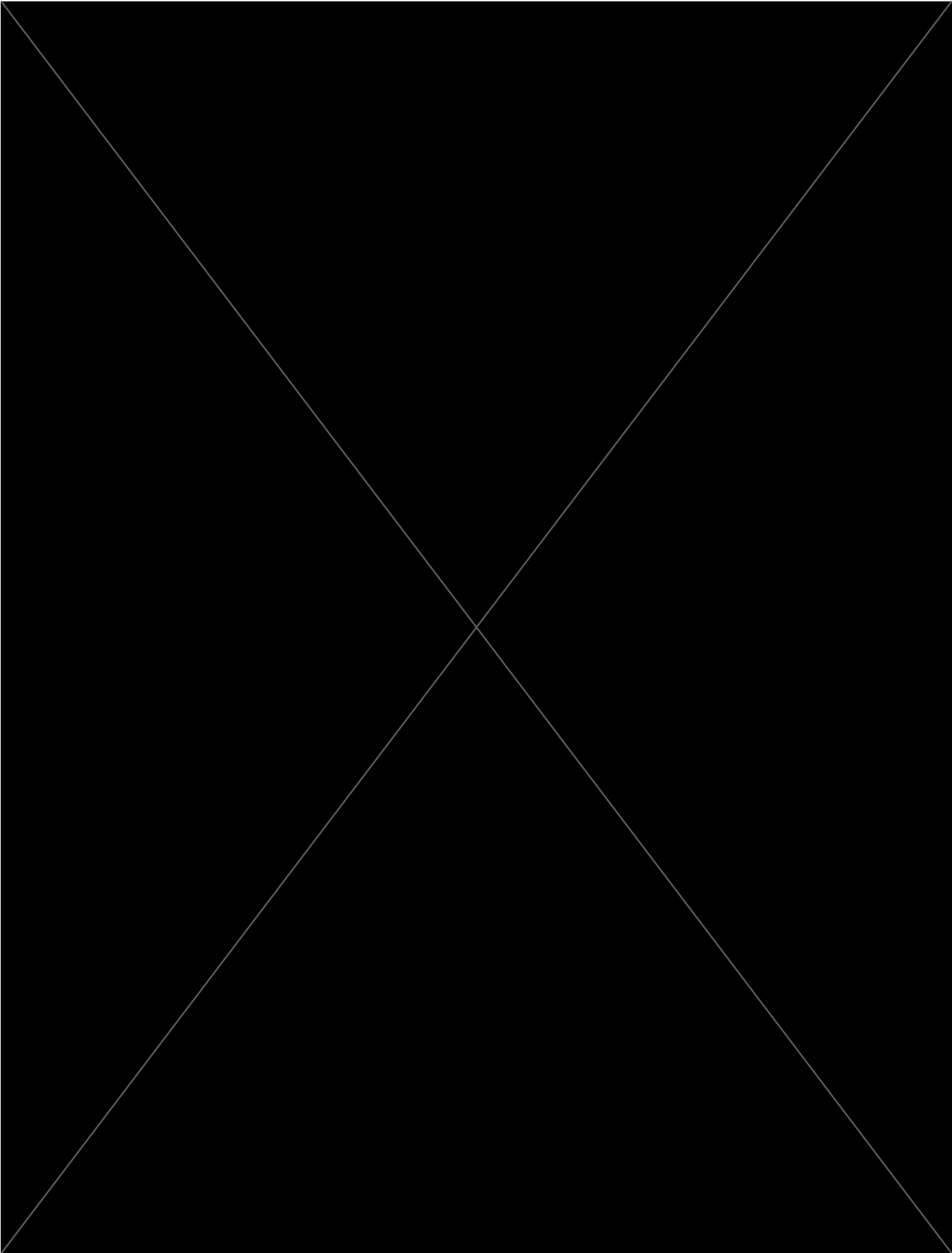
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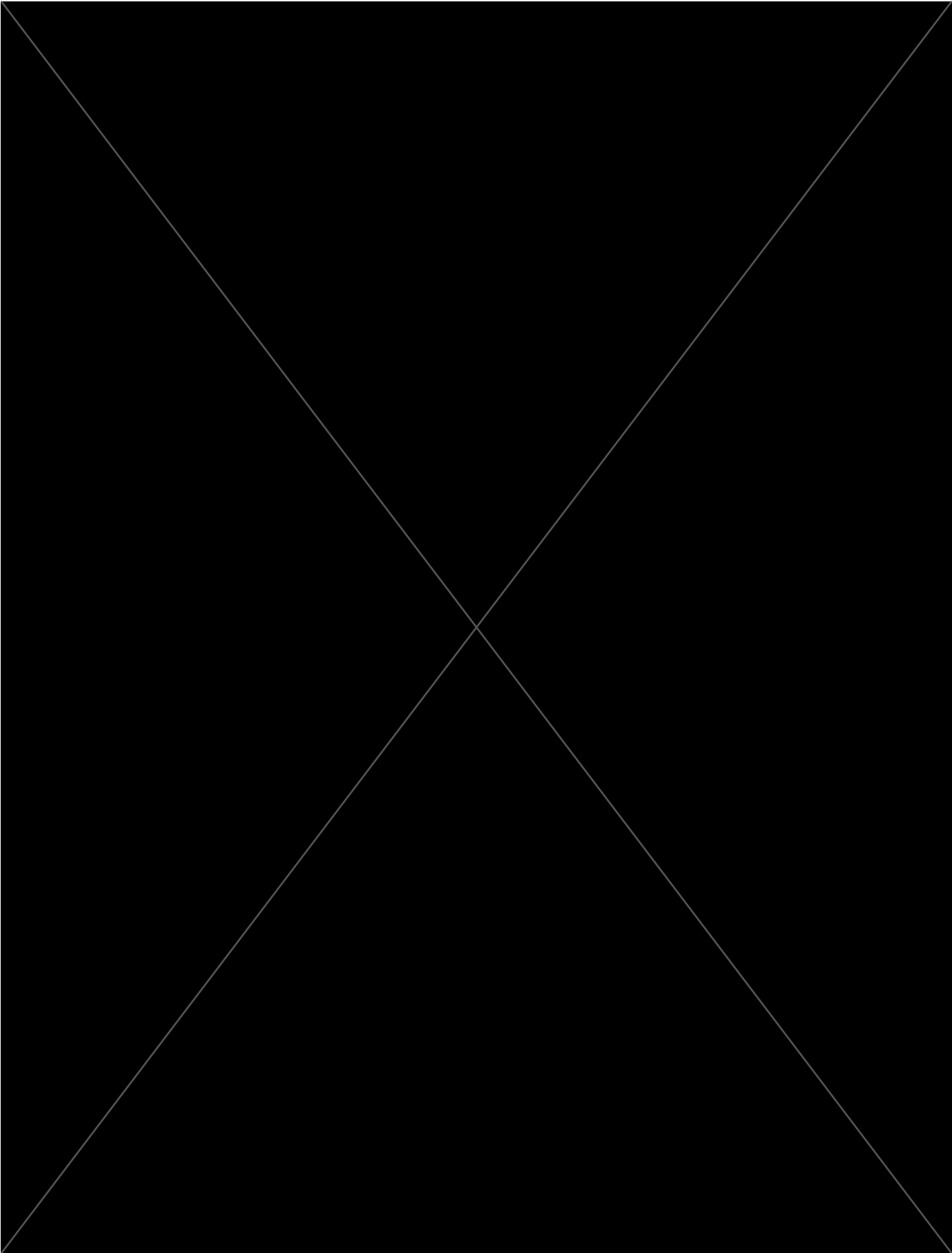


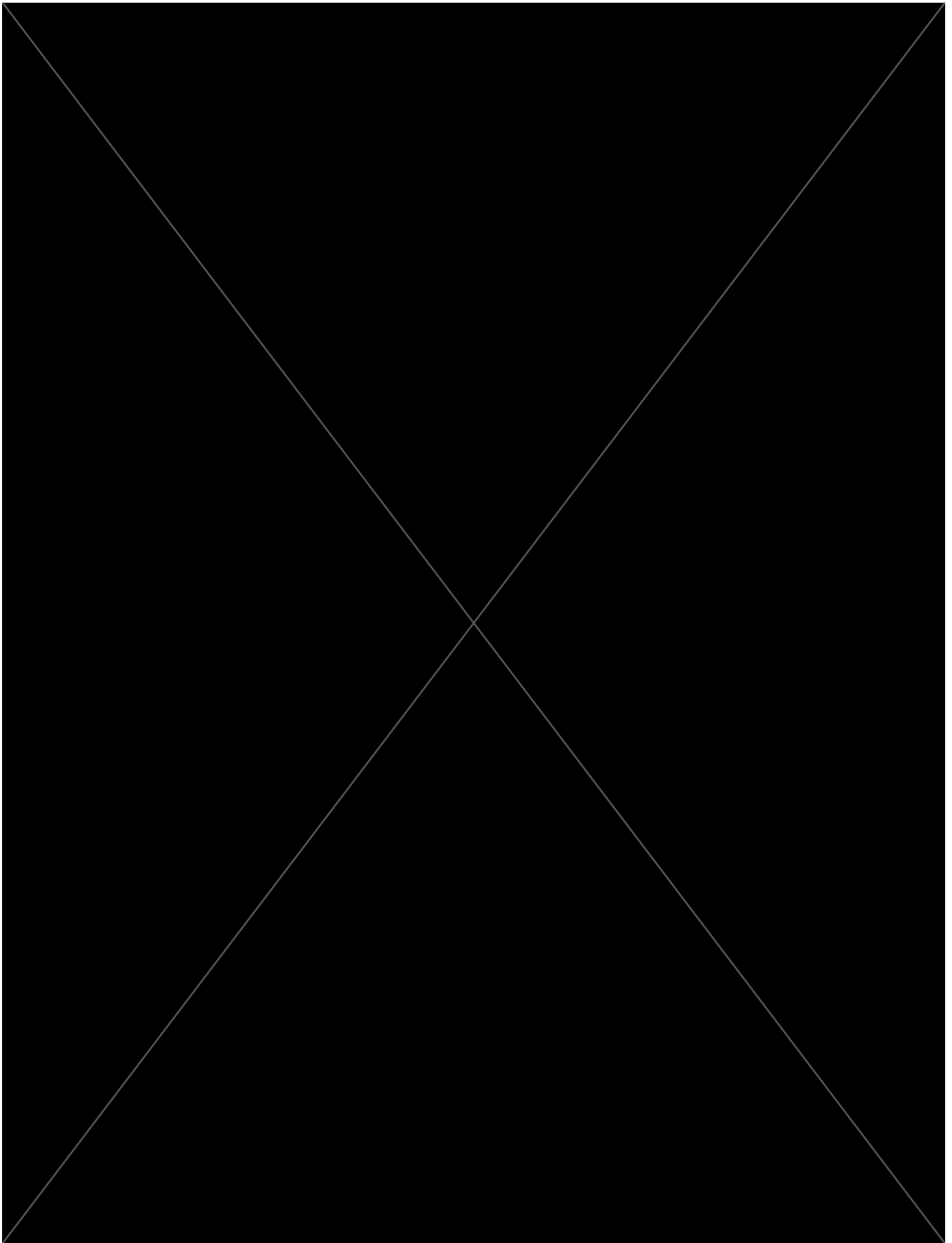


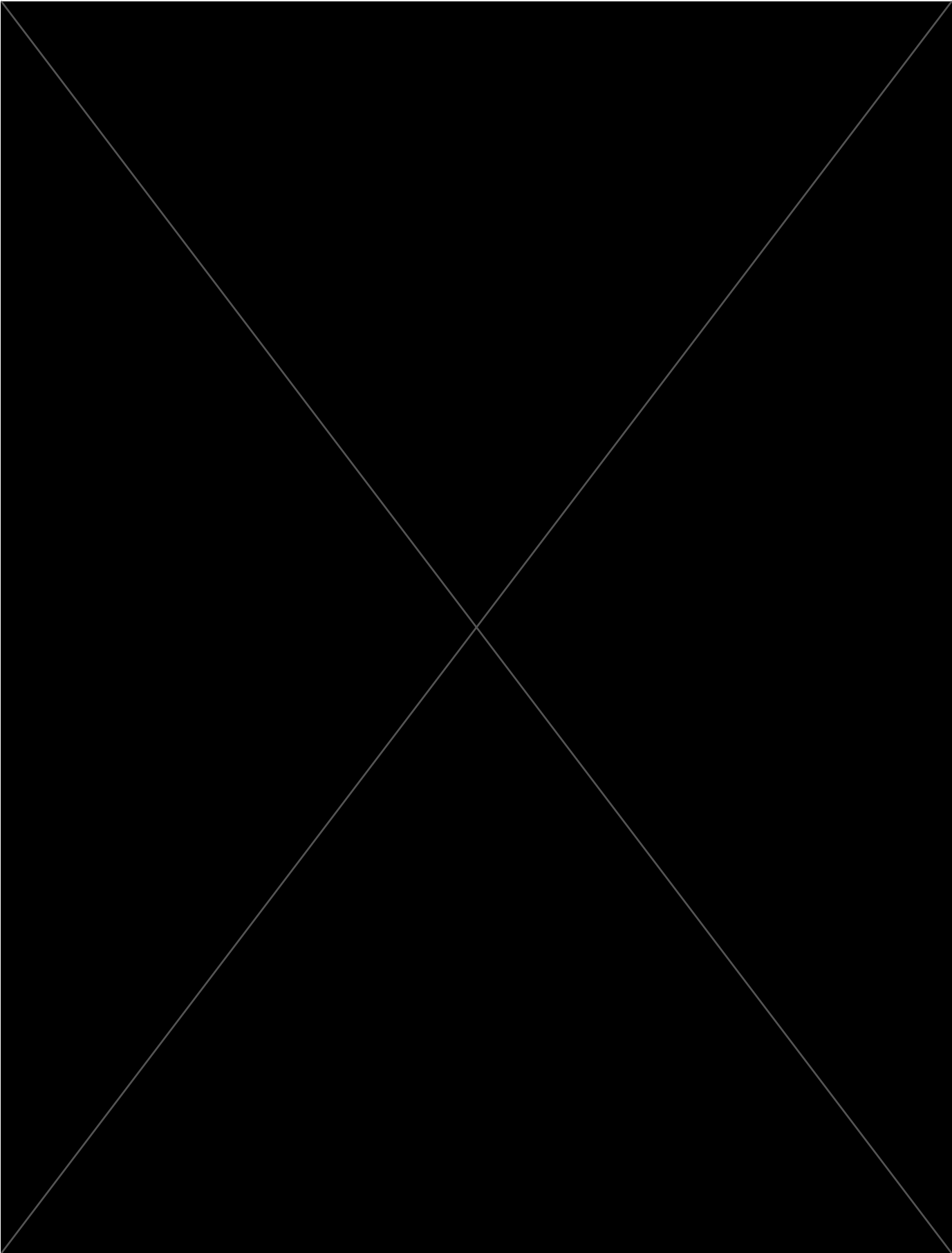


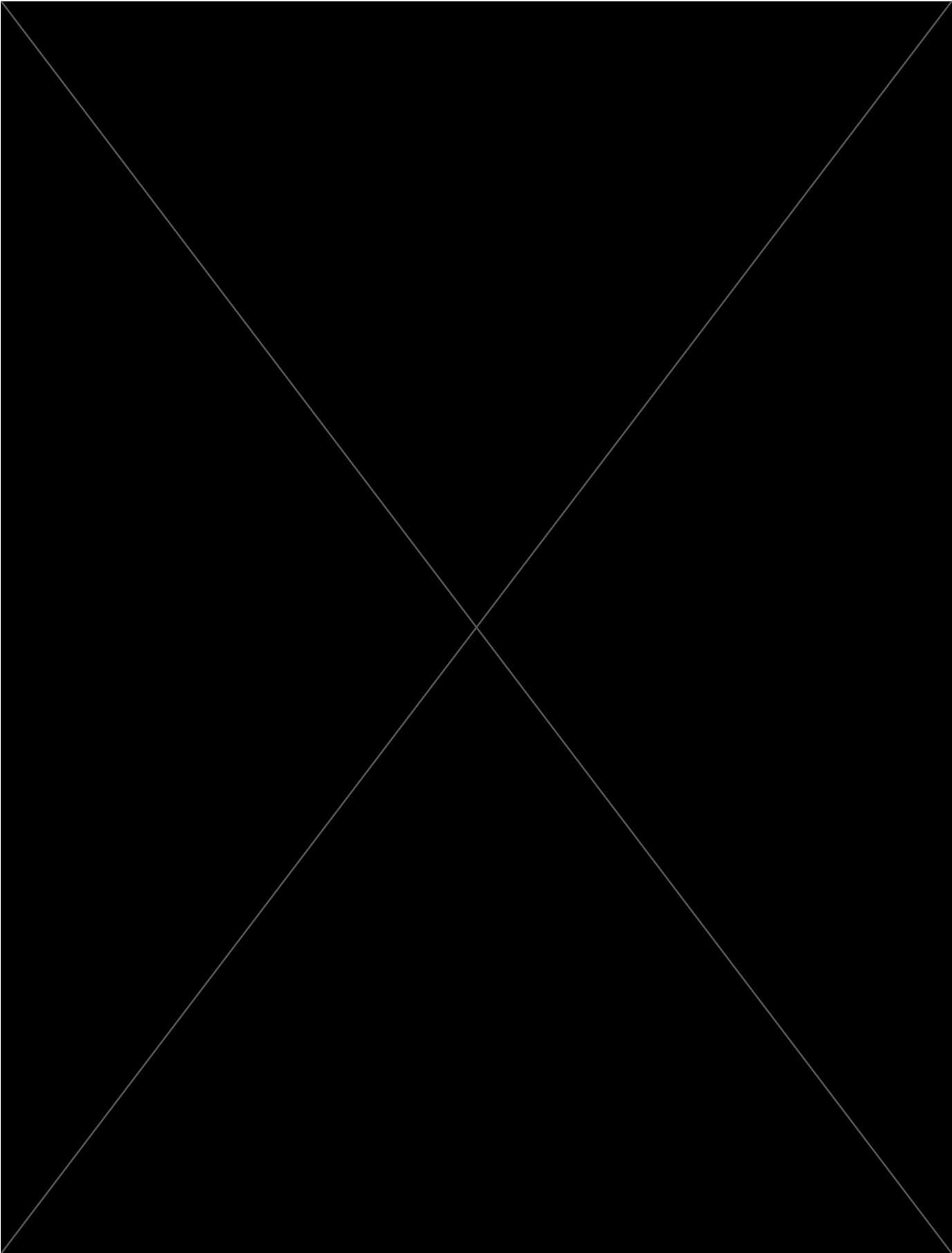


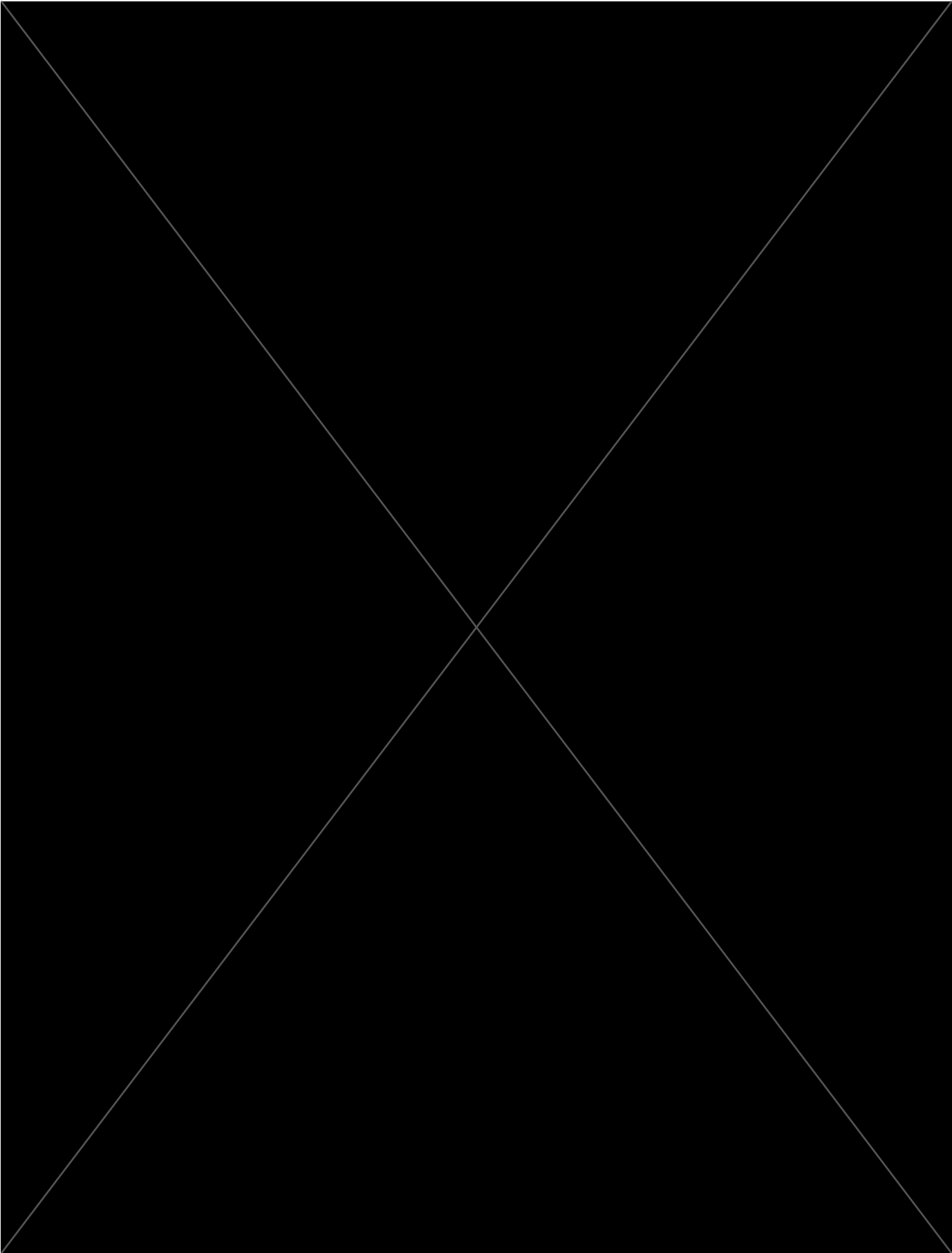


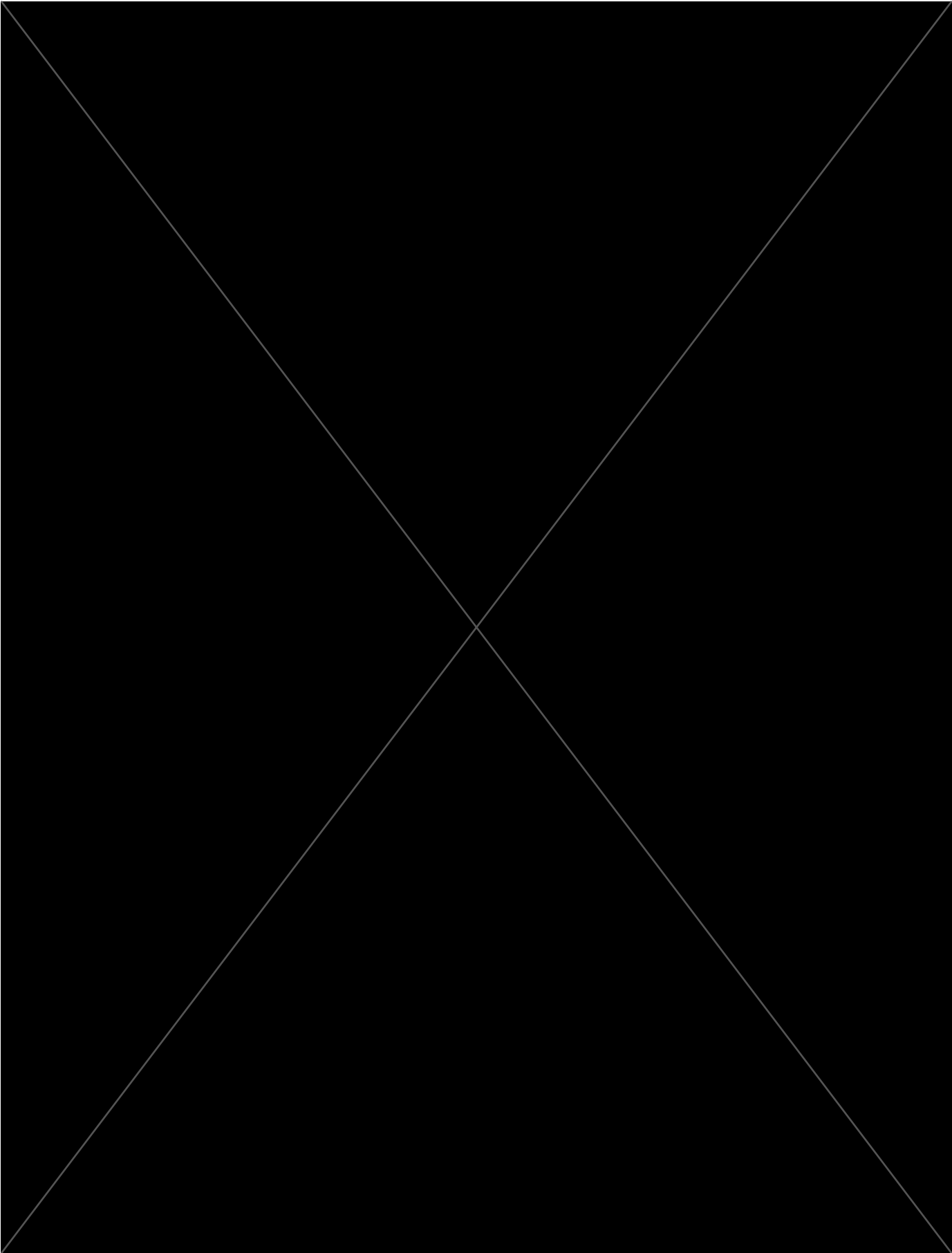


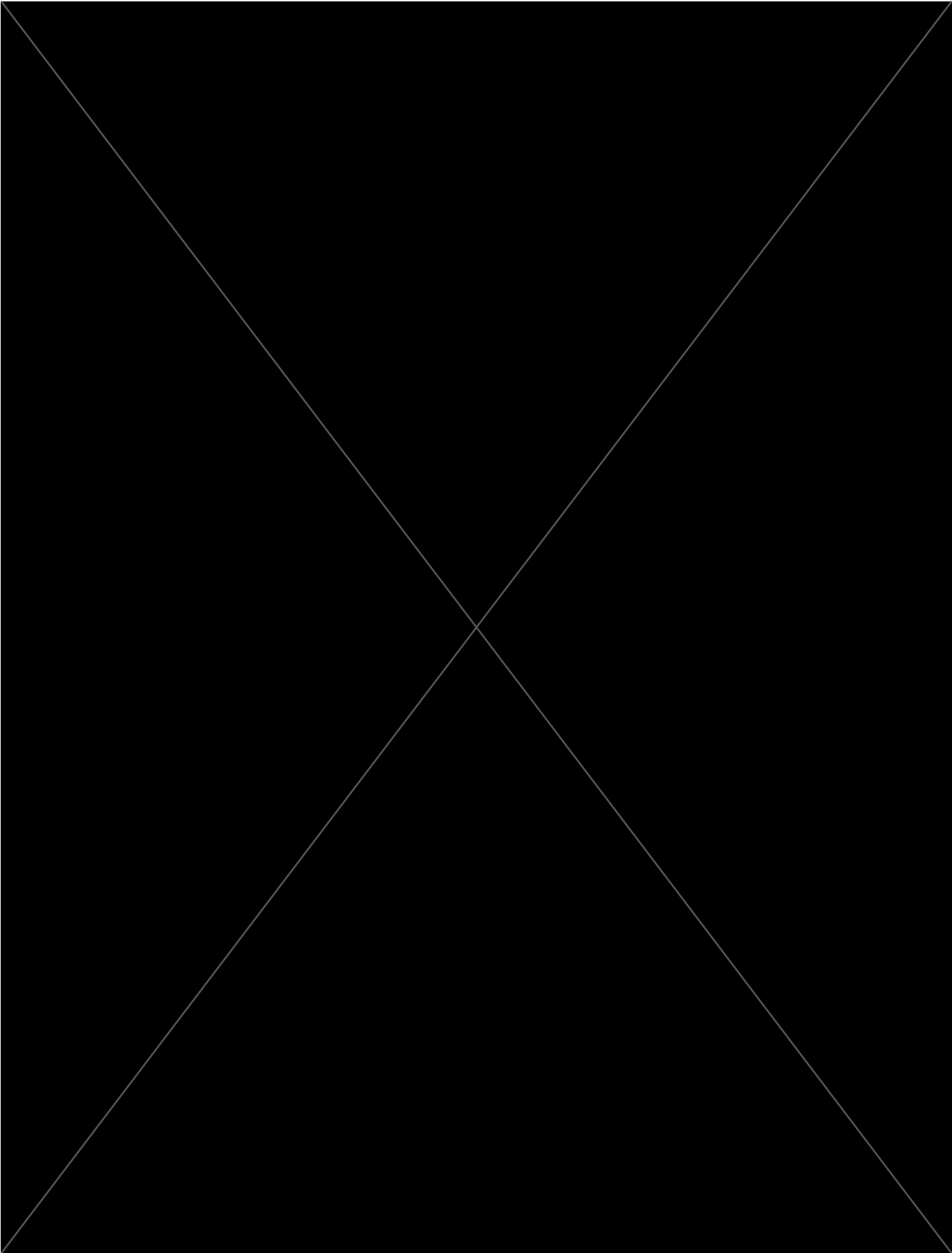


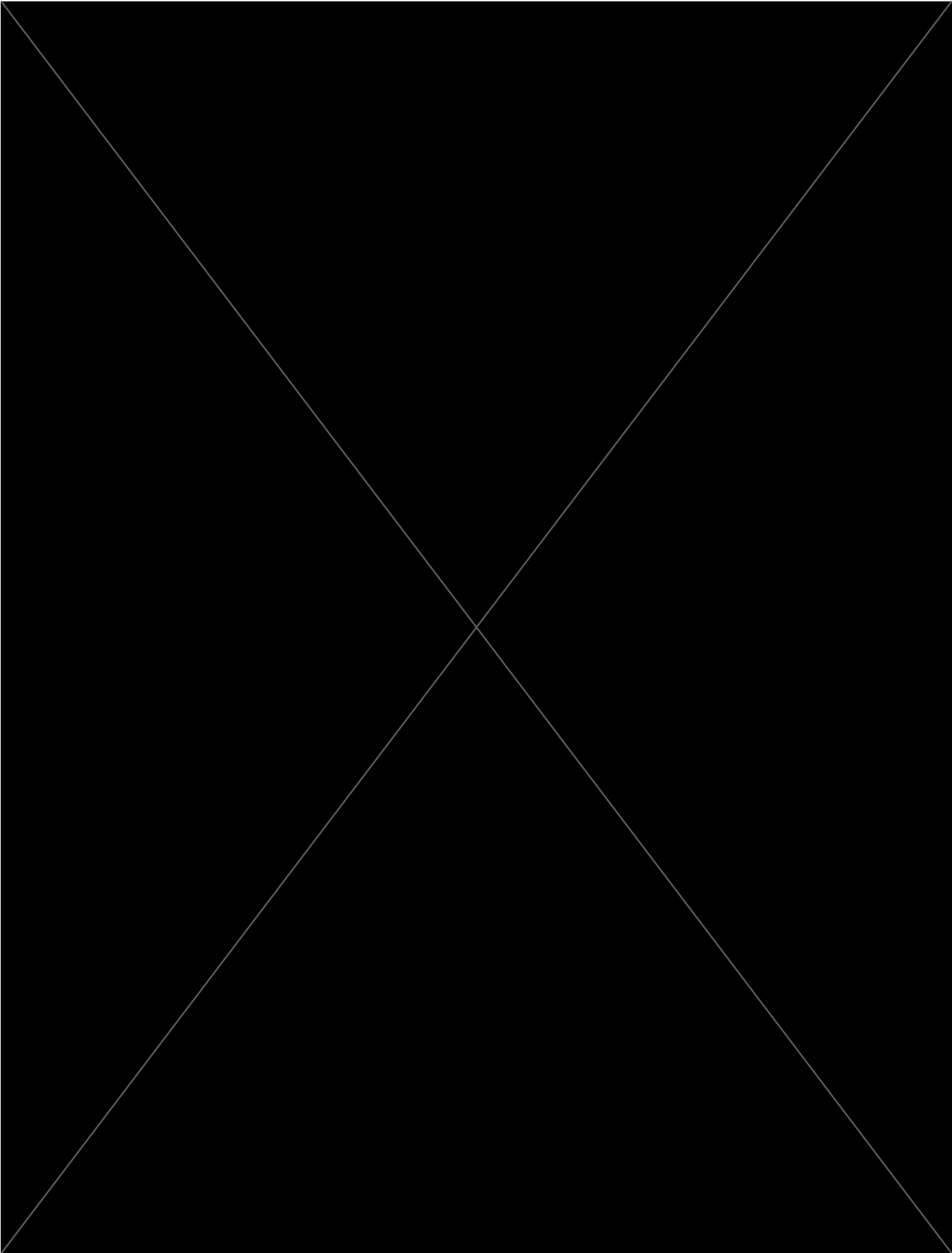


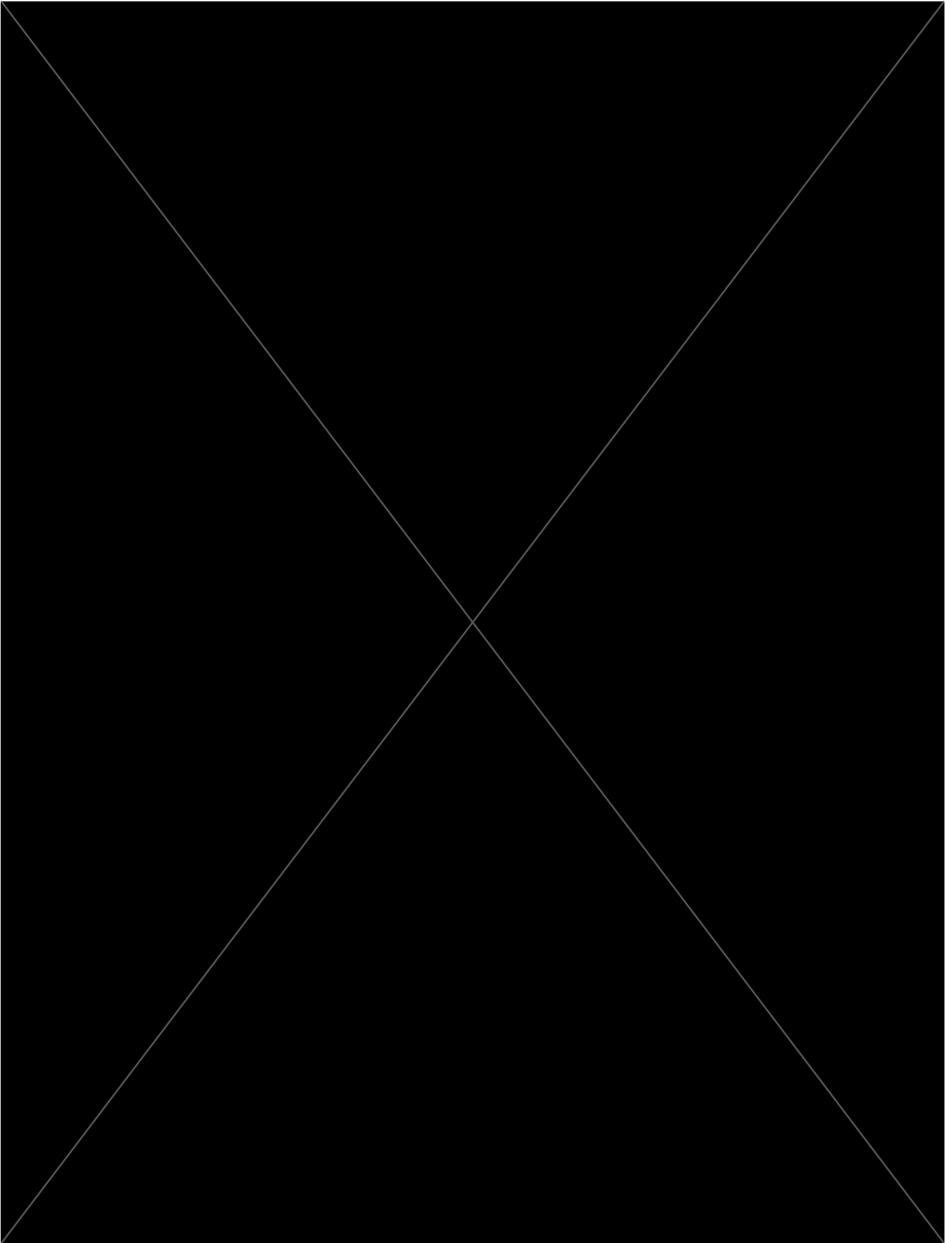


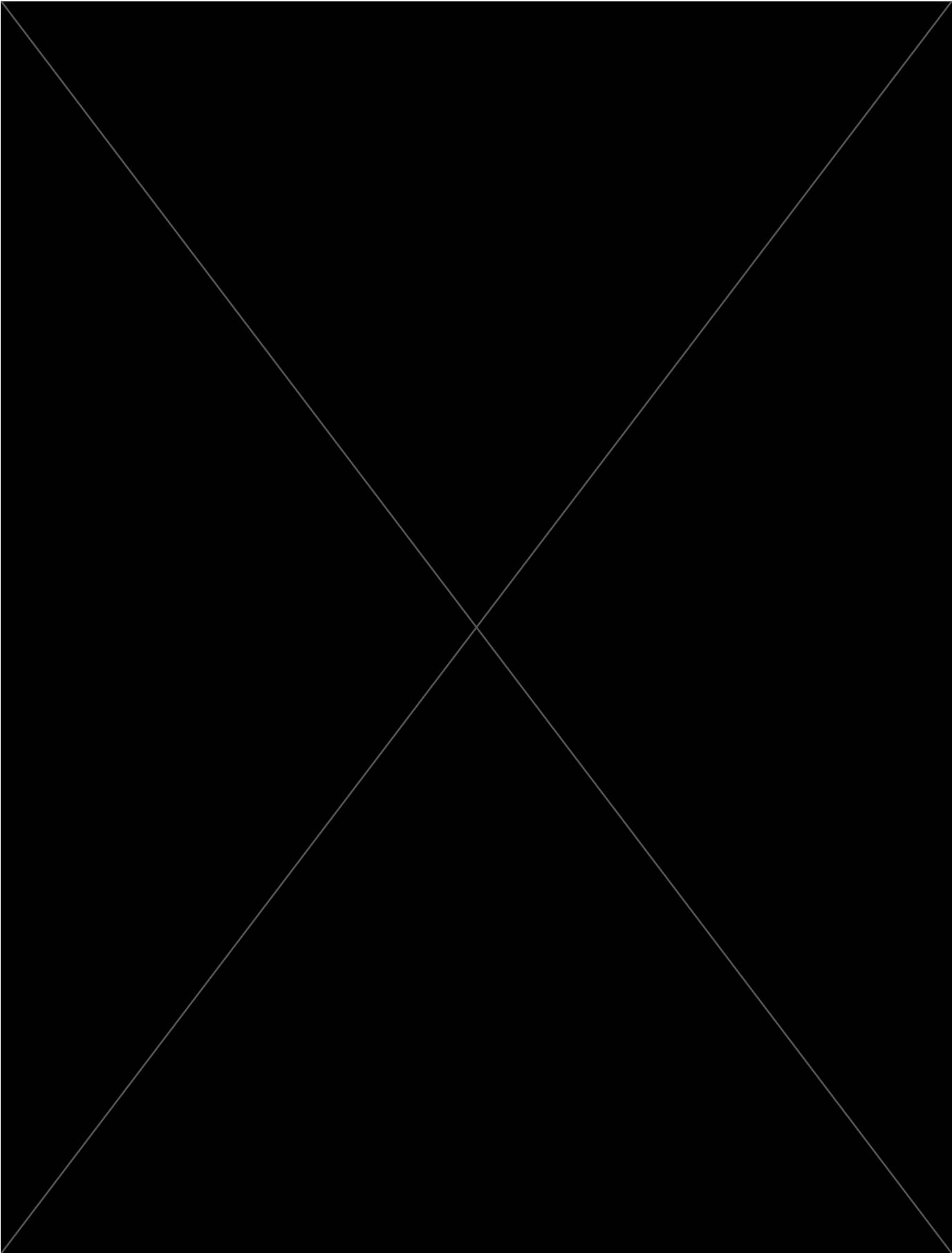


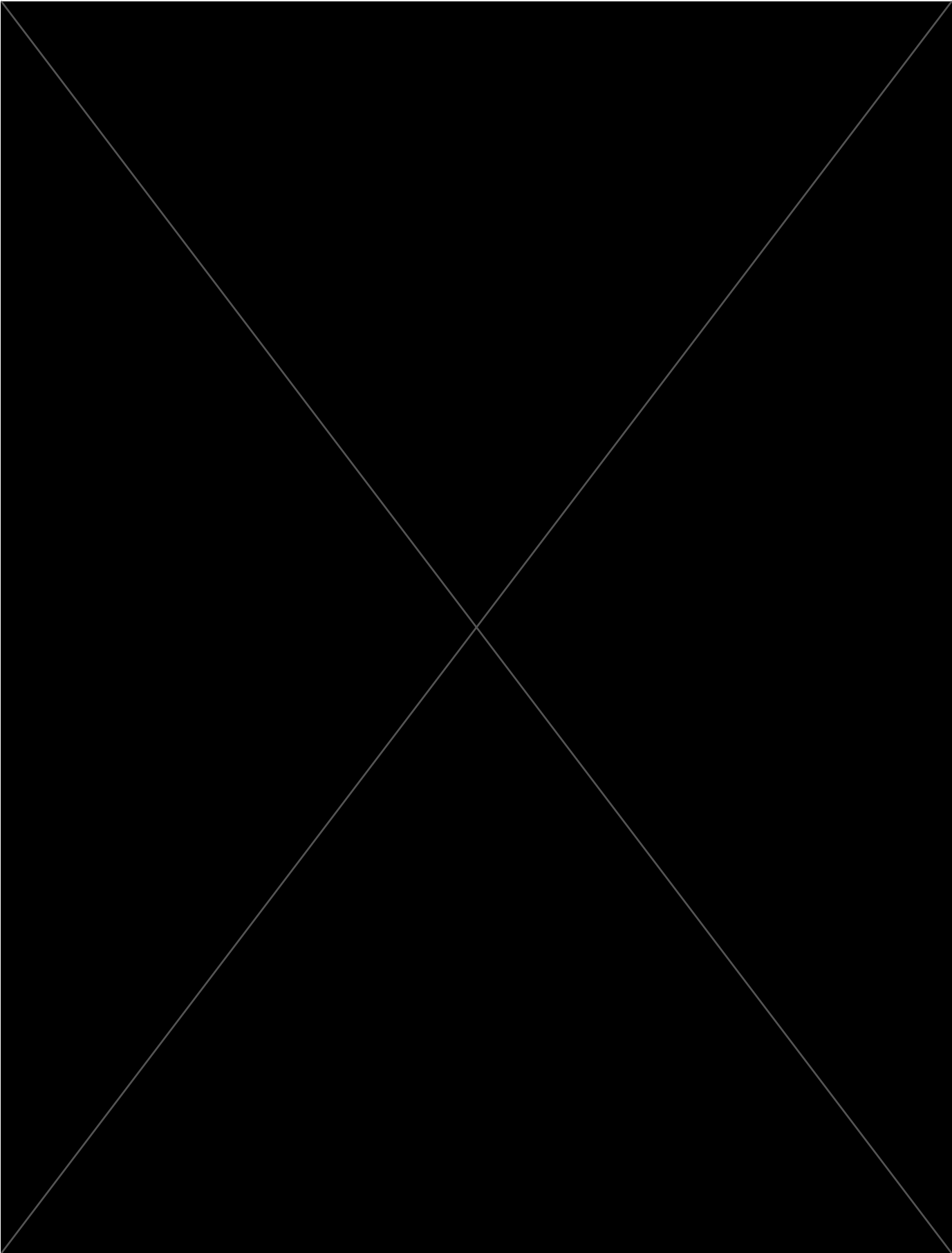


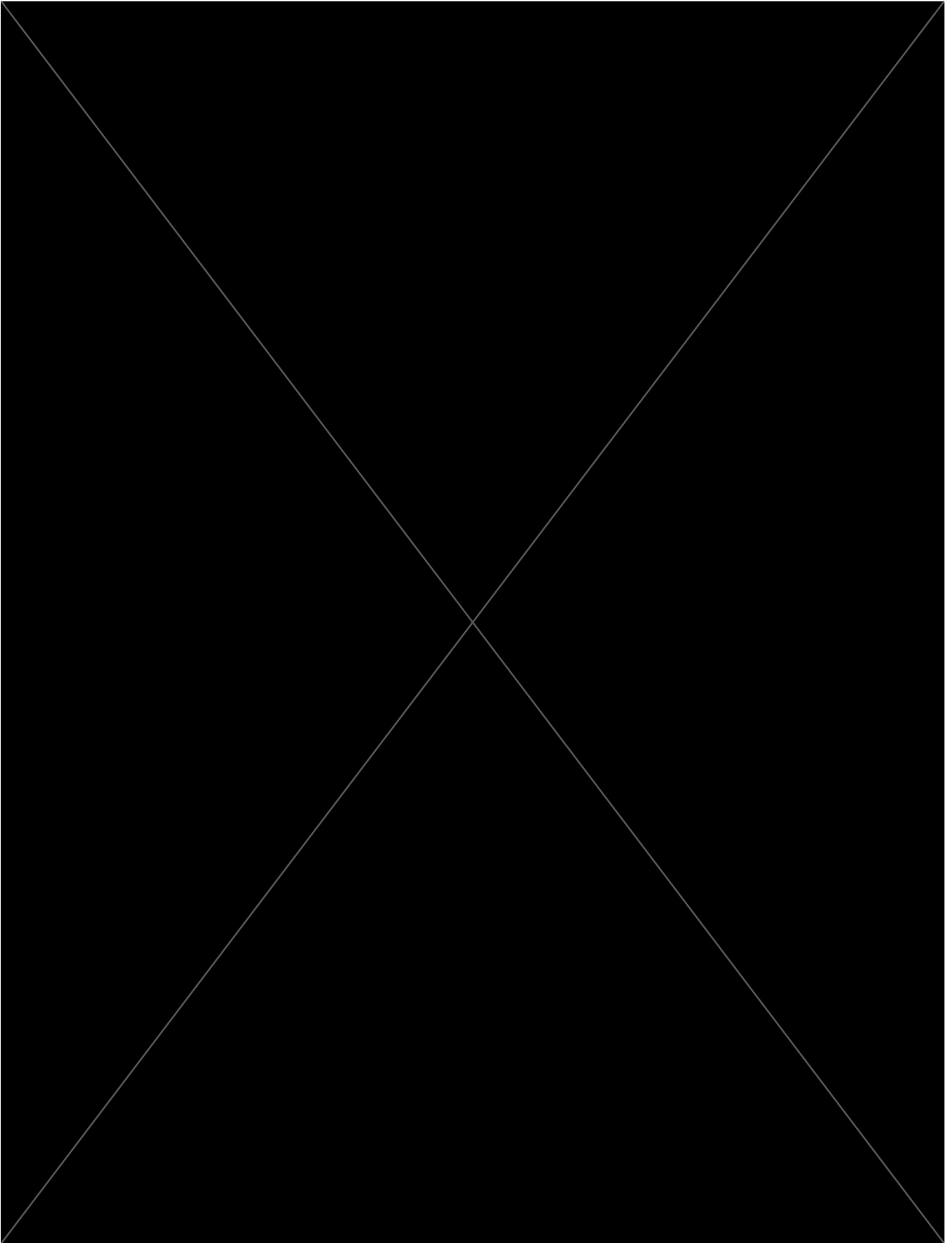


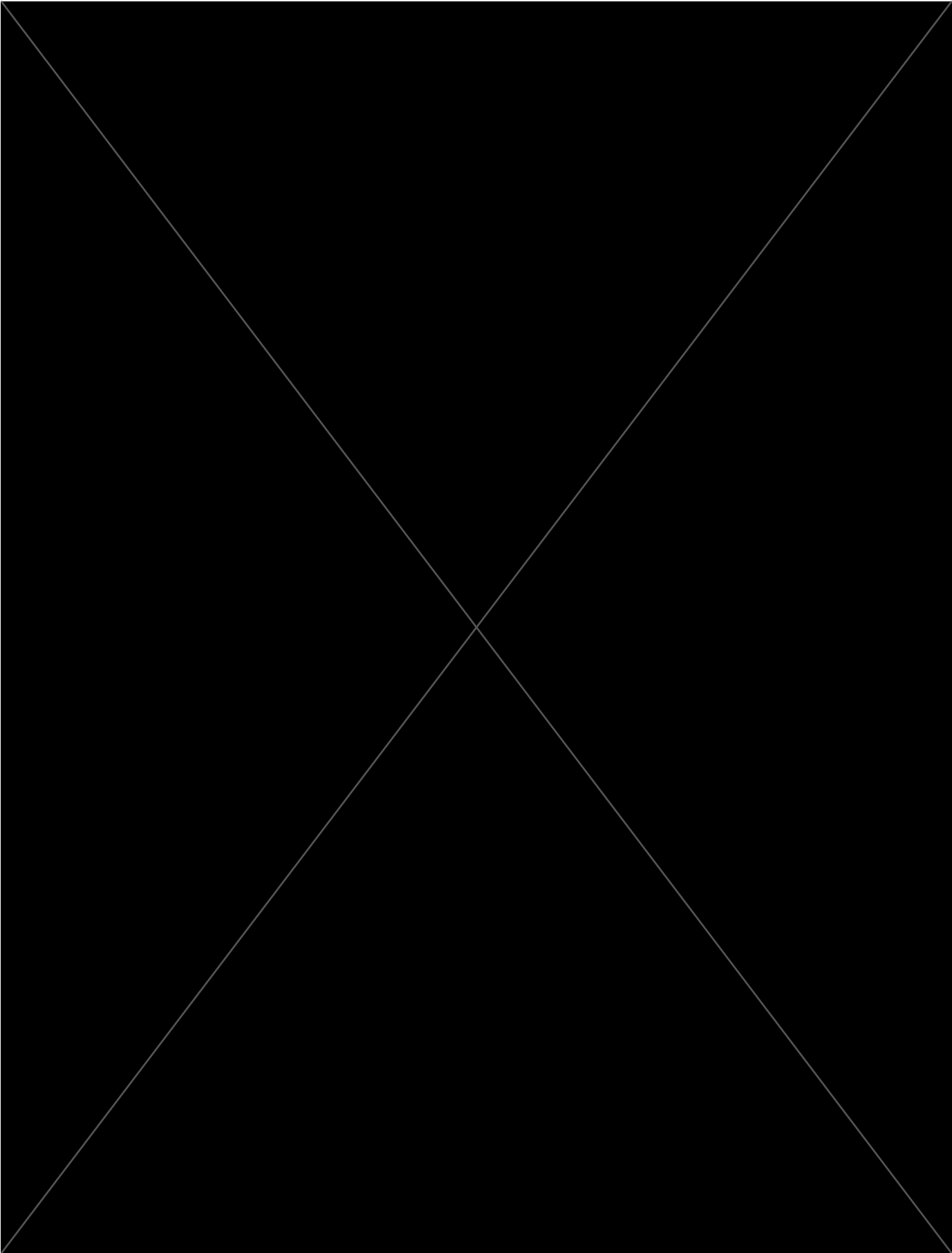


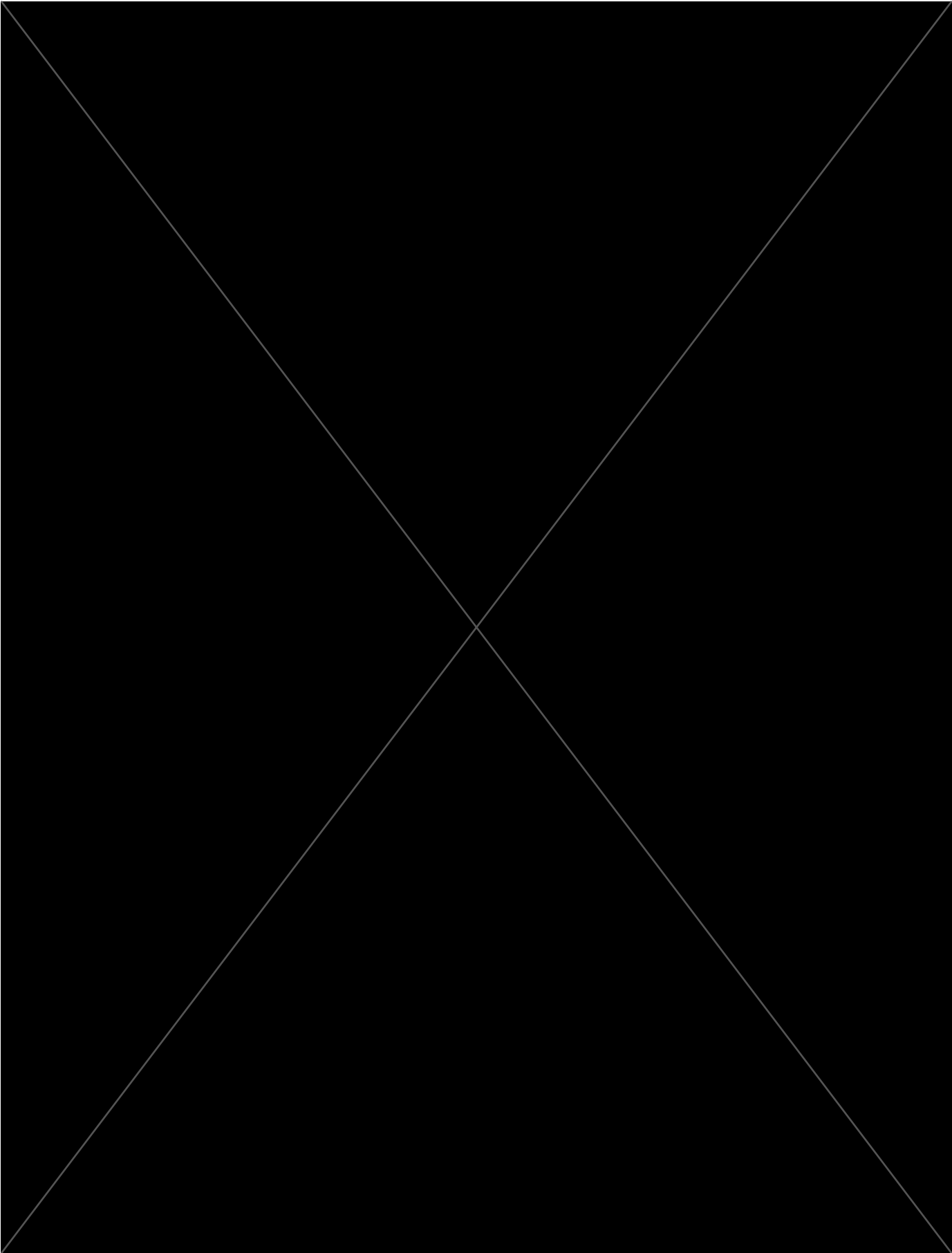


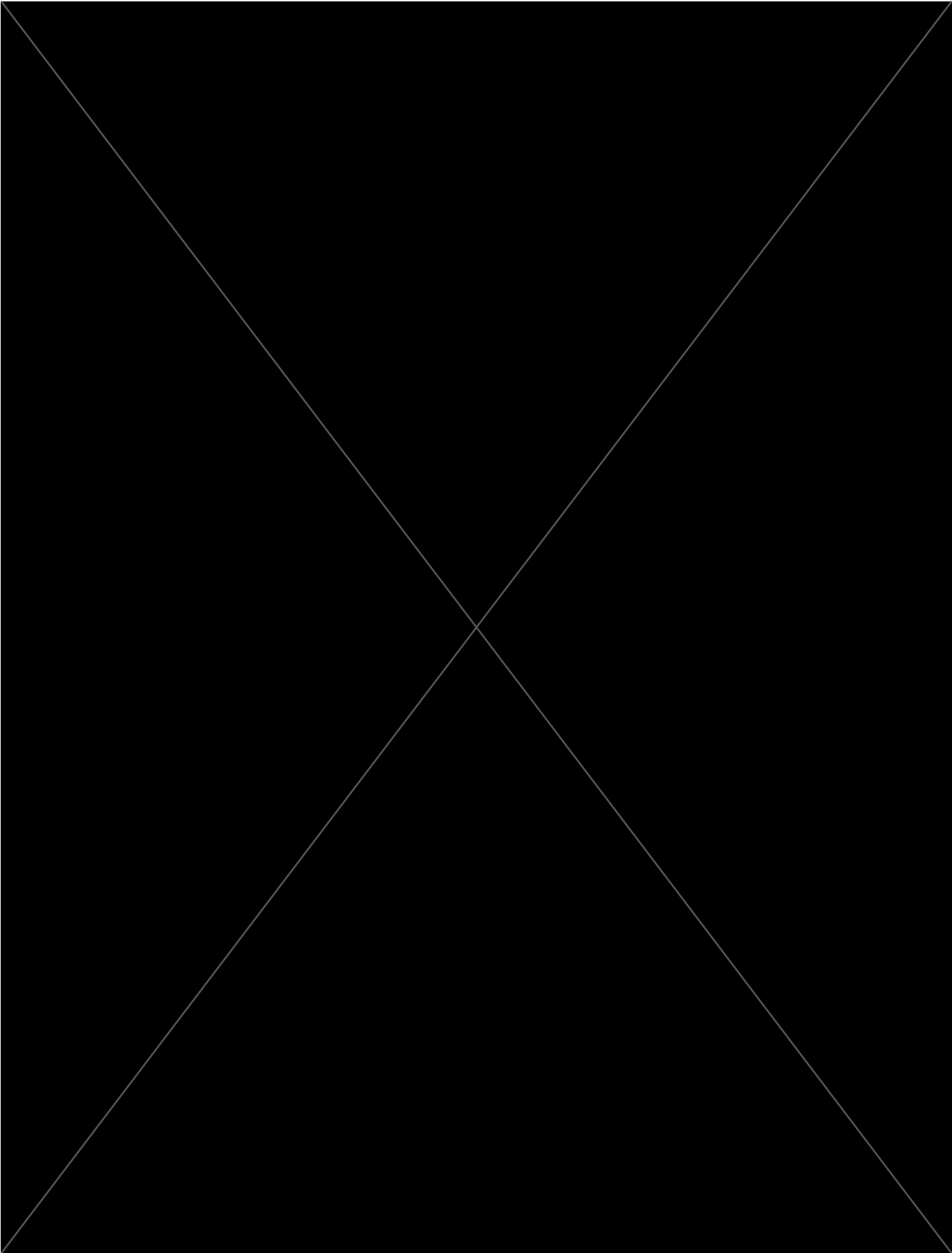


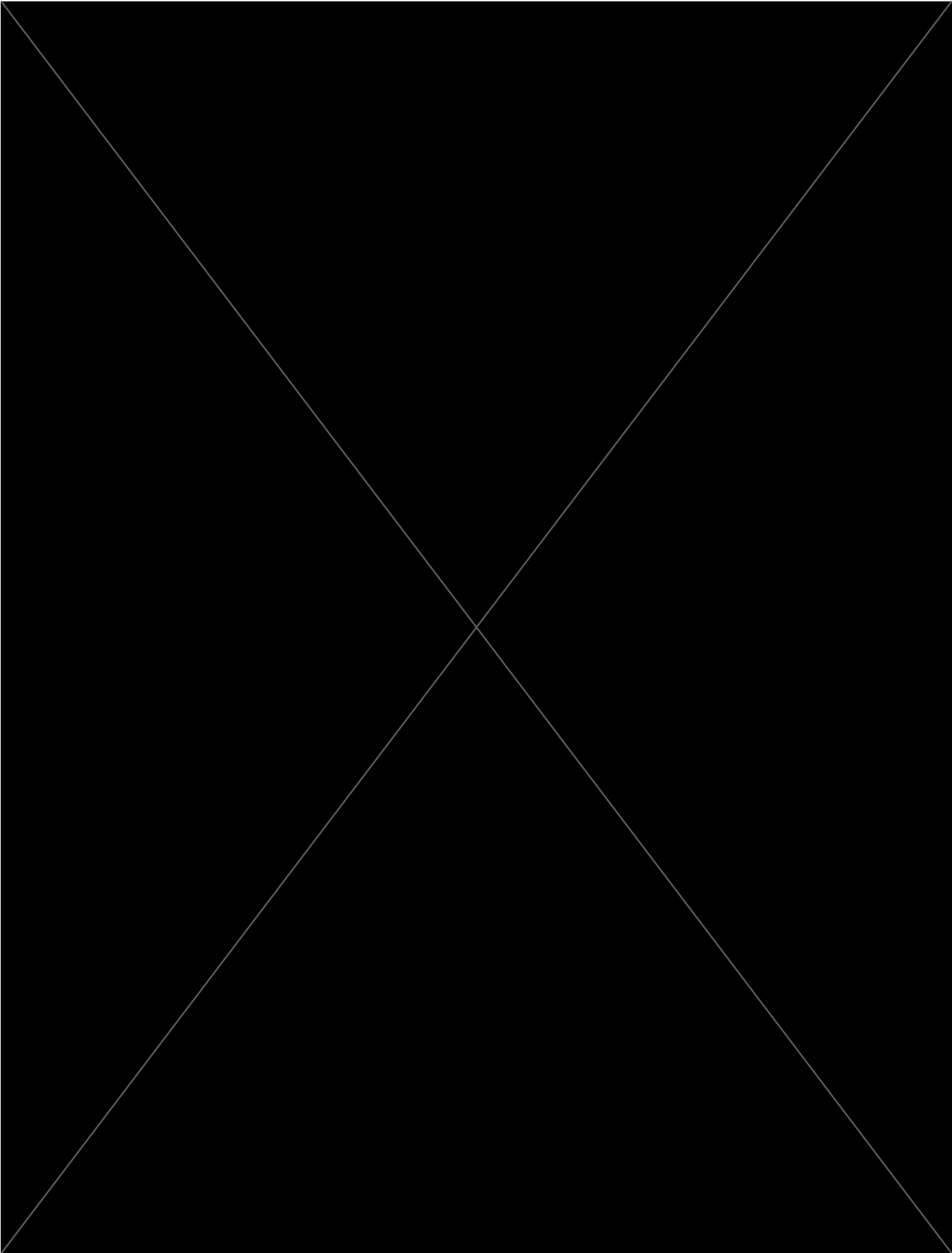


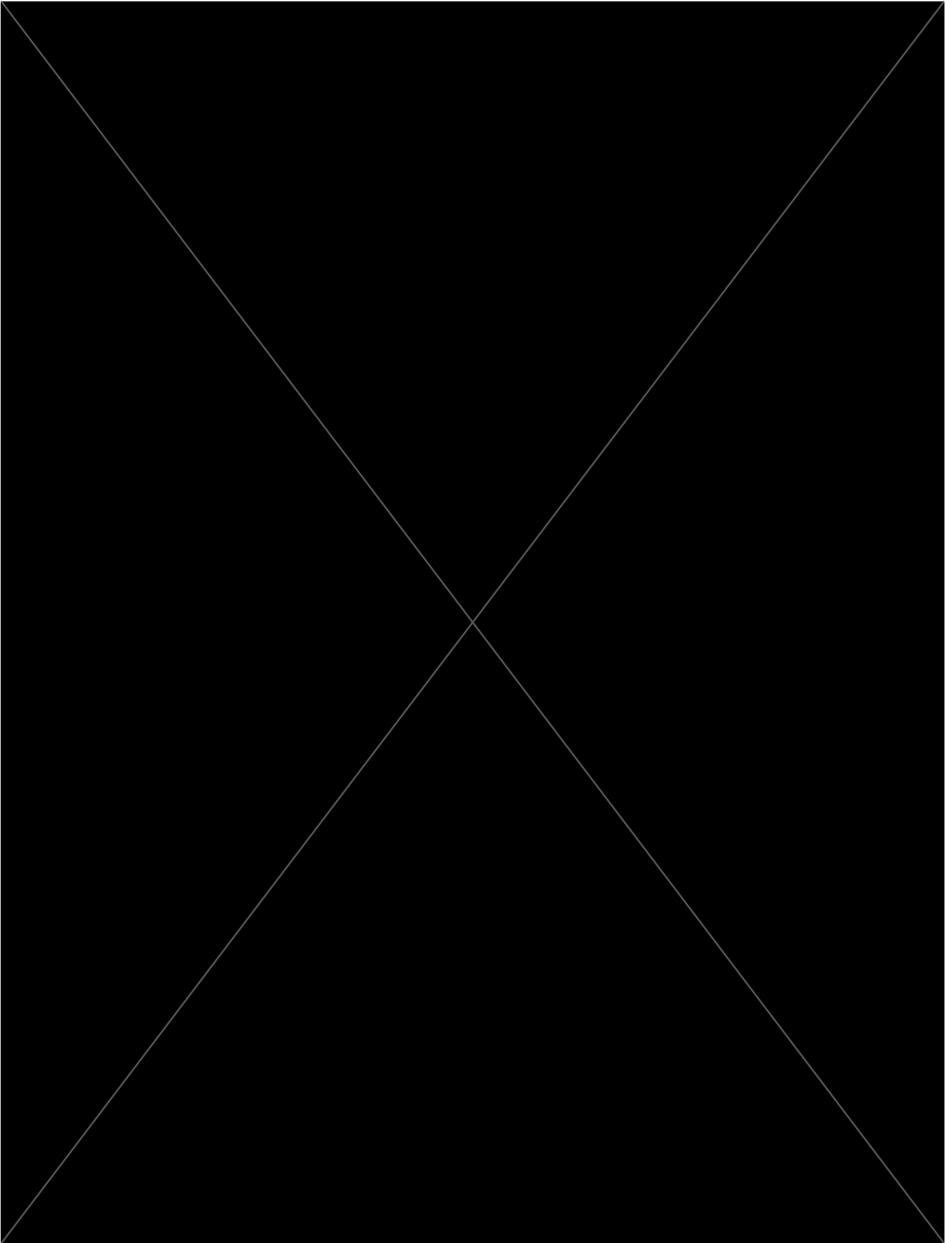


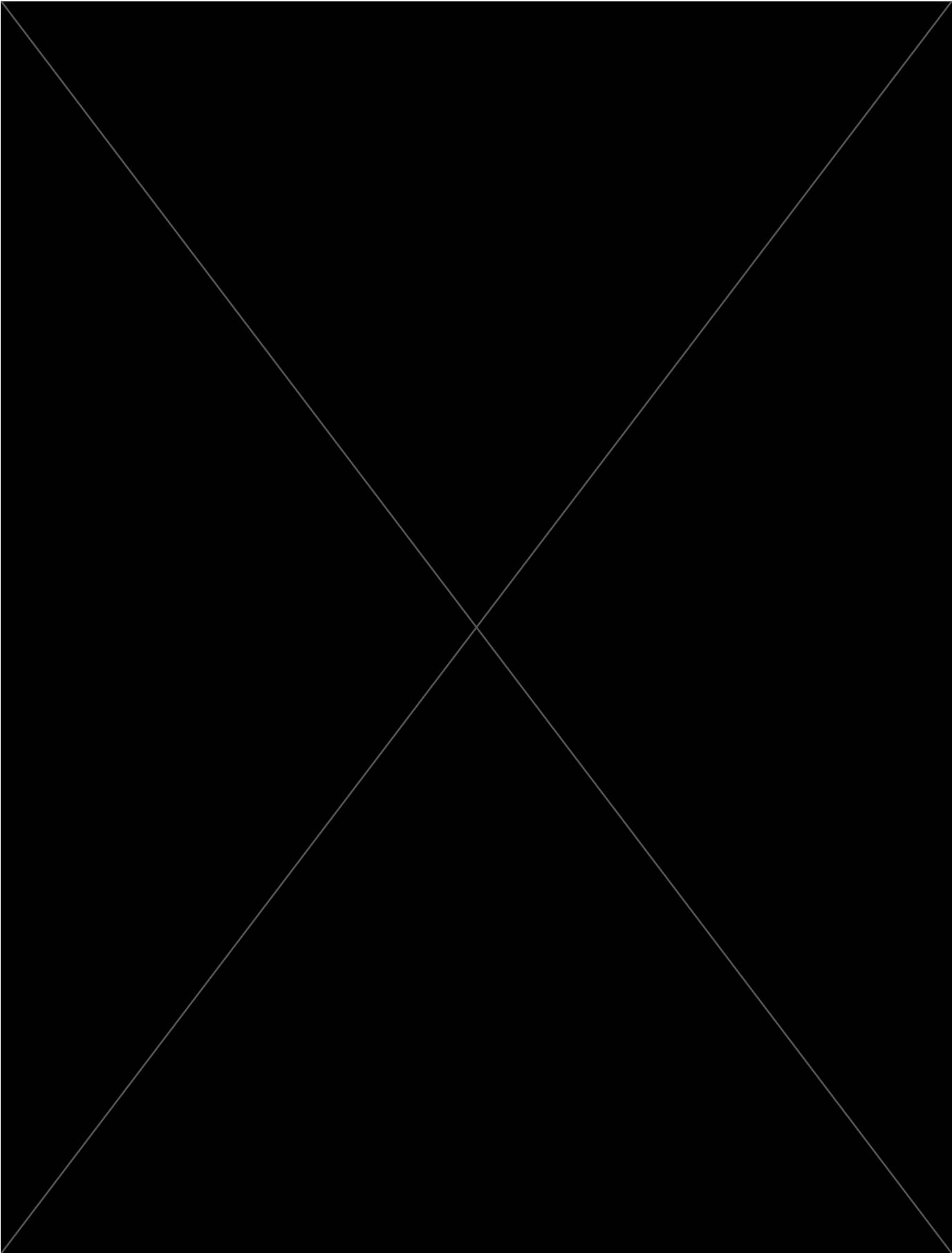


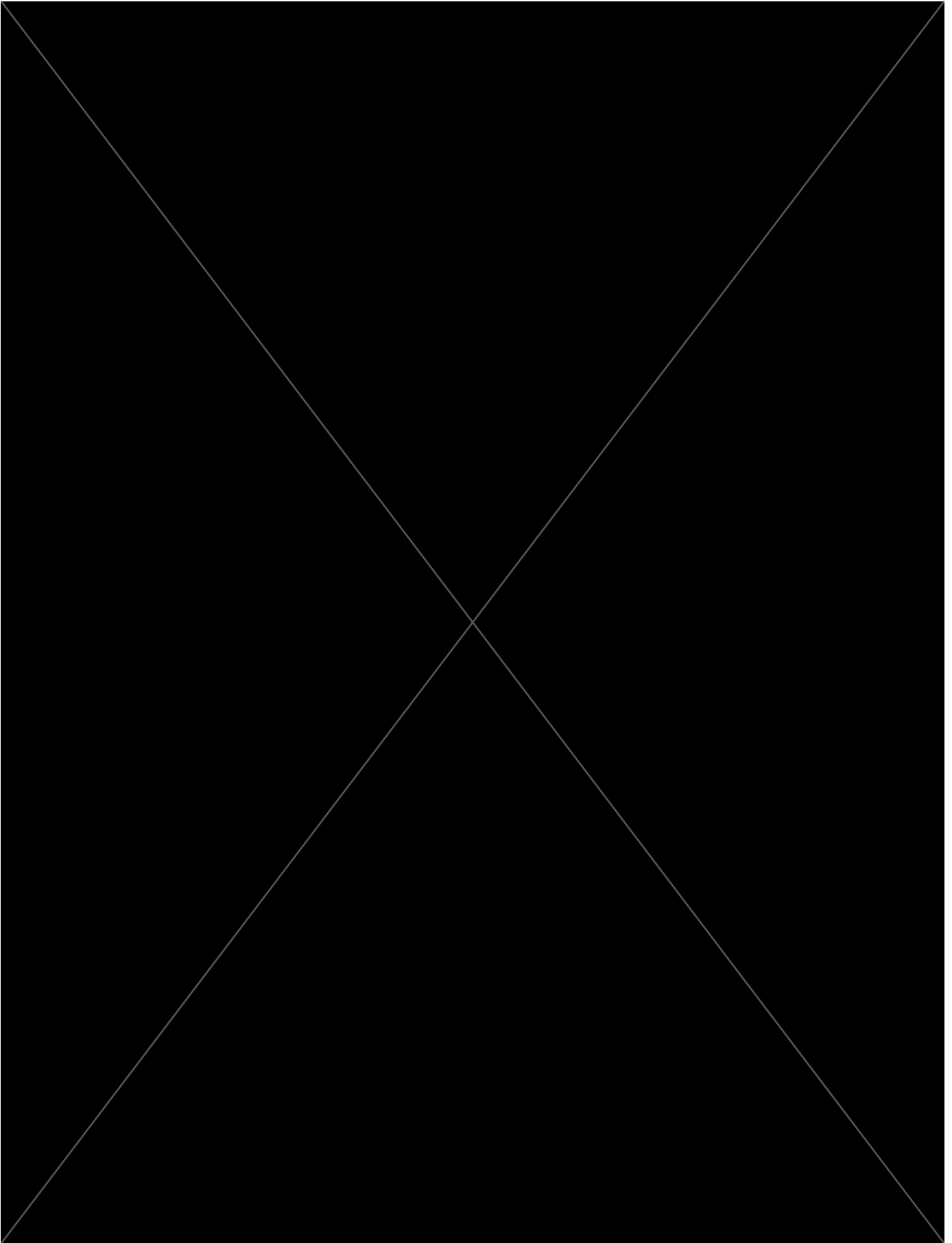


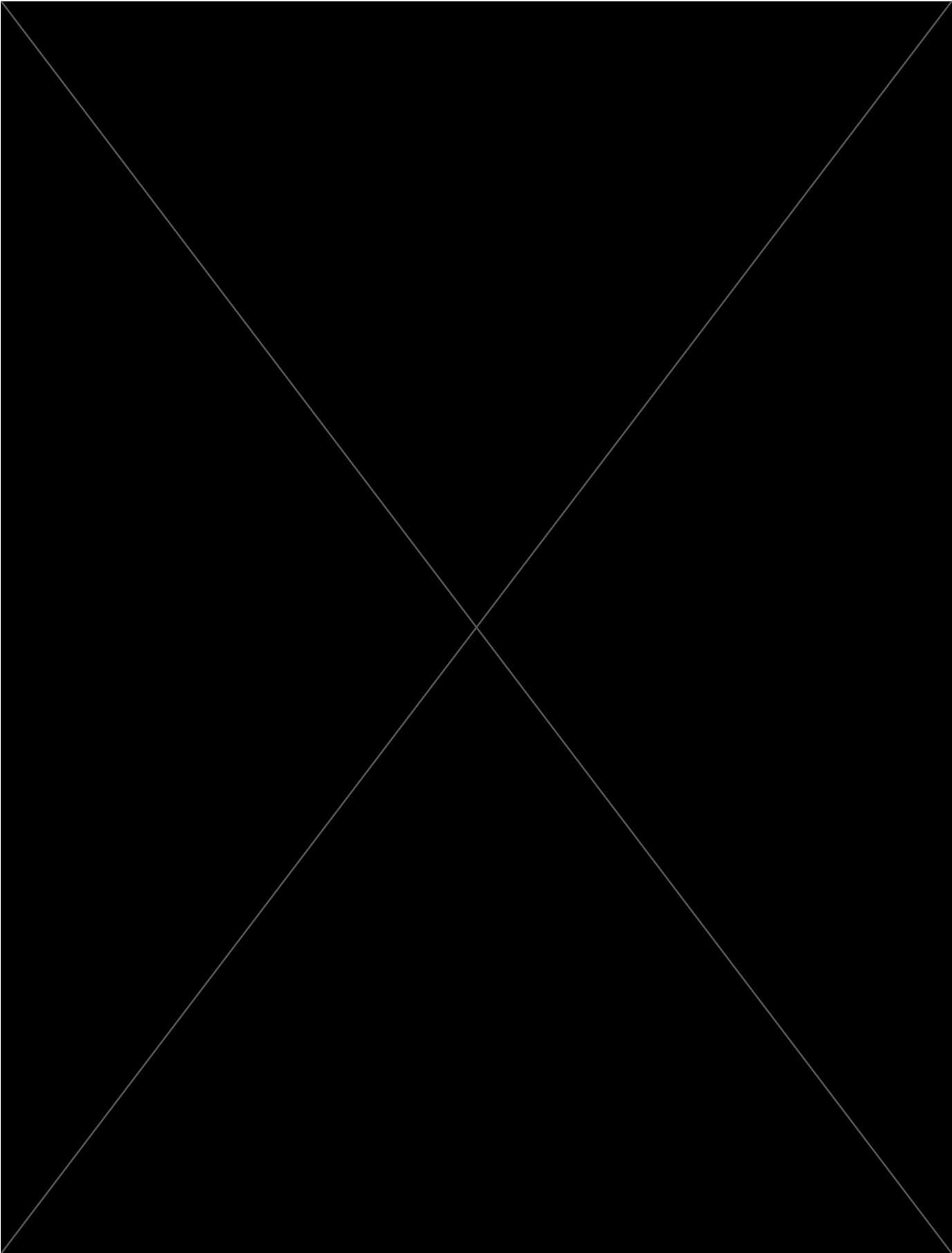












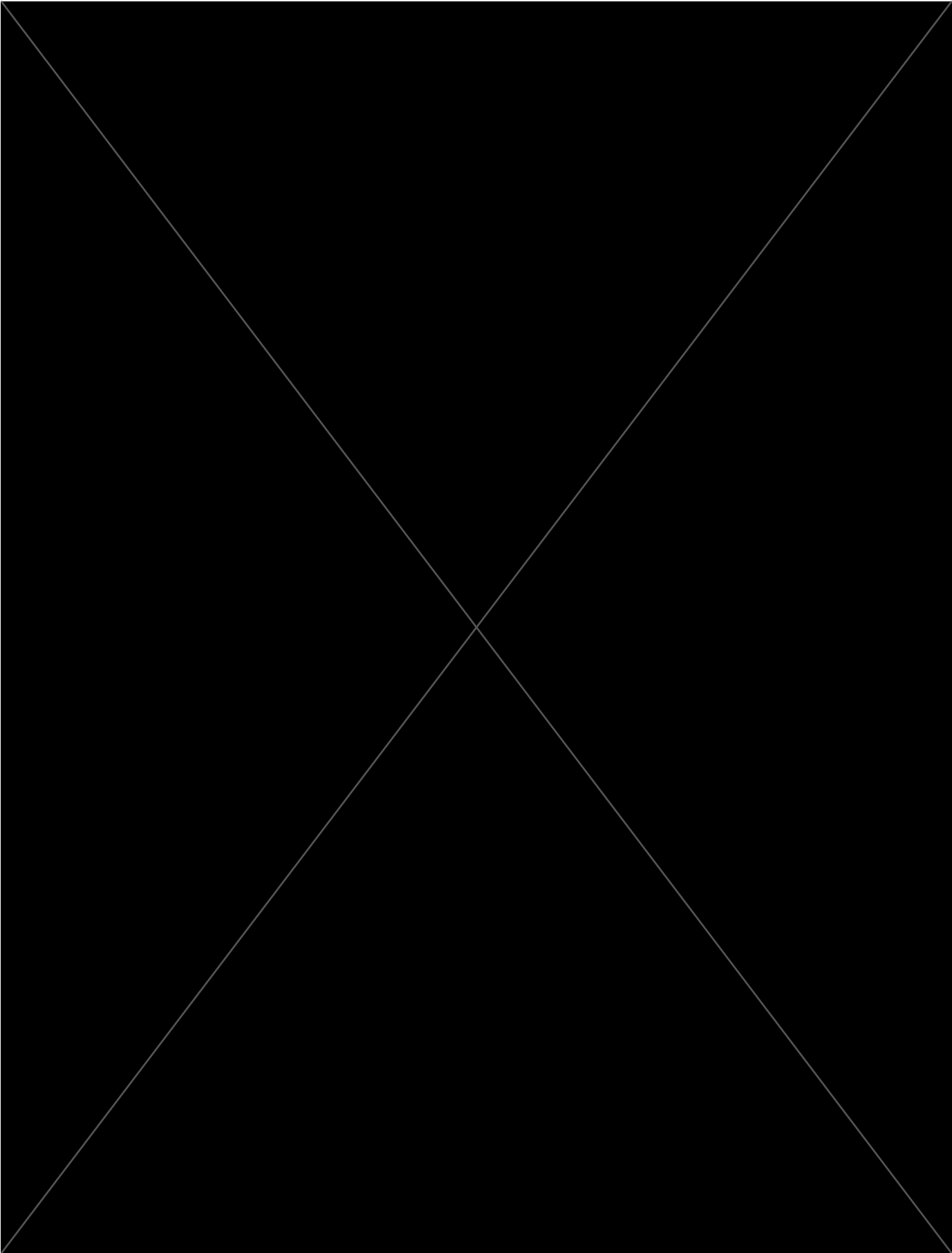
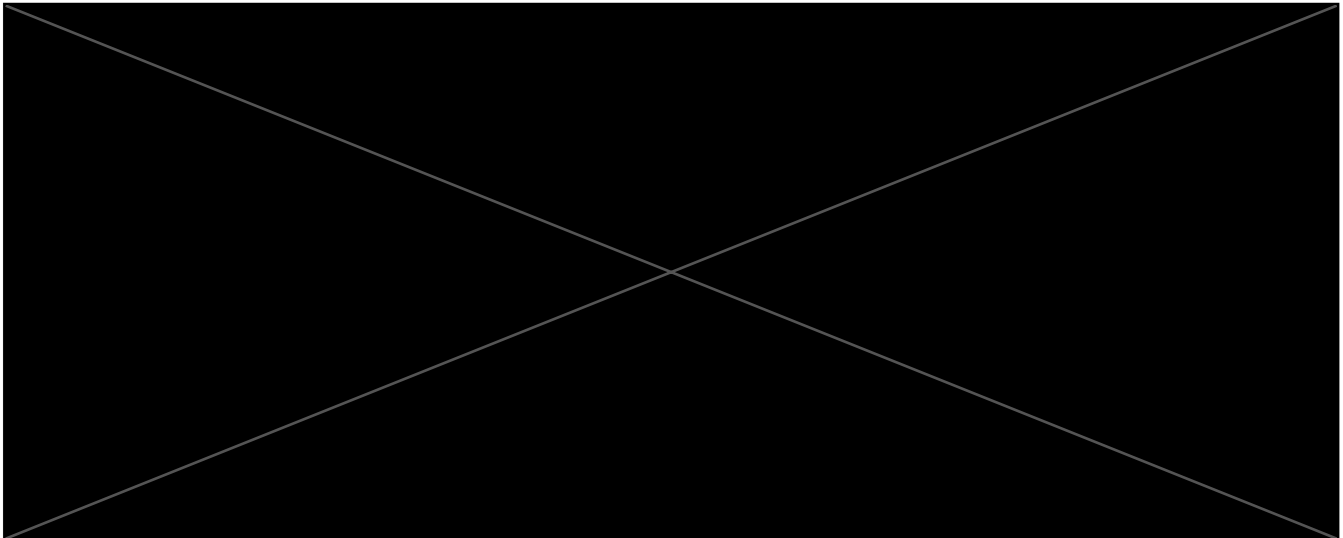


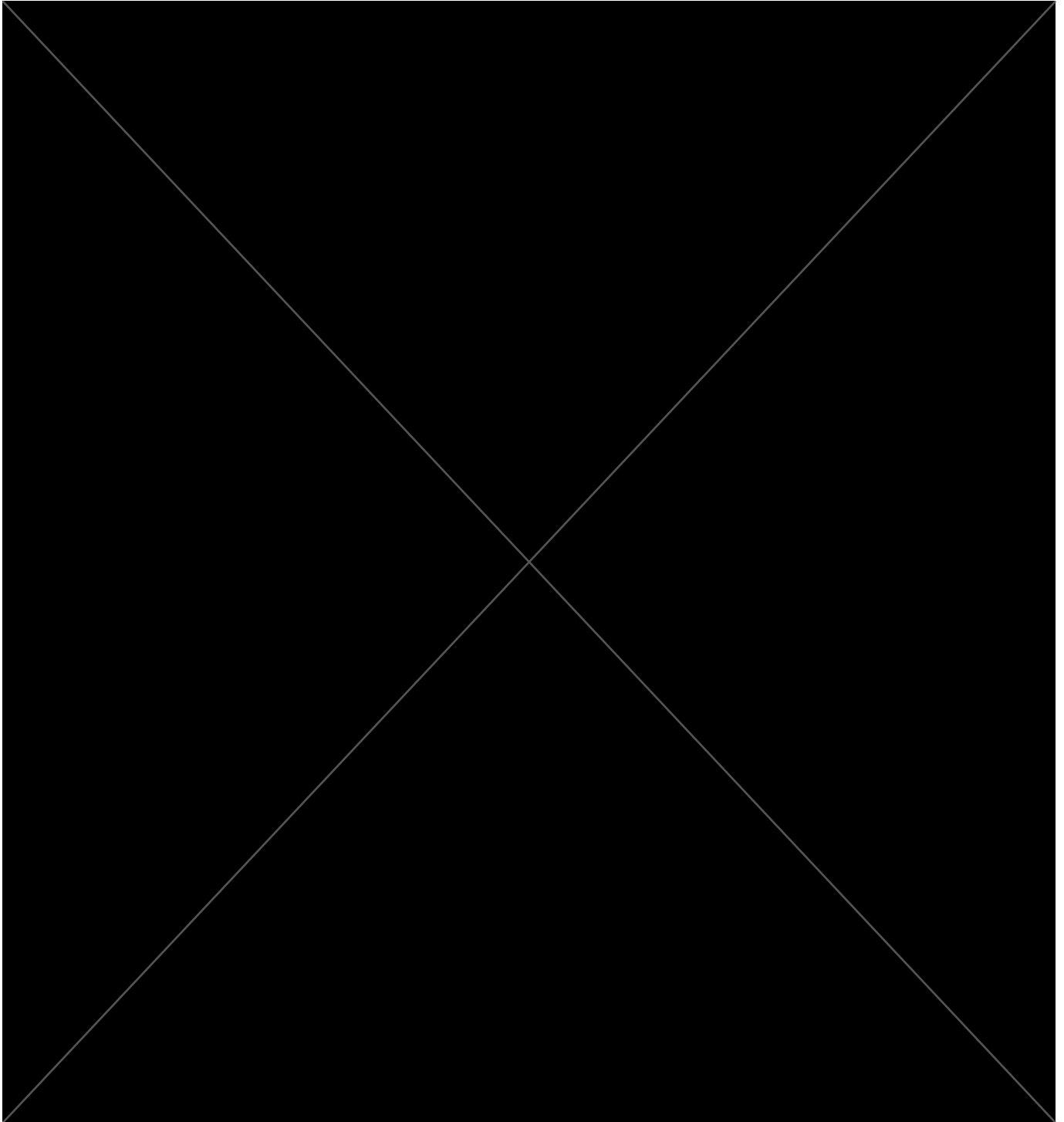
Exhibit 16 - Policies and Procedures Manual

Exhibit 16 Redacted (ALA.code.36-12-40(Security and Procedures))

Verification

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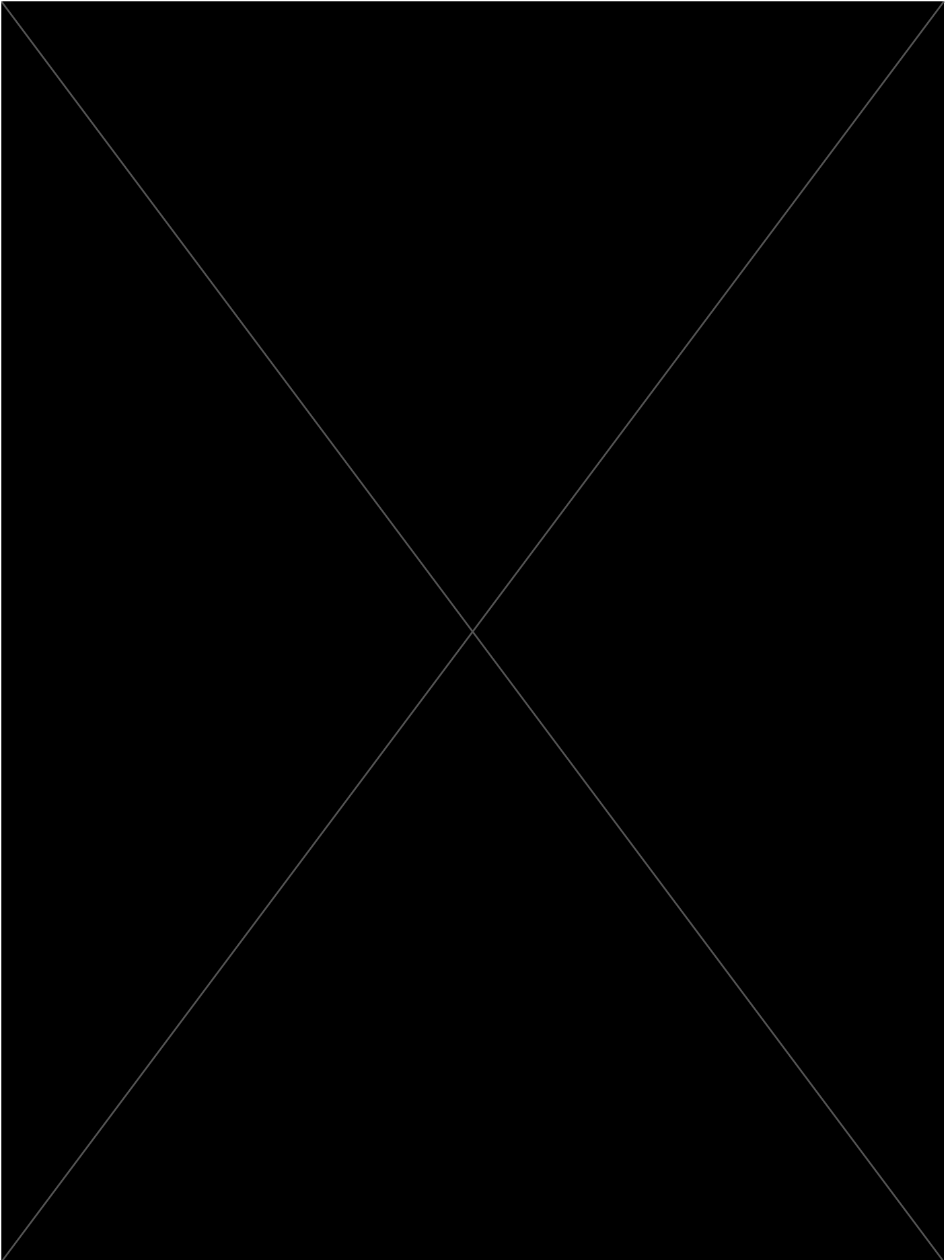


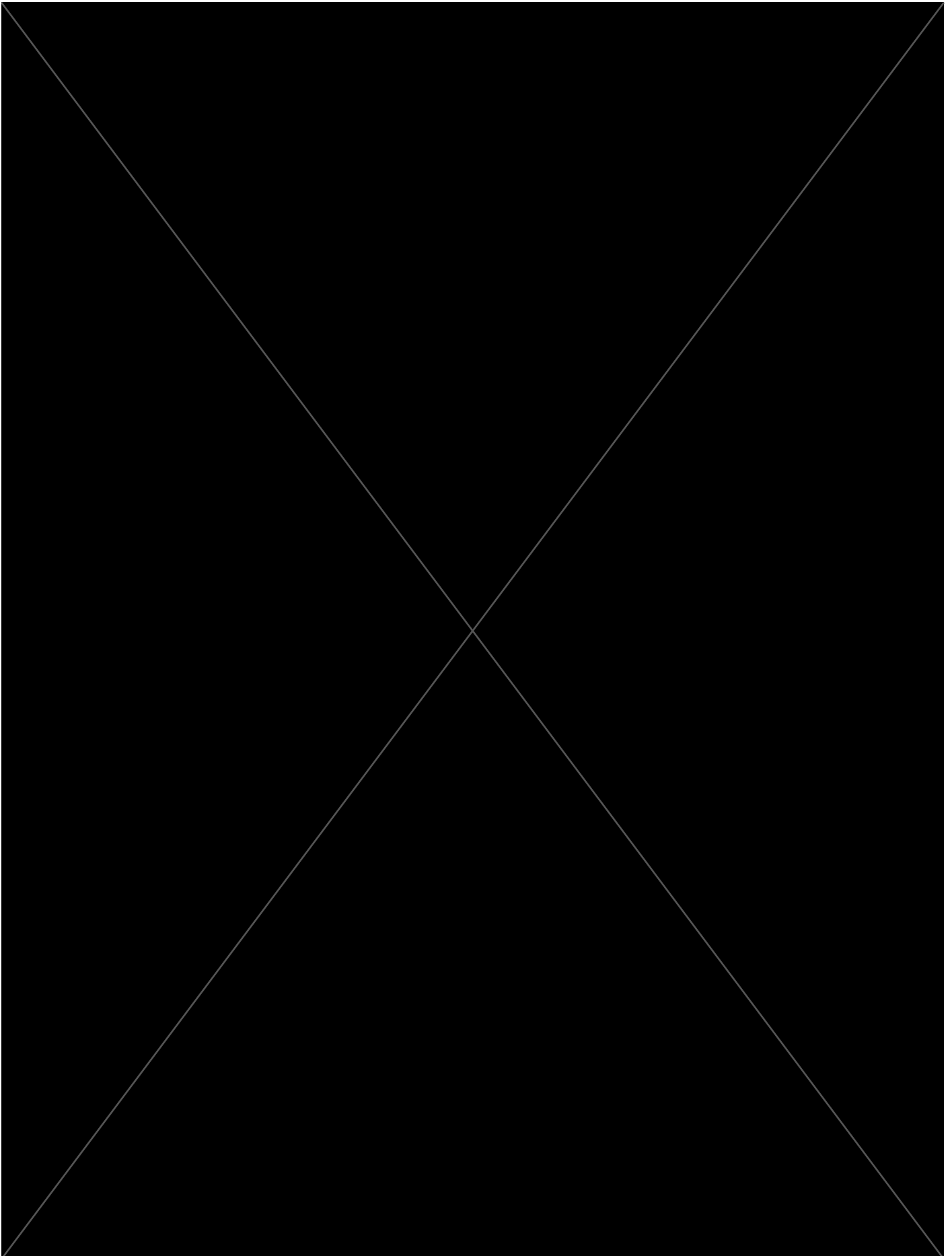


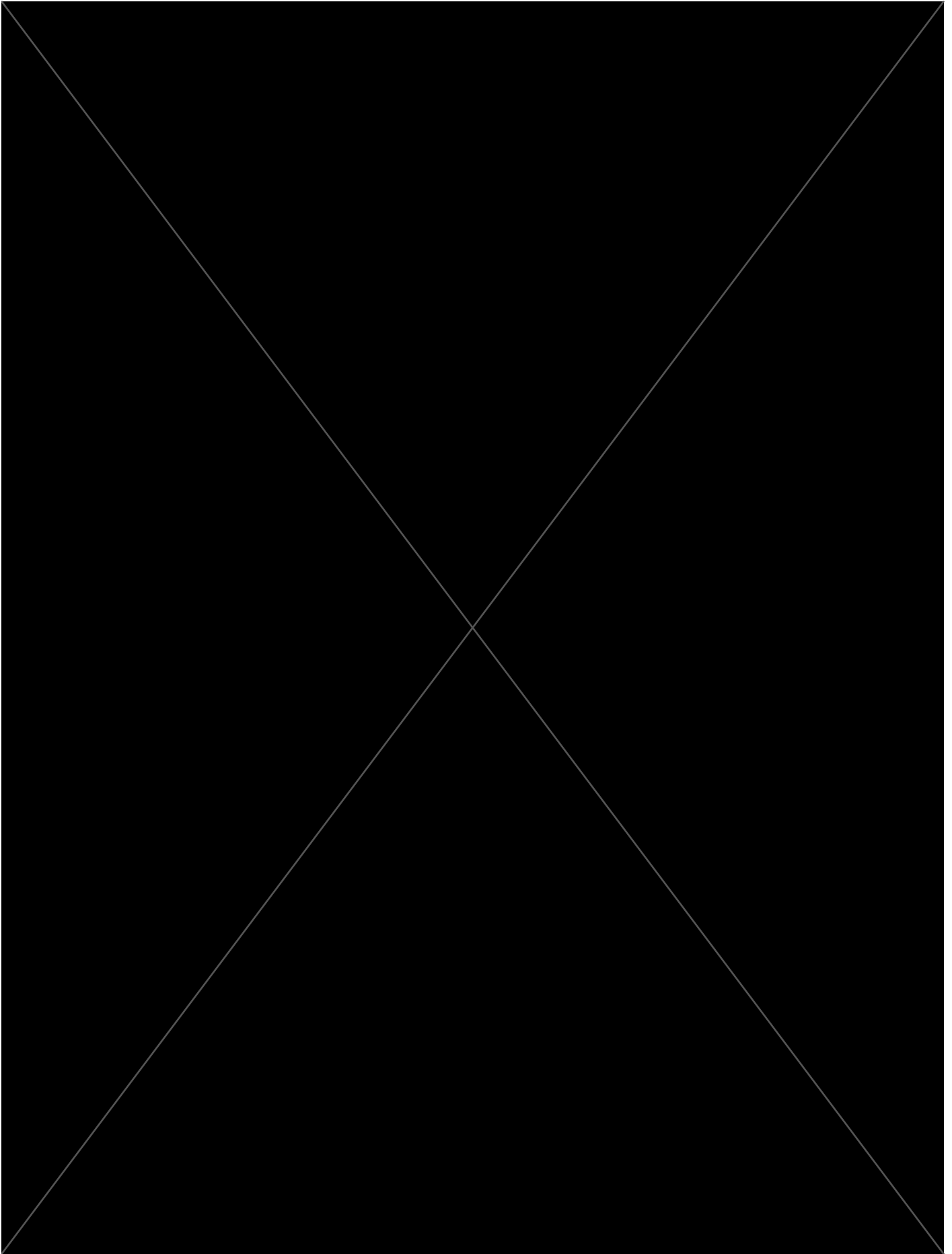
Policies and Procedures Manual

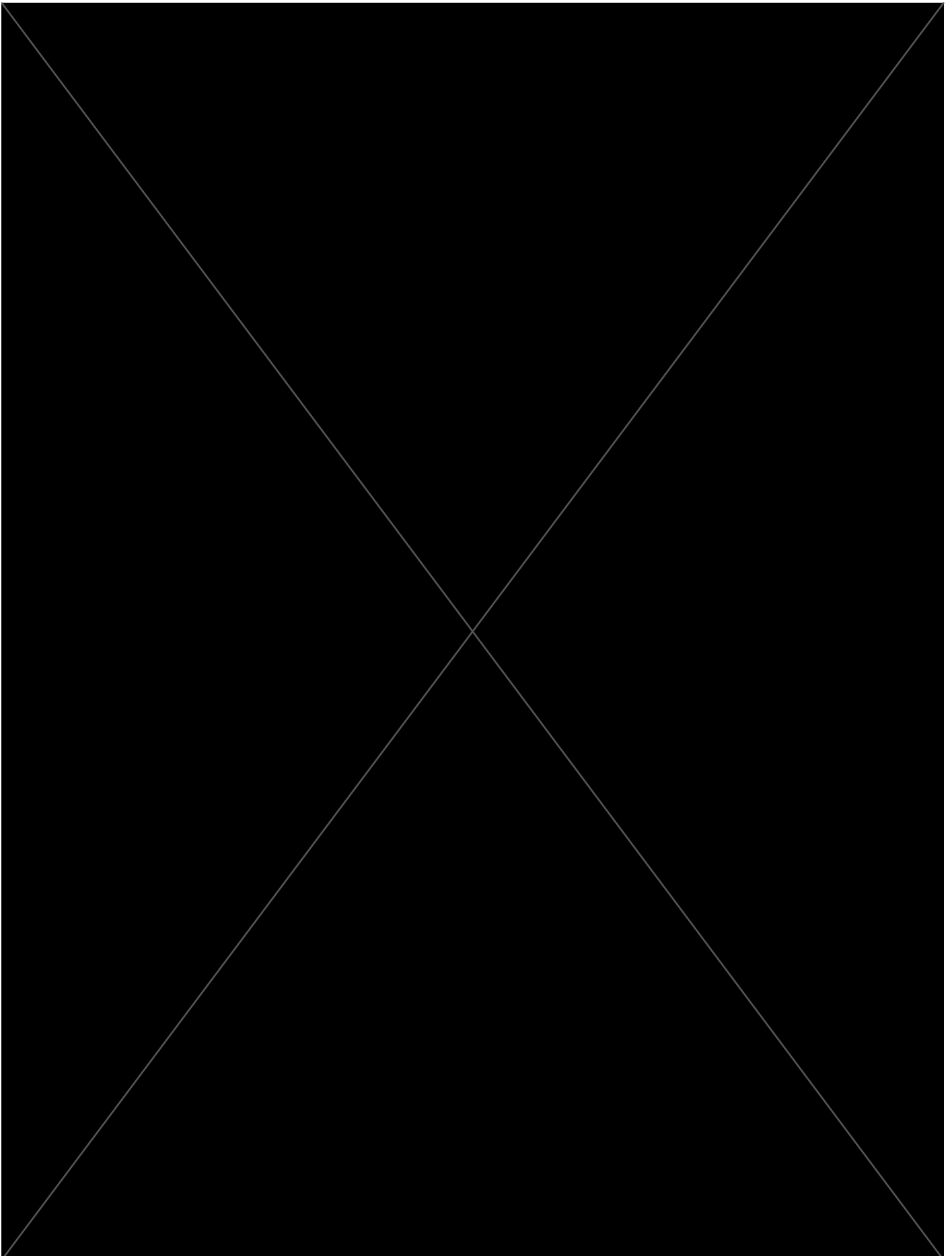
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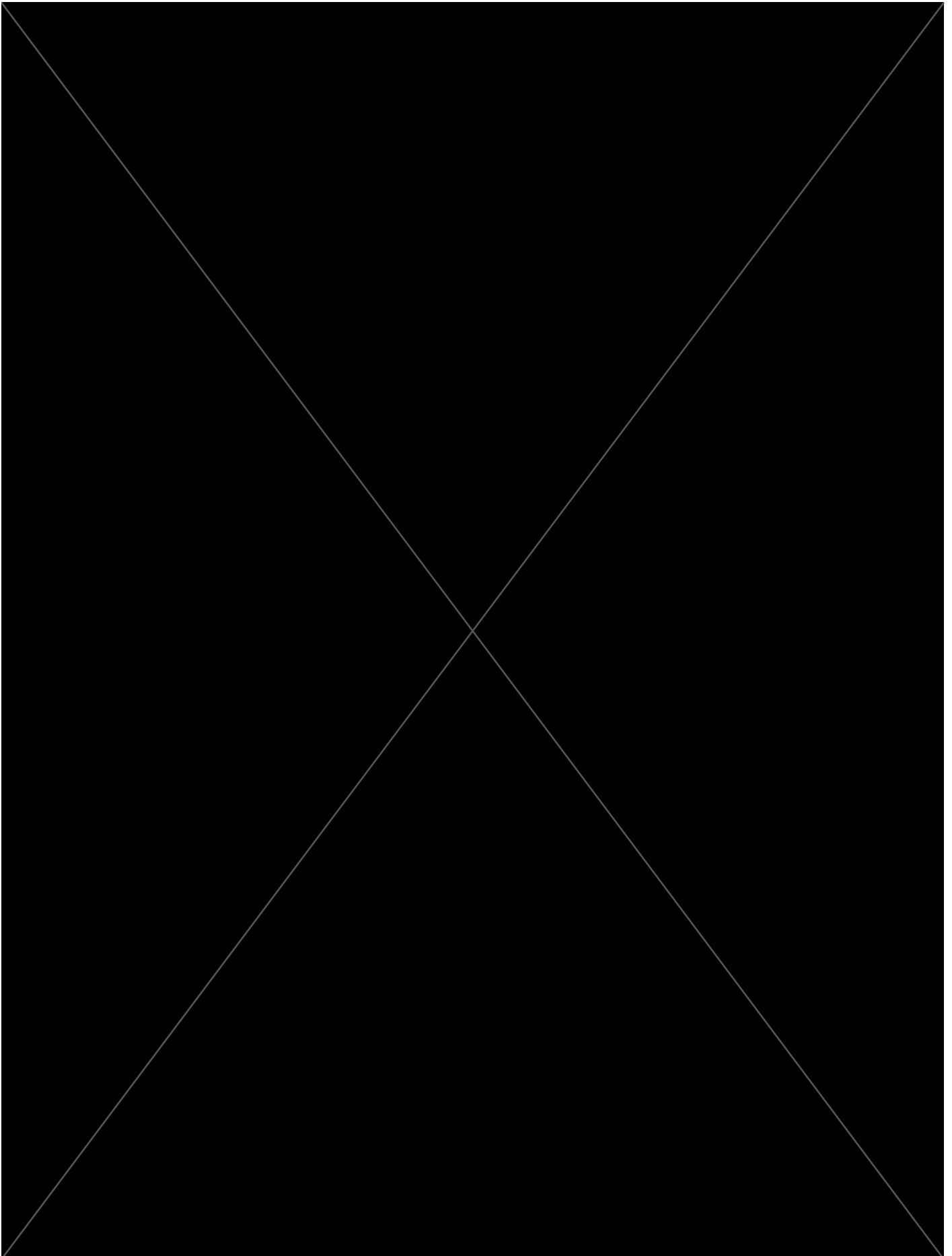
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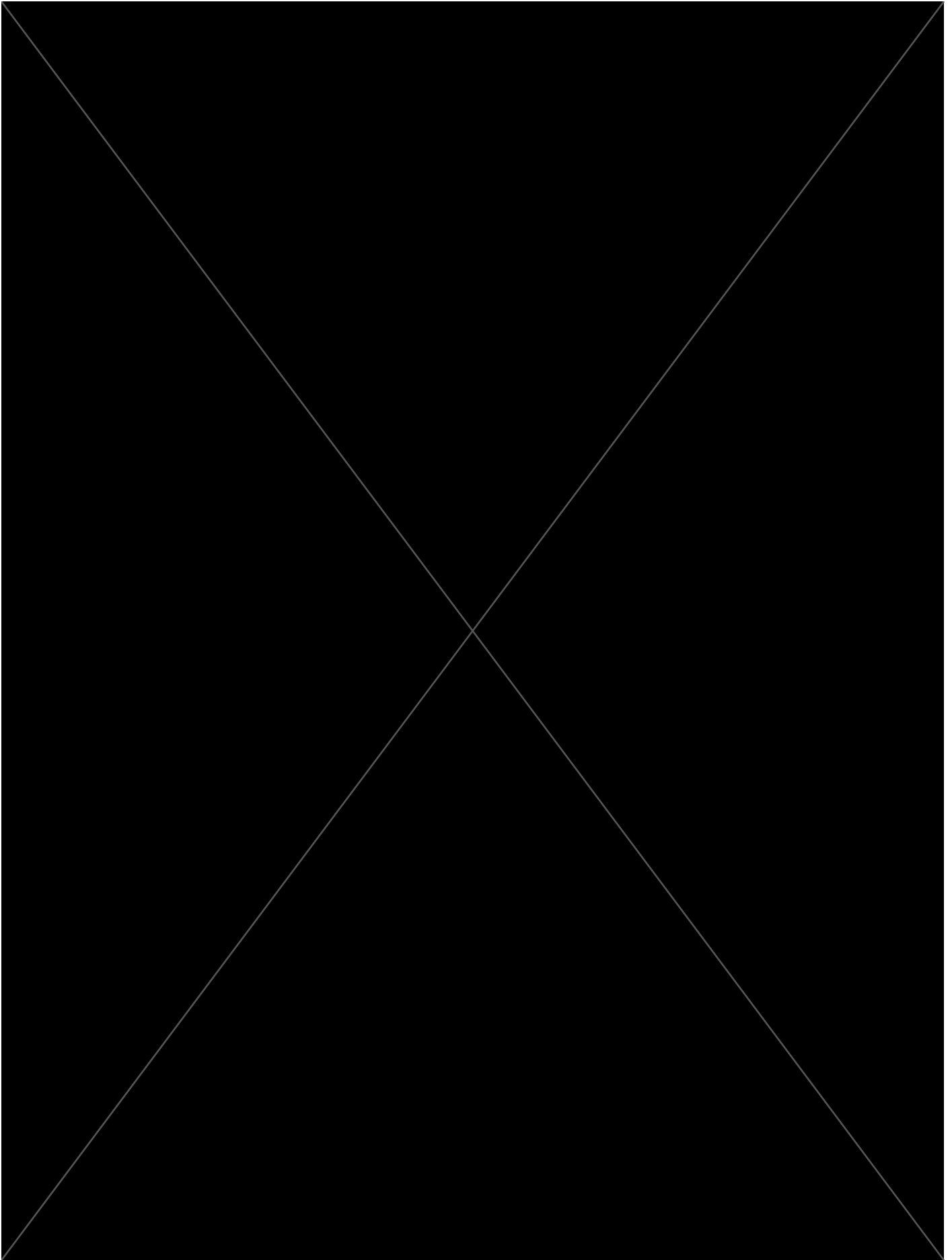


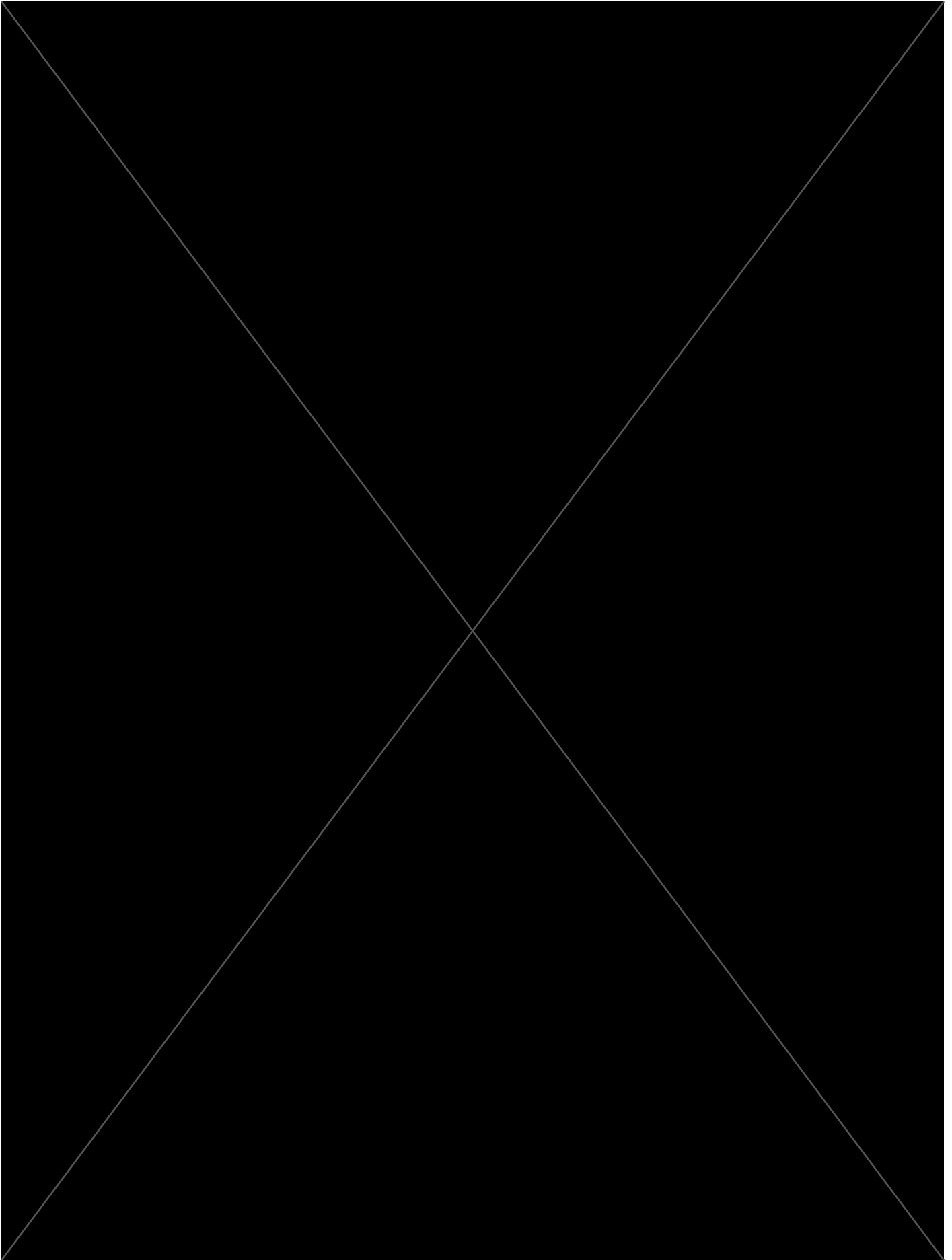


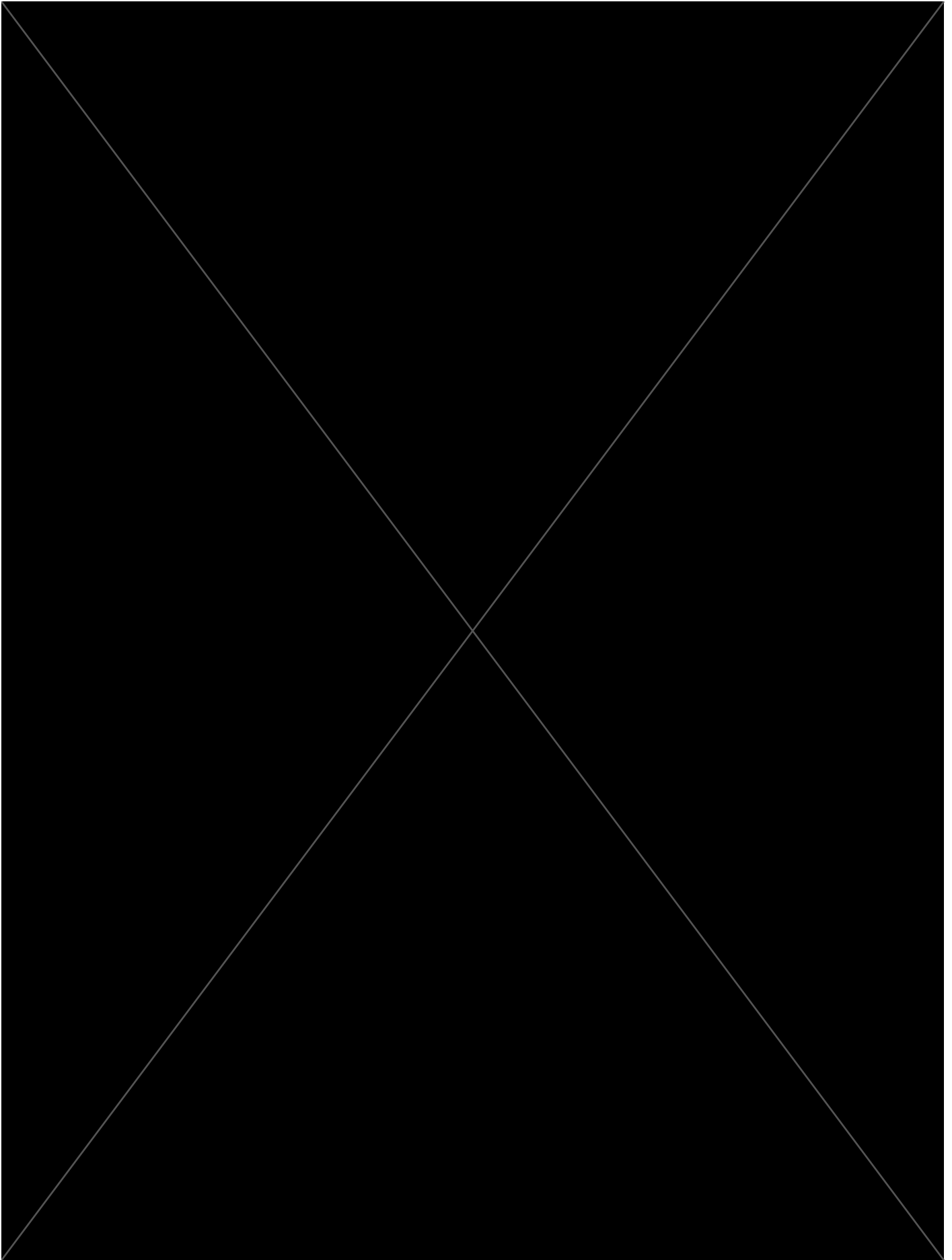


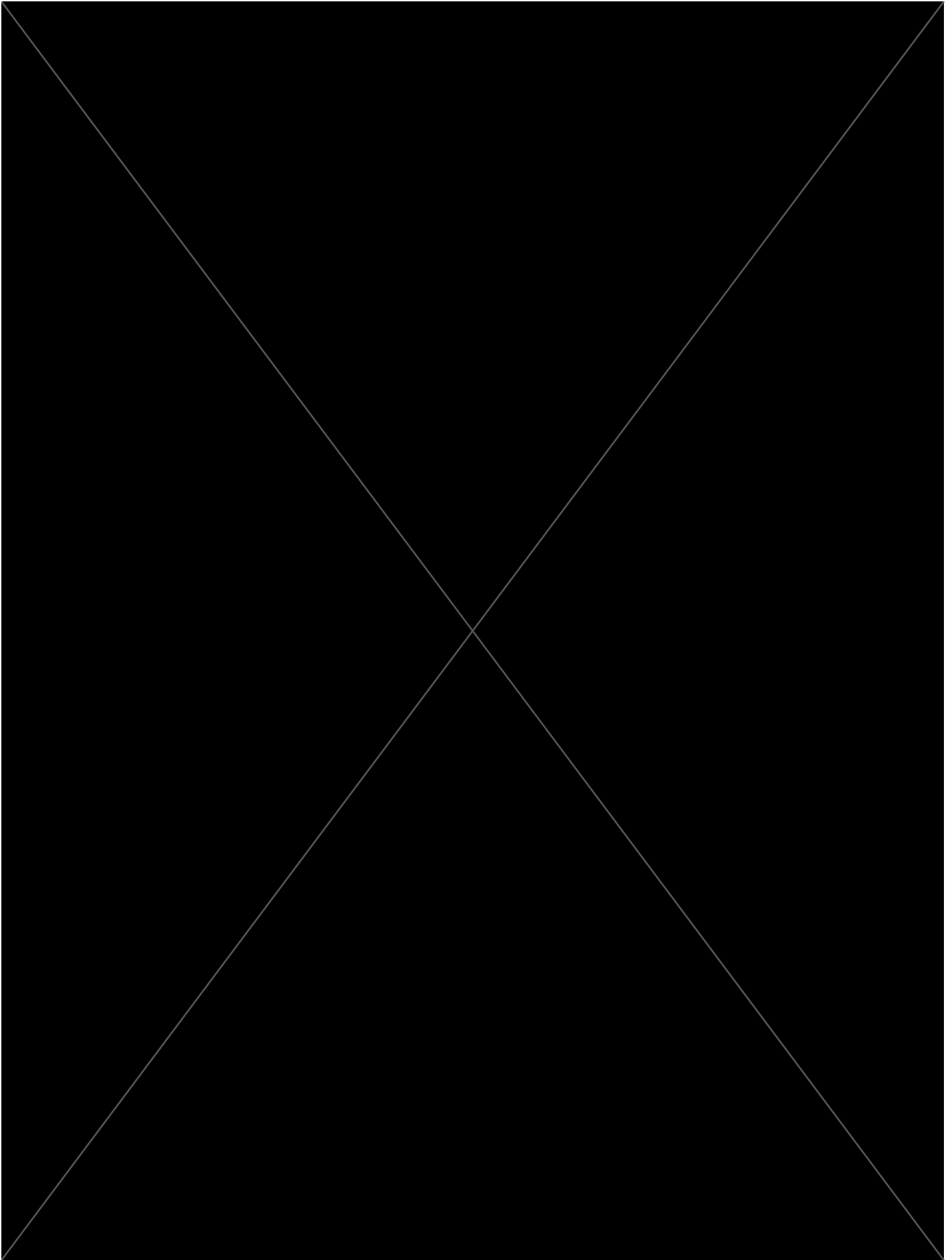


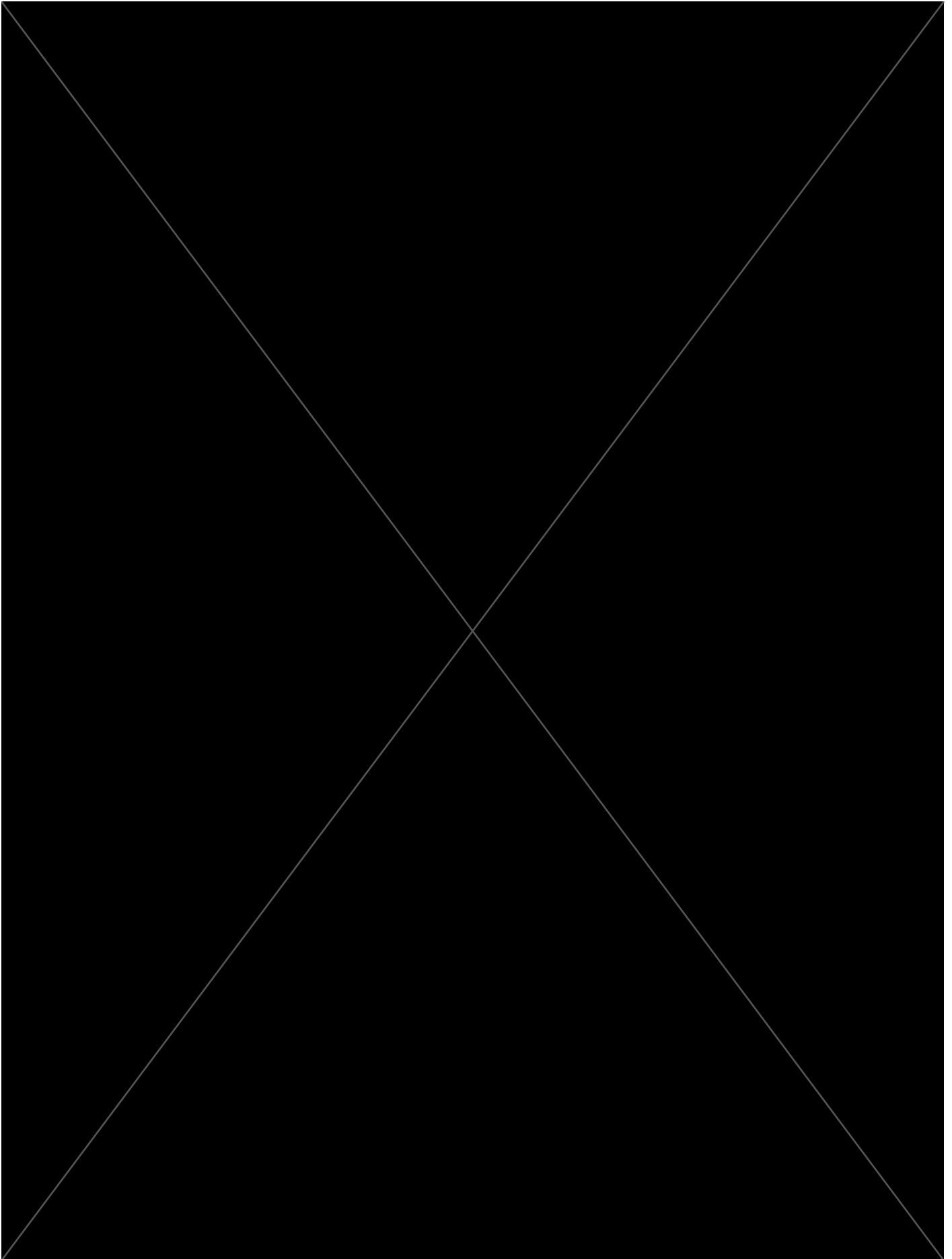


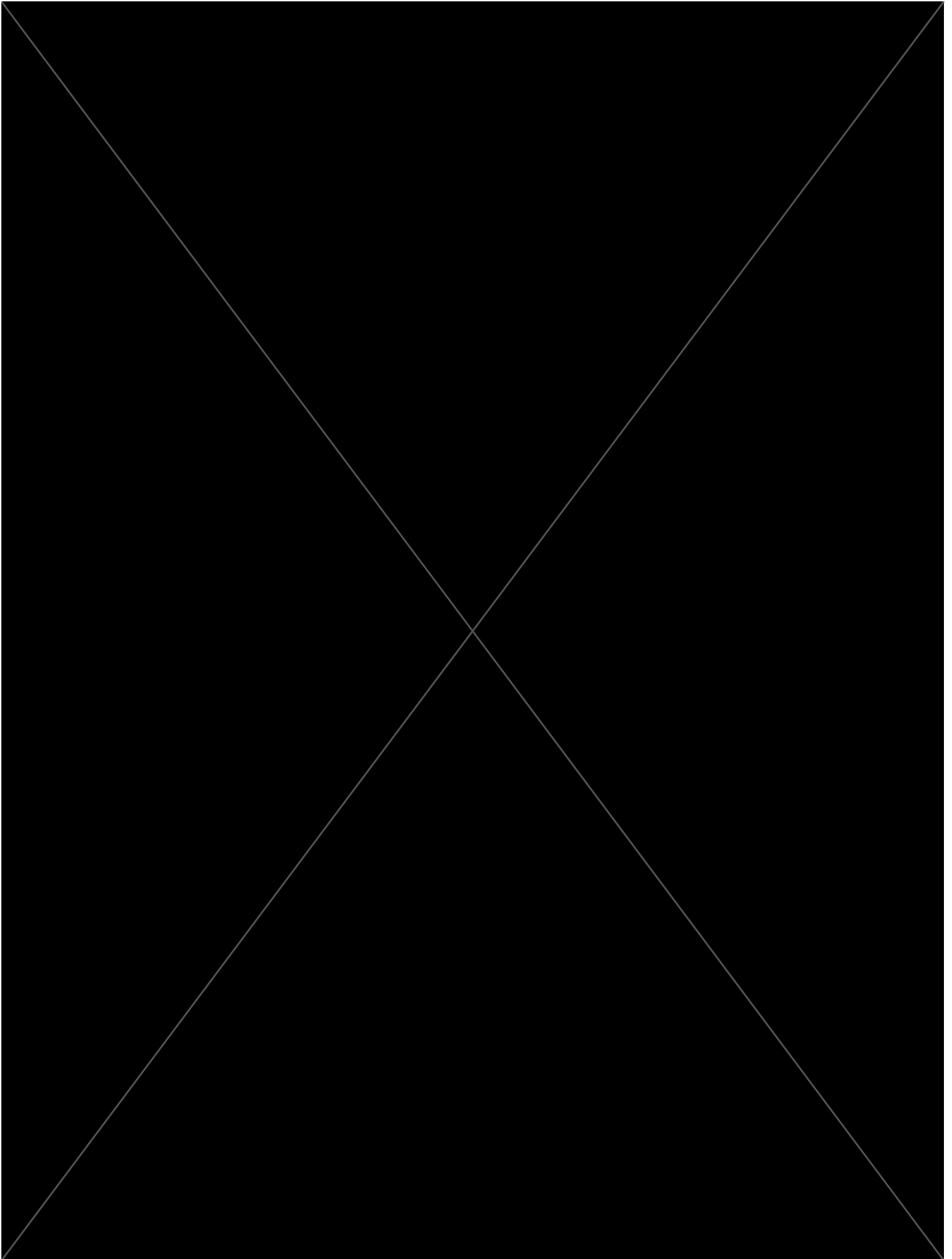


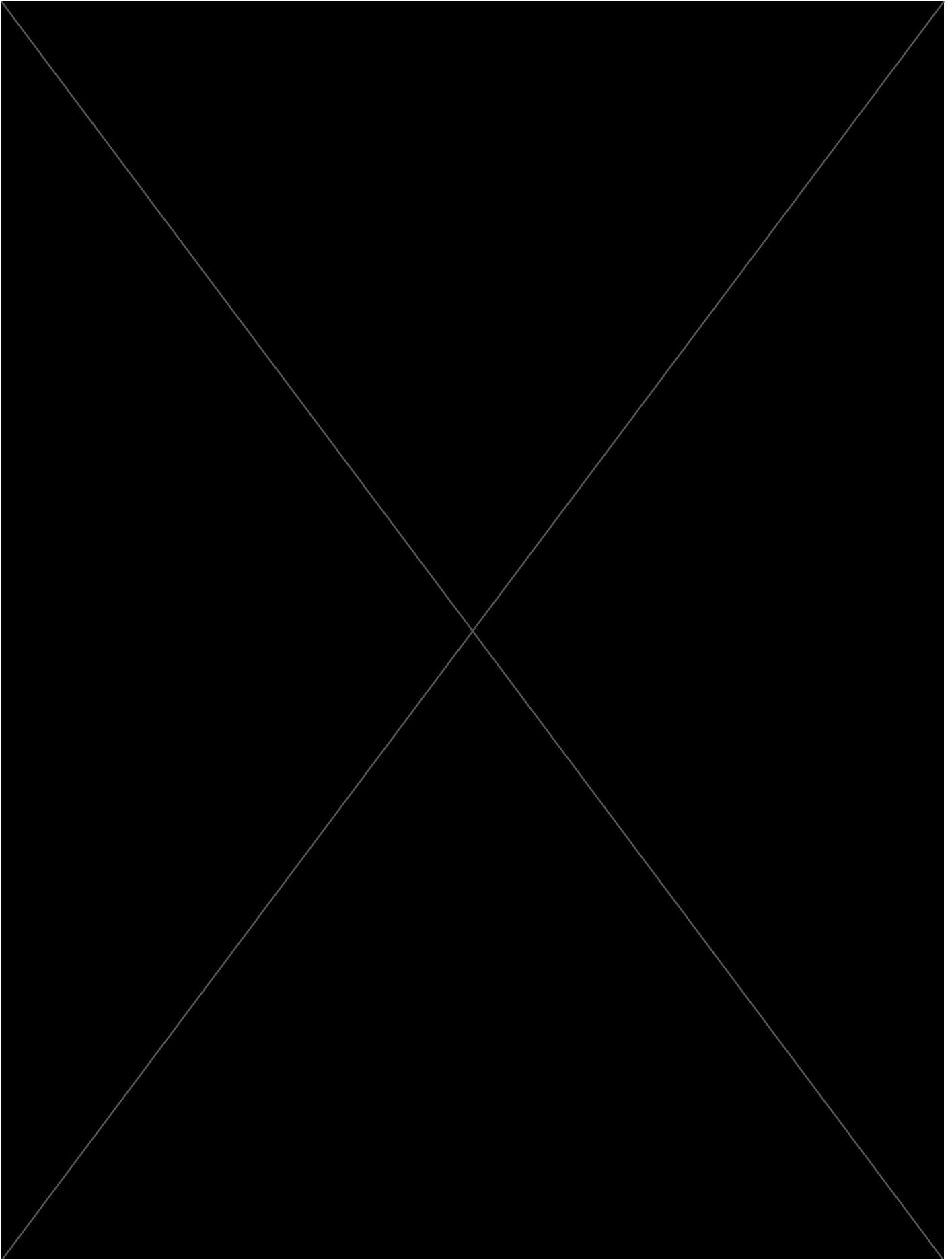


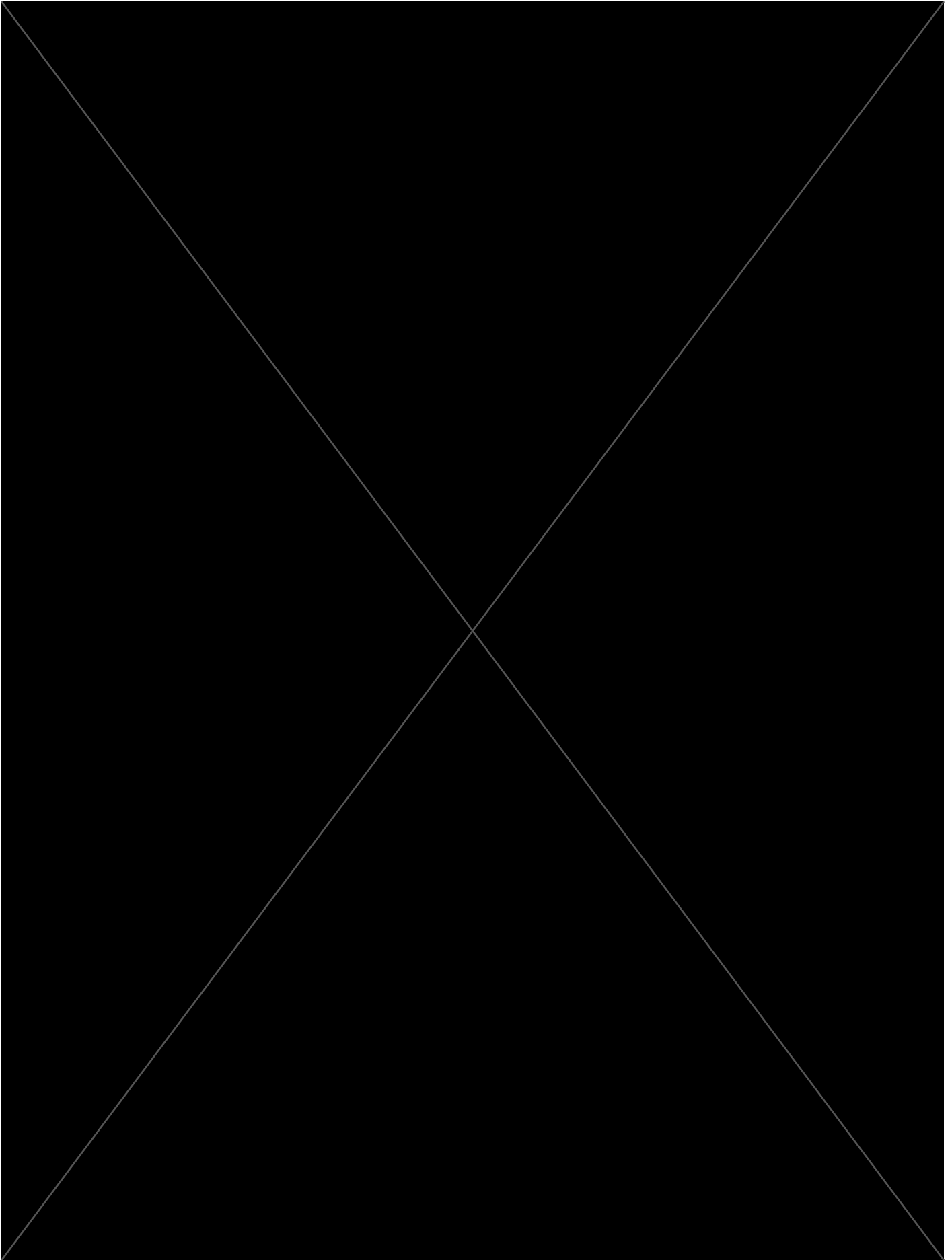


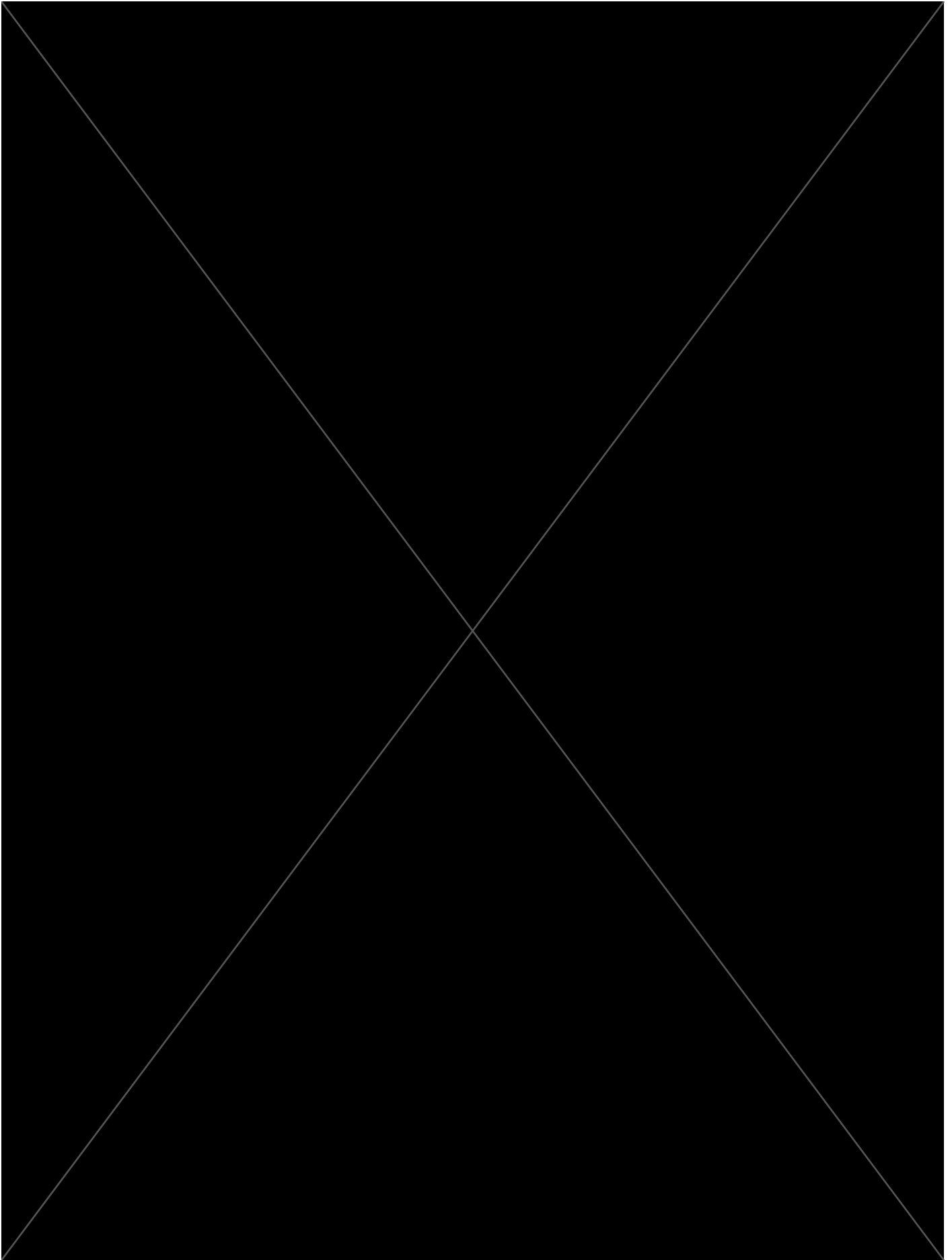


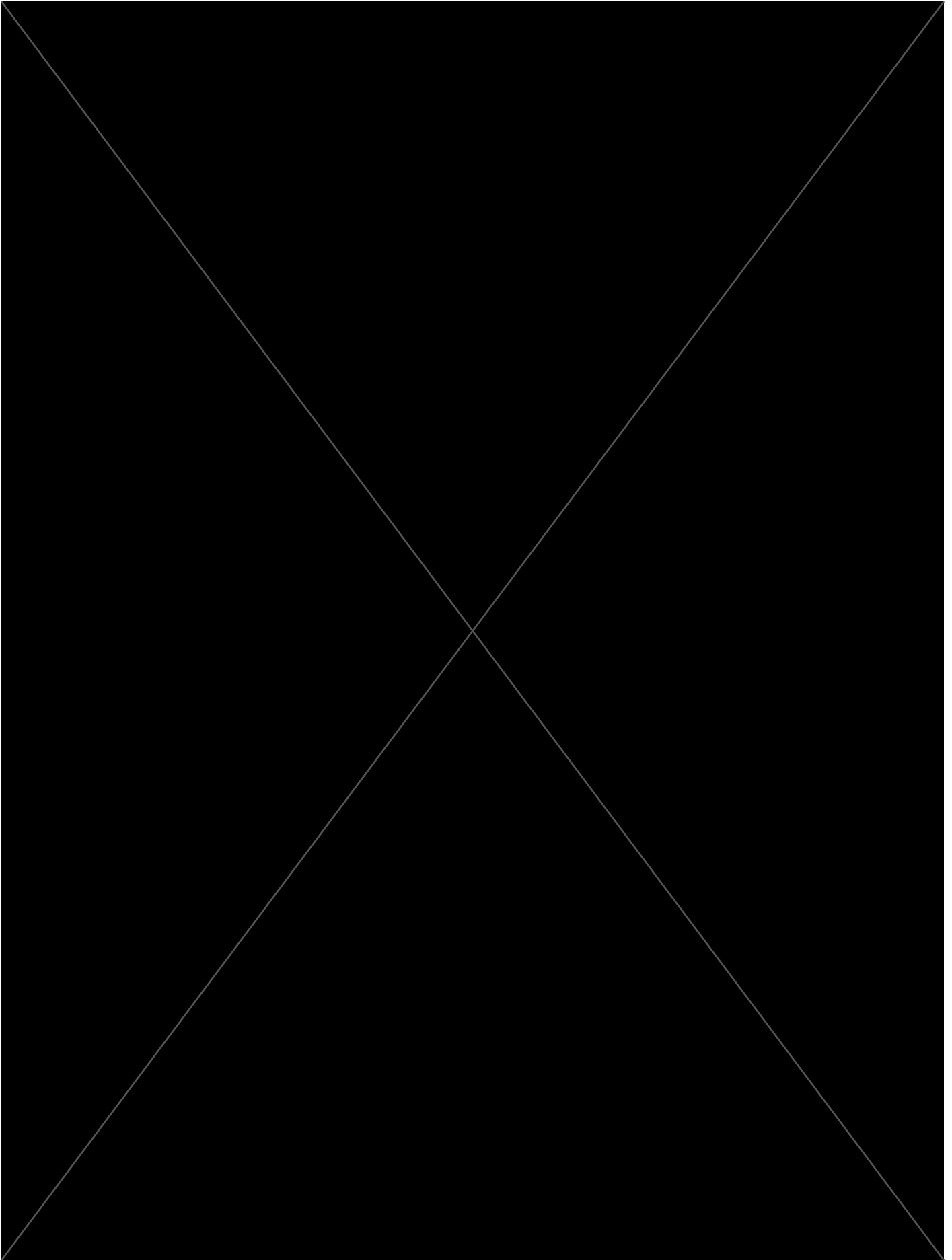


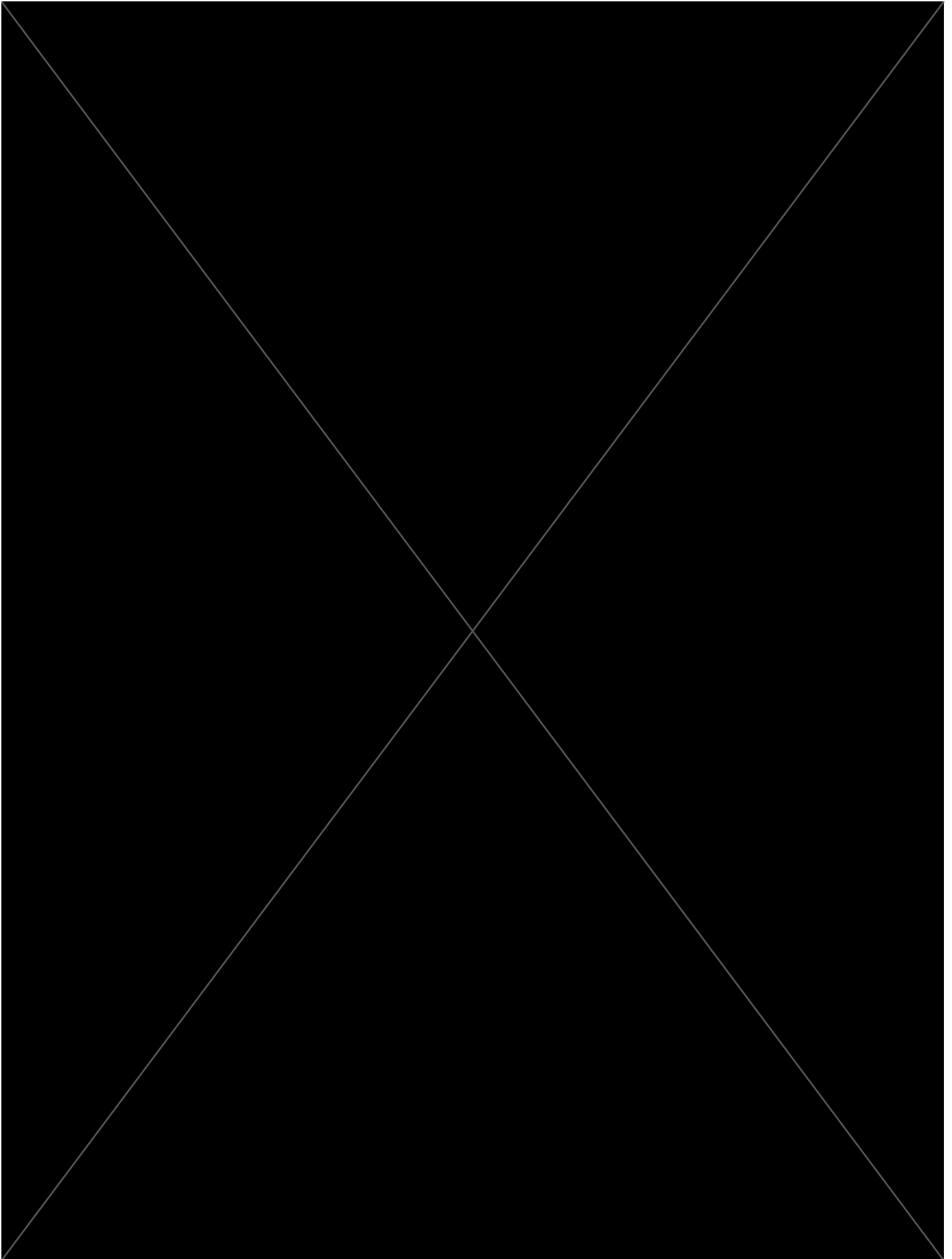


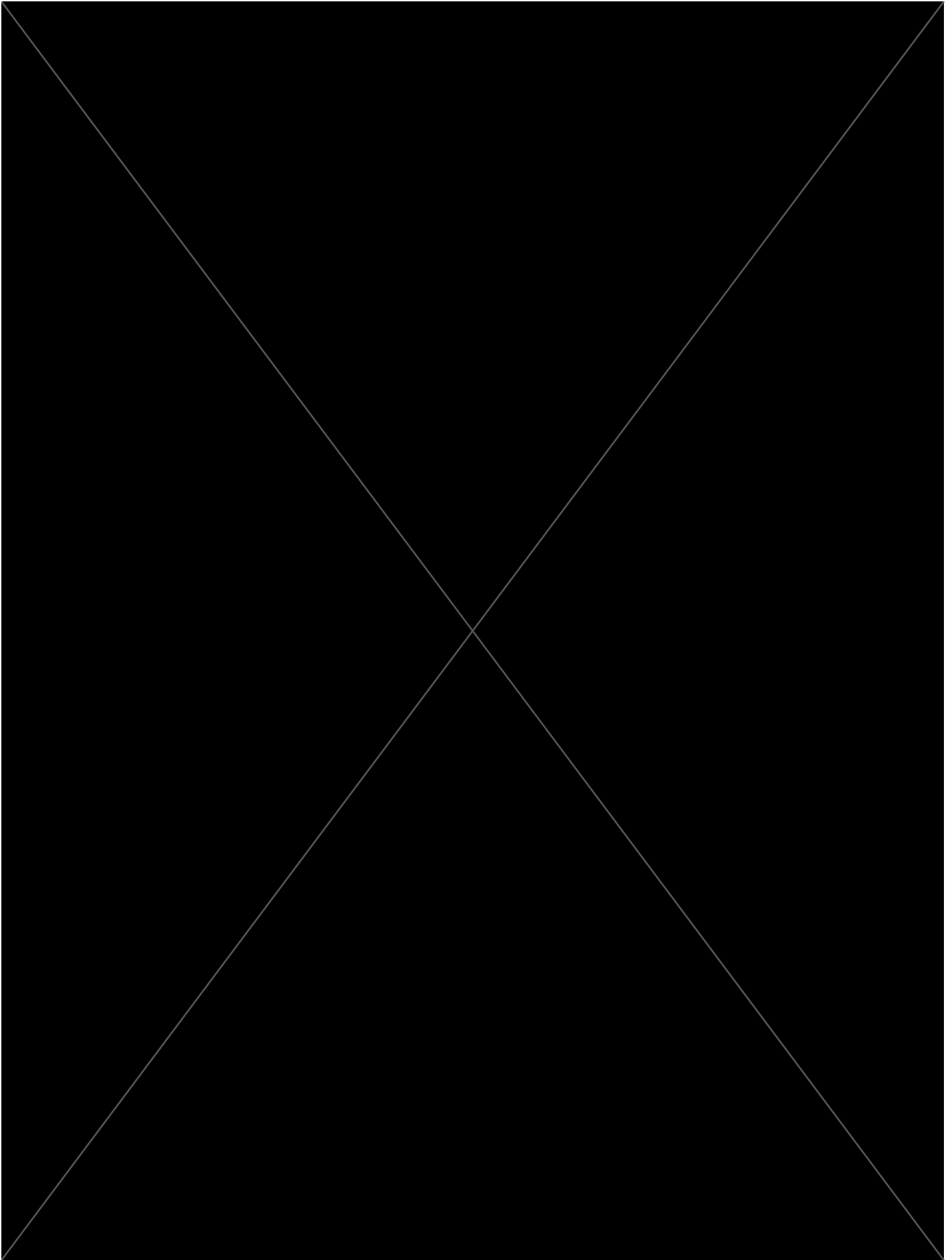


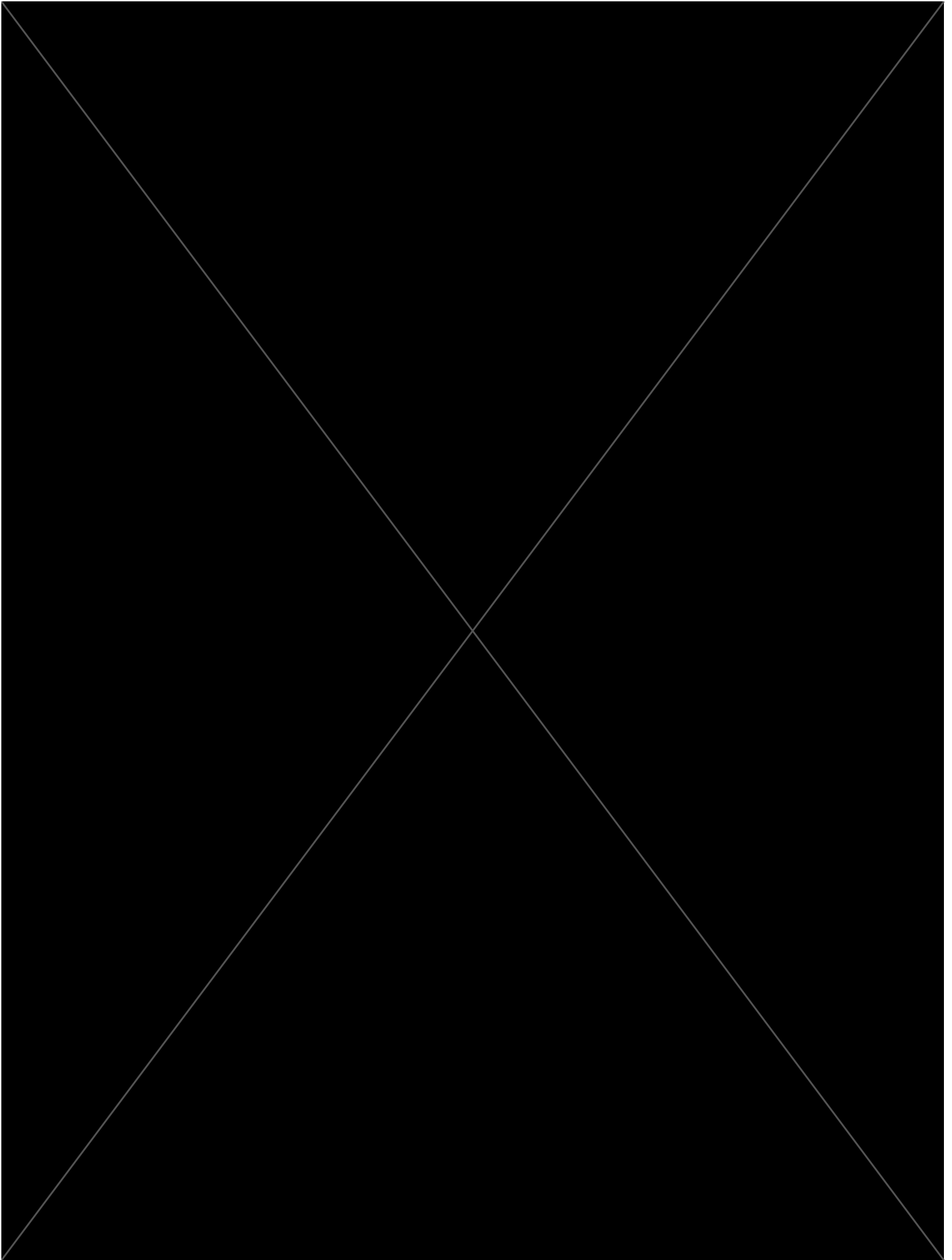


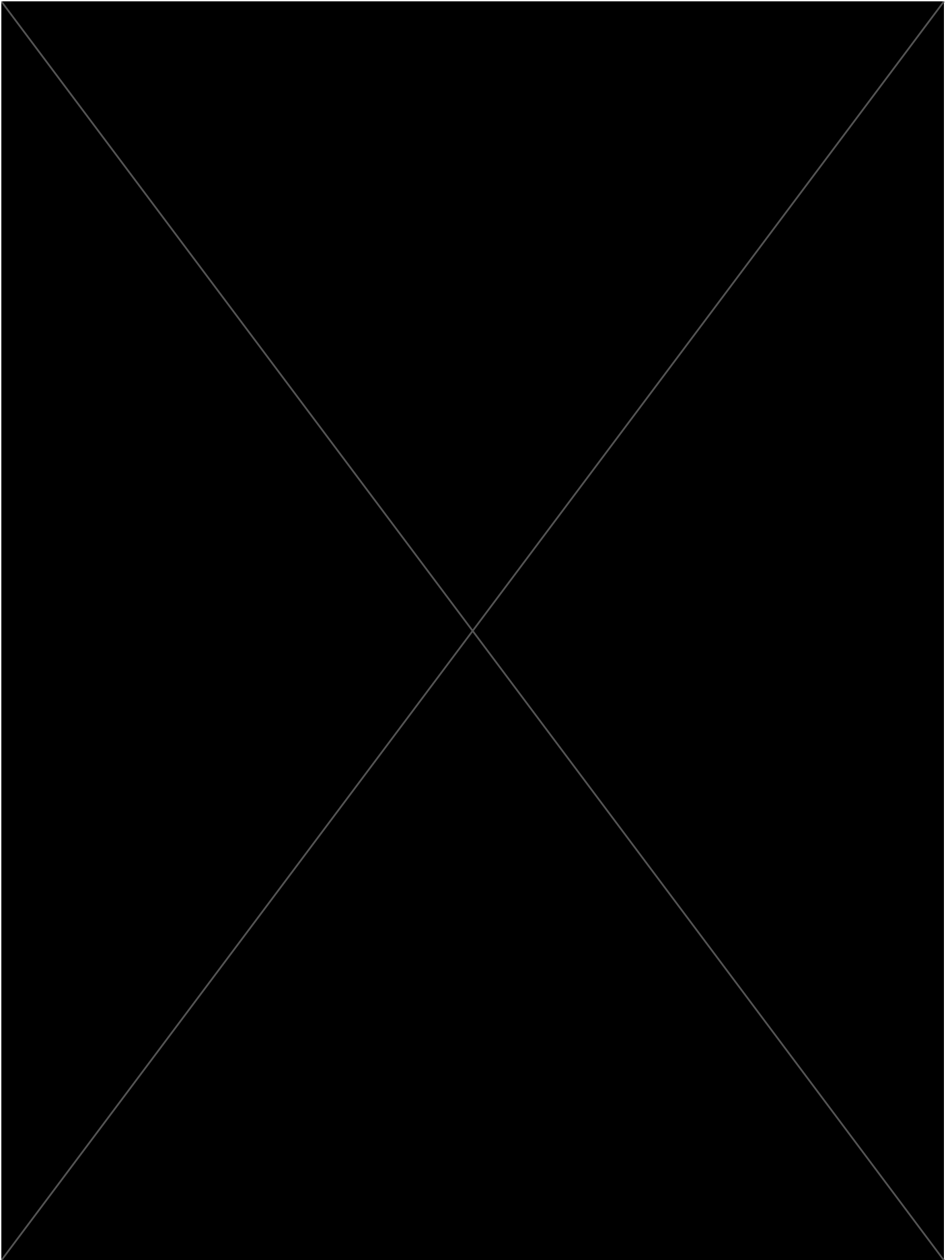


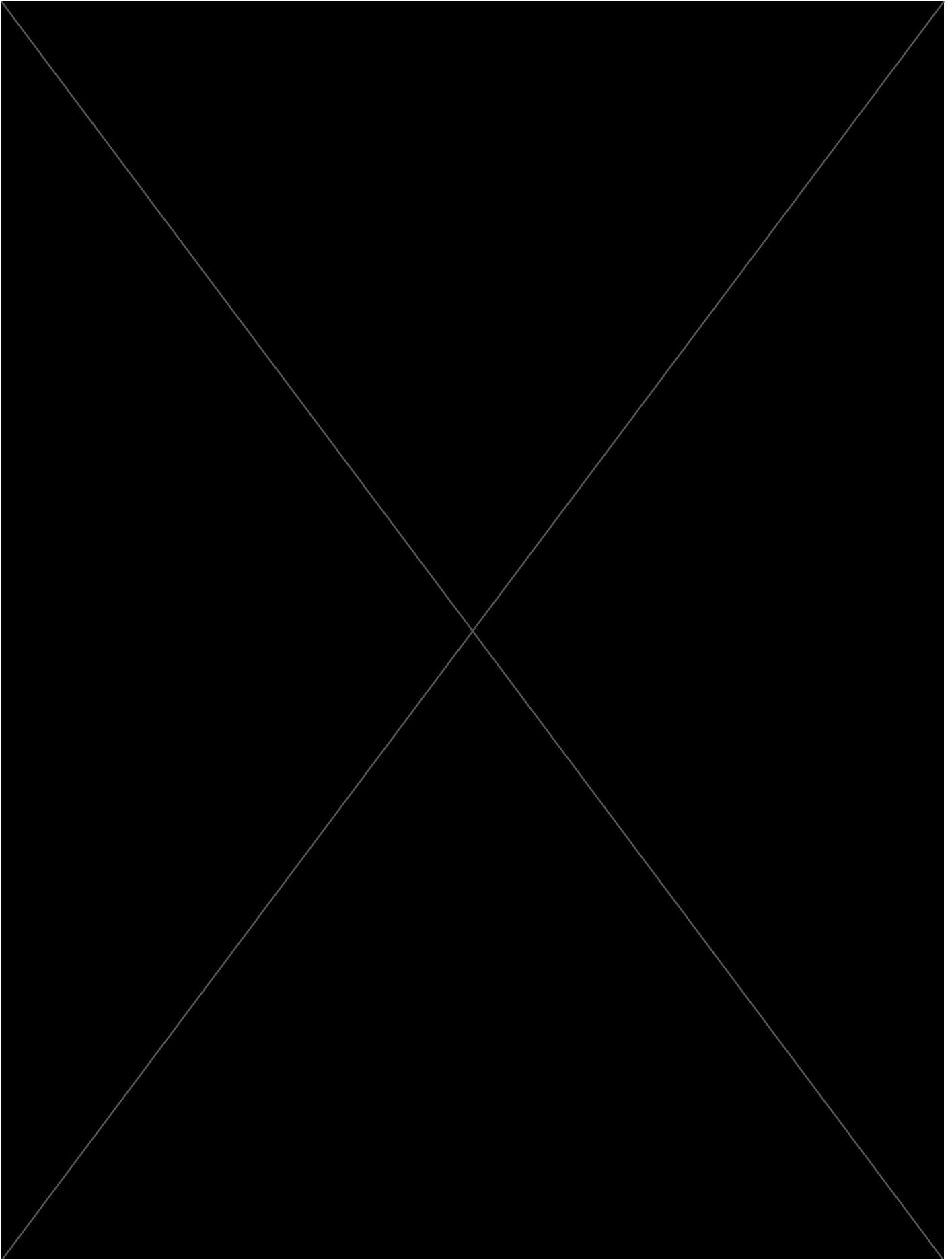


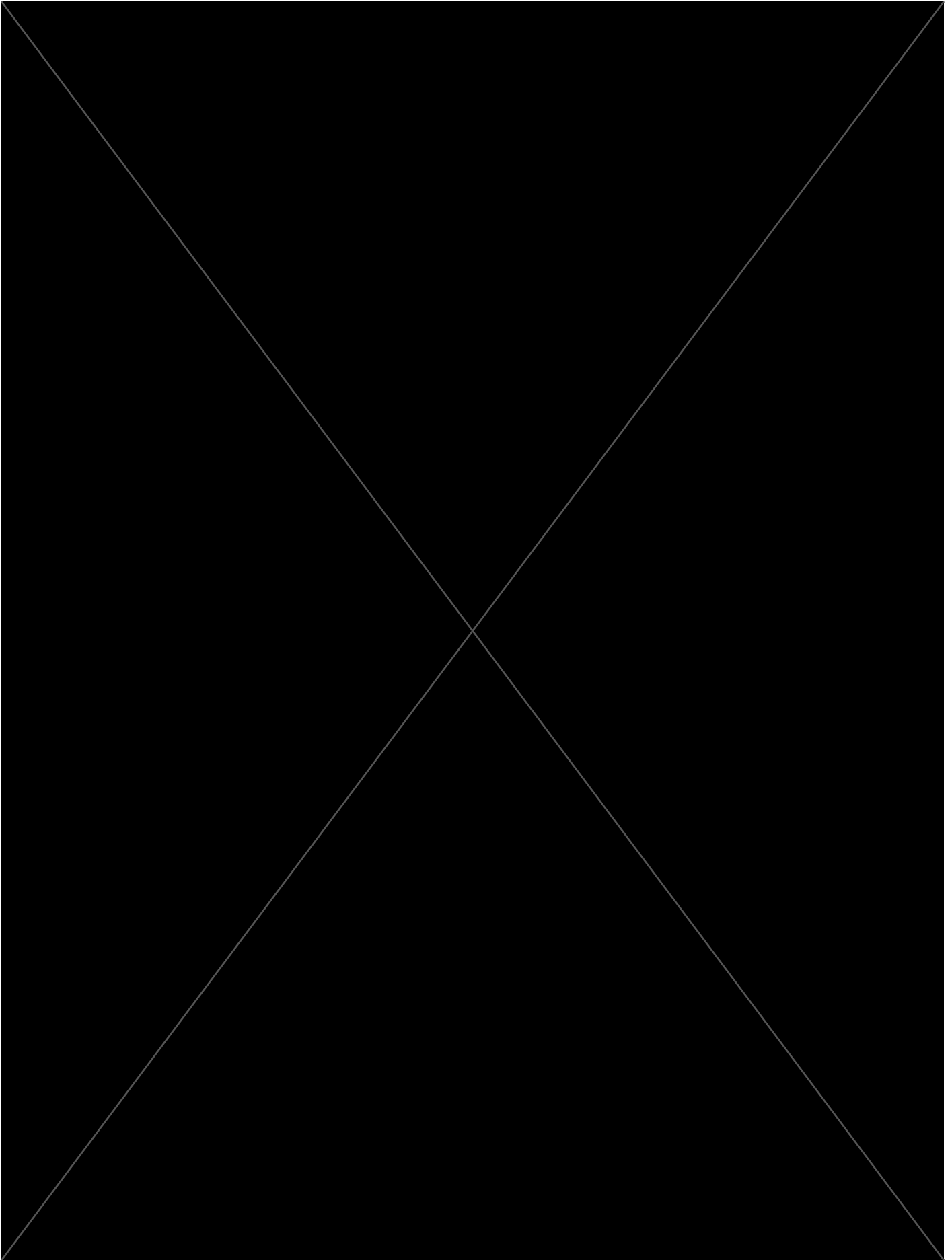


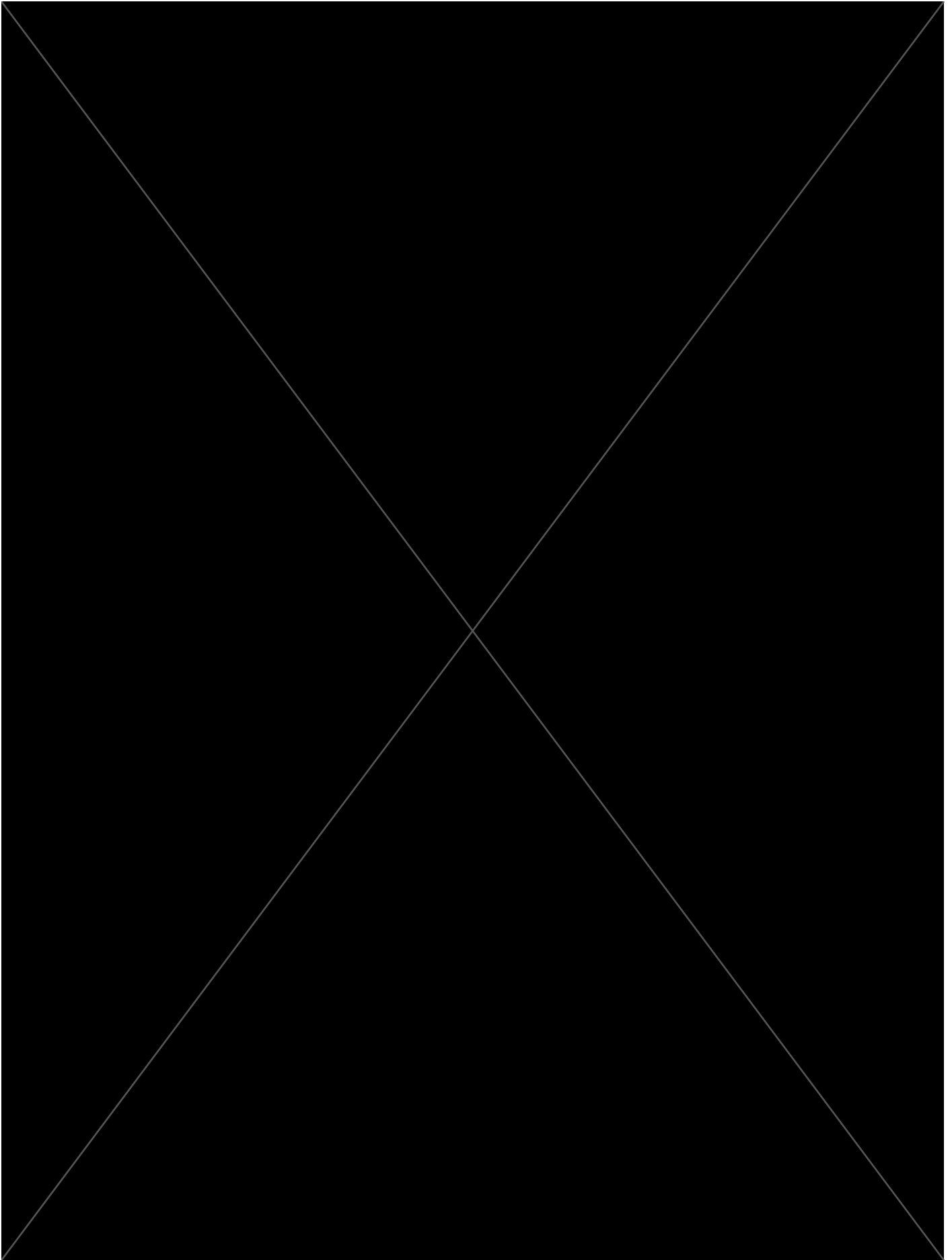


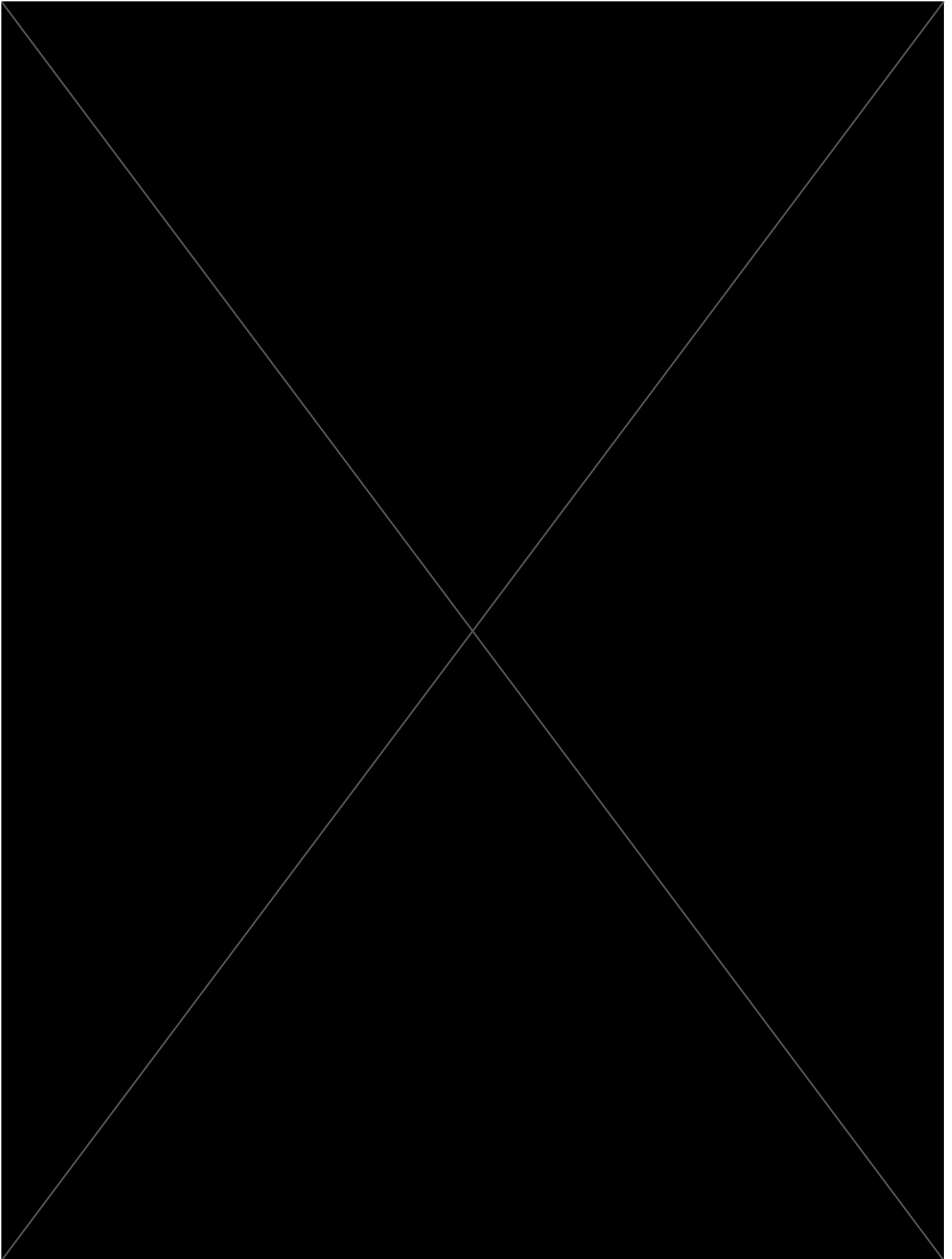


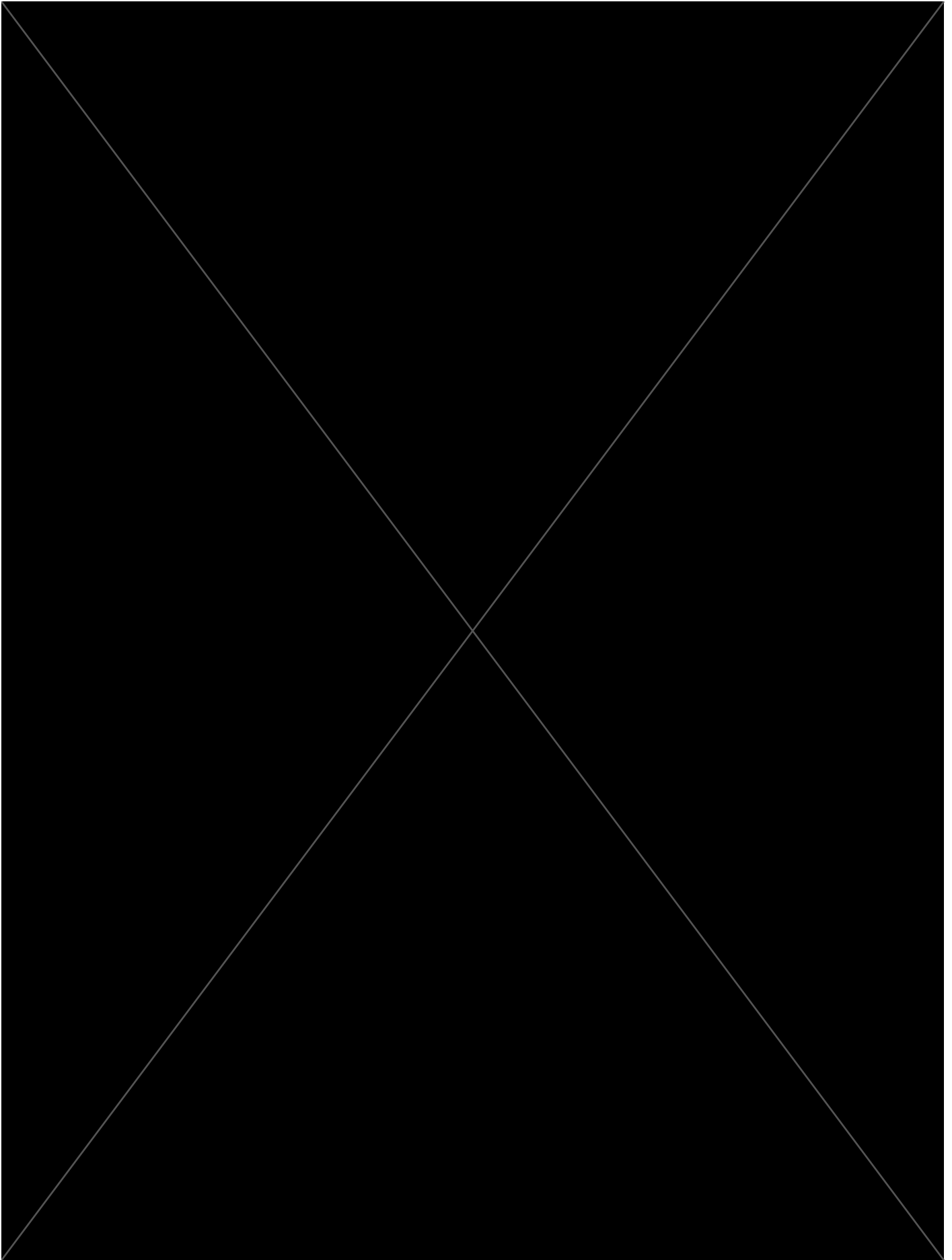


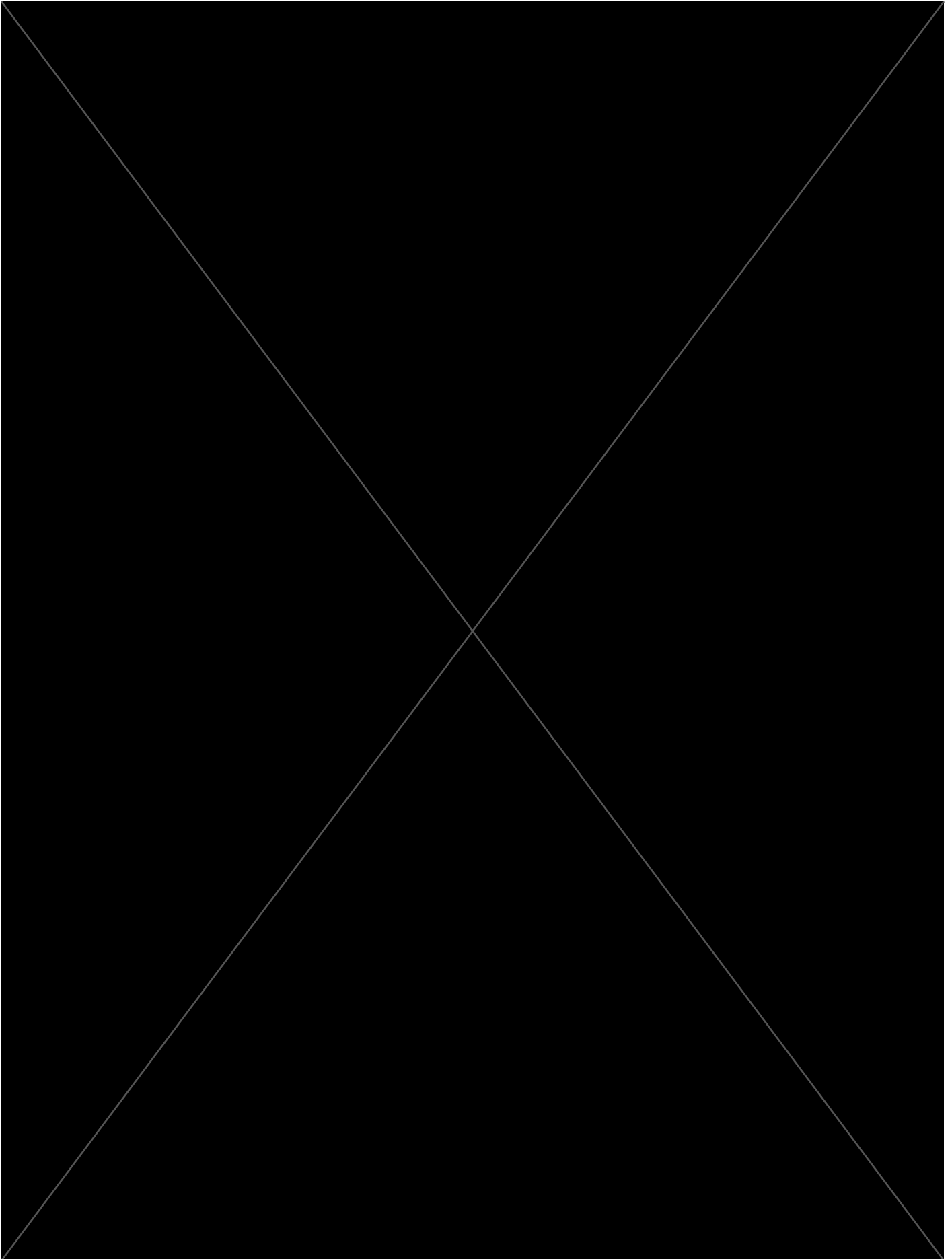


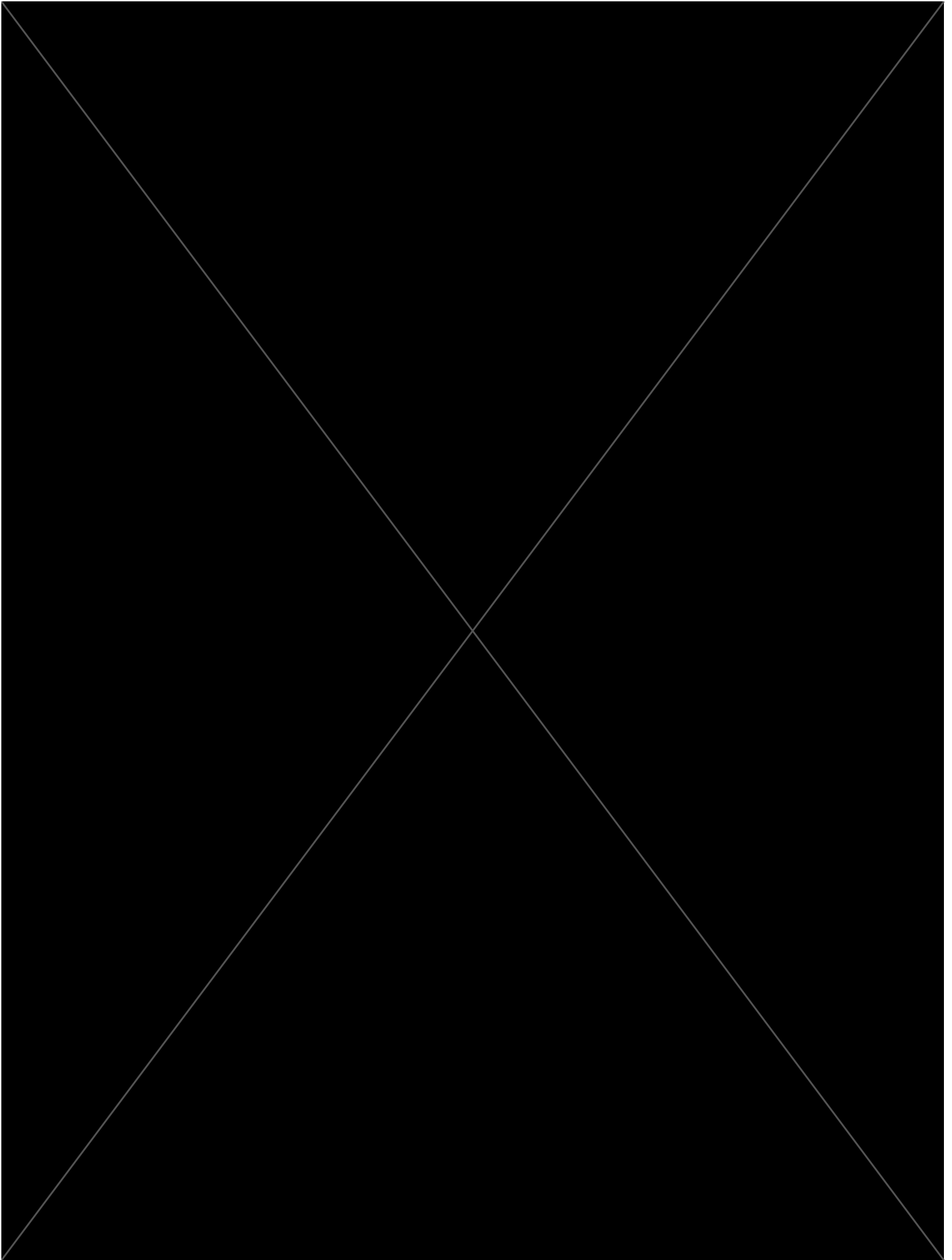


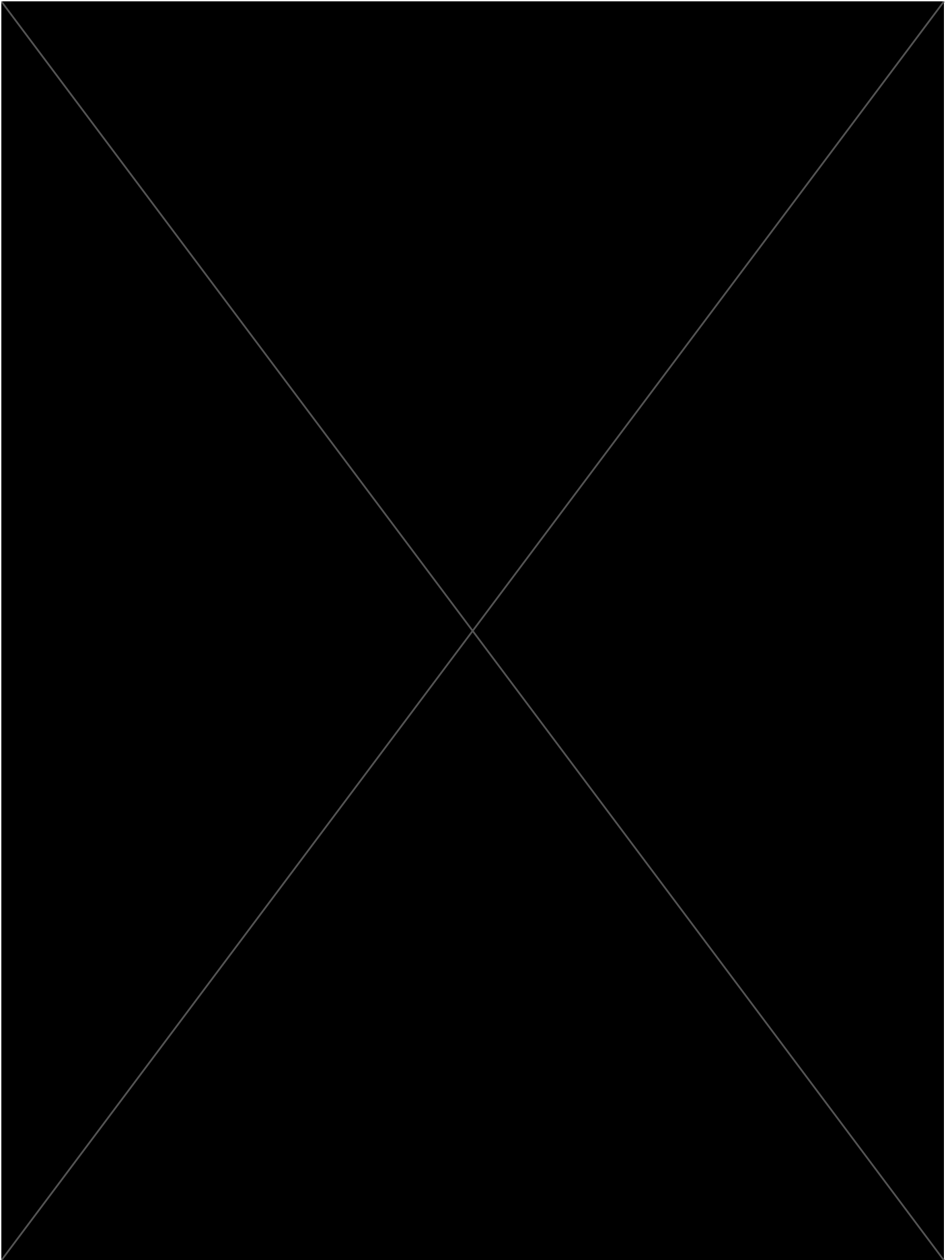


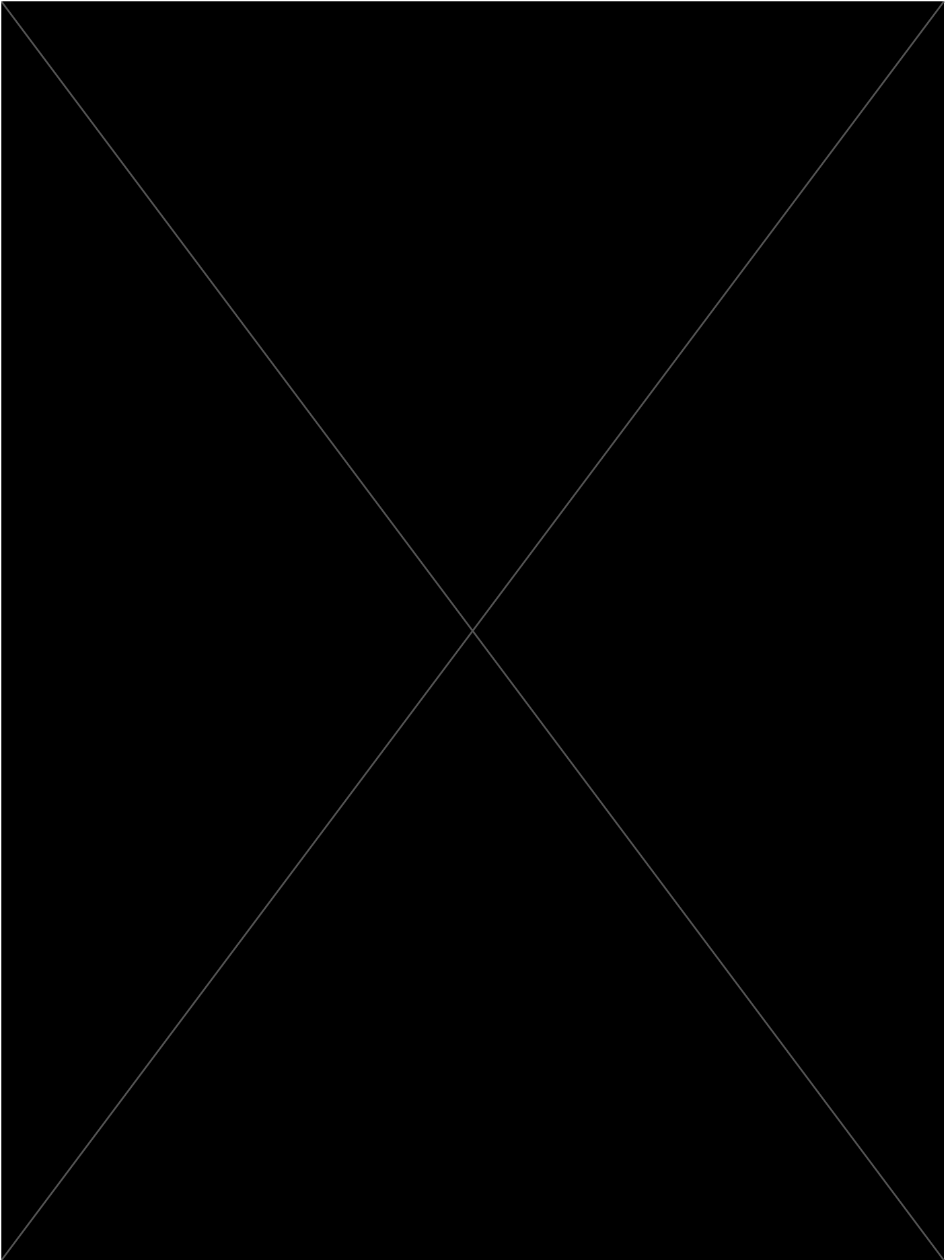


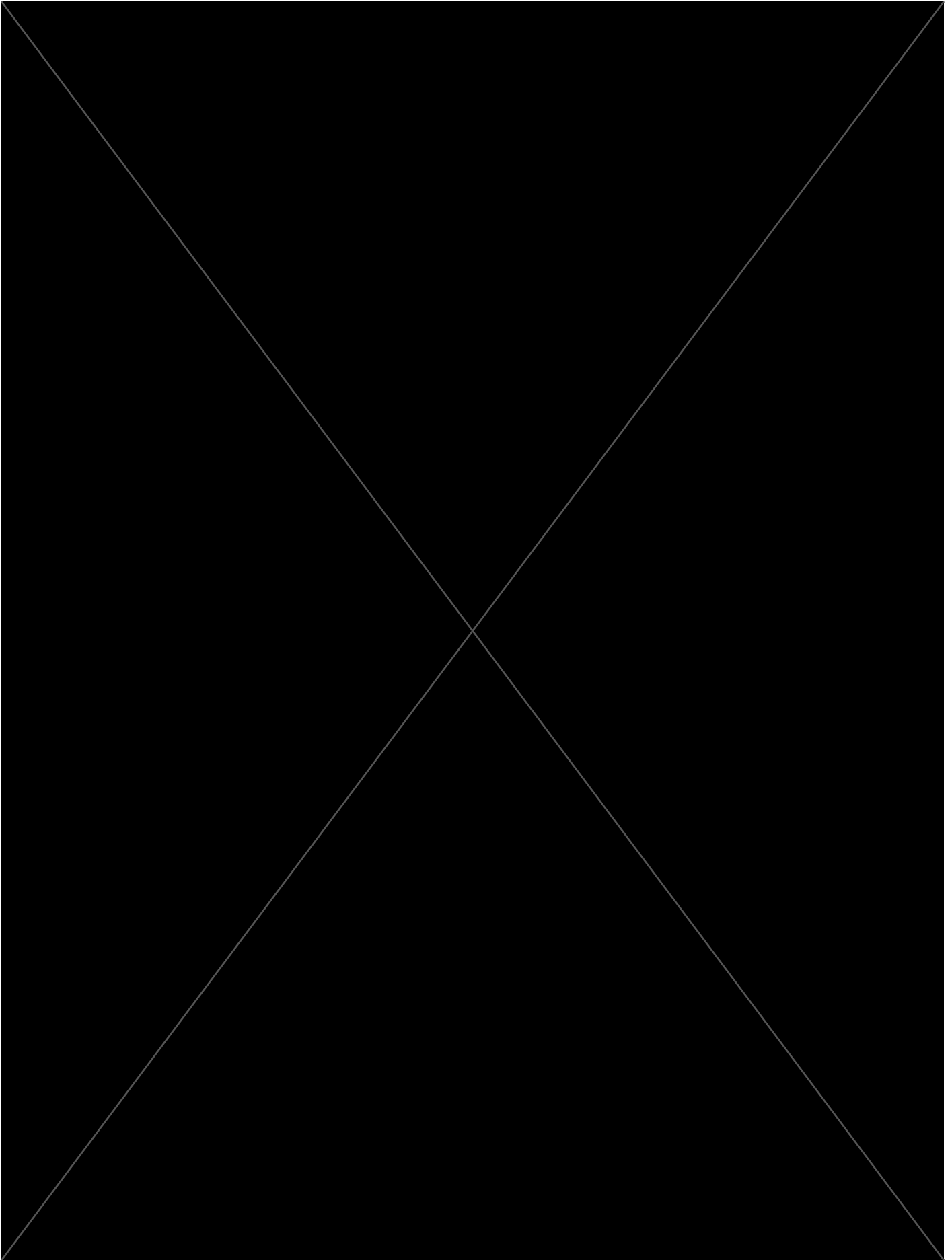


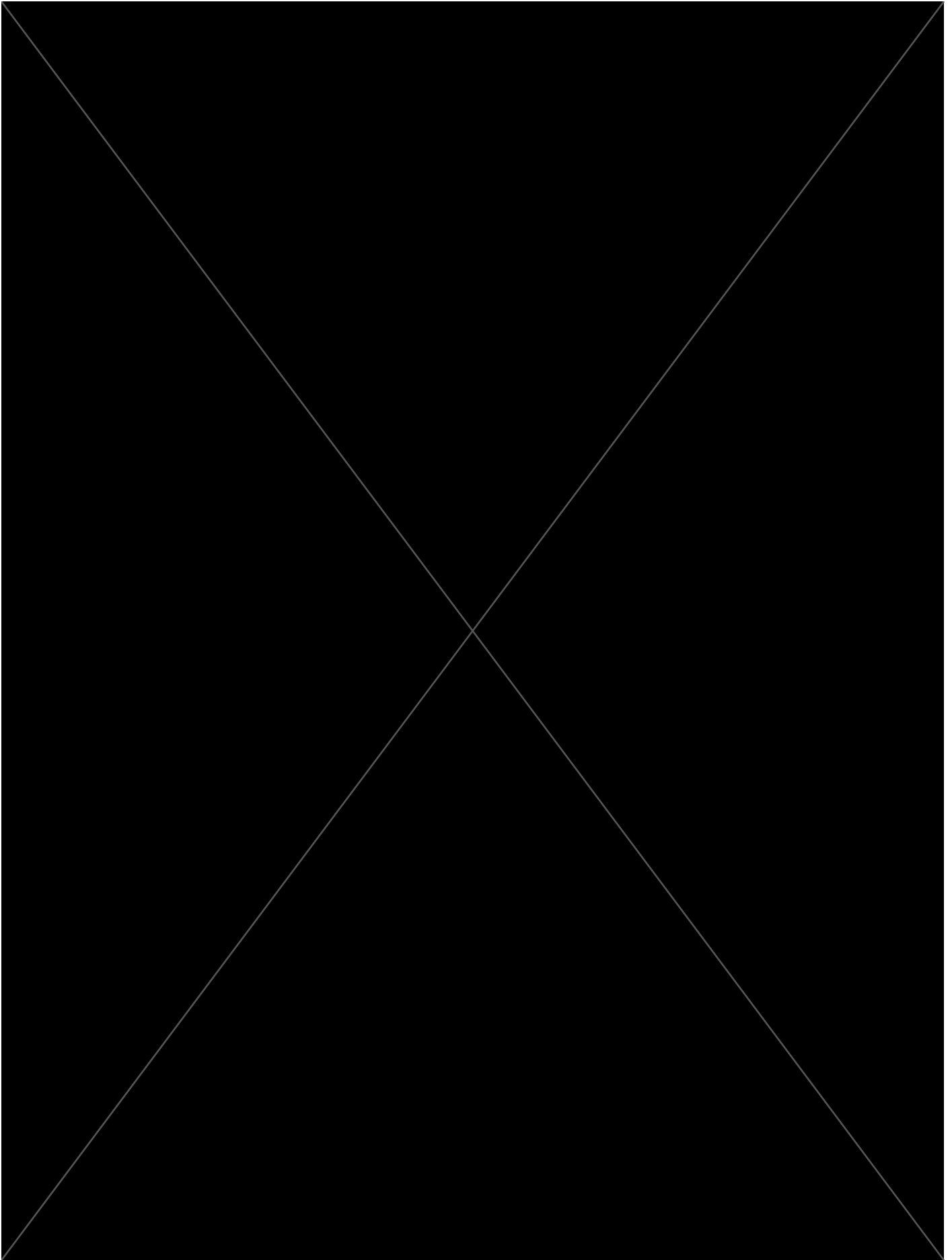


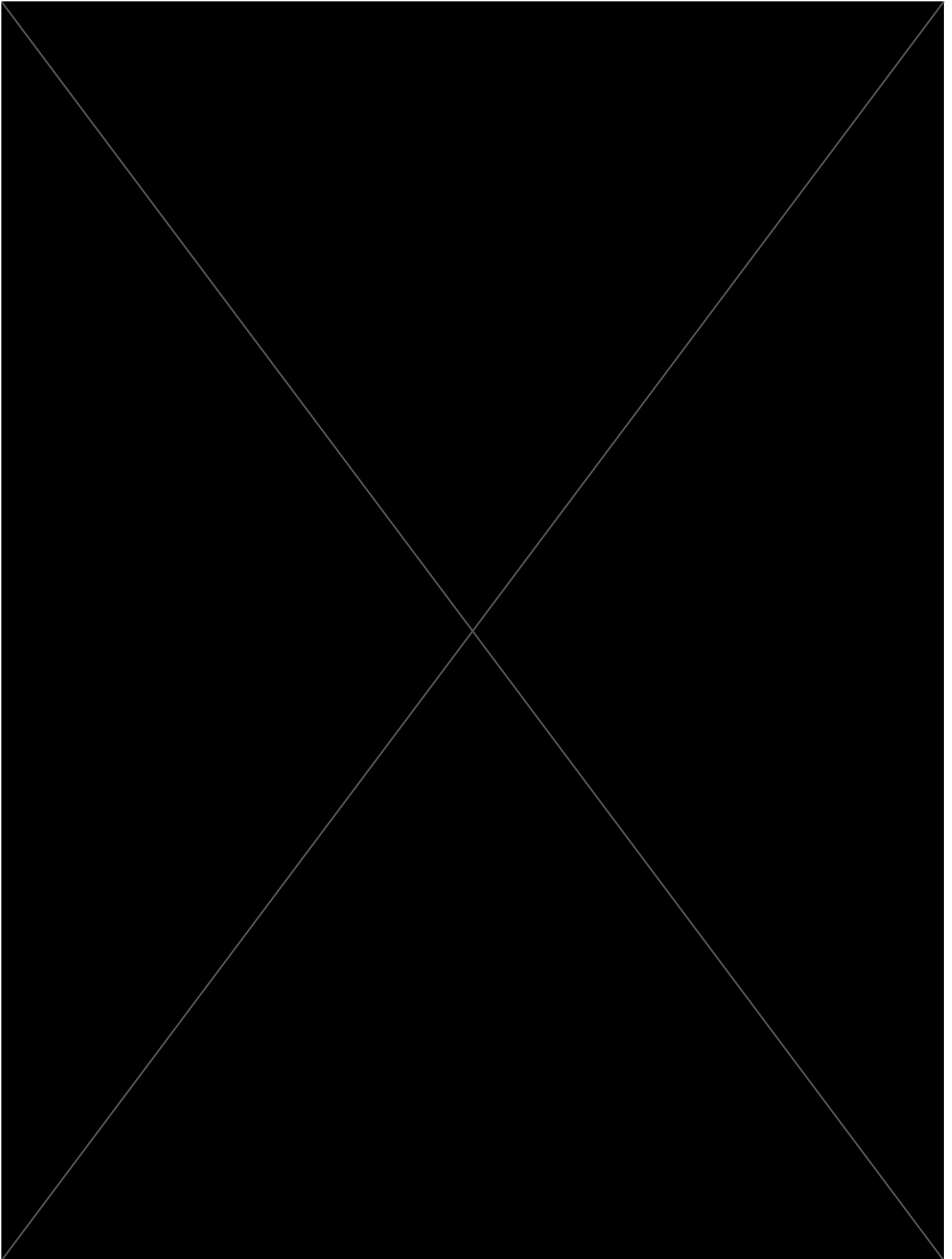


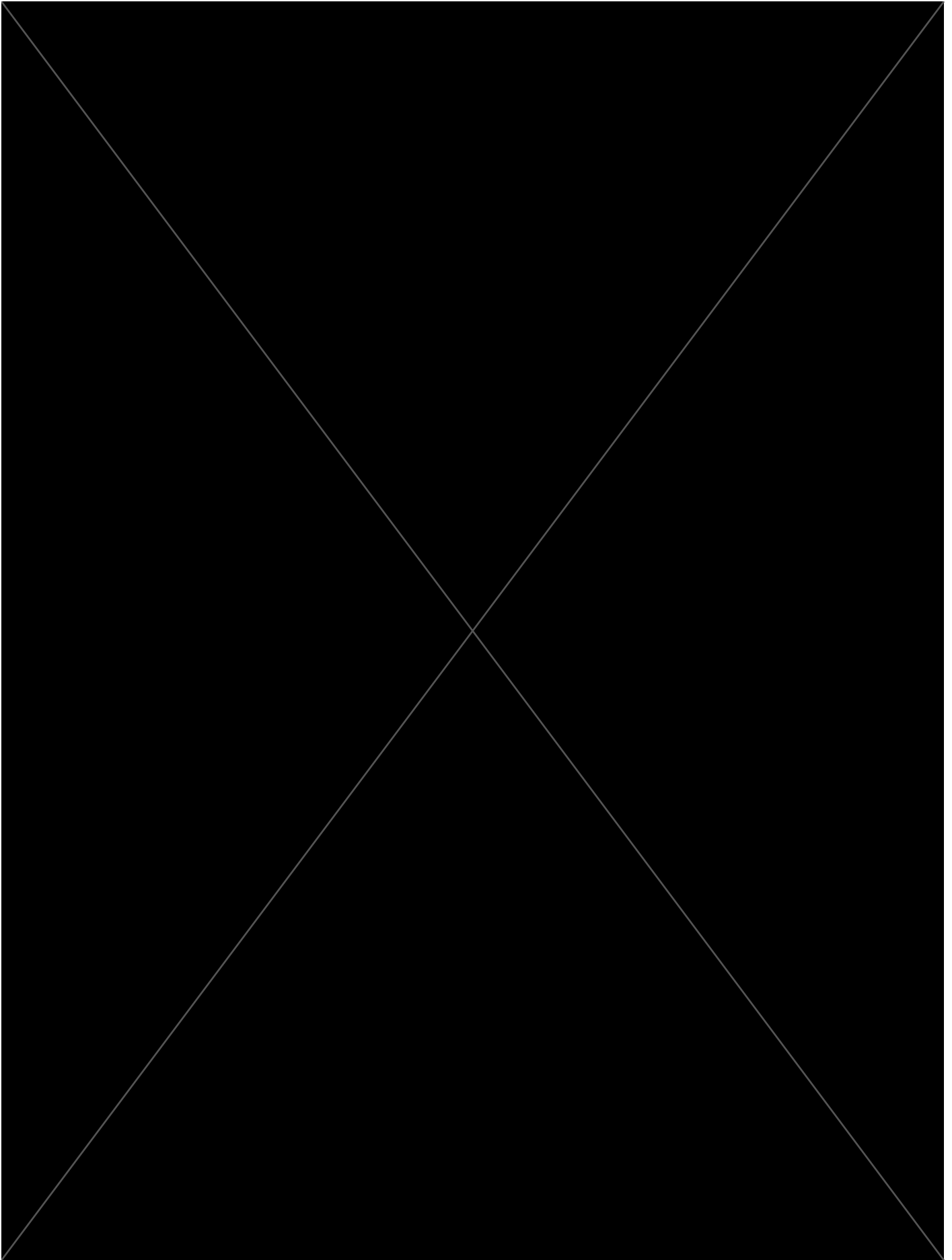


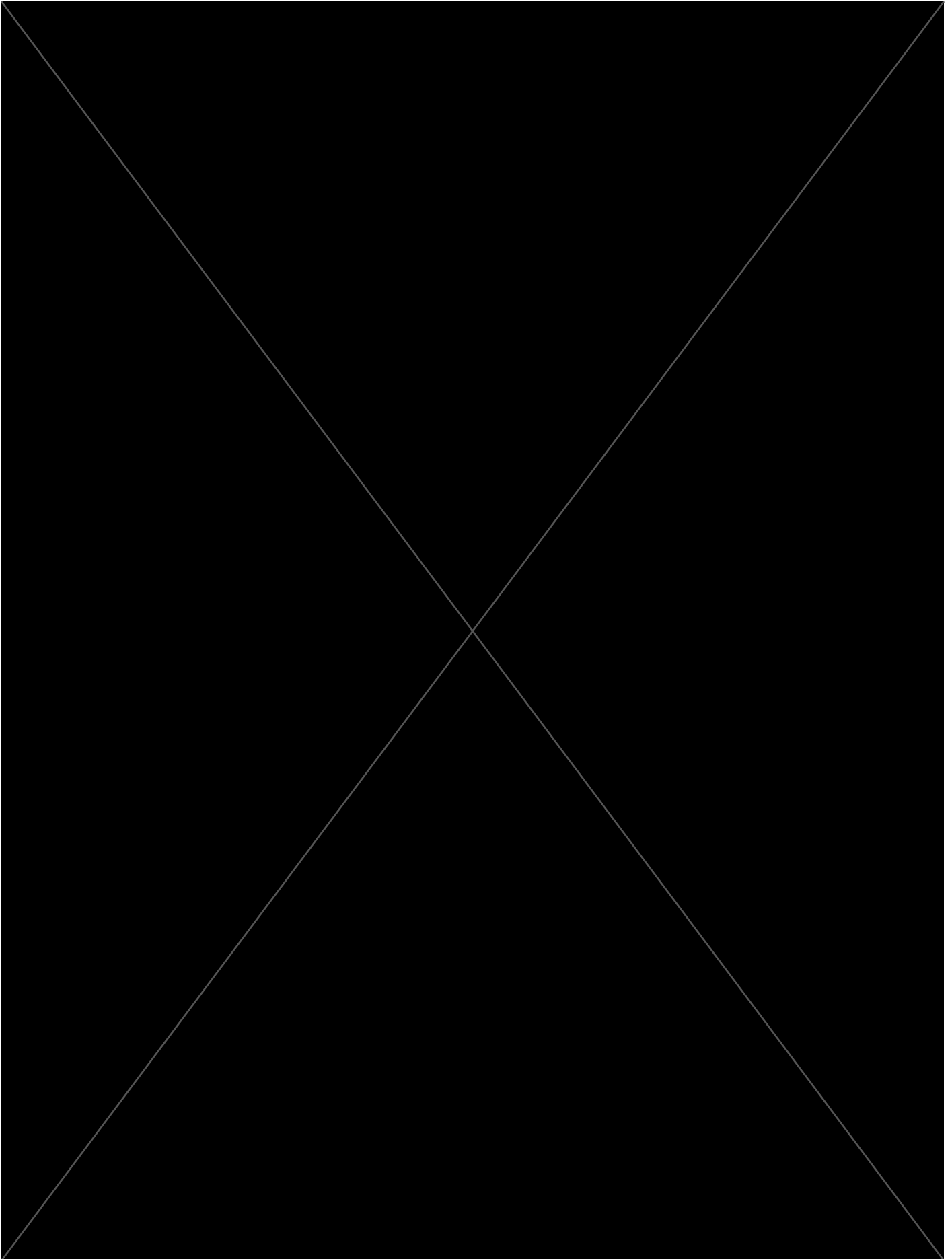


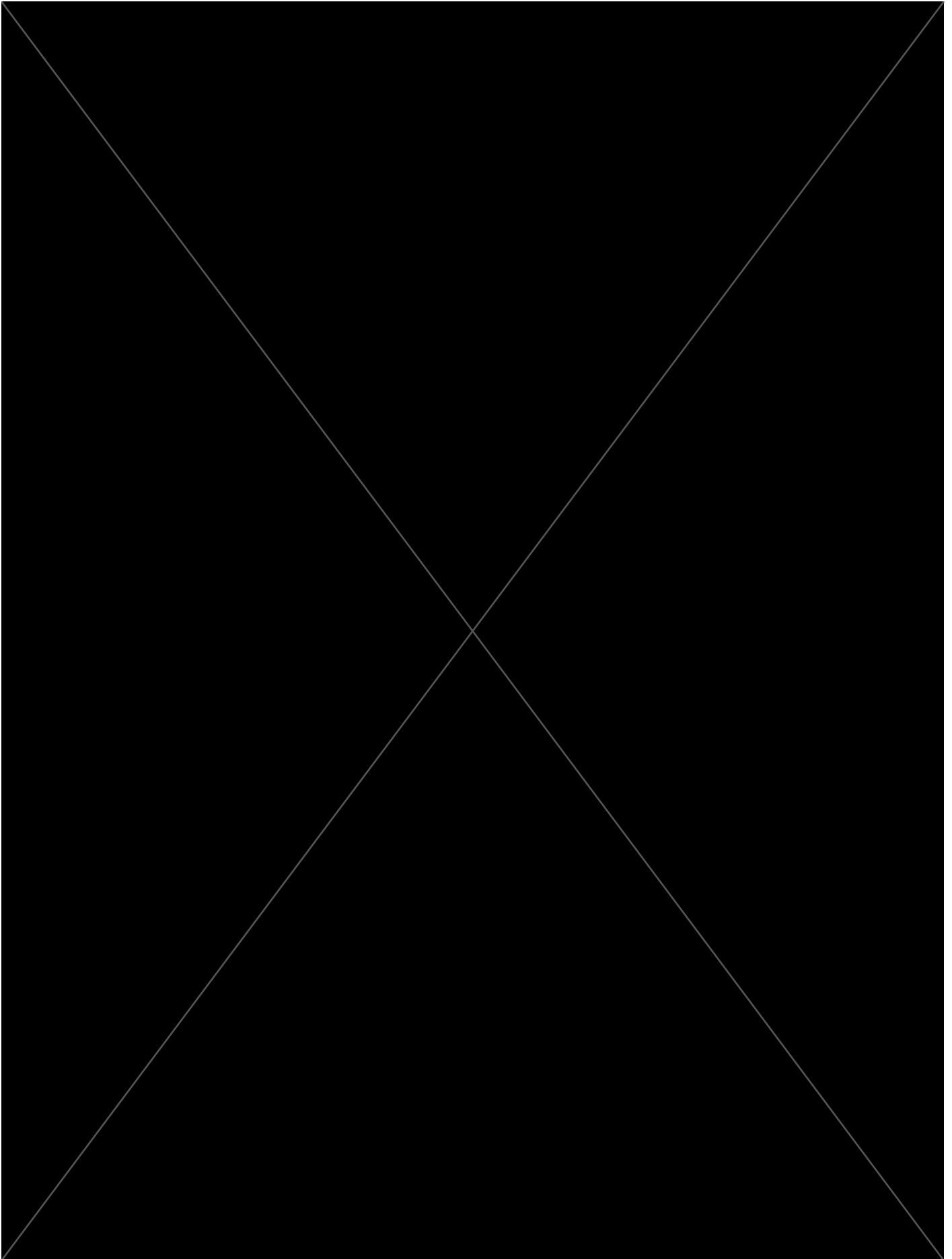


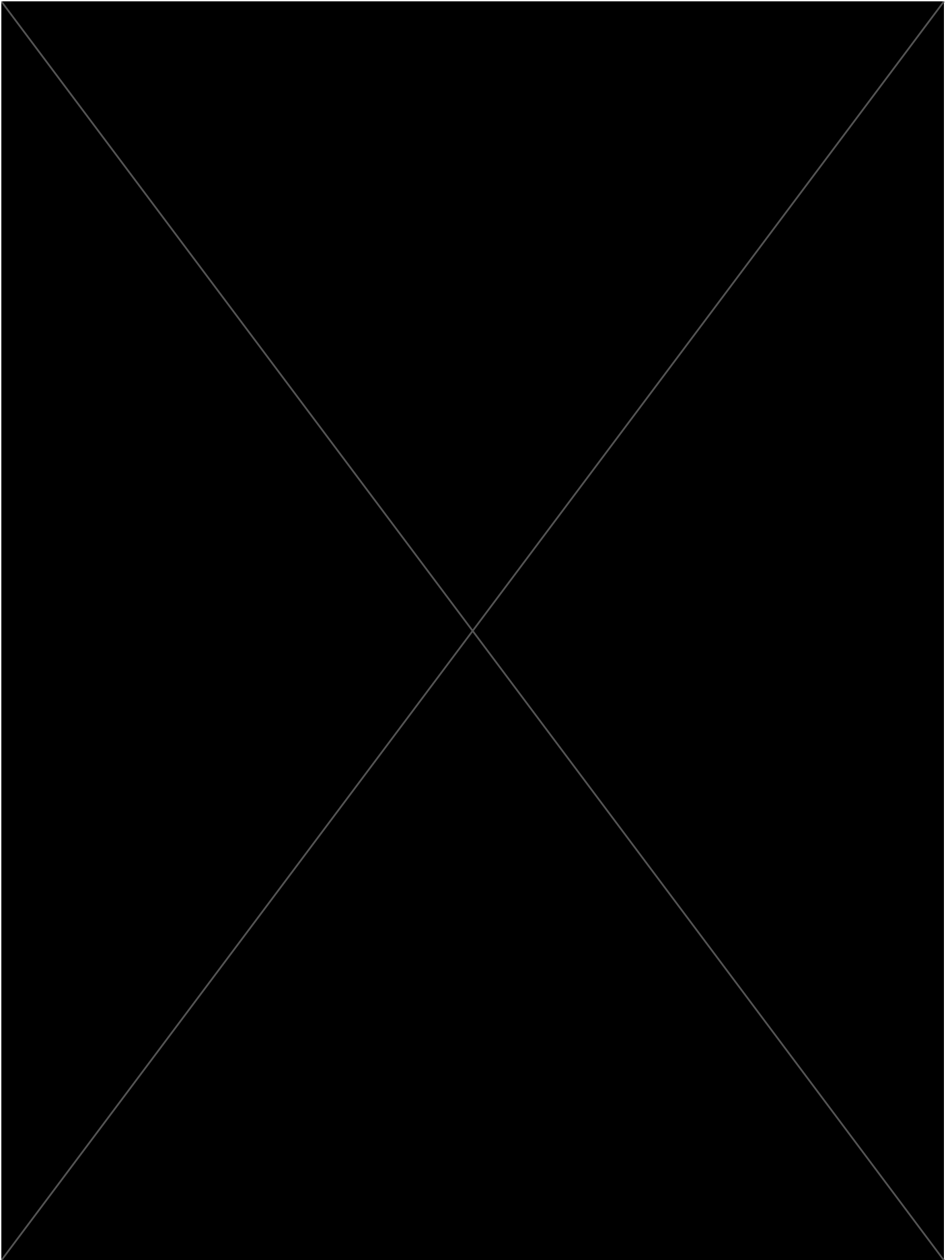


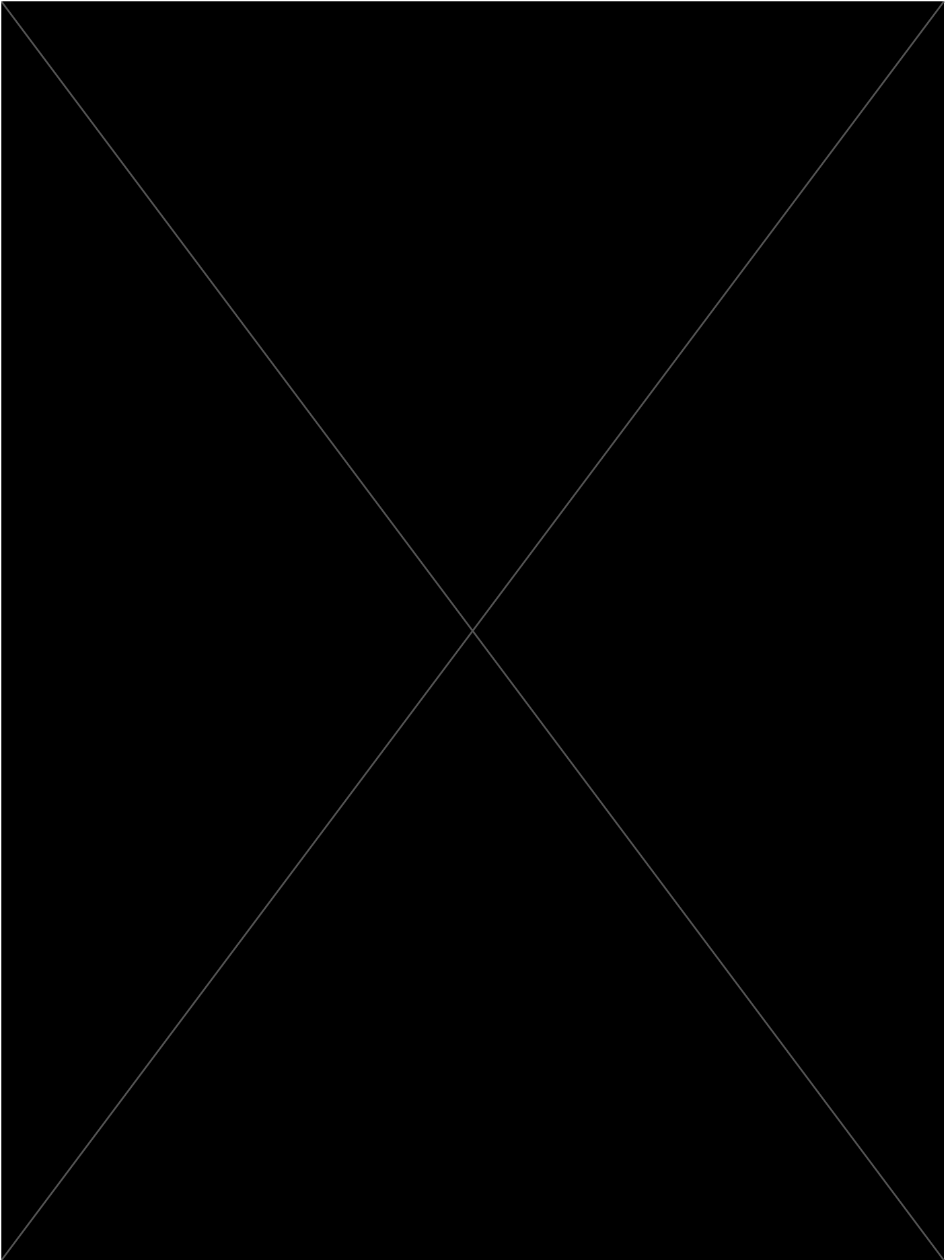


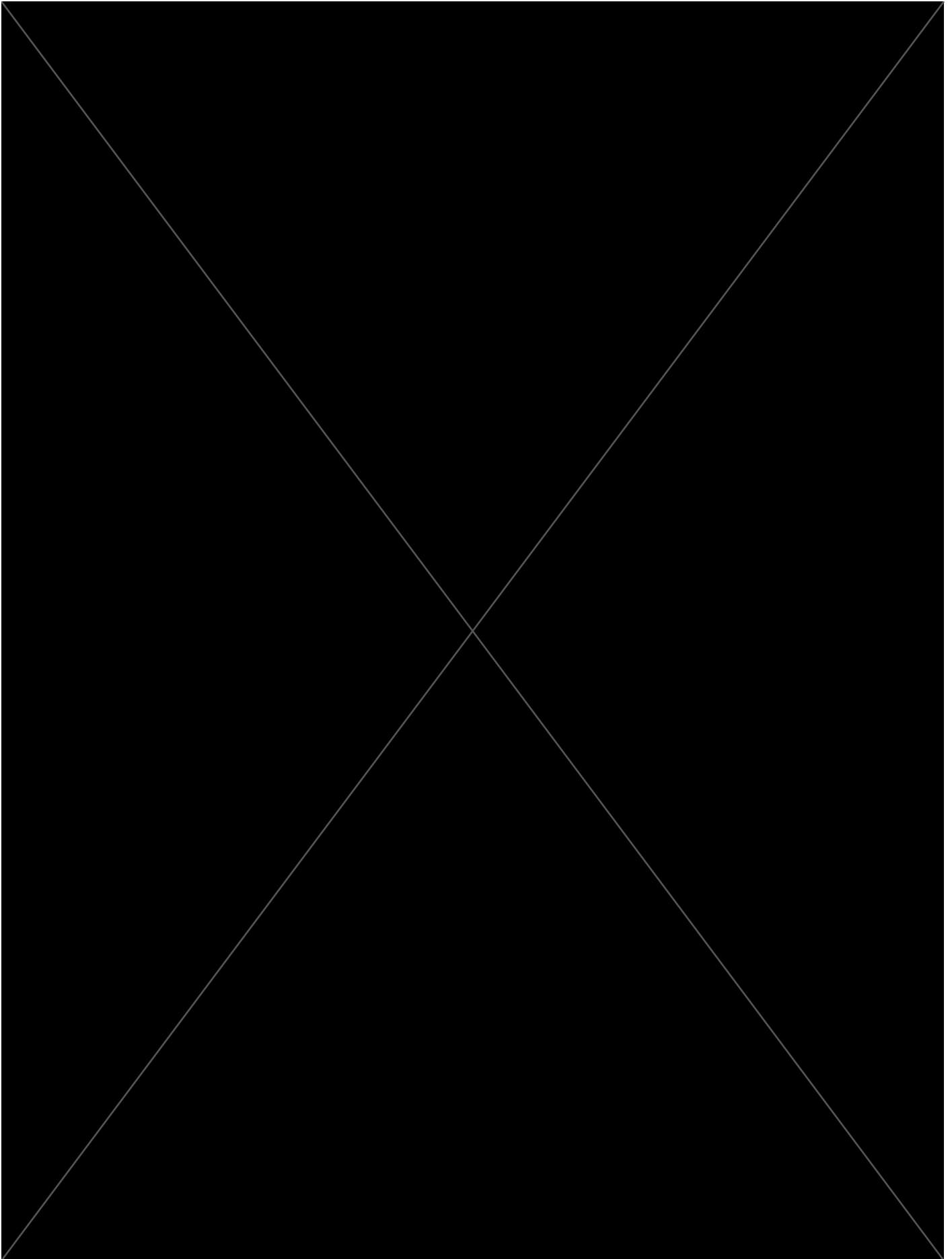


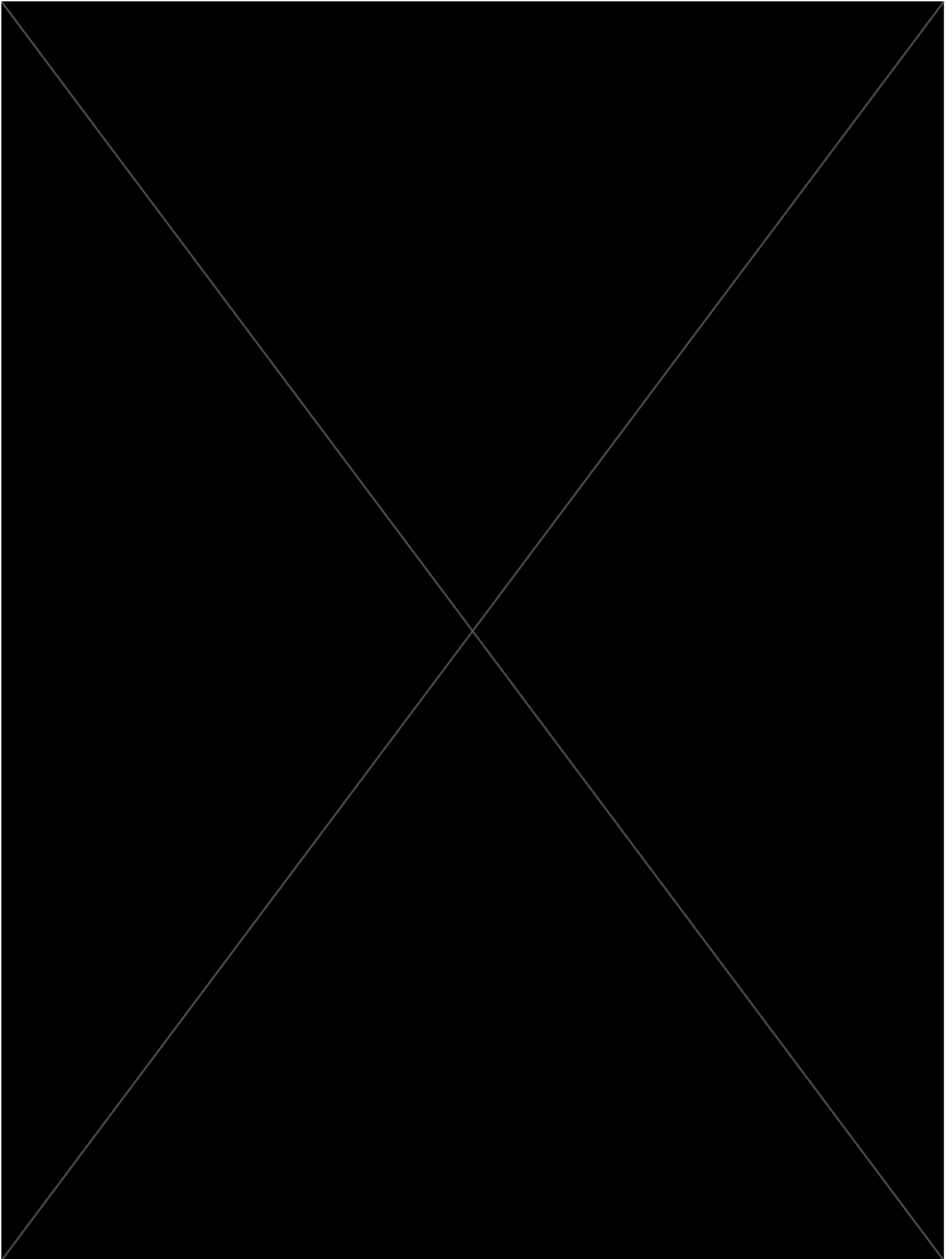


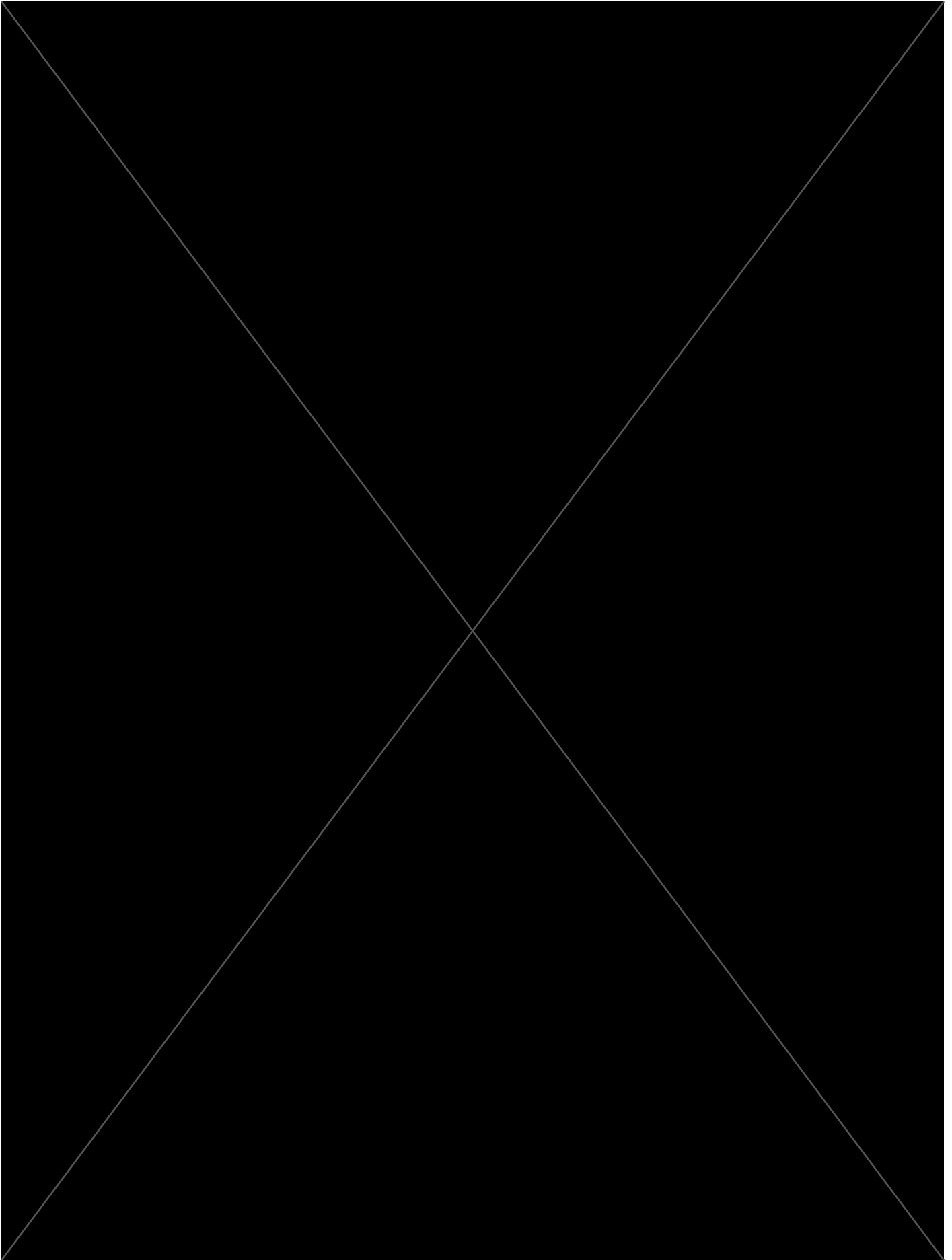


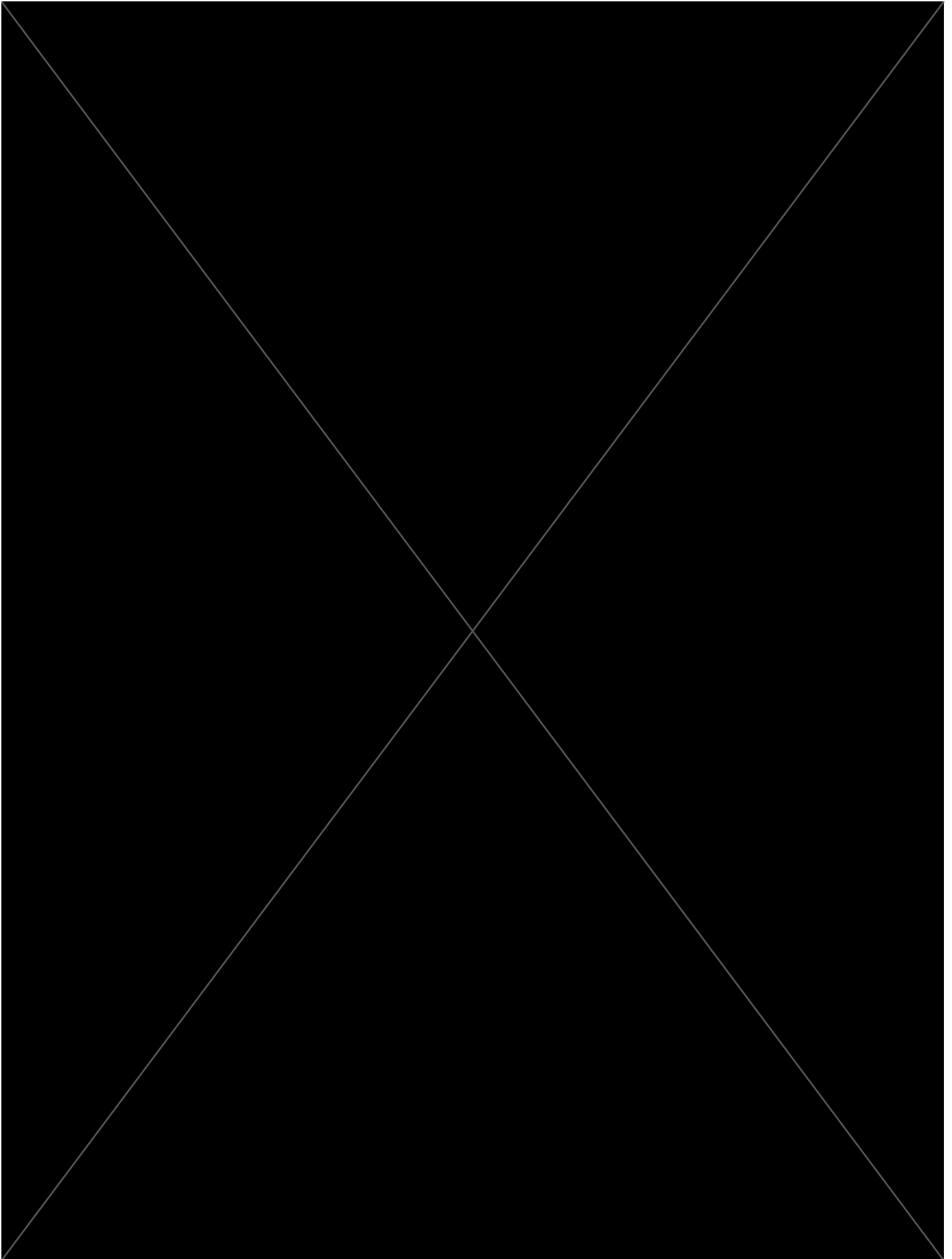


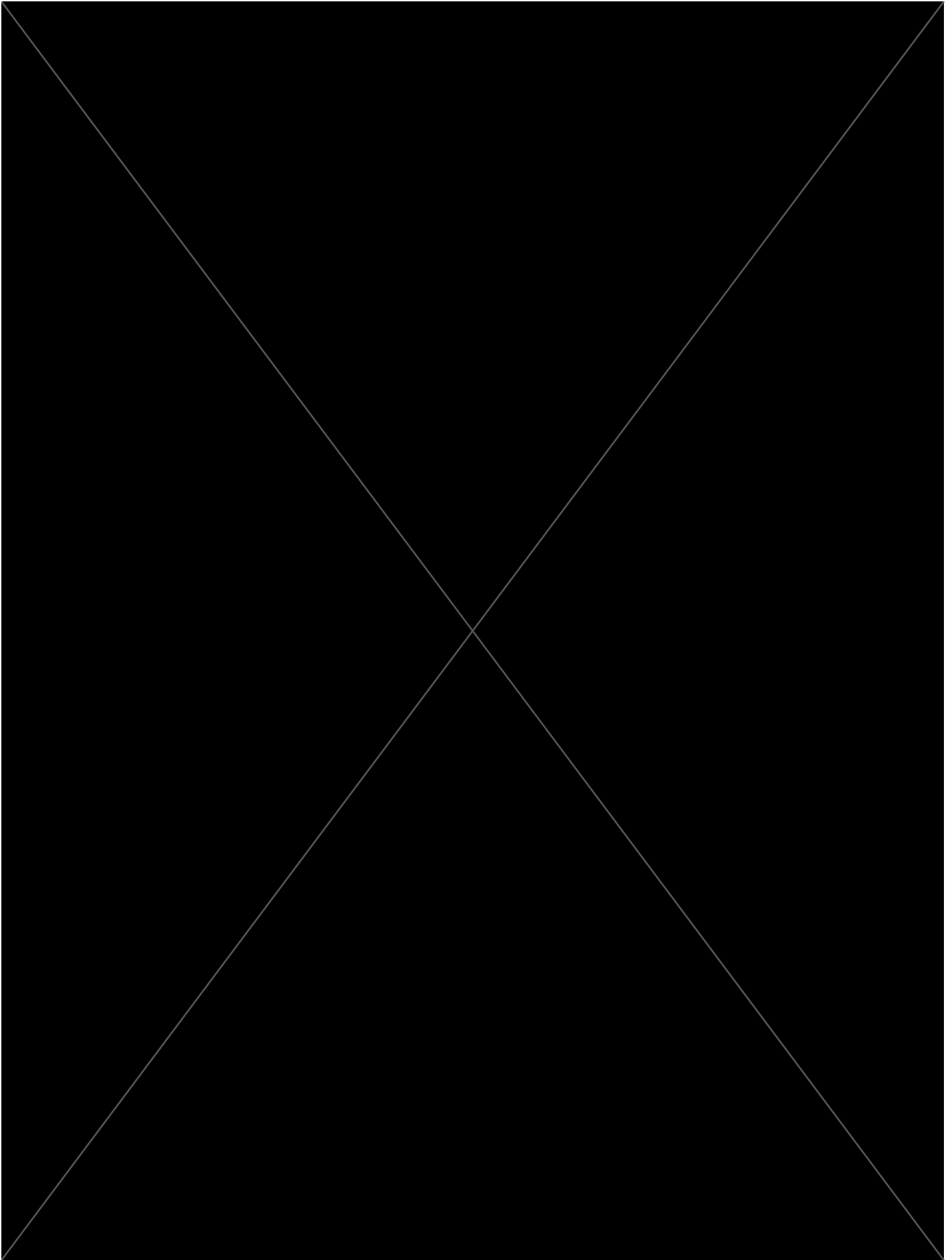


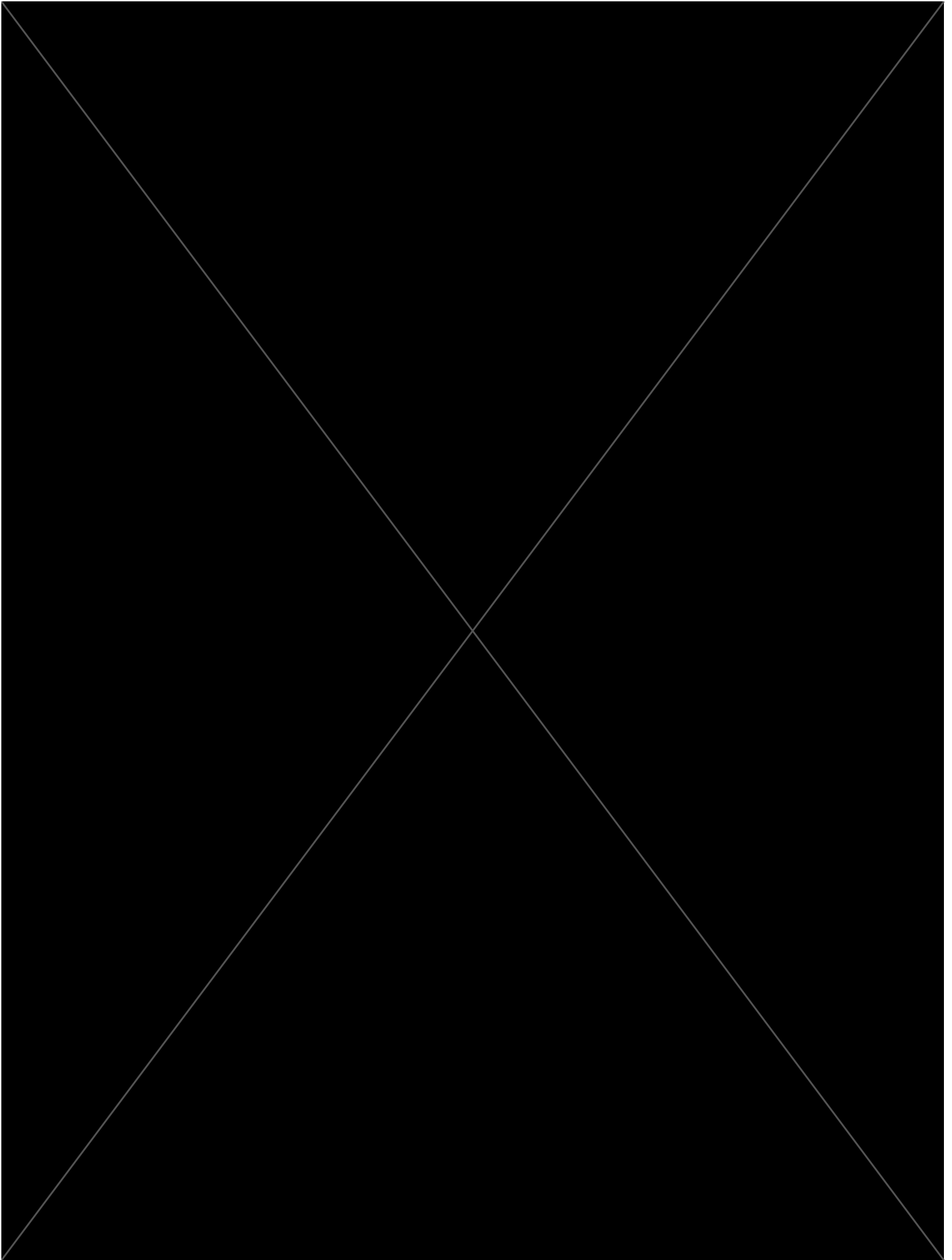


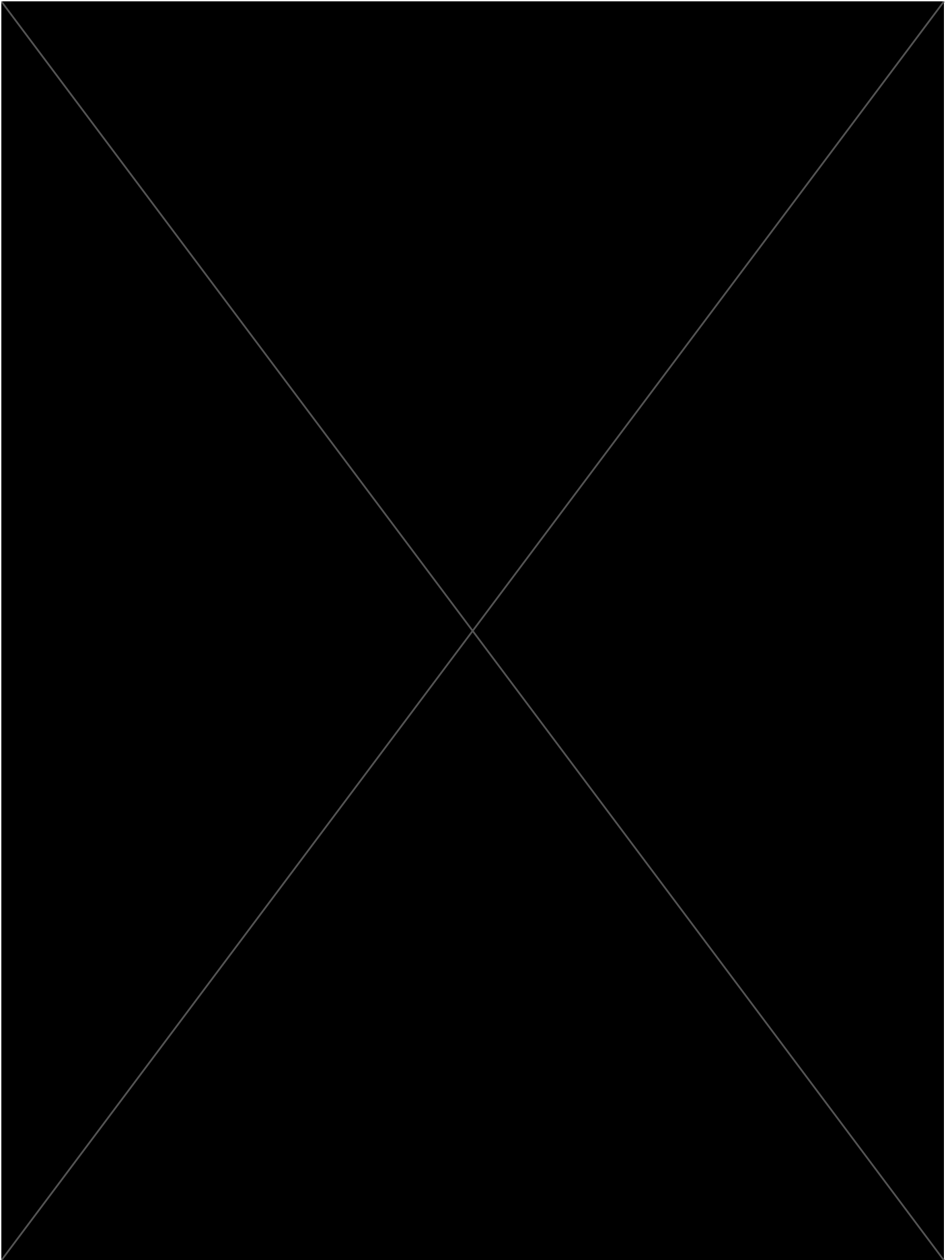


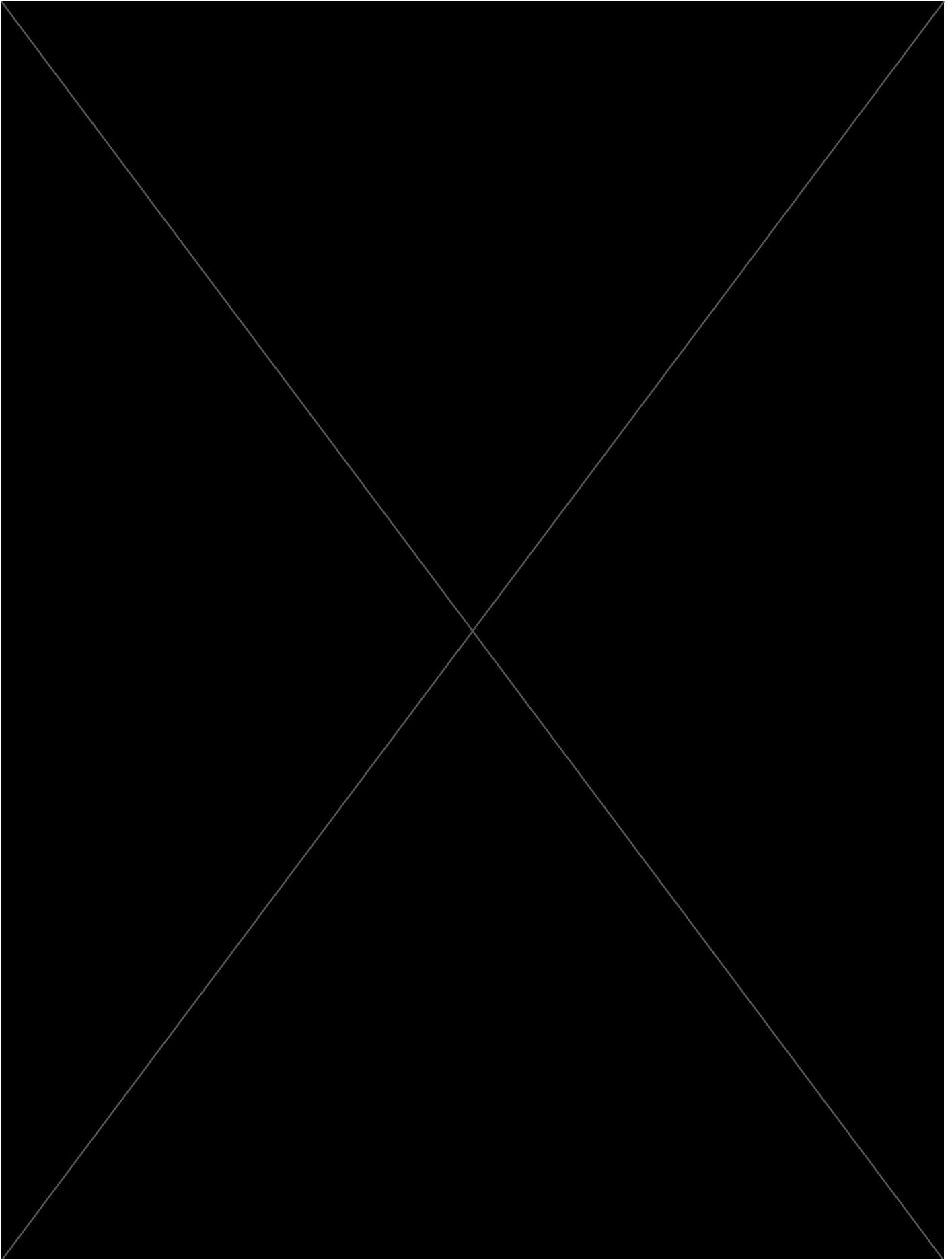


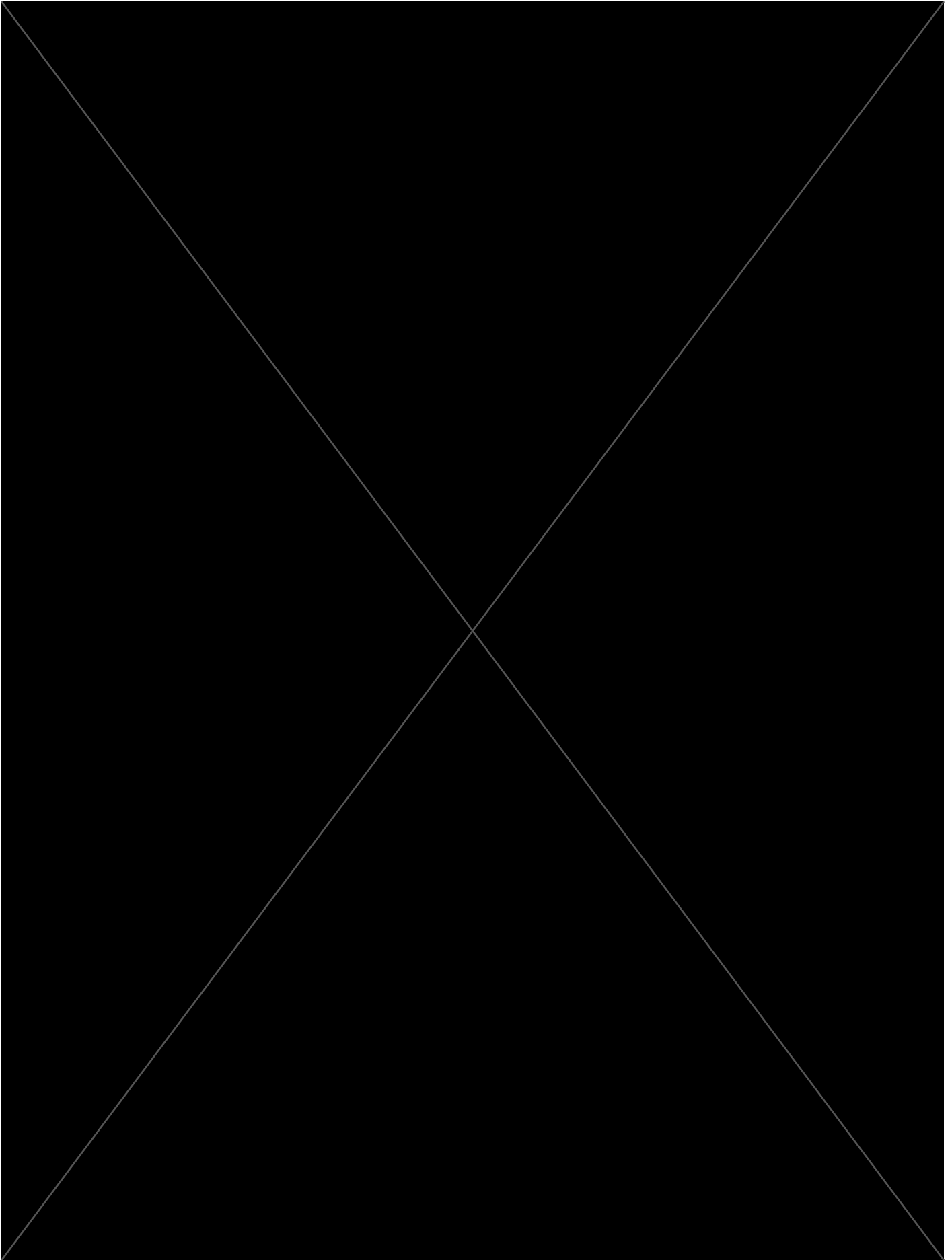


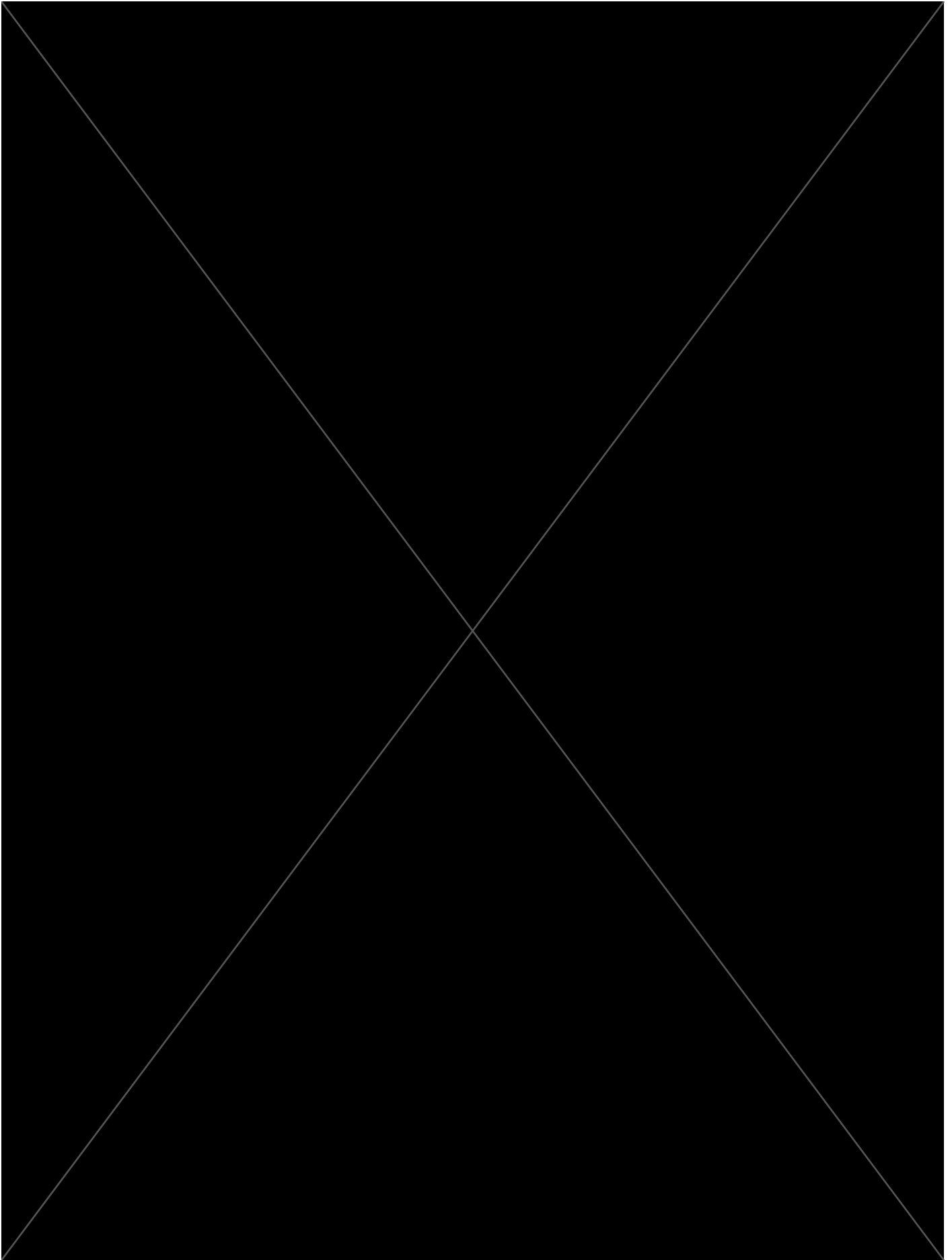


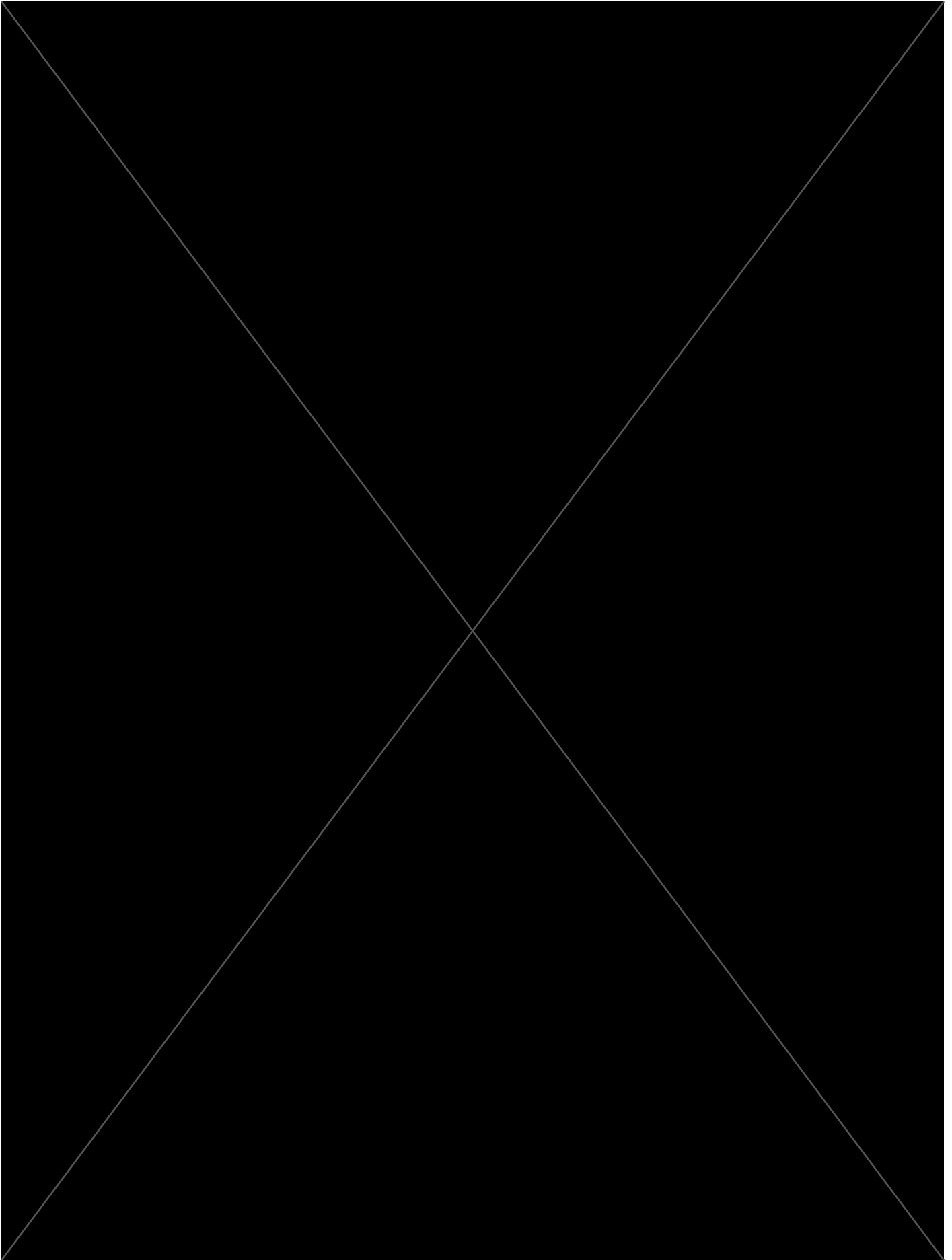


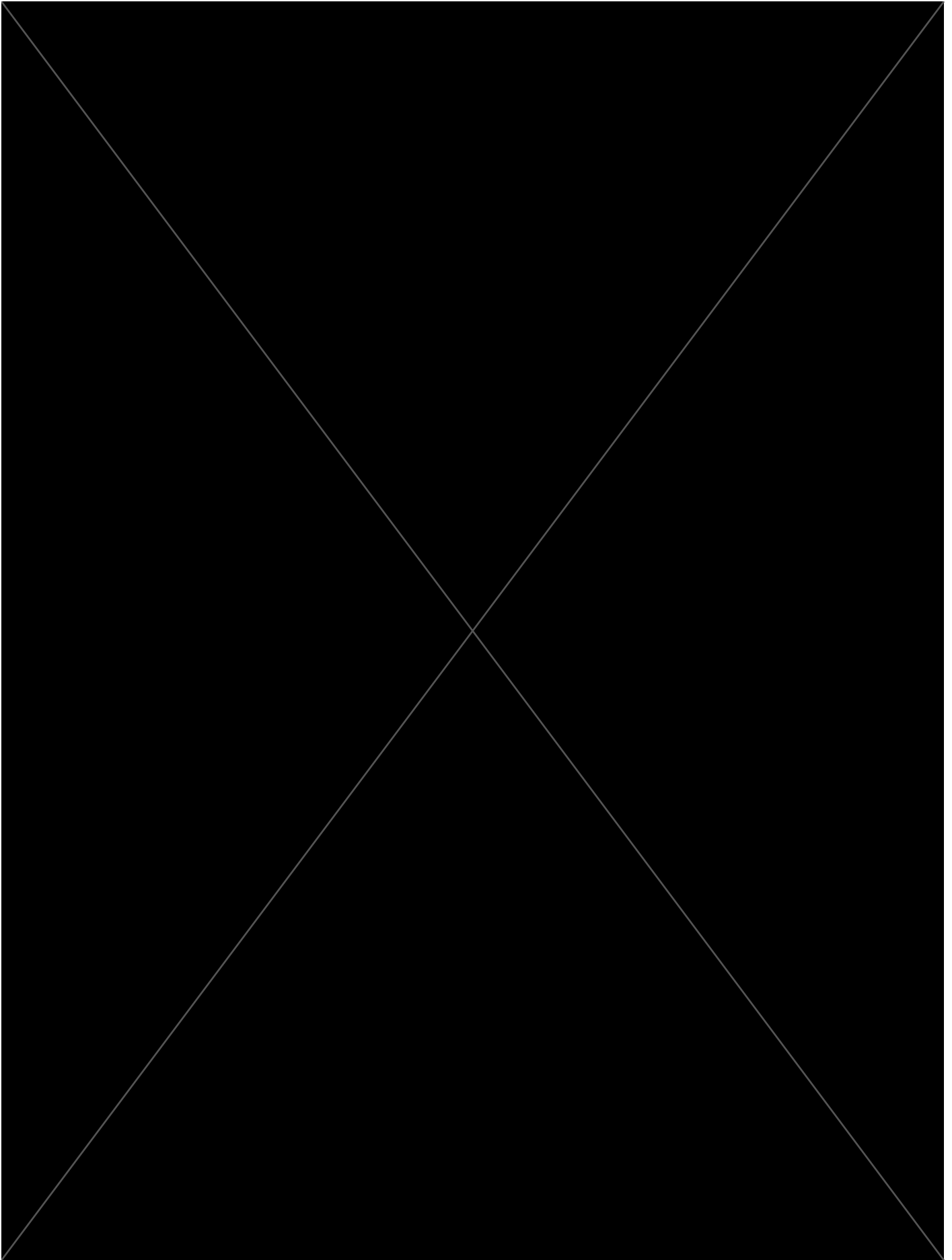


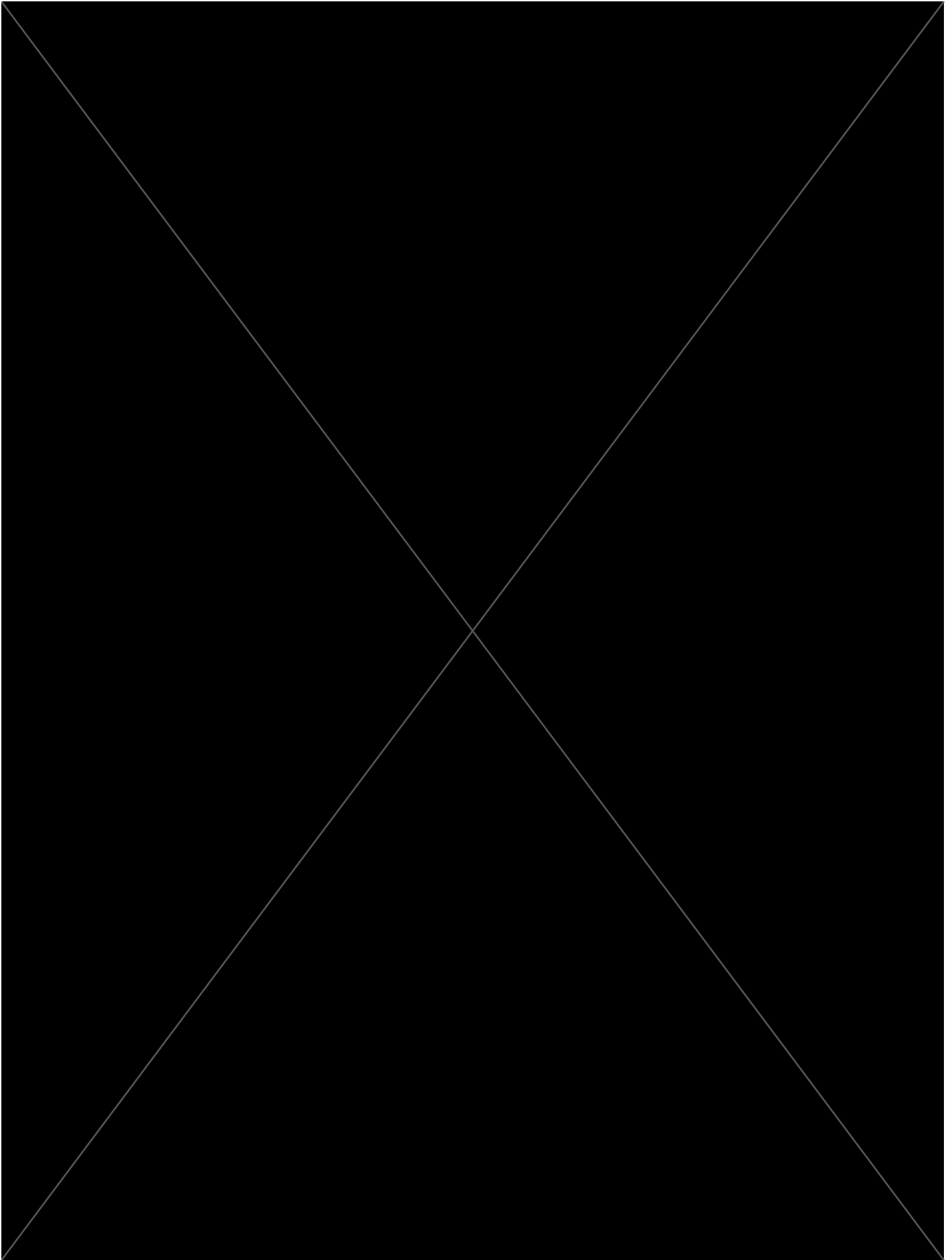


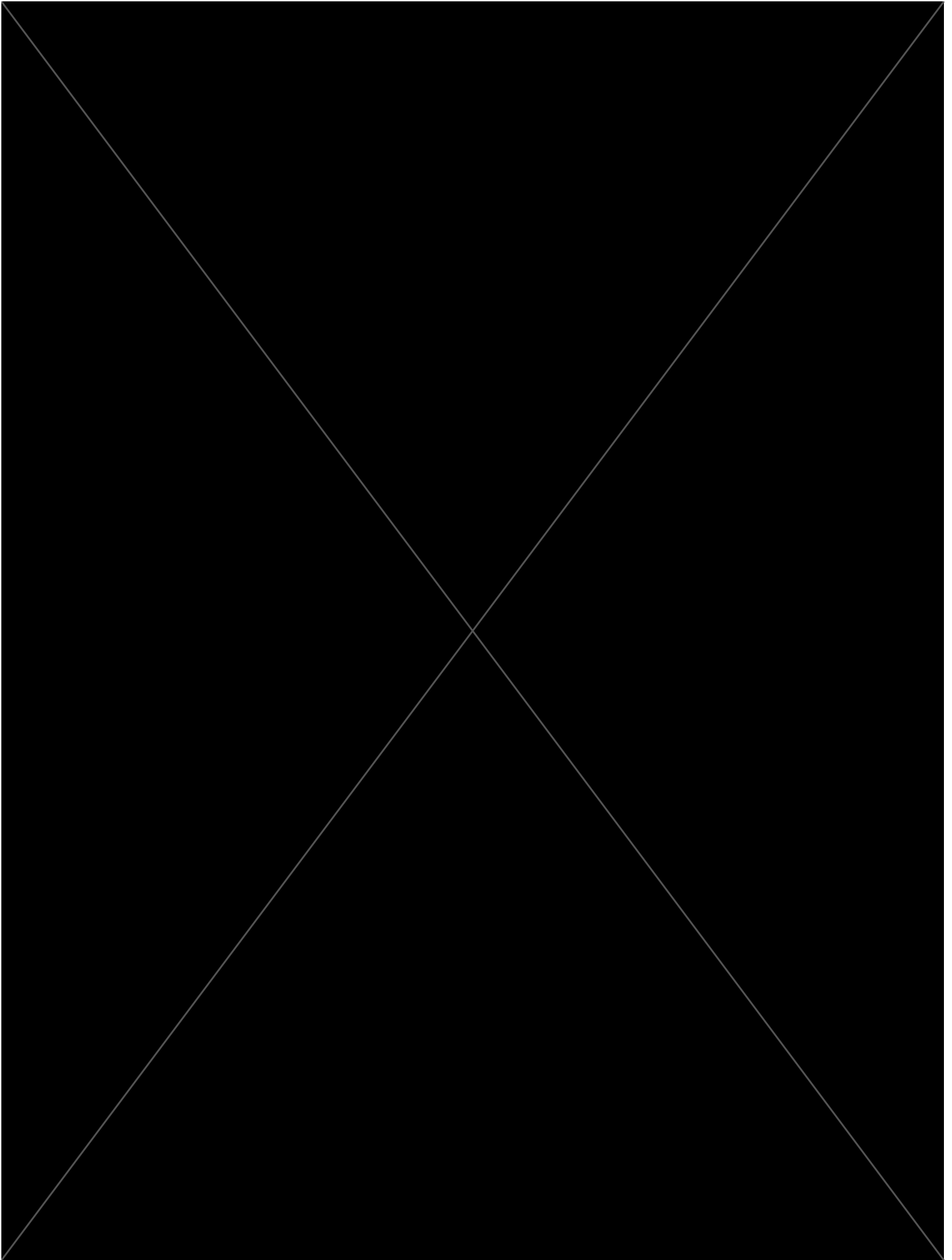


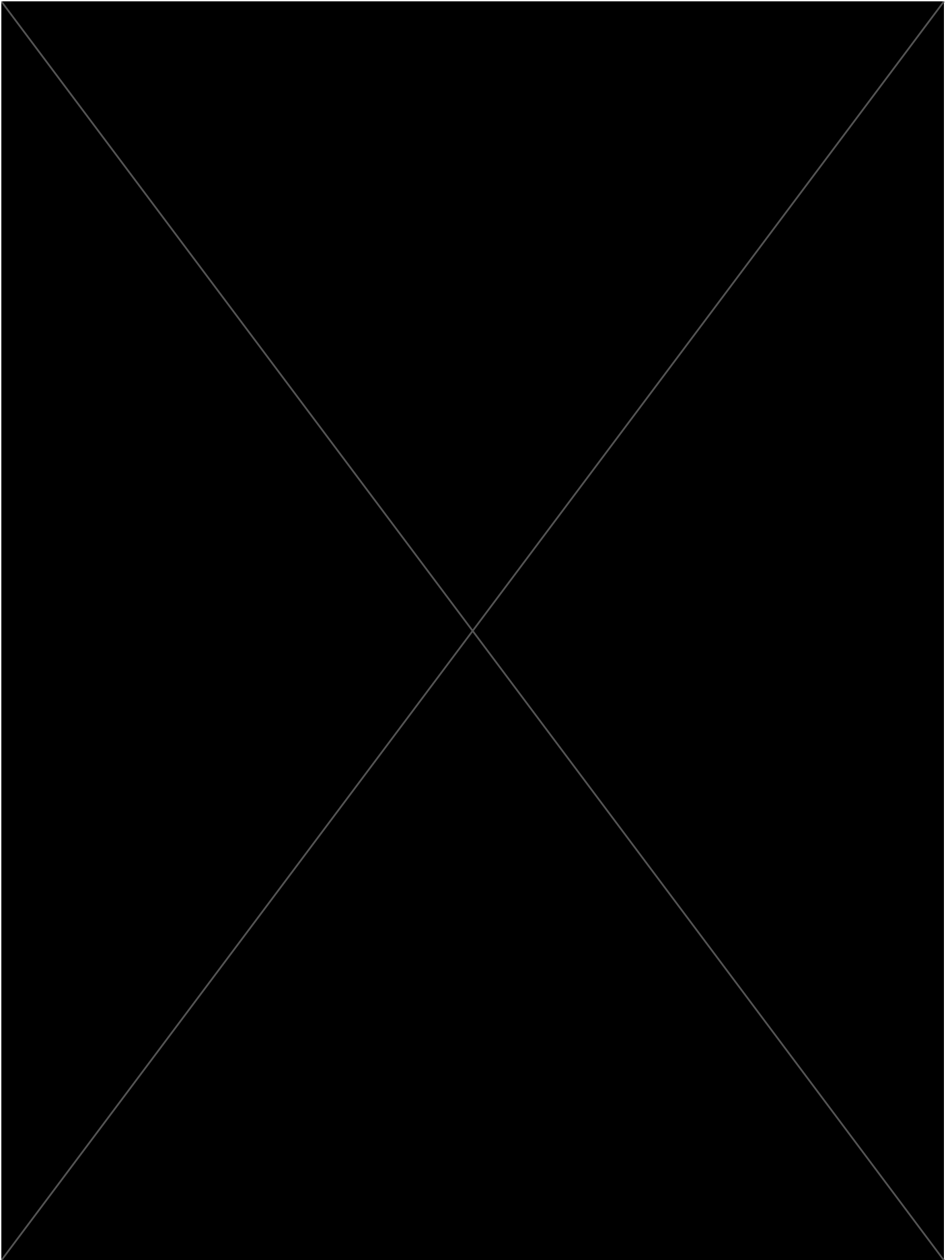


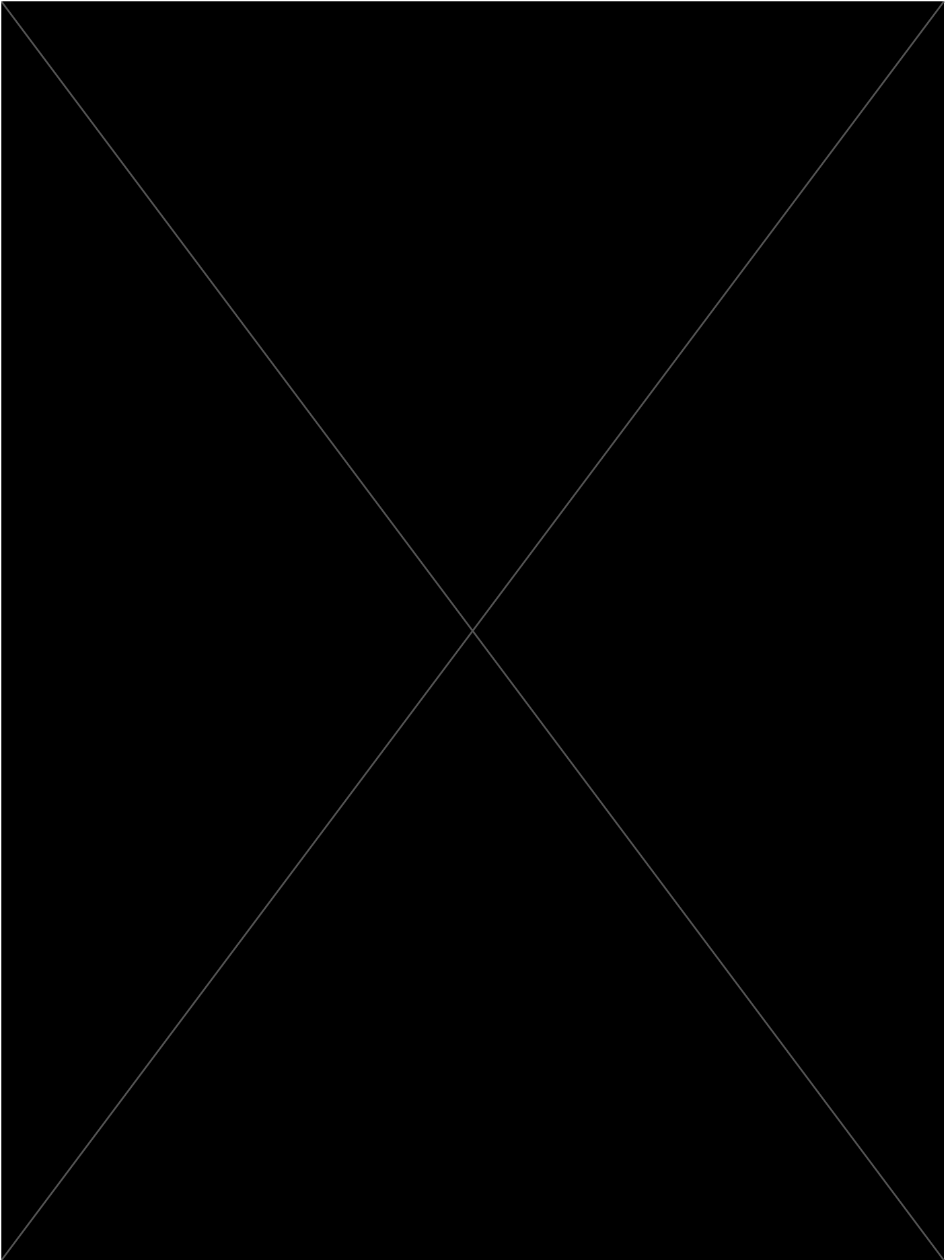


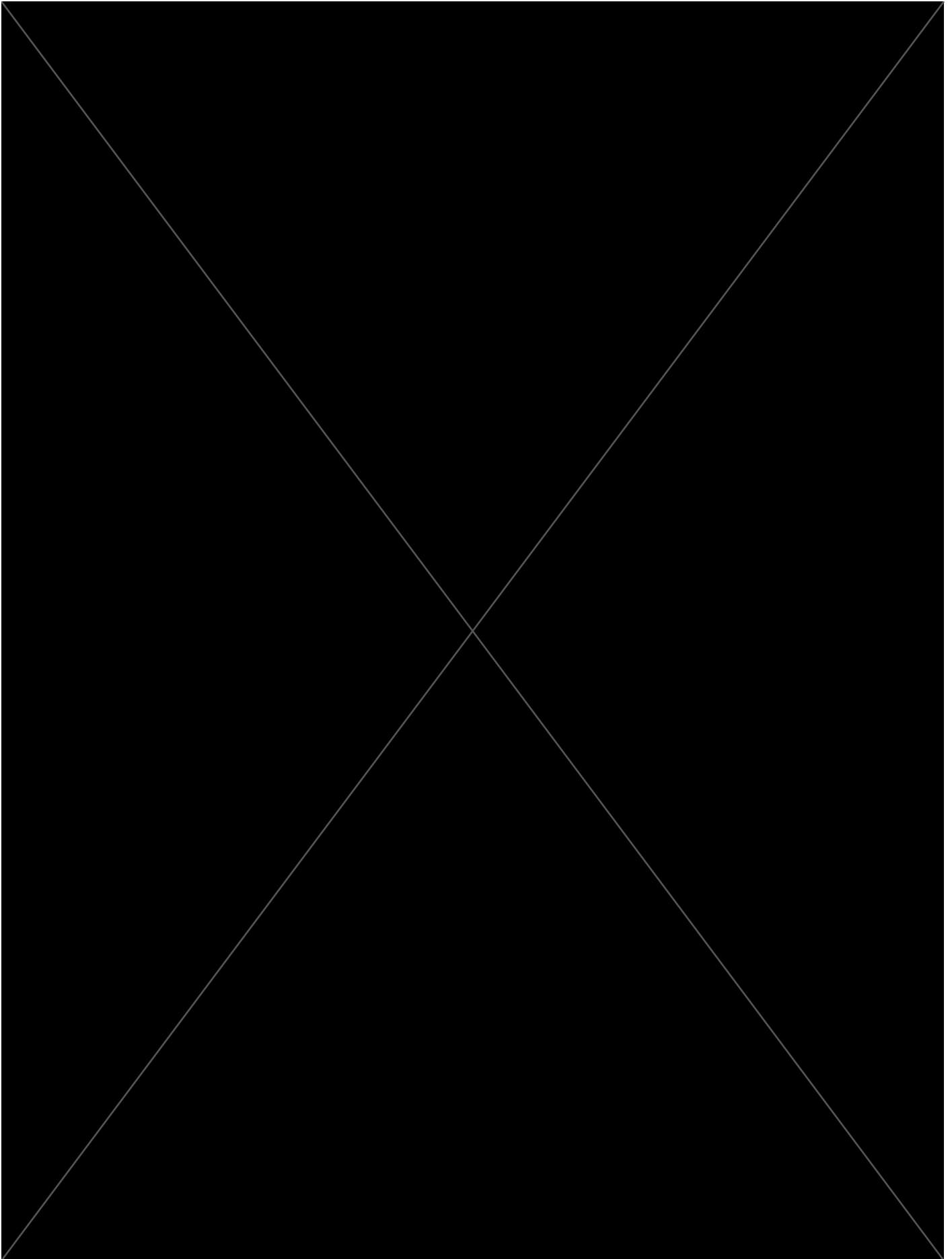


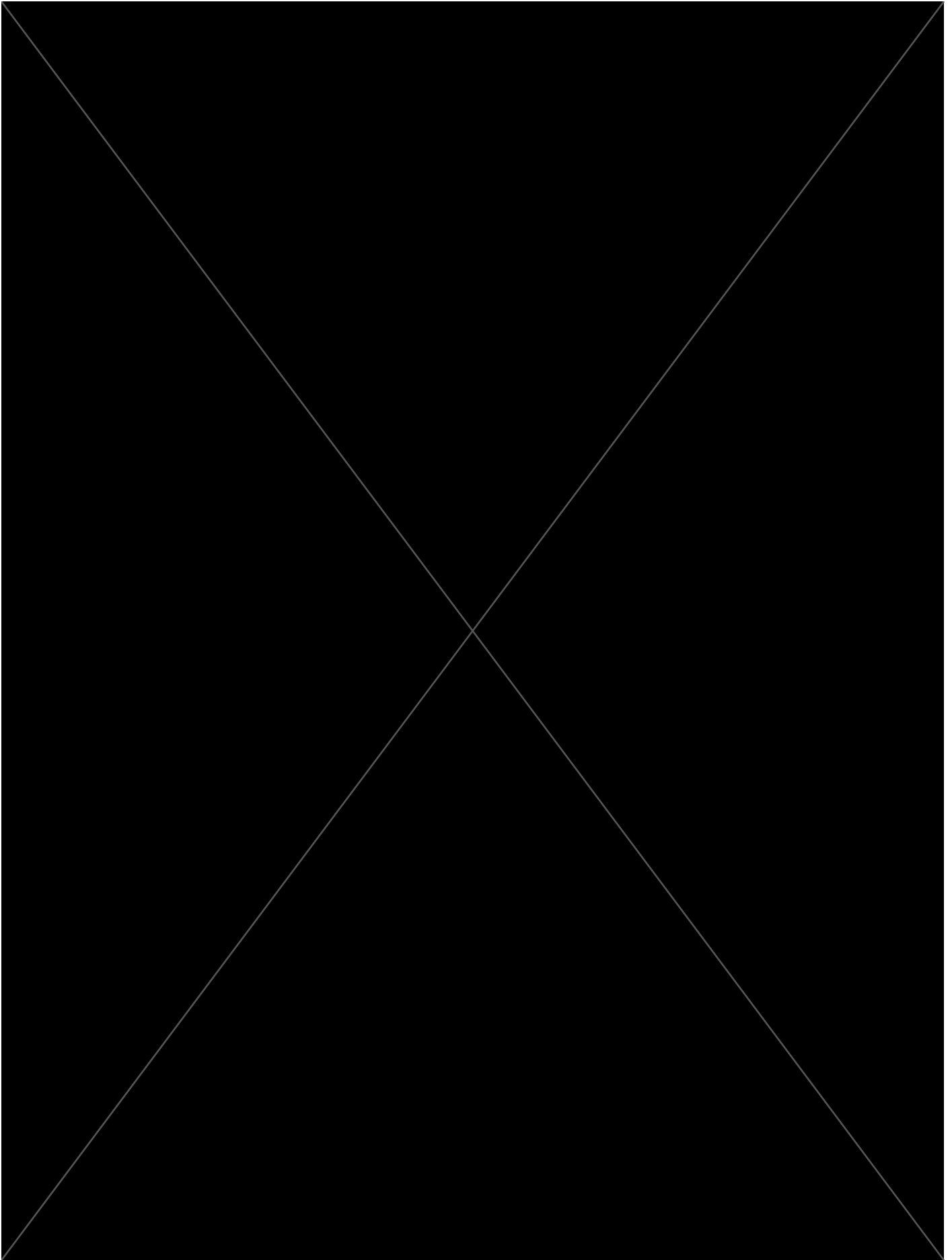


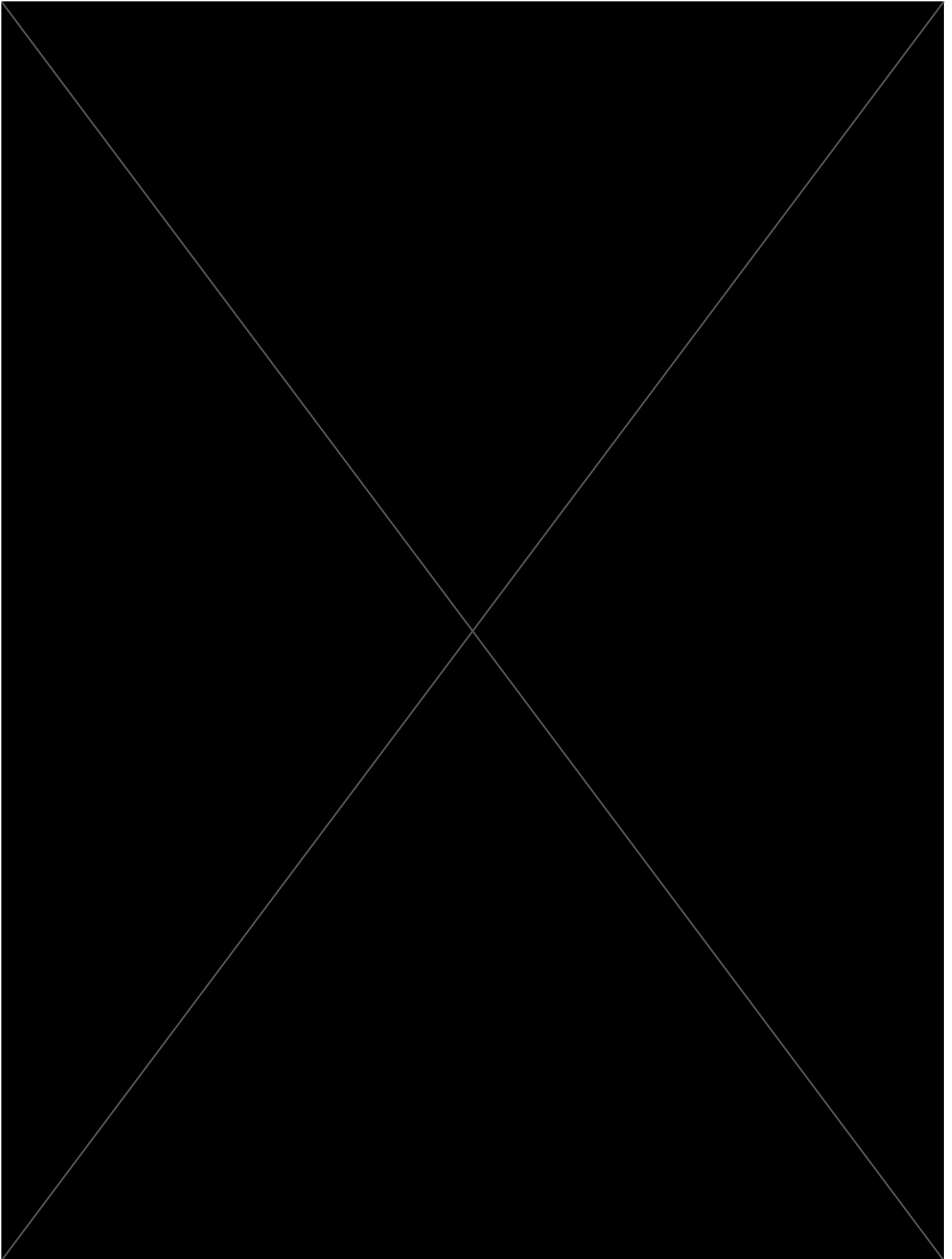


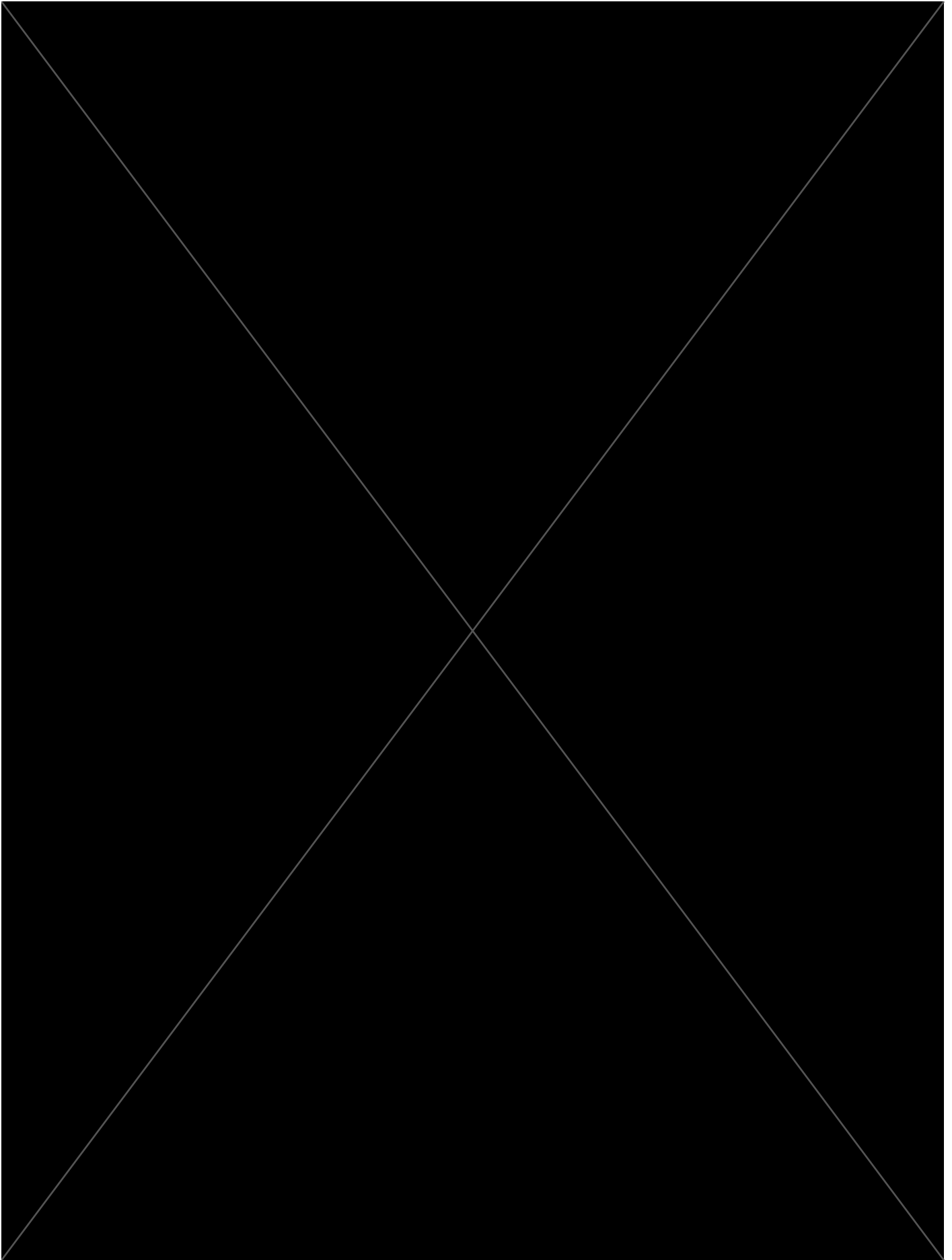


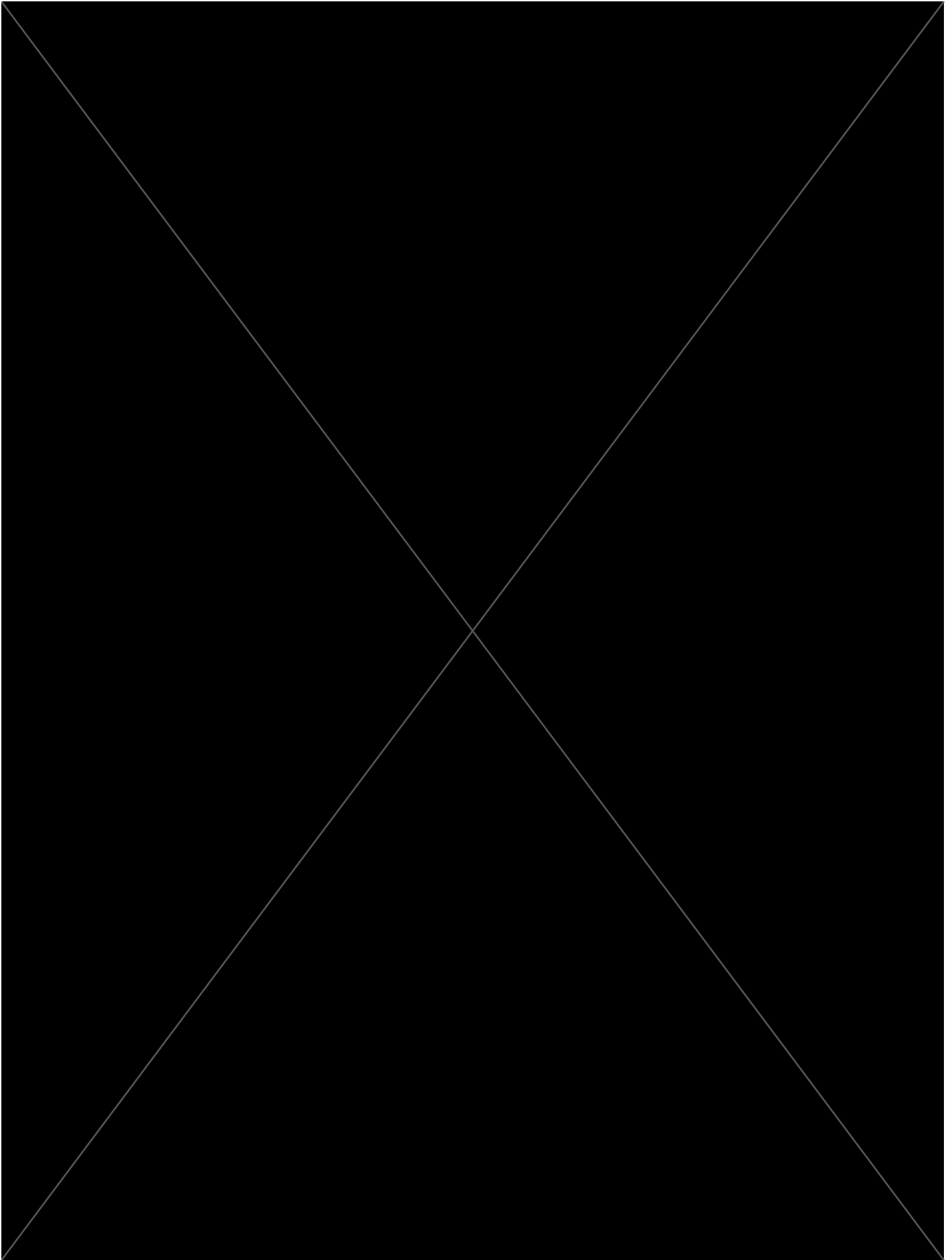


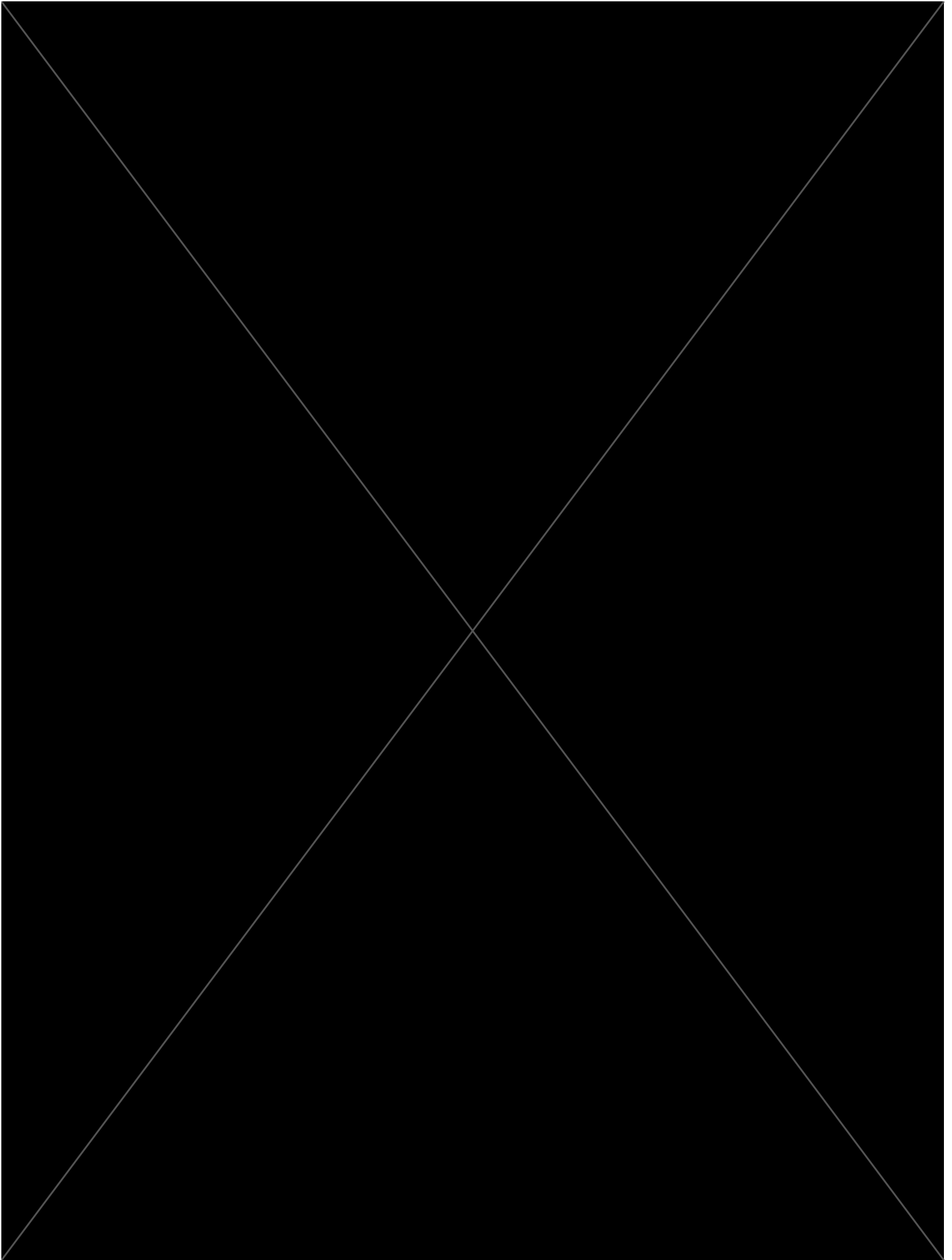


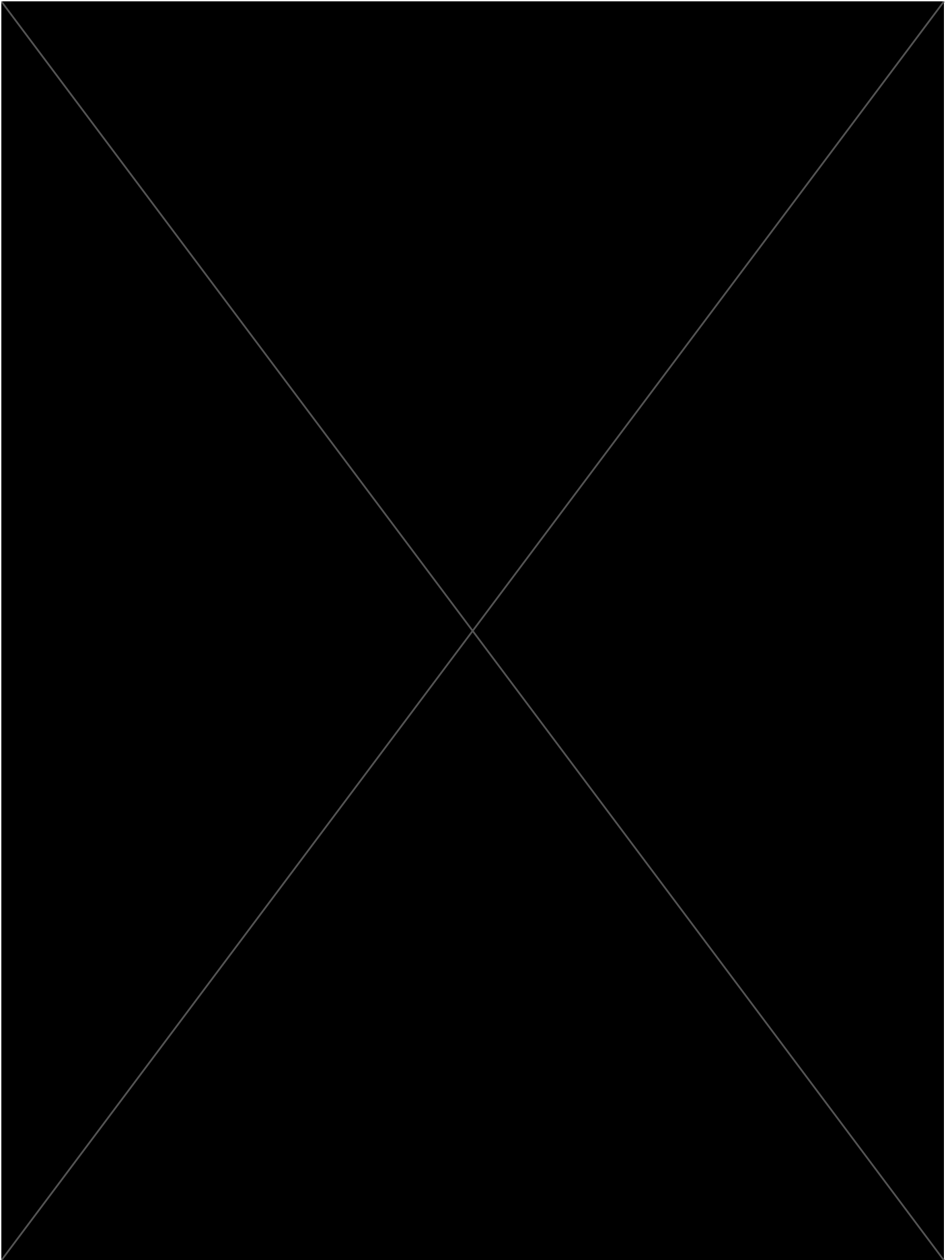


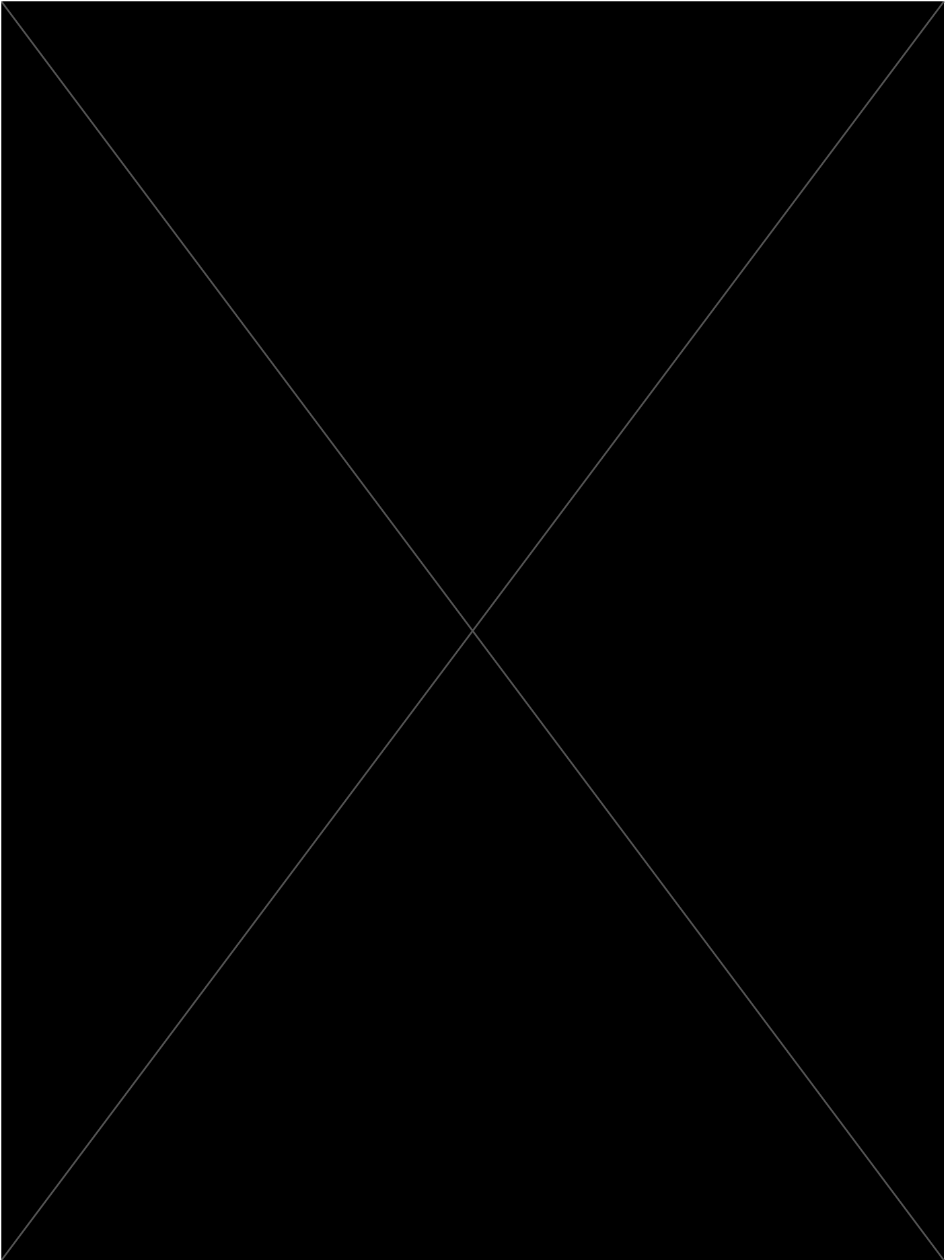


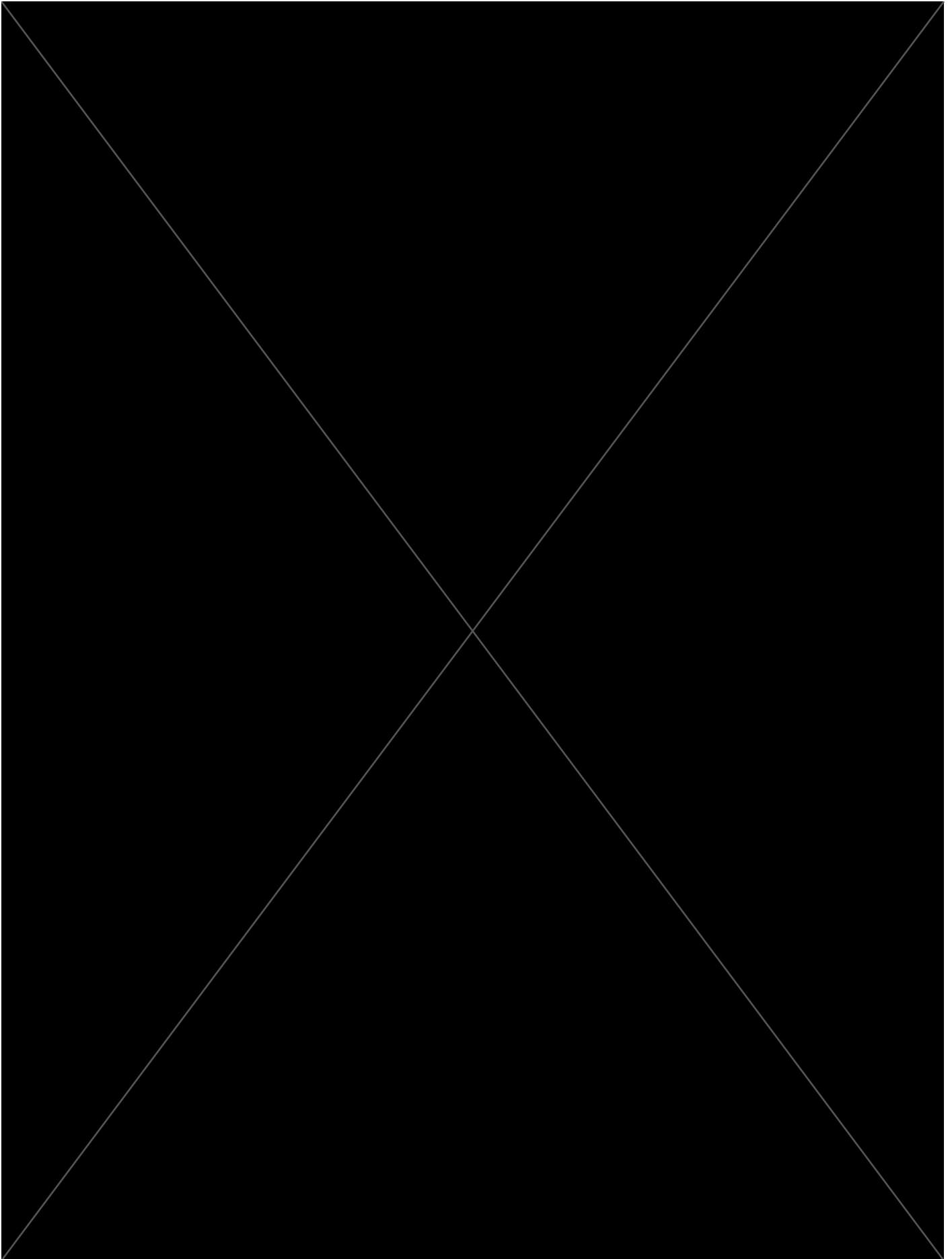


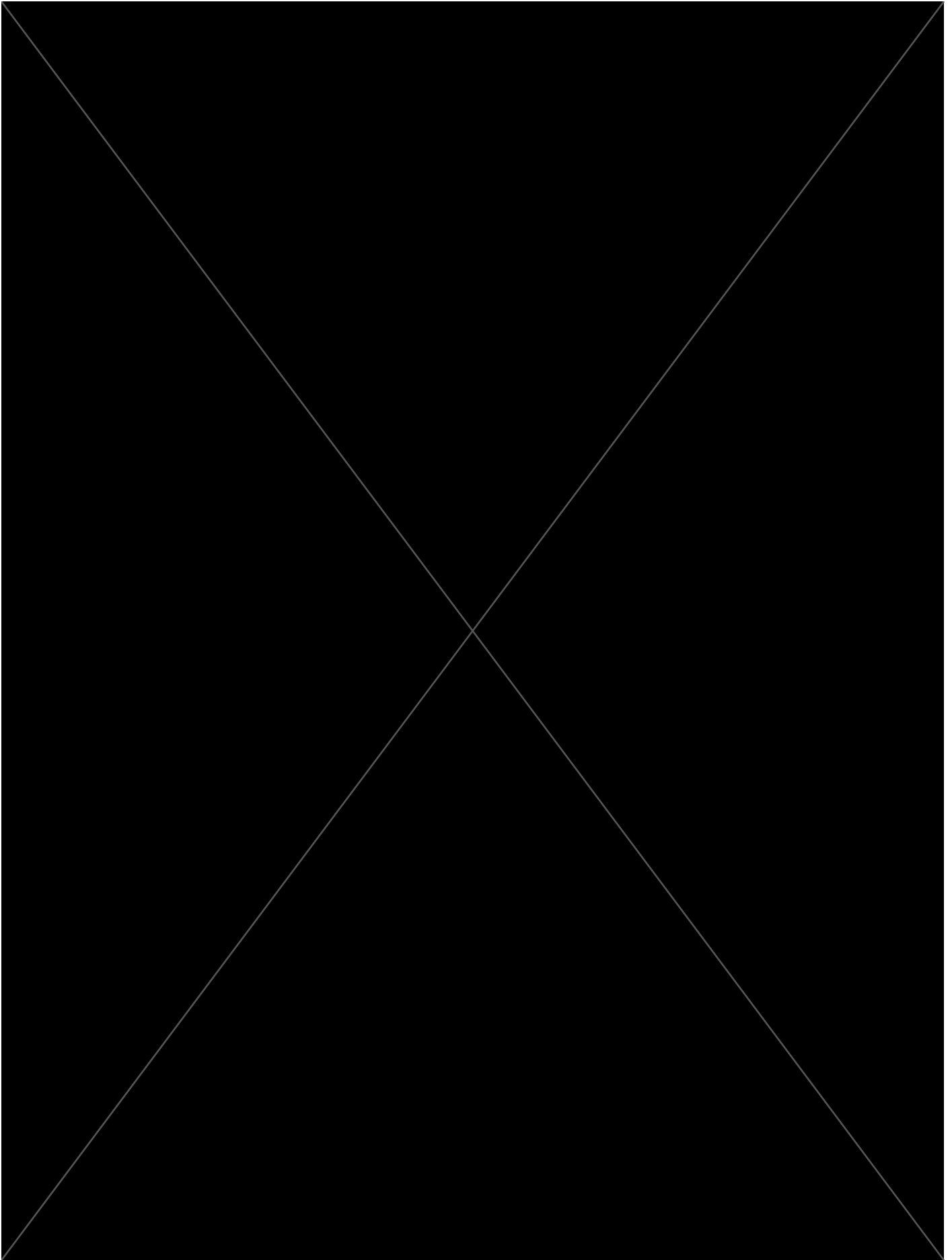


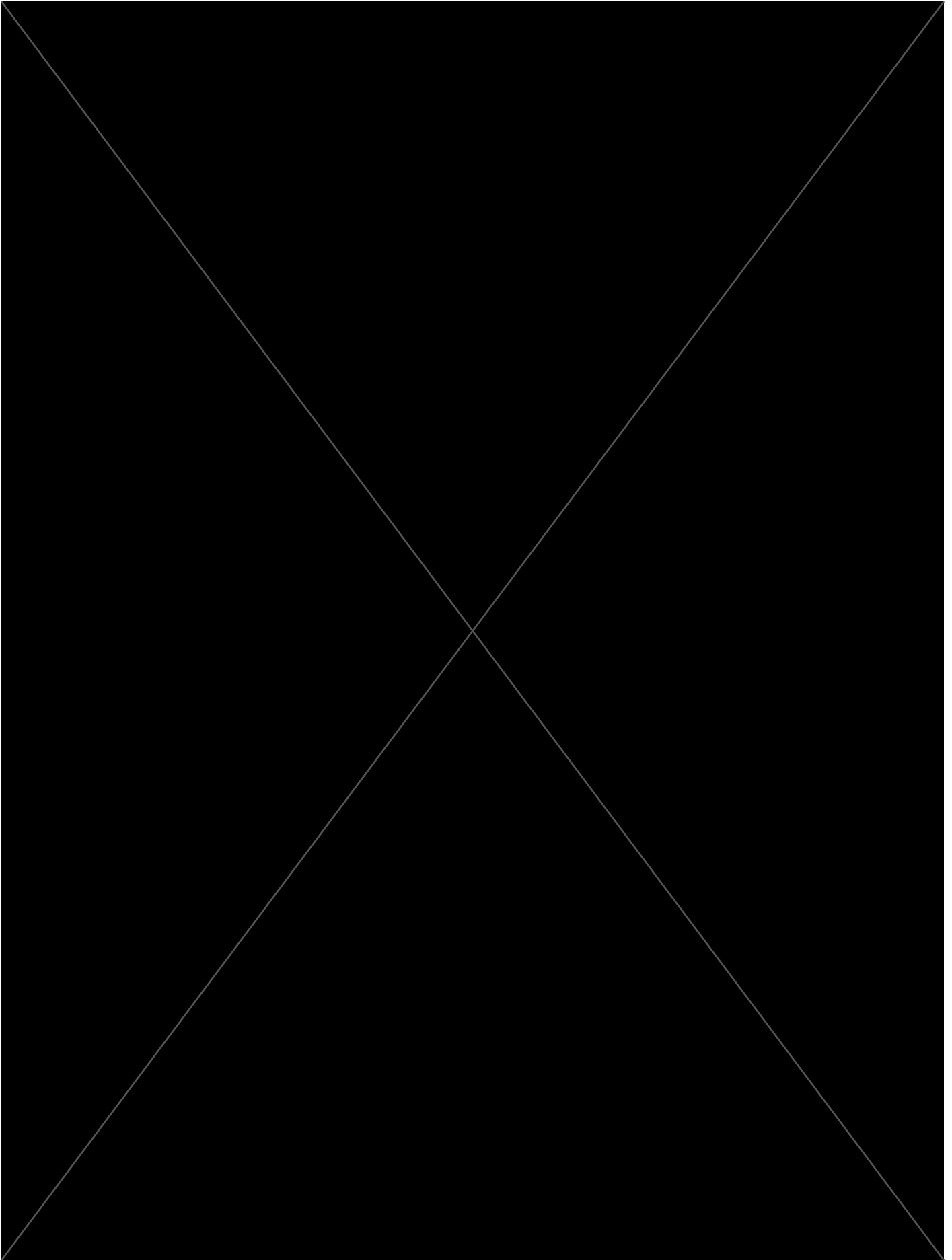


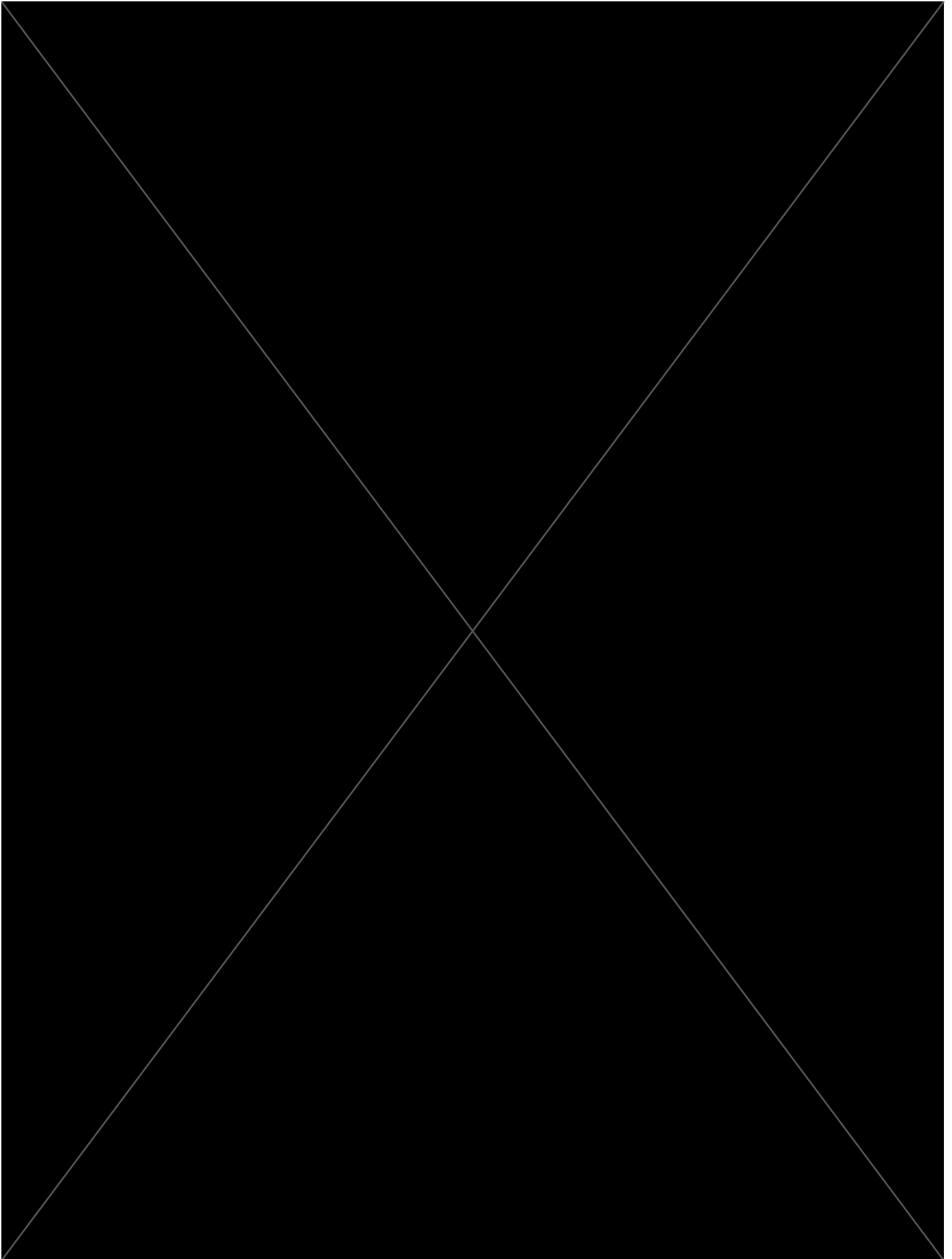


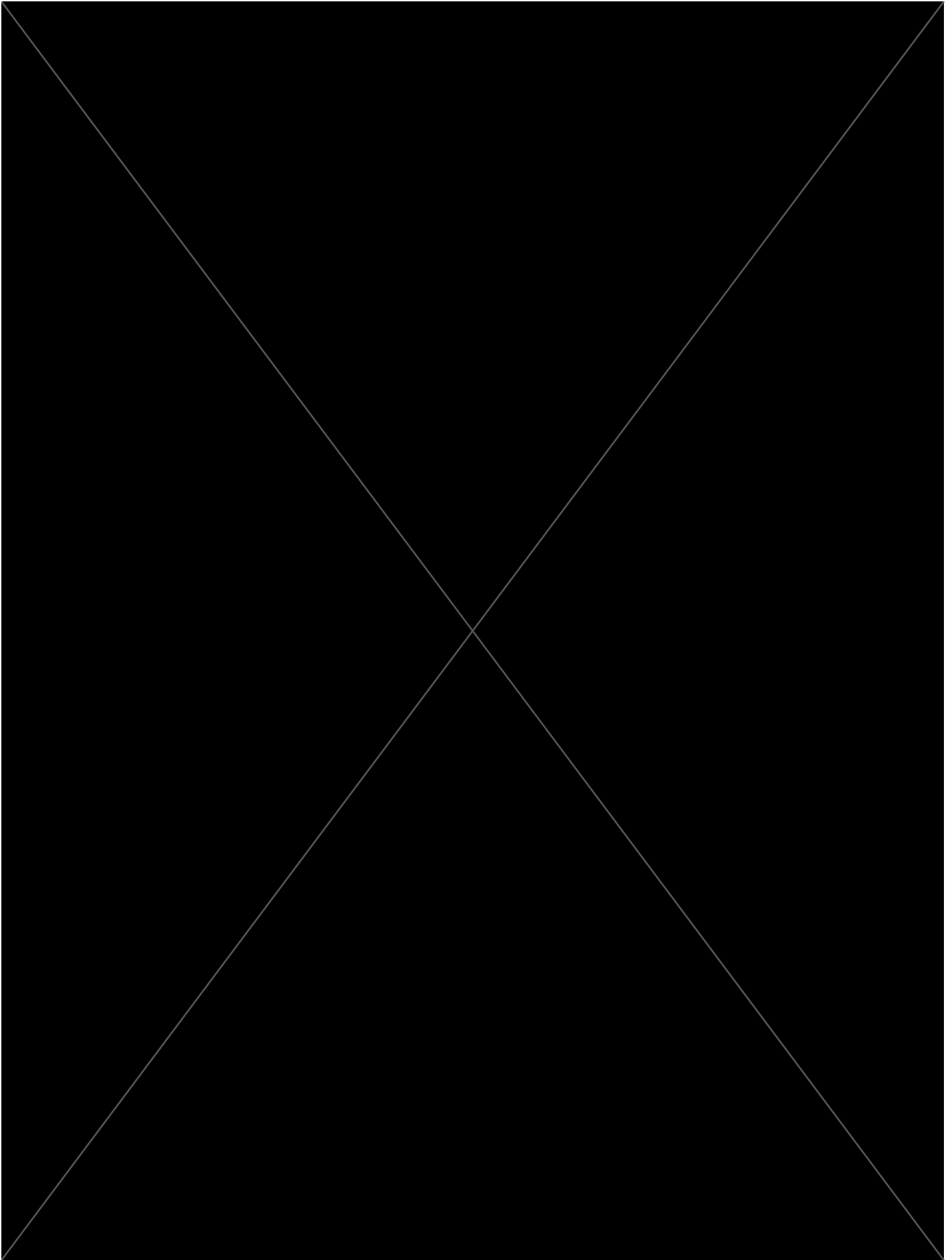


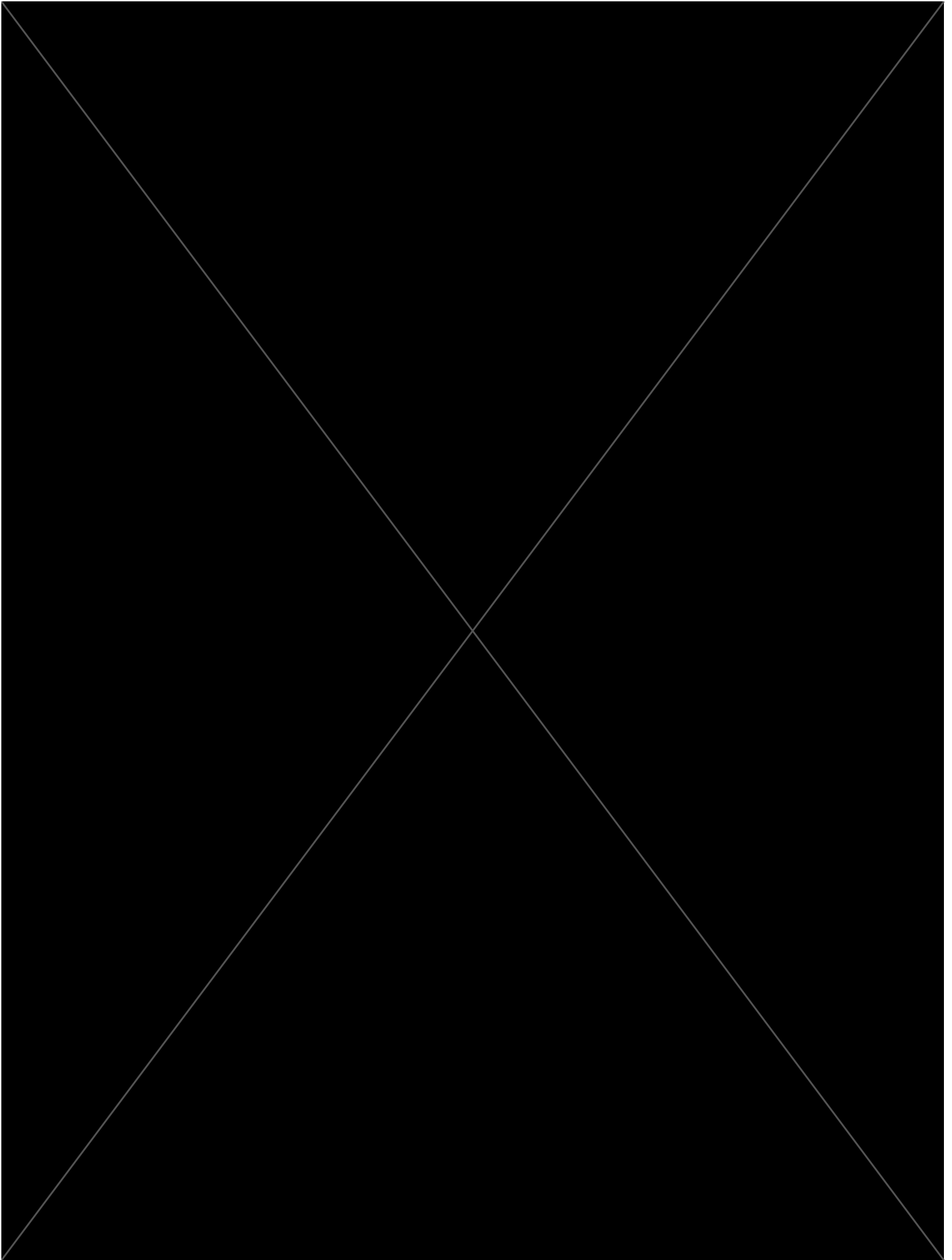


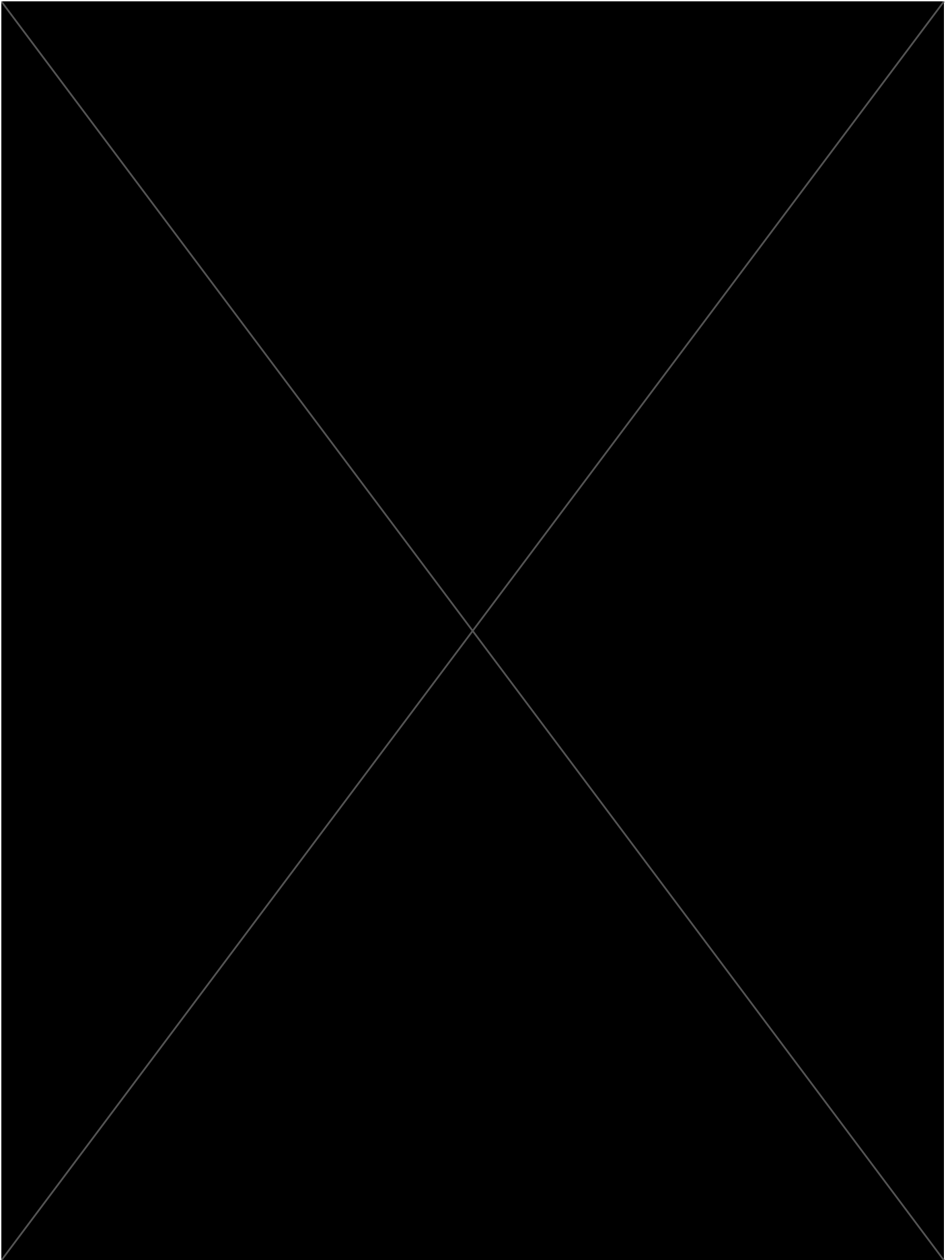


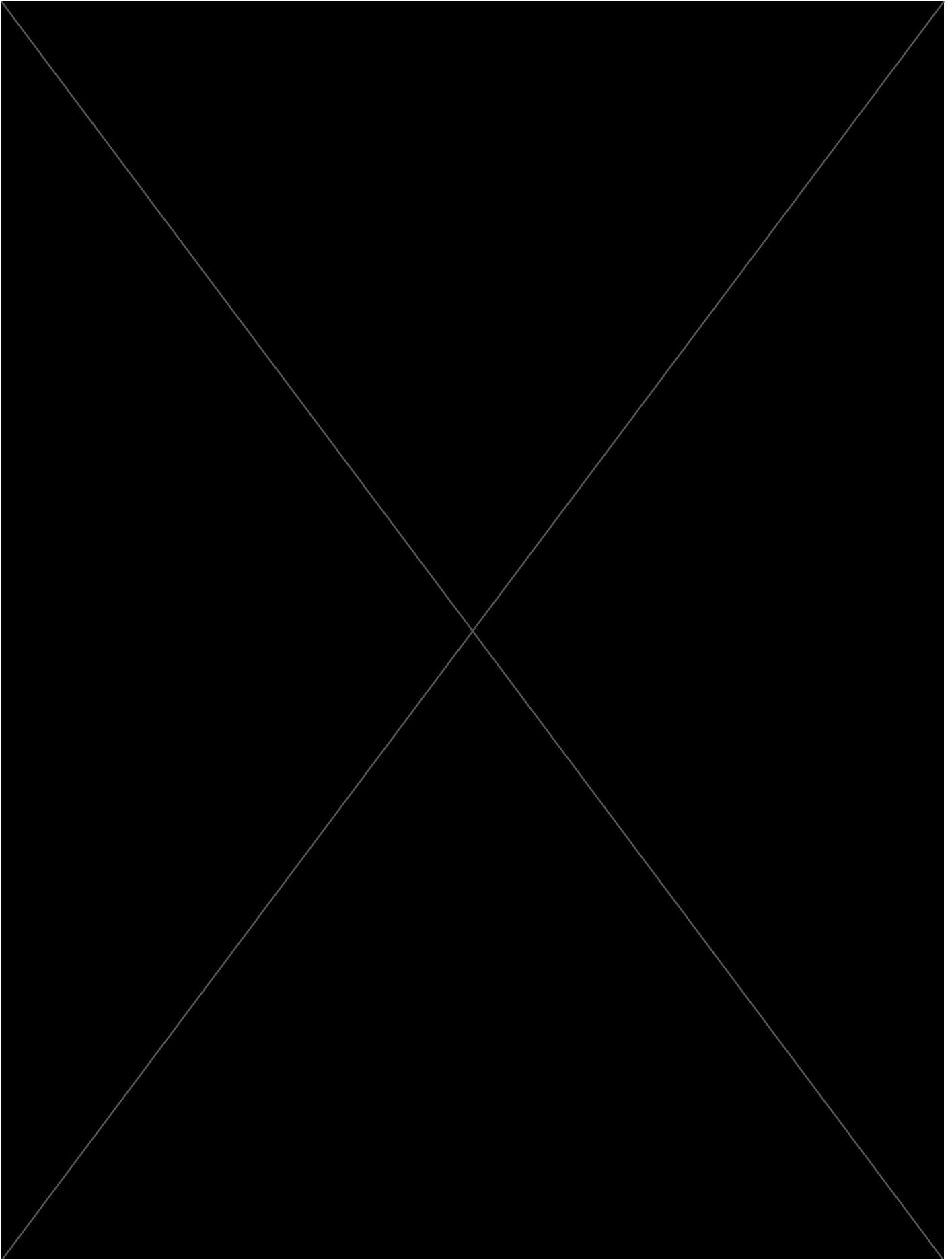


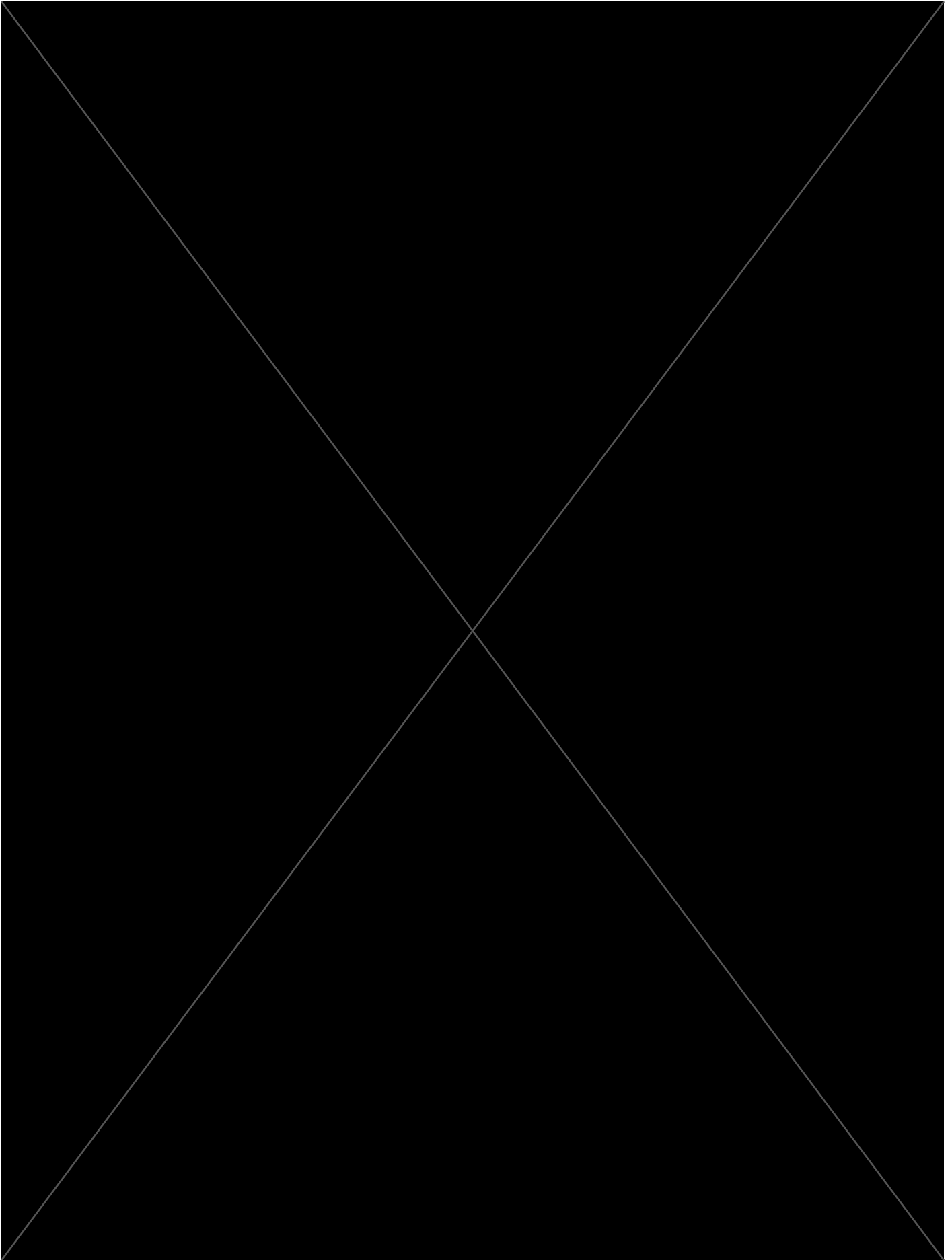


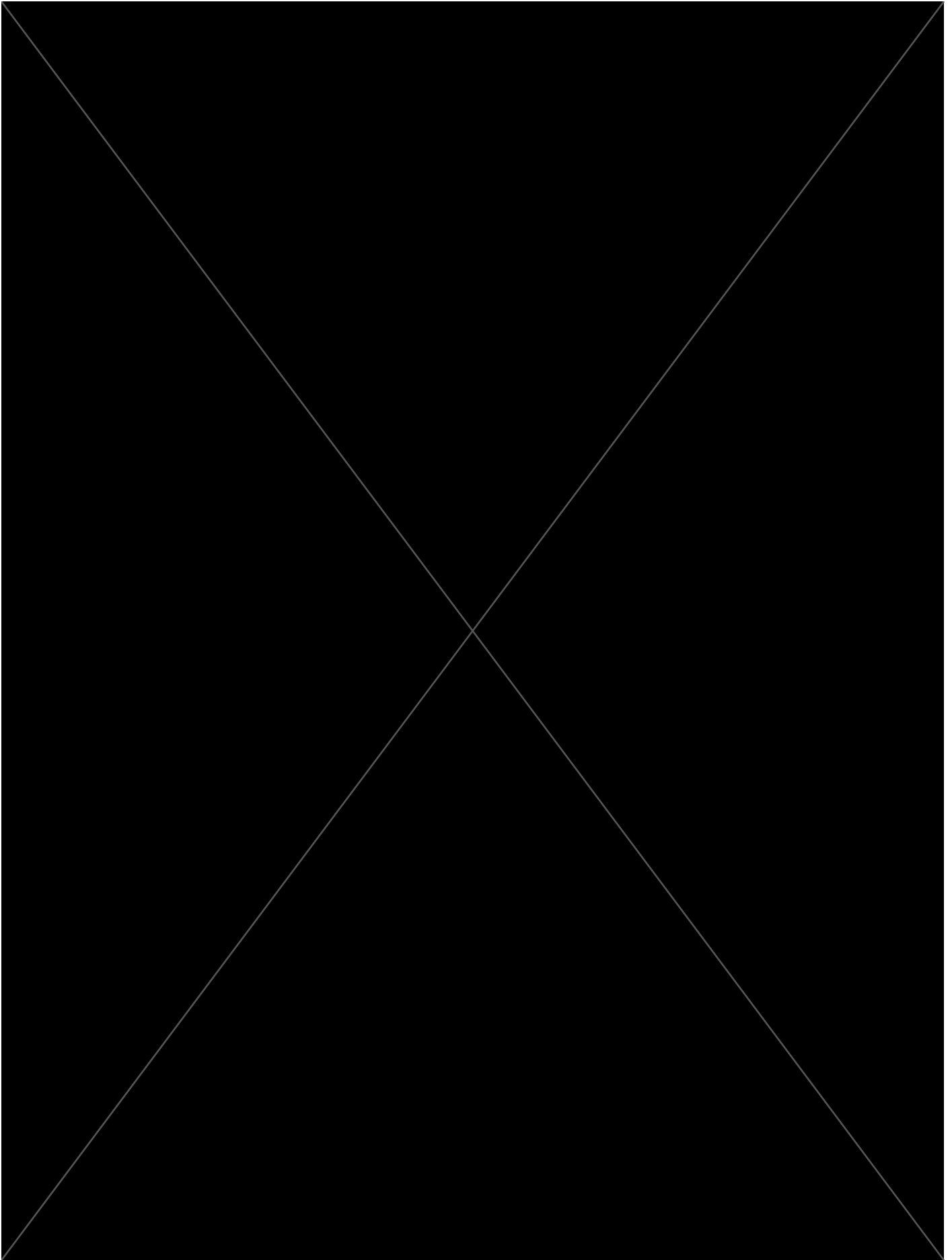


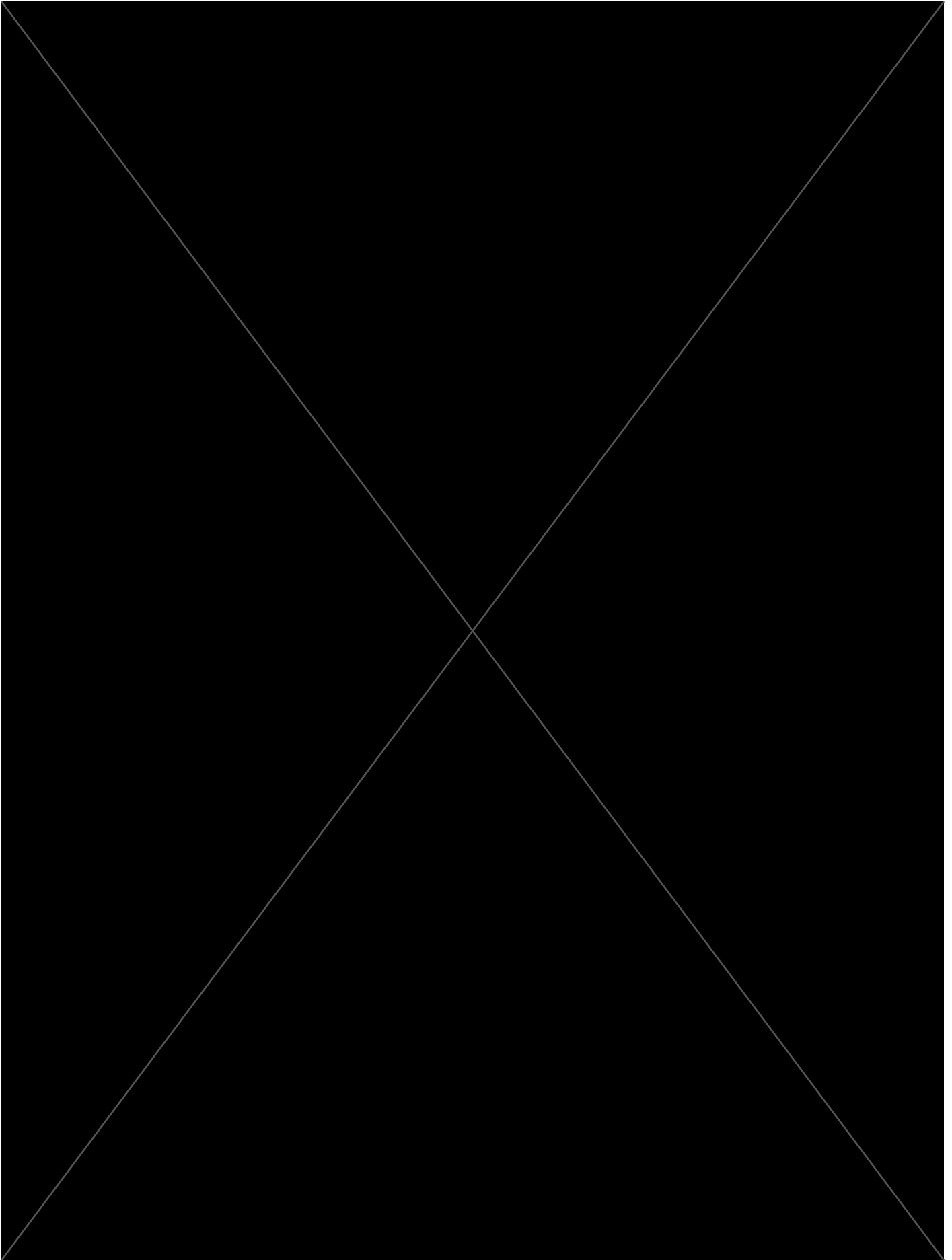


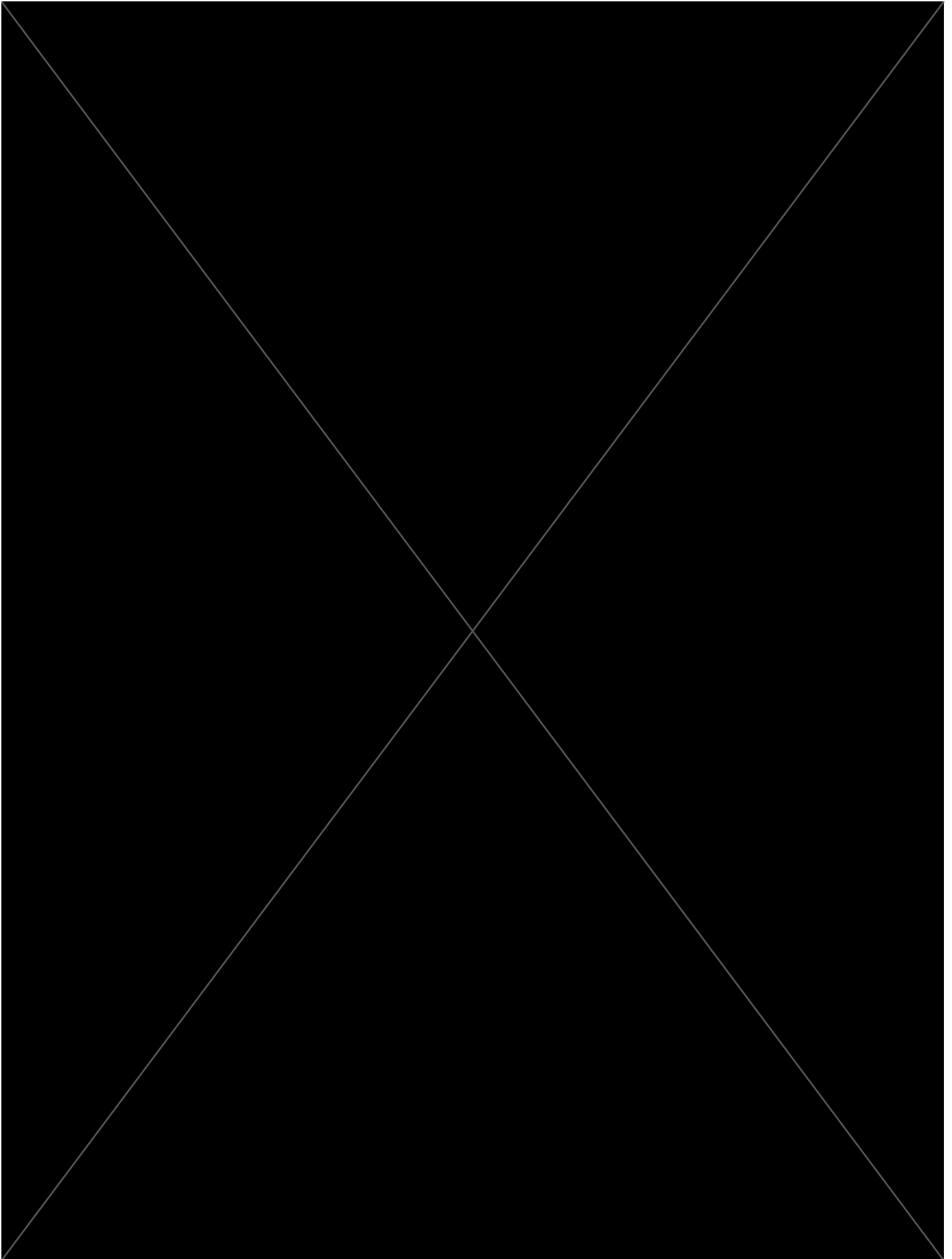


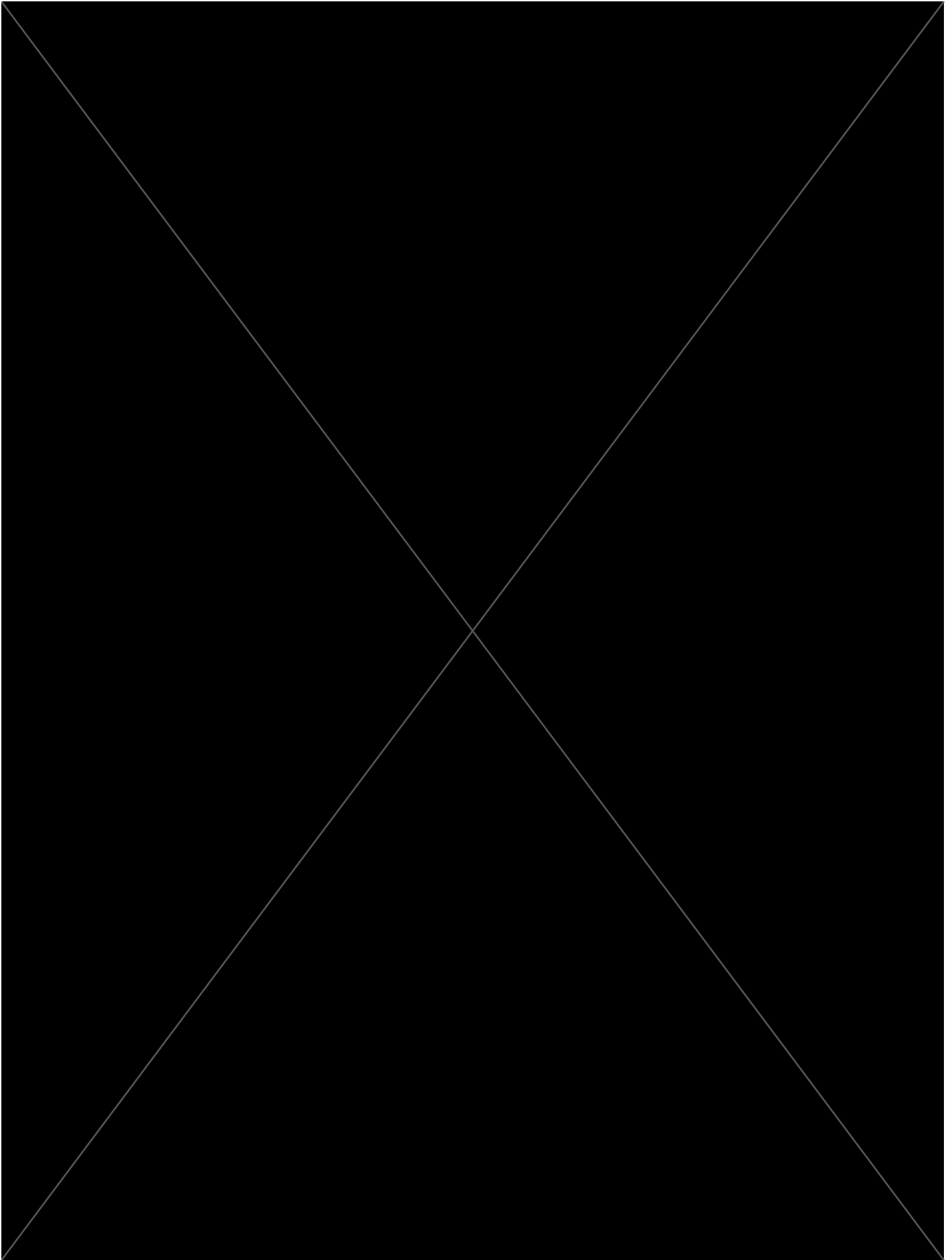


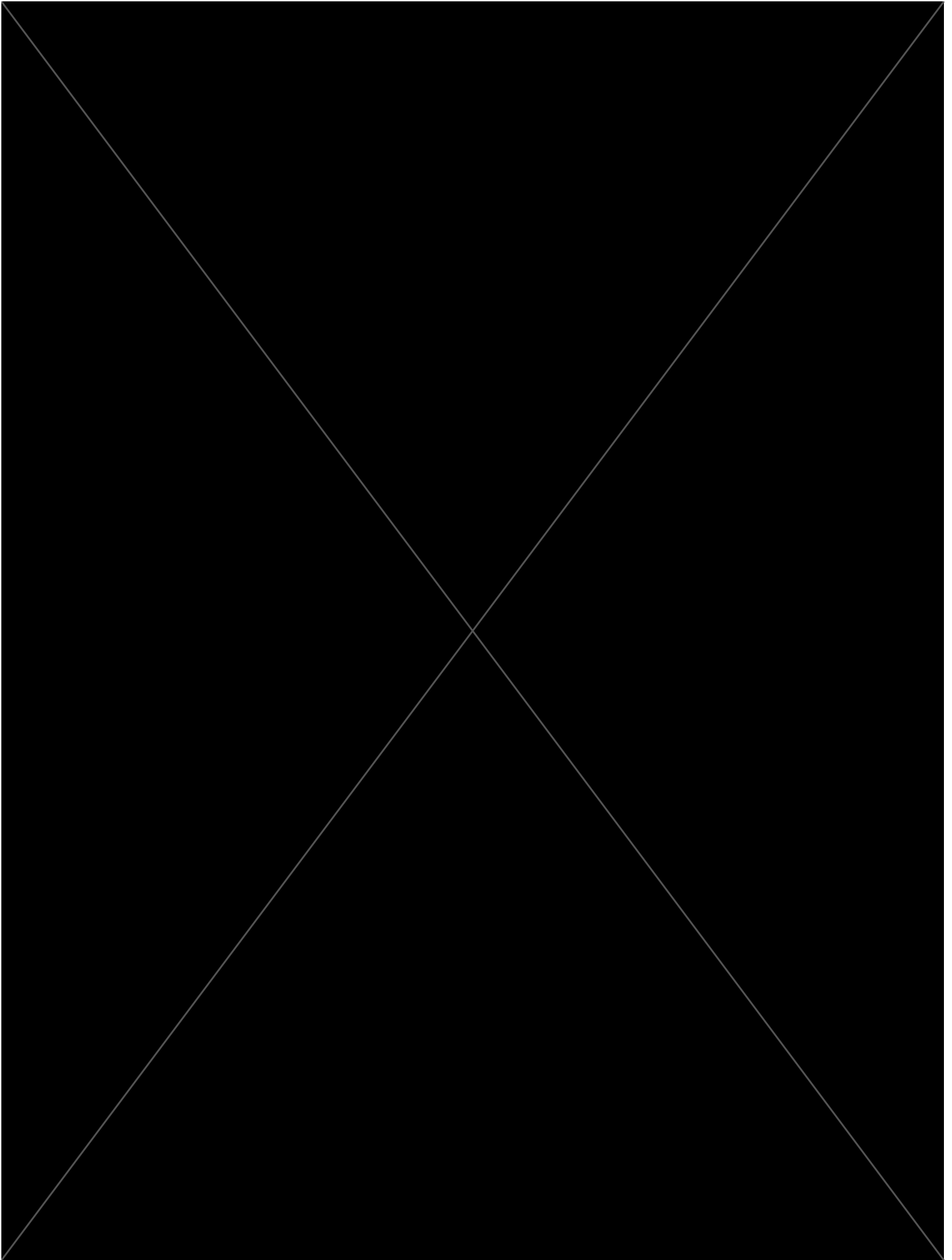


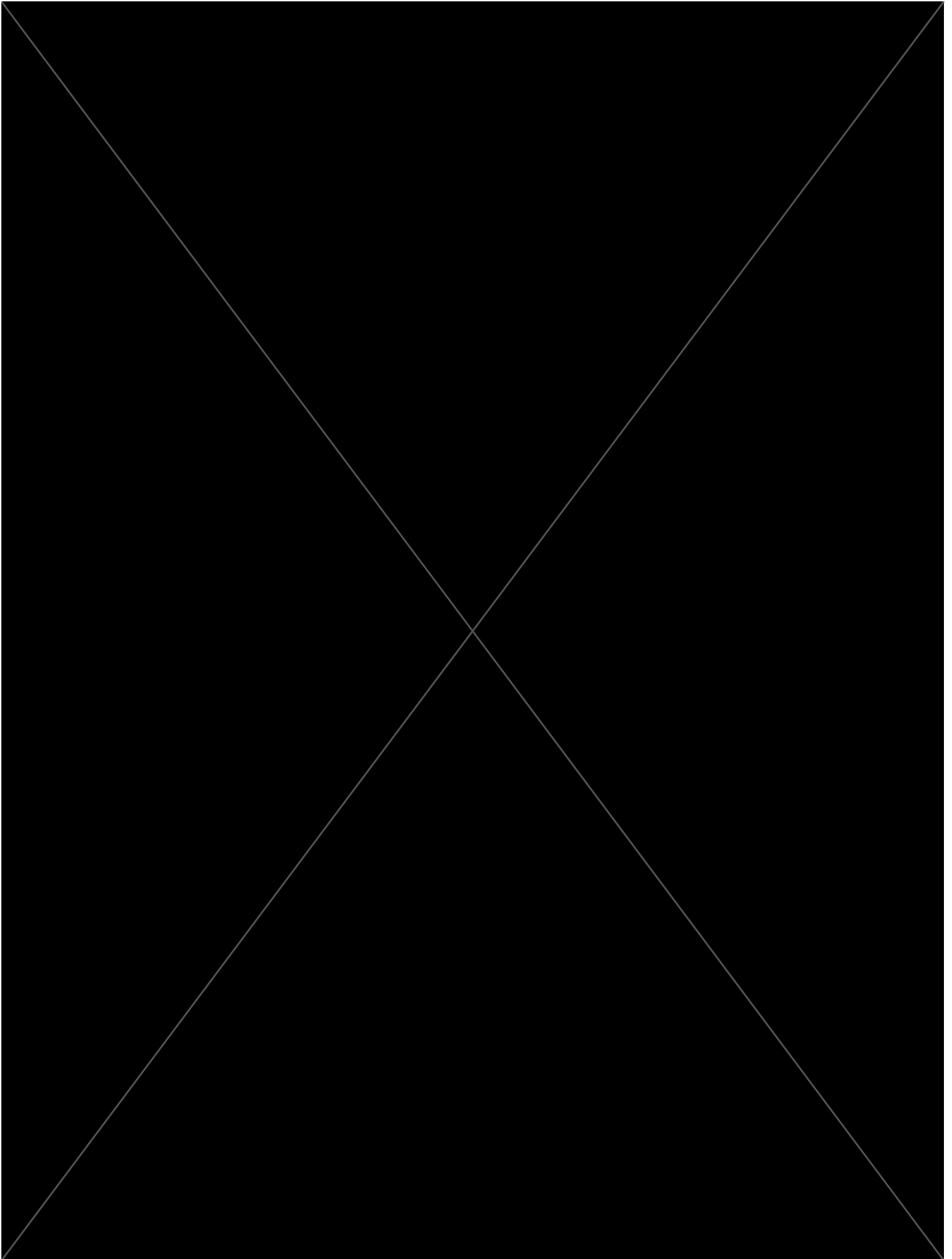


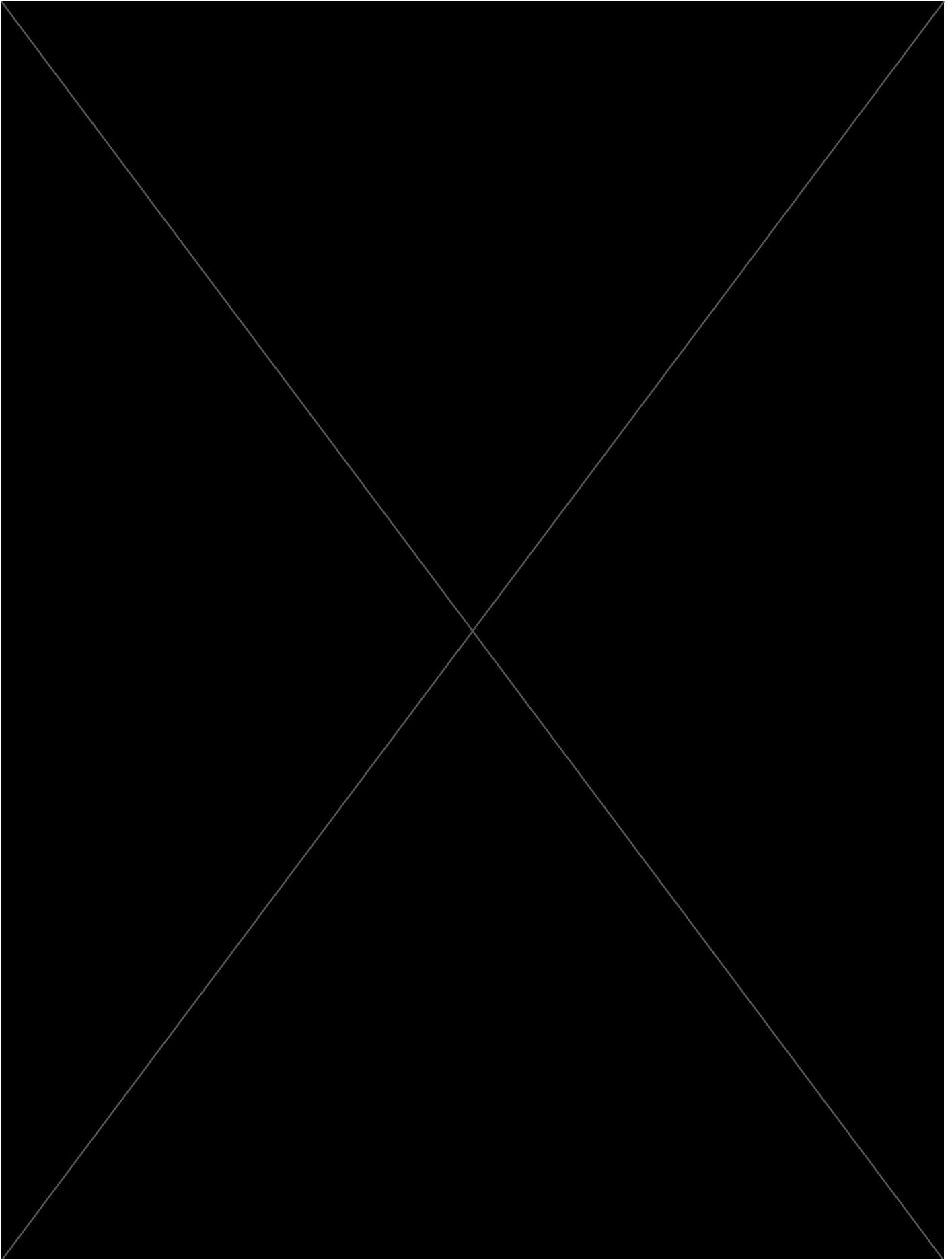


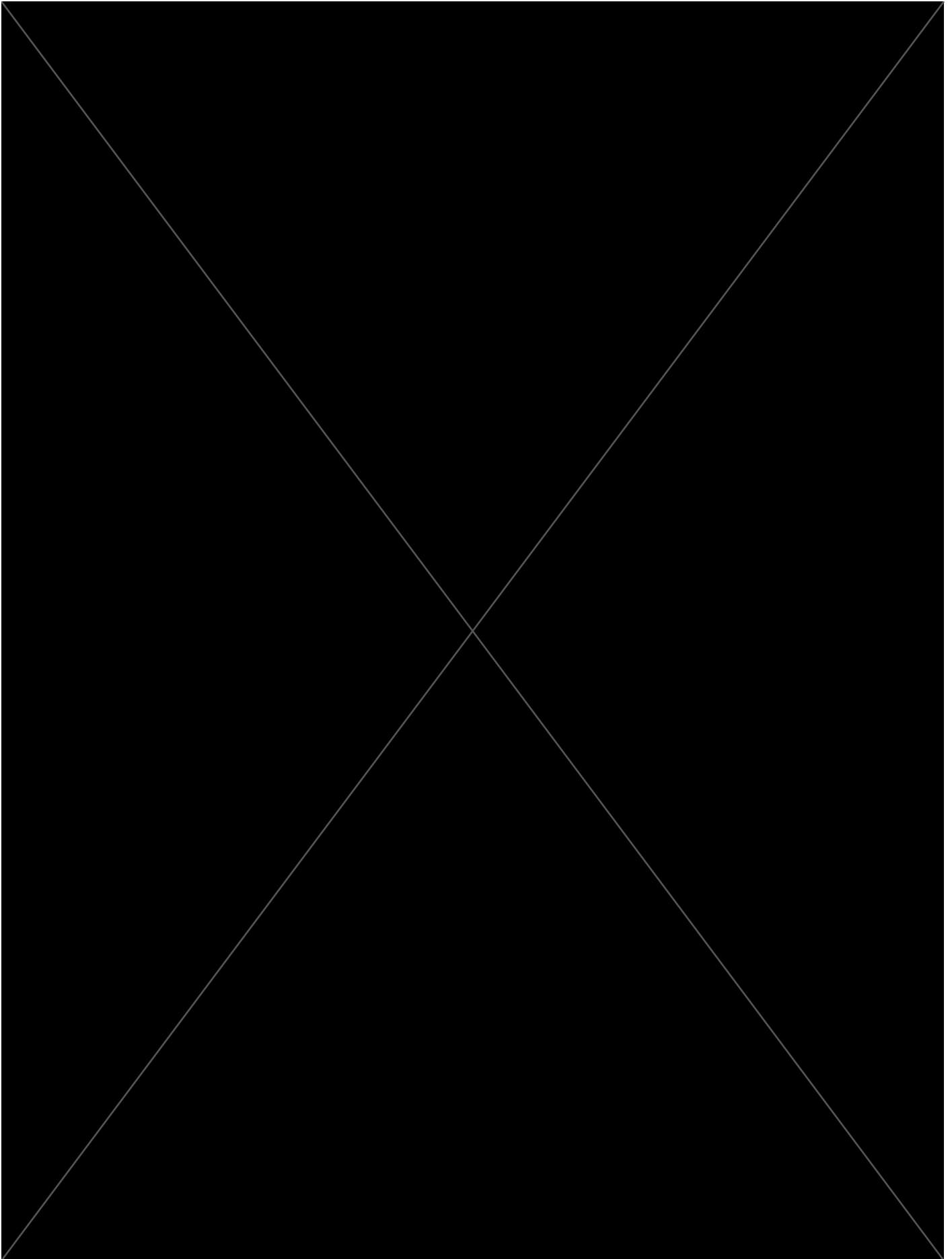


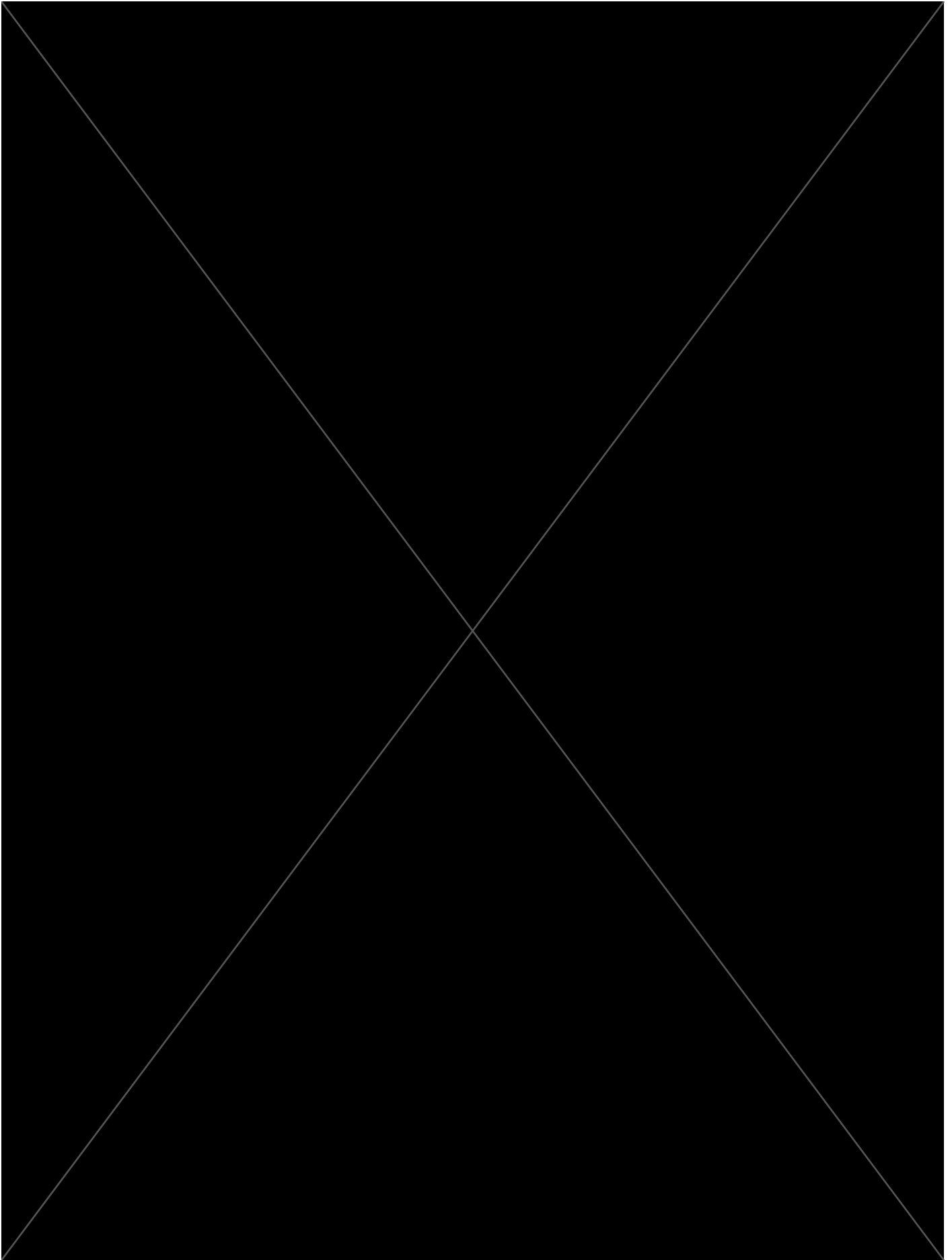


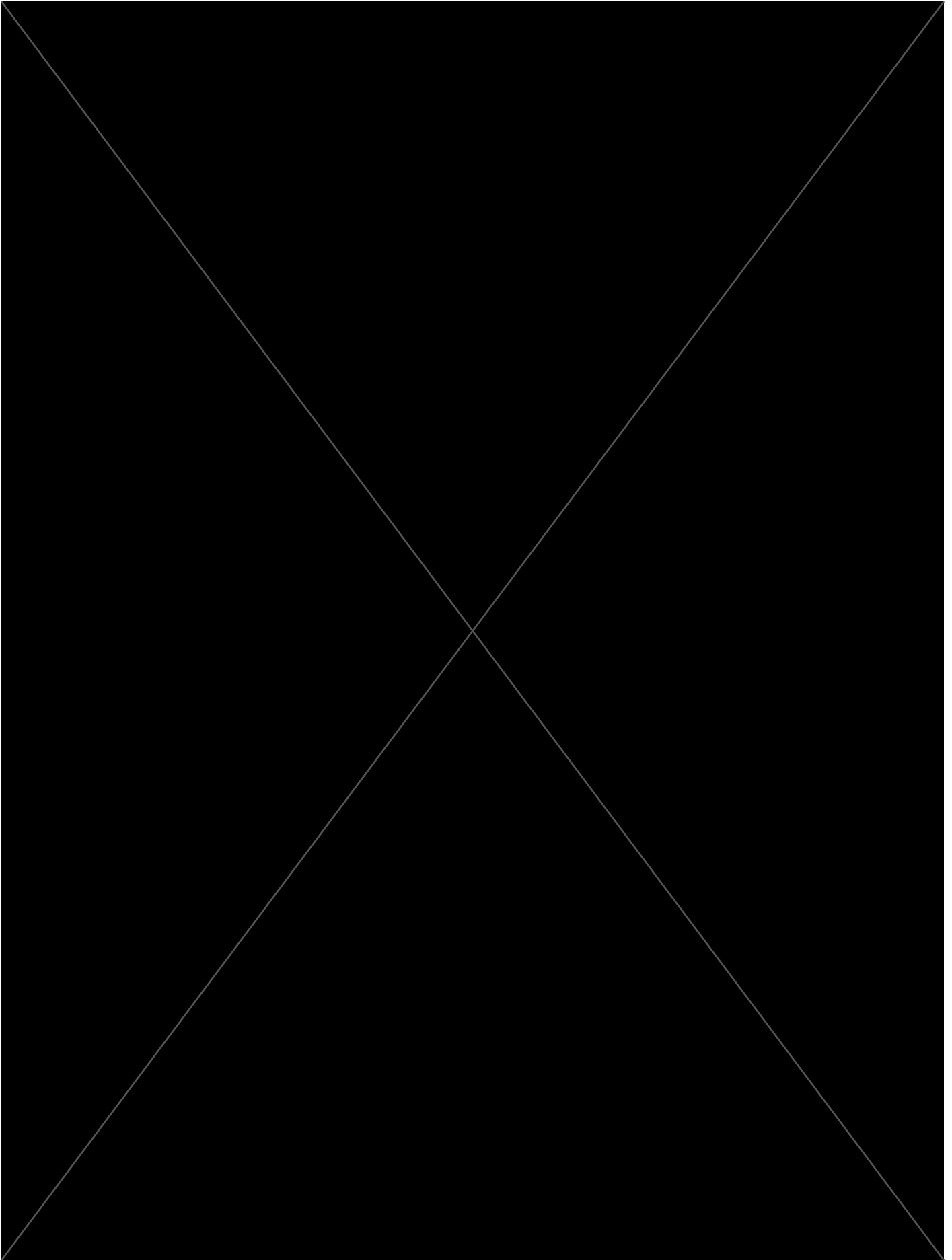


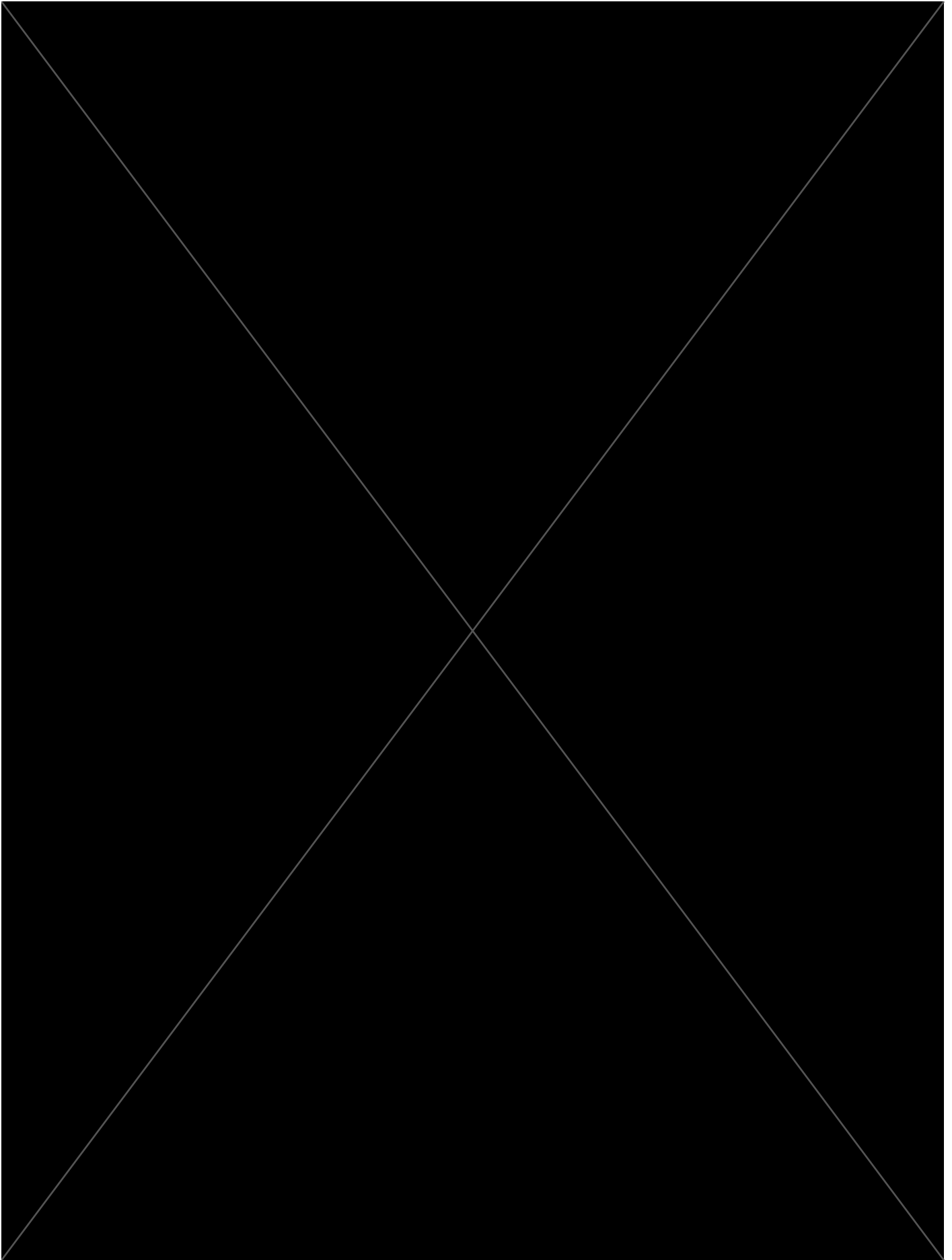


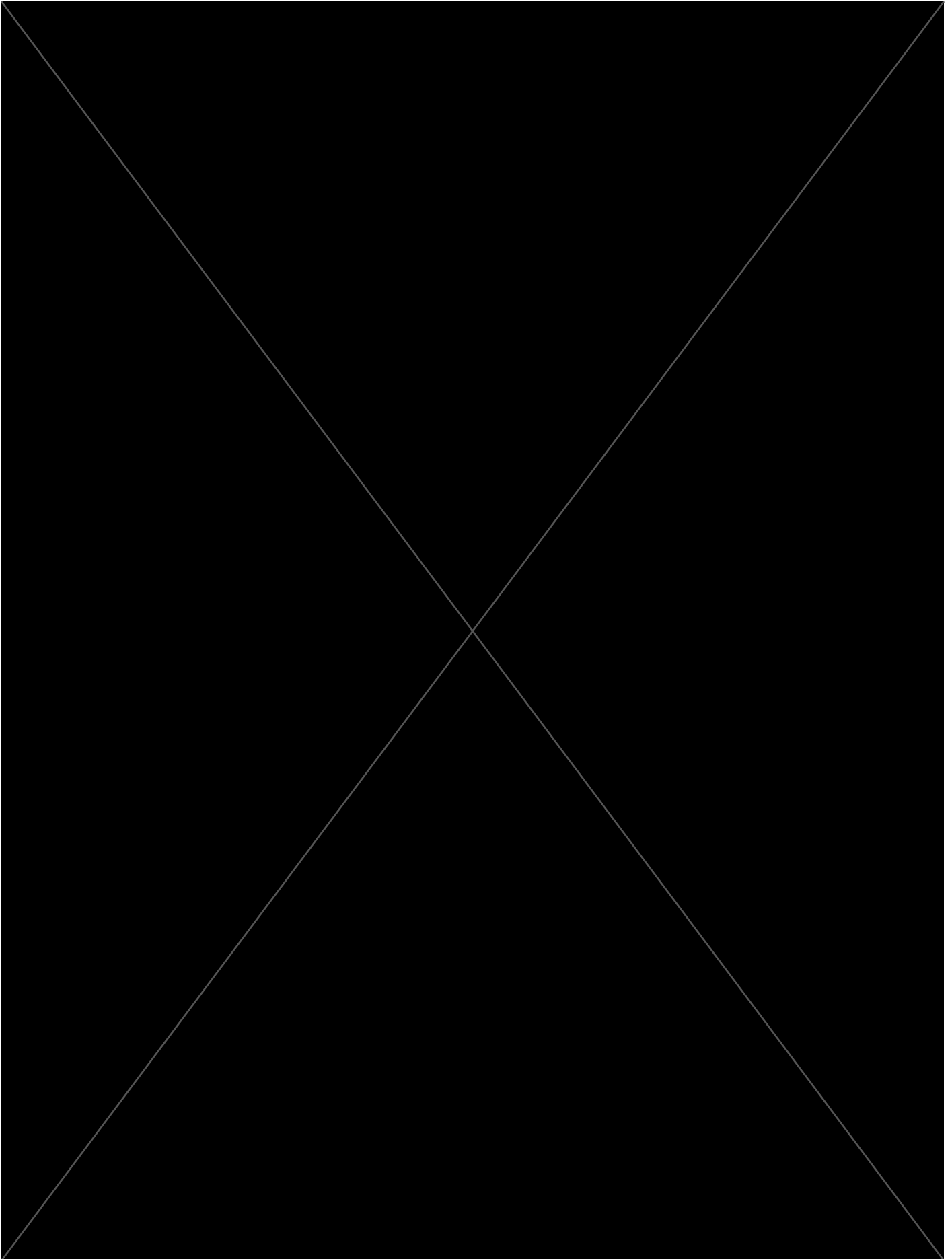


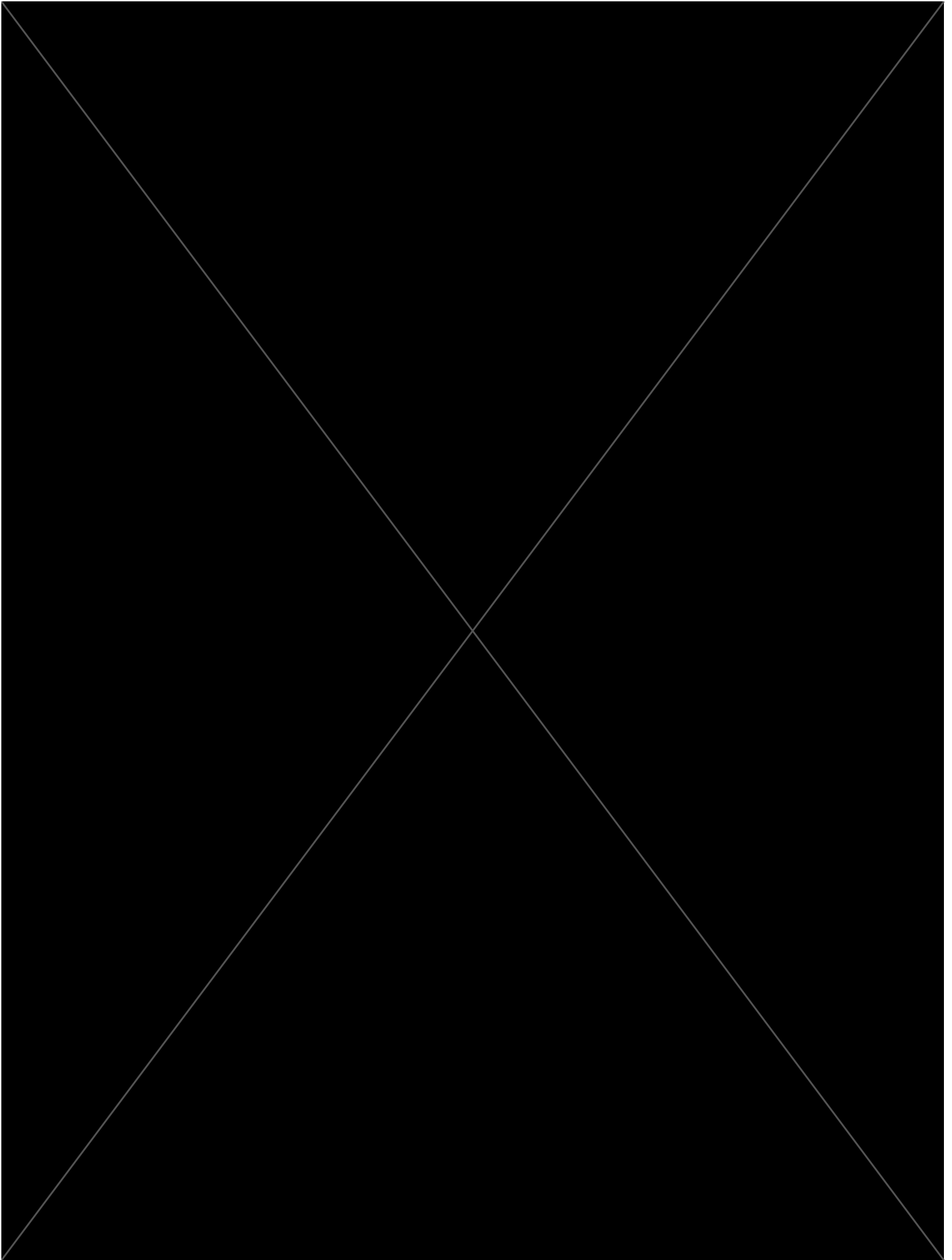


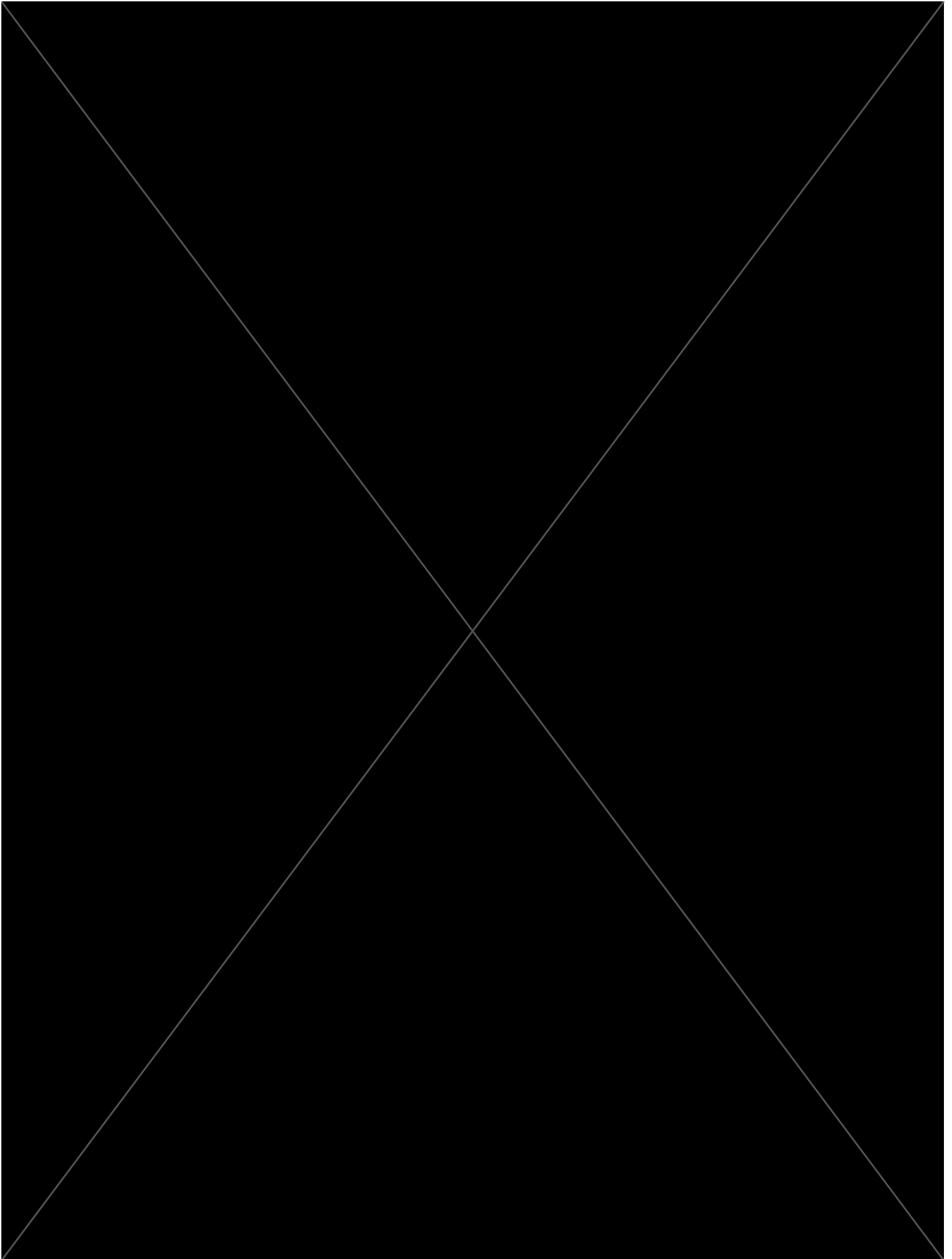


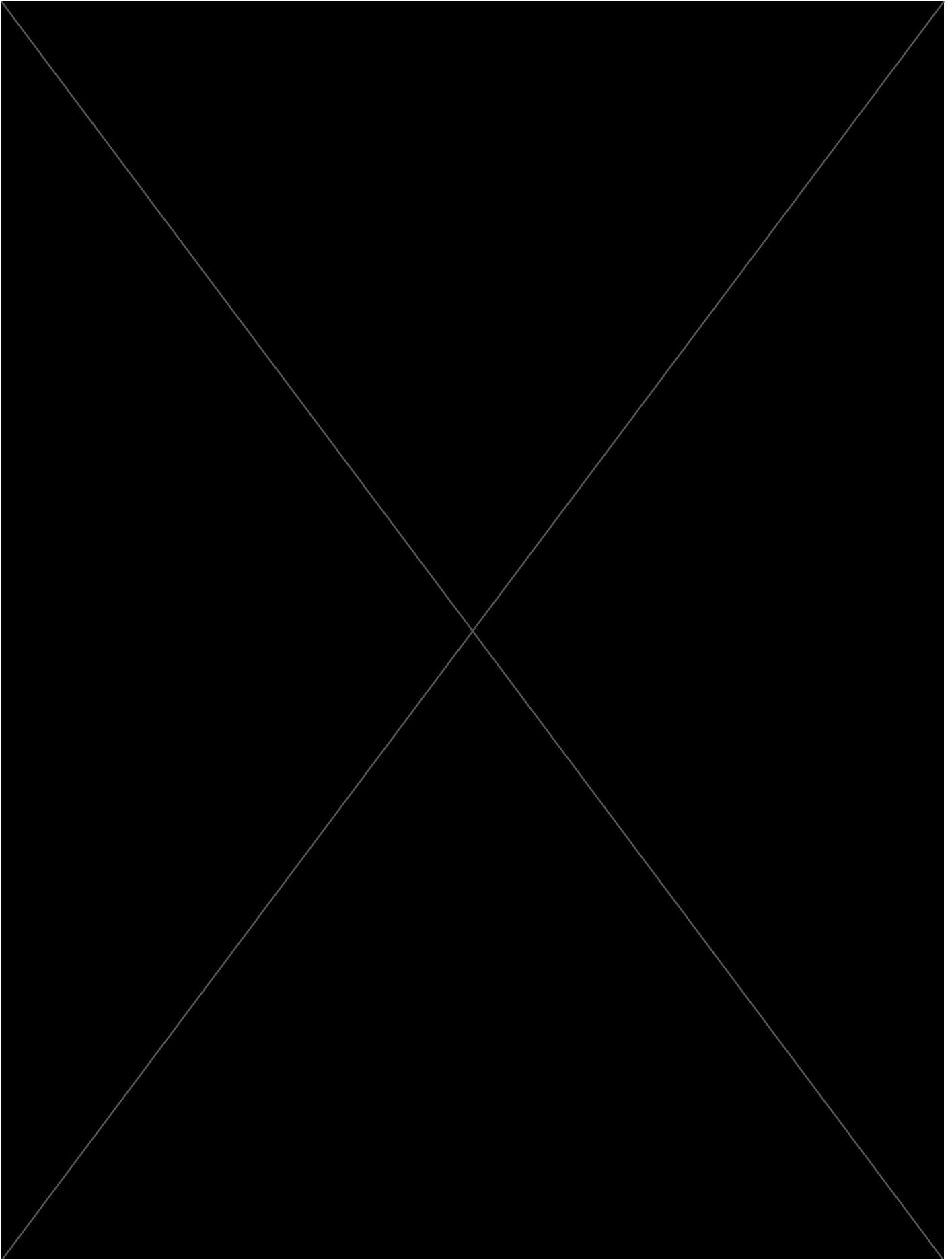


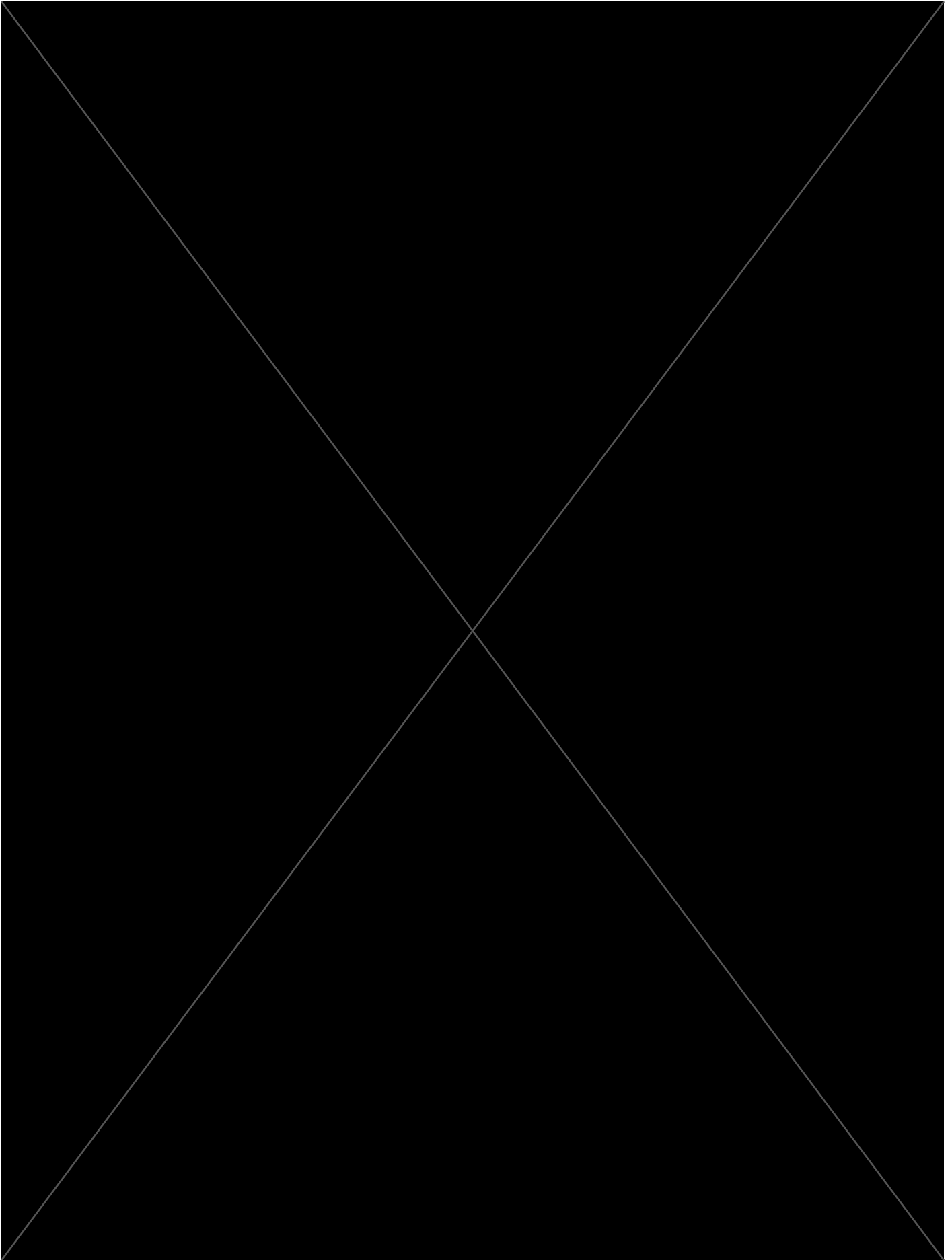


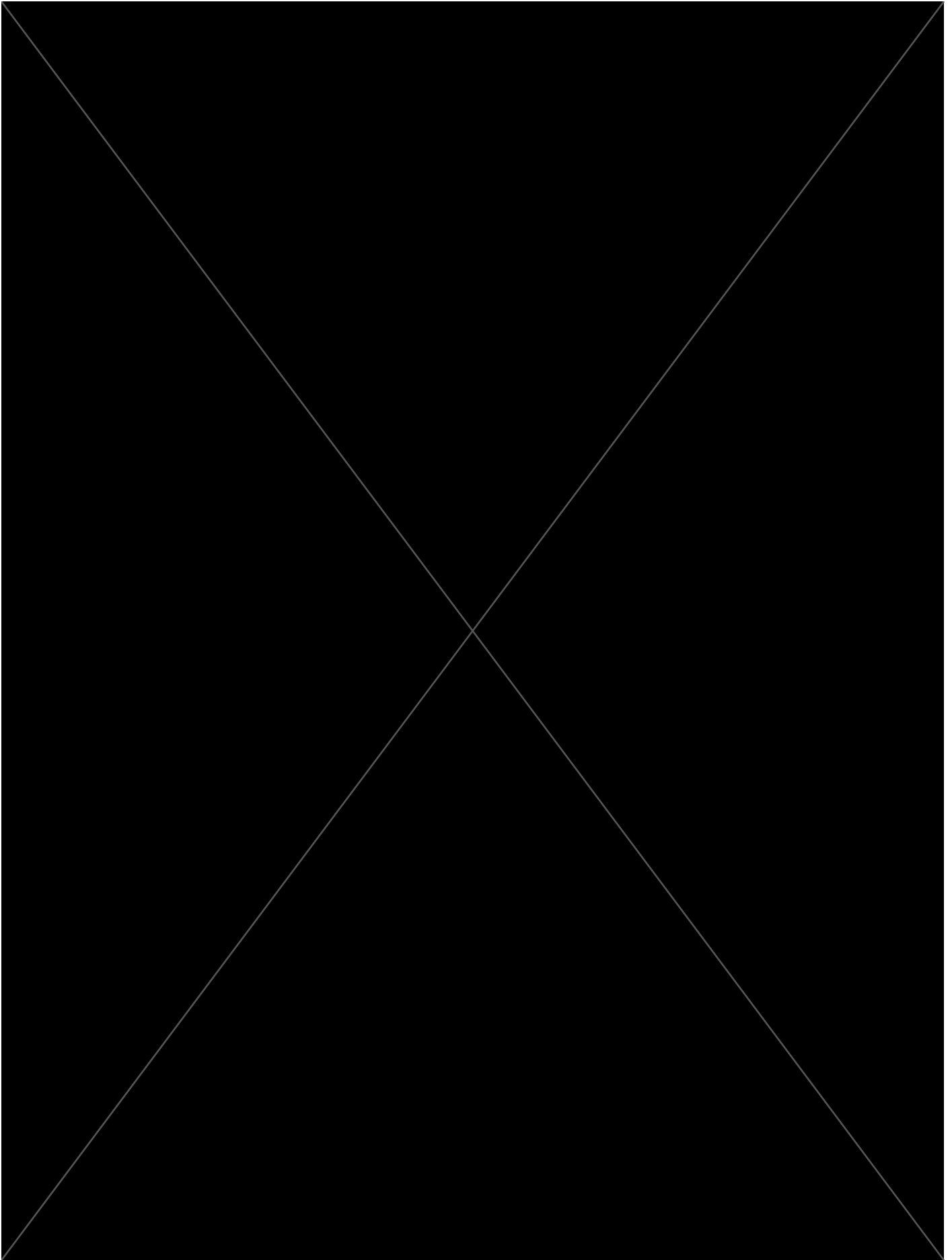


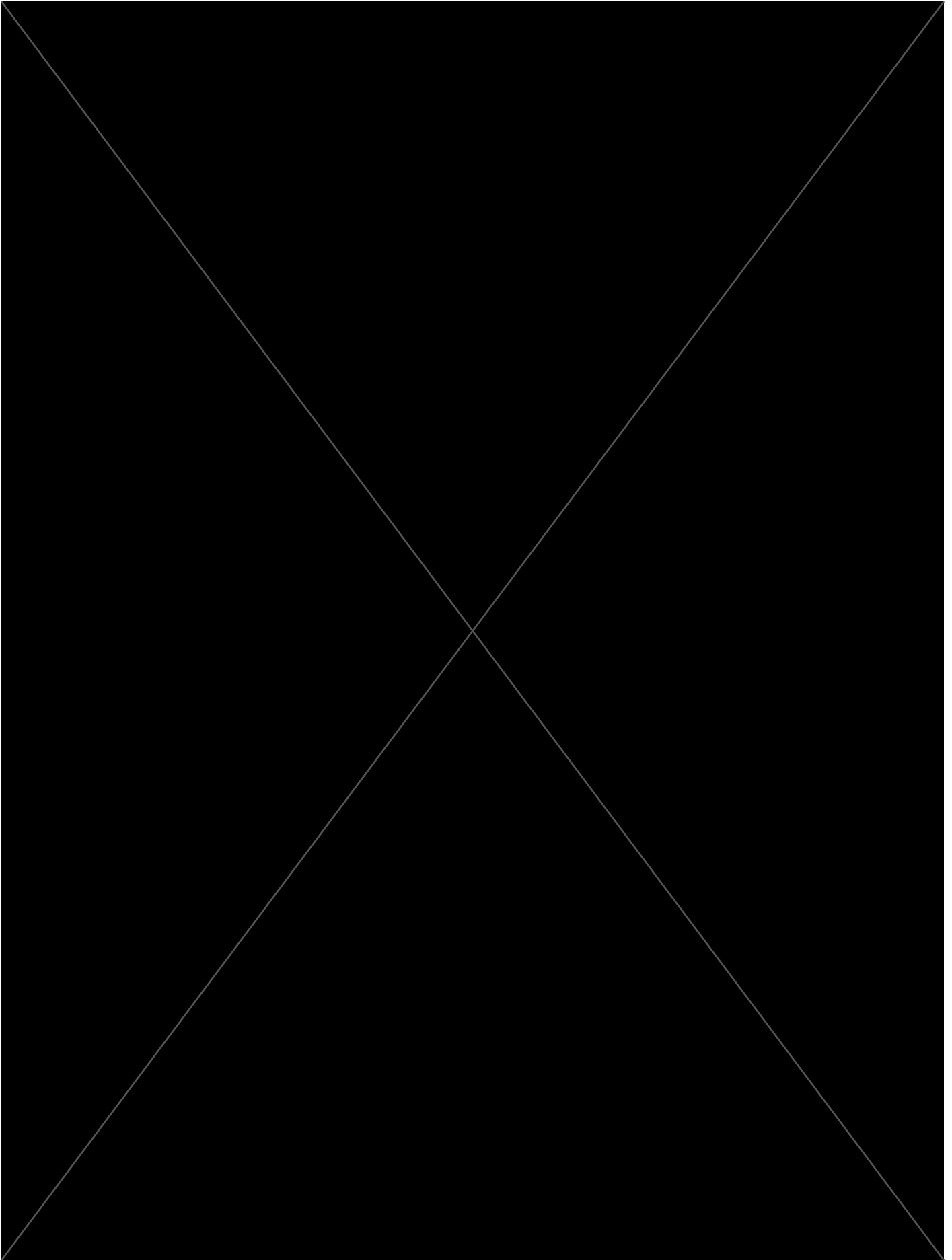


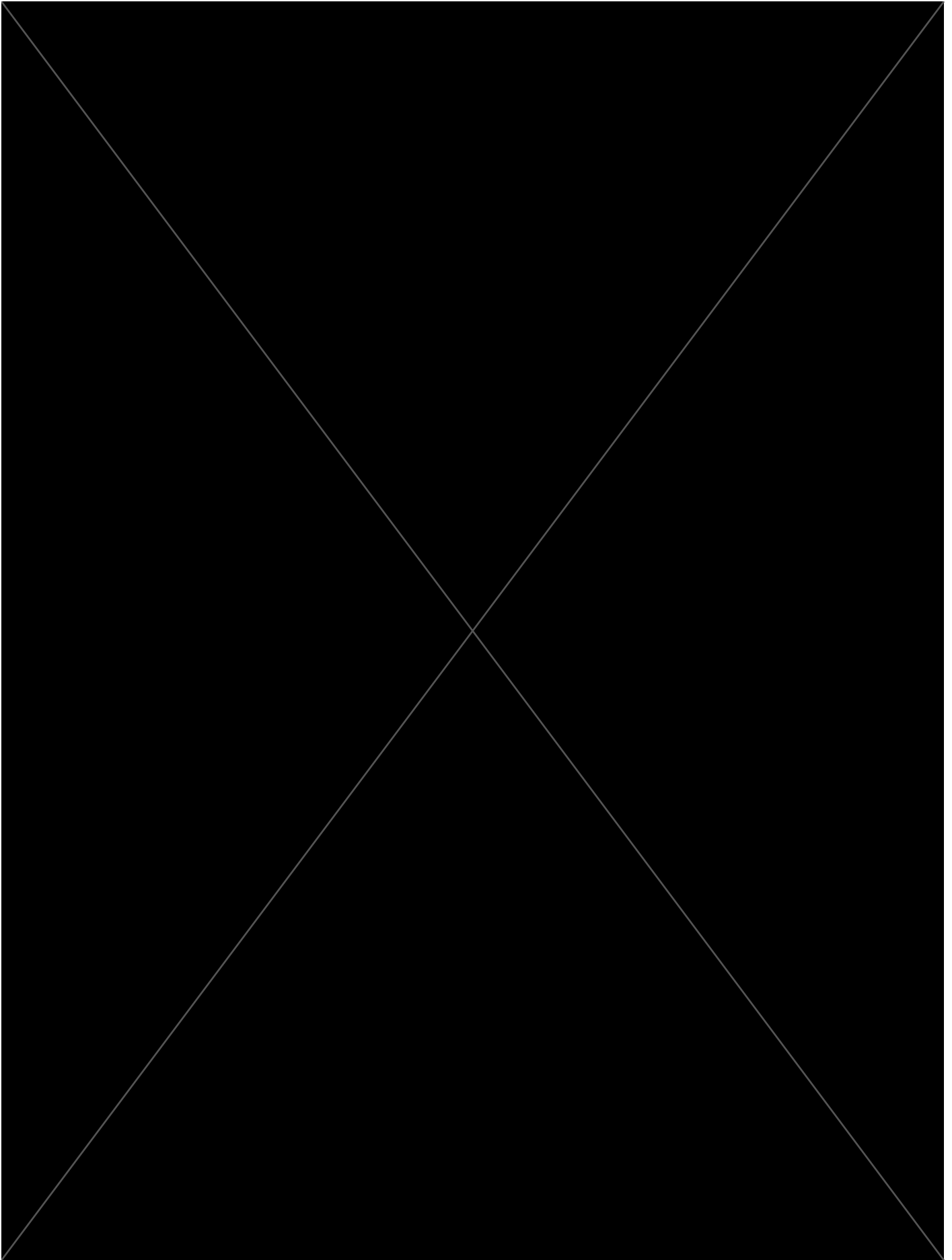


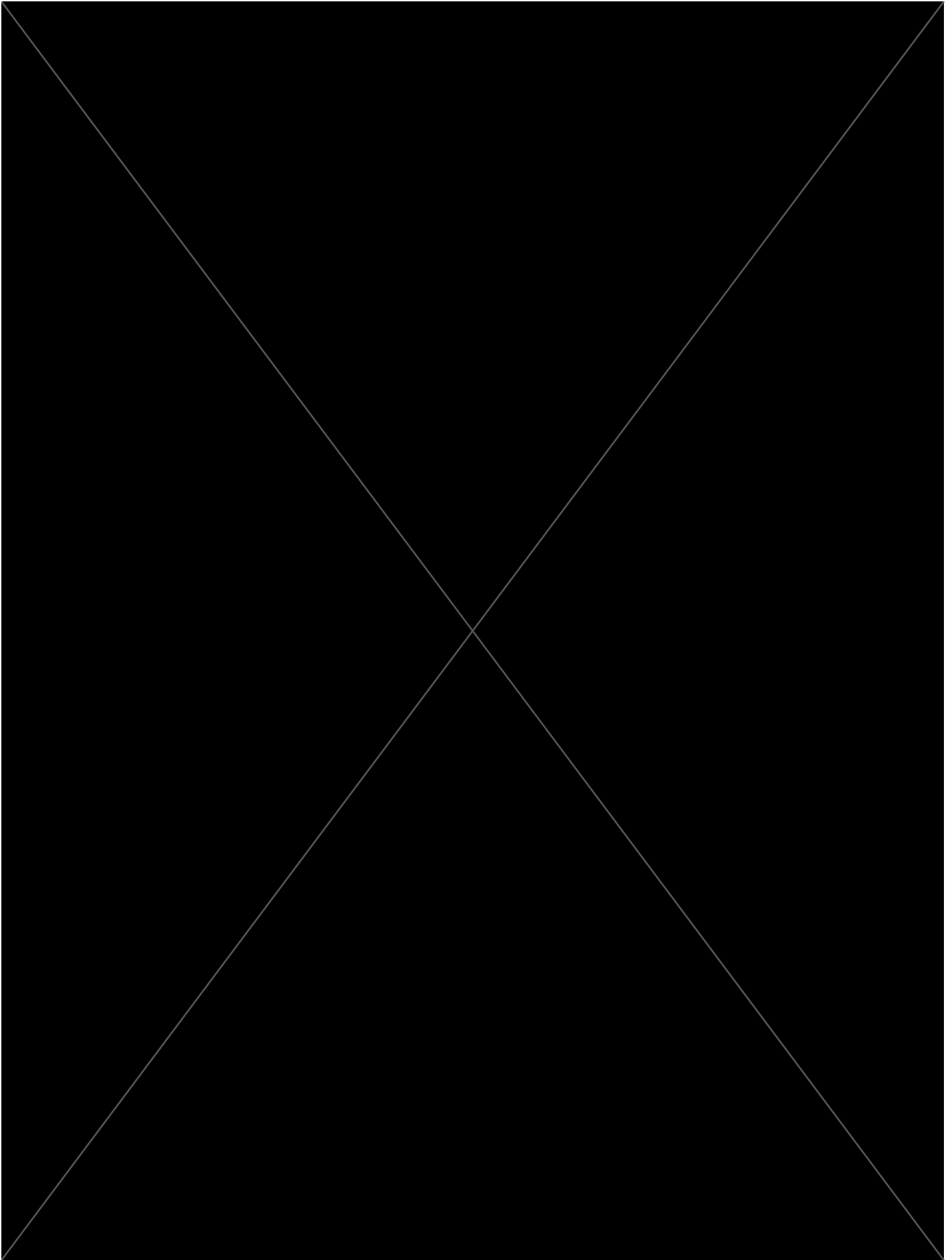


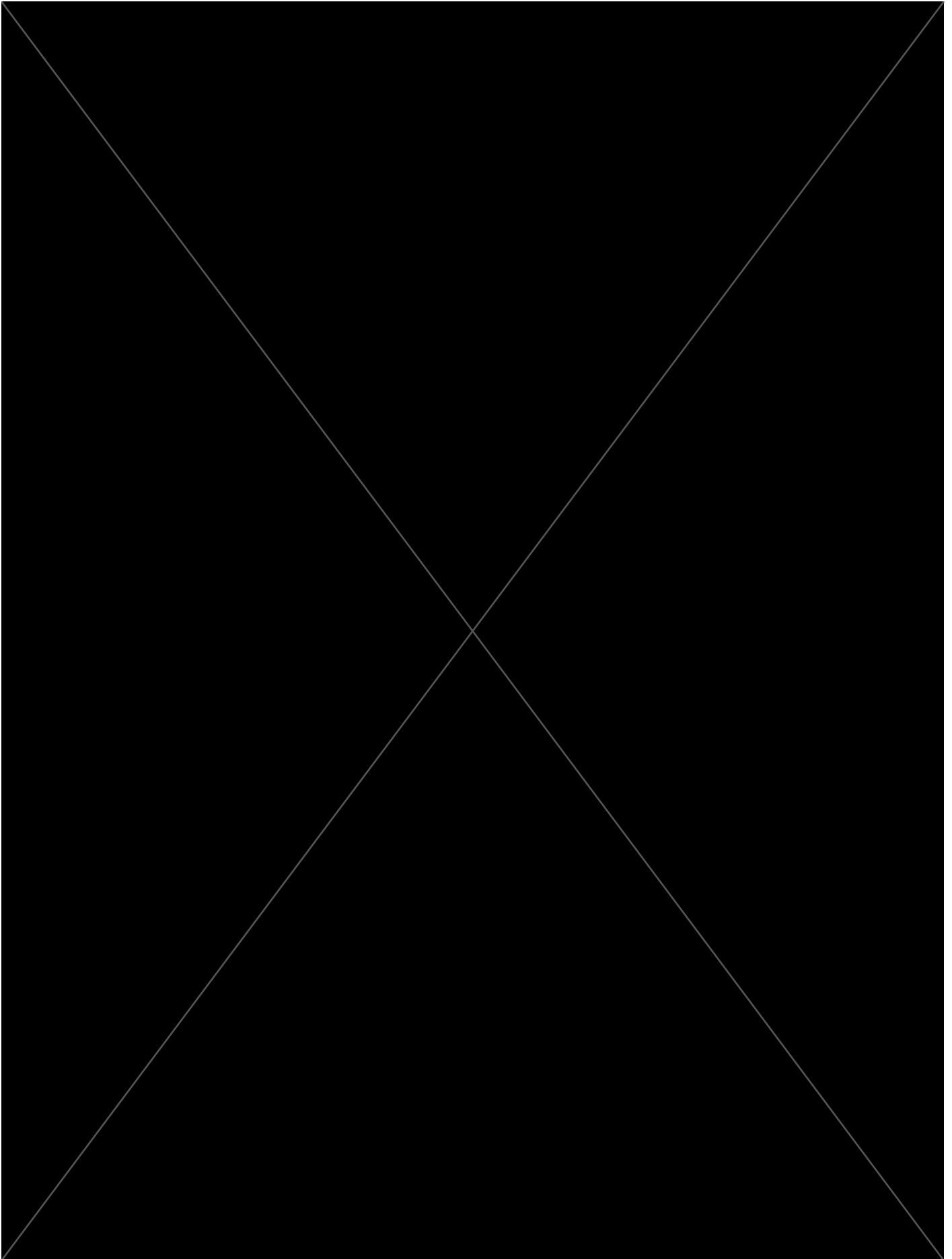


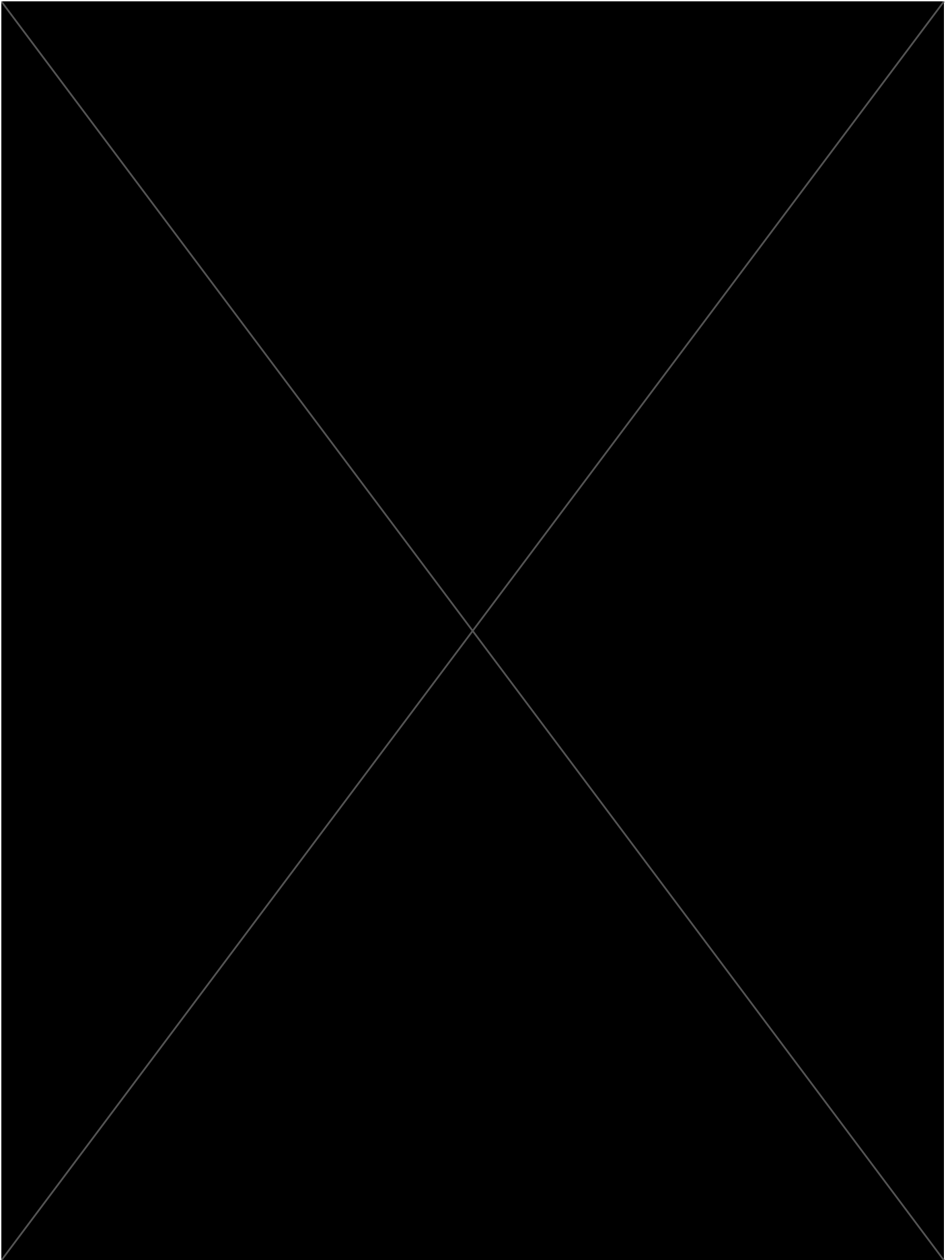


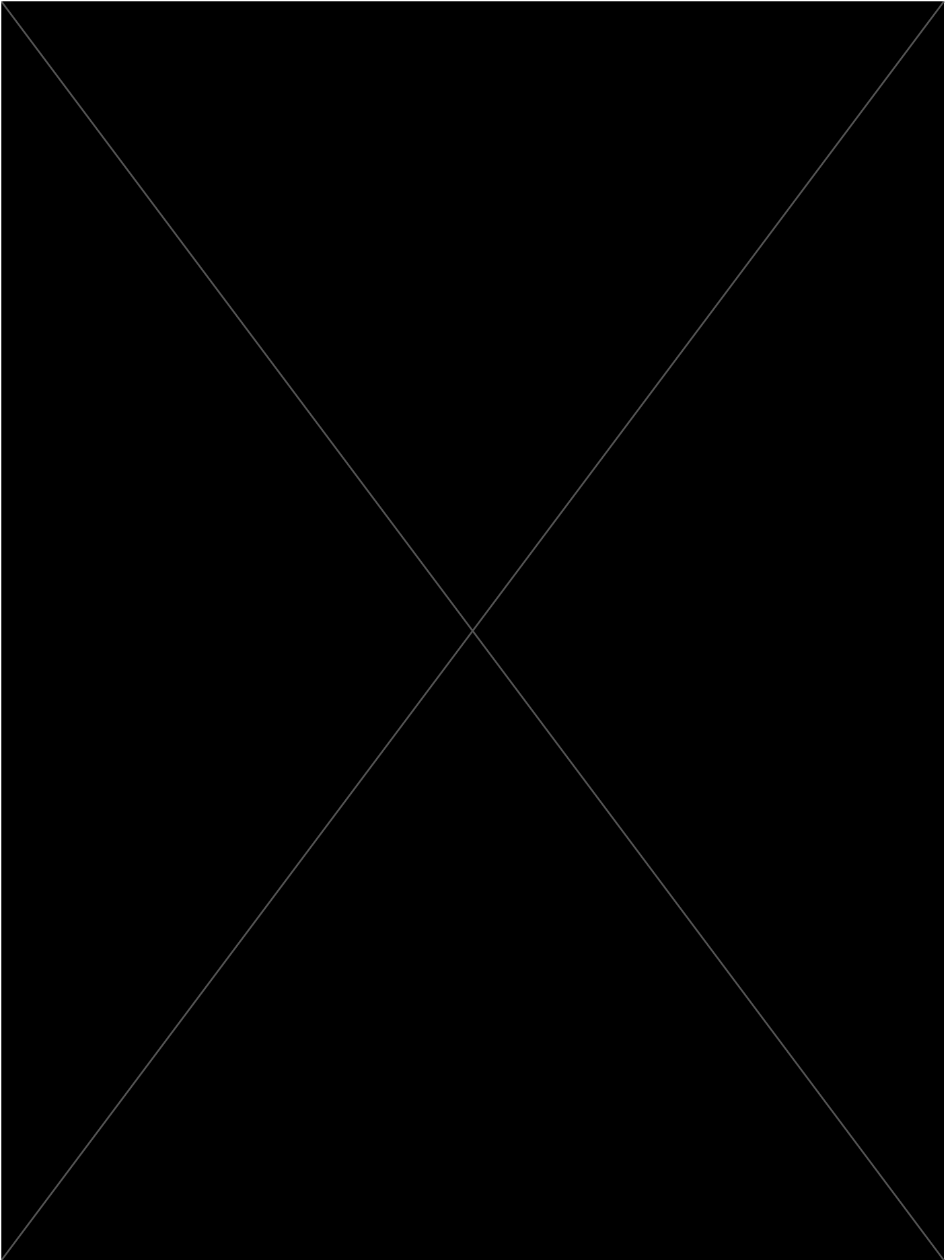


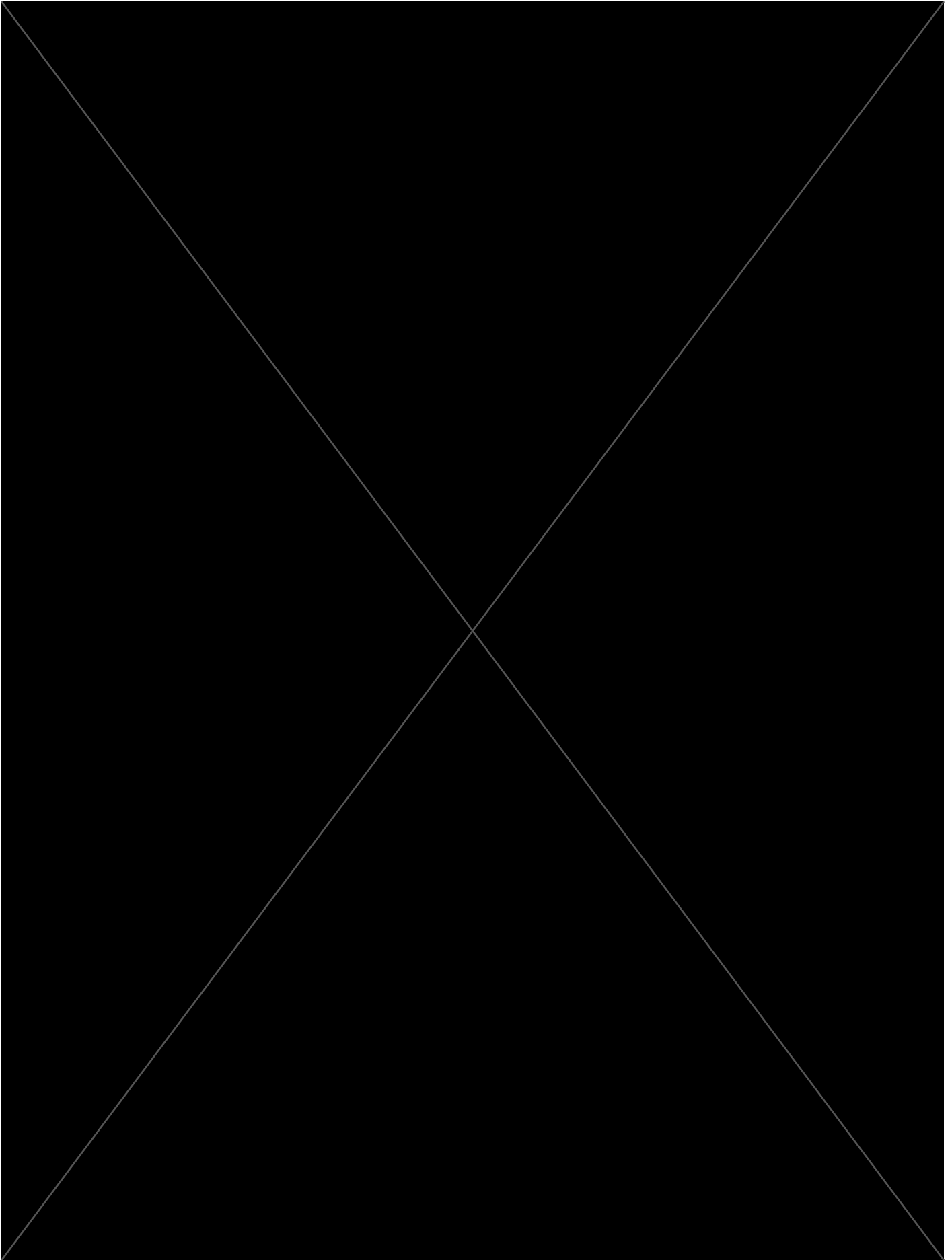


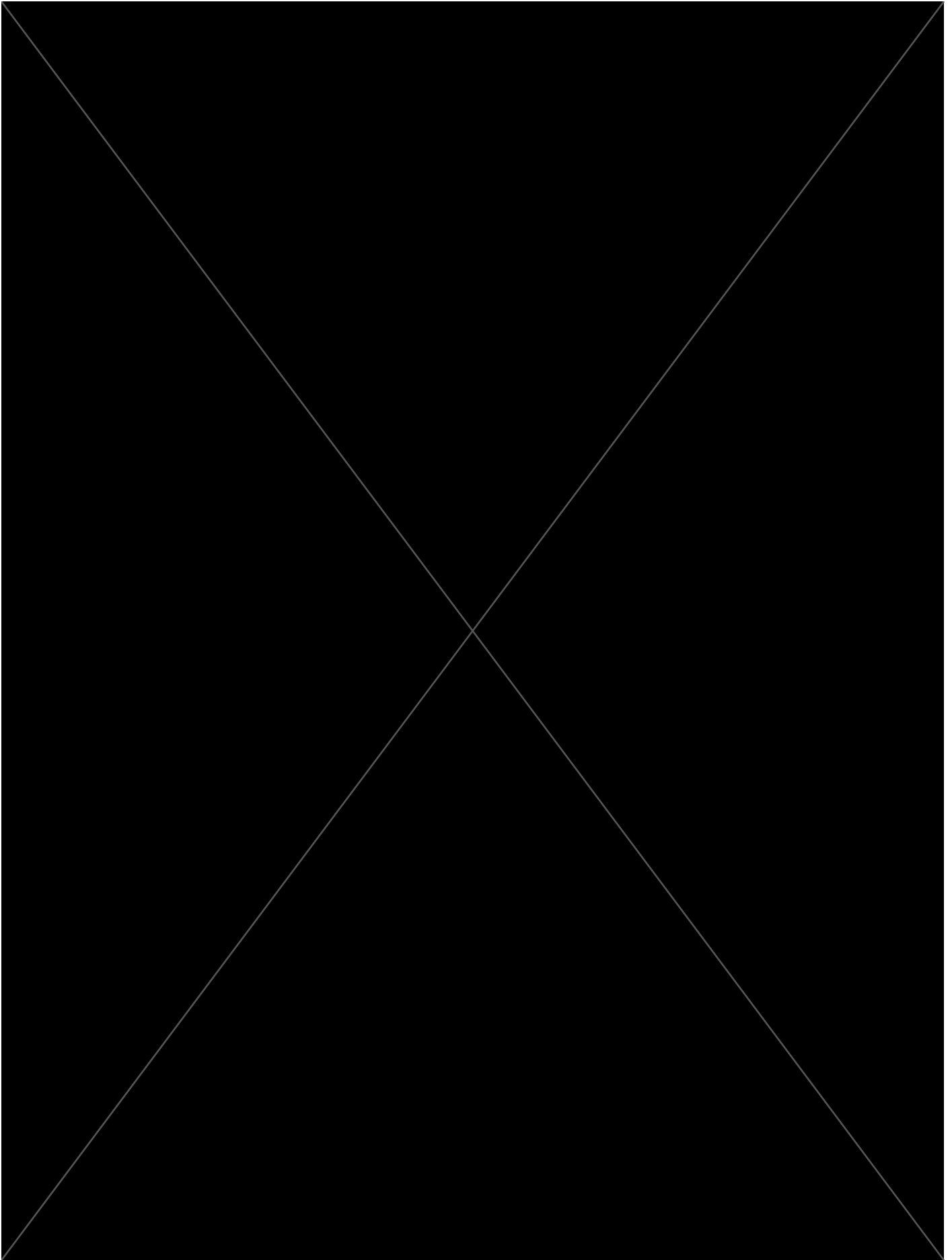


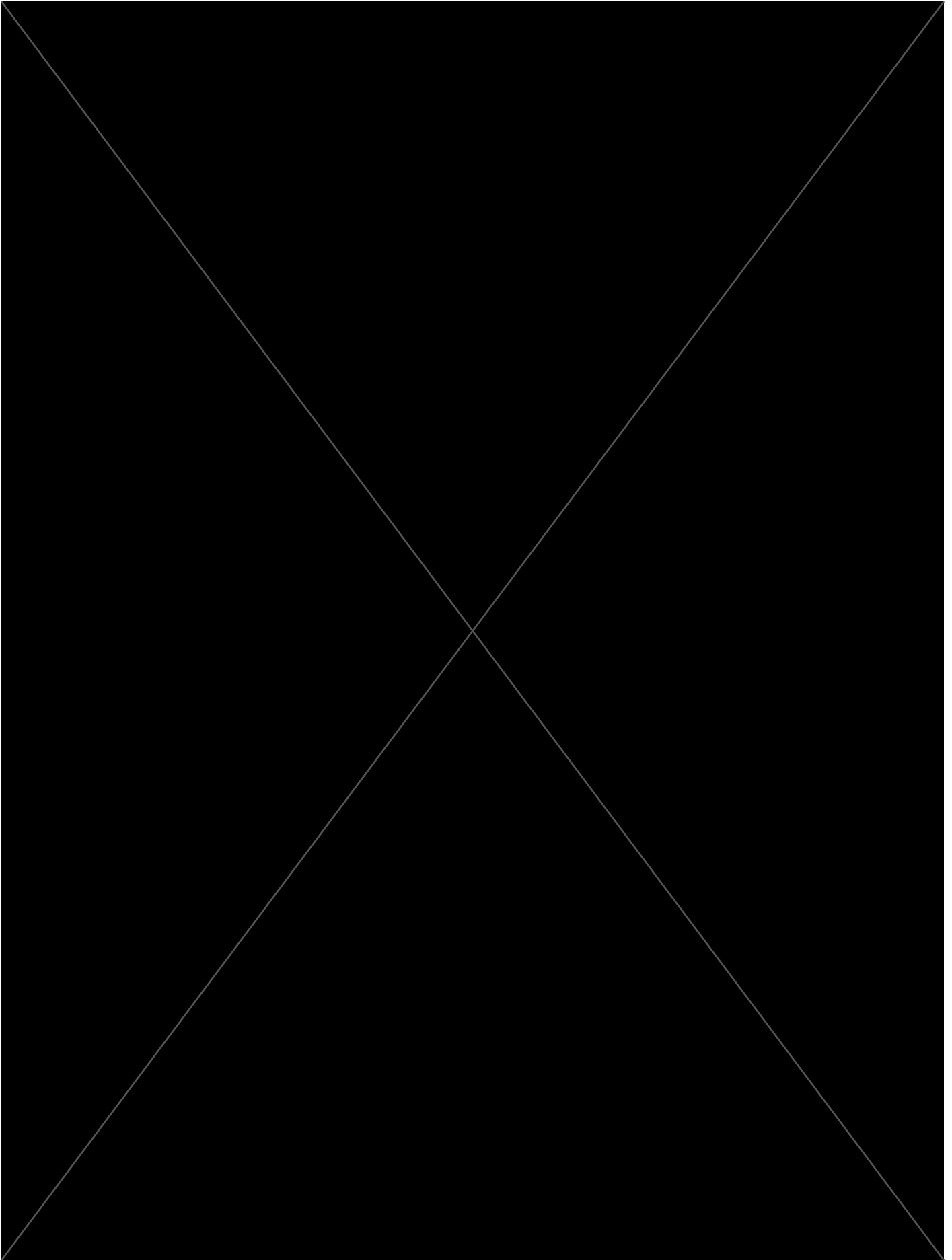


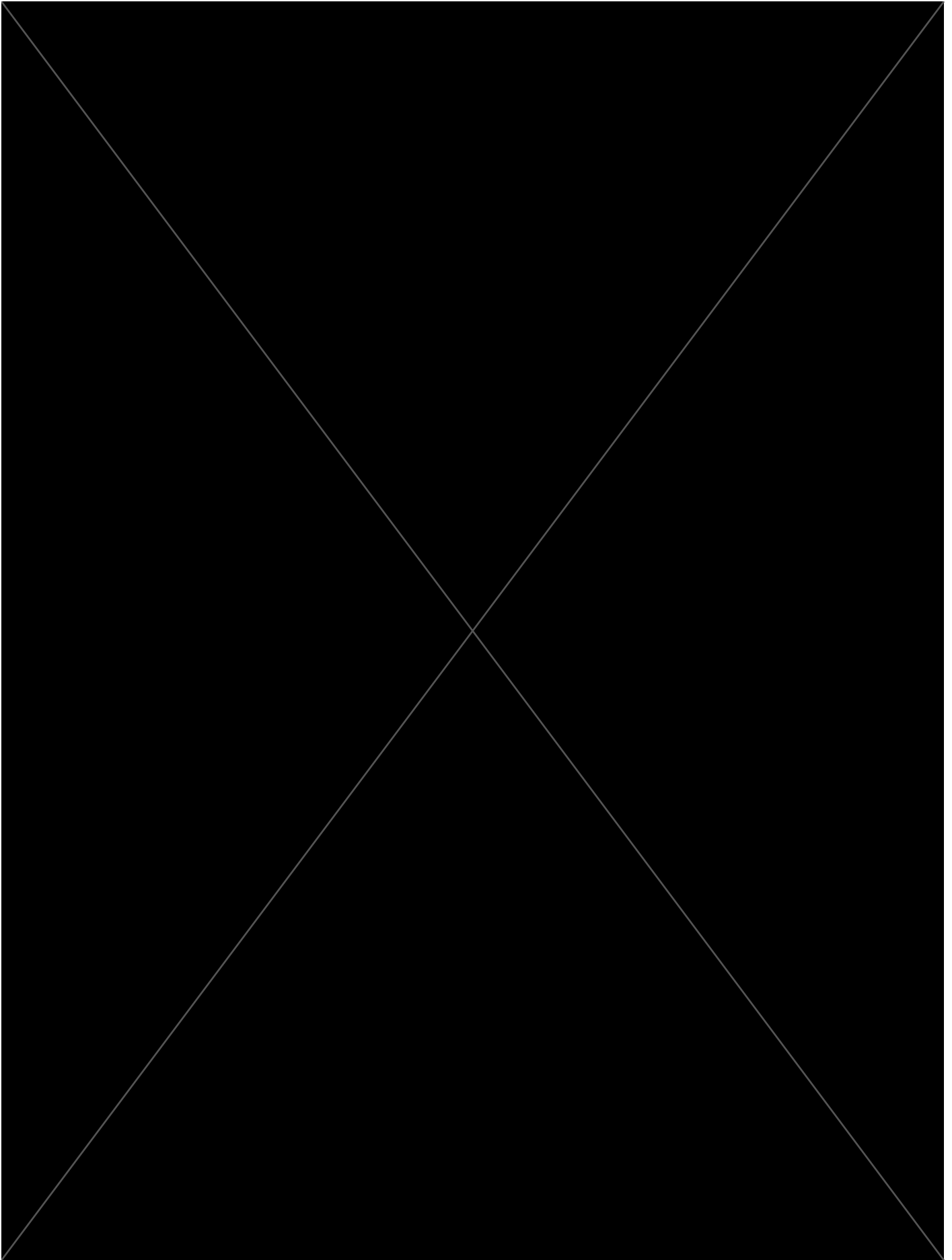


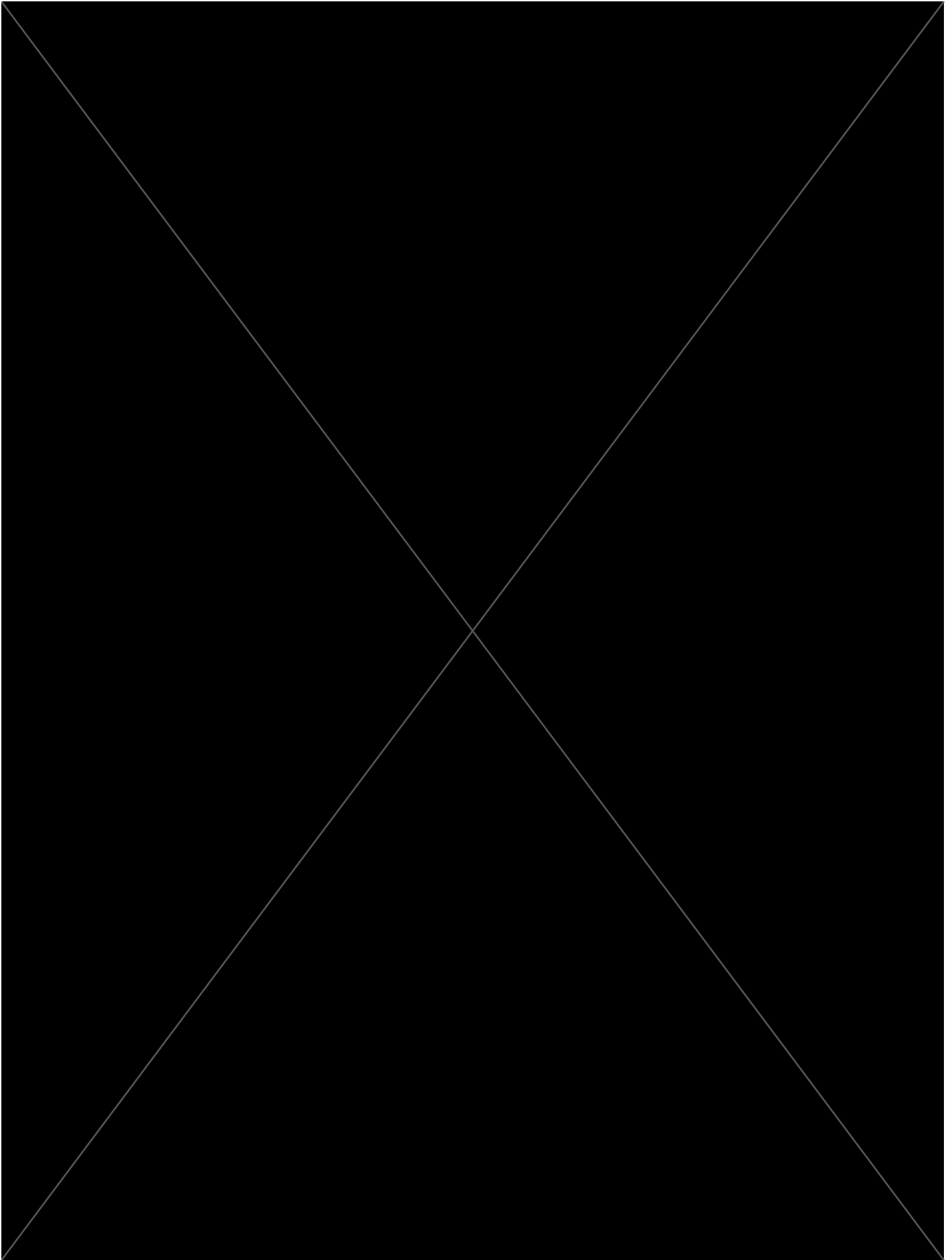


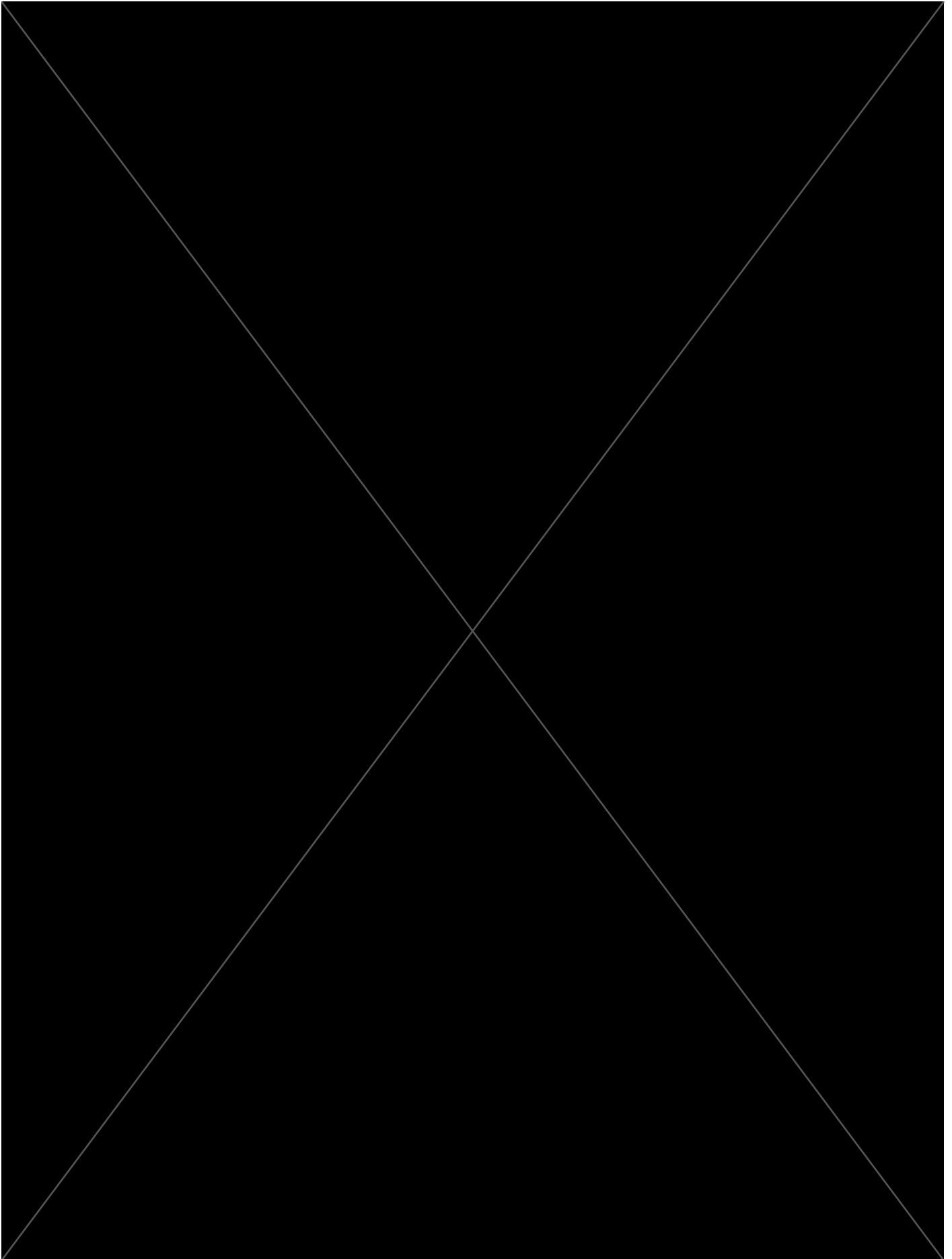


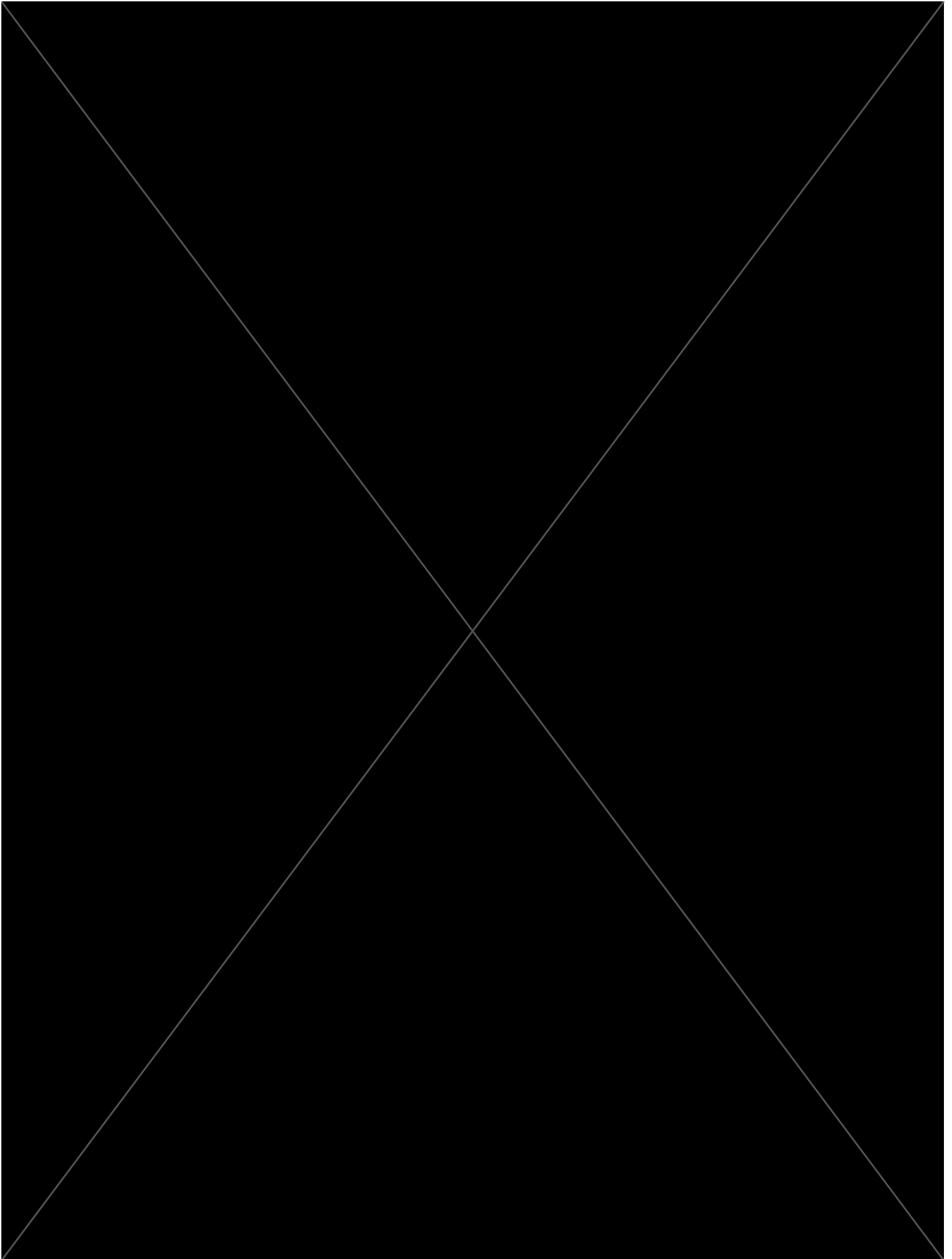


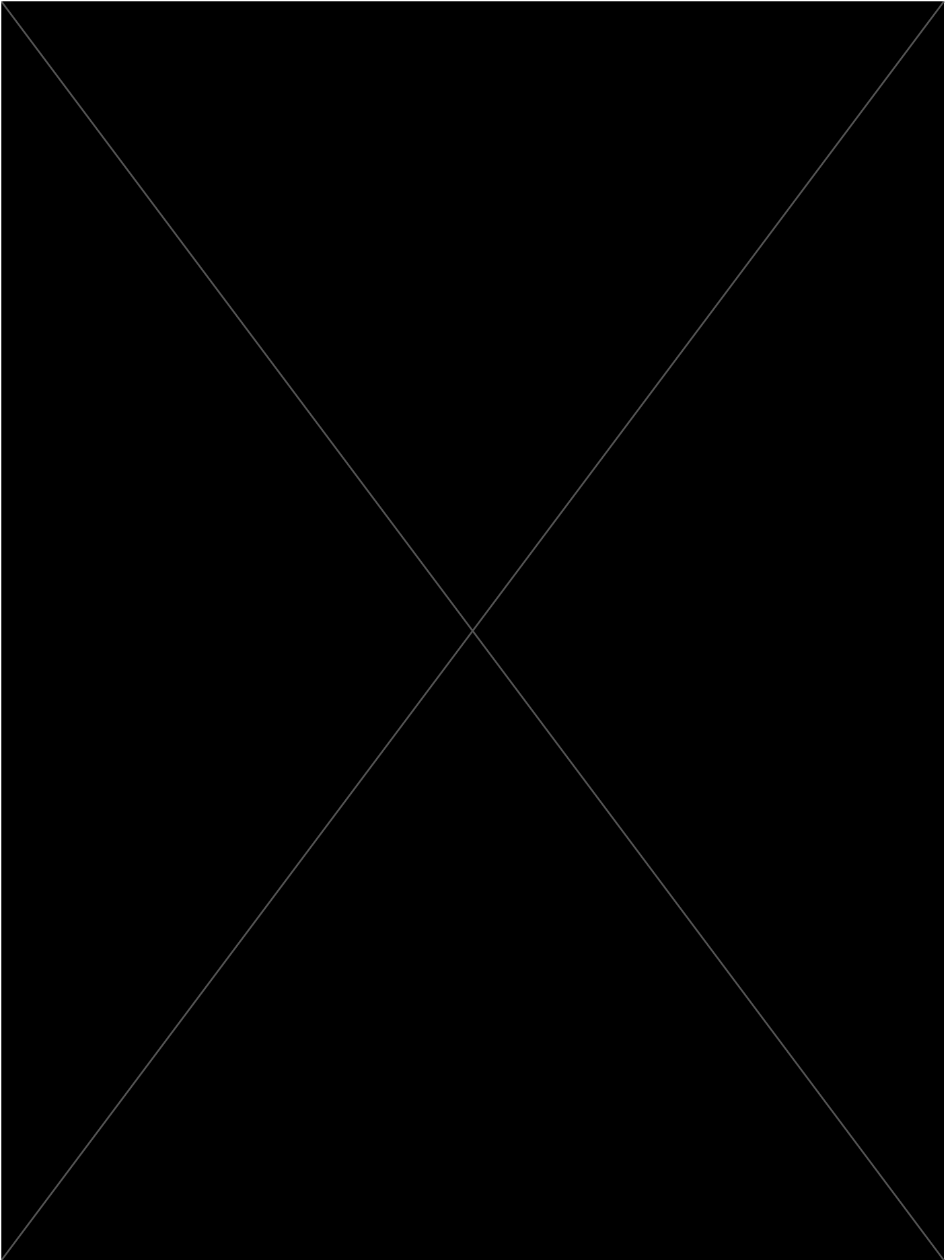


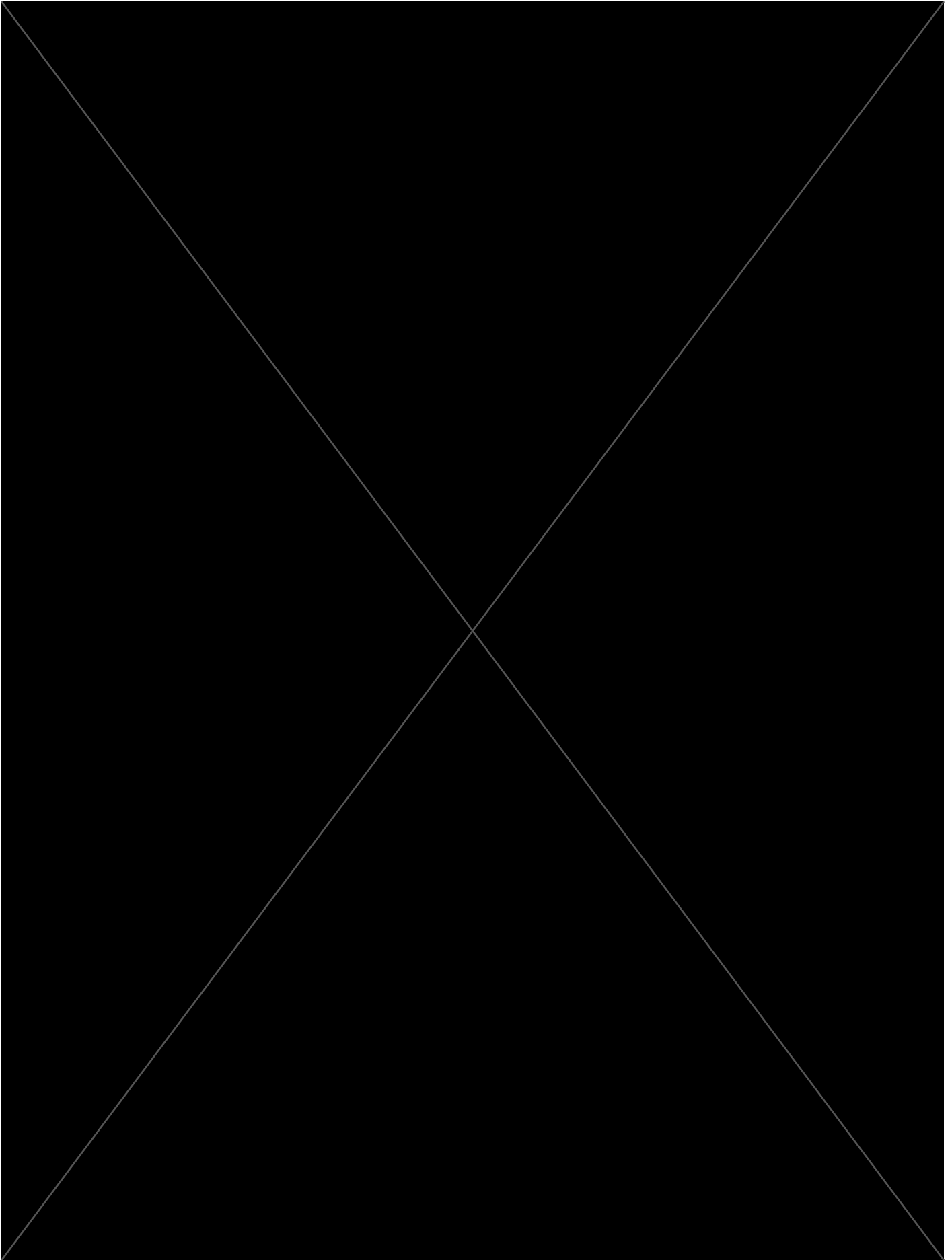


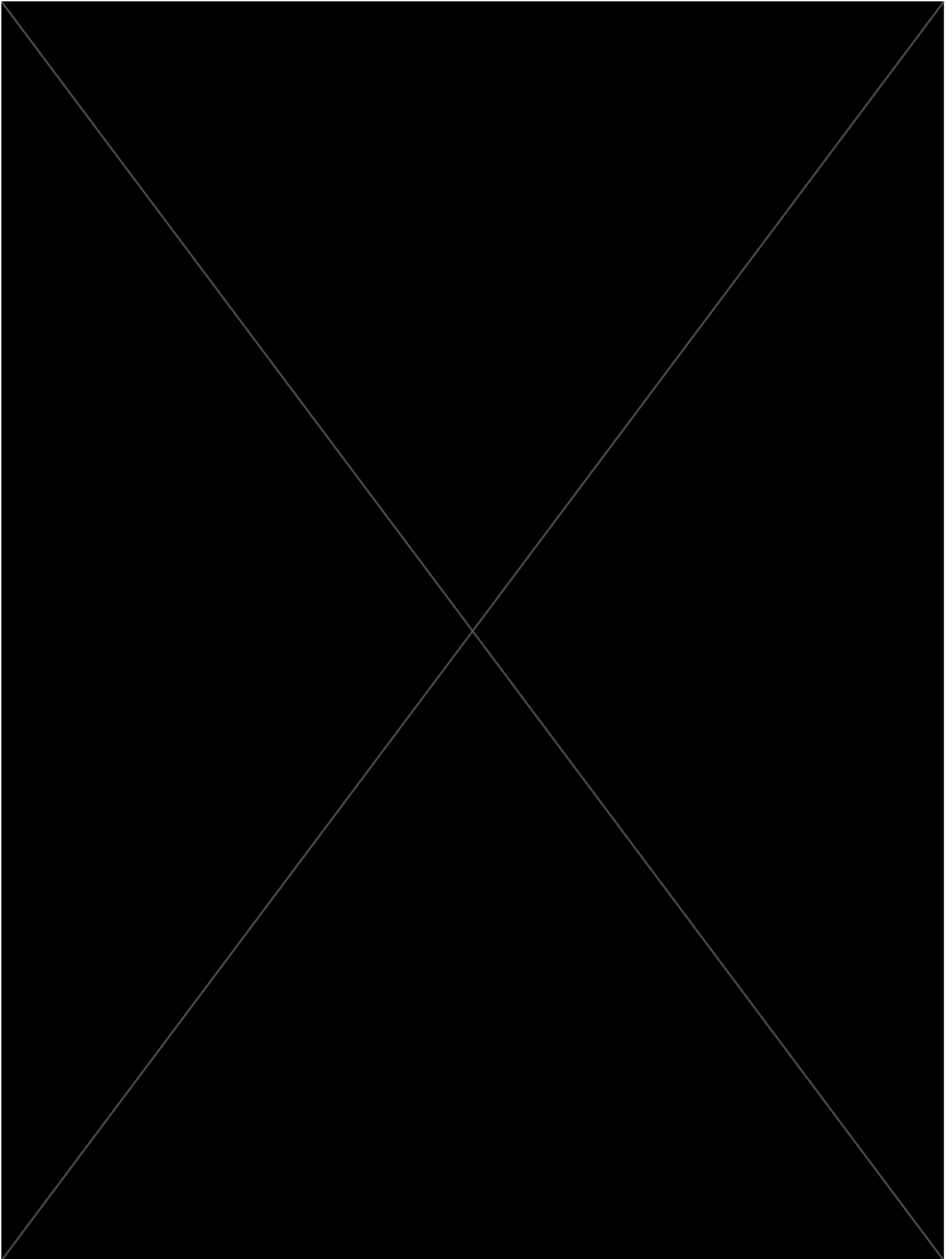












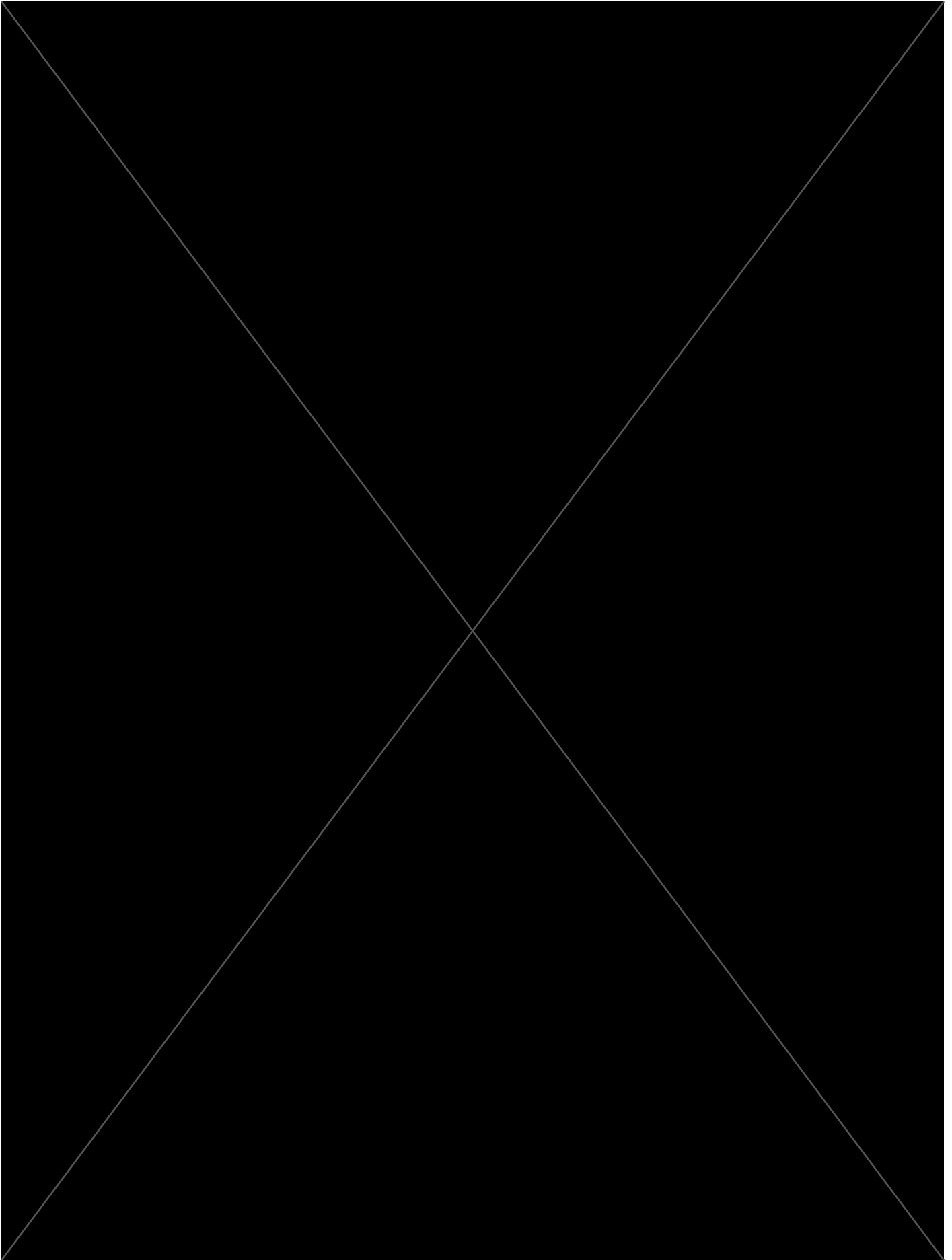
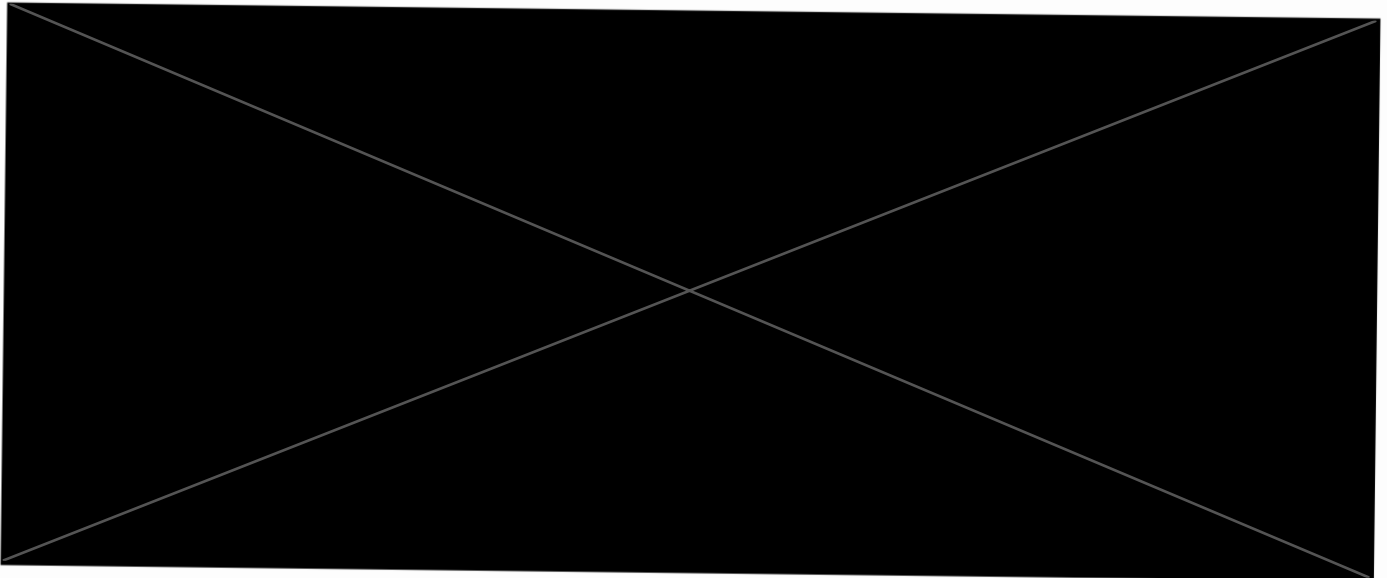


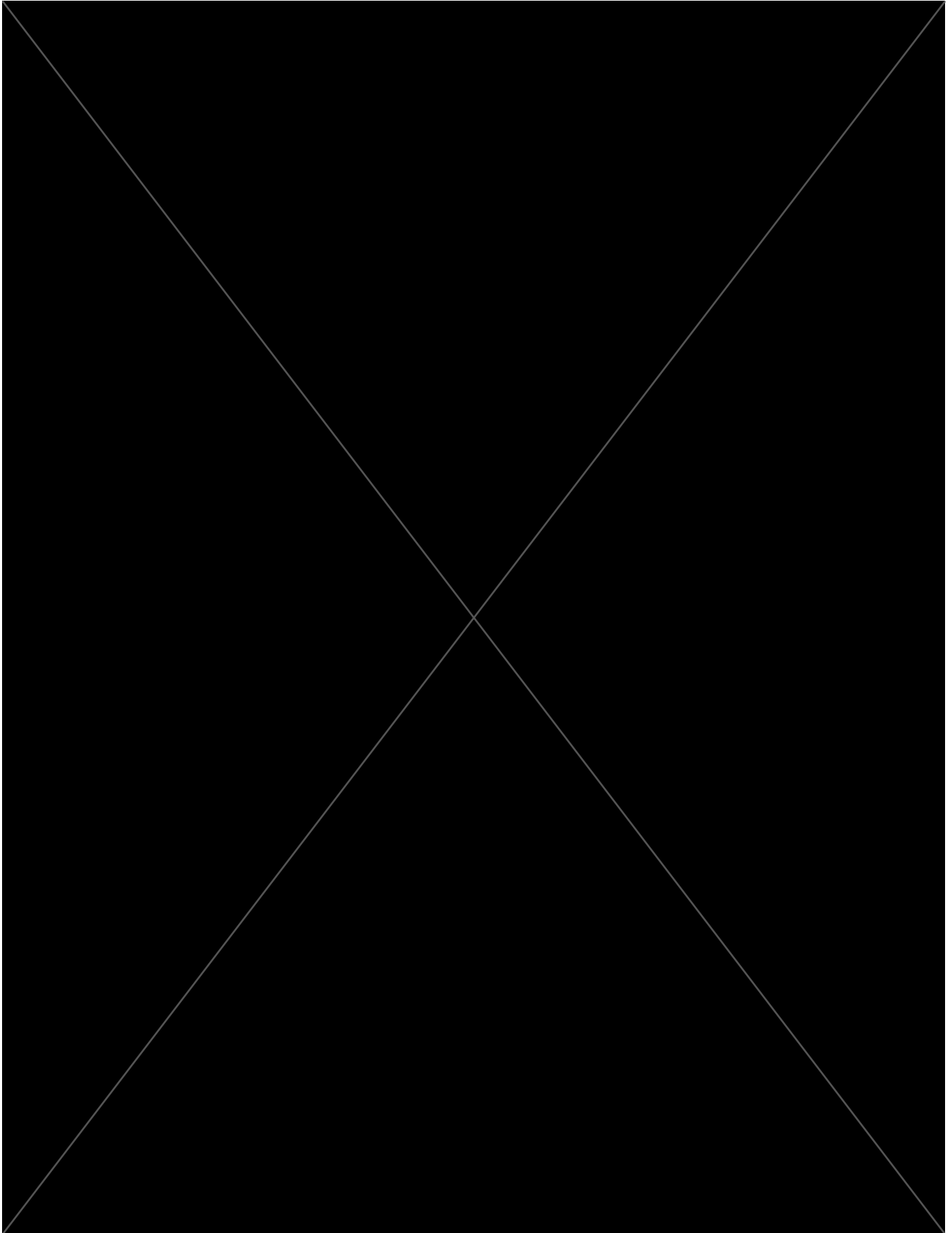
Exhibit 17 - Receiving and Shipping Plan

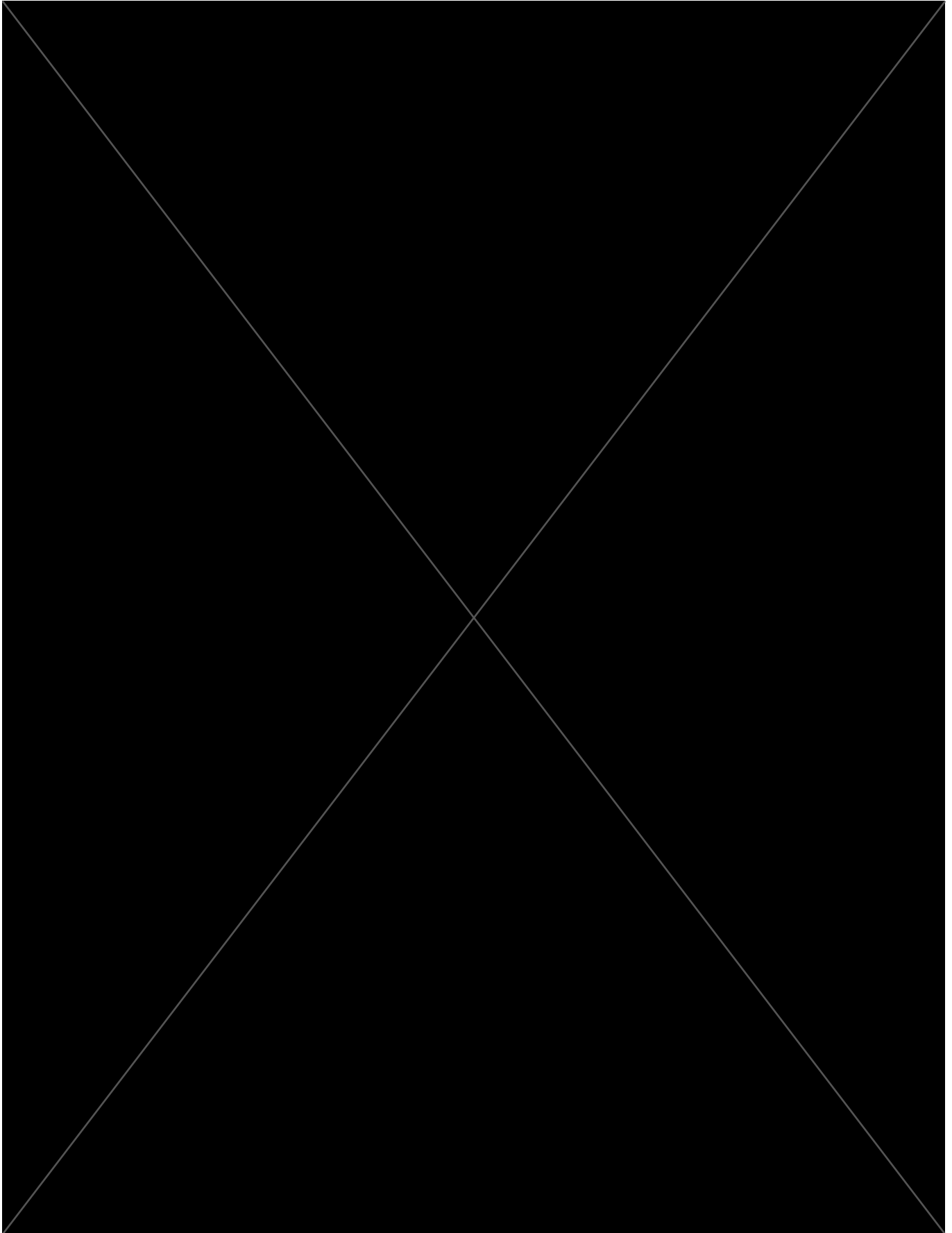
Exhibit 17 Redacted (ALA.code.36-12-40(Security and Procedures))

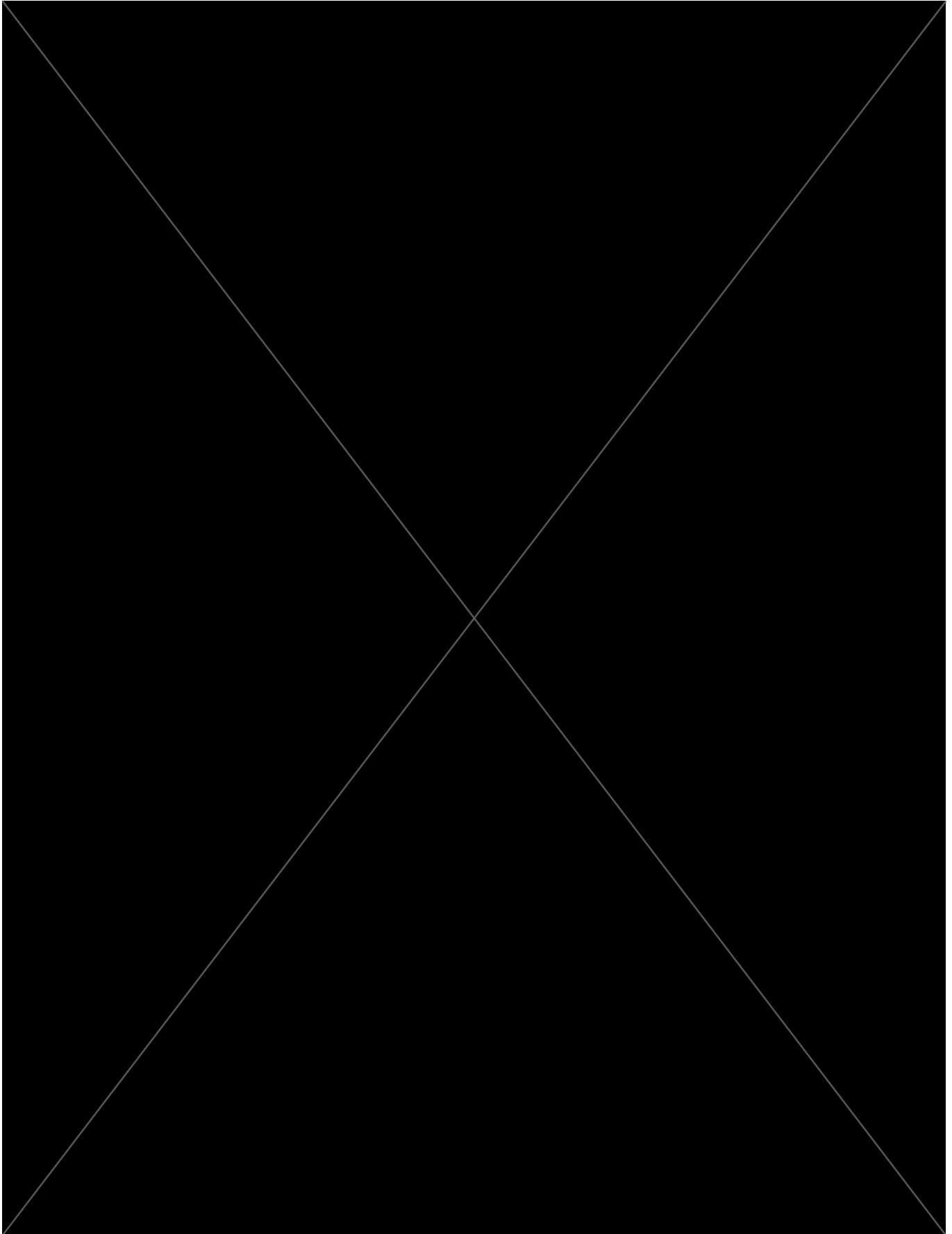
Verification

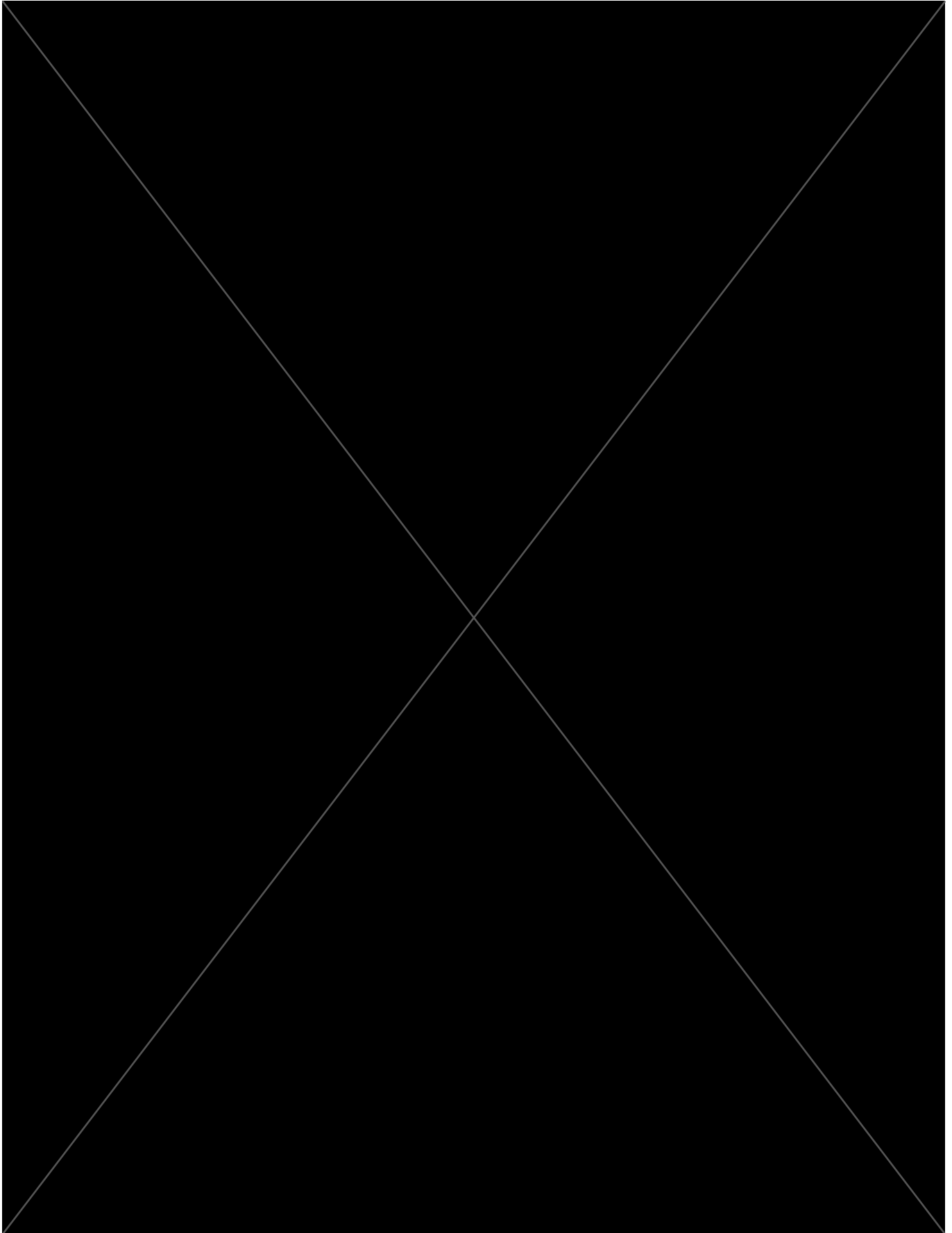
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

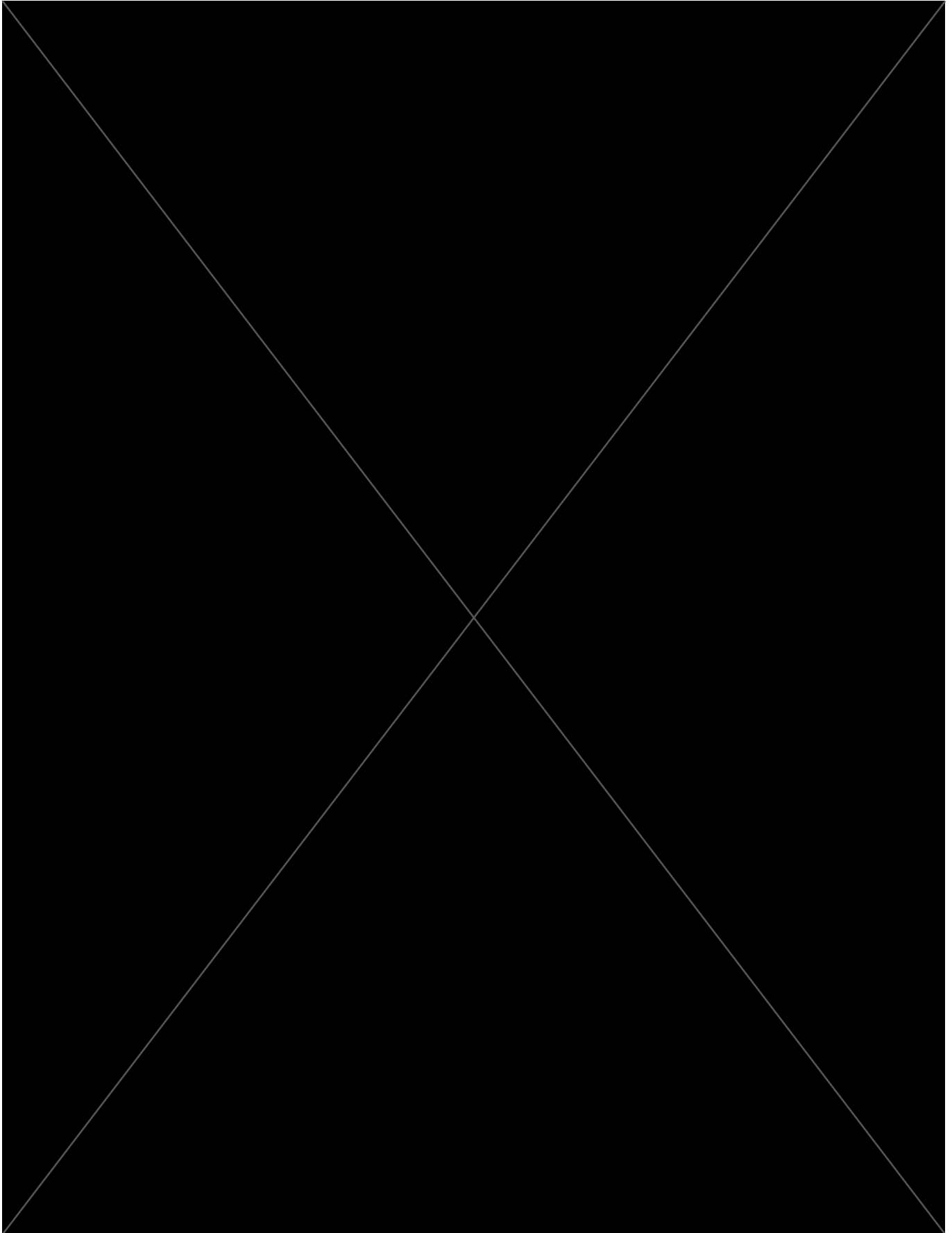












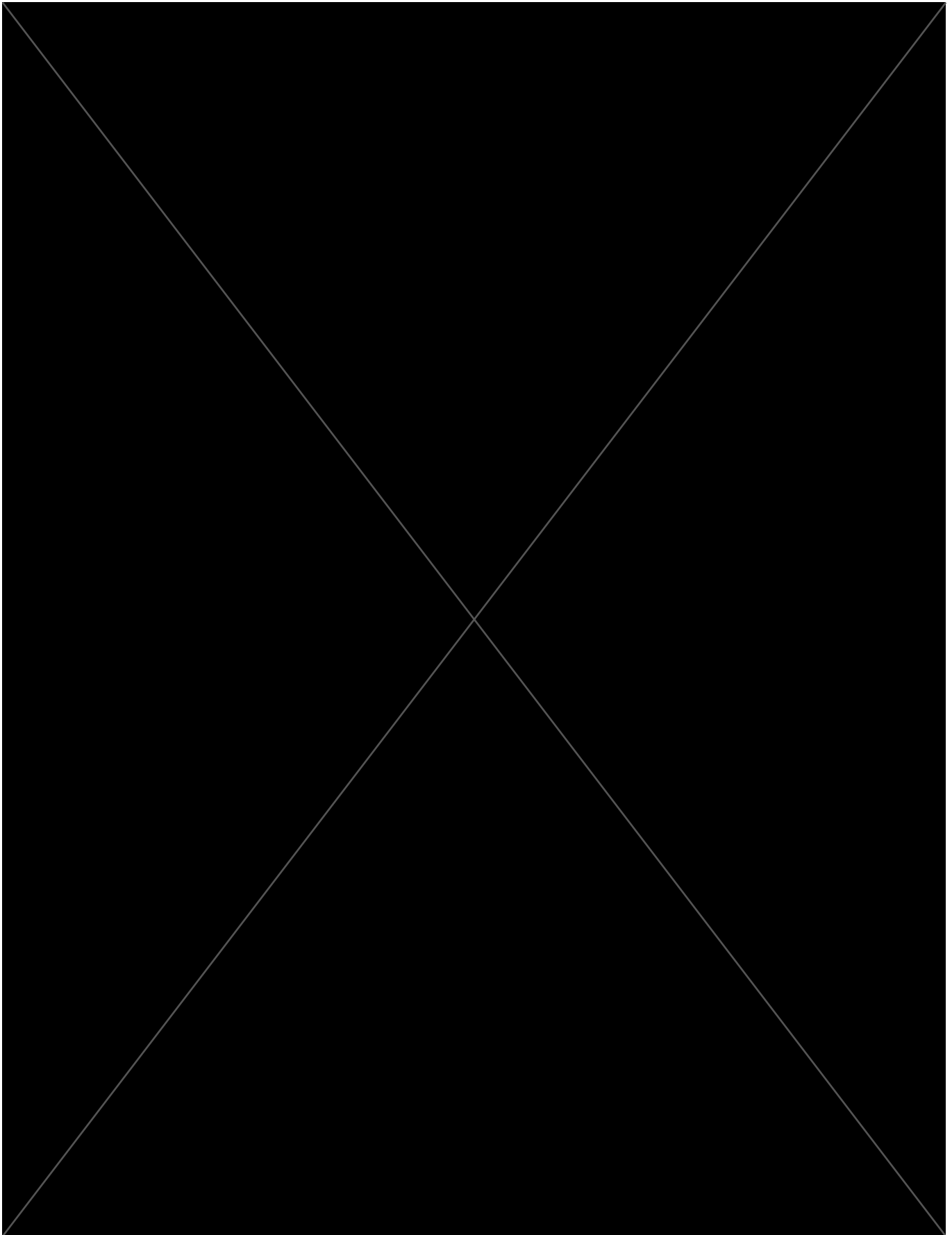
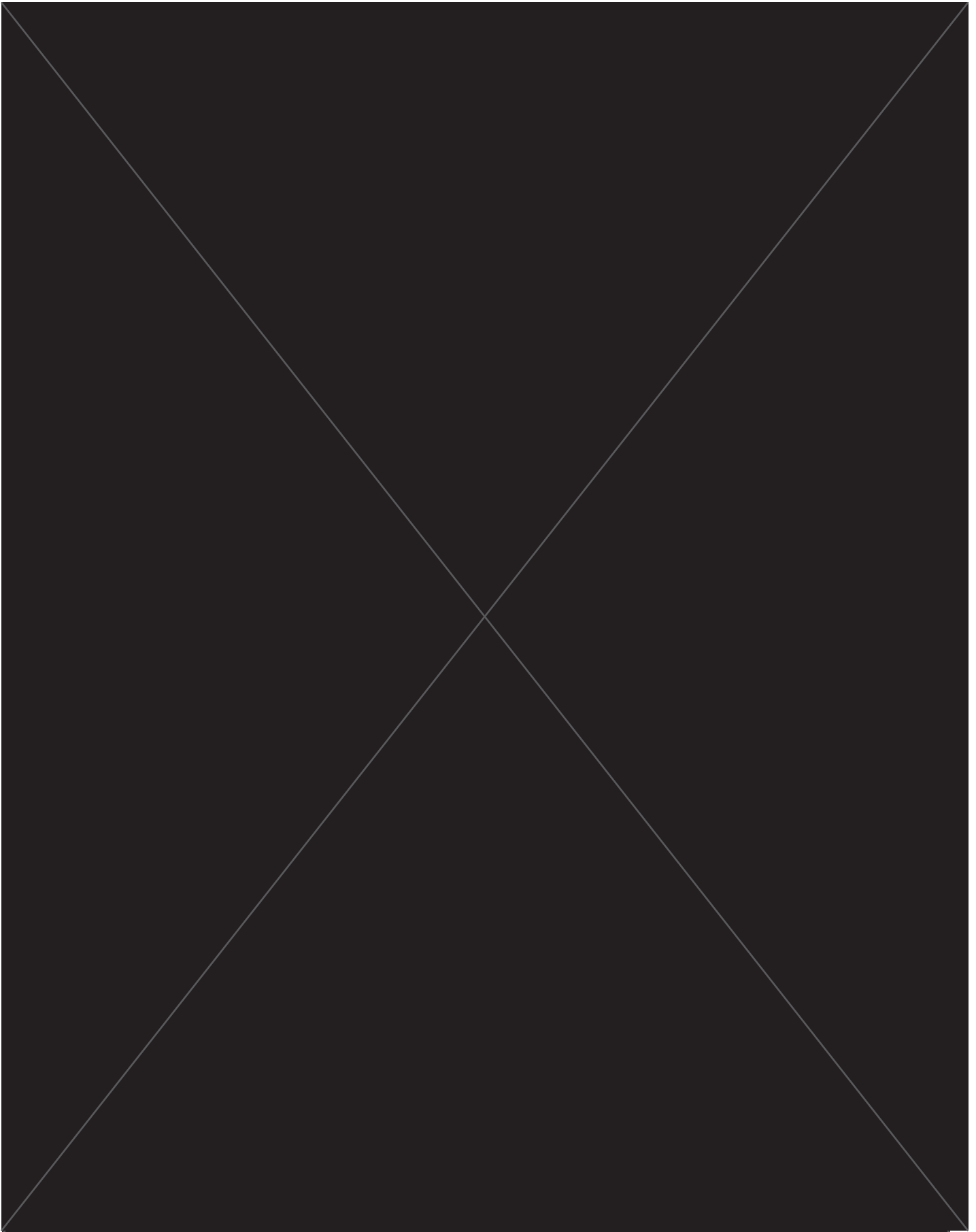
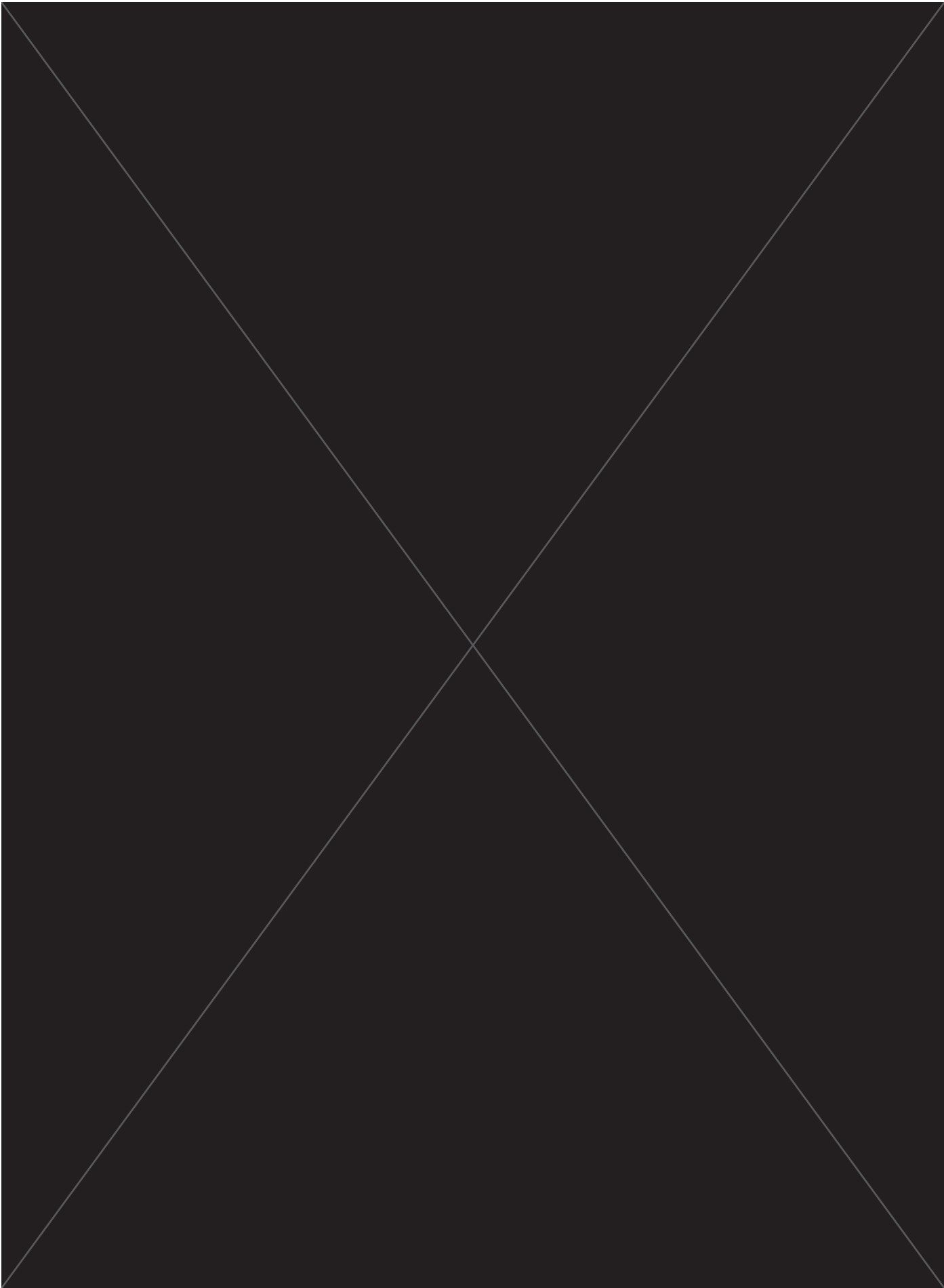


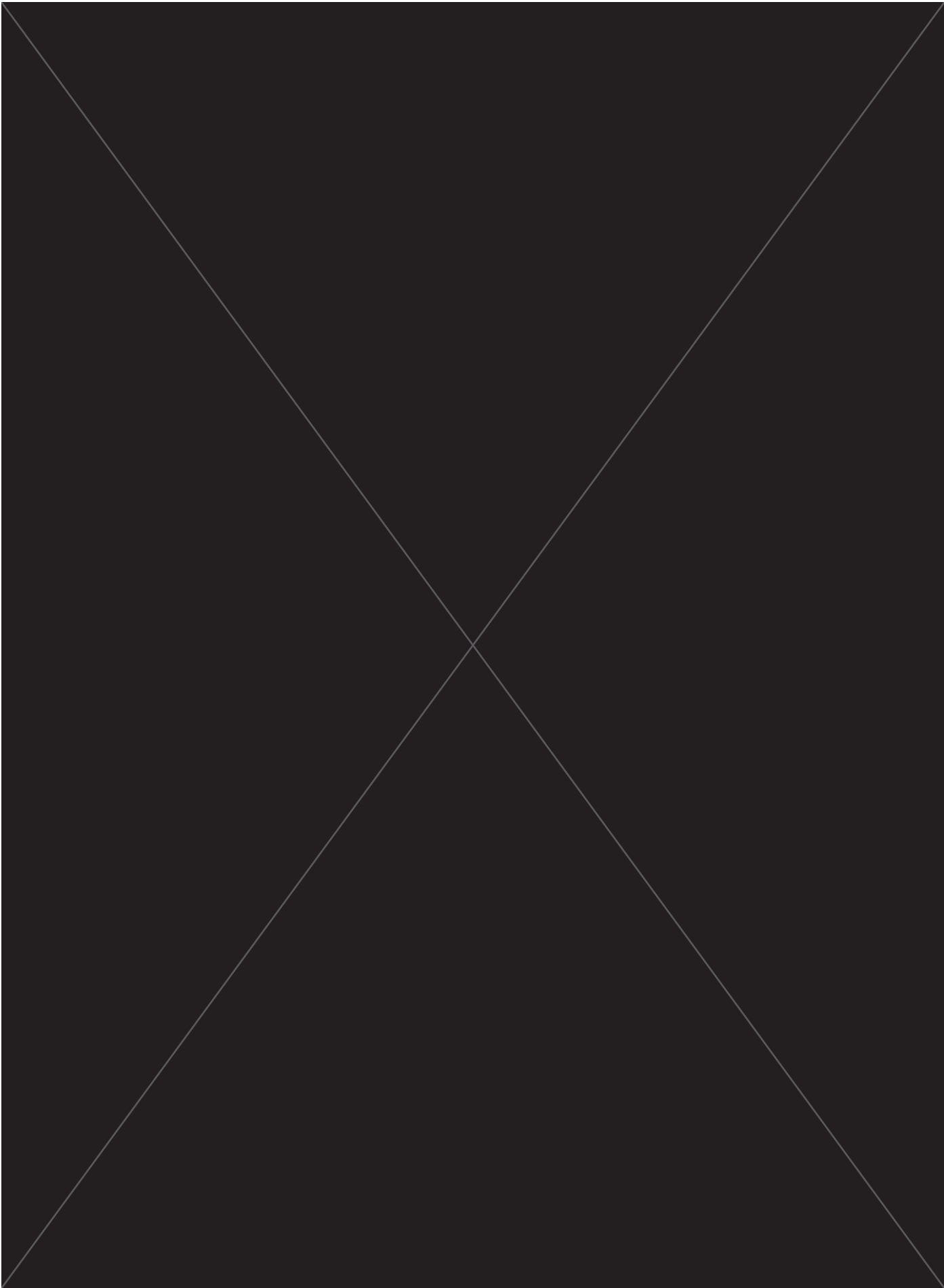
Exhibit 18 – Facilities

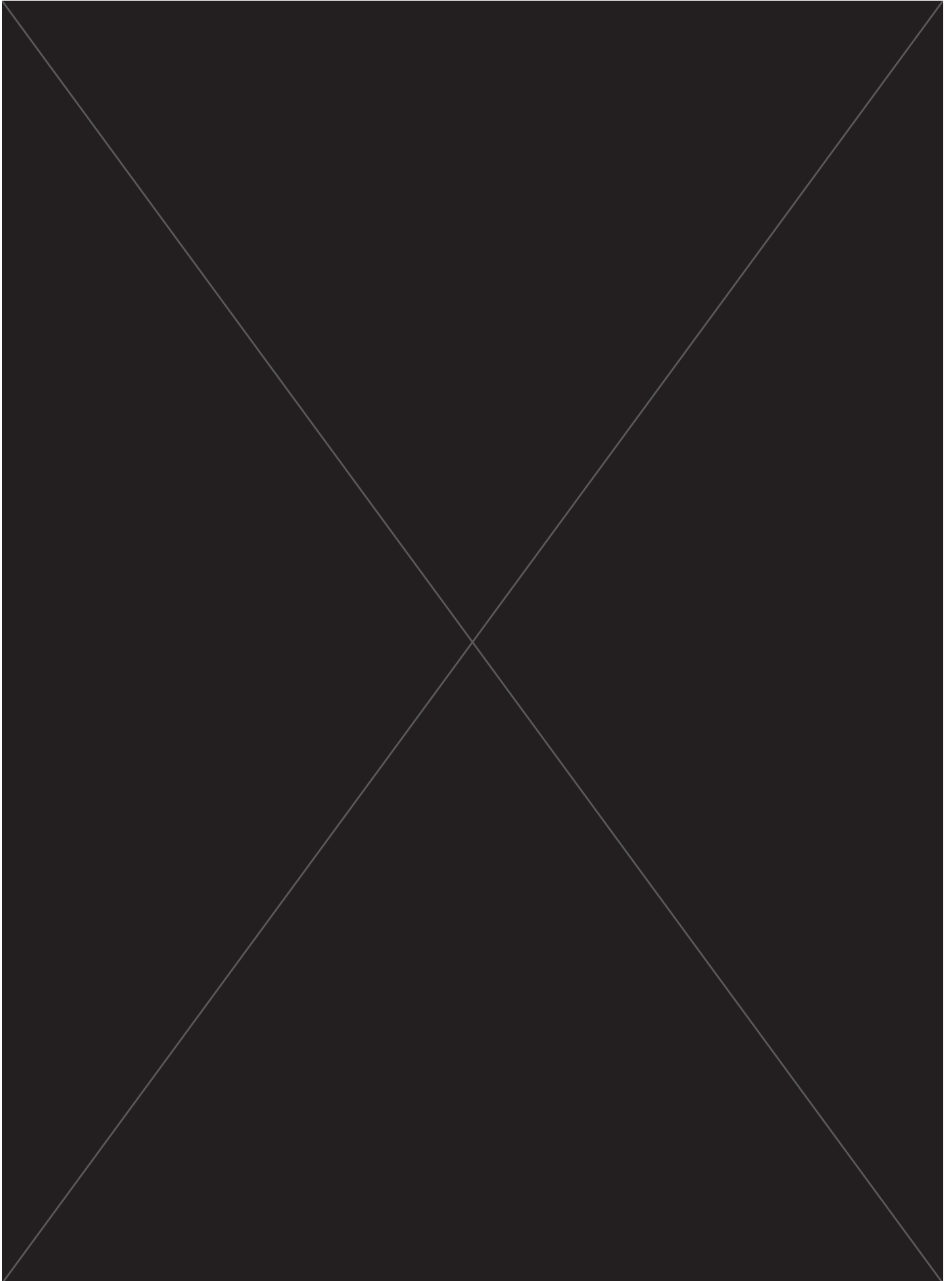
Exhibit 18 Redacted (ALA.code.36-12-40(Security)(Trade Secret))

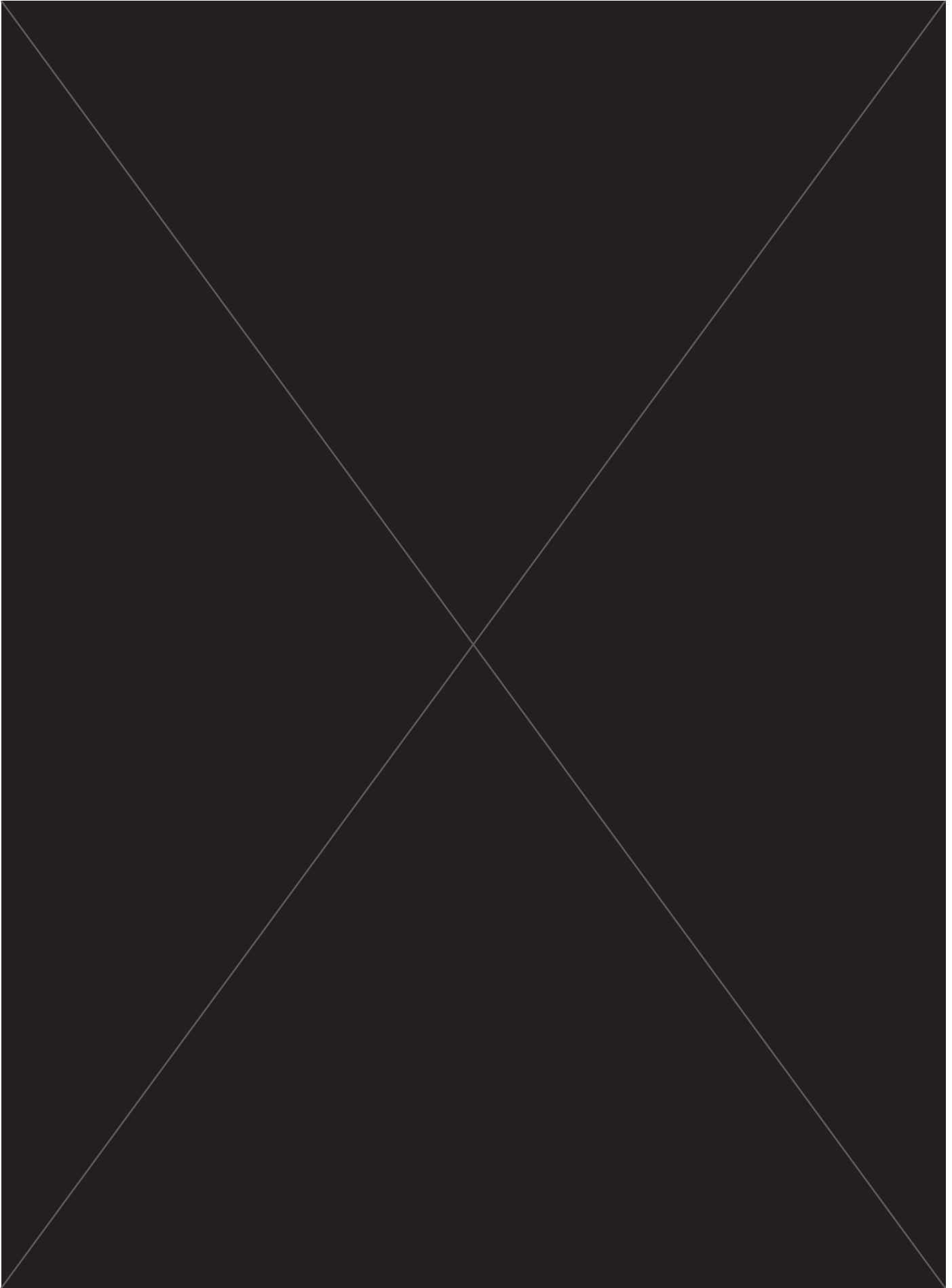


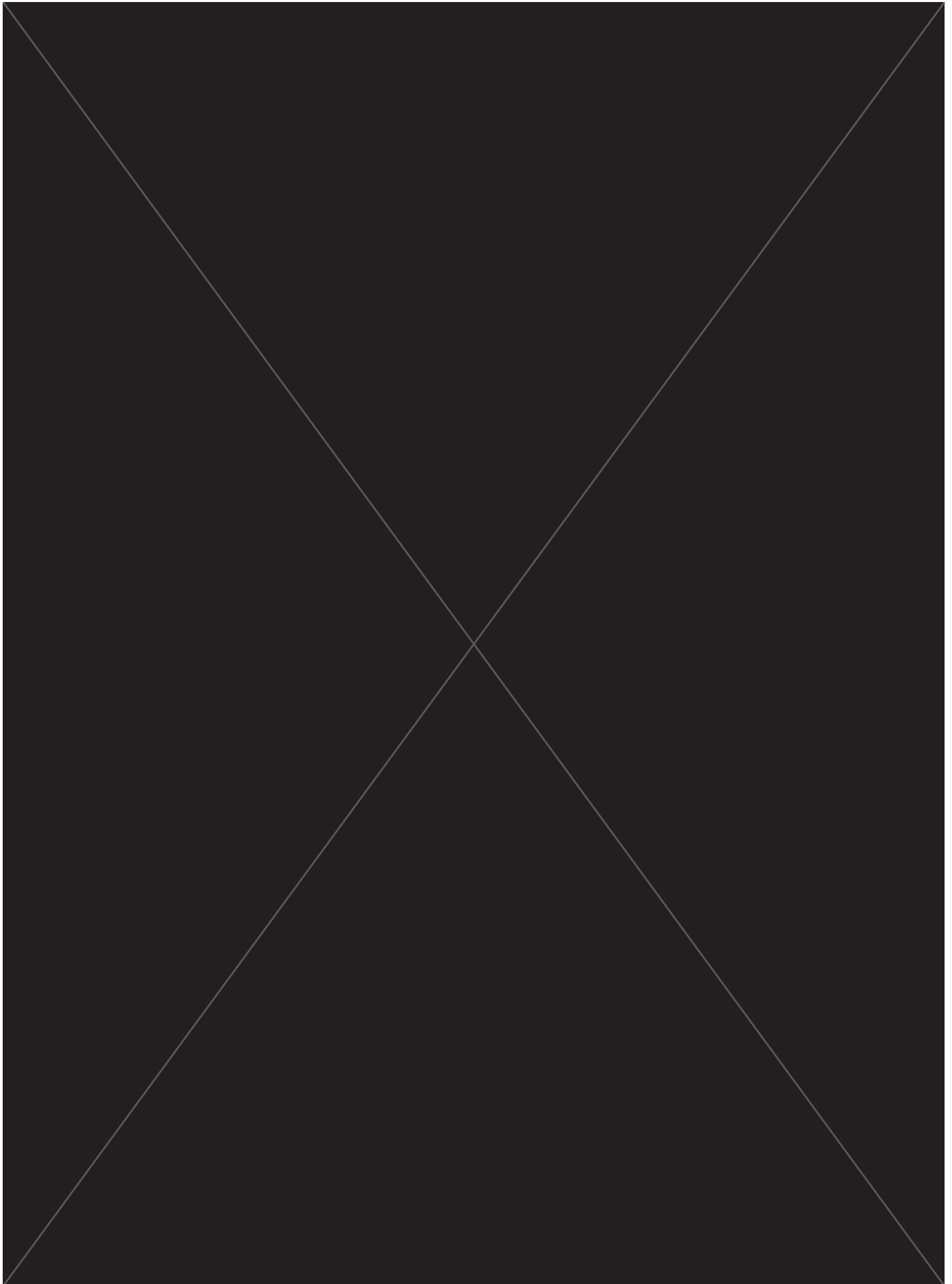


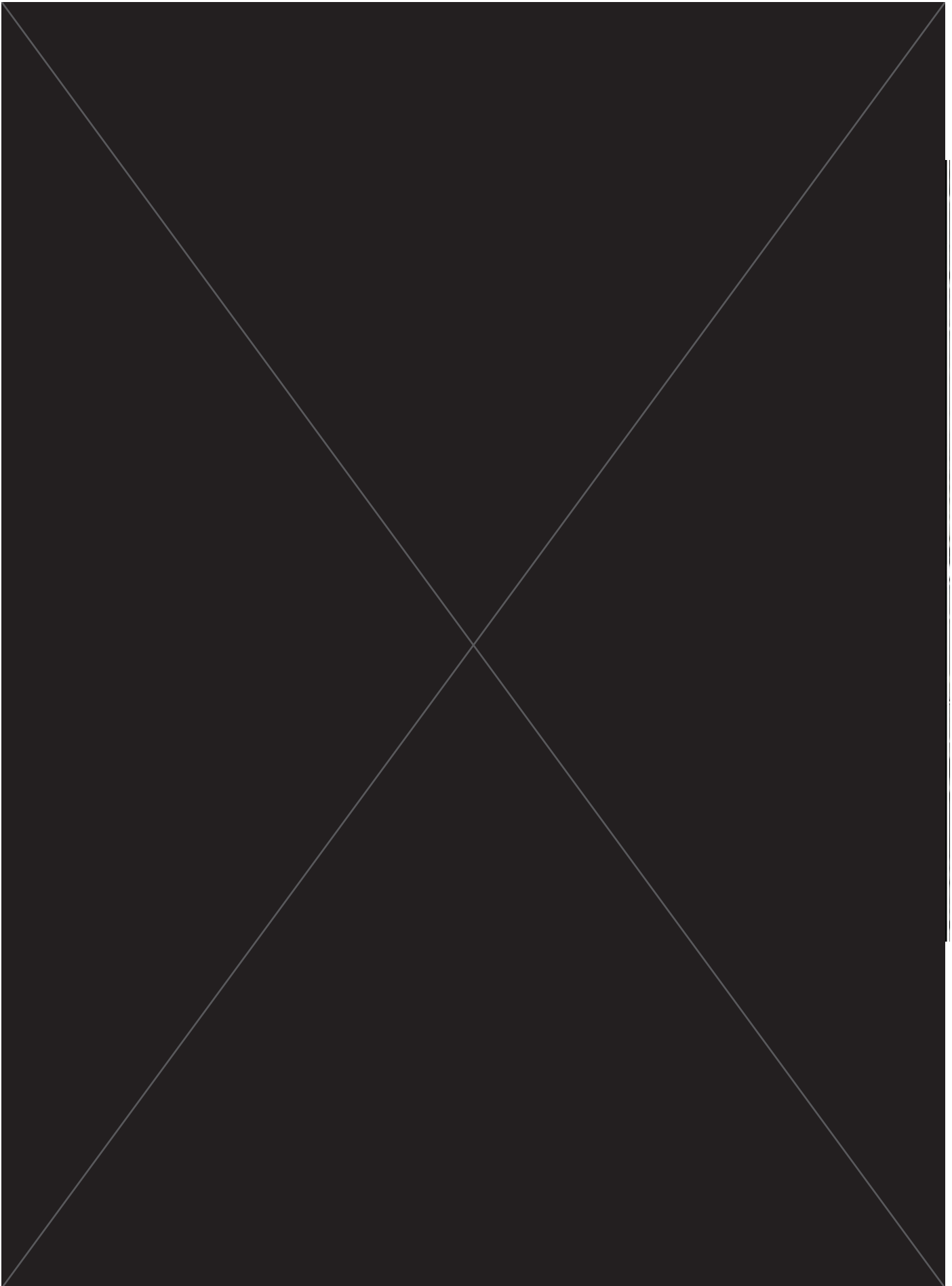


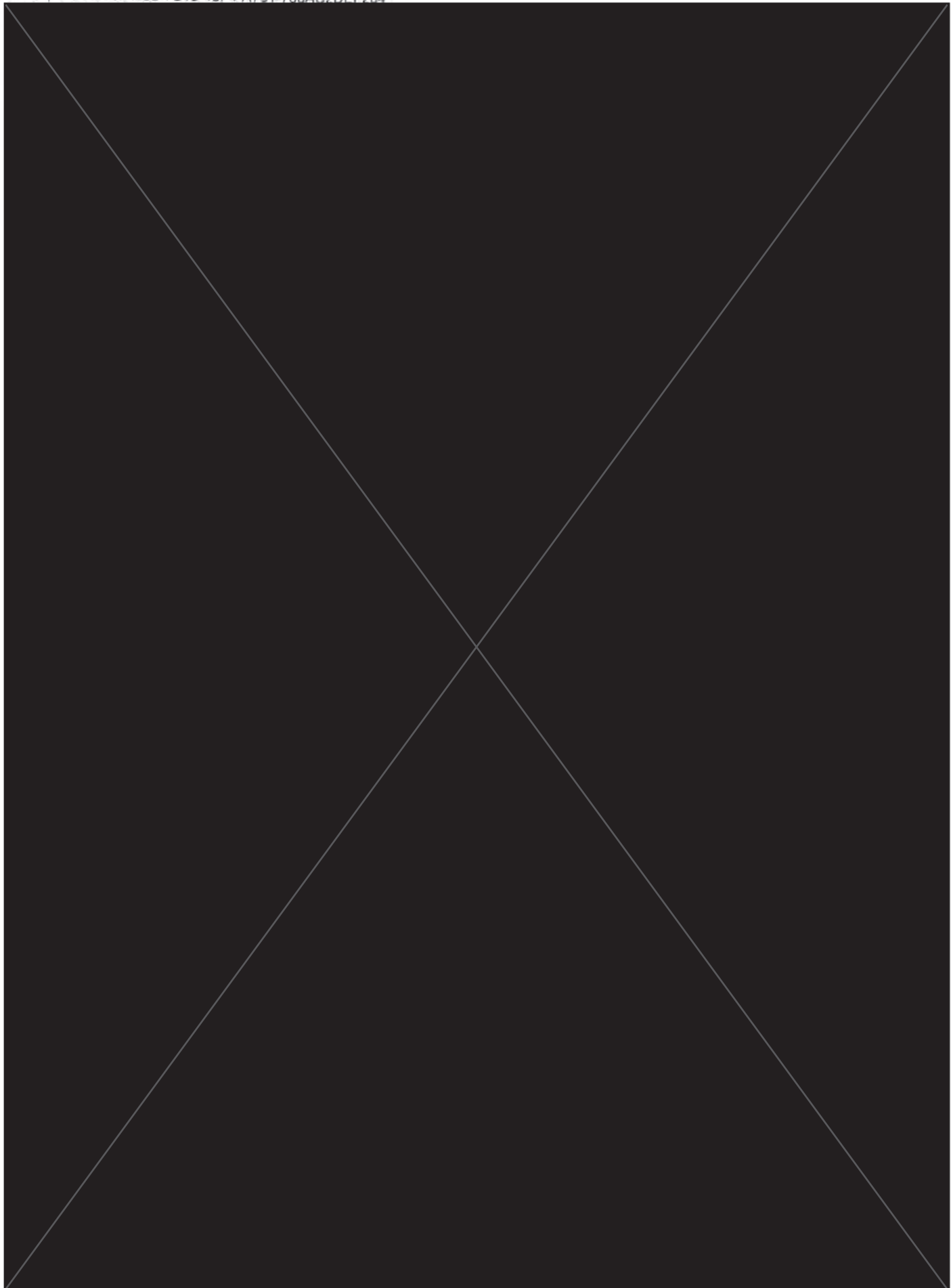




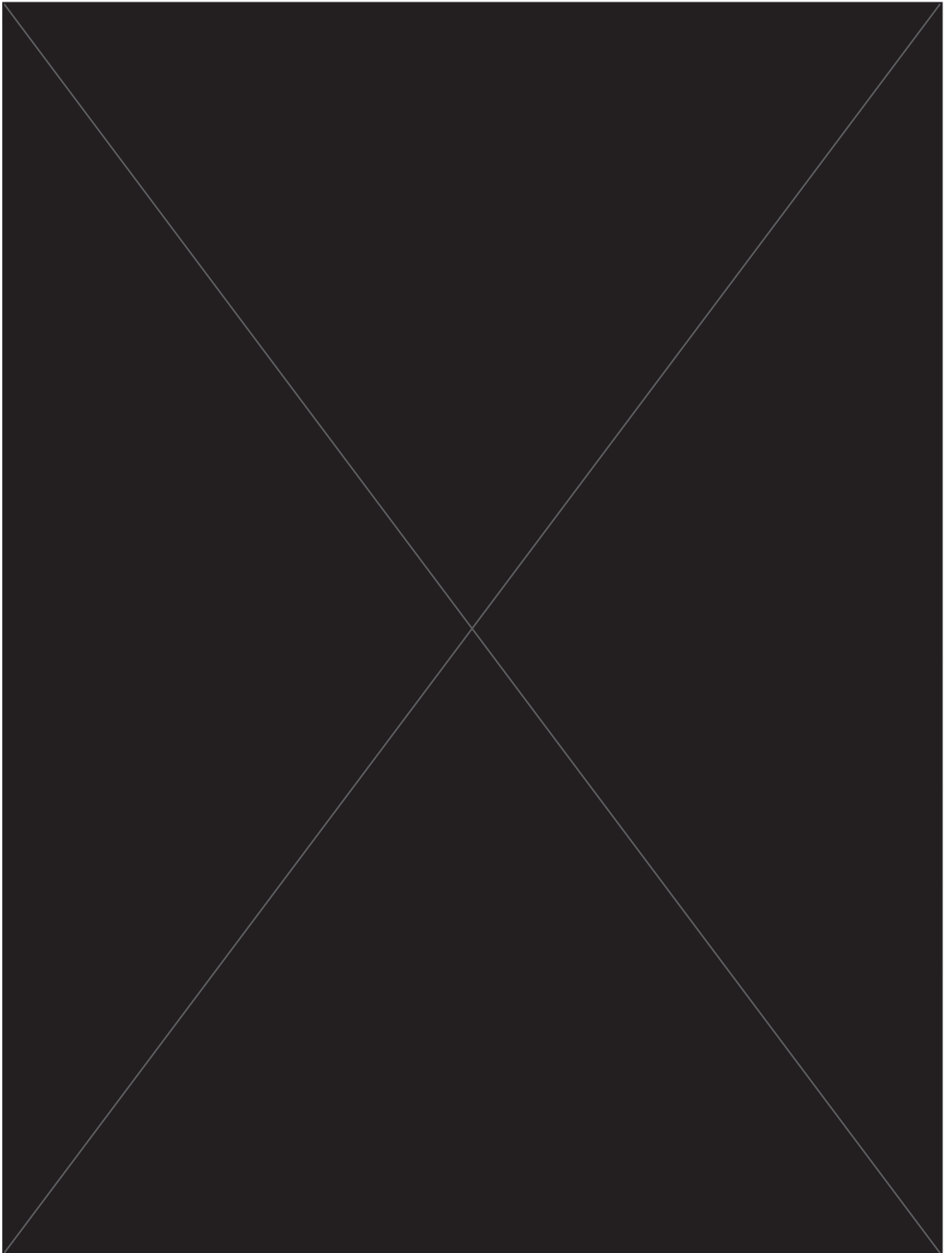


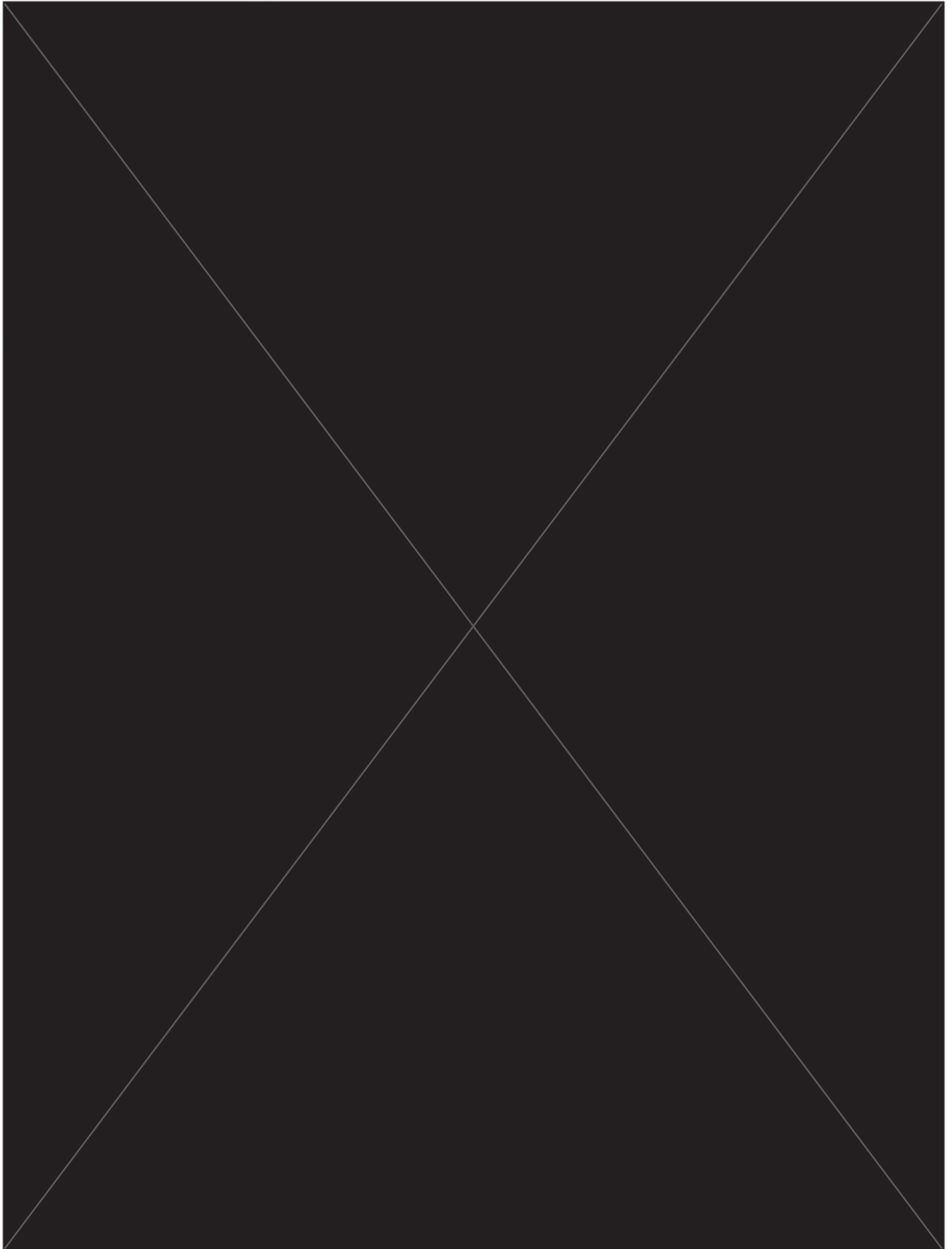


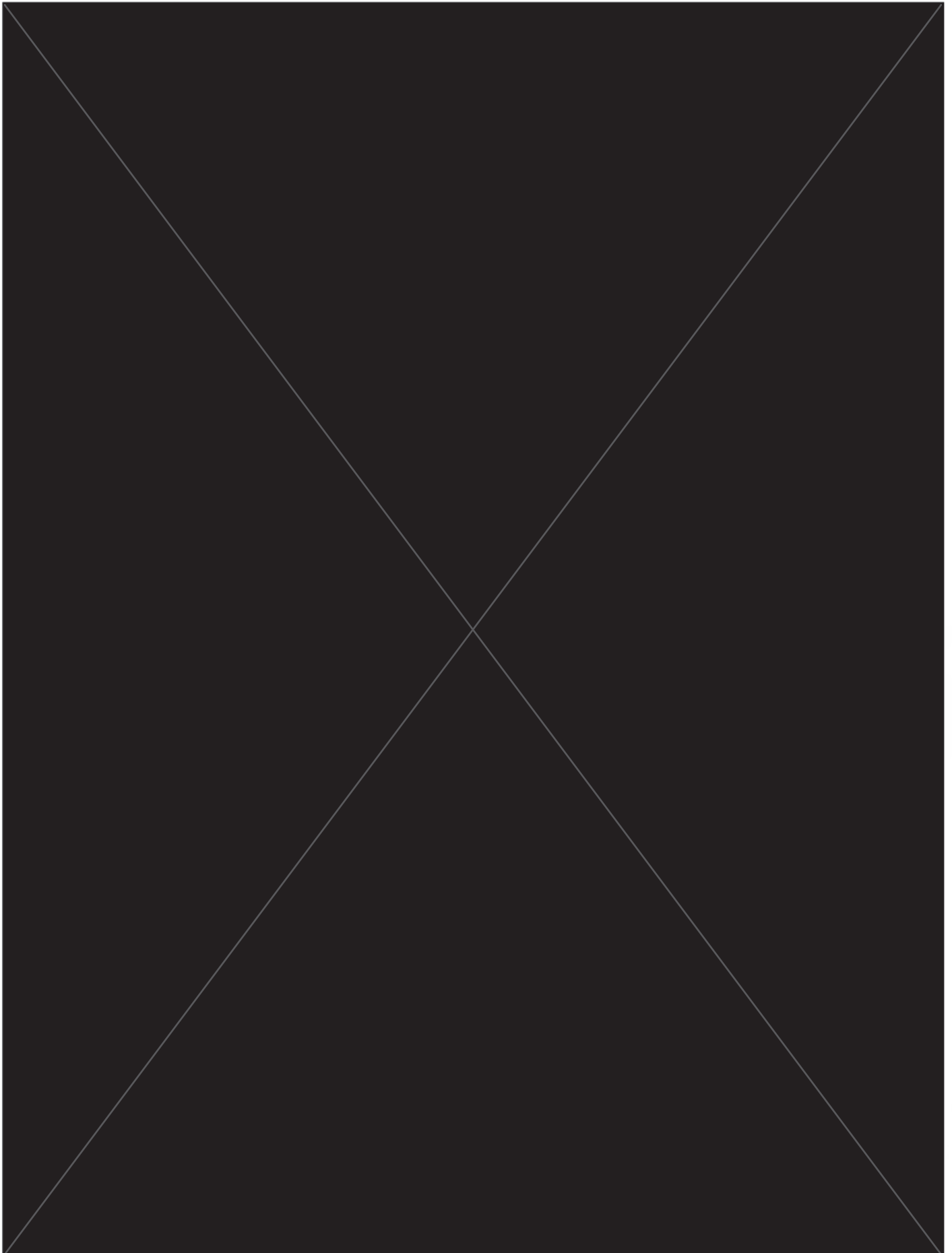


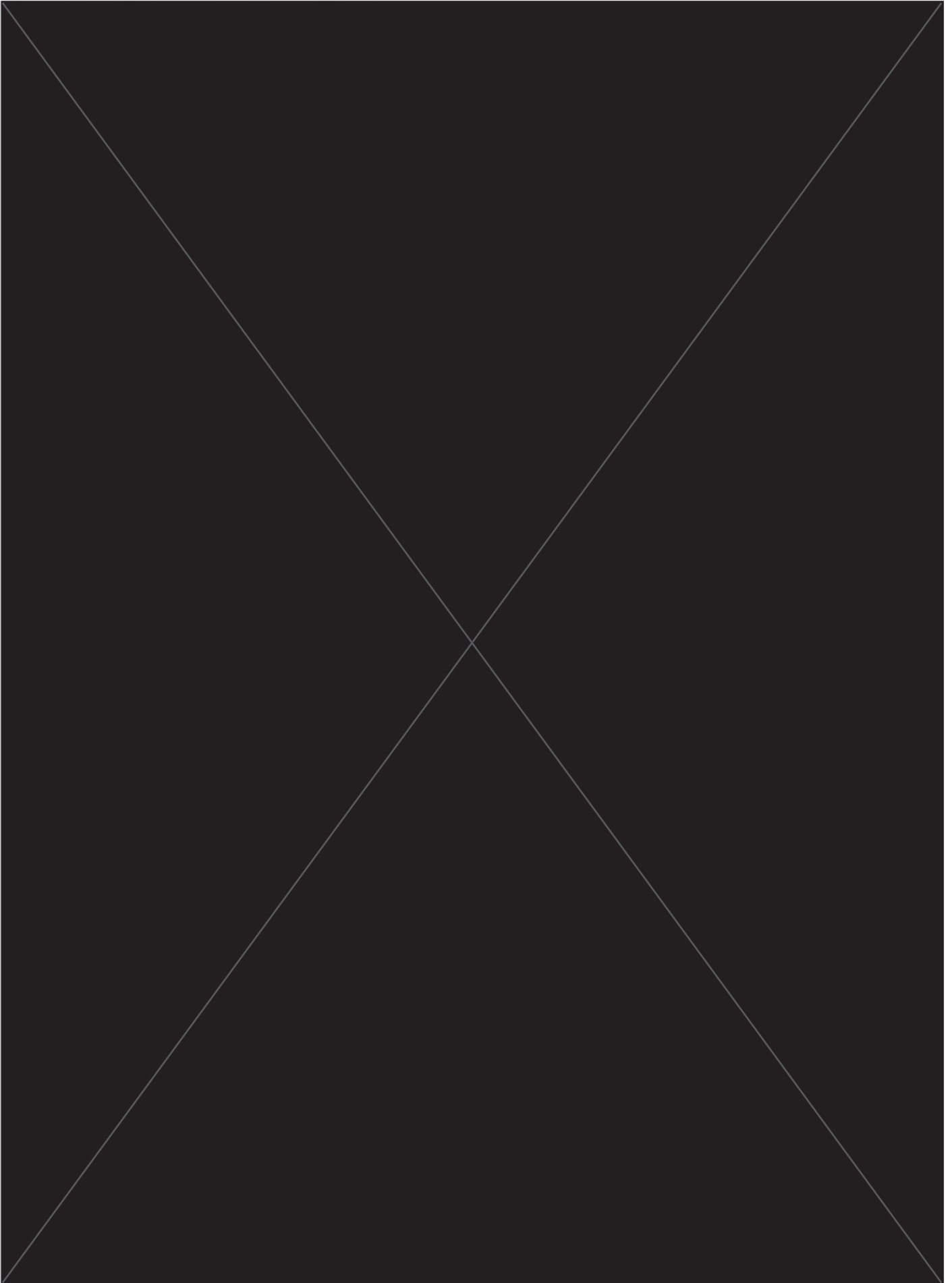


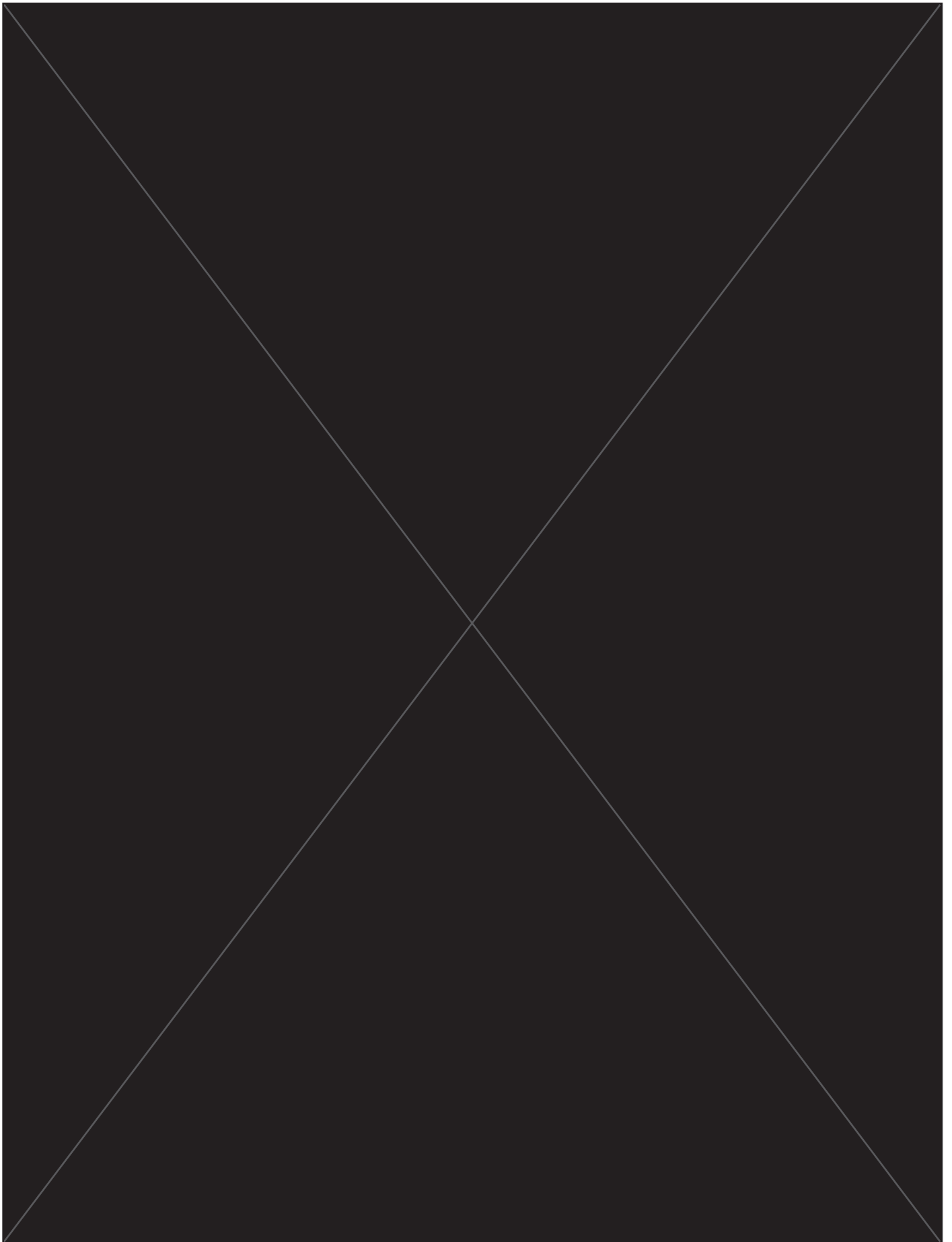
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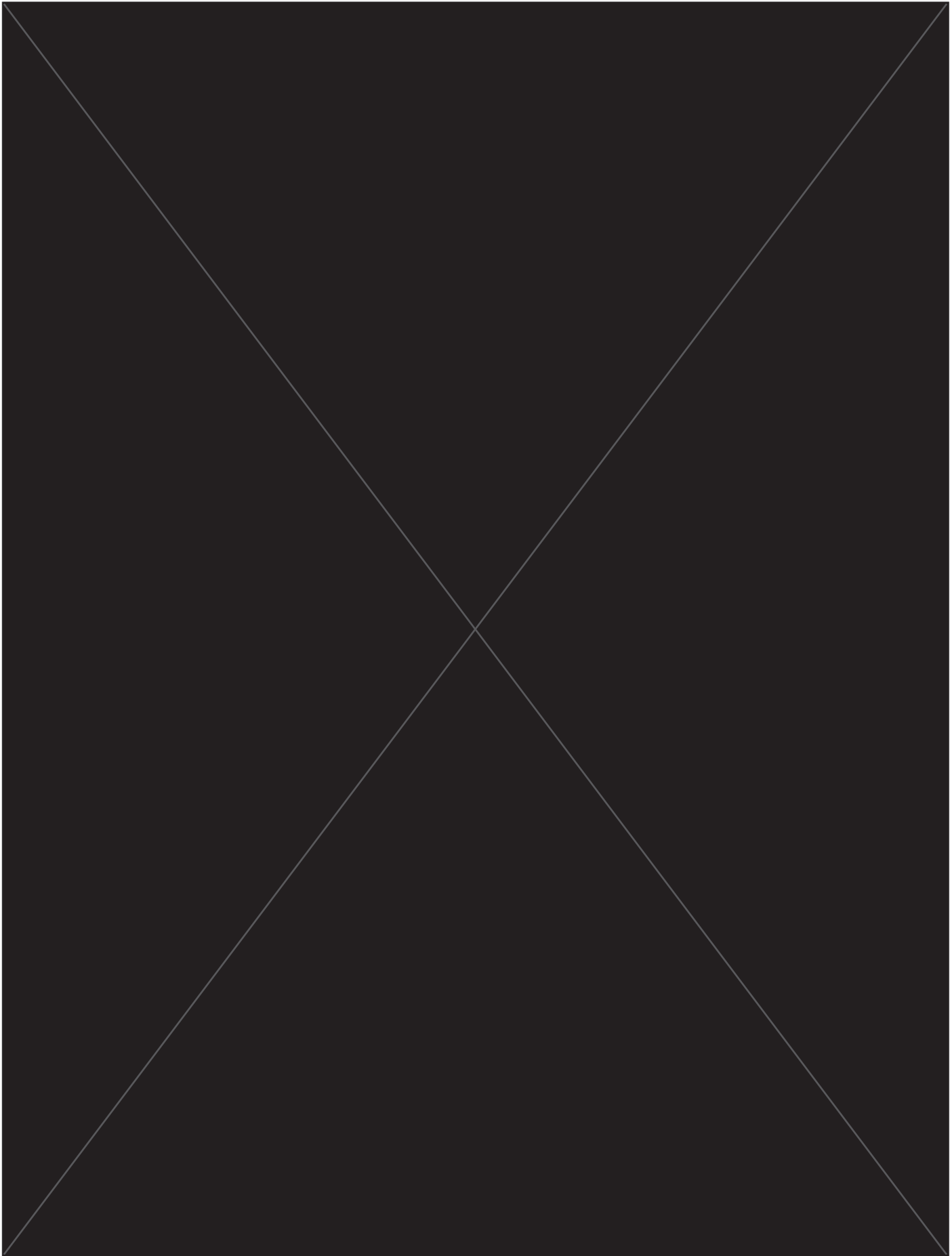


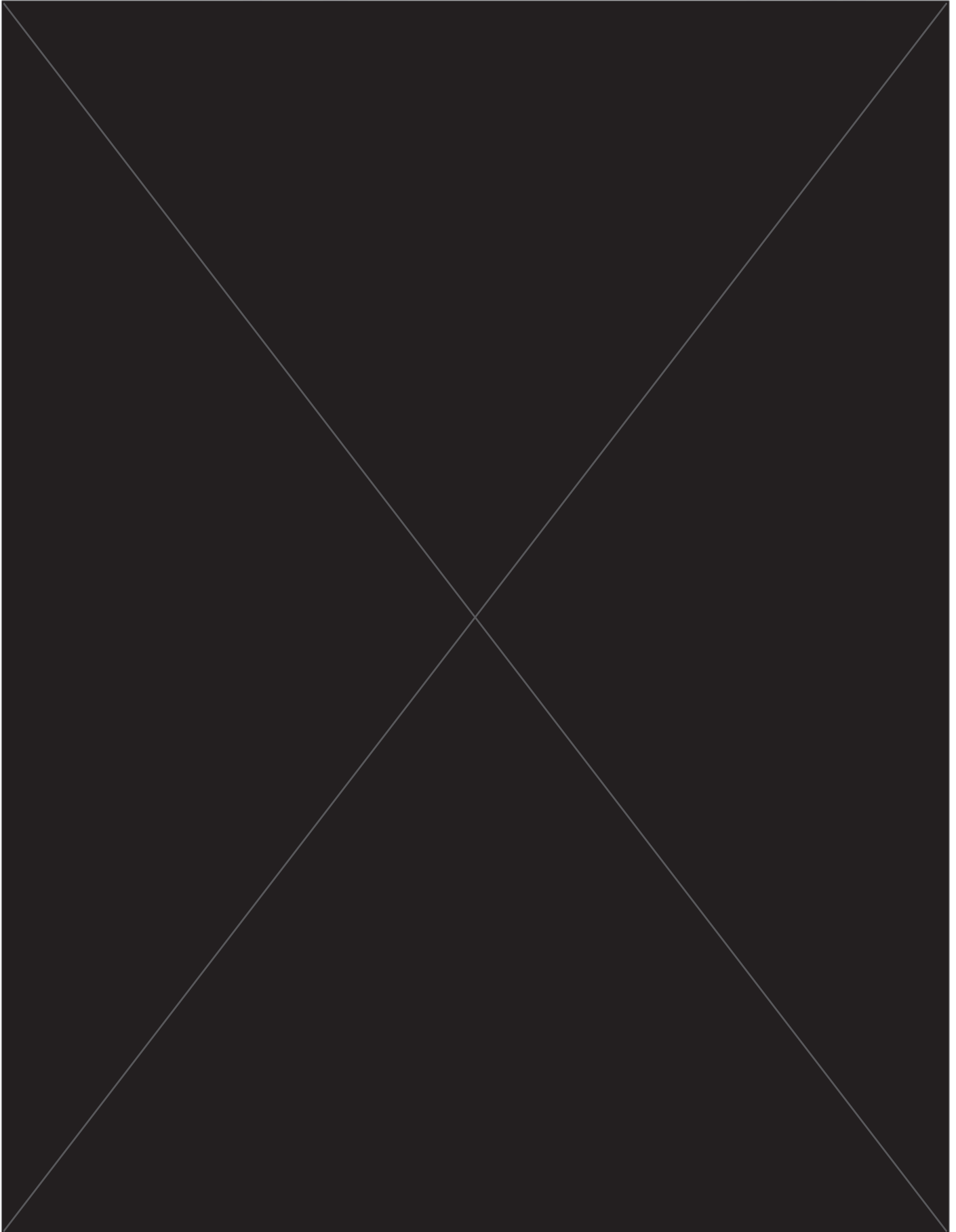


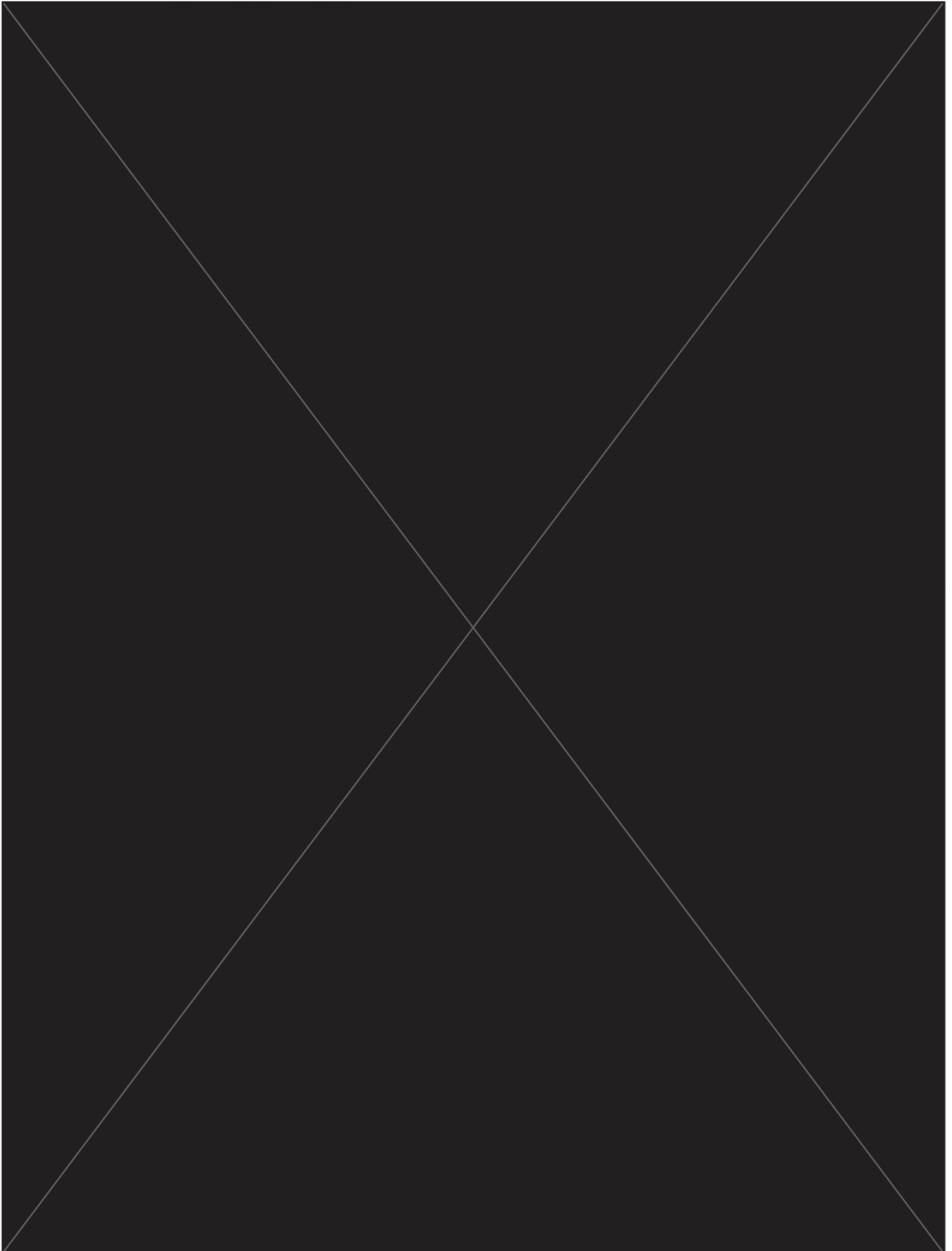


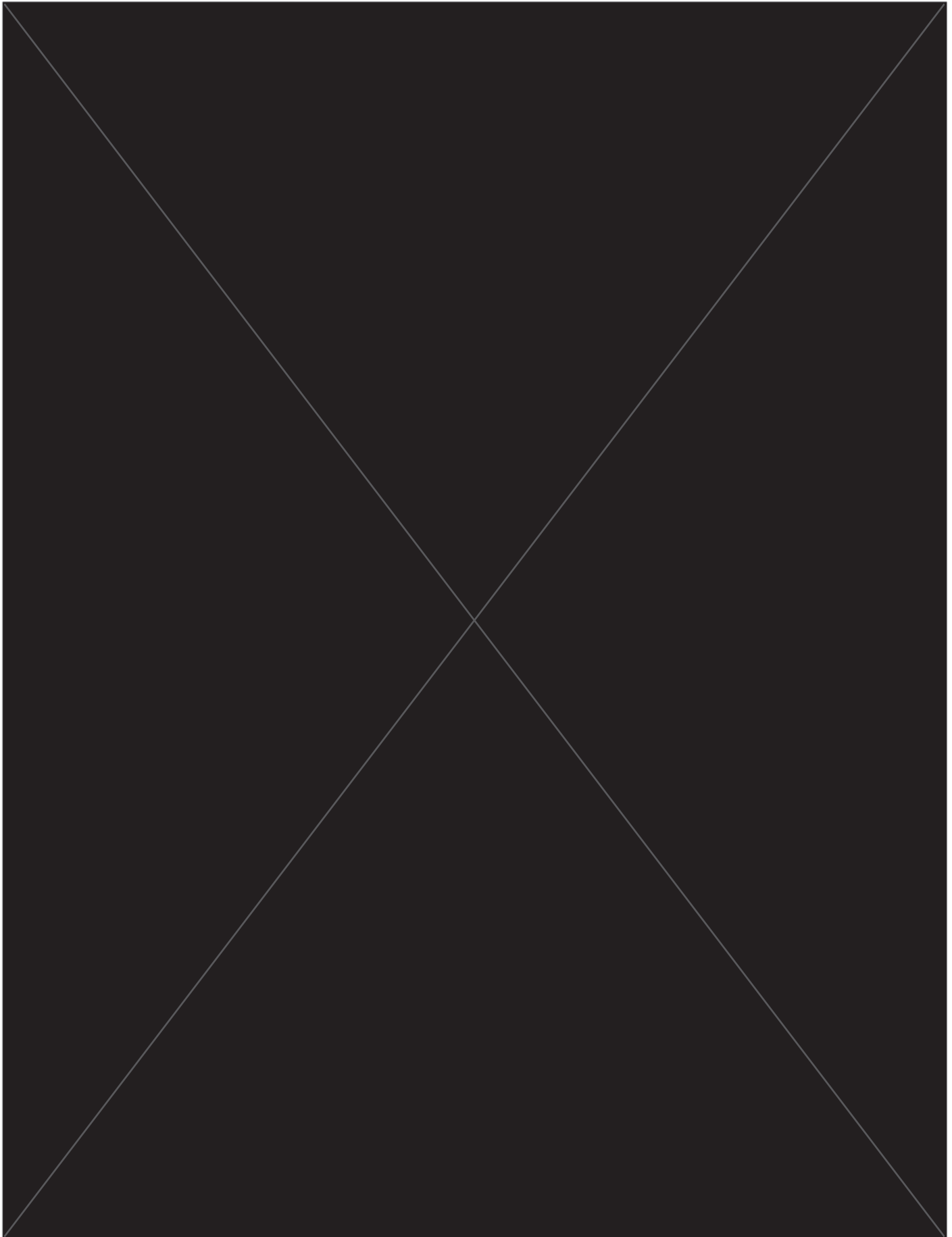


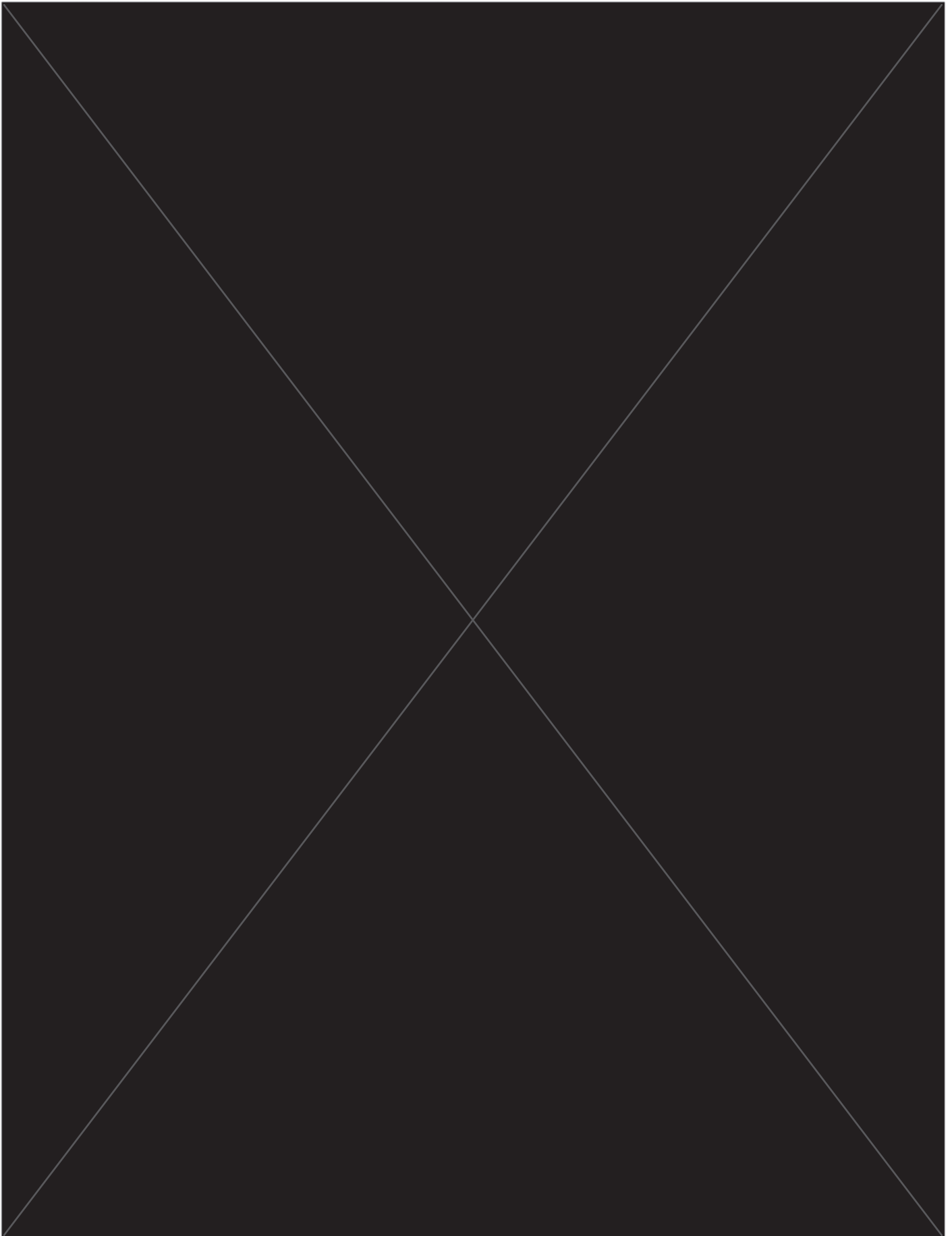


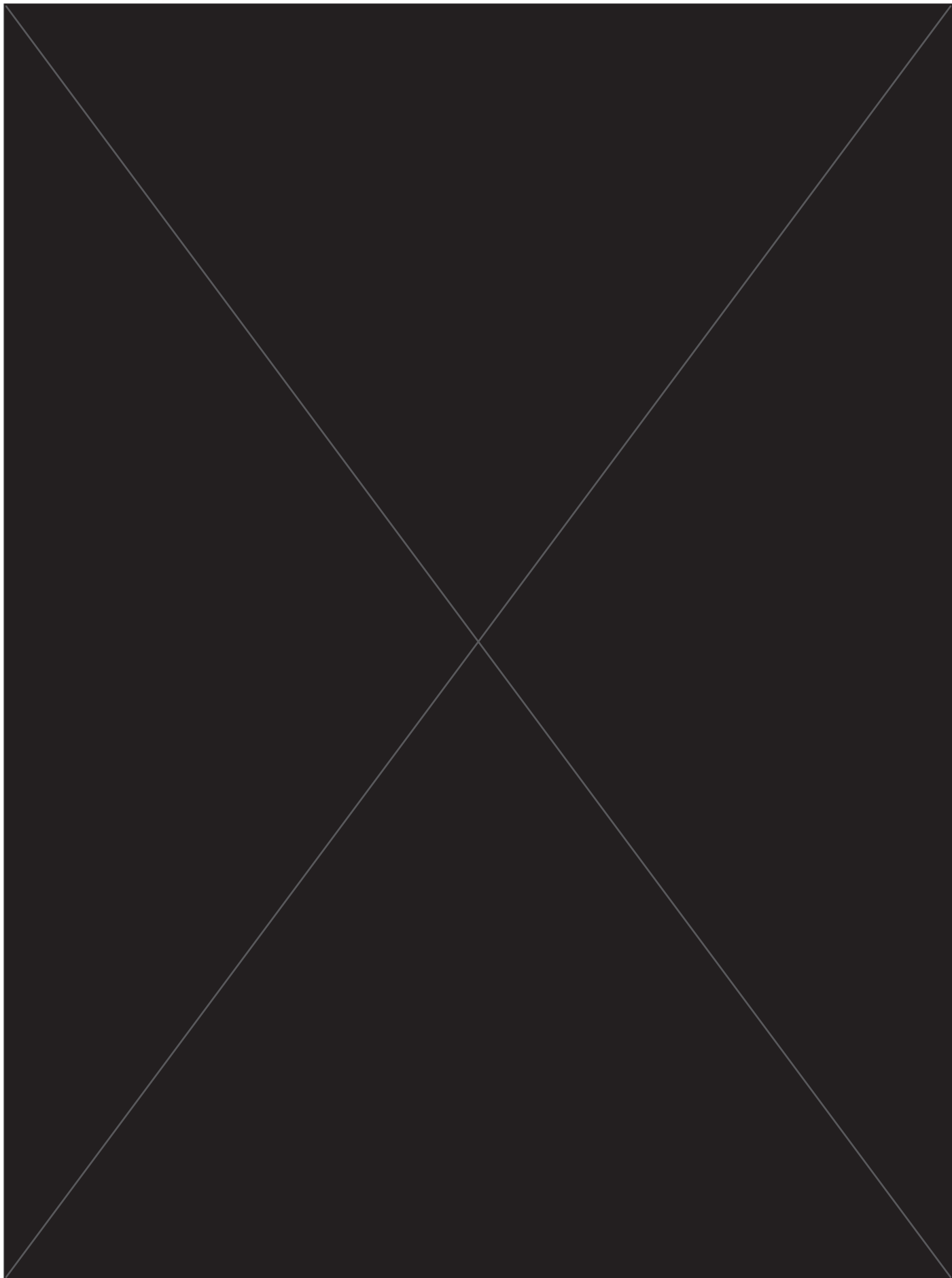


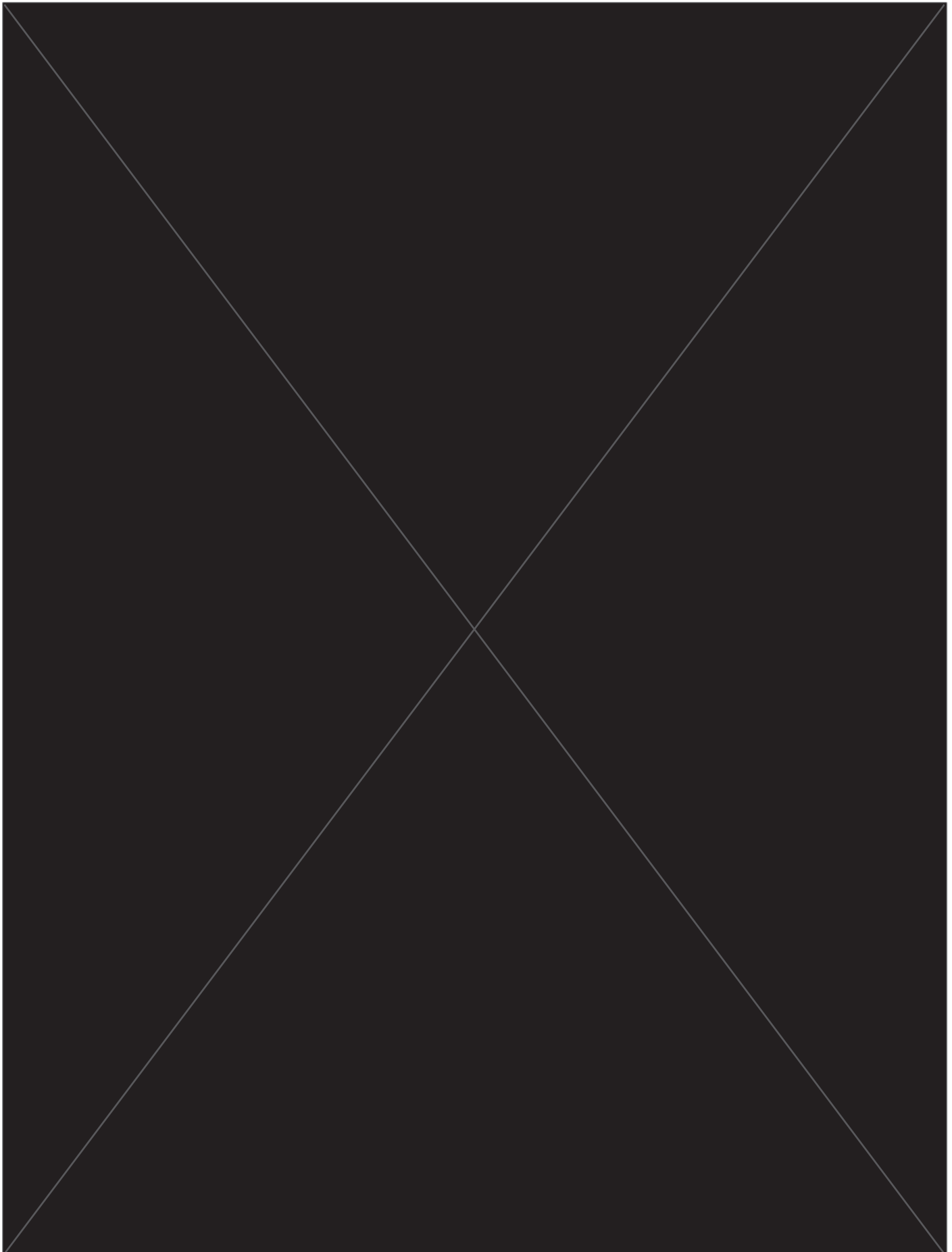












Attachment - Exhibit 18.4

License Type: Dispensary

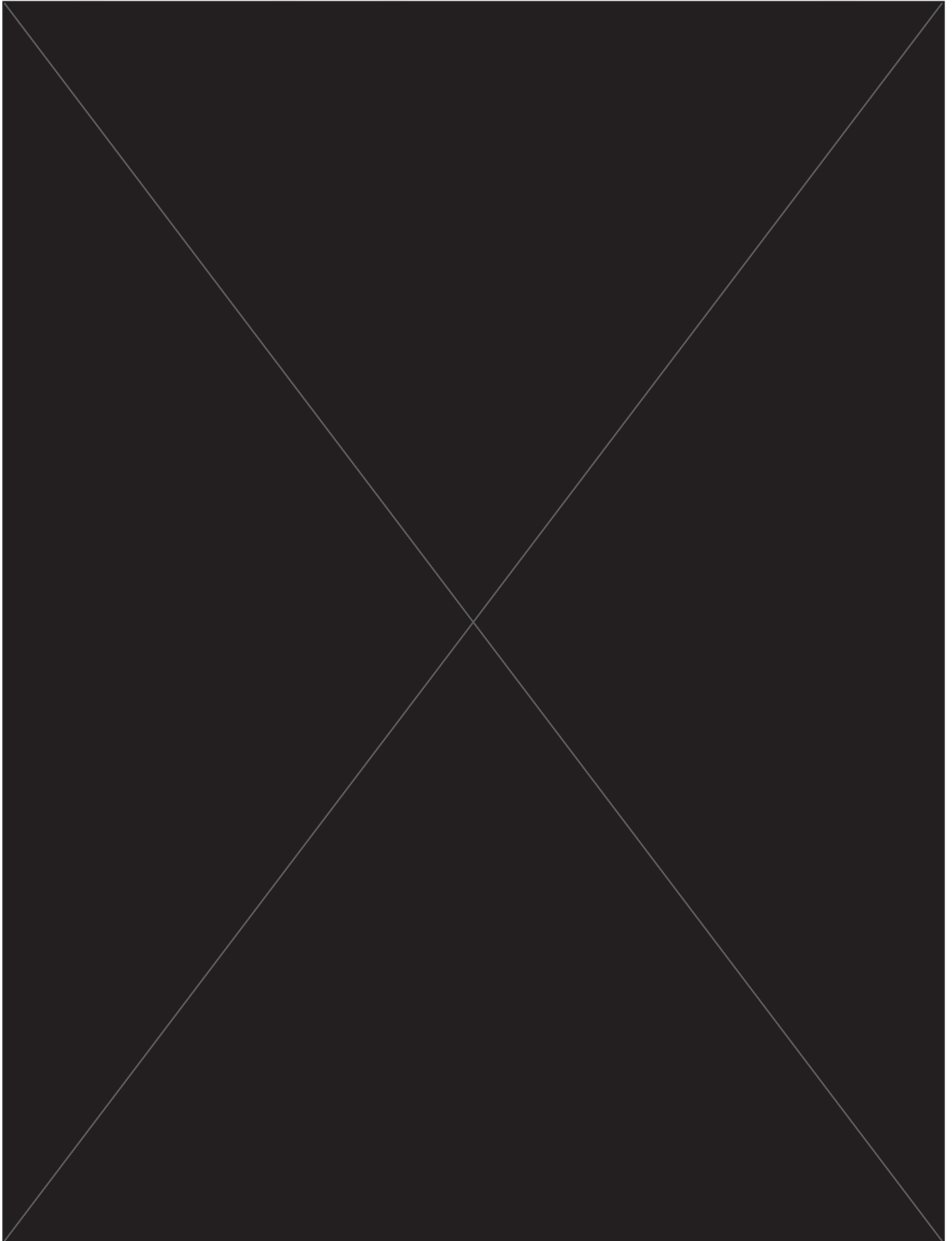
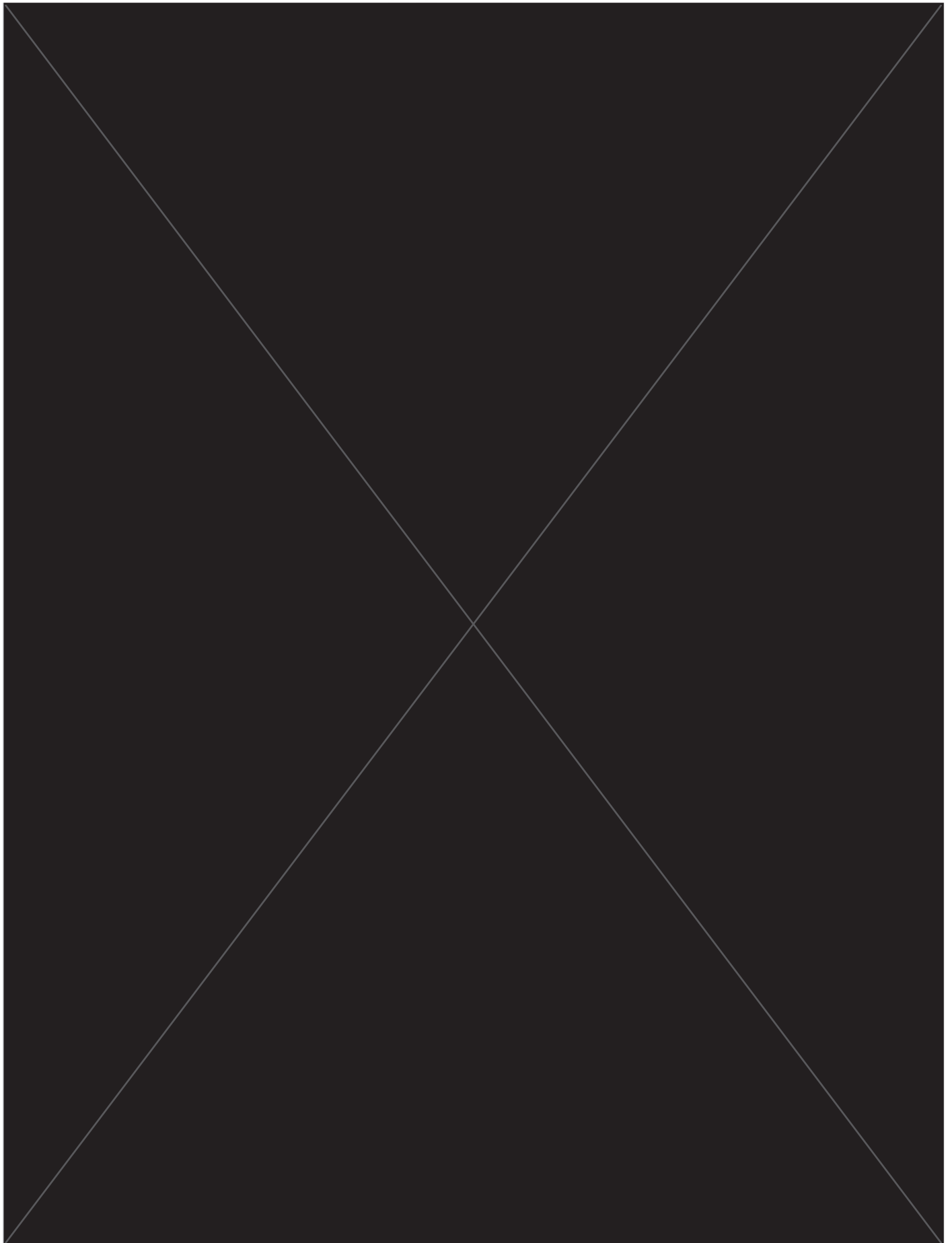
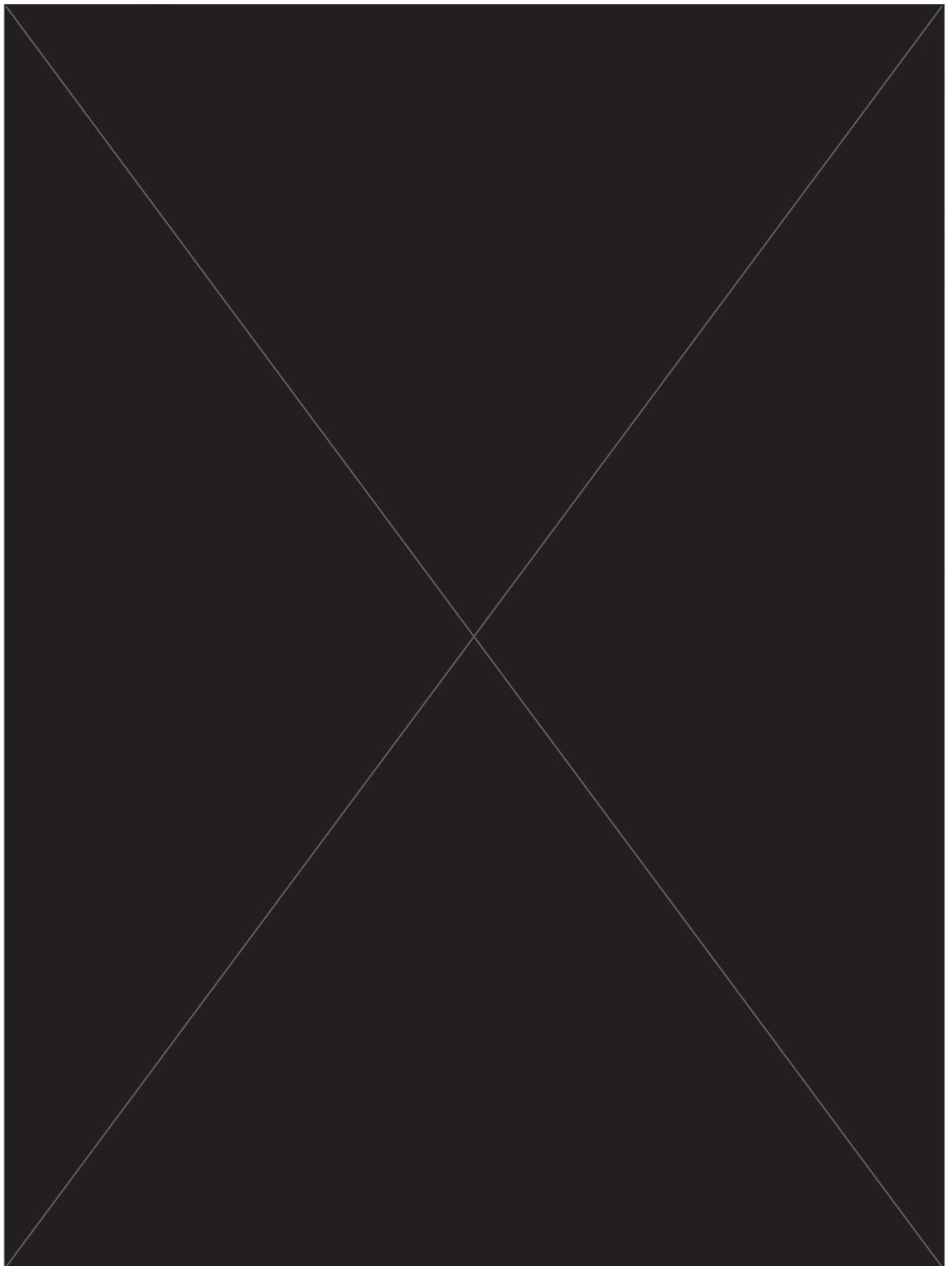
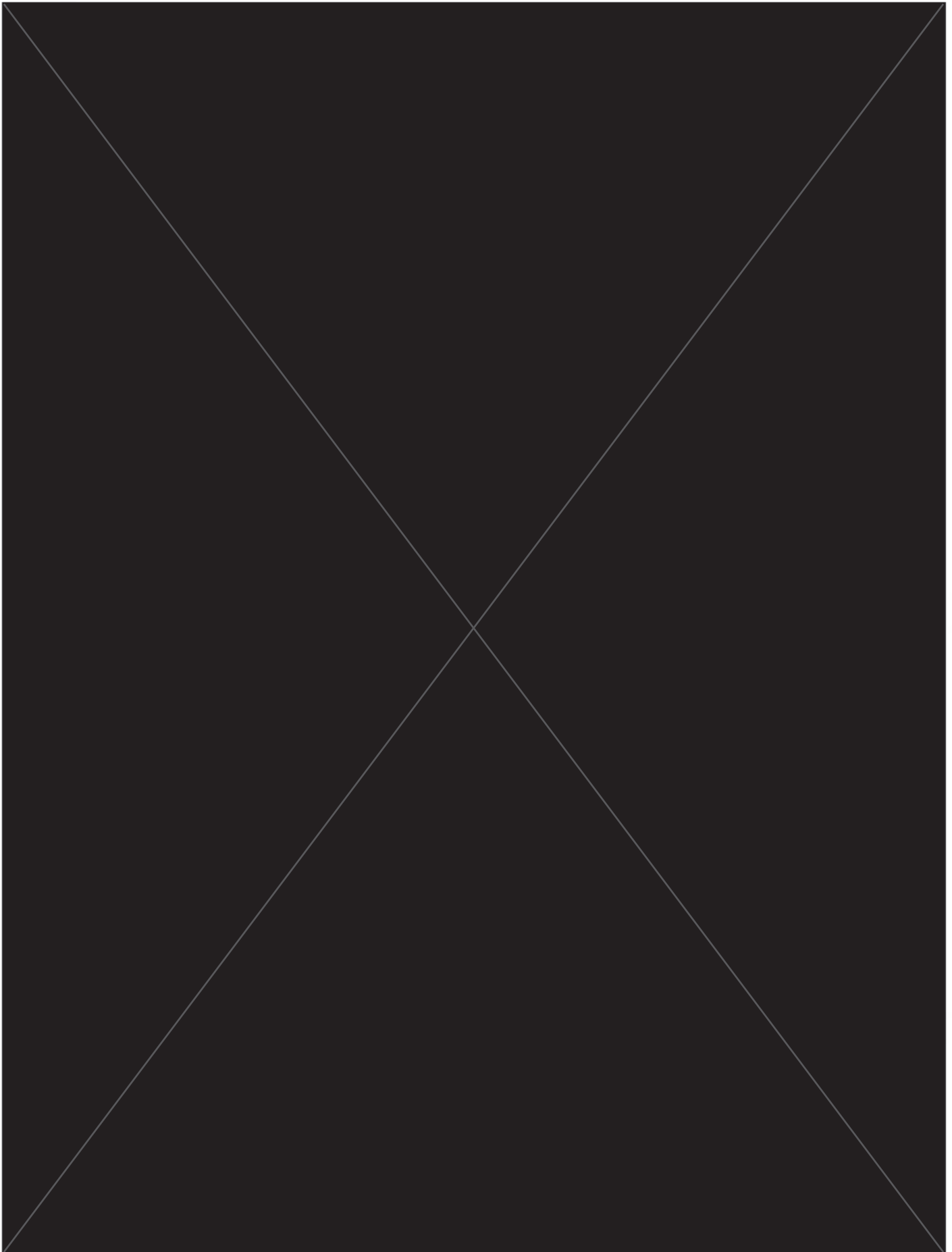
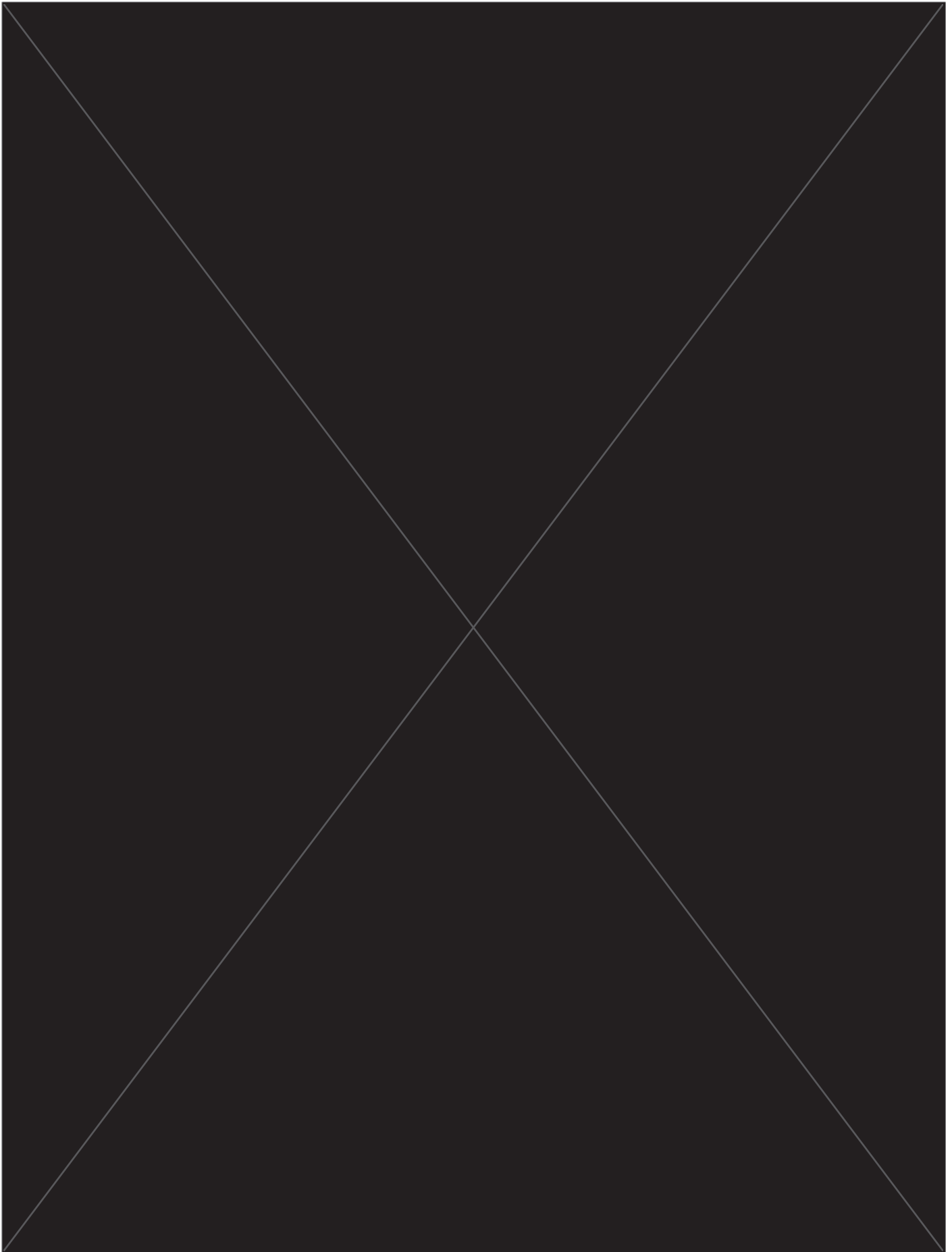


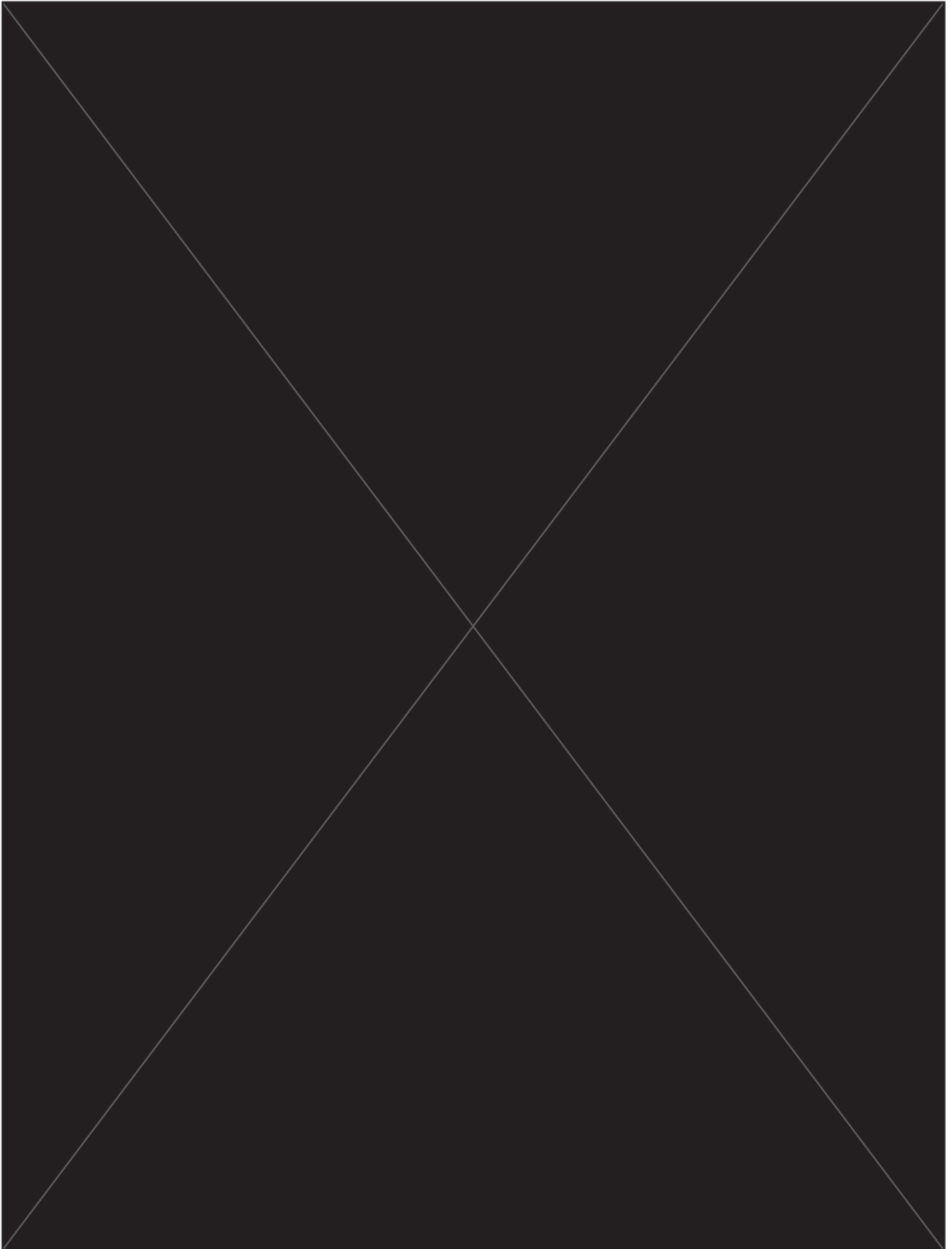
Exhibit 18 - Facilities

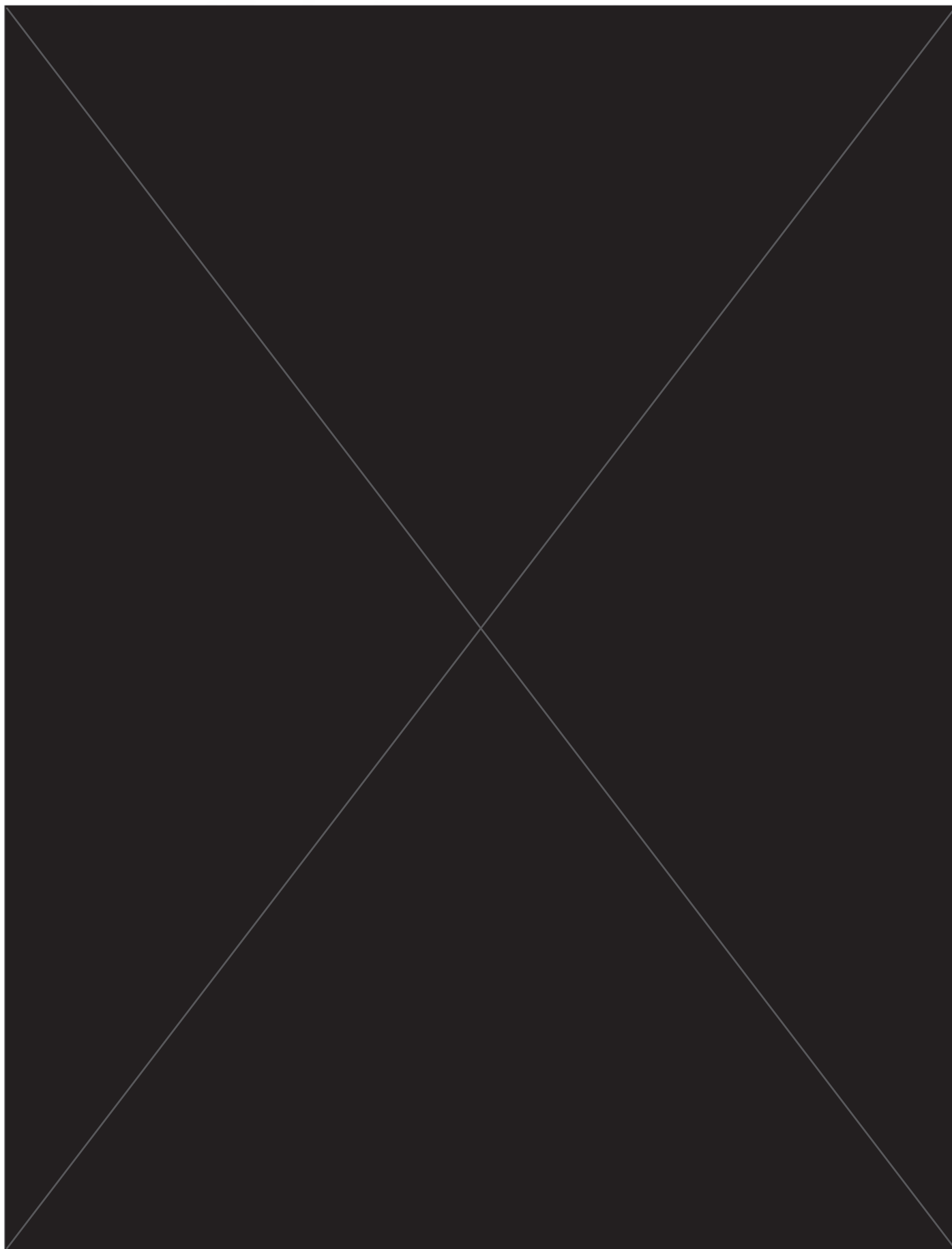


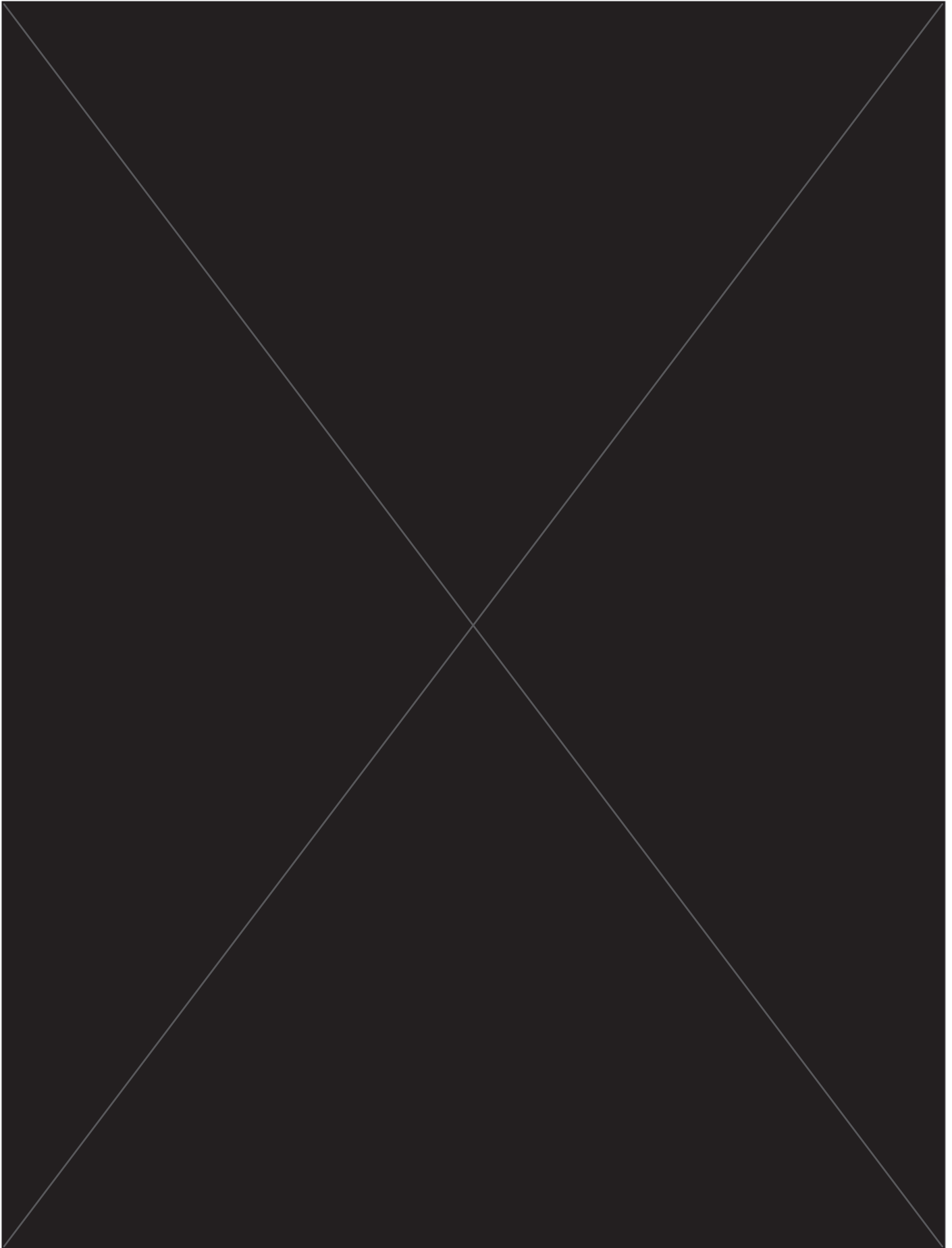


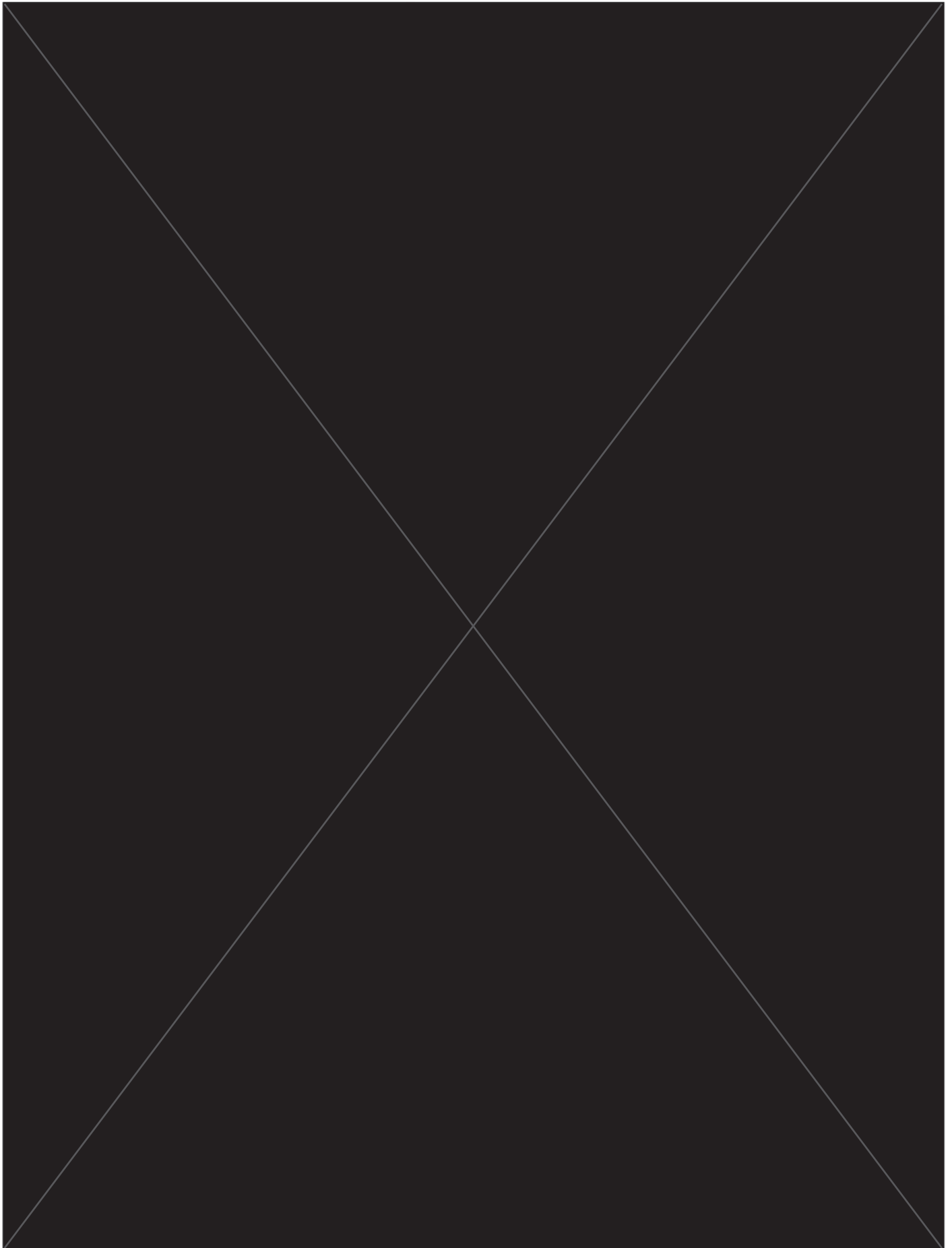


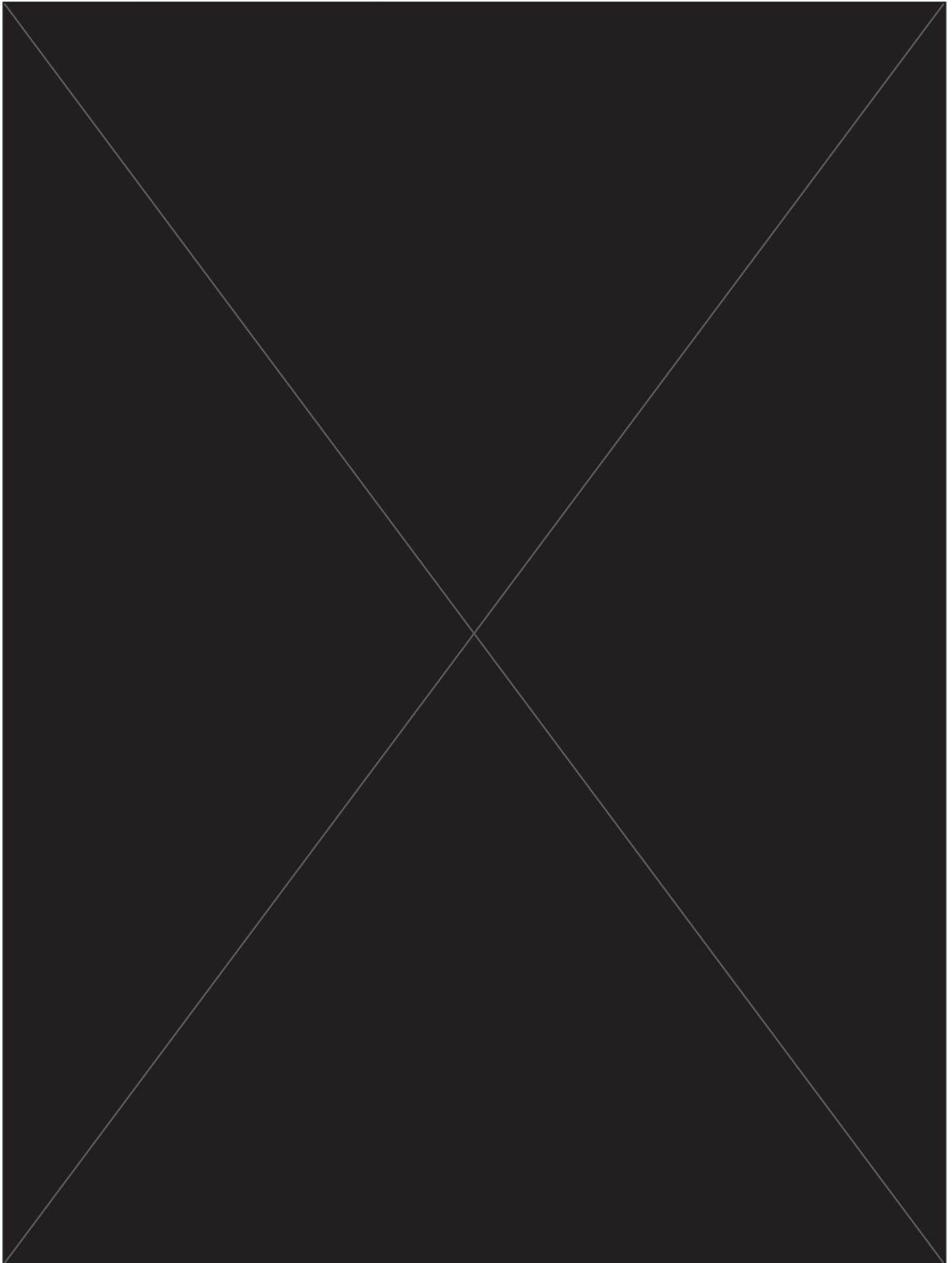


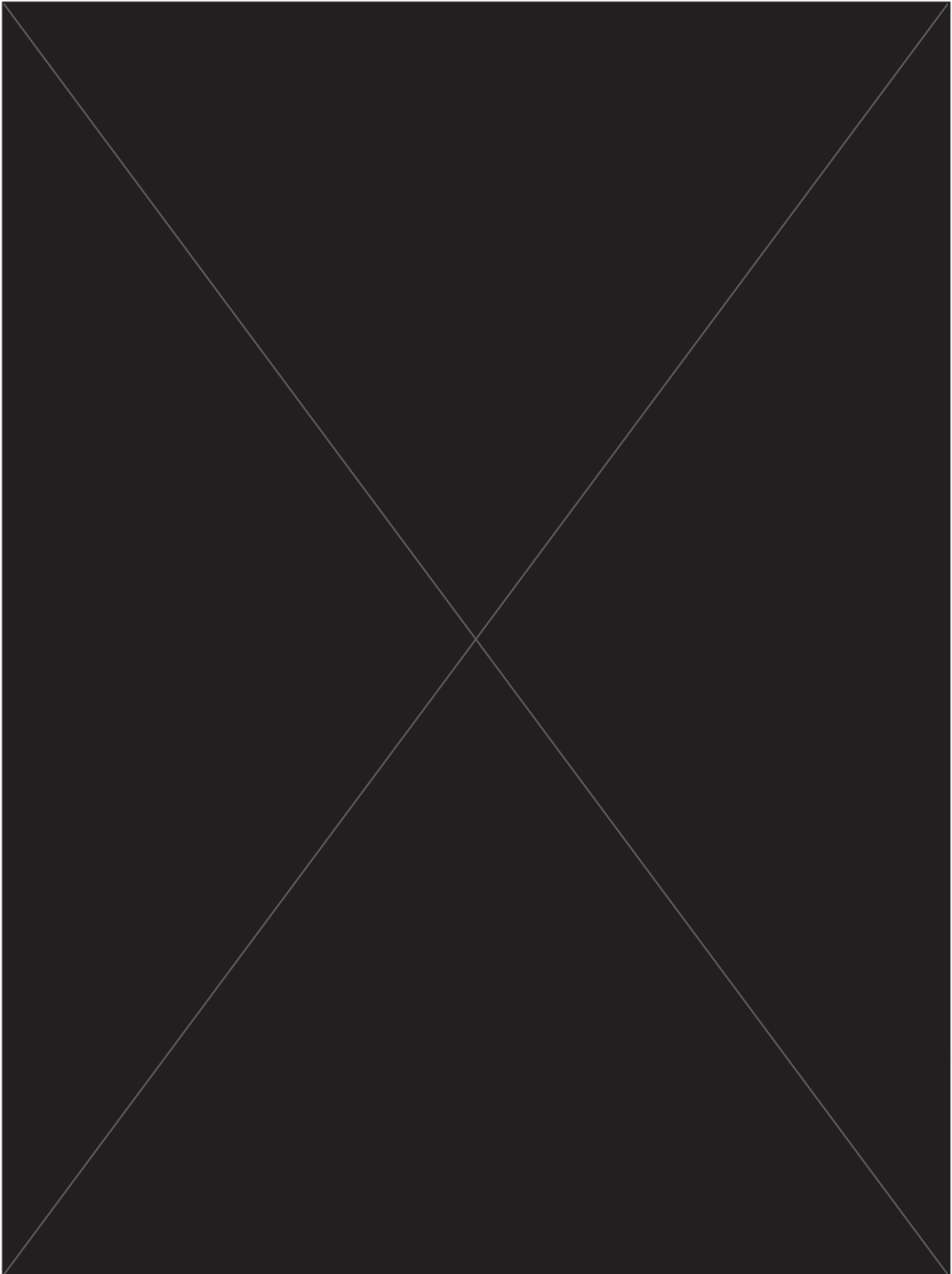


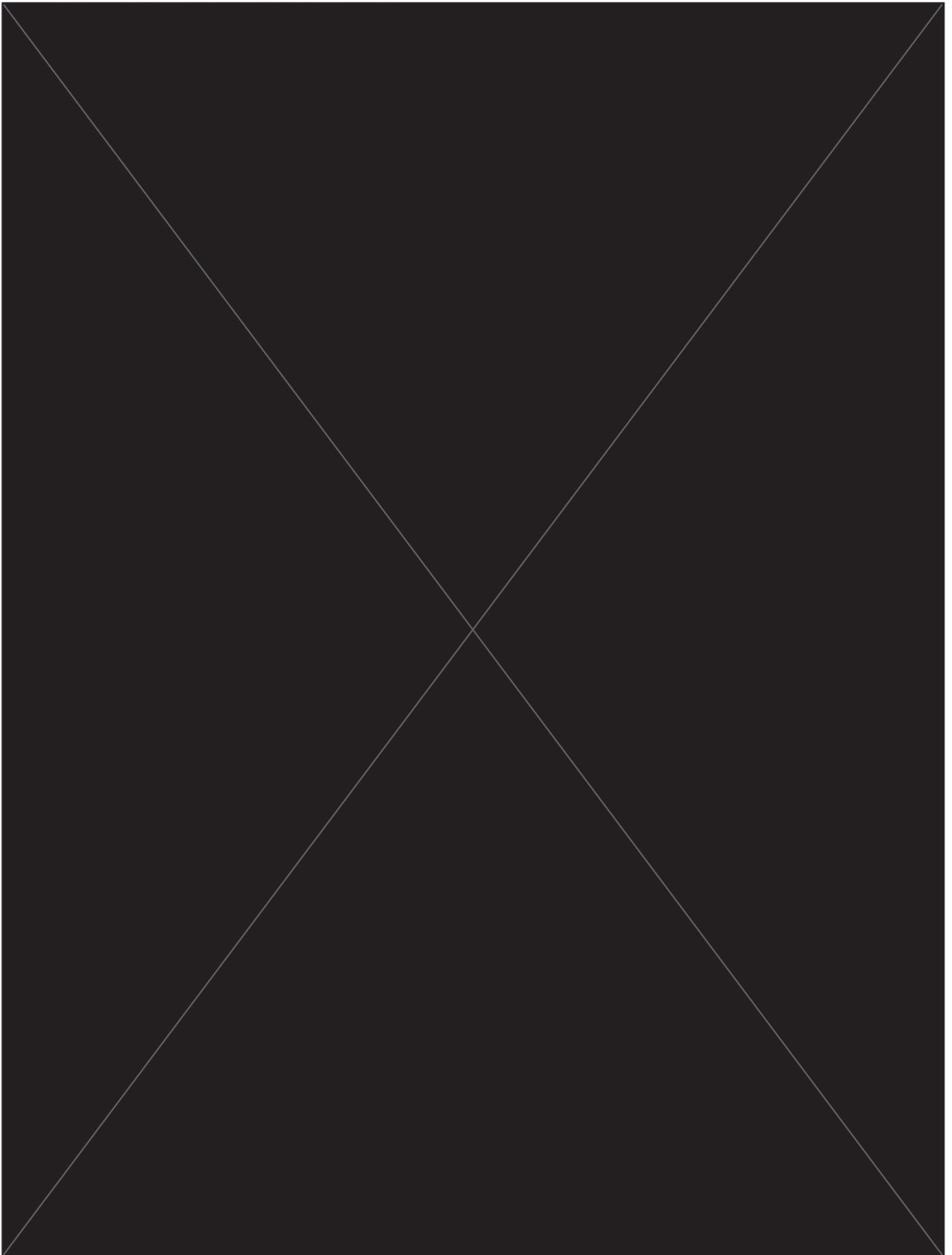


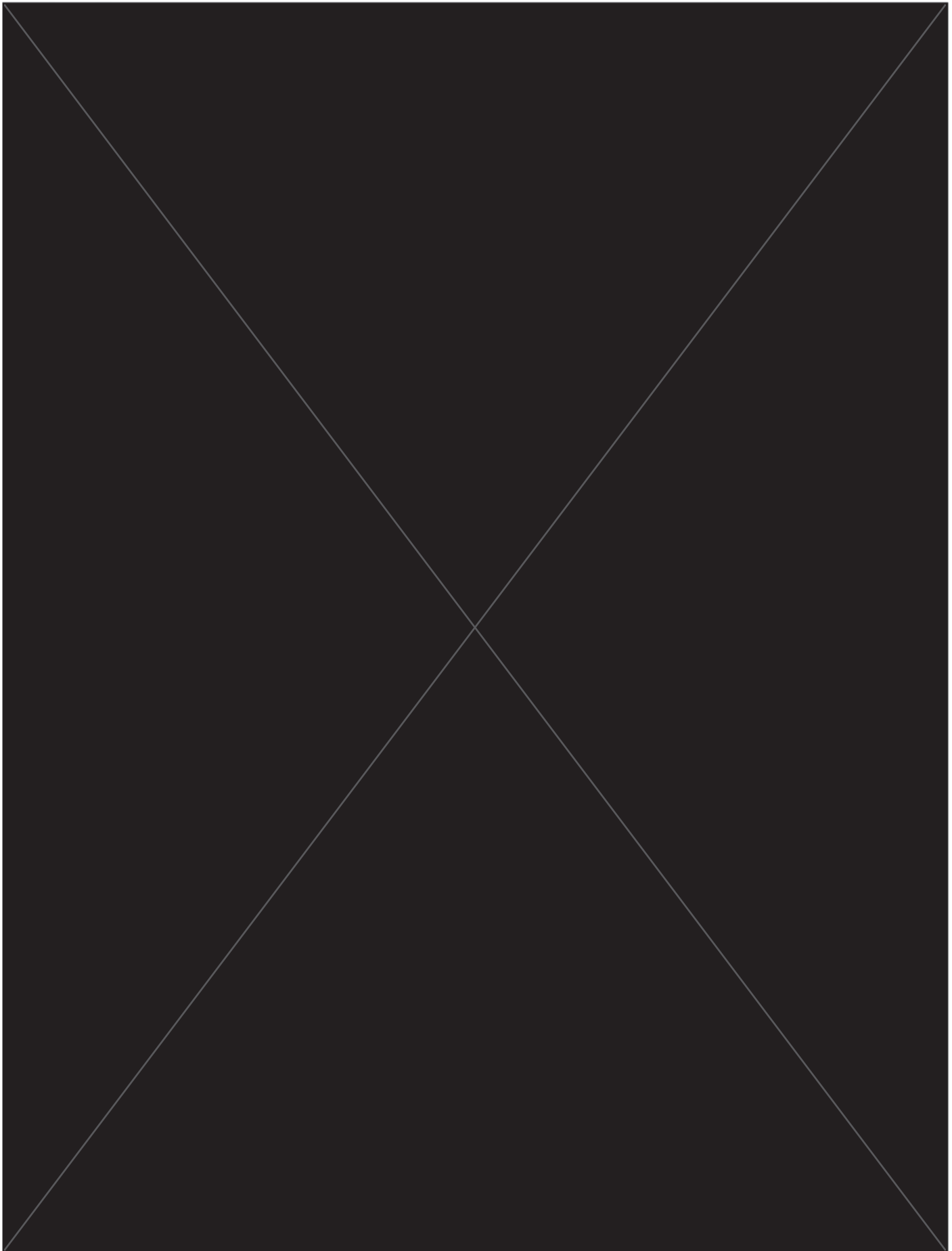


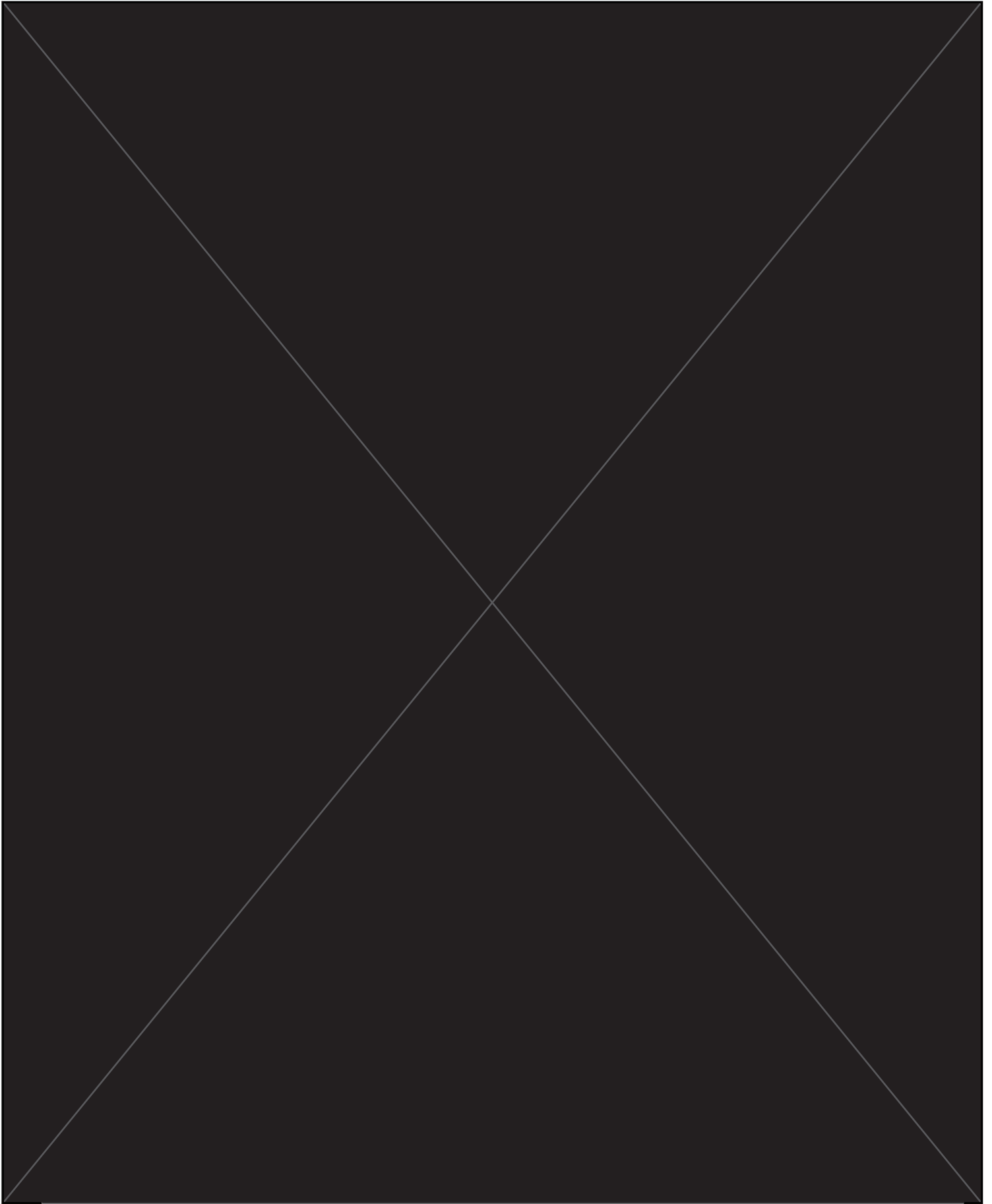


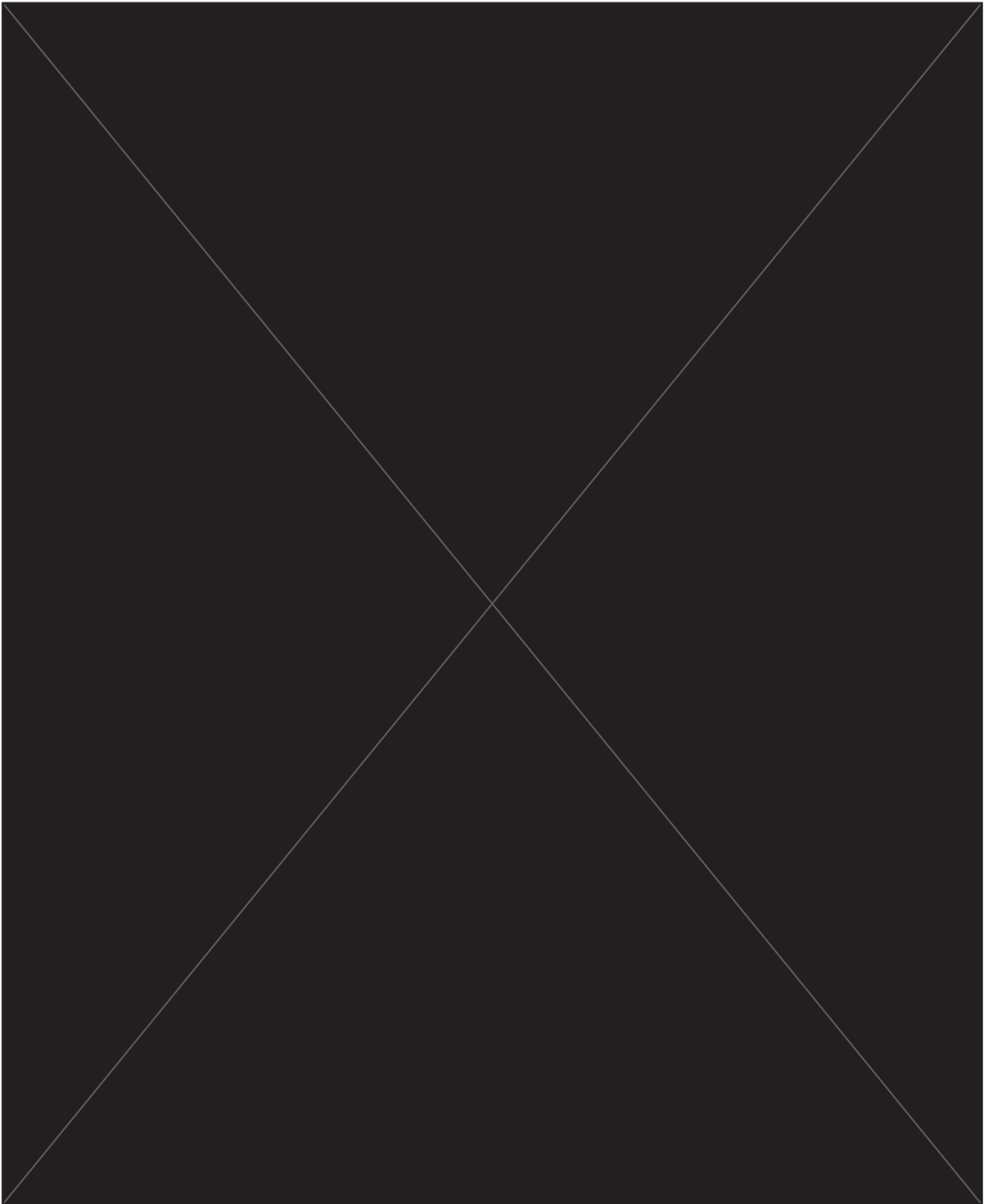


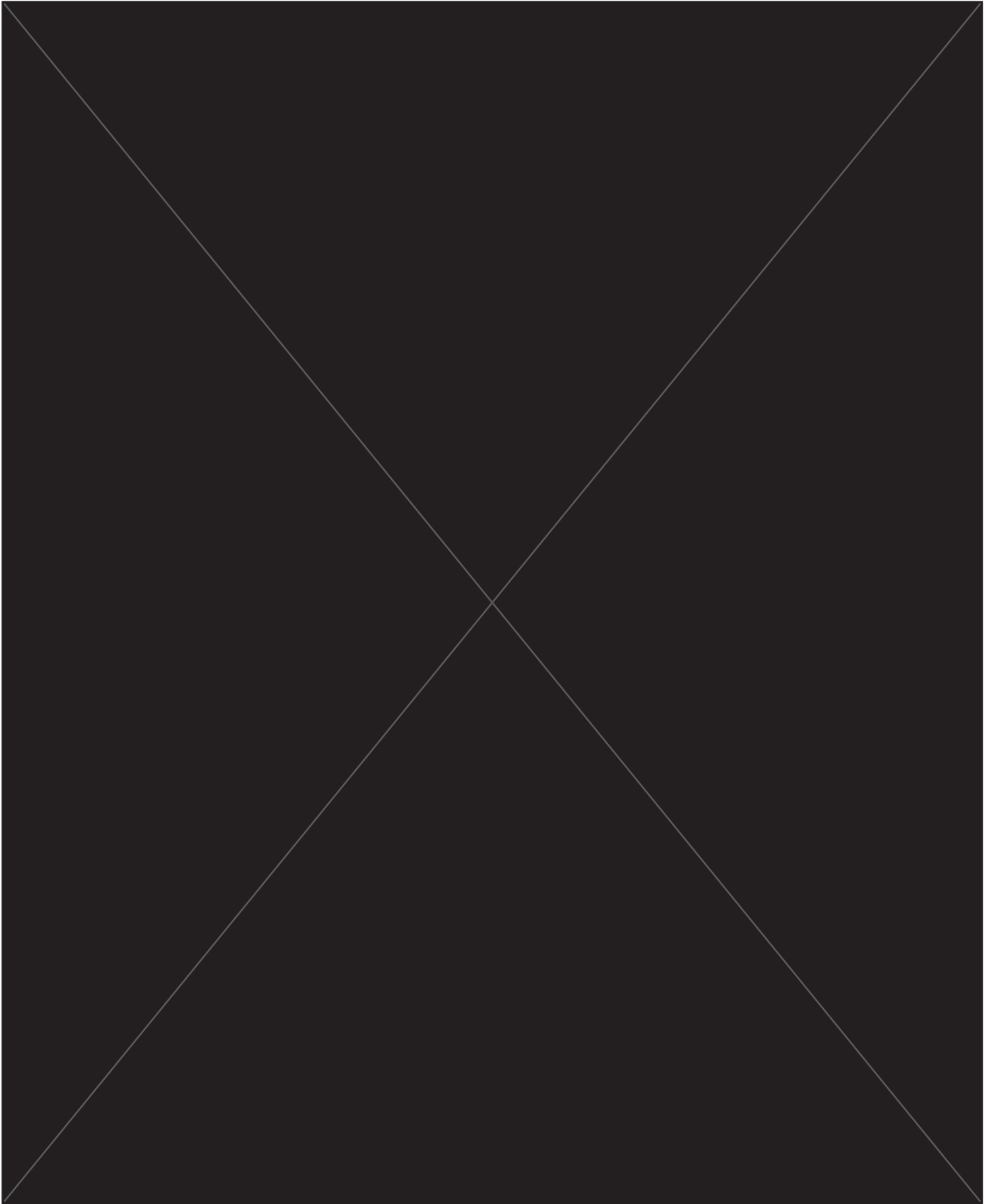


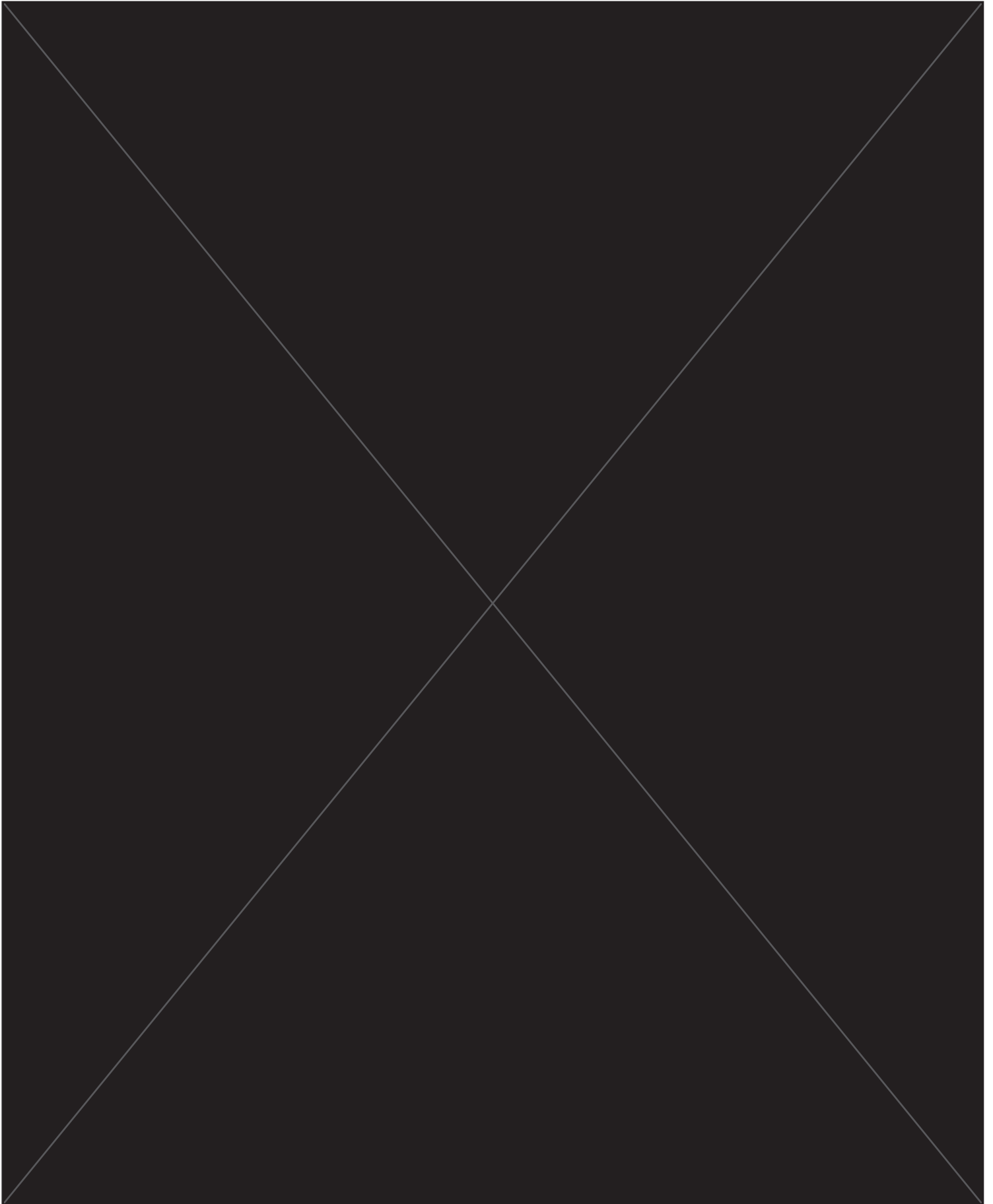


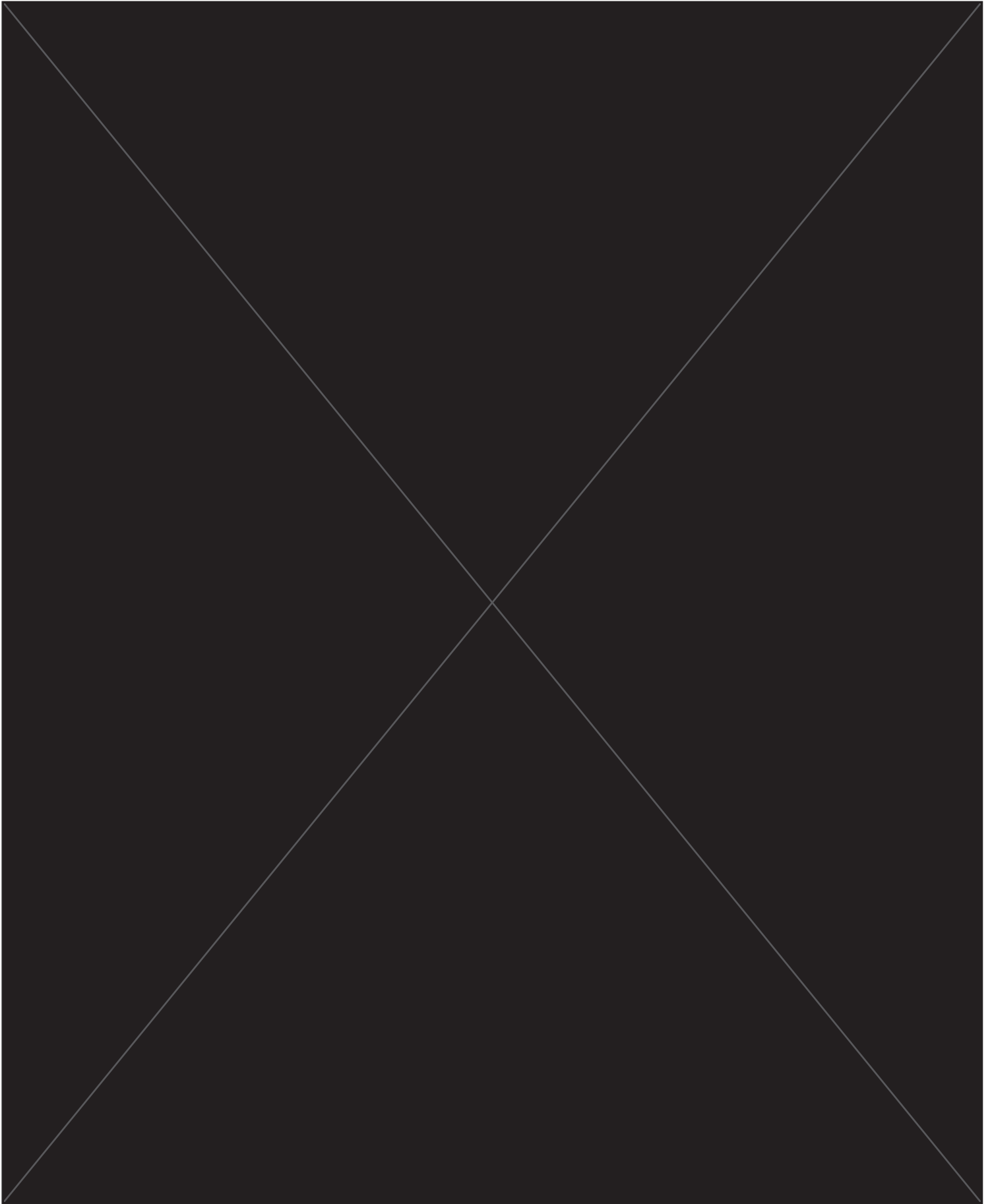


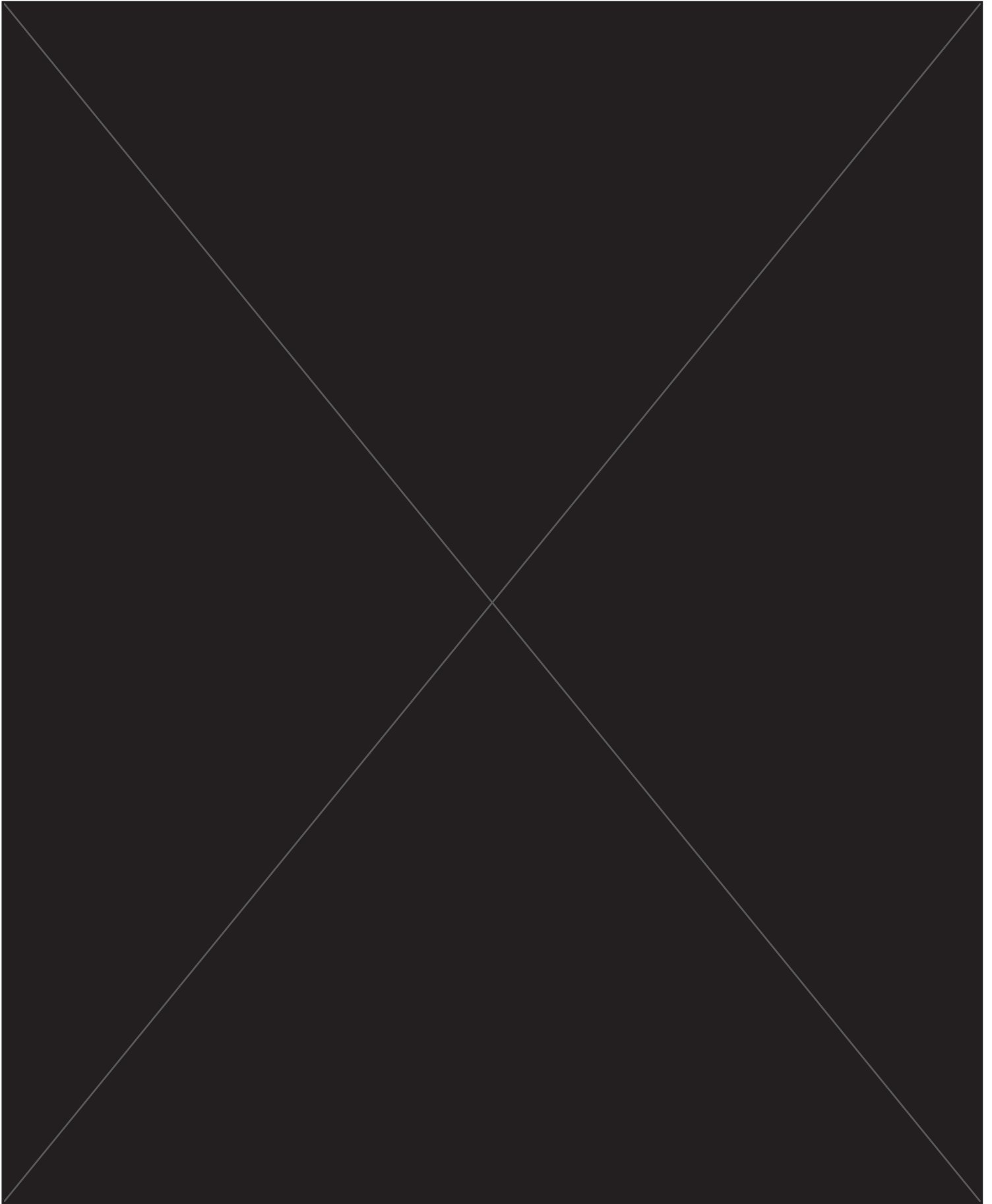


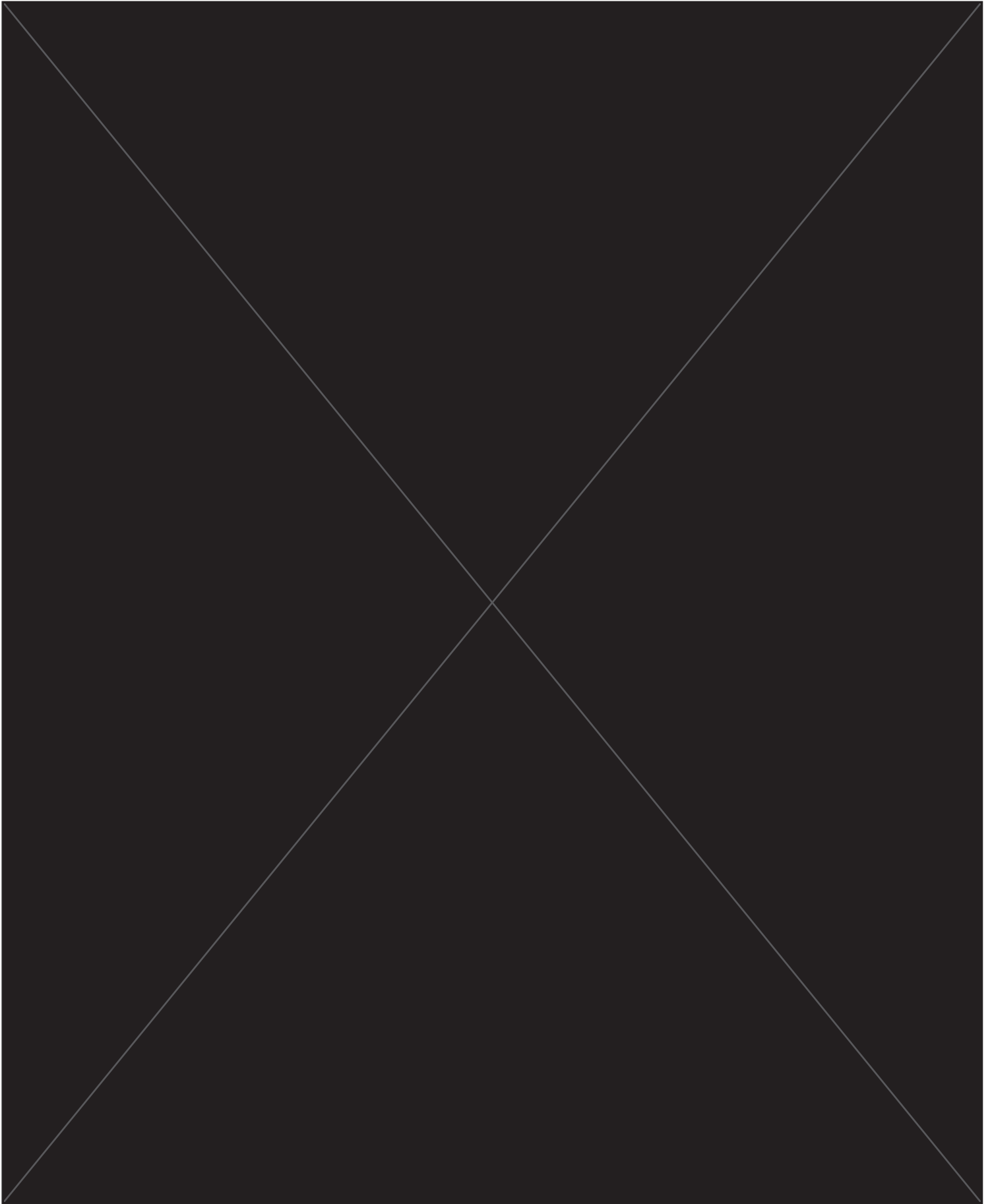


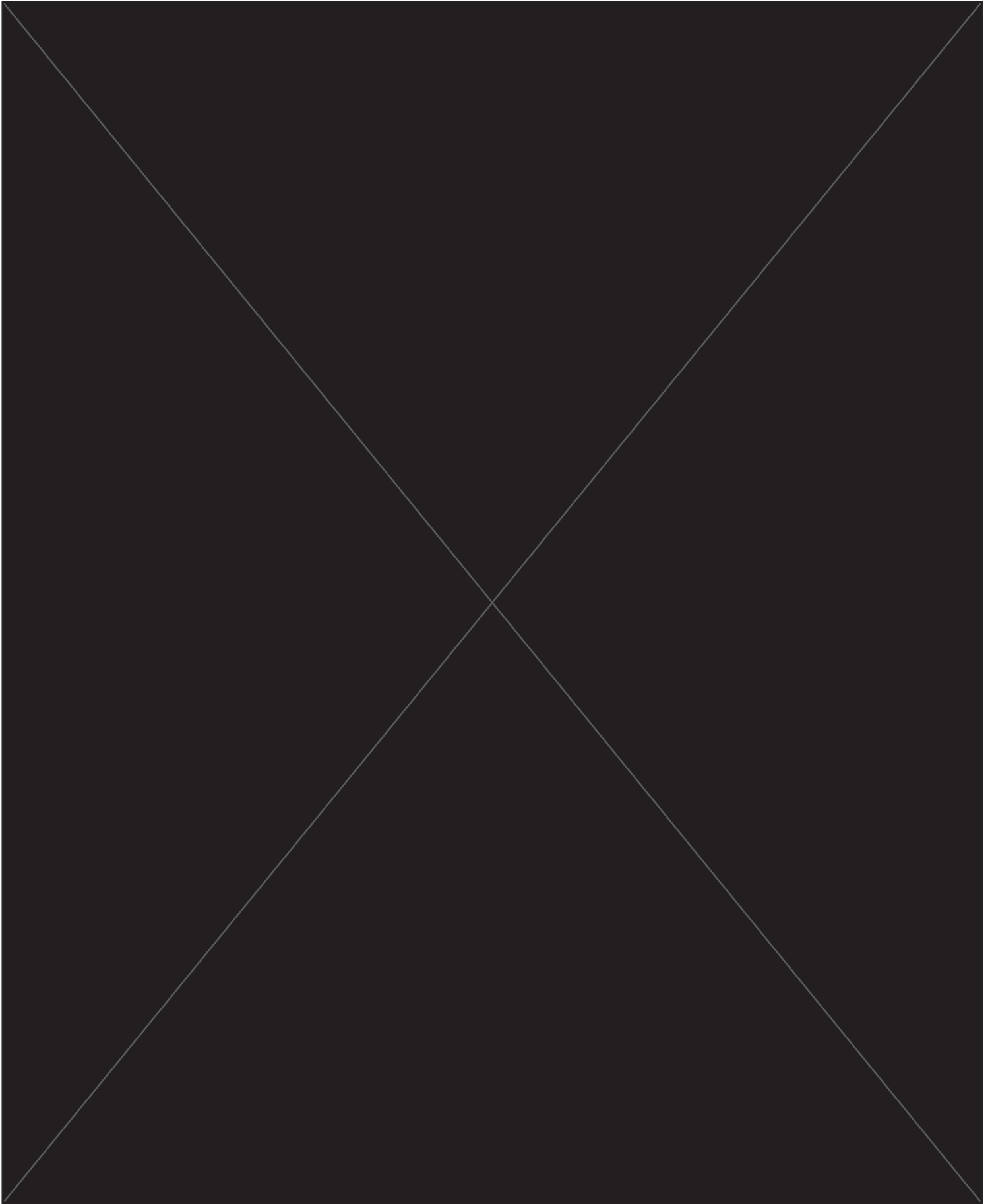


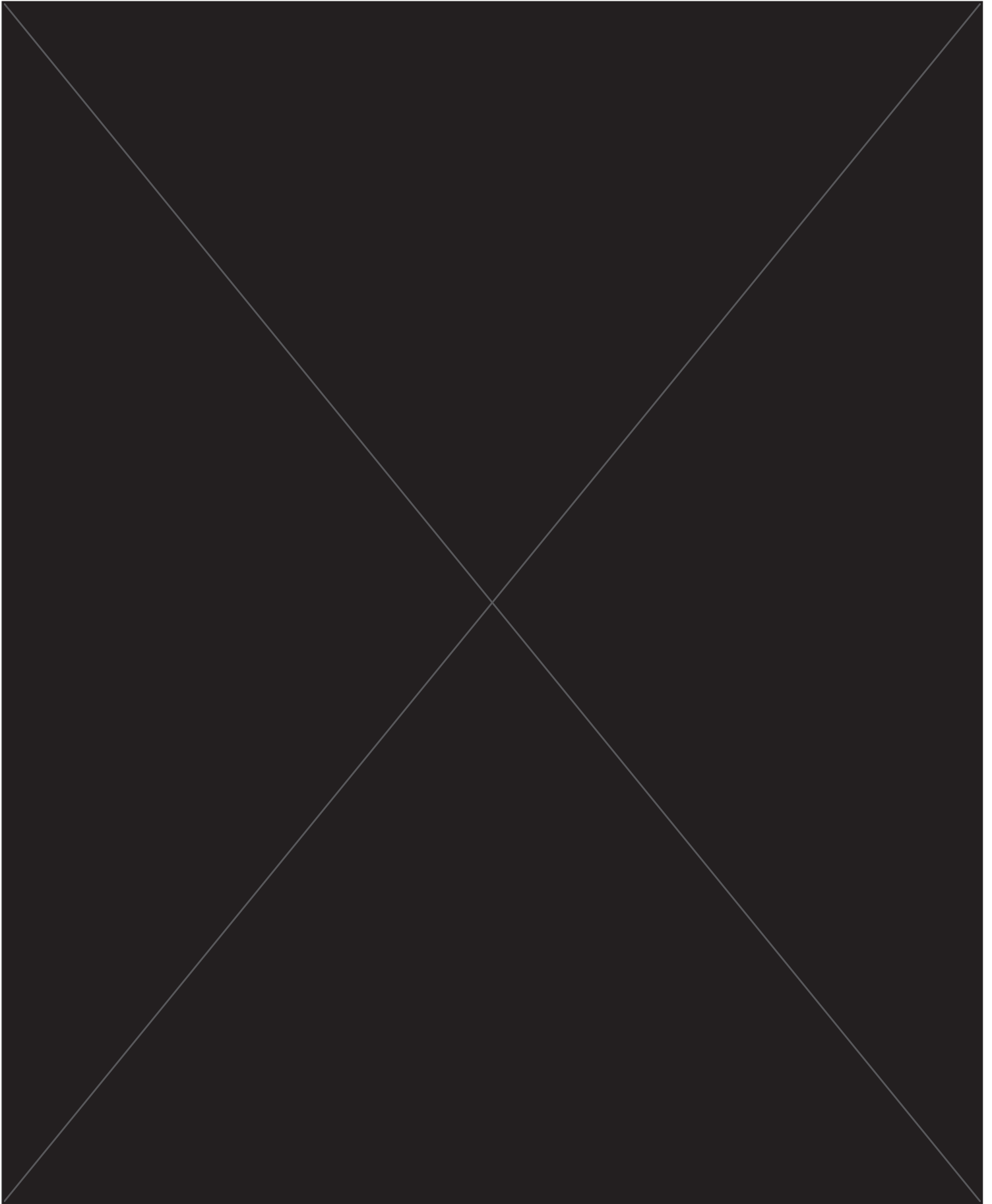


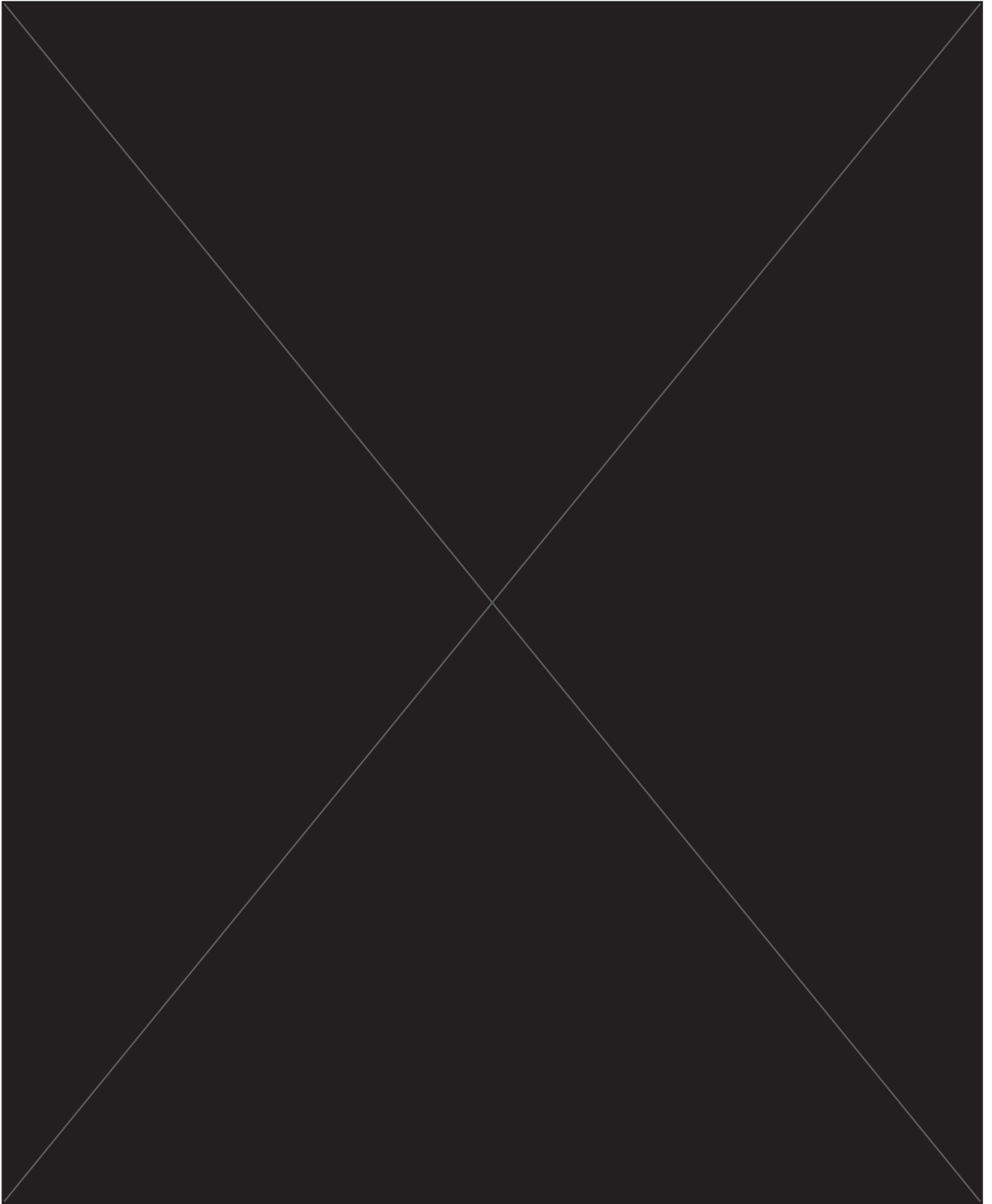


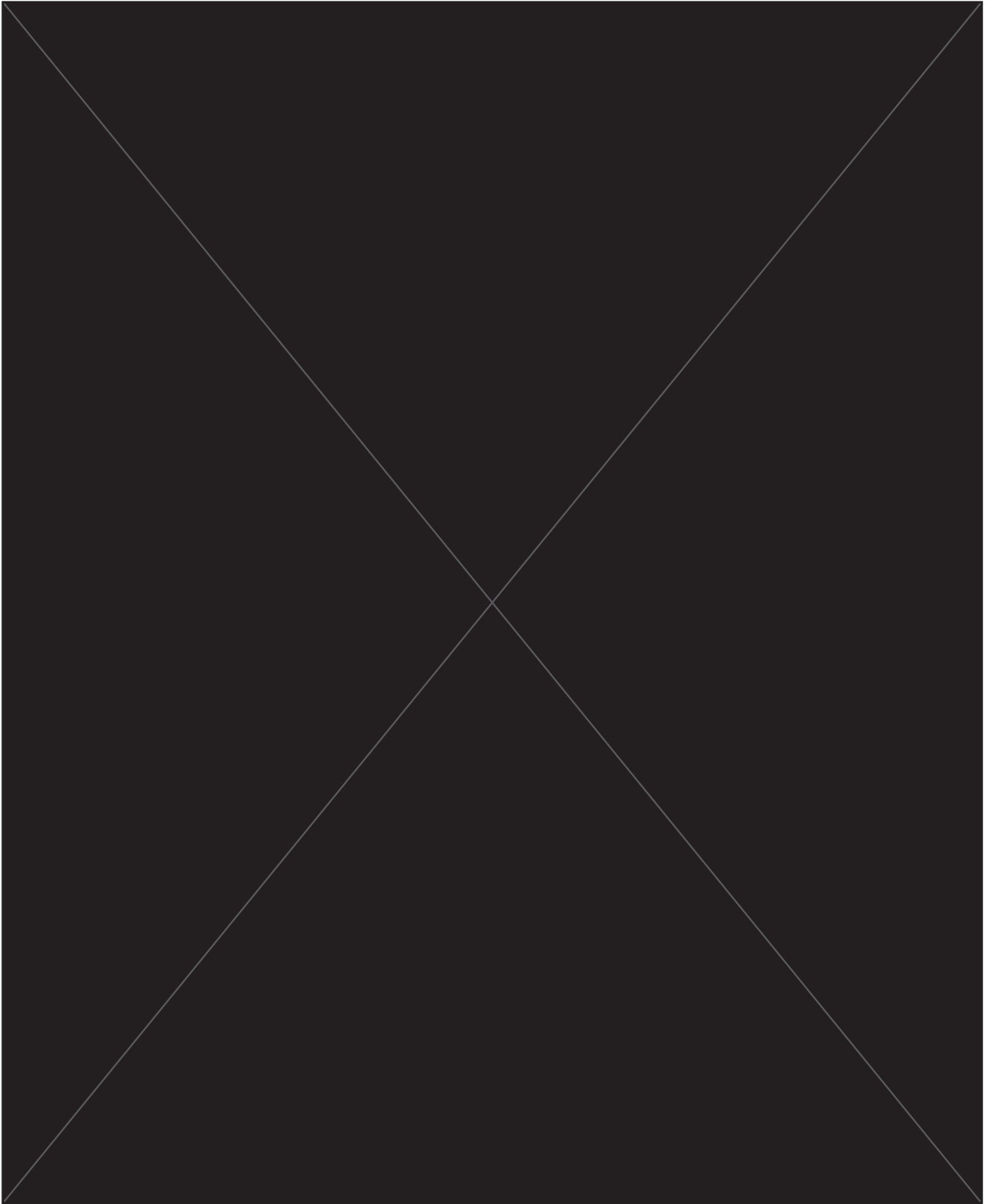


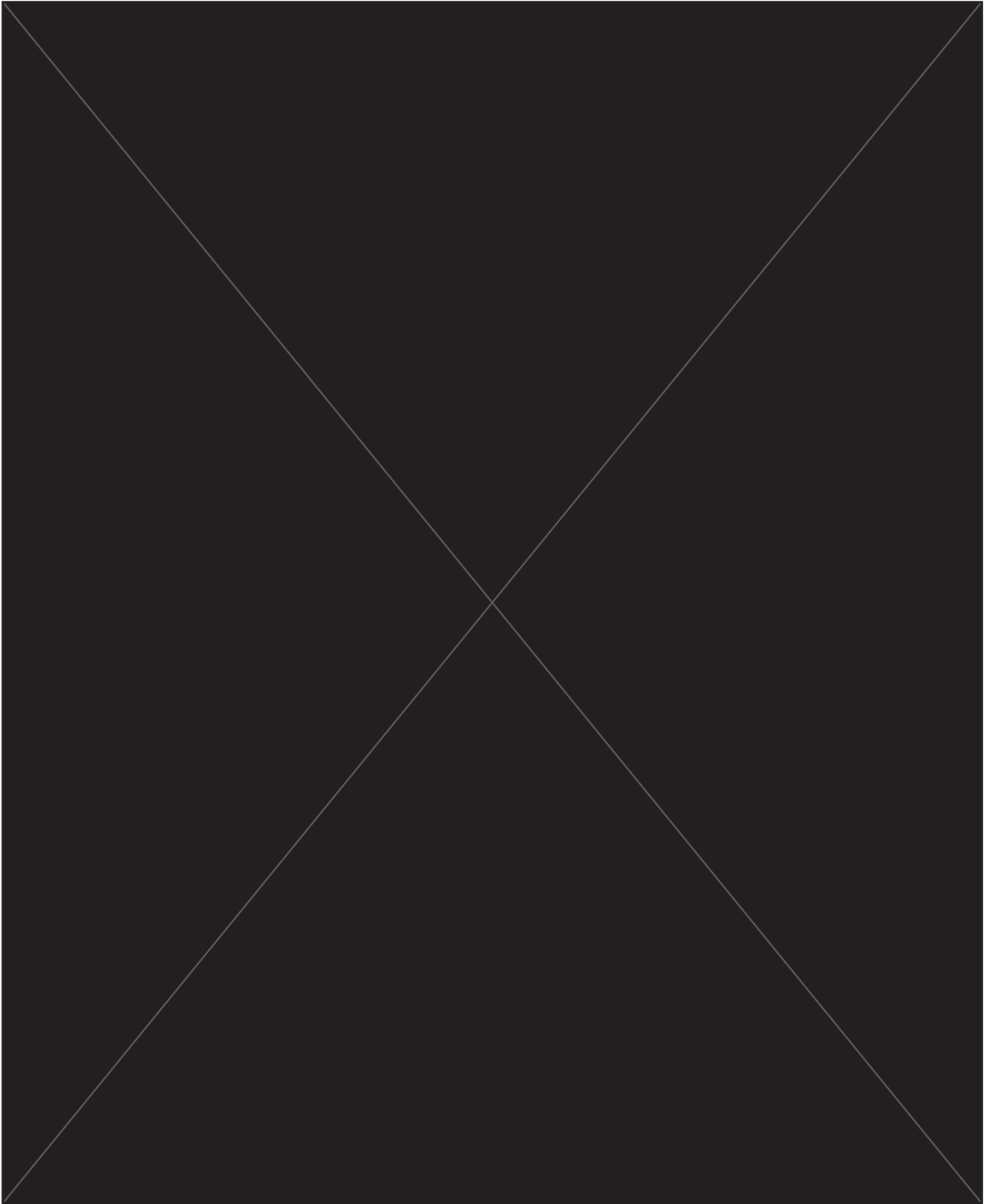


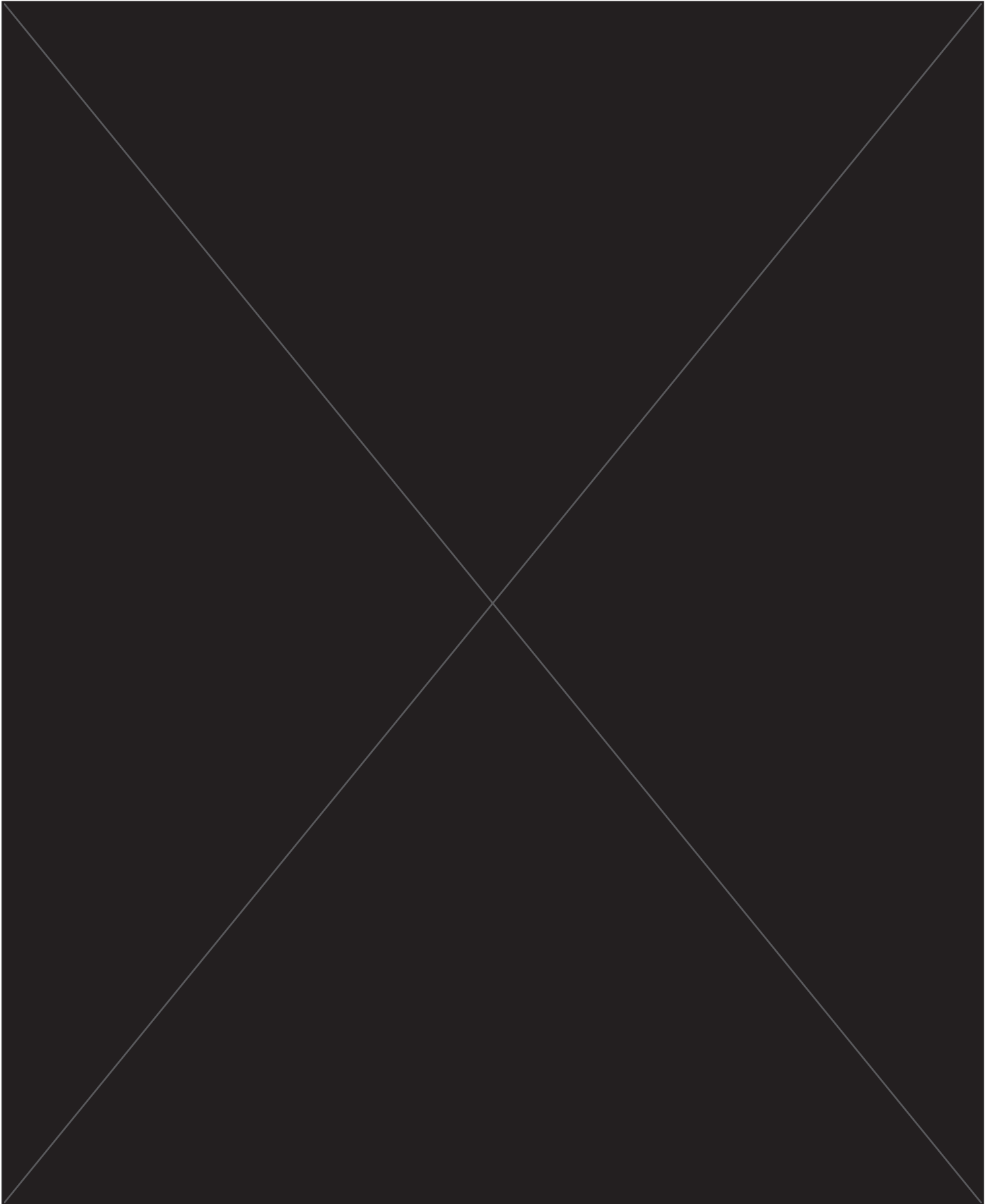


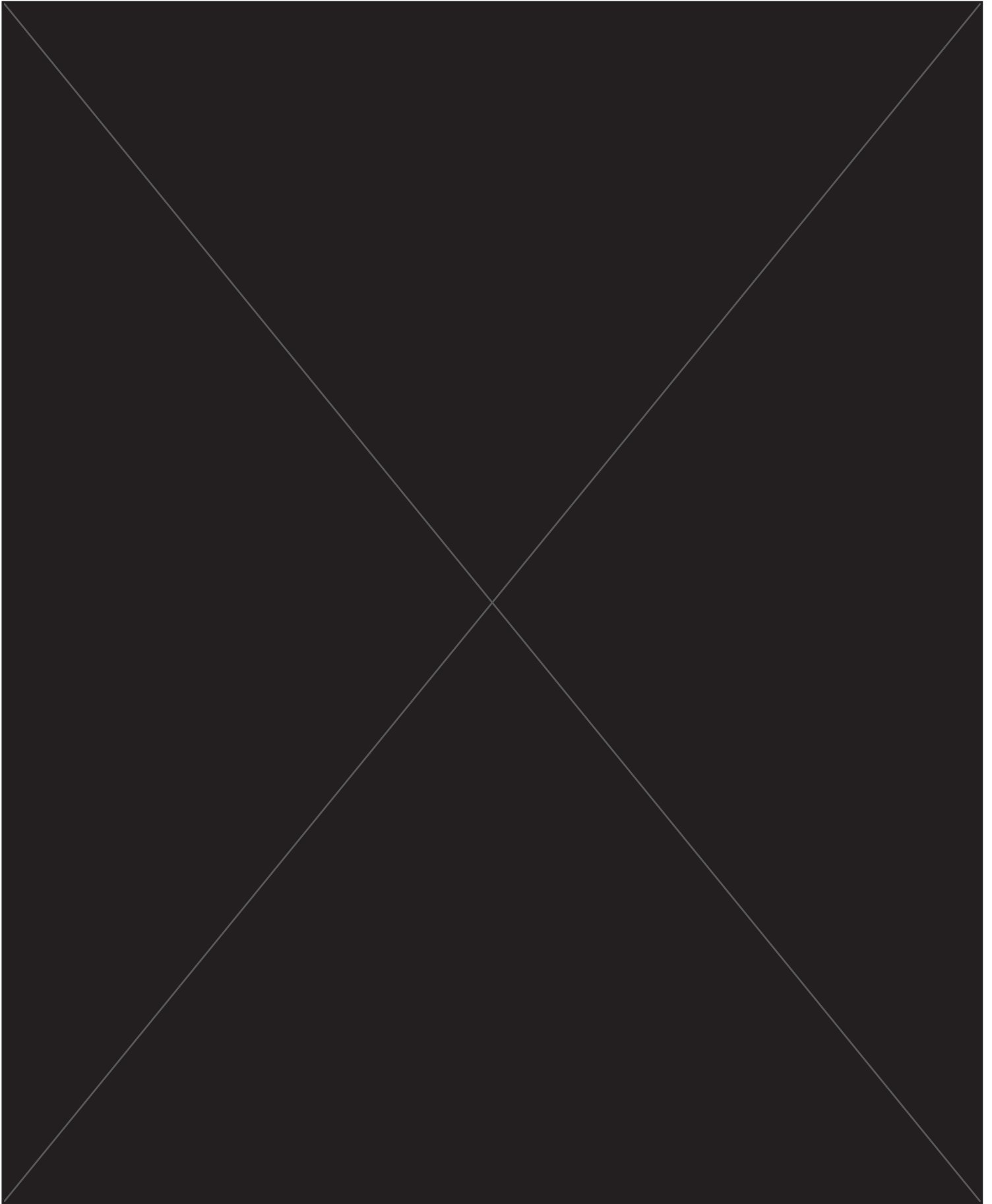


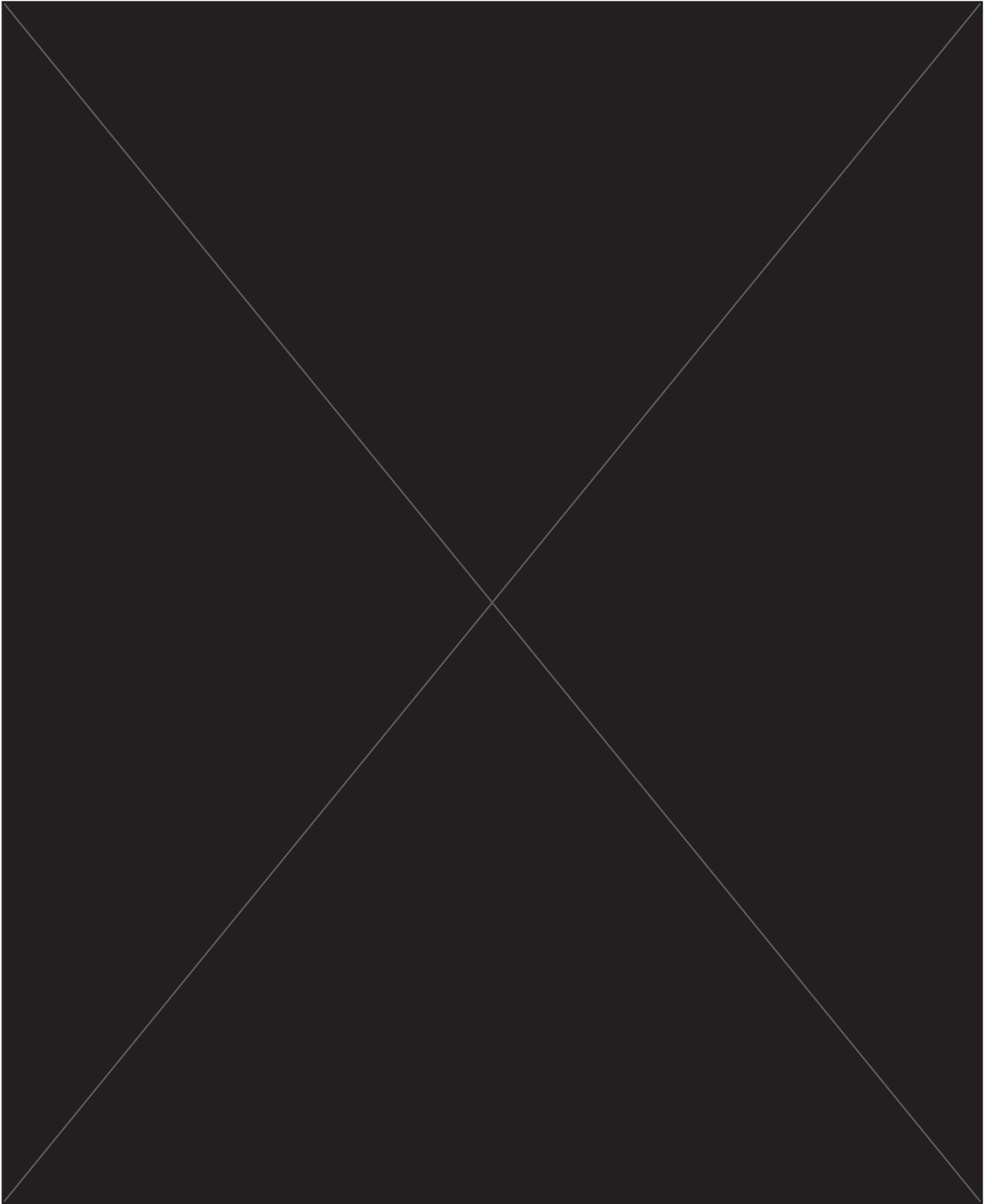


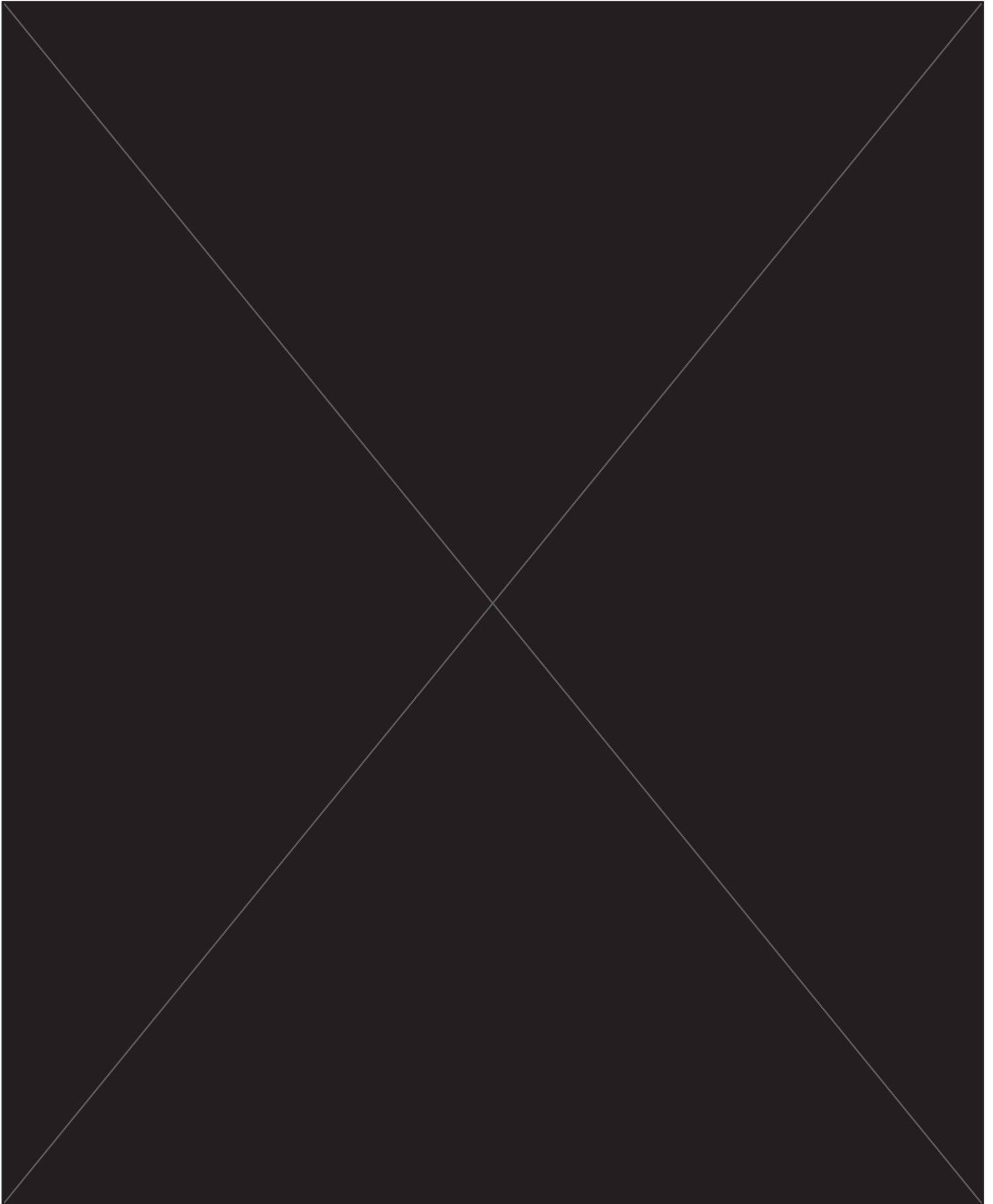


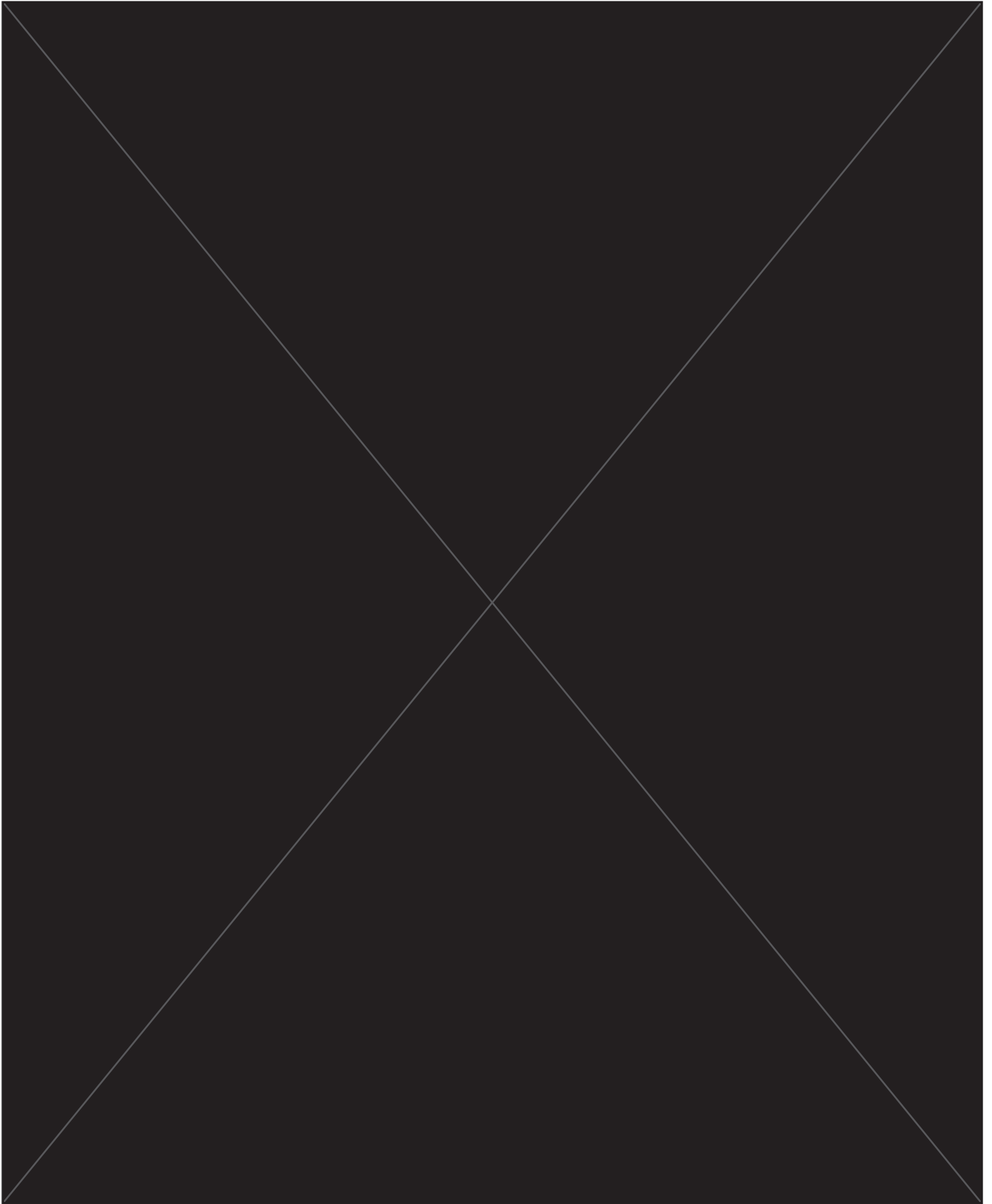


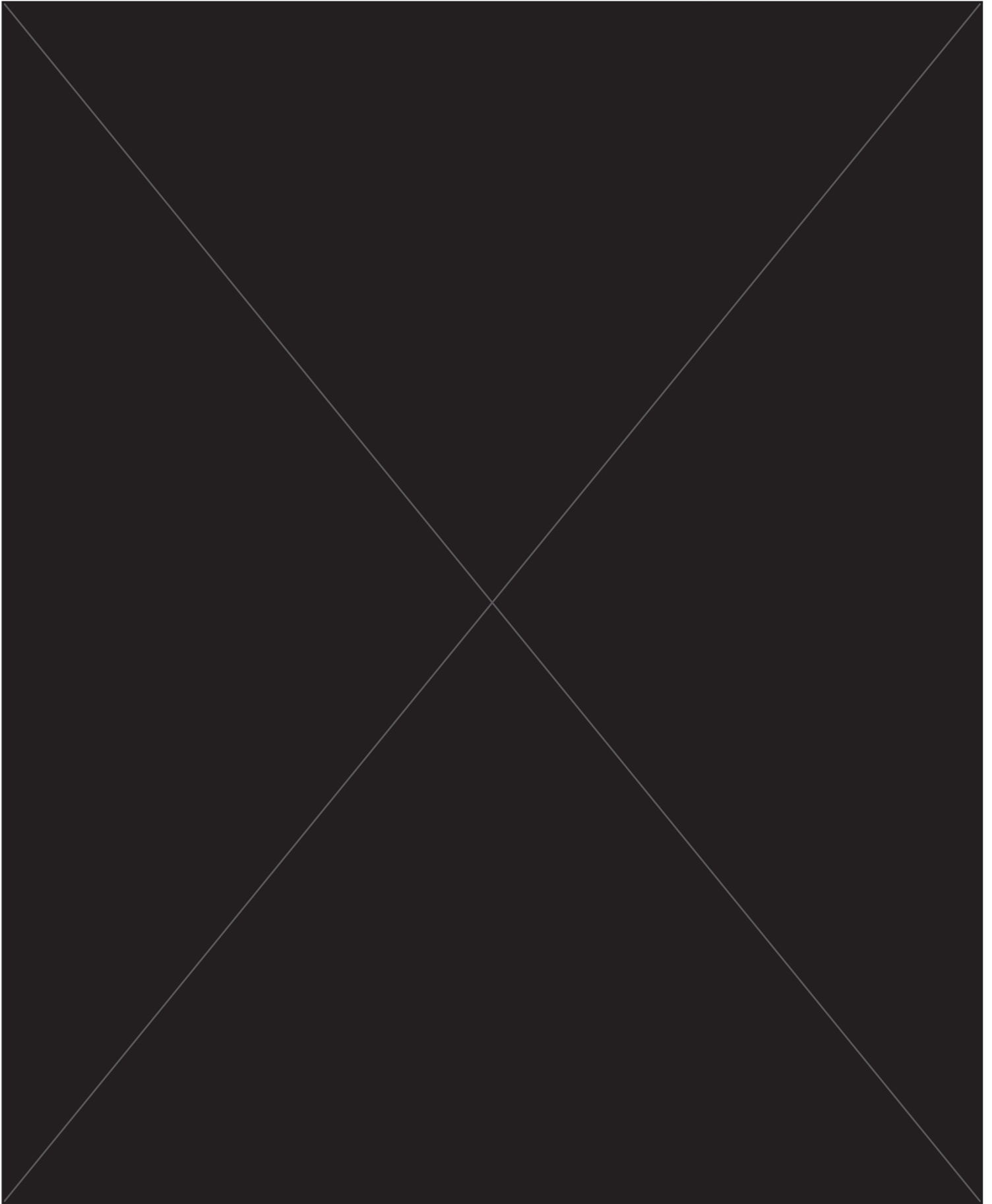


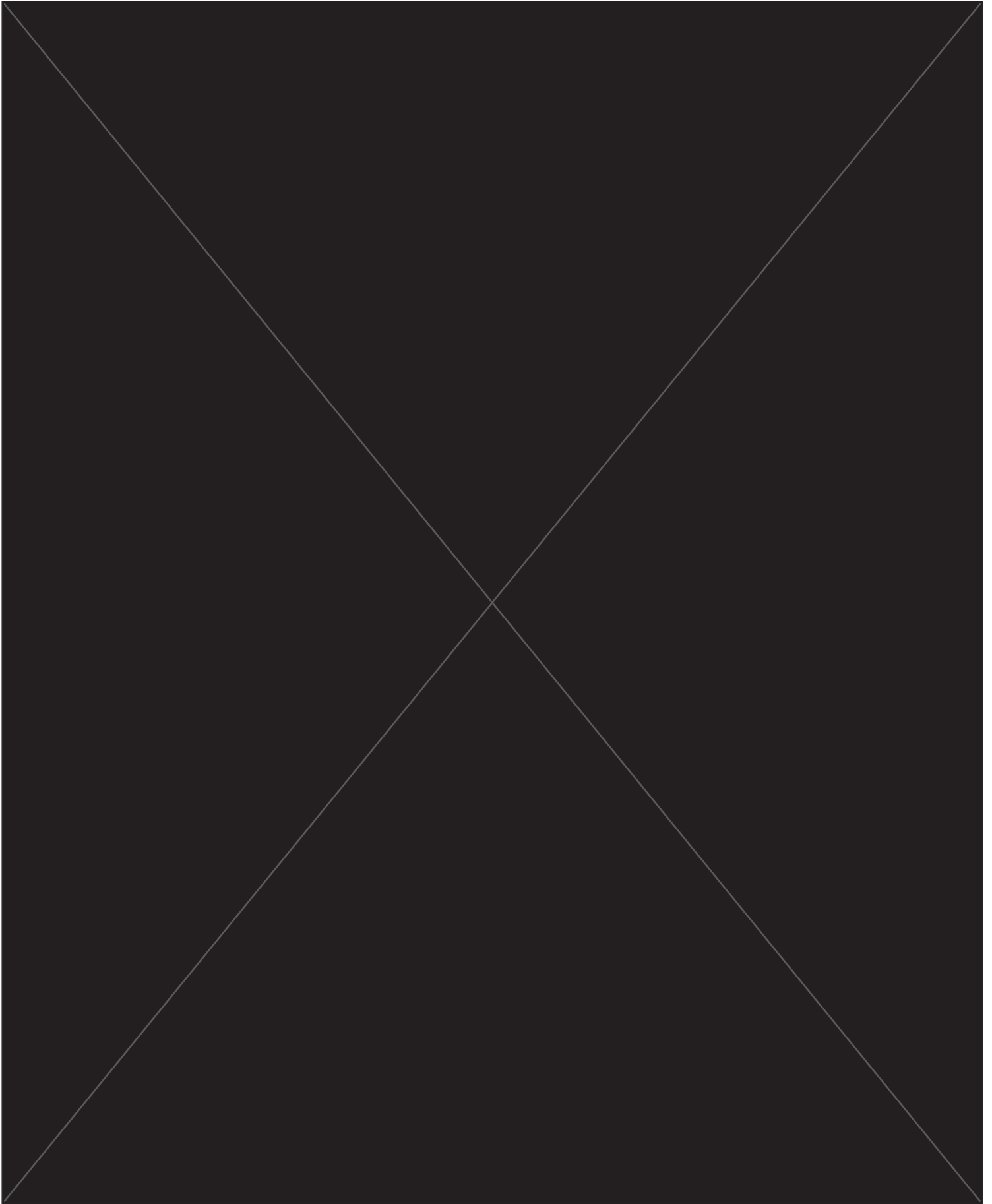


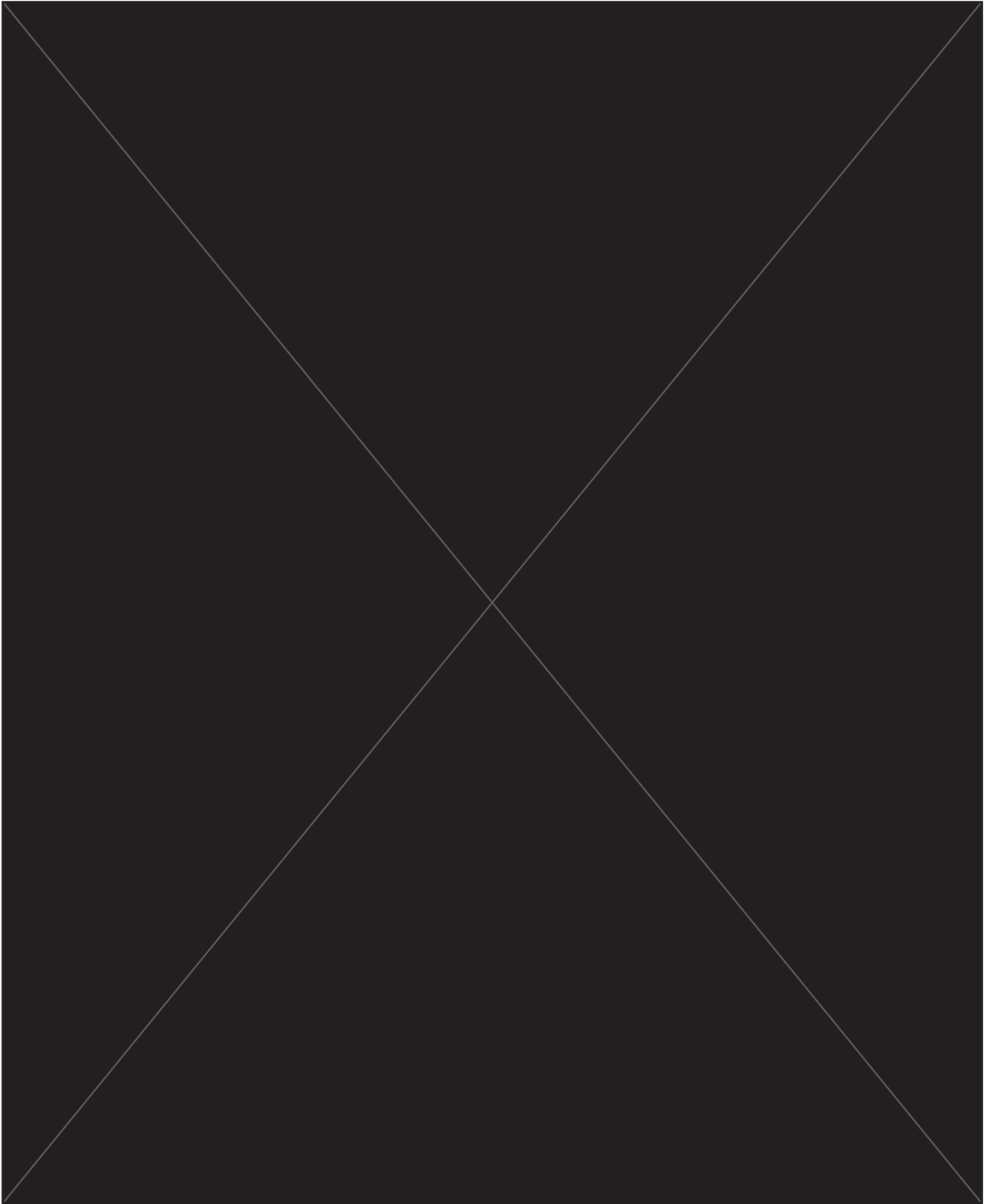


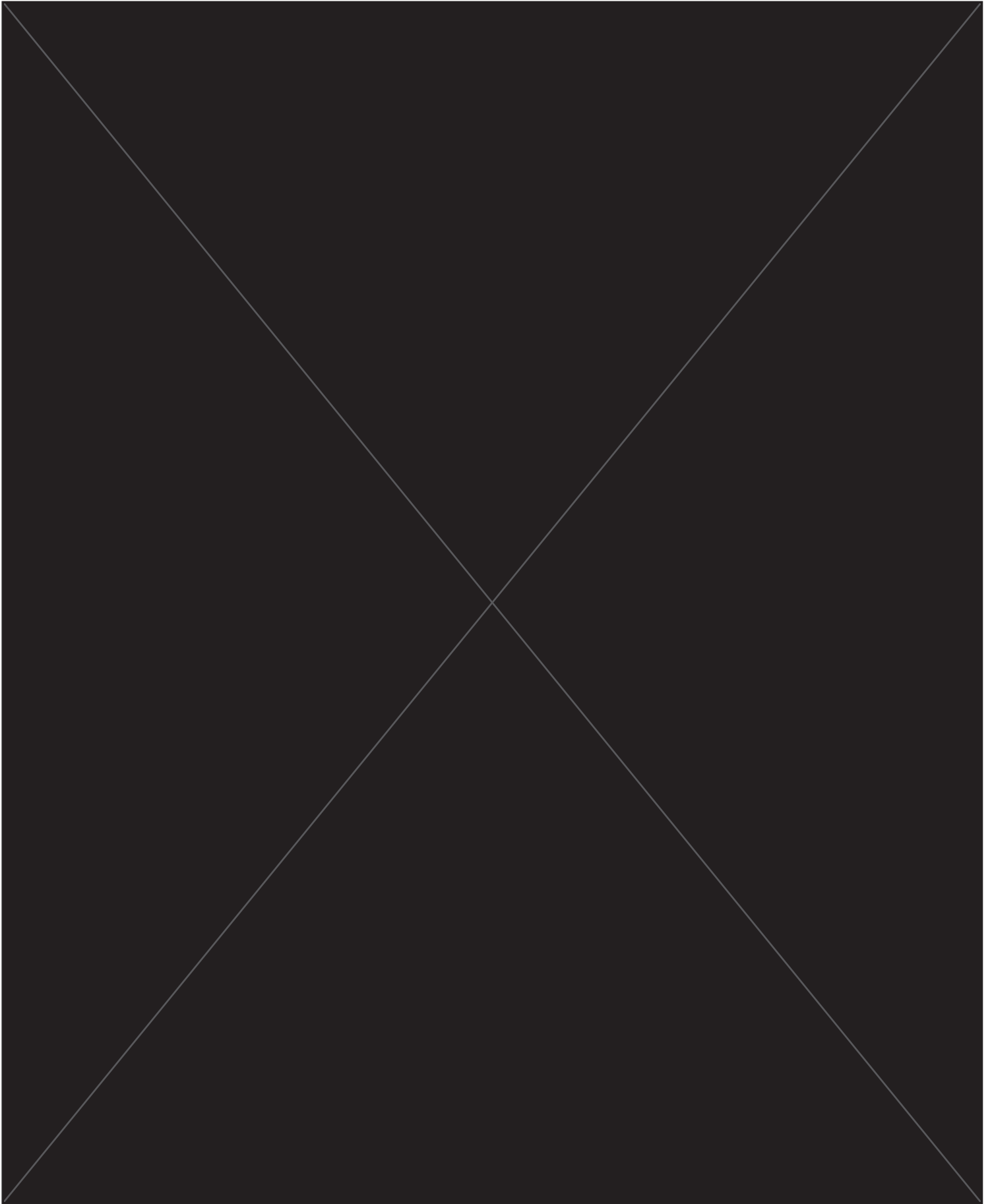


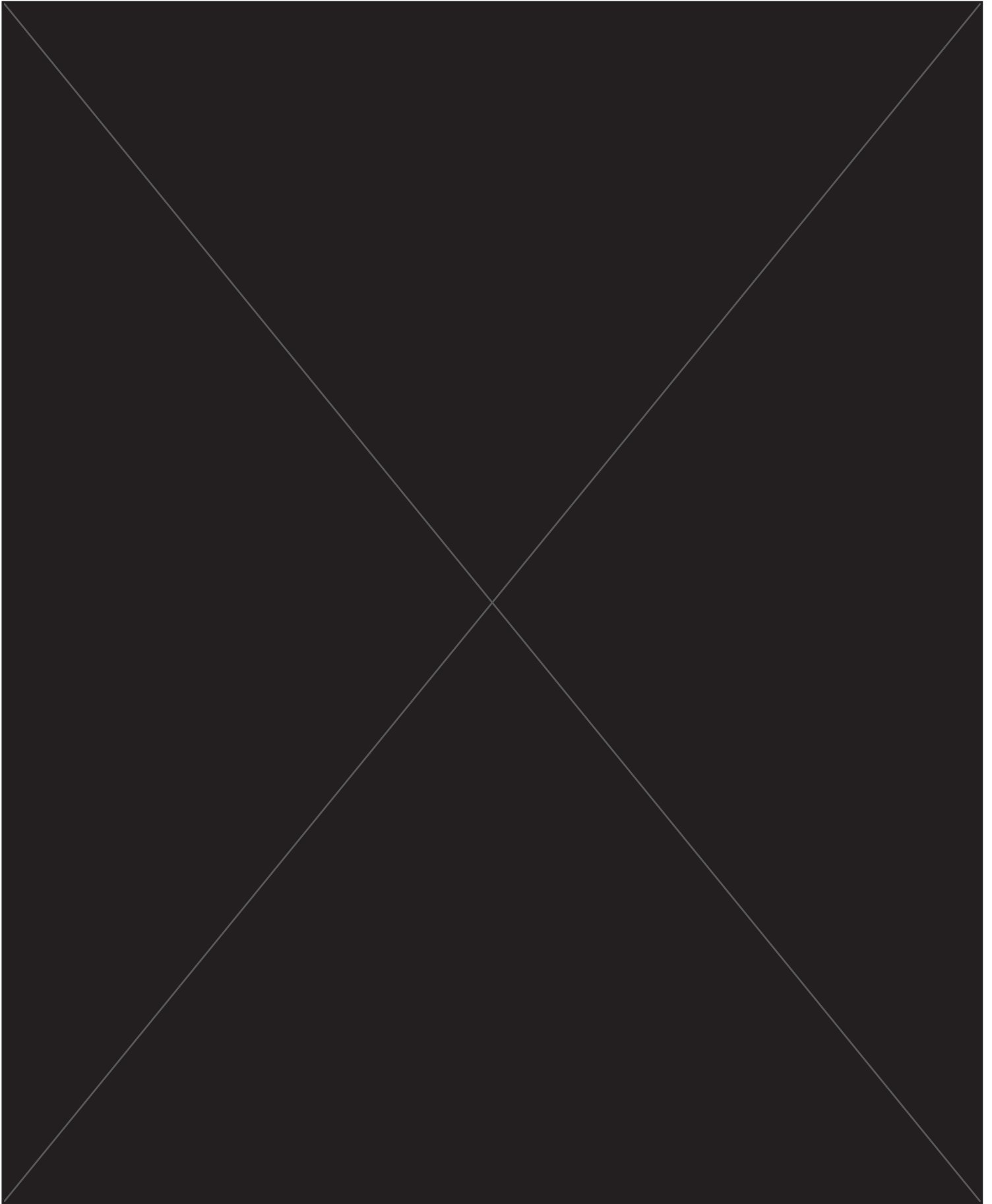


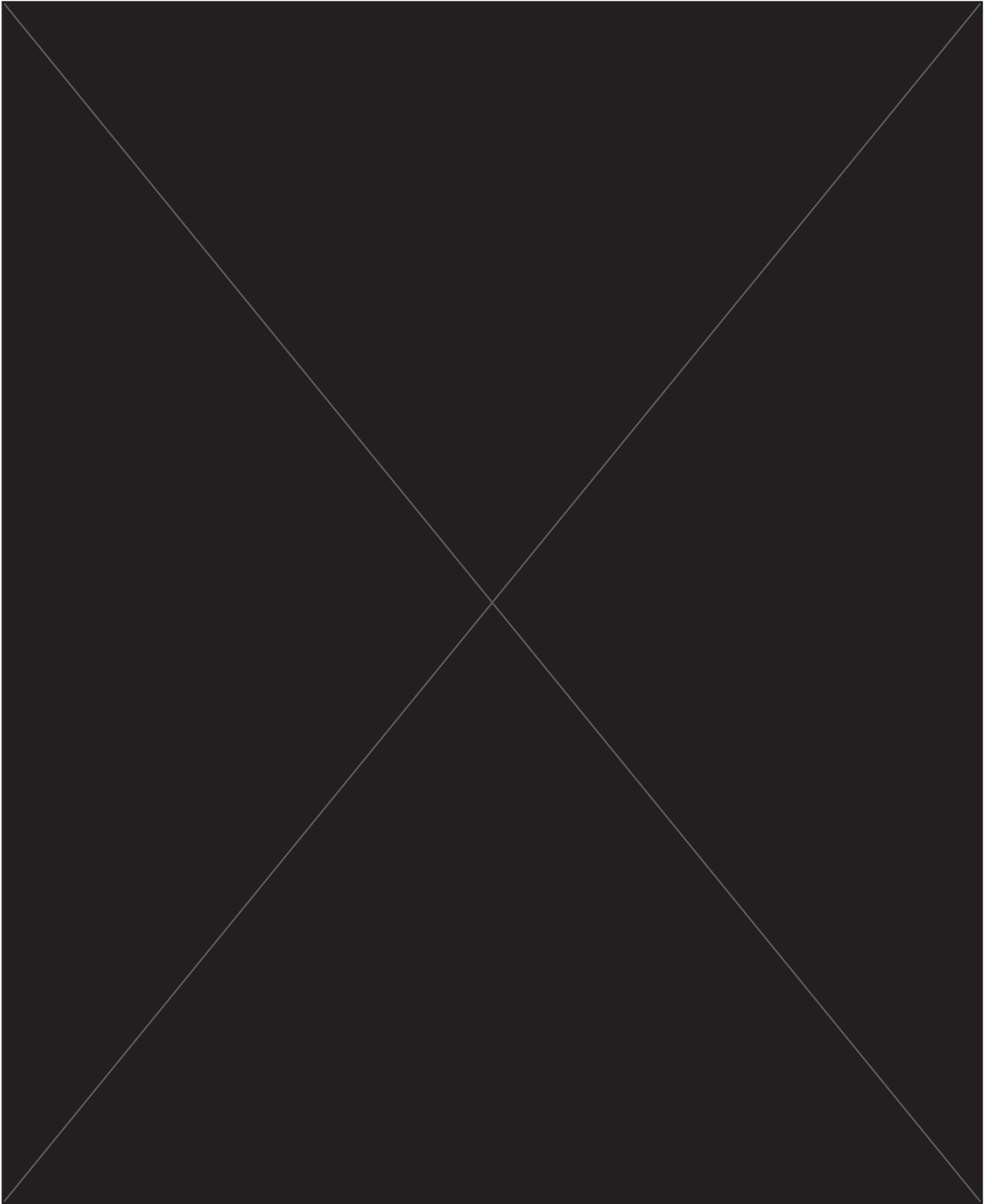


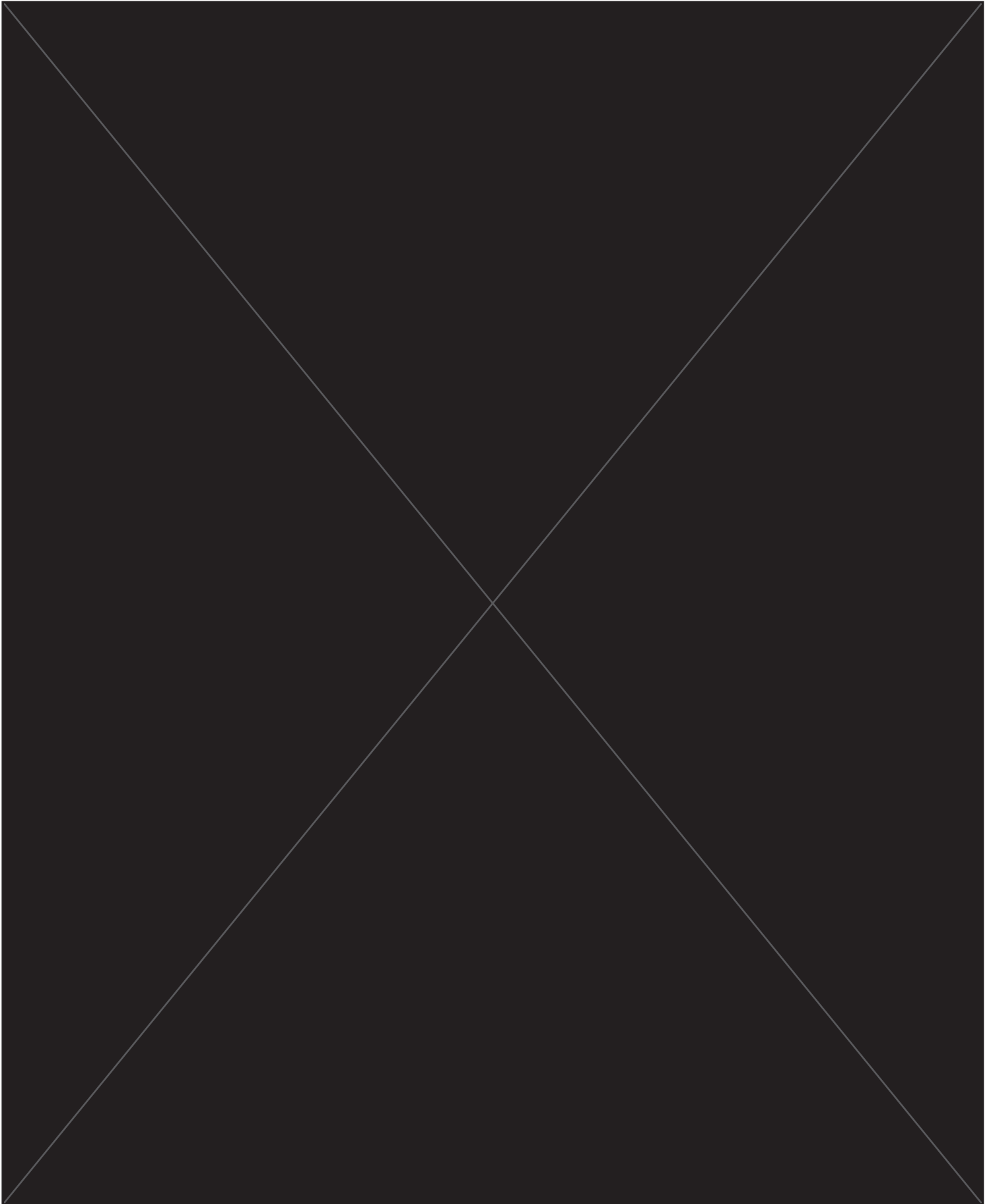


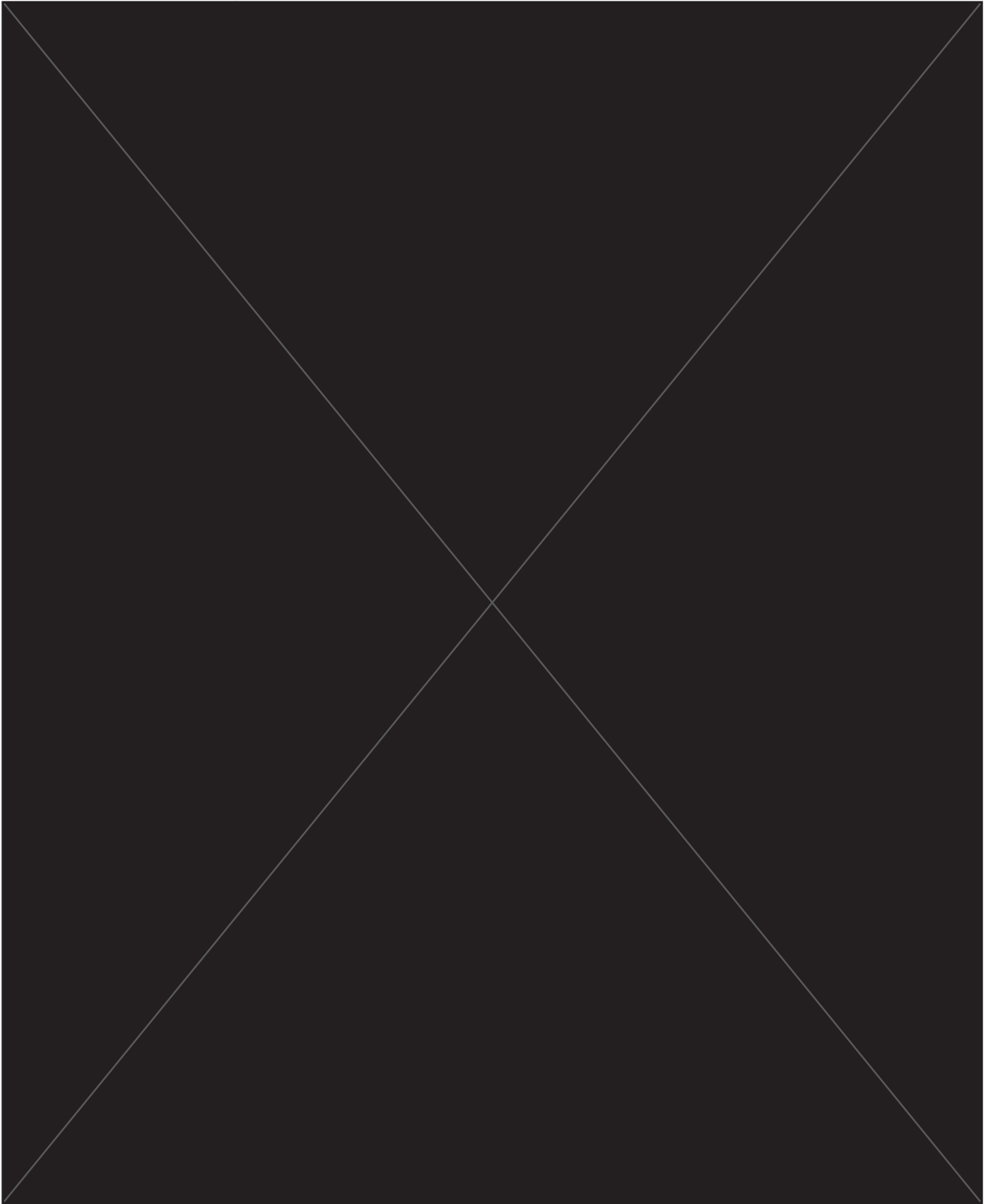


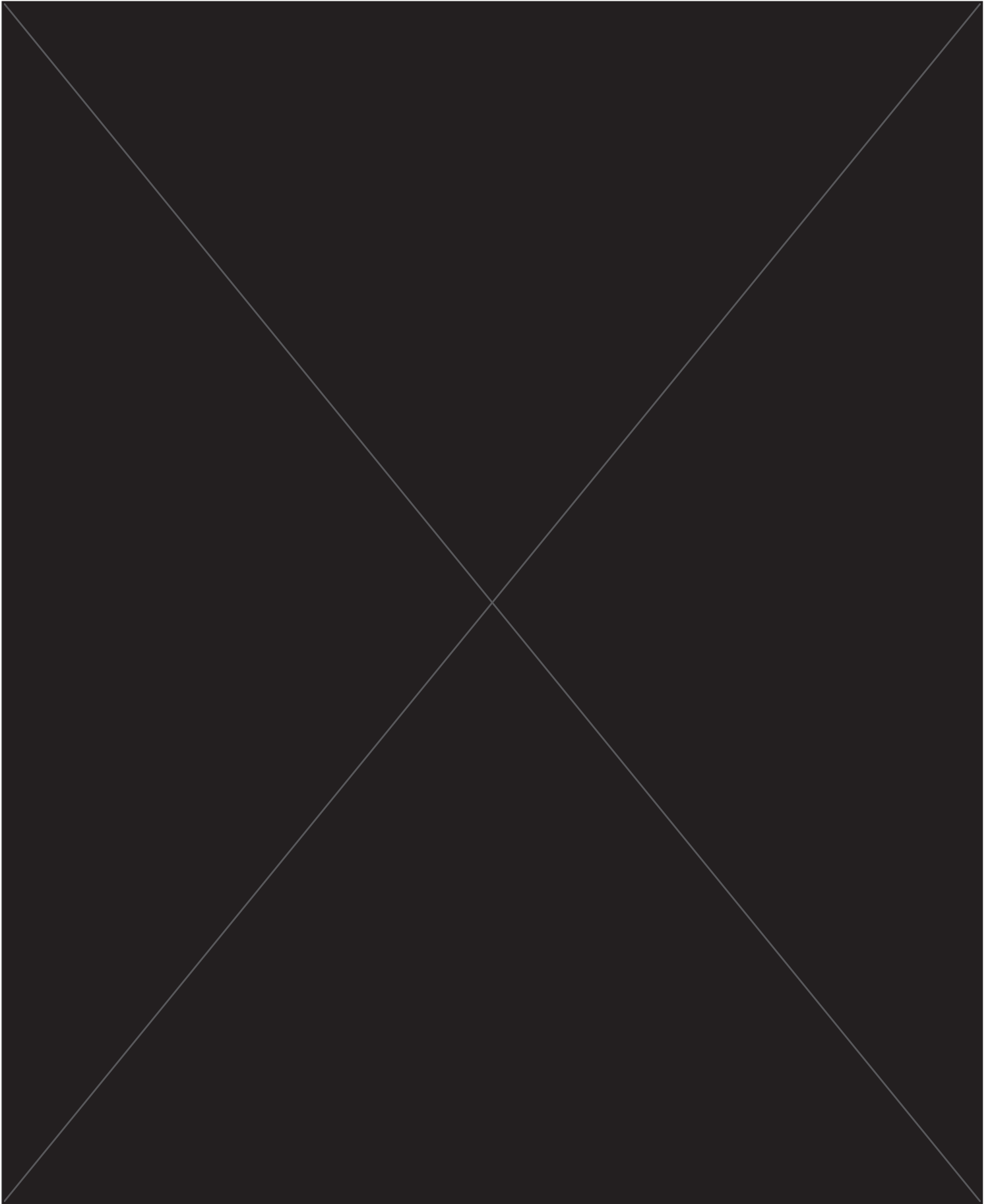


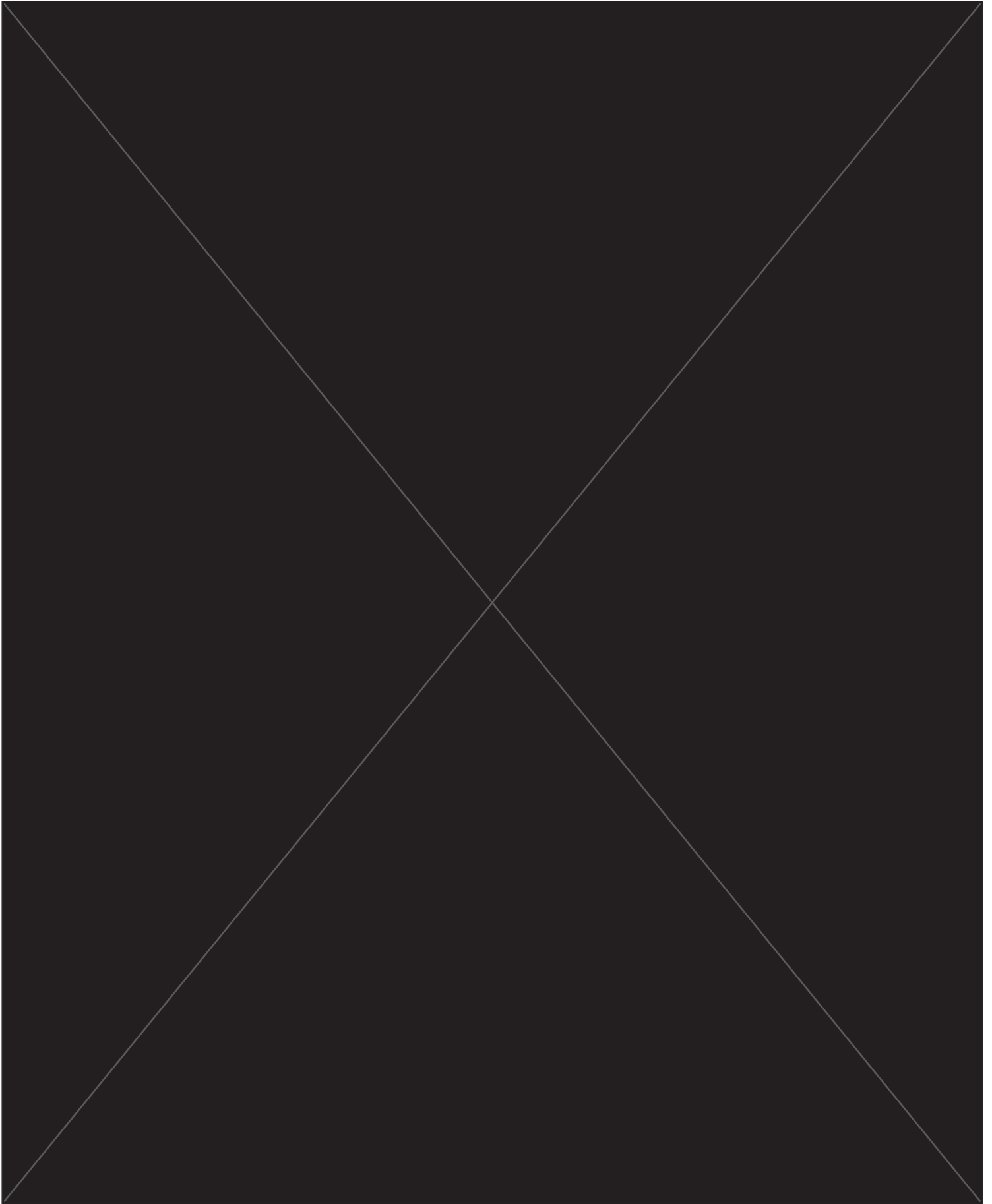


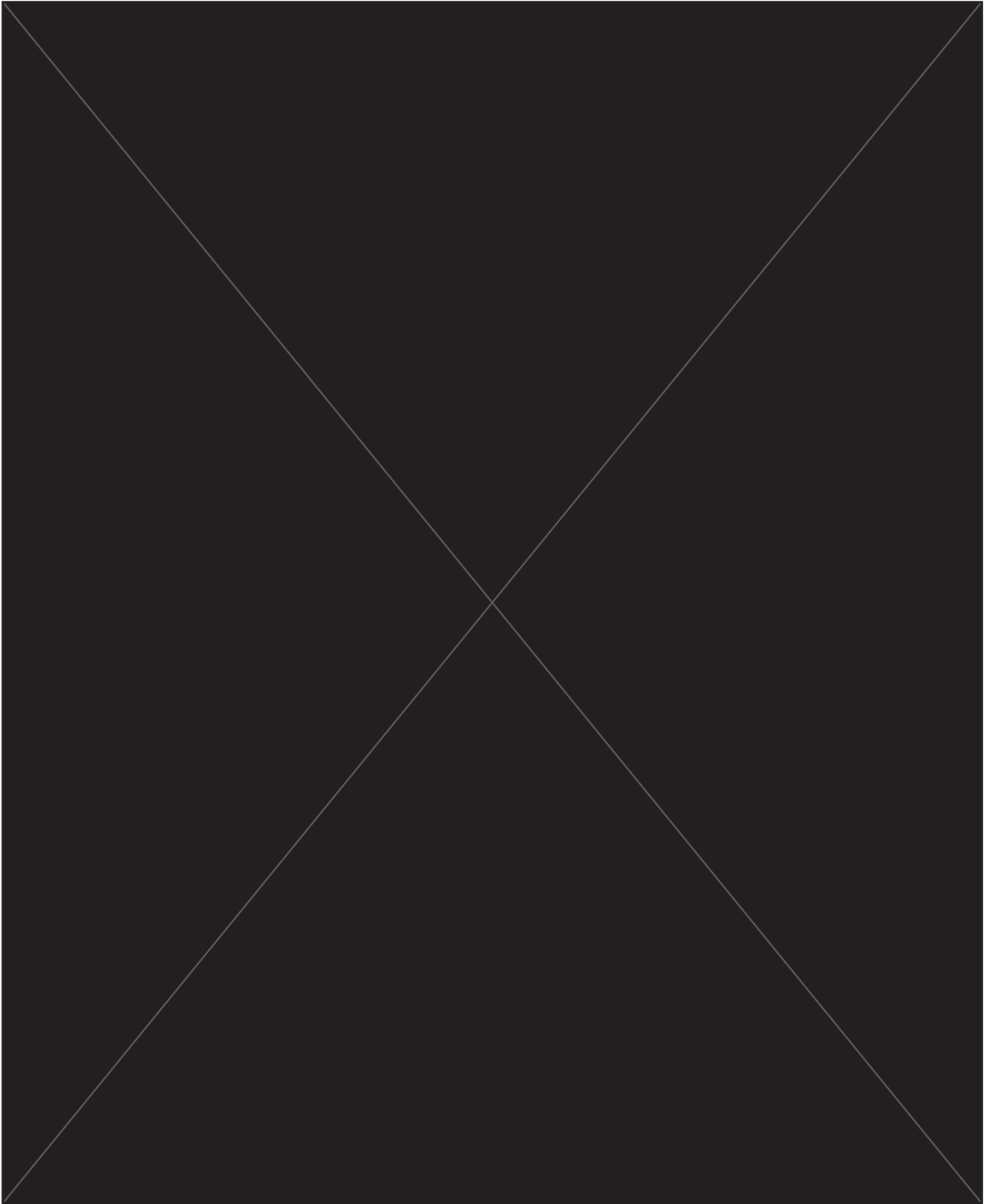


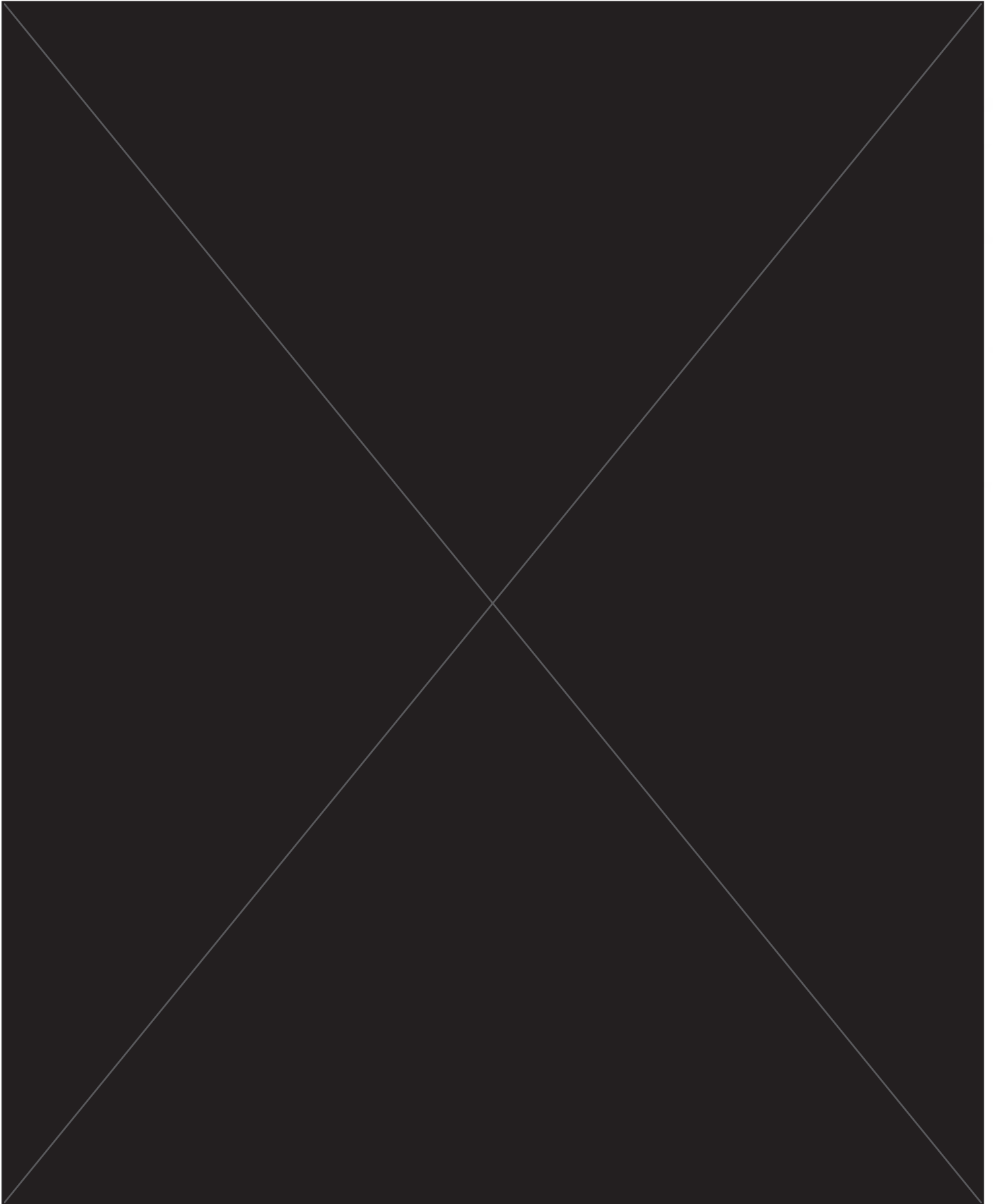


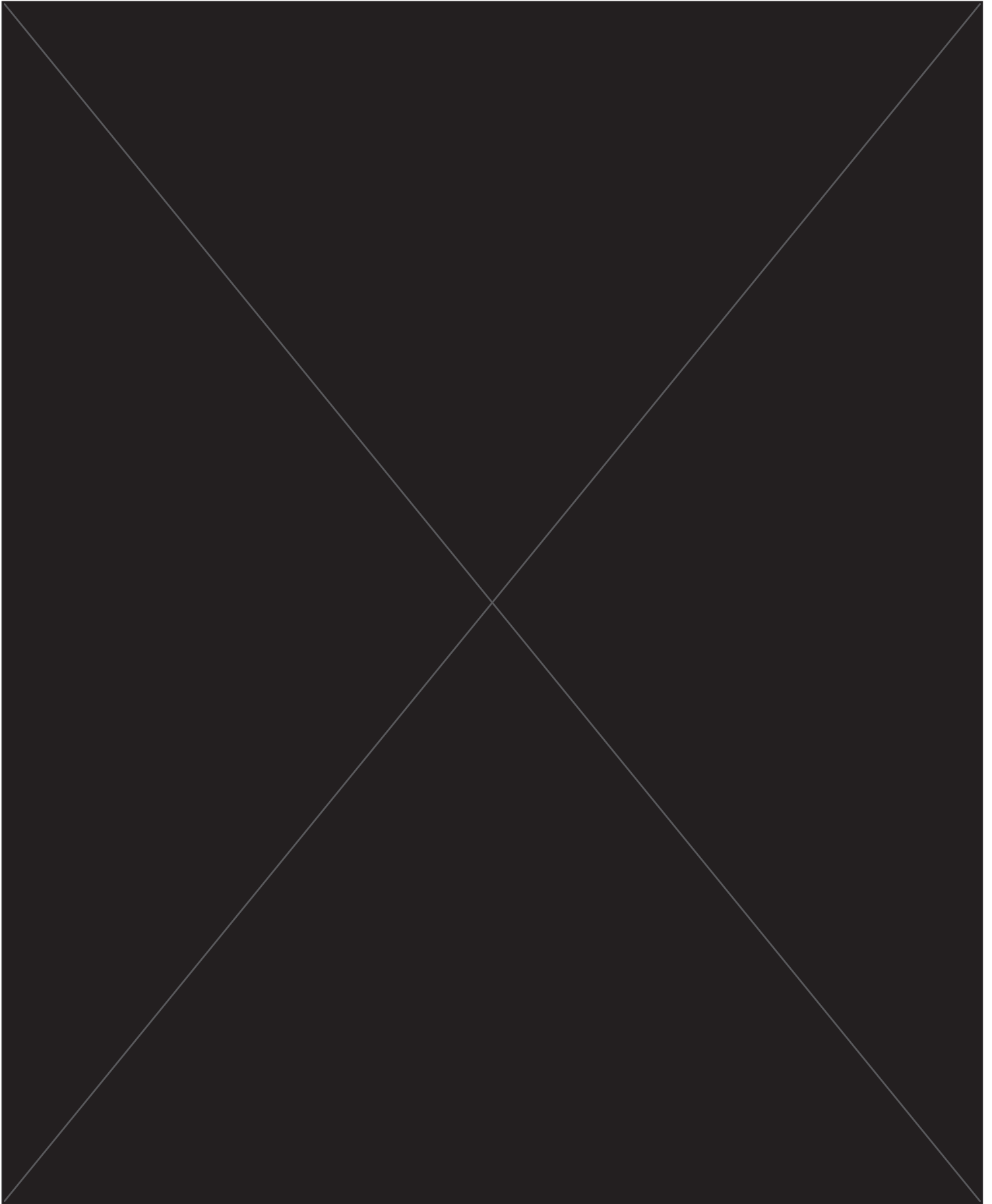


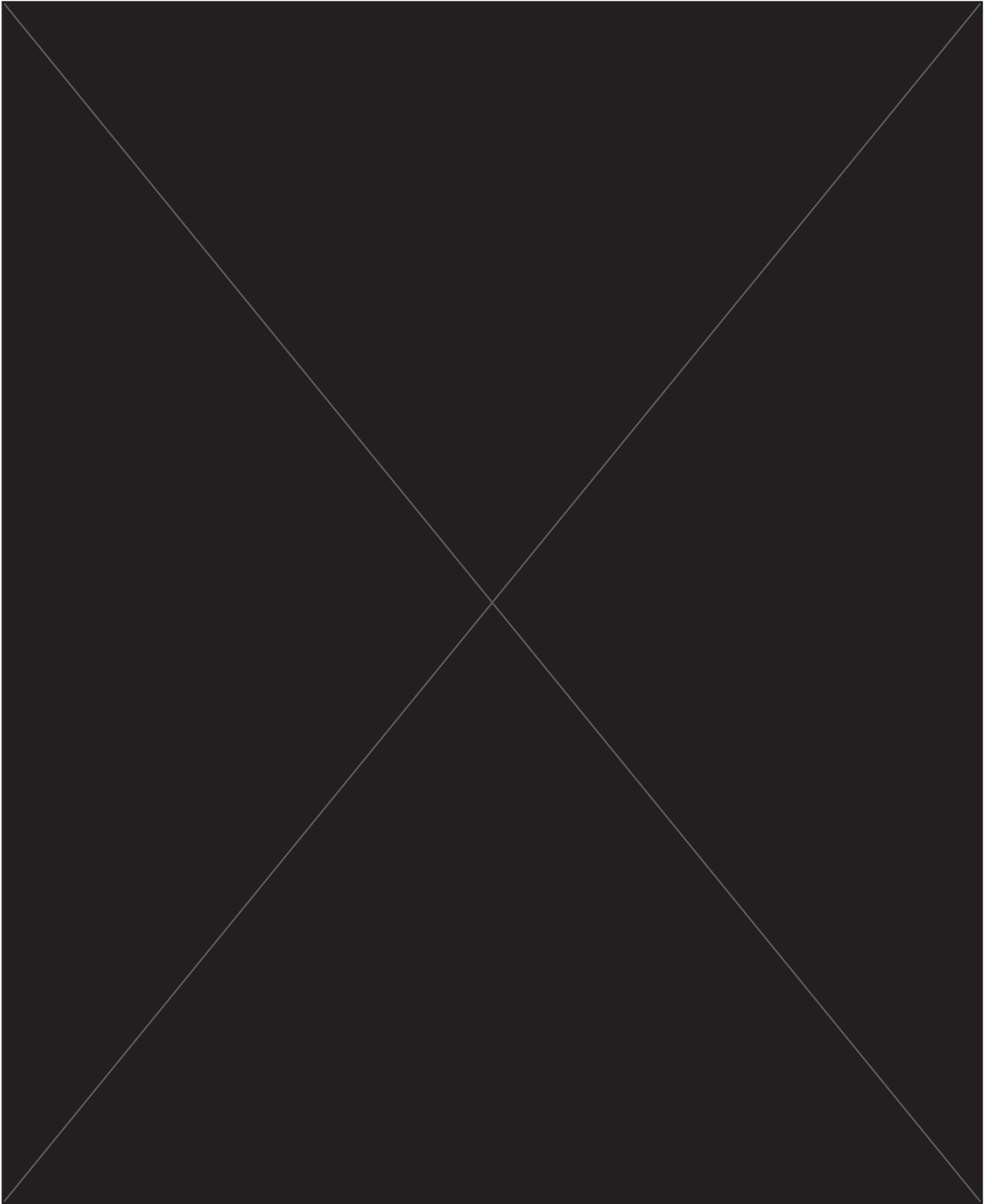


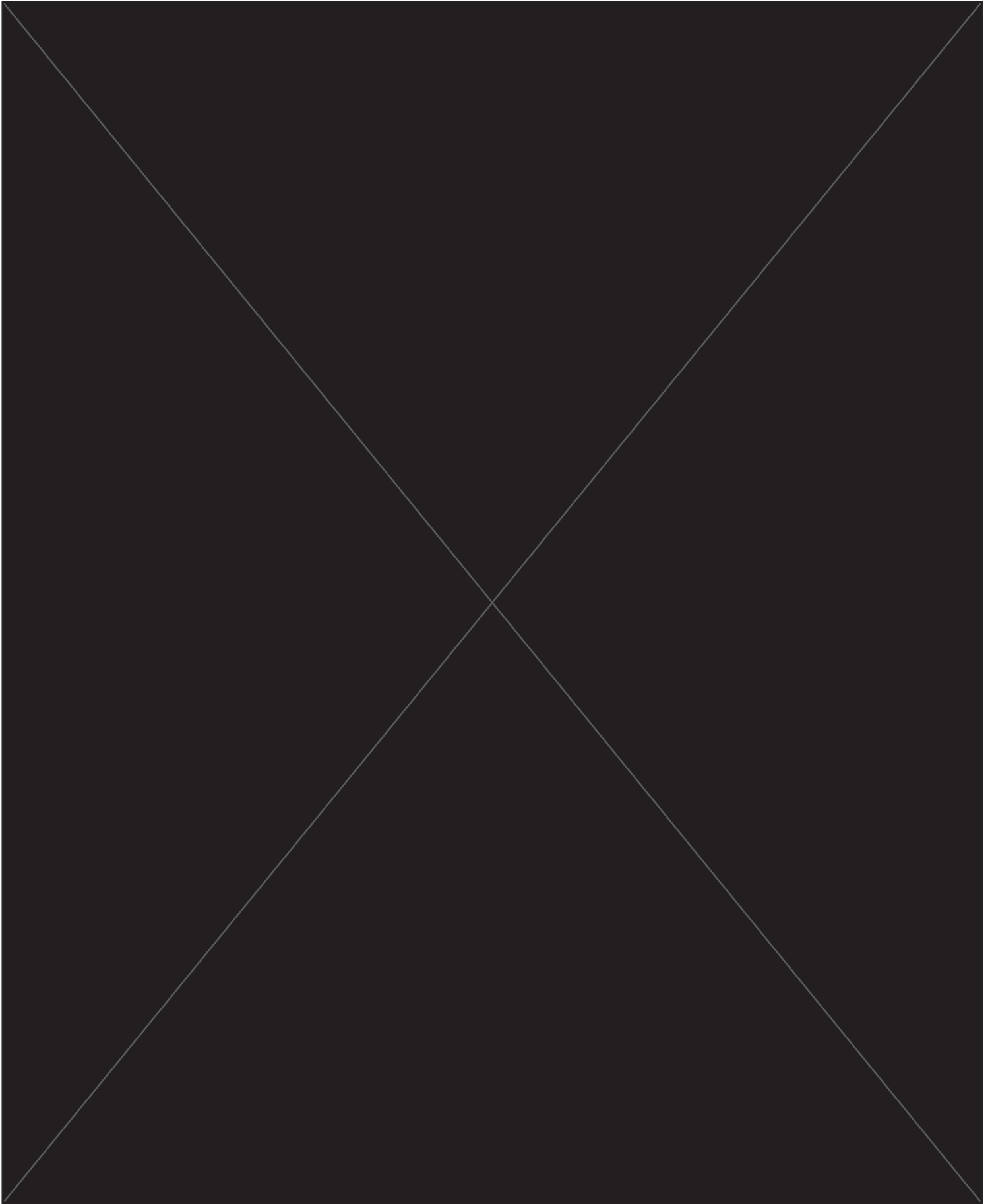


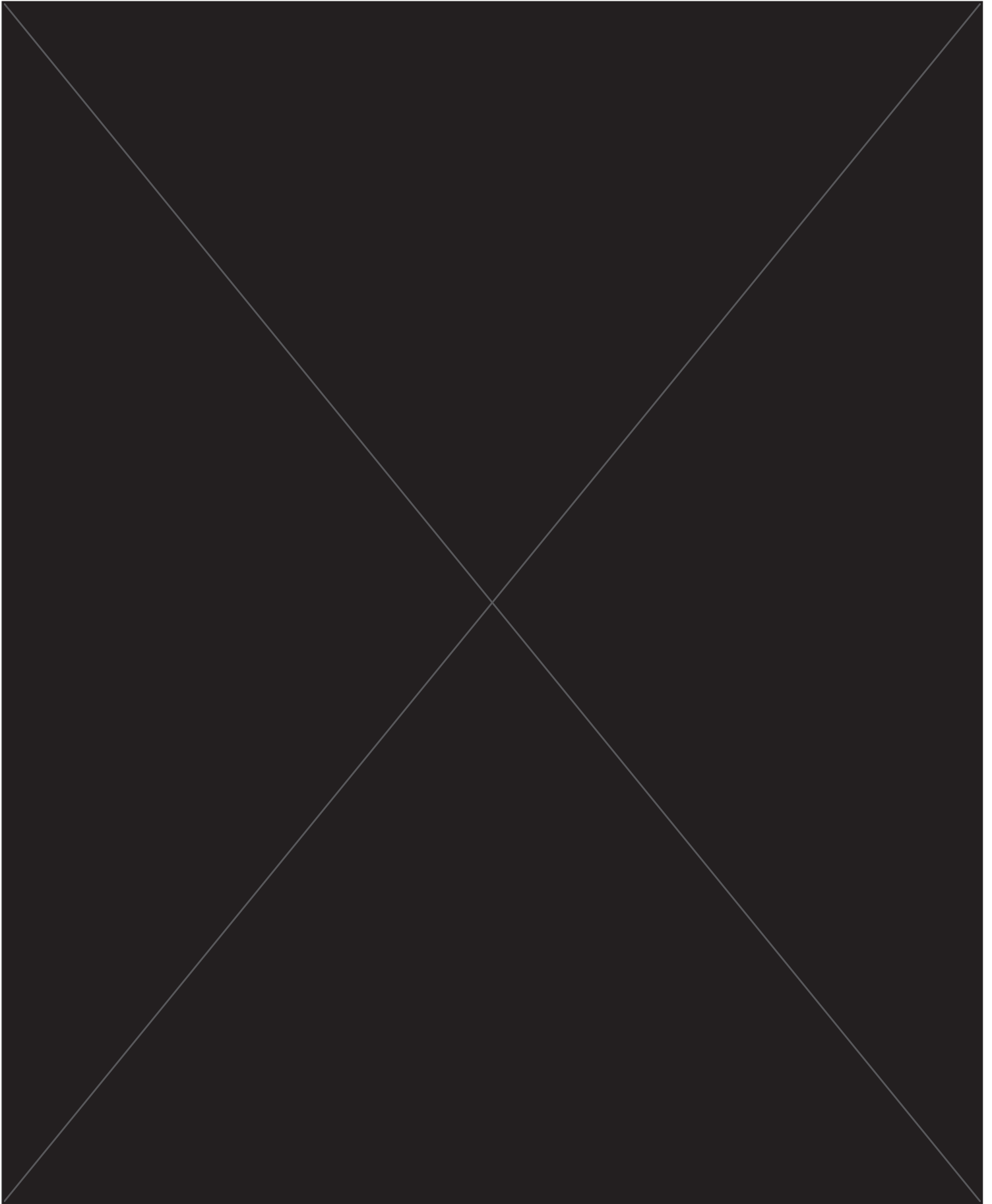


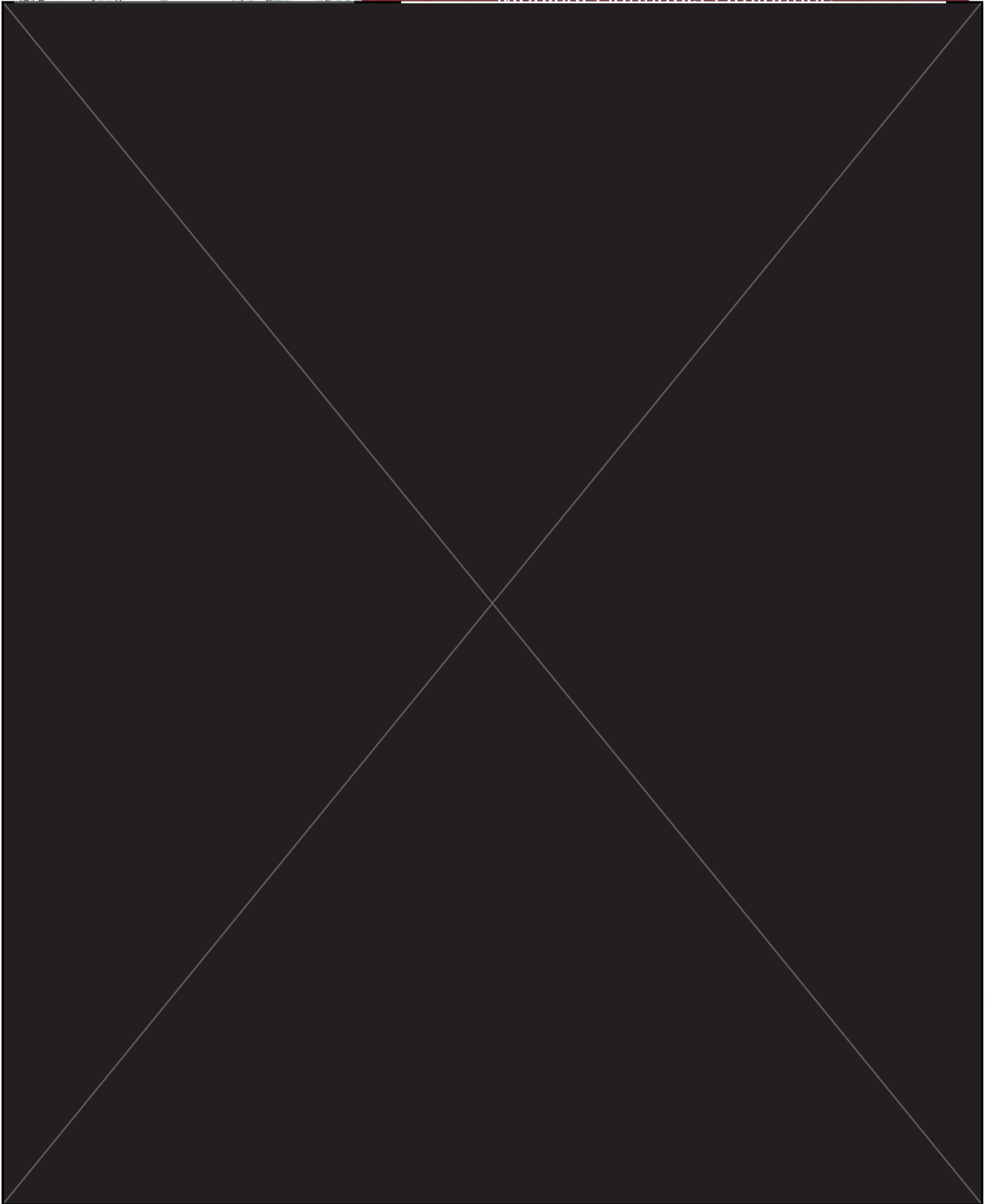


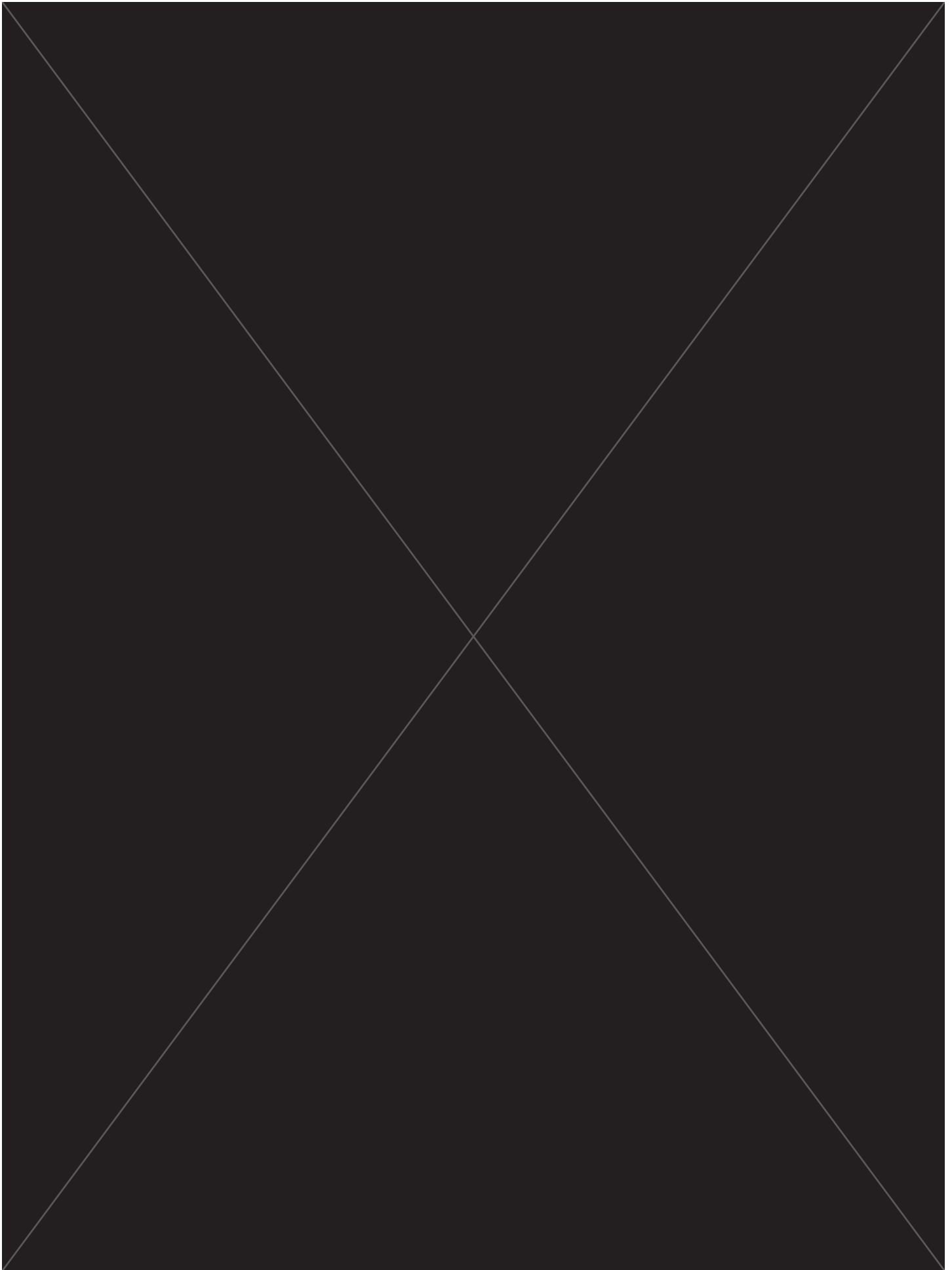


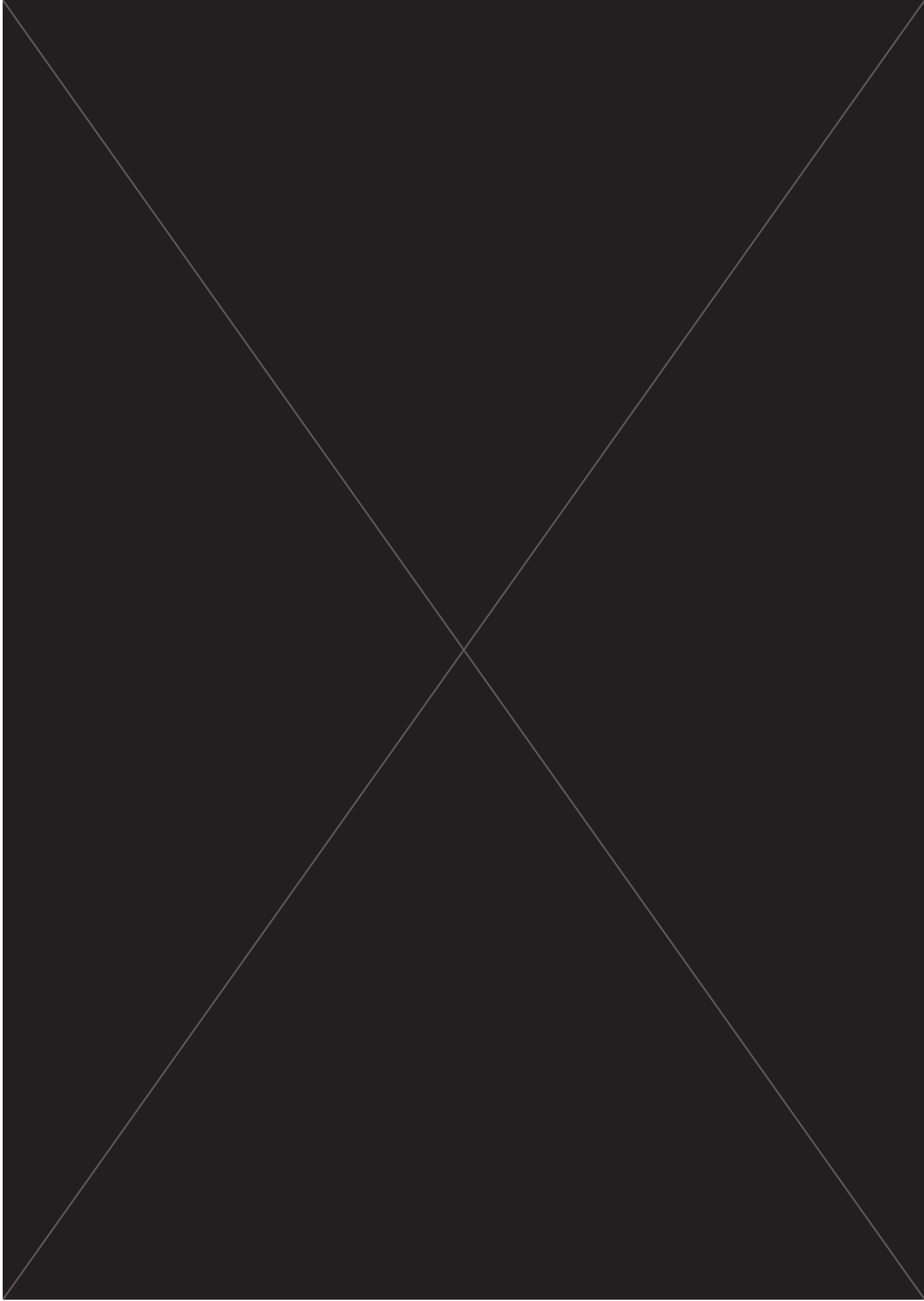


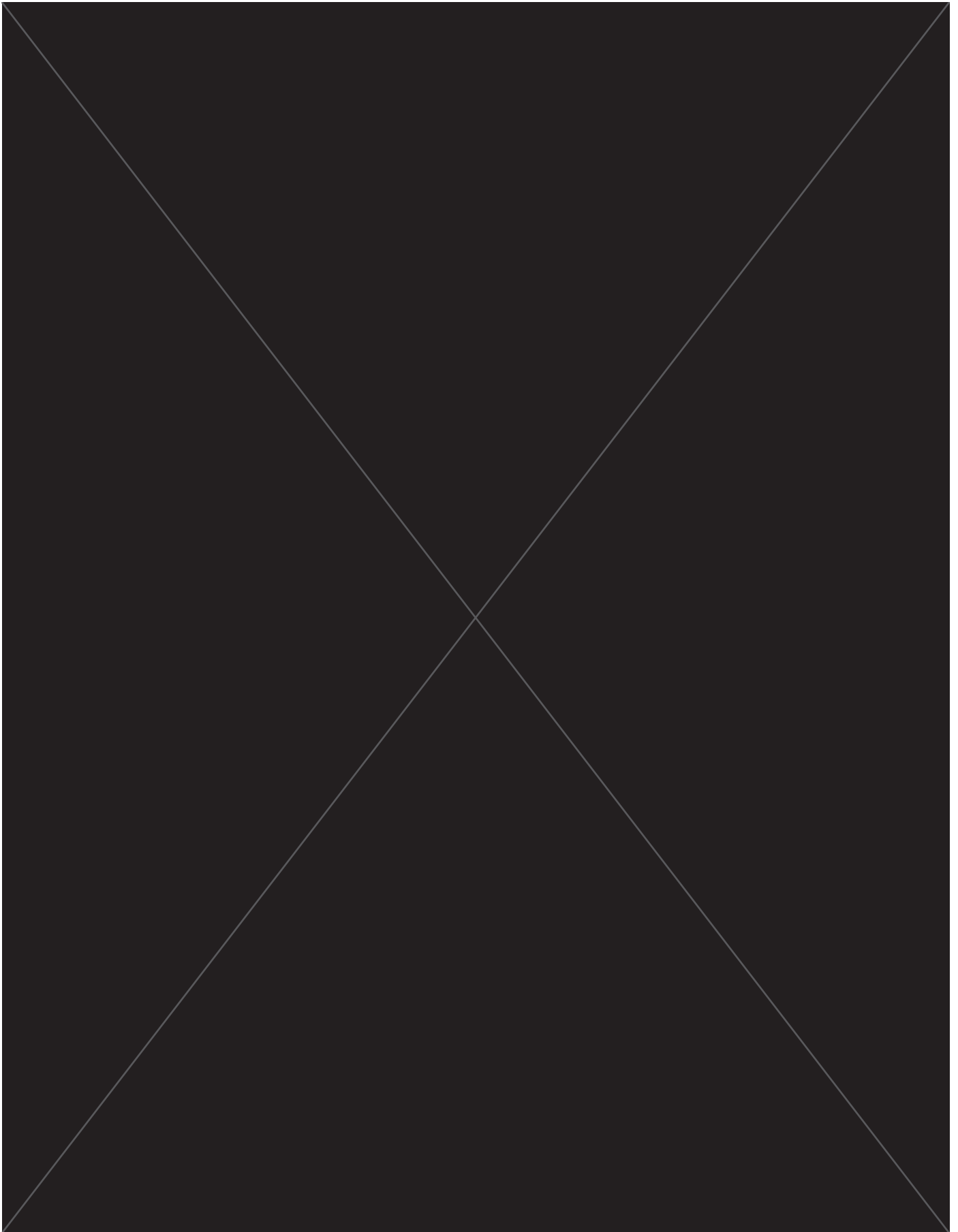


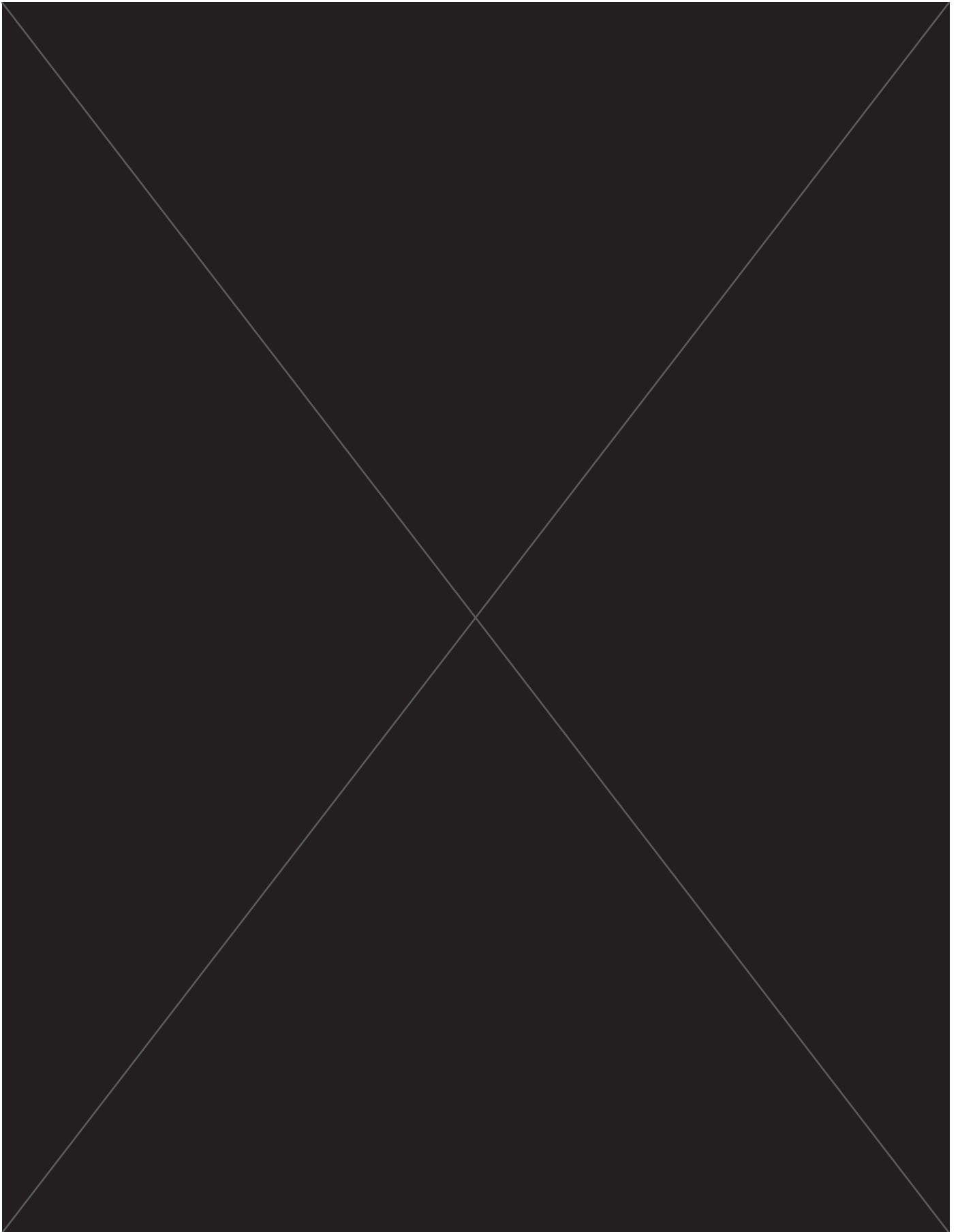


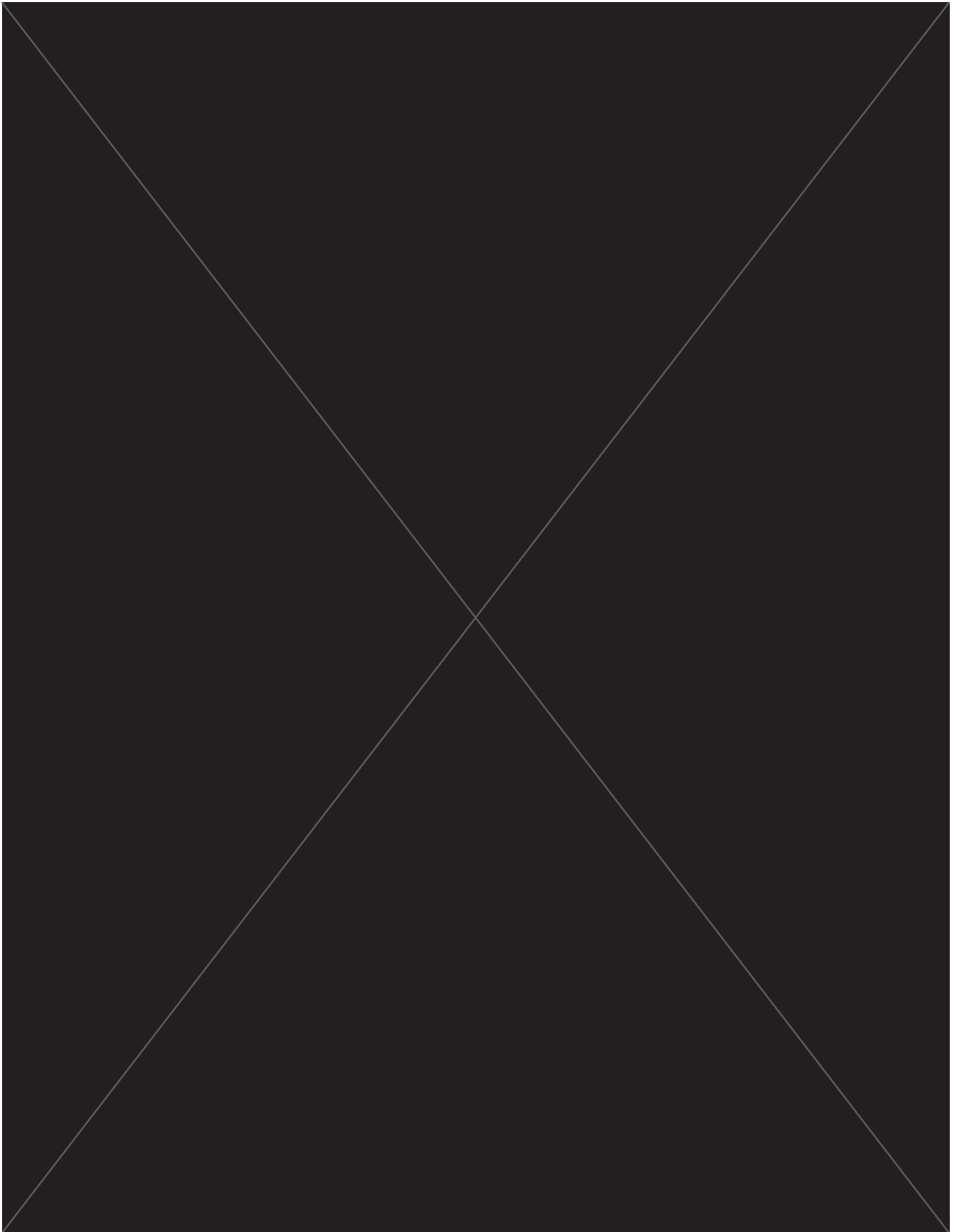


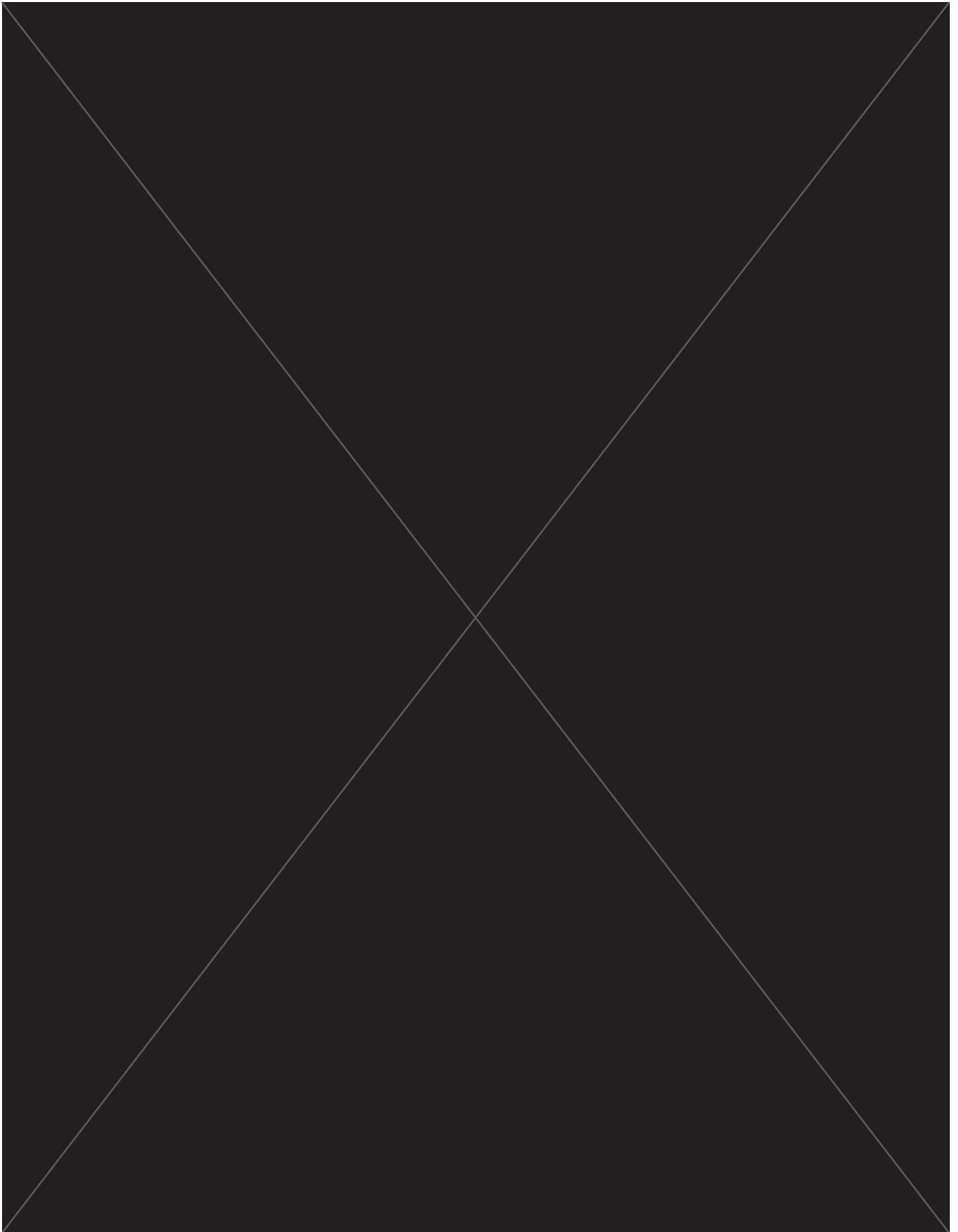


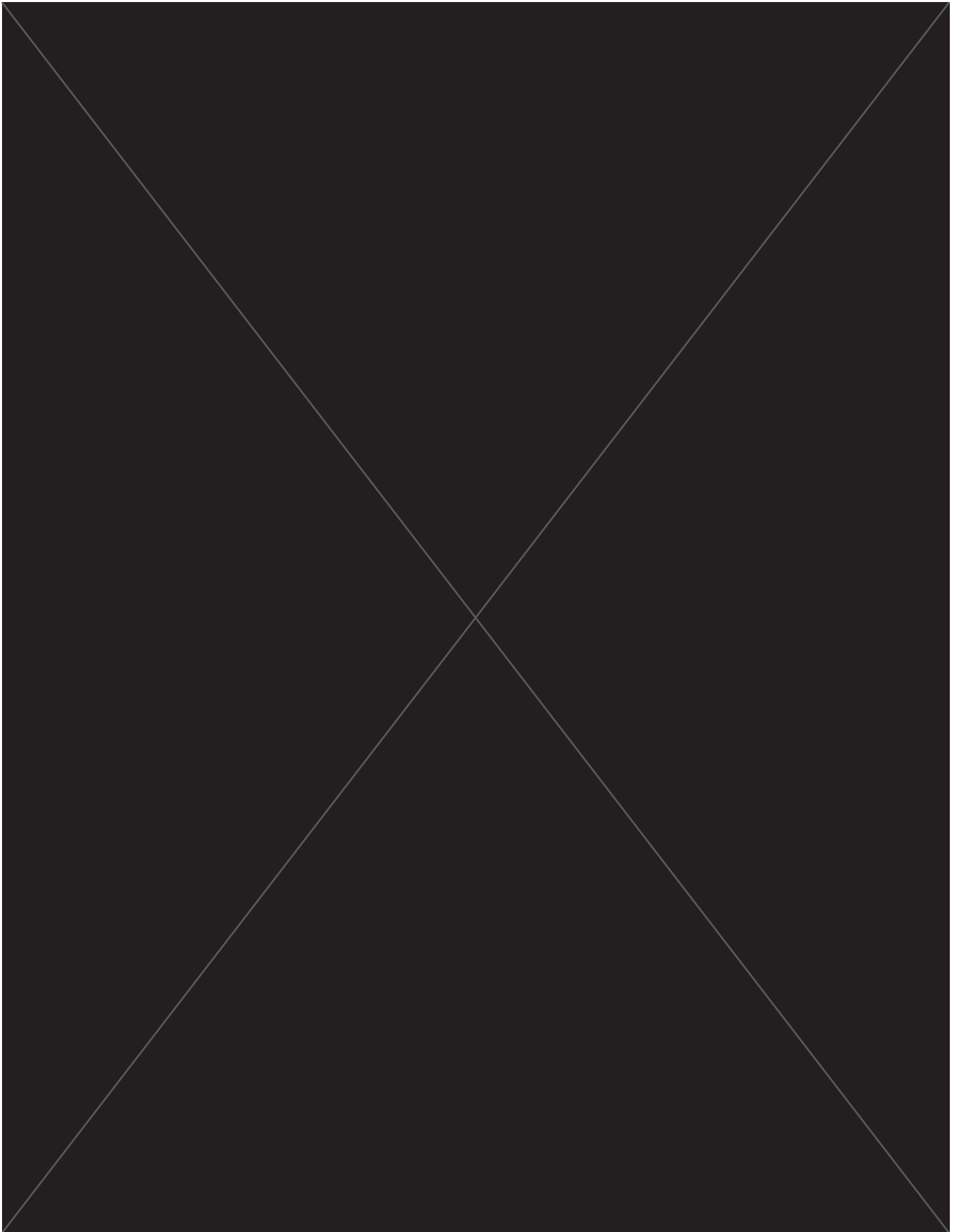


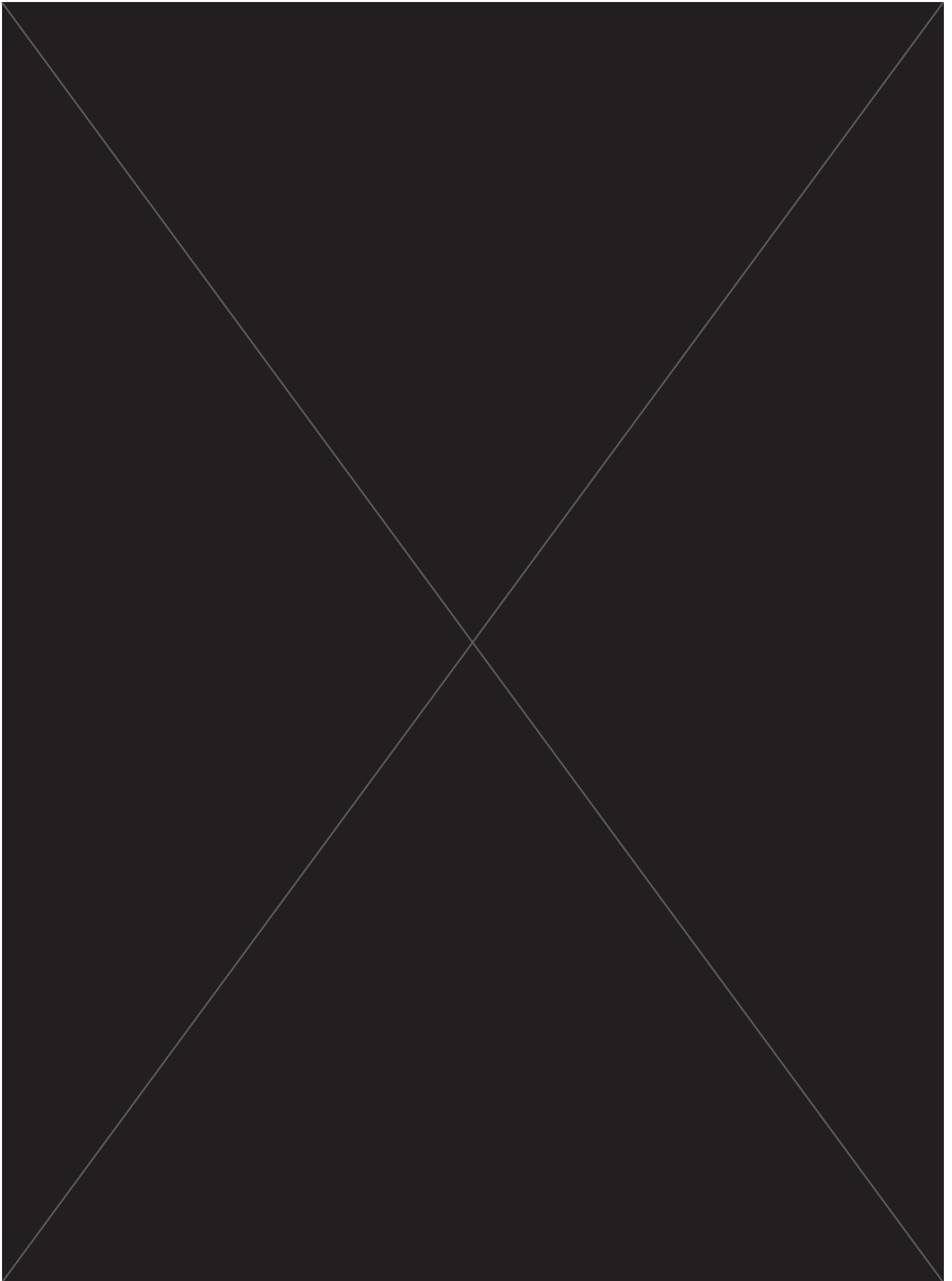


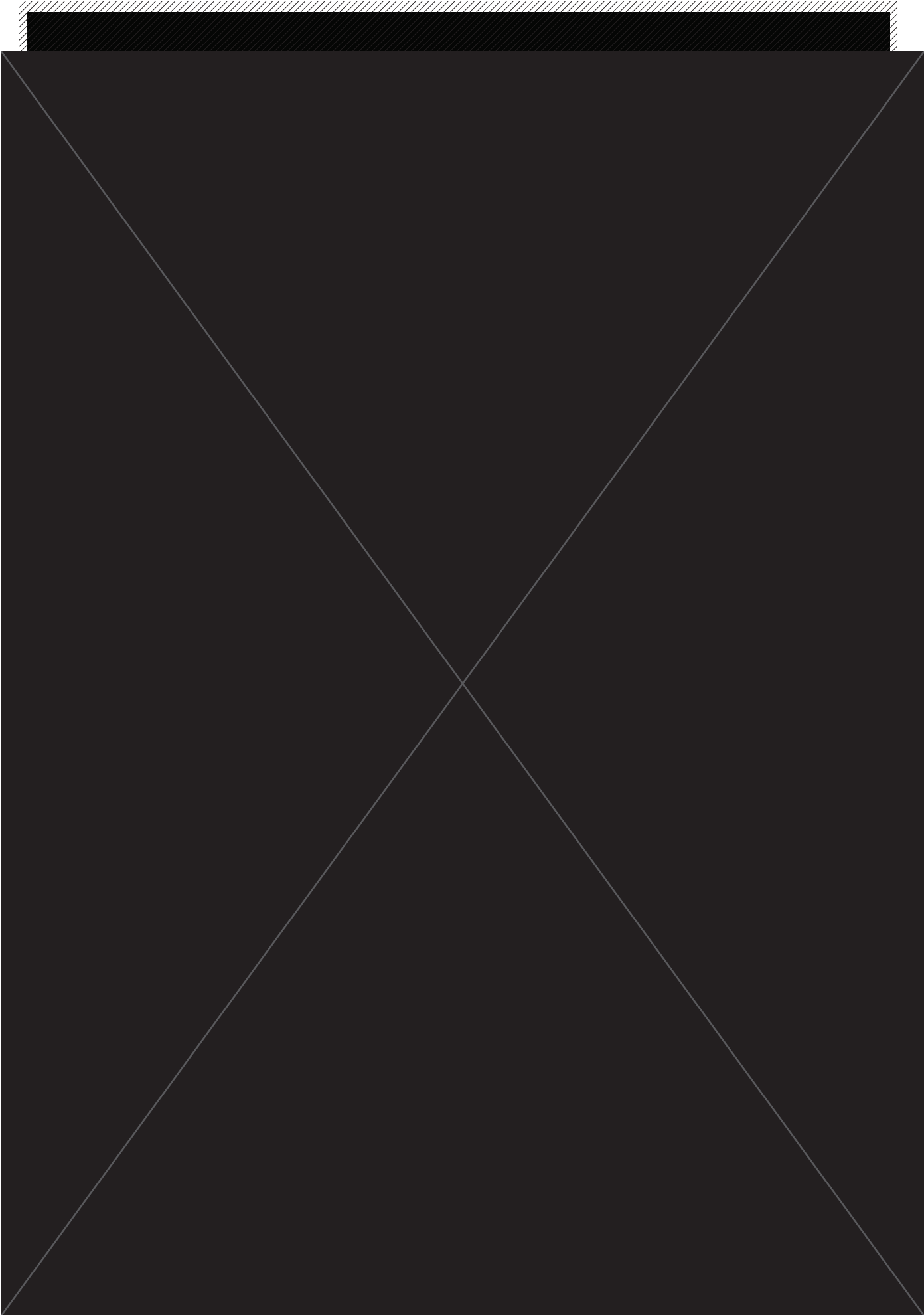




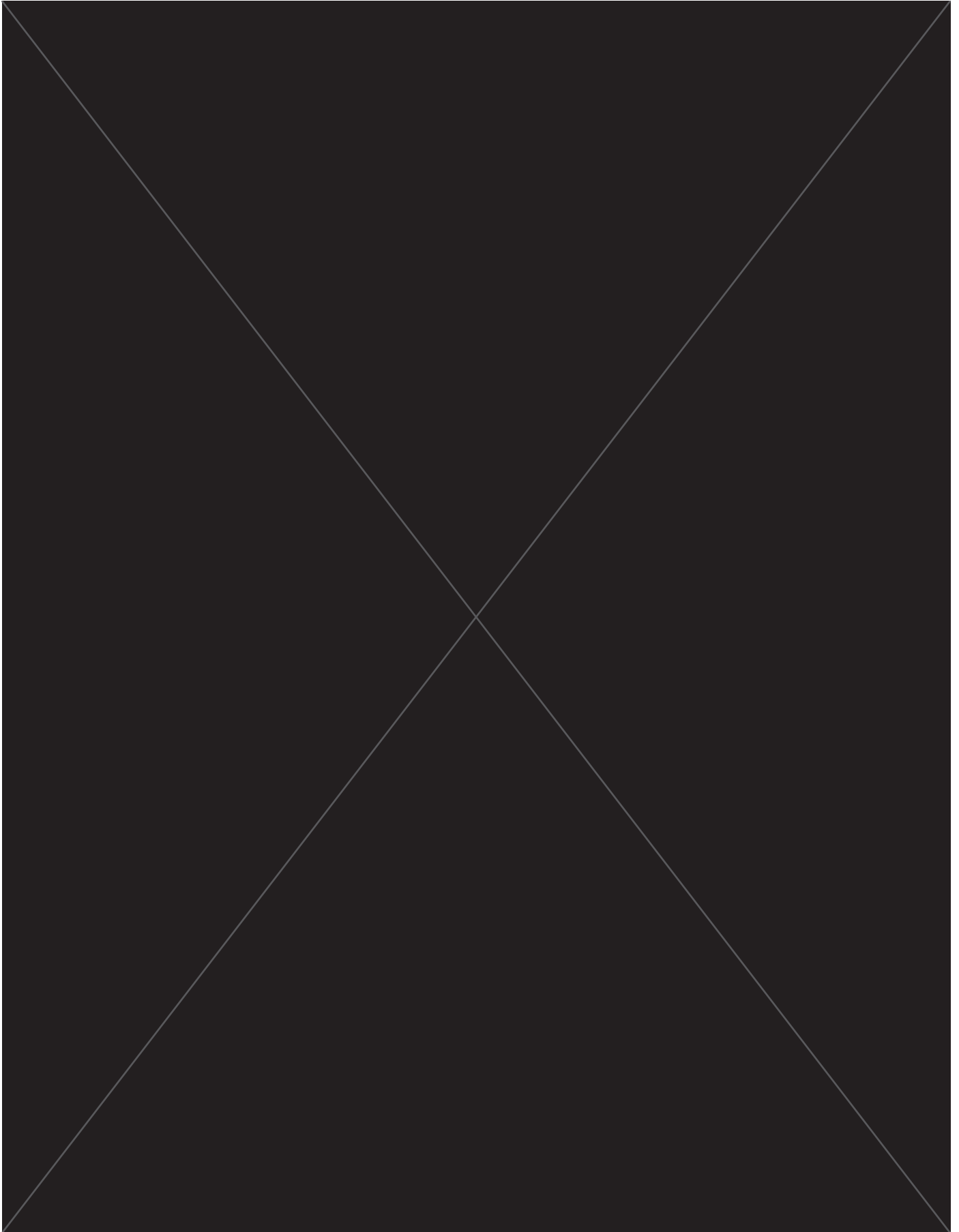




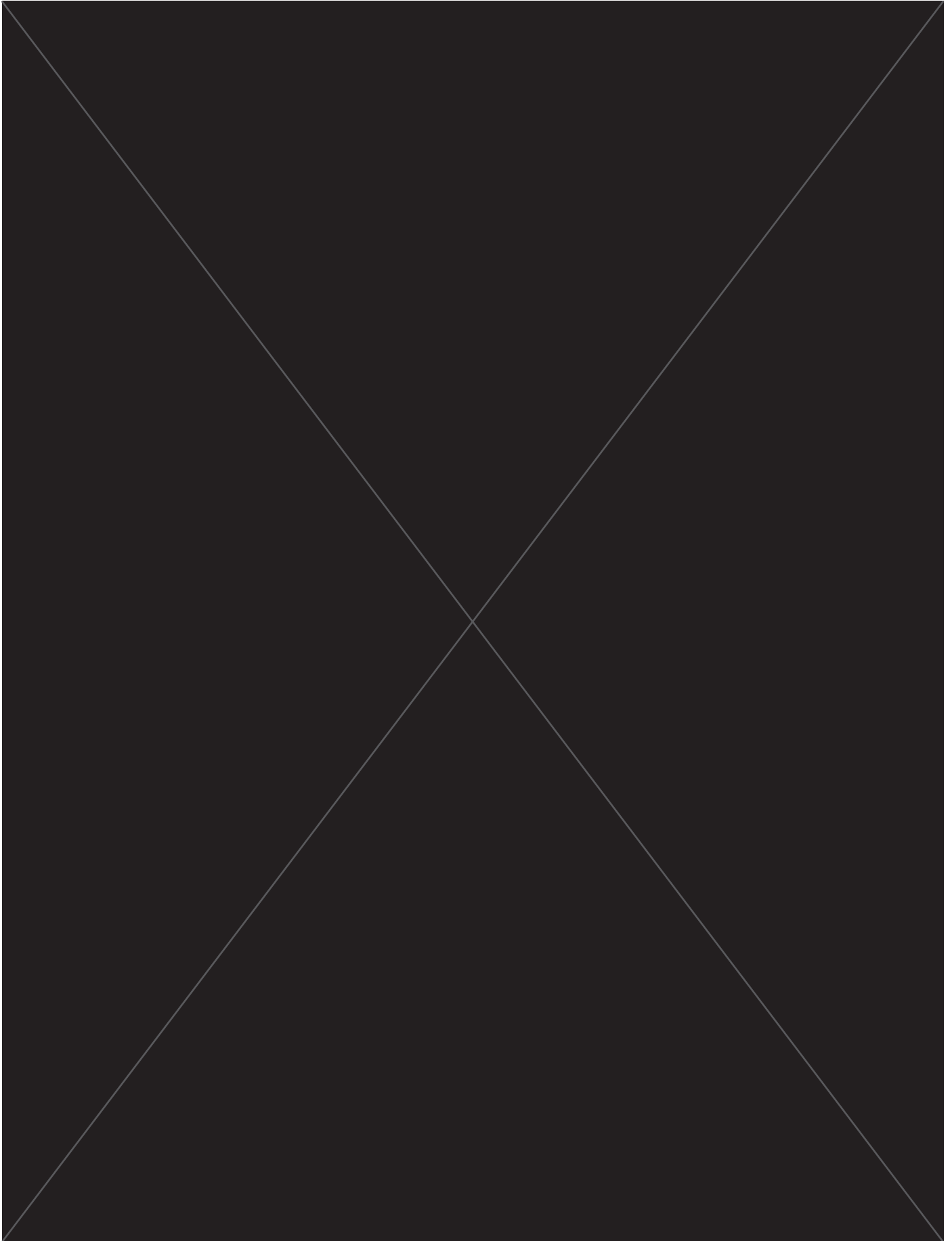




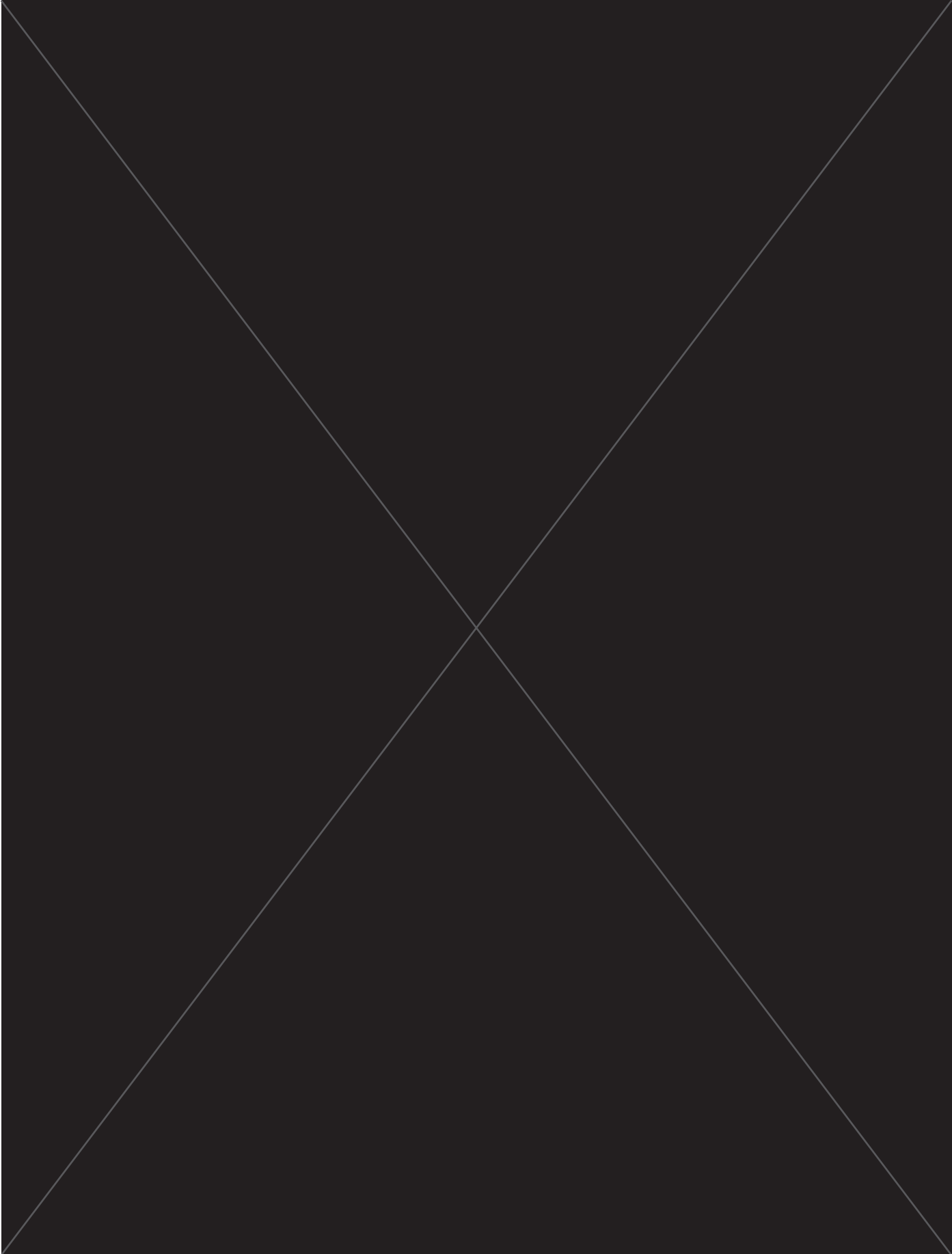
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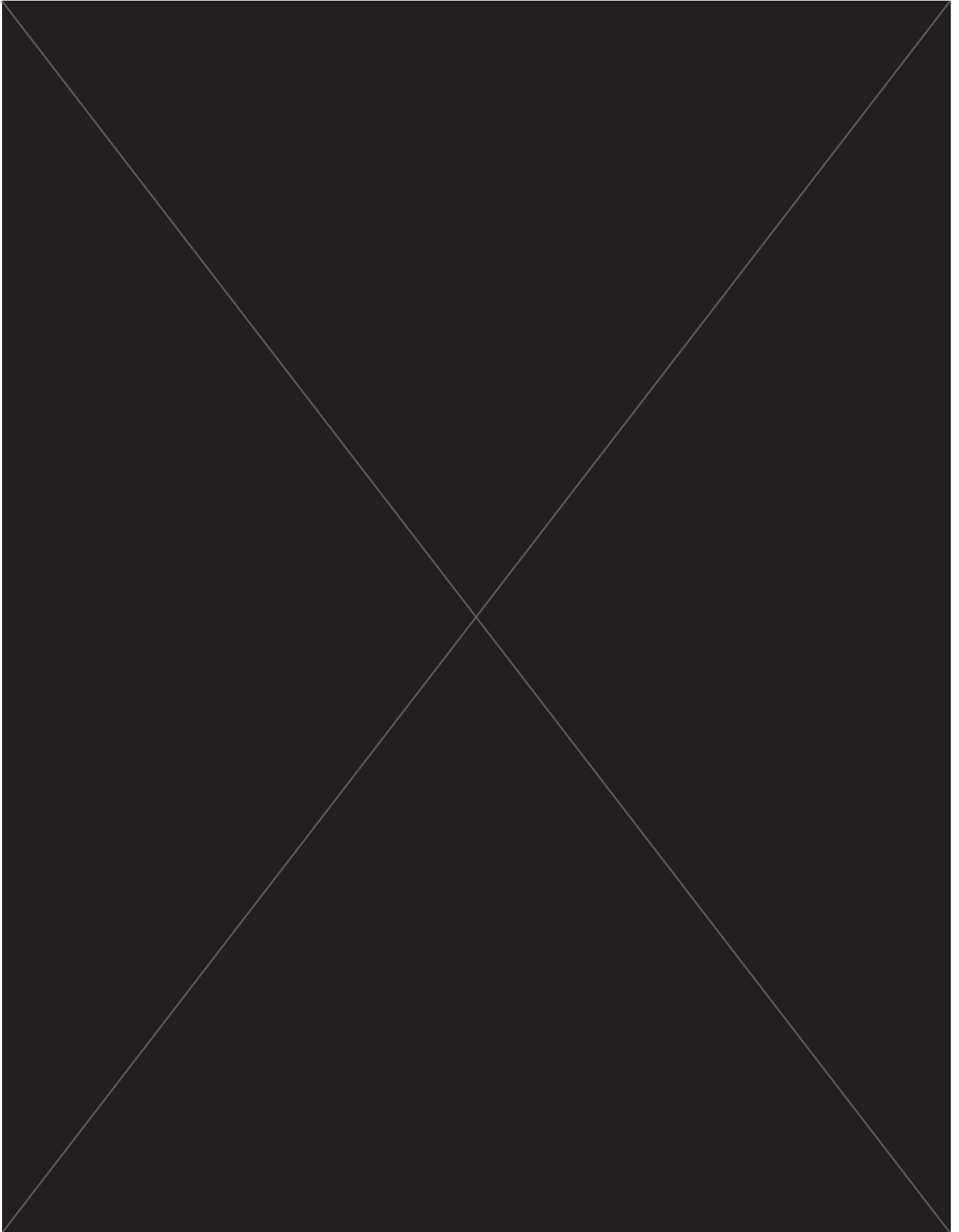
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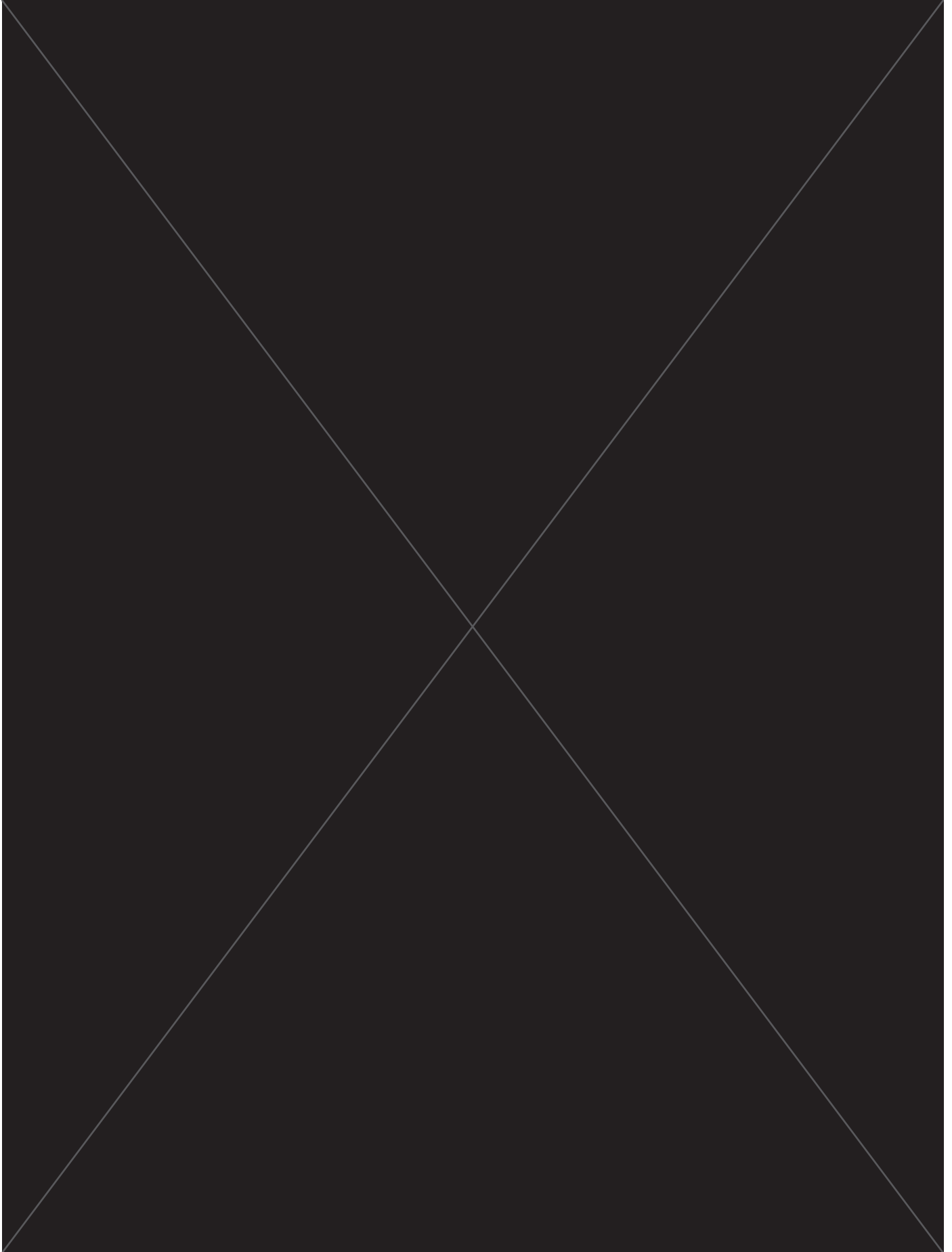
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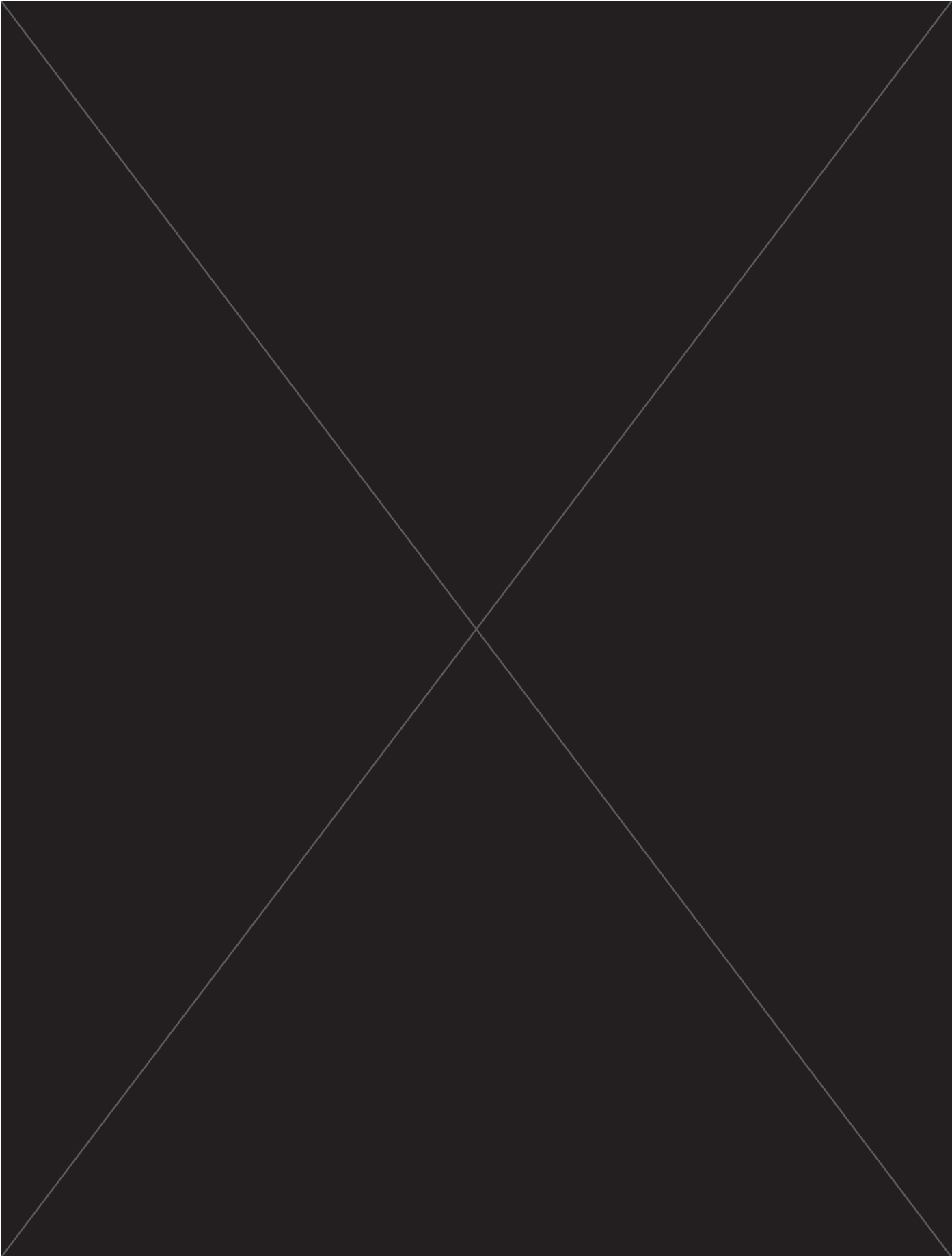
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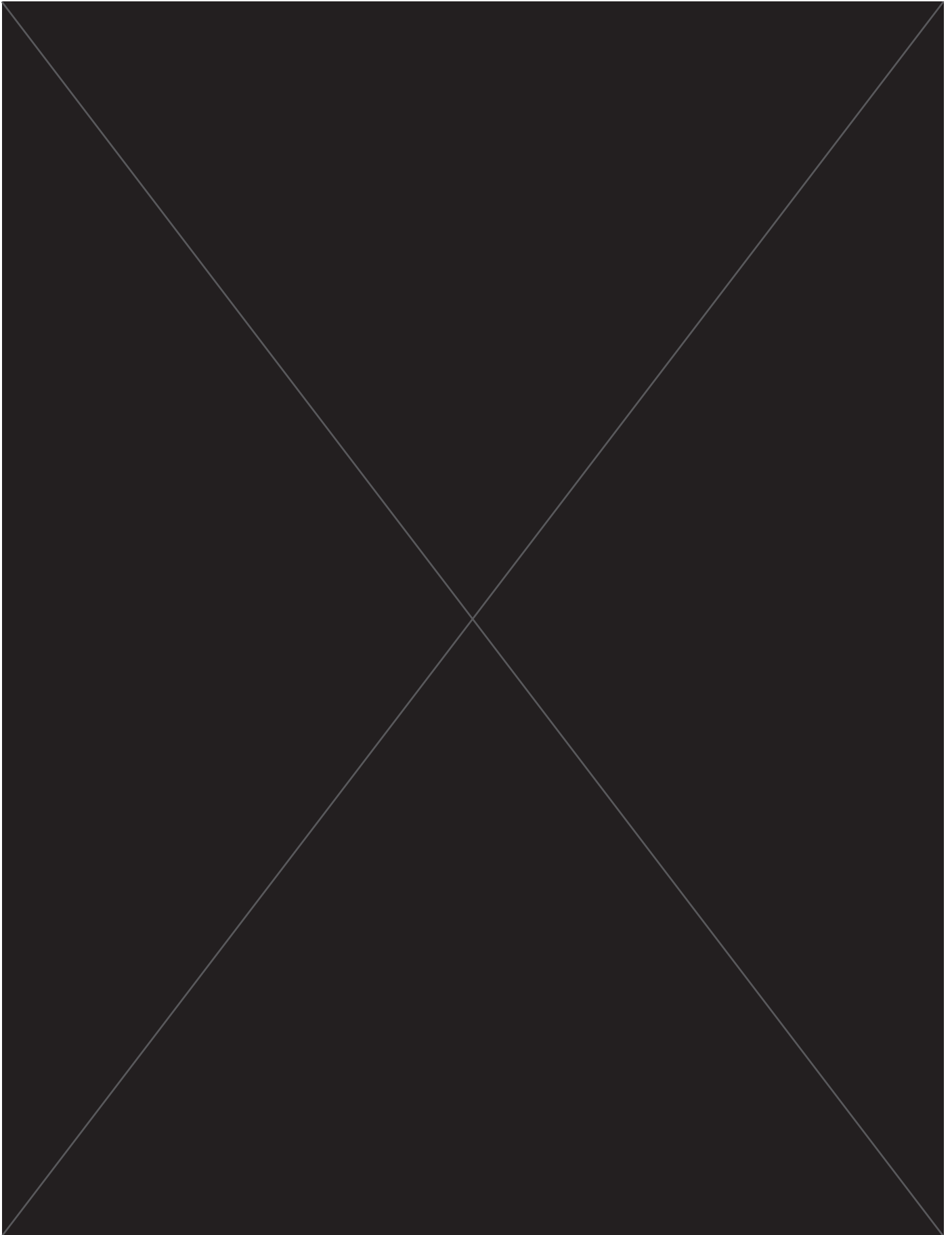


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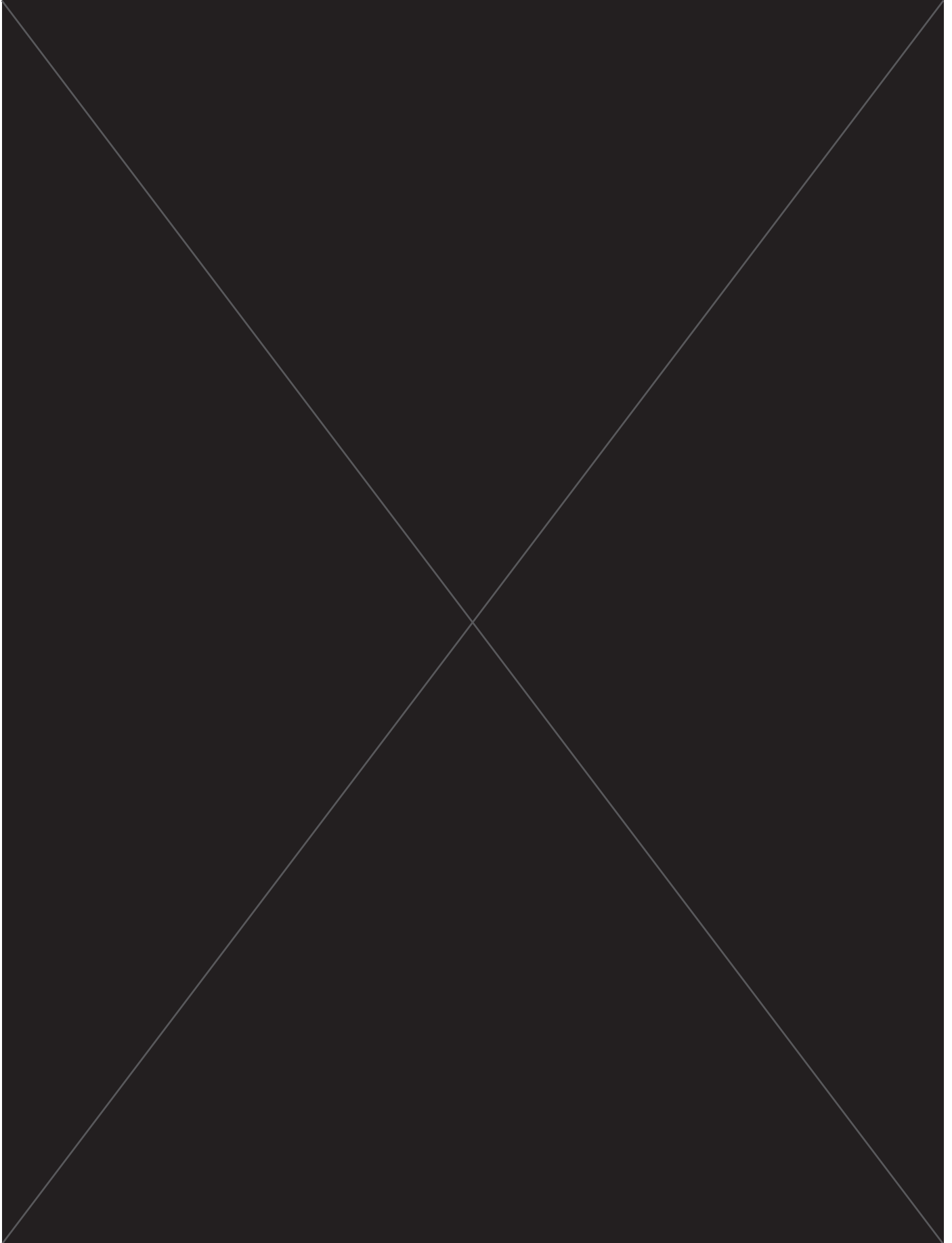


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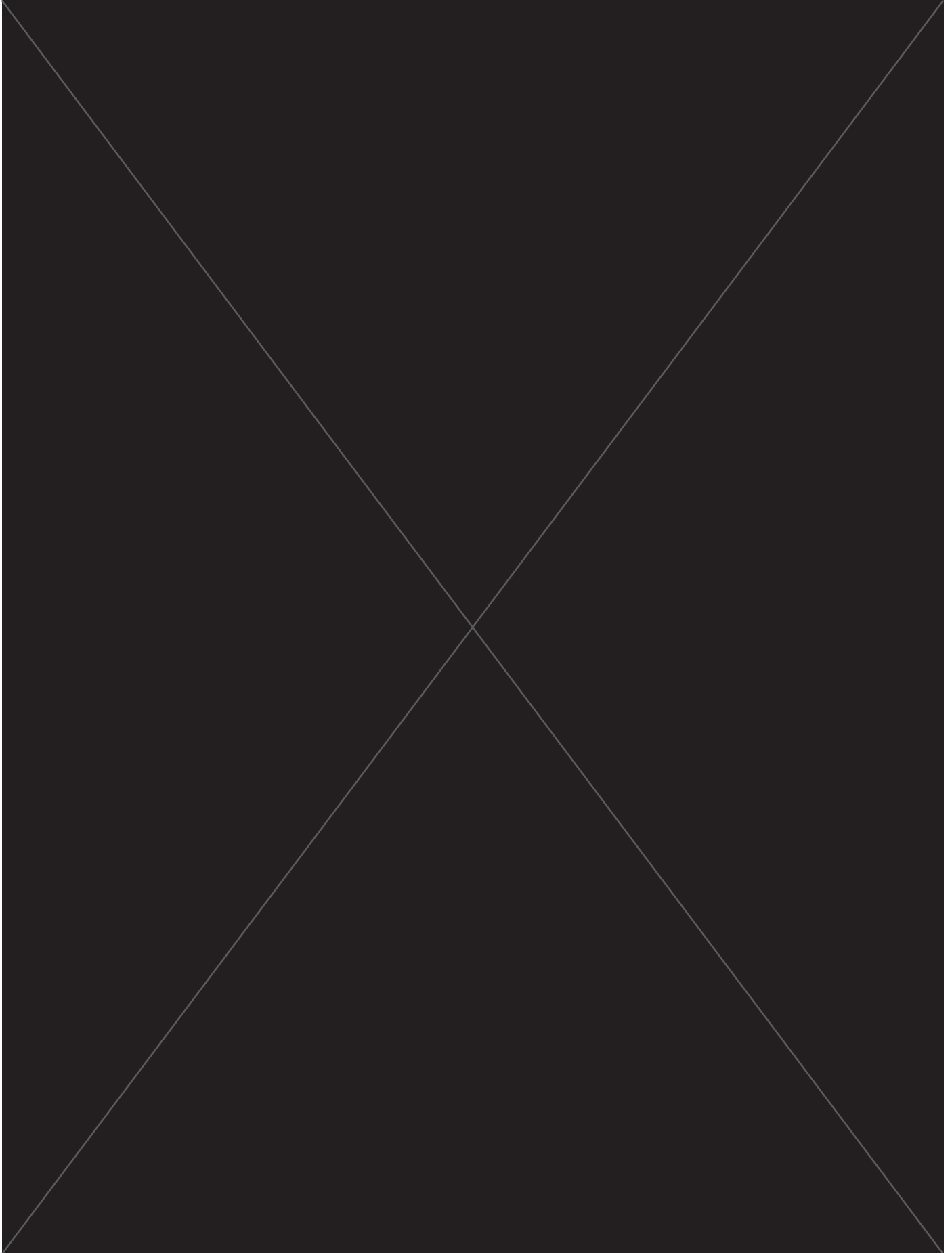
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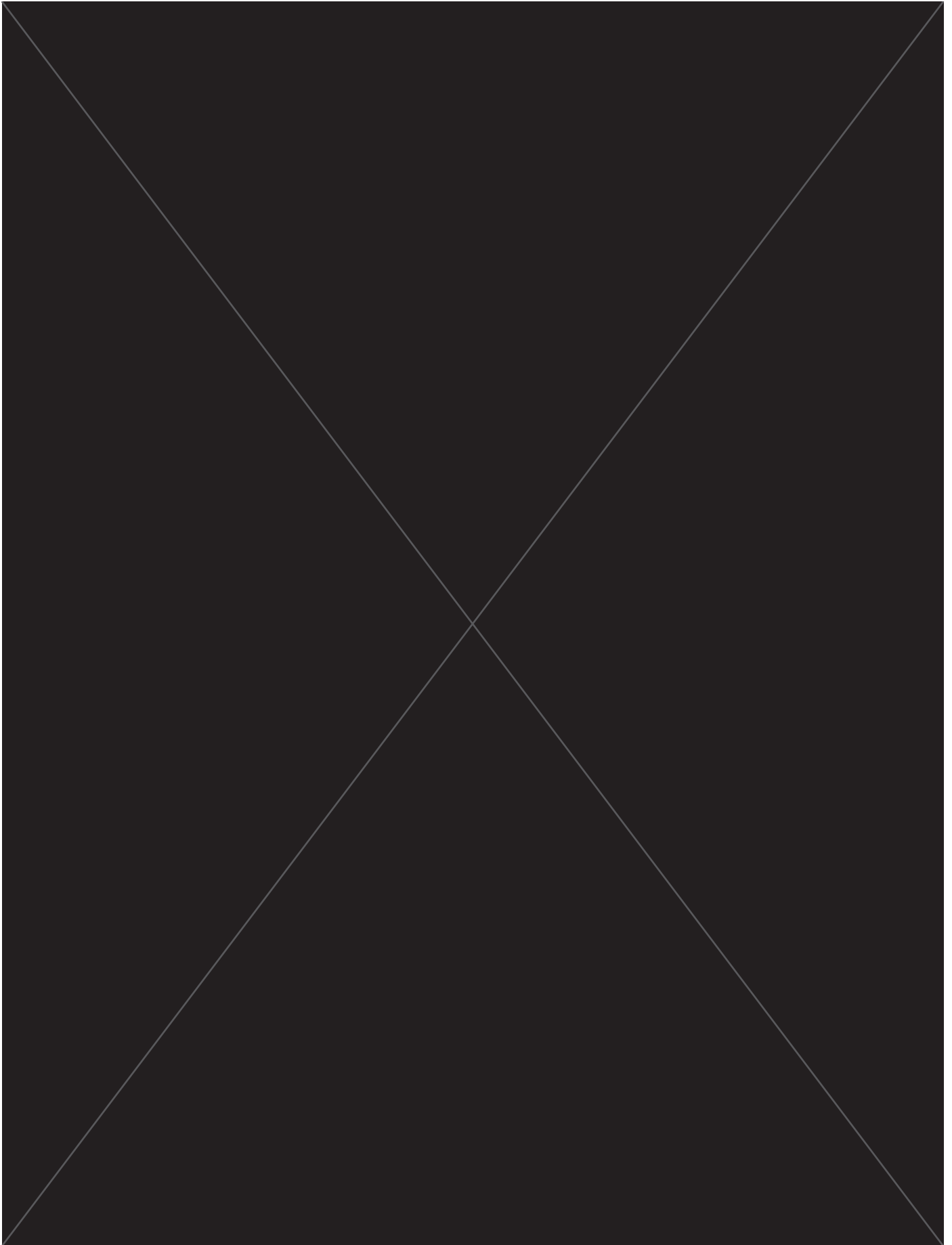
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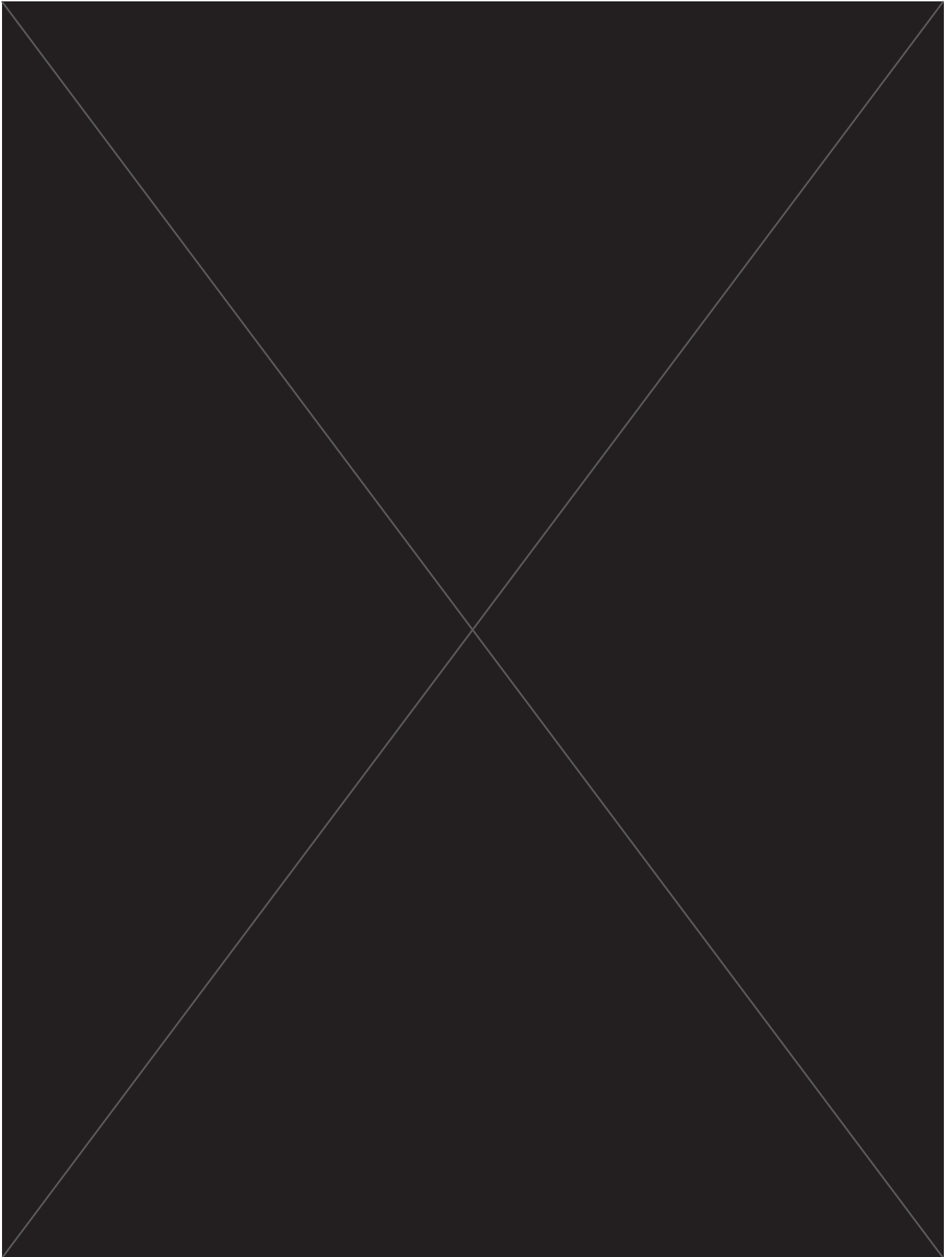
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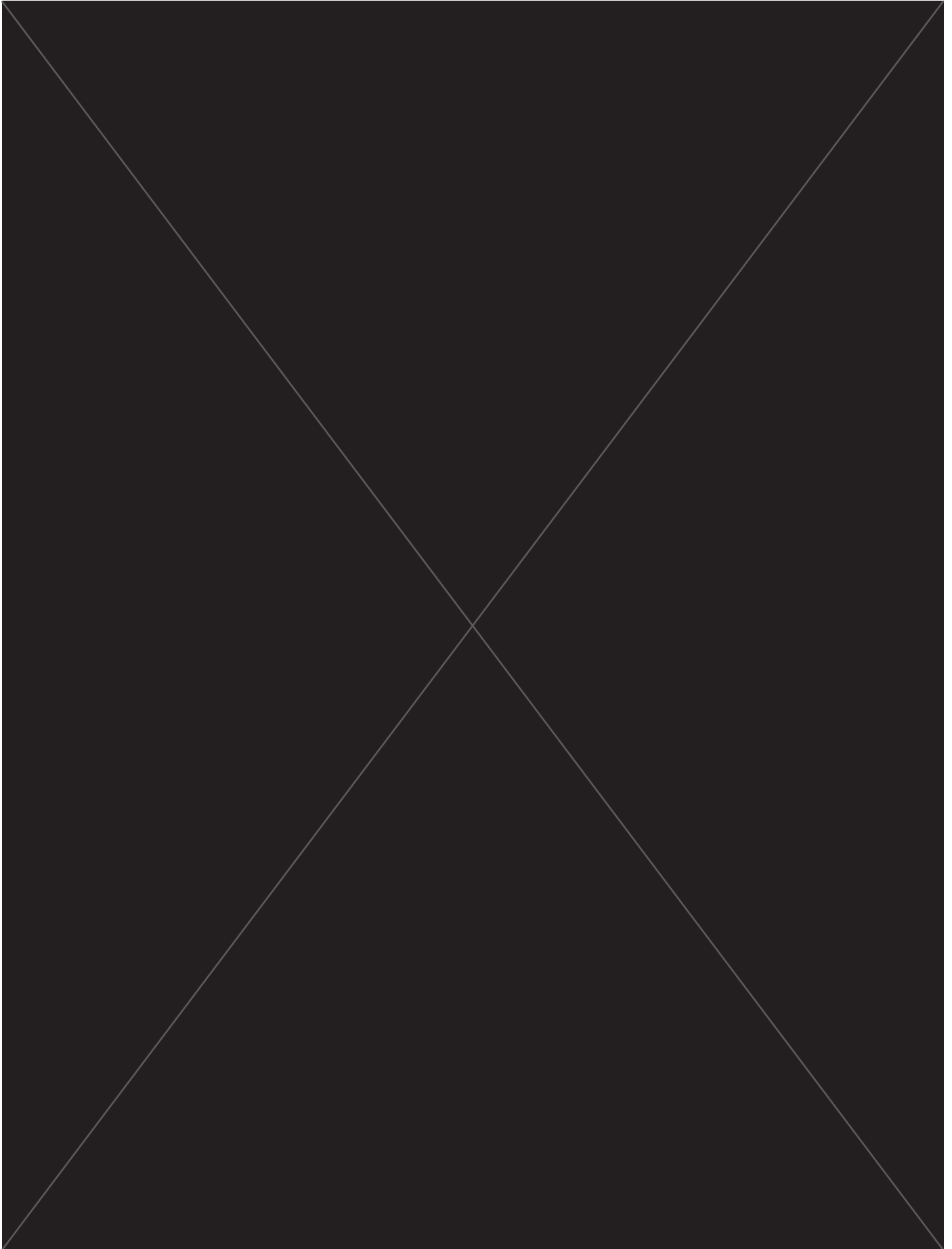
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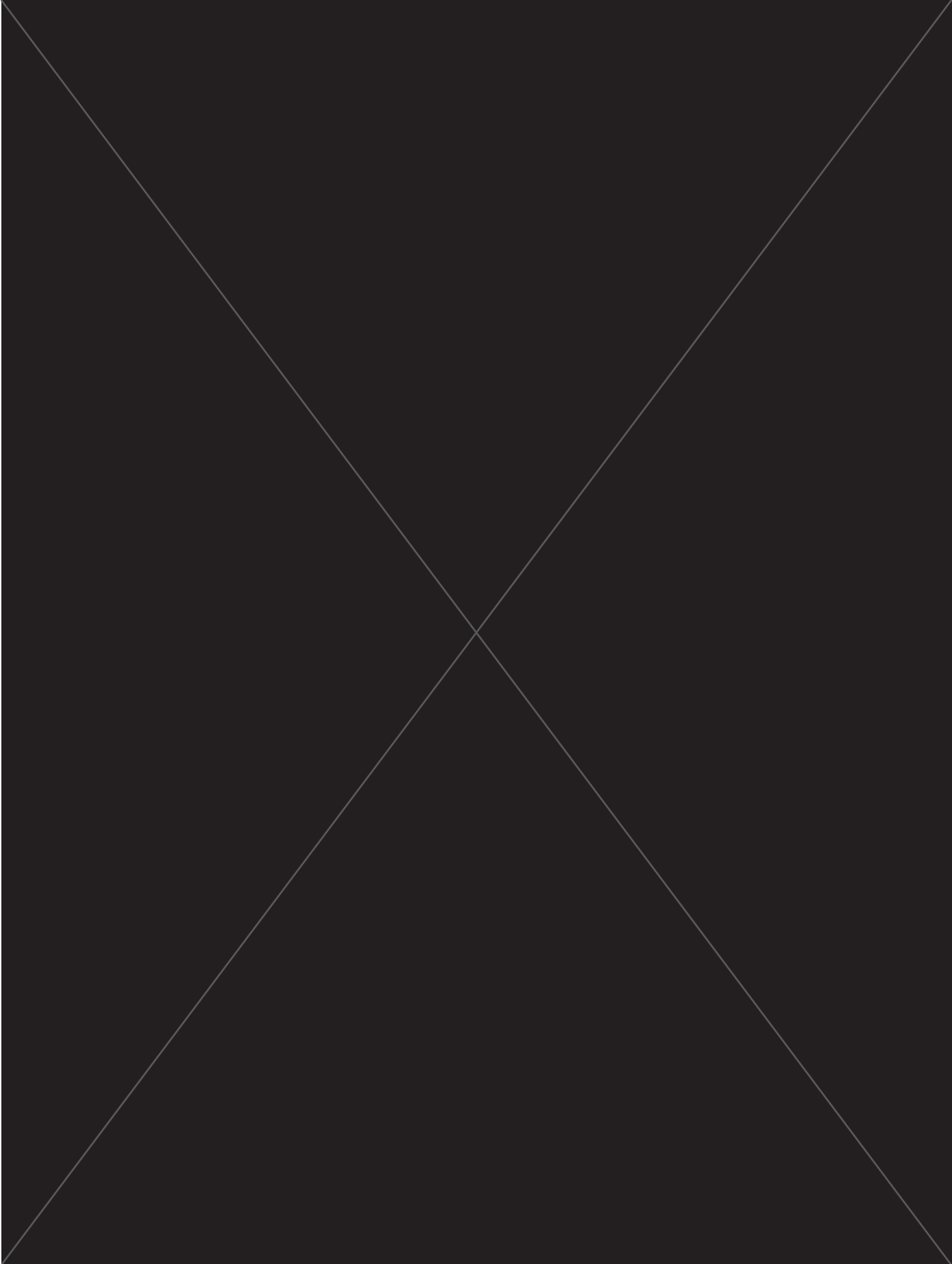
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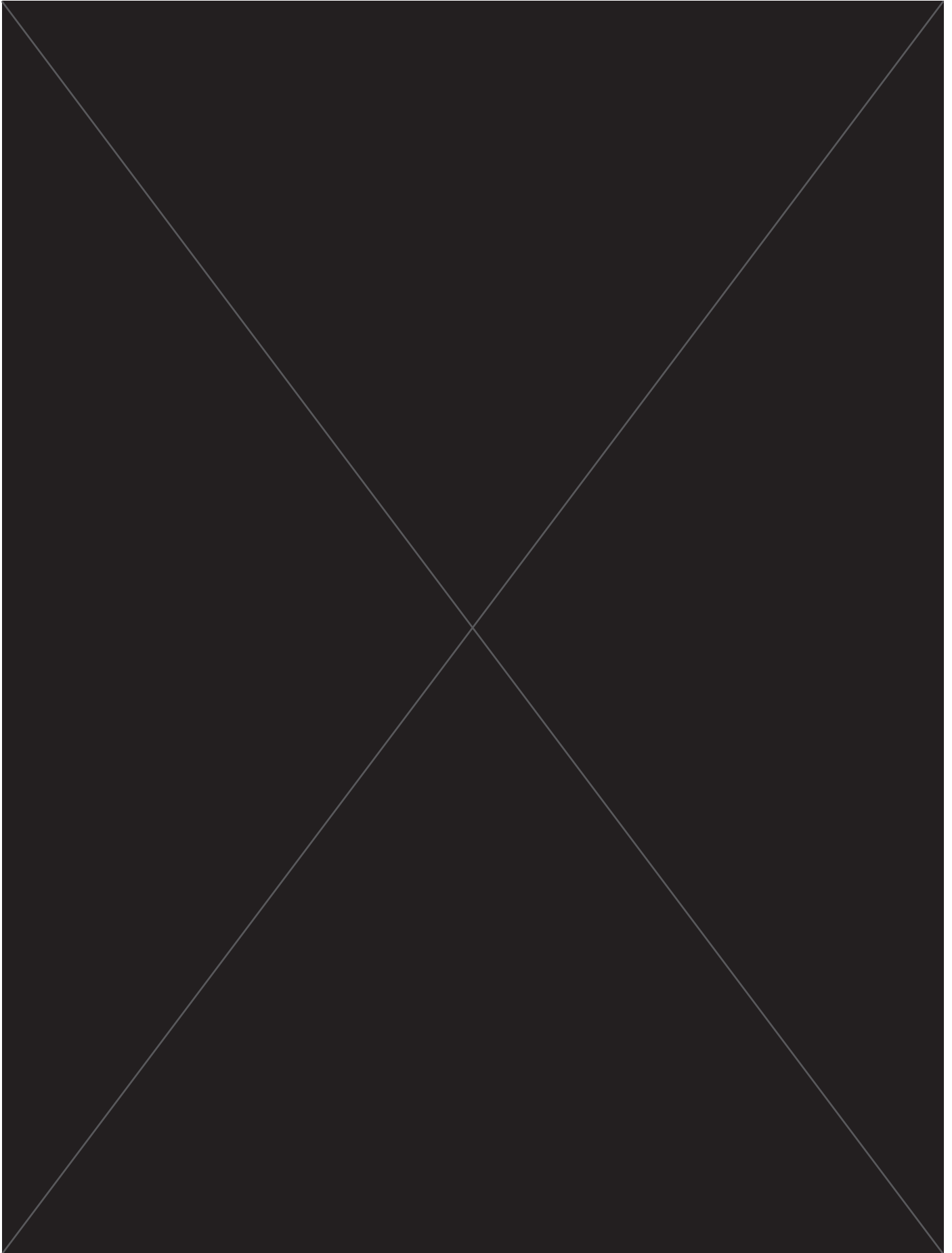
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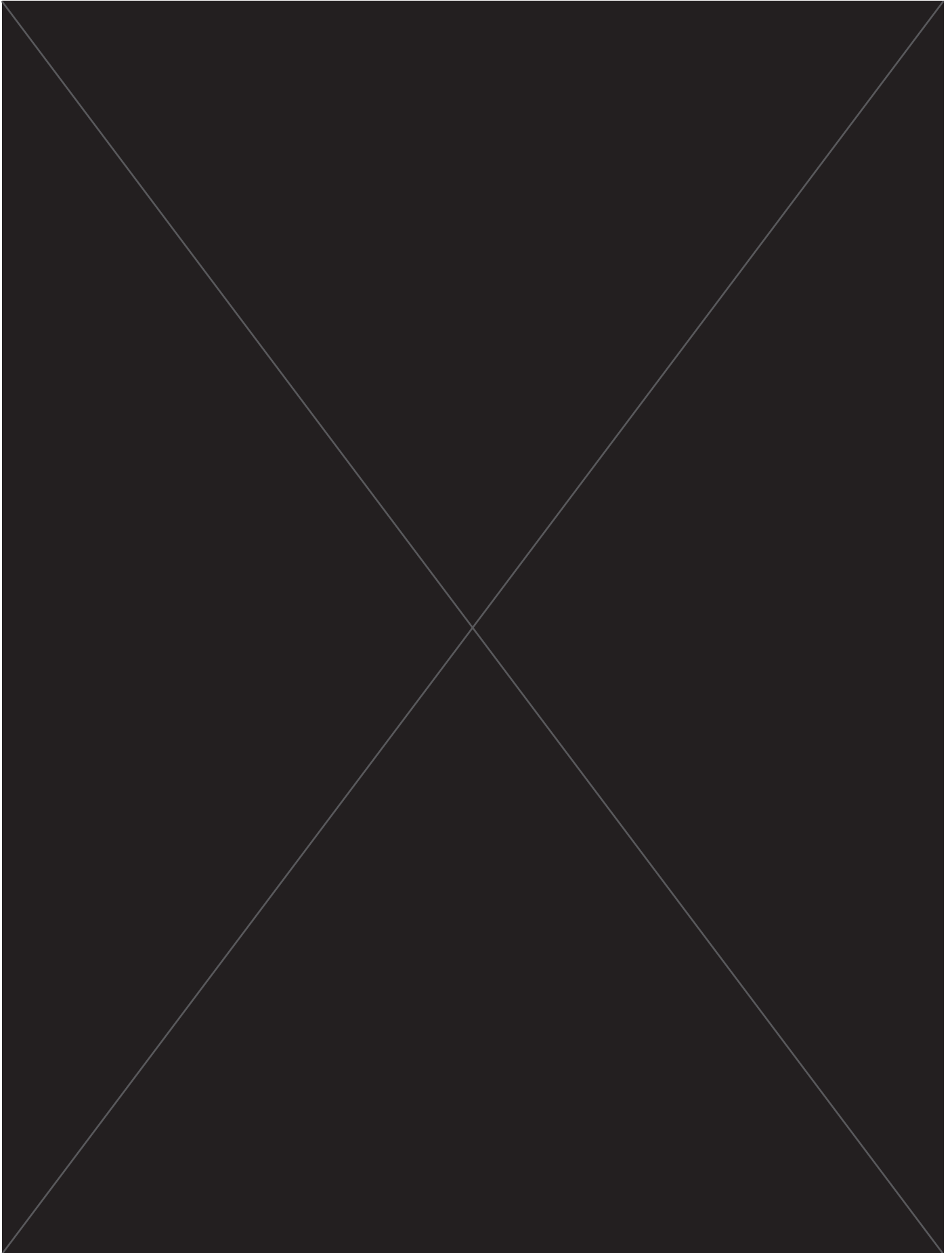
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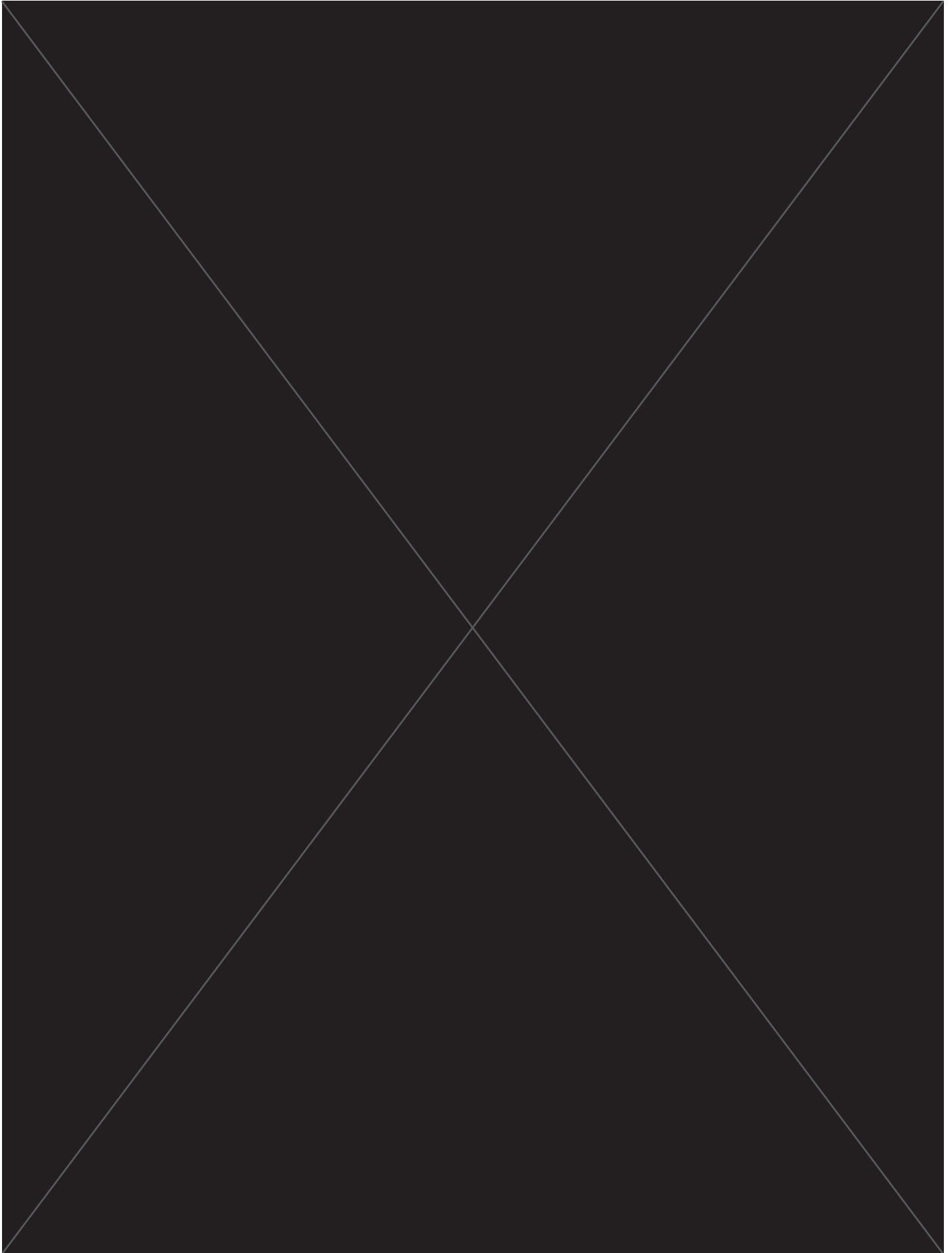
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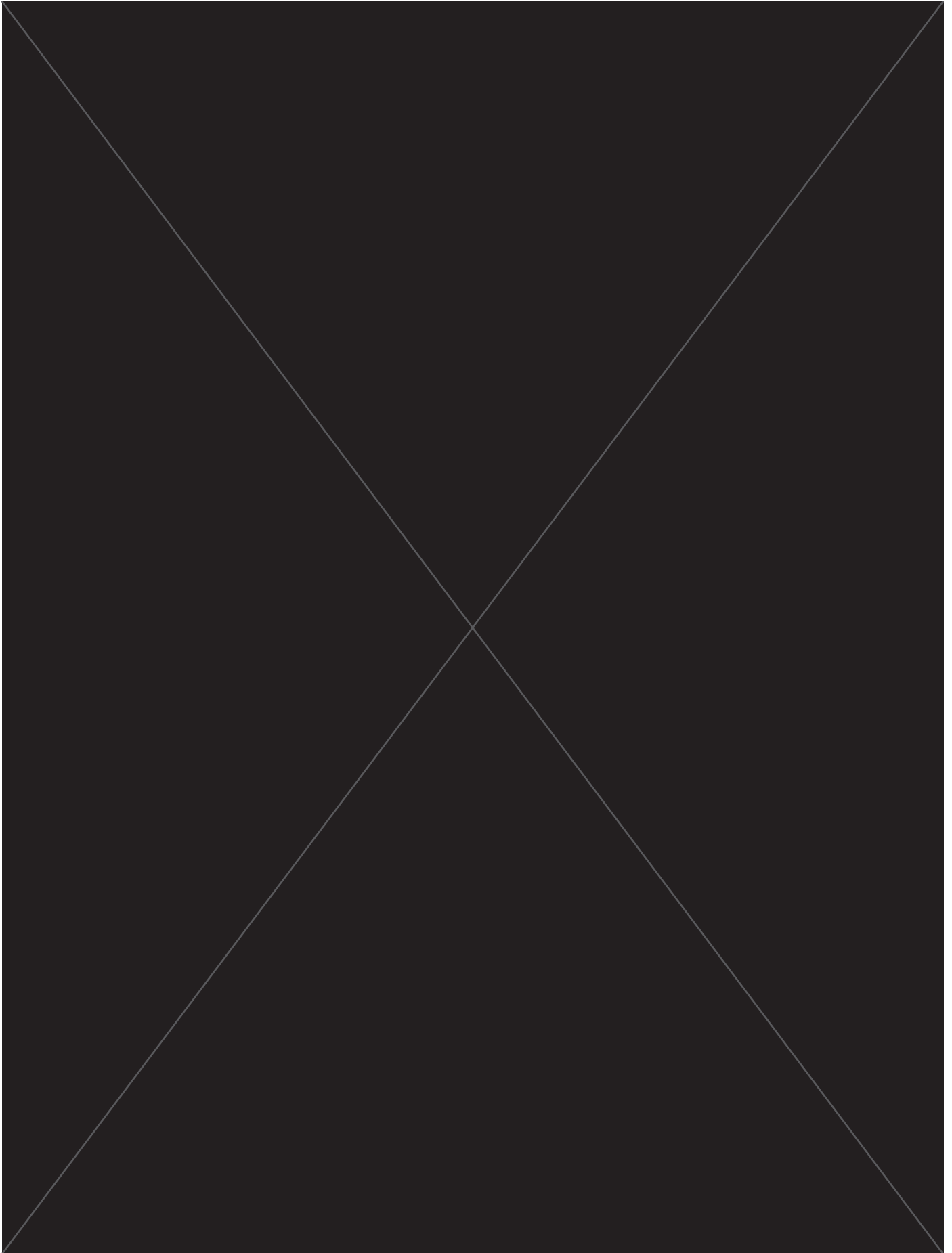
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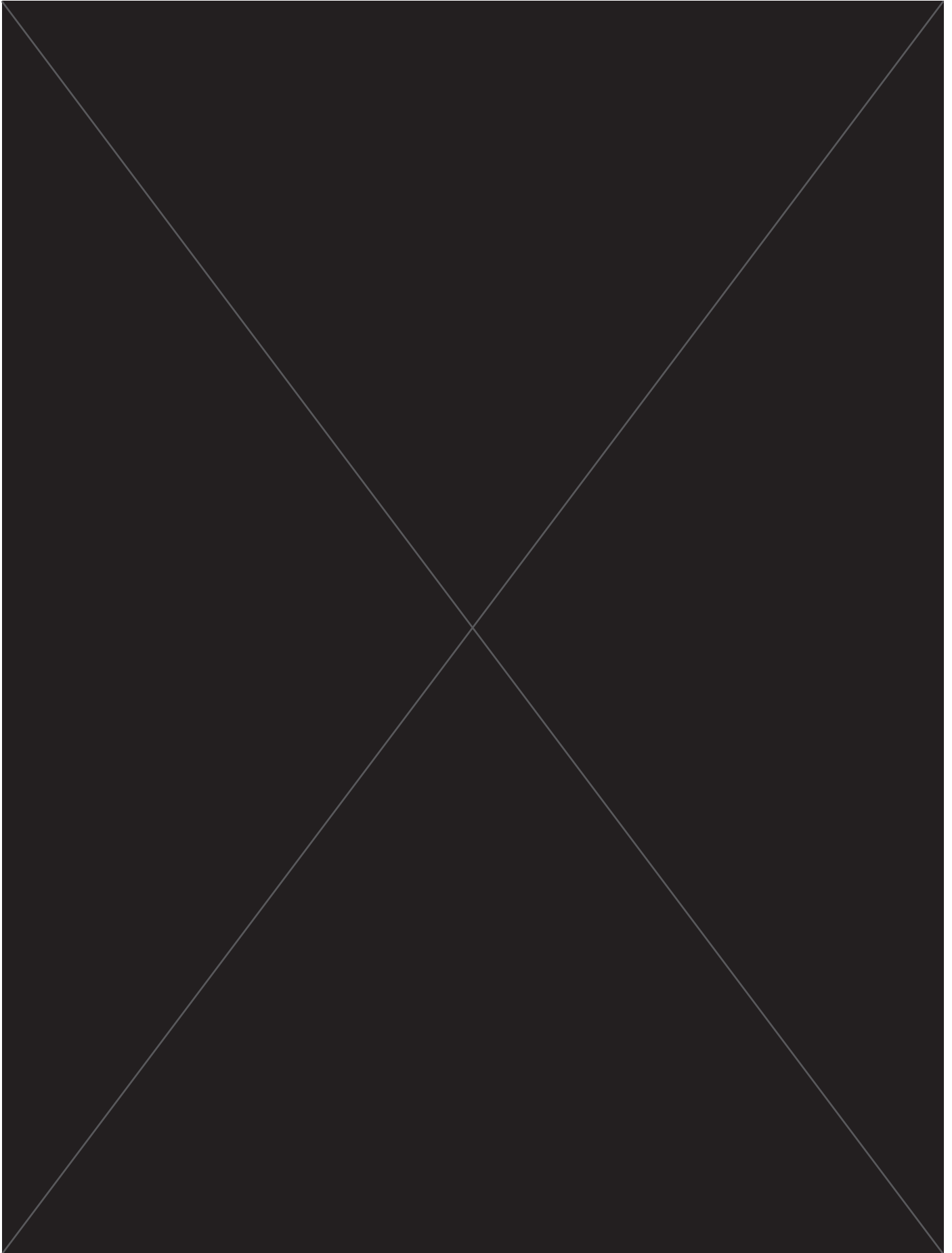
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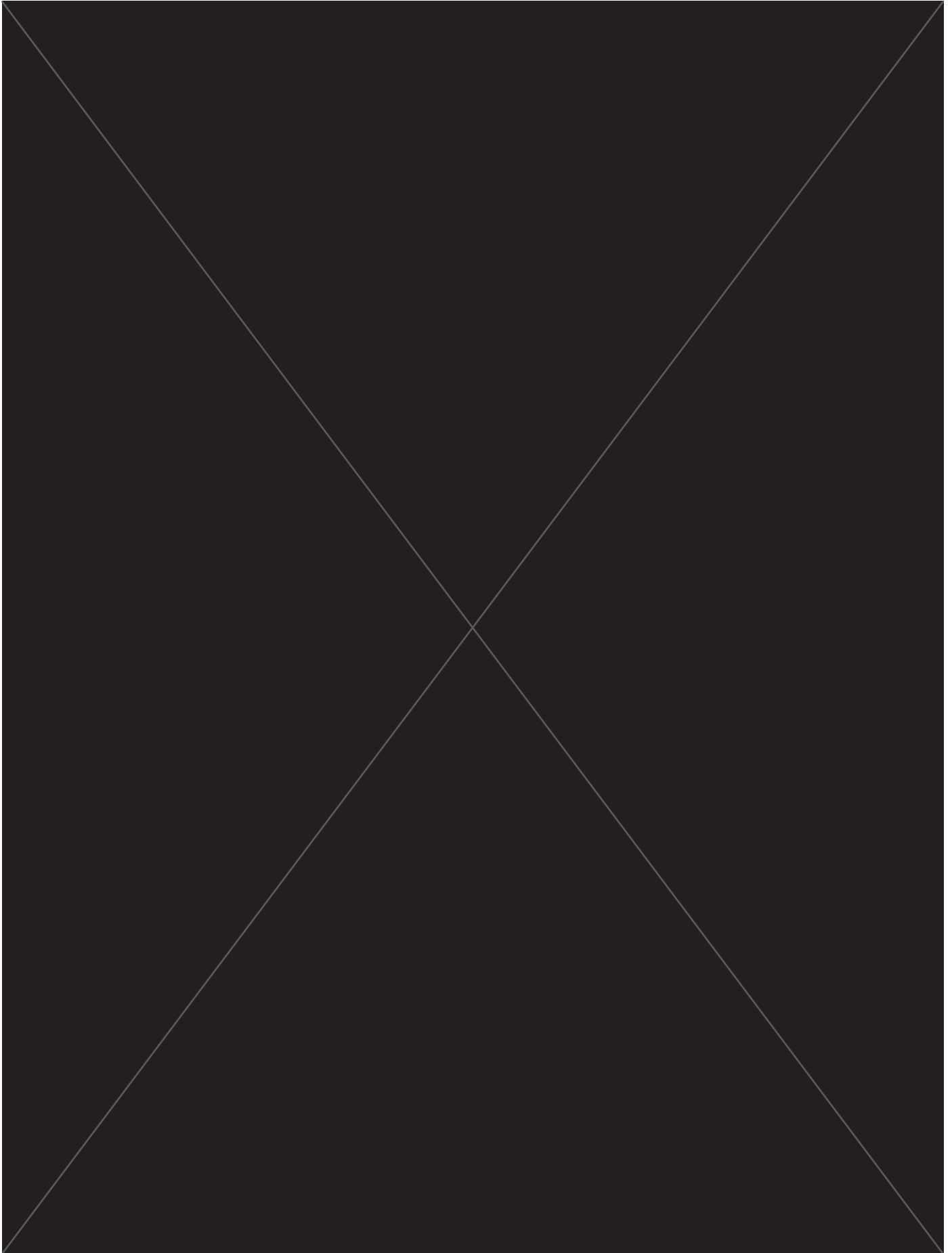
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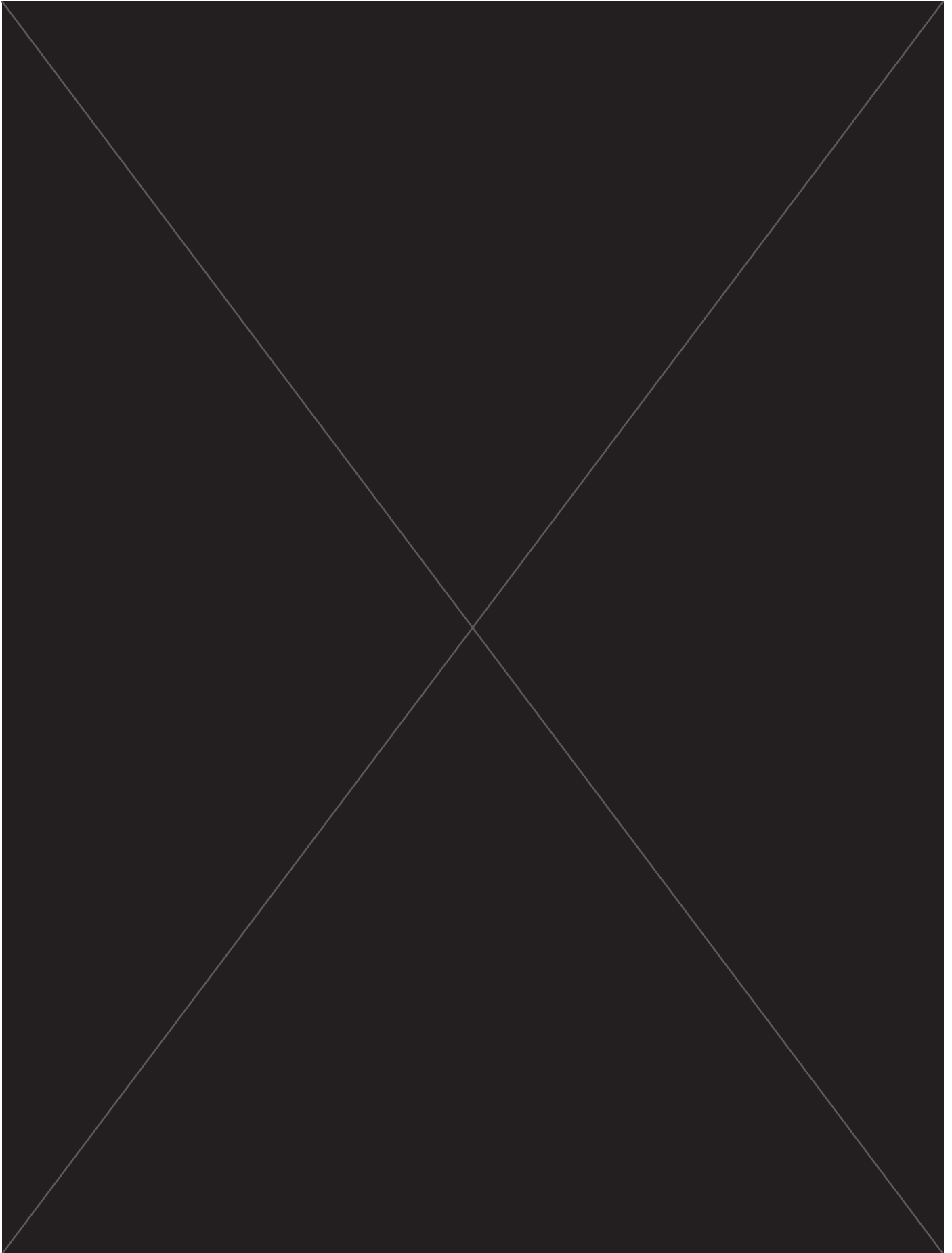
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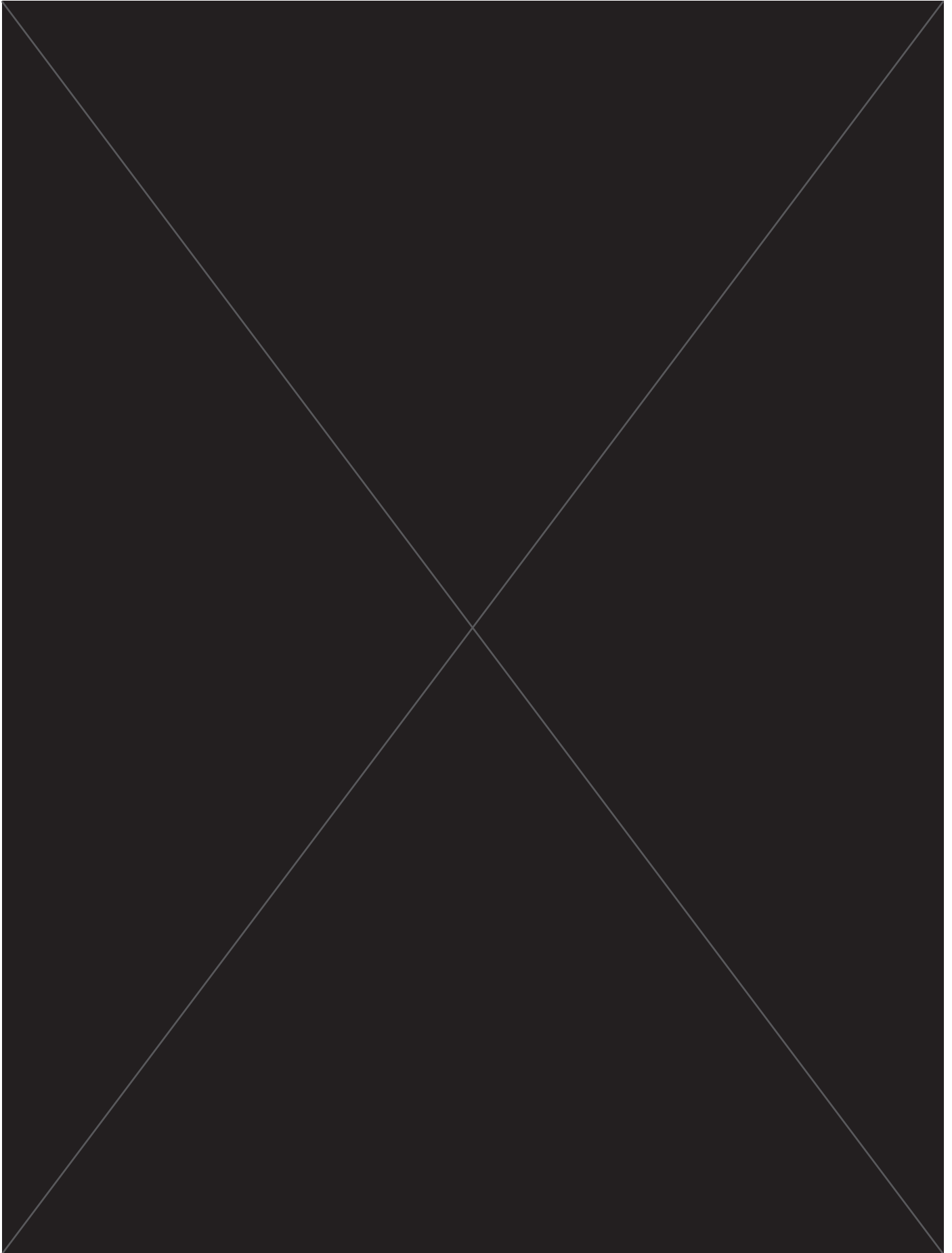
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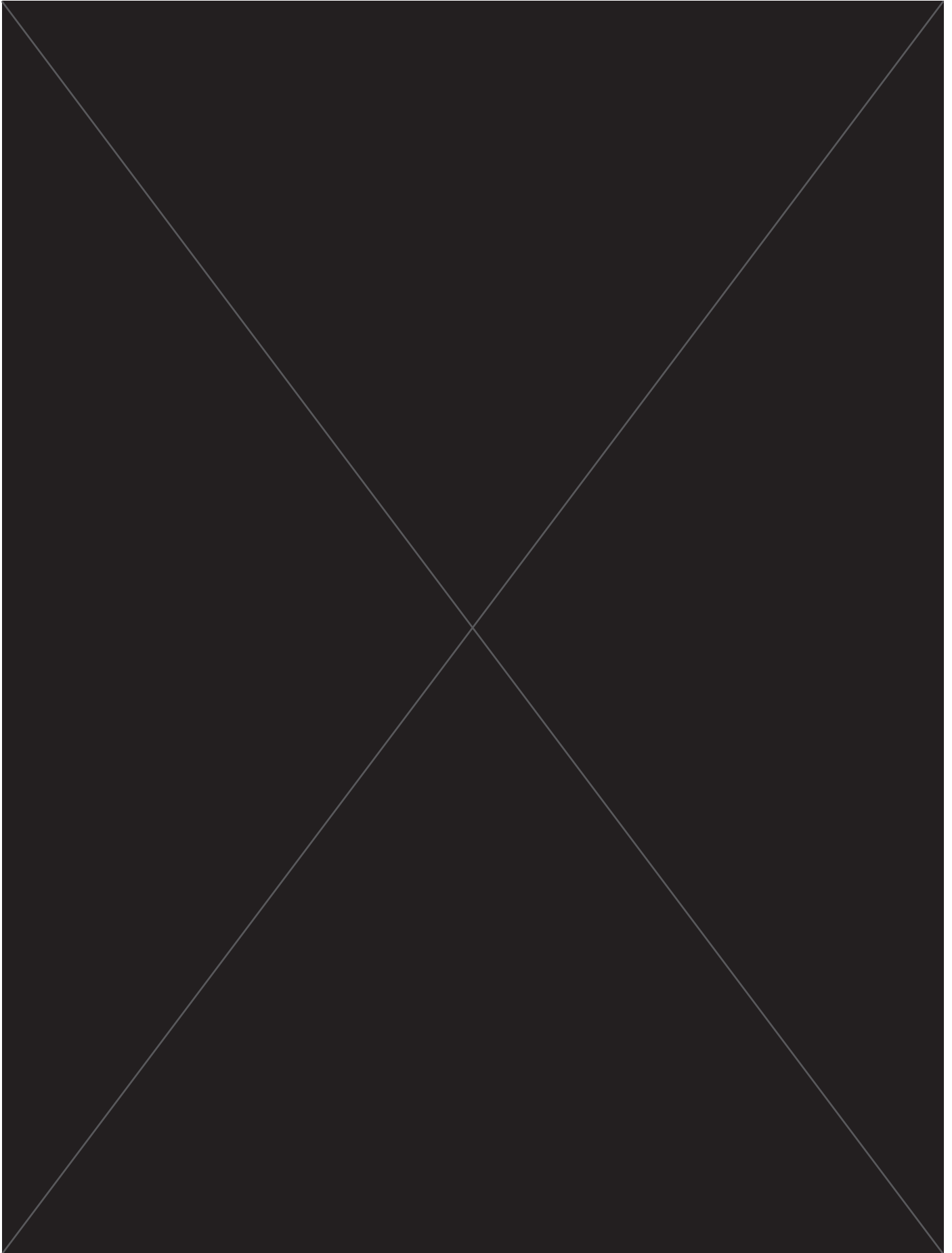
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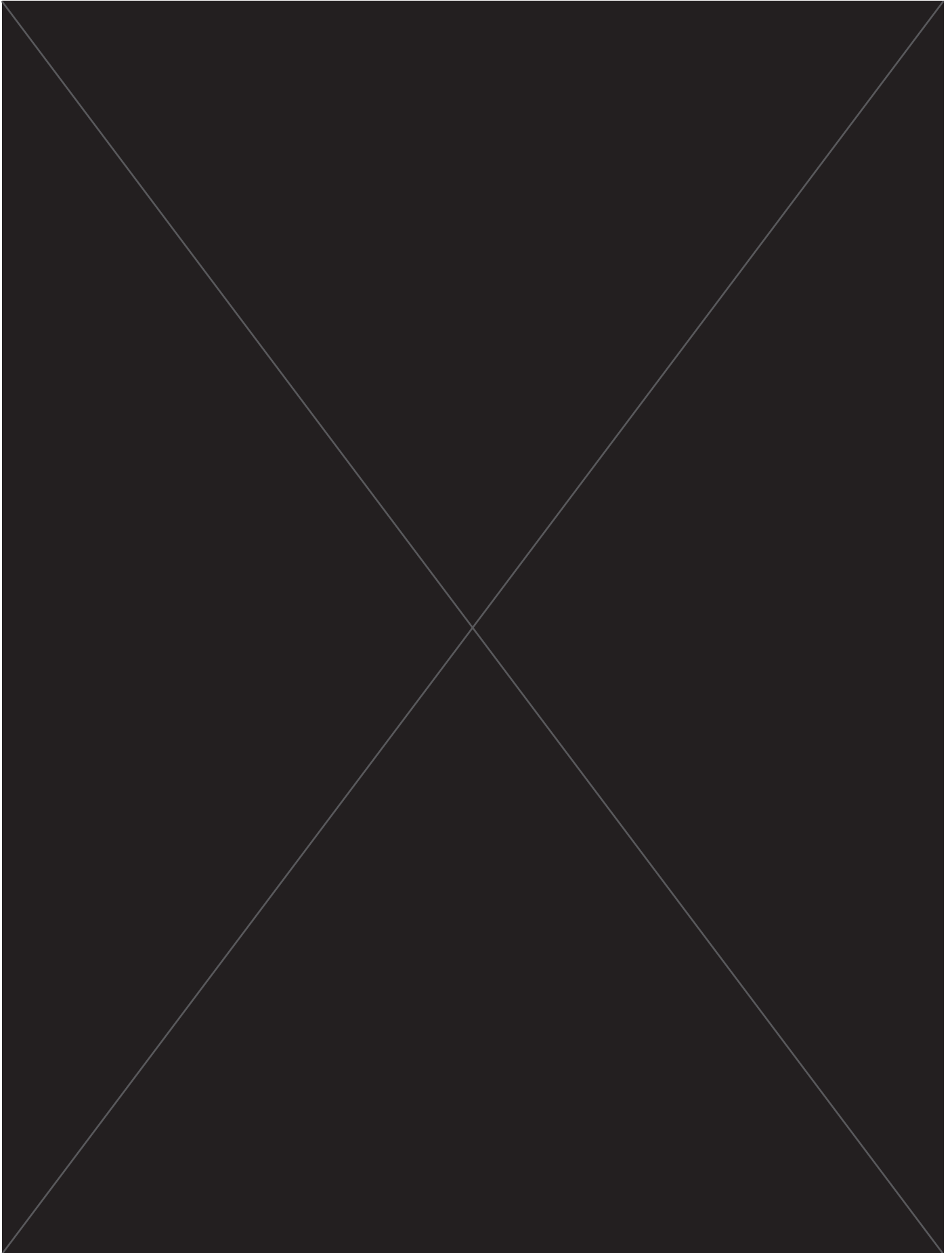
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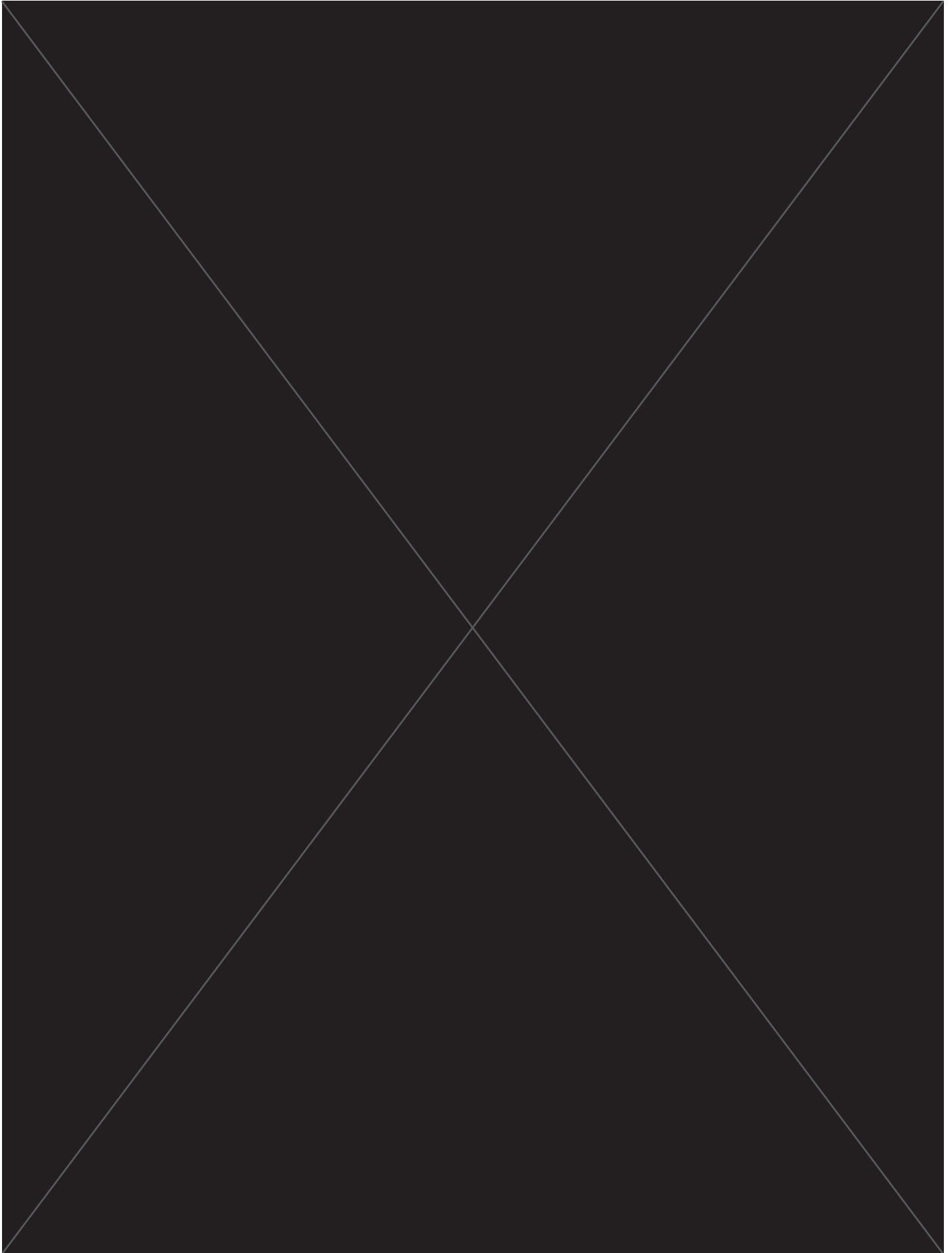
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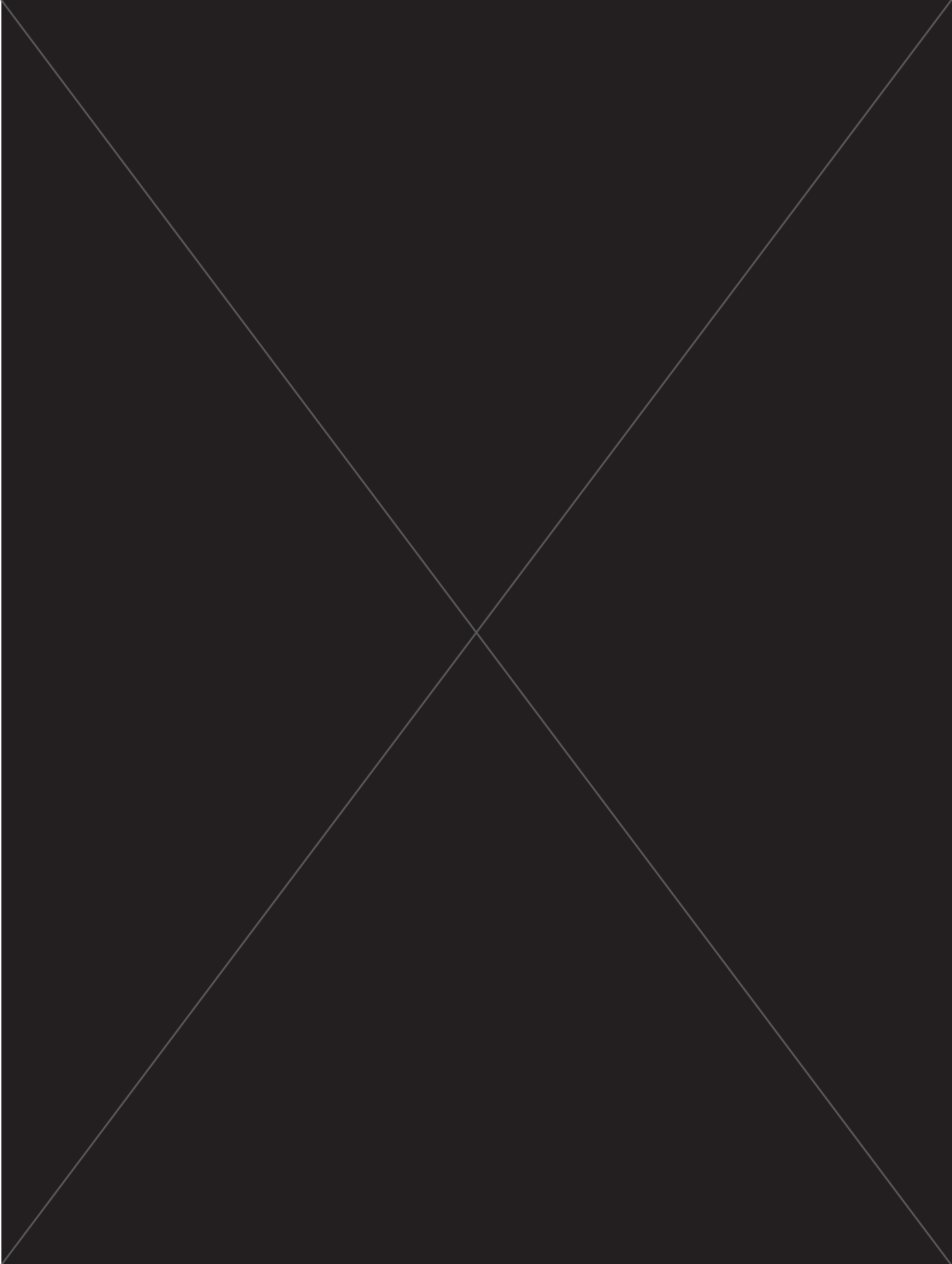
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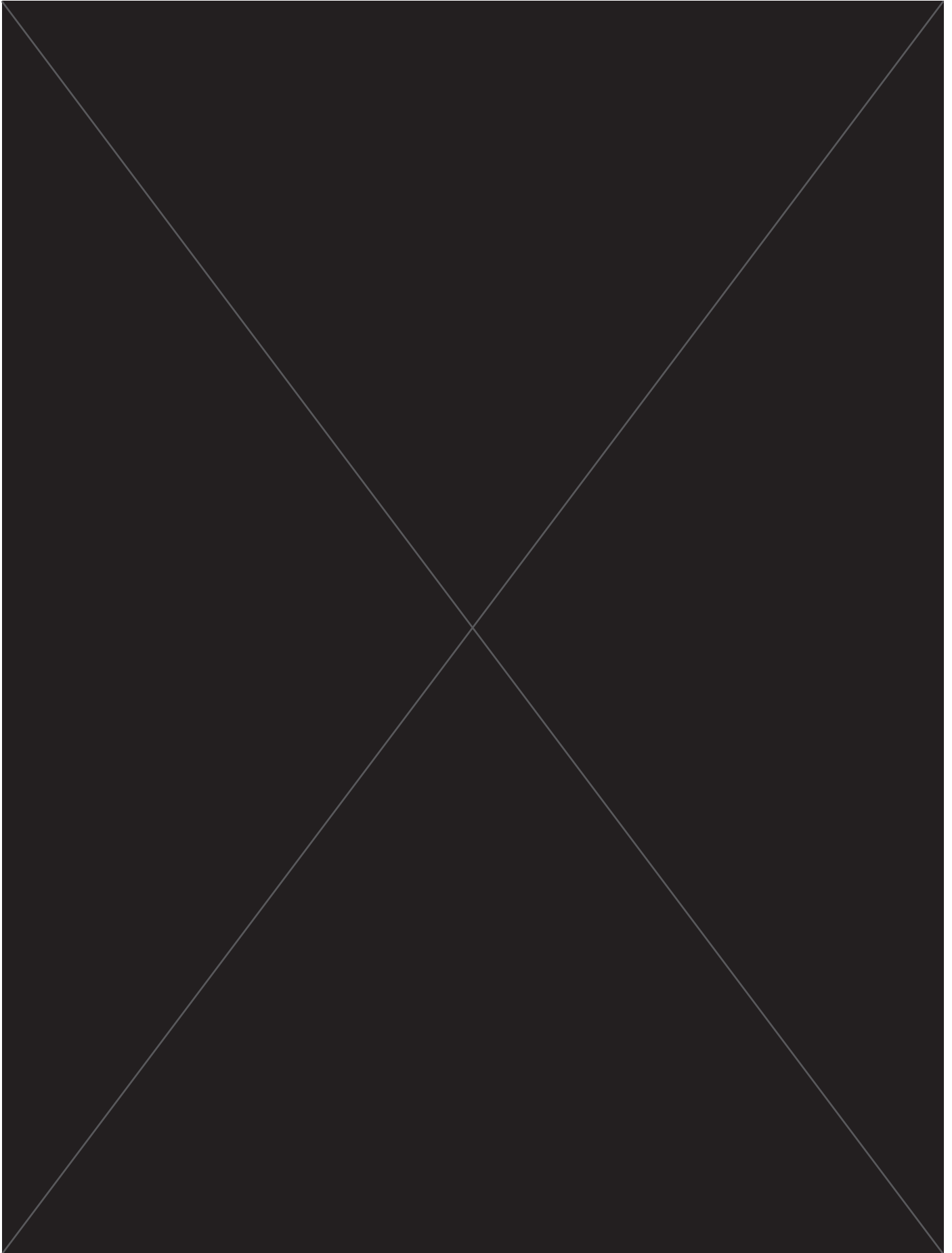
Attachment - Exhibit 18.4



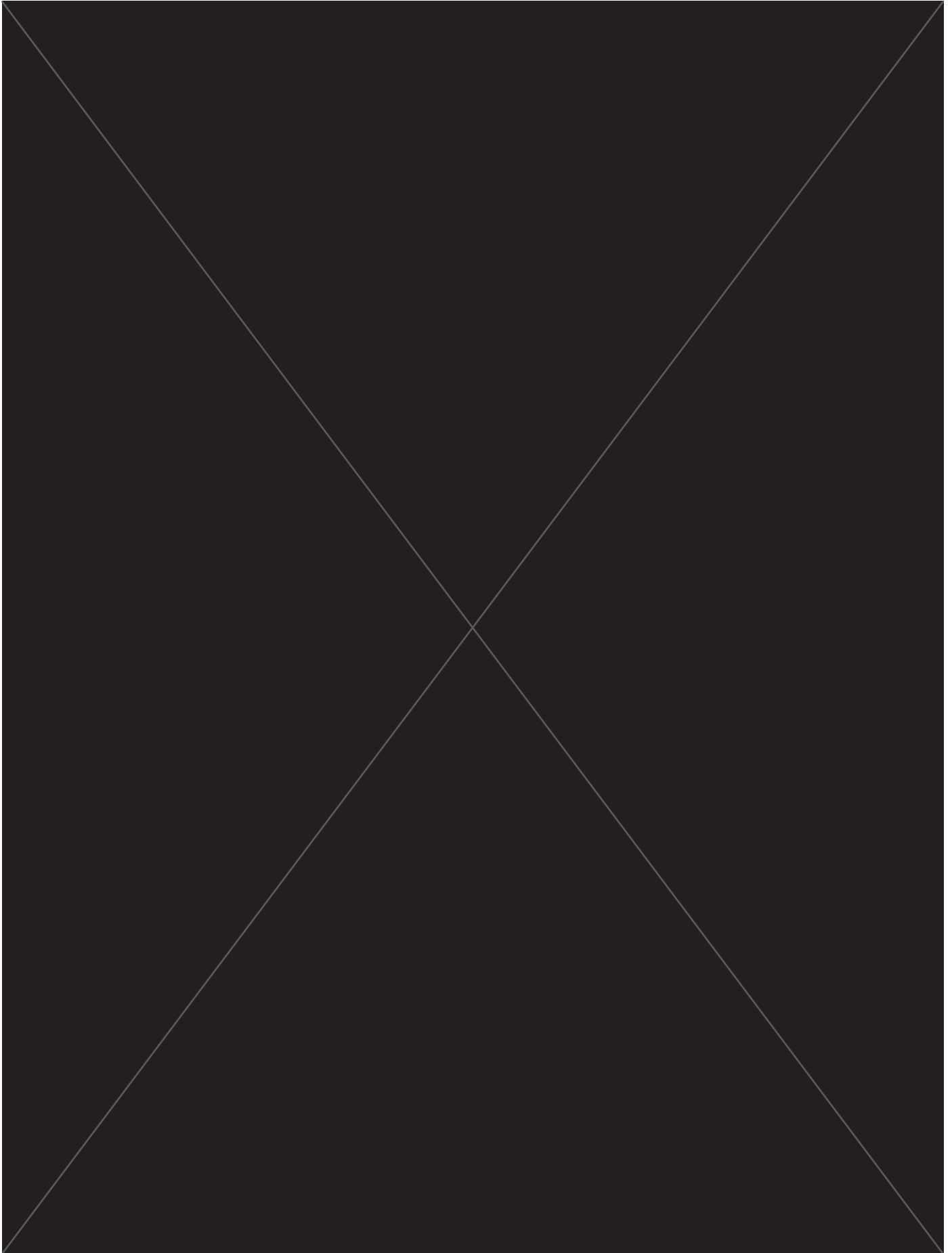
Attachment - Exhibit 18.4



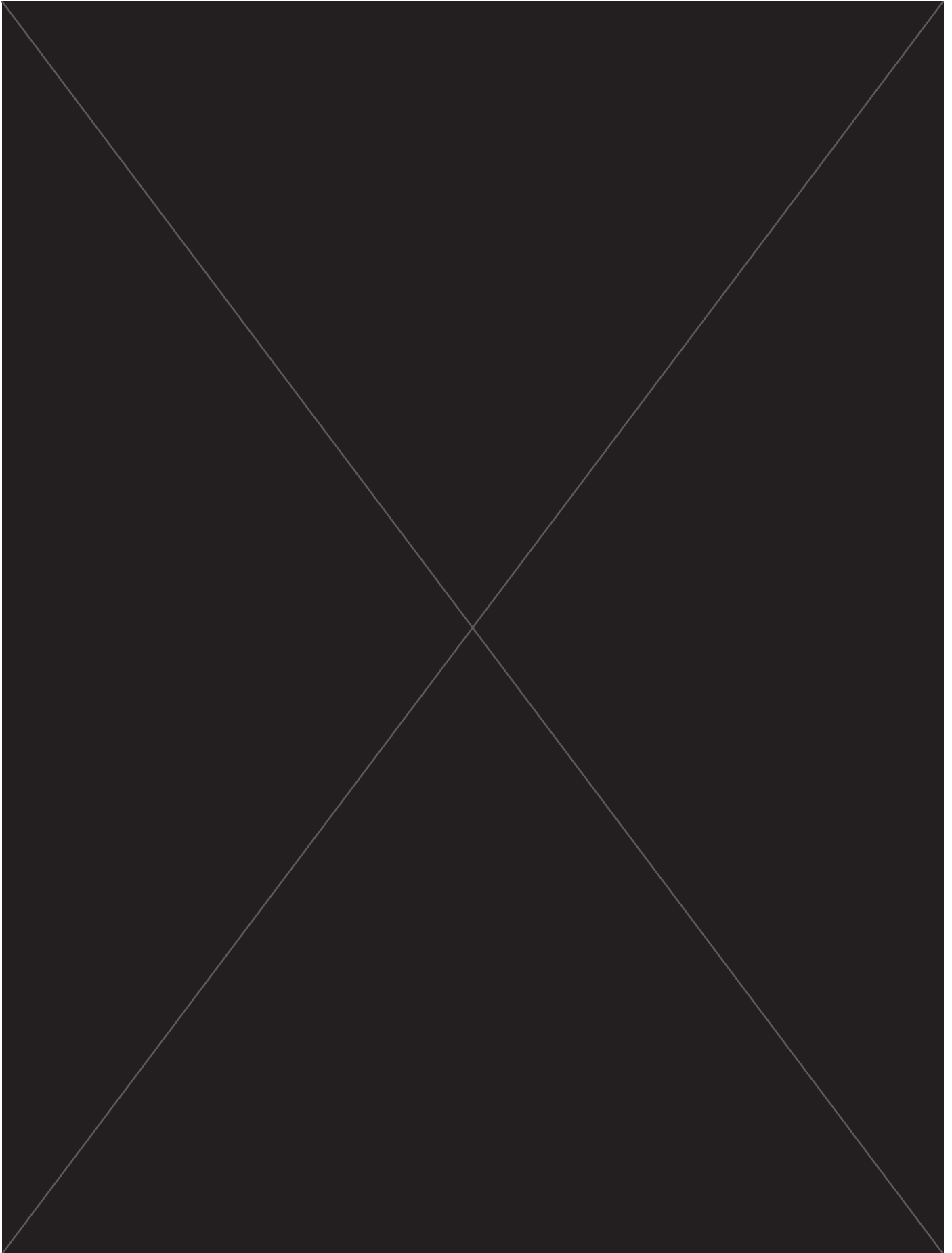
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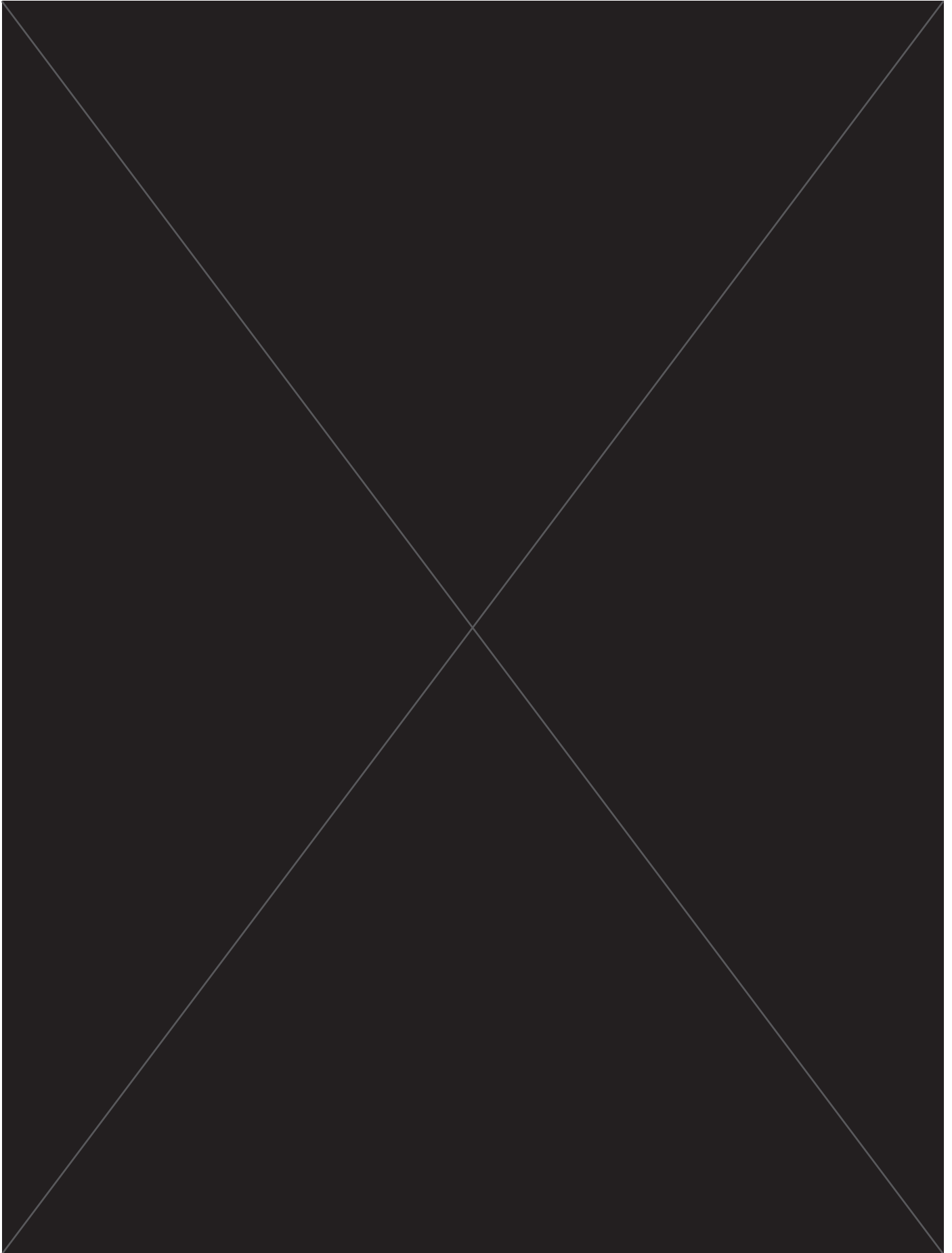
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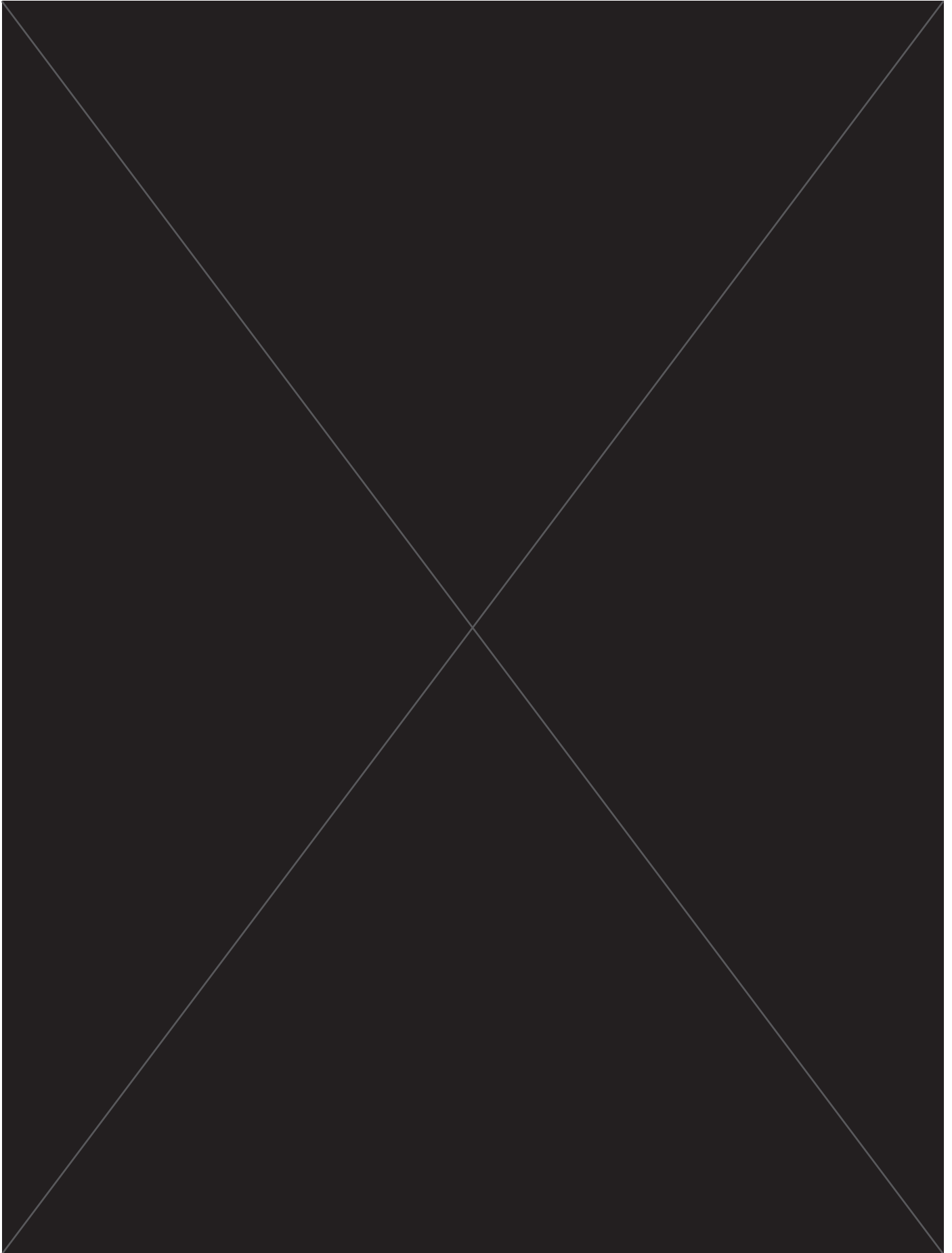
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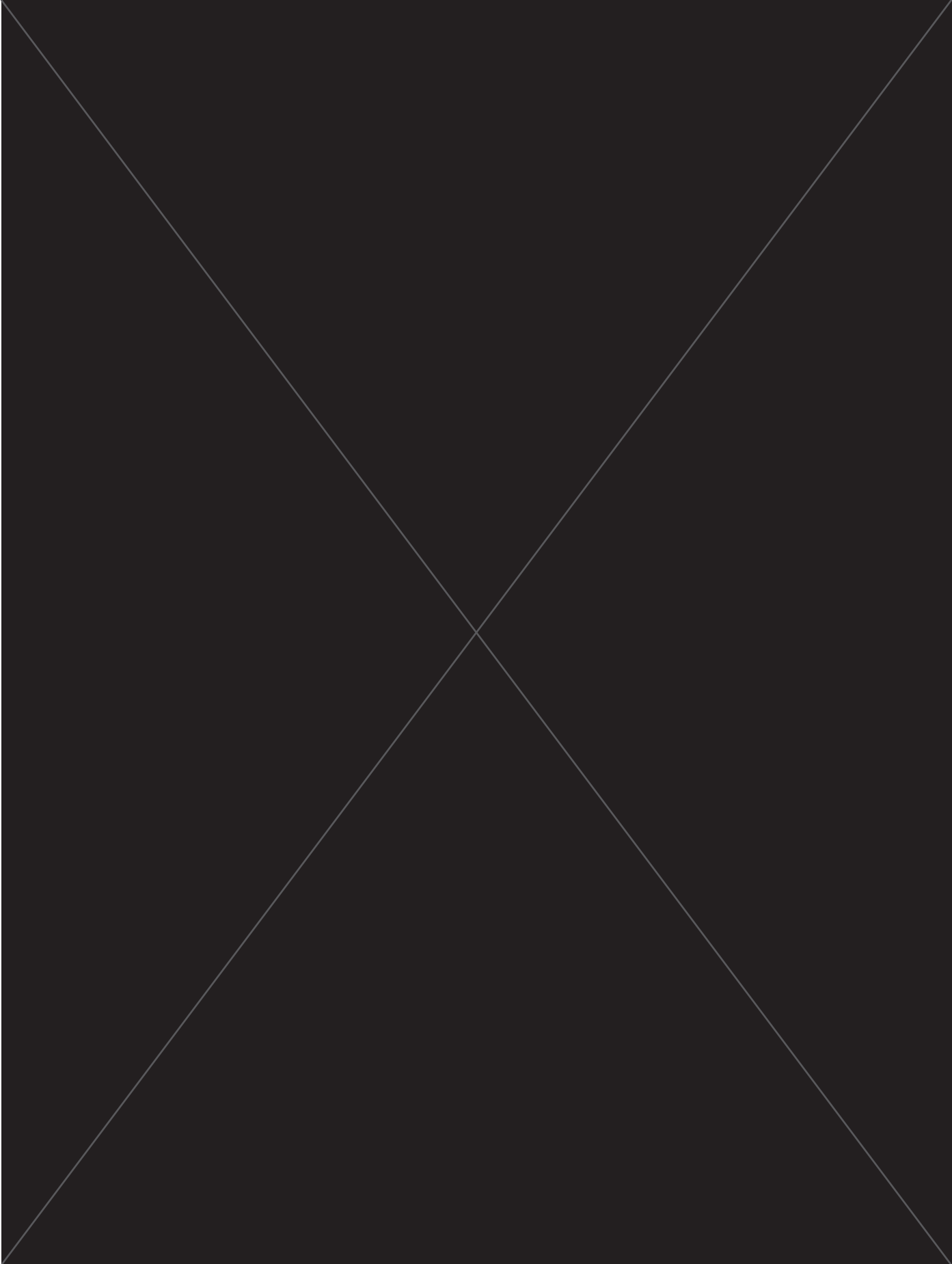
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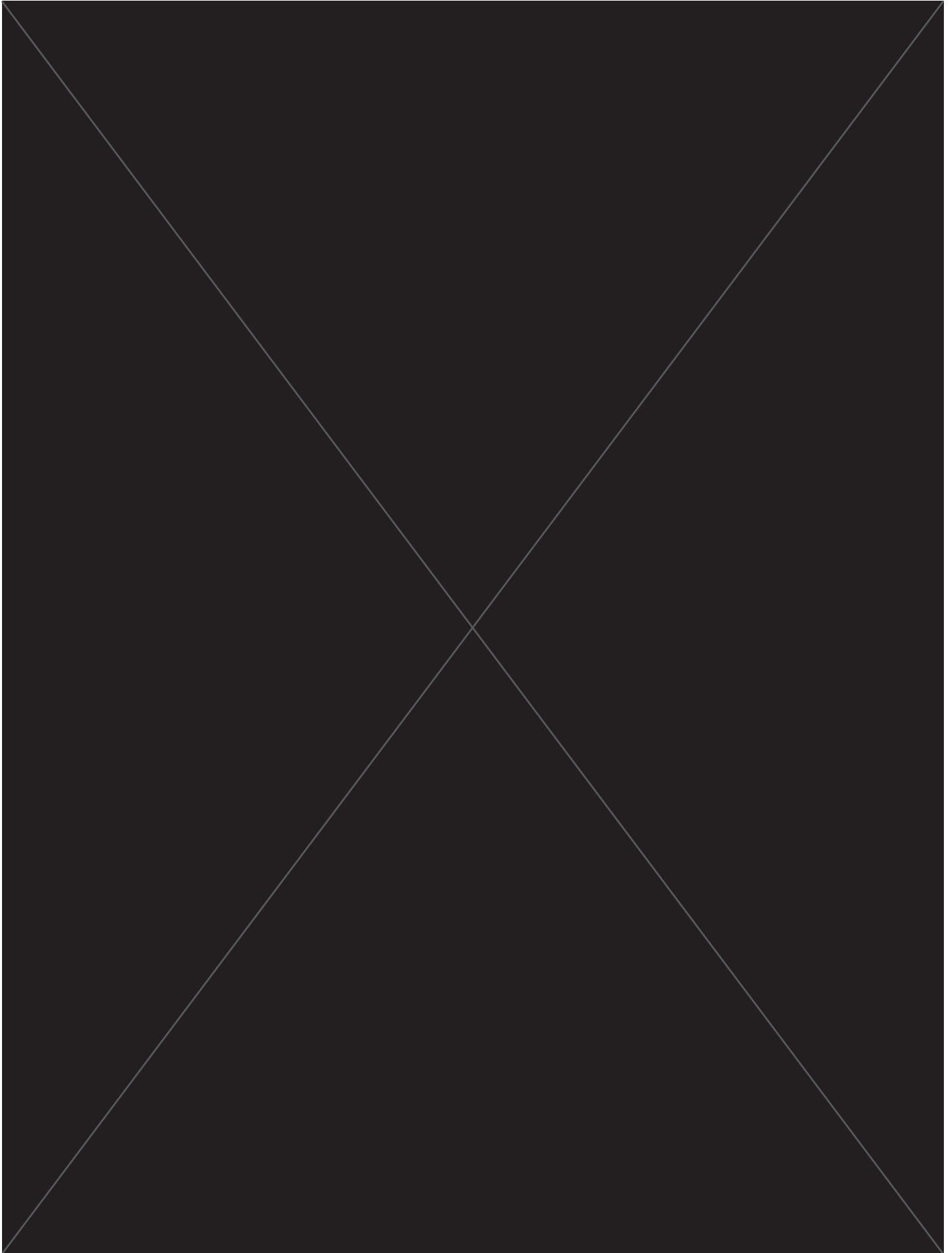
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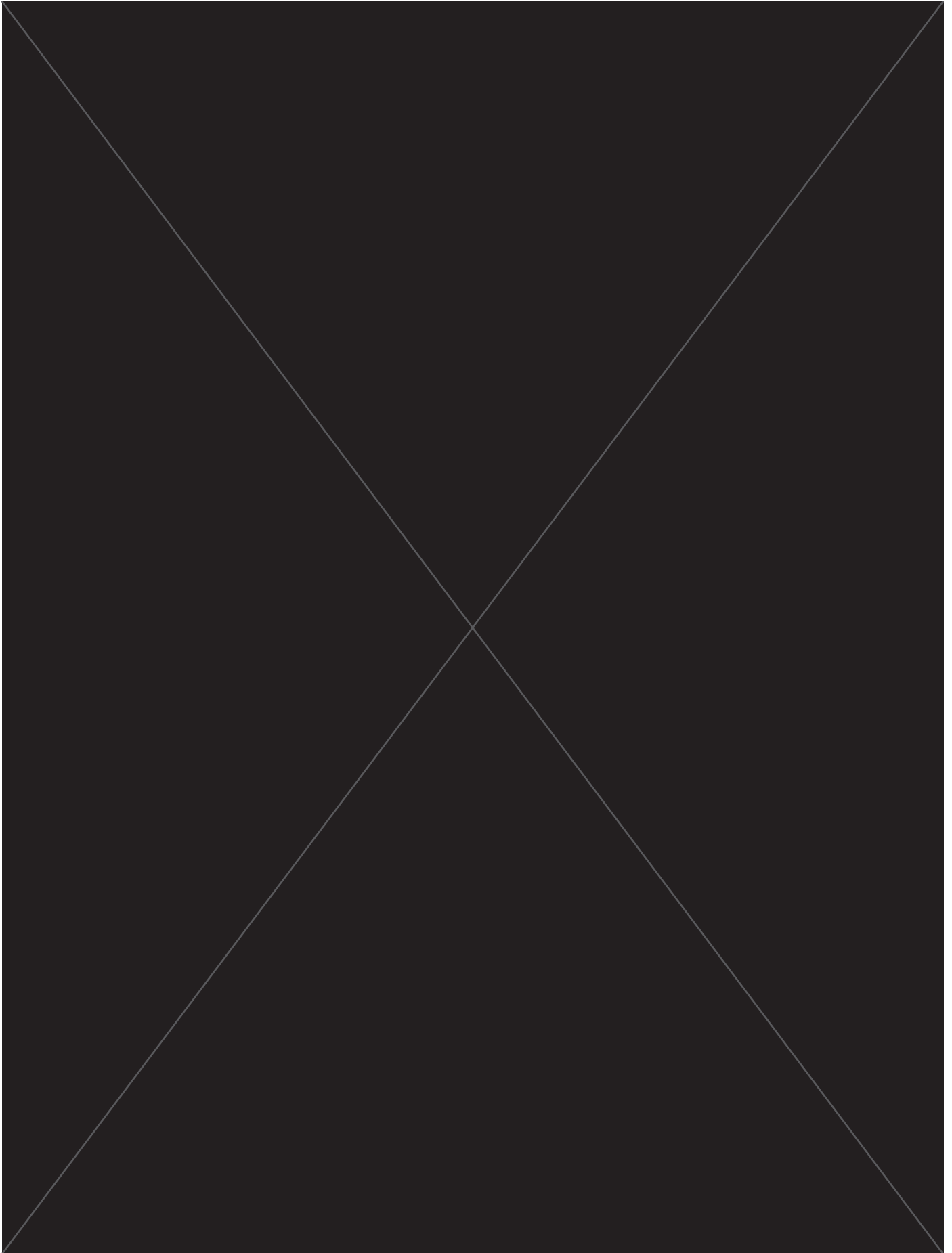
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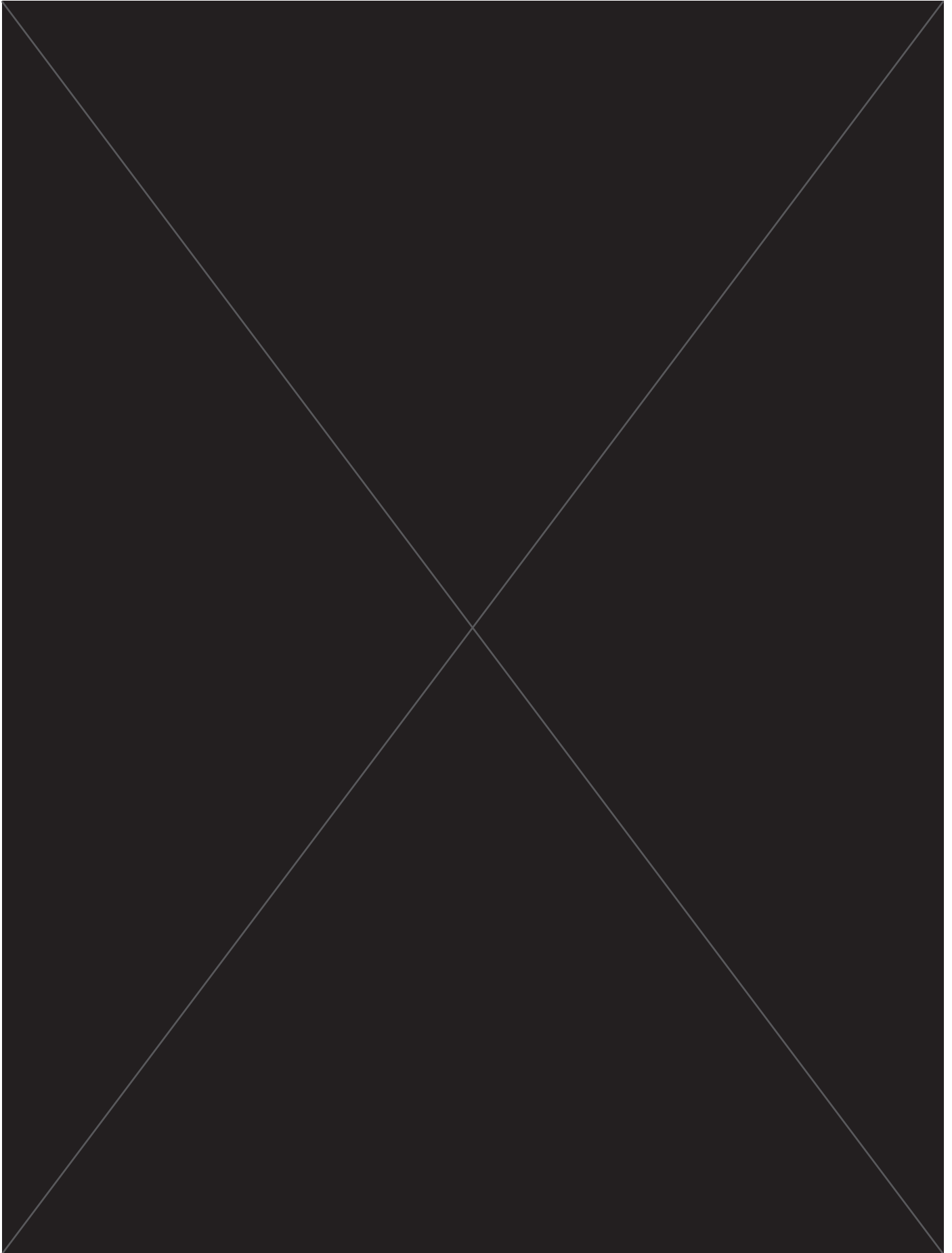
Attachment - Exhibit 18.4



Attachment - Exhibit 18.4

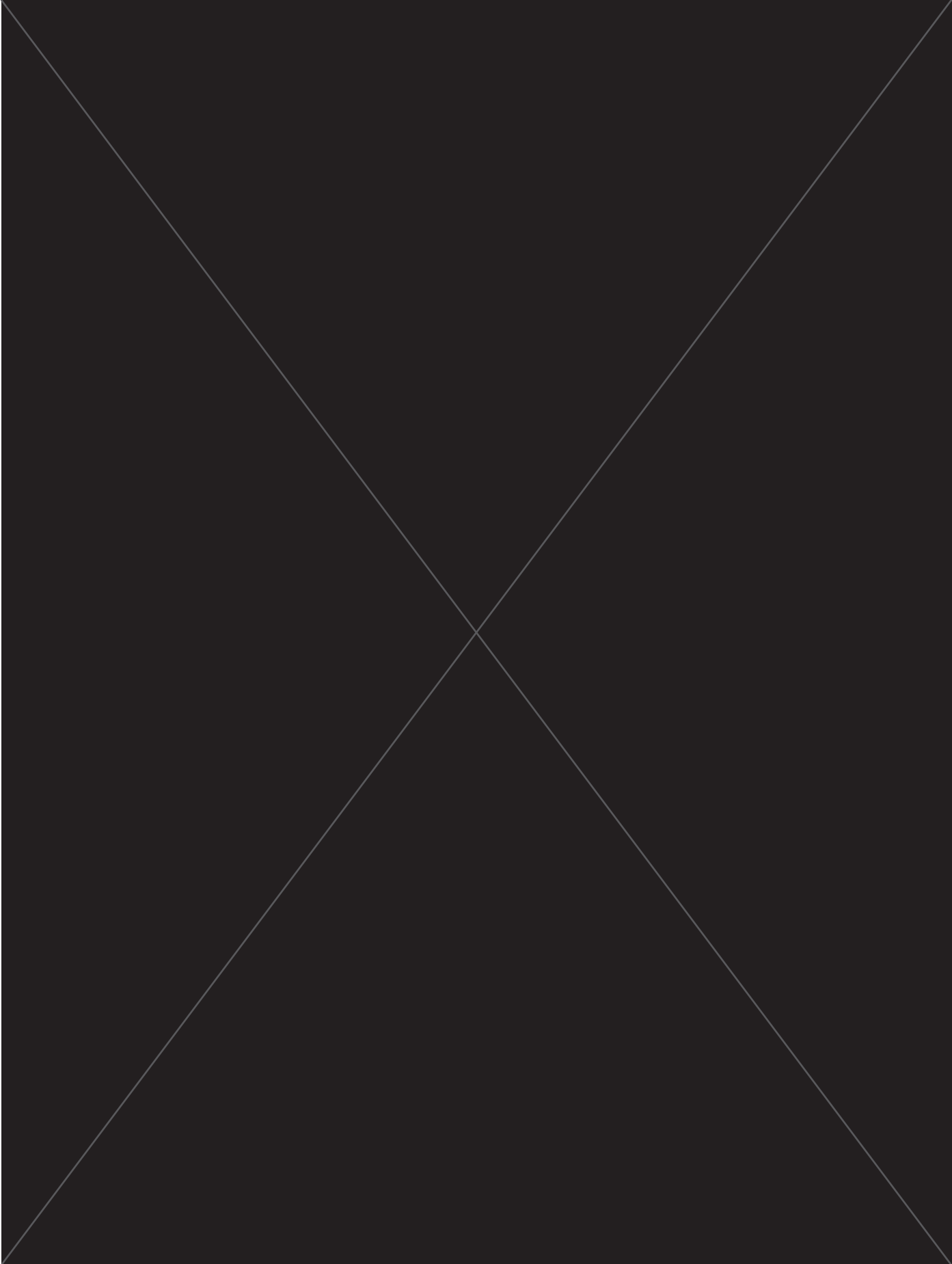


Attachment - Exhibit 18.4



18997671.2

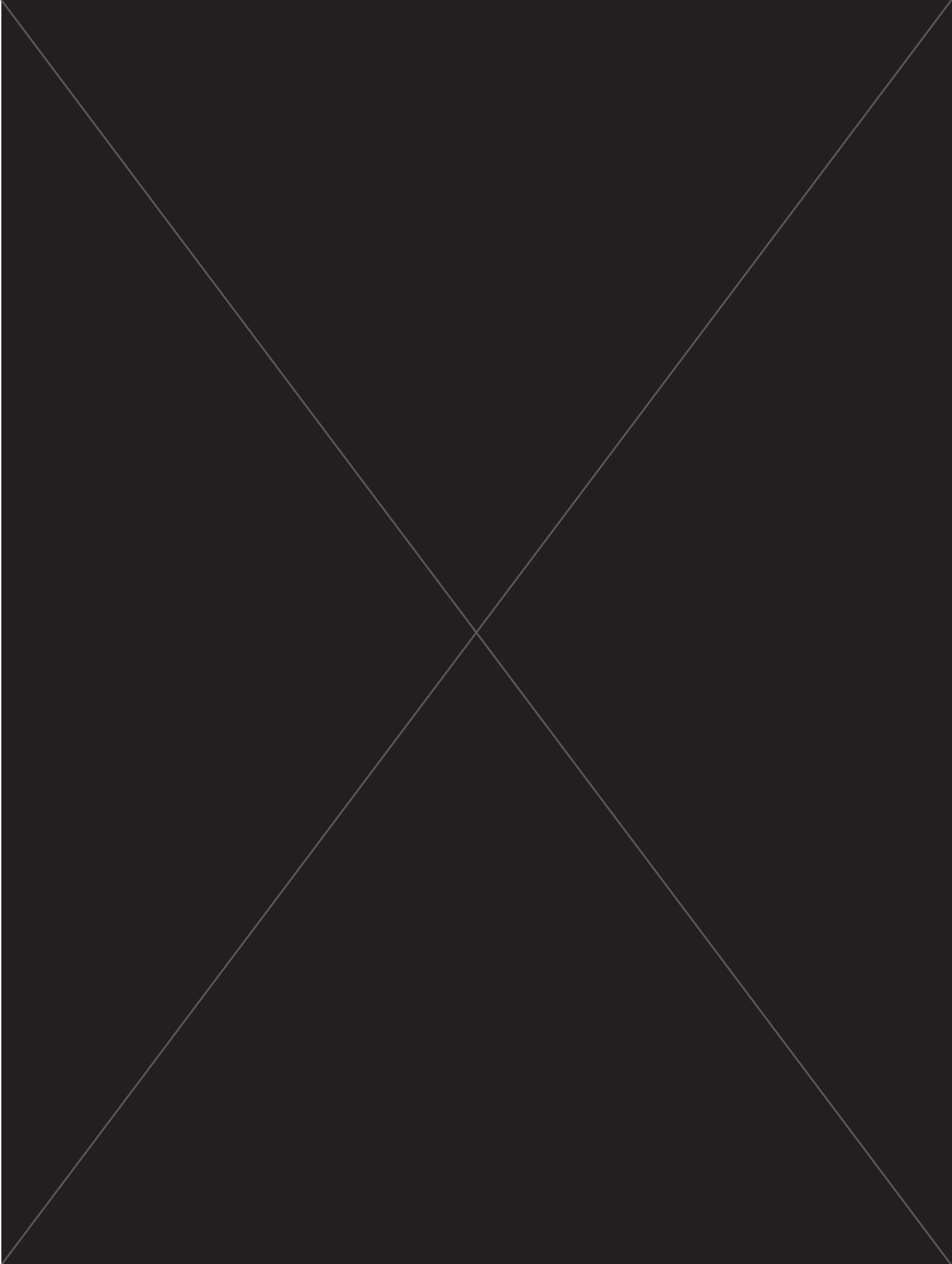
Attachment - Exhibit 18.4



18997671.2

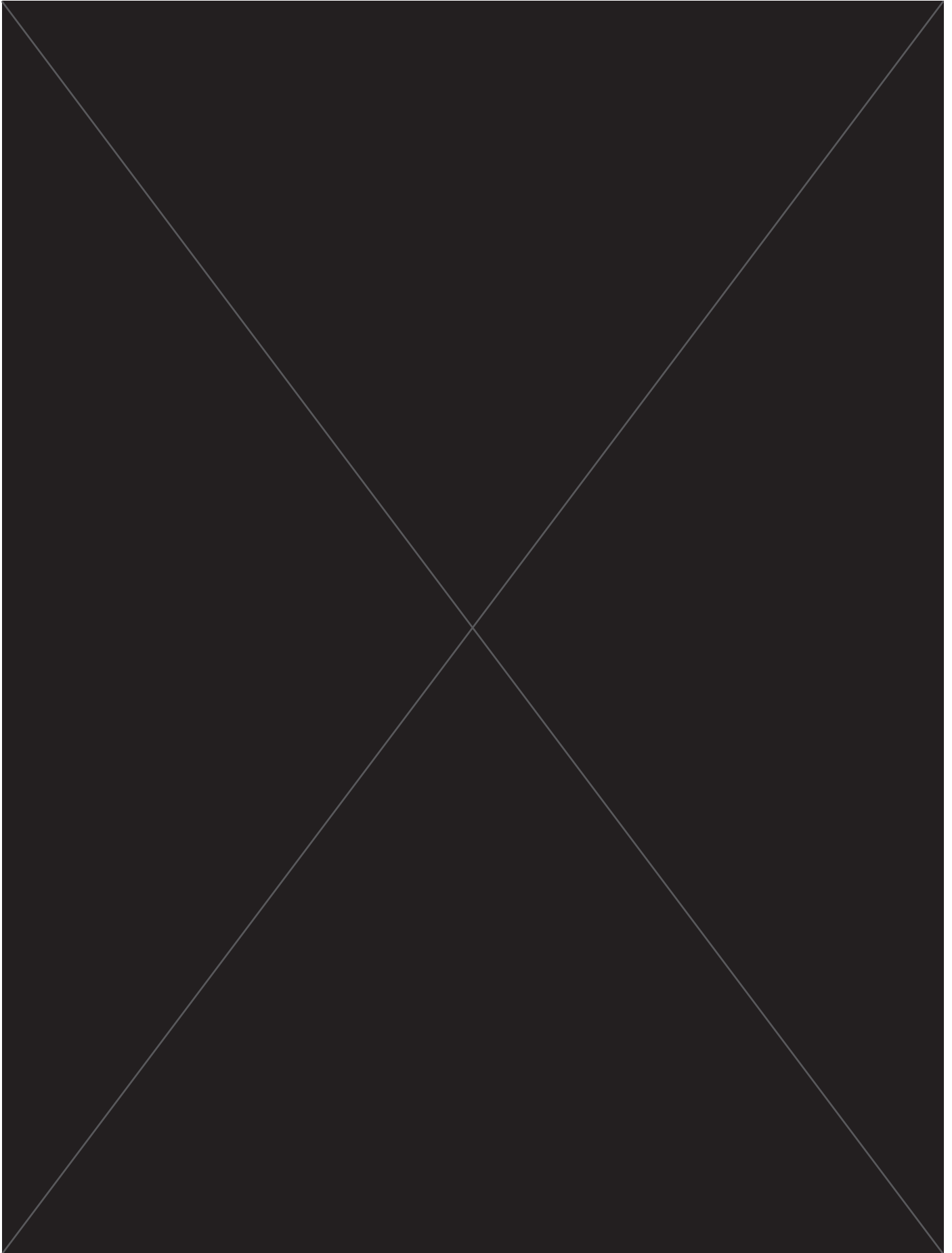
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Attachment - Exhibit 18.4



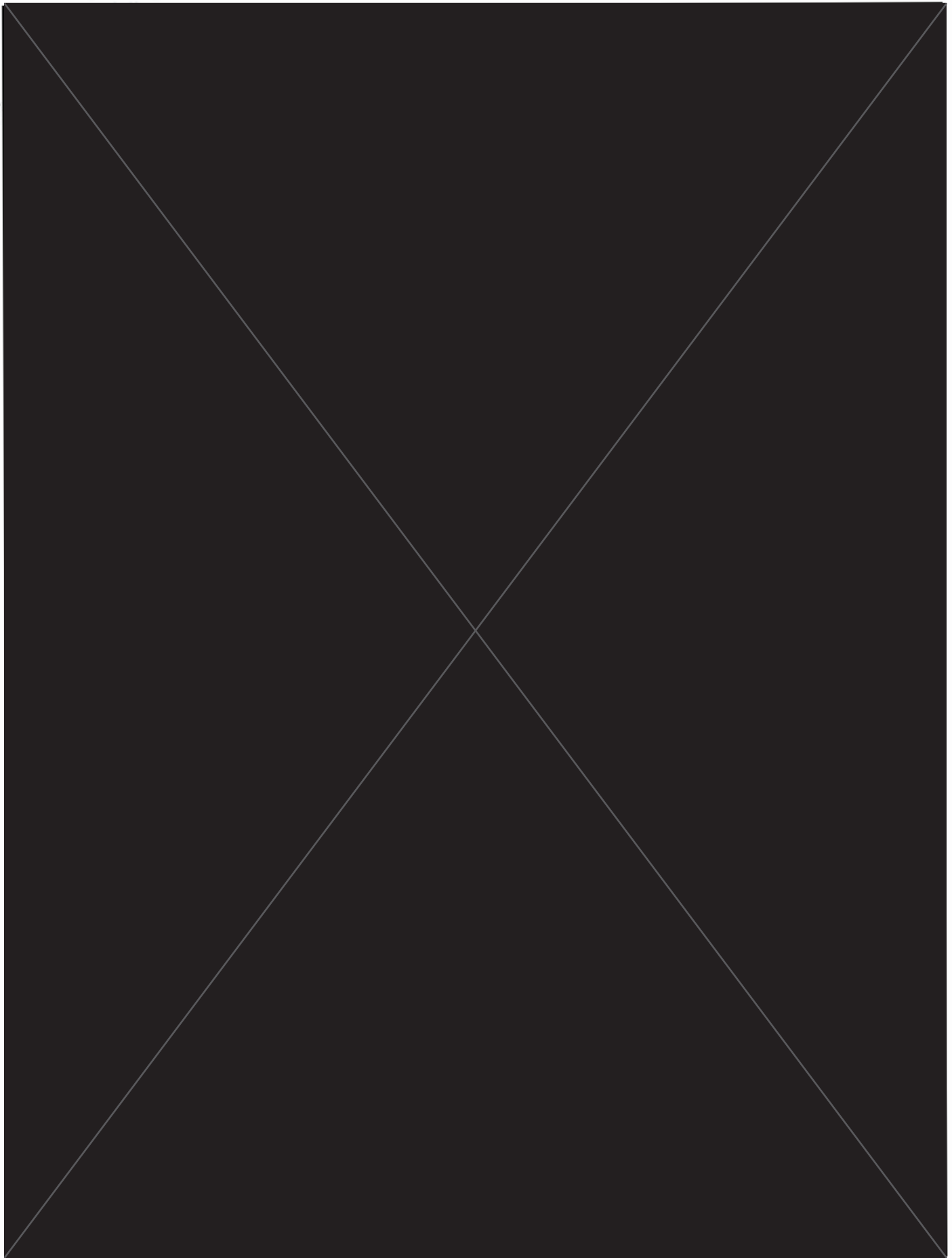
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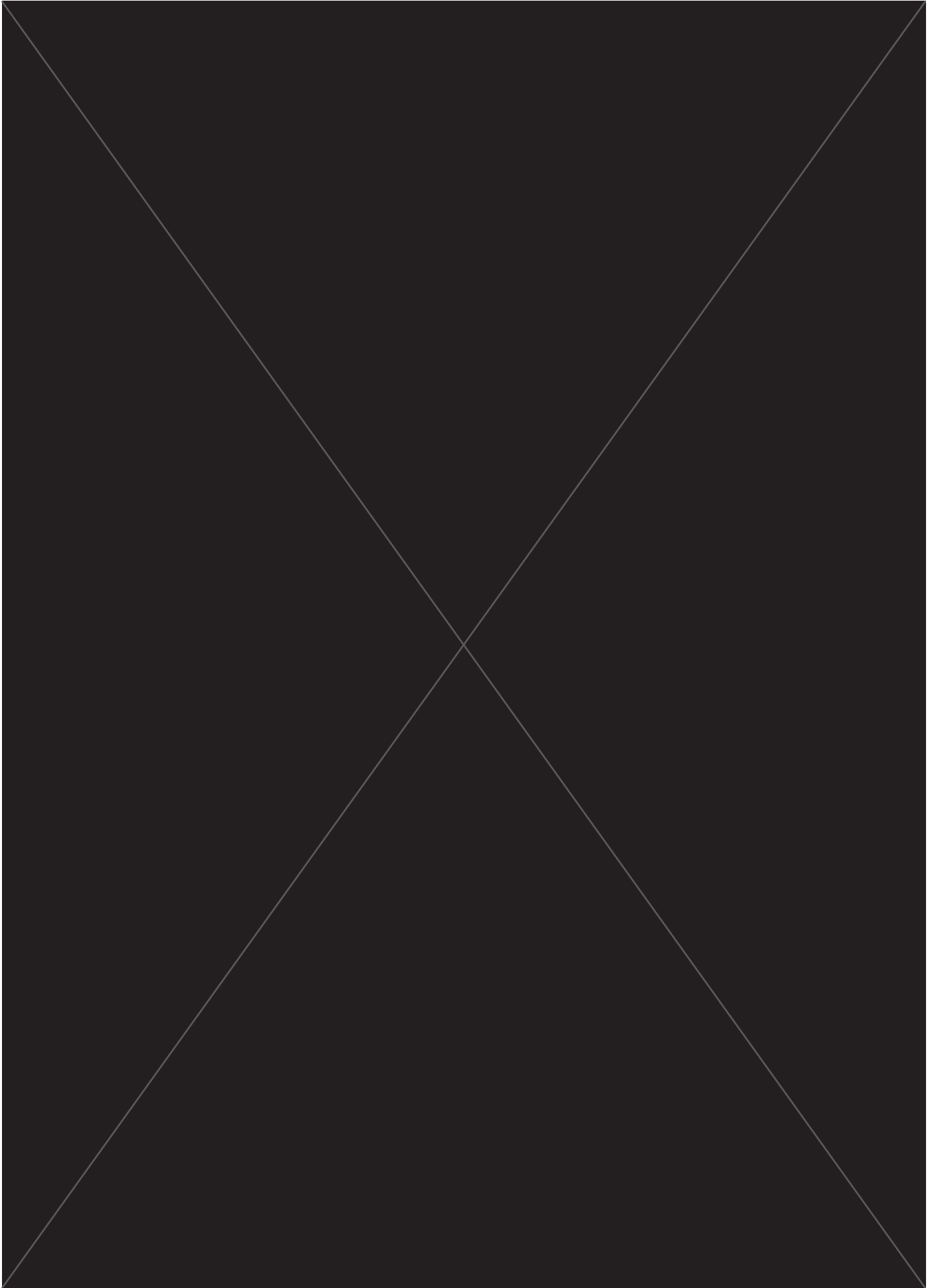
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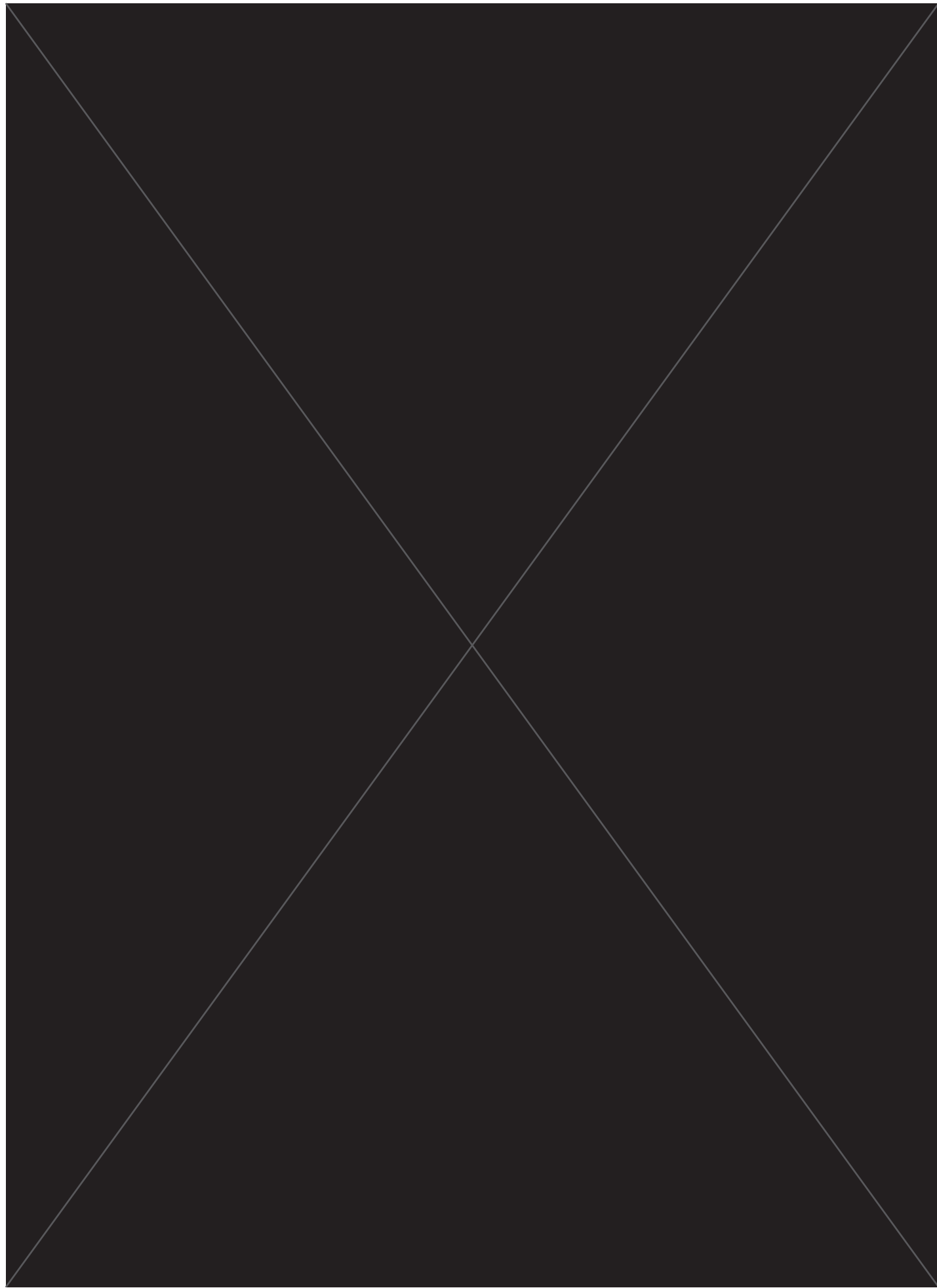


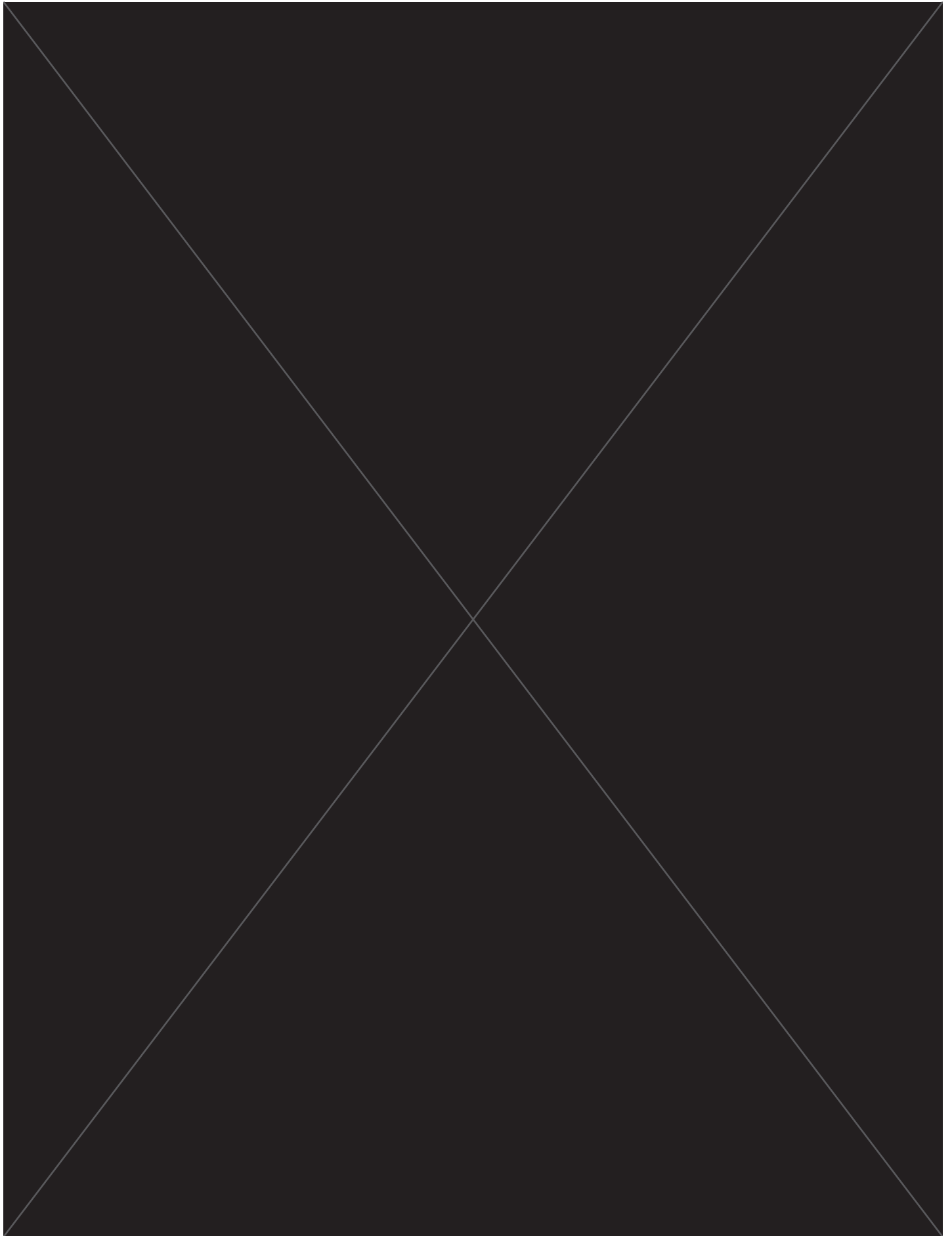
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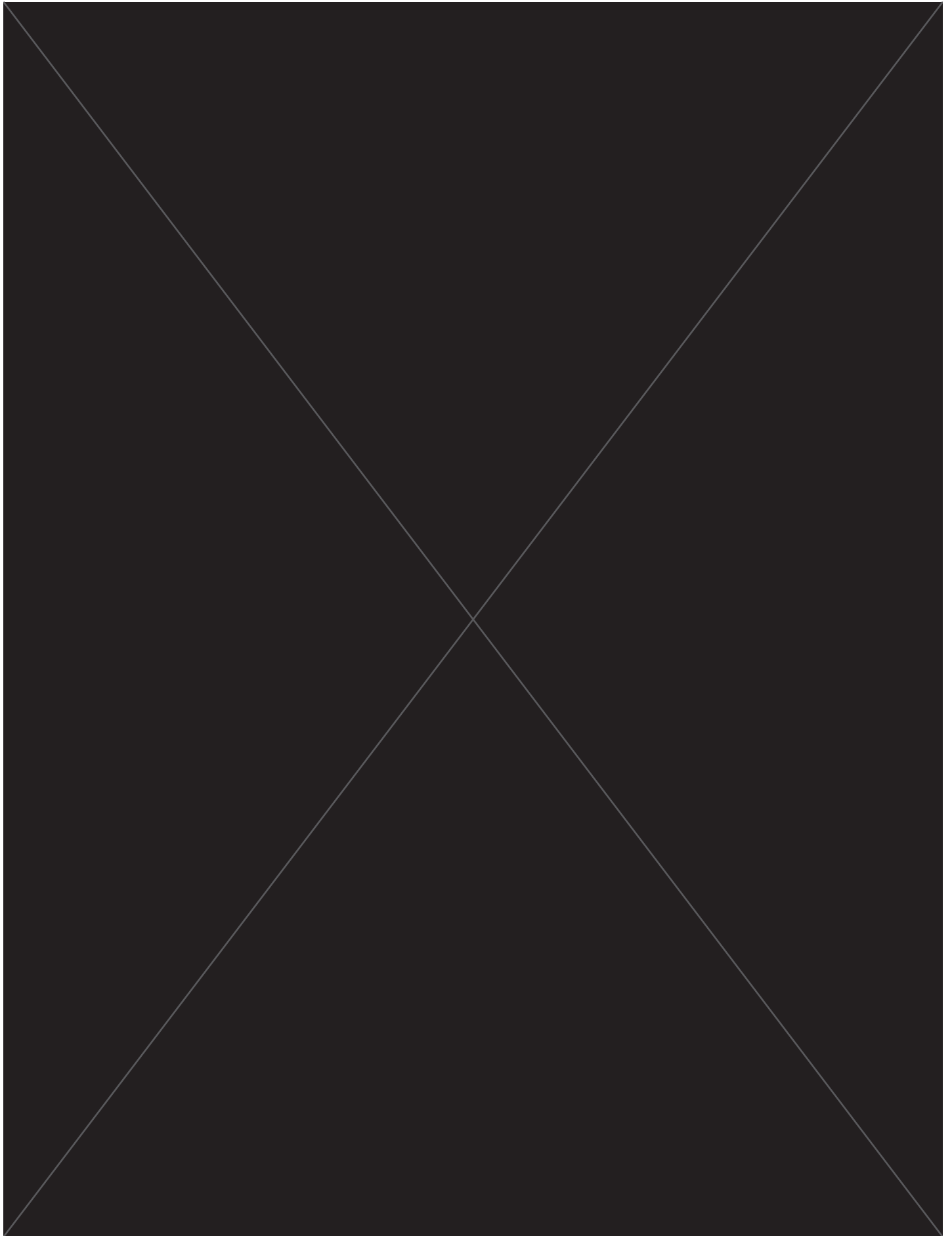
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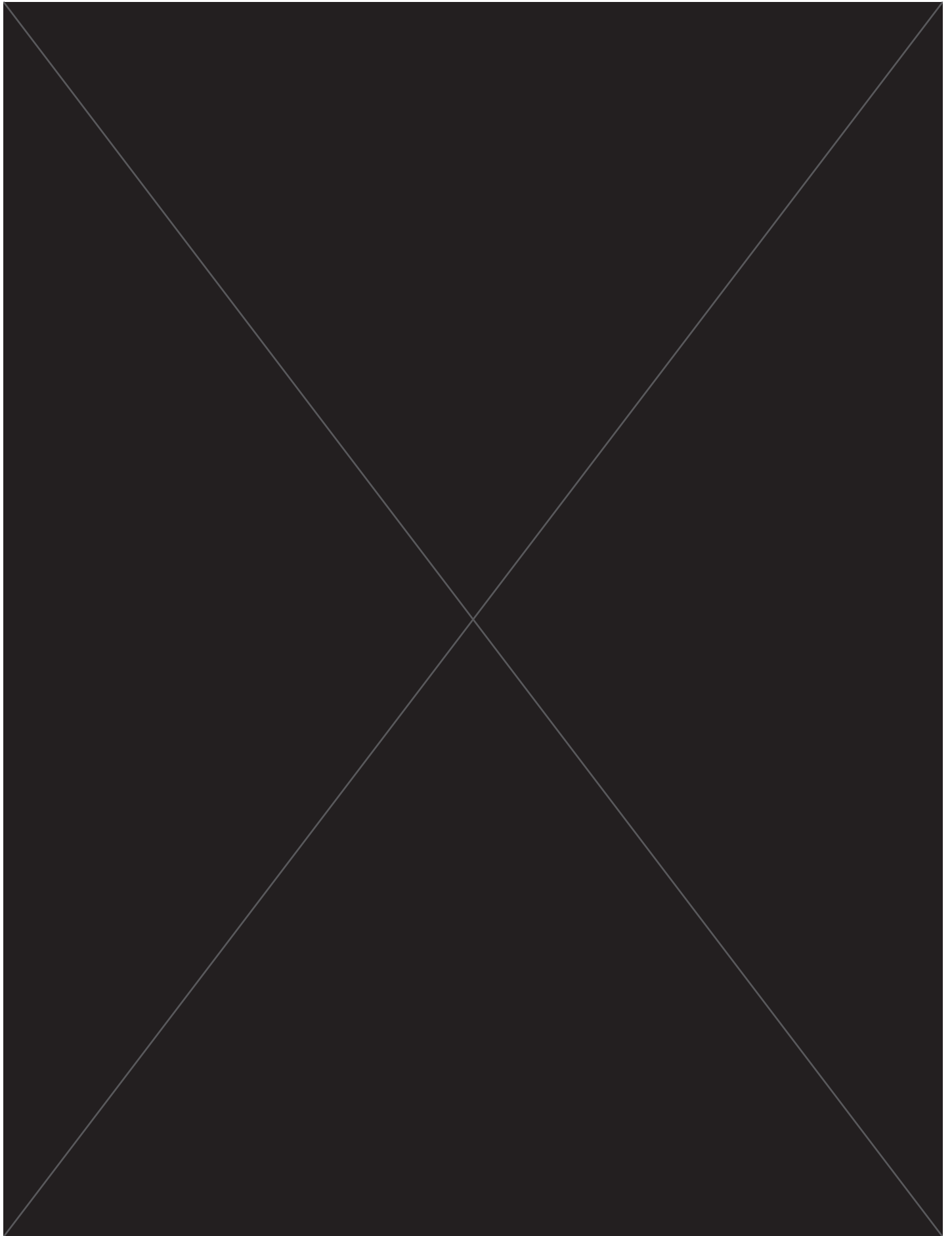


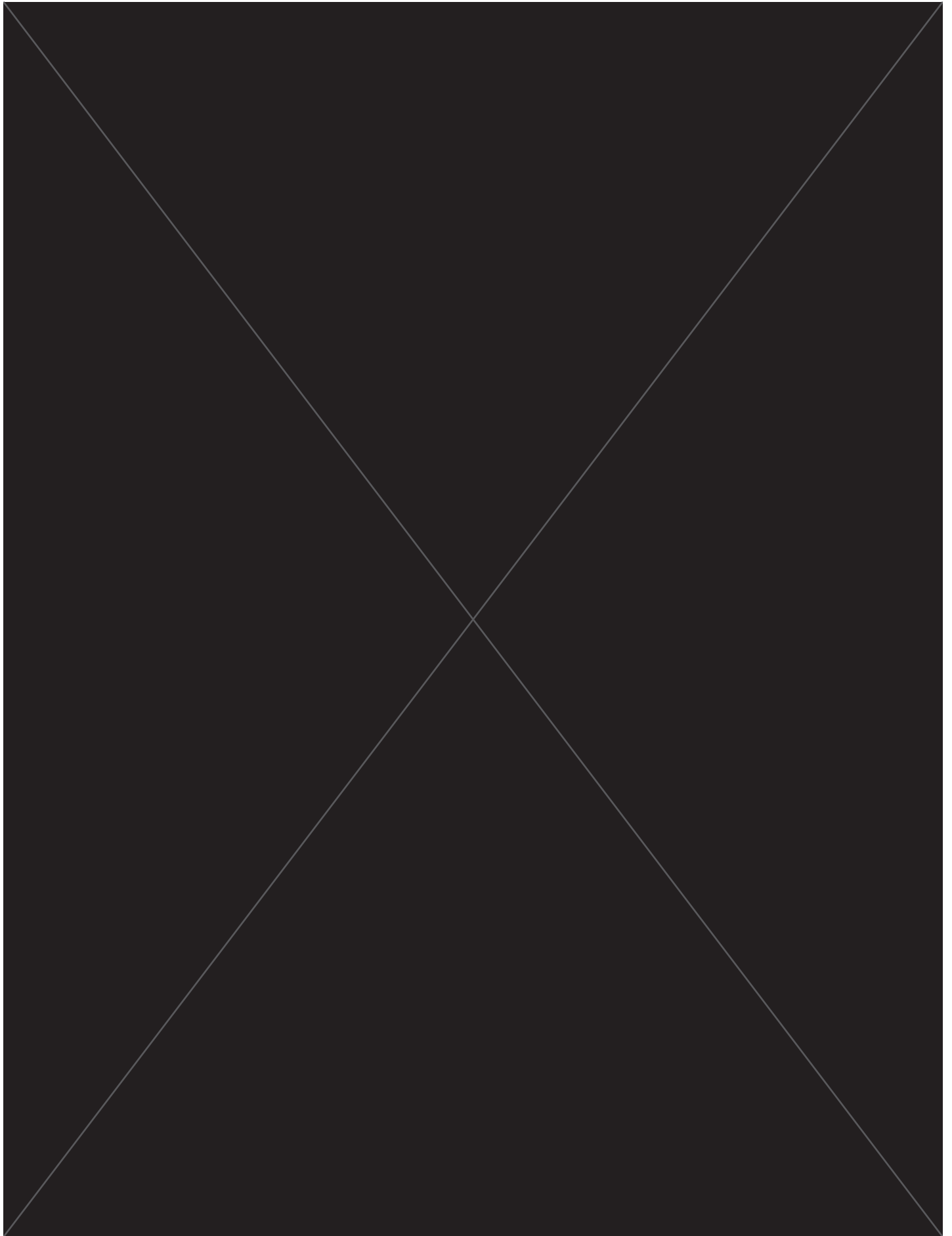


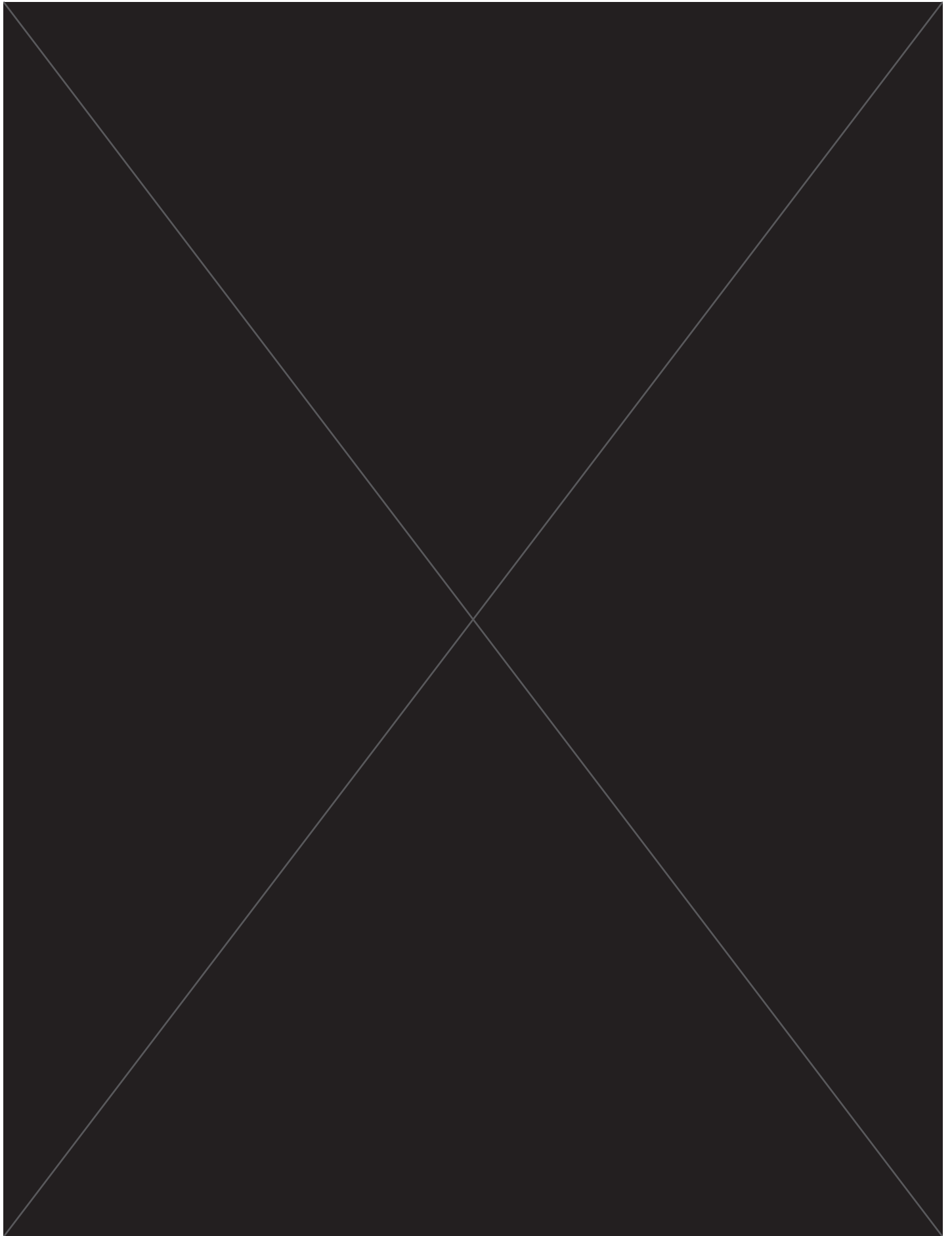


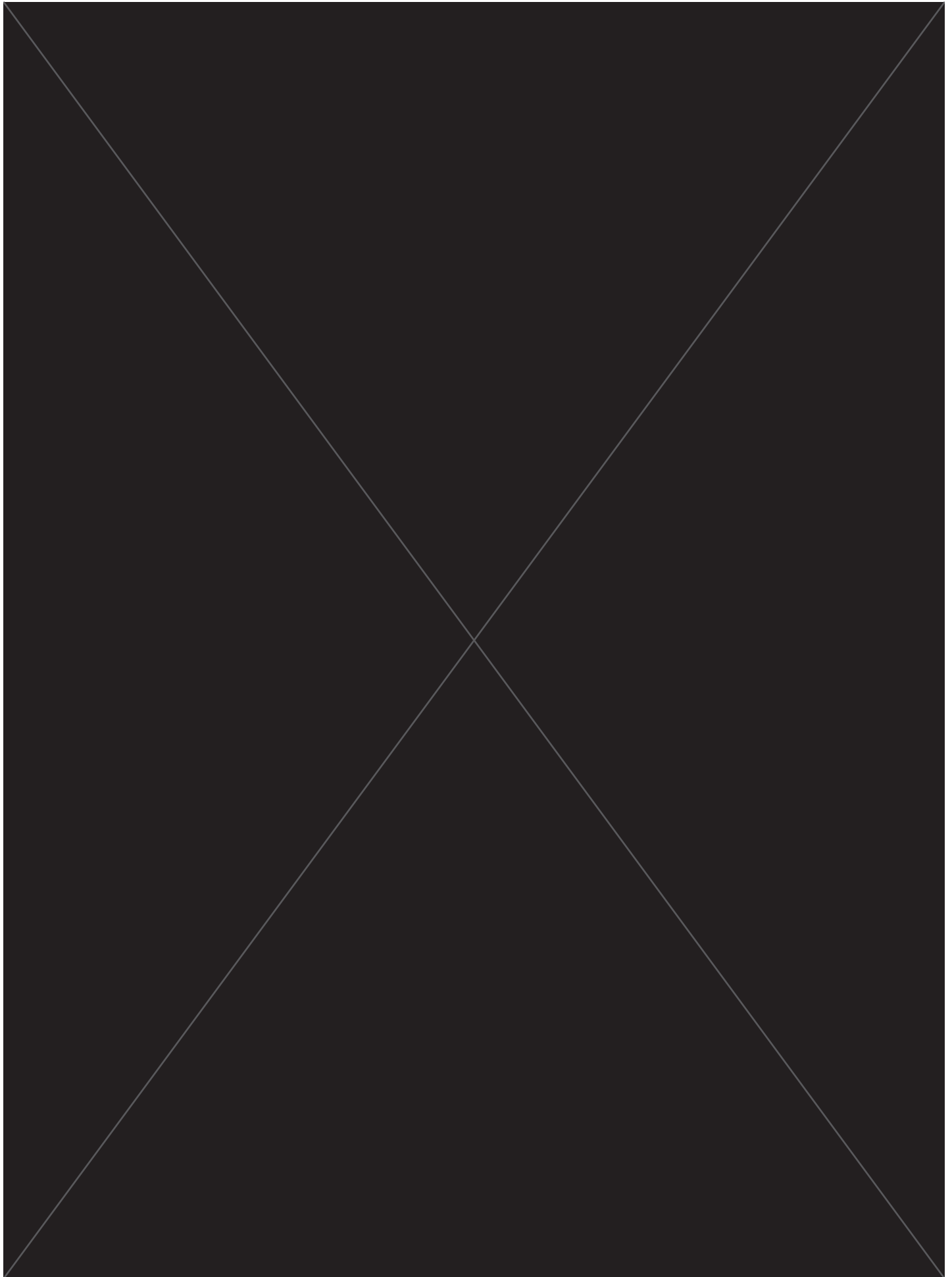


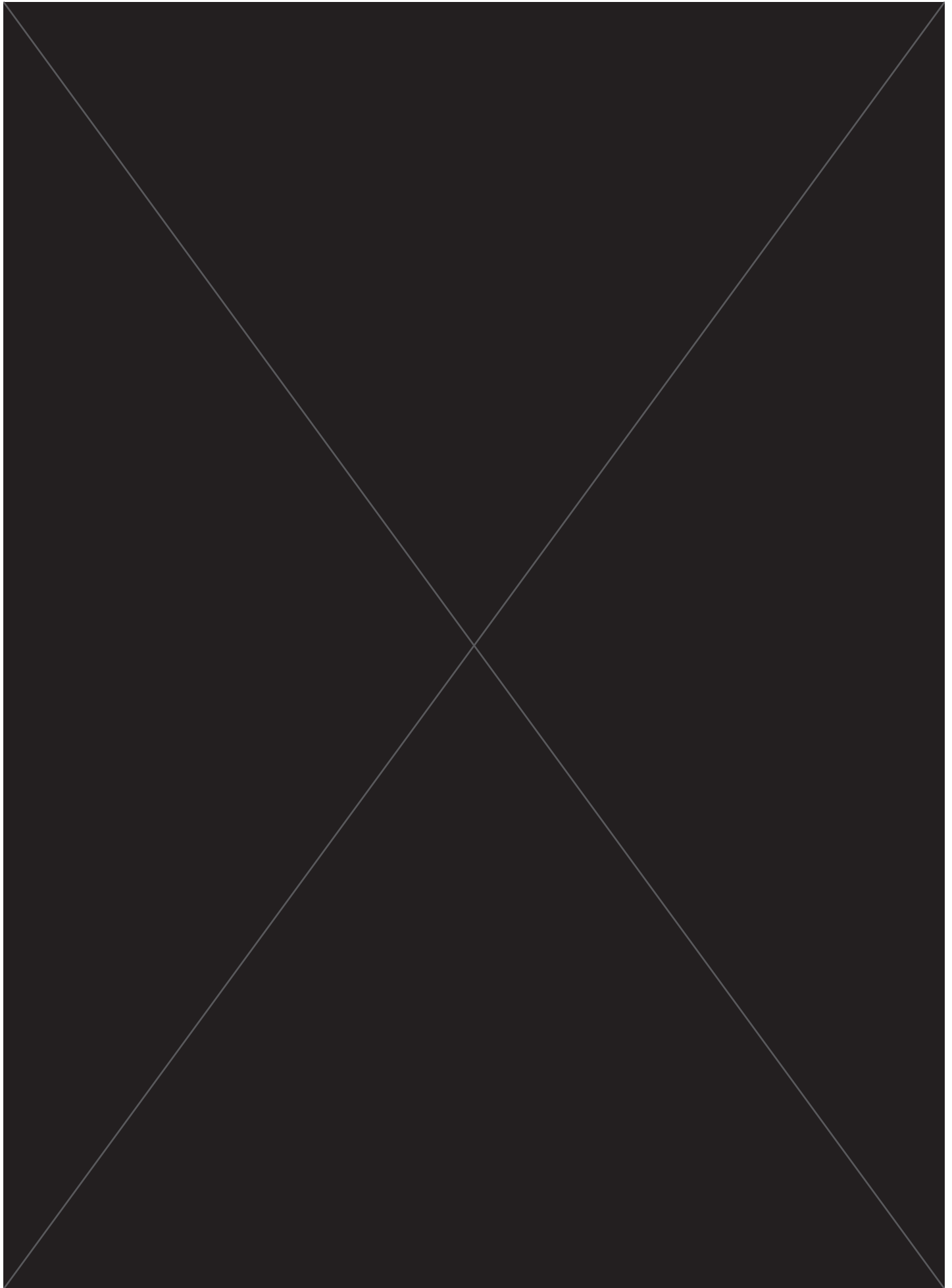


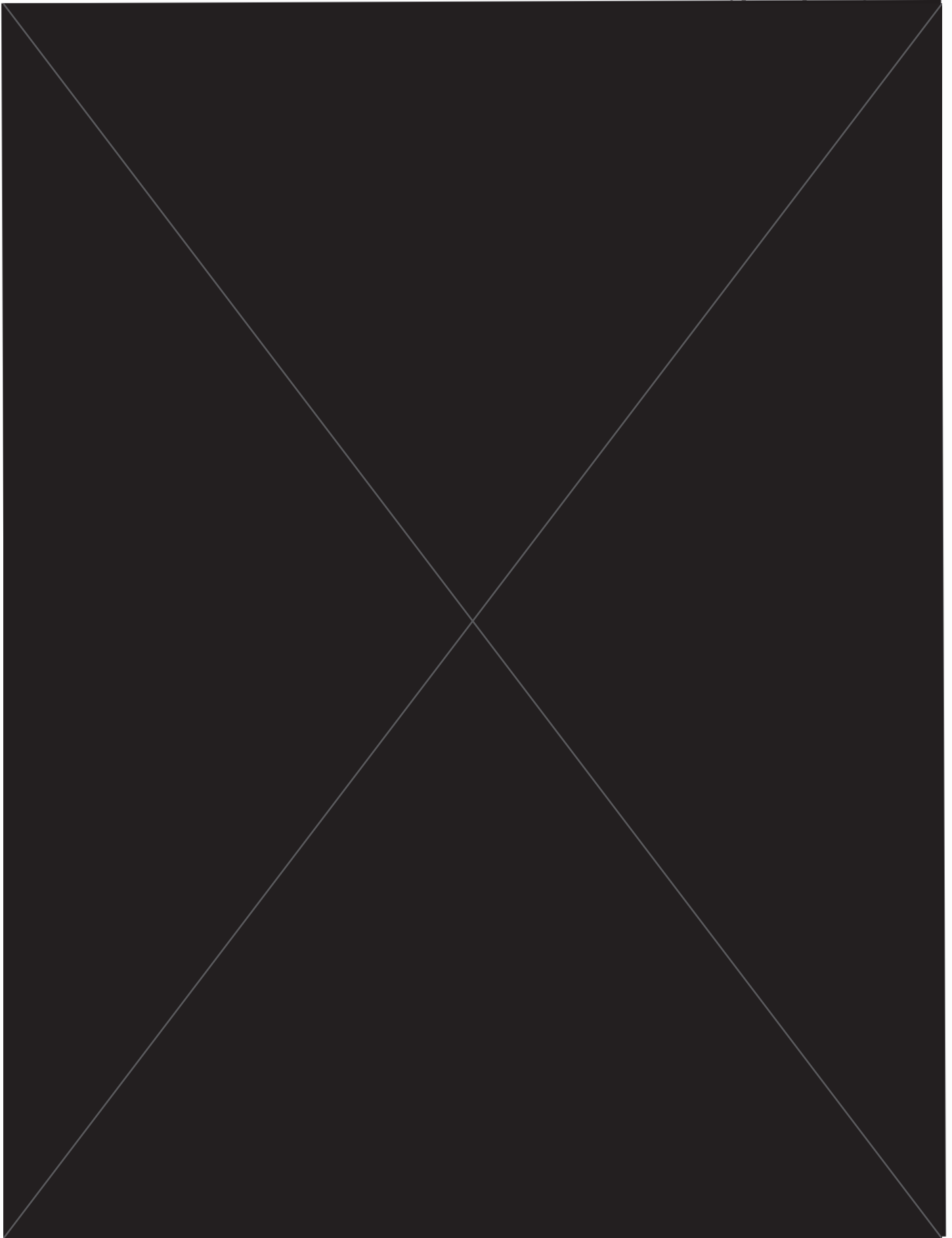




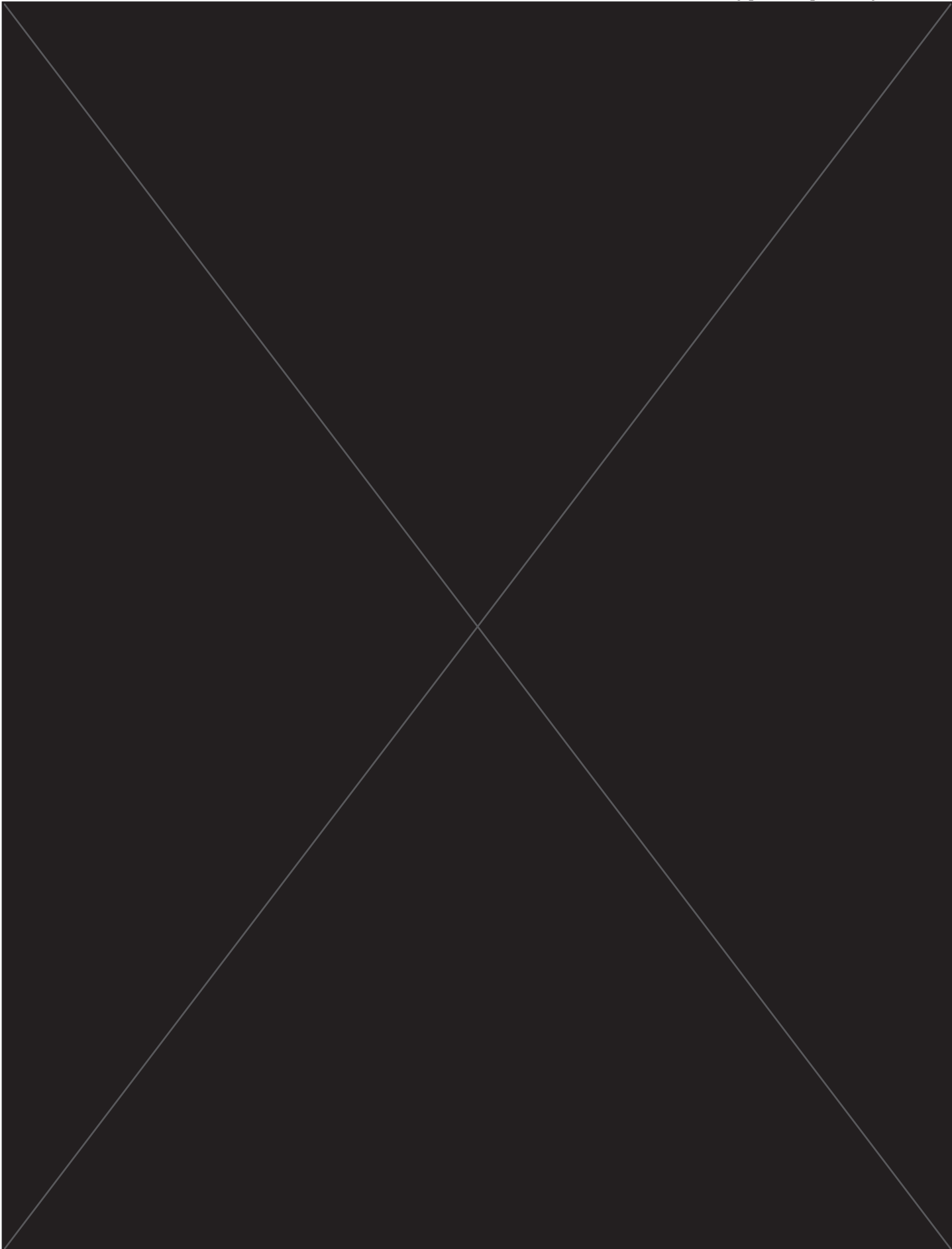




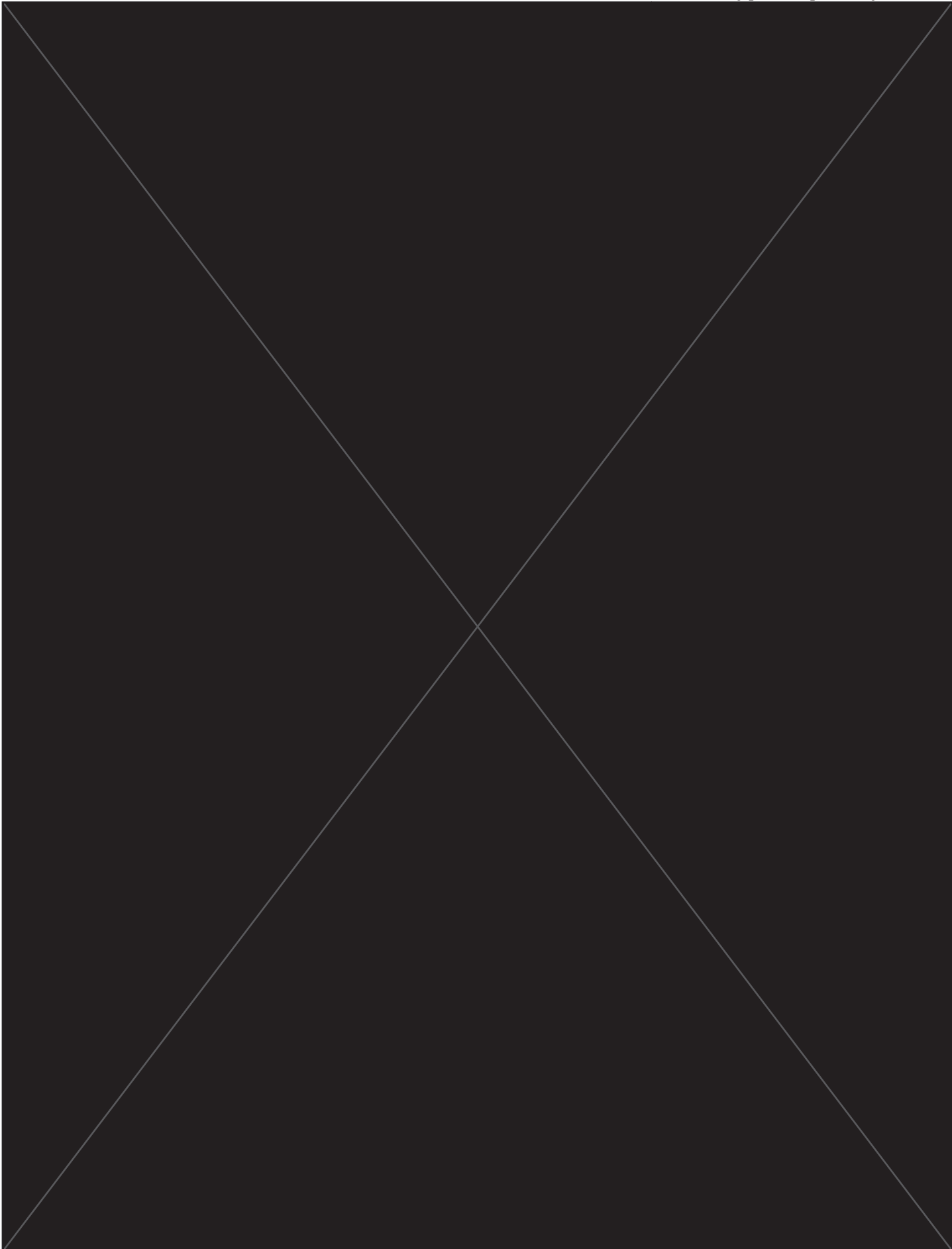




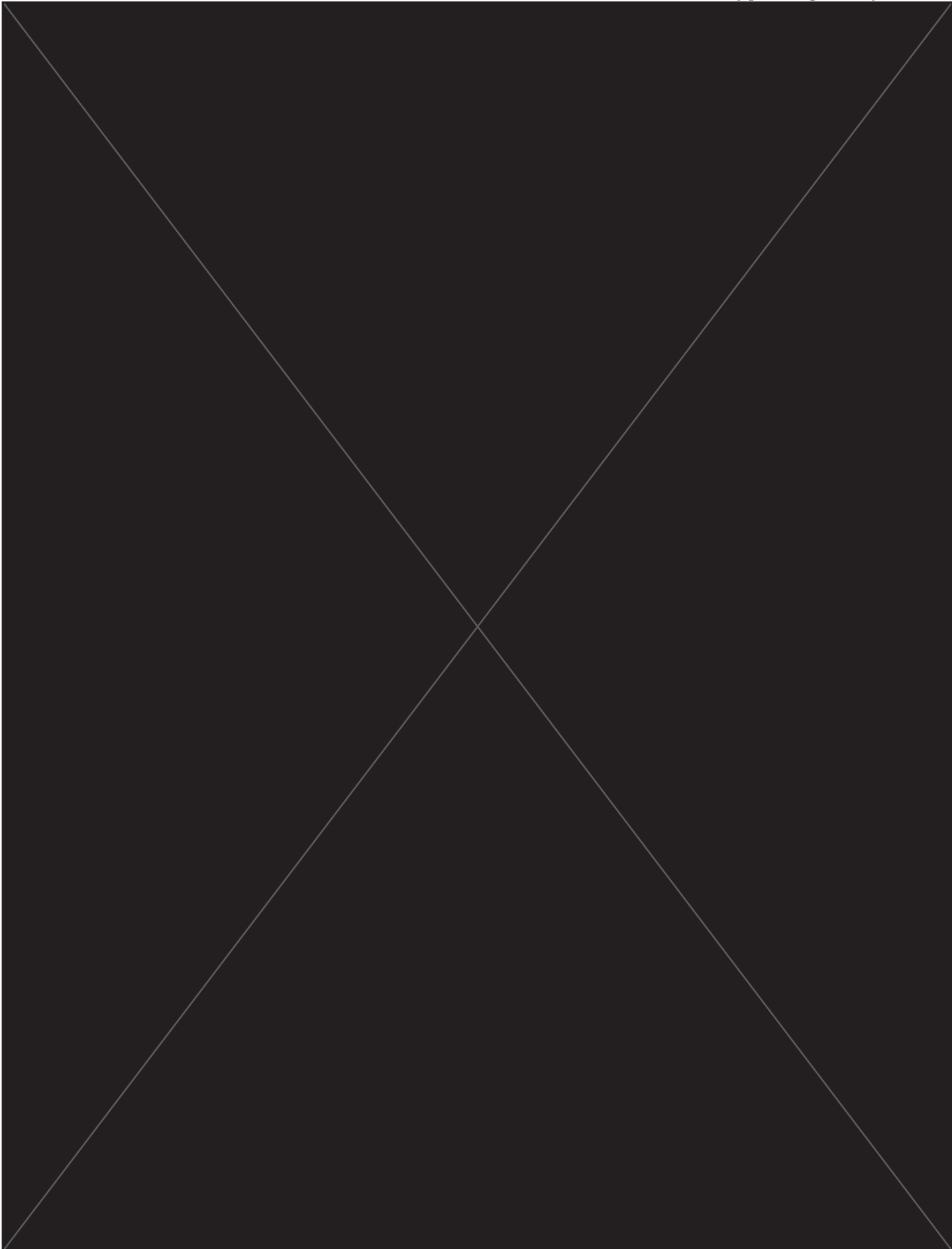
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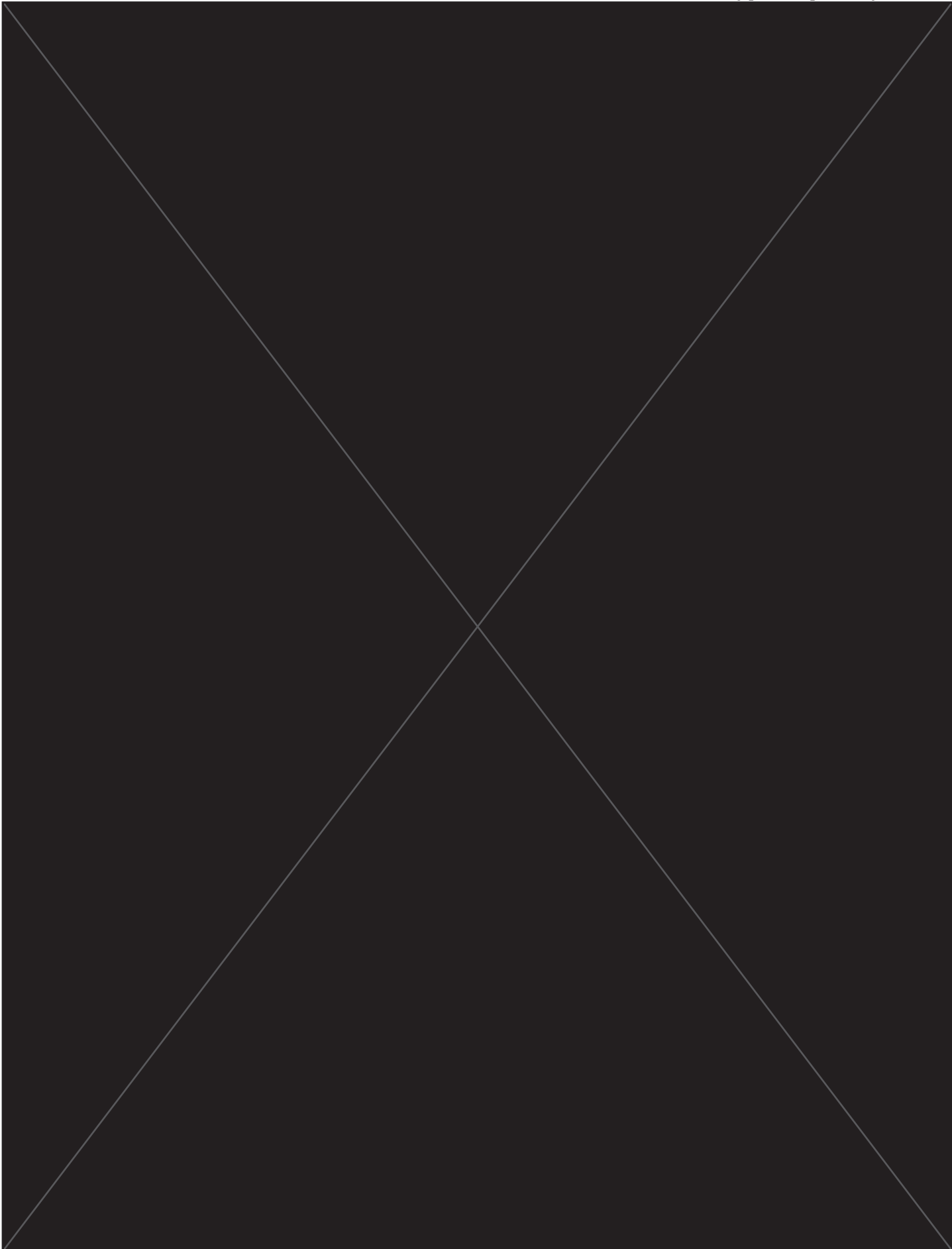
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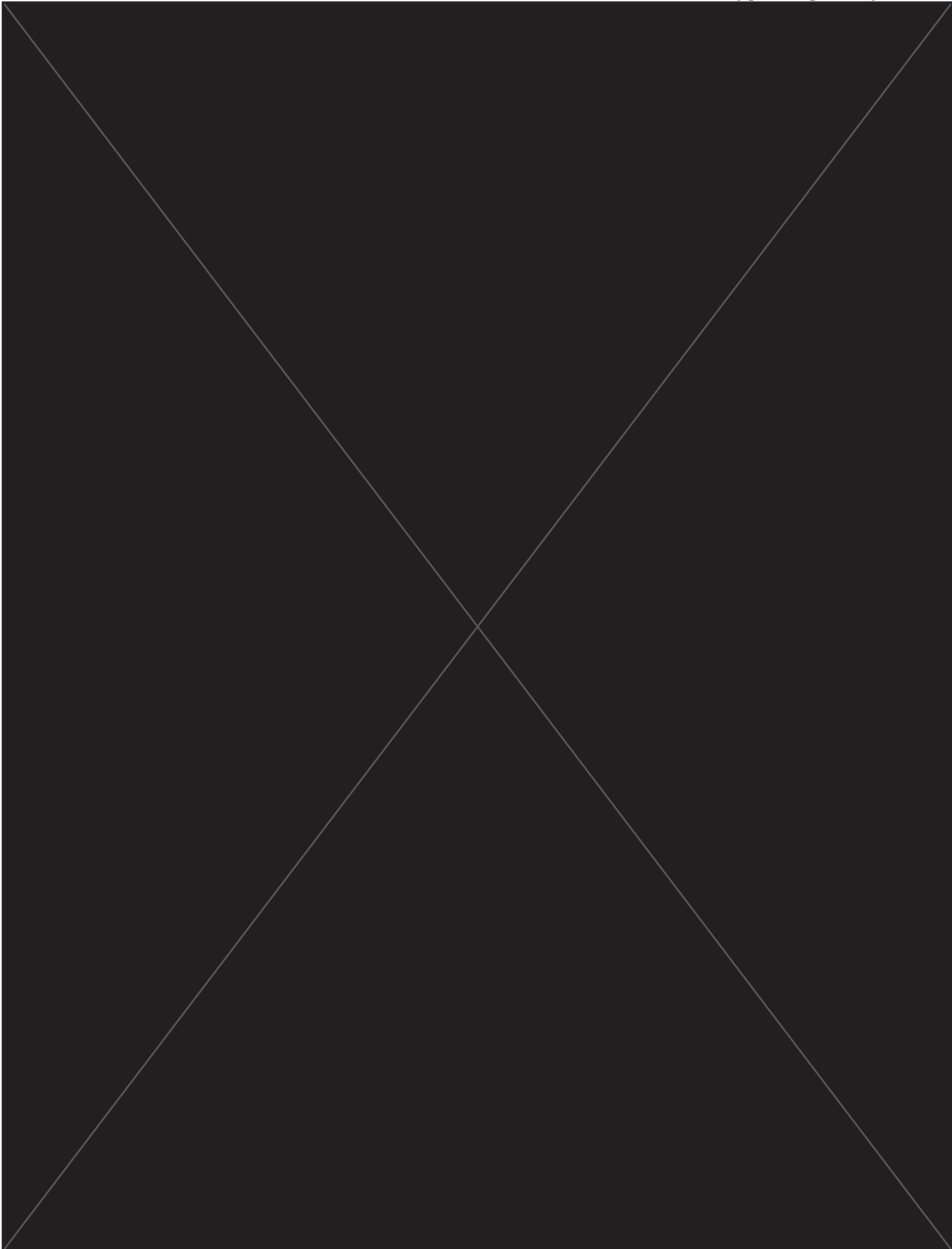
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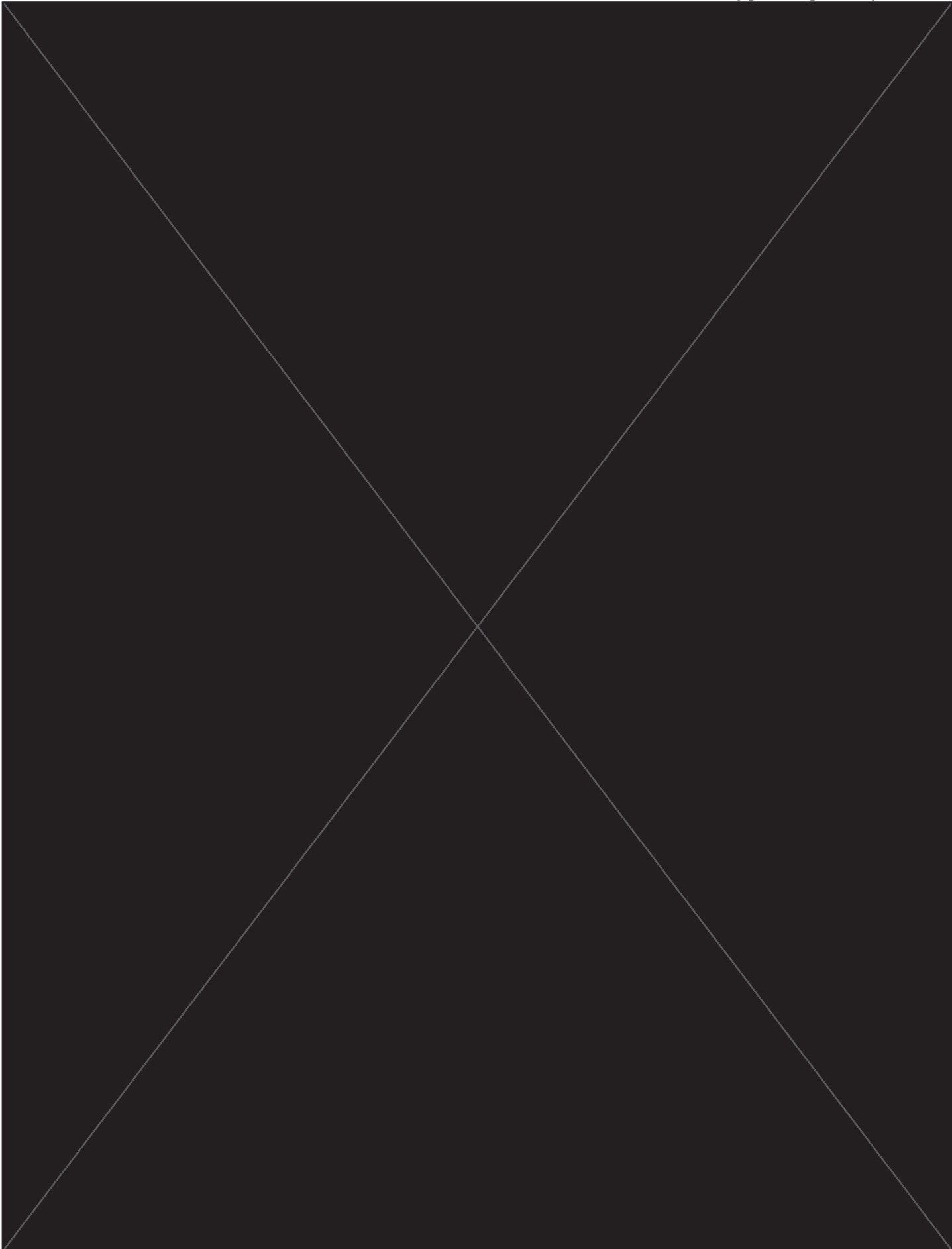
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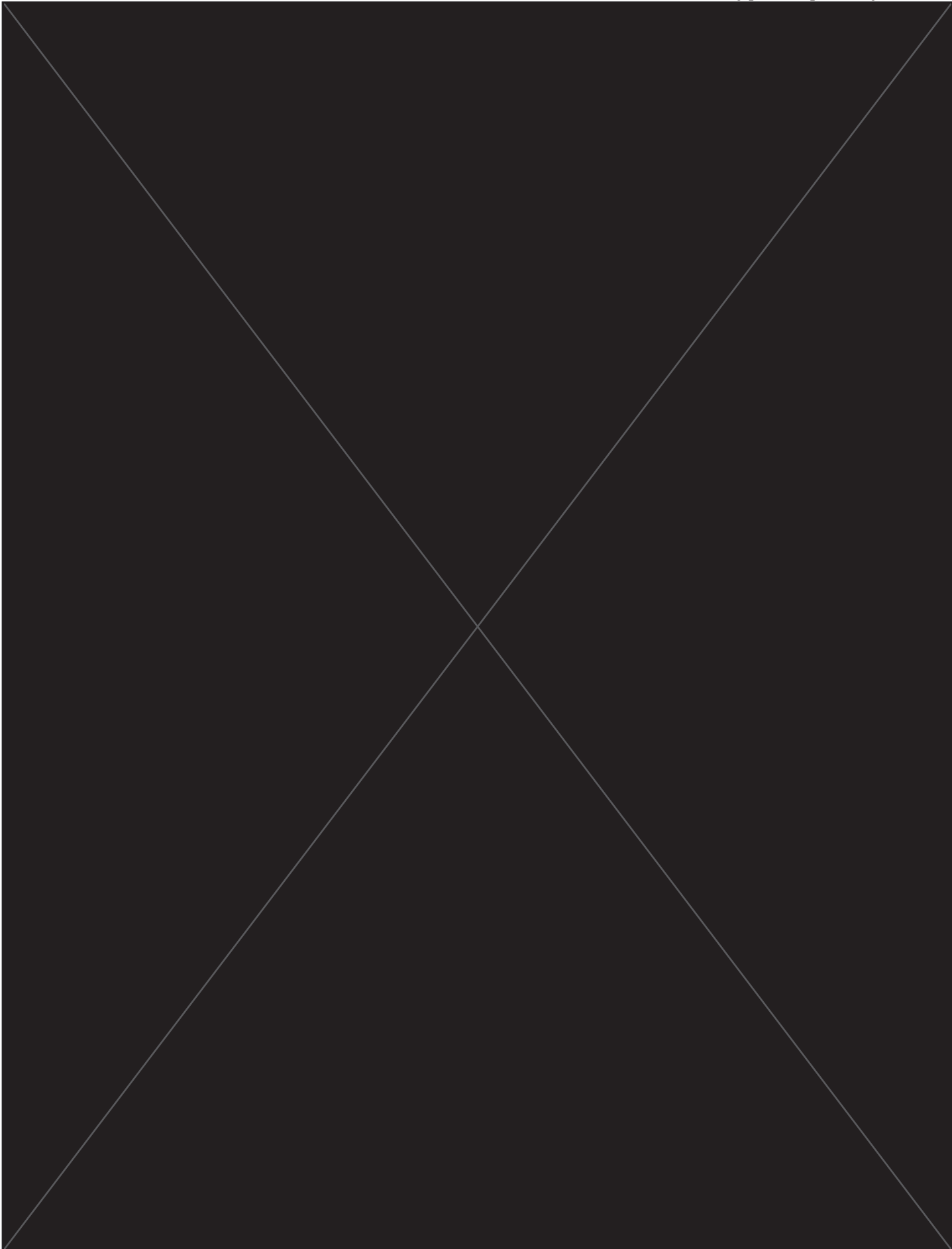
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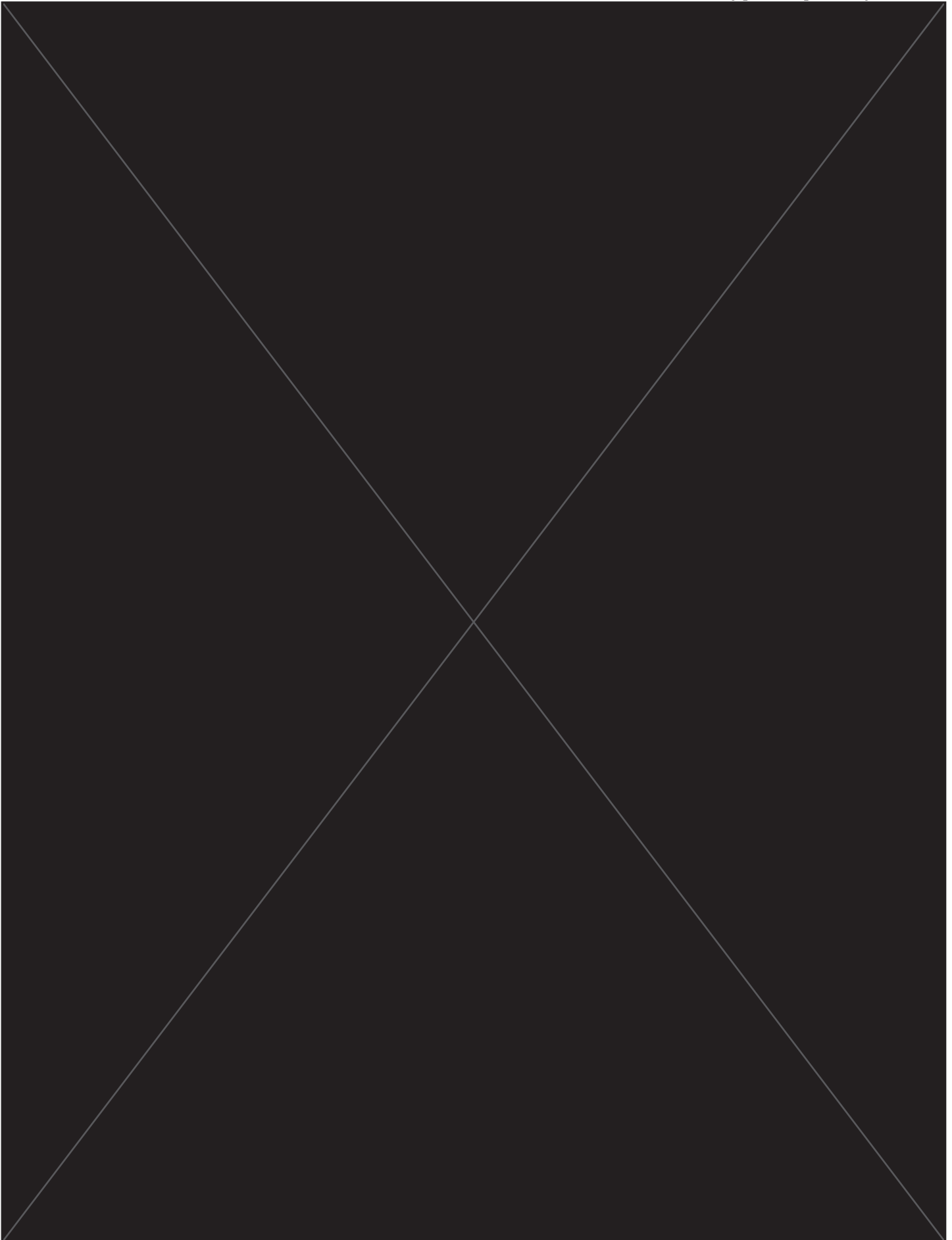
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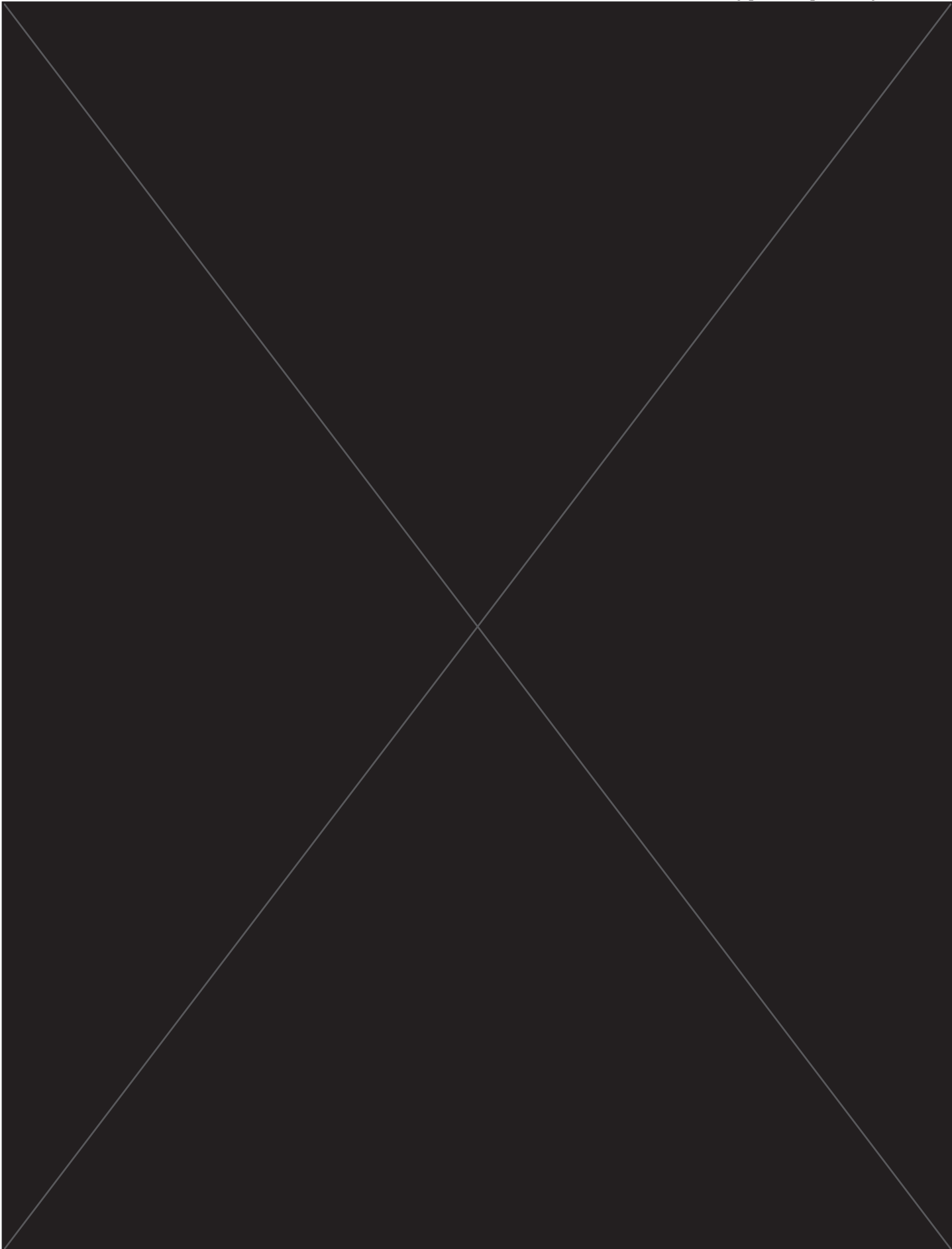
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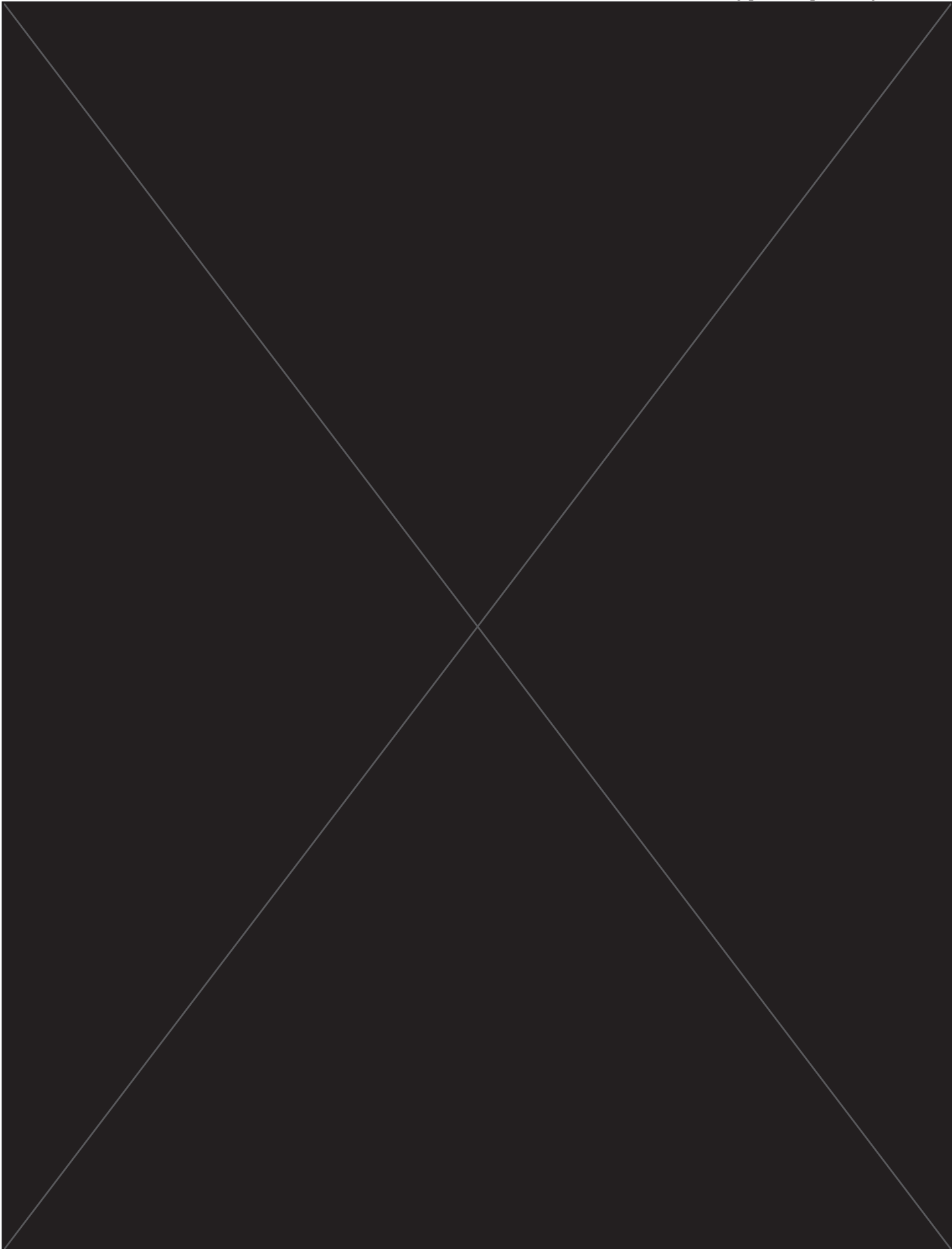


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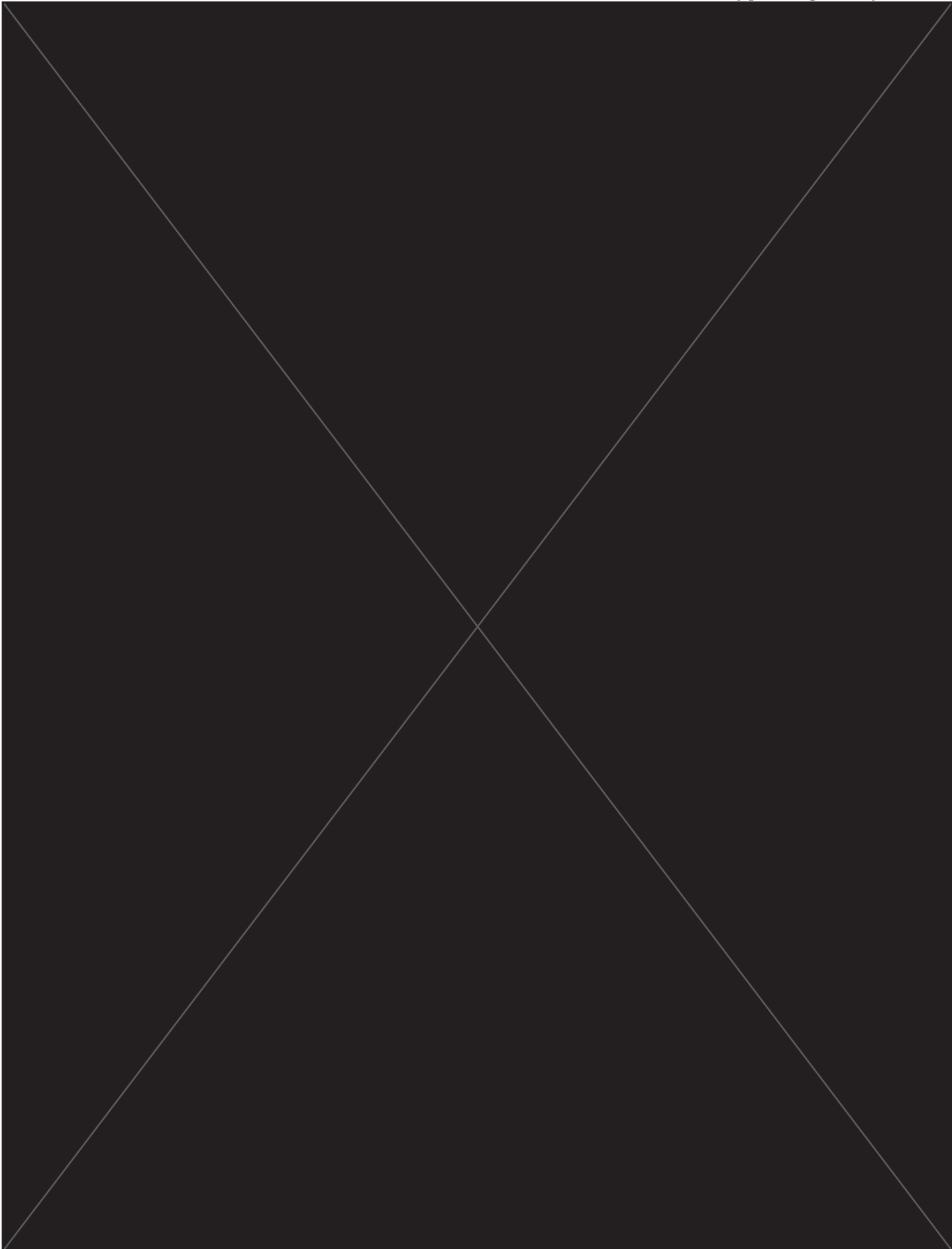


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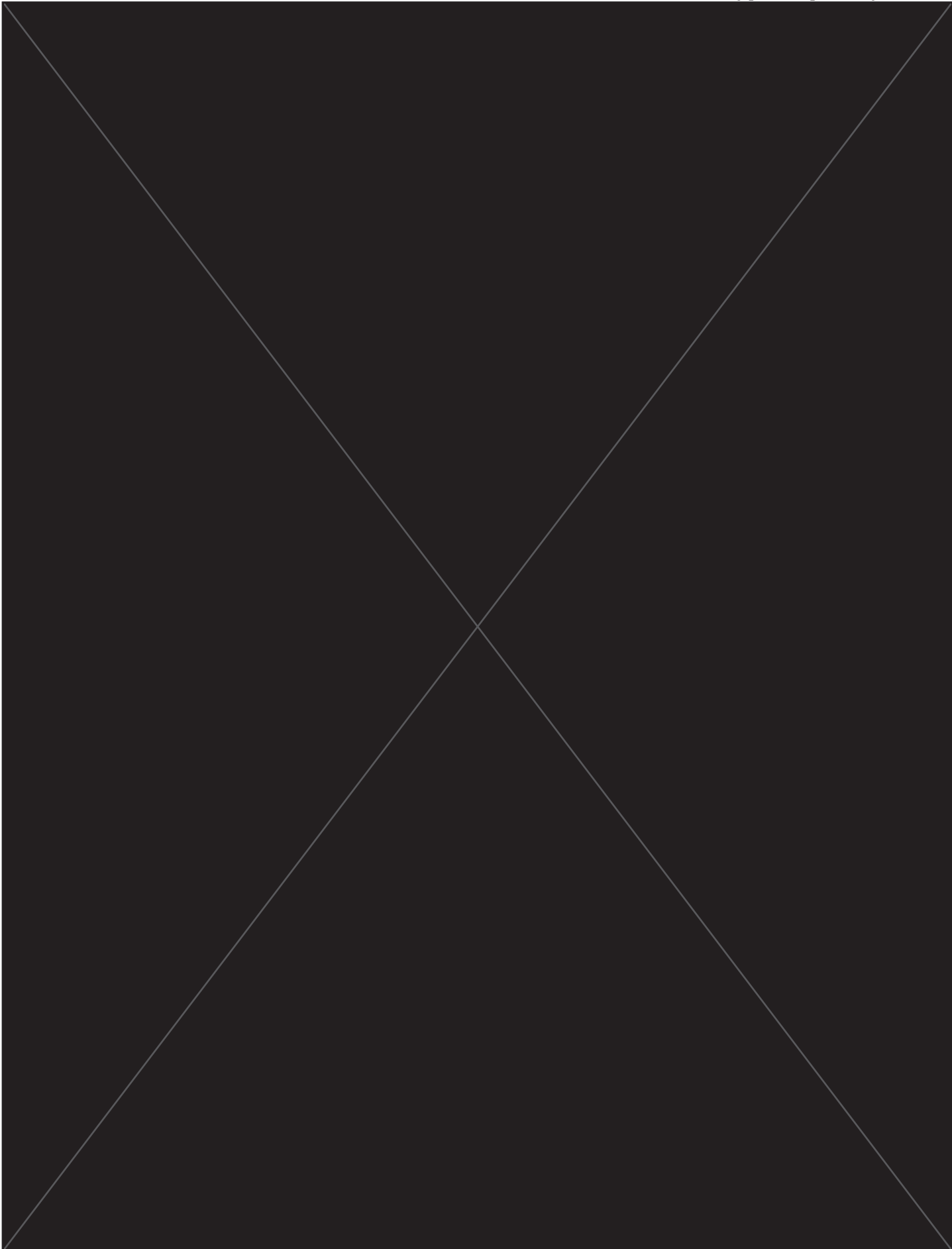




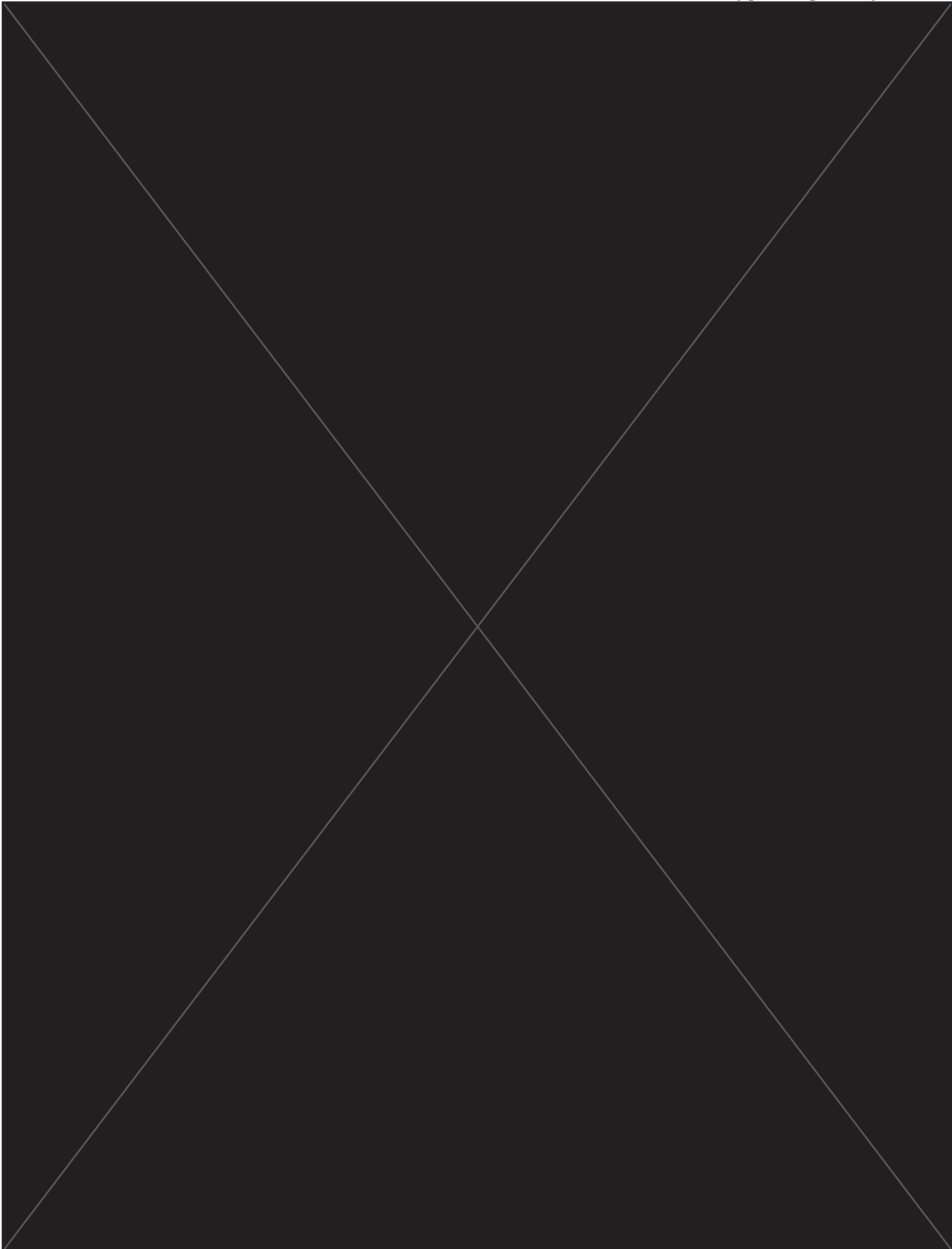
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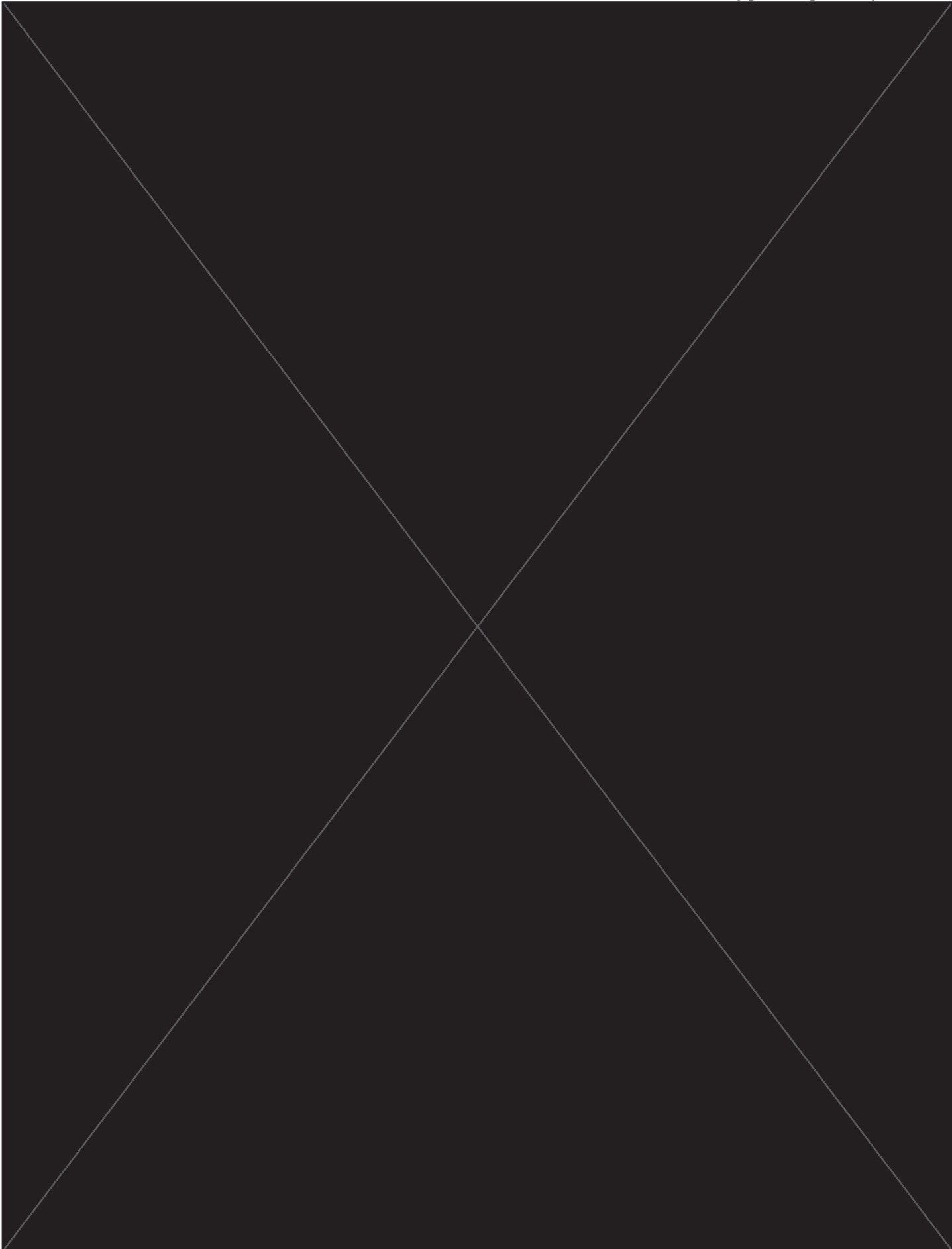


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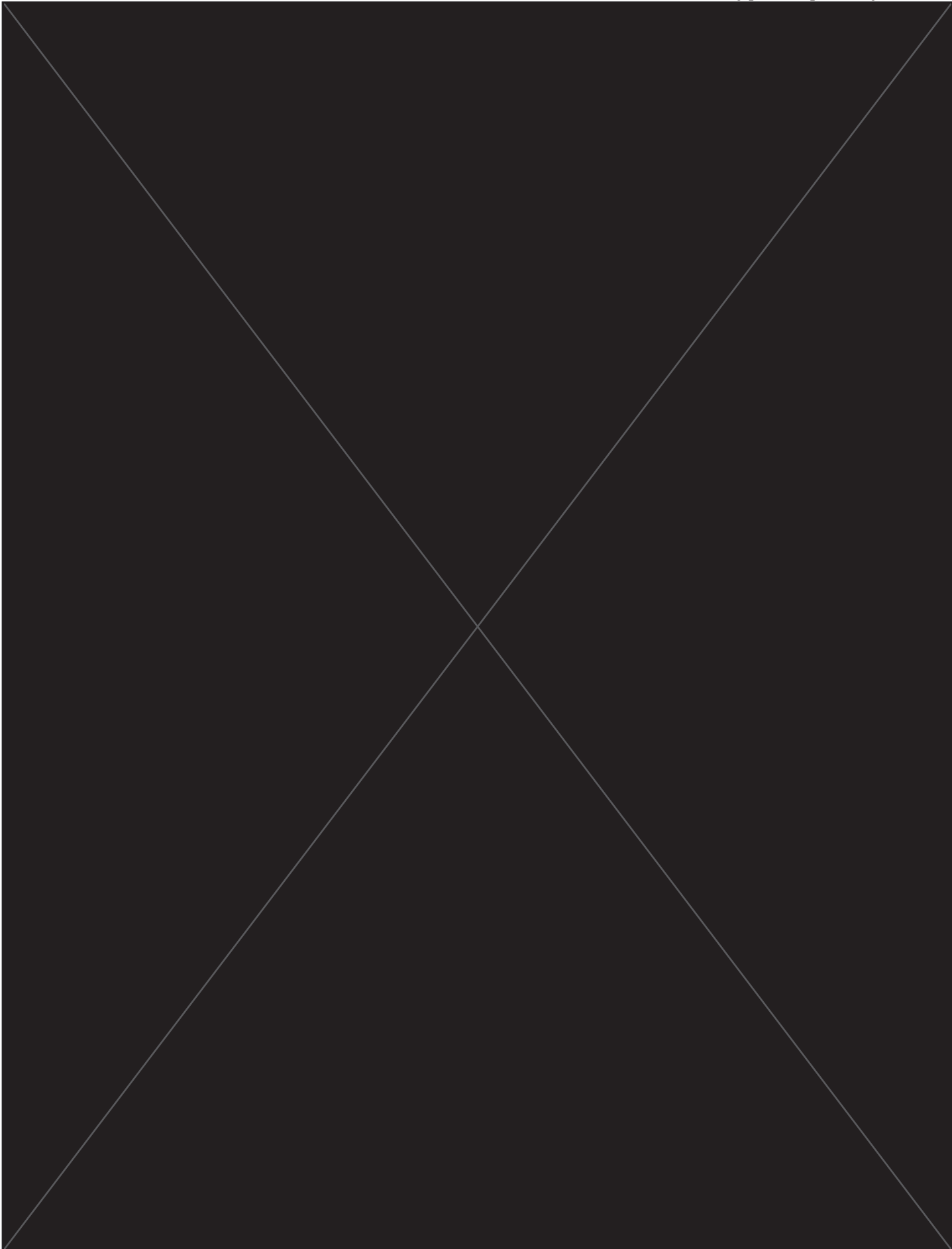


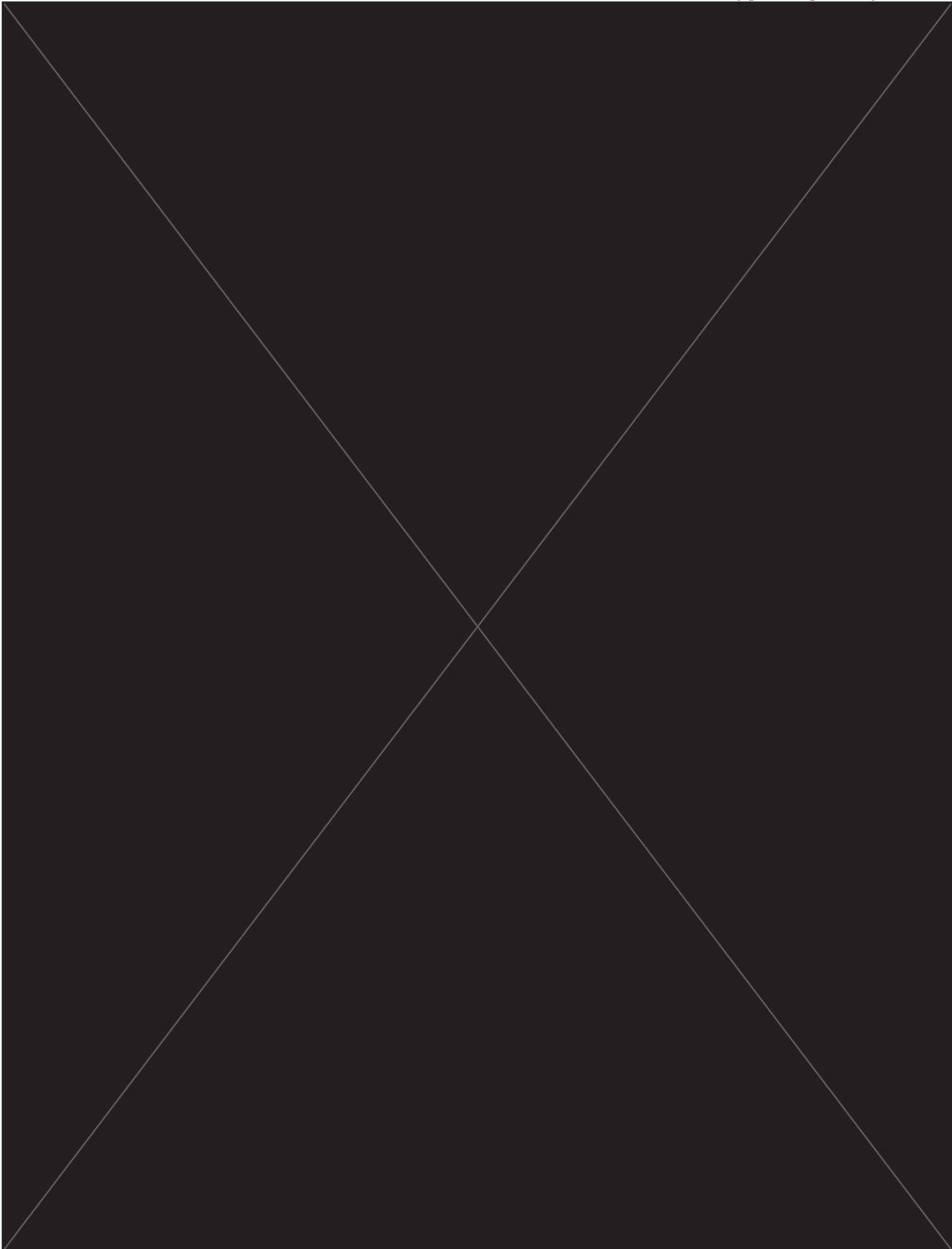
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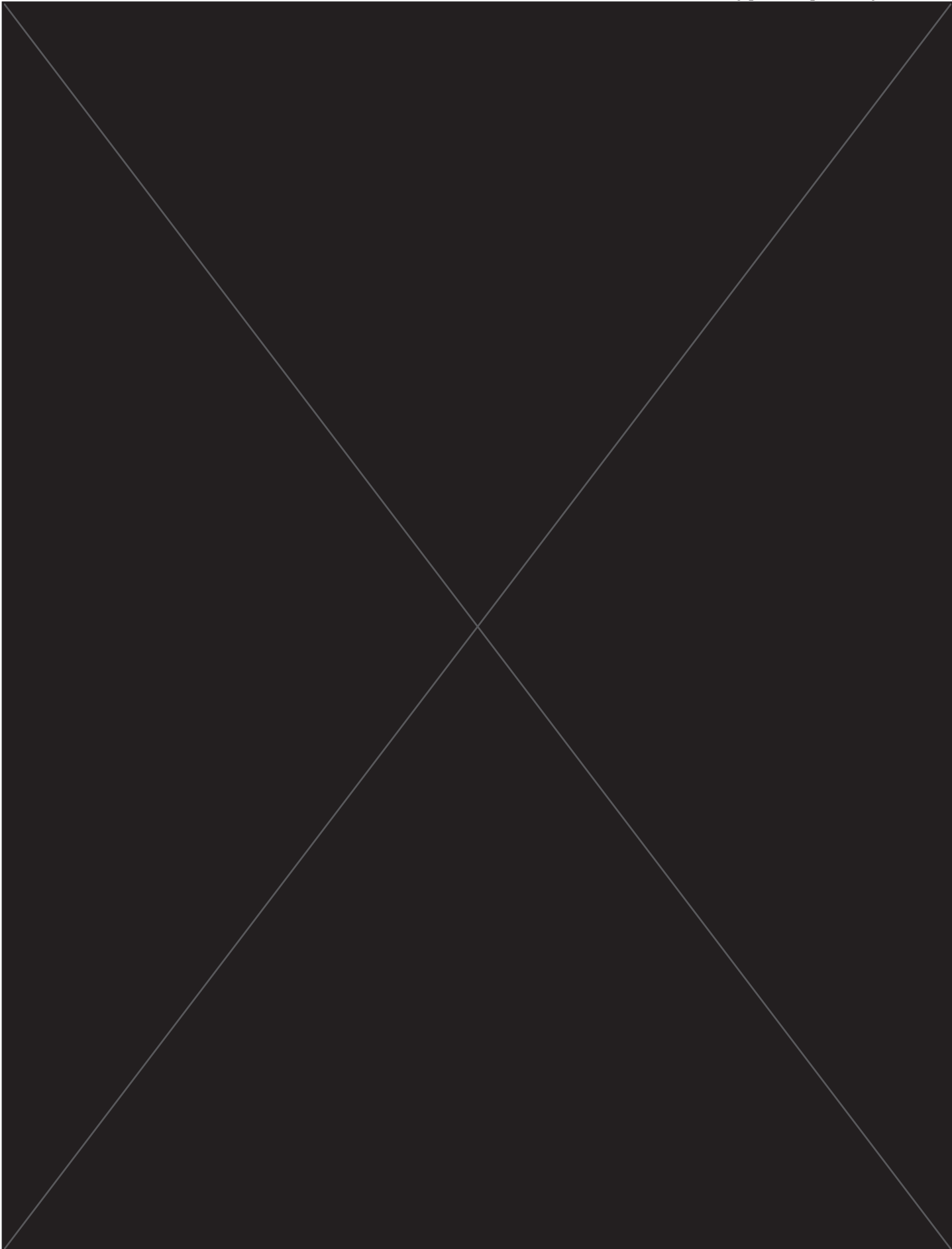


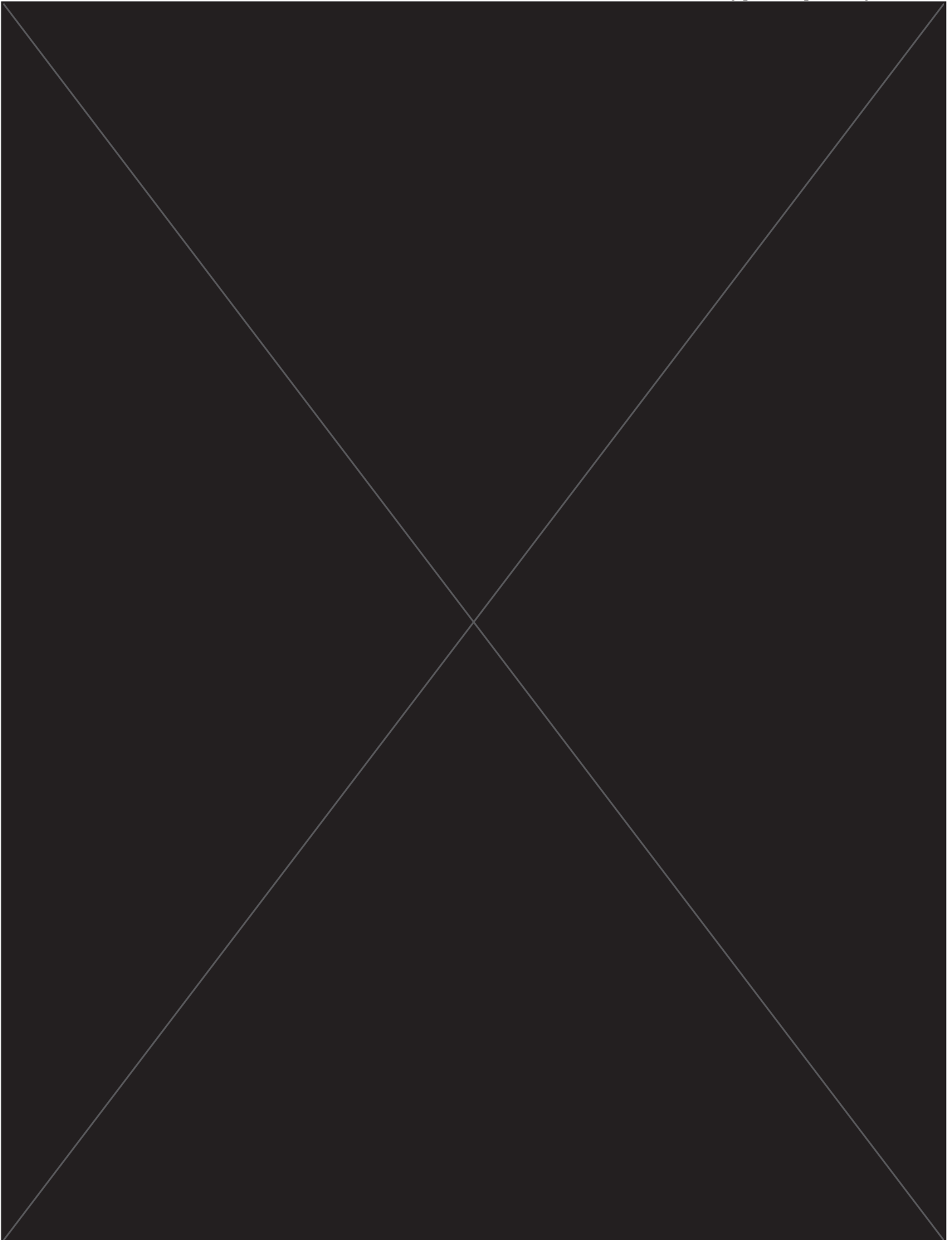
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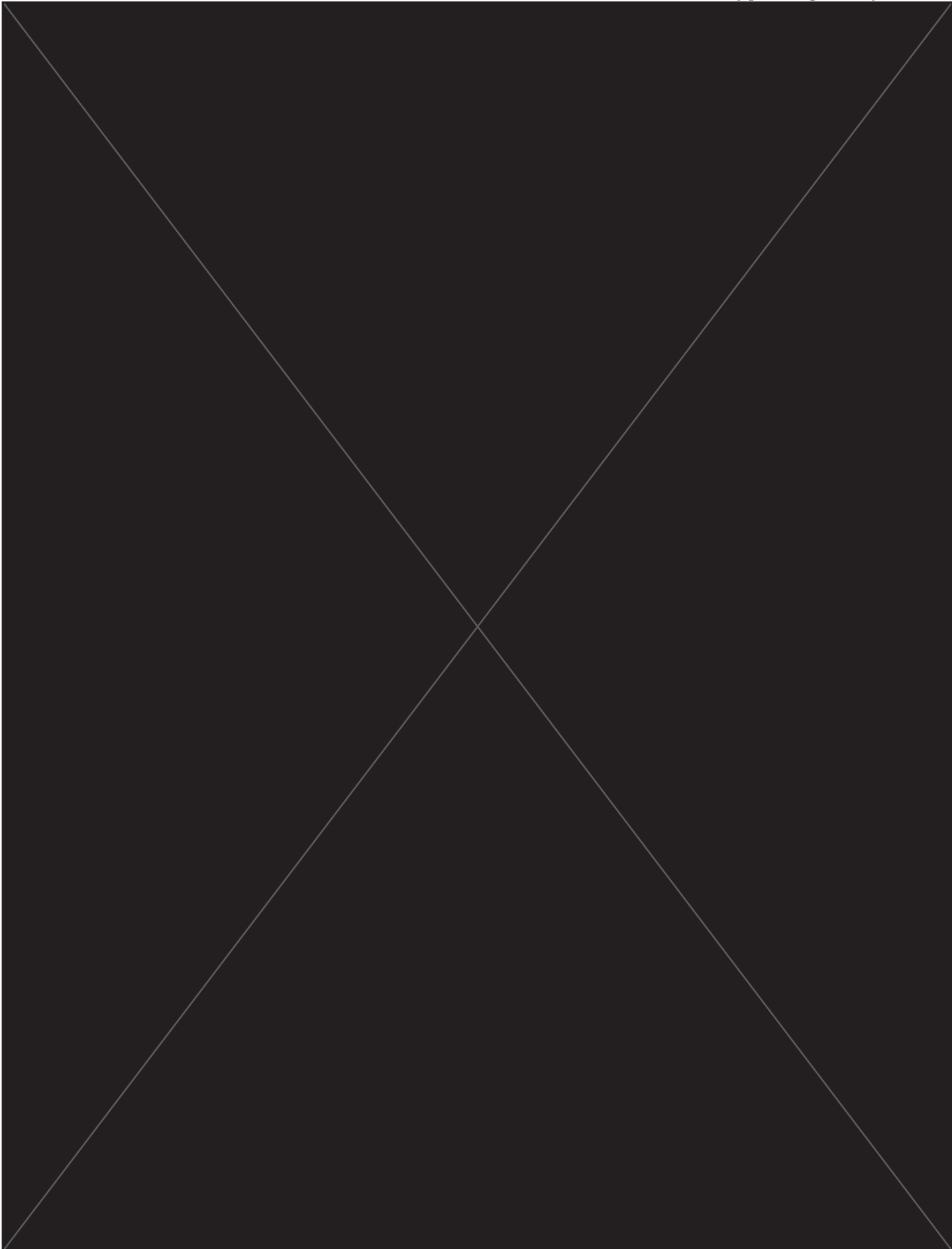


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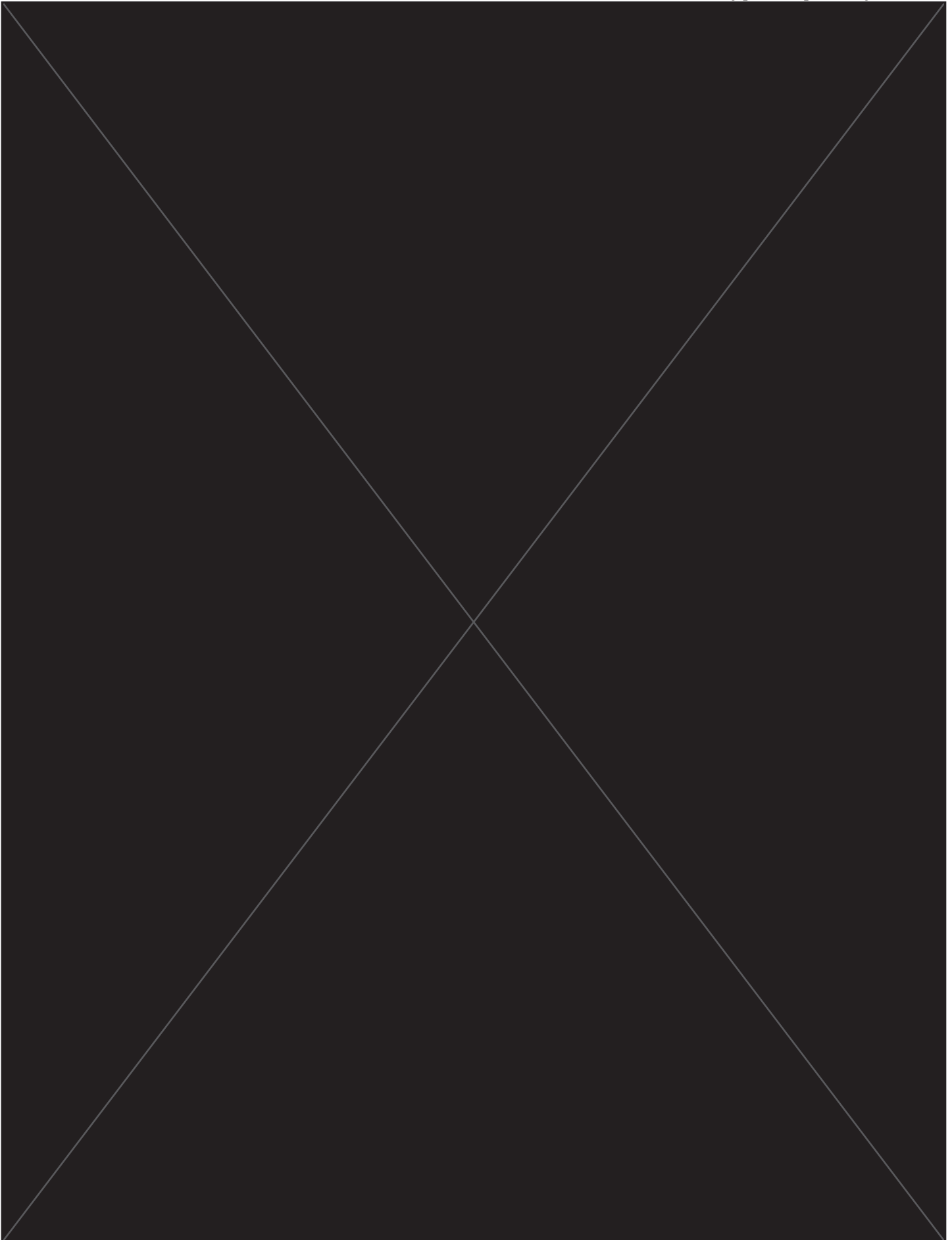




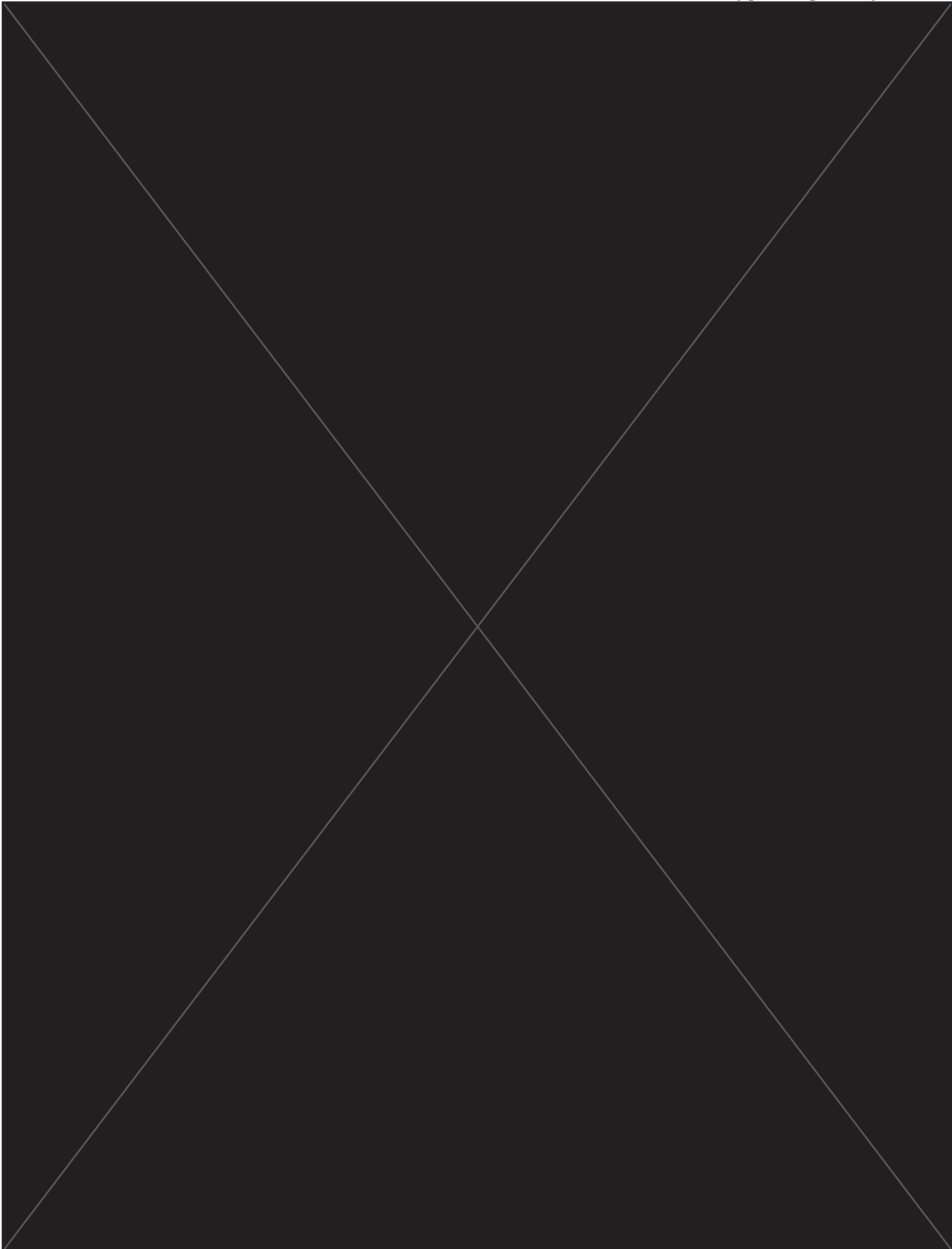
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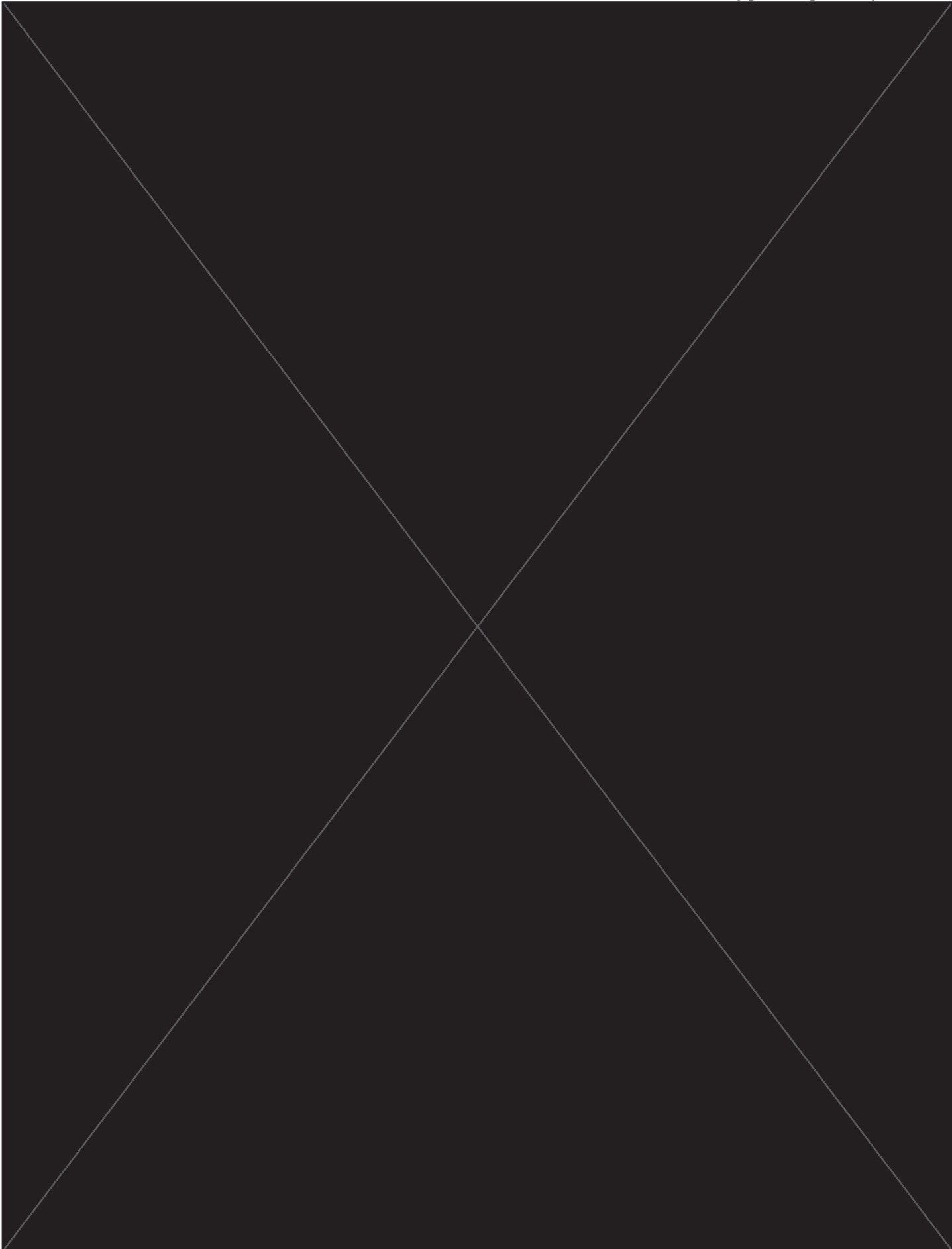
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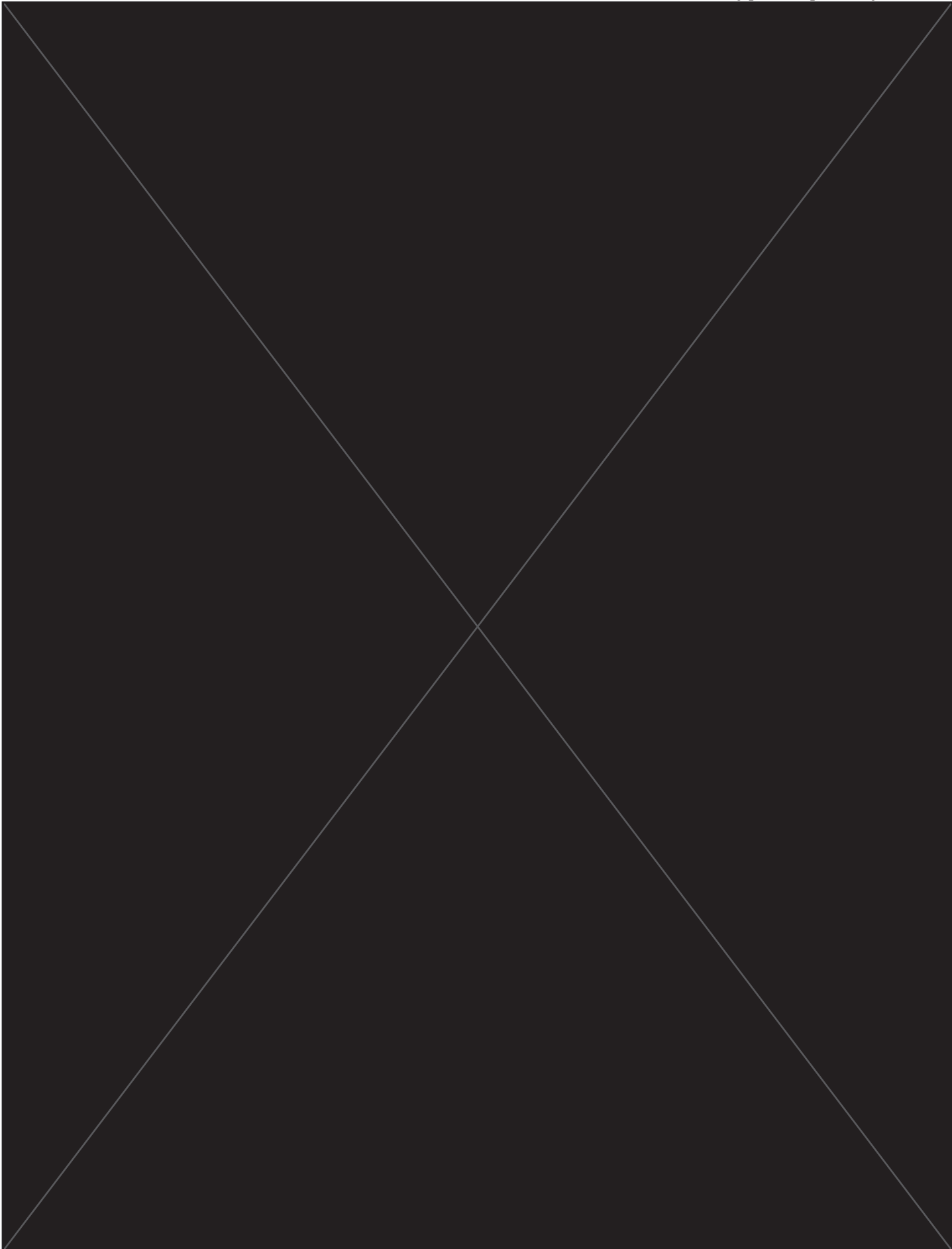


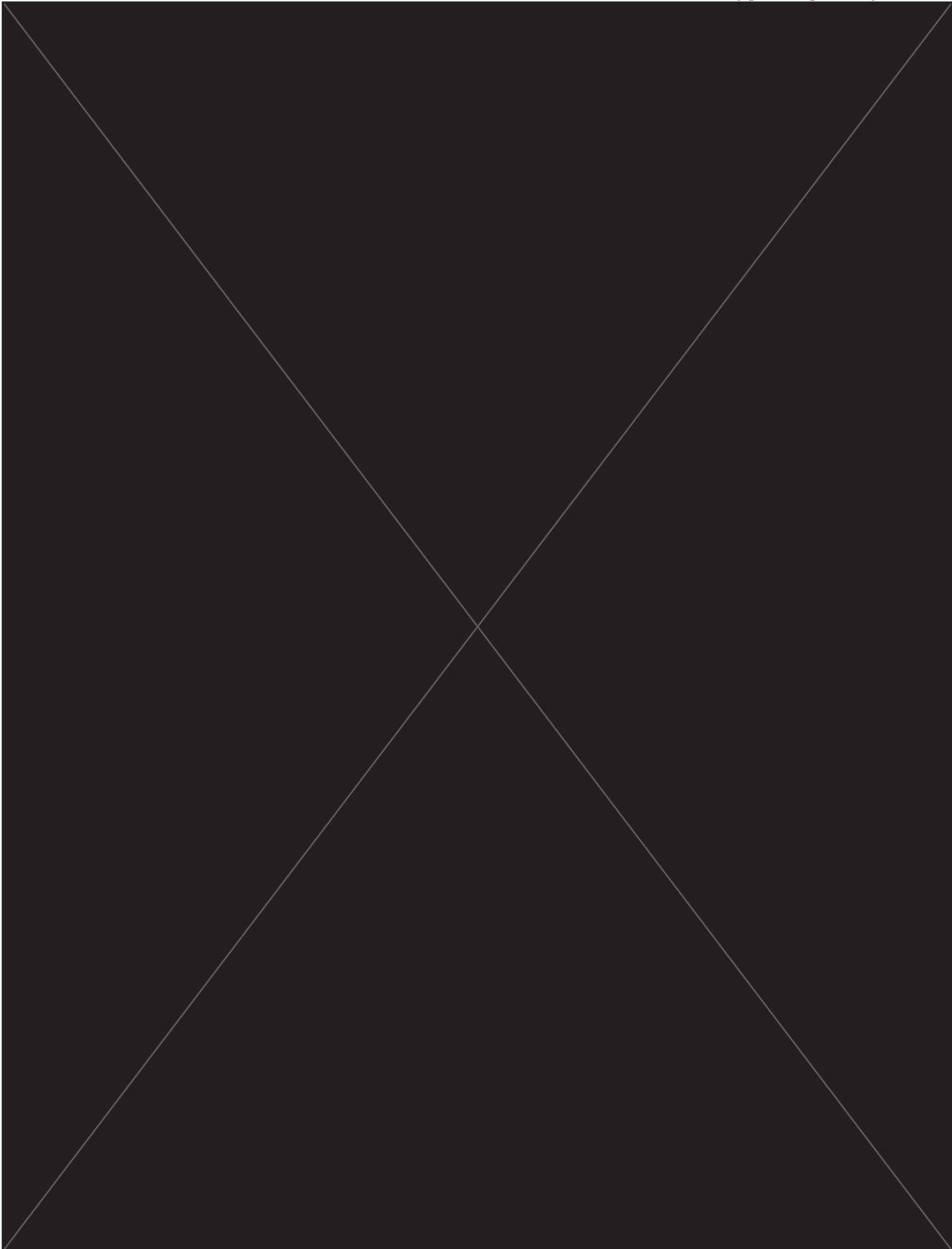
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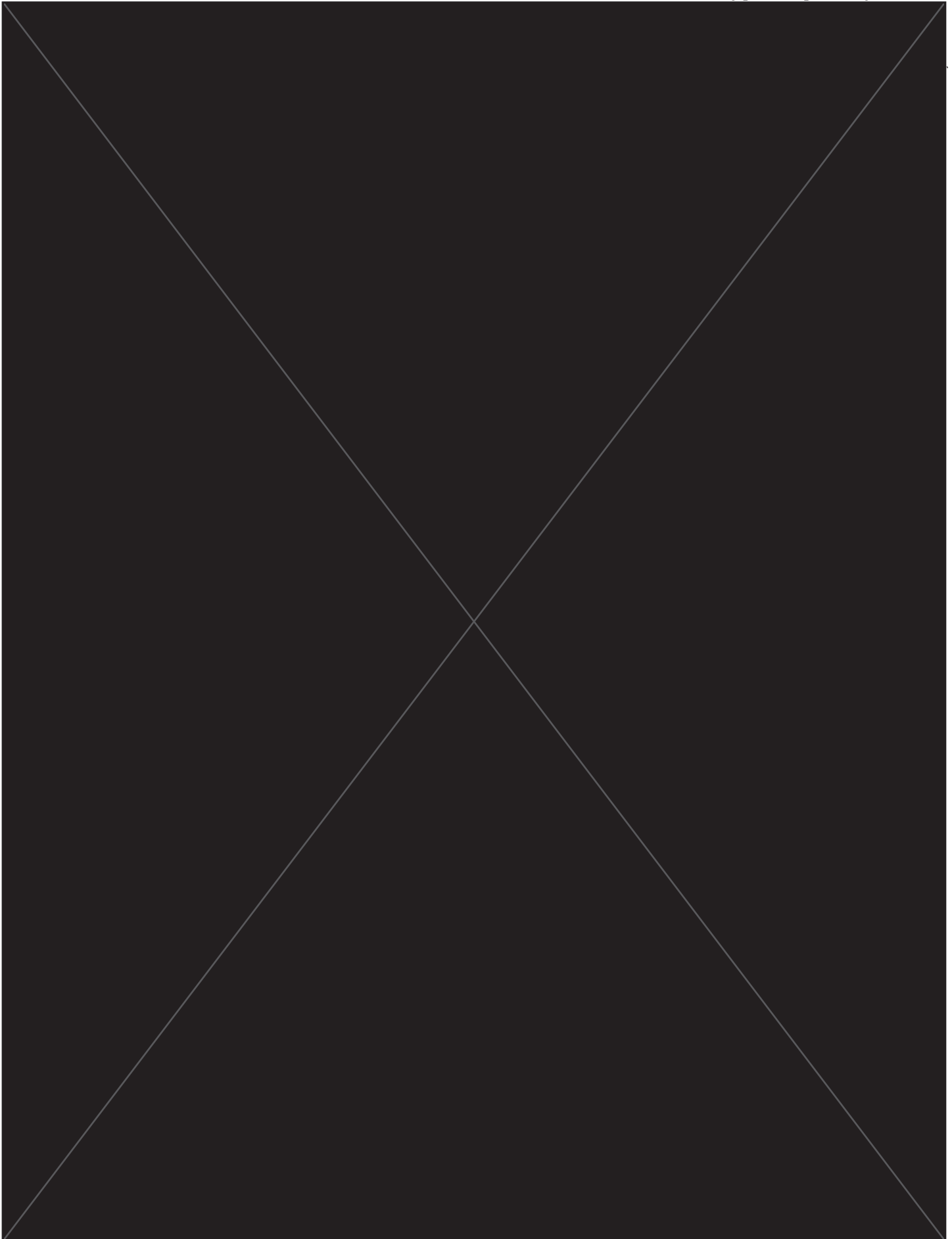
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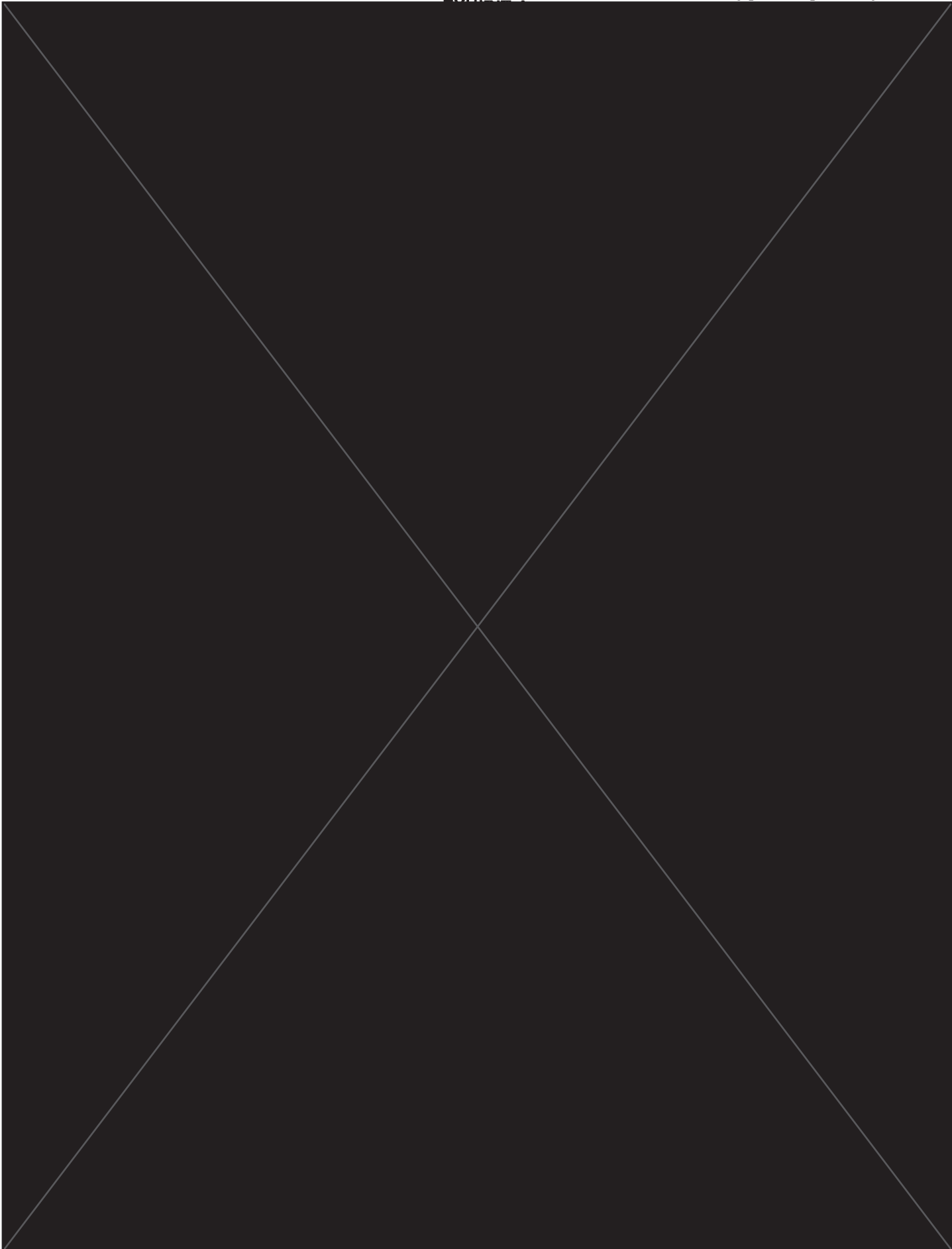




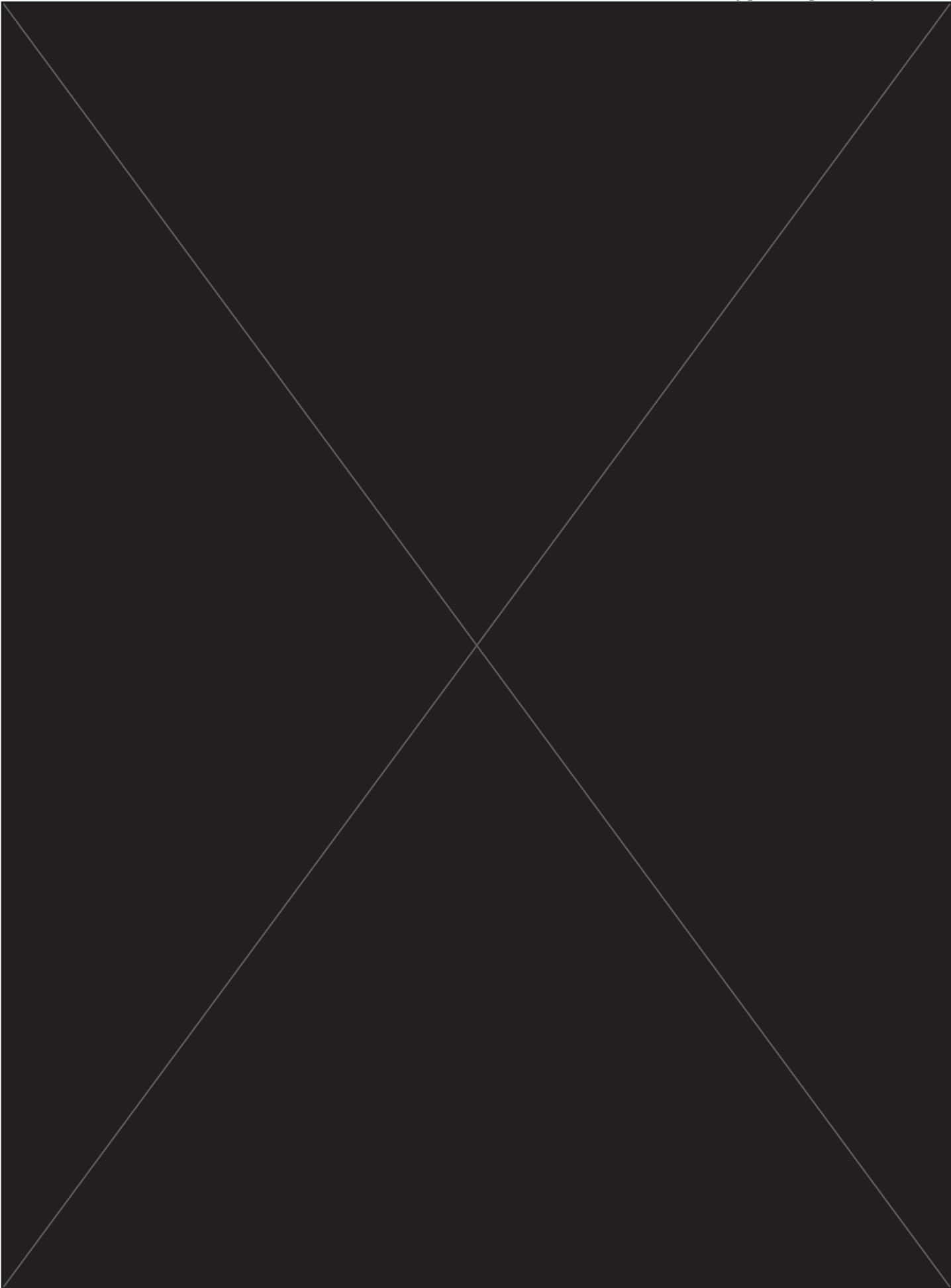


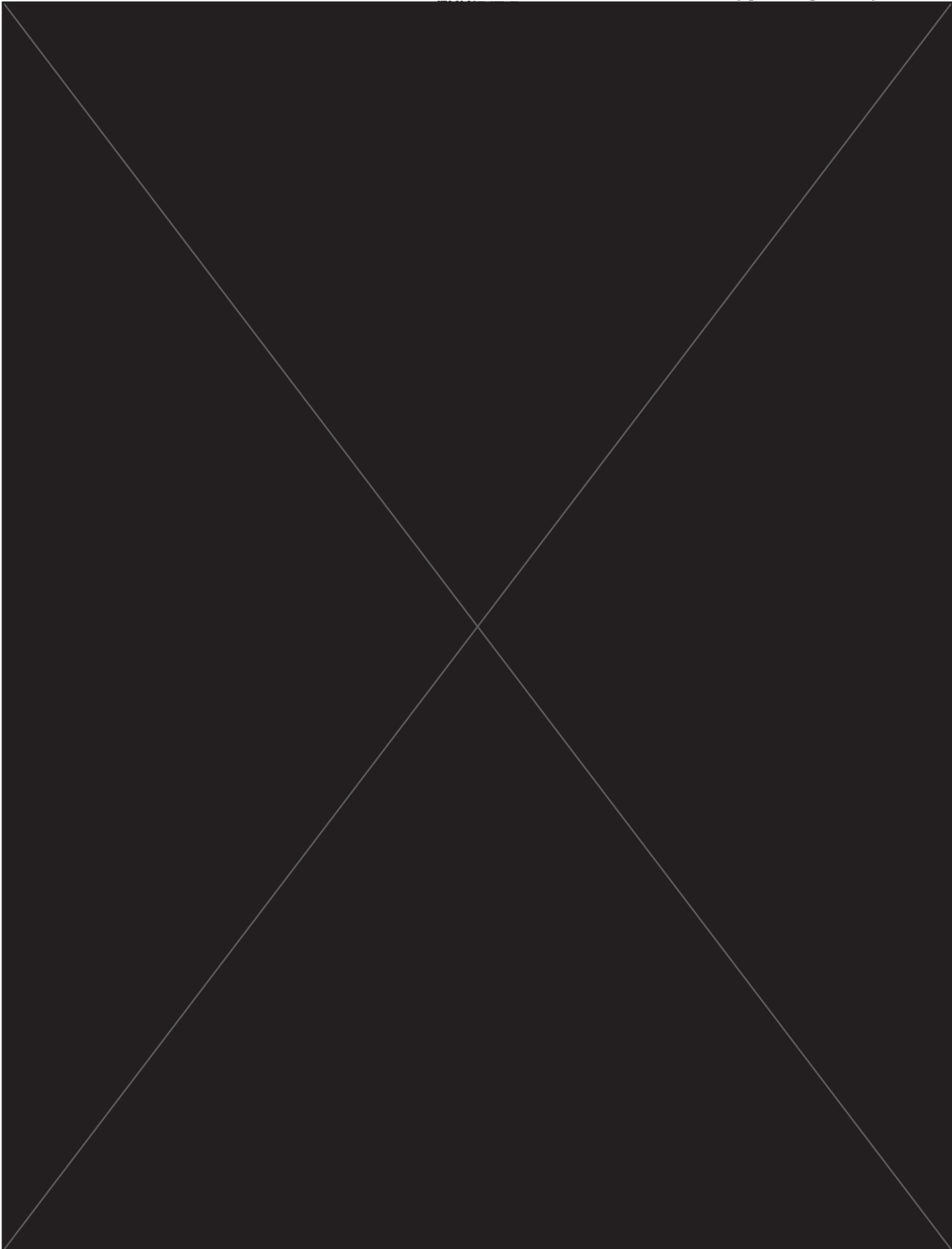
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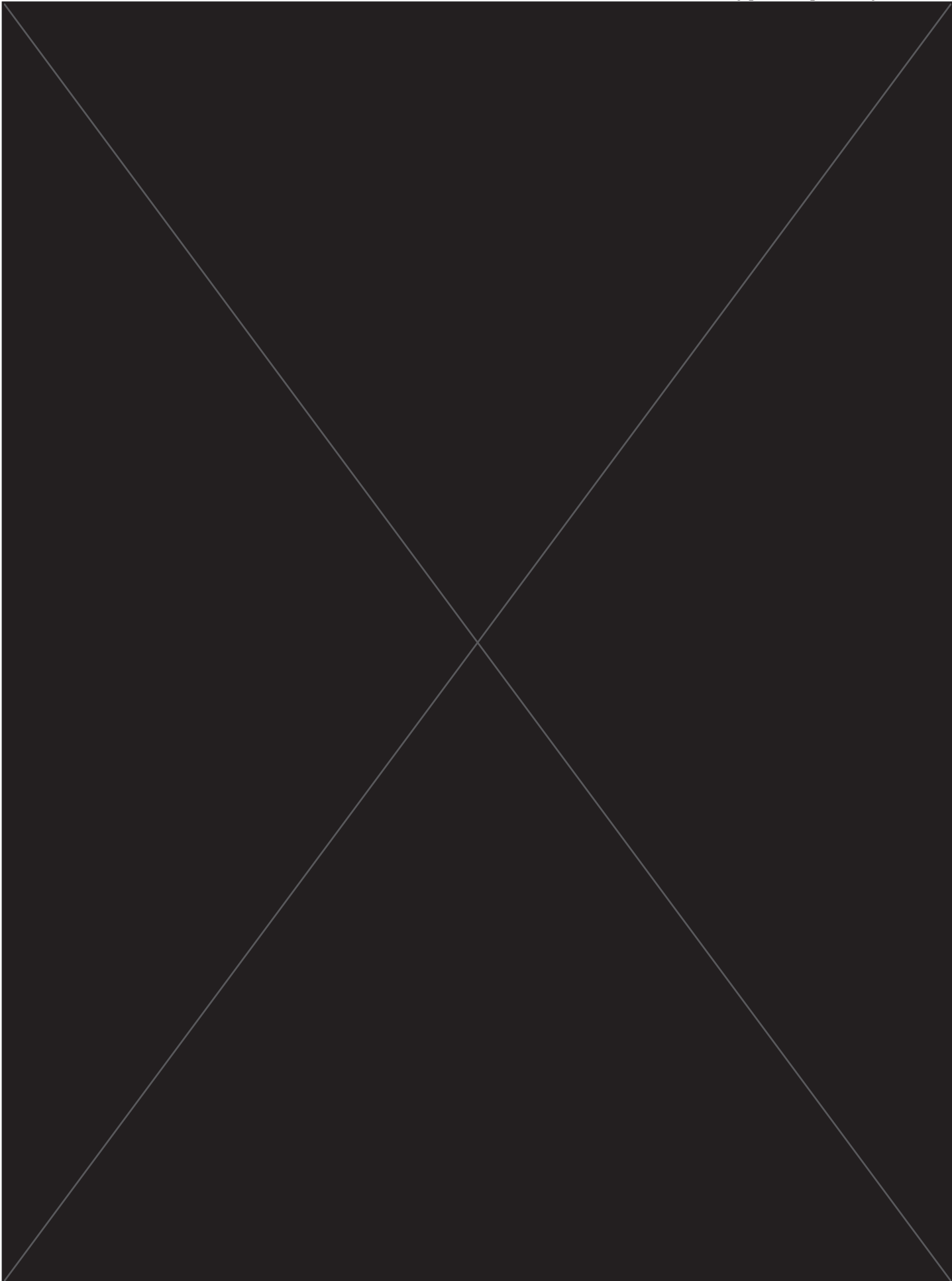


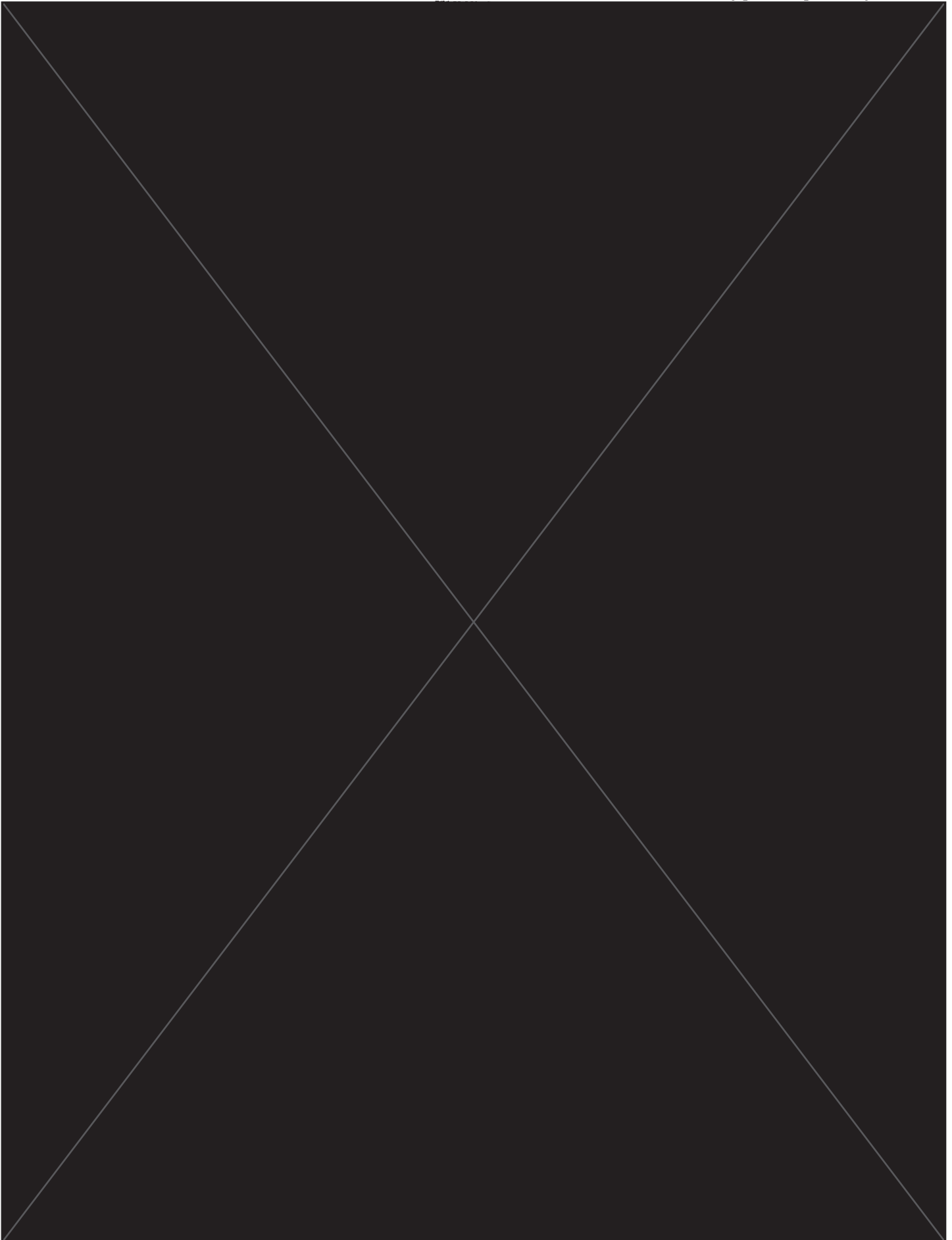


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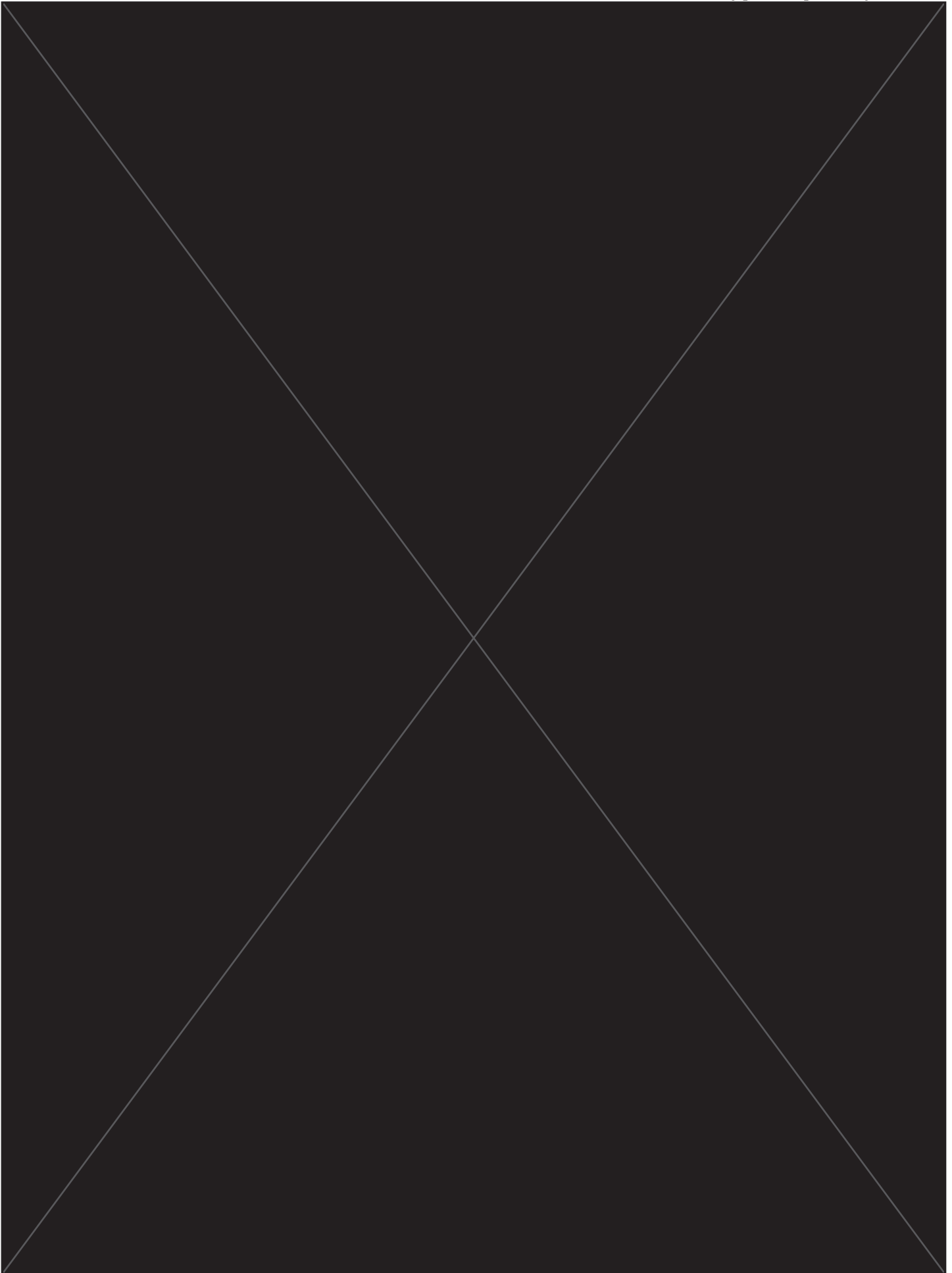


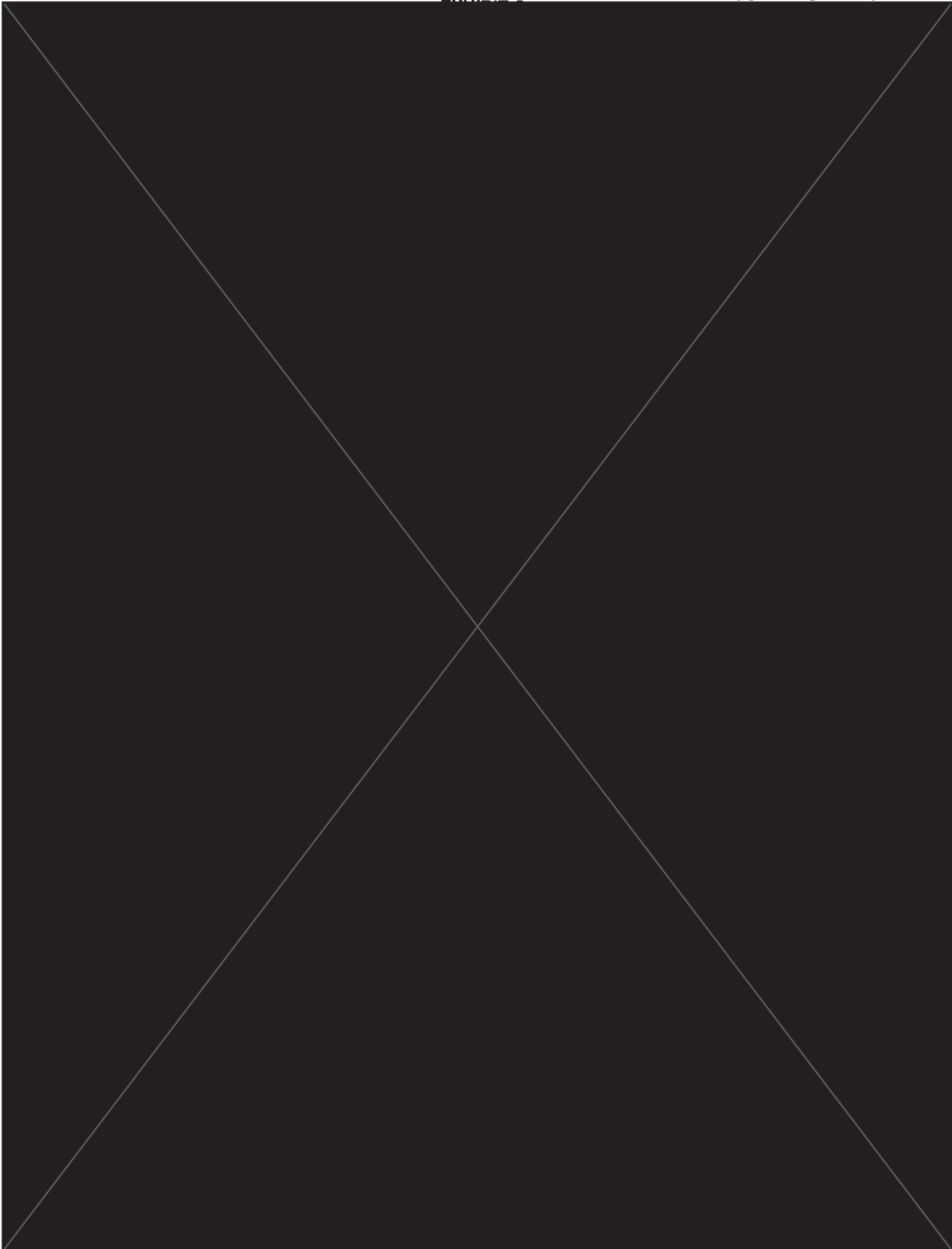


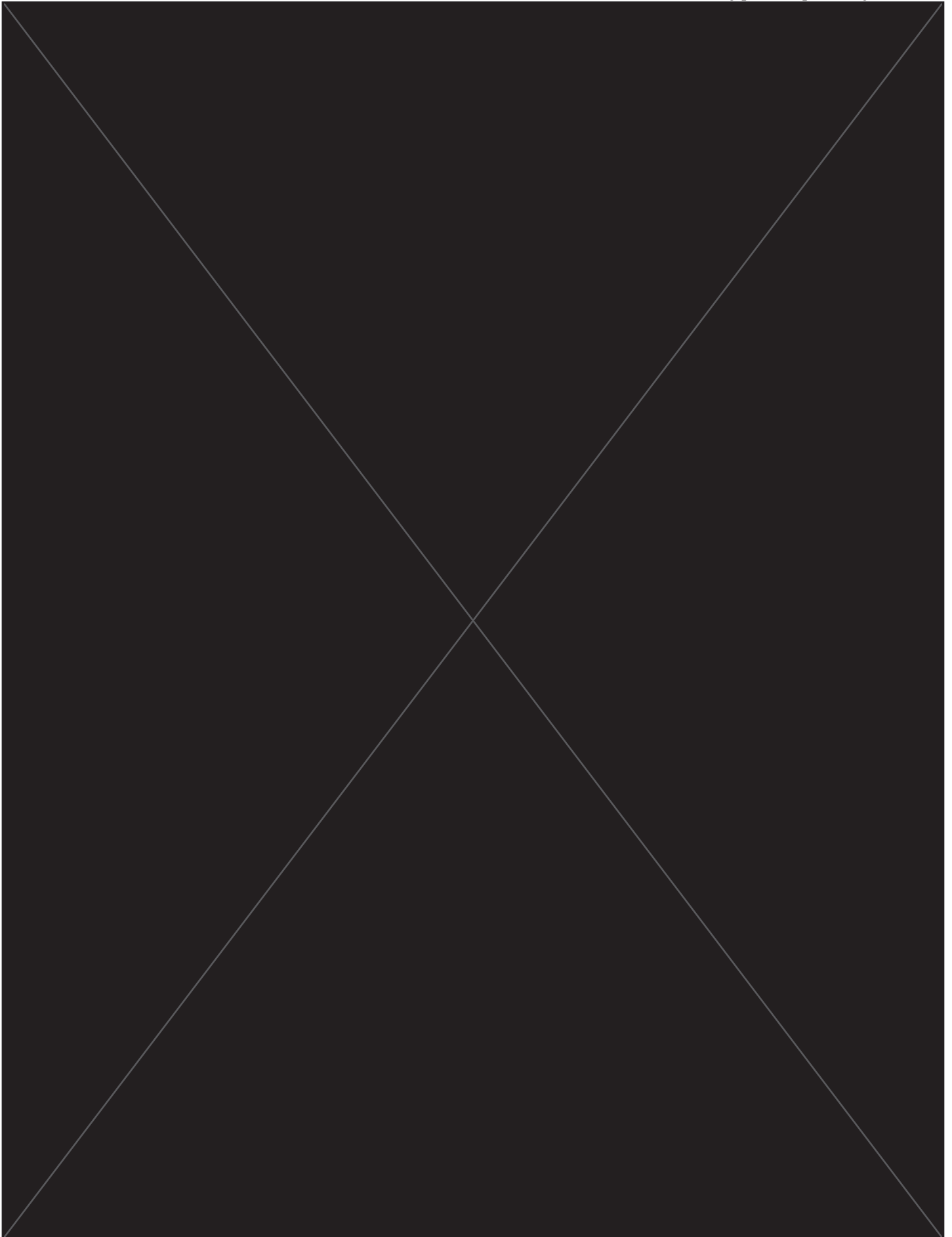


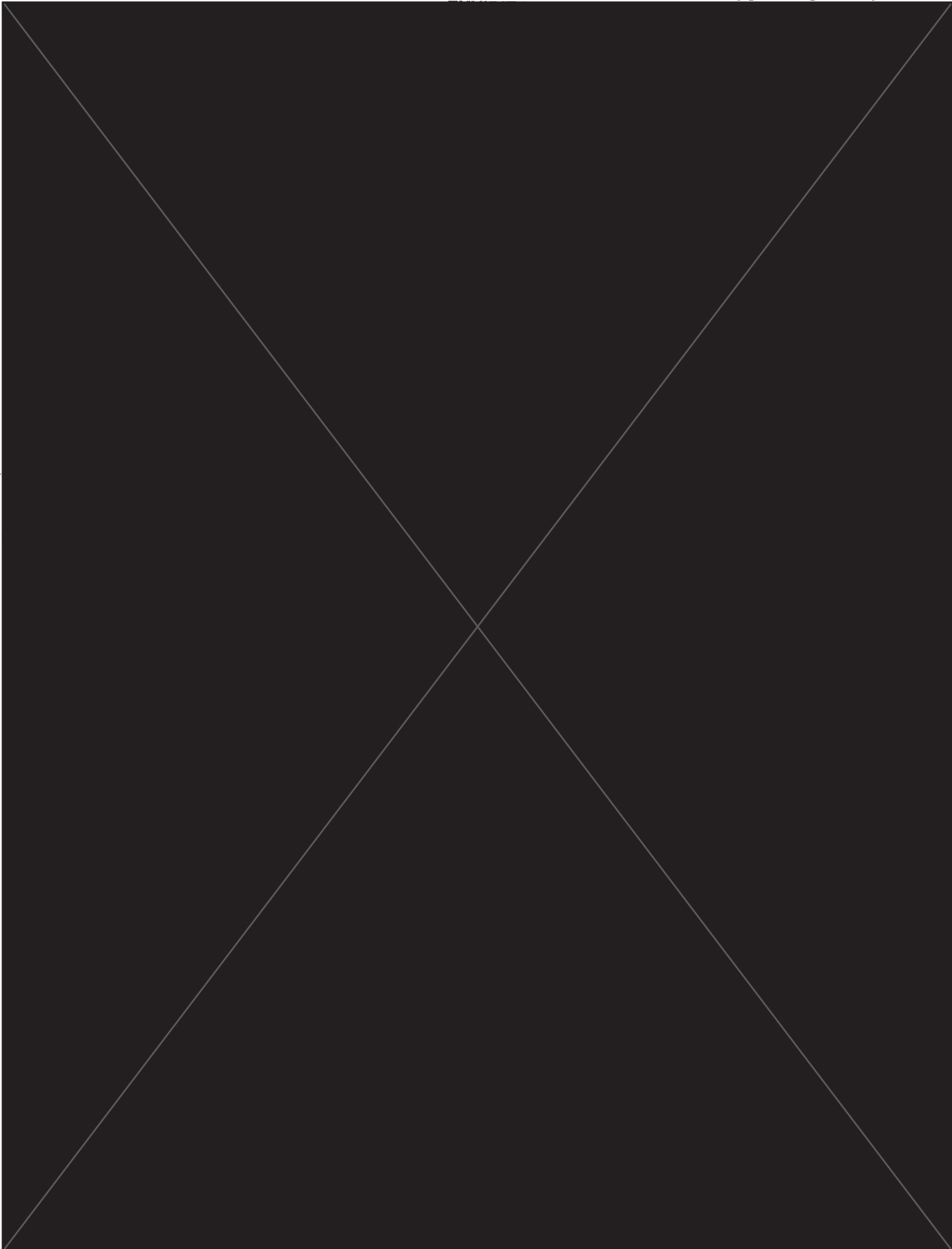


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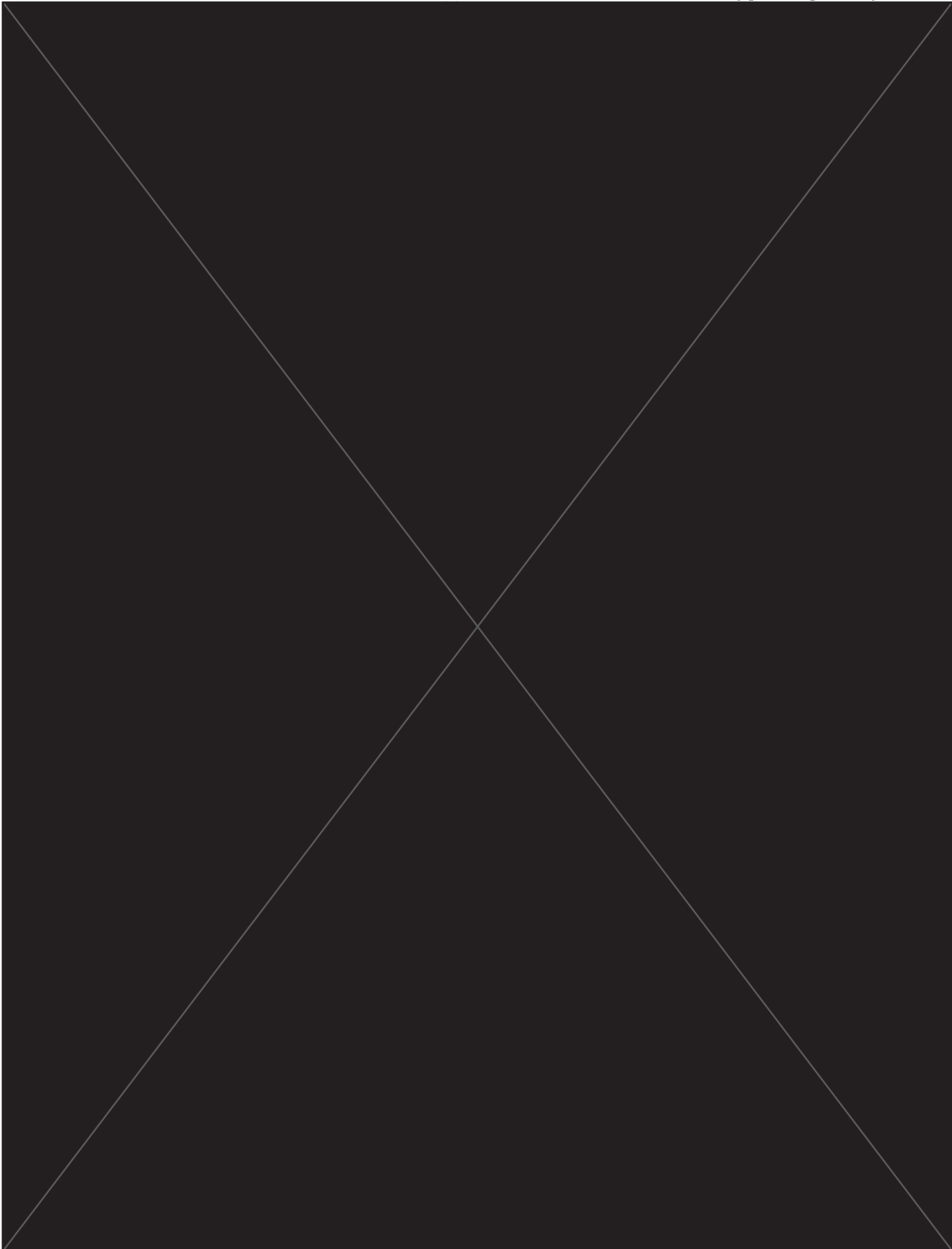


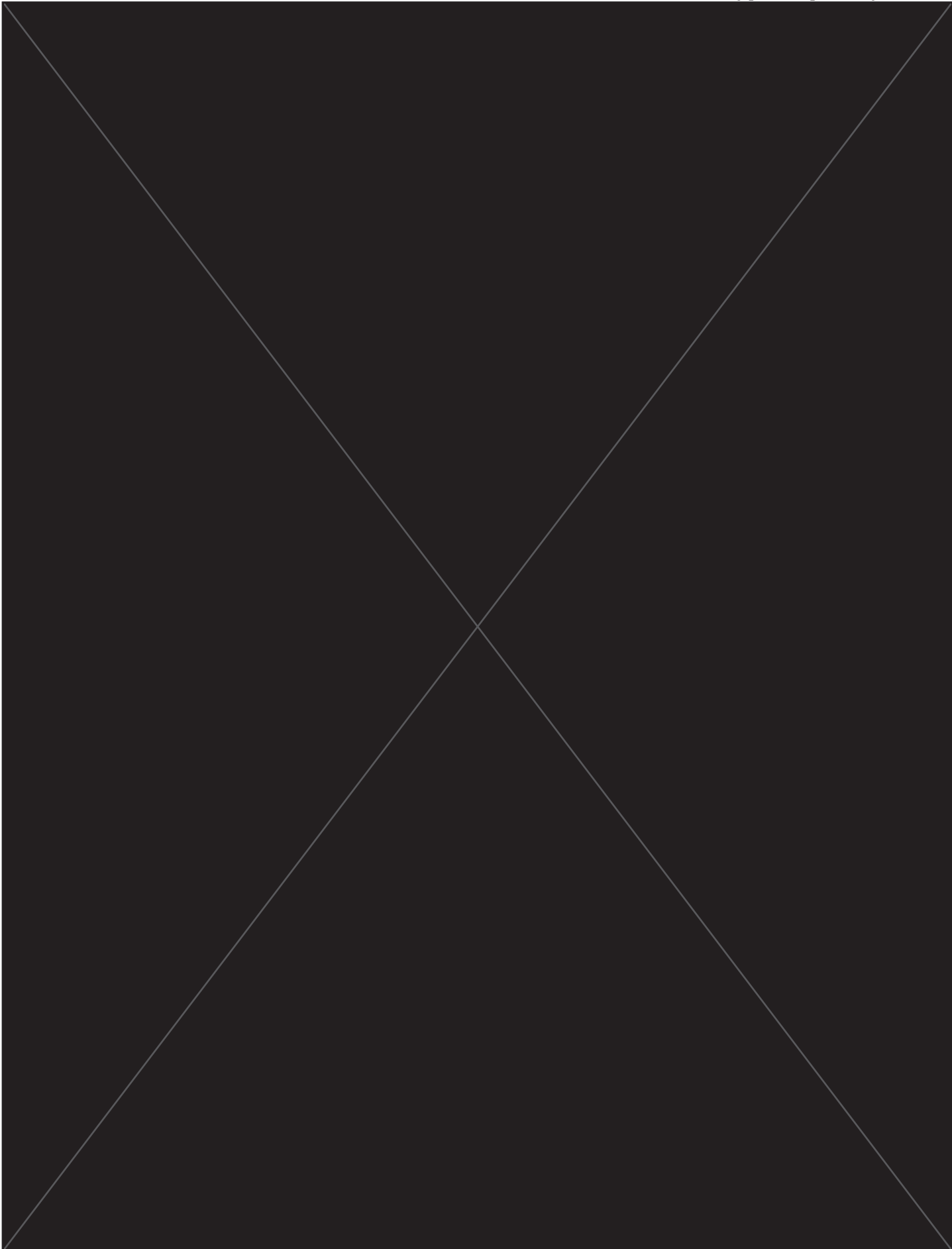




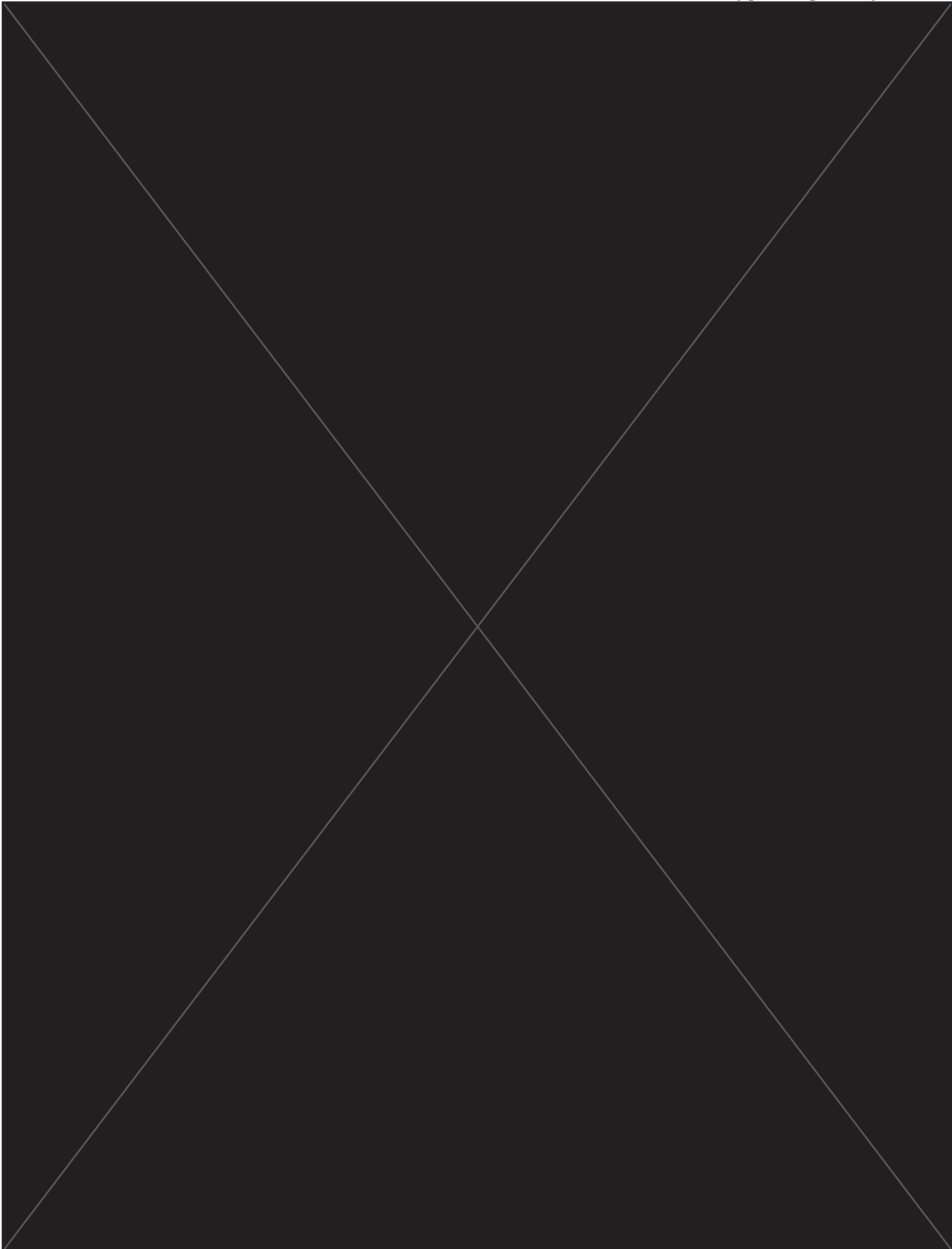


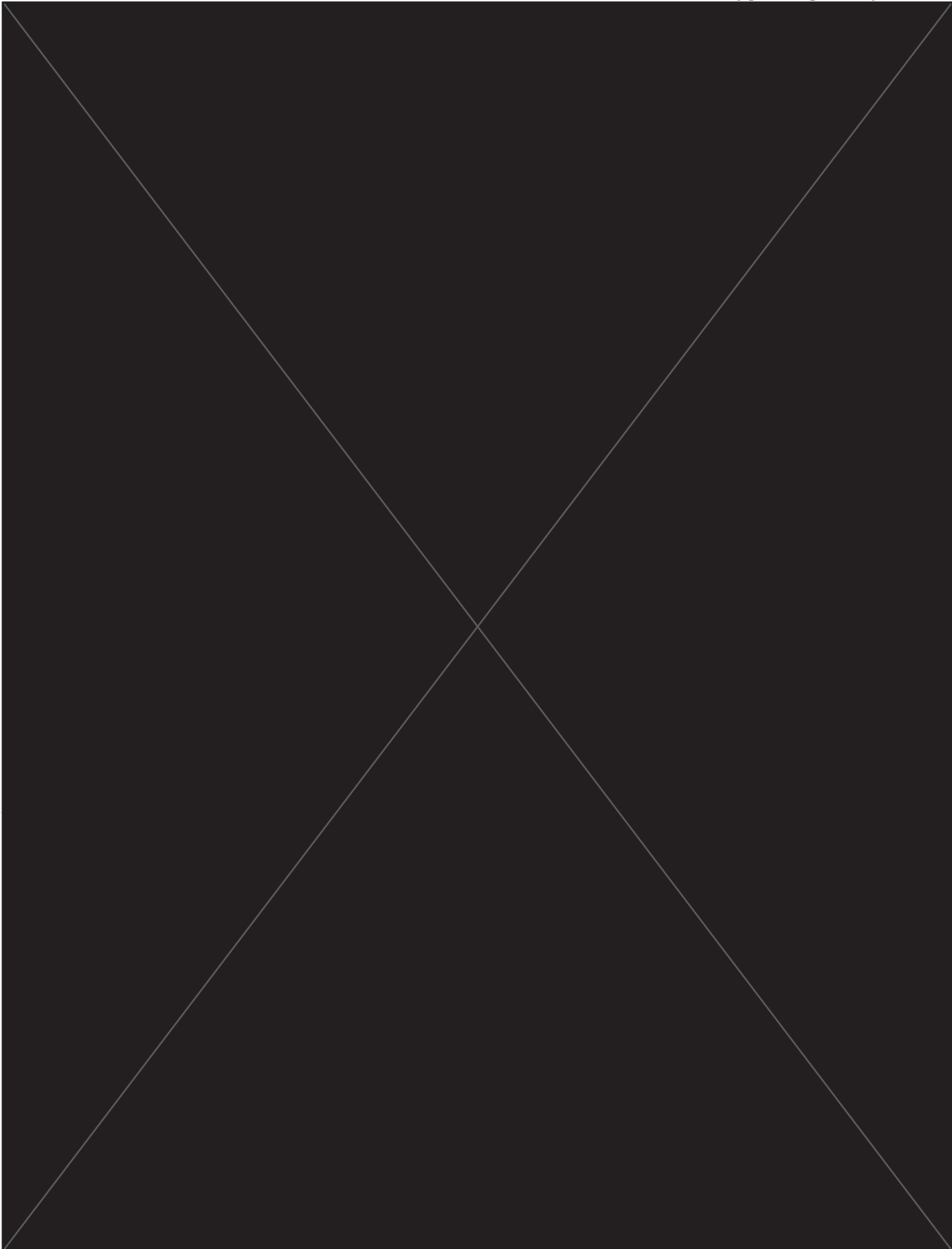
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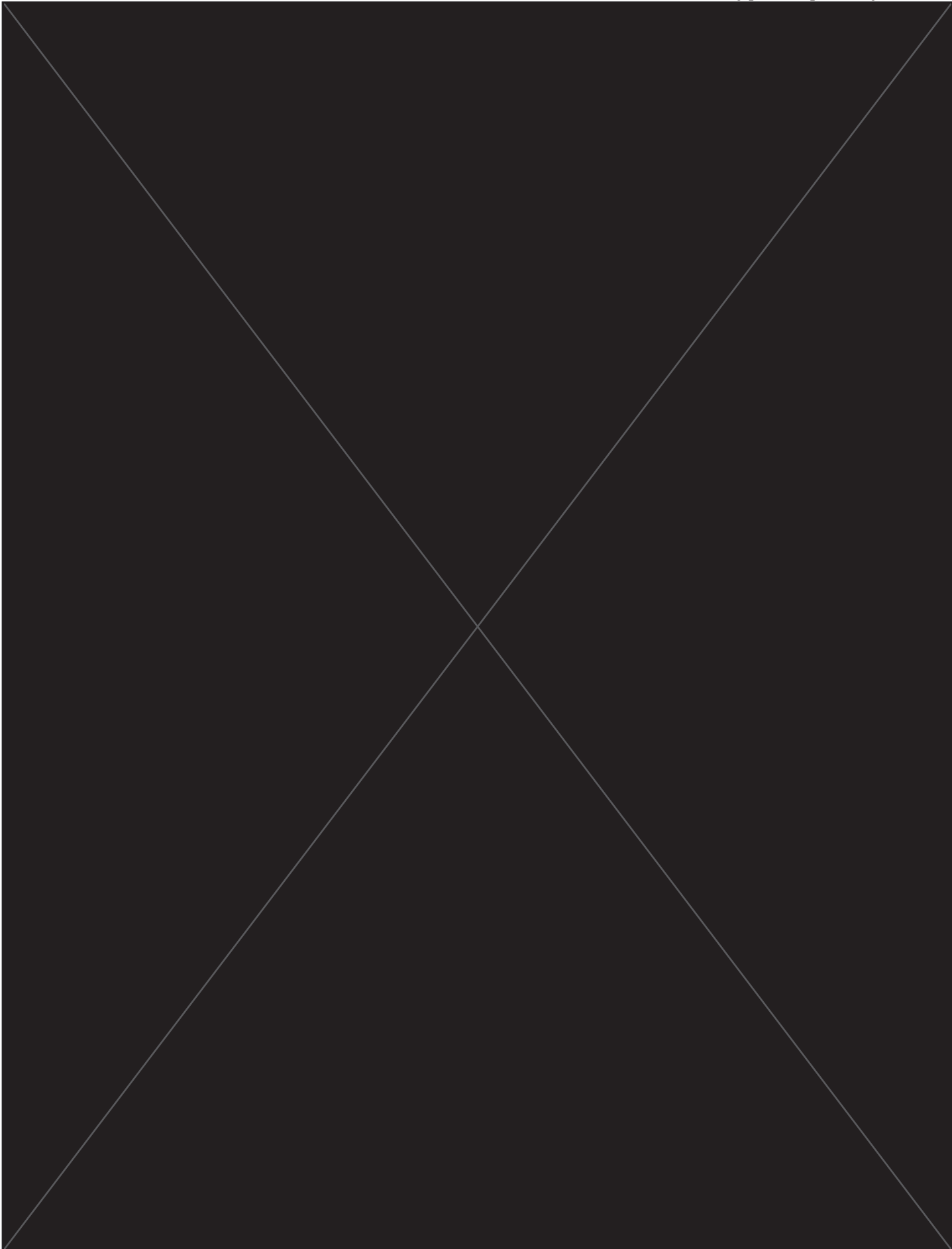


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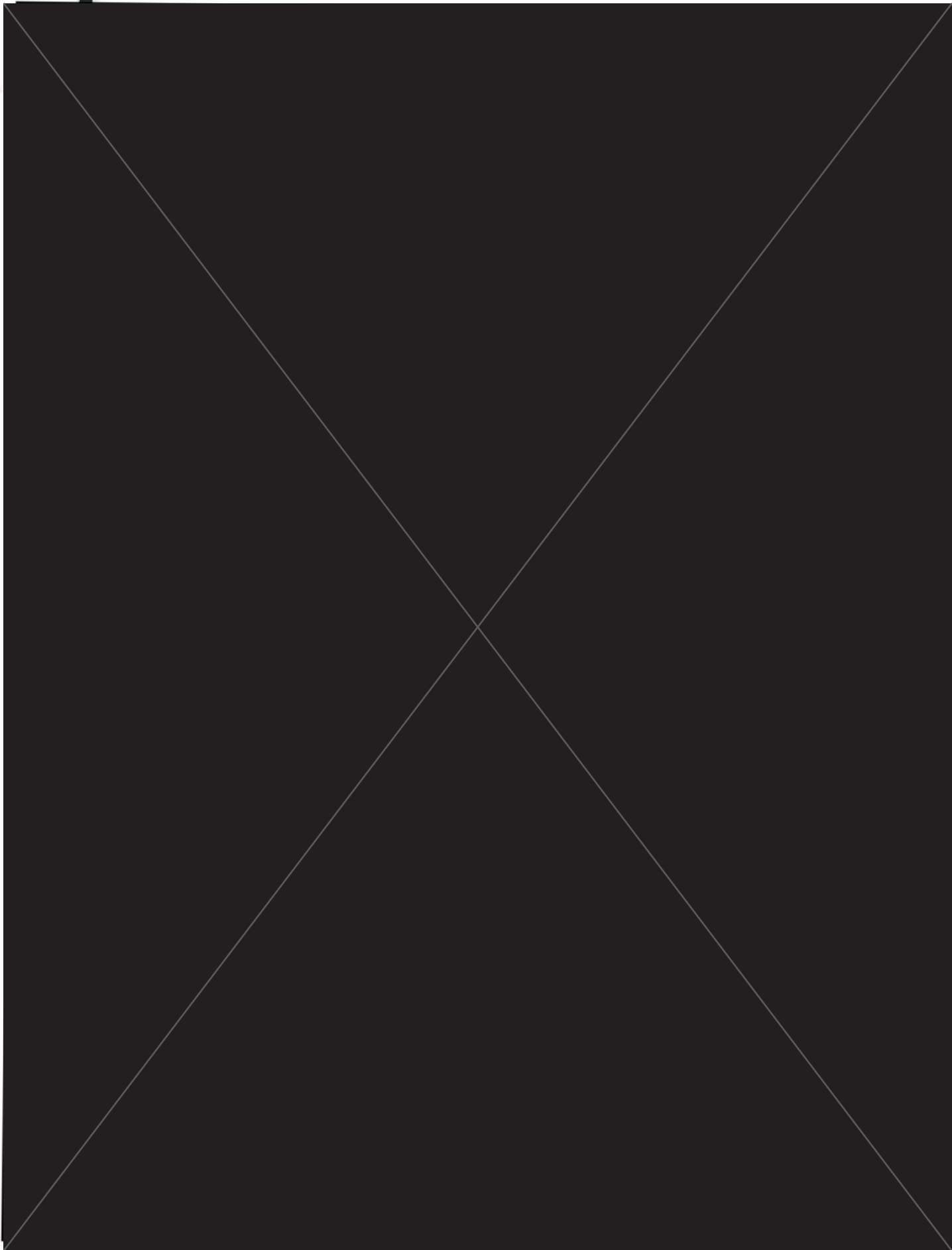




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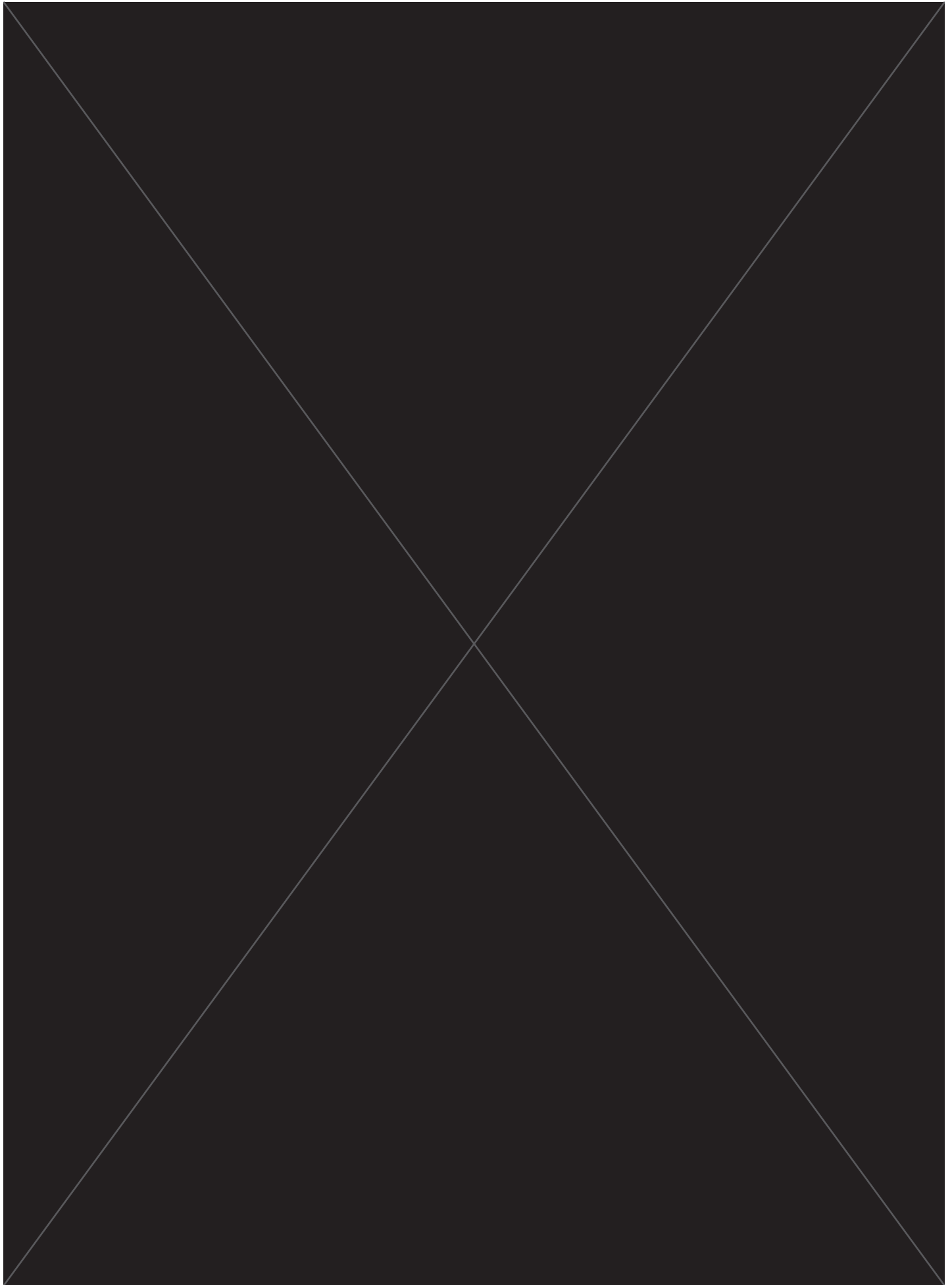


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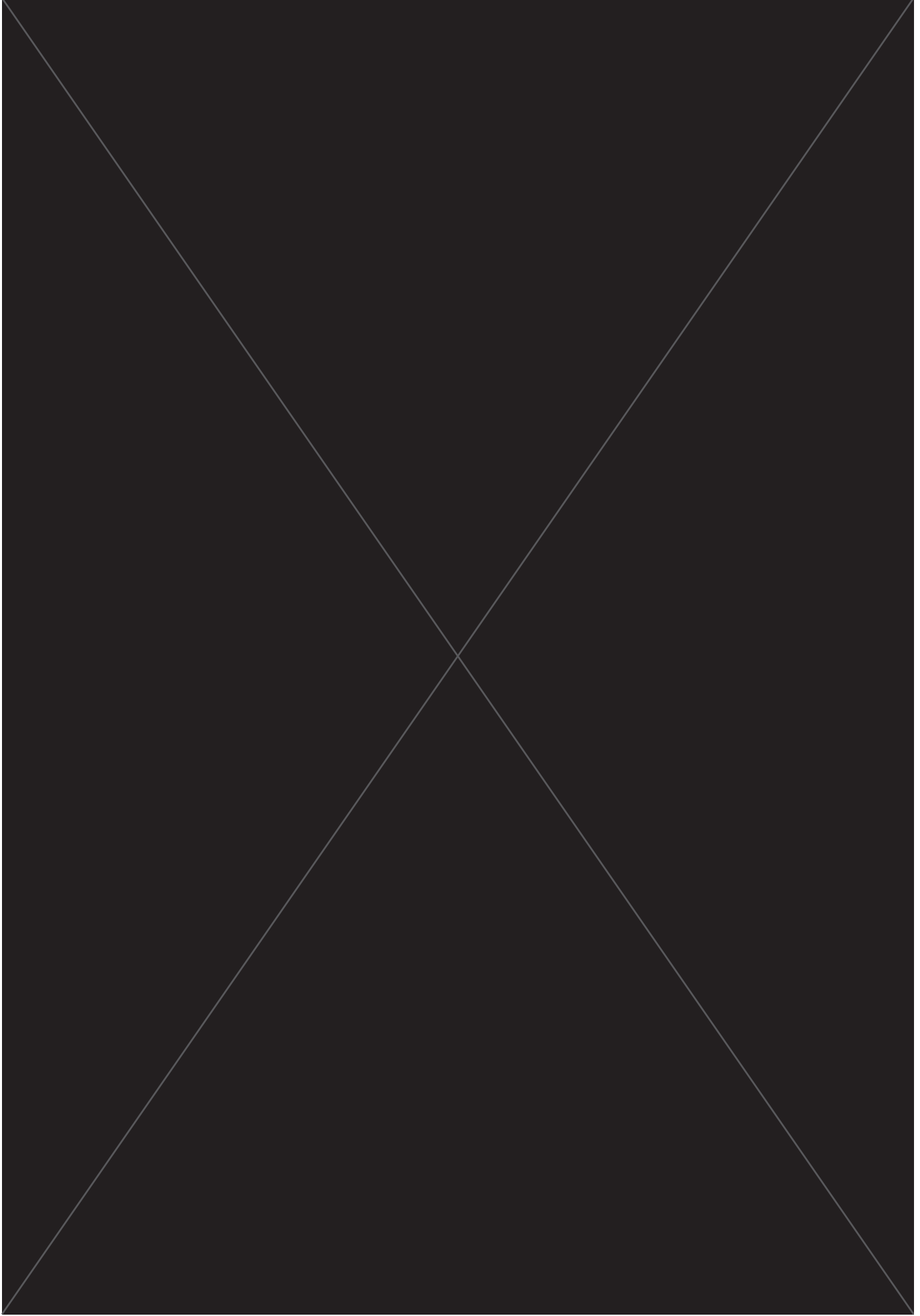
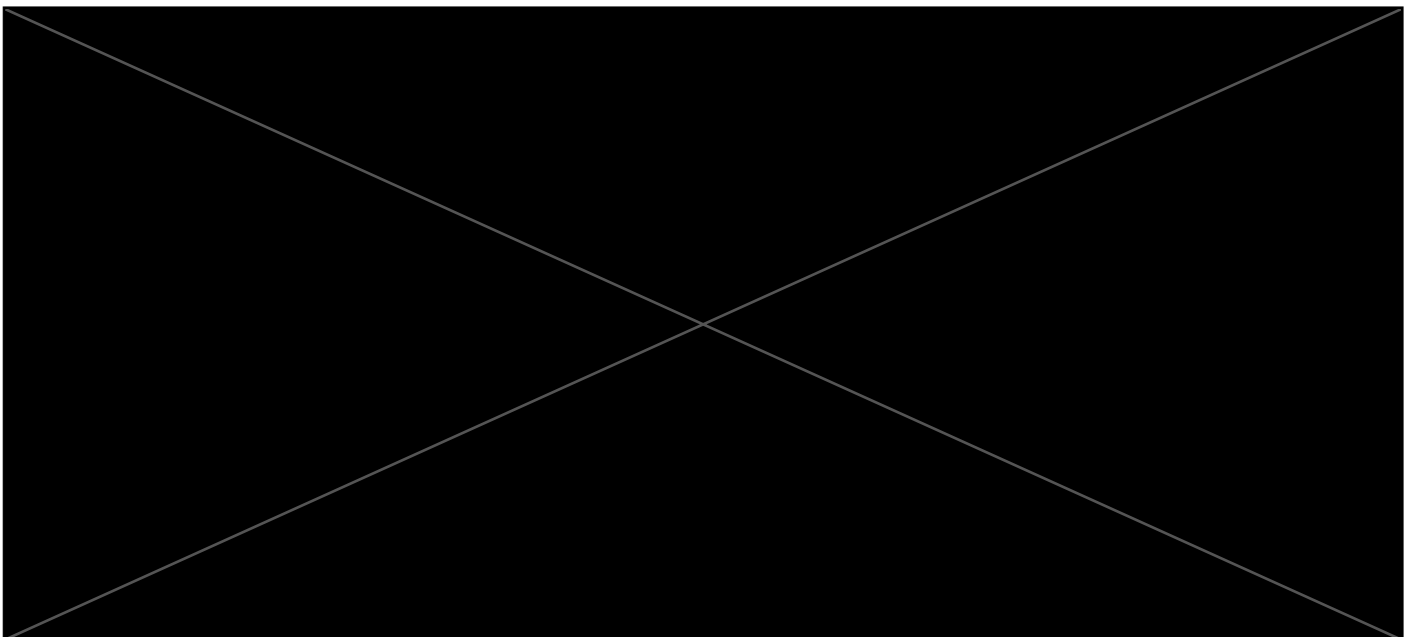


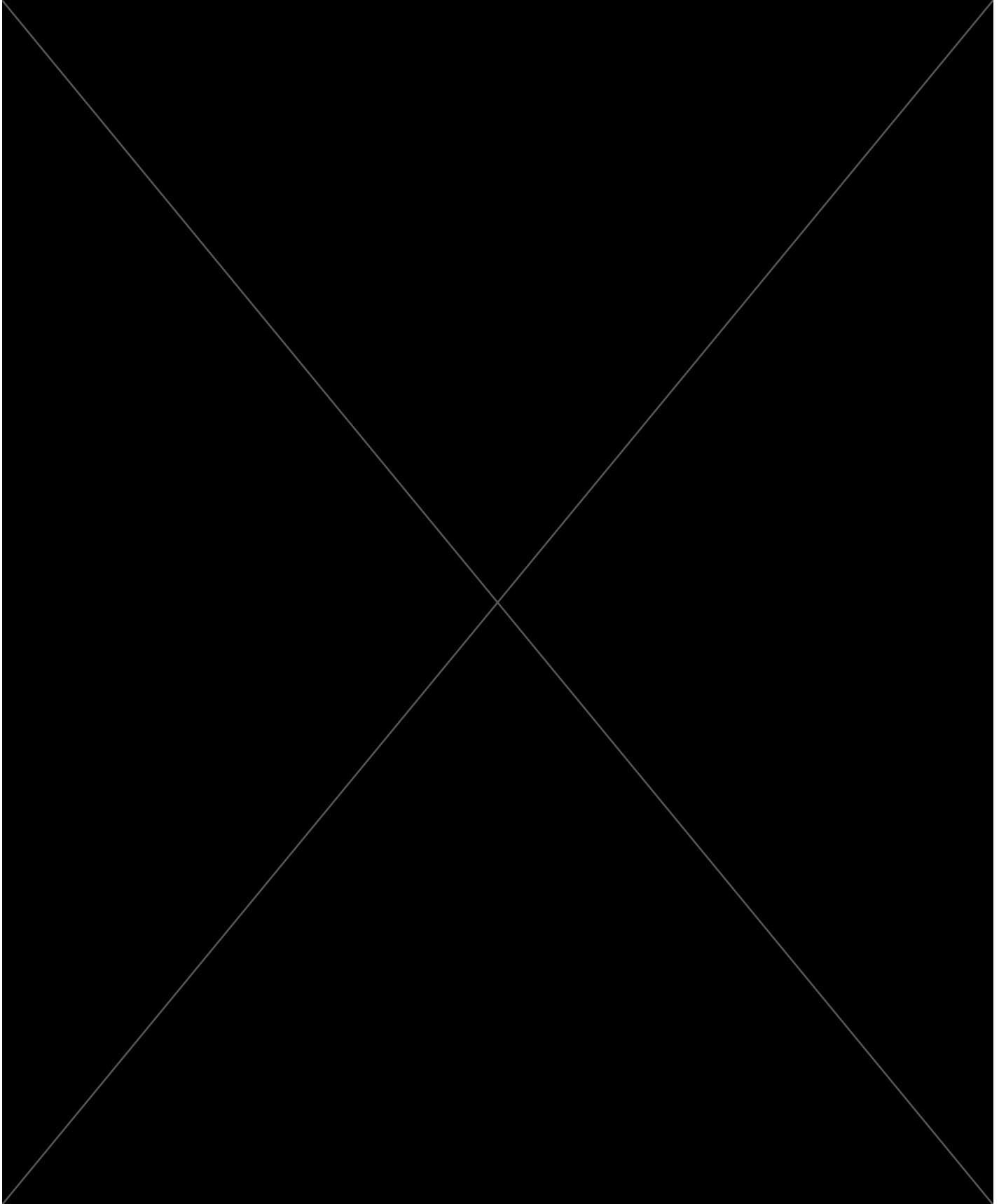
Exhibit 19 – Security Plan

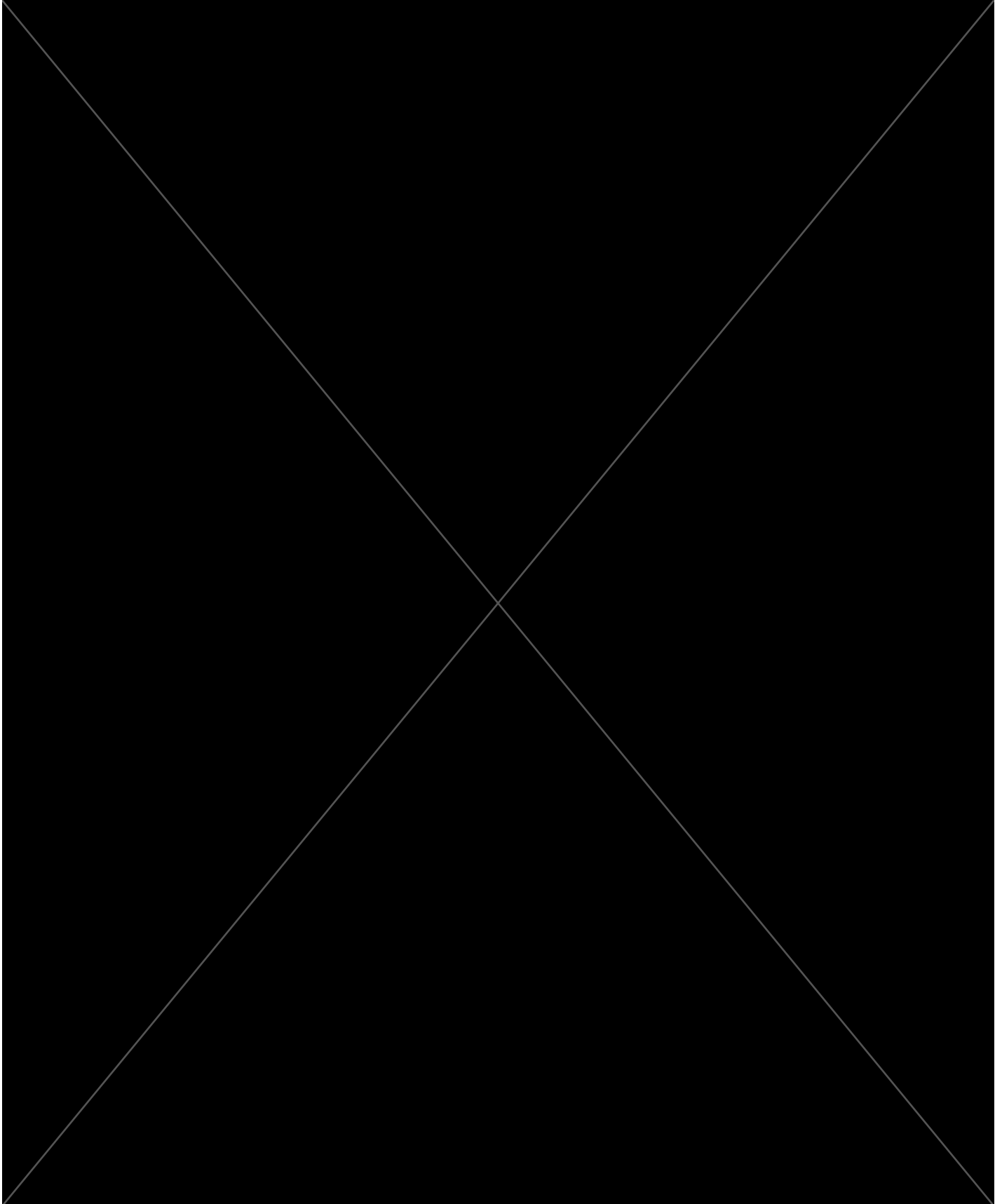
Exhibit 19 Redacted (ALA.code.36-12-40(Security Plan))

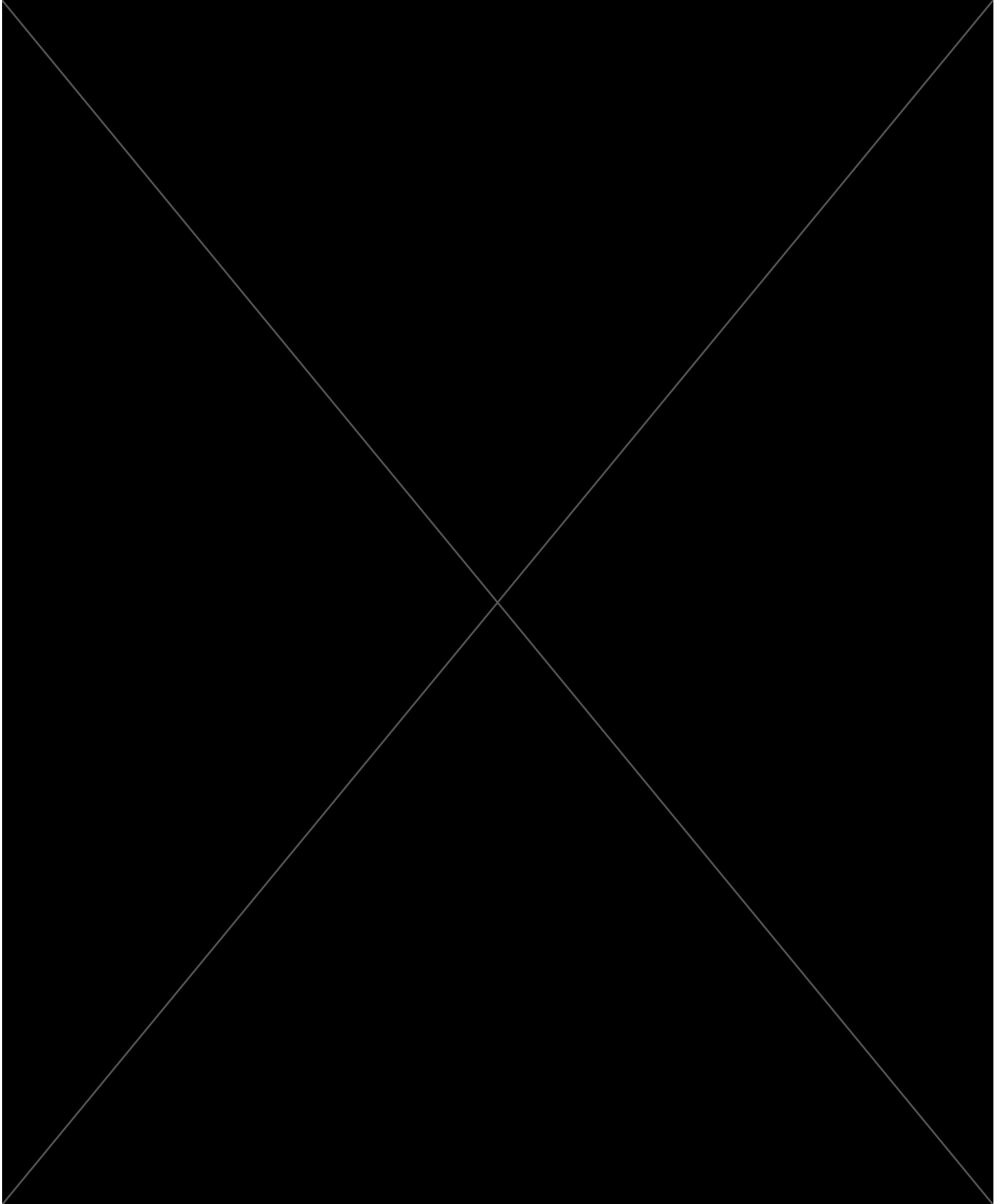
Verification

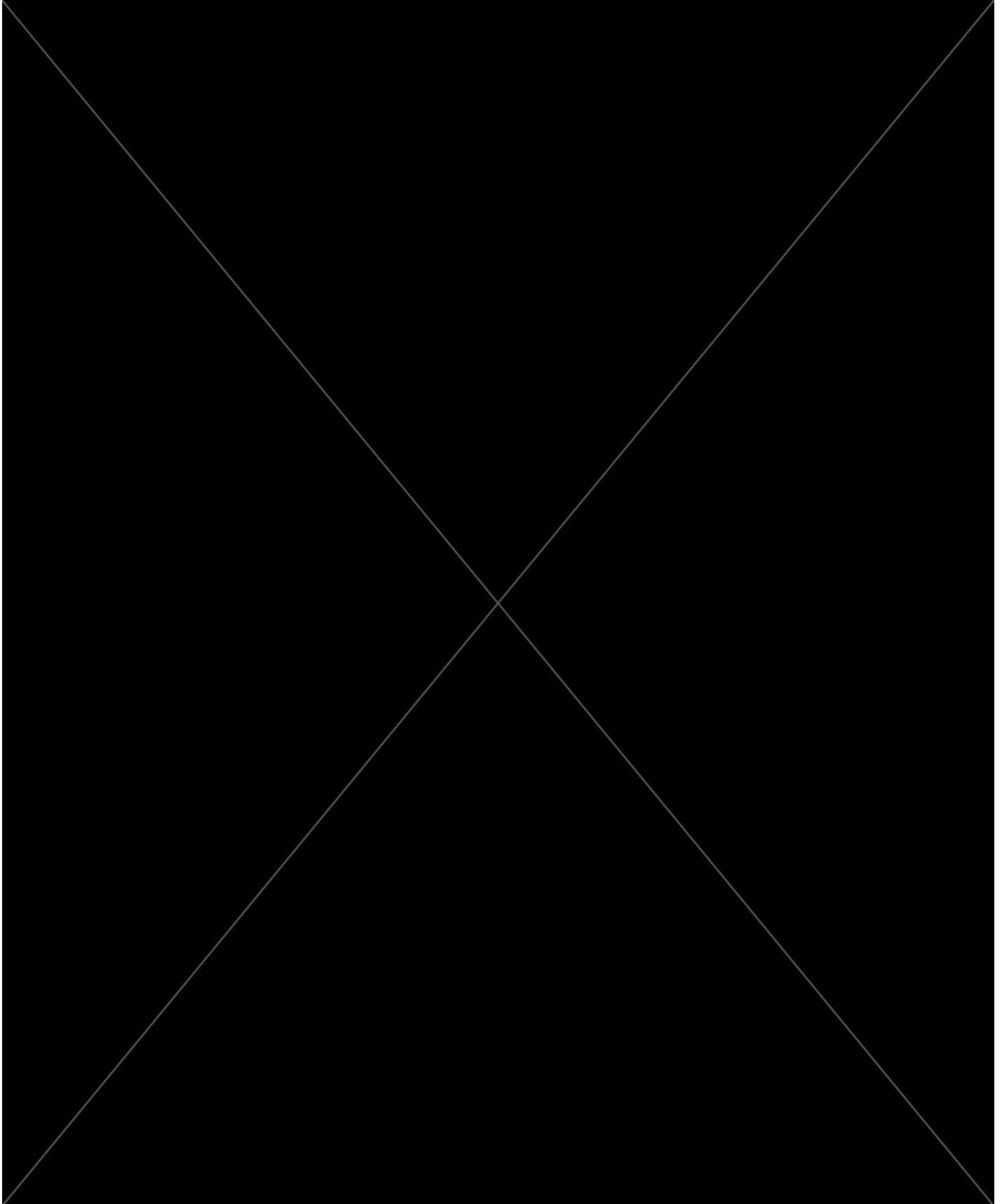
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

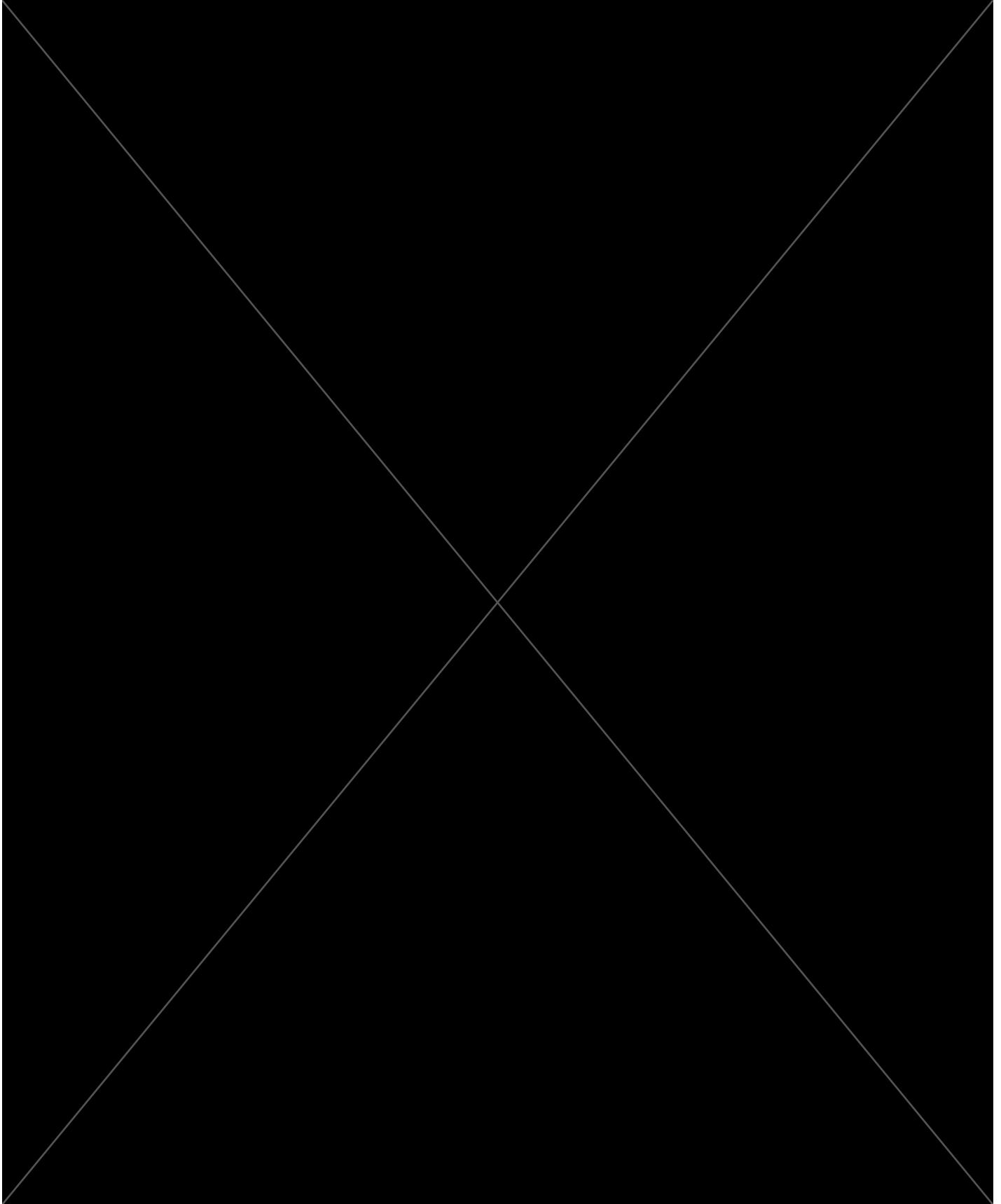


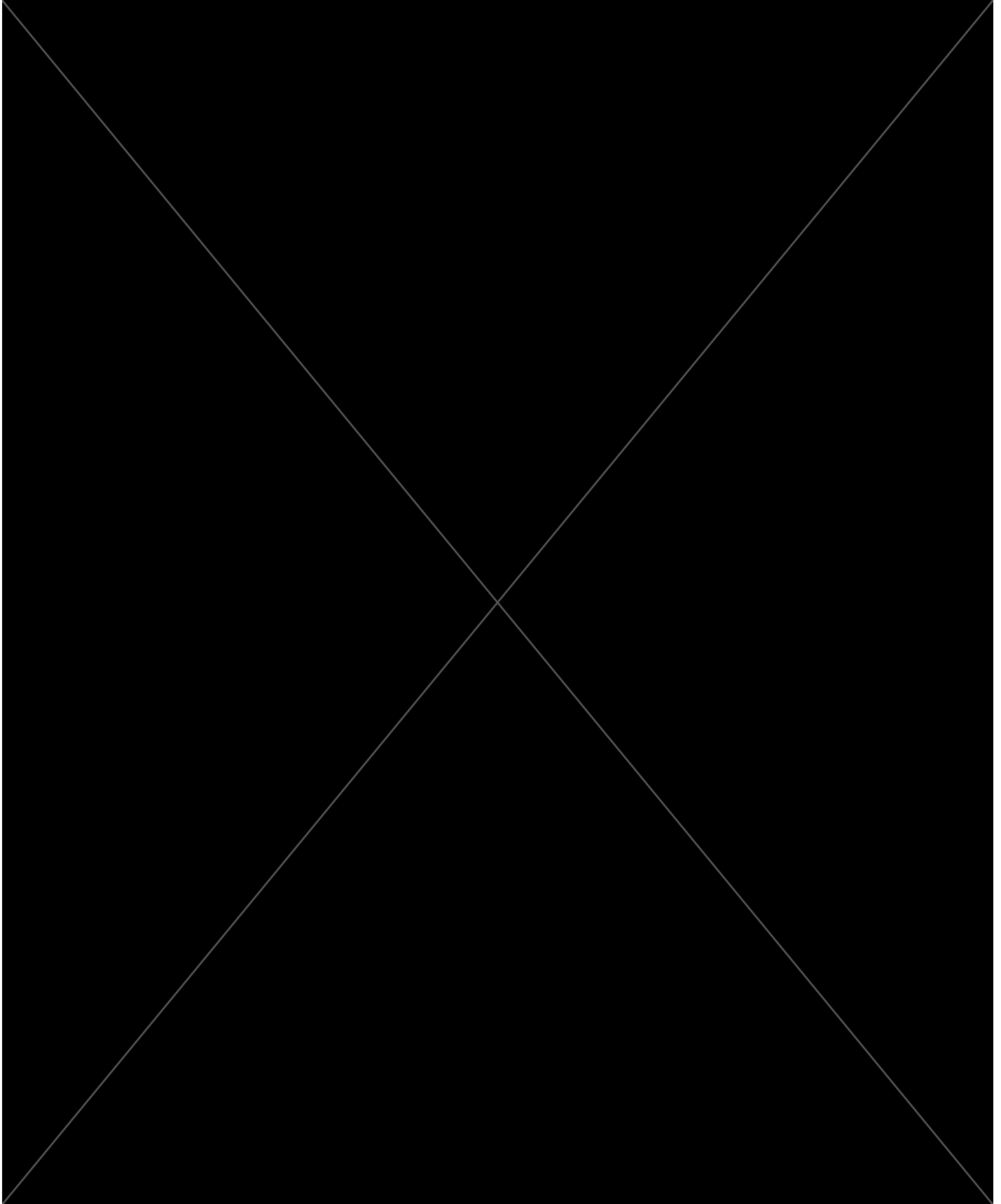


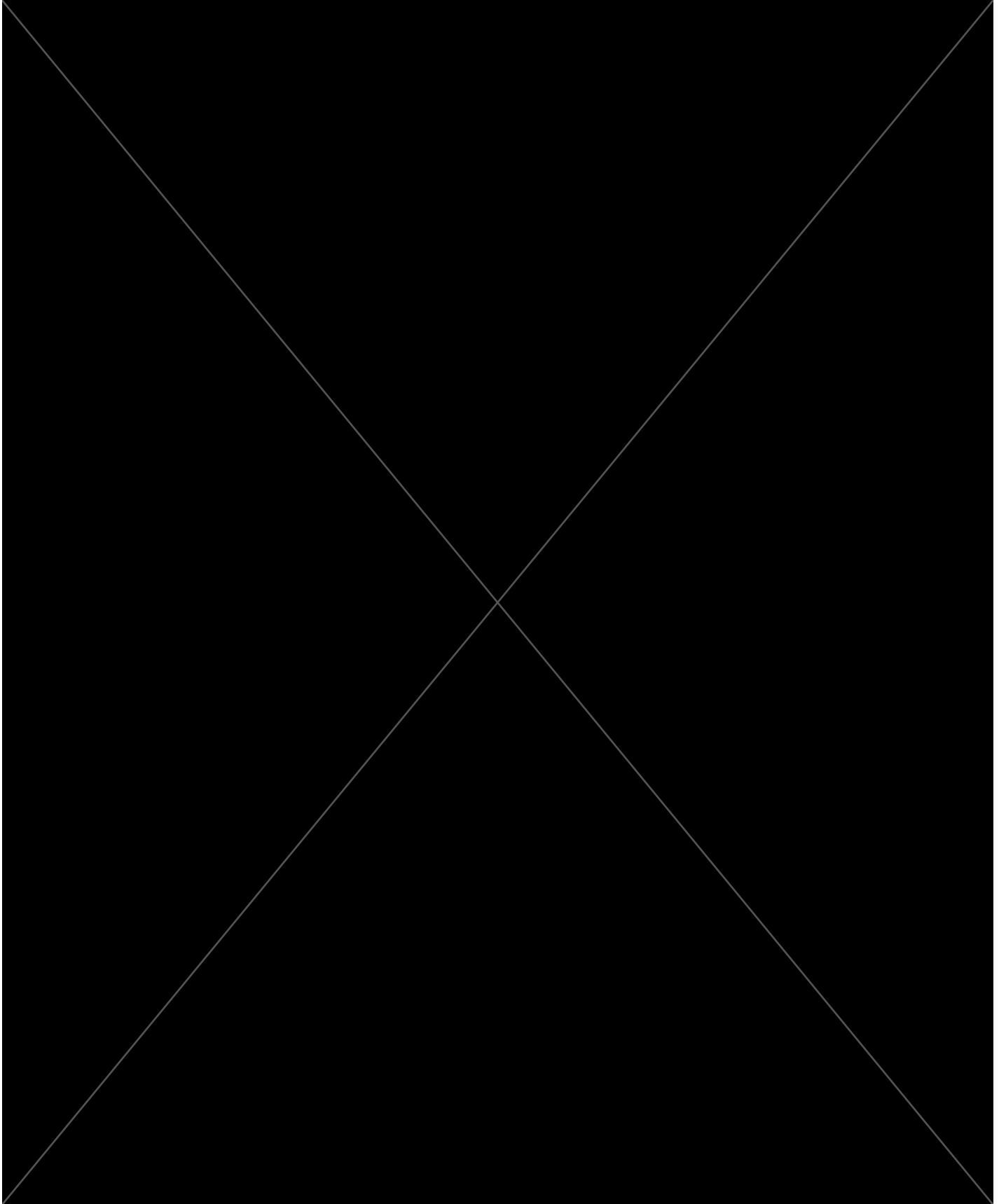


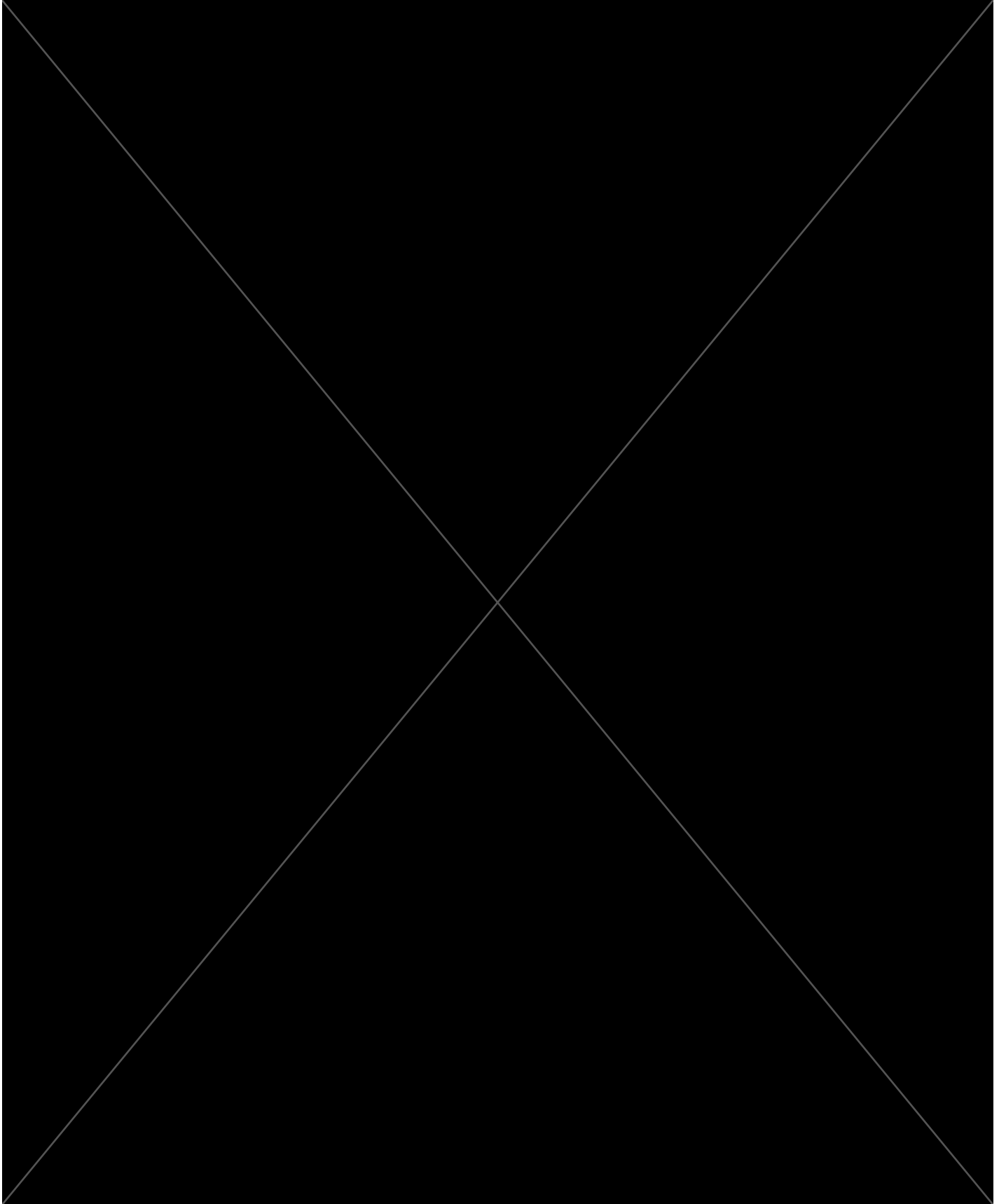


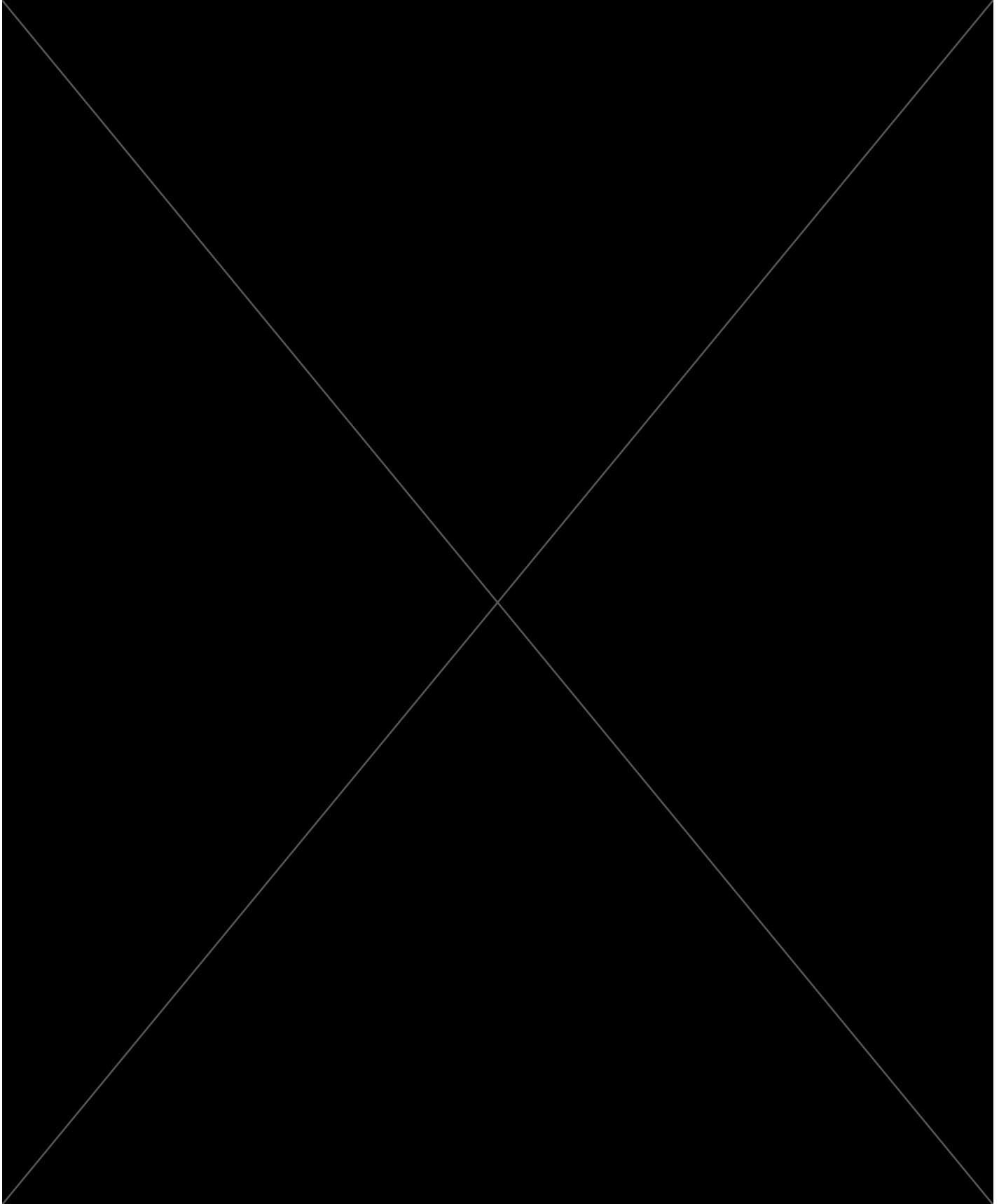


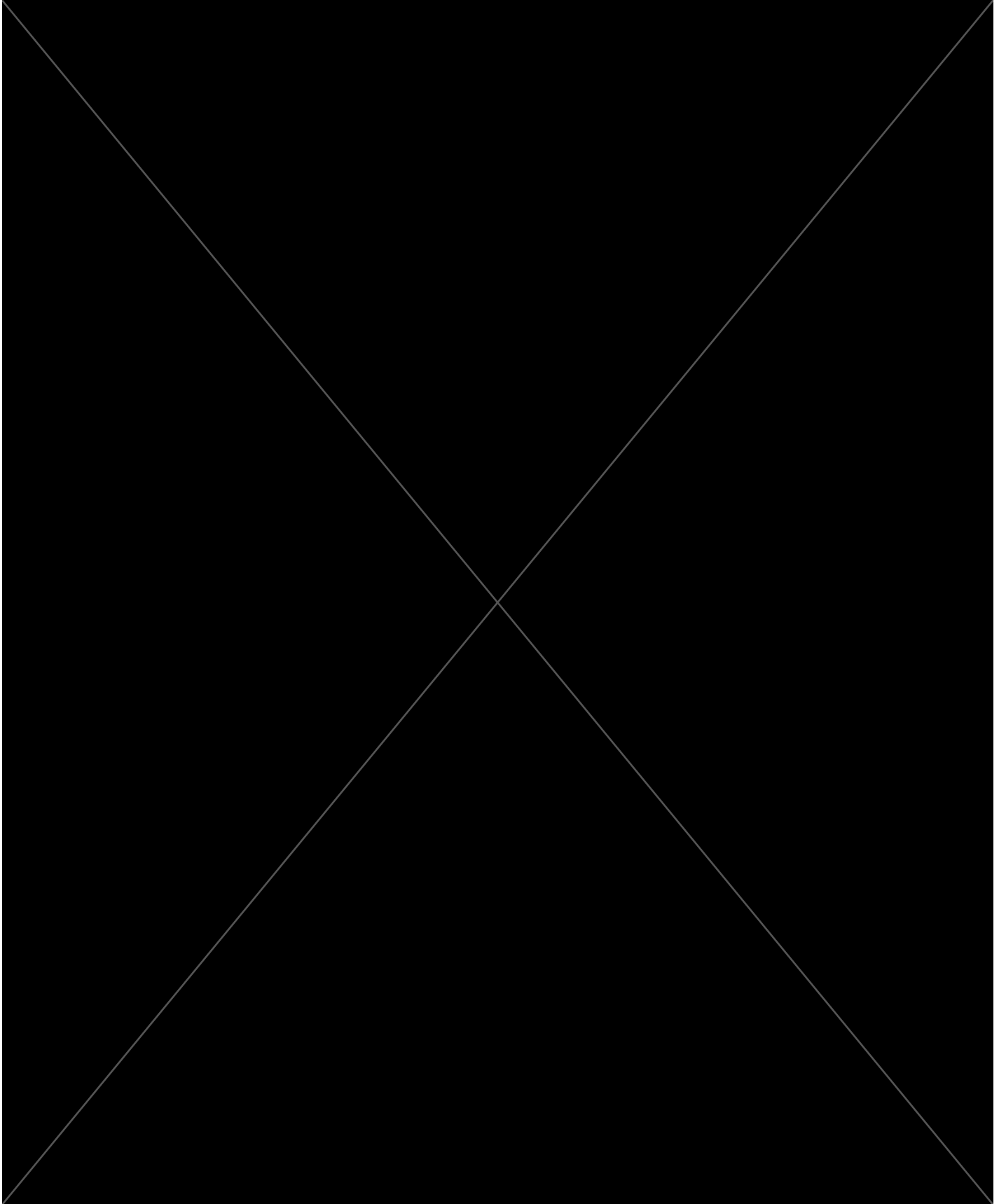


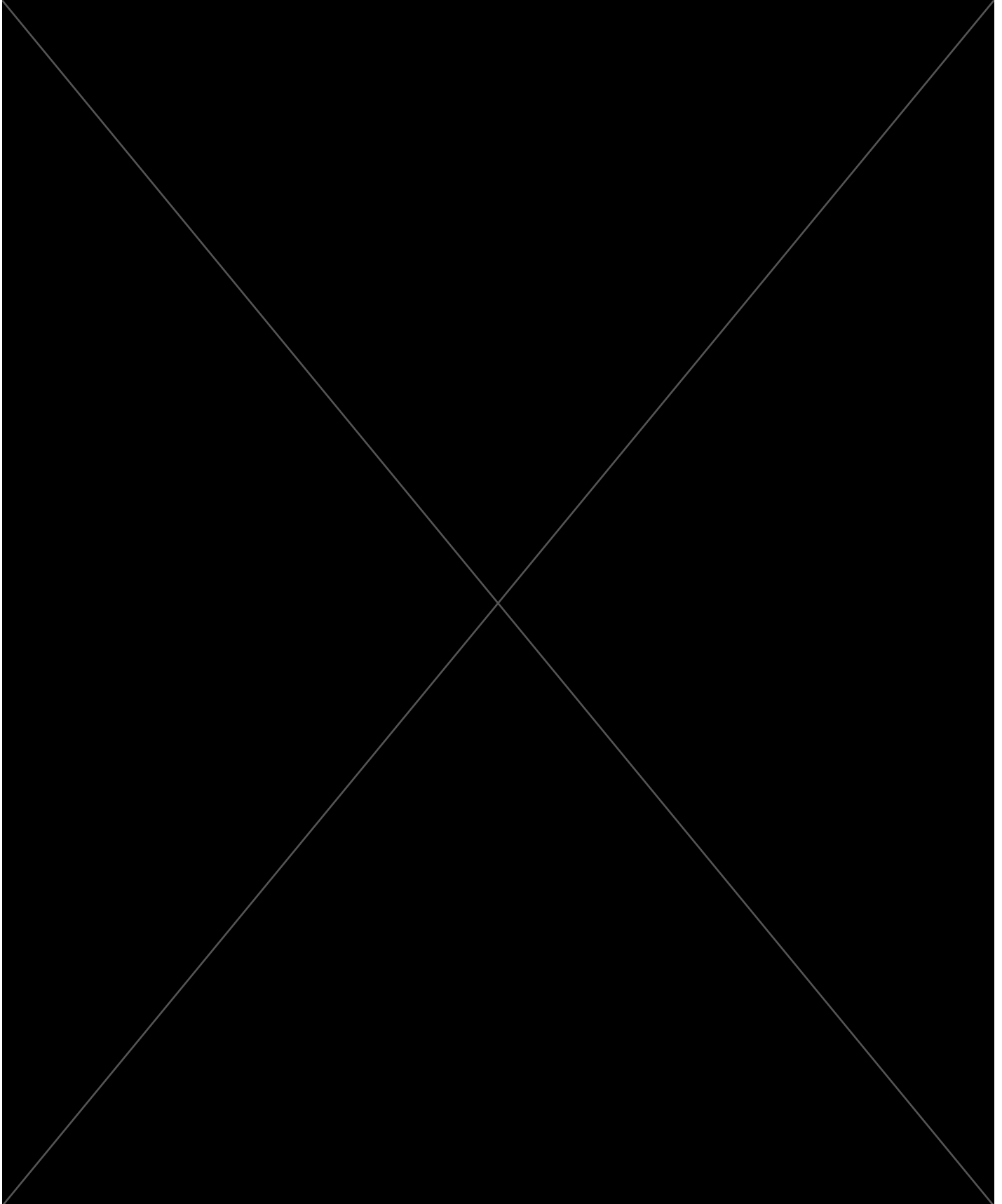


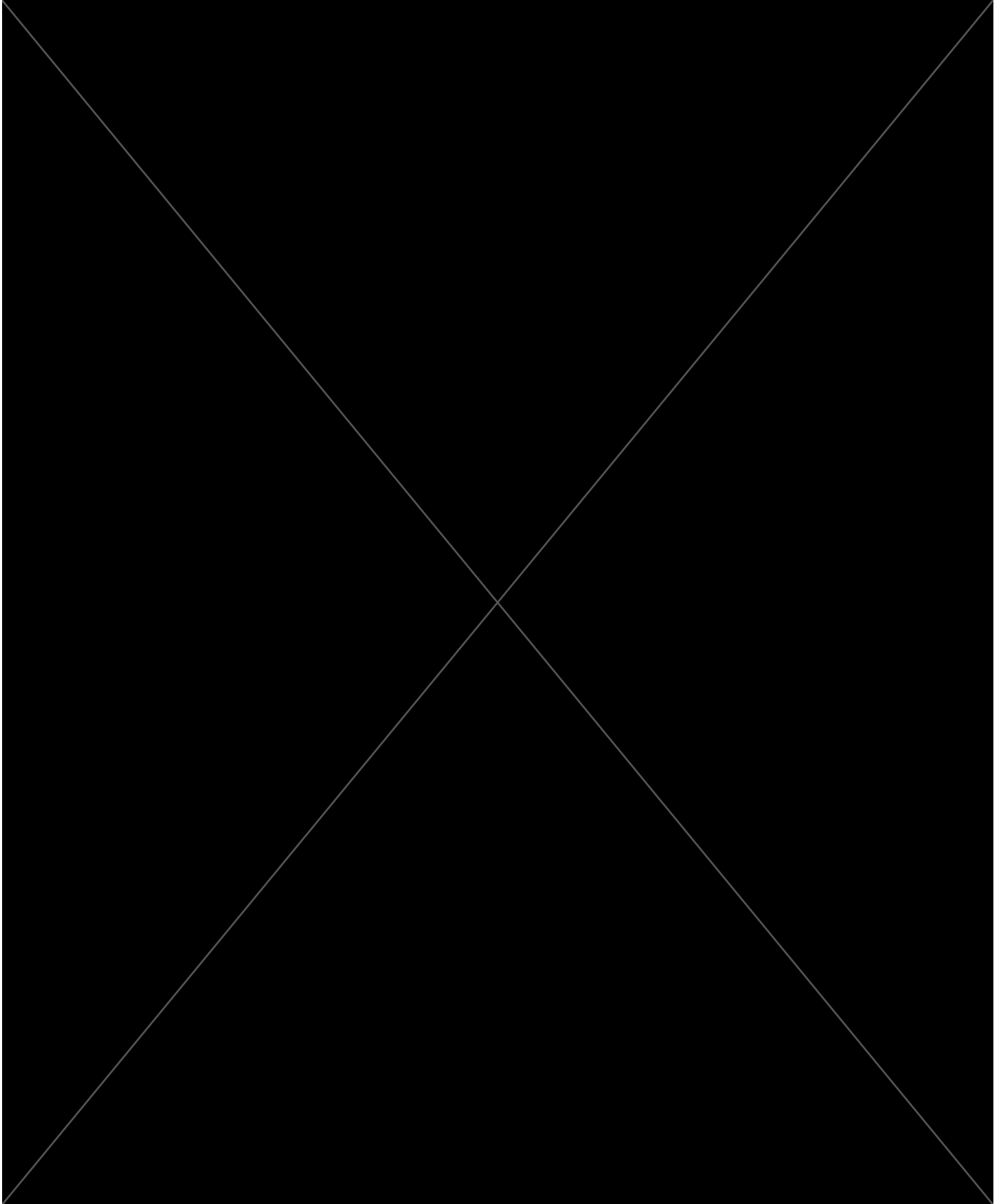


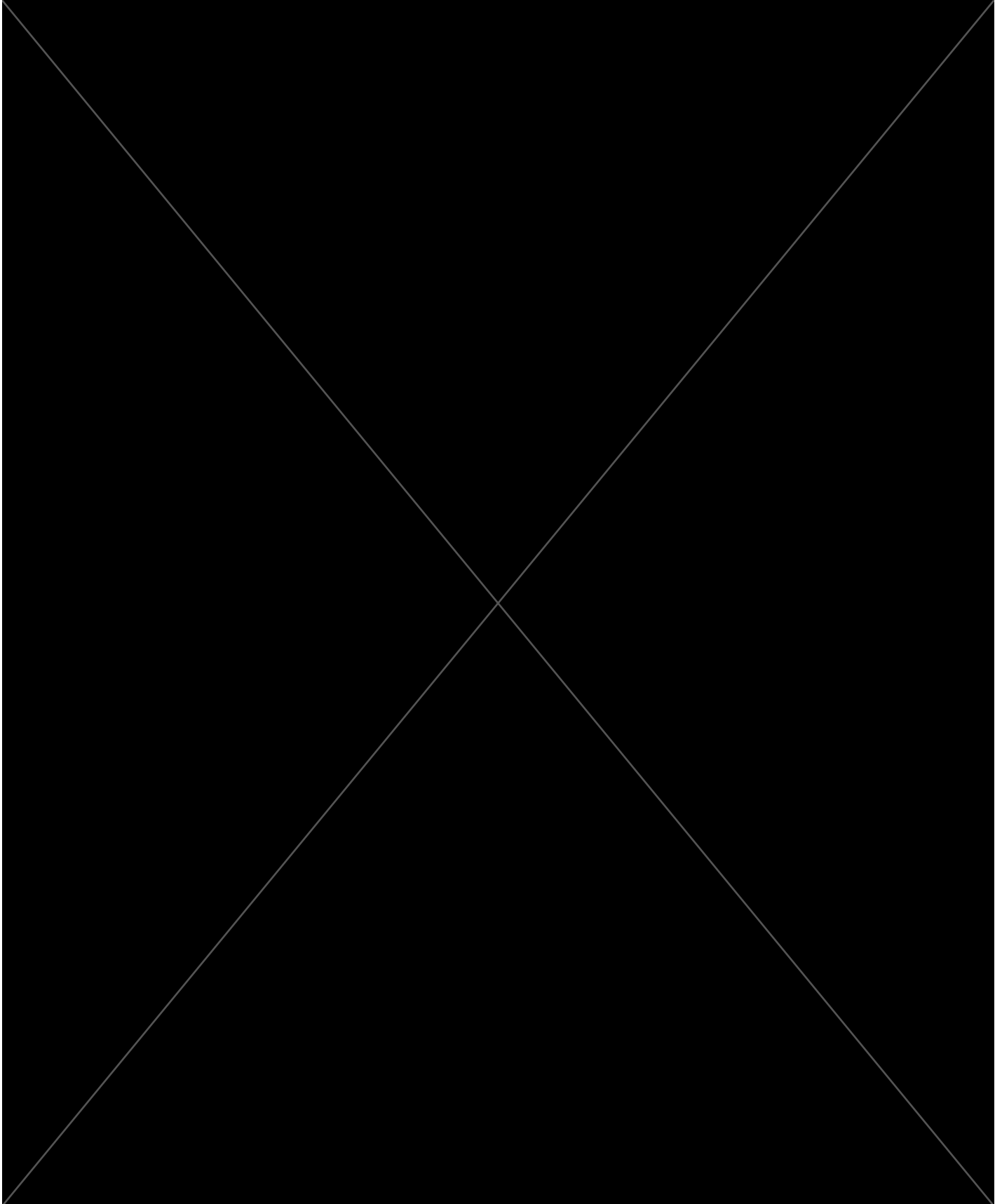


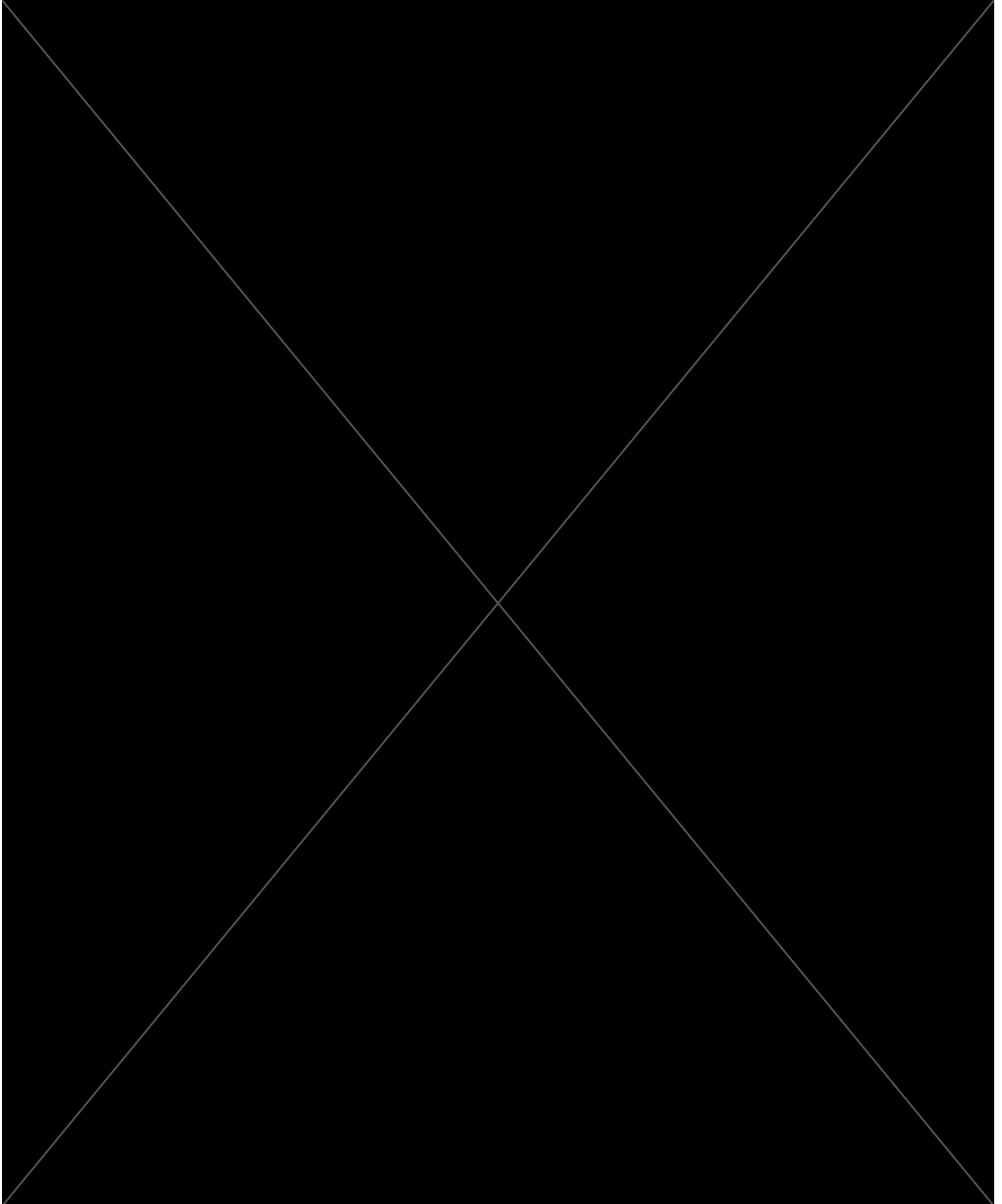


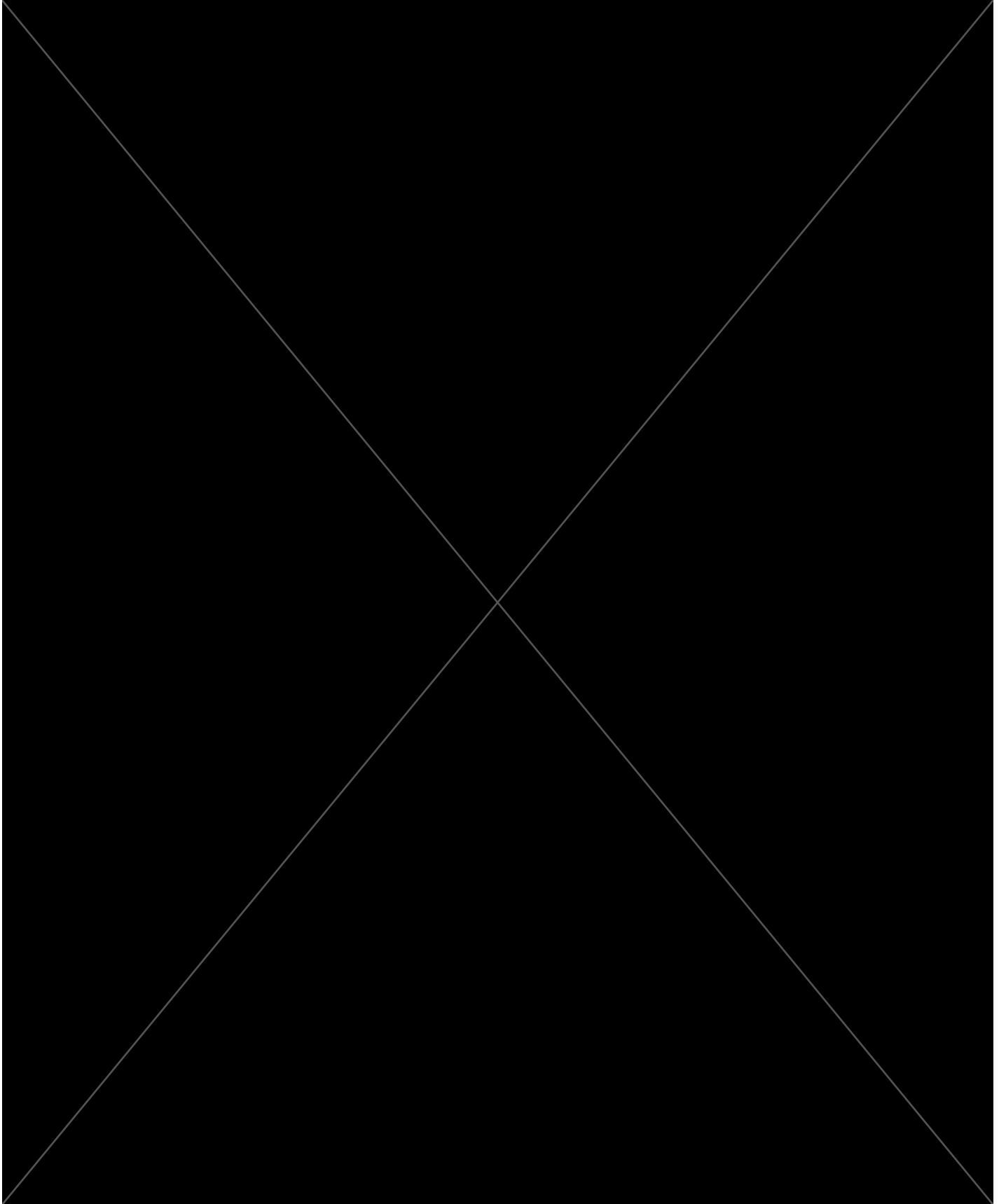


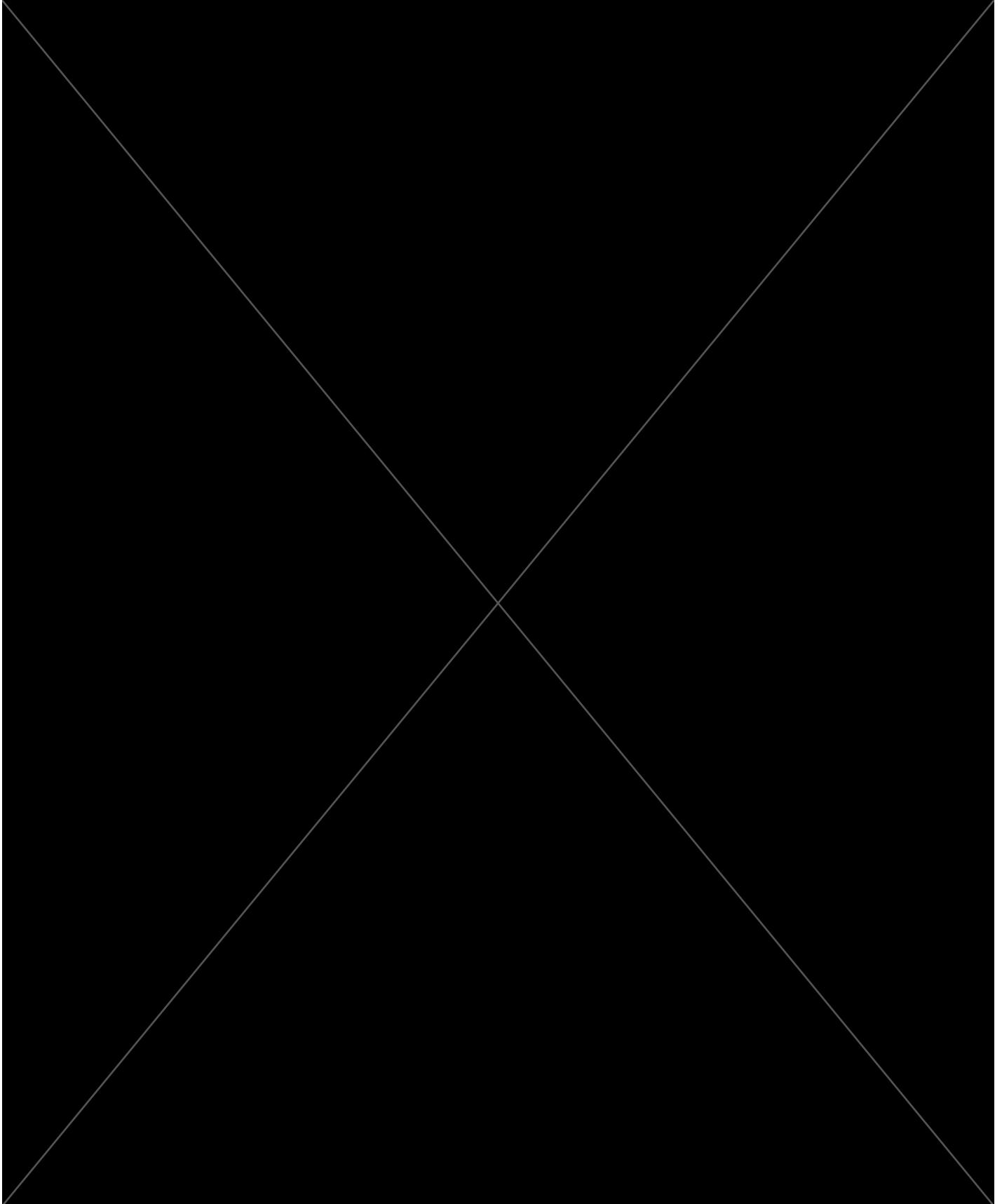


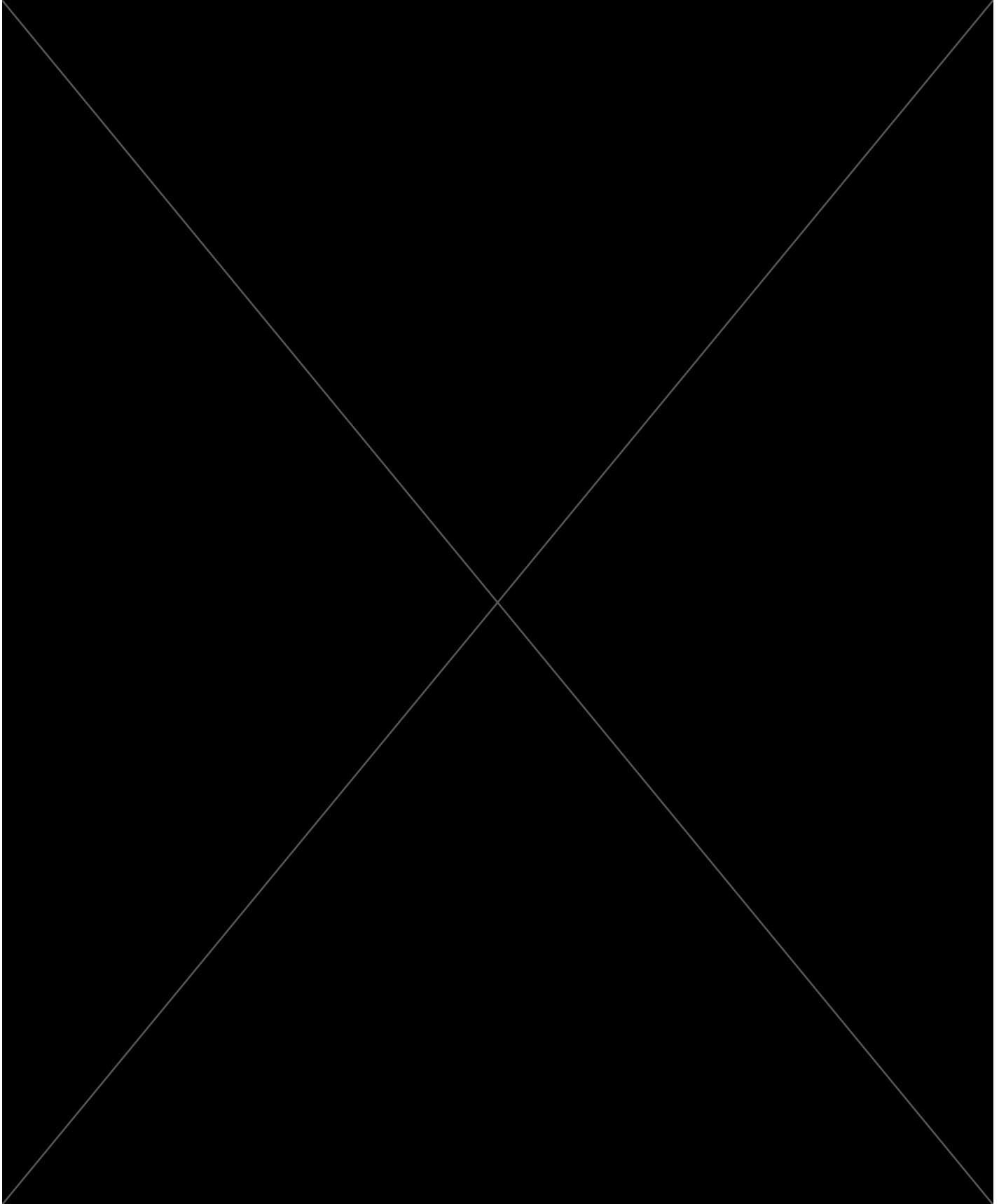


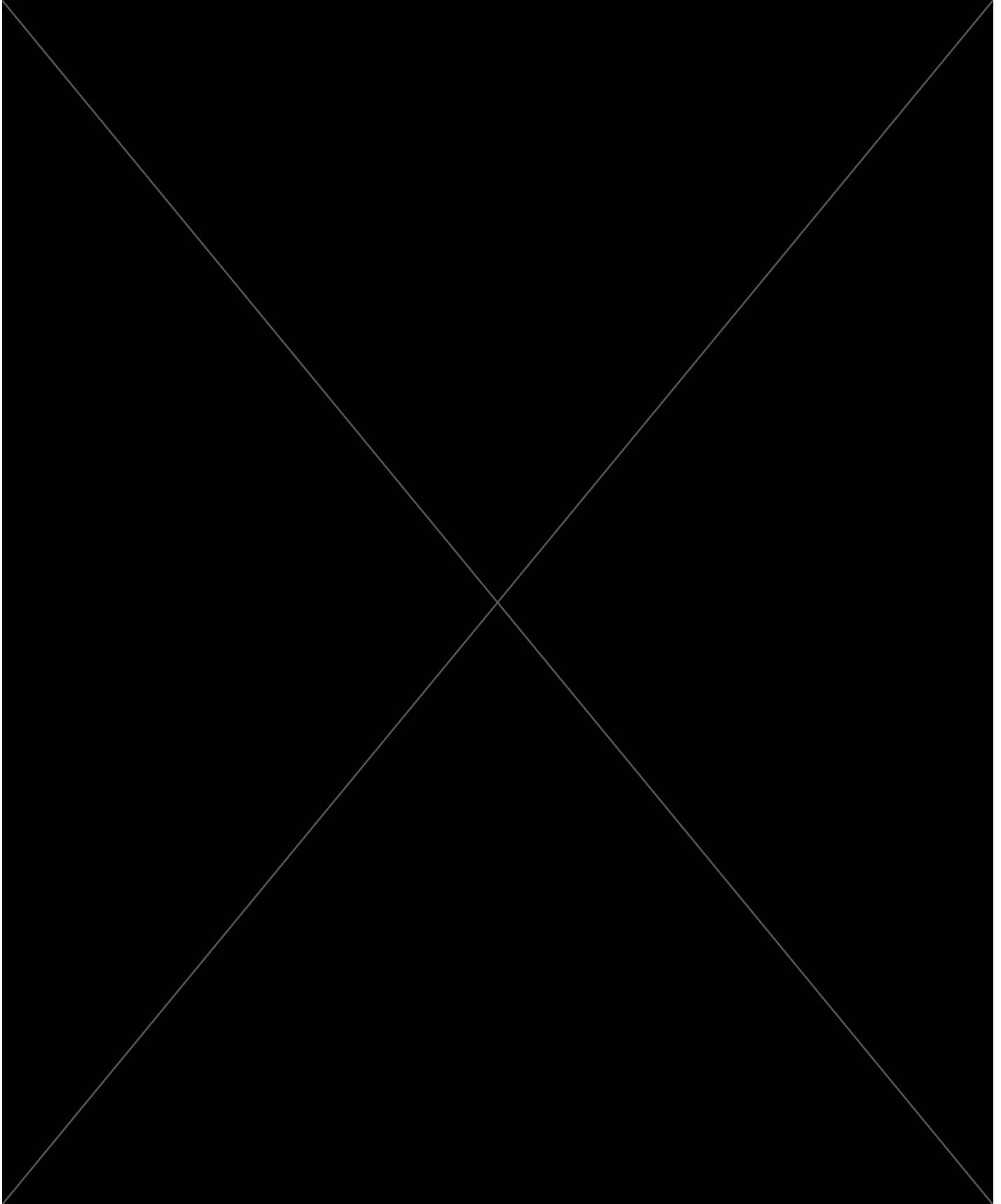


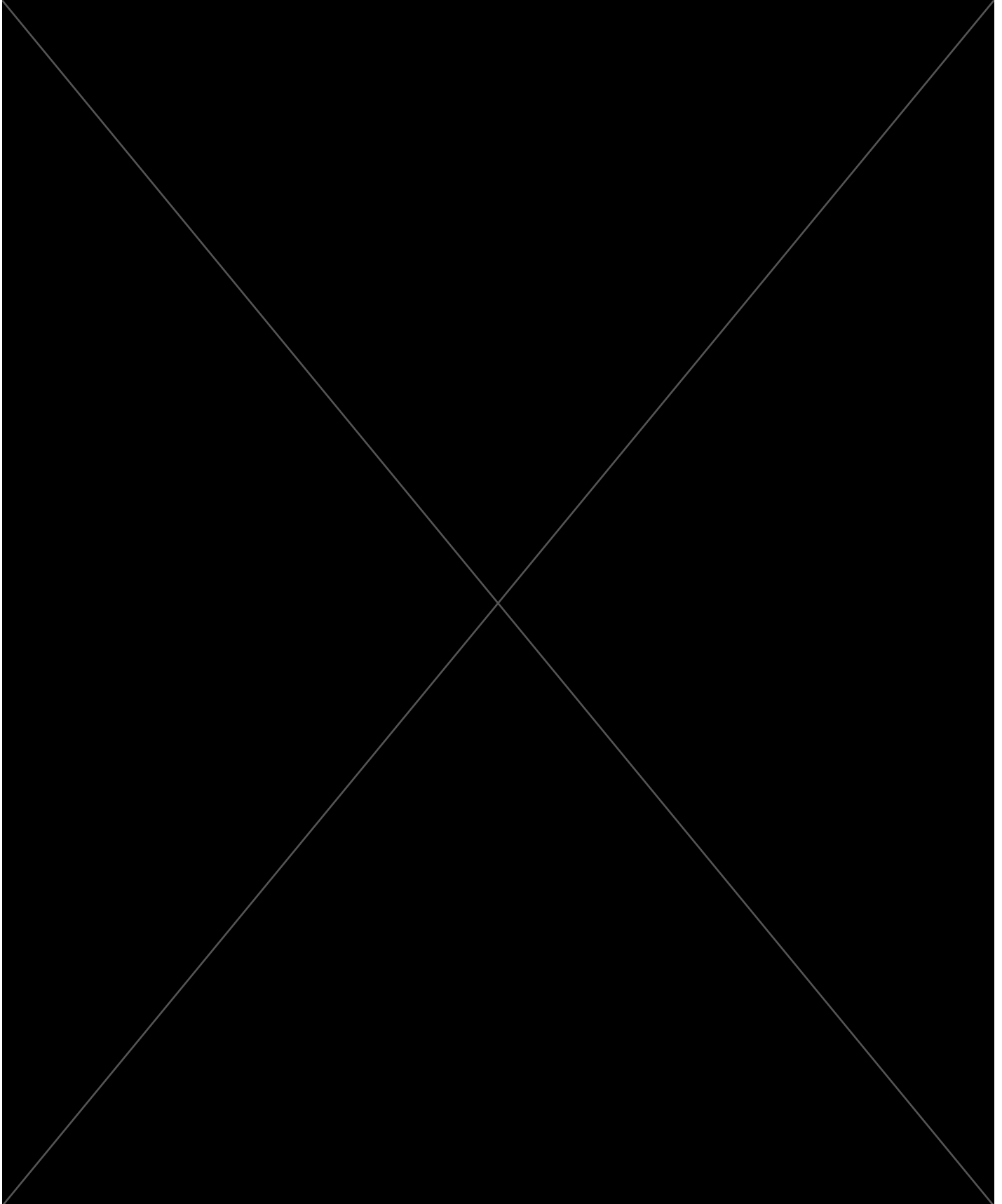












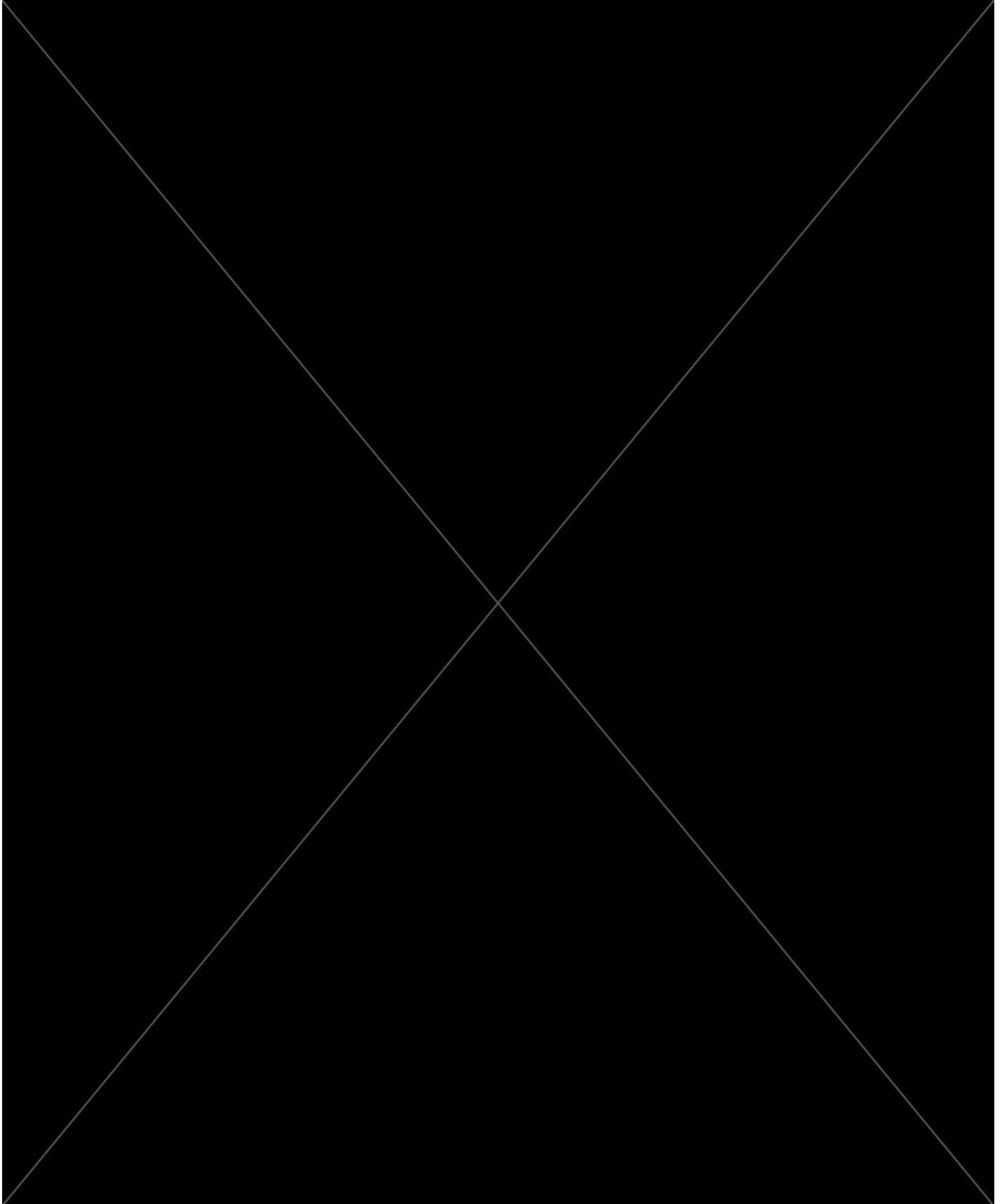
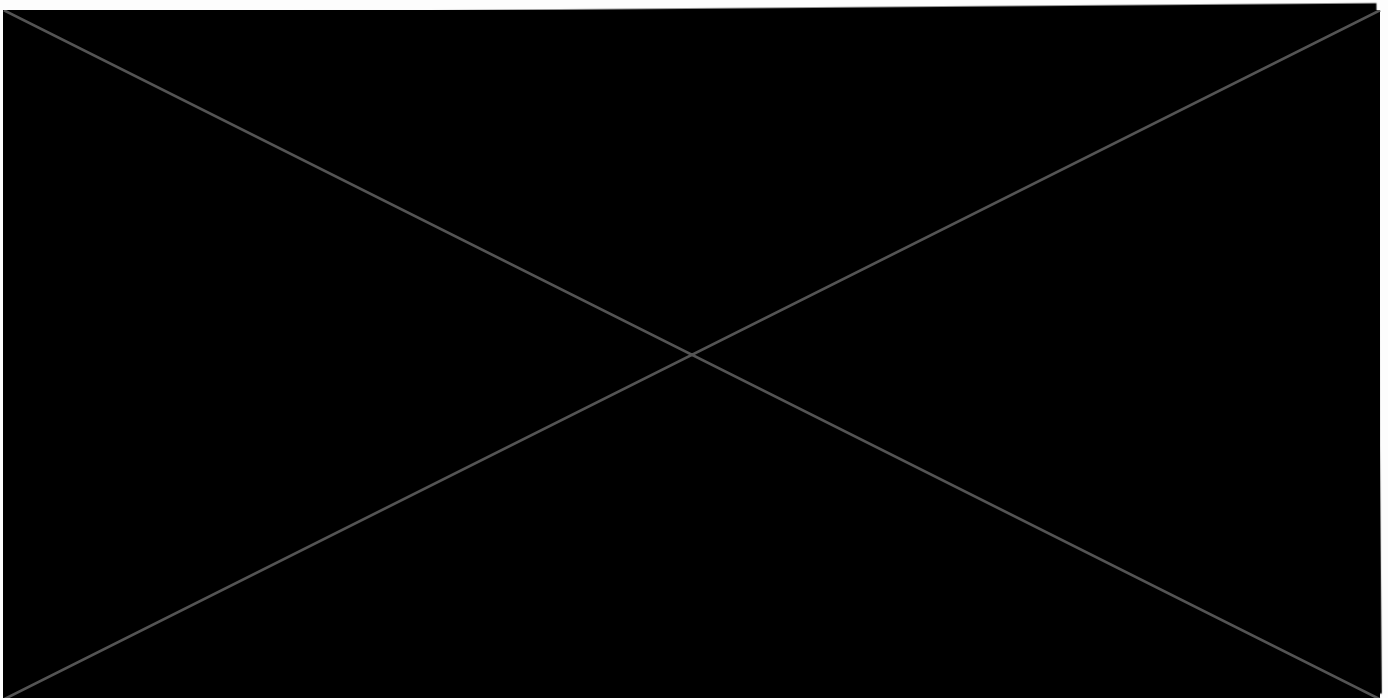


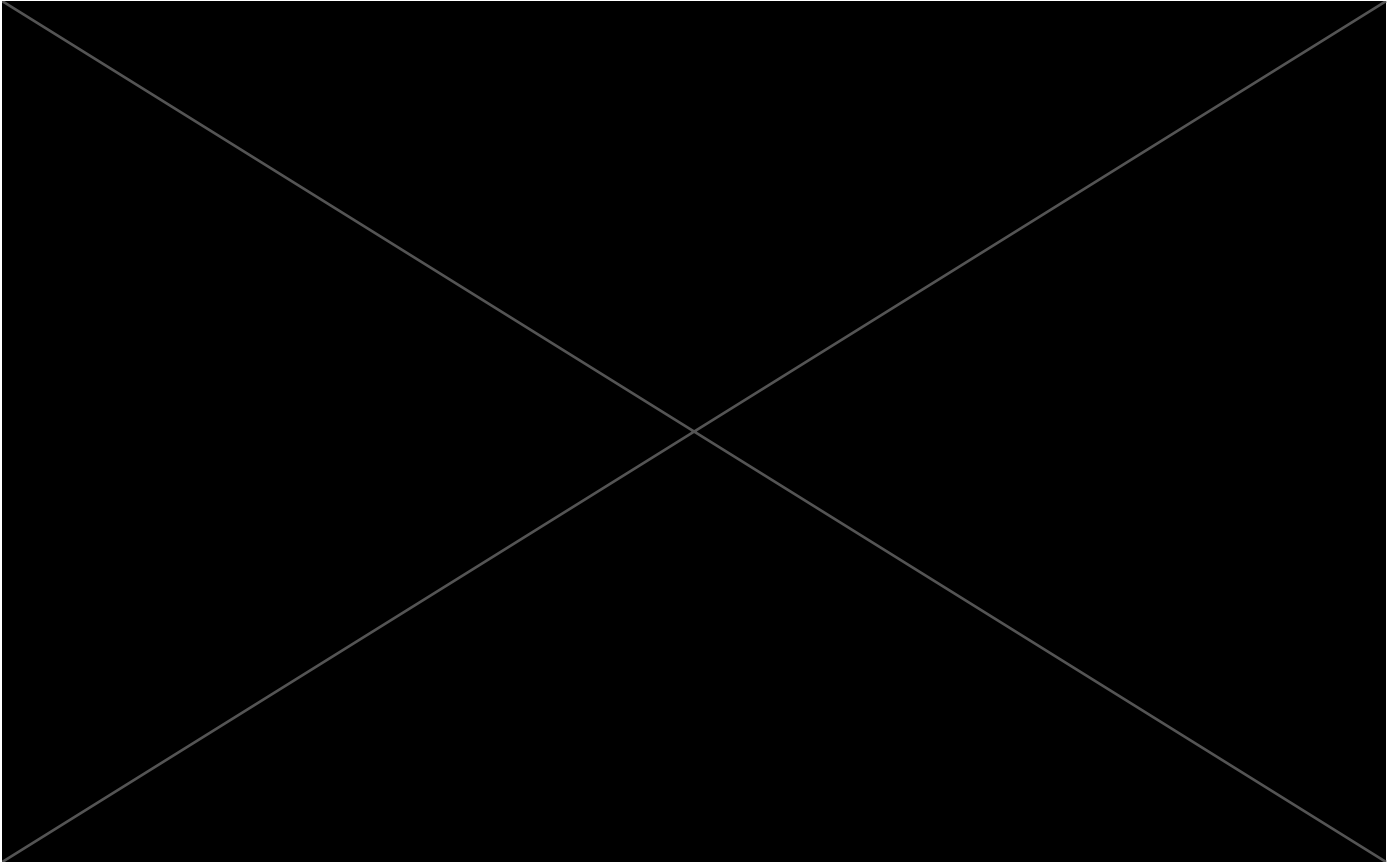
Exhibit 20 – Personnel

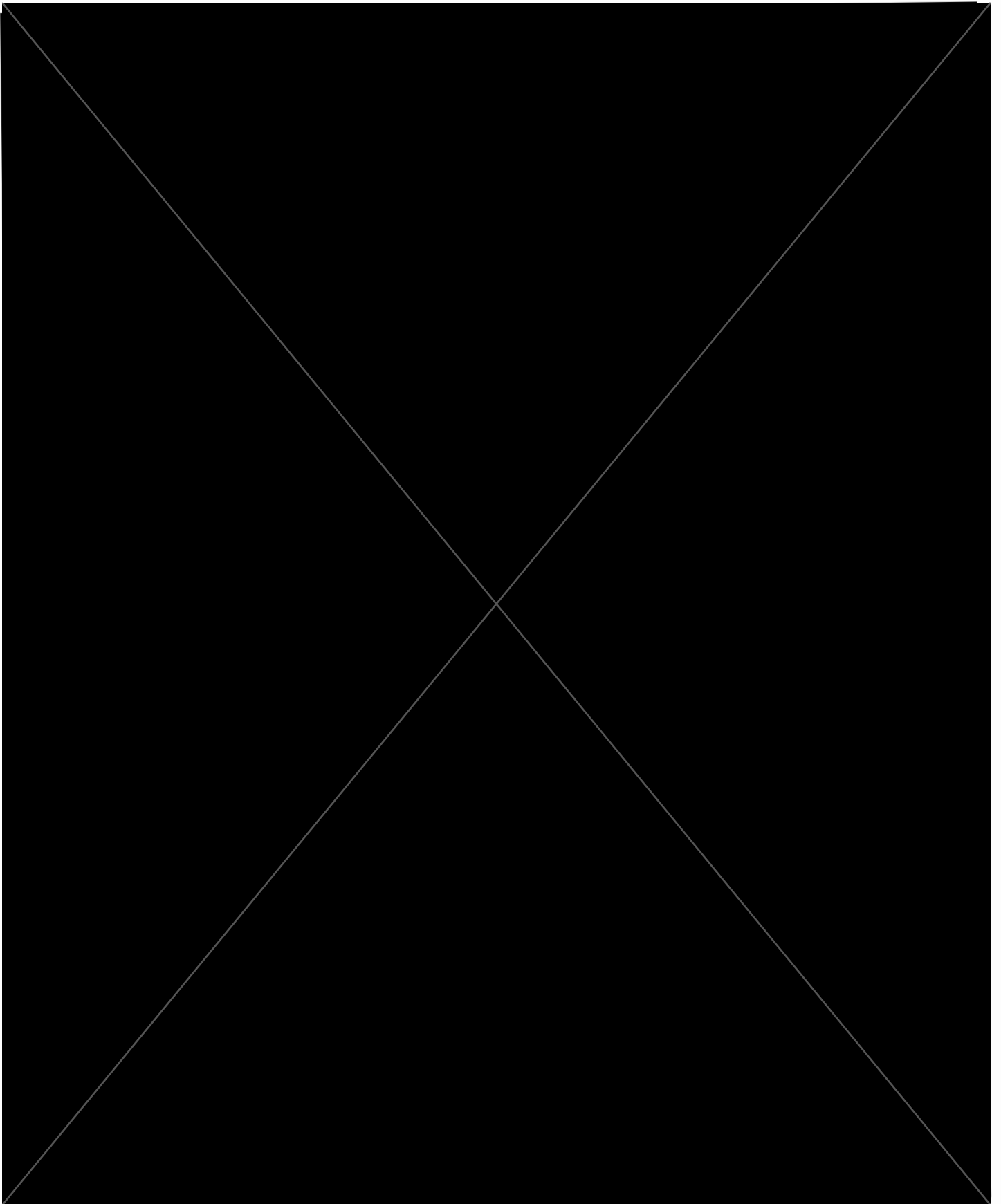
Exhibit 20 Redacted (ALA.code.36-12-40(Personal Security))

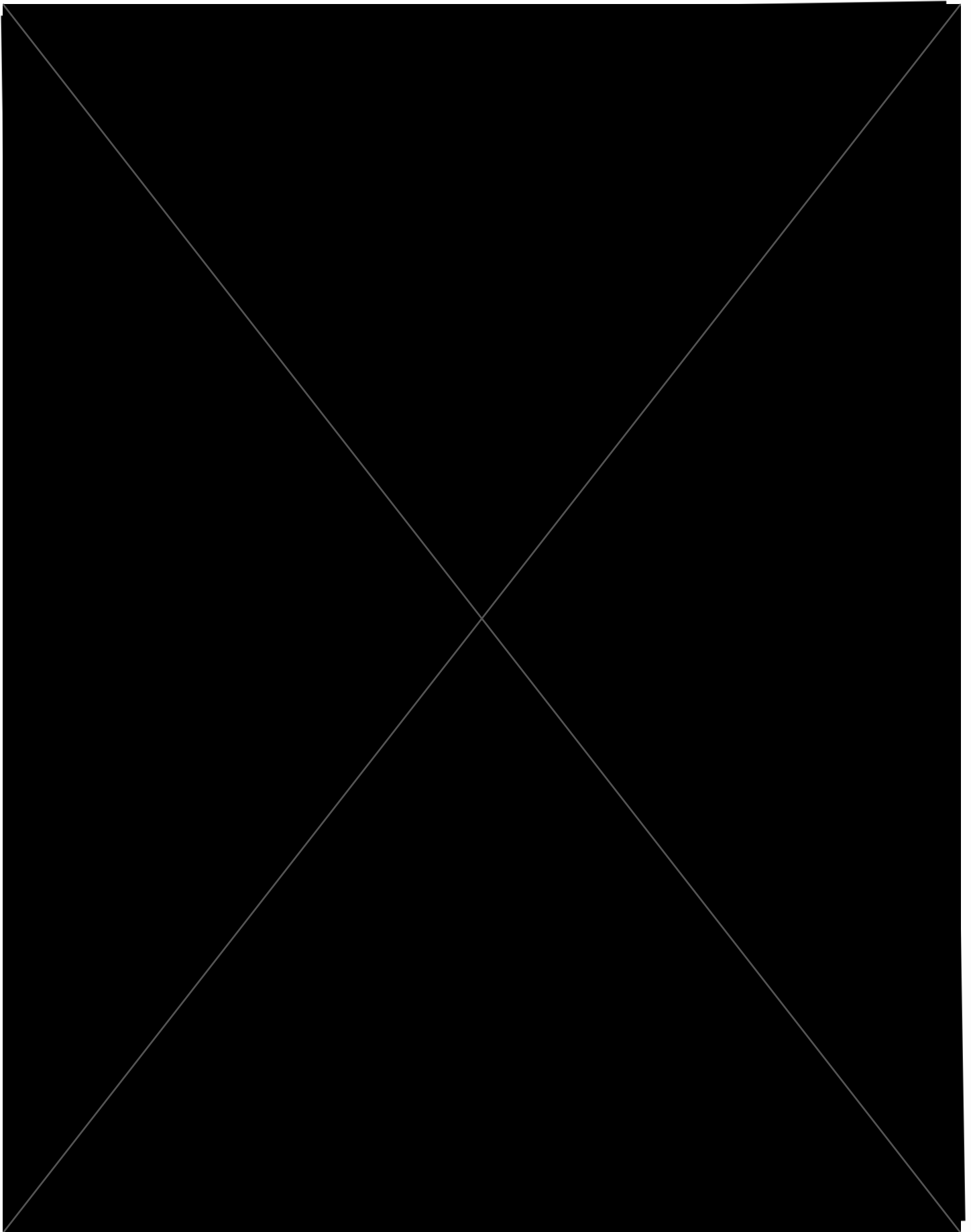
Verification

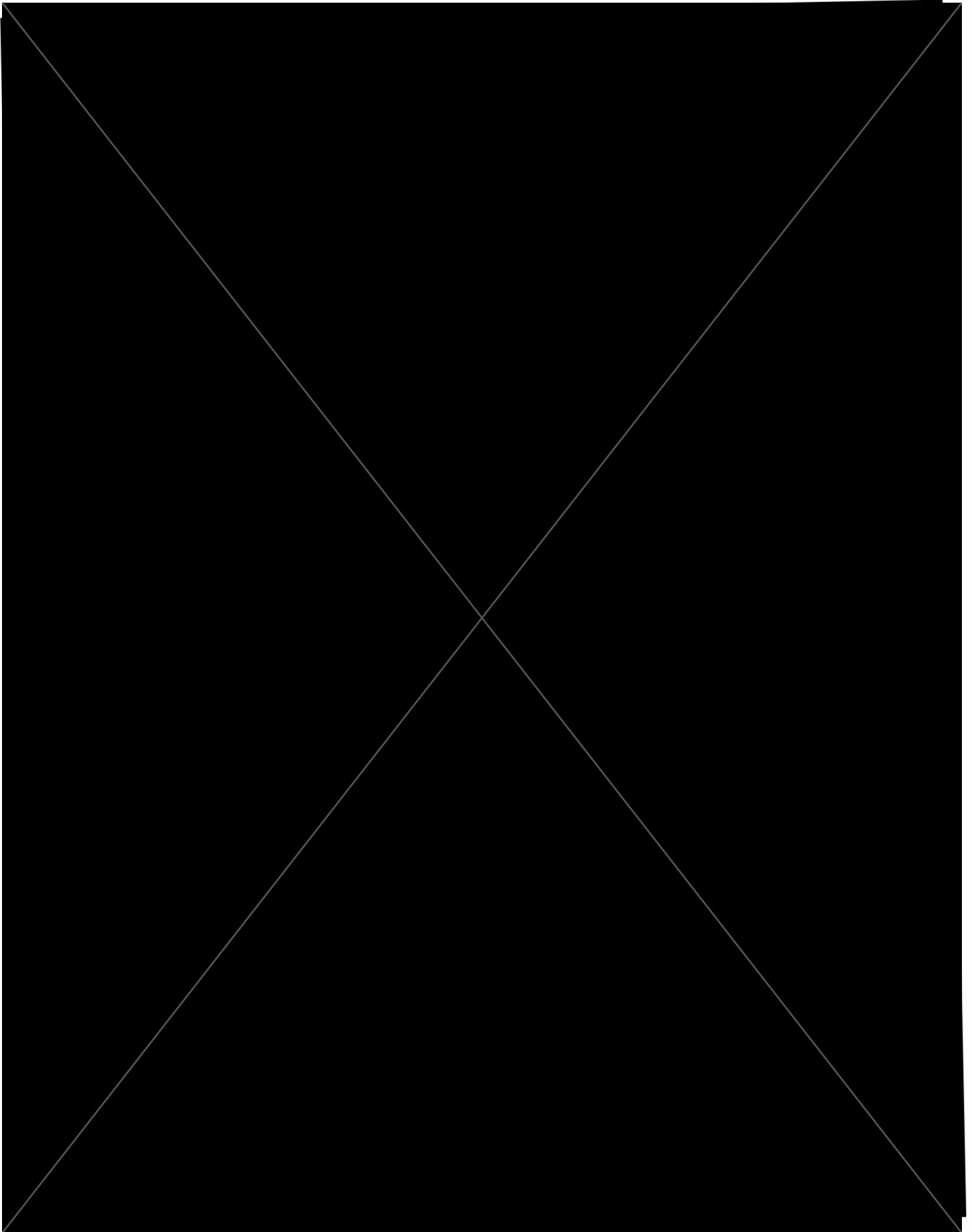
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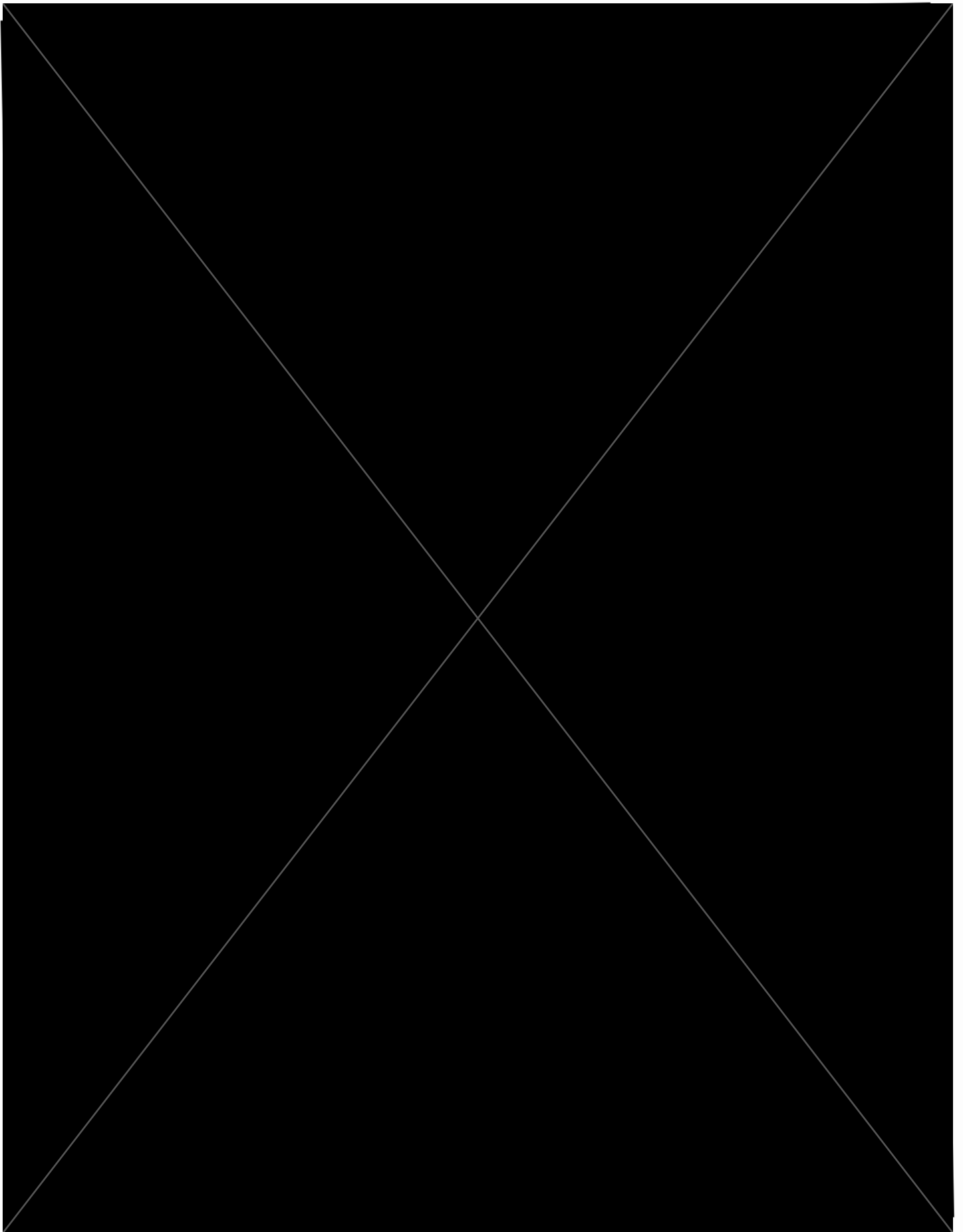
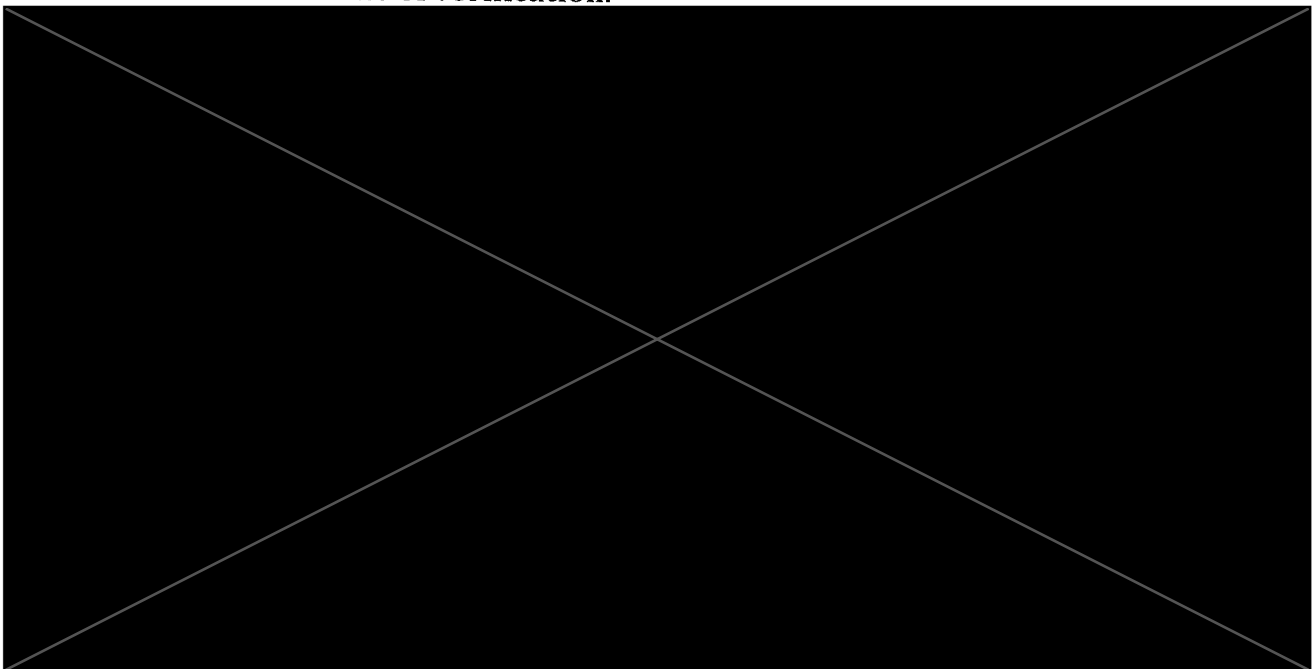


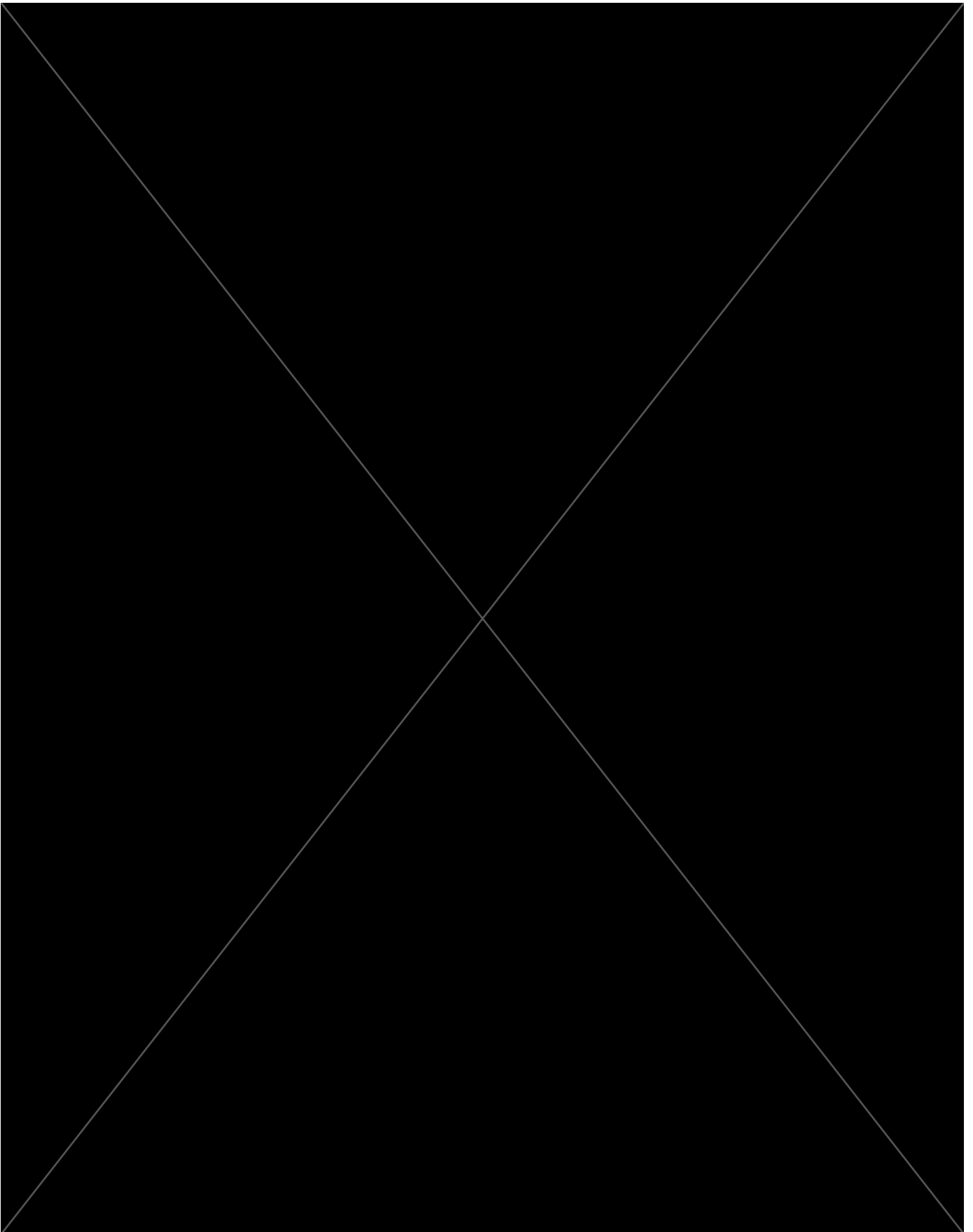
Exhibit 21 - Business Leadership Credentials

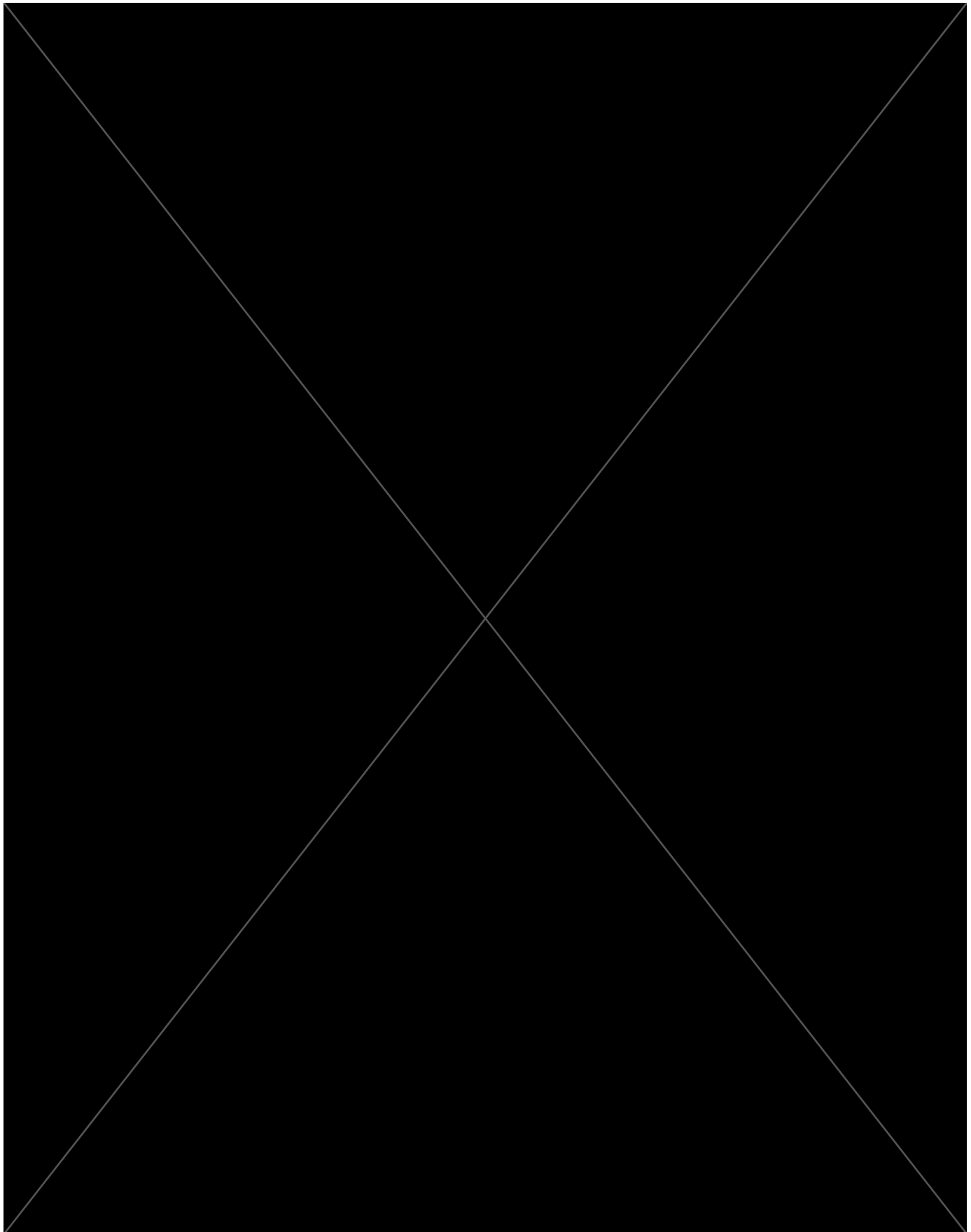
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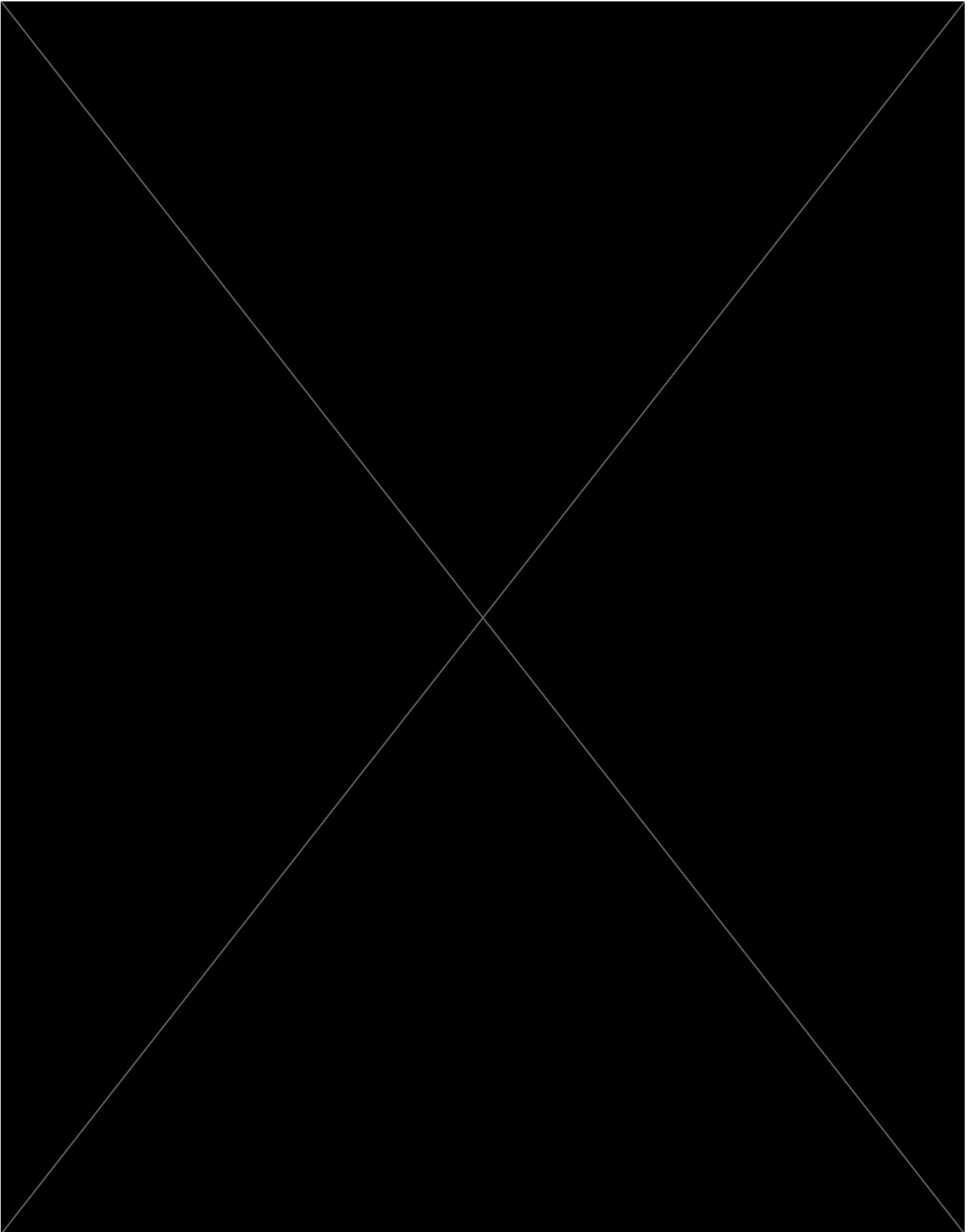
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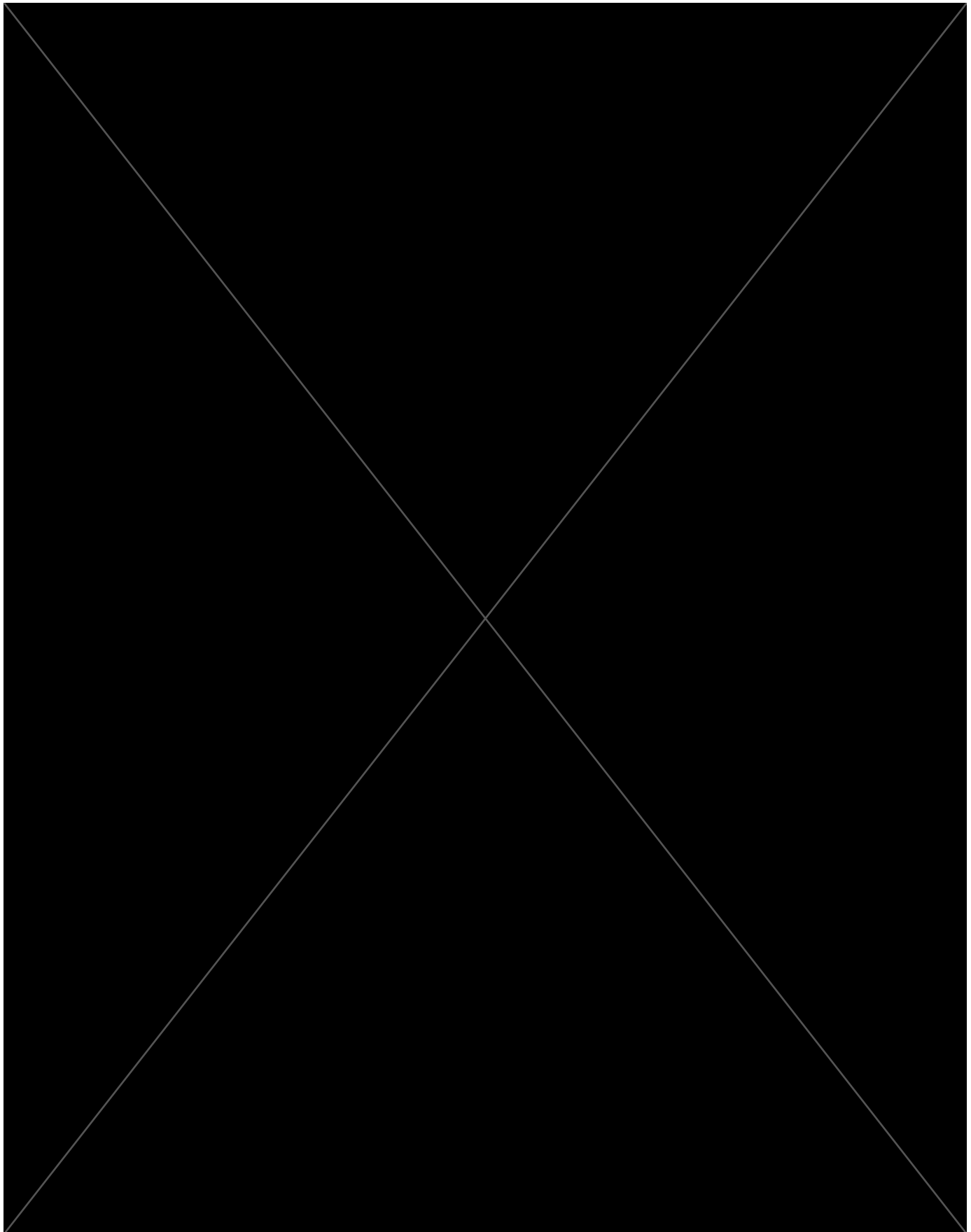
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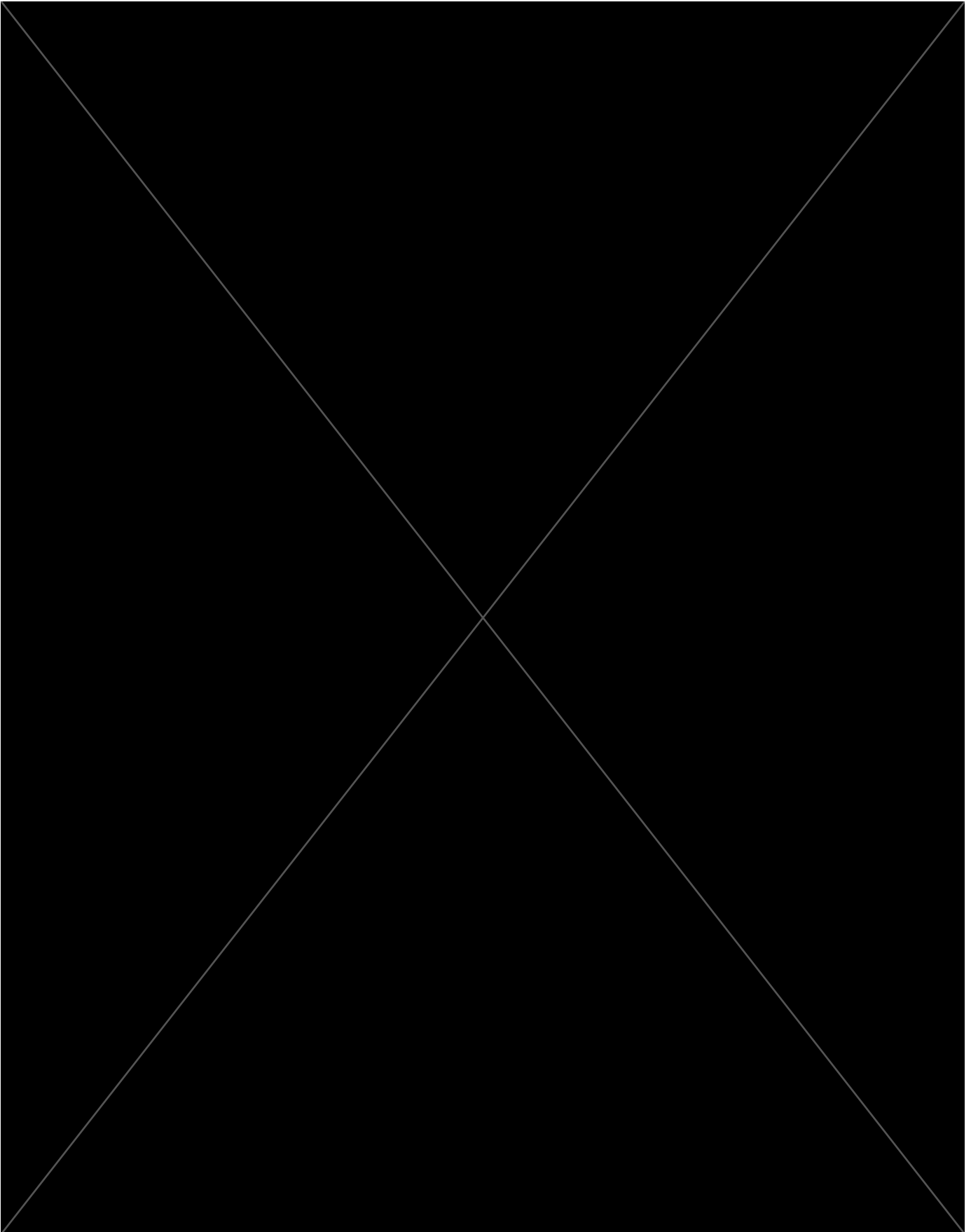


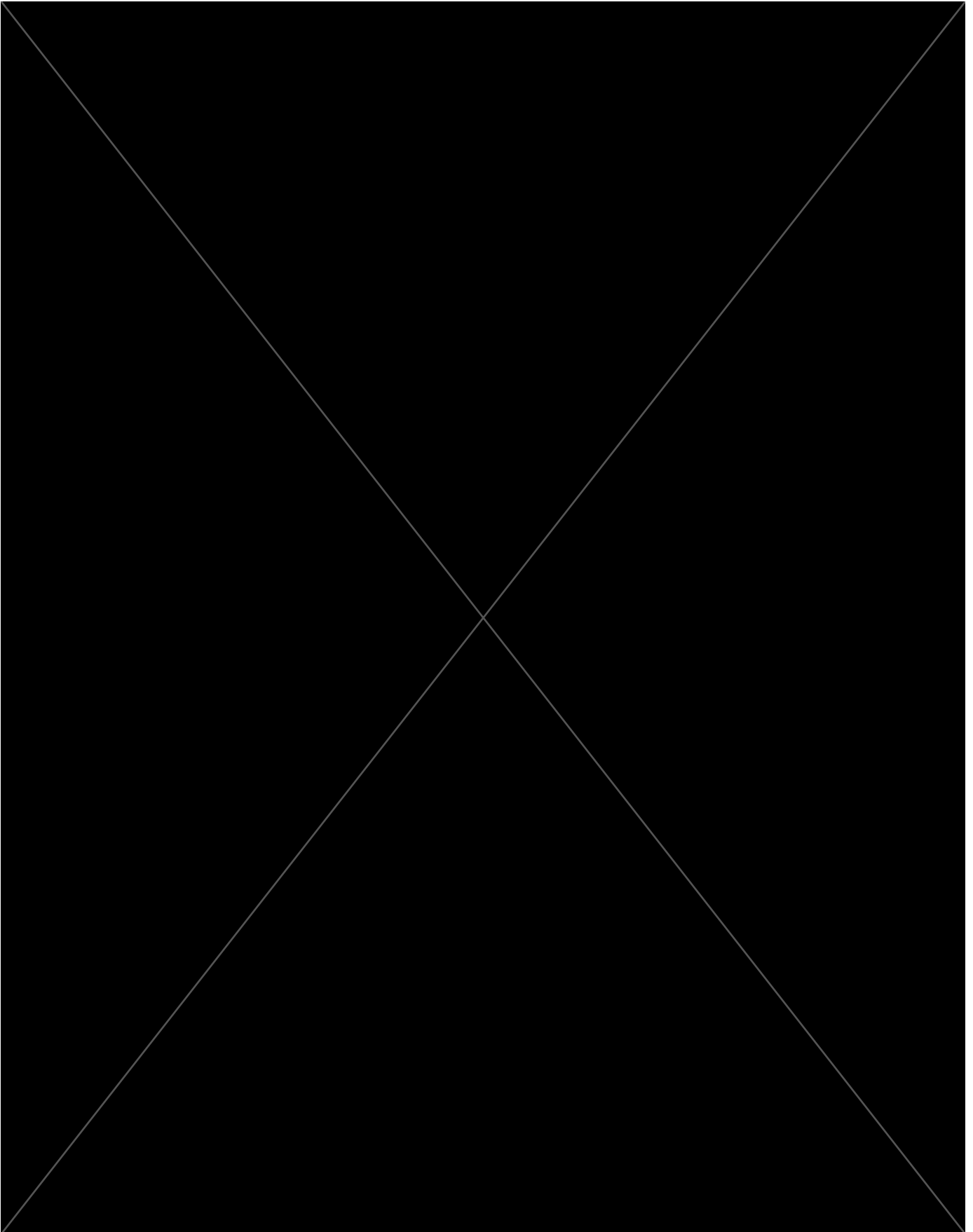


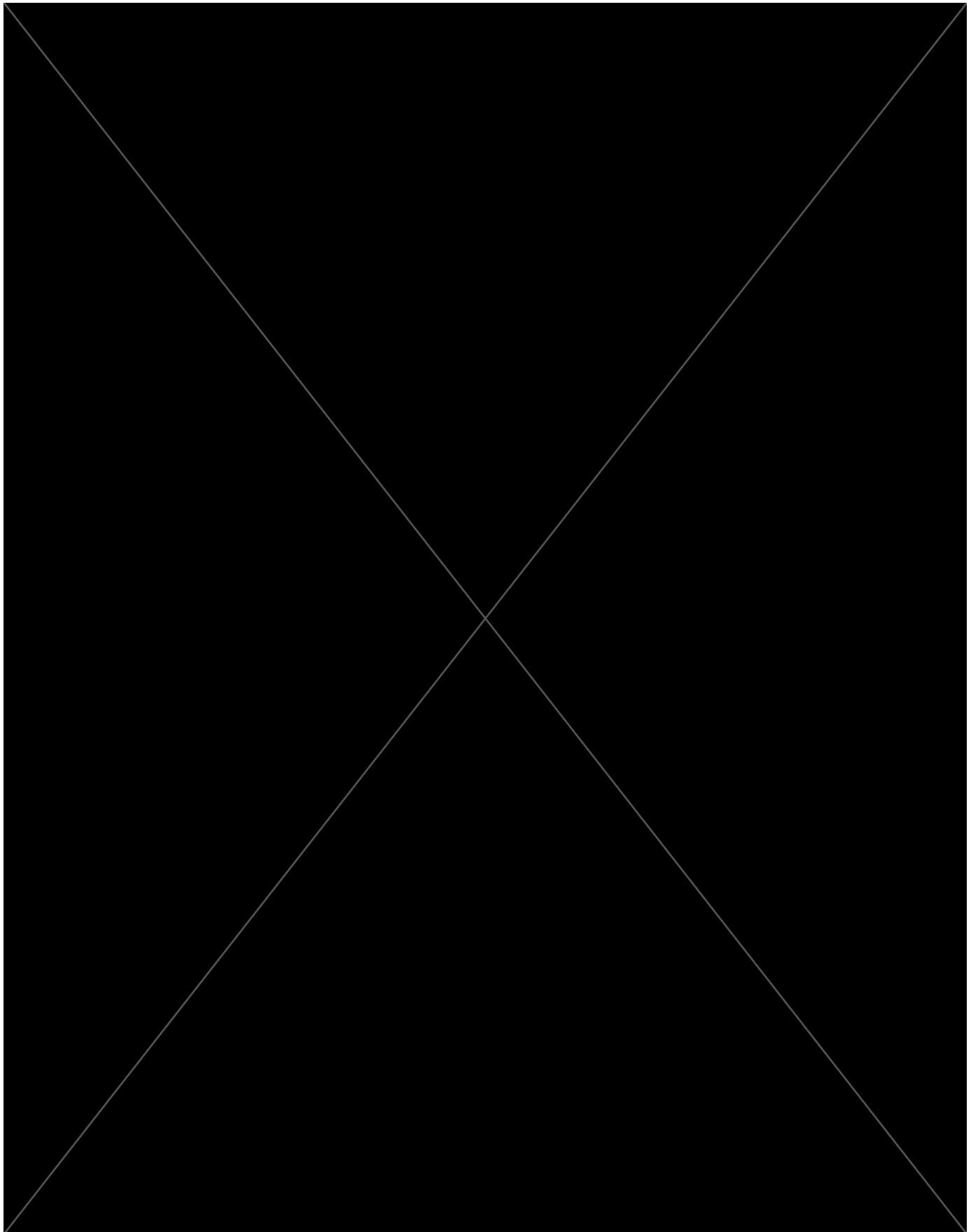












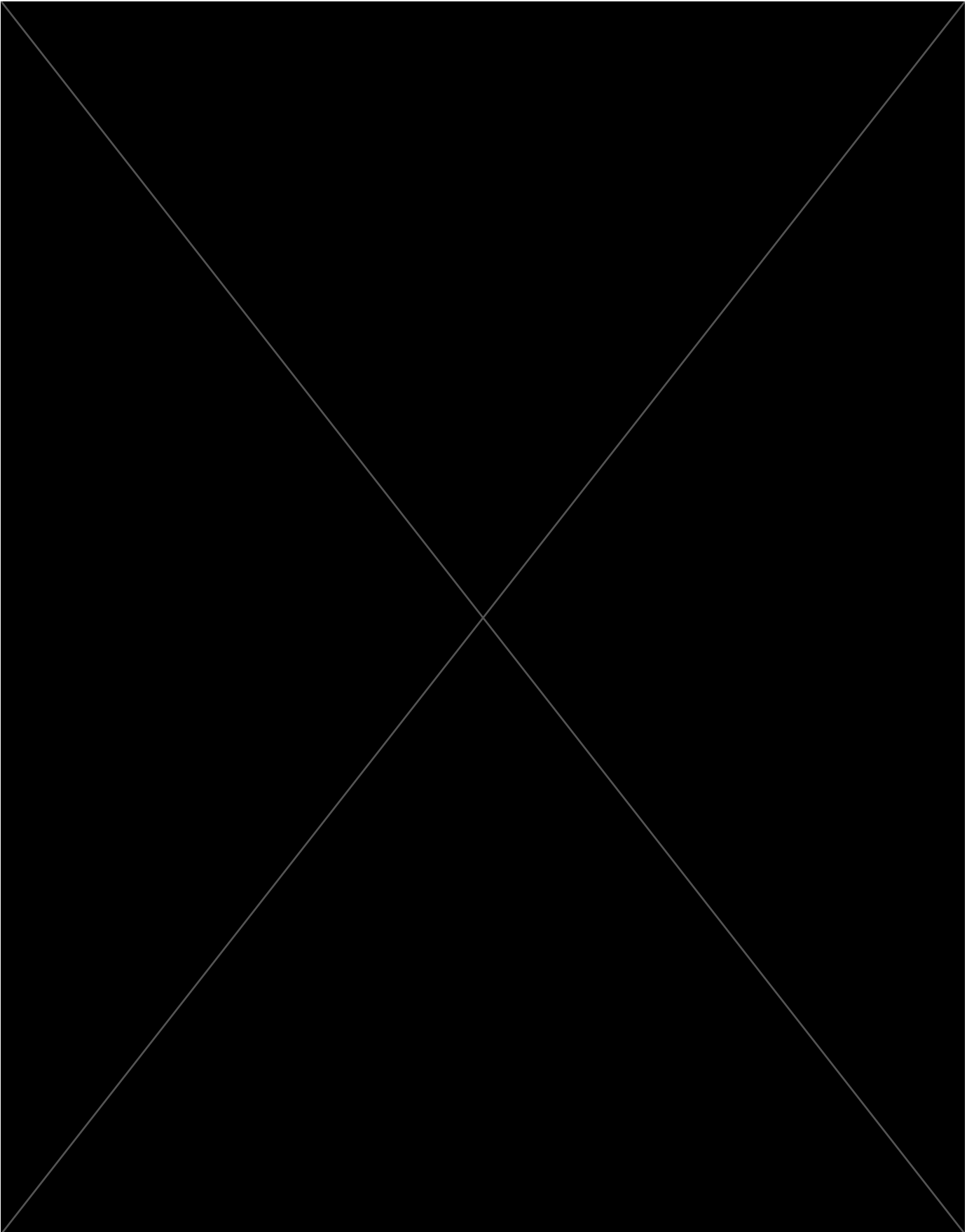
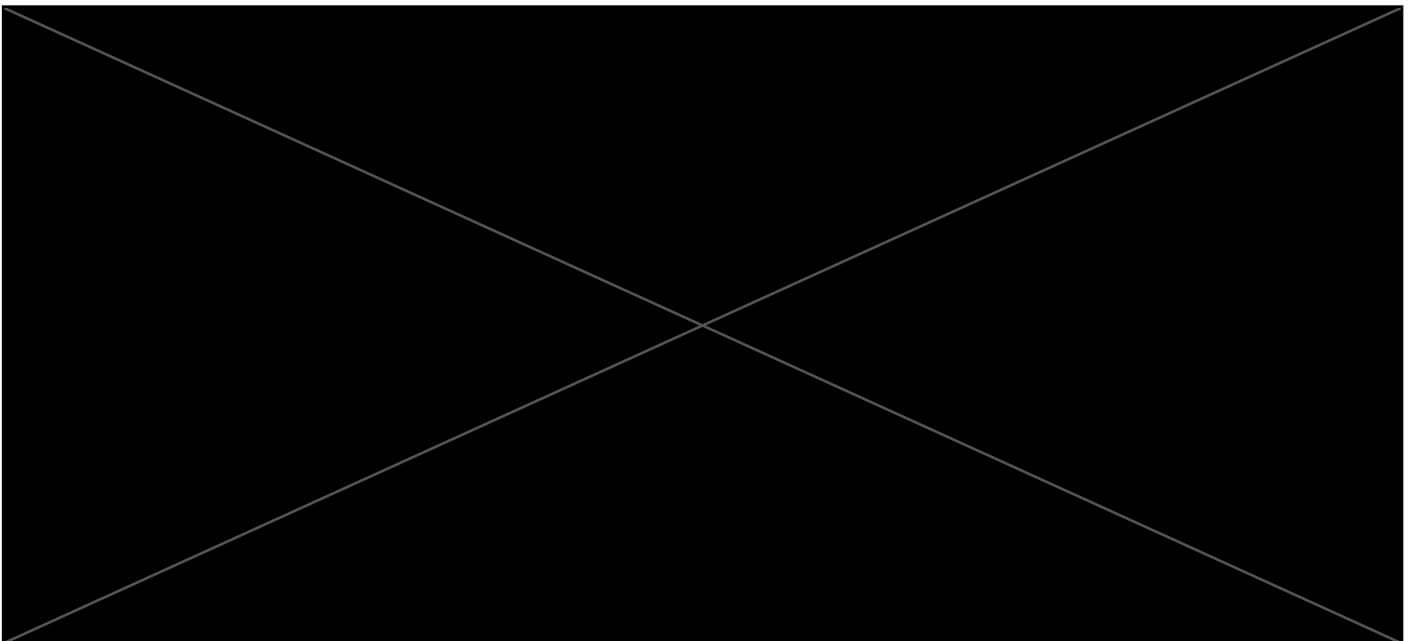


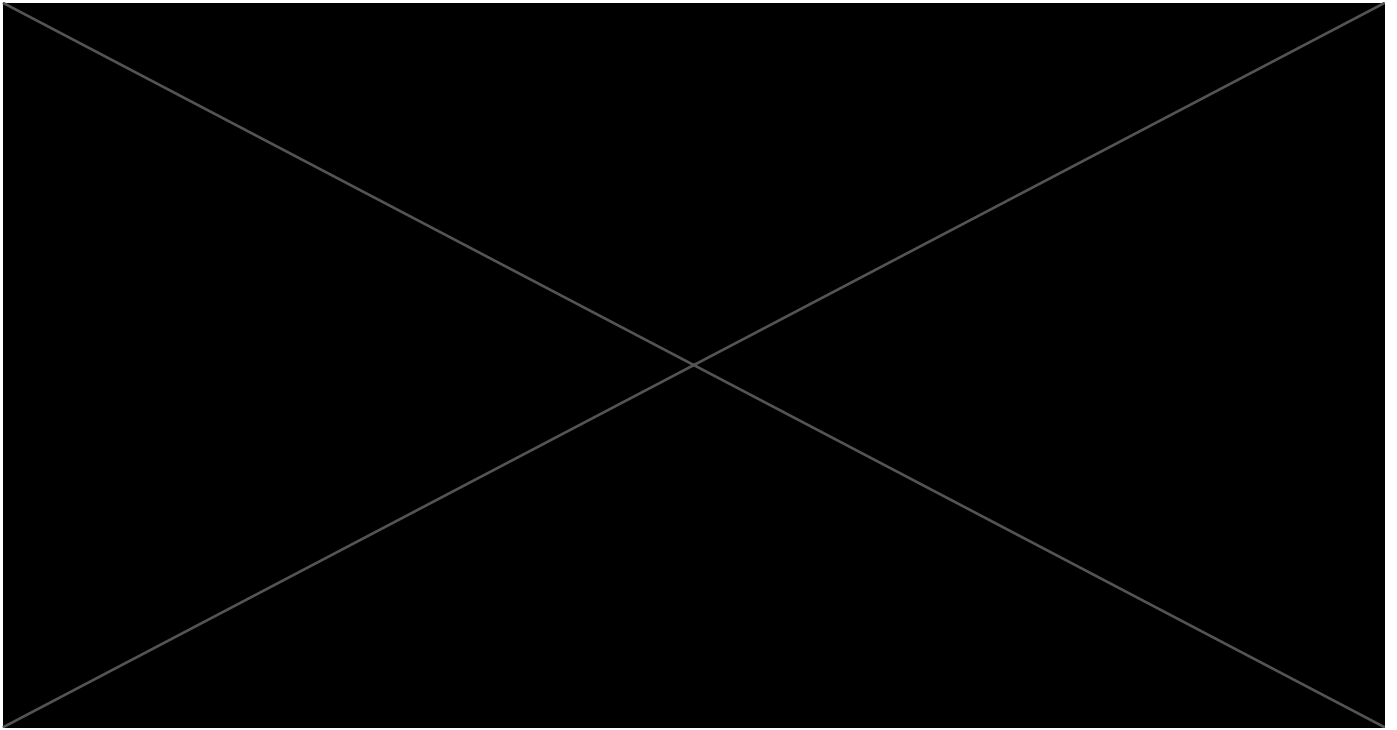
Exhibit 22 – Employee Handbook

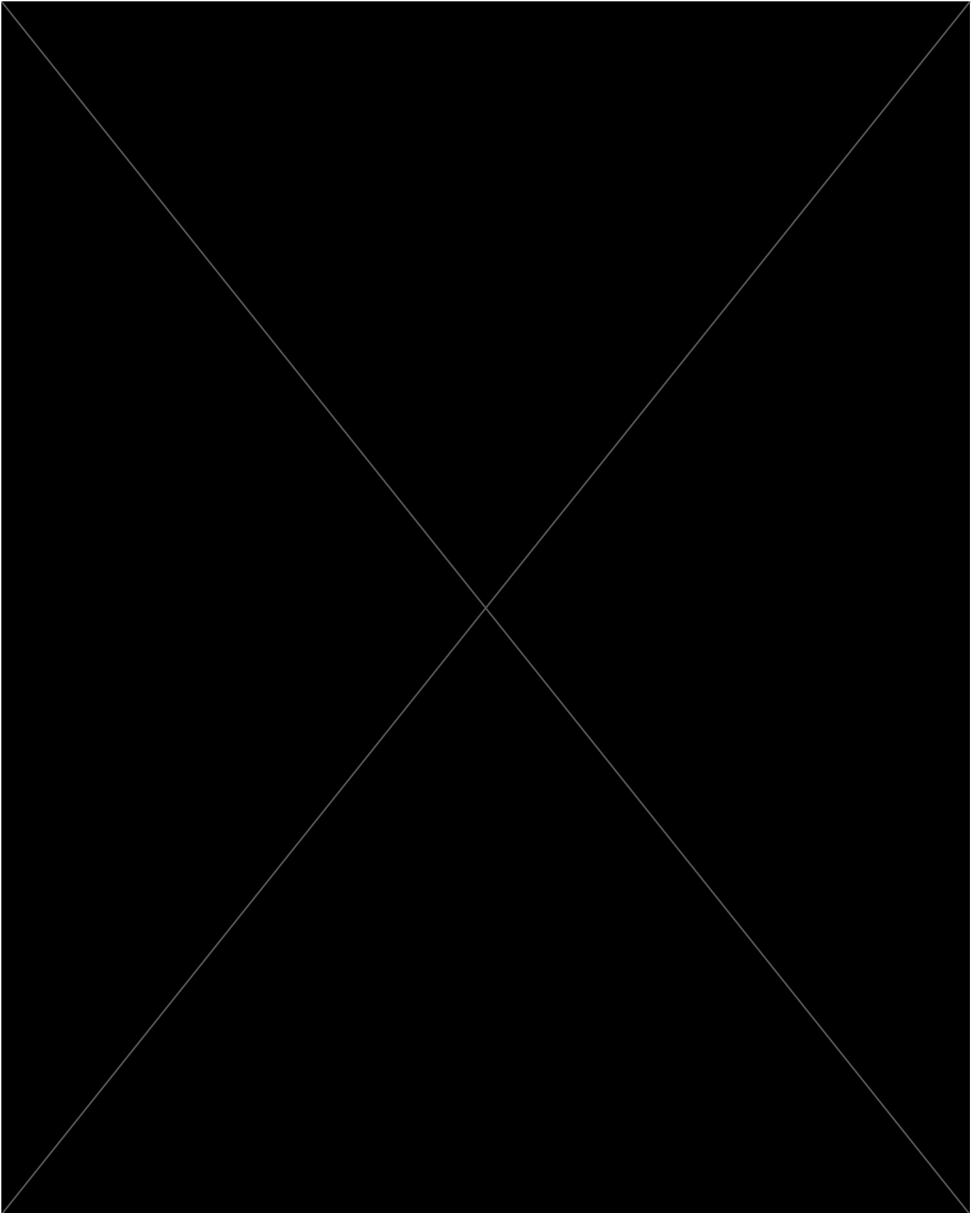
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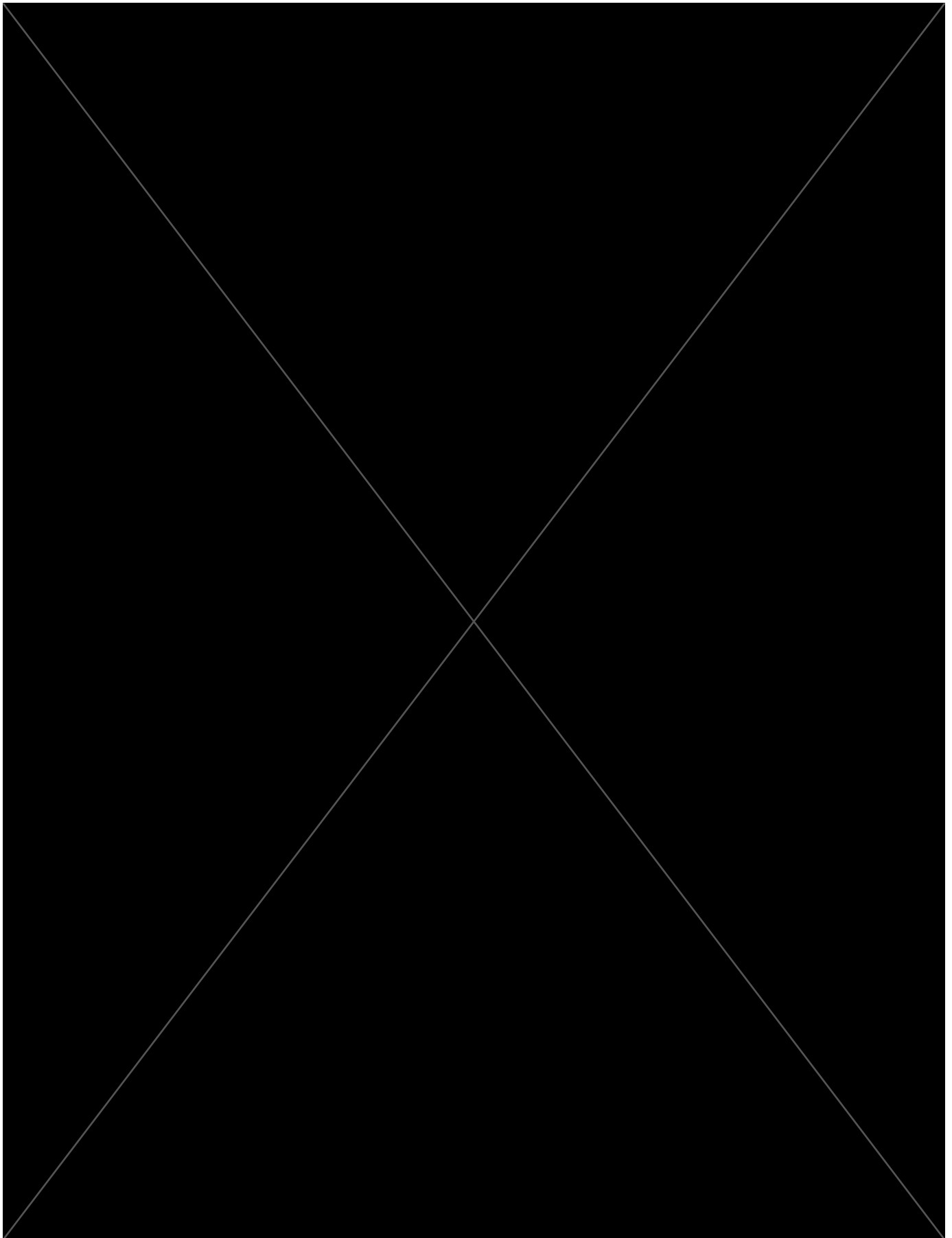
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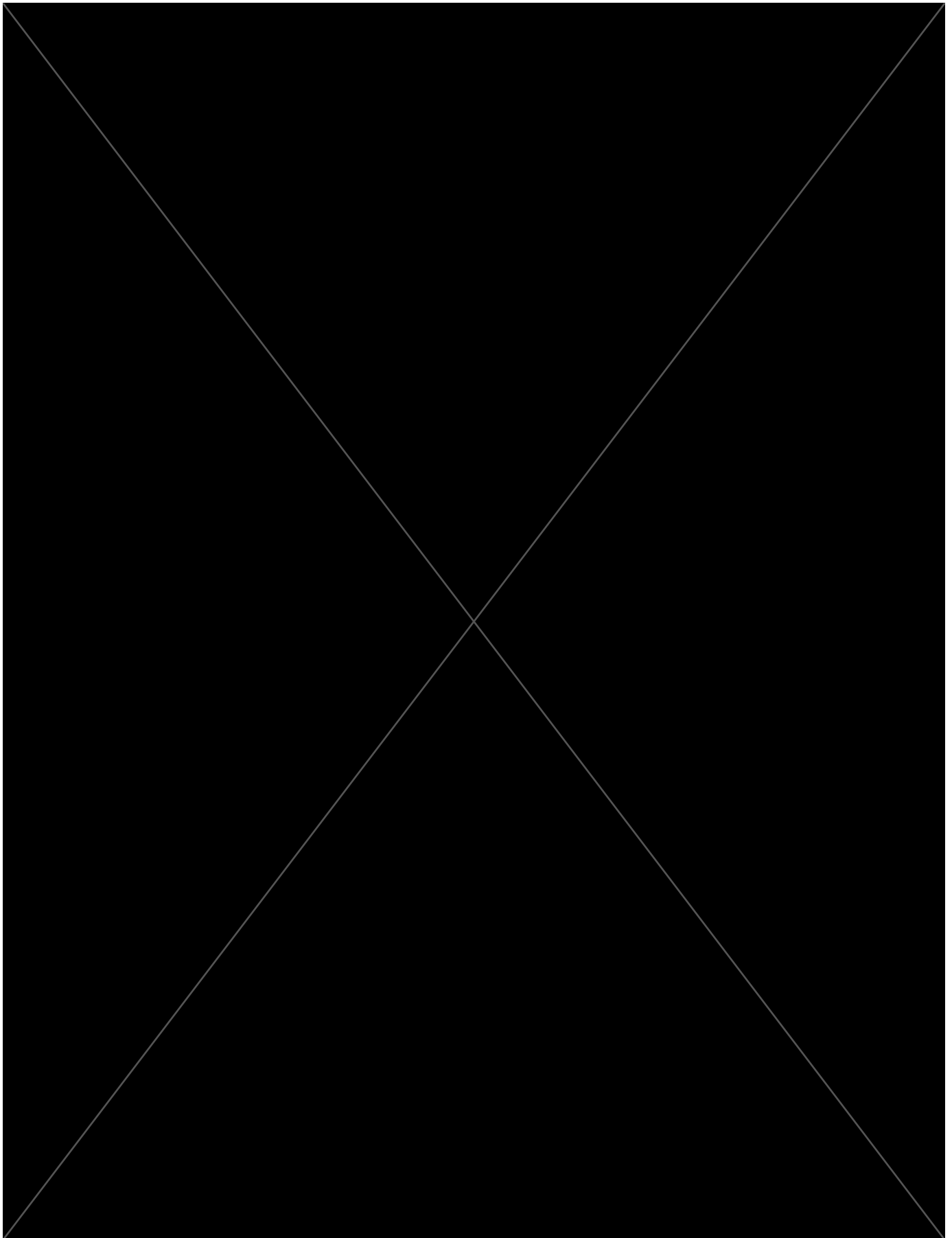
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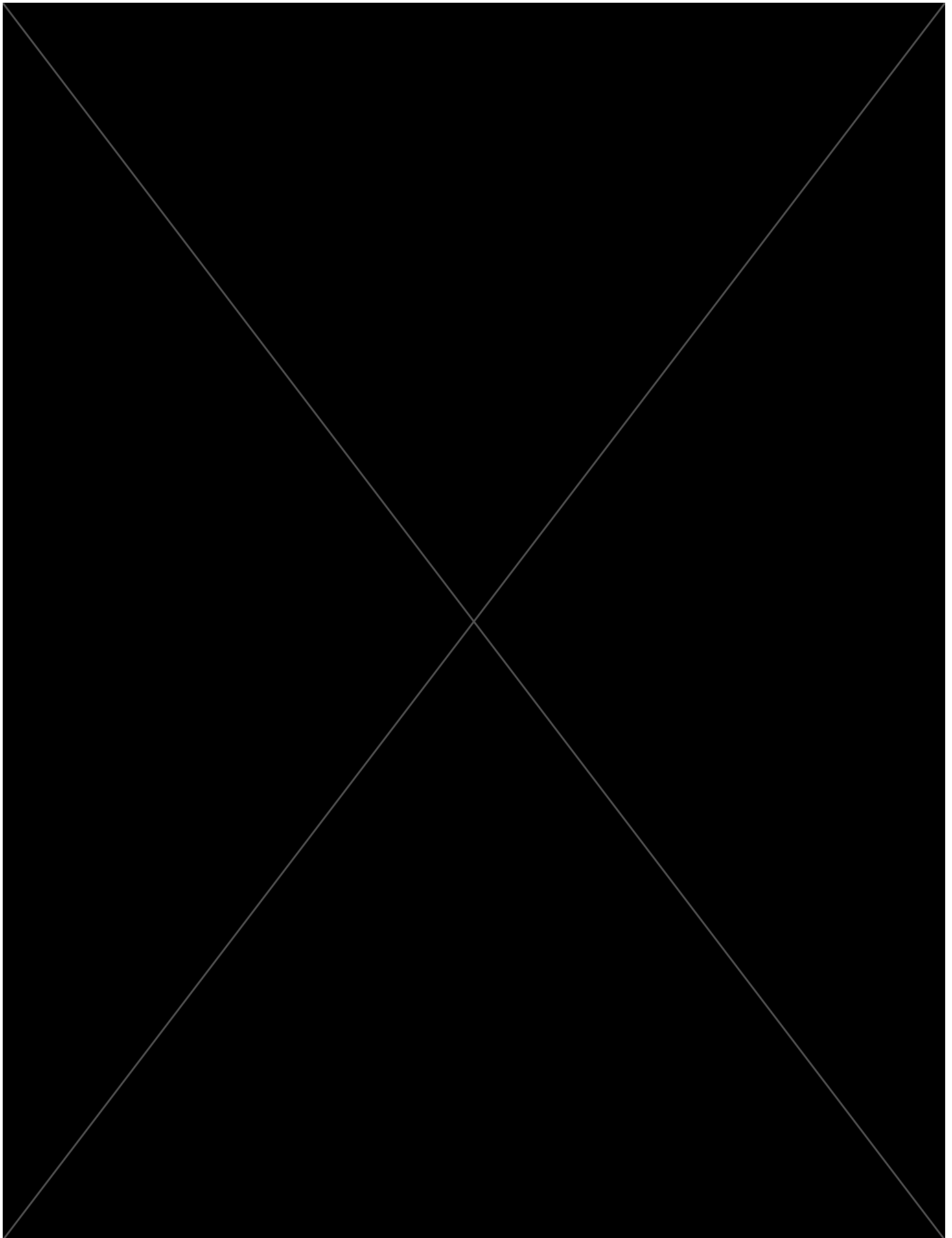


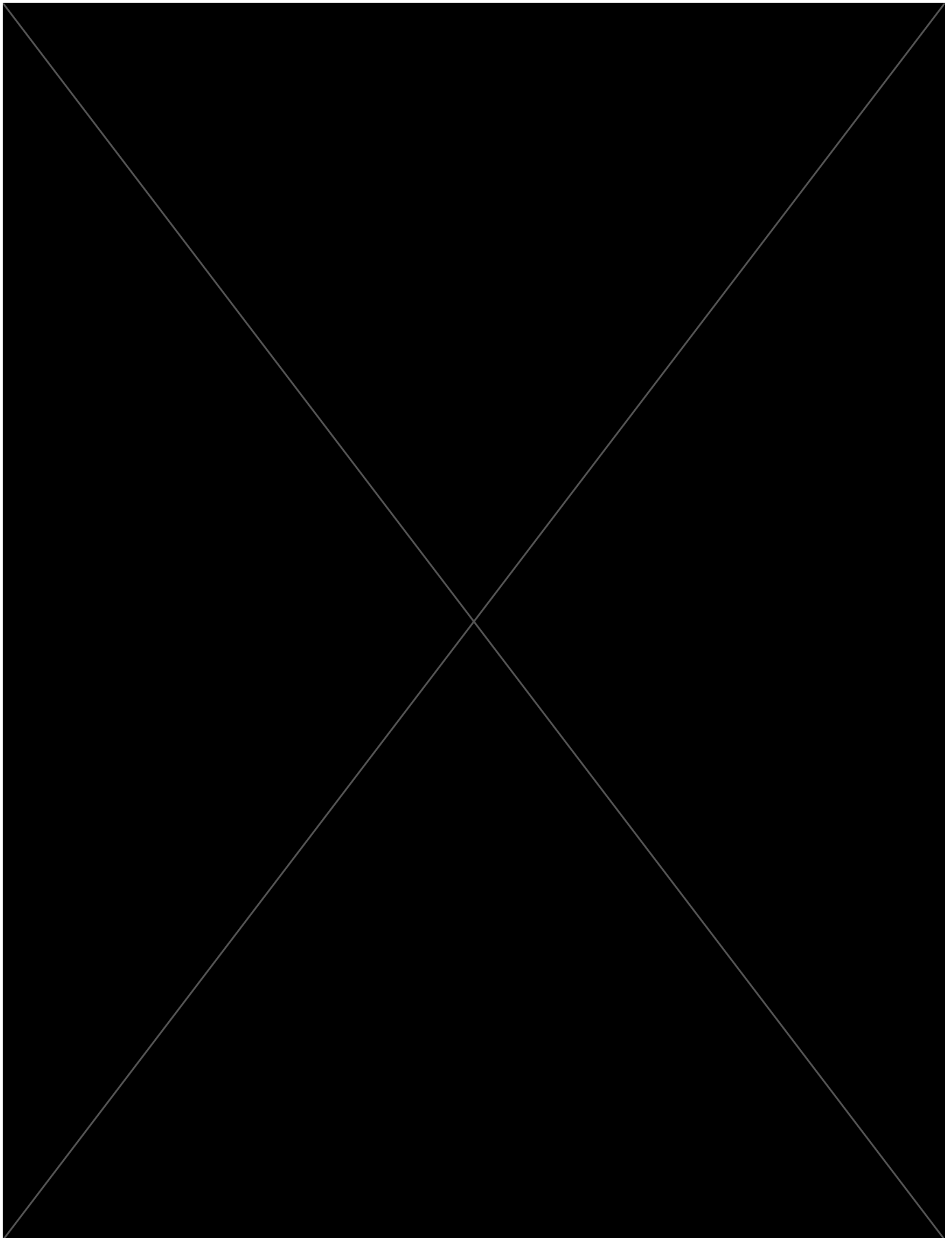


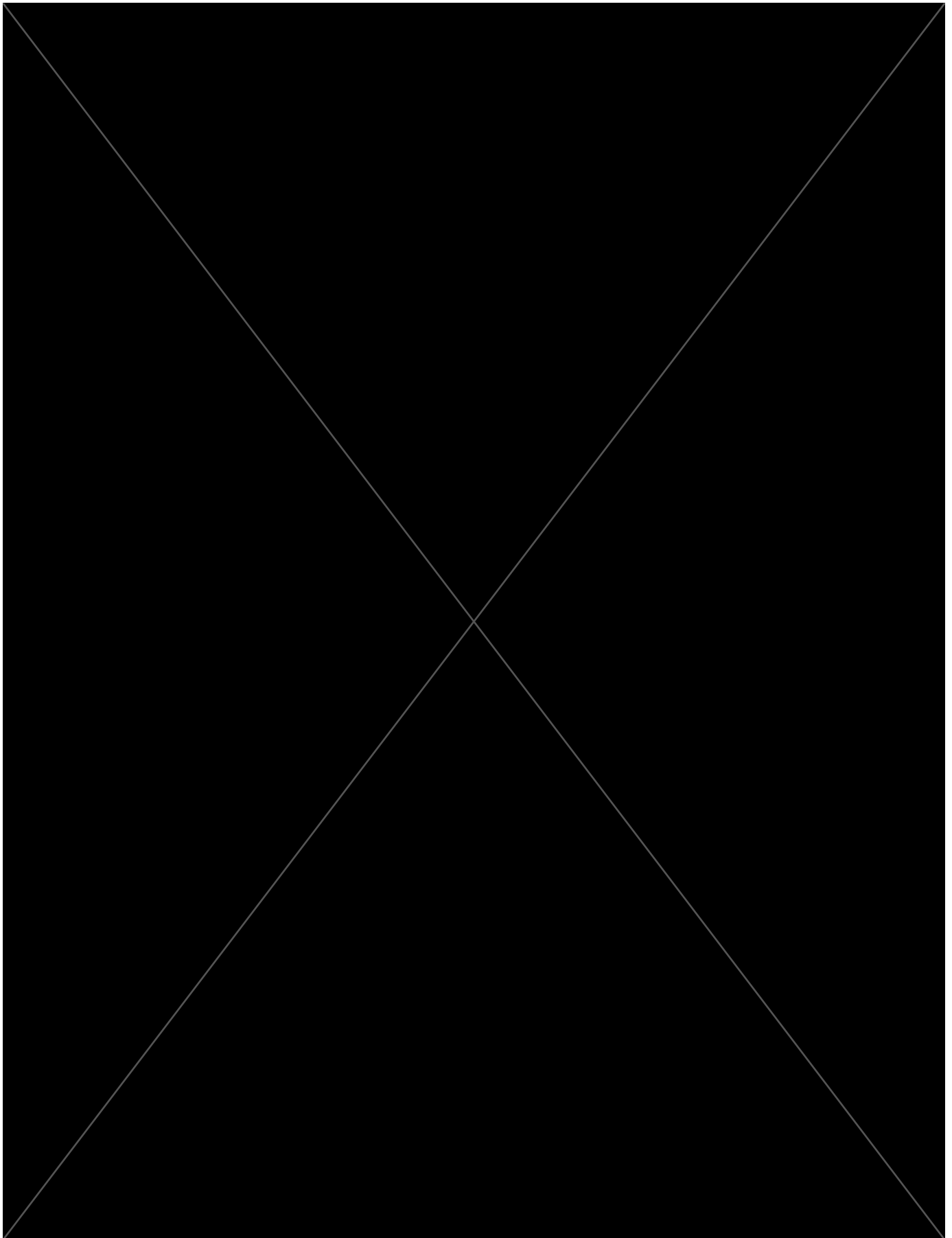


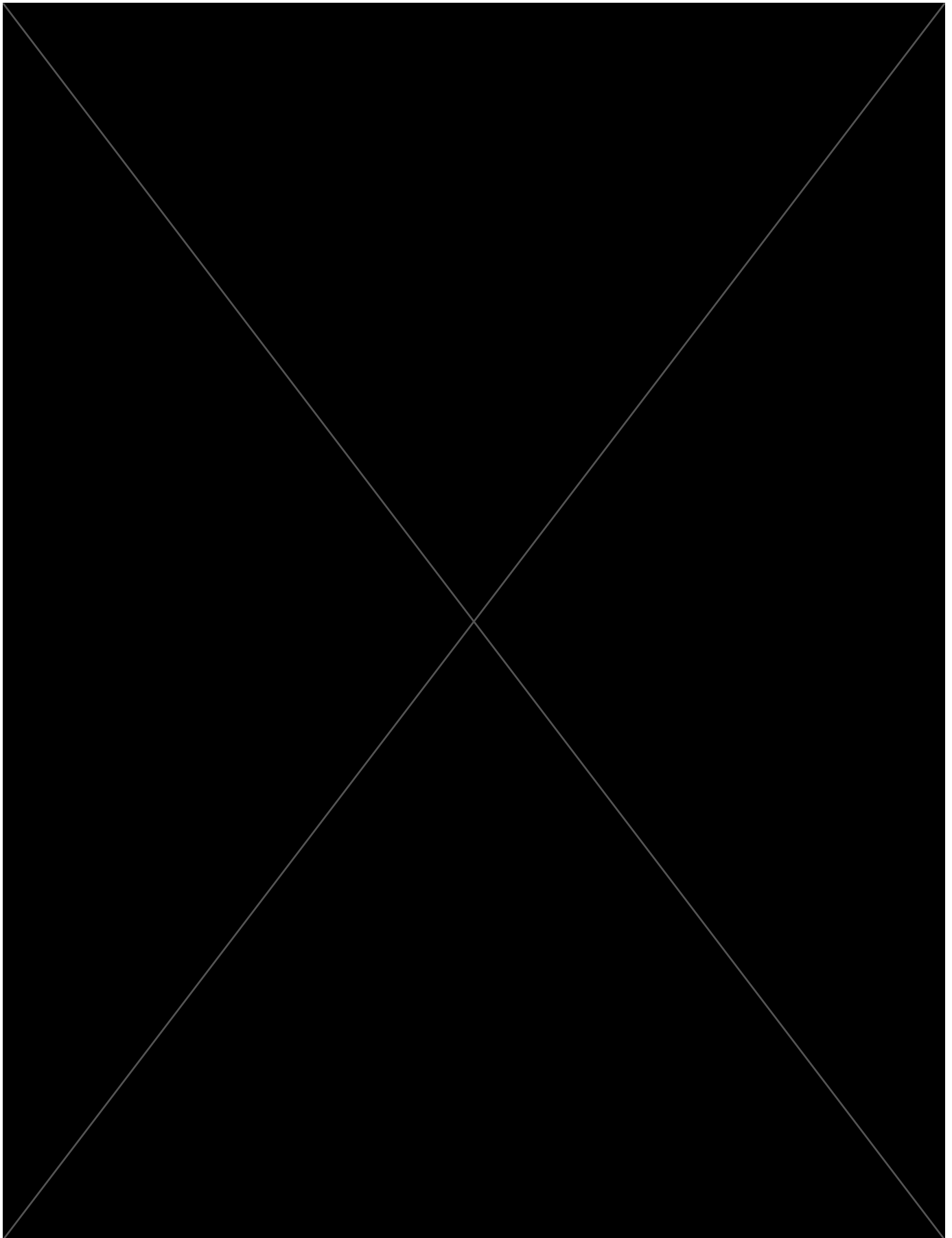


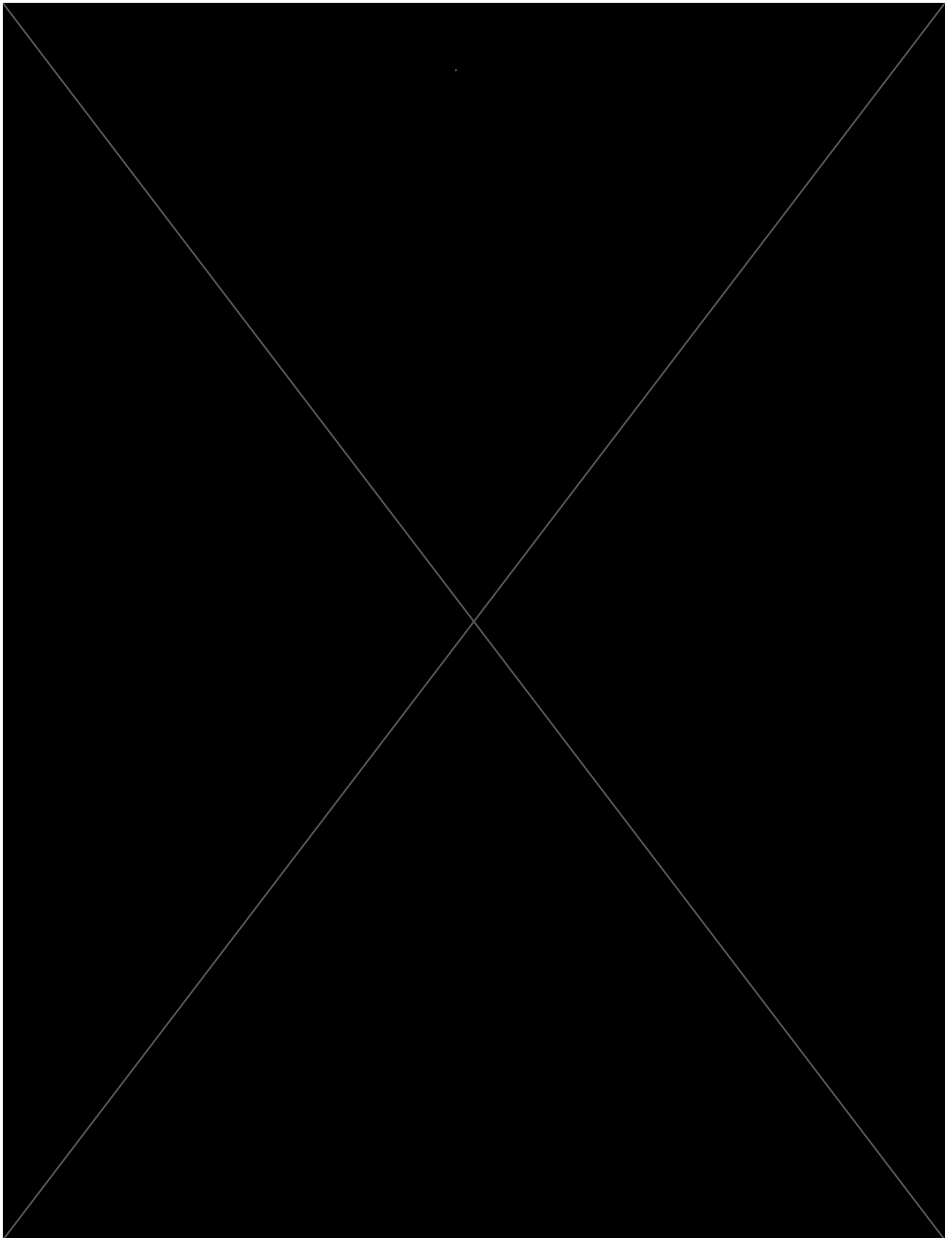


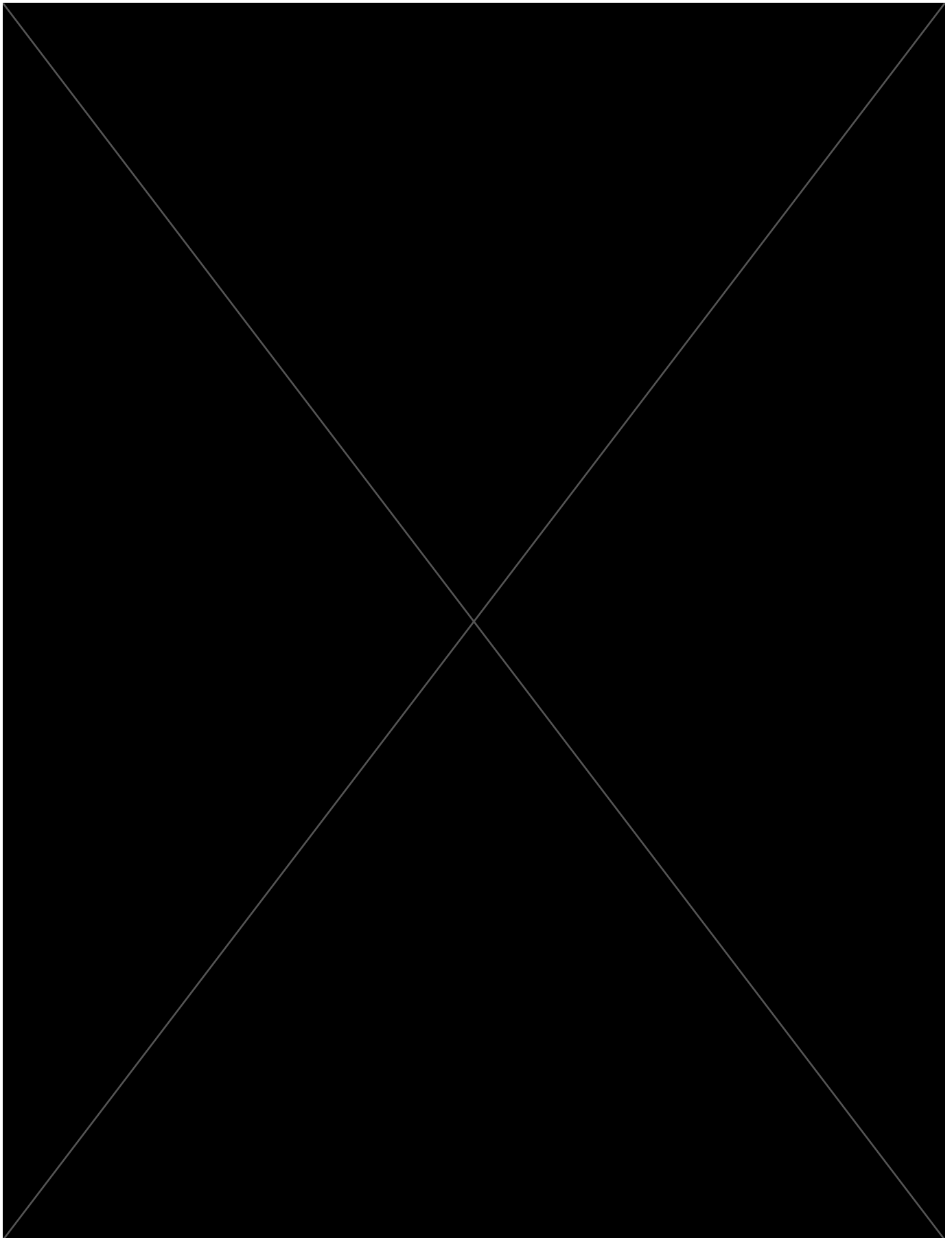


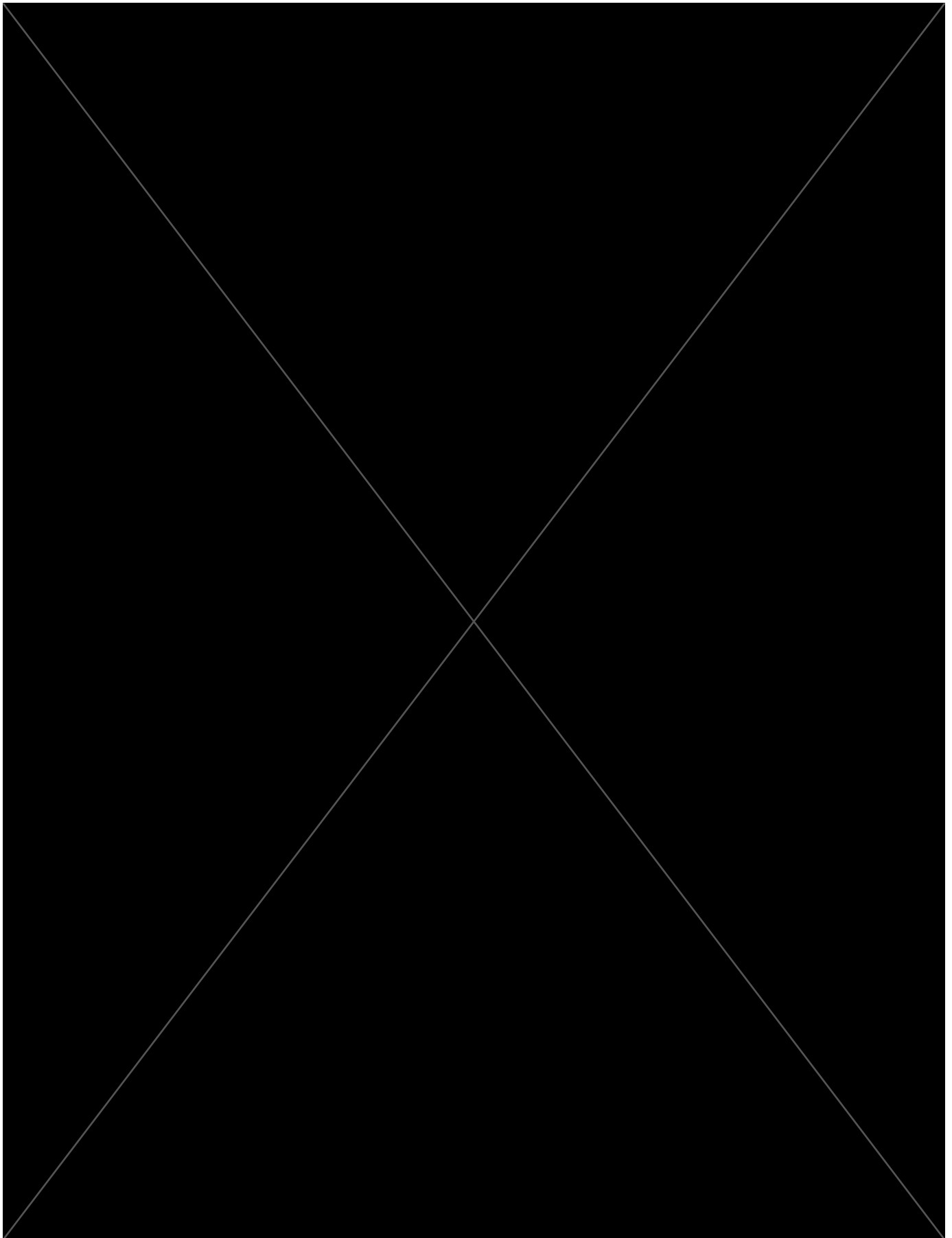


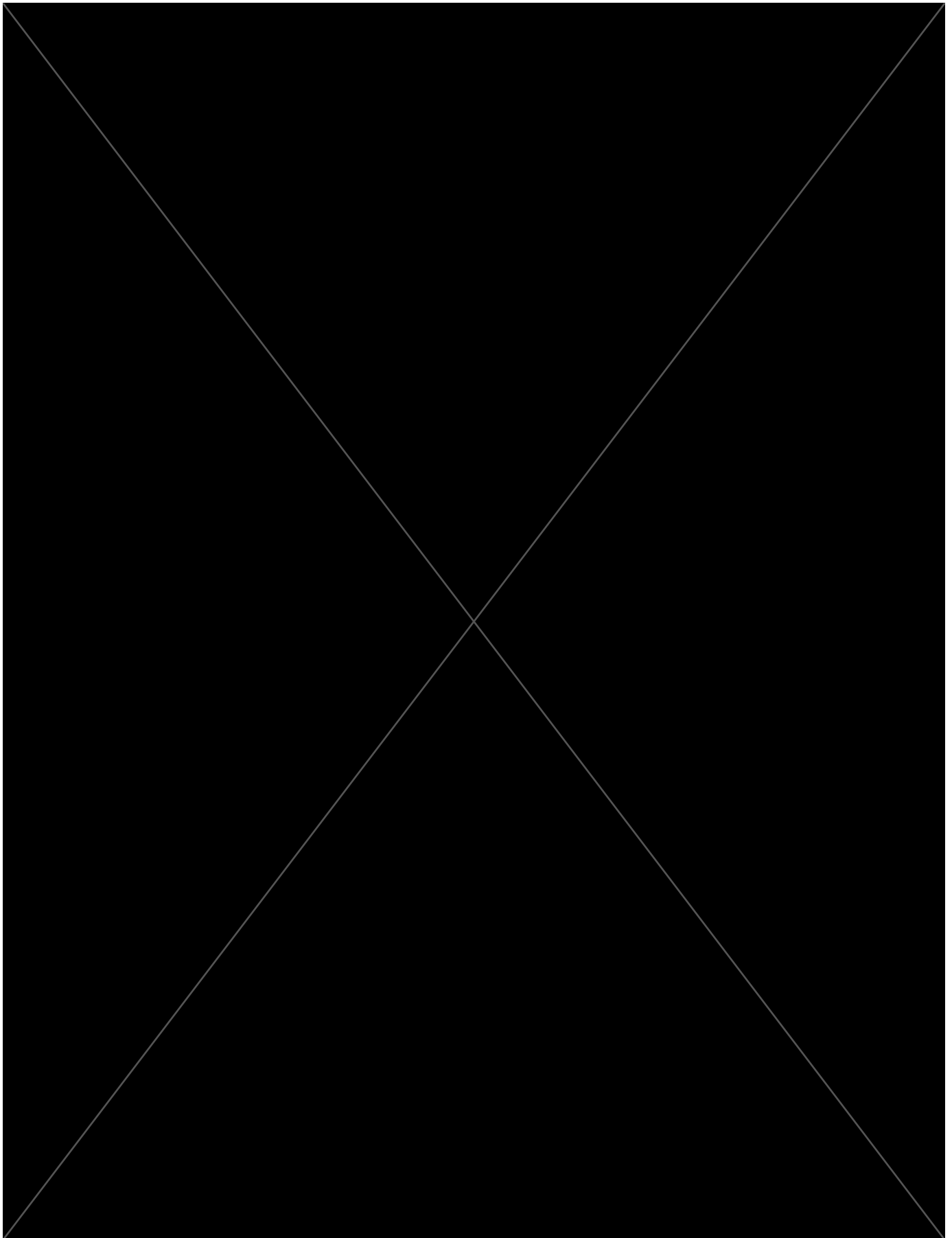


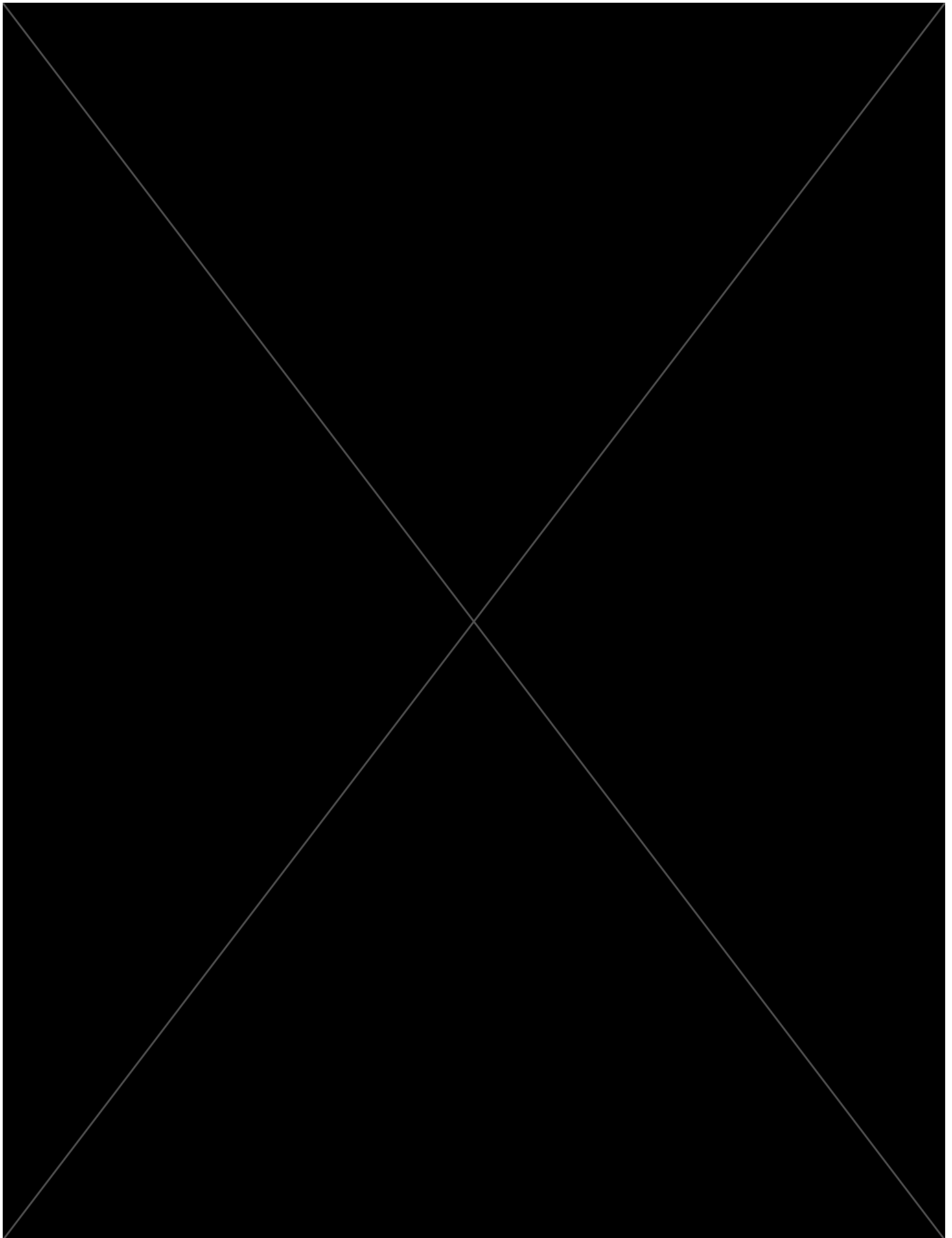


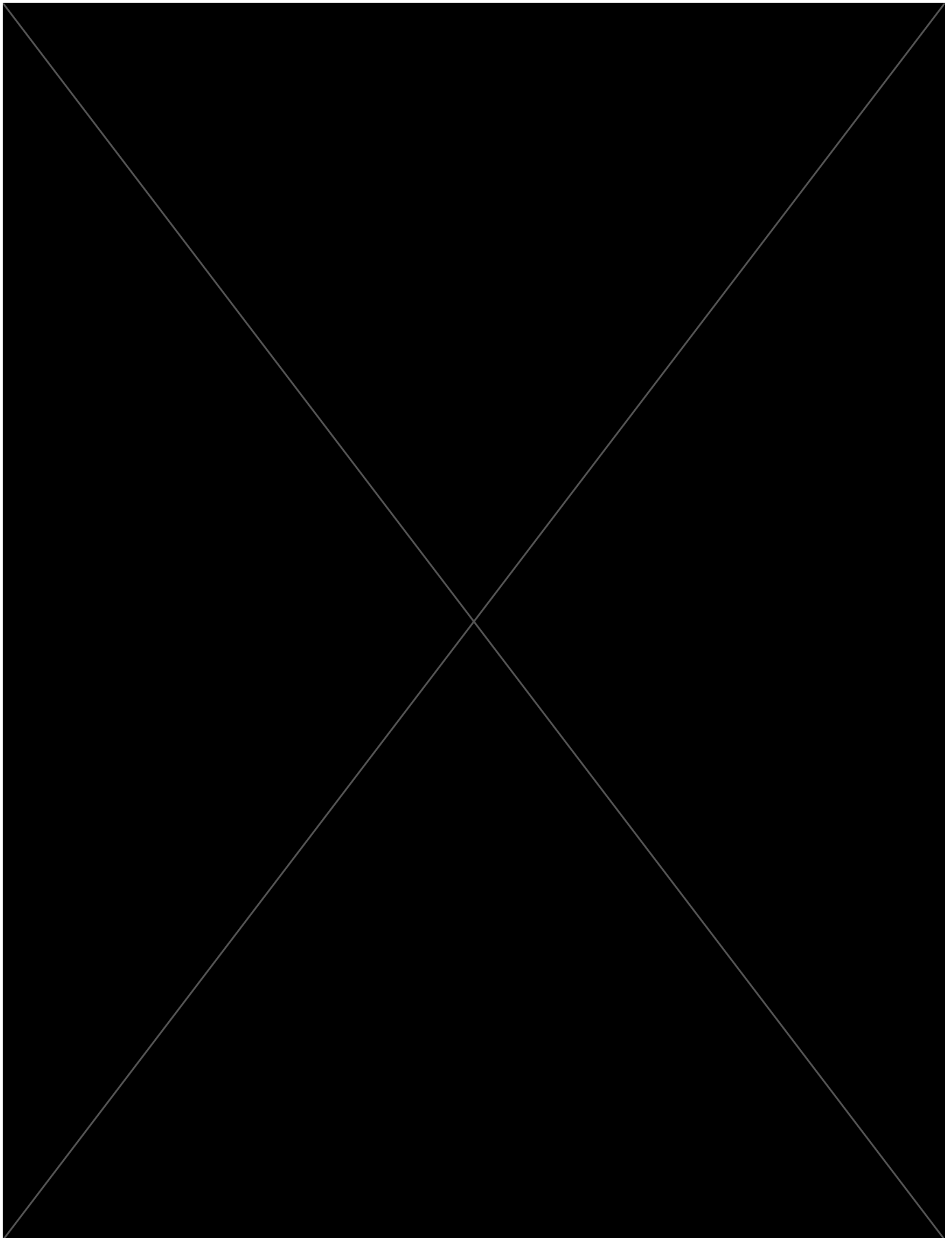


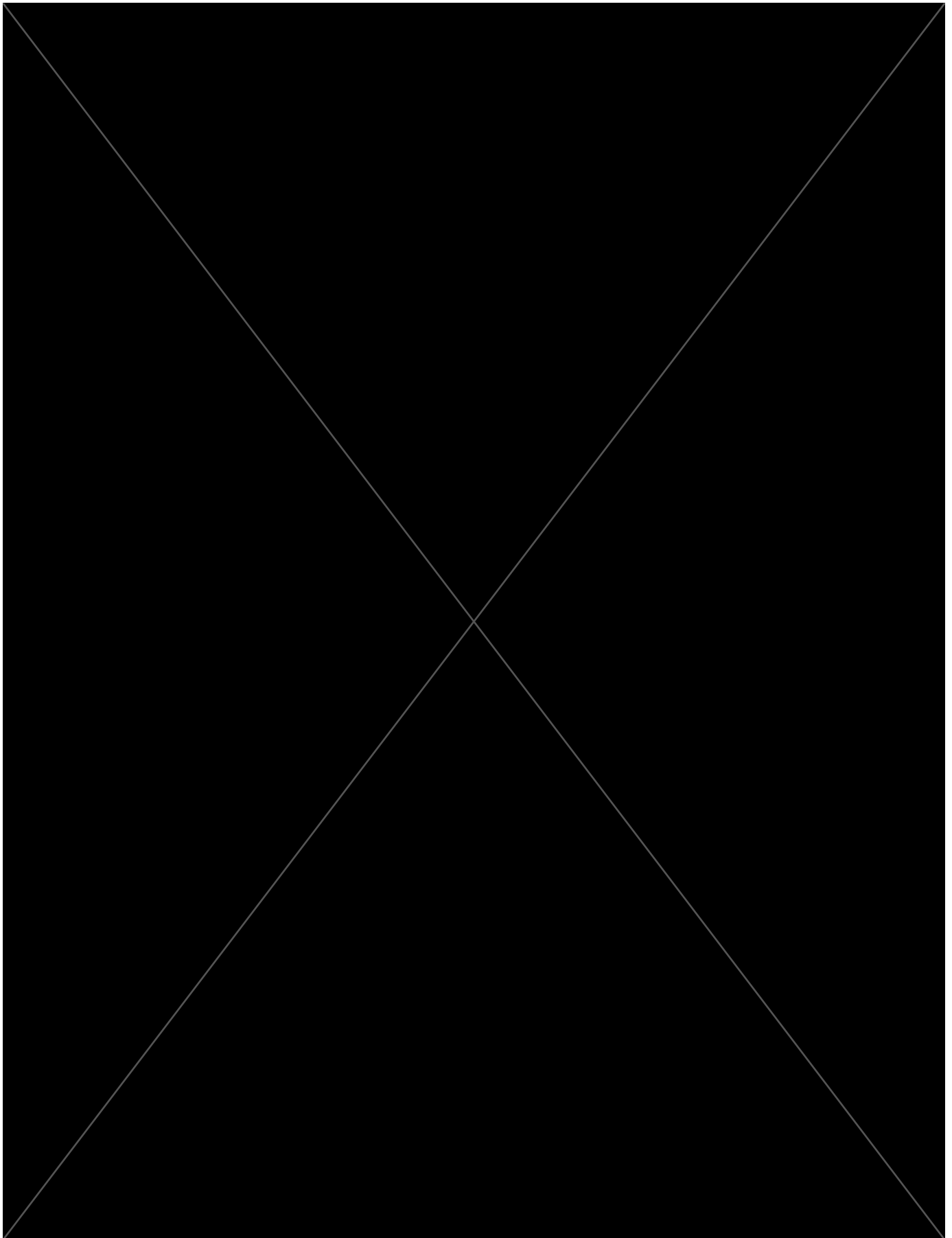


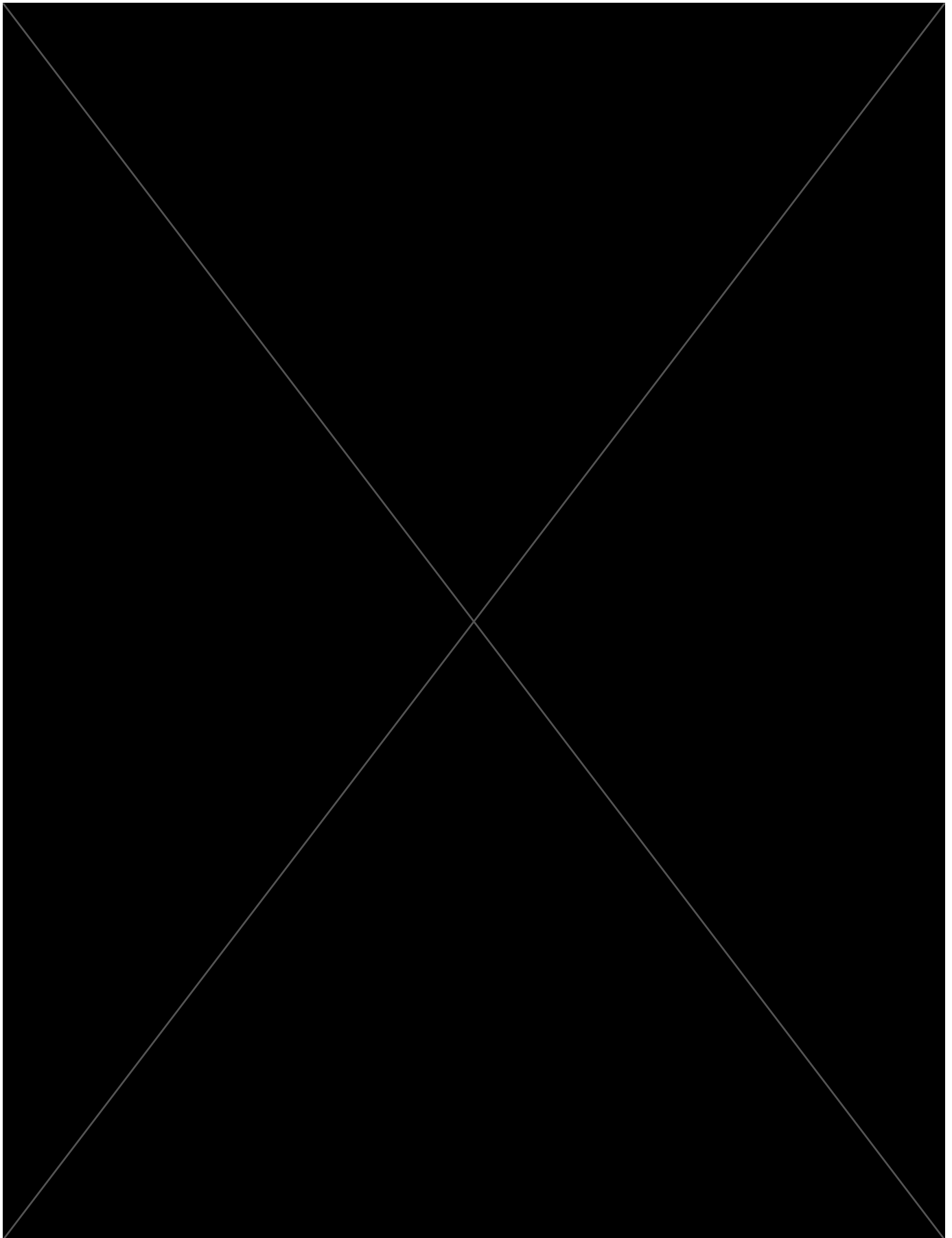


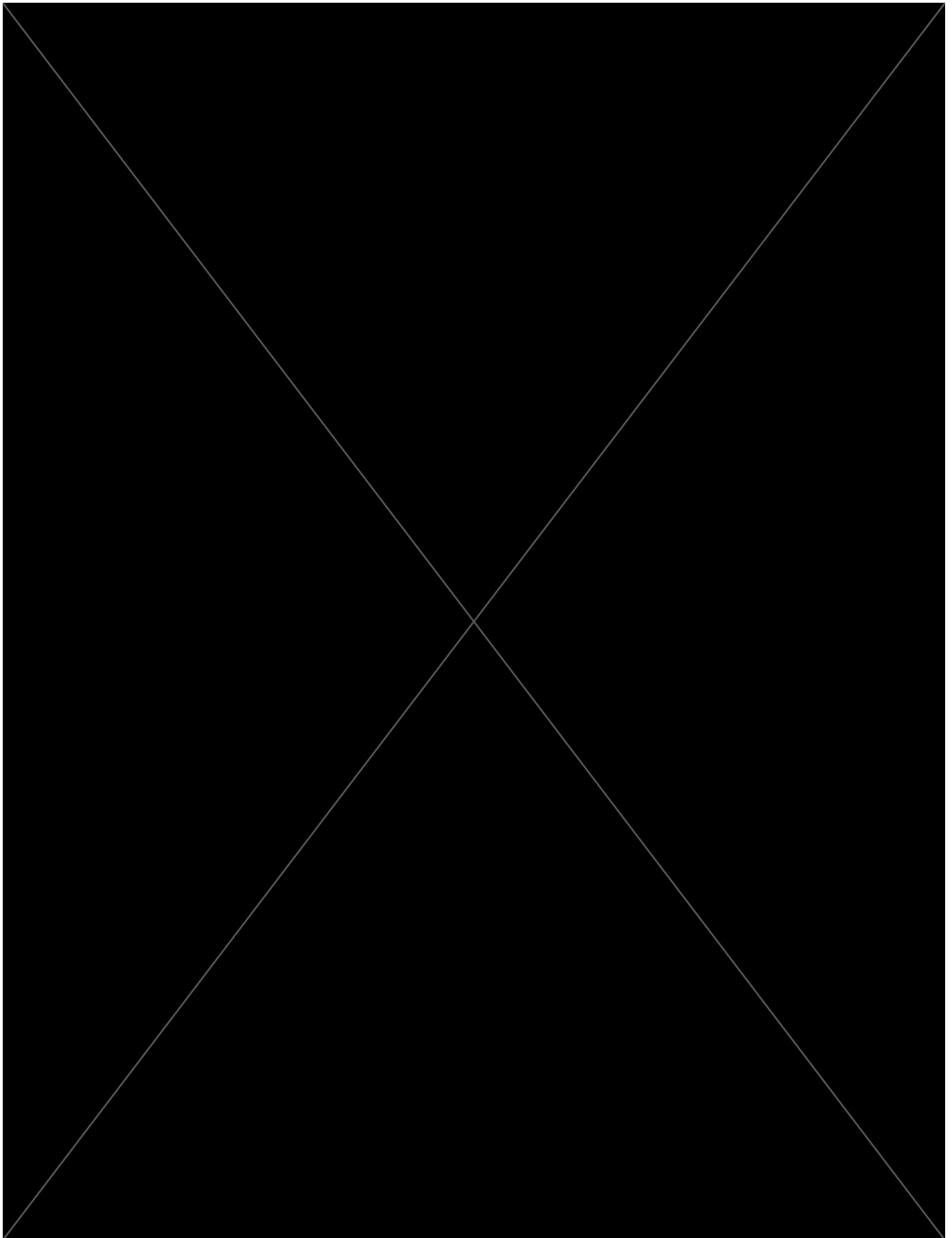












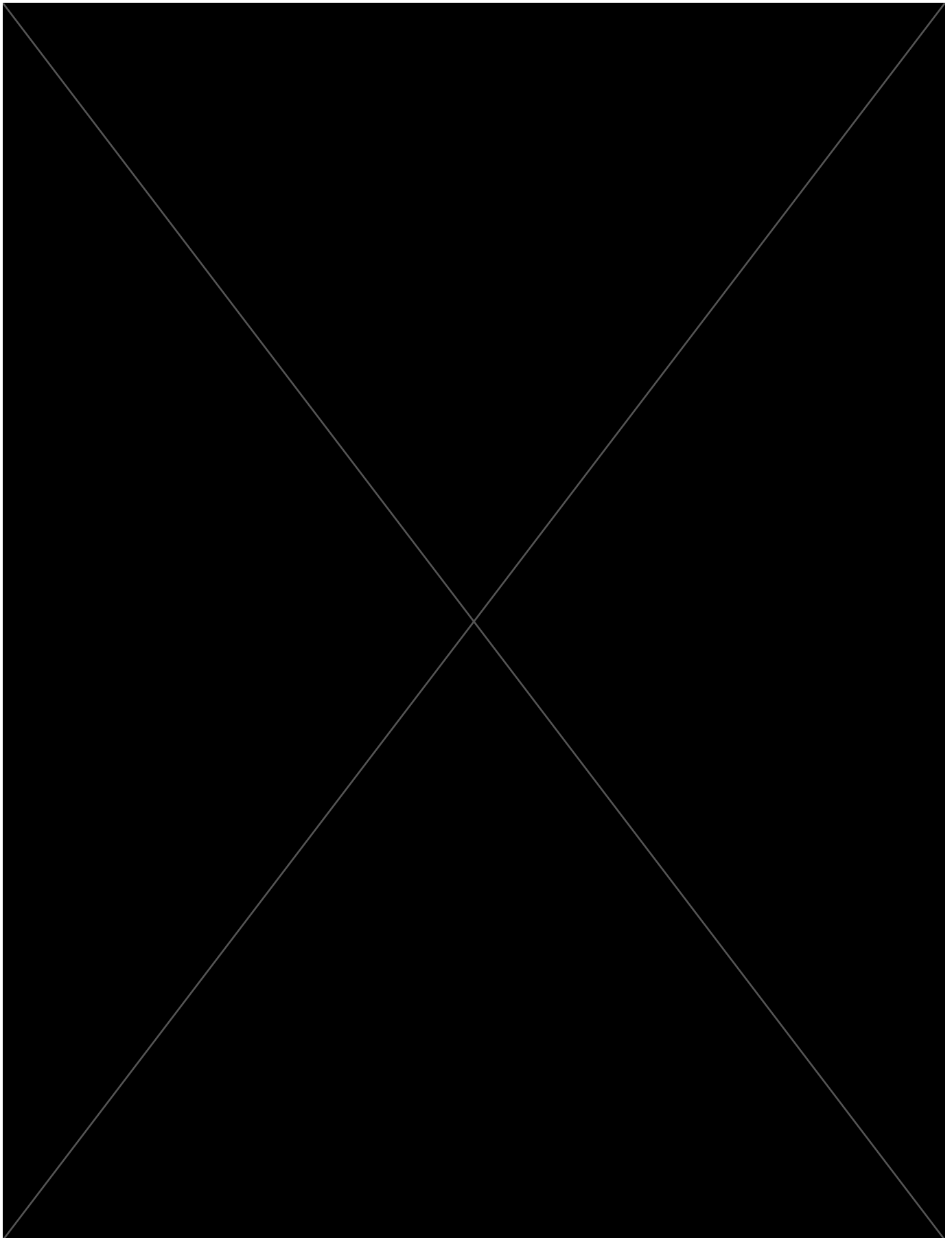


Exhibit 23 – Quality Control and Quality Assurance Plan

Exhibit 23 Redacted (ALA.code.36-12-40(Personal Security))

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.

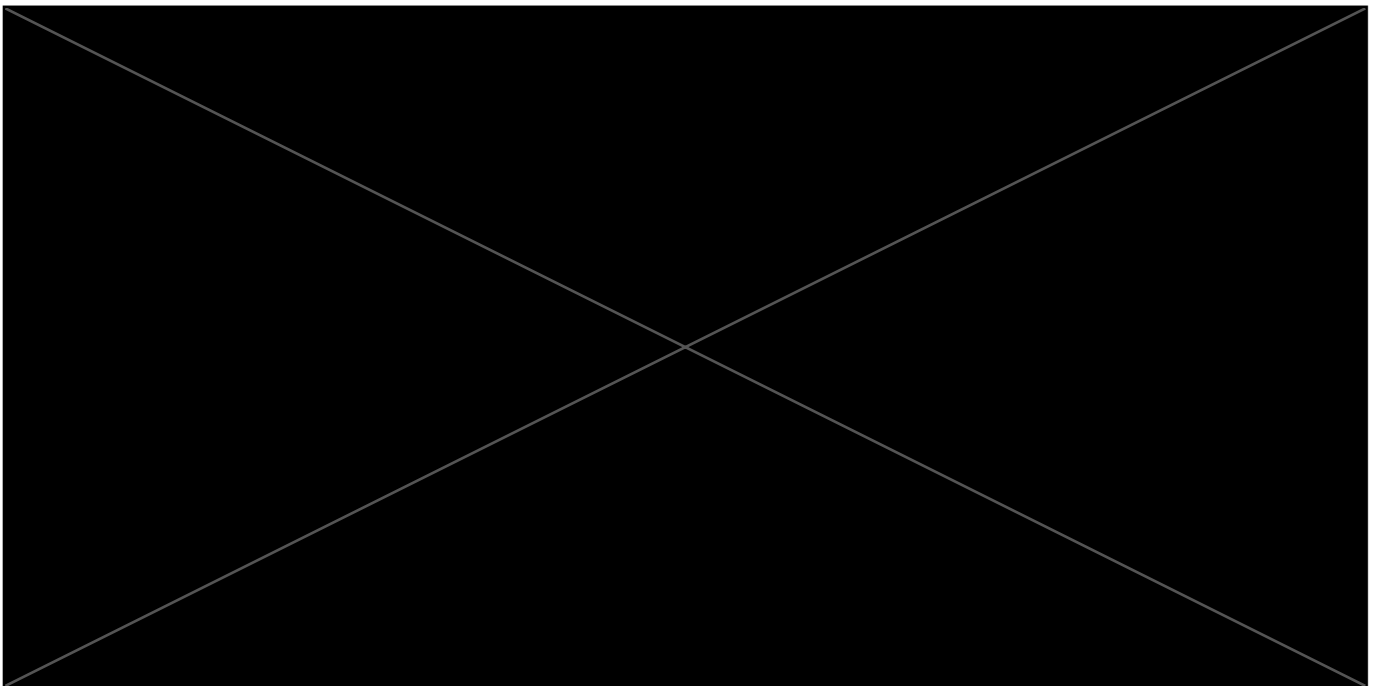


Exhibit 23 – Quality Control and Quality Assurance Plan

Plan Status: Completed

Our company has developed a quality control and quality assurance plan for our dispensing sites, as described below. These plans and procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act and AMCC Rules and Regulations.

23.1 – Quality Overview

Our company takes seriously our responsibility to provide our patients with high quality products and has policies and protocols in place to ensure safety, potency, stability, lifespan, and consistency among batches of the same product, whether as required by law or otherwise.

Shockingly, scientific studies have found that only, “Fifty-five percent of dispensary staff reported some formal training for their position, with 20% reporting medical/scientific training.” *Haug et. al., Training and Practices of Cannabis Dispensary Staff, Cannabis and Cannabinoid Research, Vol. 1.1, 2016.*

Our company will employ a robust training program to advance our ability to serve Alabama’s patients and will provide training for every staff member as an ongoing process to advance our company’s reputation for providing superior quality cannabis and trustworthy patient education. This education and training will ensure adherence to the strict QA/QC standards that we have put in place. A strong staff of experts drawn from manufacturing, horticulture, chemistry, pharmacology, and all three elements of the cannabis supply chain will support our Patient Care Director in creating and delivering trainings for our Patient Care Associates.

Our company’s Inventory Manager is responsible for monitoring and ensuring the quality of all finished products prior to their sale to patients. All products that arrive at the dispensary, having been appropriately weighed and packaged, will be “logged-in” by the on-site Inventory Manager. The Inventory Manager and secure transport employee will confirm the contents of the delivery and inspect products for defects in packaging and labeling or any signs of tampering or abuse. Once all delivery items have been inspected in this manner, the

Patient Care Director will “log in” delivered items to dispensary inventory. Logging in of product means the product has been accepted into the dispensary’s inventory and has passed inspection by our Inventory Manager.

Although Quality Assurance (“QA”) and Quality Control (“QC”) are independent, both are interrelated functions within our company’s operations. QA is process oriented, encompassing the entire production process from receiving product, preparing product for sale, stocking product appropriately, and fulfilling sales of medical cannabis products for our patients. The ultimate goal of QA is to ensure consumer safety. Conversely, QC is product oriented, comprised of in-process control checkpoints and validation of methods. The role of QC is to develop methods, establish product specifications (e.g., the acceptable values for product quality standards), and perform the validation of process and specifications at established points. Our company’s quality control and quality assurance protocols take a 360-degree view so each variable that determines the outcome of a final product is quantified, systemized, and controlled through internal best practices.

Our internally developed standard operating procedures align with all Alabama state regulations along with relevant regulations set forth by Food and Drug Administration (FDA), Occupational Health and Safety Administration (OSHA), Federal Trade Commission (FTC), Code of Federal Regulations (CFR), and Good Manufacturing Practices (GMP).

Product Selection

We will purchase medical cannabis products only from licensed Processors and Integrated Facilities which share our commitment to operating in accordance with Good Manufacturing Practices throughout their cultivation and manufacturing processes, resulting in biopharmaceutical-grade medical cannabis products. By meeting with each producer ahead of purchasing any medical cannabis products for sale within our dispensary, we can fully understand the company’s processes to ensure they meet our rigorous quality standards.

Our company will work with our producer partners to curate a selection of medical cannabis products that reflect a wide range of phytochemical ratios and delivery systems to ensure

we can provide medical cannabis products that deliver consistently and reliable therapeutic effects in relation to our patients' qualifying conditions.

Packaging

All medical cannabis products we offer within our dispensaries will be packaged to allow for the easy identification of the products and to maintain the integrity, purity, and pharmaceutical quality of our products. We expect our producer partners to adhere strictly to GMP requirements, protocols, and best practices as they package medical cannabis products prior to their shipment to our facilities. We expect materials will be handled by individuals wearing appropriate Personal Protective Equipment ("PPE"), which at a minimum will include the following: gloves, hair and beard nets, face masks, and company-issued smocks to prevent any contamination of products during packaging. Further, we expect packaging will take place in a restricted positive-pressure room with adequate lighting and anti-microbial flooring to ensure a safe and sanitary environment at all times. Tamper-evident seals will be placed upon openings of all products.

Sanitary Handling Practices

Our dispensary employees are required to follow our strict sanitary handling protocols when working with medical cannabis products and patients. All work surfaces are routinely sanitized with food safe cleaners. All employees must wash their hands before starting work and any time when their hands may have become soiled or contaminated. Food, drinks, chewing gum, and tobacco products are strictly forbidden in any area where medical cannabis is present.

All of our medical cannabis products are stored in appropriate clean containers and stock is rotated on a First-In-First-Out (FIFO) protocol to ensure the oldest product is sold to patients first. Appropriate refrigeration is used to prevent spoilage of any materials used in processing of cannabis infused products. Our equipment is cleaned daily by using ethanol alcohol, water, and antibacterial soap. All contact surfaces are maintained in a clean and sanitary condition. There is a cleaning log located in each area where at the end of each

business day, the assigned Patient Care Associate will record the completion of all required cleaning duties.

We have policies in place requiring our Patient Care Associates to report any personal health condition that might compromise the cleanliness and safety of our facility and subsequently our patients, many of whom live with qualifying conditions which can cause or require immunosuppression as part of their treatment protocols. If an Associate shows up to work and appears to be sick, they are sent home and not be allowed to work for that day. This is up to the judgement of the employee's manager, following the protocols outlined in our company's Employee Handbook. Employees that are out sick for more than three days or with certain contagious conditions will be required to provide a doctor's note to return to work.

23.2 - Testing

Our company has in place a plan for performing, at our own expense after licensure, quality control and testing of qualified samples (as defined in Chapter 10 of the Rules) of medical cannabis in our control, regardless of whether said medical cannabis has been packaged, labeled and sealed. Such testing will be conducted by the State Testing Laboratory (as detailed in Chapter 10 of the Rules). Our plan includes, but is not limited to, the following: what tests will be conducted, if any, at each stage or stages of production; and whether the testing at each stage will be in house, unofficially by private testing through a State Testing Laboratory, or solely by official testing through a State Testing Laboratory.

Testing Philosophy and Methodology

Our internal and external testing protocols are a subset of our holistic QA/QC plan. Our testing philosophy is informed by GMP protocols and the Six Sigma methodology for continuous testing and rigid quality control standards. We have incorporated Six Sigma methodologies into our testing protocols because for a production process to achieve Six Sigma it must not produce more than 3.4 defects per million opportunities. Within this methodology, a defect is defined as anything that is outside of our quality specifications. It is

important to note a defect could be as minute as a slightly brighter shade of color on a label. Given our use of this system, even identifying 3.4 defects per million opportunities at the most, our standards so greatly exceed that of any other currently operating medical cannabis business that our product quality is still empirically the best. Further, our strict adherence to these standards ensures that all of our dispensed medical cannabis is consistently high grade and maintains a consistency with less than 0.5 percent variability among batches of the same product per § 20-2A-66.

We only will work with State-approved testing laboratories which are accredited as ISO/IEC 17025:2017 compliant. Furthermore, we conduct annual audits of our laboratory partners by bringing in third-party auditors that specialize in medical cannabis laboratory evaluation to ensure that our testing partner is meeting both the state standards as well as our own.

Sampling

At the time random samples of finished medical cannabis products are initially taken for testing, we will ensure that three samples are collected at the same time by a State Testing Laboratory using tamper-resistant containers.

All samples of cannabis for testing will be derived from a single batch and will be the lesser of one percent (1%) of the total product weight of the production run or ten (10) units of product. All samples will be homogenized before testing.

Of the three samples taken by the State Testing Laboratory, one of the samples will be taken by the State Testing Laboratory for testing, while we will securely store the other two samples in our quarantine storage area in our facility's secure vault room for possible further retesting by a secondary State Testing Laboratory. If at any time further testing cannot be performed due to (A) the lack of available State Testing Laboratories to conduct further or additional tests, or (B) the lack of viable samples from which to perform retesting, tiebreak testing, or challenge testing, we understand that we have no choice but to accept the result of the failed test and destroy or attempt remediation of the batch as required under the Rules of the Alabama Medical Cannabis Commission.

We understand that we are not prohibited from conducting, at our own expense, separate in-house testing or designated unofficial testing by the State Testing Laboratory, at any point during our possession and control of cannabis or medical cannabis. We further acknowledge that the results of such testing will be unofficial and designated as such no later than the time of collection, and non-dispositive without approval from the Commission upon our written request.

Character Testing

In accordance with § 20-2A-66, our Inventory Manager will randomly sample each first batch of a new product offering from a producer and will work with the State Testing Laboratory to test the product for:

- Cannabinoid content and potency, including, but not limited to total THC (THC+THCA); total CBD (CBD+CBDA); THC/CBD ratio, if applicable; and percent of THC relative to original plant material (w/w).

We will encourage our laboratory partner to test for at a minimum twelve cannabinoids to provide us with us an improved spectrum of internal analysis that can be useful to providing patients with a greater amount of pharmacological information regarding the product's phytochemical profile.

- Terpene profiles.

We will encourage our laboratory partner to test for at a minimum twenty-four terpenes and terpenoids to provide us with us an improved spectrum of internal analysis that can be useful to providing patients with a greater amount of pharmacological information regarding the product's phytochemical profile.

- Chemical contamination, such as residual solvents remaining after extraction and concentration.

Our company has developed sophisticated proprietary processes involving food-

grade 99% pure carbon dioxide extraction due to its safety to both the operator and end consumer. The use of carbon dioxide as a solvent is approved in most other medical cannabis jurisdictions because carbon dioxide naturally purges itself to zero parts per million within the cannabis oil at room temperature, leaving no detectable residual solvent in the final extracted product, unlike hydrocarbon or alcohol-based extraction methods.

- Heavy metals.
- Microbials, including pathogenic microbials.
- Mycotoxins.
- Residual insecticides, fungicides, herbicides, and growth regulators used during cultivation.

Containers will be stored on shelving no less than six inches above the floor. Shelving will be stainless steel in good repair, suitable for storing food, placed away from walls and in a secure, locked area. Once testing is complete, products will be released for use by the Processing Director.

We will test a random sample from a batch of the same product offering at six-month and at one-year intervals to ensure the medical cannabis products we sell are consistent; after the first year, a medical cannabis product offering will only be tested if an adverse effect or complaint about the product's quality or safety comes to our attention.

Our company believes in complete transparency, patient education, and being held accountable. Patients will be able to access all test results by way of product labels and a list of complete test results available both in paper form in each of our dispensaries as well as online through our website. By making the batch-specific test results easily accessible through a variety of media, we are supporting several of our aforementioned core values.

23.3 – Return, Remediation, Destruction

Our company has developed policies and procedures for the return or destruction of any failed test samples, including entry of the event on the Statewide Seed-to-Sale Tracking System.

In the event we must recall a medical cannabis batch, we will adhere to the following returns protocol:

1. Instruct all of our dispensaries carrying the product to immediately remove the failed product from stock and from all dispensary menus.
2. Arrange for secure pickup of all units of recalled product from each dispensary, following all requirements for secure product transportation.
3. Catalog all units of recalled product within the Statewide Seed-to-Sale Tracking System.
4. Mark each unit of recalled product package in a conspicuous location (not covering any lot, serial, or other control numbers) with a red rectangular label bearing the date of receipt and the notation "RECALLED PRODUCT—DO NOT USE OR DISTRIBUTE."
5. Segregate all labeled recalled product in the designated quarantine area within our secure vault room until our Inventory Manager determines whether return to the producer or destruction is the appropriate next step.

Remediation

Per Section 538-x-10-.08 of the Alabama Medical Cannabis Commission's Rules and Regulations, if a sample from a batch of medical cannabis products fails an official test conducted by a State Testing Laboratory, the remainder of the batch automatically fails the official test.

Upon notification of a failed test, our company will evaluate the test results and decide whether to (A) seek retesting, (B) challenge the result, or (C) accept the result and seek

return or destruction of the failed sample and/or the batch from which it was derived. While initial retesting must occur using the same sample at the same State Testing Laboratory, we will decide on a case-by-case basis whether subsequent retesting will occur at a different State Testing Laboratory, if available.

Within seven (7) days following a failed test, our company will take at least one of the following actions:

- Accept. Accept the results of the test and destroy the batch.

- Retest. Request in writing (with copy to the Commission provided electronically through the Statewide Seed-to-Sale Tracking System) that the State Testing Laboratory retest the sample as to the portion of the test that failed; if the second test of the same sample passes, the sample will be sent to another State Testing Laboratory, if available, as chosen by the Commission, to provide a tiebreak test (the Commission's function will not be to gatekeep such a request, but merely to assign the State Testing Laboratory that will administer the subsequent retest). The results of the tiebreak test are final.

- Challenge. Following a test or failed retest by the State Testing Laboratory, we may challenge the results by a request in writing (with copy to the Commission provided electronically through the Statewide Seed-to-Sale Tracking System) that two additional State Testing Laboratories be chosen by the Commission, if available; the two additional State Testing Laboratories will provide full testing of the parallel samples taken by the licensee. If both challenge tests are deemed valid and demonstrate that the batch passed, the challenge is successful and the batch is cleared for use; otherwise, the challenge is unsuccessful, and the batch must be destroyed.

- Remediate. Attempt to return the medical cannabis product to its producer to remediate the batch and request in writing (with copy to the Commission provided electronically through the Statewide Seed-to-Sale Tracking System) that the State Testing Laboratory obtain new samples and retest the remediated batch. Batch

Remediation effects a reset of the testing process: testing prior to remediation is not considered, but only the testing of the new, remediated batch.

Destruction

Barring contrary results based on a retest or challenge, if a sample provided to a State Testing Laboratory fails the same official test, we will work our producer partners to destroy and dispose of the entire batch from which the sample was taken and document the destruction and disposal of the batch in the Statewide Seed-to-Sale Tracking System.

Within our secure, restricted vault room, we will maintain a separate area labelled “Quarantine” strictly designated for storage of medical cannabis that is outdated, damaged, deteriorated, mislabeled, or contaminated, or whose containers or packaging have been opened or breached, until such products are destroyed.

The storage area will be maintained in a clean and orderly condition, and the area will be free from infestation by insects, rodents, birds, and pests of any kind. All medical cannabis designated for disposal will be meticulously tracked in the Statewide Seed-to-Sale Tracking System and identified as PENDING DISPOSAL. Within the designated storage area in the vault, products awaiting disposal will be stored in lidded, airtight plastic or rubber containers.

Our company will destroy and dispose of returned and failed products in such a way as to render the product material unusable and unrecognizable; such material will not be usable for any legal or illegal purpose. Product destruction will occur at the same time on a weekly basis. All waste and unusable product will be weighed prior to destruction; this information will be entered in the Statewide Seed-to-Sale Tracking System prior to rendering the product unusable. Our on-site manager will verify the destruction process and weigh all products for destruction under constant video surveillance. In addition, a detailed log is maintained of all damaged and/or unusable product scheduled for destruction and includes the date, type and quantity disposed of, the manner of disposal, and the name and signature of the agent authorized to conduct the destruction.

Unusable medical cannabis waste will be rendered unrecognizable and unusable by grinding the waste and incorporating it with other ground materials, so the resulting mixture is at least 50% non-cannabis waste by volume. Such ground materials will include: paper waste, cardboard waste, soil, and coffee grounds. After the medical cannabis waste is made unusable, the semi-solid and solid waste will be delivered to a permitted municipal waste facility for final disposition.

Our company will maintain at all times and review at least annually our plan for tracking and properly rendering such waste unusable and recognizable prior to its disposal.

Exhibit 24 - Contamination and Recall Plan

Exhibit 24 Redacted (ALA.code.36-12-40(Personal Security))

Verification

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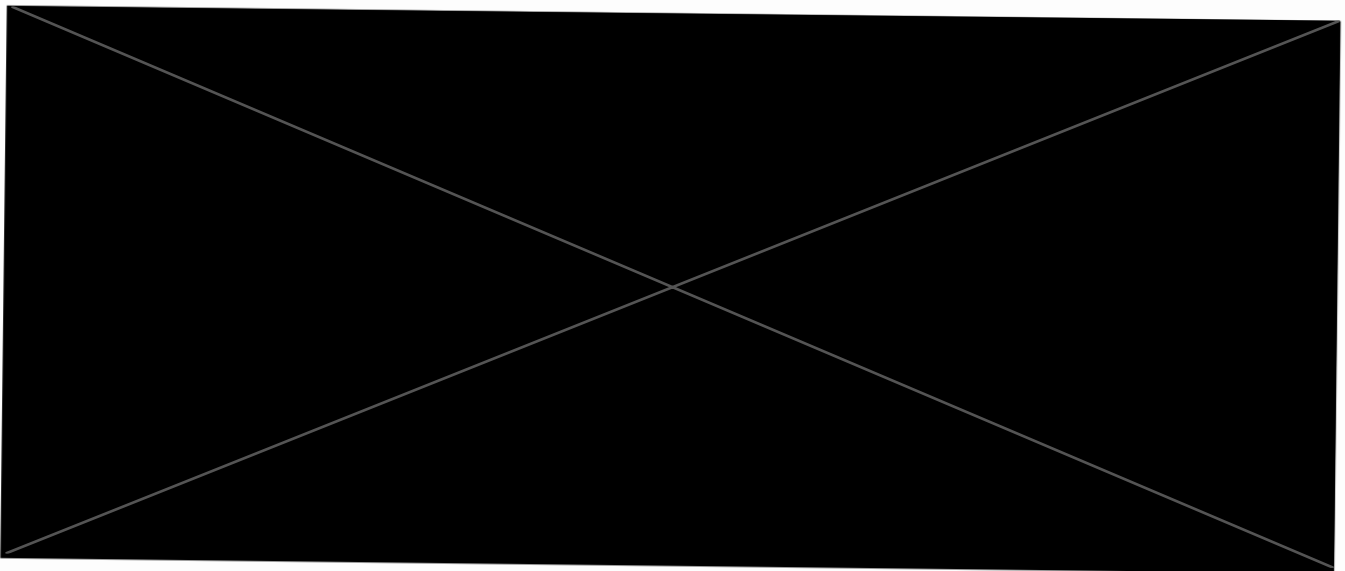


Exhibit 24 – Contamination and Recall Plan

Plan Status: Completed

Our company has developed a detailed recall plan that will be followed in the event one or more of the products offered for sale at our dispensing sites, including any lots or batches thereof, is determined to require recall. These plans and procedures have been developed in accordance with the Alabama Medical Cannabis Commission (AMCC) Act and AMCC Rules and Regulations.

24.1 – Notification to Originating Entity

In accordance with Alabama law, our company has procedures for notifying the originating Processor or Integrated Facility and any other licensee in the chain of custody of an adverse event.

All employees are responsible for documenting any complaint received from another employee, a patient or caregiver, a physician, or any other party using our company's Complaint Log. Product complaints may be received in writing (via mail or email) and over the telephone. Upon receipt, all written complaints will be immediately forwarded to the employee's Patient Care Director. Employees receiving a product complaint via the telephone shall either forward the call to the Patient Care Director or record the patient's name, address, phone number, product name, lot number (if available), product complaint, and then inform the patient that the responsible individual will be calling them to address this situation. The employee receiving the complaint will record this information using a Product Complaint Record and immediately forward it to the Patient Care Director.

The Patient Care Director will assign a sequential complaint number to all product complaints upon receipt and enter the complaint in the annual Product Complaint Log. All product complaints shall be acknowledged by the Patient Care Director within one working day of their receipt and promptly investigated. The Patient Care Director will work quickly to gather information from the patient or caregiver, supplier, or regulator about the nature of the product complaint, which will be added to the Product Complaint Log.

Our Patient Care Director will contact their company contact person at the originating Processor or Integrated Facility that manufactured the medical cannabis product, as well as at any other licensee known to be in the chain of custody of an affected medical cannabis

product to provide the details from our Product Complaint Log. Based on this information, the originating licensee will be expected to determine and advise on the correct course of action using these criteria:

- Product Recall: Safety or health risk due to physical, chemical, biological, or immunological. Proceed to recall policies and procedures;
- Product Withdrawal: A quality-related issue with the affected product(s); or
- No Corrective Actions: An isolated incident with the affected product(s) or patient.

24.2 – Adverse Events Necessitating Recall

There are several factors about an adverse event that would likely necessitate a recall which may lead to retesting, remediation, or destruction of affected products. Scenarios under which our company would activate our recall investigation protocols:

- When independent testing by a State Approved Laboratory reveals that a product is adulterated, misbranded, contaminated, or defective such that it falls outside of our strict quality parameters.
- When our company receives a complaint about a product that has the potential to negatively impact the safety of our employees, patients, and community.
- When our company is notified of an adverse event, as defined using FDA guidelines as our point of reference, including:
 - Hospitalization (initial or prolonged): Report if admission to the hospital or prolongation of hospitalization was a result of the adverse event. Emergency room visits that do not result in admission to the hospital should be evaluated for one of the other serious outcomes (e.g., life-threatening; required intervention to prevent permanent impairment or damage; other serious medically important event).
 - Disability or Permanent Damage: Report if the adverse event resulted in a substantial disruption of a person's ability to conduct normal life functions, i.e., the adverse event resulted in a significant, persistent or permanent change, impairment, damage or disruption in the patient's body function/structure, physical activities and/or quality of life.

- Required Intervention to Prevent Permanent Impairment or Damage (Devices): Report if medical or surgical intervention was necessary to preclude permanent impairment of a body function, or prevent permanent damage to a body structure suspected to be due to the use of a medical product.
- Congenital Anomaly/Birth Defect: Report if exposure to a medical product prior to conception or during pregnancy may have resulted in an adverse outcome in the child.
- Life-Threatening: Report if suspected that the patient was at substantial risk of dying at the time of the adverse event, or use or continued use of the device or other medical product might have resulted in the death of the patient.
- Death: Report if death was suspected to be an outcome of the adverse event.
- Other Serious (Important Medical Events): Report when the event does not fit the other outcomes, but the event may jeopardize the patient and may require medical or surgical intervention (treatment) to prevent one of the other outcomes. Examples include allergic bronchospasm (a serious problem with breathing) requiring treatment in an emergency room, serious blood dyscrasias (blood disorders) or seizures/convulsions that do not result in hospitalization. The development of drug dependence or drug abuse would also be examples of important medical events.

While the likelihood of the adverse effects identified below may be extremely low based on studies researching the effects of marijuana use and the relative safety of marijuana as medicine, we will set the highest standards within this industry when it comes to patient safety and care. We simply cannot be “too careful.”

24.3 - Oversight

Our recall protocols call for the rapid assembly of a recall team of responsible individuals within our organization who will oversee the recall process as soon as an adverse event is suspected.

Members of our recall team represent leadership from a variety of departments within the company, including compliance, cultivation, processing, inventory, finance, dispensary, and security functions. The recall team is led by our Inventory Manager who is responsible for initiating, maintaining, and altering the recall plan when necessary. The Inventory Manager has the ability to contact the recall team members immediately in case of an emergency. The recall manager also serves as the liaison between the recall team and our company's executive team. The Inventory Manager will delegate recall procedure tasks to each department head, as appropriate, including instructions to gather all information collected about the affected product (e.g., inventory management system records, incident report(s)).

24.4 – Notifications to Other Licensees and the Commission

Our protocols include steps to notify other licensees and the Commission through the Statewide Seed-to-Sale Tracking System upon identifying the need to recall a medical cannabis product.

Our Inventory Manager will use the Statewide Seed-to-Sale Tracking System to perform batch recall tracking that clearly identifies the status of all affected products, including products which have been sold; are available for sale; or are in the process of transfer.

Our Inventory Manager will contact all licensees known to be or known to have been in possession of the affected product, including our own dispensary facilities, and will instruct them to immediately remove the failed product from stock and to advise our company of the number of units of recalled product affected in order to allow our Inventory Manager to make appropriate logistical arrangements for secure transport of the recalled product. All affected licensees will be instructed to clearly label all affected product with a DO NOT DISTRIBUTE sign prior to storing them securely in a designated quarantine area until we can arrange for return or destruction of the recalled product.

The Patient Care Director will complete the Recall Log component of our company's Incident Report form and will submit that report to the Alabama Medical Cannabis Commission within 24 hours of products being pulled licensees' shelves. This Report will include:

- Name and product code of the withdraw/recalled product(s).
- Production date(s) of the withdraw/recalled product(s).
- Reason for the withdrawal/recall.

- Quantity of withdraw/recalled product(s) distributed.
- Quantity of withdraw/recalled product(s) in inventory.
- Company names and locations of affected licensees.
- Methods of communication used for notifications and copies of all messaging.
- Immediate next steps in the recall process.
- Plans for containment.

The Incident Report submitted to the Commission should maintain patient privacy, thus not disclosing patient names or addresses.

Our Inventory Manager will submit follow-up reports to the Commission within 15 calendar days of submitting the initial Incident Report, if significant new information becomes available, or as requested by the Commission.

24.5 – Recalled Product Collection and Destruction

In the event we must recall a medical cannabis batch, we will adhere to the following processes to ensure that the recalled product is returned, remediated (and approved as safe), or destroyed.

Our Inventory Manager will prepare a Notification of Recall email which will be distributed to all dispensaries where the affected products are/were available for sale. The Notification of Recall will describe the reasons for recalling the product, offer instructions for what to do with recalled products (likely involving the return of unused products to the dispensary where they were purchased), inquire about any adverse effects patients may have experienced, and provide contact information for further questions. This Notification of Recall is intended to be distributed to all patients who have or likely have obtained the affected product according to the Statewide Seed-to-Sale tracking system.

Upon receipt of recalled product at our dispensary facility, our Inventory Manager will catalog all units of received recalled product within the Statewide Seed-to-Sale Tracking System. Additionally, the Inventory Manager will mark each unit of received recalled product package in a conspicuous location (not covering any lot, serial, or other control numbers) with a red rectangular label bearing the date of receipt and the notation “RECALLED PRODUCT—DO NOT USE OR DISTRIBUTE” prior to securely storing the affected

product in the designated quarantine area within our secure vault room until our recall team determines whether the product will be returned to the originating licensee for remediation or destruction, or destroyed on-site.

Destruction. Our company will destroy and dispose of recalled products in such a way as to render the product material unusable and unrecognizable; such material will not be usable for any legal or illegal purpose. All waste and unusable product will be weighed prior to destruction; this information will be entered in the Statewide Seed-to-Sale Tracking System prior to rendering the product unusable. Our on-site manager will verify the destruction process and weigh all products for destruction under constant video surveillance. In addition, a detailed log is maintained of all damaged and/or unusable product scheduled for destruction and includes the date, type and quantity disposed of, the manner of disposal, and the name and signature of the agent authorized to conduct the destruction.

Unusable medical cannabis waste will be rendered unrecognizable and unusable by grinding the waste and incorporating it with other ground materials so the resulting mixture is at least 50% non-cannabis waste by volume. Such ground materials will include: paper waste, cardboard waste, soil, and coffee grounds. After the medical cannabis waste is made unusable, the semi-solid and solid waste will be delivered to a permitted municipal waste facility for final disposition.

Our company will maintain at all times and review at least annually our plan for tracking and properly rendering such waste unusable and recognizable prior to its disposal.

24.6 – Crisis Response

Within 24 hours of products being recalled, our Patient Care Director will complete the Recall Log component of our company's Incident Report form and will submit that report to the Alabama Medical Cannabis Commission and any other appropriate regulatory body regarding crisis response and steps taken to mitigate or avoid danger to the public. This Report will include:

- Name and product code of the withdraw/recalled product(s).
- Production date(s) of the withdraw/recalled product(s).
- Reason for the withdrawal/recall.

- Quantity of withdraw/recalled product(s) distributed.
- Quantity of withdraw/recalled product(s) in inventory.
- Company names and locations of affected licensees.
- Methods of communication used for notifications and copies of all messaging.
- Immediate next steps in the recall process.
- Plans for containment.

Our Inventory Manager will submit follow-up reports to the Commission within 15 calendar days of submitting the initial Incident Report, if significant new information becomes available, or as requested by the Commission.

24.7 – Containment

Our company has segregation and sanitation protocols in place to mitigate the threat of further contamination during the storage of recalled medical cannabis products, to preserve and protect uncontaminated cannabis or medical cannabis products, and to ensure access to said product by those who depend on it.

To minimize potential for contamination during these segregation operations, all staff responsible for these operations will wear disposable personal protective equipment (“PPE”), including: Tyvek coveralls, hair nets, beard nets, nitrile gloves, leather gloves, closed-toe shoes, and eye protection. Before employees may participate in any of these operations, our policies require them to complete training on proper donning and use of PPE.

If unsanitary conditions or contamination of medical cannabis are discovered, department heads will be notified immediately so that all potentially contaminated spaces and equipment can be immediately sanitized. We will employ qualified third-party contractors to ensure thorough cleaning of all mechanical systems where necessary and in accordance with Alabama laws governing visitor access at our licensed facilities.

If necessary, we will leverage our relationships with licensed producers throughout Alabama to identify and procure alternate products with similar formulae to maintain patients’ access to the therapeutic cannabinoid and terpenoid products they need.

24.8 – Investigations

Our company takes all concerns seriously and will use the FDA-recommended Corrective and Preventive Actions (CAPA) framework to swiftly investigate and analyze the factors that led to the unsafe condition requiring the recall, and any adjustments that need to be made to internal protocols and processes to avoid a recurrence.

The purpose of the corrective and preventive action subsystem is to collect information, analyze information, identify and investigate product and quality problems, and take appropriate and effective corrective and/or preventive action to prevent their recurrence. Verifying or validating corrective and preventive actions, communicating corrective and preventive action activities to responsible people, providing relevant information for management review, and documenting these activities are essential in dealing effectively with product and quality problems, preventing their recurrence, and preventing or minimizing product failures. One of the most important quality system elements is the corrective and preventive action subsystem.

The Corrective and Preventive Action process is led by our Inventory Manager and is supported by our recall team members and executive team, as well as our Advisory Board members where their expertise can benefit the investigative process. This process includes the following steps:

1. Verify that CAPA system procedure(s) that address the requirements of the quality system regulation have been defined and documented.
2. Determine if appropriate sources of product and quality problems have been identified. Confirm that data from these sources are analyzed to identify existing product and quality problems that may require corrective action.
3. Determine if sources of product and quality information that may show unfavorable trends have been identified. Confirm that data from these sources are analyzed to identify potential product and quality problems that may require preventive action.
4. Challenge the quality data information system. Verify that the data received by the CAPA team are complete, accurate and timely.
5. Verify that appropriate statistical methods are employed (where necessary) to detect recurring quality problems. Determine if results of analyses are compared across

different data sources to identify and develop the extent of product and quality problems.

6. Determine if the degree to which a quality problem or nonconforming product is investigated is commensurate with the significance and risk of the nonconformity. Verify that there is control for preventing distribution of nonconforming product.
7. Determine the appropriate corrective and preventive actions to take to address the significant product and quality problems identified from data sources. Notify the complainant of the recommended resolution of the complaint.
8. Determine if corrective and preventive actions were effective and verified or validated prior to implementation. Confirm that corrective and preventive actions adversely affect neither the finished product nor the medical needs of patients.
9. Verify that corrective and preventive actions for product and quality problems were implemented and documented such that going concerns have been reliably addressed.
10. Determine if information regarding nonconforming product and quality problems and corrective and preventive actions has been properly disseminated, including dissemination for management review and incorporation into all Standard Operating Procedures.
11. Notify regulating bodies, and especially the Alabama Medical Cannabis Commission, of findings from the CAPA process and any changes requiring notification or approval.

Our Patient Care Director will conduct a written evaluation on all complaints at least once per year. This evaluation will include a per-lot tabulation of the frequency of complaints for each product and a comparison to the previous year. Adverse trends in the frequency of product complaints will be evaluated for potential Corrective or Preventive Action (CAPA). We will retain all files regarding product complaints for a minimum of five years after the date that the complaint was received, copies of which will be made available to the Commission upon request.

Exhibit 25 - Marketing and Advertising Plan

Exhibit 25 Redacted (ALA.code.36-12-40(Personal Security))

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.

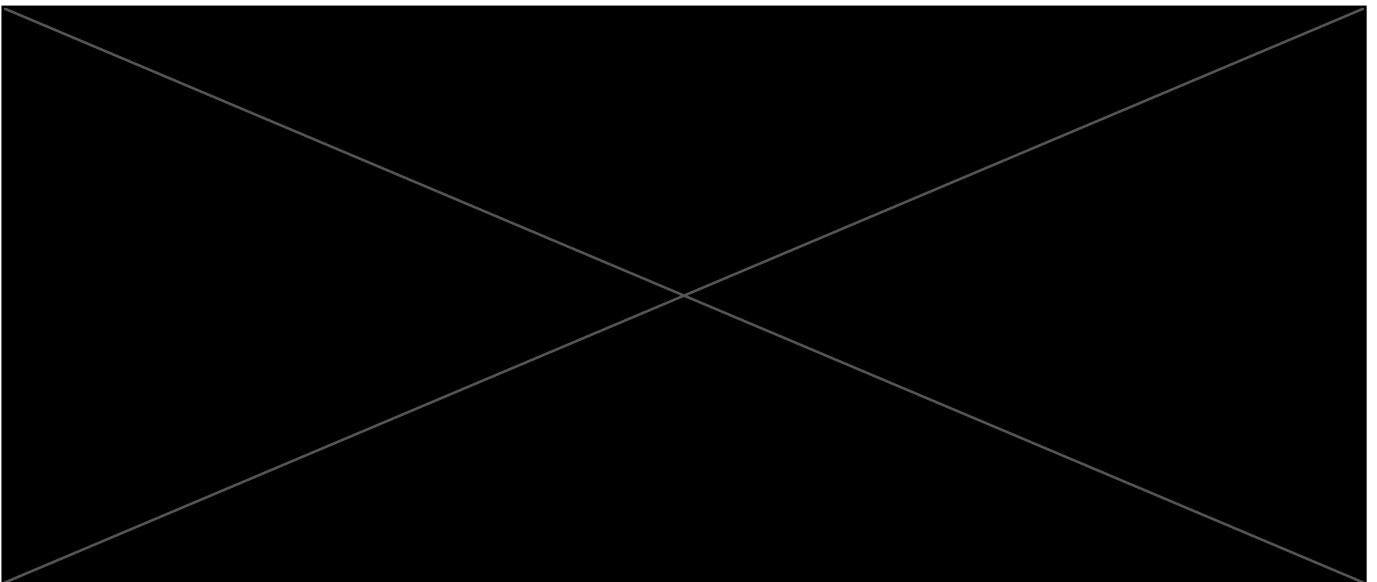


Exhibit 25 – Marketing and Advertising Plan

Plan Status: Complete

We have developed a marketing and advertising plan in accordance with the Alabama Medical Cannabis Commission (AMCC) Act, AMCC Rules and Regulations, and the Alabama Department of Agriculture and Industries Food Safety Administrative Code.

The state has defined “advertisement” as any written or verbal statement, illustration, or depiction created to induce sales through the use of or a combination of letters, pictures, objects, sounds, lighting effects, illustrations, or other similar means. An “advertisement” includes but is not limited to brochures, promotional and other marketing materials. Any advertisement likely to reach or appeal to minors is prohibited. We will ensure that any advertising or marketing campaign related to or involving medical cannabis does not encourage, promote, or otherwise create any impression that cannabis is legal, therapeutic, or beneficial, except as specifically authorized by the Act and Rules.

The initial decision as to the acceptability of a proposed name, logo, sign, advertisement or other marketing campaign or program, as well as any requirements that may be imposed, will be made by AMCC staff.

Our company will not place or maintain, or cause to be placed or maintained, an advertisement of medical cannabis or any related product, in any of the following ways:

- Within 500 feet of the perimeter of a prohibited facility or any business or organization where, in the opinion of the Commission, the placement of the advertisement targets or is attractive to minors.
- On a billboard.
- On a radio or television broadcast, including a system for transmitting visual images and sound that are reproduced on screens, and includes broadcast, cable, on-demand, satellite, cinema, social media, or another internet-based platform.

- On any handheld or other portable sign.
- With respect to public places, on a brochure, handbill, pamphlet, leaflet, or flyer directly handed, deposited, fastened, thrown, scattered, cast, or otherwise distributed to any person.
- Left upon any private property without the consent of the property owners.
- On or in a vehicle, public transit vehicle, or public transit shelter.
- On or in a publicly-owned or operated property.

Any name, logo, sign, advertisement, or other marketing campaign or program of or on behalf of our company, regardless of the medium, will not:

- Include reference to, or be accompanied by, any image bearing a resemblance to a cartoon character or of any individual (actual or fictional) more than fifteen percent (15%) of whose audience is, or should be reasonably anticipated to be, composed of minors.
- Market, distribute, offer, sell, license, or cause to be marketed, distributed, offered, sold, or licensed, any apparel or other merchandise related to the sale of medical cannabis.
- Suggest, by direct or indirect reference, a relationship to edibles (including candy, cookies, brownies, cakes, and the like) or beverages.
- Include designs or other presentational effects that are commonly used to target minors.
- Suggest or otherwise indicate that the product or entity in the advertisement has been approved or endorsed by the Commission, the State of Alabama or any person, entity or agency associated with the State of Alabama.

- Advertise in a manner that is inconsistent with the medicinal and approved use of medical cannabis.
- Encourage the use of medical cannabis for a condition other than a qualifying medical condition.
- Contain any statement, design, representation, picture, or illustration that contains or communicates:
 - False or misleading statements.
 - Names other than the registered name of the licensee's registered business name or an approved d/b/a, or the registered name of medical cannabis or related products.
- A depiction of cannabis plants or any part thereof, except with respect to:
 - Signs, displays and marketing material provided inside a dispensing site, including but not limited to brochures or other written materials provided directly to patients and caregivers within the sales area of a dispensing site.
 - On a website maintained by the licensee for the exclusive use of patients and caregivers.
 - Slang terms and similar references, including words or depictions directly or indirectly referring to, unlicensed uses of cannabis.
 - Disparagement of a competitor's products.
 - Obscene, indecent, or profane statements or depictions.
 - Statements as to the health benefits or therapeutic benefits of cannabis or medical cannabis, and statements as to the safety or efficacy of cannabis or medical cannabis unless supported by substantial clinical data.

We intend to manage marketing and advertising in-house with the support of our operational partner. Our Chief Executive Officer (CEO) will oversee the implementation of our marketing and advertising plan with assistance from the Patient Care Director.

Advertising

Our advertising efforts are educational in nature and focused on the fact that medical cannabis is legal, safe and available in Alabama. Our management team will manage our public awareness campaigns working closely with reputable outside media-relations teams and consultants to drive awareness. Our marketing efforts will direct prospective patients to our company's website. The site will be utilized to educate patients more fully about medical cannabis, the conditions it can help treat and what to do next—particularly for patients who are unsure.

We will maintain active online business listings on key services, including up-to-date menus and business information as well as positive patient reviews on Google, WeedMaps, and Leafly.

Sponsorships

Paid sponsorships and exhibitor opportunities offer our company visibility and can often present significant exposure well beyond the paid cost of a specific event. Our sponsorships are specifically focused on education and advocacy programs for patients with qualifying conditions, such as epilepsy, cancer, and movement disorders.

Public Relations

Managed coverage in local media is another way our company will work to increase awareness and positive information about our products and services. Periodic press releases will be furnished to local press, community newsletters, and hospice and patient bulletin boards to highlight the latest information on the state's medical cannabis program and how our company can help patients in need.

Word-of-Mouth Marketing

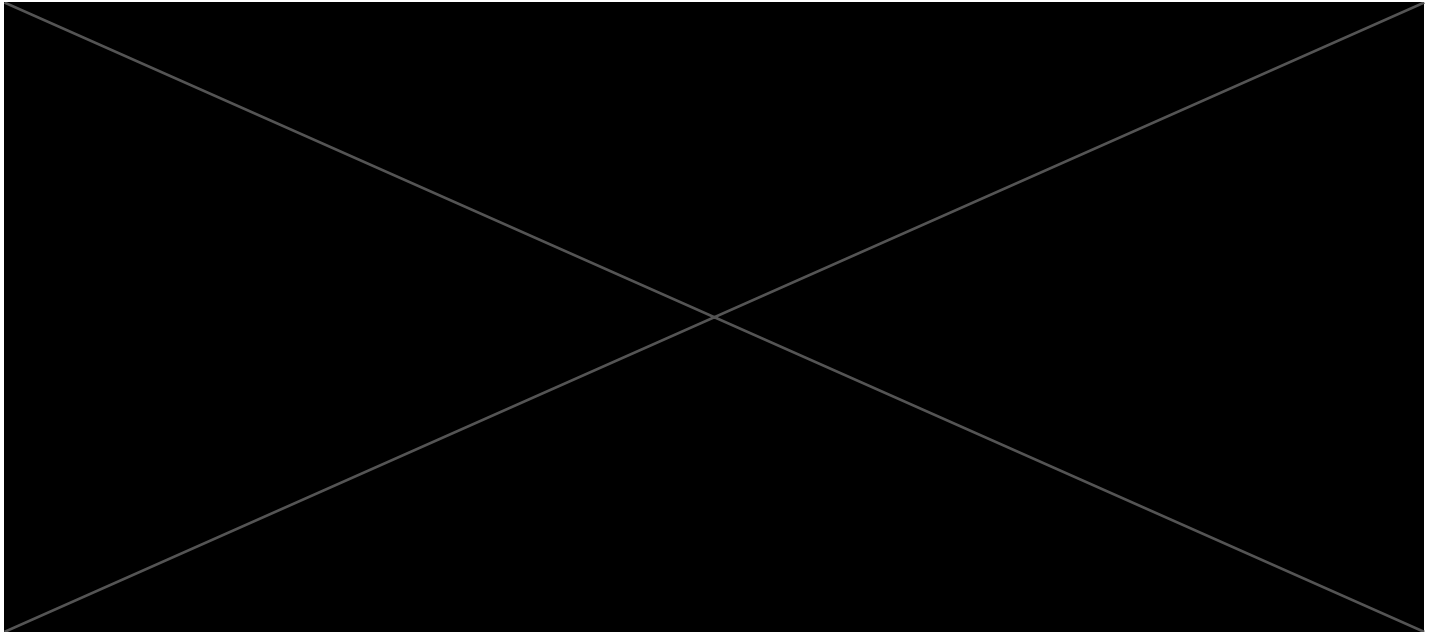
As is the case for most businesses, satisfied patients are the most powerful education tool we have at our disposal. Many dispensaries report that “friend” is the most common answer reported on new patient intake forms when patients are asked to indicate how they heard about a dispensary. We do not intend to offer any special incentives for patients to share their experiences; instead, we will earn these referrals by offering best-in-class products and services.

Strategic Partnerships

We plan to establish strong education relationships with community health clinics, hospices, community service organizations, patient advocacy groups, support groups, medical organizations, senior living facilities, veterans’ groups, hospitals and medical doctors with a focus on educating our partners on the benefits, legalities and processes involved with referring people for medical cannabis use through educational discussions and forums.

Accessibility

Once patients are interested in the use of medical cannabis to manage their qualifying conditions, we have to make it convenient and affordable for them to obtain the products they need. First, we have strategically located our dispensaries in locations that are convenient to highways, medical care facilities, and our customers’ typical shopping routes. Next, we ensure our online ordering platform is fully integrated with our seed-to-sale tracking systems so that our product information is up to date and so that when an order is placed online, it is reliably fulfilled in the dispensary. We also offer digital loyalty points programs and promotional programs to improve the affordability of medical cannabis options for our patients.



25.2 – Media Outlets and Platforms

We intend to use the following media outlets or platforms:

- WeedMaps
- Leafly
- Yelp
- Google Maps and Google Business
- Facebook
- Instagram

25.3 – Marketing and Advertising Support

We intend to manage marketing and advertising in-house with the support of our operational partner. Our Chief Executive Officer (CEO) will oversee the implementation of our marketing and advertising plan with assistance from the Patient Care Director.

Exhibit 26 – Website and Social Media

Exhibit 26 Redacted (ALA.code.36-12-40(Personal Security))

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.

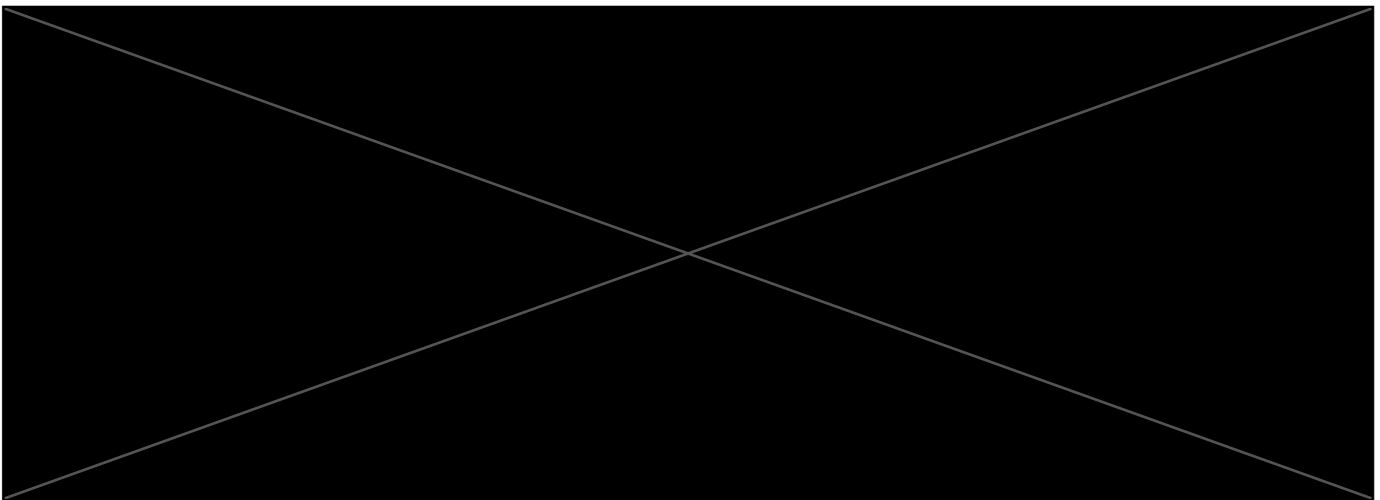


Exhibit 26 – Website and Social Media

26.1 – Website Site Maps

As part of our service offerings, we will be developing an online ordering and E-commerce platform to allow patient to experience our products and facilities in a seamless and immersive way. We intend to create a web app with beautiful and intuitive user flows optimized for any device through reactive web design. By selecting a customizable E-commerce platform, we will tailor the user experience to the unique needs of our patients, allowing for users of varying degrees of experience, comfort level, and needs to find the products that matter to them.

Our design allows the customer to move seamlessly from rich content materials like video and photo content, to our online shop, to checkout in a few simple clicks. Our technology stack allows us to not only collect feedback and service the patient’s needs in an intuitive and frictionless way, but it also allows us to provide a fast, secure and safe experience for our users by leveraging scalable, cloud-based servers, and security protection software to defend customer information at the highest levels. A site map for our website is included below:



26.2 – Web Addresses

Website Address:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

