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DISMISS

Review

Selected Account: XLCR Inc.
Your application has been filed with the Alabama Medical Cannabis Commission.
Your reference code is 1637.
File Date : 03/03/2023 3:54 PM
Your transaction ID is : 89084116
Transaction Token: 8e82a2b7-91ae-4dd2-8c54-29c561cc1adb
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 : 0560 Number

General Applicant Information

Applicant Name: XLCR, Inc.
Applying as: Business Entity
Trade Name (DBAs):
Identification Number Type : FE N
Federal Tax Identification Number
Business Entity Name : XLCR, Inc.
Business Entity Type : Corporation
Secretary of State Entity ID Number : 001044707
Federal Business Code No : 48-49
Date of Qualification, Organization or Incorporation: 10/14/2022
[Redacted: Confidential, Proprietary EIN Information, related to private financial information and home address 1.8, § 36-12-40, et seq., Code of Alabama 1975]

Applicant Street Address

Street:
Unit No / Apt No:
City:
County: 37-Jefferson
State:
Zip Code:
[Redacted: Confidential, Proprietary Information, related to email, homeaddresses and telephone #s. See App. Guide I.8, § 36-12-40, et seq., Code of Alabama I 975]

Applicant Mailing Address

Street: PO BOX 2166
Unit No / Apt No:
City: BIRMINGHAM
State: Alabama
Zip Code: 35201
Address Verified?: Yes
Applicant Website: www.xlcr.org
Applicant Email Address:
Applicant 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?

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

Primary Contact Person

✓ First Name : Brian
✓ Last Name : Henry
✓ Title: Co-Founder

✓ Phone Number : [Redacted]
✓ Email: [Redacted]

✓ Street: [Redacted]
Unit No :
/ Apt
No
✓ City: [Redacted]

✓ State: [Redacted]
✓ Zip Code : [Redacted]

✓ Address Verified?: Yes

[Redacted: Confidential, Proprietary Information, related to email, home addresses and telephone #s. See App. Guide I.8,

§ 36-12-40, et seq., Code of Alabama I 975]

License Information

✓ License: S
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Facility Information

Facility Information

✓ Facility Type: Secure Transporter Facility

Physical Address

✓ Street: [Redacted] Unit No / Apt No:

✓ County: 37-Jefferson ✓ State: [Redacted]

✓ Address Verified? : Yes

✓ City: BIRMINGHAM

✓ Zip Code: [Redacted]

[Redacted: Confidential, Address of secured facility relating to storage of medical cannabis See 1.8, § 36-12-40, et seq., Code of Alabama 1975]

Facility Information Questions

- ✓ Applicant's interest in property where proposed facility is located : Agreement Contingent on Receipt of License
- ✓ Is this facility under construction? : No
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 30
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 1000
- ✓ 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: Kelley
 - ✓ Legal Middle Name : Friend
 - ✓ Legal Last Name: Hardwick
 - Suffix:
 - ✓ Phone Number: [REDACTED]
 - ✓ Email Address: [REDACTED]
 - ✓ Date of Birth: 02/09/1966
 - ✓ Social Security Number : [REDACTED]
 - ✓ Race/Ethnicity: African American
 - ✓ Ownership Percentage of the Applicant : [REDACTED]
 - ✓ Role: Officer
- Redacted: Confidential, Proprietary Information, related to individual private SSN, DOB, email, home addresses and telephone App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

Residence Address

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

- ✓ Select type of record: Entity
- ✓ Does this entity have ownership interest in the applicant? : Yes

Entity

- ✓ Entity Name: Park Transfer & Storage Co Inc
- ✓ Entity Type: Privately Held Corporation
- ✓ Are there individuals with direct or indirect ownership interest in this entity? : Yes

✓ FEIN: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

Physical Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

Primary Contact/ Responsible Person

✓ First Name: Brian

✓ Last Name: Henry

✓ Title: President

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Street Address: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

Redacted: Confidential, Proprietary Information, related to individual private SSN, DOB, email, home addresses and telephone App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

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

Individual

✓ Legal First Name: Castro

Legal Middle Name :

✓ Legal Last Name: Javine

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: African American

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: Officer

Redacted: Confidential, Proprietary Information, related to individual private SSN, DOB, email, home addresses and telephone App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

- ✓ Legal First Name: Eric
- ✓ Legal Middle Name : Troy
- ✓ Legal Last Name: Smith
- Suffix:
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: [REDACTED]
- ✓ Date of Birth: [REDACTED]
- ✓ Social Security Number : [REDACTED]
- ✓ Race/Ethnicity: African American
- ✓ Ownership Percentage of the Applicant : [REDACTED]
- ✓ Role: Officer
- [Redacted: Confidential, Proprietary Information, related to individual private SSN, DOB, email, home addresses and telephone App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

Residence Address

- ✓ Street: [REDACTED] Unit No / Apt No: [REDACTED] City: [REDACTED]
- ✓ State: [REDACTED] Zip Code: [REDACTED]
- ✓ 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? : YES

- ✓ Select One: Applicant
- ✓ Name: Park Transfer & Storage Co Inc
- ✓ Commercial license or certificate applied for : Intrastate Household Goods Transportation and Storage
- ✓ Licensing Board or Commission : Alabama Service Commission
- ✓ Application Date: 03/03/2004
- ✓ Issued Date: 04/12/2004
- ✓ Expiration Date: 04/12/2023

- ✓ Select One: Ownership Entity
- ✓ Name: Park Specialties
- ✓ Commercial license or certificate applied for : DOT # 1413329
- ✓ Licensing Board or Commission : Department of Transportation
- ✓ Application Date: 01/01/2022
- ✓ Issued Date: 01/01/2022
- ✓ Expiration Date: 01/01/2024

- ✓ Select One: Ownership Entity
- ✓ Name: Park Logistics
- ✓ Commercial license or certificate applied for : Brokerage MC# 139851

✔ **Licensing Board or Commission** : Department of Transportation

✔ **Application Date:** 01/01/2022

✔ **Issued Date:** 01/01/2022

✔ **Expiration Date:** 01/01/2024

✔ **Select One:** Ownership Entity

✔ **Name:** Park Transfer & Storage Co.

✔ **Commercial license or certificate applied for** : Business License #9137028606

✔ **Licensing Board or Commission** : City Of Birmingham

✔ **Application Date:** 02/05/2021

✔ **Issued Date:** 02/05/2021

✔ **Expiration Date:** 12/31/2023

✔ **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 of : 10 Operation
✓ Year One: 25
✓ Year Two: 40
✓ Year Three: 50
✓ Year Four: 60
✓ Year Five: 65
✓ 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)) : YES

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

Documents

✓ Signature: Brian Everett Henry ✓ Signature Date: 12/29/2022

- ✓ Resume or Curriculum Vitae of Individuals with Ownership Interest: Corrected Exhibit 1 - CV of Ownership Fin...
- ✓ Residency of Owners: Corrected _ Exhibit 2 - Residency of Owne...
- ✓ Criminal Background Check: Corrected _1637_Exhibit 3_Background C...
- ✓ Demonstration of Sufficient Capital: Corrected Exhibit 41637_Exhibit 4_Demon...
- ✓ Financial Statements: Corrected Exhibit 5 v2 - Financial Stateme...
- ✓ Tax Plan: Corrected _Exhibit 6- Tax Plan Final.pdf (/...
- ✓ Business Formation Documents: Corrected _1637_Exhibit 7_Business For...
- ✓ Business License and Authorization of Local Jurisdictions: Corrected _ 1637_Exhibit 8_Business Lice...
- ✓ Business Plan: Corrected _Exhibit 9 - Business Plan V2 Fi...
- ✓ Evidence of Business Relationship with other Licensees and Prospective Licensees: Corrected Exhibit 10 – Evidence of Busine...
- ✓ Standard Operating Plan and Procedures: Corrected _Exhibit 11 – Standard Operatin...
- ✓ Policies and Procedures Manual: Corrected _Exhibit 12 - Policies and Proce...
- ✓ Secure Transport Vehicles: Corrected _1637_Exhibit 13_Truck inform...
- ✓ Compliance with Alabama Public Service Commission Requirements: Corrected _1637_Exhibit 14_Compliance ...
- ✓ Commercial Drivers' License: Corrected _Exhibit 15 - Commercial Driver'...

✓ Fleet Summary:	Corrected _Exhibit 16 - Fleet Summary Fin...
✓ Care and Maintenance of Vehicles:	Corrected _1637_Exhibit 17_Care and Mai...
✓ Route Plans:	Corrected _Exhibit 18 - Route Plans Final...
✓ Facilities:	Corrected Exhibit 19 - Facilities Final.pdf (...)
✓ Security Plan:	Corrected _ Exhibit 20 - Security Plan Final...
✓ Personnel:	Corrected _Exhibit 21 - FORM G Personnel...
✓ Employee Handbook:	Corrected _1637_Exhibit 22_Employee Ha...
✓ Secure Transport Drivers:	Corrected _1637_Exhibit 23_Secure Trans...
✓ Drivers' Manual:	Corrected _1637_Exhibit 24_Drivers Manu...
✓ Website and Social Media:	Corrected _1637_Exhibit 25_Website and ...
✓ Ownership Entity Individuals (if applicable):	Form I_ Ownership Entity _1_.pdf (/api/do...
✓ Minority Ownership Documents:	Minority ownership Documentation.pdf (/...
✓ Proof of Minimum Liability and Casualty Insurance:	Proof of Insurance.pdf (/api/documents/...
✓ Affidavit - Entity Applicant:	Form K - All.pdf (/api/documents/CvgwJ...

Payments

- ✓ Payment: C
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Exhibit 1 – Resume or Curriculum Vitae of Individuals with Ownership Interest

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.

Brian Henry

President

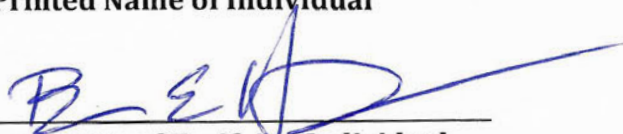
Title of Verifying Individual

Printed Name of Individual

02/27/23

Verification Date

Signature of Verifying Individual



FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

XLCR Inc.

Business License Applicant Name

Kelley Hardwick

Individual with Ownership Interest in Applicant

Secure Transporter

License Type

[REDACTIONS: Confidential
Financial info; See App. Guide
1.8; §36-12-40, et seq. Code of
Alabama 1975]

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.

[REDACTIONS:
Confidential
Address See App.
Guide 1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

Residential Street Address

New Rochelle

City

10/2004

Date Resided From (MM/YYYY)

NY

State

Present

Date Resided To (MM/YYYY)

10801

Zip

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Date Resided To (MM/YYYY).

Zip

Residential Street Address

City

Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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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.*

[REDACTIONS:
Confidential
Education Info;
See App. Guide
1.8; §36-12-40, et
seq. Code of
Alabama 1975]

Institution	<u>New Brunswick</u>	<u>NJ</u>
	City	State
<u>08/1983</u>	<u>05/1987</u>	<u>Bachelor of Arts</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	<u>White Plains</u>	<u>NY</u>
	City	State
<u>09/1997</u>	<u>05/2000</u>	<u>Juris Doctorate</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	<u>Queens</u>	<u>NY</u>
	City	State
<u>04/2018</u>	<u>09/2018</u>	<u>Certificate of</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

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

[REDACTIONS:
Confidential
Employment Info;
See App. Guide
1.8; §36-12-40, et
seq. Code of
Alabama 1975]

Employer	Contact Person	Telephone
Business Address		
<u>New York</u>	<u>NY</u>	<u>10007</u>
City	State	Zip
<u>04/2004</u>	<u>Present</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
New York	NY	10038
City	State	Zip
01/2014	10/2016	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
New York	NY	10022
City	State	Zip
11/2001	01/2014	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
New York	NY	10038
City	State	Zip
07/1987	11/2001	
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
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Business Address

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

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

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

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

XLCR Inc.

Business License Applicant Name

Castro Javine

Individual with Ownership Interest in Applicant

Secure Transporter

License Type

Individual's Ownership Percentage in Applicant

[REDACTIONS:
Confidential
Financial info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

Residential History

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

[REDACTIONS:
Confidential
Address Info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

Residential Street Address

Northport

City

11/2018

Date Resided From (MM/YYYY)

AL

State

35470

Zip

12/2022

Date Resided To (MM/YYYY)

Residential Street Address

Tuscaloosa

City

12/2005

Date Resided From (MM/YYYY)

AL

State

35401

Zip

11/2018

Date Resided To (MM/YYYY).

[REDACTIONS:
Confidential
Address Info; See
App. Guide 1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

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

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Residential Street Address

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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)

[REDACTIONS:
Confidential
Education Info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

Education

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

Institution	Tuscaloosa	AL
	City	State
01/1997	12/1997	N/A
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

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

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

Employment History

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

[REDACTIONS:
Confidential
Employment
Info; See App.
Guide 1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

Employer	Contact Person	Telephone
Business Address		
Tuscaloosa	AL	35201
City	State	Zip
12/2022	Present	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
Tuscaloosa	AL	35401
City	State	Zip
12/2007	12/2022	
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)	

[REDACTIONS:
Confidential
Employment
Info; See App.
Guide 1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

Employer	Contact Person	Telephone
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Business Address

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

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

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

Employer	Contact Person	Telephone
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Business Address

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

XLCR Inc.

Business License Applicant Name

Eric Smith

Individual with Ownership Interest in Applicant

Secure Transporter

License Type

Individual's Ownership Percentage in Applicant

[REDACTIONS : Confidential Financial Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

Residential History

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

[REDACTIONS: Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

Residential Street Address

Laurelton

City

02/2012

Date Resided From (MM/YYYY)

NY

State

Present

Date Resided To (MM/YYYY)

11413

Zip

[REDACTIONS: Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

Residential Street Address

Nashville

City

11/2003

Date Resided From (MM/YYYY)

TN

State

10/2011

Date Resided To (MM/YYYY).

37211

Zip

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Date Resided To (MM/YYYY)

Zip

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Date Resided To (MM/YYYY)

Zip

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

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

[REDACTIONS:
Confidential
Educational Info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

Institution	Baltimore	MD
	City	State
01/1984	12/1984	None
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	Bronx	NY
	City	State
09/1980	006/1983	GED
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.

[REDACTIONS:
Confidential
Employment Info;
See App. Guide
1.8; §36-12-40, et
seq. Code of
Alabama 1975]

Employer	Contact Person	Telephone
Business Address		
New York	NY	10065
City	State	Zip
02/2013	09/2021	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
Nashville	TN	37203
City	State	Zip
01/2005	01/2013	
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)	

[REDACTIONS: Confidential Employment Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

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

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

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

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

XLCR Inc.

Business License Applicant Name

Brian Henry

Individual with Ownership Interest in Applicant

Secure Transporter

License Type

Individual's Ownership Percentage in Applicant

[REDACTIONS:
Confidential
Financial Info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

Residential History

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

[REDACTIONS:
Confidential
Address Info;
See App. Guide
1.8;
§36-12-40, et
seq. Code of
Alabama
1975]

Residential Street Address

Birmingham

City

04/2019

Date Resided From (MM/YYYY)

AL

State

35212

Zip

Current

Date Resided To (MM/YYYY)

Residential Street Address

Tuscaloosa

City

09/2015

Date Resided From (MM/YYYY)

AL

State

35406

Zip

04/2019

Date Resided To (MM/YYYY).

[REDACTIONS:
Confidential
Address Info; See
App. Guide 1.8;
§36-12-40, et seq.
Code of Alabama
1975]

Residential Street Address

Tuscaloosa

City

05/2009

Date Resided From (MM/YYYY)

AL

State

35406

Zip

09/2015

Date Resided To (MM/YYYY)

Residential Street Address

Tuscaloosa

City

04/1983

Date Resided From (MM/YYYY)

AL

State

35404

Zip

05/2009

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

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

[REDACTIONS:
Confidential
Education Info;
See App. Guide
1.8; §36-12-40, et
seq. Code of
Alabama 1975]

Institution	Tuscaloosa	AL
	City	State
09/2001	05/2003	MBA
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	Birmingham	AL
	City	State
09/1998	05/2001	BS Economics
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	Auburn	AL
	City	State
01/1996	05/1997	None
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	Tuscaloosa	AL
	City	State
01/1996	05/1997	
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.

[REDACTIONS:
Confidential
Employment
Info; See App.
Guide 1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

Employer	Contact Person	Telephone
Business Address		
Tuscaloosa	AL	35404
City	State	Zip
12/2003	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

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

Business Address

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

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

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

Business Address

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

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

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

Business Address

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

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

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

Business Address

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

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

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

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

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

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**XLCR Inc.**

Business License Applicant Name

Kevin Barber

Individual with Ownership Interest in Applicant

Secure Transporter

License Type

Individual's Ownership Percentage in Applicant

[REDACTIONS:
Confidential
Financial Info;
See App. Guide
1.8;
§36-12-40, et
seq. Code of
Alabama 1975]**Residential History***Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

Residential Street Address

Vestavia Hills

City

06/2020

Date Resided From (MM/YYYY)

AL

State

35242

Zip

Date Resided To (MM/YYYY)

[REDACTIONS:
Confidential
Address Info;
See App. Guide
1.8;
§36-12-40, et
seq. Code of
Alabama
1975]

Residential Street Address

Birmingham

City

06/2018

Date Resided From (MM/YYYY)

AL

State

35442

Zip

06/2020

Date Resided To (MM/YYYY).

Residential Street Address

Birmingham

City

05/2016

Date Resided From (MM/YYYY)

AL

State

35244

Zip

06/2018

Date Resided To (MM/YYYY)

Residential Street Address

Northport

City

05/2007

Date Resided From (MM/YYYY)

AL

State

35473

Zip

05/2016

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

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

	Tuscaloosa	AL
Institution	City	State
09/2003	12/2008	Bachelor
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

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

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

Employment History

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

		-
Employer	Contact Person	Telephone

Business Address		
Birmingham	AL	35212
City	State	Zip
11/2015	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

[REDACTIONS:
Confidential
Education Info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

[REDACTIONS:
Confidential
Employment
Info; See App.
Guide 1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

[REDACTIONS:
Confidential
Employment
Info; See App.
Guide 1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

Employer	Contact Person	Telephone
Business Address		
Tuscaloosa	AL	35401
City	State	Zip
11/2007	01/2015	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

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

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

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

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

Business Address

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

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

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

Business Address

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

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

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

Business Address

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

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

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

Business Address

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

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

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.

Brian Henry

Printed Name of Verifying Individual

President

Title of Verifying Individual



Signature of Verifying Individual

02/27/23

Verification Date

Table of Contents

[REDACTIONS:
Confidential
Address Info; See
App. Guide 1.8;
§36-12-40, et seq.
Code of Alabama
1975]

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3. Brian Henry US Tax Return	Pg5
4. [REDACTED] Doc	Pg. 23
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7. Javine Deed	Pg. 38
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9. Javine Sales Form	Pg. 43
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11. Kevin Barber	Pg. 46
12. [REDACTED] Title Doc	Pg. 48
13. Barber	Pg. 50
14. Barber Deed	Pg. 51
15. Barber Insurance Policy	Pg. 53

AFFIDAVIT OF BRIAN HENRY REGARDING ALABAMA RESIDENCY

I, Brian Henry, do hereby swear under penalty of perjury that the assertions of this affidavit are, based upon my personal knowledge, true and correct:

1. I am a competent adult, being duly sworn according to law, depose and state that I am: (i) a citizen of the United States; (ii) a resident of the State of Alabama; and (iii) over 18 years of age.

2. I am a shareholder of Park Transfer & Storage Company, Inc., which is a shareholder of XLCR, Inc. ("XLCR" or "Applicant") and, in such position, I am authorized to make this Affidavit.

3. A true and correct copy of my Alabama Driver's License correctly identifying my current address is attached hereto.

4. I am currently a resident of the State of Alabama and have been a resident of the State of Alabama for 41 years.

5. In the last 15 years, I have lived in the following locations, all of which are within the State of Alabama.

6. In 2008, I lived with my parents at [REDACTED] in 2008.

7. In 2009, I purchased my first home in Alabama, which was located at [REDACTED] and where I lived for 6 years. Attached is a copy of my Tax Return identifying this property as my home address.

8. In 2015, I purchased my second home in Alabama, which was located [REDACTED] and where I lived for 4 years. Attached hereto is the

[REDACTION S:
Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

settlement statement from my purchase of this property and a copy of my homeowner's policy for this property.

9. In 2019, I purchased my current home in Alabama, which is located at



Attached hereto is the real estate purchase agreement

from my purchase of this property.

10. Affiant further sayeth naught.

Executed this 3rd day of March, 2023 in Birmingham, Alabama, County of Jefferson.

Brian Henry, Individually

Sworn and scribed before me,

this 3 day of March, 2023.

My commission expires: 11/15/24.

Johene Voight
Notary Public




Prepared by:

Jason R. Klinowski, Esq.
KLINOWSKI DAMIANO LLP
P.O. Box 43404
Birmingham, Alabama 35243
Tel: (205) 644-8881
Fax: (205) 644-8489
E-mail: jklinowski@aglawyer.com
Counsel for XLCR, INC.

[REDACTION
S:
Confidential
Address Info;
See App.
Guide 1.8;
§36-12-40, et
seq. Code of
Alabama
1975]

[REDACTIONS: Confidential Address
Info; See App. Guide 1.8; §36-12-40, et
seq. Code of Alabama 1975]

DRIVER LICENSE
ALABAMA




NO. 6249289 CLASS DM
D.O.B. [REDACTED] EXP 01-30-2024
BRIAN EVERETT
HENRY
[REDACTED]

ENDORSEMENTS ISS 02-19-2020 REST SEX M HT 6-02 EYES GRN
WT 203 HAIR BRO

Secretary Hal Taylor
Secretary of Law Enforcement

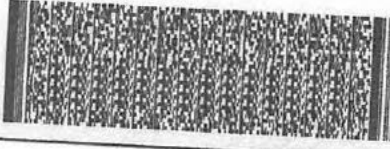
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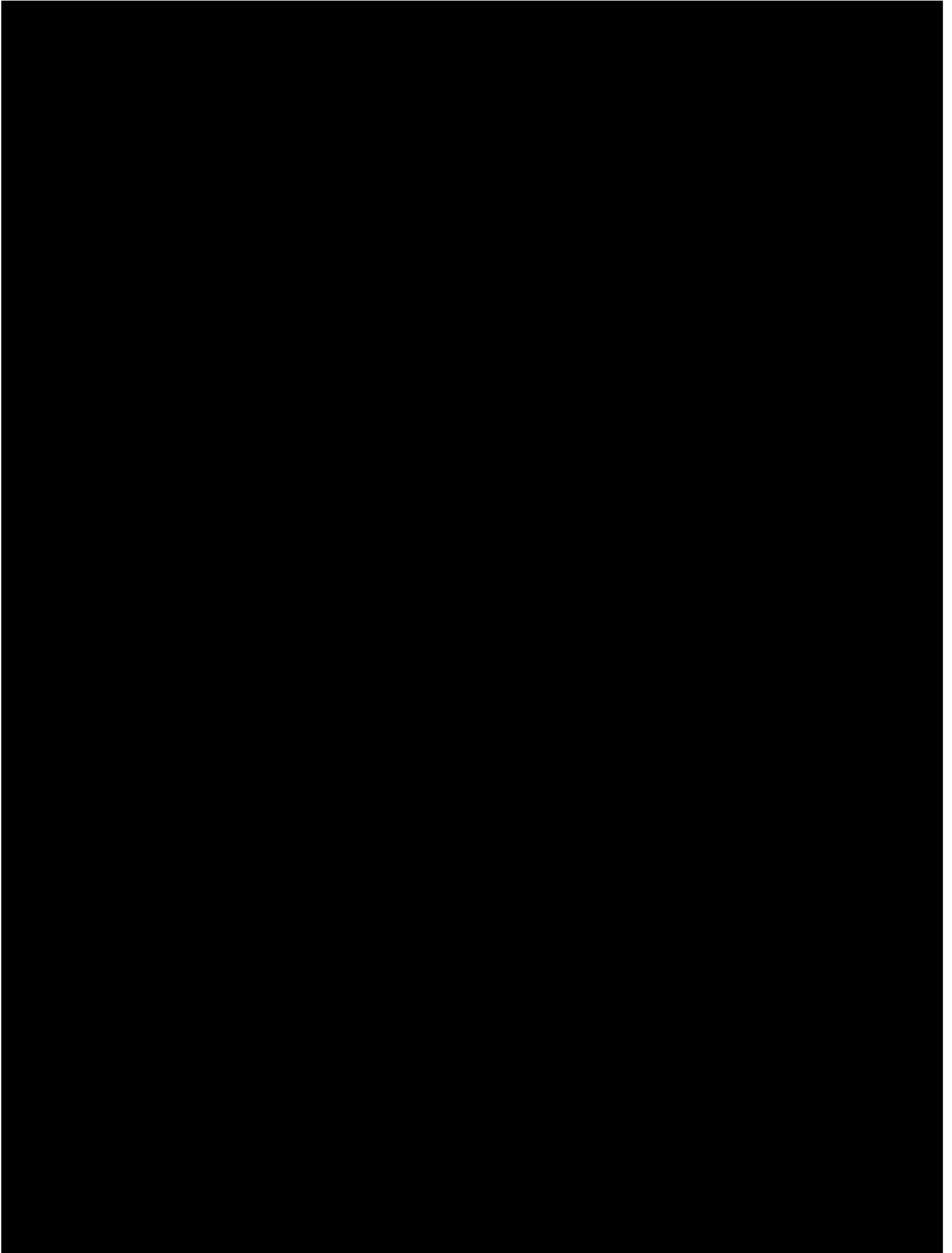


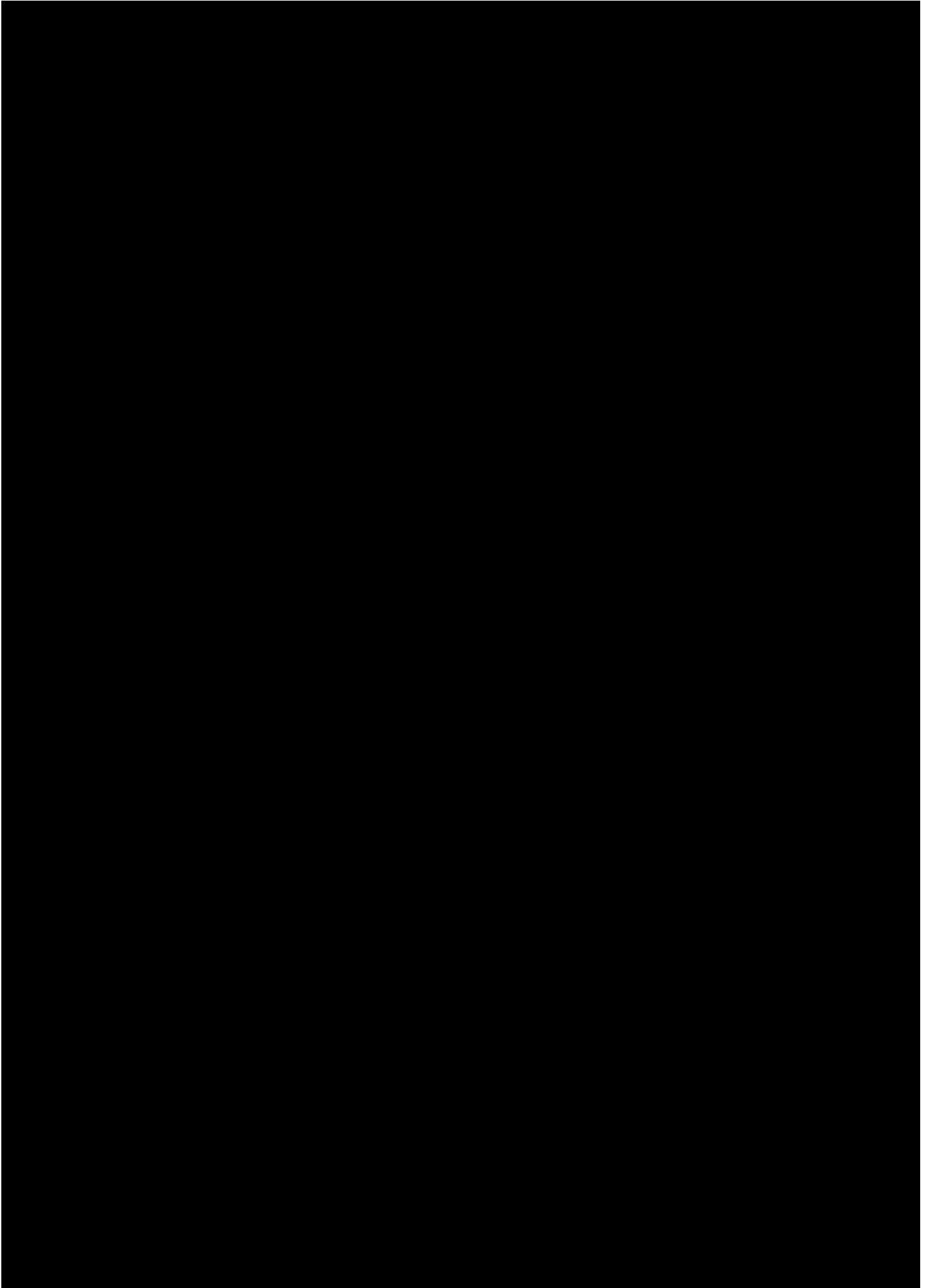
BRIAN EVERETT HENRY
CLASS: D-Regular Operators License
CLASS: M-Motorcycle

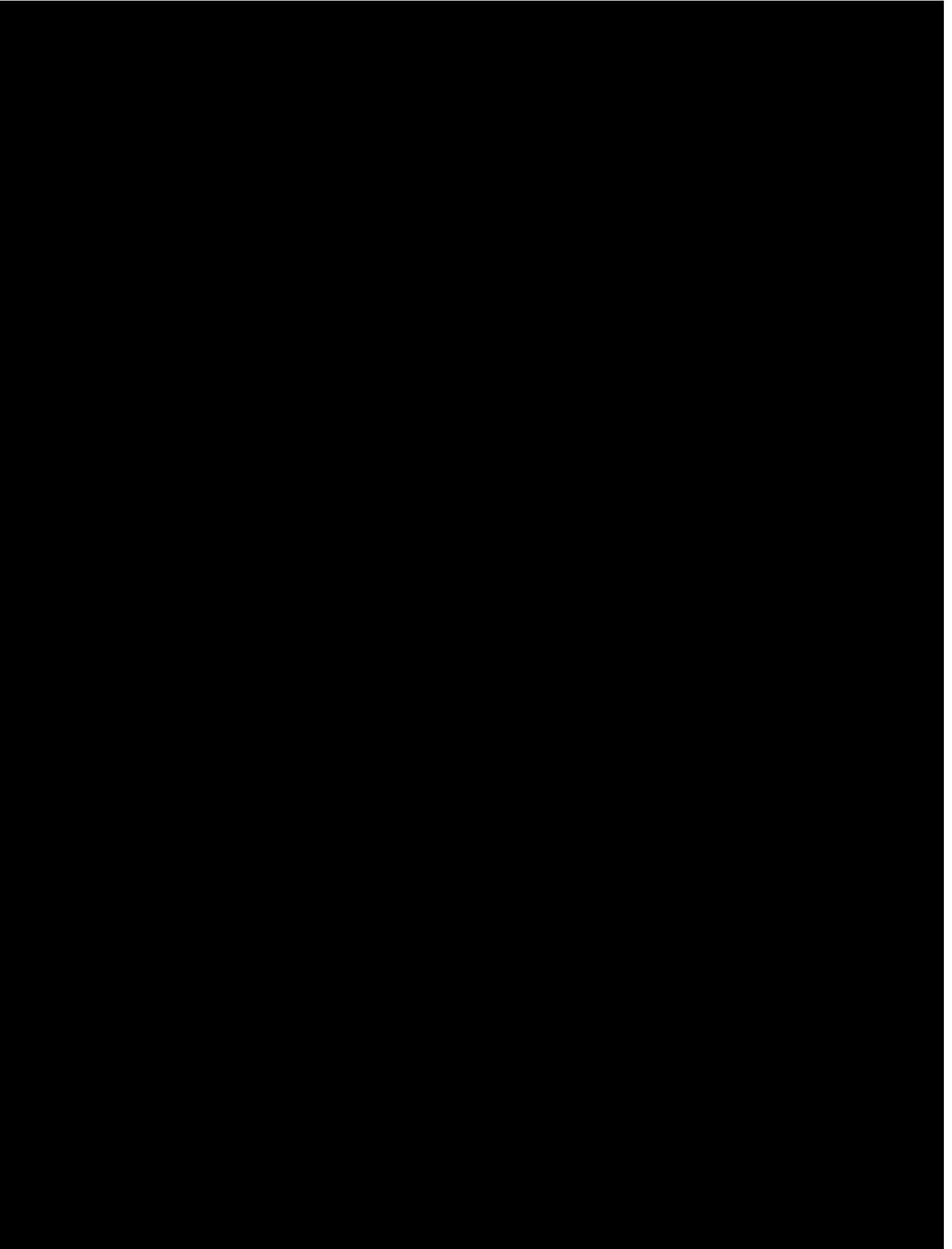
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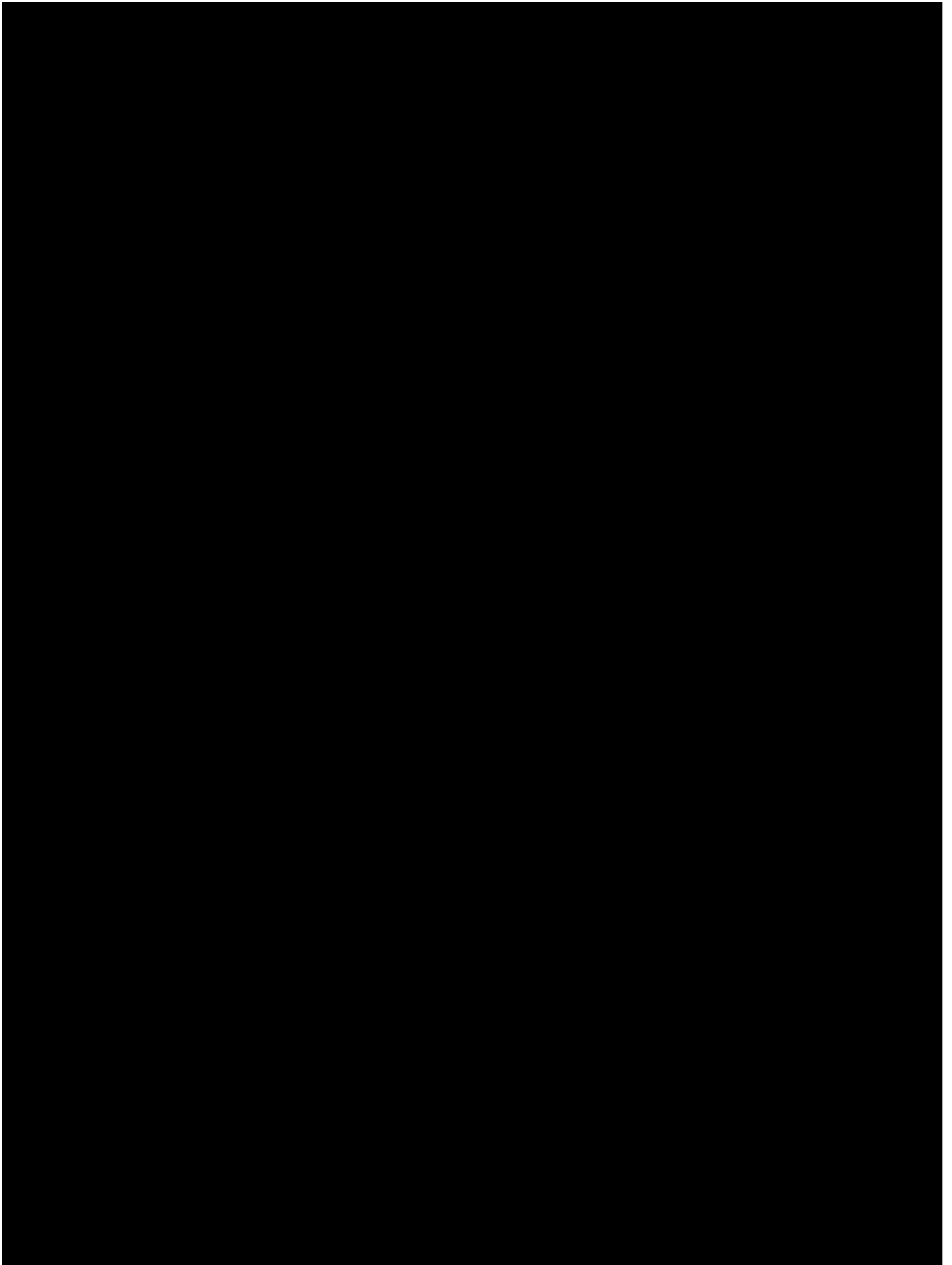


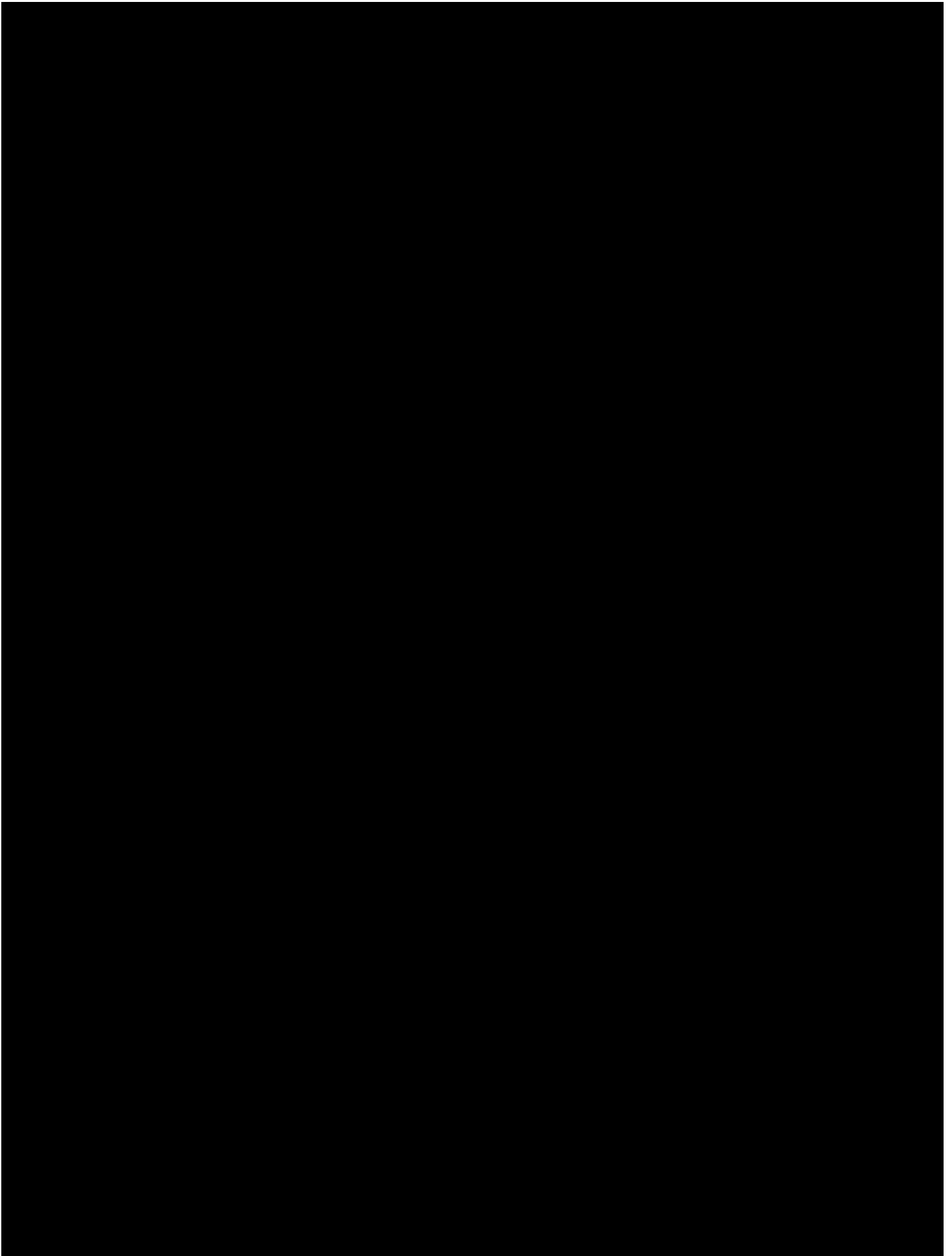
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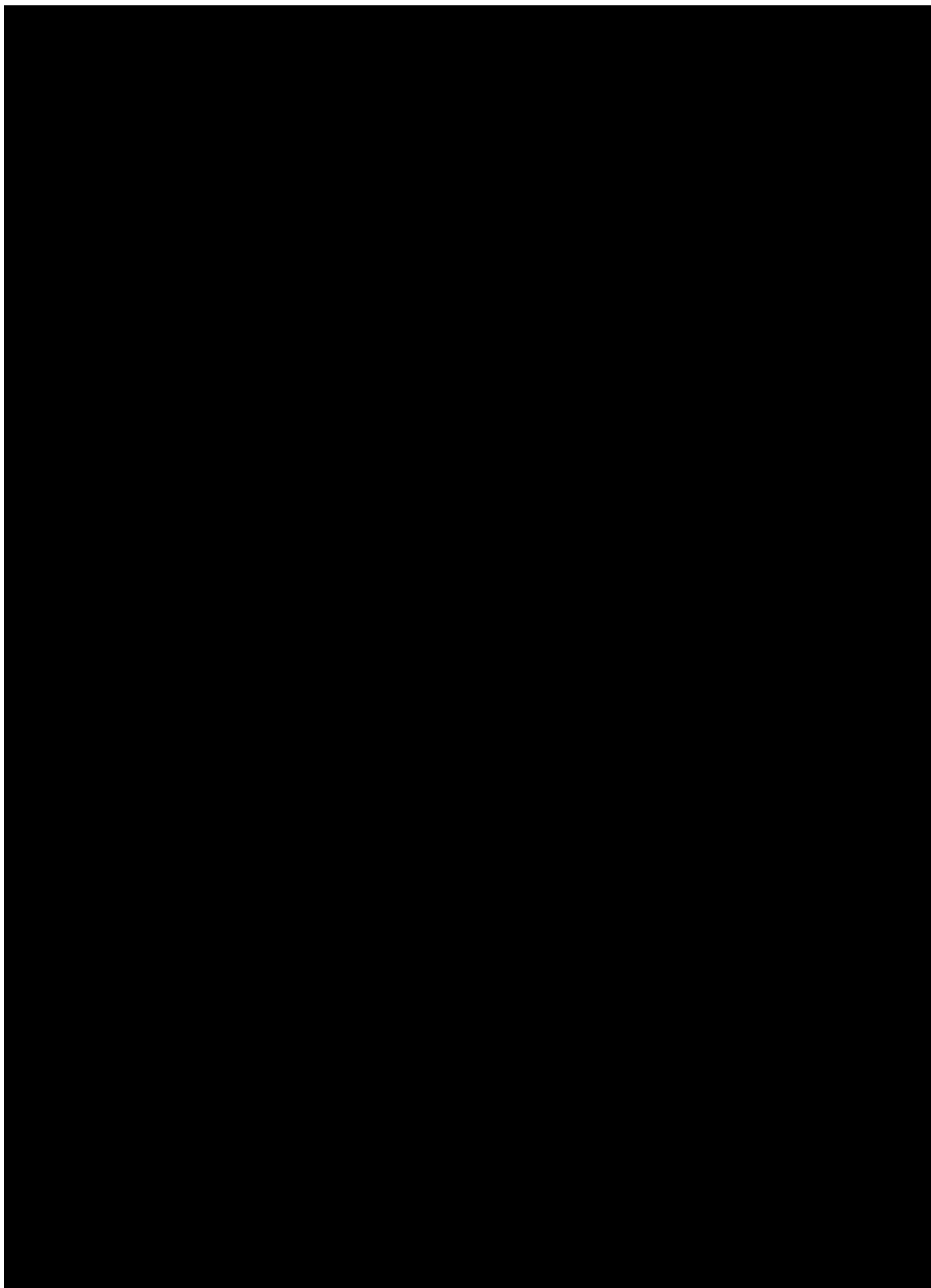


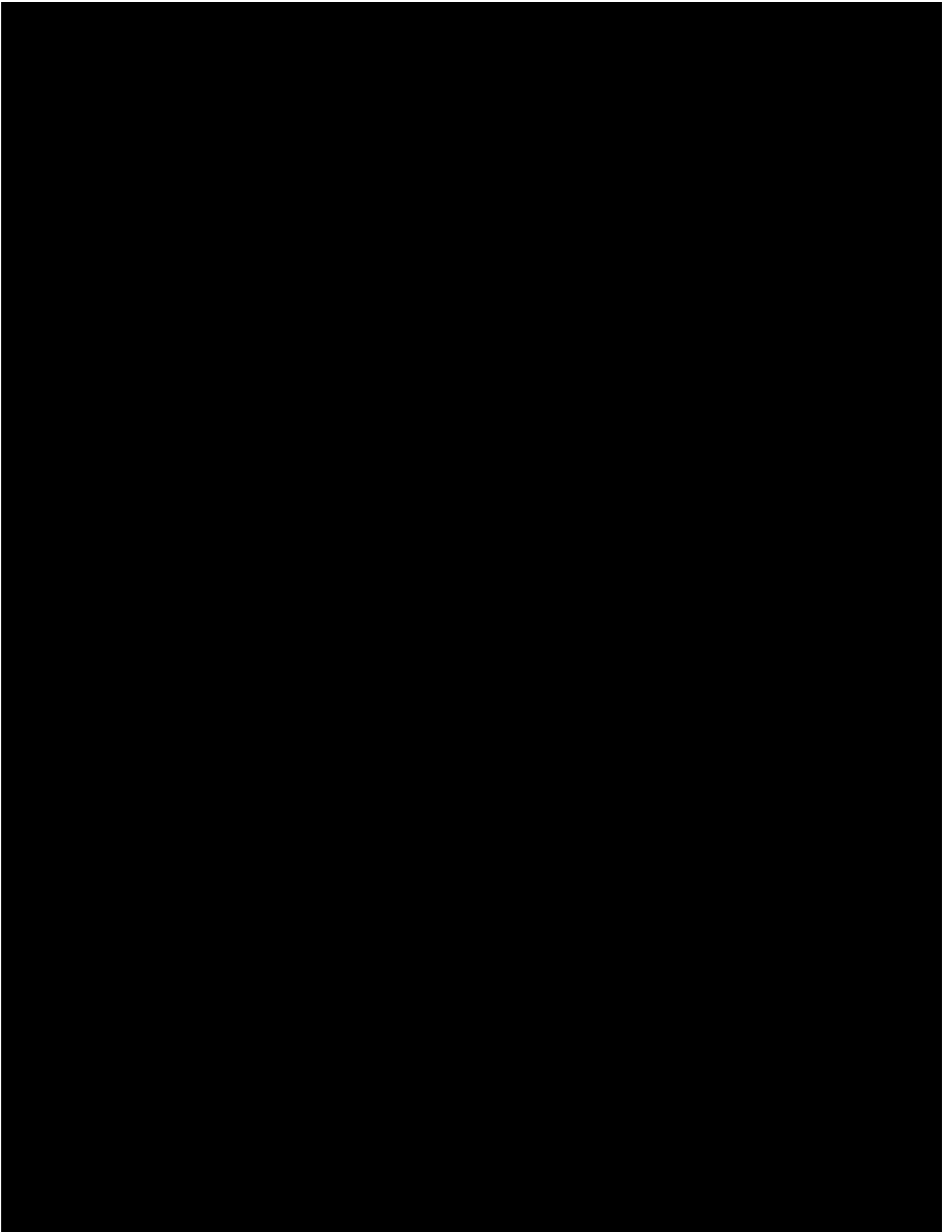


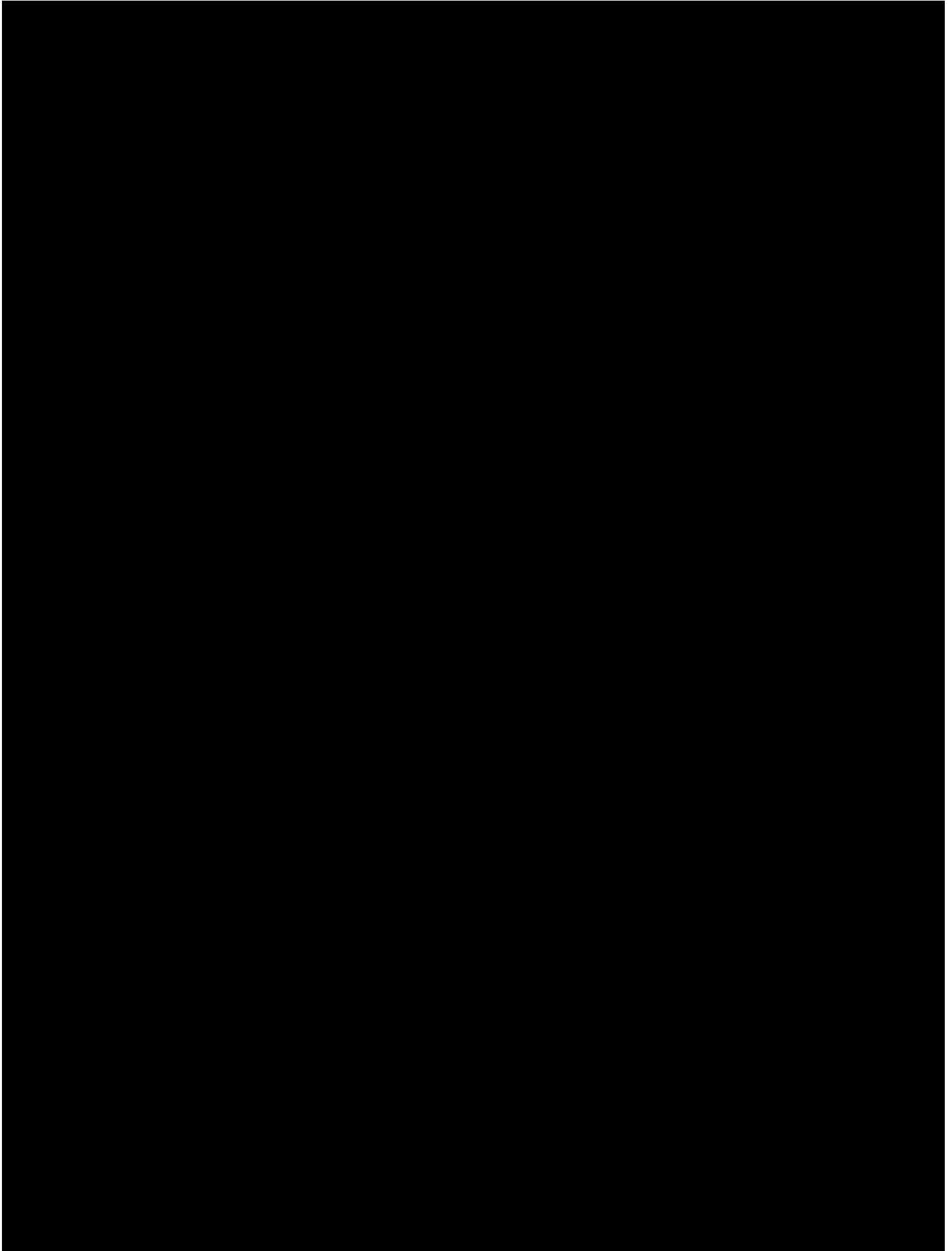


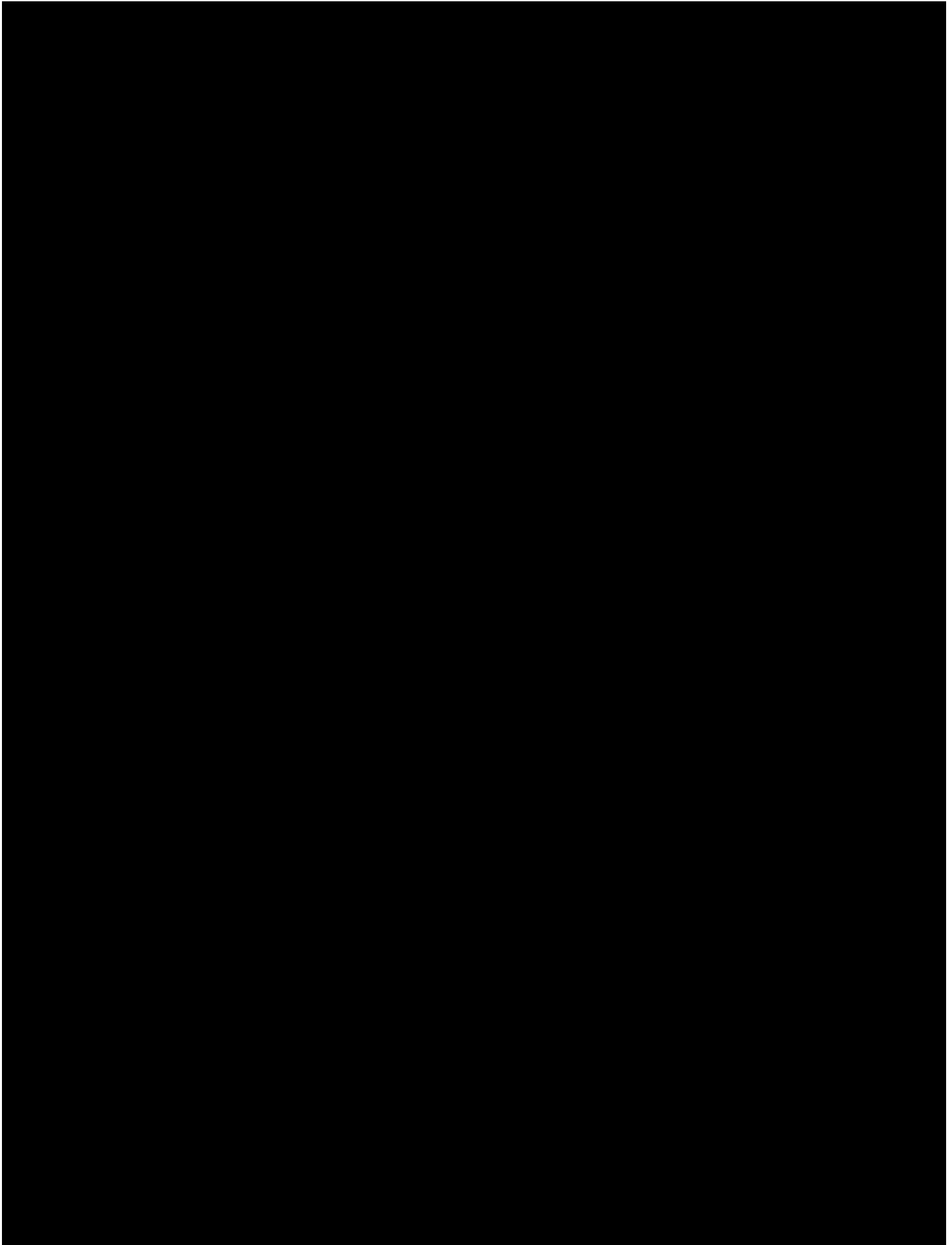


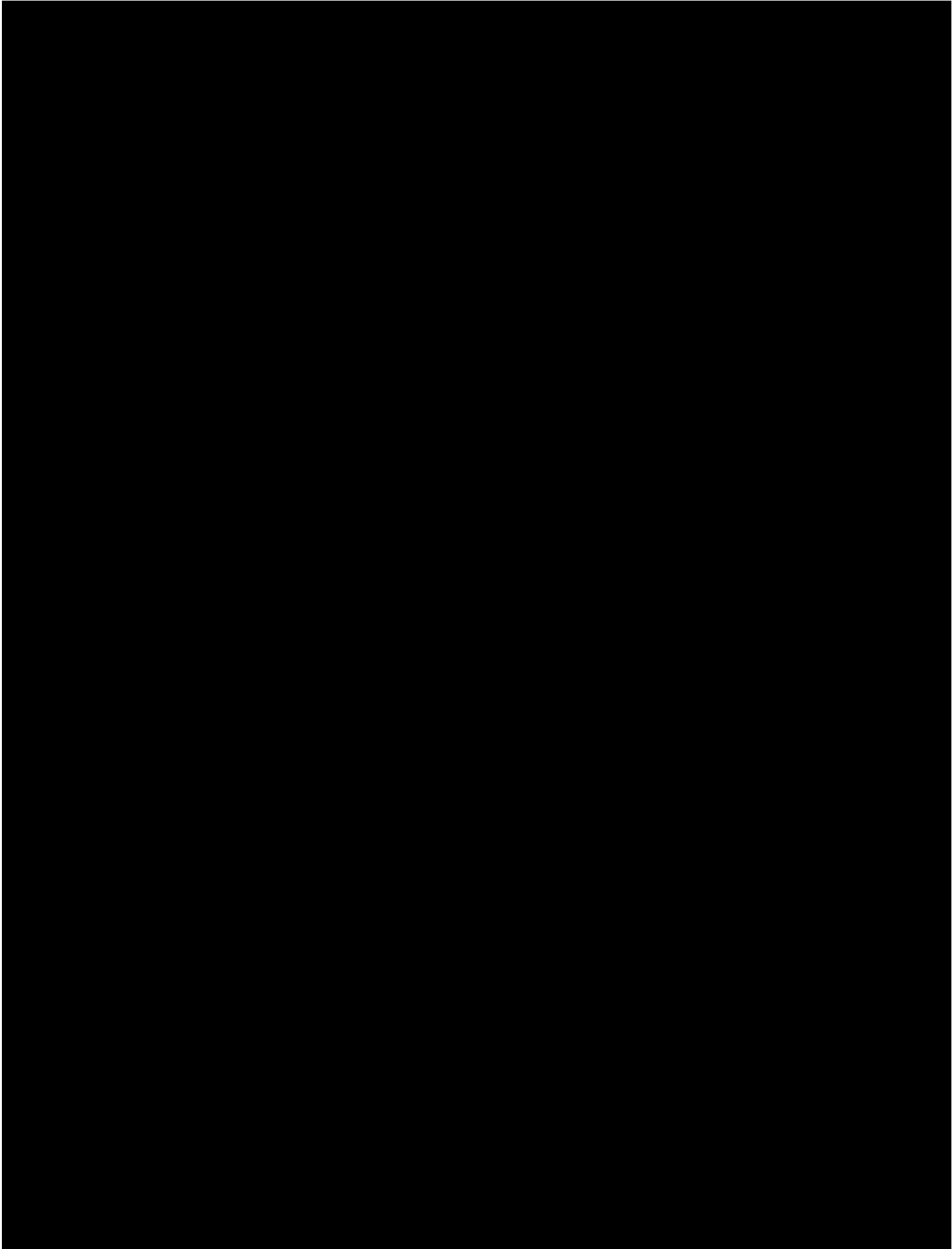


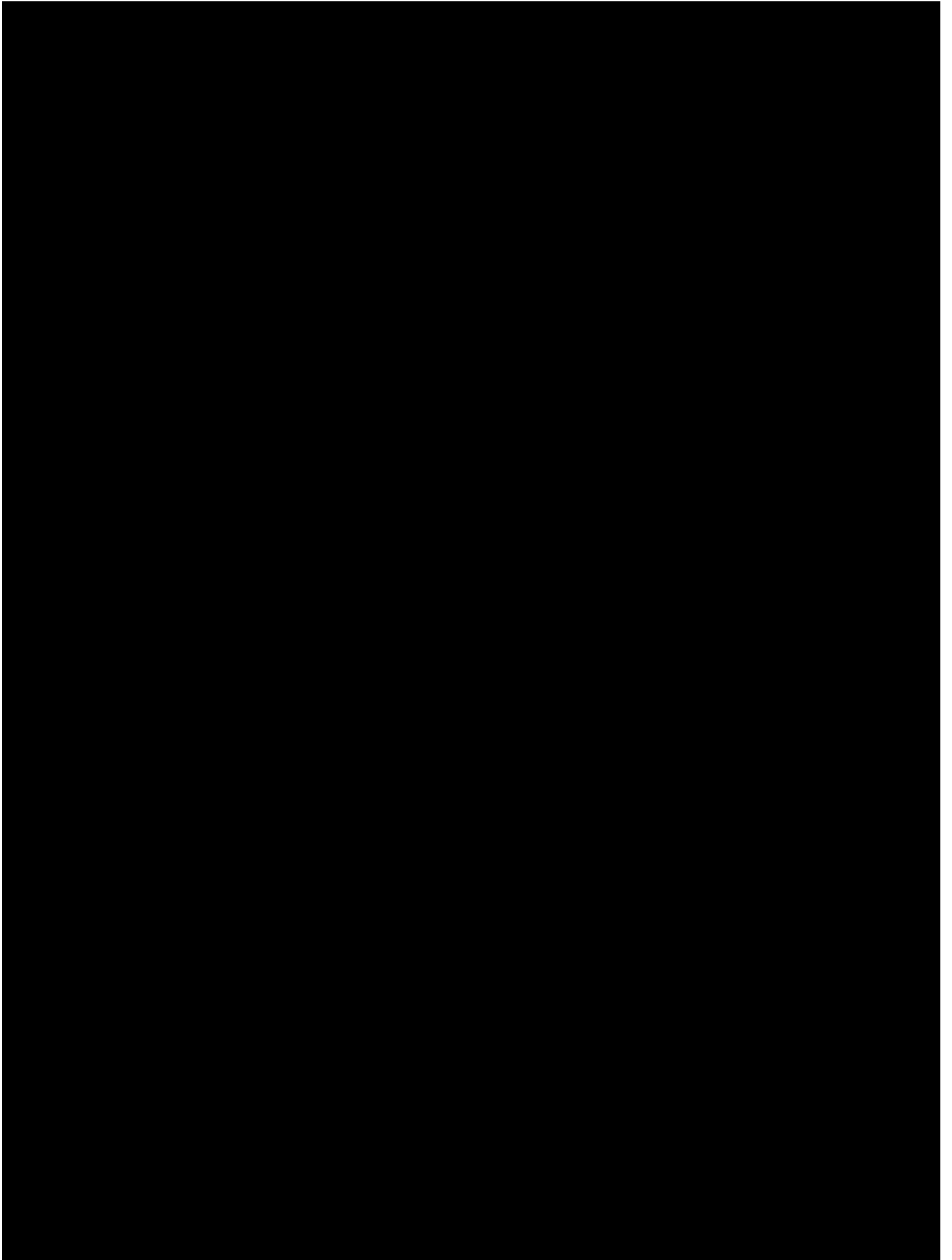


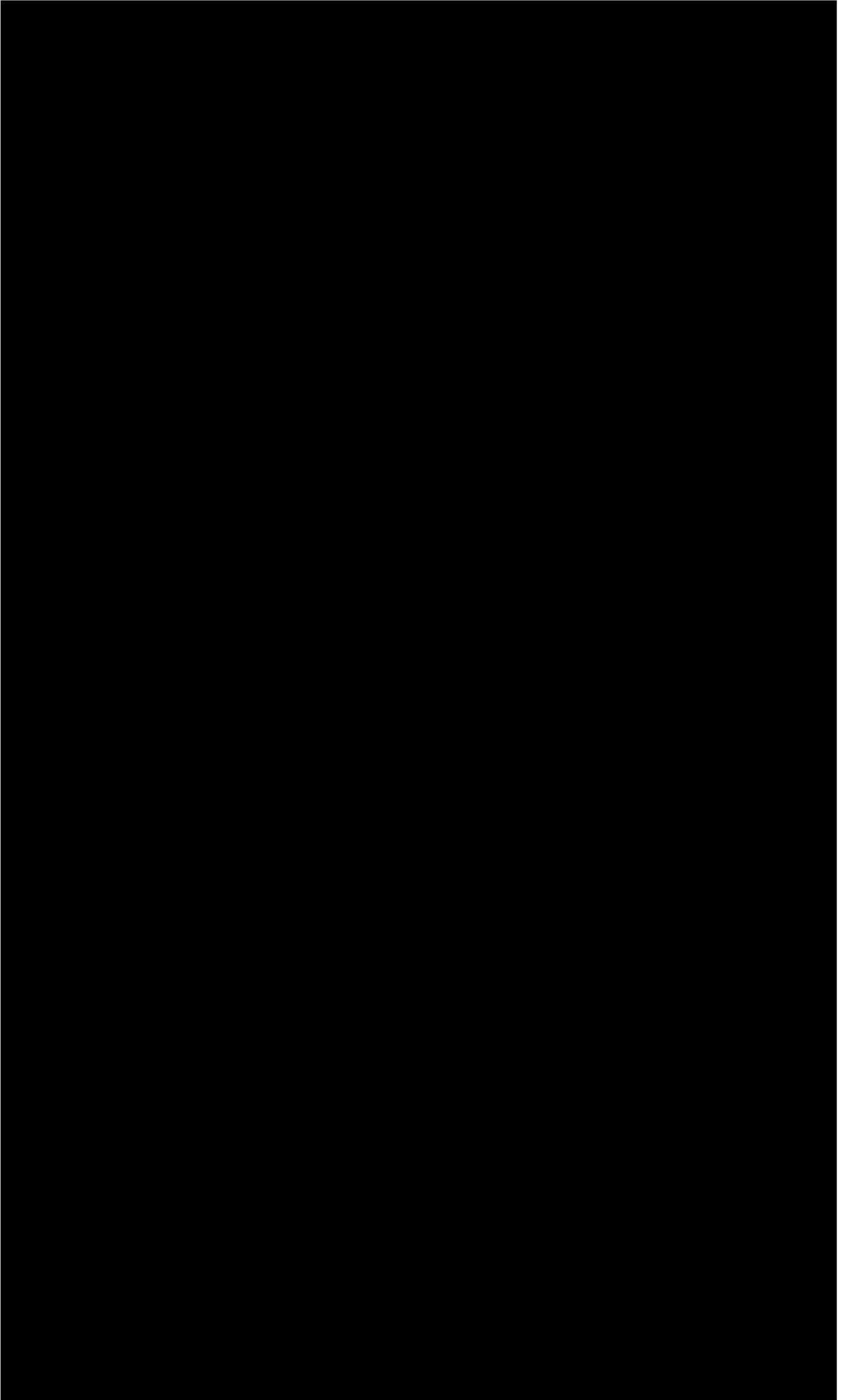


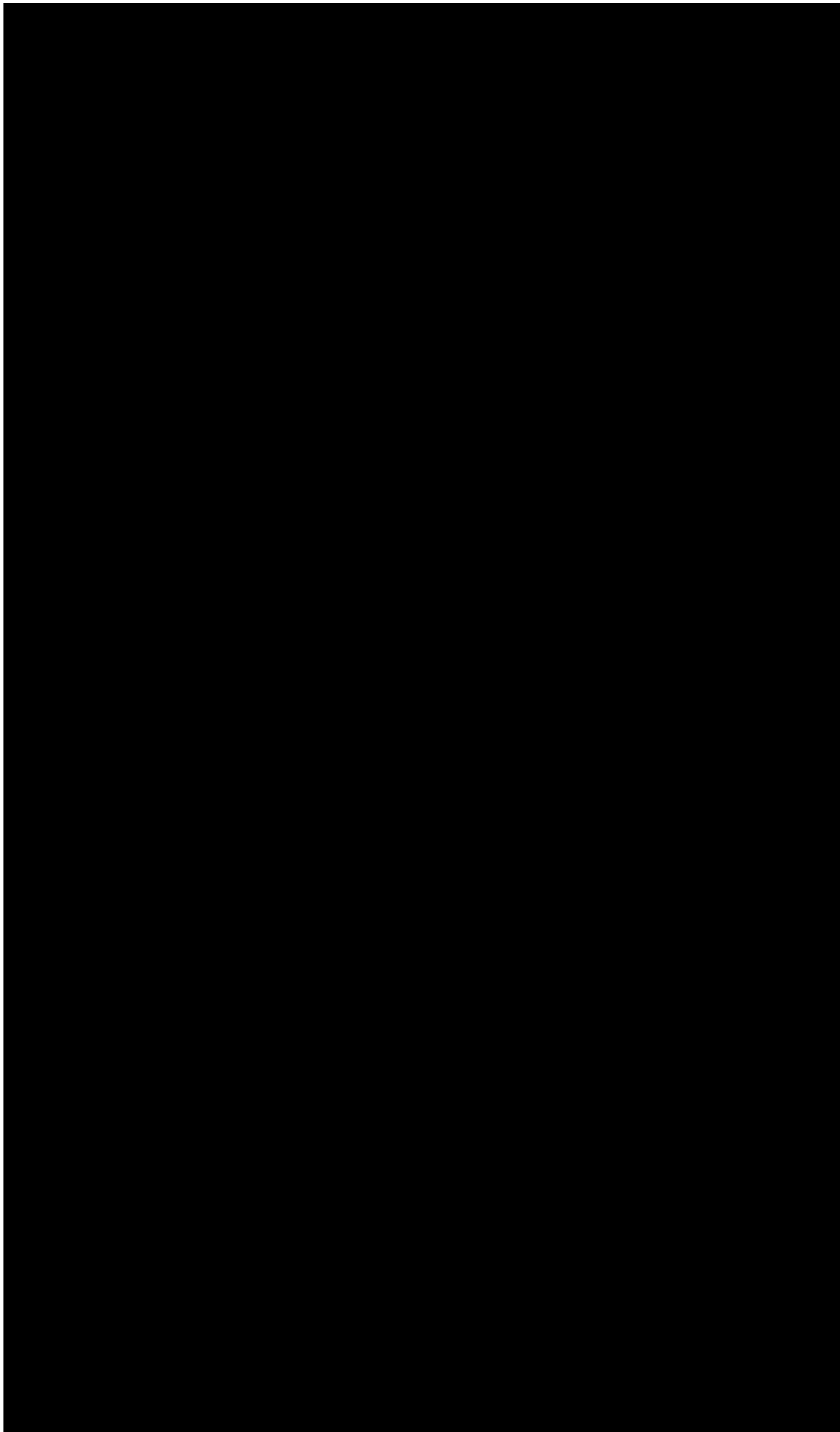














GENERAL/FINANCED RESIDENTIAL CONTRACT

Form Approved by Birmingham Association of REALTORS®, Inc. May 2017 (Revised by ARC Realty October 2017)

Date 10/2/2018

The undersigned Buyer(s) Amazing Movers LLC/Brian Henry or Assignee hereby agree(s)

to purchase, and the undersigned Seller(s) Phillip S. & Joyce M. Madden

hereby agree(s) to sell the following described real estate, together with all improvements, shrubbery, planting, fixtures and appurtenances (the "Property") situated in the City of Mountain Brook County of Jefferson, Alabama, on the terms stated below:

Address: [Redacted] Zip Code [Redacted]

Legal Description: _____

Map Book _____ Page _____ AND/OR complete parcel ID _____

1. AGENCY DISCLOSURE:

The listing company is ARCR
(Two blocks may be checked)
 An agent of the Seller
 An agent of the Buyer
 An agent of both the Seller and Buyer and is acting as a limited consensual dual agent
 Assisting the Buyer Seller as a transaction broker

The selling company is ARCR
(Two blocks may be checked)
 An agent of the Seller
 An agent of the Buyer
 An agent of both the Seller and Buyer and is acting as a limited consensual dual agent
 Assisting the Buyer Seller as a transaction broker

Seller Initials PSM JMM

Buyer Initials [BH]

2. THE TOTAL PURCHASE PRICE OF THE PROPERTY SHALL BE \$ _____

Earnest Money under this Contract shall be

(A) PURCHASE MONEY: (Check as applicable)

(1) CASH: Buyer will either pay cash or obtain financing for the purchase of the Property, but Buyer's obligation to close this transaction is not contingent on obtaining financing or the appraised value of the Property. Buyer will provide to Seller a letter of deposit/financial capability to purchase within 7 (seven) calendar days from the Finalized Date of this Contract. "Finalized Date" shall mean the date that appears on the last page of this Contract.

(2) FINANCING: This Contract is contingent on Buyer obtaining approval of a conventional FHA VA Other Commercial loan in the amount of \$ _____ or _____% of the Purchase Price (excluding any financed loan costs) at the prevailing interest rate and loan costs. If FHA or VA financing is utilized the "FHA/VA Amendatory Clause Addendum" must be a part of this Contract.

The Birmingham Association of REALTORS®, Inc. is not engaged in rendering legal, accounting or other professional service by approving this form. This form is published as a service to member real estate professionals and an explanation of its various provisions should be obtained from the appropriate professional. Because of varying state and local laws, competent legal or other advice should be secured before using any form. If a user of this form makes any substantive changes to any portions above, the form will no longer be an approved form.

REDACTION S: Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

27. FACSIMILE OR ELECTRONIC SIGNATURES: This Contract may be executed and delivered by any party by sending a facsimile of the signature or by a legally recognized e-signature. Such facsimile signature or legally recognized e-signature shall be binding upon the party executing it as soon as the signature is received by any other party hereto.

Seller Initials PSM [Signature]

Buyer Initials [BH]

28. OBLIGATION FOR FEES AND EXPENSES: Buyer and Seller acknowledge that in the event this Contract is canceled or does not close for any reason, fees or costs paid may not be refundable.

Seller Initials PSM [Signature]

Buyer Initials [BH]

29. ADDITIONAL PROVISIONS: Additional provisions to this Contract are set forth on the attached Addendum(s) PSM [Signature] which shall be signed by all parties and shall be part of this Contract.

Seller Initials PSM [Signature]

Buyer Initials [BH]

30. ENTIRE AGREEMENT: This contract constitutes the entire agreement between Buyer and Seller regarding the property, and supersedes all prior discussions, negotiations and agreements between Buyer and Seller, whether oral or written. All representations, claims, advertising, promotional activities, brochures or plans of any kind made by Seller, Real Estate Broker, or Real Estate Agent are not a part of this Agreement unless expressly incorporated or stated in this Agreement. Neither Buyer, Seller, Real Estate Broker, nor any Real Estate Agent shall be bound by any understanding, agreement, promise, or representation concerning the property, expressed or implied, not specified herein, except that any prior written agreement concerning the payment of commission and/or compensation payable to Broker shall remain valid, in effect and enforceable.

Seller Initials PSM [Signature]

Buyer Initials [BH]

31. ADDITIONAL PROVISIONS:

The Birmingham Association of REALTORS®, Inc. is not engaged in rendering legal, accounting or other professional service by approving this form. This form is published as a service to member real estate professionals and an explanation of its various provisions should be obtained from the appropriate professional. Because of varying state and local laws, competent legal or other advice should be secured before using any form. If a user of this form makes any substantive changes to any portions above, the form will no longer be an approved form.

THIS IS A LEGALLY BINDING CONTRACT. IF YOU DO NOT UNDERSTAND THE LEGAL EFFECT OF ANY PART OF THIS CONTRACT, SEEK LEGAL ADVICE BEFORE SIGNING.

Authentisign <i>Joye Madden</i>	Authentisign <i>Brian Henry</i>
Seller <small>10/4/2018 6:24:04 PM CDT</small>	Buyer <small>10/4/2018 2:47:06 PM CDT</small>
Date	Date
Authentisign <i>Phillip Madden</i>	
Seller <small>10/4/2018 2:32:06 PM CDT</small>	Buyer
Date	Date

EARNEST MONEY: Receipt is hereby acknowledged of the earnest money as herein set forth

AGENCY: ARC Realty Cash Check

By *Cathy Rogoff* Date 10/4/18

10/5/2018 12:47:59 PM CDT

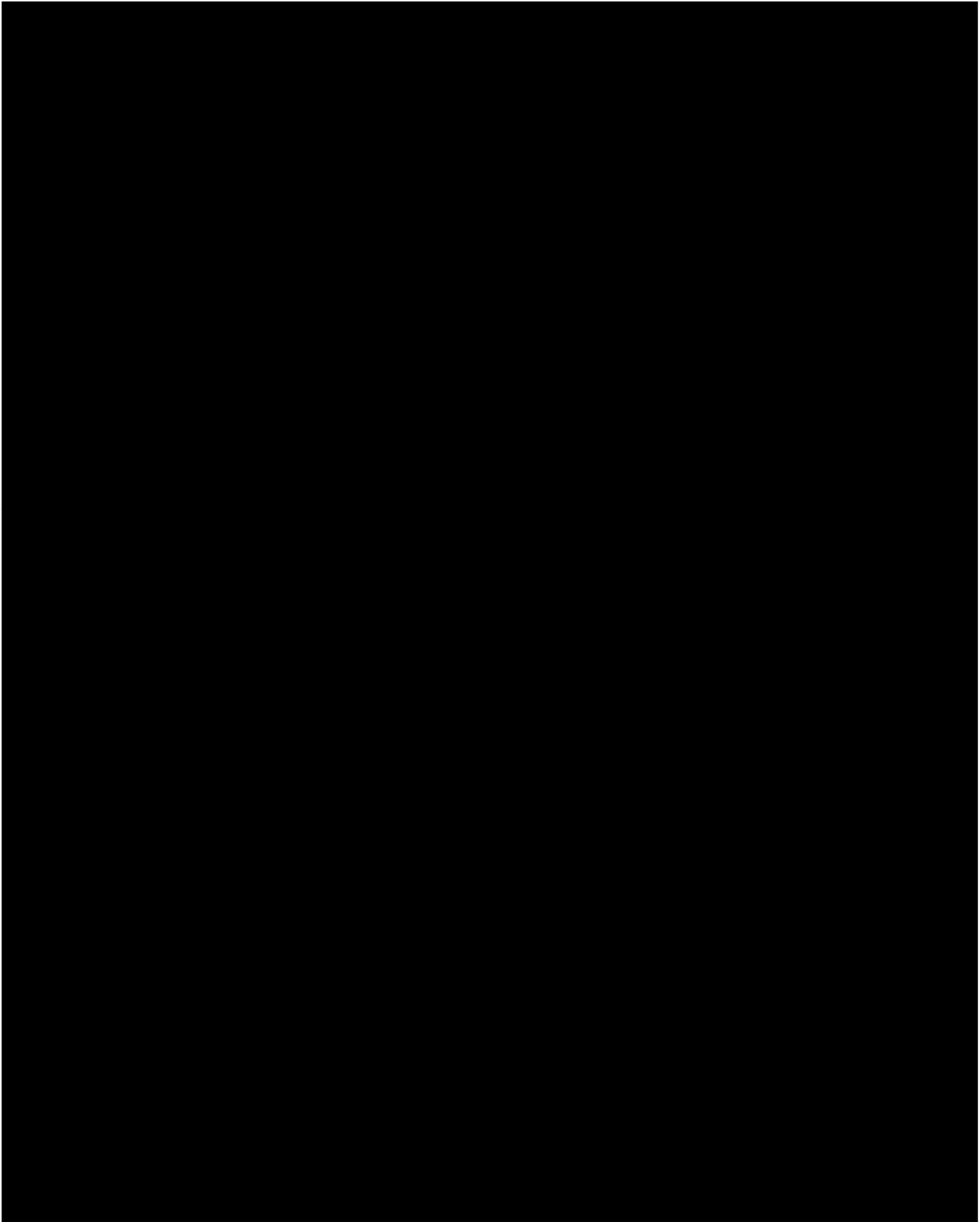
FINALIZED DATE: 10/4, 20 18. (Date on which last party signed or initialed acceptance of final offer).

Authentisign
Cathy Rogoff 10/5/18

Agent's Signature Date

10/5/2018 12:48:04 PM CDT

The Birmingham Association of REALTORS®, Inc. is not engaged in rendering legal, accounting or other professional service by approving this form. This form is published as a service to member real estate professionals and an explanation of its various provisions should be obtained from the appropriate professional. Because of varying state and local laws, competent legal or other advice should be secured before using any form. If a user of this form makes any substantive changes to any portions above, the form will no longer be an approved form.



AFFIDAVIT OF CASTRO JAVINE REGARDING ALABAMA RESIDENCY

I, Castro Javine, do hereby swear under penalty of perjury that the assertions of this affidavit are, based upon my personal knowledge, true and correct:

1. I am a competent adult, being duly sworn according to law, depose and state that I am: (i) a citizen of the United States; (ii) a resident of the State of Alabama; and (iii) over 18 years of age.

2. I am a shareholder of XLCR, Inc. ("*XLCR*" or "*Applicant*") and, in such position, I am authorized to make this Affidavit.

3. A true and correct copy of my Alabama Driver's License correctly identifying my current address is attached hereto.

4. I am currently a resident of the State of Alabama and have been a resident of the State of Alabama for more than 15 years.

5. In the last 15 years, I have lived in the following locations, all of which are within the State of Alabama.

6. In 2005, I lived in a home located at [REDACTED], where I lived with my parents for approximately 13 years. Initially, my parents rented this house and then I purchased it with them in 2017. Only my parents were on the lease of this property prior to 2017 when we purchased the home. Attached hereto is a copy of the deed showing where I purchased this house along with my parents and tax records showing where I paid the taxes on the house before I purchased it.

7. In 2019, I purchased a home located at [REDACTED] which is where I currently live. Attached is a copy of my deed for this property and a recurring

REDACTIONS:
Confidential
Address Info;
See App. Guide
1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

bill I pay for pest control is attached.

8. Affiant further sayeth naught.

Executed this 3rd day of March, 2023 in Northport, Alabama, County of Tuscaloosa.

DocuSigned by:
Castro Javine
28B7D611C59440B...

Castro Javine, Individually
3/3/2023 | 8:51:25 AM PST

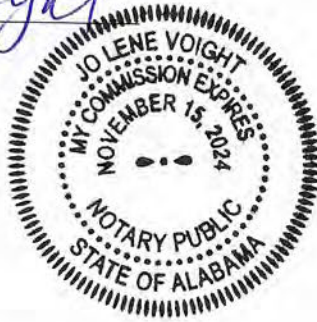
Sworn and scribed before me,

this 3 day of March, 2023.

My commission expires: 11/15/24.

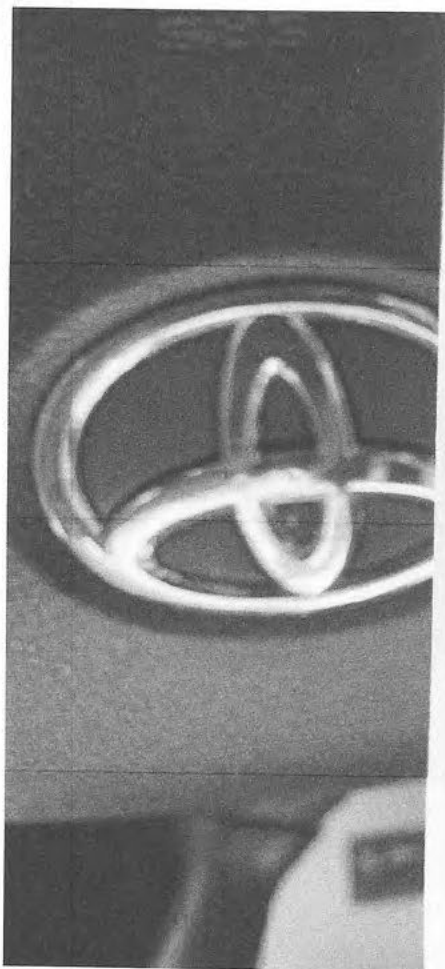
Jo Lene Voight

Notary Public



Prepared by:

Jason R. Klinowski, Esq.
KLINOWSKI DAMIANO LLP
P.O. Box 43404
Birmingham, Alabama 35243
Tel: (205) 644-8881
Fax: (205) 644-8489
E-mail: jklinowski@aglawyer.com
Counsel for XLCR, INC.



REDACTIONS: Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

DEED Book 2017 Page 23945
Recorded: 10/12/2017 4:35:17 PM
W. Hardy McCollum, Probate Judge
Tuscaloosa County, Alabama
Term/Cashier: PRO-RECORDING2/MYRAA
Tran: 1160912
Deed Tax \$47.50
Probate Judge Fee \$2.00
Recording Fee - By Page Count \$6.00
Additional Name Fee \$1.00
Source of Title \$1.00
Total: \$57.50

This instrument was prepared by:

T. Wade Wilson
Gilmore & Rowley
Attorneys at Law, LLC
1905 7th Street
Tuscaloosa, AL 35401
(205) 752-8338

THIS INSTRUMENT PREPARED WITHOUT BENEFIT OF
ON-SITE INSPECTION, SURVEY OR TITLE EXAMINATION

Source of Title: Deed Book 2009, at Page 9240

STATE OF ALABAMA)
)
COUNTY OF TUSCALOOSA) **STATUTORY WARRANTY DEED**

KNOW ALL MEN BY THESE PRESENTS: That, for and in consideration of TEN (\$10.00) DOLLARS, and other good and valuable consideration, this day in hand paid to the undersigned GRANTOR, **CYNTHIA D. HOFFMAN RYAN, a married woman** (hereinafter referred to as GRANTOR), the receipt whereof is hereby acknowledged, the GRANTOR does hereby give, grant, bargain, sell and convey unto the GRANTEES, **AB ISRAEL JAVINE, MARY JAVINE, and CASTRO JAVINE** (hereinafter referred to as GRANTEES), for and during their joint lives and upon the death of either of them, then to the survivor of them, together with every contingent remainder and right of reversion, the following described Real Estate, lying and being in the County of Tuscaloosa, State of Alabama, to-wit:

Lots 21 and 22, Block 3, Map of Capetown, a map or plat of which is recorded in Plat Book 4, at Page 21 in the Probate Office of Tuscaloosa County, Alabama, said reference being hereby made in aid of and as a part of this description.

This conveyance is hereby made subject to restrictions, easements and rights of way of record in the Probate Office of Tuscaloosa County, Alabama.

Grantor hereby certifies that the property described herein does not constitute her homestead nor the homestead of her spouse.

Grantor herein, **Cynthia D. Hoffman Ryan**, hereby certifies that she is the same person as Cynthia D. Hoffman, the grantee referenced in that certain special warranty deed recorded in Deed Book 2009, at Page 9240 in the Probate Office of Tuscaloosa County, Alabama.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said GRANTEES, for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, and to the heirs and assigns of such survivor forever. GRANTOR makes no warranty or covenant respecting the nature of the quality of the title to the property hereby conveyed other than that GRANTOR has neither conveyed nor permitted or suffered any lien, encumbrance or adverse claim to the property described herein since the date of acquisition thereof by GRANTOR.

IN WITNESS WHEREOF, said GRANTOR has hereunto set her hand and seal this the
3 day of May, 2017.

Cynthia D. Hoffman Ryan
CYNTHIA D. HOFFMAN RYAN

STATE OF ALABAMA)
)
COUNTY OF TUSCALOOSA)

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that **CYNTHIA D. HOFFMAN RYAN, a married woman**, whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument signed her name voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 3rd day of May, 2017.

T. Wade Wilson
NOTARY PUBLIC
My Commission Expires: 10-30-17



The following information is provided pursuant to Code of Alabama Section 40-22-1.

Property Address: 3611 21st Street, Tuscaloosa, Alabama 35401

Grantees' Address: Ab Israel Javine, Mary Javine, and Castro Javine: 3611 21st Street, Tuscaloosa, Alabama 35401

Grantors' Address: Cynthia D. Hoffman Ryan: 13820 Neighbors Drive, Tuscaloosa, Alabama 35405

The purchase price or appraised valuation of the property (\$47,500.00) can be verified with the following document of office:

The Tuscaloosa County Tax Assessor's Office

Recorded: 11/19/2019 1:54:14 PM
Ward D. Robertson, III, Probate Judge
Tuscaloosa County, Alabama
Term/Cashier: PRO-RECORDS3/JMCATEER
Tran: 1514482
Probate Judge Fee \$2.00
Deed Tax \$9.50
Recording Fee - By Page Count \$12.00
Source of Title \$1.00
Additional Name Fee \$1.00
Total: \$25.50

This Instrument Was Prepared by:
Jennifer T. Crabtree
Rosen Harwood, P.A.
2200 Jack Warner Parkway, Suite 200
Tuscaloosa, Alabama 35401

Source of Title: **Deed Book 2019, at Page 15404**

STATE OF ALABAMA)
COUNTY OF TUSCALOOSA)

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS: That, for and in consideration of TEN (\$10.00) DOLLARS, and other good and valuable consideration, this day in hand paid to the undersigned Grantors, **IRA Innovations, LLC f/b/o Alan B. Harrison, IRA, and Alan B. Harrison, a unmarried man,** (hereinafter referred to as Grantors), the receipt whereof is hereby acknowledged, the Grantors do hereby give, grant, bargain, sell and convey unto the Grantee, **Castro Javine,** (hereinafter referred to as Grantee), together with every contingent remainder and right of reversion, their heirs and assigns, the following described Real Estate, lying and being in the County of Tuscaloosa, State of Alabama, to-wit:

Lot 10 Archwood Phase I, a map or plat of which is recorded in Plat Book 18, at Page 39 in the Probate Office of Tuscaloosa County, Alabama, reference to the said map or plat being hereby made in aid of and as a part of this description.

This conveyance is hereby made subject to restrictions, easements and rights of way of record in the Probate Office of Tuscaloosa County, Alabama.

This property is not the homestead of Alan B. Harrison or his spouse.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said Grantee, his/her heirs and assigns forever.

AND SAID GRANTORS, for said Grantors, Grantors heirs, successors, executors and administrators, covenants with Grantee, and with Grantees heirs, successors and assigns, that Grantors are lawfully seized in fee simple of the said Real Estate; that said Real Estate is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the Real Estate of record in the Probate Office of said County; and that Grantors will, and Grantors heirs, successors, executors and administrators shall, warrant and defend the same to said Grantee, and Grantee heirs and assigns, forever against the lawful claims of all persons.

IN WITNESS WHEREOF, said Grantors have hereunto set their hands and seals this the 18th
day of November, 2019.

Alan B. Harrison
Alan B. Harrison

STATE OF ALABAMA)

COUNTY OF TUSCALOOSA)

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that Alan B. Harrison whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the Instrument, signed his name voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 18th day of November, 2019.

[Signature]
NOTARY PUBLIC
My Commission Expires: 7/10/21



IN WITNESS WHEREOF, said Grantors have hereunto set their hands and seals this the 18
day of November, 2019.

IRA Innovations, LLC f/b/o Alan B. Harrison,
IRA

x [Signature]
By: William P. Gulas
Its: Authorized Representative

STATE OF Alabama
COUNTY OF Shelby

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that William P. Gulas whose name as William P. Gulas of IRA Innovations, LLC fbo Alan B. Harrison is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the Instrument, he in his capacity as Authorized Representative and with full authority executed the same voluntarily for and on behalf of said entity.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 18th day of November, 2019.
[Signature]
NOTARY PUBLIC
My Commission Expires: July 7, 2020

INGRID ELISHA HOLCOMBE
Notary Public, State of Alabama
Alabama State At Large
My Commission Expires
July 07, 2020

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name IRA Innovation, LLC fbo Alan B. Harrison
Mailing Address Alan B. Harrison
6020 4th Avenue
Northport, AL 35473

Grantee's Name Castro Javine
Mailing Address 6020 4th Avenue
Northport, AL 35473

Property Address 6020 4th Avenue
Northport, AL 35473

Date of Sale Nov. 18
October 31, 2019 *CT*
Total Purchase Price \$ 185,000.00
or
Actual Value \$
or
Assessor's Market Value \$

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

Bill of Sale Appraisal
 Sales Contract Other
 Closing Statement

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 11/18/19

Print Castro Javine

Unattested
(verified by)

Sign *Castro Javine*
(Grantor/Grantee/Owner/Agent) circle one

AFFIDAVIT OF KEVIN BARBER REGARDING ALABAMA RESIDENCY

I, Kevin Barber, do hereby swear under penalty of perjury that the assertions of this affidavit are, based upon my personal knowledge, true and correct:

1. I am a competent adult, being duly sworn according to law, depose and state that I am: (i) a citizen of the United States; (ii) a resident of the State of Alabama; and (iii) over 18 years of age.

2. I am a shareholder of Park Transfer & Storage Company, Inc., which is a shareholder of XLCR, Inc. ("*XLCR*" or "*Applicant*") and, in such position, I am authorized to make this Affidavit.

3. A true and correct copy of my Alabama Driver's License correctly identifying my current address is attached hereto.

4. I am currently a resident of the State of Alabama and have been a resident of the State of Alabama for more than 15 years.

5. In the last 15 years, I have lived in the following locations, all of which are within the State of Alabama.

6. In 2008, I lived in a home located at [REDACTED], where I lived for approximately two years. Attached is a copy of the title insurance for this property identifying me as the owner.

7. In 2009, I lived in a home located at [REDACTED] and I lived here for 9 years. Attached hereto is a letter from State Farm Insurance identifying me as the holder of a homeowner's policy on this house and a bill for repairs to this address. I have also attached a copy of the deed where my wife purchased the house in 2009 and sold it in 2015.

REDACTIONS:
Confidential
Address Info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

8. In 2016, I purchased a home located at [REDACTED] where I lived for 2 years. Attached is a copy of my homeowner's policy for this property identifying me as an owner of this property.

9. In 2018, I purchased a home located at [REDACTED] and where I lived for 2 years. Attached is a copy of my homeowner's policy for this property identifying me as an owner of this property.

10. In 2020, I purchased my current home in Alabama, which is located at [REDACTED] Attached hereto is a copy of my homeowner's policy for this property and Jefferson County Tax Record.

11. Affiant further sayeth naught.

Executed this 3rd day of March, 2023 in Birmingham, Alabama, County of Jefferson.

DocuSigned by:
Kevin Barber
57ED73F6ECF34C0...
Kevin Barber, Individually
3/3/2023 | 10:53:08 AM PST

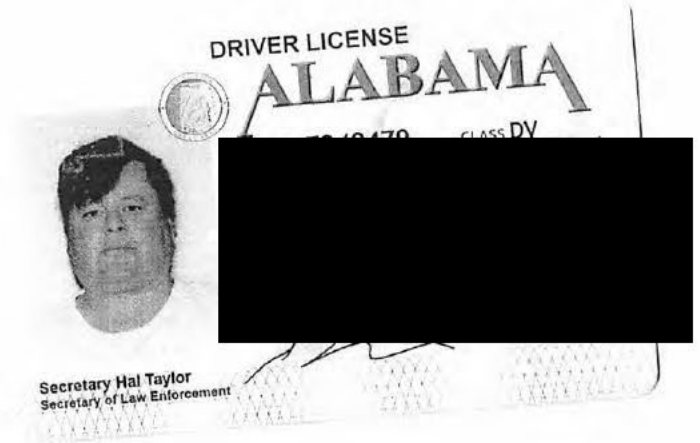
Sworn and scribed before me,
this 3 day of March, 2023.

My commission expires: 11/15/24

Jo Lene Voight
Notary Public



REDACTIONS: Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]



0000000003198217301



KEVIN BRYANT BARBER
CLASS: D-Regular Operators License
CLASS: V-Vessel

ENDORSEMENTS:
RESTRICTIONS:



Rev 11-01-2014
7240479 - 1

First American Title Insurance Company

SCHEDULE A

REISSUE? PRIOR POLICY # AMOUNT SIMUL. POLICY # FA-87-36631 AMOUNT \$96,485.00

First American Title Insurance Company
1 First American Way
Santa Ana, California 92707

Agent's File Number: 49090

Policy Number: FA - 83-72898

Address Reference:

Date of Policy: February 26, 2008 @ 1:31:44 p.m.
(or the date and time of recording of the instrument Vesting insured title, whichever is later)

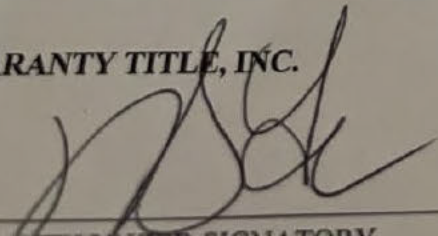
Amount of Insurance

1. Name of Insured:
Kevin B. Barber
2. The estate or interest in the land that is insured by this policy is:
FEE SIMPLE
3. Title is vested in:
Kevin B. Barber by virtue of that certain deed from **Michael Carver Beck and Holly D. Beck** to **Kevin B. Barber** dated **February 25, 2008** and recorded in Deed Book **2008**, at Page **3727** in the office of the Judge of Probate in **Tuscaloosa County, AL.**
4. The land referred to in this policy is described as follows:

Lot 1 Lewis Lane, a map or plat of which is recorded in Plat Book 9, at Page 101 in the Probate Office of Tuscaloosa County, Alabama, reference to said map or plat being hereby made in aid of and as a part of this description.

GUARANTY TITLE, INC.

BY



SIGNATORY

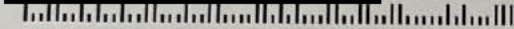
REDACTIONS:
Confidential
Financial Info; See
App. Guide 1.8;
§36-12-40, et
seq. Code of
Alabama 1975]

051723

Christian P. & Kevin B. Barber

October 28, 2010

REDACTIONS:
Confidential
Address Info; See
App. Guide 1.8;
§36-12-40, et seq.
Code of Alabama
1975]



Dear Policyholder,

Thank you for choosing State Farm to help protect your home.

You and a representative from your State Farm Agent's office recently estimated the replacement cost of your home using the Xactware® estimating tool. The estimated replacement cost and some of the information you provided about your home appears below. Please review this along with the enclosed "Understanding the Value of Your Home" information sheet.

Estimated Cost to replace your home based on Xactware estimating tool: [REDACTED]

Insurance amount you selected on your Homeowners Policy: [REDACTED]

Estimate Number	D6D7-F9IA-2	Date of Estimate	09/28/2010
Total living area square footage	1568		
Garage Type and Number of Cars	2 Cars - Attached / Built-In		
Number of Stories	1 Story		
Exterior Wall Material	50% Brick Veneer, 50% Synthetic Stucco		
Foundation Type	100% Concrete Slab		

Replacement cost estimates are also available from other sources such as building contractors or replacement cost appraisers. State Farm does not guarantee that any estimate will be the actual future cost to rebuild your home, nor does a replacement cost estimate dictate the amount of insurance coverage you must purchase. But State Farm does recommend you purchase an amount of coverage at least equal to the estimated replacement cost of your home. State Farm allows you to choose the coverage limits that best fit your circumstances, however, choosing a limit lower than the estimated replacement cost will make certain coverages unavailable to you.

If you have any questions regarding the Xactware estimate or the coverage amounts you selected, or if you would like an additional copy of the complete Xactware estimate that was created for your home based on the information you provided, please contact your State Farm Agent

Thank you for choosing State Farm.

REDACTIONS:
Confidential
Financial Info; See
App. Guide 1.8;
§36-12-40, et seq.
Code of Alabama
1975]

(205) 394-0405
twoods2005@comcast.net

12/14/2015

REDACTIONS:
Confidential
Address Info; See
App. Guide 1.8;
§36-12-40, et seq.
Code of Alabama
1975]

Bill To
Kevin D... [Redacted]

P.O. No.	Terms	Project
	Due on receipt	Shower

Quantity	Description	U/M	Rate	Amount
1	Installed new chrome drain and tail piece, new P-Trap and new coupling onto drain going into the wall. Price includes materials and labor.		125.00	125.00

Total

THIS INSTRUMENT PREPARED BY:
C. BARTON ADCOX

ADCOX ASSOCIATES
LLC
Attorneys and Counselors at Law
2205 4TH STREET, SUITE 21
TUSCALOOSA, ALABAMA 35401
205-469-0469

2009 14163
Recorded in the Above
DEED Book & Page
09-09-2009 10:07:55 AM
Source Of Title: DEED 2002 / 16028
W. Hardy McCollum - Probate Judge
Tuscaloosa County, Alabama

Source of Title: Deed Book 2002, Page 16028

STATE OF ALABAMA

WARRANTY DEED

COUNTY OF TUSCALOOSA

KNOW ALL MEN BY THESE PRESENTS: That, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration to them in hand paid by the Grantee herein, the receipt of which is hereby acknowledged, **JEB C. BONNER AND JULIA KELLY BONNER, FORMERLY KNOWN AS JULIA KELLY BLACK** (herein referred to as "Grantors") do by these presents grant, bargain, sell and convey unto **DEANNA CHRISTIAN PARK** (herein referred to as "Grantee") the following described real estate situated in Tuscaloosa County, Alabama, to-wit:

Lot 100 Northwood No. 12, Fifth Section, a map or plat of which is recorded in Plat Book 11, at Page 31 in the Probate Office of Tuscaloosa County, Alabama; reference to which is hereby made in aid of and as a part of this description.

BEING the same property conveyed to Jeb C. Bonner and Julia Kelly Black from Fred M. Glover, Jr. and Gloria A. Glover by deed dated September 6, 2002 and filed for record September 6, 2002 in the Probate Office of Tuscaloosa County, Alabama.

This conveyance is subject to easements, restrictions, and rights of way appearing of record in the Office of the Judge of Probate of Tuscaloosa County, Alabama.

TO HAVE AND TO HOLD the aforegranted premises to the said Grantee, his heirs and assigns forever.

And the said Grantors do, for themselves, their heirs and assigns, covenant with said Grantee, his heirs and assigns, that they are lawfully seized in fee simple of said premises, that it is free from all encumbrances, except as otherwise noted above, that they have a good right to sell and convey the same as aforesaid, and that they will and their heirs and assigns shall Warrant and Defend the premises to the said Grantee, his heirs, personal representatives and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, the said Grantors have set their hands and seals this 28th day of August, 2009.

Jeb C. Bonner {L.S.}
Jeb C. Bonner

Julia Kelly Bonner {L.S.}
Julia Kelly Bonner

STATE OF ALABAMA
COUNTY OF Tuscaloosa

I, the undersigned notary public, in and for said county and state, hereby certify that **Jeb C. Bonner and Julia Kelly Bonner, formerly known as Julia Kelly Black**, whose names are signed to the foregoing conveyance, and who are known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and seal this 28th day of August, 2009.

Meinte L. Andrews
Notary Public
My commission expires 3/25/11

GRANTEE'S MAILING ADDRESS:

2002 Hudson Bay Dr.
Northport, AL 35473

2009 14164
Recorded in the Above
DEED Book & Page
09-09-2009 10:07:55 AM
Source Of Title: DEED 2002 / 16028
W. Hardy McCollum - Probate Judge
Tuscaloosa County, Alabama
Book/Pg: 2009/14163
Term/Cashier: SCAN1 / klatner
Tran: 9038.573886.719770
Recorded: 09-09-2009 10:08:41
DFE Deed Tax 75.00
PJF Probate Judge Fee 2.00
REC Recording Fee 6.00
SOT Source of Title 1.00
Total Fees: \$ 84.00

Continuation



Homeowners Policy

Named Insured and Mailing Address

KEVIN B BARBER
CHRISTIAN P BARBER

Your Agency's Name and Address

STEAD AND FULLER INS
P O BOX 59747
HOMEWOOD, AL 35259

Residence Premises

Mortgagee Name and Address

1. CITIZENS BANK NA
ISAOA/ATIMA
PO BOX 202060
FLORENCE, SC 29502-2060
LOAN NUMBER: 8104408151

Policy Information

Your Policy Number	For Policy Service	1.205.414.1476
Your Account Number	For Claim Service	1.800.252.4633

Your Insurer: TRAVELERS PERSONAL INSURANCE COMPANY
a subsidiary or affiliate of The Travelers Indemnity Company
One Tower Square, Hartford, CT 06183

The policy period is from June 8, 2022 at 12:01 A.M. STANDARD TIME to June 8, 2023 at 12:01 A.M. STANDARD TIME at the residence premises.

Total Premium for this Policy: \$4,167.00
Premiums not a cash. The mortgagee will be billed separately for this policy.

Discounts

The following discounts reduced your premium:

- Multi-Policy
- Early Quote
- Good Payer
- Fire Protective Device

Savings Reflected in Your Total Premium:

Coverages and Limits of Liability

Property Coverage Section	Limit
Coverage A - Dwelling	
Coverage B - Other Structures	
Coverage C - Personal Property	
Coverage D - Loss of Use	

The following discounts reduced your premium:
Multi-Policy
Early Quote
Good Payer
Fire Protective Device

Savings Reflected

Continuation

TRAVELERS

Homeowners Policy

Named Insured and Mailing Address

KEVIN B BARBER
CHRISTIAN P BARBER



Your Agency's Name and Address

STEAD AND FULLER INS
P O BOX 59747
HOMEWOOD, AL 35259

*714 Hampden Pl Cir
247*

Residence Premises

Mortgagee Name and Address

- FRANKLIN AMERICAN MORTGAGE COM
ISAOA/ATIMA C/O CENTRAL LOAN
PO BOX 202028
FLORENCE, SC 29502-2028
LOAN NUMBER: 0112106497

Policy Information

Your Policy Number
Your Account Number

For Policy Service
For Claim Service

1.205.414.1476
1.800.252.4633

Your insurer:

TRAVELERS PERSONAL INSURANCE COMPANY
a subsidiary or affiliate of The Travelers Indemnity Company
One Tower Square, Hartford, CT 06183

The policy period is from June 15, 2020 at 12:01 A.M. STANDARD TIME to June 15, 2021 at 12:01 A.M. STANDARD TIME at the residence premises.

Total Premium for this Policy

\$2,436.00

This is not a bill. You will be billed separately for this transaction.

Discounts

The following discounts reduced your premium:

Multi-Policy	Early Quote	Loss Free
Good Payer	Fire Protective Device	

Savings Reflected in Your Total Premium:

Coverages and Limits of Liability

Property Coverage Section	Limit
Coverage A - Dwelling	
Coverage B - Other Structures	
Coverage C - Personal Property	
Coverage D - Loss of Use	



CONTINUATION PROPOSAL

Homeowners Policy

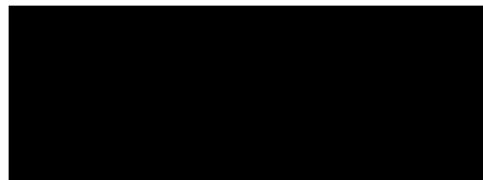
INSURED AND AGENT INFORMATION

(Named Insured)
Name and Mailing Address
KEVIN B BARBER
CHRISTIAN P BARBER

Agent Information
STEAD AND FULLER INS
P O BOX 59747
HOMEWOOD, AL 35259

*4218 Paxton Pl
Ventana 242
YB 2003
FB*

The Residence premises is located at



Mortgagee Name and Address
1. FIRSTBANK MORTGAGE PARTNERS
ISAOA ATIMA C/O CENLAR
PO BOX 202028
FLORENCE, SC 29502
LOAN NUMBER 0081318230

2 Car garage

6-8-18 Sold Reason

POLICY INFORMATION

Homeowners Policy No.

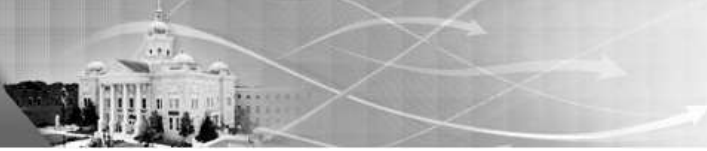
Policy Period
01/15/18 - 01/15/19 12:01 A.M.
Standard Time at the residence premises

Your Insurer
The Travelers Home and Marine Insurance Company
One of The Travelers Property Casualty Companies
One Tower Square, Hartford, CT 06183

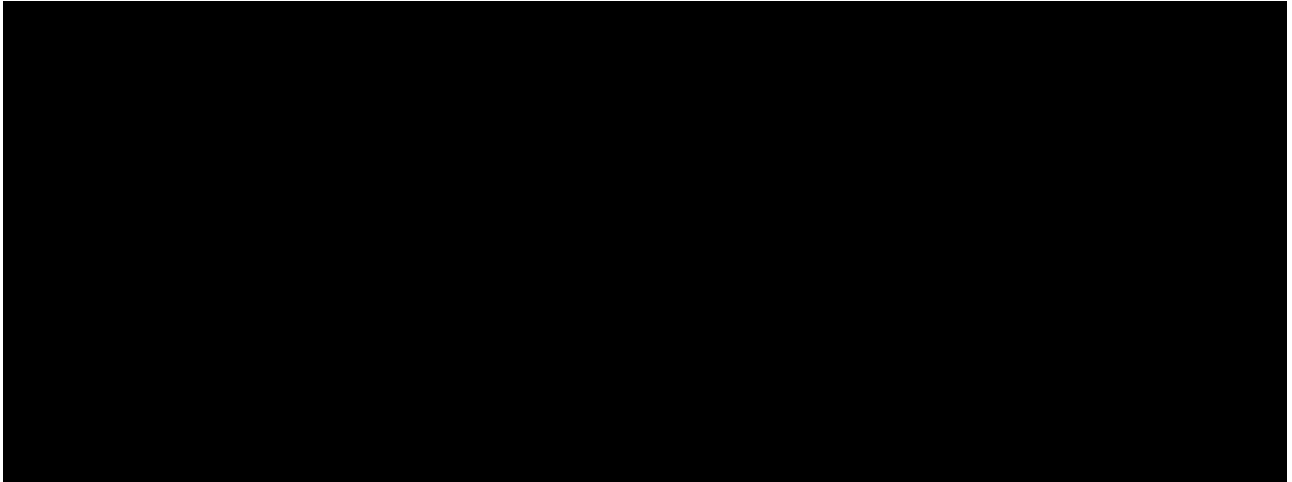
For Claim Service Call 1-800-CLAIM33
For Policy Service Call (205) 414-1476

TOTAL POLICY PREMIUM \$
This is not a bill; you will be invoiced separately.

Continued on next page

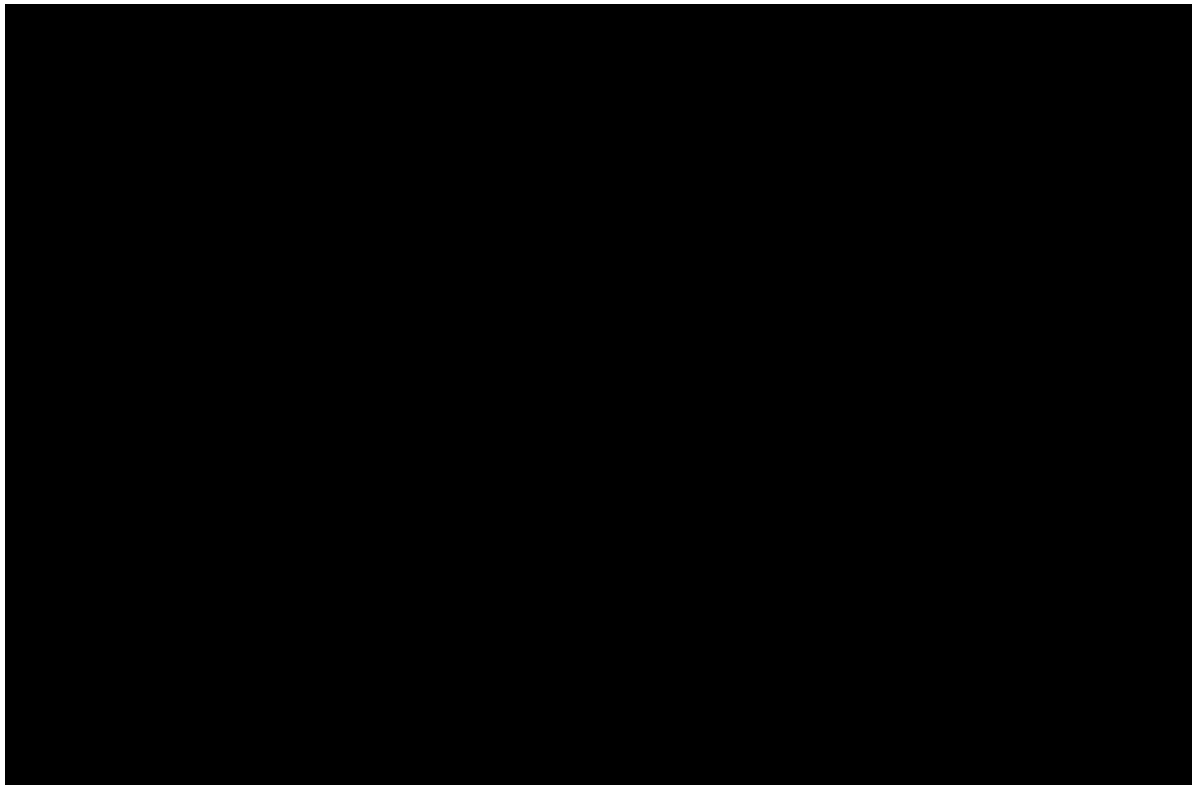


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Jefferson County
716 Richard Arrington Jr
Blvd N
Birmingham, AL 35203
(205) 325-5500



PARCEL #: 27 00 07 1 001 001.024
OWNER: BARBER KEVIN BRYANT & BARBER CHRISTIAN PARK
ADDRESS: 714 HAMPDEN PLACE CIR VESTAVIA AL 35242-2248
LOCATION: 714 HAMPDEN PLACE CIR AL 35242

[111-B+] Baths: 3,5 H/C Sqft: 4,159
14-073,1 Bed Rooms: 4 Land Sch: G4
Land: 135,000 Imp: 566,900 Total: 701,900
Acres: 0.000 Sales Info: 06/12/2020 \$658,152

<< Prev Next >> [1 / 1 Records] Processing...

Tax Year : 2022 ▼

SUMMARY LAND BUILDINGS SALES PHOTOGRAPHS MAPS

SUMMARY

QUICK LINKS

- BOE
- Property Tax
- Assessment
- Collection
- Millage Rate
- Contact Us
- County Site

- ** News **

ASSESSMENT

PROPERTY CLASS: 3 OVER 65 CODE:
EXEMPT CODE: 2-2 DISABILITY CODE:
MUN CODE: 20 VESTAVIA HILLS HS YEAR: 2021
SCHOOL DIST: EXM OVERRIDE AMT: \$0.00
OVR ASD VALUE: \$0.00 TOTAL MILLAGE: 92.6

CLASS USE:
FOREST ACRES: 0 TAX SALE:
PREV YEAR VALUE: \$682,800.00 BOE VALUE: 0

VALUE

LAND VALUE 10% \$135,000
LAND VALUE 20% \$0
CURRENT USE VALUE [DEACTIVATED] \$0

CLASS 2

CLASS 3
POOL VINYL 80 29VP800 \$15,500
BLDG 001 111 \$551,400

TOTAL MARKET VALUE [APPR. VALUE: \$701,900]: \$701,900

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

TAX INFO

	CLASS	MUNCODE	ASSD. VALUE	TAX	EXEMPTION	TAX EXEMPTION	TOTAL TAX
STATE	3	20	\$70,200	\$456.30	\$4,000	\$26.00	\$430.30
COUNTY	3	20	\$70,200	\$947.70	\$2,000	\$27.00	\$920.70
SCHOOL	3	20	\$70,200	\$575.64	\$0	\$0.00	\$575.64
DIST SCHOOL	3	20	\$70,200	\$0.00	\$0	\$0.00	\$0.00
CITY	3	20	\$70,200	\$3,460.86	\$0	\$0.00	\$3,460.86
FOREST	3	20	\$0	\$0.00	\$0	\$0.00	\$0.00
SPC SCHOOL1	3	20	\$70,200	\$1,060.02	\$0	\$0.00	\$1,060.02
SPC SCHOOL2	3	20	\$70,200	\$0.00	\$0	\$0.00	\$0.00
TOTAL FEE & INTEREST: (Detail)							\$5.00
ASSD. VALUE: \$70,200.00			\$6,500.52		GRAND TOTAL: \$6,452.52		FULLY PAID

DEEDS

INSTRUMENT NUMBER	DATE
<u>2020061507</u>	6/12/2020
<u>200712-23120</u>	08/07/2007
<u>3832-595</u>	06/05/1990

PAYMENT INFO

PAY DATE	TAX YEAR	PAID BY	AMOUNT
12/7/2022	2022	CORELOGIC	\$6,452.52
12/9/2021	2021	CORELOGIC	\$6,274.73
12/22/2020	2020	CORELOGIC	\$6,009.89
11/8/2019	2019	CREAMER JANETTE	\$6,358.07
1/4/2019	2018		\$5,663.57
12/28/2017	2017	JANETTE CREAMER	\$5,619.12
12/31/2016	2016	-	\$5,439.48
12/10/2015	2015	CREAMER JANETTE	\$5,439.48
12/22/2014	2014	-	\$5,776.54
1/18/2014	2013	-	\$5,874.70
11/30/2012	2012	CREAMER JAMES M JR &	\$5,874.70
20111231	2011	***	\$5,969.15
20101231	2010	***	\$6,139.53
20091029	2009	***	\$6,139.53
20081231	2008	***	\$6,287.69
20080109	2007	***	\$1,520.95



Exhibit 3 -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.

Brian Henry

Printed Name of Verifying Individual


Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23
Verification Date

Attached are all necessary documents for the background checks including:

Form B

Kelley Hardwick

Form E

Form C

Fingerprints

Form D

Identification

Brian Henry

Form E

Form C

Fingerprints

Form D

Identification

Kevin Barber

Form E

Form C

Fingerprints

Form D

Identification

Credit Card Payment form for all 5 Records

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FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

XLCR Inc.

Secure Transporter License Type: 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)
Kelley Hardwick	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Brian Henry	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Kevin Barber	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Eric Smith	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Castro Javine	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input checked="" 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
	<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

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.

BRIAN E HENRY
 Printed Name of Verifying Individual

PRESIDENT
 Title of Verifying Individual

[Signature]
 Signature of Verifying Individual

12/26/22
 Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

XLCR INC.
Business License Applicant Name

SECURE TRANSPORT
License Type

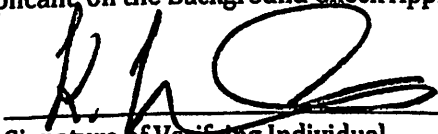
Kelley-Danielle Friend Hardwick
Individual's Name

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.


Signature of Verifying Individual

12/29/22
Verification Date

FORM C: State Background Check (ALEA)

The application for the State Background Check, conducted by ALEA, may be submitted in person or by mail.

In-Person Requests:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (**) and Appendix B of the application form for detailed instructions
- Return the completed form to ALEA Criminal Records and Identification Unit at 301 S. Ripley Street, Montgomery, AL 36104 (Adams Avenue side entrance)
- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

Requests by Mail:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (**) and Appendix B of the application form for additional instructions
- Return the completed form and fingerprint card to:

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511

- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

**** When completing the background check application form, include the following information:**

- Work Information
 - **Employer Name:** Provide name of cannabis business license applicant
 - **Employer Phone:** Provide phone number of cannabis business license applicant
 - **Job Role/Classification:** Provide role of individual for whom background check is being conducted (i.e., owner, shareholder, director, board member, individual with economic interest in cannabis business license applicant)
- Affidavit for Release Information
 - **Authorize Release To:** Alabama Medical Cannabis Commission



APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Kelley-Danielle Friend Hardwick Sex/Gender: [] Male [X] Female
Aliases/Nickname: Kelley

[REDACTIONS : Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

Job Role/Classification: OWNER/CEO Supervisor Name: N/A

- Included with my Release are the following items:
[] Completed Application signed by applicant and two witnesses OR notarized.
[] The required copy of my valid photo identification.
[] A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
[] If applying for state employment/licensure/certification, reference that agency's fee requirements for a backgroundcheck.
[] PERSONAL REQUESTS ONLY: The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to: ALABAMA MEDICAL CANNABIS COMMISSION (AMCC)

Name & Address of Requesting Agency or Authorized Agent*
I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference.

Applicant Signature [Signature] Date 12/28/22

Name of Witness Albert Mack Name of Witness Ever Mack

Address of Witness, State and Zip

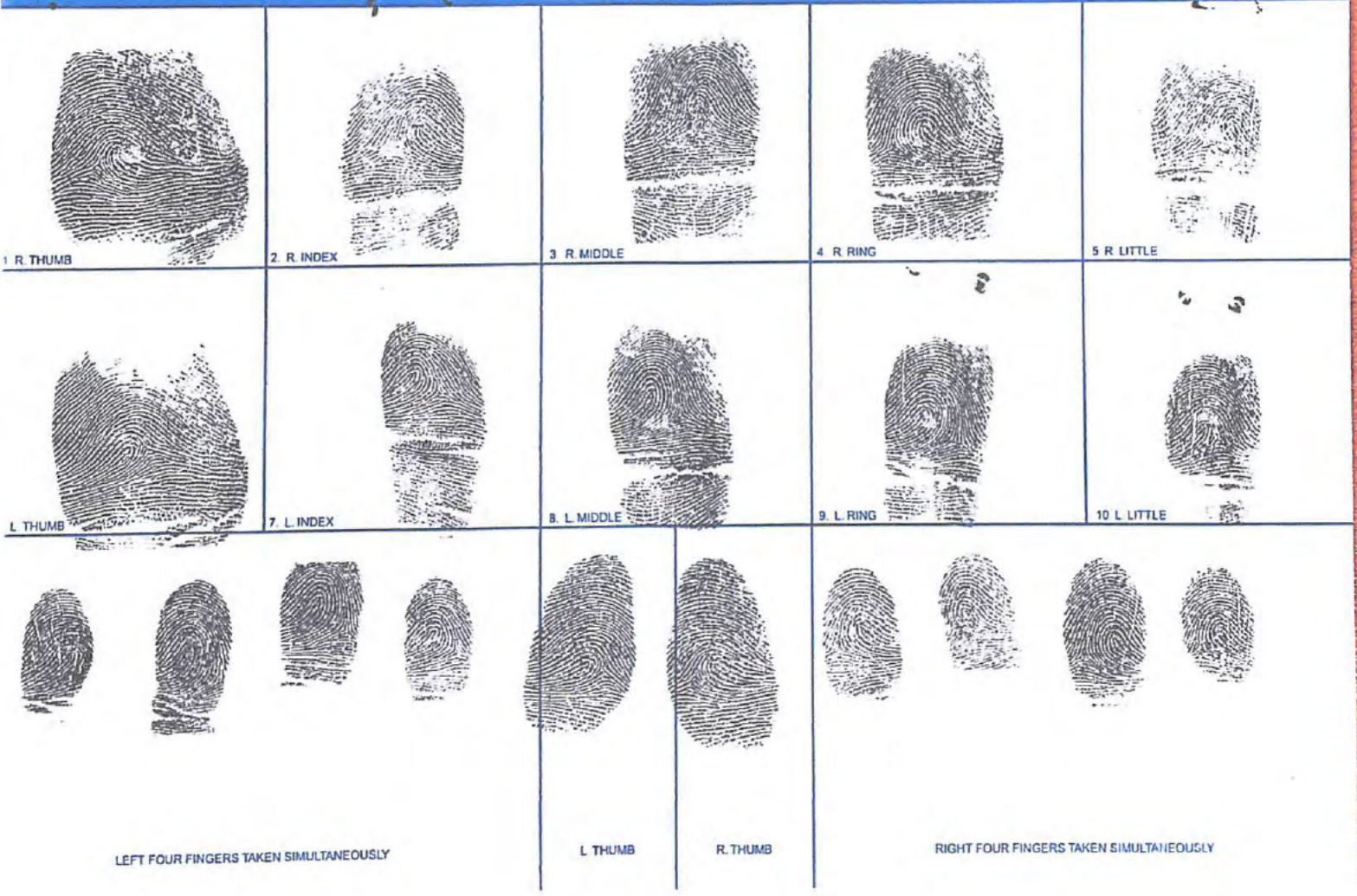
Sworn to and subscribed before me this ___ day of ___, 20__.

Notary Signature My Commission Expires ___, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: SID: AL Billed: Paid: No Charge: Check#: Background Check Qty: Total: \$ Certified Letter Qty: Total: \$

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
Equivalent to FBI FD-258		SIGNATURE OF PERSON FINGERPRINTED <i>Kelley H. R.</i>		LAST NAME NAM		FIRST NAME		MIDDLE NAME		HARDWICK, KELLEY DANIELLE F	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		CITIZENSHIP CTZ		SEX	RACE	HGT	WGT	EYES	HAIR
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Shyam...</i>		YOUR NO OCA		F	B	509	170	BRO	BRO NY
EMPLOYER AND ADDRESS		FBI NO FBI		ARMED FORCES NO MNU		LEAVE BLANK					
REDUCTIONS: Confidential Address and Personal info; See App Guide 18, §36-12-40, et seq. Code of Alabama 1975]		SOCIAL SECURITY NO SOC		MISCELLANEOUS NO MNU		CLASS _____					
						REF _____					



FORM D: National Background Check (FBI)

The application for the National Background Check, conducted by the FBI, may be submitted online or by mail. According to the FBI website, current processing time is about 3-5 days for online requests (after fingerprint card is received by mail) and about 2-4 weeks for requests by mail.

Online Requests: The online request form and instructions are available at:

<https://www.edo.cjis.gov/#/>

Requests by Mail: Use enclosed Identity History Summary Request Form. Detailed instructions for completing and submitting the request form and fingerprint cards by mail are available at:

<https://www.fbi.gov/how-we-can-help-you/need-an-fbi-service-or-more-information/identity-history-summary-checks#Mail>

**** When completing the background check request form (online requests and requests by mail), include the following information:**

- Mailing Address
 - **In Care Of (C/O):** AMCC
 - **ATTN:** Background Check
 - **Address:** P.O. Box 309585
 - **City:** Montgomery
 - **State:** Alabama
 - **Postal (Zip) Code:** 36130

- Preferences (online request form)
 - **Would you like your date of birth included on the response?** YES
 - **Would you like to have a hard-copy response mailed to you?** YES

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name	Hardwick	*First Name	Kelley - Danielle
Middle Name 1	Friend	Middle Name 2	

*Date of Birth	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident:
	Brooklyn NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
United States	United States	
*Last Four Digits of Social Security Number:		

REDACTIONS:
 Confidential
 Address and
 Personal info; See
 App. Guide 1.8;
 §36-2-40, et seq.
 Code of Alabama
 1975]

*Race (please check appropriate box):
 Asian Black Caucasian Native American Unknown

*Sex (please check appropriate box):
 Male Female Other

Address

C/O	AMCC	ATTN	Background Check
*Address			
P.O. Box 309585			
*City	Montgomery	*State	Alabama
*Postal (Zip) Code	36130	*Country	USA
Phone Number		E-Mail	

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

* REQUESTOR SIGNATURE [Signature] DATE 12/27/22

Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
 1000 Custer Hollow Road
 Clarksburg, West Virginia 26306

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.



REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

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.

XLCR Inc.

Secure Transporter

Business License Applicant Name
 Brian Henry

License Type

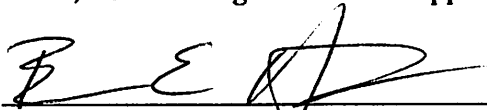
Individual's Name

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.


 Signature of Verifying Individual

12/27/22
 Verification Date

FORM C: State Background Check (ALEA)

The application for the State Background Check, conducted by ALEA, may be submitted in person or by mail.

In-Person Requests:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (**) and Appendix B of the application form for detailed instructions
- Return the completed form to ALEA Criminal Records and Identification Unit at 301 S. Ripley Street, Montgomery, AL 36104 (Adams Avenue side entrance)
- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

Requests by Mail:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (**) and Appendix B of the application form for additional instructions
- Return the completed form and fingerprint card to:

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511

- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

**** When completing the background check application form, include the following information:**

- Work Information
 - **Employer Name:** Provide name of cannabis business license applicant
 - **Employer Phone:** Provide phone number of cannabis business license applicant
 - **Job Role/Classification:** Provide role of individual for whom background check is being conducted (i.e., owner, shareholder, director, board member, individual with economic interest in cannabis business license applicant)
- Affidavit for Release Information
 - **Authorize Release To:** Alabama Medical Cannabis Commission

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

License Type: Secure Transporter



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Brian Everett Henry

Sex/Gender: [X] Male [] Female

Aliases/Nickname:

Applicant Current Address:

City Sta Zip Code SS

Date of Birth (MM/DD/YYYY) Driver's License Numb

Issuing State: AL REDACTIONS:

Race: [X] White [] Black [] Asian [] Indian [] Other (please specify)

Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

Home Phone: () Mobile Phone: () Work Phone: ()

WORK INFORMATION

Employer Name: XLCR inc. Employer Phone: ()

Contractor Name: Contractor Phone: ()

State Agency: Agency Phone: ()

Work Email Address: brian@park-moving.com

Job Role/Classification: President Supervisor Name: Kevin Barber

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses OR notarized.
The required copy of my valid photo identification.
A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
If applying for state employment/licensure/certification, reference that agency's fee requirements for a backgroundcheck.
PERSONAL REQUESTS ONLY: The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

ALABAMA MEDICAL CANNABIS COMMISSION (AMCC)

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature [Signature] Date 12/27/22

Name of Witness KEVIN BARBER Name of Witness JONATHAN SPARKS

Address of Witness Address of Witness

City, State and Zip City, State and Zip

Sworn to and subscribed before me this 27th day of DECEMBER, 2022.

Notary Signature My Commission Expires 20

FOR ALEA OFFICIAL USE ONLY: TCN: SID: AL Billed: Paid: No Charge: Check#: Background Check Qty: Total: \$ Certified Letter Qty: Total: \$

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

HENRY BRIAN

License Type: Secure Transporter

FD-258 (REV.3-1-10) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

OR I

AL0010900
PD
VESTAVIA HILLS, AL

DATE OF BIRTH DOR

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

USA

SEX

M

RACE

W

HGT

6'-2"

WGT

225

EYES

GREEN

HAIR

Brown

PLACE OF BIRTH POB

MASSACHUSETTS

12-27-22

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

REF

MISCELLANEOUS NO. MNU

REDACTIONS: Confidential
Address and Personal info;
See App. Guide 1.8;
§36-12-40, et seq. Code of
Alabama 1975]

BACKGROUND CHECK



1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE



6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE



Exhibit 3 - Criminal Background Check

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE
 CJIS DIVISION/CLARKSBURG, WV 26306

License Type: Secure Transporter

1. LOOP

CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
 LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN
 DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex - fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.

** civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <liaison@leo.gov>

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101, Pub.L. 94-29, Pub.L. 101-604, and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant, to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

INSTRUCTIONS:

- * PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
- IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.

** FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE. Page 15 of 42

MISCELLANEOUS NO. - RECORDED - OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO.

(AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA)

FD-258 (REV. 3-1-10)

GPO U.S. GOVERNMENT PUBLISHING OFFICE:
 07/22/2011

Exhibit 3 - Criminal Background Check

FORM D: National Background Check (FBI)

The application for the National Background Check, conducted by the FBI, may be submitted online or by mail. According to the FBI website, current processing time is about 3-5 days for online requests (after fingerprint card is received by mail) and about 2-4 weeks for requests by mail.

Online Requests: The online request form and instructions are available at:

<https://www.edo.cjis.gov/#/>

Requests by Mail: Use enclosed Identity History Summary Request Form. Detailed instructions for completing and submitting the request form and fingerprint cards by mail are available at:

<https://www.fbi.gov/how-we-can-help-you/need-an-fbi-service-or-more-information/identity-history-summary-checks#Mail>

**** When completing the background check request form (online requests and requests by mail), include the following information:**

- Mailing Address
 - **In Care Of (C/O):** AMCC
 - **ATTN:** Background Check
 - **Address:** P.O. Box 309585
 - **City:** Montgomery
 - **State:** Alabama
 - **Postal (Zip) Code:** 36130

- Preferences (online request form)
 - **Would you like your date of birth included on the response?** YES
 - **Would you like to have a hard-copy response mailed to you?** YES

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name Henry	*First Name Brian
Middle Name 1 Everett	Middle Name 2

*Date of Birth:	*Place of Birth: Massachusetts	*U.S. Citizen or Legal Permanent Resident: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship: United States of America	Country of Residence: United States of America	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

*Race (please check appropriate box): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown
*Sex (please check appropriate box): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

REDACTIONS:
Confidential
Address and
Personal info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

Address

C/O AMCC	ATTN Background Check
*Address P.O. Box 309585	
*City Montgomery	*State AL
*Postal (Zip) Code 36130	*Country USA
Phone Number	E-Mail applications@amcc.alabama.gov

Payment Enclosed: (please check appropriate box)

- CERTIFIED CHECK
 MONEY ORDER
 CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

* REQUESTOR SIGNATURE  DATE **12/26/2022**

Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

**FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306**

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

License Type: Secure Transporter

DRIVER LICENSE

ALABAMA

NO. 6740280 CLASS DM
EXP 01-30-2024

D.O.B. [REDACTED]
BRIAN EVERETT HENRY

[REDACTED]

CITIZENSHIP [REDACTED] ISS 02-19-2020 SEX M HT 6-02 EYES GRN
WT 200 HAIR BRO

Secretary Neil Taylor
Secretary of Law Enforcement

B E H

00000002780954101

BRIAN EVERETT HENRY
CLASS: D-Regular Operators License
CLASS: M-Motorcycle

ENDORSEMENTS:
RESTRICTIONS:

Rev 11-01-2014
6249289 - 1

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.

XLCC Inc.
Business License Applicant Name

Secure Transporter
License Type

Kevin Barber
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.

[Signature]
Signature of Verifying Individual

12/26/22
Verification Date

FORM C: State Background Check (ALEA)

The application for the State Background Check, conducted by ALEA, may be submitted in person or by mail.

In-Person Requests:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (**) and Appendix B of the application form for detailed instructions
- Return the completed form to ALEA Criminal Records and Identification Unit at 301 S. Ripley Street, Montgomery, AL 36104 (Adams Avenue side entrance)
- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

Requests by Mail:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (**) and Appendix B of the application form for additional instructions
- Return the completed form and fingerprint card to:

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511

- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

**** When completing the background check application form, include the following information:**

- Work Information
 - **Employer Name:** Provide name of cannabis business license applicant
 - **Employer Phone:** Provide phone number of cannabis business license applicant
 - **Job Role/Classification:** Provide role of individual for whom background check is being conducted (i.e., owner, shareholder, director, board member, individual with economic interest in cannabis business license applicant)
- Affidavit for Release Information
 - **Authorize Release To:** Alabama Medical Cannabis Commission

FORM C: State Background Check (ALEA)

The application for the State Background Check, conducted by ALEA, may be submitted in person or by mail.

In-Person Requests:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (***) and Appendix B of the application form for detailed instructions
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- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

Requests by Mail:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (***) and Appendix B of the application form for additional instructions
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Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511

- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

**** When completing the background check application form, include the following information:**

- Work Information
 - **Employer Name:** Provide name of cannabis business license applicant
 - **Employer Phone:** Provide phone number of cannabis business license applicant
 - **Job Role/Classification:** Provide role of individual for whom background check is being conducted (i.e., owner, shareholder, director, board member, individual with economic interest in cannabis business license applicant)
- Affidavit for Release Information
 - **Authorize Release To:** Alabama Medical Cannabis Commission



APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Kevin Barber Sex/Gender: Male Female

Aliases/Nickname:

Applicant Current Address:

City: Birmingham State: AL Zip Code: 35212 SSN:

Date of Birth (MM/DD/YYYY) Driver's License Number Issuing State: AL

Race: White Black Asian Indian Other (please specify)

Home Phone: Mobile Phone: Work Phone:

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

WORK INFORMATION

Employer Name: XLCR Inc. Employer Phone:

Contractor Name: Contractor Phone: ()

State Agency: Agency Phone: ()

Work Email Address: kevin@park-moving.com

Job Role/Classification: COO Supervisor Name: Brian Henry

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses OR notarized.
The required copy of my valid photo identification.
A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.
PERSONAL REQUESTS ONLY: The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to: ALABAMA MEDICAL CANNABIS COMMISSION (AMCC)

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature Date 12/26/2022

Name of Witness Brian Henry Name of Witness John Sparks

Address of Witness Address of Witness

City, State and Zip City, State and Zip

Sworn to and subscribed before me this 26 day of December, 2022

Notary Signature My Commission Expires 20

FOR ALEA OFFICIAL USE ONLY: TCN: SID: AL Billed: Paid: No Charge: Received By (Initials): Date: Processed By (initials): Date: Walk-in/Hand Delivered Mailed Status: Initials: Date: Certified Letter Qty: Total: \$

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

Barber Kevin Bryant

License Type: Secure Transporter

FD-258 (REV.3-1-10) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

[Handwritten Signature]

ALIASES AKA

OR 1

AL0010900
PD
VESTAVIA HILLS, AL

DATE OF BIRTH DOB

RESI

CITIZENSHIP CTZ

USA

SEX RACE HGT WGT EYES HAIR PLACE OF BIRTH POB
M W 5-9 235 Green Brown Waynesboro, MS

DATE
12-27-22

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
[Handwritten Signature]

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

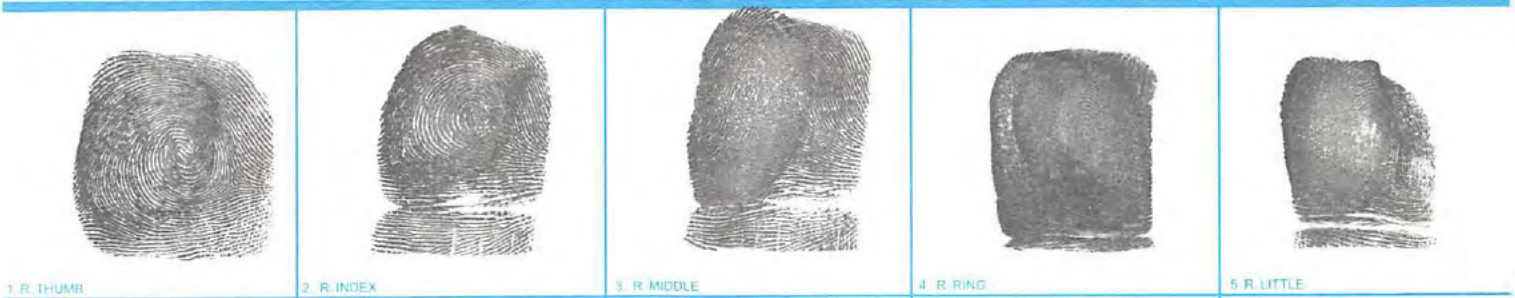
REF

WIDELANDPRESSURE NO. MNU

REDACTIONS: Confidential
Address and Personal info; See
App. Guide 1.8; §36-12-40, et
seq. Code of Alabama 1975]

REASON FINGERPRINTED

Background Check



FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE
 License Type: Secure Transporter
 CJIS DIVISION/CLARKSBURG, WV 26306

APPLICANT

THIS CARD FOR USE BY:

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Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex - fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.

* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

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Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9337 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agencies.

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

INSTRUCTIONS:

1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH
 2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE 'EMPLOYER AND ADDRESS'. THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE
- ** MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

1. LOOP



CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN
DELTA MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 3-1-10)

GPO U.S. GOVERNMENT PUBLISHING OFFICE:
07/22/2011

Exhibit 3 - Criminal Background Check

Page 24 of 42

FORM D: National Background Check (FBI)

The application for the National Background Check, conducted by the FBI, may be submitted online or by mail. According to the FBI website, current processing time is about 3-5 days for online requests (after fingerprint card is received by mail) and about 2-4 weeks for requests by mail.

Online Requests: The online request form and instructions are available at:

<https://www.edo.cjis.gov/#/>

Requests by Mail: Use enclosed Identity History Summary Request Form. Detailed instructions for completing and submitting the request form and fingerprint cards by mail are available at:

<https://www.fbi.gov/how-we-can-help-you/need-an-fbi-service-or-more-information/identity-history-summary-checks#Mail>

**** When completing the background check request form (online requests and requests by mail), include the following information:**

- Mailing Address
 - **In Care Of (C/O):** AMCC
 - **ATTN:** Background Check
 - **Address:** P.O. Box 309585
 - **City:** Montgomery
 - **State:** Alabama
 - **Postal (Zip) Code:** 36130

- Preferences (online request form)
 - **Would you like your date of birth included on the response?** YES
 - **Would you like to have a hard-copy response mailed to you?** YES

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name	Barber	*First Name	Kevin
Middle Name 1	Bryant	Middle Name 2	

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident:
	Waynesboro, Ms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
United States	USA	
*Last Four Digits of Social Security Number		

*Race (please check appropriate box):	REDACTIONS
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	Confidential Address and Personal info. See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]
*Sex (please check appropriate box):	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	


Address

C/O	AMCC	ATTN	Background Check
*Address			
PO BOX 309585			
*City	Montgomery	*State	AL
*Postal (Zip) Code	36130	*Country	
Phone Number		E-Mail	application@amcc.alabama.gov

Payment Enclosed: (please check appropriate box)

- CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

* REQUESTOR SIGNATURE  DATE 12/26/2022

Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
 1000 Custer Hollow Road
 Clarksburg, West Virginia 26306

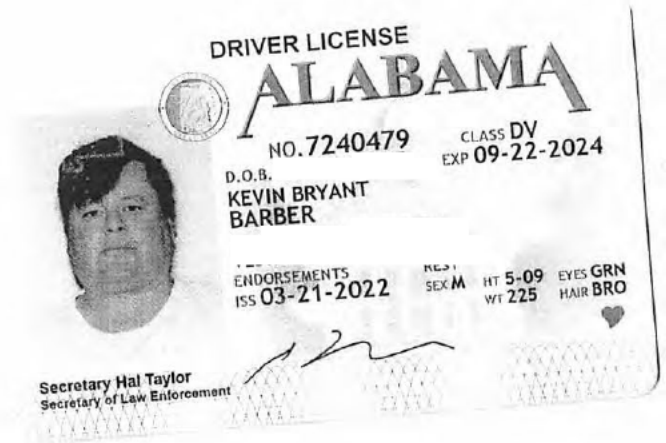
PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]



0000000003198217301 

KEVIN BRYANT BARBER
CLASS: D-Regular Operators License
CLASS: V-Vessel

ENDORSEMENTS:
RESTRICTIONS:



Rev 11-01-2014
7240479 - 1

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.

XLCR INC.
Business License Applicant Name
Eric T Smith

SECURE TRANSPORTER
License Type

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.

Eric T Smith
Signature of Verifying Individual

12/22/22
Verification Date

FORM D: National Background Check (FBI)

The application for the National Background Check, conducted by the FBI, may be submitted online or by mail. According to the FBI website, current processing time is about 3-5 days for online requests (after fingerprint card is received by mail) and about 2-4 weeks for requests by mail.

Online Requests: The online request form and instructions are available at:

<https://www.edo.cjis.gov/#/>

Requests by Mail: Use enclosed Identity History Summary Request Form. Detailed instructions for completing and submitting the request form and fingerprint cards by mail are available at:

<https://www.fbi.gov/how-we-can-help-you/need-an-fbi-service-or-more-information/identity-history-summary-checks#Mail>

**** When completing the background check request form (online requests and requests by mail), include the following information:**

- Mailing Address
 - **In Care Of (C/O):** AMCC
 - **ATTN:** Background Check
 - **Address:** P.O. Box 309585
 - **City:** Montgomery
 - **State:** Alabama
 - **Postal (Zip) Code:** 36130

- Preferences (online request form)
 - **Would you like your date of birth included on the response?** YES
 - **Would you like to have a hard-copy response mailed to you?** YES

ALABAMA LAW ENFORCEMENT AGENCY

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Eric Troy Smith Sex/Gender: Male Female

Aliases/Nickname: Free Smith

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: 03/08/1966 (MM/DD/YYYY) Driver's License Number: _____ Issuing State: NY

Race: White Black Asian Indian Other (please specify) _____

Home Phone: (718) 723-4804 Mobile Phone: (_____) _____ Work Phone: (_____) _____

WORK INFORMATION

Employer Name: _____ Employer Phone: (_____) _____

Contractor Name: _____ Contractor Phone: (_____) _____

State Agency: _____ Agency Phone: (_____) _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses OR notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a backgroundcheck.*
- PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to: ALABAMA MEDICAL CANNABIS COMMISSION (AMCC)

Name & Address of Requesting Agency or Authorized Agent* _____

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature [Signature] Date 12/22/2022

Name of Witness N/A Name of Witness N/A

Address of Witness N/A Address of Witness N/A

City, State and Zip N/A City, State and Zip N/A

Sworn to and subscribed before me this 23RD day of DECEMBER, 2022.

Notary Signature [Signature] My Commission Expires SEPT. 22, 2024



FOR ALEA OFFICIAL USE ONLY: FCN: _____ SID: <u>AL</u>		Billed: _____ Paid: _____ No Charge: _____
Received By (Initials): _____ /Date: ____/____	Processed By (initials): _____ /Date: ____/____	Check#: _____
Walk-in/Hand Delivered <input type="checkbox"/> Mailed <input type="checkbox"/>	Status: _____ Initials: _____ Date: ____/____	Background Check Qty: Total: <u>5</u>
		Certified Letter Qty: Total: <u>\$</u>

APPLICANT FD-258 (Rev. 11-1-20) 1110-0046		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED <i>[Signature]</i>		LAST NAME SMITH		FIRST NAME ERIC		MIDDLE NAME TROY					
DATE 12-26-22		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		ALIASES AKA FRBE		OR I					
EMPLOYER AND ADDRESS REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. [Code of Alabama 1975]		YOUR NO. OCA		UNIVERSAL CONTROL NO. UCN		ARMED FORCES NO. MNU		MISCELLANEOUS NO. MNU		LEAVE BLANK	
		CITIZENSHIP U.S.		SEX M		RACE BLK		HT 6		WGT 329	
						EYES BWN		HAIR NONE		PLACE OF BIRTH BRONX N.Y.	
										POB	
										CLASS	
										REF	



FORM D: National Background Check (FBI)

The application for the National Background Check, conducted by the FBI, may be submitted online or by mail. According to the FBI website, current processing time is about 3-5 days for online requests (after fingerprint card is received by mail) and about 2-4 weeks for requests by mail.

Online Requests: The online request form and instructions are available at:

<https://www.edo.cjis.gov/#/>

Requests by Mail: Use enclosed Identity History Summary Request Form. Detailed instructions for completing and submitting the request form and fingerprint cards by mail are available at:

<https://www.fbi.gov/how-we-can-help-you/need-an-fbi-service-or-more-information/identity-history-summary-checks#Mail>

**** When completing the background check request form (online requests and requests by mail), include the following information:**

- Mailing Address
 - **In Care Of (C/O):** AMCC
 - **ATTN:** Background Check
 - **Address:** P.O. Box 309585
 - **City:** Montgomery
 - **State:** Alabama
 - **Postal (Zip) Code:** 36130

- Preferences (online request form)
 - **Would you like your date of birth included on the response?** YES
 - **Would you like to have a hard-copy response mailed to you?** YES

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name	Smith	*First Name	Eric
Middle Name 1	Troy	Middle Name 2	

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

*Race (please check appropriate box): <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	
*Sex (please check appropriate box): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

Address

C/O	AMCC	ATTN	Background Check
*Address			
P.O. Box 309585			
*City	Montgomery	*State	Alabama
*Postal (Zip) Code	36130	*Country	USA
Phone Number		E-Mail	

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK
 MONEY ORDER
 CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

* REQUESTOR SIGNATURE Eric Smith DATE 12/22/22

Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
 1000 Custer Hollow Road
 Clarksburg, West Virginia 26306

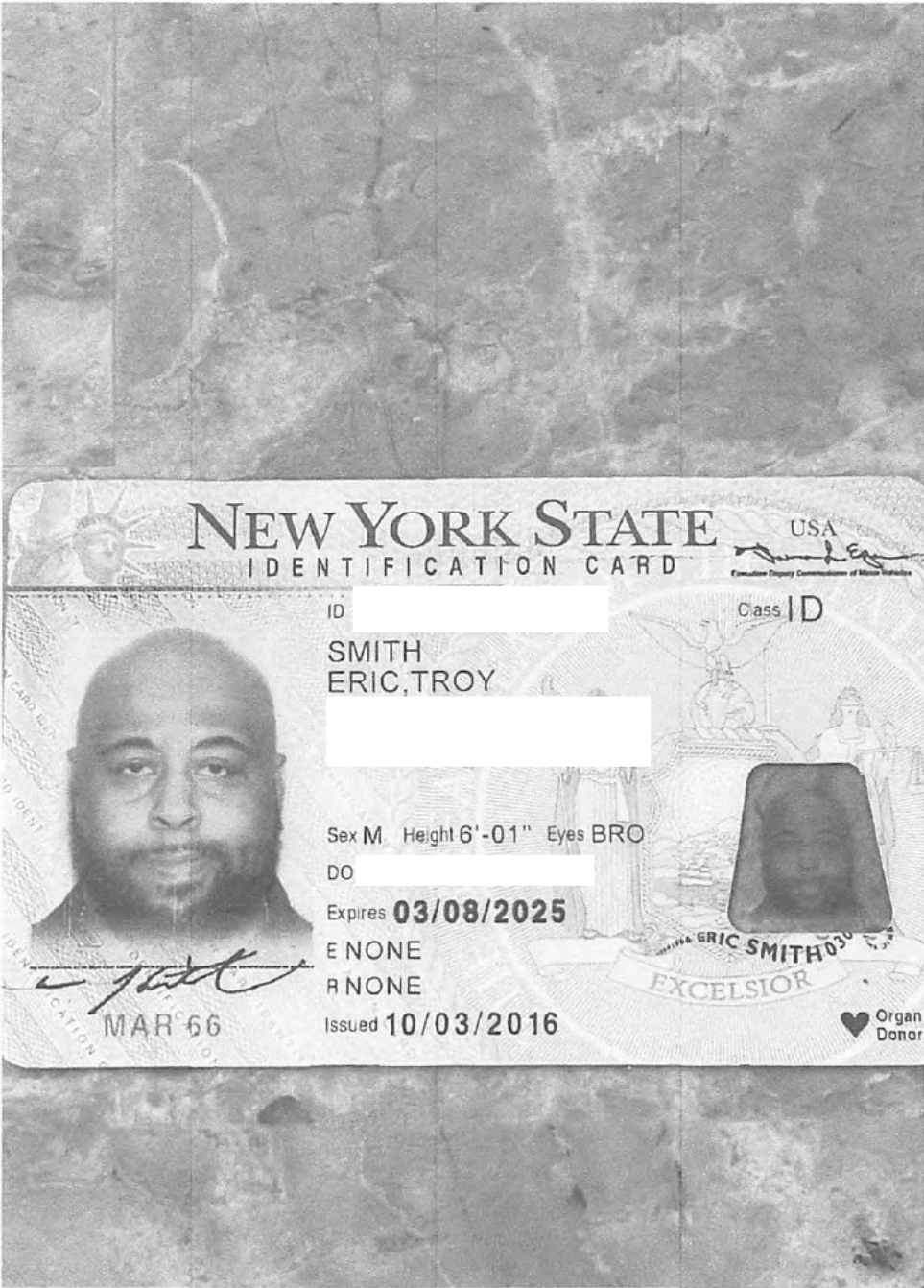
PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]



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.

XLCR Inc.

Secure Transporter

Business License Applicant Name
 Castro Javne

License Type

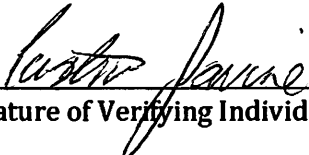
Individual's Name

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.


 Signature of Verifying Individual

12-28-22
 Verification Date

FORM C: State Background Check (ALEA)

The application for the State Background Check, conducted by ALEA, may be submitted in person or by mail.

In-Person Requests:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (**) and Appendix B of the application form for detailed instructions
- Return the completed form to ALEA Criminal Records and Identification Unit at 301 S. Ripley Street, Montgomery, AL 36104 (Adams Avenue side entrance)
- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

Requests by Mail:

- Complete the enclosed Application to Review Alabama Criminal History Record Information form (SBI Form 46) – see instructions below (**) and Appendix B of the application form for additional instructions
- Return the completed form and fingerprint card to:

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511

- Additional information is available at:

<https://www.alea.gov/sbi/criminal-justice-services/criminal-records/alabama-background-check>.

**** When completing the background check application form, include the following information:**

- Work Information
 - **Employer Name:** Provide name of cannabis business license applicant
 - **Employer Phone:** Provide phone number of cannabis business license applicant
 - **Job Role/Classification:** Provide role of individual for whom background check is being conducted (i.e., owner, shareholder, director, board member, individual with economic interest in cannabis business license applicant)
- Affidavit for Release Information
 - **Authorize Release To:** Alabama Medical Cannabis Commission



APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Castro Javine Sex/Gender: Male Female

Aliases/Nickname:

Applicant Current Address:

City State Zip Code: SSN:

Date of Birth: (MM/DD/YYYY) Driver's License Number Issuing State: AL

Race: White Black Asian Indian Other (please specify)

Home Phone: Mobile Phone: Work Phone:

WORK INFORMATION

Employer Name: XLCR Inc Employer Phone:

Contractor Name: Contractor Phone: REDACTIONS:

State Agency: Agency Phone: Confidential Address

Work Email Address: and Personal info; See

Job Role/Classification: CSO Supervisor Name: Kevin Barber App. Guide 1.8;

\$36-12-40, et seq. Code of Alabama 1975]

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses OR notarized.
The required copy of my valid photo identification.
A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.
PERSONAL REQUESTS ONLY: The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to: ALABAMA MEDICAL CANNABIS COMMISSION (AMCC)

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature: Castro Javine Date: 12-28-22

Name of Witness: BRIAN HENRY Name of Witness: REBECCA HENRY

Address of Witness: Address of Witness:

City, State and Zip: City, State and Zip:

Sworn to and subscribed before me this ___ day of ___, 20__.

Notary Signature: My Commission Expires: 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: SID: AL Billed: Paid: No Charge: Check#: Background Check Qty: Total: \$ Certified Letter Qty: Total: \$

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

FD-258 (Rev. 11-1-2011) 1110-0046

LAST NAME: **Javine**
FIRST NAME: **Castro**

License Type: **Secure Transporter**

SIGNATURE OF PERSON FINGERPRINTED

Castro Javine

ALIASES: AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH: _____
DOB: _____

DATE: _____

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FOR FINGERPRINTING

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

CITIZENSHIP: CTZ

SEX: **M** RACE: **B** HGT: **6'1** WGT: **215** EYES: **Black** HAIR: **Bald** STATE: **Alabama**

YOUR NO: OCA

LEAVE BLANK

UNIVERSAL CONTROL NO: UCN

ARMED FORCES NO: MNU

MISCELLANEOUS NO: MNU



IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name	Javine	*First Name	Castro
Middle Name 1		Middle Name 2	

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident:
	Alabama	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
USA	USA	
*Last Four Digits of Social Security Number		

*Race (please check appropriate box):

Asian Black Caucasian Native American Unknown

*Sex (please check appropriate box):

Male Female Other

REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

Address

C/O	AMCC	ATTN	Background Check
*Address			
*City	Montgomery	*State	AL
*Postal (Zip) Code	36130	*Country	USA
Phone Number		E-Mail	applications@amcc.alabama.gov

Payment Enclosed: (please check appropriate box)

- CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

* REQUESTOR SIGNATURE [Signature] DATE 12-28-22

Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

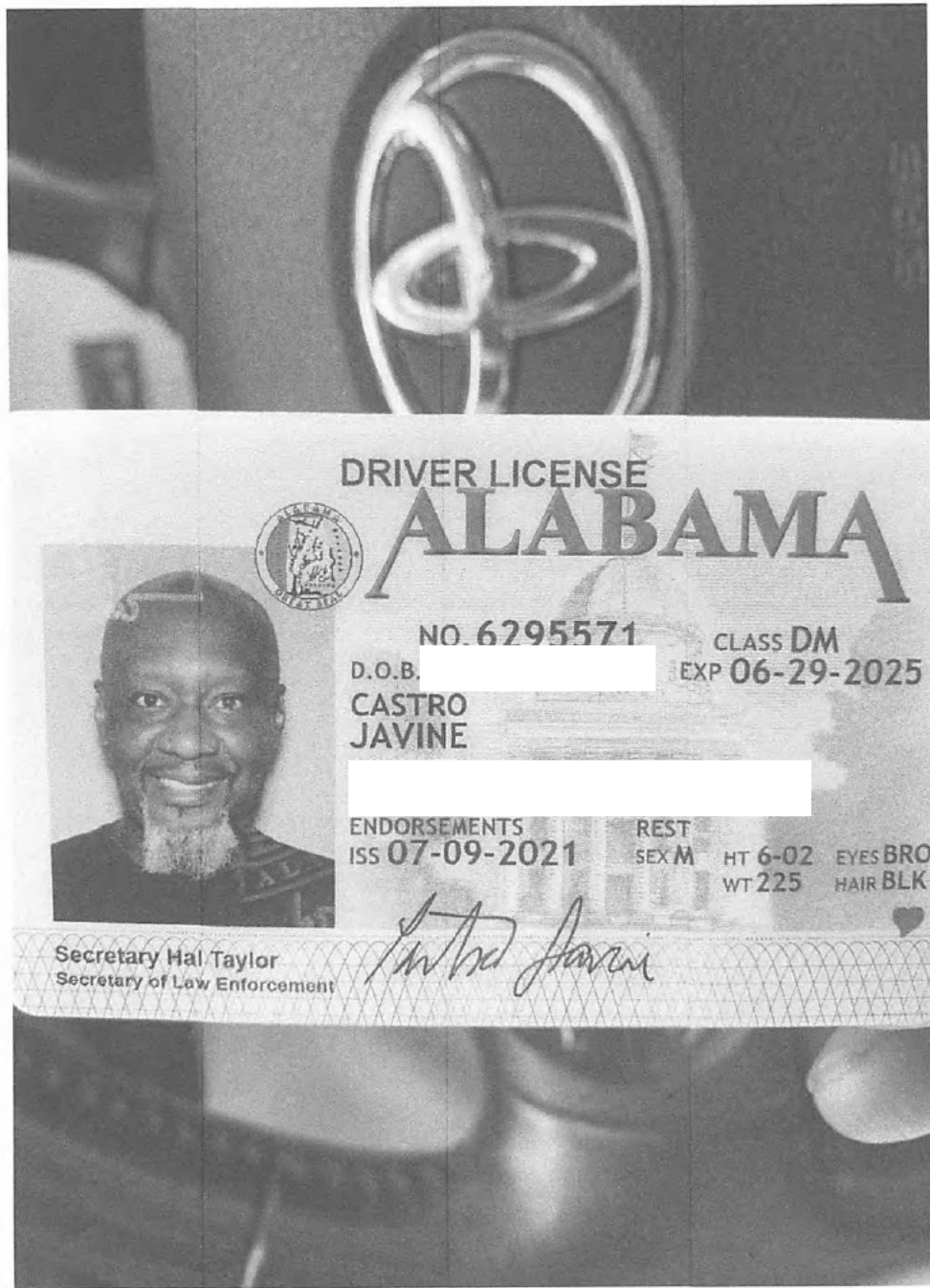
FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.



REDACTIONS: Confidential Address and Personal info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

1-786 (06-01-2020)
OMB-1110-0070REDACTIONS: Confidential Address and Financial Info; See App. Guide 1.8;
§36-12-40, et seq. Code of Alabama 1975]**CREDIT CARD PAYMENT FORM*****Denotes Required Fields**

Name Brian Henry (XLCR Inc.)

* Name	Brian Henry
(AS IT APPEARS ON CREDIT CARD)	
Company Name (if applicable)	Park Transfer
* Billing Address	
Billing Address 2	
* City	Birmingham
* State/Province	AL
* Postal (zip) Code	35212
* Country	United States of America

*Credit Card #:	
*Expiration Date (MM/YYYY)	
* Security Code:	
*Total Amount To Be Billed To Credit Card \$	108
(5 x \$18 US Dollars Per Request)	

*Card Holder Signature **Privacy Act Statement:**

Authority: The collection of your personally identifiable and financial information is authorized by 5 U.S.C. 301 and 28 C.F.R. 0.85, which establishes the FBI's general administrative authority.

Purpose: The FBI will use this information to process the fee required for your request for your FBI identification record, as defined in 28 C.F.R. 16.30-16.34.

Routine Uses: The information you provide will be protected and the FBI may only share this information in accordance with the Privacy Act.

Disclosure: Provision of this information is voluntary; however, without it, the FBI may be unable to process the required fee.

Paperwork Reduction Act Statement:

This notice is given under the Paperwork Reduction Act of 1995. The Paperwork Reduction Act requires that the Federal Bureau of Investigation inform individuals and other entities of the following when asking for information. The information on this form will be utilized to make an electronic credit card payment in Pay.gov, which is owned and operated by the Department of Treasury, for the biometric and Identity History Services utilized to complete the request made on the respective Identity History Summary Request Form, 1-783. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each Identification Record requested.

The estimate average burden associated with this collection is 2 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number

Exhibit 4 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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

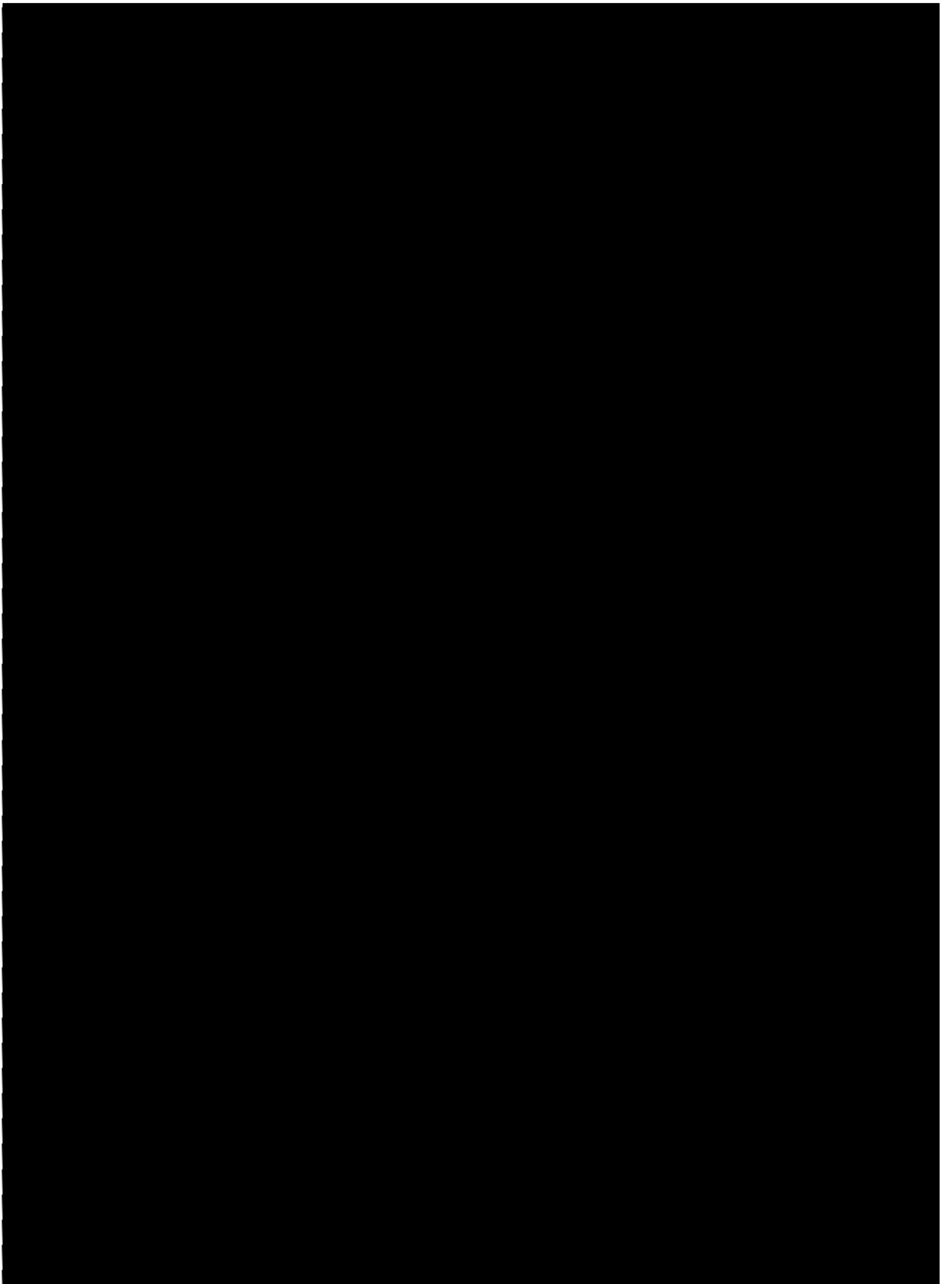
02/27/2023

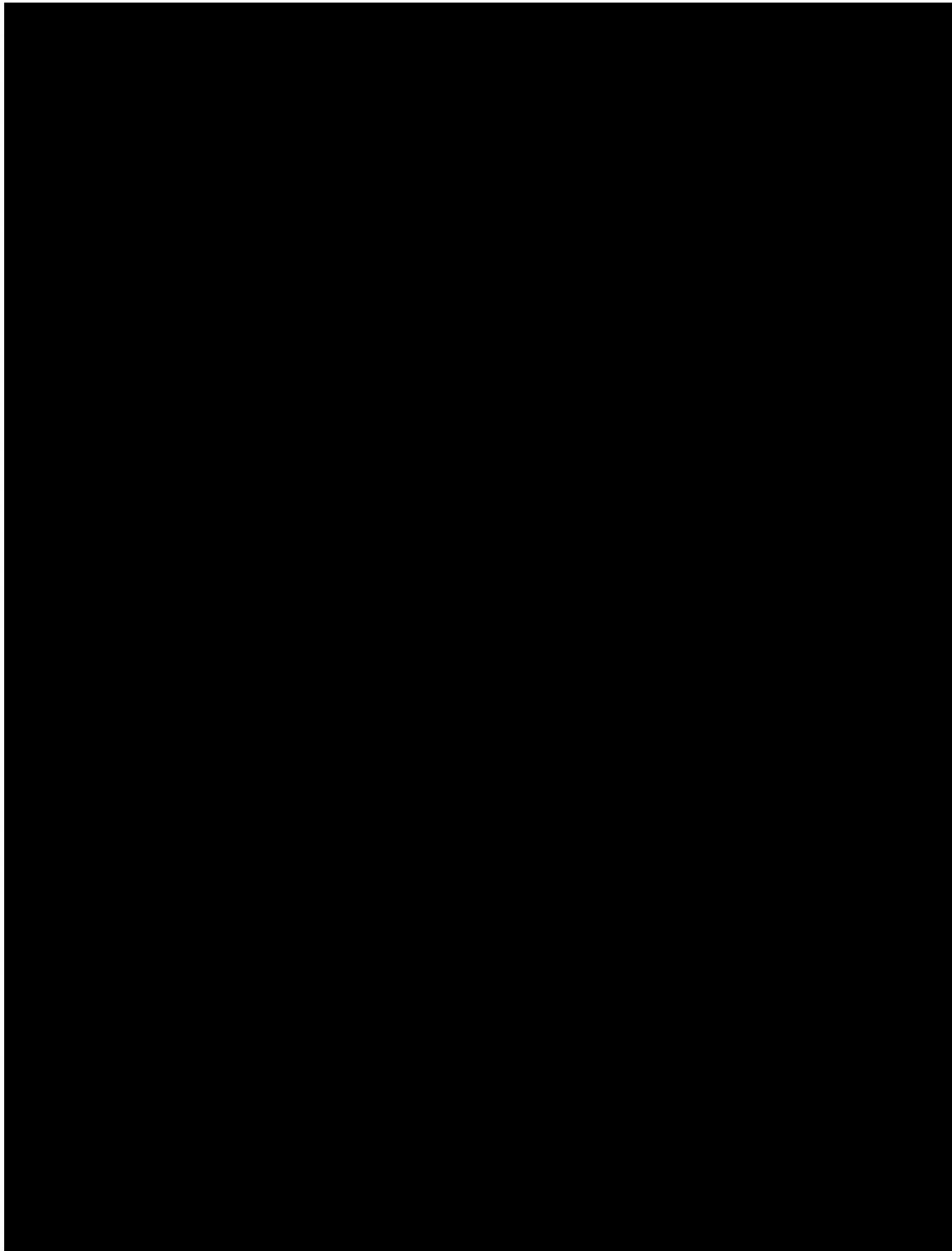
Verification Date

Exhibit 4 - Demonstration of Sufficient Capital

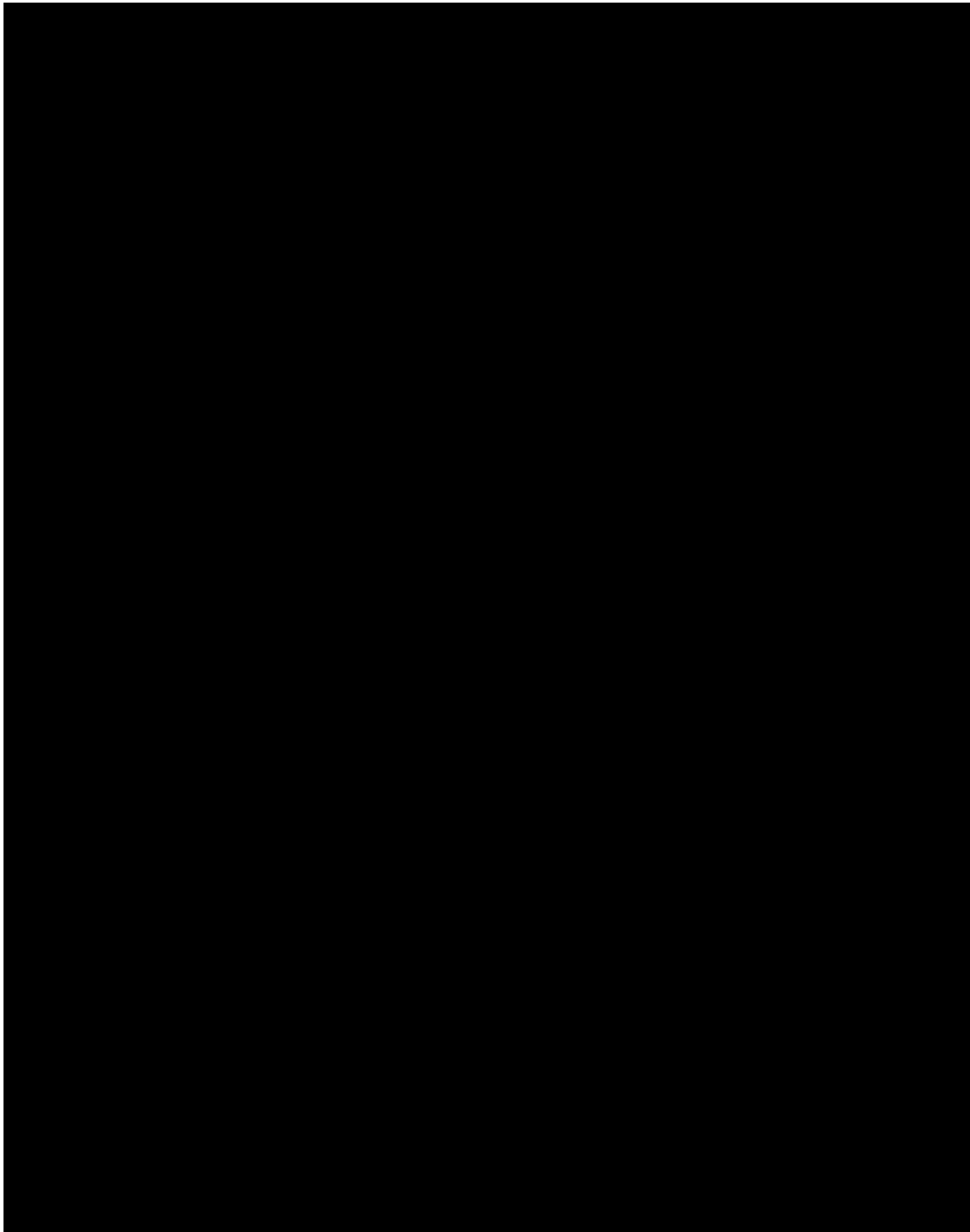
Park Transfer & Storage co. Inc. was founded in 1963 and has operated profitably, consistently since its inception. The secure Transportation and storage program described in the following Exhibits is within our current facilities using our current equipment and using our current staff. These operations will provide no significant financial strain above and beyond our current operational structure. Attached below in this document showing our previous years tax return, issued by our Accountant and our current Year to Date Profit and Loss Statement. They should be sufficient to show our ability to self finance the operations in the manner described in the following documents.

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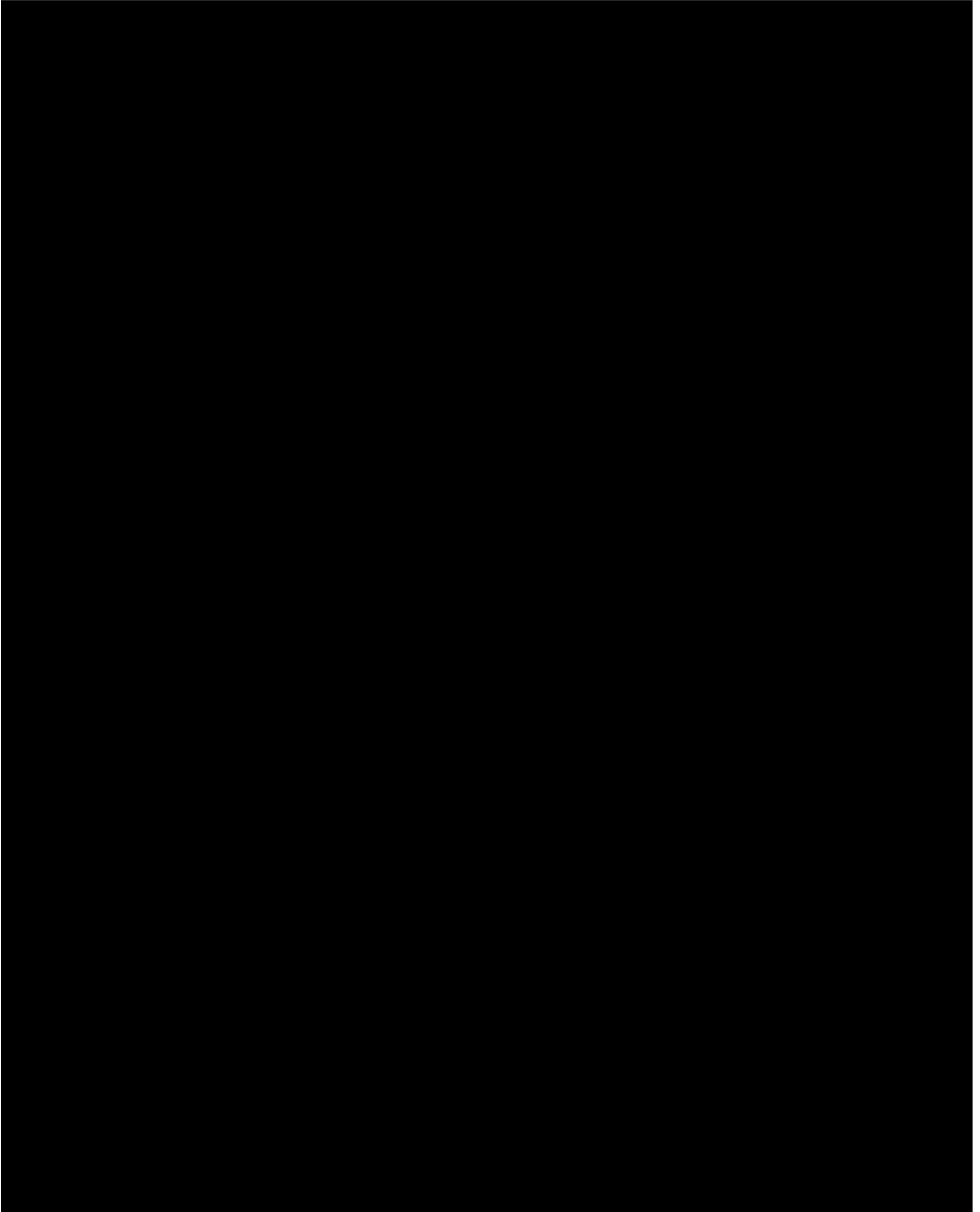




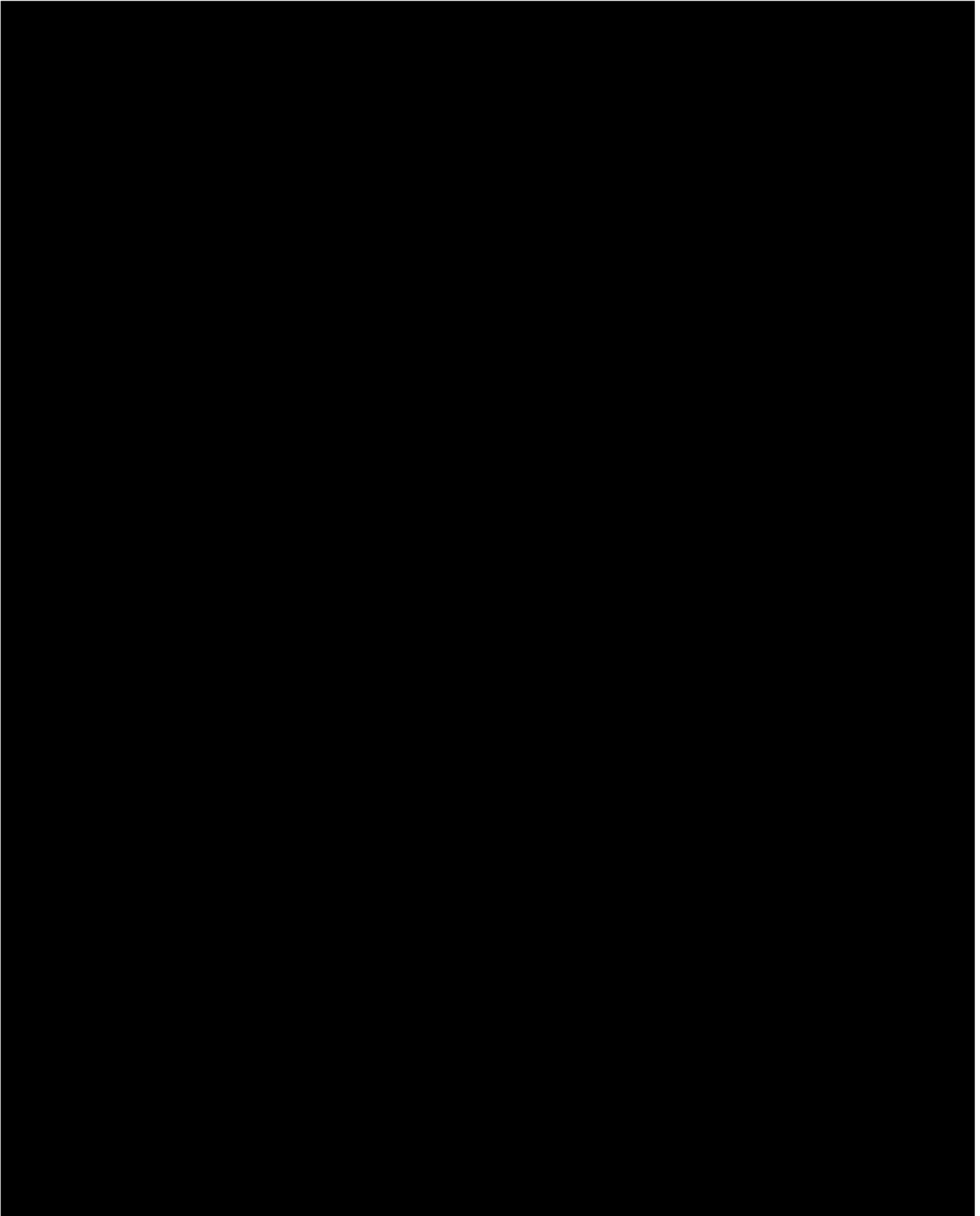
Park Transfer & Storage Co Inc



Park Transfer & Storage Co Inc



Park Transfer & Storage Co Inc



VERIFICATION


I, Tony Raycraft, am a Certified Public Accountant at Pearce, Bevill, Leesburg, Moore, P.C. and have personally reviewed the financial information XLCR, Inc. (the “*Applicant*”) submitted to the Alabama Medical Cannabis Commission’s (“*AMCC*”) in connection with its application for a Secured Transporter’s license. Based on my experience as a CPA, discussions with representatives of Applicant, and my review of Applicant’s financial information (i.e., Park Transfer & Storage Co.’s 2021 Tax Returns), I am authorized to make this verification.

Park Transfer & Storage Co. is an owner of Applicant and currently engaged in the business of providing transfer and storage services. As such, Park Transfer & Storage, and by extension Applicant, already possesses the property, facilities, vehicles, employees, and technology needed to add the secure transportation and storage of Medical Cannabis to its existing operations. Simply put, the AMCC’s grant of a Secured Transporter’s license to Applicant will not require applicant to purchase additional real estate or vehicles or hire new employees. As such, the financial records of Park Transfer demonstrate that Applicant has sufficient capital to operate as a AMCC licensed secured transporter because it has done so profitably for years and an AMCC license will provide additional revenue opportunities without the need to significant new capital expenditures.

DocuSigned by:

8E05F7E74367478...

Brian Henry 3/3/2023 | 3:06:35 PM CST
Contact Person for XLCR, Inc.

DocuSigned by:

2DB211BB3F65465...

Tony Raycraft, CPA
Pearce, Bevill, Leesburg, Moore, P.C.
3/3/2023 | 3:04:37 PM CST

DocuSigned by:

57ED73F6ECF34C0...

Kevin Barber
Responsible Person for XLCR, Inc.
3/3/2023 | 1:09:12 PM PST


Exhibit 5 - 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.

Brian Henry

Printed Name of Verifying Individual


Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

Sections:

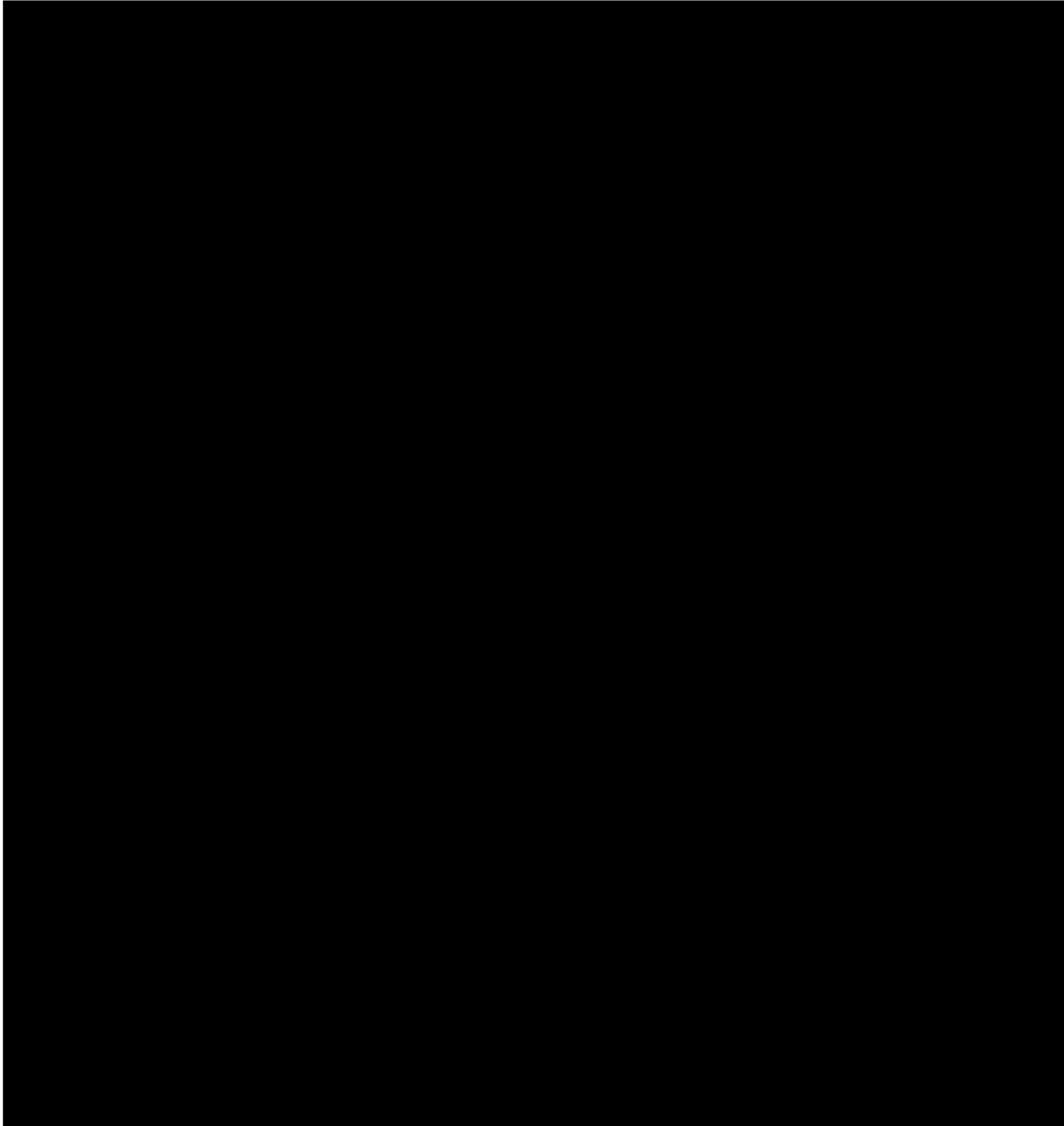
5.1 Profit and Loss Statement- Income Statement

5.2 Cash Flow Statement

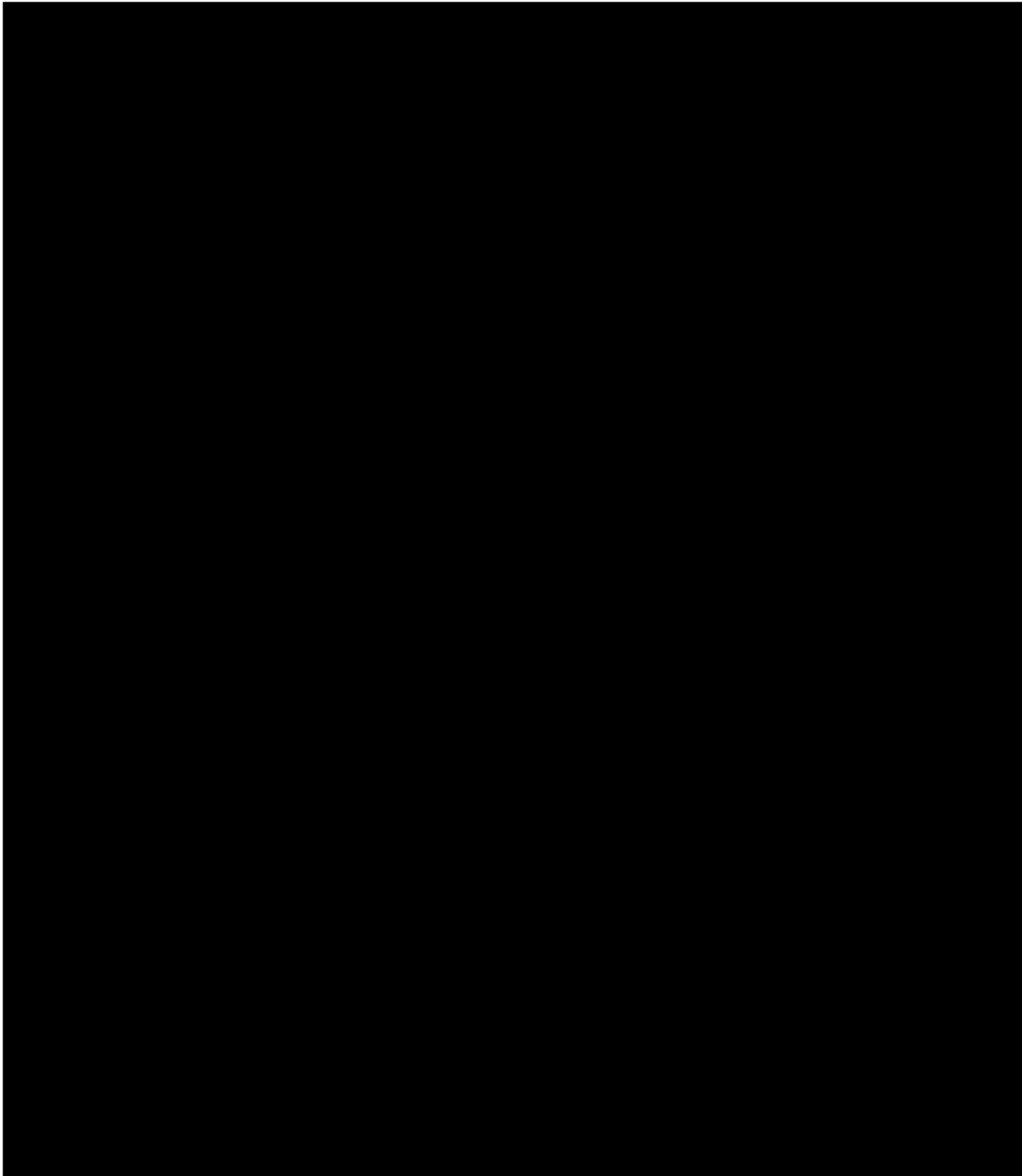
5.3 Balance Sheet for 2023-2026.

5.1 Profit and Loss /Income Statement

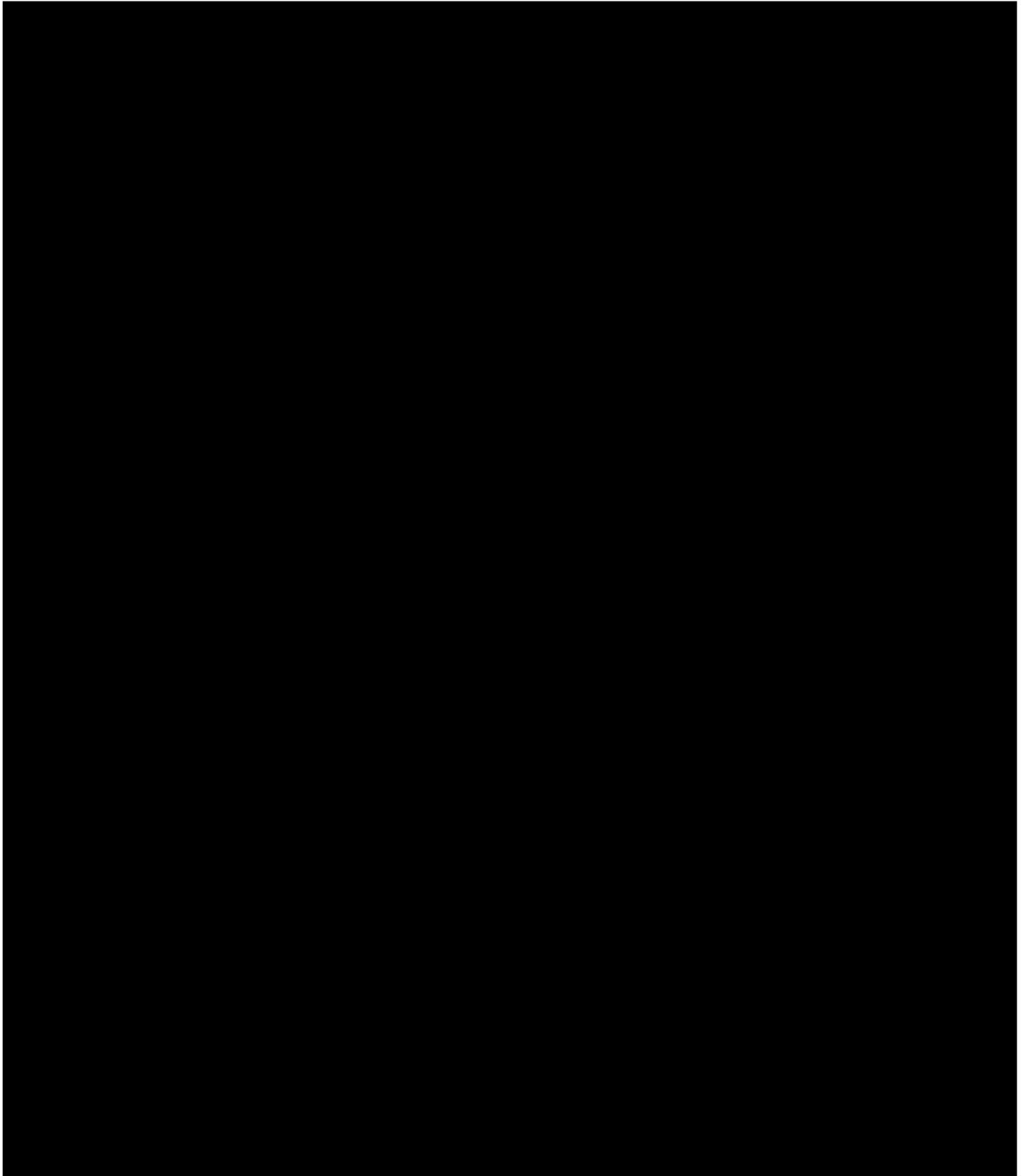
XLCR Inc.
Profit and Loss
January - December 2023

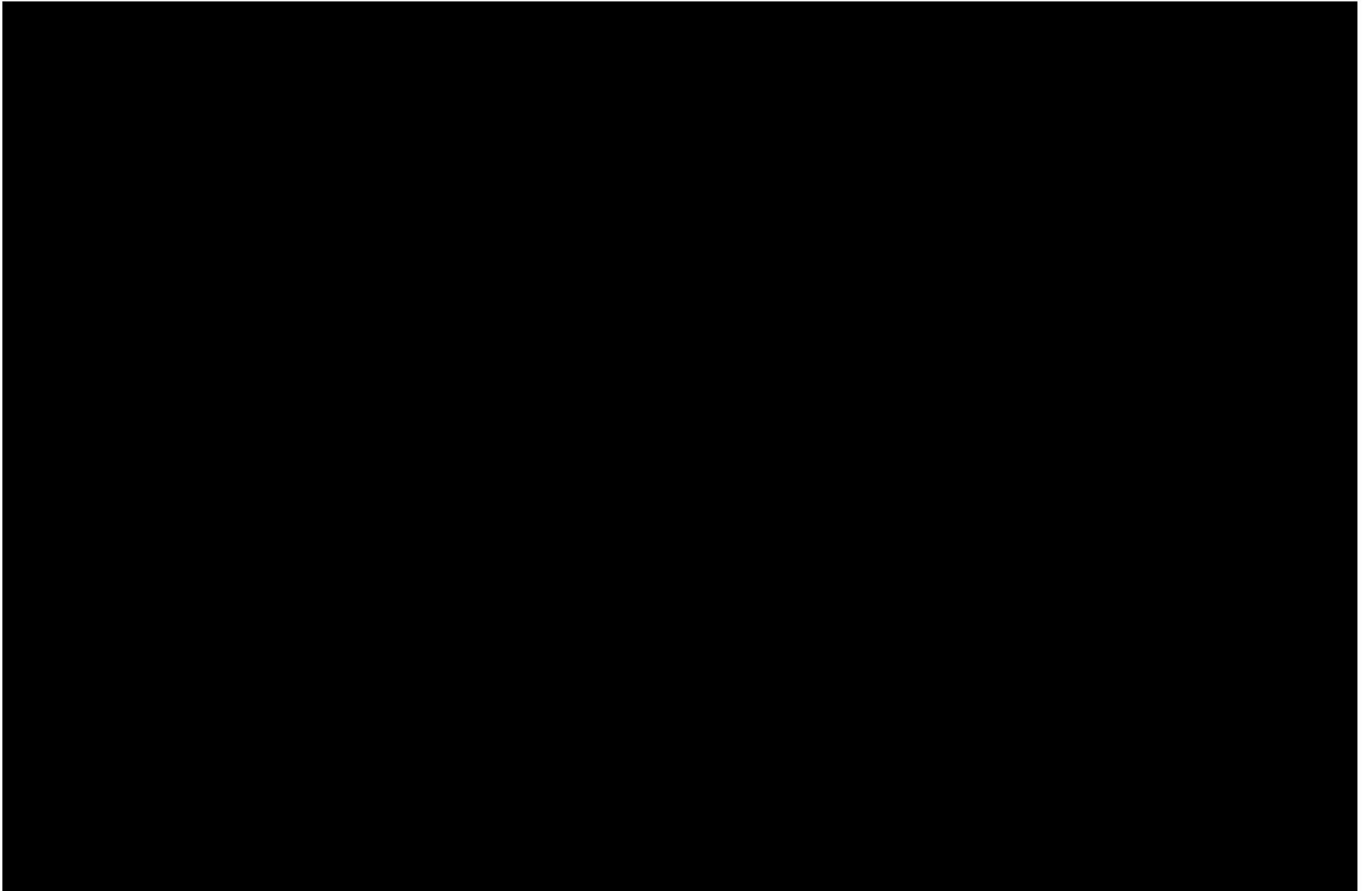


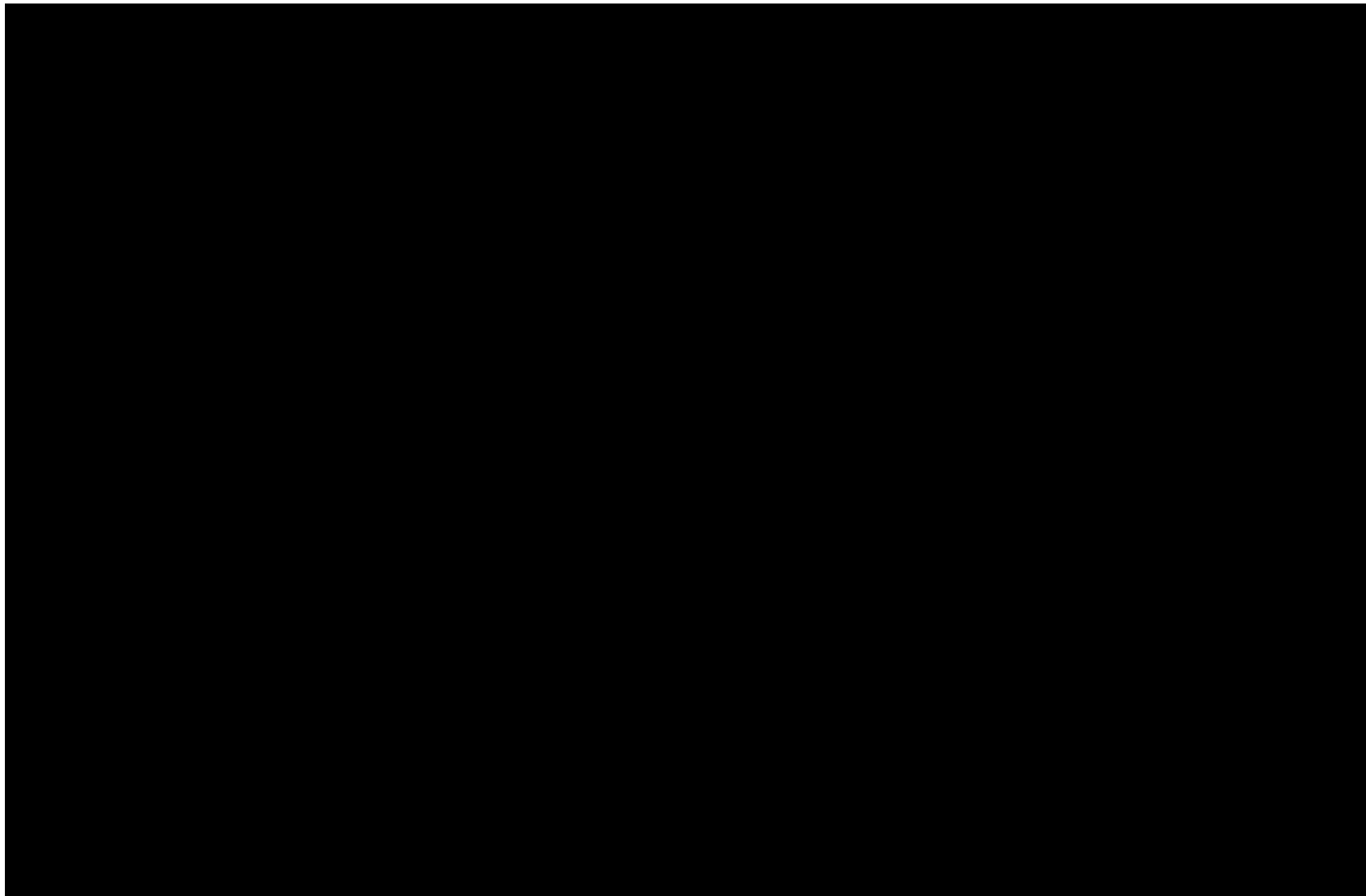
REDACTIONS: Confidential Financial Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

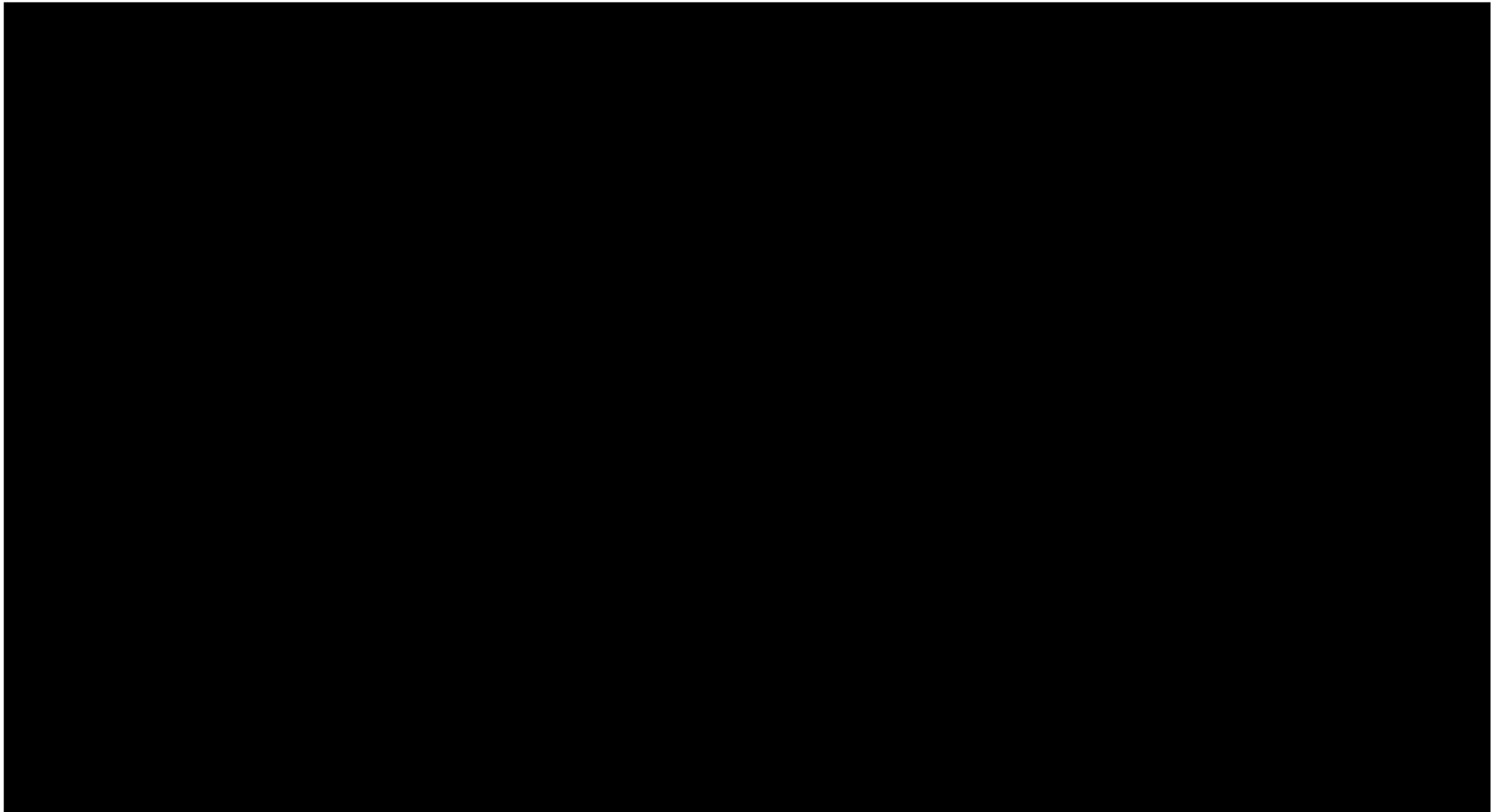


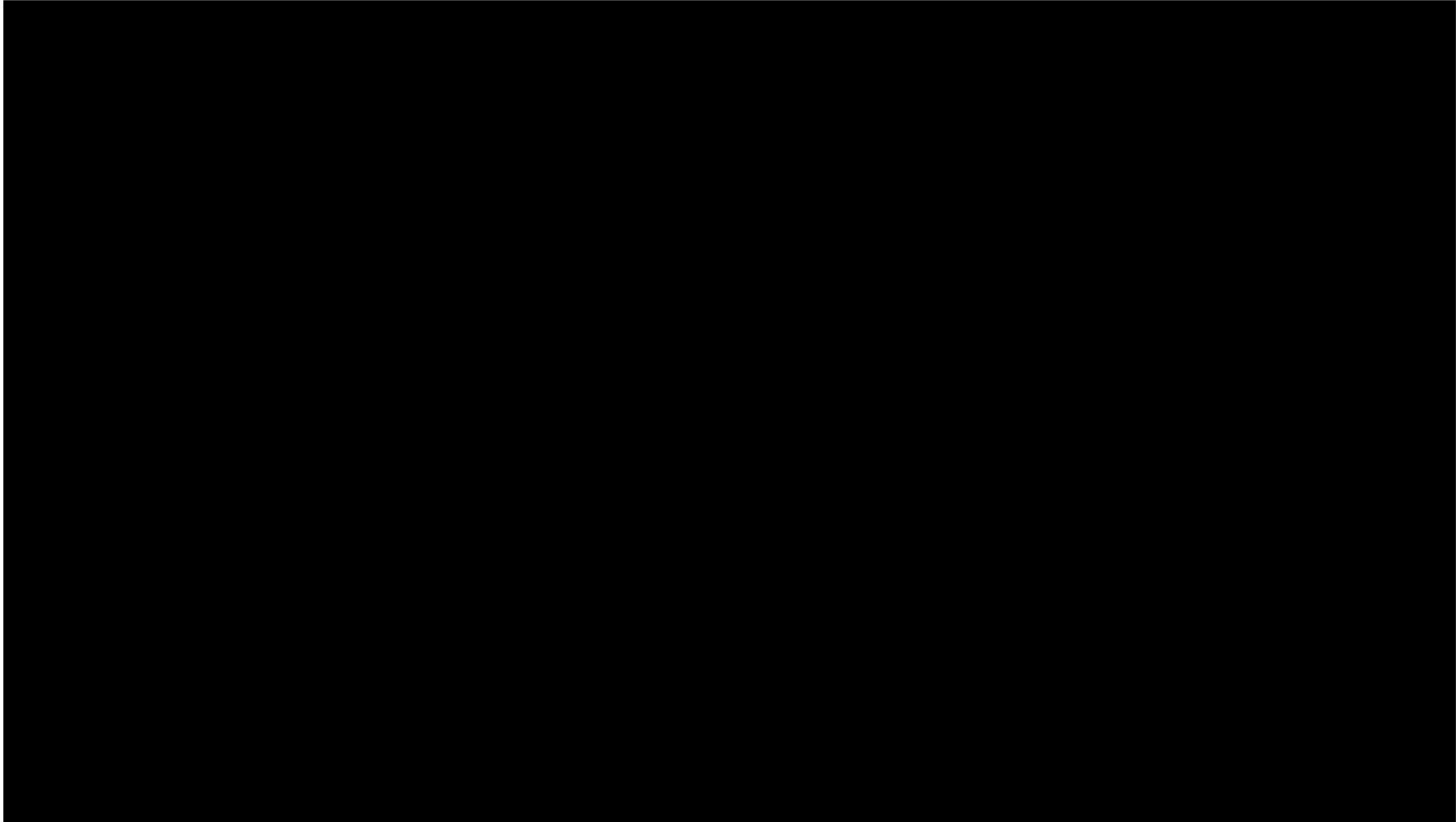
REDACTIONS: Confidential Financial Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]











REDACTIONS: Confidential Financial Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]



REDACTIONS: Confidential Financial Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

Exhibit 6 - Tax Plan

Verification

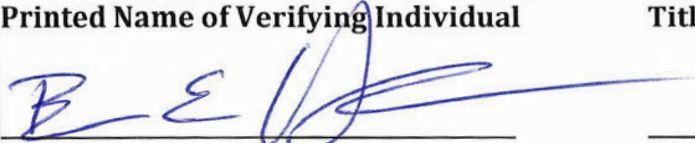
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Brian Henry

President

Printed Name of Verifying Individual

Title of Verifying Individual



02/27/23

Signature of Verifying Individual

Verification Date

Exhibit 6 – Tax Plan

[Redacted text block]

[Redacted text block]

[Redaction: Confidential and Proprietary Financial and Accounting Information; See App. Guide 1.8; § 36-12-40, et seq., Code of Alabama 1975]

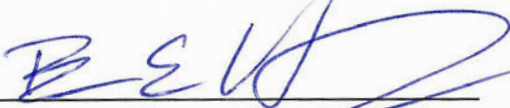
Exhibit 7 - Business Formation Documents

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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

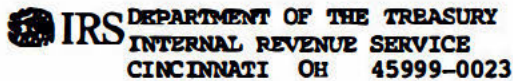
President

Title of Verifying Individual

02/27/23

Verification Date

REDACTIONS: Confidential Financial and Address Info and private EIN Information; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]



Date of this notice: 10-14-2022

Employer Identification Number:

Form: SS-4 [REDACTED]

Number of this notice: CP 575 A

XLCR INC
% BRIAN HENRY

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-0699207. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	04/30/2023
Form 940	01/31/2024
Form 1120	04/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

(IRS USE ONLY) 575A

10-14-2022 XLCR B 999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is XLCR. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION
CERTIFICATE OF INCORPORATION

PURPOSE: In order to form a Business Corporation under Sections 10A-1-3.05 and 10A-2A-2.02 of the Code of Alabama 1975, this Certificate of Incorporation and the appropriate filing fee must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

- 1. The name of the corporation (must contain the word "Corporation" or "Incorporated," or the abbreviation of one of those words, and comply with Code of Alabama Section 10A-1-5.04):

XLCR, INC

- 2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

- 3. Street (No PO Boxes) address of principal office of the corporation:

Mailing address of principal office (if different from street address):

- 4. The name of the registered agent (only one agent): Brian E Henry

Street (No PO Boxes) address of registered office (must be located in Alabama):

*COUNTY of above address: JEFFERSON

Mailing address in Alabama of registered office (if different from street address):

P.O. Box 2166 Birmingham, AL 35201 JEFFERSON

REDACTIONS : Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

REDACTIONS: Confidential Financial Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

(For SOS Office Use Only)

Alabama
Sec. Of State
001-044-707 D/C
Date 10/14/2022
Time 16:54:00
File \$100.00
County \$100.00
Total \$200.00

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF INCORPORATION

5. Purpose for which corporation is formed: _____

To hold and maintain a Secure Transport & Storage License from the AMCC...;
the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2A of the Code of Alabama.

6. Amount of stock the corporation is authorized to issue: 10000000 Par Value _____
(optional)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): See attached

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

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The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

- 9. A director has no liability to the corporation or its stockholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the stockholders; (C) a violation of Section 10A-2A-8.32; (D) an intentional violation of criminal law; or (E) a breach of the director’s duty of loyalty to the corporation or its stockholders.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

*County of Registered Agent is requested in order to determine distribution of County filing fees.

10 / 14 / 2022

 Date (MM/DD/YYYY)

Jason R. Klinowski

 Signature as required by 10A-2A-1.20
 Attorney in Fact

 Title

Additional Details

Incorporators	Street Address	Mailing Address
Klinowski Damiano LLP	P.O. Box 43404 Birmingham, AL 35243	P.O. Box 43404 Birmingham, AL 35243

John H. Merrill
Secretary of State

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

STATE OF ALABAMA

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

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

XLCR, INC

This name reservation is for the exclusive use of Klinowski Damiano LLP, P.O. Box 43404, Birmingham, AL 35243 for a period of one year beginning October 14, 2022 and expiring October 14, 2023



RES051621

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

October 14, 2022

Date

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

John H. Merrill

Secretary of State

THIS INSTRUMENT PREPARED BY:

Jason R. Klinowski, Esq.
KLINOWSKI DAMIANO LLP
P.O. Box 43404
Birmingham, Alabama 35243

BUSINESS PURPOSE

XLCR, INC. was formed and incorporated for the purpose of holding and maintaining a Secure Transport & Storage License from the Alabama Medical Cannabis Commission and for all other lawful purposes for which a corporation may be formed or incorporated within the State of Alabama.

AUTHORIZED SHARES

The authorized capital stock of XLCR, INC. consists of ten million (10,000,000) shares of common stock, without par value (the "*Common Stock*").

THIS INSTRUMENT PREPARED BY:

Jason R. Klinowski, Esq.
KLINOWSKI DAMIANO LLP
P.O. Box 43404
Birmingham, Alabama 35243

BUSINESS PURPOSE

XLCR, INC. was formed and incorporated for the purpose of holding and maintaining a Secure Transport & Storage License from the Alabama Medical Cannabis Commission and for all other lawful purposes for which a corporation may be formed or incorporated within the State of Alabama.

AUTHORIZED SHARES

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SHAREHOLDERS AND OPERATING AGREEMENT

OF

XLCR, INC.

THIS OPERATING AGREEMENT is dated and adopted this 15th day of November 2022 by the persons whose names are subscribed below, who constitute the shareholders of XLCR, Inc., an Alabama Corporation.

DEFINITIONS

1. Shareholder(s): The term “shareholder,” as it appears in this Operating Agreement, includes the founding/initial shareholders listed herein and other such individuals who possess an ownership interest in XLCR, Inc., whether now or in the future. All Shareholders are eligible to share in any of XLCR, Inc.’s income, losses, deductions, credits, etc. Moreover, all shareholders are eligible to participate in the management of XLCR, Inc. and are bound to the terms of this Operating Agreement at the time in question.

The Shareholders hereby agree as follows:

ARTICLE 1

Organization of Company

1.01. Name. The name of the corporation to be operated pursuant to this Operating Agreement is “XLCR, Inc.”, (hereinafter “*Company*”), which is an Alabama for profit entity incorporated as a corporation on October 14, 2022, under the Laws of the State of Alabama.

1.02. Registered Agent and Office. The Company’s registered agent in Alabama is Brian E. Henry, whose business address is [REDACTED]. Company may designate other registered agents or offices at any time in this state or, if necessary, in other states.

1.03. Principal Place of Business. Company’s initial principal place of business is located at [REDACTED]. Company may establish other or additional offices at any time.

1.04. Term. The term of existence of Company is hereby acknowledged as beginning on or about October 14, 2022, which will be further evidenced by its receipt of a certificate from the Alabama Secretary of State, and shall continue until the dissolution and termination of Company as provided in Article 8 of this Operating Agreement or by operation of law.

1.05. Purpose. The purpose of Company is to hold and maintain a Secure Transport & Storage License from the Alabama Medical Cannabis Commission and to engage in any and all

REDACTIONS:
Confidential
Address Info;
See App. Guide
1.8;
§36-12-40, et
seq. Code of
Alabama
1975]


REDACTIONS:
Confidential
Financial Info;
See App. Guide
1.8; §36-12-40,
et seq. Code of
Alabama 1975]

other lawful purposes for which a corporation may be formed or incorporated within the State of Alabama.

ARTICLE 2

Shareholdership and Capital

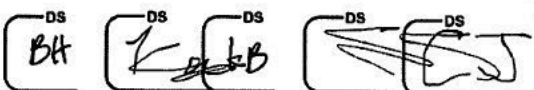
2.01. Initial Shareholders. The names and addresses of the initial/founding Shareholders of Company are:

<u>Name</u>	<u>Address</u>
Kelley Hardwick	
Eric Smith	
Castro Javine	
Park Transfer & Storage Company, Inc.	

REDACTIONS:
Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

2.02 Class A Voting Shares – Class A Shares shall be the only class of stock issued and thus entitled to vote or otherwise participate in the management of Company except as otherwise specified in this document or under the Alabama Corporations Act, as amended from time to time. Accordingly, Class A shares of Company shall be subject to the following terms and restrictions:

- (a) Only ten million shares (10,000,000) are authorized.
- (b) The initial par value of each share of Class A stock shall be unstated.
- (c) All shares of Class A stock shall be deemed fully paid and non-assessable.
- (d) All shares of Class A stock shall be transferable only on the books of the corporation by the holder of said shares in person or by attorney upon surrendering a properly endorsed stock certificate.
- (e) All shares of Class A stock shall be restricted as to prohibit resale, pledging, conveyance, or other such action which requires registration of securities.



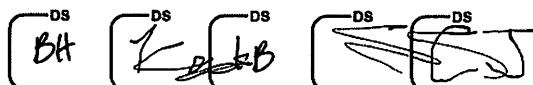
2.03. New or Substituted Shareholders.

(a) An assignee of a Shareholder's ownership interest in Company shall be admitted to Company as a substituted shareholder only upon the written consent of one hundred (100%) percent of the other Shareholders. A new or substituted Shareholder shall be fully bound by the terms and provisions of this Operating Agreement and all amendments thereto, whether or not the new or substituted Shareholder actually signs this agreement or an addendum thereto. Nothing in this Agreement is intended or shall be interpreted as limiting the Company's ability to establish and issue different classes of shares with different rights, including rights both inferior (e.g., non-voting shares) and superior (e.g., priority payment shares) to Class A Voting Shares.


(b) The Company reserves the absolute right to approve or to deny a Shareholder's assignment of some or all of his or her ownership interest in the Company. Further, the Company expressly reserves the right of first refusal to purchase any and all shares of the Company which any Shareholder wishes to sell, assign, or otherwise transfer to any other individual or entity as per the terms set forth in Article 6 of this Operating Agreement.

2.04. Ownership Interests. The ownership interest of each Shareholder of Company shall be expressed in terms of a percentage. The total ownership interests of all Shareholders shall always equal one hundred (100%) percent; no more and no less than 100% shall be allowed. The ownership interests of new Shareholders shall be determined, prior to admission, by all (100%) of the current/existing Shareholders. The ownership interests of the initial Shareholders are set forth in section 2.05 of this Operating Agreement.

2.05. Capital Contributions. An initial/founding Shareholders' capital contributions to Company may consist of cash, property, services rendered, and/or a written promise to contribute cash, property or services in the future. A post-incorporation Shareholder's capital contribution **must be** comprised of cash, property, or a written promise to contribute cash or property in the future. All cash contributions shall be deposited into a Company owned and controlled interest-bearing account. The value of all capital contributions shall be determined by the existing Shareholders. A Shareholder shall not be entitled to withdraw a capital contribution without the consent of all other Shareholders. A Shareholder shall be entitled to interest on or with respect to any capital contribution actually paid in by said Shareholder. Additional capital contributions may be made by a Shareholder only with the consent of seventy-five (75%) percent, or super majority, of the existing Shareholders. The capital contributions required of new Shareholders, as well as the percentage of ownership interest allowable per new Shareholder, shall be determined by all the existing (100%) Shareholders. The initial capital contributions and the initial ownership interests of the initial Shareholders of Company are set forth below:

 Page 3 of 11

Type and Value of Capital

<u>Name</u>	<u>Contribution</u>	<u>Ownership Interest</u>
Kelley Hardwick Shareholder	Cash/Concept/Services	
Eric Smith Shareholder	Cash/Concept/Services	
Castro Javine Shareholder	Cash/Concept/Services	
Park Transfer & Storage Co., Inc. Shareholder	Cash/Concept/Services	

REDACTIONS:
Confidential
Financial
Info; See App.
Guide 1.8;
§36-12-40, et
seq. Code of
Alabama
1975]

2.06. Resignation of a Shareholder. A Shareholder may resign, retire, or withdraw from Company at any time by giving ninety (90) days advance written notice thereof to the remaining Shareholders. The right of a resigning, retiring, or withdrawing Shareholder to compensation for the Shareholder’s ownership interest in Company shall be governed by the provisions of Article 6 of this Operating Agreement. The resignation, retirement, or withdrawal of a Shareholder shall terminate the Shareholder’s ownership interest and voting rights, if any, in Company as of the date of the resignation, retirement, or withdrawal. As set forth hereinabove, Company reserves the right of first refusal with respect to purchasing the exiting Shareholder’s ownership interest in Company.

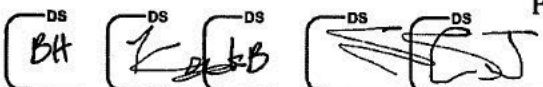
ARTICLE 3

Management

3.01. Management by Shareholders. Company shall be managed by the Shareholders. The Shareholders hereby expressly reserve the right to adopt the Company’s initial bylaws. No Shareholder shall be entitled to compensation for managing Company unless otherwise approved, in advance, by one hundred (100%) percent of the Shareholders.

3.02. Professional Services. Subject to Section 3.03 of this Article, Company shall have a continuing responsibility to contract for those professional services deemed necessary, appropriate, and prudent to the effective, efficient, and proper operation of Company’s business.

3.03. Authority of Shareholders. Each Shareholder may exercise all powers of Company and perform any lawful act or function deemed necessary or appropriate in the ordinary course of Company’s business, except as otherwise provided in the Operating Agreement and Company By-Laws, if any. However, a Shareholder may not perform any of the following acts or functions without the written consent of all (100%) of the existing



Shareholders:

- (1) Dissolve or terminate Company.
- (2) Sell, transfer, or license all or portions of Company assets.
- (3) Merge or consolidate Company with another entity.
- (4) Incur a Shareholder/Company liability in excess of five thousand dollars (\$5,000.00).
- (5) Any other act or function which requires the approval or consent of the other Shareholders by the terms of this Operating Agreement, the provisions of Company By-Laws, if any, or by fully executed resolution of the Company.

3.03. Voting Requirements. Except as otherwise provided in this Operating Agreement or in the By-Laws, if any, all matters requiring the vote, consent, or approval of the Shareholders shall require the vote, consent, or approval of a *majority* (51%) of all Shareholders.

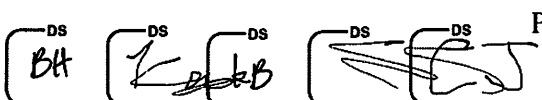
3.04. Shareholders Meetings. The Shareholders may hold regular or special meetings either in the State of Alabama or elsewhere. Regular meetings of the Shareholders may be held without notice at such time and place as may be determined by the Shareholders. A special meeting of the Shareholders may be called by any Shareholder by giving 15 days prior written notice of the time, place, and purpose of the meeting to all other Shareholders. Notice shall be as provided in section 9.03 of this Operating Agreement. A Shareholder's right to receive said Notice of any meeting may only be waived in writing by said Shareholder.

3.05. Action Without Meeting. Action may be taken by the Shareholders without meeting if all (100%) Shareholders sign a written consent to the action taken or in any other manner provided for in the "Action Without Meeting" provisions of the By-Laws, if any.

3.06. Telephonic Meetings. Shareholders may participate in a meeting by means of conference telephone or other video or audio communications equipment (e.g., Zoom, Microsoft Teams, Google Meet, etc.) whereby all persons participating in the meeting can, at a minimum, simultaneously hear each other. Participation in such a meeting by a Shareholder shall constitute the presence of the Shareholder at the meeting.

ARTICLE 4**Allocations and Distributions**

4.01. Allocation of Income and Loss. The net income or losses of Company shall be allocated to the Shareholders at the end of each accounting period in proportion to their respective ownership interests in the Company. The gains, losses, deductions, and other income tax items of Company shall be allocated to the Shareholders in the same manner, except as otherwise provided in this Article.


 Page 5 of 11

4.02. Shareholders Tax Provision. The Shareholders expect and intend that Company shall be treated as an S-Corp. for federal income tax purposes. The Shareholders hereby expressly agree individually that they will do nothing with respect to their individual income tax returns that is inconsistent with or that will otherwise jeopardize the Company’s tax status.

4.03. Special Tax Provision. The income, gain, loss, or deduction with respect to an asset contributed to the capital of Company by a Shareholder shall, in accordance with Section 704(c) of the Internal Revenue Code and solely for tax purposes, be allocated between the Shareholders so as to take into account any variation between the adjusted income tax basis of the property to Company and its actual value when contributed.

4.04. Allocations Upon Transfer. If, during an accounting period, a Shareholder transfers his/her rights to Company profits, losses, and other income tax items to another person or Shareholder, the profits, losses, and other tax items that would otherwise have been allocated to the transferring Shareholder for the accounting period shall be allocated between the transferor and the transferee pursuant to any method chosen by the Shareholder that is permitted under the Internal Revenue Code.

4.05. Distributions. All distributions by Company shall be made to the Shareholders as per the terms of a special resolution as shown in the books and records of Company. Distributions shall be made in the amount and at such times as are approved by a majority vote of the Shareholders. All distributions shall be by cash or Company check unless the Shareholders approve a different form of distribution.

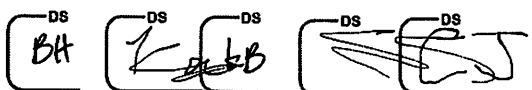
4.06. Restriction on Distribution. Company shall not make a distribution to the Shareholders unless immediately after giving effect to the distribution, all liabilities of Company, other than liabilities to the Shareholders on account of their interest in Company.

ARTICLE 5

Accounting, Books and Records

5.01. Accounting Practices and Tax Year. Company shall keep its books and records and prepare its financial statements in accordance with generally accepted accounting principles and shall prepare its income tax returns using such methods of accounting. Company tax year shall be the calendar year.

5.02. Location and Inspection. Proper and complete books of account and records of the business of Company shall be kept at Company principal office, the office of Company General Counsel, or at such other place as may be designated by the Shareholders. Notice shall be given to each Shareholder of any changes in the location of Company books and records. The Shareholders books and records shall be open to inspection, audit, and copying by any Shareholder, or the designated representative of a Shareholder, upon reasonable notice at any time during business hours for any purpose reasonably related to the Shareholder’s interest in Company. Any information so obtained or copied shall be kept and maintained in strict confidence except as otherwise required by law.



5.03. Reliance on Books and Records. A Shareholder shall be fully protected in relying in good faith upon the records and books of account of Company and upon such information, opinions, reports, or statements presented to the Shareholder, by Company or any of its other Shareholders, officers, or employees, or by any other person selected by Company, as to matters which the Shareholder reasonably believes are within such other person's field of expertise, including information, opinions, reports, or statements as to the value and amount of the assets, liabilities, profits, or losses of Company or any other facts pertinent to the existence and amount of assets from which distributions to Shareholders might properly be paid.

5.04. Reports and Tax Returns. A financial statement for Company shall be made and reported on as of the end of each fiscal year. A copy of the annual financial statement and report shall be transmitted to the Shareholders within ninety days after the end of each fiscal year. Company shall, within ninety (90) days after the end of each fiscal year, file a federal income tax informational return and transmit to each Shareholder a schedule showing the Shareholder's distributive share of Company income, losses, deductions, credits, and other information necessary to enable the Shareholders to timely file their federal income tax returns. Company shall also file, and provide information to the Shareholders and Shareholders regarding, all applicable state and local income tax returns. Company "Tax Matter Shareholder" shall be Brian Henry who shall have the authority to exercise the functions provided in Sections 6221-6223 of the Internal Revenue Code and the authority to delegate those functions to a qualified and/or properly licensed professional or firm.

ARTICLE 6

Deceased or Disassociated Shareholders

6.01. Disassociation of a Shareholder. The withdrawal, resignation, retirement, expulsion, bankruptcy, or dissolution of a Shareholder shall terminate the Shareholder's ownership interest in Company. Such a Shareholder shall constitute a "disassociated Shareholder."

6.02. Expulsion of a Shareholder. The expulsion of a Shareholder shall immediately terminate the Shareholders ownership interest in Company. A Shareholder may be expelled from Company, for cause, upon written consent of all (100%) the other Shareholders, excluding the Shareholder subject to expulsion, as follows:

(a) An initiating Shareholder must cause a special meeting of the Shareholders to be held in accordance with the terms of this Agreement and provide the accused Shareholder or Shareholders with fifteen (15) days prior notice of Company intent to expel said Shareholder or Shareholder, which must be signed by a majority of the non-accused Shareholders; and

(b) No less than fifteen (15) days prior to the aforementioned special meeting, the accused Shareholder shall also be provided with a writing that outlines and/or otherwise articulates the cause for his/her expulsion; and

(c) At said special meeting, the non-accused Shareholders shall immediately accept the accused Shareholder or Shareholder's written resignation, they may vote to expel said Shareholder as evidenced by a written consent of all (100%) of the non-accused Shareholders, or they may discuss any alternative resolution plan, proposed by any Shareholder, the acceptance of which shall be evidenced by a written consent of ALL Shareholders. The non-accused Shareholders will hear any reasonable proposition for an alternative resolution plan; however, Company non-accused Shareholders hereby expressly reserve the right to reject any proposed alternative resolution plan for any reason whatsoever, as long as said rejection is evidenced by a written consent of all (100%) of the non-accused Shareholders and accompanied by either a written resignation of the accused Shareholder or Shareholder or by a vote to expel said Shareholder or Shareholder, as evidenced by a written consent of all (100%) of the non-accused Shareholders.

6.03. Compensation of Deceased or Disassociated Shareholders.

(a) If the death or disassociation of a Shareholder causes the dissolution and termination of Company, a deceased or disassociated Shareholder, or the estate or legal representative thereof, shall be entitled to participate in the winding up and liquidation of Company to the same extent as a similarly situated Shareholder.

(b) If the death or disassociation of a Shareholder does not cause the dissolution and termination of Company, a deceased or disassociated Shareholder, or the estate or legal representative thereof, shall **not** be entitled to participate in the management of Company, but shall be entitled to compensation in an amount equal to the capital contributions of the deceased or disassociated Shareholder as shown on Company books, increased or decreased, as the case may be by the Shareholder's share of Company profits or losses for the portion of Company current fiscal year ending on the date of the Shareholder's death or disassociation, and decreased by withdrawals made by the Shareholder during that fiscal year and decreased by any damages sustained by Company as a result of any expulsion or wrongful disassociation by the disassociated Shareholder. No allowance shall be made for goodwill or other intangible assets except as those assets have been reflected in Company books immediately prior to the death or disassociation of the Shareholder. The amount payable under this section shall be paid by Company to the deceased or disassociated Shareholder, or to the estate or legal representative thereof, in not more than two (2) semiannual installments with interest at 2% per annum beginning not more than two (2) months after the date of the death or disassociation.

ARTICLE 7

Indemnification and Limitation of Liability

7.01. Indemnification. A Shareholder shall be indemnified for all damages and expenses, including reasonable attorneys' fees, and held harmless by Company from any liability resulting from any lawful act or omission, except acts or omissions found to constitute gross negligence or a breach of fiduciary duties, committed by the Shareholder on behalf of Company to the fullest extent permitted under Alabama Law.

7.02. Limitation of Liability. No Shareholder shall be personally liable for any debt, liability, or obligation of Company solely by reason of being a Shareholder of Company.

ARTICLE 8

Dissolution and Termination

8.01. Dissolution. The Company shall be dissolved upon the first to occur of the following events:

- (a) The expiration of the term or period of existence, if any, set forth herein, if any.
- (b) The unanimous written consent of the Shareholders to dissolve Company.
- (c) The death, retirement, resignation, withdrawal, expulsion, bankruptcy, or dissolution of a Shareholder, unless there are at least one remaining Shareholder and said remaining Shareholder consents in writing to continue Company and its business within 90 days after the occurrence of the event causing the dissolution.
- (d) The entry of a decree of judicial dissolution as provided by Alabama Law.

8.02. Winding Up. The Shareholders shall have the power and authority necessary to marshal Company assets, pay company creditors, distribute Company assets, and otherwise wind up the business and affairs of Company upon dissolution. The Shareholders shall also have the authority to continue to conduct the business and affairs of Company after dissolution to the extent reasonably necessary to effect an orderly and profitable winding up of Company business and affairs.

8.03. Liquidation and Termination. After the dissolution of Company and the winding up of its business and affairs, Company shall be liquidated by the Shareholders, whereupon the assets of Company shall be distributed in accordance with the distribution priorities set forth under Alabama Law. Immediately following the distribution of Company assets, the Shareholders shall perform the acts necessary to terminate the existence of Company.

ARTICLE 9

Miscellaneous

9.01. Amendment. This Operating Agreement, or any provision thereof, may be amended at any time by a majority vote of the Shareholders at a special meeting duly called for that purpose, except that any provision of this Operating Agreement that provides for a Shareholder vote, approval or consent of greater than a majority may be amended only by a Shareholder vote that is equal to that specified in the provision sought to be amended.

9.02. Governing Law. This Operating Agreement shall be governed by the Laws of Alabama, as such laws may from time to time be amended and without giving effect to conflict

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of laws principles.

9.03. Notices. Any notice given by a Shareholder to another Shareholder or to Company, or given by Company to a Shareholder, shall be in writing and shall be deemed effectively given upon personal delivery or upon deposit in the U.S. Mail by registered or certified mail, return receipt requested, or upon confirmed e-mail or facsimile transmission for delivery to Company or to such Shareholder, at the address, e-mail, or facsimile number shown in the records of Company.

9.04. Ratification of Organizer. The lawful acts and deeds of the organizer or organizers performed in the course of organizing Company are hereby approved and ratified by the Shareholders.

9.05 Ambiguity or Missing Terms. The founding Shareholders identified herein, and their respective transferees, successors, assigns and legal representatives, along with any future Shareholders and their respective transferees, successors, assigns and legal representatives, hereby expressly agree that any and all missing terms, ambiguities, and legal inconsistencies, if any, contained within the four corners of this Operating Agreement shall be resolved by following the terms, conditions, timelines, and definitions set forth in the Alabama Business Corporation Act, as such laws may from time to time be amended.

9.06. Entire Agreement. This Operating Agreement and any expressly identified amendments thereto or Resolutions, if any, constitute the entire agreement among the parties with respect to Company and the operation of its business.

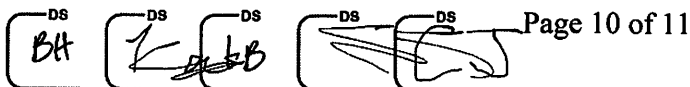
9.07. Binding Effect. This Operating Agreement and the amendments thereto, if any, shall be binding on, and shall inure to the benefit of the Company, its Shareholders, and their respective transferees, successors, assigns and legal representatives.

9.08. Jurisdiction and Venue. The parties agree that the exclusive jurisdiction and venue for any action under this Agreement shall be the State of Alabama - County of Jefferson and/or the U.S. District Court for the Northern District of Alabama and the parties hereby agree and submit themselves to the exclusive jurisdiction and venue of such courts for such purpose.


9.09. Severability. Any invalidity, in whole or part, of any provision of this Operating Agreement shall not affect the validity of any other of its provisions.

9.10. Waiver. No term or provision hereof shall be deemed waived and no breach or default consented to unless such waiver or consent is in writing and signed by all (100%) of the existing Shareholders.


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Page 10 of 11

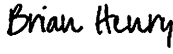
IN WITNESS WHEREOF, the Shareholders have subscribed their names to this Agreement on or as of the day and year first above written.

DocuSigned by:

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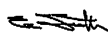
Kelley Hardwick
President
12/27/2022 | 7:09:32 PM CST

DocuSigned by:

28B7D611C59440B...

Castro Javine
Ex. Vice President
12/28/2022 | 7:11:53 AM PST

DocuSigned by:

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Park Transfer & Storage Co., Inc.
Brian Henry, President
12/27/2022 | 3:36:25 PM CST

DocuSigned by:

66AE25D88257425...

Eric Smith
Ex. Vice President
12/28/2022 | 6:36:53 AM PST

DocuSigned by:

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Park Transfer & Storage Co., Inc.
Kevin Barber, Ex. Vice President
12/27/2022 | 5:12:18 PM PST



Certificate Of Completion

Envelope Id: 8FC7BCE046AF457396EB7794C1A4DC1B
Subject: Complete with DocuSign: XL.CR - Shareholder and Operating Agreement - Final.pdf
Source Envelope:
Document Pages: 11
Certificate Pages: 2
AutoNav: Enabled
Envelope Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:
Jason Klinowski



Record Tracking

Status: Original
12/27/2022 2:44:33 PM

Holder: Jason Klinowski
jklinowski@aglawyer.com

Location: DocuSign

Signer Events

Brian Henry

Brian E. Henry

Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:
Brian Henry
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Signature Adoption: Pre-selected Style

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Electronic Record and Signature Disclosure:
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Kelley Hardwick

Security Level: Email, Account Authentication (None)

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Signed using mobile

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Kevin Barber

CEO

Security Level: Email, Account Authentication (None)

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Eric Smith

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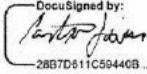
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Eric Smith
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Jason Klinowski [Redacted] Agricultural & Food Law Attorney Klinowski Damiano LLP Security Level: Email, Account Authentication (None)	<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">COPIED</div>	Sent: 12/28/2022 9:11:56 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Payment Events	Status	Timestamps
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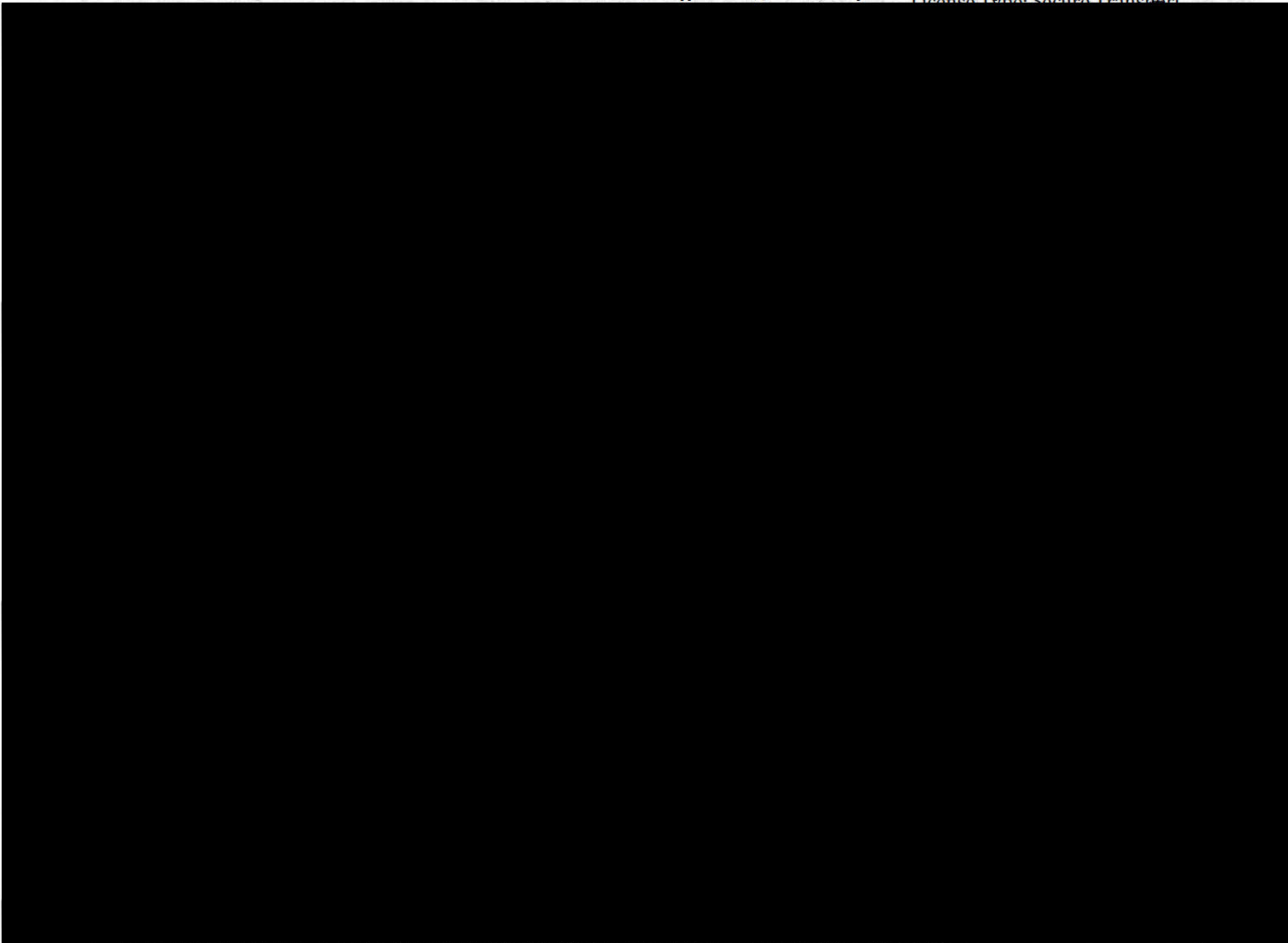


Exhibit 8 - Business License

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.

PRIAN E HENRY
Printed Name of Verifying Individual

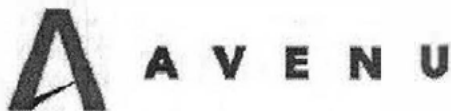
PRESIDENT
Title of Verifying Individual


Signature of Verifying Individual

12/26/22
Verification Date

Exhibit 8 - Business Licence

Below is a copy of Park Transfer & Storage Business License. The City of Birmingham is not issuing Business Licenses for Medical Cannabis related businesses until licenses have been issued. Furthermore, the city of Birmingham has not defined any rules or regulations regarding the transportation and storage of Medical Cannabis.



Application For Business License

2023

Confirmation # 31UE6KI03R

Avenu Account # 468289
 Company Name Park Transfer & Storage Co. Inc.
 Trade Name PARK TRANSFER
 Location Name PARK TRANSFER & STORAGE CO. INC.
 Mailing Address [REDACTED]
 Physical Address [REDACTED]

City of Birmingham, Alabama

Section	License Type	PJ	CL	Filing	Start Date	Gross	Units	Cert #	Flat Fee	Add. Fee	Total Fee	Penalty
493249-00	WAREHOUSE, INCLUDING COTTON AND FURNITURE PER SQUARE FEE	No	Yes	Renewal	12/31/2022	\$52,000.00	1		\$180.00	\$0.00	\$180.00	\$27.45

Issuance Fee	\$0.00
Total Fee	\$180.00
Penalty	\$27.45
Subtotal	\$207.45
Convenience Fee	\$6.22
Total Remitted	\$213.67
Payment Type	Credit Card

REDACTIONS: Confidential Address Info; See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

MAILING A PAPER CHECK: Please follow the instructions below to avoid any delay in processing your Business License Application.

Please make checks payable to: Tax Trust Account. Please write your Avenu account number on your check and mail your payment along with a copy of this Confirmation Receipt and a copy of required certifications/additional documentation to:

Business Licensing Division
 Attn: Online Business License Filing
 PO Box 830900
 Birmingham, AL 35283-0900

****Important Information - Read Thoroughly****

Certain license types require additional documentation such as certification from a regulatory board or agency. During your online filing process, you may have been prompted to enter your certification number. This is an indication that you are required to submit to Avenu a copy of your certification. If applicable, please remit a legible copy to Avenu via email, fax or mail.

The confirmation number listed confirms only that you have successfully submitted your tax filing and payment information through this website. The confirmation number does not in any way confirm that your payment has been accepted or that the checking account information / credit card account information submitted is valid. If your payment does not process successfully, you will be contacted by Avenu. If you have any questions regarding your filing and/or payment history, please contact Avenu at (800) 556 7274.

***Please reference your Avenu Account # (also known as your Filing Authority #) on all correspondence. This # is needed to ensure that the information supplied is applied appropriately to your account. Failure to supply this information can further delay the issuance of your license.

SWORN STATEMENT

I hereby swear that the amount of capital invested or value of goods, stocks, furniture and fixtures or amount of sales or receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true correct and complete. I understand issuance of license does not permit business operation unless business is properly zoned, and/or in compliance with all applicable laws/rules. As the preparer of this return, I have authorized payment via the payment type listed above and have accepted the convenience fees/surcharge amount charged as applicable.

Avenu Insights & Analytics
 Attn: Business License Department
 PO Box 830900
 Birmingham, AL 35283-0900
 Fax: (844) 528-6529
 Email: businesslicensesupport@avenuinsights.com
 Phone: (800) 556-7274
 Website: www.avenuinsights.com

Signed:

Print Name: Brian Henry

Date Filed: 3/2/2023 Phone: 205-345-0311 Title: President

Exhibit 9 - 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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

Exhibit 9- Business Plan

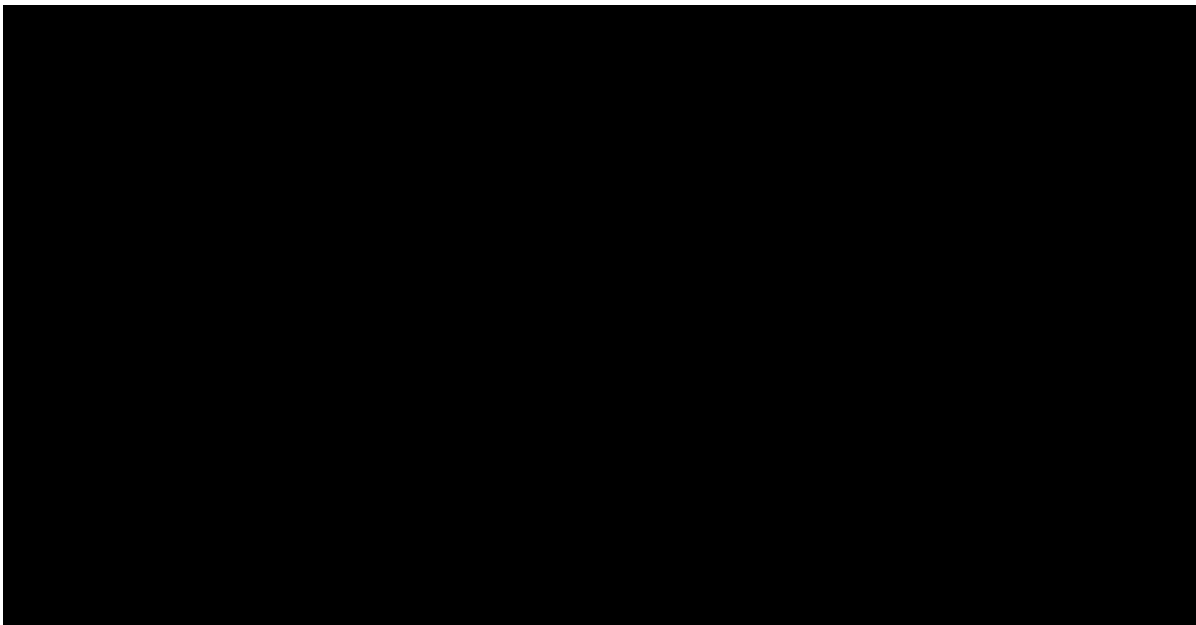
Exhibit 9.1 As attached Documents show, XLCR Inc. is a S – Corporation with Majority Minority Ownership and is Owner Managed with an Advisory Board

Exhibit 9.2 Long Term Business Goals

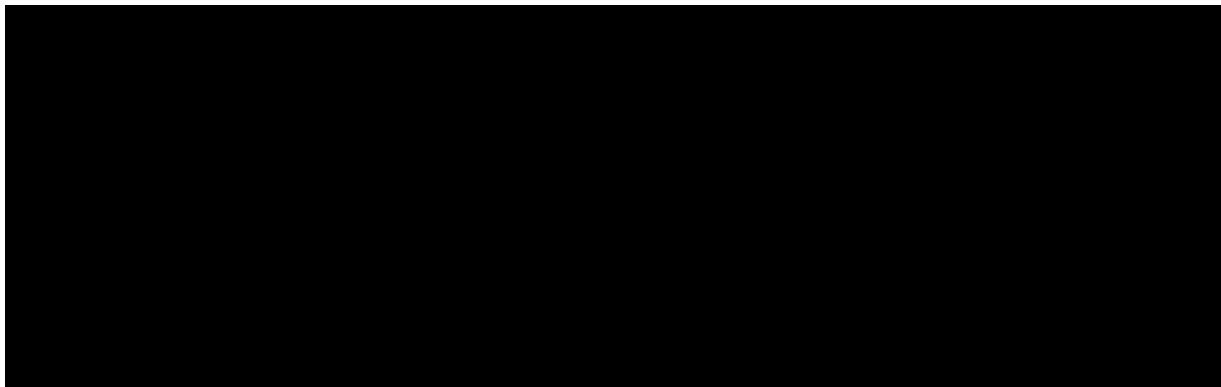
3 Year Plan: Initially upon successful award of the License, XLCR is poised to make the following actions across the outlined timeline.

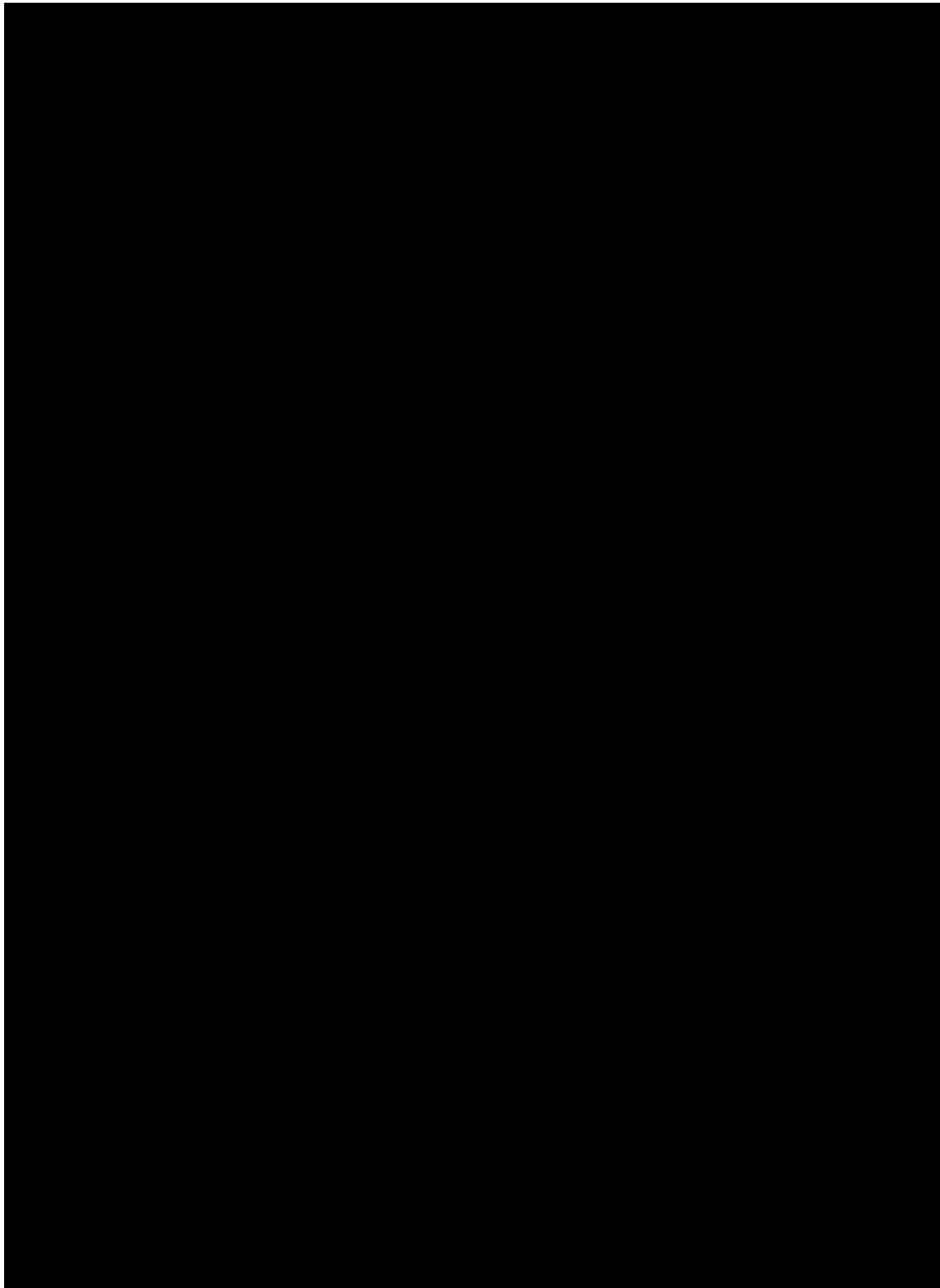
First 30 Days: Immediately upon receiving the Licenses approval from the state, XLCR will intact the following plan.

[REDACTIONS:
Confidential Proprietary
Information regarding
security of medical
marijuana operation and
proprietary business
strategies related to the
same. See App. Guide
1.8; §36-12-40, et seq.
Code of Alabama 1975]



Days 31-90





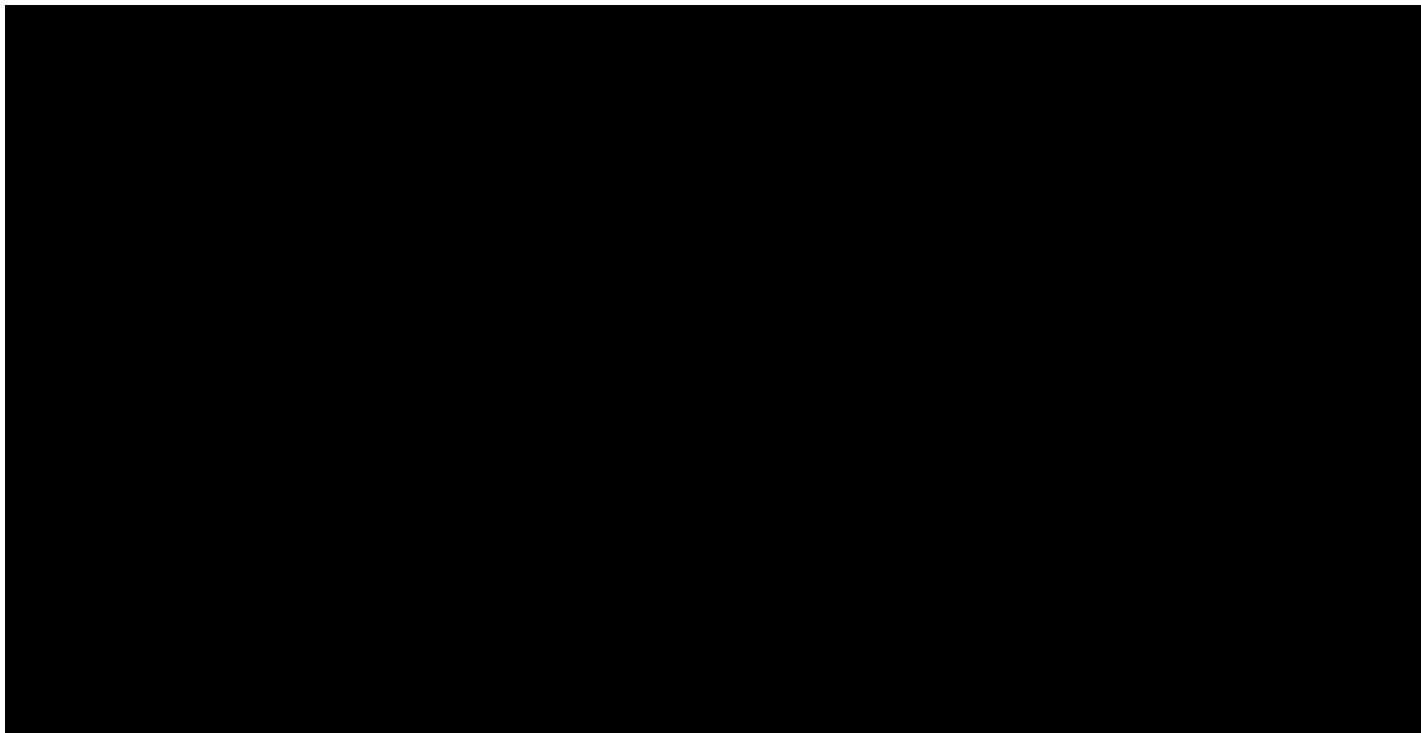


Exhibit 9.3 Org Chart

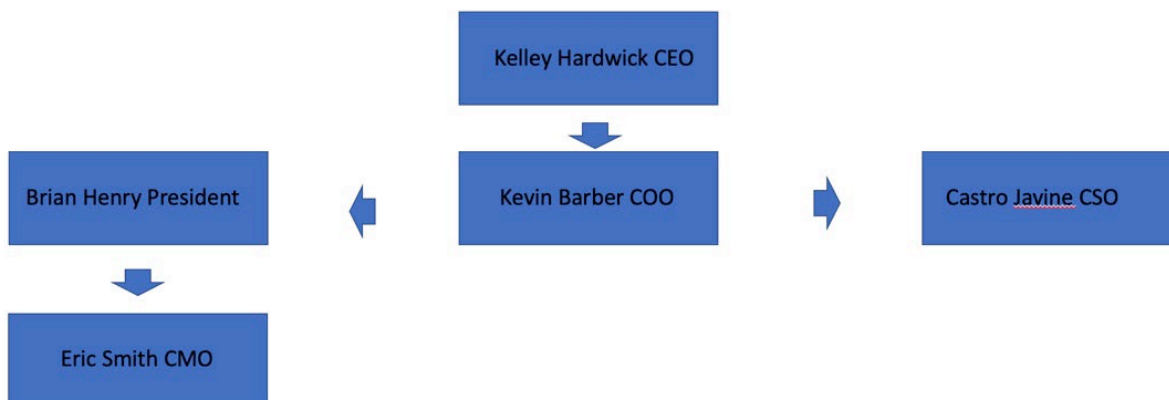
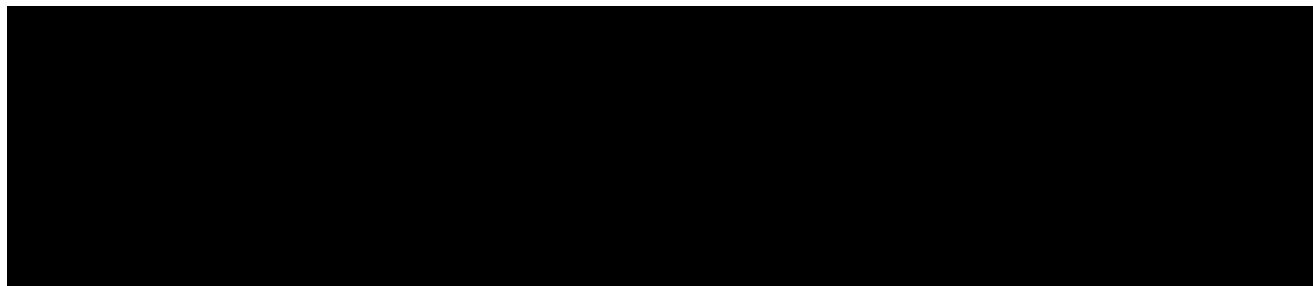


Exhibit 9.4 Job Descriptions Management



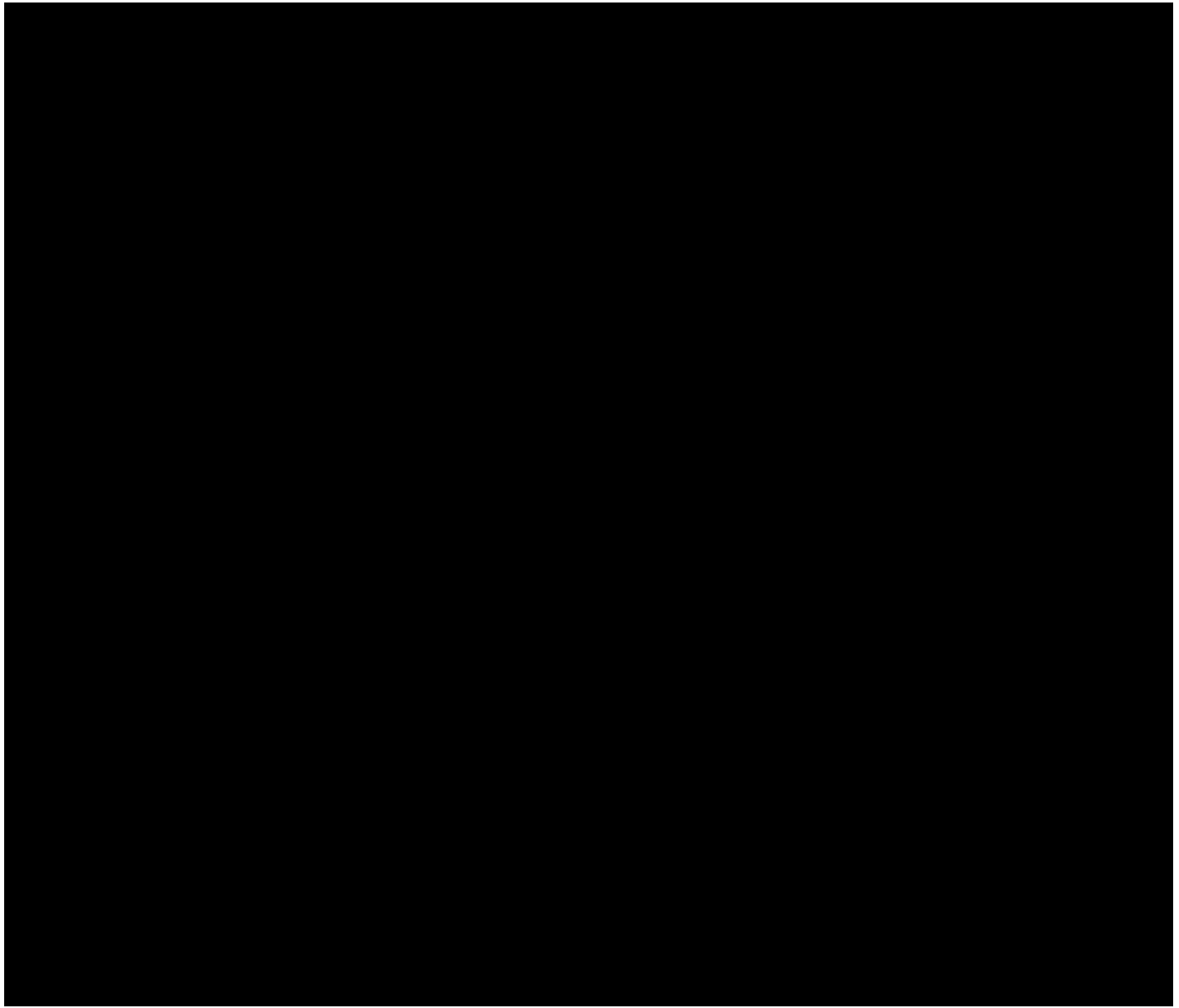


Exhibit 9.5 Job Description Non-Management

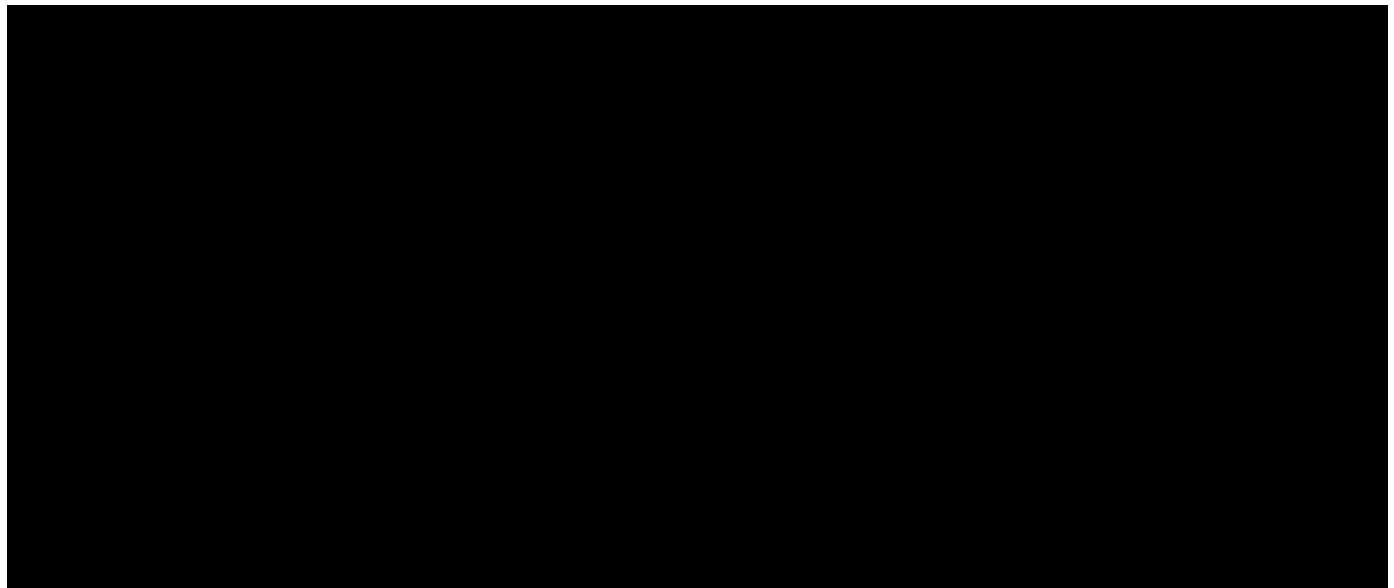
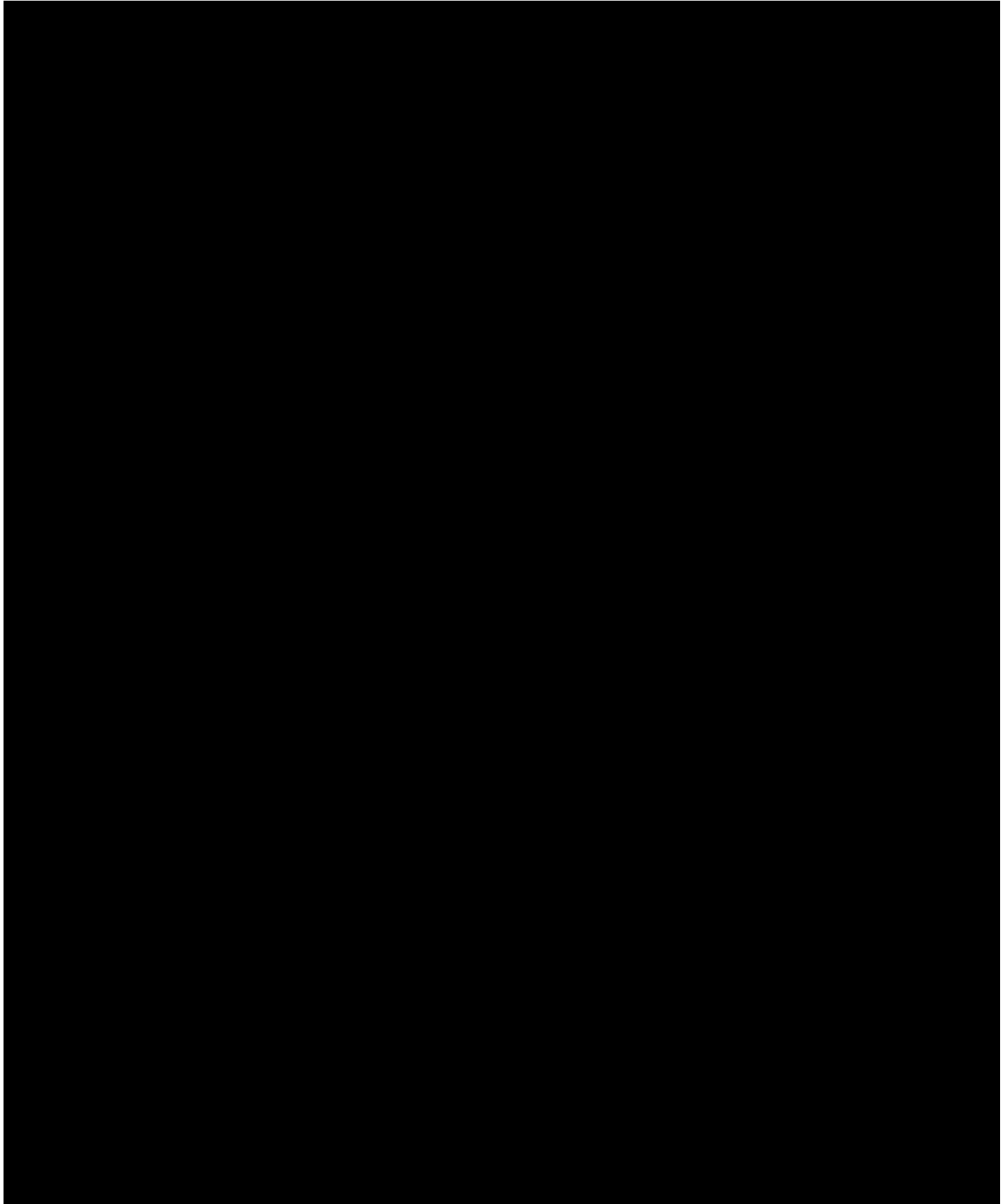


Exhibit 9.6



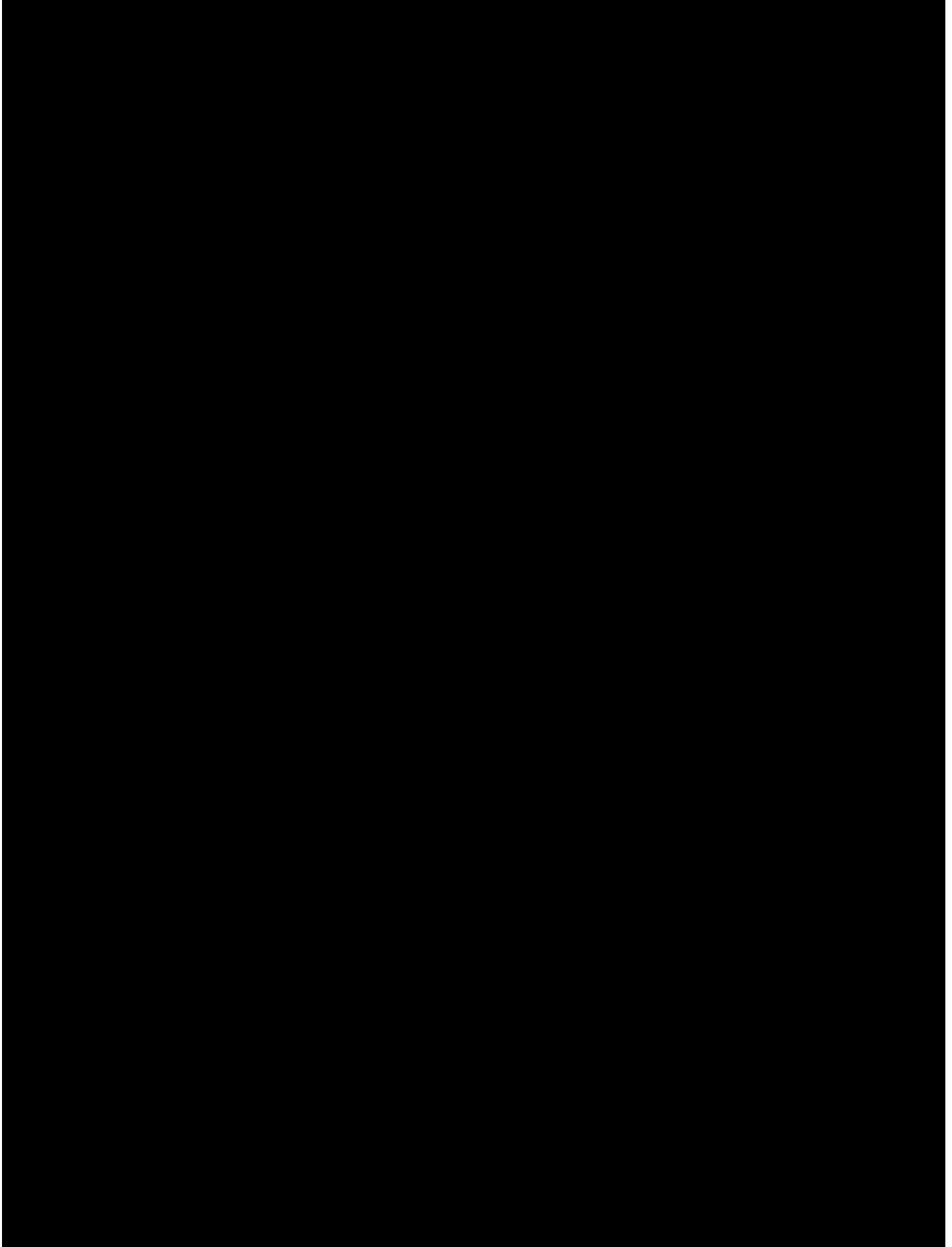
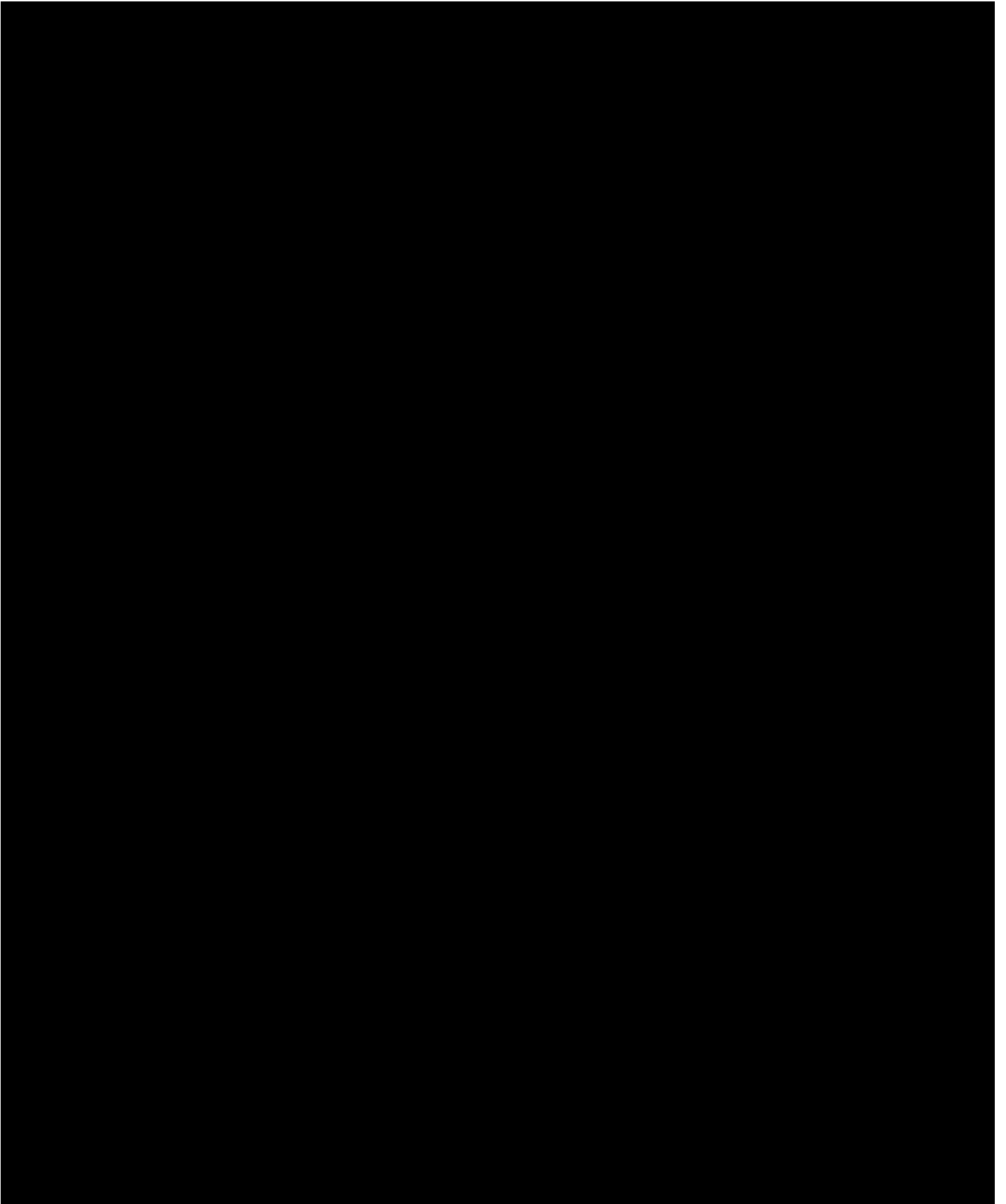
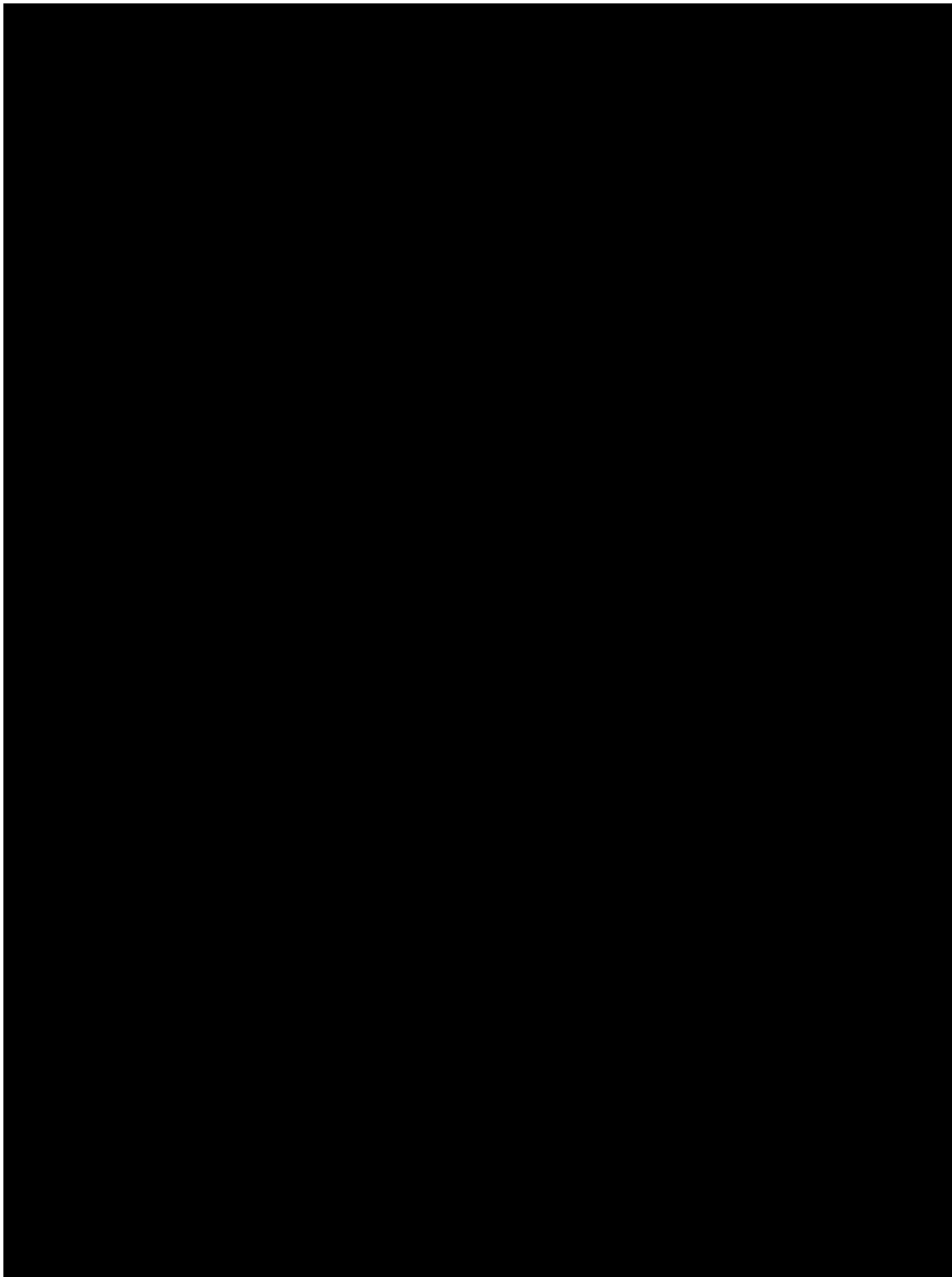
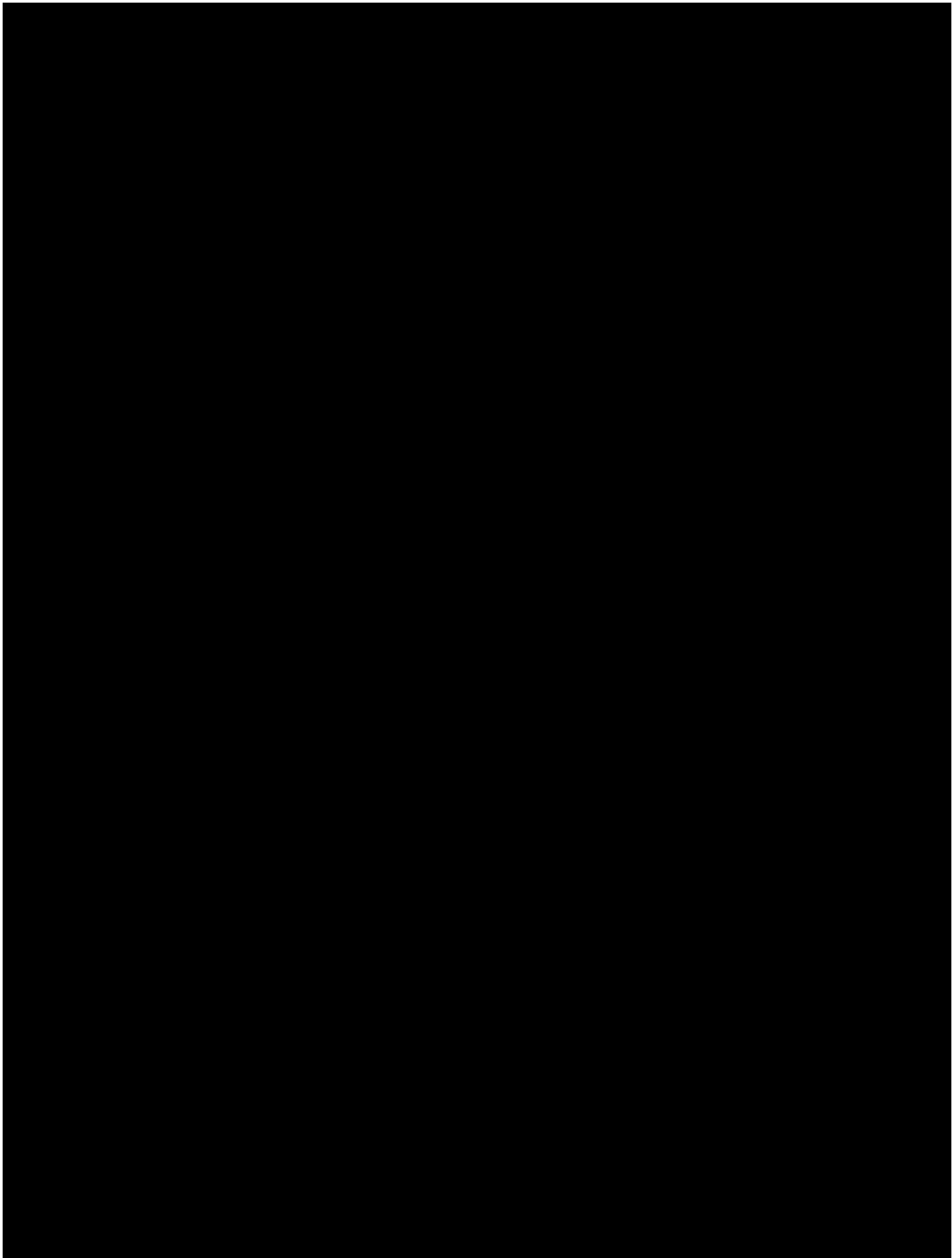


Exhibit 9.7 Description of Services







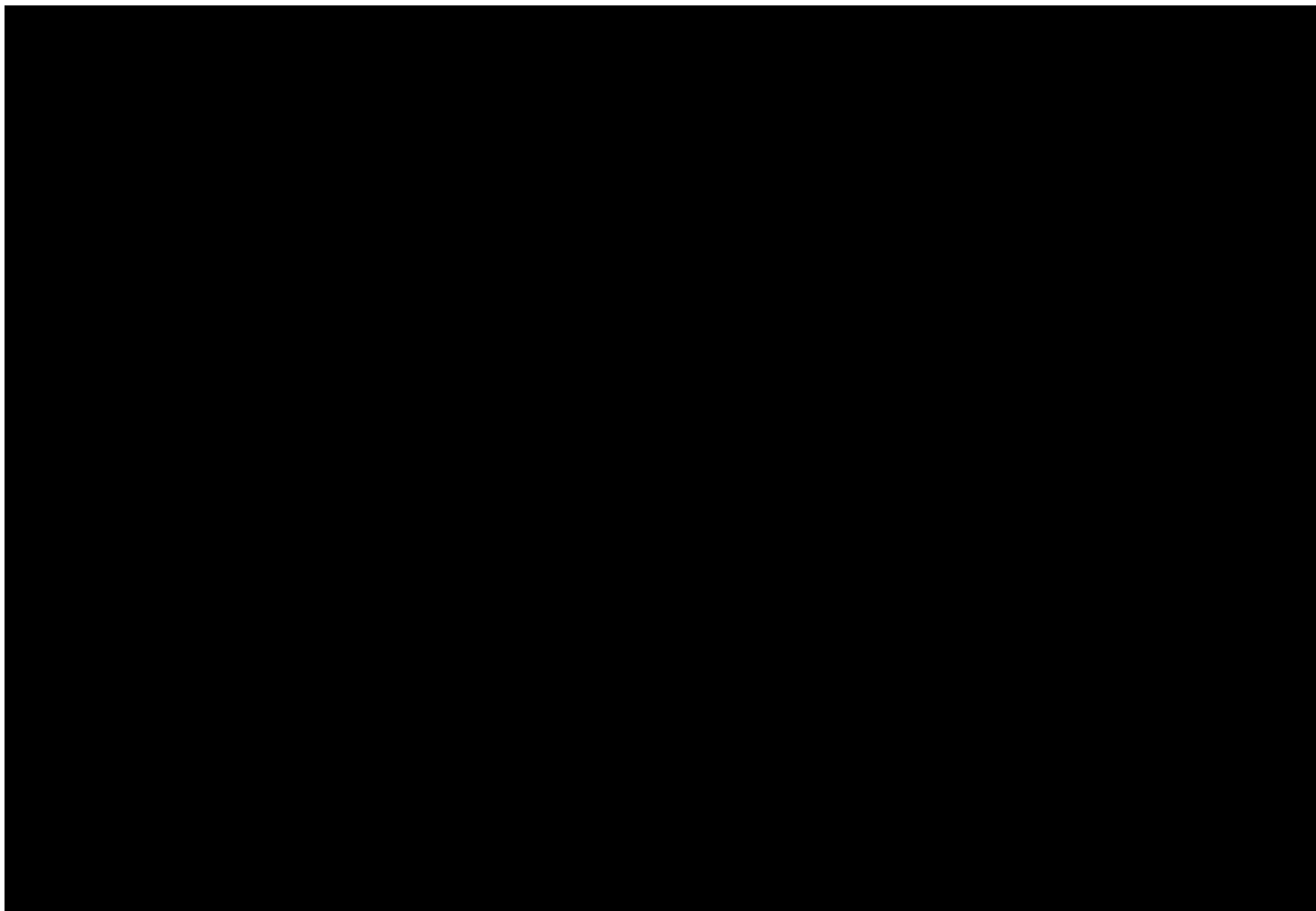


Exhibit 9.9 Community Engagement

In each Community that we operate a Facility, we want to support civic beautification projects and local groups like Habitat for Humanity to make real physical lasting impacts to the community we work with. Also, we commit to building and maintaining a community garden in each County we have a location within. Finally, as a Minority Owned and managed Tech company, we pledge to Support, Train and Volunteer with organizations whose efforts empower and extend opportunity to Minorities in the Tech and Transportation Industries.

Exhibit 9.10 Environmental Impact Statement

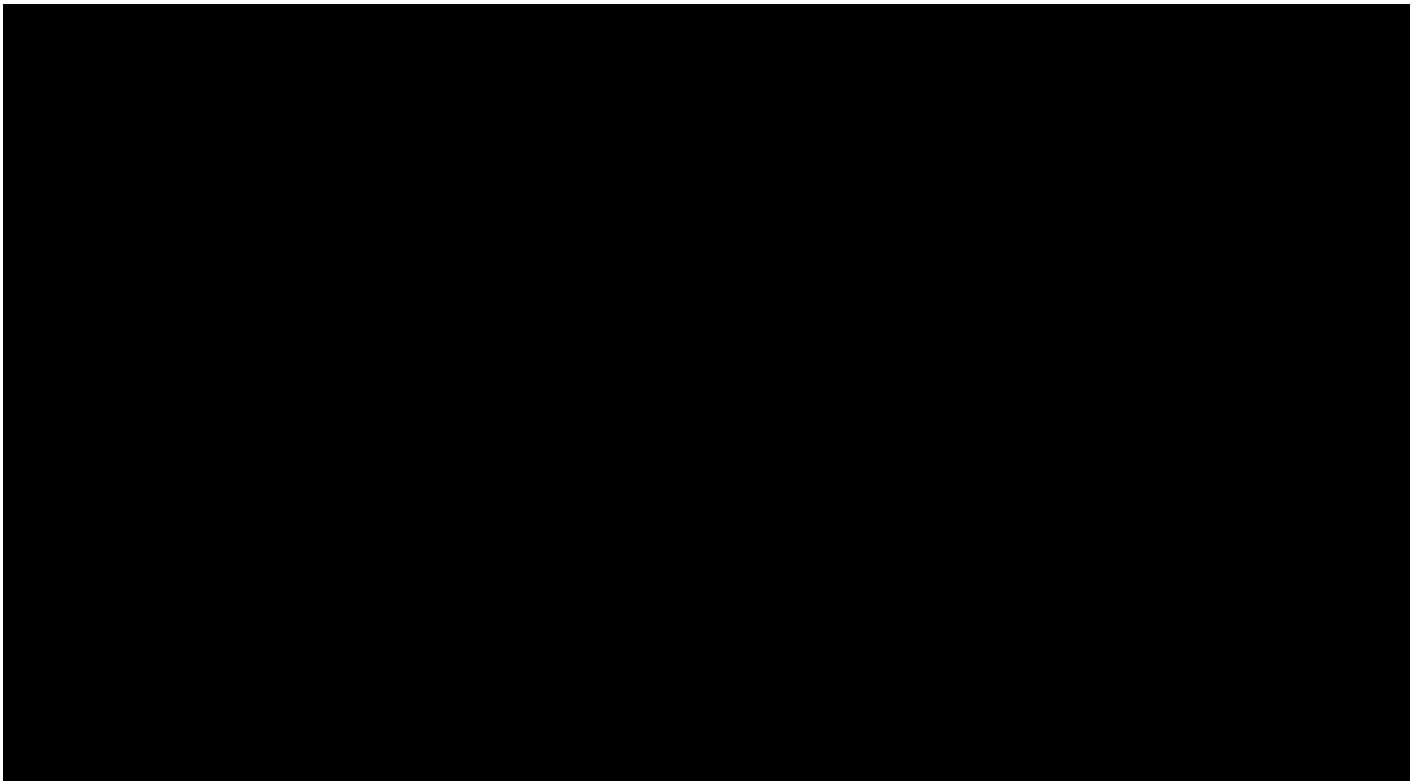
As an operator of a Trucking company for over a decade, it is impossible to ignore the impact transportation has on the environment. It is our hope that through adoption of new technologies we can continue to offset our carbon footprint. We have committed to use

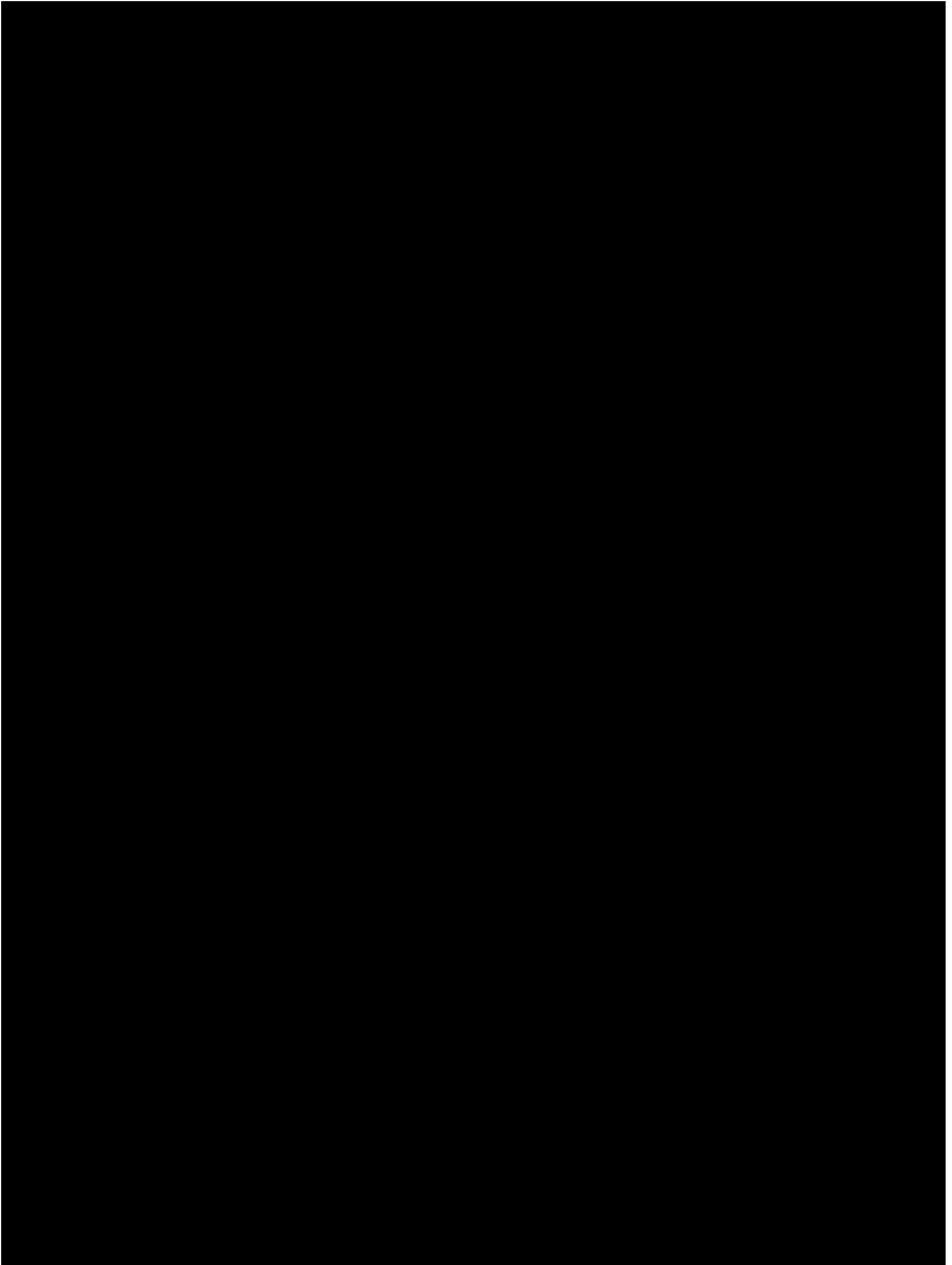
Electric vehicles as the market provides them to reduce Fossil Fuel Use. We will also explore Solar Power options for our facilities. Our Disposal program to transport unconsumed Bio-mass to consumers like Alabama Power and others will provide Clean Renewable power and heat. We will also fund land conservation and protection efforts to help slow the effects of climate change and urbanization. We believe earnestly that there will be many opportunities to positively impact our state's environment through this program and are eager to explore the opportunities should XLCR be granted a Secure Transportation and Storage License.

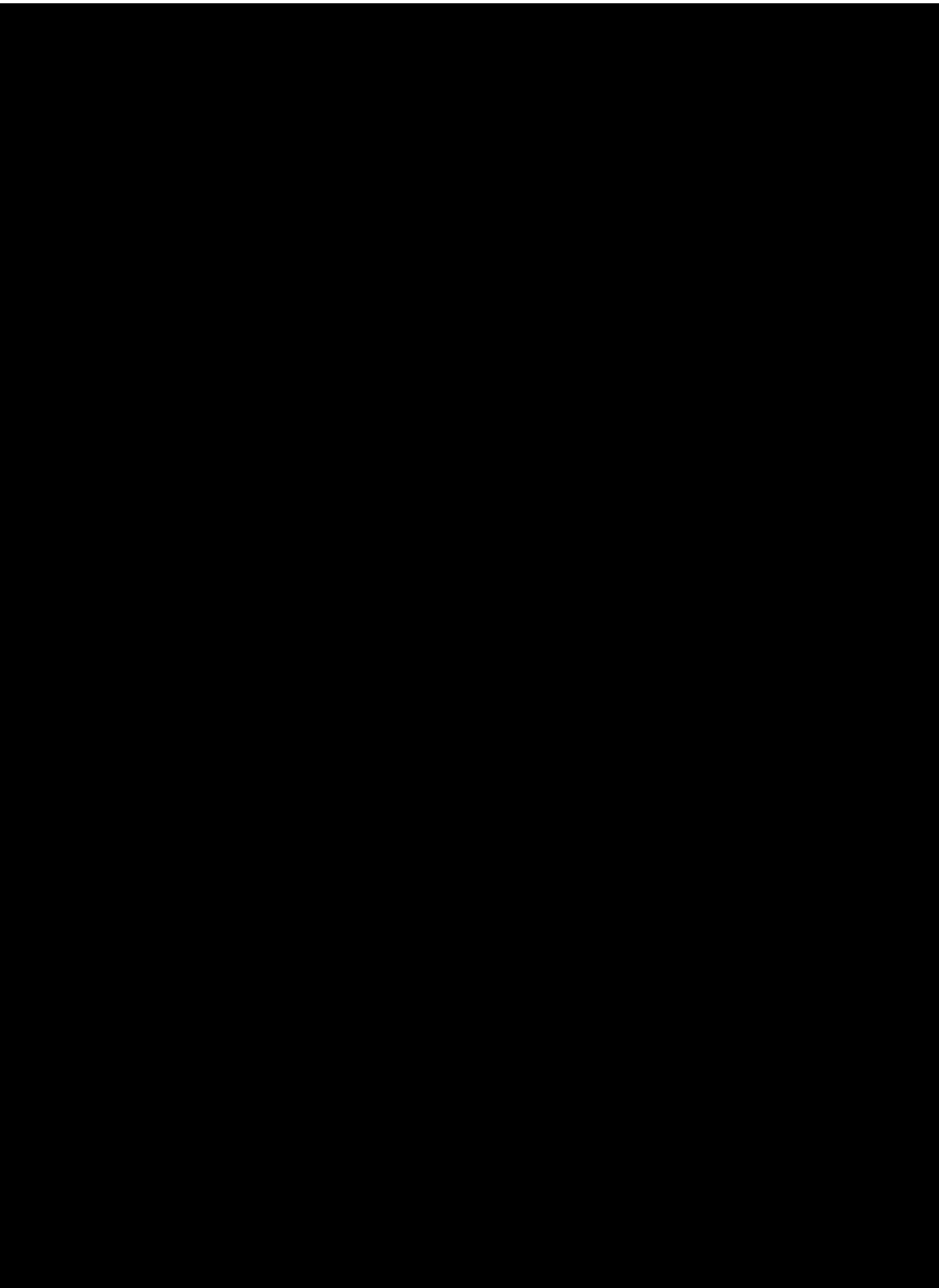
Exhibit 9.11 Insurance Plan

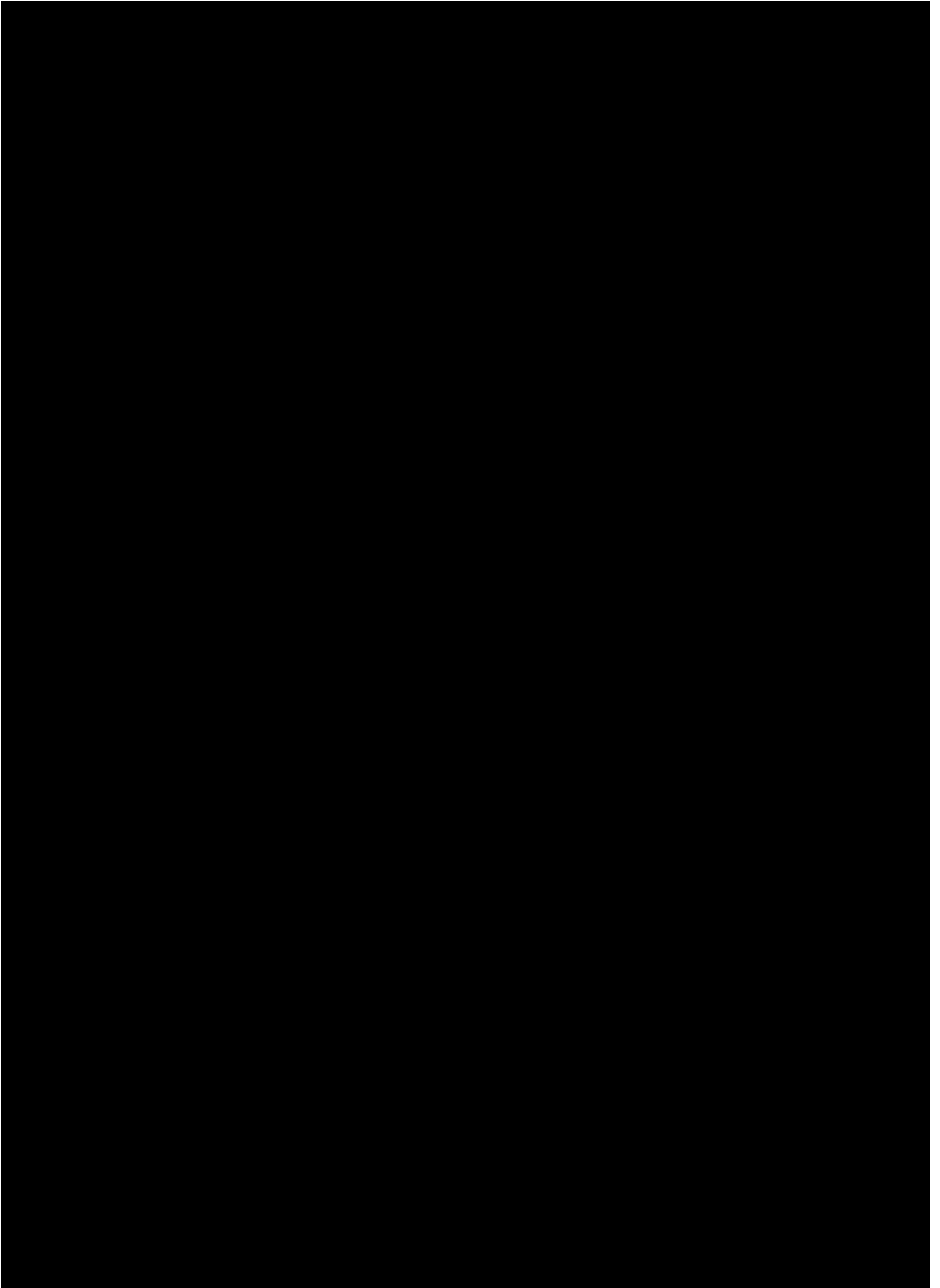


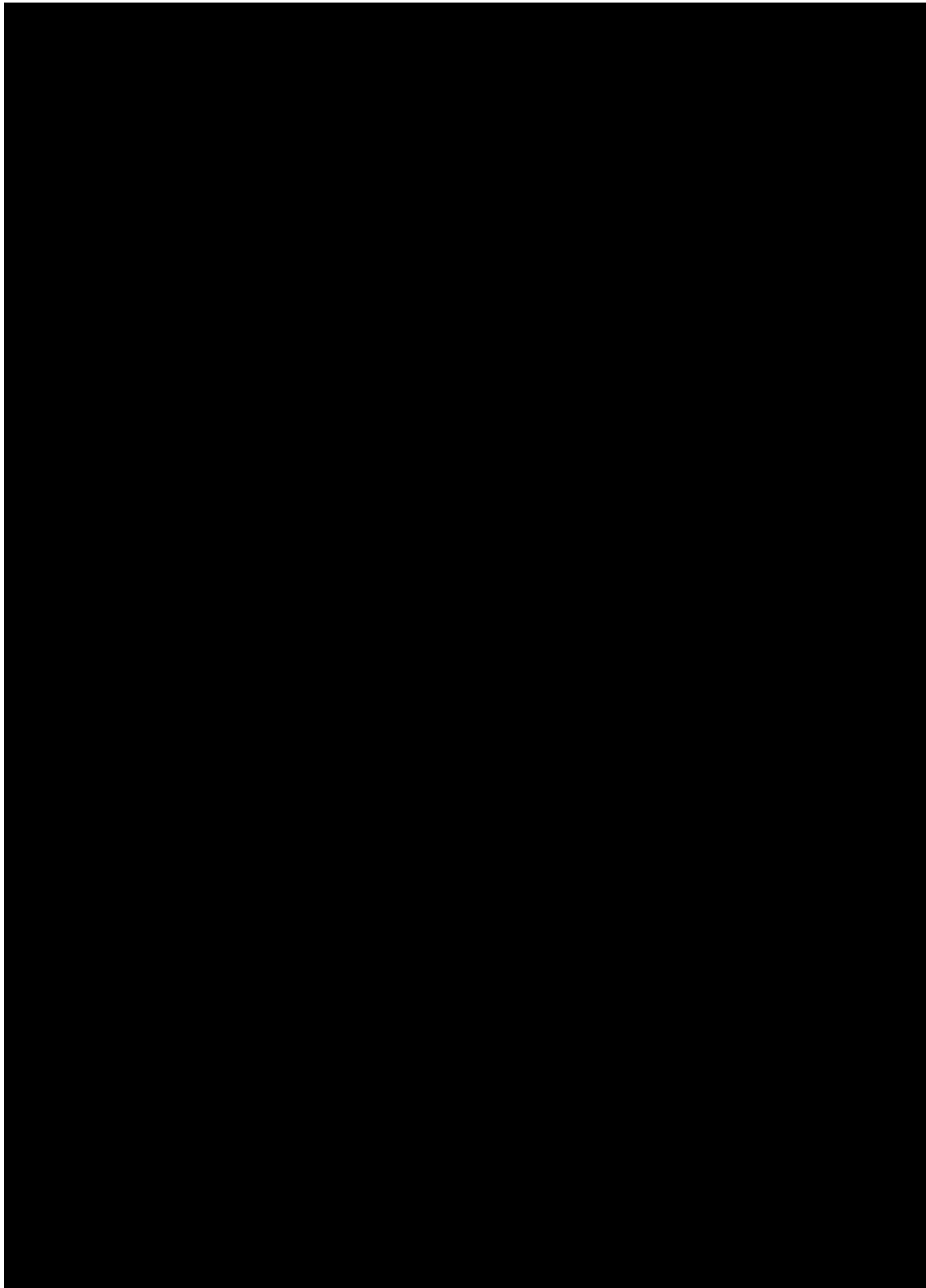
Alabama Truckers Association Workman's Comp Policy Attached.

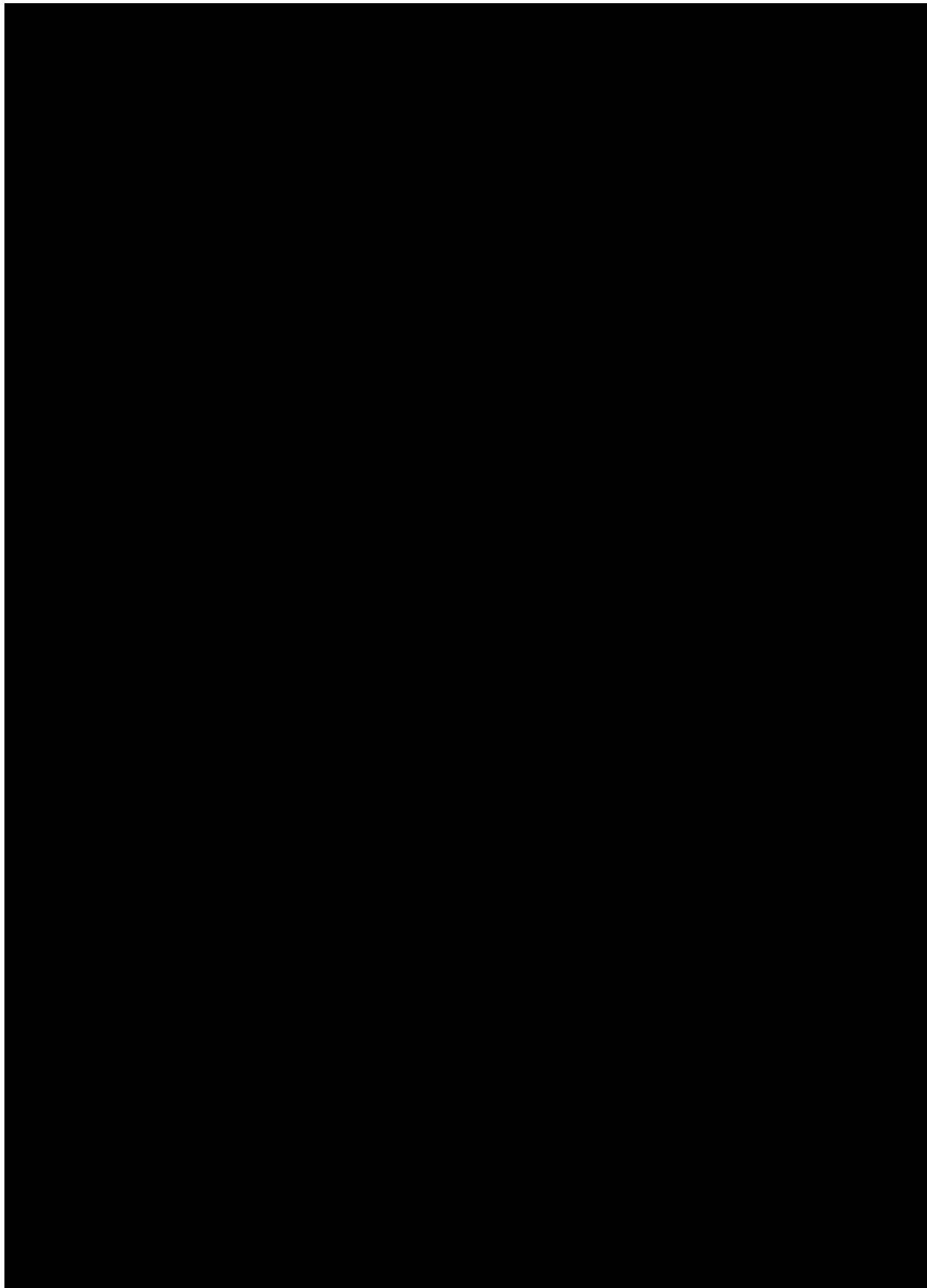


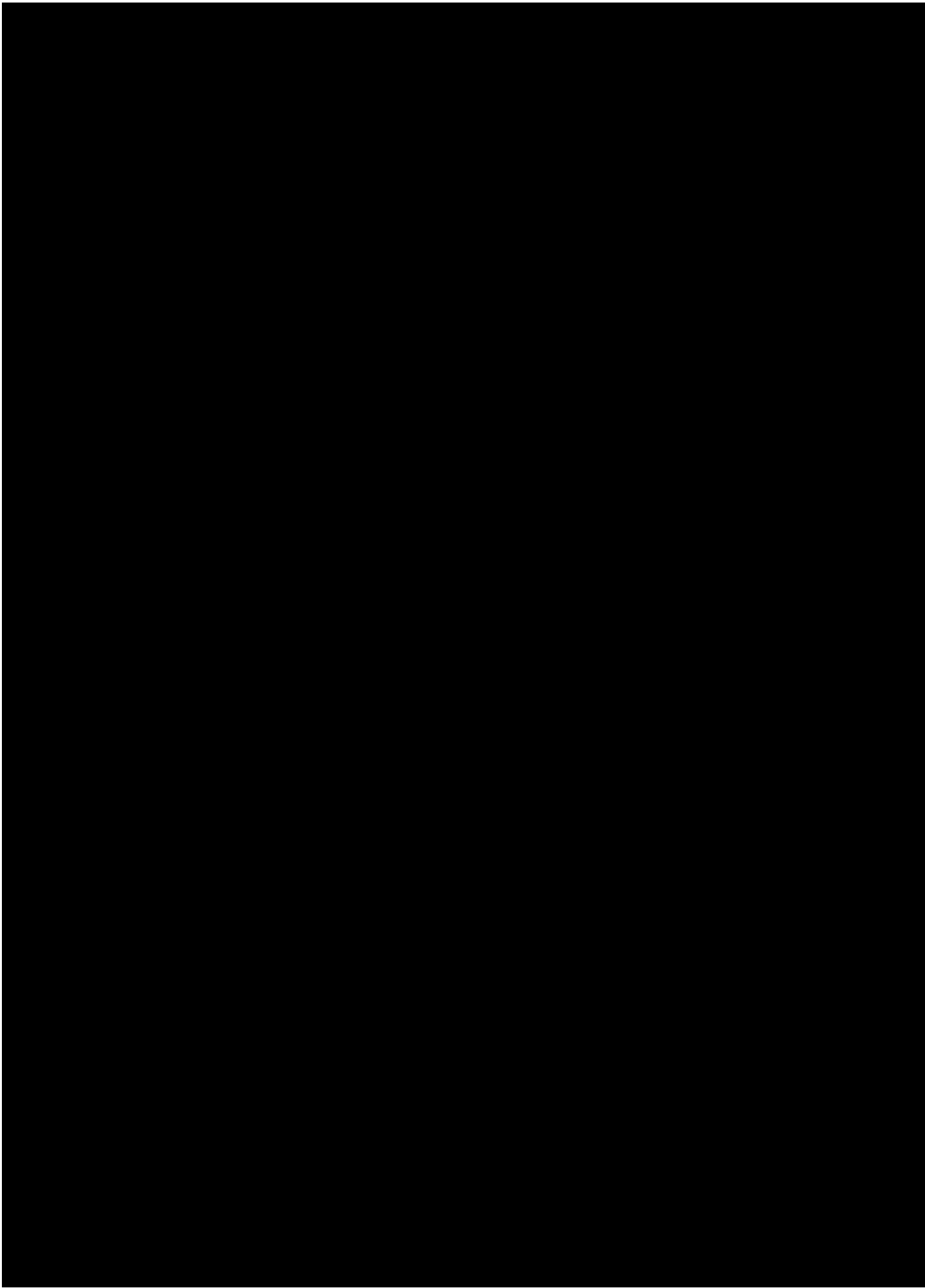


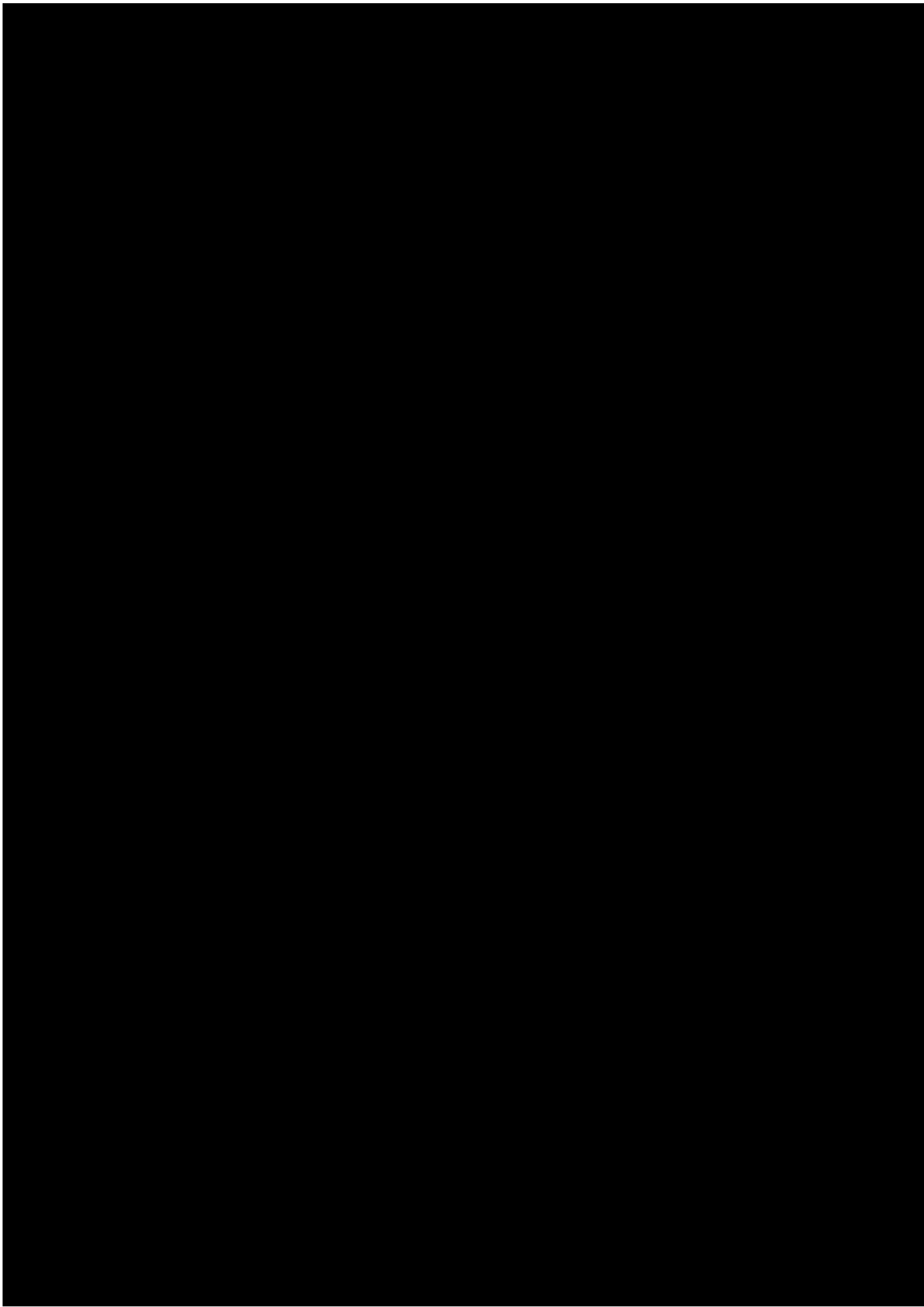


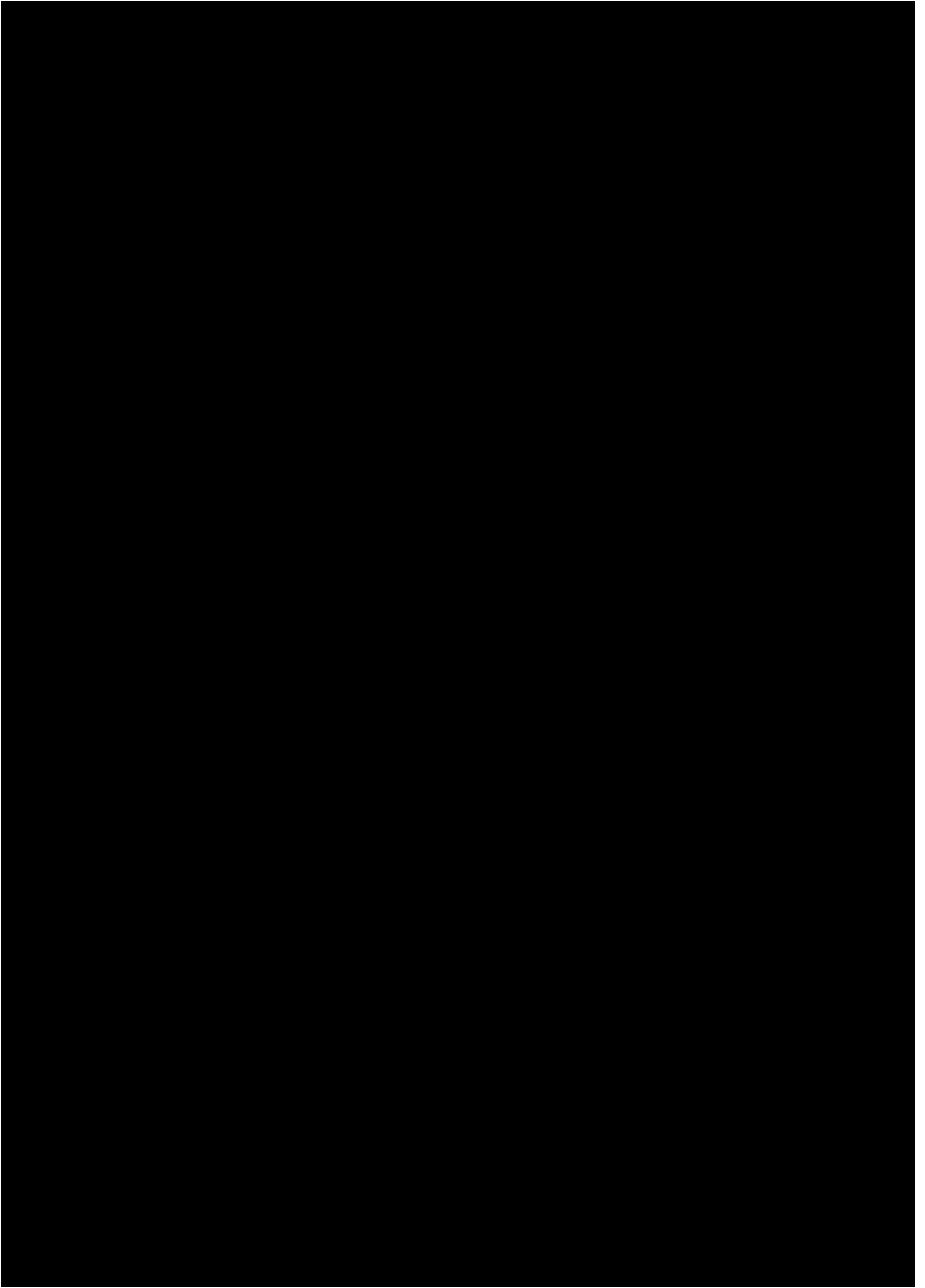


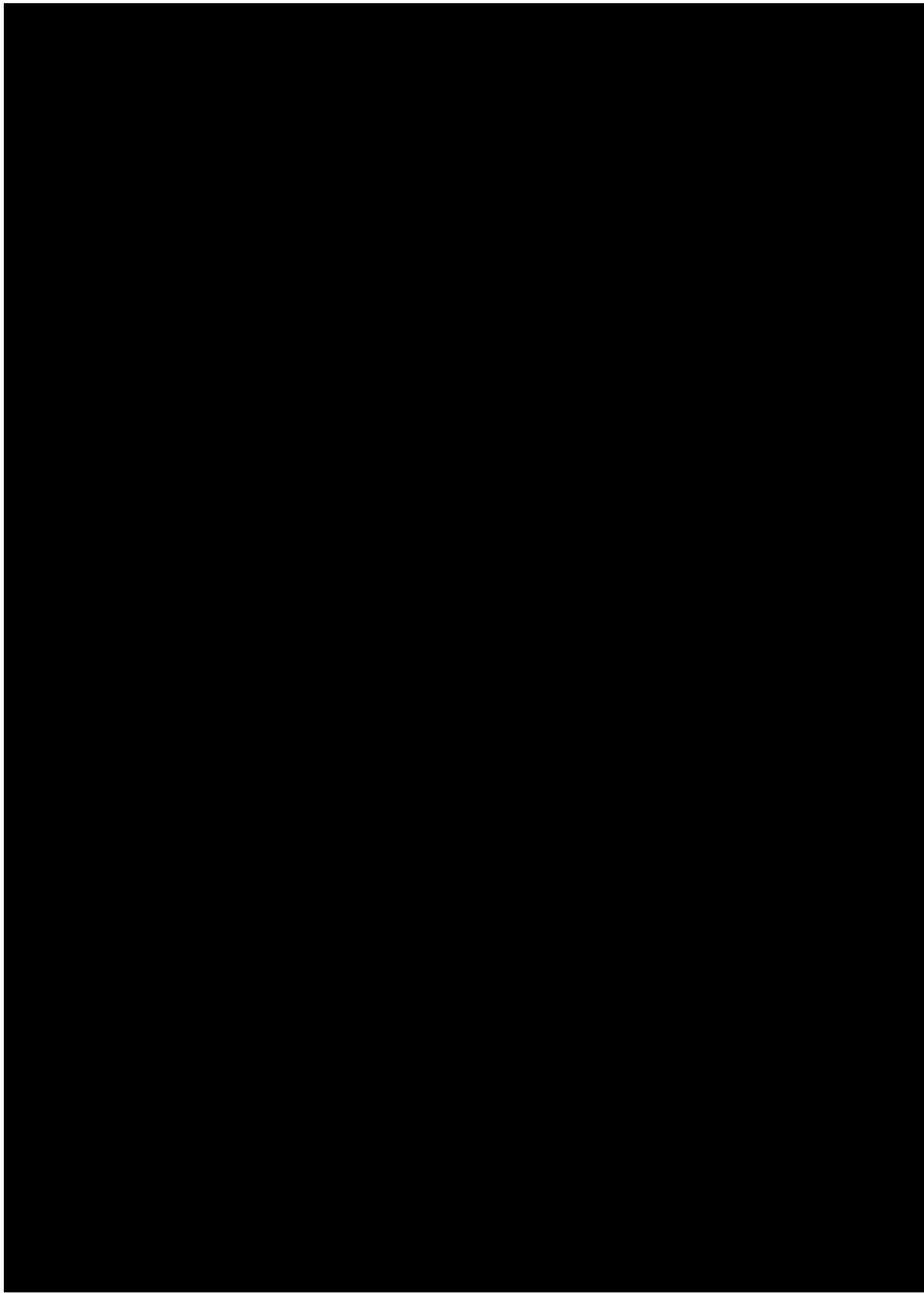


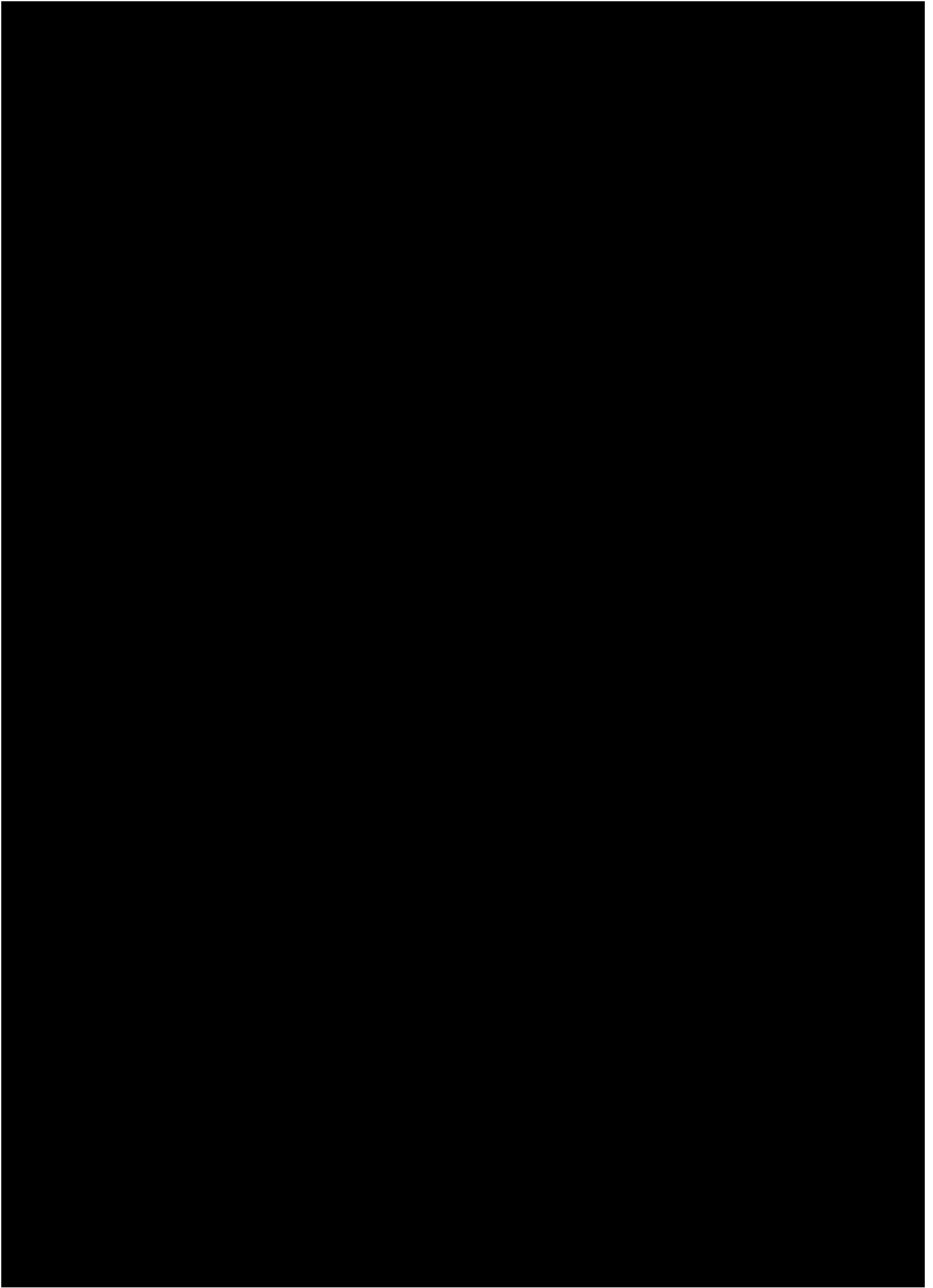


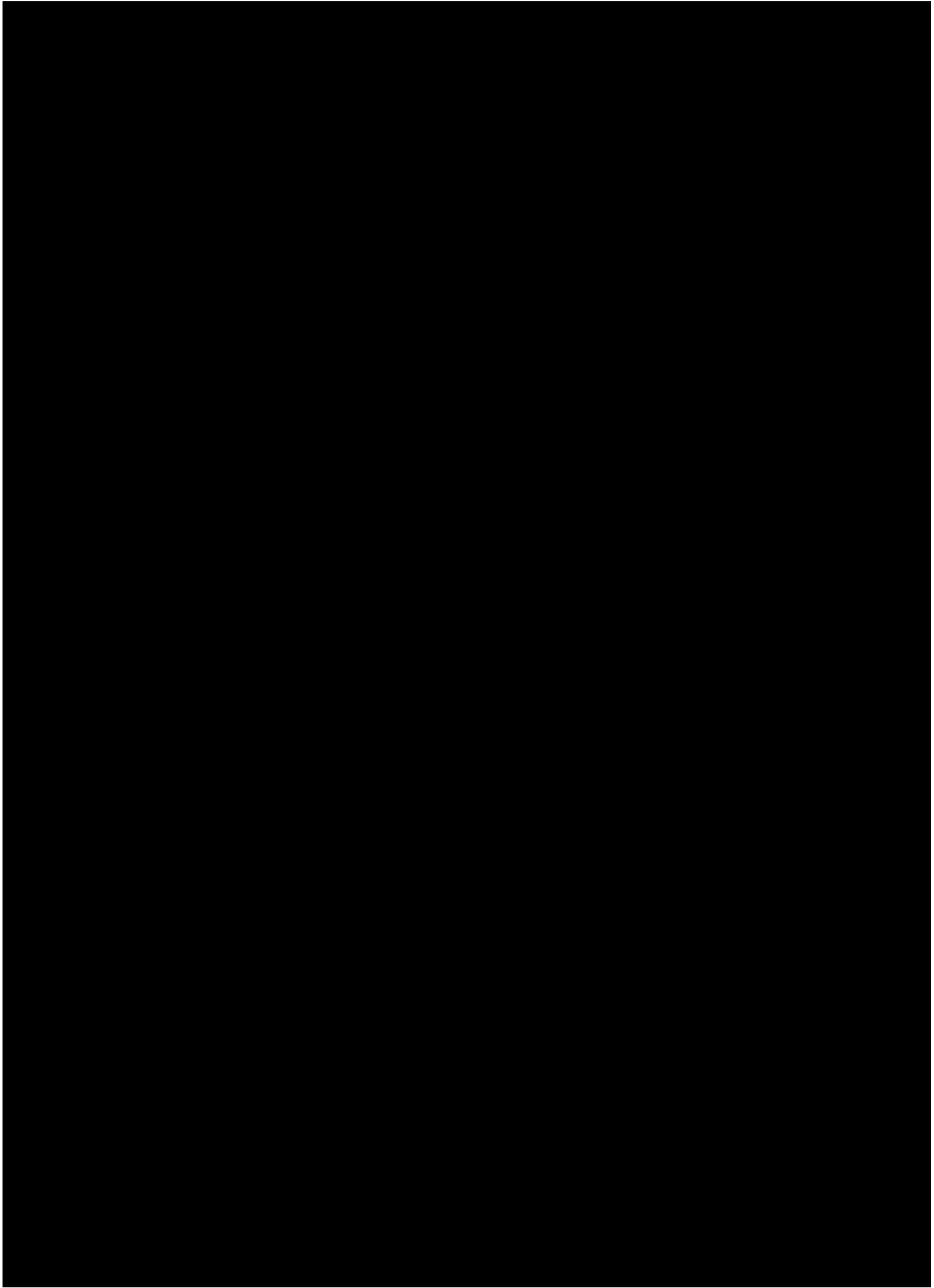


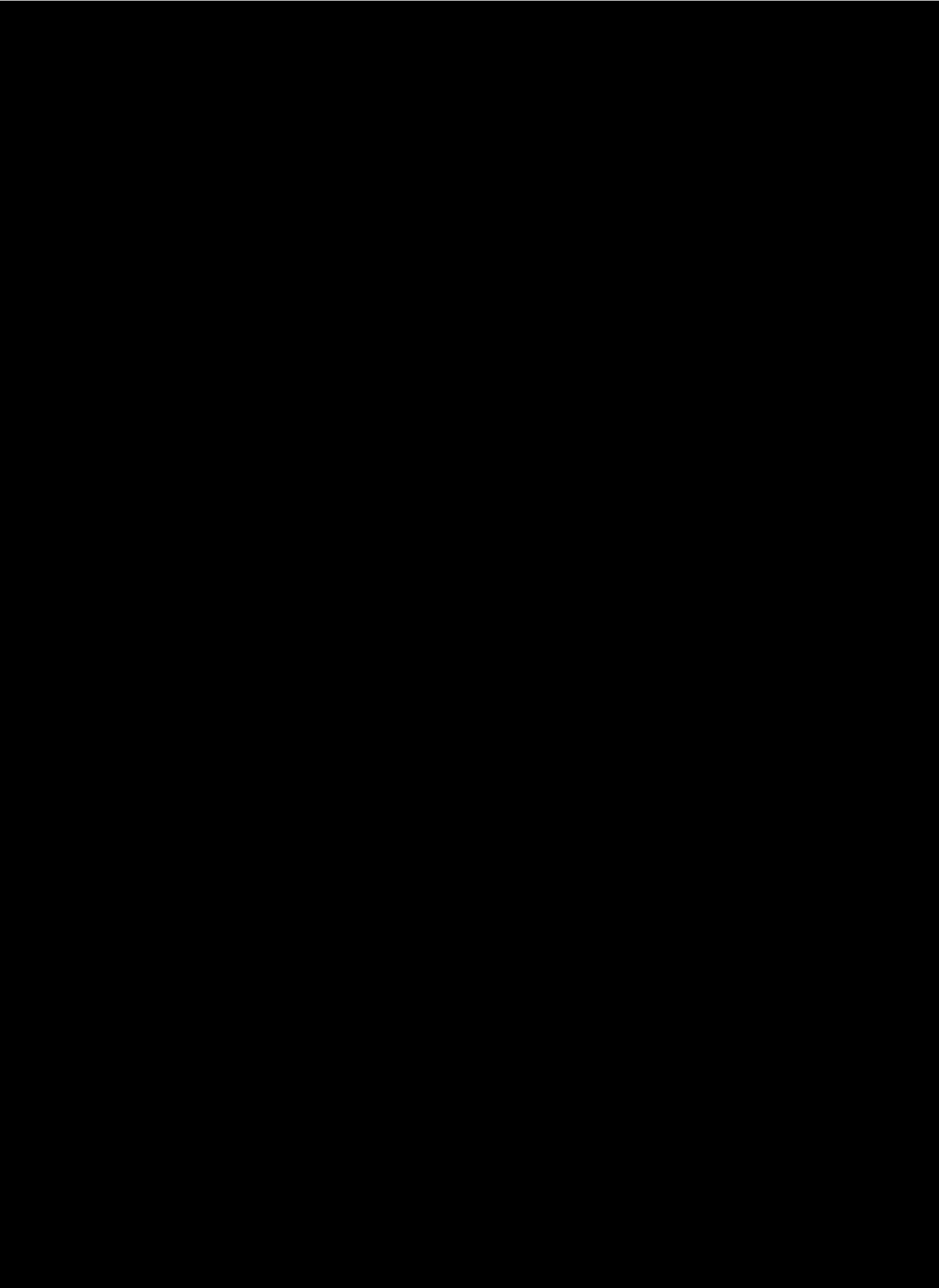


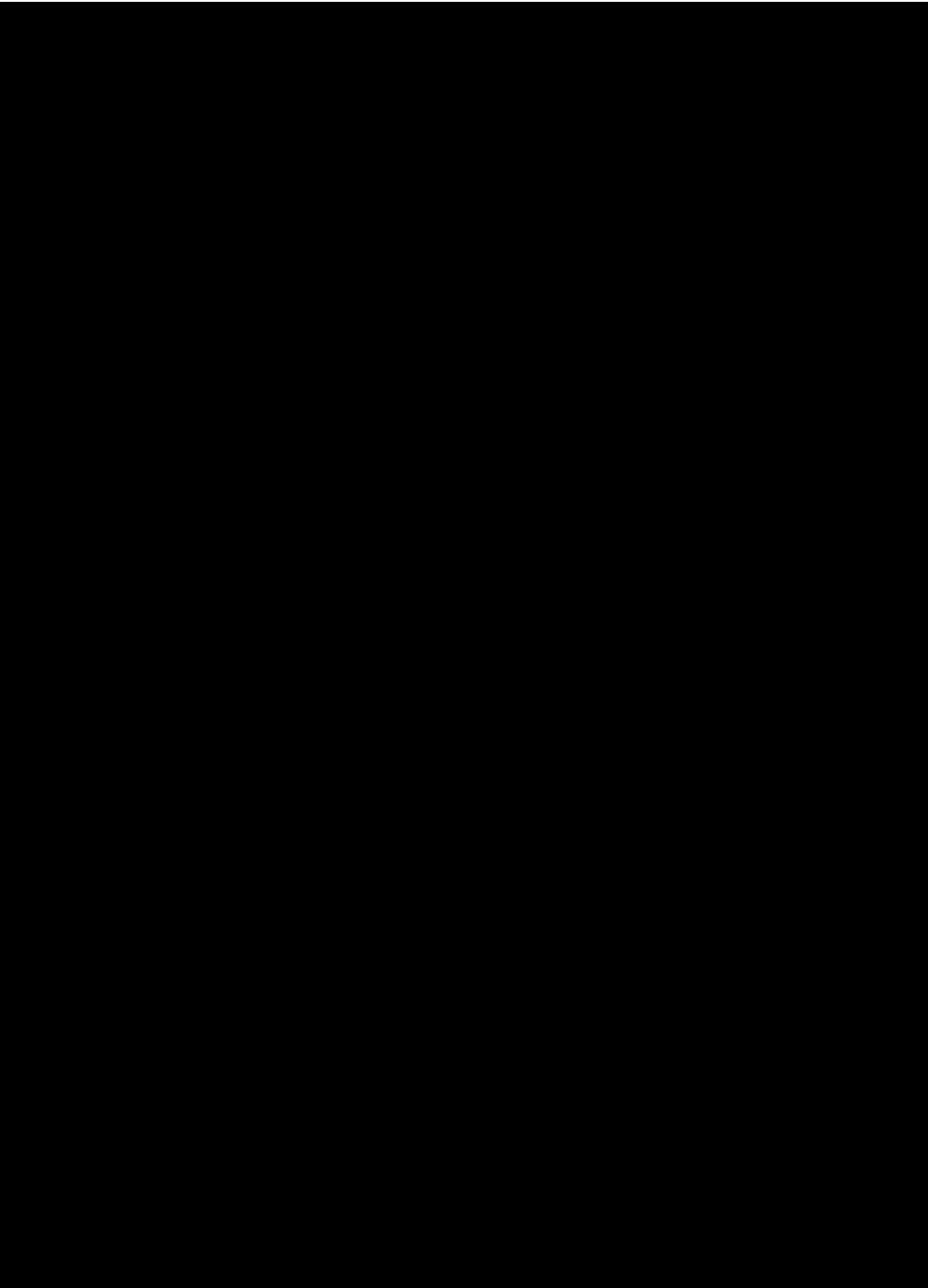


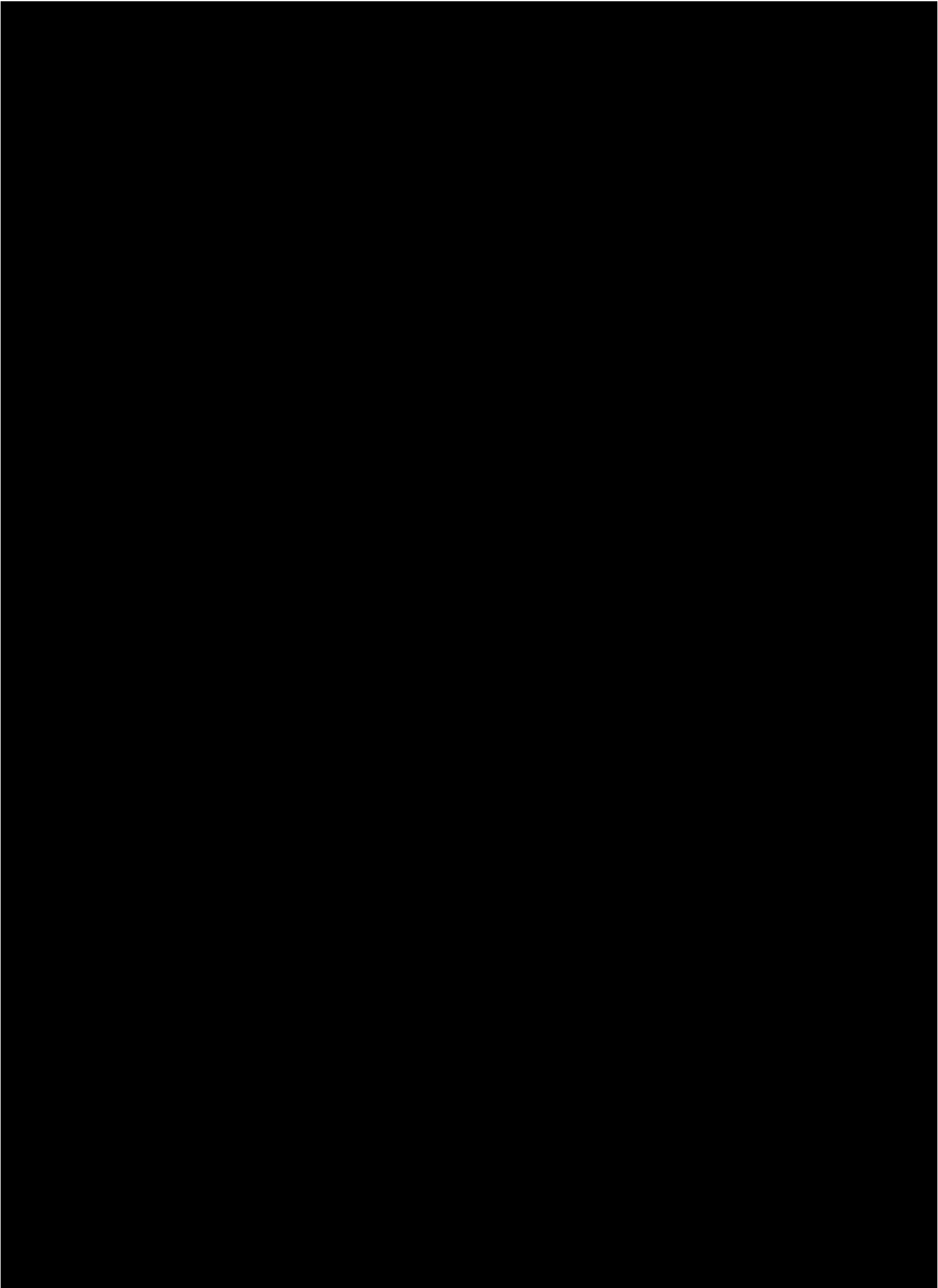


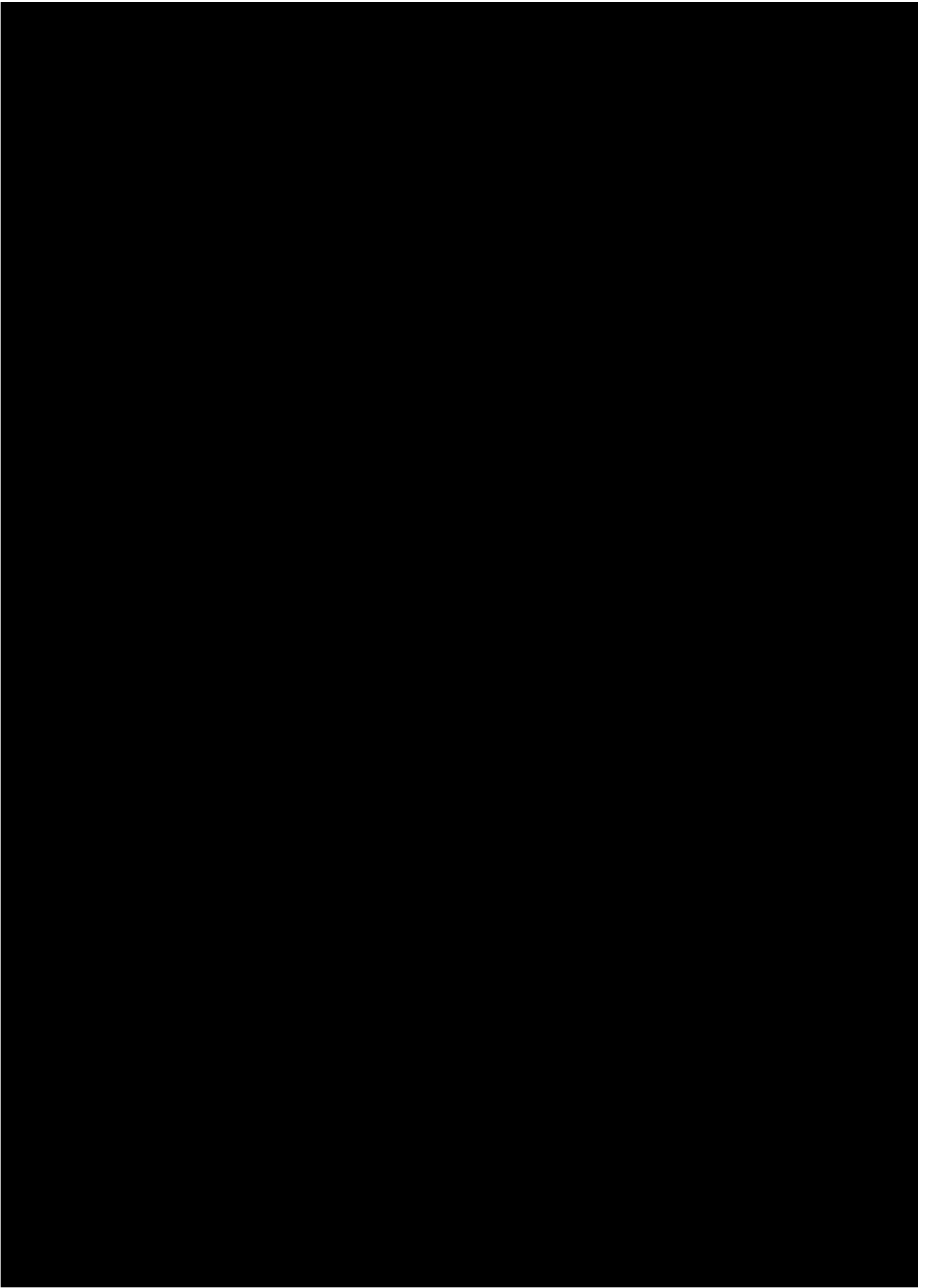


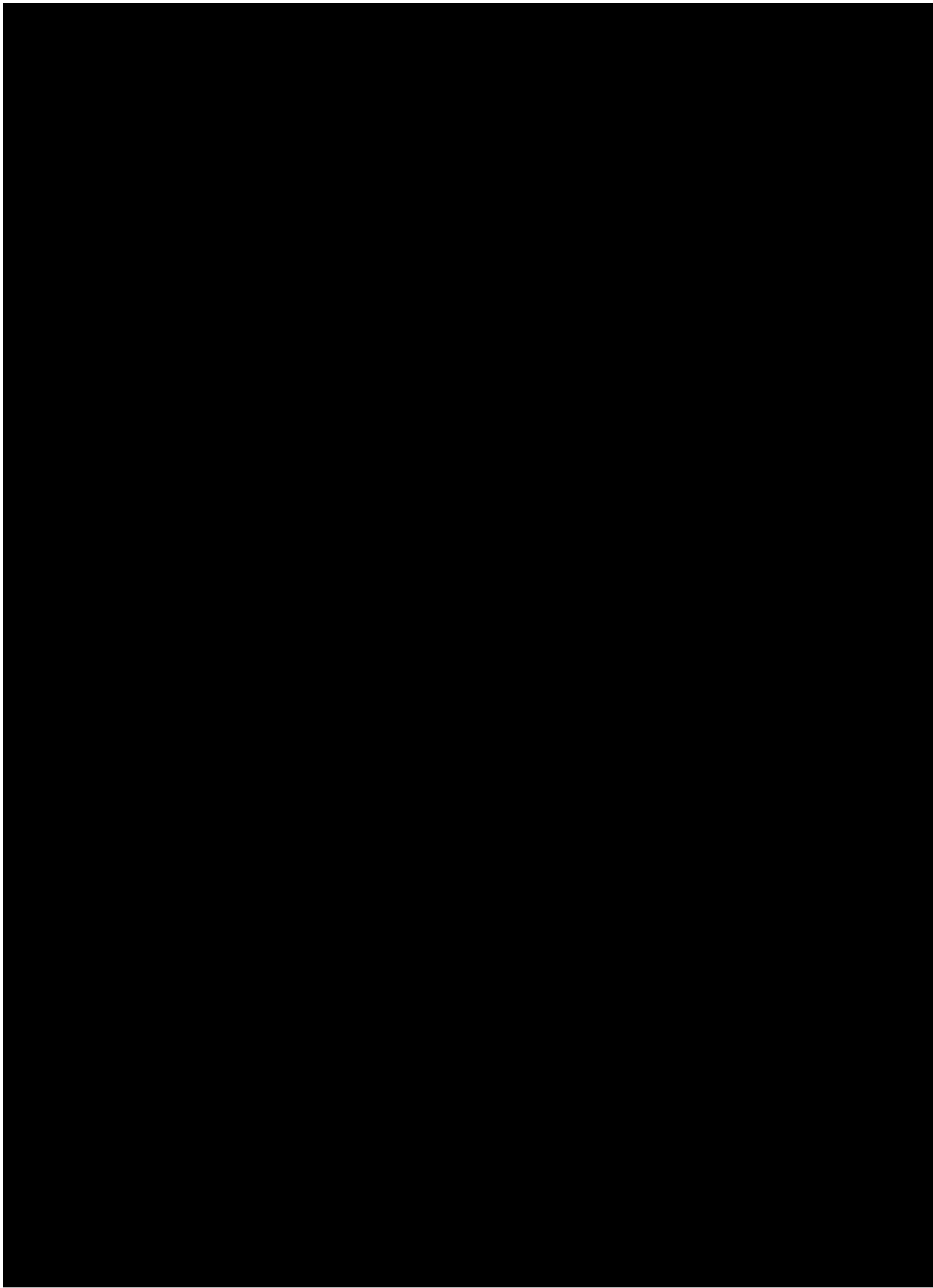


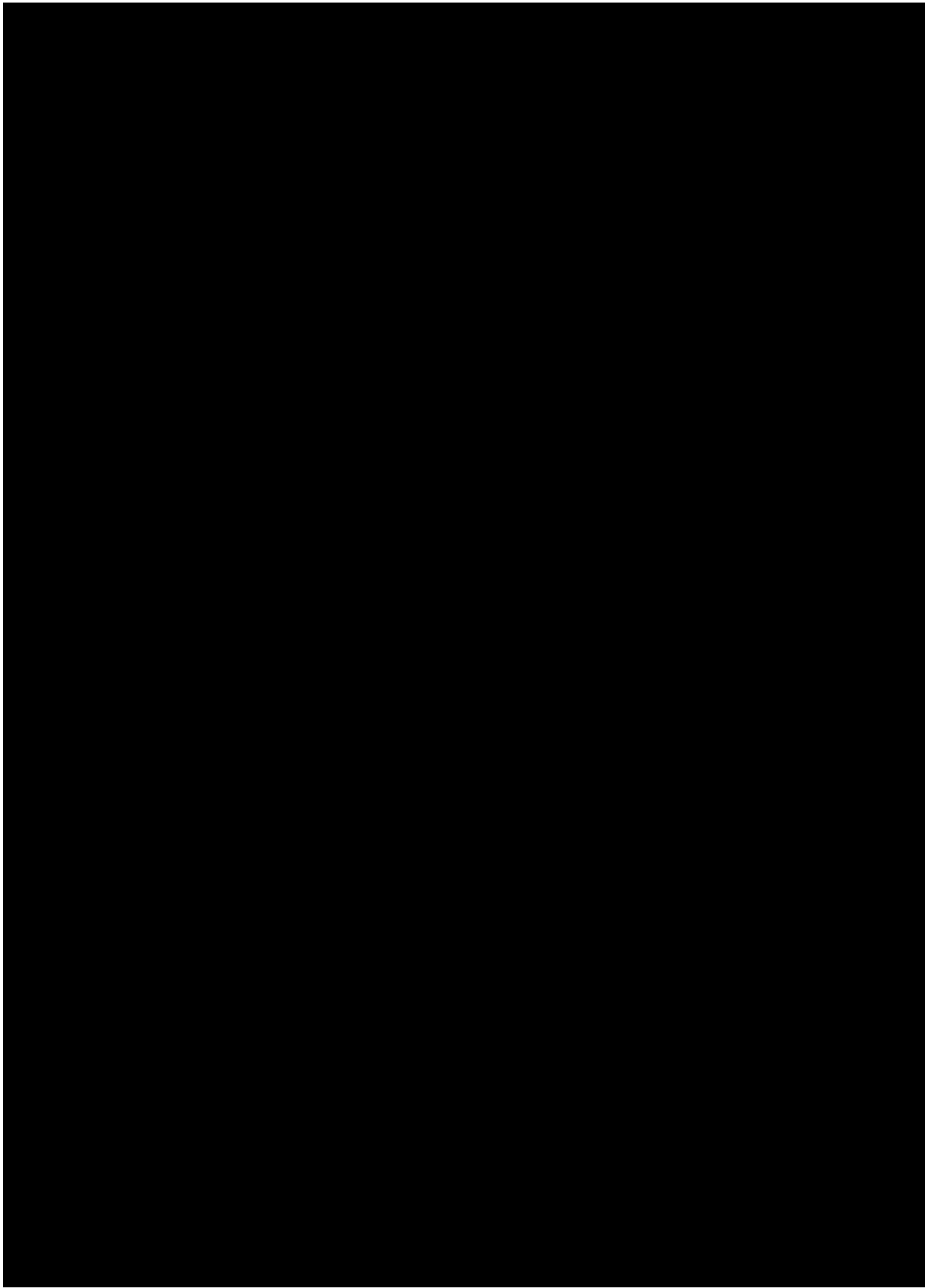


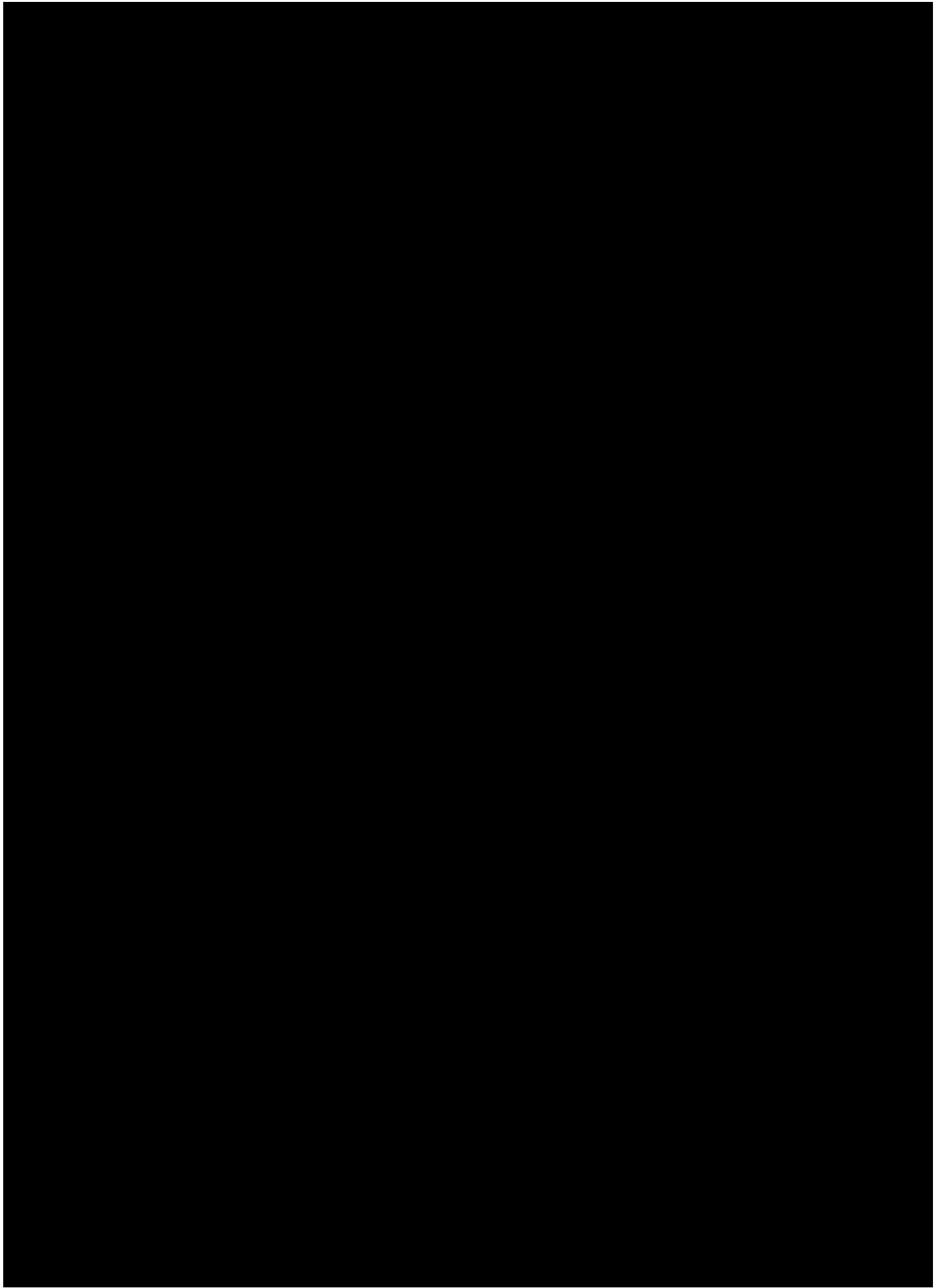


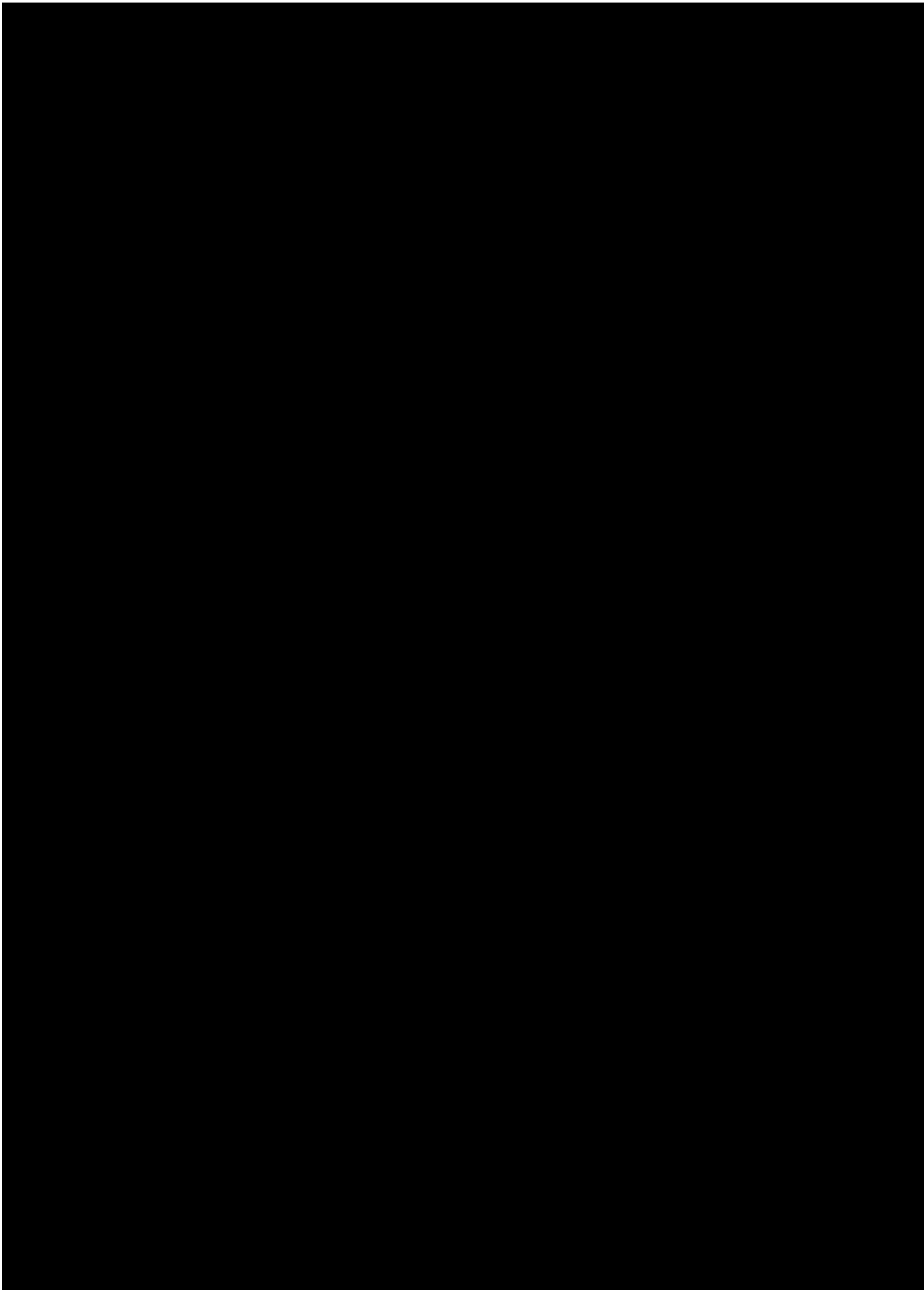


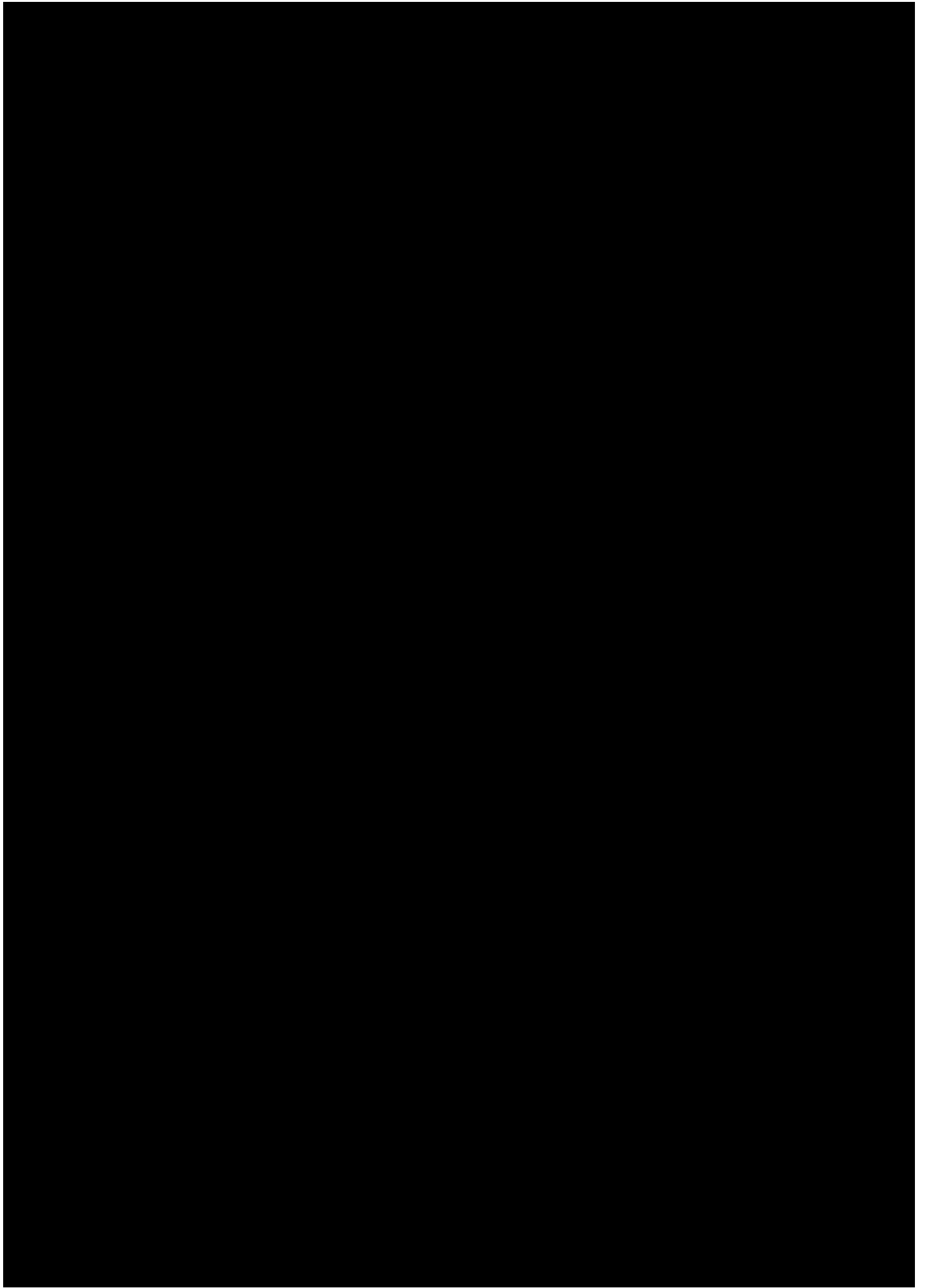


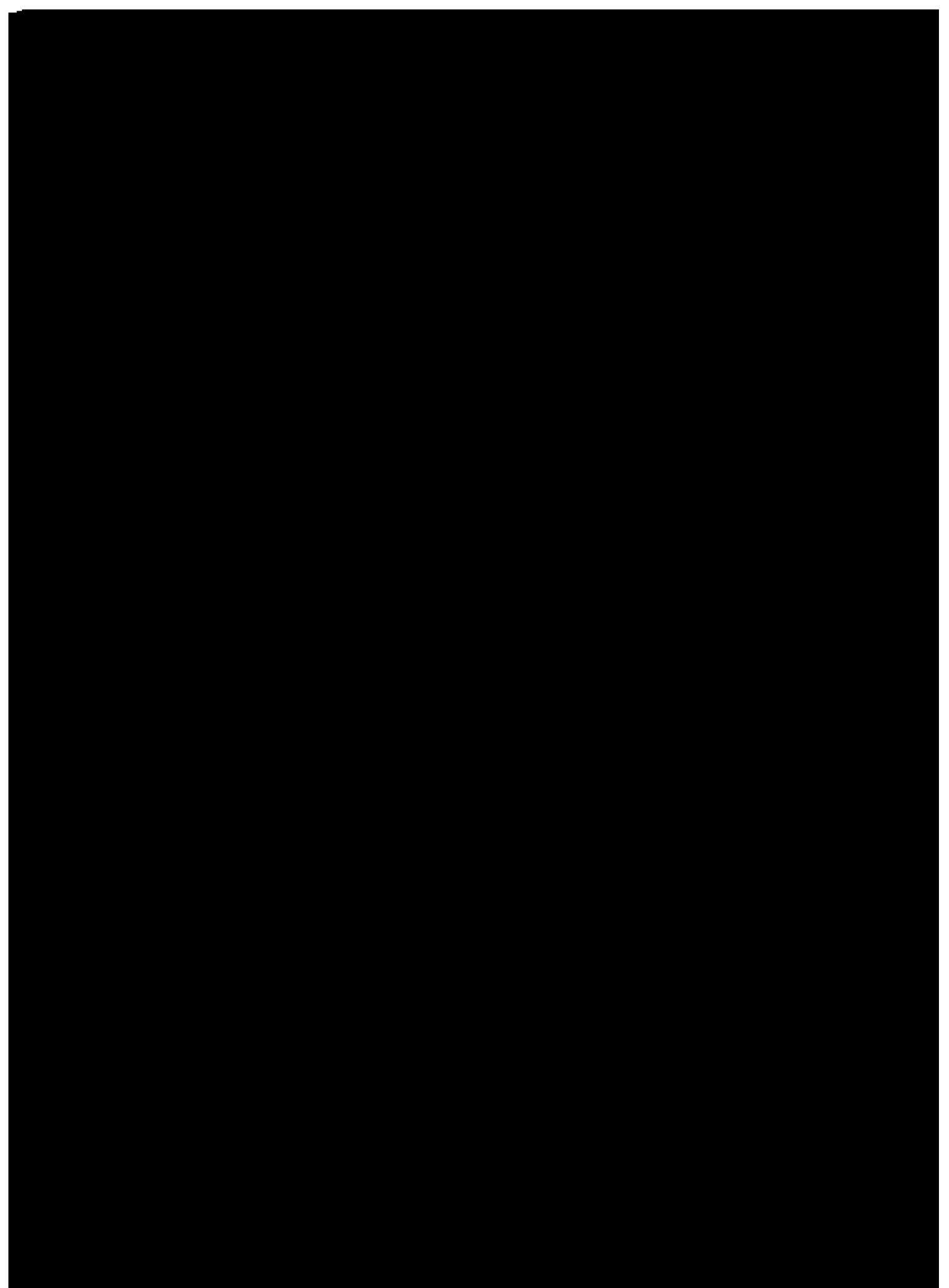


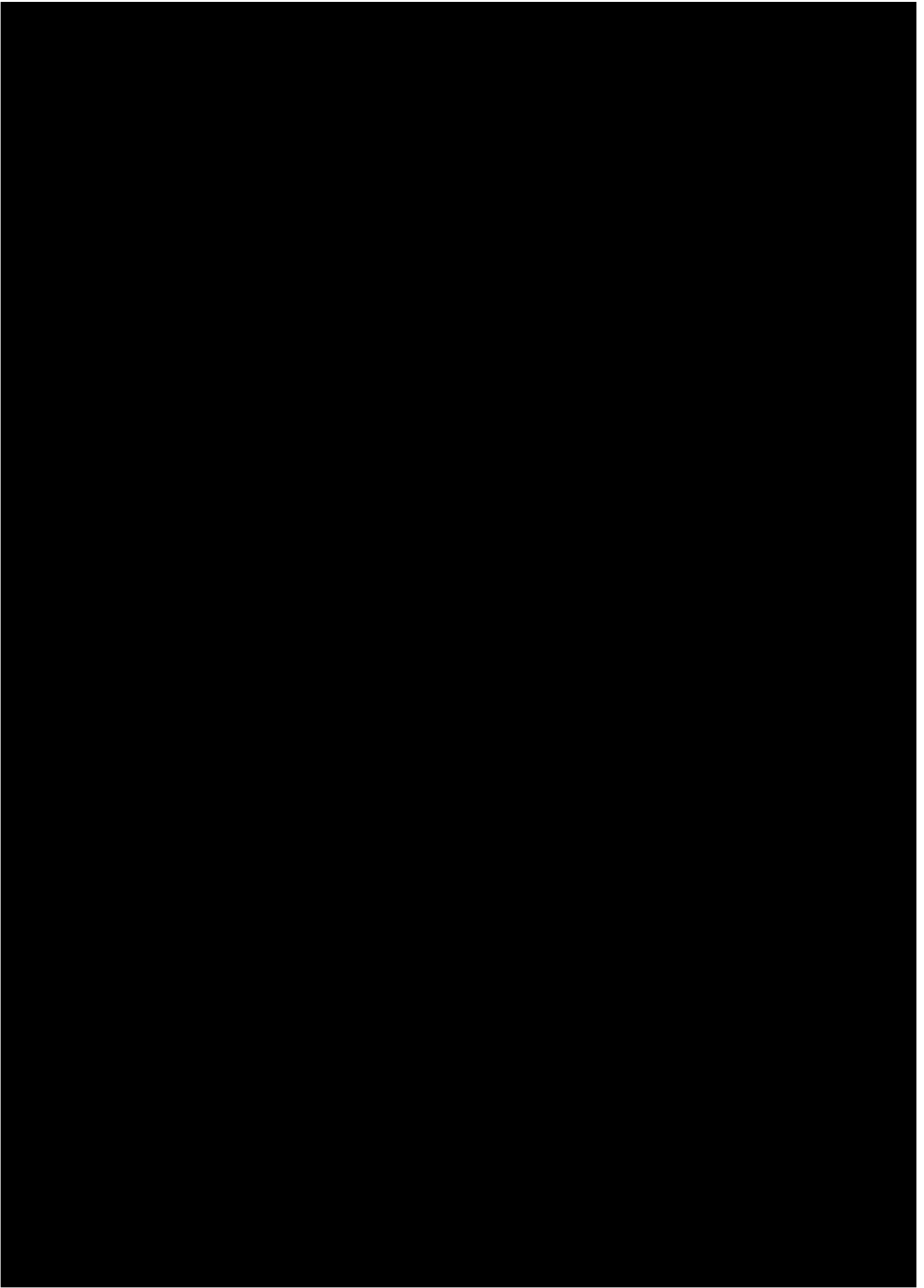


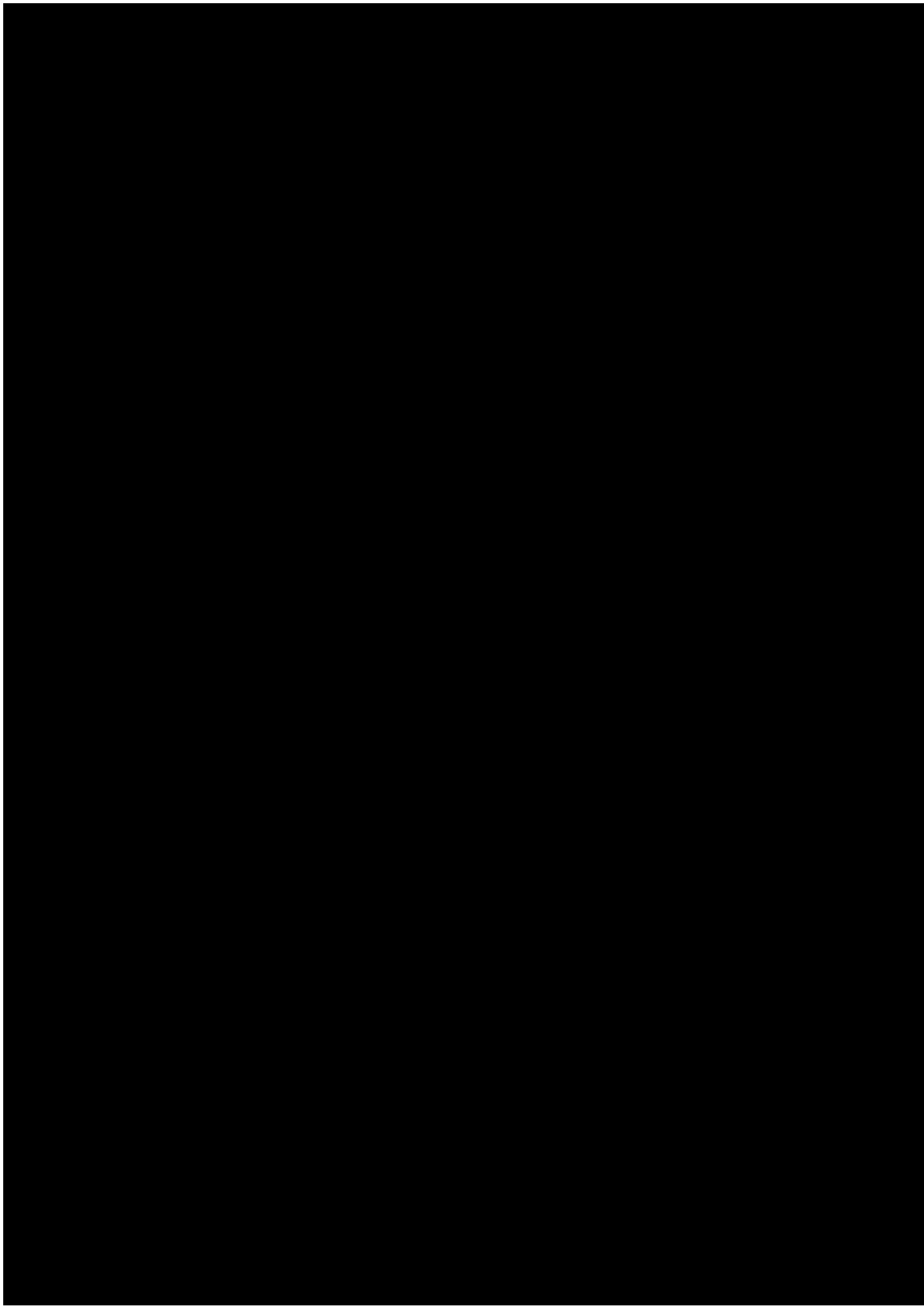


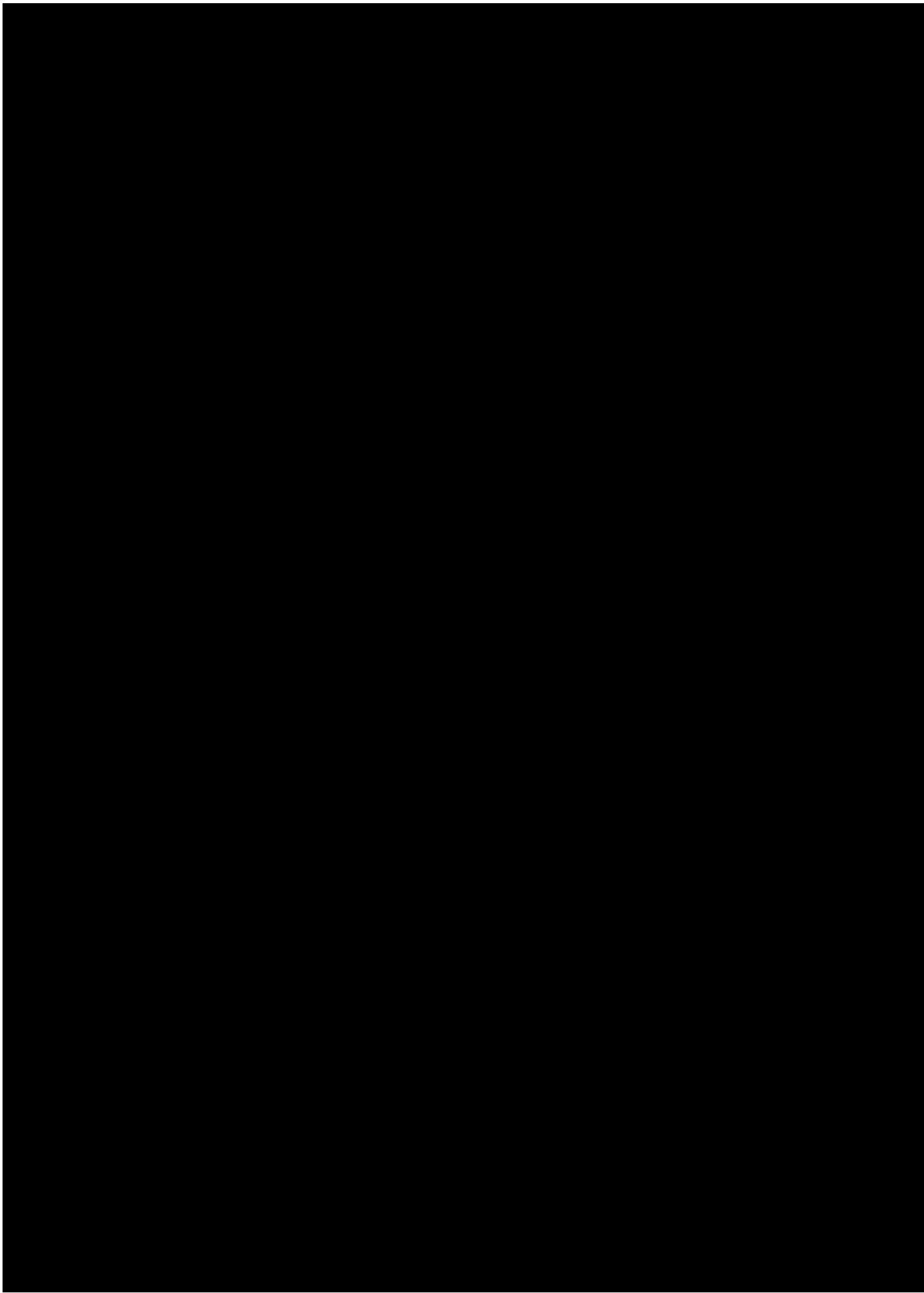


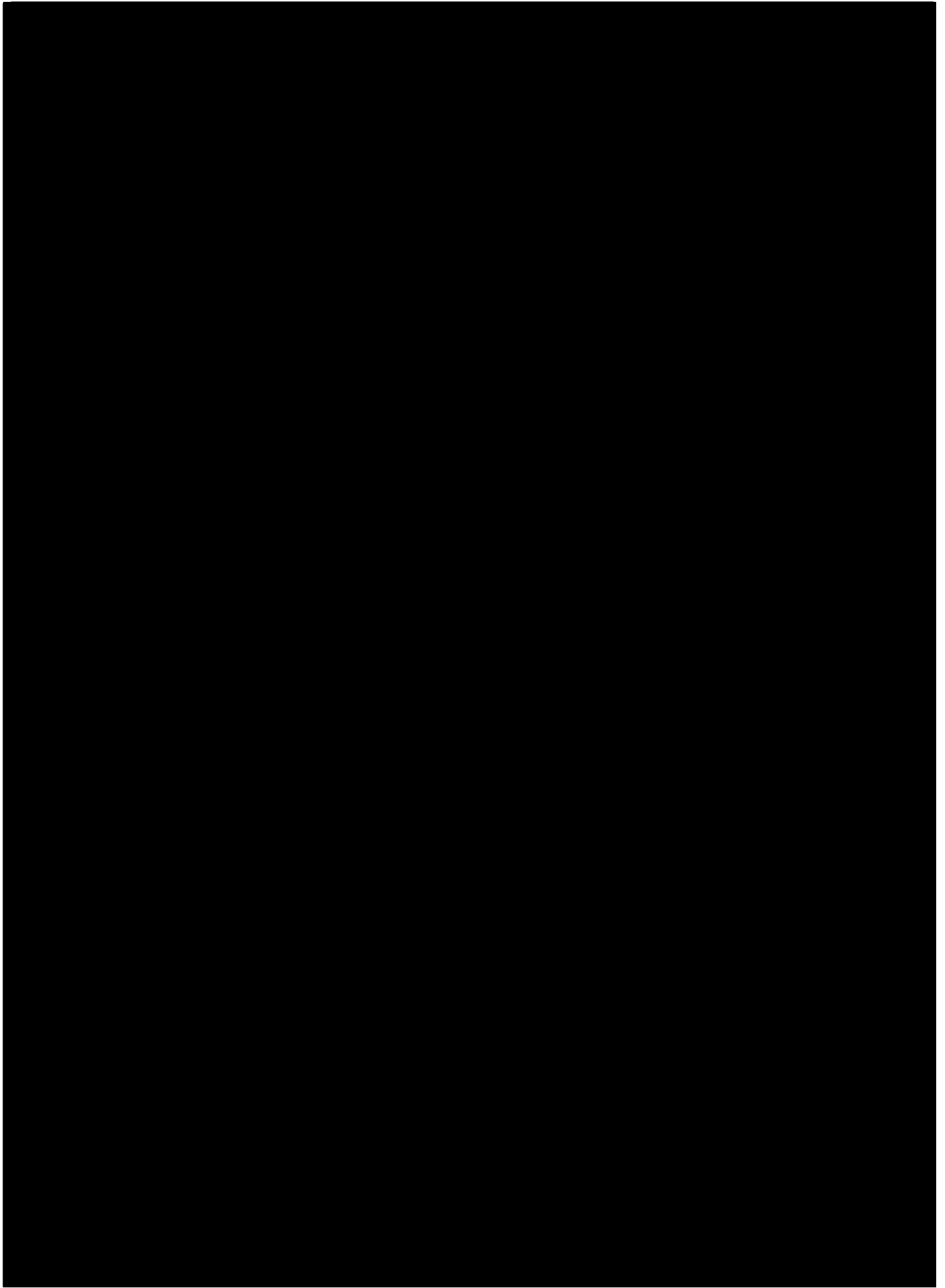


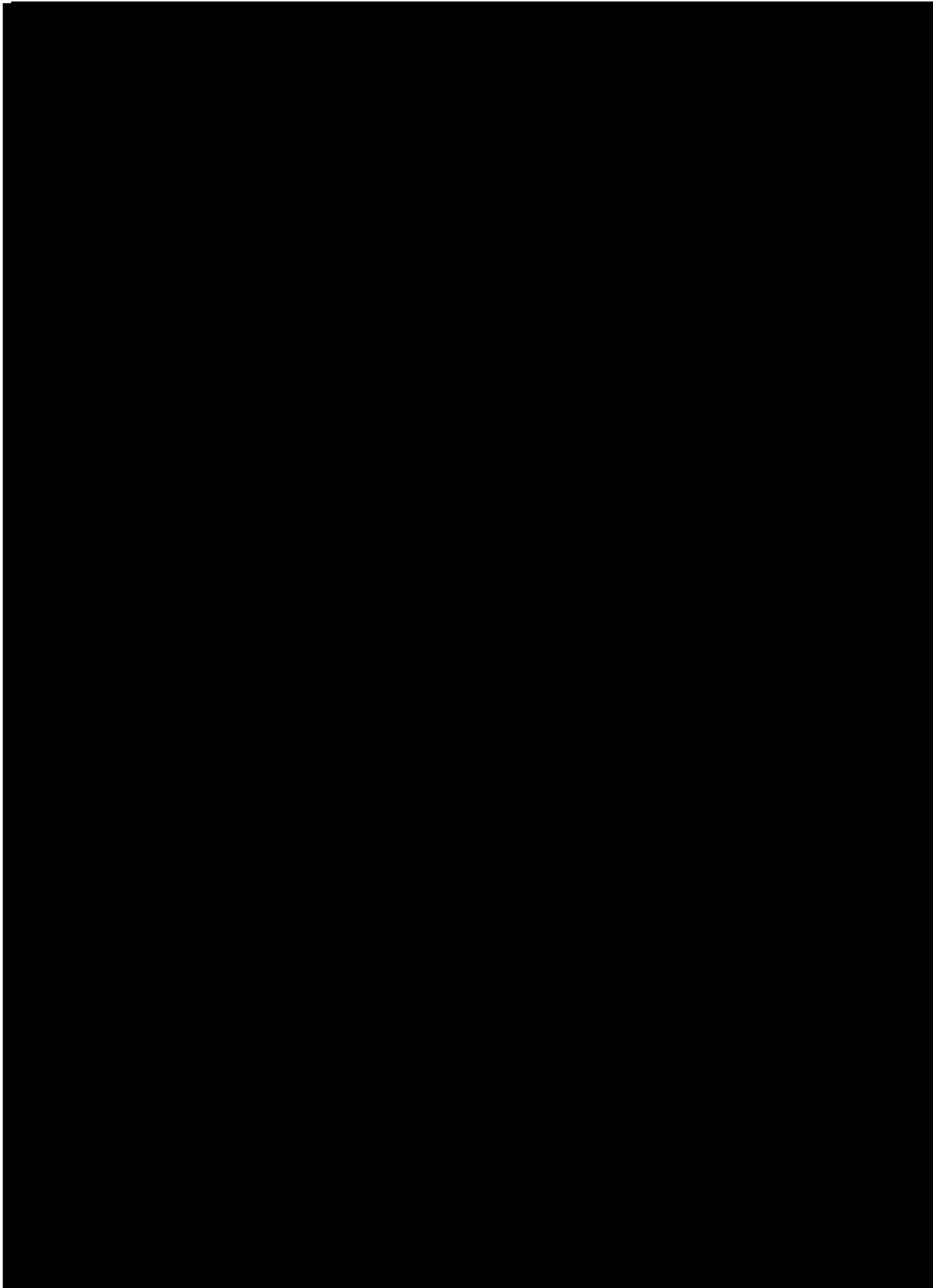


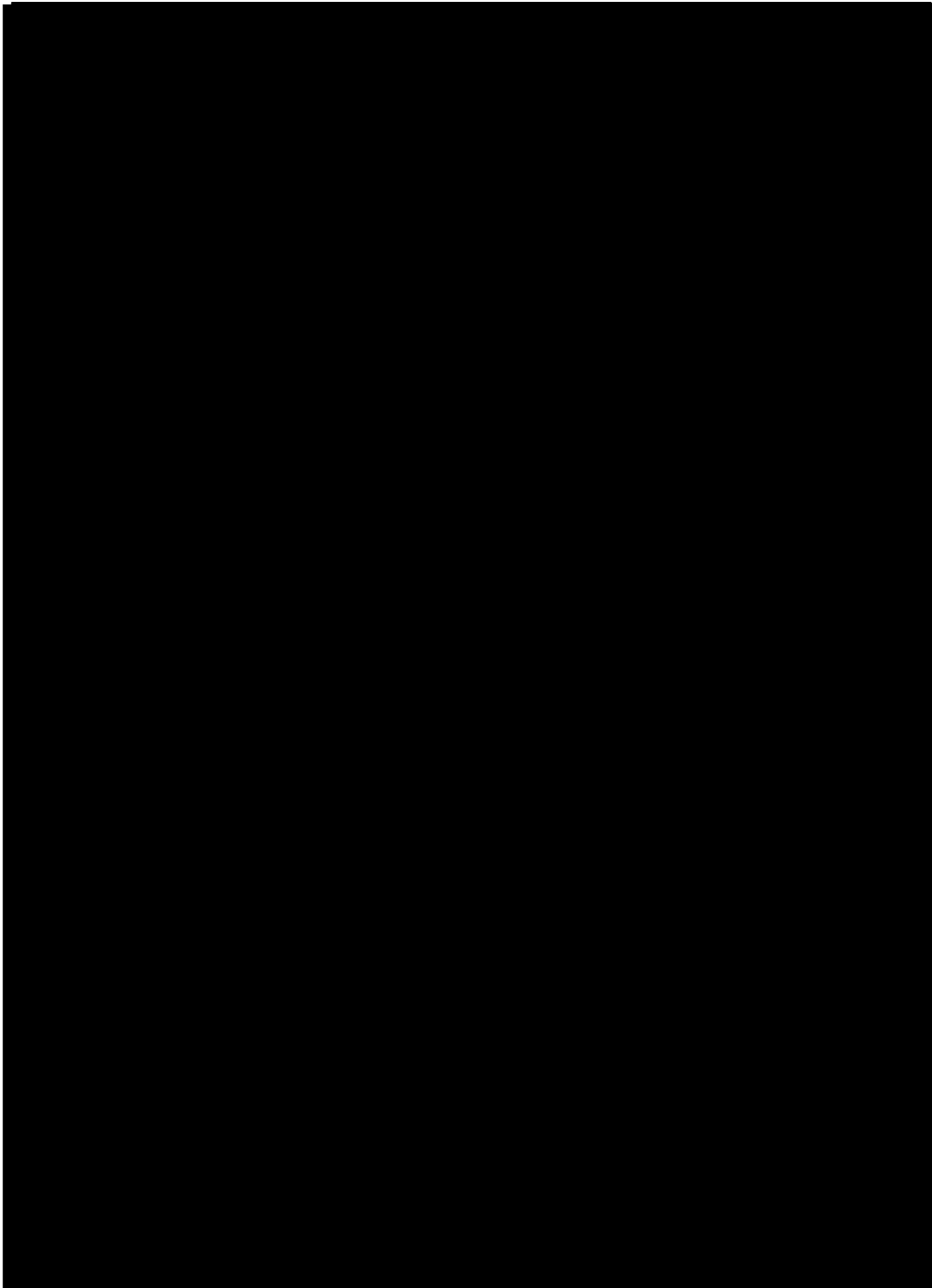


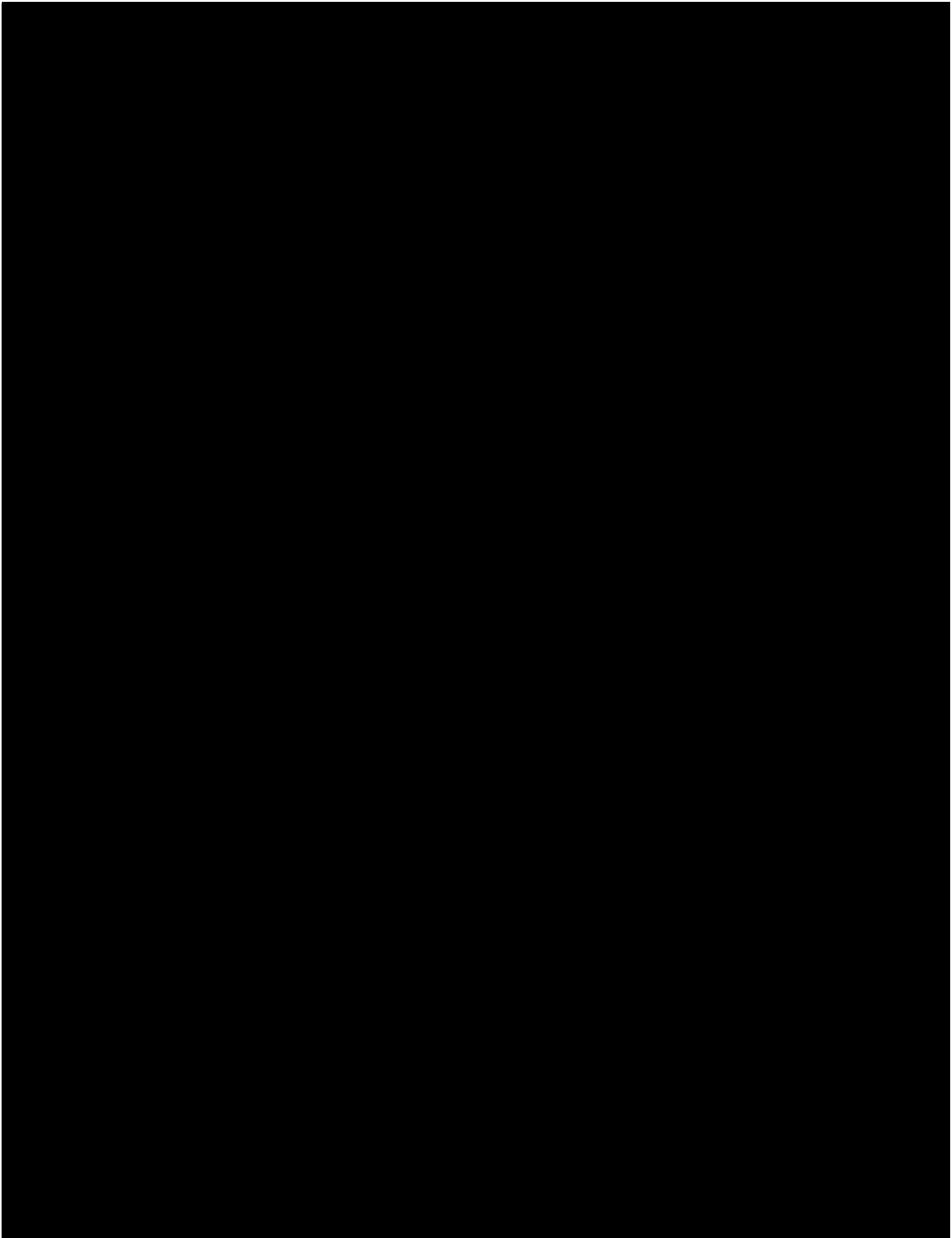












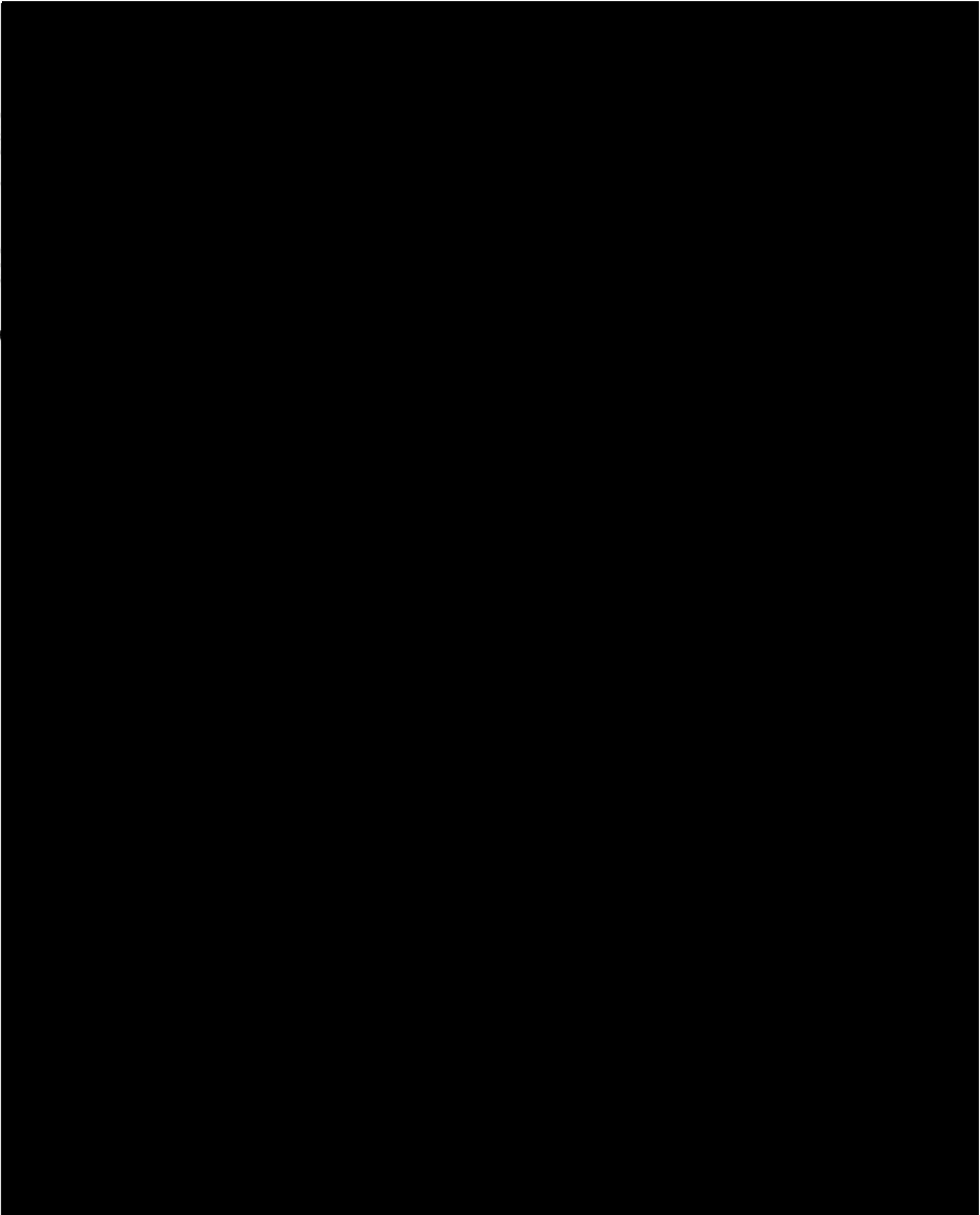


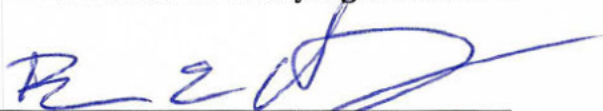
Exhibit 10 – Evidence of Business Relationship with Other Licensees and Prospective Licensees

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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date



[Redaction - Confidential, proprietary Information; Description of private contractual relationships of private enterprise; Private enterprise private contract and relationship information; See App. Guide 1.8; § 36-12-40, et seq., Code of Alabama 1975]

Exhibit 11 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.

Brian Henry

Printed Name of Verifying Individual


Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

Redactions following on Pages 1-17
[Redacted: Confidential, Proprietary Information regarding security of medical marijuana operation and proprietary business strategies related to the same; redacted for individual and public safety concerns. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

SECTIONS

11.1 - IT Plan

11.2 - Plan for Maintenance and Storage of Cannabis and Medical Cannabis

11.3 – Criminal Activity Plan

11.4 – emergency Procedures/ Disaster Plan

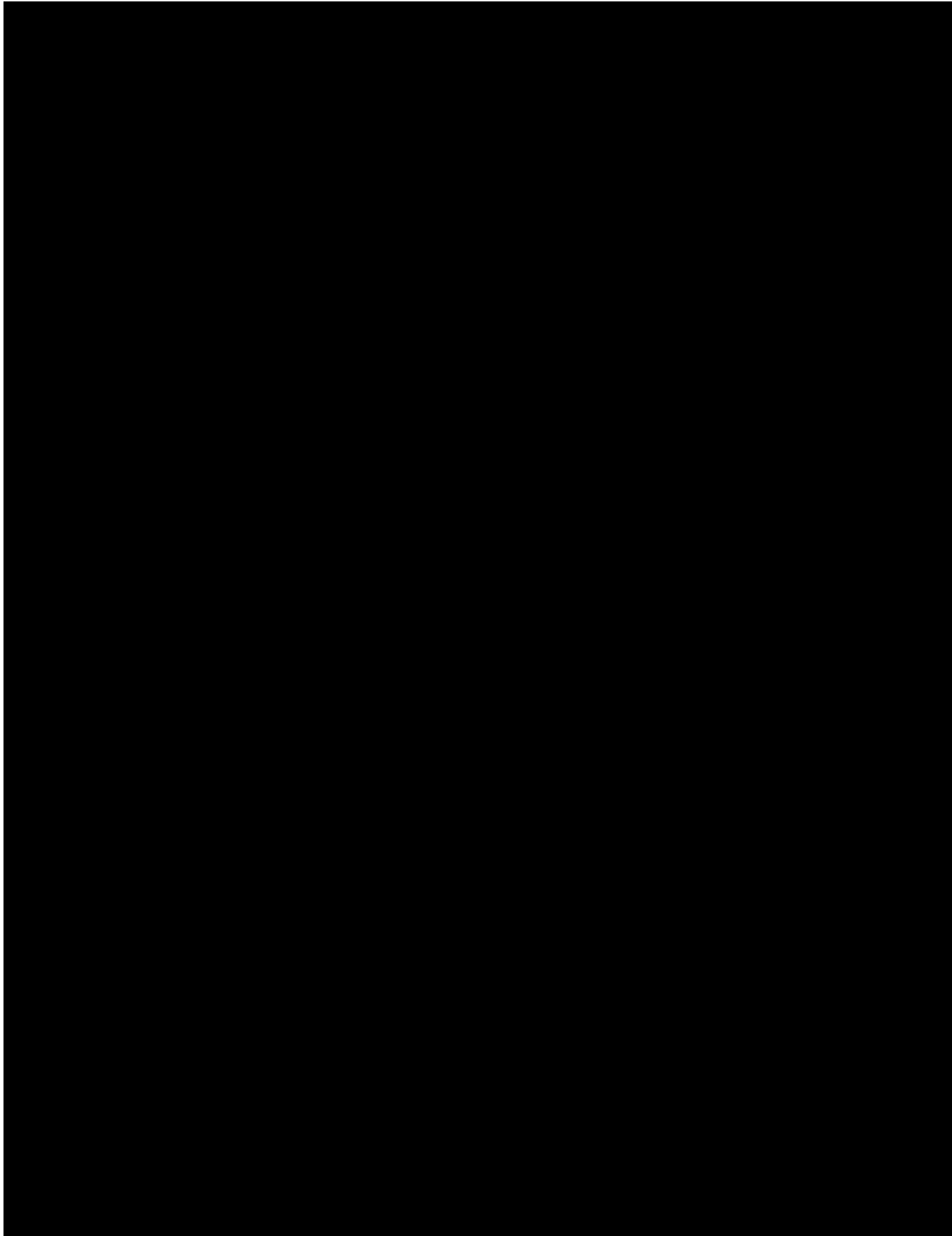
11.5 – Alcohol, Smoke, and Drug Free Workplace Policy

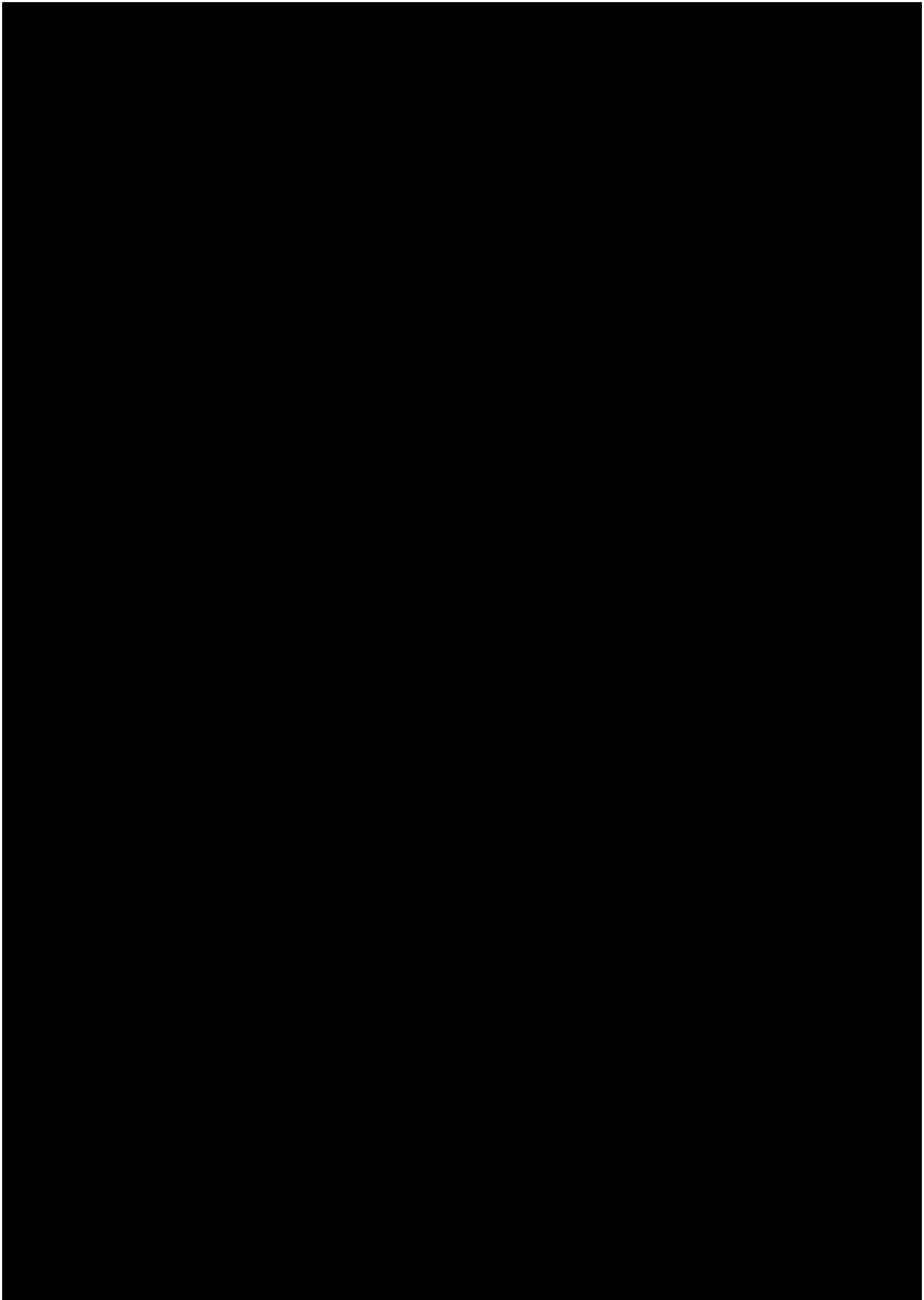
11.6 – Employee Safety Plan

11.7 – Confidential Information and Cybersecurity Plan

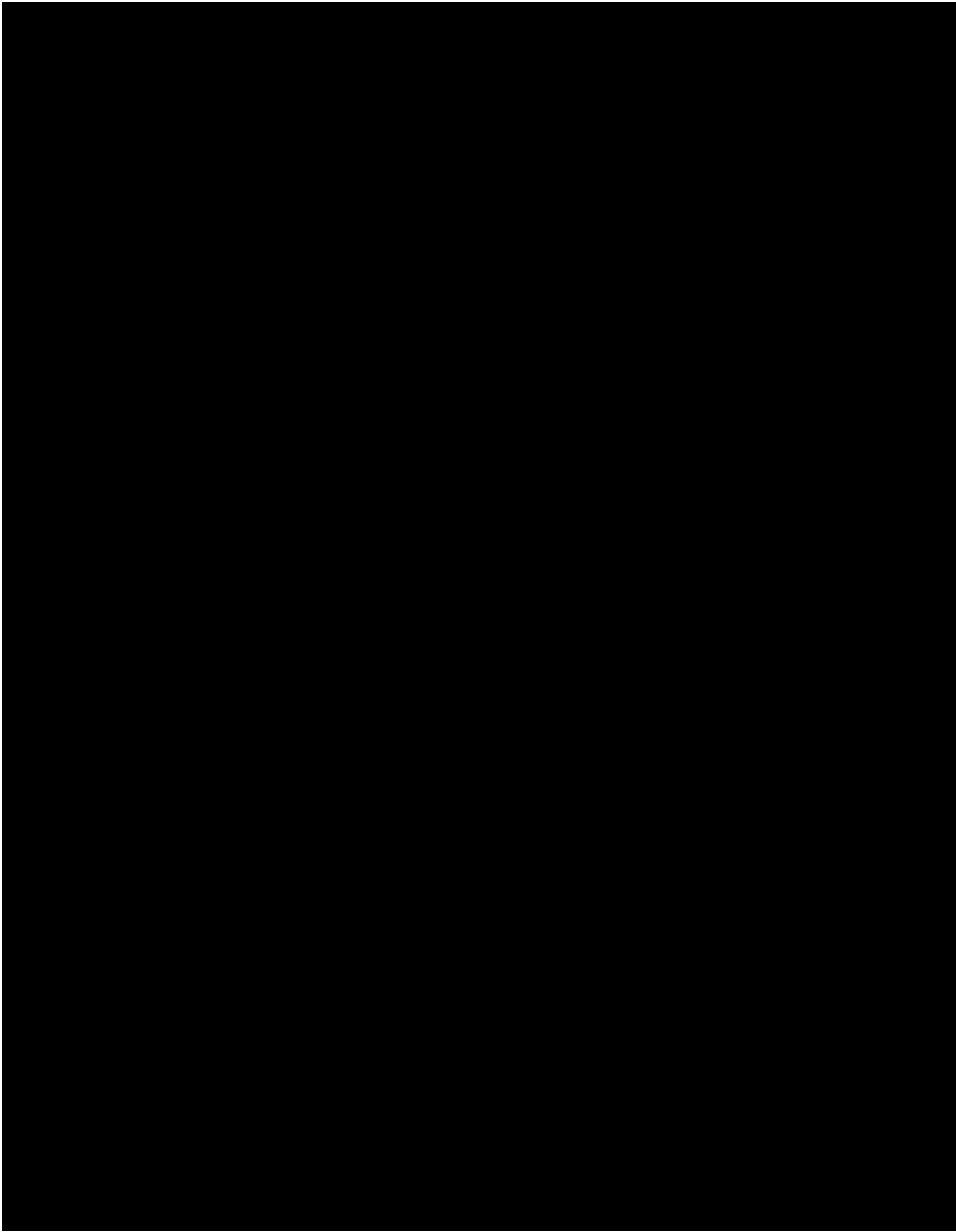
11.8 – Tracking and Disposal of Waste

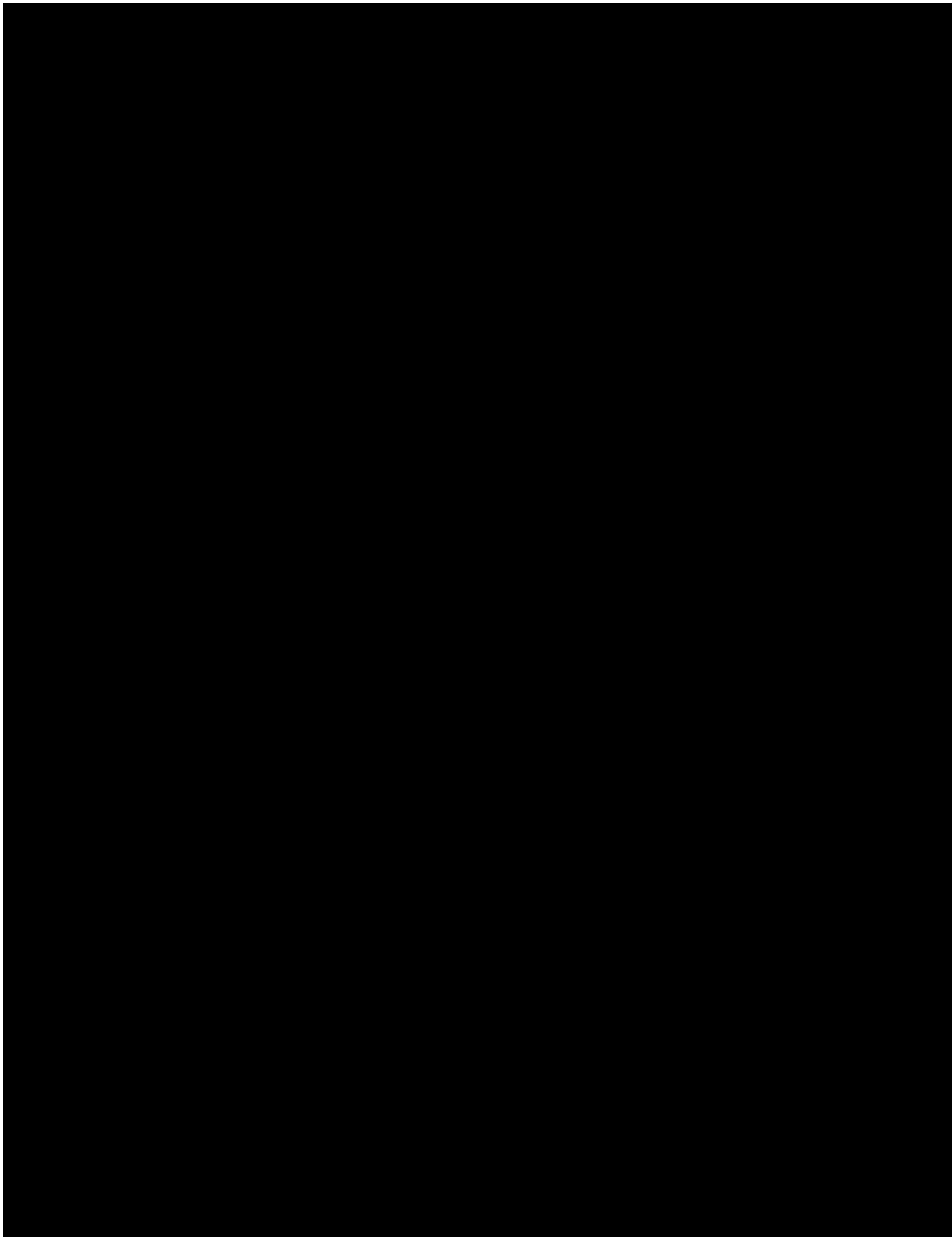
11.9 Security Plan- Provided at Exhibit 20

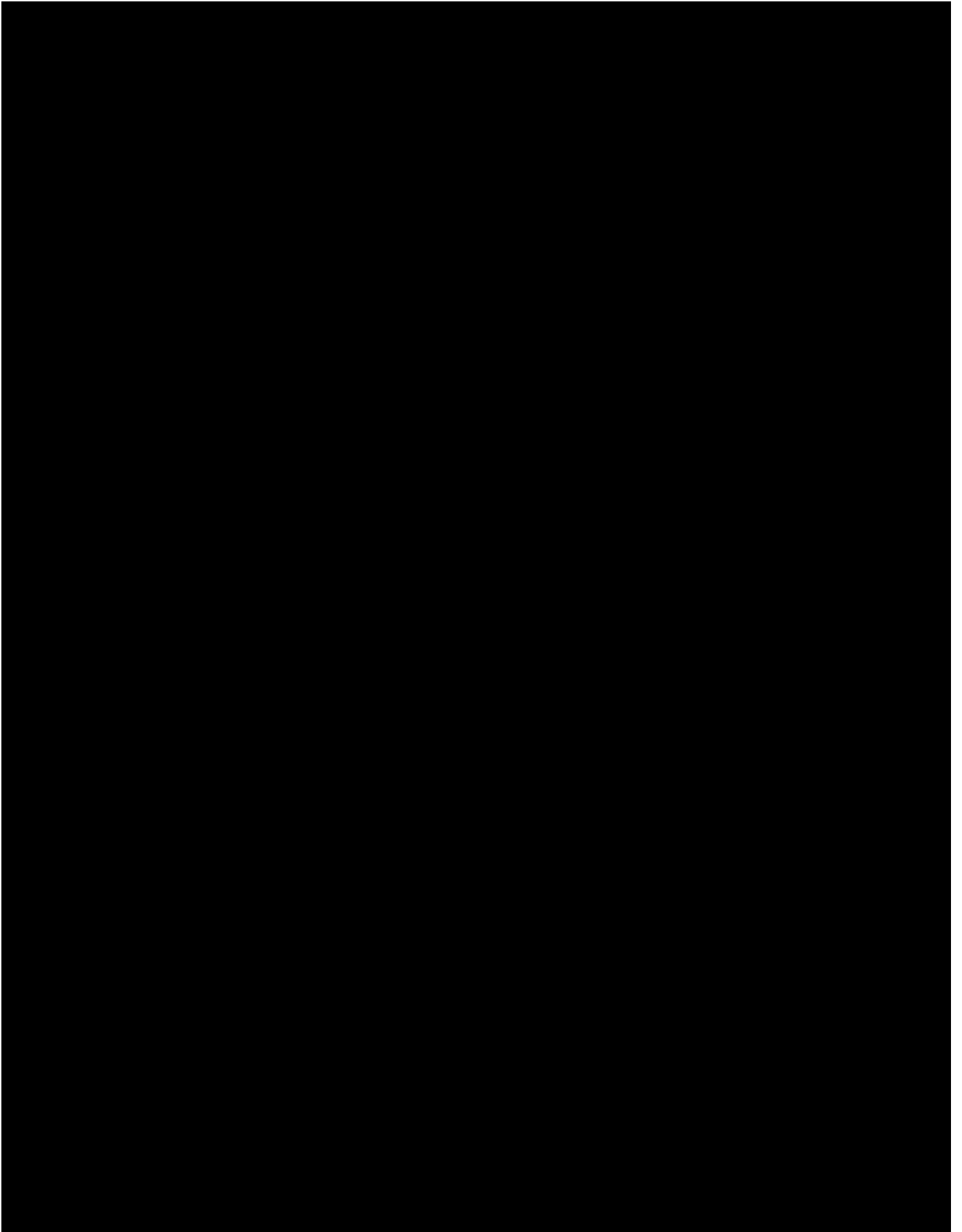


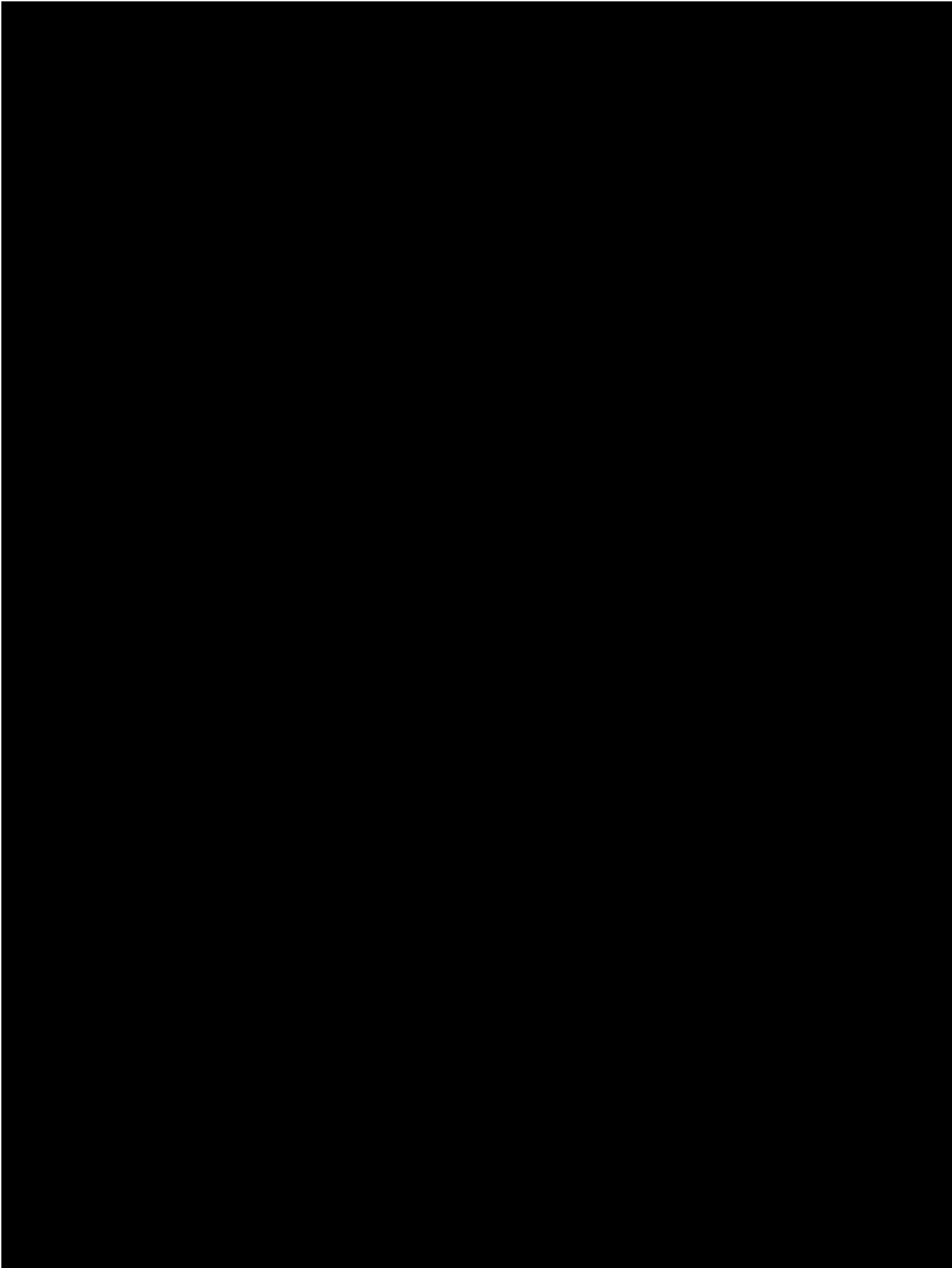


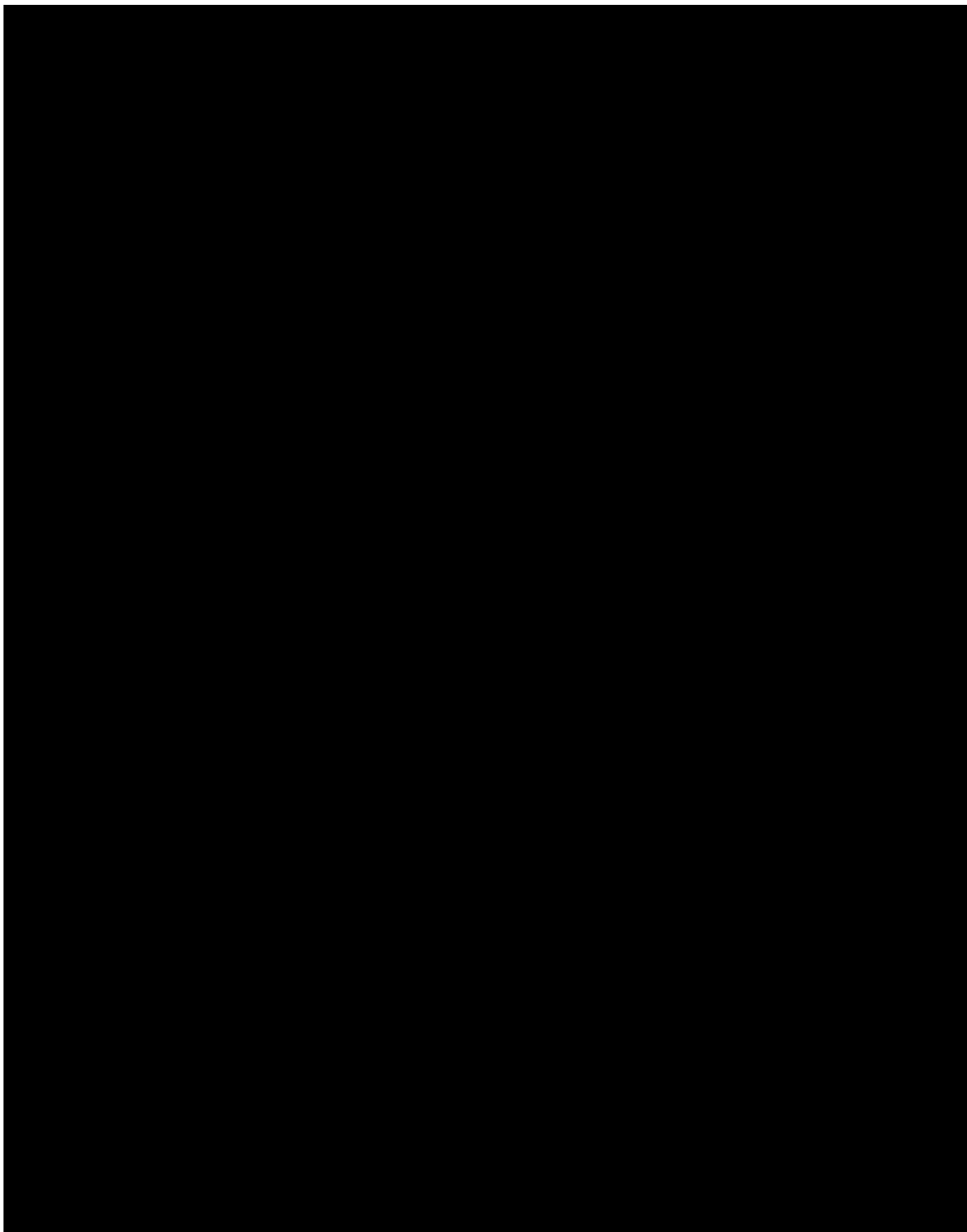
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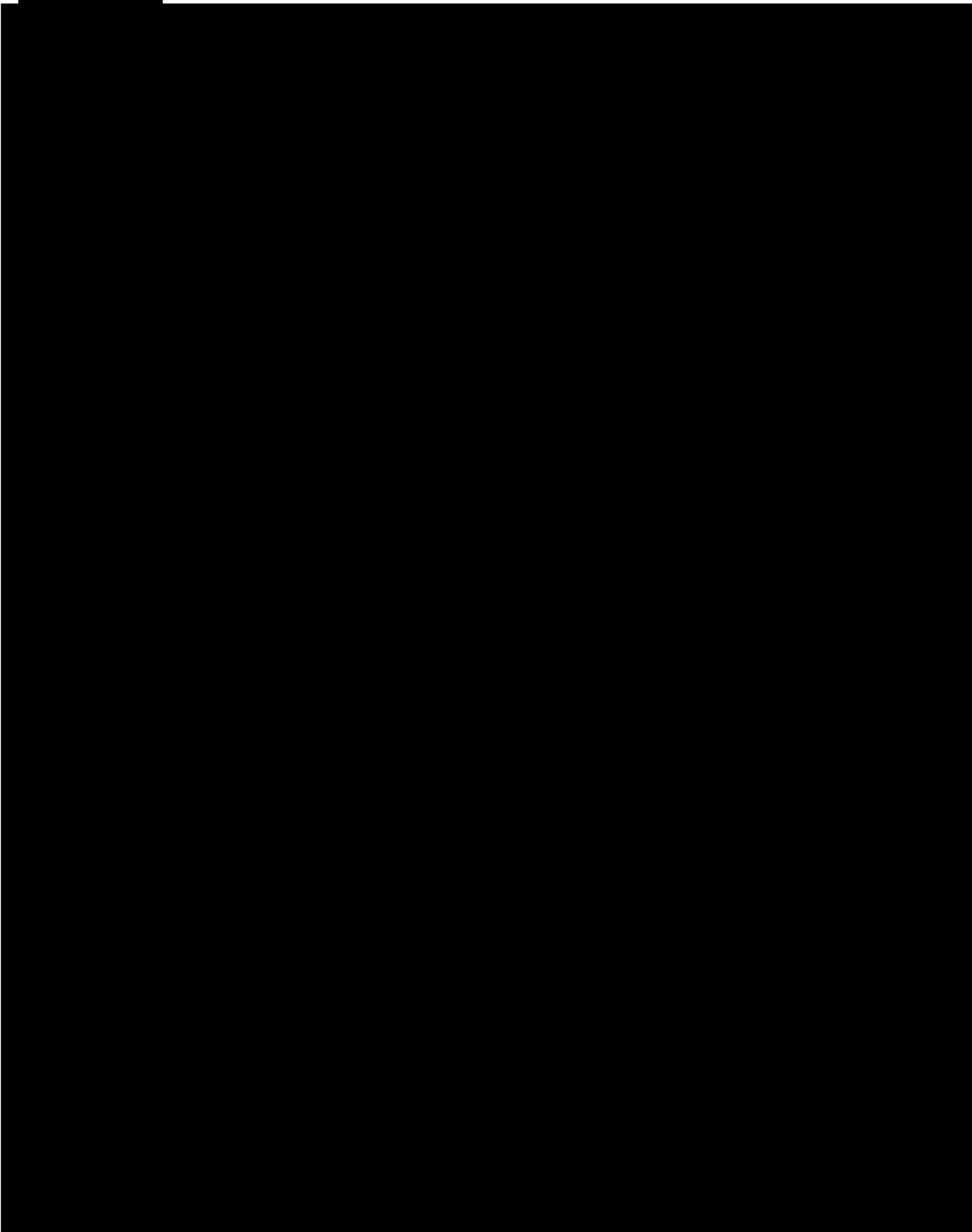


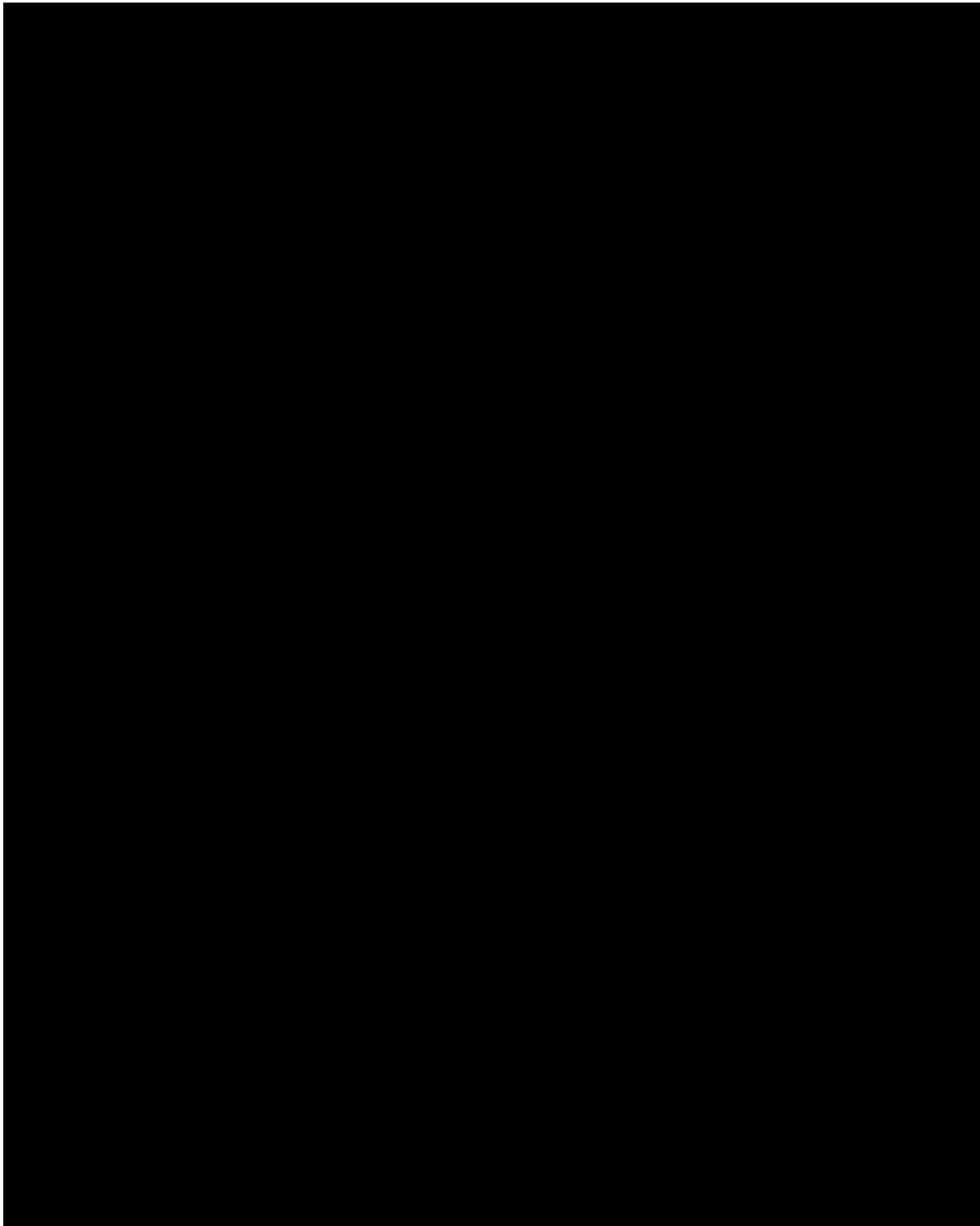












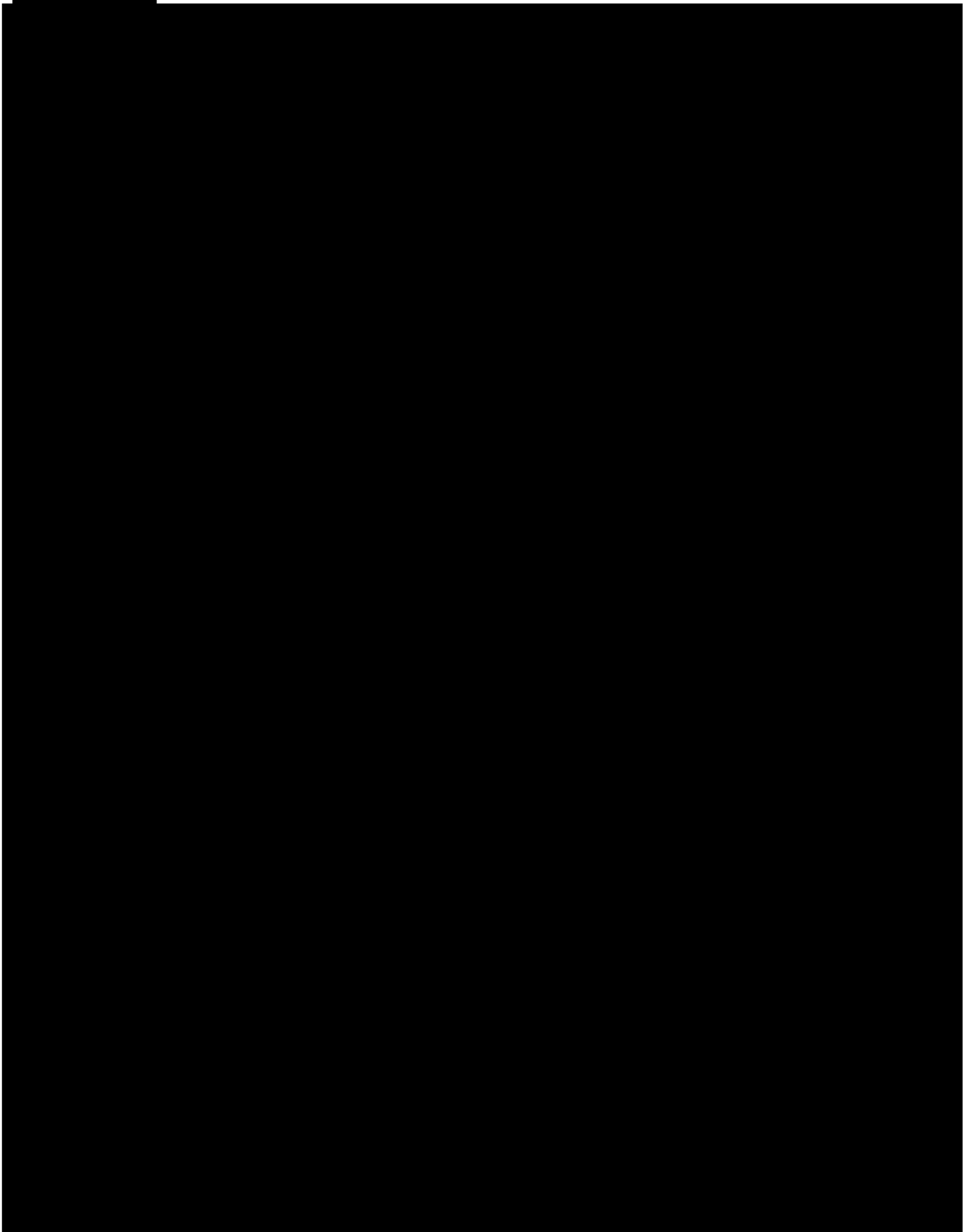


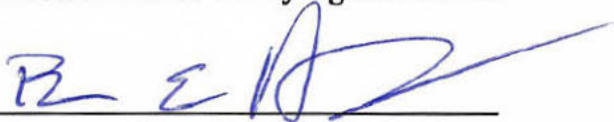
Exhibit 12- Policies and Procedures Manual

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.

Brian Henry

Printed Name of Verifying Individual



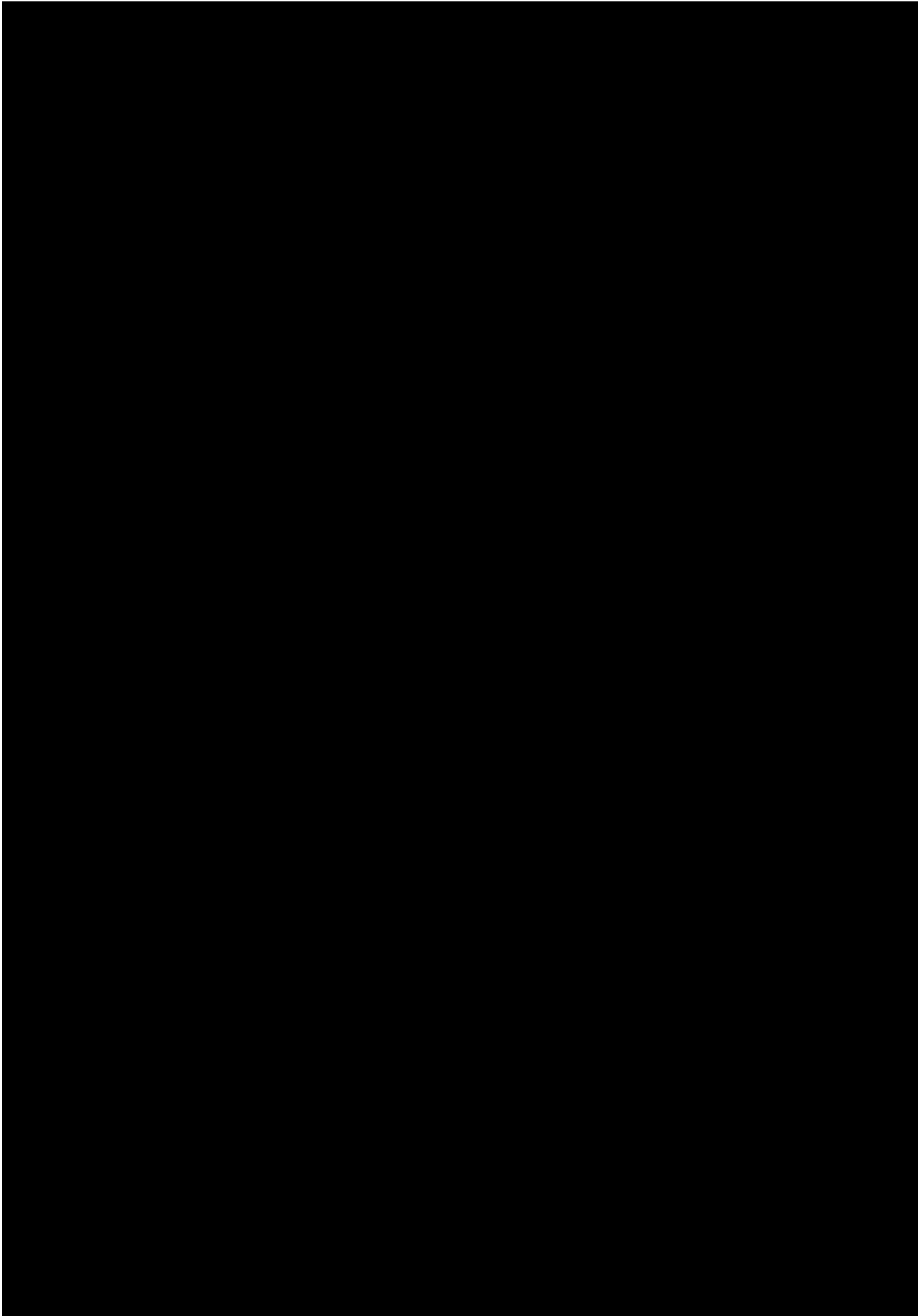
Signature of Verifying Individual

President

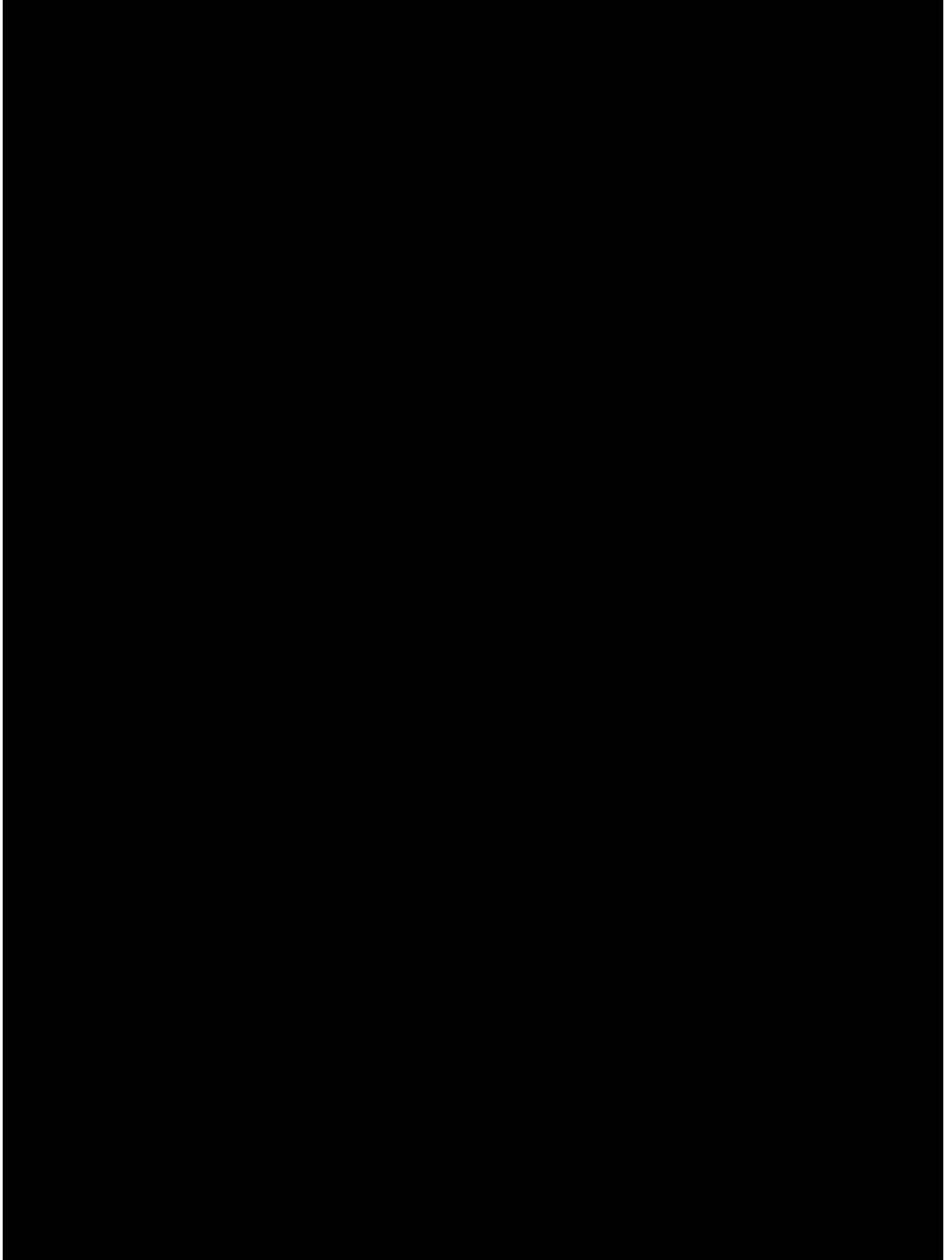
Title of Verifying Individual

02/27/23

Verification Date

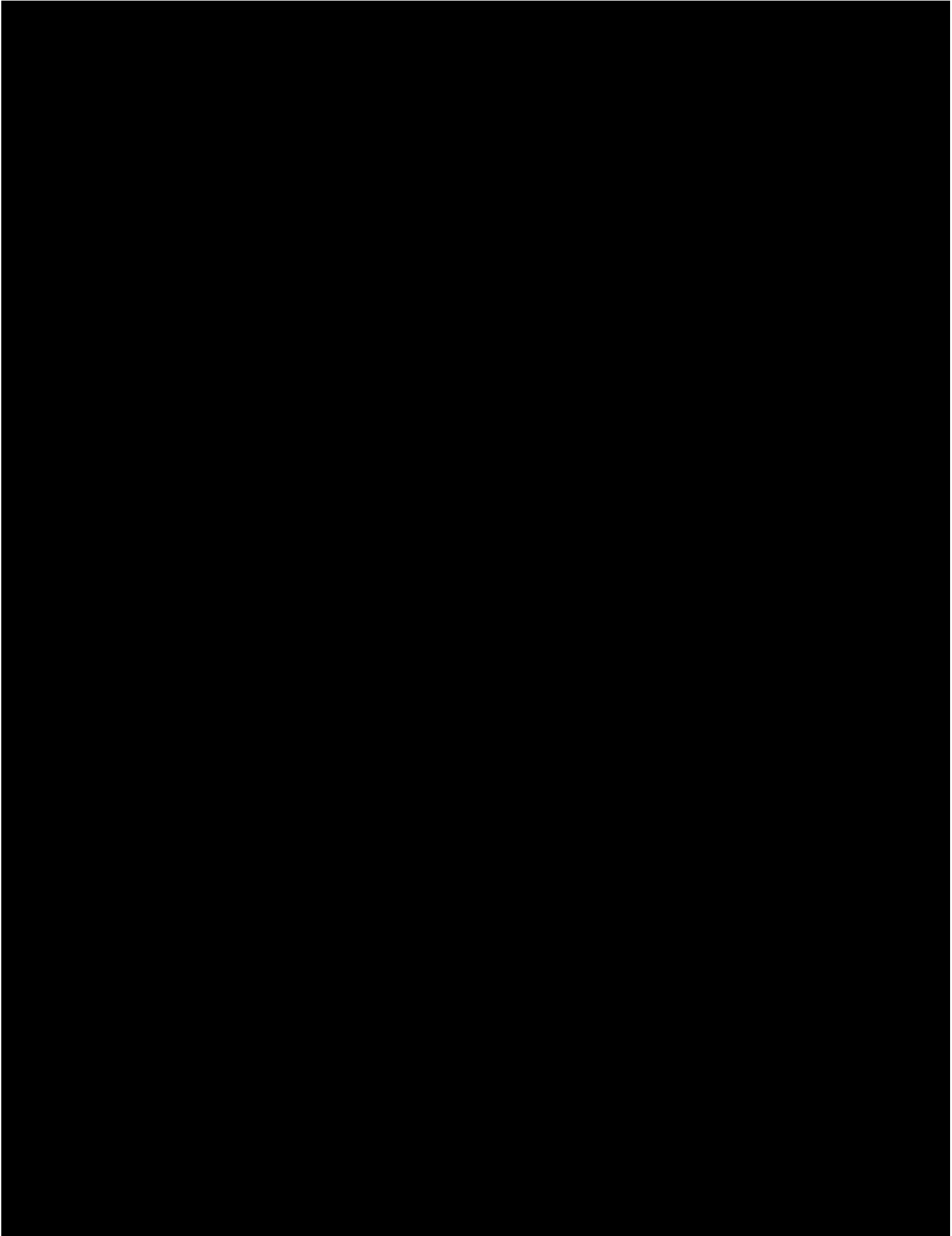


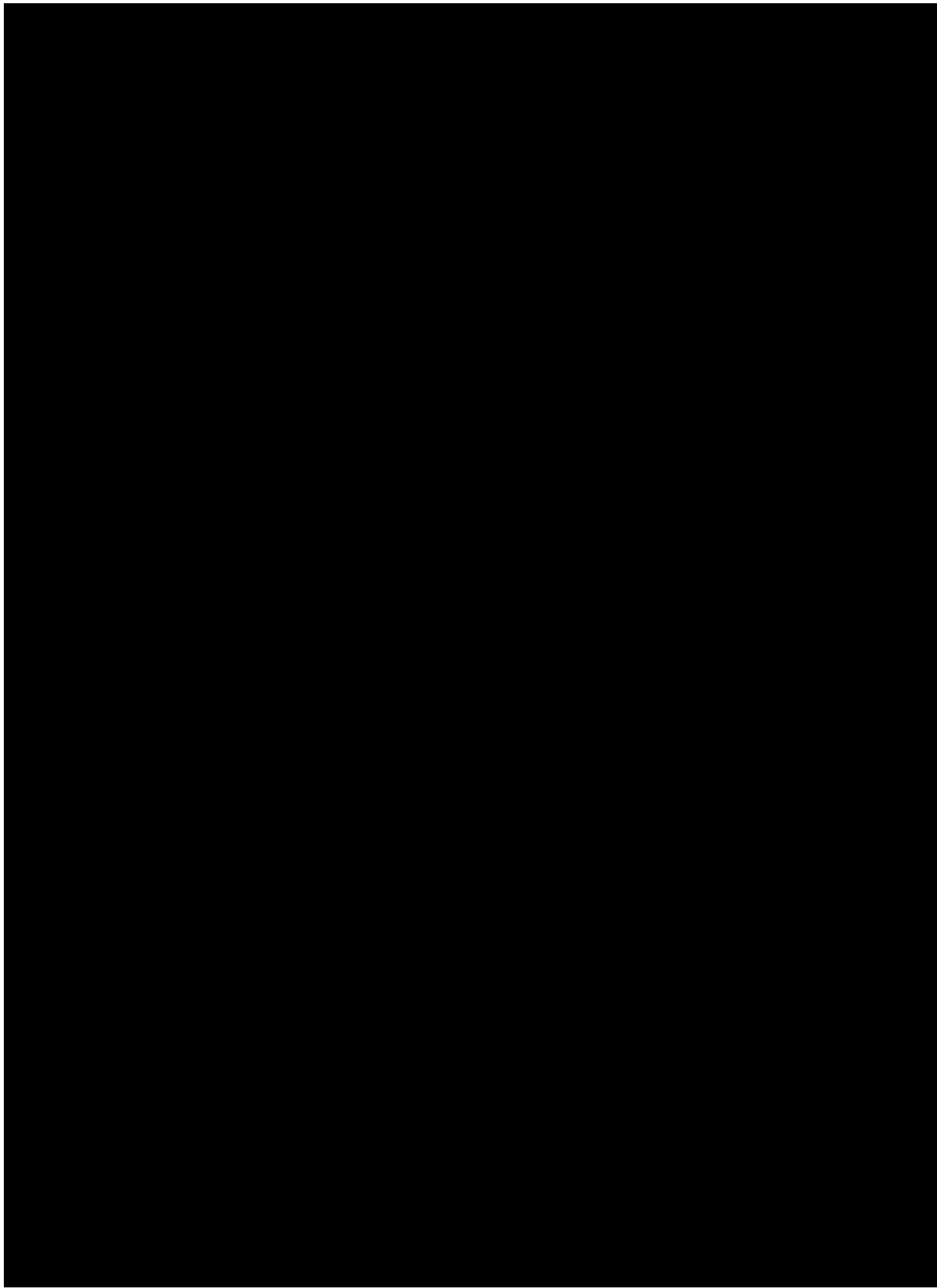
REDACTIONS: Confidential Proprietary Information regarding security of medical marijuana operation and proprietary business strategies related to the same. See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

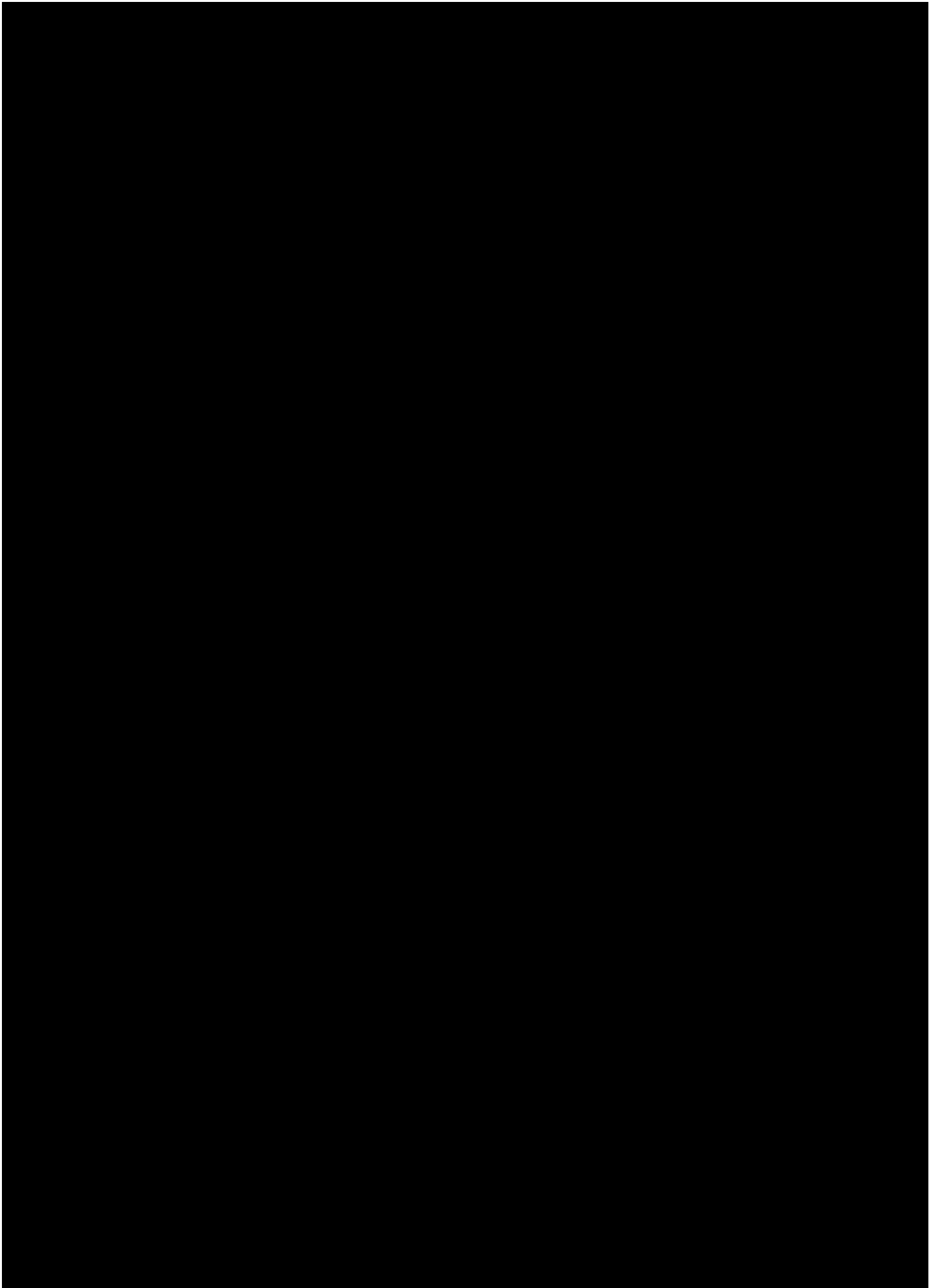


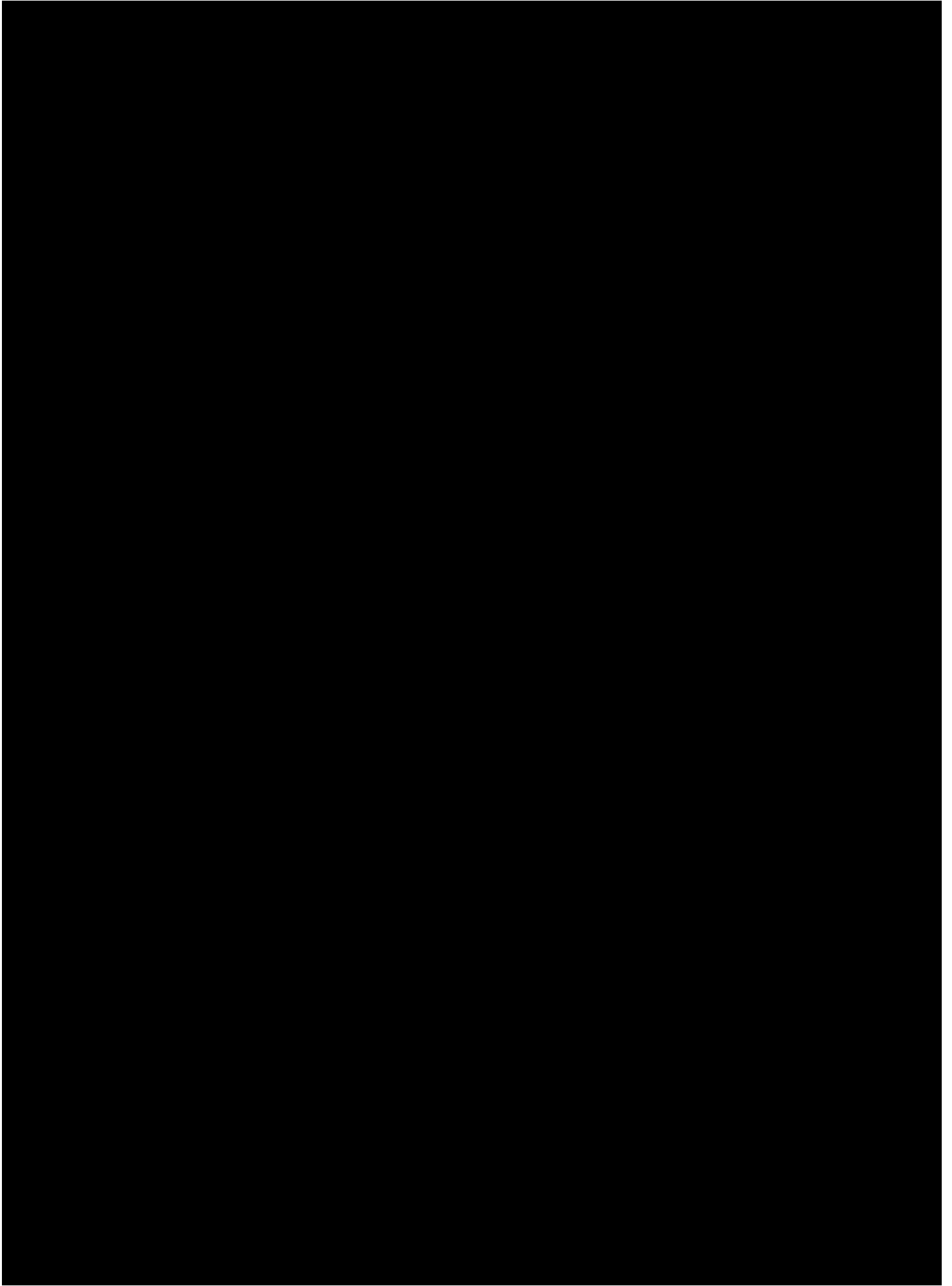
REDACTIONS: Confidential Proprietary Information regarding security of medical marijuana operation and proprietary business strategies related to the same. See App. Guide 1.8; §36-12-40, et seq. Code of Alabama 1975]

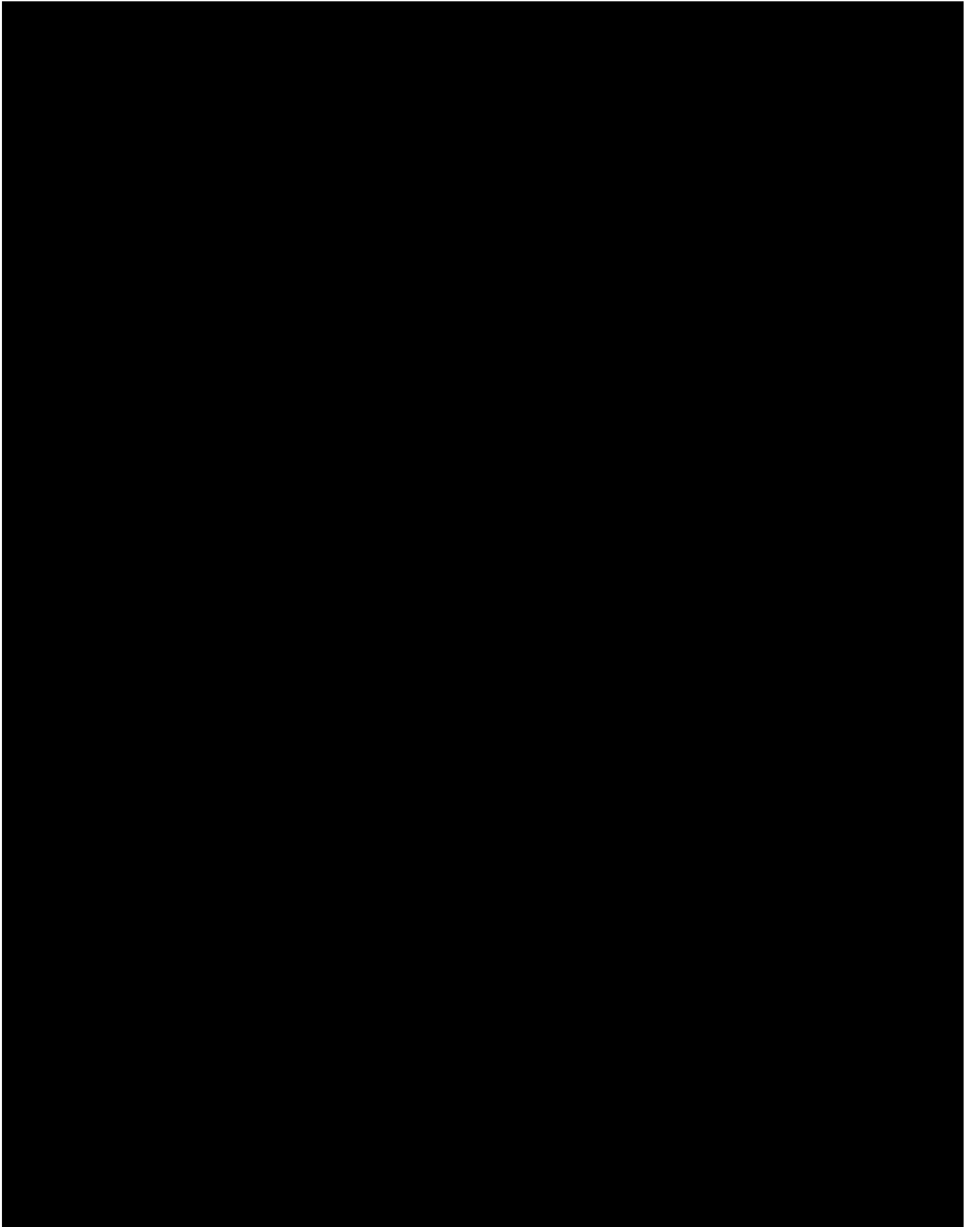
License Type : Secure Transporter

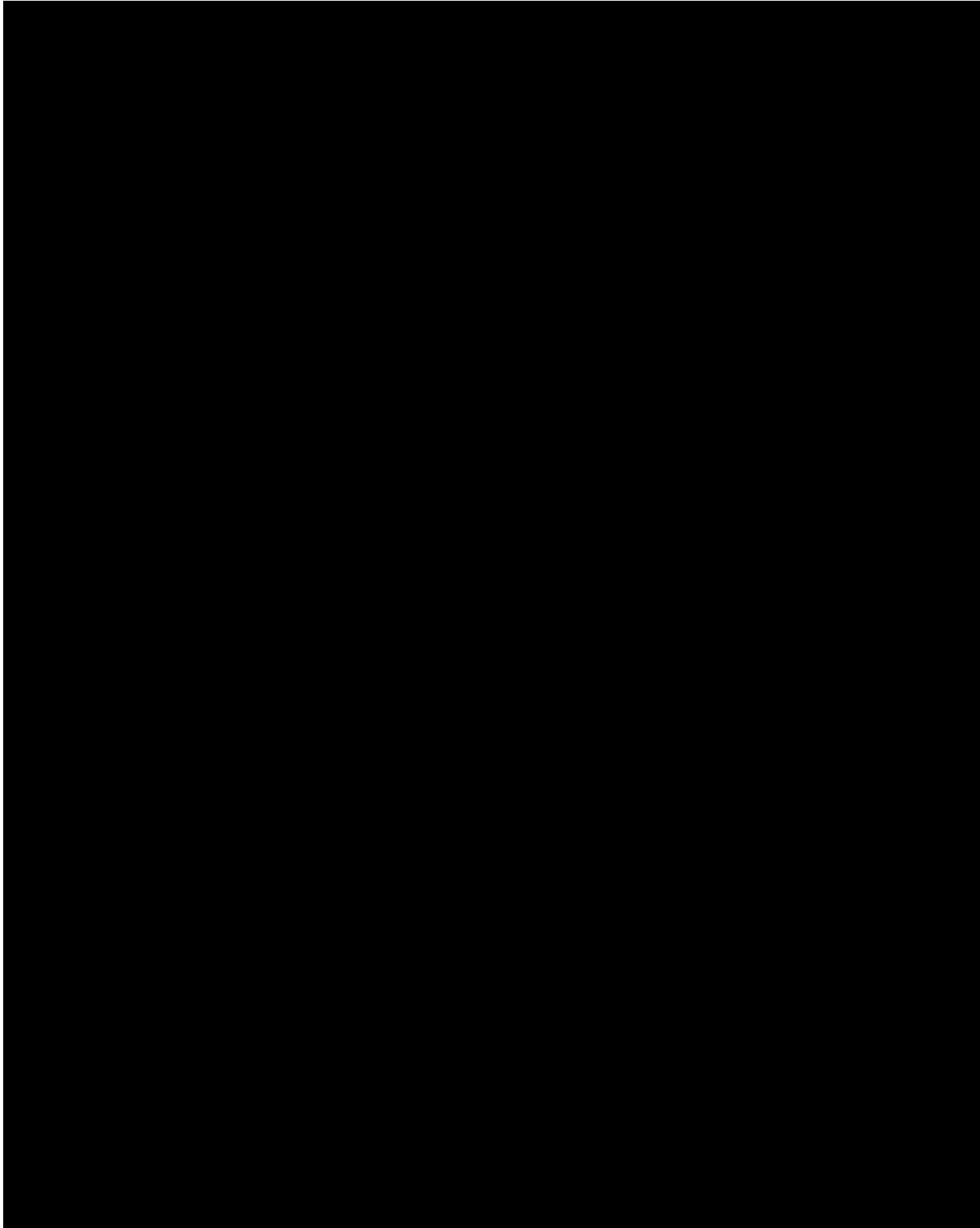


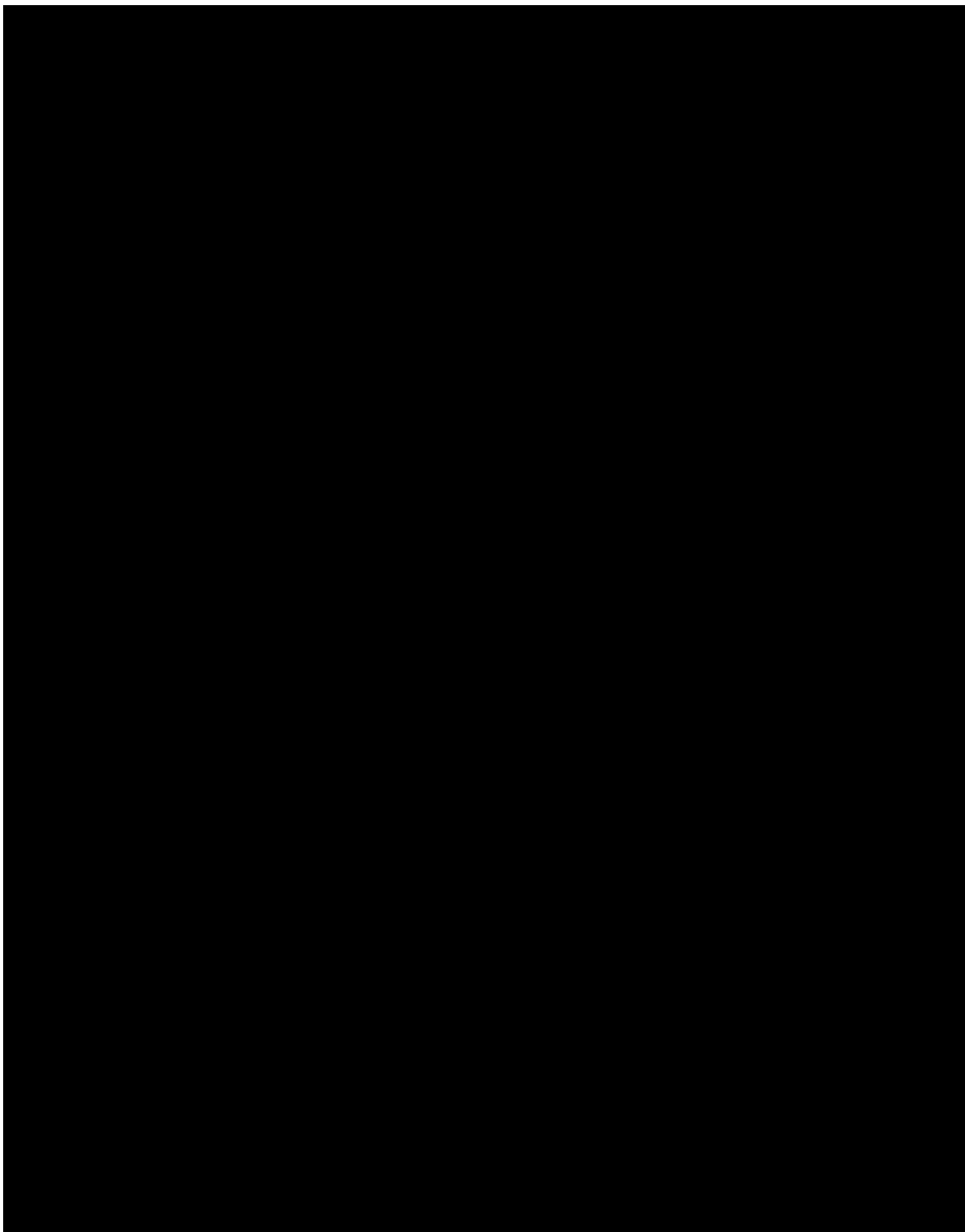


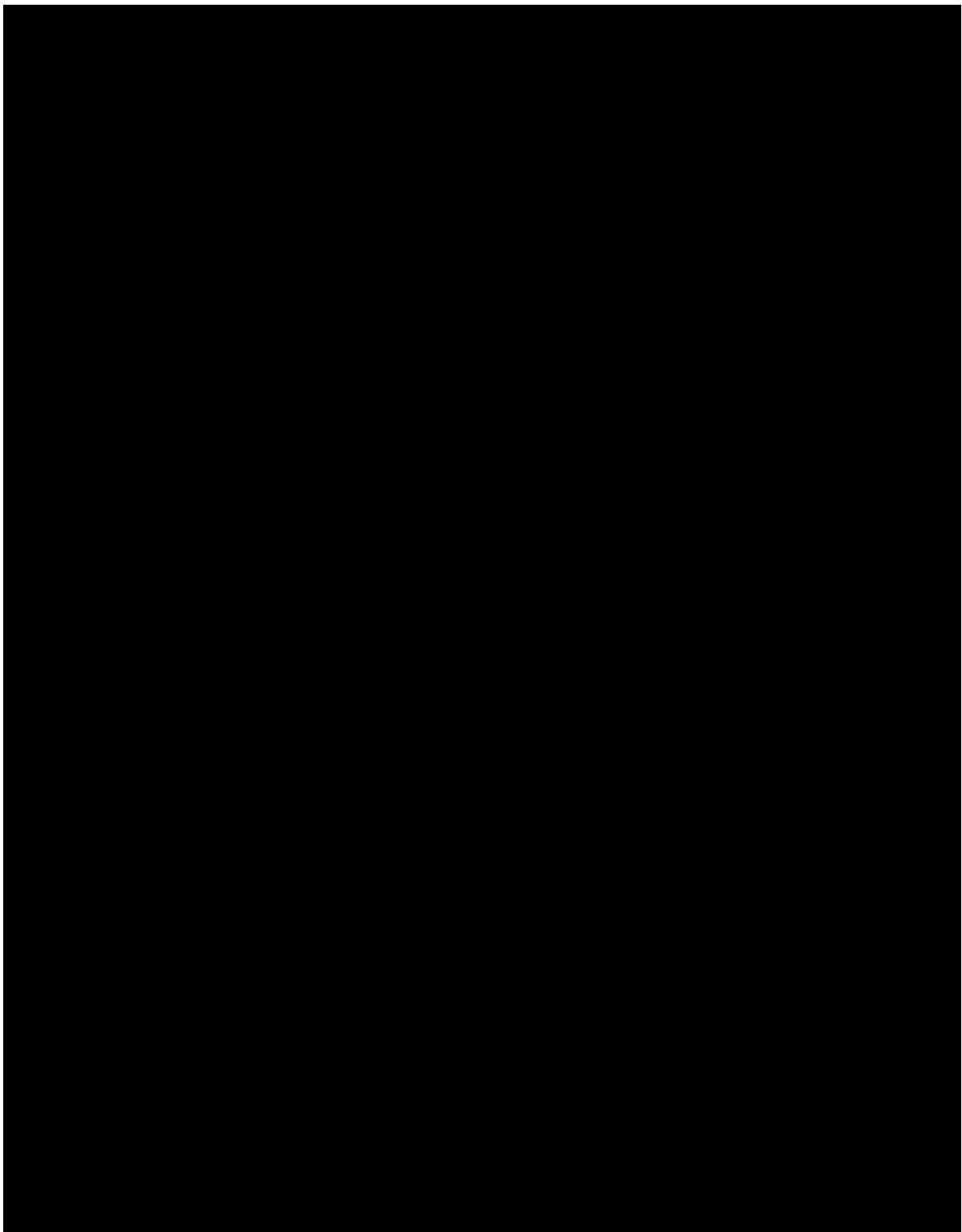


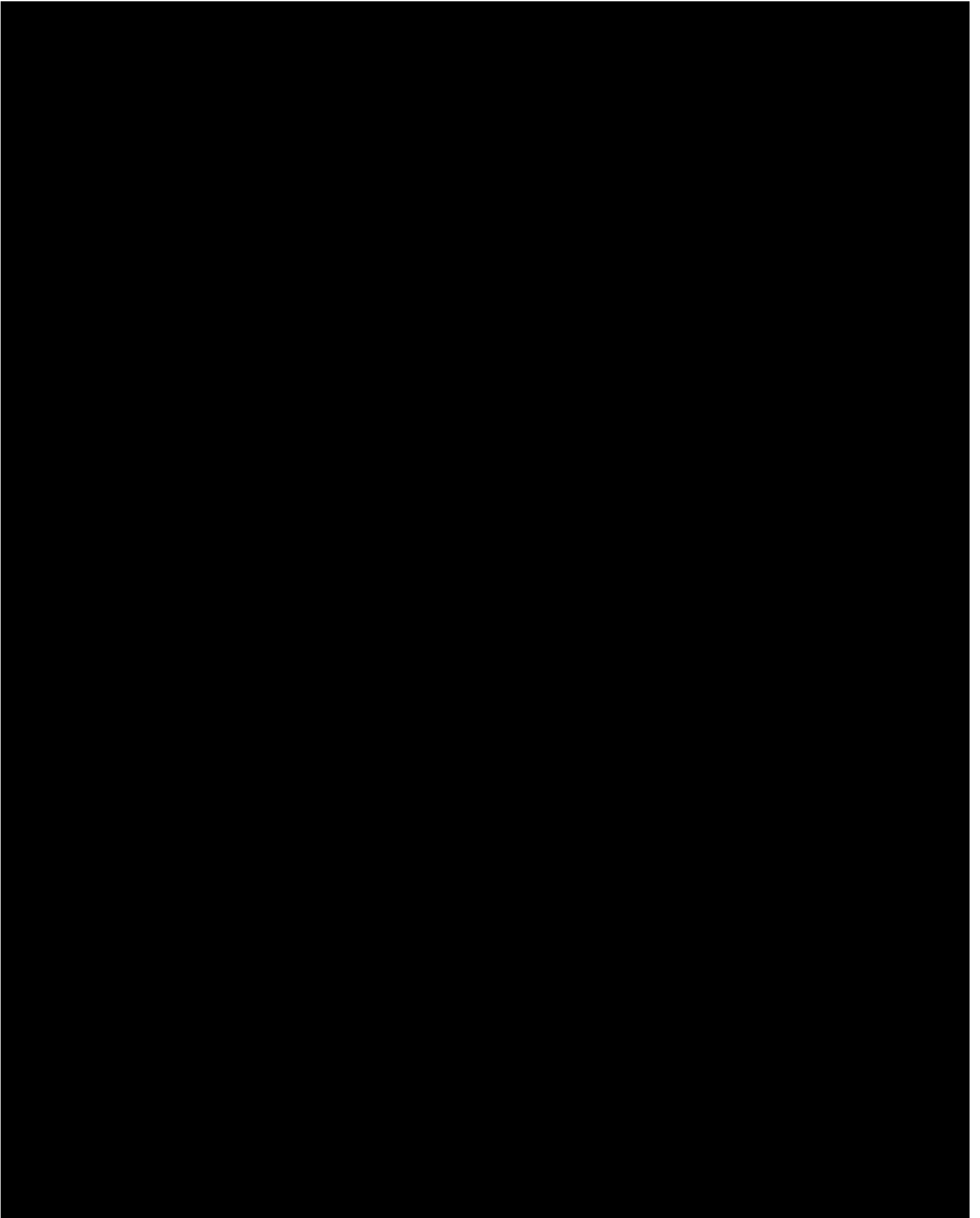


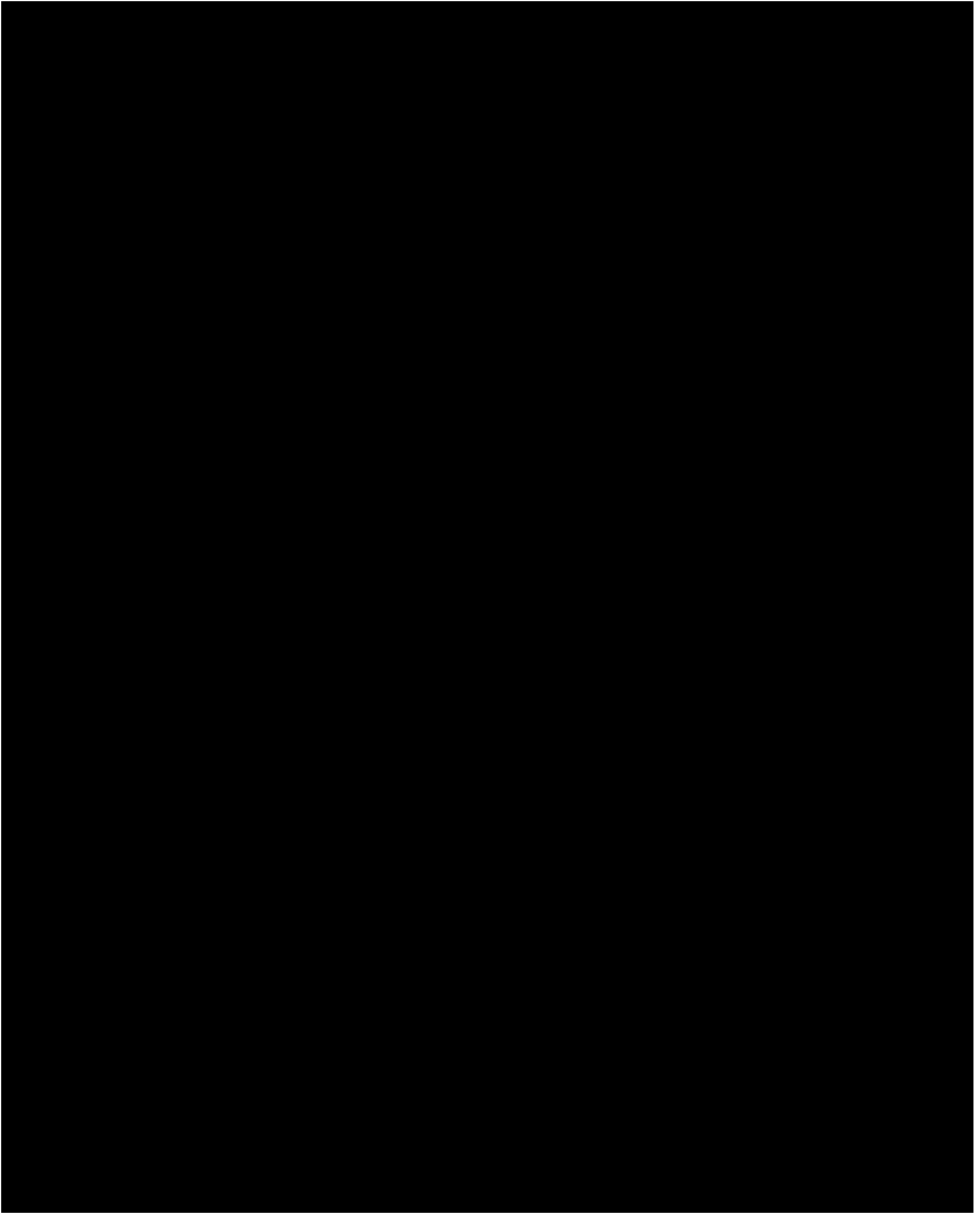


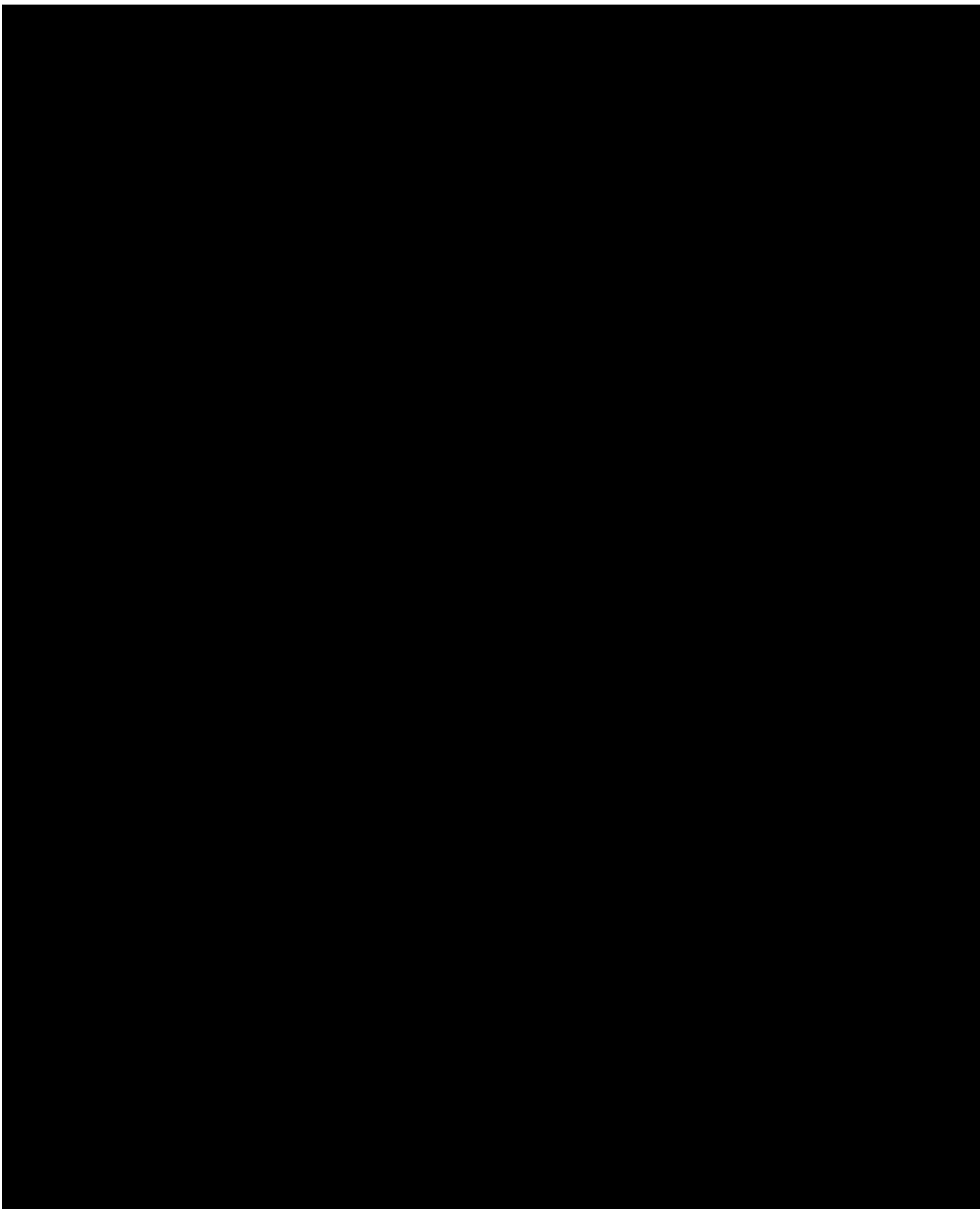


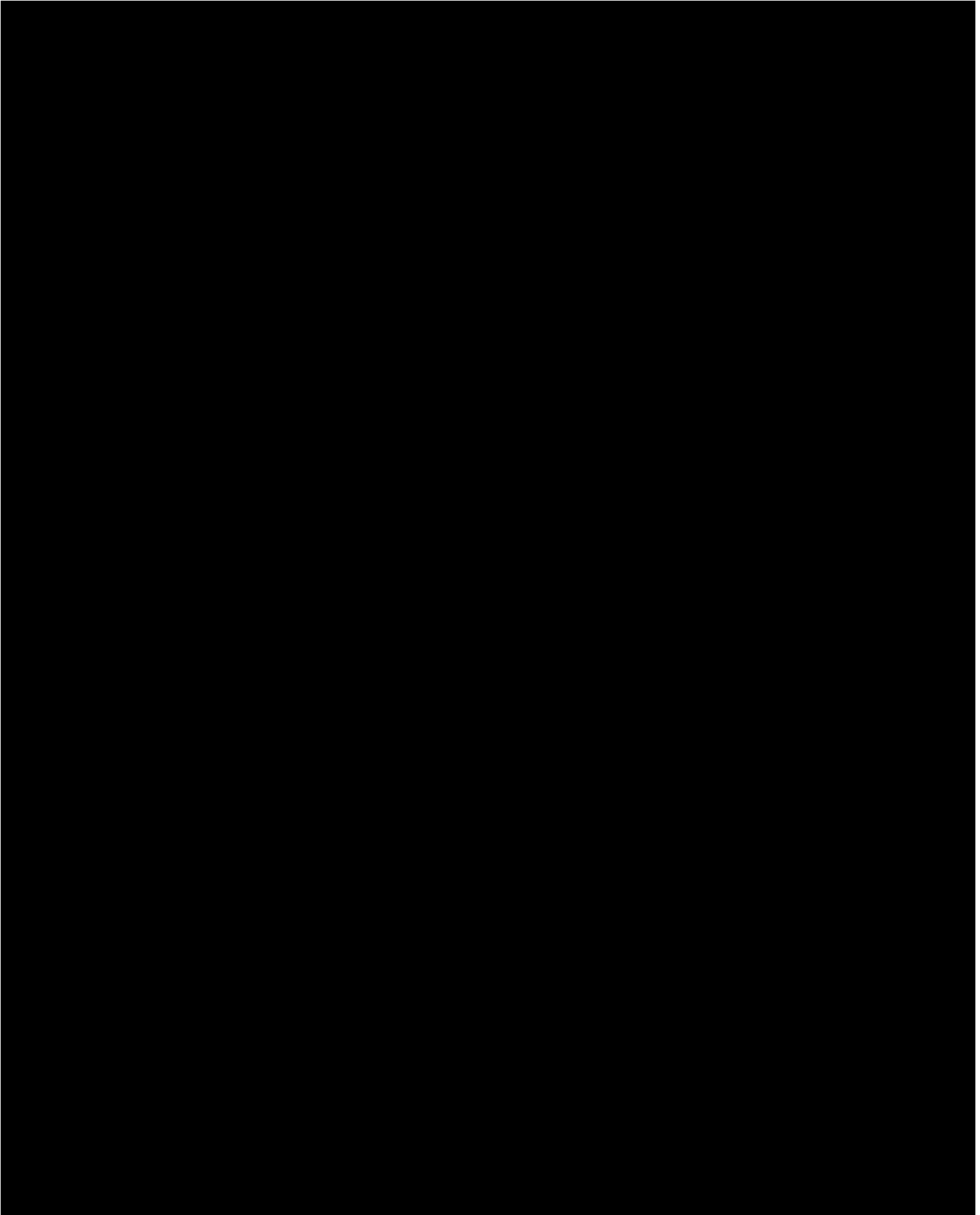


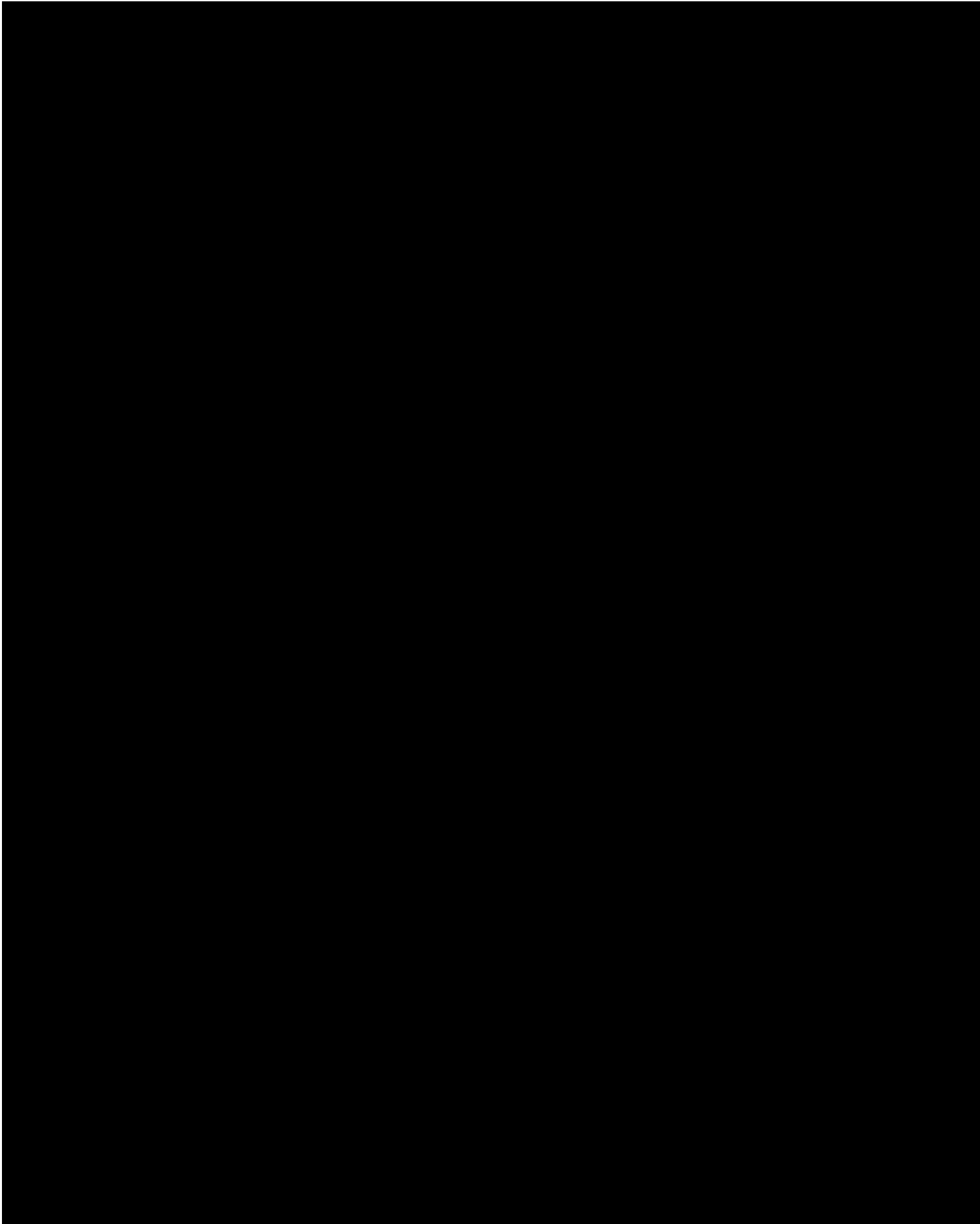


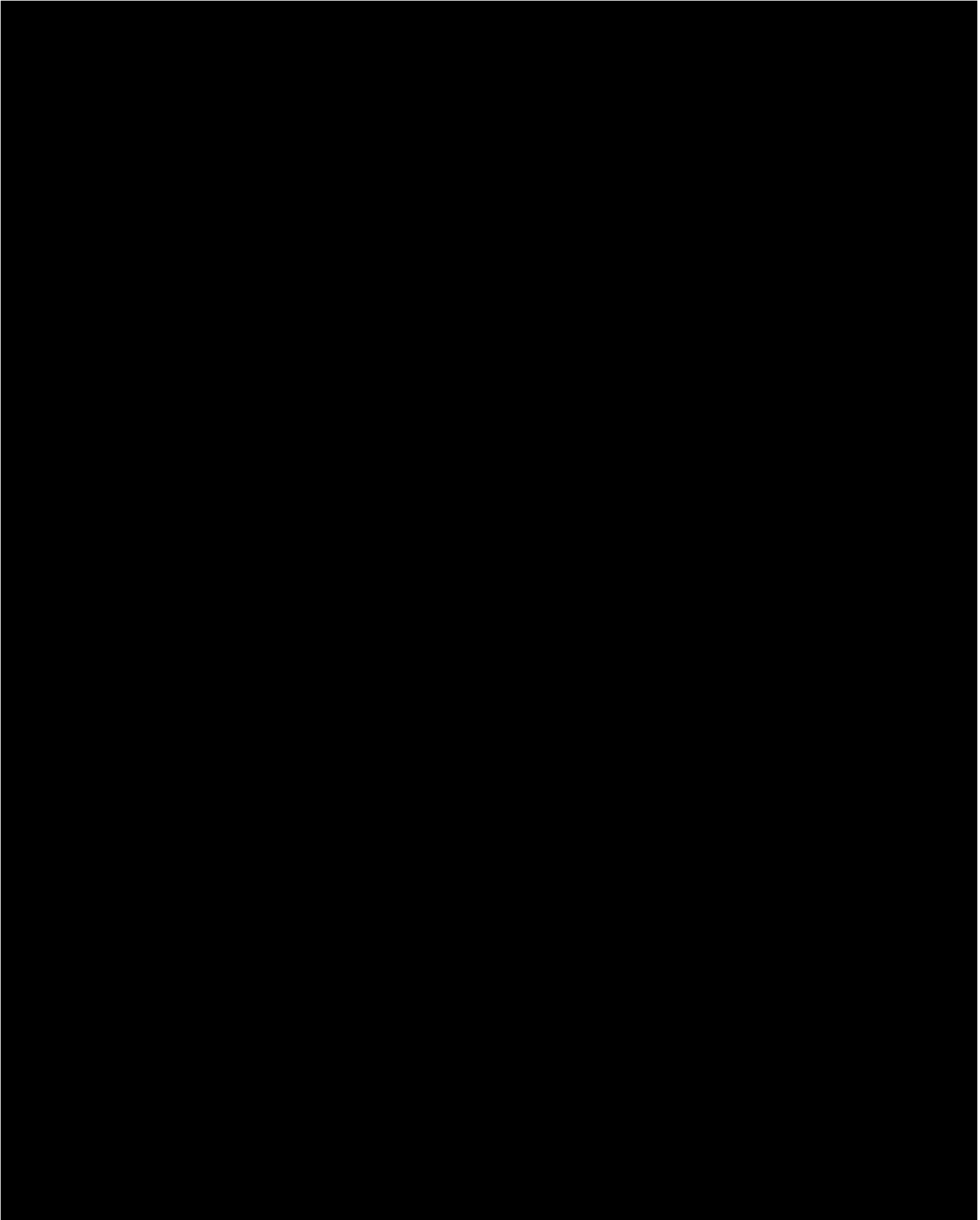












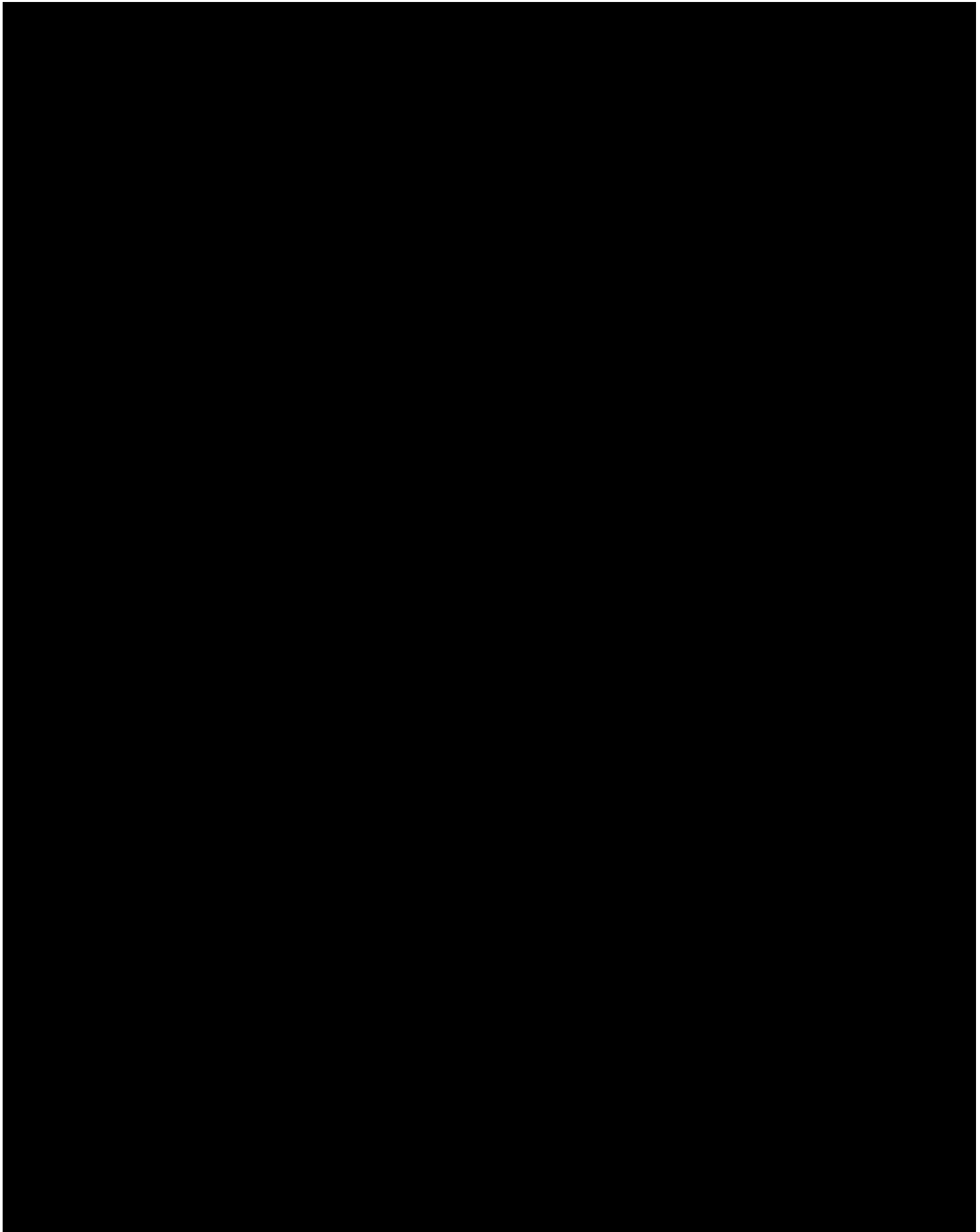


Exhibit 13- Secure Transport Vehicles

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.

Brian Henry

Printed Name of Verifying Individual


Signature of Verifying Individual

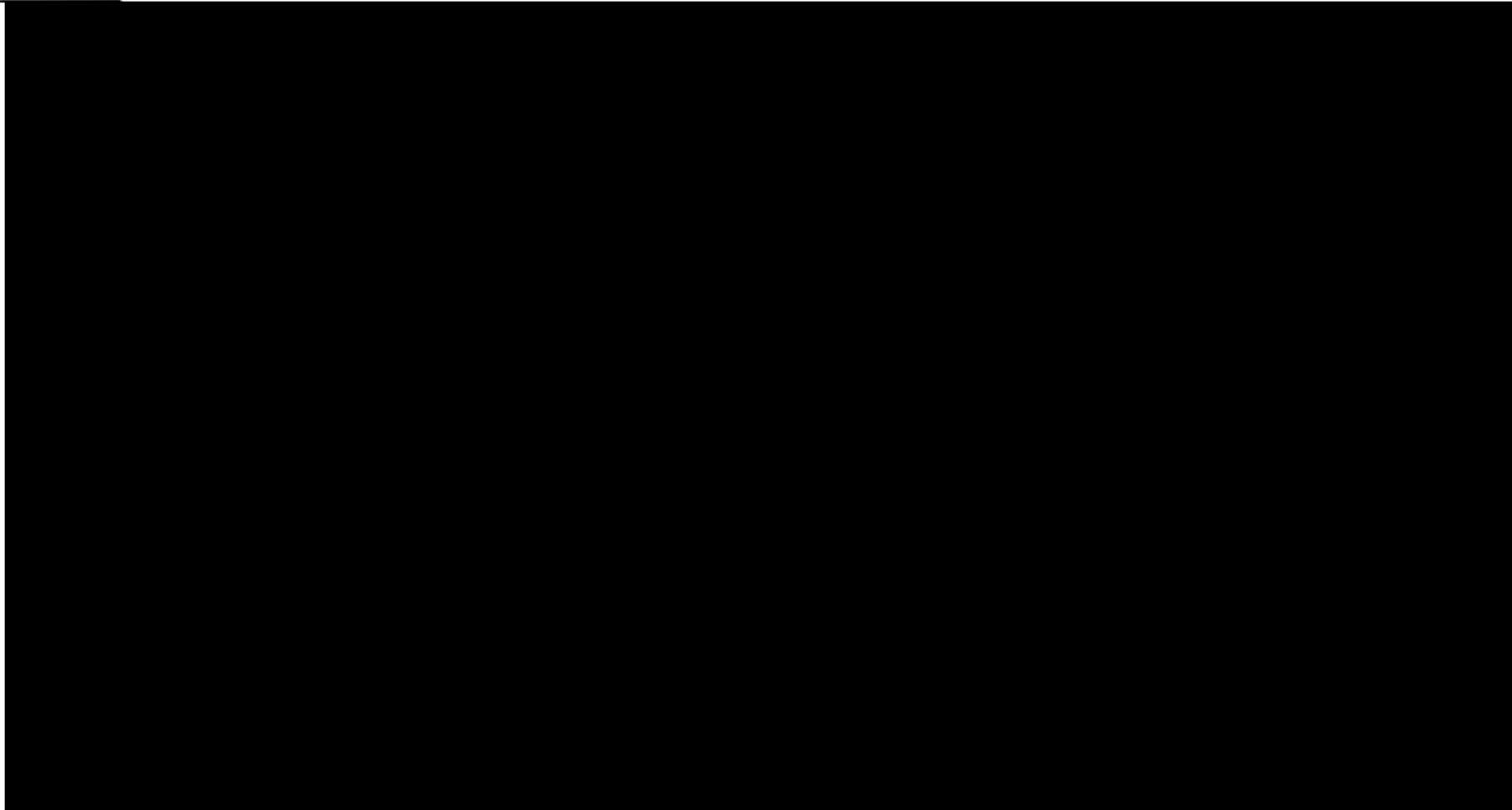
President

Title of Verifying Individual

02/27/23

Verification Date

The following pages 1-16 are Redacted: Confidential, Proprietary Information regarding security of medical marijuana operation and proprietary business strategies related to the same; redacted for individual and public safety concerns; Redacted information includes highly confidential information regarding the security and transport of medical marijuana, including truck identification (e.g., make, model, color), private financial and banking information, private insurance contract information, and private telephone and address information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]



To the extent any vehicle on this schedule requires Diesel Exhaust Fluid (DEF), Penske may provide Customer with DEF at Penske's rates then in effect, including any applicable taxes and fees, and the charges for DEF will appear on Customer's fuel invoice or otherwise be billed weekly.
Each Vehicle shall be operated according to the Estimated Annual Mileage/Vehicle ("EAM") as listed on its Schedule "A". If at the anniversary of such Vehicle's In-Service Date the actual miles operated by such Vehicle exceeds its total EAM by ten percent (10%), Customer shall pay Penske \$0.10 for each mile over the EAM, in addition to the mileage charges due under this VLSA.
Customer agrees to pay for initial fuelling upon in-service. Customer may return the vehicle(s) empty at end of term.
Notwithstanding any statement to the contrary in the Vehicle Lease Service Agreement (the "VLSA") identified below, with respect to each vehicle described herein, this Schedule constitutes a separate instrument of lease between Penske and Customer on the terms set forth in the VLSA.
Abbreviation Key: P = PTL Responsibility C = Customer Responsibility Y = Yes N = No S = Separate Invoice Requested by Customer E = Customer Exempt N/A = Not Applicable

Effective 6-29-20, this Schedule "A" is hereby made a part of the Vehicle Lease Service Agreement dated: 06/22/2020

Penske Truck Leasing Co. L.P.

CUSTOMER: Park Transfer & Storage Company, Inc

DocuSigned by:
Ann Levan
Signature: _____
52ACEB9F3559414...

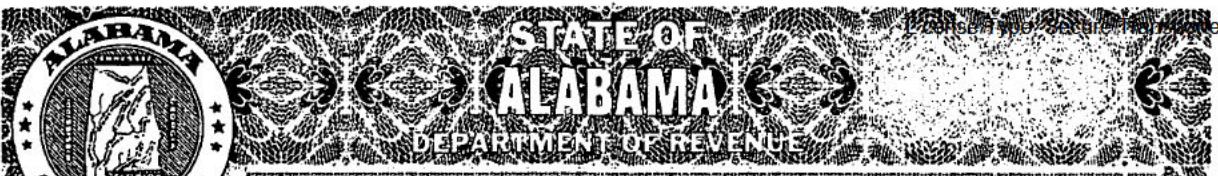
DocuSigned by:
Kevin Barber
Signature: _____
57ED73F6ECF34C0...

Title: Sr. Contract Analyst

Date: 7/1/2020 | 5:04 PM EDT

Title: CEO

Date: 6/23/2020 | 6:24 AM PDT



CERTIFICATE OF TITLE FOR A VEHICLE

TITLE NO. VEHICLE IDENTIFICATION NUMBER TRANS. CODE DATE ISSUED
YR. MODEL MAKE MODEL BODY TYPE PREV AL TITLE NO.
CYL NEW USED DEMO PURCHASE DATE NO. LIENS COLOR ODOMETER

NAME(S) AND MAILING ADDRESS OF OWNER(S)

MAIL TO

RESIDENT ADDRESS IF DIFFERENT

LEGEND(S)

RELEASE OF LIEN
The holder of Lien on the vehicle described in this Certificate does hereby state that the lien described in said Certificate of Title is released and discharged.

1ST LIENHOLDER'S NAME, ADDRESS AND LIEN DATE 08/04/2021

First Lienholder

By Signature of Authorized Agent

Date

2ND LIENHOLDER'S NAME, ADDRESS AND LIEN DATE

Second Lienholder

By Signature of Authorized Agent

Date



CONTROL NUMBER

This certificate serves as an official document of the Department of Revenue and prima facie evidence that an application for certificate of title has been made for the vehicle described herein, pursuant to the provisions of the Motor Vehicle laws of this state, and the applicant named on the face hereof has been duly recorded as the lawful owner of the vehicle so described. Further, the said vehicle is subject to the security interest by lien(s) show hereon, if any. But, said described vehicle may be subject to a mechanic's lien or a lien given by statute to the United States, this State or any political subdivision of this State or other encumbrances not required to be filed with this Department.

KEEP IN A SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

PLEASE DETACH



CERTIFICATE OF TITLE FOR A VEHICLE

TITLE NO. _____ VEHICLE IDENTIFICATION NUMBER _____ TRANS. CODE 15 DATE ISSUED 01/22/2021
 YR. MODEL _____ MAKE _____ MODEL _____ BODY TYPE _____ PREV AL TITLE NO. _____
 CYL. NEW USED DEMO PURCHASE DATE NO. LIENS COLOR _____ OUNCE/ITER _____

NAME(S) AND MAILING ADDRESS OF OWNER(S) _____ MAIL TO _____

 RESIDENT ADDRESS IF DIFFERENT _____

RELEASE OF LIEN
 The holder of Lien on the vehicle described in this Certificate does hereby state that the lien described in said Certificate of Title is released and discharged.

1ST LIENHOLDER'S NAME, ADDRESS AND LIEN DATE _____

 2ND LIENHOLDER'S NAME, ADDRESS AND LIEN DATE _____

 First Lienholder
 By _____
 Signature of Authorized Agent
 Date _____

 Second Lienholder
 By _____
 Signature of Authorized Agent
 Date _____



This certificate serves as an official document of the Department of Revenue and prima facie evidence that an application for certificate of title has been made for the vehicle described herein, pursuant to the provisions of the Motor Vehicle laws of this state, and the applicant named on the face hereof has been duly recorded as the lawful owner of the vehicle so described. Further, the said vehicle is subject to the security interest by lien(s) show hereon, if any. But, said described vehicle may be subject to a mechanic's lien or a lien given by statute to the United States, this State or any political subdivision of this State or other encumbrances not required to be filed with this Department.

CONTROL NUMBER
 51412519

KEEP IN A SAFE PLACE — ANY ALTERATION OR ERASURE VOIDS THIS TITLE

PLEASE DETACH



01 MB 0.447 **AUTO T3 0 3181 59107-570707
 0003242 -C01-P03242-I





CERTIFICATE OF TITLE FOR A VEHICLE

TITLE NO. [REDACTED] VEHICLE IDENTIFICATION NUMBER [REDACTED] TRANS. CODE 90 DATE ISSUED 01/26/2018

YR. MODEL [REDACTED] MAKE [REDACTED] MODEL [REDACTED] BODY TYPE [REDACTED] PREV AL TITLE NO. [REDACTED]

CYL. NEW USED DEMO PURCHASE DATE NO. LIENS COLOR [REDACTED] ODOMETER [REDACTED]

NAME(S) AND MAILING ADDRESS OF OWNER(S)

[REDACTED]

MAIL TO

RESIDENT ADDRESS IF DIFFERENT

[REDACTED]

LEGEND(S)

RELEASE OF LIEN
The holder of Lien on the vehicle described in this Certificate does hereby state that the lien described in said Certificate of Title is released and discharged.

First Lienholder

1ST LIENHOLDER'S NAME, ADDRESS AND LIEN DATE

By _____
Signature of Authorized Agent

Date _____

2ND LIENHOLDER'S NAME, ADDRESS AND LIEN DATE

Second Lienholder

By _____
Signature of Authorized Agent

Date _____



CONTROL NUMBER

30309741

This certificate serves as an official document of the Department of Revenue and prima facie evidence that an application for certificate of title has been made for the vehicle described herein, pursuant to the provisions of the Motor Vehicle laws of this state, and the applicant named on the face hereof has been duly recorded as the lawful owner of the vehicle so described. Further, the said vehicle is subject to the security interest by lien(s) show hereon, if any. But, said described vehicle may be subject to a mechanic's lien or a lien given by statute to the United States, this State or any political subdivision of this State or other encumbrances not required to be filed with this Department.

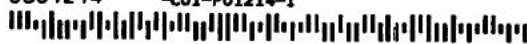
KEEP IN A SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

PLEASE DETACH



01 SP 0.470 **SNGLP T 0927 59102

0001214 -C01-P01214-I



CERTIFICATE OF TITLE FOR A VEHICLE

TITLE NO. [REDACTED] VEHICLE IDENTIFICATION NUMBER [REDACTED] TRANS. CODE 90 DATE ISSUED 06/21/2019
 YR. MODEL [REDACTED] MAKE [REDACTED] MODEL [REDACTED] BODY TYPE [REDACTED] PREV AL. TITLE NO. [REDACTED]
 CYL. NEW USED DEMO PURCHASE DATE NO. LIENS COLOR ODOMETER

NAME(S) AND MAILING ADDRESS OF OWNER(S) [REDACTED] MAIL TO [REDACTED]

RESIDENT ADDRESS IF DIFFERENT [REDACTED]

LEGEND(S) [REDACTED]

1ST LIENHOLDER'S NAME, ADDRESS AND LIEN DATE 05/30/2019

2ND LIENHOLDER'S NAME, ADDRESS AND LIEN DATE

RELEASE OF LIEN
 The holder of Lien on the vehicle described in this Certificate does hereby state that the lien described in said Certificate of Title is released and discharged.

First Lienholder

By Signature of Authorized Agent

Date

Second Lienholder

By Signature of Authorized Agent

Date

CONTROL NUMBER 52068981

This certificate serves as an official document of the Department of Revenue and prima facie evidence that an application for certificate of title has been made for the vehicle described herein, pursuant to the provisions of the Motor Vehicle laws of this state, and the applicant named on the face hereof has been duly recorded as the lawful owner of the vehicle so described. Further, the said vehicle is subject to the security interest by lien(s) show hereon, if any. But, said described vehicle may be subject to a mechanic's lien or a lien given by statute to the United States, this State or any political subdivision of this State or other encumbrances not required to be filed with this Department.

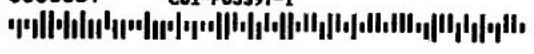


KEEP IN A SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

PLEASE DETACH



01 MB 0.425 **AUTO T3 0 1501 59107-570707
 0003397 -C01-P03397-I



40687

STATE OF ALABAMA
DEPARTMENT OF REVENUE

CERTIFICATE OF TITLE FOR A VEHICLE

TITLE NO. _____ VEHICLE IDENTIFICATION NUMBER _____ TRANS. CODE 90 DATE ISSUED 08/30/2019

YEAR MODEL _____ MAKE _____ MODEL _____ BODY TYPE _____ PREV. AL. TITLE NO. _____

CYL. _____ NEW _____ USED _____ DEMO _____ PURCHASE DATE _____ NO. LIENS _____ COLOR _____ ODOMETER _____

NAME(S) AND MAILING ADDRESS OF OWNER(S) _____ MAIL TO _____

RESIDENT ADDRESS IF DIFFERENT _____

LEGEND(S) _____

RELEASE OF LIEN
The holder of Lien on the vehicle described in this Certificate does hereby state that the lien described in said Certificate and title is released and discharged.

1ST LIEN HOLDER'S NAME, ADDRESS AND LIEN DATE 08/20/2019
SERVISFIRST BANK
2500 WOODCREST PLACE
BIRMINGHAM, AL 35209

2ND LIEN HOLDER'S NAME, ADDRESS AND LIEN DATE _____

By: _____ Signature of Authorized Agent
Date _____

By: _____ Signature of Authorized Agent
Date _____

CONTROL NUMBER 52386576

KEEP IN A SAFE PLACE — ANY ALTERATION OR ERASURE VOIDS THIS TITLE

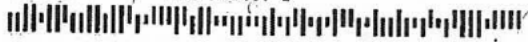
HOLD TO LIGHT TO VIEW WATERMARK

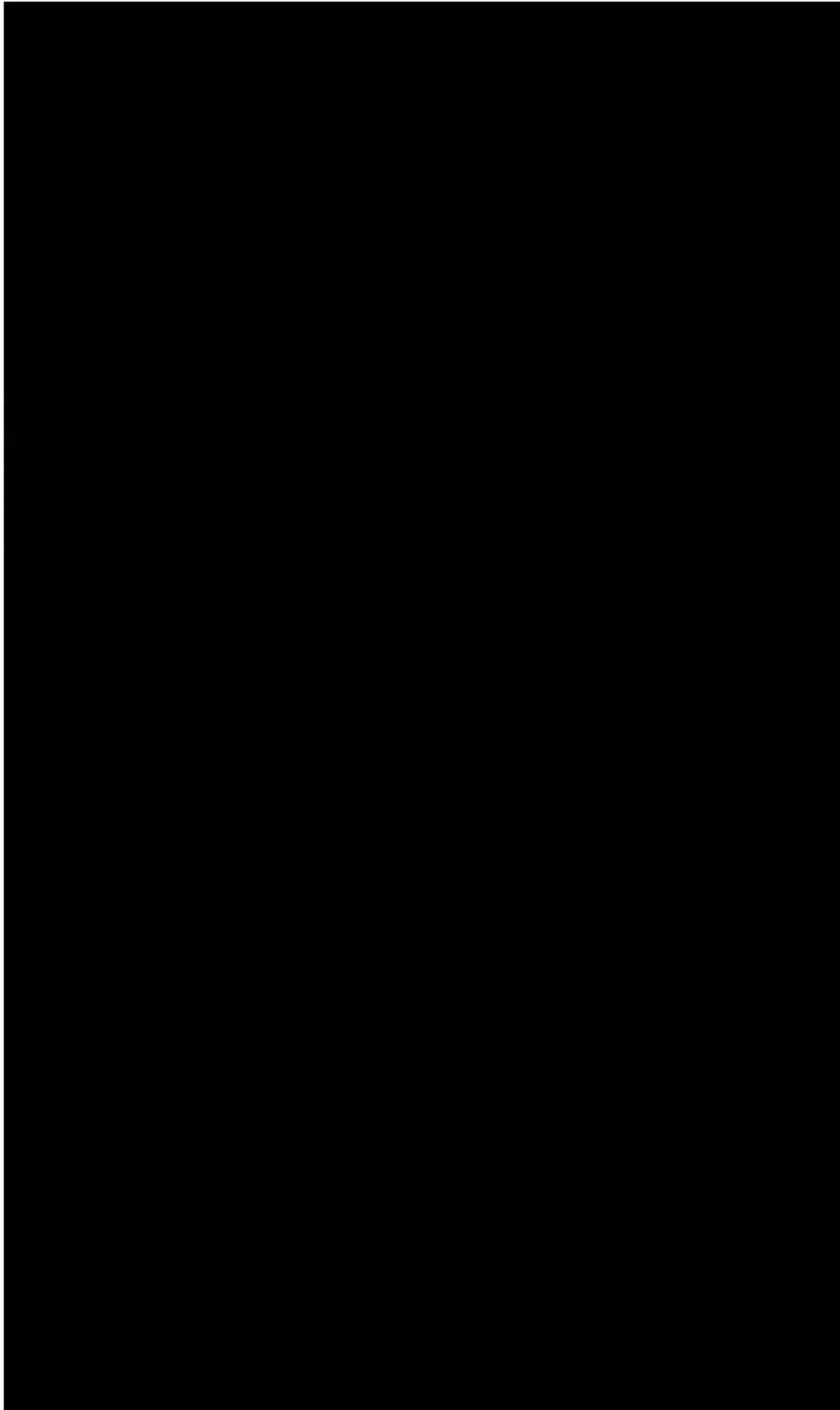
HOLD TO LIGHT TO VIEW WATERMARK

PLEASE DETACH



01 AB 0.409 **AUTO T2 0 1581 35209-137400
0000487 -C01-P00487-1





[The following pages 1-16 are Redacted: Confidential, Proprietary Information regarding security of medical marijuana operation and proprietary business strategies related to the same; redacted for individual and public safety concerns; Redacted information includes highly confidential information regarding the security and transport of medical marijuana, including truck identification (e.g., make, model, color), private financial and banking information, private insurance contract information, and private telephone and address information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

ALABAMA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER [REDACTED]	COMPANY [REDACTED]	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER [REDACTED]		EFFECTIVE DATE [REDACTED]	EXPIRATION DATE [REDACTED]
YEAR [REDACTED]	MAKE/MODEL [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	
AGENCY/COMPANY ISSUING CARD [REDACTED]			
INSURED [REDACTED]			

SEE IMPORTANT NOTICE ON REVERSE SIDE

[The following pages 1-16 are Redacted: Confidential, Proprietary Information regarding security of medical marijuana operation and proprietary business strategies related to the same; redacted for individual and public safety concerns; Redacted information includes highly confidential information regarding the security and transport of medical marijuana, including truck identification (e.g., make, model, color), private financial and banking information, private insurance contract information, and private telephone and address information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

POLICY PROVIDES THE MINIMUM INSURANCE PRESCRIBED BY LAW.

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ALABAMA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY	<input checked="" type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	PERSONAL
[REDACTED]	[REDACTED]				
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE		
[REDACTED]		[REDACTED]	[REDACTED]		
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER			
[REDACTED]	[REDACTED]	[REDACTED]			
AGENCY/COMPANY ISSUING CARD					
[REDACTED]					
INSURED					
[REDACTED]					

SEE IMPORTANT NOTICE ON REVERSE SIDE

[The following pages 1-16 are Redacted: Confidential, Proprietary Information regarding security of medical marijuana operation and proprietary business strategies related to the same; redacted for individual and public safety concerns; Redacted information includes highly confidential information regarding the security and transport of medical marijuana, including truck identification (e.g., make, model, color), private financial and banking information, private insurance contract information, and private telephone and address information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

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POLICY NUMBER [REDACTED]	EFFECTIVE DATE [REDACTED]	EXPIRATION DATE [REDACTED]	
YEAR [REDACTED]	MAKE/MODEL [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	
AGENCY/COMPANY ISSUING CARD [REDACTED]			
INSURED [REDACTED]			

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ALABAMA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER [REDACTED]	COMPANY [REDACTED]	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER [REDACTED]	EFFECTIVE DATE [REDACTED]	EXPIRATION DATE [REDACTED]	
YEAR [REDACTED]	MAKE/MODEL [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	
AGENCY/COMPANY ISSUING CARD [REDACTED]			
INSURED [REDACTED]			

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ALABAMA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

INSURED

SEE IMPORTANT NOTICE ON REVERSE SIDE

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VEHICLE AND PRESENTED UPON DEMAND**

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COMPANY NUMBER [REDACTED]	COMPANY [REDACTED]	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER [REDACTED]	EFFECTIVE DATE [REDACTED]	EXPIRATION DATE [REDACTED]	
YEAR [REDACTED]	MAKE/MODEL [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	
AGENCY/COMPANY ISSUING CARD [REDACTED]			
INSURED [REDACTED]			

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ALABAMA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY	<input checked="" type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	PERSONAL
██████████	██████████				
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE		
		██████████	██████████		
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER			
██████████	██████████	██████████			
AGENCY/COMPANY ISSUING CARD					
██					
INSURED					
██					

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

POLICY PROVIDES THE MINIMUM INSURANCE PRESCRIBED BY LAW.

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ALABAMA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
██████████	██████████		
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE
████████████████████		██████████	██████████
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	
██████████	██████████	████████████████████	
AGENCY/COMPANY ISSUING CARD			
██			
INSURED			
██			

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

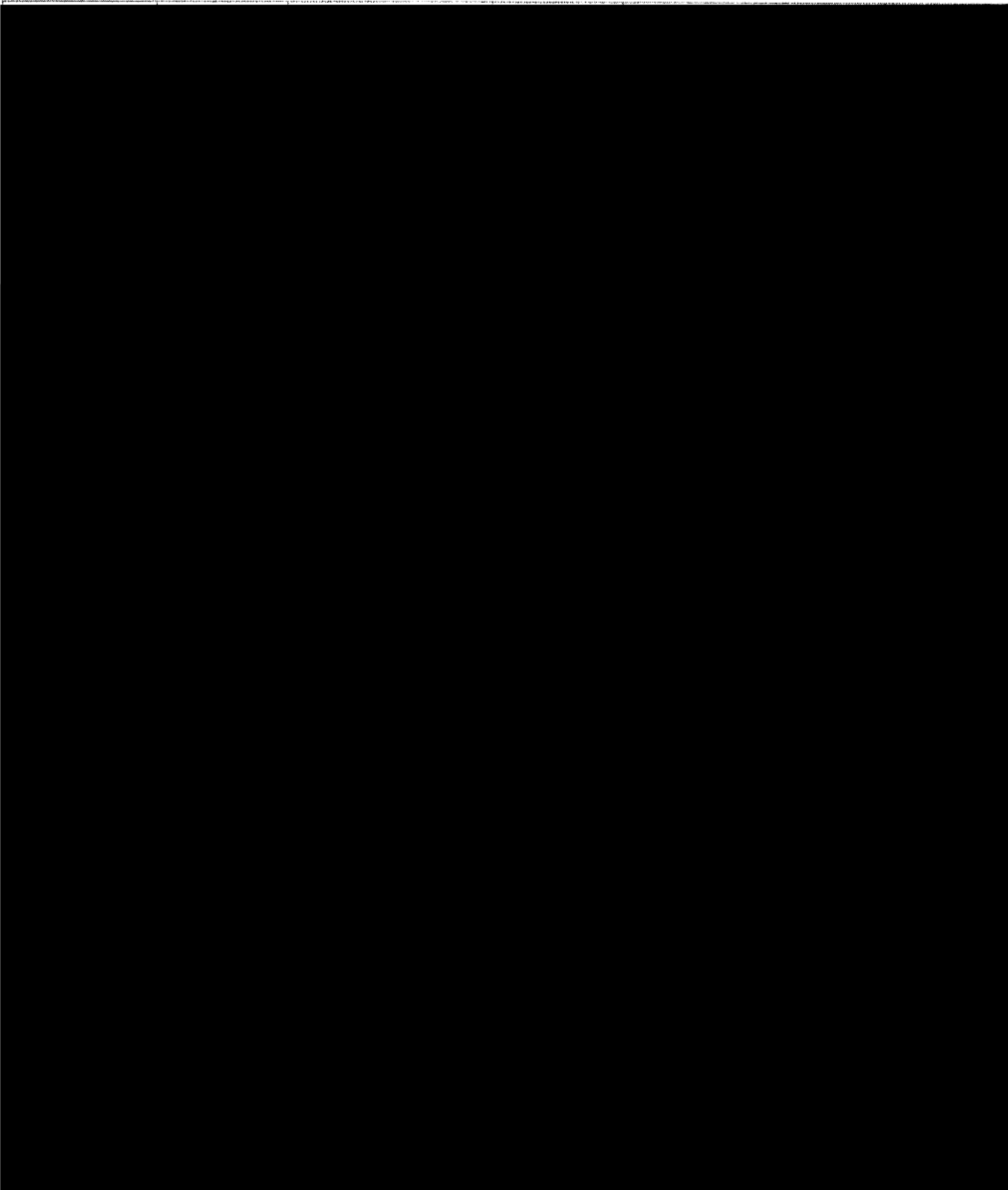
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1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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(The following pages 17-21 are Redacted: Confidential, Proprietary Information regarding security of medical marijuana operation and proprietary business strategies related to the same; redacted for individual and public safety concerns; Redacted information includes highly confidential information regarding the security and transport of medical marijuana, including truck identification (e.g., make, model, color), private financial and banking information, private insurance contract information, and private telephone and address information, because they continue Private address and telephone information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

USDOT Number MC/MX Number Name

Enter Value:

Company Snapshot

PARK SPECIALTIES LLC
USDOT Number: 1413329

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 12/20/2021.

To find out if this entity has a pending insurance cancellation, please [click here](#).

Other Information for this Carrier

- [SMS Results](#)
- [Licensing & Insurance](#)

Entity Type:	CARRIER		
Operating Status:	AUTHORIZED FOR Property	Out of Service Date:	None
Legal Name:	PARK SPECIALTIES LLC		
DBA Name:	SPECIALTY WAREHOUSE LOGISTICS		
Physical Address:	[REDACTED]		
Phone:	[REDACTED]		
Mailing Address:	[REDACTED]		
USDOT Number:	1413329	State Carrier ID Number:	
MC/MX/FF Number(s):	MC-727282	DUNS Number:	--
Power Units:	9	Drivers:	18
MCS-150 Form Date:	12/20/2021	MCS-150 Mileage (Year):	10 (2020)
Operation Classification:			

<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't
<input checked="" type="checkbox"/> Exempt For Hire	Migrant	Local Gov't
<input checked="" type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation
<input checked="" type="checkbox"/> Priv. Pass. (Business)	Fed. Gov't	
Carrier Operation:		
<input checked="" type="checkbox"/> Interstate	Intrastate Only (HM)	Intrastate Only (Non-HM)
Cargo Carried:		
<input checked="" type="checkbox"/> General Freight	Liquids/Gases	Chemicals
<input checked="" type="checkbox"/> Household Goods	Intermodal Cont.	Commodities Dry Bulk
<input checked="" type="checkbox"/> Metal: sheets, coils, rolls	Passengers	Refrigerated Food
<input checked="" type="checkbox"/> Motor Vehicles	Oilfield	Beverages
Drive/Tow away	Equipment	Paper Products
Logs, Poles, Beams, Lumber	Livestock	Utilities
Building Materials	Grain, Feed, Hay	Agricultural/Farm Supplies
Mobile Homes	Coal/Coke	Construction
Machinery, Large Objects	Meat	Water Well
Fresh Produce	Garbage/Refuse	
	US Mail	

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 12/20/2021

Total Inspections: 1
Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:				
Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	0	1	0	0

Out of Service	0	1	0	0
Out of Service %	%	100%	%	0%
Nat'l Average % as of DATE 11/26/2021*	20.98%	5.68%	4.43%	N/A

*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Crashes reported to FMCSA by states for 24 months prior to: 12/20/2021

Note: Crashes listed represent a motor carrier’s involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	1	1

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 12/20/2021

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:

Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 12/20/2021

Note: Crashes listed represent a motor carrier’s involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 12/20/2021

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

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Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)

Exhibit 14-Compliance with Alabama Public Services 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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

The State of Alabama requires compliance with federal DOT requirements. We have an active DOT and MC that authorizes us to haul general commodities and household goods within the state of Alabama and the rest of the lower 48 States. Park Transfer and Storage is currently approved to haul household goods intrastate through the Alabama Public Service Commission. See attachment 14.2. We have also applied for motor carrier certificate with the Alabama Public Service Commission for general commodities. Application in progress with completion expected 90 before the award of license. See Attachment 14.3

14.1 Attachment Federal MC Number

14.2 Intrastate Authority

14.3 Application for Motor Carrier Certificate and Proof of Payment

14.4 Verification of Compliance with Alabama Public Service Commission

--	--	--

USDOT Number MC/MX Number Name

Enter Value:

Company Snapshot

PARK SPECIALTIES LLC
 USDOT Number: 1413329

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to SAFER General Help.

The information below reflects the content of the FMCSA management information systems as of 12/20/2021.

To find out if this entity has a pending insurance cancellation, please click here.

Other Information for this Carrier

- [SMS Results](#)
- [Licensing & Insurance](#)

Entity Type:	CARRIER		
Operating Status:	AUTHORIZED FOR Property	Out of Service Date:	None
Legal Name:	PARK SPECIALTIES LLC		
DBA Name:	SPECIALTY WAREHOUSE LOGISTICS		
Physical Address:	[REDACTED]		
Phone:	[REDACTED]		
Mailing Address:	[REDACTED]		
USDOT Number:	1413329	State Carrier ID Number:	
MC/MX/FF Number(s):	MC-727282	DUNS Number:	--
Power Units:	9	Drivers:	18
MCS-150 Form Date:	12/20/2021	MCS-150 Mileage (Year):	10 (2020)
Operation Classification:			

[Redacted: Confidential, Proprietary Information regarding private enterprise liability 1.8, § 36-12-40, et seq., Code of Alabama 1975]

<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't
<input checked="" type="checkbox"/> Exempt For Hire	Migrant	Local Gov't
<input checked="" type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation
<input checked="" type="checkbox"/> Priv. Pass. (Business)	Fed. Gov't	
Carrier Operation:		
<input checked="" type="checkbox"/> Interstate	Intrastate Only (HM)	Intrastate Only (Non-HM)
Cargo Carried:		
<input checked="" type="checkbox"/> General Freight	Liquids/Gases	Chemicals
<input checked="" type="checkbox"/> Household Goods	Intermodal Cont.	Commodities Dry Bulk
<input checked="" type="checkbox"/> Metal: sheets, coils, rolls	Passengers	Refrigerated Food
<input checked="" type="checkbox"/> Motor Vehicles	Oilfield	Beverages
Drive/Tow away	Equipment	Paper Products
Logs, Poles, Beams, Lumber	Livestock	Utilities
Building Materials	Grain, Feed, Hay	Agricultural/Farm Supplies
Mobile Homes	Coal/Coke	Construction
Machinery, Large Objects	Meat	Water Well
Fresh Produce	Garbage/Refuse	
	US Mail	

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 12/20/2021

Total Inspections: 1
Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:				
Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	0	1	0	0

Out of Service	0	1	0	0
Out of Service %	%	100%	%	0%
Nat'l Average % as of DATE 11/26/2021*	20.98%	5.68%	4.43%	N/A

*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Crashes reported to FMCSA by states for 24 months prior to: 12/20/2021

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	1	1

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 12/20/2021

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:

Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 12/20/2021

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 12/20/2021

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

[SAFER Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#)

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)

MF-APSC 20

Supplement 20
And Tariff 1 contain all changes.

**Supplement No. 20
to
TARIFF 1**

PARK TRANSFER & STORAGE COMPANY, INC.

Certificate No. 661

RATES

APPLYING ON

HOUSEHOLD GOODS

BETWEEN

POINTS IN ALABAMA

APPLICABLE ON ALABAMA INTRASTATE TRAFFIC ONLY

For reference to Governing Publications, see Item 15.

ISSUED: SEPTEMBER 26, 2022

EFFECTIVE: OCTOBER 29, 2022

Issued By
Brian Henry, President
802 41st Street N
Birmingham, AL 35212

Supplement 20 to TARIFF 1

SECTION 2
 ADDITIONAL SERVICES
 (For Application, See Item 300)

ITEM	SUBJECT	PER	RATES (In dollars and cents)
350 (N)	PACKING CONTAINER CHARGE: (When furnished to the shipper by carrier includes container and materials, which remain the property of the consignee.		
	DRUM, DISH-PACK (drum, dish-pack, barrel or other specially designed containers of not less than 5 cu. ft. capacity for use in packing glassware, chinaware, bric-a-brac, table lamps or similar fragile articles)	Each	
	CARTONS:		
	Less than 3 cu. ft. (Not less than 200 lb. test) . .	Each	
	3 cu. ft. (Not less than 200 lb. test)	Each	
	4-1/2 cu. ft. (Not less than 200 lb. test)	Each	
	6 cu. ft. (Not less than 200 lb. test)	Each	
	6-1/2 cu. ft. (Not less than 275 lb. test)	Each	
	WARDROBE CARTON not less than 10 cu. ft.	Each	
	GRANDFATHER CLOCK CARTON	Each	
	MATTRESS CARTON, CRIB	Each	
	MATTRESS CARTON (Not exceeding 39" x 75")	Each	
	MATTRESS CARTON (Not exceeding 54" x 75")	Each	
	MATTRESS CARTON (Exceeding 54" x 75")	Each	
	MATTRESS CARTON (39" x 80")	Each	
	MATTRESS COVER (Paper or Plastic)	Each	
	PACKING CONTAINER CHARGE: (When furnished to the shipper by carrier includes container and materials, which remain the property of the consignee).		
	CORRUGATED CONTAINERS: (Specially designed or constructed for mirrors, paintings, glass or marble tops and similar fragile articles)	Each	
	CRATES: (other than corrugated, specially constructed for mirrors, paintings, glass or marble tops and similar fragile articles)	Cu. Ft. or fraction thereof	
	Gross measurement of crate	Each	
Minimum charge of crate	Each		
TV	Container		
NOTE 1-When cartons of more than 3 cu. ft. capacity are used and no rate is shown for the size carton used, charges shall be based on the rate for the next lower size carton shown.			
NOTE 2-Cubical content must be shown on all cartons.			
NOTE 3-In applying charge for mattress cartons, if the size furnished exceeds the dimensions for which charges are shown, the charge for the next greater size shall apply.			
NOTE 4-The packing service charge for crates (specially constructed for mirrors, paintings, glass or marble tops and similar fragile articles) includes packing and the construction of such special crates and containers, which remain the property of the consignee.			

(Redacted: Confidential, Proprietary financial Information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)

For explanation of abbreviations and reference marks, see last page of Tariff.

Supplement 20 to TARIFF 1

SECTION 2
 ADDITIONAL SERVICES
 (For Application, See Item 300)

ITEM	SUBJECT	PER	RATES REGULAR TIME (In dollars and cents)	RATES OVERTIME (In dollars and cents)
355 (N)	PACKING (rates include only the packing service of carrier furnished containers)			
	DRUM, DISH-PACK (drum, dish-pack, barrel or other specially designed containers of not less than 5 cu. ft. capacity for use in packing glassware, chinaware, bric-a-brac, table lamps or similar fragile articles)	Each		
	CARTONS:			
	Less than 3 cu. ft. (Not less than 200 lb. test)	Each		
	3 cu. ft. (Not less than 200 lbs. test)	Each		
	4-1/2 cu. ft. (Not less than 200 lb. test)	Each		
	6 cu. ft. (Not less than 200 lb. test)	Each		
	6-1/2 cu. ft. (Not less than 275 lb. test)	Each		
	WARDROBE CARTON not less than 10 cu. ft.	Each		
	GRANDFATHER CLOCK CARTON	Each		
	MATTRESS CARTON, CRIB	Each		
	MATTRESS CARTON (Not exceeding 39" x 75")	Each		
	MATTRESS CARTON (Not exceeding 54" x 75")	Each		
	MATTRESS CARTON (Exceeding 54" x 75")	Each		
	MATTRESS CARTON (39" x 80")	Each		
	MATTRESS COVER (Paper or Plastic)	Each		
	CORRUGATED CONTAINERS: (Specially designated or constructed for mirrors, paintings, glass or marble tops and similar fragile articles)	Each		
	CRATES: (Other than corrugated, specially constructed for mirrors, paintings, glass or marble tops and similar fragile articles), See NOTE 4. Gross measurement of crate Minimum charge per crate	Cu. Ft. or frac- tion thereof Each		
	TV			

(Redacted: Confidential, Proprietary financial Information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)

(Concluded on following page)

For explanation of abbreviations and reference marks, see last page of Tariff.

Supplement 20 to TARIFF 1

**SECTION 4
DISTANCE TRANSPORTATION RATES**

ITEM 450 (N)

APPLICATION

Rates published in this section are stated in dollars and cents per 100 lbs. applied to actual weight or constructive weight (subject to minimum weights as provided in applicable rules) and includes loading and unloading and the actual movement of the property from origin to destination, but does not include Additional Services provided in Section 2.

BREAK POINT indicates weight at which a lower charge develops by use of lowest weight and applicable rate in next higher weight bracket. (See Item 25).

HOURLY RATES. For charges to apply on shipments moving a distance of 30 miles or less, see Section 3.

For method of canceling items, see Item 45.

Booking commission rate of 20% for applicable moves (NOTE A: Booking commission rate for Atlas Van Line partners only)

Minimum lbs per miles:
31-70 miles 4,000 lbs
71-170 miles 5,000 lbs
171-600 miles 6,000 lbs

For explanation of abbreviations and reference marks, see last page of Tariff.

Supplement 20 to TARIFF 1

SECTION 4
 DISTANCE TRANSPORTATION RATES
 (For Application, See Item 450)

ITEM 500 (A)
 COMMODITIES, as described in Item 205.

MILES					4,000	8,000	12,000	16,000
					LBS TO 7,999 LBS	BREAK POINT	LBS TO 11,999 LBS	BREAK POINT
31-40								
41-50								
51-60								
61-70								
71-80								
81-90								
91-100								
101-110								
111-120								
121-130								
131-140								
141-150								
151-160								
161-170								
171-180								
181-190								
191-200								
201-220								
221-240								
241-260								
261-280								
281-300								
301-320								
321-340								
341-360								
361-380								
381-400								
401-420								
421-440								
441-460								
461-480								
481-500								
501-520								
521-540								
541-560								
561-580								
581-600								

(Redacted:
 Confidential,
 Proprietary
 financial
 Information.
 See App. Guide
 1.8, § 36-12-40,
 et seq., Code of
 Alabama 1975)

For explanation of abbreviations and reference marks, see last page of Tariff.

APSC FORM NO. **14A**
(Property, except household goods)

DOCKET NO. _____
(Commission use only)

APPLICATION FOR MOTOR CARRIER CERTIFICATE
Before the
ALABAMA PUBLIC SERVICE COMMISSION

This Application is being filed as a result of the Federal Aviation Administration Authorization Act of 1994, and the applicant claims the benefits and privileges of said Act.

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the **\$100.00** filing fee (cashier's check or money order) with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

SECTION I

Applicant PARK TRANSFER + STORAGE CO. INC
(Legal name)

Doing Business as PARK SPECIALTIES

Business Address _____

Mailing Address _____

(City) (State) (Zip Code)

(TELEPHONE NUMBER) (FACSIMILE NUMBER) (TELETYPE NUMBER)

Applicant seeks a Certificate to transport property between all points in the State of Alabama, except household goods. (Household goods requires a separate application)

SECTION II

FORM OF BUSINESS (Check only one):

- CORPORATION LIMITED LIABILITY COMPANY (LLC)
- LIMITED PARTNERSHIP (LP) LIMITED LIABILITY PARTNERSHIP (LLP)
- SOLE PROPRIETORSHIP
- PARTNERSHIP (Identify partners) _____
- OTHER (identify) _____

(Redacted: Confidential, Address Information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)

SECTION II Continued

Out of State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnerships (LLP) must register with the Alabama Secretary of State.

Alabama corporation, LLC, LP, or LLP,

OR

Out of State Corporation, LLC, LP, or LLP

State of Organization: _____

Attach Certificate of Registration from the
Alabama Secretary of State

Copy of Articles of Incorporation or Articles of Organization is attached as Appendix "A" or is already on file with the Alabama Public Service Commission.

If you have been issued a U.S.D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certificate number, provide it here:

USDO:

MC:

AP:

Applicant proposes to use approximately (number of) 9 motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity).

SECTION III

- Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission. (Form E and Form H are provided by the Insurance Company)
- \$100.00 filing fee paid (cashier's check or money order only)
- A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C."
- Applicant has attached hereto a Unified Carrier Registration (UCR) receipt for current year
Or Form B-2, application for registration number with statutory fee of \$6.00 per vehicle.

SECTION IV

- Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D."
- OR**
- Applicant has attached as Appendix "D" a description of its safety program that shows compliance with requirements of the Commission's rules and/or the rules of the United States Department of Transportation.

SECTION V

Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property.

SECTION VI

Name and address of the contact person that can answer questions about this application or supply additional information:

BRIAN HENRY

(Name)

[Redacted Address]

(Address)

[Redacted City, State, Zip Code]

(City) (State) (Zip Code)

[Redacted Telephone Number]

(Telephone Number)

[Redacted Facsimile Number]

(Facsimile Number)

[Redacted Email Address]

(Email Address)

(Redacted: Confidential, Address Information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)

OATH

County of Jefferson

State of ALABAMA

Name of Affiant BRIAN HENRY

being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) PARK TRANSPORT SRS. CO. INC. that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief and that he/she is a United States Citizen.

(Signature of Affiant)

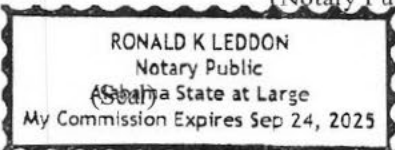
[Handwritten Signature]

Subscribed and sworn to before me, a notary in and for said State and County above named.

Date: 3/1/2023

(Notary Public)

[Handwritten Signature]



My Commission Expires: 09/24/2025

APPENDIX "B" MOTOR VEHICLE LIST

(Redacted: Confidential, Address Information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)

TO: ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, AL 36130

LEGAL NAME: PARK TRANSFER + STORAGE Co. INC.

MAILING ADDRESS [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

The above mentioned carrier hereby describes that the following vehicles are used in Motor Carrier operations:

MAKE	CAPACITY	MODEL	TAG NUMBER	VIN NUMBER (Last 10 Digits)
ATTACHED				

Attach additional sheet if needed or list provided by Company

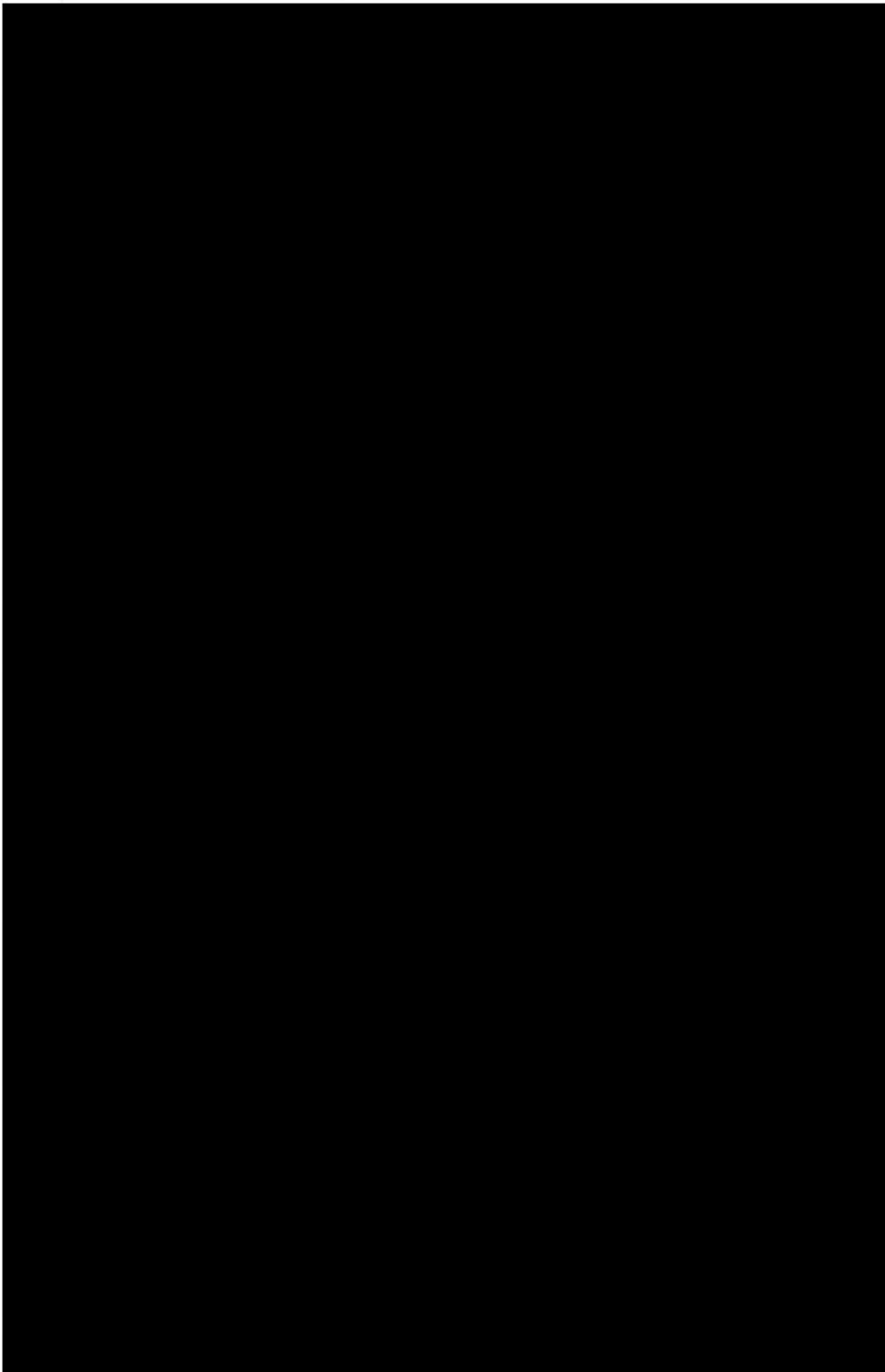
I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above carrier. I further understand that this list must be maintained in accordance with Alabama Public Service Commission rules and must be furnished to the Alabama Public Service Commission upon request.

[Signature]
(Signature)

PRESIDENT 2/28/23
(Title) (Date)

License Type: Secure Transporter

(Redacted: Confidential, Proprietary
financial information. See App. Guide
1.8, § 36-12-40,
et seq., Code of Alabama 1975)



(Redacted: Confidential, Proprietary financial Information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)

APPENDIX "C" FINANCIAL STATEMENT

A financial statement (balance sheet and income/expense statement) for the most recent tax year may be used in lieu of this document.

NET WORTH

ASSETS:

- Cash on Hand
- Checking Account Balance
- Money in Savings Accounts
- Market Value of Home(s)
- Market Value of Businesses
- Furniture, Equipment, etc
- Resale Value of Automobiles
- Money owed to you
- Certificates of Deposit (CDs)
- Stocks/Bonds/Mutual Funds
- Other:

TOTAL ASSETS:

LIABILITIES:

- Mortgage and/or Real Estate Loan
- Utilities
- Maintenance Bills
- Payroll
- Automobile Loan(s)
- Installment Contracts
- Credit Card Debts
- Loans
- Judgments
- Cash Advances
- Taxes Owed
- Medical Bills
- Other:

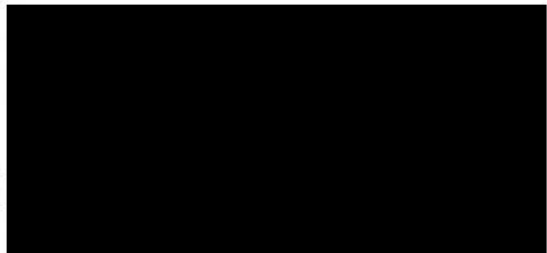
TOTAL LIABILITIES:

To find net worth:

TOTAL ASSETS

(Subtract) TOTAL LIABILITES

THIS IS YOUR NET WORTH



APPENDIX "D"
DESCRIPTION OF SAFETY PROGRAM

As the PRESIDENT with/of PARK TRANSFER + STORAGE CO. INC
(Title) (Name of Applicant Company)

I am fully familiar with my company's operations and herein verify that

PARK TRANSFER + STORAGE CO INC has in place a program to ensure substantial
(Name of Applicant Company)

compliance with all applicable safety rules and regulations of the Alabama Public Service

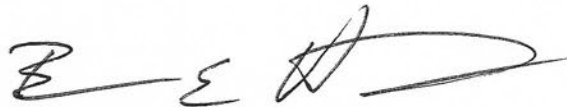
Commission, as well as those of the United States Department of Transportation. In addition to

all other requirements, PARK TRANSFER + STORAGE CO INC specifically
(Name of Applicant Company)

maintains: files on each driver with all required driver forms and information; files on each

vehicle with all required forms including maintenance and safety inspection records; and all

required written records of drivers' hours.



(Signature of Company Representative)

BRIAN E HENRY

(Printed Name of Company Representative)

FORM B-2

(Redacted: Confidential, Address Information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)

VEHICLE REGISTRATION NUMBERS FOR COMPENSATED INTRASTATE-ONLY MOTOR CARRIERS

TO: ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, AL 36130

LEGAL NAME: PARK TRANSFER + STORAGE Co INC

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

APSC CERTIFICATE NO.: 661, OR PERMIT NO.: _____

The above described applicant hereby applies for issuance of Vehicle Registration Numbers at \$6.00 each for the following identified vehicles.

<u>MAKE</u>	<u>MODEL</u>	<u>VIN NUMBER</u> (Last 10 Digits)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The applicant hereby acknowledges and understands Rule 3 of the Alabama Public Service Commission's Motor Carrier General Orders and Regulations Pamphlet No. 2003, as amended, as it pertains to the display of Registration Number, and Title 37, Chapter 3, Section 32(5)a, and as it pertains to the transferability of these numbers between vehicles.

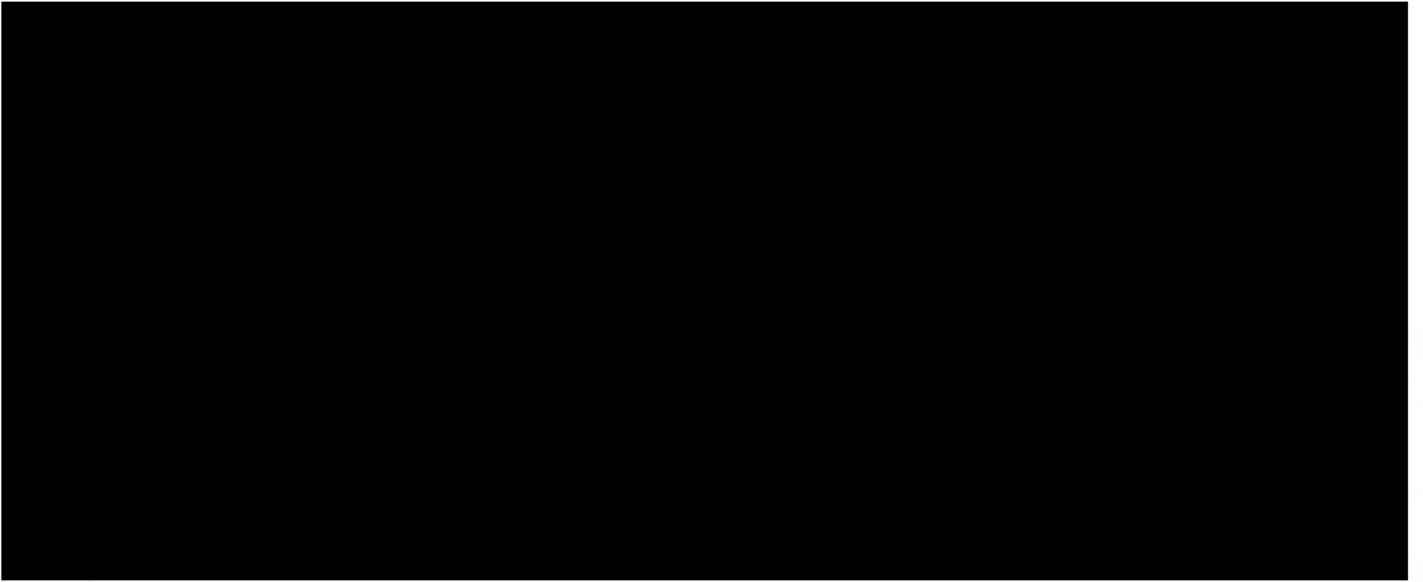
I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

NOTE: The fee for Registration Numbers is \$6.00 each. Payment must be made by cashier's check, certified check, or money order.

B E W
(Signature)

PRESIDENT
(Title) 2/28/23
(Date)

Redacted: Confidential, Redacted information includes highly confidential information regarding the security and transport of medical marijuana, including truck identification (e.g., make, model, color), See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)





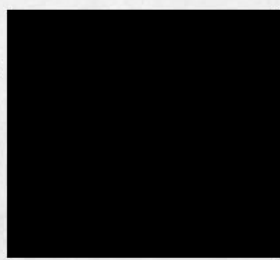
Official Check
License Type: Secure Transporter

DATE: 3/01/23

REMITTER: PARK TRANSFER AND STORAGE

TO: ALABAMA PUBLIC SERVICE COMMISSION

BRANCH:
ORIGINATOR:
TIME:
CK AMT:
FEE AMT:
TOTAL:



NON-NEGOTIABLE



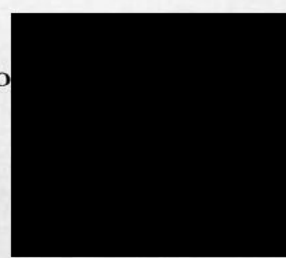
Official Check

DATE: 3/01/23

REMITTER: PARK TRANSFER AND STORAGE

TO: ALABAMA PUBLIC SERVICE COMMISSION

BRANCH:
ORIGINATOR:
TIME:
CK AMT:
FEE AMT:
TOTAL:



NON-NEGOTIABLE

(Redacted: Confidential, Proprietary financial information. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)

VERIFICATION

I, Brian Henry, am an officer of and the Contact Person for XLCR, Inc. (the "Applicant") and am authorized to make this verification on its behalf. I have reviewed the Alabama Public Service Commission (the "APSC") requirements for, inter alia, intrastate motor carriers, having discussed the same with Applicant's advisors and consultants, and I hereby verify that, based upon my own knowledge, information and belief, Applicant is substantially compliant with all APSC requirements at this time and shall be fully compliant with the APSC requirements 90 days before any award of an AMCC secured transporter license.

As of the date of this Verification, Applicant has applied and paid for its Motor Carrier Certificate with the Alabama Public Service Commission for General Commodities. The issuance of this certificate will bring Applicant into full compliance with the Alabama Public Service Commission requirements for motor carriers.



Brian Henry

3/2/23

Date

Exhibit 15-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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

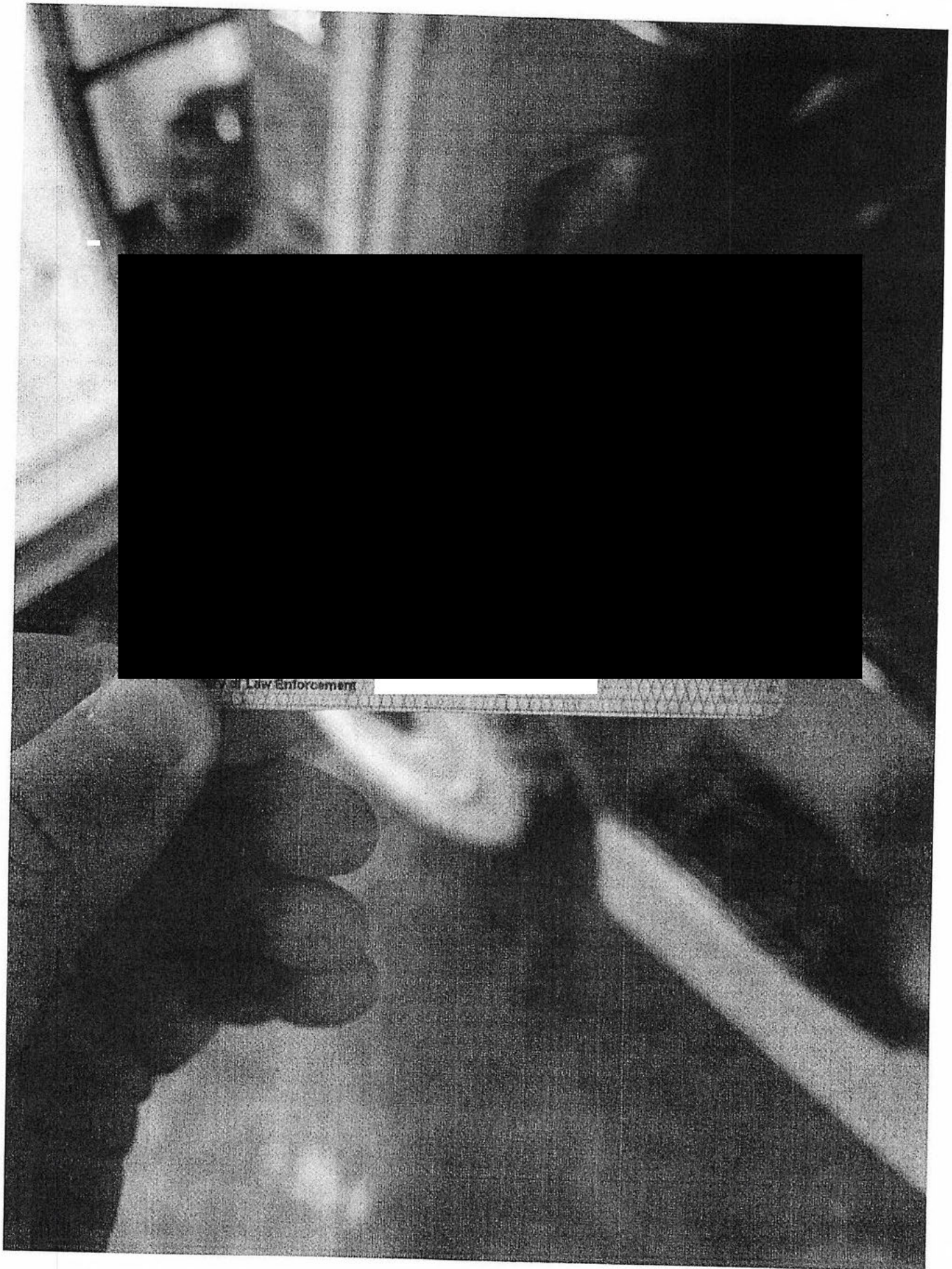
02/27/23

Verification Date

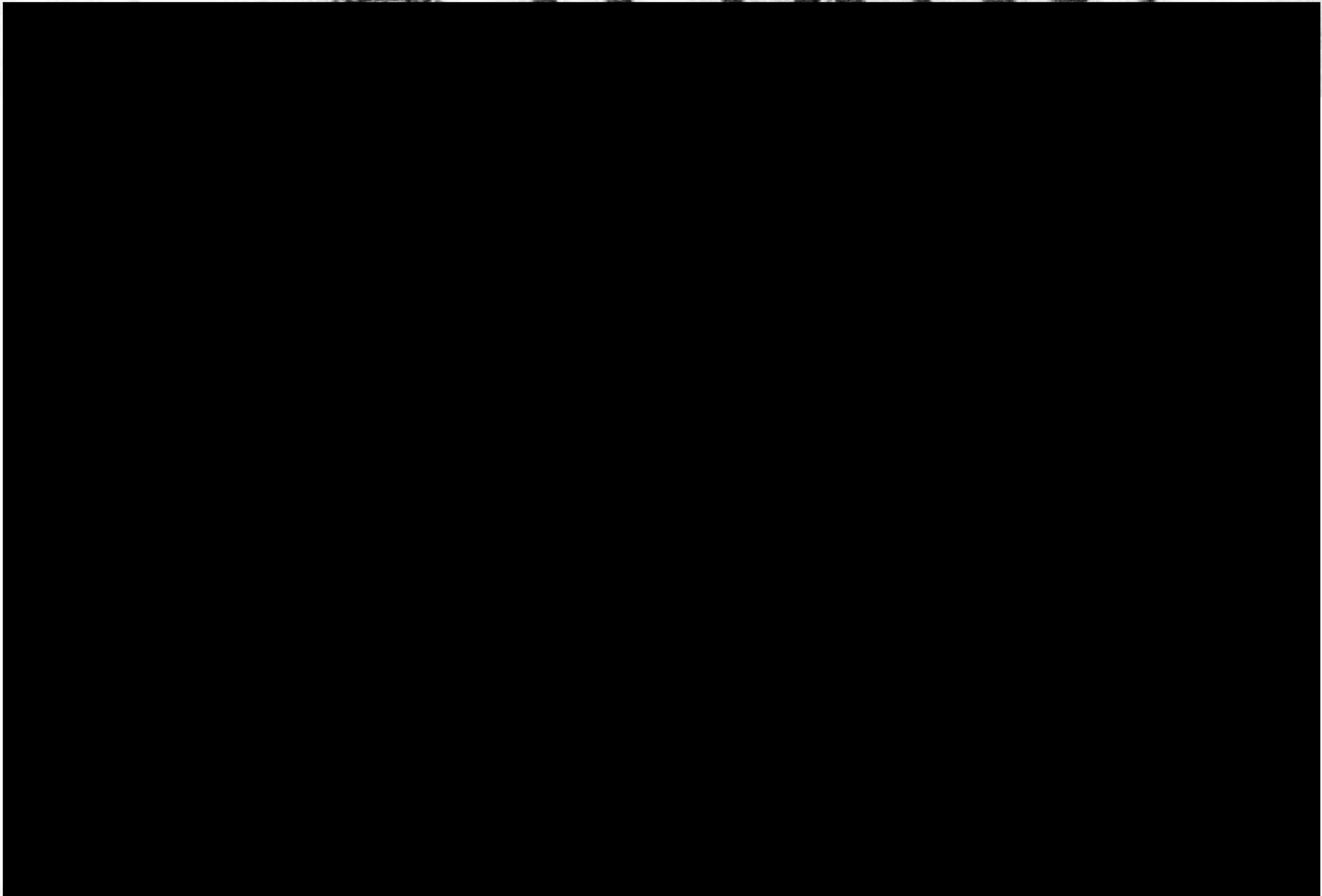
Exhibit 15 – Commercial Driver’s License

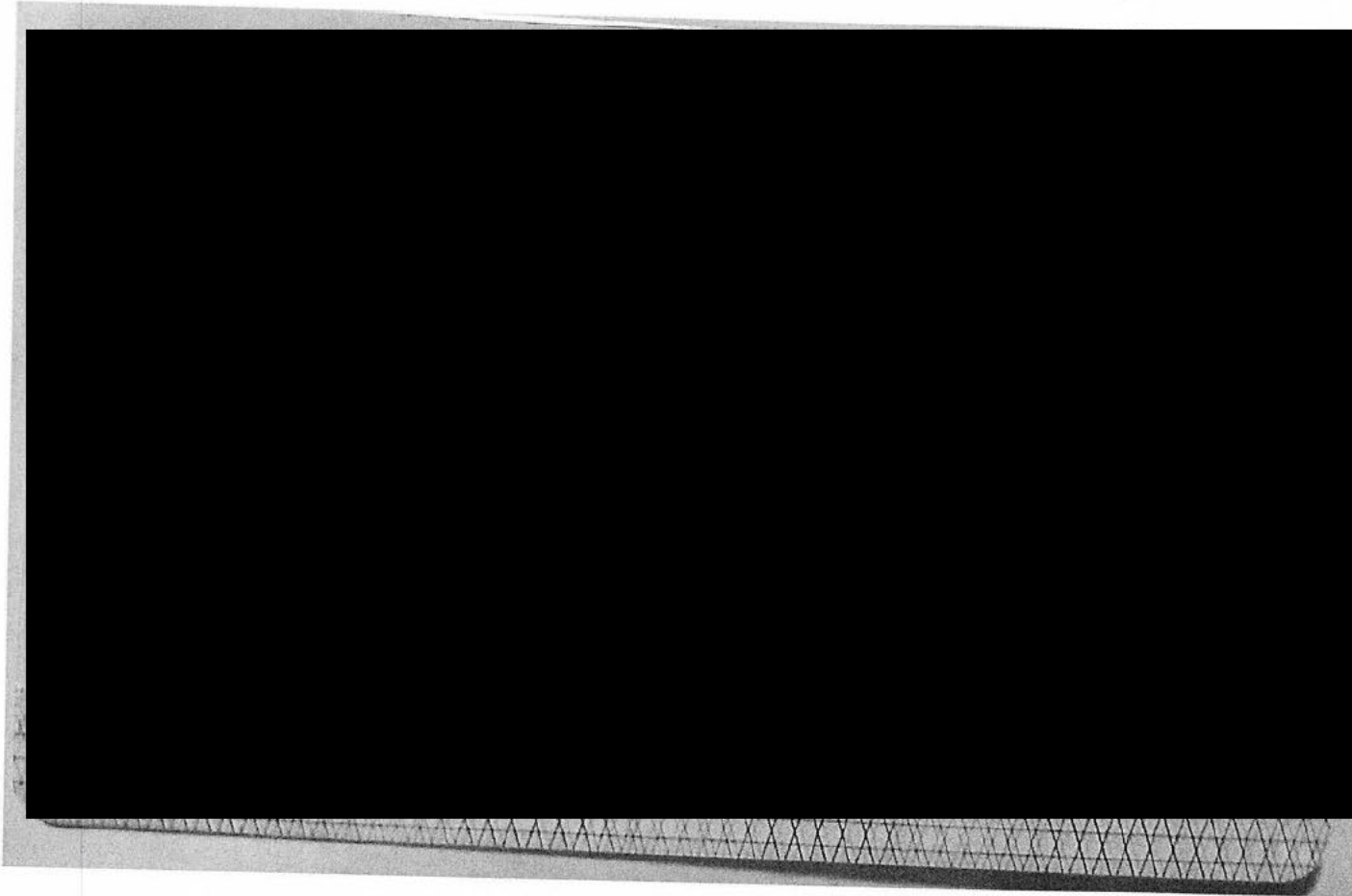
Commercial driver’s licenses are not required to operate most of our vehicles. Our pick up and delivery units are non-CDL rated 26 foot box trucks. We do operate Class A vehicles as an organization and have those capabilities, but outside of waste removal, we will typically be using non-CDL rated vehicles. Attached are our approved licensed drivers, both CDL and non-CDL. All of the drivers are submitted to the federal Department of Transportation drug testing program and clearing house. All drivers have received the required training and will comply with all local, state, and federal laws and regulations that apply to them for as long as they are employed as a driver or employee of the applicant.

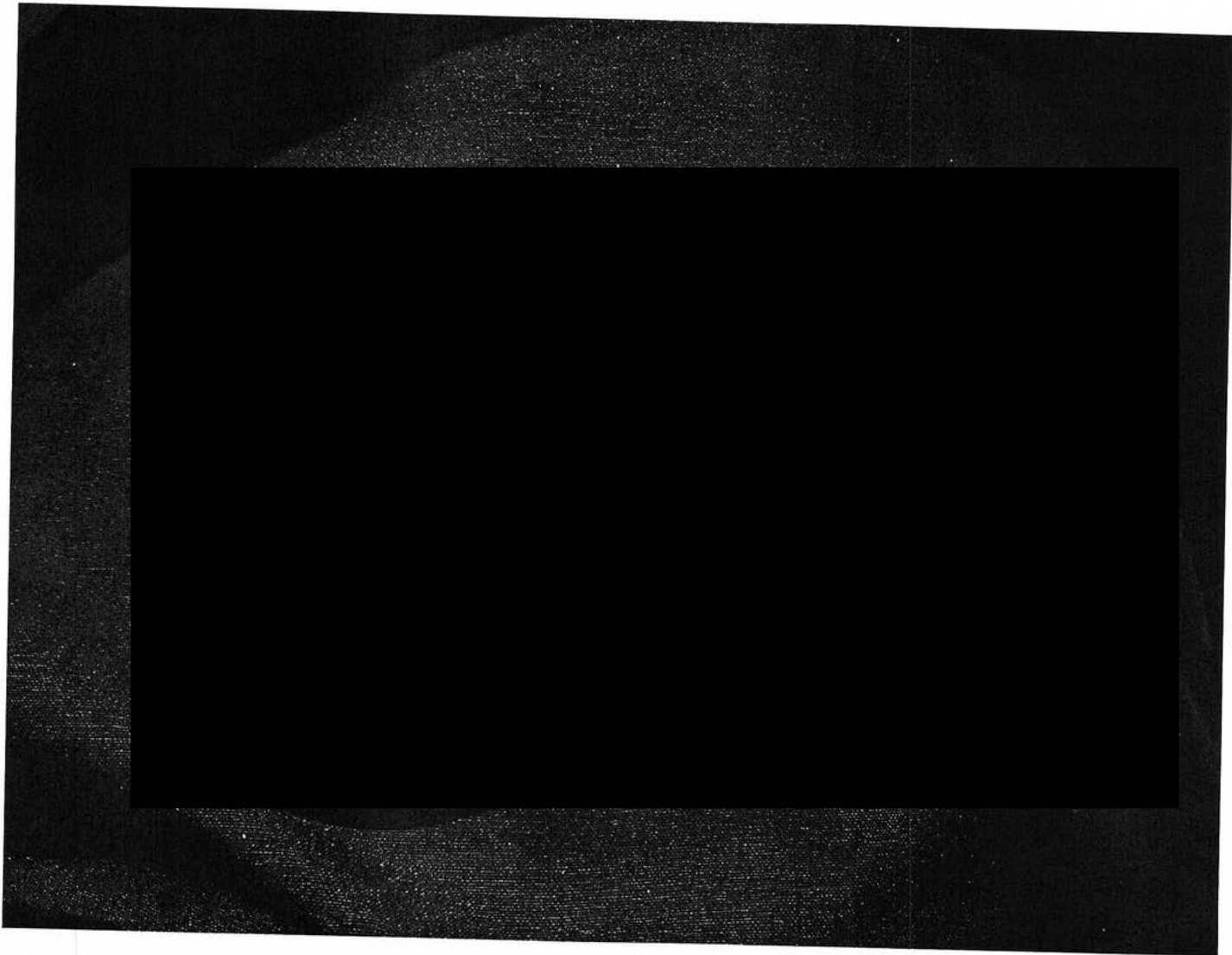
Following Pages 3-8 are [Redacted :
Confidential, Individual Driver's Licenses. See App. Guide
1.8, § 36-12-40, , Code of
Alabama 1975]



COMMERCIAL DRIVER LICENSE







DRIVER LICENSE



ALABAMA



Secretary of Law Enforcement

00000000002806696901



Rev 11-01-2014
5159008 - 0

Exhibit 16-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.

Brian Henry

Printed Name of Verifying Individual

President

Title of Verifying Individual



Signature of Verifying Individual

02/27/23

Verification Date

Exhibit 16 -Fleet Summary

16.1 Fleet Summary Table – VIN - Make and Model

16.2 Fleet Specifications Diagram



[Redacted: Confidential, Proprietary, and Public Safety Information, related to trucks used in distribution and transport of Schedule 1 substance. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

16.2 Fleet Specifications Diagram

XLCR Truck Specifications

[Redacted: Confidential, Proprietary, and Public Safety Information, related to trucks used in distribution and transport of Schedule 1 substance. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

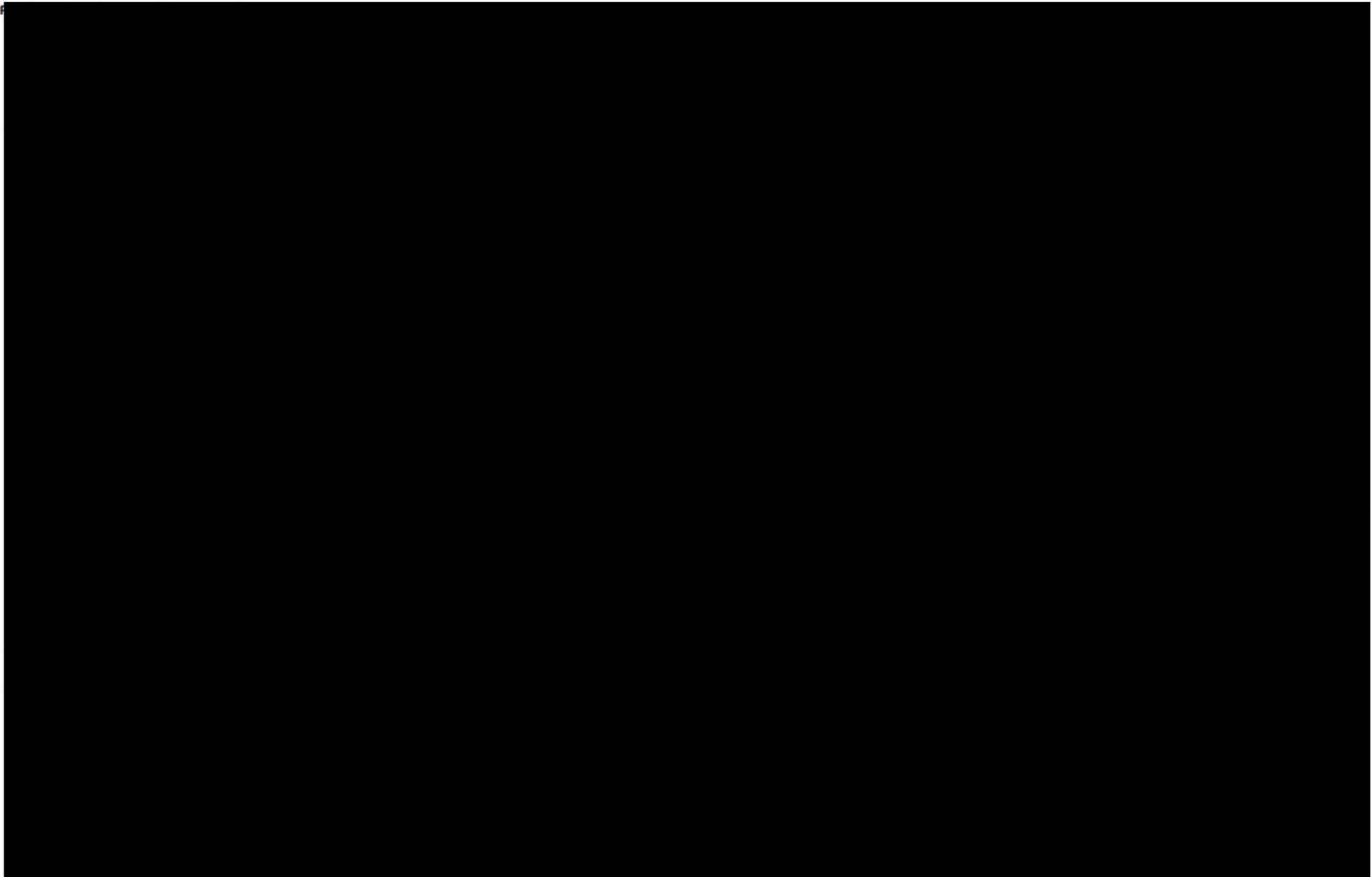


Exhibit 17 – Care and Maintenance of Vehicles

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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

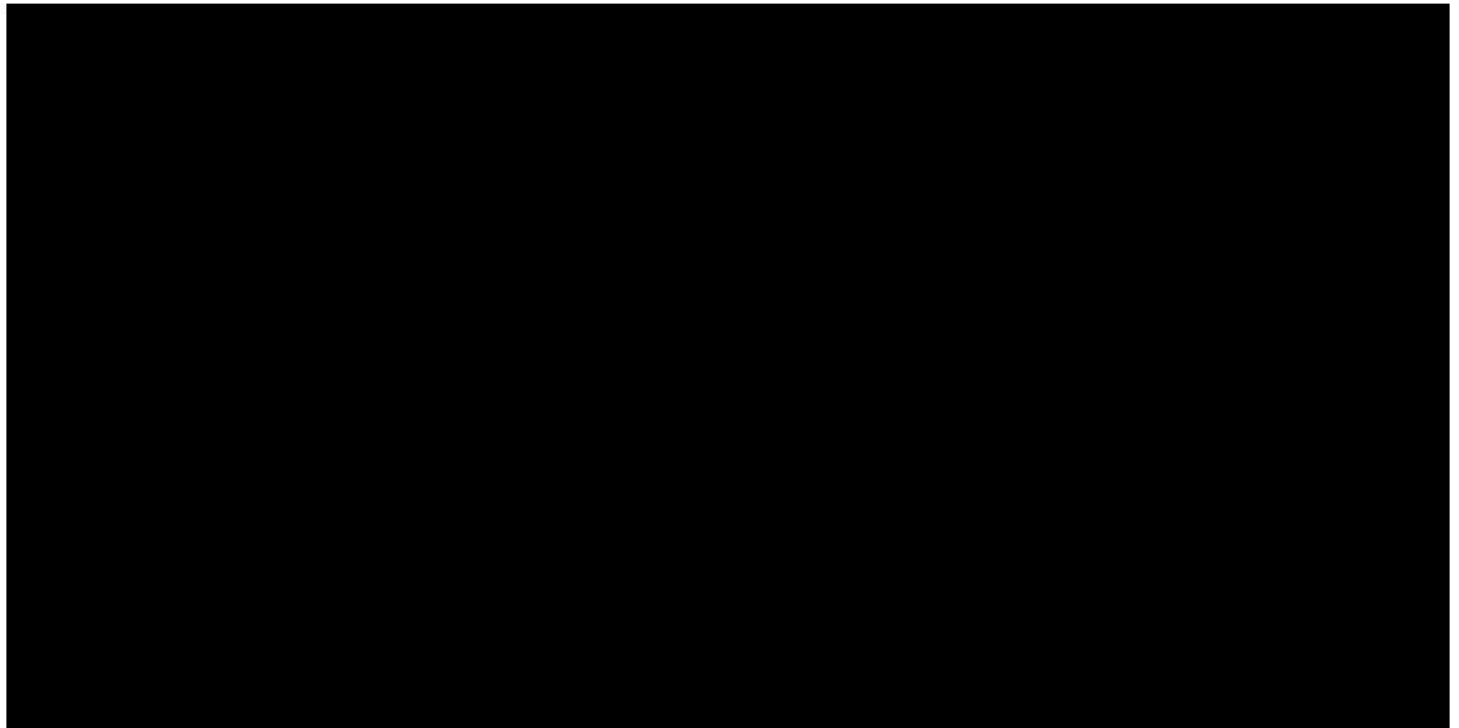
02/27/23

Verification Date

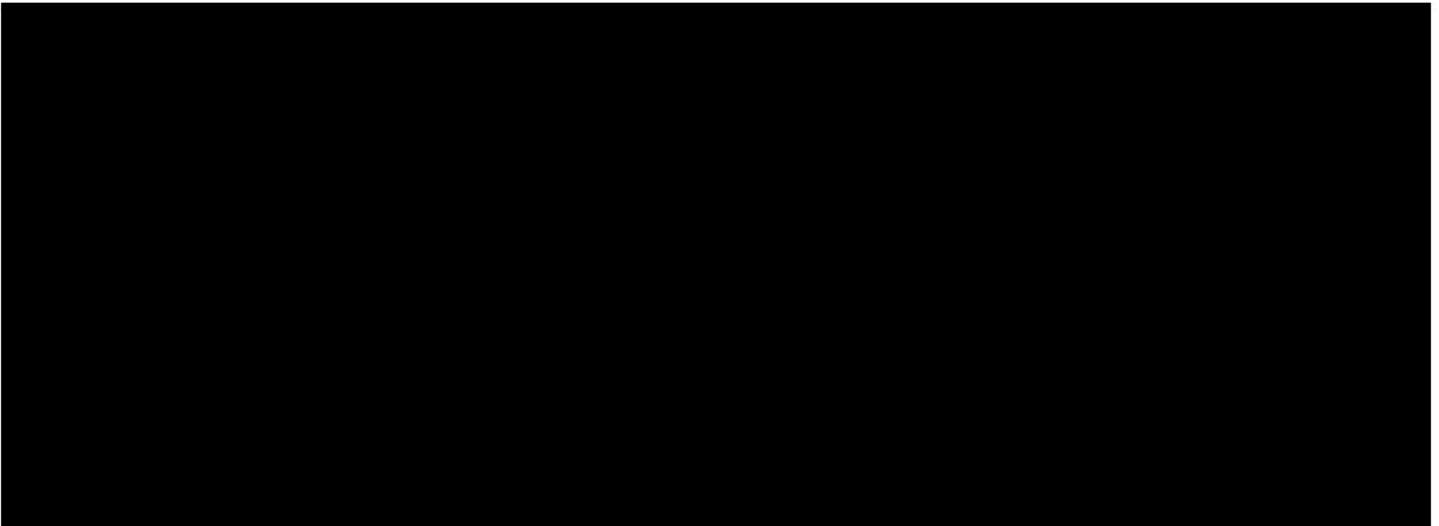
VEHICLE FLEET MAINTENANCE PLAN: XLCR INC. in its continuous development and concern for the safety of its staff and community members has developed this maintenance plan. This is a living document that will be updated on an "as needed" basis and reviewed annually for compliance to new rules, regulations, and laws. This plan is designed to keep all vehicles and related equipment in safe, reliable, and operational condition. It requires management, drivers, and related staff to be well trained and accountable for specific roles.

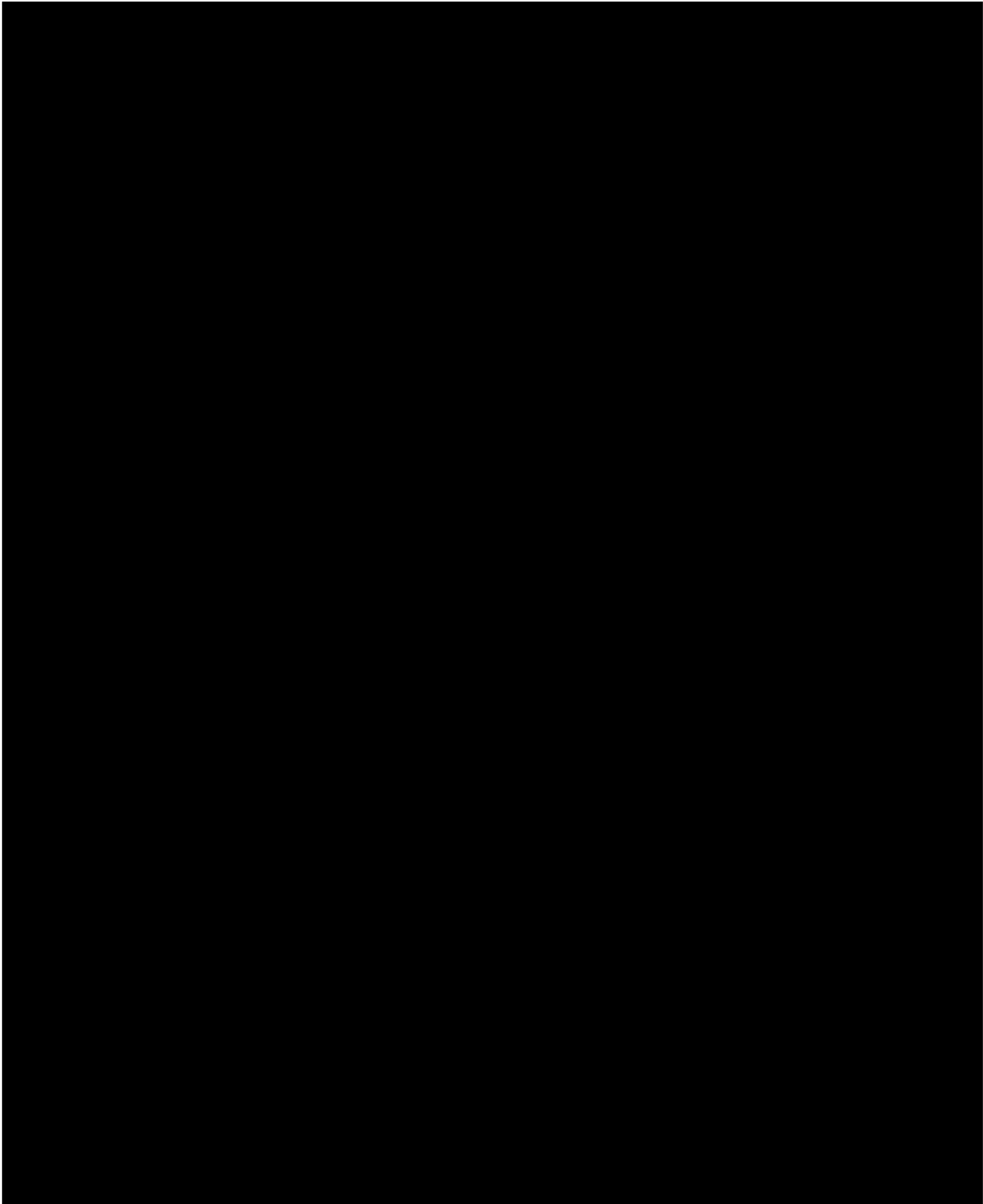
[Redacted: Confidential, Proprietary, and Public Safety Information, related to in distribution and transport of Schedule 1 substance. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

Specific roles

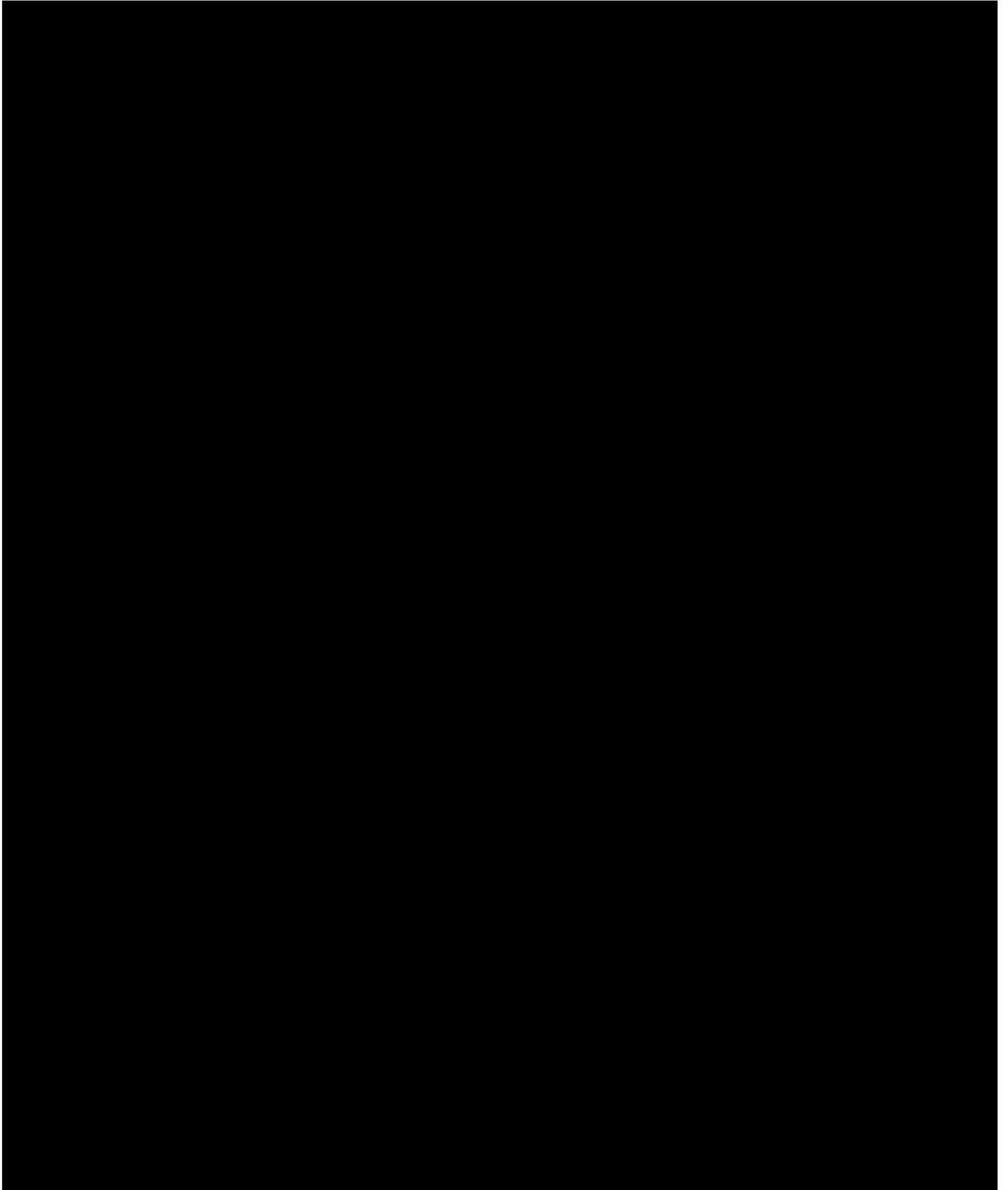


PREVENTIVE MAINTENANCE INSPECTIONS & SERVICES INTRODUCTION Vehicle and

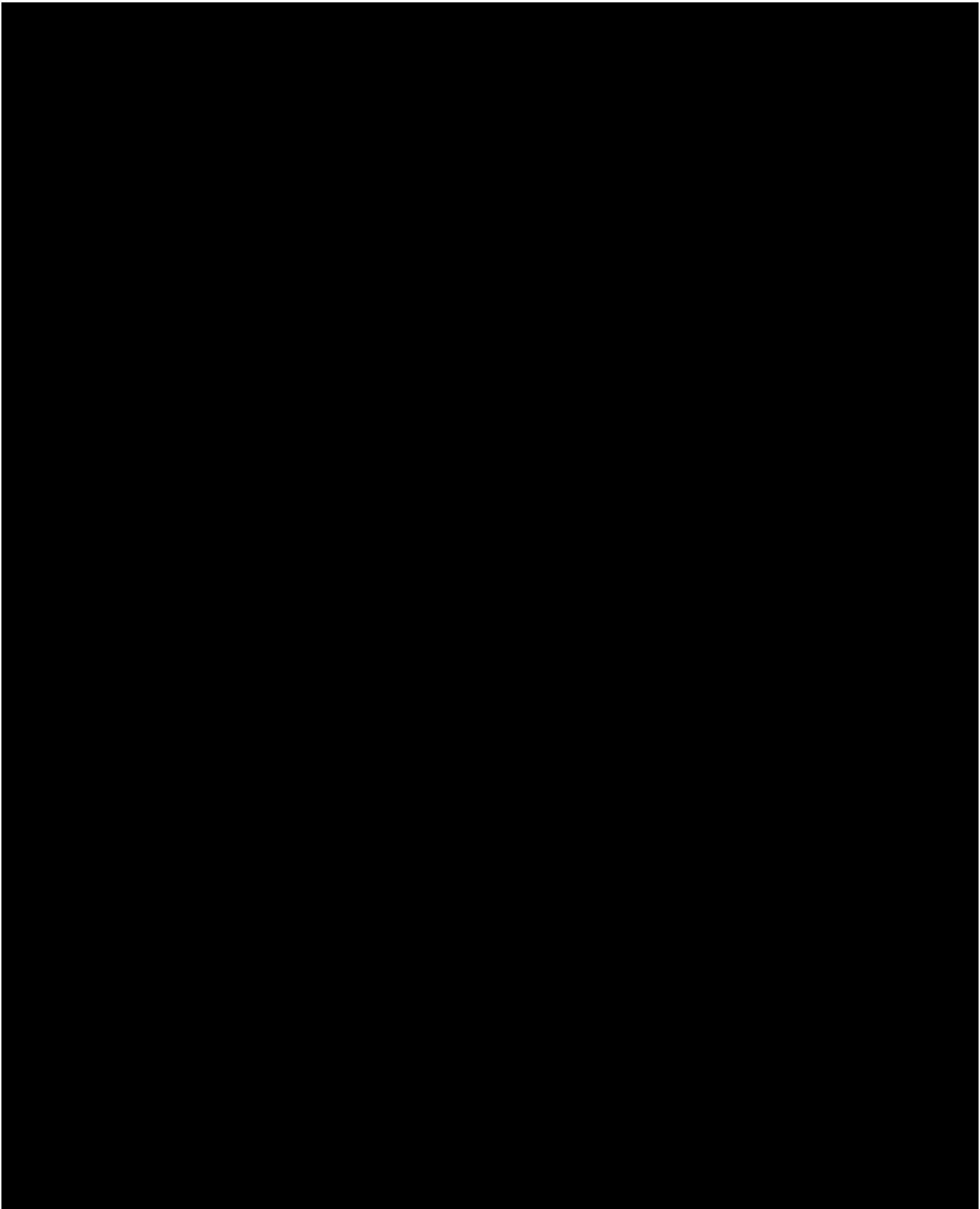




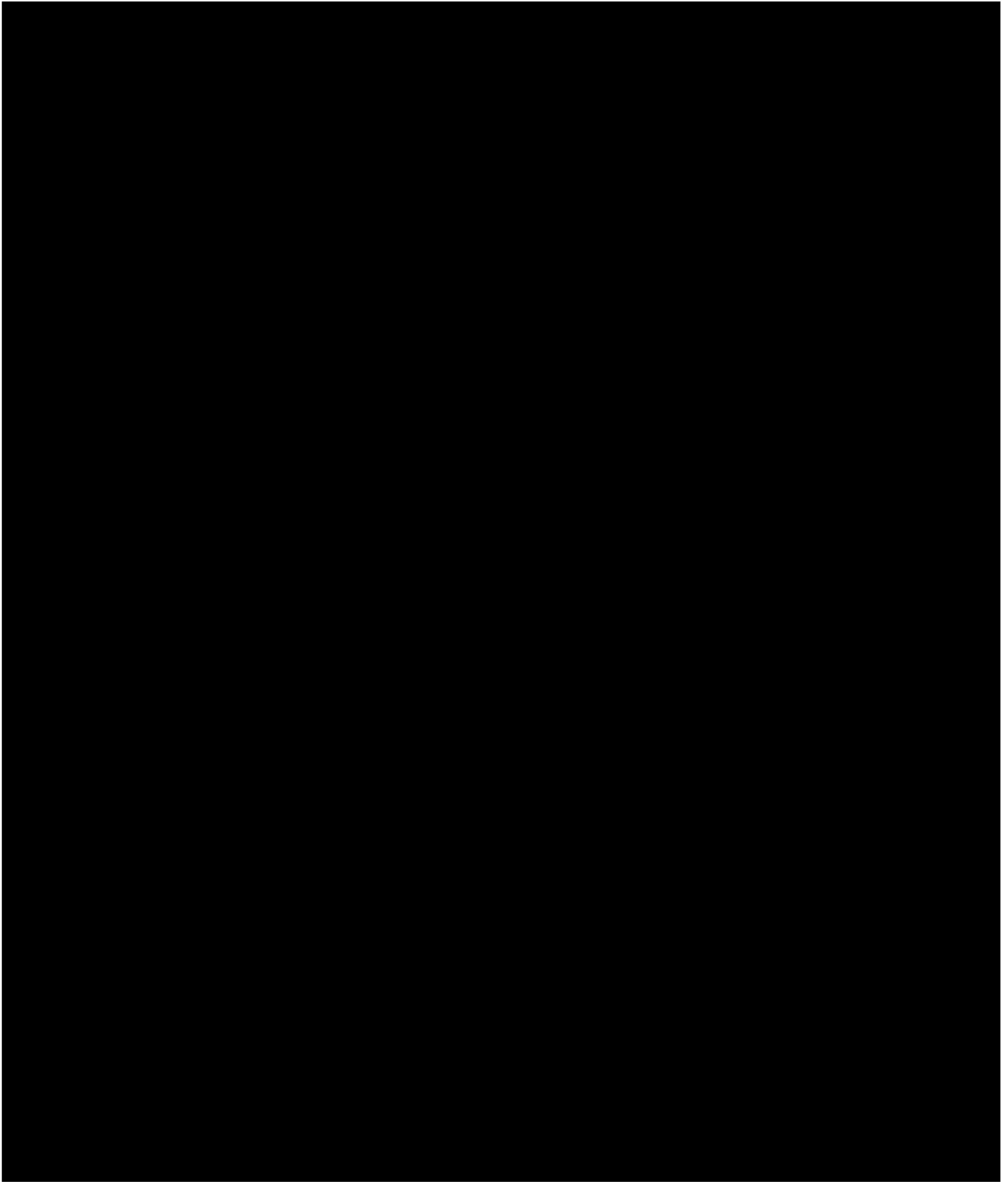
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Exhibit 18 – Route Plans

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.

Brian Henry

President

Printed Name of Verifying Individual

Title of Verifying Individual



02/27/23

Signature of Verifying Individual

Verification Date

[Redacted: Confidential, Proprietary Business Planning, and Public Safety Information, related to distribution and transport of Med. Marijuana/ Schedule 1 substance. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]



Exhibit 19 - 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.

Brian Henry

President

Printed Name of Verifying Individual

Title of Verifying Individual


Signature of Verifying Individual

02/27/23
Verification Date

19.1 Facility Name and Type

[Redacted]

19.2 Physical Address & GPS Coordinates of Facility

[Redacted]

19.3 Aerial Photograph of Facility

[Redacted]

19.4 Proof of Authorization to Occupy Property

[Redacted]

19.5 Local Jurisdiction Approvals

The City Council of Birmingham, Alabama has not addressed the storage and transportation of medical cannabis as of the filing of this application. However, they will defer to the state guidelines of legality until they set such parameters. ORDINANCE NO. 22-142 addresses the location and zoning of dispensaries. See attached copy of the ordinance (identified as “City Ordinance Approving Cannabis Dispensary Operations – Attachment to Exhibit 19, Section 19.5”). the applicant has included a certified copy of the zoning ordinance to demonstrate that the applicant is permitted to operate the proposed facility at the proposed location (identified as “Zoning Ordinance – Attachment to Exhibit 19, Section 19.5”). The property is zoned M-2 for the city of Birmingham for heavy industry, which includes all permitted activities in M1 and expressly includes warehousing operations. Transportation, storage, and medical waste disposal are all approved for the facility at

19.6 Blueprint of Facility

The blueprint for the facility identified at 19.1 above is attached hereto and identified as (“Blueprint – XLCR 1- Attachment to Exhibit 19, Section 19.6”)

19.7 Facility Timetable

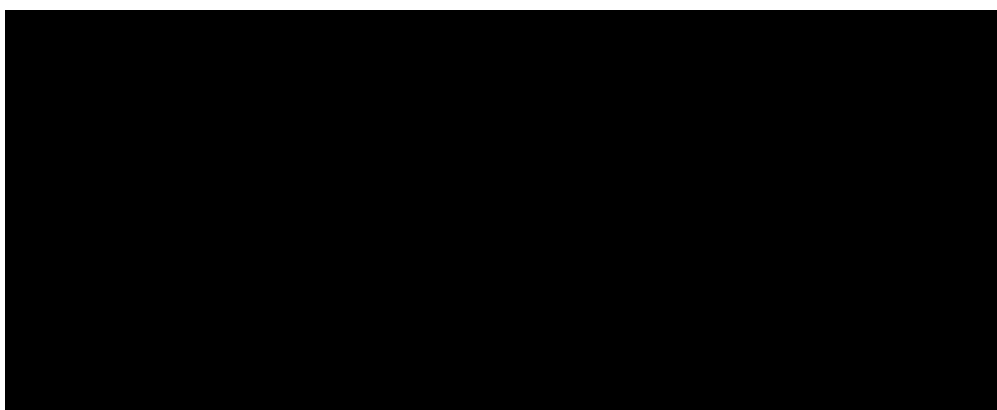
The completion and commencement of the XLCR 1 facility has not started, but completion is expected 30 days after award of license.

19.8 Public Access to Facility

The XLCR 1 facility will not be open to the public. Only approved XLCR employees and identified members of local and state law enforcement or state regulators will be allowed access to the secure section of the facility for inspections, examinations, searches, and seizures.

19.9 Facility Hours of Operation/ After Hours Contact

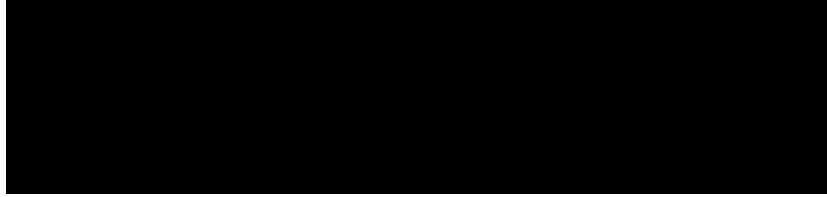
{Redacted: Confidential, Proprietary, Public Safety Information, related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}



{Redacted: Confidential, Proprietary, Public Safety Information, related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

After Hours Emergency Management Contact

Brian Henry



The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change. The applicant does not propose any additional facilities at this time.



Property Overview

- > Building SF: ± 70,000 SF
- > Site Area: ± 3.13 acres

Building Amenities

Contact Us

AGENT: TRIPP ALEXANDER, CCIM
 205 949 5989
tripp.alexander@colliers.com

{Redacted:
 Confidential,
 Proprietary,
 Public Safety
 Information,
 related to
 highly secure
 facilities and
 security
 thereof for
 distribution/
 transport of
 Medical
 Marijuana.
 See App. >
 Guide
 1.8, §
 36-12-40, et
 seq., Code of
 Alabama
 1975}

Colliers International Group Inc. (NASDAQ: CIGI; TSX: CIG) is a global leader in commercial real estate services with more than 16,300 professionals operating from 502 offices in 67 countries. Information contained herein has been obtained from the owner of the property or other sources that we deem reliable. We have no reason to doubt its accuracy, but we do not guarantee it.

COLLIERS INTERNATIONAL
 880 Montclair Road, Suite 250
 Birmingham, AL 35213
www.colliers.com

SALE CLOSING STATEMENT

SELLER: Southern Management Group, Inc.
PURCHASER: Park Transfer & Storage Company, Inc.
PROPERTY:
PURCHASE PRICE:
CLOSING DATE:

{Redacted: Confidential, Proprietary, Public Safety Information and Financial information, related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

PURCHASER'S SETTLEMENT

PURCHASE PRICE DUE FROM PURCHASER:

CREDITS, ADJUSTMENTS AND PRORATIONS:

- 1. Less Earnest Money Paid to Seller
- 2. Plus Unpaid Prorated March Rent (3/1/20 to 3/6/20) - See Note 1
- 3. Less Prorated 2020 Ad Valorem Taxes (10/1/19 to 3/6/20) - See Note 2

NET CREDITS, ADJUSTMENTS AND PRORATIONS:

NET PURCHASE PRICE DUE FROM PURCHASER:

PLUS PURCHASER'S EXPENSES:

- 1. Jefferson County Judge of Probate -
Deed Recording Fees
\$540,000 Mortgage Recording
\$300,000 2nd Mortgage Recording
Total:
- 2. Longshore, Buck & Longshore, P.C. -
Purchaser Attorney's Fees & Expenses

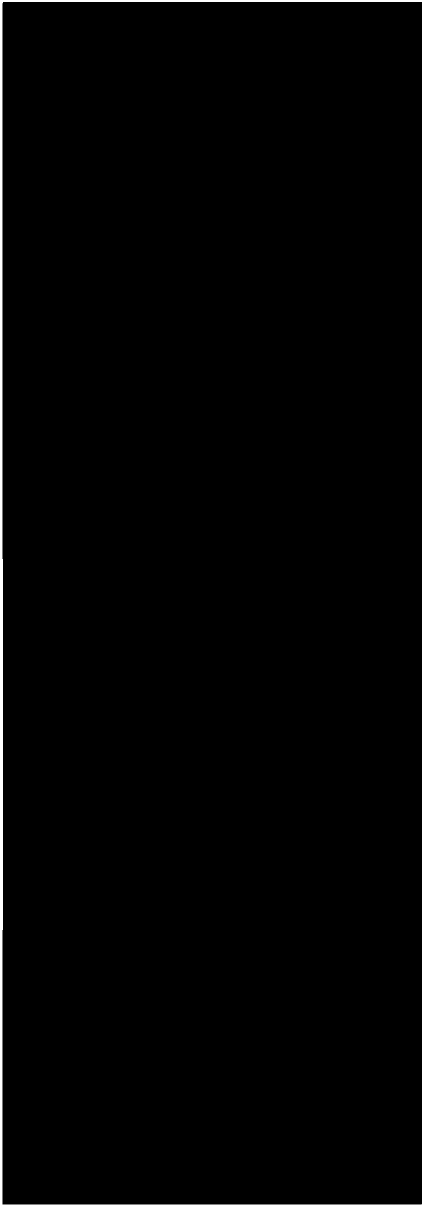
TOTAL PURCHASER'S EXPENSES:

TOTAL AMOUNT DUE FROM PURCHASER:

LESS AMOUNT OF MORTGAGE FROM PURCHASER TO SELLER:

LESS AMOUNT PAID FROM \$300,000 SECOND MORTGAGE LOAN:

NET AMOUNT DUE FROM PURCHASER:



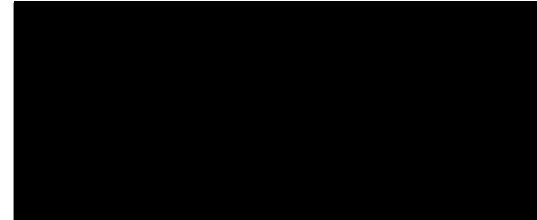
{Redacted: Confidential, Proprietary, Public Safety Information and Financial information, related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

SELLER'S SETTLEMENT

PURCHASE PRICE DUE TO SELLER:

CREDITS, ADJUSTMENTS AND PRORATIONS:

- 1. Less Earnest Money Paid to Seller
- 2. Plus Unpaid Prorated March Rent (3/1/20 to 3/6/20) - See Note 1
- 3. Less Prorated 2020 Ad Valorem Taxes (10/1/19 to 3/6/20) - See Note 2

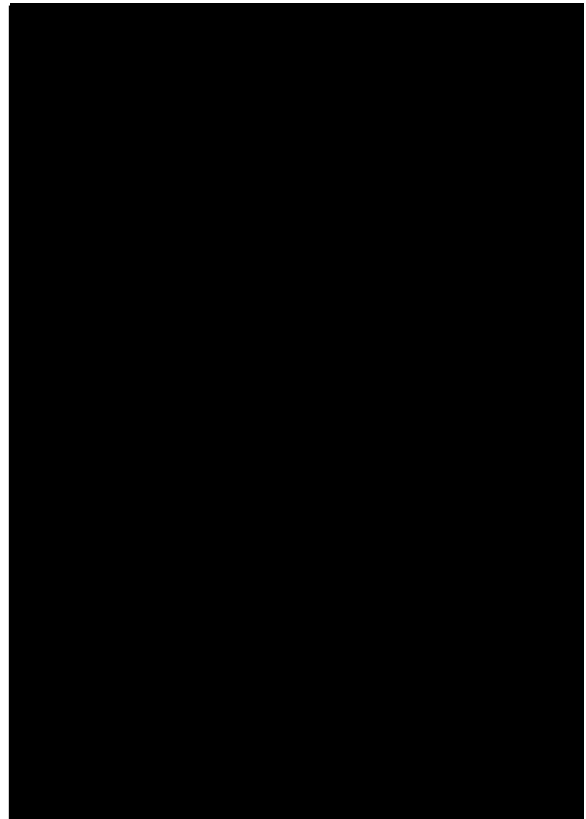


NET CREDITS, ADJUSTMENTS AND PRORATIONS:

NET PURCHASE PRICE DUE TO SELLER:

LESS SELLER'S EXPENSES:

- 1. Hydinger, Stewart & Chew Commercial Properties, LLC - Broker Commission (3%)
- 2. Colliers International - Broker Commission (3%)
- 3. Land Title Company of Alabama - File No. 8774P-20 -\$675,000.00 Owner's Policy
- 4. Longshore, Buck & Longshore, P.C. - Reimbursement for COB Municipal Assessment Fee
- 5. Jefferson County Sewer Billing - Sewer Payoff Letter
- 6. Sirote & Permutt, P.C. - Attorney's Fees and Expenses



TOTAL SELLER'S EXPENSES:

LESS AMOUNT OF MORTGAGE FROM PURCHASER TO SELLER:

TOTAL AMOUNT DUE TO SELLER AT CLOSING:

[Remainder of Page Intentionally Left Blank]

RECEIPTS - SOURCE OF FUNDS

Funds Received from Second Mortgage Loan from Allen Henry to Purchaser
Funds Received from Purchaser
Total Received

{Redacted: Confidential, Proprietary, Public Safety Information and Financial information, related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

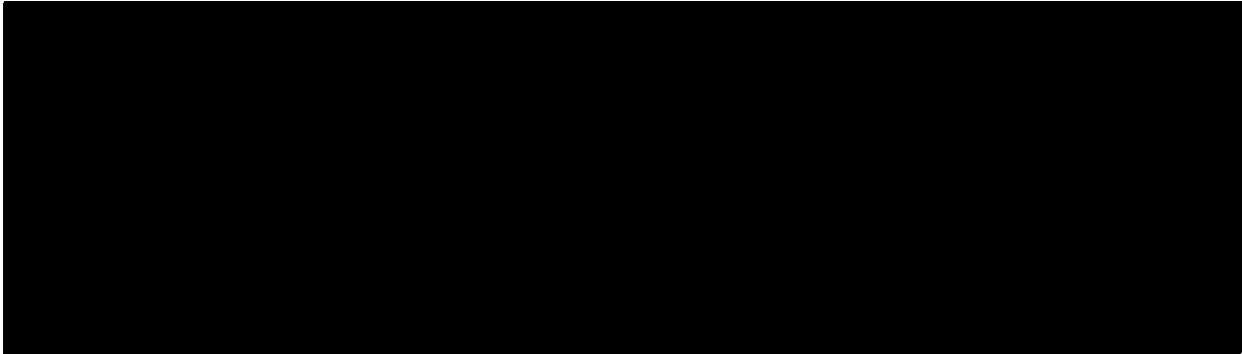
DISBURSEMENTS

- 1.
- 2.
- 3.

- 4.

- 5.
- 6.
- 7.

- 8.



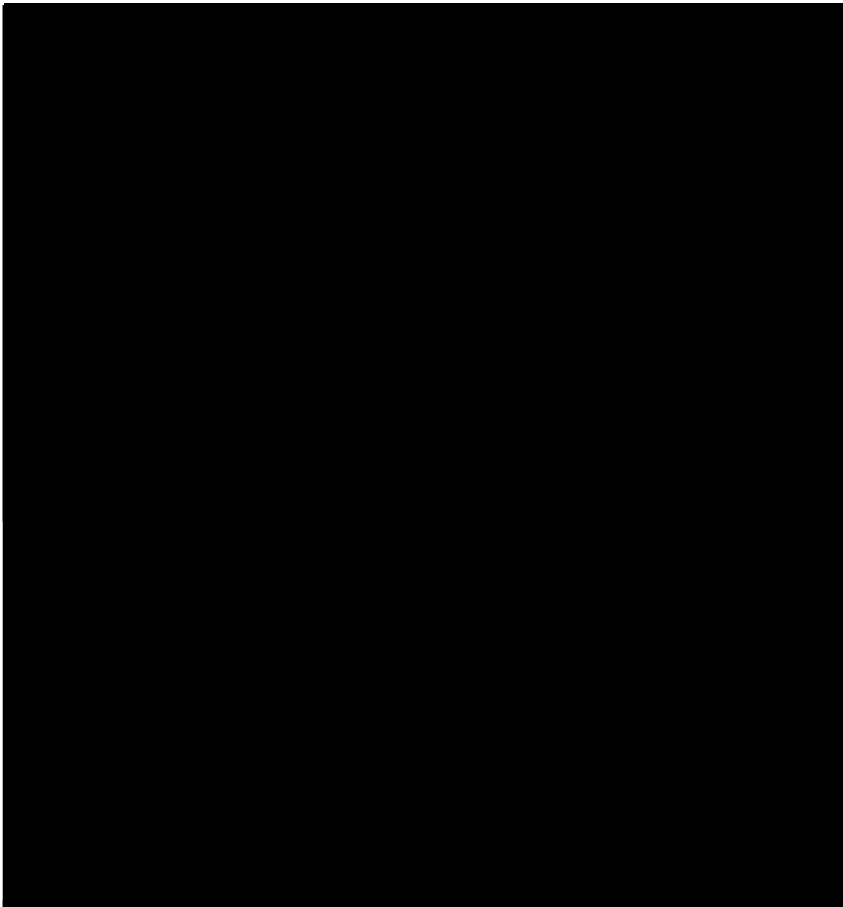
Total Disbursements

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{Redacted: Confidential, Proprietary, Public Safety Information and Financial information, related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

NOTES

1.



2.

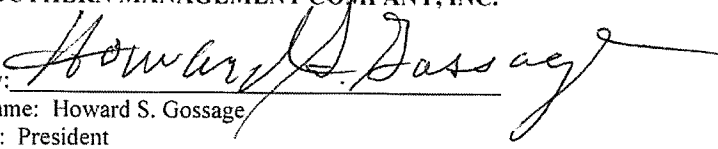
- 3. Items Handled Outside of Closing: If applicable, Purchaser and Seller agree that, outside of Closing, Seller shall have utilities services removed from its name and new utility services will be opened by the Purchaser.
- 4. Disbursements: Seller and Purchaser hereby acknowledge, approve and authorize Sirote & Permutt, P.C. (the "Disbursement Agent") to disburse the funds in accordance with the foregoing itemization, and agree to indemnify and hold the Disbursement Agent harmless of, from and against any and all loss, claims, damages, liabilities and expenses, including reasonable costs of investigation and counsel fees and disbursement, which may be imposed on or incurred by Disbursement Agent in connection with any disbursements made on behalf of the Seller and Purchaser.
- 5. Errors and Omissions: The undersigned hereby agree to execute any further documents reasonably necessary or desirable to effectuate the intent of the sale between Purchaser and Seller regarding the interest in the Property.
- 6. Payment in Full: Seller and Purchaser acknowledge that the payment by Purchaser of the amount due from Purchaser as set forth above constitutes full and complete payment of the purchase price for the Property.
- 7. Counterpart Signatures: This Closing Statement may be executed in one or more counterparts, but all of which taken together shall constitute one and the same document.

[Signatures of Seller and Purchaser on Following Pages]

THE FOREGOING SALE CLOSING STATEMENT IS ACCEPTED AND APPROVED AND SELLER AUTHORIZES DISBURSEMENT IN ACCORDANCE WITH THE SAME.

SELLER:

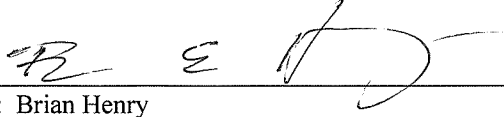
SOUTHERN MANAGEMENT COMPANY, INC.

By: 
Name: Howard S. Gossage
Its: President

THE FOREGOING SALE CLOSING STATEMENT IS ACCEPTED AND APPROVED AND PURCHASER AUTHORIZES DISBURSEMENT IN ACCORDANCE WITH THE SAME.

PURCHASER:

PARK TRANSFER & STORAGE COMPANY, INC.

By: 
Name: Brian Henry
Its: President

Attachment to Section 19.4 B Lease Agreement

{Redacted: Confidential, Proprietary, Public Safety Information and Financial information, related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

License Type: Secure Transporter

ALABAMA LEASE AGREEMENT

This Lease Agreement (hereinafter, the "Lease Agreement") is dated as of 06/01/2023 (hereinafter, the "Effective Date") and is entered into by and between Park Transfer & Storage Co. Inc. (hereinafter, the "Landlord") and the following resident(s):

XLCR Inc.
(hereinafter, the "Tenant(s)").

The Landlord and the Tenant(s) agree as follows:

1. PROPERTY

The Landlord rents to the Tenant(s) and the Tenant(s) rents from the Landlord a certain real property and improvements described as Warehouse, located at [REDACTED] (hereinafter, the "Property"), according to the terms and conditions described in this Lease Agreement.

Unless otherwise indicated in the Lease Agreement, no other portion of the Property or the building (hereinafter, the "Building") is included in the Lease.

2. OCCUPANTS

During the Term of this Lease Agreement, the only individuals the Tenant(s) may permit to reside on the Property are the following:

XLCR Inc.

The Tenant(s) may not allow any guest to stay on the Property longer than _____ consecutive days or _____ days in a calendar year. The Tenant(s)'s guests shall not be considered original occupants of the Property under any circumstances.

The amount of time the Tenant(s)'s guests may stay on the Property may never be longer than the time permitted by any owners' association rule or restrictive covenant or _____ consecutive days or _____ days in a calendar year, without Landlord's written permission, whichever is less.

3. TERM

The term of this Lease Agreement begins on 06/01/2023 (hereinafter, the "Commencement Date") and shall terminate on _____ (hereinafter, the "Termination Date").

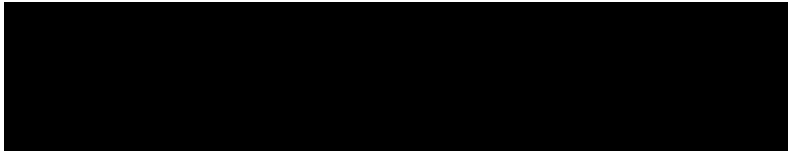
Upon the Termination Date, the Tenant(s) shall be required to vacate the Property unless one of the following circumstances occur: (i) The Landlord and the Tenant(s) formally extend this Lease Agreement in writing or create, execute, and sign a new one; (ii) Mandated by local rent control law; or (iii) The Landlord willingly accepts new rent from the Tenant(s), which does not constitute past due rent. In this case, a month-to-month tenancy shall be created, which the Tenant(s) may terminate by giving written notice as provided by law. All other terms and conditions of this Agreement will remain in full force and effect.

4. MANAGEMENT

The Tenant(s) is hereby notified that the owner or Landlord Park Transfer & Storage Co. Inc. is the Property Manager in charge of repairs or maintenance of the Property.

If the Tenant(s) has any complaint regarding any issue about the Property, Park Transfer & Storage Co. Inc. shall be contacted by one of the following methods:

Address:
Telephone:
Email:



{Redacted: Confidential, Proprietary, Public Safety Information and related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

5. RENT

The Tenant(s) shall pay the Landlord monthly rent in the amount of _____ (hereinafter, the "Rent") for each full month during this lease. The full month's rent is due and payable not later than the 1st of each month lease period.

Please Take Notice that mail delays will not excuse the Tenant(s)'s obligation to pay the rent in a timely manner.

Place of Payment:

The Tenant(s) shall remit all Rent payment amounts owed to the Landlord under this Lease Agreement to the following address:

The Landlord may later change the person and place to which the Tenant(s) must remit the rental amounts due under this Lease Agreement.

Method of Payment:

The Tenant(s) shall pay all Rent by selecting any of the following forms of payment (select one or more):

- Personal check
- Money order
- Cashier's check
- Direct deposit
- Cash

In the event that the Landlord agrees that the Tenant(s) shall have the right to sub-let the Property or any part thereof, or in the event that the Property is leased under any form of multiple or joint tenancy, the Tenant(s) shall be responsible for collecting the lease payment from the sublessee(s) or joint lessee and submitting it to the Landlord in a single and complete payment.

Moreover, the Tenant(s) shall be responsible for any lease payment not received by the Landlord by the due date stated in the present Lease Agreement. All partial payments made for an incomplete monthly period shall be pro-rated at the rate of 1/30th of the monthly lease payment per day. No pro-rated Rent shall be accepted at any other time.

Lastly, the Landlord shall have the option to accept or reject payments made by third parties, but such acceptance or rejection of payment shall not imply a future obligation to accept or reject payments submitted by third parties.

6. ABSENCES

the Tenant(s) shall notify the Landlord of any anticipated extended absence from the Property in excess of 14 days no later than the fifth day of the extended absence.

In accordance with the Uniform Residential Landlord And Tenant Act, §35-9A-423, if the Tenant(s) willfully fails to do so, the Landlord may recover actual damages from the tenant.

During any absence of a Tenant(s) in excess of 14 days, the Landlord may enter the Property at times reasonably necessary.

Additionally, If a Tenant(s) leaves property in the unit more than 14 days after termination pursuant to this clause, the Landlord has no duty to store or protect the Tenant(s)'s property in the unit and may dispose of it without obligation.

7. PETS / STRAYS

No animal or pet shall be kept, permanently or temporarily, on or about the Property, even temporarily or with a visiting guest, without Landlord's prior written consent. As provided by law, a Service Animal(s) is not considered a pet, and every individual with a disability shall have a right to have a Service Animal(s) on the Property.

Any animal discovered on or around the property will be considered a stray. Strays shall not be kept or fed in or about the Property. All strays will be reported to the proper authorities and removed at the Tenant(s)'s expense.

8. SMOKING

Smoking is not allowed in or on any area of the Property, including individual units and common areas, both indoors and outdoors. This policy applies to all owners, tenants, or guests.

If the Tenant(s) contravenes this provision by smoking tobacco or allowing guests to smoke in any place on the property, then such Tenant(s) shall be held liable for any damages caused to the Property. Moreover, the violation of this provision shall be considered a just cause for the eviction of the Tenant(s) by the Landlord.

9. MAINTENANCE

The Landlord shall maintain the Property at all times and perform all repairs reasonably

necessary. The primary duty of the Landlord shall be to meet the implied warranty of habitability of the Property, that is, that the Property is in a safe, livable condition.

Additionally, during the Term of this Lease Agreement and any renewal thereof, Tenant(s) shall:

(1) Keep the Property clean and safe, use all electrical, plumbing, heating, ventilating, and air conditioning facilities and appliances in a reasonable manner.

(2) Repair any damage arising from the act or negligence of Tenant, Occupants, or guests, agents, visitors, and invitees, at tenant's expense.

(3) Surrender the Property in as good order and condition as when received, reasonable wear and tear excepted, upon the termination of this Lease Agreement.

(4) Immediately notify the Landlord, in writing, of any problem, malfunction or damage; otherwise, the Tenant(s) will be liable for the costs of any such damage, which might have been avoided had the Tenant promptly notified the Landlord of the defect.

10. UTILITIES AND SERVICES

The Tenant(s) shall be solely responsible for and shall pay expenses for all utilities and services used or consumed at the Property.

11. HOLDOVER TENANCY

If the Tenant(s) maintains possession of the Property after the expiration of the Lease Term **with the express written consent of the Landlord**, a new tenancy from month-to-month shall be created between the Landlord and the Tenant(s).

If the Tenant(s) maintains possession of the Property after the expiration of the Lease Term, **without the express written consent of the Landlord**, such tenancy shall not constitute a renewal hereof or an extension for any further term. In accordance with Alabama Code, §35-9A-441, the Landlord may bring an action for possession and if the tenant(s)'s holdover is willful and not in good faith the Landlord may also recover an amount equal to not more than three (3) month's periodic rent or the actual damages sustained by the Landlord, whichever is

greater, and reasonable attorney's fees.

12. HAZARDOUS MATERIALS

The Tenant(s) shall not keep or have on the Property any article or item of a dangerous, flammable, or explosive material on the Property that might unreasonably increase the danger of fire or explosion on the Property or that might be considered hazardous or extra hazardous by any responsible insurance company.

13. LANDLORD ACCESS TO PROPERTY

The Landlord and the Landlord's agents shall have the right at all reasonable times, and by all reasonable means during the term of this Lease Agreement and any renewal thereof, to enter the Property for the following purposes:

- (i) Survey the Property's condition and take photographs to document the condition.
- (ii) Make repairs or improvements to the Property.
- (iii) Supply agreed services.
- (iv) Show the Property to prospective buyers or tenants.
- (v) Exercise a contractual or statutory lien.
- (vi) Leave a written notice.
- (vii) Seize nonexempt property if the Tenant(s) is in default.

Except in case of emergency, the Landlord will give the Tenant(s) reasonable notice of intent to enter. For these purposes, forty-eight (48) hour written notice will be deemed reasonable.

14. ASSIGNMENT / SUBLETTING

The Tenant(s) acknowledges that this Lease Agreement is not transferable and that the Tenant(s) may not assign or sublet this Lease Agreement, grant any license to use the Property or any interest in the Property or any part thereof, nor mortgage or pledge this Lease Agreement.

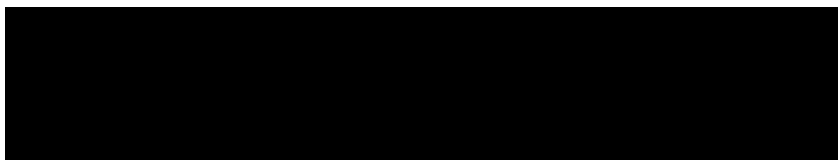
The Tenant(s) shall not contravene this provision, unless the Landlord expressly waives this prohibition in writing, the consent of which the Landlord may, in any case, withhold in its sole and absolute discretion.

15. NOTICES

Notice required by statute will be given in accordance with the applicable statute. All other notices shall be deemed sufficient if made as follows:

- All notices to the Landlord shall be directed by personal delivery or first-class mail to the Landlord at the appropriate address set forth below, until Tenant is notified, in writing, to the contrary.
- All notices to Tenant shall be directed by personal delivery or first-class mail to Tenant at the Leased Property or any forwarding address provided in writing by Tenant to the Landlord.

Landlord:



16. VENUE AND GOVERNING LAW

The exclusive venue is in the county where the Property is located. This Lease Agreement shall be governed, construed, and interpreted by the Laws of the State of Alabama.

IN WITNESS WHEREOF, the Landlord and Tenant have executed this Agreement in the manner prescribed by law as of the Effective Date.

{Redacted: Confidential, Proprietary, Public Safety Information related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

Landlord:

By: _____ Date: _____

Tenant:

By: _____ Date: _____

XLCR Inc.

**ALABAMA LEASE AGREEMENT
INSPECTION CHECKLIST**

Address:

The Tenant(s) has inspected the Property and states that the Property is in satisfactory condition, free of defects, except as noted below:

Tenant:

By: _____ Date: _____
XLCR Inc.

Acknowledged by Landlord:

By: _____ Date: _____

Attachment to Section 19.5 Local Jurisdiction Approvals

License Type: Secure Transporter

Section 1. - M-1 Light Industrial District.

Subsecti *Generally*. The regulations set forth in this section or set forth elsewhere in this ordinance, when on 1. referred to in this section, are the regulations in the M-1 Light Industrial District.

(Ord. No. 07-33, § 1(1), 2-13-2007)

Subsecti *Use regulations*. A building or premises shall be used only for the following purposes:

on 2.

1. Any use permitted in the R-7 Multiple Dwelling District or the B-3 Community Business District.
2. Contractor's or construction equipment dealer's yard.
3. Grain and feed storage.
4. Heating fuel or building material storage or wholesaling; provided that the materials shall not be extracted or processed on the premises.
5. Lumber yard.
6. Truck terminal.
7. Railroad installation.
8. Warehouse.
9. Dairy, veterinary clinics, kennels, dog training and boarding facilities.
10. Assembly of parts for production of finished equipment.
11. Manufacturing, fabricating, processing, or assembling uses which do not create any objectionable noise, vibration, smoke, dust, odor, heat or glare, such as the following:
 - a. Boats (less than five tons.)
 - b. Bolts, nuts, screws, washers, rivets, nails, brads, tacks, spikes, staples and similar items.
 - c. Clothing.
 - d. Food.
 - e. Pharmaceuticals.
 - f. Furniture and wood products.
 - g. Glass products, but not including glass manufacture.
 - h. Hand tool and hardware products.
 - i. Ice.
 - j. Musical instruments, games or toys.
 - k. Office machines.
 - l. Plastic products, not including processing of raw materials.
 - m. Plating of silverware or utensils.

- n. Signs.
 - o. Sporting goods.
 - p. Other similar uses.
12. Accessory structures and uses:
- a. Except that no outside storage of materials shall be permitted, when adjacent to a residential or agricultural zone district, except through grant of a special exception by the zoning board of adjustment. Said board may limit the type, area and height, and require enclosure by walls, fences, berms, shrubs, or trees, pre-existing or newly planted, sufficient to substantially screen its effects or visibility from nearby streets and any residential or agricultural zone districts;
 - b. Including outside kennels or dog runs subject to submission of an overall site development plan to be reviewed and approved by the zoning advisory committee prior to any grading, clearing, site improvements or issuance of related permits; provided, however, that no outside kennels or dog runs shall be permitted when within 1,000 feet of a residential zone district. The zoning advisory committee will require enclosure by walls, fences, berms, shrubs or trees, pre-existing or newly planted, and may limit the type, area and height to sufficiently screen its effects or visibility from nearby streets and any adjacent uses.
13. Outdoor urban farm* provided all compost and organic matter stored on site is screened from adjacent lots and is more than 1,000 feet from any adjacent residential dwelling, which shall not cover more than ten percent of the total area, shall be managed to prevent rodents and pests, prevent odors and drainage from compost onto adjacent sites, all farming equipment shall be screened from view with fencing or landscaping of adjacent lots, accessory structures are limited to storage sheds, greenhouses, hoopouses, cold frames and cisterns built of standard uniform materials that are either new or in sound condition not showing signs of decay, apiaries are set back from property lines by 25 feet and 50 feet from any adjacent residential lots, a continuous water source is available, one hive allowed per 2,500 square feet with maximum of 40 hives.

If any accessory structure is not maintained in sound condition free from evidence of decay and can be seen from the public right-of-way or an adjacent property, they will be considered a nuisance and will be subject to code enforcement.

It is a requirement that soil testing be conducted prior to gardening activities. Test for both soil condition and possible soil contamination, to determine at minimum constraints to food production, shall be conducted. Information on acquiring soil testing kits and analysis can be found in the appendix to the [this] City of Birmingham Zoning Ordinance.

14. Flea market.

(Ord. No. 07-33, § 1(2), 2-13-2007; Ord. No. 13-71, 5-7-2013)

Subsecti *Area and dimensional regulations.* Except as provided in articles VI and VIII, the area and on 3. dimensional regulations set forth in the following table shall be observed.

Maximum Height of Structure [in] Feet	<i>Minimum Yards</i>			<i>Minimum Lot Area Per Family</i>	<i>Minimum Lot Width</i>
	Front	<i>Rear</i>	<i>Side</i>		
100 feet Where a structure is located upon a lot abutting any dwelling district, then any structure exceeding 35 feet shall be set back from the required yards abutting the dwelling district an additional distance of one foot for each foot of structure height above 35 feet.	None, except where the frontage between two intersecting streets is located partly in an E or R district and partly in an M district, the front yard requirements of the E or R district shall apply to the M district.	None, except on the rear of a lot abutting a dwelling district, in which case there shall be a rear yard not less than 25 feet.	None, except on the side of a lot abutting a dwelling district, in which case there shall be a side yard not less than 10 feet.	None	None

(Ord. No. 07-33, § 1(3), 2-13-2007)

Subsecti *Site development plan.*

on 4.

1. Except for single-family and two-family dwellings, a site development plan is required in conjunction with all building permits for new construction and when a building or part thereof is enlarged or extended to at least 50 percent of its current floor area. At a minimum, the site development plan must show:
 - a. The direction of north, appropriate scale and existing and finished topography in not greater than two-foot contour intervals.
 - b. The proposed location including any easements that may exist on site and elevation drawings of all sides of each building prototype.
 - c. The use of all structures and premises.
 - d. The location of proposed driveways and marked off-street parking spaces.
 - e. The edge of pavement for existing and proposed streets, driveways and walkways.
 - f. All service and loading spaces as well as the location of solid waste containers. Also, provide enclosure details for large solid waste containers, including their access in compliance with article VI, section 5.
 - g. Location and areas of illumination of all exterior lighting.
 - h. The location, size, number and character of all exterior signs.
 - i. The location, character and extent of landscaping, retaining and screen walls and other treatment for the protection of adjoining property or fences, and other measures for screening or buffering views from incompatible land uses. This includes detailed landscaping plans for structures and parking areas. The landscaping plan shall include plant location, corresponding plant schedule and planting instructions. In addition to landscape requirements for off-street parking as specified in article V, landscaping of the remainder of the lot, exclusive of areas occupied by structures and parking, shall not be less than five percent. Said landscaping shall include a combination of shrubs, trees and ground cover.
 - j. Plans and facilities for stormwater drainage of the premises.
 - k. Any proposed re-subdivision of the subject property; when applicable.
2. Any proposed condominium must also conform to article VIII of the Birmingham Subdivision Regulations. The deed restrictions and covenants must show the treatment of all land held in common interest.

(Ord. No. 07-33, § 1(4), 2-13-2007)

Subsecti *Parking and loading regulations.* Off-street parking and loading spaces shall be provided in accordance with the requirements for specific uses set forth in article V.

(Ord. No. 07-33, § 1(5), 2-13-2007)

Subsecti *Attached and semi-attached dwellings.* Attached and semi-attached dwellings must comply with the requirements set forth in article VI, section 15.

(Ord. No. 07-33, § 1(6), 2-13-2007)

Section 3. - M-2 Heavy Industrial District.

Subsecti *Generally.* The regulations set forth in this section or set forth in this ordinance, when referred to in this section, are the regulations of the M-2 Heavy Industrial District.

Subsecti *Use regulations.* A building or premises shall be used only for the following purposes:

- on 2.
 1. Any use permitted in the M-1 Light Industrial District; except that no dwelling other than that for a resident watchman, custodian or caretaker employed on the premises shall be permitted, nor may any dwelling be used for any family day/night care or family group day/night care facility.
 2. A junkyard, or junkyard use, is permitted provided that this use is granted the appropriate license for operation by the city council and a nontransparent fence, as described herein, is erected along the entire perimeter of the site. The wall or fence (including gates) shall be of sound construction and approved by the director (or designee) of the department of planning, engineering, and permits. Walls shall be solidly constructed of block, brick, stone, concrete, or similar materials as approved by the director. Fences shall be constructed of manufactured metal sheeting material, reasonably smooth and uniform wood materials, or similar materials upon approval of the director. All materials used for wall or fence construction (including gates) shall be of sound and good condition, shall be protected against decay by the use of paint or other preservatives, and shall be uniform in height throughout. The wall or fence (including gates) may be required to be erected higher than eight feet if the adjacent property is zoned residential or if the topography of the surrounding and nearby properties enable the junk and/or scrap materials to be readily viewed. The fence requirement may be further modified by the director if the property's location, or location of the use on the property, is such that the site will not be viewable by the public or structures and/or dense vegetation is adequate to prevent viewing of the site by the public. All properly permitted and licensed junkyards existing at the enactment of this section shall conform to the requirements of this section within two years of the adoption of this section by the city council.

3.

Any other use not in conflict with any other ordinances of the City of Birmingham regulating nuisances and approved by the director of planning, engineering, and permits; provided, further, that the uses listed below may not be operated, placed, or established on a property until and unless the use shall be approved by the city council after report from the planning division of the department of planning, engineering, and permits:

- a. Abattoir.
- b. Acid manufacture.
- c. Atomic power plant or reactor.
- d. Explosives manufacture or inside storage.
- e. Fat, grease, lard or tallow rendering or refining.
- f. Glue or size manufacture.
- g. Garbage, offal or dead animal reduction or dumping.
- h. Petroleum refining.
- i. Stockyard or slaughter of animals.
- j. Hazardous waste or toxic disposal.
- k. Medical and infectious materials disposal.

(Ord. No. 94-66, § I, 4-5-1994)

Subsecti *Area and dimensional regulations.* Except as provided in articles VI and VIII, the area and on 3. dimensional regulations set forth in the following table shall be observed:

Maximum Height of Structure in Feet	<i>Minimum Yards</i>		
	Front	<i>Rear</i>	<i>Side</i>

<p>None, except where a structure is located on a lot abutting any dwelling district, then any structure exceeding 35 feet shall be set back from the required yards abutting the dwelling district an additional distance of one foot for each foot of structure height above 35 feet.</p>	<p>None, except where the frontage between two intersecting streets is located partly in an E or R district and partly in an M district, the front yard requirements of the E or R districts shall apply to the M district.</p>	<p>None, except where the rear of a lot is abutting a dwelling district, in which case there shall be a rear yard of not less than 25 feet.</p>	<p>None, except on the side of a lot abutting a dwelling district in which case there shall be a side yard of not less than 10 feet.</p>
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Subsecti *Parking and loading regulations.* Off-street parking and loading spaces shall be provided in on 4. accordance with the requirements for specific uses set forth in article V.

Section 3. - M-2 Heavy Industrial District.

Subsecti *Generally*. The regulations set forth in this section or set forth in this ordinance, when referred to on 1. in this section, are the regulations of the M-2 Heavy Industrial District.

Subsecti *Use regulations*. A building or premises shall be used only for the following purposes:

- on 2.
1. Any use permitted in the M-1 Light Industrial District; except that no dwelling other than that for a resident watchman, custodian or caretaker employed on the premises shall be permitted, nor may any dwelling be used for any family day/night care or family group day/night care facility.
 2. A junkyard, or junkyard use, is permitted provided that this use is granted the appropriate license for operation by the city council and a nontransparent fence, as described herein, is erected along the entire perimeter of the site. The wall or fence (including gates) shall be of sound construction and approved by the director (or designee) of the department of planning, engineering, and permits. Walls shall be solidly constructed of block, brick, stone, concrete, or similar materials as approved by the director. Fences shall be constructed of manufactured metal sheeting material, reasonably smooth and uniform wood materials, or similar materials upon approval of the director. All materials used for wall or fence construction (including gates) shall be of sound and good condition, shall be protected against decay by the use of paint or other preservatives, and shall be uniform in height throughout. The wall or fence (including gates) may be required to be erected higher than eight feet if the adjacent property is zoned residential or if the topography of the surrounding and nearby properties enable the junk and/or scrap materials to be readily viewed. The fence requirement may be further modified by the director if the property's location, or location of the use on the property, is such that the site will not be viewable by the public or structures and/or dense vegetation is adequate to prevent viewing of the site by the public. All properly permitted and licensed junkyards existing at the enactment of this section shall conform to the requirements of this section within two years of the adoption of this section by the city council.
 3. Any other use not in conflict with any other ordinances of the City of Birmingham regulating nuisances and approved by the director of planning, engineering, and permits; provided, further, that the uses listed below may not be operated, placed, or established on a property until and unless the use shall be approved by the city council after report from the planning division of the department of planning, engineering, and permits:
 - a. Abattoir.
 - b. Acid manufacture.
 - c. Atomic power plant or reactor.
 - d. Explosives manufacture or inside storage.

- e. Fat, grease, lard or tallow rendering or refining.
- f. Glue or size manufacture.
- g. Garbage, offal or dead animal reduction or dumping.
- h. Petroleum refining.
- i. Stockyard or slaughter of animals.
- j. Hazardous waste or toxic disposal.
- k. Medical and infectious materials disposal.

(Ord. No. 94-66, § I, 4-5-1994)

Subsecti *Area and dimensional regulations.* Except as provided in articles VI and VIII, the area and on 3. dimensional regulations set forth in the following table shall be observed:

Maximum Height of Structure in Feet	<i>Minimum Yards</i>		
	<i>Front</i>	<i>Rear</i>	<i>Side</i>
None, except where a structure is located on a lot abutting any dwelling district, then any structure exceeding 35 feet shall be set back from the required yards abutting the dwelling district an additional distance of one foot for each foot of structure height above 35 feet.	None, except where the frontage between two intersecting streets is located partly in an E or R district and partly in an M district, the front yard requirements of the E or R districts shall apply to the M district.	None, except where the rear of a lot is abutting a dwelling district, in which case there shall be a rear yard of not less than 25 feet.	None, except on the side of a lot abutting a dwelling district in which case there shall be a side yard of not less than 10 feet.

Subsecti *Parking and loading regulations.* Off-street parking and loading spaces shall be provided in on 4. accordance with the requirements for specific uses set forth in article V.

Oc04oca28jb.o1

RECOMMENDED BY: THE MAYOR AND
THE PUBLIC SAFETY COMMITTEE

SUBMITTED BY: THE CITY ATTORNEY

ORDINANCE NO. 22-142

AN ORDINANCE TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS DISPENSARIES WITHIN THE CORPORATE LIMITS OF THE CITY OF BIRMINGHAM, PURSUANT TO ALA. CODE, 1975, § 20-2A-51(c).

WHEREAS, the Darren Wesley “Ato” Hall Compassion Act, codified at Ala. Code, 1975, § 20-2A-1, et seq. (the Act), authorizes the cultivation, processing, and sales of cannabis products for medical use by patients with a qualifying medical condition and a valid medical cannabis card; and

WHEREAS, the Act requires the Alabama Medical Cannabis Commission to adopt rules that ensure safety, security, and integrity of the operation of medical cannabis facilities and protect the health, safety, and security of the public, thus heavily regulating all aspects of the medical cannabis industry, including dispensary operations, (See §§ 20-2A-50 – 20-2A-68, Code of Alabama); and,

WHEREAS, the Alabama Medical Cannabis Commission published its rules adopted pursuant to Ala. Code, 1975, § 20-2A-53 on August 31, 2022, and will accept applications from October 31 through December 30, 2022; and,

WHEREAS, the Commission will deem applications complete and submitted on or about April, 13, 2023, and will open a public comment period on or about April 14, 2023 to accept comments from the public on all pending applications and may set a public hearing, at the Commission’s discretion, before the issuance of licenses on or after July 10, 2023; and,

WHEREAS, the number of licenses for dispensary facilities to be issued by the Commission is limited as follows:

Integrated Facilities – up to 5 licenses; each licensee authorized up to 5 dispensing sites located in separate counties

Dispensary – up to 4 licenses; each licensee authorized up to 3 dispensing sites located in separate counties

WHEREAS, a dispensary, including a dispensary under an Integrated Facility License may only operate in a municipality if the municipality has passed an ordinance authorizing the operation of dispensaries within the municipality’s corporate limits; and

WHEREAS, the health care industry is a highly valued segment of the City of Birmingham’s economy and includes world-renown health care resources, including hospitals, clinics, education, and research facilities and the valued professionals and support staff who care for patients from within the state, the nation, and from abroad; and,

WHEREAS, the operation of a medical cannabis dispensary within the corporate limits of the City of Birmingham will further expand opportunities for the City’s flourishing health care industry and provide new options to care for patients with qualifying medical conditions; and,

WHEREAS, the operation of a medial cannabis dispensary will provide new economic and employment opportunities and new revenue through business licensing and other taxes; and,

WHEREAS, the Council of the City of Birmingham finds that it is in the best interest of the public health, safety, and welfare to authorize the operation of medical cannabis dispensing facilities within the City of Birmingham, subject to the strict regulation and oversight of the Alabama Medical Cannabis Commission.

NOW THEREFORE, BE IT ORDAINED by the Council of the City of Birmingham as follows:

SECTION 1.

- (a) The operation of medical cannabis dispensaries within the corporate limits of the City of Birmingham is authorized, subject to any applicable zoning restrictions the City may adopt pursuant to Ala. Code, 1975, § 20-2A-51(c)(3).
- (b) The operation of any facility, regardless of type, licensed by the Alabama Medical Cannabis Commission within the City of Birmingham shall comply with the Commission’s strict regulation and oversight and shall comply with all laws and ordinances for the operation of a business within the City, including, but not limited to business licensing and other required taxes, and with all applicable ordinances and codes for location, construction, and sanitation of business premises within the City of Birmingham.
- (c) This ordinance shall be interpreted with respect to the Darren Wesley “Ato” Hall Compassion Act, Ala. Code, 1975, § 20-2A-1, et seq. and the rules of the Alabama Medical Cannabis Commission, as either is now or may hereafter be amended.

SECTION 2.

A certified copy of this ordinance shall be submitted within seven days of its adoption to the Alabama Medical Cannabis Commission by the City Clerk, as provided in Ala. Code, 1975, § 20-2A-51(c)(2). The City Clerk and the Director of the Department of Innovation and Economic Opportunity may cooperate to ensure and record the submittal of the ordinance.

SECTION 3. SEVERABILITY. The provisions of this ordinance are severable. If any part of this ordinance is determined by a court of competent jurisdiction to be invalid, unenforceable or unconstitutional, such determination shall not affect any other part of this ordinance.

SECTION 4. EFFECTIVE DATE. This ordinance shall be effective when published as required by law.

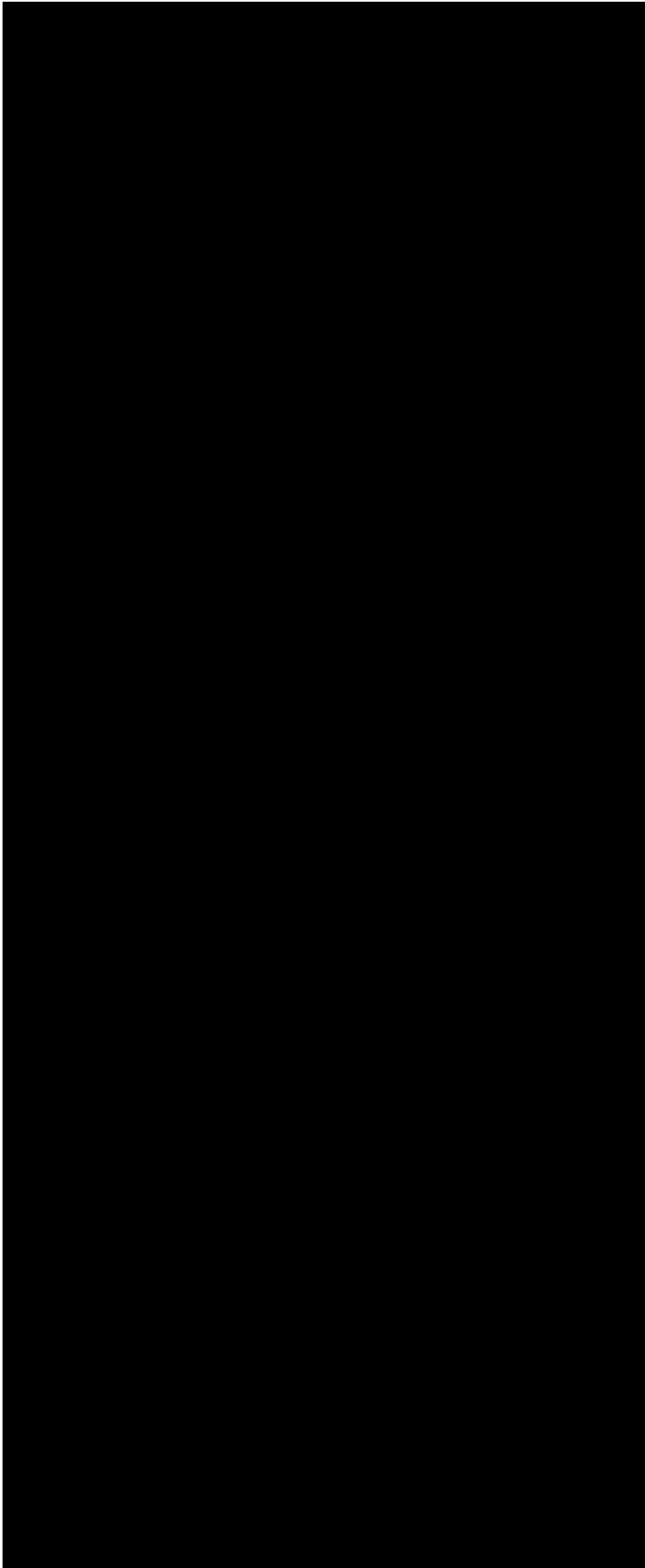
Adopted by the Council October 4, 2022 and Approved by the Mayor October 6, 2022



A CERTIFIED COPY
Lee Frazier, City Clerk
Birmingham, Al
Lee Frazier

Attachment to Section 19.6 Blueprint of Facility

{Redacted: Confidential, Proprietary, Public Safety Information related to highly secure facilities and security thereof for distribution/transport of Medical Marijuana. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}



NOTE- THE ENTIRE FOLLOWING SECURITY PLAN IS REDACTED.
[Redacted: Confidential, Proprietary Business Planning, and Public Safety Information, related to distribution and transport of Med. Marijuana/ Schedule 1 substance 1.8, § 36-12-40, et seq., Code of Alabama 1975]

Exhibit 20 – 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.

Brian Henry

Printed Name of Verifying Individual

President

Title of Verifying Individual



Signature of Verifying Individual

02/27/23

Verification Date

[REDACTED]

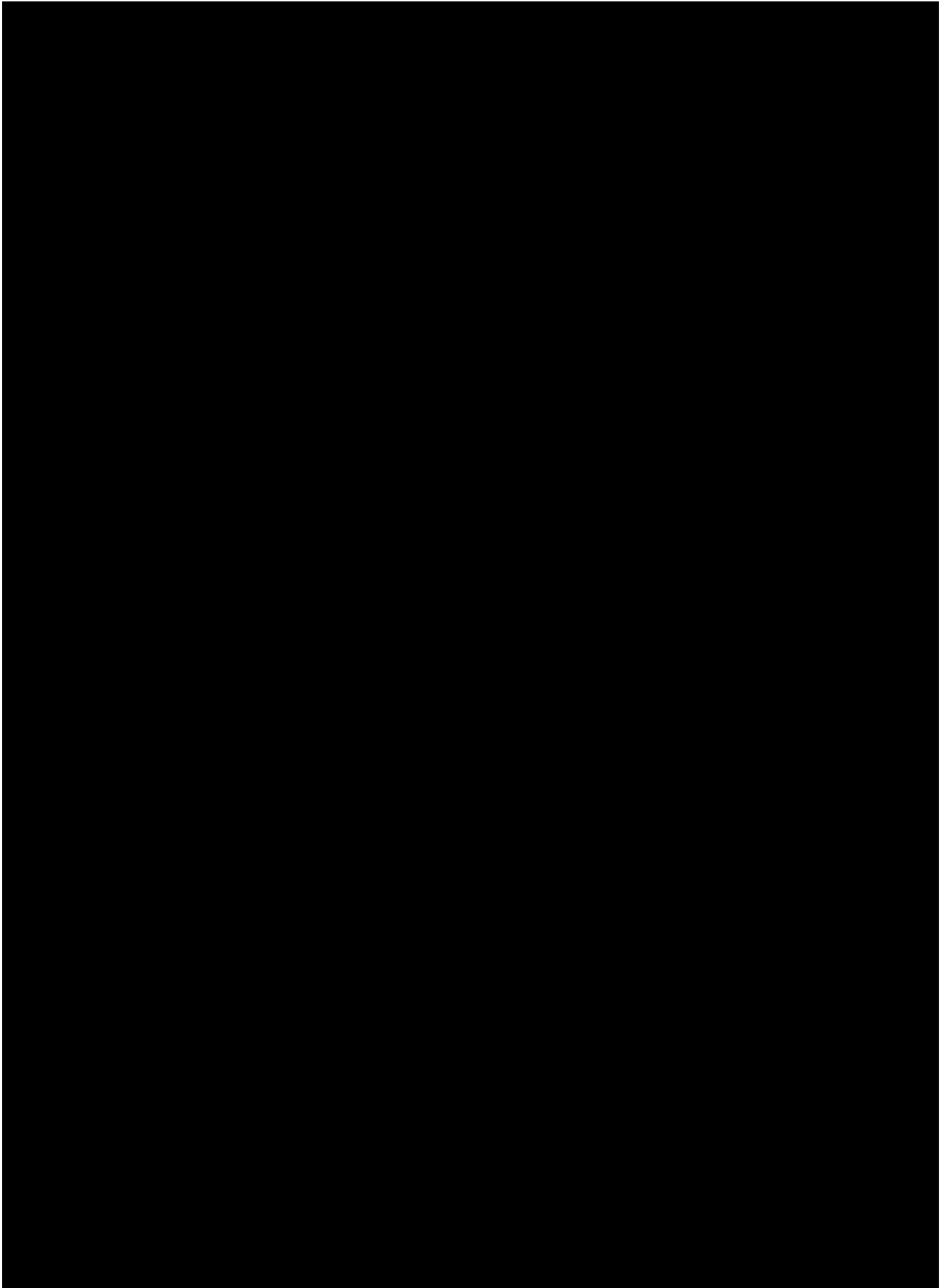
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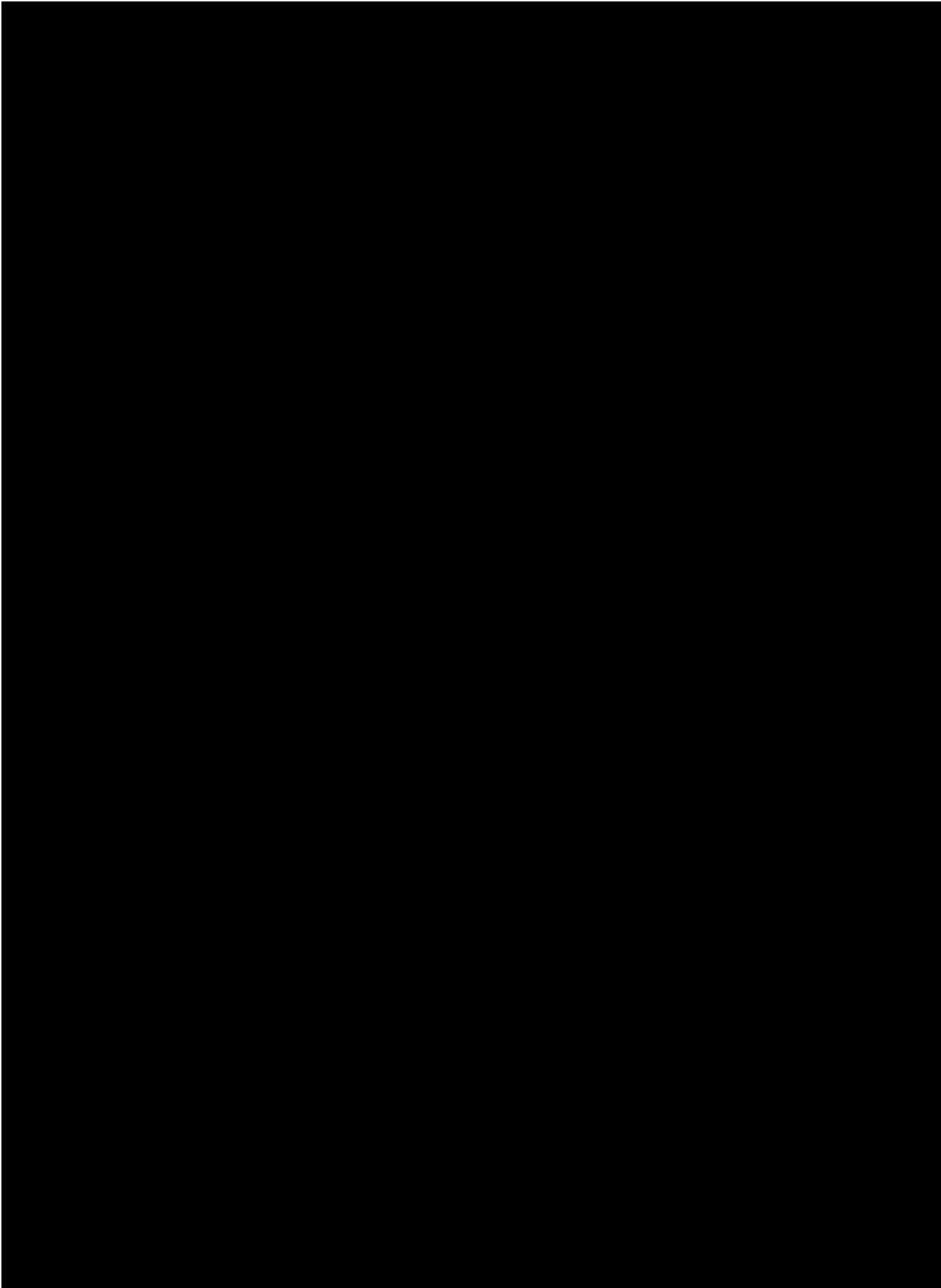
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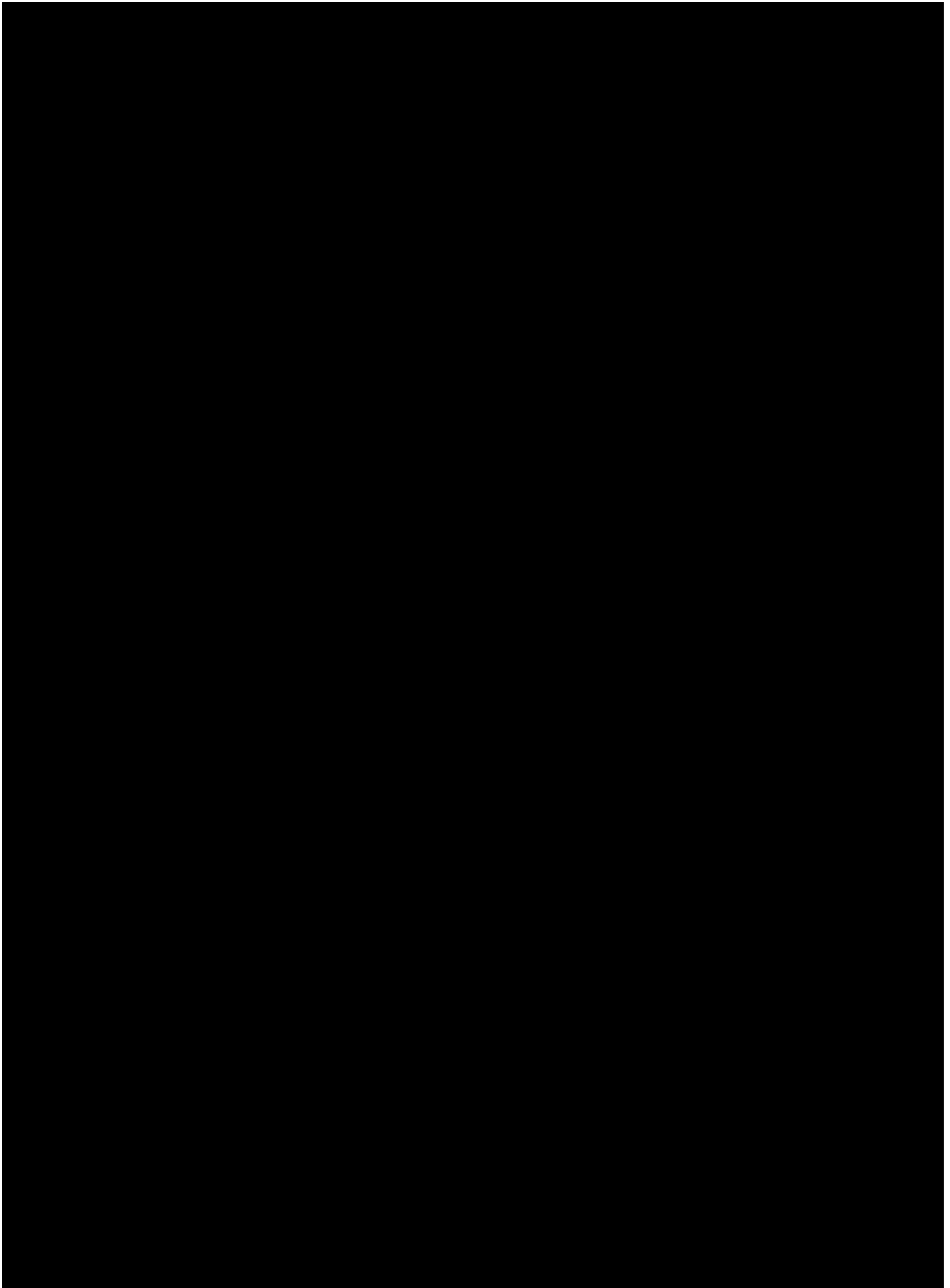
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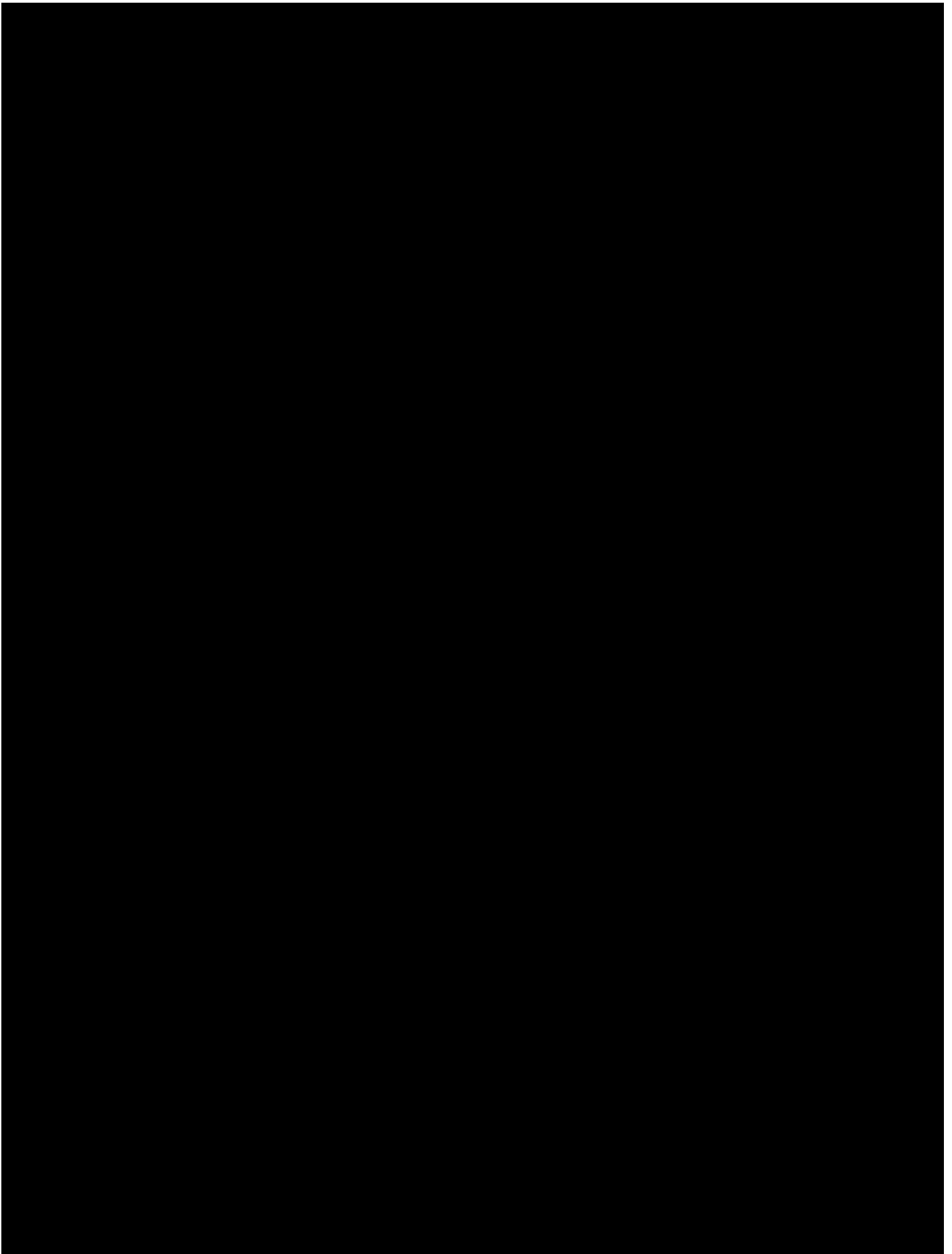
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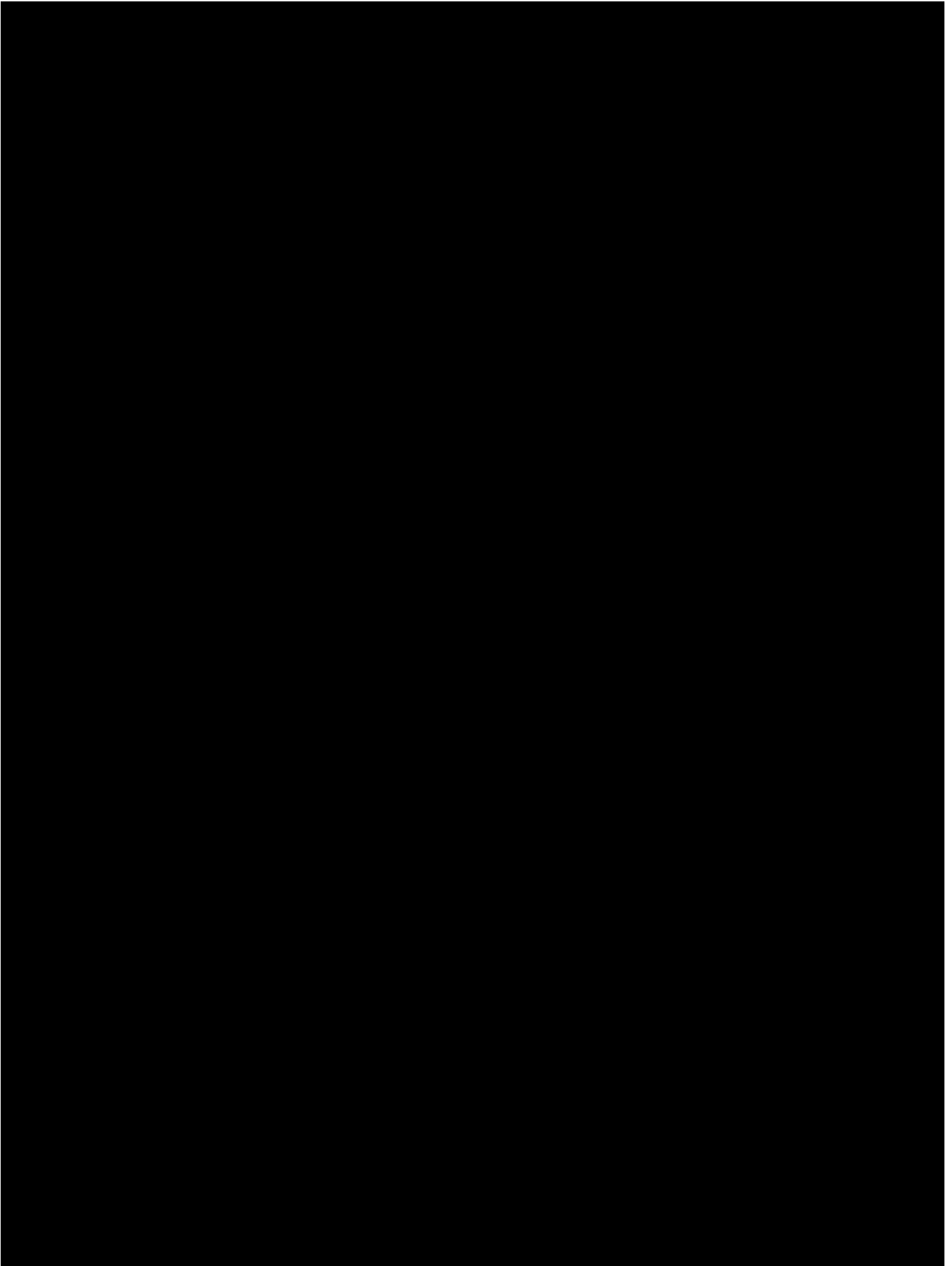
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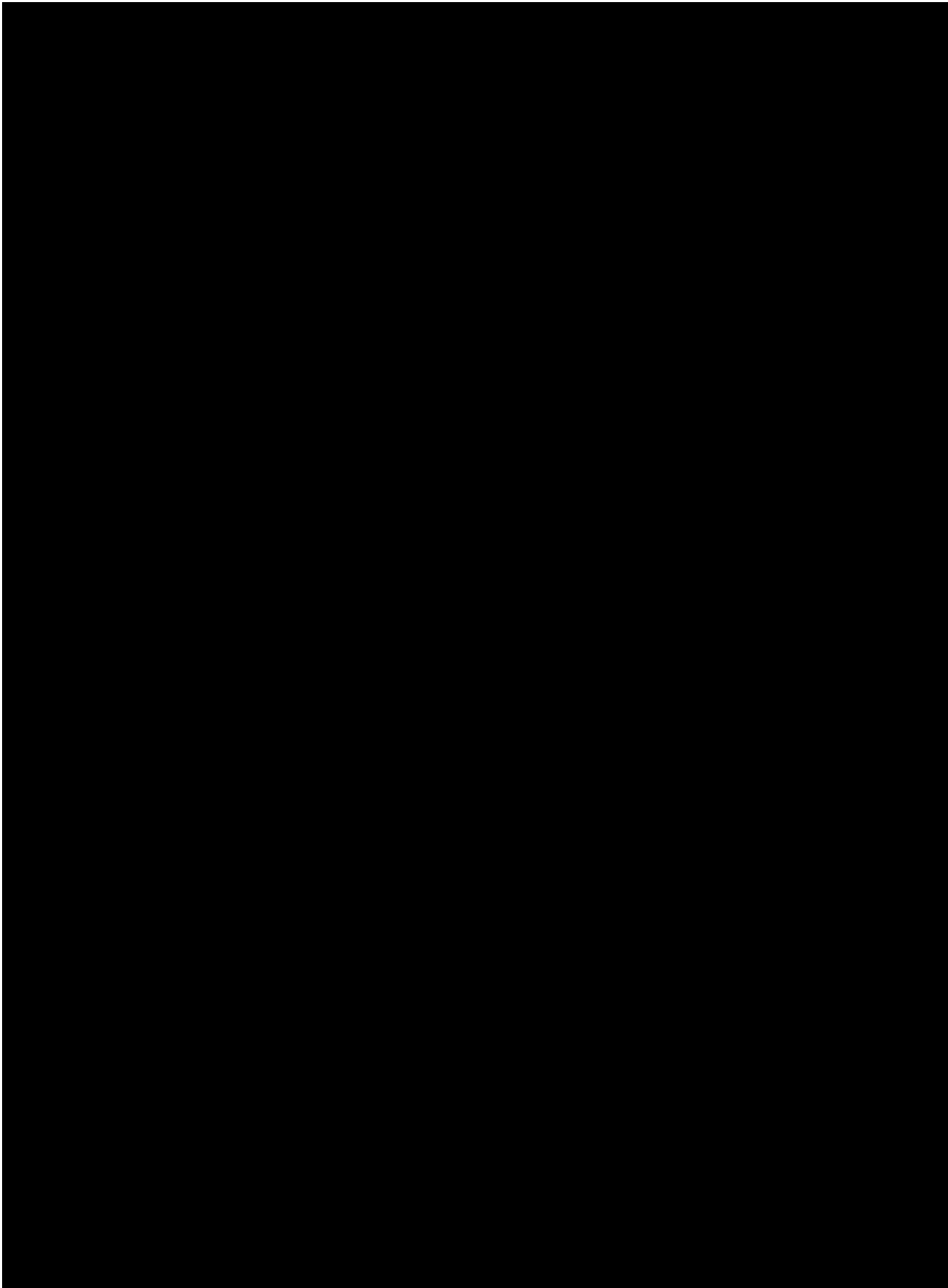


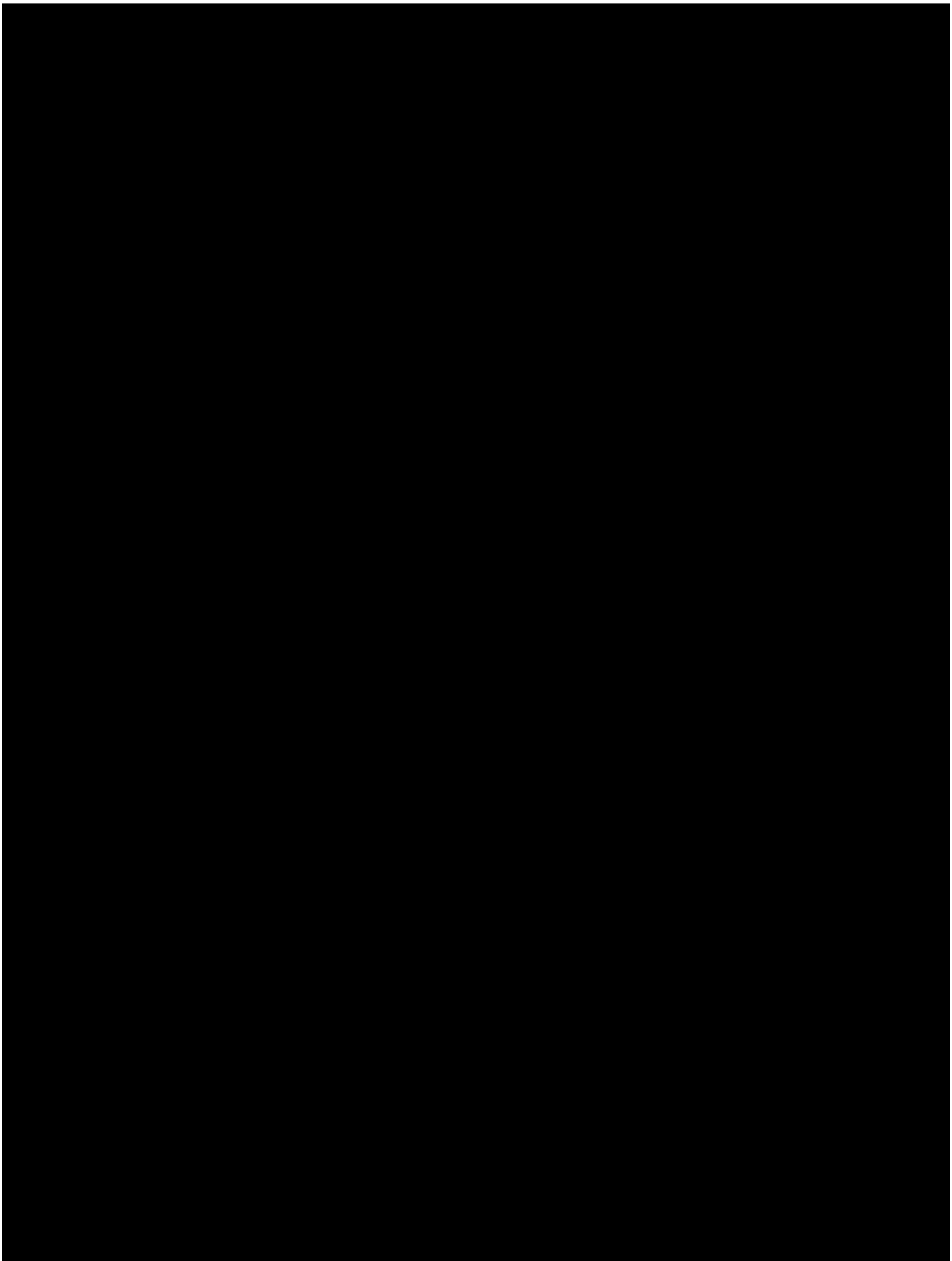


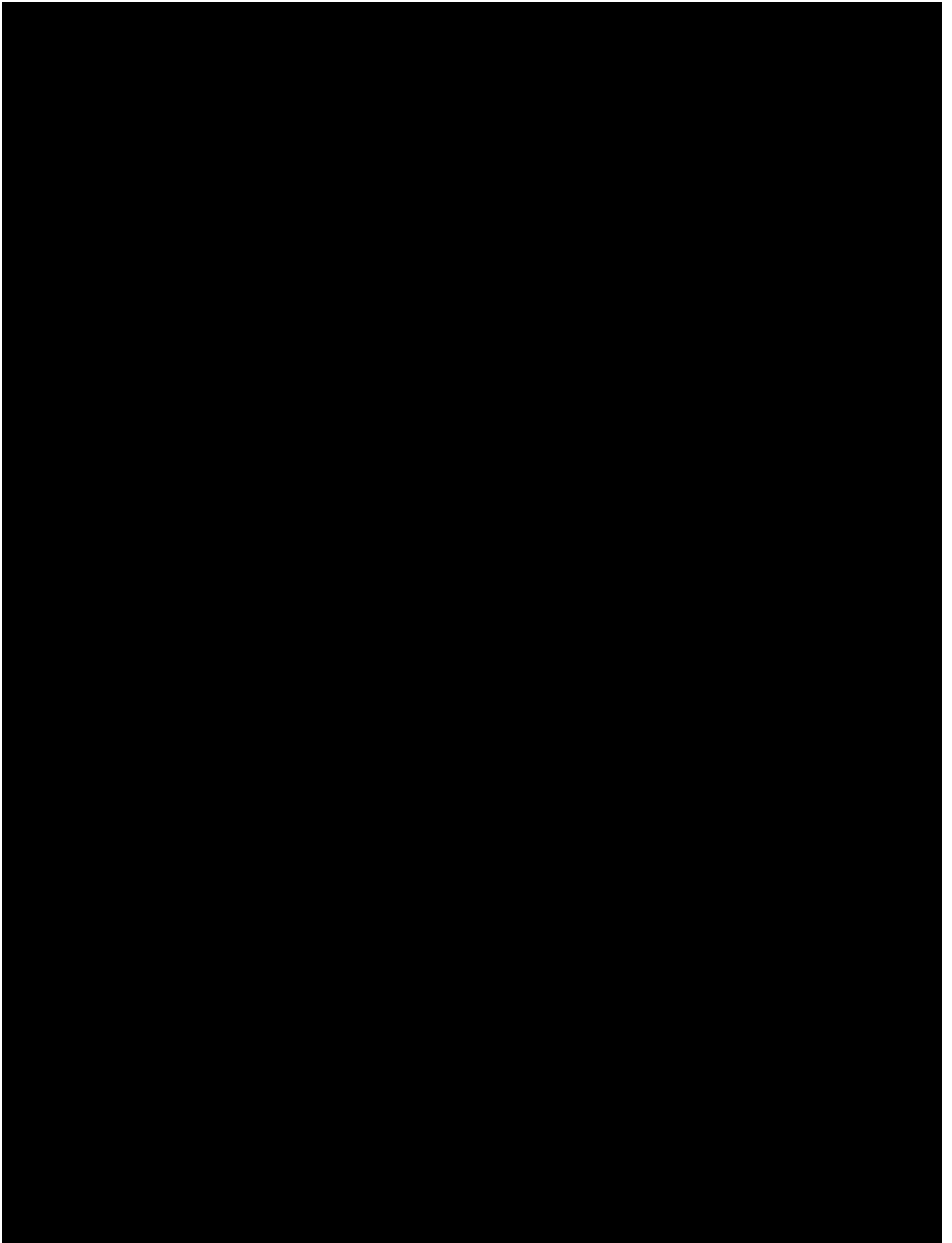


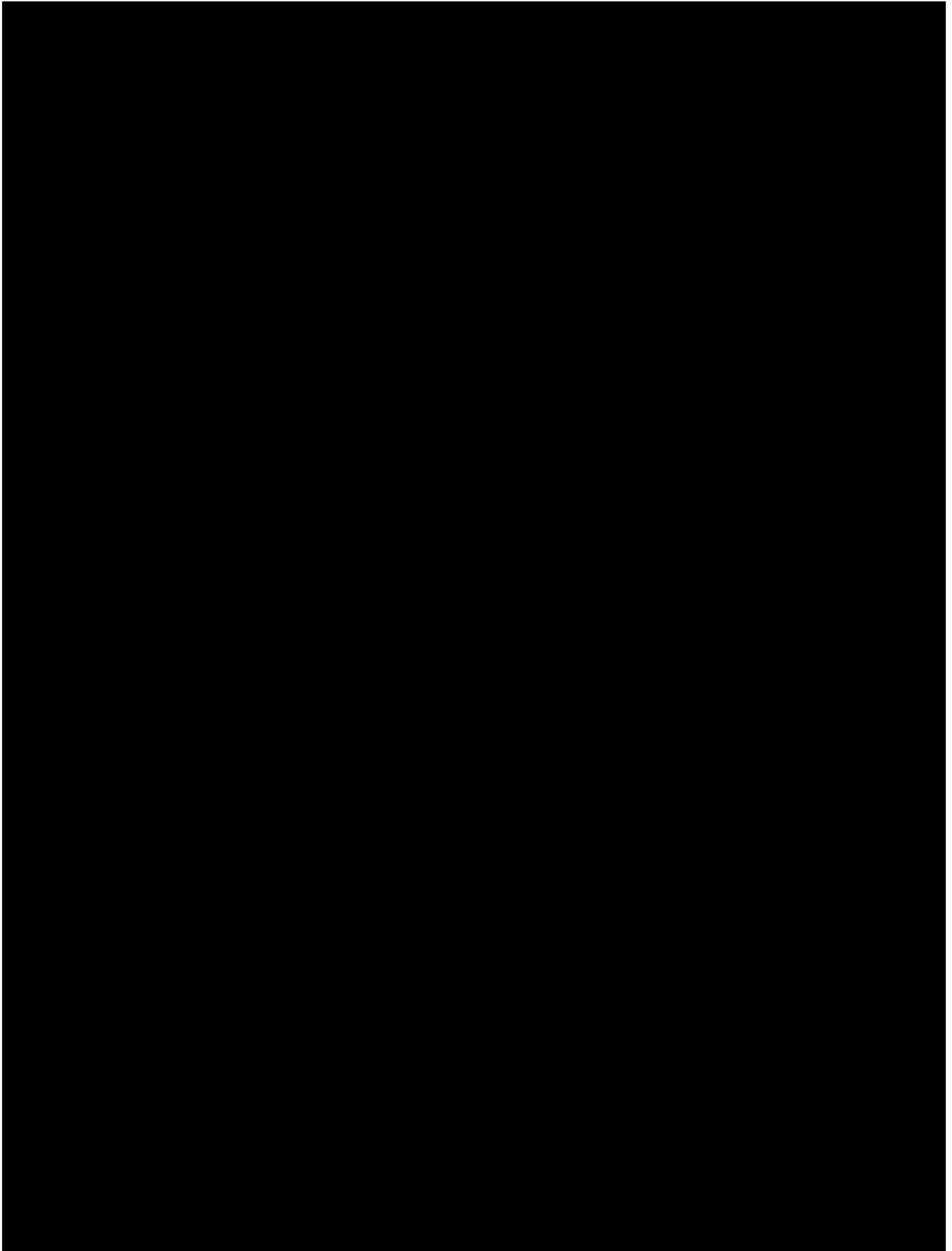


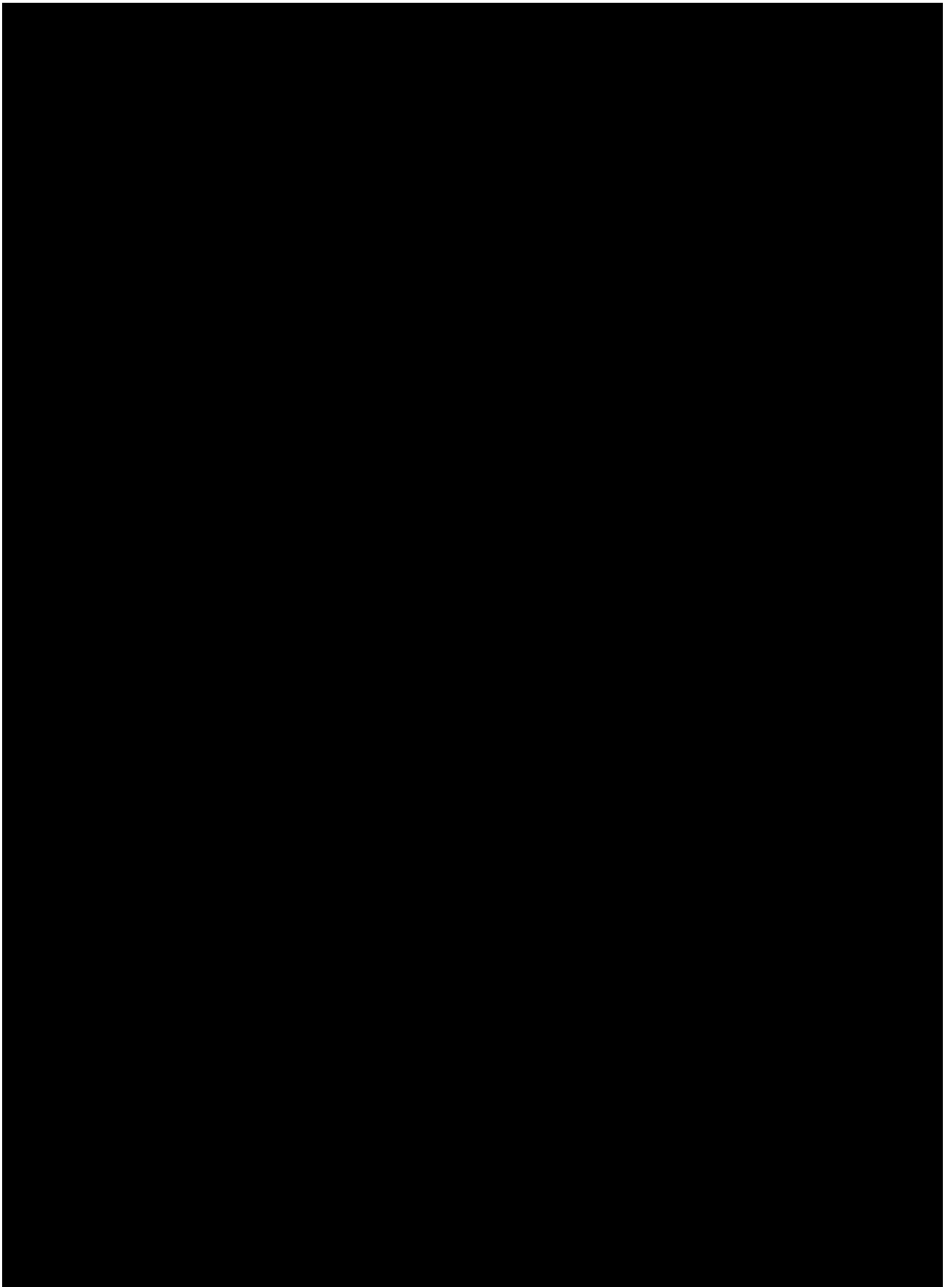


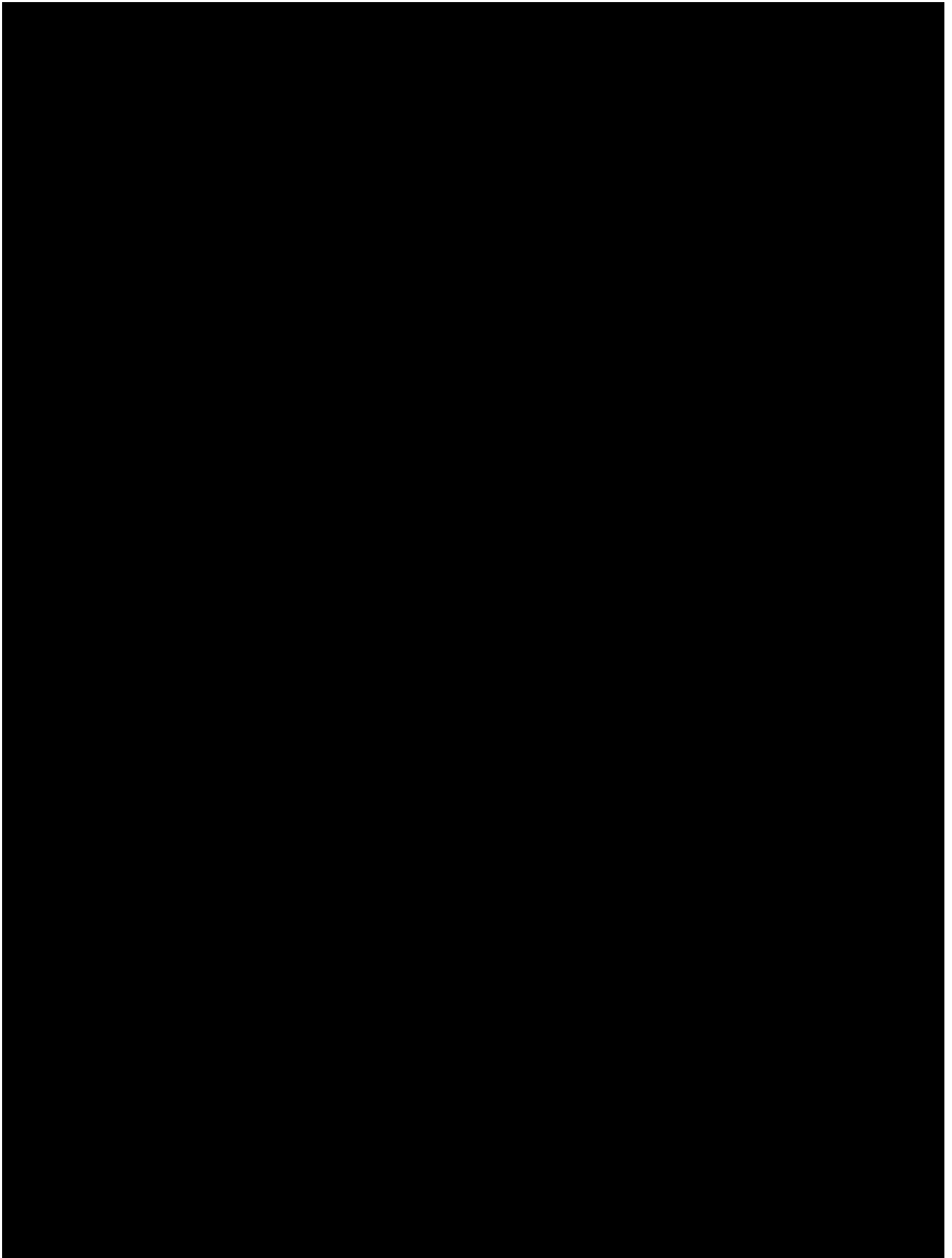


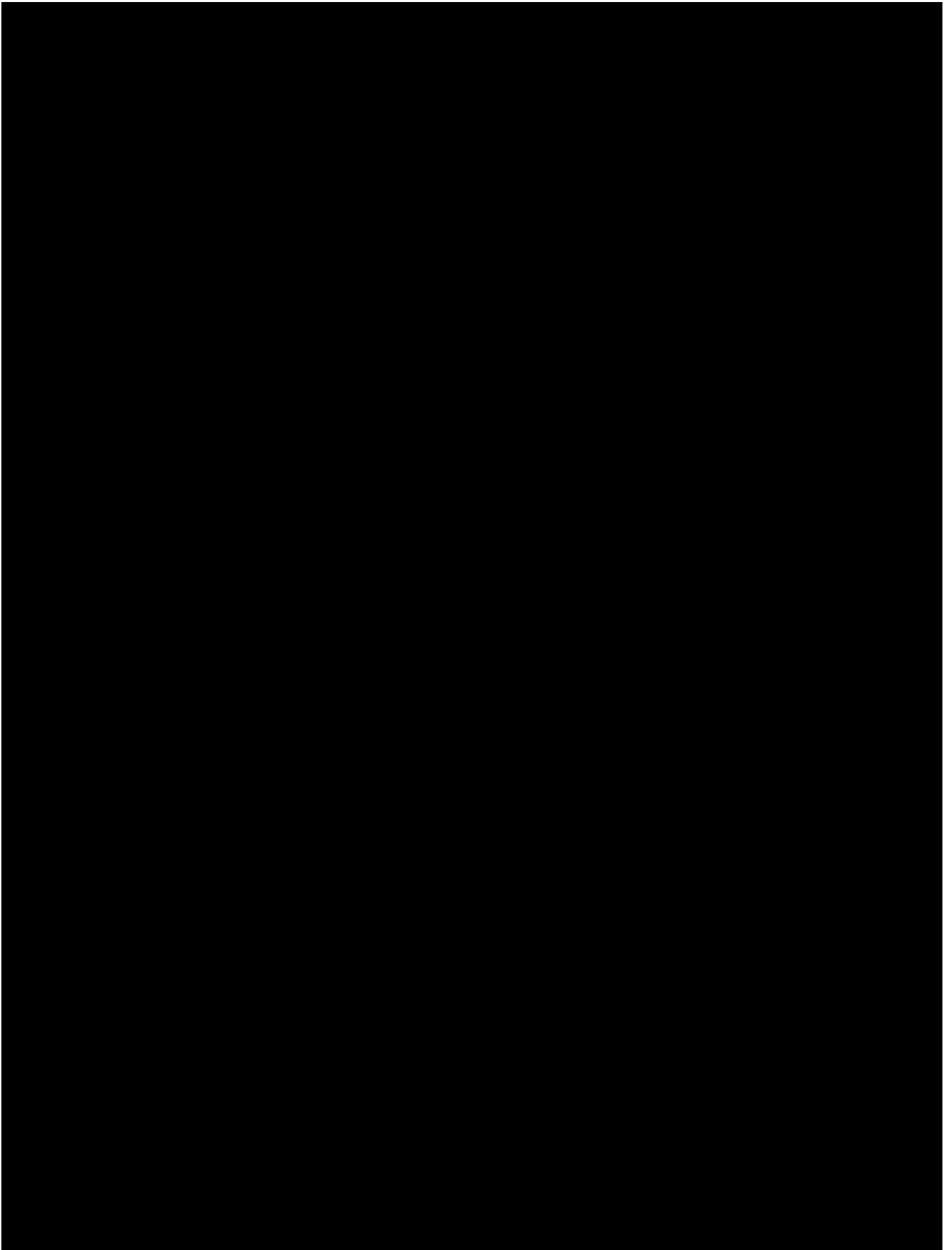


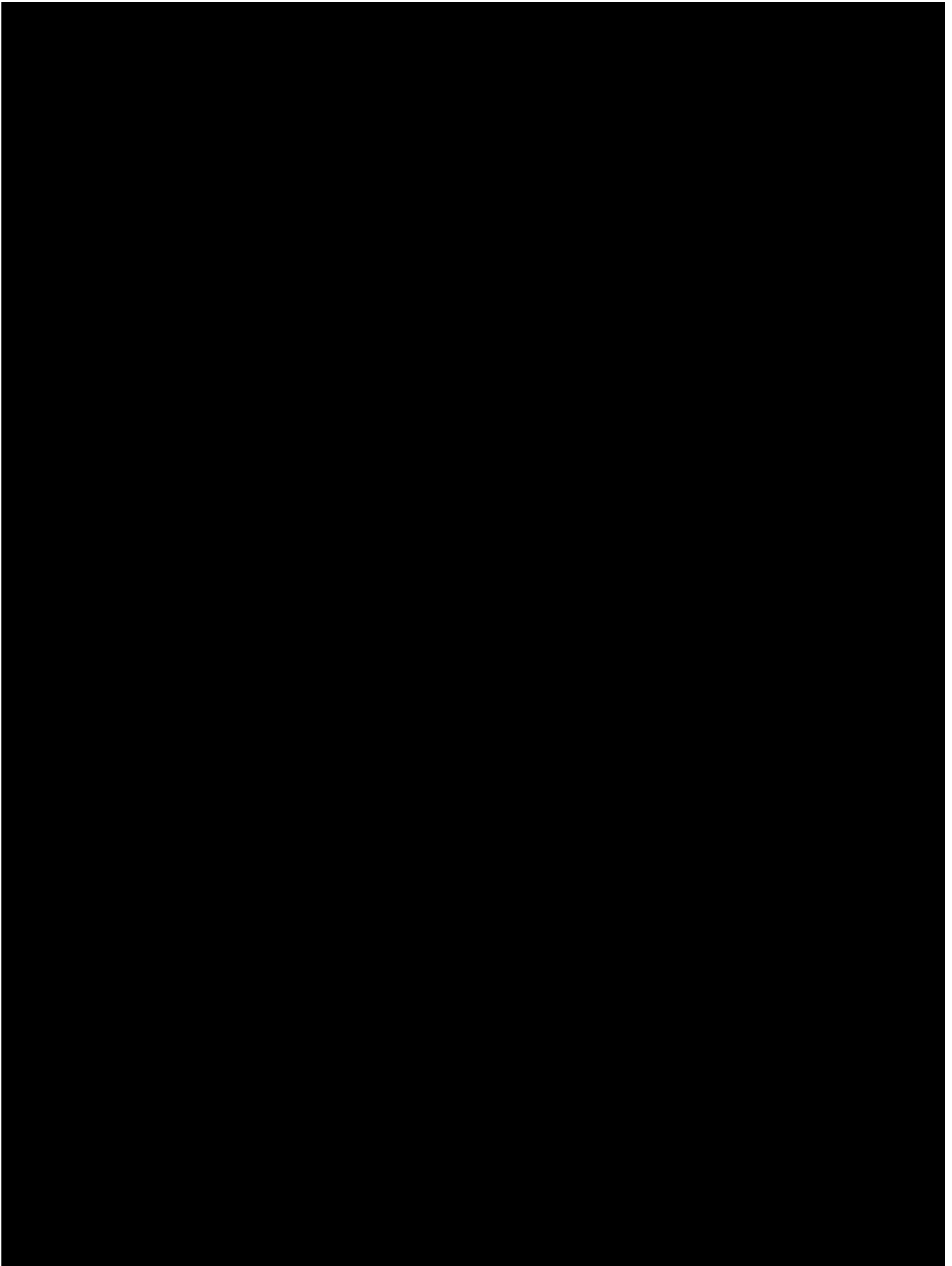


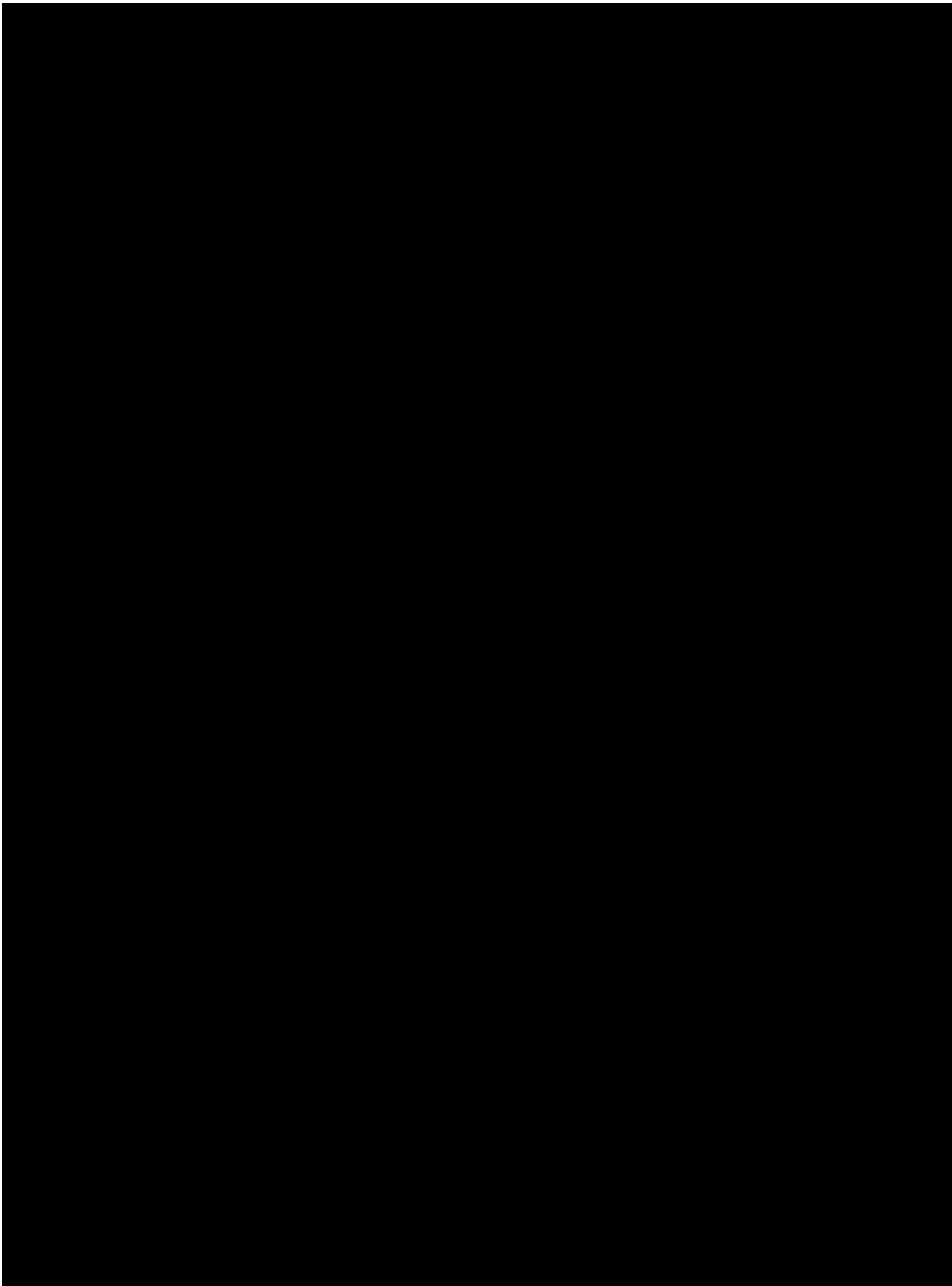


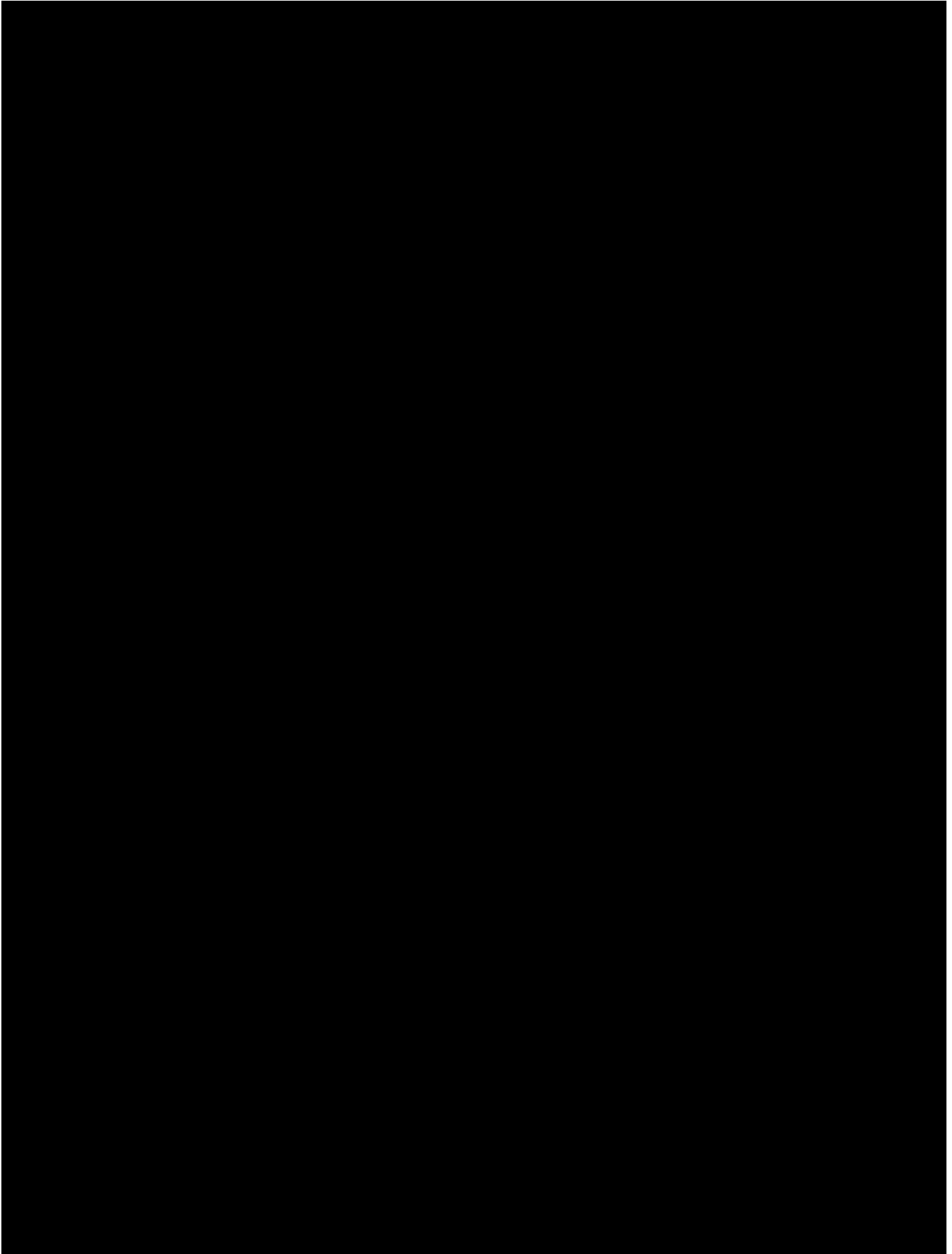


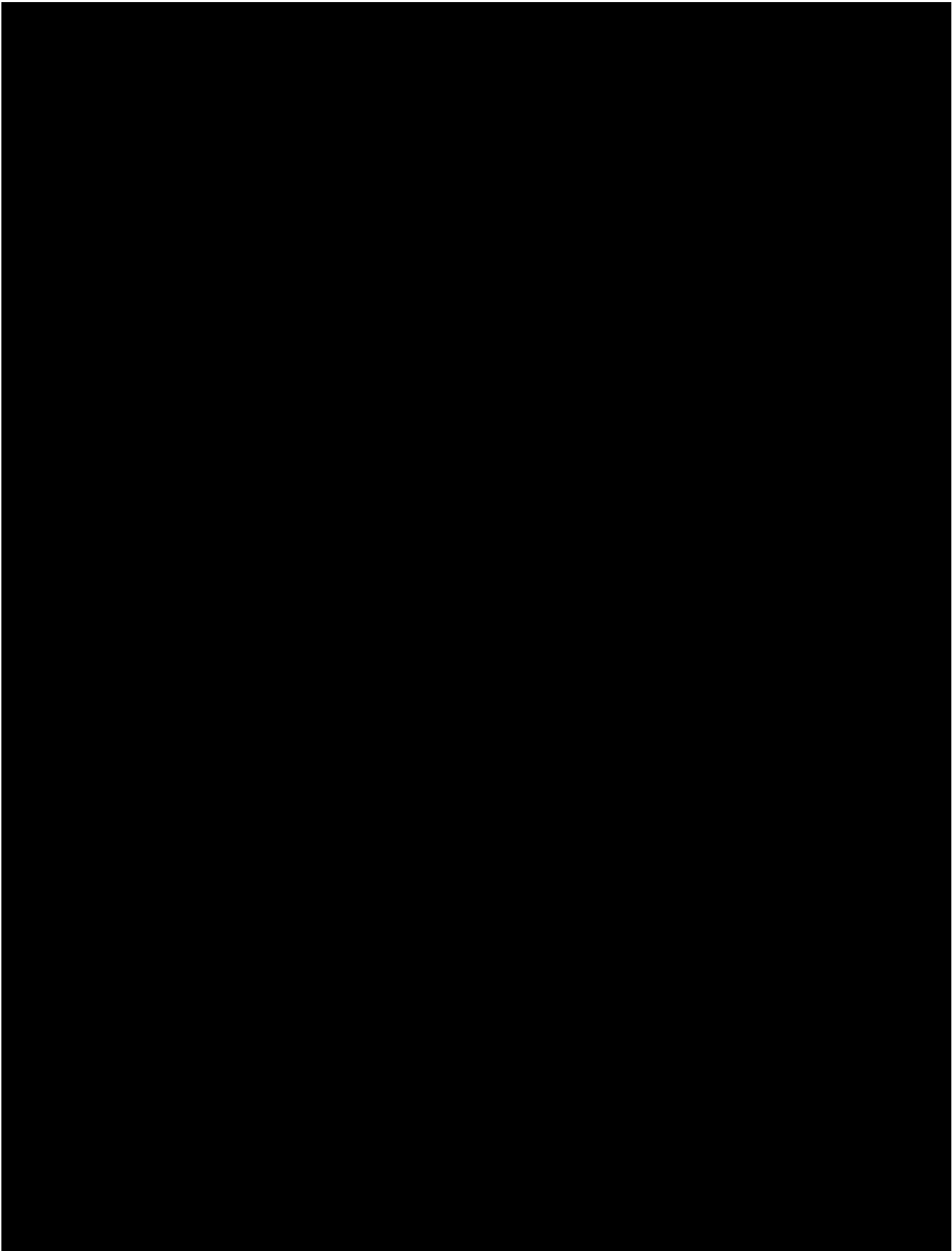


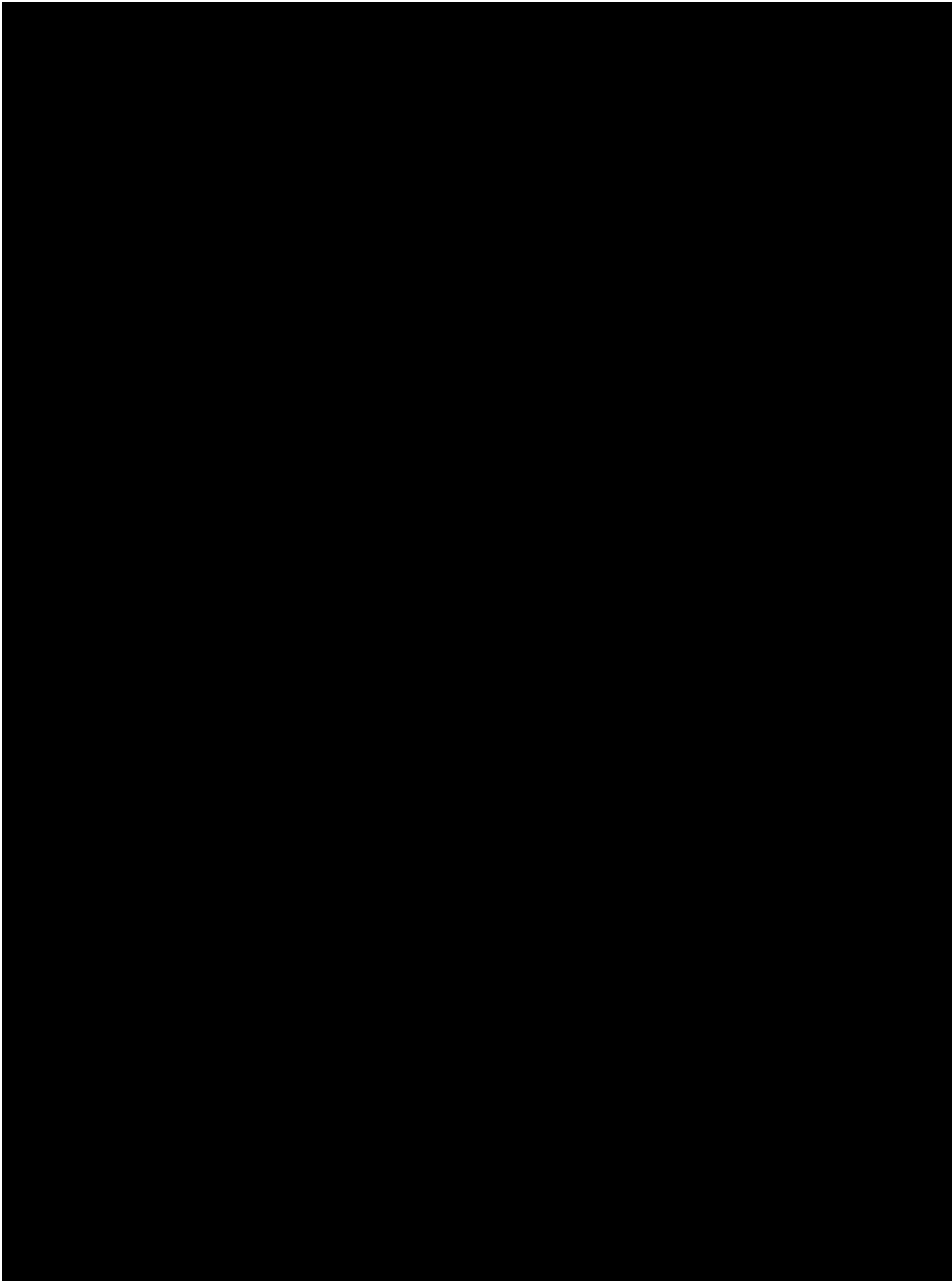


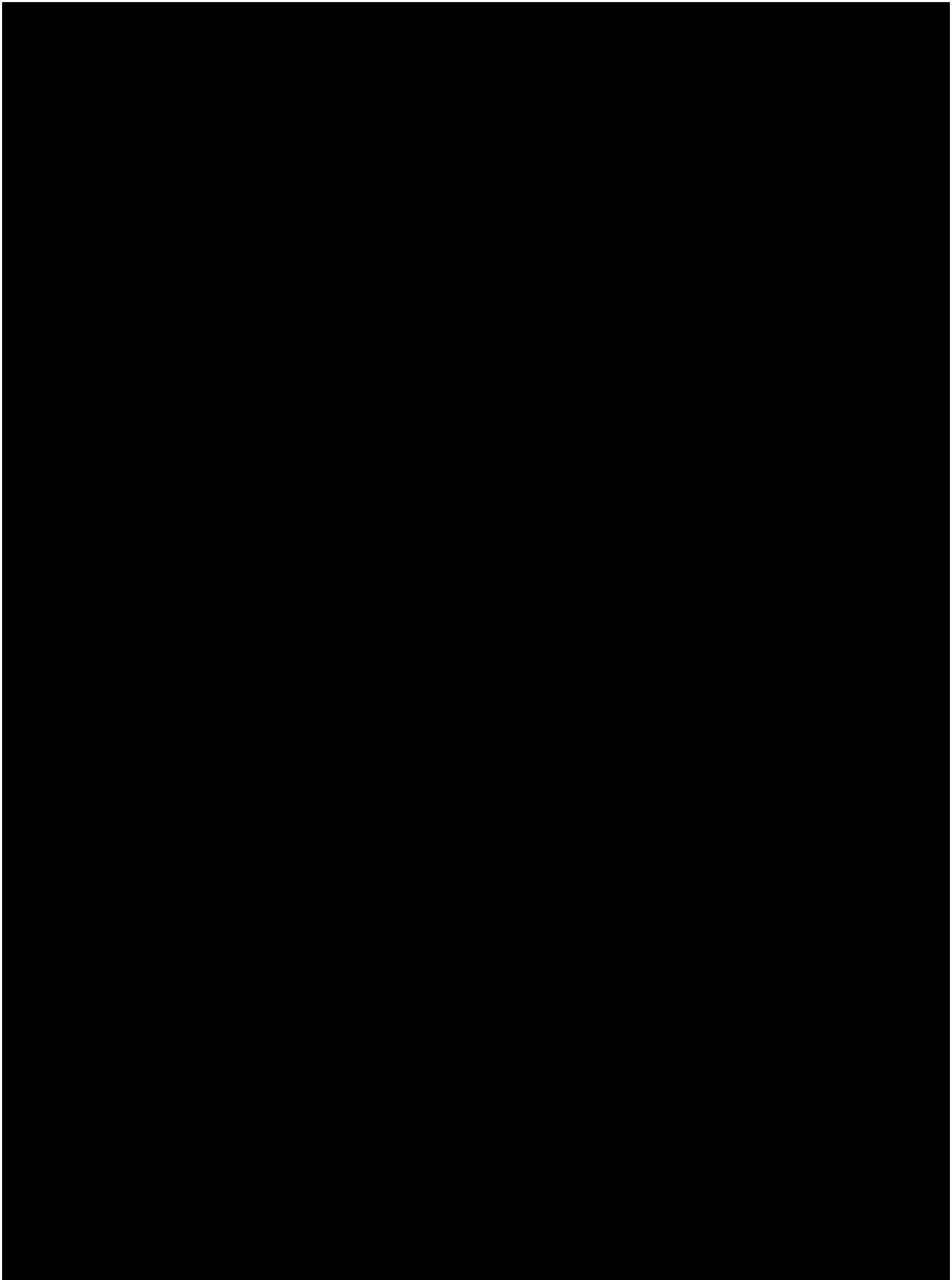


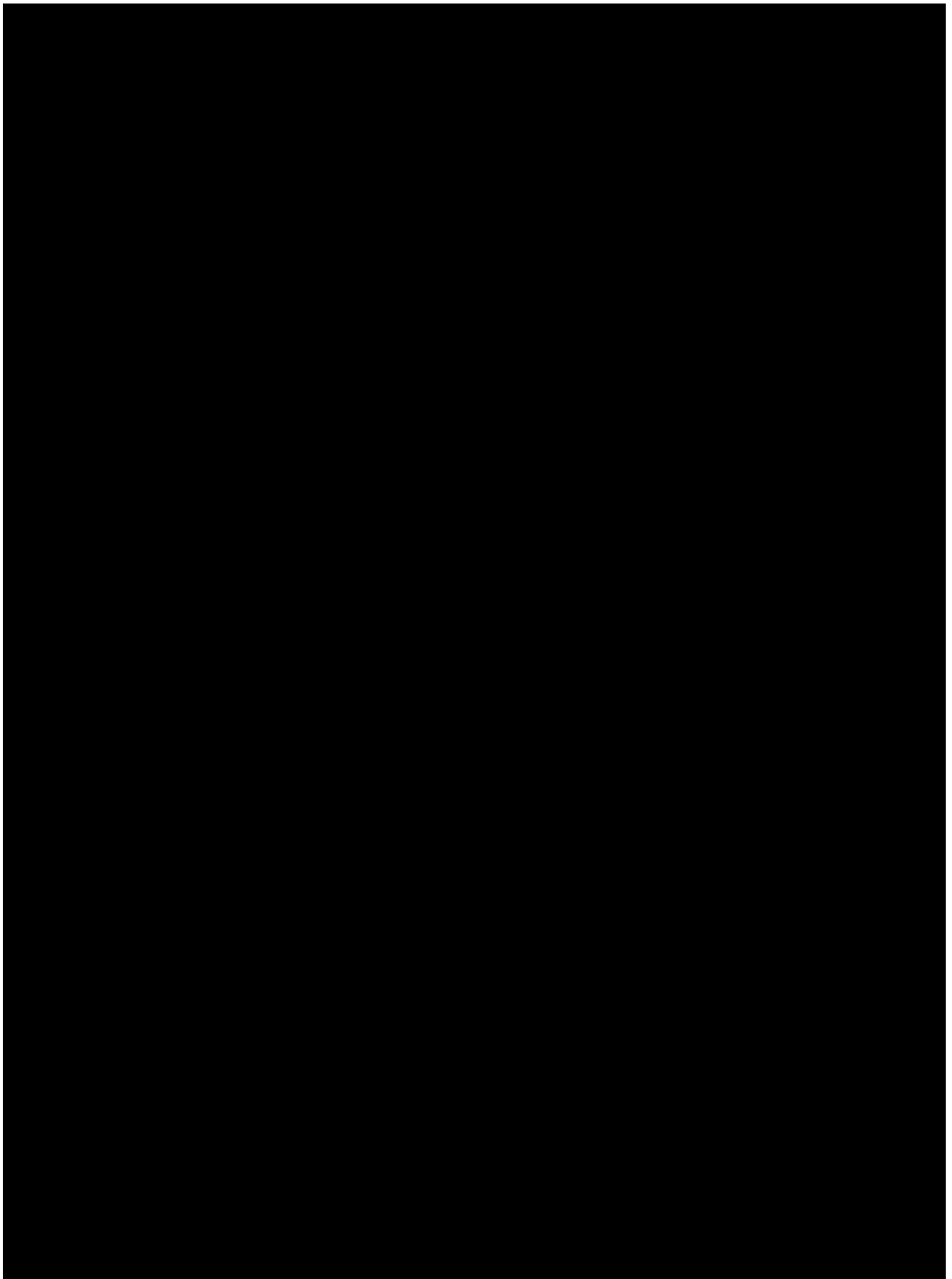


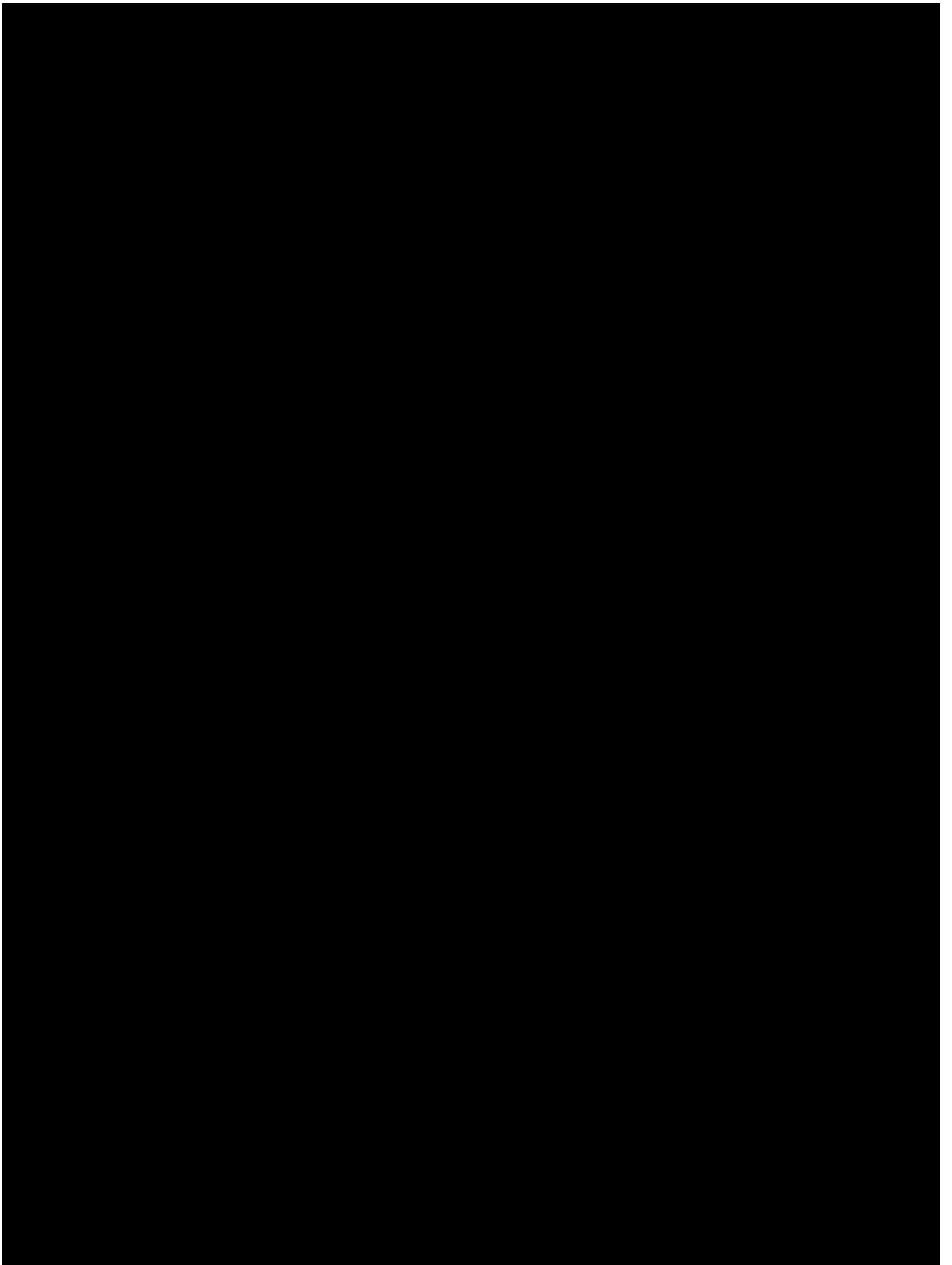


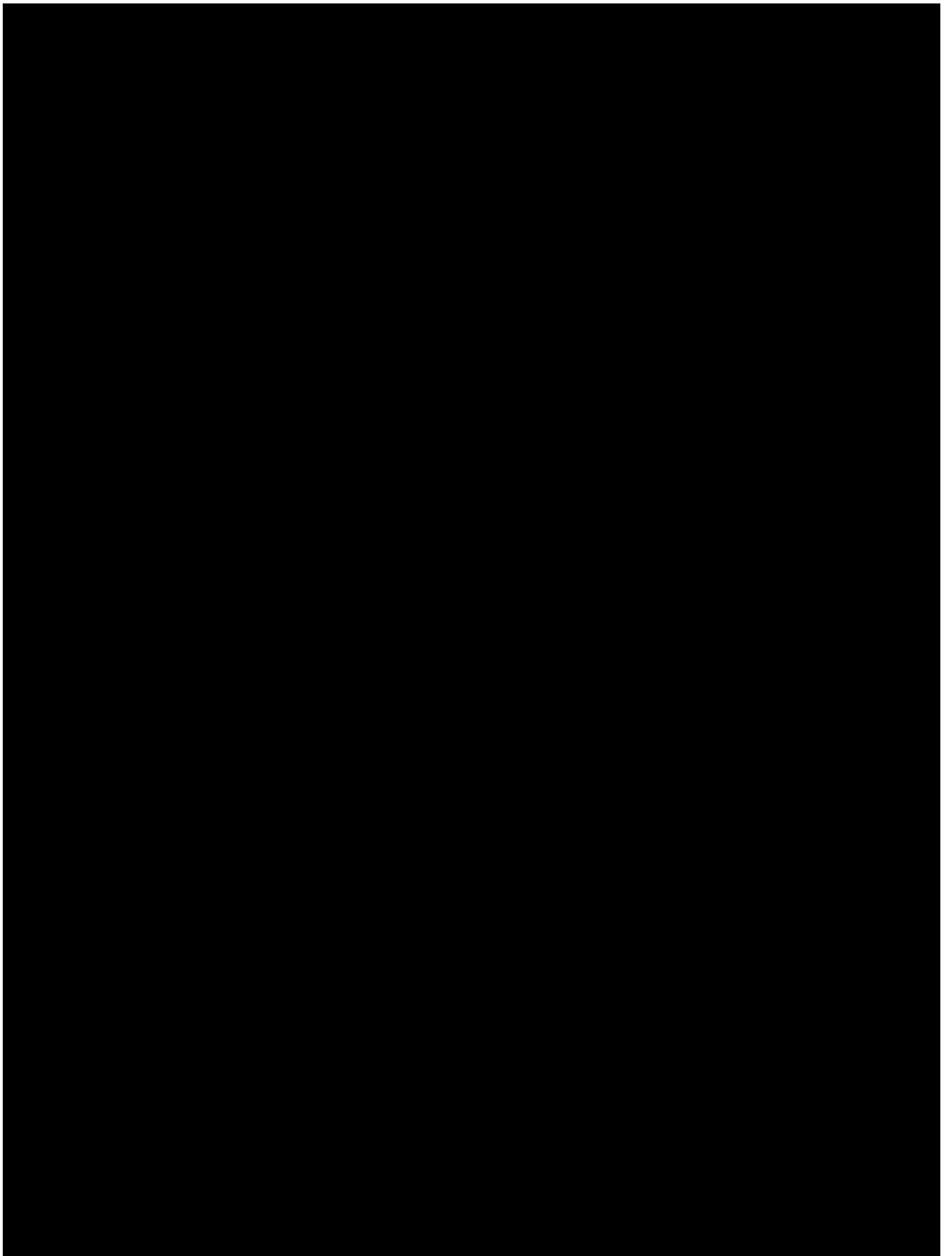


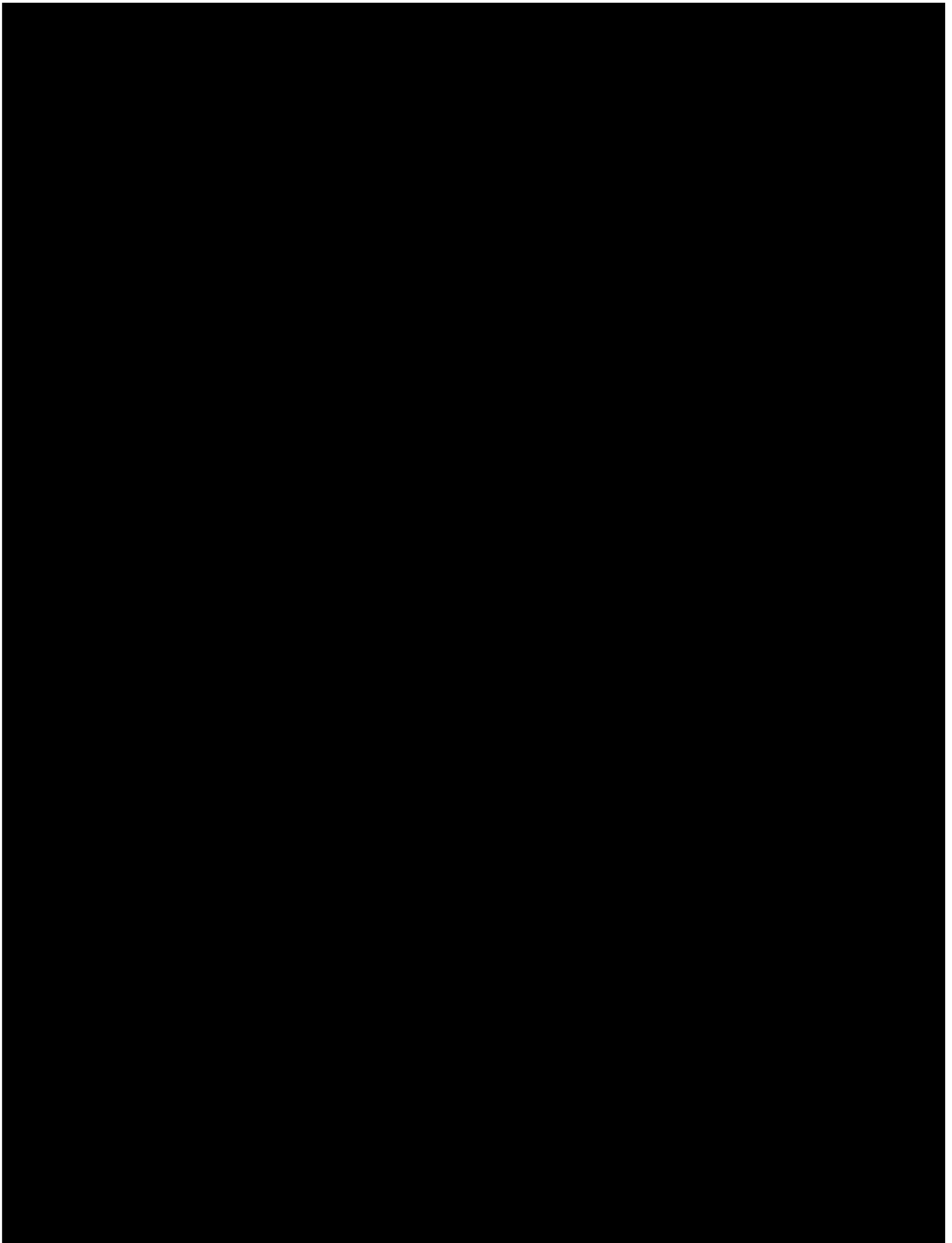


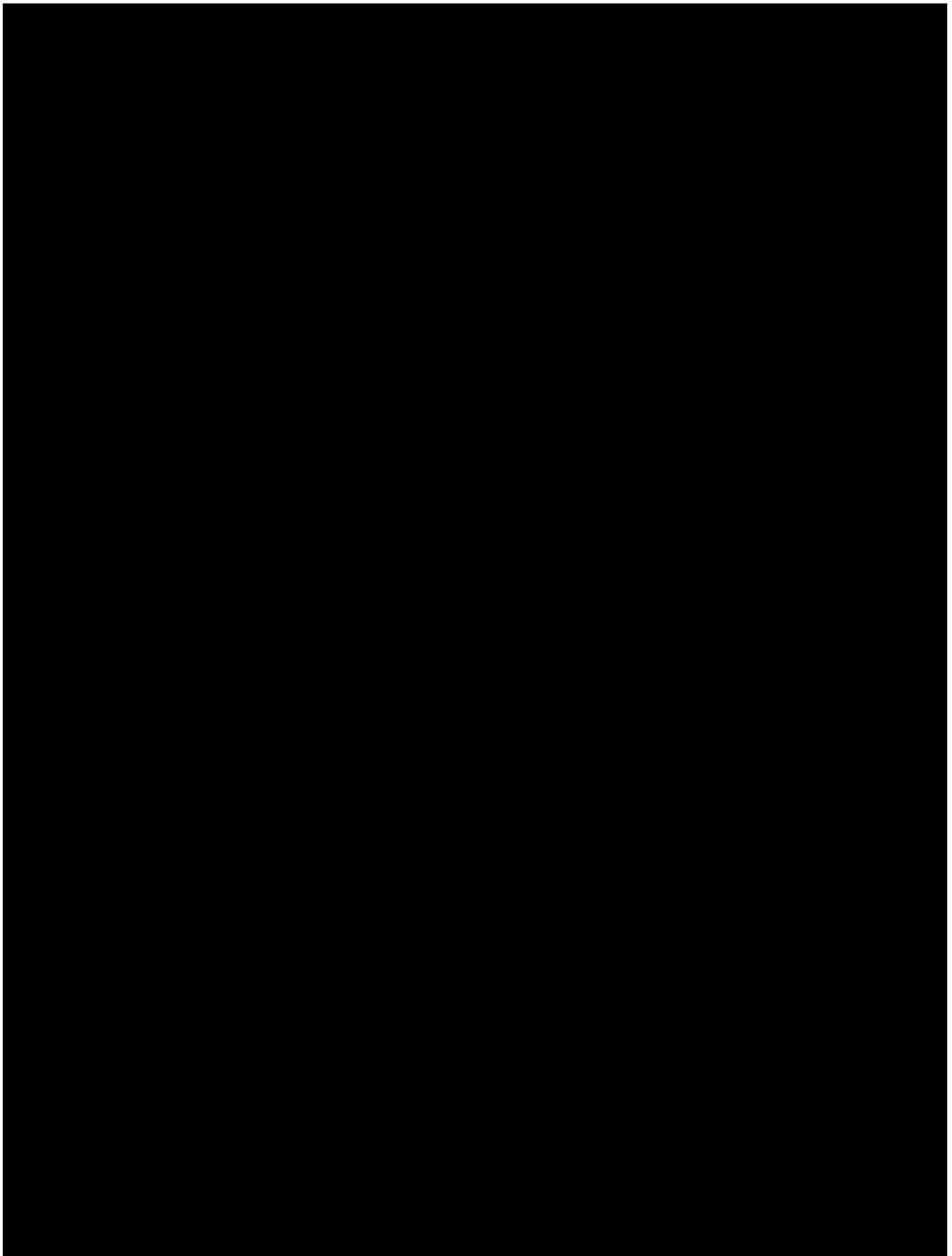












VERIFICATION

I, Brian Henry, am an officer of and the Contact Person for XLCR, Inc. (the “*Applicant*”) and am authorized to make this verification on its behalf. I have read Applicant’s Security Plan, which includes but is not limited to a plan for security during the transport of medical cannabis, and have reviewed the same with Applicant’s professional advisors and consultants, and I verify that, based upon my own knowledge, information and belief, the facts stated therein are true and that Applicant’s Security Plan both satisfies and complies with the Alabama Medical Cannabis Commission’s (“*AMCC*”) requirements for the same.

DocuSigned by:
Brian Henry
8E05F7E74367478...

Brian Henry

3/3/2023 | 12:19:17 PM CST

Date

Exhibit 21 - 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.

Brian Henry

President

Printed Name of Verifying Individual

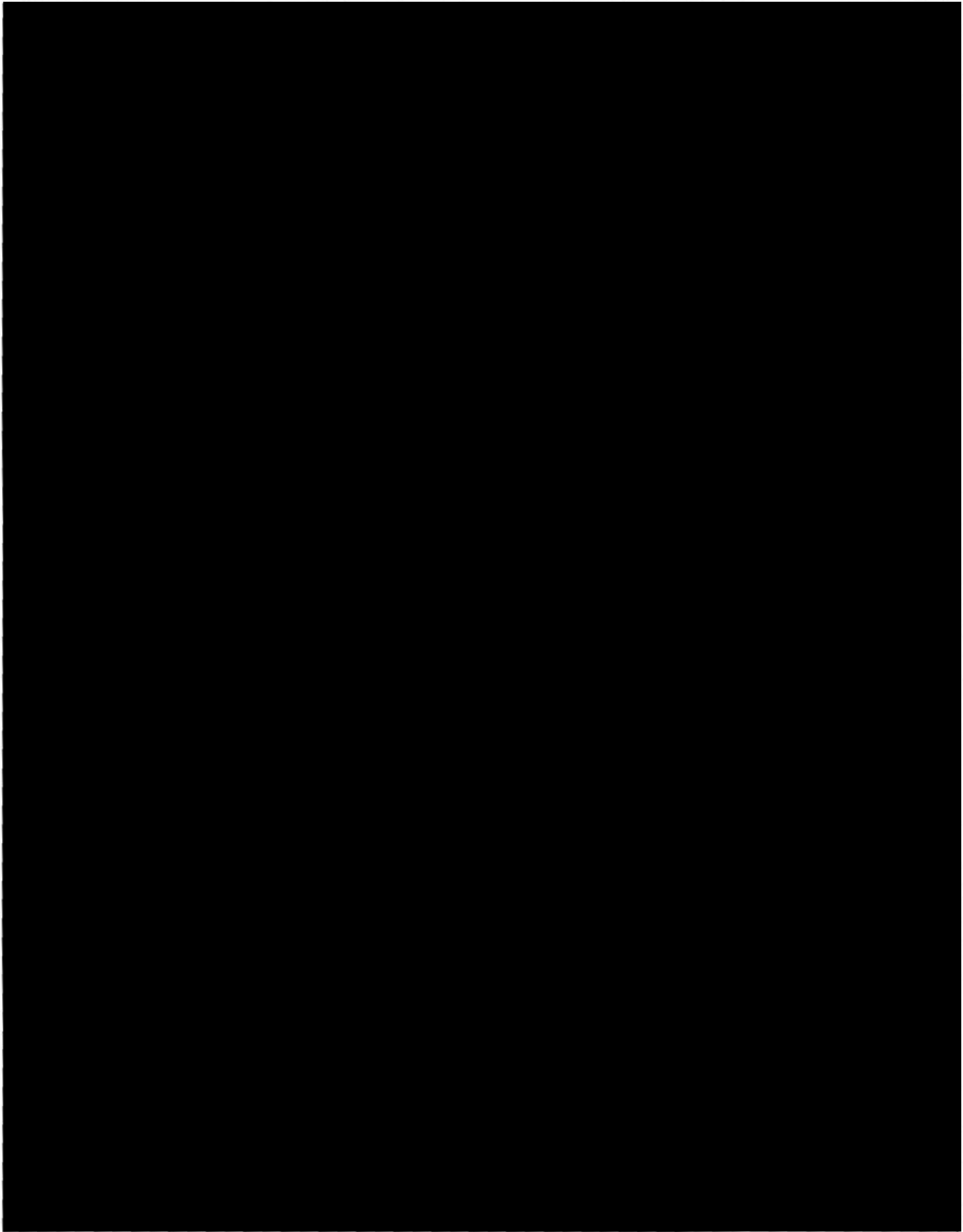
Title of Verifying Individual

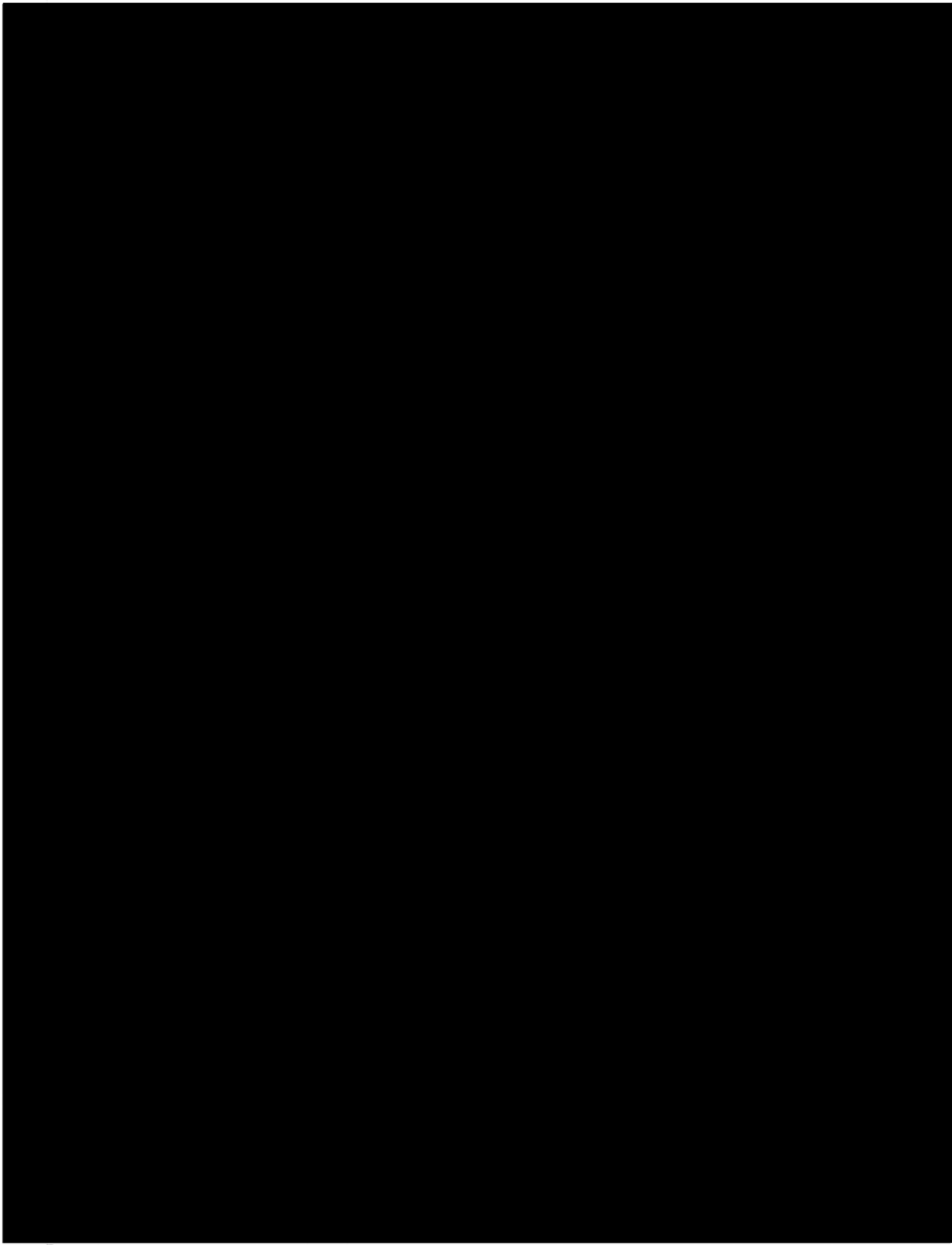


02/27/23

Signature of Verifying Individual

Verification Date





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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

Exhibit 22 - 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.

Brian Henry

President

Printed Name of Verifying Individual

Title of Verifying Individual



02/27/23

Signature of Verifying Individual

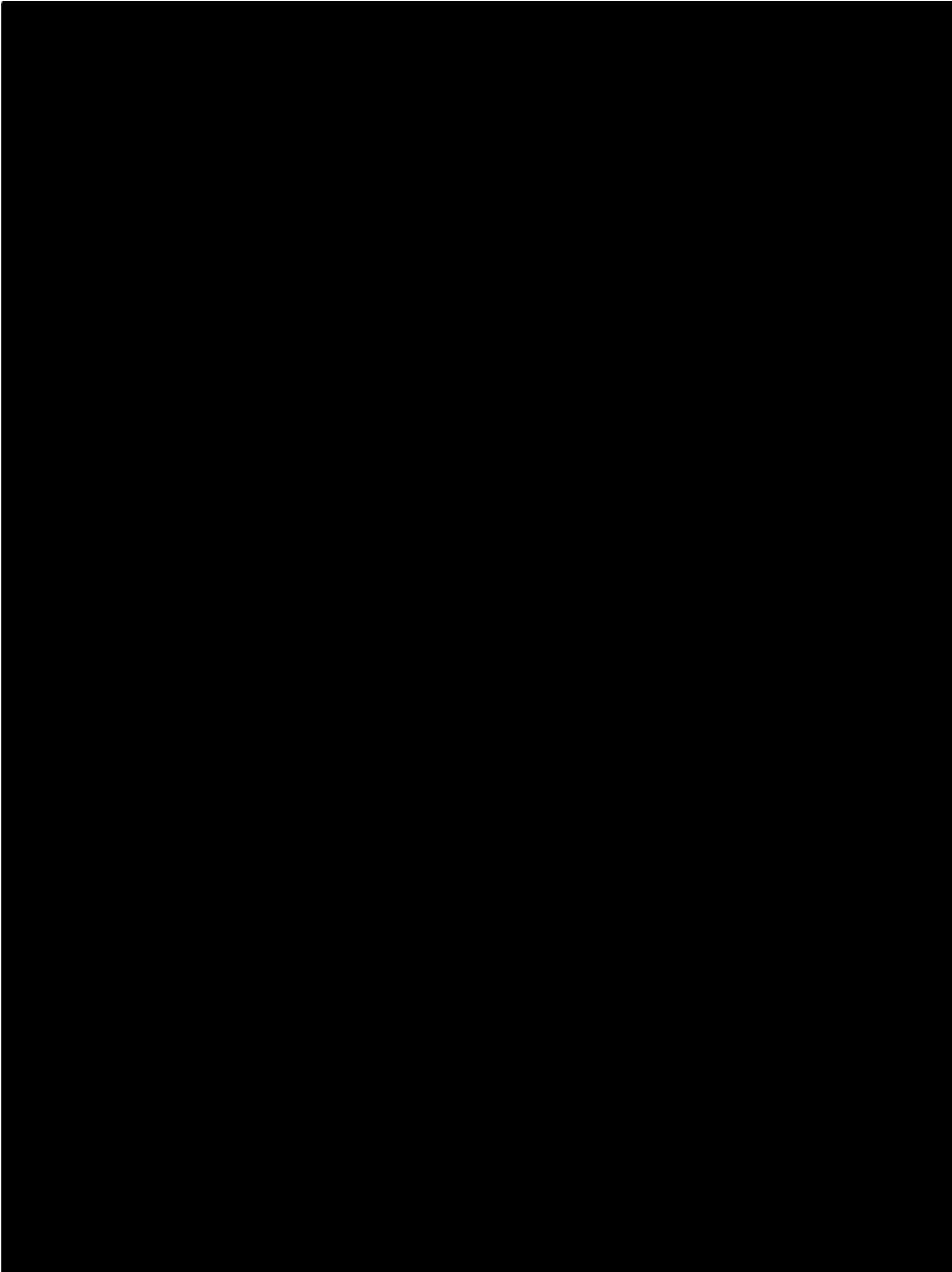
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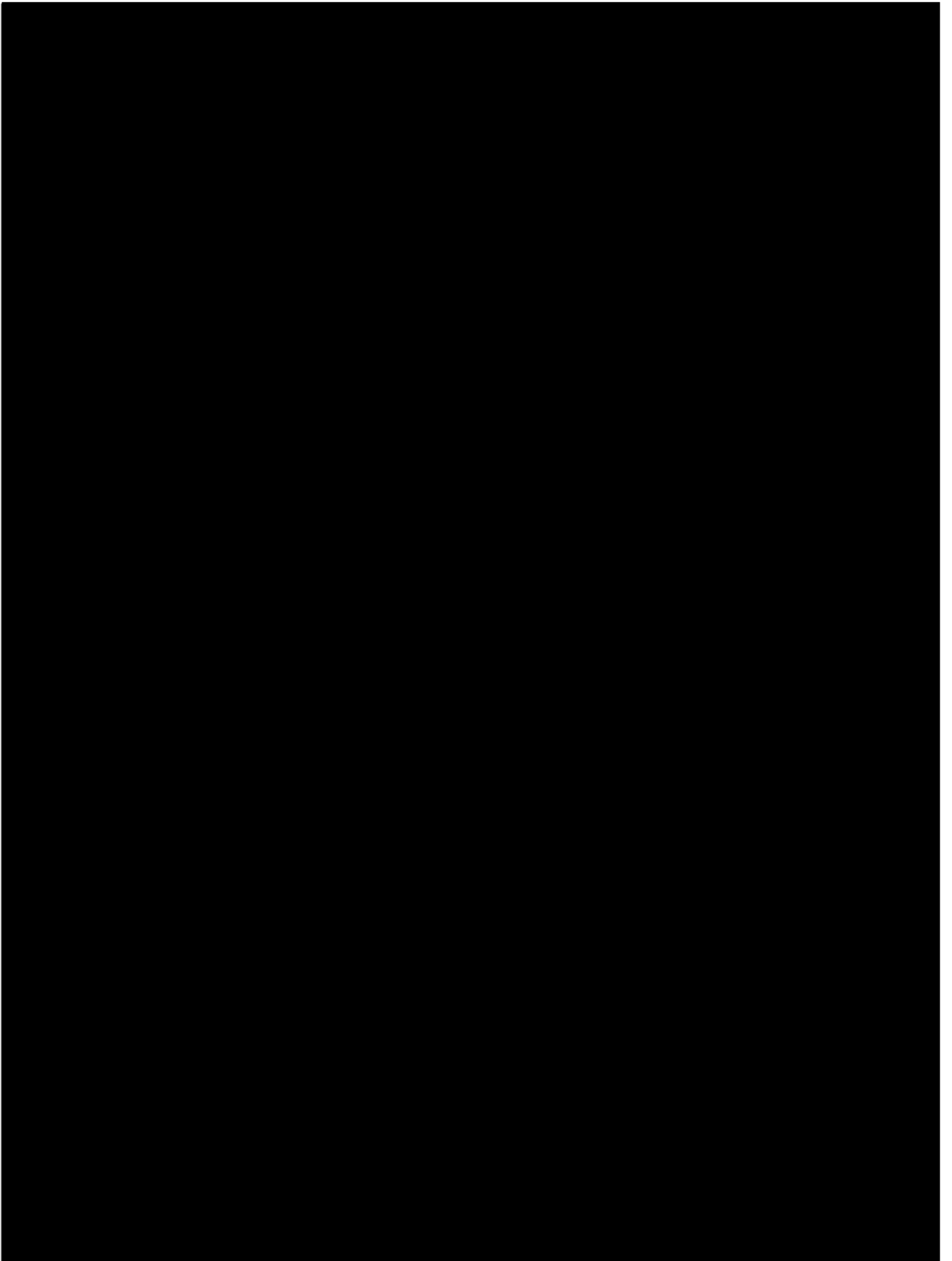
XLCR Inc.

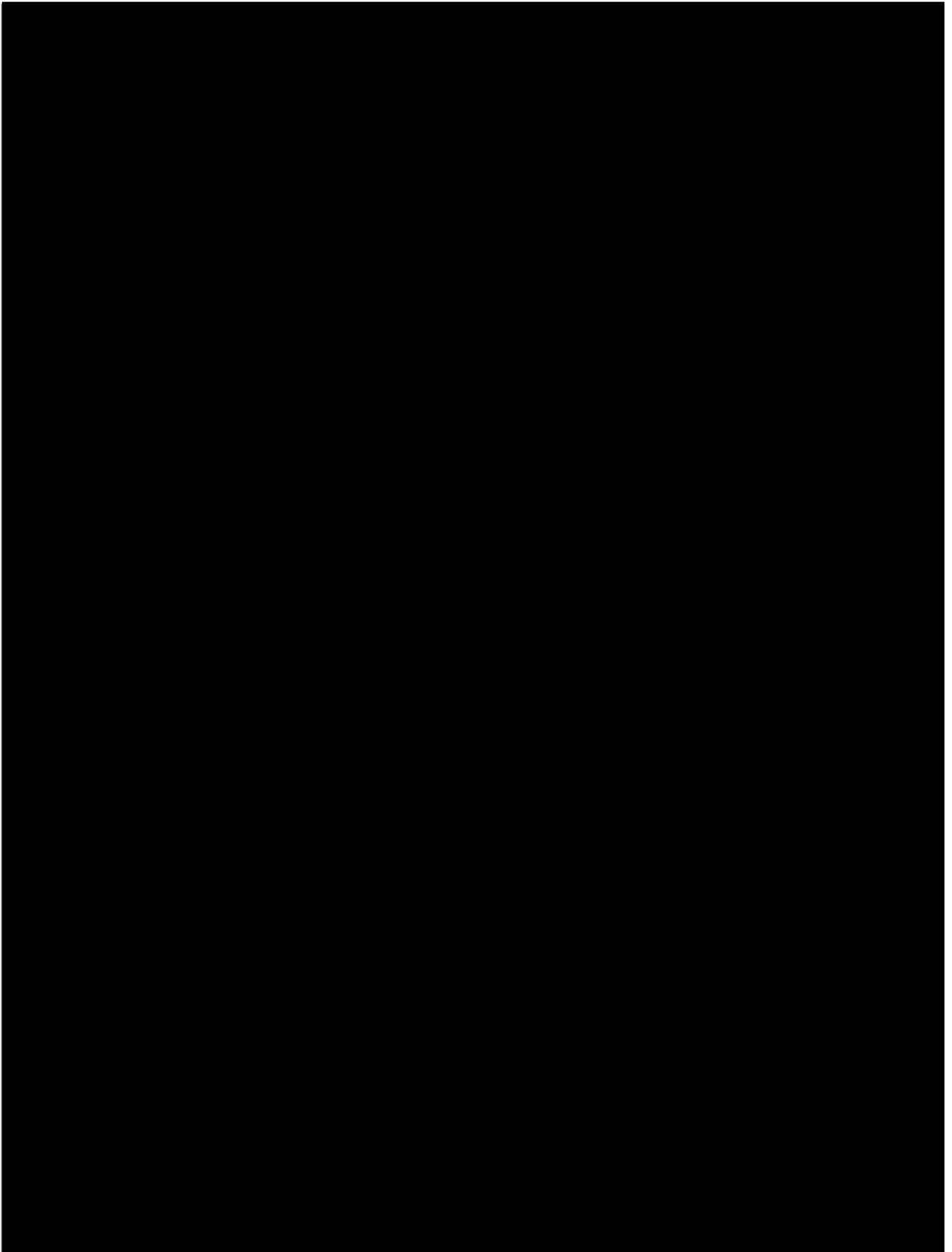
License Type: Secure Transporter

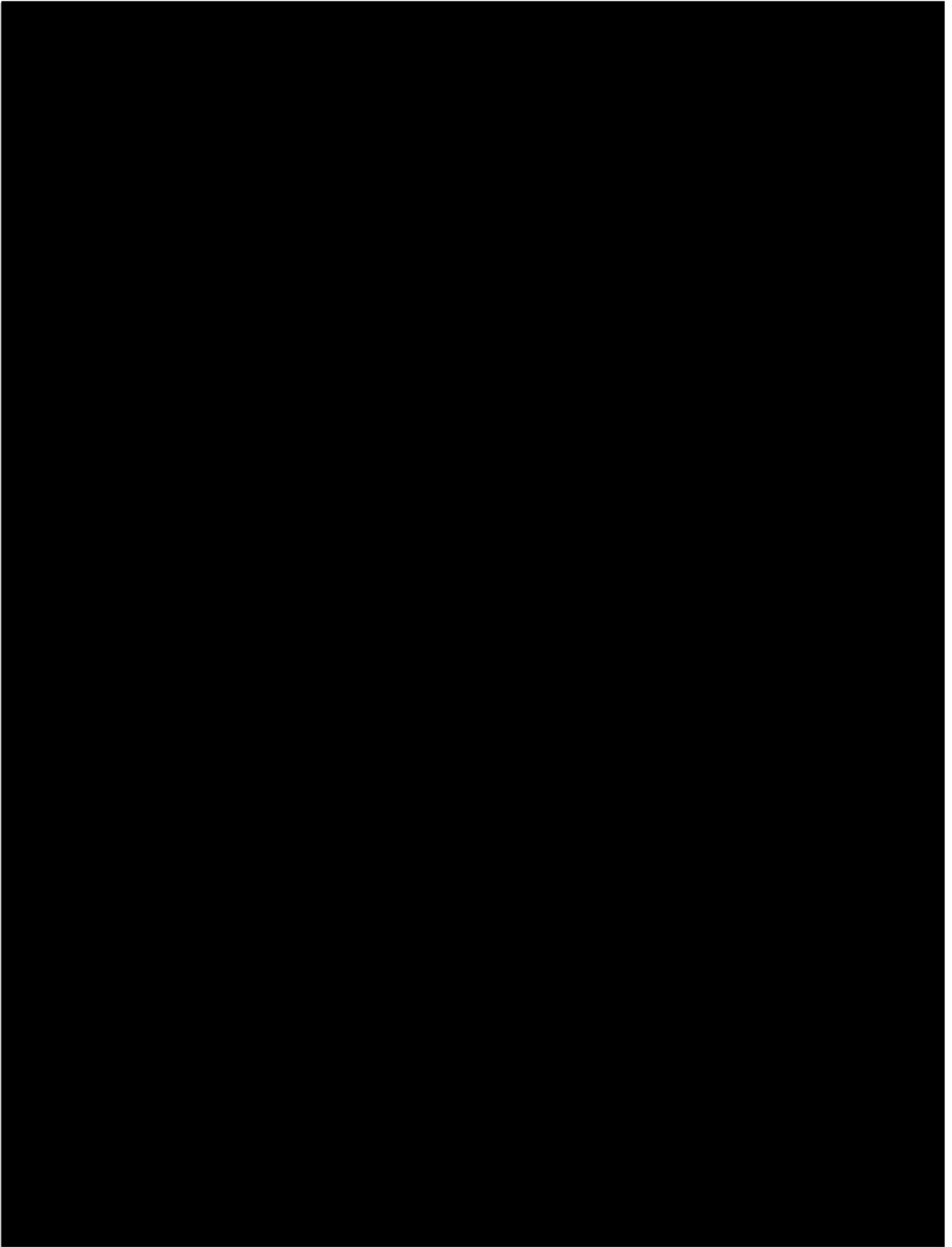
Attached is a current Version of the XLCR / Park Transfer employee Handbook.

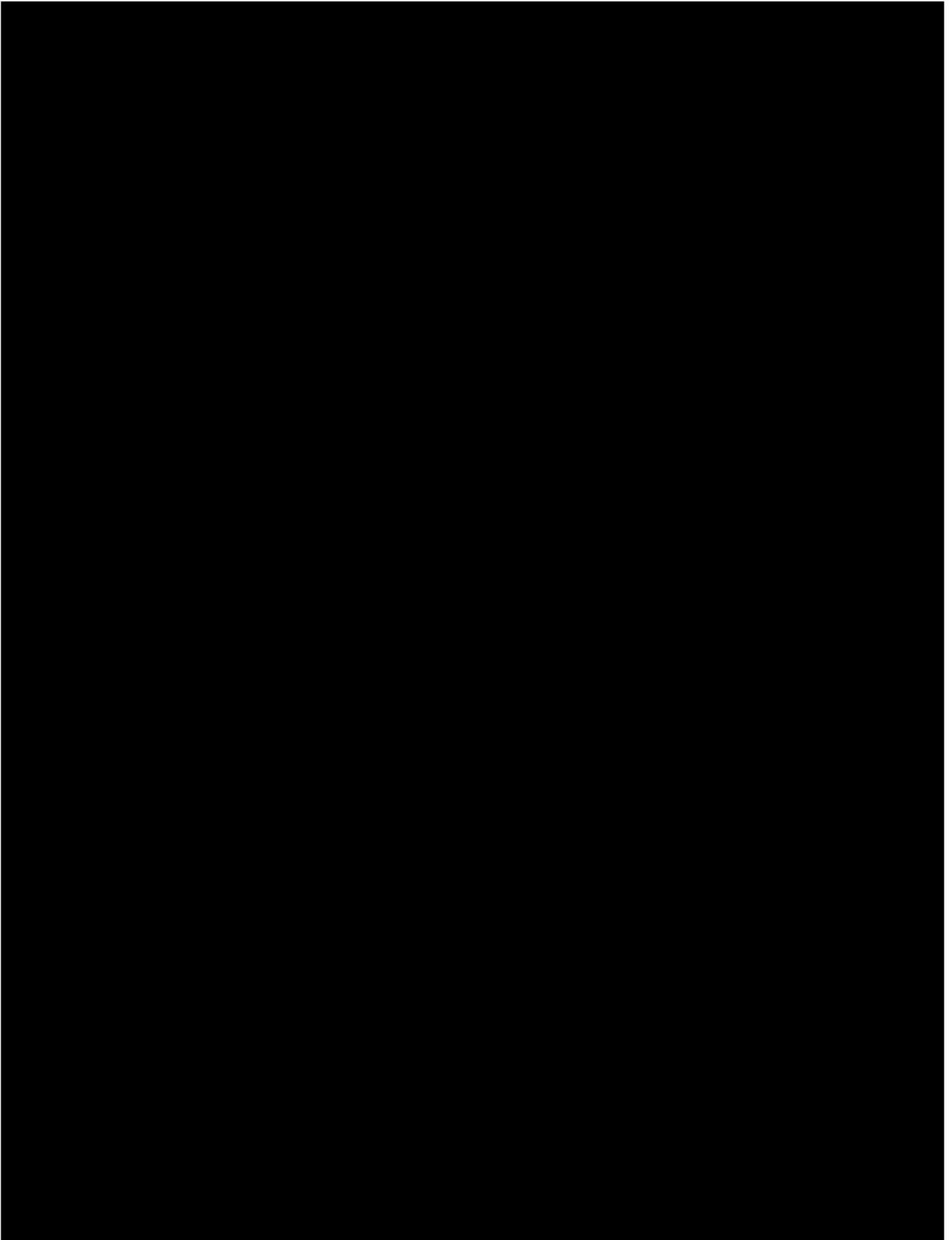
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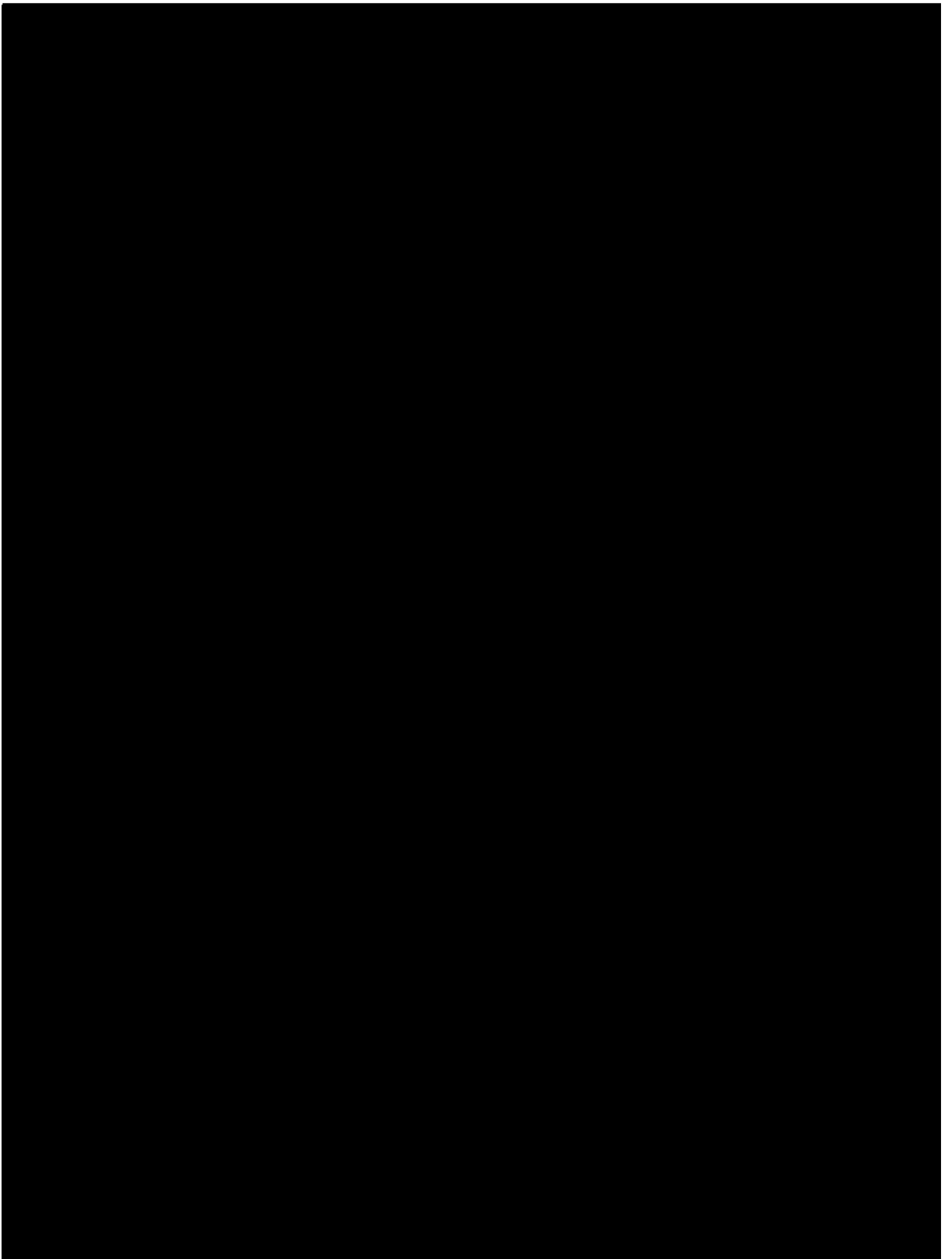


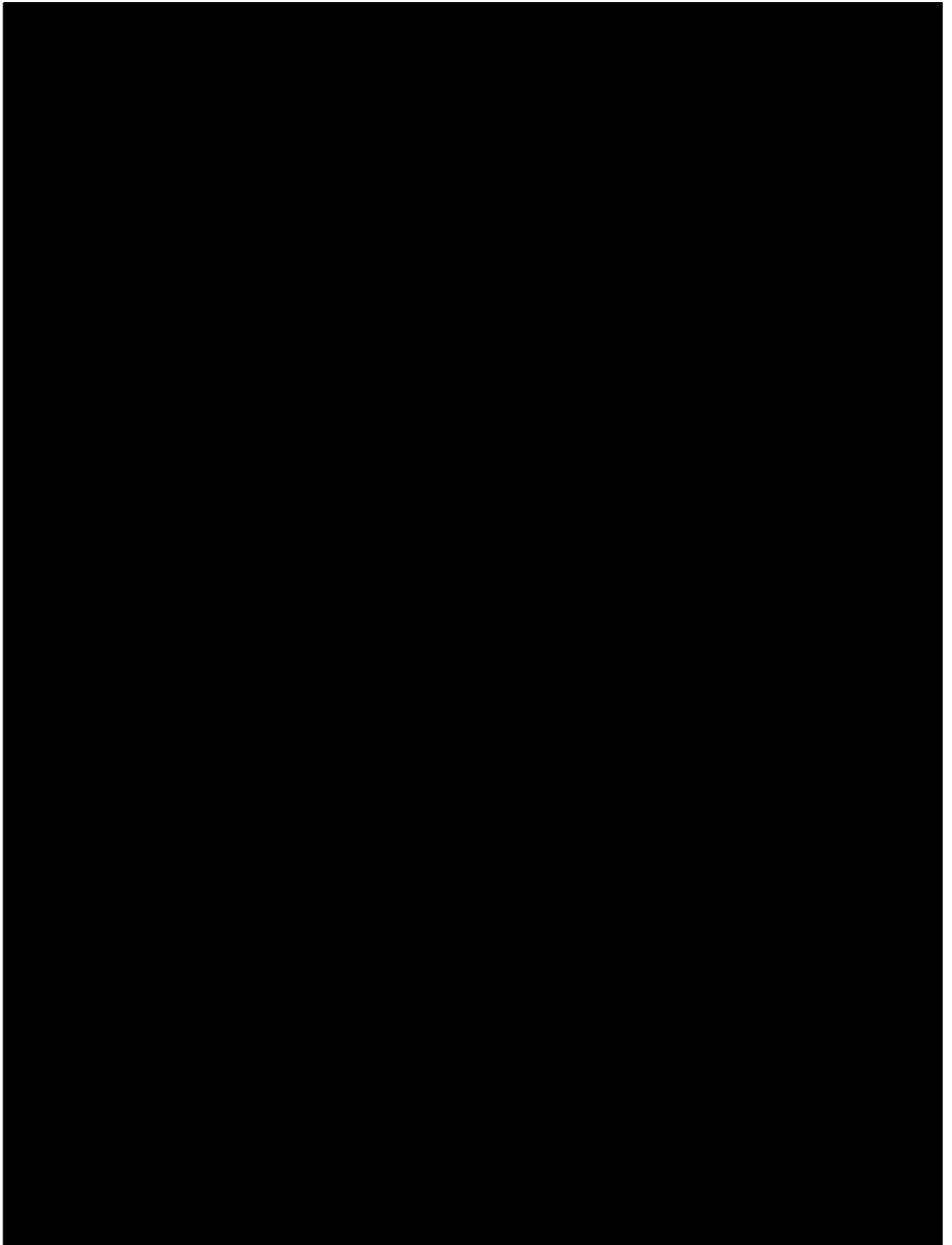


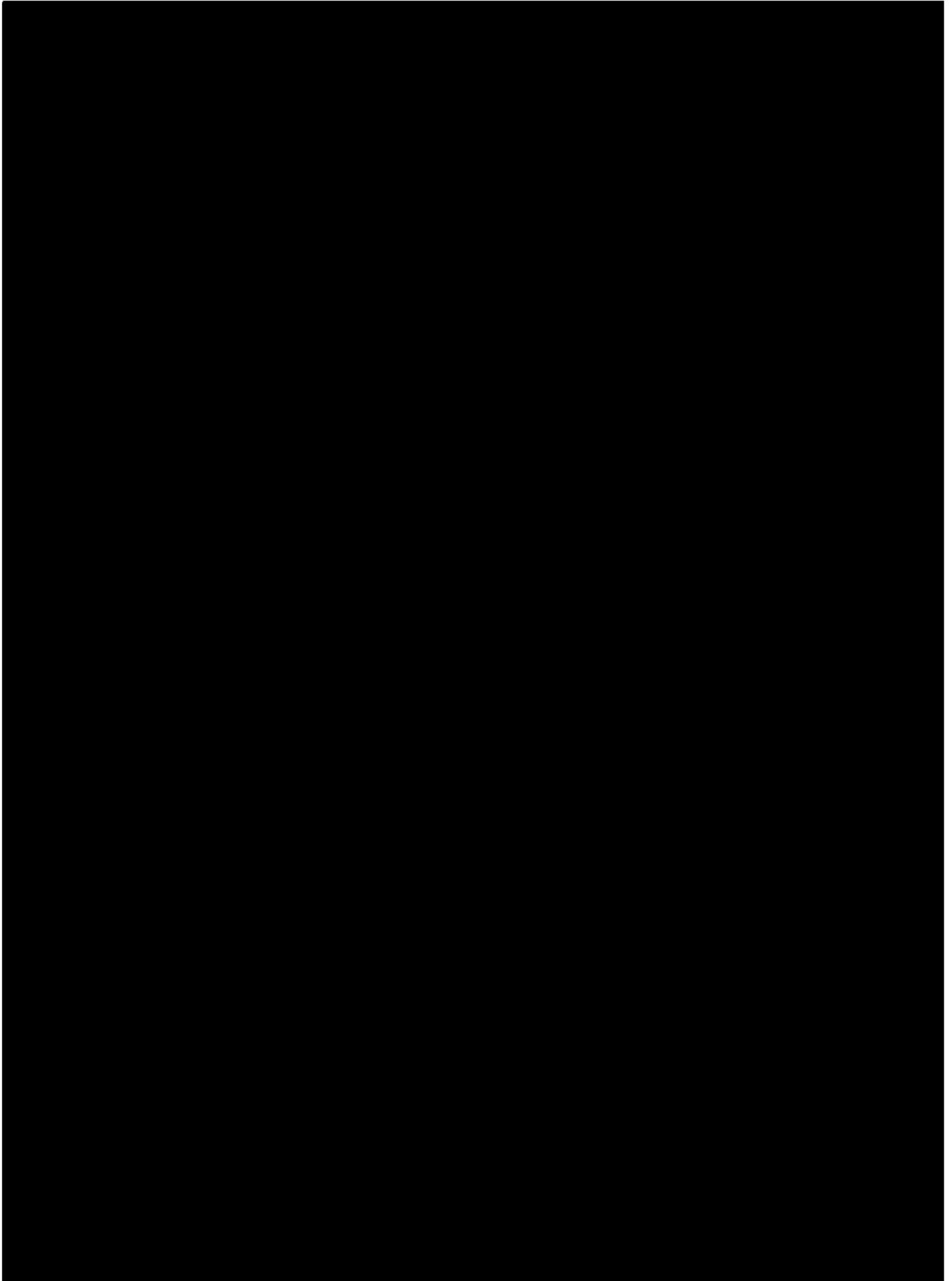


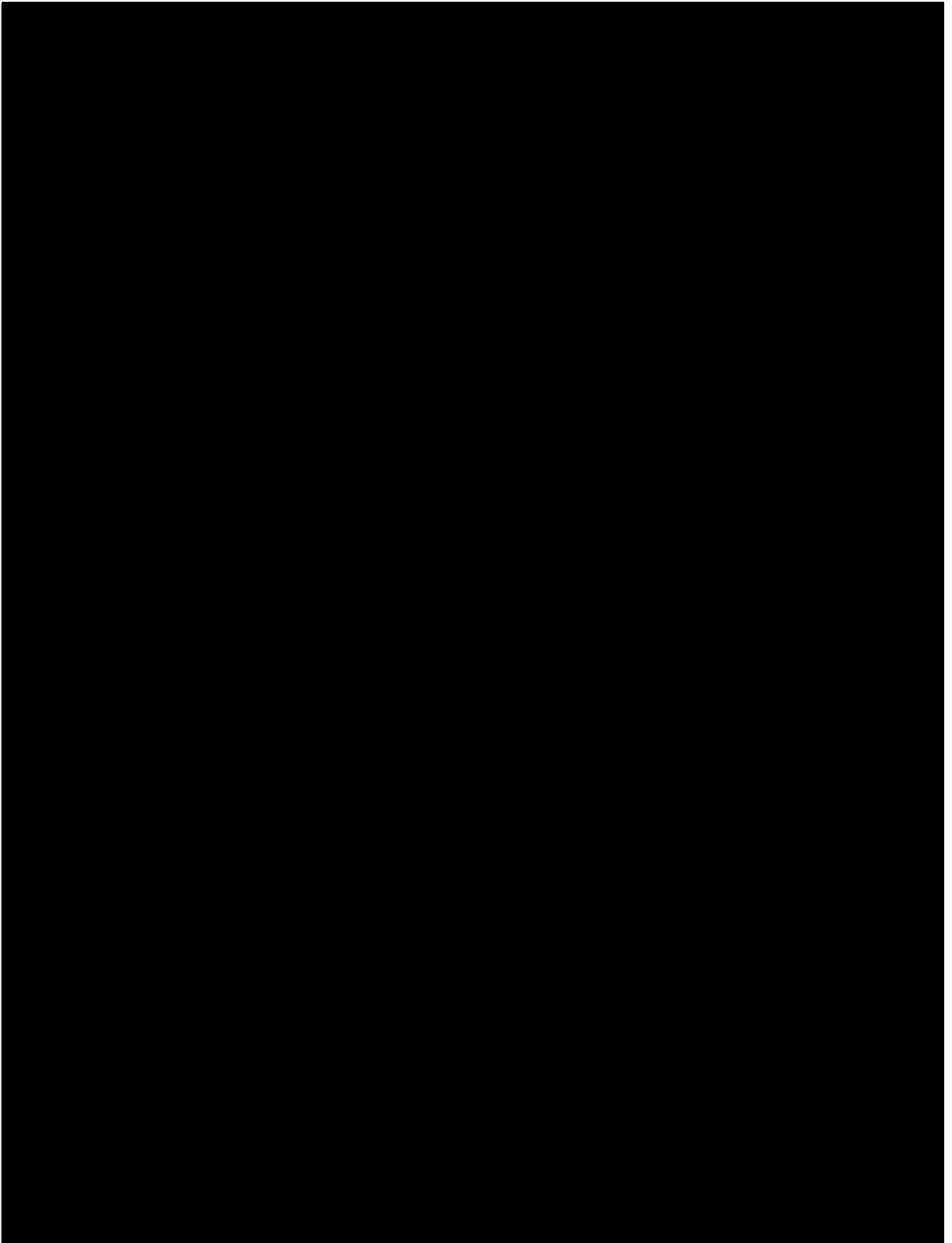


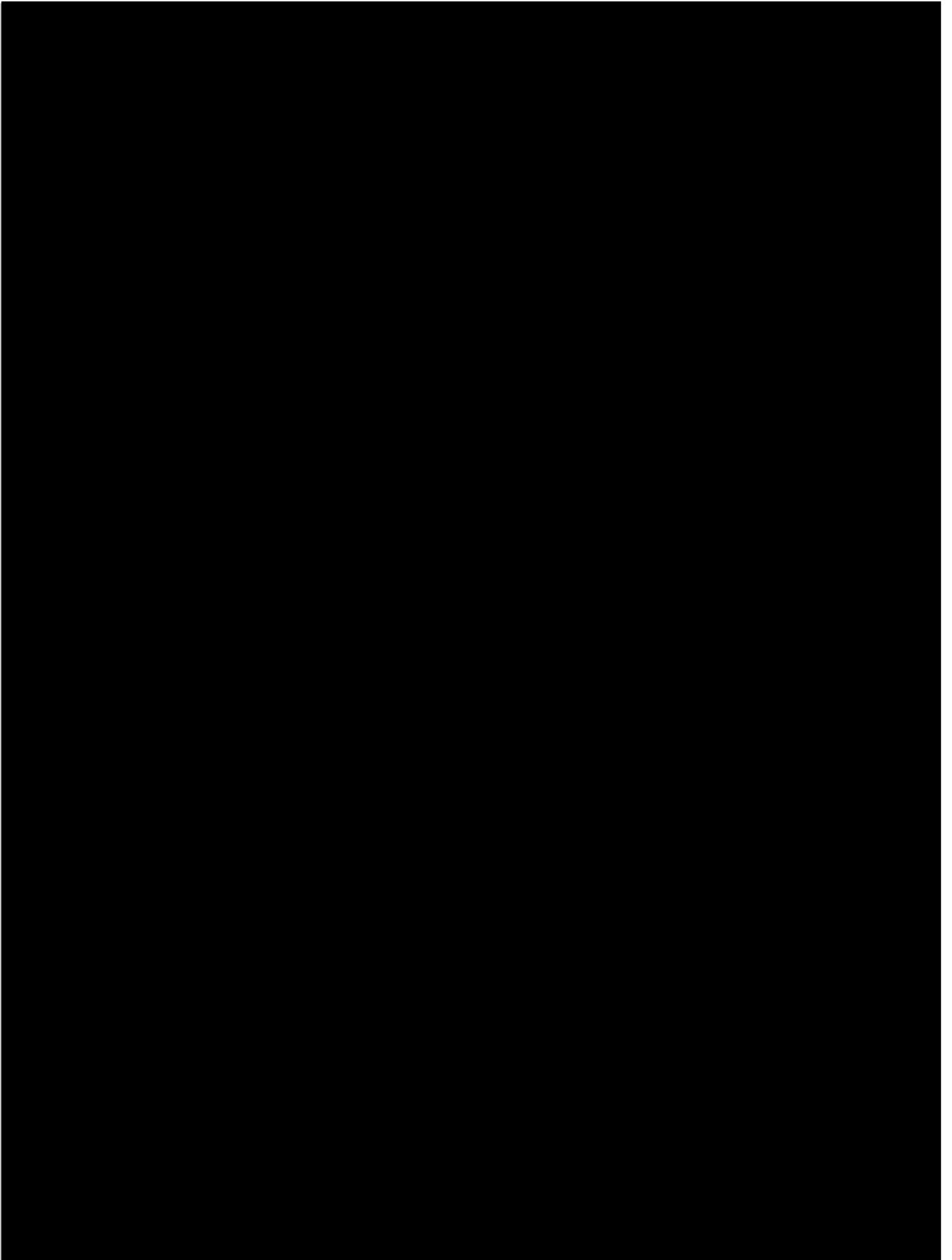


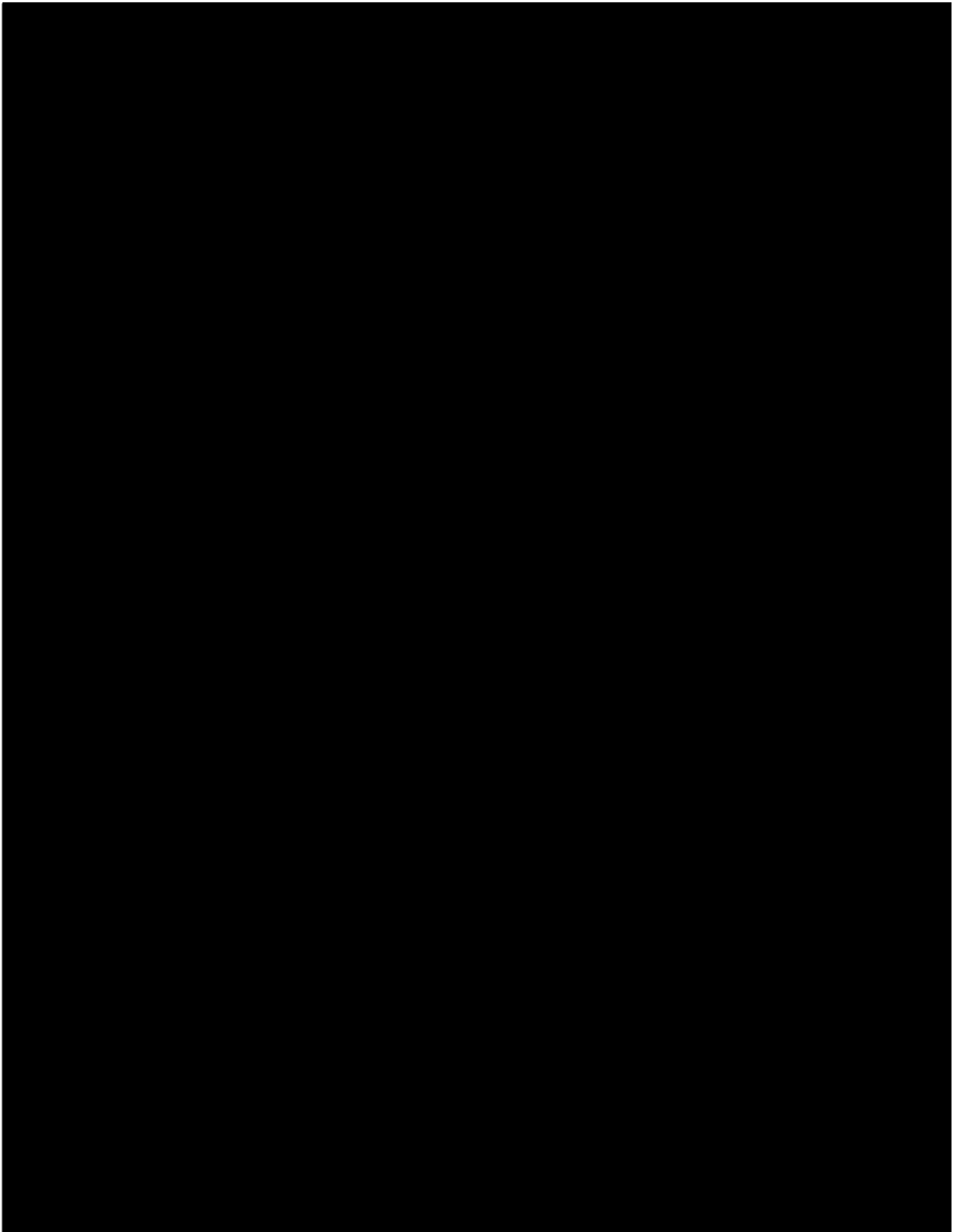


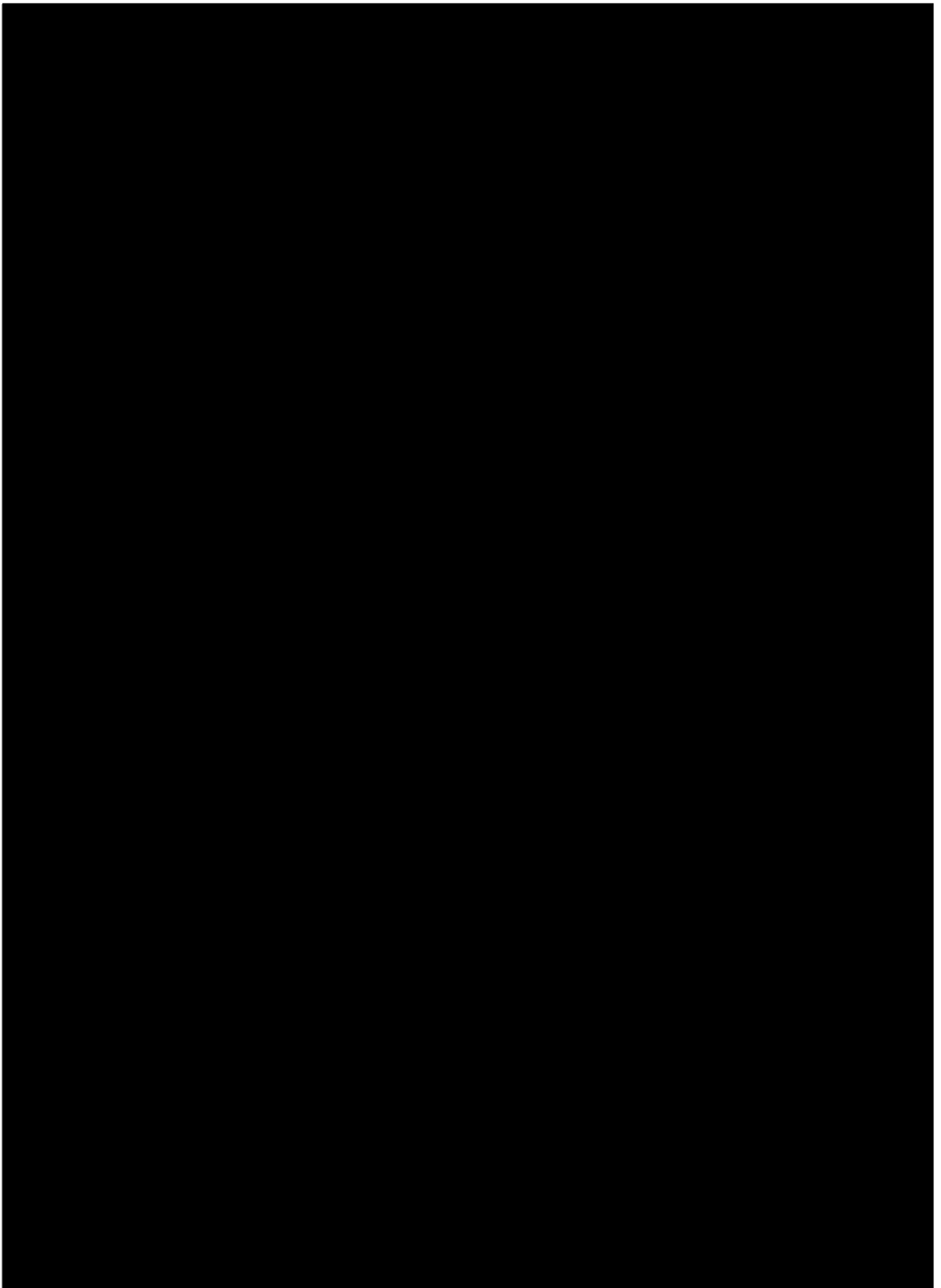












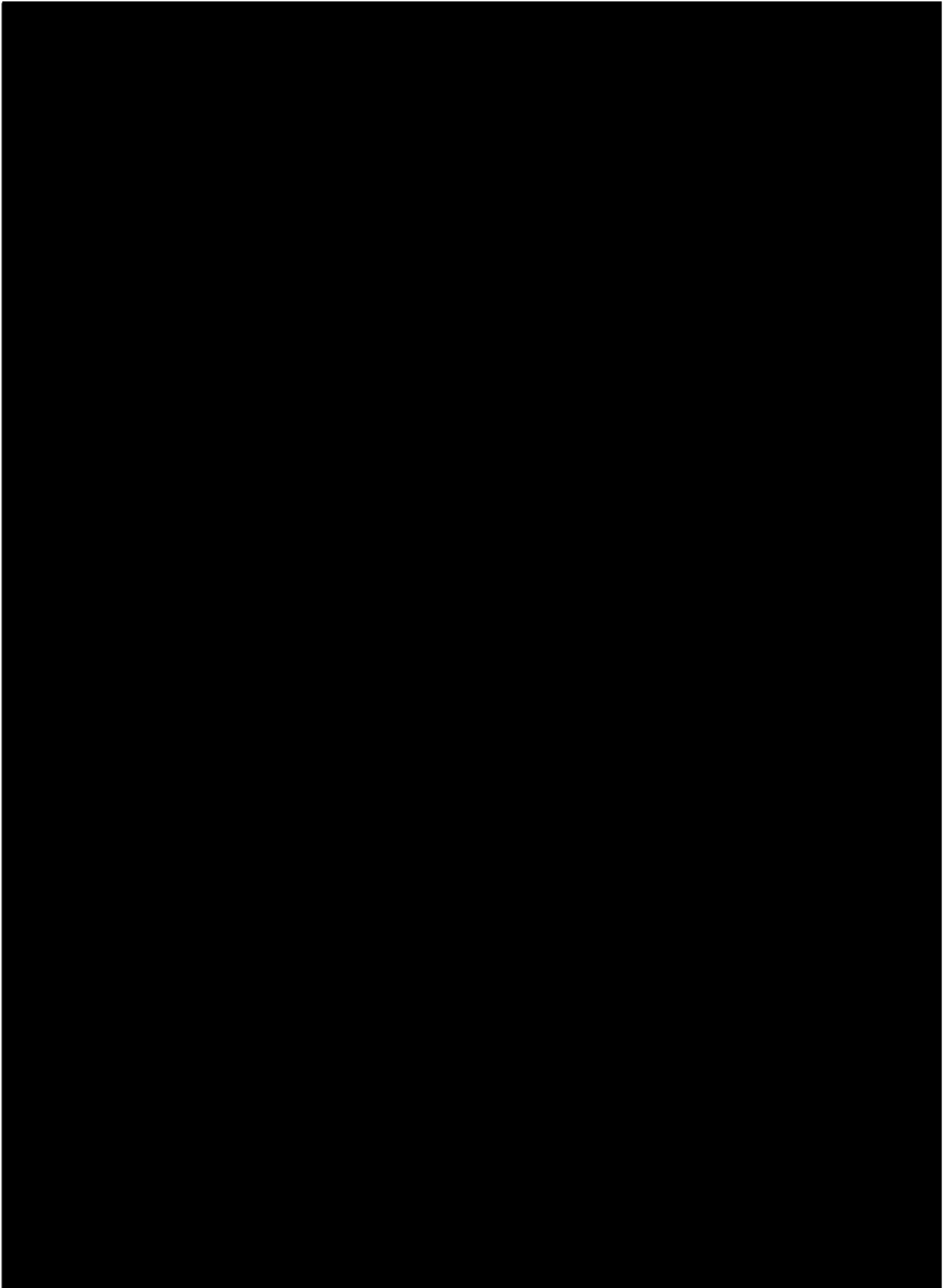




Exhibit 23 Secure Transport Drivers

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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

XLCR Inc.

License Type: Secure Transporter

Attached is form H listing the : (1) driver's license number; (2) social security number, if available; (3) verification that the secure transport driver is at least 21 years of age; (4) verification that the secure transport driver has a minimum of three years of driving experience; and (5) a list of any motor vehicle citations, fines, or violations received by the driver in the last three years

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FORM H: SECURE TRANSPORT DRIVERS

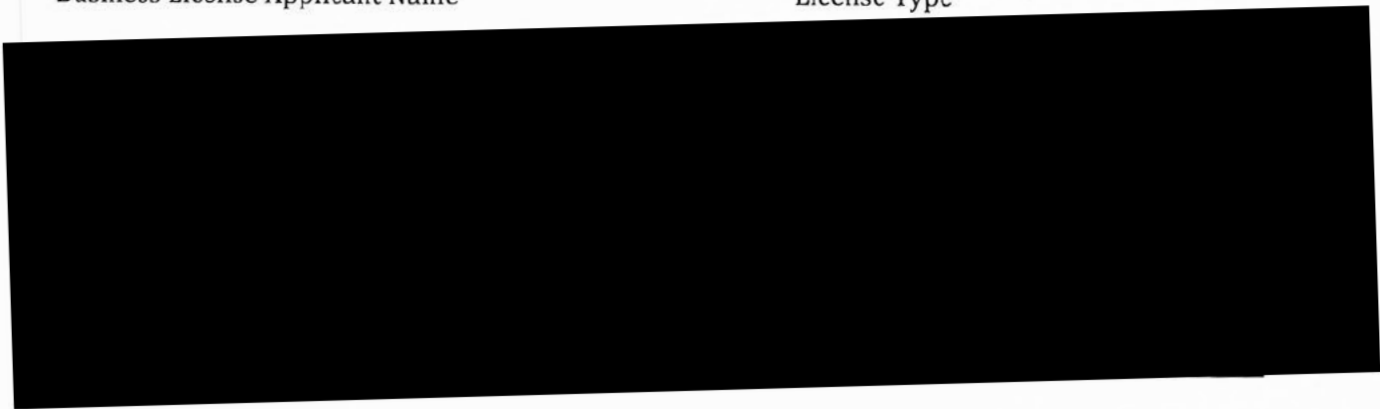
Complete a separate form and verification for each of the Applicant's secure transport drivers.

XLCR Inc.

Secure Transporter

Business License Applicant Name

License Type



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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

Type (select all that apply): Citation Fine Violation

Violation/Charge _____ Issued By _____

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

Disposition/Amount _____ Date of Disposition _____

Type (select all that apply): Citation Fine Violation

Violation/Charge _____ Issued By _____

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

Disposition/Amount _____ Date of Disposition _____

Type (select all that apply): Citation Fine Violation

Violation/Charge _____ Issued By _____

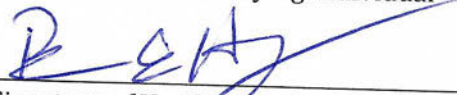
Date of Occurrence _____ Location (City/County) _____ Location (State) _____

Disposition/Amount _____ Date of Disposition _____

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Brian Henry

Printed Name of Verifying Individual _____


Signature of Verifying Individual _____

President

Title of Verifying Individual _____

02/27/23
Verification Date _____

FORM H: SECURE TRANSPORT DRIVERS

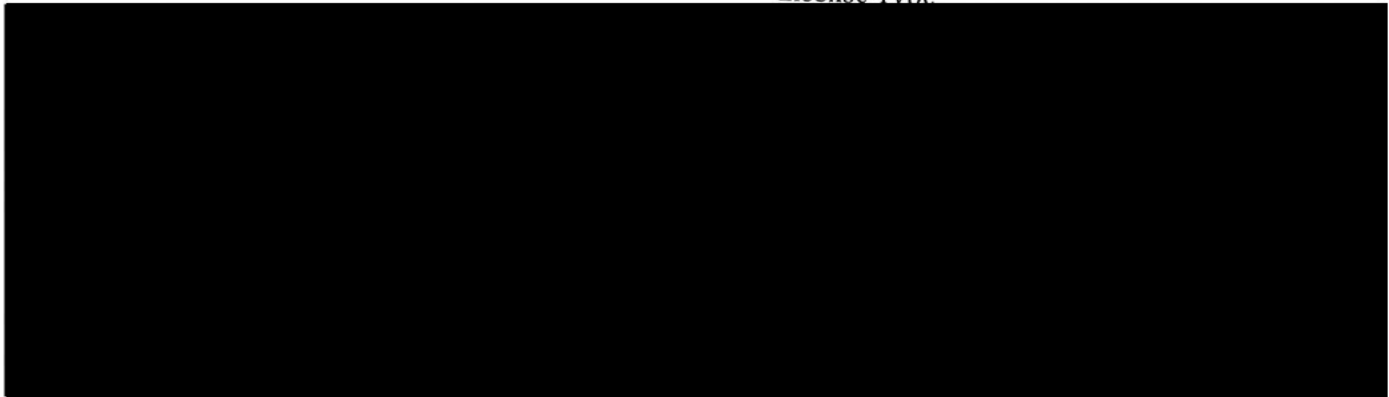
Complete a separate form and verification for each of the Applicant's secure transport drivers.

XLCR Inc.

Secure Transporter

Business License Applicant Name

License Type



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) _____

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Type (select all that apply): Citation Fine Violation

Violation/Charge _____ Issued By _____

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

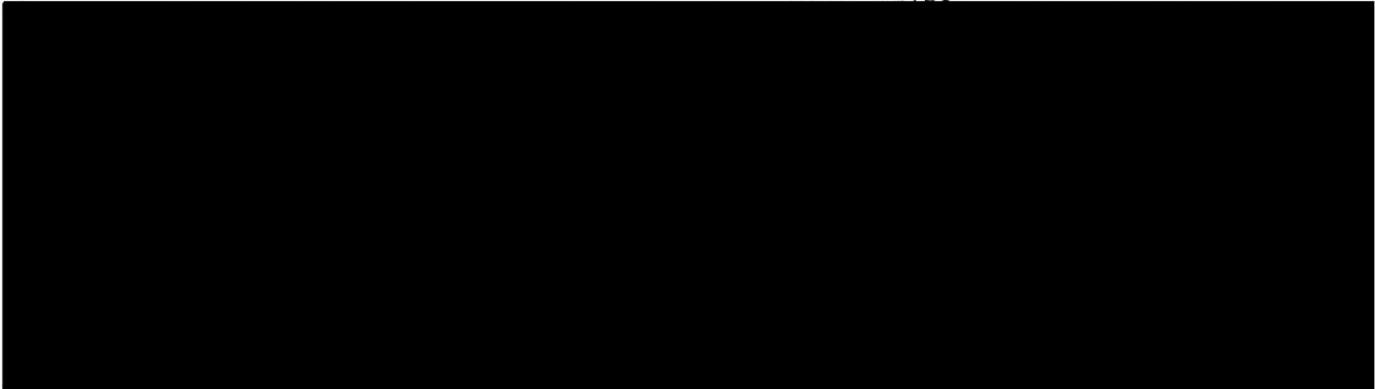
Disposition/Amount _____ Date of Disposition _____

FORM H: SECURE TRANSPORT DRIVERS

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

XLCR Inc.
Business License Applicant Name

Secure Transporter
License Type



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

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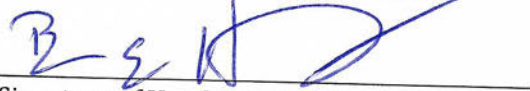
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Disposition/Amount _____ Date of Disposition _____

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Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

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

XLCR Inc.

Secure Transporter

Business License Applicant Name

License Type



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) _____

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Type (select all that apply): Citation Fine Violation

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

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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 _____

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Disposition/Amount _____ Date of Disposition _____

Type (select all that apply): Citation Fine Violation

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Disposition/Amount _____ Date of Disposition _____

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Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

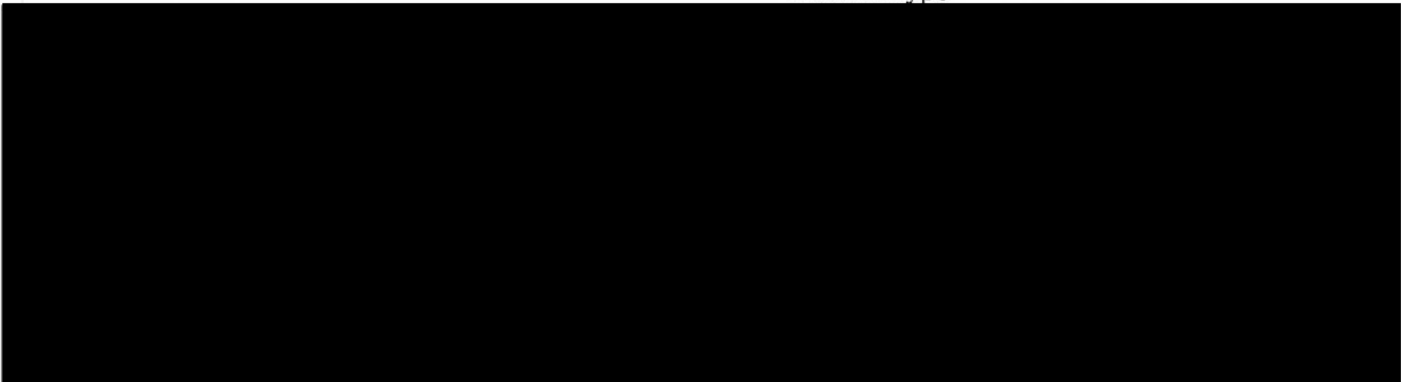
Complete a separate form and verification for each of the Applicant's secure transport drivers.

XLCR Inc.

Secure Transporter

Business License Applicant Name

License Type



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

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

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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

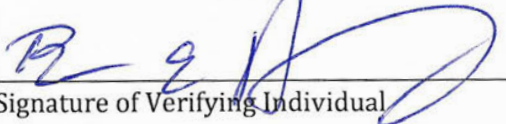
Date of Occurrence Location (City/County) Location (State)

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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

Exhibit 24 - Driver's Manual

Verification

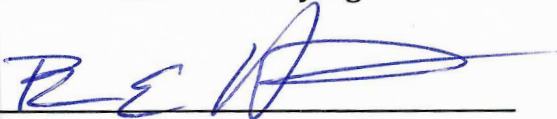
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Brian Henry

President

Printed Name of Verifying Individual

Title of Verifying Individual



Signature of Verifying Individual

02/27/23

Verification Date

Attached is a copy of the Atlas Driver safety manual. It is the standard by which all of our drivers are expected to operate. If it is deemed necessary to add to these requirements to fill the role of Secure Transporter, we will add the necessary information to this manual.

Professional Van Operator's Safety Manual



go new places.®



APPENDIX

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FOREWORD

As an Atlas van operator, you are required to know and comply with both the Department of Transportation Safety Regulations and Atlas Rules and Regulations. The purpose of the Atlas Safety Manual is to assist you in this endeavor. We have not attempted to cover all areas of the regulations; therefore, this manual should be used in conjunction with the Federal Motor Carrier Safety Regulations handbook.

Remember to make safety your #1 priority as you conduct your day-to-day business. In addition to our moral and legal responsibility to operate safely, the image you project will be the image of Atlas in the eyes of the motoring public. Our customers and the motoring public alike will remember you more than any other person connected with our company.

If at any time you have questions concerning the safety regulations, feel free to contact the Safety Department in Evansville.

I. VAN OPERATOR COMPLIANCE ITEMS

The following items must be maintained on a current basis in the Safety Department in Evansville in order for a van operator to remain qualified for Atlas service. A “courtesy notice” will be sent to each agent approximately 30-60 days prior to the expiration date.

A. PHYSICAL EXAMINATION

A physical examination is required at least every 24 months for each van operator. All van operators are also subject to all provisions of the Atlas Alcohol and Drug Testing Program. The complete physical examination is required to be filed in Evansville.

B. CERTIFICATION OF VIOLATIONS

Each van operator must complete and forward to Atlas Safety an annual Certification of Violations, listing all traffic convictions and forfeitures in both personal and commercial motor vehicles during the previous 12 months.

C. COMMERCIAL DRIVER LICENSE

Upon renewal, each van operator must forward a legible copy of his/her valid Commercial Driver License. Should the van operator change his/her state of residence – a new state CDL must be submitted to Atlas Safety immediately.

D. VAN OPERATOR RECORD OF DUTY STATUS (LOGS)

DOT regulations require each van operator in Atlas service to record duty status for each 24-hour period. Duty status reports must be forwarded to Atlas Safety Department at least once each week. All duty status reports will be audited by Atlas to ensure compliance with the DOT regulations on hours-of-service. Van Operators will be notified of all violations, and points will be assessed in accordance with the safety violation point system.

E. FMCSA DRUG & ALCOHOL CLEARINGHOUSE

All CDL licensed van operators must be screened prior to qualification and once a year. The annual review will be done in conjunction with the annual Certification of Violations. (Refer to Atlas’ Policy Governing Drug and Alcohol Use and Testing)

II. DRIVING VIOLATIONS

A. Corrective action will be taken in the following manner for any van operator convicted of moving violations. For the purpose of this rule, unless otherwise indicated, all motor vehicle violations will be considered, regardless of the type vehicle operated.

1. First and second violations within a one year period — warning letters.
2. Three moving violations in any vehicle within one year, no more than one of which is for a serious violation in a CMV, the van operator will be suspended for a period of 15 days.

Serious violations are defined as:

1. speeding excessively (15 mph or more above the posted speed limit);
2. driving recklessly, including but not limited to, offenses of willful or wanton disregard for the safety of persons or property;
3. making an improper or erratic traffic lane change;
4. following a vehicle ahead too closely;
5. violating state or local law relating to motor vehicle traffic control; (other than parking violations) in connection with a fatal accident;
6. driving a CMV without obtaining a CDL;
7. driving a CMV without a CDL in the van operator’s possession; and
8. driving a CMV without the proper class CDL and/or endorsements for the specific vehicle group being operated or for passenger type or cargo being transported.

3. A van operator who has been convicted of two serious violations in a CMV within three years will be immediately suspended for a minimum of 60 days. A van operator who has been convicted of two serious violations in a non-CMV within three years will be immediately suspended for 60 days if the conviction results in the revocation, cancellation or suspension of the van operator's CDL or non-CDL driving privileges.
4. A van operator who has been convicted of three serious violations within three years in a CMV will be immediately suspended for a minimum of 120 days. A van operator who has been convicted of three serious violations in a non-CMV within three years will be immediately suspended for 120 days if the conviction results in the revocation, cancellation or suspension of the van operator's CDL or non-CDL driving privileges.
5. Any van operator convicted of more than three moving violations in one year or more than five in three years will be disqualified from Atlas service. The van operator can reapply with Atlas once his/her Motor Vehicle Report (MVR) meets Atlas standards.
6. A van operator with more than two accidents (not including any incident on private property unless it is DOT recordable) within a period of three years will be referred to the Driver Review Committee (DRC) for action up to and including disqualification.
7. A van operator who has any one accident determined by Atlas to be of a serious nature will be referred to the Driver Review Committee for action up to and including disqualification.
8. A van operator who is convicted of any railroad-highway grade crossing offense will be suspended for the period of the DOT disqualification.

III. LICENSE SUSPENSION/RESTRICTION

- A. A van operator whose license, permit or privilege to operate a motor vehicle has been revoked, suspended, withdrawn or restricted is immediately suspended. The van operator must notify Atlas Safety Department of the revocation, suspension, withdrawal or restriction before the end of the business day following the day the notice of the revocation, suspension, withdrawal or restriction is received.
- B. A van operator whose license has been revoked, suspended or withdrawn and who has reported the revocation, suspension or withdrawal to Atlas Safety will be suspended until the van operator's license are restored by the authority that revoked it. Atlas may also disqualify the van operator from Atlas service after the suspension period.
- C. A van operator whose license has been restricted or conditioned in any way and who reported the restriction to Atlas Safety will be referred to the Driver Review Committee and may be suspended or disqualified from Atlas service.
- D. A van operator who fails to comply with the notice requirements as listed above and continues to operate a motor vehicle will be suspended for up to 90 days in addition to the suspension period issued by the state, or up to 30 days in addition to the period of time the license was restricted or conditioned. Atlas may also suspend or disqualify the van operator from Atlas service.

IV. ALCOHOL-RELATED VIOLATIONS

NOTE: The Federal Motor Carrier Safety Regulations are quite clear with regards to alcohol and drugs transported on commercial vehicles. Unless manifested and transported as part of a shipment, **THEY ARE ILLEGAL.**

- A. A van operator who has an Alcohol Conviction or has refused to submit to an Enforcement Alcohol Test, both while operating a private vehicle, will be disqualified for one year from the date of the conviction or refusal.
- B. A van operator who has an Alcohol Conviction and has refused to submit to an Enforcement Alcohol Test, has a second Alcohol Conviction or has twice refused to submit to an Enforcement Alcohol Test, all while operating a private vehicle and within five years of the first conviction or refusal (which occurred prior to September 30, 2002), will be disqualified for five years from the date of the second conviction or refusal.

- C. A van operator who has an Alcohol Conviction and refuses to submit to an Enforcement Alcohol Test, has a second Alcohol Conviction or has twice refused to submit to an Enforcement Alcohol Test, all while operating any vehicle after September 30, 2002, will be disqualified for DOT Life.
- D. A van operator who has an Alcohol Conviction, has refused to submit to an Enforcement Alcohol Test, or had a blood-alcohol concentration of .04 or greater, all while operating a CMV, will be disqualified for seven years from the date of the conviction, refusal or alcohol-test.
- E. A van operator who has any combination of more than one Alcohol Conviction, refusal to submit to an Enforcement Alcohol Test or had a blood-alcohol concentration of .04 or greater, all while operating a CMV, will be disqualified for DOT Life.
- F. A van operator who is charged with any violation that, upon conviction, would result in the van operator being disqualified, as listed above, will be immediately suspended upon the charge and may be reinstated only when the charge is resolved without a conviction for the disqualifying offense.
- G. A van operator who is charged with illegal transportation of or who is discovered by a state or DOT inspection to be in the possession of alcohol in an unopened container will be suspended for a period of 30 days from the date of the charge or inspection. No additional action will be taken upon conviction.
- H. A van operator who is charged with illegal transportation of or who is discovered by a state or DOT inspection to be in the possession of alcohol in an open container will be suspended for a period of 90 days from the date of the charge or inspection. No additional action will be taken upon conviction.
- I. A van operator convicted of more than one alcohol-related offense while driving a private vehicle or one alcohol-related offense while driving a CMV must also provide proof of evaluation by a substance abuse professional (SAP) and satisfactory completion of the rehabilitation program prescribed by the SAP.

V. DRUG-RELATED VIOLATIONS

As you know, the penalties for the transportation of illegal drugs are more severe. Possession of illegal drugs will not only jeopardize your career for life but will also subject you to immediate arrest and possible seizure of your vehicle. Remember, as the van operator, you are responsible for your vehicle at all times; therefore, you should be very careful as you select a co-driver or transport helpers and packers. If drugs are discovered on your unit during a routine inspection, it may be extremely difficult to prove to the inspector or officer that the drugs do not belong to you.

Many states are increasing their enforcement to uncover illegal drugs on commercial vehicles. Remember, an ounce of prevention is certainly much less devastating than a pound of cure.

- A. A van operator who has a Drug Conviction or refuses to submit to an Enforcement Drug Test will be disqualified for seven years from the date of the conviction or refusal.
- B. A van operator who has a Drug Conviction and has refused to submit to a Drug Enforcement Test, a second Drug Conviction or has twice refused to submit to an Enforcement Drug Test will be disqualified for DOT Life.
- C. A van operator who is convicted of illegal transportation of, possession of, or use of any controlled substance while on-duty will be disqualified for seven years from the date of conviction.
- D. A van operator who has a second conviction of illegal transportation of, possession of, or use of any controlled substance while on-duty will be disqualified for DOT Life.
- E. If a van operator has a conviction for illegal transportation of, possession of, or use of any controlled substance while off-duty, Atlas Safety Rules 4-5-9-1 and 4-5-9-2 will apply.
 - 1. Rule 4-5-9-1 states that a van operator who is charged with a felony will be immediately suspended and referred to the Driver Review Committee. Upon conviction, the van operator will be disqualified.
 - 2. Rule 4-5-9-2 states that a van operator who has a misdemeanor conviction or pending misdemeanor charge may be disqualified pending optional referral by the Safety Director to the Driver Review Committee for action up to and including disqualification.

- F. A van operator who is charged with any drug-related violation that, upon conviction, would result in the van operator being disqualified will be immediately suspended upon the charge and may be reinstated only when the charge is resolved without a conviction for a disqualifying offense.

VI. OTHER DRIVING VIOLATIONS

- A. A van operator who is convicted of leaving the scene of an accident will be disqualified for one year from the date of the conviction.
- B. A van operator who is convicted a second time of leaving the scene of an accident will be disqualified for DOT Life.
- C. A van operator who is convicted of driving a CMV when, as a result of a prior violation or violations committed while driving a CMV, the van operator's CDL has been revoked, suspended or canceled, will be disqualified for one year from the date of conviction.
- D. A van operator who has a second conviction for driving a CMV when, as a result of a prior violation or violations committed while driving a CMV, the van operator's CDL has been revoked, suspended or canceled, will be disqualified for DOT Life.
- E. If a van operator is charged with or convicted of using a vehicle in the commission of a felony, other than those involving manufacturing, distribution or dispensing of a controlled substance, then Atlas Safety Rules 4-5-9-1 and 4-5-9-2 will apply (subject to DOT minimums).
- F. A van operator who is convicted of using a vehicle in the commission of a felony involving manufacturing, distribution or dispensing of a controlled substance will be disqualified for life.
- G. A van operator who is convicted of causing a fatality through the negligent operation of a CMV, including, but not limited to the crimes of vehicular manslaughter, homicide by motor vehicle and negligent homicide will be disqualified for seven years from the date of conviction.
- H. A van operator who has a second conviction of causing a fatality through the negligent operation of a CMV, including, but not limited to the crimes of vehicular manslaughter, homicide by motor vehicle and negligent homicide will be disqualified for DOT Life.
- I. A van operator who is charged with any violation that, upon conviction, would result in the van operator being disqualified, as listed above, will be immediately suspended upon the charge and may be reinstated only when the charge is resolved without a conviction for a disqualifying offense.

VII. DISQUALIFYING FACTORS/NON-DRIVING

- A. A van operator who is charged with a felony will be immediately suspended and referred to the Driver Review Committee.
- B. A van operator who has a misdemeanor conviction or pending misdemeanor charge may be disqualified pending optional referral by the Safety Director to the Driver Review Committee for action up to and including disqualification.
- C. A van operator who fails to provide notice to Atlas of any matter that would involve an automatic suspension will be referred to the Driver Review Committee for action up to and including disqualification.
- D. A van operator who has been determined by the Driver Review Committee to otherwise pose a safety risk, not meet Atlas quality standards, has consistently failed to follow Atlas rules or the law, or otherwise, in the Driver Review Committee's discretion does not deserve to be qualified will be subject to action up to and including disqualification.

- E. A van operator who violates any DOT and/or Atlas prohibited conduct involving alcohol or controlled substances must be immediately removed from safety-sensitive functions. (Refer to Atlas' Policy governing Drug and Alcohol Use and Testing.)
1. An Atlas-qualified van operator who experiences a positive alcohol or drug test result may reapply for qualification consideration following expiration of a 180-day period from the date of a positive drug test or a 60-day period from the date of the positive alcohol test, provided the van operator has not tested positive for alcohol or drugs or refused to be tested under Atlas', a past employer's or prospective employer's alcohol or drug testing program. The van operator must also meet all other Atlas qualification standards.
 2. As a condition of reinstatement, the van operator must be evaluated by a substance abuse professional (SAP) and successfully complete the education and/or treatment required by the SAP. A negative return-to-duty alcohol and/or drug test is also required.
 3. Before being permitted to return to duty, the van operator must also execute a "last chance" agreement.
 4. Any van operator who refuses to submit to a return-to-duty test, who refuses to execute Atlas' "last chance" agreement, fails to successfully complete the education and/or treatment required by the SAP, or who tests positive will be considered unqualified to perform a safety-sensitive function and immediately disqualified. No further qualification or re-qualification effort shall be permitted.

NOTE: Atlas is not obligated to reinstate any van operator who violates any DOT and/or Atlas policy concerning alcohol or drugs.

VIII. ACCIDENT REPORTING

- A. All accidents, including van fires, regardless of the amount of damage, involving a vehicle operating on Atlas authority must be reported immediately by the van operator to the Safety Department in Evansville. To report an accident during normal working hours, the van operator must call the Atlas Safety Department at 1-800-638-9797, extension 2502. Accidents occurring at night or on the weekends that involve a fatality, serious injury, considerable property damage, or result in the issuance of a citation for a moving violation to the van operator must be reported to Scott Herrenbruck at 812-431-1036 or 812-499-8409. Minor accidents occurring after normal working hours may be reported to the Safety Department the next working day.
- B. An accident involving a fatality or that results in the issuance of a citation for a moving violation to the van operator will be considered late if it is not reported within four hours of the accident. For all other accidents, an accident report is considered late if the van operator fails to call Safety by 5:00 p.m., Evansville time, of the next working day. If a van operator fails to report an accident within seven calendar days, or the first notice is received from the police, claimant, or any other third party, it is considered that no report has been made, and the van operator will not be dispatched until all accident information is complete.
- C. What to do if you have an accident:
1. Stop immediately – set out emergency equipment;
 2. Call the Police – determine if anyone requires an ambulance;
 3. If possible, do not move your vehicle until the police arrive;
 4. Make note of your exact location (highway/street/cross street/mile marker, etc.);
 5. Never discuss accident details with others or speculate about fault;
 6. Cooperate fully with Law Enforcement;
 7. Request a business card from the police officer / get an accident report number;

8. Call Atlas and your agency immediately; and
 9. Take any pertinent photographs of the accident (vehicles, property, persons...)
- D. When reporting an accident to Atlas you should have the following information available.
1. Your Record of Duty Status (Log) Book;
 2. Name, address and phone number of the other party involved;
 3. Vehicle identification of other vehicle involved;
 4. Name, address and phone number of any witness;
 5. Name, phone number and badge number of the investigating officer;
 6. Manifest listing of shipments on the van;
 7. Whether any person was transported from the scene due to injuries;
 8. Whether any vehicle was towed from the scene due to disabling damage; and
 9. Information concerning any citation you received for a moving violation.
- E. For general information, a van operator must immediately get an alcohol and drug test if he/she has been in an accident that involves a fatality, regardless of fault or the issuance of a citation.
- F. A van operator must also immediately get an alcohol and drug test if he/she was involved in an accident and a vehicle was towed due to disabling damage or a person is transported from the scene due to injuries **IF** he/she was issued a citation for a moving violation.

IX. STATE/FEDERAL COMPLIANCE INSPECTIONS

A van operator involved in a state or federal van operator/equipment compliance inspection or who receives a traffic citation must call the Safety Department, in Evansville, no later than the end of the next working day to report the inspection and/or citation and must promptly forward the inspection report/citation to the Safety Department. Note: Atlas policy requires all traffic violations (both commercial and private vehicles) to be reported to Safety by the end of the next working day. Parking tickets do not need to be reported.

X. ROAD OBSERVATION REPORTS

- A. Atlas utilizes a professional van operator decal program to obtain road observation reports on equipment operating in Atlas service. A 1-800-2Advise decal must be properly affixed to all straight trucks and trailers.
- B. Agents and van operators must respond to incident reports within 15 days after receipt of the report from Atlas.
- C. The use of a straight truck or trailer with a missing or obliterated decal may result in a non-refundable administrative charge of \$50 to the agent or owner-operator under contract with Atlas that uses the straight truck or trailer.
- D. This program is not meant to be punitive but to give some idea of how Atlas may be perceived by the highway public.

XI. SAFE VAN OPERATOR AWARD PROGRAM

A. Atlas recognizes the important contribution of our van operators in the area of highway safety on an ongoing basis by providing a Safe Van Operator Award Program. All van operators operating in Atlas service are eligible to participate in the program. Safe van operator awards are presented based upon the number of miles a van operator accumulates in Atlas service without a chargeable accident. Awards are presented at each 50,000-mile increment, beginning with 100,000 miles of safe driving. In the event a chargeable accident occurs prior to attaining 100,000 miles, the van operator must begin a new mileage record. After attaining 100,000 miles, the van operator will lose 25,000 award miles if an accident occurs. The awards under this program shall be as established by Atlas from time to time

B. Under the current program, qualified van operators are eligible for the following awards with the respective mileage accomplishments:

1.	Certificate and Uniform Patches	Each 50,000-mile increment
2.	Engraved Pen and Pencil Set	150,000 Miles (75,000 Miles – straight truck)
3.	Engraved Wristwatch	300,000 Miles (150,000 Miles – straight truck)
4.	Safe Van Operator Ring	500,000 Miles
5.	Small Diamond Addition to Ring	Each 100,000-Mile Increment Between 600,000 and 900,000 Miles
6.	33pt. Diamond Addition to Ring	1,000,000 Miles
7.	Small Diamond Addition to Ring	Each 100,000-Mile Increment in Excess of 1,000,000 Miles

XII. SAFETY VIOLATION POINT SYSTEM

While certain violations of the DOT Regulations and/or Atlas' Rules require the immediate disqualification of a van operator, Atlas has established a safety violation point system to ensure compliance with other DOT and Atlas requirements. A van operator will be assessed points for safety or rule violations as follows:

A. 5 to 25 points for log violations (depending upon severity) – logs are not correctly filled out or do not correspond to supporting documentation.

B. 10 points for:

1. Late logs (logs received after 19 days from the log date), with a maximum of 10 points per week.
2. Failure to provide certification of repairs required on a compliance check.

C. 25 points for:

1. Late accident report.
2. Failure to report a traffic violation in either a commercial or private vehicle (other than parking) by the end of the next working day.
3. Receiving a moving violation in conjunction with a federal or state inspection.

- D. 25 points and immediate suspension pending receipt of required documentation for:
1. Annual certification of violations past due or not on file.
 2. Expired driver's license or no current valid commercial driver's license.
 3. Expired physical, no current physical on file.
 4. No current drug and/or alcohol testing results on file.
- E. 50 points for:
1. Failure to make an accident report for a non-DOT recordable accident. (In addition, the van operator will not be dispatched until the required documentation is submitted.)
 2. Failure to report a compliance inspection.
 3. Receiving a federal or state out-of-service violation.
 4. Transporting an unauthorized passenger.
 5. Each falsified or fraudulent document submitted. (In addition, the van operator will not be dispatched until the required documentation is submitted.)
- F. 100 points for:
1. Failure to make an accident report for a DOT recordable accident. (In addition, the van operator will not be dispatched until the required documentation is submitted.)
 2. Failure to report a federal or state equipment or van operator's inspection that involves a vehicle or driver out-of-service violation.
- G. 200 points for:
1. Allowing a vehicle in Atlas service to be operated by an unauthorized van operator.
 2. Allowing a van operator who is physically disqualified to operate a vehicle.
 3. Allowing another to use a van operator's name and code number.
 4. Operating a vehicle while physically disqualified or otherwise suspended.
 5. Violating a vehicle or driver out-of-service order.
- H. For the purpose of these rules, all points for any and all driving violations including, but not limited to, expired physical, expired license, log violations, etc., will be assessed against the person behind the wheel at the time the violation occurred. The van operator responsible for the equipment at the time and/or the owner of the equipment, if a qualified van operator, will be assessed the points involving other violations.

- I. Any van operator accumulating a total of 200 points during any consecutive 12-month period will be suspended until such time as the van operator's point total falls below 200, subject to the following provisions:
1. A van operator accumulating 200 points may elect to attend a compliance training session in Evansville or attend an Atlas van operator meeting, after which the points that may be removed will be removed, providing the van operator's logs are current with Atlas Safety. Points that are not removed by either meeting include points for the following violations:
 - a. Receiving a federal or state out-of-service violation.
 - b. Failure to report a federal or state equipment or driver inspection that involves a vehicle or driver out-of-service violation.
 - c. Violating a vehicle or driver out-of-service order.

The points assessed for the above violations will remain in the van operator's safety record for a 12-month period. Van operators that continue to incur multiple out-of-service violations will be subject to additional review and disciplinary action, up to and including termination from Atlas service
 2. While there is no limit on how many times a van operator may have points removed, the Safety Department will monitor removal of points and may refer a van operator that continually receives excessive points to the Driver Review Committee for action.
 3. If, by removing the violation points for late logs only, a van operator's point total will fall below 200, a 15-day suspension may be elected in lieu of attending a training session. Upon completion of the suspension period, the van operator will be reinstated. Only the violation points assessed for late logs will be removed from the van operator's point total.
- J. Any van operator accumulating a total of 200 points during any consecutive 12-month period for a second time will be suspended until such time as the van operator's point total falls below 200, provided that if, by removing the violation points for late logs only, a van operator's point total will fall below 200, a 30-day suspension will be imposed. Upon completion of the suspension period, the van operator will be reinstated. Only the violation points assessed for late logs will be removed from the van operator's point total.
- K. Any van operator accumulating a total of 200 points during any consecutive 12-month period for a third time will be suspended until such time as the point total falls below 200 and the van operator may be subject to disqualification.

XIII. TEAM VAN OPERATORS AND RIDER/HELPER REQUIREMENTS

- A. If it is required that you secure additional labor to assist in loading and unloading shipments, a "Team Van Operator" and a "Rider/Helper" operation are two methods of securing this help. In addition, labor may be obtained at the point of loading and unloading.
- B. An authorized rider will be permitted on a vehicle operated by Atlas, only under the following conditions:
1. Team Van Operators (Two-Person operation)
 - a. Vehicle is equipped with Department of Transportation approved sleeper cab.
 - b. Co-driver must be qualified for Atlas service.
 2. Rider/Helper (Not a Co-Driver)
 - a. A rider/helper will carry in his/her possession a letter from his/her supervisor authorizing him/her as a rider/helper. Atlas must have a copy of this authorization.
 - b. Under no circumstances will any rider/helper be authorized to drive any vehicle in Atlas service.

3. **Casual Labor**
 - a. Whenever possible, obtain labor from the local Atlas agent. If not available, secure help from another reputable mover in the area.
 - b. Such labor shall not be transported from one town to another town.
 - c. No one under eighteen (18) years of age is permitted on a unit in Atlas service.

XIV. LOCAL VAN OPERATORS

Recognizing that local van operators operate under different conditions than over-the-road van operators, Atlas will qualify an individual solely as a local van operator if the van operator meets all the qualification requirements. A local van operator is a van operator who begins and ends every workday at the van operator's home terminal and regularly operates within a 100 air-mile radius of the normal work reporting location.

- A. A local van operator will be responsible for completing and forwarding to Atlas on a weekly basis a Van Operator's Record of Duty Status (Logs) covering any interstate shipment the van operator transports any distance unless all of the following requirements are met.
 1. The van operator operates within a 100 air-mile radius of the normal work reporting location.
 2. The van operator returns to the work reporting location and is released from work within 12 consecutive hours.
 3. The van operator has at least 10 consecutive hours off duty between each 12 hours on duty.
 4. The van operator does not exceed 11 hours maximum driving time following 10 consecutive hours off duty.
 5. The agent that employs the van operator, acting on Atlas' behalf, maintains and retains for a period of six months accurate and true time records showing:
 - a. The time the van operator reports for duty each day;
 - b. The total number of hours the van operator is on duty each day;
 - c. The time the van operator is released from duty each day; and
 - d. The total time for the preceding seven days in accordance with DOT regulation 395.8(j)(2) for van operators used for the first time or intermittently.
- B. The 100 air-mile exemption applies only to the completion of Logs. A local van operator is still required to perform a daily pre-trip vehicle inspection and a written post-trip vehicle inspection. The agent must retain the original written post-trip vehicle inspection and certification of repairs covering any defects noted for a period of three months.
- C. A local van operator may be suspended for failure to complete and forward Logs or if the agent fails to maintain the required information listed above.
- D. A fine of \$1,000 may be imposed if an individual qualified only as a local van operator is used other than as a local van operator.

XV. DOT SAFETY REGULATIONS (Refer to your DOT handbook.)

- A. Any van operator driving in interstate commerce is required by the Department of Transportation Safety Regulations to abide by all laws, ordinances and regulations established by states, municipalities, or other lawful regulatory restrictions imposed on areas through which he/she drives.
- B. No van operator shall drive or work while fatigued, ill, or for any other reason that might cause him/her to have an accident.

- C. Do not drink any alcoholic beverage within 4 hours of going on duty, while driving, or while on the job. Van Operators guilty of violating this regulation will be subject to disciplinary action by Atlas, up to and including disqualification from Atlas service. It is illegal to have any alcoholic beverage on a commercial vehicle unless it is manifested and transported as part of a shipment.
- D. No van operator shall be on duty and possess, be under the influence of, or use any drug or other controlled substance. The provisions of this section do not apply to the possession or use of a substance administered to a van operator by or under the instructions of a physician who has advised the van operator that the substance will not affect the van operator's ability to safely operate a motor vehicle. This section does not apply to a medication that is manifested and transported as part of an Atlas shipment.
- E. No van operator shall be required to maintain a schedule that would require violation of speed limits in the area through which he/she is traveling.
- F. No van operator shall operate a motor vehicle unless he/she has satisfied himself/herself that it is in safe operating conditions.
- G. A motor vehicle which has a seat belt assembly installed at the van operator's seat shall not be driven unless the van operator has properly restrained himself/herself with the seat belt assembly.
- H. No motor vehicle shall be operated if the cargo or contents of the cab are loaded in such a manner that it might interfere with the van operator's ability to safely operate the vehicle.
- I. Hazardous Driving Conditions - The van operator must show extreme caution while operating his/her motor vehicle when weather or other conditions are hazardous. This includes, but is not limited to, snow, ice, sleet, fog, mist, rain, dust, or smoke.
- J. Every van operating for Atlas shall be equipped with the following emergency equipment:
 - 1. Fire Extinguisher
 - a. Having an Underwriters' Laboratories rating of 5 B:C or more; or
 - b. Two fire extinguishers, each of which has an Underwriters' Laboratories rating of 4 B:C or more.
 - c. Extinguisher shall be securely mounted in a bracket and be readily accessible.
 - 2. At least one spare fuse or other overload protective device for each kind and size used, if not of a reset type.
 - 3. Three bi-directional emergency reflecting triangles that conform to the requirements of the Federal Motor Vehicle Safety Standard No.125, Section 571.125.

XVI. PASSENGERS

4-6-2 Passengers

DOT Regulations and Atlas strictly prohibit unauthorized passengers on any vehicle operating in Atlas service. A rider/helper authorization must be issued by the safety department prior to any passenger being transported. Each rider/helper will be subject to a criminal background check under Rule 2-3-8 prior to the rider/helper authorization being issued. Casual laborers (i.e. individuals who are hired for a single shipment) who have been background checked under Rule 2-3-8 may be transported to or from the job site only without a separate authorization. Under no circumstances is anyone less than 18 years of age allowed on a unit in Atlas service.

XVII. EQUIPMENT INSPECTION AND MAINTENANCE

- A. At the beginning of each day in Atlas service, you must perform a pre-trip inspection of your vehicle, and you must also complete a written vehicle condition report at the end of the day.

- B. An Atlas vehicle inspection report is required to be submitted at the time a vehicle is placed under lease to Atlas and on each April 15 and October 15. Inspections may be performed up to 60 days prior to the April 15 and October 15 due dates.
- C. A Vehicle Maintenance Log must be submitted with each bi-annual vehicle inspection report listing any maintenance performed on the unit since the previous inspection report. In lieu of the Vehicle Maintenance Log, you may submit copies of all maintenance receipts for work performed on the unit during the report period.
- D. Inspections may be performed only at qualified maintenance facilities that have been approved by Atlas. An agent's shop may be approved to perform Atlas periodic vehicle inspections only if the agent employs at least one certified mechanic and has an on-site maintenance facility capable of making necessary vehicle repairs in order to be in compliance with 49 CFR, Part 396, Appendix G (Minimum Periodic Inspection Standards).
- E. Any vehicle without a current inspection is ineligible to haul Atlas tonnage. The use of a vehicle that does not have a current safety inspection or the submission of a falsified vehicle inspection for any vehicle will result in a \$250 non-refundable administrative assessment to the agent.

XVIII. HIGHWAY SAFETY INSPECTIONS

- A. Periodically, the Department of Transportation or State Safety Inspectors may perform road checks on vehicles operating in interstate commerce. These inspections may cover, but are not limited to, the vehicle, van operator logs, medical certificates and shipping documents.
- B. If defects are discovered, the inspector will record them on an inspection form and the original copy of the form is given to van operator. All defects noted must be repaired and the original copy sent to the Atlas Safety Department with copies of the repair bills.
- C. A van operator is required to telephone the Safety Department in Evansville, Indiana no later than the end of the next working day to advise of his/her involvement in a state or federal van operator/vehicle inspection. The van operator must advise Atlas of the enforcement agency conducting the inspection and any defects noted by the inspector. Safety must also be made aware if either the van operator or the vehicle were placed Out of Service due to violations or defects. **YOU MUST CALL SAFETY ANYTIME YOU ARE INVOLVED IN A DRIVER OR VEHICLE INSPECTION REGARDLESS OF WHETHER OR NOT ANY DEFECTS WERE NOTED.**
- D. Should the Safety Department not receive telephone notification of a driver/vehicle inspection, the van operator will be subject to Safety Violation Points and suspension from further service.
- E. Whenever a defect is found on a unit that might cause a hazard to public safety, the inspector will order that unit "Out Of Service" and prohibit any movement until the defect has been corrected. **UNDER NO CIRCUMSTANCES MAY YOU VIOLATE AN "OUT OF SERVICE" ORDER.** It is the responsibility of the van operator to check the vehicle for any defects before starting the day's run.

XIX. DAILY COMBINATION REPORT

Department of Transportation Safety Regulations require that every van operator driving in Interstate Commerce maintain a daily record of duty status for their activities. In addition, the van operator is required to possess the current day's original and duplicate copies of all daily records of duty status for the preceding seven (7) days.

A. DEFINITIONS AND INSTRUCTIONS

1. General

A van operator's record of duty status is required each day a van operator is in interstate service and for the seven (7) days prior to going into interstate service. (We recommend that any van operator who may go into interstate service keep a record of duty status for every day of local service showing hours worked.)

Each day the van operator must start the duty status sheet before actually beginning work. Enter the vehicle number(s), date, agent code and van operator code, and then show the duty status since midnight.

After the original entry, THE VAN OPERATOR MUST THEN MAKE AN ENTRY WITH EACH CHANGE OF DUTY STATUS. For example, starting at 7:00 a.m., the van operator drives to a residence to load and at 8:00 a.m. starts loading. Therefore, at 8:00 a.m. the van operator fills in the driving time from 7:00 a.m. to 8:00 a.m.

The van operator must also show under "Remarks" where the duty status changes.

2. 11-Hour Driving Rule

Stay awake! Know the driving time rule. How many hours can you drive without being in violation? After 10 hours straight off duty, you can drive again. You may drive only if 8 hours or less have passed since the end of your last off-duty or sleeper-berth period of at least 30 minutes. (Mandatory Rest Break) You can't drive again until you have been off duty for another 10-hour period.

3. 14 Consecutive Hour Rule

You are not permitted to drive after you have been on duty for 14 consecutive hours. It is against the law! Once a van operator comes on-duty, the 14 consecutive hour clock starts ticking and includes all time spent driving, on-duty not driving, sleeper berth periods less than eight (8) hours, and all off-duty time. This does not limit your work time to 14 hours a day. It means that after you have been on duty that long, you are probably too tired to be a safe van operator.

4. Sleeper Berth Time

You don't have to take 10 hours off all at once - you can split your break into two separate periods. One of the breaks must be at least 8 consecutive hours in the sleeper berth, while the other break must be at least 2 consecutive hours either off duty, in the sleeper berth, or any combination of the two (this break will count against your 14-hour day.) This is how it works:

Drive for part of your 11 hours. Use the sleeper berth and/or go off duty for at least 2 hours, OR use the sleeper berth for at least 8 hours. Drive the rest of your 11 hours and then use the sleeper berth for at least 8 hours OR use the sleeper berth and/or go off duty for at least 2 hours so you have a total of 10 hours of rest.

After your second break, can you drive 11 hours?

No! Calculate available hours by counting forward from the end of your first qualifying break and subtracting the driving hours from 11, and all time (including any 2-hour breaks, but excluding any 8-hour sleeper berth periods) from 14.

Compliance with the 11-hour and 14-hour rules is calculated from the end of the first of the two periods used to obtain 10 hours off duty.

5. On-Duty Time Rule

You can be on duty 70 hours in any continuous 8-day period. You may not drive after accumulating 70 hours on-duty until you have taken a minimum of 10 consecutive hours off-duty.

When are you on duty? You are on duty when:

- You are behind the wheel driving.
- You are on waiting time.
- You are inspecting or checking your truck.
- You are fueling or having your truck fueled.
- You are in the cab, but your co-driver is driving.

- You are loading or unloading the truck (or helping someone else do it).
- You are packing or unpacking.
- You are in charge of your truck during loading or unloading.
- You are waiting to drive your truck.
- You are giving or getting receipts for goods.
- You have been in an accident and stop to give information, or help someone who is hurt.
- You are taking care of a truck that has broken down.
- You are taking an alcohol or drug test or traveling to or from the collection site.
- You are doing any other work in the capacity, employ or service of a motor carrier.
- You are performing any compensated work for a person who is not a motor carrier.
- You are involved in a state or federal inspection or have been stopped for a traffic violation

6. 34-Hour Restart Provision

A van operator may restart an 8 consecutive day/70 hour period after taking 34 or more consecutive hours off-duty.

7. Adverse Driving Conditions

A van operator who encounters adverse driving conditions and cannot, because of those conditions, safely complete a run, which normally could have been completed within the 11-hour maximum driving time permitted, may drive for not more than 2 additional hours in order to complete that run or to reach a place of safety. Adverse driving conditions will not extend the 14 consecutive hour rule. "Adverse driving conditions" means snow, sleet, fog, other adverse weather conditions, a highway covered with snow or ice, or unusual road or traffic conditions, none of which were apparent on the basis of information known to the person dispatching the run at the time it began.

8. Van Operators Declared "Out of Service"

A van operator will be declared "Out of Service" if, at the time of a highway inspection, he is found to have been on duty or to have driven, immediately prior to such inspection, longer than the maximum period allowed.

Any van operator examined and found to have duty status records in possession that are not current to the last change of duty will be considered in violation of duty time, as defined above, and such van operator can be declared "Out of Service" at that point and for up to a 24-hour period beginning at 12:01 a.m. following the time of inspection.

B. PREPARATION OF THE DAILY RECORD OF DUTY STATUS

"LOGS" WILL BE SCANNED PLEASE PRINT CLEARLY WITHIN THE BOXES

IMPORTANT: Complete the logs as neatly as possible, keeping your information within the boxes provided on the log. It is the responsibility of the van operator to properly maintain their daily log and all entries must be made in their own handwriting. The log must be kept current to the time of the last duty status change. Failure to complete logs, falsification of entries, or failure to submit logs to Atlas in a timely manner can result in penalties to both the van operator and Atlas. Questions on the preparation of the log should be directed to Atlas Safety (1-800-638-9797, extension 2502).

(The item numbers listed below correspond to the circled numbers printed on the enclosed sample log located on page 26.)

1. **Date:** Enter month, day and year. Example: 10/15/05
2. **Agent Code:** Enter your agency code number.
3. **Driver Code:** Enter your assigned Atlas driver's code.
4. **Tractor/Truck Number:** List the unit number assigned by Atlas to the power unit.

5. **Off Duty Thru Date:** The THRU DATE may be used to record consecutive "OFF DUTY" days. (Enter the first day of off duty in the boxes labeled . Enter the last day of your off duty period in the boxes labeled ∞.)
6. **Co-Driver Code:** Enter the driver code assigned by Atlas for your co-driver, if applicable.
7. **Miles Driving Today:** Enter the total number of miles YOU drove today. When two van operators are utilized, each will enter his/her own mileage in the box provided on their own daily log.
8. **Trailer Number:** List the Atlas assigned unit number for the trailer.
9. **Trailer Number (If Doubles):** If pulling a second trailer, list the Atlas assigned unit number of the second trailer.
10. **Hours Recap:** By adding together the total number of duty hours worked in the previous seven days and subtracting that amount from 70, you can determine the number of available hours for today.
11. **Non-Atlas Authority:** If you are not operating under Atlas authority, the box must be checked ("✓" or "x"), *Atlas Van Lines, Inc., Evansville, IN* at the top of the log must be marked out, and the operating carrier's name, city and state must be noted on the line at the top of the log.
12. **Van Operator's Signature:** Each van operator must sign his/her own log certifying all entries to be true and correct.
13. **Co-Driver Name:** Print the name of your co-driver, if applicable.
14. **Home Terminal:** List the city and state in which your agent is domiciled.
15. **Hours of Service:** Draw a line to indicate your duty status for each quarter-hour from midnight. All logs must be kept current to the last change of duty status.

Off Duty: By drawing a continuous line between the applicable hours, indicate only the time you are relieved from work and all responsibility of performing work.

Sleeper Berth: Indicate, with a continuous line between the applicable hours, all time spent in the sleeper berth. (It is not required you have a co-driver to use the sleeper berth or take advantage of the sleeper berth rules).

Driving: All time spent actually driving the vehicle must be shown with a continuous line drawn between the applicable hours.

On-Duty, Not Driving: A continuous line will be drawn between the applicable hours of on-duty, not driving time. (Refer to part A., *Definitions and Instructions*, Section 5, *On-Duty Time Rule*, for examples of on-duty, not driving).

Cross-Border Graph: By using the small graph at the bottom of the log grid, indicate at which time you cross the border either entering into the United States or Canada. Continue from that point with a horizontal line until at which point you cross the border again (returning). Also, enter the point of cross border in the remarks section.
16. **Hours:** Enter the number of hours for each duty status. (Quarter-hour periods will be indicated in decimal form. Example: 30 minutes is shown as .50.)
17. **Total Hours:** This is the sum of the hours indicated for each duty status. The total must equal 24.
18. **Remarks:** The appropriate time marker and the name of the city, town or village, written full, with the jurisdiction abbreviation or place at, or near, each change of duty status occurs shall be recorded. In addition, use this area to explain the reason for hours of service violations.

19. **Pre-Trip Inspection Performed:** Check this box (“✓” or “x”) after completion of the Pre-Trip Inspection (PTI), pursuant to Section 392.7, Federal Motor Carrier Safety Regulations (FMCSR).
20. **Registration Number(s):** List the Atlas registration number(s). If no shipments are on board, indicate “empty”.
21. **Post Trip Inspection Report:** Part 396.11 of the Safety Regulations requires every van operator to inspect their vehicle and prepare a written report of such inspection at the end of the work day. The report must list any defects found during the inspection. (**Only items discovered to be defective are to be indicated by marking a “x” in the appropriate box.**) All defects so noted will be corrected and the person correcting the defect will verify with their signature prior to the van operator continuing. When the van operator has reviewed the report and is satisfied with the repairs made, he/she must also sign the report. (**NOTE:** indicate the defects by placing a “x” in the appropriate box.) **If no defects are discovered during the inspection check the box (“✓” or “x”) labeled “Check here if no apparent defects are discovered”.** The Post Trip Inspection Report must be completed and **signed** by the van operator at the end of the day.
22. **Starting & Ending Point Today:** In the appropriate area, indicate by the city and state, within the 24-hour period, where you started today and where you ended the day. If you are driving through either midnight hour, indicate that city in the appropriate area as either your starting or ending point. Use the two-letter state or Canadian province abbreviation in the boxes provided.

C. STATE MILEAGE AND FUEL PURCHASE REPORT

23. **State:** By using the appropriate two-letter state of Canadian province abbreviation, enter all jurisdictions operated within today.
24. **Routes Traveled:** Show all highways traveled within each jurisdiction.
25. **Miles:** Show all miles (loaded and empty) driven in each jurisdiction. **All distances must be shown in miles (no kilometers).**
26. **Gallons:** Record number of gallons (rounded to the nearest tenth) of fuel purchased in each jurisdiction. Attach the original fuel purchase receipt to the log. Fuel receipts must show Atlas Van Lines, Inc. as the purchaser. No credit on fuel taxes will be given if the original fuel receipts, properly made out, do not accompany the log.

D. DISTRIBUTION OF THE VAN OPERATOR’S DAILY COMBINED REPORT

1. Original is to be mailed to Atlas Safety weekly.
2. The second copy is to be mailed to your agent.
3. The third copy is to be retained in the van operator’s possession for seven (7) days.

XX. SAFETY TIPS

A. RIGHT OF WAY

1. Never attempt to exercise the right-of-way when doing so creates any danger of an accident. If you have any doubts about the intentions of another driver, let them go first. Above all, never use the size of your vehicle to assert your right-of-way. To do so invites criticism of you, the company, the trucking industry, and actions of this nature can lead to a serious accident.
2. Keep to the right except when overtaking slow-moving vehicles or when positioning to make a left turn. This rule shall be adhered to on dual highways and one-way streets.

3. A vehicle on a through street does not legally hold the right-of-way over vehicles entering from the side once such vehicles have made a full stop. For this reason, intersections, driveways and similar points of access to main streets must be approached with extreme caution.
4. When entering main thoroughfares from side streets, alleys, driveways, garages, terminal yards, or buildings, a full stop shall be made before entering upon any crosswalk. If necessary, when the traffic is clear, the van operator may pull into the crosswalk to check traffic in the street before entering. Never attempt to force your way into the traffic stream.
5. Emergency vehicles such as fire trucks, police cars and ambulances always have the right-of-way when giving warning by means of a siren or warning light. Upon approaching such vehicles, pull as far to the right as possible and stop until they have passed. If it is not feasible to pull to the right, stop where you are and let them pass you.
6. Never break a funeral procession.
7. Military convoys in close formation have the right-of-way.

B. FOLLOWING DISTANCE

1. Never follow another vehicle so closely that you cannot stop safely and easily if the vehicle ahead makes an emergency stop. Allow at least one vehicle length between you and the vehicle ahead for each ten miles per hour of speed.
2. Never follow another vehicle, especially another truck, closer than 500 feet on the open highway. Always leave enough space between you and the vehicle ahead to allow faster traffic to pass you and get into the right lane.
3. The above rules are not intended to prohibit you from overtaking and passing slower vehicles when you can do so safely. Should you overtake another vehicle with the intention of passing but find that you cannot immediately do so for any reason, drop back enough so that other drivers, particularly automobile drivers, can pass you and get back into the right-hand lane.

C. PASSING

1. Passing will be attempted only when the van operator has adequate clear space ahead to complete the pass without racing and without risk of damage to either vehicle.
2. Before passing, be sure to check to the rear for other overtaking vehicles.
3. Turn signals shall be used to indicate change of lane, both when pulling out to pass and when returning to the right-hand lane.
4. Return to the right-hand lane as soon as you can do so safely.
5. Never attempt to pass when approaching the top of a hill, a curve, intersection, side road, bridge or any other area where you do not have clear view of the road.
6. Standing buses and street cars will be passed in accordance with local traffic regulations. The utmost care will be used in passing such vehicles at all times.
7. School buses will be passed only with the greatest care. A full stop shall be made for any school bus stopped to discharge or receive passengers and the van operator shall remain stopped until it is safe to proceed. In areas where other traffic is not required to stop, pull as far to the right as possible.
8. Never attempt to pass more than one vehicle at a time. If you try to pass a line of traffic, you may find yourself in a position where you cannot return to the right-hand lane should the need arise.

9. Do not attempt to pass unless there is sufficient difference between your speed and the speed of the slower vehicle to enable you to pass without undue delay.
10. Never attempt to pass on multiple lane highways where conditions will cause you to obstruct traffic.

D. BEING PASSED

1. When being passed by another vehicle, van operators shall keep well to the right and, if necessary, reduce speed to facilitate safe passing. Never speed up to prevent another driver from passing. To do so is to create a hazard and invite unfavorable criticism of the company and yourself.
2. Do not signal an overtaking vehicle to indicate it is safe to pass. To do so will put part of the responsibility for safe passing from the overtaking driver on you. In the event of an accident, you and your company may be held liable.
3. Be alert for the driver who tries to pass in an unsafe place. Do not try to block the other vehicle but be ready to do anything that might be necessary to avoid being involved in his/her accident.

E. APPROACHING OTHER VEHICLES

1. Always keep to the extreme right when approaching any oncoming vehicles. At night, dim your headlights when within 500 feet of an oncoming driver regardless of any action they may take.
2. If you meet a driver on your side of the road, slow down, pull as far to the right as possible and stop, if necessary. Never, under any circumstances, pull to the left in an attempt to avoid an oncoming vehicle in your lane.

F. STOPPING AND PARKING

1. Stopping or parking on the open highway should be avoided whenever possible.
2. If necessary to park on the highway, the van operator should position the vehicle as far to the right, completely off the traveled portion of the road, if possible, and set out emergency triangles.
3. Emergency warning signals must be set out in accordance with the regulation of the Department of Transportation. Unless the unit is at least ten (10) feet from the nearest part of the traveled roadway, use emergency warning signals. Always set out emergency warning signals in areas where the use of such equipment will promote the safety and convenience of other motorists.
4. Whenever a unit is parked, the parking brake must be set and the transmission placed in the lowest forward gear or reverse. If a curb is present, the front wheels should be turned toward the curb when parked on a downgrade or on the level and turned away from the curb when parking on an upgrade. If the steepness of the grade or other factors greatly increases the danger of a runaway unit, all wheels should be blocked.

G. CURVES AND TURNS

1. On the open road, always reduce speed consistent with the available sight distance, the sharpness of the curve and other prevailing road conditions. Stay in your own lane. Slow down before you get into the curve.
2. Turn signals shall be used continuously for 100 feet or a city block, whichever is the shorter distance, prior to turning. Always check for overtaking and approaching traffic.
3. Slow down before turning and get into the proper lane: For right turns, make turn as close to the right hand curb as possible; for left turns, get into the lane immediately to the right of the center line and make the turn into the corresponding lane of the intersecting street. Make turns only when the way is clear.

4. Watch your off-track. The rear end always cuts short. Do not cut anyone off, but do not swing so wide that you invite the unsuspecting driver into a trap. On sharp right turns, pull wide into the intersecting street in preference to making a wide swing in the street from which your are turning. Remember, three left turns may be easier and safer than one right turn
5. Remember to turn your signal off after the turn is complete. Proceeding down the road with your turn signal flashing off and on can create disrespect for all turn signals in the mind of the driving public.

H. SPOTTING VEHICLES FOR LOADING & UNLOADING

1. Plan your route to keep backing at a minimum. Never back into traffic if it can be avoided.
2. Be sure to inspect your line of travel before backing. You may have to get off your seat and onto your feet.
3. Get help when backing, whenever possible. Remember, you are responsible for safe backing, even when a helper is directing you. Be sure your helper is in a position where he/she has a clear view and where his/her signals can be seen or heard.
4. When doors must be opened prior to backing up to a dock, properly secure them to ensure that the doors will not swing or strike any object.
5. When spotting trucks or trailers at a platform, precautions must be taken to guard against a roll away. Always block the wheels when leaving a trailer spotted alone.

I. HOOKING UP TRACTOR-TRAILER

1. Make sure fifth-wheel jaws are fully opened.
2. Make sure fifth-wheel is tilted back to avoid body damage when tractor is backed.
3. Block trailer wheels or make sure brakes are locked. If necessary for safety, use both methods to keep trailer stationary. Never "chase" a trailer.
4. Before starting to back under trailer, make sure brake hoses and light cords are clear.
5. Back tractor as squarely as possible at the center of trailer until the fifth-wheel jaws engage the kingpin on the trailer. Always back slowly and watch to make sure the trailer is neither too high nor too low. Avoid backing under a trailer from an angle.
6. Hook up brake hoses.
7. Hook up light cords.
8. Make visual inspection of the fifth-wheel jaws to ensure they have completely closed the trailer kingpin.
9. Check to see that the coupler release lever is in the locked position.
10. On tractors with hand control valves, set valve and give two or three short jerks to check coupling.
11. Raise landing gear fully before moving coupled unit.

J. UNHOOKING TRACTOR-TRAILER

1. Line up tractor and trailer in a straight line.

2. Lower the landing gear and block trailer wheels. Make sure the landing gear is lowered on solid level ground. If necessary, place planks or similar material under the dolly wheels to prevent them from sinking into soft ground.
3. Uncouple brake hoses and light cords and make sure they are clear.
4. Pull coupler release lever to disengage fifth-wheel jaws from the trailer kingpin.
5. Proceed driving out from under the trailer slowly to permit the landing gear to accept the load gradually.

K. RAILROAD CROSSING

1. A full and complete stop is required at a grade crossing when:
 - a. There is not a clear view for at least 500 feet in each direction.
 - b. The nature of the cargo makes a stop mandatory under state or Department of Transportation Regulations.
 - c. Such stop is otherwise required by law.
2. Stops should be made not less than 15 feet but no more than 50 feet from the nearest rail. The van operator shall pull as far to the right as possible before stopping and shall signal the following traffic to guard against any rear end collisions.
3. Do not shift gears while crossing railroad tracks.
4. Double tracks require a double check. Remember, a train on one track may hide another train on the other track. Look both ways before crossing. After one train has cleared a crossing, be sure no other trains are near before proceeding across the tracks.
5. Yard areas and grade crossings in cities and towns are just as dangerous as rural grade crossings. Approach these crossings with the same amount of caution.

L. IMPAIRED CLEARANCES

1. Bridges, tunnels, alleys and similar obstructions demand special care on the part of the van operator to avoid accidents and damage to equipment.
2. Road repairs, rough roads, ice, snow, floods, and empty equipment may cause difficulty where clearance is otherwise adequate.
3. The width of many bridges and tunnels will not permit two trucks or a truck and a car to meet safely. If there is any doubt, let the other driver go first.
4. Know the height of your vehicle. Watch for posted clearances on bridges and underpasses. If the posted clearance exceeds the height of your unit by 6 inches or less, slow down to avoid rebounding into an obstruction on rough roads.
5. Watch for fire escapes, shutters, open windows or other overhead obstructions in alleys or near the curb line. Beware of low hanging tree limbs and wires.

M. SAFETY CHECK OF EQUIPMENT

1. It is imperative to perform a safety check on the vehicle.

2. The safety check shall include the items listed below plus any additional inspection required because of unusual circumstances.
 - a. Condition of tires.
 - b. Brake connections (on units equipped with hand control valve, set valve in cab and listen for leaks in line).
 - c. Check fifth-wheel latch (Pintle-hook and safety chains on full trailer equipment).
 - d. Check lights and reflectors. Reflectors and all lights must be clean and all lights must be burning. On combinations, check the light connections between power unit and trailer by hand to make sure of tightness.
 - e. Check body doors and latches, seals and locks.
 - f. Check special equipment.
3. Be sure to make your safety check in a safe place where you will not obstruct other traffic.

N. SPECIAL PRECAUTIONS

1. Posted road warnings and regulations must be heeded. These signs are placed for your protection and information. There is no excuse for failing to adhere to these warnings.
2. Van Operators must report all arrests, traffic citations and fines and indicate such on their logs. The company may choose not to defend a van operator when any negligence is indicated. Repeated traffic violations or failure to report violations could result in disqualification.
3. Give a "BRAKE" to highway crews and others who must work on or near the roadway. Before entering a highway work zone, you should reduce your speed and obey the posted speed limit at all times. Many times accidents occur in the areas immediately prior to entering the work zone, where traffic becomes congested and may suddenly stop without any advanced warning. Since highway work zone crashes have increased over the years, extra caution should be taken in and near highway work zones.
REMEMBER:
 - a. Stay alert
 - b. Get in the correct lane well in advance
 - c. Pay close attention to the warning signs and flaggers
 - d. Slow down
 - e. Be prepared for sudden stops
 - f. Increase your following distance
 - g. Do not change lanes or pass other vehicles in the work zone
 - h. Alert other drivers of hazards in front of you (turn on your four-way flashers quickly if you have to come to a complete stop or significantly slow down)
 - i. Be patient
4. Fog, snow, rain, landslides, flooded roads and the like call for reduced speed and the utmost care in driving. When conditions become too hazardous, pull off the road at the first safe place and wait until driving conditions improve.
5. Do not attempt to drive through floodwaters or across a bridge or culvert that may have been weakened by flooding without the permission of highway or police officials in charge.
6. Animals on or near the road are a warning to keep your unit under close control. Do not rely on the presence of fences to keep livestock off the road.
7. Keep exhaust noise at a minimum in residential areas, school zones, hospital zones, and small towns.

8. Slow down in school zones. Remember, children cannot be expected to exercise good judgment in traffic all of the time.
9. Reduce speed in residential areas and when passing through small towns along the highway.
10. Upon approaching a stopped emergency vehicle, you must safely “move over” into another lane to allow adequate clearance between your vehicle and the emergency vehicle. IT’S THE LAW!

O. FIRE PREVENTION

1. Engine must be turned off when refueling and no smoking or open flames are permitted within 50 feet of the unit.
2. Never use gasoline for cleaning clothes or any part of the equipment. You should only use an approved cleaning solvent.
3. The accumulation of refuse, matchbooks, papers, oily rags and similar items in vehicle is a fire hazard and will not be permitted.
4. Fuses and pot torches must be kept in the racks provided to avoid fire from friction or spilled fuel.
5. Use extreme care when smoking. Make sure matches, cigarettes, cigars, and pipe ashes are extinguished and cool before disposing of them. Make sure drafts from open cab windows do not blow ashes into corners where they can start fires.
6. Smoking is prohibited when transporting hazardous commodities and when handling freight of any type in or out of the cargo space.
7. Tire fires are much easier to prevent than to extinguish.
 - a. Check tires at all safety stops and change any tire that is soft and flat.
 - b. Never drive for any distance on a soft or flat tire.
 - c. Do not leave your truck after a hot tire has been discovered without removing it or waiting until it is cool to the touch. Do not place a hot tire in the spare tire rack without allowing it time to cool.
 - d. Always check the oil level in the hubs daily.
8. Never drive a unit with the parking brake and any wheel brake unreleased. Heat builds up quickly under such conditions and can easily start a stubborn fire.
9. Never strap any cargo or equipment to the back of the tractor.

P. FIRE FIGHTING

1. Truck fires call for thinking and planning to get the best result from the limited equipment at hand. Plan where and how to use the amount of extinguisher fluid available. A minute lost in inspection and planning will not lose the truck, waste of fluid may. If a water supply is near and can be reached without parking where vehicles or buildings are endangered, get to it and solicit help, if possible. If a Fire Department station is near, by all means solicit their aid in the quickest way possible. Do not use water on an oil fire - it will cause the fire to spread.
2. Fire extinguishers carried on a truck will not put out a tire fire. If help can be reached, as stated above, from a Fire Department or source of water, by all means do so. If the tire can be removed without endangering the safety of the van operator or persons helping, do so. Shoveling dirt on a burning tire can sometimes control it until the wheel is removed.

3. Cargo fires, in practically all cases, are discovered by smelling or observing smoke escaping from around the doors of the unit. If this condition is discovered, **DO NOT ALLOW ANYONE** to open the doors to the cargo section until you have moved the unit to a safe spot where proper help can be obtained, preferably from a Fire Department or a good source of water supply. After proper help is secured and equipment is at hand, the doors may be cautiously opened and the cargo removed until the source of the fire is located. Remember, fires in the cargo section of the closed van can only smolder for lack of oxygen until the doors are opened. After the doors are opened, try to avoid pouring water on the cargo until it is absolutely necessary in order to prevent unnecessary cargo damage.
4. In case of fire, use the best possible judgment under the circumstances. If a fire does get out of control, it may become necessary to unhook the power unit from a burning trailer in order to save the tractor.
5. Under no circumstances is the van operator to take chances in fighting a fire that could endanger his/her personal safety.
6. Here are some suggestions to help eliminate the possibility of fires:
 - a. Dome Lights - Are they properly covered to prevent a fire from starting when items are stacked high in the trailer?
 - b. Trailer Tires - Are they properly inflated? Often, fires start when a tire overheats due to not maintaining the correct pressure.
 - c. Wheel Wells - Are they free of clutter? Fires often start in this area due to overheating of the well and having pads or materials stacked around the wheel wells.
 - d. Flammable Items - Are you packing or transporting these? If so, **STOP!**
 - e. Smoking By Personnel – Never allow personnel to smoke around the cargo. Many fires are started because of an unattended or forgotten cigarette.
 - f. Repairs To Trailers That Involve Welding - Never allow welding when a shipment or shipments are on board. All household goods must be removed prior to the start of repairs.

Q. MOBILE COMMUNICATION DEVICES

1. As a reminder, Atlas Safety discourages the use of any communication devices (cell phone, QualComm, cb radio...) while operating a commercial vehicle. Compliance with federal and state laws with respect to the non-use of such devices is required.

Exhibit 25 - 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.

Brian Henry

Printed Name of Verifying Individual



Signature of Verifying Individual

President

Title of Verifying Individual

02/27/23

Verification Date

At this time the only Social Media or website for XLCR is XLCR.org
below is a picture of the site. *See Attachment 25.1.* It has no site map as
it is only a static page at this time.

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Attachment 25.1

[Redacted: Confidential, Proprietary Business Planning, and Public Safety Information, related to distribution and transport of Med. Marijuana/ Schedule 1 substance (TELEPHONE NUMBER). See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]



FORM I: OWNERSHIP ENTITY INDIVIDUALS

[Redacted: Confidential information related to private financial information and addresses See,1.8, § 36-12-40, et seq., Code of Alabama 1975]

"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.

XLCR INC.

Secure Transporter

Business License Applicant Name

License Type

Ownership Entity Information
Park Transfer & Storage Co Inc.



Ownership Entity Name

Ownership Entity % Ownership in Applicant

Ownership Entity Type:

- Trust
- Privately Held Corporation
- Publicly Held Corporation
- Partnership
- Limited Liability Partnership
- Limited Partnership
- Limited Liability Limited Partnership
- Limited Liability Company
- Other (specify): _____

Ownership Entity Owners

Brian Henry

President



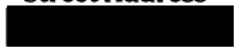
Owner Name

Role

% Ownership in Entity



Street Address



City

State

Zip

Kevin

Barber



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

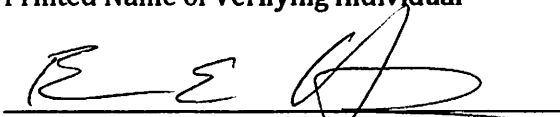
Owner Name	Role	% Ownership in Entity
Street Address		
City	State	Zip

Owner Name	Role	% Ownership in Entity
Street Address		
City	State	Zip

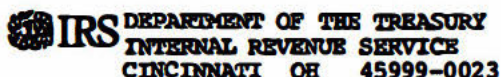
Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate list of all individuals with an applicable ownership interest in an ownership entity with an ownership interest in the Applicant.

BRIAN E HENRY
Printed Name of Verifying Individual

RESIDENT
Title of Verifying Individual


Signature of Verifying Individual

12/26/22
Verification Date



Date of this notice: 10-14-2022

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

XLCR INC
& BRIAN HENRY
[REDACTED]

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-0699207. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	04/30/2023
Form 940	01/31/2024
Form 1120	04/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is XLCR. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number () - Best Time to Call

DATE OF THIS NOTICE: 10-14-2022
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

XLCR INC
[REDACTED]

{Redacted: Confidential, Proprietary Information, related to individual private EIN and Address See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

STATE OF ALABAMA

**DOMESTIC BUSINESS CORPORATION
CERTIFICATE OF INCORPORATION**

PURPOSE: In order to form a Business Corporation under Sections 10A-1-3.05 and 10A-2A-2.02 of the Code of Alabama 1975, this Certificate of Incorporation and the appropriate filing fee must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1. The name of the corporation (must contain the word "Corporation" or "Incorporated," or the abbreviation of one of those words, and comply with Code of Alabama Section 10A-1-5.04):

XLCR, INC

2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

3. Street (No PO Boxes) address of principal office of the corporation: _____

[Redacted]

Mailing address of principal office (if different from street address): _____

[Redacted]

4. The name of the registered agent (only one agent): Brian E Henry

Street (No PO Boxes) address of registered office (must be located in Alabama): _____

[Redacted]

*COUNTY of above address: JEFFERSON

Mailing address in Alabama of registered office (if different from street address): _____

[Redacted]

{Redacted: Confidential, Proprietary Information, related to Address
See App.Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}

(For SOS Office Use Only)

Alabama	
Sec. Of State	
001-044-707	D/C
Date	10/14/2022
Time	16:54:00
File	\$100.00
County	\$100.00

Total	\$200.00

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF INCORPORATION

5. Purpose for which corporation is formed: _____

To hold and maintain a Secure Transport & Storage License from the AMCC...
the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2A of the Code of Alabama.

6. Amount of stock the corporation is authorized to issue: 10000000 Par Value _____ (optional)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): See attached

Street **(No PO Boxes)** address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street **(No PO Boxes)** address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

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Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street **(No PO Boxes)** address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street **(No PO Boxes)** address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

- 9. A director has no liability to the corporation or its stockholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the stockholders; (C) a violation of Section 10A-2A-8.32; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the corporation or its stockholders.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

*County of Registered Agent is requested in order to determine distribution of County filing fees.

10 / 14 / 2022

Date (MM/DD/YYYY)

Jason R. Klinowski

~~Signature as required by 10A-2A-1-20~~
Attorney in Fact

Title

Additional Details

Incorporators

Incorporator	Street Address	Mailing Address
Klinowski Damiano LLP	P.O. Box 43404 Birmingham, AL 35243	P.O. Box 43404 Birmingham, AL 35243

John H. Merrill
Secretary of State

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

STATE OF ALABAMA

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

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

XLCR, INC

This name reservation is for the exclusive use of Klinowski Damiano LLP, P.O. Box 43404, Birmingham, AL 35243 for a period of one year beginning October 14, 2022 and expiring October 14, 2023

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.



RES051621

October 14, 2022

Date

J. H. Merrill

John H. Merrill

Secretary of State

THIS INSTRUMENT PREPARED BY:

Jason R. Klinowski, Esq.
KLINOWSKI DAMIANO LLP
P.O. Box 43404
Birmingham, Alabama 35243

BUSINESS PURPOSE

XLCR, INC. was formed and incorporated for the purpose of holding and maintaining a Secure Transport & Storage License from the Alabama Medical Cannabis Commission and for all other lawful purposes for which a corporation may be formed or incorporated within the State of Alabama.

AUTHORIZED SHARES

The authorized capital stock of XLCR, INC. consists of ten million (10,000,000) shares of common stock, without par value (the "*Common Stock*").

THIS INSTRUMENT PREPARED BY:

Jason R. Klinowski, Esq.
KLINOWSKI DAMIANO LLP
P.O. Box 43404
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BUSINESS PURPOSE

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SHAREHOLDERS AND OPERATING AGREEMENT

OF

XLCR, INC.

THIS OPERATING AGREEMENT is dated and adopted this 15th day of November 2022 by the persons whose names are subscribed below, who constitute the shareholders of XLCR, Inc., an Alabama Corporation.

DEFINITIONS

1. **Shareholder(s):** The term “shareholder,” as it appears in this Operating Agreement, includes the founding/initial shareholders listed herein and other such individuals who possess an ownership interest in XLCR, Inc., whether now or in the future. All Shareholders are eligible to share in any of XLCR, Inc.’s income, losses, deductions, credits, etc. Moreover, all shareholders are eligible to participate in the management of XLCR, Inc. and are bound to the terms of this Operating Agreement at the time in question.

The Shareholders hereby agree as follows:

ARTICLE 1

Organization of Company

1.01. **Name.** The name of the corporation to be operated pursuant to this Operating Agreement is “XLCR, Inc.”, (hereinafter “*Company*”), which is an Alabama for profit entity incorporated as a corporation on October 14, 2022, under the Laws of the State of Alabama.

1.02. **Registered Agent and Office.** The Company’s registered agent in Alabama is Brian E. Henry, whose business address is [REDACTED] Company may designate other registered agents or offices at any time in this state or, if necessary, in other states.

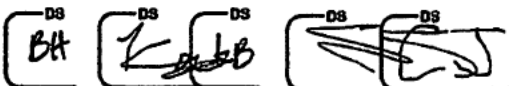
1.03. **Principal Place of Business.** Company’s initial principal place of business is located at [REDACTED] Company may establish other or additional offices at any time.

1.04. **Term.** The term of existence of Company is hereby acknowledged as beginning on or about October 14, 2022, which will be further evidenced by its receipt of a certificate from the Alabama Secretary of State, and shall continue until the dissolution and termination of Company as provided in Article 8 of this Operating Agreement or by operation of law.

1.05. **Purpose.** The purpose of Company is to hold and maintain a Secure Transport & Storage License from the Alabama Medical Cannabis Commission and to engage in any and all

{Redacted: Confidential, Proprietary Information, related to address of Secured Facility

See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975)



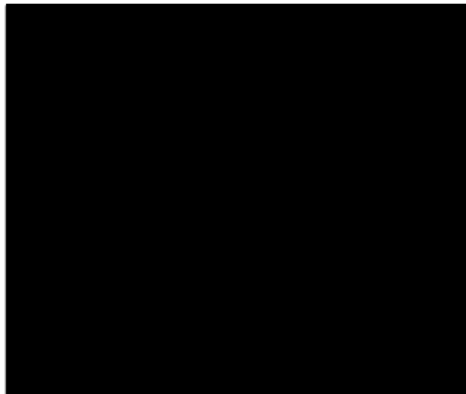
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other lawful purposes for which a corporation may be formed or incorporated within the State of Alabama.

ARTICLE 2

Shareholdership and Capital

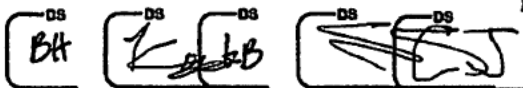
2.01. Initial Shareholders. The names and addresses of the initial/founding Shareholders of Company are:

<u>Name</u>	<u>Address</u>
Kelley Hardwick	
Eric Smith	
Castro Javine	
Park Transfer & Storage Company, Inc.	

2.02 Class A Voting Shares – Class A Shares shall be the only class of stock issued and thus entitled to vote or otherwise participate in the management of Company except as otherwise specified in this document or under the Alabama Corporations Act, as amended from time to time. Accordingly, Class A shares of Company shall be subject to the following terms and restrictions:

- (a) Only ten million shares (10,000,000) are authorized.
- (b) The initial par value of each share of Class A stock shall be unstated.
- (c) All shares of Class A stock shall be deemed fully paid and non-assessable.
- (d) All shares of Class A stock shall be transferable only on the books of the corporation by the holder of said shares in person or by attorney upon surrendering a properly endorsed stock certificate.
- (e) All shares of Class A stock shall be restricted as to prohibit resale, pledging, conveyance, or other such action which requires registration of securities.

{Redacted: Confidential, Proprietary Information, related to address of Secured Facility See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}



2.03. New or Substituted Shareholders.

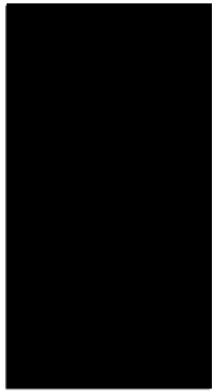
(a) An assignee of a Shareholder's ownership interest in Company shall be admitted to Company as a substituted shareholder only upon the written consent of one hundred (100%) percent of the other Shareholders. A new or substituted Shareholder shall be fully bound by the terms and provisions of this Operating Agreement and all amendments thereto, whether or not the new or substituted Shareholder actually signs this agreement or an addendum thereto. Nothing in this Agreement is intended or shall be interpreted as limiting the Company's ability to establish and issue different classes of shares with different rights, including rights both inferior (e.g., non-voting shares) and superior (e.g., priority payment shares) to Class A Voting Shares.

(b) The Company reserves the absolute right to approve or to deny a Shareholder's assignment of some or all of his or her ownership interest in the Company. Further, the Company expressly reserves the right of first refusal to purchase any and all shares of the Company which any Shareholder wishes to sell, assign, or otherwise transfer to any other individual or entity as per the terms set forth in Article 6 of this Operating Agreement.

2.04. Ownership Interests. The ownership interest of each Shareholder of Company shall be expressed in terms of a percentage. The total ownership interests of all Shareholders shall always equal one hundred (100%) percent; no more and no less than 100% shall be allowed. The ownership interests of new Shareholders shall be determined, prior to admission, by all (100%) of the current/existing Shareholders. The ownership interests of the initial Shareholders are set forth in section 2.05 of this Operating Agreement.

2.05. Capital Contributions. An initial/founding Shareholders' capital contributions to Company may consist of cash, property, services rendered, and/or a written promise to contribute cash, property or services in the future. A post-incorporation Shareholder's capital contribution must be comprised of cash, property, or a written promise to contribute cash or property in the future. All cash contributions shall be deposited into a Company owned and controlled interest-bearing account. The value of all capital contributions shall be determined by the existing Shareholders. A Shareholder shall not be entitled to withdraw a capital contribution without the consent of all other Shareholders. A Shareholder shall be entitled to interest on or with respect to any capital contribution actually paid in by said Shareholder. Additional capital contributions may be made by a Shareholder only with the consent of seventy-five (75%) percent, or super majority, of the existing Shareholders. The capital contributions required of new Shareholders, as well as the percentage of ownership interest allowable per new Shareholder, shall be determined by all the existing (100%) Shareholders. The initial capital contributions and the initial ownership interests of the initial Shareholders of Company are set forth below:

Type and Value of Capital

<u>Name</u>	<u>Contribution</u>	<u>Ownership Interest</u>
Kelley Hardwick Shareholder	Cash/Concept/Services	
Eric Smith Shareholder	Cash/Concept/Services	
Castro Javine Shareholder	Cash/Concept/Services	
Park Transfer & Storage Co., Inc. Shareholder	Cash/Concept/Services	

2.06. Resignation of a Shareholder. A Shareholder may resign, retire, or withdraw from Company at any time by giving ninety (90) days advance written notice thereof to the remaining Shareholders. The right of a resigning, retiring, or withdrawing Shareholder to compensation for the Shareholder's ownership interest in Company shall be governed by the provisions of Article 6 of this Operating Agreement. The resignation, retirement, or withdrawal of a Shareholder shall terminate the Shareholder's ownership interest and voting rights, if any, in Company as of the date of the resignation, retirement, or withdrawal. As set forth hereinabove, Company reserves the right of first refusal with respect to purchasing the exiting Shareholder's ownership interest in Company.

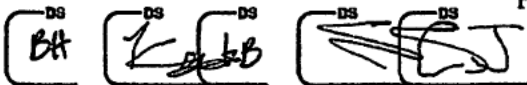
ARTICLE 3

Management

3.01. Management by Shareholders. Company shall be managed by the Shareholders. The Shareholders hereby expressly reserve the right to adopt the Company's initial bylaws. No Shareholder shall be entitled to compensation for managing Company unless otherwise approved, in advance, by one hundred (100%) percent of the Shareholders.

3.02. Professional Services. Subject to Section 3.03 of this Article, Company shall have a continuing responsibility to contract for those professional services deemed necessary, appropriate, and prudent to the effective, efficient, and proper operation of Company's business.

3.03. Authority of Shareholders. Each Shareholder may exercise all powers of Company and perform any lawful act or function deemed necessary or appropriate in the ordinary course of Company's business, except as otherwise provided in the Operating Agreement and Company By-Laws, if any. However, a Shareholder may not perform any of the following acts or functions without the written consent of all (100%) of the existing



Shareholders:

- (1) Dissolve or terminate Company.
- (2) Sell, transfer, or license all or portions of Company assets.
- (3) Merge or consolidate Company with another entity.
- (4) Incur a Shareholder/Company liability in excess of five thousand dollars (\$5,000.00).
- (5) Any other act or function which requires the approval or consent of the other Shareholders by the terms of this Operating Agreement, the provisions of Company By-Laws, if any, or by fully executed resolution of the Company.

3.03. Voting Requirements. Except as otherwise provided in this Operating Agreement or in the By-Laws, if any, all matters requiring the vote, consent, or approval of the Shareholders shall require the vote, consent, or approval of a *majority* (51%) of all Shareholders.

3.04. Shareholders Meetings. The Shareholders may hold regular or special meetings either in the State of Alabama or elsewhere. Regular meetings of the Shareholders may be held without notice at such time and place as may be determined by the Shareholders. A special meeting of the Shareholders may be called by any Shareholder by giving 15 days prior written notice of the time, place, and purpose of the meeting to all other Shareholders. Notice shall be as provided in section 9.03 of this Operating Agreement. A Shareholder's right to receive said Notice of any meeting may only be waived in writing by said Shareholder.

3.05. Action Without Meeting. Action may be taken by the Shareholders without meeting if all (100%) Shareholders sign a written consent to the action taken or in any other manner provided for in the "Action Without Meeting" provisions of the By-Laws, if any.

3.06. Telephonic Meetings. Shareholders may participate in a meeting by means of conference telephone or other video or audio communications equipment (e.g., Zoom, Microsoft Teams, Google Meet, etc.) whereby all persons participating in the meeting can, at a minimum, simultaneously hear each other. Participation in such a meeting by a Shareholder shall constitute the presence of the Shareholder at the meeting.

ARTICLE 4

Allocations and Distributions

4.01. Allocation of Income and Loss. The net income or losses of Company shall be allocated to the Shareholders at the end of each accounting period in proportion to their respective ownership interests in the Company. The gains, losses, deductions, and other income tax items of Company shall be allocated to the Shareholders in the same manner, except as otherwise provided in this Article.

4.02. Shareholders Tax Provision. The Shareholders expect and intend that Company shall be treated as an S-Corp. for federal income tax purposes. The Shareholders hereby expressly agree individually that they will do nothing with respect to their individual income tax returns that is inconsistent with or that will otherwise jeopardize the Company's tax status.

4.03. Special Tax Provision. The income, gain, loss, or deduction with respect to an asset contributed to the capital of Company by a Shareholder shall, in accordance with Section 704(c) of the Internal Revenue Code and solely for tax purposes, be allocated between the Shareholders so as to take into account any variation between the adjusted income tax basis of the property to Company and its actual value when contributed.

4.04. Allocations Upon Transfer. If, during an accounting period, a Shareholder transfers his/her rights to Company profits, losses, and other income tax items to another person or Shareholder, the profits, losses, and other tax items that would otherwise have been allocated to the transferring Shareholder for the accounting period shall be allocated between the transferor and the transferee pursuant to any method chosen by the Shareholder that is permitted under the Internal Revenue Code.

4.05. Distributions. All distributions by Company shall be made to the Shareholders as per the terms of a special resolution as shown in the books and records of Company. Distributions shall be made in the amount and at such times as are approved by a majority vote of the Shareholders. All distributions shall be by cash or Company check unless the Shareholders approve a different form of distribution.

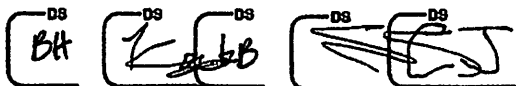
4.06. Restriction on Distribution. Company shall not make a distribution to the Shareholders unless immediately after giving effect to the distribution, all liabilities of Company, other than liabilities to the Shareholders on account of their interest in Company.

ARTICLE 5

Accounting, Books and Records

5.01. Accounting Practices and Tax Year. Company shall keep its books and records and prepare its financial statements in accordance with generally accepted accounting principles and shall prepare its income tax returns using such methods of accounting. Company tax year shall be the calendar year.

5.02. Location and Inspection. Proper and complete books of account and records of the business of Company shall be kept at Company principal office, the office of Company General Counsel, or at such other place as may be designated by the Shareholders. Notice shall be given to each Shareholder of any changes in the location of Company books and records. The Shareholders books and records shall be open to inspection, audit, and copying by any Shareholder, or the designated representative of a Shareholder, upon reasonable notice at any time during business hours for any purpose reasonably related to the Shareholder's interest in Company. Any information so obtained or copied shall be kept and maintained in strict confidence except as otherwise required by law.



The image shows three DocuSign signature boxes. Each box contains a handwritten signature in black ink. The first box has the initials 'BH' written inside. The second box has a signature that appears to be 'K. [unclear]'. The third box has a signature that appears to be 'S. [unclear]'. Each box is a rounded rectangle with a small 'DS' logo in the top left corner.

5.03. Reliance on Books and Records. A Shareholder shall be fully protected in relying in good faith upon the records and books of account of Company and upon such information, opinions, reports, or statements presented to the Shareholder, by Company or any of its other Shareholders, officers, or employees, or by any other person selected by Company, as to matters which the Shareholder reasonably believes are within such other person's field of expertise, including information, opinions, reports, or statements as to the value and amount of the assets, liabilities, profits, or losses of Company or any other facts pertinent to the existence and amount of assets from which distributions to Shareholders might properly be paid.

5.04. Reports and Tax Returns. A financial statement for Company shall be made and reported on as of the end of each fiscal year. A copy of the annual financial statement and report shall be transmitted to the Shareholders within ninety days after the end of each fiscal year. Company shall, within ninety (90) days after the end of each fiscal year, file a federal income tax informational return and transmit to each Shareholder a schedule showing the Shareholder's distributive share of Company income, losses, deductions, credits, and other information necessary to enable the Shareholders to timely file their federal income tax returns. Company shall also file, and provide information to the Shareholders and Shareholders regarding, all applicable state and local income tax returns. Company "Tax Matter Shareholder" shall be Brian Henry who shall have the authority to exercise the functions provided in Sections 6221-6223 of the Internal Revenue Code and the authority to delegate those functions to a qualified and/or properly licensed professional or firm.

ARTICLE 6

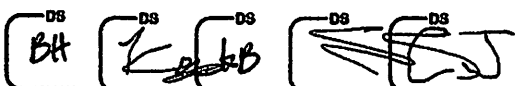
Deceased or Disassociated Shareholders

6.01. Disassociation of a Shareholder. The withdrawal, resignation, retirement, expulsion, bankruptcy, or dissolution of a Shareholder shall terminate the Shareholder's ownership interest in Company. Such a Shareholder shall constitute a "disassociated Shareholder."

6.02. Expulsion of a Shareholder. The expulsion of a Shareholder shall immediately terminate the Shareholders ownership interest in Company. A Shareholder may be expelled from Company, for cause, upon written consent of all (100%) the other Shareholders, excluding the Shareholder subject to expulsion, as follows:

(a) An initiating Shareholder must cause a special meeting of the Shareholders to be held in accordance with the terms of this Agreement and provide the accused Shareholder or Shareholders with fifteen (15) days prior notice of Company intent to expel said Shareholder or Shareholder, which must be signed by a majority of the non-accused Shareholders; and

(b) No less than fifteen (15) days prior to the aforementioned special meeting, the accused Shareholder shall also be provided with a writing that outlines and/or otherwise articulates the cause for his/her expulsion; and

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(c) At said special meeting, the non-accused Shareholders shall immediately accept the accused Shareholder or Shareholder's written resignation, they may vote to expel said Shareholder as evidenced by a written consent of all (100%) of the non-accused Shareholders, or they may discuss any alternative resolution plan, proposed by any Shareholder, the acceptance of which shall be evidenced by a written consent of ALL Shareholders. The non-accused Shareholders will hear any reasonable proposition for an alternative resolution plan; however, Company non-accused Shareholders hereby expressly reserve the right to reject any proposed alternative resolution plan for any reason whatsoever, as long as said rejection is evidenced by a written consent of all (100%) of the non-accused Shareholders and accompanied by either a written resignation of the accused Shareholder or Shareholder or by a vote to expel said Shareholder or Shareholder, as evidenced by a written consent of all (100%) of the non-accused Shareholders.

6.03. Compensation of Deceased or Disassociated Shareholders.

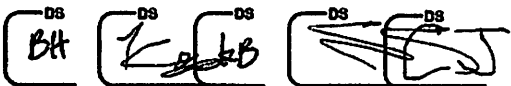
(a) If the death or disassociation of a Shareholder causes the dissolution and termination of Company, a deceased or disassociated Shareholder, or the estate or legal representative thereof, shall be entitled to participate in the winding up and liquidation of Company to the same extent as a similarly situated Shareholder.

(b) If the death or disassociation of a Shareholder does not cause the dissolution and termination of Company, a deceased or disassociated Shareholder, or the estate or legal representative thereof, shall not be entitled to participate in the management of Company, but shall be entitled to compensation in an amount equal to the capital contributions of the deceased or disassociated Shareholder as shown on Company books, increased or decreased, as the case may be by the Shareholder's share of Company profits or losses for the portion of Company current fiscal year ending on the date of the Shareholder's death or disassociation, and decreased by withdrawals made by the Shareholder during that fiscal year and decreased by any damages sustained by Company as a result of any expulsion or wrongful disassociation by the disassociated Shareholder. No allowance shall be made for goodwill or other intangible assets except as those assets have been reflected in Company books immediately prior to the death or disassociation of the Shareholder. The amount payable under this section shall be paid by Company to the deceased or disassociated Shareholder, or to the estate or legal representative thereof, in not more than two (2) semiannual installments with interest at 2% per annum beginning not more than two (2) months after the date of the death or dissociation.

ARTICLE 7

Indemnification and Limitation of Liability

7.01. Indemnification. A Shareholder shall be indemnified for all damages and expenses, including reasonable attorneys' fees, and held harmless by Company from any liability resulting from any lawful act or omission, except acts or omissions found to constitute gross negligence or a breach of fiduciary duties, committed by the Shareholder on behalf of Company to the fullest extent permitted under Alabama Law.



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7.02. Limitation of Liability. No Shareholder shall be personally liable for any debt, liability, or obligation of Company solely by reason of being a Shareholder of Company.

ARTICLE 8

Dissolution and Termination

8.01. Dissolution. The Company shall be dissolved upon the first to occur of the following events:

- (a) The expiration of the term or period of existence, if any, set forth herein, if any.
- (b) The unanimous written consent of the Shareholders to dissolve Company.
- (c) The death, retirement, resignation, withdrawal, expulsion, bankruptcy, or dissolution of a Shareholder, unless there are at least one remaining Shareholder and said remaining Shareholder consents in writing to continue Company and its business within 90 days after the occurrence of the event causing the dissolution.
- (d) The entry of a decree of judicial dissolution as provided by Alabama Law.

8.02. Winding Up. The Shareholders shall have the power and authority necessary to marshal Company assets, pay company creditors, distribute Company assets, and otherwise wind up the business and affairs of Company upon dissolution. The Shareholders shall also have the authority to continue to conduct the business and affairs of Company after dissolution to the extent reasonably necessary to effect an orderly and profitable winding up of Company business and affairs.

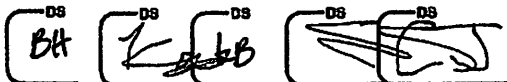
8.03. Liquidation and Termination. After the dissolution of Company and the winding up of its business and affairs, Company shall be liquidated by the Shareholders, whereupon the assets of Company shall be distributed in accordance with the distribution priorities set forth under Alabama Law. Immediately following the distribution of Company assets, the Shareholders shall perform the acts necessary to terminate the existence of Company.

ARTICLE 9

Miscellaneous

9.01. Amendment. This Operating Agreement, or any provision thereof, may be amended at any time by a majority vote of the Shareholders at a special meeting duly called for that purpose, except that any provision of this Operating Agreement that provides for a Shareholder vote, approval or consent of greater than a majority may be amended only by a Shareholder vote that is equal to that specified in the provision sought to be amended.

9.02. Governing Law. This Operating Agreement shall be governed by the Laws of Alabama, as such laws may from time to time be amended and without giving effect to conflict



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of laws principles.

9.03. Notices. Any notice given by a Shareholder to another Shareholder or to Company, or given by Company to a Shareholder, shall be in writing and shall be deemed effectively given upon personal delivery or upon deposit in the U.S. Mail by registered or certified mail, return receipt requested, or upon confirmed e-mail or facsimile transmission for delivery to Company or to such Shareholder, at the address, e-mail, or facsimile number shown in the records of Company.

9.04. Ratification of Organizer. The lawful acts and deeds of the organizer or organizers performed in the course of organizing Company are hereby approved and ratified by the Shareholders.

9.05 Ambiguity or Missing Terms. The founding Shareholders identified herein, and their respective transferees, successors, assigns and legal representatives, along with any future Shareholders and their respective transferees, successors, assigns and legal representatives, hereby expressly agree that any and all missing terms, ambiguities, and legal inconsistencies, if any, contained within the four corners of this Operating Agreement shall be resolved by following the terms, conditions, timelines, and definitions set forth in the Alabama Business Corporation Act, as such laws may from time to time be amended.

9.06. Entire Agreement. This Operating Agreement and any expressly identified amendments thereto or Resolutions, if any, constitute the entire agreement among the parties with respect to Company and the operation of its business.

9.07. Binding Effect. This Operating Agreement and the amendments thereto, if any, shall be binding on, and shall inure to the benefit of the Company, its Shareholders, and their respective transferees, successors, assigns and legal representatives.

9.08. Jurisdiction and Venue. The parties agree that the exclusive jurisdiction and venue for any action under this Agreement shall be the State of Alabama - County of Jefferson and/or the U.S. District Court for the Northern District of Alabama and the parties hereby agree and submit themselves to the exclusive jurisdiction and venue of such courts for such purpose.

9.09. Severability. Any invalidity, in whole or part, of any provision of this Operating Agreement shall not affect the validity of any other of its provisions.

9.10. Waiver. No term or provision hereof shall be deemed waived and no breach or default consented to unless such waiver or consent is in writing and signed by all (100%) of the existing Shareholders.


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DS
BH


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[Signature]

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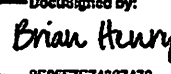
IN WITNESS WHEREOF, the Shareholders have subscribed their names to this Agreement on or as of the day and year first above written.

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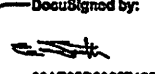
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President
12/27/2022 | 7:09:32 PM CST

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Castro Javine
Ex. Vice President
12/28/2022 | 7:11:53 AM PST

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Park Transfer & Storage Co., Inc.
Brian Henry, President
12/27/2022 | 3:36:25 PM CST

DocuSigned by:

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Eric Smith
Ex. Vice President
12/28/2022 | 6:36:53 AM PST

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Park Transfer & Storage Co., Inc.
Kevin Barber, Ex. Vice President
12/27/2022 | 5:12:18 PM PST

Certificate Of Completion

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Subject: Complete with DocuSign: XLCR - Shareholder and Operating Agreement - Final.pdf
Source Envelope:
Document Pages: 11
Certificate Pages: 2
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:



Record Tracking

Status: Original
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Holder: Jason Klinowski
Location: DocuSign

Signer Events

Brian Henry
[Redacted]
Brian E. Henry
Security Level: Email, Account Authentication (None)

Signature

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Brian Henry
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Kelley Hardwick
[Redacted]
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Electronic Record and Signature Disclosure:
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Kevin Barber
[Redacted]
CEO
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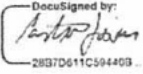
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Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Jason Klinowski [Redacted] Agricultural & Food Law Attorney Klinowski Damiano LLP Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div style="border: 1px solid black; padding: 5px; display: inline-block;">COPIED</div>	Sent: 12/28/2022 9:11:56 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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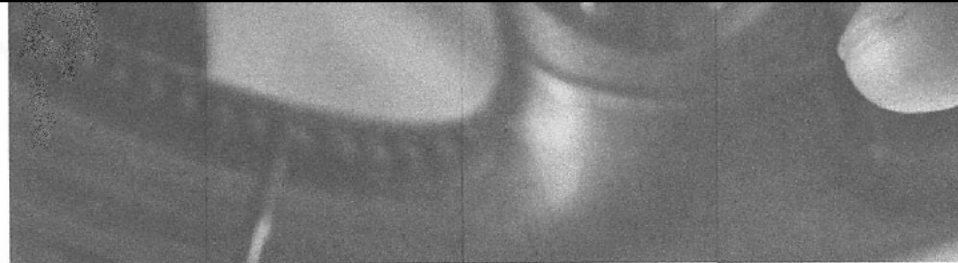
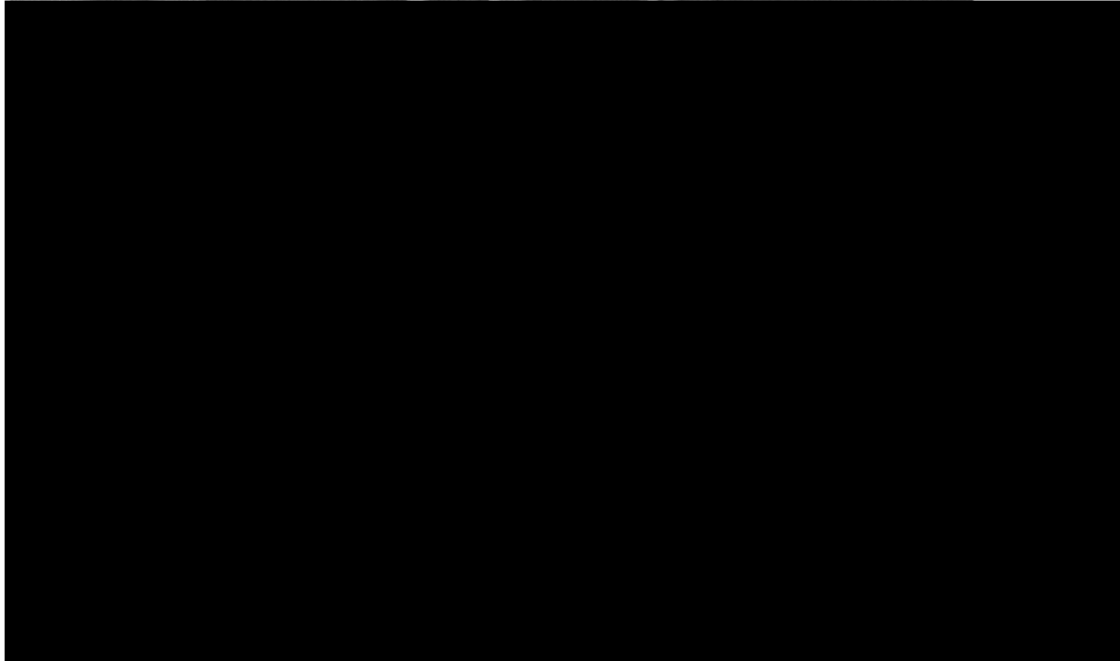
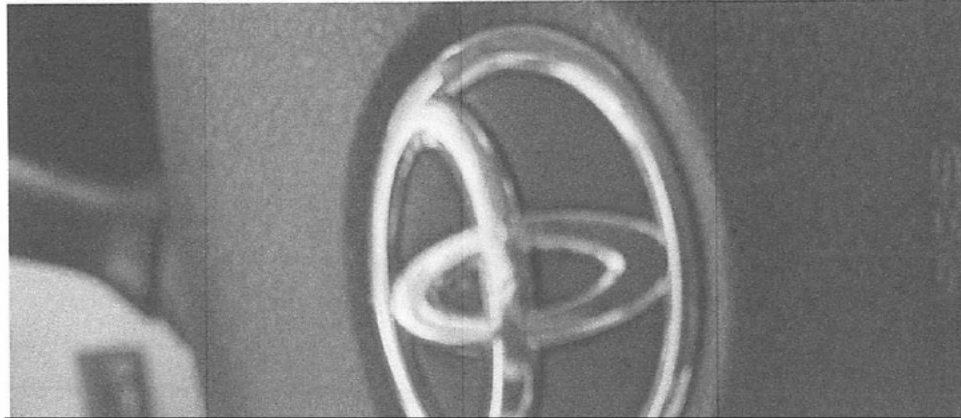
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Completed	Security Checked	12/28/2022 9:11:56 AM

Payment Events	Status	Timestamps
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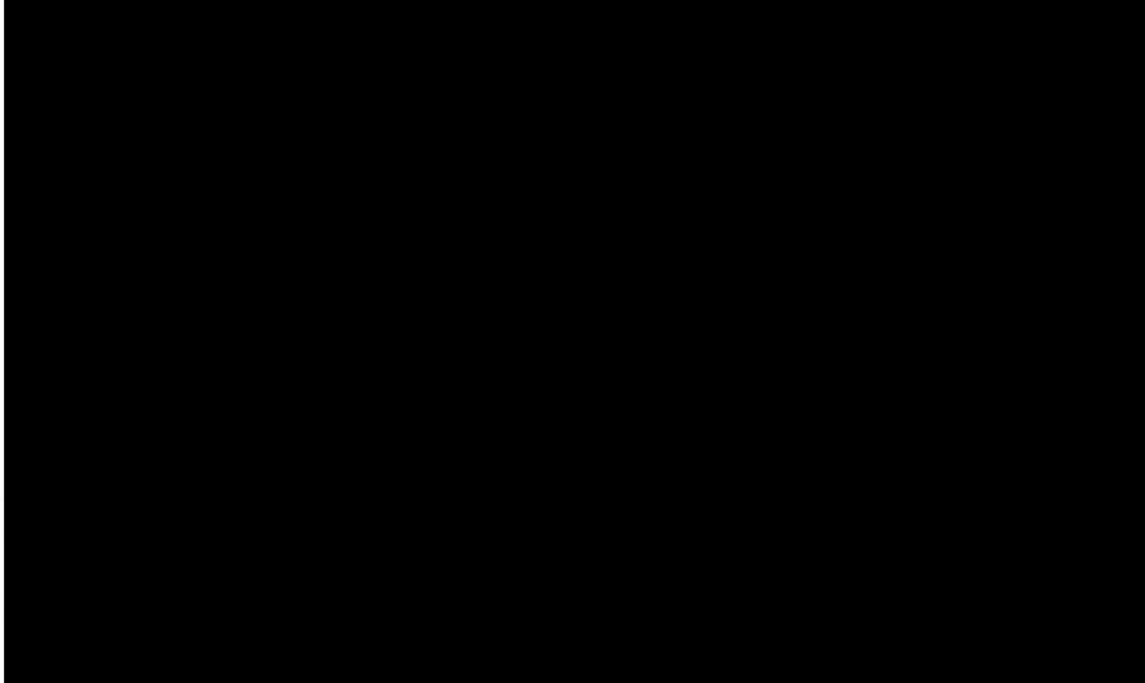
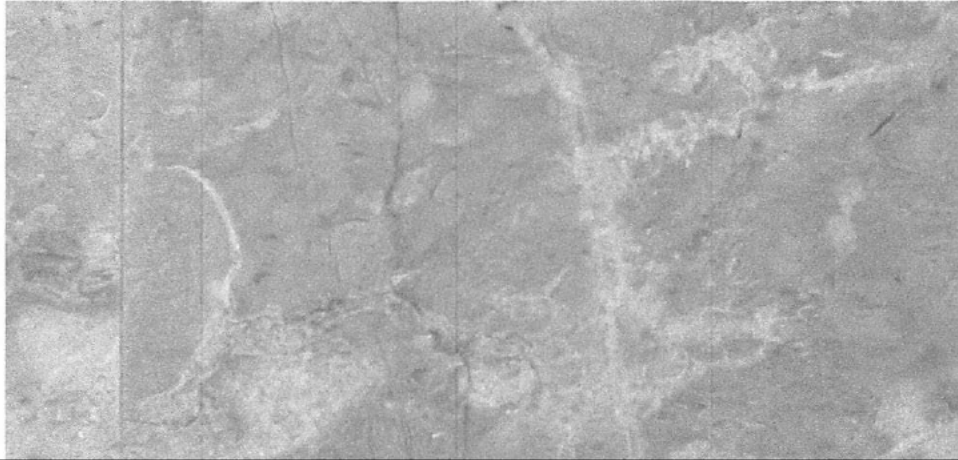
[Redacted: Confidential, Proprietary Information, related to individual banking and financial info.. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]



[Redacted: Confidential, Proprietary Information, related to individual private driver's license/ID, including potentially SSN, DOB, email, home addresses and telephone #s. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975}



[Redacted: Confidential, Proprietary Information, related to individual private driver's license/ID, including potentially SSN, DOB, email, home addresses and telephone #s. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

[Redacted: Confidential, Proprietary Information, related to individual private driver's license/ID, including potentially SSN, DOB, email, home addresses and telephone #s. See App. Guide 1.8, § 36-12-40, et seq., Code of Alabama 1975]

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

STATE OF Alabama)
)
Jefferson 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: XLCR Inc.

2. NAME OF AFFIANT: Kevin Barber

3. AFFIANT'S POSITION WITH APPLICANT: President

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.

KB 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.)

KB 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.

KB 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.

KB 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.

KB INITIAL HERE

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

KB 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.

KB 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.

KB 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.

KB 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.

KB INITIAL HERE

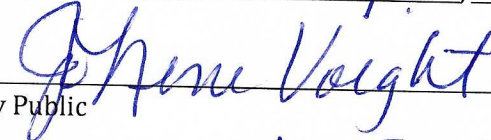


Signature of Affiant
Acting for and on behalf of:

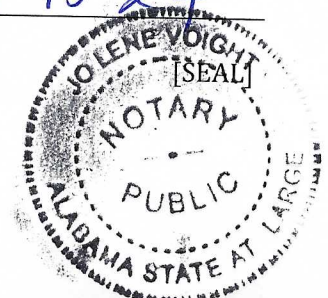
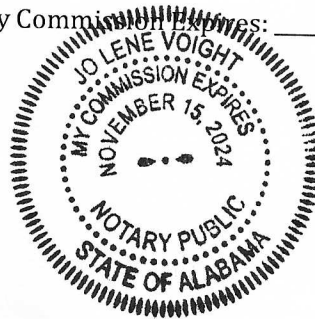
XLCR Inc.

Applicant

Sworn to and subscribed before me on this 27th day of February, _____.


Notary Public

My Commission Expires: 11-15-24



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

STATE OF Alabama)
)
Jefferson 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: XLCR Inc.
2. NAME OF AFFIANT: Brian Henry
3. AFFIANT'S POSITION WITH APPLICANT: President
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.
BEH 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.)
BEH 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.
BEH 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.

BEH 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.

BEH INITIAL HERE

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

BEH 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.

BEH 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.

BEH 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.

BEH 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.

BEH INITIAL HERE

[Signature]

Signature of Affiant
Acting for and on behalf of:

XLCR Inc.

Applicant

Sworn to and subscribed before me on this 27th day of February, 2023

[Signature]
Notary Public

My Commission Expires: 11/15/24

