

TheraTrue Alabama LLC

April 12, 2023

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

Dear Alabama Medical Cannabis Commission:

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

Exhibit	Description of Grounds
1	<ul style="list-style-type: none"><li data-bbox="565 993 1398 1060">• Sensitive personnel records. <i>Stone v. Consol. Publ'g Co.</i>, 404 So. 2d 678, 681 (Ala. 1981).<li data-bbox="565 1098 1398 1203">• Personally identifying information; Op. Att'y Gen. Ala. No. 2006-134 (Aug. 17, 2006). § 8-38-2(6), Code of Alabama (as amended).<li data-bbox="565 1241 1398 1388">• Direct impact on the security or safety of persons or facilities and requires confidential handling. § 39-2-2(g), Code of Alabama (as amended); Ala. Att'y Gen. Op. 2019-048 & 2020-015.<li data-bbox="565 1425 1398 1530">• Applicant Confidential and Proprietary Information. § 1.8 of the Integrated Facility Applicants Application (Initial Offering 2022-2023).<li data-bbox="565 1568 1398 1745">• Trade Secret, Confidential proprietary and competitively sensitive information. § 8-27-1, et. seq. Code of Alabama (as amended); <i>Holland v. Eads</i>, 614 So. 2d 1012, 1016 (Ala. 1993); <i>Duck Head Apparel Co. v. Hoots</i>, 659 So. 2d 897, 916-17 (Ala. 1995).<li data-bbox="565 1782 1398 1843">• Recorded information received by a public officer in confidence and records the disclosure of which would be

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

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 2 – Residency of Owners

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 3 – Commercial Horticulture or Agronomic Production Experience

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 4 – Criminal Background Check

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Exhibit 5 – Minimum Performance Bond Requirement

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Minimum Performance Bond Requirement, Status: Complete. TheraTrue Alabama LLC (“Applicant”) is a 100% minority-owned business, certified by the Office of Minority Business Enterprise at the Alabama Department of Economic and Community Affairs, with roots in both the medical cannabis industry and the State of Alabama. Applicant has assembled a team of qualified business leaders that include seasoned executives with significant years of Alabama farming and agriculture experience and cannabis experience, specifically 43 years for vertically integrated businesses. Applicant understands the requirement of an Integrated Facility Licensee to demonstrate the ability to secure a performance bond issued by a surety insurance company acceptable to the Commission, possessing at minimum an A rating, in the amount of at least two million dollars (\$2,000,000) pursuant to Ala. Admin. Code, Reg. 538-x-9-.03 (3.)(a.).

TheraTrue has chosen Great Midwest Insurance Company to secure the minimum performance bond required by the Commission. Great Midwest Insurance Company has an A- Excellent rating, by A.M. Best Rating (AMB), assigned to insurance companies that have, in AMB’s opinion, an excellent ability to meet their ongoing insurance obligations

Per AMCC email communications to licensees on Friday, December 9, 2022: “AMCC has determined that an applicant is not required to secure a fully executed bond as part of the application. However, an applicant may choose to submit a fully executed bond as part of its application.”

As such, to demonstrate Applicant’s qualification, and thereby readiness, to secure the required bond at the time a license is issued, Applicant provides the following document, approved by the Commission, enclosed on the next page:

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

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

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

<u>TheraTrue Alabama LLC</u>	<u>Victor Mancebo</u>	
Integrated Facility Applicant	Contact Person	
<u>101 Lloyd Dollar Drive</u>		
Applicant Address		
<u>Demopolis</u>	<u>AL</u>	<u>36732</u>
City	State	Zip
<u>(770) 299-9661</u>	<u>Victor@TheraTrue.com</u>	
Phone	Email	

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

Great Midwest Insurance Company

Surety Company

<u>Mark Statter</u>	<u>Regional Vice President</u>	
Surety’s Authorized Representative	Title	
<u>800 Gessner Road, Suite 600</u>		
Surety Address		
<u>Houston</u>	<u>TX</u>	<u>77024</u>
City	State	Zip
<u>847-702-8255</u>	<u>mstatter@skywardinsurance.com</u>	
Phone	Email	

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

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

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

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

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

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

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

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

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

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

Mark Statter 12/19/2022
Signature of Surety's Authorized Representative Date

Sworn to and subscribed before Theresa J Foley, a Notary Public,
by Mark Statter on this 19th day of
December, 2022.

[Signature] November 11, 2025
Signature of Notary My Commission Expires

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



THERESA J. FOLEY
Notary Public
State of Florida
Comm# HH197523
Expires 11/11/2025

POWER OF ATTORNEY

Great Midwest Insurance Company

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

Mark D. Statter

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

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

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

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

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

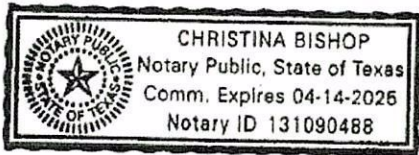


GREAT MIDWEST INSURANCE COMPANY

BY [Signature] Mark W. Haushill President

ACKNOWLEDGEMENT

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



BY [Signature] Christina Bishop Notary Public

CERTIFICATE

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

Signed and Sealed at Houston, TX this 19th Day of December, 2022



BY [Signature] Leslie K. Shaunty Secretary

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

Redacted Copy

Exhibit 6 – Minimum Liquid Assets Requirement

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 7 – Demonstration of Sufficient Capital

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 8 – Minimum Operating Capital Requirement

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 9 – Financial Statements

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 10 – Tax Plan

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 11 - Business Formation Documents

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 12 – Business License and Authorization of Local Authorities

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 13: Business Plan

Verification

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

Victor Mancebo

Chief Executive Officer

Printed Name of Verifying Individual

Title of Verifying Individual



12/30/2022

Signature of Verifying Individual

Verification Date

Redacted Copy

Exhibit 14: Evidence of Business Relationship with other Licensees and Prospective Licensees

Verification

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

Victor Mancebo

Chief Executive Officer

Printed Name of Verifying Individual

Title of Verifying Individual



12/30/2022

Signature of Verifying Individual

Verification Date

Redacted Copy

Exhibit 15: Coordination of Information from Registered Certifying Physicians

Verification

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

Victor Mancebo

Chief Executive Officer

Printed Name of Verifying Individual

Title of Verifying Individual



12/30/2022

Signature of Verifying Individual

Verification Date

Redacted Copy

Exhibit 16: Point-of-Sale Responsibilities

Verification

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

Victor Mancebo

Chief Executive Officer

Printed Name of Verifying Individual

Title of Verifying Individual



12/30/2022

Signature of Verifying Individual

Verification Date

Redacted Copy

Exhibit 17 – Confidentiality of Patient Information

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 18 – Money Handling and Taxes

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 19 – Standard Operating Plan and Procedures

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 20 – Policies and Procedures Manual

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 21 – Production and Manufacturing Process

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 22 – Machinery and Equipment

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 23 – Receiving and Shipping Plan

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 24 – Secure Transport Vehicles

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 25 – Compliance with Alabama Public Service Commission Requirements

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 26 – Commercial Driver’s License

Verification

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

Victor Mancebo
Printed Name of Verifying Individual


Signature of Verifying Individual

Chief Executive Officer
Title of Verifying Individual

12/30/2022
Verification Date

Redacted Copy

Exhibit 27 – Fleet Summary

Verification

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

Victor Mancebo
Printed Name of Verifying Individual


Signature of Verifying Individual

Chief Executive Officer
Title of Verifying Individual

12/30/2022
Verification Date

Redacted Copy

Exhibit 28 – Care and Maintenance of Vehicles

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 29 – Route Plans

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

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

Verification

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

Victor Mancebo
Printed Name of Verifying Individual


Signature of Verifying Individual

Chief Executive Officer
Title of Verifying Individual

12/30/2022
Verification Date

Redacted Copy


Exhibit 31 – Facilities

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

**Exhibit 32 – Engineering Plans and
Specifications
(Cultivation Facilities)**

Verification

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

Victor Mancebo
Printed Name of Verifying Individual


Signature of Verifying Individual

Chief Executive Officer
Title of Verifying Individual

12/30/2022
Verification Date


Redacted Copy

Exhibit 33 – Security Plan

Verification

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

Victor Mancebo
Printed Name of Verifying Individual


Signature of Verifying Individual

Chief Executive Officer
Title of Verifying Individual

12/30/2022
Verification Date

Redacted Copy

Exhibit 34 – Personnel

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 35 – Business Leadership Credentials

Verification

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

Victor Mancebo
Printed Name of Verifying Individual


Signature of Verifying Individual

Chief Executive Officer
Title of Verifying Individual

12/30/2022
Verification Date

Redacted Copy

Exhibit 36 – Employee Handbook

Verification

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

Victor Mancebo
Printed Name of Verifying Individual

Signature of Verifying Individual

Chief Executive Officer
Title of Verifying Individual

12/30/2022
Verification Date

Redacted Copy

Exhibit 37 – Secure Transport Drivers

Verification

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

Victor Mancebo
Printed Name of Verifying Individual


Signature of Verifying Individual

Chief Executive Officer
Title of Verifying Individual

12/30/2022
Verification Date

Redacted Copy

Exhibit 38 – Driver’s Manual

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 39 – Quality Control and Quality Assurance Plan

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 40 – Contamination and Recall Plan

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 41 – Marketing and Advertising Plan

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy

Exhibit 42 – Website and Social Media

Verification

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

Victor Mancebo

Printed Name of Verifying Individual



Signature of Verifying Individual

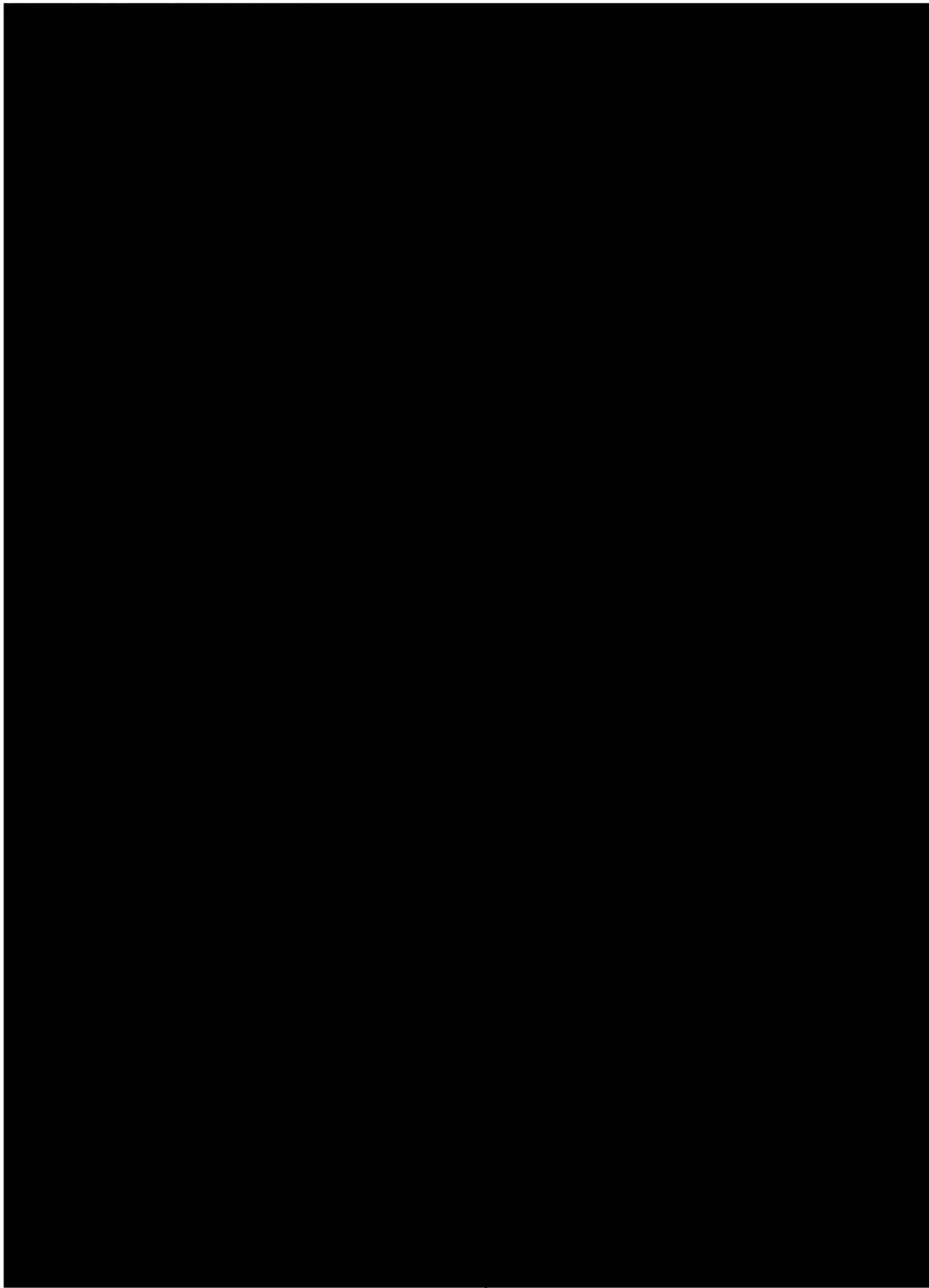
Chief Executive Officer

Title of Verifying Individual

12/30/2022

Verification Date

Redacted Copy



Redacted Copy

Exhibit 13: Business Plan

Verification

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

Victor Mancebo

Chief Executive Officer

Printed Name of Verifying Individual

Title of Verifying Individual



12/30/2022

Signature of Verifying Individual

Verification Date

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

STATE OF Florida)
)
Miami-Dade COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (*please type or print legibly*):

1. NAME OF ENTITY APPLYING FOR LICENSE: TheraTrue Alabama LLC

2. NAME OF AFFIANT: Victor E. Mancebo

3. AFFIANT'S POSITION WITH APPLICANT: Chief Executive Officer & Owner

4. AFFIANT IS THE APPLICANT'S (*Check One*): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (*Check One*):

Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

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

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

VEM INITIAL HERE

b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.

(Attach a copy of the entity applicant's written authorization to this Affidavit.)

VEM INITIAL HERE

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

VEM INITIAL HERE

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

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

VEM INITIAL HERE

- e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

VEM INITIAL HERE

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

VEM INITIAL HERE

- g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

VEM INITIAL HERE

- h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.

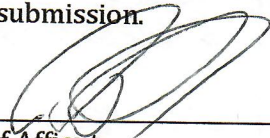
VEM INITIAL HERE

- i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

VEM INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

VEM INITIAL HERE



Signature of Affiant

Acting for and on behalf of:

TheraTrue Alabama LLC

Applicant

Sworn to and subscribed before me on this 28 day of December, 2022



Notary Public

My Commission Expires: May 23, 2024



Oscar Rene Donado
Comm. #GG962105
Expires: May 23, 2024
Bonded Thru Aaron Notary

[SEAL]

LETTER OF AUTHORIZATION

Date: 12/27/2022

Alabama Medical Cannabis Commission
RSA Dexter Avenue Building
445 Dexter Avenue, Suite 8040
Montgomery, AL 36104
United States

RE: Authorization of Responsible Person as defined by Ala. Admin. Code, Reg. 538-x-3-.02 (15.).

To Whom It May Concern:

I hereby certify that I, Victor E. Mancebo, am Manager and Chief Executive Officer of TheraTrue Alabama LLC (“Applicant”) and that I am duly authorized to execute and deliver this Authorization.

I hereby authorize and designate Thomas P. Gretz, Director of Facilities, effective December 27, 2022, as a responsible party for TheraTrue Alabama LLC to speak and act on behalf of Applicant. This authority shall include but not be limited to providing “Form K: Applicant Affidavit” and acting as the “responsible person” on behalf of TheraTrue Alabama LLC pursuant to Ala. Admin. Code, Reg. 538-x-3-.02 (15.).

Sincerely,



NAME: Victor E. Mancebo
ADDRESS: 12640 Stonebrook Circle, Davie, FL 33330
ITS: Manager and Chief Executive Officer
APPLICANT ENTITY: TheraTrue Alabama LLC

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

STATE OF Florida)
)
Miami-Dade COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows *(please type or print legibly)*:

1. NAME OF ENTITY APPLYING FOR LICENSE: TheraTrue Alabama LLC

2. NAME OF AFFIANT: Thomas P. Gretz

3. AFFIANT'S POSITION WITH APPLICANT: Director of Facilities

4. AFFIANT IS THE APPLICANT'S *(Check One)*: Responsible Party Contact Person
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT *(Check One)*:

- Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

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

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

TE INITIAL HERE

b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.

(Attach a copy of the entity applicant's written authorization to this Affidavit.)

TE INITIAL HERE

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

TE INITIAL HERE

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

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

TE INITIAL HERE

- e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

TE INITIAL HERE

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

TE INITIAL HERE

- g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

TE INITIAL HERE

- h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.

TE INITIAL HERE

- i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

TE INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

TE INITIAL HERE

TheraTrue
Signature of Affiant
Acting for and on behalf of:

TheraTrue Alabama LLC
Applicant

Sworn to and subscribed before me on this 28 day of December, 2022.

[Signature]
Notary Public

My Commission Expires: May 23, 2024

[SEAL]



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

STATE OF Florida)
)
Miami-Dade COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (*please type or print legibly*):

1. NAME OF ENTITY APPLYING FOR LICENSE: TheraTrue Alabama LLC

2. NAME OF AFFIANT: Dr. Paul Judge

3. AFFIANT'S POSITION WITH APPLICANT: Owner & Chairman

4. AFFIANT IS THE APPLICANT'S (*Check One*): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (*Check One*):

Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

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

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

PJ INITIAL HERE

b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.

(Attach a copy of the entity applicant's written authorization to this Affidavit.)

PJ INITIAL HERE

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

PJ INITIAL HERE

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

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

PG INITIAL HERE

- e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

PG INITIAL HERE

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

PG INITIAL HERE

- g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

PG INITIAL HERE

- h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq. Code of Alabama 1975.

PG INITIAL HERE

- i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

PG INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

PG INITIAL HERE

[Signature]

Signature of Affiant
Acting for and on behalf of:

TheraTrue Alabama LLC
Applicant

Sworn to and subscribed before me on this 28 day of December, 2022

[Signature]
Notary Public

My Commission Expires: May 23, 2024

[SEAL]

