

REDACTION CITATIONS

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



3-2-2023

Signature of Verifying Official

Verification Date

Redactions made on the following items for security and privacy of owner's personal information:

AMCC Application-Personal address, Social Security number and Date of Birth

Form I- Personal address

Exhibit 1-Personal address, personal contact information for employer

Exhibit 2- Personal address and account number for residency

Exhibit 3- Personal address and Date of Birth

Exhibit 4- personal address, bank account routing number and bank account number

Exhibit 5- No redactions

Exhibit 6- No redactions

Exhibit 7- No redactions

Exhibit 8- personal address

Exhibit 9- No redactions

Exhibit 10- No redactions

Exhibit 11- No redactions

Exhibit 12- No redactions

Exhibit 13- No redactions

Exhibit 14- No redactions

Exhibit 15- No redactions

Exhibit 16- No redactions

Exhibit 17- No redactions

Exhibit 18- No redactions

Exhibit 19- No redactions

Exhibit 20- No redactions

Exhibit 21- Personal address, phone number and Date of Birth

Exhibit 22- No redactions

Exhibit 23- Date of Birth, Social Security number, Driver's License number

Exhibit 24-No Redactions

Exhibit 25- No Redactions



Review

Selected Account:NTNN

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

Your reference code is **1633**.

File Date : **02/28/2023 8:08 PM**

Your transaction ID is : **89081912**

Transaction Token: **c04ac56b-47c4-474c-9c8e-65c9ca65aec4**

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

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

Request for Business Application Information

✓ Request Number: 0406

General Applicant Information

✓ Applicant Name: Soraya Schultz

✓ Applying as: Individual

✓ Trade Name : NTNN
(DBAs)

✓ Identification : Social Security Nu
Number Type mber

✓ Social Security : [REDACTED]
Number

Applicant Street Address

✓ Street: [REDACTED]

Unit No / Apt :
No

✓ City: BIRMINGHAM

✓ County: 58-Shelby

✓ State: Alabama

✓ Zip Code: 35242

✓ Address Verified?: Yes

Applicant Mailing Address

✓ Street: [REDACTED]

Unit No / Apt :
No

✓ City: BIRMINGHAM

✓ State: Alabama

✓ Zip Code: 35242

✓ Address Verified?: Yes

Applicant :
Website

✓ Applicant Email : sorayaschultz@g
Address mail.com

✓ Applicant : [REDACTED]
Phone Number

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

No

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

Primary Contact Person

✓ First Name: Soraya

✓ Last Name: Schultz

✓ Title: Owner

✓ Phone Number: [REDACTED]

✓ Email: sorayaschultz@gmail.com

✓ Street: [REDACTED]

Unit No / Apt :
No

✓ City: BIRMINGHAM

✓ State: Alabama

✓ Zip Code: 35242

✓ Address Verified?: Yes

License Information

✓ License Type: Secure Transporter

Facility Information

Facility Information

✓ Facility Type: Secure Transporter Facility

Physical Address

✓ Street: [REDACTED]

Unit No / Apt :
No

✓ City: BIRMINGHAM

✓ County: 58-Shelby

✓ State: Alabama

✓ Zip Code: 35242

✓ Address Verified? : Yes

Facility Information Questions

✓ Applicant's interest in property where proposed facility is located : Owns

- ✓ Is this facility under construction? : No
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 30
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 90
- ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

Ownership of Applicant

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

Individual

- ✓ Legal First Name : Soraya
- ✓ Legal Middle Name : Tahmaseb
- ✓ Legal Last Name : Schultz
- Suffix:
- ✓ Phone Number : [REDACTED]
- ✓ Email Address : sorayaschultz@gmail.com
- ✓ Date of Birth: [REDACTED]
- ✓ Social Security Number : [REDACTED]
- ✓ Race/Ethnicity: Caucasian
- ✓ Ownership Percentage of the Applicant : 100
- ✓ Role: Director

Residence Address

- ✓ Street: [REDACTED]
- Unit No / Apt No
- ✓ City: BIRMINGHAM
- ✓ State: Alabama
- ✓ Zip Code: 35242
- ✓ Address Verified? : Yes

Cannabis Industry Entities

- ✓ Is any individual or entity below connected to any entity that is directly or indirectly involved in the cannabis industry, including, but not limited to, the cultivation, processing, packaging, labeling, testing, transporting, or sale of cannabis or medical cannabis, either in Alabama or any other jurisdiction? : No
- (1) an individual with an ownership interest in the applicant;
(2) the spouse, parent, or child of an individual with an ownership interest in the applicant; or
(3) an entity with an ownership interest in the applicant.
-

Questions and Attestations

- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant ever applied for or been granted any commercial license or certificate (not related to cannabis industry) issued by a licensing board or commission, either in Alabama or any other jurisdiction? : NO
-

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

- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, ever been authorized to participate in the cannabis or medical cannabis industry, licensed (i.e., a "licensee" as defined in Chapter 1 of the AMCC Rules), or provided similar status in any other jurisdiction? : NO
-

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

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

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

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

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

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

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

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

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

- ✓ Commencement: 2023 of Operation ✓ Year One: 4 ✓ Year Two: 10
✓ Year Three: 16 ✓ Year Four: 24 ✓ Year Five: 30
✓ Does the applicant verify that it has the ability to maintain adequate minimum levels (\$2,000,000) of liability and casualty insurance, as required by § 20-2A-53(a)(2), Code of Alabama 1975 (as amended)? :Yes

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

- ✓ Does the applicant verify that neither it nor its leadership have any economic interest in any other license or applicant for license under the Act? (See § 20-2A-55(e), Code of Alabama 1975 (as amended)) : NO

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

- ✓ Signature: Soraya Schultz ✓ Signature Date: 10/24/2022

Documents

- ✓ Resume or Curriculum Vitae of Individuals with Ownership Interest: FORM-A-Ownership-Resume-CV rev.pdf (./api/documents/HuID2PMdd/d...
✓ Residency of Owners: residency of owners rev.pdf (./api/documents/drHnhEUHW/download)
✓ Criminal Background Check: exhibit 3 criminal background check rev.pdf (./api/documents/BK4WYL2S...
✓ Demonstration of Sufficient Capital: Demonstration of Sufficient Capital rev.pdf (./api/documents/doOAmp9B...
✓ Financial Statements: financial statements rev.pdf (./api/documents/chqZsRTCQ/download)
✓ Tax Plan: Tax plans.pdf (./api/documents/I-HsmWwfM/download)
✓ Business Formation Documents: Business formation documents.pdf (./api/documents/EvpUMYoSF/downl...

✓ Business License and Authorization of Local Jurisdictions:	Business License and Authorization of Local Authorities rev.pdf (./api/doc...
✓ Business Plan:	NTNN business plan rev.pdf (./api/documents/GQr3MbbZQ/download)
✓ Evidence of Business Relationship with other Licensees and Prospective Licensees:	Evidence of Business Relationship with Other Licensees and Prospective ...
✓ Standard Operating Plan and Procedures:	standard operating plans and procedures rev.pdf (./api/documents/F-X9K...
✓ Policies and Procedures Manual:	Polices and Procedures Manual rev.pdf (./api/documents/eZZQncuSu/do...
✓ Secure Transport Vehicles:	Secure Transportation Vehicles rev.pdf (./api/documents/6dyBvPfTR/dow...
✓ Compliance with Alabama Public Service Commission Requirements:	Comp iance with Alabama Public Service Commission Requirements rev...
✓ Commercial Drivers' License:	Commercial drivers license.pdf (./api/documents/88pS5CecX/download)
✓ Fleet Summary:	fleet summary.pdf (./api/documents/Fy9JDbrV1/download)
✓ Care and Maintenance of Vehicles:	Care and Maintenance of Vehicles rev.pdf (./api/documents/3YaS_POGL/...
✓ Route Plans:	Route Plans.pdf (./api/documents/ZvwqOH6CW/download)
✓ Facilities:	Facility Suitability rev.pdf (./api/documents/Urkc5dHpq/download)
✓ Security Plan:	Security Plans rev.pdf (./api/documents/AdlaB2RRT/download)
✓ Personnel:	Personnel Rev.pdf (./api/documents/EGn2Nlrfp/download)
✓ Employee Handbook:	Employee Handbook.pdf (./api/documents/NVFs5EaY7/download)
✓ Secure Transport Drivers:	Secure Transport Drivers Rev.pdf (./api/documents/u2ufhjRWd/download)
✓ Drivers' Manual:	Driver_s Manual rev.pdf (./api/documents/v_PW0A4Eh/download)
✓ Website and Social Media:	Website and social media rev.pdf (./api/documents/0LnNBf5v4/download)
✓ Ownership Entity Individuals (if applicable):	FORM-I-Ownership-Entity-Individuals rev.pdf (./api/documents/8C0C5I0M...
✓ Proof of Minimum Liability and Casualty Insurance:	proof of insurance.pdf (./api/documents/x5V4dU0NI/download)
✓ Affidavit - Individual Application:	Form J affidavit 2 28 2023.pdf (./api/documents/LQI0zgvVT/download)

Payments

✓ **Payment Options:** Credit Card

Part I. - Ownership

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

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-24-2023

Signature of Verifying Official

Verification Date

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

NTNN
Business License Applicant Name

Secure Transporter
License Type

Soraya Schultz
Individual with Ownership Interest in Applicant

100
Individual's Ownership Percentage in Applicant

Residential History

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

[REDACTED]
Residential Street Address

Birmingham
City

AL
State

35242
Zip

05/2000
Date Resided From (MM/YYYY)

Current
Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

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

<u>University of Alabama at Birmingham</u> Institution	<u>Birmingham</u> City	<u>AL</u> State
<u>09/1986</u> Date Attended From (MM/YYYY)	<u>08/1990</u> Date Attended To (MM/YYYY)	<u>BS in Marketing</u> Degree Received

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

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

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

Employment History

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

<u>General Mills</u> Employer	<u> </u> Contact Person	<u> </u> Telephone
----------------------------------	---	--

<u>1 General Mills</u> Business Address
--

<u>Golden Valley</u> City	<u>MN</u> State	<u>55426</u> Zip
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<u>09/2020</u> Date Employed From (MM/YYYY)	<u>Current</u> Date Employed To (MM/YYYY)
--	--

The Southern Link
Employer

[REDACTED]
Contact Person

[REDACTED]
Telephone

40 John Portman Blvd, Suite 1613
Business Address

Atlanta
City

GA
State

30303
Zip

05/2019
Date Employed From (MM/YYYY)

09/2020
Date Employed To (MM/YYYY)

Darrah and Company
Employer

[REDACTED]
Contact Person

[REDACTED]
Telephone

40 John Portman Blvd., Suite 1818
Business Address

Atlanta
City

GA
State

30303
Zip

10/2007
Date Employed From (MM/YYYY)

05/2019
Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

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

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

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

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

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

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

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

Part I. – Ownership

Exhibit 2- Residency of Owners

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-24-2023

Signature of Verifying Official

Verification Date

Part I. – Ownership

Exhibit 2- Residency of Owners

The document on the following page is from Spire Gas Company showing residency at this address for the last 15 years. I have resided at this address since 2000 but I don't have access to the Alagasco account since it switched over to Spire.



December 20, 2022

SORAYA SCHULTZ



Birmingham, AL 35242-3323

Account Number: [Redacted]

Service Address: [Redacted], Birmingham, AL 35242-3323

RE: Service start date confirmation

Hi SORAYA SCHULTZ,

We're happy to have you as a Spire customer, and we're looking forward to meeting your energy needs for years to come.

You recently asked us to confirm the dates we provided natural gas service for the address listed above. Spire provided service from August 09, 2009 to Present.

We hope this information is helpful. If you need anything else from us, please don't hesitate to give us a call at 800-292-4008. We're available Monday through Friday from 8 a.m. to 4:30 p.m.

As always, we appreciate the opportunity to

serve you. Customer Service Team
Spire

PART I.- OWNERSHIP
Exhibit 3- Criminal Background Check

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

Exhibit 3.1: Applicant’s verification of Criminal Background Check

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

NTNN

Secure Transporter

Business License Applicant Name

License Type

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

NAME	ROLE (select all that apply)			
Soraya Schultz	<input checked="" type="checkbox"/>	Owner	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director <input type="checkbox"/> Board Member
	<input type="checkbox"/>	Individual with Economic Interest in Applicant		
	<input type="checkbox"/>	Owner	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director <input type="checkbox"/> Board Member
	<input type="checkbox"/>	Individual with Economic Interest in Applicant		
	<input type="checkbox"/>	Owner	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director <input type="checkbox"/> Board Member
	<input type="checkbox"/>	Individual with Economic Interest in Applicant		
	<input type="checkbox"/>	Owner	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director <input type="checkbox"/> Board Member
	<input type="checkbox"/>	Individual with Economic Interest in Applicant		
	<input type="checkbox"/>	Owner	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director <input type="checkbox"/> Board Member
	<input type="checkbox"/>	Individual with Economic Interest in Applicant		
		Owner	Shareholder	Director <input type="checkbox"/> Board Member
		Individual with Economic Interest in Applicant		
		Owner	Shareholder	Director <input type="checkbox"/> Board Member
		Individual with Economic Interest in Applicant		
		Owner	Shareholder	Director <input type="checkbox"/> Board Member
		Individual with Economic Interest in Applicant		
		Owner	Shareholder	Director <input type="checkbox"/> Board Member
		Individual with Economic Interest in Applicant		

<input type="checkbox"/>	<input type="checkbox"/>	License Type: Secure Transporter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Owner	Shareholder	Director
<input type="checkbox"/>	<input type="checkbox"/>	Board Member		
<input type="checkbox"/>	<input type="checkbox"/>	Individual with Economic Interest in Applicant		

Applicant Verification: The undersigned hereby verifies that the individuals listed hereinabove (and attached, as necessary) are all of the individuals identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect to the Applicant. The undersigned further verifies that each individual listed hereinabove (and attached, as necessary) has requested a state criminal background check from the Alabama Law Enforcement Agency (ALEA) and

a national criminal background check from the FBI.

Soraya Schultz
 Printed Name of Verifying Individual

Soraya Schultz
 Signature of Verifying Individual

Owner
 Title of Verifying Individual

2-27-2023
 Verification Date

Exhibit 3.2: Verified Written Consent from each individual for State Background Check

Background Check and Fingerprints were done in person at ALEA, 834 Adams Avenue, Montgomery, AL 36104 on December 21, 2022 using Form C from AMCC website. Results sent directly to AMCC.

Exhibit 3.3: FBI National Background Check



CHULTZ
[Redacted]
242



U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

CHULTZ

Date: 01-09-2023



242

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

SORAYA TAHMASEB SCHULTZ

Search Completed Result

01-09-2023 E2023009000000072596

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth:



Social Security number: XXX-XX-0418

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.

Kimberly J. Del Greco Deputy
Assistant Director Information
Services Branch
Criminal Justice Information Services
Division

Exhibit 3.4: Verification of Each Individual

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

NTNN
Business License Applicant Name

Secure Transporter
License Type

Soraya Schultz
Individual's Name

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

Verification

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

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

Soraya Schultz
Signature of Verifying Individual

2-26-2023
Verification Date

PART II- FINANCIAL ABILITY

Exhibit 4-Demonstration of Sufficient Capital

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



December 28, 2022

Signature of Verifying Official

Verification Date

PART II- FINANCIAL ABILITY

Exhibit 4- Demonstration of Sufficient Capital

Please see following page for letter from the bank on current capital available. The verification from an independent Certified Public Accountant is In Progress with completion expected 30 days after license approval.



12/26/2022

SORAYA SCHULTZ
████████████████████
BIRMINGHAM,AL

Dear To whom this may concern

In response to your request that PNC Bank, National Association provide written verification concerning your Checking account(s), we are providing the following information:

<u>Account No.</u>	<u>Routing No.</u>	<u>Date Opened</u>	<u>Balance as of date of this letter</u>
████████████████████	████████████████████	07/03/2013	Is greater than \$300,000.00

This information is subject to any outstanding items or charges.

Sincerely,

PNC Bank, National Association


 Howard Taylor
 Branch Banker
 205-297-5310

CUSTOMER AUTHORIZATION/ ACKNOWLEDGEMENT

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our Checking account(s).

Dated this 28th day of December, 2022.

Customer Signature: Soraya Schultz

Customer Signature: _____

BDMS0007-0421

PART II- FINANCIAL ABILITY
Exhibit 5- Financial Statements

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

Exhibit 5- Financial Statements.

Exhibit 5.1: Balance Sheet- In Progress with completion expected 30 days after license approval. Currently consulting with a financial advisor and will have full financial statement available after commencement of license and start of business.

Exhibit 5.2: Profit and loss report- In Progress with completion expected 30 days after license approval. Currently consulting with a financial advisor and will have full financial statement available after commencement of license and start of business.

Exhibit 5.3: Statement of Cash Flow- In Progress with completion expected 30 days after license approval. Currently consulting with a financial advisor and will have full financial statement available after commencement of license and start of business.

PART II- FINANCIAL ABILITY

Exhibit 6- Tax Plan

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



December 27, 2022

Signature of Verifying Official

Verification Date

PART II- FINANCIAL ABILITY

Exhibit 6- Tax Plan

Tax Plan is In Progress with completion expected 30 days after license approval. Currently working with accountant and lawyer with plans for compliance with all applicable tax laws.

PART III- BUSINESS/MANAGEMENT APPROACH

Exhibit 7-Business Formation Documents

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-22-2023

Signature of Verifying Official

Verification Date

Exhibit 7- Business Formation Documents

Business is a Sole Proprietorship so on advice from lawyer, no Business Formation Documents are needed currently. Once license is approved will switch Sole Proprietorship to a LLC and can be submitted at that time.

PART III- BUSINESS/MANAGEMENT APPROACH

Exhibit 8- Business License and Authorization of Local Authorities

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

Exhibit 8-Business License

Exhibit 8.1: Certified copy of State of Alabama Business License

STATE OF ALABAMA

SHELBY COUNTY

CONTROL NO. 3779217 LICENSE NO. 230741

ACCOUNT NO. 396645 ISSUED TO: [REDACTED]

BIRMINGHAM, AL 35242

DATE ISSUED		
10	11	2022
MO.	DAY	YR.

LICENSE YEAR	
2022-2023	

NTNN
[REDACTED]
BIRMINGHAM, AL 35242

BUSINESS LOCATION:
[REDACTED]
BIRMINGHAM, AL 35242

EXPIRES
September 30, 2023
RENEW IN OCTOBER

RL:
U50 - #3779217 - T1 - P1721921 - P

SECTION	BUSINESS TYPE	License Amount	FEE	PENALTY	CITATION	INTEREST	TOTAL	
315A	STORE LICENSE	1.00	1.00	0.00	0.00	0.00	2.00	
							TOTAL	2.00
							MAIL FEE	0.00
							TOTAL WITH MAIL FEE	2.00

TRANSFER OF LICENSE
Evidence having been adduced before me that a bona fide sale of the business licensed by this certificate has been made by licensee, this license is transferred to said purchaser.

Kathleen D. Baxter
State Comptroller

Vernon Barnett
Commissioner of Revenue

CHAD SCROGGINS
Issuing Authority

Name of Purchaser: _____
 Issuing Authority: _____

Exhibit 8.2: Approval of business presence in each applicable local jurisdiction

Approval of business presence in each applicable local jurisdiction is In Progress with completion expected 30 days after award of license.

PART III- BUSINESS/MANAGEMENT APPROACH

Exhibit 9-Business Plan

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



February 22, 2023

Signature of Verifying Official

Verification Date

Executive Summary

Exhibit 9.1 – NTNN is a female-owned sole proprietor transportation company that will provide safe, reliable and cost-effective delivery services of medical marijuana for processing and dispensary facilities in the state of Alabama. NTNN is committed to providing high-quality services for its customers that adhere to all state and federal regulatory requirements. Through relentless focus on business standards and procedures, as well as engaging highly qualified and experienced advisors, NTNN intends to withstand the highest level of regulatory scrutiny and act as the premier medical marijuana transportation provider in the market.

Strategic Plan

Exhibit 9.2 – NTNN’s goal is to be the premier security transportation services provider in the Alabama medical marijuana market. Upon successful acquisition of a security transporter license, NTNN will employ the necessary personnel to ensure secure and timely delivery services. Key personnel already identified and/or employed include the CEO, Soraya Schultz, CFO, Head of Transportation and Security, business administrator and trained drivers. Over the next five years, NTNN intends to establish profitable operations and earn a name-brand recognition within the market through its high-quality service. Upon establishing a profitable base of operations and identifying the competitor landscape, NTNN will develop a strategic growth plan to capture significant market share.

Personnel

Exhibit 9.3: Personnel, Structure and Training: Below is the planned management structure of NTNN. Roles and responsibilities are outlined below. Founder-Owner, Soraya Schultz, will serve as CEO and will be in charge of all operations, including strategic vision, business plan, and profitability. Other leaders within the business will report to the CEO.

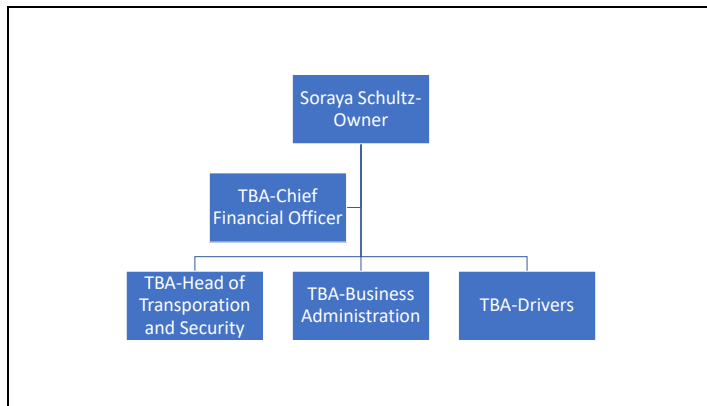


Exhibit 9.4: Please see managerial job descriptions listed below:

- Owner/CEO: Provide leadership company wide, decisions about short term and long term strategy for profit and growth
- CFO: Tasked with managing financial decisions short and long term
- Head of Transportation and Security: Oversee security for drivers and vehicles

Exhibit 9.5: Please see non-managerial job descriptions listed below:

- Business Administrator: Oversee day to day operations and administrative duties
- Drivers: Tasked with transportation of product

Company Background and Overview

Exhibit 9.6 - NTNN will provide secure and value-add transportation of medical marijuana between processing and dispensary facilities. NTNN is founded, owned and ran by Soraya Schultz, a professional with 25-year track record in sales, service and management. Soraya will leverage her extensive experience to foster a business culture that is committed to excellent customer service.

NTNN is actively identifying and sourcing the fixed assets required to run an effective operation upon successful acquisition of its security transporter license.

Service Overview

Exhibit 9.7- NTNN's core offering will be secure delivery and transportation services for the Medical Cannabis industry in the State of Alabama. NTNN will provide an appropriate scope of services that complies with all federal and state regulation, as applicable. NTNN will offer competitive pricing that abide by any guidelines as mandated by the AMCC.

Marketing Strategy

Exhibit 9.8 - NTNN leverage its founders deep experience in sales and marketing to develop customer relationships. NTNN will utilize a discreet, personal advertising and marketing plan that targets the processors and dispensaries directly. Sales and marketing activities will include direct targeted outreach to facility professionals with personal meetings. NTNN is confident in its ability to convey its value proposition to end customers through intimate customer interaction.

Community Engagement

Exhibit 9.9 - Community engagement for NTNN will be held to engagement within the Medical Cannabis industry as transportation for safety of employees and customers. NTNN is committed to furthering the local business community by providing job opportunities with upwards mobility.

Environmental Impact

Exhibit 9.10 - NTNN will cooperate with all State, City, County and Federal Agencies that provide oversight for environmental impact to be efficient in reducing carbon footprint and will maintain a positive environmental profile within the community.

Insurance Plan

Exhibit 9.11- NTNN will maintain the proper insurance requirements as guided by the AMCC. NTNN provide AMCC the requested documentation, including declarations pages and letters of intent, within 30 days of approval of transportation license.

Industry Customer Overview

NTNN will be a part of the Medical Marijuana industry that is currently legal in 37 states in 2022 and now will be legal in 2023 in the state of Alabama.

The target audience for NTNN's services include licensed Medical Marijuana Processors and Medical Marijuana Dispensaries. NTNN will only work with processors and dispensaries that adhere to regulatory guidelines and meet NTNN's customer standards.

Company Advantages

NTNN has the following advantages compared to competitors:

- Small and agile company and can move quickly to changes and requirements.
- Room for growth.
- Owner is a veteran, professional sales representative.
- Years of face-to-face interaction with customers.
- Will be able to service multiple parts of the state.

PART III- Evidence of Business Relationship with Other Licensees and Prospective Licensees

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

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

PART III- Evidence of Business Relationship with Other Licensees and Prospective Licensees

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

Exhibit 10.1: Any Cultivator or prospective Cultivator:

Not Applicable. NTNN does not currently have any relationships or contracts with any Cultivators or prospective Cultivators.

Exhibit 10.2: Any Processor or prospective Processor:

Not Applicable. NTNN does not currently have any relationships or contracts with any Processors or prospective Processors.

Exhibit 10.3: Any Dispensary or prospective Dispensary:

Not Applicable. NTNN does not currently have any relationships or contracts with any Dispensaries or prospective Dispensaries.

Exhibit 10.4: Any Integrated Facility or prospective Integrated Facilities:

Not Applicable. NTNN does not currently have any relationships or contracts with any Integrated Facilities or prospective Facilities.

Exhibit 10.5: Any State Testing Laboratory or prospective State Testing Laboratory:

Not Applicable. NTNN does not currently have any relationships or contracts with any State Testing Laboratory or prospective State Testing Laboratory.

PART IV- OPERATIONS & PROCEDURES

Exhibit 11-Standard Operating Plans and Procedures

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2/25/2023

Signature of Verifying Official

Verification Date

PART IV- OPERATIONS & PROCEDURES

Exhibit 11-Standard Operating Plans and Procedures

Exhibit 11.1: IT Plan

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

Exhibit 11.2: Plan for maintenance and storage of cannabis and medical cannabis

Plan for maintenance and storage of cannabis and medical cannabis is In Progress with completion expected 30 days after award of license.

Exhibit 11.3: Criminal Activity Plan

Criminal Activity Plan is In Progress with completion expected 30 days after award of license.

Exhibit 11.4: Emergency Procedures/Disaster Plan

Emergency Procedures/Disaster Plan is In Progress with completion expected 30 days after award of license.

Exhibit 11.5: Alcohol, Smoke and Drug Free Workplace Policy

Alcohol, Smoke and Drug Free Workplace Policy is In Progress with completion expected 30 days after award of license.

Exhibit 11.6: Employee Safety Plan

Employee Safety Plan is In Progress with completion expected 30 days after award of license.

Exhibit 11.7: Confidential Information and Cybersecurity Plan.

Confidential Information and Cybersecurity Plan is In Progress with completion expected 30 days after award of license. NTNN is currently consulting with a Cyber Security expert on the details of this plan.

Exhibit 11.8: Tracking and proper disposal of waste cannabis or medical cannabis plan

Tracking and proper disposal of waste cannabis or medical cannabis plan is In Progress with completion expected 30 days after award of license.

Exhibit 11.9: Security Plan

Security Plan is In Progress with completion expected 30 days after award of license. Please see Exhibit 20 for further information.

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 12- Policies and Procedures Manual

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 12: Policies and Procedures Manual

NTNN is in process of compiling effective policies and procedures for a manual. Currently consulting with HR professionals for the manual. Policies and Procedures Manual is In Progress with completion expected 30 days after award of license.

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 13- Secure Transportation Vehicles

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official

Soraya Schultz

2/25/2023

Signature of Verifying Official

Verification Date

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 13- Secure Transportation Vehicles

Exhibit 13.1: Title, Lease and other documentation of vehicles

Title, Lease and other documentation of vehicles is In Progress with completion expected 30 days after award of license.

Exhibit 13.2: Copies of declaration pages of insurance policies to applicable vehicles

Copies of declaration pages of insurance policies to applicable vehicles is In Progress with completion expected 30 days after award of license.

Exhibit 13.3 License plate numbers and DOT numbers

License plate numbers and DOT numbers is In Progress with completion expected 30 days after award of license.

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 14- Compliance with Alabama Public Service Commission Requirements

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-26-2023

Signature of Verifying Official

Verification Date

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 14- Compliance with Alabama Public Service Commission Requirements

NTNN will comply with are requirements for the Alabama Public Service commission including but not limited to Interstate Authority, Insurance, Annual Quarterly Reports, Rates and Services and Unified Carrier Registration. Compliance with Alabama Public Service Commission Requirements is In Progress and will be provided 30 days after secure transporter license approval.

PART IV- OPERATIONS PLANS& PROCEDURES

Exhibit 15- Commercial Driver's License

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



December 27, 2022

Signature of Verifying Official

Verification Date

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 15- Commercial Driver's License

We will provide Commercial Driver's License documentation required to AMCC demonstrating that proposed drivers and properly licensed in accordance with federal, state and local laws while employed is In Progress with completion expected 30 days after secure transporter license approval.

PART IV- OPERATONS PLANS & PROCEDURES

Exhibit 16- Fleet Summary

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



December 29, 2022

Signature of Verifying Official

Verification Date

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 11- Fleet Summary

We will provide a Fleet Summary showing all required information such make, model, VIN Number, license plate number, and all specifications for vehicles required by AMCC for the transportation of medical marijuana. This is in Progress with completion expected 30 days after award of license.

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 17- Care and Maintenance of Vehicles

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 17: Care and Maintenance of Vehicles

NTNN is currently consulting with a fleet company to provide a care and maintenance schedule and protocol for all vehicles proposed for secure transportation to meet all requirements of the AMCC. Care and maintenance of vehicles policy is In Progress and with completion expected 30 days after award of license.

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 18- Route Plans

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



December 29, 2022

Signature of Verifying Official

Verification Date

PART IV- OPERATIONS PLANS & PROCEDURES

Exhibit 18- Route Plans

Route Plans are In Progress with completion expected 30 days after license approval. They will follow all guide lines outlined by the AMCC.

PART V- FACILITY SUITABILITY & INFRASTRUCTURE

Exhibit 19- Facilities

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2/25/2023

Signature of Verifying Official

Verification Date

PART V- Facility Suitability & Infrastructure

Exhibit 19- Facilities

Exhibit 19.1: Facility name and type

The facility name will be NTNN and the type of facility is In Progress with completion expected 90 days after award of license.

Exhibit 19.2: Physical address and GPS coordinates of facility

The physical address and GPS coordinates of the facility is In Progress with completion expected 90 days after award of license.

Exhibit 19.3: Aerial photograph of the facility including clearly identified cite boundaries

An aerial photograph of the facility including clearing identified cite boundaries in In Progress with completion expected 90 days after award of license.

Exhibit 19.4: Proof of authorization for the Applicant to occupy the property where the facility is proposed to be located

Proof of authorization for NTNN to occupy the property where the facility is proposed to be located in In Progress with completion expected 90 days after award of license.

Exhibit 19.5: Proof of local zoning and other approvals necessary to operate the business

Proof of local zoning and other approvals necessary to operate the business is In Progress with completion expected 90 days after award of license.

Exhibit 19.6: Professionally rendered blueprint or floorplan of the facility

A professionally rendered blueprint or floorplan of the facility is In Progress with completion expected 90 days after award of license.

Exhibit 19.7: Timetable for completion and commencement of operations as to the facility

The timetable for completion and commencement of operations as to the facility is In Progress with completion expected 90 days after award of license.

Exhibit 19.8: Statement whether the facility shall be open to the public and if so anticipated hours of operation

The NTNN facility will not be open to the public and the anticipated hours of operation will be Monday through Friday, 8:00 am-5:00pm. We will have allowances depending on the needs and circumstances of the customer contracts.

Exhibit 19.8: Hours of operation which the facility will be occupied by NTNN and after hours contact information.

The anticipated hours of operation for NTNN facility are Monday through Friday, 8:00am-5:00pm. Contact information for NTNN management will be communicated with NTNN customers for after- hours contact if occasion arises.

PART VI- SECURITY PLAN

Exhibit 20- Security Plan

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2/25/2023

Signature of Verifying Official

Verification Date

PART VI- Security Plan

Exhibit 20-Security Plan

We are currently consulting with a retired Lt Colonel Intelligence Officer with experience working with the Department of Defense and currently works in Cyber Security. We will meet all compliance guidelines set by AMCC for the safety and security of our employees and transportation of product.

Exhibit 20.1: 24-hour Alarm Systems

NTNN will have 24-hour alarm systems in place to comply with AMCC security protocols. 24 hour alarms system is In Progress with completion expected 30 days after award of license.

Exhibit 20.2: Receptions areas and personnel adjacent to have panic alarms.

NTNN will have receptions and personnel adjacent to ingress and egress points will have AMCC security protocol in place. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.3: Broadcast Communication

NTNN employees will all carry cell phones for communication. Any other communications such as walkie talkies and/or intercom if needed is In Progress with completion expected 30 days after award of license.

Exhibit 20.4: Audio/Video Surveillance System

NTNN facility will have Audio/Video surveillance system in place. Currently consulting with Retired Lt Col Intelligence Officer who is also a Cyber Security Expert. Audio/Video surveillance system is In Progress with expected completion 30 days after award of license.

Exhibit 20.5: Sufficient barrier around perimeter of premise

NTNN facility will have a sufficient barrier around perimeter of premise that meets AMCC security requirements. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.6: Exterior Doors

NTNN facility will have sufficient exterior doors to withstand unlawful entry. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.7: Exterior Walls

NTNN facility will have sufficient exterior walls to withstand unlawful entry. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.8: Security Guards

NTNN will have the security guards required by AMCC security protocols. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.9: Access Controls to protected areas

NTNN will have strict access control to protected areas such as where cannabis or medical cannabis is stored. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.10: Records Maintenance

All NTNN records, electronic and manual will be kept up date on all employees, vendors, visitors and kept for a minimum of two years. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.11 Employee Badges

Exhibit 20 -Security Plan

NTNN employees will all wear identification badges that clearly identify them as employees. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.12 Non-Employee Identification

NTNN will require any visitors or non-employees to wear a visitor badge. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.13: Theft policy

NTNN will have a strict theft policy complying with AMCC 's protocols. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.14: Variable Route Plans and GPS Tracking

NTNN will have in place variable route plans and GPS tracking that is monitored from a secure security center that is WIFI or hardline network. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.15: Lock and Alarm Systems on Vehicles

NTNN will have locks and alarms systems on all company vehicles including storage areas for cannabis and medical cannabis. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.16: Vehicle Dashboard and Storage Area audio/video Recording Devices.

NTNN will have vehicles equipped with dashboard and storage area audio/video recording devices that will meet AMCC's security protocols. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.17: Secure Transport Vehicles Free of Markings

NTNN transport vehicles will be free of all marking and identifications that they are transporting cannabis or medical cannabis. NTNN will not have the name or logo of any other licensee. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.18: Tamper Proof Containers

NTNN vehicles will have secure, sealed, tamper proof containers that cannot be accessed by company personnel during transport and will be equipped with tracking devices that are remotely monitored during transportation. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.19: Container Visibility

NTNN vehicles will not have sealed containers visible while transporting cannabis or medical cannabis. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.20: Secure Transport Driver's Panic/Duress Button

NTNN secure transport drivers will have access to a panic or duress button in event of unlawful access by anyone considered unauthorized. This is In Progress with completion expected 30 days after award of license

Exhibit 20.21: Emergency Stopping

NTNN will have secure transport drivers report any emergency stops to NTNN's security monitoring center or appropriate ALEA. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.22: Control of Vehicles

Only NTNN secure transport driver will have control of the vehicle at all times. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.23: Secure Transport Driver Security Procedures

NTNN secure transport driver will adhere to all security protocols outlined by AMCC including inspection by ALEA and carrying appropriate employee identification. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.24: Storage/Transportation Delivery Containers

NTNN transportation storage containers will be compliant with AMCC security protocols including batch or plant tag numbers, contracting licensees, facility of origin, type of product, date of processing and/or processing and packaging label and date of last State Testing laboratory approval. This is In Process with completion expected 30 days after award of licensing.

Exhibit 20.25: Vehicle Personnel and Stops

NTNN will comply with AMCC's protocol of number of personnel per vehicle. NTNN will have a minimum of two personnel per vehicle, one personnel remaining in vehicle at all times. NTNN will comply with the number of stops per route and maximum milage while transporting cannabis or medical cannabis. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.26 Designated Route

NTNN will require all secure transport driver to adhere to the designated route and if they route requires a change, the driver will contact the security office of the alternate route. Any stops for fueling or otherwise will be documented. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.27: GPS Tracking and Monitoring

NTNN will have all vehicles equipped with GPS tracking and will be monitored by NTNN's security center. This is In Progress with completion expected 30 days after award of license.

Exhibit 20.28: Documentation

NTNN will have all documentation, both electronic and manual available to AMCC or their representatives during inspections and official visits. NTNN will hold this documentation for a minimum of two years. This is In Progress with completion expected 30 days after award of license

Exhibit 20.29: Security Plan

Exhibit 20 -Security Plan

NTNN will, upon request, provide any documentation required by the AMCC or its representatives, not limited to security plans but security systems, monitoring, alarm activity, maps of camera locations, any audio/video footage, surveillance equipment, maintenance logs, authorized use lists, operations instructions, secure transport security plans and procedures and any other security related information deemed necessary by AMCC or its representatives. This is In Process with completion expected 30 days after award of license.

PART VII-PERSONNEL

Exhibit 21-Personnel

Verification


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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

FORM G: PERSONNEL ROSTER & VERIFICATION

NTNN
Business License Applicant Name

Secure Transporter
License Type

Complete the following information, current to within thirty (30) days prior to the date of application, for all personnel (each leader and employee) affiliated with the Applicant. Attach additional forms if necessary.

Soraya Schultz
Leader/Employee Name

Owner
Title/Position

[REDACTED]
SSN

[REDACTED]
Telephone

sorayaschultz@gmail.com
Email

[REDACTED]
Street Address

Birmingham
City

AL
State

35242
Zip

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

Title/Position

SSN

Telephone

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Leader/Employee Name

Title/Position

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Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

Leader/Employee Name

Title/Position

SSN

Telephone

Email

Street Address

City

State

Zip

_____ Leader/Employee Name		_____ Title/Position
_____ SSN	_____ Telephone	_____ Email
_____ Street Address		
_____ City	_____ State	_____ Zip

_____ Leader/Employee Name		_____ Title/Position
_____ SSN	_____ Telephone	_____ Email
_____ Street Address		
_____ City	_____ State	_____ Zip

_____ Leader/Employee Name		_____ Title/Position
_____ SSN	_____ Telephone	_____ Email
_____ Street Address		
_____ City	_____ State	_____ Zip

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate roster of personnel of the Applicant. The undersigned further verifies that, if the Applicant is issued a business license, each individual listed hereinabove (and attached, as necessary) will be registered to the AMCC website and will undergo appropriate pre-employment background checks.

Soraya Schultz
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Soraya Schultz
Signature of Verifying Individual

2/22/2023
Verification Date

PART VII- PERSONNEL

Exhibit 22- Employee Handbook

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



December 28, 2022

Signature of Verifying Official

Verification Date

PART VII- PERSONNEL

Exhibit 22- Employee Handbook

Employee Handbook is In Progress with completion expected 30 days after license approval. Currently consulting with a lawyer and human resources to ensure complete coverage including personnel safety, company security and best practices.

PART VII- PERSONNEL
Exhibit 23- Secure Transport Drivers

Verification

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

Soraya Schultz

Printed name of Verifying Official



Signature of Verifying Official

Owner

Title of Verifying Official

2-27-2023

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

NTNN
Business License Applicant Name

Secure Transporter
License Type

Secure Transport Driver Information

Soraya Schultz
Secure Transport Driver Name

[REDACTED]
Date of Birth

[REDACTED]
SSN

Driver's License Information

Alabama
Issued by (State)

[REDACTED]
Number

09-09-2019
Issue Date

09-11-2023
Expiration Date

Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount _____ Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount _____ Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount _____ Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.

Soraya Schultz
Printed Name of Verifying Individual

Owner
Title of Verifying Individual

Soraya Schultz
Signature of Verifying Individual

2-26-2023
Verification Date

PART VII- PERSONNEL

Exhibit 24- Driver's Manual

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

PART VII- PERSONNEL

Exhibit 24: Driver's Manual

NTNN is currently consulting with a delivery company to obtain best practices for a driver's manual. NTNN will have a manual detailing qualifications, standards and procedures to be met and followed by all drivers employed by NTNN. Driver's Manual is In Progress with completion expected 30 days after license approval.

PART IX- MARKETING & SOCIAL MEDIA

Exhibit 25- Website and Social Media

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

PART IX- MARKETING & ADVERTISING

Exhibit 25- Website and Social Media

Exhibit 25.1: Complete cite map of each website owned or operated by the Applicant

A complete site map of each website owned or operated by NTNN is In Progress with completion expected 30 days after license approval. Consulting with web designer to design site to be safe and secure for personnel and company. Will have secure login for customers. It will not be a consumer site.

Exhibit 25.2: Website of each webpage, social media page, or any other online site owner or operated by the Applicant

Currently the only site is a private and personal Instagram page of owner: @sorayat7. Under advisement by cyber security advisor that a public company page may be a security risk for personnel and company.

FORM I-OWNERSHIP ENTITY INDIVIDUALS

Verification

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

Soraya Schultz

Owner

Printed name of Verifying Official

Title of Verifying Official



2-25-2023

Signature of Verifying Official

Verification Date

“Ownership Entity” – An entity that has any ownership interest in the Applicant.

Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.

For purposes of this form, if the ownership entity is a trust, disclose the names and addresses of all trustees and beneficiaries; if a privately held corporation, the names and addresses of all shareholders, officers, and directors; if a publicly held corporation, the names and addresses of all shareholders holding a direct or indirect interest of greater than five percent, officers, and directors; if a partnership or limited liability partnership, the names and addresses of all partners; if a limited partnership or limited liability limited partnership, the names of all partners, both general and limited; or if a limited liability company, the names and addresses of all members and managers.

NTNN
Business License Applicant Name

Secure Transporter
License Type

Ownership Entity Information

Soraya Schultz
Ownership Entity Name

100
Ownership Entity % Ownership in Applicant

Ownership Entity Type: Trust Privately Held Corporation Publicly Held Corporation
 Partnership Limited Liability Partnership Limited Partnership
 Limited Liability Limited Partnership Limited Liability Company
 Other (specify): Sole Proprietor

Ownership Entity Owners

Soraya Schultz
Owner Name

Owner
Role

100
% Ownership in Entity

[REDACTED]
Street Address

Birmingham
City

Alabama
State

35242
Zip

Owner Name

Role

% Ownership in Entity

Street Address

City

State

Zip

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address

City	State	Zip
------	-------	-----

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address

City	State	Zip
------	-------	-----

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address

City	State	Zip
------	-------	-----

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address

City	State	Zip
------	-------	-----

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate list of all individuals with an applicable ownership interest in an ownership entity with an ownership interest in the Applicant.

Soraya Schultz
Printed Name of Verifying Individual

Soraya Schultz
Signature of Verifying Individual

Owner
Title of Verifying Individual

2-25-2025
Verification Date