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Review

Selected Account: Southern Crop Holding Company, LLC

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

Your reference code is 1615.

File Date : 02/28/2023 1:43 PM

Your transaction ID is : 89042266

Transaction Token: 57c55169-343a-4a90-9b84-c32baf91f21e

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Request for Business Application Information

Request Number: 0004

General Applicant Information

Applicant Name: Southern Crop Holding Company, LLC

Applying as: Business Entity

Trade Name (DBAs)

Identification Number Type : FEIN

Federal Tax Identification Number

Business Entity Name : Southern Crop Holding Company LLC

Business Entity Type : Limited Liability Company

Secretary of State Entity ID Number : 000868649

Federal Business Code No : 111998, 453998, 325411, 311991, 424590, 424590

Date of Qualification, Organization or Incorporation: 06/02/2021

Applicant Street Address

Street:

Unit No / Apt No:

City:

County:

State: Alabama

Zip Code:

Address Verified?: Yes

Applicant Mailing Address

Street:

Unit No / Apt No:

City:

✓ Address Verified?: Yes

✓ Applicant Website : <https://southern-crop.com/>

✓ Applicant Email Address : [compliance@southern-crop.com](mailto:compliance@southern-crop.com)

✓ Applicant Phone Number : [REDACTED]

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

✓ 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? [REDACTED]

## Primary Contact Person

✓ First Name: Kathleen

✓ Last Name: Salmon

✓ Title: Owner/Member/Authorized Representative

✓ Phone Number: [REDACTED]

✓ Email: [compliance@southern-crop.com](mailto:compliance@southern-crop.com)

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: MERIDIAN

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified?: Yes

## License Information

✓ License Type: Integrated Facility

## Facility Information

## Facility Information

✓ Facility Type: Cultivation Facility

## Physical Address

✓ Street: [REDACTED]

Unit No / Apt No :

✓ City: [REDACTED]

✓ County: [REDACTED]

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

## Facility Information Questions

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- ✓ Applicant's interest in property where proposed facility is located : [REDACTED]
  
- ✓ Is this facility under construction? : [REDACTED]
  
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : [REDACTED]
  
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : [REDACTED]
  
- ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

---

✓ Facility Type: Processing Facility

## Physical Address

---

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

## Facility Information Questions

---

- ✓ Applicant's interest in property where proposed facility is located : [REDACTED]
  
- ✓ Is this facility under construction? : [REDACTED]
  
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : [REDACTED]
  
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : [REDACTED]
  
- ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

---

✓ Facility Type: Dispensing Site (Retail Facility) ✓ Dispensing Site Premises : [REDACTED]

## Physical Address

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

## Facility Information Questions

- ✓ Applicant's interest in property where proposed facility is located : [REDACTED]
- ✓ Is this facility under construction? : [REDACTED]
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : [REDACTED]
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : [REDACTED]
- ✓ 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? : [REDACTED]

- ✓ Facility Type: Dispensing Site (Retail Facility)
- ✓ Dispensing Site Premises : [REDACTED]

## Physical Address

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

## Facility Information Questions

- ✓ Applicant's interest in property where proposed facility is located : [REDACTED]
- ✓ Is this facility under construction? : [REDACTED]
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : [REDACTED]
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : [REDACTED]

✓ Facility Type: Dispensing Site (Retail Facility)

✓ Dispensing Site Premises : [REDACTED]

## Physical Address

✓ Street: [REDACTED]

Unit No / Apt :  
No

✓ City: [REDACTED]

✓ County: [REDACTED]

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

## Facility Information Questions

✓ Applicant's interest in property where proposed facility is located : [REDACTED]

✓ Is this facility under construction? : [REDACTED]

✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : [REDACTED]

✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : [REDACTED]

✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

✓ Facility Type: Dispensing Site (Retail Facility)

✓ Dispensing Site Premises : [REDACTED]

## Physical Address

✓ Street: [REDACTED]

Unit No / Apt :  
No

✓ City: [REDACTED]

✓ County: [REDACTED]

✓ State: Alabama

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

## Facility Information Questions

✓ Applicant's interest in property where proposed facility is located : [REDACTED]

✓ Is this facility under construction? : [REDACTED]

- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : [REDACTED]
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : [REDACTED]
- ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

- ✓ Facility Type: Dispensing Site (Retail Facility) : [REDACTED]
- ✓ Dispensing Site Premises : [REDACTED]

## Physical Address

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

## Facility Information Questions

- ✓ Applicant's interest in property where proposed facility is located : [REDACTED]
- ✓ Is this facility under construction? : [REDACTED]
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : [REDACTED]
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : [REDACTED]
- ✓ 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: Entity
- ✓ Does this entity have ownership interest in the applicant? : Yes

## Entity

- ✓ Entity Name: [REDACTED]
- ✓ Entity Type: Limited Liability Company
- ✓ Are there individuals with direct or indirect ownership interest in this entity? : Yes

Ownership  
Percentage of  
the Applicant

### Physical Address

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

### Primary Contact/ Responsible Person

- ✓ First Name: [REDACTED] ✓ Last Name: [REDACTED] ✓ Title: Manager
- ✓ Phone Number: [REDACTED] ✓ Email Address: [REDACTED] ✓ Street Address: [REDACTED]
- Unit No / Apt : No ✓ City: [REDACTED] ✓ State: Alabama
- ✓ Zip Code: [REDACTED] ✓ Address Verified? : Yes

✓ Select type of record: Entity

✓ Does this entity have ownership interest in the applicant? : Yes

### Entity

- ✓ Entity Name: [REDACTED] ✓ Entity Type: Limited Liability Company ✓ 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: [REDACTED] ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

### Primary Contact/ Responsible Person

- ✓ First Name: [REDACTED] ✓ Last Name: [REDACTED] ✓ Title: [REDACTED]

Unit No / Apt :  
No

City: [Redacted]

State: [Redacted]

Zip Code: [Redacted]

Address : Yes  
Verified?

## 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?  
(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.

Select : Entity  
Individual or  
Entity:

## Entity

Ownership : [Redacted]  
Entity Name

Cannabis : [Redacted]  
Entity Name

Connection to : Cannabis entity is a li  
Cannabis mited liability compan  
Entity y of which the owners  
hip entity is a member  
or manager.

FEIN: [Redacted]

## Cannabis Entity's Physical Address

Street: [Redacted]

Unit No / Apt :  
No

City: [Redacted]

State: [Redacted]

Zip Code: [Redacted]

Address : Yes  
Verified?

## Cannabis Entity's Primary Contact/Responsible Person

First Name: Kathleen

Last Name: Salmon

Title: Chief Compliance Offi  
cer

Phone Number: [Redacted]

Email Address: compliance@southern  
-crop.com

Street Address: [Redacted]

Unit No / Apt : [Redacted]  
No

City: [Redacted]

State: [Redacted]

Zip Code: [Redacted]

Address : Yes  
Verified?

Select : Entity  
Individual or  
Entity:



## Entity

- ✓ Ownership Entity Name : [REDACTED]
- ✓ Cannabis Entity Name : [REDACTED]
- ✓ Connection to Cannabis Entity : Cannabis entity is a limited liability company of which the ownership entity is a member or manager.
- ✓ FEIN: [REDACTED]

## Cannabis Entity's Physical Address

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

## Cannabis Entity's Primary Contact/Responsible Person

- ✓ First Name: Kathleen
- ✓ Last Name: Salmon
- ✓ Title: Chief Compliance Officer
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: compliance@southern-crop.com
- ✓ Street Address: [REDACTED]
- ✓ Unit No / Apt No : [REDACTED]
- ✓ City: [REDACTED]
- ✓ State: [REDACTED]
- ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

- ✓ Select Individual or Entity: Entity

## Entity

- ✓ Ownership Entity Name : [REDACTED]
- ✓ Cannabis Entity Name : [REDACTED]
- ✓ Connection to Cannabis Entity : Cannabis entity is a limited liability company of which the ownership entity is a member or manager.
- ✓ FEIN: [REDACTED]

## Cannabis Entity's Physical Address

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

### Cannabis Entity's Primary Contact/Responsible Person

---

- ✓ **First Name:** Kathleen
- ✓ **Last Name:** Salmon
- ✓ **Title:** Chief Compliance Officer
- ✓ **Phone Number:** [REDACTED]
- ✓ **Email Address:** [REDACTED]
- ✓ **Street Address:** [REDACTED]
- ✓ **Unit No / Apt No** : [REDACTED]
- ✓ **City:** [REDACTED]
- ✓ **State:** [REDACTED]
- ✓ **Zip Code:** [REDACTED]
- ✓ **Address Verified?** : Yes

- ✓ **Select Individual or Entity:** Entity

### Entity

---

- ✓ **Ownership Entity Name** : [REDACTED]
- ✓ **Cannabis Entity Name** : [REDACTED]
- ✓ **Connection to Cannabis Entity** : Cannabis entity is a limited liability company of which the ownership entity is a member or manager.
- ✓ **FEIN:** [REDACTED]

### Cannabis Entity's Physical Address

---

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

### Cannabis Entity's Primary Contact/Responsible Person

---

- ✓ **First Name:** Kathleen
- ✓ **Last Name:** Salmon
- ✓ **Title:** Chief Compliance Officer
- ✓ **Phone Number:** [REDACTED]
- ✓ **Email Address:** [REDACTED]
- ✓ **Street Address:** [REDACTED]
- ✓ **Unit No / Apt No** : [REDACTED]
- ✓ **City:** [REDACTED]
- ✓ **State:** [REDACTED]
- ✓ **Zip Code:** [REDACTED]
- ✓ **Address Verified?** : Yes

- ✓ **Select Individual or Entity:** Entity

## Entity

- ✓ Ownership Entity Name : [REDACTED]
- ✓ Cannabis Entity Name : [REDACTED]
- ✓ Connection to Cannabis Entity : Cannabis entity is a limited liability company of which the ownership entity is a member or manager.
- ✓ FEIN: [REDACTED]

## Cannabis Entity's Physical Address

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

## Cannabis Entity's Primary Contact/Responsible Person

- ✓ First Name: Kathleen
- ✓ Last Name: Salmon
- ✓ Title: Chief Compliance Officer
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: [REDACTED]
- ✓ Street Address: [REDACTED]
- ✓ Unit No / Apt No : [REDACTED]
- ✓ City: [REDACTED]
- ✓ State: [REDACTED]
- ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

- ✓ Select Individual or Entity: Entity

## Entity

- ✓ Ownership Entity Name : [REDACTED]
- ✓ Cannabis Entity Name : [REDACTED]
- ✓ Connection to Cannabis Entity : Cannabis entity is a limited liability company of which the ownership entity is a member or manager.
- ✓ FEIN: [REDACTED]

## Cannabis Entity's Physical Address

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

### Cannabis Entity's Primary Contact/Responsible Person

---

- ✓ **First Name:** Kathleen
- ✓ **Last Name:** Salmon
- ✓ **Title:** Chief Compliance Officer
- ✓ **Phone Number:** [REDACTED]
- ✓ **Email Address:** [REDACTED]
- ✓ **Street Address:** [REDACTED]
- ✓ **Unit No / Apt No** : [REDACTED]
- ✓ **City:** [REDACTED]
- ✓ **State:** [REDACTED]
- ✓ **Zip Code:** [REDACTED]
- ✓ **Address Verified?** : Yes

- ✓ **Select Individual or Entity:** Entity

### Entity

---

- ✓ **Ownership Entity Name** : [REDACTED]
- ✓ **Cannabis Entity Name** : [REDACTED]
- ✓ **Connection to Cannabis Entity** : Cannabis entity is a limited liability company of which the ownership entity is a member or manager.
- ✓ **FEIN:** [REDACTED]

### Cannabis Entity's Physical Address

---

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

### Cannabis Entity's Primary Contact/Responsible Person

---

- ✓ **First Name:** Kathleen
- ✓ **Last Name:** Salmon
- ✓ **Title:** Chief Compliance Officer
- ✓ **Phone Number:** [REDACTED]
- ✓ **Email Address:** [REDACTED]
- ✓ **Street Address:** [REDACTED]
- ✓ **Unit No / Apt No** : [REDACTED]
- ✓ **City:** [REDACTED]
- ✓ **State:** [REDACTED]
- ✓ **Zip Code:** [REDACTED]
- ✓ **Address Verified?** : Yes

- ✓ **Select Individual or Entity:** Individual

## Individual

- ✓ Legal First Name : [REDACTED]
- ✓ Legal Last Name : [REDACTED]
- Suffix:
- ✓ Cannabis Entity Name : [REDACTED]
- ✓ Entity Type: [REDACTED]
- ✓ Connection to : Individual Cannabis Entity
- ✓ Role in Cannabis Entity : [REDACTED]
- ✓ Percentage of ownership in cannabis entity : [REDACTED]

## Cannabis Entity's Physical Address

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

## Cannabis Entity's Primary Contact/Responsible Person

- ✓ First Name: Michael
- ✓ Last Name: Maylon
- ✓ Title: Chief Operating Officer
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: [REDACTED]
- ✓ Street Address: [REDACTED]
- Unit No / Apt : No
- ✓ City: [REDACTED]
- ✓ State: [REDACTED]
- ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

## Questions and Attestations

- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in : [REDACTED] 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?

- ✓ Was any commercial license or certificate disclosed above denied, restricted, suspended, revoked, or non-renewed?: [REDACTED]

- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in : [REDACTED] 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?

- ✓ Select One: Related Cannabis Entity
- ✓ Name: [REDACTED]
- ✓ License Type: Medical Cannabis Cultivation Facility
- ✓ Licensing Board or Commission : [REDACTED]
- ✓ License Issued Date : [REDACTED]
- ✓ License Expiration Date : [REDACTED]

✓ Select One: Related Cannabis Entity

✓ Name: [REDACTED]

✓ License Type: Medical Cannabis Processing Facility

✓ Licensing Board or Commission : [REDACTED]

✓ License Issued : [REDACTED] Date

✓ License Expiration Date : [REDACTED]

✓ Select One: Related Cannabis Entity

✓ Name: [REDACTED]

✓ License Type: Medical Cannabis Transportation Entity

✓ Licensing Board or Commission : [REDACTED]

✓ License Issued : [REDACTED] Date

✓ License Expiration Date : [REDACTED]

✓ Select One: Related Cannabis Entity

✓ Name: [REDACTED]

✓ License Type: Medical Cannabis Waste Disposal Entity

✓ Licensing Board or Commission : [REDACTED]

✓ License Issued : [REDACTED] Date

✓ License Expiration Date : [REDACTED]

✓ Select One: Related Cannabis Entity

✓ Name: [REDACTED]

✓ License Type: Medical Cannabis Dispensary

✓ Licensing Board or Commission : [REDACTED]

✓ License Issued : [REDACTED] Date

✓ License Expiration Date : [REDACTED]

✓ Select One: Related Cannabis Entity

✓ [REDACTED]

✓ License Type: Medical Cannabis Dispensary

✓ Licensing Board or Commission : [REDACTED]

✓ License Issued : [REDACTED] Date

✓ License Expiration Date : [REDACTED]

✓ Select One: Related Cannabis Entity

✓ Name: [REDACTED]

✓ License Type: Medical Cannabis Dispensary

✓ Licensing Board or Commission : [REDACTED]

✓ License Issued : [REDACTED] Date

✓ License Expiration Date : [REDACTED]

✓ Select One: Related Cannabis Entity

✓ Name: [REDACTED]

✓ License Type: Therapeutic Marijuana Pharmacy

✓ Licensing Board or Commission : [REDACTED]

✓ License Issued : [REDACTED] Date

✓ License Expiration Date : [REDACTED]

✓ 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? : [REDACTED]

✓ 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? : [REDACTED]

✓ Has the applicant filed, or had filed against it, any proceeding for bankruptcy within the past 7 years?:

✓ Is the applicant currently, or has it been in the past 10 years, a defendant in litigation involving any of its business practices?:

✓ Is any public official of any unit of government:   
(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:   
(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?

✓ 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:   
(1) any indictable offense;  
(2) any offense involving stolen property or vehicles;  
(3) fraud relating to any business any driver has owned, in whole or part, or in which the driver has been employed;  
(4) stolen property, or other offense of similar nature;  
(5) operation of a motor vehicle while under the influence of a controlled substance, or offense of similar nature; or (6) any offense involving possession, distribution or trafficking in, any illegal substance?

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

✓ Commencement of Operation:  ✓ Year One:  ✓ Year Two:

✓ Year Three:  ✓ Year Four:  ✓ Year Five:

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

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

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

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

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

✓ Signature: Kathleen Alyse Salmon

✓ Signature Date: 12/08/2022

## Documents

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✓ <b>Resume or Curriculum Vitae of Individuals with Ownership Interest:</b>	1615_01_OWNERSHIP RESUMES_ORIGINAL.pdf (/api/documents/Qn8HPQ-2...
✓ <b>Residency of Owners:</b>	1615_02_RESIDENCY OF OWNERS_ORIGINAL.pdf (/api/documents/5bE1YxXi...
✓ <b>Commercial Horticulture or Agronomic Production Experience of Owners:</b>	1615_03_COMMERCIAL HORTICULTURE EXPERIENCE_ORIGINAL.pdf (/api/do...
✓ <b>Criminal Background Check:</b>	1615_04_Criminal Background Checks_ORIGINAL.pdf (/api/documents/wU5F...
✓ <b>Minimum Performance Bond Requirement:</b>	1615_05_Performance Bond_ORIGINAL.pdf (/api/documents/UI89hzP2y/dow...
✓ <b>Minimum Liquid Assets Requirement:</b>	1615_06_Minimum Liquid Assets_ORIGINAL.pdf (/api/documents/_3hgzto5F/...
✓ <b>Demonstration of Sufficient Capital:</b>	1615_07_SUFFICIENT CAPITAL_ORIGINAL.pdf (/api/documents/wyc8Htt6A/d...
✓ <b>Minimum Operating Capital Requirement:</b>	1615_08_Minimum Operating Capital_ORIGINAL.pdf (/api/documents/9ySbM...
✓ <b>Financial Statements:</b>	1615_09_FINANCIAL STATEMENTS_ORIGINAL.pdf (/api/documents/sVaTewu...
✓ <b>Tax Plan:</b>	1615_10_TAX PLAN_ORIGINAL.pdf (/api/documents/V-63CyVvj/download)
✓ <b>Business Formation Documents:</b>	1615_11_Business Formation Documents_ORIGINAL.pdf (/api/documents/gv...
✓ <b>Business License and Authorization of Local Jurisdictions:</b>	1615_12_Local Authorization_ORIGINAL.pdf (/api/documents/k4SgGUOVs/do...
✓ <b>Business Plan:</b>	1615_13_BUSINESS PLAN_ORIGINAL.pdf (/api/documents/RIL_u-Jr9/downlo...
✓ <b>Evidence of Business Relationship with other Licensees and Prospective Licensees:</b>	1615_14_Evidence of Business Relationship with Licensees and Prospective Li...
✓ <b>Coordination of Information from Registered Certifying Physicians:</b>	1615_15_COORDINATION OF INFORMATION FROM PHYSICIANS_ORIGINAL.pd...
✓ <b>Point-of-Sale Responsibilities:</b>	1615_16_POINT OF SALE RESPONSIBILITIES_ORIGINAL.pdf (/api/documents/...
✓ <b>Confidentiality of Patient Information:</b>	1615_17_CONFIDENTIAL PATIENT INFORMATION_ORIGINAL.pdf (/api/docum...
✓ <b>Money Handling and Taxes:</b>	1615_18_Money Handling and Taxes_ORIGINAL.pdf (/api/documents/cAGrck...
✓ <b>Standard Operating Plan and Procedures:</b>	1615_19_Standard Operating Procedures_ORIGINAL.pdf (/api/documents/ISe...
✓ <b>Policies and Procedures Manual:</b>	1615_20_Policies and Procedures_ORIGINAL.pdf (/api/documents/vlkskomo1...
✓ <b>Production and Manufacturing Process:</b>	1615_21_PRODUCUTION AND MANUFACTURING_ORIGINAL.pdf (/api/documen...



✓ <b>Receiving and Shipping Plan:</b>	1615_23_RECEIVING AND SHIPPING PLAN_ORIGINAL.pdf (/api/documents/p...
✓ <b>Secure Transport Vehicles:</b>	1615_24_Secure Transport Vehicles_ORIGINAL.pdf (/api/documents/AvGSs0z...
✓ <b>Compliance with Alabama Public Service Commission Requirements:</b>	1615_25_Compliance with Alabama PSC_ORIGINAL.pdf (/api/documents/4Nq...
✓ <b>Commercial Drivers' License:</b>	1615_26_COMMERCIAL DRIVERS LICENSE_ORIGINAL.pdf (/api/documents/5...
✓ <b>Fleet Summary:</b>	1615_27_FLEET SUMMARY_ORIGINAL.pdf (/api/documents/Z3rikOTr3/downl...
✓ <b>Care and Maintenance of Vehicles:</b>	1615_28_CARE AND MAINTENANCE OF VEHICLES_ORIGINAL.pdf (/api/docu...
✓ <b>Route Plans:</b>	1615_29_ROUTE PLANS_ORIGINAL.pdf (/api/documents/Q2WTgYJCg/downl...
✓ <b>Plan for Segregation of Processes Within and Transportation Between Facilities:</b>	1615_30_PLAN FOR FACILITY PROCESS SEGREGATION_ORIGINAL.pdf (/api/d...
✓ <b>Facilities:</b>	1615_31_FACILITIES_ORIGINAL.pdf (/api/documents/N0NyweuYf/download)
✓ <b>Engineering Plans and Specifications:</b>	1615_32_Engineering Plans and Specs_ORIGINAL.pdf (/api/documents/SkqU...
✓ <b>Security Plan:</b>	1615_33_SECURITY PLAN_ORIGINAL.pdf (/api/documents/3Rnq5w2MK/dow...
✓ <b>Personnel:</b>	1615_34_PERSONNEL_ORIGINAL.pdf (/api/documents/ELMorPwws/download)
✓ <b>Business Leadership Credentials:</b>	Exhibit 35 _ Business Leadership Credentials.pdf (/api/documents/n2WUhhK8...
✓ <b>Employee Handbook:</b>	1615_36_Employee Handbook_ORIGINAL.pdf (/api/documents/KuvP6iqm_/d...
✓ <b>Secure Transport Drivers:</b>	1615_37_Secure Transport Drivers_ORIGINAL.pdf (/api/documents/2n3LvF_9c...
✓ <b>Drivers' Manual:</b>	1615_38_DRIVERS MANUAL_ORIGINAL.pdf (/api/documents/0p8uCTOUT/do...
✓ <b>Quality Control and Quality Assurance Plan:</b>	1615_39_Quality Analysis and Control Plan_ORIGINAL.pdf (/api/documents/o...
✓ <b>Contamination and Recall Plan:</b>	1615_40_CONTAMINATION AND RECALL PLAN_ORIGINAL.pdf (/api/documen...
✓ <b>Marketing and Advertising Plan:</b>	1615_41_MARKETING PLAN_ORIGINAL.pdf (/api/documents/djPgZzwJe/dow...
✓ <b>Website and Social Media:</b>	1615_42_WEBSITE AND SOCIAL MEDIA_ORIGINAL.pdf (/api/documents/NdP...
✓ <b>Ownership Entity Individuals (if applicable):</b>	1615_43_OWNERSHIP ENTITY INDIVIDUALS_ORIGINAL.pdf (/api/documents/...
✓ <b>Proof of Minimum Liability and Casualty Insurance:</b>	1615_44_INSURANCE_ORIGINAL.pdf (/api/documents/Ef2oUAXay/download)

✓ Affidavit Applicant

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## Payments

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✓ **Payment Options:** Credit Card

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# EXHIBIT #1 – OWNERSHIP RESUMES

## 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.**

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual

  
Signature of Verifying Individual

2/18/2023

Verification Date

**FORM A OWNERSHIP INDIVIDUAL RESUMES are attached as follows:**

**R2J, LLC – [REDACTED] Member in APPLICANT**

- ATTACHMENT #1: [REDACTED] % in APPLICANT)
- ATTACHMENT #2: [REDACTED] % in APPLICANT)
- ATTACHMENT #3: [REDACTED] % in APPLICANT)
- ATTACHMENT #4: [REDACTED] % in APPLICANT)

**S.O. Farmland, LLC – [REDACTED] Member in APPLICANT**

- ATTACHMENT #5: [REDACTED] % in APPLICANT)
- ATTACHMENT #6: [REDACTED] % in APPLICANT)
- ATTACHMENT #7: [REDACTED] 1% in APPLICANT)
- ATTACHMENT #8: [REDACTED] % in APPLICANT)

**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Southern Crop Holding Company

Integrated Facility License

Business License Applicant Name

License Type

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

**Residential History**

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

[Redacted]

[Redacted]

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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**Education**



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

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

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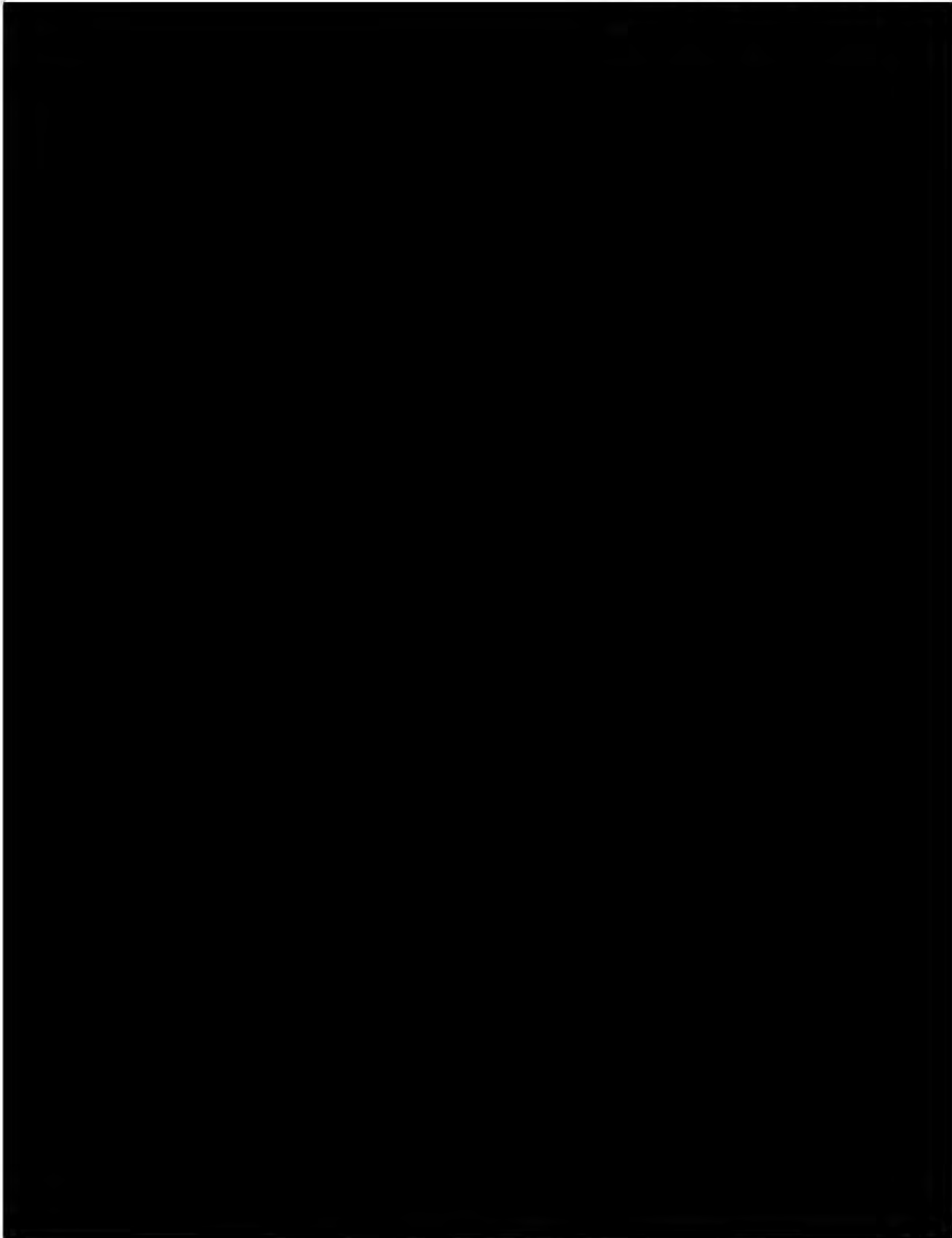
Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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**Employment History**

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





Form A: Ownership Resume / Curriculum Vitae  
Page 4



FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Southern Crop Holding Company

Integrated Facility License

Business License Applicant Name

License Type

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

**Residential History**

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

[Redacted]

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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State

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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Date Resided From (MM/YYYY)

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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**Education**

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



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Institution City State

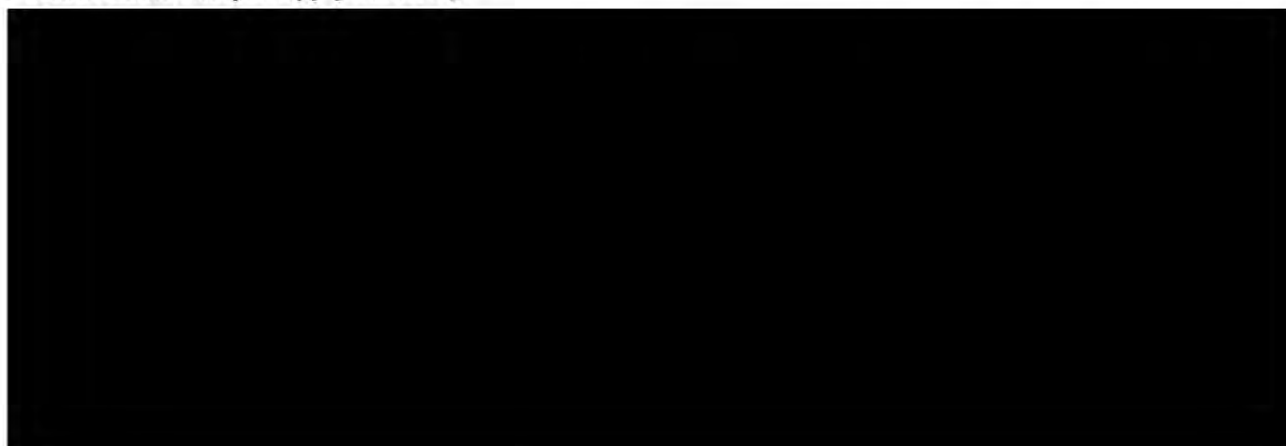
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Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

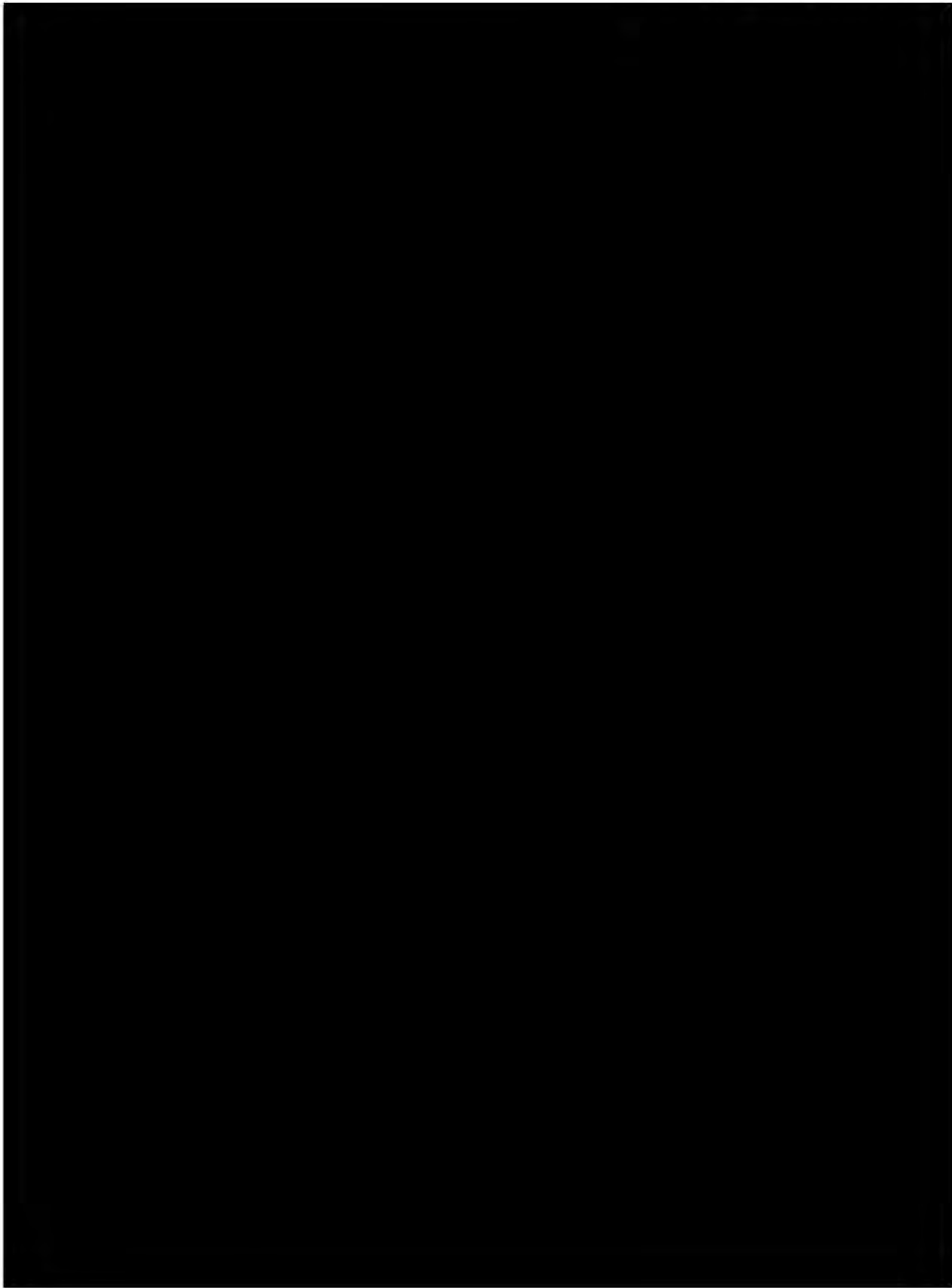
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Institution City State

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Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

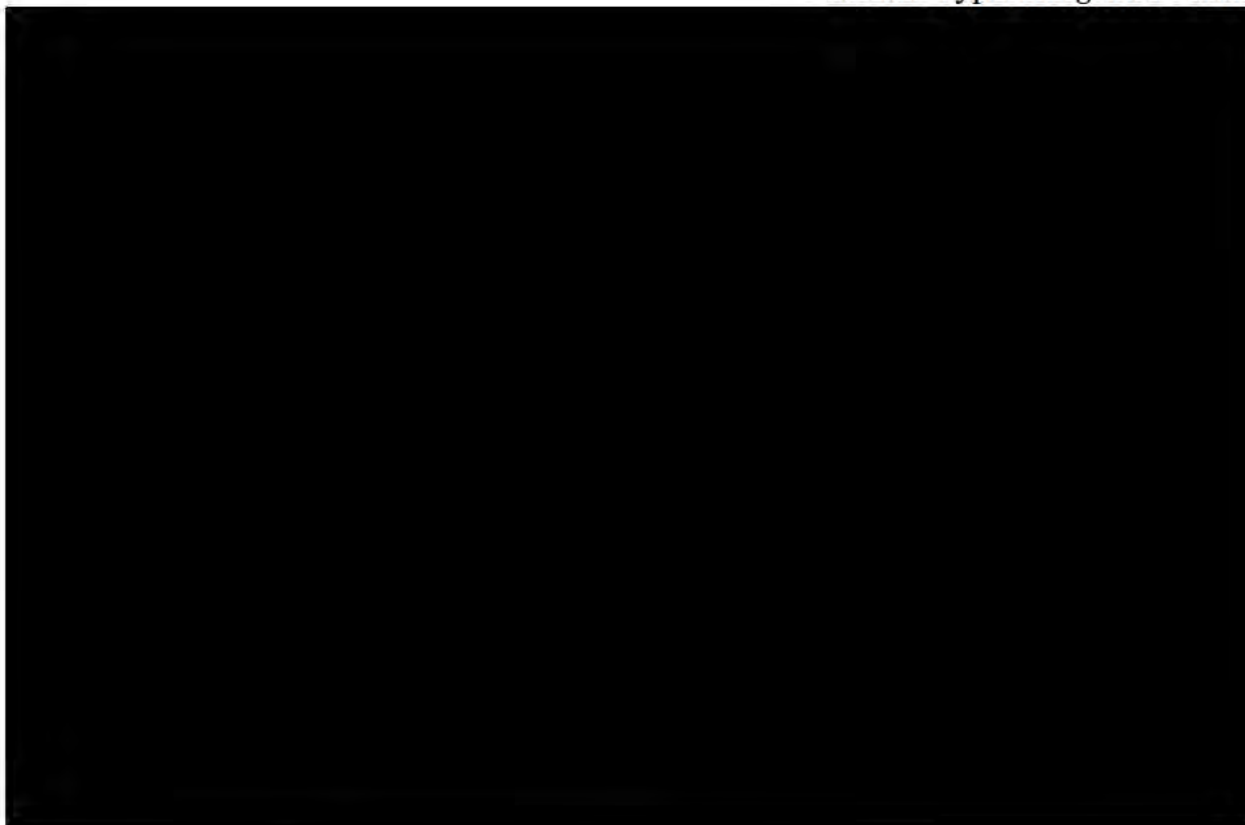
**Employment History**

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





Form A: Ownership Resume / Curriculum Vitae  
Page 4



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Employer

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Contact Person

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Telephone

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Business Address

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City

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State

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Zip

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Date Employed From (MM/YYYY)

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Date Employed To (MM/YYYY)

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Employer

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Contact Person

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Telephone

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Business Address

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City

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State

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Zip

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Date Employed From (MM/YYYY)

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Date Employed To (MM/YYYY)

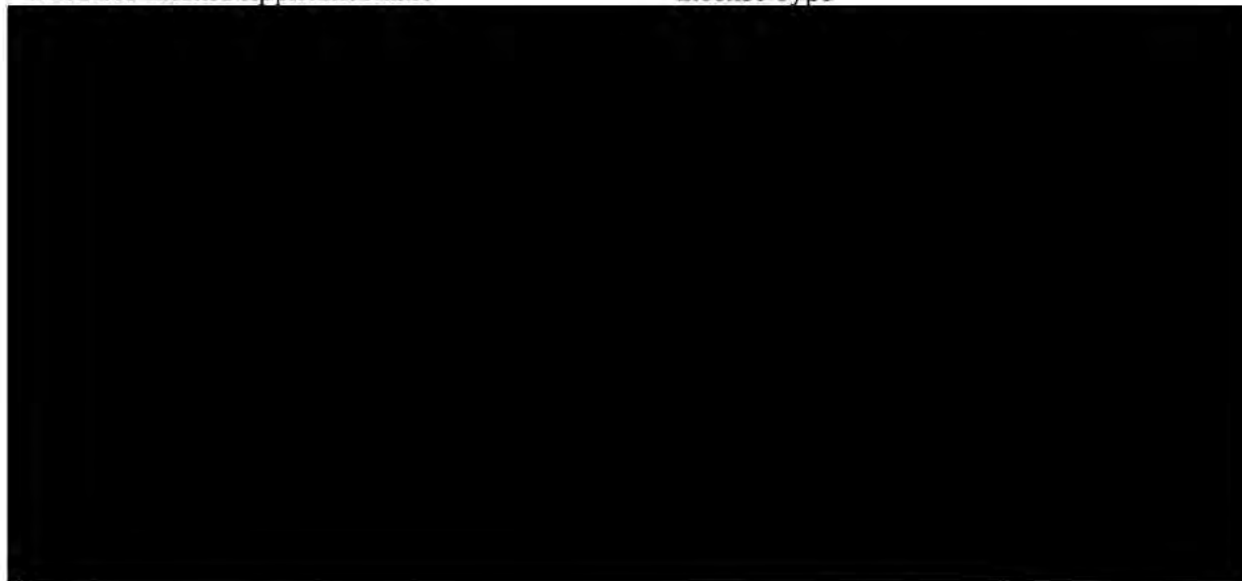
FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Southern Crop Holding Company

Integrated Facility License

Business License Applicant Name

License Type



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

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Date Resided To (MM/YYYY)

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Date Resided From (MM/YYYY)

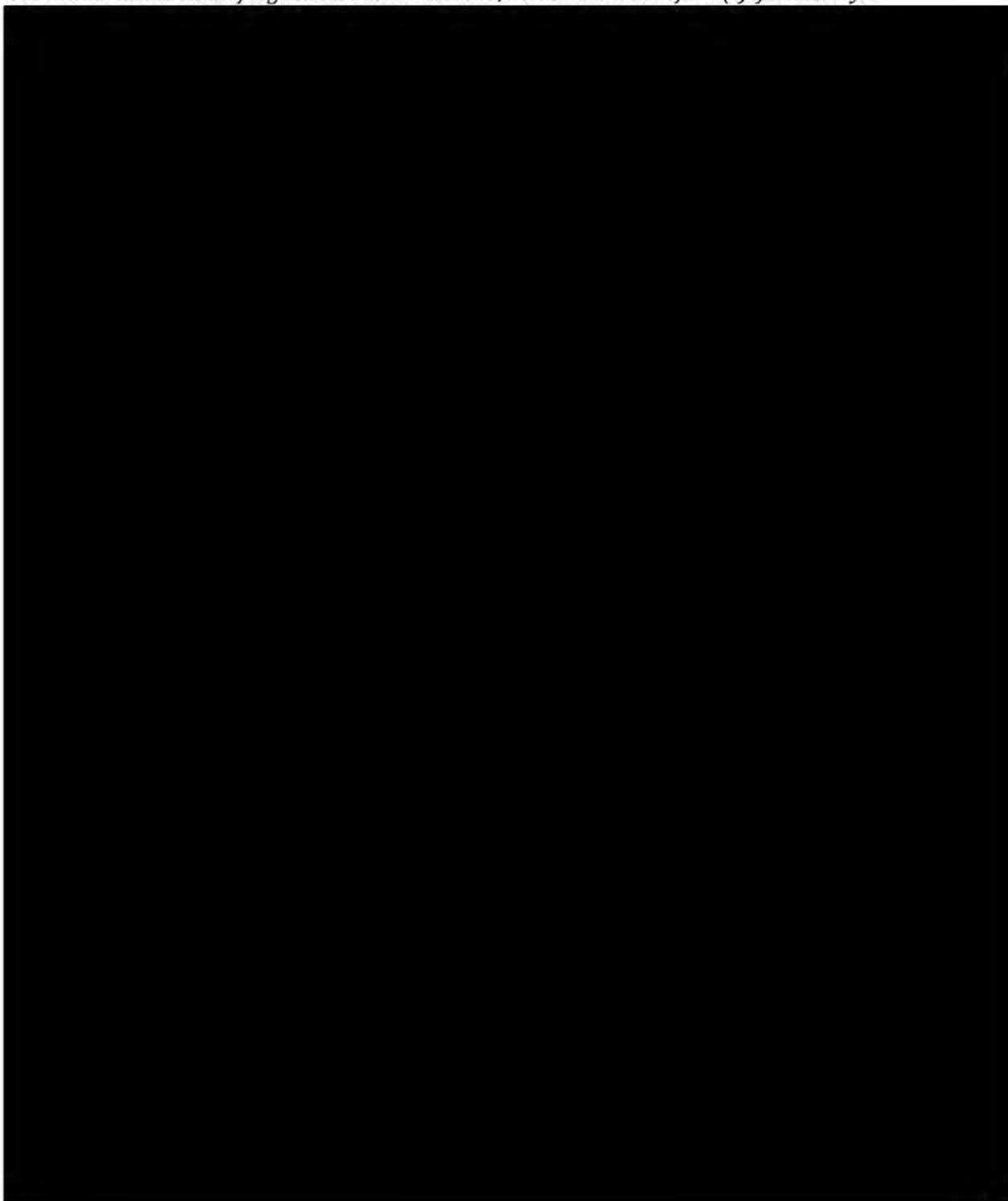
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Date Resided To (MM/YYYY)

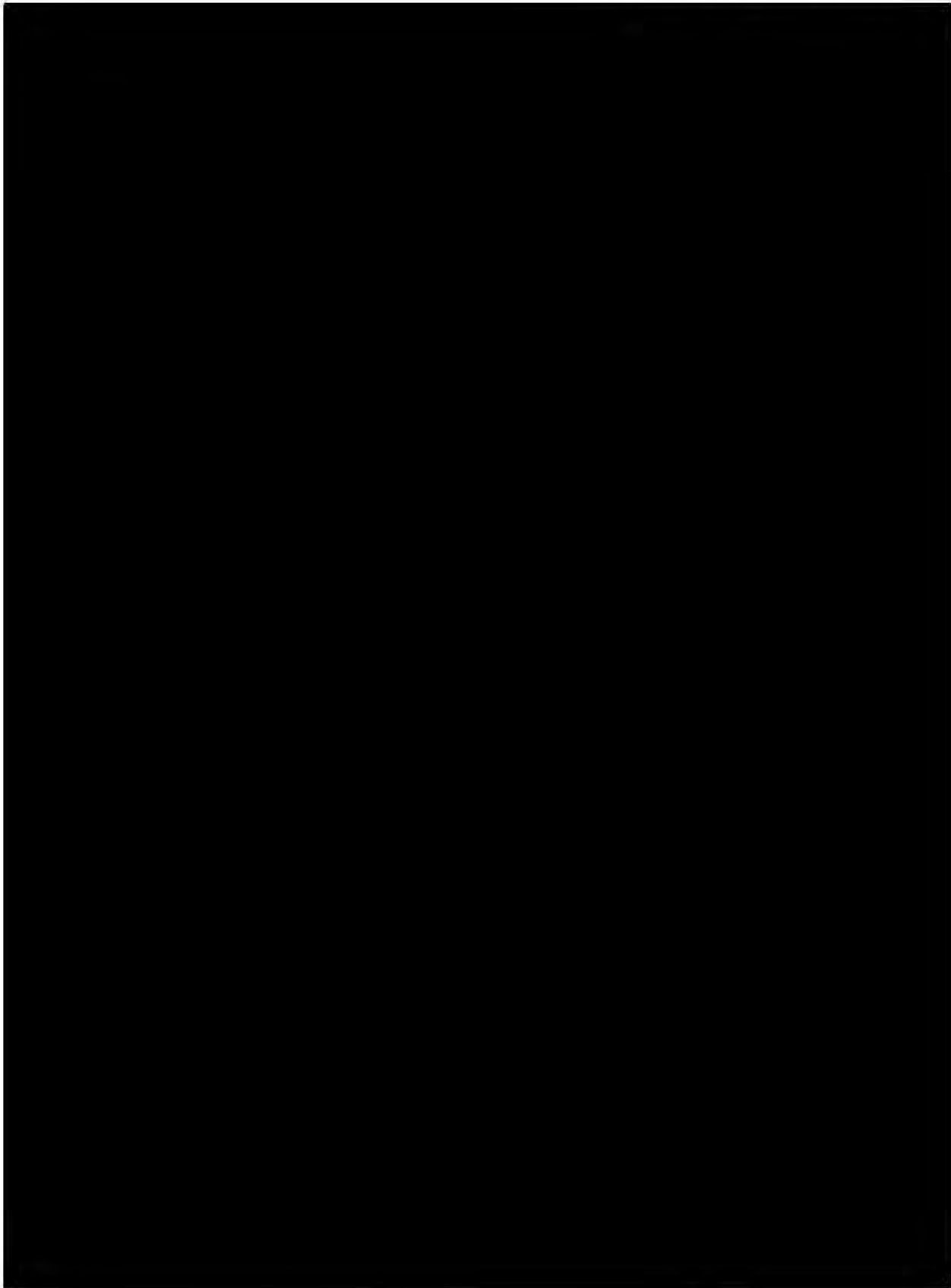
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**Education**

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







Form A: Ownership Resume / Curriculum Vitae  
Page 4

License Type: Integrated Facility

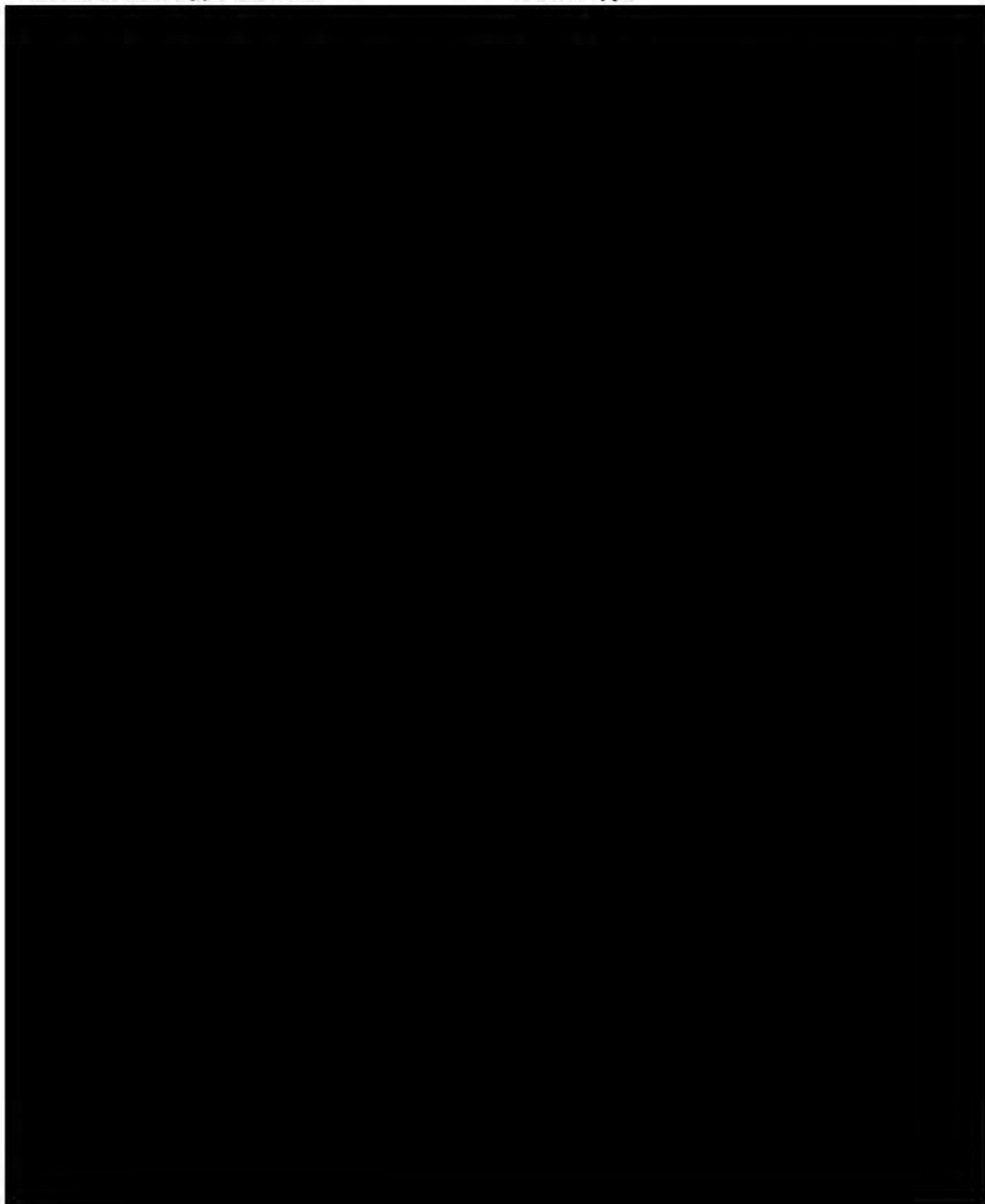
**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

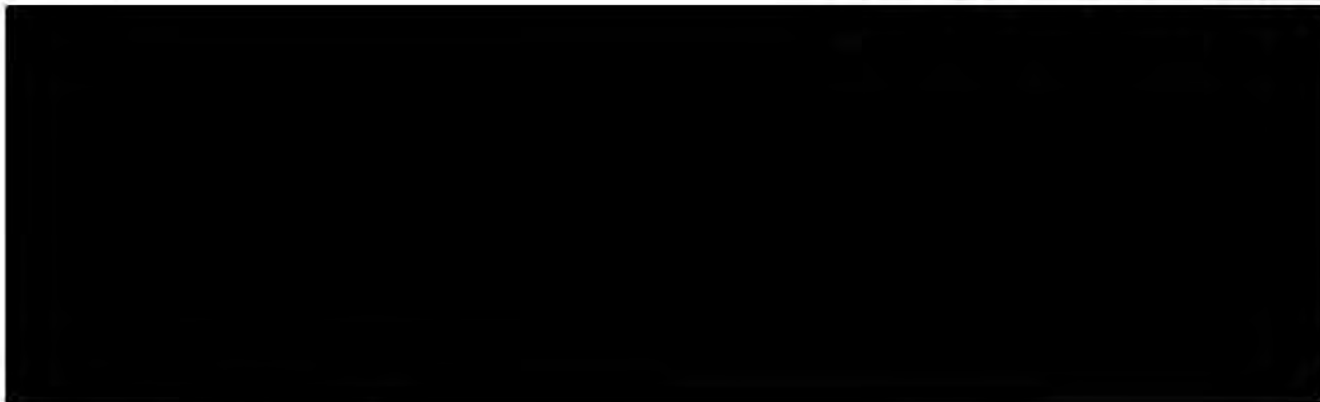
Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type





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

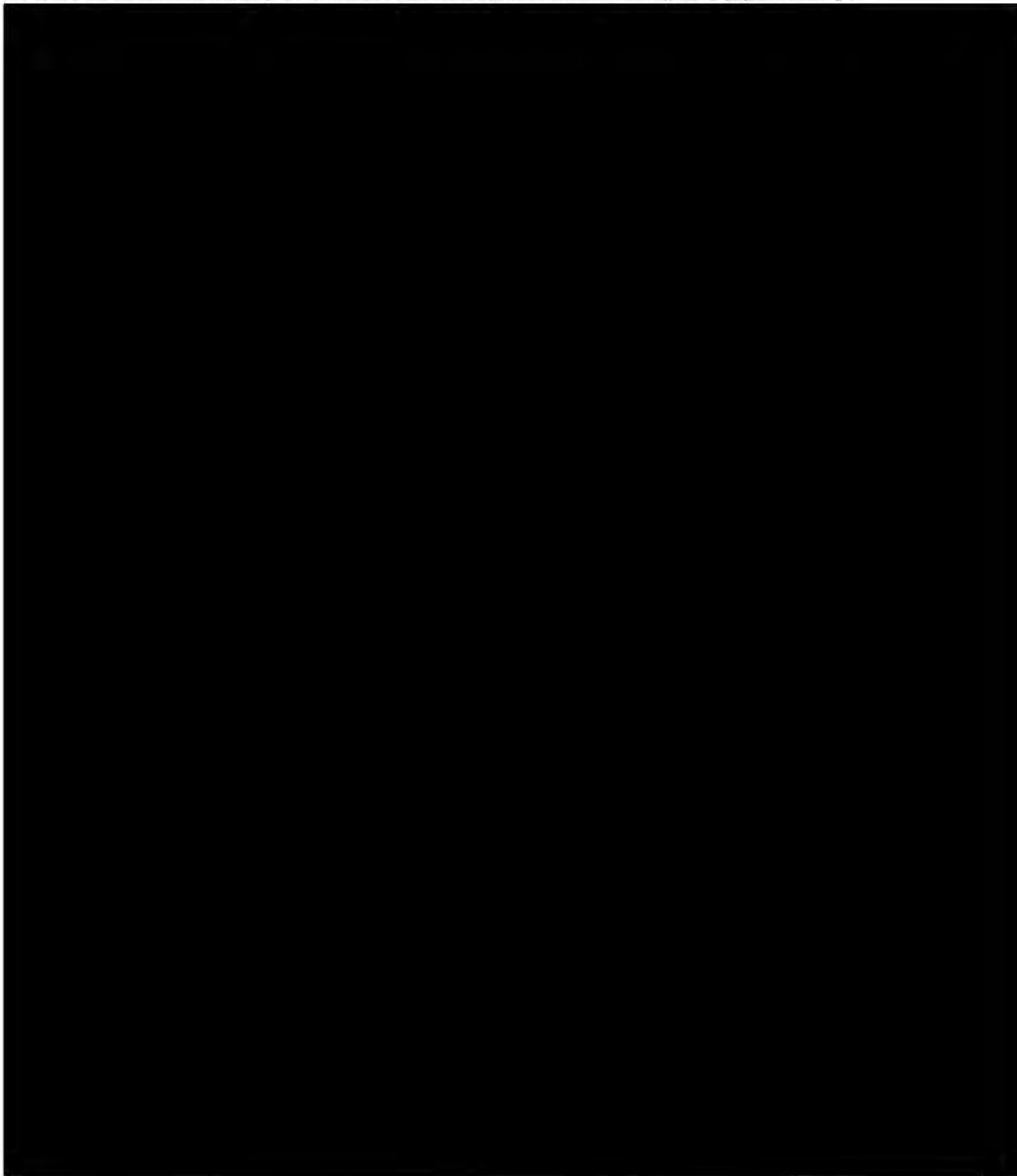
Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

**Education**

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



License Type: Integrated Facility

**FORM A: OWNERSHIP RESUME / CURRICULUM VITAE**

Southern Crop Holding Company

Business License Applicant Name

[REDACTED]

Individual with Ownership Interest in Applicant

Integrated Facility License

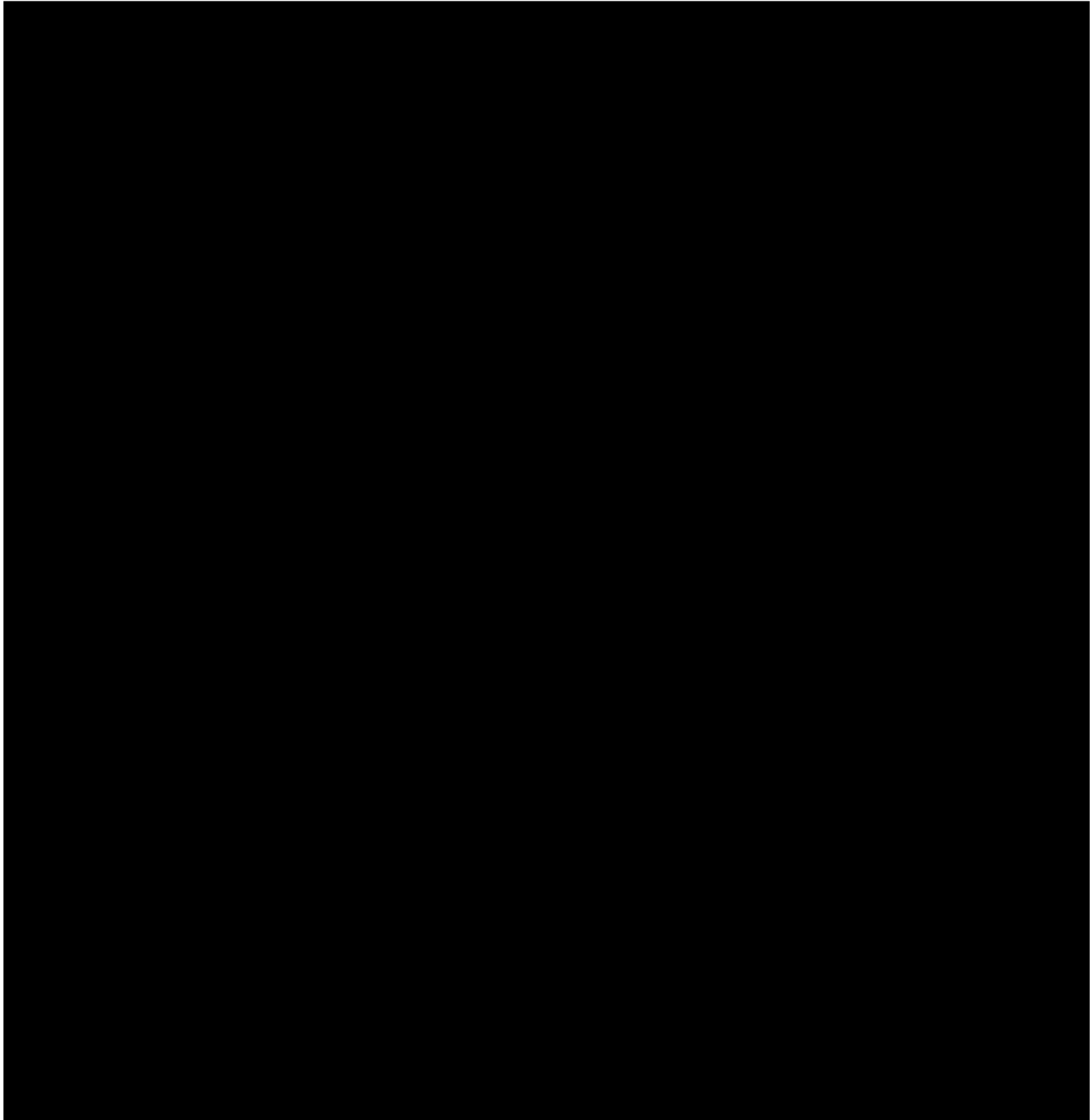
License Type

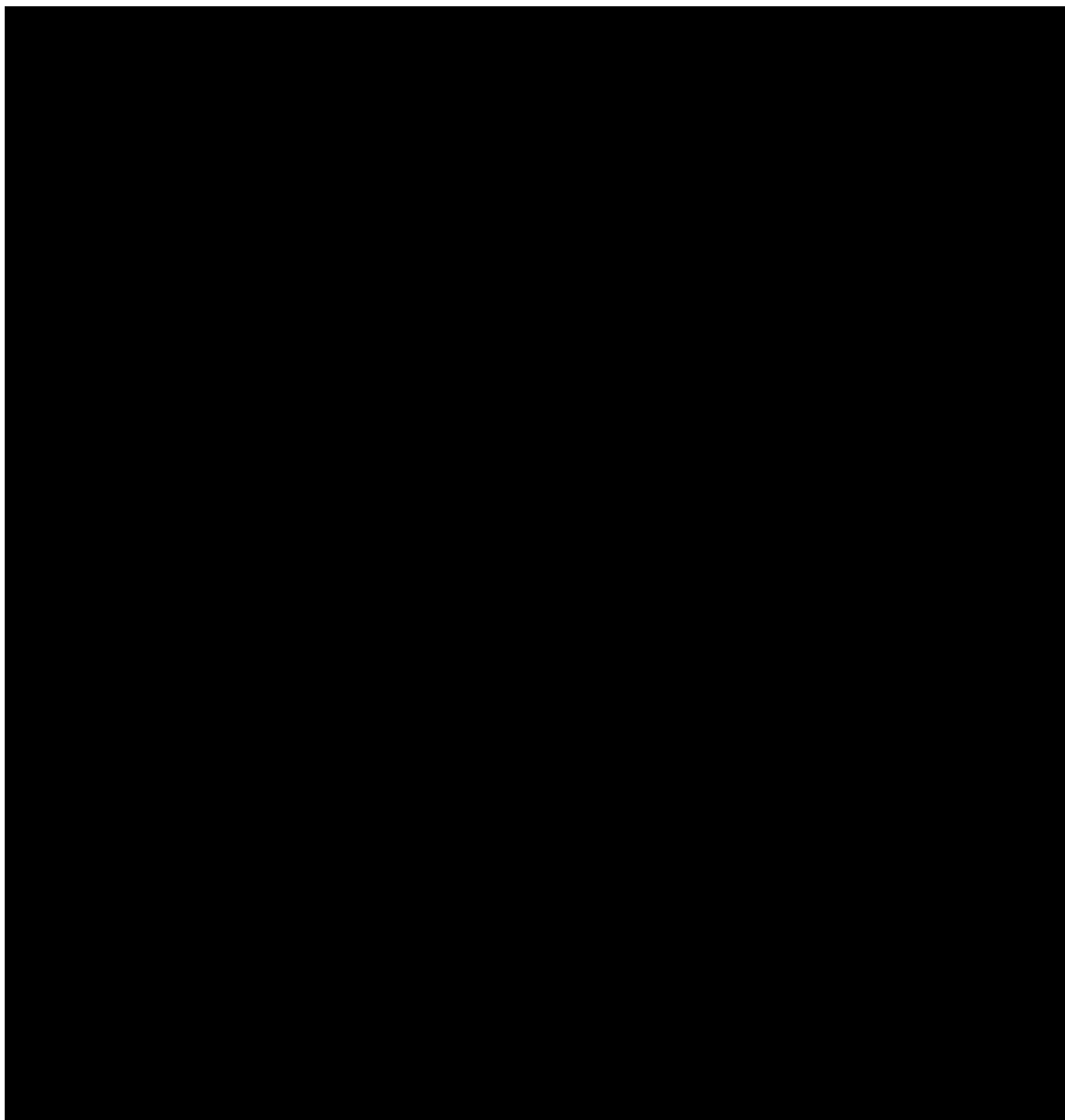
[REDACTED]

Individual's Ownership Percentage in Applicant

**Residential History**

*Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application;*





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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

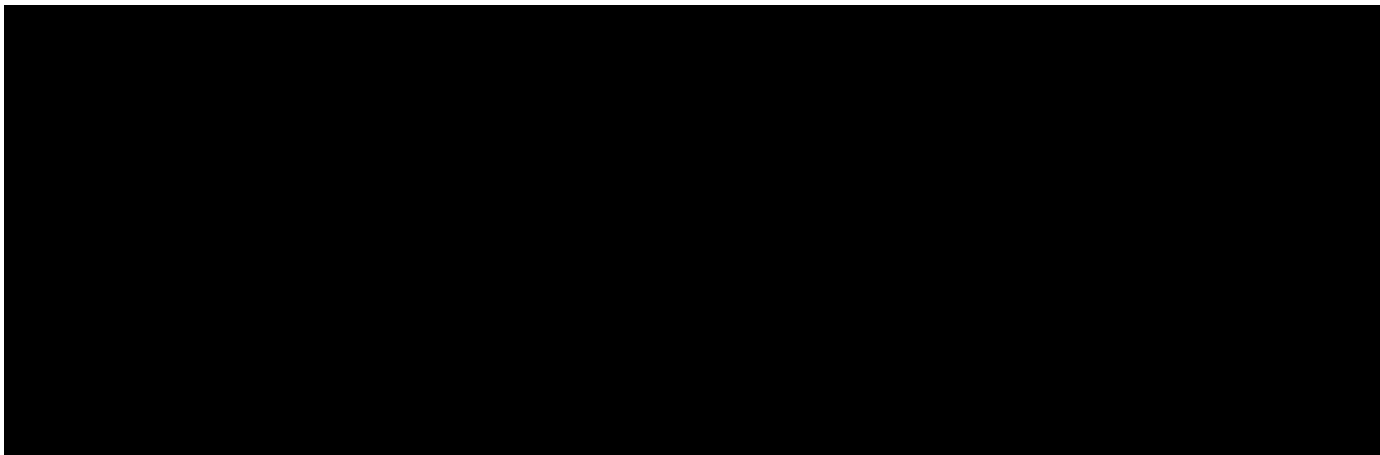
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Date Resided To (MM/YYYY)

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**Education**

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

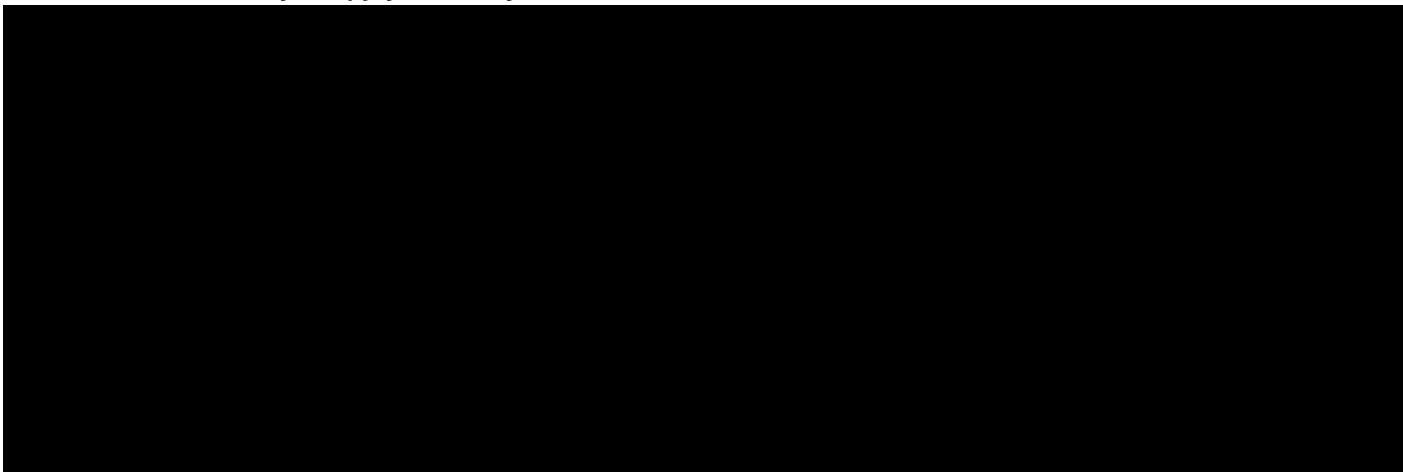


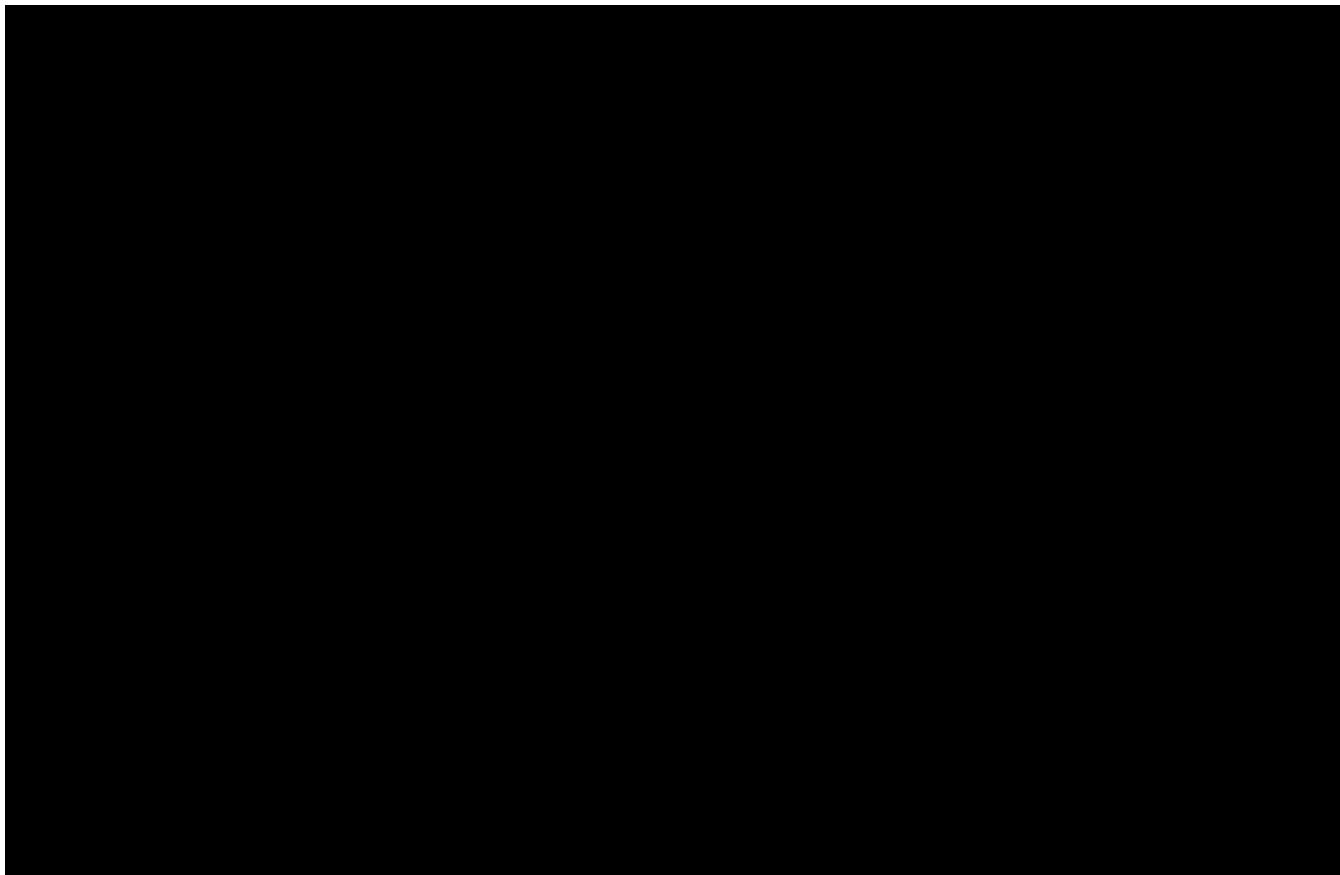
_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

**Employment History**

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





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Employer

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Contact Person

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Telephone

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Business Address

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City

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State

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Zip

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Date Employed From (MM/YYYY)

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Date Employed To (MM/YYYY)

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Employer

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Contact Person

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Telephone

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Business Address

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City

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State

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Zip

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Date Employed From (MM/YYYY)

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Date Employed To (MM/YYYY)

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License Type: Integrated Facility

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Southern Crop Holding Company

Integrated Facility License

Business License Applicant Name

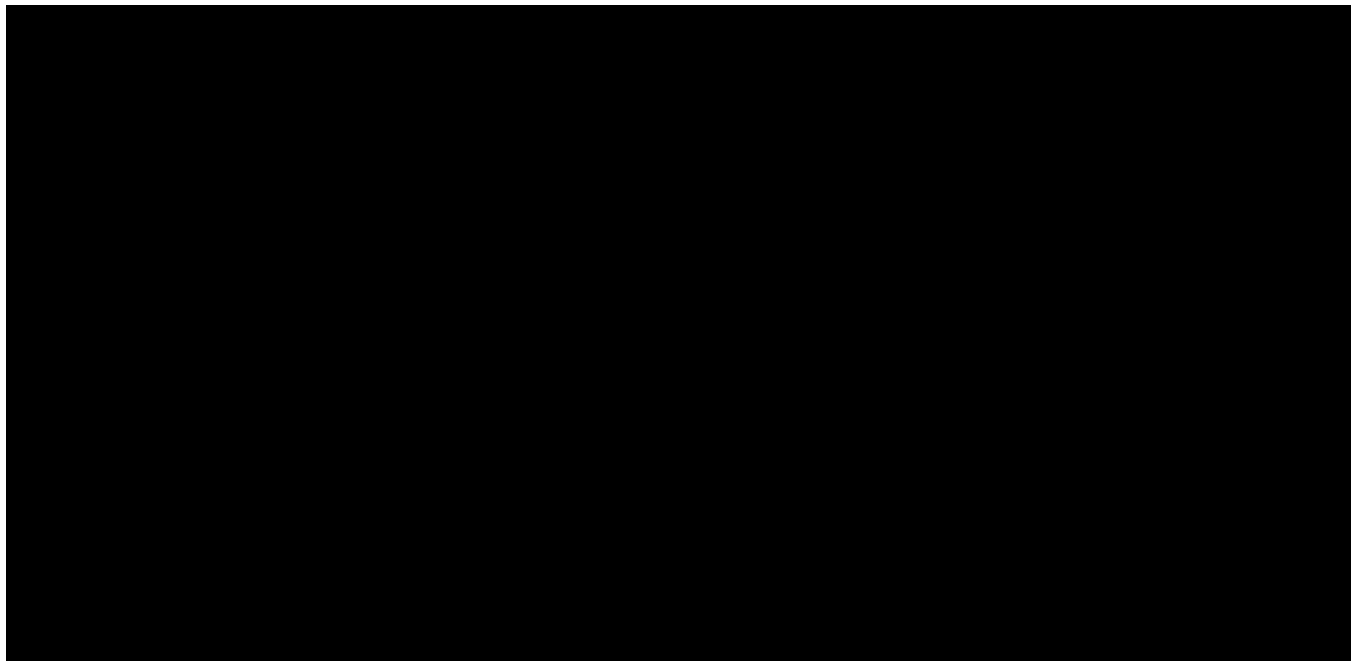
License Type



ant

**Residential History**

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



Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

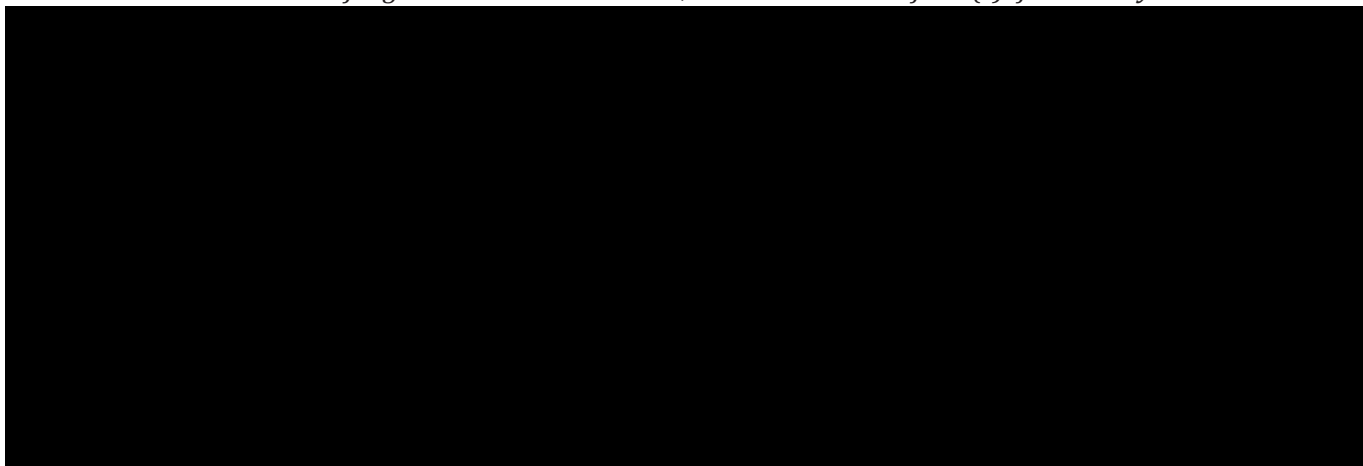
Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

**Education**

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

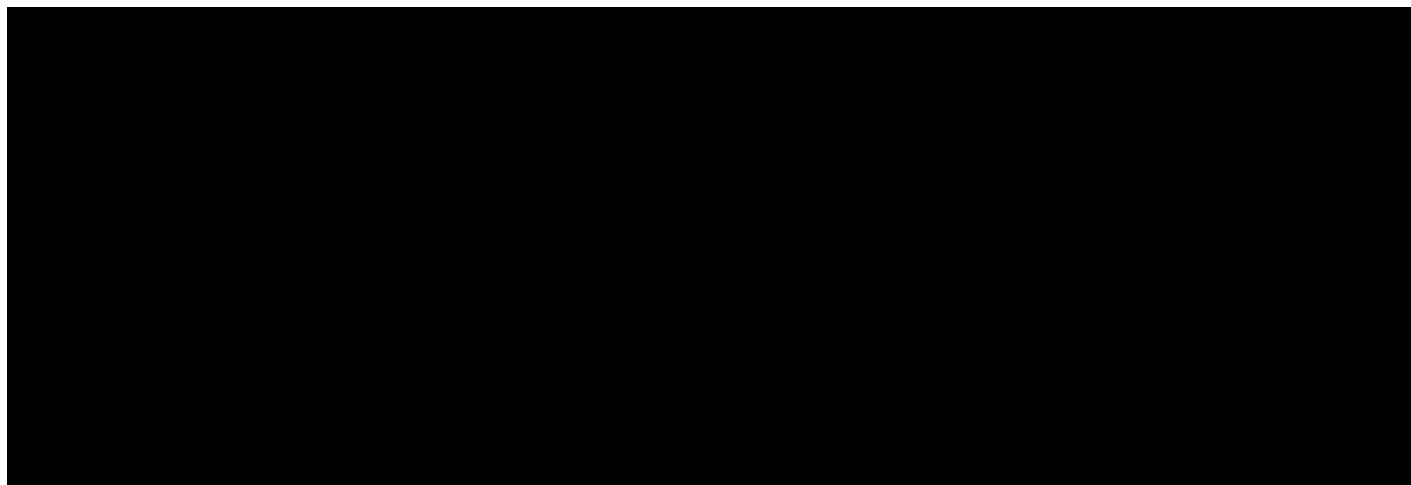


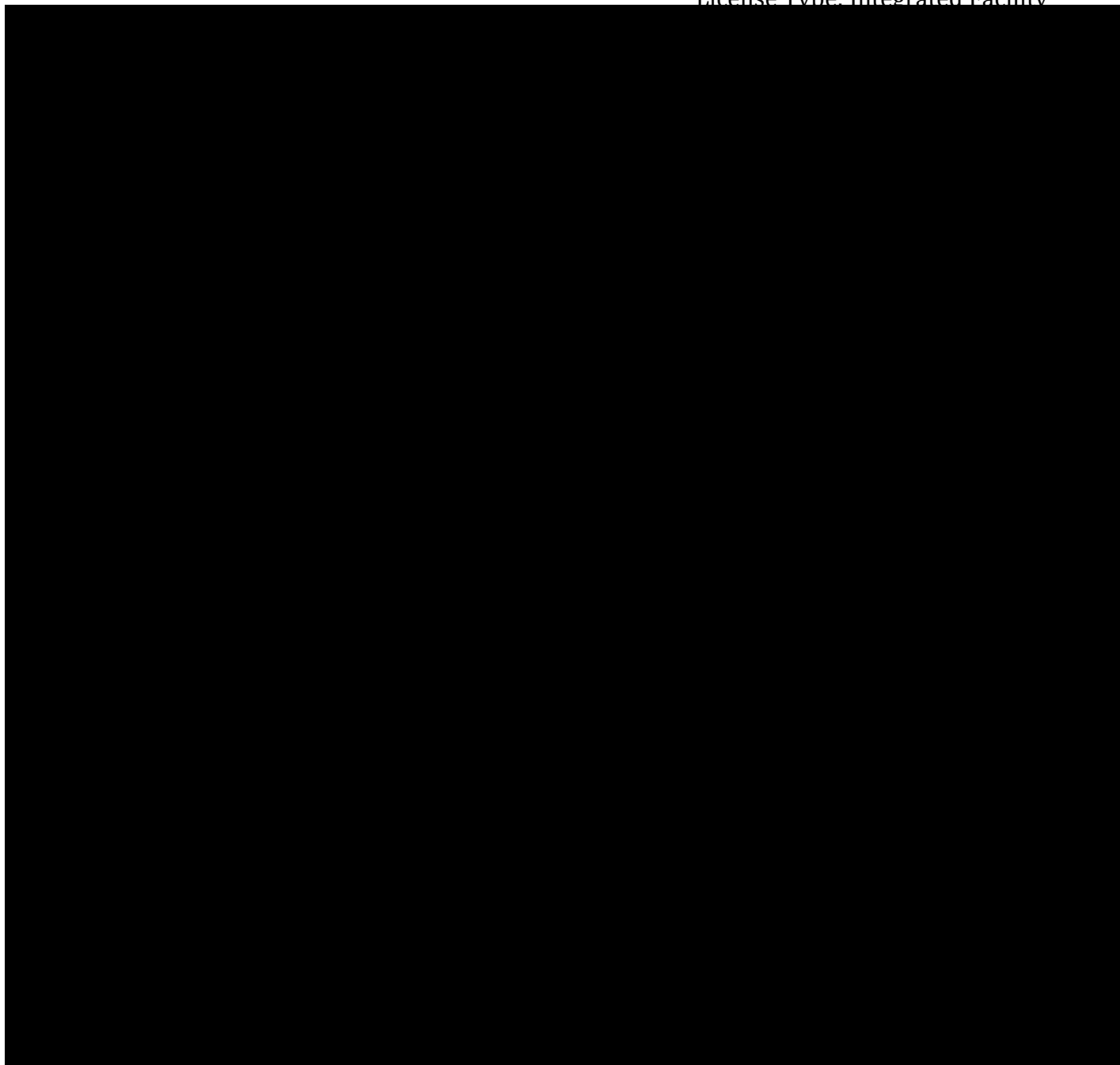
Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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

**Employment History**

*Provide all employers, in reverse chronological order, for 15 years prior to date of application;*





Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

License Type: Integrated Facility

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Southern Crop Holding Company

Integrated Facility License

Business License Applicant Name

License Type

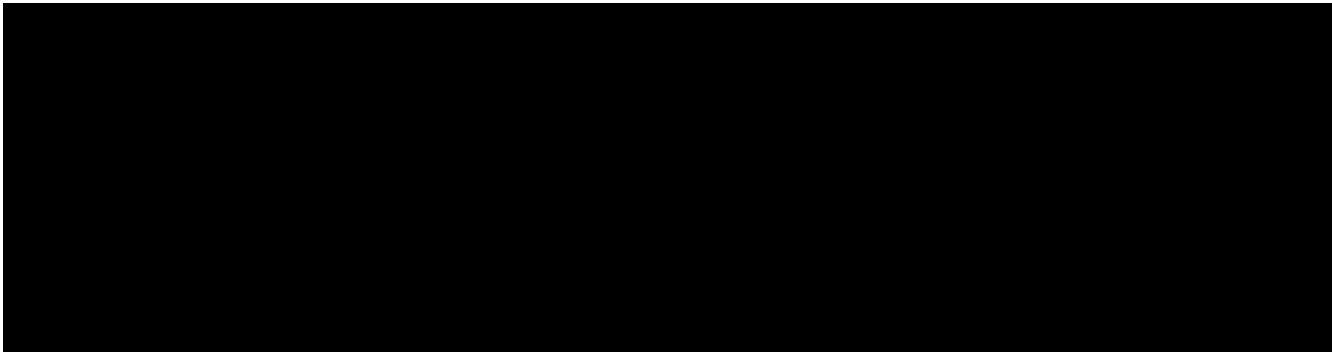


Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

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



Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

**Education**

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



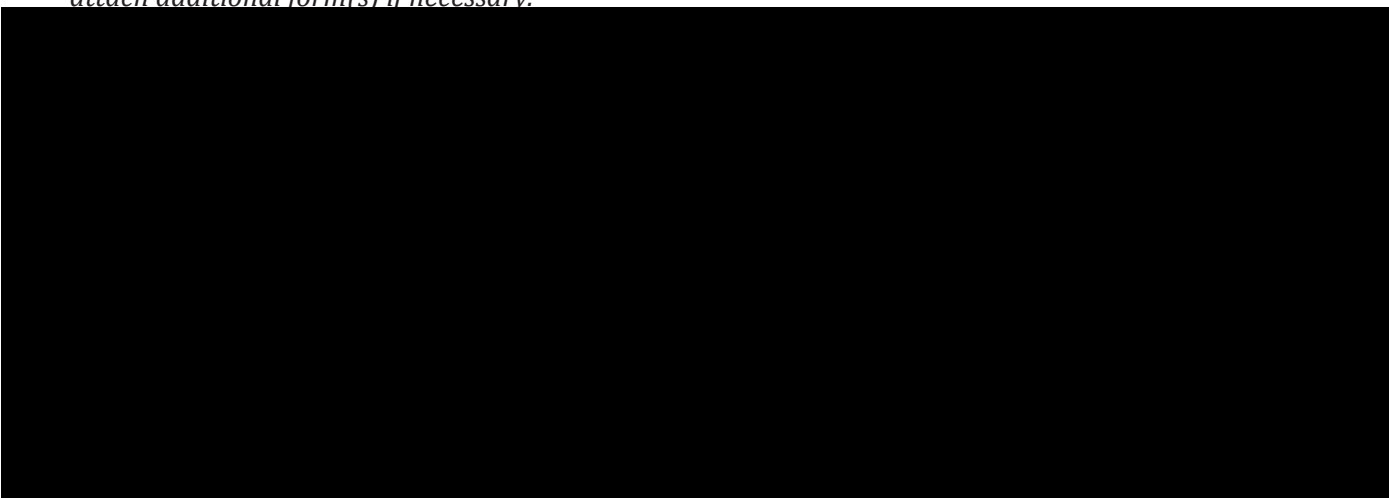
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Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

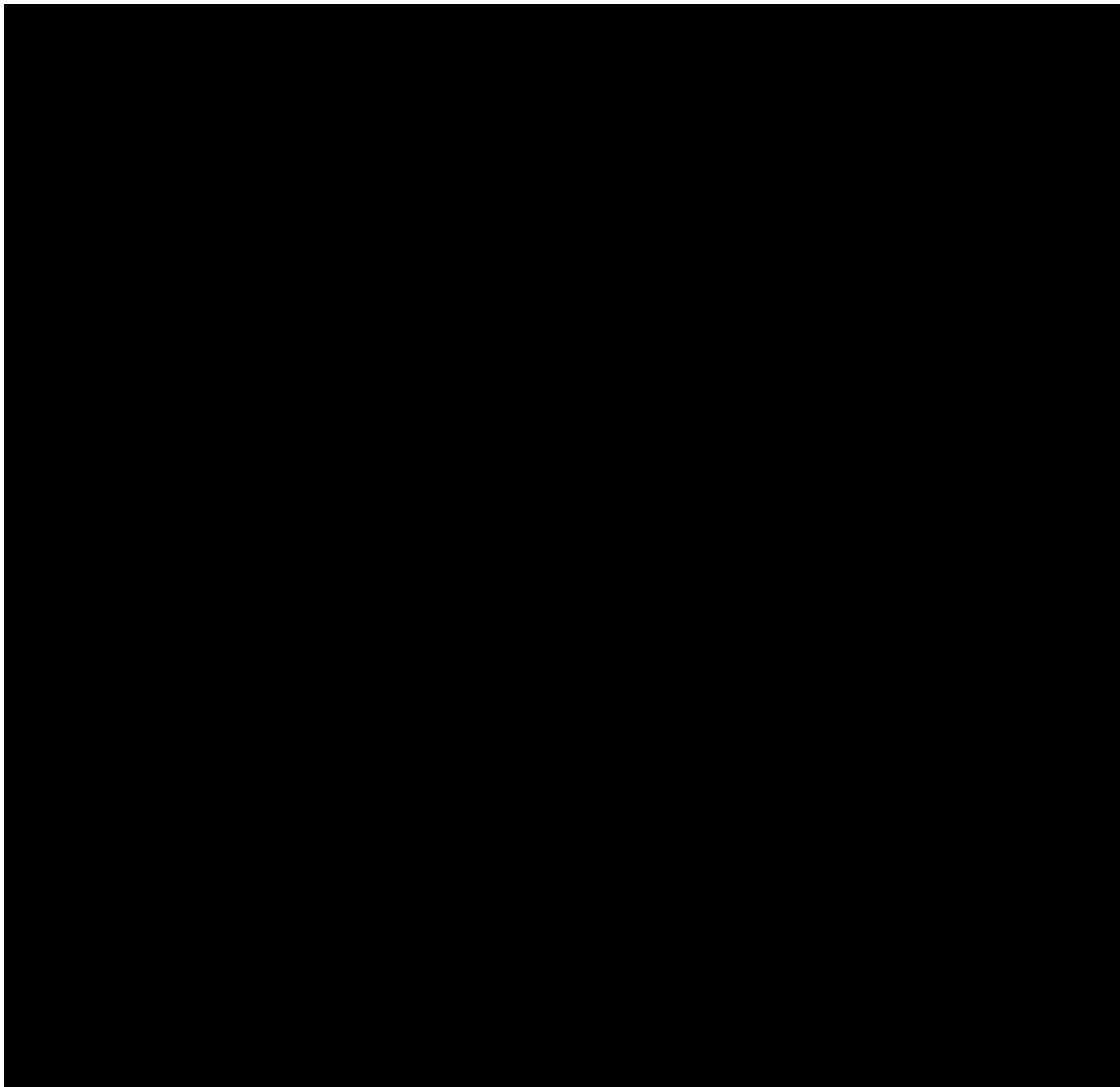
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Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
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.*





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Employer

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Contact Person

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Telephone

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Business Address

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City

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State

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Zip

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Date Employed From (MM/YYYY)

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Date Employed To (MM/YYYY)

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## 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.

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



2/26/2023

Signature of Verifying Individual

Verification Date





○ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

20060731000365670 1/2 \$15.00  
Shelby Cnty Judge of Probate, AL  
07/31/2006 10:03:46AM FILED/CERT

John R. Holliman  
2491 Pelham Pkwy  
Pelham, Al 35124

WARRANTY DEED, JOINTLY FOR  
LIFE WITH REMAINDER TO  
SURVIVOR

Sales price:\$600,000.00

STATE OF ALABAMA  
COUNTY OF SHELBY

KNOW ALL MEN BY THESE PRESENTS, That in consideration of other good and valuable considerations and the sum of Ten and no/100 (\$10.00) Dollars to the undersigned GRANTOR in hand paid by the GRANTEES herein, the receipt of which is hereby acknowledged, Terri G. Vines, a single woman, (hereinafter referred to as GRANTOR), does hereby grant, bargain, sell and convey unto [REDACTED] and [REDACTED] husband and wife, (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 in fee simple, together with every contingent remainder and right of reversion, the following described real estate situated in the County of <sup>Jefferson</sup> Shelby/and State of Alabama, to-wit:

Lot 2 according to the Survey of Phase 1, Heatherwood 8th Sector as recorded in Map Book 16, Page 118, Shelby County, Alabama Records.

Lot 29 according to the Survey of Hoover, First Sector as recorded in Map Book 49, Page 40, in the Probate Office of Jefferson County, Alabama records.

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

Send Tax Notice to:

[REDACTED]

\$600,000.00 was paid from a first mortgage recorded herewith.

Together with all and singular the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining in fee simple.

TO HAVE AND TO HOLD the same unto GRANTEES for and during

20060731000365670 2/2 \$15.00  
Shelby Cnty Judge of Probate, AL  
07/31/2006 10:03:46AM FILED/CERT

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, together with every contingent remainder and right of reversion.

And said GRANTOR does for herself, her successors and assigns covenants with the said GRANTEES, their heirs and assigns, that GRANTOR is lawfully seized in fee simple of said premises, that they are free from all encumbrances, unless otherwise noted above, that they are entitled to the immediate possession thereof; that GRANTOR has a good right to sell and convey the same as aforesaid; that GRANTOR will and her heirs and assigns shall, warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I has hereunto set my hand and seal on this the 26 day of July, 2006.

Terri G. Vines  
Terri G. Vines

STATE OF ALABAMA  
COUNTY OF SHELBY

I, the undersigned, a notary public in and for said county in said state, hereby certify that Terri G. Vines, a single 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 conveyance, she executed the same voluntarily on the day the same bears date.

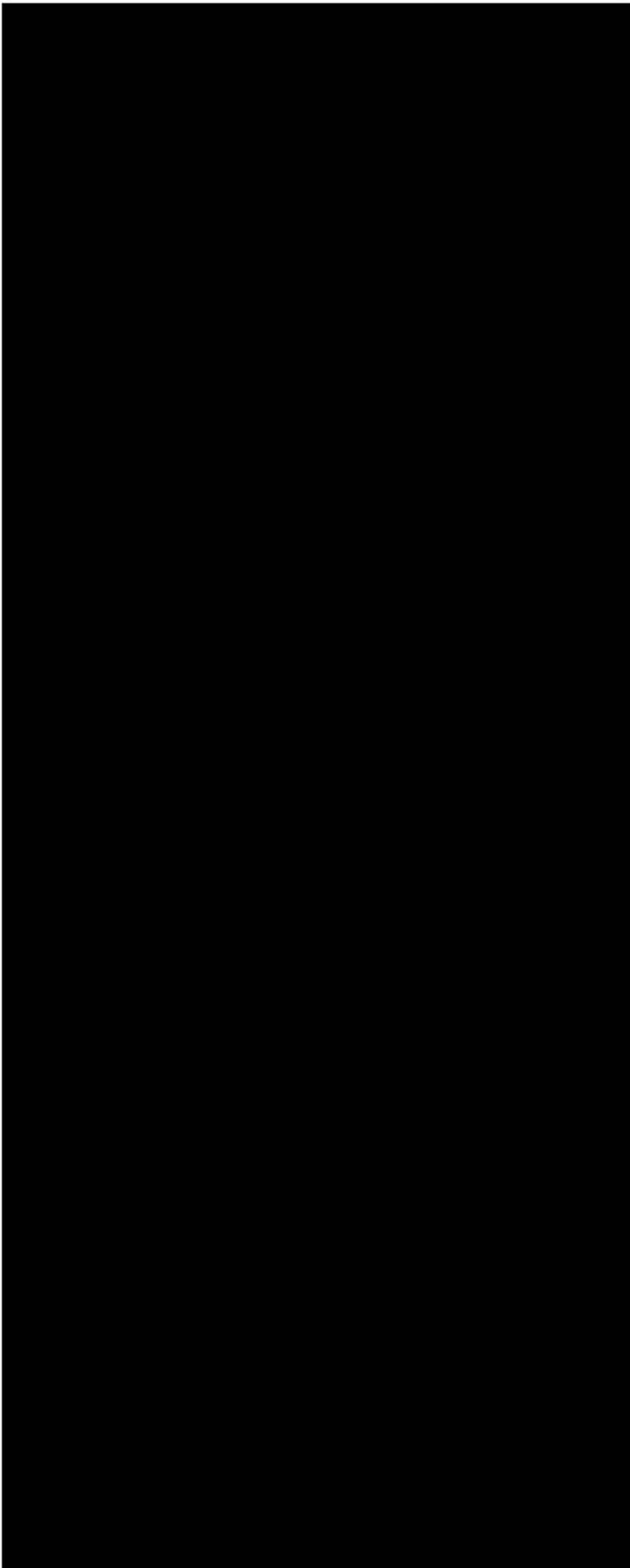
Given under my hand and official seal this the 26 day of July, 2006.

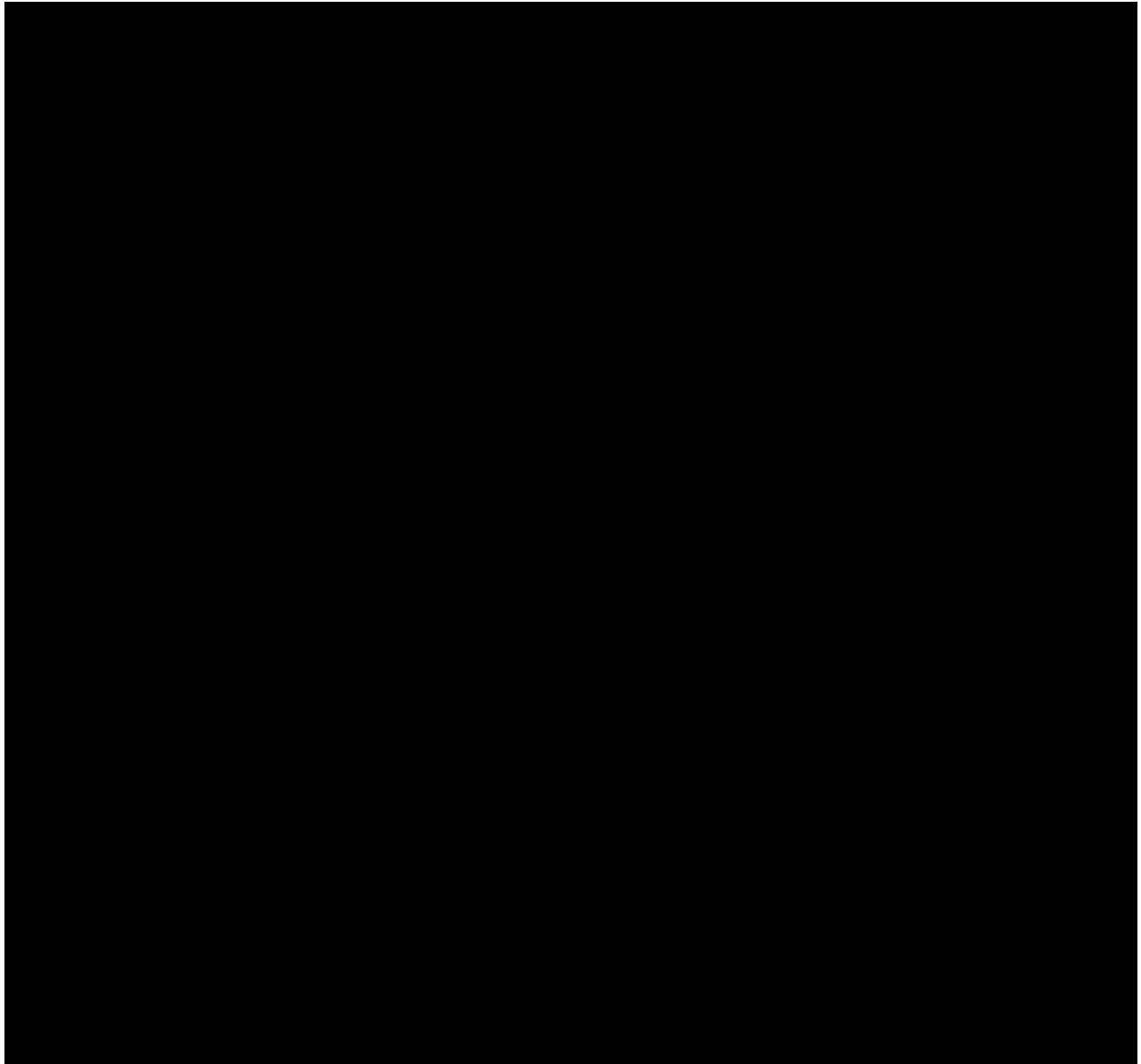
[Signature]  
Notary Public



My Commission Expires:  
08/29/06

HOLLIMAN & SHOCKLEY  
ATTORNEYS AT LAW  
2491 PELHAM PARKWAY  
PELHAM, ALABAMA 35124









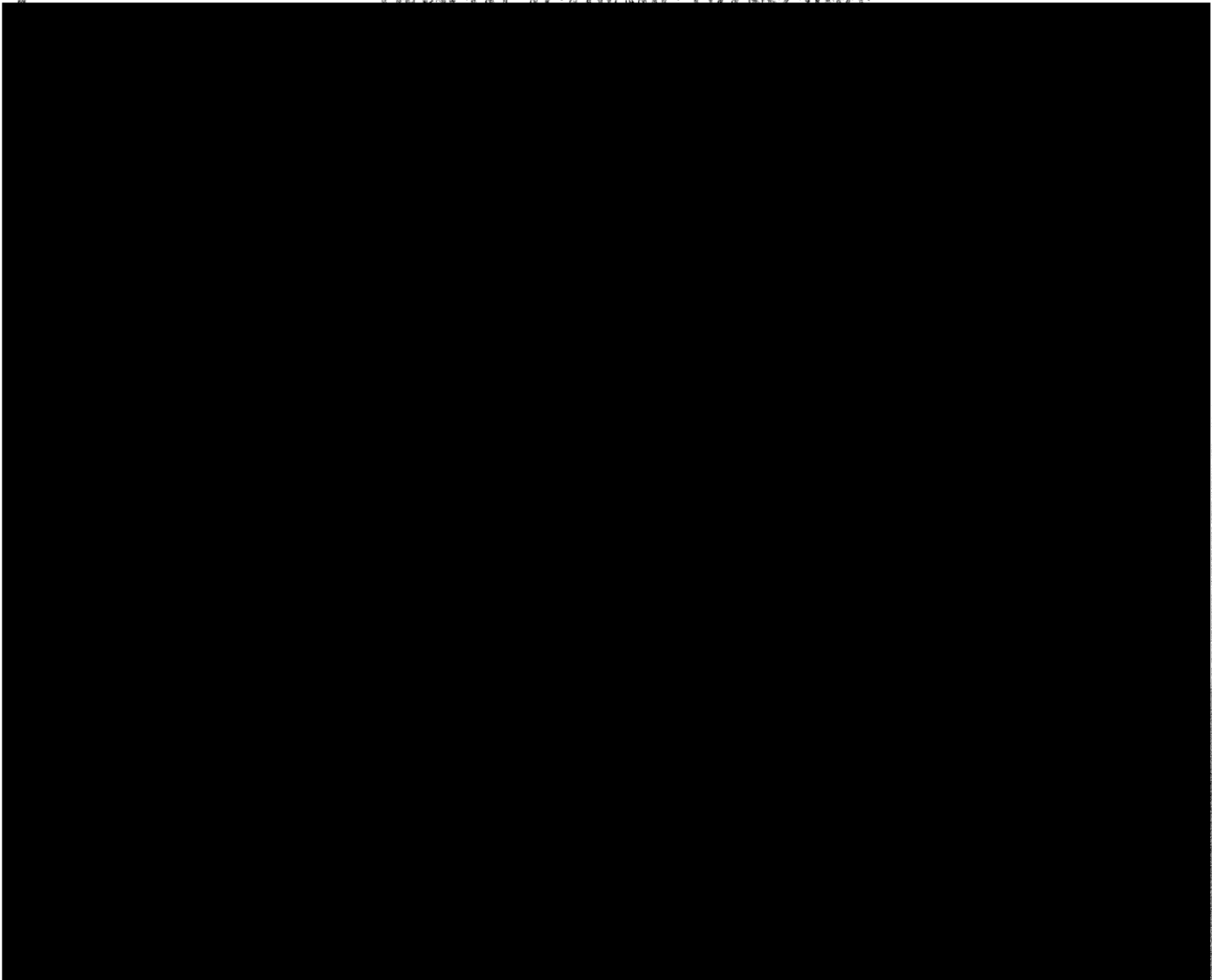




# The University of Alabama

Tuscaloosa, Alabama 35487

OFFICIAL ACADEMIC TRANSCRIPT



RESIDENTIAL RENTAL AGREEMENT



State of ALABAMA

County of SHELBY

[Redacted text block containing multiple lines of obscured information]

DS [Signature] DS [Signature]

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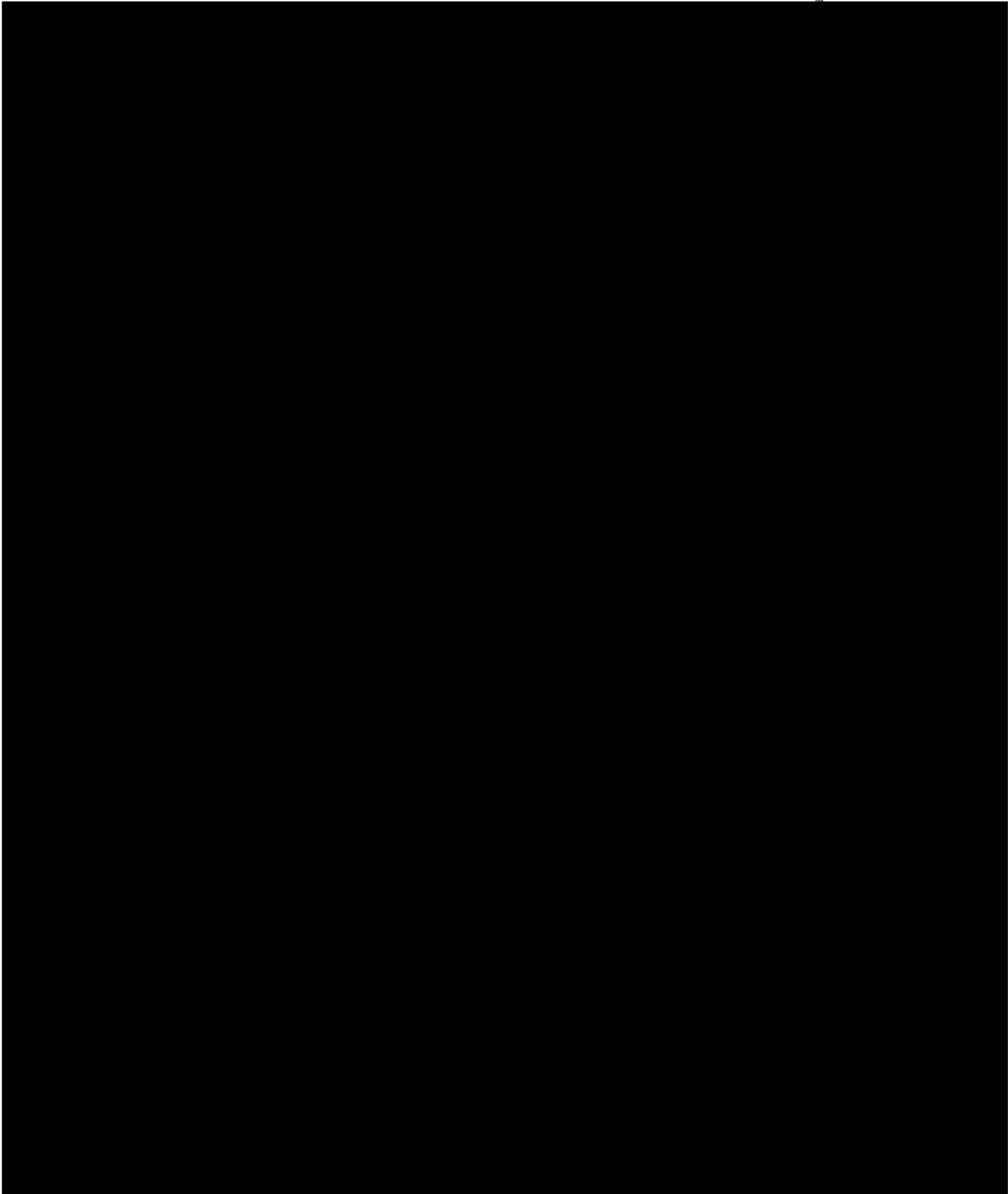
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[Signature]



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Letter of Confirmation

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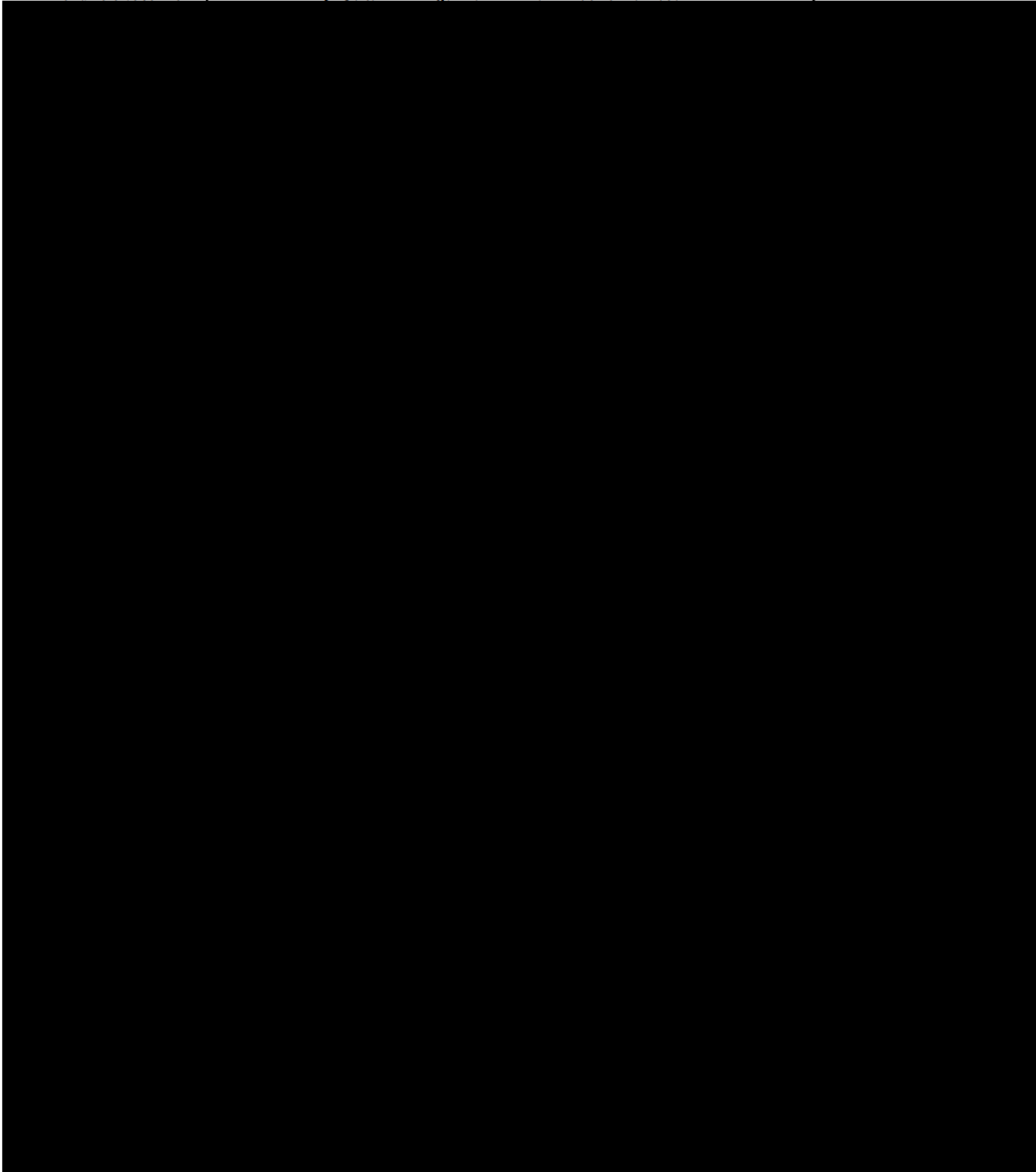
Form **8879**  
Department of the Treasury  
Internal Revenue Service

**IRS e-file Signature Authorization**

OMB No. 1545-0074

- ▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.)
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

**2018**



**2018**

**Form 1040-V**

Department of the Treasury  
**Internal Revenue Service**

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**Paperwork Reduction Act Notice.**

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information.

Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

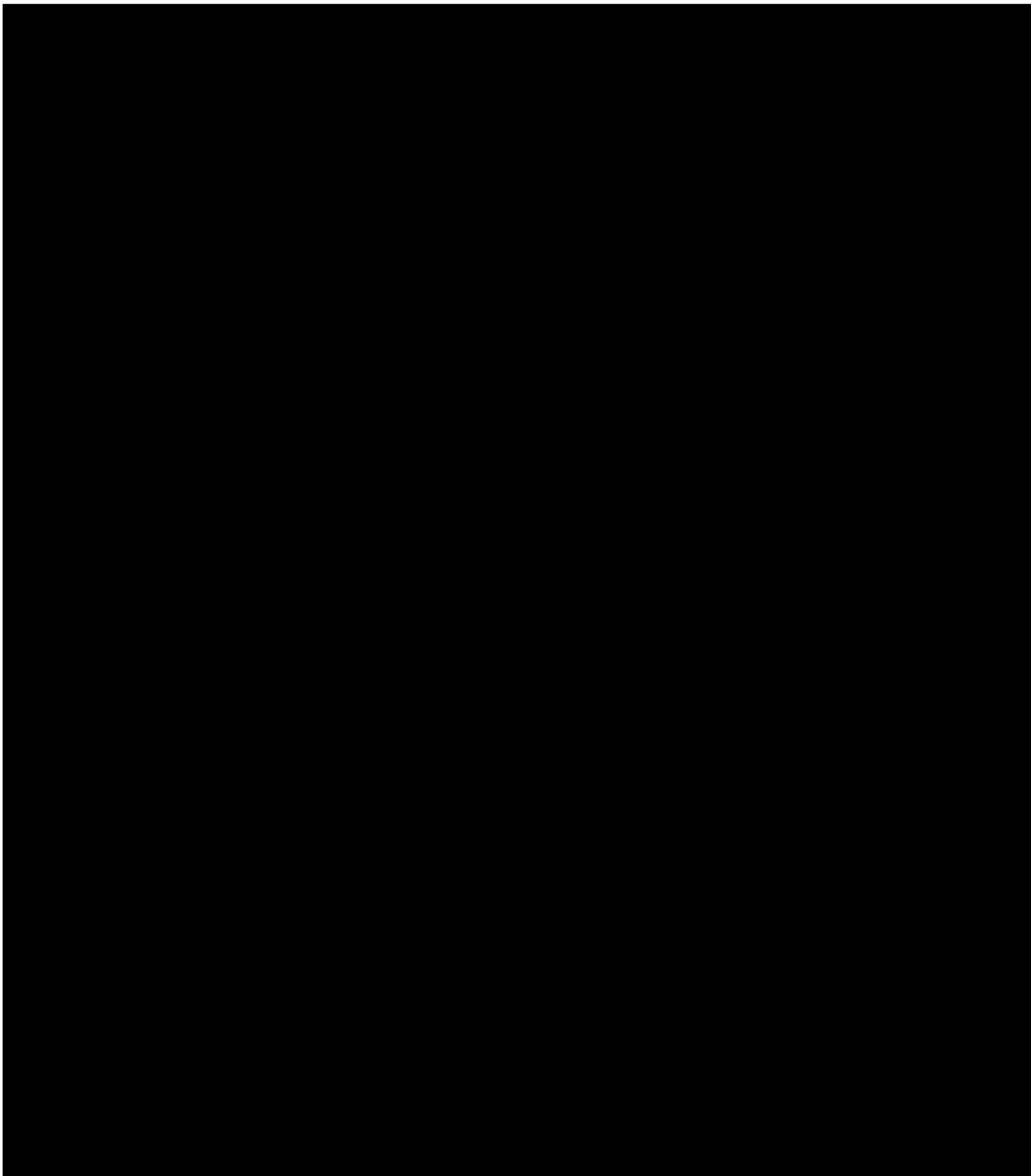
The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

FORM  
**AL8453**

ALABAMA DEPARTMENT OF REVENUE

**Individual Income Tax Declaration for Electronic Filing**

**2018**

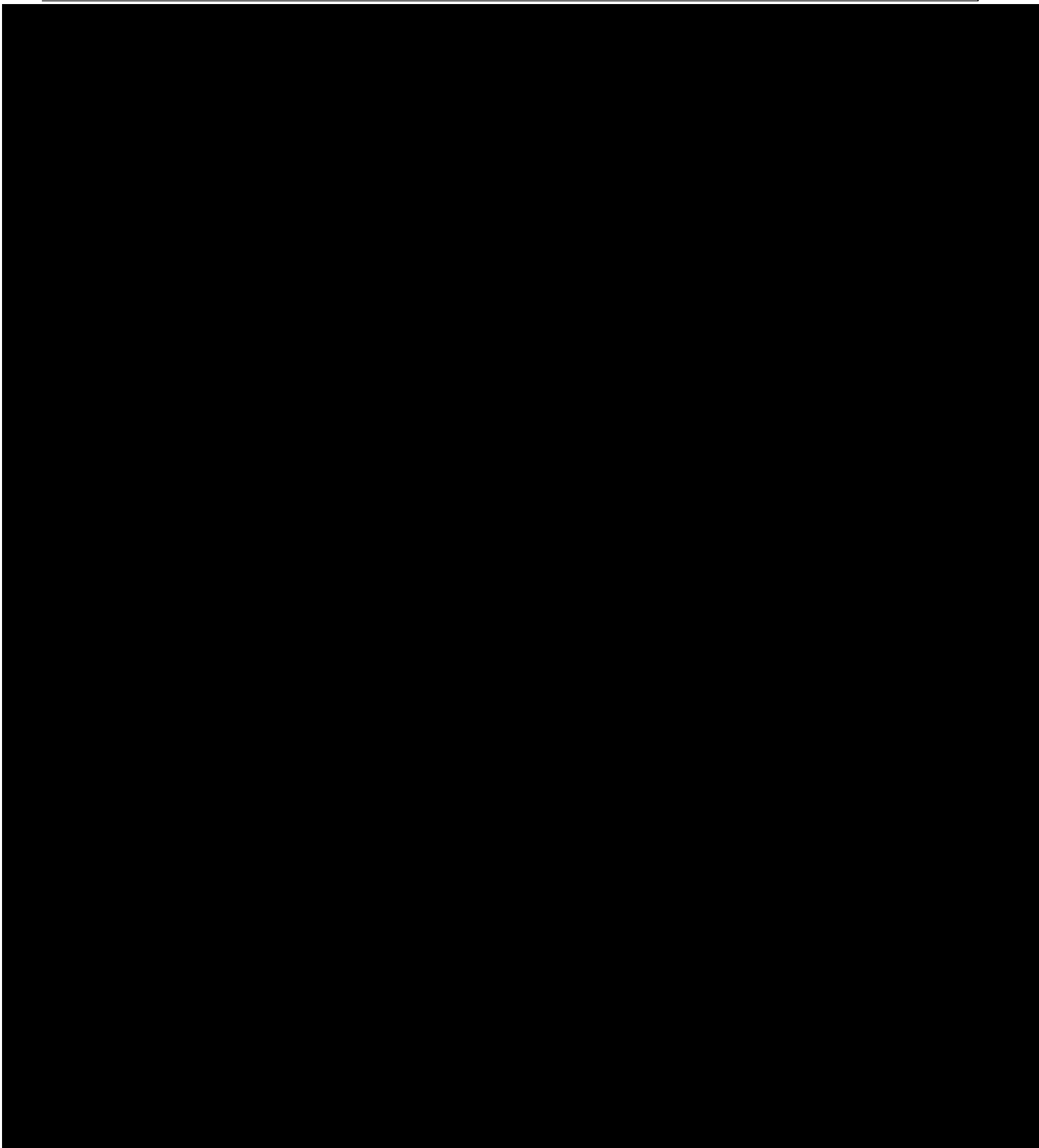


FORM  
**40V**

ALABAMA DEPARTMENT OF REVENUE  
INDIVIDUAL AND CORPORATE TAX DIVISION  
**Individual Income Tax Payment Voucher**

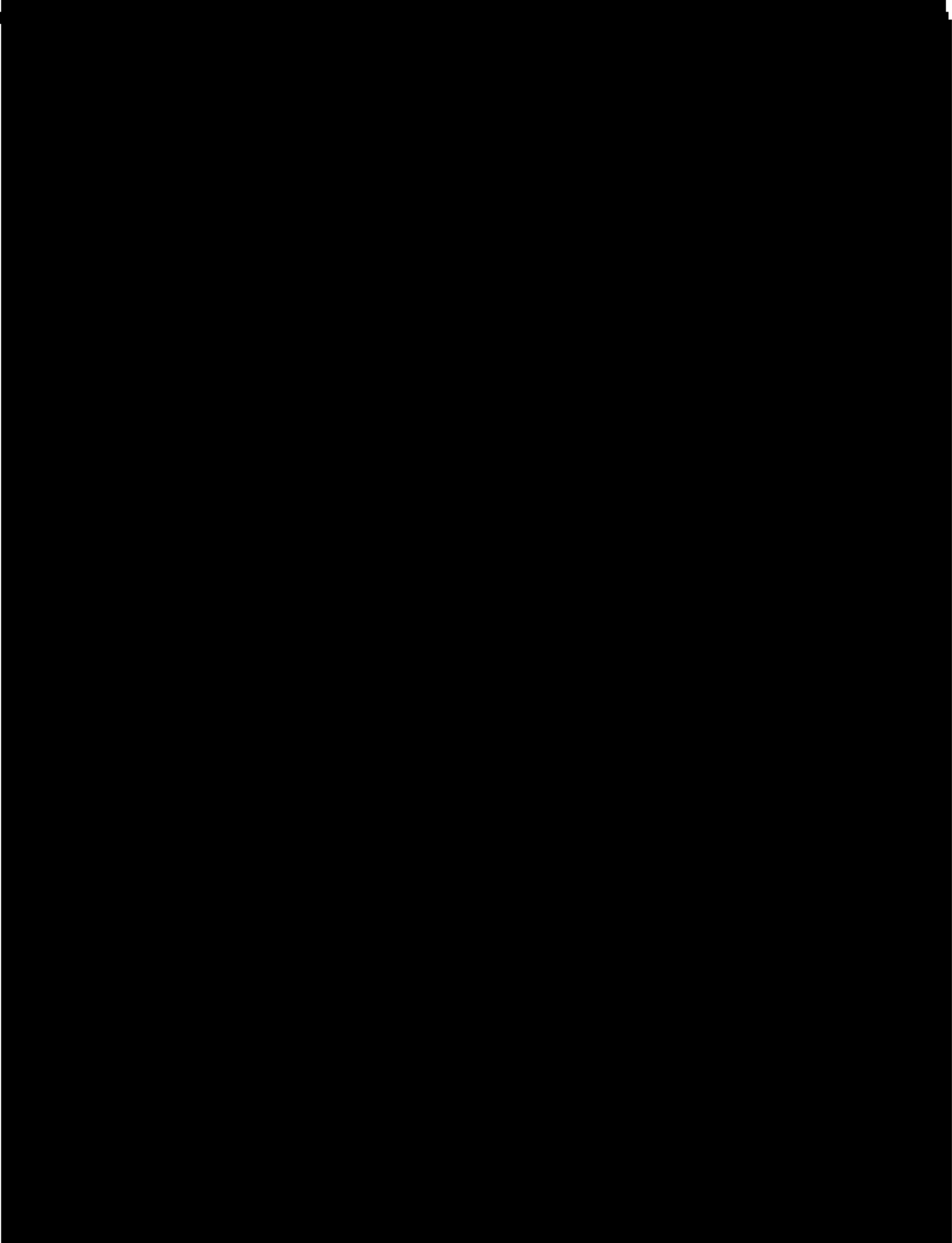
**2018**

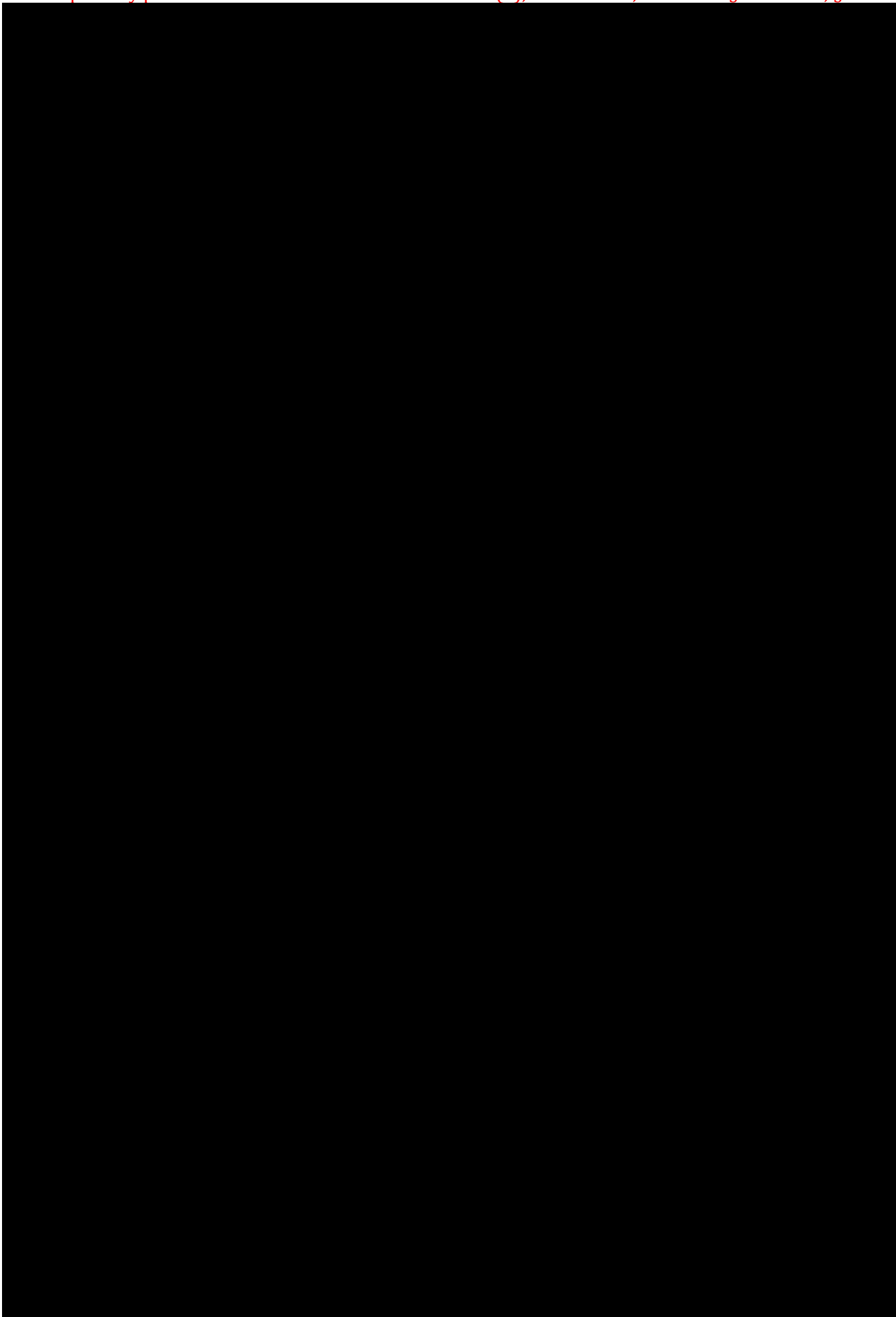
*NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and cannot be used for any other kind of tax payment.*

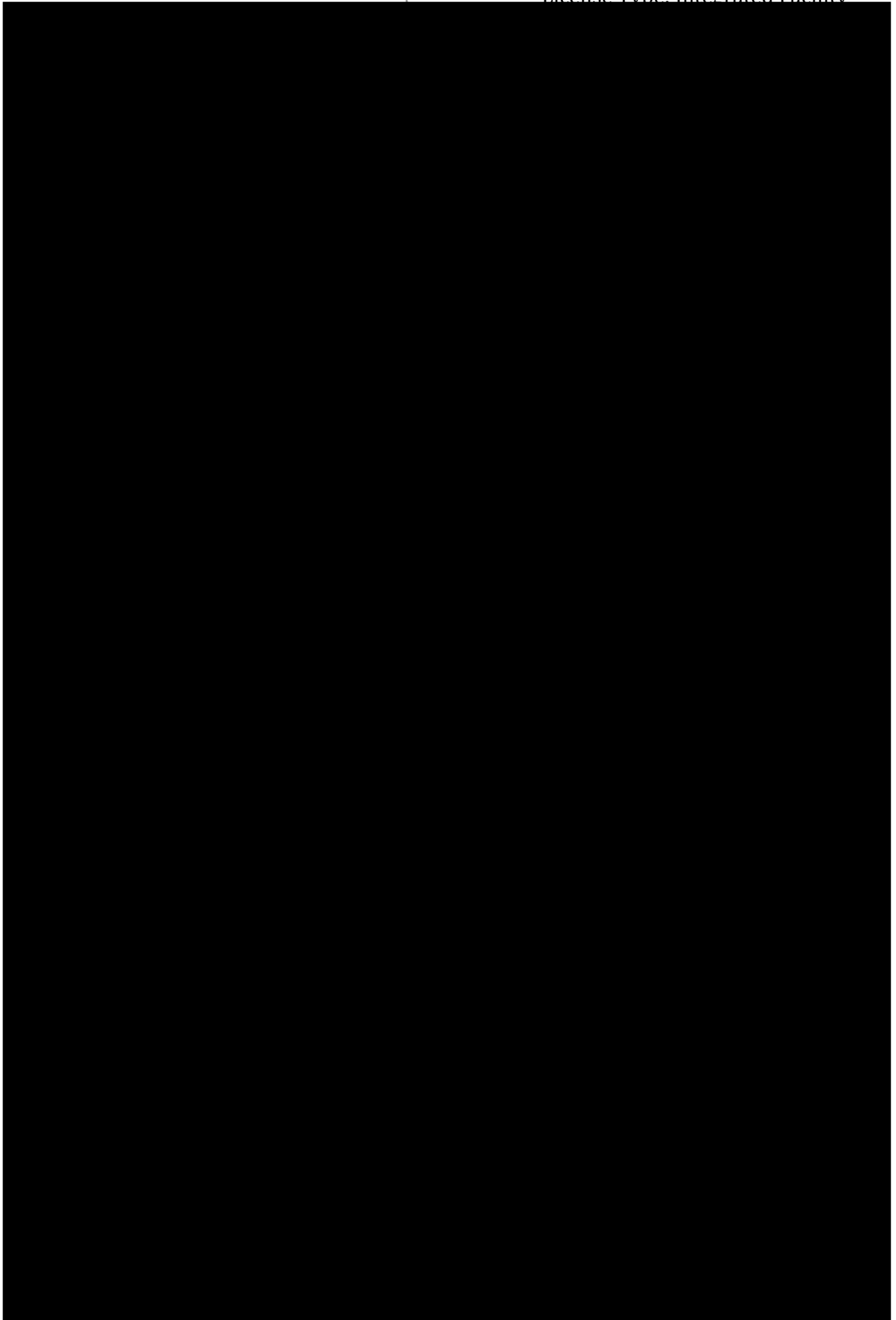








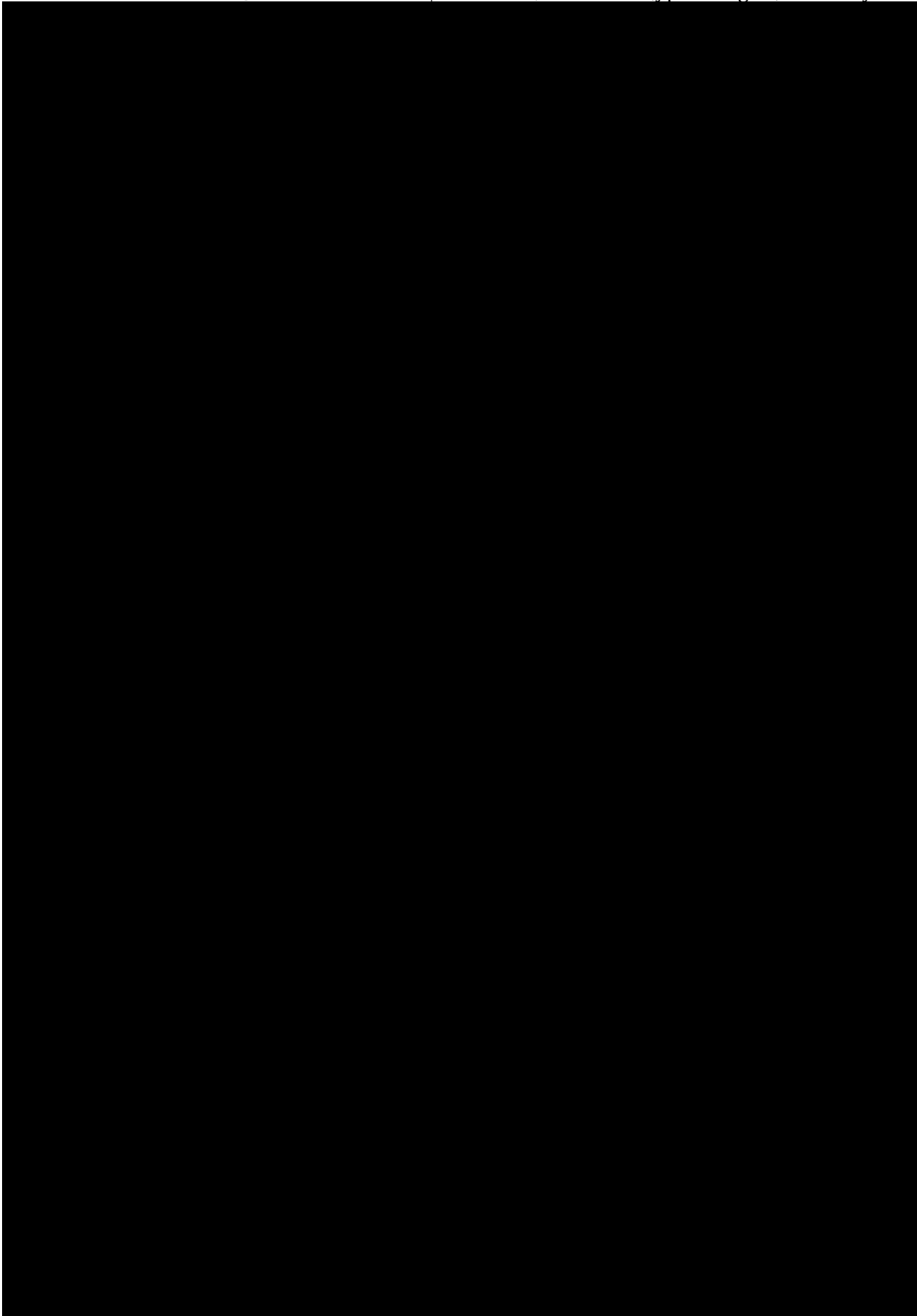


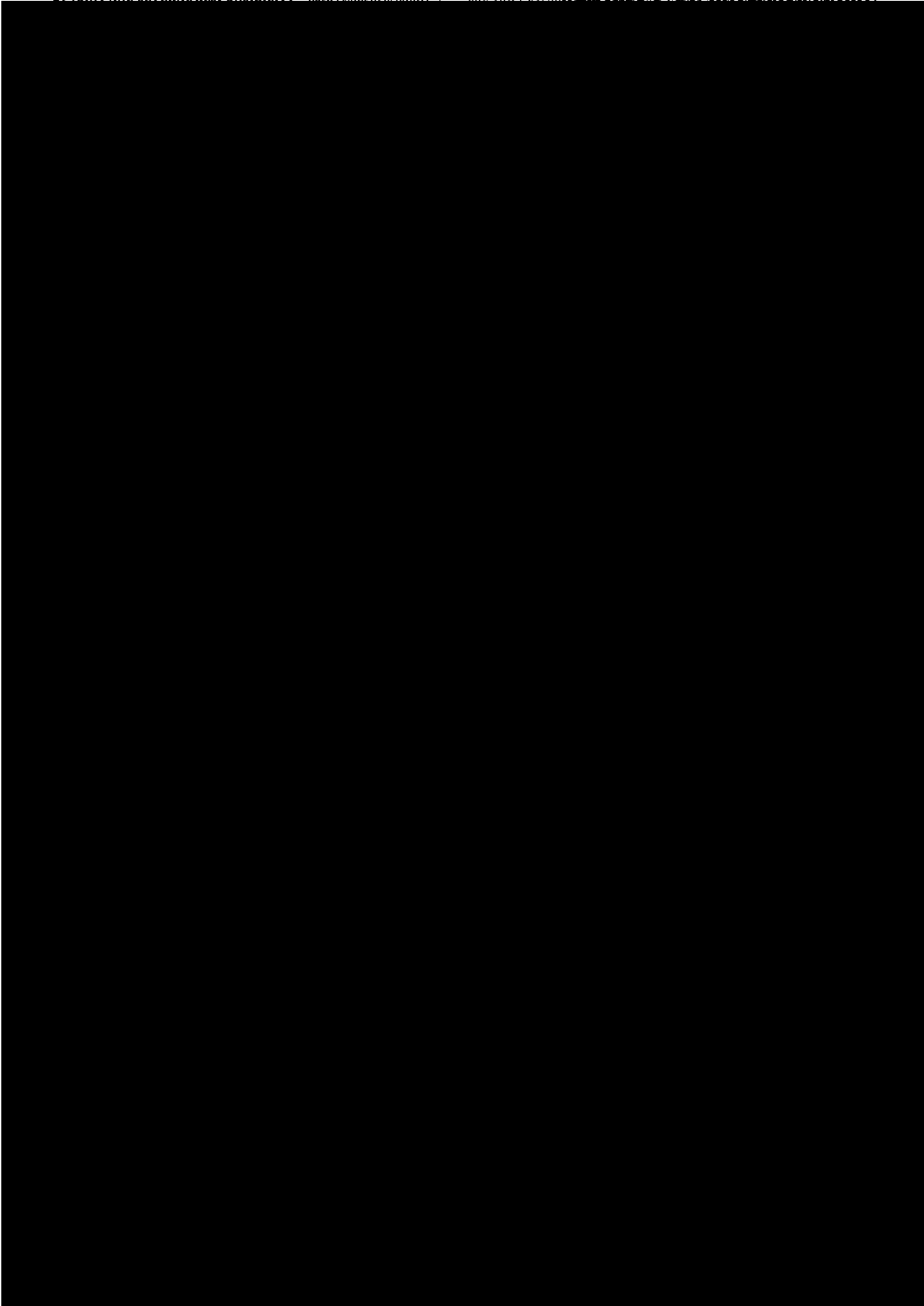


monoxide detectors. If you damage or disable the smoke detector

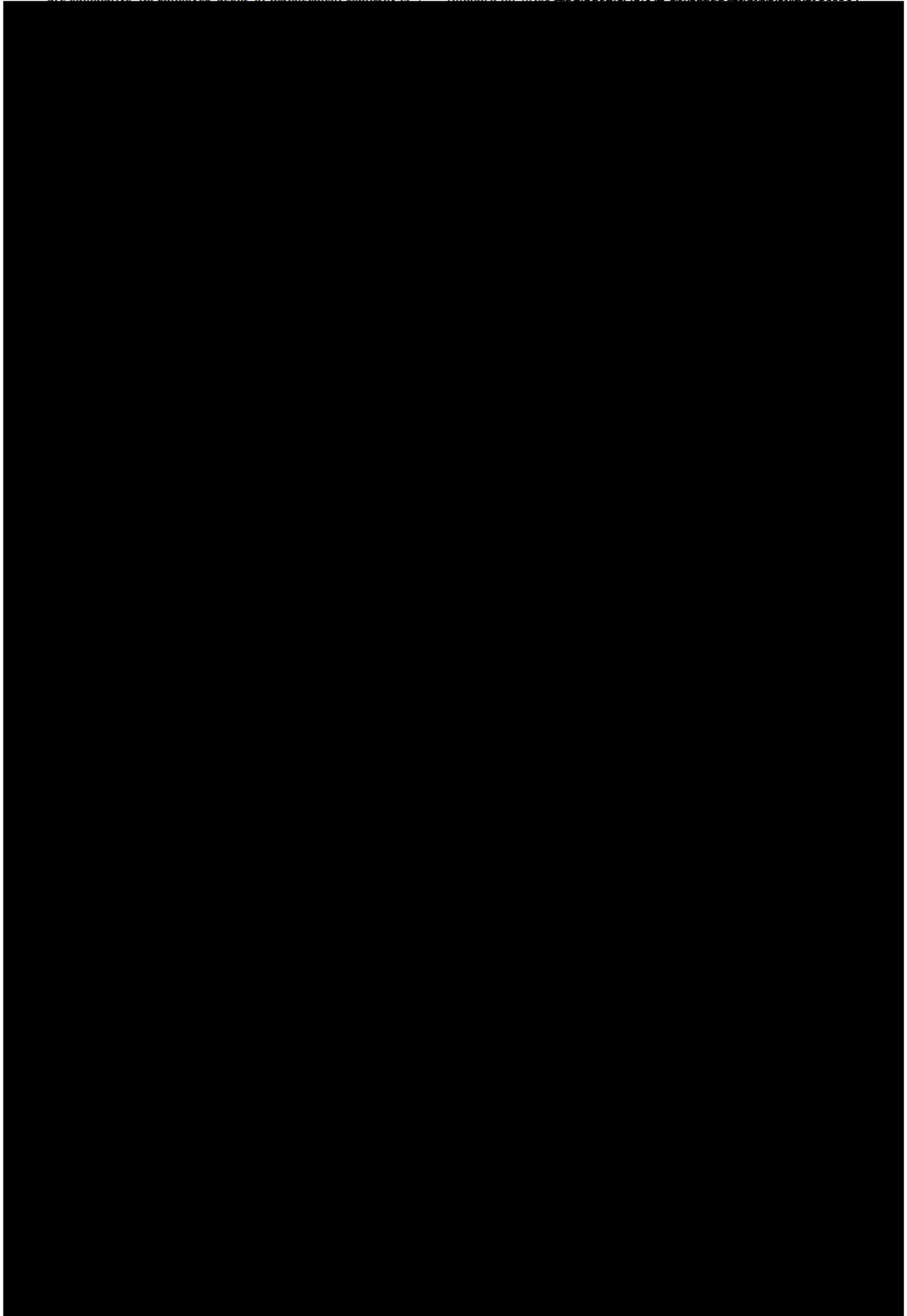
malfunctions, you must

License Type: Integrated Facility

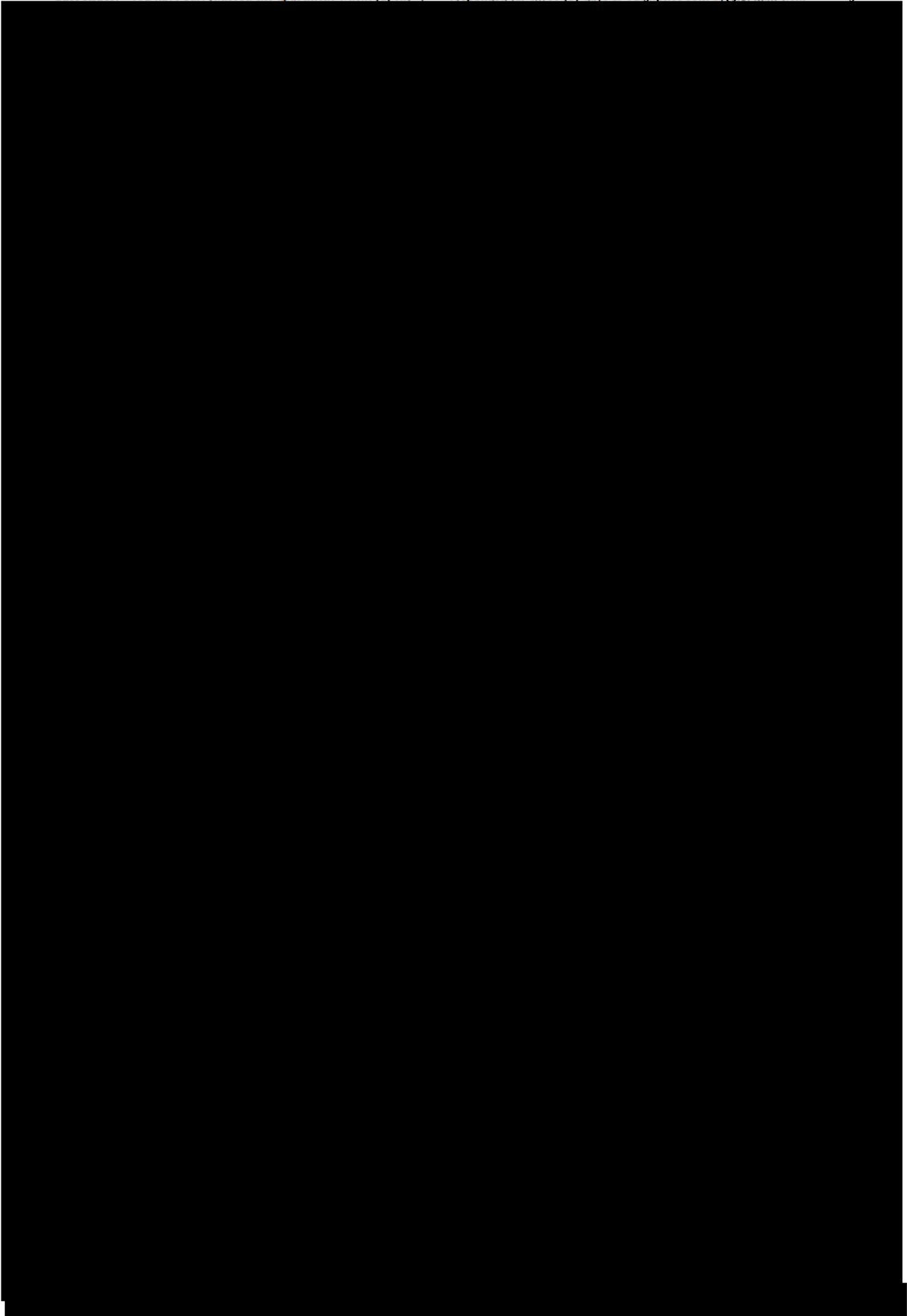




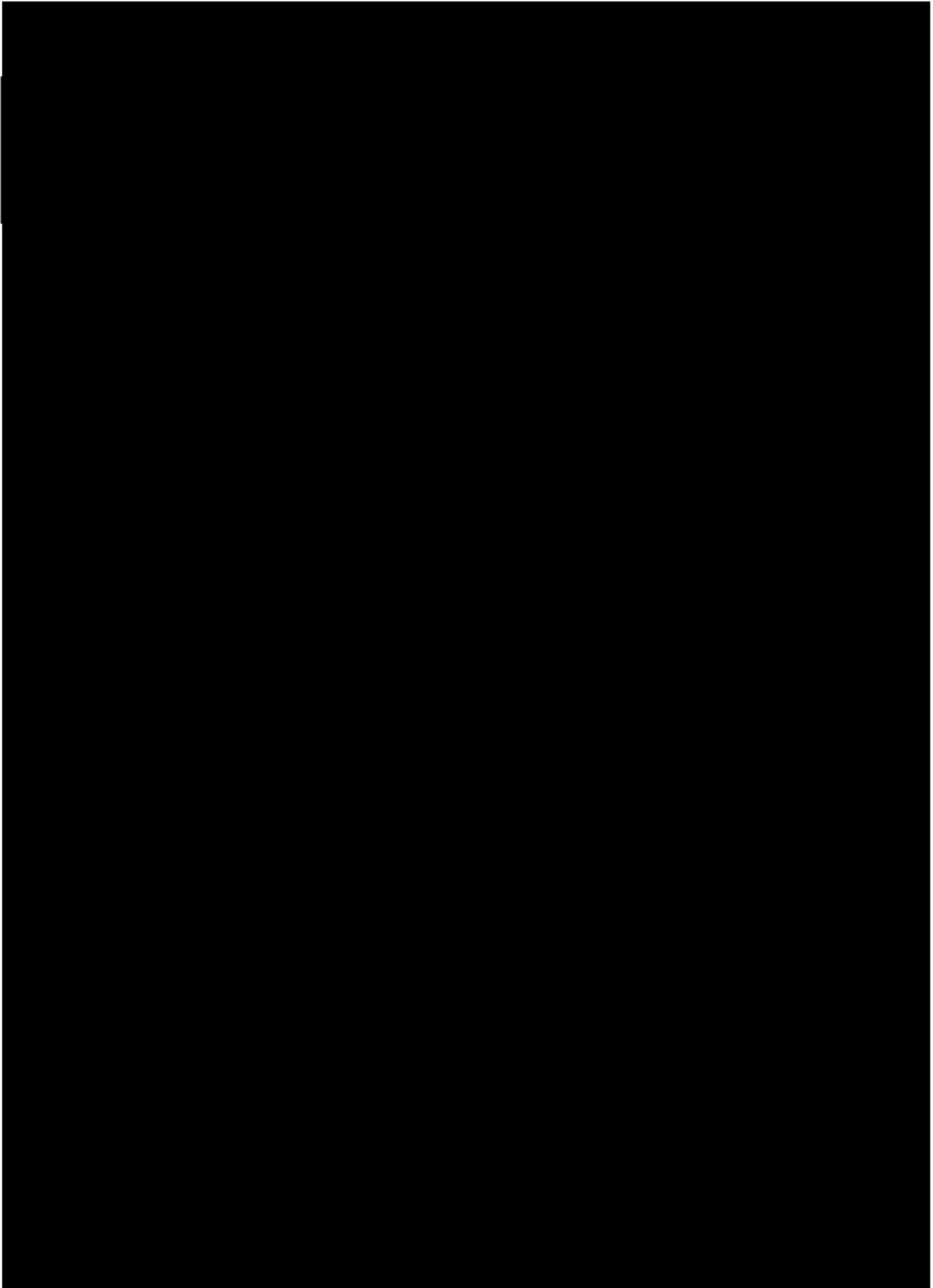
are cumulative. No employee, agent, or management company is | License Type: Integrated Facility  
Although the proposed | Confidentiality Resolution

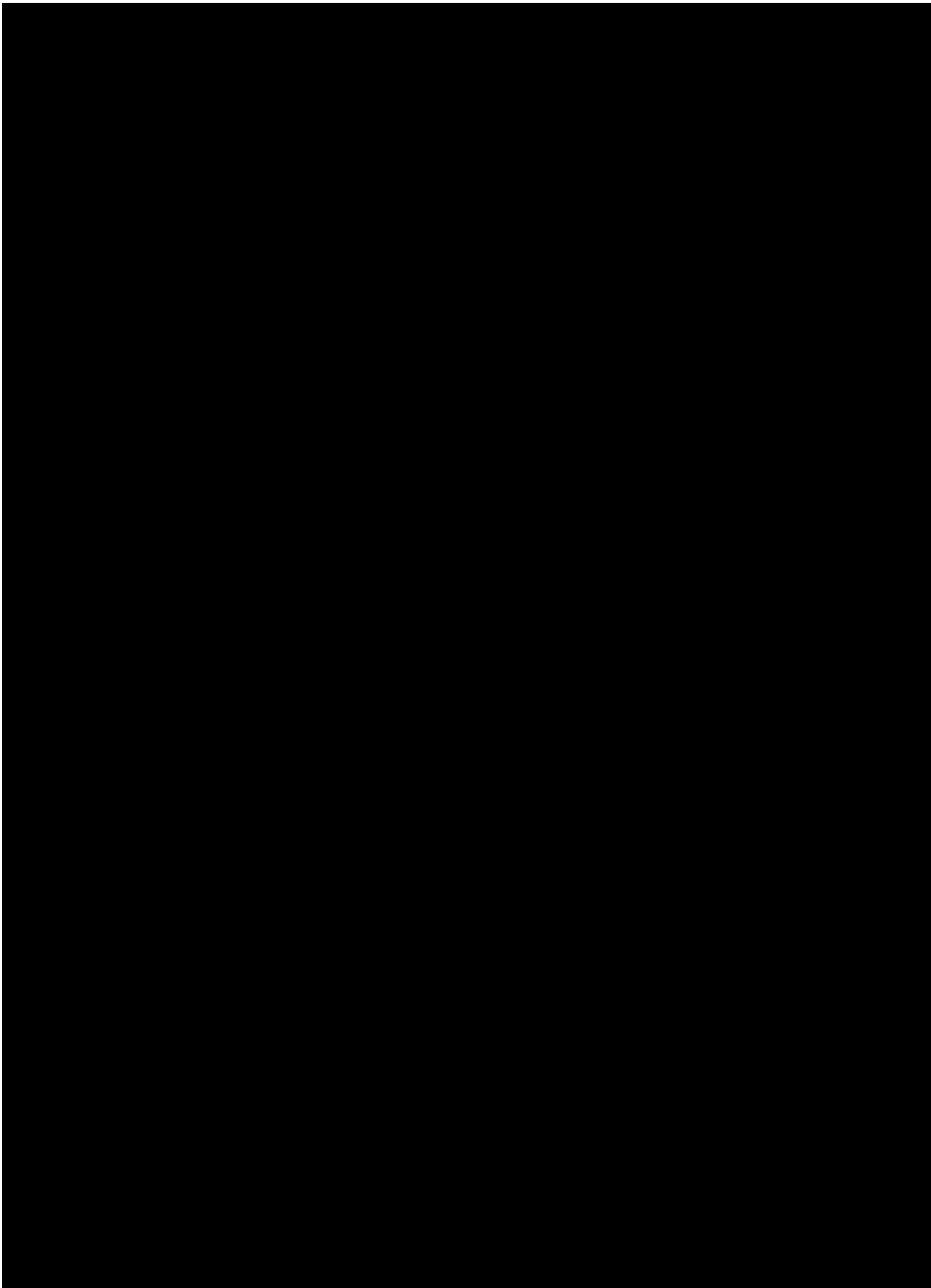


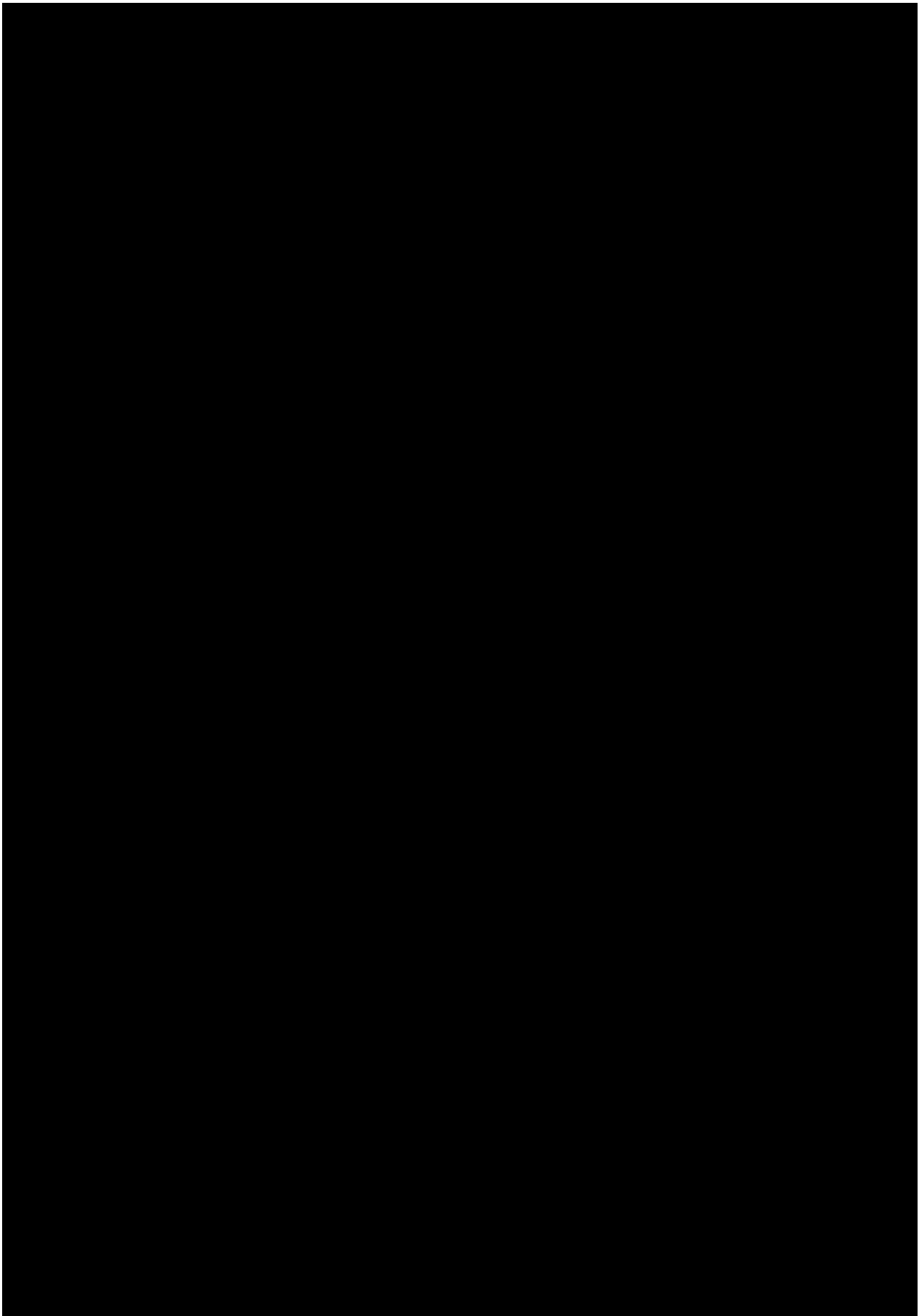
**Surrender.** You have surrendered the apartment when: (1) the [redacted] responded for three [redacted] to our [redacted] sent to [redacted] with [redacted] License Type: Integrated Facility











[REDACTED]

[REDACTED]

[REDACTED]

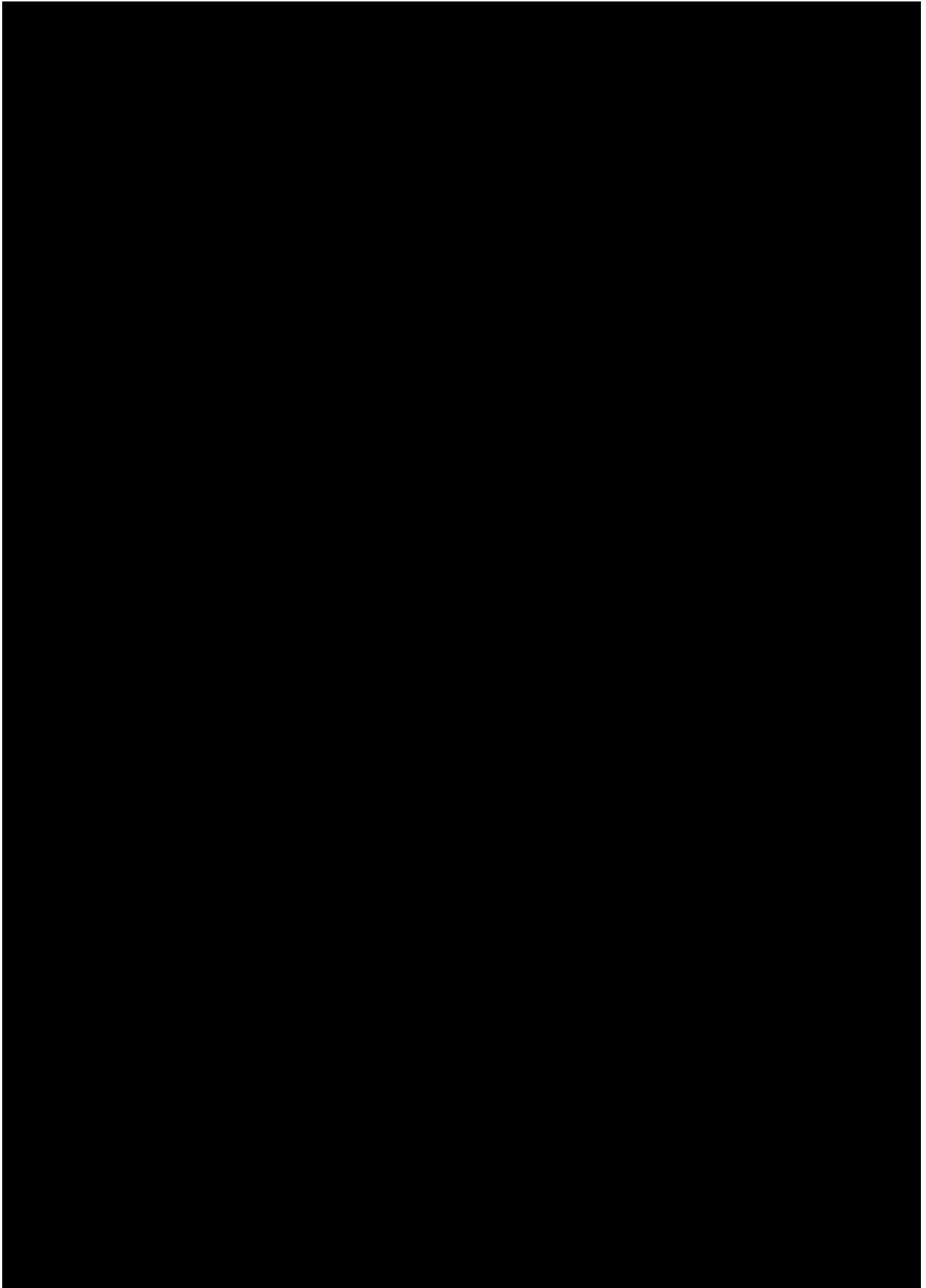
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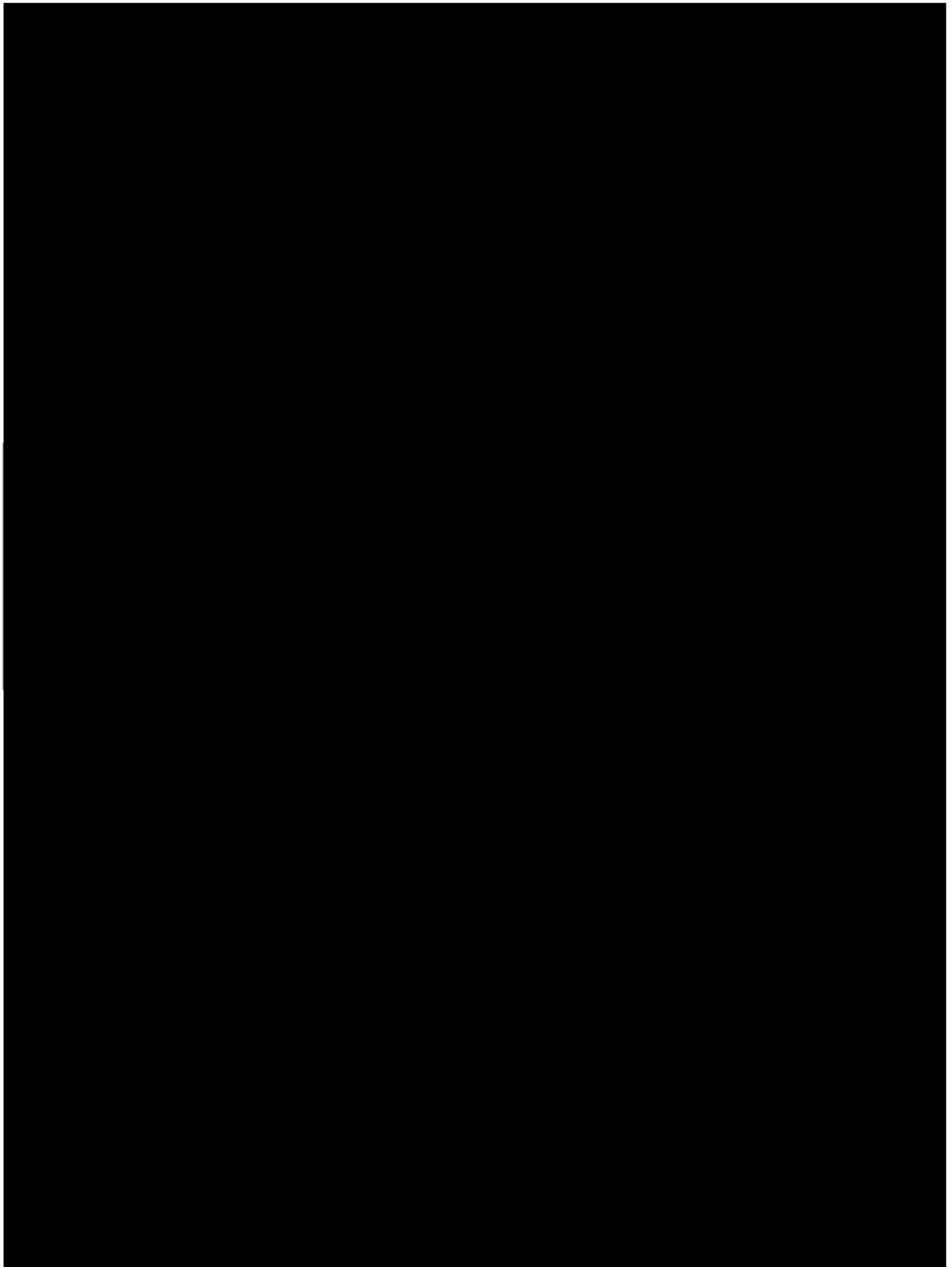
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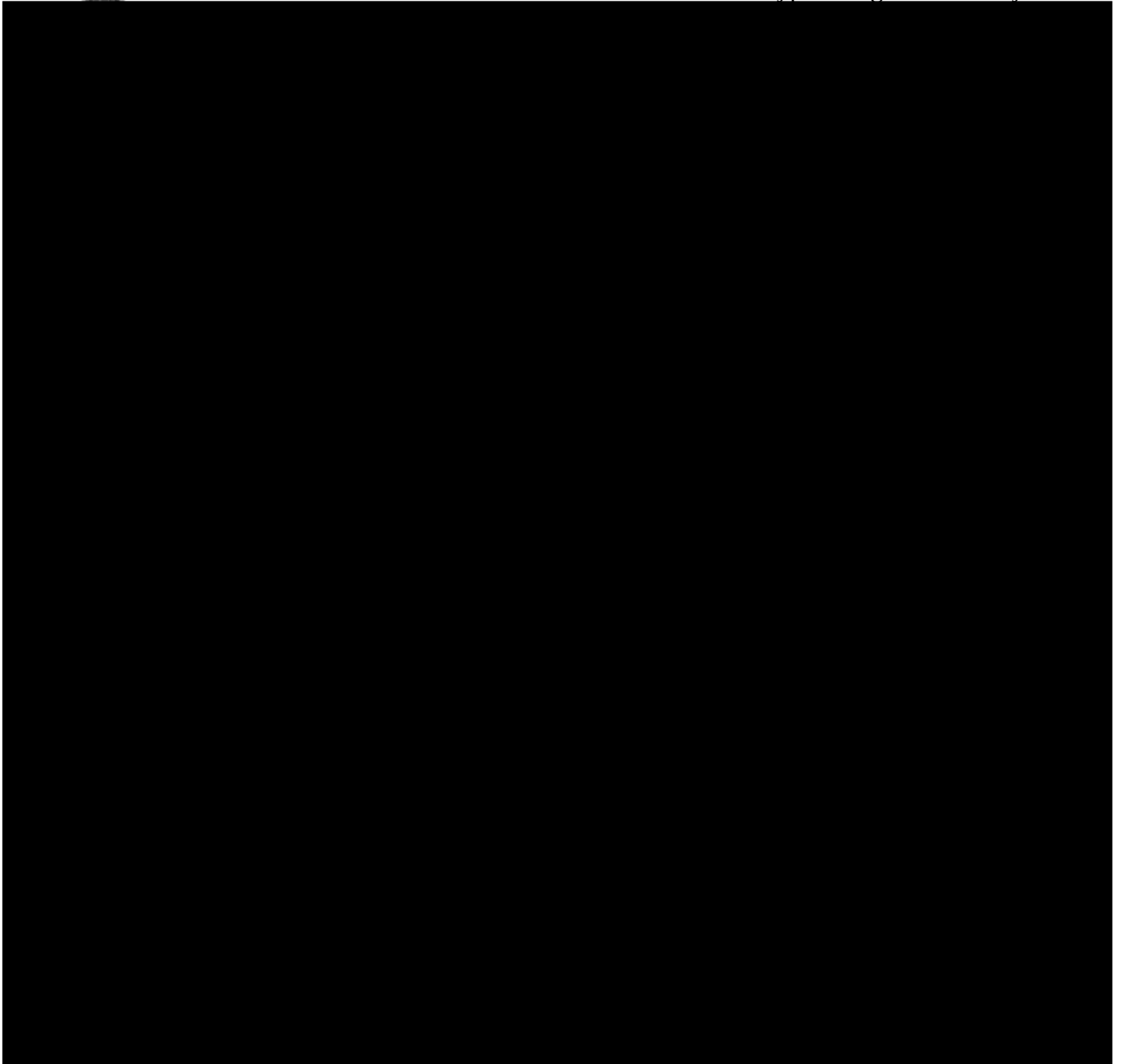
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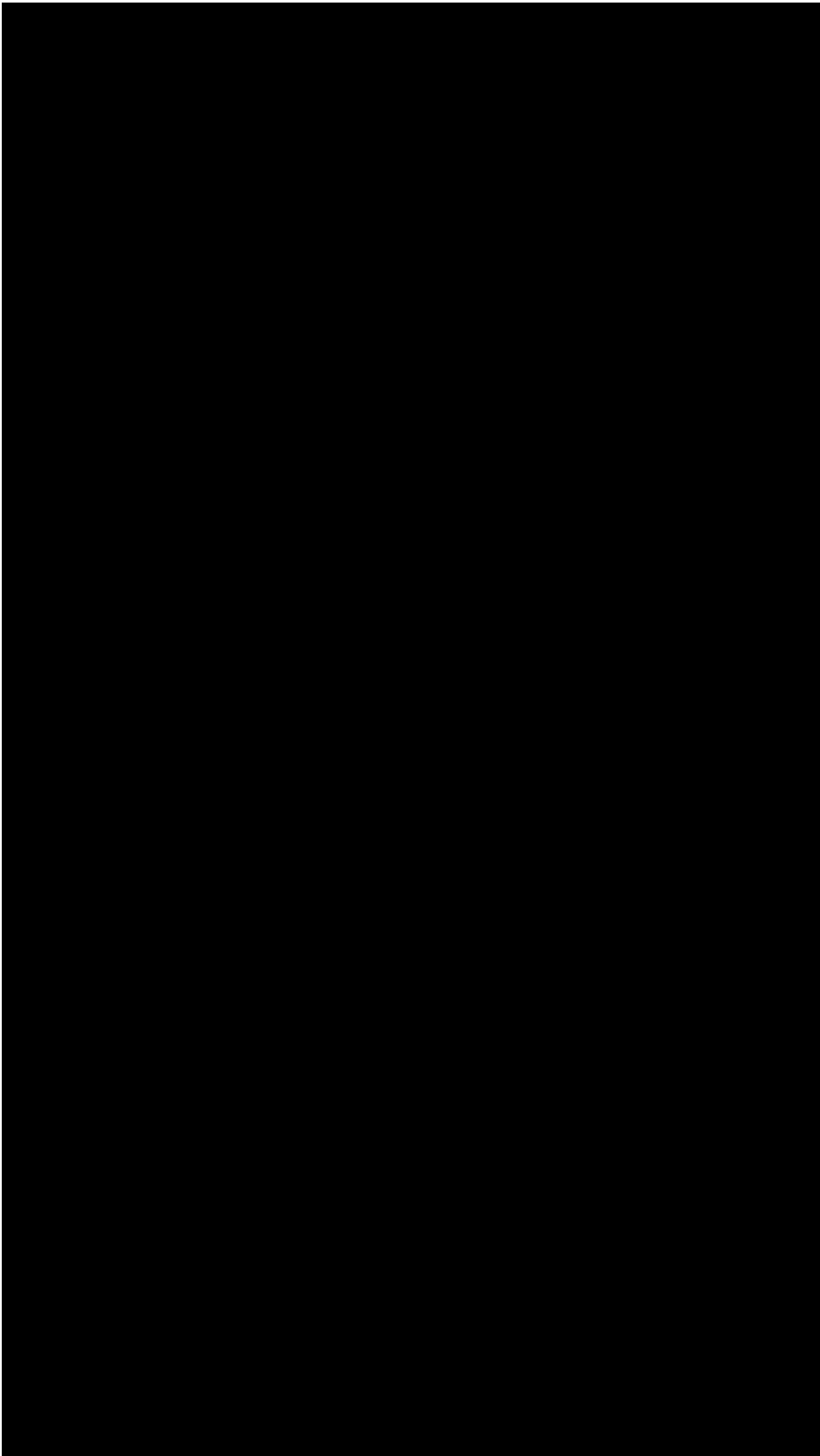
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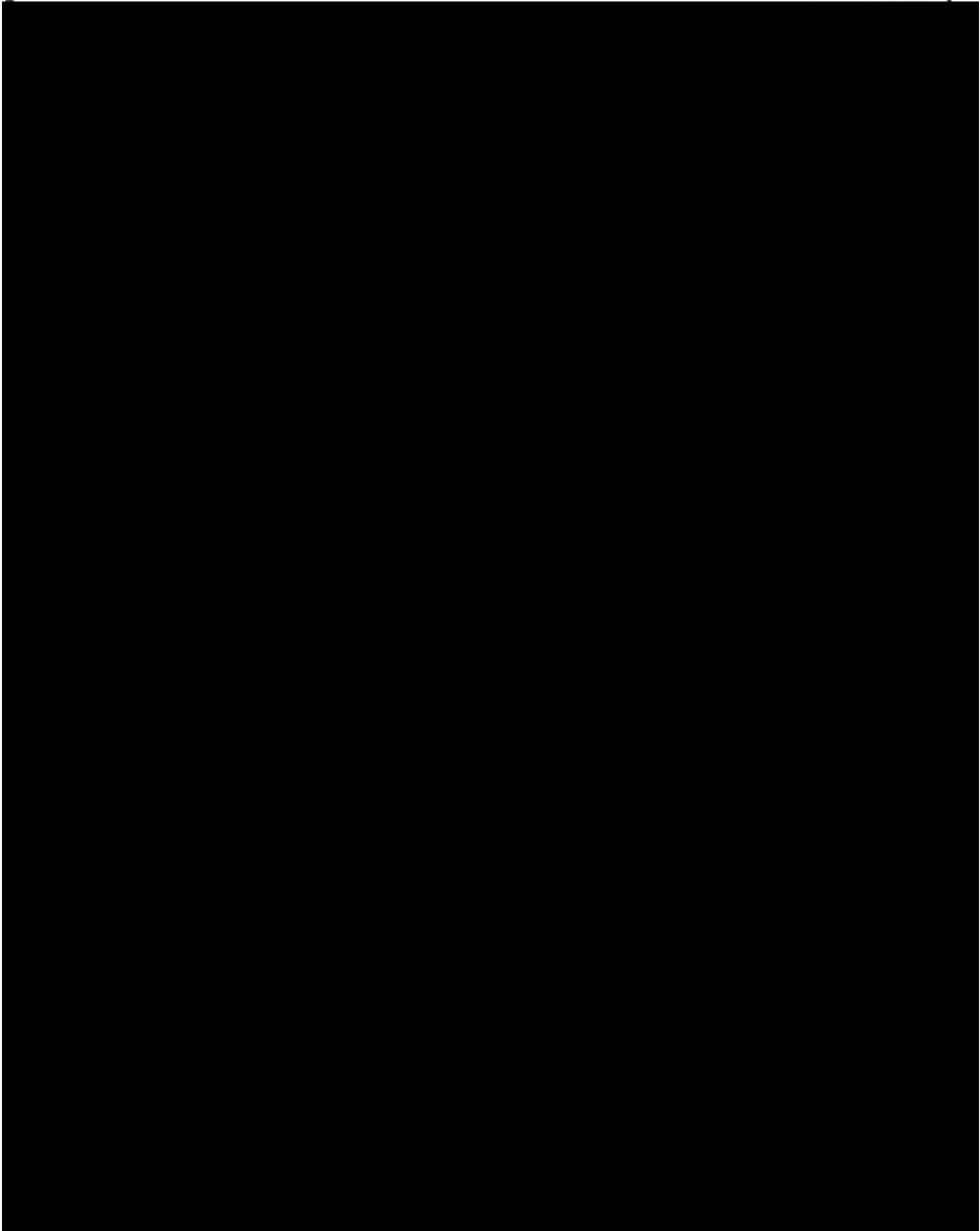


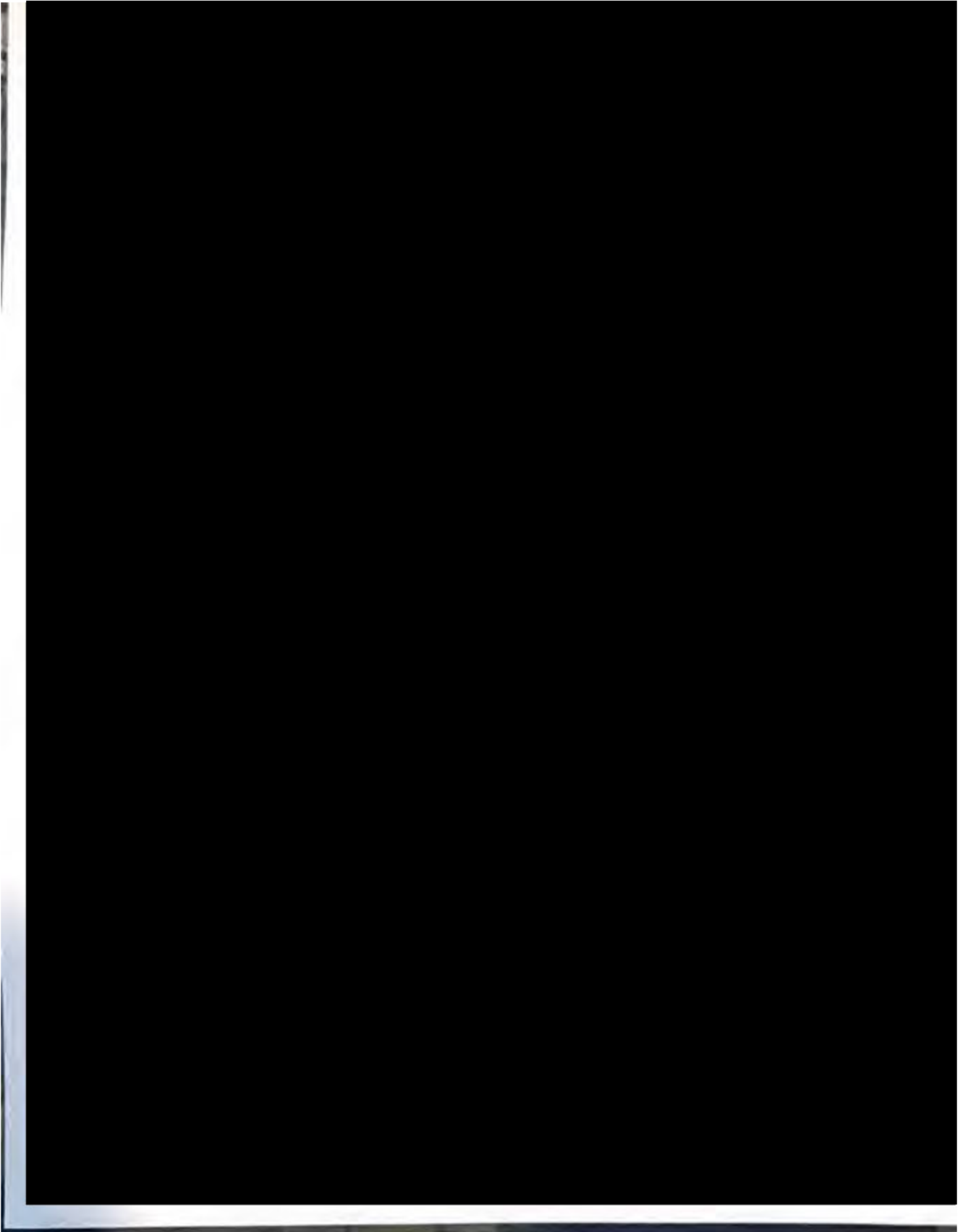


al, 0/1







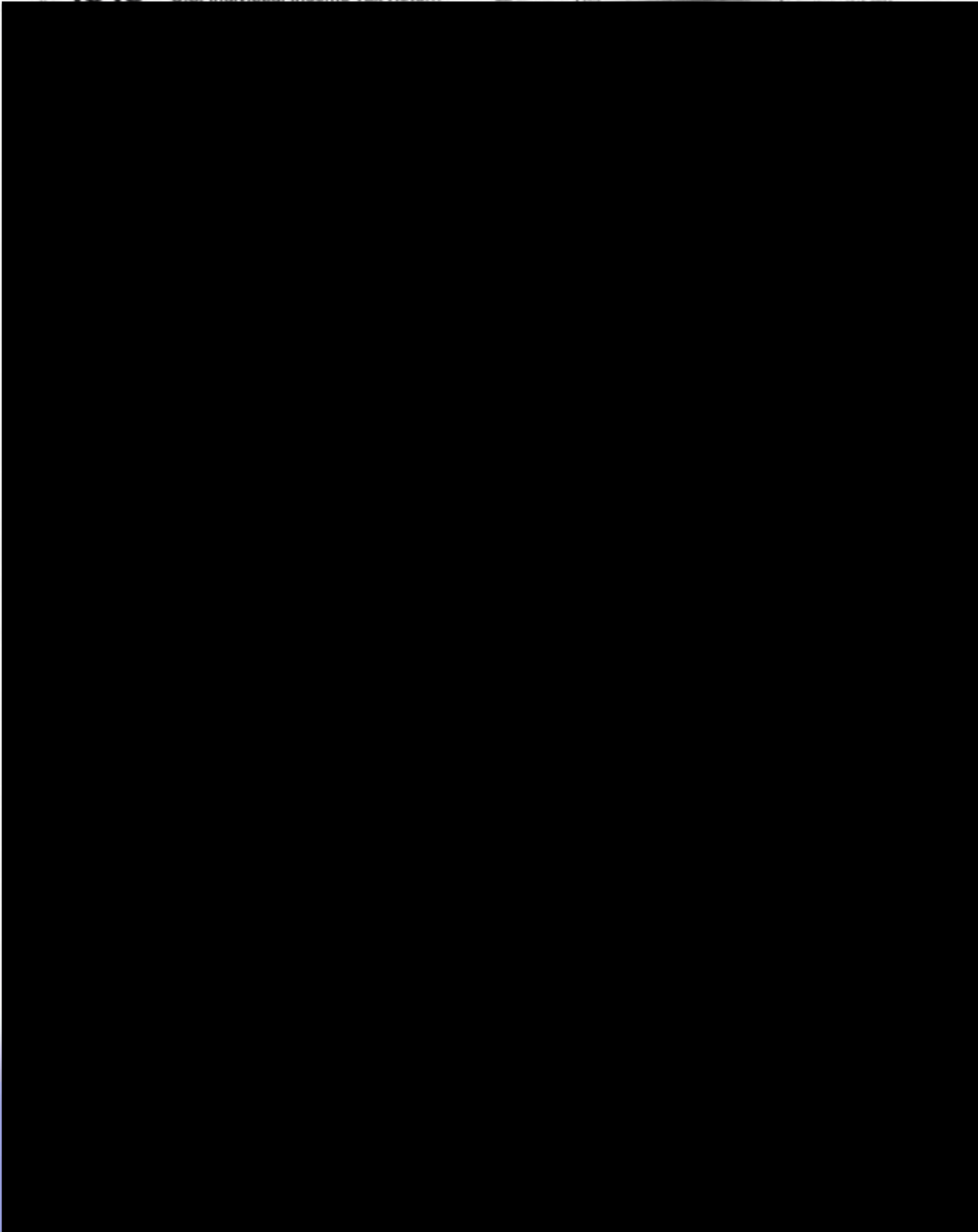


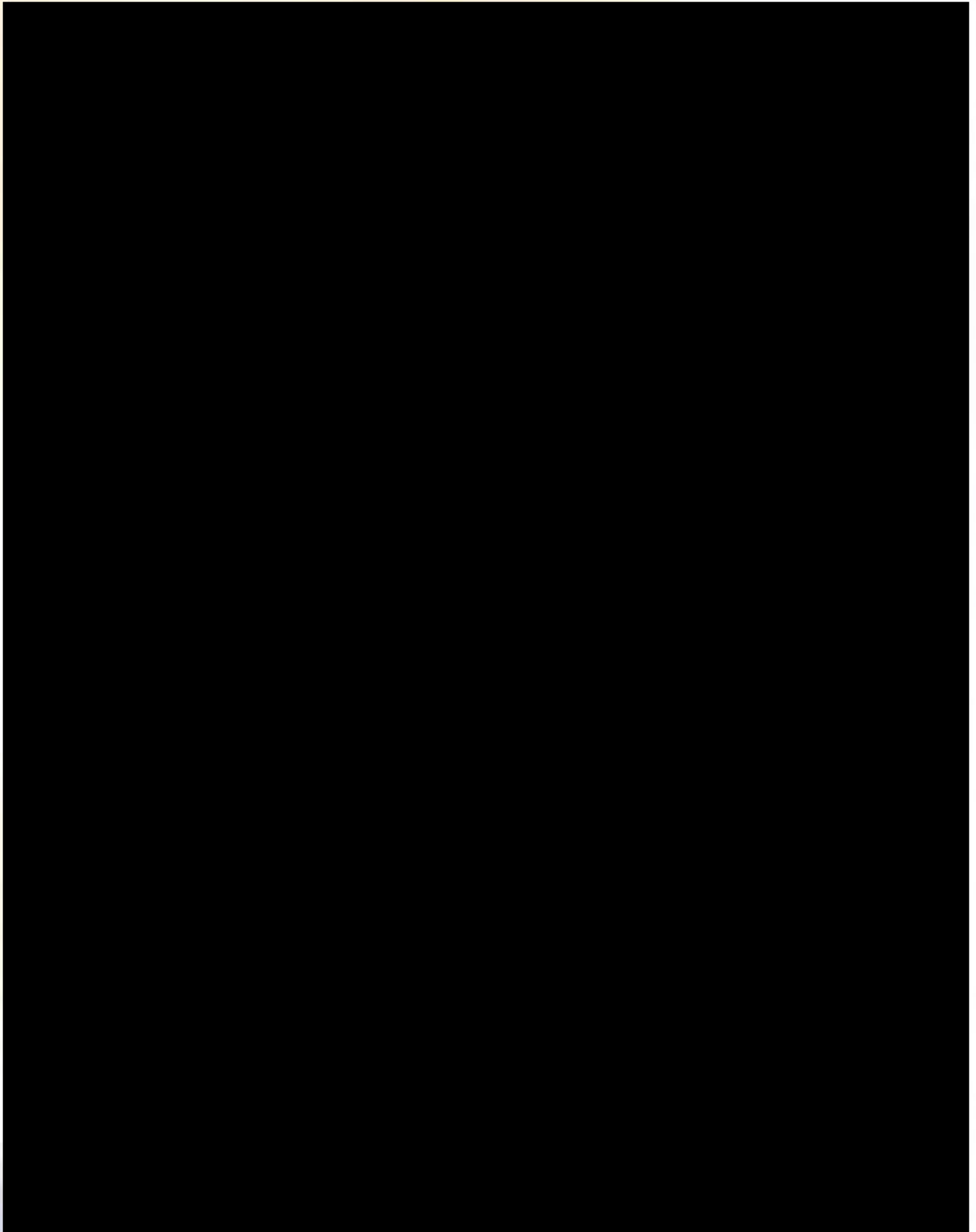
Form **1040**

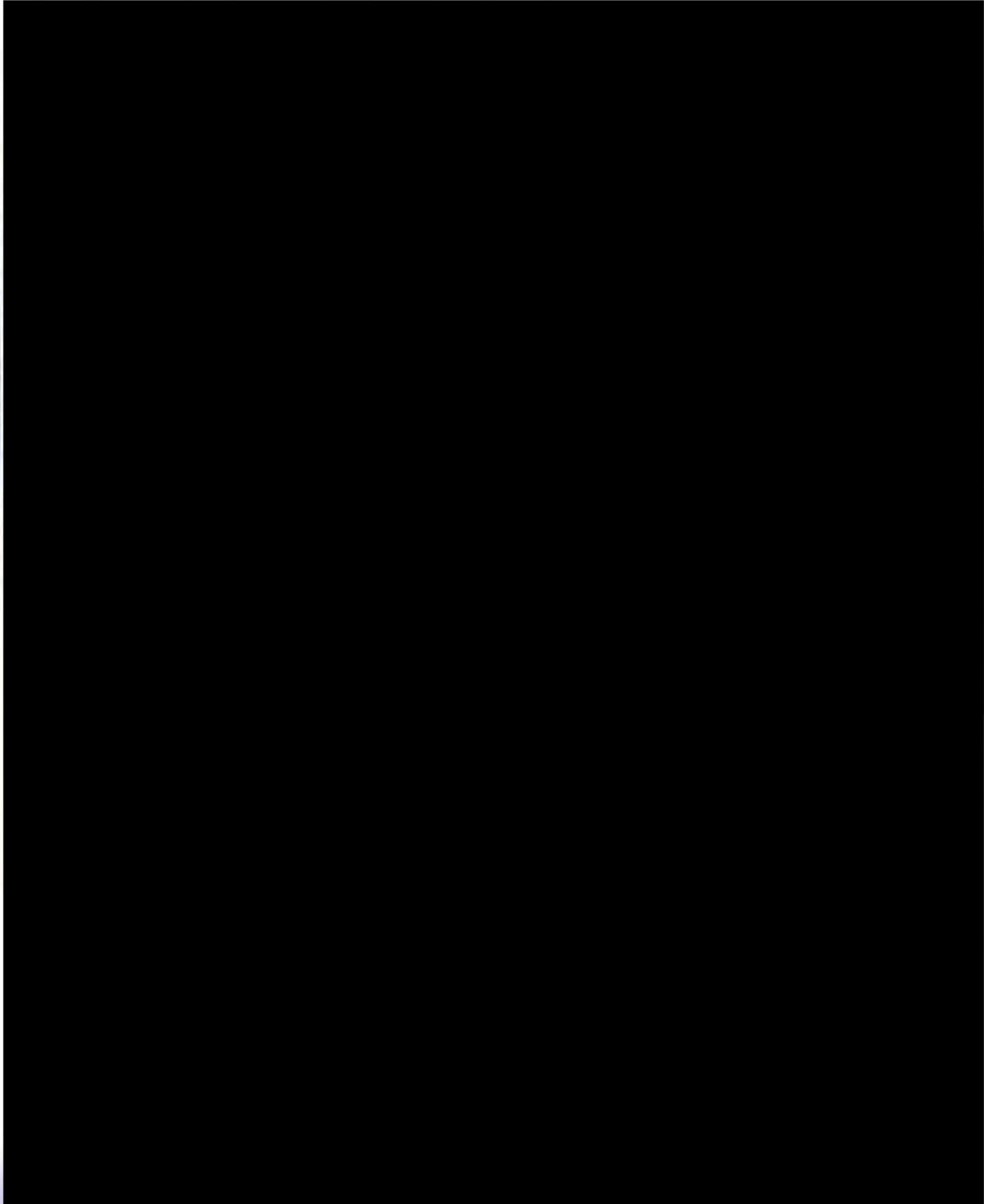
U.S. Individual Income Tax Return

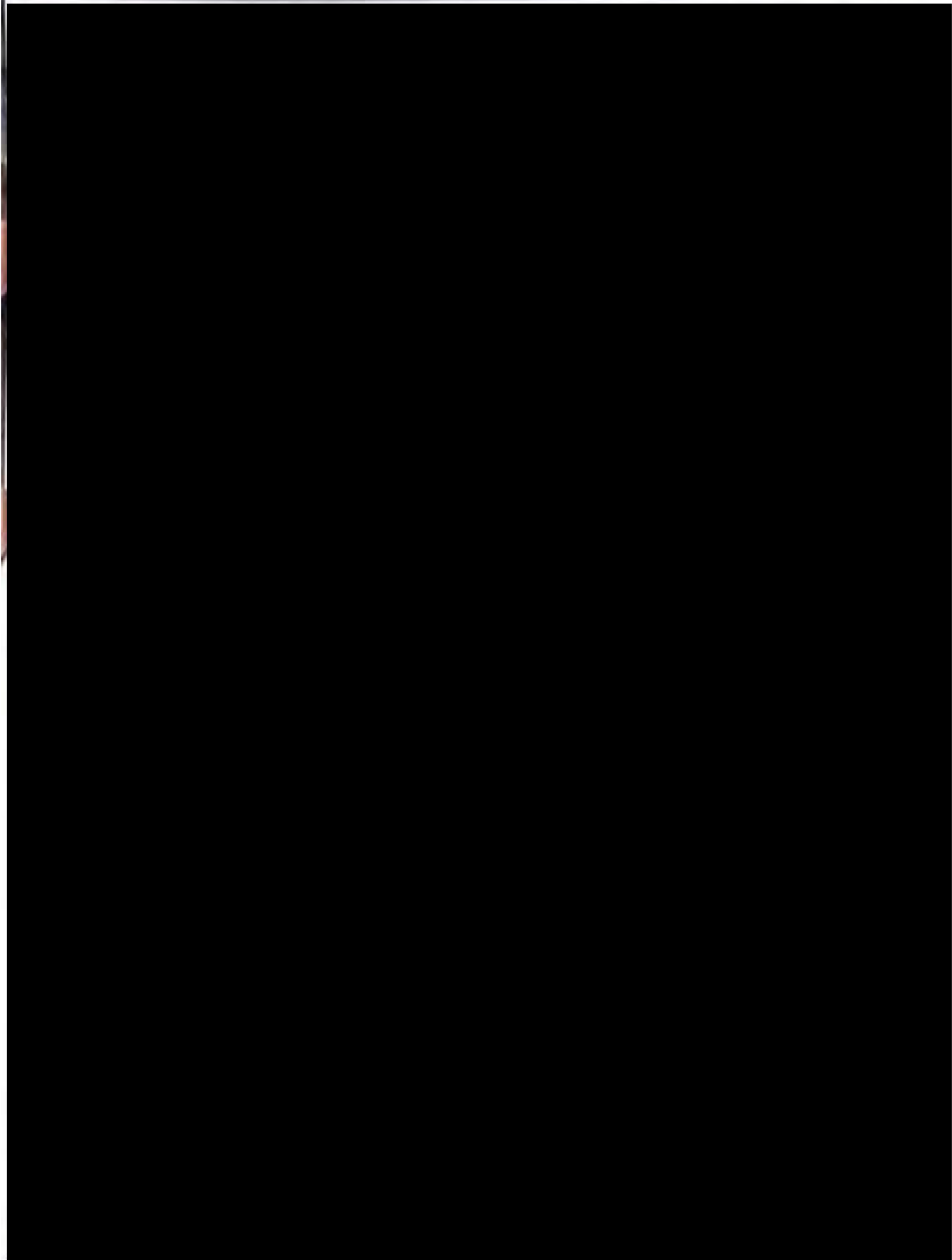
**2005**

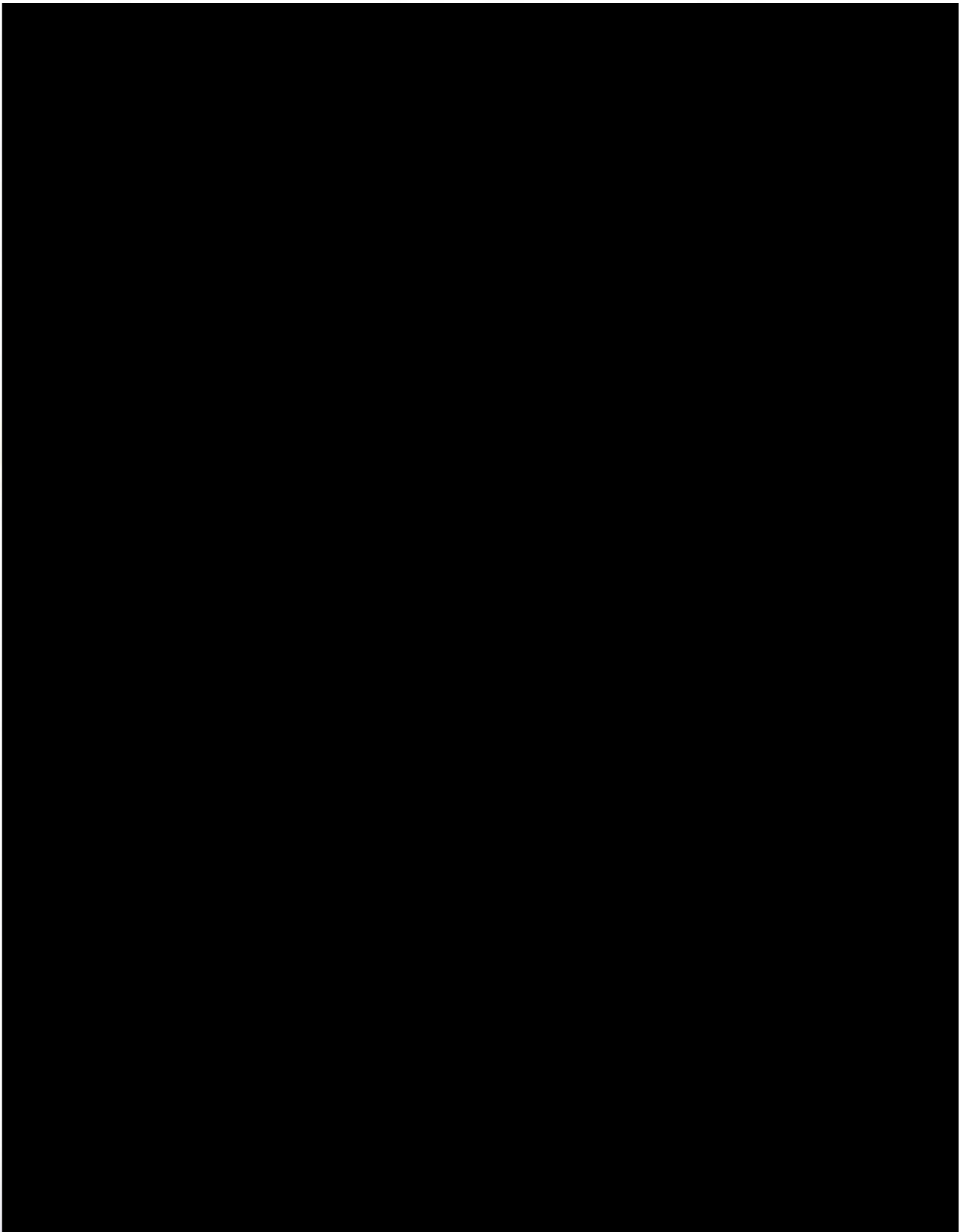
PS Form Only - Do not write or staple in this space.

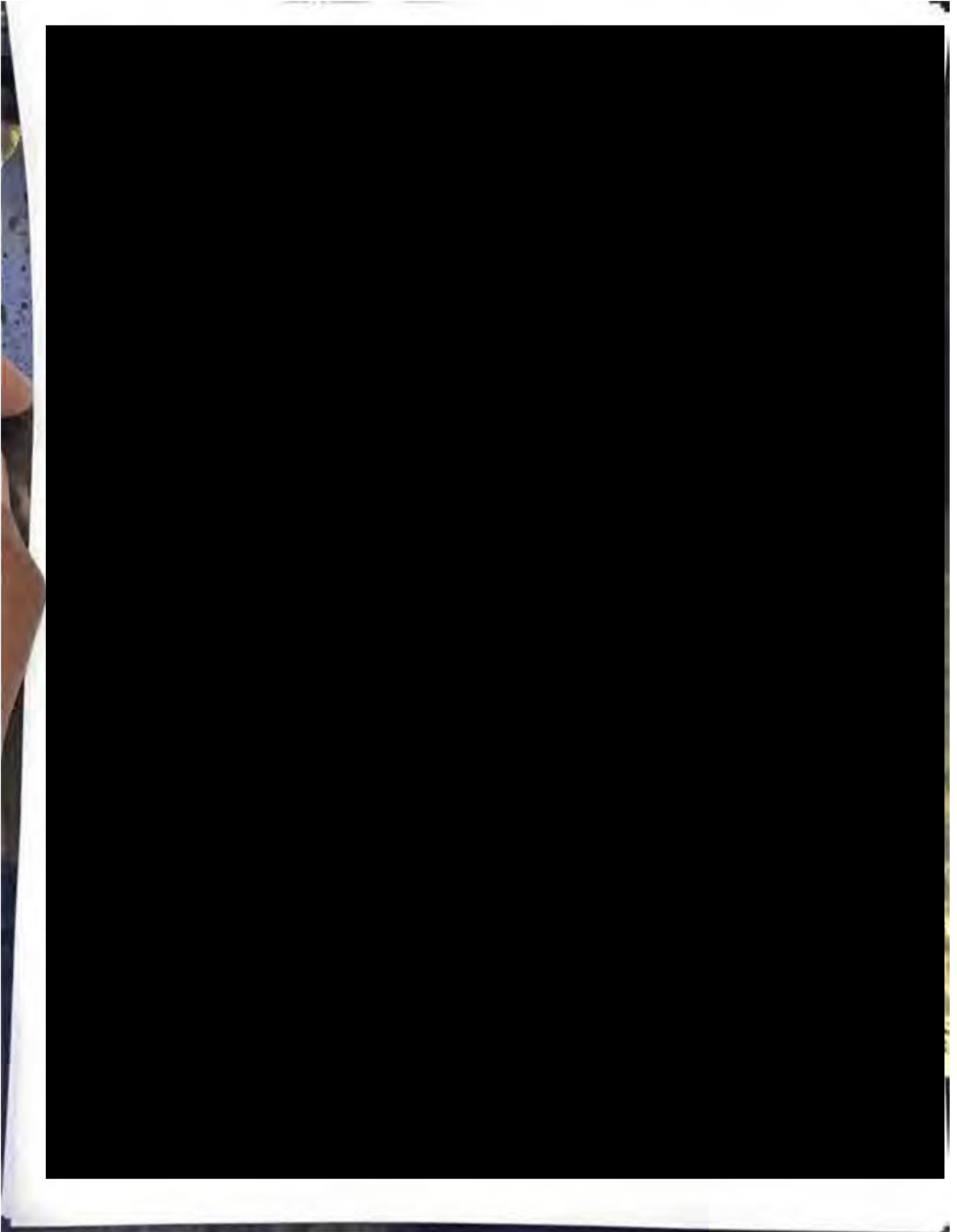




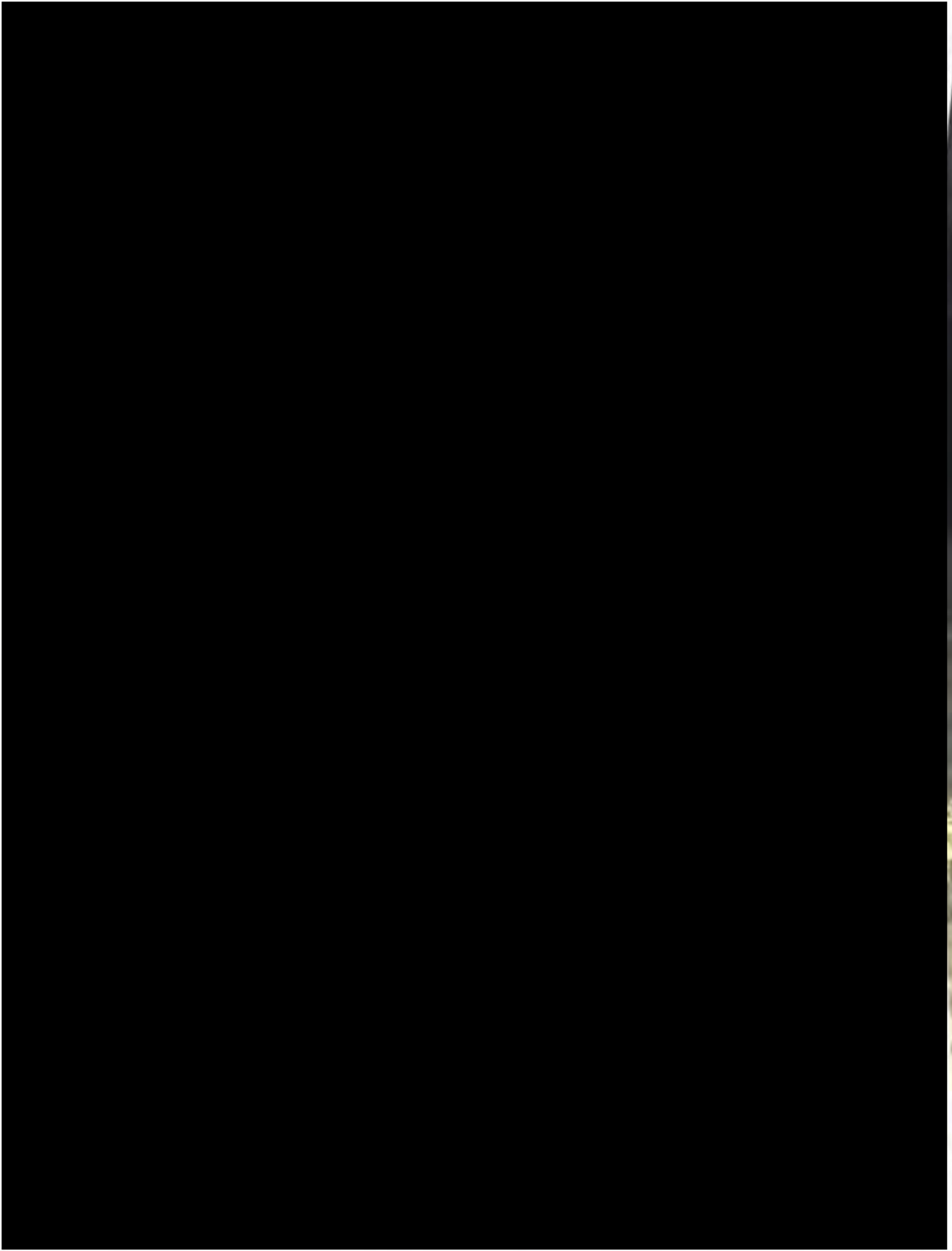


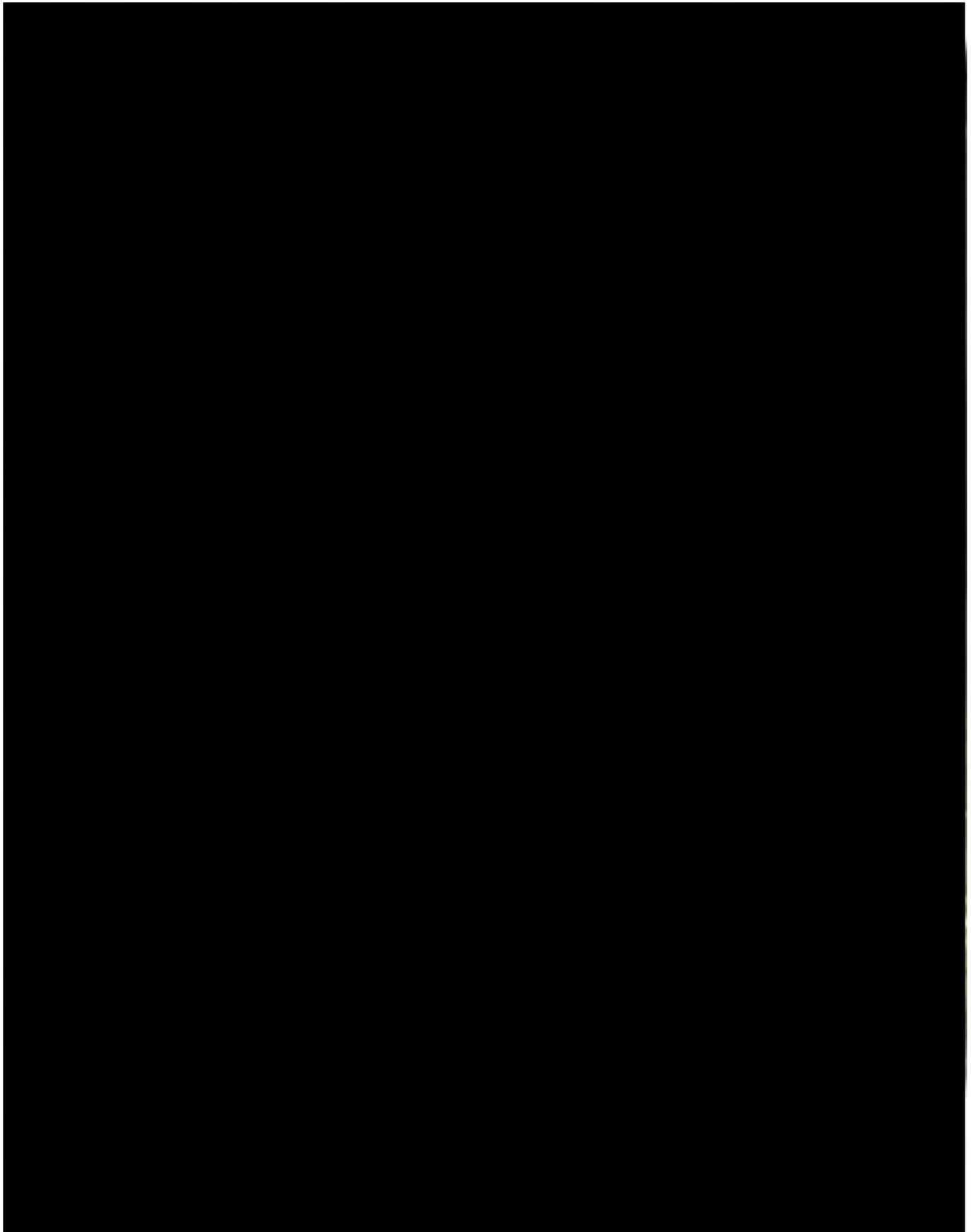


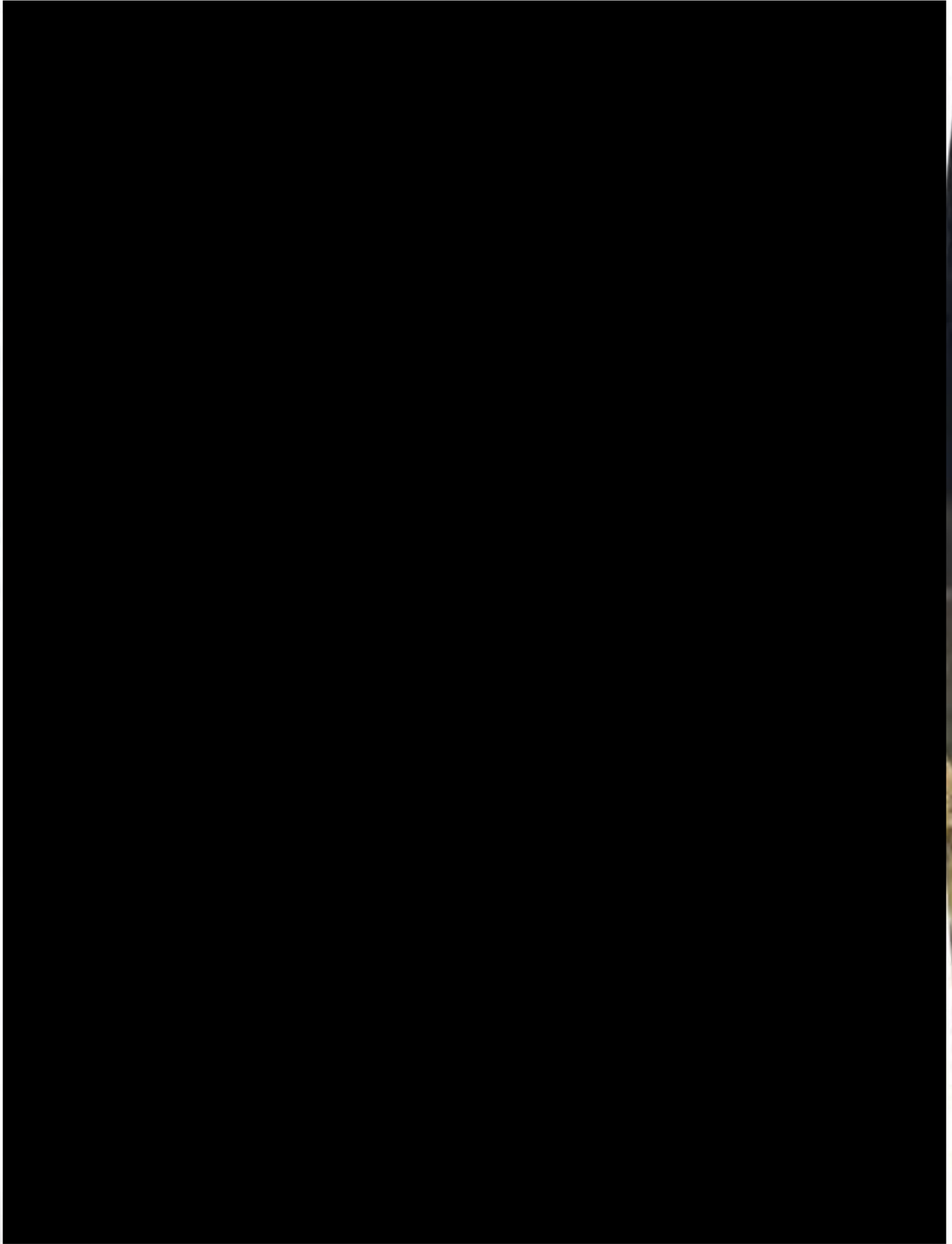


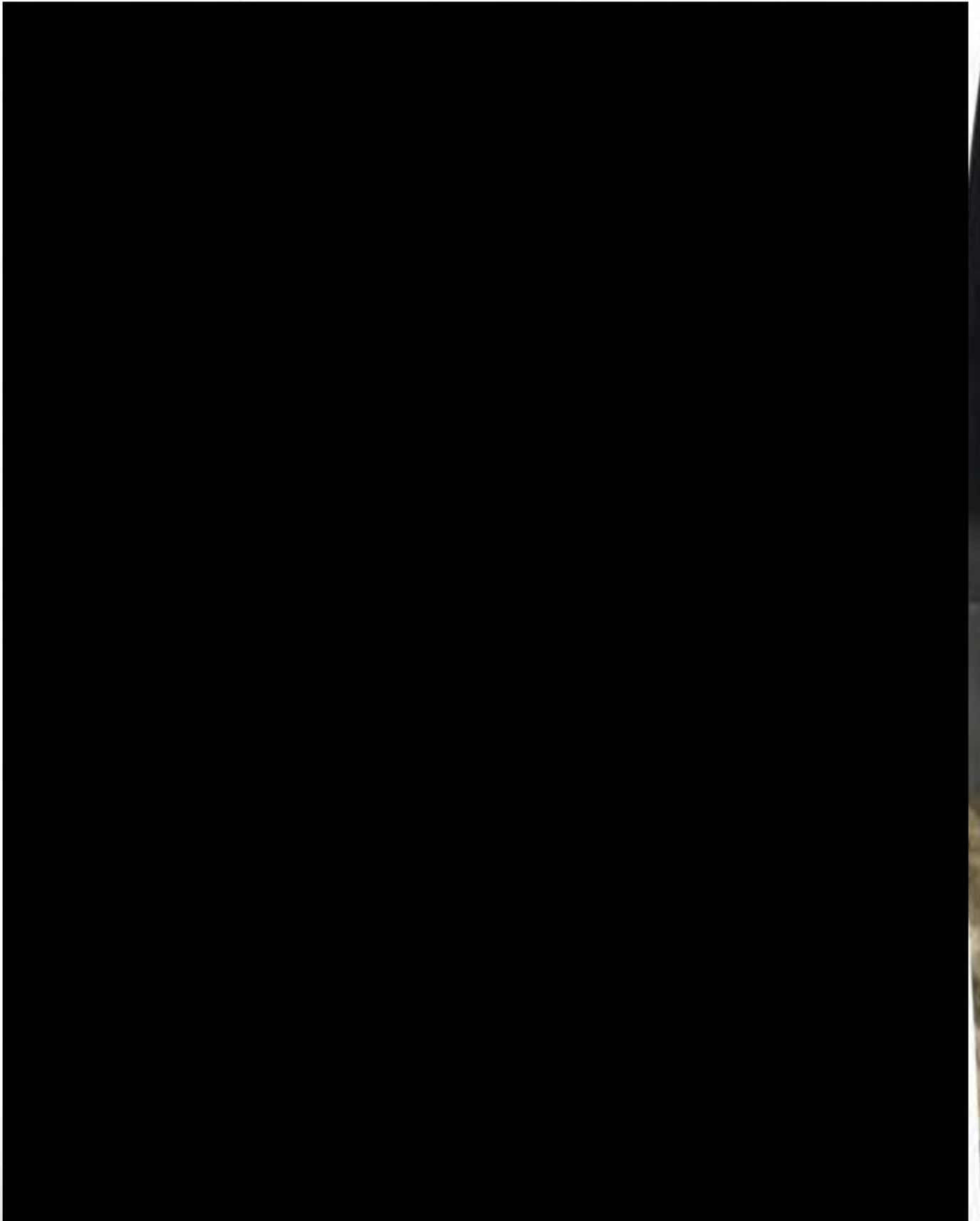




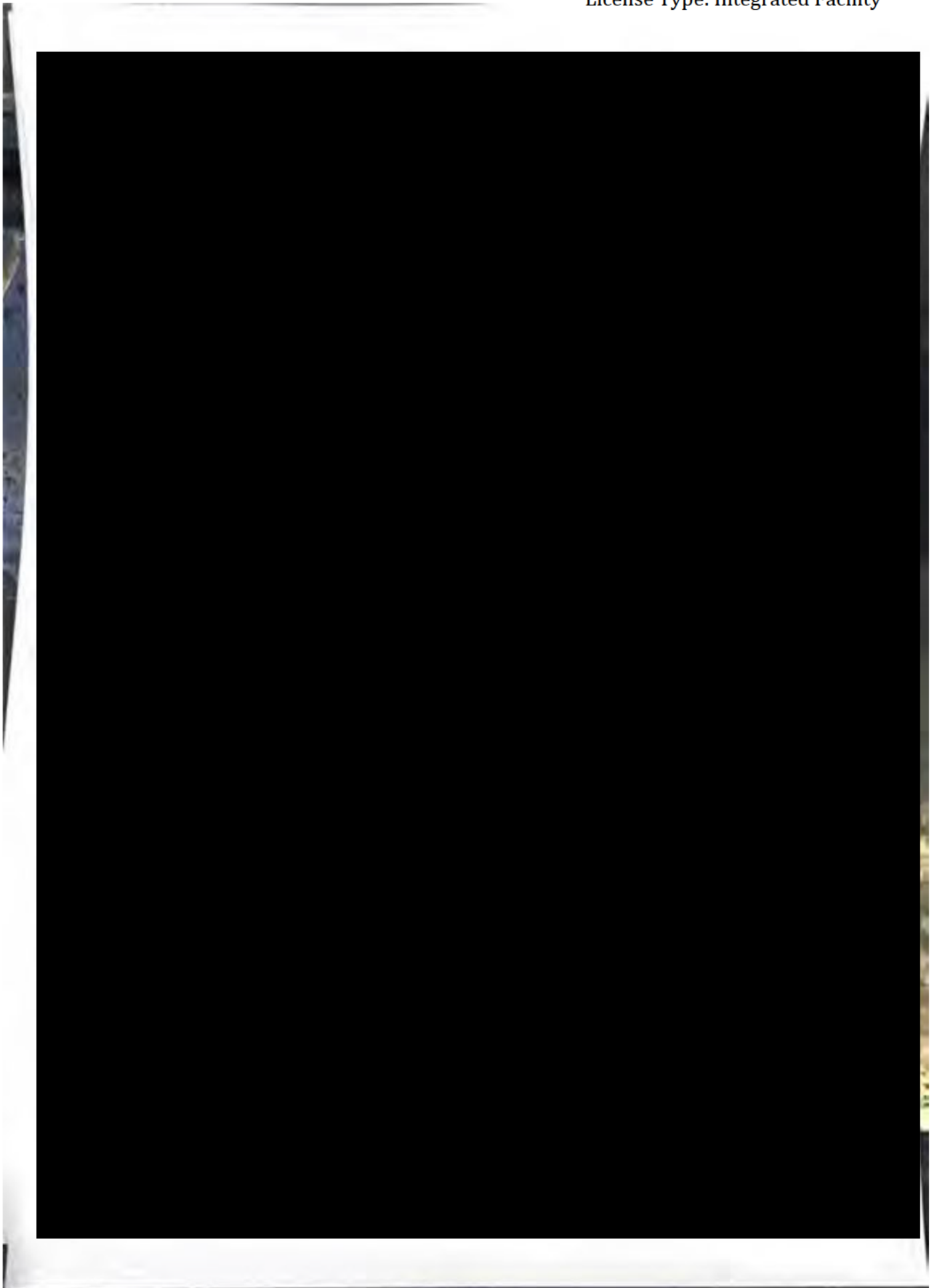




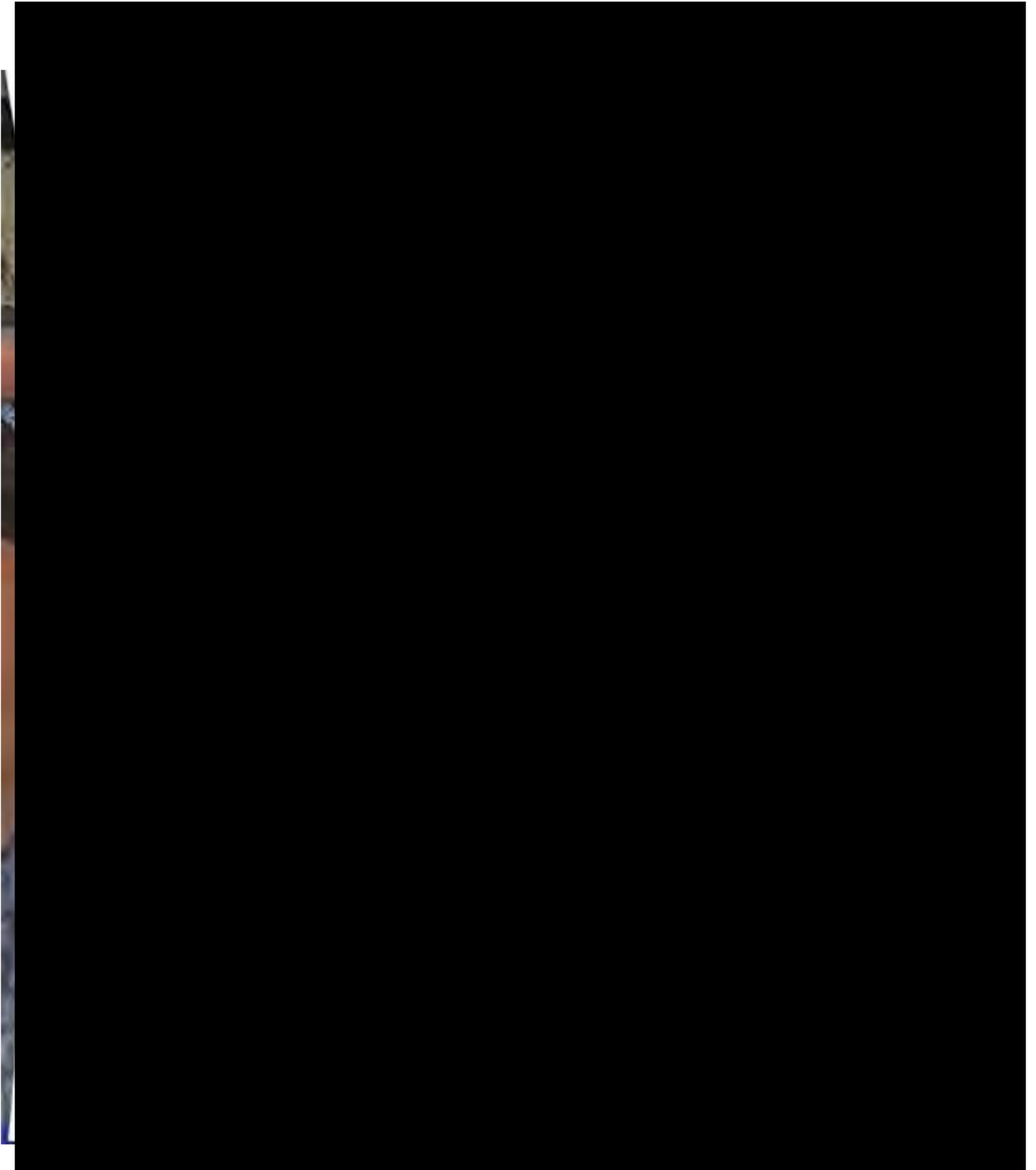




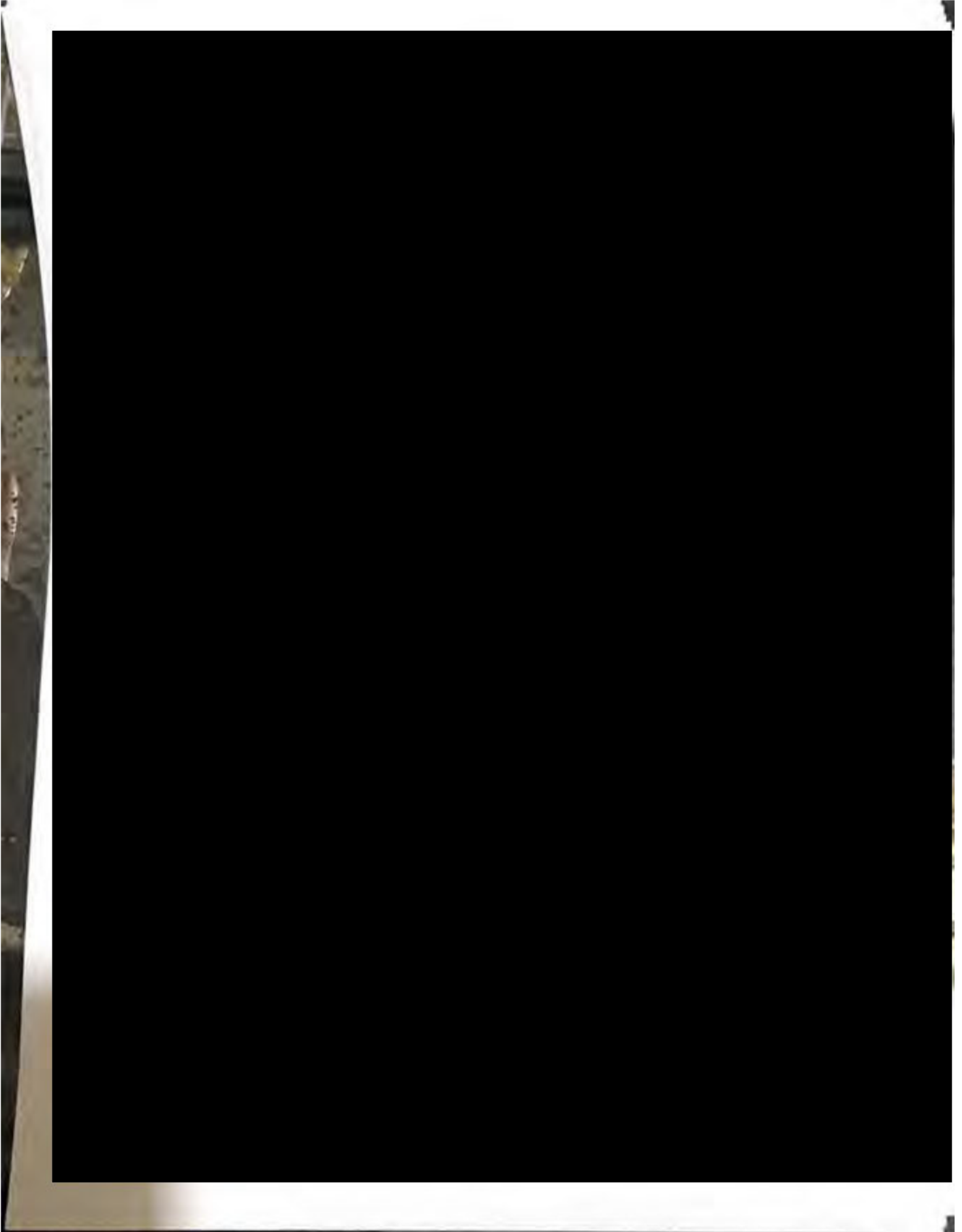


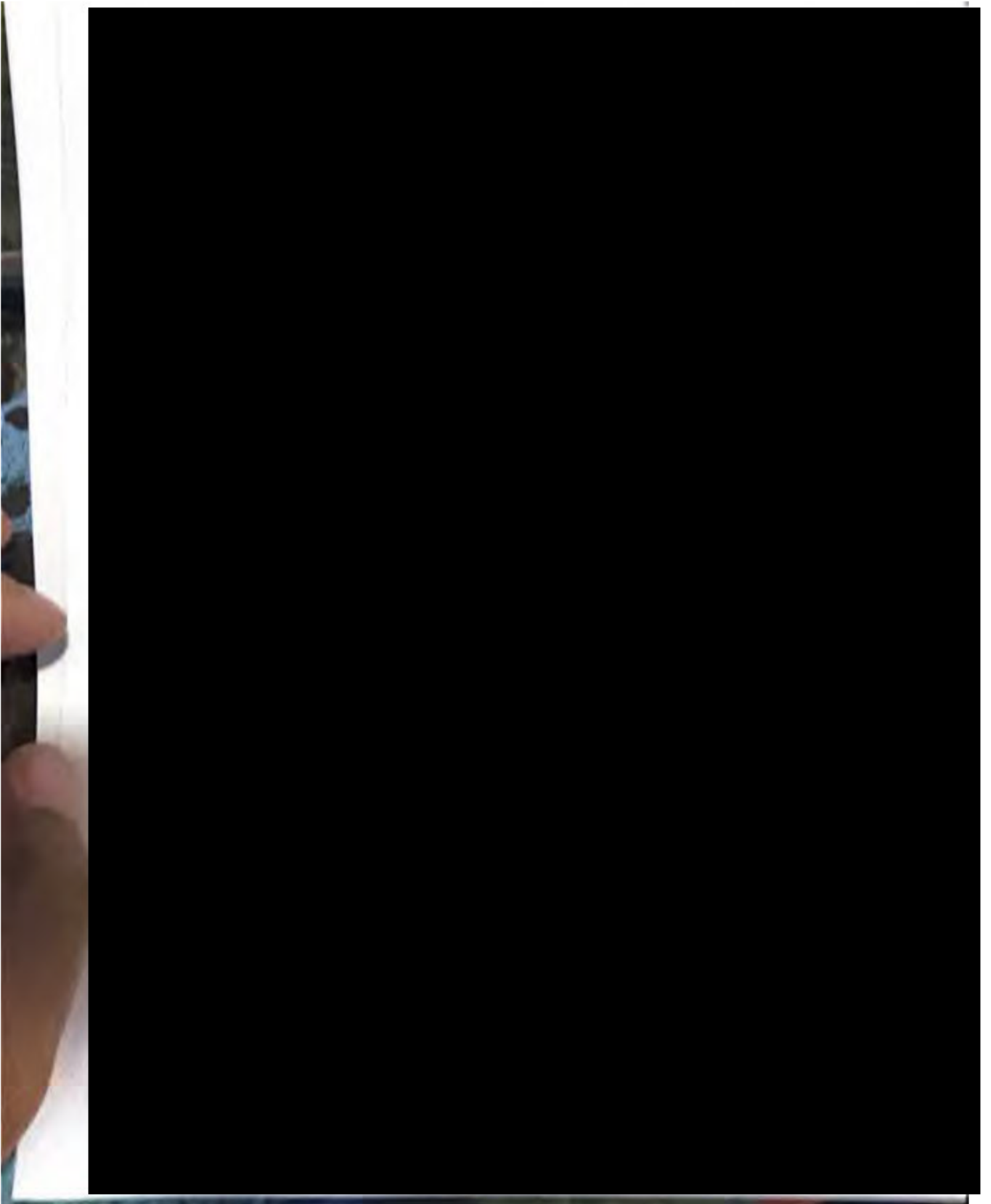




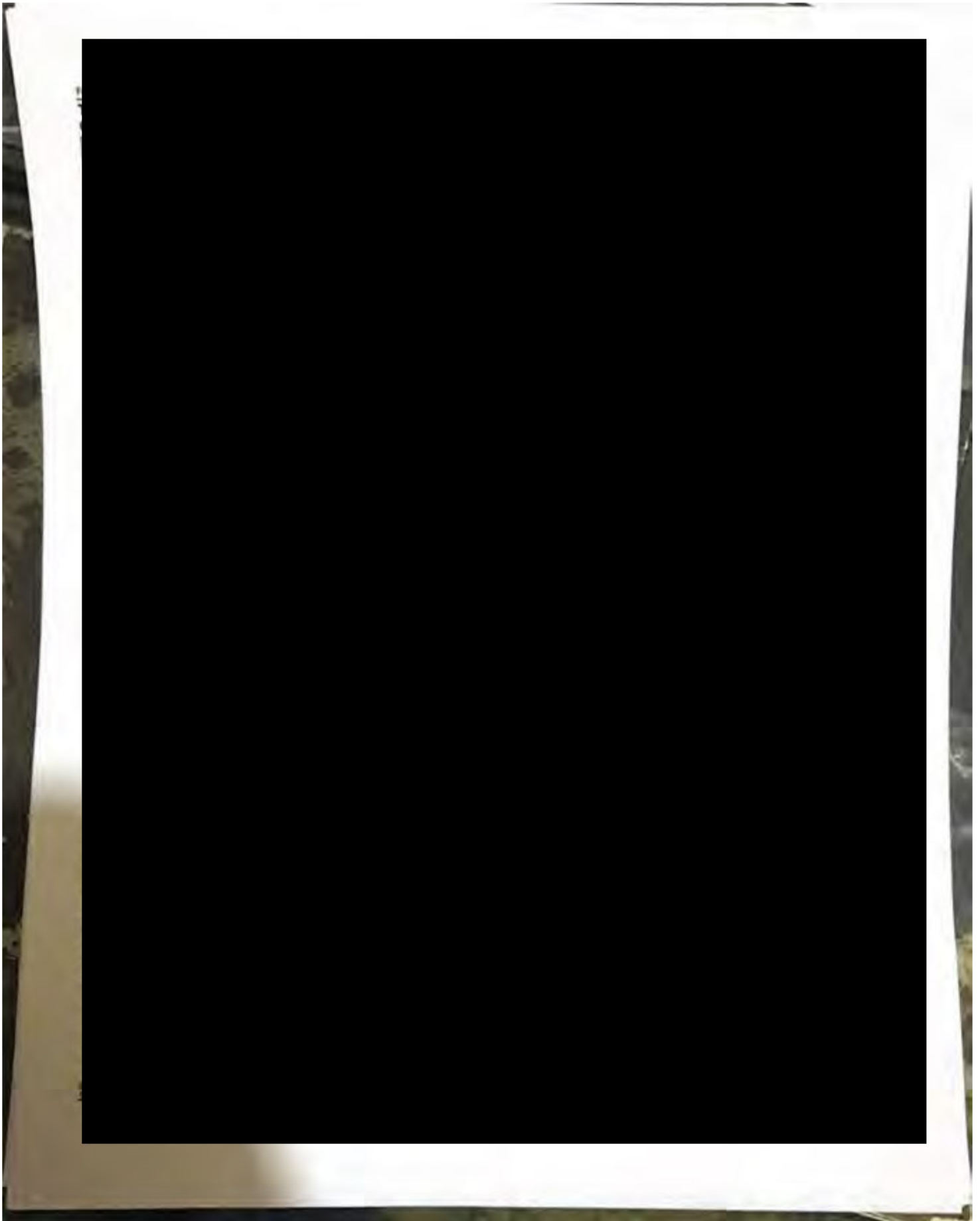


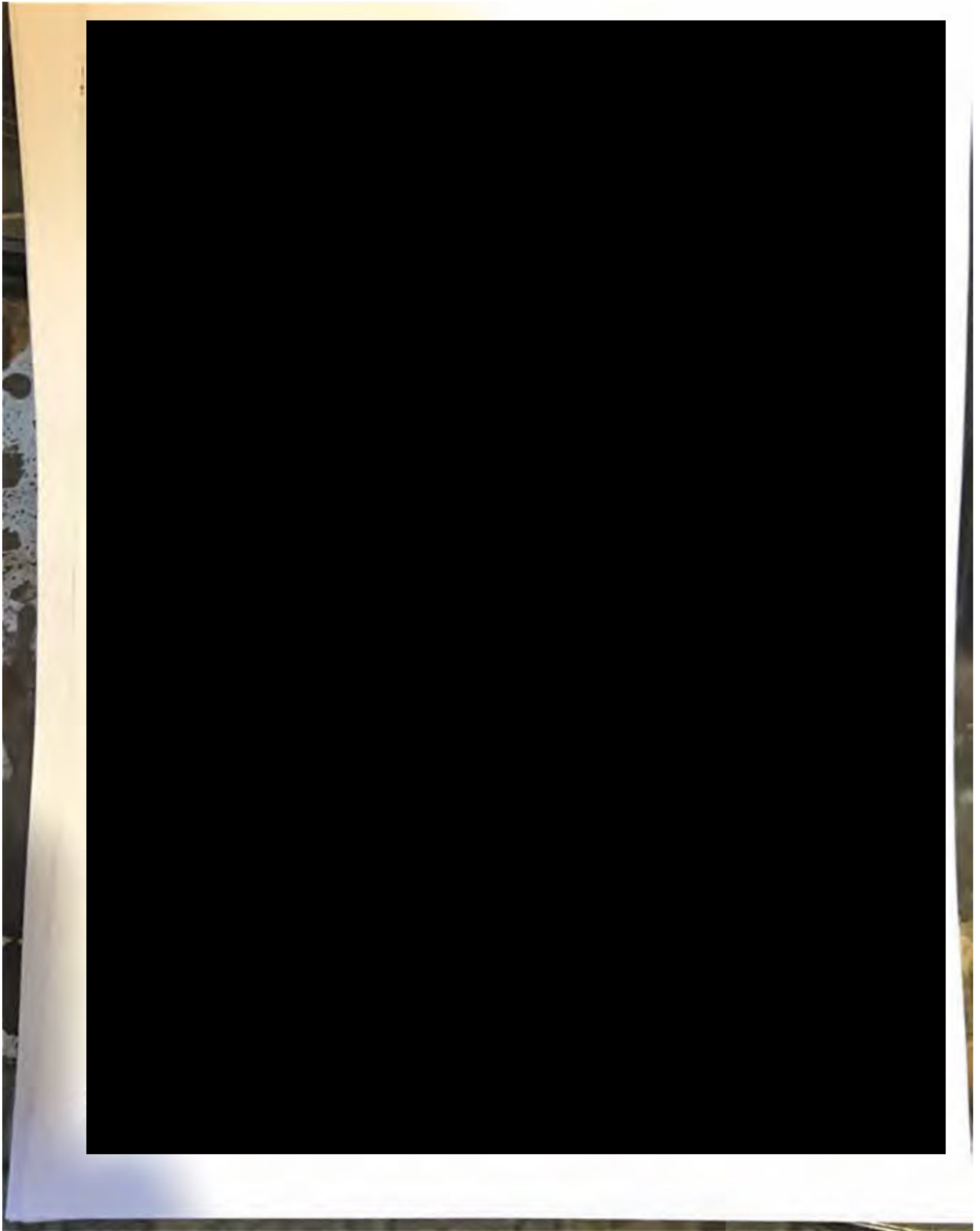




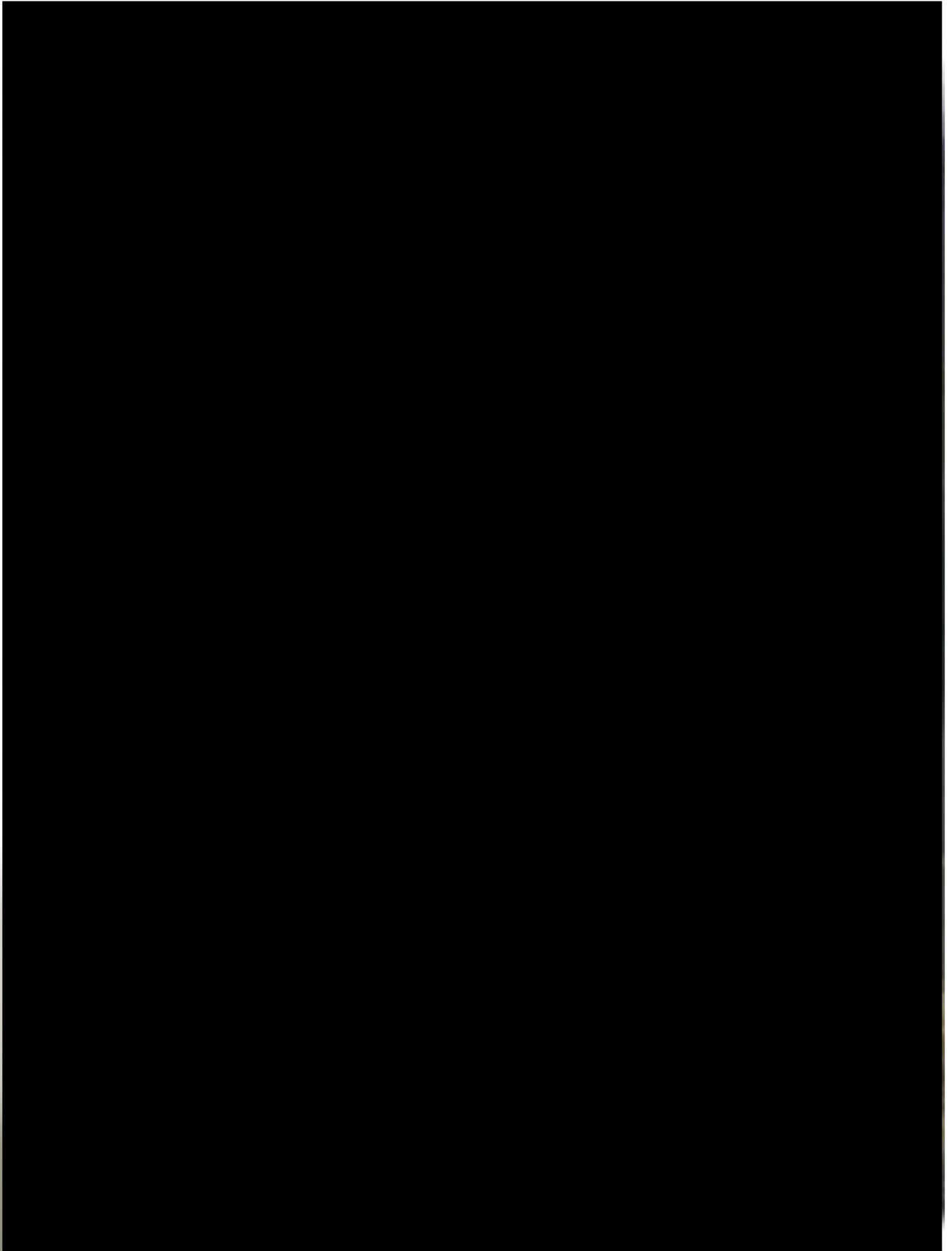






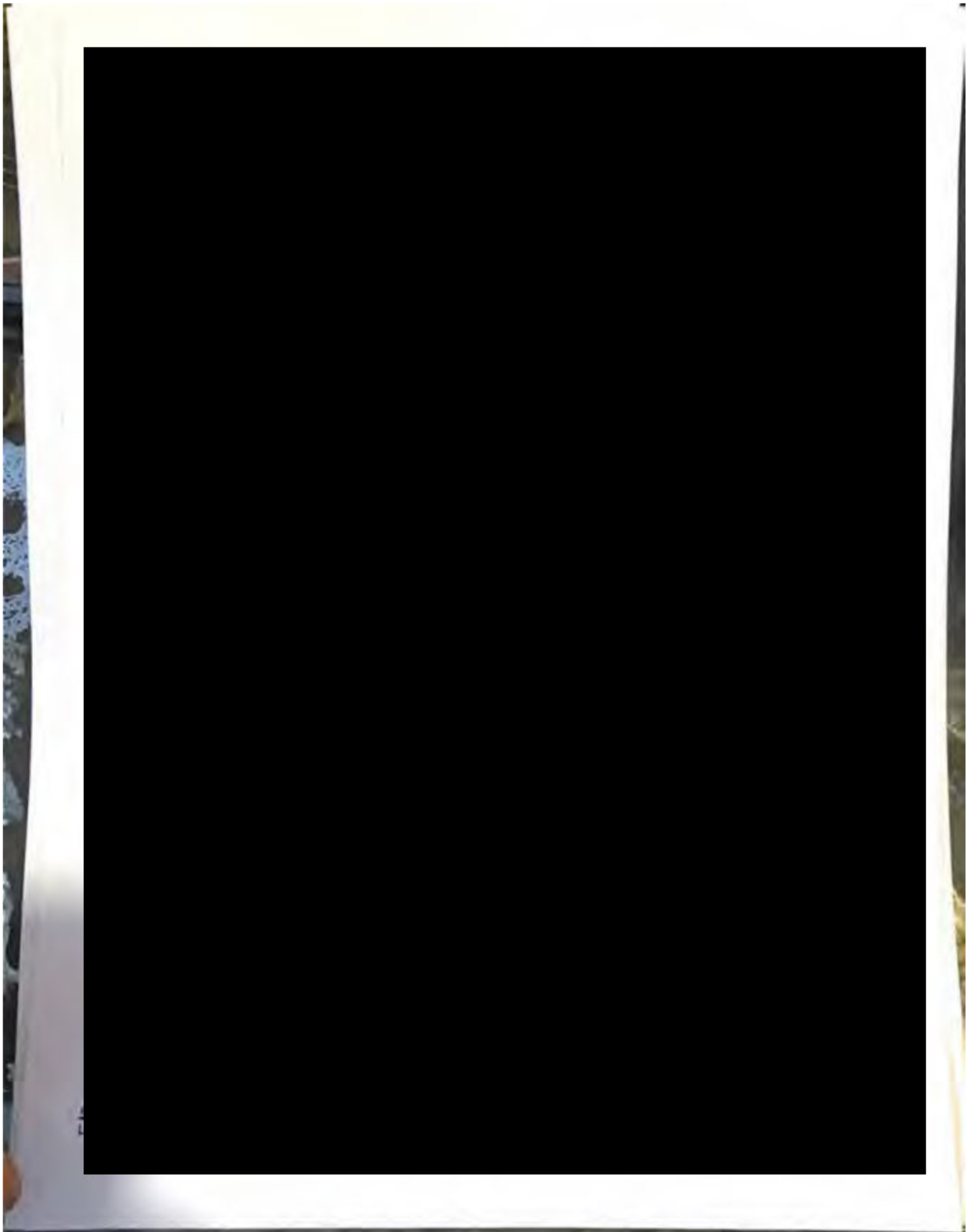


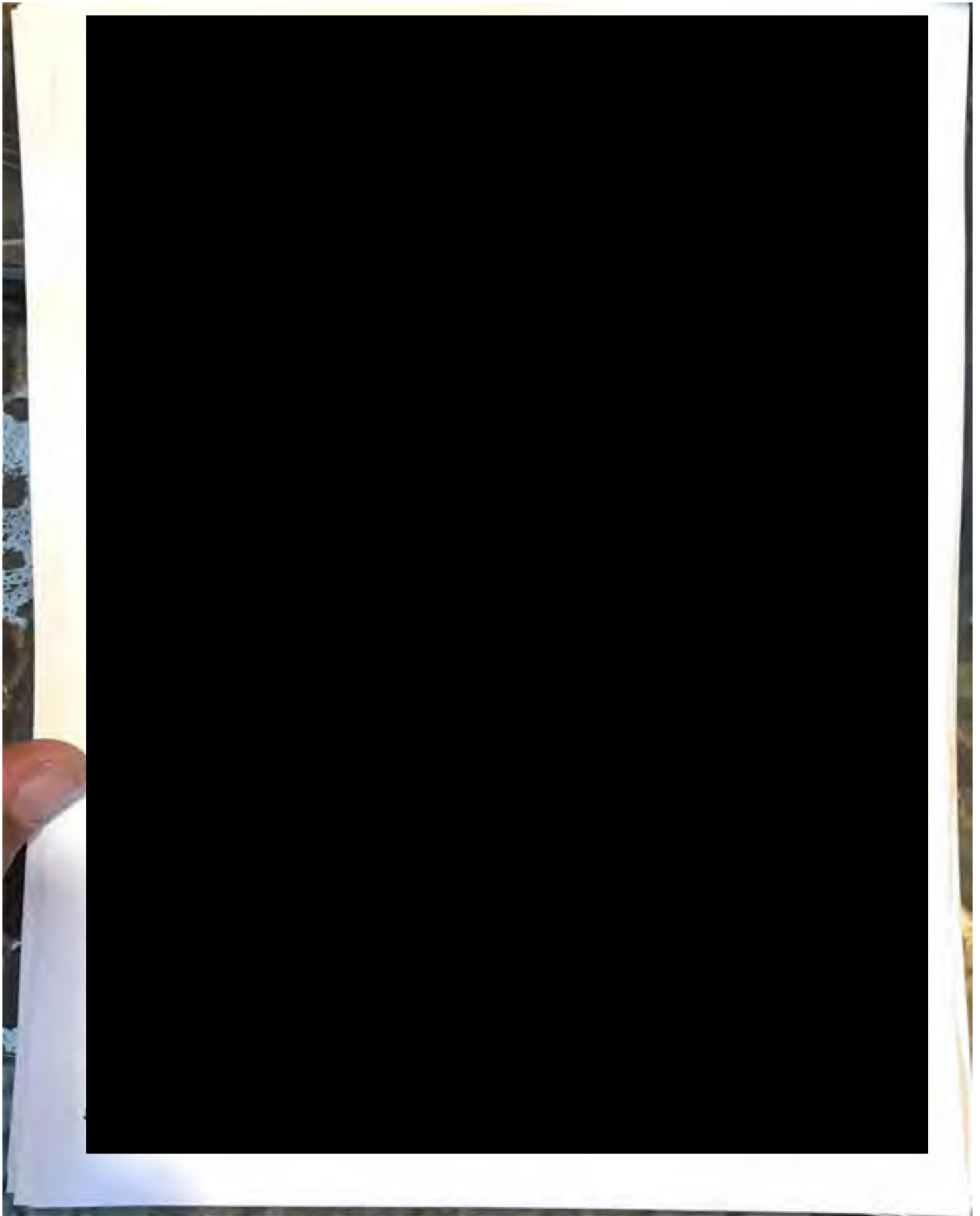


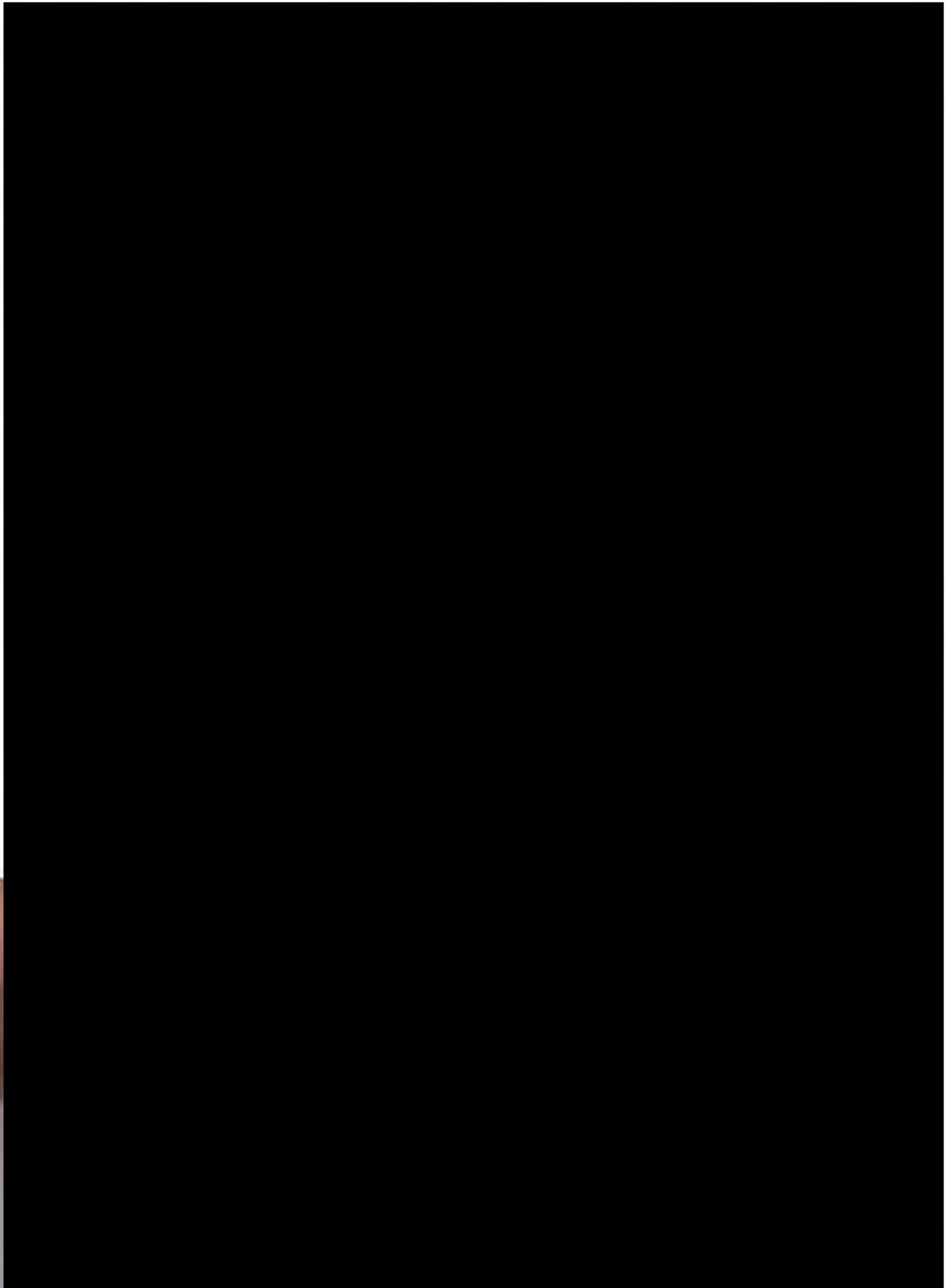








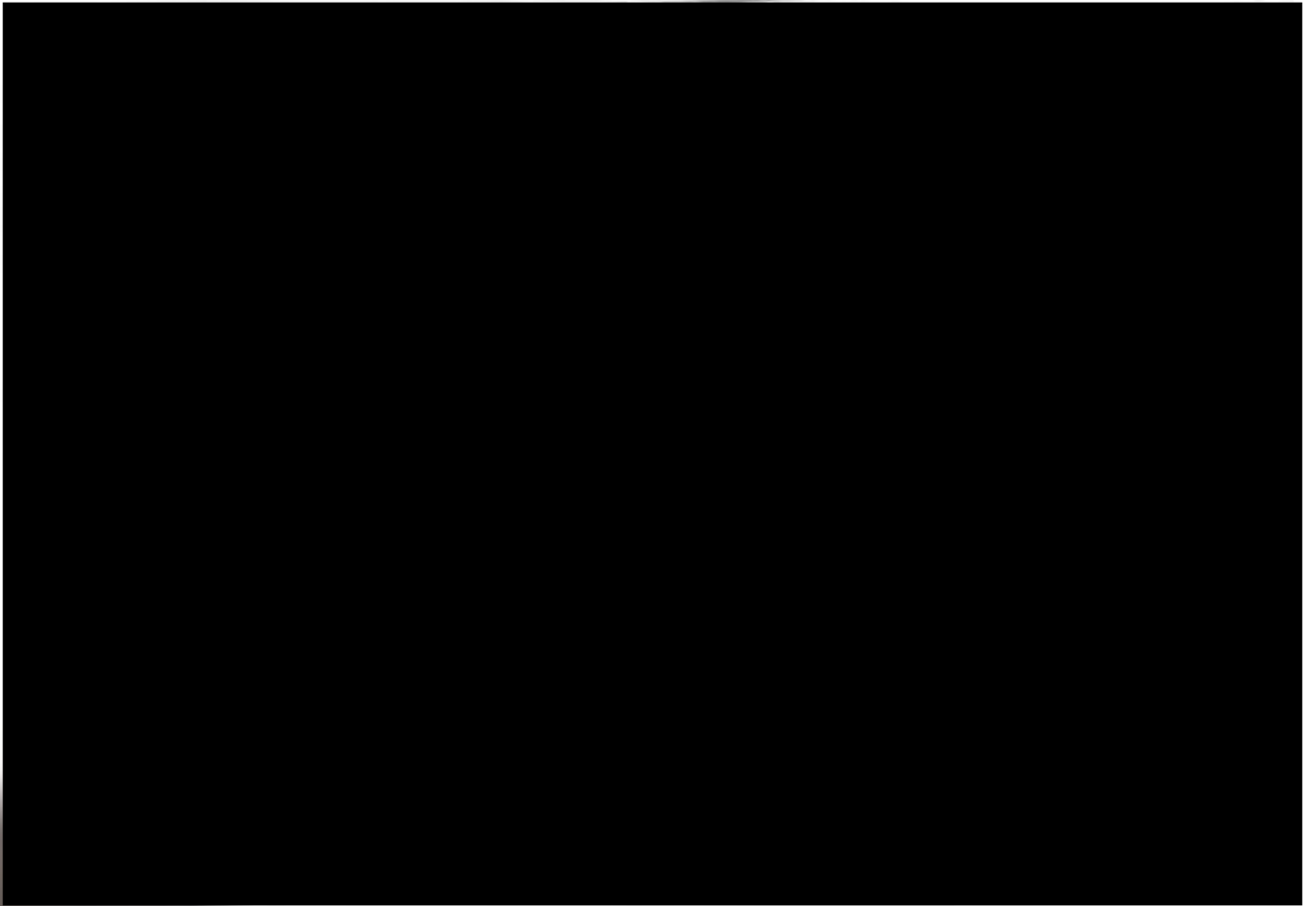


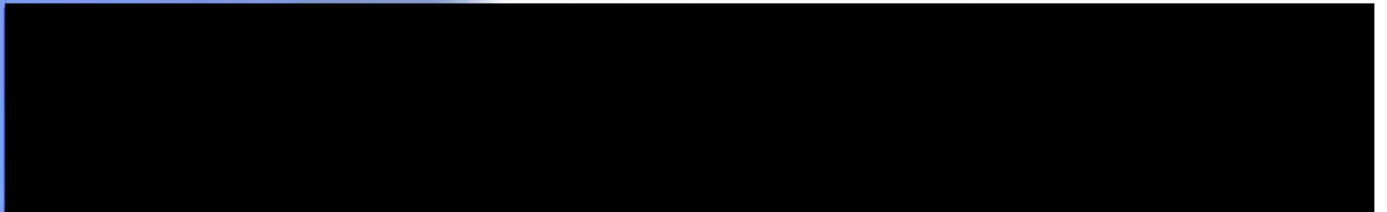
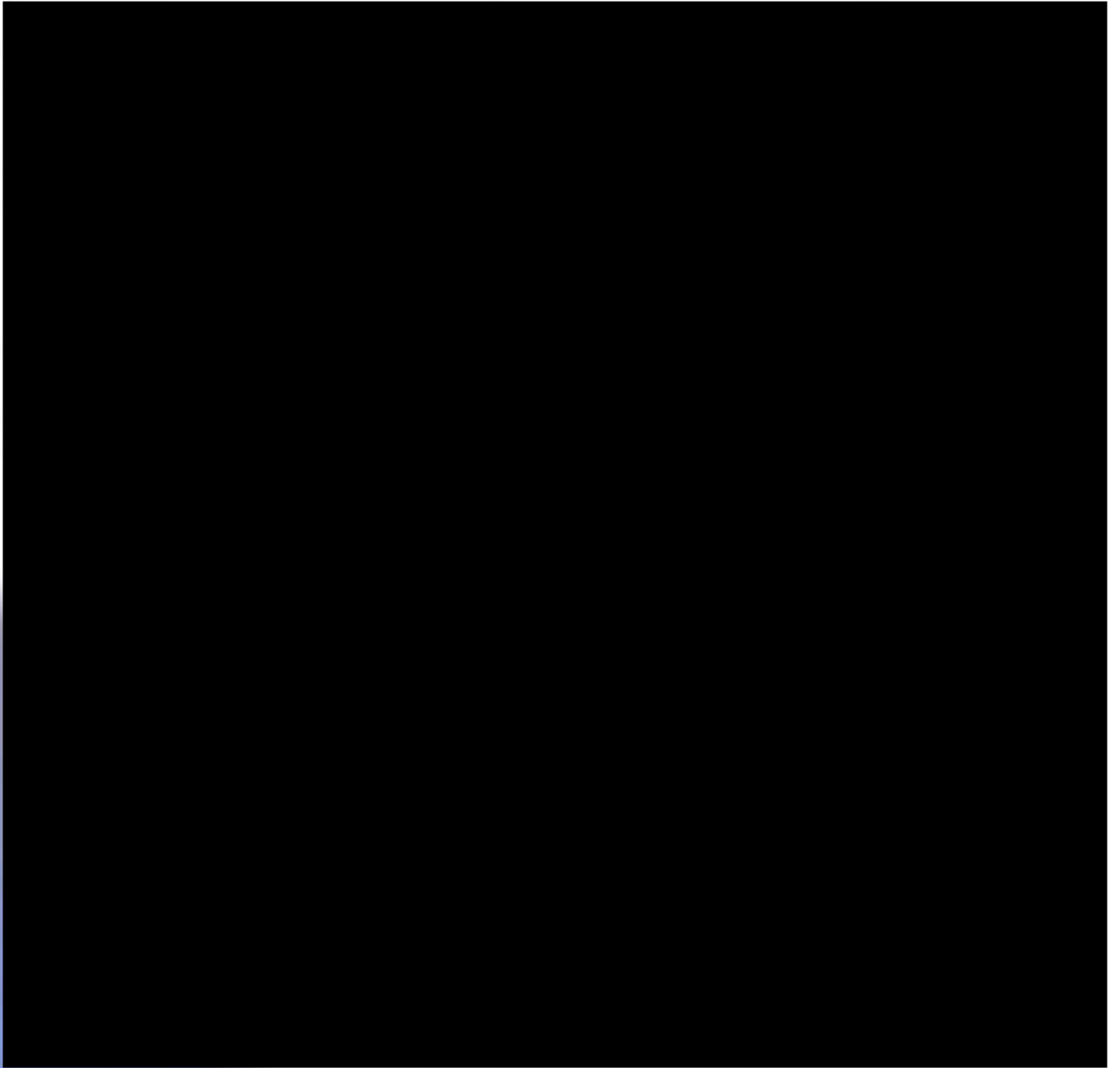


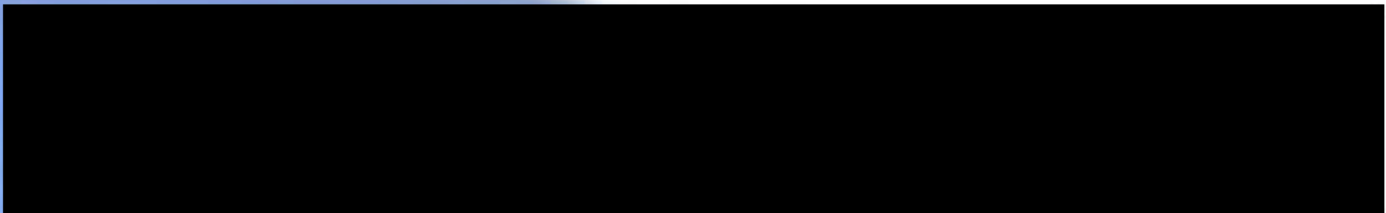
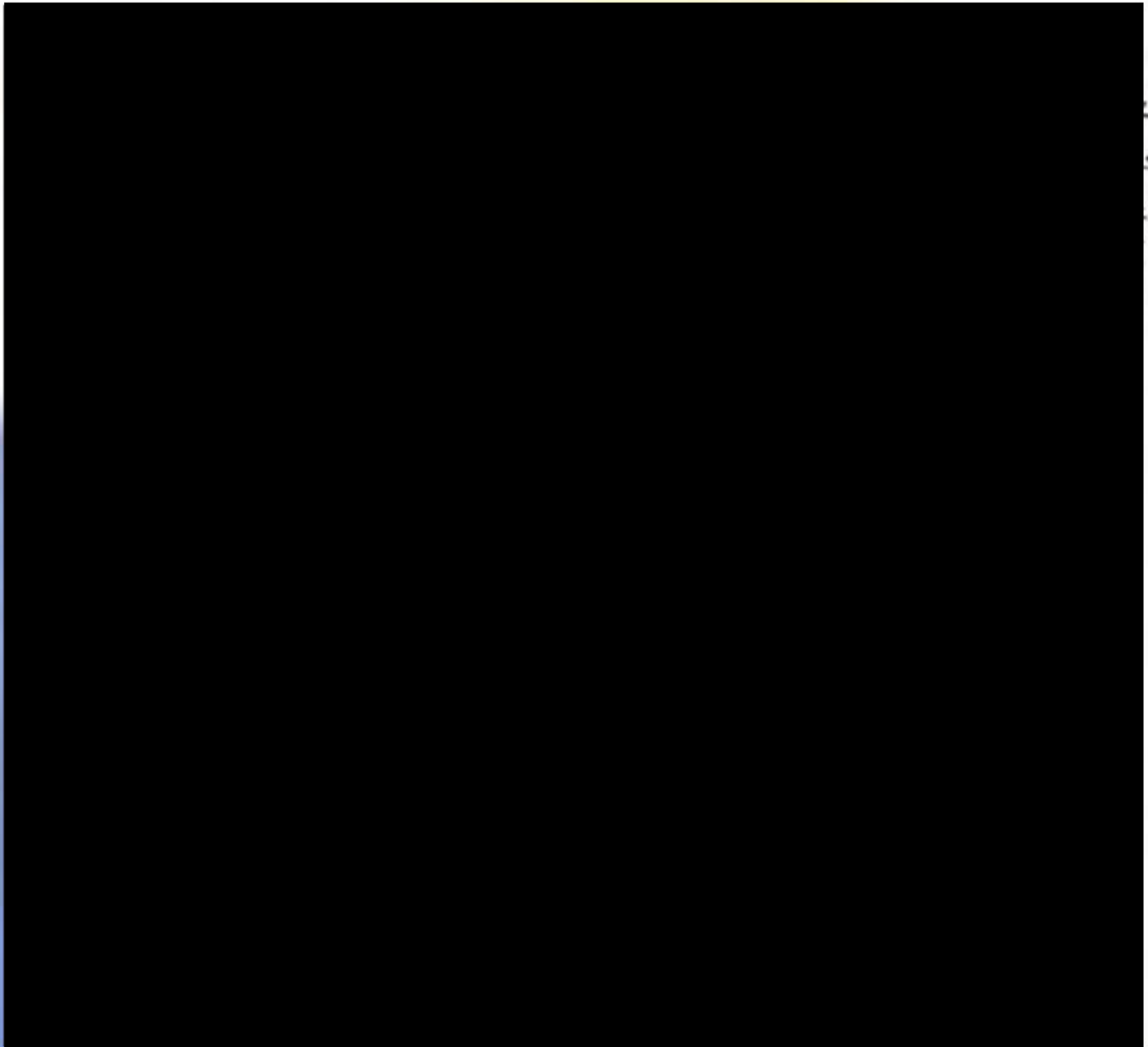




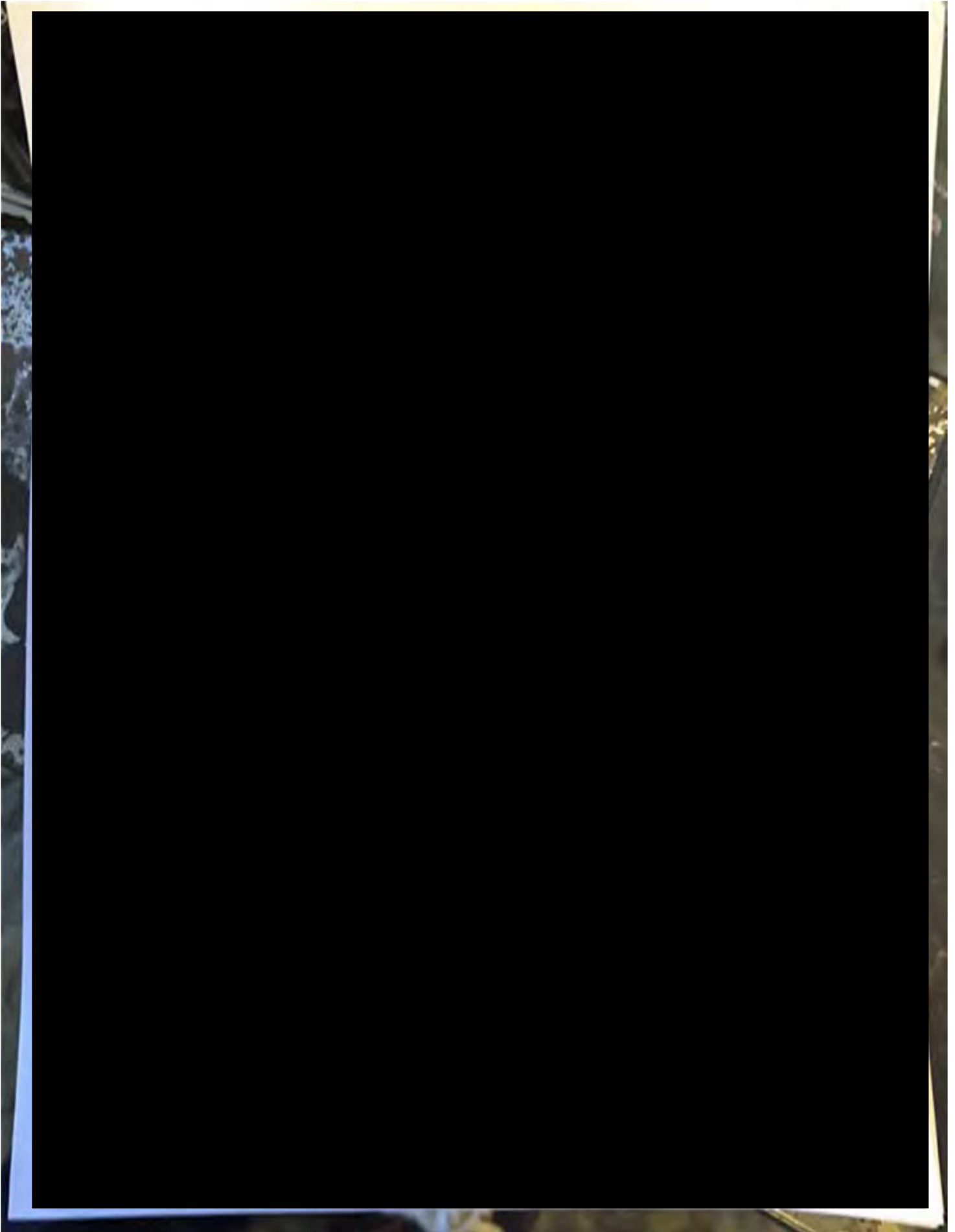
810021 12-13-18



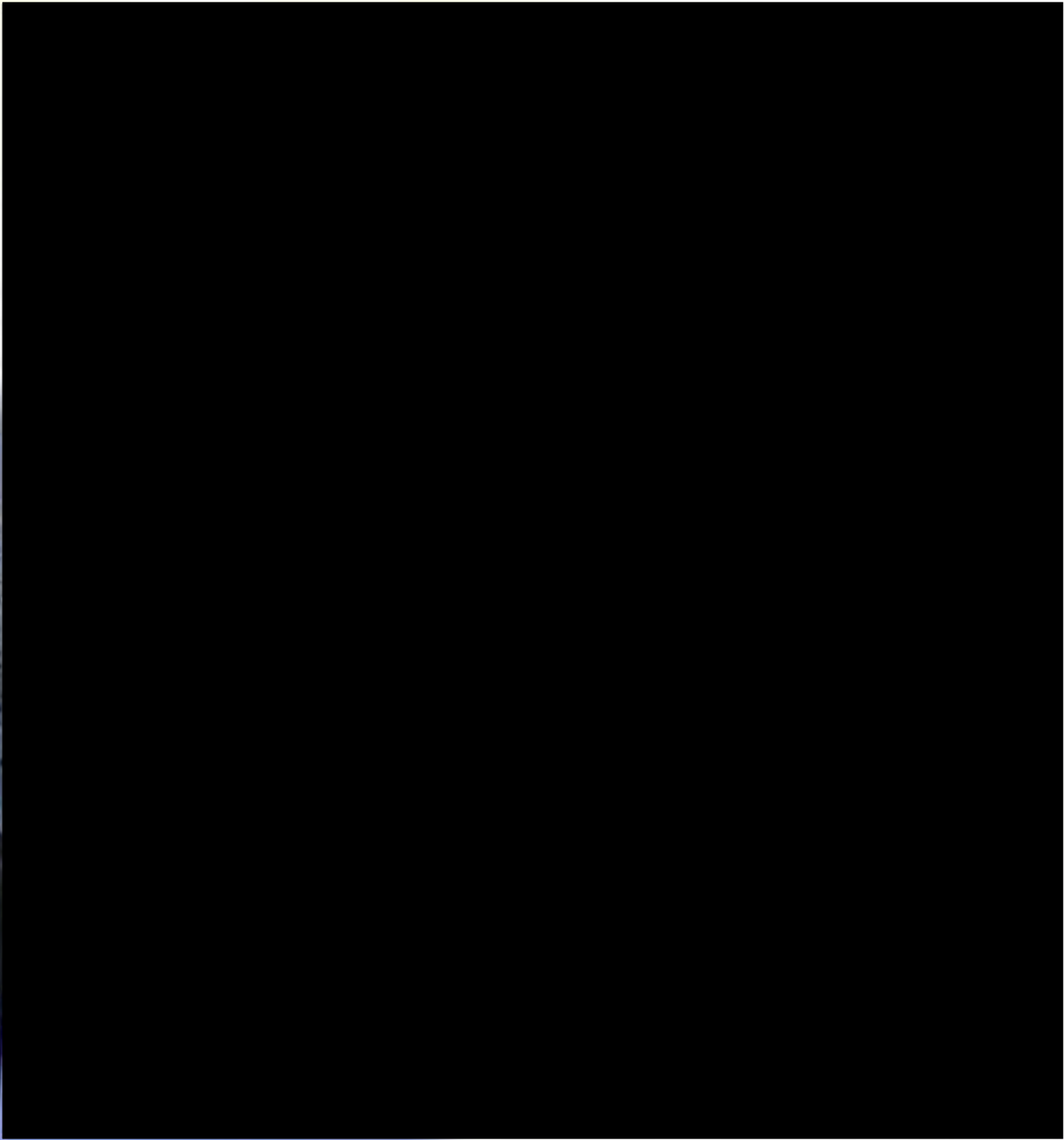






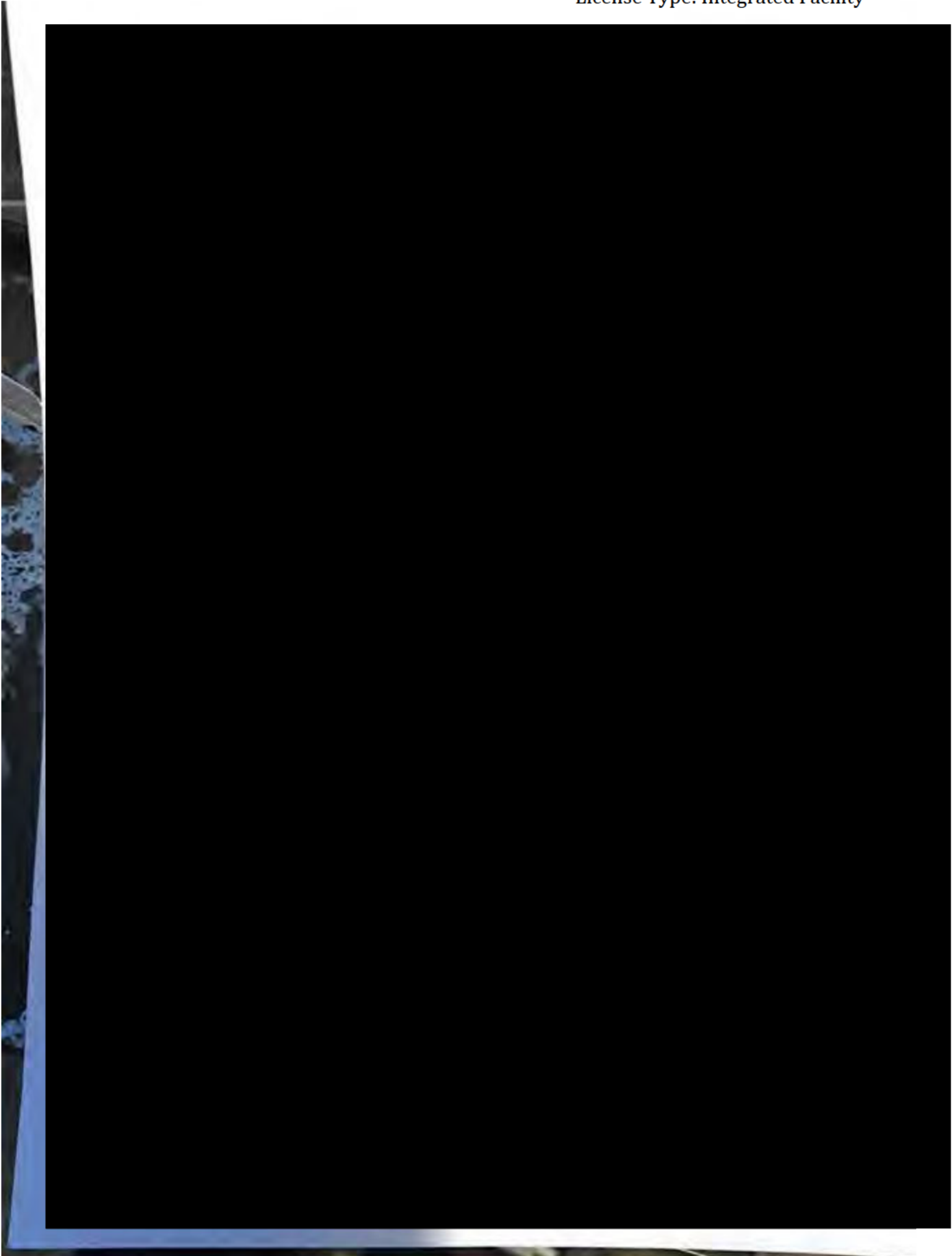


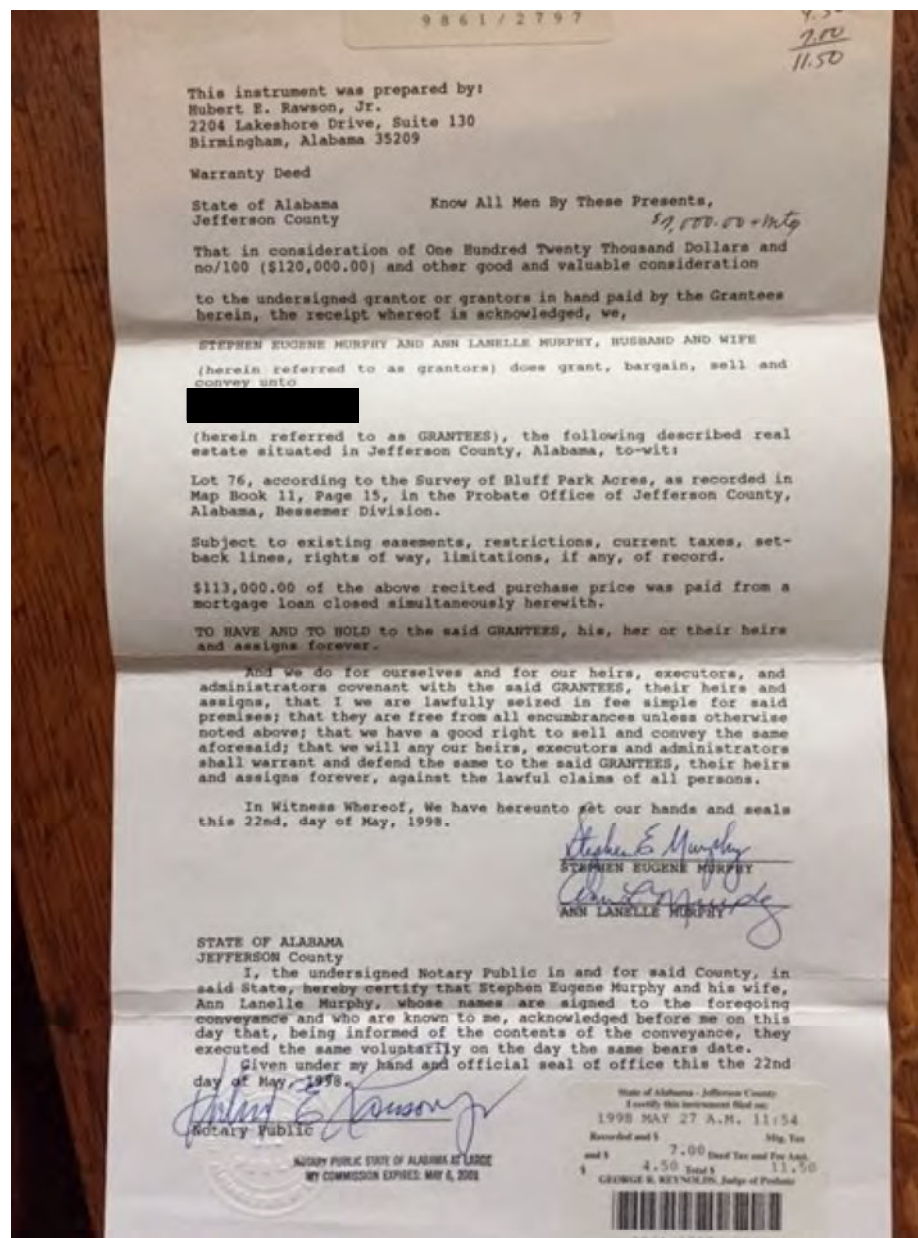




110021 12-15-21

15131011 784827 38120000      2021.04030 <sup>9</sup> Bivins, Vincent      38120011







P. O. Box 2641  
Birmingham, AL 35291-0024

Tel: 1-800-245-2244

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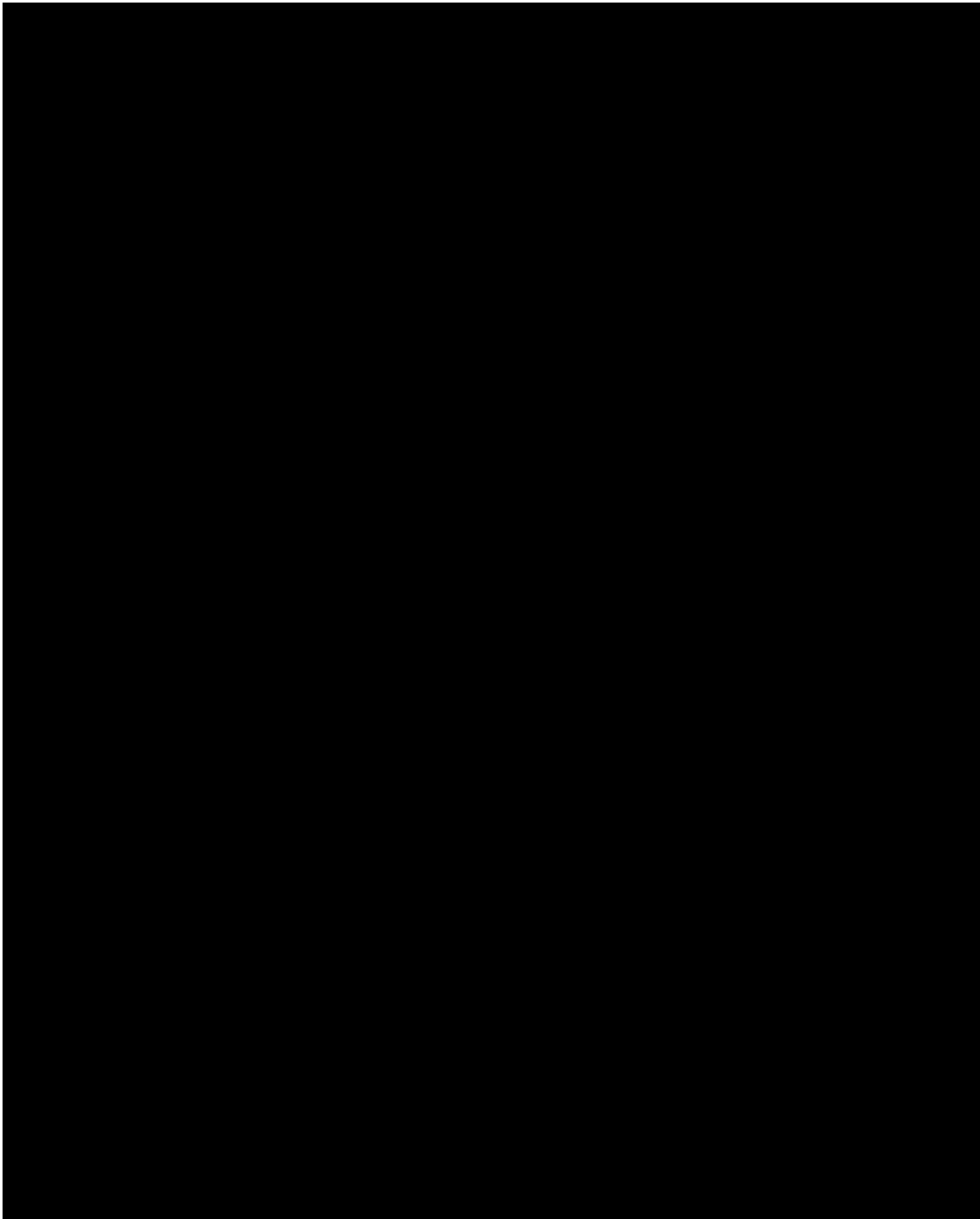


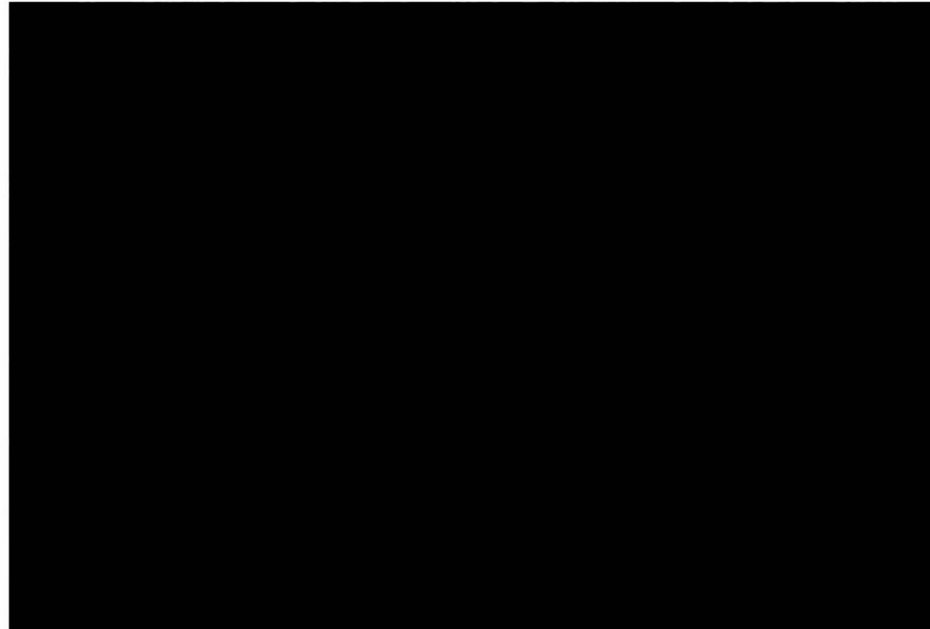




License Type: Integrated Facility

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]









20180817000295310 1/3 \$301.00  
Shelby Cnty Judge of Probate, AL  
08/17/2018 03:16:42 PM FILED/CERT

This document prepared by:  
Law Office of John A. Gant  
200 Office Park Drive, Suite 210  
Birmingham, Alabama 35223


Send tax notice to:



**GENERAL WARRANTY DEED**

STATE OF ALABAMA)  
SHELBY COUNTY)

KNOW ALL PERSONS BY THESE PRESENTS:

That in consideration of Two Hundred Eighty Thousand and 00/100 Dollars (\$280,000.00) to the undersigned GRANTORS in hand paid by the GRANTEES herein, the receipt of which is hereby acknowledged, we, WESLEY SPAINHOWER and APRIL SPAINHOWER, Husband and Wife (herein referred to as GRANTORS) do grant, bargain, sell and convey unto , as joint tenants with rights of survivorship (herein referred to as GRANTEES), the following described real estate situated in Shelby County, Alabama:

Lot 325, according to the Survey of Willow Oaks, as recorded in Map Book 38, pages 137A, 137B and 137C, in the Probate Office of Shelby County, Alabama.

Subject to all matters of public record including, but not limited to, easements, restrictions, covenants, and/or rights of way. Also subject to any and all matters visible by a survey. Title to mineral and mining rights is not warranted herein.

And we do for ourselves and for our executors and administrator covenant with said GRANTEES, their heirs and assigns, that we are lawfully seized in fee simple of said premises, that it is free from all encumbrances, unless otherwise noted above, that we have a good right to sell and convey the same as aforesaid, and that we are and our heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all persons.

Shelby County, AL 08/17/2018  
State of Alabama  
Deed Tax: \$280.00

Dated this 16<sup>th</sup> day of July, 2018.

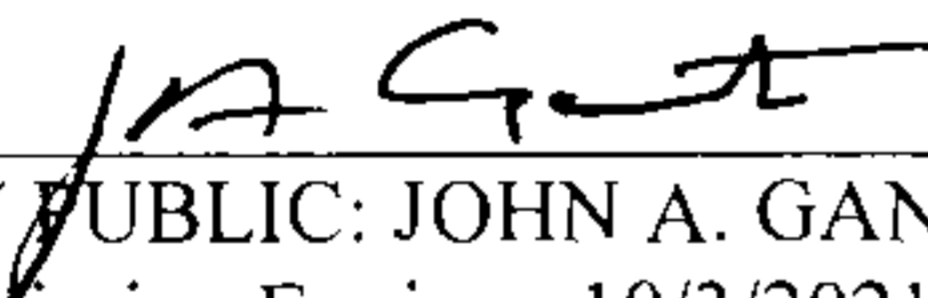
  
WESLEY SPAINHOWER

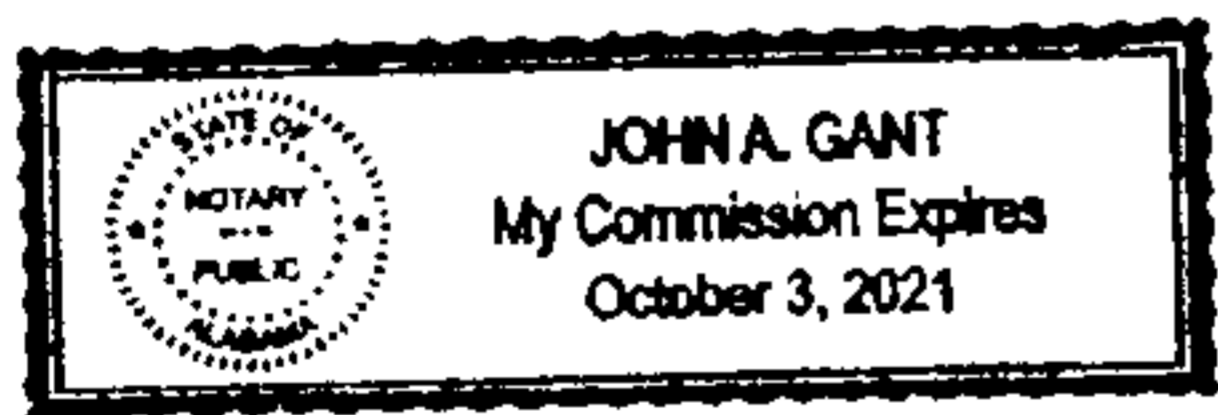
  
APRIL SPAINHOWER


STATE OF ALABAMA)  
JEFFERSON COUNTY)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that WESLEY SPAINHOWER and APRIL SPAINHOWER 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 official seal this the 16<sup>th</sup> day of July, 2018.

  
NOTARY PUBLIC: JOHN A. GANT  
My Commission Expires: 10/3/2021



  
20180817000295310 2/3 \$301.00  
Shelby Cnty Judge of Probate, AL  
08/17/2018 03:16:42 PM FILED/CERT

### Real Estate Sales Validation Form

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

Grantor's Name Wesley & April Spainhower  
Mailing Address 3117 Ashby Ln.  
Hoover, AL 35226

Grantee's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Property Address 1338 Willow Oaks Dr.  
Wilsonville, AL 35186

Date of Sale 7/16/18  
Total Purchase Price \$ 280,000.00  
or  
Actual Value \$ \_\_\_\_\_  
or  
Assessor's Market Value \$ \_\_\_\_\_

The purchase price or current assessor's market value claimed on this form can be verified in the following documentary evidence: (check one)

- Mortgage
- Bill of Sale
- Sales Contract
- Closing Statement
- Other

\* The deed or other instrument of like character offered for recordation which conveys property cannot be used as documentary evidence

#### 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.

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 being conveyed.

Actual value - if the property is not being sold, the true value of the property being conveyed. This may be evidenced by an appraisal conducted by a licensed appraiser.

Current Assessor's market value - if no proof is provided, 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.

Any person who intentionally fails to provide the proof required or presents false proof shall be subject to a penalty of \$100 or 25% of the taxes due, whichever is greater.

I hereby affirm that to the best of my knowledge and belief the information contained in this document is true and complete.

Date 7/16/18

Print John A. Gant

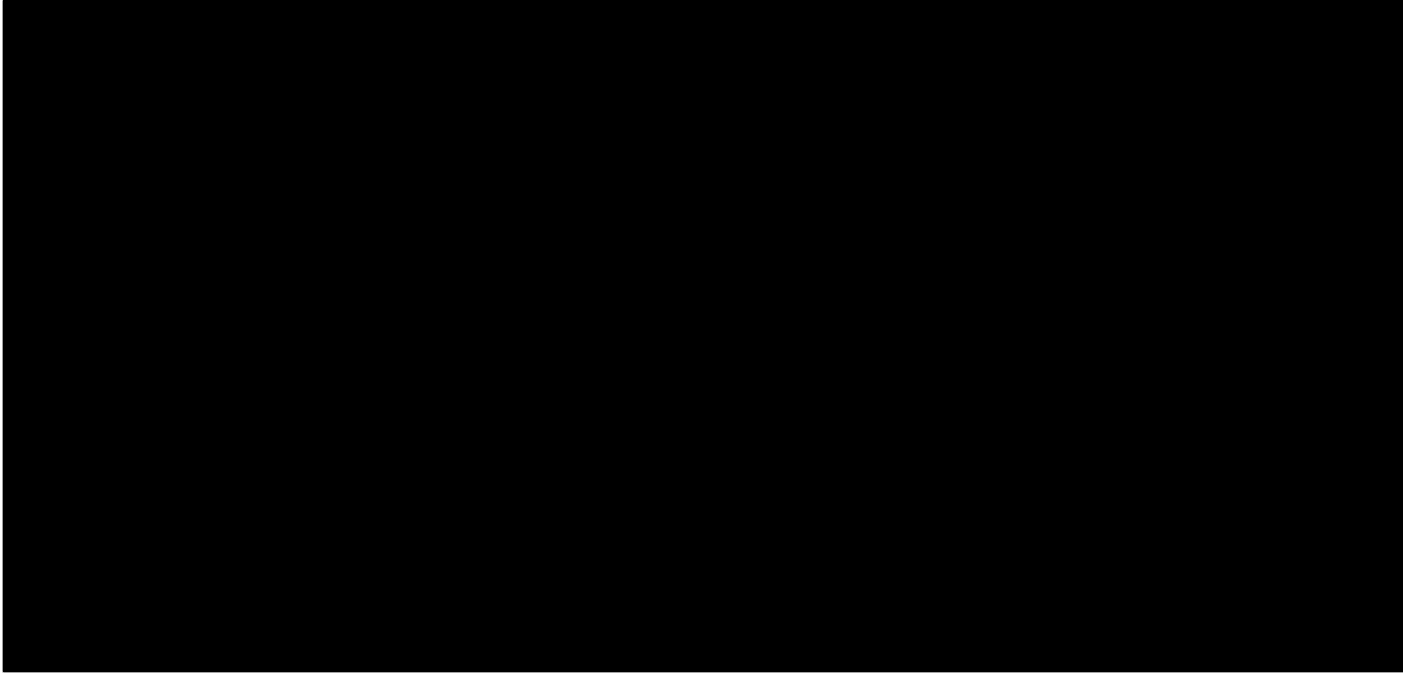
Sign *John A. Gant*  
(Owner/Agent) circle one



20180817000295310 3/3 \$301.00  
Shelby Cnty Judge of Probate, AL  
08/17/2018 03:16:42 PM FILED/CERT

20210623000306360 1/4 \$181.00  
Shelby Cnty Judge of Probate, AL  
06/23/2021 04:11:42 PM FILED/CERT

Send tax notice to:

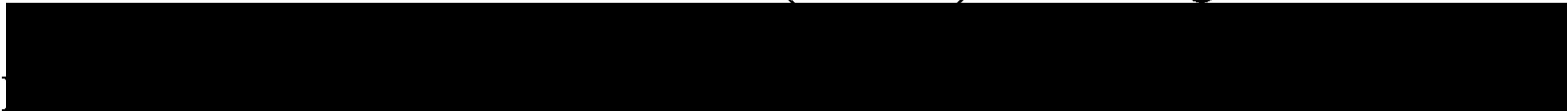



This instrument prepared by:  
Charles A. J. Beavers, Jr.  
Beavers Law, LLC  
4301 Dolly Ridge Road  
Birmingham, AL 35243

STATE OF ALABAMA )  
:  
SHELBY COUNTY )

**STATUTORY WARRANTY DEED**

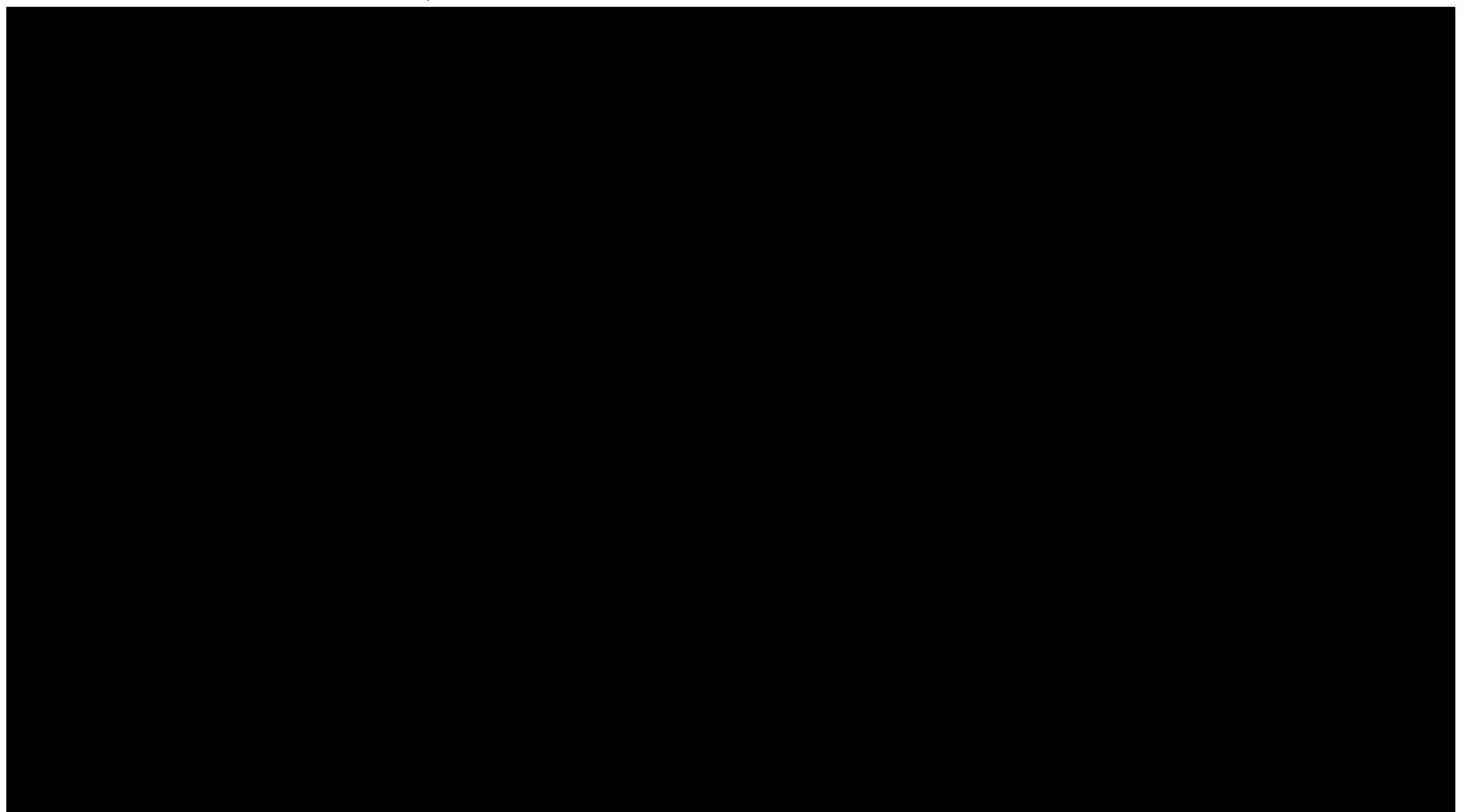
KNOW ALL MEN BY THESE PRESENTS:

That in consideration of Ten and No/100 Dollars (\$100.00) and other good and valuable considerations, in  ("Grantors") by  ("Grantees"), the receipt and sufficiency of which are hereby acknowledged, Grantors do hereby grant, bargain, sell, and convey unto Grantees, as joint tenants with right of survivorship, subject to the matters hereinafter set forth, the real estate (the "Property") situated in Shelby County, Alabama, as more particularly described as follows:

Lot 1, according to the Survey of , as recorded in Map Book 54, Page 44, in the Probate Office of Shelby County, Alabama

TO HAVE AND TO HOLD unto Grantee, as joint tenants with right of survivorship, their heirs and assigns forever; subject, however, to the matters as set forth on **Exhibit A** attached hereto.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on the 25<sup>th</sup> day of June, 2021.



Shelby County, AL 06/23/2021  
State of Alabama  
Deed Tax: \$150.00



20210623000306360 2/4 \$181.00  
Shelby Cnty Judge of Probate, AL  
06/23/2021 04:11:42 PM FILED/CERT

STATE OF ALABAMA )  
  :  
JEFFERSON COUNTY )

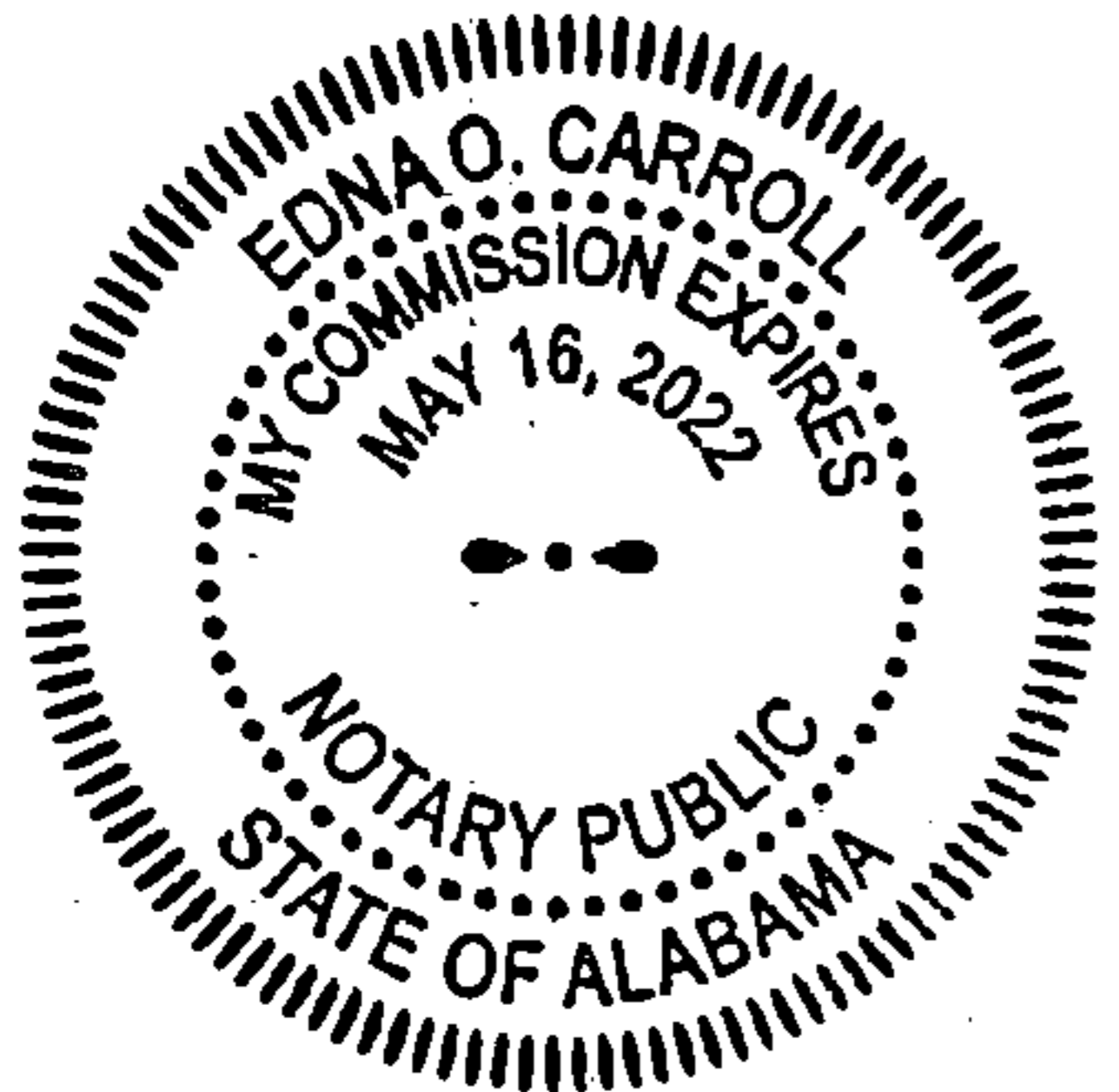
I, the undersigned, a notary public in and for said county in said state, hereby certify that [REDACTED] whose names are signed to the foregoing instrument and who are known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal the 23<sup>rd</sup> day of June, 2021.

[Signature]  
Notary Public

[NOTARIAL SEAL]

My commission expires: 5-16-2022

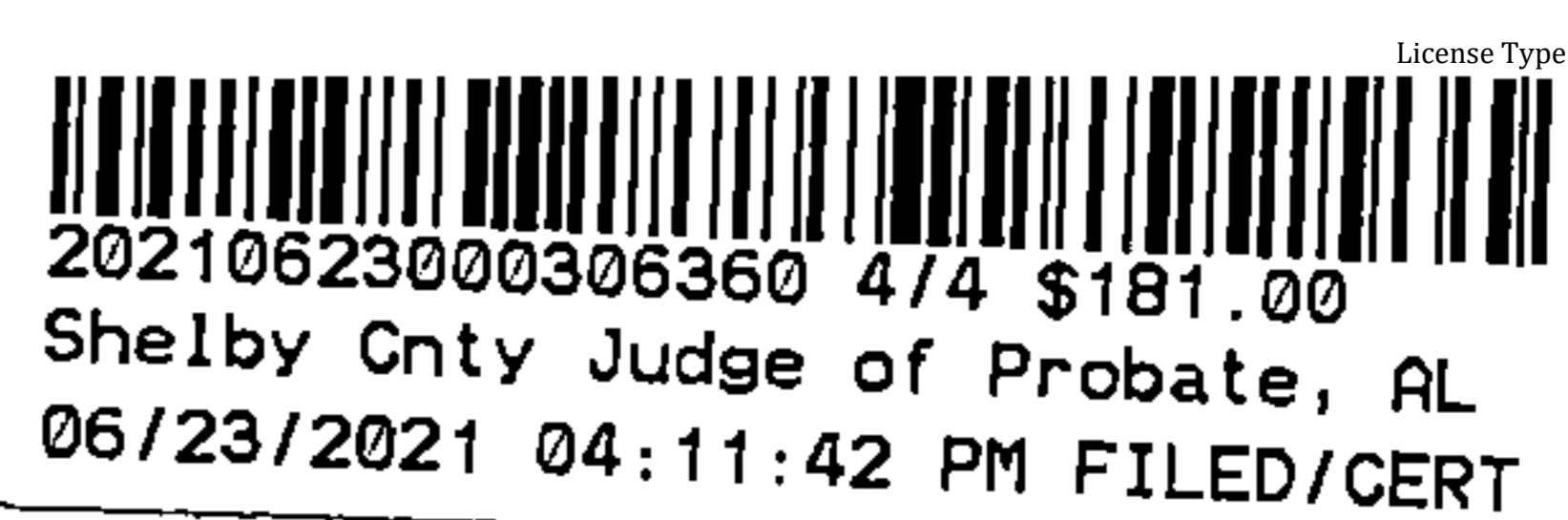




20210623000306360 3/4 \$181.00  
Shelby Cnty Judge of Probate, AL  
06/23/2021 04:11:42 PM FILED/CERT

**EXHIBIT A**

1. Ad valorem taxes for the tax year 2021 and subsequent years, not yet due and payable.
2. Title to all minerals within and underlying the premises, together with all mining rights and other rights, privileges and immunities relating thereto, including release of damages; it being the intention that Grantors hereby convey to Grantee such title as Grantors have in the mineral, mining and other subsurface interests, if any, without warranty.
3. Easement(s), building line(s) and restriction(s) as shown on recorded map.
4. Riparian rights incident to the premises.
5. Conditional Obligation to Purchase and First Right to Negotiate Agreement between Roy W. Gilbert, et al and Jonathan L. Wright as recorded in Inst. No. 20200630000267660 in said Probate Office.
6. Reciprocal Limited Easement Agreement recorded in Inst. No. 20210129000048850 in said Probate Office.
7. Easements, restrictions, reservations, rights-of-way, covenants, utilities easements, and other matters of record.
8. All matters which would be revealed by an accurate survey or physical inspection of the Property.



### Real Estate Sales Validation Form

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

Grantor's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Grantee's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Property Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Sale June 23, 2021  
Total Purchase Price \$ \_\_\_\_\_  
or  
Actual Value \$ 150,000.00  
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 June 23, 2021

Print \_\_\_\_\_

Unattested

Sign \_\_\_\_\_

(verified by)

(Grantor/Grantee/Owner/Agent) circle one

# EXHIBIT #3 – COMMERCIAL HORTICULTURE EXPERIENCE

## Verification

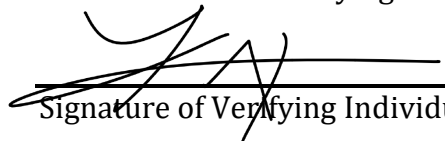
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual

  
Signature of Verifying Individual

2/18/2023

Verification Date





1. [Redacted]

- | [Redacted]
- | [Redacted]
- | [Redacted]

- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]
- | [Redacted]

[Redacted]



- [Redacted]  
| [Redacted]

4. **Sawgrass Environmental:** [Redacted]

[Redacted]  
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[Redacted]  
[Redacted]  
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**ALABAMA DEPARTMENT OF AGRICULTURE & INDUSTRIES  
INDUSTRIAL HEMP RESEARCH PILOT PROGRAM  
GROWER LICENSING AGREEMENT**

This Grower Licensing Agreement (“Agreement”) is made and entered into between the Alabama Department of Agriculture & Industries (“ADAI”) and **Participant** (hereinafter “License Holder”).

This Agreement, and the documents expressly incorporated by reference herein, together constitute the terms and conditions for License Holder’s participation in the Alabama Industrial Hemp Research Pilot Program (hereinafter “Program”).

**Section 1. Promises and responsibilities of License Holder.**

In exchange for the commitments agreed to by ADAI in Section 2 of this Agreement, the License Holder:

- A. Promises to comply with the requirements set forth in Ala. Admin. Code 80-10-21-.01 et seq. and Code of Ala. 1975, § 2-8-380 et seq., which are incorporated by reference into this Agreement;
- B. Affirms that hemp shall not be grown, handled, or stored at any location other than the ADAI approved locations listed on the License Holder’s application and subsequent Site Modification Request forms, which are incorporated by reference;
- C. Agrees to apply for licensing of all growing, handling, and storage locations, including GPS coordinates, and receive ADAI approval for those locations prior to having hemp on those premises;
- D. Acknowledges that License Holder shall submit a Site Modification Request Form, the appropriate fees based on the requested changes, and obtain prior written approval from a representative of the ADAI before implementing any change to the licensed sites stated in this Agreement, and that growing site changes are subject to a site modification surcharge in the amount specified in Ala. Admin. Code 80-10-21-.04 for a new set of GPS coordinates;
- E. Acknowledges that License Holder, its representatives, agents and employees are acting as agents of the ADAI and must comply with instructions from representatives of the ADAI and law enforcement agencies;
- F. Agrees to pay the participation fee and other applicable fees set forth in Ala. Admin. Code 80-10-21-.01 et seq.;
- G. Consents to the entry onto, and inspection of, all premises where hemp or other cannabis plants or materials are located, or licensed to be located, by representatives of ADAI and law enforcement agencies, with or without cause, with or without advance notice;

- H. Consents to forfeiture and destruction, without compensation, of:
- 1) Plants or material found to have a measured delta-9-THC content in excess of 0.3 percent on a dry weight basis;
  - 2) Plants or materials bearing off-label pesticide residues (or believed by ADAI to have had pesticides applied off-label), regardless of the source or cause of contamination;
  - 3) Plants or material located in an area that is not licensed by ADAI; and
  - 4) Plants or material not properly accounted for in required reporting to ADAI;
- I. Agrees not to interplant hemp with any other crop without express written permission from ADAI;
- J. Acknowledges that anyone applying pesticides to hemp shall hold a pesticide license and only apply pesticides in accordance with all state and federal laws;
- K. Acknowledges that the License Holder shall comply with restrictions established by ADAI limiting the movement of hemp plants and plant parts;
- L. Acknowledges that the risk of financial or other loss is borne solely by the License Holder;
- M. Agrees that any time hemp is in transit, a copy of this Agreement shall be available for inspection upon the request of a representative of ADAI or a law enforcement agency;
- N. Agrees that, upon request from a representative of ADAI or a law enforcement agency, the License Holder shall immediately produce a copy of this Agreement for inspection;
- O. Agrees to submit Planting Reports, Harvest/Destruction Reports, Production Reports, and other reports required by ADAI, on or before the deadlines set by ADAI;
- P. Agrees to scout and monitor unlicensed fields for volunteer cannabis plants and to destroy those volunteer cannabis plants for three (3) years past the last date of planting reported to ADAI;
- Q. Agrees not to employ or rent land to cultivate hemp from any person who was terminated or denied admission to the Program for one or both of the following reasons:
- 1) Failure to obtain an acceptable criminal background check; or
  - 2) Failure to comply with an order from a representative of ADAI;
- R. Agrees that land used for the cultivation or storage of hemp shall not be owned by, leased from, or previously submitted in a license application by any person who was terminated, or denied admission to the program for one or both of the following reasons:
- 1) Failure to obtain an acceptable criminal background check; or
  - 2) Failure to comply with an order from a representative of ADAI;
- S. Agrees to notify ADAI of any interaction with a representative of a law enforcement agency immediately by phone (334-240-7225) and follow-up in writing (plant.protection@agi.alabama.gov) within three (3) calendar days of the occurrence;
- T. Agrees to notify ADAI of any theft of hemp or other cannabis materials, whether growing or not;
- U. Agrees to not allow another person to grow hemp in lieu of requesting a separate Grower Licensing Agreement;
- V. Agrees that all seed, plants, or other propagules to be used by License Holder must have

- documentation showing that mature plants grown from that seed variety or strain have a floral material delta-9-THC content of not more than 0.30 percent on a dry weight basis;
- W. Agrees to certify in writing that the License Holder's hemp replication plan will not infringe on the intellectual property rights of any person;
- X. Agrees to provide to ADAI, upon request, a copy of:
- 1) Any intellectual property agreement License Holder has signed or executed related to hemp or other cannabis; and
  - 2) Any contract or other agreement related to the planting, replication, harvest, storage, transfer, transport, processing, and/or sales of hemp;
- Y. Agrees to comply with the federal Food Drug and Cosmetic Act and all other applicable local, state, and federal laws and regulations relating to product development, product manufacturing, consumer safety, and public health;
- Z. Agrees that the industrial hemp research is limited to the research plan as outlined in the License Holder's approved application. Any changes to the research plan must be approved in writing by ADAI, and any applicable fees paid to ADAI; and
- AA. Agrees to comply with any land use restrictions set forth by ADAI.

## **Section 2. Responsibilities of ADAI.**

In exchange for the commitments agreed to by License Holder in Section 1 of this Agreement, ADAI agrees to perform the responsibilities below:

- A. Conduct the Program in accordance with the requirements set forth in Ala. Admin. Code 80-10-21-.01 et seq. and Code of Ala. 1975, § 2-8-380 et seq.;
- B. Certify and license sites as required by 7 U.S.C. § 5940(b)(1)(B)(ii);
- C. Conduct a sampling and testing program to confirm harvest compliance with the legal definition of industrial hemp, stated in 7 U.S.C. § 5940 and Ala. Admin. Code 80-10-21-.01 et seq., as "the plant *Cannabis sativa L.* and any part of such plant, whether growing or not, with a delta-9 tetrahydrocannabinol [THC] concentration of not more than 0.3 percent on a dry weight basis."

## **Section 3. Miscellaneous.**

- A. The Parties agree that the terms of this Agreement supersede any previous agreement concerning the License Holder's participation in the Program as a Grower, but shall not supersede or alter the terms of any agreement concerning the License Holder's participation in the Program as a Processor/Handler.
- B. The Parties expressly agree to comply with the provisions of Ala. Admin. Code, and Code of Ala., all of which are incorporated herein by reference.
- C. The License Holder acknowledges the inherent risk associated with participation in a research program focusing on a new crop. License Holder acknowledges that License Holder bears sole responsibility for financial or other losses that may result from License Holder's choice to participate. License Holder agrees that ADAI is not responsible for reimbursing or

- compensating License Holder for any loss resulting from License Holder's involvement with ADAI's Program, and waives any right to seek compensation for the value of such losses.
- D. Each provision of the Agreement is separate. If any provision is determined to be invalid, the rest of this Agreement shall continue in full force and effect. It is the intent of the Parties that if any provision of this Agreement is determined to be unenforceable as written, then that provision shall be enforced to the extent permitted by law, and the remainder of this Agreement shall be unaffected and remain enforceable.
  - E. Failure to comply with terms of this Agreement shall constitute grounds for appropriate disciplinary action, up to and including termination of this Agreement and expulsion from the department's program.
  - F. This Agreement may be terminated by either party upon thirty (30) days prior written notice.
  - G. The Parties agree that any dispute arising from this Agreement (or from any provisions of Ala. Admin. Code 80-10-21 , or Code of Ala. 1975, § 2-8-380, all of which are incorporated herein by reference) shall be decided by the application of the laws of the State of Alabama; that the Montgomery County Circuit Court shall be the sole forum for the adjudication of such disputes, other than the administrative review procedures set forth in Ala. Admin. Code 80-10-21.
  - H. ADAI does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation or gender identity, ancestry, age (40 and over), disability, veteran status or genetic information in employment or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.
  - I. This Licensing Agreement shall expire December 31, 2019. Future participation in the Program will require License Holder to reapply and be approved by ADAI.

**IN WITNESS WHEREOF**, the parties hereto have executed this Licensing Agreement by and through their duly authorized agents as of the day and year first above written.



Christel F. Stewart, Plant Pest Administrator  
Alabama Department of Agriculture & Industries

4/3/19  
Date



Signature of Signing Authority\*

3/20/19  
Date

Name Stuart Raburn  
Printed Name of Signing Authority

Signing Authority\*In the event the License Holder is not an individual, the person signing on behalf of the License Holder must have legal signing authority for the License Holder on file with ADAI, and state the capacity in which the person is signing.



**Introduction:** Below is a May of 2020 news article published online in regard to Southern Organics Produce, demonstrating Applicant's owners experience in Commercial Horticulture at Southern Organics. Photos provided within records and attachments have been removed to allow the application to remain anonymous, and refrain from the use of photos at the request of the AMCC.

**Published online via:** <https://bhamnow.com/2019/04/08/teklinks-founder-█-█-gets-back-to-entrepreneurial-roots-with-latest-southern-organics-aquaponic-farm-photos/>

**News Article Plain Text:** TekLinks' founder █ gets back to entrepreneurial roots with latest Southern Organics aquaponic farm (photos) – 06/16/2020

█, founder of Birmingham tech company TekLinks and owner of Southern Organics in a greenhouse of his aquaponic farm in Columbiana. Find out more about █ and his life-long entrepreneurial journey, and how his successes from a fast-paced life in the tech world transpired to a small farm operation nestled deep in Shelby County, Alabama. (Photo by Christine Hull for Bham Now)

At Southern Organics, █ and his small but mighty staff grow Birmingham's freshest supply of tilapia and all-natural produce. How did this Birmingham entrepreneur maven shift from launching high-tech firms to high-end farming? Here's what we found out on our behind-the-scenes tour at his Columbiana farm. Rows of crisp lettuce and giant, Italian basil in one of the fully automated greenhouses at Southern Organics in Columbiana. The tanks are filled with nutrient rich water, and the plants sit on top of foam board with holes for the roots to submerge in water. The entire greenhouse is run by sensors and a fully automated system, controlling the light, humidity, and temperature to create the perfect growing conditions. (Photo by Christine Hull for Bham Now) Rows of crisp lettuce and giant, Italian basil in one of the fully automated greenhouses at Southern Organics in Columbiana. The tanks are filled with nutrient rich water, and the plants sit on top of foam board with holes for the roots to submerge in water. The entire greenhouse is run by sensors and a fully automated system, controlling the light, humidity, and temperature to create the perfect growing conditions. (Photo by Christine Hull for Bham Now) Pictured are rows of micro-greens in

incubators, illuminated by multi-colored grow lights that turn the entire room a fluorescent pink. █████ son, █████, head of marketing for the operation (pictured), explains the growth process of the microgreens. They currently sell the microgreens to local fine-dining restaurants. (Photo by Christine Hull for Bham Now) In the greenhouse, there's an entire world of unheard-of taste combinations to discover, including wasabi arugula—a crisp leafy green with flavors of wasabi and peppery arugula laced together with a perfect crunch. Then, a few rows over there are the greens with a distinct boiled peanut flavor. Past that, edible flowers—some spicy, some tasting just like cotton candy. Leaves from the wasabi arugula plant. Want to give it a try? The Southern Organics wasabi arugula can be purchased in their salad mix called “Magic City Mix + Wasabi” at Organic Harvest and local Piggly Wiggly stores under their Southern Fresh Product brand. (Photo by Christine Hull for Bham Now) For pest control, they utilize the power of tiny but harmless insects █████ referred to as “good bugs”. In the greenhouse, a certain strain of minnow is set out to combat other potentially crop harming issues. The farm is full of problem-solving solutions like these. Since their products are not certified organic at this time, they use their Southern Fresh Produce brand for marketing their produce. They put a “wash before eating” sticker on their products, but after a quick tour of the farm, we find that is absolutely unnecessary. With zero dirt or harmful chemicals used on the farm, there's nothing to wash off.

One look inside the intricate Southern Organics operation and you'd swear that █████ has been doing this his entire life. However, despite his in-depth knowledge and passion about the farm, he's only been in the industry since 2014.

The science behind how they grow their high-end produce is based on aquaponics, a natural technique for growing food dating back to the Incas. While it is old, and natural, it is a very precise craft requiring a significant amount of expertise in the field. Automated high-pressure fog nozzles control the humidity and temperature in the Southern Organics greenhouse. (Photo by Christine Hull for Bham Now) The farm has recently expanded deliveries to 5 days per week for restaurants and retailers in the greater Birmingham area. With such a unique selection of fresh, all-natural produce entirely free of any pesticides, herbicides or GMOs, Southern Organics quickly caught the eye of many chefs from Birmingham's high-end restaurants looking for locally sourced quality products. Currently, they provide their greens,

*mushrooms, herbs, and microgreens to a growing list of over 20 local restaurants, such as Food bar, Gian Marco's, Whistling Table and Bellinis. You can find Southern Organic products at several Piggly Wiggly locations, Organic Harvest and various Farmers Markets throughout the spring and summer season.*

*██████████ made it big in the tech world in 1986 as the founder of AA MicroSystems, a company focused on IT networking for law firms. After selling that company in 1996, he then founded Birmingham based TekLinks, a cloud-based solution company headquartered in Birmingham. After battling two rounds with cancer, ██████████ left the tech world after 26 years and sold Teklinks in 2012. Never one to remain idle, his serial entrepreneurial roots began to take over and he began to search for his next business venture. Post-cancer, ██████████ took a greater interest in leading a healthy, organic lifestyle. It was this lifestyle change and the promise of creating an entirely new business model that piqued his interest in aquaponics farming. It was the perfect opportunity to marry his love for tech and health.*

*"After two bouts with cancer, I became increasingly aware of how critical the consumption of healthy, chemical-free food is for our health. A small yet high-end farm seemed like a fun hobby and interesting opportunity to marry technology with controlled environment agriculture."*

*██████████ sought counsel from Dr. James Rakocy, known as the father of aquaponics, who taught and researched the subject at the University of the Virgin Islands for 30 years. It was this relationship, along with uncountable hours of research and trial and error, that got Southern Organics off the ground.*

*██████████ set up shop for Southern Organics in 2014 on a site next to the Shelby County landfill, a property he happened to already own from a previous venture. This turned out to be a serendipitous start, because it was the perfect spot for this kind of operation.*

*"Dr. Rakocy told me that when he developed modern aquaponics techniques, he envisioned farms just outside urban areas adjacent to Landfills so they can be powered by the methane."*

*██████████, Southern Organics Founder and CEO*

*Southern Organics is currently working on a project to power and heat the farm from the Landfill's methane.*

*For now, [REDACTED] collects logs discarded into the Landfill to help heat his farm. The logs are fed into a giant shredder then burned in a burner. This process proved to be a welcomed challenge for [REDACTED]. Turns out, calculating biomass (like wood) into heat to properly warm an entire farm isn't exactly a walk in the mathematical park.*

*Another factor that contributes to the success of [REDACTED] operation? His problem-solving skills and willingness to put in the work.*

*Take the mushroom stalls at Southern Organics, which are actually refrigerated trailers he bought secondhand from a trucking company. It was [REDACTED] ingenuity and willingness to experiment that allowed him to find a cost-effective solution to house his mushrooms.*

*"I had to cut off the undercarriages by hand with a plasma cutter to make it work. My first machine wasn't powerful enough, so I upgraded to finish the job," said [REDACTED]*

*The mushroom stalls a la tractor trailer ended up being just right for the job.*

*"By growing indoors, we avoid using any pesticides or other harmful chemicals. Nothing goes on our crops that we wouldn't feed our families. And controlling the crop environments allow us to grow year-round. Having fresh Italian basil in February or crisp Lettuce in August is something that just can't be done in the field in Alabama."*

*A photo of the Red Oak Lettuce root system. The lettuce is entirely grown using the aquaponics system, which does not require dirt. (Photo via Southern Organics)*

*"We need more automation so we can focus on what we love to do, bringing in interesting and healthy crops from around the world, like our Polynesian Turmeric, and growing them naturally for the greater Birmingham market to enjoy."*

*[REDACTED] who lives life by planning "no more than 24-months at a time", is now setting his sights on phase two of the Southern Organics aquaponic operation: growing heirloom tomatoes. As you'd imagine, [REDACTED] already researched the methods and has hoop greenhouses set up in preparation for the first spring planting in a few months.*

*We can't wait to see what's next for this all natural, local operation. Big things, we know, since [REDACTED] is at the helm of this terrific operation.*

- *Christine Hull, Bham Now (A Rushing Waters Media Company)*

**Introduction:** Below is a September of 2020 news article excerpt, published online in regard to Southern Organics Produce, demonstrating several of Applicant's owners experience in Commercial Horticulture at Southern Organics. Photos provided within records and attachments have been removed to allow the application to remain anonymous, and refrain from the use of photos at the request of the AMCC.

**Published online via:** <https://www.thisisalabama.org/2020/09/29/this-alabama-farm-produces-delicious-crops-without-tilling-any-soil/>

**News Article Plain Text:** This Alabama farm produces delicious crops without tilling any soil – September 29<sup>th</sup>, 2020, Tom Little for "This is Alabama"

*Farm-to-table chefs know that Alabama's fertile ground yields some nutritious greens and vegetables, but in Columbiana, one farm produces delicious crops without tilling any soil.*

*Southern Organics utilizes aquaculture and hydroponic techniques to minimize waste and grow healthful, hearty produce.*

██████████ founded Southern Organics in 2014, with his heart set on providing nutritious food that never lacked full flavor. After facing two bouts of cancer, ██████████ was determined to promote healthy eating, and he discovered that hydroponic farming would let him marry health food with efficient technology. Prior to launching Southern Organics, ██████████ had already spent more than 20 years in IT. "I had experience starting businesses from home," he says, "but the aquaculture was all new to me."...

*Southern Organics specializes in leafy greens, herbs, and high-end salad mixes. Thanks to the unique growing method, their crops aren't bound by geography and season, and ██████████ and company can grow whatever complements their health and flavor-focused goals. "The wonderful thing about the controlled environment is that it lets us grow things from around the world like Katuk," he says.*

*As natural and nutritious as their produce is, ██████████ knows that flavor is key in deciding what to grow. "If it doesn't taste great, people aren't going to eat it," he says, "so we have to think 'wow' when we taste it." Chefs around Alabama have gravitated to the hydroponic fare, and Southern Organics have become a go-to purveyor for a number of Birmingham's fine*

*restaurants. The offerings from the innovative farm have added flavor and color to dishes at Magic City institutions like Satterfield's and Foodbar.*

*To try Southern Organics', produce for yourself, you can visit [southernorganics.com](http://southernorganics.com) for a list of retailers. Several Piggly Wiggly stores around Birmingham carry the fresh provisions, as do Greenwise in Mountain Brook and Harvest Market downtown. With the online Till service, Birmingham residents can also have the fresh greens delivered right to their homes. To liven up any salad made from the hearty greens, consider [REDACTED] salad dressings. These preservative-free toppings are often used to demo Sothern Organics' produce, with ingredients sourced from the sustainable farm.*

*- Tom Little, This is Alabama (9/29/2020)*

**Introduction:** Below is a September of 2020 news video, published online and over broadcast for 6 WBRC “Absolutely Alabama” showcasing Southern Organics Produce, and its popularity among Birmingham and Shelby County residents.

**Note:** The video itself is provided here in plain text link only, for review at the discretion of the AMCC, to allow the application to remain anonymous, and refrain from the use of personally identifying photos at the request of the AMCC. The video does not mention or identify any of APPLICANT’s owners or employees by name and speaks in general terms on the company’s rich history and popularity in Alabama as an unlikely success story.

**Published online via:** <https://www.wbrc.com/video/2019/04/23/absolutely-alabama-southern-organics/>

**News Article Plain Text:** Absolutely Alabama: Southern Organics

Via WBRC: 4/23/2019

██████████ had a love for computers and a career in IT. And he had allergies. So a career in agriculture was, in his words, the most unlikely thing. But that's exactly where life took him. Today ██████████ and his son ██████████ literally have a growing business in Shelby County. The story of the rise of Southern Organics may seem unlikely but it is Absolutely Alabama.



File	\$100.00
Ackn	\$ .00
Exp	\$ .00
<b>Total</b>	<b>\$100.00</b>

04/013

Alabama  
Sec. Of State

New Entity  
289-011  
Date 10/11/2013  
Time 17:00  
131015  
4 Pg

**CERTIFICATE OF FORMATION**  
**OF**  
**SOUTHERN ORGANICS, LLC**




20131004001089830 1/3  
Bk: LR201318 Pg:20708  
Jefferson County, Alabama  
I certify this instrument filed on:  
10/04/2013 03:21:49 PM INC  
Judge of Probate- Alan L. King

The undersigned, for the purpose of forming and establishing a limited liability company under the laws of the State of Alabama pursuant to the provisions of the Alabama Limited Liability Company Law, Code of Alabama 1975, (the "Act") and all amendments thereto, certify as follows:

1. The name of the limited liability company (the "Company") is: SOUTHERN ORGANICS, LLC.
2. The purpose or purposes for which the Company is being formed is the transaction of any or all lawful business for which a limited liability company may be formed under the Act, including, but not limited to, to produce locally grown fresh organic foods including fish and vegetables using a combination of aquaponics, aquaculture and other sustainable farming techniques and to use byproducts in a compost facility to produce an organic compost product.
3. The period of duration of the Company shall begin on the date of the filing of this Certificate of Formation in the Office of the Judge of Probate of Jefferson County, Alabama, and shall be perpetual, unless the Company shall be earlier dissolved in accordance with the provisions of the Company's operating agreement, or, if there is no provision in an operating agreement of the Company governing dissolution of the Company, then in accordance with the provisions of the Act.
4. The street address of the initial registered office of the Company is 110 Coshatt Trail, Hoover, Alabama 35244, and the name of the initial registered agent at the office is Stuart Raburn.
5. The name and address of the initial member of the Company is Stuart Raburn.
6. The right of the members of the Company to admit additional members, and the terms and conditions of the admission, shall be in accordance with the terms of the Company's operating agreement, or, if there is no provision in an operating agreement of the Company governing the right of the members to admit additional members, additional members may be admitted with the written consent of all members at such times and upon such terms and conditions as may be mutually agreed upon by all members and the person desiring to become a member.
7. The cessation of membership of one or more members will not result in the dissolution of the Company.

The undersigned member, in accordance with the Act, has executed this Certificate of Formation as of the 1<sup>st</sup> day of OCTOBER, 2013.

  
\_\_\_\_\_

STUART RABURN

Jim Bennett  
Secretary of State

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

# STATE OF ALABAMA

**I, Jim Bennett, 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:

**Southern Organics, LLC**

This name reservation is for the exclusive use of Leitman, Siegal, Payne & Campbell, 420 North 20th Street, Suite 2000, Birmingham, AL 35203 for a period of one year beginning September 27, 2013 and expiring September 27, 2014

20131004001089830 3/3  
Bk: LR201318 Pg:20708  
Jefferson County, Alabama  
10/04/2013 03:21:49 PM INC  
Fee - \$63.00

Total of Fees and Taxes-\$63.00  
CRONANL

**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.**



RES637874

September 27, 2013

Date

Jim Bennett

Secretary of State

Alabama  
 Sec. Of State  
 New Entity  
 289-011  
 DLL  
 Date 10/11/2013  
 Time 17:00  
 131015  
 4 pg  
 File \$100.00  
 Ackn \$.00  
 Exp \$.00  
 Total \$100.00  
 04/013

Jefferson County

I, Alan L. King, as Judge of Probate in and for the County of Jefferson, in said State, hereby certify that the foregoing is a full, true and correct copy of the instrument with the filing of same as appears of

record in this office in vol. 201318 page 20708

Given under my hand and official seal, this the 4 day of October, 2013

Alan L. King  
 Judge of Probate

# Premium Microgreens

Locally Grown in Shelby County, AL



High-Tech  
Climate-Controlled  
Environment

Premium Produce  
Grown with  
Hydroponics

No Chemical  
Pesticides  
Ever Used

Locally Grown and  
Sold in  
Alabama, USA

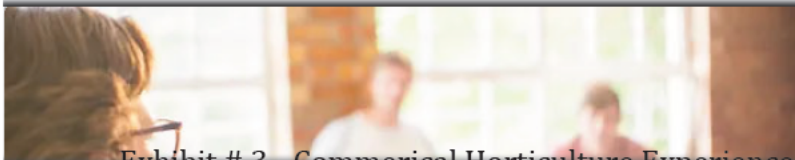
Natural  
GMO-Free  
Sustainable



## Our Microgreens for Chefs and Organizations

Chefs, managers and owners, these premium microgreens are grown just for you! View our available varieties from Genovese & Opabasil to Bush Beets, Pea Shoots and many more

[SEE OUR CROPS](#)



## Frequently Asked Questions


[See FAQs](#)


## ***The Farm and Growing with Aquaponics***

Our greenhouses are currently closed for maintenance and repairs. Currently, we do not have a timeline on when they may reopen. In the meantime, we will continue growing microgreens in our climate-controlled seedling room.

[LEARN MORE](#)

## **Our Story**

We believe there is a lot of truth to the saying "you are what you eat", so why not make it as healthy and delicious as possible? At Southern Organics, our mission is to provide the best tasting, highest-quality produce to our Alabama market, grown fresh from our farm in Shelby County. We search the globe for the most premium, nutrient-rich crop varieties and then locally grow them in our climate-controlled facilities without the use of any chemical pesticides, fertilizers or any other unnatural additives.

In 2014, after battling significant health issues in our family, we decided to do something to increase local healthy food options for our community. We went coast to coast researching different farms and practices, and discovered aquaponics was the most natural and sustainable way to grow healthy plants. We also quickly realized that in order to create the optimal growing environment for our crops, we would need to merge technology with natural farming systems.

By combining high-tech solutions like our greenhouse control systems with completely natural growing practices like using beneficial insects to combat pests, we are able to grow nutritious produce without sacrificing quality in the name of automation. We grow 100% in controlled environments [greenhouses, hoop houses, etc.] allowing us to produce the same crops year-round, ensuring quality and consistency. With Southern Organics, you can trust that we will always provide healthy, better tasting, chemical and pesticide-free produce for our families and our fellow Alabamians in the most eco-friendly manner possible.



## Contact Us

Southern Organics, LLC.  
Produce Grown in Shelby County, AL  
Produce Sold in Birmingham, AL



Name

Email

Subject

Message

I'm not a robot reCAPTCHA  
Privacy - Terms

© 2014-2019 by Southern Organics, LLC

Submit

## Southern Organics | Southern Fresh Produce

120 Landfill Rd, Columbiana, AL

[Write a review](#)

5.0  8 reviews ⓘ



**cjae miske**

6 reviews

 a year ago

It's a very well run with a dedicated staff that provide the best in produce

 Like



**Anna Doaks**

11 reviews · 1 photo

 a year ago

Best customer service!! Great product!! Love Love this company

 Like



**Nicholas Crittenden**

2 reviews

 4 years ago



**John Marshall**

27 reviews · 1 photo

 10 months ago



**Sayuri García**

5 reviews

 a year ago



**Lonnie Coleman**

Local Guide · 16 reviews · 3 photos

 a year ago



**Mellissa Cunningham**

2 reviews

 a year ago



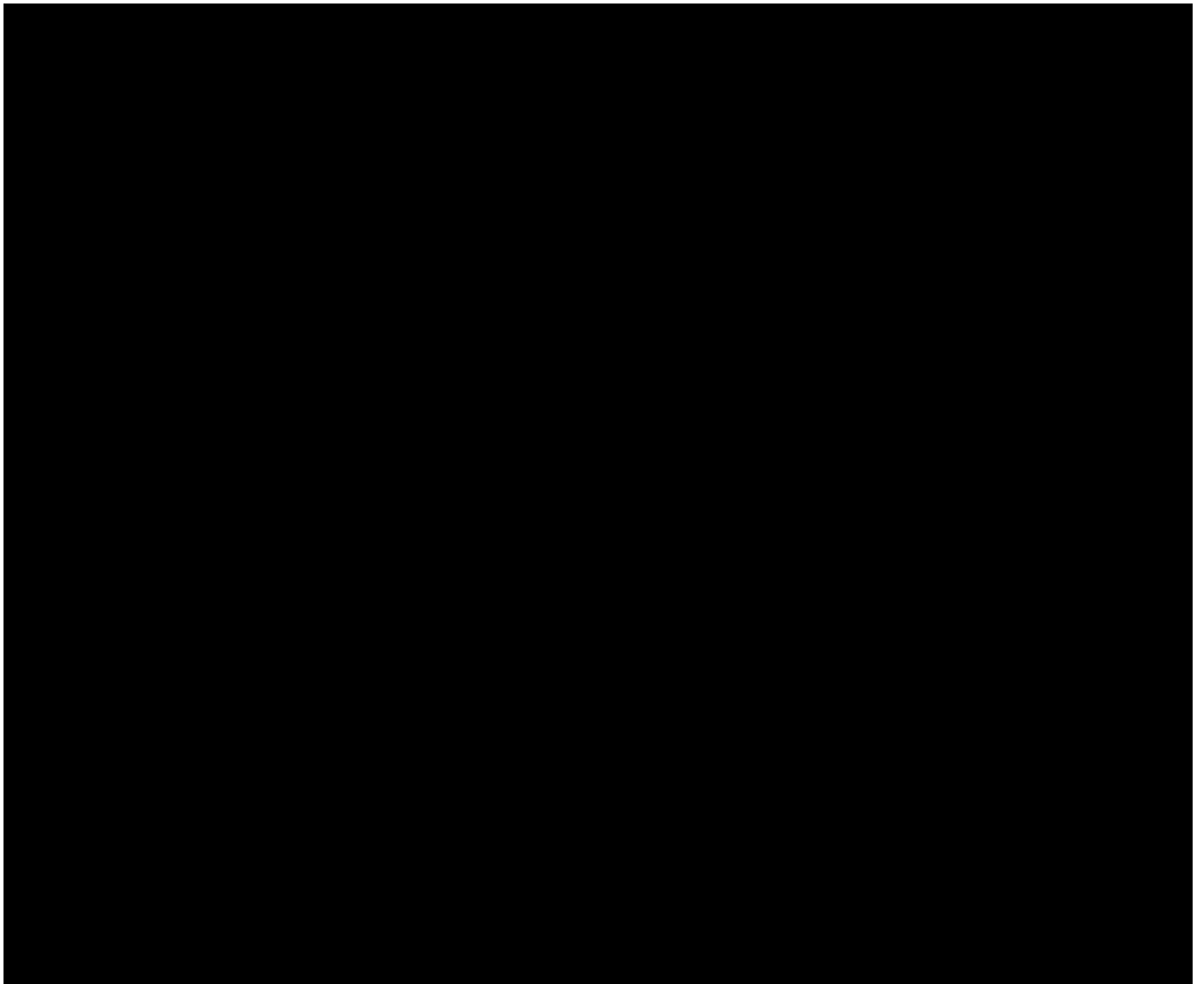
**Gregg Fisher**

3 reviews

 2 years ago







← → ↻ cws.auburn.edu/ocm/gradslist Google Star Update

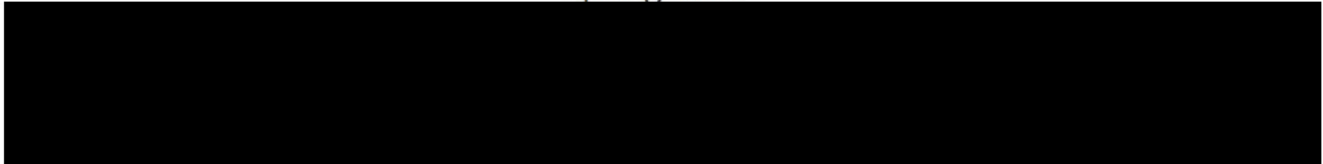
**GRADUATES LIST**

Who are you looking for?

Enter first names, last names, usernames, semesters, years, etc., or browse the [full list](#).

[Detailed search](#)

Spring 2016



W-2

Wage and Tax Statement

2018

W-2

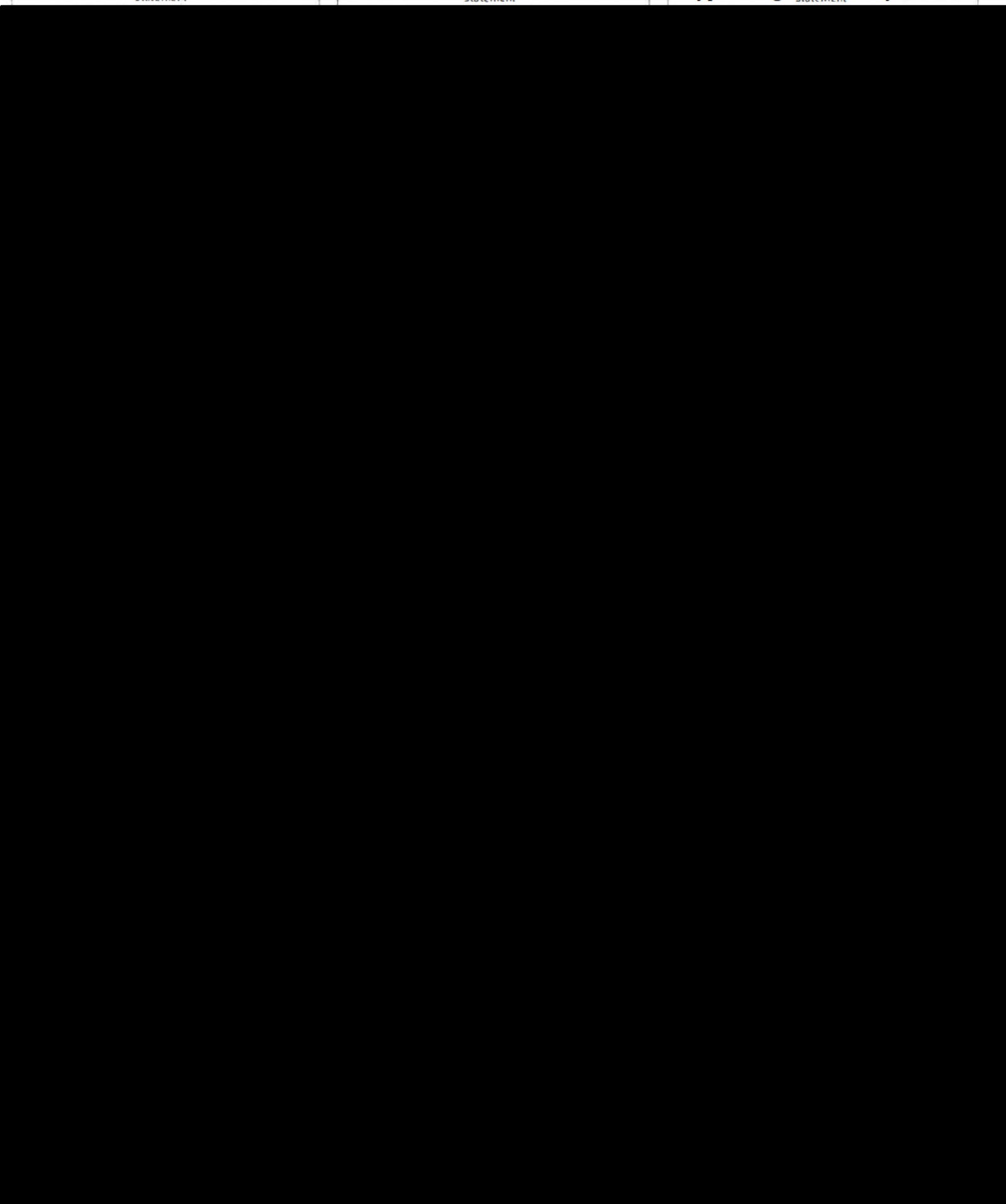
Wage and Tax Statement

2018

W-2

Wage and Tax Statement

2018



40  
100.00  
57.00  
JUL

STATE OF ALABAMA  
DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 for standard filing (based on date of receipt and volume) or \$200.00 for expedited service (processed within approximately 3 business days after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Once the Secretary of State's Office has indexed the filing the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab and the Business Entity Records link - you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

License Type: Integrated Facility

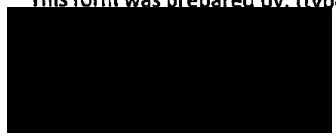
RLPY 2018 1911  
Recorded In Above Book and Page  
04/06/2018 11:52:22 AM  
Charles C. Woodroof  
Judge of Probate  
Limestone County, AL

(For County Probate Office Use Only)

The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).

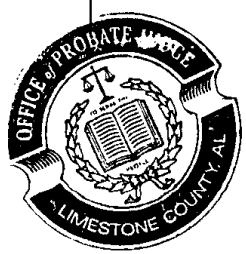
1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations): SAWGRASS LAND SERVICES LLC
2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].

This form was prepared by: (type name and full address)



(For SOS Office Use Only)

I, Charles C. Woodroof, Judge of Probate in and for Limestone County, AL, do hereby certify the foregoing is a true copy of the original document which was filed in this office on the 6<sup>th</sup> day of April 2018. Given under my Hand and Official Seal this 6<sup>th</sup> day of April 2018.  
*Charles C. Woodroof*  
Judge of Probate



Alabama  
Sec. Of State  
New Entity  
515-319  
Date 4/12/2018  
Time 13:28  
180412 4 Pg

RECEIVED DATE

RECEIVED DATE

APR 12 2018

APR 12 2018

File \$100.00  
Ackn \$.00  
Total \$100.00

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

3. The name of the Registered Agent located at the Registered Office (only one agent):

[Redacted]

Street (No PO Boxes) address of Registered Office (must be located in Alabama):

[Redacted]

Mailing address in Alabama of Registered Office (if different from street address):

[Redacted]

4. The undersigned certify that there is at least one member of the limited liability company.

5. Check only if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify \_\_\_\_ / \_\_\_\_ / \_\_\_\_ as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed) and the time of filing to be \_\_\_\_ : \_\_\_\_ ○ AM ○ PM (cannot be noon or midnight – 12:00)

Attached are any other matters the members determine to include herein ( if this item is checked there must be attachments with the filing).

[Redacted Signature Area]

01 10 2018  
Date (MM/DD/YYYY)

ORGANIZER  
Typed Title (Organizer or Attorney-in-fact)

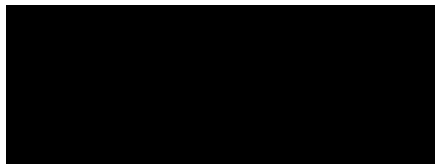
Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

RLPY 2018 19113

**ATTACHMENT CERTIFICATE OF FORMATION OF**

**SAWGRASS LAND SERVICES, LLC**

1. **Members of the LLC are as follows:**



2. **Admission of additional Members to the company will require the unanimous written approval of all existing Members.**
3. **Any changes or additions to this agreement shall be made in writing and will require the approval of all existing Members.**

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:

**SAWGRASS LAND SERVICES LLC**

This name reservation is for the exclusive use of [REDACTED]  
[REDACTED] 35613 for a period of one year beginning  
April 04, 2018 and expiring April 04, 2019

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.



RES793165

April 04, 2018

Date

John H. Merrill

Secretary of State

Recording Fee 51.00  
TOTAL 51.00

Alabama  
Sec. Of State

New Entity  
515-319 DLL  
Date 4/12/2018  
Time 13:28  
180412 4 Pg

File \$100.00  
Ackn \$.00  
Exp \$.00

Total \$100.00  
07/041

2/23/20  
50.00 50.00  
26.00 JOP

License Type: Integrated Facility  
Recorded In Above Book and Page  
08/17/2020 10:49:38 AM  
Charles C. Woodroof  
Judge of Probate  
Limestone County, AL

**AMENDMENT TO  
CERTIFICATE OF FORMATION OF  
SAWGRASS LAND SERVICES, LLC**

Pursuant to §10A-5A-2.02 of the Alabama Limited Liability Company Law (the “Act”), the undersigned does hereby adopt this Amendment to Certificate of Formation in the Limestone County Judge of Probate’s office:

**ARTICLE I  
NAME**

1.1 The current name of the limited liability company is Sawgrass Land Services, LLC (the “Company”).

**ARTICLE II  
DATE OF FILING**

2.1 The date of the filing of the Certificate of Formation for the Company was April 6, 2018 (the “Articles”), and the Alabama Entity ID Number for the Company is: 515-319.

**ARTICLE III  
AMENDMENT**

3.1 The Articles are hereby amended to change the name of the Company from “Sawgrass Land Services, LLC” to “Sawgrass Environmental, LLC”. All references in the Articles to “Sawgrass Land Services, LLC” are hereby deleted and replaced with “Sawgrass Environmental, LLC.”

**ARTICLE IV  
PROPER APPROVAL**

4.1 This amendment, consistent with the Act, was approved by all of the members entitled to vote or in accordance with the requirements set forth in the Articles and prescribed by law.

In Testimony Whereof, witness the hand and seal of the undersigned on this the 14 day of August, 2020.

**MEMBER:**





JOHN H. MERRILL  
SECRETARY OF STATE

ALABAMA STATE CAPITOL  
MONTGOMERY, AL 36130

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the 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:

**Sawgrass Environmental, LLC**

This name reservation is for the exclusive use of Mixon Firm, 2 Perimeter Park S, Ste 550E, Birmingham, AL 35243 for a period of one year beginning August 11, 2020 and expiring August 11, 2021.

Recording Fee	26.00
TOTAL	26.00

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.



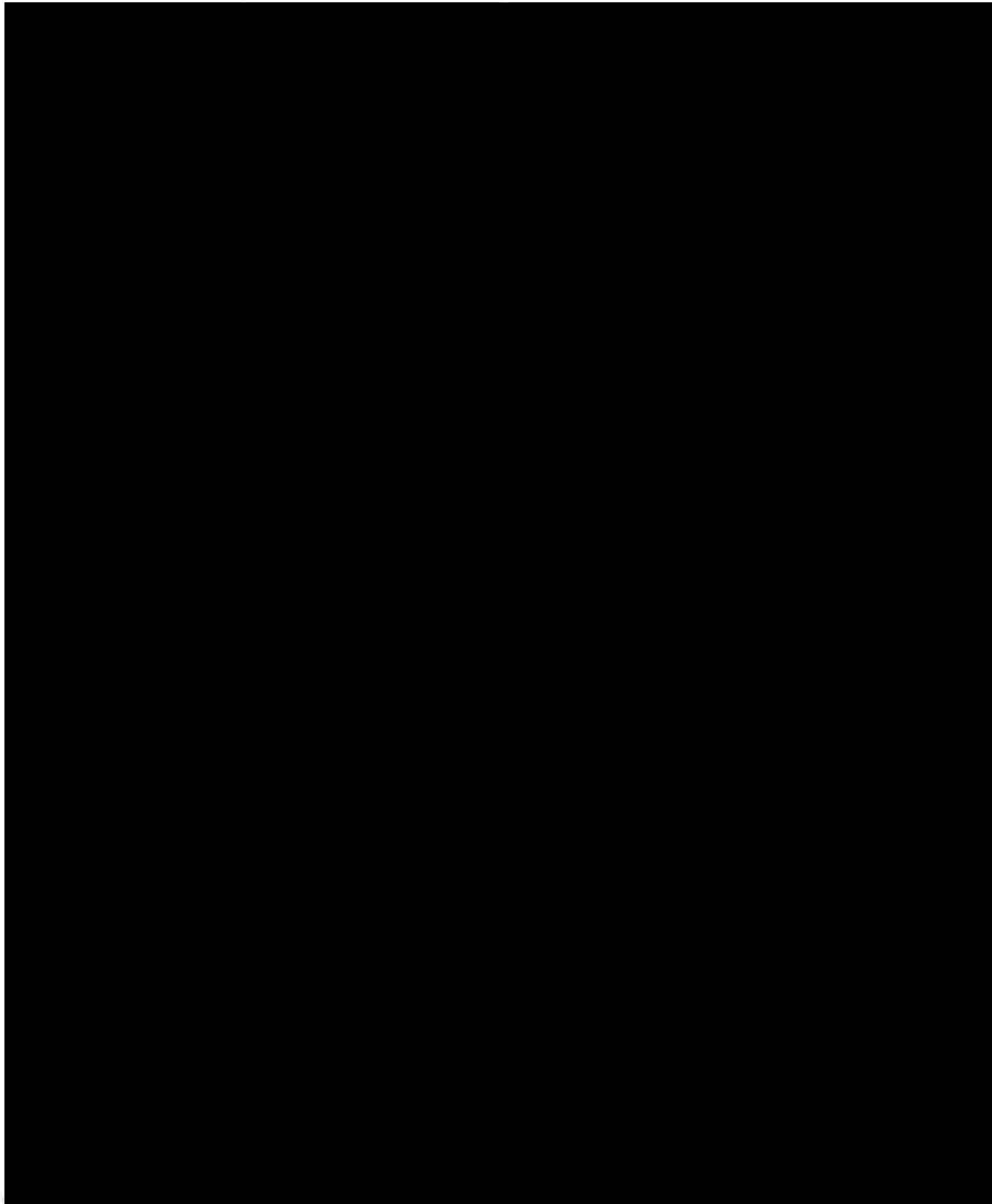
August 11, 2020

Date

John H. Merrill

Secretary of State

RES899218



☎ 205-807-4141  
(/CONTACT)



**SAWGRASS**  
ENVIRONMENTAL

(/)

[home \(/\)](#)  
[about \(/about\)](#)  
[services \(/services\)](#)  
[contact \(/contact\)](#)

SAWGRASS ENVIRONMENTAL

# Erosion and Sediment Control, Grassing, and Forestry Mulchin

# PROTECTING AND PRESERVING LAND AND ITS VALUE

Headquartered in Alabama, Sawgrass Environmental specializes in Erosion and Sediment Control, Grassing, and Forestry Mulching for excavation and grading contractors, home builders, developers, construction companies, private landowners, municipalities, and general contractors.

## Our Areas of Expertise



### Erosion & Sediment Control

[LEARN MORE \(/SERVICES\)](#)

### Grassing & Hydroseeding

[LEARN MORE \(/SERVICES\)](#)





# Forestry Mulching

[LEARN MORE \(/SERVICES\)](#)

Sawgrass operates under a mission to preserve and protect the overall usability of land and property value. Our ultimate goal is to serve as a professional resource, ensuring that your property and project are handled professionally. We are committed to meeting on-site to provide a consultation that results in the most efficient path forward. Our solutions are suited to your particular property, and we implement these solutions professionally, using the latest in equipment and practices.

We work to maximize property productivity by expertly assessing and evaluating sites, stabilizing soil and vegetation, and implementing erosion and sediment control measures. Sawgrass Environmental is regionally recognized for reliability and attention to detail. We are thorough, consistent in client communication, and on the leading edge of processes and practices.

At Sawgrass Environmental, we provide a comprehensive suite of services to include Erosion and Sediment Control, Grassing, Hydroseeding, Land Clearing, Site Assessments, and more. We understand that every job site has its own set of unique challenges and opportunities, so our team starts with a consultation and site visit to determine best steps forward.

If you don't see what you're looking for here, contact the team to talk it over.

[SEE OUR SERVICES \(/SERVICES\)](#)

“Roy at Sawgrass is great to communicate with and really goes out of his way to follow through.”

— MATTHEW HUPP

## Let's Talk.

We're waiting to connect with you. Send over a message or give us a call and let's talk about your property.

Name \*

First Name

Last Name

Email Address \*

How Can We Help? \*

Please do not include confidential or sensitive information in your message. In the event that we are representing a party with opposing interests to your own, we may have a duty to disclose any information you provide to our client.

**SUBMIT**

# Serving Central Alabama & the Surrounding Region

License Type: Integrated Facility 

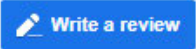
[home \(/home\)](#) | [about \(/about\)](#) | [services \(/services\)](#) | [contact \(/contact\)](#)

(205) 807-4141 (tel:+12058074141) | [roy@sawgrassland.com](mailto:roy@sawgrassland.com)  
(mailto:roy@sawgrassland.com)

Sawgrass Environmental specializes in Erosion and Sediment Control, Grassing, and Forestry Mulching for excavation and grading contractors, home builders, developers, construction companies, private landowners, municipalities, and general contractors.



# Sawgrass Environmental

 Write a review

5.0  1 review 

Sort by

- Most relevant
- Newest
- Highest
- Lowest



**Matthew Hupp**

Local Guide · 77 reviews · 27 photos



 3 years ago

Roy at Sawgrass is great to communicate with and really goes out of his way to follow through with what he says he's going to do. Contact these guys for all your erosion and land clearing needs, you won't be disappointed!

 Like



# EXHIBIT #4 – CRIMINAL BACKGROUND CHECKS

## Verification

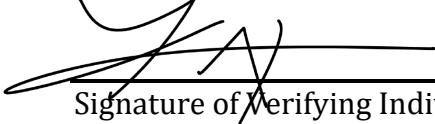
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



Signature of Verifying Individual

2/20/2023

Verification Date

CONFIDENTIAL

• 4.1 – FORM B APPLICANT BACKGROUND CHECK VERIFICATION is attached hereto.

• 4.2 – FORM C STATE BACKGROUND CHECK is attached as follows:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

• 4.3 – FORM D FEDERAL BACKGROUND CHECK is attached as follows:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

• 4.4 – FORM E INDIVIDUAL BACKGROUND CHECK VERIFICATION is attached as follows:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CONFIDENTIAL

CONFIDENTIAL

[REDACTED]

**FORM B: BACKGROUND CHECK APPLICANT VERIFICATION**

Southern Crop Holding Company LLC

Integrated Facility License

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)
[REDACTED]	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<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
[REDACTED]	<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

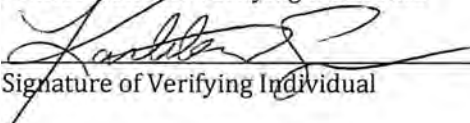
**Applicant Verification:** The undersigned hereby verifies that the individuals listed hereinabove (and attached, as necessary) are all of the individuals identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect to the Applicant. The undersigned further verifies that each individual 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.

Kathleen Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

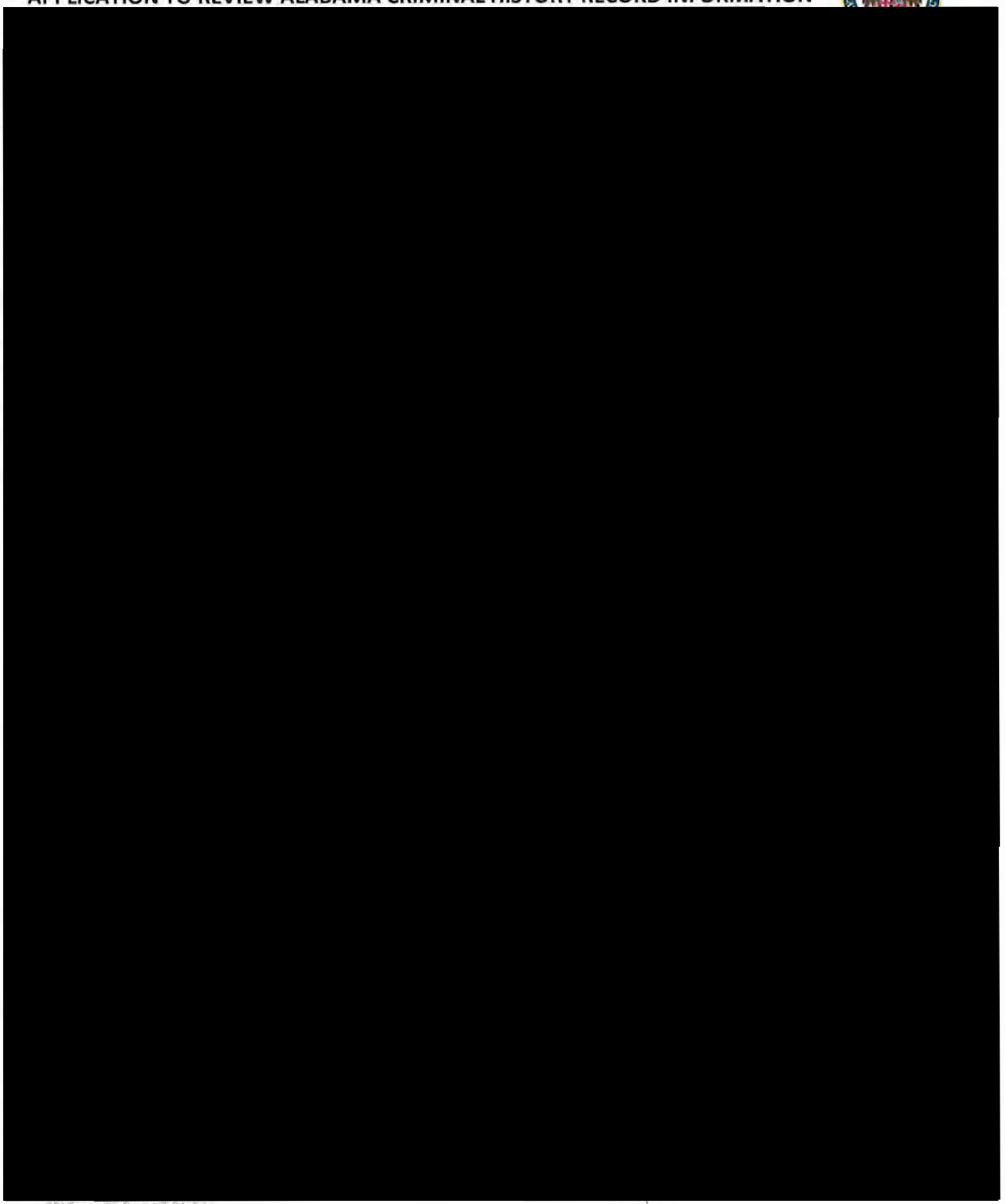
Title of Verifying Individual

  
Signature of Verifying Individual

12/6/2022  
Verification Date

ALABAMA LAW ENFORCEMENT AGENCY

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

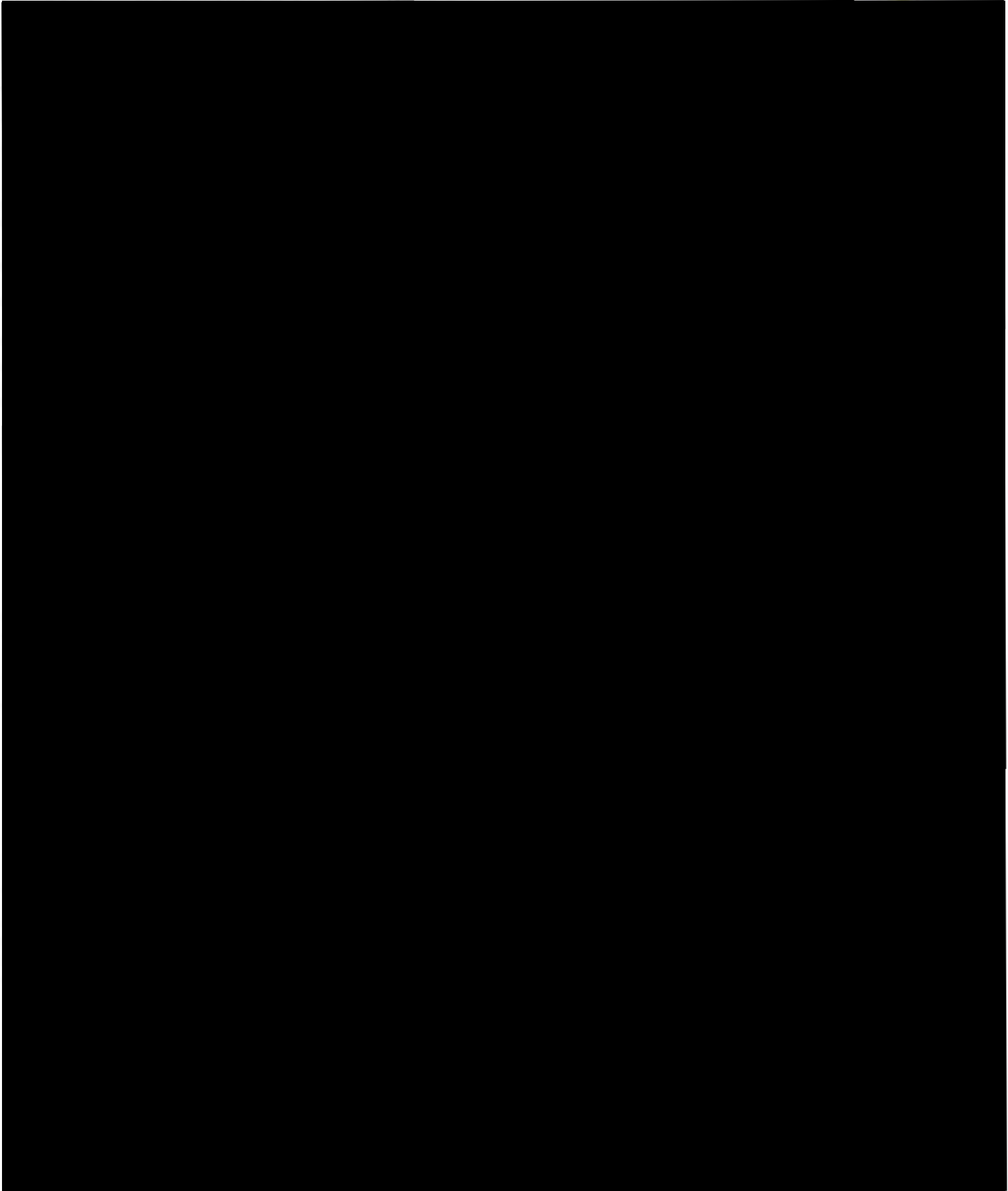


ALABAMA LAW ENFORCEMENT AGENCY

**APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION**



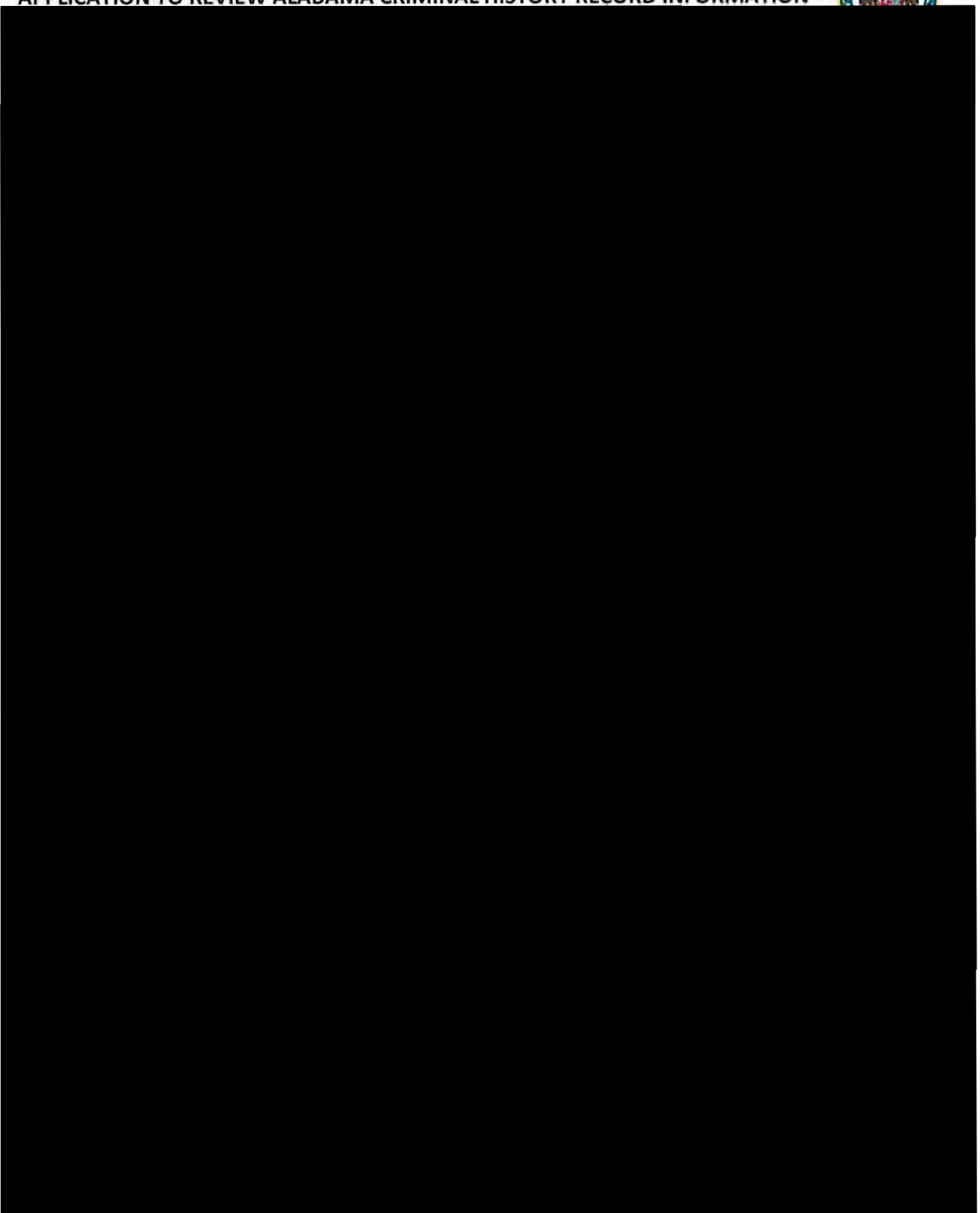
**PERSONAL INFORMATION**

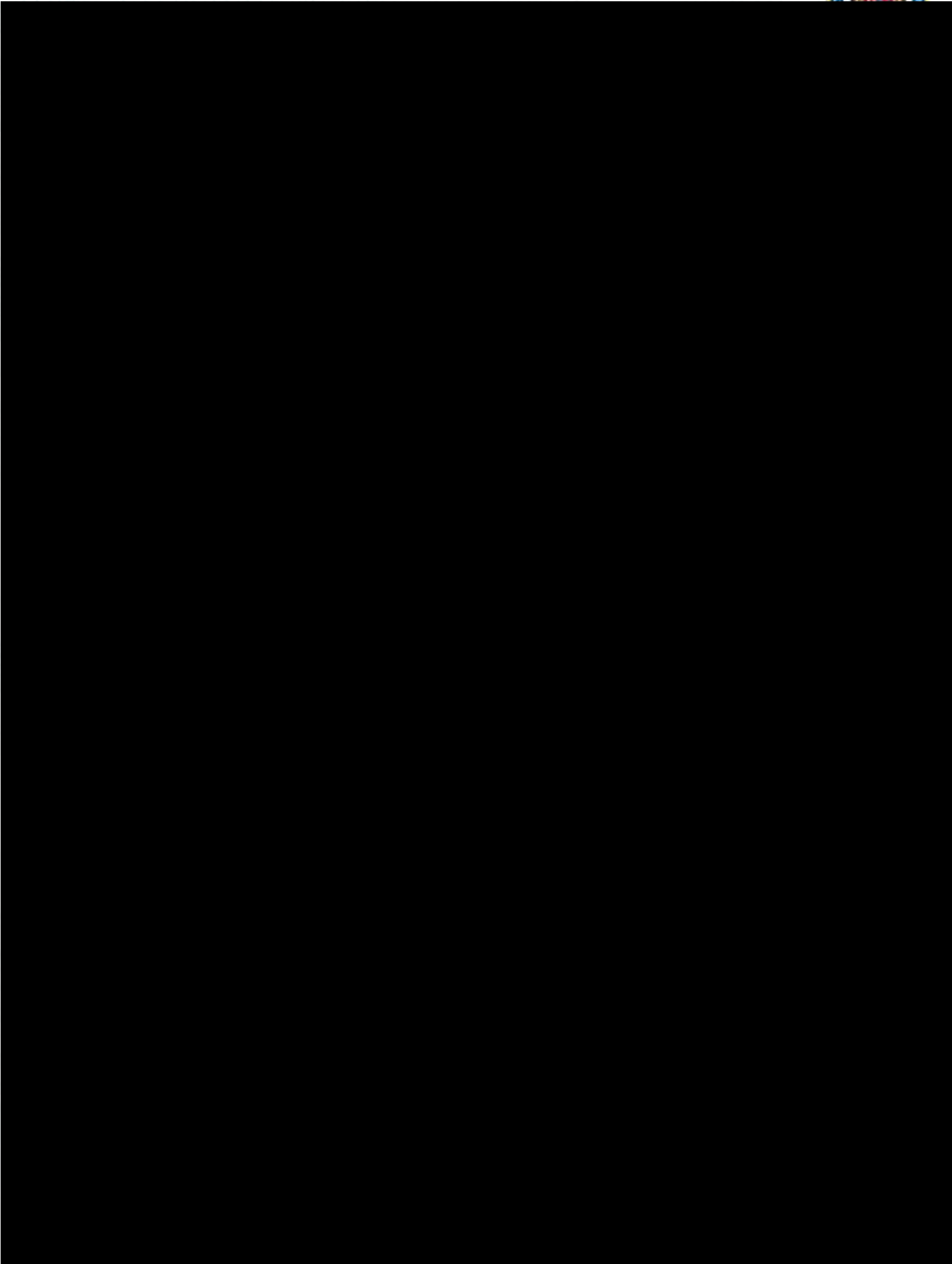


ALABAMA LAW ENFORCEMENT AGENCY

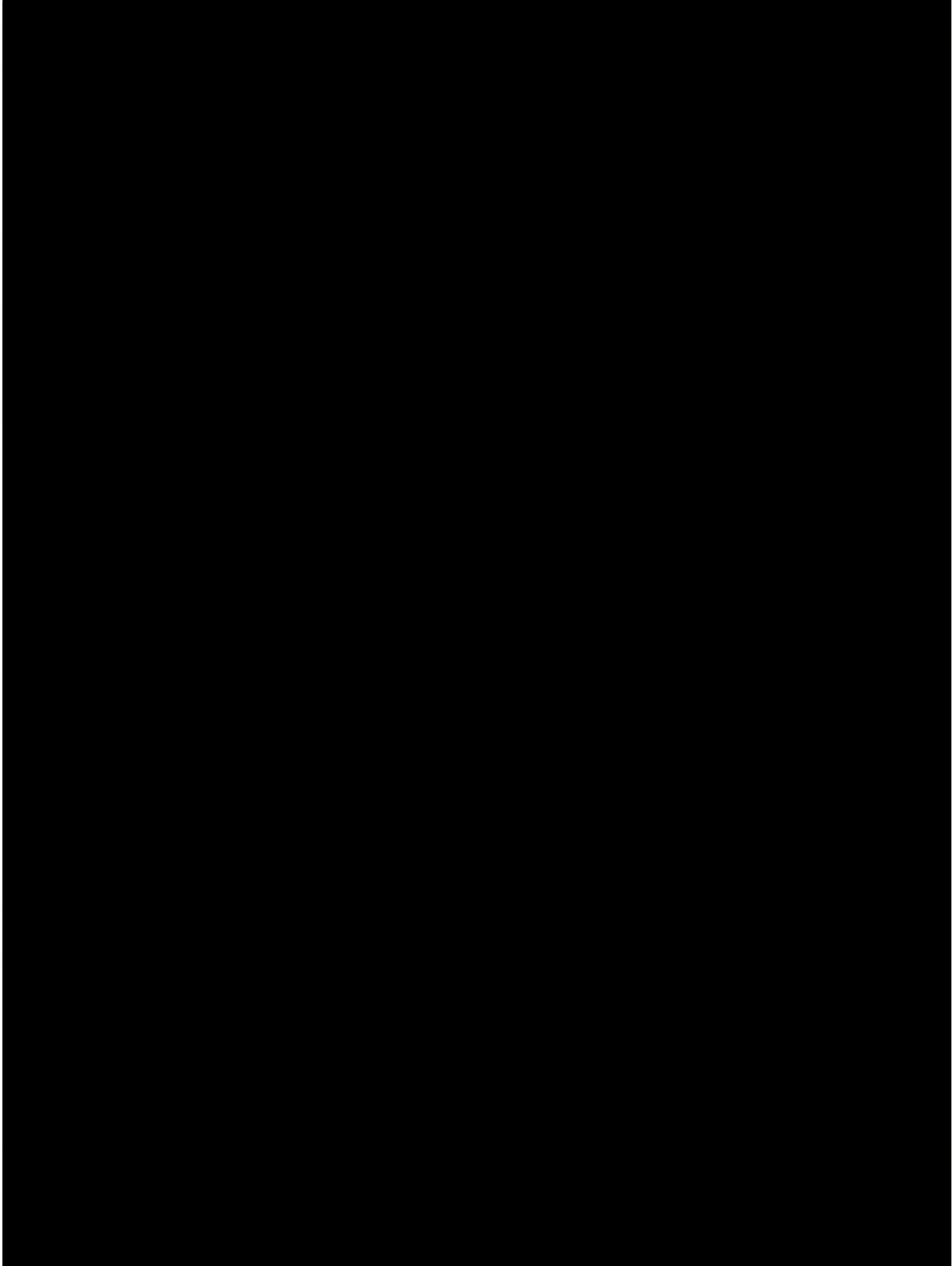


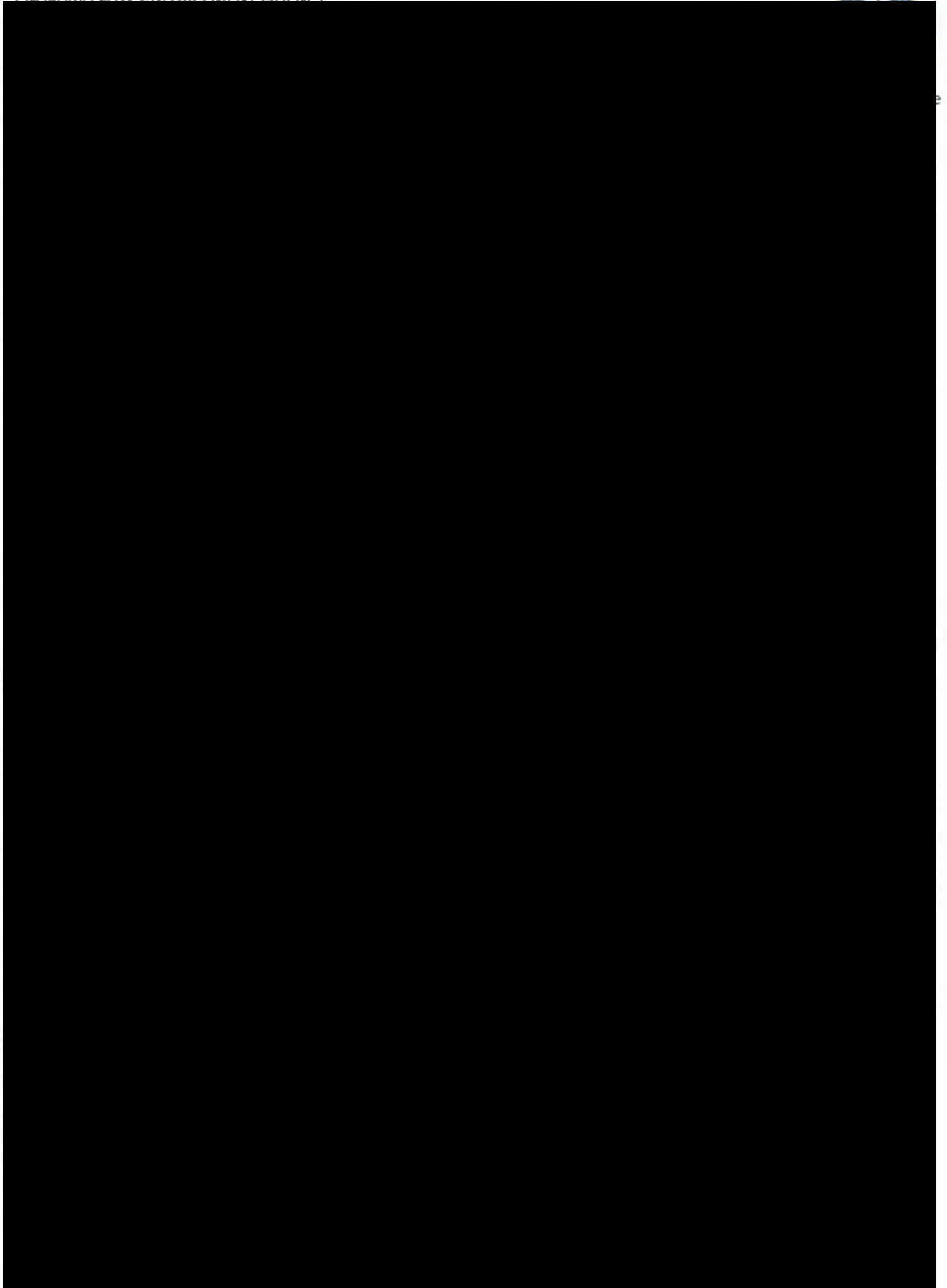
APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

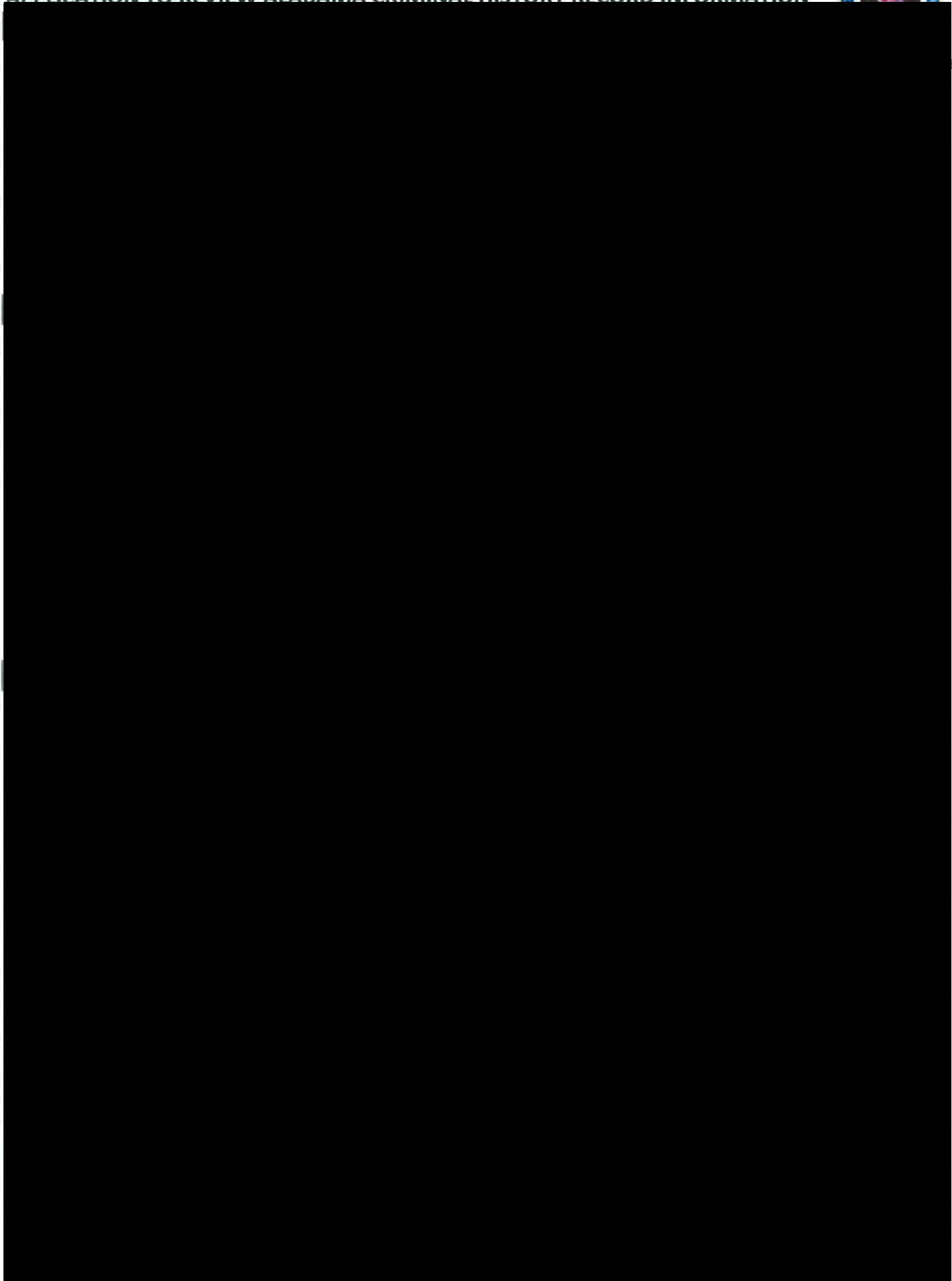






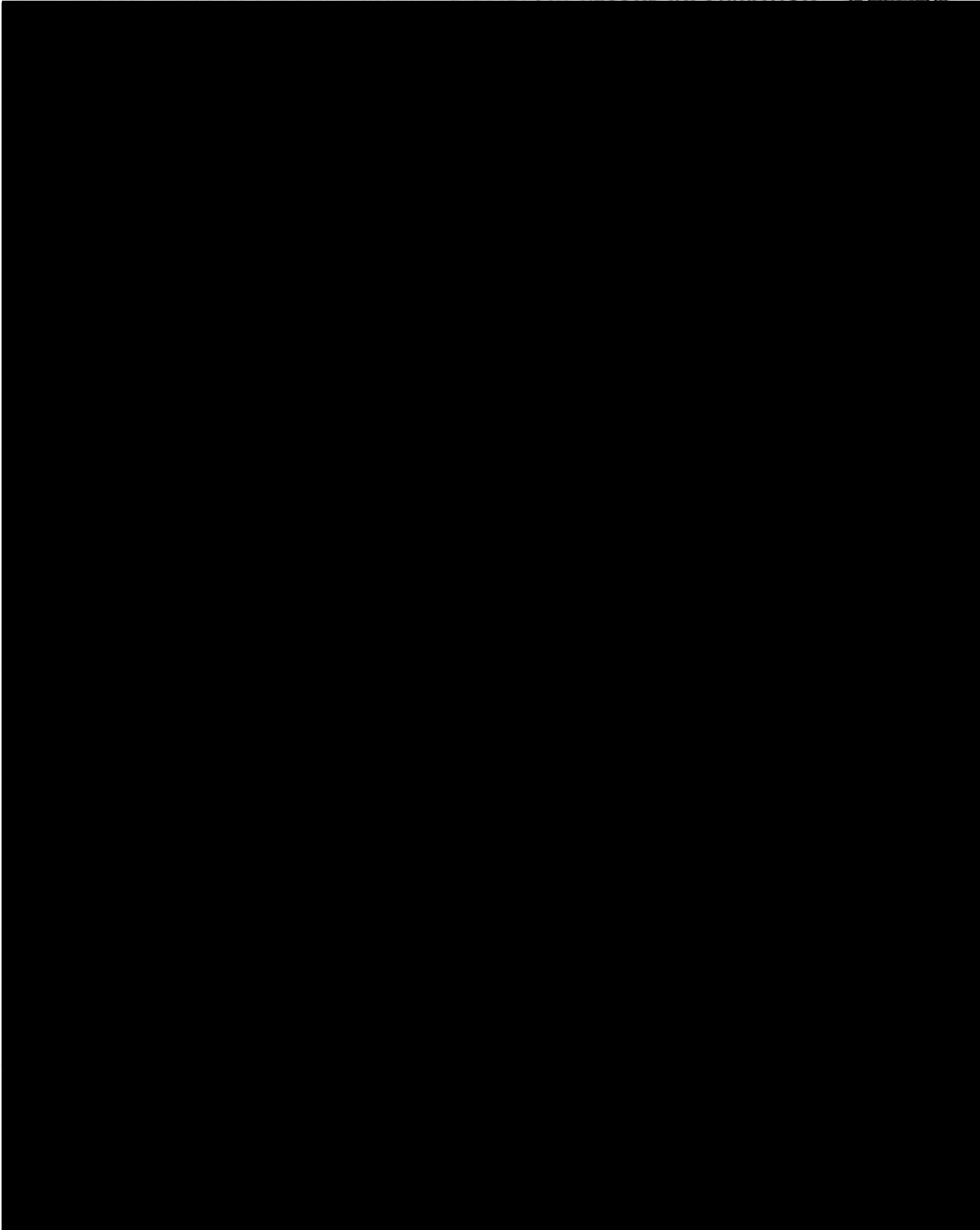




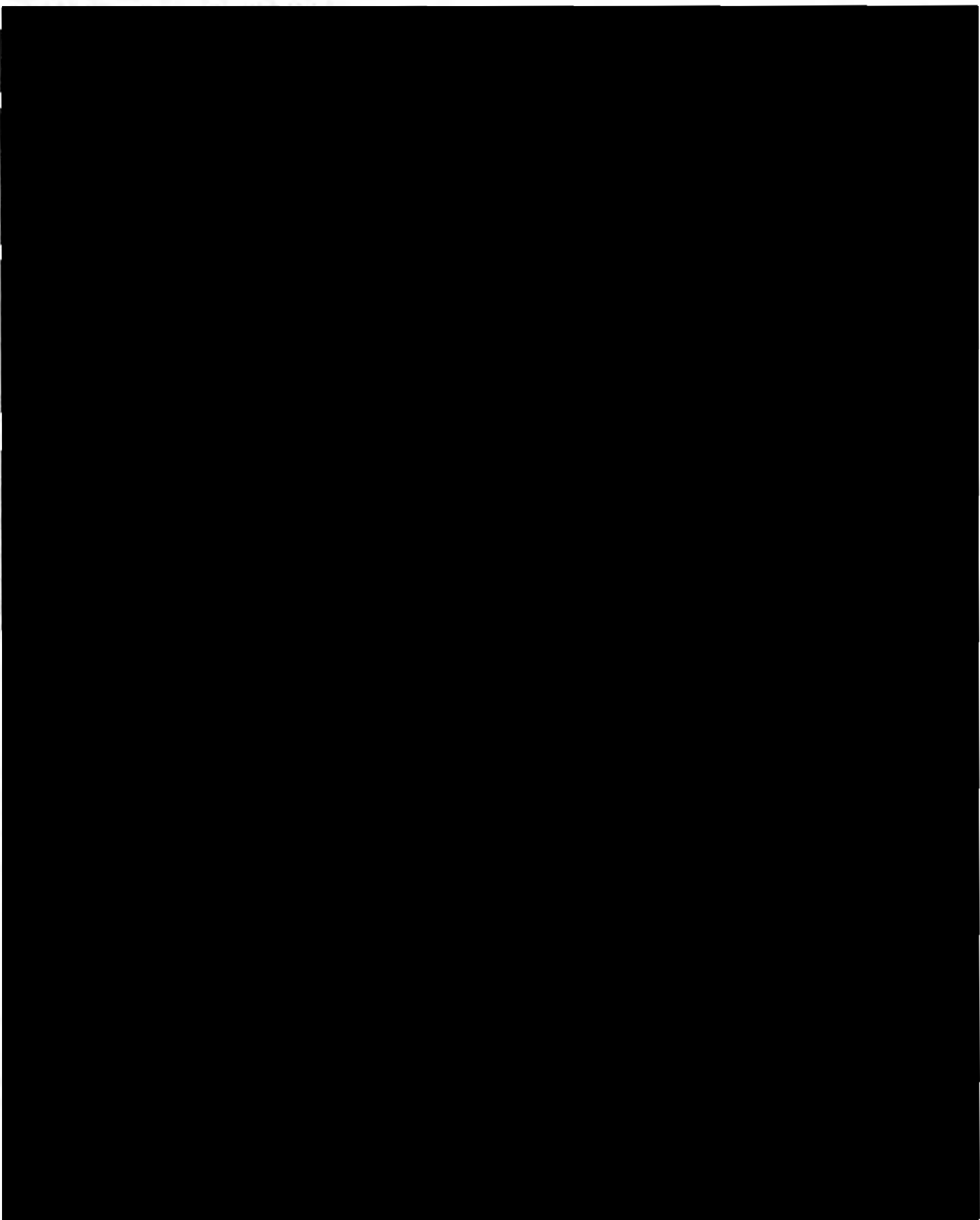


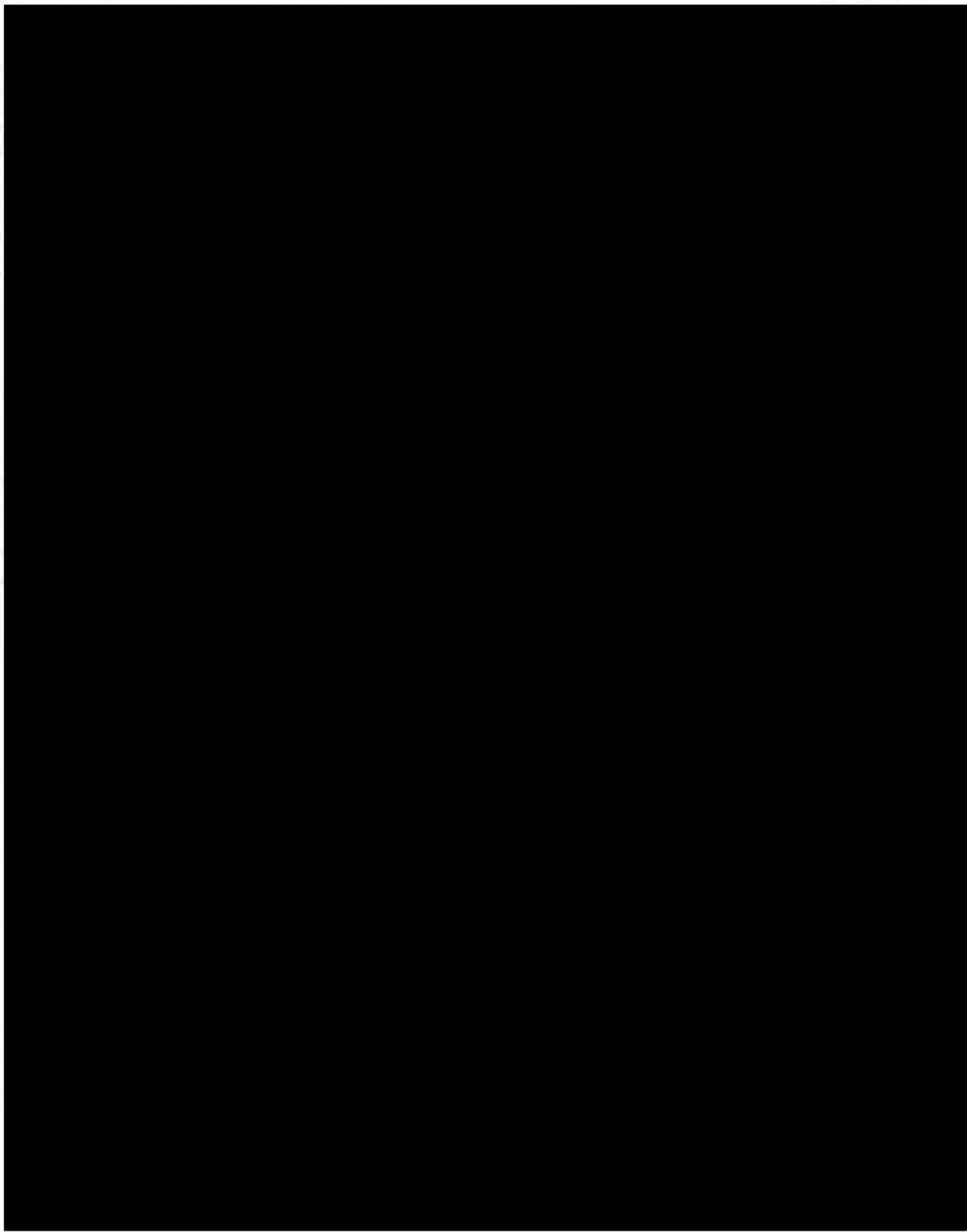
ALABAMA LAW ENFORCEMENT AGENCY

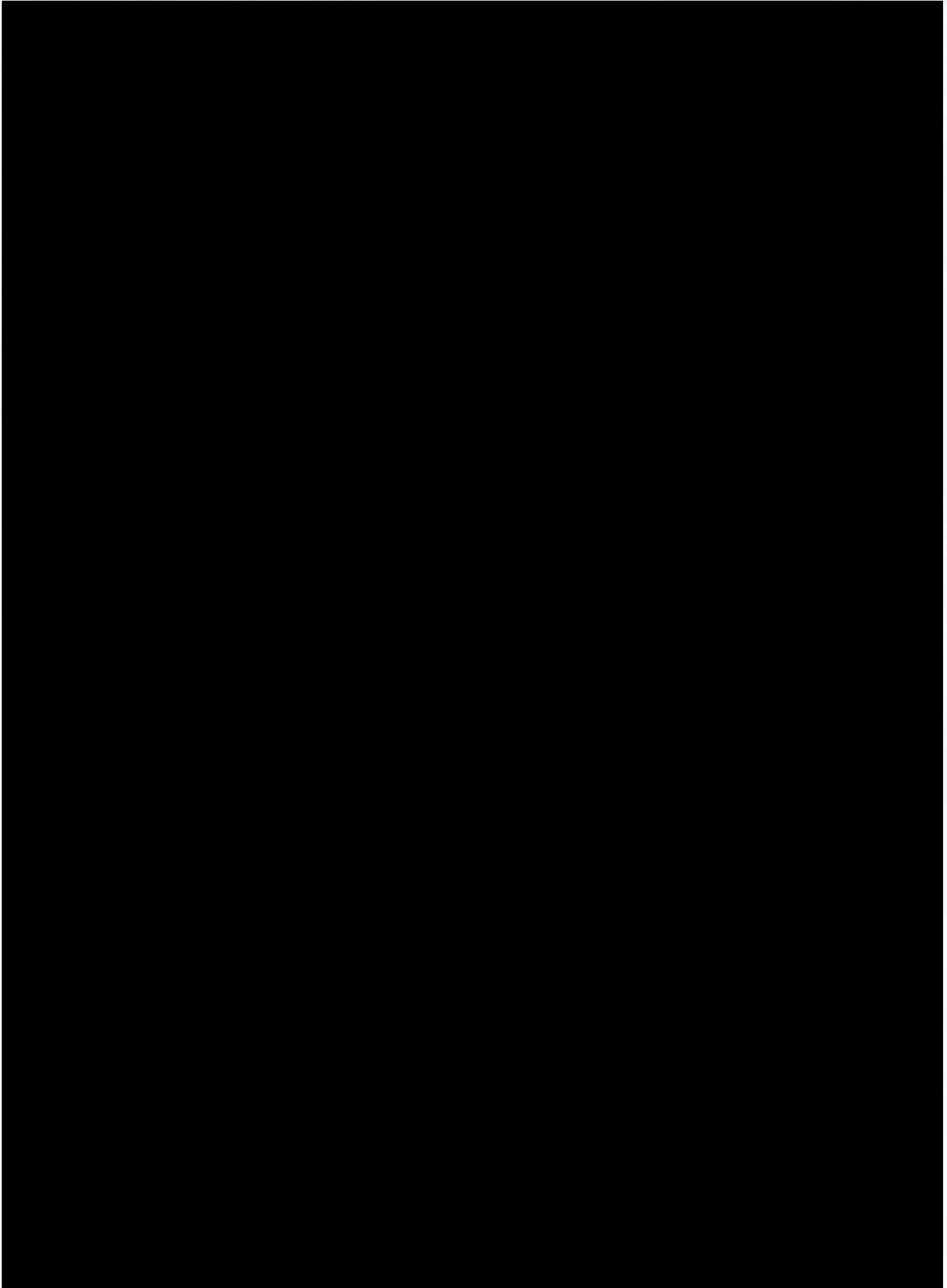
**APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION**



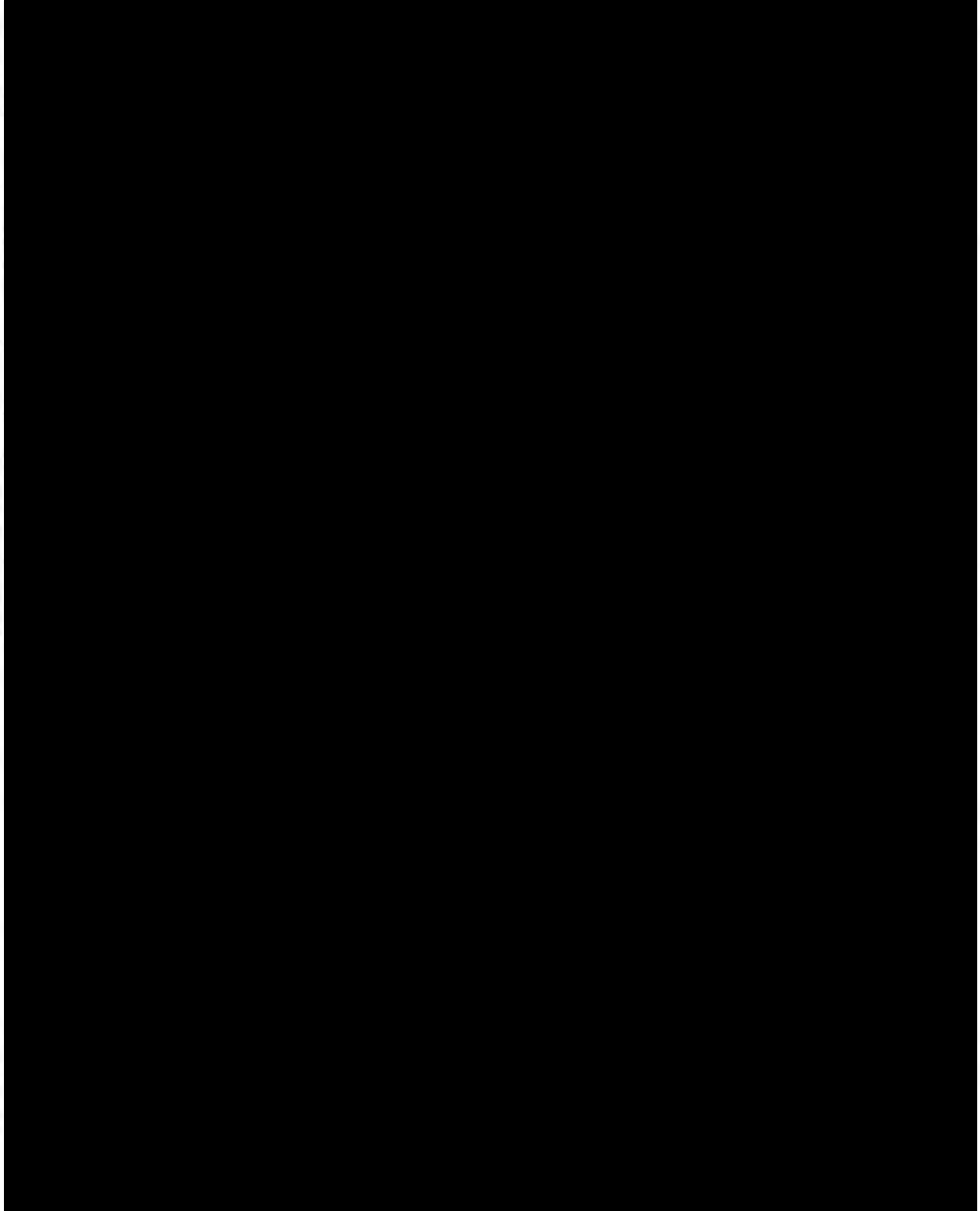
IDENTITY HISTORY SUMMARY REQUEST FORM





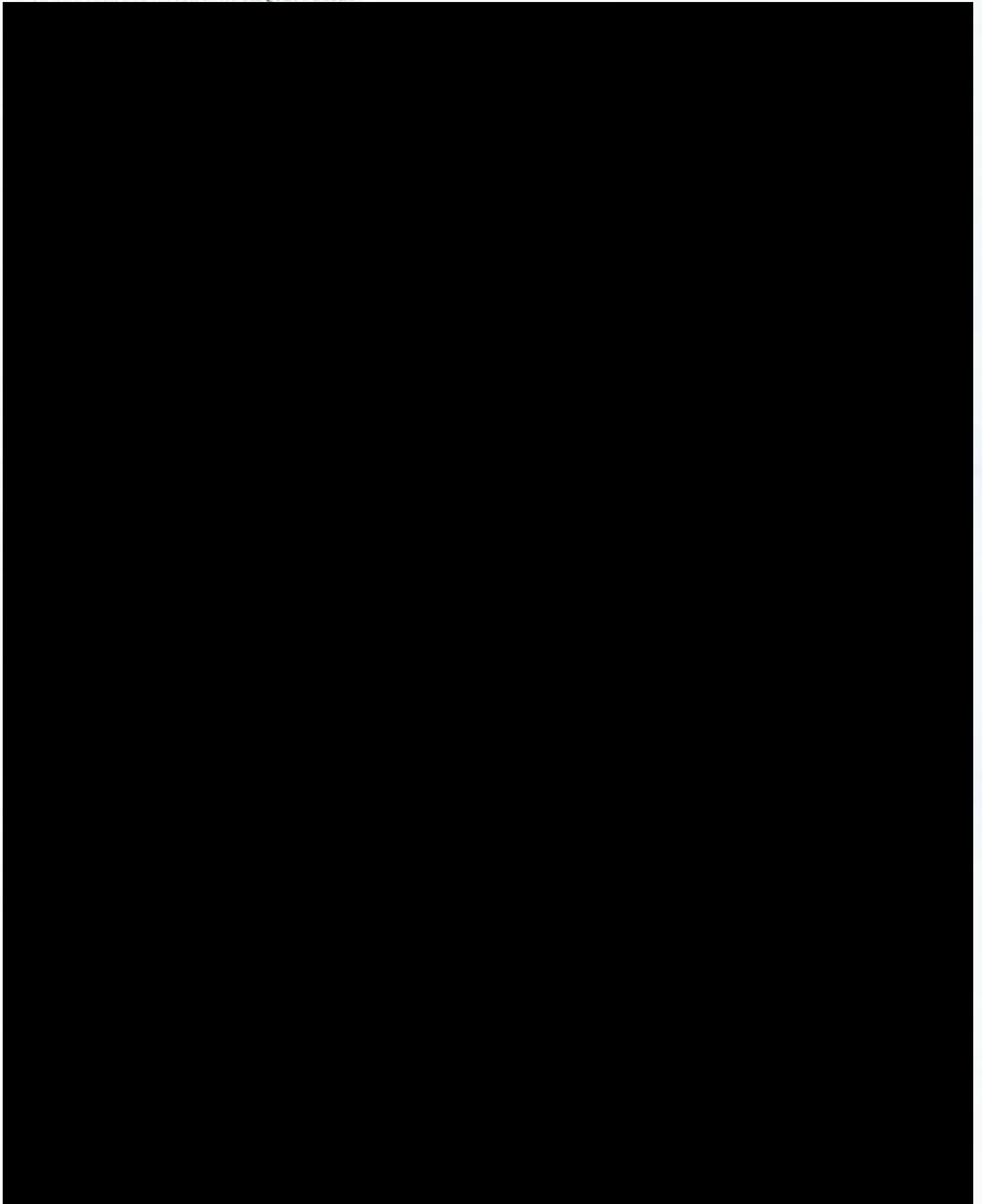


IDENTITY HISTORY SUMMARY REQUEST FORM

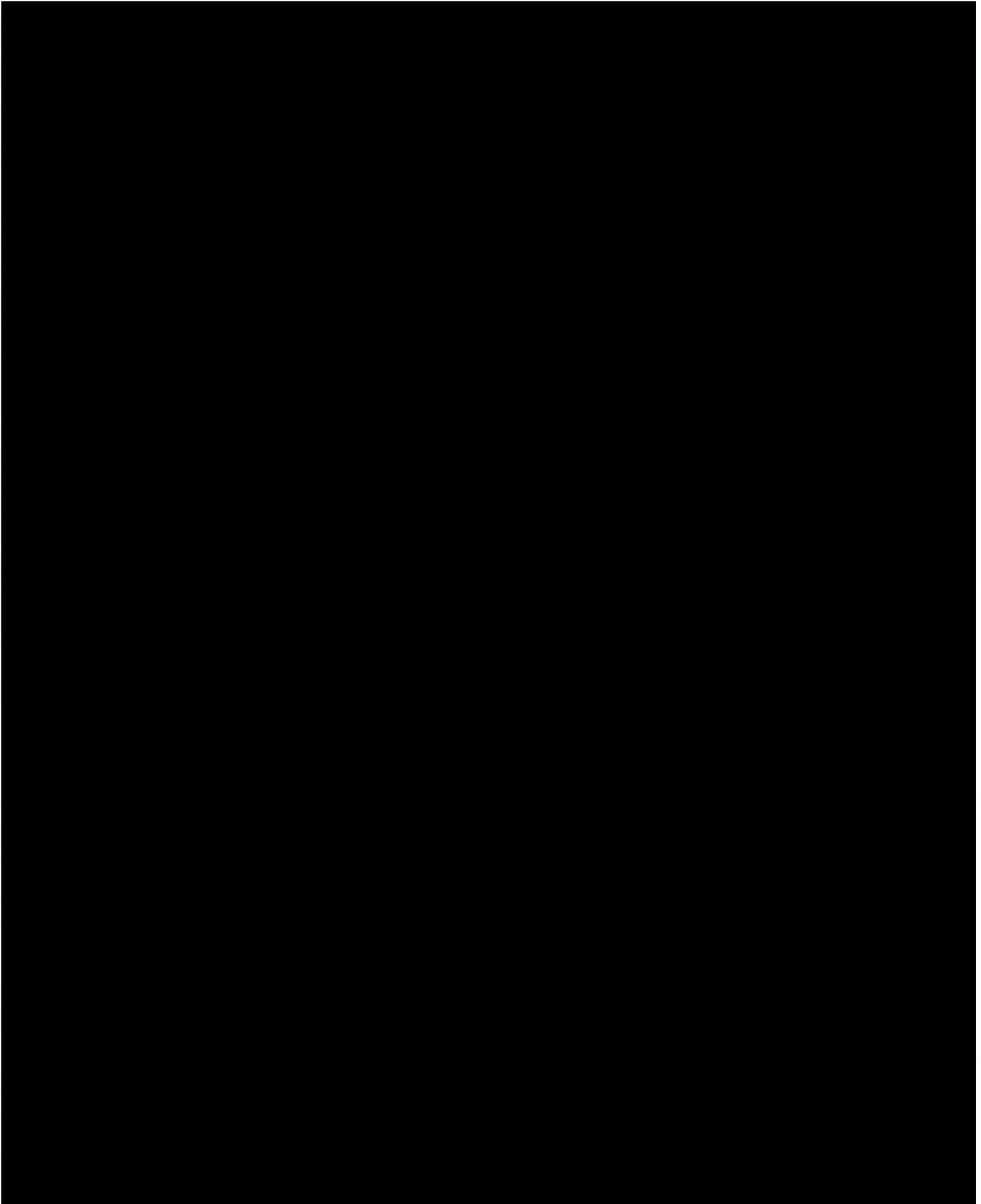




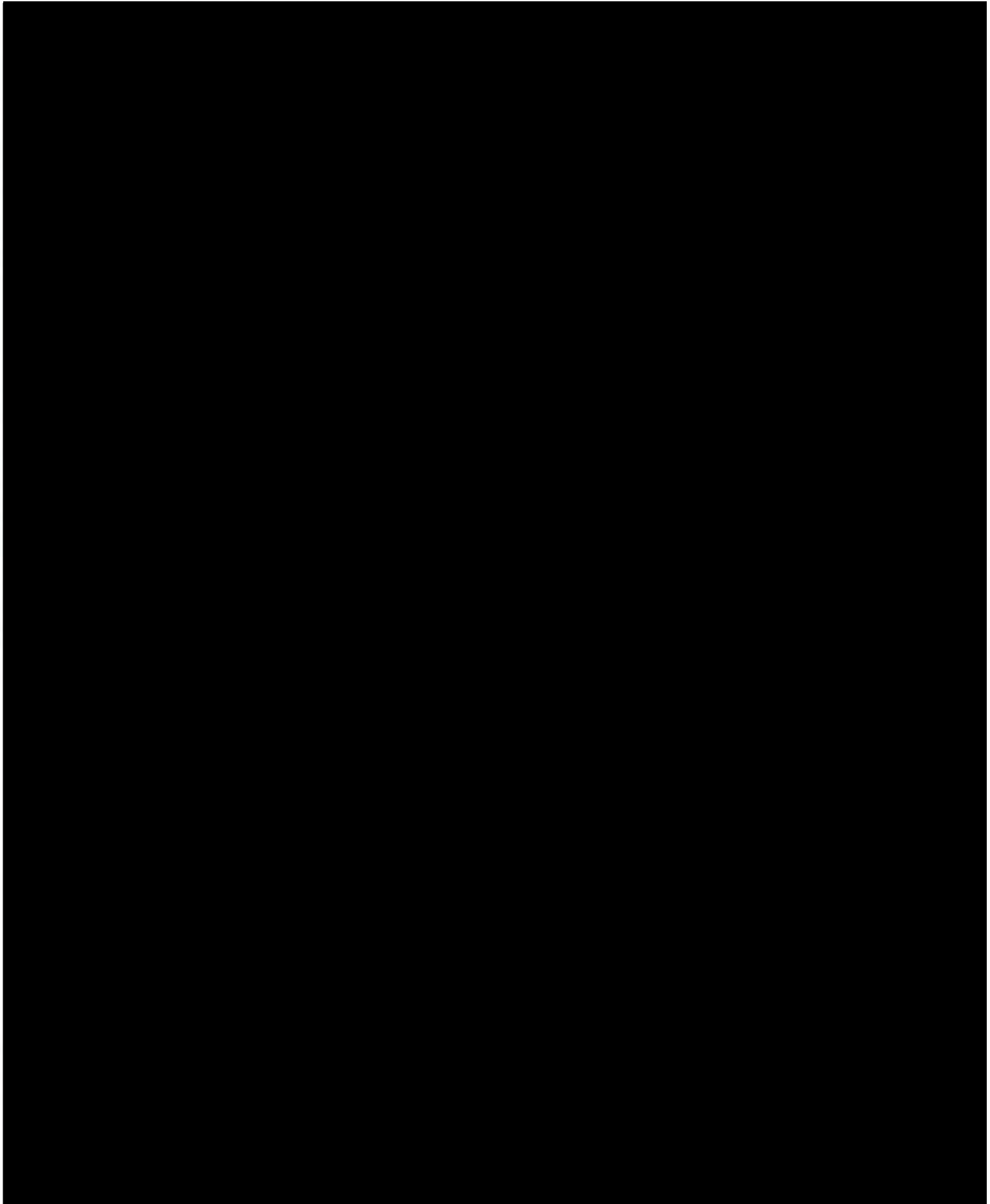
**IDENTITY HISTORY SUMMARY REQUEST FORM**



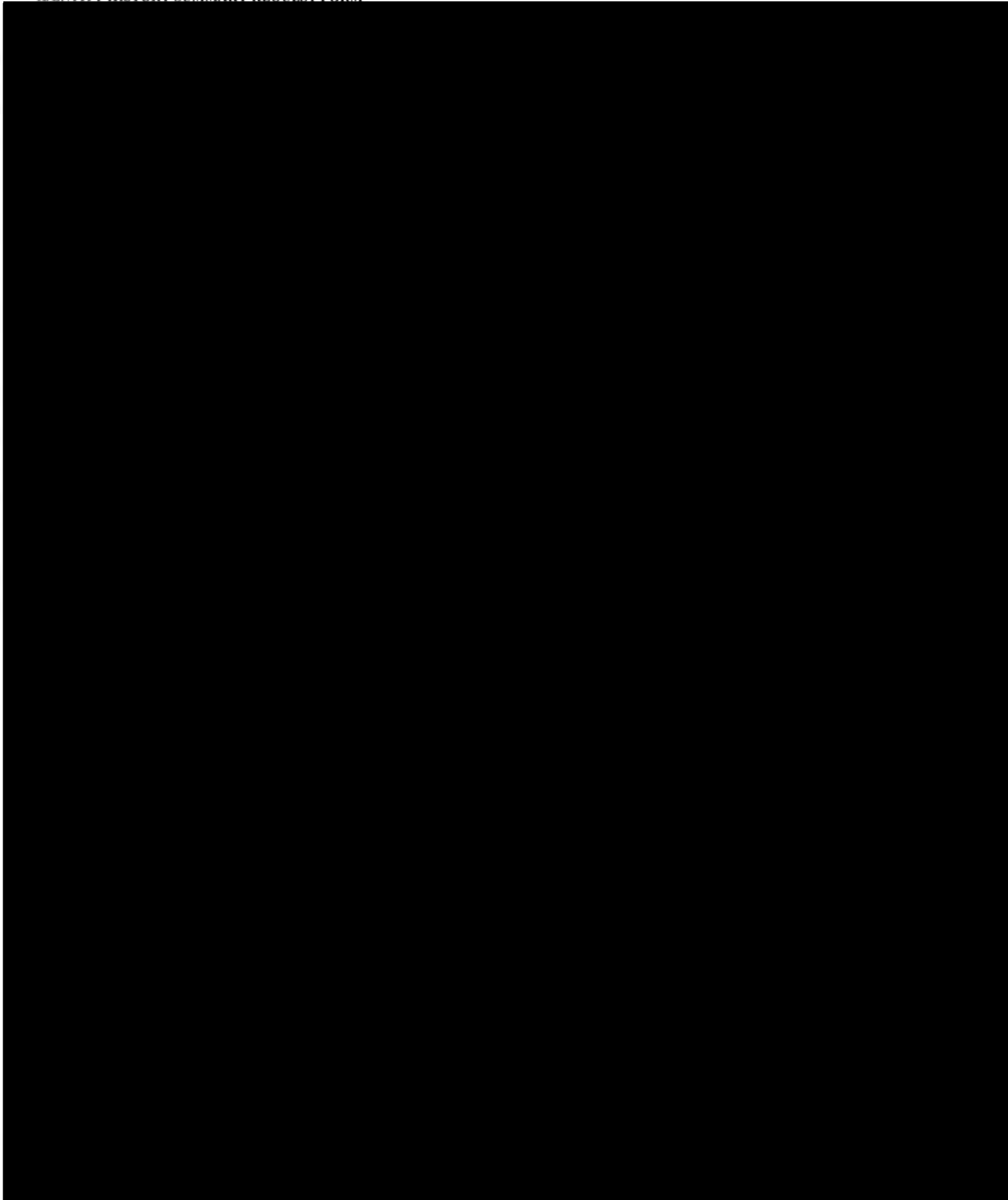
IDENTITY HISTORY SUMMARY REQUEST FORM



**IDENTITY HISTORY SUMMARY REQUEST FORM**



**IDENTITY HISTORY SUMMARY REQUEST FORM**



**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.

Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



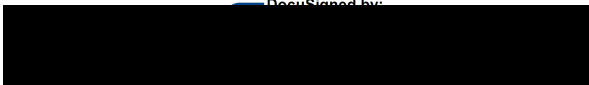
Individual's Name

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.

DocuSigned by:  


Signature of Verifying Individual

10/25/2022

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.

Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



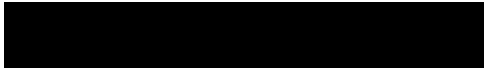
Individual's Name

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

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Signature of Verifying Individual

10/25/2022

Verification Date

**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

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Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



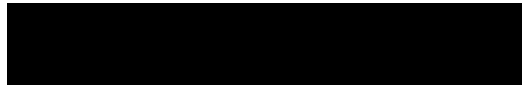
Individual's Name

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

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- 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.



933279032E014B4...  
Signature of Verifying Individual

10/24/2022

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.

Southern Crop Holding Company LLC  
Business License Applicant Name

Integrated Facility License  
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:

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- 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

11/7/2022  
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.*

Southern Crop Holding Company LLC  
Business License Applicant Name

Integrated Facility License  
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:

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- 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

11-7-22  
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.*

Southern Crop Holding Company LLC  
Business License Applicant Name

Integrated Facility License     
License Type



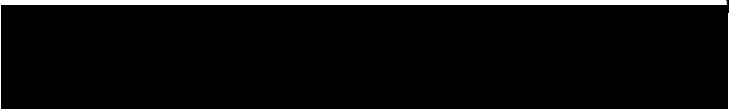
Individual's Name

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

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- 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 verification Form.



Signature of Verifying Individual

12/20/22

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.*

Southern Crop Holding Company LLC  
Business License Applicant Name

Integrated Facility License  
License Type

[REDACTED]  
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.
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- 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.

[REDACTED]  
Signature of Verifying Individual

11/28/22  
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.

Southern Crop Holding Company LLC  
Business License Applicant Name

Integrated Facility License  
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:

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- 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.
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- 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.

[Redacted Signature]

Signature of Verifying Individual

11/28/22

Verification Date

# EXHIBIT #5 – PERFORMANCE BOND

## Verification

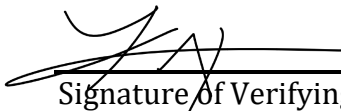
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



Signature of Verifying Individual

2/20/2023

Verification Date

**Surety Verification Form and Required Performance Bond Letter**

APPLICANT has provided the following attachments:

- **Attachment #1:** Form M: Surety Verification of Applicant Qualification
- **Attachment #2:** Surety Credit Letter from Higginbotham Insurance Inc.

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

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

<u>Southern Crop Holding Company, LLC</u>		<u>Alex DeBardeleben</u>
Integrated Facility Applicant		Contact Person
<u>120 Landfill Rd</u>		
Applicant Address		
<u>Columbiana</u>	<u>AL</u>	<u>35051</u>
City	State	Zip
<u>601-438-3359</u>	<u>alex@southern-crop.com</u>	
Phone	Email	

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

<u>Westfield Insurance Company</u>		
Surety Company		
<u>Joshua Rogers Smith</u>	<u>Attorney-in-Fact</u>	
Surety's Authorized Representative	Title	
<u>P.O. Box 5001</u>		
Surety Address		
<u>Westfield Center</u>	<u>OH</u>	<u>4251-5001</u>
City	State	Zip
<u>(330) 877-0101</u>	<u>jrsmith@higginbotham.net</u>	
Phone	Email	

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

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

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

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

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

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

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

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

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

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

*Joshua R. Smith*  
Signature of Surety’s Authorized Representative

12/19/2022  
Date

Sworn to and subscribed before F. Alexander DeBardleben IV, a Notary Public, by Joshua R. Smith on this 19<sup>th</sup> day of December, 2022.

*F. Alexander DeBardleben IV*  
Signature of Notary

July 9, 2024  
My Commission Expires



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



POWER NO. 2320232 10  
General Power of Attorney

License Type: Integrated Facility  
**Westfield Insurance Co.**  
**Westfield National Insurance Co.**  
**Ohio Farmers Insurance Co.**  
Westfield Center, Ohio

**CERTIFIED COPY**

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint JOSHUA RODGERS SMITH, MICHAEL NELSON WALTMAN, WALTER DOUGLAS GARLAND, III, JOINTLY OR SEVERALLY.

of BROOKHAVEN and State of MS their true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their names, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship - - -

**LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.**

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY:

"**BE IT RESOLVED**, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon The Company as if signed by the President and sealed and attested by the Corporate Secretary."


"**BE IT FURTHER RESOLVED**, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000.)

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 17th day of September, A.D., 2020.

Corporate  
Seals  
Affixed



WESTFIELD INSURANCE COMPANY  
WESTFIELD NATIONAL INSURANCE COMPANY  
OHIO FARMERS INSURANCE COMPANY


By:   
**Gary W. Stumper,**  
National Surety Leader and Senior Executive

State of Ohio  
County of Medina ss.:

On this 17th day of September, A.D., 2020, before me personally came Gary W. Stumper, to me known, who, being by me duly sworn, did depose and say, that he resides in Hartford, Connecticut; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Board of Directors of said Companies; and that he signed his name thereto by like order.

Notarial  
Seal  
Affixed



By:   
**David A. Kotnik,** Attorney at Law, Notary Public  
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio  
County of Medina ss.:

**CERTIFICATE**

I, Frank Carrino, Secretary of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_

BPOAC (0:



By:   
**Frank Carrino,** Secretary

# AM Best Rating Services

License Type: Integrated Facility

## Westfield Insurance Company

BestLink  AMB #: 002382 NAIC #: 24112 FEIN #: 346516838

### Mailing Address

P.O. Box 5001  
 Westfield Center, Ohio 44251-5001  
[United States](#)

Web: [www.westfieldinsurance.com](http://www.westfieldinsurance.com)

Phone: 330-887-0101

Fax: 330-887-0840

[View Additional Address Information](#)

AM Best Rating Unit: [AMB #: 000730 - Westfield Group](#)

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



View additional [news, reports and products](#) for this company.

Based on AM Best's analysis, [002381 - Ohio Farmers Insurance Company](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

### Best's Credit Ratings

#### Financial Strength [View Definition](#)

Rating (Rating Category): A (Excellent)  
 Affiliation Code: p (Pooled)  
 Outlook (or Implication): Stable  
 Action: Affirmed  
 Effective Date: January 20, 2022  
 Initial Rating Date: June 30, 1930

#### Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.  
 Senior Financial Analyst: Scott Foley  
 Director: Robert Raber  
*Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.*

#### Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category): a+ (Excellent)  
 Outlook (or Implication): Stable  
 Action: Affirmed  
 Effective Date: January 20, 2022  
 Initial Rating Date: November 30, 2007

#### Disclosure Information

##### Disclosure Information Form

View AM Best's [Rating Disclosure Form](#)

##### Press Release

[AM Best Assigns Credit Ratings to Westfield Select Insurance Company; Affirms Ratings of Westfield Insurance Co and Affiliates](#)  
 January 20, 2022

View AM Best's [Rating Review Form](#)

#### Financial Size Category [View Definition](#)

Financial Size Category: XV (\$2 Billion or greater)

u Denotes [Under Review Best's Rating](#)

### Rating History

AM Best has provided ratings & analysis on this company since 1930.

#### Financial Strength Rating

#### Long-Term Issuer Credit Rating



Alabama Medical Cannabis Commission  
P.O. Box 30585  
Montgomery, AL 36130

Re: Southern Crop Holding Company, LLC Bonding Ability

To Whom it May Concern:

Higginbotham Insurance, Inc. dba Insurance & Risk Managers serves as the Agent and Surety Attorney-in-Fact for Westfield Insurance Company (Westfield) and/or its affiliate. Westfield Insurance Company has provided surety credit to Southern Crop, LLC for single projects up to \$2,000,000 with an aggregate up to \$10,000,000. Westfield is rated "A" (Excellent) and has a US Treasury Limit exceeding \$110 million.

If Southern Crop Holding Company, LLC is awarded a license and requests that we provide the necessary Integrated Facility Performance Bond, we will be prepared to execute the bond subject to our acceptable review of the contract terms and conditions, appropriate contract funding and any other underwriting considerations at the time of request.

Our consideration and issuance of bonds is a matter solely between Southern Crop Holding Company, LLC and ourselves, and we assume no liability to third parties or to you by the issuance of this letter.

Sincerely,

Joshua R. Smith  
Managing Partner  
Higginbotham Insurance, Inc. dba Insurance & Risk Managers

POWER NO. 2320232 10  
General Power of Attorney

License Type: Integrated Facility  
**Westfield Insurance Co.**  
**Westfield National Insurance Co.**  
**Ohio Farmers Insurance Co.**  
Westfield Center, Ohio

**CERTIFIED COPY**

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint **JOSHUA RODGERS SMITH, MICHAEL NELSON WALTMAN, WALTER DOUGLAS GARLAND, III, JOINTLY OR SEVERALLY.**

of **BROOKHAVEN** and State of **MS** their true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their names, place and stead, to execute, acknowledge and deliver **any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship - - -**

**LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.**

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY:

"**BE IT RESOLVED**, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon The Company as if signed by the President and sealed and attested by the Corporate Secretary."


"**BE IT FURTHER RESOLVED**, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000.)

*In Witness Whereof*, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their **National Surety Leader** and **Senior Executive** and their corporate seals to be hereto affixed this **17th** day of **September**, A.D., **2020**.

Corporate  
Seals  
Affixed



WESTFIELD INSURANCE COMPANY  
WESTFIELD NATIONAL INSURANCE COMPANY  
OHIO FARMERS INSURANCE COMPANY


By:   
**Gary W. Stumper,**  
*National Surety Leader and Senior Executive*

State of Ohio  
County of Medina ss.:

On this **17th** day of **September**, A.D., **2020**, before me personally came **Gary W. Stumper**, to me known, who, being by me duly sworn, did depose and say, that he resides in **Hartford, Connecticut**; that he is **National Surety Leader** and **Senior Executive** of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Board of Directors of said Companies; and that he signed his name thereto by like order.

Notarial  
Seal  
Affixed



By:   
**David A. Kotnik,** Attorney at Law, *Notary Public*  
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio  
County of Medina ss.:

**CERTIFICATE**

I, **Frank Carrino**, Secretary of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

*In Witness Whereof*, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_



By:   
**Frank Carrino,** *Secretary*

# AM Best Rating Services License Type: Integrated Facility

## Westfield Insurance Company

BestLink  AMB #: 002382 NAIC #: 24112 FEIN #: 346516838

### Mailing Address

P.O. Box 5001  
Westfield Center, Ohio 44251-5001

[United States](#)

Web: [www.westfieldinsurance.com](http://www.westfieldinsurance.com)

Phone: 330-887-0101

Fax: 330-887-0840

[View Additional Address Information](#)

AM Best Rating Unit: [AMB #: 000730 - Westfield Group](#)

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



View additional [news, reports and products](#) for this company.

Based on AM Best's analysis, [002381 - Ohio Farmers Insurance Company](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

### Best's Credit Ratings

#### Financial Strength [View Definition](#)

Rating (Rating Category):	A (Excellent)
Affiliation Code:	p (Pooled)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	January 20, 2022
Initial Rating Date:	June 30, 1930

#### Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.  
Senior Financial Analyst: Scott Foley  
Director: Robert Raber  
**Note:** See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

#### Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	a+ (Excellent)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	January 20, 2022
Initial Rating Date:	November 30, 2007

#### Disclosure Information

**Disclosure Information Form**  
View AM Best's [Rating Disclosure Form](#)

**Press Release**  
[AM Best Assigns Credit Ratings to Westfield Select Insurance Company; Affirms Ratings of Westfield Insurance Co and Affiliates](#)  
January 20, 2022

View AM Best's [Rating Review Form](#)

#### Financial Size Category [View Definition](#)

Financial Size Category:	XV (\$2 Billion or greater)
--------------------------	-----------------------------

u Denotes [Under Review Best's Rating](#)

### Rating History

AM Best has provided ratings & analysis on this company since 1930.

Financial Strength Rating  
Exhibit # 5 - Performance Bond

Long-Term Issuer Credit Rating

# EXHIBIT #6 - MINIMUM LIQUID ASSETS

## Verification

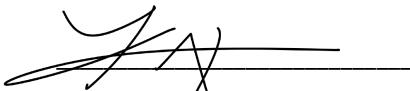
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Printed Name of Verifying Individual

Chief Compliance Officer

Title of Verifying Individual



Signature of Verifying Individual

2/20/2023

Verification Date

**Introduction:**

In addition to the capital and funding commitments mentioned in the corresponding exhibits, in excess of \$12,000,000, Applicant's entity holds \$250,000 in liquid cash in its Alabama bank account (First Federal Bank account #XXXX9369) which is evidenced by the following documentation:

- **Attachment #1:** Proof of Deposit for Applicant dated 12/22/2022 via wire

**Attachment # 1**



12/22/2022

Southern Crop Holding Company LLC  
4820A Poplar Springs Dr  
Meridian MS 39305

To Whom It May Concern:

This letter is provided on behalf of Southern Crop Holding Company, LLC and confirms a deposit of an incoming wire sent from The Holding Company, LLC. The incoming wire was deposit on 12/21/2022 in the amount of \$250,000.00 to account ending in XXXX9369.

Please advise if you need any additional information.

Sincerely,

*Avery Goodwin*

**Avery Goodwin, CCBP**  
Specialty Services Associate  
P.O. Box 2029  
Lake City, FL 32056  
Direct: 386-400-9987  
Corporate: 386-755-0600 Ext.50260  
[goodwina@ffbf.com](mailto:goodwina@ffbf.com)

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4705 West US Hwy 90, Lake City, FL 32055 • (386) 755-0600 • [ffbf.com](http://ffbf.com)

Member FDIC • Equal Housing Lender



# EXHIBIT # 7 – SUFFICIENT CAPITAL

## Verification

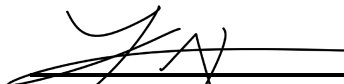
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Chief Compliance Officer

\_\_\_\_\_  
Printed Name of Verifying Individual

\_\_\_\_\_  
Title of Verifying Individual

  
\_\_\_\_\_  
Signature of Verifying Individual

2/20/2023  
\_\_\_\_\_  
Verification Date

**Introduction:** Applicant has attached the following letter, which provides capital availability verification from an independent Certified Public Accountant, Timothy J Legendre (Louisiana CPA #19809). This letter details and ensures the Commission we are adequately capitalized to commence and sustain operations. Our Pro Forma financial statements were reviewed by Mr. Legendre, and he determined Dr. Mire’s liquid capital was in excess of the financial requirements of the first 3 full years of our operations.

**Sufficient Capital Needs:** \$10,000,000

**CPA-Verified Sufficient Capital Available to Dr Mire:** \$12,673,473

<b>Time</b>	<b>Total Expenses</b>	<b>Total Net Income/Loss</b>
July 2023- June 2024	(\$13,867,566)	(\$7,167,376)
July 2024- June 2025	(\$26,635,702)	(\$2,790,946)
July 2025- June 2026	(\$37,543,543)	\$777,745

- **Attachment #1:** Sufficient Capital Letter & Verification by Independent CPA
- **Attachment # 2:** Verification of Contact Person
- **Attachment # 3:** Verification of Responsible Person

Timothy J. Legendre  
Certified Public Accountant  
Post Office Box 1916  
Harvey, LA 70059  
Telephone (504) 304-6422  
Fax (504) 304-6423

Dated: December 19, 2022

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

RE: Southern Crop Holding Company, LLC – Demonstration of Sufficient Capital

Dear Commissioners,

I have been asked to review and certify the information contained in the attached Schedule A documenting the liquid assets available to capitalize the proposed Alabama Medical Cannabis Integrated Facility License's first full 3 years of operational expenses contained in this application.

The information contained in Schedule A was derived from the Pro Forma financial statements provided by the applicant. As reported the total liquid assets available from Mr. Mire to fund this project is \$12,673,473.

The Pro Forma financial statements provided by applicant indicate financial requirements, in the first three years of operations (contingent upon license award in July of 2023) to \$10,000,000, to which Mr. Mire's liquid assets exceed as mentioned above.

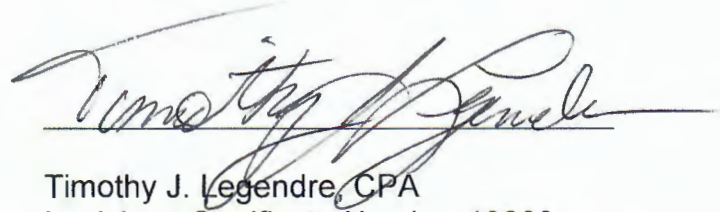
	<b>Total Expenses</b>	<b>Total Net Income/loss</b>
07/23 - 06/24	(\$13,867,566)	(\$7,167,376)
07/24 - 06/25	(\$26,635,702)	(\$2,790,946)
07/25 - 06/26	(\$37,543,543)	\$777,745

Mr. Mire's business interest and personal assets are substantially debt free and the use of these funds to capitalize this project will in no way violate any debt covenants or adversely impact the business operations of the businesses he withdraws the funds from.

The \$9,250,000 reported as available excess cash in business accounts represents Mr. Mire's share of distributable funds in which he maintains a controlling interest and as previously mentioned will not adversely impact the operations of the businesses.

I hereby certify that the information contained on Schedule A is accurate as of the date of this filing.

Sincerely,



Timothy J. Legendre, CPA  
Louisiana Certificate Number 19809

**SOUTHERN CROP HOLDING COMPANY , LLC  
DEMONSTARATION OF SUFFICIENT CAPITAL  
RANDY J. MIRE, APPLICANT**

Personal checking account balances	\$ 914,227
Marketable securities at fair market value	2,509,246
Excess cash in business accounts controlled by Mr. Mire	<u>9,250,000</u>
	<u>\$ 12,673,473</u>

**Attachment # 2: Verification of Contact Person:**

Applicant's Contact Person, **Kathleen Salmon as Chief Compliance Officer**, has reviewed the following letter and associated Pro Forma financial statements, which provide capital availability verification from an independent Certified Public Accountant, Timothy J Legendre (Louisiana CPA #19809), and hereby provides her verification of the accuracy of the attached demonstration of sufficient capital as well as the source thereof.

Signed,  
 2/20/2023  
By: Kathleen Salmon  
As: Chief Compliance Officer  
For: APPLICANT

**Attachment # 3: Verification of Responsible Party;**

Applicant's Responsible Party, **Robert J. Naudin, Jr. as Chief Legal Officer**, has reviewed the following letter and associated Pro Forma financial statements, which provide capital availability verification from an independent Certified Public Accountant, Timothy J Legendre (Louisiana CPA #19809), and hereby provides his verification of the accuracy of the attached demonstration of sufficient capital as well as the source thereof.

Signed,



By: Robert J. Naudin, Jr.

As: Chief Legal Officer

For: APPLICANT

**2/20/2023**

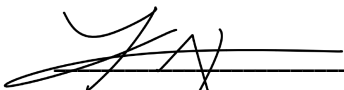
## Exhibit 8 – Minimum Operating Capital Requirement

### Verification

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

Kathleen Salmon \_\_\_\_\_

**Printed Name of Verifying Individual**

 \_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer \_\_\_\_\_

**Title of Verifying Individual**

2/20/2023 \_\_\_\_\_

**Verification Date**



**Proof that the Applicant has the financial ability to maintain operations for not less than two years following the date the application is accepted by the Commission.**

**Statement of Capital Need**

Applicant’s independent CPA verifies its Integrated Facility business venture budgets require \$10 million to maintain operations for not less than two years following the date the application is accepted by the Alabama Medical Cannabis Commission (“AMCC”), anticipated to occur by July 2023.

<b>TABLE 8.1 — STATEMENT OF CAPITAL NEED</b>	
	<b>Total Net Income (Loss)</b>
07/23 - 06/24	(\$7,167,376)
07/24 - 06/25	(\$2,790,946)
07/25 - 06/26	\$777,745
<i>(plus) Contingency Capital</i>	(\$819,423)
<b>Total Estimated Capital Need</b>	<b>\$10,000,000</b>

The above statement of capital need has been created in order to calculate Applicant’s capital needs to maintain operations for not less than two years following the date the application is accepted by the AMCC, expected to occur by July 2023, as required by § 538-x-3-.05(3)(m)(8). The demonstrated proof of capitalization is primarily in the form of cash, or other liquid assets on hand, which are immediately accessible or easily liquidable within 30 days, to be made available for the use of this proposed Integrated Facility venture. Applicant is confident that these committed funds sufficiently cover all necessary operation, maintenance, employee compensation, equipment, utility, and other startup and operational costs. Should projected expenses be greater than forecasted, the Owners are well positioned to use personal savings, existing personal lines of credit, expanded lines of credit, or secure a favorable loan to cover all unexpected costs.

### Sources and Verification of Sufficient Capital

Applicant has attached documents verifying funds, including the source thereof, in order to demonstrate sufficient proof of capitalization for Applicant to adequately fund the projected annual budgets during the first three (3) full years after a license is issued to Applicant, expected to occur by July 2023, as required by § 538-x-3-.05(3)(m)(8). **As verified by an independent CPA, the financial requirements for Applicant's first three (3) full years of operations require a budget of \$10,000,000, of which we hold liquid capital to cover over 120% of this budget as of the application date.** The demonstrated proof of capitalization is primarily in the form of cash, or other liquid assets on hand, which are immediately accessible, to be made available for the use of this proposed Integrated Facility venture.

Capitol Source	Amount
Applicant's Business Checking	\$250,000.00
CEO/Owner's Personal Liquid Capital	\$12,673,473.00
<b>Total Liquid Capital Available - 12/24/2022</b>	<b>\$12,923,473.00</b>

**Capital Source One (1):** Applicant has committed \$250,000 of the documented available liquid capital to the Applicant project, as evidenced by the Deposit Verification Letter from First Federal Bank dated 12/22/2022. See attached proof of capital documentation (identified as "Proof of Capital — Attachment to Exhibit 8").

- **Attachment #1:** Proof of Deposit for account #XXXX9369 dated 12/22/2022

**Capital Source Two (2):** Applicant's CEO and Member has committed \$12,673,473 of their documented available personal liquid capital to the Integrated Facility License, as evidenced by the certified letter from Timothy Legendre, CPA (Louisiana CPA#19809) dated December 19, 2022. See attached proof of capital documentation (identified as "Proof of Capital — Attachment to Exhibit 8").

- **Attachment #2:** Independent CPA's Sufficient Capital Letter dated 12/19/2022

### **Ability to Secure Additional Funds**

In addition to the currently secured capital, Applicant's Ownership team and Chief Financial Officer ("CFO") are well-versed in raising funds and hold relationships with multiple public and private lenders in Alabama, and throughout the United States in sister operations in Mississippi and Louisiana. Should projected expenses be greater than forecasted, in excess of the over \$800,000 contingency fee budget already planned, the Owners are well positioned to use more funds from the same account, personal savings, existing lines of credit, or secure a favorable loan to cover all unexpected costs.

12/22/2022

Southern Crop Holding Company LLC  
4820A Poplar Springs Dr  
Meridian MS 39305

To Whom It May Concern:

This letter is provided on behalf of Southern Crop Holding Company, LLC and confirms a deposit of an incoming wire sent from The Holding Company, LLC. The incoming wire was deposit on 12/21/2022 in the amount of \$250,000.00 to account ending in XXXX9369.

Please advise if you need any additional information.

Sincerely,

*Avery Goodwin*

**Avery Goodwin, CCBP**  
Specialty Services Associate  
P.O. Box 2029  
Lake City, FL 32056  
Direct: 386-400-9987  
Corporate: 386-755-0600 Ext.50260  
[goodwina@ffbf.com](mailto:goodwina@ffbf.com)

Timothy J. Legendre  
 Certified Public Accountant  
 Post Office Box 1916  
 Harvey, LA 70059  
 Telephone (504) 304-6422  
 Fax (504) 304-6423

Dated: December 19, 2022

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

RE: Southern Crop Holding Company, LLC – Demonstration of Sufficient Capital

Dear Commissioners,

I have been asked to review and certify the information contained in the attached Schedule A documenting the liquid assets available to capitalize the proposed Alabama Medical Cannabis Integrated Facility License’s first full 3 years of operational expenses contained in this application.

The information contained in Schedule A was derived from the Pro Forma financial statements provided by the applicant. As reported the total liquid assets available from Mr. Mire to fund this project is \$12,673,473.

The Pro Forma financial statements provided by applicant indicate financial requirements, in the first three years of operations (contingent upon license award in July of 2023) to \$10,000,000, to which Mr. Mire’s liquid assets exceed as mentioned above.

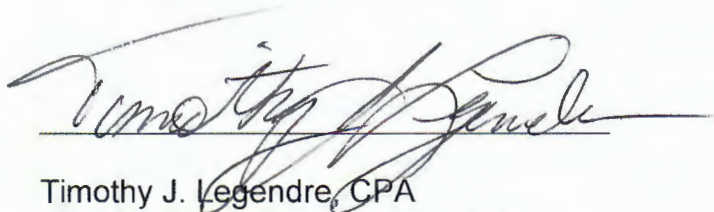
	<b>Total Expenses</b>	<b>Total Net Income/loss</b>
07/23 - 06/24	(\$13,867,566)	(\$7,167,376)
07/24 - 06/25	(\$26,635,702)	(\$2,790,946)
07/25 - 06/26	(\$37,543,543)	\$777,745

Mr. Mire’s business interest and personal assets are substantially debt free and the use of these funds to capitalize this project will in no way violate any debt covenants or adversely impact the business operations of the businesses he withdraws the funds from.

The \$9,250,000 reported as available excess cash in business accounts represents Mr. Mire's share of distributable funds in which he maintains a controlling interest and as previously mentioned will not adversely impact the operations of the businesses.

I hereby certify that the information contained on Schedule A is accurate as of the date of this filing.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy J. Legendre", written over a horizontal line.

Timothy J. Legendre, CPA  
Louisiana Certificate Number 19809

**SOUTHERN CROP HOLDING COMPANY , LLC  
DEMONSTARATION OF SUFFICIENT CAPITAL  
RANDY J. MIRE, APPLICANT**

Personal checking account balances	\$ 914,227
Marketable securities at fair market value	2,509,246
Excess cash in business accounts controlled by Mr. Mire	<u>9,250,000</u>
	<u>\$ 12,673,473</u>

## Exhibit 9 – Financial Statements

### Verification

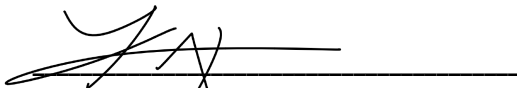
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Kathleen Alyse Salmon

Chief Compliance Officer

**Printed Name of Verifying Individual**

**Title of Verifying Individual**



2/20/2023

**Signature of Verifying Individual**

**Verification Date**



**A current financial statement or pro forma.**

Applicant has provided a current pro forma containing a balance sheet report, a profit and loss report, and a statement of cash flows with year-end projections beginning at time of Company inception and extending over a minimum of the first three (3) calendar years following the commencement of operations, in line with Rule § 538-x-3-.05(3)(m)(8) and Alabama Medical Cannabis Commission (“AMCC”) guidance. The pro forma has been prepared by Applicant’s Accounting and Finance Team (“AFT”), which is responsible for planning, implementing and managing accurate financial statements in accordance with Generally Accepted Accounting Principles (“GAAP”). The AFT is a team led by the Chief Financial Officer (“CFO”) and Controller. The CFO engages in rigorous financial controls, reviewing key operational metrics weekly to guide the Company toward positive free cash flow and long-term sustainability. The AFT understands all financial reporting and disclosure requirements and has developed financial forecasts and projected statements for the Integrated Facility business. The AFT liaises with third-party accounting, bookkeeping, tax, or audit authorities, and is responsible for communicating/collecting any pertinent financial information to/from the broader Executive Leadership Team. Other responsibilities of the AFT include retaining sufficient capital; maintaining accurate finance, accounting, and tax records; building and refining the Company budget with applicable fiscal controls; paying Federal, State, and local licensing fees and taxes in a timely manner; ensuring all cash handling procedures minimize risk diversion; and engaging one of the highest ranked certified public accounting (“CPA”) and tax advisory firms in the nation according to “Accounting Today” and “Inside Public Accounting” publications,, Macias Gini & O’Connell LLP. Macias Gini & O’Connell LLP was awarded the ‘Best of Accounting’ designation in Client Satisfaction by the independent research firm, Inavero. Applicant engaged experienced developers and landlords offering favorable lease terms in order to fully operate the Integrated Facility license, allowing up to five (5) dispensing sites and one (1) cultivator, processor, and secure transportation site (“Production Site”). All anticipated startup and operating costs related to site buildout and facility maintenance will be incurred by the landlords. All related site improvements and management costs will be passed on to Applicant, the lessor of the sites, through an arm’s-length transaction guaranteeing fair market value rent. Applicant has entered into multiple lease intents and lease development

agreements. The property owners will construct and/or outfit the individual sites per Applicant's specifications after obtaining final site plan approval from local authorities. Applicant is responsible for the installation and maintenance of all necessary equipment, machinery, computer systems/technology, storage, safes, furnishings, and supplies.

### **Timeline from Inception to Commencement of Operations**

For simplicity, and to accommodate page spacing limitations, all expenses incurred by Applicant throughout 2021 and 2022 have been reflected in the 2023 fiscal year. The timeline from inception to commencement of operations is as follows:

- **June 2021** — Applicant's Inception
- **December 2022:** Submit Integrated Facility Application to the AMCC
- **June 2023:** Intent to award issued
- **July 2023:** License awarded
- **August 2023:** Production Site AMCC inspection and commencement
- **December 2023:** First Dispensing Site inspection and commencement
- **April 2024:** All five Dispensing Site(s) are operational
- **December 2026:** Three calendar years following commencement of operations

### **Plan to Comply with 26. U.S.C. s.280E**

One of the more significant hurdles cannabis companies face in attempting to establish a profitable business is the tax and compliance implications of operating a business that remains federally illegal. Internal Revenue Code 26 U.S.C. §280E ("Section 280E") is the section of the Internal Revenue Service ("IRS") tax code that applies to the illegal handling and sale of controlled substances. Section 280E prohibits cannabis companies from taking tax deductions for ordinary and necessary business expenses other than the very limited definition of cost of goods sold ("COGS"). The IRS allows cannabis businesses to deduct the COGS when calculating their Federal tax liability, which refers to, "expenditures necessary to acquire, construct or extract a physical product which is to be sold," meaning Applicant is taxed on its gross profit as opposed to its operating income. Alabama Department of Revenue ("ALDOR") tax codes mirror those of the IRS and therefore Applicant's State tax obligation is also calculated on gross profit as opposed to operating income. The AFT, in collaboration with an industry-leading third-party CPA and tax advisory firm, Macia Gini & O'Connell LLP,

will ensure full compliance with Federal, State and local tax laws and will revise the plan to mitigate the effects of Section 280E as new information becomes available through the IRS or ALDOR. As a for-profit entity, Applicant is subject to the taxes detailed in the Internal Revenue Code and the Code of Alabama 1975, Title 40. Applicant is organized as a Limited Liability Corporation (“LLC”). Depending on elections made by the LLC, the IRS will treat an LLC either as a corporation or a partnership for tax purposes. Under partnership tax laws, income taxes are passed through to the members of the LLC. For simplicity purposes in the pro forma, Applicant assumes that the entity will file a Form 8832 and elective to timely remit C-Corporation taxes rates of 21% and 6.5% for Federal and State, respectively, amounting to a total 27.5% effective tax rate on gross profit. Payments of corporate income tax are due two and a half (2.5) months after the year end of the entity. Applicant will make quarterly estimated payments if required by the IRS or ALDOR. See below Table 9.0.1.

<b>TABLE 9.0.1 — CORPORATE INCOME TAX CALCULATIONS</b>	
<b>Corporate Income Tax Expenses</b>	
Federal Corporate Income Tax Rate	21.0% of Gross Profit
State Corporate Income Tax Rate	6.5% of Gross Profit
Local Corporate Income Tax Rate	0.0% of Gross Profit
<b>Total Corporate Income Tax Rate</b>	<b>27.5% of Gross Profit</b>

**9.1 - Balance sheet report**

The following balance sheet report includes a snapshot of the value of assets, liabilities and equity at commencement and December 31st of each year, for a period of three (3) years, in line with Rule § 538-x-3-.05(3)(m)(8)(a). See below Table 9.1.1 — Balance Sheet Report.

<b>TABLE 9.1.1 — BALANCE SHEET REPORT</b>				
<b>FOR THE YEARS ENDED DECEMBER 31, 2023 TO 2026</b>				
	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
<b>Assets</b>	<b>\$726,594</b>	<b>\$878,253</b>	<b>\$1,489,154</b>	<b>\$1,466,433</b>
Liabilities	\$5,669,184	\$10,611,974	\$12,472,752	\$8,872,752
Owners’ Equity	(\$4,942,590)	(\$9,733,721)	(\$10,983,598)	(\$7,406,319)
<b>Liabilities &amp; Owners’ Equity</b>	<b>\$726,594</b>	<b>\$878,253</b>	<b>\$1,489,154</b>	<b>\$1,466,433</b>

**9.2 – Profit and loss report**

The following profit and loss report includes the anticipated income, expenses and net profit from inception and through each projected calendar year following the commencement of operations for a period of three (3) years, in line with Rule § 538-x-3-.05(3)(m)(8)(b). See below Table 9.2.1 — Profit and Loss Report.

	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
Sales Revenue	\$202,795	\$13,551,729	\$33,580,847	\$43,061,730
Cost of Goods Sold	\$2,261,440	\$9,070,532	\$24,210,551	\$26,667,673
<b>Gross Profit</b>	<b>(\$2,058,644)</b>	<b>\$4,481,196</b>	<b>\$9,370,295</b>	<b>\$16,394,056</b>
Startup Expenses	\$1,089,324			
Operating Expenses	\$1,928,954	\$7,334,377	\$7,963,250	\$8,228,321
<b>Operating Income</b>	<b>(\$5,076,922)</b>	<b>(\$2,853,181)</b>	<b>\$1,407,045</b>	<b>\$8,165,736</b>
Int., Tax, Dep. Expenses	\$115,668	\$1,937,950	\$2,656,922	\$4,588,456
<b>Net Income</b>	<b>(\$5,192,590)</b>	<b>(\$4,791,131)</b>	<b>(\$1,249,877)</b>	<b>\$3,577,279</b>

Applicant has calculated four unique budgets to accurately determine the anticipated startup and operating expenses of the Integrated Facility business model. Applicant estimates total initial startup expenses in the two Startup Budgets and ongoing monthly operating expenses in the two Operational Budgets, with a distinct Startup Budget and Operating Budget unique to the Production Site, and a distinct Startup Budget and Operating Budget to capture the average dispensing site expenses. Applicant has also determined the anticipated yield/production rate, patient demand, market growth rates, and cumulative anticipated income from the sales of medical cannabis to registered patients over the forecast period.

**Budget #1 — Production Site Startup Budget**

The following Production Site Startup Budget includes the AFT's anticipated necessary costs for the Production Site to become fully licensed and operational over the time period from inception to commencement of operations. See below Table 9.2.2 — Production Site Startup Budget. In total, Applicant has calculated an estimated Production Site Startup Budget of \$1,413,128, covering \$75,292 for beginning inventory/production inputs; \$569,950 for

furniture, fixtures, and equipment; \$39,000 for marketing and advertising; \$247,920 for pre-operational staffing; \$352,500 for license procurement; and a \$128,466 contingency fund for unexpected costs or cost overruns.

<b>TABLE 9.2.2 — PRODUCTION SITE STARTUP BUDGET</b>	
<b>Beginning Inventory/Production Inputs</b>	
Startup Cultivation Production Inputs	\$13,850
Startup Manufacturing Production Inputs	\$61,442
<b>Facility Acquisition and Improvements</b>	
Acquisition of Land	Real Estate Partner
Facility Renovations	Real Estate Partner
<b>Furniture, Fixtures, and Equipment (Cultivator and Processor)</b>	
Phase 1 Equipment Lease Deposit	\$0
Phase 2 Equipment Purchase	\$500,000
<b>Furniture, Fixtures, and Equipment (Secure Transporter)</b>	
Secure Transport Vehicle Lease Deposit	\$7,200
Other Transportation Equipment	\$32,000
<b>Furniture, Fixtures, and Equipment (Non-Production Space)</b>	
Computers and Printers	\$5,000
Employee Break Room Furniture, Fixtures and Equipment	\$750
Vault and Cash Storage Equipment	\$10,000
Security Alarm, Surveillance and Key Access Equipment	\$10,000
Other Non-Production Facility Furniture and Fixtures	\$5,000
<b>Marketing and Advertising</b>	
Alabama Medical Cannabis Association	\$25,000
Grand Opening Event Budget	\$1,000
Educational Material Printing	\$1,000
Business Printing	\$1,000
Website/Social Media Build and Setup	\$10,000
Search Engine Optimization	\$2,000

<b>Pre-Operational Staffing</b>	
Personnel Wages and Benefits (SG&A Only)	\$221,820
Training Program Administration	\$25,000
Employee Registration Fees (\$25 per employee)	\$1,100
<b>State &amp; Local License Procurement</b>	
Application Submission Fee	\$2,500
Annual License Fee	\$50,000
Performance Bond Premium	\$100,000
Legal Support	\$75,000
Accounting Support	\$10,000
Architect Support	\$15,000
Consulting Support	\$100,000
<b>Startup Cost Contingency (10%)</b>	<b>\$128,466</b>
<b>Total Production Site Startup Budget</b>	<b>\$1,413,128</b>

**Budget #2 — Production Site Operational Budget**

The following monthly Production Site Operational Budgets includes the AFT’s anticipated necessary costs for the Production Site to maintain operations as proposed in this application at the time of commencement of operations and through the second phase of operations. See below Table 9.2.3 — Production Site Operational Budget (Phase 1) and Table 9.2.4 — Production Site Operational Budget (Phase 2). Applicant calculates the anticipated average monthly operational budget to reach up to \$806,592 per month in the first year of operations, while projected to reach \$2,035,218 per month in Phase 2 of operations, containing cultivation, manufacturing, and transportation COGS, as well as general and administrative expenses for the Production Site. COGS includes the wholesale cost of inputs necessary to produce the array of product types that Applicant plans to manufacture at the facility (see Table 9.2.9 — Processor Product List below), and any other tax-deductible direct costs that can be included in this calculation in line with Section 280E. Applicant anticipates fixed operating expenses to increase 5% annually to account for inflation and normal business expense growth while COGS will proportionally increase with the increasing production rate over time.

**TABLE 9.2.3 — PRODUCTION SITE OPERATIONAL BUDGET (PHASE 1)**

**Production Site Cost of Goods Sold**

Cultivation, Processor, and Transport Direct Labor	\$87,200 per month
Cultivation Direct Goods	
Electricity (160 kWh per plant)	\$268,497 per month
Water (\$5/1,000gal; 1 gal per plant per day)	\$1,489 per month
Media (\$0.25 per sq ft cultivation space)	\$2,448 per month
CO2 (\$0.05 per sq ft cultivation space)	\$490 per month
Nutrients (\$0.25 per sq ft cultivation space)	\$2,448 per month
General Consumables (\$0.60 per sq ft cultivation space)	\$5,875 per month
Packaging/Labeling Supplies (\$5 per pound)	\$2,029 per month
Green Waste Disposal (\$10 per pound)	\$4,059 per month
Employee Consumables (\$80 per employee per month)	\$560 per month
Laboratory Testing Expense (\$100 per 1% of harvest)	\$406 per month
Facility Rent	\$25,000 per month
Processor and Secure Transport Direct Goods	
General Consumables (\$250 per liter extract)	\$4,511 per month
Cutting Agents (\$2 per unit)	\$32,075 per month
Employee Consumables (\$80 per employee per month)	\$800 per month
Packaging/Labeling Supplies (\$1 per unit)	\$24,056 per month
Laboratory Testing Expense (\$100 per 1,000 units)	\$1,604 per month
Secure Transportation Expense	\$10,000 per month
<b>Total Production Site Monthly Direct Costs</b>	<b>\$473,546 per month</b>

**Production Site Operational Expenses**

Annual Licensing Fee	\$50,000 per annum
Equipment Lease	\$0 per month
Insurance (Casualty, Workers' Comp, Liability)	\$3,250 per month
Insurance (Auto/Fleet)	\$1,000 per month
Maintenance (SG&A)	\$8,000 per month
Marketing & Sales	\$5,000 per month

Membership & Certifications	\$800 per month
Miscellaneous	\$4,000 per month
Operational Contingency (5%)	\$15,859 per month
Personnel and Benefits	\$221,820 per month
Professional Services	
Security (Monitoring Service & Personnel)	\$25,000 per month
Accounting	\$3,000 per month
Legal	\$4,000 per month
Operations	\$10,000 per month
Other	\$7,500 per month
Secure Transport Vehicles Lease (x4)	\$7,200 per month
Software, Phone & Internet	\$4,900 per month
Supplies (SG&A)	\$750 per month
Utilities (SG&A)	\$5,000 per month
Vehicle Maintenance	\$900 per month
Waste/Janitorial Services (SG&A)	\$900 per month
<b>Total Production Site Operating Budget</b>	<b>\$333,046 per month</b>

**TABLE 9.2.4 — PRODUCTION SITE OPERATIONAL BUDGET (PHASE 2)**

<b>Production Site Cost of Goods Sold</b>	
Cultivation, Processor, and Transport Direct Labor	\$213,480 per month
Cultivation Direct Goods	
Electricity (160 kWh per plant)	\$816,019 per month
Water (\$5/1,000gal; 1 gal per plant per day)	\$4,526 per month
Media (\$0.25 per sqft cultivation space)	\$7,440 per month
CO2 (\$0.05 per sqft cultivation space)	\$1,488 per month
Nutrients (\$0.25 per sqft cultivation space)	\$7,440 per month
General Consumables (\$0.60 per sqft cultivation space)	\$17,856 per month
Packaging/Labeling Supplies (\$5 per pound)	\$11,743 per month
Green Waste Disposal (\$10 per pound)	\$23,486 per month
Employee Consumables (\$80 per employee per month)	\$2,160 per month



Laboratory Testing Expense (\$100 per 1% of harvest)	\$2,349 per month
Facility Rent	\$208,000 per month
<b>Processor and Secure Transport Direct Goods</b>	
General Consumables (\$250 per liter extract)	\$26,100 per month
Cutting Agents (\$2 per unit)	\$185,602 per month
Employee Consumables (\$80 per employee per month)	\$1,360 per month
Packaging/Labeling Supplies (\$1 per unit)	\$139,202 per month
Laboratory Testing Expense (\$100 per 1,000 units)	\$13,920 per month
Secure Transportation Expense	\$20,000 per month
<b>Total Production Site Monthly Direct Costs</b>	<b>\$1,702,172 per month</b>

**Budget #3 — Dispensing Site Startup Budget**

The following Dispensing Site Startup Budget includes the AFT’s anticipated necessary costs for an average Dispensing Site to become fully licensed and operational over the time period from inception to commencement of operations. See below Table 9.2.5 — Dispensing Site Startup Budget. In total, Applicant has calculated an average estimated Dispensing Site Startup Budget per site of \$139,288, covering \$75,000 for furniture, fixtures, and equipment; \$25,000 for marketing and advertising; \$16,625 for pre-operational staffing; and a \$12,663 contingency fund for unexpected costs.

**TABLE 9.2.5 — DISPENSING SITE STARTUP BUDGET (per site)**

**Facility Acquisition and Improvements**

Acquisition of Land	Real Estate Partner
Facility Renovations	Real Estate Partner
Dispensary Site Escrow	\$10,000

**Furniture, Fixtures, and Equipment (Dispensary Space)**

Patient Waiting Room Furniture and Fixtures	\$4,000
Sales Floor Display Cases	\$7,500
Sales Floor Technology	\$5,000
Inventory Storage Furniture and Fixtures	\$10,000
Point-of-Sale and METRC Technology	\$5,000
Other Dispensing Equipment	\$20,000

<b>Furniture, Fixtures, and Equipment (Non-Dispensing Space)</b>	
Computers and Printers	\$2,000
Employee Break Room Furniture, Fixtures and Equipment	\$4,500
Vault and Cash Storage Equipment	\$5,000
Security Alarm, Surveillance and Key Access Equipment	\$10,000
Other Non-Production Facility Furniture and Fixtures	\$2,000
<b>Marketing and Advertising</b>	
Association Membership	\$0
Grand Opening Event Budget	\$5,000
Educational Material Printing	\$2,500
Business Printing	\$2,500
Website/Social Media Build and Setup	\$10,000
Search Engine Optimization	\$5,000
<b>Pre-Operational Staffing</b>	
Training Program Administration	\$15,000
Employee Registration Fees (\$25 per employee)	\$1,625
<b>Startup Cost Contingency (10%)</b>	\$12,663
<b>Total Startup Budget</b>	<b>\$139,288</b>

**Budget #4 — Dispensing Site Operational Budget**

The following monthly Dispensing Site Operational Budget includes the AFT’s anticipated necessary costs for an average Dispensing Site to maintain operations as proposed in this application at the time of commencement of operations. See below Table 9.2.6 — Dispensing Site Operational Budget (per site). Applicant has calculated the anticipated average monthly operational budget to reach up to \$62,738 per month in the first year of operations, containing dispensing COGS, as well as general and administrative expenses for each Dispensing Site. COGS normally includes the wholesale cost of goods necessary to procure the array of product types that Applicant plans to distribute at the facility (see Table 9.2.9 — Processor Product List below) but is negligible because Applicant will sell all products that the Production Site produces. Applicant anticipates fixed operating expenses to increase 5% annually to account for inflation and normal business expense growth.

<b>TABLE 9.2.6 — DISPENSING SITE OPERATIONAL BUDGET (PER SITE)</b>	
<b>Dispensing Site Cost of Goods Sold</b>	
Retail Direct Labor	\$64,180 per month
<b>Dispensing Site Operational Expenses</b>	
Community Benefits	3% of net income
Insurance (Casualty, Workers' Comp, Liability)	\$1,400 per month
Maintenance (SG&A)	\$2,000 per month
Marketing & Sales	\$10,000 per month
Membership & Certifications	\$800 per month
Miscellaneous	\$2,500 per month
Operational Contingency (5%)	\$2,988 per month
Professional Services	
Security (Monitoring Service & Personnel)	\$15,000 per month
Other	\$5,000 per month
Property Rent	\$15,000 per month
Software, Phone & Internet	\$4,900 per month
Supplies (SG&A)	\$750 per month
Utilities (SG&A)	\$1,500 per month
Waste/Janitorial Services (SG&A)	\$900 per month
<b>Total Dispensing Site Operating Budget</b>	<b>\$62,738 per month</b>

**Integrated Facility Income Assumptions:** The following tables demonstrate the AFT’s anticipated cultivator and processor production rates to meet the anticipated patient demand over the forecast period. Applicant has calculated potential production capability based on an initial 9,792 square foot flowering canopy during Phase 1 of operations, see below Table 9.2.7 — Cultivator Production Inputs (Phase 1), including estimated yield per square foot and production/harvest schedule, while the expanded facility size of 19,968 square feet of flowering canopy in Phase 2 operations, see below Table 9.2.8.

**TABLE 9.2.7 — CULTIVATOR PRODUCTION INPUTS (PHASE 1)**

<b>Cultivation</b>	
Total Flowering Canopy Space (per room)	9,792 square feet
(multiplied by) Average Yield Per Square Foot	45.0 grams
Total Harvest (per room)	440,640 grams
(divided by) Grams in a Pound	454 grams
Flower Yield (per Room)	971.45 pounds
(multiplied by) Number of Flowering Rooms	1 room(s)
Total Flowering Yield	971.45 pounds
(multiplied by) Harvests per week (1/13)	0.08%
<b>Weekly Flower Yield</b>	<b>74.73 pounds</b>
<b>Monthly Flower Yield</b>	<b>324.70 pounds</b>
<b>Additional Trim Yield (25% Addition)</b>	<b>81.18 pounds</b>

**TABLE 9.2.8 — CULTIVATOR PRODUCTION INPUTS (PHASE 2)**

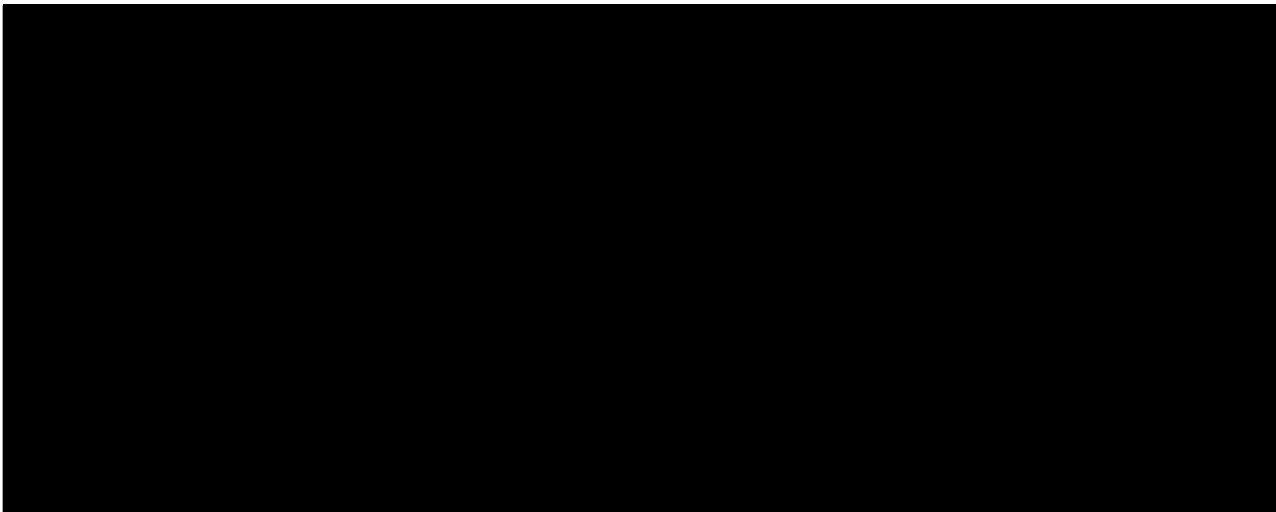
<b>Cultivation</b>	
Total Flowering Canopy Space (per room)	1,248 square feet
(multiplied by) Cultivation Tiers	2 tiers
Total Flowering Canopy Space (per room)	2,496 square feet
(multiplied by) Average Yield Per Square Foot	65.0 grams
Total Harvest (per room)	162,240 grams
(divided by) Grams in a Pound	454 grams
Flower Yield (per room)	357.68 pounds
(multiplied by) Number of Flowering Rooms	8 room(s)
Total Flowering Yield	2,861.43 pounds
(multiplied by) Harvests per week (1/8)	0.13%
<b>Weekly Flower Yield</b>	<b>357.68 pounds</b>
<b>Monthly Flower Yield</b>	<b>1554.20 pounds</b>
<b>Additional Trim Yield (25% Addition)</b>	<b>388.55 pounds</b>

Applicant will manufacture cannabis-infused products upon the first harvest of cannabis plants and a passing certificate of authorization is received. Applicant calculates extraction and distillation production throughput rates for transforming raw cannabis flower into distillate that can be integrated with various product types in the below Table 9.2.9 — Processor Production Inputs, which will feature similar efficiency ratios for Phase 1 and 2.

<b>TABLE 9.2.9 — PROCESSOR PRODUCTION INPUTS</b>	
<b>Extraction</b>	
Combined Monthly Flower and Raw Material Input	184,104 grams
(multiplied by) Efficiency Ratio	14.00%
<b>Yielded Cannabis Oil Each Month</b>	<b>25,775 grams</b>
<b>Distillation</b>	
Input Cannabis Oil	25,775 grams
(multiplied by) Efficiency Ratio	70.00%
<b>Yielded THC Distillate Each Month</b>	<b>18,042 grams</b>
(multiplied by) mg Conversion	1,000 milligrams
<b>Yielded THC Distillate Each Month</b>	<b>18,042,231 milligrams</b>

The initial production list is expansive, see Table 9.2.11 — Proposed Product List, and will continue to expand over time with AMCC approval. Prices and product production rates are subject to change based on market factors at the time of operation, upon AMCC approval, but have been estimated below based on identified data from comparable nascent medical cannabis markets in the United States.





### **9.3 – Statement of cash flow**

Applicant provides a statement of cash flow, summarizing the anticipated cash flowing into and out of Applicant's business from inception of the Company to the operational date of commencement, and through each projected calendar year thereafter for a period of three (3) years, in line with Rule § 538-x-3-.05(3)(m)(8)(c). See below Table 9.3.1.

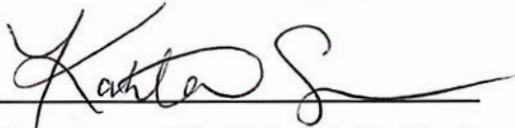
<b>TABLE 9.3.1 — STATEMENT OF CASH FLOWS</b>				
<b>FOR THE YEARS ENDED DECEMBER 31, 2023 TO 2026</b>				
	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
Starting Cash Balance	\$0	\$513,015	\$513,015	\$704,007
Cash from Operating Activities	(\$5,186,219)	(\$4,717,790)	(\$1,169,786)	\$3,657,370
Cash from Investing Activities	(\$219,950)	(\$225,000)	(\$500,000)	\$0
Cash from Financing Activities	\$5,919,184	\$4,942,790	\$1,860,778	(\$3,600,000)
<b>Total Change in Cash</b>	<b>\$513,015</b>	<b>\$0</b>	<b>\$190,992</b>	<b>\$57,370</b>
<b>Ending Cash Balance</b>	<b>\$513,015</b>	<b>\$513,015</b>	<b>\$704,007</b>	<b>\$761,377</b>

## Exhibit 10 – Tax Plan

### Verification

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

Kathleen Salmon  
Printed Name of Verifying Individual

  
Signature of Verifying Individual

Chief Compliance Officer  
Title of Verifying Individual

12/15/2022  
Verification Date



License Type: Integrated Facility

**Introduction:** Applicant has developed a verified Tax Plan (“Plan”) in order to demonstrate Applicant’s understanding of, and plans for compliance with, all applicable tax laws, including but not limited to providing all information required for purposes of the taxes levied by Chapter 2A of Title 20, Code of Alabama 1975, and payment of the same. Applicant will be open, responsible, and fully transparent with the Alabama Medical Cannabis Commission (“AMCC”) at all times regarding the financial health of the Company, and any material changes to this Plan. The Accounting and Finance Team’s (“AFT”) responsibilities include planning, implementing, and managing accurate accounting in accordance with Generally Accepted Accounting Principles (“GAAP”), including various Federal, State, and local tax calculations, collections, and payments the business is subject to.

**Establishing an Accounting and Finance Team:** In order to maintain compliance with Federal, state, and local tax laws, Applicant has established a two-person AFT, consisting of the Chief Financial Officer (“CFO”) and Controller. The AFT is principally responsible for understanding all tax reporting and payment requirements; developing financial models and forecasts for the Integrated Facility business; liaising with third-party accounting, bookkeeping, tax, or audit authorities; as well as communicating and collecting any pertinent financial information to and from the broader Executive Leadership Team. Other responsibilities of the AFT retaining sufficient capital; maintaining accurate finance, accounting, and tax records; building and refining Company budgets with applicable fiscal controls; paying Federal, State, and local licensing fees and taxes in a timely manner; ensuring all cash handling procedures minimize risk diversion; and engaging one of the highest ranked the preferred certified public accounting (“CPA”) and tax advisory firms in the nation according to “Accounting Today” and “Inside Public Accounting” publications, Macias Gini & O’Connell LLP. Macias Gini & O’Connell LLP was awarded the ‘Best of Accounting’ designation in Client Satisfaction by the independent research firm, Inavero. Macias Gini & O’Connell LLP is qualified to practice as a CPA in Alabama under the Alabama State Board of Public Accountancy mobility legislation.

### **Understanding of, and Plans to Comply with Applicable Tax Laws**

Applicant is aware of the multiple levels of taxation that the Company and its customers are subject to and has developed this Plan to summarize the key aspects of Applicant's understanding of, and plans to comply with, applicable tax laws.

#### ***Plan to Comply with 26. U.S.C. s.280E***

Cannabis companies face numerous hurdles establishing profitable businesses, with one of the more significant hurdles being the tax and compliance implications of operating in an environment that remains federally illegal. Internal Revenue Code 26 U.S.C. §280E ("Section 280E") is the section of the Internal Revenue Service ("IRS") tax code which applies to the illegal handling and sale of controlled substances. The regulation prohibits cannabis companies from taking tax deductions for ordinary and necessary business expenses other than the very limited definition of cost of goods sold ("COGS"). The IRS allows cannabis businesses to deduct the COGS when calculating their Federal tax liability, which refers to, "expenditures necessary to acquire, construct or extract a physical product which is to be sold." Applicant has created this Plan to maintain compliance with Federal and State tax laws and will update the plan to mitigate the effects of Section 280E as new information becomes available through the IRS.

#### ***Collection and Remission of Alabama Sales Tax***

Applicant has read the multiple versions of the Darren Wesley 'Ato' Hall Compassion Act, specifically *Article 5 — Taxation*, and fully understands there is a tax levied, in addition to all other taxes of every kind now imposed by law, and shall be collected and remitted in accordance with Article 1, commencing with Section 40-23-1, of Chapter 23 of Title 40, covering the gross proceeds of the sales of medical cannabis when sold at retail in this state at the rate of nine percent (9%) of the gross proceeds of the sales. Sales tax is a privilege tax imposed on the retail sale of tangible personal property sold in Alabama by businesses located in Alabama. The tax is collected by Applicant from customers and remitted directly to the Alabama Department of Revenue ("ALDOR"). All sales of tangible personal property are retail sales except those defined as wholesale sales, which includes all sales to licensed processors and dispensaries.

<b>SAMPLE PATIENT TRANSACTION, CULLMAN CITY</b>	
<b>Estimated Sales Tax Calculations</b>	
Item #1	\$80.00
Item #2	\$80.00
<b>Gross Receipt</b>	<b>\$160.00</b>
(minus) Veteran Discount (10.00% off)	(\$16.00)
<b>Gross Proceeds</b>	<b>\$144.00</b>
(multiplied by) Alabama Sales Tax (4.00%)	\$5.76
(multiplied by) Cullman County Sales Tax (4.50%)	\$6.48
(multiplied by) Cullman City Sales Tax (0.50%)	\$0.72
(multiplied by) Alabama Medical Cannabis Sales Tax (9.00%)	\$12.96
<b>Net Total Ticket Cost</b>	<b>\$169.92</b>

Applicant is prepared to collect the base Alabama sales tax of 4.00%, in accordance with Title 40, Chapter 23, Article 1, and the local County and City sales tax depending on the dispensary site jurisdiction tax laws. As a seller of taxable goods, Applicant shall register with the ALDOR upon license approval and will prominently display the Alabama Sales Tax permit authorizing the Company to collect sales tax at each dispensing location as well as the Alabama Resale Certificate allowing the business to purchase wholesale goods for the intent of reselling them to customers. The local tax is due monthly, with returns and remittances to be filed on or before the 20th day of the month for the previous month's sales. The State tax is due annually, with returns and remittances due on or before January 20th of the year following the year during which the tax is accrued.

***Payment of Federal and State Corporate Income Tax***

As a for-profit entity, Applicant is subject to the taxes detailed in the Internal Revenue Code and the Code of Alabama 1975, Title 40. Applicant is organized as a Limited Liability Corporation ("LLC"). Depending on elections made by the LLC, the IRS will treat an LLC either as a corporation or a partnership for tax purposes. Under partnership tax laws, income taxes

## License Type: Integrated Facility

are passed through to the members of the LLC. For simplicity purposes in the pro forma, Applicant assumes that the entity will file a Form 8832 and elect to timely remit C-Corporation taxes rates of 21% and 6.5% for Federal and State, respectively, amounting to a total 27.5% effective tax rate on gross profit. Payments of corporate income tax are due two and a half (2.5) months after the year end of the entity. Applicant will make quarterly estimated payments if required by the IRS or ALDOR.

***Payment of State Annual Privilege Tax***

Applicant understands the AMCC will levy an annual privilege tax on every person doing business under Title 40, Chapter 23 in Alabama, calculated based upon the taxpayer's net worth in Alabama for the taxable year. A taxpayer's net worth in Alabama is determined by apportioning the taxpayer's net worth computed under Section 40-14A-23, including compensation, distributions or similar amounts paid or accrued to each direct or indirect partner or member to the extent the amounts exceed \$500,000 with respect to each partner or member in the determination period. Applicant's Owners will report their annual medical cannabis privilege tax on forms and in the manner as prescribed by rule by the ALDOR, when such rule is adopted, and the forms are established. Applicant acknowledges that failure to receive a form from the ALDOR does not relieve any Owner from liability for any tax, penalty, or interest otherwise due. Any additional tax, penalty, and interest computed and assessed against an Owner by the ALDOR, as provided in Title 40, Chapter 23, will be immediately paid in full. The amount of tax due is computed in the same manner and at the same rate of tax as prescribed in Section 40-14A-22, as follows:

<b>If taxable income of the taxpayer is:</b>		
<b>at least</b>	<b>but less than</b>	<b>the tax rate shall be</b>
\$0	\$1	\$0.25 per \$1,000
\$1	\$200,000	\$1.00 per \$1,000
\$200,000	\$500,000	\$1.25 per \$1,000
\$500,000	\$2,500,000	\$1.50 per \$1,000
\$2,500,000		\$1.75 per \$1,000

**Payment of State and Local Property Tax**

Applicant engaged experienced developers and landlords offering favorable lease terms in order to fully operate the Integrated Facility license, allowing up to five (5) dispensing sites and one (1) cultivator, processor, and secure transportation site (“Production Site”). As the lessor of facilities, Applicant is not subject to property taxes but has calculated herein for Plan consistency. Following the property tax assessment process, Applicant has identified the property classification, millage rates, and exemptions for one of the proposed facilities using the 2022 County Millage Rate as follows, and will follow a similar process for all other facilities to ensure the landlords are upholding their tax obligations:

<b>Estimated Property Tax Calculations</b>	
Property 1: 90 Springdale Blvd, Mobile, AL	
Appraised Value	\$1,300,000
(multiplied by) (Class 2 Property: 20%)	20%
<b>Assessed Value</b>	<b>\$260,000</b>
(multiplied by) County Millage Rate	.0325
<b>Property 1 Tax Amount</b>	<b>\$8,450</b>

**Complying with Audit Request**

Applicant is, and will continue to be, fully prepared for a financial probity review, at the discretion of the AMCC, to attain audited, or unaudited balance sheet and income statements for the Company. Applicant will always comply with AMCC requests for an audit of financial records with an independent CPA. Applicant will respond to requests for information within a timely manner and will ensure that audit results are sent to the AMCC directly from the independent CPA.

# EXHIBIT #11 – BUSINESS FORMATION DOCUMENTS

## Verification

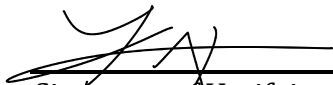
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



2/20/2023

Signature of Verifying Individual

Verification Date

APPLICANT has attached the following certified formation documents:

- **Attachment #1:** Southern Crop Holding Company LLC
  - o Alabama Certificate of Good Standing #20221007000018910
  - o Alabama Name Reservation #RES955627
  - o IRS FEIN #88-3983596
- **Attachment #2:** R2J LLC (49% owner)
  - o Alabama Certificate of Good Standing #20222010000236674
  - o Alabama Name Reservation #RES058103
  - o IRS FEIN Letter #92-1133011
- **Attachment #3:** S.O. Farmland LLC (51% owner)
  - o Alabama Certificate of Good Standing #20221201000023674
  - o Alabama Name Reservation #RES998529
  - o IRS FEIN Letter #87-4654852

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**

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Formation filed on behalf of SOUTHERN CROP HOLDING COMPANY, LLC, as received and filed in the Office of the Secretary of State on 06/21/2021.



20221007000018910

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.

10/07/2022

Date

A handwritten signature in black ink that reads "John H. Merrill".

John H. Merrill

Secretary of State





# STATE OF ALABAMA

## DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

1. THE NAME OF THE LIMITED LIABILITY COMPANY

**SOUTHERN CROP HOLDING COMPANY, LLC**

2. THIS FORM WAS PREPARED BY:

Phelps Dunbar, LLP

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

Capitol Corporate Services, Inc.  
2 North Jackson Street, Suite 605  
Montgomery, AL 36104  
MONTGOMERY

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

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

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

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

**(FOR SOS OFFICE USE ONLY)**

Alabama  
Sec. Of State  
868-649          DLL  
Date          06/21/2021  
Time          08:55:00  
File          \$100.00  
County        \$100.00  
Exp          \$0.00  
                -----  
Total         \$200.00

6. THE UNDERSIGNED SPECIFY 06/21/2021 08:54:37 AS THE EFFECTIVE DATE AND THE TIME OF FILING

ATTACHED ARE ANY OTHER MATTERS THE MEMBERS DETERMINE TO INCLUDE HEREIN

7. ORGANIZER(S) - OPTIONAL

<b>Organizer</b>	<b>Office Address</b>	<b>Mailing Address</b>
Isabel Bonilla Mathe	365 Canal Street- Suite 2000 New Orleans, LA 70130	365 Canal Street- Suite 2000 New Orleans, LA 70130
	<u>06/21/2021</u> DATE	<u>Isabel Bonilla Mathe Organizer</u> ELECTRONIC SIGNATURE & TITLE

John H. Merrill  
Secretary of State

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

# STATE OF ALABAMA

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

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

**SOUTHERN CROP HOLDING COMPANY, LLC**

This name reservation is for the exclusive use of Phelps Dunbar, LLP, 365 Canal Street, Suite 2000, New Orleans, LA 70130-0000 for a period of one year beginning June 02, 2021 and expiring June 02, 2022



RES955627

**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.**


June 02, 2021

Date

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

**John H. Merrill**

**Secretary of State**

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 08-31-2022

Employer Identification Number:  
88-3983596

Form: SS-4

Number of this notice: CP 575 A

SOUTHERN CROP HOLDING COMPANY LLC  
JASON KERN MBR  
17732 HIGHLAND RD STE G140  
BATON ROUGE, LA 70810

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 88-3983596. 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	07/31/2023
Form 940	01/31/2024
Form 1065	03/15/2023

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.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

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](http://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 SOUT. 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](http://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.



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**

the entity records on file in this office disclose that R2J, LLC was formed in Alabama, Alabama on November 22, 2022. The Alabama Entity Identification number for this entity is 001-050421. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20221201000023674

**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.**

12/01/2022

Date

A handwritten signature in black ink that reads "John H. Merrill".

**John H. Merrill**

**Secretary of State**

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:

**R2J, LLC**

This name reservation is for the exclusive use of Phelps Dunbar, LLP, 365 Canal Street, Suite 2000 , NEW ORLEANS, LA 70130 for a period of one year beginning November 21, 2022 and expiring November 21, 2023



RES058103

**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.**

November 21, 2022

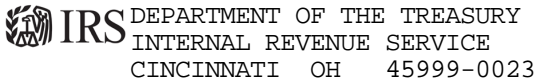
Date

A handwritten signature in black ink that reads "John H. Merrill".

**John H. Merrill**

**Secretary of State**





Date of this notice: 11-23-2022

Employer Identification Number:  
92-1133011

Form: SS-4

Number of this notice: CP 575 B

R2J LLC  
JASON KERN MBR  
17732 HIGHLAND RD STE G14  
BATON ROUGE, LA 70810

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 92-1133011. 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 1065

03/15/2023

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, estate, trust, EPMF, 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.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.



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**

the entity records on file in this office disclose that SO Farmland, LLC was formed in Alabama, Alabama on January 27, 2022. The Alabama Entity Identification number for this entity is 000-964035. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20221201000023674

**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.**

12/01/2022

Date

A handwritten signature in black ink that reads "John H. Merrill".

**John H. Merrill**

**Secretary of State**

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:

**SO Farmland, LLC**

This name reservation is for the exclusive use of Dentons Sirote PC, 2311 Highland Avenue S, Suite 500, Birmingham, AL 35205-0000 for a period of one year beginning January 24, 2022 and expiring January 24, 2023



RES998529

**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.**

January 24, 2022

Date

**John H. Merrill**

**Secretary of State**



# STATE OF ALABAMA

## DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

1. THE NAME OF THE LIMITED LIABILITY COMPANY

**SO Farmland, LLC**

2. THIS FORM WAS PREPARED BY:

Dentons Sirote PC

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

Kyle Raburn  
204 Lakeshore Drive  
Homewood, AL 35209  
JEFFERSON

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

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

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

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

**(FOR SOS OFFICE USE ONLY)**

Alabama  
Sec. Of State  
964-035      DLL  
Date      01/27/2022  
Time      13:47:00  
File      \$100.00  
County      \$100.00  
Exp      \$0.00  
Total      \$200.00

6. THE UNDERSIGNED SPECIFY 01/27/2022 13:47:25 AS THE EFFECTIVE DATE AND THE TIME OF FILING

ATTACHED ARE ANY OTHER MATTERS THE MEMBERS DETERMINE TO INCLUDE HEREIN

7. ORGANIZER(S) - OPTIONAL

Not Applicable

01/27/2022

DATE

Kyle Raburn Organizer

ELECTRONIC SIGNATURE & TITLE



## EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details

**Congratulations! The EIN has been successfully assigned.**

EIN Assigned: **87-4654852**

Legal Name: **SO FARMLAND LLC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

**We strongly recommend you print this page for your records.**

Click "Continue" to get additional information about using the new EIN.

Continue >>

# EXHIBIT #12 - LOCAL AUTHORIZATION

## Verification

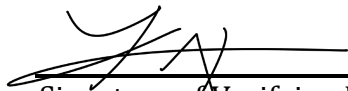
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



2/20/2023

Signature of Verifying Individual

Verification Date



**12.1 Business Licenses:** Applicant diligently reached out to each of its local regulators, inquiring upon applying for business licenses pre-license award by the AMCC. All local regulators either responded local business licenses will not be issued until operations commence, or, the property was in an unzoned area without regulations for a business license.

- **Attachment #1:** Shelby County (unzoned, no business license required)
- **Attachment #2:** City of Daphne
- **Attachment #3:** City of Dothan
- **Attachment #4:** City of Enterprise
- **Attachment #5:** City of Cullman
- **Attachment #6:** Alexander City

**12.2 Resolutions, Ordinances approving Applicant's business presence.** Copies of each jurisdiction's resolution and ordinance, or letter from the municipality is attached. Local Zoning Approvals for each site are found in Exhibit #9 – Facilities.

- *Shelby County – See attachment #1*
- **Attachment #7:** City of Daphne
- **Attachment #8:** City of Dothan
- **Attachment #9:** City of Enterprise
- **Attachment #10:** City of Cullman
- **Attachment #11:** Alexander City



**SHELBY COUNTY**  
**DEPARTMENT OF DEVELOPMENT SERVICES**  
1123 COUNTY SERVICES DRIVE  
PELHAM, ALABAMA 35124  
205.620.6650  
www.ShelbyAL.com

October 19, 2022

Kathleen "Kat" Salmon

[kat@](mailto:kat@shelbyal.com)

Subject: Property located at 120 Landfill Rd., Columbiana, AL 35051

Dear Kat,

In response to your request, zoning information is submitted for the following parcel:

**Parcel Number**  
58-21-9-30-0-000-002.012

According to our records, the subject property located at 120 Landfill Rd. is currently in an unincorporated portion of Shelby County. The property is presently *not zoned* and is not subject to the requirements of the Zoning Ordinance of Shelby County.

Any division of property will be subject to the *Subdivision Regulations of Shelby County*, which requires approval from this department and/or the Planning Commission. Any construction will require approval from the Shelby County Department of Development Services (205-620-6650) and the Shelby County Health Department (205-620-1650). Any additional roadway access will require approval from the Shelby County Highway Department (205-669-3880), or the Alabama Department of Transportation (205-668-0173).

If we can be of further assistance, please contact this department at your convenience.

Sincerely,

Sharman Brooks  
Supervisor, Planning & MS4

**From:** [Kathleen Salmon](#)  
**To:** [Kathleen Salmon](#)  
**Subject:** FW: City of Daphne - Business License Application  
**Date:** Thursday, December 22, 2022 8:22:21 PM  
**Attachments:** [image167921.png](#)  
[image340003.png](#)  
[image682752.png](#)

---

**KATHLEEN SALMON**

*Signature line logo removed*

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---

**=From:** Revenue Dept <[revenuedept@daphneal.com](mailto:revenuedept@daphneal.com)>  
**Sent:** Thursday, December 22, 2022 10:31 AM  
**To:** Kate Steinberg <[ksteinberg@](mailto:ksteinberg@)>  
**Subject:** RE: City of Daphne - Business License Application

External ([revenuedept@daphneal.com](mailto:revenuedept@daphneal.com))

[Report This Email](#) [FAQ](#) [Protection by INKY](#)

Good morning,

The City of Daphne is not issuing any business licenses for the medical cannabis until the State of Alabama has picked the cities that they will be located in. Please feel free to contact me if you have any questions.

Thank you,

Connie Champion

**From:** [Kathleen Salmon](#)  
**To:** [Kathleen Salmon](#)  
**Subject:** FW: City of Dothan - Business License Application  
**Date:** Thursday, December 15, 2022 5:38:42 PM  
**Attachments:** [image001.png](#)  
[image067586.png](#)  
[image574942.png](#)  
[image092221.png](#)

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**KATHLEEN SALMON**

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---

**From:** Livingston, Stacey <[slivingsto@dothan.org](mailto:slivingsto@dothan.org)>  
**Sent:** Thursday, December 15, 2022 4:47 PM  
**To:** Kate Steinberg <[ksteinberg@](mailto:ksteinberg@)>  
**Subject:** RE: City of Dothan - Business License Application

External ([slivingsto@dothan.org](mailto:slivingsto@dothan.org))

[Report This Email](#) [FAQ](#) [Protection by INKY](#)

Hi Ms. Steinberg,

We cannot issue a City of Dothan business license until the state license has been issued. We can, however, complete a Zoning letter confirming that the use is permitted at the prospective location. If that's something you'd be interested in, please let me know.

Thank you,

**Stacey Livingston | Business Services Manager | City of Dothan, Alabama**

P. O. Box 2128 | Dothan, Alabama 36302 | 334-615-4463 | [www.dothan.org](http://www.dothan.org)



**From:** [Kathleen Salmon](#)  
**To:** [Kathleen Salmon](#)  
**Subject:** Enterprise Letter  
**Date:** Thursday, December 15, 2022 4:17:00 PM  
**Attachments:** [image001.png](#)

---

**From:** Laura Miller <[lmiller@enterpriseal.gov](mailto:lmiller@enterpriseal.gov)>  
**Sent:** Wednesday, December 14, 2022 2:25 PM  
**To:** Kate Steinberg <[ksteinberg@](mailto:ksteinberg@)>  
**Subject:** RE: City of Enterprise - Business License Application

External ([lmiller@enterpriseal.gov](mailto:lmiller@enterpriseal.gov))

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Good Afternoon Kate!!

We cannot issue business licenses for 2024 until the first business day in 2024. Our system has to be manually rolled over at the start of the year. In regards to the medical cannabis, our city does not have an ordinance in place as of right now. It is something that is currently being worked on.

If you have any questions or need anything further, please do not hesitate to email or call.

Thank you,

*Laura Miller*

Revenue Clerk

City of Enterprise

501 South Main

Enterprise, AL 36330

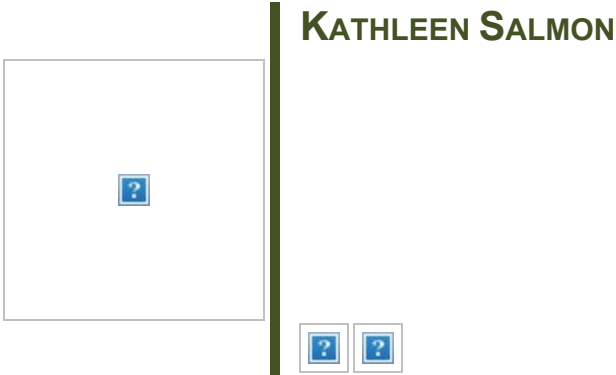
P: (334) 348-2606

F: (334) 348-2613

[lmiller@enterpriseal.gov](mailto:lmiller@enterpriseal.gov)



**From:** [Kathleen Salmon](#)  
**To:** [Kathleen Salmon](#)  
**Subject:** FW: City of Cullman - Business License Application  
**Date:** Tuesday, December 20, 2022 7:20:13 PM  
**Attachments:** [image094951.png](#)  
[image430372.png](#)  
[image762962.png](#)



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**From:** Pam Leslie <[pleslie@cullmanal.gov](mailto:pleslie@cullmanal.gov)>  
**Sent:** Tuesday, December 20, 2022 2:41 PM  
**To:** Kate Steinberg <[ksteinberg@](mailto:ksteinberg@)>  
**Cc:** Emily McDaniel <[emcdaniel@cullmanal.gov](mailto:emcdaniel@cullmanal.gov)> **Subject:**  
RE: City of Cullman - Business License Application

External ([pleslie@cullmanal.gov](mailto:pleslie@cullmanal.gov))

[Report This Email](#) [FAQ](#) [Protection by INKY](#)

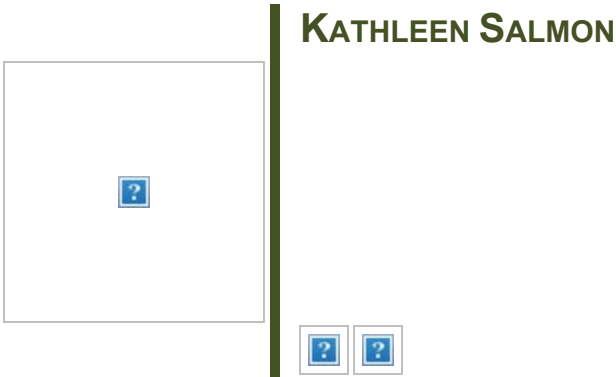
Hi Kate,

We wouldn't require a license until you are ready to start the business. However, some companies have chosen to purchase a 2023 license to include with their application packet for the state. If you wanted to get a license for 2023, it would be a minimum license amount of \$112. I've attached the application. You can return it to me or Emily by mail or email. If you'd like to pay over the phone with a card, there is a 3% fee making the total license \$115.36.

If we can help in any other way , please let me know.

**Pam Leslie, MMC, CMRO**  
Assistant City Clerk  
City of Cullman  
204 2<sup>nd</sup> Avenue NE - P.O. Box 278  
Cullman, AL 35056-0278  
Phone: 256-775-7104

**From:** [Kathleen Salmon](#)  
**To:** [Kathleen Salmon](#)  
**Subject:** FW: Alexander City - Business License Application  
**Date:** Thursday, December 15, 2022 5:54:26 PM  
**Attachments:** [image138943.png](#)  
[image325733.png](#)  
[image822660.png](#)



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**From:** Scotty Price <[scotty.price@alexandercityal.gov](mailto:scotty.price@alexandercityal.gov)>  
**Sent:** Wednesday, December 14, 2022 5:23 PM  
**To:** Kate Steinberg <[ksteinberg@](mailto:ksteinberg@)>  
**Subject:** RE: Alexander City - Business License Application

External ([scotty.price@alexandercityal.gov](mailto:scotty.price@alexandercityal.gov))

[Report This Email](#) [FAQ](#) [Protection by INKY](#)

Kate,

For a store front business is has to be approved by zoning, fire and police department. Until an application is approved by those three departments I can not issue a license. We have had other dispensaries reach out to us and I advise them not to purchase the license until they are sure they will be awarded the state license. If you wish to purchase one anyway I will do what I can with those departments to get it approved. Do you have a location in mind already?

**Scotty L Price, CMRO**  
**Revenue Manager**

**CITY OF DAPHNE, ALABAMA  
ORDINANCE 2022-65**

**AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS  
DISPENSING SITES WITHIN THE CITY OF DAPHNE**

**WHEREAS**, on May 17, 2021, Alabama Governor Kay Ivey signed the Darren Wesley “Ato” Hall Compassion Act (the “Act”) into law, legalizing and creating a regulatory framework for medical cannabis, and such Act has been codified as Code of Alabama, §§ 20-2A-1, *et seq.*; and

**WHEREAS**, the Act provides for the medical use of medical grade products that contain a derivative of cannabis by patients with a qualifying medical condition and a valid medical cannabis card; and

**WHEREAS**, the Act authorizes and requires the Medical Cannabis Commission to heavily regulate dispensary operations, thus addressing any health, safety, or welfare concerns of the citizens of the City of Daphne; and

**WHEREAS**, the location of a dispensary within the corporate limits of Daphne will bring the potential of new employment opportunities for Daphne’s citizens; and

**WHEREAS**, a dispensary would be required to obtain a business license and remit sales taxes to the City of Daphne, thus creating new revenue; and

**WHEREAS**, the City Council of the City of Daphne previously adopted Resolution 2022-49 on September 19, 2022, to authorize medical cannabis dispensaries within the City of Daphne, but upon further review it has been determined that the Act requires that the governing body of a municipality must adopt an ordinance authorizing the operation of such dispensaries before any such business can operate in the municipality; and

**WHEREAS**, the City of Daphne wishes to ratify its prior action by adopting this Ordinance authorizing the operation of medical cannabis dispensing sites within the corporate limits of the City of Daphne, subject to zoning, business license, and other revenue and police power requirements.

**NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF DAPHNE, ALABAMA**, that, in accordance with the Act, a holder of a license granted by the State of Alabama pursuant to the Act is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Daphne, subject to the provisions of the Act and other applicable state law, and further subject to any applicable ordinance of the City of Daphne, including, without limitation, applicable zoning regulations and business license requirements as the same are applied to other businesses operating as a pharmacy.

**ADOPTED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF DAPHNE, ALABAMA, THIS 5<sup>th</sup> DAY OF December, 2022.**

  
\_\_\_\_\_  
Robin L. LeJeune, Mayor

ATTEST:

  
\_\_\_\_\_  
Candace G. Antinarella, CMC, City Clerk



**ORDINANCE NO. 2022-290**

**AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES**

**WHEREAS**, in the 2021 Legislative Session, the State of Alabama Legislature passed Act No. 21-450 legalizing and creating a regulatory framework for medical cannabis; and,

**WHEREAS**, the Alabama Legislature made the following findings of fact:

1. "Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions."
2. "There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under supervision of a physician licensed in this state."
3. "Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments."

**WHEREAS**, this act requires the governing body of any municipality to authorize by ordinance the operation of the dispensing sites within the corporate limits of the municipality; and,

**WHEREAS**, a dispensary would be required to purchase a business license and pay sales tax to the City of Dothan, thus increasing revenue; and,

**WHEREAS**, the City of Dothan wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Dothan to assure its citizens can benefit from the medical and economic benefits of medical cannabis.

**NOW, THEREFORE, BE IT ORDAINED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** In accordance with Alabama Code § 20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Dothan subject to the provisions of Act 21-450 and any relevant provisions of the code of the City of Dothan.

Ord. No. 2022-290, authorizing the operation of medical cannabis dispensing sites, continued.

**Section 2.** That this ordinance and the rules, regulations, provisions, requirements, orders and matters established and adopted hereby shall take effect and be in full force and effect from and after the date of its final passage and adoption.

**PASSED, ADOPTED, AND APPROVED ON SEPTEMBER 20, 2022.**

ATTEST:

Wendy Shiver  
City Clerk

[Signature]  
Mayor

[Signature]  
Associate Commissioner District 1

[Signature]  
Associate Commissioner District 2

[Signature]  
Associate Commissioner District 3

[Signature]  
Associate Commissioner District 4

[Signature]  
Associate Commissioner District 5

[Signature]  
Associate Commissioner District 6  
**BOARD OF CITY COMMISSIONERS**

I hereby certify that the above Ordinance was published in THE DOTHAN EAGLE, a newspaper of general circulation in the City of Dothan, Alabama, on September 23, 2022.

Wendy Shiver  
Wendy Shiver  
City Clerk

**ORDINANCE 10-18-22  
AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES**

**WHEREAS**, in the 2021 Legislative Session, the State of Alabama Legislature passed Act No. 21-450 (sometimes referred to as the “Act”) legalizing and creating a regulatory framework for medical cannabis; and,

**WHEREAS**, the Alabama Legislature made the following findings of fact:

1. “Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions.”
2. “There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under supervision of a physician licensed in this state.”
3. “Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments.”

**WHEREAS**, this Act requires the governing body of any municipality to authorize by ordinance the operation of the dispensing sites within the corporate limits of the municipality; and,

**WHEREAS**, a dispensary would be required to purchase a business license and pay sales tax to the City of Enterprise, thus increasing revenue; and,

**WHEREAS**, the City of Enterprise wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Enterprise to assure its citizens can benefit from the medical and economic benefits of medical cannabis.

**NOW, THEREFORE, BE IT ORDAINED** by the City Council of the City of Enterprise, Alabama, as follows:

**Section 1 – Authorization.** In accordance with Alabama Code §20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Enterprise subject to the provisions of Act 21-450 and any relevant provisions of the code, ordinances, resolutions, rules and regulations of the City of Enterprise.

**Section 2 – Other Rules, Regulations, etc.** The operation of dispensing sites within the corporate limits of the City of Enterprise is hereby authorized subject to any applicable zoning restrictions the City of Enterprise may adopt pursuant to §20-2A-51(c)(3), and such operations may be further subject to any other laws, rules, regulations, resolutions and/or ordinances which may exist or be hereafter adopted.

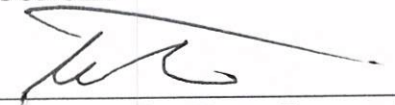
**Section 3. – Conflicting Ordinances/Resolutions.** All code sections, ordinances, resolutions, rules and regulations, or parts of the same, of the City of Enterprise, which are in conflict with this Ordinance, are to the extent of such conflict, hereby repealed. Otherwise, unless in such conflict with any said code, ordinance, resolution, rule or regulation of the City, or parts thereof, this Ordinance supplements the same.

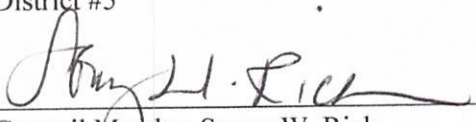
**Section 4. – Provisions Severable.** The provisions of this Ordinance are severable. If any section, subsection or provision shall be declared to be invalid or unconstitutional by judgment or decree of a court of competent jurisdiction, such judgment or decree shall not affect any other section, subsection or provision of this Ordinance.

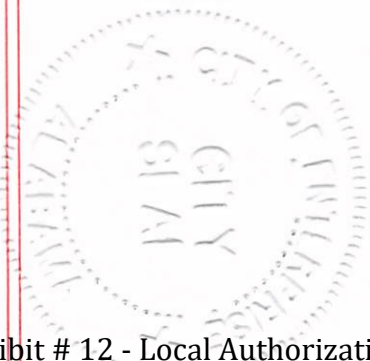
**Section 5. – Effective Date.** This ordinance shall take effect upon its approval by the City Council, or upon its otherwise becoming law, but shall nevertheless be published as required by law.

Duly Passed and Adopted this 14<sup>th</sup> day of November, 2022.

COUNCIL:

  
\_\_\_\_\_  
Council President Turner Townsend  
District #5

  
\_\_\_\_\_  
Council Member Sonya W. Rich  
District #1



*Eugene Goolsby*  
Council Member Eugene Goolsby  
District #2

*Oppose*  
Council Member Greg Padgett  
District #3

*Scotty Johnson*  
Council Member Scotty Johnson  
District #4

ATTEST:  
*Beverly Sweeney*  
Beverly Sweeney  
City Clerk

Transmitted to the Mayor this 2nd day of November, 2022.  
*Beverly Sweeney*  
Beverly Sweeney  
City Clerk

ACTION OF THE MAYOR:

Approved this 2nd day of November, 2022.  
*William E. Cooper*  
William E. Cooper  
Mayor

ATTEST:  
*Beverly Sweeney*  
Beverly Sweeney  
City Clerk



**ORDINANCE NO. 2022 – 29**  
**TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES WITHIN THE CORPORATE LIMITS OF THE CITY OF CULLMAN**

WHEREAS, during the 2021 Regular Session of the Alabama legislature, Act 2021-450 was enacted and codified in Title 20, 2A, *Code of Alabama* 1975, to create within Alabama a wholly interstate system of the cultivation, processing, and distribution of medical cannabis; and

WHEREAS, Act 2021-450 defines a "dispensary" as an entity licensed by the Alabama Medical Cannabis Commission to dispense and sell medical cannabis at the dispensing sites to registered, qualified patients and registered caregivers; and

WHEREAS, Act 2021-450 defines an "integrated facility" as an entity licensed to perform the functions of a cultivator, processor, secure transporter, and dispensary; and

WHEREAS, Act 2021-450 defines a "dispensing site" as a site operated by a dispensary licensee or an integrated facility licensee; and

WHEREAS, Act 2021-450 states that a dispensary licensee or integrated facility licensee may not operate a dispensing site within a municipality unless the governing body of that municipality has authorized, by ordinance, the operation of dispensing sites within its jurisdictional boundaries; and

WHEREAS, Act 2021-450 states that a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief from pain and other debilitating symptoms but will also provide opportunities for patients with debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers; and

WHEREAS, the City Council believes it is in the public's interest to authorize the operation of dispensing sites within the corporate limits of the City of Cullman.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CULLMAN, ALABAMA, AS FOLLOWS:

1. The Cullman City Council does hereby authorize the operation of medical cannabis dispensing sites by dispensary licensees and integrated facility licensees within the corporate limits of the City of Cullman.
2. The City Clerk or designee is hereby directed to forward a copy of this ordinance to the Alabama Medical Cannabis Commission within seven calendar days its adoption.
3. Each and every provision of this Ordinance is hereby declared to be an independent provision and the holding of any provision hereof to be void or invalid for any reason shall not affect any other provision hereof, and it is hereby declared that the other provisions of this Ordinance would have been enacted regardless of any provisions which might have been invalid.
4. This ordinance shall become effective upon its passage and publication as required by law.

ADOPTED BY THE CITY COUNCIL this the 22<sup>nd</sup> day of August, 2022.

ATTEST:

  
\_\_\_\_\_  
City Clerk

  
\_\_\_\_\_  
President of the City Council

APPROVED BY THE MAYOR this the 22<sup>nd</sup> day of August, 2022.

  
\_\_\_\_\_  
Mayor

**ORDINANCE NO. 2023-04**

**An Ordinance Authorizing the Operation of a Medical Cannabis Dispensing Site within the Corporate Limits of the City of Alexander City, Alabama**

**BE IT ORDAINED** by the City Council of the City of Alexander City, Alabama, as follows:

**WHEREAS**, on May 17, 2021, the Governor for the State of Alabama signed Darren Wesley 'Ato' Hall Compassion Act into law (the Act); and

**WHEREAS**, the Act provides for the medical use of marijuana for patients with a qualifying medical condition and a valid medical cannabis card; and

**WHEREAS**, a dispensing site may only be operated in a municipality if the municipality has passed an ordinance authorizing the operation of dispensaries within the municipality's corporate limits; and

**WHEREAS**, the Act authorizes and requires the Medical Cannabis Commission to heavily regulate dispensing site operation, (See, §§20-2A-50 - 20-2A-68, Code of Alabama), thus addressing any health, safety or welfare concerns for the citizens of the City of Alexander City; and

**WHEREAS**, the location of a dispensing site within the corporate limits of the City of Alexander City could bring employment opportunities for our citizens; and

**WHEREAS**, a dispensing site would be required to purchase a business license and pay sales tax to the City, thus increasing revenue.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF ALEXANDER CITY, ALABAMA**, that it authorizes the operation of dispensing site within the corporate limits of the City of Alexander City subject to any applicable zoning restrictions the City of Alexander City may adopt pursuant to §20-2A-51(c)(3).

**SECTION 2.** If any paragraph, section, subsection, or provision of this ordinance be declared invalid in a court of competent jurisdiction for any reason, it shall not affect the remainder of the ordinance as pertains to its validity or to other applications.

**SECTION 3.** Any ordinance or provisions of ordinances in conflict with the provisions of this ordinance are hereby repealed and rescinded insofar as they conflict with the provisions of this ordinance.

This ordinance will be published in compliance with Section 11-45-3, Code of Alabama 1975.

This ordinance shall become effective upon publication.

**ADOPTED AND APPROVED** this 17<sup>th</sup> day of October, 2022.

Ordinance 2023-04

ATTEST:

Amanda F. Thomas  
Amanda F. Thomas, City Clerk

Audrey "Buffy" Colvin  
Audrey "Buffy" Colvin, Council President

Curtis "Woody" Baird  
Curtis "Woody" Baird, Mayor

**CERTIFICATION OF CITY CLERK**

The undersigned, as City Clerk of the City of Alexander City, Alabama, hereby certifies that the foregoing is a true, correct and complete copy of **Ordinance No. 2023-04** which was adopted by the City Council on this 17<sup>th</sup> day of October, 2022.

**WITNESS MY SIGNATURE**, as City Clerk of the City Alexander City, Alabama, under the seal thereof, this 17<sup>th</sup> day of October, 2022.



SEAL

Amanda F. Thomas  
City Clerk of the  
City of Alexander City, Alabama

Yeas: Tapley, Colvin, Hardy, E. Brown

Nays: None

Publication Date: Oct 22, 22


## Exhibit 13 – Business Plan

### Verification

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

Kathleen Salmon  
\_\_\_\_\_

**Printed Name of Verifying Individual**

  
\_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer  
\_\_\_\_\_

**Title of Verifying Individual**

2/20/2023  
\_\_\_\_\_

**Verification Date**



**13.1 – Business Structure and Corporate Conventions**

Applicant formed a legal entity with a clearly defined business structure and a plan for adherence to applicable corporate conventions. Applicant is an Alabama Limited Liability Company (“LLC”) that received its official certificate of formation from John H. Merrill, Secretary of State of Alabama, on June 02, 2021 (RES955627). Mr. Merrill certified on October 07, 2022, that true, accurate, and literal copy of the Articles of Formation filed on behalf of Applicant, as received and filed in the Office of the Secretary of State on June 21, 2021, appears on file and of record in his Office (20221007000018910). Applicant received notice from the Department of the Treasury, Internal Revenue Service (“IRS”) that it has been assigned the Federal Employer Identification Number [REDACTED] on August 31, 2022 (CP 575 A). This EIN identifies Applicant at the federal level, including business accounts, tax returns, and documents. [REDACTED]

Applicant has established [REDACTED]  
[REDACTED]  
[REDACTED] both Alabama limited liability companies. [REDACTED]  
[REDACTED] are authorized to sign on behalf of the Company for any obligation or action formally approved by the members. [REDACTED]

**The Ownership Team is composed of:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] experience in farming/agronomic production; and  
[REDACTED] years of continuous Alabama residency.

**13.2 - Clearly defined business goals, including a 3-year and a 5-year plan.**

Applicant's Ownership Team have clearly defined their business goals, including a 3-year and 5-year plan, which will guide the business' daily operations in achieving these goals.

**Business Goals**

1. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]
2. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]
3. [REDACTED]  
[REDACTED]  
[REDACTED]
4. [REDACTED]  
[REDACTED]  
[REDACTED]
5. [REDACTED]  
[REDACTED]  
[REDACTED]

- 6. [Redacted]
- 7. [Redacted]
- 8. [Redacted]
- 9. [Redacted]
- 10. [Redacted]

**Three Year Plan**

Applicant is committed to establishing a reputable business venture that prioritizes the needs of all Alabama registered patients, and the success of the AMCC medical cannabis program. [Redacted]

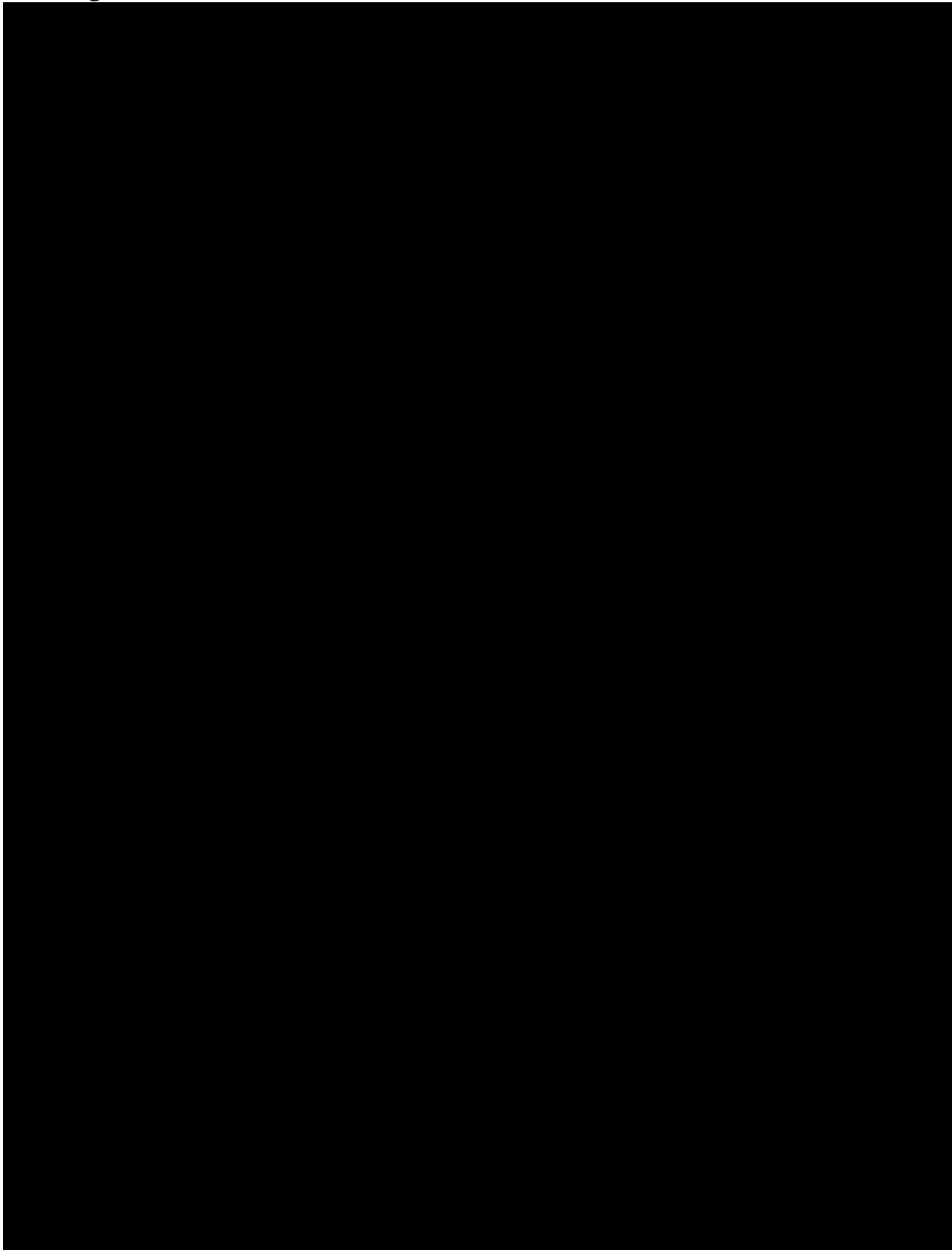
[Redacted]

[Redacted text block]

**Five Year Plan**

[Redacted text block]

**13.3 - Organizational Chart.**



**13.4 – Job descriptions of all managerial positions.**

All job applicants must be 21 years of age and will be required to pass a background check submitted to the Alabama Law Enforcement Agency (ALEA).

Role Title and Identified/ Open Role	Delineation of Authority Oversight	Qualifications and Duties
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

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[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]







<p>(Identified)</p>		<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>

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[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



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[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]





<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
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		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



[REDACTED]		[REDACTED]
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**13.5 - Job descriptions of all non-managerial employee positions.**

Role Title and Identified/ Open Role	Qualifications and Duties
[REDACTED]	[REDACTED]

<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

	<p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

**13.6 - An executive summary.**

**The Story**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]



[Redacted text block]

[Redacted text block]

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[Redacted text block]

[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

Key Personnel	Traits	Relevant Experience
[Redacted]	[Redacted]	[Redacted]
[Redacted]		[Redacted]
		[Redacted]



[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

**Locations:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Site Selection Criteria:

- I. [REDACTED]
  - I. [REDACTED]
  - I. [REDACTED]
  - I. [REDACTED]
- II. [REDACTED]
  - I. [REDACTED]
  - I. [REDACTED]
  - I. [REDACTED]
- III. [REDACTED]
  - I. [REDACTED]
  - I. [REDACTED]
  - I. [REDACTED]

Our selected locations:

**Cultivation & Processing:**

[REDACTED]

**Dispensaries:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**13.7 - Services and Products:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Lifespan:**

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]







[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

**13.8 - An advertising/marketing analysis and strategy**

**Introduction:** [Redacted]

**Income Level:** [Redacted]

[Redacted]

[Redacted text block]

[Redacted text block]

**Age Demographics:** [Redacted]

[Redacted text block]

**Market Size:** [Redacted]

[Redacted text block]

[Redacted]

**Market Size and Anticipated Growth:** [Redacted]

[Redacted]

**13.9 – A Community Engagement Plan:**

Applicant has a rich history of developing strong community partnerships and has cultivated many new business relationships in Alabama. [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted text block]

[Redacted text block]

[Redacted text block]

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[Redacted text block]

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**13.10 - An Environmental Impact Statement:**

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

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[Redacted text block]

[Redacted text block]

[Redacted text block]

- █ [REDACTED]

- █ [REDACTED]
  - █ [REDACTED]

[REDACTED]

- █ [REDACTED]

- █ [REDACTED]

- █ [REDACTED]

[REDACTED]

- █ [REDACTED]
  - █ [REDACTED]

- █ [REDACTED]
  - █ [REDACTED]

[REDACTED]

- █ [REDACTED]



- [REDACTED]
  - [REDACTED]
  - [REDACTED]
  - [REDACTED]

[REDACTED]

- [REDACTED]
  - [REDACTED]
  - [REDACTED]
- [REDACTED]
  - [REDACTED]
  - [REDACTED]
  - [REDACTED]

**13.11 - Insurance Plan:**

Applicant holds a Certificate of Insurance from [REDACTED] to  
Certificate Holder Alabama Medical Cannabis Commission covering:

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Applicant's vehicle leasing company also hold a Certificate of Insurance from [REDACTED]  
[REDACTED] covering:

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



# CERTIFICATE OF LIABILITY INSURANCE

License Type: Integrated Facility

11/28/2022

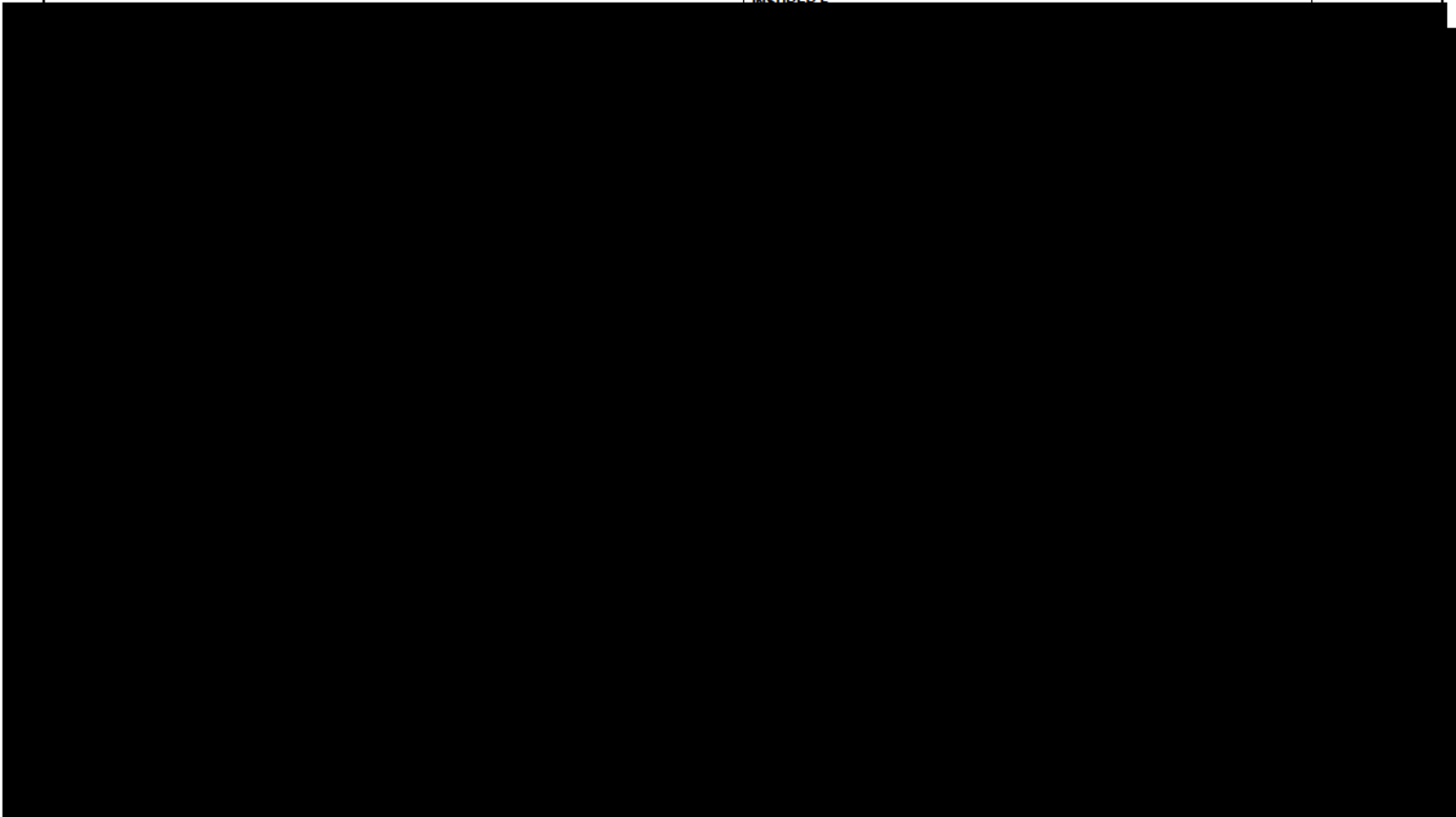
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> [REDACTED]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CONTACT NAME</td> <td>[REDACTED]</td> <td style="width: 50%;">FAX (A/C, No)</td> <td></td> </tr> <tr> <td>PHONE (A/C, No, Ext)</td> <td>[REDACTED]</td> <td></td> <td></td> </tr> <tr> <td>E-MAIL ADDRESS</td> <td colspan="3">[REDACTED]</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td colspan="2" style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A</td> <td>[REDACTED]</td> <td></td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER B</td> <td>[REDACTED]</td> <td></td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER C</td> <td>[REDACTED]</td> <td></td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER D</td> <td>[REDACTED]</td> <td></td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER E</td> <td>[REDACTED]</td> <td></td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER F</td> <td>[REDACTED]</td> <td></td> <td>[REDACTED]</td> </tr> </table>	CONTACT NAME	[REDACTED]	FAX (A/C, No)		PHONE (A/C, No, Ext)	[REDACTED]			E-MAIL ADDRESS	[REDACTED]			<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>		INSURER A	[REDACTED]		[REDACTED]	INSURER B	[REDACTED]		[REDACTED]	INSURER C	[REDACTED]		[REDACTED]	INSURER D	[REDACTED]		[REDACTED]	INSURER E	[REDACTED]		[REDACTED]	INSURER F	[REDACTED]		[REDACTED]
CONTACT NAME	[REDACTED]	FAX (A/C, No)																																							
PHONE (A/C, No, Ext)	[REDACTED]																																								
E-MAIL ADDRESS	[REDACTED]																																								
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>																																							
INSURER A	[REDACTED]		[REDACTED]																																						
INSURER B	[REDACTED]		[REDACTED]																																						
INSURER C	[REDACTED]		[REDACTED]																																						
INSURER D	[REDACTED]		[REDACTED]																																						
INSURER E	[REDACTED]		[REDACTED]																																						
INSURER F	[REDACTED]		[REDACTED]																																						

License#: 2081754  
SOUTADM-02

**INSURED**  
 [REDACTED]



**CERTIFICATE HOLDER**

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

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

[REDACTED]





# CERTIFICATE OF LIABILITY INSURANCE

DEAN&I

OP ID: DLW

License Type: Integrated Facility

DATE (MM/DD/YYYY)

11/03/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
------	-------------------	------	------	---------------	------------	------------	--------

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

**CANCELLATION**

**SOCRHO1**

**Southern Crop Holding  
Company, LLC  
120 Landfill Road  
Columbiana, AL 35051**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
**Clayton H Smith**

# EXHIBIT #14 – EVIDENCE OF BUSINESS RELATIONSHIP WITH OTHER LICENSEES AND PROSPECTIVE LICENSEES

## Verification

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

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



2/26/2023

Signature of Verifying Individual

Verification Date

**Section 14.1:** [REDACTED]  
[REDACTED]  
[REDACTED]

**Section 14.2:** [REDACTED]  
[REDACTED]  
[REDACTED]

**Section 14.3:** [REDACTED]  
[REDACTED]  
[REDACTED]

**Section 14.4:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- **Attachment #1:** [REDACTED]

**Section 14.5:** [REDACTED]  
[REDACTED]  
[REDACTED]

**Section 14.6:** [REDACTED]  
[REDACTED]  
[REDACTED]

**DISTRIBUTION AGREEMENT  
BETWEEN**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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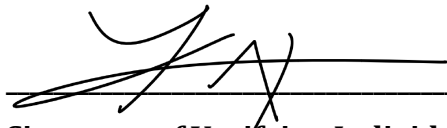
# Exhibit 15 – Coordination of Information from Registered Certifying Physicians

## Verification

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

Kathleen Salmon \_\_\_\_\_

**Printed Name of Verifying Individual**

 \_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer \_\_\_\_\_

**Title of Verifying Individual**

12/21/2022 \_\_\_\_\_

**Verification Date**

**Introduction:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Communicating with Certifying Physicians:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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License Type: Integrated Facility

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License Type: Integrated Facility

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License Type: Integrated Facility

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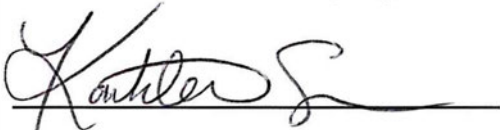
# Exhibit 16 – Point-of-Sale Responsibilities

## Verification

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

Kathleen Salmon

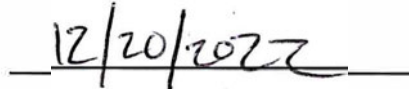
Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Compliance Officer

Title of Verifying Individual



Verification Date

### **Training Dispensing Employees**

In line with the values held in our company, Applicant has engaged Alabama Cannabis School, a minority woman-owned company, to develop and facilitate all required training and continuous education courses in accordance with § 538-x-8-.08. Alabama Cannabis School will coordinate with Applicant's internal team to provide Applicant's Dispensary employees with medical cannabis education both virtually and in person at one of Applicant's dispensing sites to meet all compliance requirements of § 538-x-4-.04.

**As a patient-owned and patient-led company, Applicant's training is based on the experiences we understand across all qualifying conditions.** Respect, integrity, and pharmaceutical grade service is the foundation of Applicant's standards. **We are owned in part by a cancer-survivor, a minority Medical Doctor, a veteran Pharmacist, and women who understand firsthand the experiences of Applicant's Dispensary patients.** Applicant cascades these values from ownership to every individual person who represents the company. Patients with qualifying conditions face far too much pain, burdens of daily life, and impairments to deserve anything but excellent service and high-quality product.

When patients seek medical cannabis for their ailments and conditions, the dispensary experience is meant to account for patients' individual comfort zones and lived experiences. For that reason, Applicant's Dispensary employee training curriculum includes sensitivity training to ensure employees are aware of their attitudes and behaviors towards others, specifically considering patients with PTSD, anxiety, sensory and auditory disorders, and other sensitivities not listed. Applicant's team members are trained in all scenarios of patient communications, especially those that require specifically carved out interactions for anxiety, PTSD, and sensory or auditory disorders. Employees are given extensive training on how to understand what anxiety and PTSD entail, the levels of these conditions, how an individual is affected, and the best practices on how to approach patients who require this special care.

In addition to patient interaction, employees are trained on Applicant's Point of Sale (POS) systems and cash handling policies and procedures. These training sessions are conducted

at Applicant's Dispensing Site(s) to provide employees an authentic hands-on experience using equipment, tools, and materials that they will utilize during normal job operations.

- On-site training involves mock situations to ensure both the comfort of employees working with various patient's qualifying conditions and comfort with cash handling and POS usage.
- In accordance with § 538-x-4-.04(3), upon completion of training, a certificate of completion will be signed by the individual who completed the course and Applicant's Certified Dispenser. This certificate of completion will be uploaded to the employee's personnel file, kept on file for review, maintained for at least three (3) years, and made available to the AMCC upon request.

### **Point of Sale Education**

- All associates in a position to operate Applicant's POS system, Treez, are required to participate in the training listed above. After completion of required training, associates will be in an optimal position to provide ad hoc education to patients as they purchase their medical cannabis at Applicant's Dispensing Site, maintaining compliance with § 538-x-8-.03(7).
- Applicant's Dispensary employee training will include the requirement to confirm that the patient or caregiver holds a valid, current, unexpired, and unrevoked medical cannabis card prior to dispensing medical cannabis, in compliance with § 538-x-8-.03(5).
- During a patient interaction at the POS, associates must first determine whether the patient's questions in need of response are able to be answered in a timely manner at the POS, or whether the associate should ask the patient to have a private consultation with Applicant's Certified Dispenser to avoid holding up other patients waiting to make a purchase.
- If questions can be answered in a timely manner, the associate will use an appropriate volume when speaking to avoid other patients hearing private information.
- If questions require a greater length of time to answer, the associate will make sure the purchasing experience is not disrupted by leaving their register to take the

patient to the private consultation area to have an ad hoc consultation with a Certified Dispenser.

- Prior to dispensing medical cannabis, associates will always confirm the medical cannabis conforms to the type and amount recommended in the physician's certificate and that the amount will not exceed the 60-day dosage purchasing limit, pursuant to § 538-x-8-.03(5).

### **Providing Patient Consultation and Responding to Patient Questions**

- Applicant requires that all patients new to their facilities complete a consultation with a trained Certified Dispenser on site. While patients may have utilized medical cannabis prior or have been educated through online sources or a friend, Applicant will provide a direct consultation to ensure the patient has accurate medical cannabis knowledge.
- Consultations with patients occur at the Applicant's Dispensing Site in a private consultation room or, depending on patient preference and comfort, can occur in the sitting area inside of the dispensary area. Applicant holds patient comfort and preference highly and understands that some patients prefer privacy and a conversation in a private, isolated area while other patients prefer consultations in a more public setting, especially those with PTSD who face discomfort with small, confined areas or who may have been victims of violence.
- Patient consultations will consist of:
  - Getting to know the patient, their prior medical cannabis experience and knowledge, and their purpose in joining the program.
  - Introducing the patient to the AL Medical Cannabis Program, rules and regulations for safe consumption, the importance of keeping product in its original packaging, instructions on the proper administration of medical cannabis, education regarding potential side effects, potential drug interactions, and other aspects of medical cannabis.
  - In accordance with § 538-x-8-.03(7), Applicant's dispensary team is trained to not offer advice regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or type of medical cannabis recommended by the

registered certifying physician. Applicant may direct the patient or caregiver back to the registered certifying physician to address questions or provide advice that the Applicant cannot. Applicant's teams are trained to actively warn against operating heavy machinery whilst using cannabis.

- When providing answers to caregivers, in addition to the expectations listed above, Applicant's dispensary team will confirm that the caregiver holds a valid, current, and unrevoked medical cannabis card and that the caregiver's registration is active in the Alabama registry prior to commencing any discussions and dispensing medical cannabis, in accordance with § 538-x-8-.03(5).
- If Applicant is unable to dispense medical cannabis to a patient, dispensary associates ensure that the patient has a complete understanding of the reasoning and will provide documentation for their records. If the patient's purchase exceeds the 60-day dosage purchasing limit or is over the amount recommended in the physician's certificate, Applicant will print out a copy of the webpage displaying this information for their review. Associates also provide a solution, whether that is waiting for their product allotment to reset, or consulting with their certifying physician to update their recommendation.
- If a patient wishes to return a product, Applicant will assess every situation based on State Regulations to determine exact requirements. In the unlikely event that a return results from defective or expired product, Applicant will support a refund or product exchange.

#### **Providing Product Use Information to Patients**

- Applicant provides consultations to new patients and existing patients in addition to having a selection of educational materials with extensive knowledge about Applicant's company, proper methods of administration, products available through the AMMC program, potential side effects, and onset/duration of products. This information will be available in several formats, including pamphlets, digital assets, an FAQ section on Applicant's website, as well as through in-person or virtual educational sessions.



# Exhibit 17 - Confidentiality of Patient Information

## Verification

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

Kathleen SAumon

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief compliance officer

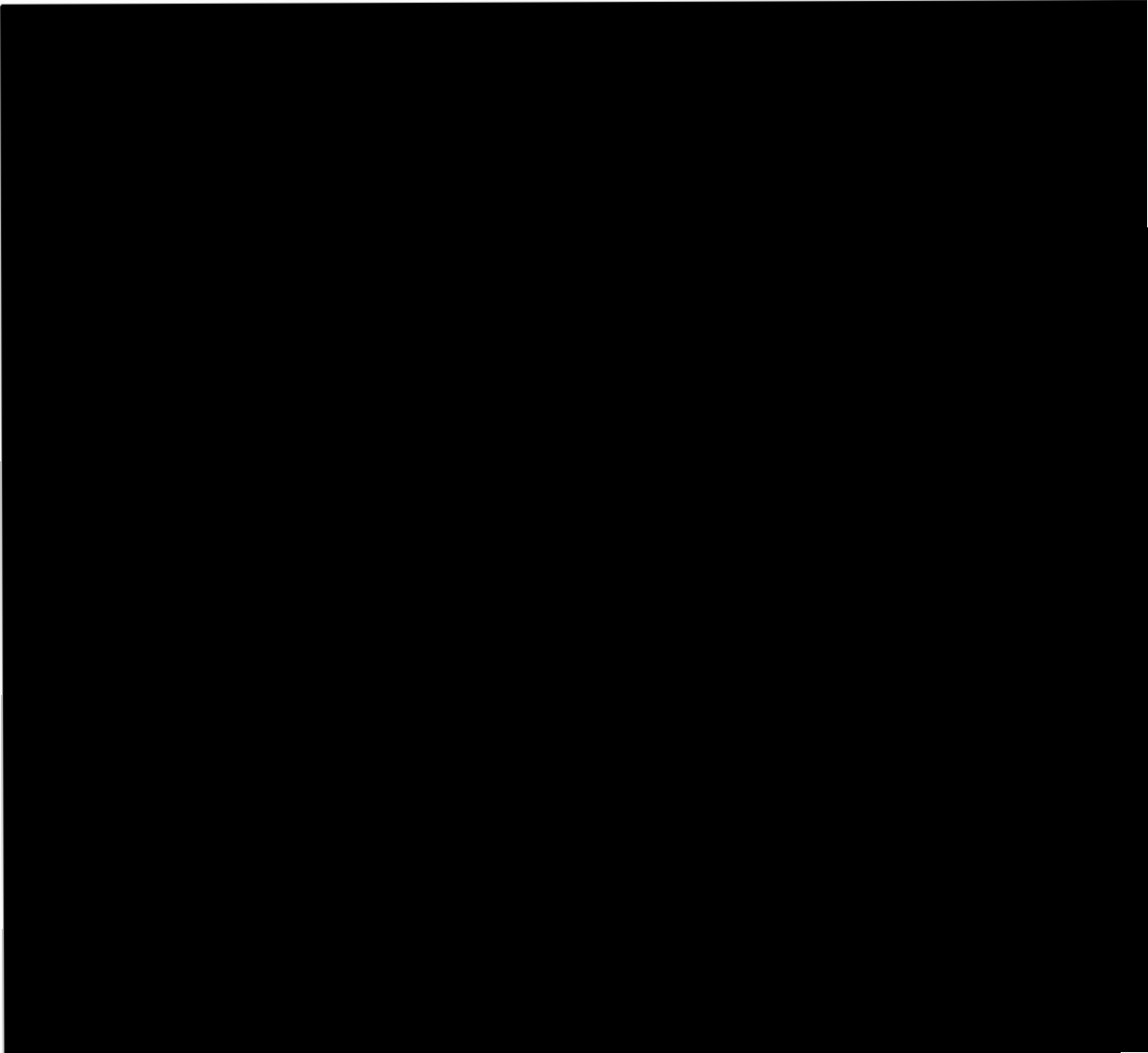
Title of Verifying Individual

12/20/2022

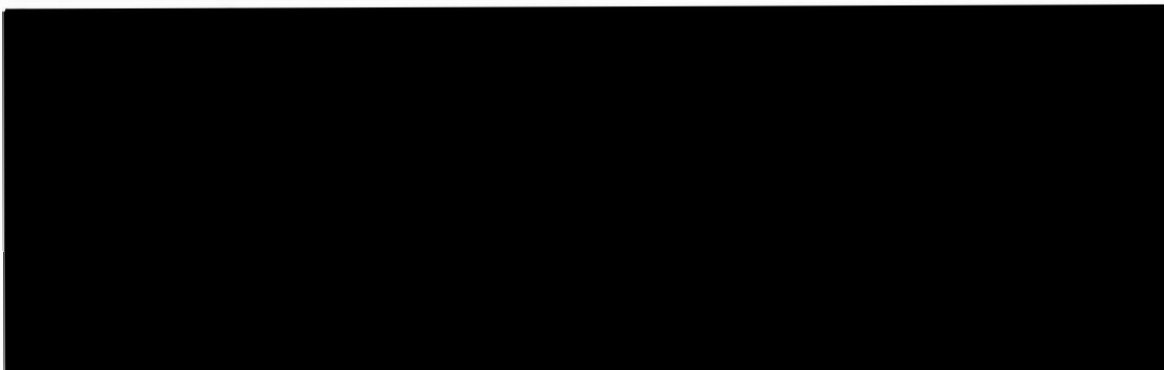
Verification Date



## Introduction



**Examples of PHI:** Examples of PHI include, but are not limited to the following:

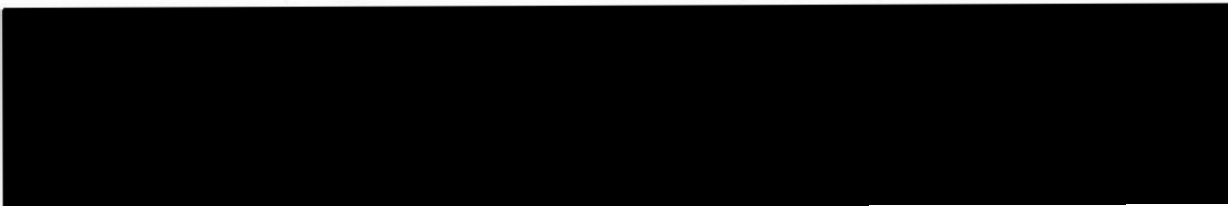


License Type: Integrated Facility

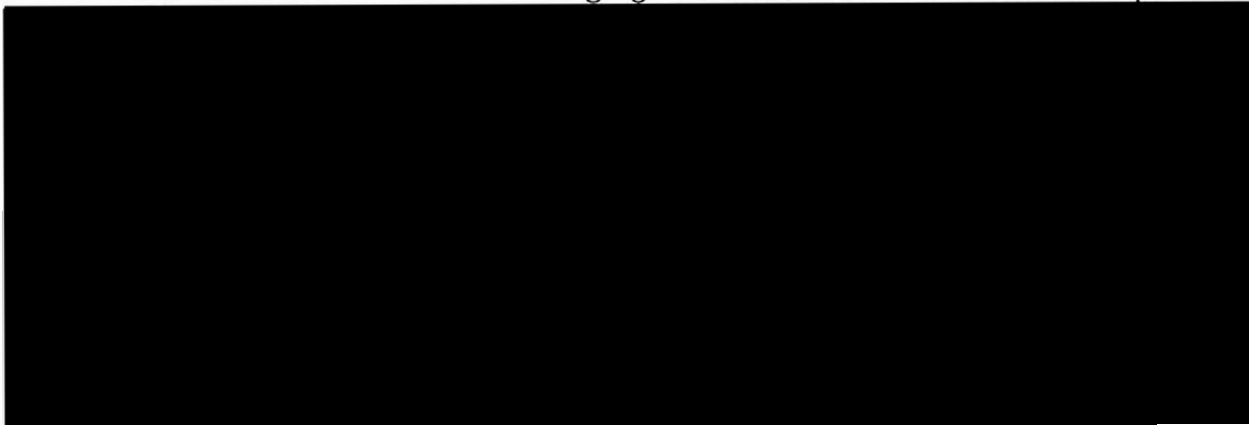
**Notice of Privacy Practices:** Applicant requires that each new patient have a copy of our



**Minimum Necessary:** Applicant requires all of its employees to limit the amount of PHI



**Patient Rights:** Patients have the following rights with their PHI. The Certified Dispenser



**HIPAA and PHI:** Applicant has the right to decline direct records requests unless the



License Type: Integrated Facility



**Refraining from Intimating or Retaliatory Acts:** Employees are strictly prohibited from



**Use and Disclosure of PHI:** The most common way that Applicant shall use PHI is for the



**Breach Notification:** All employees are required to immediately report to the Chief



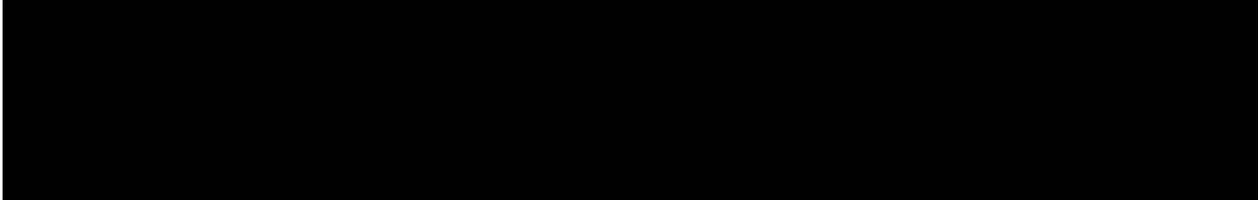
**HIPAA Whistleblower Policy:** Should an employee of Applicant find themselves in a



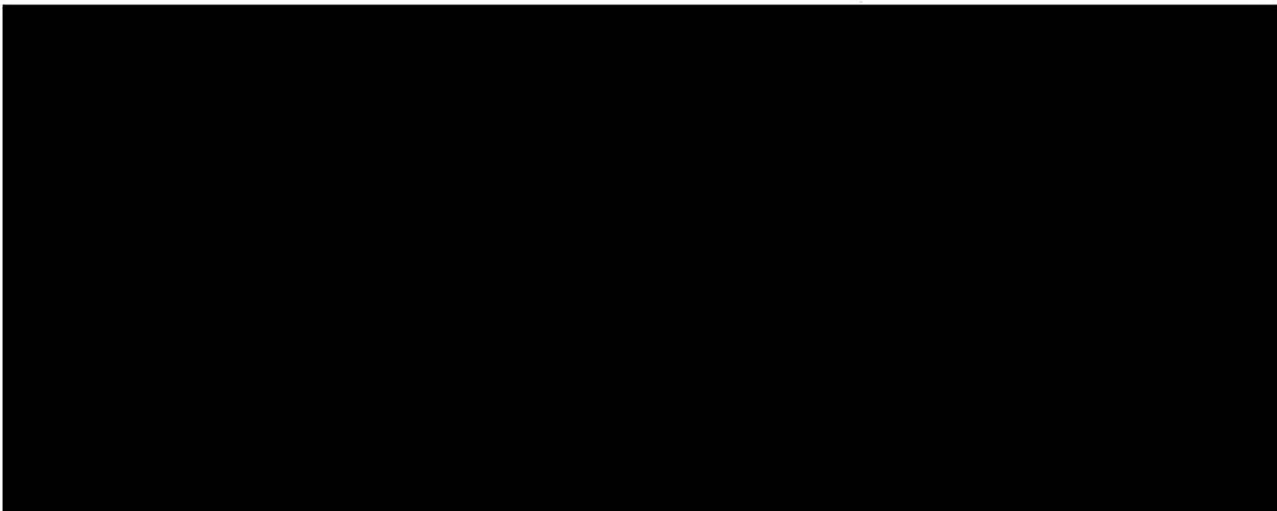
License Type: Integrated Facility



**Security Awareness:** Applicant's employees are required to follow all security policies and



**Device and Media Controls:** Applicant is required by HIPAA to keep track of all of the



# Exhibit 18 – Money Handling and Taxes

## Verification

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

Kathleen Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



2/20/2023

Signature of Verifying Individual

Verification Date

### **Cash Collection and Transport Vendor:**

As a veteran-owned and operated company, we believe our operations thrive when supporting our fellow veteran-owned companies. We look forward to working with Southern Cash Solutions as our preferred cash collection vendor; Southern Cash Solutions is local, a Veteran-owned company with over 14 years of experience in cash transport and will be principally responsible for transporting cash deposits for the Columbiana Production Facility and Dispensing sites across the state to our First Federal Bank Business Account.

**Definitions & Terms:** The following terms will be utilized throughout the following Money Handling and Tax Plan:

- **Manager on Duty (MOD):** This term will also be used interchangeably for Applicant's Assistant General Manager if the General Manager is unavailable.
- **Cash Drawer:** The removable drawer inside of a cash register, which is to be placed in the safe every night after close.
- **Cash Drop:** The removal of excess cash from registers to be placed in the safe until close.
- **Cash Log:** A binder kept securely on the dispensary floor where associates can track funds they've deposited into the safe. At the end of the evening when associates close their drawers, they will reference this binder and compare with their Z-Out to ensure all funds are allocated correctly.
- **Petty Cash Safe:** This is a smaller key operated safe kept in the Manager's office that contains smaller bills and change, should drawers have only higher bills. This safe should always contain \$500 exactly and must be audited on a weekly basis to ensure no cash is unaccounted for.
- **Z-Out:** The document printed from POS systems that displays total cash collected per register throughout the day. This is used to count drawers at the end of the night, in addition to cash drops tracked in the Cash Log, to ensure all funds are allocated for.

### **Money Handling Plan**

**Dispensing Sites:** The following procedure describes Applicant's plan for handling cash throughout the dispensing facilities: 1) The MOD removes cash boxes from the safe every morning prior to opening and counts to ensure there is an adequate mix of bills and change, equating to \$250 in each drawer; 2) Upon counting completion, the MOD assigns cash boxes to each drawer; 3) When each Dispensary Associate arrives, they clock in, at which point they will double count their designated drawer to ensure accuracy and place the drawer in their assigned register; 3) Throughout the day, Dispensary Associates can contact the MOD if their drawer contains more than \$2000 in cash, at which time the MOD performs a cash drop.

Dispensary Drop Procedures:

1. The Dispensary Associates counts the cash.
2. MOD counts the cash a second time to verify the drop amount.
3. MOD will securely transfer said cash to the Security Room for placement in the safe after one more count. While the MOD is bringing the cash to a secure location for storage, the Dispensary Associates will track the drop in a Cash Log and sign their name. Once the MOD returns after verifying the total drop, they will also sign their name.
4. Should the Dispensary Associates at any point in time need small bills or change for their drawer, they can contact the MOD to exchange tens and twenties from their drawer for fives, ones, quarters, dimes, nickels, and pennies in the Petty Cash safe. The MOD must ensure that the cash they take from the drawer is equivalent to the change returned to the drawer.
5. Anytime an associate leaves their register for an extended period of time, be it for a lunch break, to do a consultation with a patient, or to end their shift for the day, they must count their drawer. The POS system will tell them how much cash is expected in their drawer and they must confirm accuracy before leaving their register.
6. At the end of the workday, once all doors have been locked, associates should close down their drawers, and confirm cash contained in their drawers is accurate (include cash dropped into the safe). They should then print a Z-Out, count their drawer one last time, and then sign their Z-Out which signifies their drawer is closed even. If the drawer

License Type: Integrated Facility

is short or over, this must be noted on the Z-Out. Upon associate completion, the MOD will double count all drawers and sign their initials as well. Please note, when drawers are over, we require our MOD to review security footage to determine which patient is owed this money.

7. Once all Z-Outs have been completed, the MOD is to take all cash to the cash counting area. They will also remove the day's cash drops from the safe to include. MOD will add the totals on all Z-Outs to get a grand total, they will use cash counters to count all cash twice and ensure grand total matches cash counted. At this point in time, they will complete a bank deposit slip, and include this along with the cash, in a secured bag for our Cash Transport Vendor.
8. After the cash for the day has been confirmed and contained in a Deposit Bag for the Cash Transport Vendor, the MOD is to lock it in the safe until the next pickup from said Cash Transport Vendor.

**Columbiana Production Facility:** The following procedure describes Applicant's plan for handling cash throughout the Columbiana Production Facility Site when cash payment is received for any cannabis or medical cannabis inventory transfers to a licensee: 1) The CPO receives cash payment from a licensee and counts the cash to ensure the payment is accurate, in alignment with an inventory manifest, and exact. Applicant will utilize a bill counter for any cash payments over \$500; 2) Upon counting completion, the CPO will sign a formal record of payment receipt, complete a cash log for the payment, and place the cash payment in a safe drop bag, locking the bag after placing the cash inside; 3) CPO will bring the bag to Applicant's Cash Safe; and 4) CPO will drop the bag in the Cash Safe for secure retrieval from the Cash Collection Vendor.



**Cash Log Example:**

Date	Time	Drawer #	Cash Drop Amount	Total Cash Dropped from Register	Associate Signature & MOD Signature

**Tax Plan:**

Applicant has a requirement that taxes are handled centrally at Applicant’s Corporate office. Each local dispensing site will be responsible for collecting all required taxes associated with retail medical cannabis sales, but all federal, state and local tax remittances and tax return filings will be handled at Applicant’s Corporate office. Each local dispensing site is required to defer all Federal and State Income Tax remittance or tax return filings to Applicant’s Corporate office.

**Plan to Comply with 31 U.S.C. §5311:** Applicant’s Accounting and Finance team (“AFT”) shall coordinate with the retail and production teams directly to ensure cash payments received in excess of \$10,000 are in compliance with 31 U.S.C. §5311. Retail and production teams are trained to report cash payments in excess of this threshold, and report this back to the AFT within 2 business days. The AFT shall report and complete the Form 8300 and file online in the Financial Crimes Enforcement Network “FinCEN” portal, before the 15th day after the cash receipt occurred.

**Plan to Comply with 26. U.S.C. s.280E:** Internal Revenue Code 26 U.S.C. §280E (“Section 280E”) is the section of the Internal Revenue Service (“IRS”) tax code which applies to the

illegal handling and sale of controlled substances. The regulation prohibits cannabis companies from taking tax deductions for ordinary and necessary business expenses other than the very limited definition of cost of goods sold (“COGS”). The IRS allows cannabis businesses to deduct the COGS when calculating their Federal tax liability, which refers to, “expenditures necessary to acquire, construct or extract a physical product which is to be sold.” Applicant will maintain compliance with Federal and State tax laws and will update procedures to mitigate the effects of Section 280E as new information becomes available through the IRS.

***Collection and Remission of Alabama Sales Tax:*** Applicant understands there is a tax levied, in addition to all other taxes of every kind now imposed by law and shall be collected and remitted in accordance with Article 1, commencing with Section 40-23-1, of Chapter 23 of Title 40, covering the gross proceeds of the sales of medical cannabis when sold at retail in this state at the rate of nine percent (9%) of the gross proceeds of the sales. Sales tax is a privilege tax imposed on the retail sale of tangible personal property sold in Alabama by businesses located in Alabama. The tax is collected by Applicant from customers and remitted directly to the Alabama Department of Revenue (“ALDOR”). All sales of tangible personal property are retail sales except those defined as wholesale sales, which includes all sales to licensed processors and dispensaries. Applicants are prepared to collect the base Alabama sales tax of 4.00%, in accordance with Title 40, Chapter 23, Article 1, and the local County and City sales tax.


# Exhibit 19 – Standard Operating Plan and Procedures

## Verification

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

Kathleen Salmon \_\_\_\_\_

**Printed Name of Verifying Individual**



\_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer \_\_\_\_\_

**Title of Verifying Individual**

2/20/2023 \_\_\_\_\_

**Verification Date**



License Type: Integrated Facility

[REDACTED]

**1. Accurate Recordkeeping**

Applicant maintains [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Recordkeeping Protocols for Cultivation & Processing:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[Redacted]

**Recordkeeping Protocols for Dispensary Sites:** [Redacted]

[Redacted]

**2. Compliance with Inventory Protocols and Coordination of Information & Systems**

[Redacted content]

License Type: Integrated Facility

[REDACTED]

**Conducting Audits of Inventory:** [REDACTED]

[REDACTED]

**3. Secure Systems and Protection of Information**

[REDACTED]

**Adherence to HIPAA Laws:** [REDACTED]

[REDACTED]



License Type: Integrated Facility

[REDACTED]

**19.2 – Plan for maintenance and storage of cannabis and medical cannabis**

[REDACTED]

**Storage Requirements and Procedures | All Locations**

- **Limiting Access to Cannabis/Medical Cannabis and Two Person Protocol:** Applicant

[REDACTED]

- **Storage Surveillance and Alarms:** [REDACTED]

[REDACTED]

License Type: Integrated Facility

[Redacted text block]

- **Employee Access:** [Redacted text block]





License Type: Integrated Facility

[REDACTED]

**Maintaining and Storing Cannabis and Cannabis Products, Transportation**

[REDACTED]

**19.3 – Quality Control/Quality Assurance Plan. Provide at Exhibit 39.**

*Applicant’s full length response to 19.3 may be found in Exhibit 39.*

**19.4 – Contamination and Recall Plan. Provide at Exhibit 40.**

*Applicant’s full length response to 19.4 may be found in Exhibit 40.*

**19.5 – Criminal Activity Plan.**

**Mission Statement:** Applicant [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[REDACTED]

**Detecting Criminal Activity:** [REDACTED]

**Reporting Criminal Activity:** [REDACTED]

**Creating a Culture of Honesty:** [REDACTED]

License Type: Integrated Facility

[Redacted]

**Crime Prevention Strategies:** [Redacted]

**Preservation of Medical Cannabis:** [Redacted]

**Maintaining Access to Medical Cannabis:** [Redacted]

**19.6 – Emergency Procedures/Disaster Plan**

In accordance with § 538-x-4-.07(12)(o)(6), Applicant [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- **Facility Evacuation Routes:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- **Emergency and Government Contact List Phone Numbers:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- **Utility Contact List Phone Numbers:** [REDACTED]  
[REDACTED]  
[REDACTED]

- **Internal Emergency Contact Information:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- **Emergency Reporting and Evacuation Procedures:** [REDACTED]  
[REDACTED]  
[REDACTED]



[Redacted]

Applicant will [Redacted]

[Redacted]

[Redacted]

[Redacted]

License Type: Integrated Facility

**19.7 – Alcohol, Smoke, and Drug Free Workplace Policy. The Applicant must provide a clear written Alcohol, Smoke and Drug Free Workplace Policy, which shall be included in the Employee Handbook and/or the Policies and Procedures Manual.**

*Applicant has developed a full length, Alcohol, Smoke, and Drug Free Workplace Policy written in alignment with § 538-x-3-.05(3)(m)(16)(g) and § 538-x-4-.07(12)(o)(7). The Policy has been included in Exhibit 36: Employee Handbook starting on page 17.*

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

**Mission Statement:** [REDACTED]

**Employee Safety and Injury Response:** [REDACTED]

**Worker's Compensation:** [REDACTED]  
[REDACTED]  
[REDACTED]

**Premises Safety:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Safety Risk Assessments:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Hazardous Materials:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

License Type: Integrated Facility

[Redacted]

**Sanitation:** [Redacted]

**Waste:** [Redacted]

**Health Precautions:** [Redacted]

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



License Type: Integrated Facility

[REDACTED]

[REDACTED]

**Additional Access Controls:** [REDACTED]

**19.10 – Cannabis Waste Plan.**

**Destruction of Cannabis Plants & Related Materials:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Tracking in METRC:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Mitigating Waste Issues:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**19.11 – Security Plan. Provide at Exhibit 33.**

*Applicant’s full-length response to 19.11 may be found in Exhibit 33 — Security Plan.*

**19.12 – Grow Plan.**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]





License Type: Integrated Facility

[REDACTED]

Room	Temperature (F)	Relative Humidity (%)	C02 (PPM)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

License Type: Integrated Facility

[Redacted text block]

[Redacted text block]

[Redacted text block]

License Type: Integrated Facility

[Redacted text block]

[Redacted text block]

[Redacted text block]

License Type: Integrated Facility

Name	Terpenes	THC	Time in flower
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Methods of Cultivation:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]









License Type: Integrated Facility

[Redacted content]

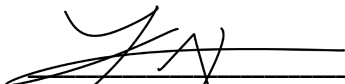
# Exhibit 20 – Policies and Procedures Manual

## Verification

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

Kathleen Salmon \_\_\_\_\_

**Printed Name of Verifying Individual**

 \_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer \_\_\_\_\_

**Title of Verifying Individual**

2/20/2023 \_\_\_\_\_

**Verification Date**

[Redacted]

- Attachment #1: [Redacted]
- Attachment #2: [Redacted]
- Attachment #3: [Redacted]

**Summary**

The following Summary [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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**APPLICANT DISPENSING PROCEDURES MANUAL**

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**WRITTEN IN ACCORDANCE WITH THE ALABAMA MEDICAL CANNABIS COMMISSION  
REGULATIONS AND ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES**

**REGULATIONS:**

- 538-X-1 GENERAL PROVISIONS, SCOPE AND CONSTRUCTION OF RULES
- 538-X-2 REGULATION OF PATIENTS AND CAREGIVERS
- 538-X-3 APPLICATIONS AND LICENSING REQUIREMENTS - GENERALLY
- 538-X-4 LICENSEE REQUIREMENTS - GENERALLY
- 538-X-5 REGULATION OF CULTIVATORS
- 538-X-6 REGULATION OF PROCESSORS
- 538-X-7 REGULATION OF SECURE TRANSPORTERS
- 538-X-8 REGULATION OF DISPENSARIES
- 538-X-9 REGULATION OF INTEGRATED FACILITIES
- 538-X-10 REGULATION OF STATE TESTING LABORATORIES
- CHAPTER 80-14-1 MEDICAL CANNABIS CULTIVATION







### VISITOR PROCEDURES

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**DISPOSAL OF CANNABIS INVENTORY DISPLAY UNITS**

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**RECORDKEEPING**

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**PRODUCT RECALL PROCEDURES**

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**Procedures:**

**DEFINITIONS**

1. [Redacted list item 1]
- [Redacted list item 2]



4. [REDACTED]
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**RECALL CLASSIFICATION, PRODUCT QUARANTINE AND NOTIFICATIONS**

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**RECALL IMPLEMENTATION**

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**RECORD KEEPING**

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**RETURNED CANNABIS PRODUCTS**

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**RETURNED PRODUCT SORTING AND RETURN TO A LICENSED VENDOR**

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### CANNABIS PRODUCT DISPOSAL

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License Type: Integrated Facility

License Type: Integrated Facility

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### DISPENSARY OPENING PROCEDURE

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**SALES FLOOR PREPARATION**

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**STOCKING THE SALES FLOOR**

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**MORNING MEETING AND INSPECTION**

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### DISPENSARY OPENING CHECKLIST

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**DISPENSARY CLOSING PROCEDURE**

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**DISPENSARY CLOSING CHECKLIST**

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**RETAIL ACCESS, ID VERIFICATION & TRAFFIC**

**Document Owner: Dispensary Team**

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**ACCESS CONTROL FOR PATIENTS: REQUIRED IDENTIFICATION**

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**DENIED ENTRY AND INCIDENT DOCUMENTATION**

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**CONTROLLING FLOW**

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**LOITERING**

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█ [REDACTED]

█ [REDACTED]  
█ [REDACTED]  
█ [REDACTED] be loitering  
and will be asked to leave the premises by a Security Guard.

[REDACTED]

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**PURCHASE TRANSACTION**

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**PROCESSING RETURNS**

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### INVENTORY MANAGEMENT

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- 1. [REDACTED]

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**INVENTORY STORAGE ORGANIZATION**

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[REDACTED]	[REDACTED]
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**MOVEMENT OF CANNABIS INVENTORY**

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4. [Redacted]

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6. *Movement from Inventory Intake Room to Active Inventory Storage Room (IF APPLICABLE TO LOCATION):*

- 6.1. [REDACTED]  
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**RECORD KEEPING**

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### INVENTORY INTAKE

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**INVENTORY INTAKE INSPECTION:** [REDACTED]  
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**NEW CANNABIS INVENTORY DELIVERY ORDER OR SHIPMENT REJECTION**

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**NEW CANNABIS INVENTORY DELIVERY INTERNAL PROCESSING**

[REDACTED]

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License Type: Integrated Facility

License Type: Integrated Facility

### CANNABIS INVENTORY INTAKE FORM

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License Type: Integrated Facility

License Type: Integrated Facility

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**INVENTORY RECONCILIATION AND AUDITING**

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**INVENTORY DISCREPANCIES**

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**Recordkeeping**

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**CONDUCTING FACILITY INSPECTIONS**

**Document Owner: Dispensary Team**

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### GAS LEAK EVACUATION

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### EVACUATION PROCEDURE

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**POWER OUTAGE**

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**SITUATION MANAGEMENT**

[REDACTED]

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**POWER RETURNED**

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License Type: Integrated Facility

License Type: Integrated Facility

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**THEFT & ROBBERY**

**Document Owner: Dispensary Team**

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**REPORTING LOSS/THEFT**

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**ROBBERY PROTOCOL - DURING THE EVENT**

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**ROBBERY PROTOCOL - IMMEDIATELY AFTER THE EVENT**

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**ROBBERY PROTOCOL - ONCE EMERGENCY PERSONNEL HAVE ARRIVED**

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### MEDICAL EMERGENCY PROTOCOL RESPONSE

Document Owner: Dispensary Team

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#### MEDICAL EMERGENCY

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**GENERAL FIRST-AID GUIDELINES**

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License Type: Integrated Facility

License Type: Integrated Facility

### INCIDENT REPORT LOG

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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

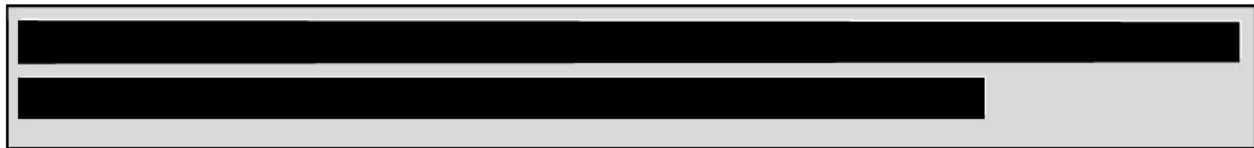
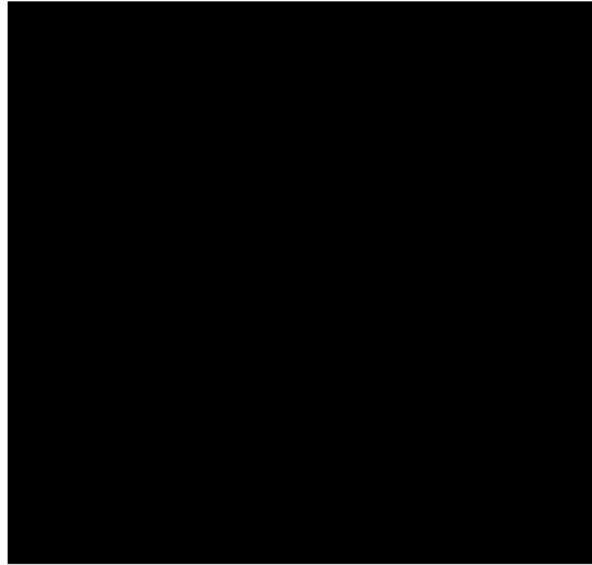
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License Type: Integrated Facility

License Type: Integrated Facility

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[REDACTED]		[REDACTED]

**FIRE DRILL EVACUATION PROTOCOL**

**Document Owner: Dispensary Team**

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**FIRE DRILL EVACUATION SHEET**

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[REDACTED] [REDACTED]	

[REDACTED]

FULL NAME	ABSENT/PRESENT





**CANNABIS PRODUCT DISPOSAL LOG**

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[REDACTED]	

[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]

License Type: Integrated Facility

License Type: Integrated Facility

### CANNABIS PRODUCT DISPOSAL CHECKLIST

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License Type: Integrated Facility

License Type: Integrated Facility

### MANAGEMENT DAILY CHECKLIST

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License Type: Integrated Facility

License Type: Integrated Facility

### COMPLAINTS FORM

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**CLEANING & SANITATION LOG**

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] [REDACTED]



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License Type: Integrated Facility

License Type: Integrated Facility

### ADVERSE EFFECT INVESTIGATION FORM

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License Type: Integrated Facility

License Type: Integrated Facility

### REFRIGERATION TEMPERATURE CONTROL LOG

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License Type: Integrated Facility

License Type: Integrated Facility

### MECHANICAL EQUIPMENT ACCESS LOG

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] [REDACTED]	[REDACTED]



**INVENTORY STORAGE CLIMATE LOG**

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**FACILITY INSPECTION FORM**

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# **Applicant Cultivation Procedures Manual**

**WRITTEN IN ACCORDANCE WITH THE ALABAMA MEDICAL CANNABIS COMMISSION  
REGULATIONS AND ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES**

## **REGULATIONS:**

- 538-X-1 GENERAL PROVISIONS, SCOPE AND CONSTRUCTION OF RULES
- 538-X-2 REGULATION OF PATIENTS AND CAREGIVERS
- 538-X-3 APPLICATIONS AND LICENSING REQUIREMENTS - GENERALLY
- 538-X-4 LICENSEE REQUIREMENTS - GENERALLY
- 538-X-5 REGULATION OF CULTIVATORS
- 538-X-6 REGULATION OF PROCESSORS
- 538-X-7 REGULATION OF SECURE TRANSPORTERS
- 538-X-8 REGULATION OF DISPENSARIES
- 538-X-9 REGULATION OF INTEGRATED FACILITIES
- 538-X-10 REGULATION OF STATE TESTING LABORATORIES
- CHAPTER 80-14-1 MEDICAL CANNABIS CULTIVATION





















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Revision #:	Revision Made By:	Date:	Changes Made:























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**PESTICIDE MIXING & APPLICATION**

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### CULTIVATION INVENTORY AUDIT

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Revision #:	Revision Made By:	Date:	Changes Made:

**SEED PURCHASES RECORDS**

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**CHEMICAL SPILL LOG**

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### FIRE DRILL EVACUATION PROTOCOL

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**FIRE DRILL EVACUATION SHEET**

**Document Owner: Cultivation Team**

**Objective:** Fire drills are [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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### GAS LEAK EVACUATION

Document Owner: Cultivation Team

Objective: Applicant [REDACTED]

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**NOTIFICATION OF RECALL**

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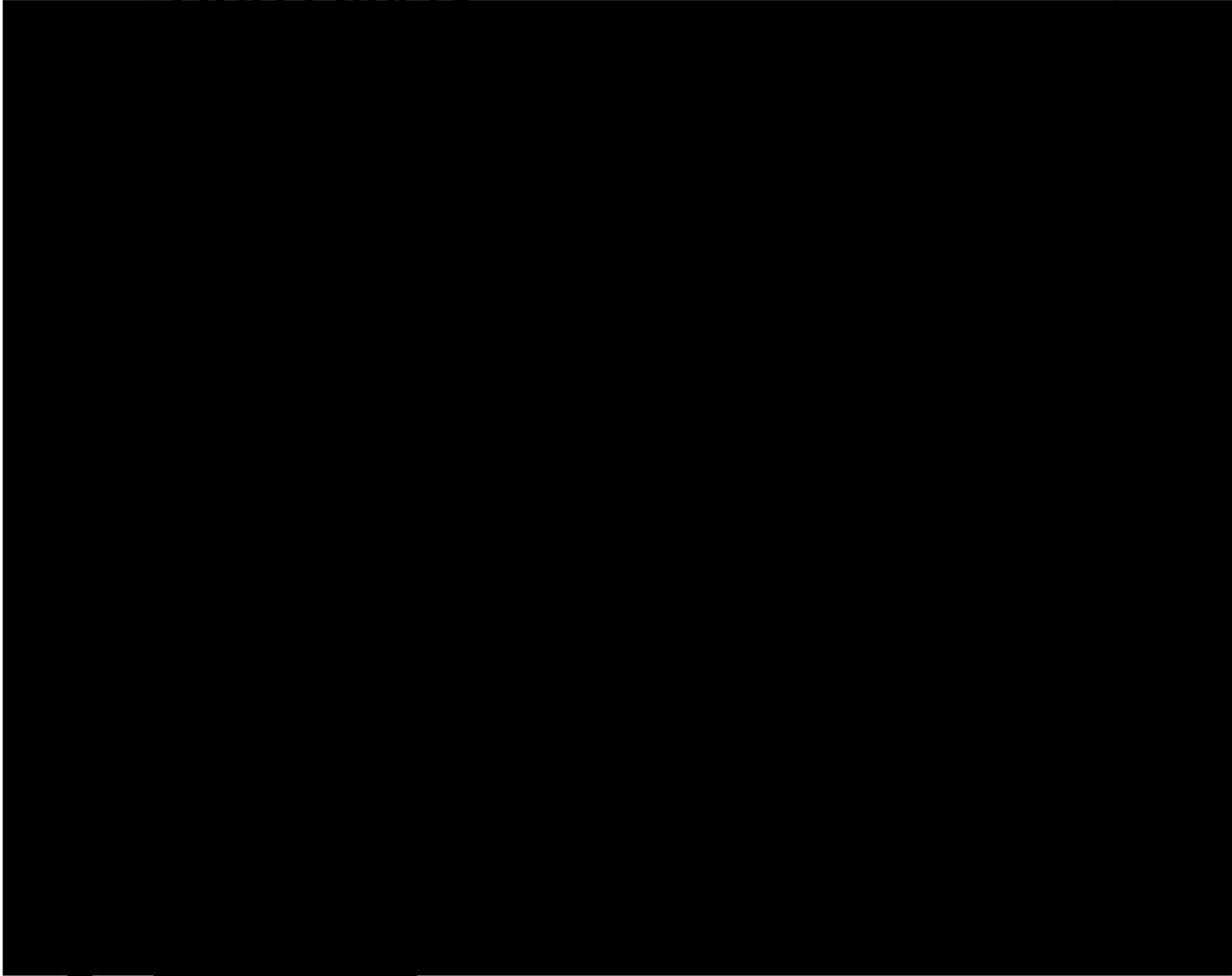
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### INCIDENT REPORT LOG

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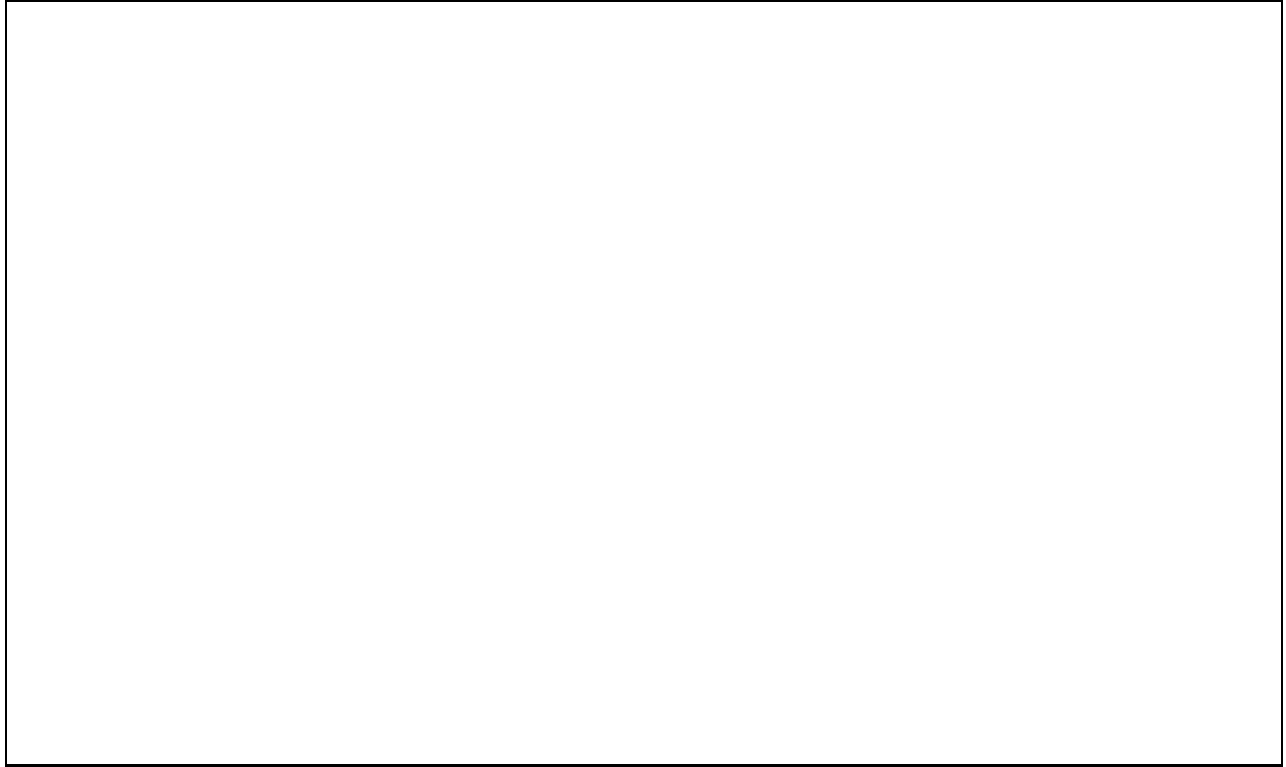
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**UNSCHEDULED INSPECTION COMPLIANCE REPORT**

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**ANNUAL MOCK RECALL TEST RECORDS**

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**MONTHLY EYE WASH STATION CLEANING LOG**

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**MOCK INSPECTION REPORT RESPONSE FORM**

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### DAILY OPENING CHECKLIST

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**ANNUAL CULTIVATION SYSTEM CHECKLIST**

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**END OF DAY WASTE DISPOSAL CHECKLIST**

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### WEEKLY SANITATION CHECKLIST

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### CHIPPER/GRINDER WASTE DESTRUCTION LOG

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**WEEKLY TRIM SCHEDULE LOG**

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### pH/EC CALIBRATION SOLUTION LOG

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### MONTHLY EQUIPMENT CALIBRATION CHECKLIST

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**APPLICANT PROCESSING PROCEDURES MANUAL**

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**WRITTEN IN ACCORDANCE WITH THE ALABAMA MEDICAL CANNABIS COMMISSION  
REGULATIONS AND ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES  
REGULATIONS:**

- 538-X-1 GENERAL PROVISIONS, SCOPE AND CONSTRUCTION OF RULES
- 538-X-2 REGULATION OF PATIENTS AND CAREGIVERS
- 538-X-3 APPLICATIONS AND LICENSING REQUIREMENTS - GENERALLY
- 538-X-4 LICENSEE REQUIREMENTS - GENERALLY
- 538-X-5 REGULATION OF CULTIVATORS
- 538-X-6 REGULATION OF PROCESSORS
- 538-X-7 REGULATION OF SECURE TRANSPORTERS
- 538-X-8 REGULATION OF DISPENSARIES
- 538-X-9 REGULATION OF INTEGRATED FACILITIES
- 538-X-10 REGULATION OF STATE TESTING LABORATORIES
- CHAPTER 80-14-1 MEDICAL CANNABIS CULTIVATION



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### PACKAGING AND LABELING

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### INVENTORY AUDIT

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### RECEIVING CANNABIS INVENTORY

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**PRODUCT DISPOSAL**

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**RENDERING CANNABIS & NON-CANNABIS WASTE**

**Document Owner: Processing Team**

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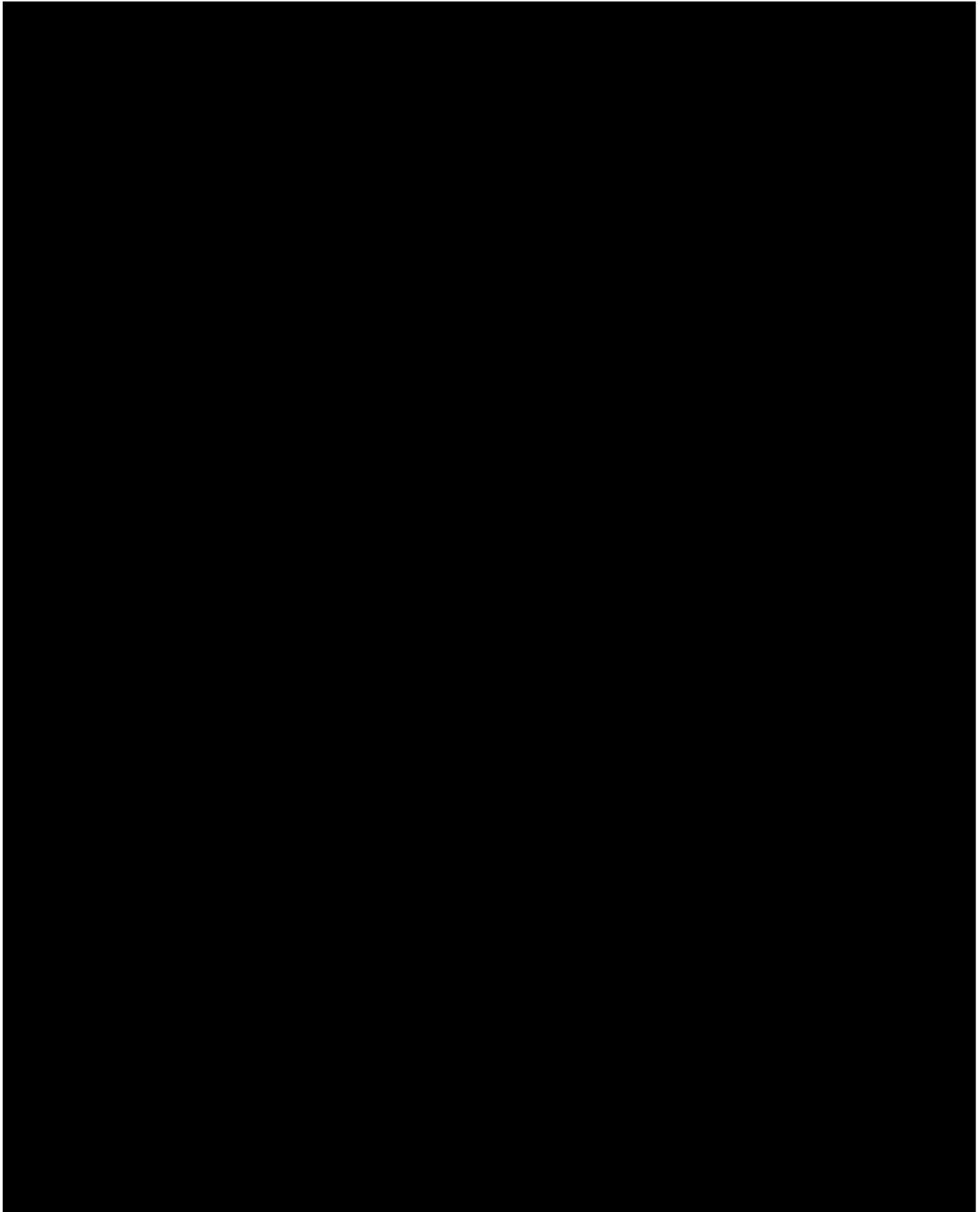
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**PREPARE FOR TRANSPORTATION PROCEDURE**

**Document Owner: Processing Team**

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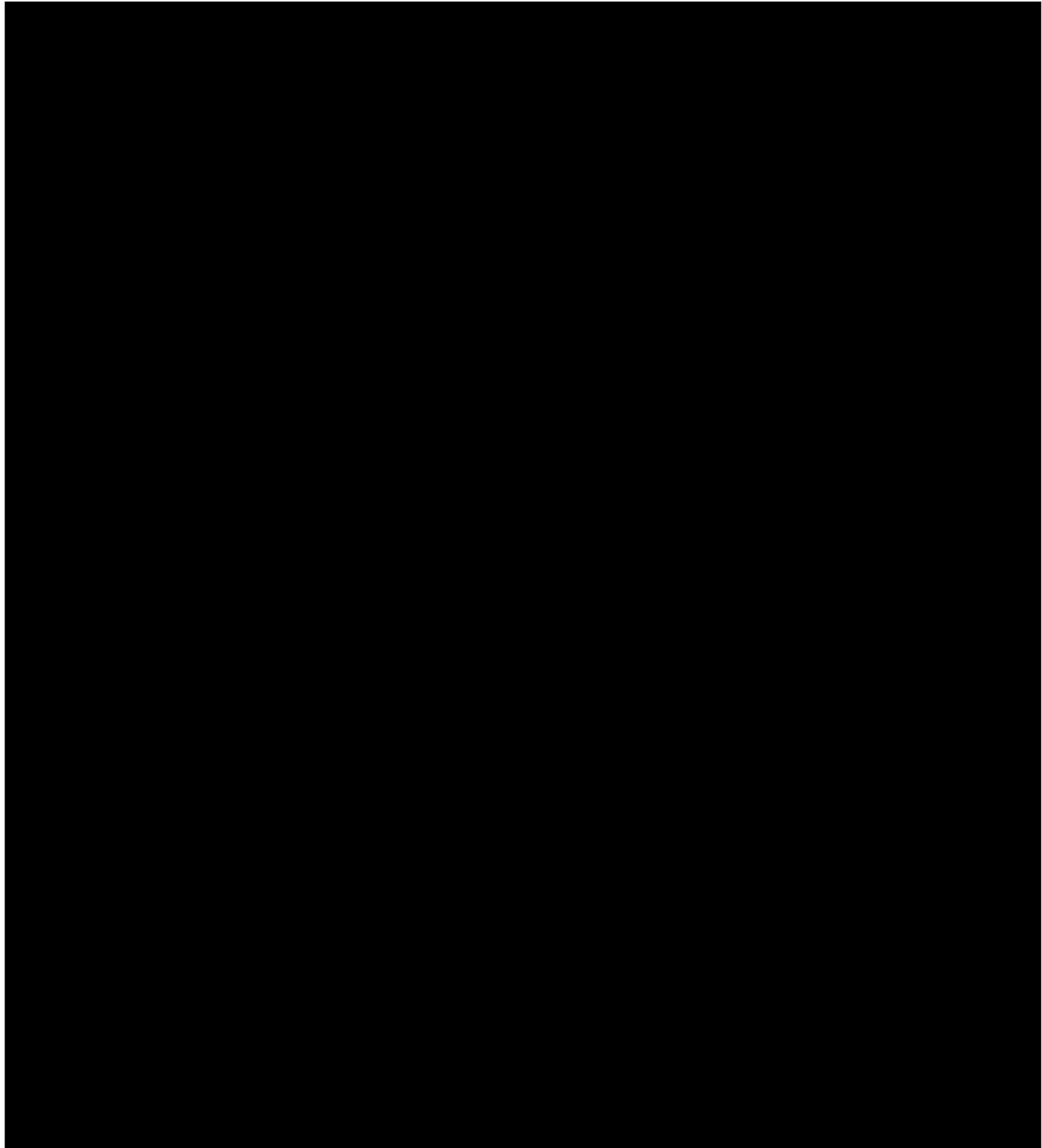
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**DAILY OPENING CHECKLIST**



**MANAGER DAILY CHECKLIST**



**CO2 TRANSFER LOG**

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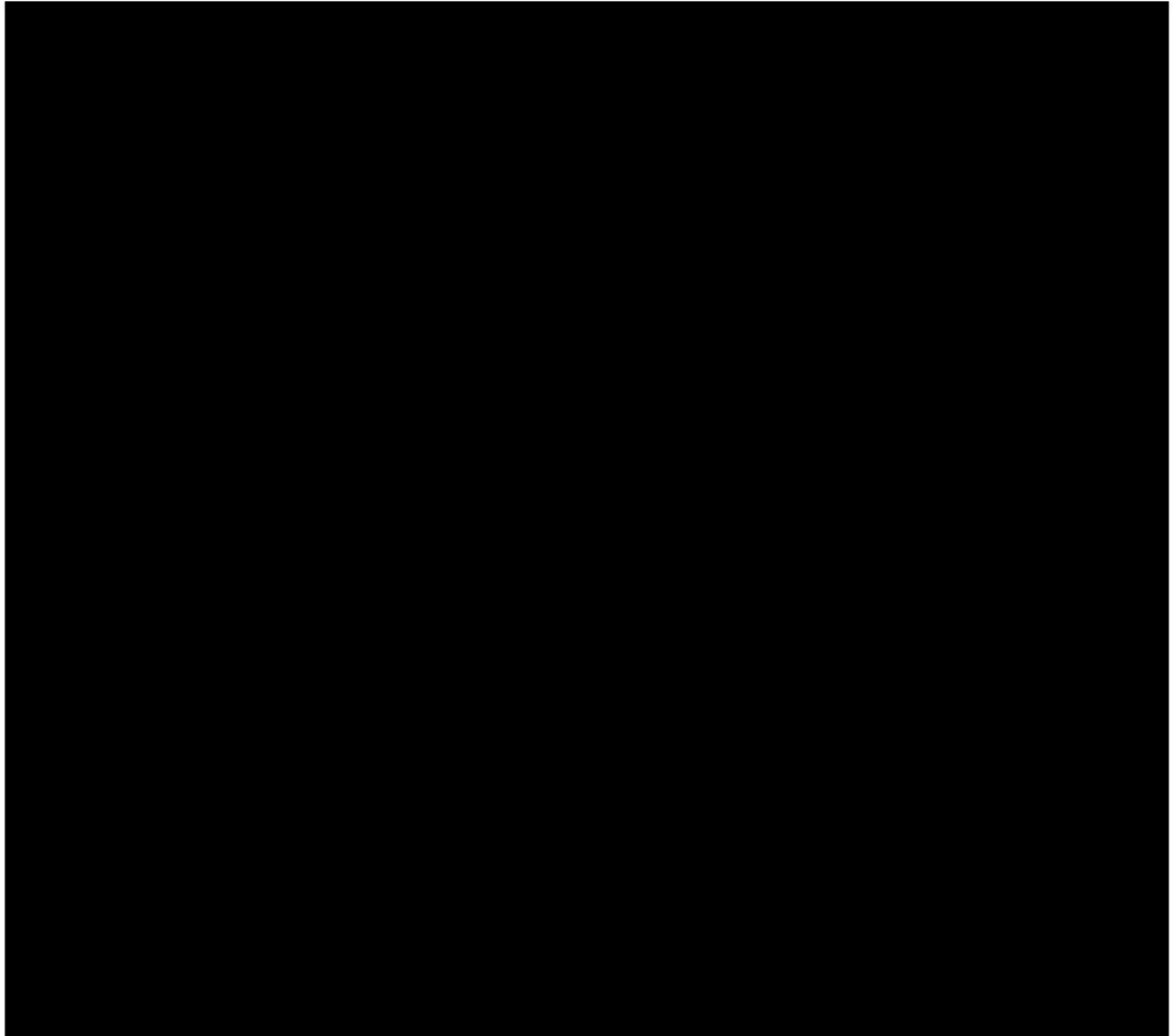




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**EXTRACTION MATERIAL WASTE CONSOLIDATION LOG**




**CHIPPER/GRINDER WASTE DESTRUCTION LOG**

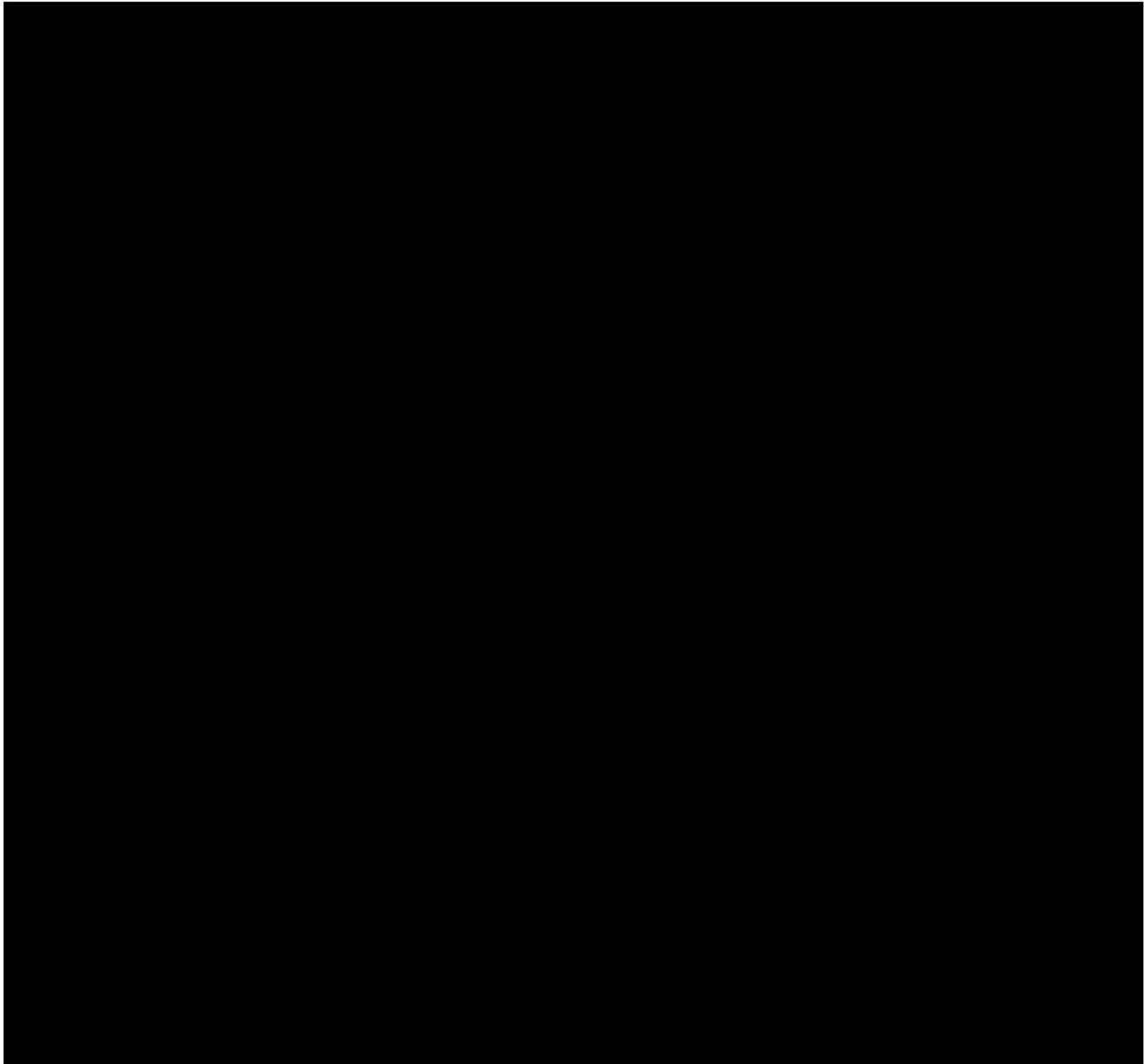
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**PACKAGING CHECKLIST**



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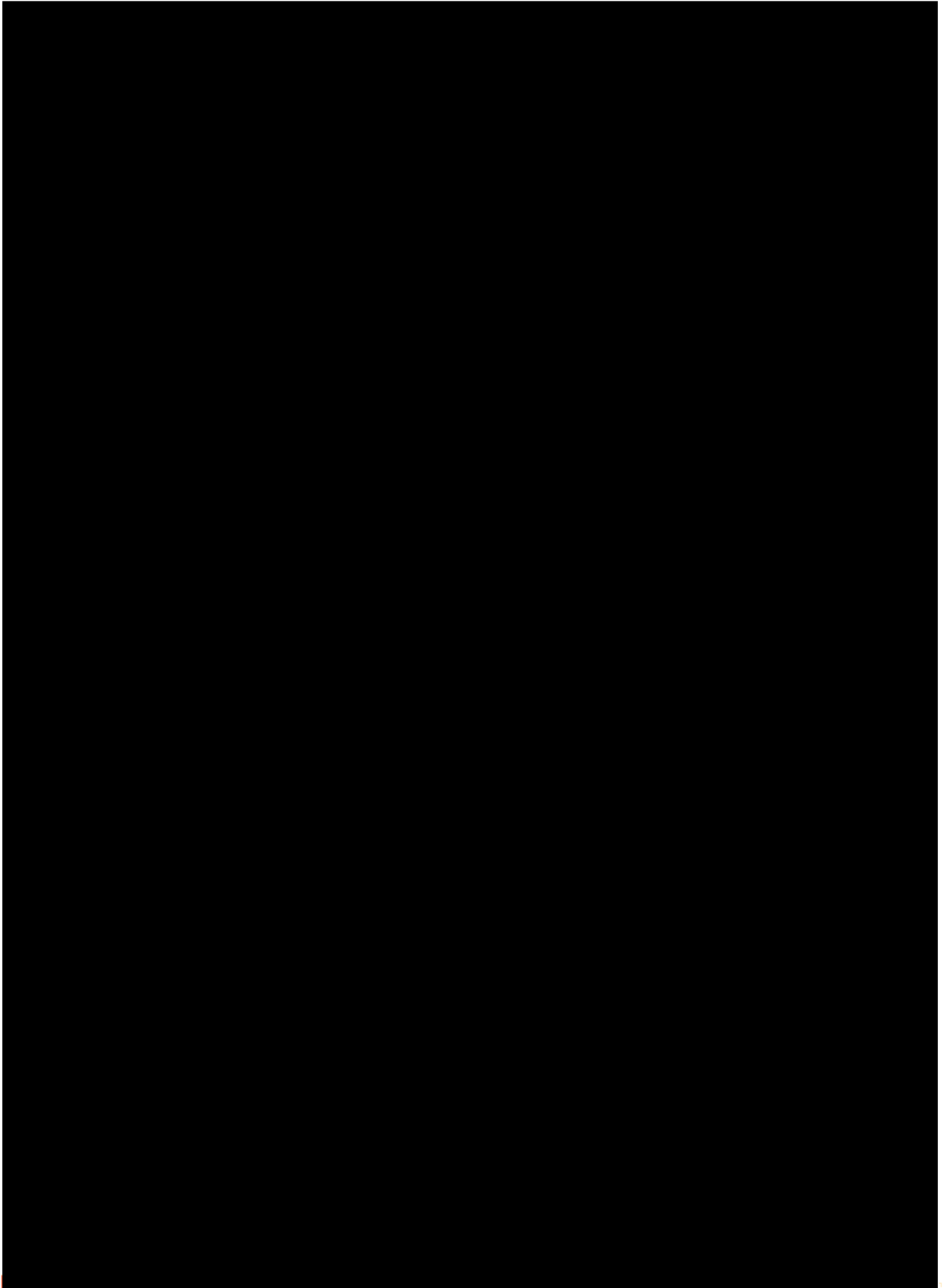
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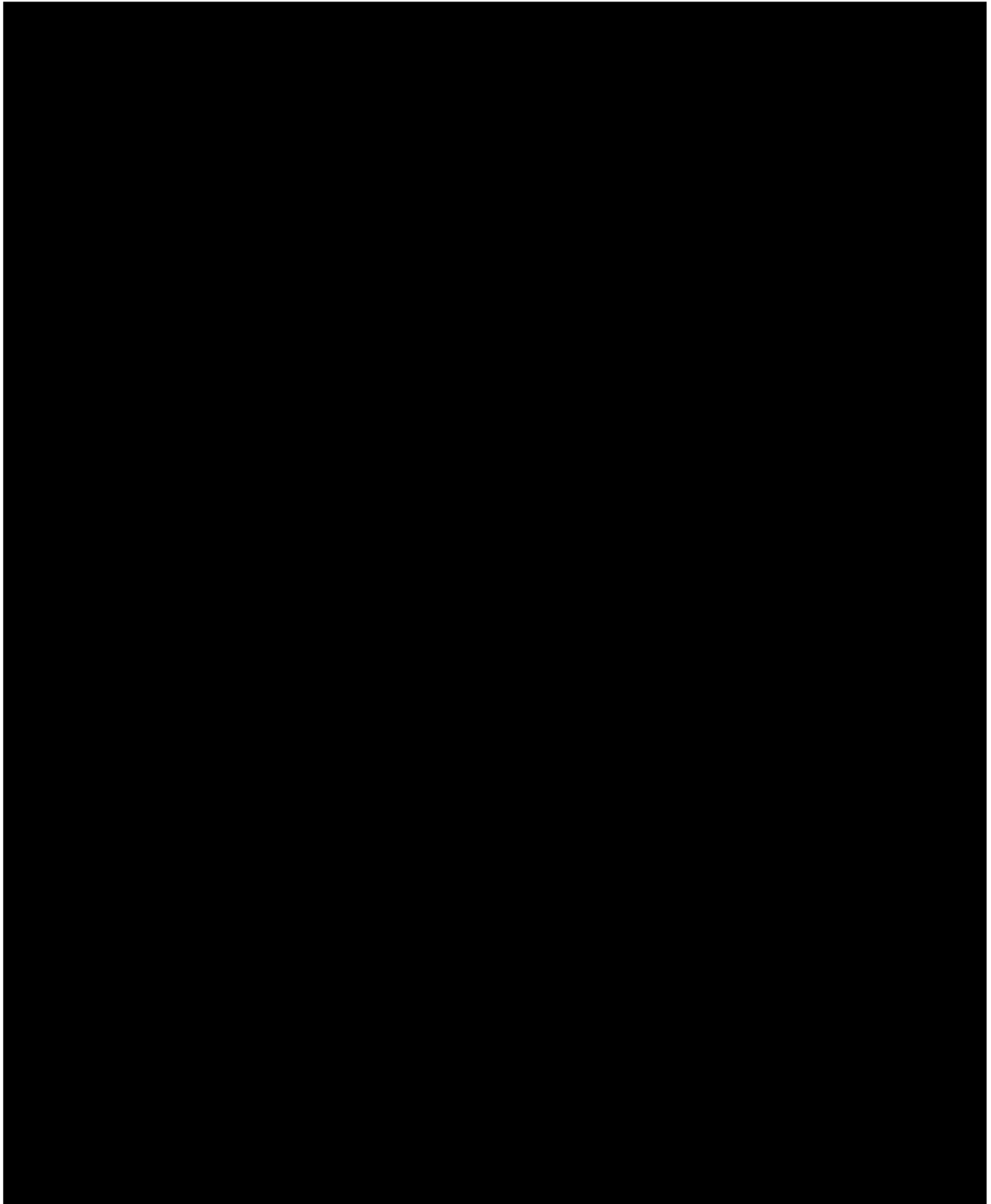
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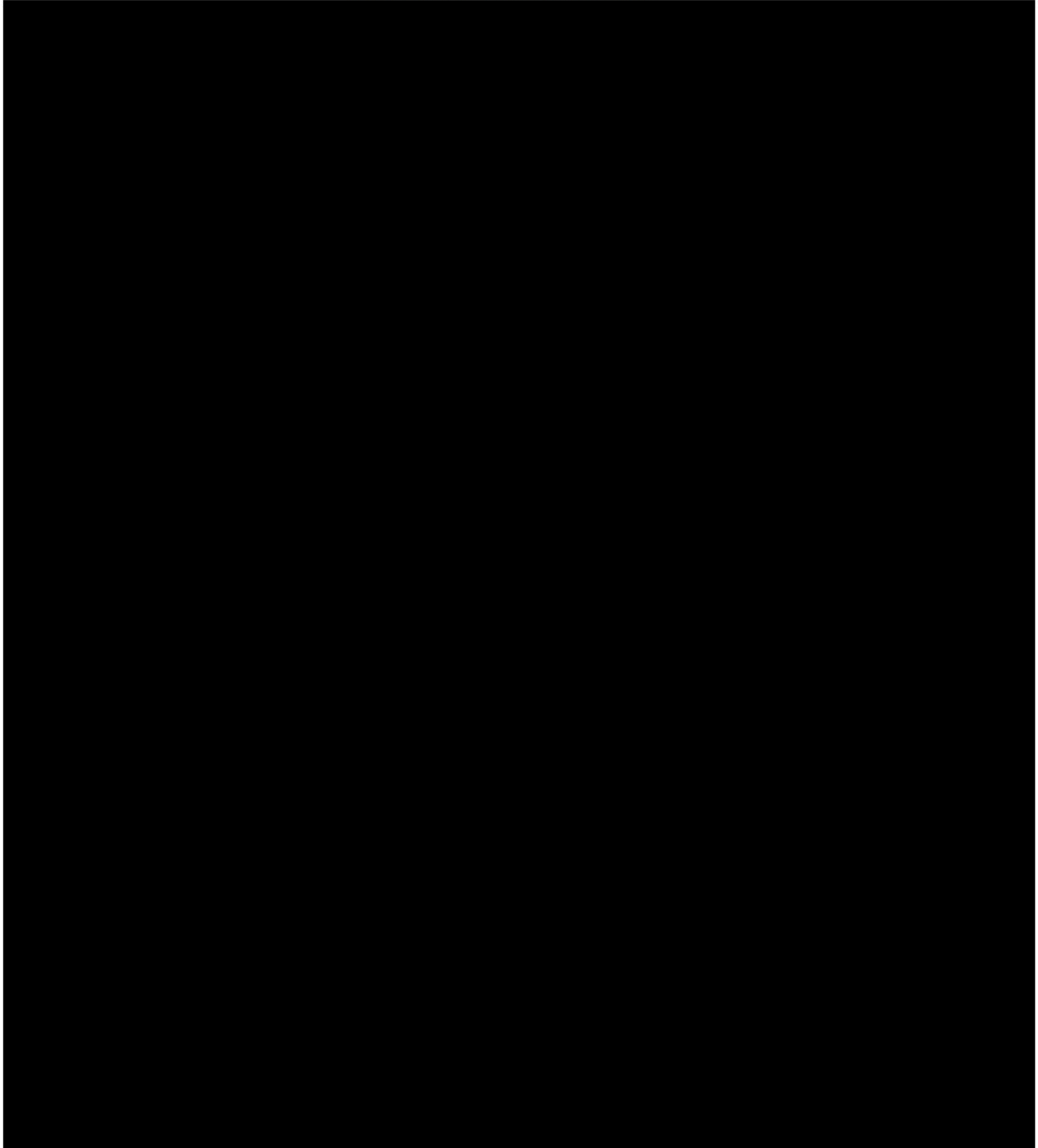
**RECEIVING CANNABIS INVENTORY LOG**



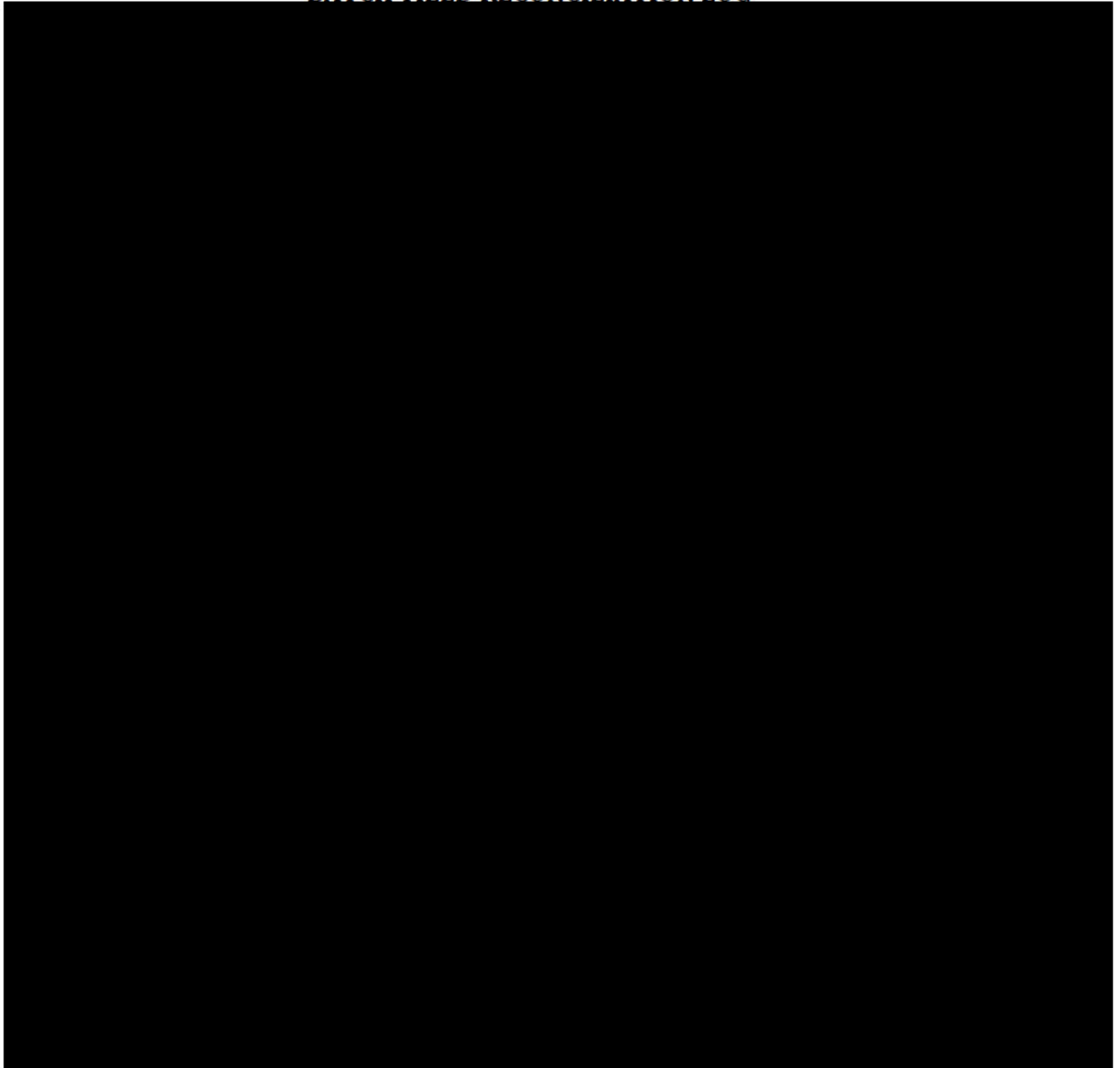


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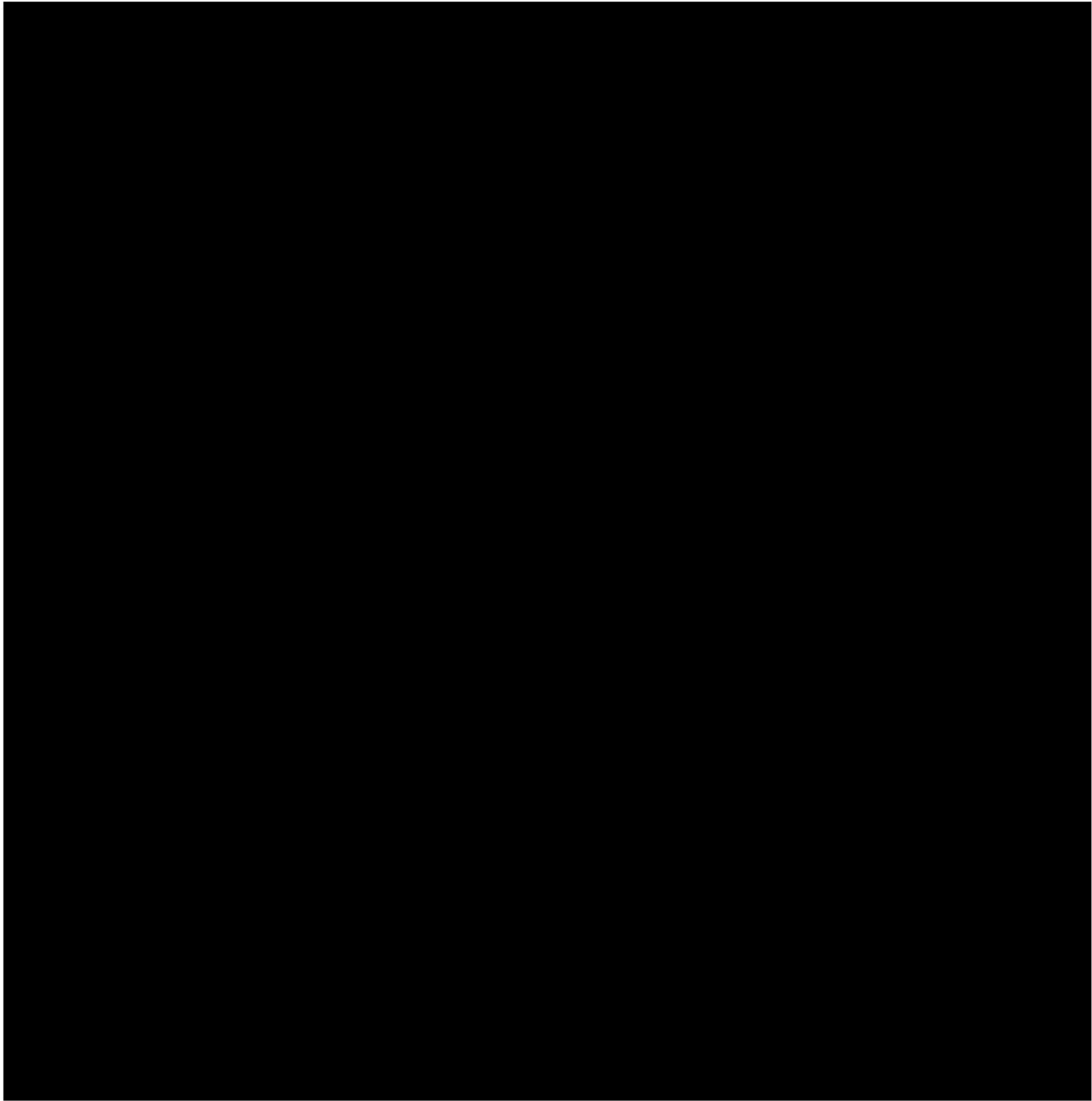
**SCALES CALIBRATION LOG**



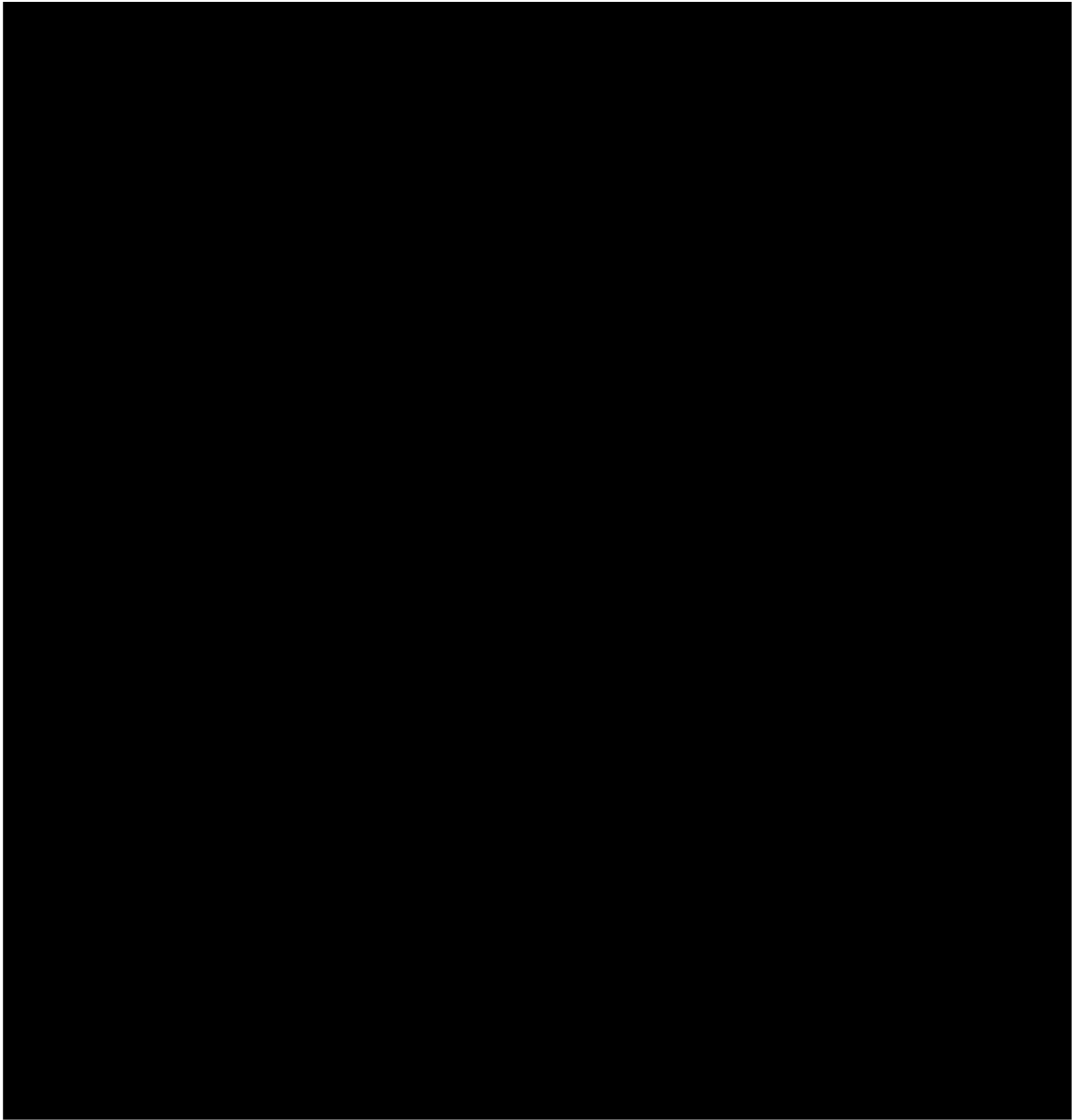
**BATCH YIELD RECONCILIATION LOG**



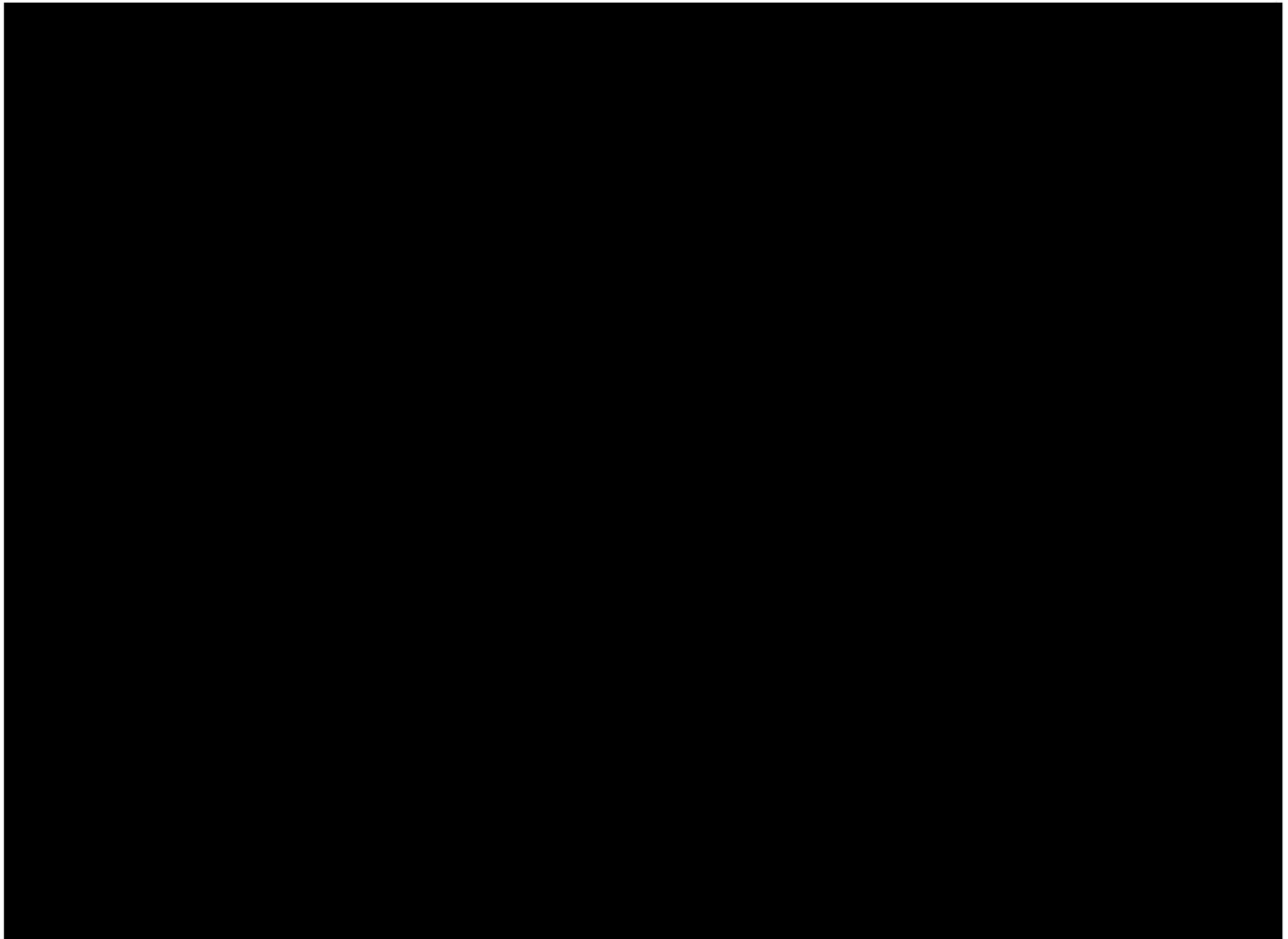
**PEST ACTIVITY LOG**



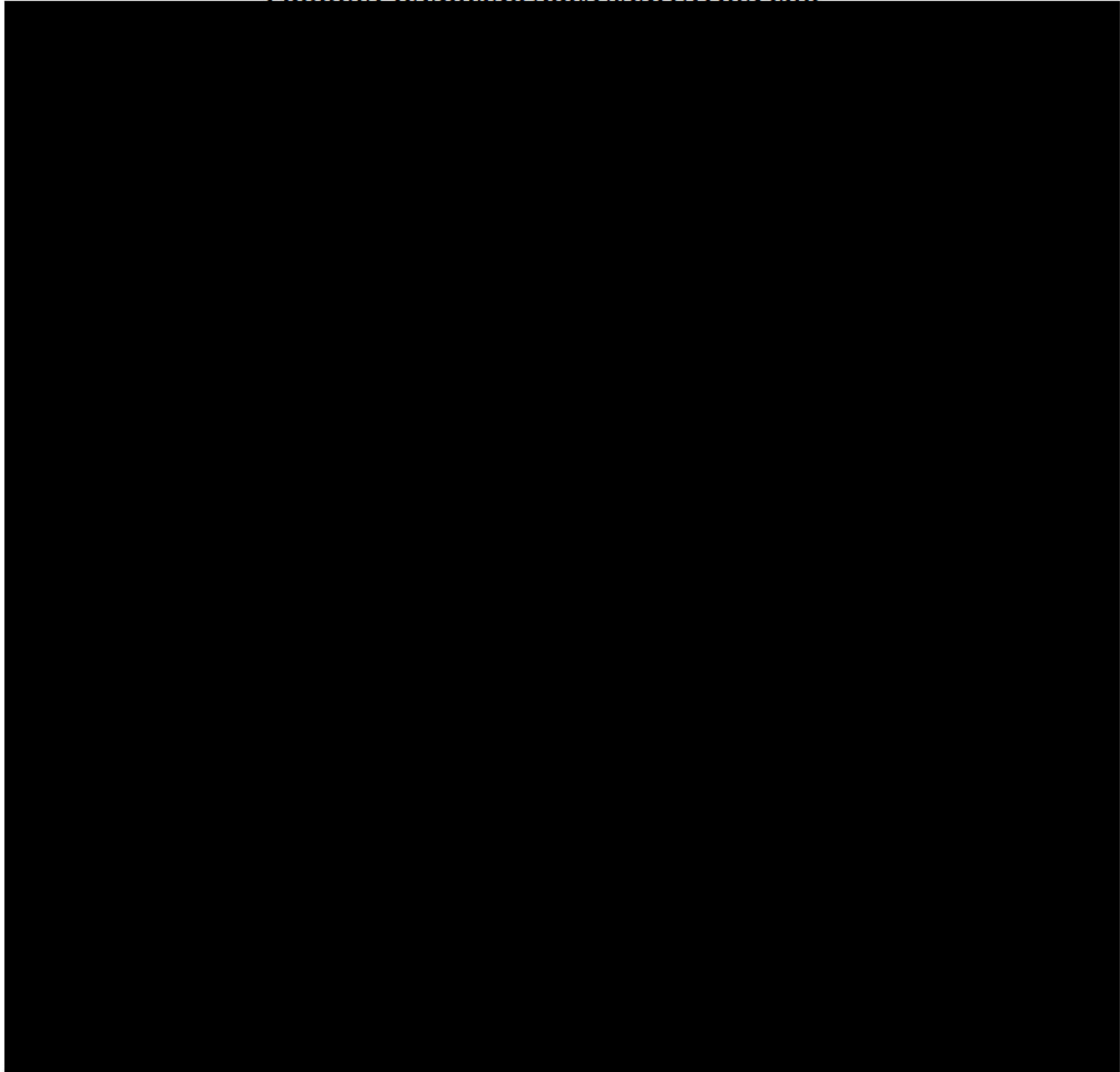
**CHEMICAL INVENTORY LOG**



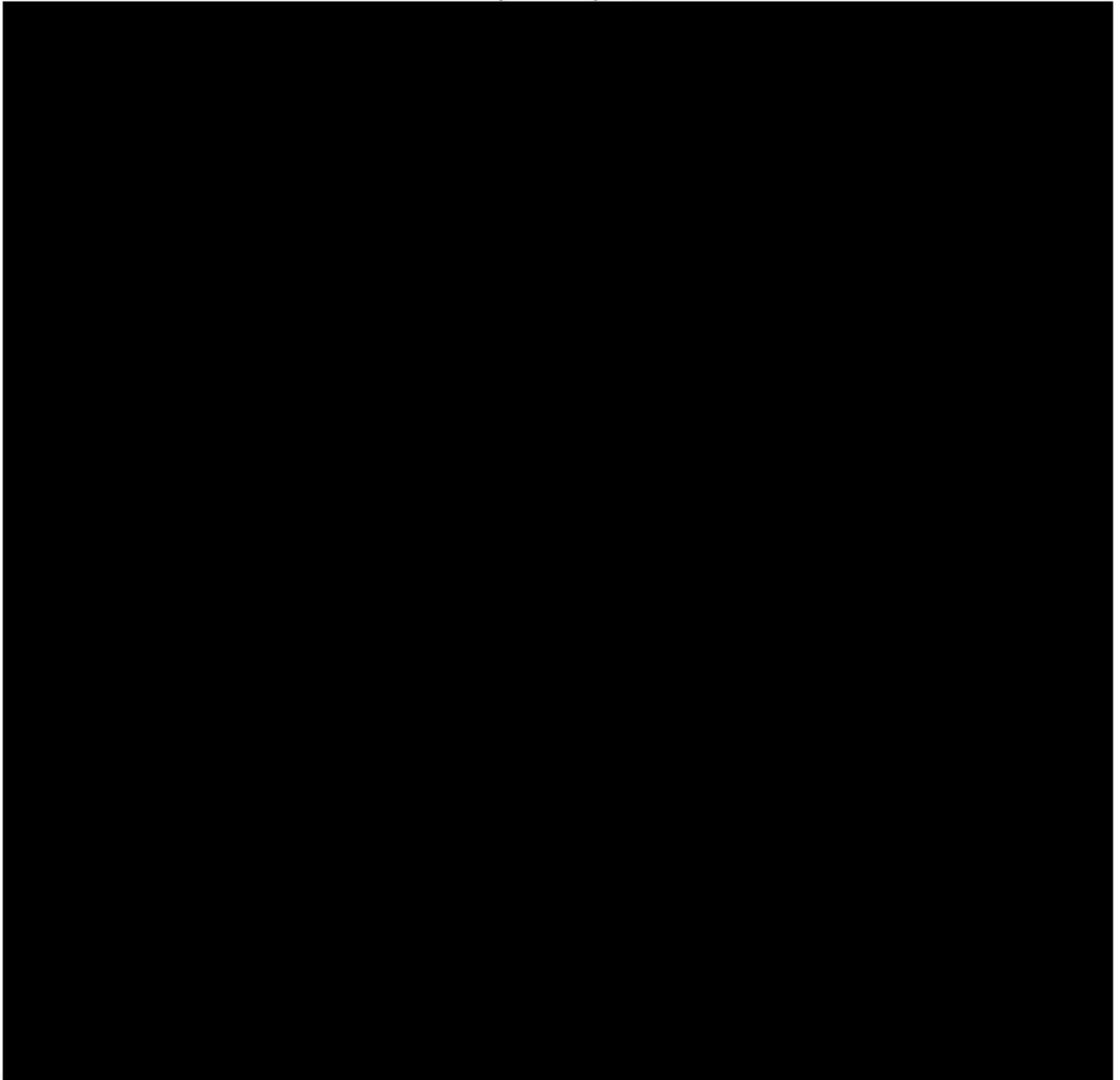
**PRODUCT HANDLING LOGS**



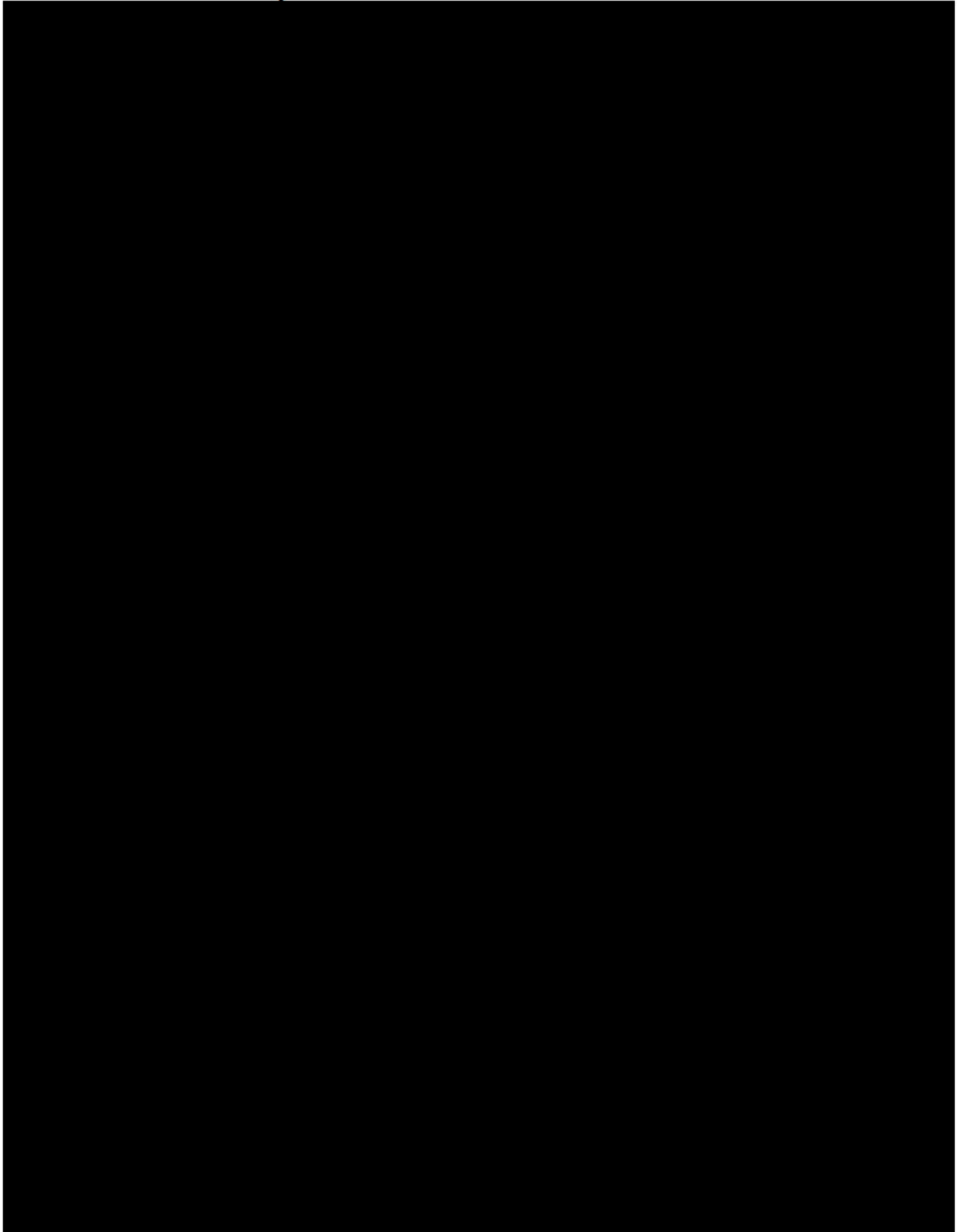
**PRODUCT HANDLING AREA SANITATION LOG**



**PRODUCT HOLDING CONTAINER/TOOLS/EQUIPMENT SANITATION LOG**

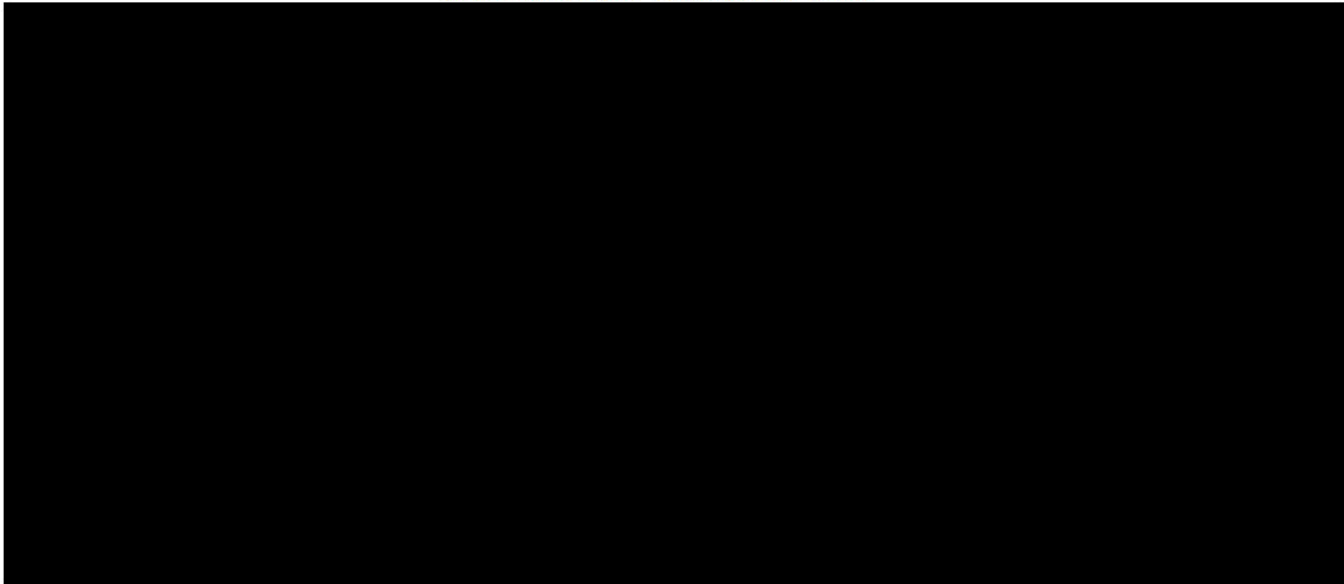


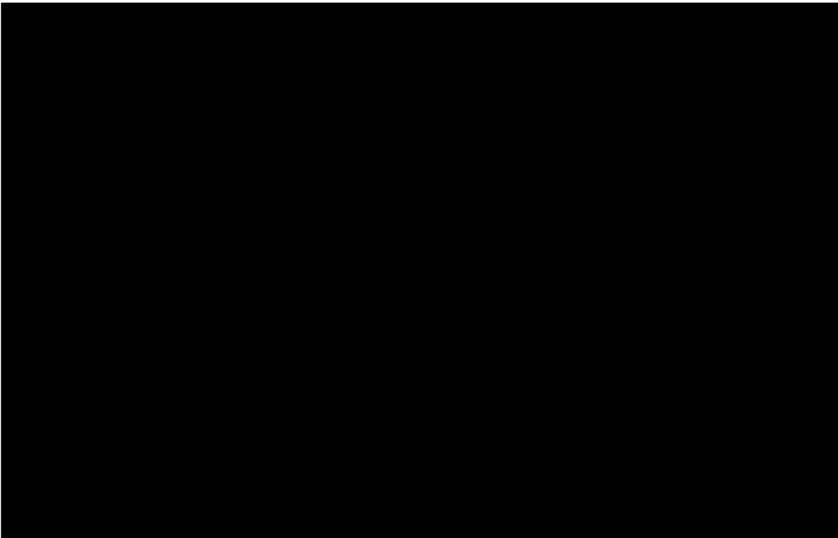
**EQUIPMENT CALIBRATION CHECKLIST**

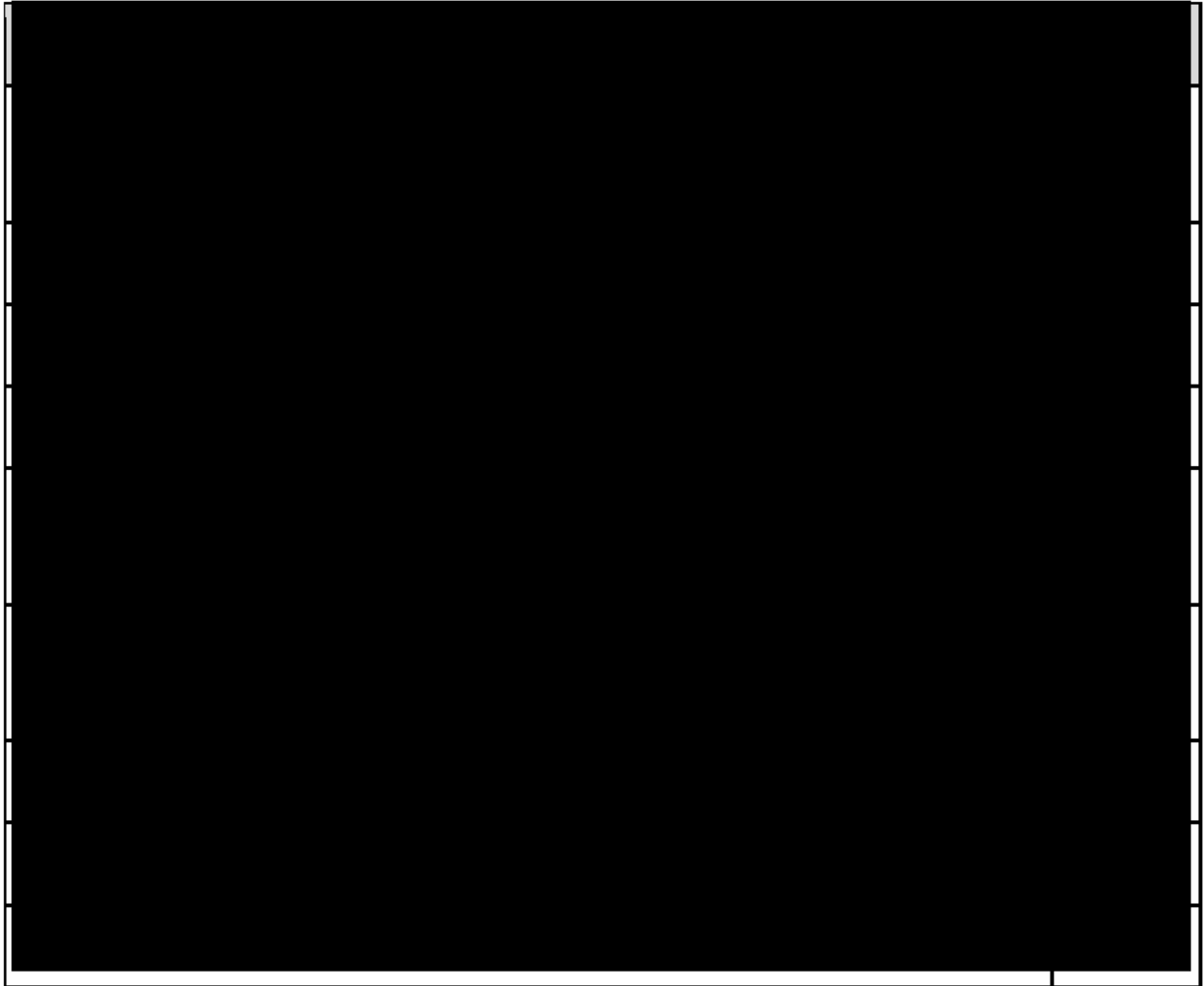


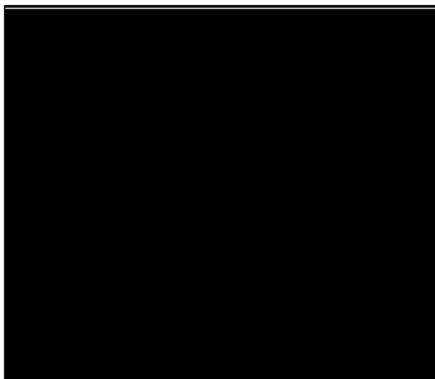


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**EQUIPMENT MAINTENANCE LOG**









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**FIRE DRILL EVACUATION PROTOCOL**

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**NOTIFICATION TO DISPENSARIES**

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**URGENT RECALL NOTICE DRAFT LETTER**

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### FACILITY INSPECTIONS

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**CONTACTING A REGULATORY AGENCY**

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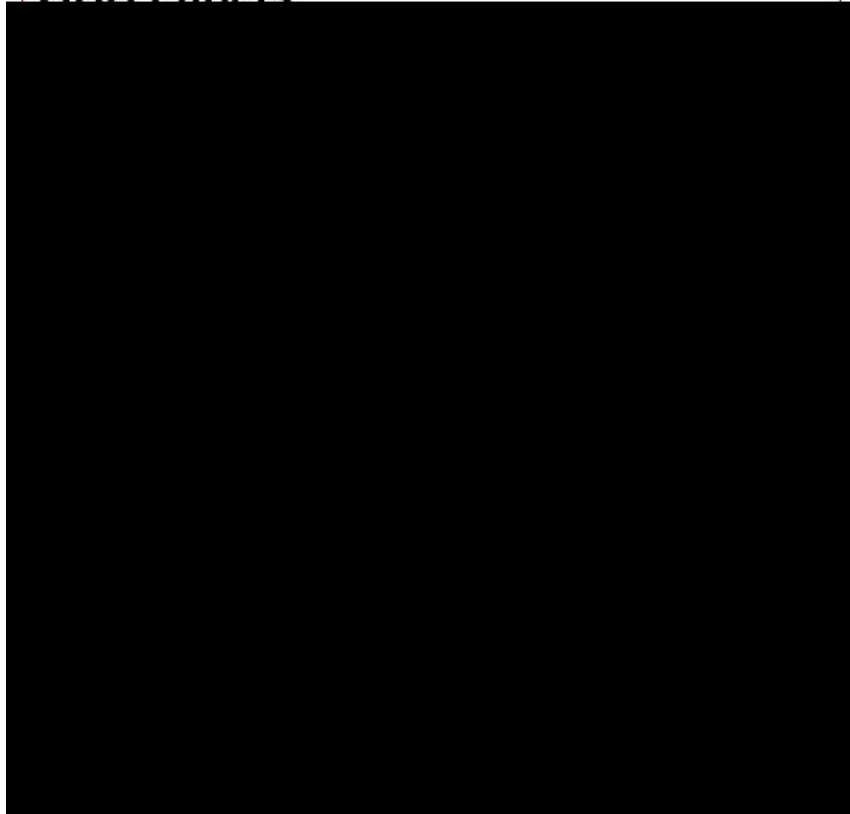


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GHS Labels



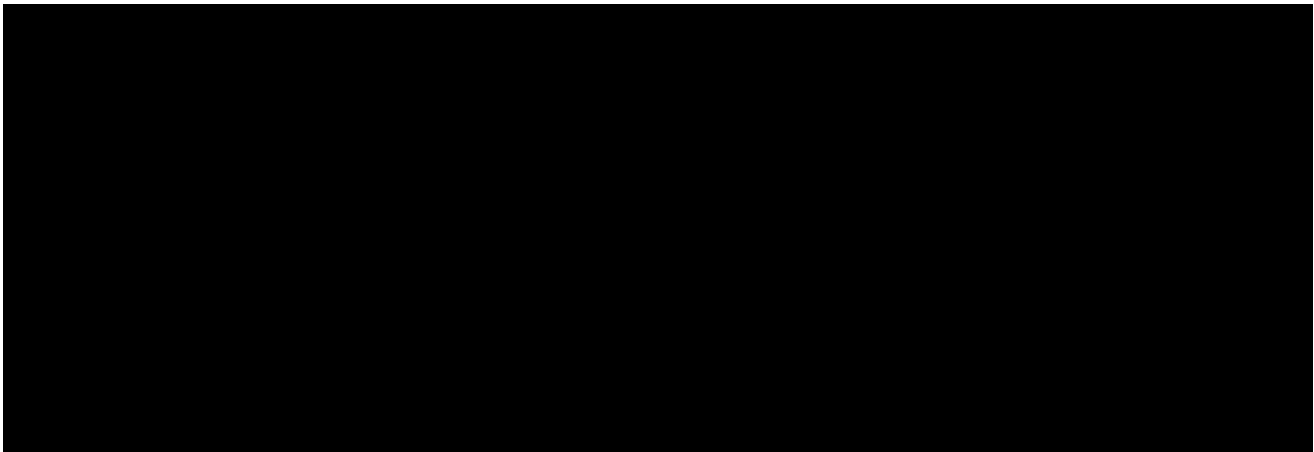
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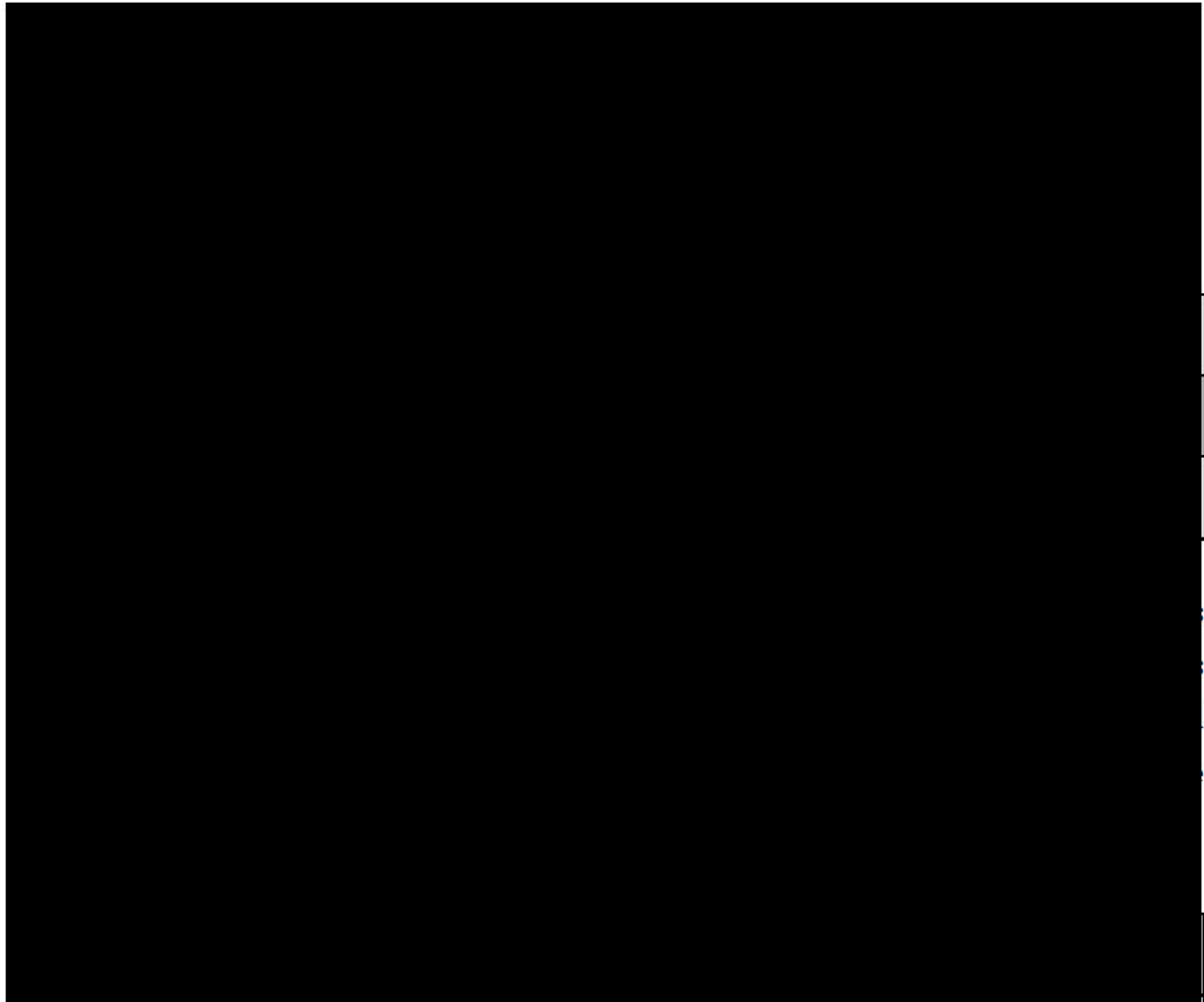


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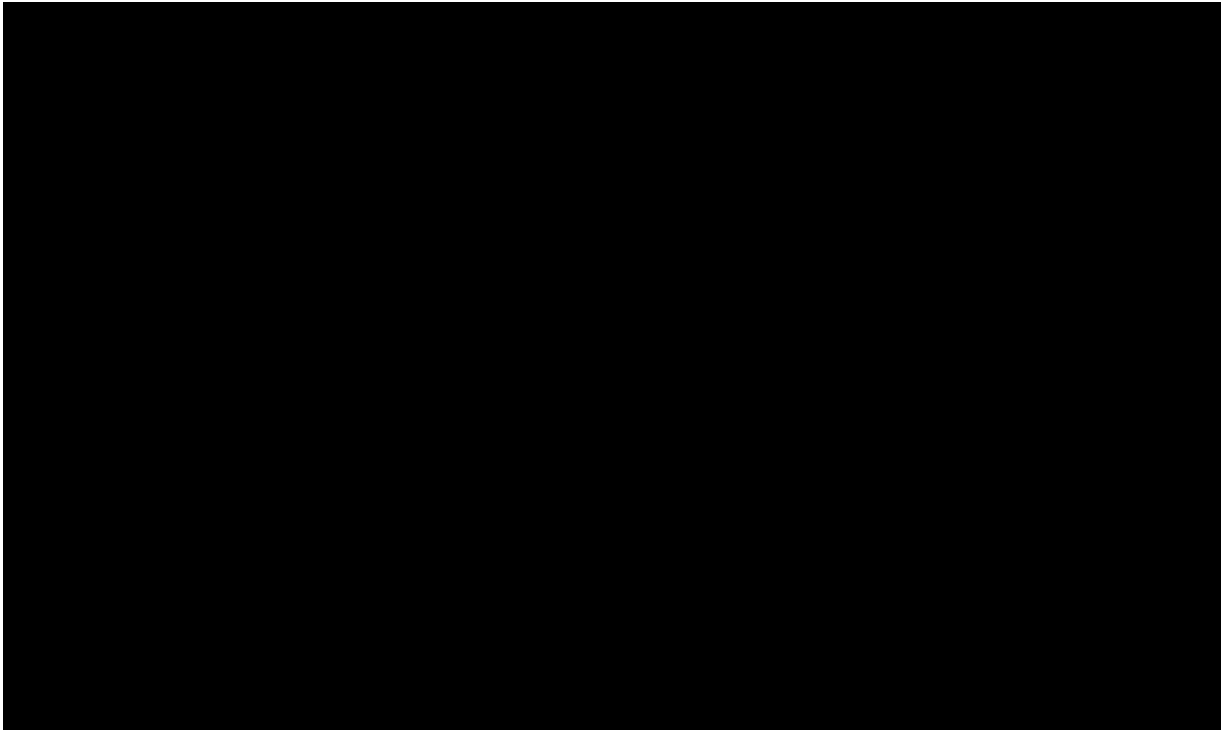
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**FIRE DRILL EVACUATION SHEET**

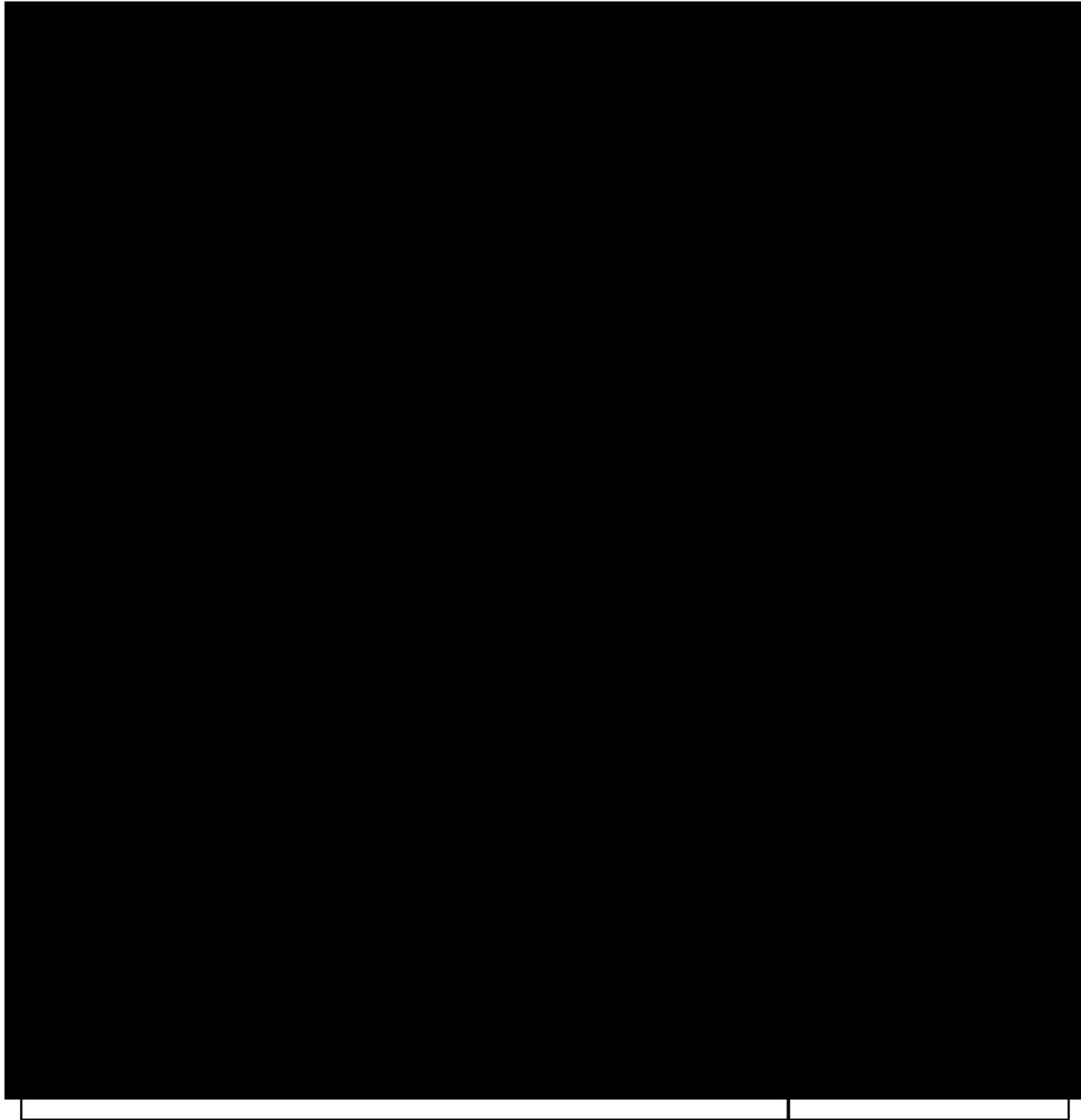




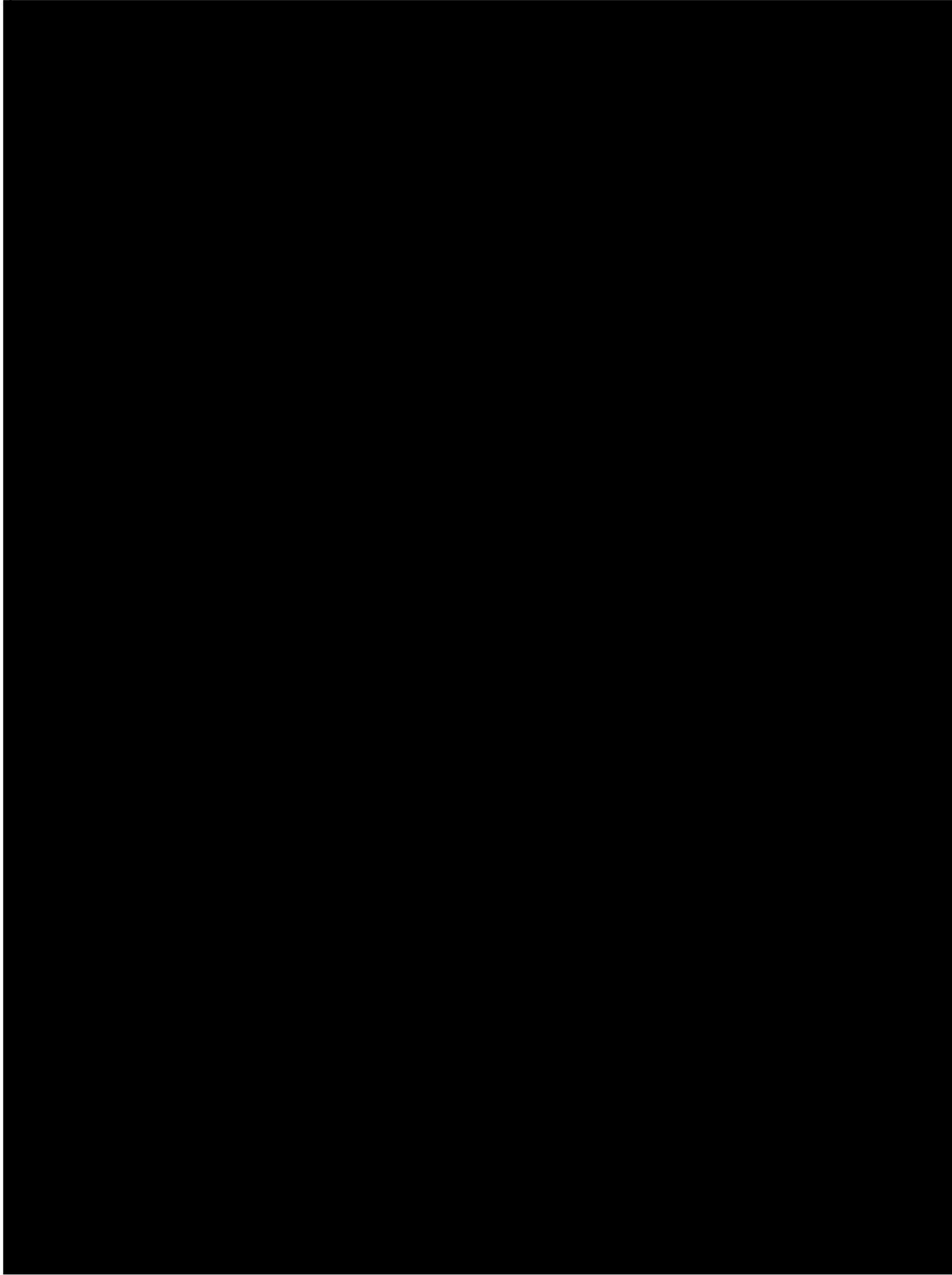




**INCIDENT REPORT LOG**



**CHECKLIST: ACTION TAKEN POST INCIDENT**

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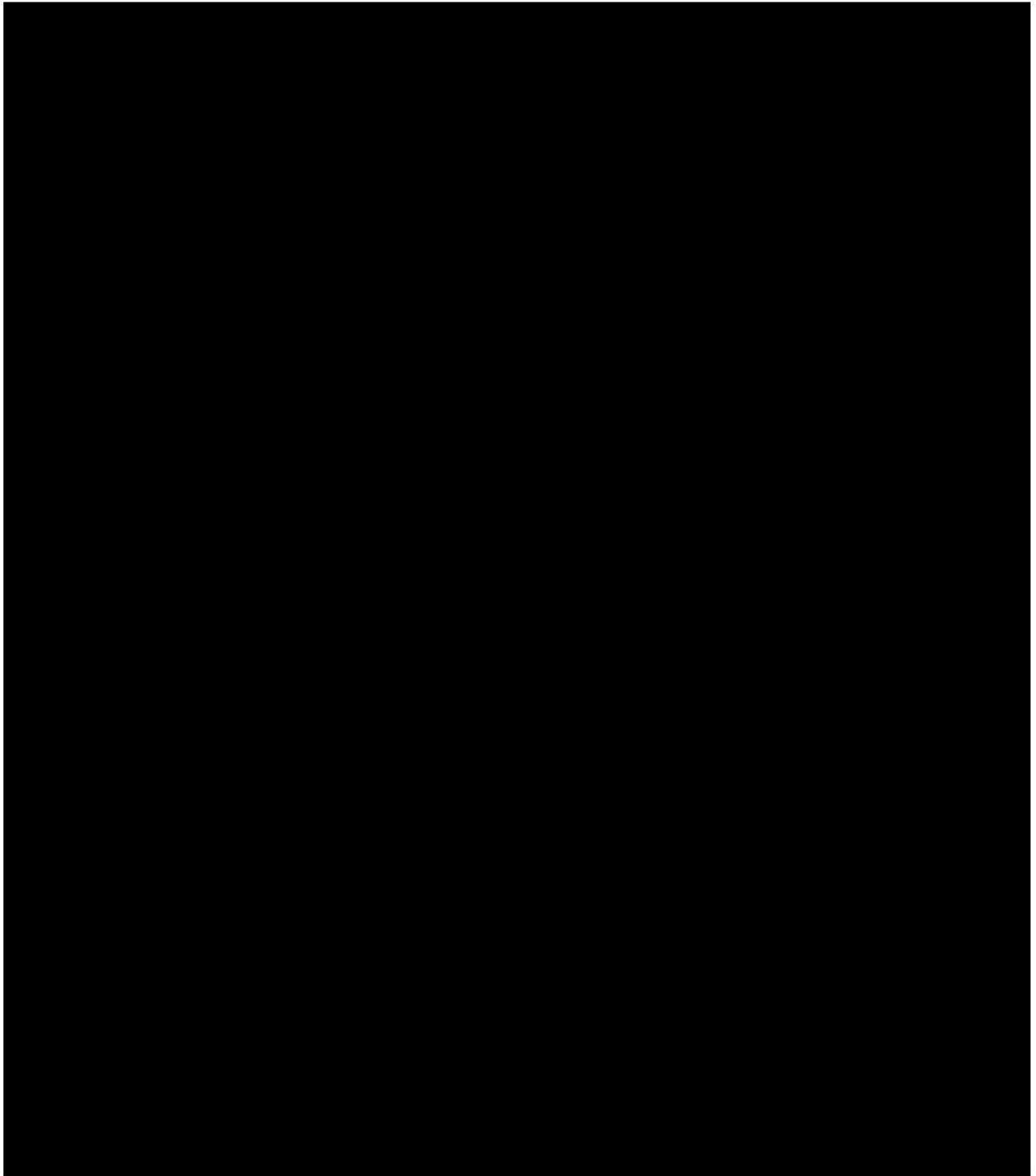
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[REDACTED] [REDACTED]		[REDACTED]
[REDACTED]		[REDACTED]
[REDACTED]		[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**ADVERSE EVENT INVESTIGATION FORM**



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[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

### FIRE DRILL REPORT



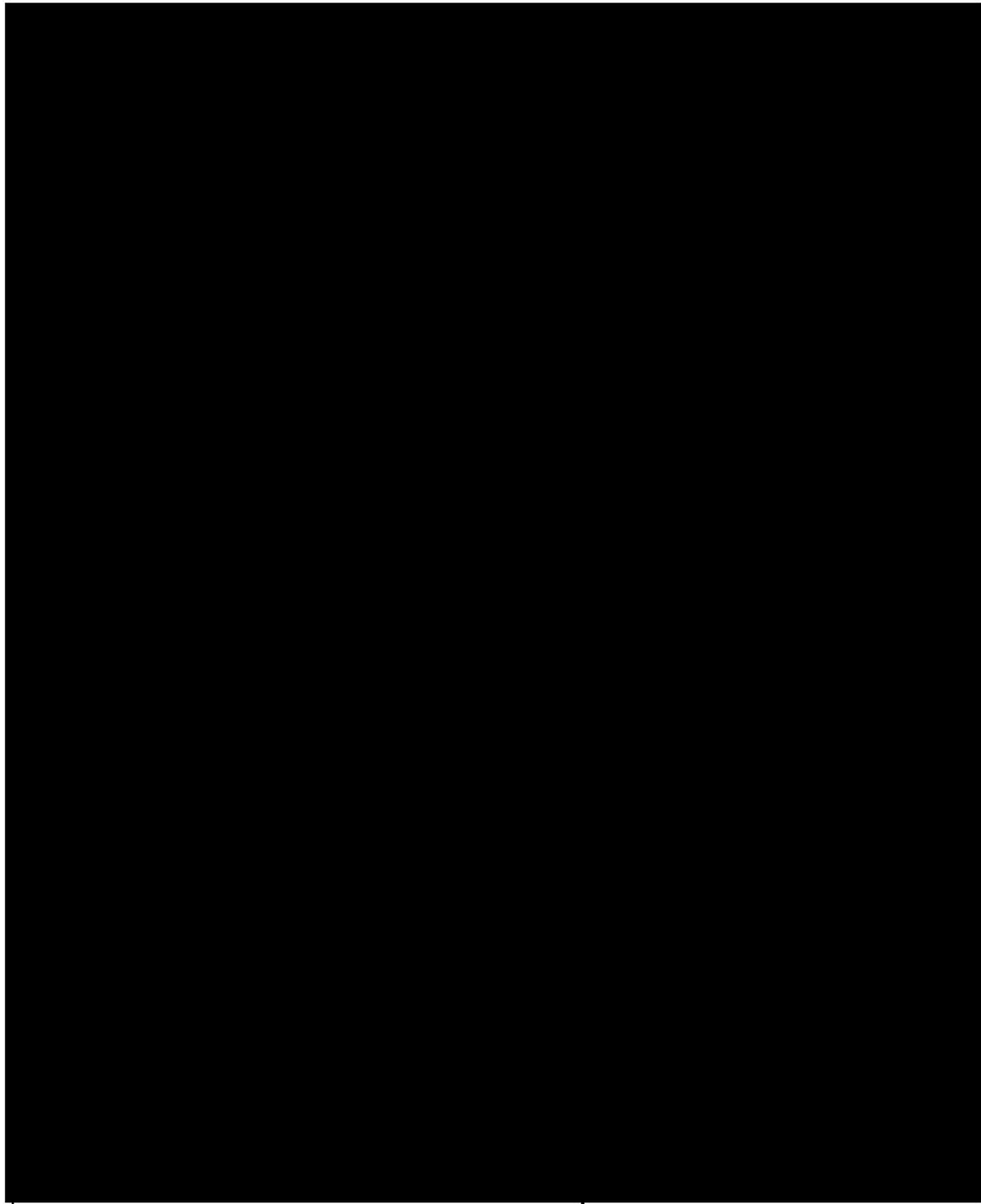
A large black rectangular redaction box covering the main body of the report, obscuring all text and data within this area.		

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### INSPECTION REPORT

	Name
	Role
	

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[REDACTED] [REDACTED]	

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**ANNUAL MOCK RECALL TEST RECORDS**



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**EYE WASH STATION CLEANING LOG**

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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**RESTROOM CLEANLINESS**

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[Redacted content consisting of multiple paragraphs of blacked-out text]







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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**CLEANING LOG**

[REDACTED]			

[REDACTED]			

**REFRIGERATION TEMPERATURE CONTROL LOG**

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# Exhibit 21 – Production and Manufacturing Process

## Verification

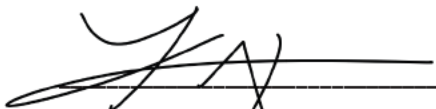
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Kathleen Salmon \_\_\_\_\_

Printed Name of Verifying Individual

Chief Compliance Officer \_\_\_\_\_

Title of Verifying Individual

 \_\_\_\_\_

Signature of Verifying Individual

12/27/2022 \_\_\_\_\_

Verification Date

**21.1 - Types of Medical Cannabis**

[REDACTED]

**Medical Cannabis Soft Gel capsules:**

- I [REDACTED]
  - [REDACTED]
    - I [REDACTED]
    - I [REDACTED]
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[REDACTED]

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[REDACTED]

- [REDACTED]

**Medical Cannabis Gelatinous Cuboids:**

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

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**Medical Cannabis Tinctures:**

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[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

**Medical Cannabis Topicals:** [REDACTED]

[REDACTED]

○ **TOPICAL GEL**

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

○ **TOPICAL CREAM**

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[Redacted]

**Transdermal Patches:**

[Redacted]

[Redacted]

[Redacted]

**Suppositories:**

[Redacted]

**21.2 - Summary of Manufacturing Processes**

[Redacted]

[Redacted text block]

**Biomass Receiving:**

[Redacted text block]

[Redacted text block]

**Biomass Milling and Grinding**

[Redacted text block]



[REDACTED]

**Terpene [REDACTED] Distillation:**

[REDACTED]

**Cannabis Oil and Terpene Extraction:**

[REDACTED]

License Type: Integrated Facility

[Redacted text block containing multiple paragraphs of information]

**Medical Cannabis Soft Gel Capsule Production:**

[Redacted text block detailing the Medical Cannabis Soft Gel Capsule Production process]

License Type: Integrated Facility

[Redacted text block]

**Medical Cannabis Tablet Production:**

[Redacted text block]

License Type: Integrated Facility

[Redacted text block]

**Medical Cannabis Gelatinous Cuboid Production:**

[Redacted text block]

License Type: Integrated Facility

[Redacted text block containing multiple paragraphs of information]

**Medical Cannabis Tinctures:**

[Redacted text block containing information related to Medical Cannabis Tinctures]



License Type: Integrated Facility

[REDACTED]

**Medical Cannabis Topical Oil Production:**

○ [REDACTED]

**Medical Cannabis Transdermal Patch Production:**

[REDACTED]

License Type: Integrated Facility

[REDACTED]

**Medical Cannabis Suppository Production:**

[REDACTED]



**21.3 - Blueprints and Schematics - See pages 24-25**

[Redacted]

- | [Redacted]
- | [Redacted]
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- | [Redacted]
- | [Redacted]

**21.4 - Production Safety Plans**

[Redacted]

License Type: Integrated Facility

[REDACTED]

**PERSONNEL:**

[REDACTED]

[REDACTED]

**PROCESSING:** [REDACTED]

- **Biomass Receiving:** [REDACTED]

- **Cleaning/Sanitation:** [REDACTED]

- **Biomass Milling and Grinding:** [REDACTED]

- **Steam Distillation, Cannabis Oil/Terp Extraction, Gel Melter/Mixer, Ultrasonic bath:** [REDACTED]

[REDACTED]

- **Controlled Temperature and Atmosphere Storage:** [REDACTED]  
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[REDACTED]

- **Solvent/Chemical Handling:** [REDACTED]  
[REDACTED]  
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[REDACTED]

- **Safe Food Handling:** [REDACTED]  
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[REDACTED]  
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[REDACTED]  
[REDACTED]

**21.5 - List of Formulas and Ingredients, purposes of each**

[REDACTED]

[REDACTED]

- **Soft Gel Capsules:**

[REDACTED]

- **Tablets (200mg Total Weight):**

[REDACTED]

[Redacted text block]

- **Gelatinous Cubes (size: 3ml, 4.2g):**

[Redacted text block]

- **Tinctures:**

[Redacted text block]

- **Topical Gel:**

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- **Topical Cream:**

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[Redacted text block]

- **Transdermal Patch**

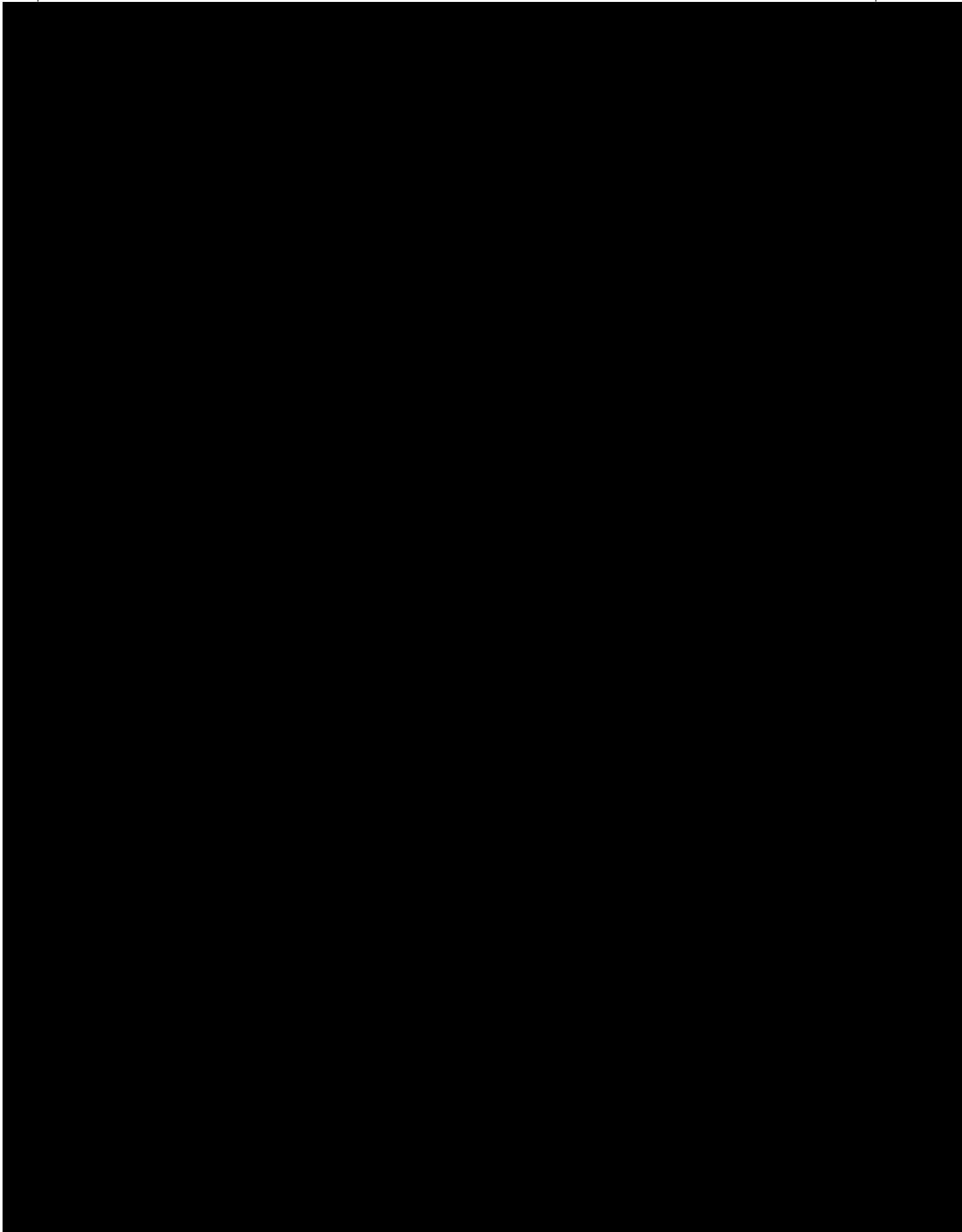
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- **Suppository:**

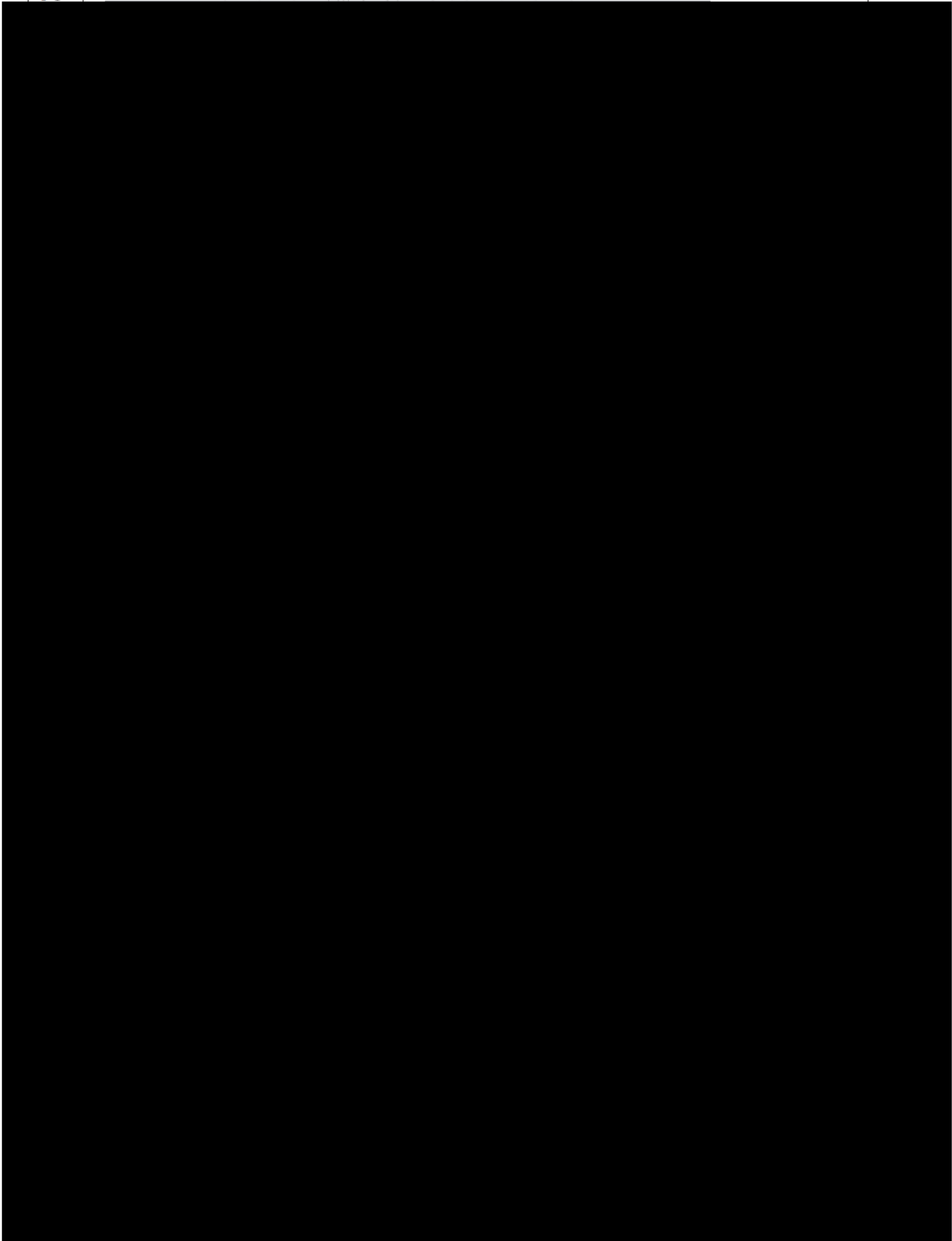
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License Type: Integrated Facility



# EXHIBIT #22 - MACHINERY AND EQUIPMENT

## Verification


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

Kathleen Salmon

Printed Name of Verifying Individual

Chief Compliance Officer

Title of Verifying Individual



Signature of Verifying Individual

2/26/2023

Verification Date

**22.1 - Sales contracts and receipts, lease agreements or other documentation demonstrating possessory interest in all machinery and equipment to be used in the cultivation and processing of medical cannabis.**

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

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

[REDACTED]

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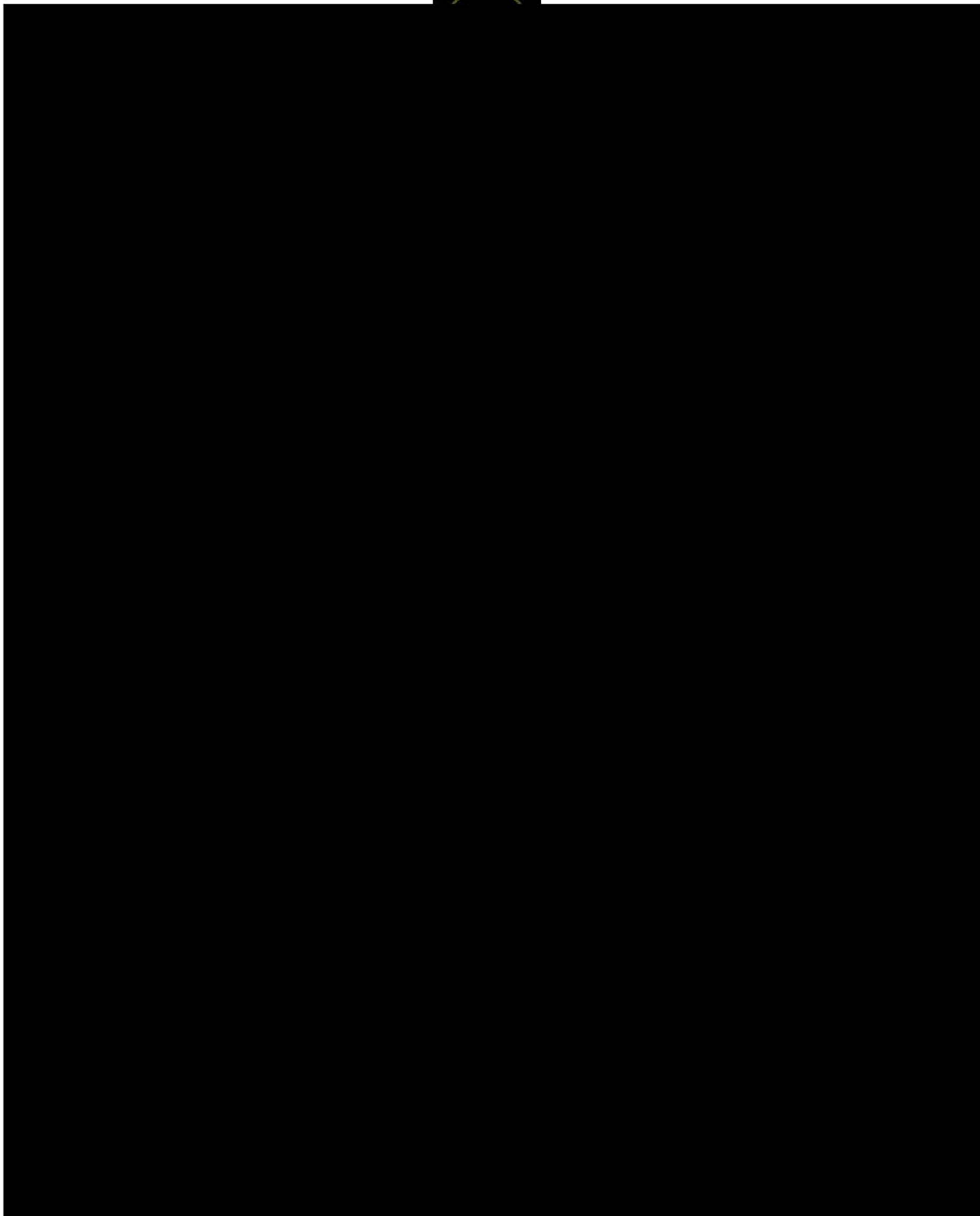
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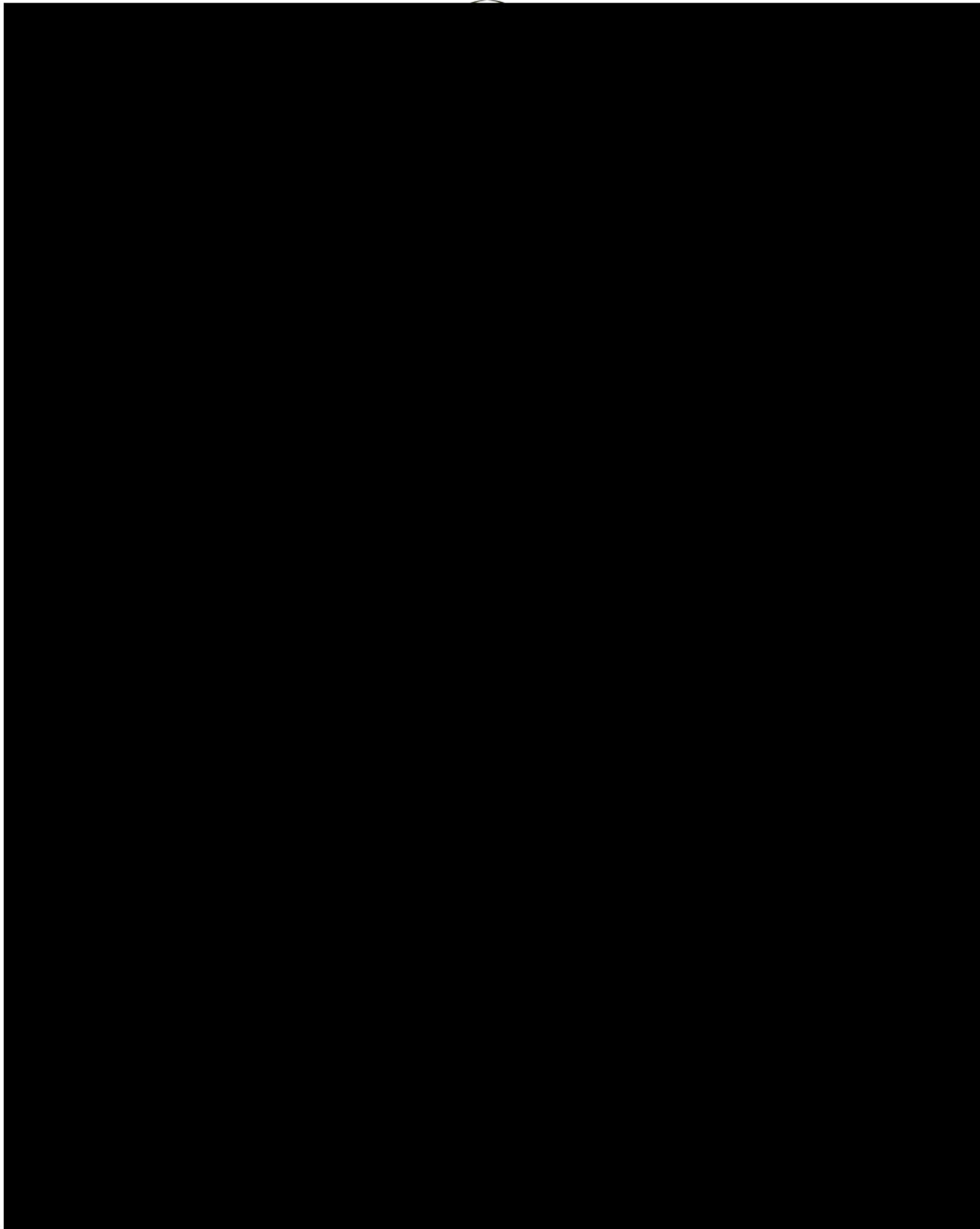
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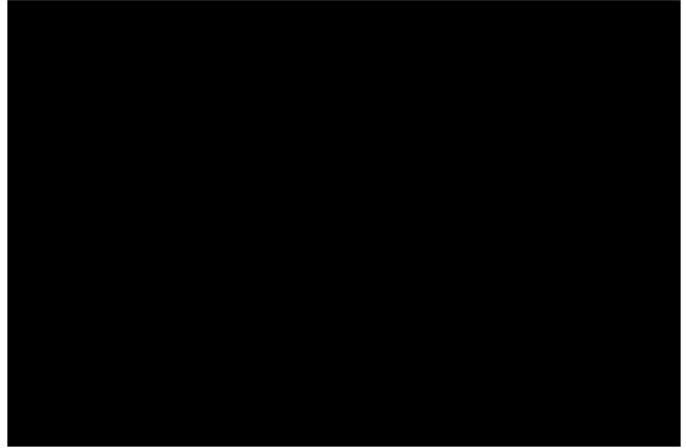
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[Redacted]

[Redacted]

[Redacted]

License Type: Integrated Facility




































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































## Exhibit 23 – Receiving and Shipping Plan

### Verification

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

Kathleen Salmon

**Printed Name of Verifying Individual**

  
\_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer

**Title of Verifying Individual**

12/21/2022

**Verification Date**

License Type: Integrated Facility

**Situations Requiring the Shipping or Receiving of Cannabis**

[Redacted]

**Distribution Oversight & Fleet Summary**

[Redacted]

**Vehicle Procurement:** [Redacted]

**Ensuring Safety:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Cultivator Procedures for Preparing and Tagging Cannabis**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Processor Procedures for Receiving Batches of Cannabis**

[Redacted content]

**23.2 - Batches and containers arriving from a cultivator have been QR coded or otherwise digitally coded to identify, at a minimum, the Cultivator, facility, plant tag identification number, date of harvest, and the date of the cultivator's State Laboratory testing approval.**

License Type: Integrated Facility

[REDACTED]

**23.3 - Incoming cannabis is accompanied by the secure transporter's manifest and other appropriate documentation; the information thereon is accurate and has been duly executed by all appropriate parties.**

**Verification of Transporter Manifest & Appropriate Documentation**

[REDACTED]



License Type: Integrated Facility

[Redacted]

**Movement of Cannabis: Recall Oversight and Management**

[Redacted]

**Recordkeeping:** [Redacted]

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

[Redacted]

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

**Appropriate Packaging and Labeling**

[REDACTED]

**Cannabis Labels:** [REDACTED]

- **Label Placement:** [REDACTED]

License Type: Integrated Facility

[Redacted]

[Redacted]

**Transport Containers:** [Redacted]

**23.6 - Batches and containers being shipped from the Applicant's facility must be coded or otherwise digitally coded to identify, at a minimum, the Integrated Facility, facility, type of product, date of processing and packaging, and the date of the Integrated Facility's State Laboratory testing approval(s).**

[Redacted]

[REDACTED]

[REDACTED]

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

[REDACTED]

License Type: Integrated Facility

[Redacted]

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

[Redacted]

License Type: Integrated Facility

**Receiving Product from the Production Site**

[Redacted content]

# Exhibit 24 – Secure Transport Vehicles

## Verification

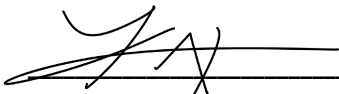
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Kathleen Salmon

Chief Compliance Officer

**Printed Name of Verifying Individual**

**Title of Verifying Individual**

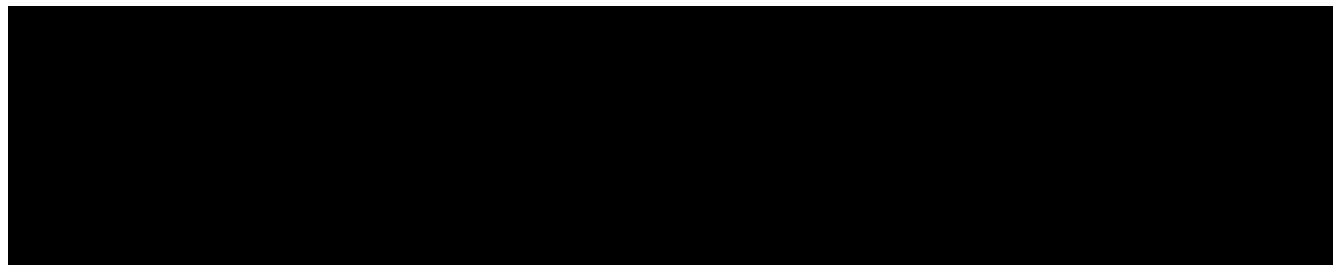
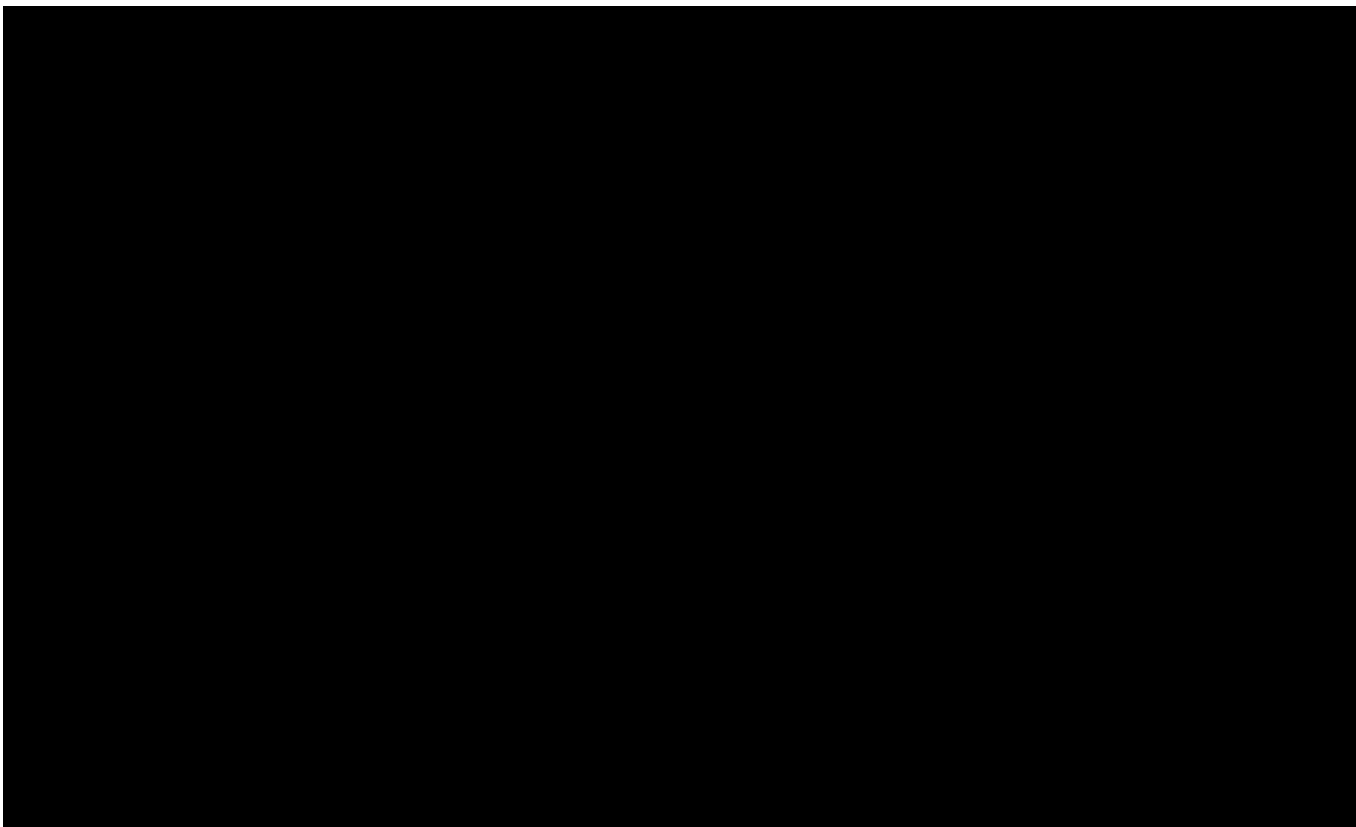


2/26/2023

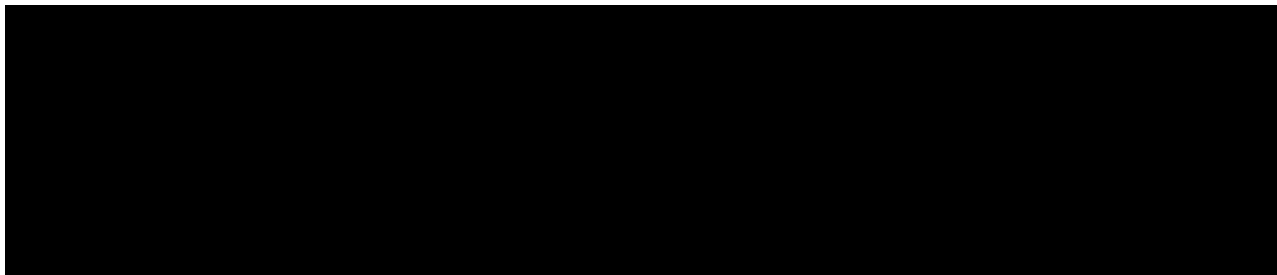
**Signature of Verifying Individual**

**Verification Date**

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



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

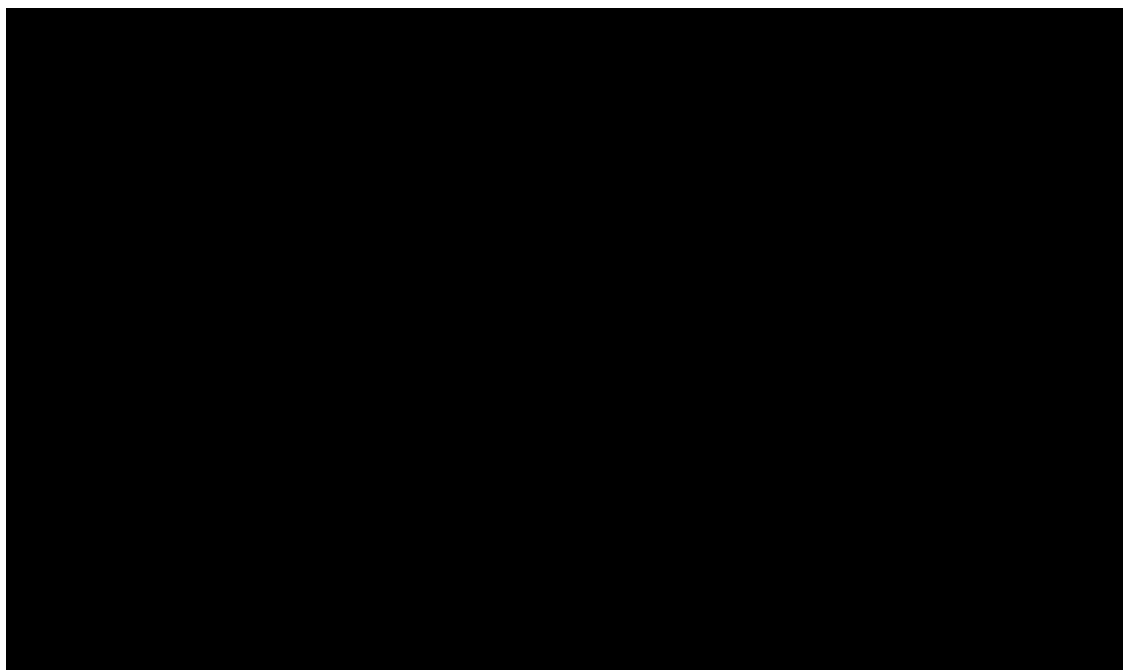


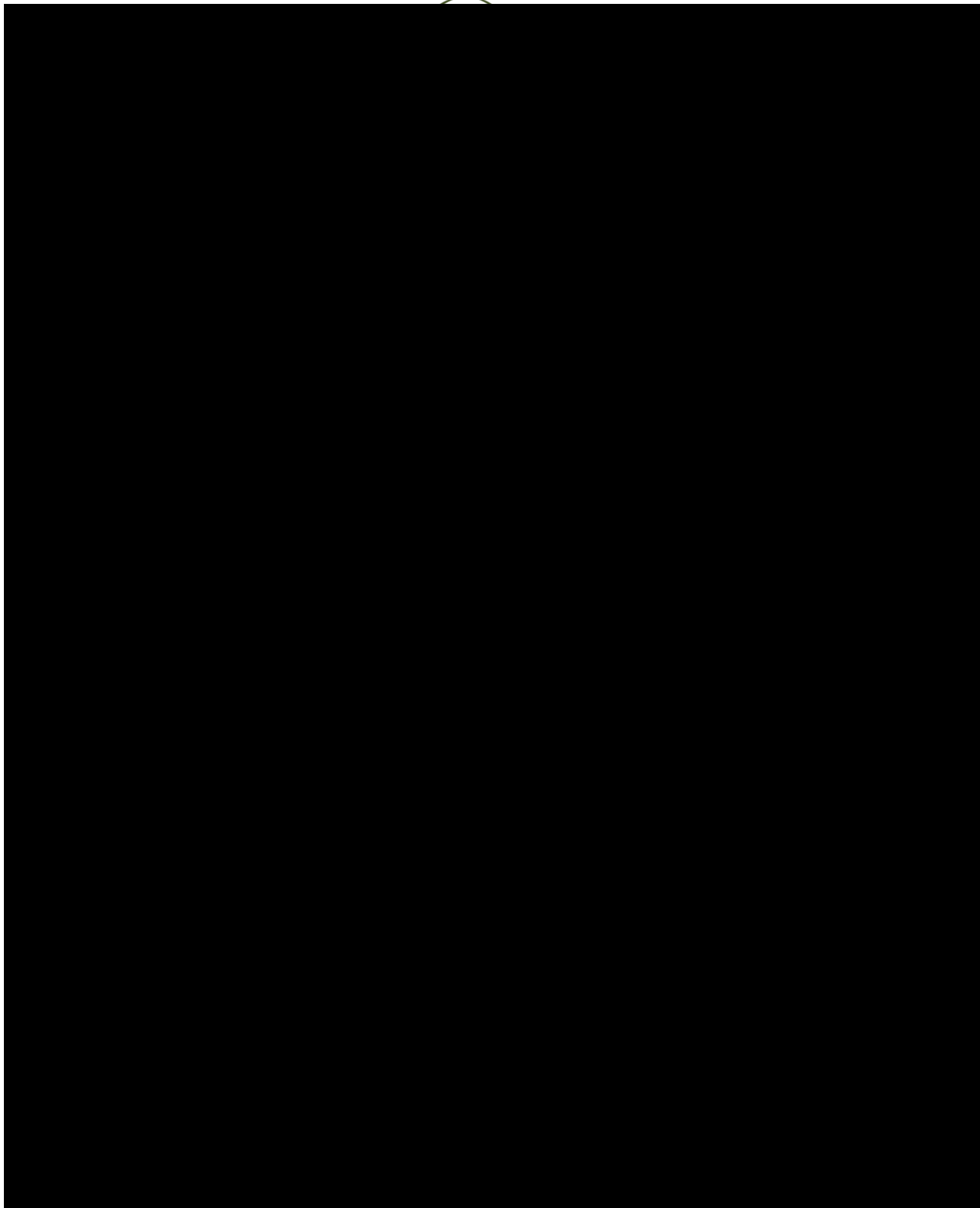


**24.3 - License plate numbers and DOT numbers, if available, for all secure transport vehicles.**

Year	Make	Model	VIN
			







[Redacted]

[Redacted]
[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

[Redacted]

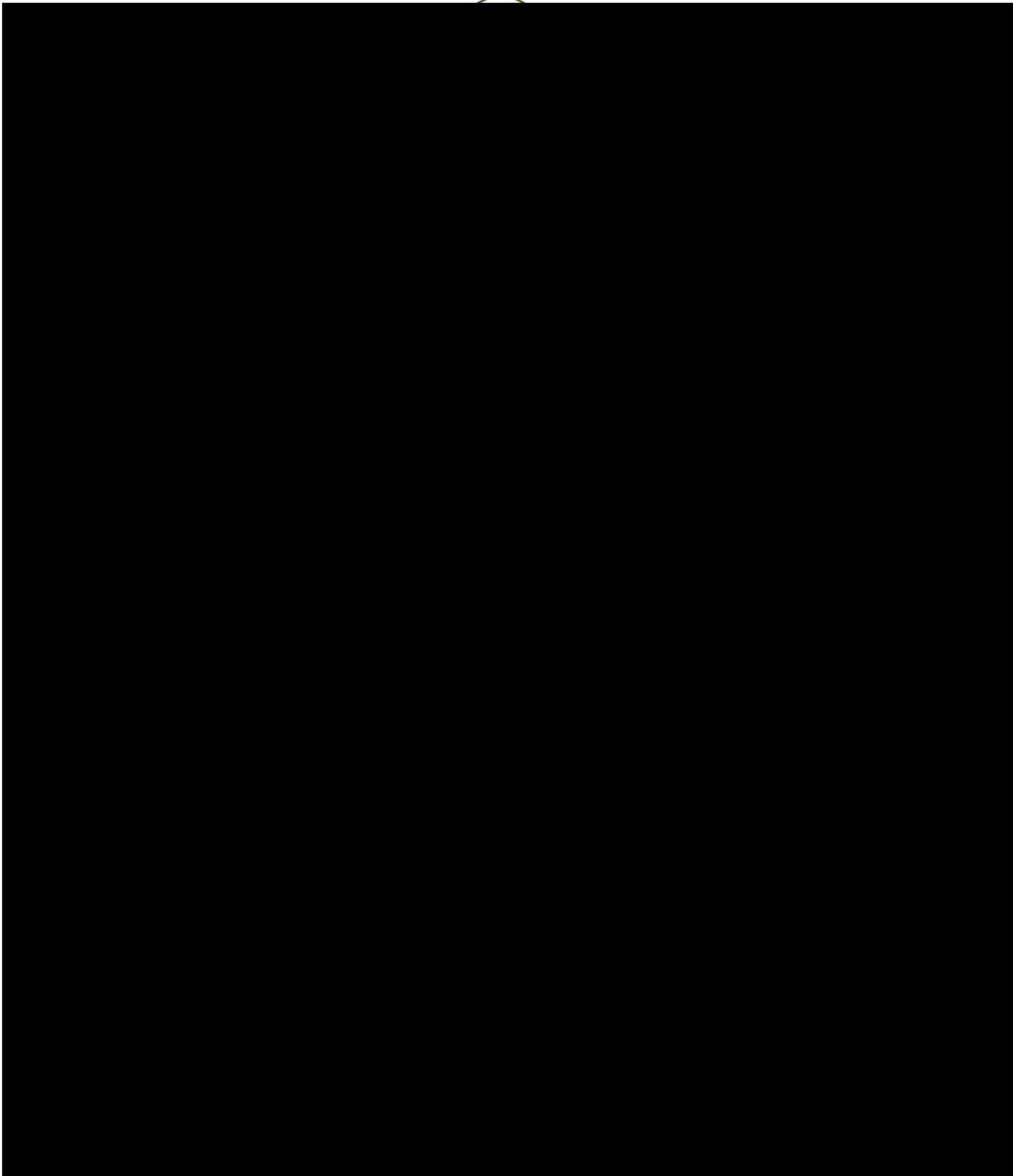
[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted] 7/7/2022





[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

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[Redacted]

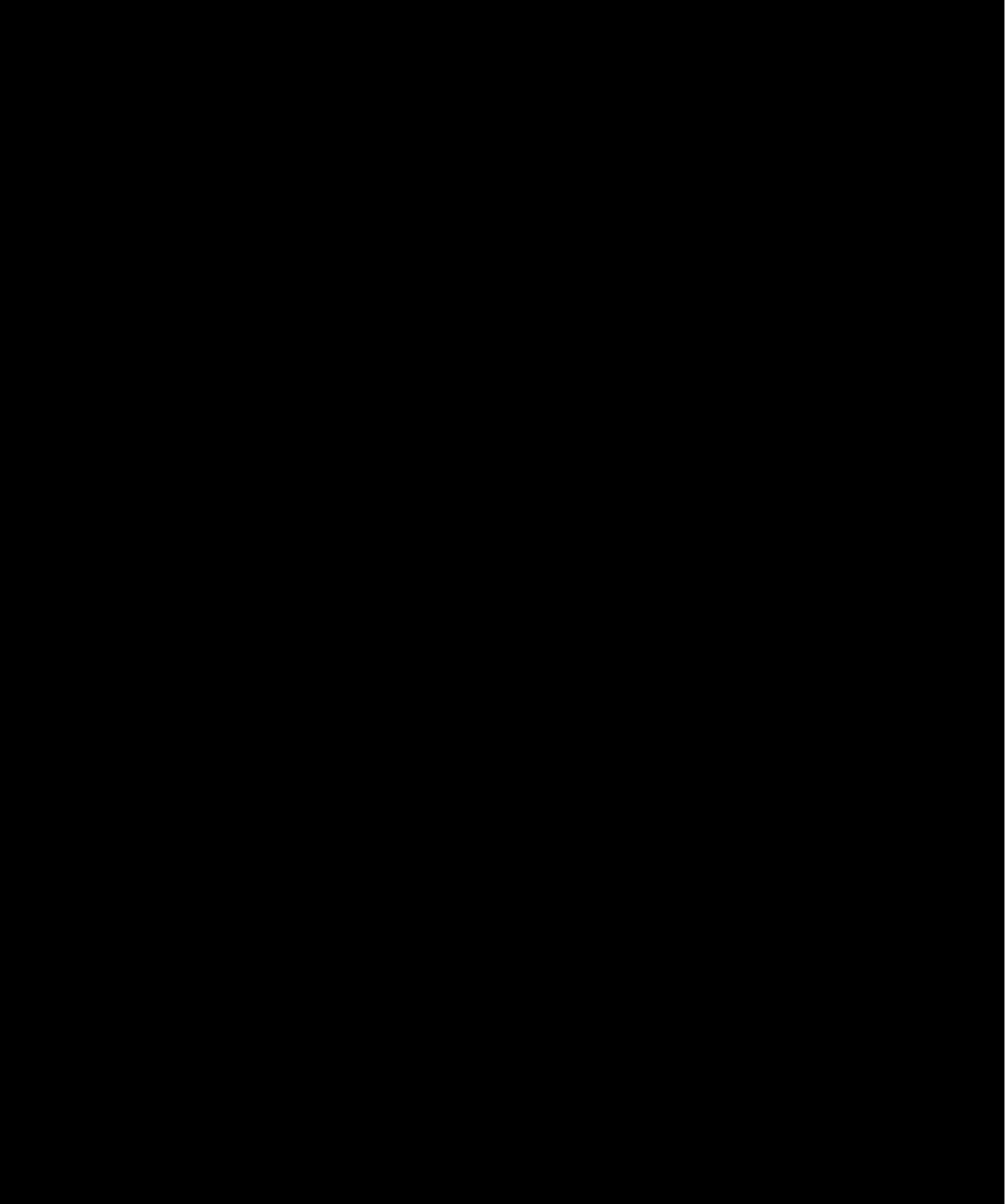
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[Redacted]

[Redacted]





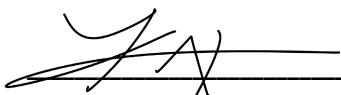
# Exhibit 25 – Compliance with Alabama Public Service Commission Requirements

## Verification

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

Kathleen Salmon

Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Compliance Officer

Title of Verifying Individual

2/26/2023

Verification Date

**Verification of Applicant's compliance with Alabama Public Service Commission requirements for motor carriers.**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

**Rule Authority**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**AL PSC: Vehicle Compliance**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

[Redacted]

[Redacted]

License Type: Integrated Facility

[Redacted]

[Redacted]

[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

[Redacted]

[Redacted]



License Type: Integrated Facility

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

License Type: Integrated Facility

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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License Type: Integrated Facility

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[Redacted]

[Redacted]

[Redacted]

License Type: Integrated Facility

[REDACTED]

[REDACTED]

[REDACTED]



Medical Cannabis Education and Training

[REDACTED]

Illness and Fatigue

[REDACTED]

Drug & Alcohol Policy

[REDACTED]

Drivers Declared "Out of Service"

[REDACTED]

Accident Reports

[REDACTED]

License Type: Integrated Facility

[REDACTED]

Hours of Service

[REDACTED]

Driving Procedure

[REDACTED]









License Type: Integrated Facility

[REDACTED]

## EXHIBIT #26 – COMMERCIAL DRIVERS’ LICENSE

### Verification

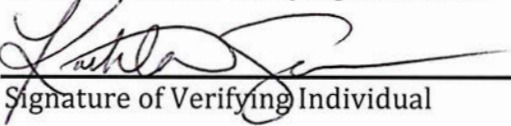
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



12/6/2012

Signature of Verifying Individual

Verification Date

License Type: Integrated Facility

**Introduction**

[REDACTED]

**CDL Drivers**

[REDACTED]

CDL Driver Name	CDL Number	State of Issue	Years of Experience
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Non-CDL Drivers:** [REDACTED]

Driver Name	DL Number	State of Issue	Years of Experience
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

License Type: Integrated Facility

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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# EXHIBIT #27 - FLEET SUMMARY

## Verification

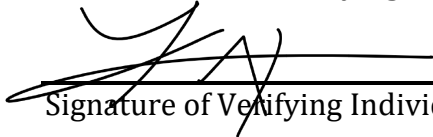
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



2/26/2023

Signature of Verifying Individual

Verification Date

**Introduction:** [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

■ [Redacted]

[Redacted]

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License Type: Integrated Facility

[Redacted text block]

**Storage:**

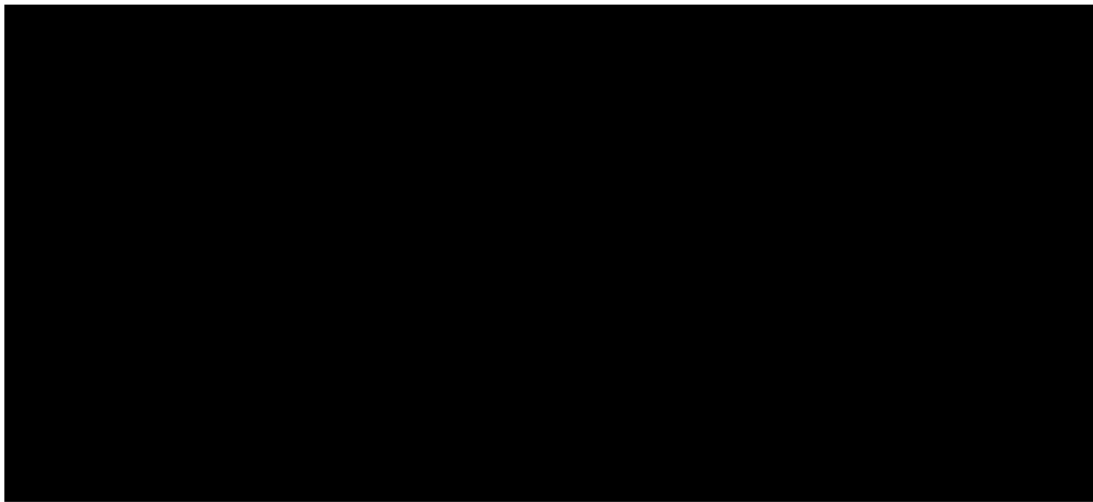
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[Redacted text block]

License Type: Integrated Facility



[Redacted text block]

[Redacted text block]

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[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]



# Exhibit 28 - Care and Maintenance of Vehicles

## Verification

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

Kathleen Salmon

Printed Name of Verifying Individual

Kathleen Salmon

Signature of Verifying Individual

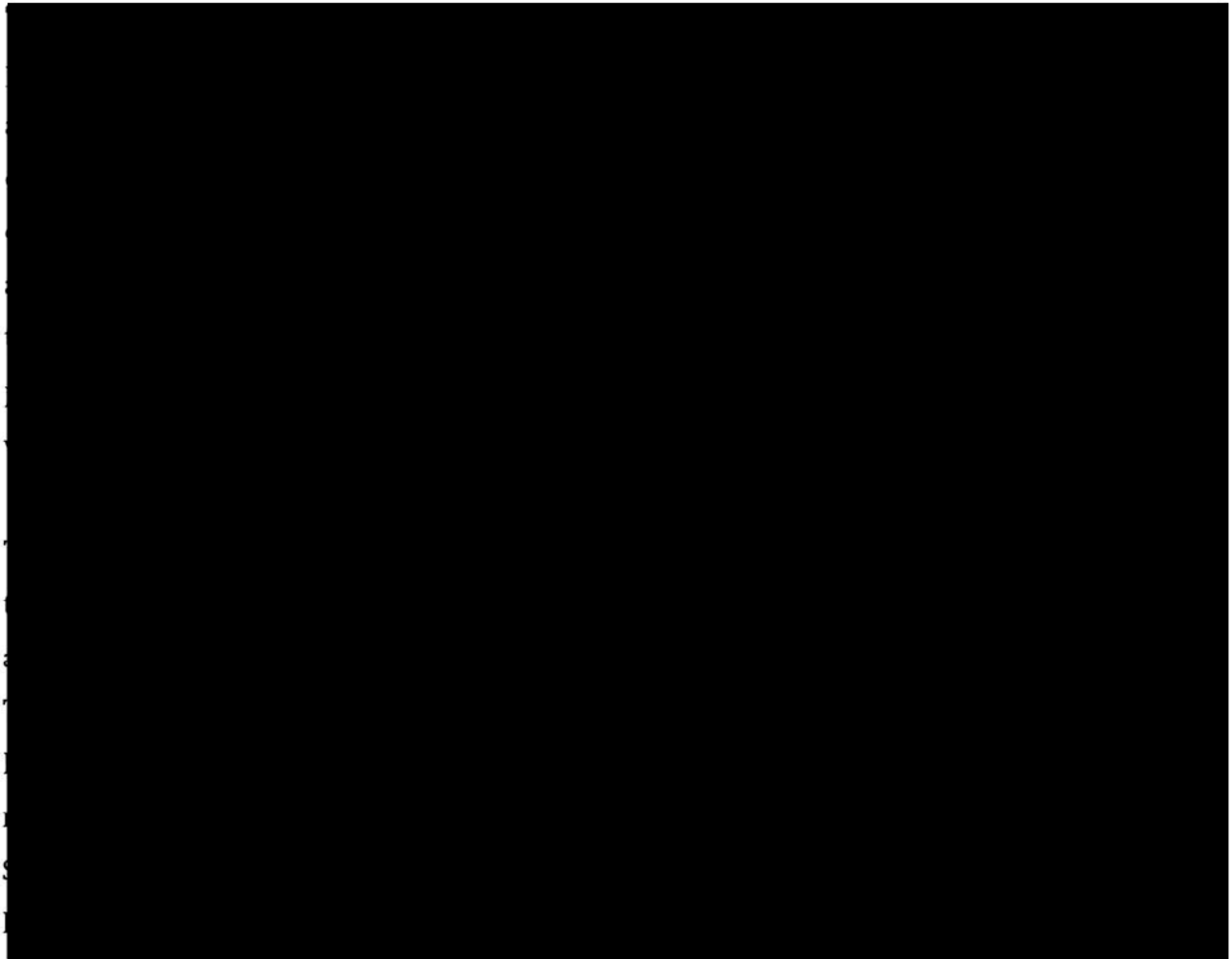
Chief Compliance Officer

Title of Verifying Individual

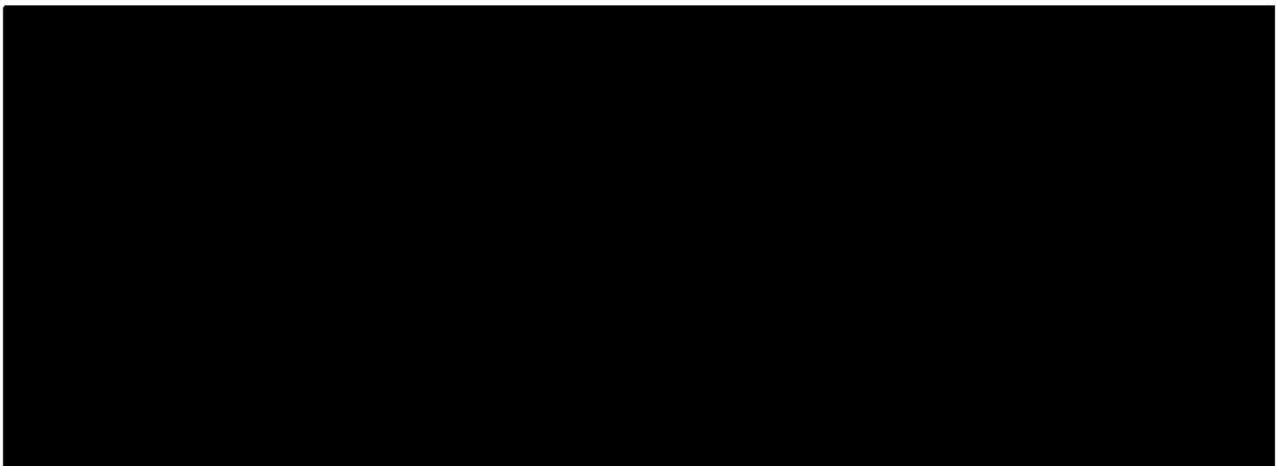
12/15/2022

Verification Date

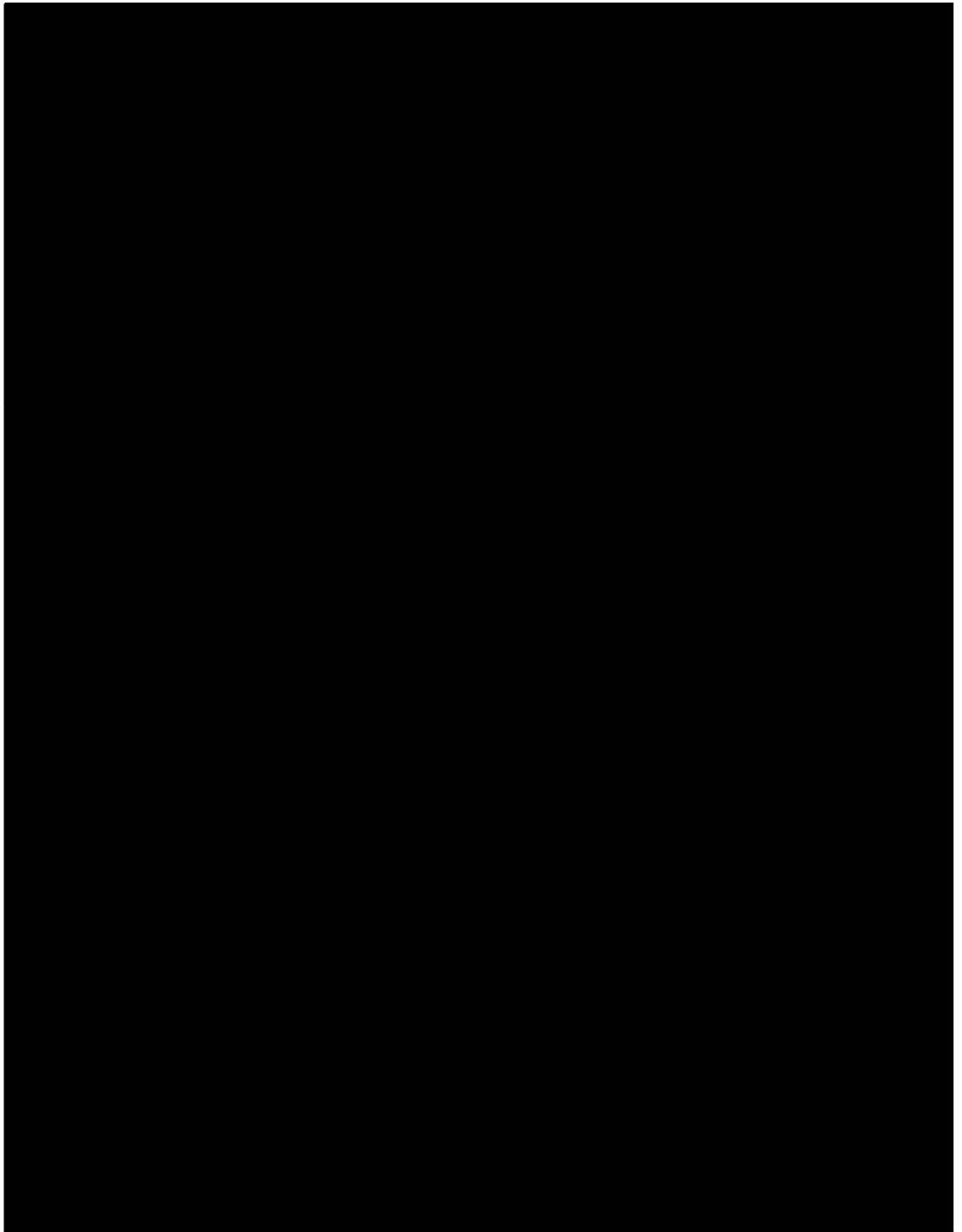
**TRAINING**

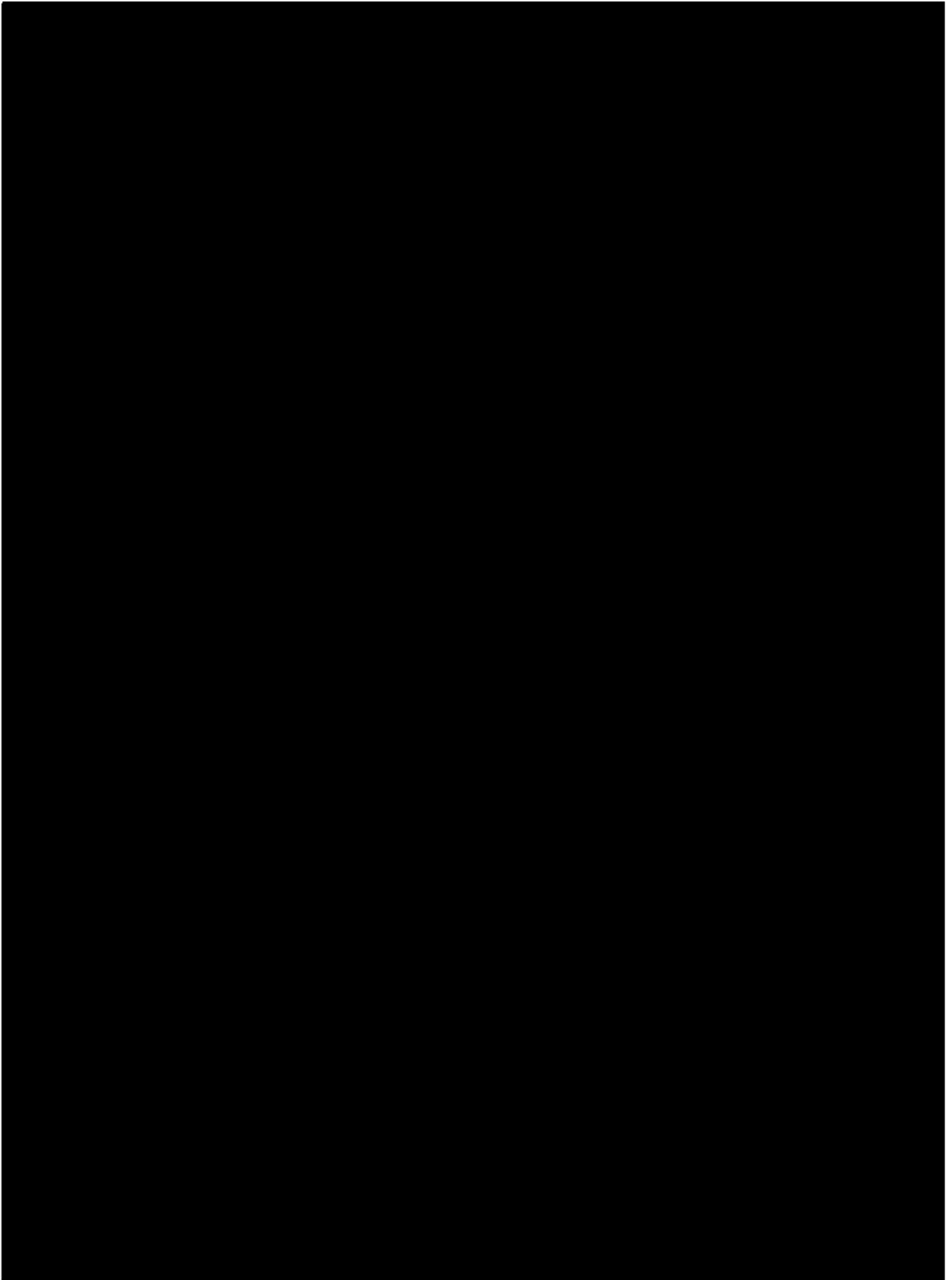


**CARE AND MAINTENANCE PRE- AND POST-TRIP**



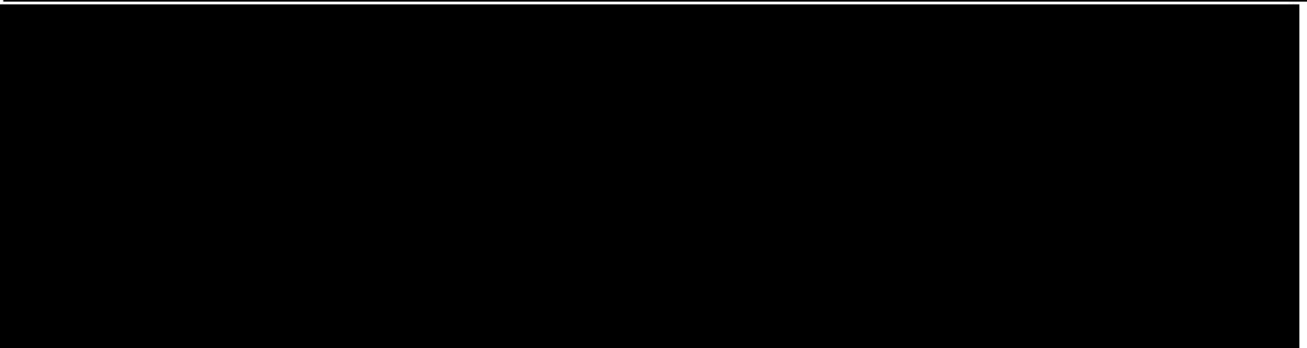
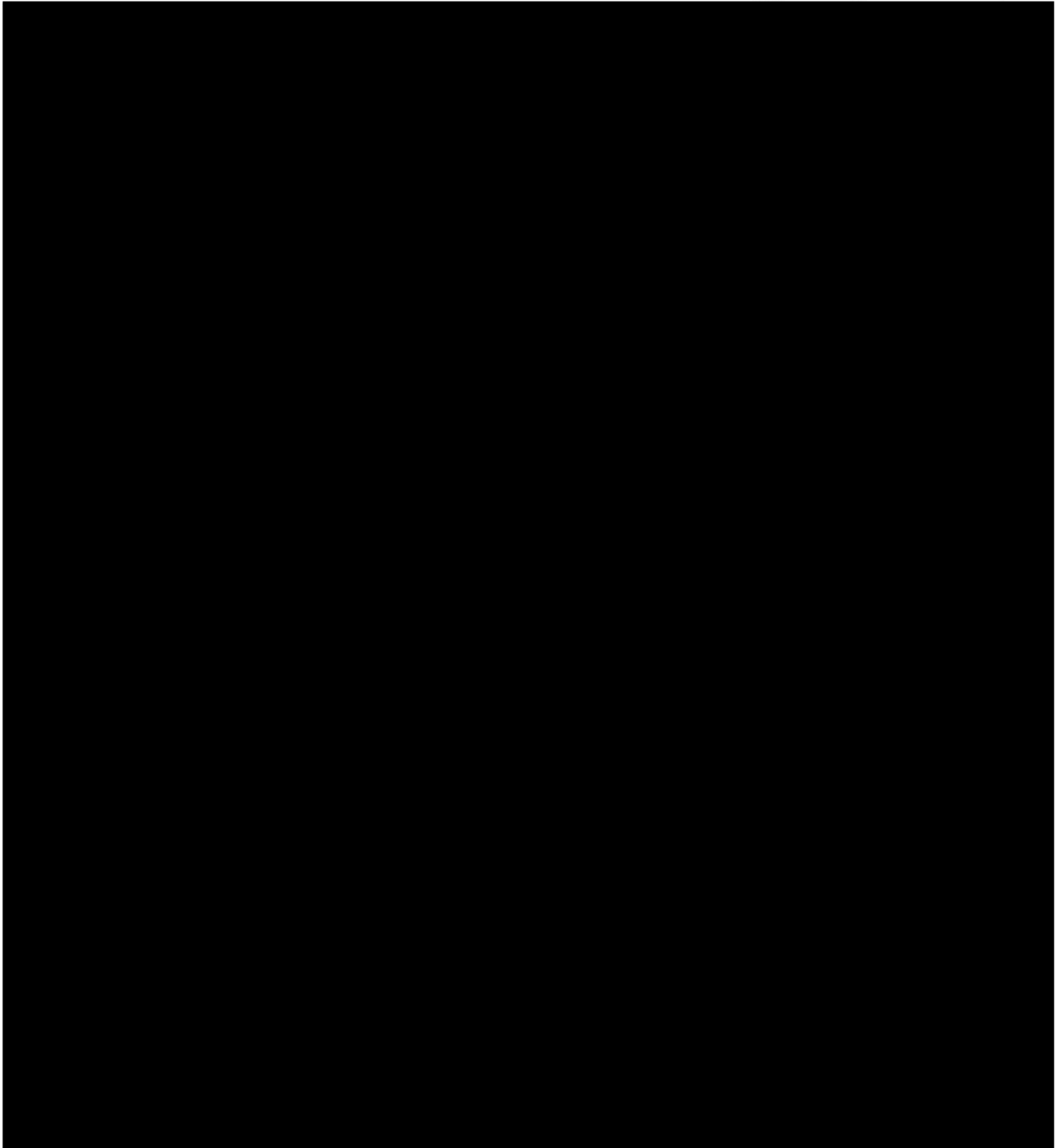
License Type: Integrated Facility



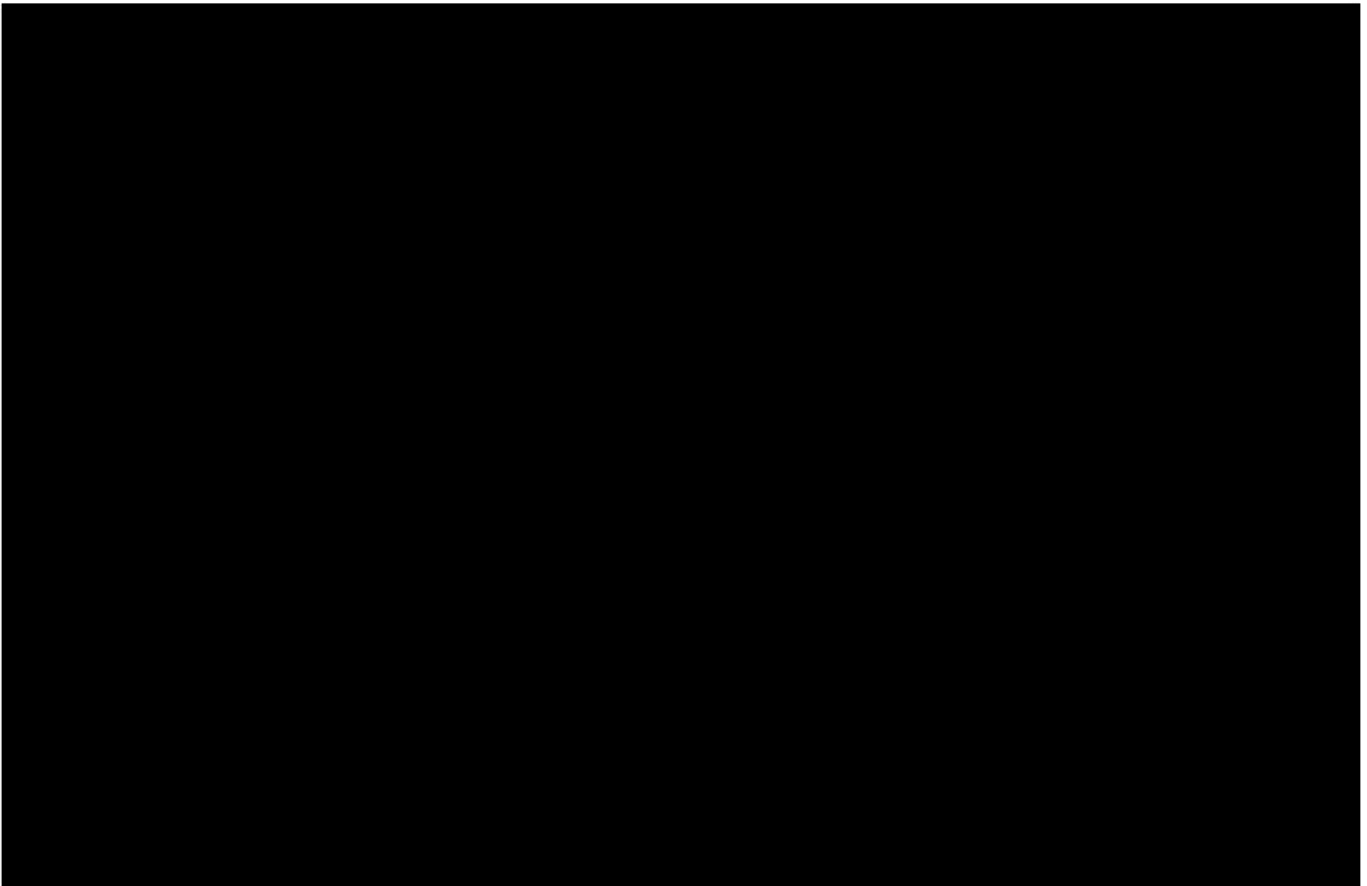




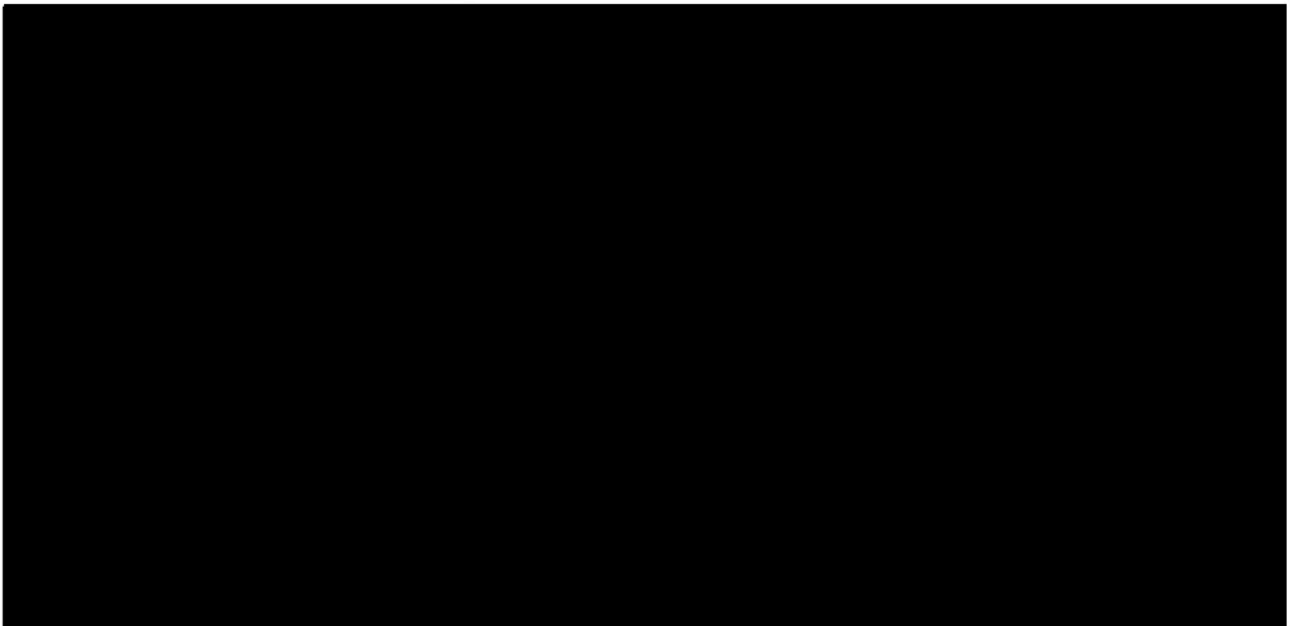
License Type: Integrated Facility



License Type: Integrated Facility



**PREVENTATIVE MAINTENANCE**




# Exhibit #29 – Route Plans

## Verification

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

Kathleen Salmon \_\_\_\_\_

**Printed Name of Verifying Individual**



\_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer \_\_\_\_\_

**Title of Verifying Individual**

12/27/2022 \_\_\_\_\_

**Verification Date**

License Type: Integrated Facility

**Exemplar or, if available, proposed, if not copies of actual route plans for all proposed secure transport vehicles, for inclusion in the Statewide Seed-to-Sale Tracking System**

**General Expectations**

[Redacted]

[Redacted]

[Redacted]

**Columbiana to Daphne (28120 US-98) to Shell (29279 US-98, Daphne, AL 36526) to Columbiana**

[Redacted]

License Type: Integrated Facility

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**Columbiana to Dothan (3835 Montgomery Highway) to Shell (1679 E Main Street, Prattville) to Columbiana**

[Redacted]

[Redacted]

License Type: Integrated Facility

[Redacted text block]

[Redacted text block]

[Redacted text block]

**Columbiana to Enterprise (504 Boll Weevil Circle) to Columbiana**

[Redacted text block]

[Redacted text block]

License Type: Integrated Facility

[Redacted text block]

[Redacted text block]

**Columbiana to Alexander City (Airport Drive & US Highway 280) to Columbiana**

[Redacted text block]

[Redacted text block]

**Columbiana to Cullman (2003 Mack Street) to Columbiana**

[Redacted text block]

[Redacted text block]

License Type: Integrated Facility

[REDACTED]




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

### **Verification**

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

Kathleen Salmon

**Printed Name of Verifying Individual**

  
\_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer

**Title of Verifying Individual**

2/26/2023

**Verification Date**

## Introduction

[Redacted text block]

[Redacted text block]

## Access Control Restrictions

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**Physical Security**

[Redacted text block]

[Redacted text block]

[Redacted text block]

**Communication Devices**

[Redacted text block]

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- █ [Redacted]
- █ [Redacted]

[Redacted]

[Redacted]

**Video Monitoring**

[Redacted]

[Redacted text block]

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**Transport Security and Segregation**

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**Access Control Areas and Levels**

- [Redacted text block]
- [Redacted text block]
- [Redacted text block]
- [Redacted text block]
- [Redacted text block]



**Example Access Assignments:**

<b><u>Role</u></b>	<b><u>Access Levels</u></b>
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] [REDACTED]
[REDACTED]	[REDACTED] [REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

# EXHIBIT # 31 - FACILITIES

## Verification


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

Kathleen Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual

  
Signature of Verifying Individual

2/26/2023

Verification Date

### **Columbiana Cultivation & Production Facility:**

**Introduction:** APPLICANT's headquarters are located in the unzoned area of Shelby County, outside of the City of Columbiana, AL. This facility was selected for its prime location in central Alabama, in part to ensure ease of transportation statewide for both wholesale and retail distribution. Support from the community and respect for the community were also considered, as cultivation and processing facilities often encounter complaints from the community due to the odors of cannabis production activities. Having chosen a location at a site with direct proximity to the County's landfill facility ensures minimal complaints of cannabis odors. The production facility is not located nearby to any school, daycare, religious institution, or other facility or building which could be of sensitivity to the local community. We understand the importance of being a good steward to the communities we serve, and this is our act of good faith towards the Columbiana community.

Another reason for the section of this facility was due to its proximity to the only Economic Opportunity Zone within Shelby County (Census Tract 307.03), which will supply sustainable high-income careers for this community. Opportunity Zones represent areas that both the Governor and US Department of the Treasury have nominated for private sector investment, for families and communities in need of economic stimulus. APPLICANT's production facility is a short 4-5-mile drive from this Opportunity Zone area (Alabama Department of Economic and Community Affairs, 2022.) As a company that is over a quarter veteran-owned and operated, we also selected Shelby County due to its high veteran population - nearly 1.5% higher than the state average (U.S Census Bureau, 2022.) We believe our facility location exhibits a balance of supporting the local community's economic incentives while being far enough outside of the city area to blend well with other industrial operators and not cause any disruptions or discomfort to the local residents.

- **Section 31.1: Facility Type:** This facility shall serve as APPLICANT's central production hub, and headquarters for business leadership.
  - **Cannabis activities:** Cultivation, Processing, Transportation

- **Non-Cannabis activities:** Office headquarters, equipment storage.
- **Section 31.2: Physical Address & GPS Coordinates:** APPLICANT'S property is located at the corner intersection of State Route 70 and Landfill Rd, within Shelby County, AL. The majority of surrounding areas are vacant forest land. Closest nearby businesses are generally industrial in nature, including the county's sewer treatment plant, landfill, and a waterproofing company.
  - **Address:** 120 Landfill Rd. Columbiana AL 35051
  - **GPS Coordinates:** (- 33.17339240361588, -86.68549150185632)
- **Section 31.3: Aerial Photograph:**



- **Section 31.4: Right to Occupy:** APPLICANT's Right to Occupy the Production facility is attached.
  - Attachment 1: Lease intent for 120 Landfill Rd. Columbiana, AL 35051
- **Section 31.5: Local Zoning Approval & Ordinances:** APPLICANT'S property is located within the unzoned area of Shelby County, AL and is therefore not subject to county regulations. Shelby County's planner supervisor provided a letter describing the lack of county oversight and regulations in the attached approval letter.

- Attachment 2: Shelby County Zoning Approval Letter 10/19/2022
- **Section 31.6: Blueprints or Floorplans**: Blueprints and schematics for this facility are attached as follows:
  - Attachment 3: Columbiana facility Blueprints
- **Section 31.7: Timetable to Operations**: APPLICANT plans to commence cultivation operations within 7 days post license award, made possible due to the immediate availability of growing facilities with pre-installed security and grow equipment. Below is the full timetable from license issuance to full operations commencing.

<b>Date</b>	<b>Timeline – Columbiana Production Facility</b>
<b>Friday June 2<sup>nd</sup> 2023</b>	<b>Notice of Intent to Award Issued – Preparations Begin</b>
Monday, July 10 <sup>th</sup> , 2023	Integrated Facility License Issued
Tuesday, July 11 <sup>th</sup> 2023	Inspection Request sent to AMCC re: Cultivation
Thursday, July 13 <sup>th</sup> , 2023	Cultivation Inspection held
Friday, July 14 <sup>th</sup> , 2023	AMCC issued Commence Operations Letter re: Cultivation
<b>Monday, July 17<sup>th</sup> 2023</b>	<b>Cultivation Operations Commence</b>
Tuesday August 1 <sup>st</sup> , 2023	Product labels, packaging, branding submitted to AMCC
Tuesday, August 15 <sup>th</sup> 2023	AMCC approved product labels, packaging, and branding
Monday, Sep. 18 <sup>th</sup> 2023	Inspection Request sent to AMCC re: Processing
Thursday, Sep. 21 <sup>st</sup> 2023	Processing Inspection held
Friday, Sep. 22 <sup>nd</sup> 2023	AMCC issued Commence Operations Letter re: Processing
<b>Monday, Sep 25<sup>th</sup> 2023</b>	<b>Processing Operations Commence</b>
Monday October 2 <sup>nd</sup> , 2023	Inspection Request sent to AMCC re: Transportation
Thursday, October 5 <sup>th</sup> , 2023	Transportation Inspection held
Friday, October 6 <sup>th</sup> , 2023	AMCC issued Commence Operations Letter re: Transportation
<b>Monday October 9<sup>th</sup>, 2023</b>	<b>Transportation Operations Commence</b>
Monday October 9 <sup>th</sup> , 2023	First Harvest 2023
Monday October 23 <sup>rd</sup> 2023	Finished product samples issued to 3 <sup>rd</sup> party testing lab
Monday October 30 <sup>th</sup> 2023	3 <sup>rd</sup> Party testing lab issues Certificate of Analysis
Monday, January 27 <sup>th</sup> 2025	Inspection Request sent to AMCC re: Cultivation Phase II
Thursday, January 30 <sup>th</sup> 2025	Cultivation Phase II Inspection held

Friday, January 31 <sup>st</sup> 2025	AMCC issued Commence Operations Letter re: Cultivation Phase II
<b>Monday, February 3<sup>rd</sup> 2025</b>	<b>Cultivation Phase II Operations Commence</b>

- **Section 31.8: Open to the Public Statement:** APPLICANT’s facility will not be open to the public at any time, and access is restricted to authorized personnel only. Only AMCC officials, law enforcement, or other government inspectors acting in their official capacity may be permitted entry after satisfying all security check-in protocols. The Columbiana production facility takes all measures, and will continue to take all measures, to ensure it does not advertise, display signage, or other indication that cannabis may be grown inside and uses plain markings to ensure maximum security.
- **Section 31.9: Hours of Operation and Contact:** The Columbiana Production facility shall initially operate day shifts during Phase I, and upon commencement of Phase II will shift to 24/7 operations. During all times during both phases, a security guard will be present onsite. APPLICANT’s after-hours emergency contact, and general compliance contact are listed below.
  - **Hours of Operation:**
    - **Phase I:** 8:00 am – 5:00 pm
    - **Phase II:** All hours, 24/7
  - **Emergency Contact:**
    - After hours emergency contact 1:
      - Title: CHIEF AGRICULTURAL OFFICER
      - Email: stuart@southernorganics.com
      - Cell Phone: 205-410-3838
    - After hours emergency contact 2:
      - Title: CHIEF PRODUCTION OFFICER
      - Email: kyle@southernorganics.com
      - Cell Phone: 205-296-4735
    - General compliance contact:
      - Title: CHIEF COMPLIANCE OFFICER

- Email: [compliance@southern-crop.com](mailto:compliance@southern-crop.com)
- Cell Phone: 850-566-1661

**Section 31.4- Right to Occupy: ATTACHMENT #1**

License Type: Integrated Facility



**SOUTHERN CROP HOLDING COMPANY, LLC**

DATED: 12/19/22

Southern Organics, LLC  
120 Landfill Road Columbiana, AL 35051  
Attn: Stuart Raburn, CEO

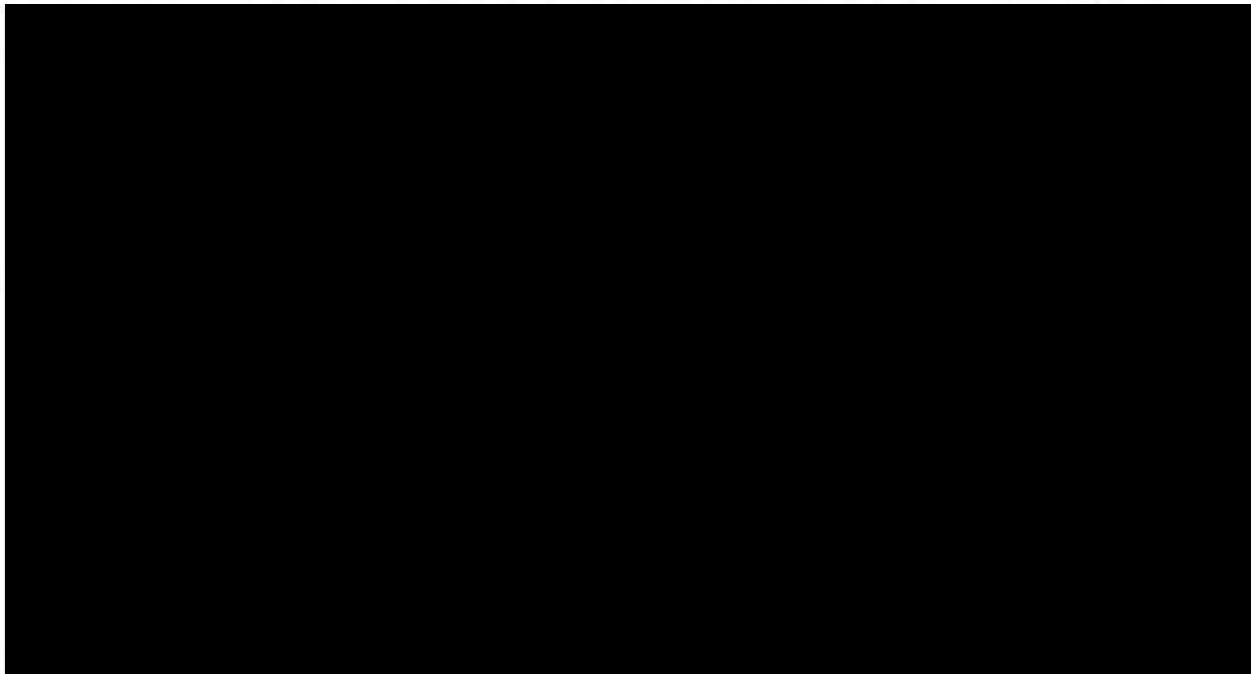
Re: Lease or Use of Property-120 Landfill Rd, Columbiana, AL 35051

Dear Stuart:

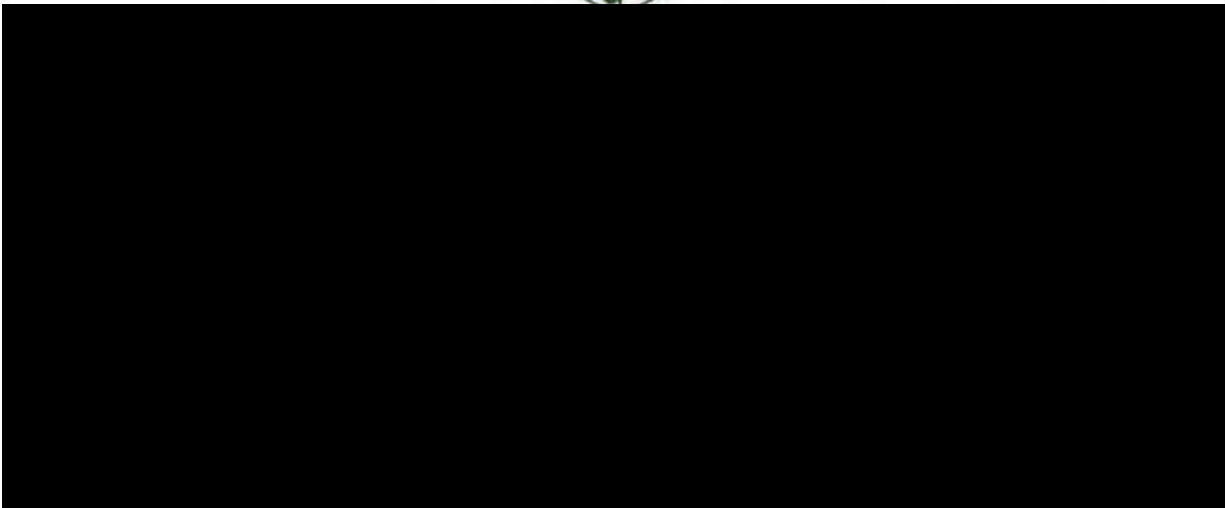
This letter of intent (this "LOI") outlines the terms and conditions that would serve as the basis for the negotiation of a lease or use agreement between Southern Organics, LLC ("Southern Organics") and Southern Crop Holding Company, LLC ("Southern Crop") for the premises described below (the "Project"). Except as to the Use Obligation, Exclusivity Obligation, and the Confidentiality Obligation (each as defined below) (collectively the "Binding Obligations"), this LOI shall not create any binding and enforceable obligations between Southern Organics and Southern Crop and may be modified, terminated, or withdrawn by Southern Crop at any time.

Any obligations with respect to the Project, other than the Binding Obligations, shall be evidenced solely by a definitive agreement executed and delivered by both Southern Crop and Southern Organics. The definitive agreement must be mutually acceptable to both Southern Crop and Southern Organics.

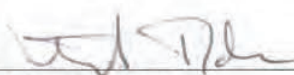
Proposed Operator: Southern Crop Holding Company, LLC  
Property Owner: Southern Organics, LLC.  
Project Site: 120 Landfill Rd, Columbiana, AL 35051 ("Property").



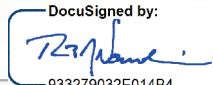




**Southern Organics, LLC**

  
\_\_\_\_\_  
By: Stuart Raburn  
As: CEO  
Date:

**Southern Crop Holding Company LLC**

DocuSigned by:  
  
\_\_\_\_\_  
933279032E014B4...  
By: Robert J. Naudin, Jr  
As: Chief Legal Officer  
Date: 12/19/2022

PD.40394418.2



**SHELBY COUNTY**  
**DEPARTMENT OF DEVELOPMENT SERVICES**  
1123 COUNTY SERVICES DRIVE  
PELHAM, ALABAMA 35124  
205.620.6650  
[www.ShelbyAL.com](http://www.ShelbyAL.com)

October 19, 2022

Kathleen "Kat" Salmon  
Southern Crop  
[kat@southern-crop.com](mailto:kat@southern-crop.com)

Subject: Property located at 120 Landfill Rd., Columbiana, AL 35051

Dear Kat,

In response to your request, zoning information is submitted for the following parcel:

**Parcel Number**  
58-21-9-30-0-000-002.012

According to our records, the subject property located at 120 Landfill Rd. is currently in an unincorporated portion of Shelby County. The property is presently *not zoned* and is not subject to the requirements of the Zoning Ordinance of Shelby County.

Any division of property will be subject to the *Subdivision Regulations of Shelby County*, which requires approval from this department and/or the Planning Commission. Any construction will require approval from the Shelby County Department of Development Services (205-620-6650) and the Shelby County Health Department (205-620-1650). Any additional roadway access will require approval from the Shelby County Highway Department (205-669-3880), or the Alabama Department of Transportation (205-668-0173).

If we can be of further assistance, please contact this department at your convenience.

Sincerely,

Sharman Brooks  
Supervisor, Planning & MS4



- REFERENCE NOTES**
- (01) NEW PAVEMENT FOR AS PAVED SQUARE FOOT REQUIREMENTS
  - (02) PROVIDE CONCRETE DRIVE (PHASE 2)
  - (03) NEW SITE PARKING (PHASE 2)
  - (04) PROVIDE CONCRETE DRIVE (PHASE 1)
  - (05) NEW SECURITY CHECKPOINT BUILDING AT MAIN GATE
  - (06) DUMPSTER
  - (07) SHREDDER SYSTEM
- LEGEND**
- [Purple Box] EXISTING BUILDING STRUCTURE PHASE 1 (S.F. 1A, 800)
  - [Purple Box] NEW CONSTRUCTION CULTIVATION FACILITY PHASE 2 (S.F. 1A, 901)

Project Number	2022-25
Date	12/22/22
Site Plan	
Discipline	ME
Description	
Author	
Checker	
Reviewer	
Approver	

**REMARKS:**  
 FOR THE INFORMATION OF THE ARCHITECT, THE MECHANICAL SYSTEMS SHOWN ON THIS PLAN ARE FOR CONSTRUCTION OF THE FACILITY.

SOUTHERN CROP HOLDING COMPANY, LLC  
**CULTIVATION FACILITY**  
 120 LANDFILL ROAD  
 COLUMBIANA, ALABAMA

Page 9 of 76

### **Daphne Dispensary:**

**Introduction:** APPLICANT's flagship dispensary is located within the City of Daphne and was, in part, selected due to the diversity of its population, (resonating with the diversity of our operational team) with nearly a quarter of the population identifying as a racial minority. **We are proud to report that Careers within Dispensary Operations within our company provide more than twice the state's minimum wage, in addition to providing health insurance and retirement plans.** In addition to the benefits listed above for those in economic need, the Daphne dispensary is conveniently located by several well-known retailers. Nearby retailers include industry leaders such as Publix, Dollar General, Subway, and McDonalds, in addition to many local restaurants. This dispensary is located off US-98, a well-trafficked road with good opportunity for signage. The Daphne dispensary and facility is planned to hold 3,885 total square feet. The Daphne Dispensary also features a receiving drop-off area, ensuring a high security level for employees upon delivery.

**Building dispensaries from the ground-up allows us to create a customized, secure, efficiently designed dispensary space. Cannabis dispensaries are unique in their security designs, retail footprint, and branding and function best when designed to be compliant from the beginning – for a ground-up custom building.** Part of these needs include a 315 square foot product storage space and a receiving area for deliveries, allowing us to quickly bring new inventory into our store for intake, which means patients can access their medicine even more quickly. **As a patient-owned and patient-led company, we place high importance on the availability of product for those whom we serve.** In every state we've operated in, we've seen patients and their caregivers drive miles for their products. We are prepared and ready to be the market leader in product availability, ensuring patients can trust us to keep product in store each and every time they arrive.

As a company that holds minority and woman ownership, we celebrate our diversity as a strength. As such, we are proud to have scheduled the Daphne Dispensary's grand

opening for December 1<sup>st</sup>, 2023, on Mrs. Rosa Parks Day. **It is our intention to represent the AMCC, and the cannabis industry overall, with respect to one of our nation's Alabama native heroes.** Our timetable reflects the dispensary commencing operations around 2 weeks prior to its grand opening date, which allows time for our teams to staff product, train employees and make arrangements for the grand opening. Many dispensary operators call these “soft openings”.

- **Section 31.1: Facility Type:** APPLICANT shall dispense and store cannabis products at its Daphne Dispensary. Additional space shall be used for offices.
  - **Cannabis Activities:** Dispensary, Storage
  - **Non-Cannabis Activities:** Office
- **Section 31.2: Physical Address & GPS Coordinates:**
  - **Address:** 28120 US-98, Daphne, Alabama 36526
  - **GPS Coordinates:** 30.63506324855218, -87.9116027288361
- **Section 31.3: Aerial Photograph:**



- **Section 31.4: Right to Occupy:** APPLICANT's right to occupy its Daphne Dispensary is attached as follows.
  - *See attachment # 8 – Development Agreement*

- **Attachment #4: Developer’s Purchase Intent for Daphne Dispensary**
- **Section 31.5: Local Zoning Approval & Ordinances:**
  - **Attachment #5: City of Daphne Zoning Approval**
  - **Attachment #6: City of Daphne Ordinance**
- **Section 31.6: Blueprints or Floorplans:**
  - **Attachment #7: 28120 US-98 Floorplans**
- **Section 31.7: Timetable to Operations:**

Date	Timeline - Daphne Dispensary
Monday November 13 <sup>th</sup> 2023	Inspection Request sent to AMCC re: Daphne Dispensary
Thursday November 16 <sup>th</sup> 2023	Daphne Inspection held
Friday November 17 <sup>th</sup> 2023	AMCC issued Commence Operations Letter re: Daphne
Monday November 20 <sup>th</sup> , 2023	Daphne Dispensary Operations Commence
Friday December 1 <sup>st</sup> 2023	Daphne Dispensary Grand Opening – Mrs. Rosa Parks Day

- **Section 31.8: Open to the Public Statement:** Dispensaries shall be open to the public at the below-listed Operating Hours. Non-public staff hours shall be 2 hours before and after the Operating Hours.
- **Section 31.9: Hours of Operation and Contact:**
  - **Operating Hours:**
    - Monday: 10:00am - 6:00pm
    - Tuesday: 10:00am - 6:00pm
    - Wednesday: 10:00am - 6:00pm
    - Thursday: 10:00am - 6:00pm
    - Friday: 10:00am - 6:00pm
    - Saturday: 10:00pm - 2:00pm
    - Sunday: Closed
  - **After hours emergency contact 1:**
    - Title: DIRECTOR OF DISPENSARY OPERATIONS
    - Email: alec@southern-crop.com

- Cell Phone: 602-339-2717
- **After hours emergency contact 2:**
  - Title: CHIEF PRODUCTION OFFICER
  - Email: kyle@southernorganics.com
  - Cell Phone: 205-296-4735

# *Crimson Real Estate Holdings, Inc.*

November 30, 2022

Sent via electronic mail [jbarnes@stirlingprop.com](mailto:jbarnes@stirlingprop.com)

Mr. Jeff Barnes  
Stirling Properties  
1 St. Louis Street, #4100  
Mobile, AL 36602

RE: Offer to purchase property located at 28120 Highway 98, in Daphne AL, as shown on the attached Exhibit "A"

Dear Jeff:

Thank you for the time and information yesterday. Please find attached an offer to purchase the above referenced Property. Please review and consider the following non-binding Letter of Intent summarizing the most basic of terms under which Purchaser would be willing to proceed with negotiations on a purchase of property (hereinafter "Purchase Agreement").

## PROPOSED TERMS

### Purchaser

Crimson Real Estate Holdings, Inc., an Alabama corporation, its successors, or assigns. Upon mutual agreement by Seller and Purchaser to all business terms and conditions, Purchaser shall cause a Purchase Contract to be prepared. All rights expressed in the Purchase Contract may be assigned by Purchaser, without restriction, provided, that notice of assignment shall be given in writing to Seller.

### Seller

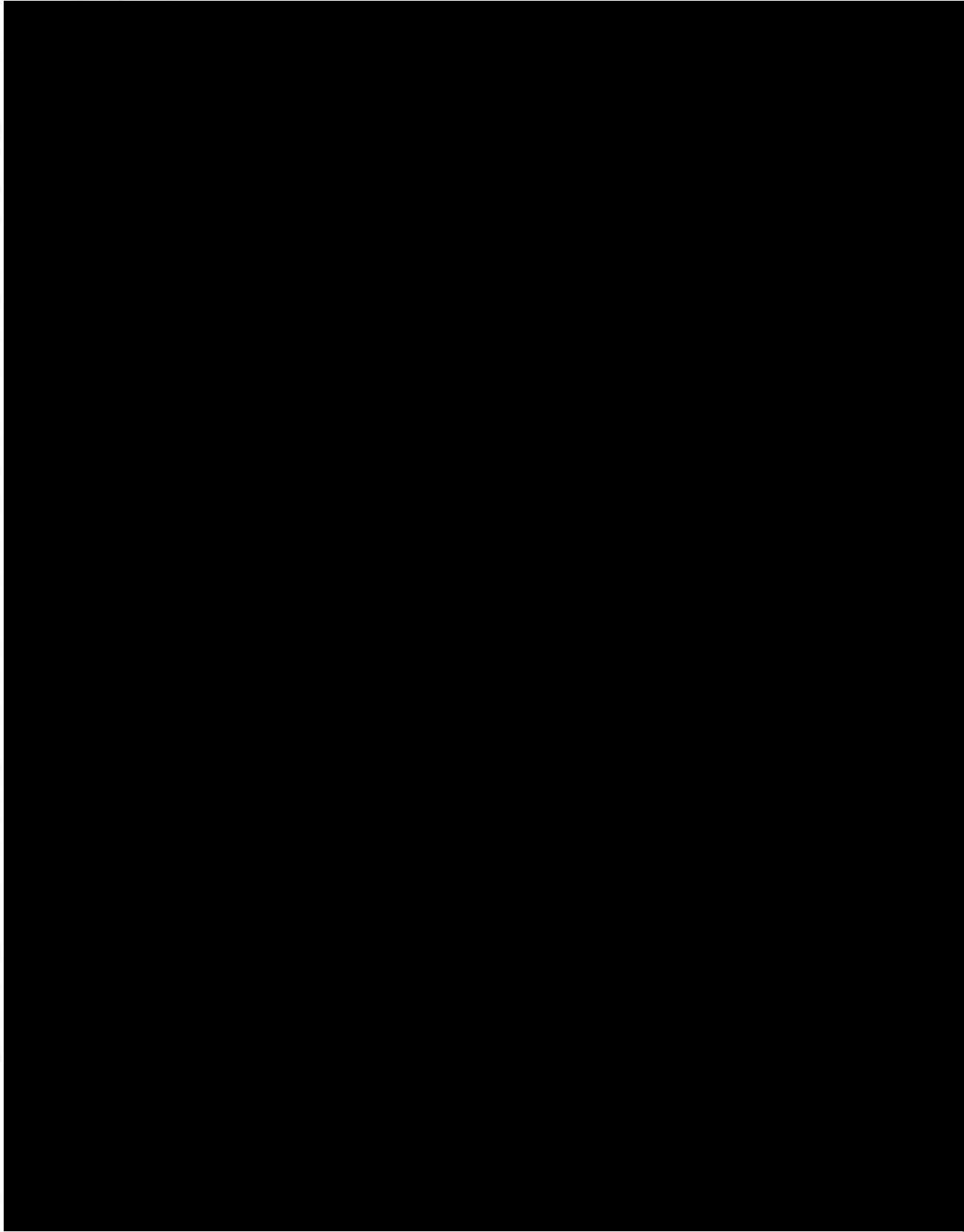
Apirak Marino, Monti Marino, et al

### Property

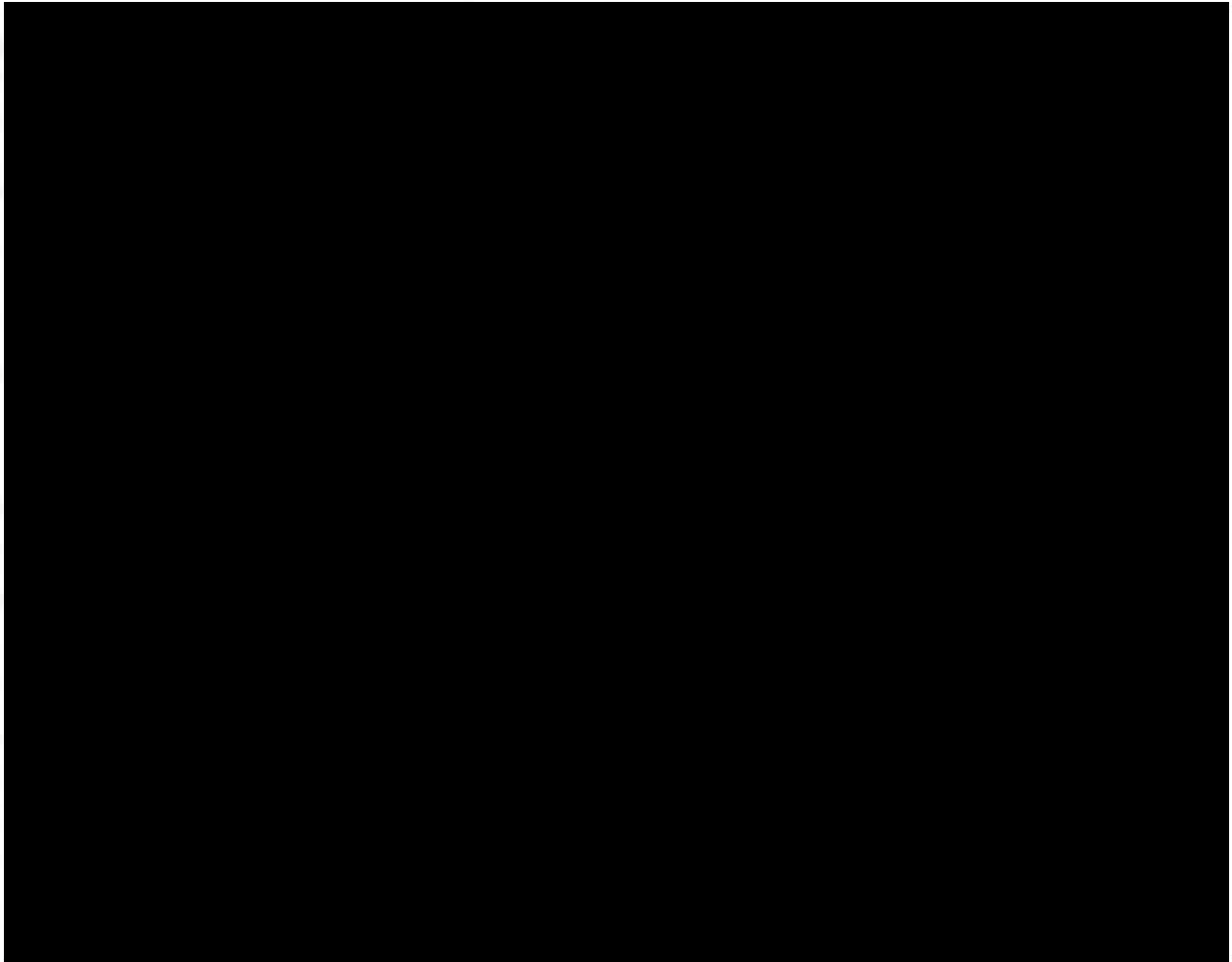
City of Daphne, in Baldwin County, Alabama parcel number 05-43-03-71-0-007-009.000, consisting of approximately 0.92 acres of commercial land and any buildings contained thereon. The exact size of the property shall be mutually agreed upon by Purchaser and Seller and shall be delineated by a survey which shall be prepared by an agent of Purchaser.



2



3



Very truly yours,  
Crimson Real Estate Holdings, Inc.

A handwritten signature in black ink, appearing to read "SMT", with a long horizontal flourish extending to the right.

L. Scott McGee

*(Signature Page to follow)*

SELLER:

Montri Marino

By:

\_\_\_\_\_

Name:

Montri Marino

Date:

11/30/22

BUYER:

Crimson Real Estate Holdings

By:

SMG

Name:

L. Scott McGee

Date:

11/29/2022



## COMMUNITY DEVELOPMENT

### ZONING VERIFICATION LETTER

**Baldwin County Parcel PPIN #: 28335**

**Parcel ID #: 43-03-71-0-007-009.000**

In response to your request for information regarding the above-referenced property, we have researched our files and present the following:

- 1. The current zoning classification for the subject property is: B-1, Local Business  
Located in an overlay district. District name: N/A**
- 2. According to the Land Use & Development Ordinance for this district, the existing use of the subject property (Drug Store - see memo attached) is a:**

Permitted Use by Right     Permitted Use which first requires site plan review and approval

**Comments: "change in use" which would require upgrades to site conditions that would meet the provisions of the Land Use and Development Ordinance (ex. Sidewalk installation, landscaping, parking re-striping, ADA compliance, etc.)**

This information was researched on December 21, 2022, by the undersigned, per request and as a public service. The undersigned certifies that the above information contained herein is believed to be accurate and is based upon, or relates to the information supplied by the requestor. The Authority assumes no liability for errors and omissions. All information was obtained from public records, which may be inspected during regular business hours.

By:

A handwritten signature in black ink, appearing to be "ADJ", written over a horizontal line.

Printed Name: Adrienne D. Jones, AICP Director

**COMMUNITY DEVELOPMENT**



**MEMO**

**TO: WHOM IT MAY CONCERN**  
**FROM: ADRIENNE JONES, AICP, DIRECTOR**  
**DATE: DECEMBER 15, 2022**



**SUBJECT: ZONING VERIFICATION FOR THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES  
WITHIN THE CITY OF DAPHNE**

On December 5, 2022, The Daphne City Council adopted Ordinance 2022-65, an Ordinance authorizing The Operation of Medical Cannabis Dispensary Sites within the corporate limits of the City of Daphne. This Ordinance says that *In Accordance with the Darren Wesley "Ato" Hall Compassion Act adopted on May 17, 2021, the holder of a license granted by the State of Alabama pursuant to the Act is authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Daphne subject to the provisions of the Act and other applicable state law, and further subject to any applicable ordinance(s) of the City of Daphne, including, without limitation, applicable zoning regulations and business license requirements as the same are applicable to other businesses operating as a Pharmacy.*

On November 17, 2022, The Daphne Planning Commission set forth a favorable recommendation to amend the City of Daphne, Land Use and Development Ordinance (LUDO). One of the proposals is to amend the provisions of Article 35, Table of Permitted Uses to allow by right Pharmacies and Drug Stores in the following zoning districts: *B-1, Local Business District, B-2, General Business District, B-1(a), Limited Local Business District and B-2(a), General Business Alternate District.*

On December 5, 2022, The Daphne City Council voted to set a public hearing for the proposed amendment to the LUDO to be held on February 6, 2023 in the regular meeting of the City Council at 6:30 p.m. Under typical conditions, the Council will deliberate and vote on the proposed amendment in their February 20, 2023 meeting held at 6:30 p.m. After the prescribed advertisement period, the proposal to amend the Land Use and Development Ordinance will be effective and enacted.

Please submit to the Department of Community Development any request for zoning verification for a proposed medical cannabis dispensary site after February 21, 2023, for formal processing.

**CITY OF DAPHNE, ALABAMA  
ORDINANCE 2022-65**

**AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS  
DISPENSING SITES WITHIN THE CITY OF DAPHNE**

**WHEREAS**, on May 17, 2021, Alabama Governor Kay Ivey signed the Darren Wesley “Ato” Hall Compassion Act (the “Act”) into law, legalizing and creating a regulatory framework for medical cannabis, and such Act has been codified as Code of Alabama, §§ 20-2A-1, *et seq.*; and

**WHEREAS**, the Act provides for the medical use of medical grade products that contain a derivative of cannabis by patients with a qualifying medical condition and a valid medical cannabis card; and

**WHEREAS**, the Act authorizes and requires the Medical Cannabis Commission to heavily regulate dispensary operations, thus addressing any health, safety, or welfare concerns of the citizens of the City of Daphne; and

**WHEREAS**, the location of a dispensary within the corporate limits of Daphne will bring the potential of new employment opportunities for Daphne’s citizens; and

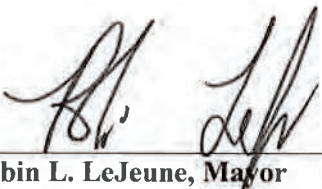
**WHEREAS**, a dispensary would be required to obtain a business license and remit sales taxes to the City of Daphne, thus creating new revenue; and

**WHEREAS**, the City Council of the City of Daphne previously adopted Resolution 2022-49 on September 19, 2022, to authorize medical cannabis dispensaries within the City of Daphne, but upon further review it has been determined that the Act requires that the governing body of a municipality must adopt an ordinance authorizing the operation of such dispensaries before any such business can operate in the municipality; and

**WHEREAS**, the City of Daphne wishes to ratify its prior action by adopting this Ordinance authorizing the operation of medical cannabis dispensing sites within the corporate limits of the City of Daphne, subject to zoning, business license, and other revenue and police power requirements.

**NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF DAPHNE, ALABAMA**, that, in accordance with the Act, a holder of a license granted by the State of Alabama pursuant to the Act is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Daphne, subject to the provisions of the Act and other applicable state law, and further subject to any applicable ordinance of the City of Daphne, including, without limitation, applicable zoning regulations and business license requirements as the same are applied to other businesses operating as a pharmacy.

**ADOPTED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF DAPHNE, ALABAMA, THIS 5<sup>th</sup> DAY OF December, 2022.**

  
\_\_\_\_\_  
Robin L. LeJeune, Mayor

ATTEST:

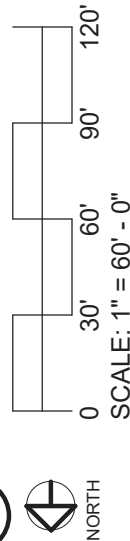
  
\_\_\_\_\_  
Candace G. Antinarella, CMC, City Clerk

**REFERENCE NOTES**

- 01 DISPENSARY SITE.
- 02 NEW PARKING & SITE PAVING.
- 03 ENCLOSED DUMPSTER AREA.



**1 SITE PLAN**  
 1" = 60'-0"



**SITE1 - SITE PLAN**

SCALE: 1" = 60'-0"  
 DATE: 12/22/22

SOUTHERN CROP HOLDING COMPANY, LLC

**DISPENSARY**

28120 US-98  
 DAPHNE, ALABAMA



**ARCH7**

REAL ARCHITECTS FOR REAL PEOPLE  
 1905 W. Thomas St., Ste. D277  
 Hammond, LA 70403

**REFERENCE NOTES**

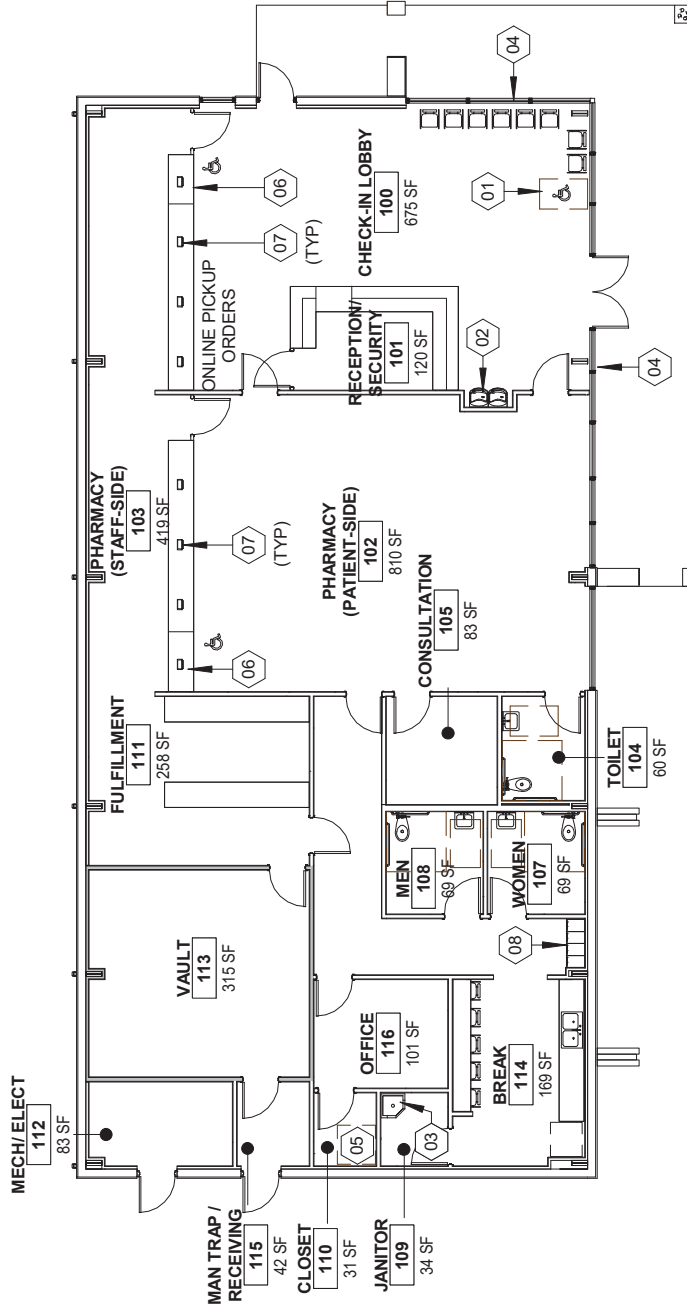
- 01 WHEELCHAIR SPACE.
- 02 DRINKING FOUNTAIN W/ BOTTLE FILLING STATION.
- 03 JANITOR MOP SINK, RE: PLUMBING.
- 04 PROVIDE FROSTED FILM AT WINDOWS.
- 05 IT / SERVER.
- 06 ADA HEIGHT COUNTER.
- 07 P.O.S. STATION.
- 08 12"W X 18"D X 72"H THREE TIER LOCKER.

**GENERAL NOTES**

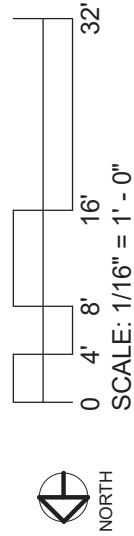
1. BUILDING IS A PRE-ENGINEERED METAL BUILDING. THE EXTERIOR WALLS ARE METAL PANEL MECHANICALLY ATTACHED TO STEEL GIRTS WITH A METAL STUD AND GYPSUM BOARD ON INTERIOR SIDE.
2. BUILDING IS 3,885 SF

**LEGEND**

- STUD WALL
- REINFORCED STUD WALL AT VAULT.
- NEW DOOR
- NEW FIRE EXTINGUISHER & WALL MOUNT BRACKET.
- CARD READER



**1 FLOOR PLAN**  
 1/16" = 1'-0"



SOUTHERN CROP HOLDING COMPANY, LLC  
**DISPENSARY**  
 28120 US-98  
 DAPHNE, ALABAMA

**A100 - FLOOR PLAN**  
 SCALE: 1/16" = 1'-0"  
 DATE: 12/22/22





### **Enterprise Dispensary:**

**Introduction: Continuing with our core value of bringing patient access and career opportunities to our fellow citizens and local communities, our Enterprise Dispensary site is located in an Alabama Economic Opportunity Zone (Census Tract #109).** Enterprise also features a veteran population 1.5% over the state average. (US Census, 2022) We understand that dispensaries are pharmaceutical grade facilities, and that they should always be designed specifically with patient needs in mind. Our Enterprise facility is new construction, which allows patients ample parking and a brand-new dispensary experience off the city's main thoroughfare. Our facilities are planned as high-end, secure, and aesthetically pleasing.

**As patient access is always at the heart of our operations, the Enterprise Dispensary site was selected in part due to its geographic proximity to several cities and counties that have not passed ordinances to allow for dispensaries. Residents of Crenshaw, Covington, and Pike counties will unfortunately have little access to medical cannabis dispensaries as a result.** We see this, not as an opportunity for our company, but as an opportunity for the patients to access their medicine more easily. In far too many states, like New Jersey and Pennsylvania, our leadership team has seen the negative impacts on the patients when their nearest Medical Dispensary is multiple hours away. Dispensaries located hours away means disabled patients that are relying on government provided transportation must wait several hours for transportation back to their place of residence.

The Enterprise Dispensary site is located away from organizations and businesses that are sensitive to being closely located nearby cannabis facilities, such as churches, schools, or daycares. Nearby businesses include two local credit union branches, and an insurance agency.

Following in the traditions of celebrating our diverse company and communities we operate in, we scheduled the Enterprise Dispensary's grand opening for Martin Luther

King Jr. Day. **Our ribbon-cutting ceremony will be hosted by our President, Director of Dispensary Operations, and Director of Community Outreach, whom are members of the Hispanic, Asian and African American communities.**

Enterprise's first dispensary shall celebrate the monumental progress made by the legacy of Dr. Martin Luther King Jr.

- **Section 31.1: Facility Type:** Dispensary
- **Section 31.2: Physical Address & GPS Coordinates:**
  - **Address:** 5040 Boll Weevill Circle, Enterprise, AL 36330
  - **GPS Coordinates:** 31.332886773500615, -85.86710268062896
- **Section 31.3: Aerial Photograph:**



- **Section 31.4: Right to Occupy:**
  - **Attachment #8: Real Estate Developer Agreement for Enterprise, Dothan, Cullman, Alexander City**
  - **Attachment #9: Developer’s Purchase intent for Enterprise Dispensary**
- **Section 31.5: Local Zoning Approval & Ordinances:**
  - **Attachment #10: City of Enterprise Zoning Approval**
  - **Attachment #11: City of Enterprise Ordinance**
- **Section 31.6: Blueprints or Floorplans:**
  - **Attachment #12: Enterprise Floorplans**
- **Section 31.7: Timetable to Operations:**

Date	Timeline - Enterprise Dispensary
Monday, January 1 <sup>st</sup> 2024	Inspection Request sent to AMCC re: Enterprise Dispensary
Thursday, January 4 <sup>th</sup> 2024	Enterprise Inspection held
Friday, January 5 <sup>th</sup> 2024	AMCC issued Commence Operations Letter re: Enterprise
Monday, January 8 <sup>th</sup> 2024	Enterprise Dispensary Operations commence
Friday, January 15 <sup>th</sup> 2024	<b>Enterprise Grand Opening - Martin Luther King Jr. Day</b>

- **Section 31.8: Open to the Public Statement:** Dispensaries shall be open to the public at the below-listed Operating Hours. Non-public staff hours shall be 2 hours before and after the Operating Hours.
- **Section 31.9: Hours of Operation and Contact:**
  - **Operating Hours:**
    - Monday: 10:00am - 6:00pm
    - Tuesday: 10:00am - 6:00pm
    - Wednesday: 10:00am - 6:00pm
    - Thursday: 10:00am - 6:00pm
    - Friday: 10:00am - 6:00pm
    - Saturday: 10:00pm - 2:00pm
    - Sunday: Closed
  - **After hours emergency contact 1:**

- Title: DIRECTOR OF DISPENSARY OPERATIONS
- Email: alec@southern-crop.com
- Cell Phone: 602-339-2717
- **After hours emergency contact 2:**
  - Title: CHIEF PRODUCTION OFFICER
  - Email: kyle@southernorganics.com
  - Cell Phone: 205-296-4735

**Section 31.4- Right to Occupy: ATTACHMENT #8**

License Type: Integrated Facility



December 20, 2022

Mr. Scott McGee  
Crimson Real Estate Holdings, Inc.  
421 Office Park Drive  
Birmingham, AL 35223

**Re: Real Estate Development Services Agreement**

Dear Mr. McGee,

This Real Estate Development Services Agreement (this “Service Agreement”) outlines the terms and conditions that will serve as the basis for the negotiation of a lease transaction between Crimson Real Estate Holdings, Inc. (“Developer”) and Southern Crop Holding Company, LLC (“Tenant”) for the premises described below (the “Property”). Except as to the Payments, Use Obligation, Right to Lease, Right to Develop and the Confidentiality Obligation (each as defined below) (collectively the “Binding Obligations”), this Service Agreement shall not create any binding and enforceable obligations between Developer and Tenant and may be modified, terminated, or withdrawn by Tenant or Developer at any time.

Any obligations with respect to the project, other than the Binding Obligations, shall be contained within a definitive lease agreement executed and delivered by both Tenant and Developer. The definitive lease agreement, which must be mutually acceptable to both Tenant and Developer, is expected to include the following terms (the “Basic Lease Terms”), among others customarily found in leases for medical cannabis facilities of similar size and function in the region:



Project Sites (Collectively the “Property” or individually a “Site”):

5040 Boll Weevil Circle, Enterprise, AL
28120 US-98, Daphne, AL**

**Section 31.4- Right to Occupy: ATTACHMENT #8**

License Type: Integrated Facility

Crimson Real Estate Holdings, Inc.  
Development Services Agreement  
December 20, 2022

2003 Mack Ave. Cullman, AL
Airport Road and US Hwy 280, Alexander City, AL
3835 Montgomery Hwy, Dothan, AL  **Alternate Site

License: State of Alabama Integrated Facility License (“License”)

Developer Obligations and Responsibilities: See attached Exhibit “A”

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**Section 31.4- Right to Occupy: ATTACHMENT #8**

License Type: Integrated Facility

Crimson Real Estate Holdings, Inc.  
Development Services Agreement

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Section 31.4- Right to Occupy: ATTACHMENT #8**

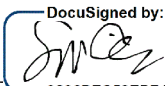
License Type: Integrated Facility

Crimson Real Estate Holdings, Inc.  
Development Services Agreement  
December 20, 2022

Agreed to and accepted by the undersigned,

**DEVELOPER**

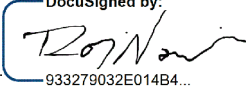
Crimson Real Estate Holdings, Inc.

DocuSigned by:  
  
3236BFC53EB7482...

By: L. Scott McGee  
As: President  
Date: 12/21/2022

**TENANT**

Southern Crop Holding Company LLC

DocuSigned by:  
  
933279032E014B4...

By: Robert J. Naudin, Jr  
As: Chief Legal Officer  
Date: 12/20/2022



**Section 31.4- Right to Occupy: ATTACHMENT #8**

License Type: Integrated Facility

Crimson Real Estate Holdings, Inc.  
Development Services Agreement  
December 20, 2022

[Redacted]

[Redacted]

[Redacted]

- [Redacted]
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- [Redacted]

**Section 31.4- Right to Occupy: ATTACHMENT #8**

License Type: Integrated Facility

Crimson Real Estate Holdings, Inc.  
Development Services Agreement

[REDACTED]

█

December 2, 2022

Sent via electronic mail [kwhatley@talcor.com](mailto:kwhatley@talcor.com)

Mr. Kenny Whatley  
NAI TALCOR  
107 Hidden Glen Way  
Dothan, AL 36303

RE: Offer to purchase property located at 5040 Boll Weevil Circle, in Enterprise AL, as shown on the attached Exhibit "A"

Dear Kenny:

Thank you for the time and information earlier today. Pursuant to our conversation, please find attached an offer to purchase the above referenced Property. Please review and consider the following non-binding Letter of Intent summarizing the most basic of terms under which Purchaser would be willing to proceed with negotiations on a purchase of property (hereinafter "Purchase Agreement").

PROPOSED TERMS

Purchaser

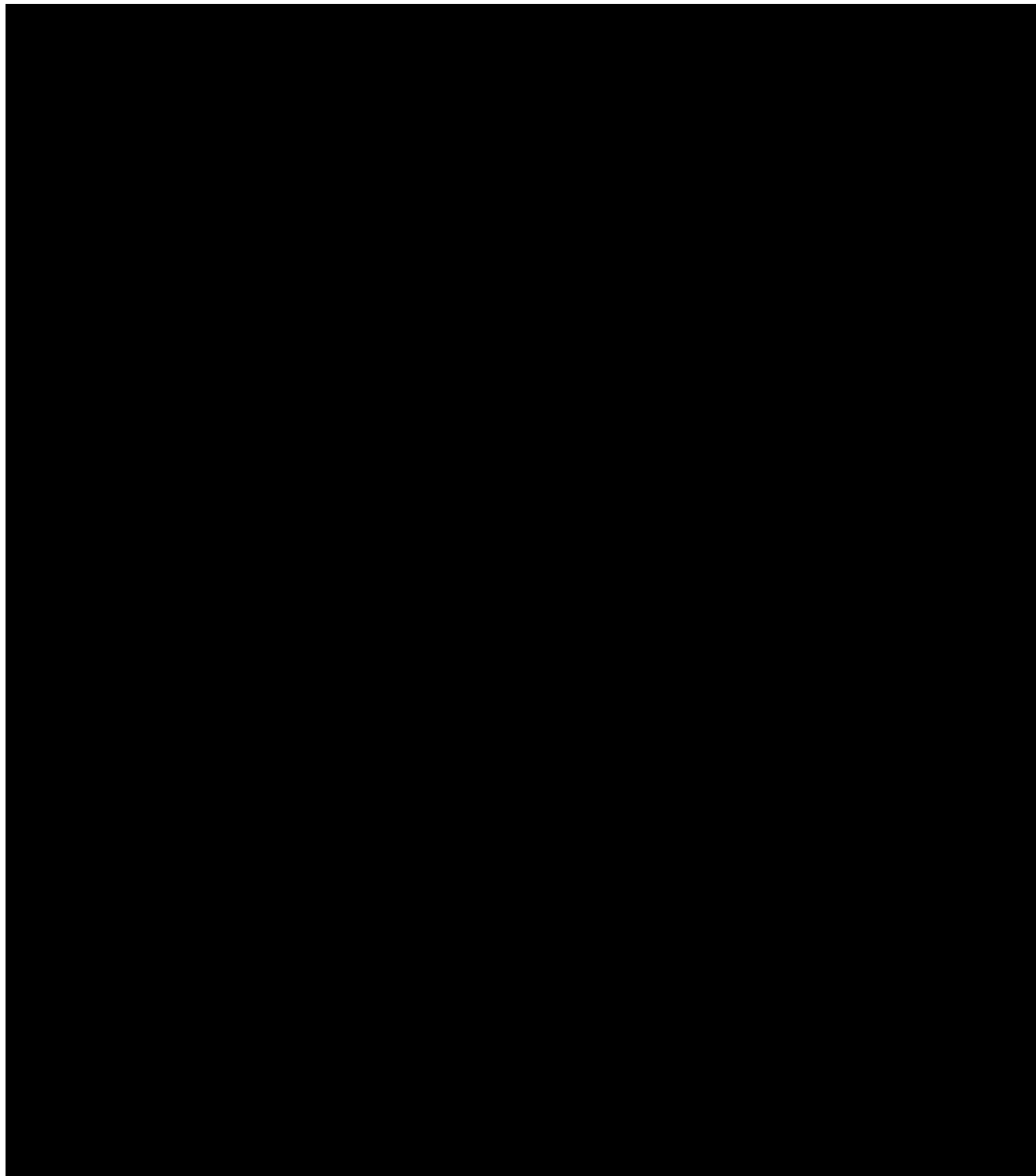
Crimson Real Estate Holdings, Inc., an Alabama corporation, its successors, or assigns. Upon mutual agreement by Seller and Purchaser to all business terms and conditions, Purchaser shall cause a Purchase Contract to be prepared. All rights expressed in the Purchase Contract may be assigned by Purchaser, without restriction, provided, that notice of assignment shall be given in writing to Seller.

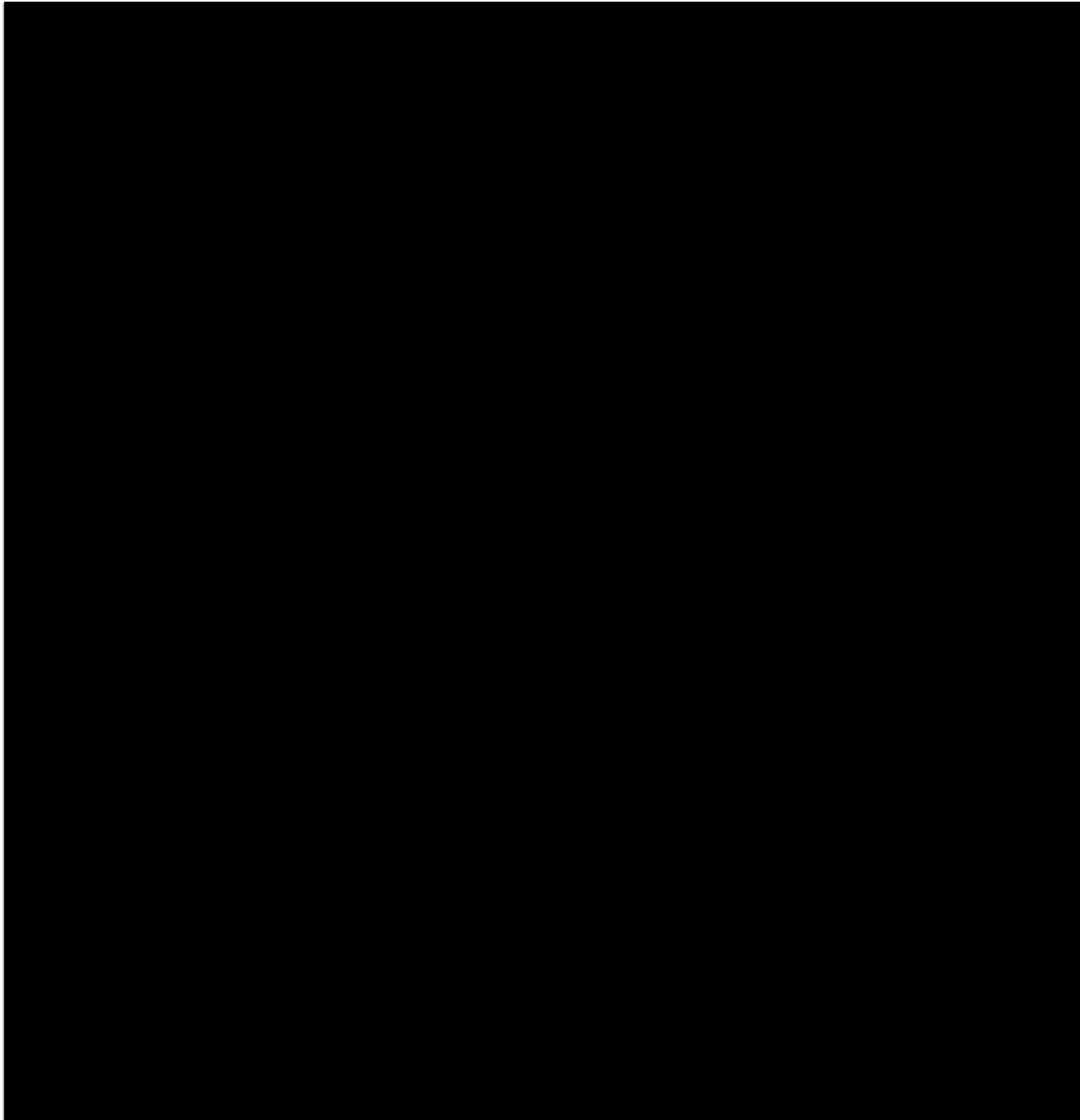
Seller

J Sawyer and E Sawyer, Inc.  
11 Fox Chase Drive  
Dothan, AL 36301

Property

City of Enterprise, in Coffee County, Alabama parcel number 19-16-09-29-1-000-021.00, consisting of approximately 2.1 acres of commercial land and any buildings contained thereon. The exact size of the property shall be mutually agreed upon by Purchaser and Seller and shall be delineated by a survey which shall be prepared by an agent of Purchaser.





Very truly yours,  
Crimson Real Estate Holdings, Inc.

A handwritten signature in black ink, consisting of the letters 'SMTZ' followed by a long, horizontal, slightly wavy line extending to the right.

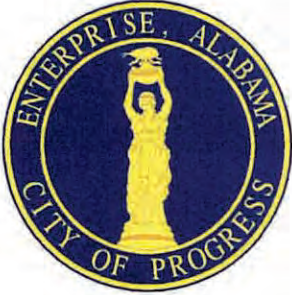
L. Scott McGee

(Signature Page to follow)

SELLER:           J Sawyer & E Sawyer            
By:           [Signature]            
Name:           James Sawyer            
Date:           12-02-22          

BUYER:      Crimson Real Estate Holdings

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_



## City of Enterprise

Department of Engineering Services & Public Works  
501 S Main Street  
Enterprise, Alabama 36330  
Phone (334) 348-2671  
Fax (334) 348-2672

12-13-2022

Ref: 5040 Boll Weevil Circle

To Whom it may Concern,

5040 Boll Weevil Circle is zoned B-3.

I interpret the City's existing ordinances to allow a medical cannabis dispensary in zones B-1, B-3 and M-D as a medical support service.

You should be aware that in the future, the City Council may institute other zoning ordinances or rules and regulations related to medical cannabis dispensaries in Enterprise. This letter is in no way intended to be interpreted to mean that existing ordinances could not be changed or amended or new ordinances implemented.

Sincerely,

A handwritten signature in green ink, appearing to read "THOMAS HARDY", is written over a light blue horizontal line.

Thomas Hardy  
Assistant Director of Engineering Services

ORDINANCE 10-18-22  
AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES

WHEREAS, in the 2021 Legislative Session, the State of Alabama Legislature passed Act No. 21-450 (sometimes referred to as the "Act") legalizing and creating a regulatory framework for medical cannabis; and,

WHEREAS, the Alabama Legislature made the following findings of fact:

1. "Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions."
2. "There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under supervision of a physician licensed in this state."
3. "Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments."

WHEREAS, this Act requires the governing body of any municipality to authorize by ordinance the operation of the dispensing sites within the corporate limits of the municipality; and,

WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Enterprise, thus increasing revenue; and,

WHEREAS, the City of Enterprise wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Enterprise to assure its citizens can benefit from the medical and economic benefits of medical cannabis.

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Enterprise, Alabama, as follows:

**Section 1 – Authorization.** In accordance with Alabama Code §20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Enterprise subject to the provisions of Act 21-450 and any relevant provisions of the code, ordinances, resolutions, rules and regulations of the City of Enterprise.

**Section 2 – Other Rules, Regulations, etc.** The operation of dispensing sites within the corporate limits of the City of Enterprise is hereby authorized subject to any applicable zoning restrictions the City of Enterprise may adopt pursuant to §20-2A-51(c)(3), and such operations may be further subject to any other laws, rules, regulations, resolutions and/or ordinances which may exist or be hereafter adopted.


**Section 3. – Conflicting Ordinances/Resolutions.** All code sections, ordinances, resolutions, rules and regulations, or parts of the same, of the City of Enterprise, which are in conflict with this Ordinance, are to the extent of such conflict, hereby repealed. Otherwise, unless in such conflict with any said code, ordinance, resolution, rule or regulation of the City, or parts thereof, this Ordinance supplements the same.

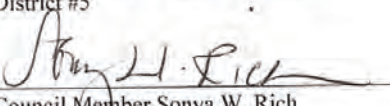
**Section 4. – Provisions Severable.** The provisions of this Ordinance are severable. If any section, subsection or provision shall be declared to be invalid or unconstitutional by judgment or decree of a court of competent jurisdiction, such judgment or decree shall not affect any other section, subsection or provision of this Ordinance.

**Section 5. – Effective Date.** This ordinance shall take effect upon its approval by the City Council, or upon its otherwise becoming law, but shall nevertheless be published as required by law.

Duly Passed and Adopted this 18<sup>th</sup> day of November, 2022.

COUNCIL:

  
 Council President Turner Townsend  
 District #5

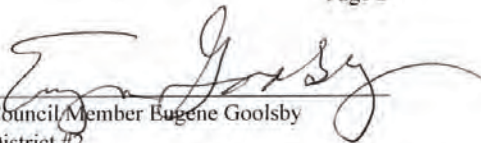
  
 Council Member Sonya W. Rich  
 District #1



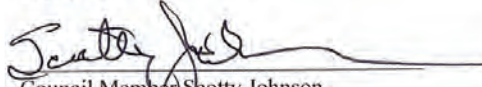


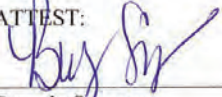
ORDINANCE 10-18-22

Page 2

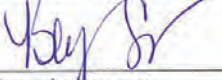
  
Council Member Eugene Goolsby  
District #2

Oppose  
Council Member Greg Padgett  
District #3

  
Council Member Scotty Johnson  
District #4

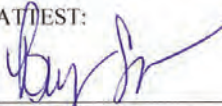
ATTEST:  
  
Beverly Sweeney  
City Clerk

Transmitted to the Mayor this 2nd day of November, 2022.

  
Beverly Sweeney  
City Clerk

ACTION OF THE MAYOR:  
Approved this 2nd day of November, 2022.

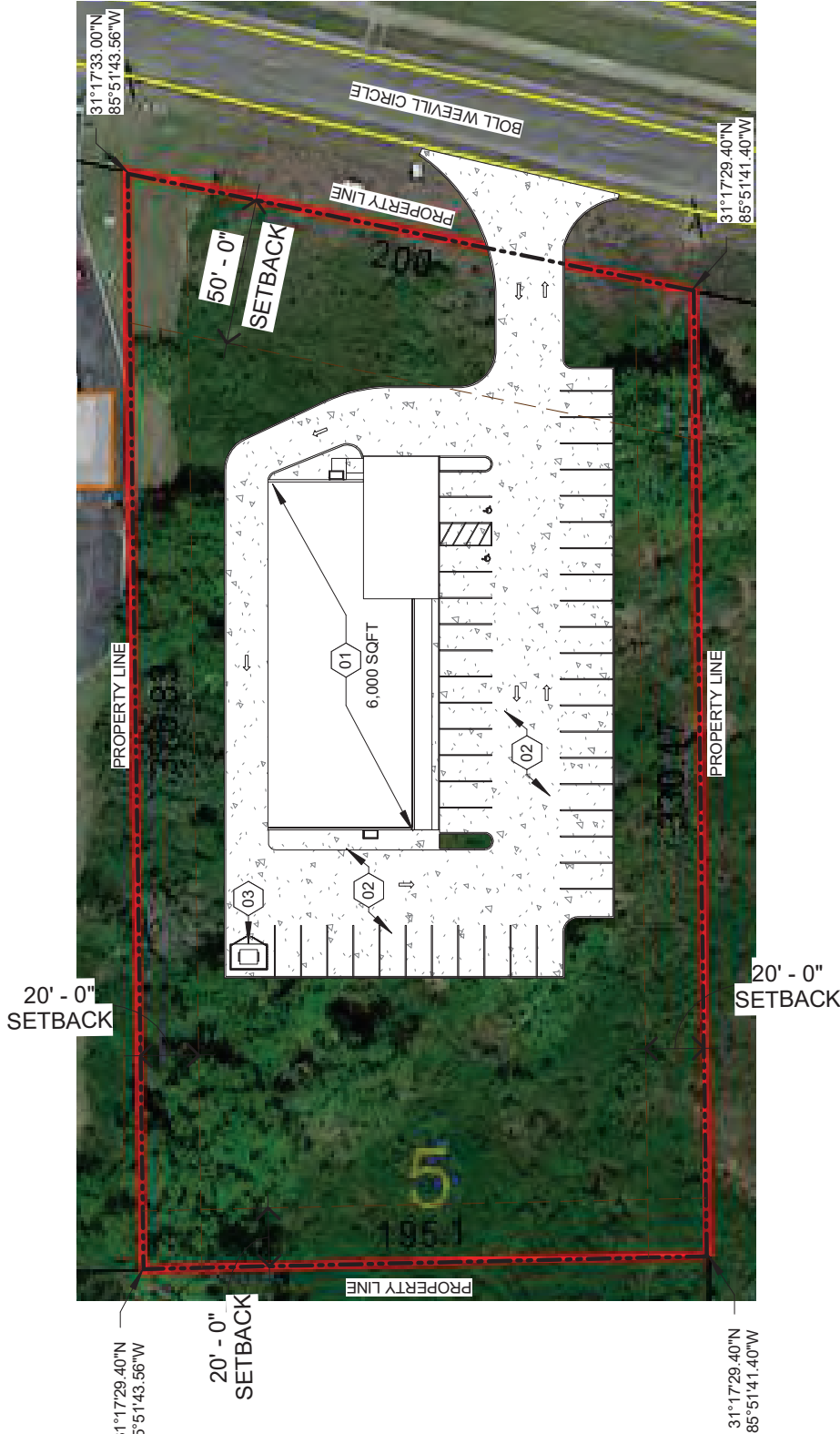
  
William E. Cooper  
Mayor

ATTEST:  
  
Beverly Sweeney  
City Clerk

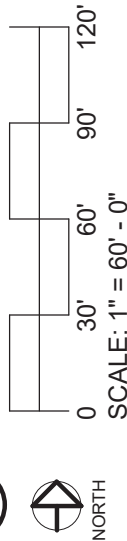


**REFERENCE NOTES**

- 01 DISPENSARY SITE.
- 02 NEW PARKING & SITE PAVING.
- 03 ENCLOSED DUMPSTER AREA.



1 SITE PLAN  
 1" = 60'-0"



**SITE1 - SITE PLAN**

SCALE: 1" = 60'-0"  
 DATE: 12/21/22

SOUTHERN CROP HOLDING COMPANY, LLC  
**DISPENSARY**  
 504 BOLL WEEVILL CIRCLE  
 ENTERPRISE, AL

**ARCH7**  
 REAL ARCHITECTS FOR REAL PEOPLE  
 1905 W. Thomas St., Ste. D277  
 Hammond, LA 70403

**LEGEND**

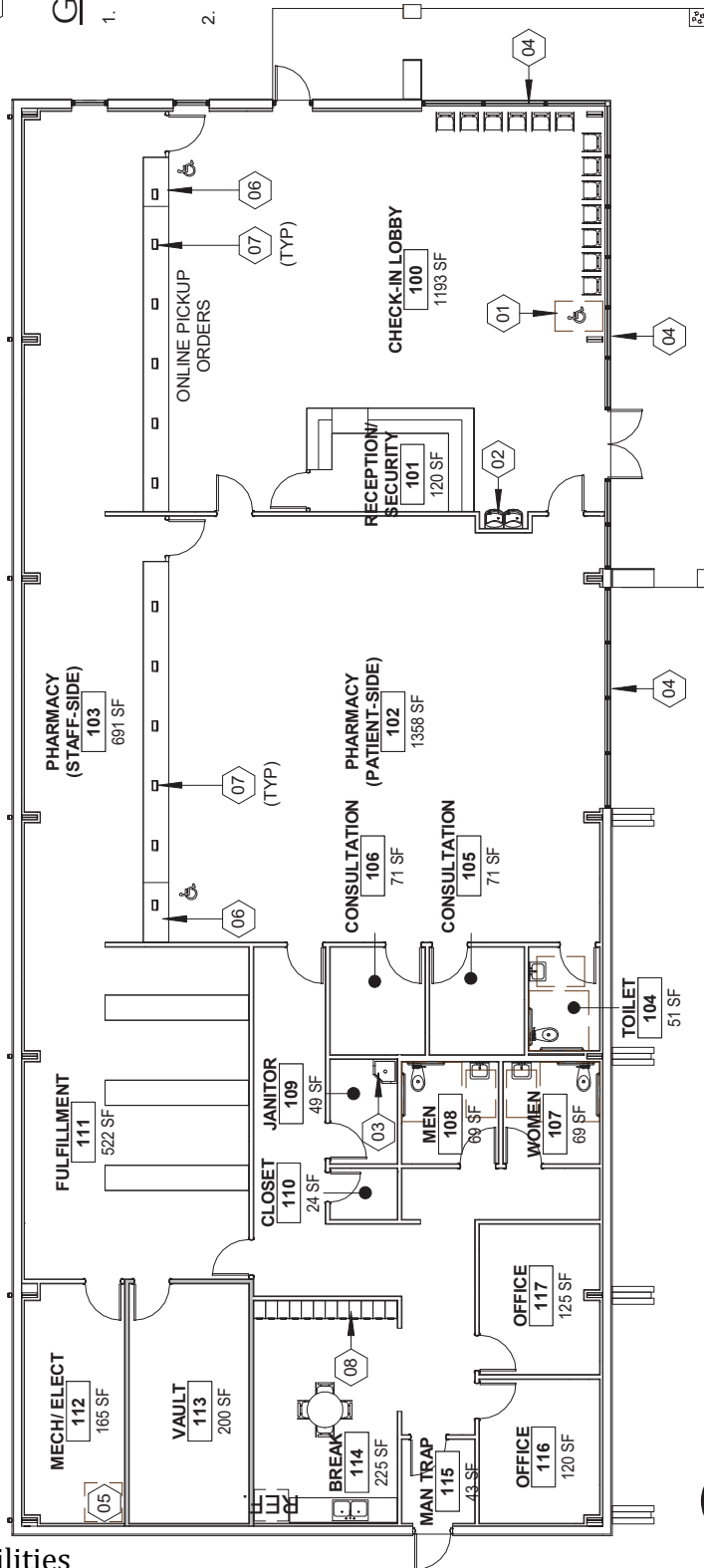
- STUD WALL
- REINFORCED STUD WALL AT VAULT.
- NEW DOOR
- NEW FIRE EXTINGUISHER & WALL MOUNT BRACKET.
- CARD READER

**REFERENCE NOTES**

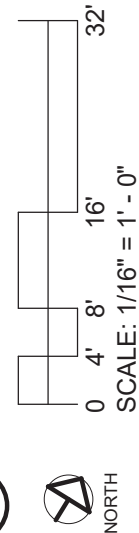
- 01 WHEELCHAIR SPACE.
- 02 DRINKING FOUNTAIN W/ BOTTLE FILLING STATION.
- 03 JANITOR MOP SINK, RE: PLUMBING.
- 04 PROVIDE FROSTED FILM AT WINDOWS.
- 05 IT / SERVER.
- 06 ADA HEIGHT COUNTER.
- 07 P.O.S. STATION.
- 08 12"W X 18"D X 72"H THREE TIER LOCKER.

**GENERAL NOTES**

1. BUILDING IS A PRE-ENGINEERED METAL BUILDING. THE EXTERIOR WALLS ARE METAL PANEL MECHANICALLY ATTACHED TO STEEL GIRTS WITH A METAL STUD AND GYPSUM BOARD ON INTERIOR SIDE. BUILDING IS 6,000SF
- 2.



**1** FLOOR PLAN  
 1/16" = 1'-0"



SOUTHERN CROP HOLDING COMPANY, LLC  
**DISPENSARY**  
 504 BOLL WEEVILL CIRCLE  
 ENTERPRISE, AL

**A100 - FLOOR PLAN**  
 SCALE: 1/16" = 1'-0"  
 DATE: 12/21/22

### **Dothan Dispensary:**

**Introduction:** The Dothan Dispensary was selected with patient access and socioeconomic status in mind, ensuring one of Alabama's largest population centers is served with pharmaceutical grade products at affordable prices. The Dothan Dispensary site is located off Montgomery highway across from name-brand retailers such as Walgreens and Winn Dixie. The City of Dothan holds a poverty rate exceeding 18%, and career opportunities to work at our dispensary will supply much needed economic potential for this community. While our Dothan and Enterprise dispensary sites are moderately close in proximity, we envision the Dothan dispensary serving those residing in the metropolitan area and Enterprise serving as a hub for patients without access in rural surrounding areas.

**We selected Dothan as the site for our Valentine's Day grand opening due to heart disease being the City's leading cause of mortality.** As a patient-owned and led company, we know that qualifying conditions can often lead to life-threatening heart diseases. Qualifying conditions such as Crohn's disease, Epilepsy and Sickle Cell Anemia have been shown both as a source and complication of heart disease. The health and wellbeing of our patients was the reason we began, and we are ready to give thanks to Dothan by opening our brand-new Dispensary on Valentine's Day.

- **Section 31.1: Facility Type:** Dispensary
- **Section 31.2: Physical Address & GPS Coordinates:**
  - **Address:** 3835 Montgomery Hwy, Dothan, AL 36303
  - **GPS Coordinates:** 31.259239493789597, -85.43645993031059

- **Section 31.3: Aerial Photograph:**



- **Section 31.4: Right to Occupy:**
  - *See attachment # 8 - Development Agreement*
  - **Attachment #13: Developer's Purchase Intent for Dothan Dispensary**
- **Section 31.5: Local Zoning Approval & Ordinances:**
  - **Attachment #14: Dothan Dispensary Zoning Approval**
  - **Attachment #15: City of Dothan Ordinance**
- **Section 31.6: Blueprints or Floorplans:**
  - **Attachment #16: Dothan Dispensary Floorplans**

- **Section 31.7: Timetable to Operations:**

<b>Date</b>	<b>Timeline - Dothan Dispensary</b>
Monday, February 5 <sup>th</sup> 2024	Inspection Request sent to AMCC re: Dothan Dispensary
Thursday, February 8 <sup>th</sup> 2024	Dothan Dispensary Inspection held
Friday February 9 <sup>th</sup> , 2024	AMCC issued Commence Operations Letter re: Dothan
Monday, February 12 <sup>th</sup> 2024	Dothan Dispensary Operations commence
<b>Friday, February 14<sup>th</sup> 2024</b>	<b>Dothan Dispensary Grand Opening - Valentine's Day</b>

- **Section 31.8: Open to the Public Statement:** Dispensaries shall be open to the public at the below-listed Operating Hours. Non-public staff hours shall be 2 hours before and after the Operating Hours.

- **Section 31.9: Hours of Operation and Contact:**

- **Operating Hours:**

- Monday: 10:00am - 6:00pm
- Tuesday: 10:00am - 6:00pm
- Wednesday: 10:00am - 6:00pm
- Thursday: 10:00am - 6:00pm
- Friday: 10:00am - 6:00pm
- Saturday: 10:00pm - 2:00pm
- Sunday: Closed

- **After hours emergency contact 1:**

- Title: DIRECTOR OF DISPENSARY OPERATIONS
- Email: alec@southern-crop.com
- Cell Phone: 602-339-2717

- **After hours emergency contact 2:**

- Title: CHIEF PRODUCTION OFFICER
- Email: kyle@southernorganics.com
- Cell Phone: 205-296-4735

## *Crimson Real Estate Holdings, Inc.*

December 5, 2022

Sent via electronic mail [Lan@LanDarty.com](mailto:Lan@LanDarty.com)

Mr. Lan Darty  
Lan Darty Real Estate and Development  
3124 West Main Street, Suite 6  
Dothan, AL 36305

RE: Offer to purchase property located at 3835 Montgomery Highway, in Dothan AL

Dear Lan:

Thank you for your time and for the information earlier today. Please find attached an offer to purchase the above referenced Property. Please review and consider the following non-binding Letter of Intent summarizing the most basic of terms under which Purchaser would be willing to proceed with negotiations on a purchase of property (hereinafter "Purchase Agreement").

### PROPOSED TERMS

#### Purchaser

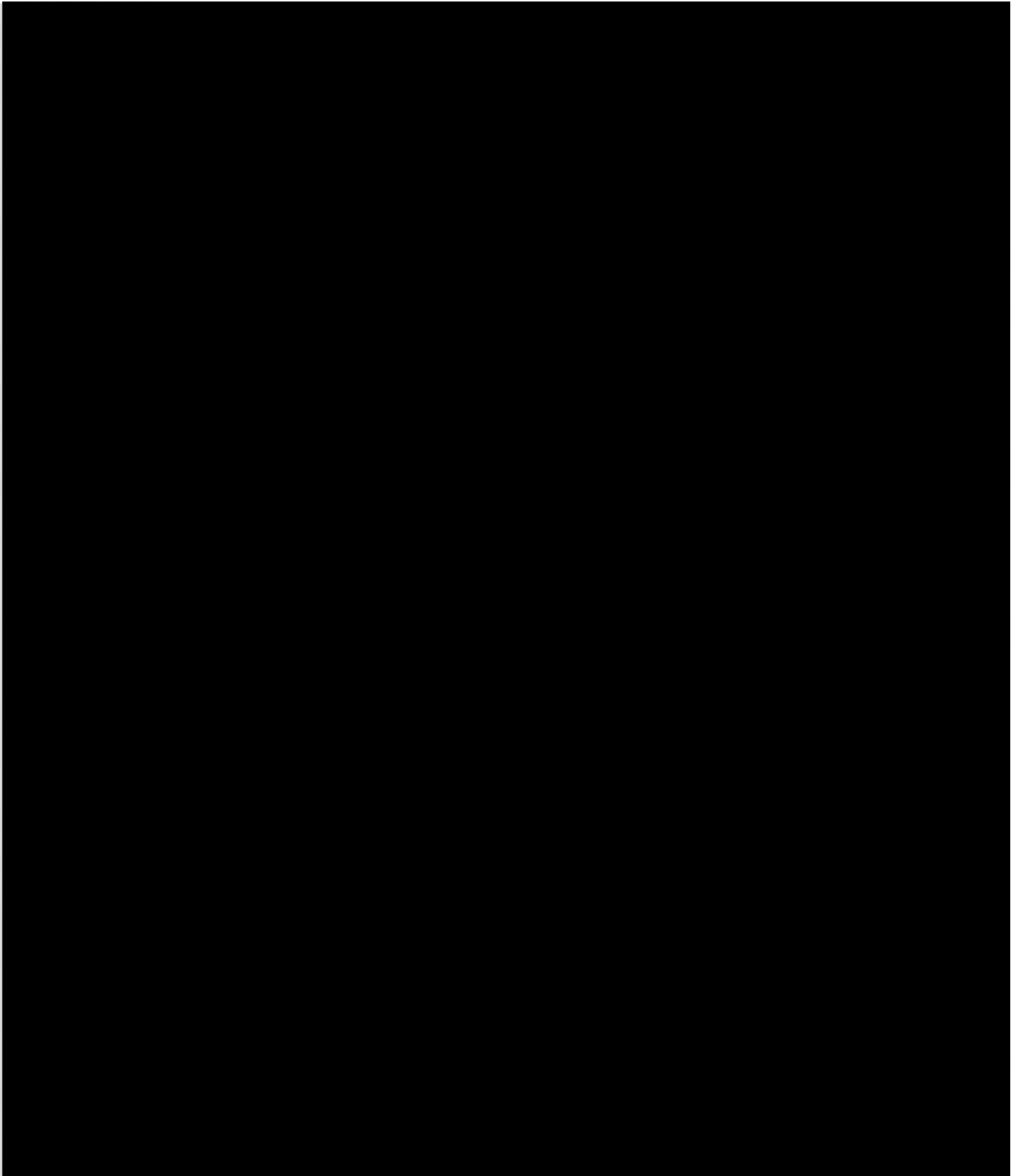
Crimson Real Estate Holdings, Inc., an Alabama corporation, its successors, or assigns. Upon mutual agreement by Seller and Purchaser to all business terms and conditions, Purchaser shall cause a Purchase Contract to be prepared. All rights expressed in the Purchase Contract may be assigned by Purchaser, without restriction, provided, that notice of assignment shall be given in writing to Seller.

#### Seller(s)

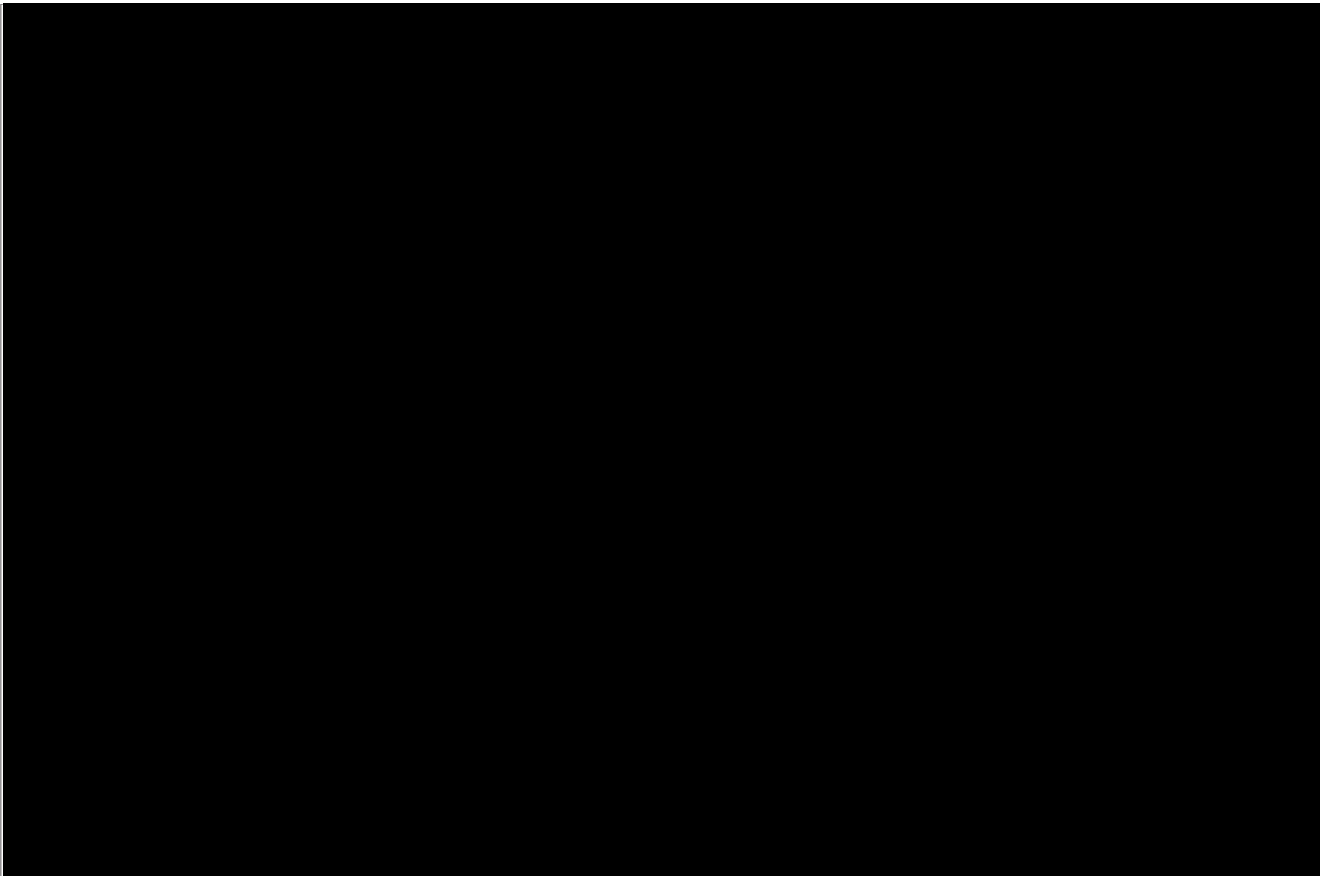
Mary Jane T. and Linda S. Saunders

#### Property

City of Dothan, in Houston County, Alabama parcel number 0902044005010.001, consisting of approximately 0.81 acres of commercial land and any buildings contained thereon. The exact size of the property shall be mutually agreed upon by Purchaser and Seller and shall be delineated by a survey which shall be prepared by an agent of Purchaser.







Very truly yours,  
Crimson Real Estate Holdings, Inc.

A handwritten signature in black ink, appearing to read "S.McGee", with a long horizontal flourish extending to the right.

L. Scott McGee

*(Signature Page to follow)*

SELLER: Mary Jane Tindell  
By: Mary Jane Tindell  
Name: \_\_\_\_\_  
Date: December 5, 2022

BUYER: Crimson Real Estate Holdings  
By: SMG  
Name: L. Scott McGee  
Date: 11/29/2022



# **CITY OF DOTHAN**

## **Department of Planning and Development**

P. O. BOX 2128 · DOTHAN, ALABAMA 36302 · 334-615-4410 (o) · 334-615-4419 (f)

[www.dothan.org](http://www.dothan.org)

*Todd L. McDonald, AICP – Director*

December 13, 2022

L Scott McGee  
MAP Development< LLC  
421 Office Park Drive  
Birmingham, AL 35223

RE: 3835 Montgomery Highway

To Whom It May Concern:

The Planning and Development Department is pleased to report that the subject property is zoned B-3 (Highway Commercial) according to the Official Zoning Map of the City of Dothan, Alabama. Under the B-3 zoning district, medical cannabis dispensaries are permitted by-right.

Preliminary review of the location referenced above indicates that there are no schools, day cares, or childcare facilities within 1,000 feet of this property. However, this is a requirement of state law and is not part of the city ordinance. It is your responsibility to verify that none of these uses exists with 1000 ft. of this property.

- The Property is not in a special, restrictive, or overlay district.
- The Property is not part of a PUD.
- Adjacent properties are zoned B-3, B-2 & R-1 (Single Family Low Density).

Should you have any questions, please feel free to contact me. My direct telephone number is 334-615-4412 and my e-mail address is [kvann@dothan.org](mailto:kvann@dothan.org).

Sincerely,

*Kimberly Vann*  
Kimberly Vann  
Planning Assistant

cc: File

**ORDINANCE NO. 2022-290**

**AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES**

**WHEREAS**, in the 2021 Legislative Session, the State of Alabama Legislature passed Act No. 21-450 legalizing and creating a regulatory framework for medical cannabis; and,

**WHEREAS**, the Alabama Legislature made the following findings of fact:

1. "Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions."
2. "There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under supervision of a physician licensed in this state."
3. "Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments."

**WHEREAS**, this act requires the governing body of any municipality to authorize by ordinance the operation of the dispensing sites within the corporate limits of the municipality; and,

**WHEREAS**, a dispensary would be required to purchase a business license and pay sales tax to the City of Dothan, thus increasing revenue; and,

**WHEREAS**, the City of Dothan wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Dothan to assure its citizens can benefit from the medical and economic benefits of medical cannabis.

**NOW, THEREFORE, BE IT ORDAINED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** In accordance with Alabama Code § 20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Dothan subject to the provisions of Act 21-450 and any relevant provisions of the code of the City of Dothan.

Ord. No. 2022-290, authorizing the operation of medical cannabis dispensing sites, continued.

**Section 2.** That this ordinance and the rules, regulations, provisions, requirements, orders and matters established and adopted hereby shall take effect and be in full force and effect from and after the date of its final passage and adoption.

**PASSED, ADOPTED, AND APPROVED ON SEPTEMBER 20, 2022.**

ATTEST:

Wendy Shiver  
City Clerk

[Signature]  
Mayor

[Signature]  
Associate Commissioner District 1

[Signature]  
Associate Commissioner District 2

[Signature]  
Associate Commissioner District 3

[Signature]  
Associate Commissioner District 4

[Signature]  
Associate Commissioner District 5

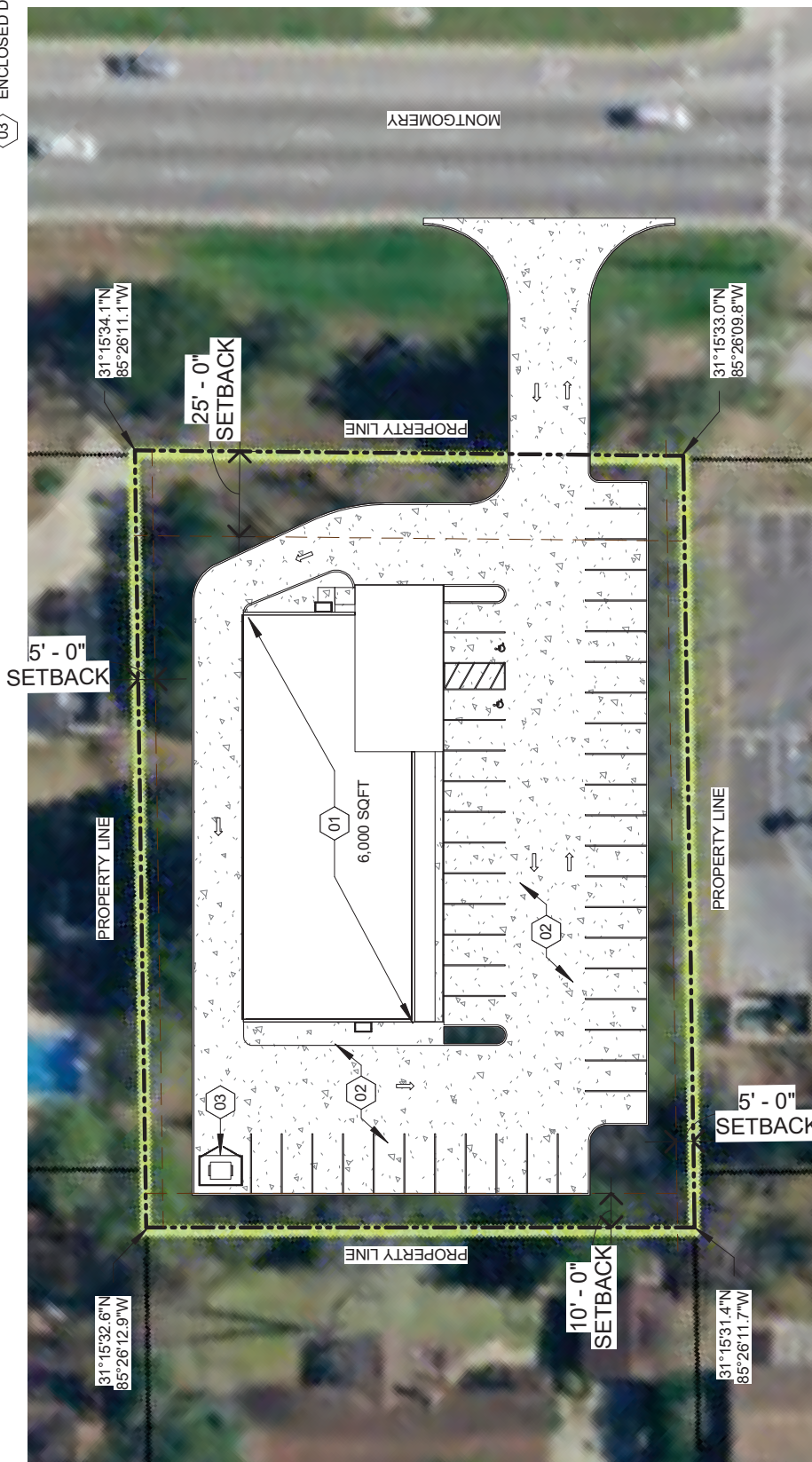
[Signature]  
Associate Commissioner District 6  
**BOARD OF CITY COMMISSIONERS**

I hereby certify that the above Ordinance was published in THE DOTHAN EAGLE, a newspaper of general circulation in the City of Dothan, Alabama, on September 23, 2022.

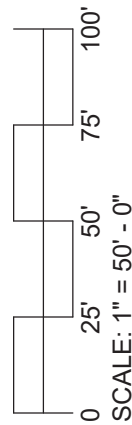
Wendy Shiver  
Wendy Shiver  
City Clerk

**REFERENCE NOTES**

- 01 DISPENSARY SITE.
- 02 NEW PARKING & SITE PAVING.
- 03 ENCLOSED DUMPSTER AREA.



1 SITE PLAN  
 1" = 50'-0"



**SITE1 - SITE PLAN**

SCALE: 1" = 50'-0"

DATE: 12/21/22

SOUTHERN CROP HOLDING COMPANY, LLC

**DISPENSARY**

3835 MONTGOMERY HWY

DOTHAN, ALABAMA



**ARCH7**

REAL ARCHITECTS FOR REAL PEOPLE

1905 W. Thomas St., Ste. D277

Hammond, LA 70403

**LEGEND**

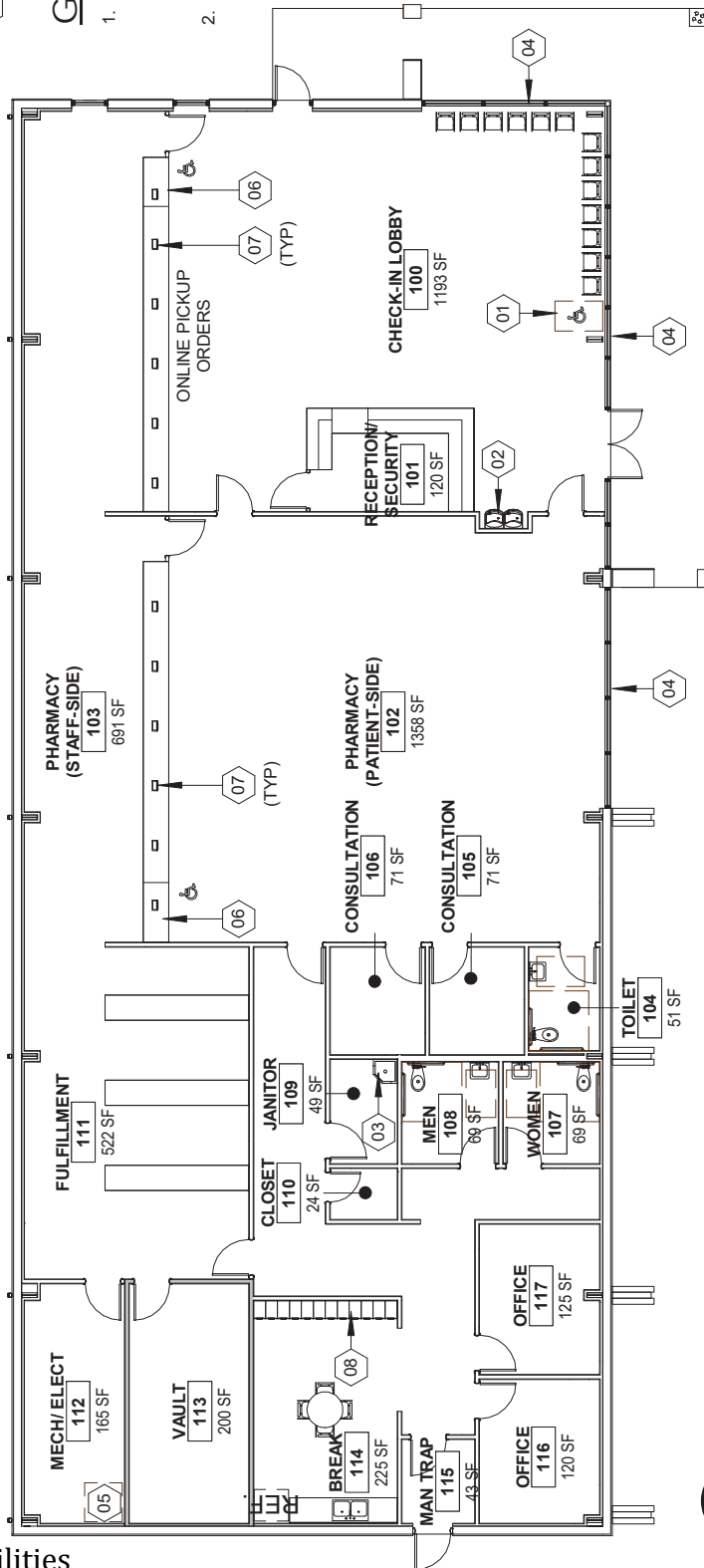
- STUD WALL
- REINFORCED STUD WALL AT VAULT.
- NEW DOOR
- NEW FIRE EXTINGUISHER & WALL MOUNT BRACKET.
- CARD READER

**REFERENCE NOTES**

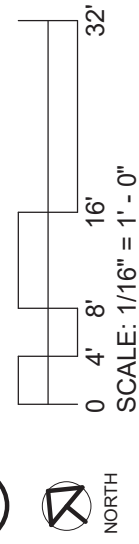
- 01 WHEELCHAIR SPACE.
- 02 DRINKING FOUNTAIN W/ BOTTLE FILLING STATION.
- 03 JANITOR MOP SINK, RE: PLUMBING.
- 04 PROVIDE FROSTED FILM AT WINDOWS.
- 05 IT / SERVER.
- 06 ADA HEIGHT COUNTER.
- 07 P.O.S. STATION.
- 08 12"W X 18"D X 72"H THREE TIER LOCKER.

**GENERAL NOTES**

1. BUILDING IS A PRE-ENGINEERED METAL BUILDING. THE EXTERIOR WALLS ARE METAL PANEL MECHANICALLY ATTACHED TO STEEL GIRTS WITH A METAL STUD AND GYPSUM BOARD ON INTERIOR SIDE. BUILDING IS 6,000SF
- 2.



**1** FLOOR PLAN  
 1/16" = 1'-0"



SOUTHERN CROP HOLDING COMPANY, LLC  
**DISPENSARY**  
 3835 MONTGOMERY HWY  
 DOTHAN, ALABAMA



**A100 - FLOOR PLAN**  
 SCALE: 1/16" = 1'-0"  
 DATE: 12/21/22

**Alexander City Dispensary:**

**Introduction:** Alexander City is the largest city in Tallapoosa County, Alabama. Our presence on Highway 280 ensures our Alexander City Medical Dispensary is accessible to a greater population of patients, which aligns with our goal of providing safe, quality, and accessible products. Nearby national retailers include Winn Dixie, several restaurants, and a shopping mall which could support visiting patients. **Those below the poverty line in Alexander City exceed 20%, and therefore the Retail job opportunities we provide, at more than twice minimum wage, will provide vital economic opportunities for the residents of Alexander City.** Being closely located to a highway means those without personal vehicles can rely on public transportation to travel to and from work each day. Alexander City has a higher population of women in comparison to men, and as a woman-owned and operated company, we set our anticipated opening date take place on March 8<sup>th</sup>, International Women's Day. We recognize that the cannabis industry would not be what it is today without brave female pioneers ensuring and expanding patient access.



- **Section 31.1: Facility Type:** Dispensary
- **Section 31.2: Physical Address & GPS Coordinates:**
  - **Physical Address:** Airport Drive and US Hwy 280, Alexander City, AL
  - **GPS Coordinates:** 32.919967840901904, -85.95651675523345
- **Section 31.3: Aerial Photograph:**



- **Section 31.4: Right to Occupy:**
  - *See attachment # 8 – Development Agreement*
  - **Attachment #17: Developer's Purchase Intent for Alexander City Dispensary**
- **Section 31.5: Local Zoning Approval & Ordinances:**
  - **Attachment #18: Zoning Approval for Alexander City Dispensary**
  - **Attachment #19: Alexander City Ordinance**

- **Section 31.6: Blueprints or Floorplans:**
  - **Attachment # 20: Alexander City Floorplans**
- **Section 31.7: Timetable to Operations:**

Date	Timeline – Alexander City Dispensary
Monday, February 26 <sup>th</sup> , 2024	Inspection Request sent to AMCC re: Alexander City
Thursday, February 29 <sup>th</sup> 2024	Alexander City Inspection held
Friday, March 1 <sup>st</sup> 2024	AMCC issued Commence Operations Letter re: Alexander City
Monday, March 4 <sup>th</sup> 2024	Alexander City Operations commence
<b>Friday March 8<sup>th</sup> 2024</b>	<b>Alexander City Grand Opening – Women’s Day</b>

- **Section 31.8: Open to the Public Statement:** Dispensaries shall be open to the public at the below-listed Operating Hours. Non-public staff hours shall be 2 hours before and after the Operating Hours.
- **Section 31.9: Hours of Operation and Contact:**
  - **Operating Hours:**
    - Monday: 10:00am - 6:00pm
    - Tuesday: 10:00am - 6:00pm
    - Wednesday: 10:00am - 6:00pm
    - Thursday: 10:00am - 6:00pm
    - Friday: 10:00am - 6:00pm
    - Saturday: 10:00pm - 2:00pm
    - Sunday: Closed
  - **After hours emergency contact 1:**
    - Title: DIRECTOR OF DISPENSARY OPERATIONS
    - Email: alec@southern-crop.com
    - Cell Phone: 602-339-2717
  - **After hours emergency contact 2:**
    - Title: CHIEF PRODUCTION OFFICER
    - Email: kyle@southernorganics.com
    - Cell Phone: 205-296-4735

# *Crimson Real Estate Holdings, Inc.*



December 2, 2022

Sent via electronic mail [hunter@oldacremcdonald.com](mailto:hunter@oldacremcdonald.com)

Mr. Hunter Oldacre  
Oldacre McDonald  
3841 Green Hills Village Drive, Suite 400  
Nashville, TN 37215

**RE: Offer to purchase property located at Airport Road and US Highway 280, in Alexander City, AL, as shown on the attached Exhibit "A"**

Dear Hunter:

I enjoyed speaking with your earlier. Thank you so much for the time and information. Please find attached an offer to purchase the above referenced Property and as mentioned, we are looking to have an LOI in place on this in the next several days.. Please review and consider the following non-binding Letter of Intent summarizing the most basic of terms under which Purchaser would be willing to proceed with negotiations on a purchase of property (hereinafter "Purchase Agreement").

## **PROPOSED TERMS**

### **Purchaser**

Crimson Real Estate Holdings, Inc., an Alabama corporation, its successors, or assigns. Upon mutual agreement by Seller and Purchaser to all business terms and conditions, Purchaser shall cause a Purchase Contract to be prepared. All rights expressed in the Purchase Contract may be assigned by Purchaser, without restriction, provided, that notice of assignment shall be given in writing to Seller.

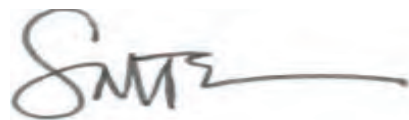
### **Seller**

NOM Alexander City  
PO Box 680176  
Prattville, AL 36068



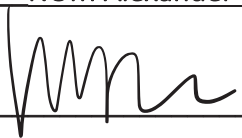
[REDACTED]

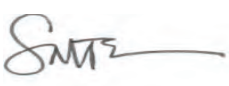
Very truly yours,  
Crimson Real Estate Holdings, Inc.



L. Scott McGee

*(Signature Page to follow)*

SELLER: NOM Alexander City  
By:   
Name: William A. Oldacre, Jr.  
Date: 12/2/2022

BUYER: Crimson Real Estate Holdings  
By:   
Name: L. Scott McGee  
Date: 11/29/2022

Curtis "Woody" Baird  
Mayor  
Amanda F. Thomas  
City Clerk



CITY COUNCIL  
Audrey "Buffy" Colvin  
Council President  
Scott Hardy  
President Pro Tempore  
Bobby L. Tapley  
John Eric Brown  
Chris Brown  
Jimmy Keel

P.O. Box 552 • Alexander City • Alabama 35011-0552 • (256) 329-6700  
[www.alexandercityal.gov](http://www.alexandercityal.gov)

December 8, 2022

MAP Development, LLC  
L. Scott McGee  
421 Office Park Drive  
Birmingham, Alabama 35223

Re: Parcel: 62-12-02-03-3-001-020.005  
Airport Drive  
Alexander City, Alabama 35010

Mr. McGee:

The property referenced above, in Alexander City, Alabama is zoned PD-Planned Development. According to the Zoning Ordinance this property is zoned for the proposed use of a medical facility (cannabis dispensary).

The property currently has no violations.

If you need further information, please contact me at your earliest convenience.

Sincerely,

A handwritten signature in blue ink that reads "Amanda F. Thomas".

Amanda Thomas  
Community Development Director  
City of Alexander City

Ordinance 2023-04

**ORDINANCE NO. 2023-04**

**An Ordinance Authorizing the Operation of a Medical Cannabis Dispensing Site within the Corporate Limits of the City of Alexander City, Alabama**

**BE IT ORDAINED** by the City Council of the City of Alexander City, Alabama, as follows:

**WHEREAS**, on May 17, 2021, the Governor for the State of Alabama signed Darren Wesley 'Ato' Hall Compassion Act into law (the Act); and

**WHEREAS**, the Act provides for the medical use of marijuana for patients with a qualifying medical condition and a valid medical cannabis card; and

**WHEREAS**, a dispensing site may only be operated in a municipality if the municipality has passed an ordinance authorizing the operation of dispensaries within the municipality's corporate limits; and

**WHEREAS**, the Act authorizes and requires the Medical Cannabis Commission to heavily regulate dispensing site operation, (See, §§20-2A-50 - 20-2A-68, Code of Alabama), thus addressing any health, safety or welfare concerns for the citizens of the City of Alexander City; and

**WHEREAS**, the location of a dispensing site within the corporate limits of the City of Alexander City could bring employment opportunities for our citizens; and

**WHEREAS**, a dispensing site would be required to purchase a business license and pay sales tax to the City, thus increasing revenue.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF ALEXANDER CITY, ALABAMA**, that it authorizes the operation of dispensing site within the corporate limits of the City of Alexander City subject to any applicable zoning restrictions the City of Alexander City may adopt pursuant to §20-2A-51(c)(3).

**SECTION 2.** If any paragraph, section, subsection, or provision of this ordinance be declared invalid in a court of competent jurisdiction for any reason, it shall not affect the remainder of the ordinance as pertains to its validity or to other applications.

**SECTION 3.** Any ordinance or provisions of ordinances in conflict with the provisions of this ordinance are hereby repealed and rescinded insofar as they conflict with the provisions of this ordinance.

This ordinance will be published in compliance with Section 11-45-3, Code of Alabama 1975.

This ordinance shall become effective upon publication.

**ADOPTED AND APPROVED** this 17<sup>th</sup> day of October, 2022.



**Section 31.5- Local Approval: ATTACHMENT #19**

License Type: Integrated Facility

Ordinance 2023-04

ATTEST:

Amanda F. Thomas

Amanda F. Thomas, City Clerk

Audrey "Buffy" Colvin

Audrey "Buffy" Colvin, Council President

Curtis "Woody" Baird

Curtis "Woody" Baird, Mayor

**CERTIFICATION OF CITY CLERK**

The undersigned, as City Clerk of the City of Alexander City, Alabama, hereby certifies that the foregoing is a true, correct and complete copy of **Ordinance No. 2023-04** which was adopted by the City Council on this 17<sup>th</sup> day of October, 2022.

**WITNESS MY SIGNATURE**, as City Clerk of the City Alexander City, Alabama, under the seal thereof, this 17<sup>th</sup> day of October, 2022.

Amanda F. Thomas

City Clerk of the  
City of Alexander City, Alabama

SEAL

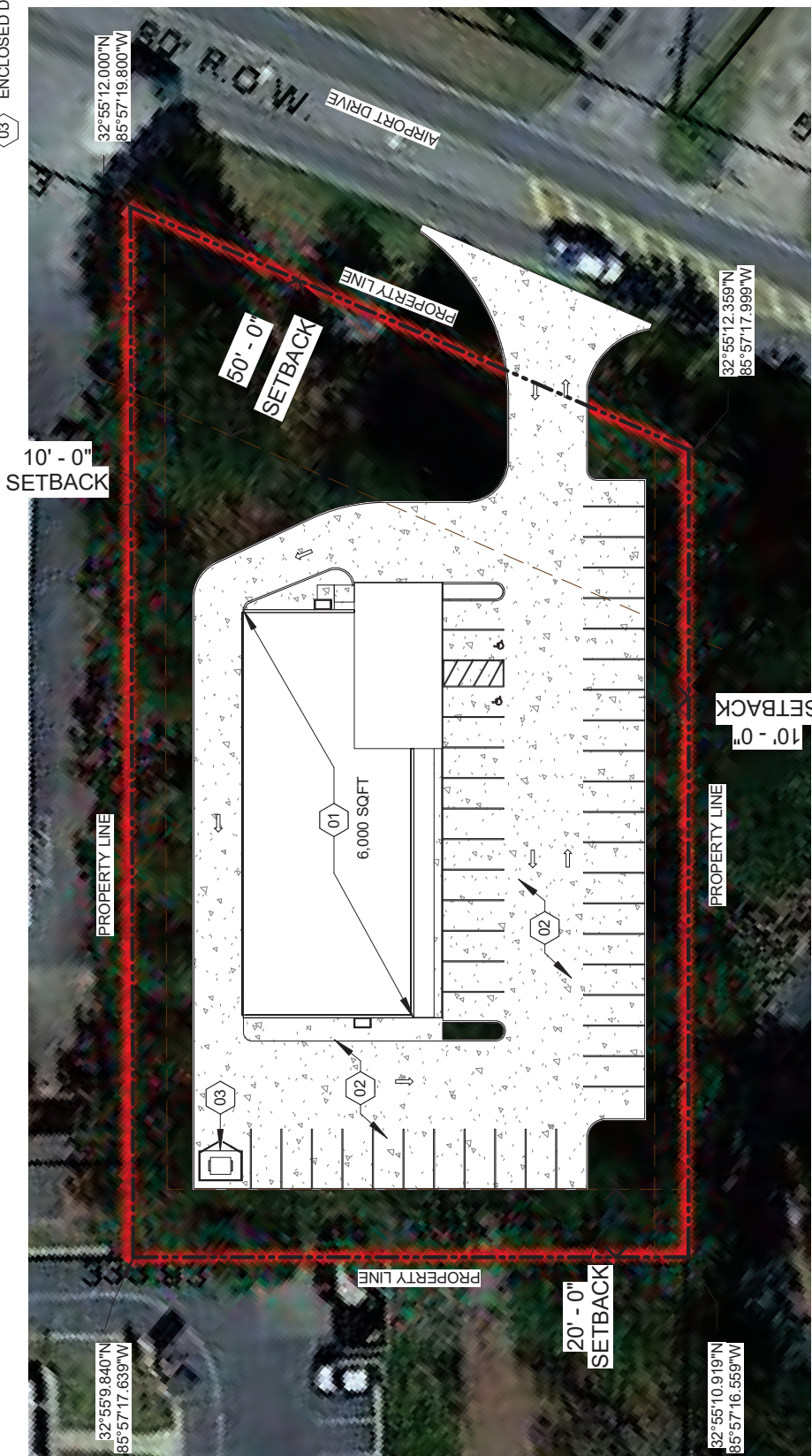
Yeas: Tapley, Colvin, Hardy, E. Brown

Nays: None

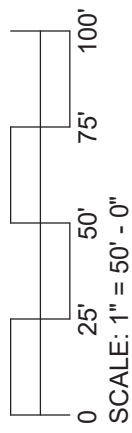
Publication Date: Oct 22, 22

**REFERENCE NOTES**

- 01 DISPENSARY SITE.
- 02 NEW PARKING & SITE PAVING.
- 03 ENCLOSED DUMPSTER AREA.



1 SITE PLAN  
 1" = 50'-0"



**SITE1 - SITE PLAN**

SCALE: 1" = 50'-0"  
 DATE: 12/21/22

SOUTHERN CROP HOLDING COMPANY, LLC  
**DISPENSARY**  
 AIRPORT RD & US HIGHWAY 280  
 ALEXANDER CITY, ALABAMA

**ARCH7**  
 REAL ARCHITECTS FOR REAL PEOPLE  
 1905 W. Thomas St., Ste. D277  
 Hammond, LA 70403

**LEGEND**

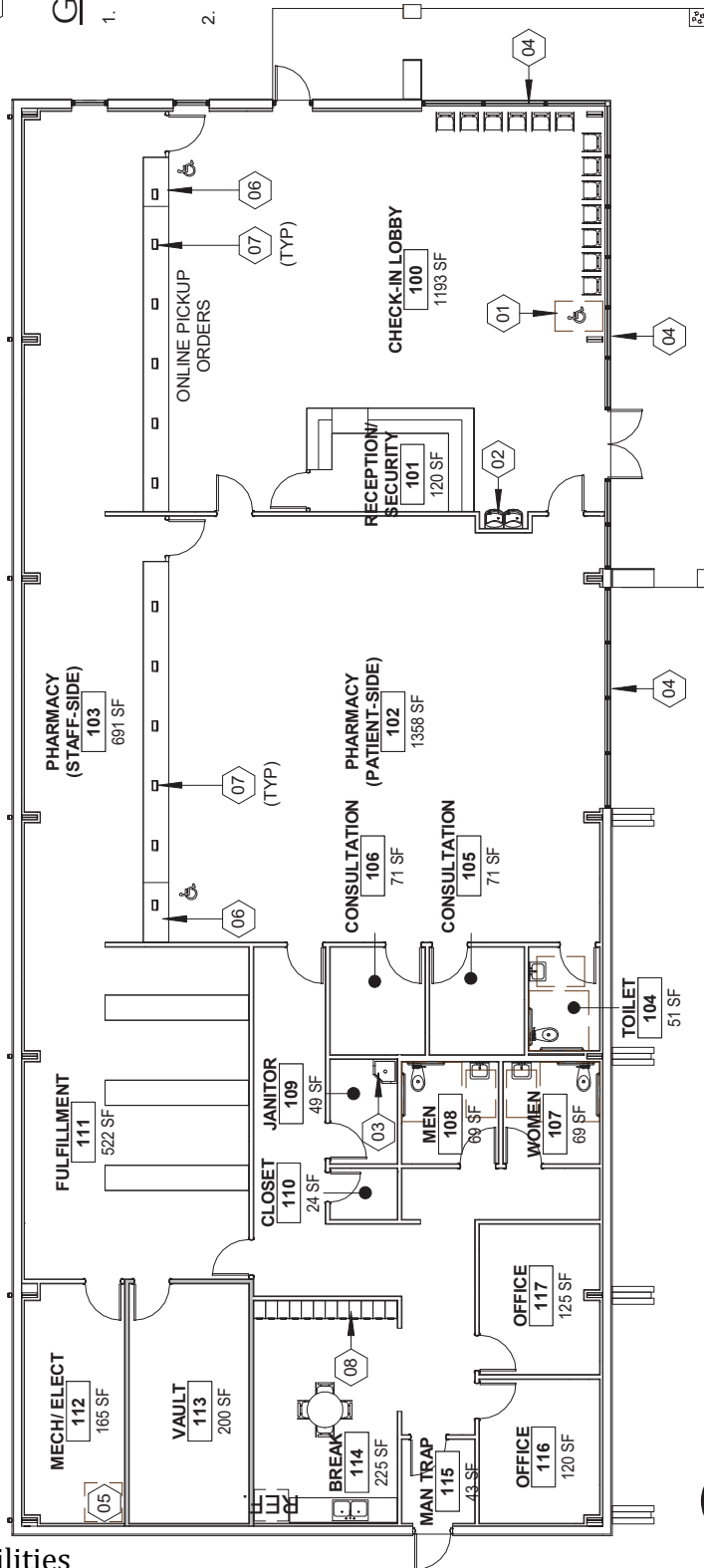
- STUD WALL
- REINFORCED STUD WALL AT VAULT.
- NEW DOOR
- NEW FIRE EXTINGUISHER & WALL MOUNT BRACKET.
- CARD READER

**REFERENCE NOTES**

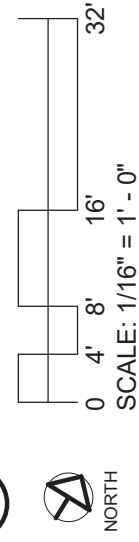
- 01 WHEELCHAIR SPACE.
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- 05 IT / SERVER.
- 06 ADA HEIGHT COUNTER.
- 07 P.O.S. STATION.
- 08 12"W X 18"D X 72"H THREE TIER LOCKER.

**GENERAL NOTES**

1. BUILDING IS A PRE-ENGINEERED METAL BUILDING. THE EXTERIOR WALLS ARE METAL PANEL MECHANICALLY ATTACHED TO STEEL GIRTS WITH A METAL STUD AND GYPSUM BOARD ON INTERIOR SIDE. BUILDING IS 6,000SF
- 2.



**1** FLOOR PLAN  
 1/16" = 1'-0"



SOUTHERN CROP HOLDING COMPANY, LLC  
**DISPENSARY**  
 AIRPORT RD & US HIGHWAY 280  
 ALEXANDER CITY, ALABAMA



**A100 - FLOOR PLAN**

SCALE: 1/16" = 1'-0"

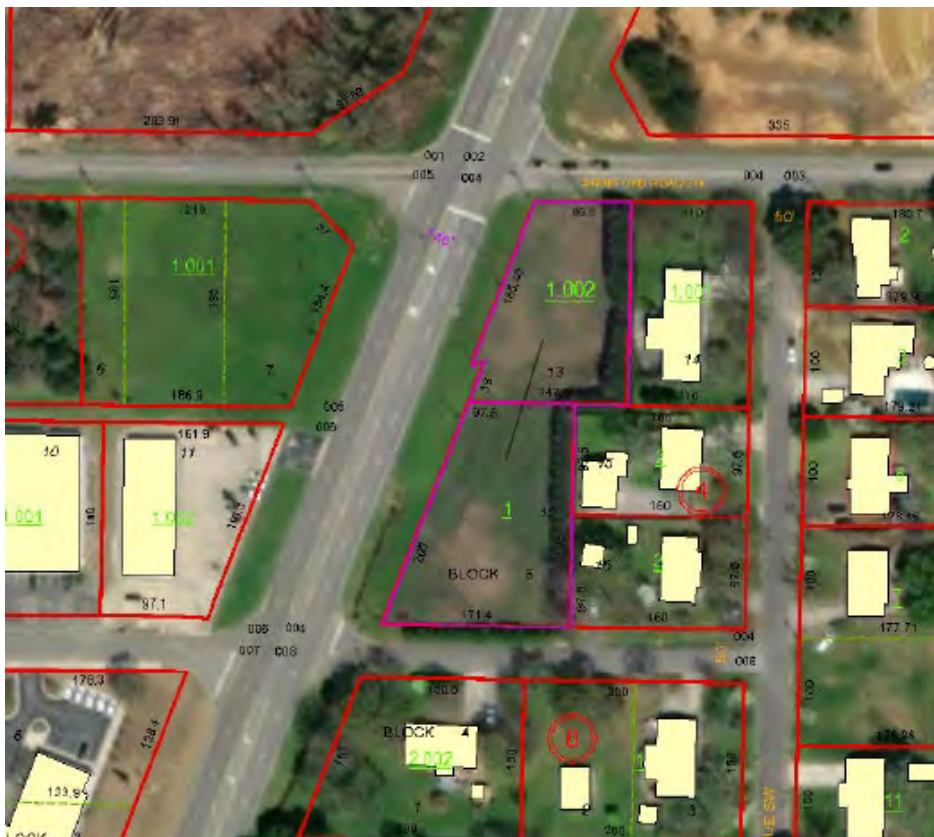
DATE: 12/21/22

### **Cullman Dispensary:**

**Introduction:** The Cullman Dispensary is located off Cherokee Ave Southwest, nearby to name brand retailers like Walmart, an AMC theatre, Starbucks, and several other well-known food establishments. The City of Cullman is the largest city located within Cullman County, Alabama. We fundamentally place high importance on patient access, especially in a limited license state, to ensure as many patients gain access their medicine as possible. It also means those with limited transportation options are likely to have an easier time getting to our facility in comparison to those located in smaller towns. Lack of accessibility is the largest complaint we've heard about in many other states, and our goal is to mitigate that problem before it can exist in Alabama.

The City of Alexander holds a poverty rate exceeding 13%, with the median household income being under \$30,000. As with many of our other locations, our operations in this location will support the local residents through providing employment opportunities with compensation well above minimum wage. Not only do we look forward to employing the residents of Cullman, but we also look forward to the increase of economic opportunities as a result. Our Cullman Dispensary has a planned opening date of April 11<sup>th</sup>, also known as World Parkinson's Day, a day for spreading awareness about Parkinson's Disease. This felt fitting, given Parkinson's Disease is a qualifying condition impacting over 5,000 folks in the state of Alabama. Having our store opening on this day means we can use any and all publicity to spread the word about Parkinson's Disease, its impacts on those suffering from the disease, and nonprofits worth supporting as we look for a cure for Parkinson's Disease.

- **Section 31.1: Facility Type:** Dispensary
- **Section 31.2: Physical Address & GPS Coordinates:**
  - **Address:** 2003 Mack Avenue, Cullman, AL 35055
  - **GPS Coordinates:** 34.147658184692126, -86.84485885767212
- **Section 31.3: Aerial Photograph:**



- **Section 31.4: Right to Occupy:**
  - See attachment # 8 – Development Agreement
  - **Attachment # 21: Developer’s Purchase Intent for Cullman Dispensary**
- **Section 31.5: Local Zoning Approval & Ordinances:** APPLICANT’S property is located within the
  - **Attachment #22: Zoning Approval for Cullman Dispensary**
  - **Attachment #23: Cullman Ordinance**
- **Section 31.6: Blueprints or Floorplans:**
  - **Attachment #24: Cullman Dispensary Floorplans**
- **Section 31.7: Timetable to Operations:**

Date	Timeline – Cullman Dispensary
Monday March 25 <sup>th</sup> 2024	Inspection Request sent to AMCC re: Cullman Dispensary
Thursday March 28 <sup>th</sup> 2024	Cullman Dispensary Inspection held
Friday March 29 <sup>th</sup> 2024	AMCC issued Commence Operations Letter re: Cullman
Monday April 1 <sup>st</sup> 2024	Cullman Dispensary Operations commence

Tuesday April 11<sup>th</sup> 2024

Cullman Grand Opening – Parkinson’s Day

- **Section 31.8: Open to the Public Statement:** Dispensaries shall be open to the public at the below-listed Operating Hours. Non-public staff hours shall be 2 hours before and after the Operating Hours.
- **Section 31.9: Hours of Operation and Contact:**
  - **Operating Hours:**
    - Monday: 10:00am - 6:00pm
    - Tuesday: 10:00am - 6:00pm
    - Wednesday: 10:00am - 6:00pm
    - Thursday: 10:00am - 6:00pm
    - Friday: 10:00am - 6:00pm
    - Saturday: 10:00pm - 2:00pm
    - Sunday: Closed
  - **After hours emergency contact 1:**
    - Title: DIRECTOR OF DISPENSARY OPERATIONS
    - Email: alec@southern-crop.com
    - Cell Phone: 602-339-2717
  - **After hours emergency contact 2:**
    - Title: CHIEF PRODUCTION OFFICER
    - Email: kyle@southernorganics.com
    - Cell Phone: 205-296-4735

# *Crimson Real Estate Holdings, Inc.*

December 1, 2022

Sent via electronic mail [aprilrealtor1@hotmail.com](mailto:aprilrealtor1@hotmail.com)

Ms. April Harvell Hulse  
Advantage Real Estate  
401 5<sup>th</sup> St. SW  
Cullman, AL 35055

RE: Offer to purchase property located at 2003 Mack Ave, in Cullman AL, as shown on the attached Exhibit "A"

Dear April:

Thank you for the time and information yesterday. Please find attached an offer to purchase the above referenced Property. Please review and consider the following non-binding Letter of Intent summarizing the most basic of terms under which Purchaser would be willing to proceed with negotiations on a purchase of property (hereinafter "Purchase Agreement").

## PROPOSED TERMS

### Purchaser

Crimson Real Estate Holdings, Inc., an Alabama corporation, its successors, or assigns. Upon mutual agreement by Seller and Purchaser to all business terms and conditions, Purchaser shall cause a Purchase Contract to be prepared. All rights expressed in the Purchase Contract may be assigned by Purchaser, without restriction, provided, that notice of assignment shall be given in writing to Seller.

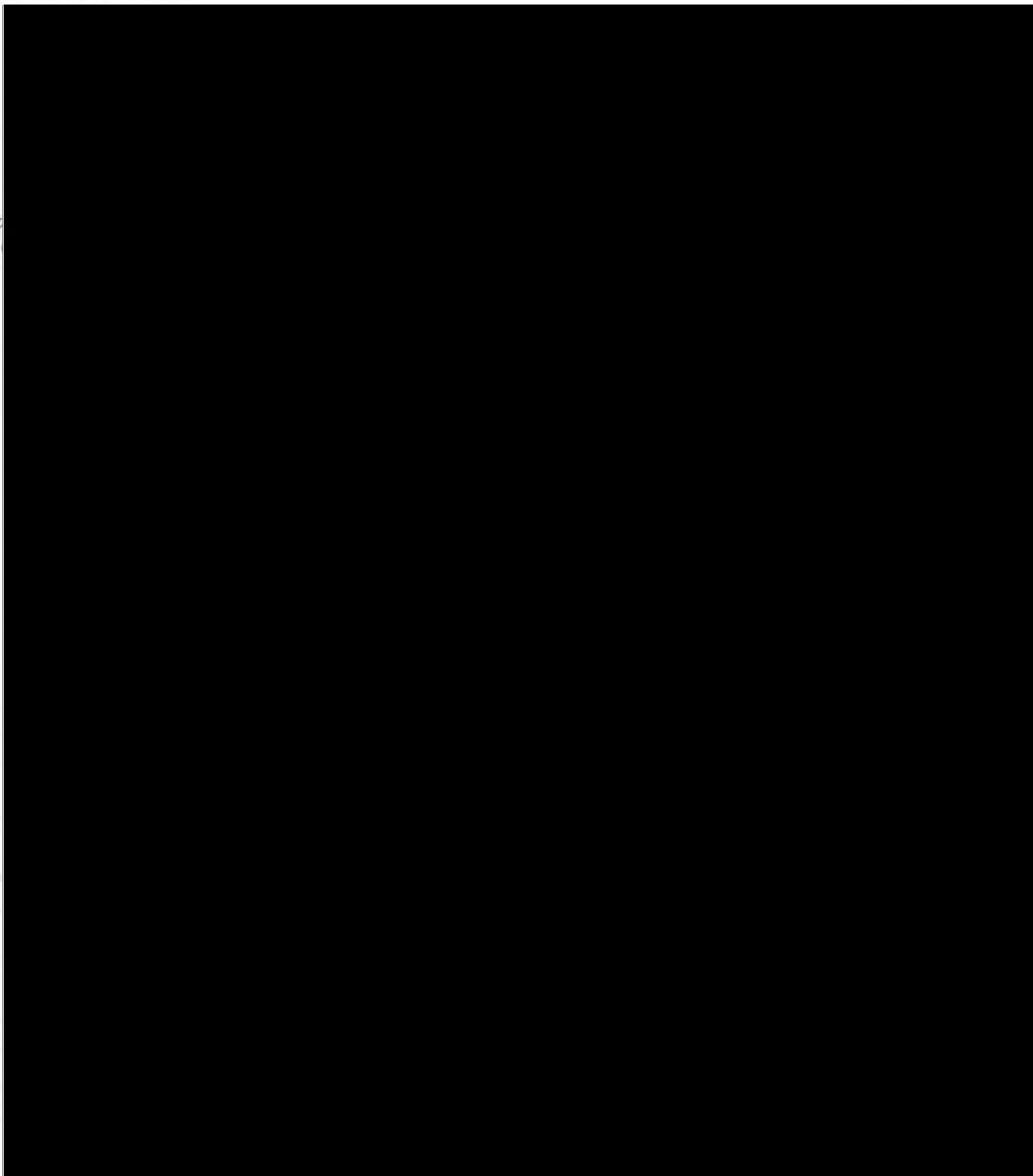
### Seller

Anh Ngoc Nguyen  
160 Eastview Blvd.  
Cullman, AL 35057

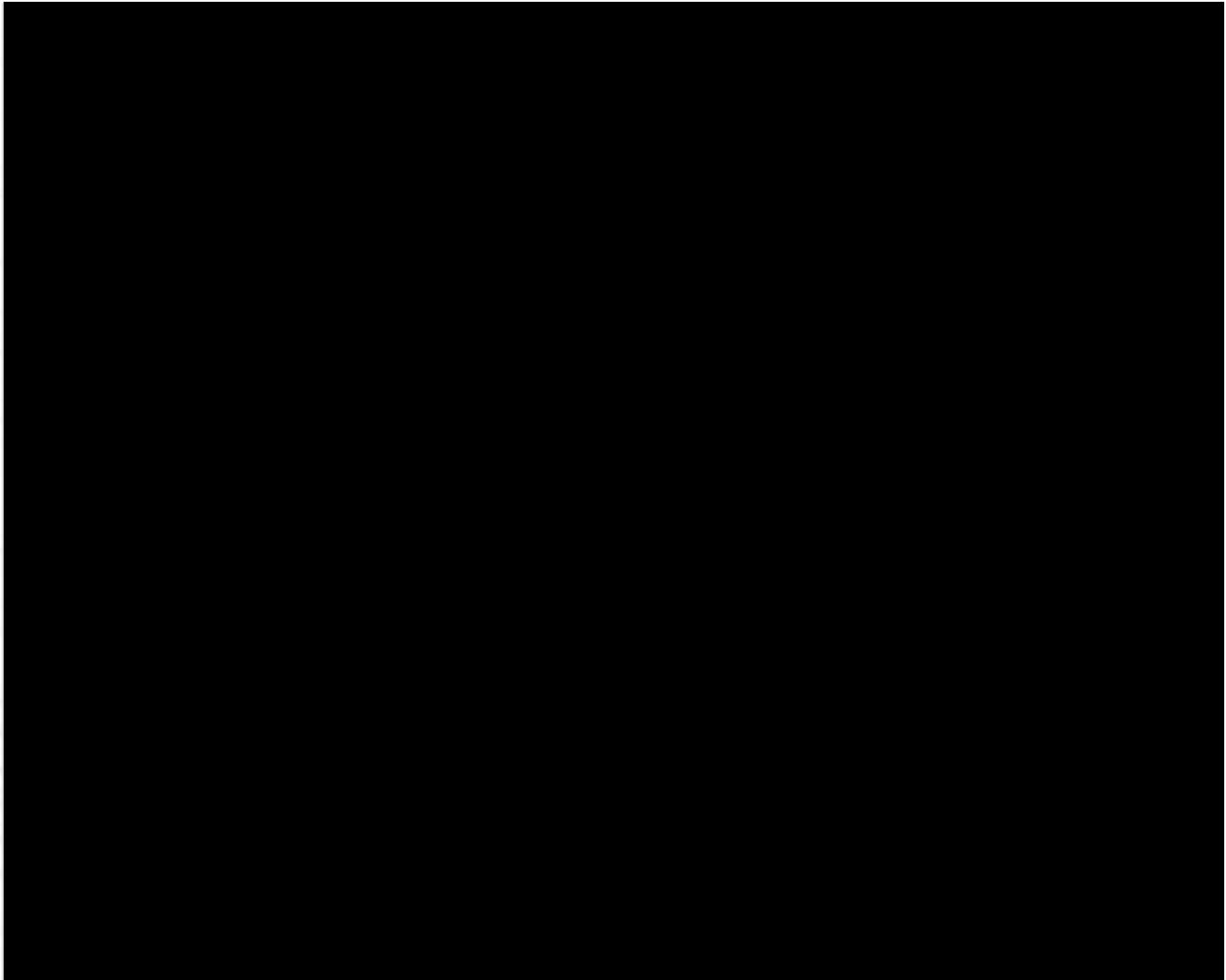
### Property

City of Cullman, in Cullman County, Alabama parcel numbers 17-08-27-2-004-001.000 and 17-08-27-2-004-001.002, consisting of approximately 1.1 acres of commercial land and any

buildings contained thereon. The exact size of the property shall be mutually agreed upon by Purchaser and Seller and shall be delineated by a survey which shall be prepared by an agent of Purchaser.







Very truly yours,  
Crimson Real Estate Holdings, Inc.

A handwritten signature in dark ink, appearing to read "SMT", with a long horizontal flourish extending to the right.

L. Scott McGee

*(Signature Page to follow)*

SELLER:

  
\_\_\_\_\_

By:

  
\_\_\_\_\_

Name:

ANH NGUYEN  
\_\_\_\_\_

Date:

12-1-22  
\_\_\_\_\_

BUYER:      Crimson Real Estate Holdings

By:



Name:

L. Scott McGee  
\_\_\_\_\_

Date:

11/29/2022  
\_\_\_\_\_



## **City of Cullman Building Inspection Department**

201 SECOND AVENUE, NORTHEAST  
P. O. BOX 278  
CULLMAN, ALABAMA 35056-0278  
(256) 775-7203

Crimson Real Estate Holdings, Inc. C/O Scott Mcgee,

This letter is to confirm that the property 2003 Mack Avenue SW, Cullman, AL 35055 (Parcel number 1708272004001001) is located in the city limits of Cullman, Alabama, and has been duly and properly zoned by the City as B-2. A true, correct, and complete copy of the zoning ordinance is available on the City of Cullman website.

Dispensaries can be in zones B-2, B-3, and CBD (Central Business District) as conditional use. Conditional use must be approved through planning commission. If we can be of further assistance, please contact our office at 256-775-7203.

Respectfully,

Rachel Brauer

**ORDINANCE NO. 2022 – 29  
TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES WITHIN THE  
CORPORATE LIMITS OF THE CITY OF CULLMAN**

WHEREAS, during the 2021 Regular Session of the Alabama legislature, Act 2021-450 was enacted and codified in Title 20, 2A, *Code of Alabama* 1975, to create within Alabama a wholly interstate system of the cultivation, processing, and distribution of medical cannabis; and

WHEREAS, Act 2021-450 defines a "dispensary" as an entity licensed by the Alabama Medical Cannabis Commission to dispense and sell medical cannabis at the dispensing sites to registered, qualified patients and registered caregivers; and

WHEREAS, Act 2021-450 defines an "integrated facility" as an entity licensed to perform the functions of a cultivator, processor, secure transporter, and dispensary; and

WHEREAS, Act 2021-450 defines a "dispensing site" as a site operated by a dispensary licensee or an integrated facility licensee; and

WHEREAS, Act 2021-450 states that a dispensary licensee or integrated facility licensee may not operate a dispensing site within a municipality unless the governing body of that municipality has authorized, by ordinance, the operation of dispensing sites within its jurisdictional boundaries; and

WHEREAS, Act 2021-450 states that a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief from pain and other debilitating symptoms but will also provide opportunities for patients with debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers; and


WHEREAS, the City Council believes it is in the public's interest to authorize the operation of dispensing sites within the corporate limits of the City of Cullman.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CULLMAN, ALABAMA, AS FOLLOWS:

1. The Cullman City Council does hereby authorize the operation of medical cannabis dispensing sites by dispensary licensees and integrated facility licensees within the corporate limits of the City of Cullman.
2. The City Clerk or designee is hereby directed to forward a copy of this ordinance to the Alabama Medical Cannabis Commission within seven calendar days its adoption.
3. Each and every provision of this Ordinance is hereby declared to be an independent provision and the holding of any provision hereof to be void or invalid for any reason shall not affect any other provision hereof, and it is hereby declared that the other provisions of this Ordinance would have been enacted regardless of any provisions which might have been invalid.
4. This ordinance shall become effective upon its passage and publication as required by law.


ADOPTED BY THE CITY COUNCIL this the 22<sup>nd</sup> day of August, 2022.

ATTEST:

  
City Clerk

  
President of the City Council

APPROVED BY THE MAYOR this the 22<sup>nd</sup> day of August, 2022.

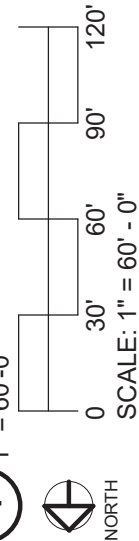
  
Mayor

**REFERENCE NOTES**

- 01 DISPENSARY SITE.
- 02 NEW PARKING & SITE PAVING.
- 03 ENCLOSED DUMPSTER AREA.



1 SITE PLAN  
 1" = 60'-0"



SOUTHERN CROP HOLDING COMPANY, LLC  
**DISPENSARY**  
 2003 MACK AVE  
 CULLMAN, ALABAMA



**SITE1 - SITE PLAN**  
 SCALE: 1" = 60'-0"  
 DATE: 12/21/22

**REFERENCE NOTES**

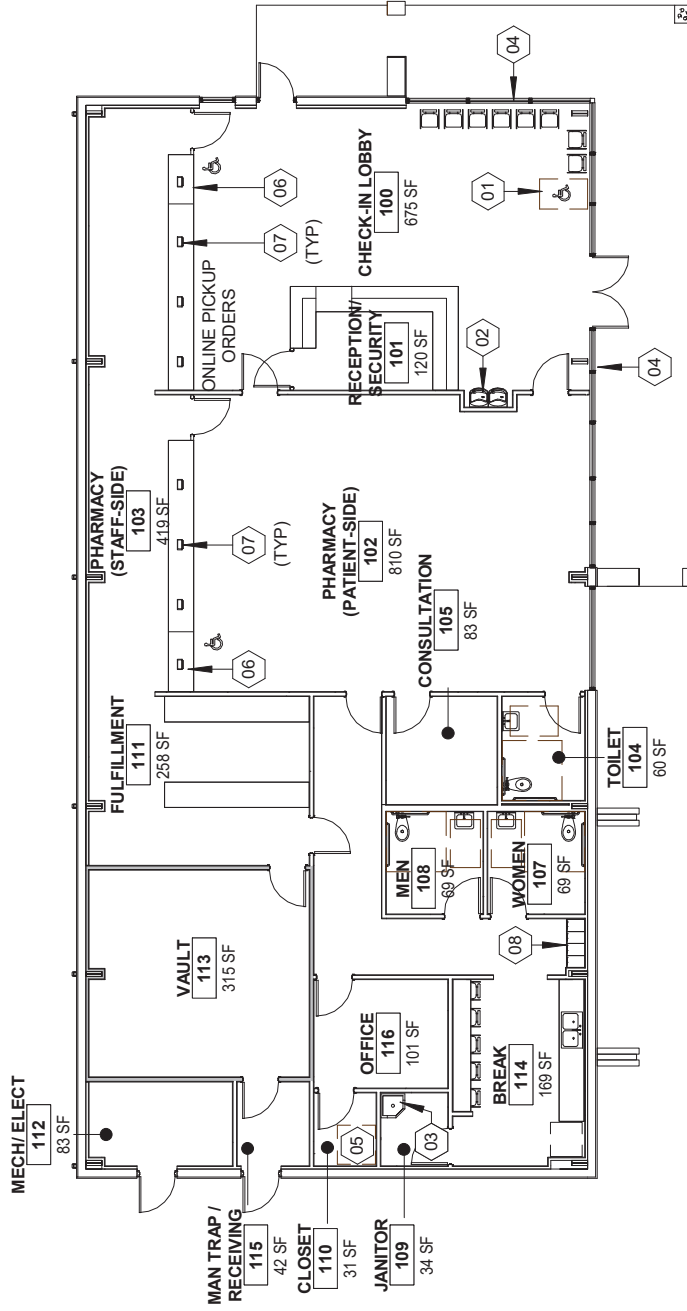
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- 06 ADA HEIGHT COUNTER.
- 07 P.O.S. STATION.
- 08 12"W X 18"D X 72"H THREE TIER LOCKER.

**GENERAL NOTES**

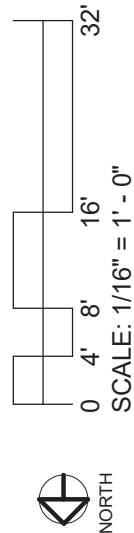
1. BUILDING IS A PRE-ENGINEERED METAL BUILDING. THE EXTERIOR WALLS ARE METAL PANEL MECHANICALLY ATTACHED TO STEEL GIRTS WITH A METAL STUD AND GYPSUM BOARD ON INTERIOR SIDE.
2. BUILDING IS 3,885 SF

**LEGEND**

- STUD WALL
- REINFORCED STUD WALL AT VAULT.
- NEW DOOR
- NEW FIRE EXTINGUISHER & WALL MOUNT BRACKET.
- CARD READER



1 FLOOR PLAN  
 1/16" = 1'-0"



SOUTHERN CROP HOLDING COMPANY, LLC  
**DISPENSARY**  
 2003 MACK AVE  
 CULLMAN, ALABAMA

**A100 - FLOOR PLAN**  
 SCALE: 1/16" = 1'-0"  
 DATE: 12/21/22

**ARCH7**  
 REAL ARCHITECTS FOR REAL PEOPLE  
 1905 W. Thomas St., Ste. D277  
 Hammond, LA 70403

# EXHIBIT #32 – ENGINEERING PLANS AND SPECS

## Verification

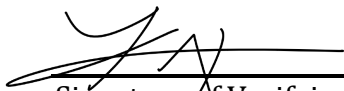
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



Signature of Verifying Individual

2/26/2023

Verification Date

**Applicant presents its Engineering Plans and Specification Plans as follows:**

**1. Professionally rendered schematics showing: (Pages 3 – 11)**

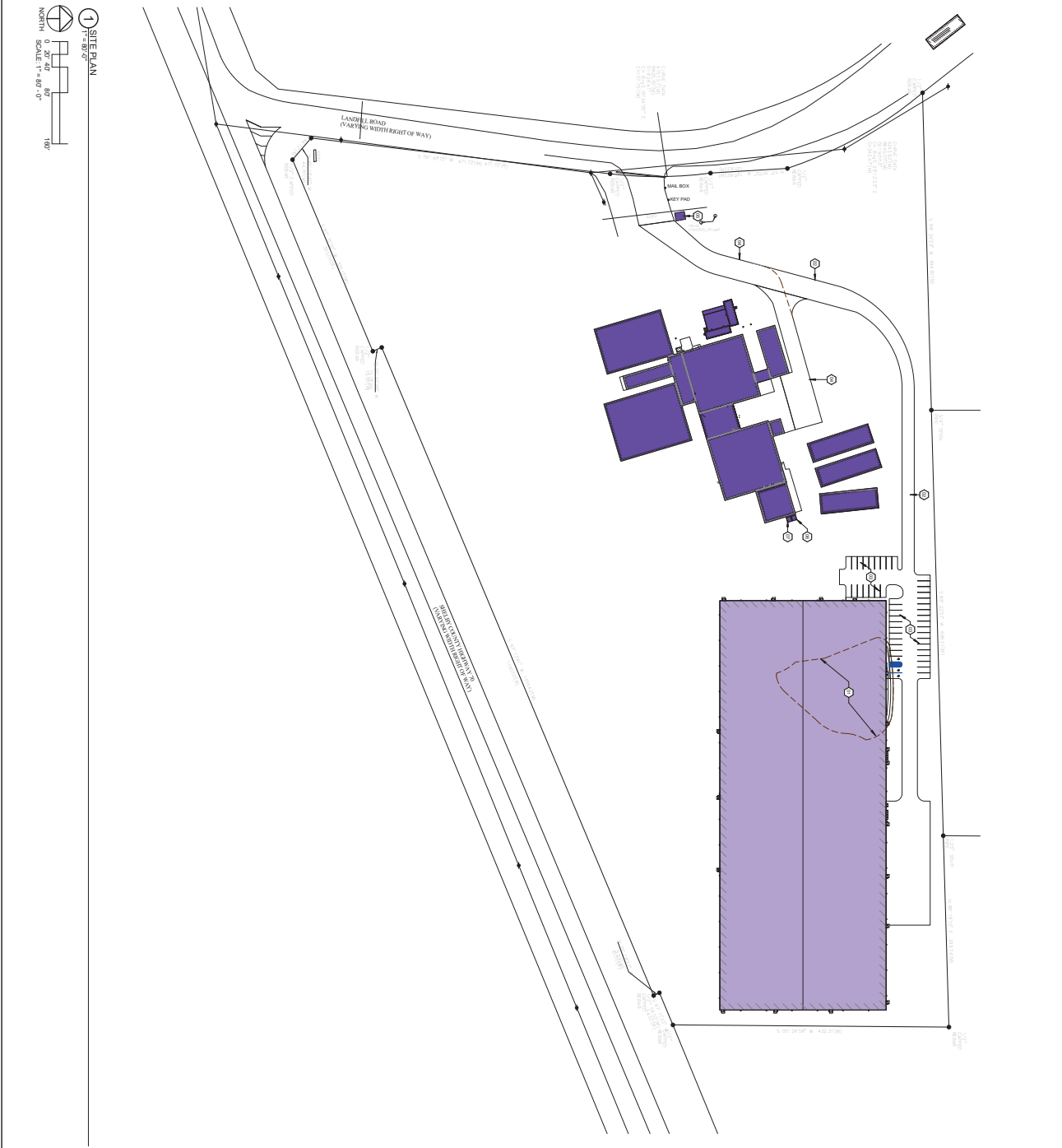
- Elevation drawings, dimensions, and elevation references
- Cross-sections showing the construction details providing materials, and enhancements for security and bio-security measures
- Identification of all employee-accessible non-production areas (Orange)
- The location, size, and capacity of all storage areas, ventilation systems.
- The location and door material specifications of all entrances and exits to the cultivation facility, as well as the physical makeup and specifications of all outer walls of the enclosed structure.
- The location and specifications of any windows, skylights, and roof hatches.
- The location of all monitoring cameras and their field of view, verified to be operating 24 hours per day.
- The location of all alarm inputs (door contacts, motion detectors, duress/hold up devices) and alarm sirens.
- The location of the digital audio/video recorder and alarm control panel.
- The location of all restricted, employee-accessible, and public areas.
- The location where all plant inputs and application equipment are stored.
- The location of all enclosed, secure areas or loading/unloading docks out of public view for the loading/unloading of cannabis or medical cannabis into or out of any motor vehicle for secure transport.
- The location of any area used to store medical cannabis that has been returned to the cultivation facility from a processor or dispensary.

**2. Professionally rendered schematics showing: (Pages 12-40)**

- Plans of all equipment used for the production of cannabis
  - o Gel Capsules -USPE Encapsulator and Blister Pack (Pages 12-17)
  - o Gelatinous Cubes - CandyWorx Demolder and Depositor (Pages 18-23)
  - o Extraction Machine – Entexs (Pages 24-35)
  - o Nano-Emulsion – Microfluidics (Page 35)



- Bagging Machine – Leafypack (Page 36)
- Tablet Press – Korsch - (Page 37-38)
- Powderizer – SpxFlow -(Page 39-40)



- REFERENCE NOTES**
- (01) NEW PAVEMENT PAVED AS REQUIRED BY STATE AND LOCAL AGENCIES TO MEET STORMWATER REQUIREMENTS.
  - (02) PROVIDE CONCRETE DRIVE (PHASE 2)
  - (03) NEW SITE PARKING (PHASE 2)
  - (04) PROVIDE CONCRETE DRIVE (PHASE 1)
  - (05) NEW SECURITY CHECK-IN BUILDING AT MAIN GATE
  - (06) DUMPSTER
  - (07) STRECHER SYSTEM
- LEGEND**
- [Purple Box] EXISTING BUILDING STRUCTURE PHASE 1 (SHEET 1A-100)
  - [Light Purple Box] NEW CONSTRUCTION CULTIVATION FACILITY PHASE 2 (SHEET 1A-101)

NO.	DESCRIPTION	DATE

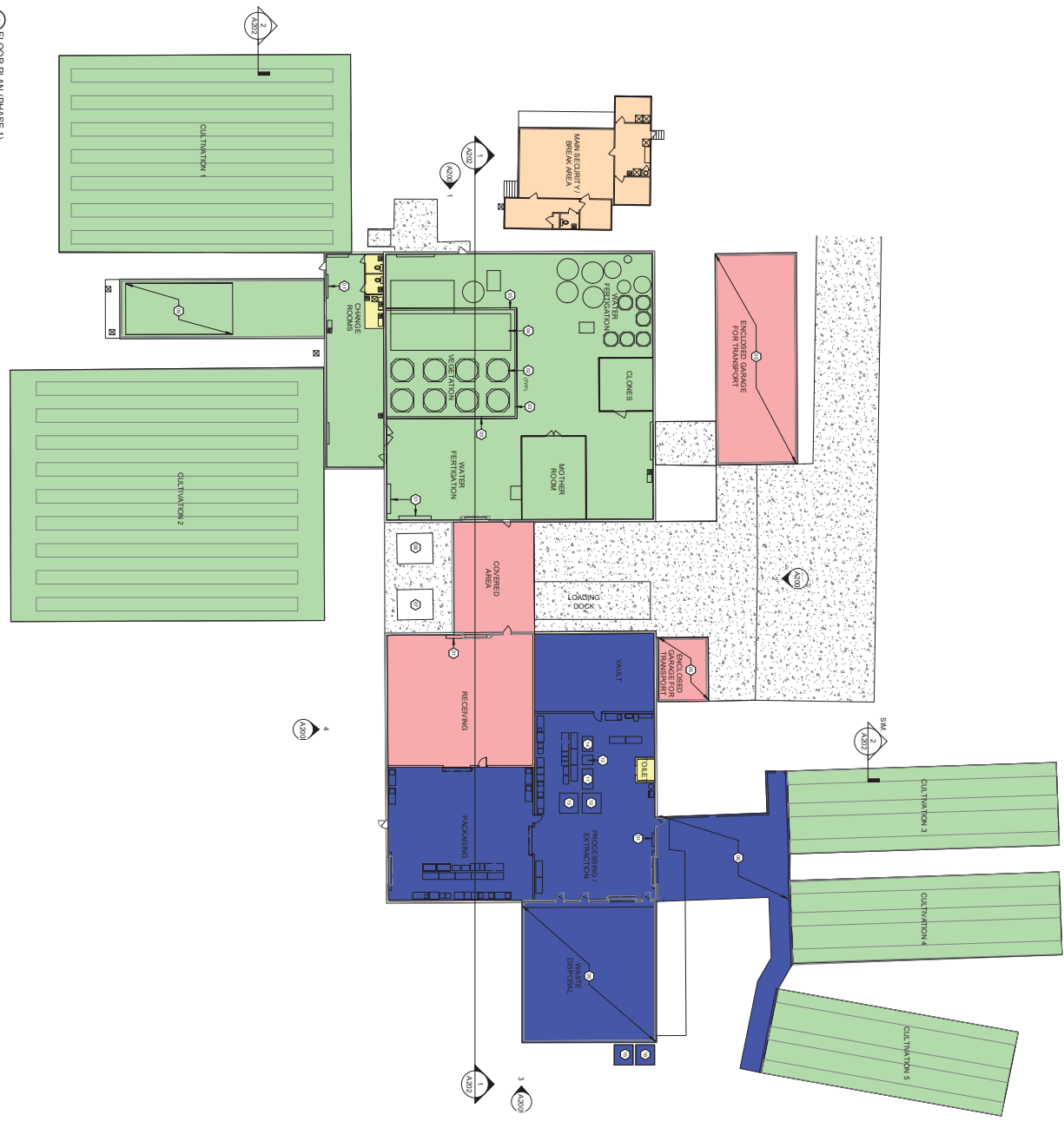
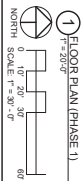
Project Name: SOUTHERN CROP HOLDING COMPANY, LLC CULTIVATION FACILITY  
 Project Number: 2022-25  
 Date: 12/22/22  
 Site Plan

SOUTHERN CROP HOLDING COMPANY, LLC  
**CULTIVATION FACILITY**  
 LANDFILL ROAD  
 COLUMBIANA, ALABAMA

1975 North University Blvd., Suite 100  
 Birmingham, AL 35203  
 Phone: 205.988.1100  
 Email: info@arch7.com

**REMARKS:**  
 FOR THE ARCHITECT'S REVIEW AND APPROVAL OF THE CONSTRUCTION DOCUMENTS.  
 NOT FOR USE IN ANY OTHER PROJECT OR FOR CONSTRUCTION.

Exhibit # 32 - Engineering Plans and Specs



**REFERENCE NOTES**

- 01 EXISTING ELECTRICAL EQUIPMENT
- 02 EXISTING WATER HOLDING TANKS
- 03 EXISTING FRENCH DRAIN
- 04 EXISTING ELEVATED PLATFORM
- 05 EXISTING EXTERIOR OPEN COVERED AREA WITH F-METAL GIRTS & STANDBY RIVAL PANELS
- 06 EXISTING BUILDING FOR EXISTING GROW ROOMS BUILDING WITH METAL WALL PANELS AND STANDBY SEAM METAL ROOF ON CONCRETE FOUNDATION
- 07 EXISTING DCEL TANK
- 08 EXISTING OPERATOR
- 09 EXISTING FREEZER
- 10 EXISTING MACHINE
- 11 BLISTER PACK MACHINE
- 12 CANNOWORK SYSTEM
- 13 BAGGING MACHINE
- 14 CARPUL E MACHINE
- 15 QUARTER
- 16 SHREDDER SYSTEM

**LEGEND**

- CULTIVATION AREAS
- PROCESSING / EXTRACTION AREAS
- ADMINISTRATIVE / COMMON AREAS
- TRANSPORTATION / SHIPPING & RECEIVING AREAS
- ANGLIARY OPERATIONS (GIRTS, NON-CANNABIS STORAGE, IF CLOSED)

Project Number	2022-25
Date	12/22/22
Author	ARCH7
Checker	ARCH7
Designer	ARCH7
Project Name	SOUTHERN CROP HOLDING COMPANY, LLC CULTIVATION FACILITY
Address	1000 SANDHILL ROAD COLUMBIANA, ALABAMA

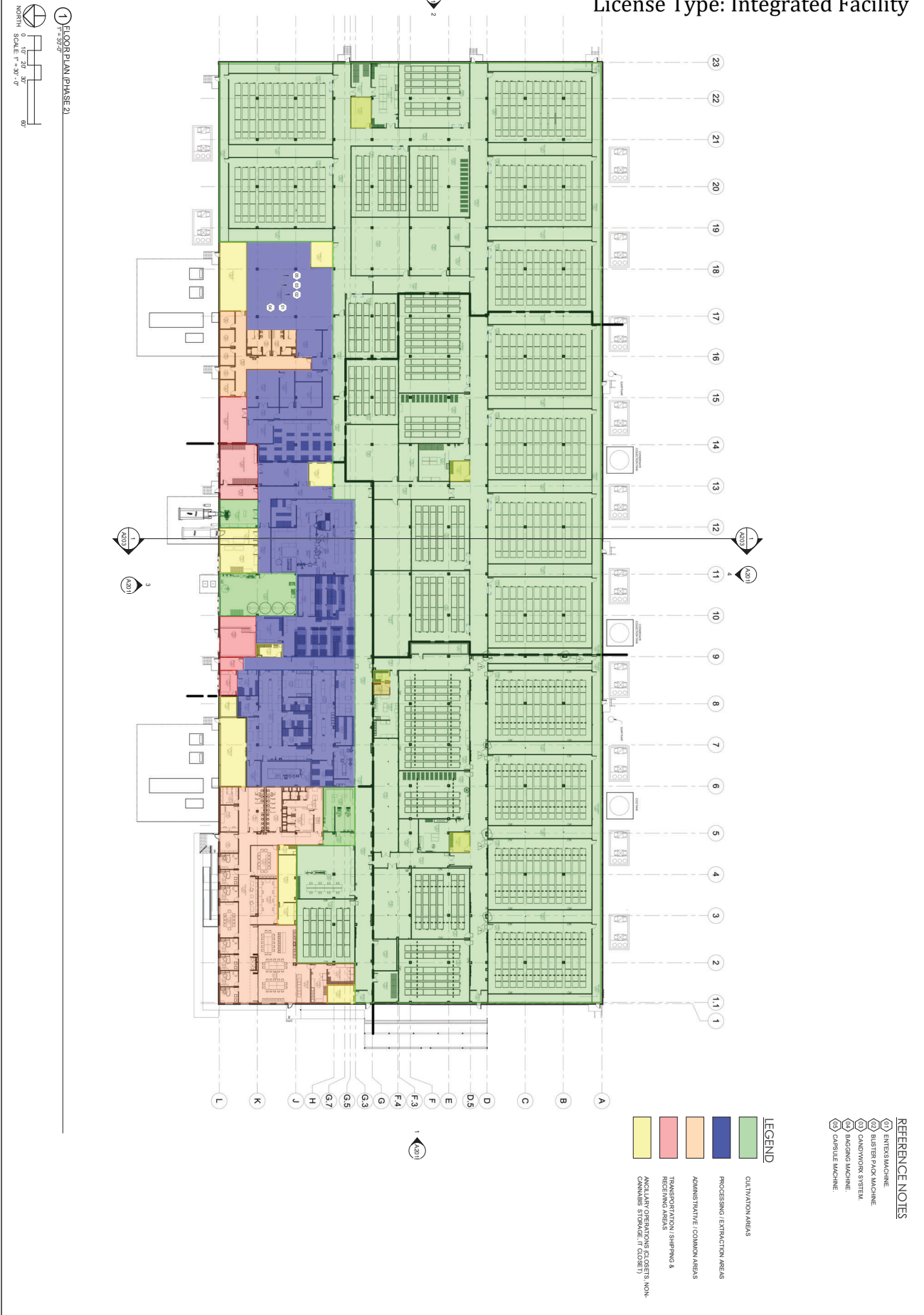
SOUTHERN CROP HOLDING COMPANY, LLC  
**CULTIVATION FACILITY**  
 1000 SANDHILL ROAD  
 COLUMBIANA, ALABAMA

A100

FLOOR PLAN (PHASE 1)

**REMARKS:**  
 FOR THE ARCHITECT'S REVIEW AND APPROVAL OF THE CONSTRUCTION DOCUMENTS.  
 FOR THE ARCHITECT'S REVIEW AND APPROVAL OF THE CONSTRUCTION DOCUMENTS.

License Type: Integrated Facility



- REFERENCE NOTES**
- ①7 BOTTLE MACHINE
  - ①8 BUSTER PACK MACHINE
  - ①9 CANNOWORK SYSTEM
  - ②0 BAGGING MACHINE
  - ②1 CAPSULE MACHINE

- LEGEND**
- CULTIVATION AREAS
  - PROCESSING/EXTRACTION AREAS
  - ADMINISTRATIVE (COMMON AREAS)
  - TRANSPORTATION/SHIPPING & RECEIVING AREAS
  - ANCILLARY/OPERATIONS OFFICES, NON-CANNABIS STORAGE (IF CODED)

Project Name	SOUTHERN CROP HOLDING COMPANY, LLC CULTIVATION FACILITY
Project Number	2022-25
Date	12/22/22
Revision	
Author	
Checker	
Designer	
Project Manager	
Client	
Contract Number	
Contract Description	
Contract Address	
Contract City	
Contract State	
Contract Zip	
Contract Phone	
Contract Email	
Contract Website	
Contract Other	

SOUTHERN CROP HOLDING COMPANY, LLC  
**CULTIVATION FACILITY**  
 DEER CREEK ROAD  
 COLUMBIANA, ALABAMA

**ARCH7**  
 REAL ARCHITECTS FOR REAL PEOPLE  
 1975 W. BENTLEY BLVD., SUITE 100  
 COLUMBIANA, AL 35056  
 Phone: 205.670.1000  
 Website: www.arch7.com

**A101**

FLOOR PLAN (PHASE 2)

Date: 12/22/22

REVISIONS

FOR THE ARCHITECT'S USE ONLY

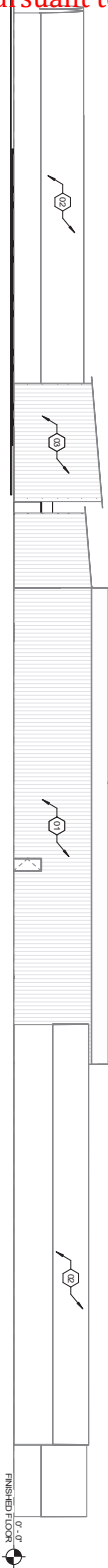
NO CHANGES TO BE MADE WITHOUT THE ARCHITECT'S CONSENT

CONSTRUCTION

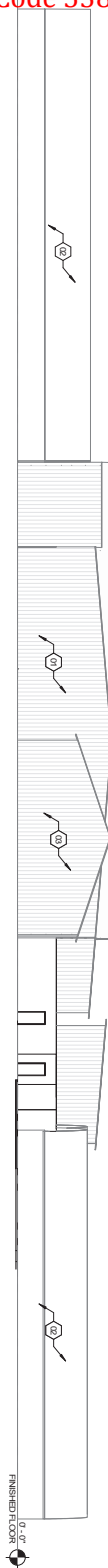
Exhibit # 32 - Engineering Plans and Specs

License Type: Integrated Facility

1 WEST ELEVATION (PHASE 1)  
 1" = 10'-0"  
 SCALE: VERT. = 1" = 0'-0"



3 EAST ELEVATION (PHASE 1)  
 1" = 10'-0"  
 SCALE: VERT. = 1" = 0'-0"



4 SOUTH ELEVATION (PHASE 1)  
 1" = 10'-0"  
 SCALE: VERT. = 1" = 0'-0"



2 NORTH ELEVATION (PHASE 1)  
 1" = 10'-0"  
 SCALE: VERT. = 1" = 0'-0"



- REFERENCE NOTES**
- (1) EXISTING METAL BUILDING
  - (2) EXISTING GROW HOUSE STRUCTURE
  - (3) EXISTING OPEN COVERED AREA WITH IR METAL GIRTS & DIMENSIONAL WALL PANELS

**REVISIONS**

NO.	DESCRIPTION	DATE

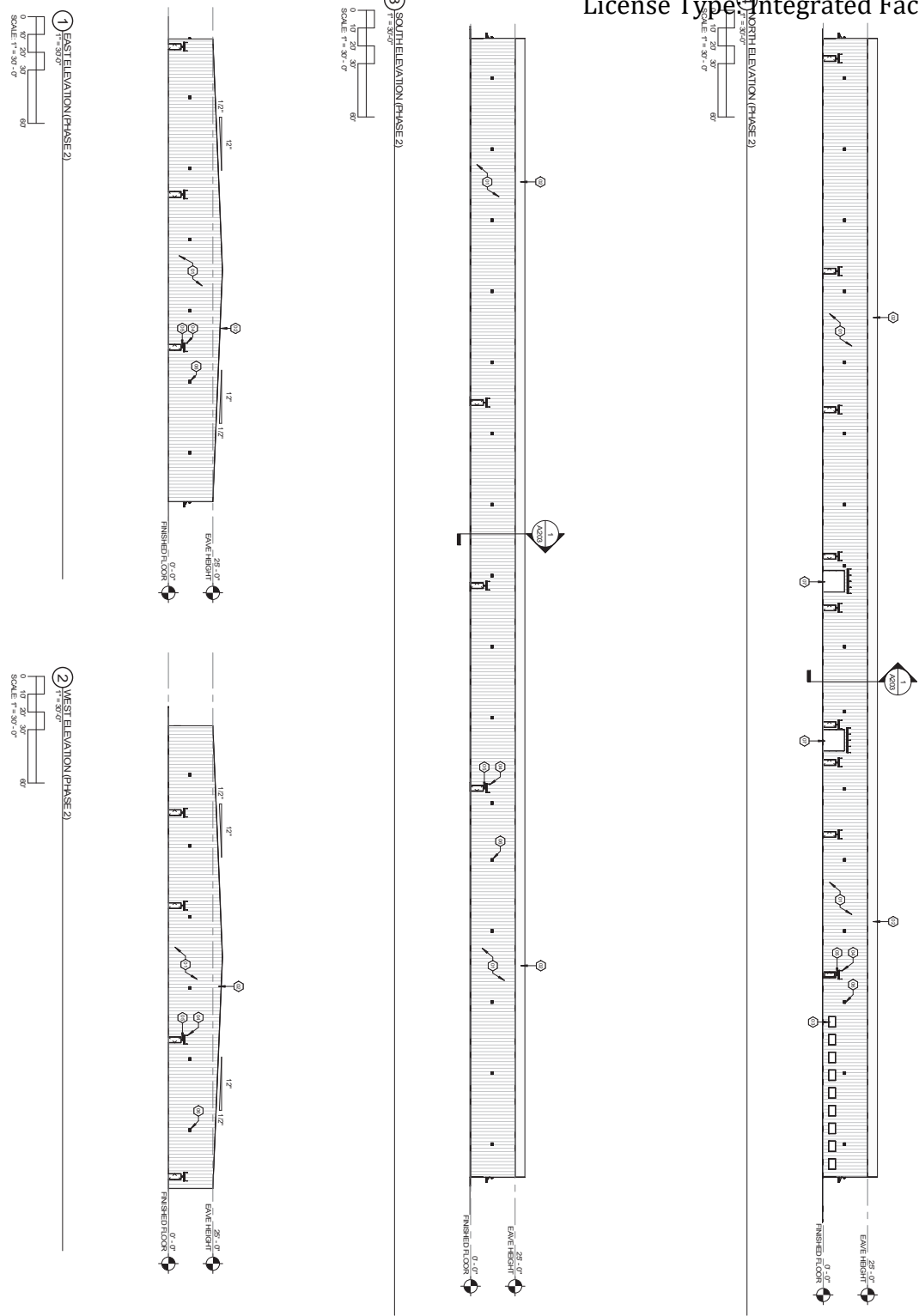
DATE: 12/22/22  
 EXTERIOR ELEVATIONS (PHASE 1)  
**A200**

Project Name: SOUTHERN CROP HOLDING COMPANY, LLC  
 2022/25

**SOUTHERN CROP HOLDING COMPANY, LLC**  
**CULTIVATION FACILITY**  
 1975 SANDFILL ROAD  
 COLUMBIANA, ALABAMA

**ARCH7**  
 REAL ARCHITECTS FOR REAL PEOPLE  
 1975 SANDFILL ROAD  
 COLUMBIANA, ALABAMA 35051  
 Page 6 of 40

License Type Integrated Facility



- REFERENCE NOTES**
- (01) METAL WALL PANEL
  - (02) STANDING SEAM METAL ROOF
  - (03) WINDOW
  - (04) HANGER ROD CANOPY
  - (05) EGRESS LIGHT FIXTURE CENTERED ABOVE DOOR
  - (06) WALL MOUNTED LIGHT FIXTURE
  - (07) SECTIONAL OVER HEAD DOOR

NO.	DESCRIPTION	DATE

**REVISIONS**  
 FOR NOTE USE ONLY  
 NO CHANGES TO BE MADE  
 WITHOUT THE ARCHITECT'S  
 CONTRIBUTION

Date: 12/22/22  
 EXTERIOR ELEVATIONS  
 (PHASE 2)  
**A201**

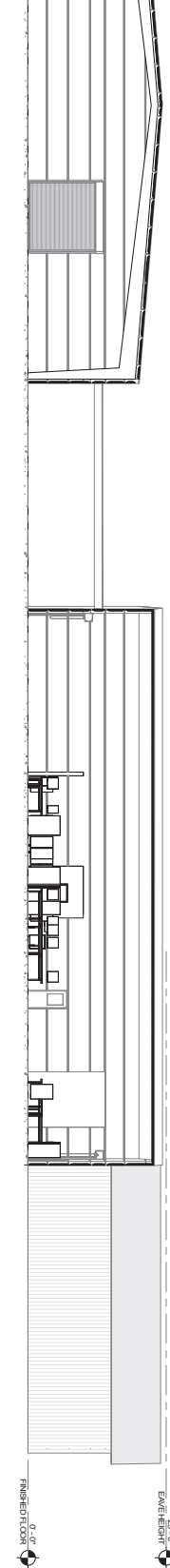
SOUTHERN CROP HOLDING COMPANY, LLC  
**CULTIVATION FACILITY**  
 19704 BENTLEY ROAD  
 COLUMBIANA, ALABAMA

**ARCH7**  
 REAL ARCHITECTS FOR REAL PEOPLE  
 19704 BENTLEY ROAD  
 COLUMBIANA, ALABAMA 35053  
 Page 7 of 40

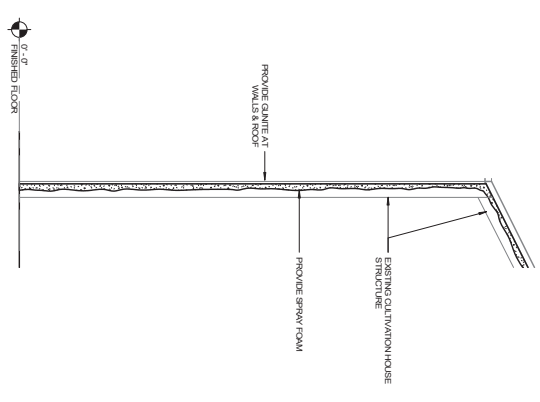
License Type Integrated Facility

0 2' 4' 8' 12'  
SCALE: 3/8" = 1' - 0"

1 BUILDING SECTION (PHASE 1)



2 CULTIVATION HOUSE WALL SECTION (PHASE 1)



**REVISIONS**  
 FOR THE PROPOSED  
 NOT FOR CONSTRUCTION  
 CONSTRUCTION

NO.	DESCRIPTION	DATE

Project Name  
2022.05

Date 12/22/22

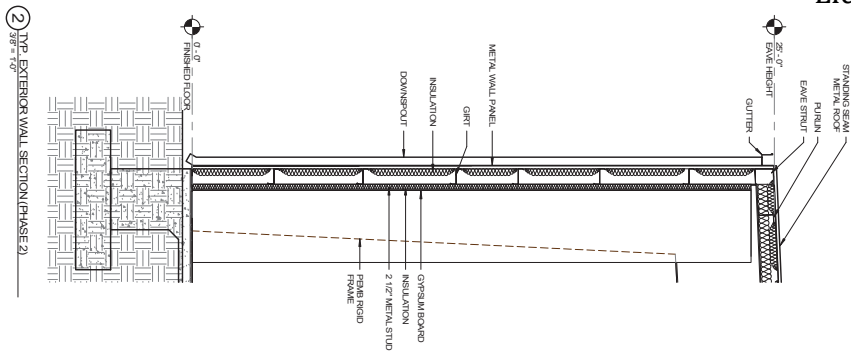
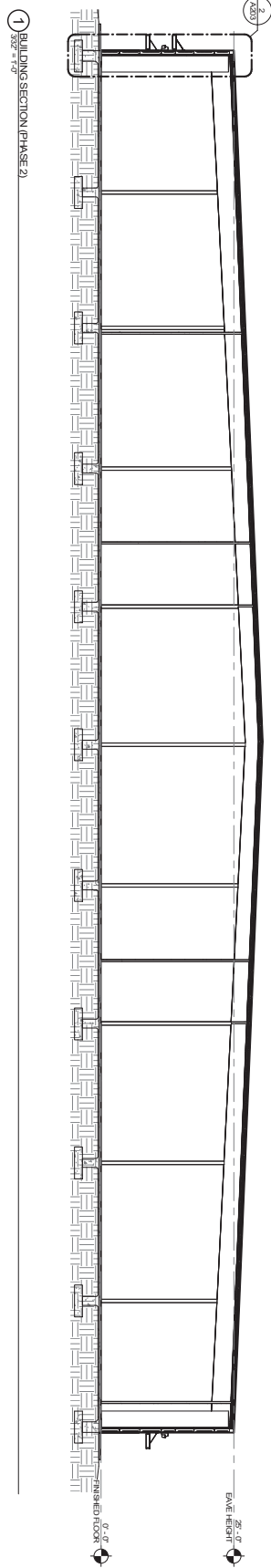
BUILDING SECTIONS  
(PHASE II)

**A202**

SOUTHERN CROP HOLDING COMPANY, LLC  
**CULTIVATION FACILITY**  
 197 SANDFILL ROAD  
 COLUMBIANA, ALABAMA

**ARCH7**  
 REAL ARCHITECTS FOR REAL PEOPLE  
 197 SANDFILL ROAD, COLUMBIANA, ALABAMA 35051

License Type: Integrated Facility



NO.	DESCRIPTION	DATE

SOUTHERN CROP HOLDING COMPANY, LLC  
**CULTIVATION FACILITY**  
 1975 SANDFILL ROAD  
 COLUMBIANA, ALABAMA

**REVISIONS**  
 FOR THE ARCHITECT'S NOTIFICATION TO THE PROJECT MANAGER CONTRIBUTION  
 Date: 12/22/22  
 BUILDING SECTION (PHASE 2)  
**A203**





SECURITY DIAGRAM  
120 LANDFILL ROAD COLUMBIANA, ALABAMA

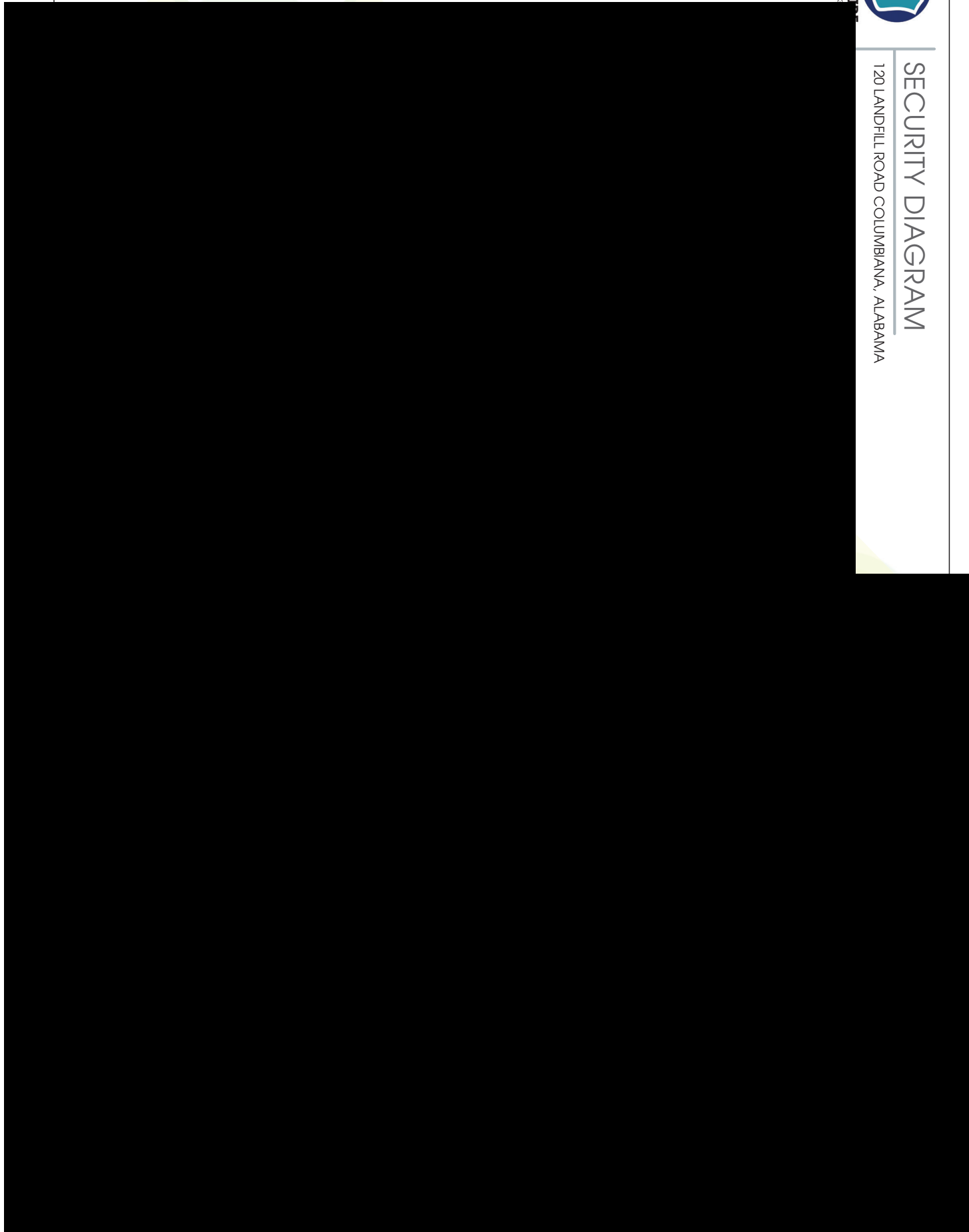


Exhibit # 22 - Engineering Plans and Specs  
A100  
Date: 12/23/22  
FLOOR PLAN (PHASE 1)

REV	DESCRIPTION	DATE
1		
2		
3		
4		
5		

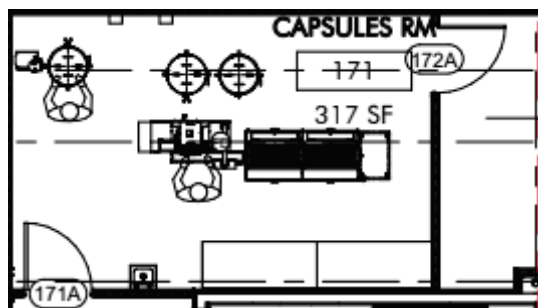
SOUTHERN CROP HOLDING COMPANY, LLC  
**CULTIVATION FACILITY**  
120 LANDFILL ROAD  
COLUMBIANA, ALABAMA



**ARCH7**  
REGISTERED PROFESSIONAL ENGINEERS  
1905 W. Thomas St., Ste. D277  
Hammond, LA 70403



## Softgel Room: USPE 4" R&D Encapsulator



### Gel Making

- 1.1.1 - Pre-weighed Gelatin, Vegetable Glycerin, and Water are brought into the room and poured directly into the USPE Gel Melter/mixer.
- 1.1.2 - The Gel mass is cooked and deaerated for approximately 2 to 3 hours. The gell mass is then either dispensed for storage or dispensed into the encapsulator for production.



### Encapsulation

- 1.2.1 - The gel mass is dispensed from the USPE Gel Melter/Mixer through heated tubing into heated spreader boxes on the USPE 4" R&D Encapsulator.



- 1.2.2 - The pre-mixed medicine is brought into the room and weighed. The medicine is then poured into the Medicine Hopper atop the USPE 4" R&D Encapsulator.
- 1.2.3 - The gelatin and the medicine from the medicine hopper are brought together through the encapsulation process to form the liquid filled gel capsules.
- 1.2.4 - The capsules will then travel via conveyor belt to the tumble dryers. The capsules will tumble dry for approximately 2 to 5 hours depending on batch size.

- 1.2.5 - The capsules will be dispensed from the tumble dryers and placed onto the drying trays. The trays will be stacked onto dollies and rolled into the drying room. The capsules will remain on the drying racks for approximately 2 to 5 days. After adequate drying, the capsules can either go into bulk storage/shipping or to the USPE Automatic Blister Packing Machine for preliminary packaging.
- 1.2.6 - Due to the heating of the gel handling components and the evaporation from the warm gel mass and through the drying process, both the RH and Temp. will increase in the room during the encapsulation process. Dehumidification and air conditioning will need to maintain the room RH between 20% and 30% and the temp between 68 F and 75F.

## Post Processing

1.3.1 - The capsules are brought into the gummy room and weighed.

1.3.2 - The capsules will then be loaded into the USPE Automatic Blister Packing Machine. The capsules will be automatically loaded into the blisters, sealed, cut, and dispensed.



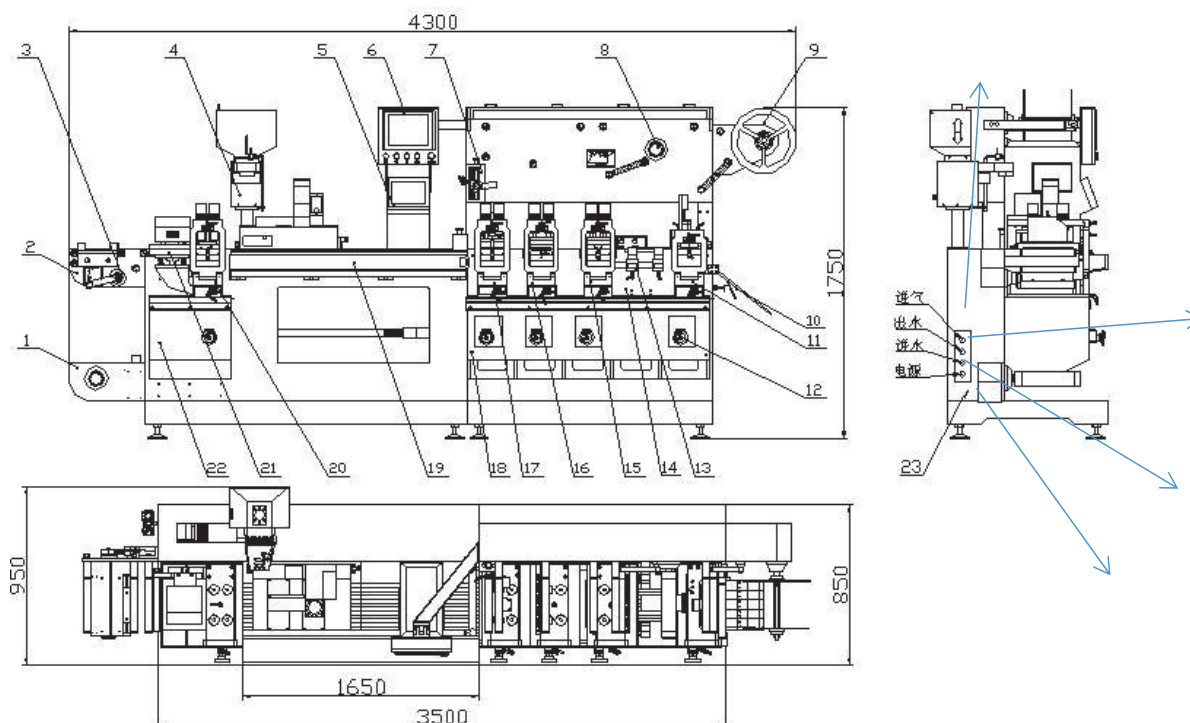
1.3.3 - The sealed blister packs can then be taken to the packaging room for packing into their point of sale or consumer packaging.

Raw Ingredients (based off evenly distributed extracted oil from trim)			
Ingredient	Approx. Pounds per Month	Storage Format and Conditions	Space Required
Dry Gelatin	600 lbs	50 lbs bags (approx. 12 bags per month). Store in standard indoor conditions protected from heat and moisture	(26" x18" x 6") per bag of gel. Stepped down to 5 gal buckets (12" w x 15" h) per 20 lbs of dry gel.
Vegetable Glycerin	300 lbs	55 gal drums (approx. 0.5 Drums per month) or 5 gal buckets. Store in standard indoor conditions.	(23" w x 34" h) per 55 gal drum. Stepped down to 5 gal bucket (12" w x 15" h)
Filtered Water	Made in facility (72 gal)		

Finished Product (based off evenly distributed extracted oil from trim)				
SKU	Quantity per Month	Frequency of Production Days of Production per Month	Storage Format and Conditions	Space Required
Indica 5 mg	153,288 capsules	2 Days	-Bulk storage in sealed 3 gal buckets (12" w x 11.5" h) when waiting to be packaged.  -Store at 20% to 30% RH and 68 to 75 deg F	6, 3 gal bucket (12" w x 11.5" h)/bucket
Indica 10 mg	76,644 capsules	1 Day		3, 3 gal bucket (12" w x 11.5" h)/bucket
Indica 25 mg	30,657 capsules	1 Day		1-2, 3 gal bucket (12" w x 11.5" h)/bucket
Sativa 5 mg	153,288 capsules	2 Days		6, 3 gal bucket (12" w x 11.5" h)/bucket
Sativa 10 mg	76,644 capsules	1 Day		3, 3 gal bucket (12" w x 11.5" h)/bucket
Sativa 25 mg	30,657 capsules	1 Day		1-2, 3 gal bucket (12" w x 11.5" h)/bucket
Hybrid 5 mg	153,288 capsules	2 Days		6, 3 gal bucket (12" w x 11.5" h)/bucket
Hybrid 10 mg	76,644 capsules	1 Day		3, 3 gal bucket (12" w x 11.5" h)/bucket
Hybrid 25 mg	30,657 capsules	1 Day		1-2, 3 gal bucket (12" w x 11.5" h)/bucket

<b>Max system output per day = 1 batch = 77,000 capsules</b>		<b>Max system output per month (3 production days/week) = 924,000 capsules = 12 batches</b>		
Ingredients per Batch	60lbs gel (1.2 bags)	Ingredients per month	720 lbs Gel (55bags)	(26" x18" x 6") / bag
	2.77 gal (.05 drums)		33.3 gal (0.6 drums)	(23" w x 34" h) / drum
<b>Max dailey finished product storage</b>		<b>Max monthly finished product storage</b>		
3, 3 gal buckets (12" w x 11.5" h) / bucket		36, 3 gal buckets (12" w x 11.5") / bucket		

## 1. Assembly Drawing



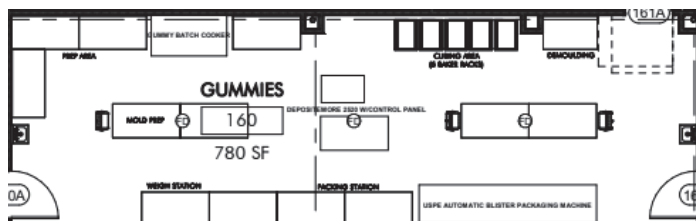
1. PVC Loading Device
2. Connecting PVD Device
3. PVC Feeder
4. Charging Device
5. Elimination Testing
6. Control Screen
7. Alignment Device
8. PTP Aluminum Foil Loading Device
9. Waste Recovery Device
10. Kick Waste Unit
11. Stamping Device
12. Cam Box Adjustment
13. Air Clamp Traction Component
14. Variable Speed Drive
15. Indentation Unit
16. Batch Number Device / Case Rail Holder
17. Heat Sealing Device
18. Right Case Rail Holder
19. Long Guide Part Device
20. Forming Device
21. Heating
22. Left Case Rail Frame

## 2. Technical Parameters

No	Item	Technical parameters
1	Punching Frequency	Standard aluminum plastic sealing type (10-50 punches/min)1-6 blisters/punch (stroke > 80, blister depth > 10, unable to ensure 50 punches/min) With servo traction the pulling speed will be less than 40 punches/min
2	Production Capacity	9600 blisters/hour (calculated as 4 blisters/punch, 40 punches/min)
3	Forming Area	240 × 110 (mm <sup>2</sup> ) (max.)
4	Traction Stroke	Standard 20-120 mm, non-standard maximum stroke 160 mm
5	Blister Specification	Standard: 80 × 57 mm Ref: 80 × 57 95 × 65 103 × 43 120 × 43 (Can be designed according to user requirements)
6	Particles per Edition	Capsules: 10 grains (0#, 1#), 12 grains (1#, 2#, 3#) Tablets: 1-30 tablets Special shape article: Special Design
7	Packaging Material	Non-toxic PVC hard sheet 0.15-0.5 × 270 mm Coated PTP aluminum foil 0.02-0.035 × 270 mmDialysis paper 50-100 g/m <sup>2</sup> × 270 mm The reel aperture is 70-76 mm
8	Heating Power Consumption	Upper and lower forming heat: 1.5KW Heat Sealing Heating: 1.5KW
9	Main Motor	Y 90L — 6 1.5Kw

10	Air Pump Capacity	> 0.2 m <sup>3</sup> (self-contained) pressure: 0.4-0.8Mpa
11	Mold Cooling	Tap water or circulating water Consumption: 60 L/h
12	Overall Dimension	4300 × 850 × 1750 (L × W × H) mm
13	Weight	2700 kg

## Gummy Room: CandyWorx System



### System Setup

- 2.1.1 - Raw ingredients are brought into the gummy room and portioned out for the respective recipes at the weigh station.
- 2.1.2 - Clean empty molds are added to the input side of the CandyWorx DepositMore.
- 2.1.3 - All the heaters on the CandyWorx equipment are started and the CandyWorx slurry cooker and the CandyWorx Continuous Cooker are connected.

### Cooking



- 2.2.1 - The portioned ingredients are then added to the CandyWorx slurry cooker.
- 2.2.2 - The slurry is then transferred from the CandyWorx slurry cooker to the CandyWorx Continuous Cooker via direct connection.
- 2.2.3 - The CandyWorx Continuous Cooker then cooks the slurry to the recipe specifications and deposits a continuous stream of cooked gummy material into an open container or pot that will be used to transfer the cooked material to the CandyWorx DepositMore.

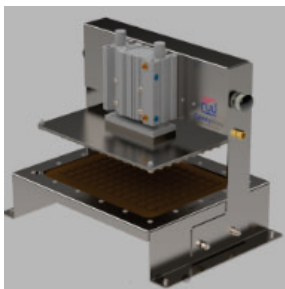
### Depositing

- 2.3.1 - The cooked gummy material is poured into the CandyWorx DepositMore's hopper to be deposited into the gummy molds. Keeping the room below 65 F and the humidity below 45% RH.
- 2.3.2 - The filled molds are then picked up from the output side of the CandyWorx DepositMore and placed onto half sheets that then go into bakers racks for cooling/curing/drying.
- 2.3.3 - The bakers racks are moved off to the side of the production line where they will finish cooling/curing/drying.





## Demolding



2.4.1 - When the gummy material is ready to be demolded, the bakers racks are wheeled over to the CandyWorx Demolder for demolding.

2.4.2 - The CandyWorx Demolder uses pneumatic cylinders to invert the mold cavities and thereby releasing the gummies onto a sheet pan below the demolder. The sheet pan will be used to transfer the gummies to the Panner.

2.4.3 - The Panner will be used to add either a sugar or oil coating to the outside of the gummy.

2.4.4 - After the panner, the gummies will be ready for either packaging or storage. If the gummies are to be packaged right away, they will be taken from the Panner to the USPE Automatic Blister Packing Machine for their preliminary packaging. If the gummies are to be stored before packaging, then they will go to 2.5 gallon (11.5"x16.5"x5.6") sealed Rubbermaid containers.

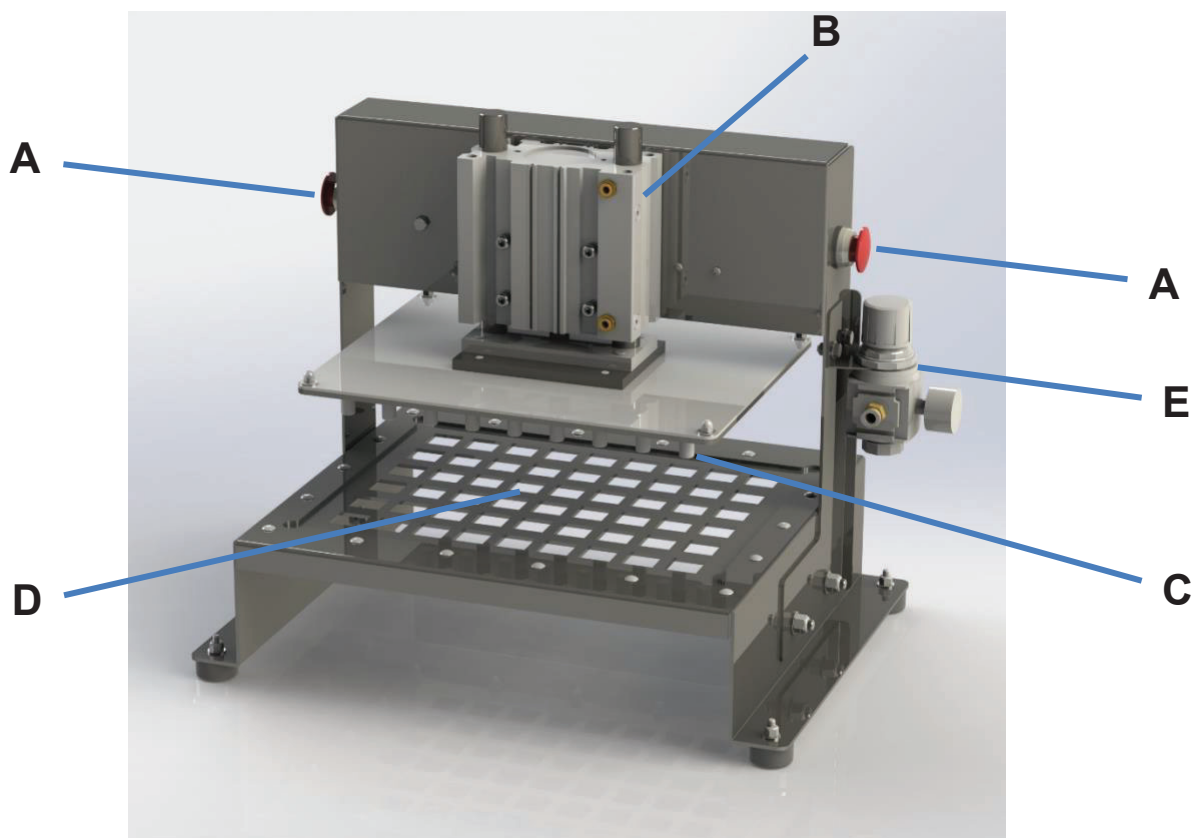
Raw Ingredients (based off evenly distributed extracted oil from trim)			
Ingredient	Approx. Pounds per Month	Storage Format and Conditions	Space Required
Pectin	152 lbs	40 lbs bags (3.8 bags per month) Standard indoor conditions protected from heat and moisture	(12" x 21.5" x 9.8") per 40 lbs bag
Sugar	2,918 lbs	50 lbs bags (58.36 bags per month) Standard indoor conditions	(26" x 16" x 6") per 50 lbs bag
Distilled Water	1,894 lbs	1 Gallon Standard indoor conditions	(6" x 6" x 9.75") per 1 gallon
Corn Syrup	3,050 lbs	5 Gallon Buckets (266.14 buckets per month) Standard indoor conditions	(12" w x 15"h) per 5 gal bucket
Flavor	11 lbs	1 Gallon Jugs (1.38 Jugs per month) Standard indoor conditions	(6" w x 11.6" h) per jug
Color	10 lbs	1 Gallon Jugs (1.25 Jugs per month) Standard indoor conditions	(6" w x 11.6" h) per jug
Citric acid	185 lbs	50 pound bags (3.7 Bags per month) Standard indoor conditions protected from moisture	(26" x 16" x 6") per 50 lbs bag

Finished Product (based off evenly distributed extracted oil from trim)				
SKU	Quantity	Frequency of Production Days of Production per Month	Storage Format and Conditions	Space Required *2 gal Rubbermaid tupperware*
Indica Flav. 1	76,644 pieces	1 Day	-Pieces can be stored in bulk in sealed containers when waiting to be packaged.  -Store between 20% and 30% RH and standard indoor temps.	approx. 40 containers, (16.5" x 11.3" x 5.5")
Indica Flav. 2	76,644 pieces	1 Day		approx. 40 containers, (16.5" x 11.3" x 5.5")
Indica Flav. 3	76,644 pieces	1 Day		approx. 40 containers, (16.5" x 11.3" x 5.5")
Sativa Flav. 1	76,644 pieces	1 Day		approx. 40 containers, (16.5" x 11.3" x 5.5")
Sativa Flav. 2	76,644 pieces	1 Day		approx. 40 containers, (16.5" x 11.3" x 5.5")
Sativa Flav. 3	76,644 pieces	1 Day		approx. 40 containers, (16.5" x 11.3" x 5.5")
Hybrid Flav. 1	76,644 pieces	1 Day		approx. 40 containers, (16.5" x 11.3" x 5.5")
Hybrid Flav. 2	76,644 pieces	1 Day		approx. 40 containers, (16.5" x 11.3" x 5.5")
Hybrid Flav. 3	76,644 pieces	1 Day		approx. 40 containers, (16.5" x 11.3" x 5.5")

Max system output per day = 1 batch = 77,000 gummies			Max system output per month (5 production days/week) = 1,540,000 gummies = 20 batches			
Ingredients per Batch	Pectin	17 lbs (0.35 bags)	Ingredients per month	Pectin	340 lbs (7 bags)	(12" x 21.5" x 9.8") / bag
	Sugar	257 lbs (5.03 bags)		Sugar	5,140 (100.6 bags)	(26" x 16" x 6") / bag
	Dist. Water	208 lbs (26 gal)		Dist. Water	4,160 (520 gal)	(6" x 6" x 9.75") / gal
	Corn Syrup	336 lbs (6 five gal buckets)		Corn Syrup	6720 (120 five gal buck	(12" w x 15"h) / bucket
	Flavor	1 lbs (0.091 jugs)		Flavor	20 lbs (1.8 one gal jugs)	(6" w x 11.6" h) / jug
	color	1 lbs (0.1 jugs)		color	20 lbs (2 one gal jugs)	(6" w x 11.6" h) / jug
	Citric Acid	20 lbs (4 five lbs bags)		Citric Acid	400 lbs (80 five lbs bag	(26" x 16" x 6") / bag
<b>Max dailey finished product storage</b>			<b>Max monthly finished product storage</b>			
40 rubbermaid containers (16.5" x 11.3" x 5.5") or 30, 3 three gal buckets (12" w x 11.5" h)			800 rubbermaid containers (16.5" x 11.3" x 5.5") or 600, 3 three gal buckets (12" w x 11.5" h)			



## Demolder Components



- A) Push Buttons
- B) Actuator
- C) Ejector Pins
- D) Ejector Plate
- E) Compressed Air Regulator

### General

This Installation, Operation, and Maintenance Manual contains information on how to install, operate, and maintain the CandyWorx Demolder safely and efficiently. Following the instructions of this manual will help avoid dangerous conditions, excessive repair costs, and maximize the efficiency of the machine.

This CandyWorx Demolder does not replace the instruction from authorized representatives of CandyWorx or Spec Engineering.

Only commissioned and trained personnel should work on or operate the CandyWorx Demolder. Any local regulations and all other accepted rules concerning safety and health must be observed.



Item	LOCATION	Description	Qty.
100746	DEPOSITOR ROLLOFF	HEATER-AIR PROCESS, 2.38" ID, 14" OAL, 2000 W @ 240 VAC, SF3 SCREW AND NUT TERMINALS, SF13A TYPE R ENCLOSURE	1
100881	DEPOSITOR ROLLOFF	CASTER-3" SWIVEL PLATE LEVELING POG WHEEL, DEPOSITORS, HRLK-POG-80-G	1
101620***	DEPOSITOR ROLLOFF	ORING-.13 FRAC WIDTH, DASH 207, SILICONE, 70A DUROMETER, 25 PC	1
133291***	DEPOSITOR ROLLOFF	CYLINDER-GUIDED 50MM BORE X 40MM STROKE WITH SWITCH	2
133316***	DEPOSITOR ROLLOFF	PUMP CYLINDER - 1 1/16" BORE X 3" STROKE BLOCK MOUNTED MOUNTING HOLES	2
133716***	DEPOSITOR ROLLOFF	ORING CORD-1/8 FRAC WIDTH, .139 ACTUAL WIDTH, FOOD GRADE VITON RUBBER, CUT TO 10 FOOT LENGTH	1
166146	DEPOSITOR ROLLOFF	HEATER- SILICONE RUBBER PAD 11.00" X 9.00", 240V/495W, TYPE WW (FOR 2511 DEPOSITORS ONLY)	1
166168	DEPOSITOR ROLLOFF	SWITCH - SAFETY (2) NC SAFETY (1) NO MONITOR OUTPUT 2M CABLE RIGHT EXIT MOUNT	1
166170	DEPOSITOR ROLLOFF	HEATER- SILICONE RUBBER PAD 9.00" X 4.00", 240V/180W, TYPE WW (FOR 4016 AND 2511 DEPOSITOR SIDES)	1
166173	DEPOSITOR ROLLOFF	HEATER- SILICONE RUBBER PAD 14.00" X 9.00", 240V/500W, TYPE WW (FOR 4016 DEPOSITORS ONLY)	1
166175	DEPOSITOR ROLLOFF	HEATER- CARTRIDGE HOTROD .38" X 11.00", 240V/500W, TYPE C, (FOR 2511 ONLY)	1
166176	DEPOSITOR ROLLOFF	HEATER- CARTRIDGE HOTROD .38" X 14.00", 240V/500W, TYPE C, (FOR 4016 ONLY)	1
166177	DEPOSITOR ROLLOFF	SENSOR - TEMPERATURE PROBE, .13 DIA X 6.00" W 48" 24 GA 2 WIRE LEAD, BENDABLE, FOR BASE	1
166179	DEPOSITOR ROLLOFF	SENSOR - RTD TEMPERATURE PROBE, 100 OHM, .13" DIA X 0.32 LONG, 72" SS BRAIDED LEAD, (3) 30 GA INSULATED WIRES, 515-350	1
166184	DEPOSITOR ROLLOFF	INTERLOCK SAFETY SENSOR SET, 36MM X 26MM, NON CONTACT MAGNETIC, 6.5' CABLE PIGTAIL	1
201607	DEPOSITOR ROLLOFF	PLATE-PISTON SPACER (4 ON, 2.544P)	1
201713	DEPOSITOR ROLLOFF	NOZZLE-SOLID STREAM JET (.14 OPEN).13 RC	1
201714	DEPOSITOR ROLLOFF	NOZZLE-SOLID STREAM JET (.19 OPEN).13 RC	1
600503	DEPOSITOR ROLLOFF	ASSY - PUMP PISTON/ROD	1
600504	DEPOSITOR ROLLOFF	ASSY - SHUTTLE GUIDE	1
601396***	DEPOSITOR ROLLOFF	BLOCK - PRESSURE	1
Custom	DEPOSITOR ROLLOFF	DISTRIBUTOR/NOZZLE ASSEMBLY	1
133469	AIR HEATER	BLOWER-DEPOSITOR	1
133479***	AIR HEATER	HOSE, 2.00" ID X 2.50" OD X 5', FLEXIBLE DUCT STYLE	1
166156	AIR HEATER	SWITCH-HEATER BOX AIR SENSING	1
166180	AIR HEATER	SENSOR - RTD TEMPERATURE PROBE, 100 OHM, .25" DIA X 4.00" LONG, 3 PIN STD ROUND PIN PLUG END, 316 SS SHEATH, 314-355	1
101459***	CONVEYOR	ROLLER CHAIN-SINGLE STRAND ANSI 35 .38IN PITCH, ATTACHMENT CONNECTING LINK, 304SS, DEPOSITOR, CL35SS-SA1	1
101490	CONVEYOR	GEARBOX, SERVO PLANETARY, 10:1 RATIO, 0.5" DIA OUTPUT SHAFT, 142 LB-IN OUTPUT TORQUE, NEMA 34 FRAME, SUREGEAR, PGCN34-1050	1
101924	CONVEYOR	ROLLER CHAIN-SINGLE STRAND ANSI 35 .38IN PITCH, 25FT LONG, 304SS	1
166167	CONVEYOR	PHOTOEYE - DIFFUSE REFLECTION, 500MM RANGE, PNP, M12 QD CONNECT	1
166185	CONVEYOR	MOTOR STEPPER, 434 OZ-IN HOLDING TORQUE, SINGLE SHAFT, 1.8 DEG STEP ANGLE, 200 STEP PER REV, BIPOLAR, NEMA 34 FRAME, IP40, SURESTEP, STP-MTR	1
101461	CONTROL PANEL AND CONVEYOR	ADJUSTABLE LEG STAND-5/8-11 X 6" LONG, 3.15" BASE, RUBBER PAD, DEPOSITORS, 10T6WP8N	1
133478	CONTROL PANEL	REGULATOR - 125 PSIG, 1/4 NPT PORT WITH GAUGE AND BRACKET	1
166189	CONTROL PANEL	VALVE-SOLENOID 5-PORT, .25 NPT PORTS, 4 WAY, SINGLE SOLENOID, 24 VOLT VALVE	1



## Data Sheet

Machine No(s): 11352-900151-100

Machine Type: DepositMore™ DM2520

Number of Nozzles: 20

Mold Specifications:

System configured for (3) molds with exterior dimensions of 8.31" x 15.28"

Nozzle/cavity width spacing: Centerlines identical at 1.00" on all 3 molds

Cavity length spacing: Centerlines identical at 0.75" on all 3 molds

Quantity of (4) carrier trays provided to accommodate the specified mold size (additional carrier trays can be purchased through CandyWorx)

Rated Capacity:

- Hopper Capacity
  - 2511 - 25L, Maximum hopper operating capacity 16L
  - 4016 - 40L, Maximum hopper operating capacity 26L
- Maximum machine throughput: 10 depositing strokes a minute x number of nozzles
  - Depends on product mixture and viscosity
- Mold widths 11 inches wide and 16 inches long
  - Additional lengths can be accommodated with special configuration, contact CandyWorx for details
- Typically pump configuration can accommodate 3 ml to 12 ml
  - Optional pump configuration for larger and smaller volumes can be available with separate changeover tooling. Contact CandyWorx for additional configuration details

Power: Please see electrical details on electrical tag attached to control cabinet

Typically, Electrical- 208-230 volt, 1 ph

Optional 480v, 3 ph with integrated transformer only

Control Power: 24 VDC

Servo power: 48 VDC

Full Load Current Draw: 25 amps @ 208-230 volts

Compressed Air: Compressed Air- 4 scfm clean, dry air @ 60-80 psi

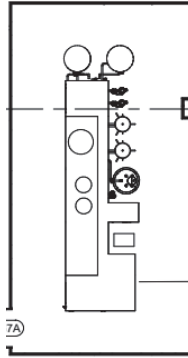
Steam: N/A

Hot Water: N/A

Chilled Water: N/A

Wash Water: 1-2 gallons of warm water per cleaning rinse

## Extraction Room: Entexs



### Extraction

- 6.1.1 - Trim is brought into the room and weighed at the weigh station.
- 6.1.2 - Trim is loaded into the Entexs Extraction system.
- 6.1.3 - After operation, the extract is removed from the system and weighed at the weigh station. Then the extracted trim is removed from the extraction system.
- 6.1.4 - The system is reloaded for another extraction process.



Raw Ingredients (based off approx. trim yield)			
Ingredient	Approx. Pounds per Month	Storage Format and Conditions	Space Required
Trim	325 lbs	Stored in sealed bags or containers. 30% to 40% RH at 65 to 70 deg F.	Yield Dependent

Finished Product (based off approx. trim yield)				
SKU	Quantity per Month	Frequency of Production Days of Production per Month	Storage Format and Conditions	Space Required
Strain 1	29 lbs	Depending on production needs, 1 hour - 1 day	-Extract can be stored in food safe containers. -30% to 40% RH at 65 to 70 deg F.	Yield dependent
Strain 2	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 3	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 4	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 5	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 6	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 7	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 8	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 9	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 10	29 lbs	Depending on production needs, 1 hour - 1 day		
Strain 11	29 lbs	Depending on production needs, 1 hour - 1 day		

Max system output per day = 1 batch = 450 lbs			Max system output per month (5 production days/week) = 9,000 lbs = 20 batches		
Ingredients per Batch	Trim	450 lbs	Ingredients per month	Trim	9,000 lbs

## 2.0 Introduction and Installation

### 2.1 System Overview

The Entexs Mini-3 extraction system is a closed-loop, automated extraction system that processes input biomass all the way to crude and distillate.

- Designed to process up to 300 lbs (140kg) of dried biomass to high quality broad spectrum crude oil (winterized, decarbed, and free of residual solvents) or distillate.
- Closed loop processing means no handling of the material between biomass being loaded at the beginning of the process and the desired product take-off point.
- Ultra-cold ethanol eliminates the need for winterization
- Balanced modules support continuous end to end production from biomass to distillate
- Alternatively, the distillation module can be used to process crude from stock by transferring the input crude directly to the distillate feed tank.
- The system contains multiple, independently controlled thermal and vacuum loops to support concurrent extraction, evaporation, and distillation
- Distillation vacuum set point control and independent thermal loops allow for precise tuning of distillation parameters.
- Thermally jacketed product lines ensure easy pumpability and transfer of product from evaporation to distillation and off-take.





## 5.0 Replacement Parts

Item Description	Source/ Mfg.	Rec. Spare Qty	Part No.	Manufacturer's Description
<b>Filters</b>				
Pall Particulate Filter	Pall	1	5303072	SUPRApak PW 7100 LW
Pall Carbon Filter	Parker	1	NA1062KC C16-01	SUPRAdisc SD AKS 7 300XAK7C415SP
Biomass Bags	Entexs	20	ECVC0001793	ZIPPER EXTRACTION BAGS, 150 MU, CLOSED BOTTOM, CLOSED TOP W/ZIPPER
<b>Fluids</b>				
Ethanol Solvent	Various	-	CDA-12 A 200	UN 1170 ETHANOL SOLUTION CDA 12-A, 200 PROOF (or Equivalent)
CRVpro 30 Vacuum Pump Oil	Welch Vacuum	5L	800995-05	Directorr™ Premium Vacuum Oil (5 liter)
Diffusion Pump Oil	Various	500cc	DC-704	Silicone Diffusion Pump Oil
HTF – Low Temp Loop	Eastman Therminol	55 Gal (1-Drum)	Therminol D12	Therminol D12 heat transfer fluid
HTF - Glycol Loop	Various	20 Gal	Propylene Glycol	Propylene Glycol
HTF - Evap TCU Loop	Various		Fed from chiller	Water
HFT - Tank Jackets and Heated Lines	Eastman Therminol	55 Gal (1-Drum)	Therminol XP	Therminol XP heat transfer fluid
HTF - Dist. WFE Outer Jacket	Eastman Therminol	55 Gal (1-Drum)	Therminol XP	Therminol XP heat transfer fluid
HTF - Dist. I/C	Eastman Therminol	55 Gal (1-Drum)	Therminol XP	Therminol XP heat transfer fluid
<b>Gaskets and Seals</b>				
Tri-clamp Gasket, 1", Teflon	Various	10	40MP-1-TEF	1" Teflon Tri-clamp Gasket
Tri-clamp Gasket, 1.5", Teflon	Various	10	40MP-1.5-TEF	1.5" Teflon Tri-clamp Gasket
Tri-clamp Gasket, 2", Teflon	Various	5	40MP-2-TEF	2" Teflon Tri-clamp Gasket





## USER MANUAL

## MINI-3 EXTRACTION SYSTEM

KF-16 Gasket	Various	3	ISO KF-16	ISO KF-16 Centering Ring, Stainless Steel, Viton Gasket
KF-25 Gasket	Various	3	ISO KF-25	ISO KF-25 Centering Ring, Stainless Steel, Viton Gasket
KF-40 Gasket	Various	2	ISO KF-40	ISO KF-40 Centering Ring, Stainless Steel, Viton Gasket
KF-50 Gasket	Various	2	ISO KF-50	ISO KF-50 Centering Ring, Stainless Steel, Viton Gasket
<b>O-Rings</b>				
Centrifuge Lid O-Ring	Various	2	AS568-472 (EPDM)	AS568-472 O-Ring, EPDM
Desolventizing Lid and Distillation Feed Tank Lid O-Ring	Various	2	AS568-458 (EPDM)	AS568-458 O-Ring, EPDM
5" Sight Glass O-Rings (Desolv, Dist. Feed, and Buffer tanks)	Various	4	AS568-347 (EPDM)	AS568-347 O-Ring, EPDM
<b>Pump Rebuild Kits</b>				
Filtration Feed Pump, Unibloc-PD 275 Mechanical Seal Kit	Liquiflo	1	K-H5RS6PEEW00V060-8	Single Mechanical Seal Component Kit
Crude Transfer Pump and Distillation Off-Take Pump, Liquiflo H5R	Liquiflo	1	K-H5RS6PEEW00V060-8	Rebuild kit for H5RS6PEEW00V060-8
Distillation Feed Pump, Liquiflo 2R	Liquiflo	1	K-2RS6PE220X-8	Rebuild kit for 2RS6PE220X-8
<b>Mechanical Seals</b>				
Seal Assy - Centrifuge	Entexs	0-1	ECSA0000568	Mechanical Seal Assembly, 3.25"
Seal Assy - Wiped Film Evaporator	Entexs	0-1	ECSA0000864	Mechanical Seal Assembly, 2.25"
Seal Assy - Desolventizing Tank	Entexs	0-1	ECSA0000864	Mechanical Seal Assembly, 2.25"
FFE Cylindrical Sight Glass	Entexs	1	ECVC0000663	SIGHT GLASS, 6" OD x 5.375" ID x 2.5" L
<b>Misc.</b>				
Distillation Wiper Blades	Entexs	4	ECDC0000772	Wiper Blade, Mini, WFE



## USER MANUAL

## MINI-3 EXTRACTION SYSTEM

Fuses				
Bussman Series JKS Fast-acting Fuse - 45A	COOPER BUSSMAN	2	JKS-45	600V/45A
Bussman Series DFJ High Speed Fuse - 20A	COOPER BUSSMAN	2	DFJ-20	600V/20A
Bussman Series LPJ Low-peak Fuse - 2A	COOPER BUSSMAN	3	LPJ-2SP	600V/2A
Bussman Series JKS Fast-acting Fuse - 25A	COOPER BUSSMAN	2	JKS-25	600V/25A
Bussman Series JKS Fast-acting Fuse - 15A	COOPER BUSSMAN	2	JKS-15	600V/15A
Bussman Series JKS Fast-acting Fuse - 6A	COOPER BUSSMAN	6	JKS-6	600V/6A
Bussman Series FNQ-R fuse - 12A	COOPER BUSSMAN	2	FNQ-R-12	600V/12A
Bussman Series FNQ-R fuse - 15A	COOPER BUSSMAN	2	FNQ-R-15	600V/15A
Bussman Series KTK-R fuse - 2.5A	COOPER BUSSMAN	2	KTK-R-2-1/2	600V/2.5A
Littlefuse Series 0313006.HXP fuse - 6A	Littlefuse	2	0313006.HXP	250V/6A

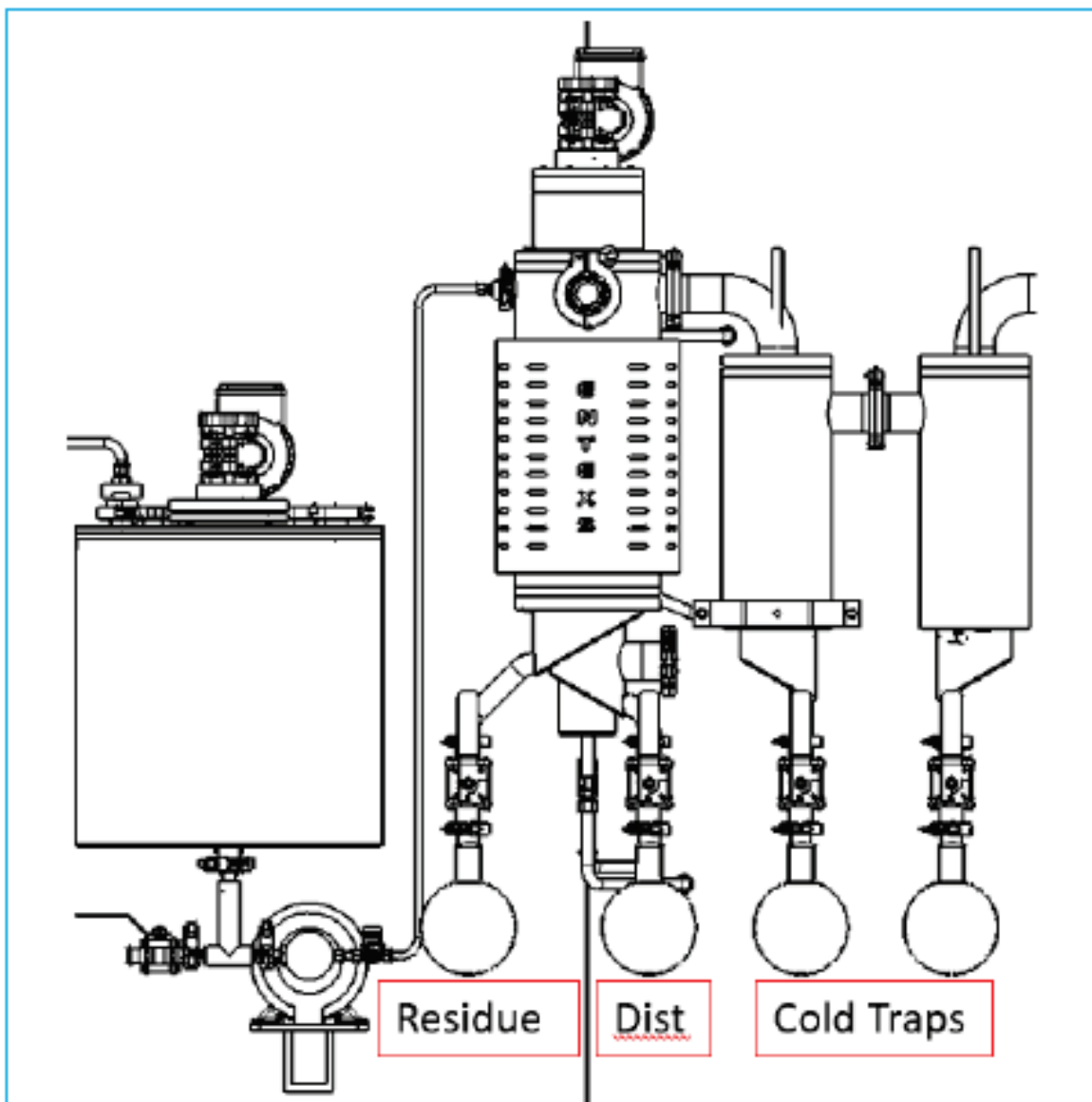
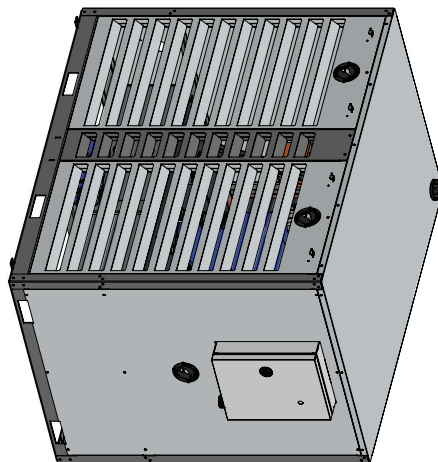
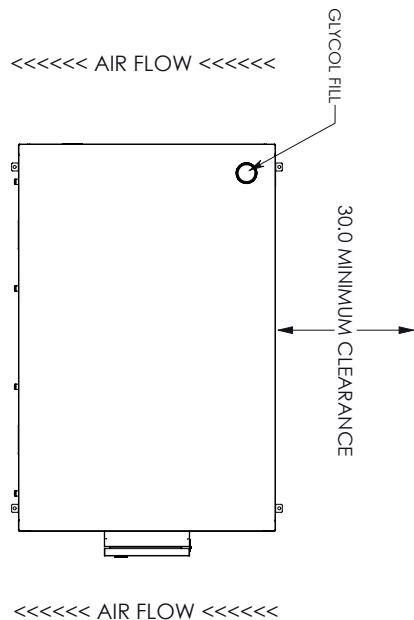
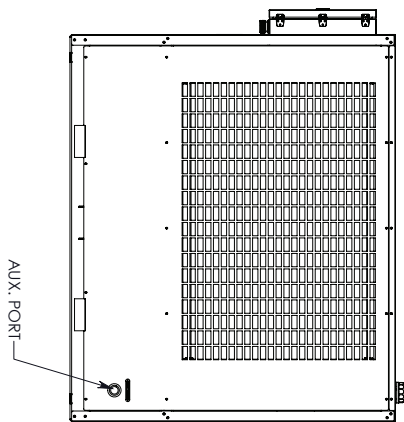
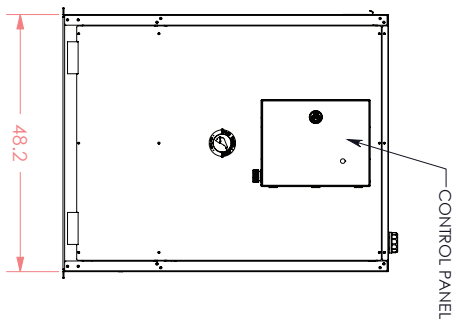
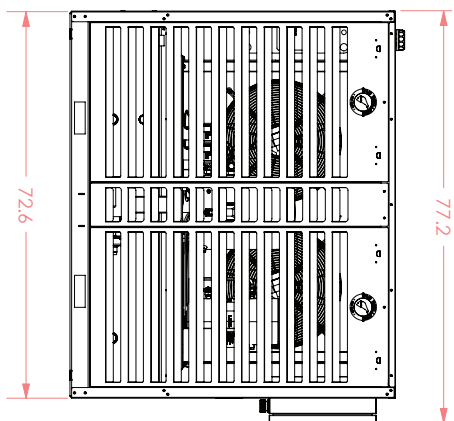
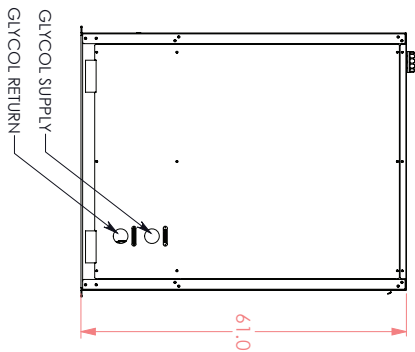


Figure 29. Distillation collection streams



# GD-10H / 13.5H STATIONARY CHILLER

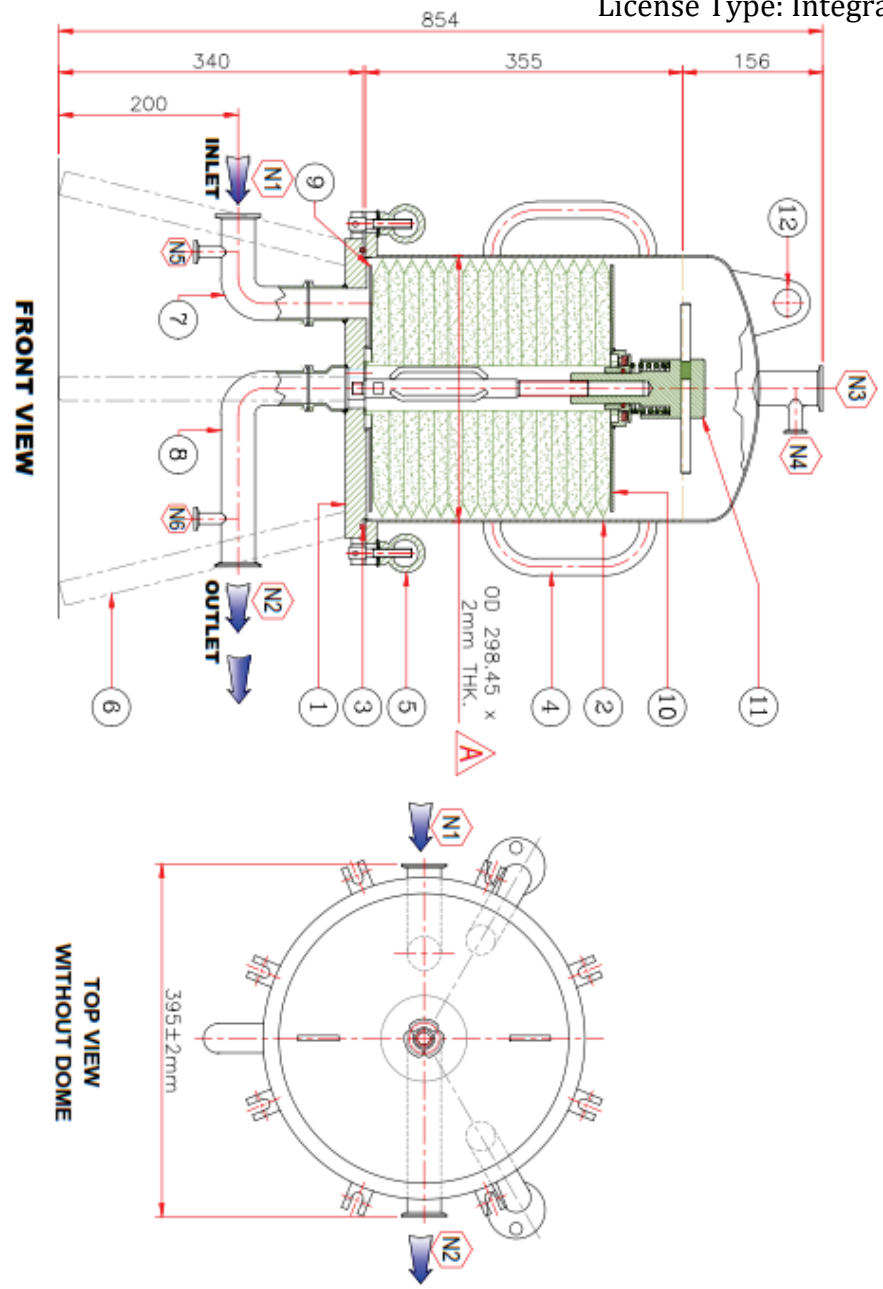


GSD CHILLER

COMMITTED TO COLD

EST 1993

760 BAILEY HILL RD. EUGENE, OR 97402 • TEL (541) 345-3903 (800) 558-0973



Sr No	Drawing Number	Drawing Description
01	8705-A0371IF1201	G/A FOR 012X1 High Lenticular Filter Housing Flat Type Industrial Design

DESIGN DATA	
FILTER SIZE/TYPE	-
QTY.	1 No.
DESIGN CODE	GRP
DESIGN PRESSURE Kg/cm <sup>2</sup> (g)	SHELL
WORKING TEMP. °C Kg/cm <sup>2</sup> (g)	5.0
DESIGN TEMP. °C	120°C
HYDRO TEST PRESSURE Kg/cm <sup>2</sup> (g)	150°C
MOUNTING	7.0
	LEG MOUNTED

NOZZLE LISTS					
NOZZLE MARK	NO REQ'D	NOM. SIZE	TRICLOVER RATING	SERVICE	REMARKS
N-1	1	1.5"	1.5" TRICLOVER	INLET	
N-2	1	1.5"	1.5" TRICLOVER	OUTLET	
N-3	1	1.5"	1.5" TRICLOVER	PRESSURE GAUGE	
N-4	1	1/2"	1/2" TRICLOVER	VENT	
N-5	1	1/2"	1/2" TRICLOVER	DRAIN	
N-6	1	1/2"	1/2" TRICLOVER	SAMPLING	

- NOTES :-
1. ALL DIMENSIONS ARE IN MM.
  2. ALL SHARP CORNERS TO BE CHAMFERED
  3. ALL WELD TO BE GROUND SMOOTH & RADIOUSED, ALL BURS & SHARP EDGES TO BE REMOVED, FINAL SURFACES FINISH.
  - INTERNAL : MATT FINISH
  - EXTERNAL : MATT FINISH
  4. TOLERANCE ±5mm UNLESS OTHERWISE SPECIFIED
  5. MATERIAL : SS316L/1.4404 (CONTACT PARTS ONLY)

ITEM	DESCRIPTION	MATERIAL	QTY	REQ'D
12	LIFTING LUG	SS304	2	
11	KPOB ASSEMBLY	PP	1	
10	TOP PROTECTION PLATE	SS316L/1.4404	1	
9	RAFFLE PLATE	SS316L/1.4404	1	
8	OUTLET PIPE	SS316L/1.4404	1	
7	INLET PIPE	SS316L/1.4404	1	
6	MOUNTING LUG	SS304	3	
5	SPRING-BOLT ASSY.	SS304	8	
4	HANDLE	SS304	2	
3	O-RING	SILICONE-FOOD GRADE	1	
2	SHELL	SS316L/1.4404	1	
1	BASE	SS316L/1.4404	1	

MATERIAL LIST

REV. NO	DESCRIPTION	MD. BY	CHD.	DATE
A	As per customer comments	CB	VP	02-04-2020

SCALE: 1:1

TYPE: G/A FOR 012X1 High Lenticular Filter Housing

DESIGN: Flat Type Industrial Design

SIZE: A3

SHEET: 1 OF 1

DATE: 02-04-2020

DRWN: Gopal

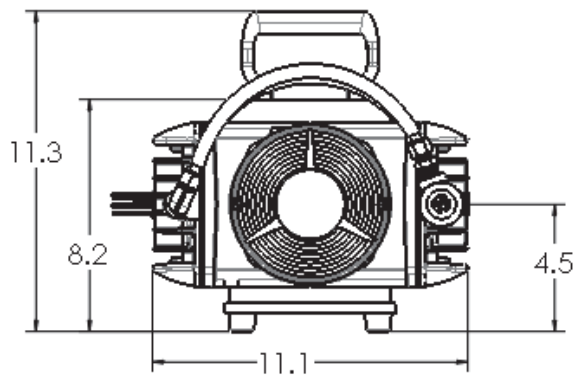
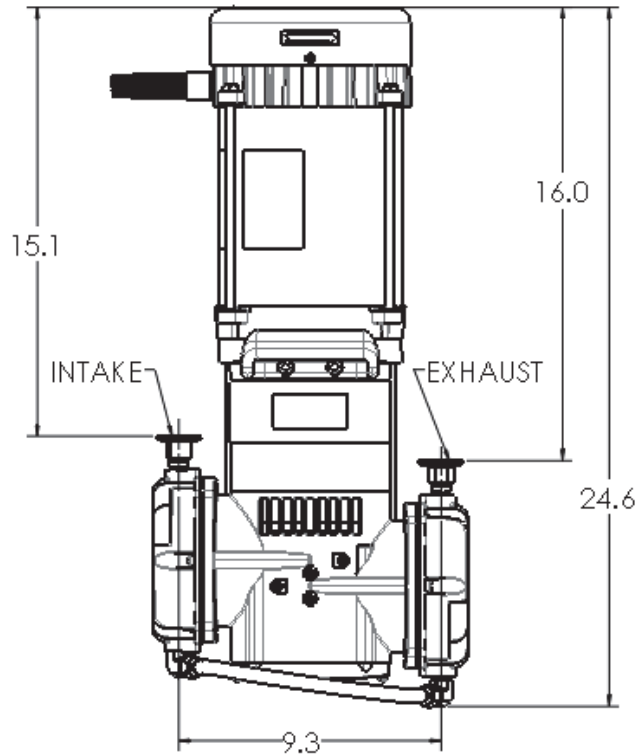
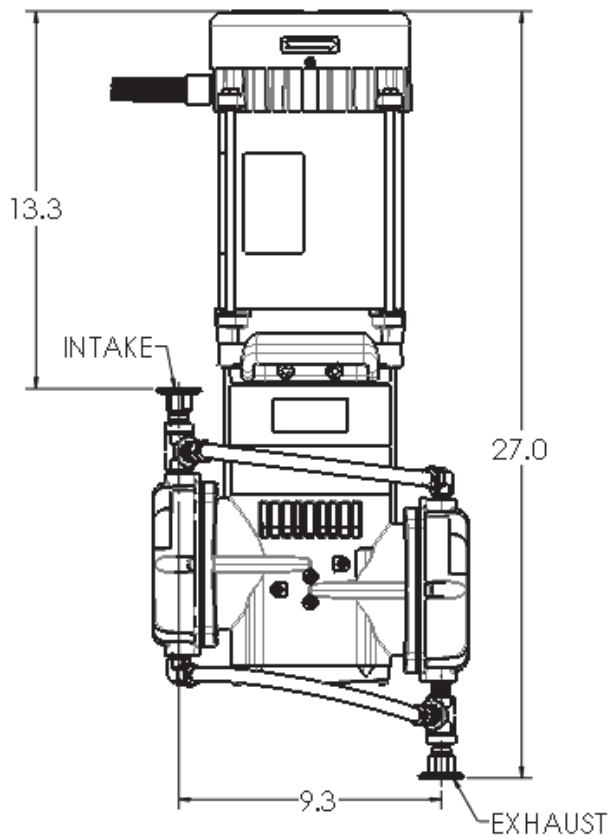
CHKD: Vijay

DESIGN: 30.30.2008

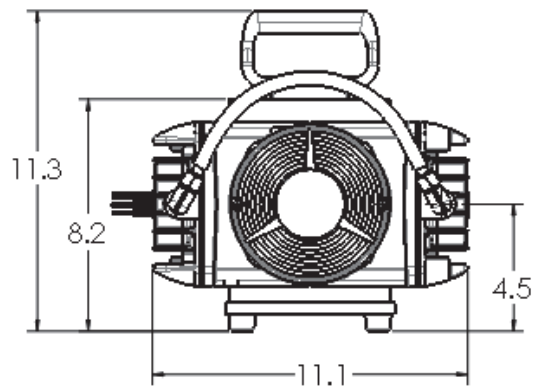
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### Section 7: DRAWINGS

#### 7.1 Dimensional Drawings

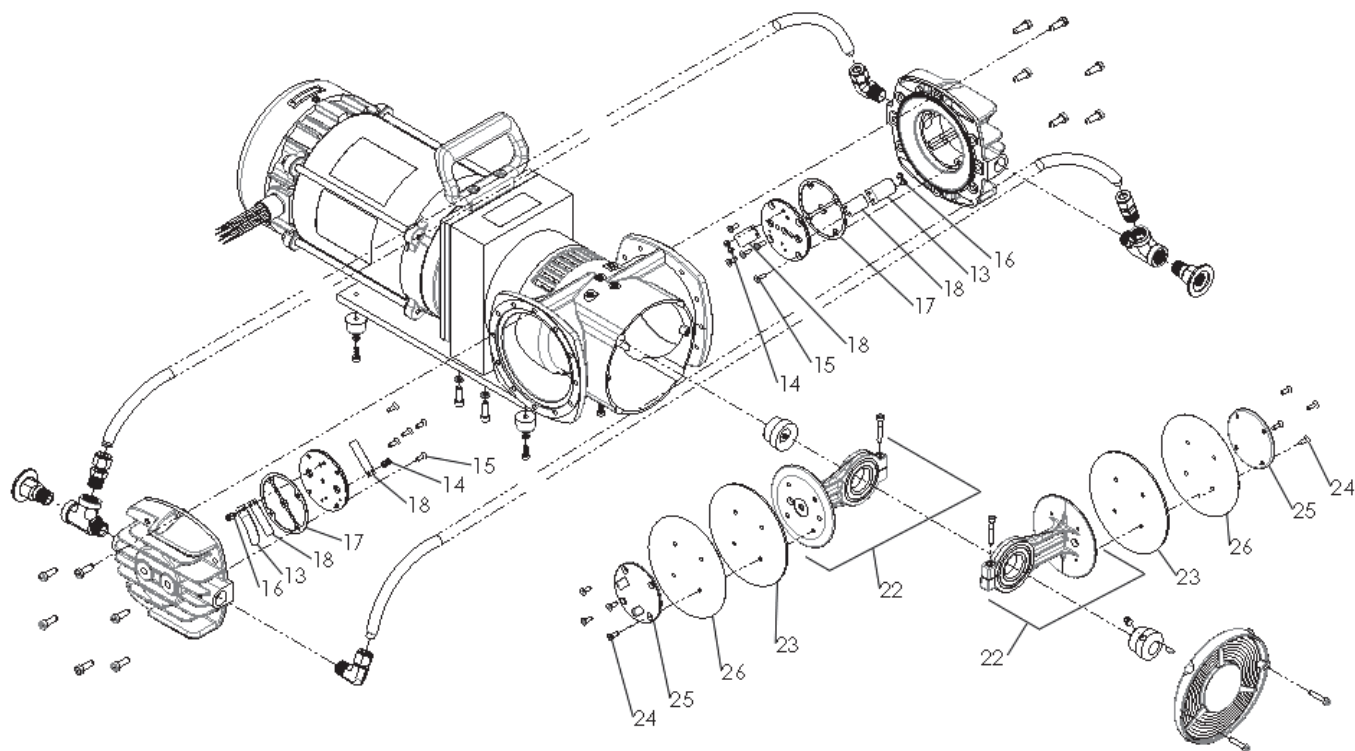


2085W-01



2090W-01

**Exploded View for 2085W-01**



**Parts List for  
2085W-01**

Item No.	Part No.	Description	Diaphragm Service Kit 2090K-01	Valve Plate Service Kit 2090K-02
13	See Note 1	Valve Keeper	-	2
14	See Note 1	Screw-Valve Flapper-Intake	-	4
15	See Note 1	Screw-Valve Plate	-	10
16	See Note 1	Screw-Valve Flapper-Exhaust	-	4
17	See Note 1	Valve Plate Gasket	-	2
18	See Note 1	Valve Flapper-Intake & Exhaust	-	4
22	-	Connecting Rod	-	-
23	See Note 1	Diaphragm	2	-
24	See Note 1	Screw-Hold Down Plate	8	-
25	See Note 1	Hold Down Plate	2	-
26	See Note 1	PTFE Liner	2	-

**Note 1:** These parts are not available separately, but are supplied within kits.



# Ultra-Low Temperature Chiller - Owner's Manual

## NSC5000-ULT

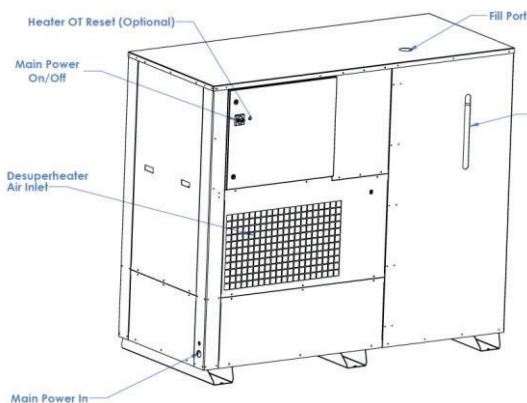


Figure 3 - Chiller Front

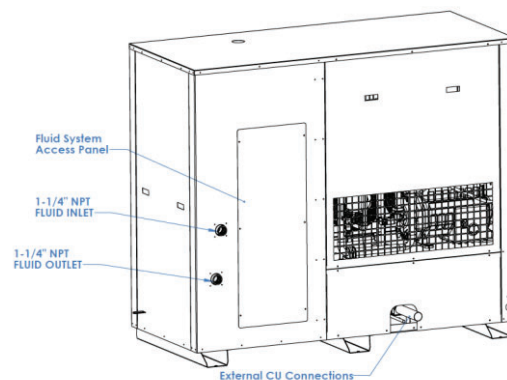


Figure 2 - Chiller Back

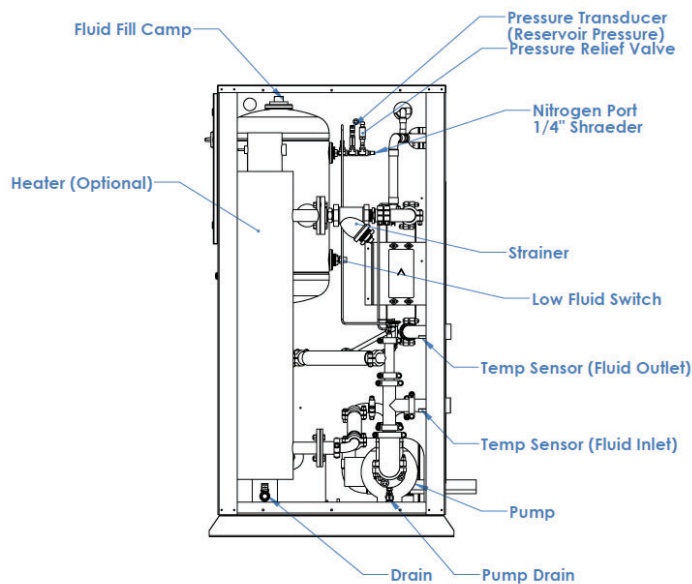
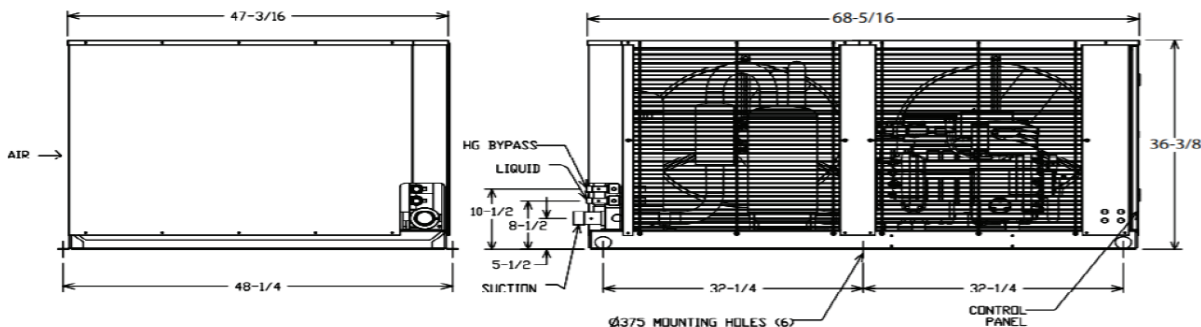


Figure 3 - Chiller Fluid Section

## NSC5000-ECU





Product description

### 5.3 Operating and functional elements

The following figure shows the operating and functional elements and their position on the unit.

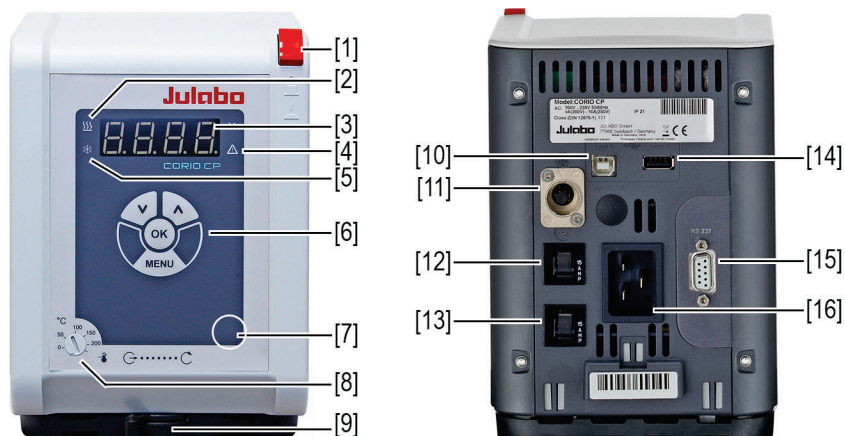


Fig. 1: Control and function elements

1	Mains switch
2	Heating control LED
3	LED display
4	Alarm control LED
5	Cooling control LED
6	Keypad with display
7	Service key (covered)
8	High temperature cut-off setting
9	Internal/external flow direction setting
10	USB interface Type B
11	CAN plug for connection with a cooling machine
12	Mains fuse
13	Mains fuse
14	USB interface Type A
15	RS232 interface
16	Mains connection



Microfluidics International Corporation  
 A Unit of IDEX MPT Group  
 90 Glacier Drive, Suite 1000  
 Westwood, MA 02090  
 www.microfluidicscorp.com

License Type: Integrated Facility



Fitzpatrick  
 Microfluidics  
 Quadro  
 Steridose

# Installation Guide LM10 Microfluidizer™

## Pre-installation requirements

- Bench that will hold 75 lbs/ 34 Kg.
- Dimensions: (H x W x L) 19" H x 19" W x 27" L (48cm x 48cm x 69 cm) allow 12" around the unit.
- Electrical Power Requirement: 110VAC-1.2A/230VAC-0.6A at 50/60 HZ outlet through a properly grounded breaker.
- Air supply. See below.
- A high flow, two stage regulator will be required if using Nitrogen tanks. \*
- Tank wrench if using compressed gas.
- Clean water supply for washing and flushing.
- Minimum 1L of 70% IPA.
- Gloves, lab coat, goggles, small beakers, paper towels.

**Air supply.** The LM10 is supplied with an air hose with 1/2" Male NPT on supply side and a quick-connect on the machine side. The in-house air supply should be at least 1/2" internal diameter. Larger ID may be required if there is a long run or multiple turns from the source.

**57 scfm @ 120 psi (1.6m<sup>3</sup>/min @ 8.3 bar). Dew Point of -35 to 0°F (-37 to -17°C). Filtered to 40 micron. Typically a 15HP or greater compressor.**

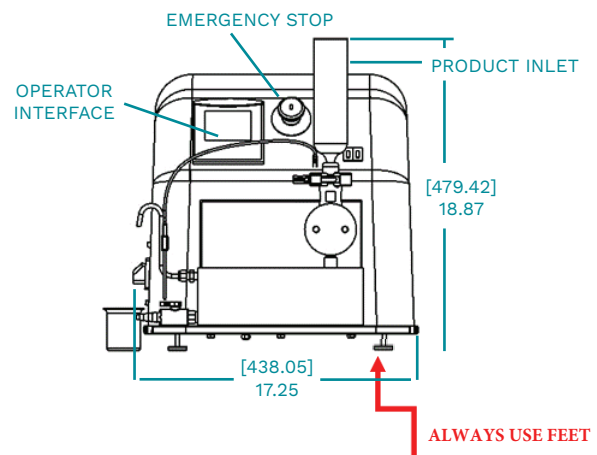
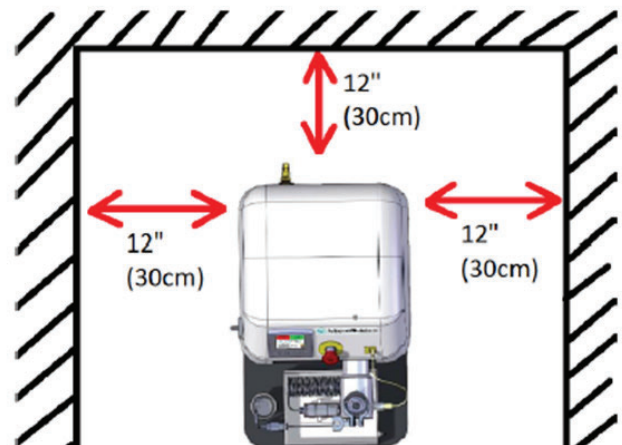
Isolation valve to shut off and vent gas supply. Shut off valves or additional quick-connects that restrict flow should not be used, we recommend ball valves. No regulator, traps, filters (unless rated for high flow) and no needle valve should be in line. The air should not exceed 150 PSI (9.6 bar) before the processor.

The air supply should include an activated carbon filter upstream of a desiccant dryer. This will prevent compressor oil from contaminating the dryer, reducing its effectiveness, and ultimately entering the Microfluidizer causing premature failure of the O-rings in the air pump.

\* Part number 801.00318 is available from Microfluidics if a regulator and connectors for Nitrogen or air is required.



Model shown is subject to change depending on options selected



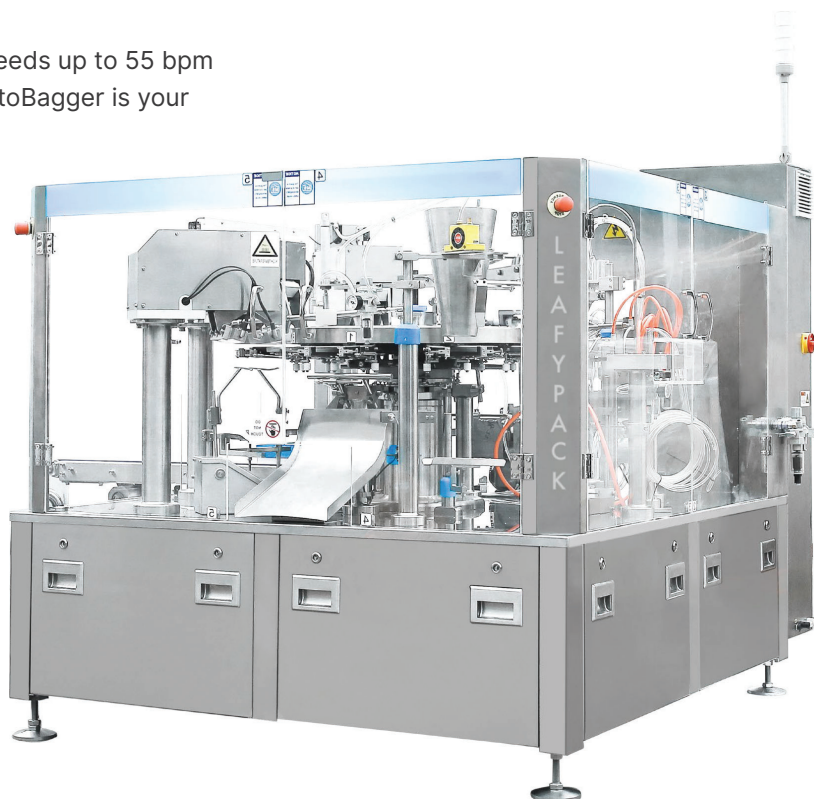
# Edible RotoBagger Pre Made Pouch Rotary Bagger

## Description

Our German engineered RotoBagger has upgraded speeds up to 55 bpm and features a wider array of bag size options. The RotoBagger is your solution to automate edibles.

## Features

- Bag Material: Multilayer Composite Premade Bag e.g.: PET/PE
- Bag Type: Doy bag, Zipper bag, Edging bag 4 sides, Edging bag 3 sides, Paper bag
- Upgradable Bag Type: Gusset Bag, Zipper Bag, Flat Bottom Pouch
- Size Range: W:80~190mm | L:100~300mm
- Speed: 30-60 ppm (pre opened zipper)
- Voltage: 220V, 3P, 60HZ, 2.5KW
- Air Pressure: 0.65Mpa
- Air Consumption: 0.4m<sup>3</sup>/min Supplied by user
- Body Dimension: 1710 x 1505 x 1640mm
- Touch Screen: 7" Omron PLC and HMI



Fully Automated System From Filling To Cartoning

[leafypack.com](http://leafypack.com) | 18

# XP 1



## The Single Punch Tablet Press



Proven and Reliable

**KORSCH**

The Specialist.  
Page 37 of 40

# Technical Data

## KORSCH XP 1 / XP 1 WipCon®

		XP 1	XP 1 WipCon®
<b>Pressing Tools/Adapters for</b>		TSM/EU: B-/D-Tool + EK-0	TSM/EU: B-/D-Tool
<b>Die Plate for</b>		TSM/EU: B-/D-Tool + EK-0	TSM/EU: B-/D-Tool
<b>Compression Force</b>	kN	50	50
<b>Tablet Diameter max.</b>	mm	25	25
<b>Filling Depth max.</b>	mm	20 (22 for TSM/EU-D)	20 (22 for TSM/EU-D)
<b>Press Speed</b>	strokes/ min	10–60 (infinitely variable)	10–60 (infinitely variable)
<b>Tablet Output max.</b>	tabs/h	3,600 (for single tool)	3,600 (for single tool)
<b>Upper Punch Insertion Depth</b>	mm	1–12	1–12
<b>Machine Dimensions</b>	mm/ L x W x H	600 x 780 x 1,024 (Bench Top Model) 600 x 600 x ca. 1,680 (with Pedestal)	1,980 x 970 x 1,485
<b>Net Weight of the Machine</b>	kg	Approx. 400	Approx. 980
<b>Pedestal</b>	kg	Approx. 80	–
<b>Electrical Load</b>	kVA	3	3
<b>Motor Output</b>	kW	1.1	1.1
<b>Noise Level</b>	dBA	< 80	< 80
<b>Power Supply</b>		230 V / 50 Hz / 60 Hz	230 V / 50 Hz / 60 Hz

Technical modifications reserved.

KORSCH tablet presses comply with the EC machinery directive, the current GMP and FDA regulations, as well as with the EMC guidelines. KORSCH tablet presses are delivered with CE certificate and meet the requirements of 21 CFR Part 11.

Peripherals delivered with KORSCH tablet presses also comply with these regulations.

The technical specifications included in this document represent optimal parameters and are dependent on product quality and machine settings. The maximum compression force varies in relation to tablet/punch size and output.

The maximum output varies in relation to material, tablet/punch size and compression force



# Anhydro MicraSpray 75

Small Scale

The small scale plant, Anhydro MicraSpray 75, is designed especially for pharmaceutical R&D work as well as small scale and continuous production.

The unique modular concept makes it possible to start with a basic plant onto which a vast number of high quality standardized modules can be added.

The Anhydro MicraSpray 75 performs fully transferable results and has attracted particular interest in the pharmaceutical and dairy sectors and within food additives, nutrition, flavors, plant extracts and functional foods. This dryer can be used for both production and pilot plant applications.

The Anhydro MicraSpray 75 enables the design of particles with specified characteristics in a controlled environment, making it ideal for small scale conversion of liquids into powders. The spray drying principle offers a clear path forward with predictable scalability enabling straightforward transfer from the laboratory to manufacturing.

## cGMP Design for Clinical Production

- Fast processing
- Aqueous and non-aqueous formulations - fully closed circuit option
- Molecule stabilization
- Amorphous compound isolation
- Solid dispersions
- Processing of heat liable materials
- Inhalation delivery of fine particles
- Morphology control
- Micro encapsulation
- Controlled release
- Taste masking



## May Replace the Following Unit Operations

- Lyophilization
- Centrifuging
- Crystallization
- Filtering
- Extraction
- Milling
- Classification

## Special Executions Available

- Pyrogen free processing
- Aseptic processing
- Potent compounds
- Live biologics

## Other Versions

- Closed circuit

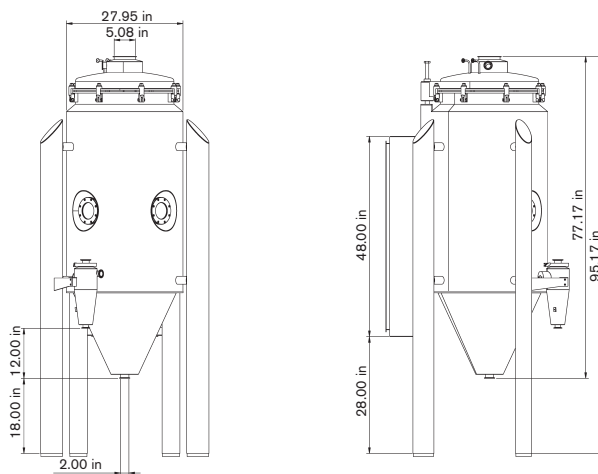
License Type: Integrated Facility

ANHYDRO MICRASPRAY 75	
MAX. INLET AIR TEMPERATURE	200°C
OUTLET GAS TEMPERATURE	30-120°C
MAX. WATER EVAPORATION (OUTLET TEMP. 60°C)	3 KG/H
MAX. DRYING GAS RATE	75 KG/H
DRYING CHAMBER DIAMETER	600 MM
SUPPLY VOLTAGE	208-400 VAC
POWER REQUIREMENT	8 kW
CONSUMPTION OF COMPRESSED AIR OR NITROGEN AT 6 BAR	45 SCFM
CONSUMPTION OF COMPRESSED AIR OR NITROGEN AT 6 BAR	77 SCM <sup>H</sup>

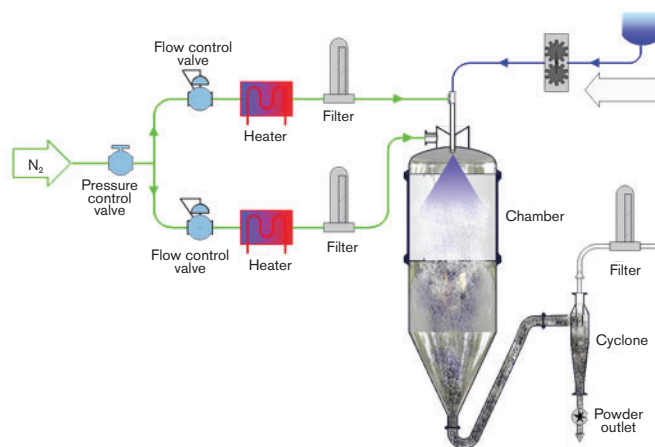
ANHYDRO MICRASPRAY 75	
AUTOMIZATION GAS RATE	0-15 KG/H
NOMINAL PRESSURE RATING	2 BAR
PRODUCT CONTACTING PARTS	AISI 316
NON-PRODUCT CONTACTING PARTS	AISI 304
FEED RATE	0.8 TO 8 KG
FLOOR SPACE	1.5 M <sup>2</sup>
HEIGHT	2,656 MM
WEIGHT, NET	300 KG
SHIPPING VOLUME	5 M <sup>3</sup>

Each Anhydro MicraSpray 75 plant is supplied with either an Allen Bradley color touch PanelView 1000 or with a Siemens MP 377. Critical process parameters are measured and controlled to tight tolerances providing accurate, validatable process results. SPX FLOW has incorporated wireless technology into the operators interface which enables the user to control the system from any viewable location, providing safe flexible operation of the plant.

The MicraSpray 75 complies with regulations and standards according to CE, ATEX and cGMP. The electrical equipment complies with Atex Zone 2/ Class 1 Div.II.



Process flow



Based in Charlotte, North Carolina, SPX FLOW, Inc. (NYSE: FLOW) is a multi-industry manufacturing leader. For more information, please visit [www.spxflow.com](http://www.spxflow.com)



SPX FLOW 105 CrossPoint Pkwy, Getzville, NY 14068  
P: +1 (716)-692-3000 E: [leads@spxflowleads.com](mailto:leads@spxflowleads.com)

SPX FLOW, Inc. reserves the right to incorporate our latest design and material changes without notice or obligation.

Design features, materials of construction and dimensional data, as described in this bulletin, are provided for your information only and should not be relied upon unless confirmed in writing. Please contact your local sales representative for product availability in your region. For more information visit [www.spxflow.com](http://www.spxflow.com).

The green "s" and "x" are trademarks of SPX FLOW, Inc.


# Exhibit 33 – Security Plan

## Verification

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

Kathleen Salmon \_\_\_\_\_

**Printed Name of Verifying Individual**

 \_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer \_\_\_\_\_

**Title of Verifying Individual**

2/26/2023 \_\_\_\_\_

**Verification Date**



**Security Mission**

[Redacted]

Professional Security Consultant - [Redacted]

[Redacted]

Community Support and Security Benefits - [Redacted]

[Redacted]

[Redacted text block]

**33.1 Alarms**

[Redacted text block]

[Redacted text block]

[Redacted]

[Redacted]

**33.2 Duress/Hold Up Alarms**

[Redacted]

[Redacted]

[Redacted]

### 33.3 Communication Devices/Radio

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

[Redacted]

**33.4 Audio/Video Surveillance System**

Video Surveillance - [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
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[Redacted text block]

[Redacted]

Hard Drive Storage - [Redacted]

[Redacted]

Video Analytics - [Redacted]

[Redacted]

Audio Surveillance - [Redacted]

[Redacted]

[REDACTED]

[REDACTED]

[REDACTED]



### 33.5 Perimeter Security

[Redacted]

[Redacted]

[Redacted]

### 33.6 Exterior Doors

[Redacted]

[Redacted text block]

[Redacted text block]

**33.7 Exterior Walls and Windows**

[Redacted text block]

[Redacted text block]

[Redacted text block]

**33.8 Guards**

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

- [Redacted list item 1]
- [Redacted list item 2]
- [Redacted list item 3]
- [Redacted list item 4]
- [Redacted list item 5]
- [Redacted list item 6]
- [Redacted list item 7]
- [Redacted list item 8]
- [Redacted list item 9]

[Redacted text block]

[Redacted text block]

### 33.9 Access Control and Key Cards

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

Secure Storage Room Design and Construction - [REDACTED]

[REDACTED]

Burglary Safes - [REDACTED]

[REDACTED]

Display Cases - [REDACTED]

[REDACTED]

**33.10 Cash and Cannabis Movement**

[Redacted]

Movement of Cash - [Redacted]

[Redacted]

Cash Protocols for Transporting and Depositing - [Redacted]

[Redacted]

[REDACTED]

Medical Cannabis Inventory Control - [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**33.11 Visitor Security**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



[REDACTED]

### 33.12 Personnel Records

[REDACTED]

#### Recordkeeping and Cybersecurity -

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[REDACTED]

[REDACTED]

Incident Log Use and Maintenance - [REDACTED]

[REDACTED]

**33.13 Employee Badges**

[REDACTED]

**33.14 Visitor and Commission Official Pass**

[REDACTED]

**33.15 Reporting**

[Redacted text block]

- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]

[Redacted text block]

**33.16 Signage**

[Redacted text block]

**33.17 Transportation Plan and Remote Monitoring**

[Redacted]

[Redacted]

**33.18 Vehicle Alarms, Communication Devices, and Locks**

[Redacted]

[Redacted]

[Redacted]

**33.19 Video Surveillance in Vehicles**

[Redacted]

Audio Surveillance in Vehicles - [REDACTED]

[REDACTED]

**33.20 Graphics**

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

**33.21 Product Storage**

[REDACTED]

[Redacted text block]

**33.22 Visibility Inside the Vehicle**

[Redacted text block]

**33.23 Vehicle Duress Panic/Hold Up Alarms**

[Redacted text block]

[Redacted text block]

### 33.24 Incident Reporting

[Redacted]

[Redacted]

[Redacted]

### 33.25 Vehicle Kill Switch

[Redacted]



[Redacted text block]

**33.26 Employee Training for Transportation Operations**

[Redacted text block]

[Redacted text block]

[REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

Applicant expects that the transportation team comply with the following driving rules:

- [REDACTED]

- [REDACTED]



[Redacted]

**33.28 Transportation Routes**

[Redacted]

**33.29 Alternative Route**

[Redacted]

[Redacted text block]

**33.30 Vehicle GPS Tracking**

[Redacted text block]

**33.31 Transportation Manifests**

[Redacted text block]



# EXHIBIT #34 – FORM G Personnel Roster

## Verification

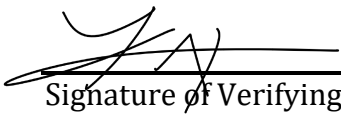
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



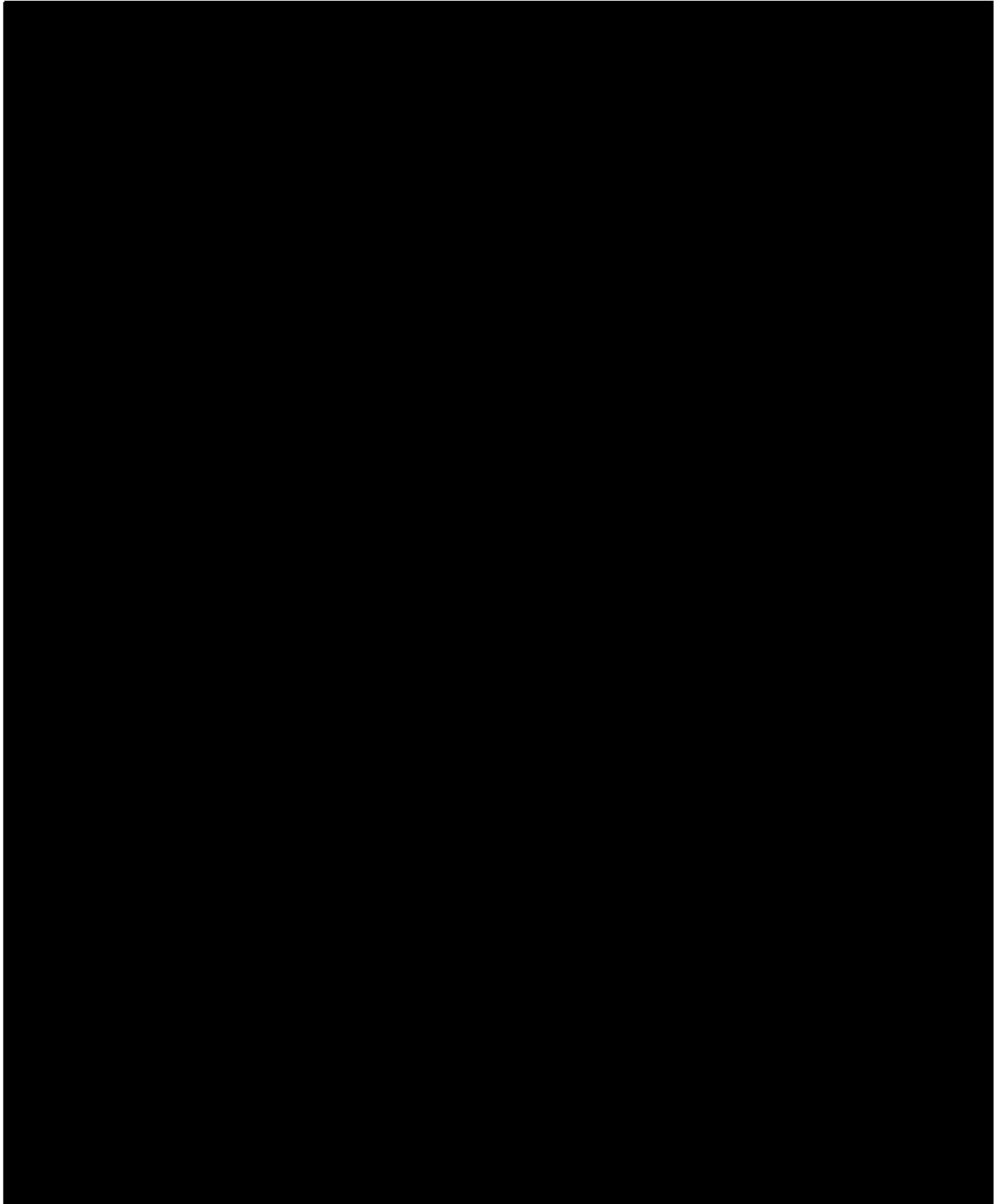
Signature of Verifying Individual

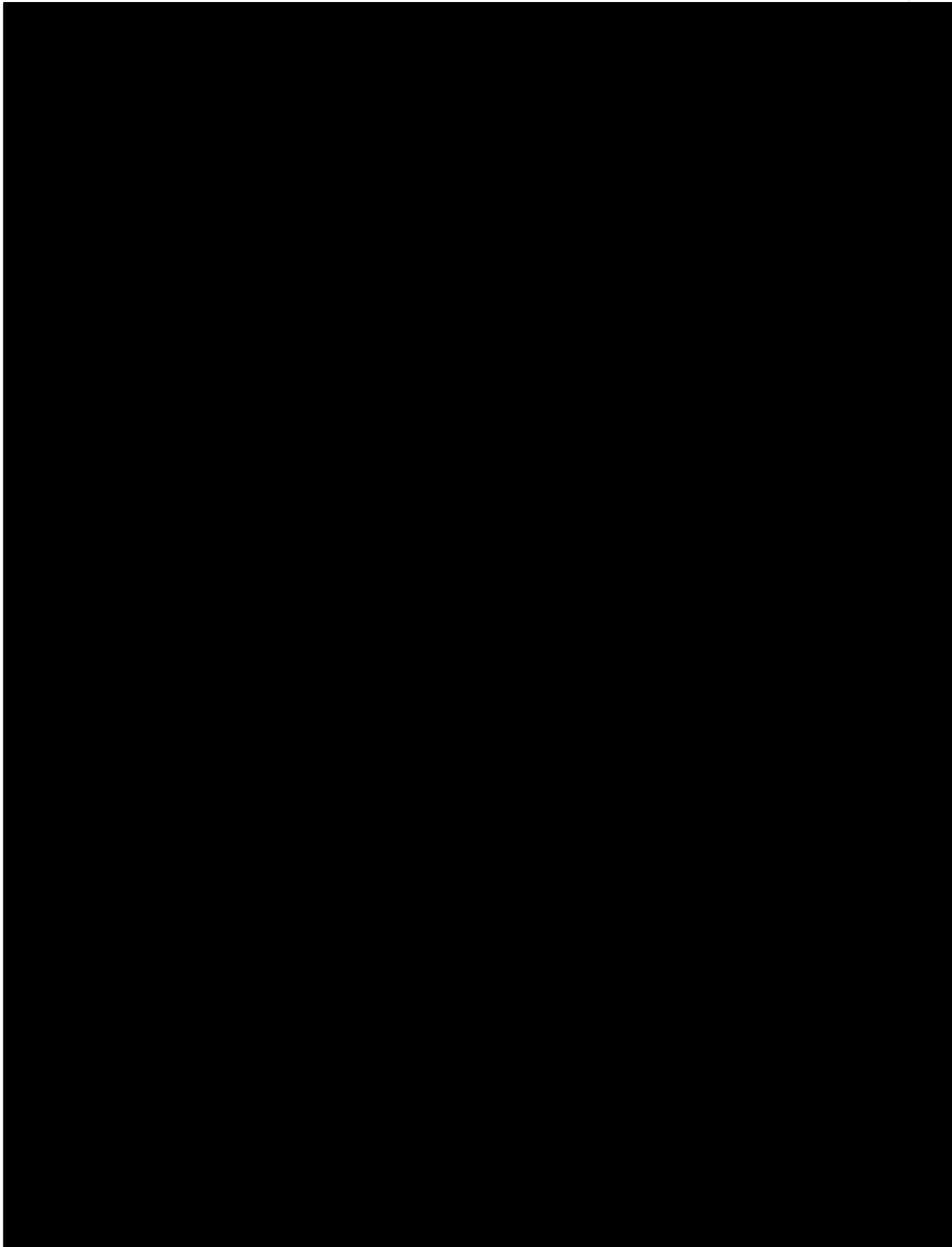
2/26/2023

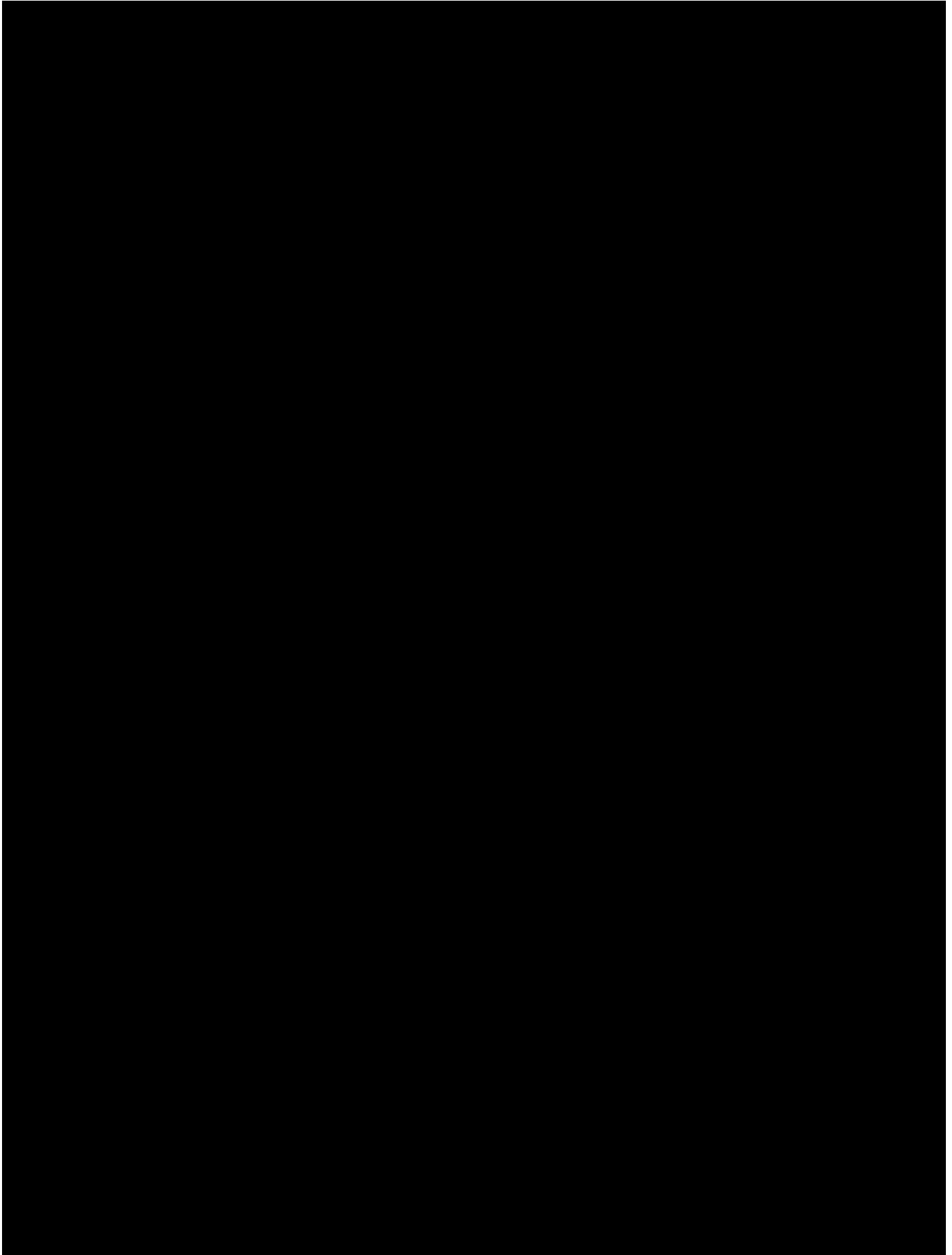
Verification Date

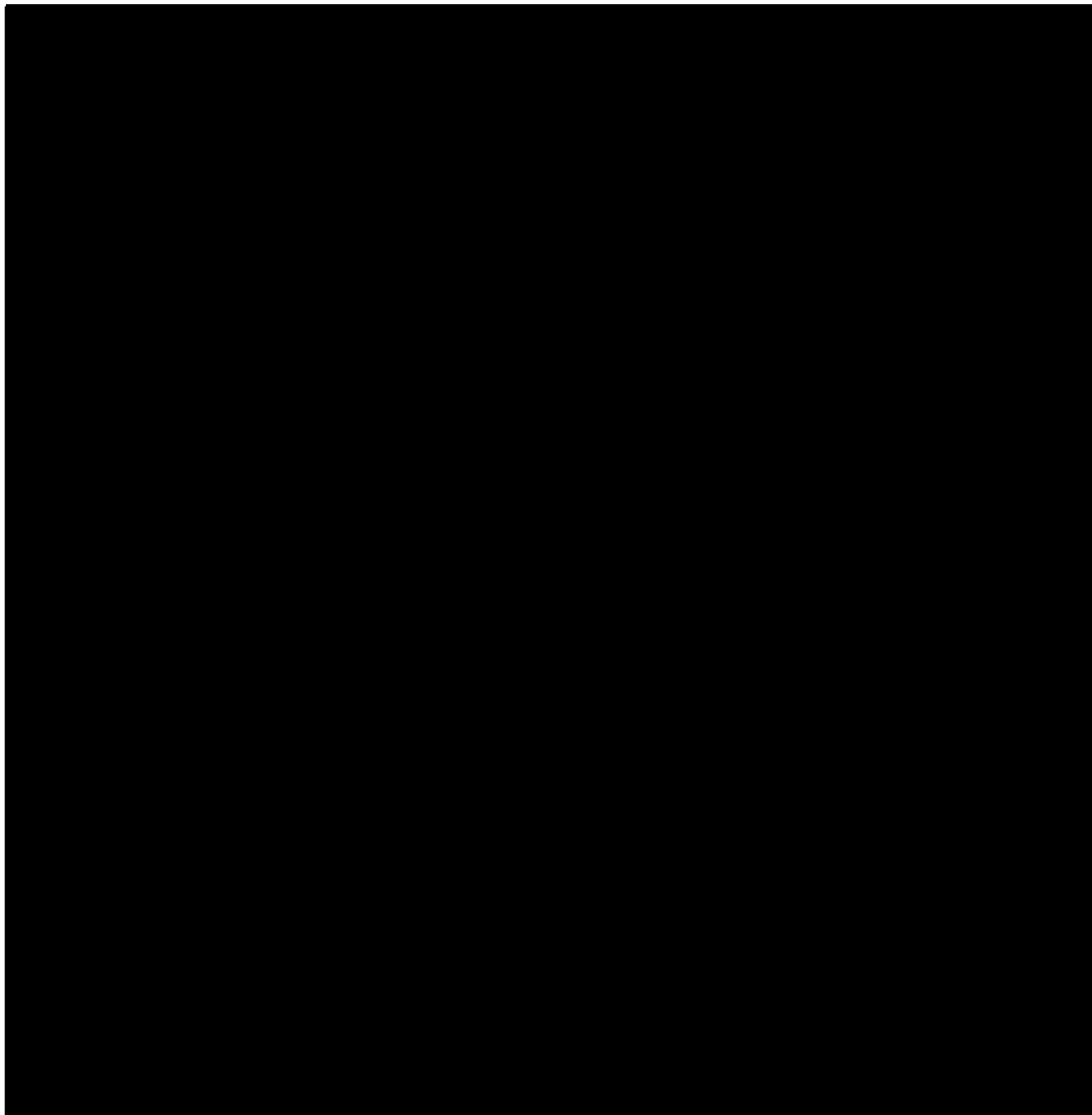








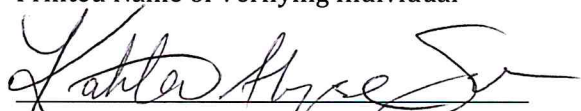




**Applicant Verification:** The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate roster of personnel of the Applicant. The undersigned further verifies that, if the Applicant is issued a business license, each individual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

Kathleen Alyse Salmon

Printed Name of Verifying Individual

  
Signature of Verifying Individual

Chief Compliance Officer

Title of Verifying Individual

11/29/2020  
Verification Date


## Exhibit #35 - Business Leadership Credentials

### Verification

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

Kathleen Salmon \_\_\_\_\_

**Printed Name of Verifying Individual**

 \_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer \_\_\_\_\_

**Title of Verifying Individual**

12/27/2022 \_\_\_\_\_

**Verification Date**

**35.1: Curriculum vitae for the Business**

**Chief Executive Officer (CEO):** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- **Accreditations:** [REDACTED]

[REDACTED]

[REDACTED]

- **Publications, Research and Advocacy:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- **Membership & Affiliations:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Chief Medical Officer (CMO):** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[Redacted]

• **Membership & Affiliations:** [Redacted]

[Redacted]

**President:** [Redacted]

[Redacted]

**Chief Agricultural Officer (CAO):** [Redacted]

[Redacted]

License Type: Integrated Facility

**Chief Production Officer (CPO):** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Chief Legal Officer (CLO):** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- **Awards and Medals:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Chief Technology Officer (CTO):** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



License Type: Integrated Facility

[Redacted]

- **Advocacy and Recognition:** [Redacted]

**Chief Financial Officer (CFO):** [Redacted]

**Chief Operations Officer (COO):** [Redacted]

professionals in the nation.

License Type: Integrated Facility

**Director of Marketing (DoM):** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Director of Manufacturing (DM):** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Director of Dispensing Operations (DDO):** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

License Type: Integrated Facility

[REDACTED]

**Director of Community Outreach (DCO):** [REDACTED]

[REDACTED]

**35.2: Explanation of Role in Operation of each Facility**

**CEO:** [REDACTED]

**CMO:** [REDACTED]

**President:** [REDACTED]

License Type: Integrated Facility

**COO:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**CAO:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**CPO:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**CLO:** [REDACTED]  
[REDACTED]  
[REDACTED]

**Chief Technology Officer:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**CCO:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

License Type: Integrated Facility

[Redacted]

**CFO:** [Redacted]

**DM:** [Redacted]

**DoM:** [Redacted]

**DDO:** [Redacted]

**DCO:** [Redacted]

License Type: Integrated Facility

[Redacted]

**35.3: 5-year hiring plan:** [Redacted]

**Executive Team:** [Redacted]

**Directors & Managers:** [Redacted]

License Type: Integrated Facility

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

**Technicians & Associates:** [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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- [Redacted]
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# Exhibit 36 – Employee Handbook

## Verification

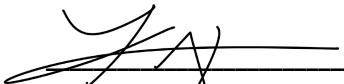
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Kathleen Salmon

**Printed Name of Verifying Individual**

Chief Compliance Officer

**Title of Verifying Individual**



\_\_\_\_\_

**Signature of Verifying Individual**

2/26/2023

**Verification Date**



**Employee Handbook**  
**Summary Page (Due to exceeding page count)**

[Redacted text block containing multiple paragraphs of blacked-out content]

**Employee Handbook  
Table of Contents**

<b>Section I: Employment</b>	5
[REDACTED]	█
[REDACTED]	█
[REDACTED]	█
[REDACTED]	█
[REDACTED]	█
[REDACTED]	█
[REDACTED]	█
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[REDACTED]	█
<b>Section II: Workplace Expectations</b>	9
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[REDACTED]	█
<b>Section III: Compensation</b>	12
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[REDACTED]	█
<b>Section IV: Benefits</b>	14
[REDACTED]	█
[REDACTED]	█

**Section V: Time Off & Leave** 15

[REDACTED]

**Section VI: Performance Evaluation and Development** 17

[REDACTED]

**Section VII: Disciplinary Procedures** 18

[REDACTED]

**Section VIII: Termination of Employment** 19

[REDACTED]

**Section IX: Employment Policies** 21

[REDACTED]

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[REDACTED]	■
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[REDACTED]	■
[REDACTED]	■
[REDACTED]	■
[REDACTED]	■

**Section X: Employee Code of Conduct and Ethics**

32

[REDACTED]	■
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## Section I: Employment

### *At-Will Employment*

[Redacted text block]

### *Proof of Right to Work*

[Redacted text block]

### *Equal Opportunity Employer*

[Redacted text block]

### *ADA Policy*

[Redacted text block]

[Redacted]

***Internal Promotion Policy***

[Redacted]

***Confidential & Proprietary Information Policy***

[Redacted]

***Outside Media Policy***

[Redacted]

[Redacted]

***Social Media Policy***

[Redacted]

***Intellectual Property Policy***

[Redacted]

[Redacted text block]

***Personnel Files***

[Redacted text block]



## Section II: Workplace Expectations

### *Workweek and Business Hours*

[Redacted]

### *Work Attendance*

#### *General Attendance*

[Redacted]

### *Tardiness*

[Redacted]

### *Breaks*

[Redacted]

***Dress Code***

[Redacted content]

***Outside Employment***

[Redacted content]

[Redacted content]

### Section III: Compensation

#### *Salary and Wage Payments*

[Redacted]

#### *Salary Review Process*

[Redacted]

#### *Mandatory Deductions from Salary*

[Redacted]

#### *Overtime Pay*

[Redacted]

#### Non-Exempt Employees —

[Redacted]

#### Exempt Employees —

[Redacted]



### Section IV: Benefits

#### *Eligibility for Benefits*

[Redacted]

#### **Full-Time/Part-Time Distinction** - [Redacted]

[Redacted]

#### **Part-Time Employees** - [Redacted]

[Redacted]

#### **Full-Time Employees** - [Redacted]

[Redacted]

#### *Workers' Compensation*

[Redacted]

**Section V: Time Off & Leave**

***Holidays***

[Redacted text block containing holiday information]

***Paid Time Off ("PTO")***

[Redacted text block containing PTO information]

***Family and Medical Leave Act***

[Redacted text block containing FMLA information]

[Redacted]

[Redacted]

***Jury Duty***

[Redacted]

***Voting Leave***

[Redacted]



## Section VI: Performance Evaluation and Development

### *Performance Expectations*

[Redacted]

### *Appraisal Process*

[Redacted]

### *Training and Development*

[Redacted]

## Section VII: Disciplinary Procedures

### *Grounds for Disciplinary Action*

[REDACTED]

### *Disciplinary Procedures*

[REDACTED]

[REDACTED]

1. Verbal warning: [REDACTED]

[REDACTED]

2. Written warning: [REDACTED]

[REDACTED]

3. Performance improvement plan: [REDACTED]

[REDACTED]

[REDACTED]

## Section VIII: Termination of Employment

### *Voluntary Termination*

[Redacted]

1. **Resignation:** [Redacted]

2. **Job abandonment:** [Redacted]

[Redacted]

### *Involuntary Termination*

[Redacted]

### *Return of Company Property*

[Redacted]

[Redacted]

***Final Paycheck***

[Redacted]

***Exit Interviews***

[Redacted]

## Section IX: Employment Policies

### Workplace Safety Policies

#### *Drug and Alcohol-Free Workplace*

[Redacted]

#### *Work Rules:*

[Redacted]

[Redacted text block]

***Pre-employment:*** [Redacted text block]

***Reasonable suspicion and post-accident:*** [Redacted text block]

[Redacted text block]

[Redacted text block]

***Collection and Testing Procedures:*** [Redacted text block]

[Redacted text block]

[Redacted text block]

***Consequences:*** [Redacted text block]

[Redacted text block]

[Redacted text block]

**Confidentiality:** [Redacted text block]

**Employee Assistance Program:** [Redacted text block]

**Semi-Annual Education Program:** [Redacted text block]





***Sexual Harassment***

[Redacted text block containing multiple lines of blacked-out content under the Sexual Harassment section.]

***Discrimination Policy***

[Redacted text block containing multiple lines of blacked-out content under the Discrimination Policy section.]

[Redacted text block]

***Violence in the Workplace***

[Redacted text block]

***Weapons-Free Policy***

[Redacted text block]

[Redacted text block]

***Employee Health and Safety***

[Redacted text block]

***Use of Company Phones, Computers, & Internet Access***

[Redacted text block]

[Redacted text block]

***Right to Access & Monitor***

[Redacted text block]

***Employee Privacy in the Workplace***

[Redacted text block]

***Solicitations, Distributions, and Posting of Materials***

[Redacted]

**Whistleblower Policy**

[Redacted]

***Open Door Policy***

[Redacted]

***Investigation Required***

[Redacted]

***Confidentiality***

[Redacted]

***Protection from Retaliation***

[Redacted]

[Redacted text block]

***General Policy***

[Redacted text block]

***Honesty Policy***

[Redacted text block]

**Section X: Employee Code of Conduct and Ethics**  
**The Company's Employee Code of Conduct & Ethics**

*Employee Code of Conduct*

[Redacted text block containing multiple paragraphs of blacked-out content]



[Redacted text block]

[Redacted text block]

**EXHIBIT A**

**Acknowledgement Form for**

**Employee Handbook & Code of Conduct and Ethics**

[Redacted]

\_\_\_\_\_

Employee name (printed)

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Date

## Exhibit B – Required Labor Posters

To be posted onsite in a conspicuous location and acknowledged by employee

# YOUR JOB INSURANCE



Workers in this establishment are covered by the Alabama Unemployment Compensation Law.

### YOU MAY BE ENTITLED TO BENEFITS IF:

- (1) You become totally or partially unemployed under conditions defined by law and you are otherwise eligible and qualified for benefits and
- (2) you are separated from your job through no fault of your own.

However, if you voluntarily leave your employment without good cause connected with your work or if you are discharged for "cause", your benefits may be postponed and reduced or entirely denied.

**IMPORTANT:** Be sure that your employer is using your correct social security number; if not, your claim may be delayed.

When you become unemployed:

- To file your unemployment claim, call toll free 1-866-234-5382 or file by internet at [www.labor.alabama.gov](http://www.labor.alabama.gov).
- To obtain general information concerning your rights to benefits for either total or partial unemployment, call toll free 1-800-361-4524 or write to the Alabama Department of Labor, 649 Monroe Street Montgomery, Alabama 36131, or log on to our website at [www.labor.alabama.gov](http://www.labor.alabama.gov).



**ALABAMA DEPARTMENT OF  
LABOR**



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Alabama Administrative Code 480-4-2-.19 requires that this notice be posted conspicuously

## STATE OF ALABAMA WORKERS' COMPENSATION INFORMATION



If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Your employer will advise you of the physician to see for authorized medical treatment.

### WORKERS' COMP INSURANCE

CARRIER Protective Insurance Company - NAIC #12416

TELEPHONE NUMBER 601-823-4926

**ASSISTANCE IS AVAILABLE UNDER THE ALABAMA WORKERS' COMPENSATION LAW INCLUDING MEDIATION SERVICE.**

**FOR INFORMATION CALL:**

**1-800-528-5166**

**Department of Labor**

**Workers' Compensation Division**

**649 Monroe Street**

**Montgomery, AL 36131**

**CODE OF ALABAMA, 1975, § 25-5-290(d), REQUIRES THAT THIS NOTICE BE POSTED**

**IN ONE OR MORE CONSPICUOUS PLACES IN YOUR BUSINESS.**



# ALABAMA CHILD LABOR LAWS

Each employer shall obtain and display the proper Child Labor Certificate(s) for each location where minors under the age of 18 are employed. To apply for a certificate(s) go to [www.labor.alabama.gov](http://www.labor.alabama.gov)

**Persons under 14 years of age SHALL NOT BE EMPLOYED**

	Minors Age 14/15	Minors Age 16/17/18
<b>Employment Certificate</b> (Renewed Annually)	<b>Class I Certificate</b> To employ minors age 14/15	<b>Class II Certificate</b> To employ minors age 16/17
<b>Work Time Restrictions</b> (Minors Under age 19)	<p><b>During the Months when Public Schools are in Session</b> No more than 3 hours on any school day No more than 8 hours on a non-school day No more than 6 days per week No more than 18 hours per week Not before 7am or after 7pm on <b>Any Day of the Week</b> Not during school hours (8am-3pm)</p> <p><b>During Months when Public Schools are NOT in Session</b> No more than 8 hours per day No more than 6 days per week No more than 40 hours per week Not before 7am or after 9pm each day</p>	<p><b>During the Months when Public Schools are in Session</b> Minors 16-17-18 years old who are enrolled in public or private school, may NOT work after 10pm or before 5am on a night preceding a school day.</p> <p><b>During Months when Public Schools are NOT in Session</b> Minors 16 and older do not have an hour restriction during this time.</p>
<b>Breaks</b>	A documented 30 minute break is required for any 14 or 15 year old who is employed for more than 5 hours continuously.	No breaks are required for employees 16 and older.
<b>Occupations</b>	See AL §25-8-33 to 35 for a detailed list of prohibited occupations	See AL §25-8-43 for a detailed list of prohibited occupations.
<b>Record Keeping</b>	Each employer must keep on premises an <b>Employee Information Form</b> (available at <a href="http://www.labor.alabama.gov">www.labor.alabama.gov</a> ), <b>Proof of Age</b> , and <b>Time Records</b> showing the number of hours worked each day, starting and ending times, and break times for each employee 18 years of age and younger.	
*Children of parents who own their own business are <b>NOT</b> exempt from Alabama Child Labor Law		

**Alcoholic Beverages**

Employees must be:

**21** to serve alcoholic beverages for consumption on premises (18 if licensee is RVP certified).

**16** and older may be employed in such establishments as busboys, janitors, dishwashers, cooks, hostesses, or seaters.

**14 and 15 year old minors SHALL NOT** work in any establishment that serves alcohol for consumption on premises.

(Note: Members of the immediate family of the owner or operator who are 14 or 15 years of age may be employed in such establishments provided they do not serve, sell, dispense, or handle alcohol.)

**Inspections by the Department of Labor**

The Department of Labor has the right to enter, without warrant or notice, any business establishment for the purpose of routine inspections. These visits shall be conducted as frequently as needed to ensure that minors are employed in compliance with this act. The department shall enforce this act and may administer fines and/or prosecution for any violation of this act.

*This notice is to be posted in a conspicuous place. This notice is for reference only. For full text, consult §25-8-32 to 63. Any difference in state or federal law regarding child labor, the law providing the most protection to the minor takes precedence.*

**FOR MORE INFORMATION CONTACT:**

The Alabama Department of Labor Child  
Labor Enforcement  
649 Monroe Street  
Montgomery, AL 36131  
(334)956-7390 [www.labor.alabama.gov](http://www.labor.alabama.gov)  
[child.labor@labor.alabama.gov](mailto:child.labor@labor.alabama.gov)

Published 2022

# WORKPLACE VIOLENCE PREVENTION



## ZERO-TOLERANCE WORKPLACE

**WE ARE COMMITTED TO PREVENTING WORKPLACE VIOLENCE** and complying with Alabama's "Guns in the Parking Lot" Alabama Act 2013-283

### 5 WAYS TO PROTECT YOURSELF

1. Access your work environment
2. Report threats or acts of violence to management
3. Learn how to react to threats or acts of violence
4. Treat all co-workers with respect and dignity
5. Follow employer's WORKPLACE VIOLENCE PREVENTION POLICY

### RECOGNIZE THE WARNING SIGNS

Workplace violence has many common warning signs:

- Quick to anger or demonstrates an uncontrollable temper
- Prone to arguing, intimidating behavior or carries a grudge
- Intolerant of criticism and suspicious of co-workers
- Delusions, strong unshakeable beliefs about others in the workplace
- Isolated, little involvement with co-workers
- Repeated or history of making threats
- Fascination with weapons, violence and related literature
- Recent and acute personal, financial, legal or relationship problems
- Known history of psychological problems.

### EMPLOYER WORKPLACE VIOLENCE PREVENTION POLICY

This employer has adopted a ZERO-tolerance for workplace violence. Any employee who engages in workplace violence is subject to discipline up to and including immediate termination.

### WHAT ABOUT FIREARMS IN THE EMPLOYER PARKING LOT?

Except in strict accordance with Alabama Law, employees are prohibited from possession of firearms or weapons of any description on the premises of the employer or while such employees are performing work for the employer.  
See Alabama Act 2013-283 and employer policy

### DO KNOW YOUR VIOLENCE RESPONSE PROCEDURES

#### IF Threatened with Violence:

- DO stay calm
- DO learn how to recognize, avoid, or safely diffuse potentially violent situations
- DO alert your supervisor to concerns you have about safety or security
- DO report to management violent incidents in writing
- DO act like you care about what the person says and don't interrupt
- DO be courteous and patient
- DO use calm body language
- DON'T make sudden movements
- DON'T make threats or touch the person
- DO establish a contact with local law enforcement
- DO use an Employee Assistance Program
- DO request that aggressive employee complete anger management counseling

#### IF Attacked:

- DO call 911
- Do yell as loud as you can or anything to draw attention to yourself
- DO fall to the ground if being pulled
- DO blow a whistle, horn or sound a security alarm
- DO run away, if you can
- DON'T get in a vehicle with attacker

### WEBINAR TRAINING LINKS:

[www.AlabamaAtWork.com](http://www.AlabamaAtWork.com)

# EXHIBIT #37 – SECURE TRANSPORT DRIVERS

## Verification

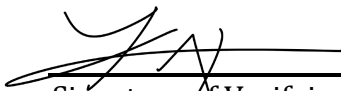
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



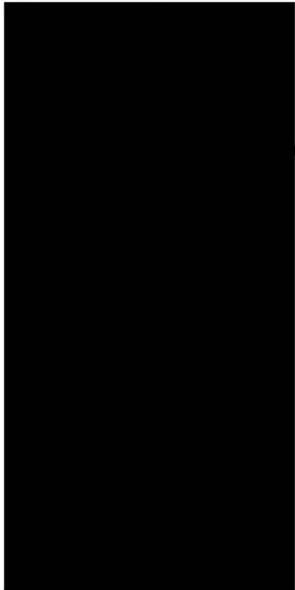
2/26/2023

Signature of Verifying Individual

Verification Date

**Secure Transport Drivers: FORM H**

APPLICANT has prepared FORM H in the following order:





FORM H: SECURE TRANSPORT DRIVERS

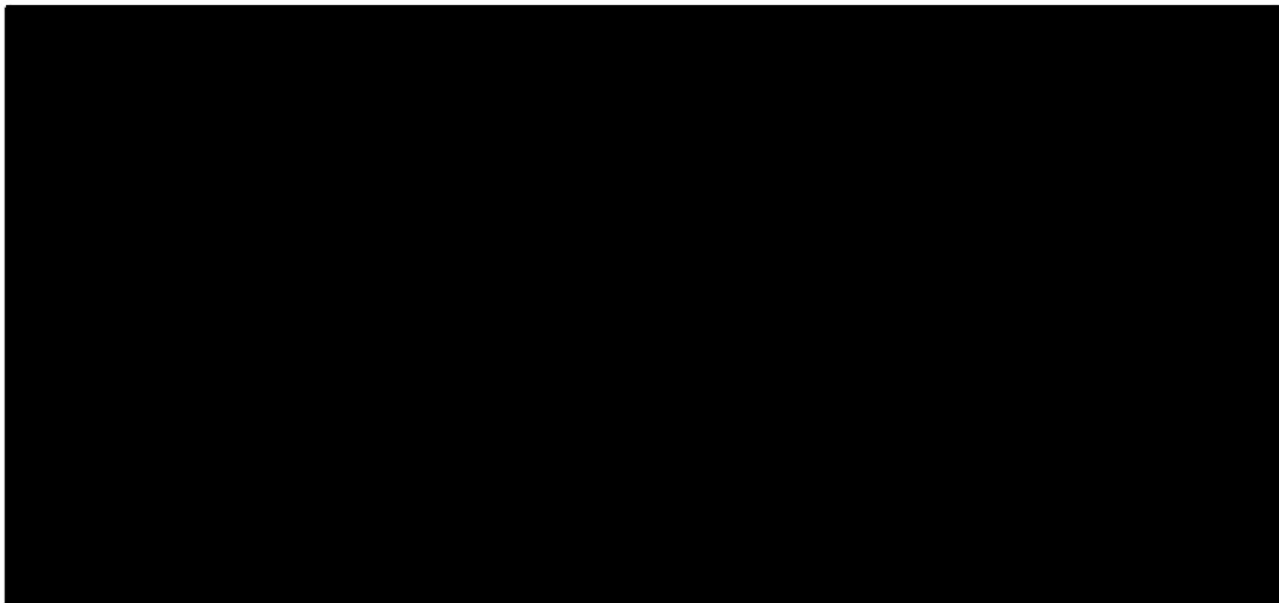
Complete a separate form and verification for each of the Applicant's secure transport drivers.

Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



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

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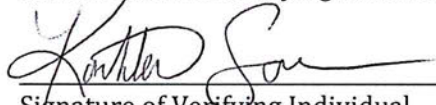
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Date of Occurrence Location (City/County) Location (State)

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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.

Kathleen Alyse Salmon

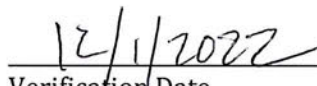
Printed Name of Verifying Individual



Signature of Verifying Individual

Chief Compliance Officer

Title of Verifying Individual



Verification Date

License Type: Integrated Facility  
FORM H: SECURE TRANSPORT DRIVERS

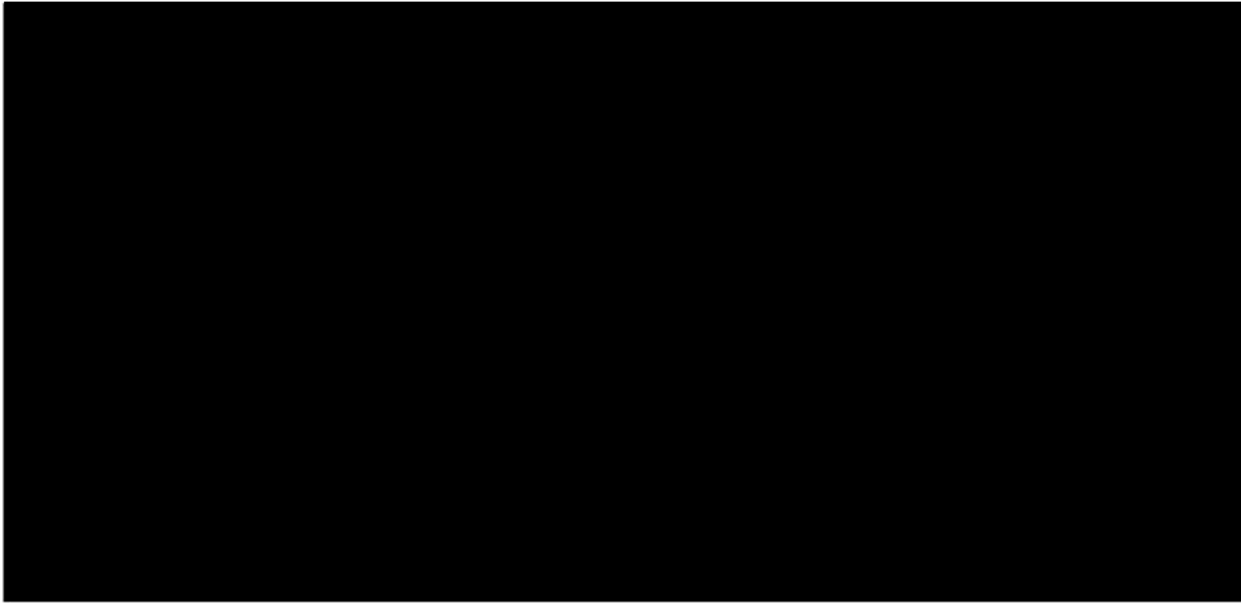
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Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

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Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

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Violation/Charge

Issued By

Date of Occurrence

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Location (State)

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Date of Disposition

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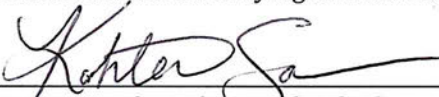
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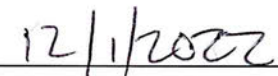
Kathleen Alyse Salmon

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Printed Name of Verifying Individual

  
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Signature of Verifying Individual

Chief Compliance Officer

\_\_\_\_\_  
Title of Verifying Individual

  
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Verification Date

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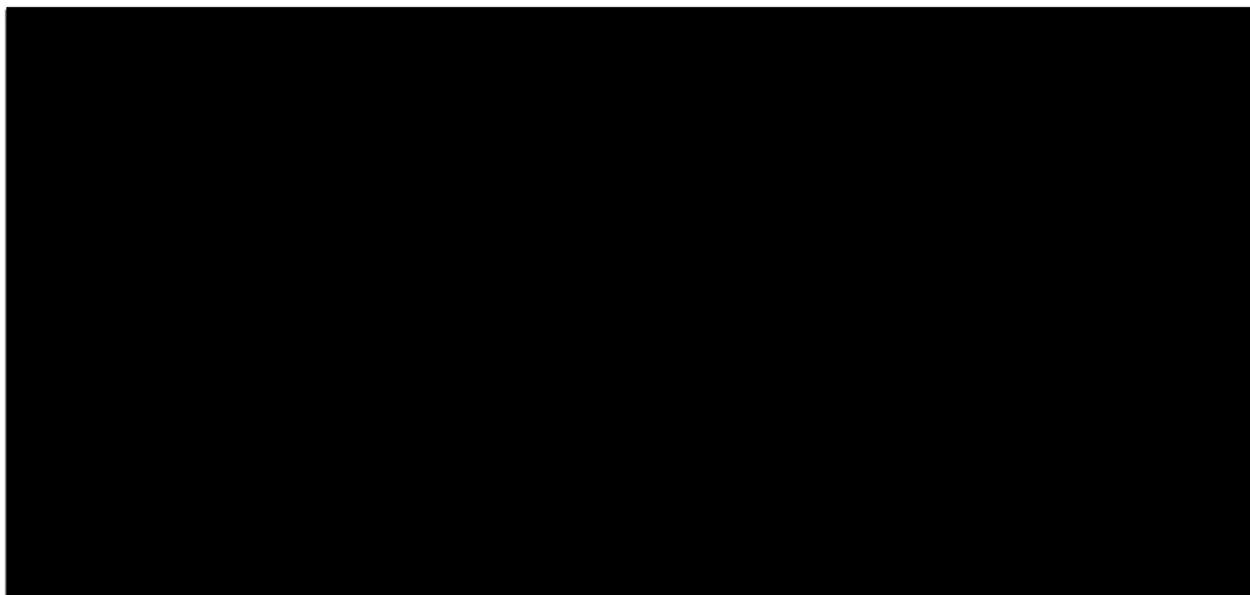
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Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

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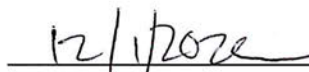
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Signature of Verifying Individual

**Chief Compliance Officer**

\_\_\_\_\_  
Title of Verifying Individual



\_\_\_\_\_  
Verification Date

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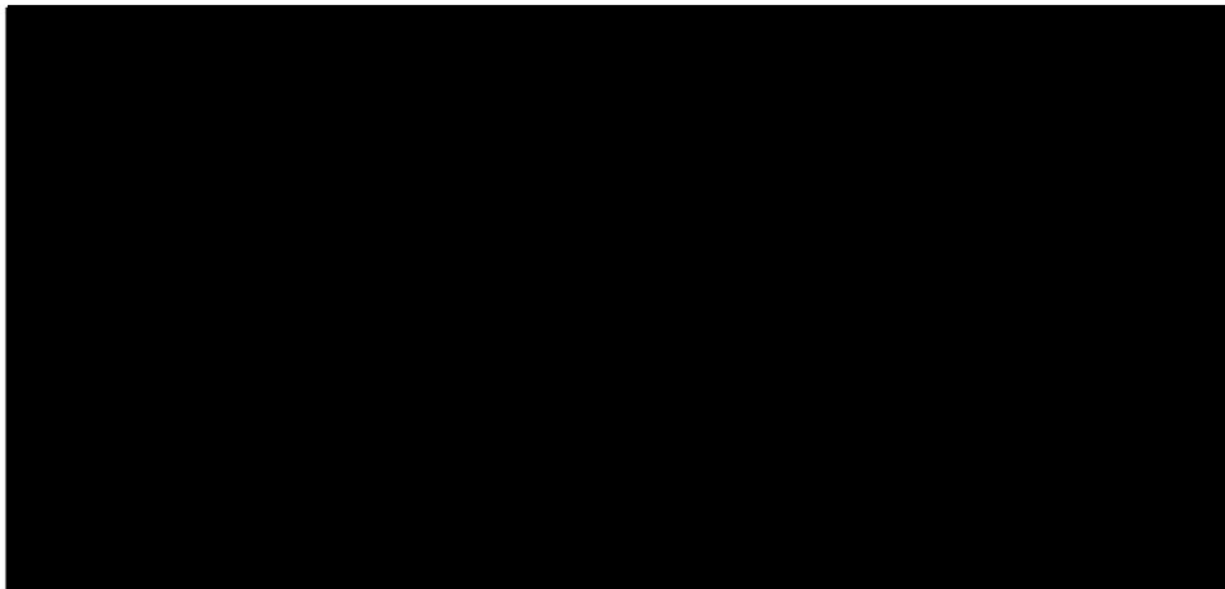
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Business License Applicant Name

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**Chief Compliance Officer**

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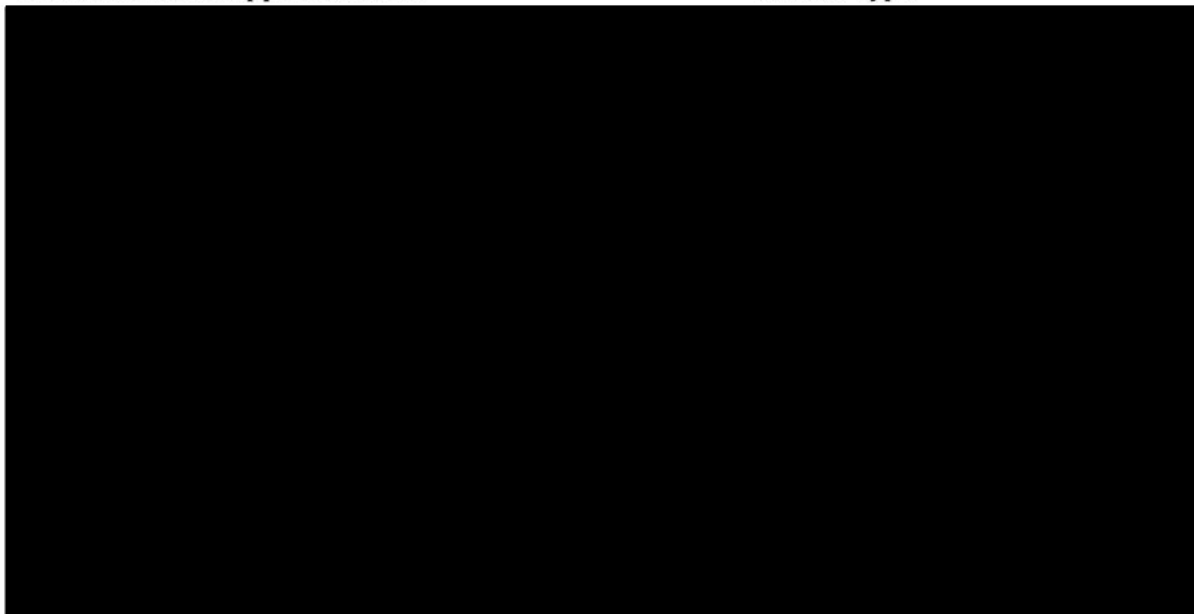
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\_\_\_\_\_  
Verification Date

FORM H: SECURE TRANSPORT DRIVERS

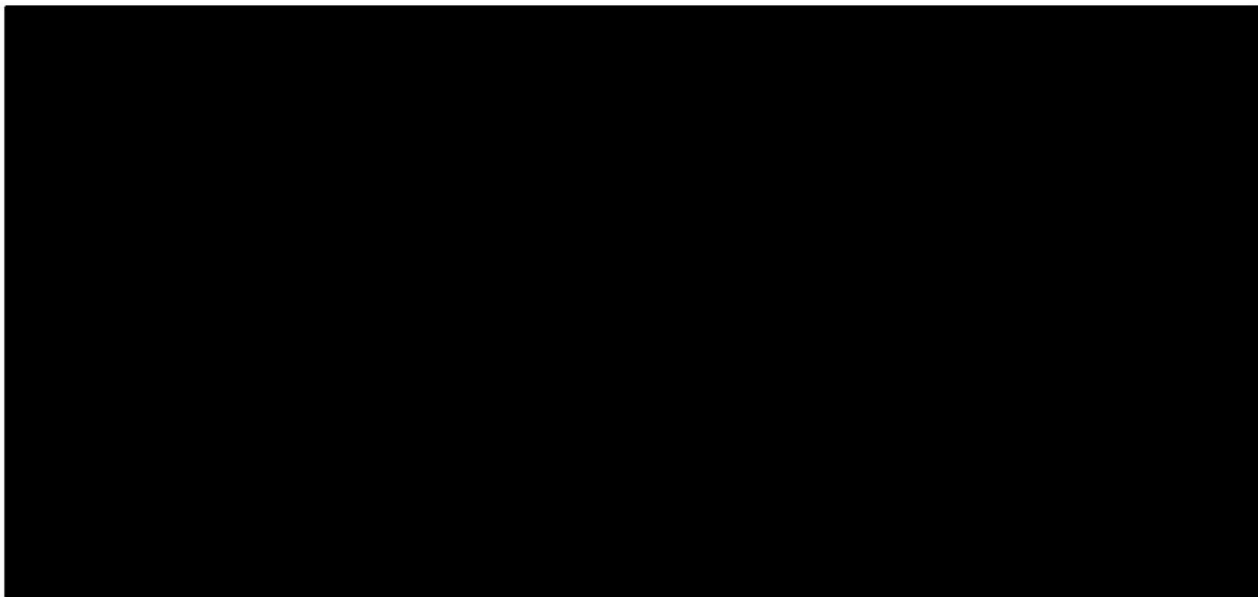
Complete a separate form and verification for each of the Applicant's secure transport drivers.

Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



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

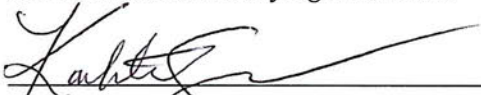
\_\_\_\_\_  
Date of Occurrence Location (City/County) Location (State)

\_\_\_\_\_  
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.

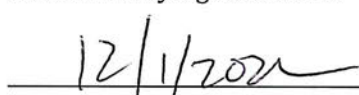
Kathleen Salmon

\_\_\_\_\_  
Printed Name of Verifying Individual

  
\_\_\_\_\_  
Signature of Verifying Individual

Chief Compliance Officer

\_\_\_\_\_  
Title of Verifying Individual

  
\_\_\_\_\_  
Verification Date

FORM H: SECURE TRANSPORT DRIVERS

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

Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



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

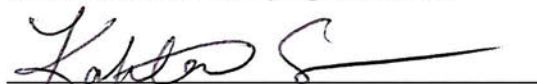
\_\_\_\_\_  
Date of Occurrence Location (City/County) Location (State)

\_\_\_\_\_  
Disposition/Amount Date of Disposition

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**Kathleen Salmon**

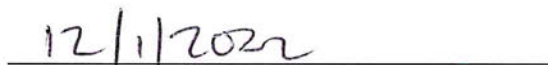
\_\_\_\_\_  
Printed Name of Verifying Individual



\_\_\_\_\_  
Signature of Verifying Individual

**Chief Compliance Officer**

\_\_\_\_\_  
Title of Verifying Individual



\_\_\_\_\_  
Verification Date

FORM H: SECURE TRANSPORT DRIVERS

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

Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



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

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Kathleen Salmon

\_\_\_\_\_  
Printed Name of Verifying Individual

  
\_\_\_\_\_  
Signature of Verifying Individual

Chief Compliance Officer

\_\_\_\_\_  
Title of Verifying Individual

  
\_\_\_\_\_  
Verification Date



FORM H: SECURE TRANSPORT DRIVERS

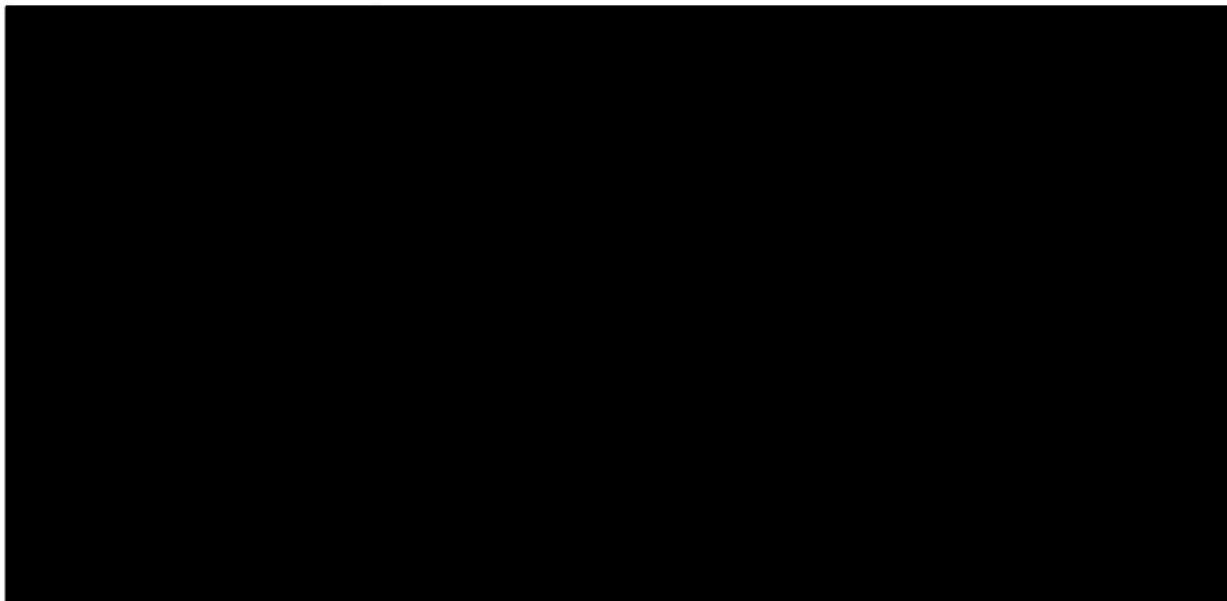
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Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



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

License Type: Integrated Facility

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

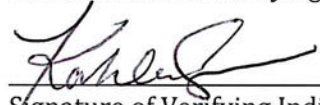
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Date of Occurrence Location (City/County) Location (State)

\_\_\_\_\_  
Disposition/Amount Date of Disposition

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Kathleen Salmon

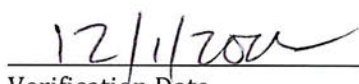
\_\_\_\_\_  
Printed Name of Verifying Individual



\_\_\_\_\_  
Signature of Verifying Individual

Chief Compliance Officer

\_\_\_\_\_  
Title of Verifying Individual



\_\_\_\_\_  
Verification Date

FORM H: SECURE TRANSPORT DRIVERS

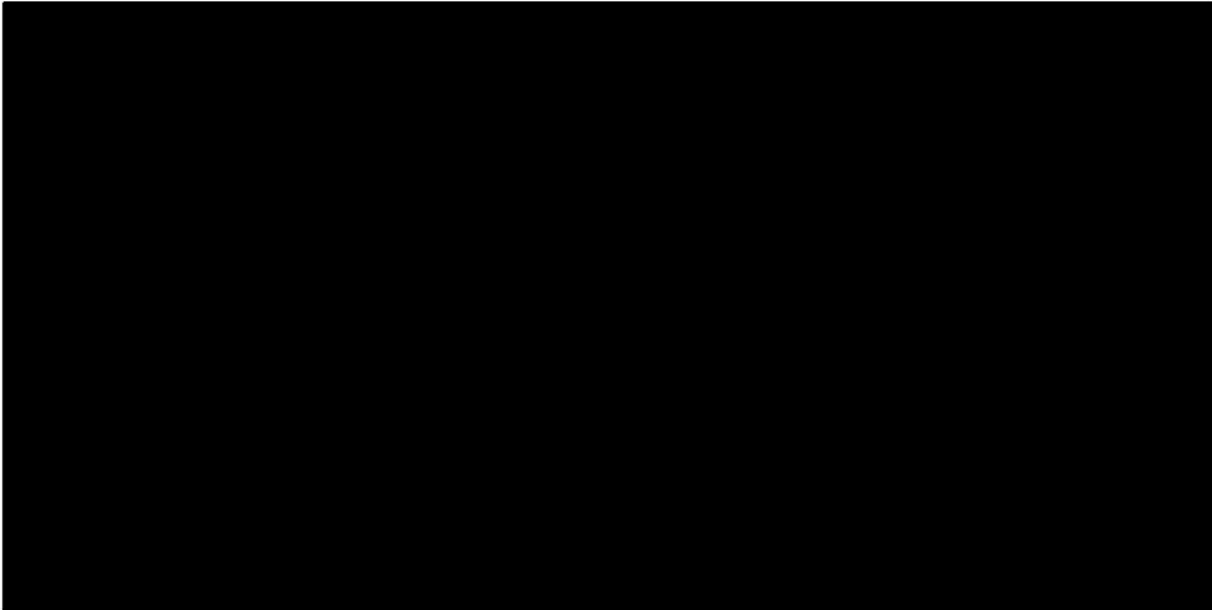
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Southern Crop Holding Company LLC

Integrated Facility License

Business License Applicant Name

License Type



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

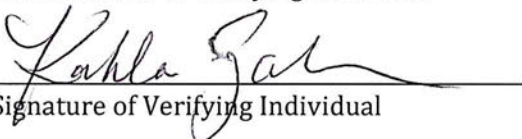
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Date of Occurrence Location (City/County) Location (State)

\_\_\_\_\_  
Disposition/Amount Date of Disposition

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**Kathleen Alyse Salmon**

Printed Name of Verifying Individual

  
Signature of Verifying Individual

**Chief Compliance Officer**

Title of Verifying Individual

  
Verification Date

# EXHIBIT #38 - DRIVER'S MANUAL

## Verification

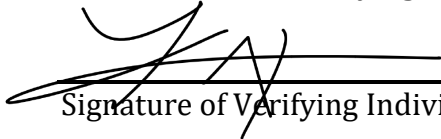
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual



12/27/2022

Signature of Verifying Individual

Verification Date



### Attitude and Expectations

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

  - [REDACTED]

- [REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### Importance of Communication

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### Driver Qualification Standards

[REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



License Type: Integrated Facility

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**License Compliance**

[Redacted text block containing multiple lines of blacked-out content under the License Compliance section]

**Personal Property**

[Redacted text block containing three lines of blacked-out content under the Personal Property section]

**Illness**

[Redacted text block containing four lines of blacked-out content under the Illness section]

**Termination Policy**

[Redacted text block containing three lines of blacked-out content under the Termination Policy section]

License Type: Integrated Facility

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

**Dispatch**

[REDACTED]

[REDACTED]

[REDACTED]

### Operations

[REDACTED]

### Shipping and Receiving Medical Cannabis

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
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- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

### Pre-Trip Verification Process

[Redacted]

- 1. [Redacted]

- 2. [Redacted]

- 3. [Redacted]

- 4. [Redacted]

  - [Redacted]
  - [Redacted]
  - [Redacted]
  - [Redacted]

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  - [Redacted]
  - [Redacted]
  - [Redacted]

- 5. [Redacted]

**Delivery Procedure**

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**Driver Vehicle Inspection Report (DVIR)**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[REDACTED]

**Monthly Maintenance Reports**

[REDACTED]

**Pre-Trip Inspection Procedure**

[REDACTED]

- | [REDACTED]
- | [REDACTED]
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- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]

**Repairs**

[REDACTED]

**Breakdowns**

[REDACTED]

**Required Safety and Compliance Training**

[REDACTED]

License Type: Integrated Facility

[Redacted]

**Unmarked Vehicles**

[Redacted]

[Redacted]

**DOT Regulations and Local Hauling**

[Redacted]

**Safe Following Distance Policy**

[Redacted]

**Speed Limits**

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

**Moving Violations**

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

**General Vehicle Safety**

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[REDACTED]

[REDACTED]  
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[REDACTED]

[REDACTED]

[REDACTED]  
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Passenger Policy**

[REDACTED]

**Seat Belt Policy**

[REDACTED]

**Cell Phone Policy**

[REDACTED]

**Texting While Driving Policy**

[Redacted text block]

[Redacted text block]

**Use of mobile phones is restricted for CMV drivers**

[Redacted text block]

[Redacted text block]

- [Redacted list item]
- [Redacted list item]
- [Redacted list item]

**What happens if a driver is caught using a hand-held phone or texting while driving?**

[REDACTED]

**Hours of Service Compliance Policy**

[REDACTED]

**Log Book Policy**

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

License Type: Integrated Facility

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

### Inspections

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

### Accident Policy and Procedures

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



License Type: Integrated Facility

[REDACTED]

**Non-Crash Procedures**

[REDACTED]

[REDACTED]

**How to use a Camera at a Crash Scene**

[REDACTED]

**Accident Reports**

[REDACTED]

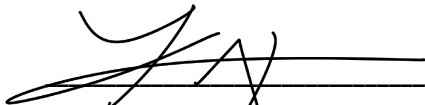
## Exhibit 39 – Quality Control and Quality Assurance Plan

### Verification

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

Kathleen Salmon

**Printed Name of Verifying Individual**

  
\_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer

**Title of Verifying Individual**

2/26/2023

**Verification Date**

**39.1 – Quality Overview**

[Redacted]

**Hire and Engage Experienced Team**

[Redacted]

**Design a World Class Production Facility**

**Compartmentalization:** [Redacted]

**Property Maintenance:** [Redacted]

[Redacted text block]

**Floor Drainage and Sewage:** [Redacted text]

[Redacted text block]

[Redacted text block]

**Sterilization & Sanitation**



[Redacted text block]

[Redacted text block]

**Product Storage Environment & Practice**

[Redacted text block]

[Redacted text block]

**Packaging and Labeling**

[Redacted text block]

[Redacted text block]

**Secure Transportation QA/QC**

[Redacted text block]

[Redacted text block]

**Employee Hygiene & Sanitation**

[Redacted text block]



[Redacted]

**Health Conditions:** [Redacted]

[Redacted]

**Personal Protection Equipment ("PPE"):** [Redacted]

[Redacted]

**Uniforms:** [Redacted]

[Redacted]

**Waste & Pathogens**

[Redacted]

[Redacted text block]

**Equipment Inspection**

[Redacted text block]

**39.2 Testing Plans**

[Redacted text block]

**Evaluating and Selecting State Testing Laboratories**

[Redacted text block]

**Accreditation Verification:** [Redacted text block]

[Redacted]

**Reviewing Scientific Director Qualifications:** [Redacted]

[Redacted]

**Touring Compliant Laboratory Space:** [Redacted]

[Redacted]

**Confirmation of Laboratory Testing Capabilities:** [Redacted]

[Redacted]

[Redacted text block]

**Acknowledgement of Testing Required for In-Process Medical Cannabis & Crude Resins**

[Redacted text block]



[Redacted text block]

**Laboratories Selected at Time of Application Submission**

[Redacted text block]

**In House Material Testing and Sampling**

[Redacted text block]

[REDACTED]

**Tests to be Conducted at each Stage of Production**

[REDACTED]

**In-process medical cannabis and crude collected resins, as received:**

[REDACTED]

**Cannabis, as received, which is destined for extraction:**

[Redacted]

**Extract of cannabis (solvent-based) made with any approved solvent, including concentrated cannabis extracted by means other than with CO<sub>2</sub>:**

[Redacted]

**Topical cannabis-infused product, including those with concentrated cannabis:**



[Redacted text block]

**Samples, Testing Protocols and Training**

[Redacted text block]

**1. Sample Collection from STL:** [Redacted text]

[Redacted text block]

a. [Redacted text block]

[Redacted text block]

[Redacted]

**2. Release of Sample:** [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**3. Request Certificate of Analysis (COA) from Independent Testing Laboratory:** [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**4. Sample Passing Results:** [Redacted]

**5. Product Inspections and Label Application:** [Redacted]

[Redacted]

**Storage of Samples Batches and Quarantining During Testing Period**

[Redacted]

**39.3 - Return and Remediation in METRC.**

[Redacted]

**1. Accepting Results and Remediation:** [Redacted]

**2. Requesting a Re-Test:** [Redacted]

[Redacted]

[Redacted]

**3. Challenging Test Results:** [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**Return of any Failed Test Samples**

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**Remediation of any Failed Test Samples**

[Redacted]

**Destruction of any Failed Test Samples**

[Redacted]

**Entry on Statewide Seed-to-Sale Tracking System**

[Redacted]

[REDACTED]

License Type: Integrated Facility

## Exhibit 40 – Contamination and Recall Plan

### Verification

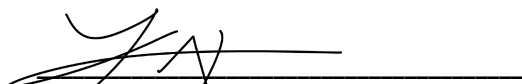
**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Kathleen Salmon

Chief Compliance Officer

**Printed Name of Verifying Individual**

**Title of Verifying Individual**



2/26/2023

**Signature of Verifying Individual**

**Verification Date**



**40.1 - Provisions for notifying the originating Processor or Integrated Facility and any other licensee in the chain of custody of an adverse event.**

[Redacted text block]

**Collecting and Documenting Complaints**

[Redacted text block]

- [Redacted list item]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

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

In alignment with § 538-x-6.06(3)(h)(2), Applicant has [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

Pursuant to § 538-x-6.06(3)(h)(3), Applicant has [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

**40.4 - Notification protocols to other licensees and the Commission through the Statewide Seed-to-Sale Tracking System.**

**AMCC Notification:** [REDACTED]

**Licensee Notification:** [REDACTED]

[REDACTED]

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

**Product Identification, Retrieval and Quarantine:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Recalled Material Storage:** [REDACTED]

[REDACTED]

**Remediation:** [REDACTED]

[REDACTED]

**Destruction & Disposal of Recalled Material:** [REDACTED]

[REDACTED]

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

[REDACTED]

[Redacted text block]

**40.7 - Steps to be taken to avoid further contamination:**

[Redacted text block]



[REDACTED]

**Retrieval of Cannabis and/or Cannabis Products**

[REDACTED]

**40.8 - Investigation and analysis:**

[REDACTED]

[REDACTED]

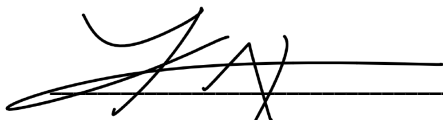
# Exhibit 41 – Marketing and Advertising Plan

## Verification

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

Kathleen Alyse Salmon

**Printed Name of Verifying Individual**

  
\_\_\_\_\_

**Signature of Verifying Individual**

Chief Compliance Officer

**Title of Verifying Individual**

12/22/2022

**Verification Date**

**Introduction**

[REDACTED]

**Phase I Product Offering:**

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

**Phase II Product Offering:**

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[REDACTED]

**41.1 – Logos, branding, messaging, or other marketing or advertising.**

**Process for Submitting Proposed Names, Logos, Signs, Advertisements or other Marketing Campaigns or Programs to AMCC for Approval**

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**Proposed Logo, Artwork and Branding**

[Redacted text block]

License Type: Integrated Facility

[REDACTED]

**Applicant's Cultivation and Processing Facility Brand:** [REDACTED]

[REDACTED]

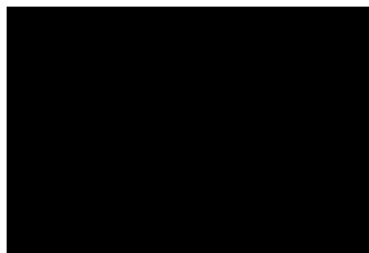
[REDACTED]

**Applicant's Retail Dispensary Brand:** [REDACTED]

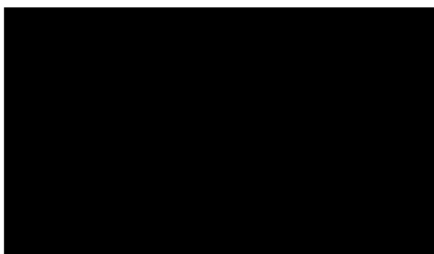
[REDACTED]

[REDACTED]

**Product Brand # 1 -** [REDACTED]



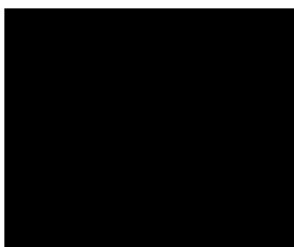
**Product Brand # 2 -** [REDACTED]



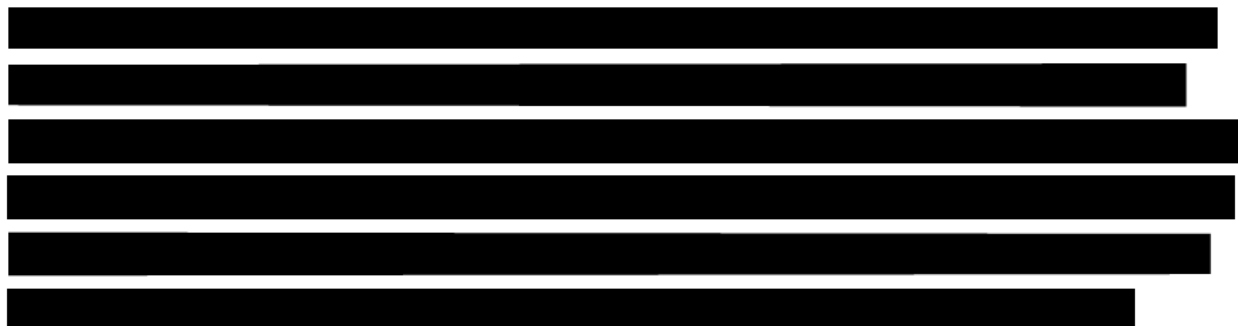
**Product Brand # 3 -** [REDACTED]



**Product Brand # 4 -** [REDACTED]



**Proposed Marketing Communication and Messaging:**





License Type: Integrated Facility

[Redacted]

**SMS/Email Terms & Conditions**

[Redacted]

[Redacted]

**Proposed In-Store Displays**

[Redacted]

License Type: Integrated Facility

[REDACTED]

**Proposed External Signage**

[REDACTED]

[REDACTED]

**Proposed Digital Advertising**

Advertising [REDACTED]

**41.2 - Any specific media outlets or platforms where the marketing or advertising campaigns or programs will be utilized.**

[REDACTED]

License Type: Integrated Facility

- [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

In alignment with § 538-x-4.17(5), Applicant [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**41.3 - The identity of any media outlet or third-party individual or entity who is projected to play any role in the Applicant's marketing or advertising efforts, and copies of all contracts or contract forms proposed for use, if any, between itself and such media outlet or third-party individual or entity.**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[REDACTED]

**41.4 – Virtual Renderings**

In accordance with § 538-x-9-.03(3)(k)(4), Applicant proposed [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

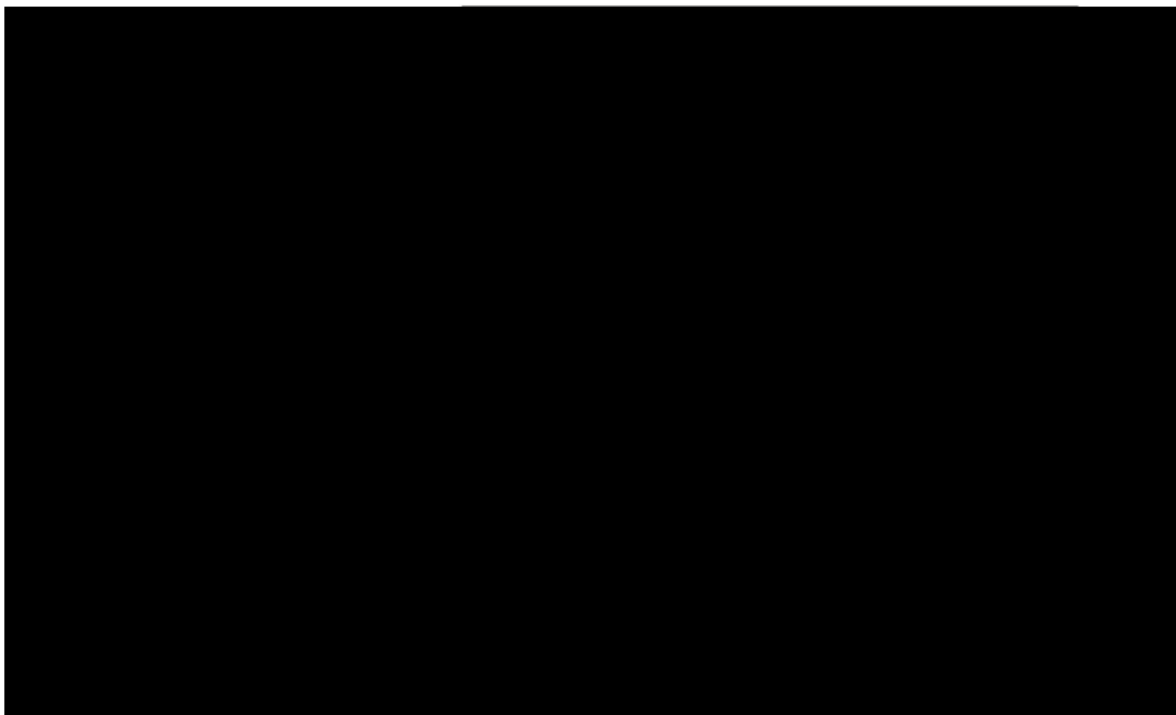
[REDACTED]

[REDACTED]

[REDACTED]

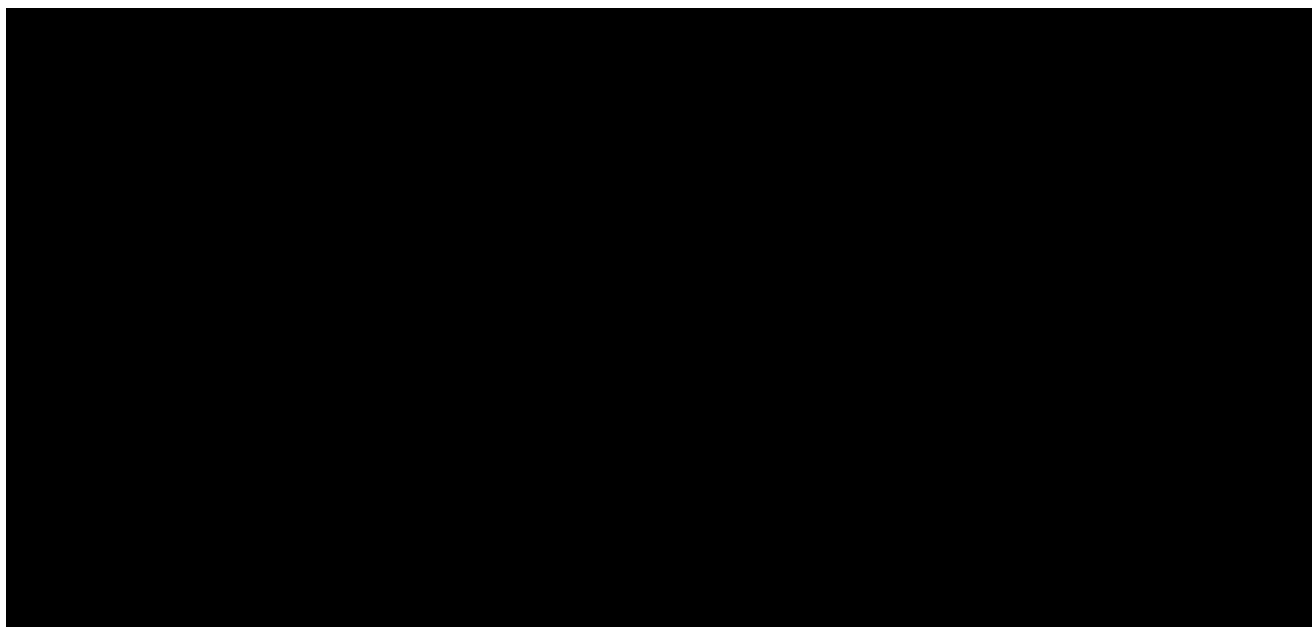
[REDACTED]

**Packaging Rendering 1: Example: Tincture Bottles**

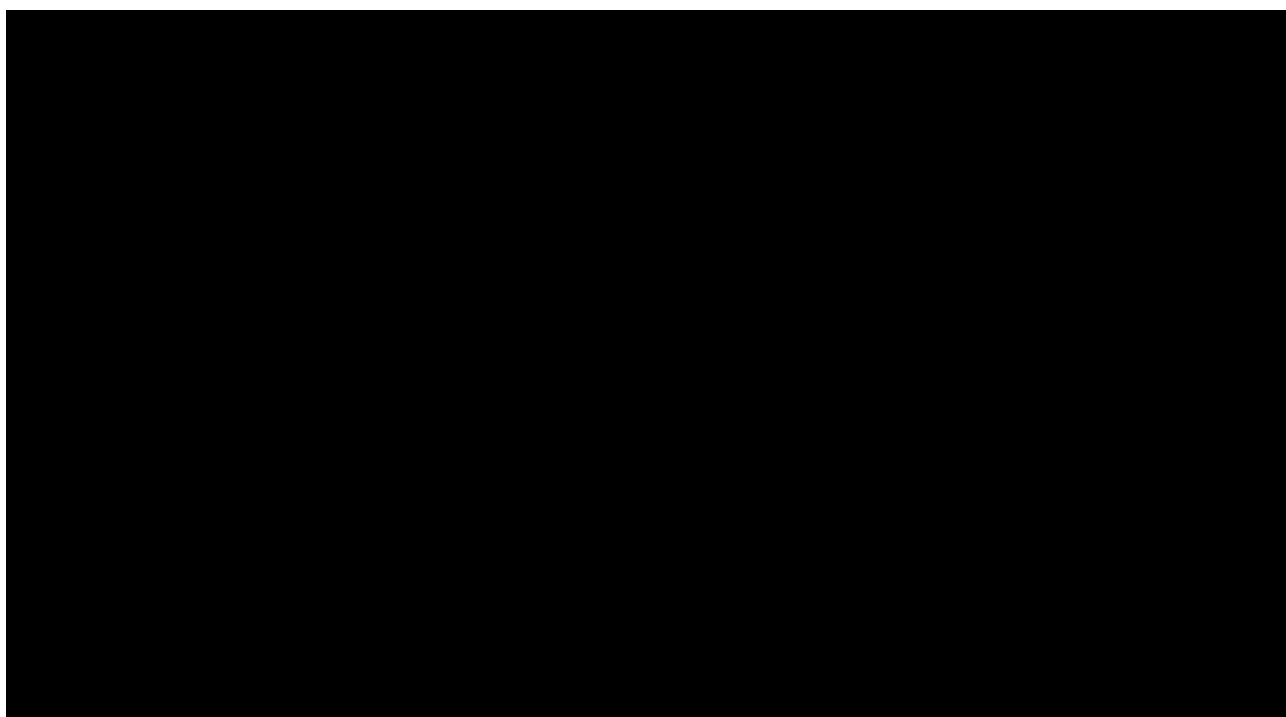


License Type: Integrated Facility

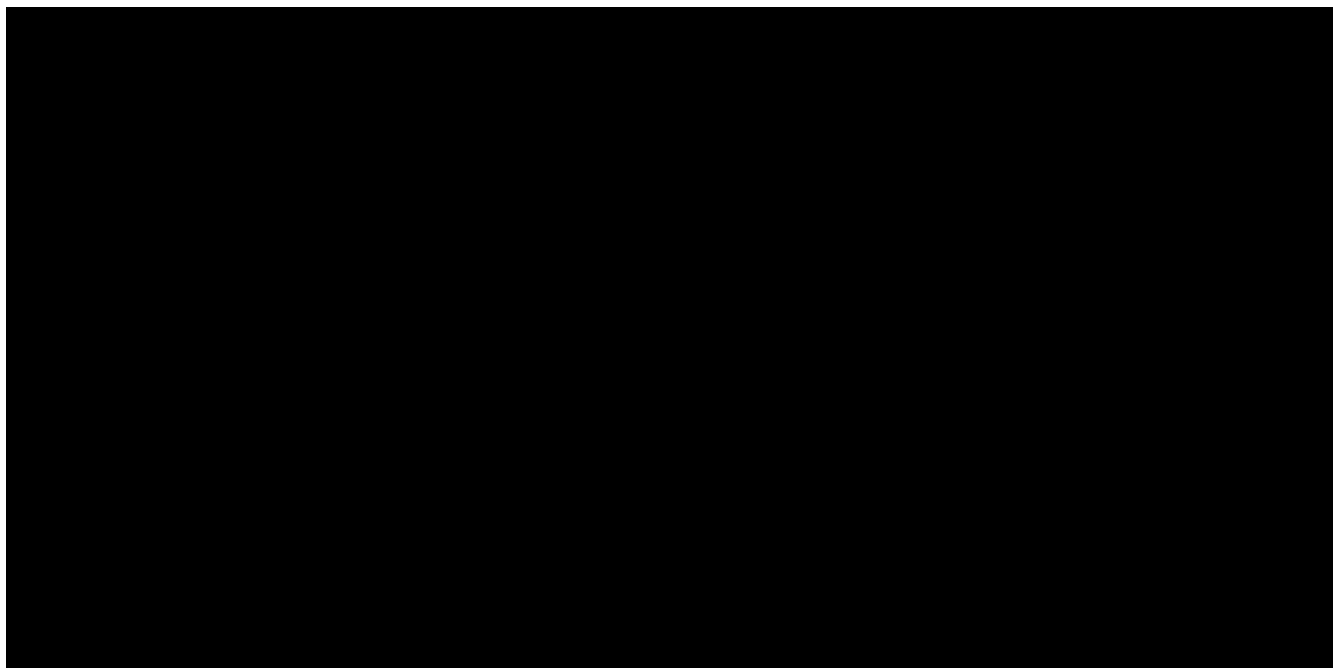
**Packaging Rendering 2: Capsule Bottles**



**Packaging Rendering 3: Tablets**



### Packaging Rendering 4: Gelatinous Cubes



#### **41.5 - Labeling**

Pursuant to § 538-x-9-.03(3)(k)(5), Applicant has [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

[REDACTED]

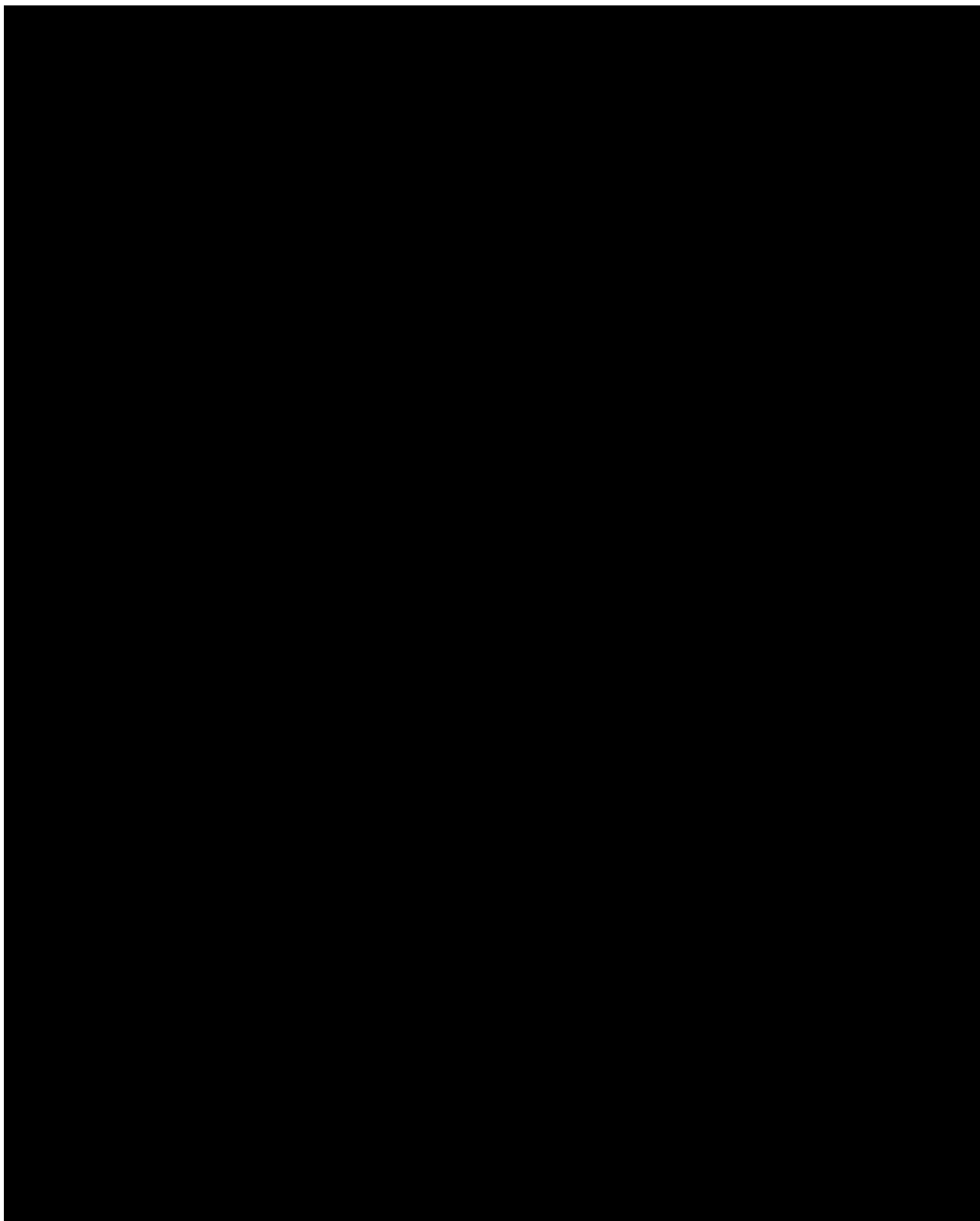
Finally, Applicant ensures [REDACTED]

[REDACTED]

[REDACTED]

License Type: Integrated Facility

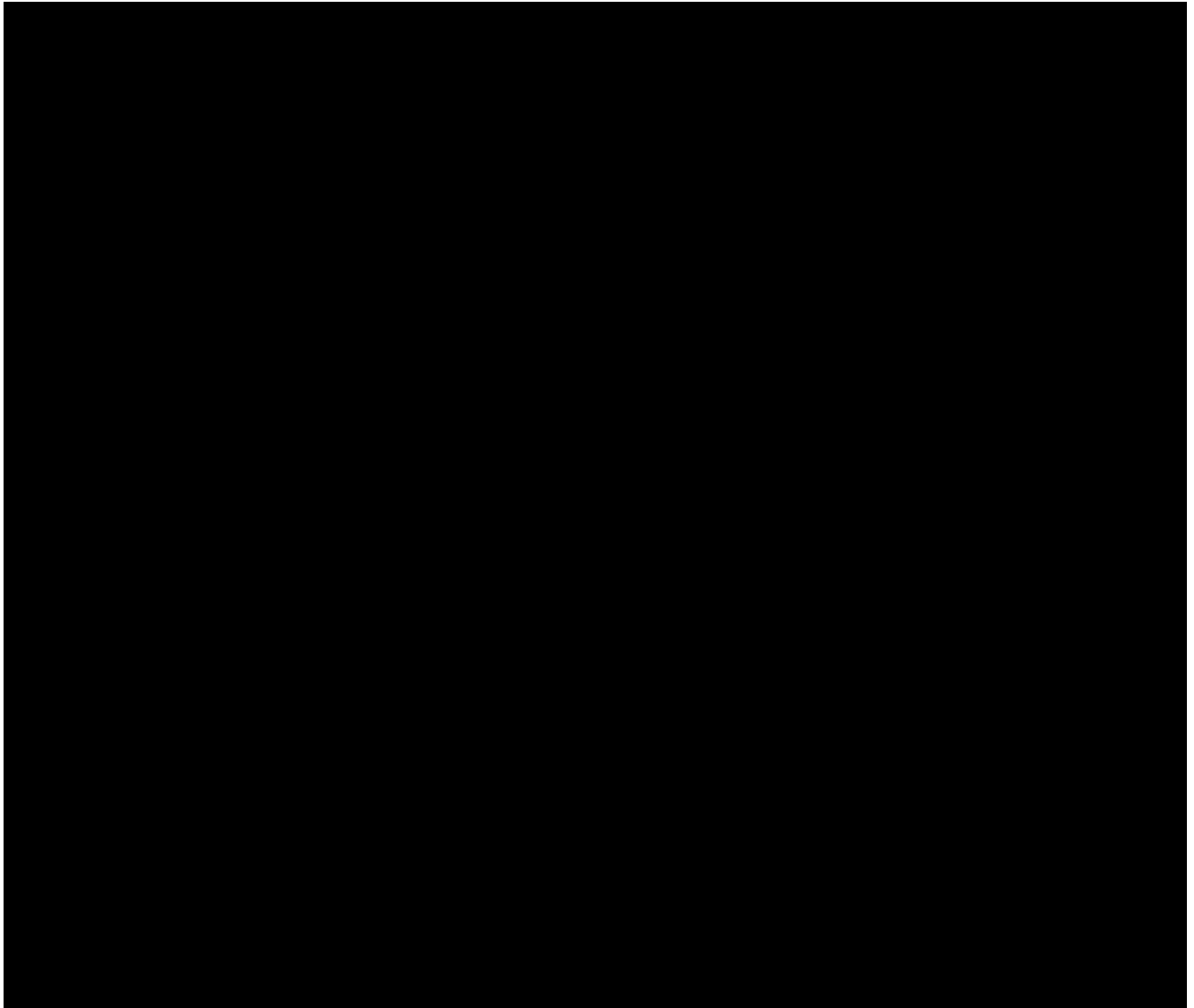
**Example of Required Child-Safety Certificates:**



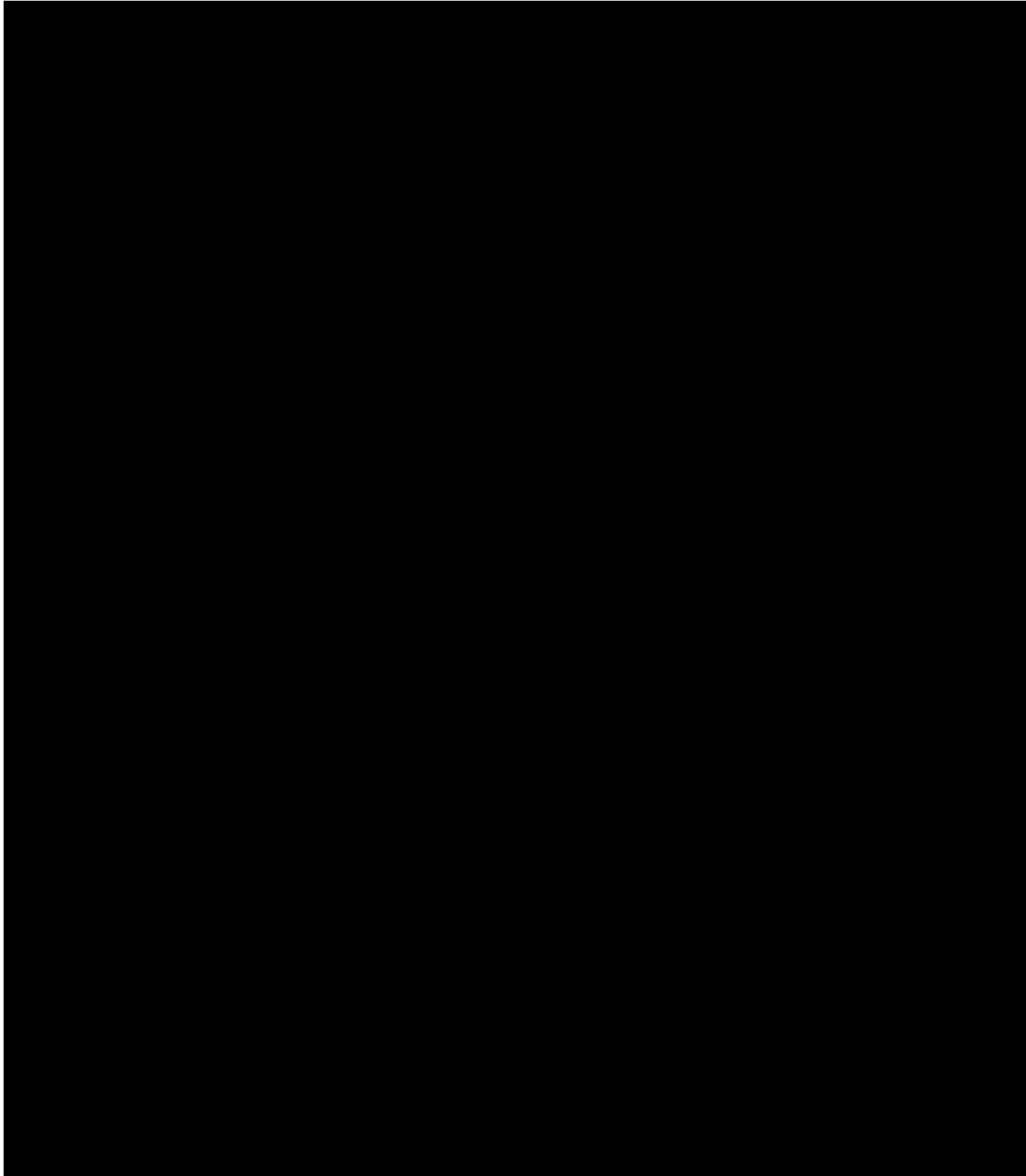


License Type: Integrated Facility

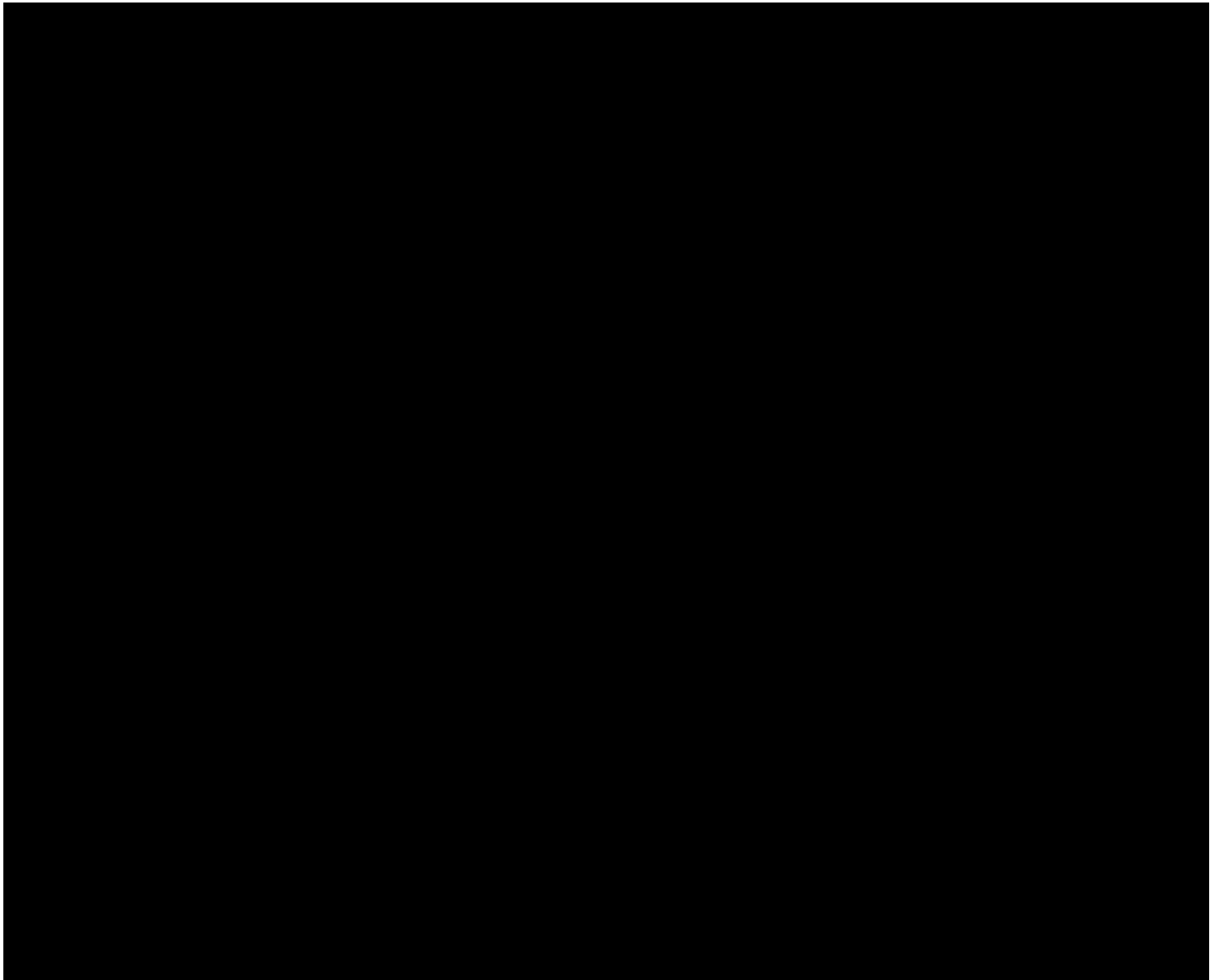
**Labels for Packaging of Phase I Product Offering**



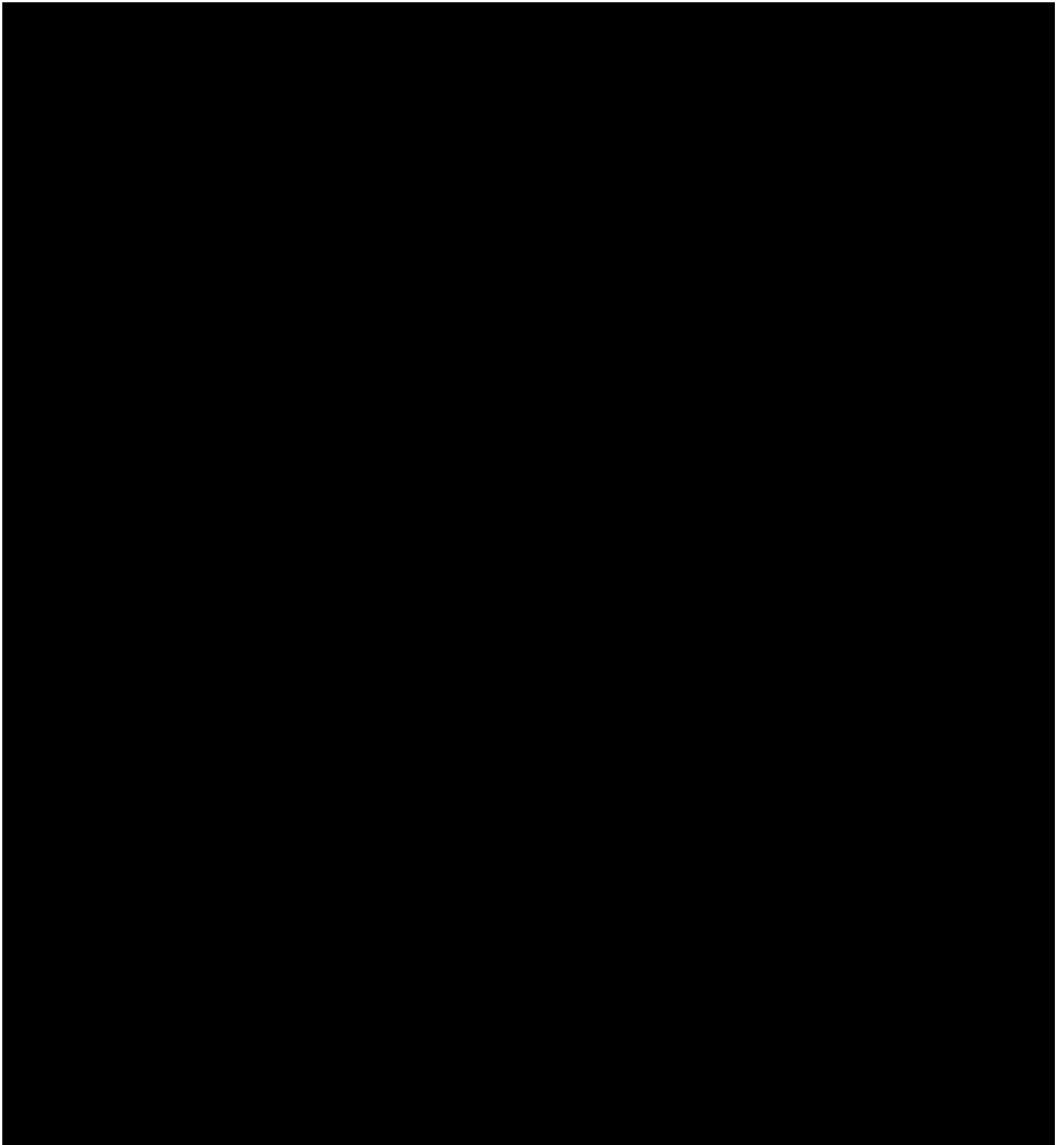
License Type: Integrated Facility



License Type: Integrated Facility



License Type: Integrated Facility





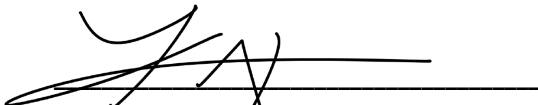
# Exhibit 42 – Website and Social Media

## Verification

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

Kathleen Salmon

**Printed Name of Verifying Individual**



**Signature of Verifying Individual**

Chief Compliance Officer

**Title of Verifying Individual**

2/26/2023

**Verification Date**

**42.1 – A complete site map of each website owned or operated by the Applicant.**

**Procurement of Web Addresses**

Applicant has secured the following domains for the proposed cannabis business.

***Southern Crop***

Applicant has already purchased the following domain for the Integrated Facility Site:

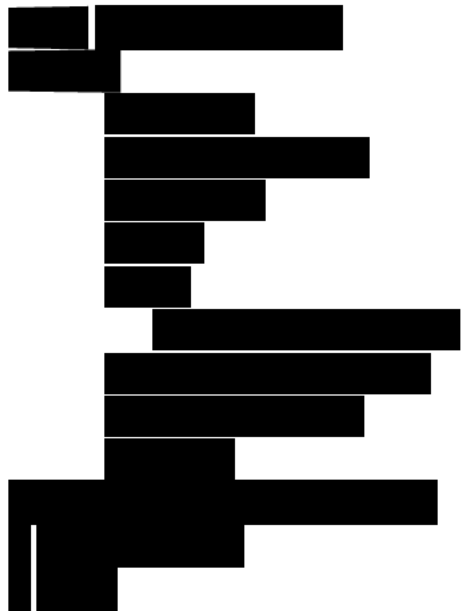
<https://southern-crop.com/>

***Soar***

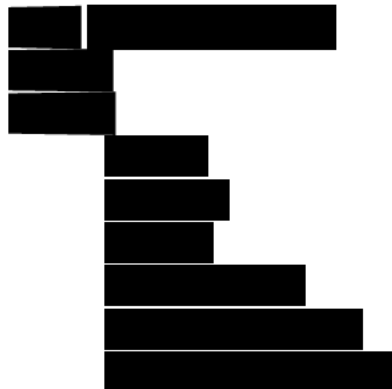
Applicant has already purchased the following domain for the Dispensing Sites operating under the Integrated License: <https://soarboldly.com>

**Website Map Depicting All Website Pages**

**SOUTHERN-CROP.COM SITE MAP**



**SOARBOLDY.COM SITE MAP**











[REDACTED]





[Redacted text block]

---

[Redacted text block]

[Redacted text block]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

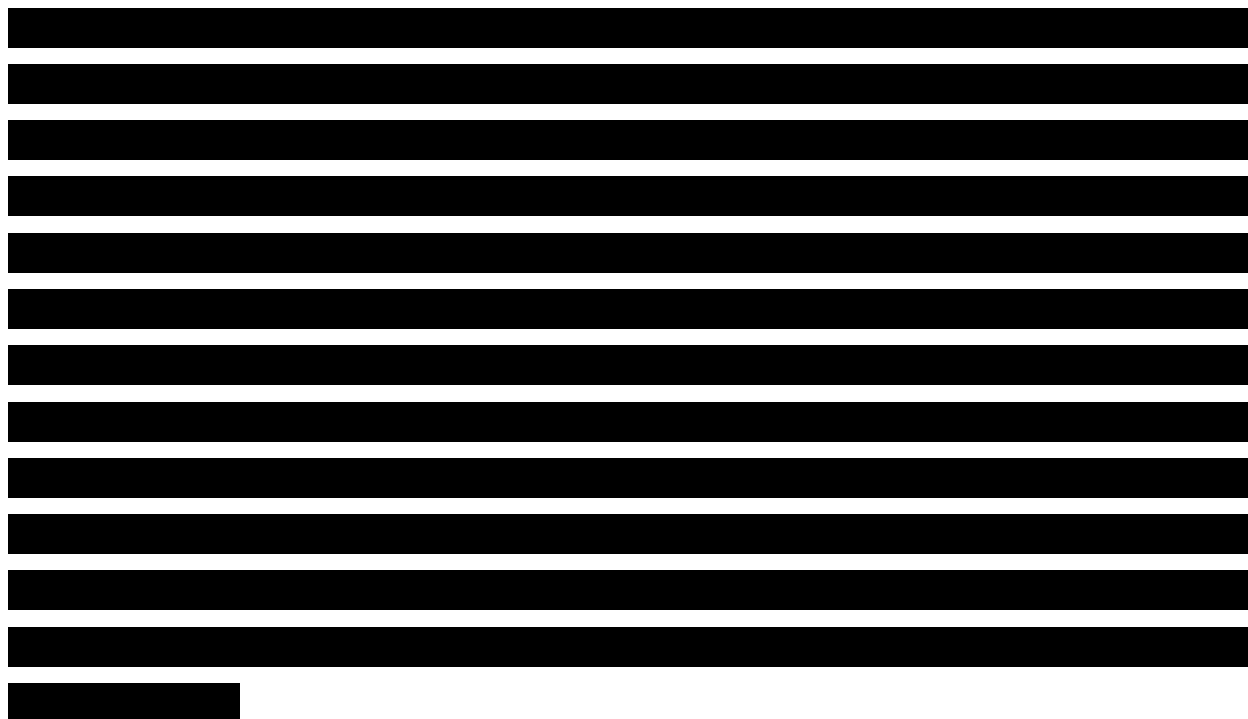
**42.2 - The web address of each webpage, social media page, or other online site owned or operated by the Applicant**

**Company Website**

The web address of each webpage described within 42.1 are as follows:

- Southern Crop: [southern-crop.com](http://southern-crop.com)
- Soar (Dispensing): [soarboldly.com](http://soarboldly.com)

**Selected Social Media Pages**



Social Media Platform	Link to Platform Page
Instagram	Southern_Crop: <a href="https://www.instagram.com/southern_crop/">https://www.instagram.com/southern_crop/</a>
Linkedin	<a href="https://www.linkedin.com/company/southern-crop/">https://www.linkedin.com/company/southern-crop/</a>
Twitter	<a href="https://www.twitter.com/CropSouthern">https://www.twitter.com/CropSouthern</a>
Facebook	<a href="https://www.facebook.com/SouthernCrop">https://www.facebook.com/SouthernCrop</a>



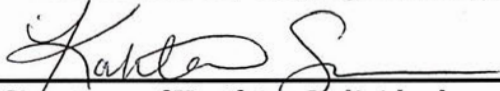
# EXHIBIT #43 - OWNERSHIP ENTITY INDIVIDUALS

## 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.

Kathleen Salmon  
Printed Name of Verifying Individual

Chief Compliance Officer  
Title of Verifying Individual

  
Signature of Verifying Individual

12/8/2022  
Verification Date

**FORM I: OWNERSHIP ENTITY INDIVIDUALS**

"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.

Southern Crop Holding Company LLC

Business License Applicant Name

Integrated Facility License

License Type

**Ownership Entity Information**

R2J, LLC

Ownership Entity Name

[REDACTED]

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**

<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Owner Name	Role	% Ownership in Entity

[REDACTED]

Street Address

<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
City	State	Zip

<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Owner Name	Role	% Ownership in Entity

[REDACTED]

Street Address

<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
City	State	Zip



**FORM I: OWNERSHIP ENTITY INDIVIDUALS**

"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.

Southern Crop Holding Company, LLC

Business License Applicant Name

Integrated Facility License

License Type

**Ownership Entity Information**

S.O. Farmland LLC

Ownership Entity Name

[REDACTED]

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**

[REDACTED]

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

[REDACTED]

Street Address

[REDACTED]

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

[REDACTED]

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

[REDACTED]

Street Address

[REDACTED]

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



## EXHIBIT #44 – INSURANCE

### 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.

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual

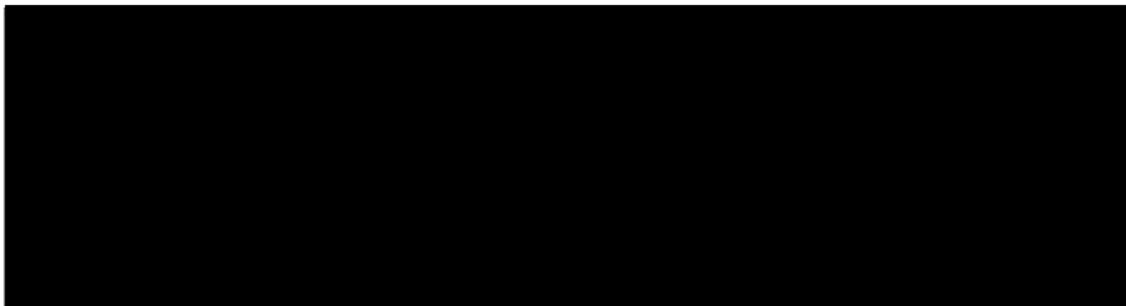
  
Signature of Verifying Individual

12/1/2022  
Verification Date

License Type: Integrated Facility

APPLICANT has provided the following attachments:

- **Attachment #1:** Certificate of Insurance from [REDACTED] to Certificate Holder Alabama Medical Cannabis Commission covering:







## EXHIBIT #45 – AFFIDAVITS

### 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.

Kathleen Alyse Salmon

Chief Compliance Officer

Printed Name of Verifying Individual

Title of Verifying Individual

  
Signature of Verifying Individual

12/1/2022  
Verification Date

**FORM K:**

APPLICANT has provided the following attachments:

- **Attachment #1:** Responsible Party Affidavit
- **Attachment #2:** Contact Person Affidavit

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

STATE OF Mississippi )  
 )  
Lauderdale 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: Southern Crop Holding Company LLC

2. NAME OF AFFIANT: [REDACTED]

3. AFFIANT'S POSITION WITH APPLICANT: [REDACTED]

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.  
RW 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.)  
RW 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.  
RW 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

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

Page 2

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.

PW 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.

PW INITIAL HERE

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

PW 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.

PW 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.

PW 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.

PW 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.

PW INITIAL HERE

[Handwritten Signature]

Signature of Affiant  
Acting for and on behalf of:

Southern Crop Holding Company LLC

Applicant

Sworn to and subscribed before me on this 11<sup>th</sup> day of NOVEMBER, 2022.

F. Alexander DeBardeleben IV

Notary Public

My Commission Expires: July 9, 2024



[SEAL]

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

STATE OF Mississippi )
)
Lauderdale 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: Southern Crop Holding Company LLC

2. NAME OF AFFIANT: Kathleen Salmon

3. AFFIANT'S POSITION WITH APPLICANT: Chief Compliance Officer

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

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (Check One):
[ ] Cultivator [ ] Processor [ ] Secure Transporter
[ ] Dispensary [X] 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. [Signature] 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.) [Signature] 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. [Signature] 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

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

Page 2

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.

KS 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.

KS INITIAL HERE

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

KS 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.

KS 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.

KS 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.

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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.

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[Signature]  
Signature of Affiant  
Acting for and on behalf of:

Southern Crop Holding Company LLC

Applicant

Sworn to and subscribed before me on this 11<sup>th</sup> day of NOVEMBER, 2022.

F. Alexander DeBrouck IV  
Notary Public

My Commission Expires: July 9, 2024



[SEAL]