

Initial Application – Additional Material Changes

Manufacturing Facility

NYCanna took the opportunity over the past several months to identify an alternative manufacturing facility site. Upon examination, the Company determined that a better option existed than what was originally presented in the Application.

NYCanna has recently executed a Letter of Intent for 90,000 square feet of growing and processing space in DeWitt, New York (in Onondaga County). The property is located at 6600 New Venture Gear Drive, DeWitt, New York. The Company has already contacted the Town of DeWitt and received preliminary indications that the Company's planned use of the property will be in compliance with the current zoning for the property.

Further, the new property has many attributes that are attractive to the Company:

1. The electrical power to the property is more than adequate for the Company's needs.
2. The property is located at the confluence of the New York State Thruway and Route 481, making it easily accessible for the Company's dispensary and home delivery plans.
3. The rental costs for the property are competitive with other similar properties.
4. The suite in which the Company will be located has already been improved, thereby allowing the Company to move into the space quickly and complete its own build-out and equipment installation.

Attached to this section is (1) the Letter of Intent for the Lease, (2) site plan for the property, indicating the location of the Company's suite, and (3) conceptual layout of the Company's operation within the suite. Additional information will be provided to the Department as the discussions continue toward registration.

Financial Support

As a condition of the admittance of NY Medicinal Research & Caring, LLC (described in the section above entitled “Ownership and Management Information”), the entity is required to contribute \$9,000,000 to the Company, with commitments to provide additional funds if necessary. The purpose of the contribution is to support the build-out requirements and operations of the Company. Based on the Company’s updated budgeted projections, this amount will be sufficient to fund the requirements and operations. Additional information will be provided to the Department as the discussions continue toward registration.

The funding/financing partner identified in the Initial Application is no longer engaged by the Company.

Schedule 1

Letter of Intent for the Lease

February 24, 2017

RE: NYCANNA, LLC Pharmaceutical Manufacturing Warehouse at NVG Industrial Campus

Dear John:

Per our conversations I am pleased to share that the ONX1 LLC, the "Owner" or "Landlord", is willing to draft a lease agreement with NYCANNA, LLC, the "Tenant", based on the terms we discussed on site, as summarized below:

Location: 6600 New Venture Gear Drive Suite 210
Dewitt, NY 13214

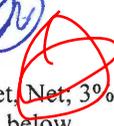
Leased Premises: Suite 210, parking for approximately 30 vehicles ("Leased Premises")

Size in Square Feet: Ninety Thousand (90,000) +/- square feet, subject to verification by Owner/Tenant

Tax ID 027.-02-11-0/1

Tenant: NYCANNA, LLC

Landlord: ONX1, c/o Robert J. Trafford, Manager 

Lease Rate: ~~Three~~ ^{\$ 2.85} Dollars per Square Foot (~~\$3.00~~ ^{\$ 2.85}) Net, Net, Net, 3% annual escalators after 3 years. Rent will commence on the date of occupancy, as stated below. 

Lease Term: Ten (10) years

Renewal: Two (2) Five (5) year extensions.

Relocation: Landlord reserves the right to relocate Tenant with 90 days written notice to comparable space within the campus at Landlord's sole cost and expense provided, however, Owner acknowledges that such relocation shall require the approval of the New York State Department of Health. In any event, any relocation may not interrupt Tenant's business operations.

Occupancy: April 15, 2017.

Landlord's Work: At Landlord's sole cost and expense, Landlord will construct one (1) ADA compliant unisex restroom in the vicinity of the offices

Tenant's Work: All IT, internet and phones, and security will be Tenant's sole cost and expense.

Taxes: By Tenant via pro-rata share, which is estimated at \$.20 Cents per Square Foot

Insurance: By Tenant via pro-rata share, which is set at \$.30 Cents per Square Foot

CAM: By Tenant via pro-rata share, which is set at \$.50 Cents per Square Foot

2838085.6 2/24/20172838085.5 2/17/2017

Utilities: By Tenant via sub-metering of all utilities, Landlord to provide minimum 4MW to Leased Premises. Additional power is available for future expansion.

Fire Suppression: Landlord will deliver the Leased Premises with Code Compliant Fire Sprinkler System. Fire extinguishers, if required, are the responsibility of the Tenant.

Parking: Tenant shall have the right to use 30 parking spaces adjacent to the Leased Premise.

Maintenance: Landlord will be responsible for the roof and structure throughout the term of the lease. Owner will deliver the mechanical, lighting, plumbing, sewer and HVAC systems in working condition upon delivery of Premises. Landlord will warrant all building systems for a period of 1 year from commencement. Tenant will be responsible for the repair and maintenance (but not repair, except as set forth below) of all existing systems within Leased Premises throughout duration of lease at Tenant's sole cost and expense outside of that warranty period. In the event Owner installs any new systems (e.g., HVAC, mechanical, etc.) immediately prior to, or after, the occupancy date, Tenant will also be responsible for the replacement of any such system.

Signage: With Landlord's approval which shall not be unreasonably withheld, Landlord will permit Tenant to install signage subject to municipal code, the sign square footage allocation will be based on Tenant's pro-rate share of the entire parcel.

Use: Tenant will comply with existing zoning designation and utilize the lease premises as manufacturing warehouse distribution space.

Certificate of Occupancy: Within two weeks of lease execution Tenant will provide Landlord with a CAD drawing of the interior space plan of the Lease Premises showing Tenant's proposed layout and use of the Leased Premises. Landlord will apply for Tenant's Certificate of Occupancy within 1 week of receipt of Tenant's Lease Premises use plan, and will use best efforts to obtain the certificate of occupancy prior to the occupancy date.

Zoning: Tenant accepts the risks associated with permitted use upon execution of the lease agreement.

Security Deposit: Please provide financials and references for start-up entity credit review

Non-Disturbance: Agreed

Landlord Delivery Date: Landlord will provide use of the Leased Premises by April 15, 2017.

Condition of Premises: Upon Occupancy, Landlord and Tenant will conduct an inspection and Tenant will execute a Commencement Agreement accepting the Condition of Premises, the completion of the Landlord's Work detailed within Exhibit "A", and the satisfaction of Landlord's Work.

ADA: Landlord will deliver the Lease Premises ADA compliant.

Landlord's Obligations: Landlord will complete all work in Exhibit "A" prior to Occupancy

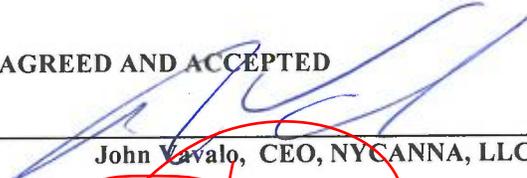
New York Compassionate

2838085.6 2/24/2017 2838085.5 2/17/2017

Care Act: The definitive lease will provide any and all provisions that are required by the New York Compassionate Care Act, and regulations promulgated thereunder.

Broker: Neither party is represented by a broker. Landlord is responsible for fees to Owners Rep.

AGREED AND ACCEPTED

Tenant: 

John Vavalo, CEO, NYCANNA, LLC

Date: 2/24/17

Landlord: _____
Robert Trafford, Manager, ONX1 LLC

Date: 022417

Schedule 2

Site Plan

LEGEND

-  **STORM WATER**
-  **INDUSTRIAL WASTE**
-  **SANITARY**

Schedule 3
Conceptual Layout

Affirmation of Ability to Comply with Laws and Regulations

NYCANNA, LLC has thoroughly read the New York Compassionate Care Act, the Department of Health’s Rules and Regulations, Title 10 Part 1004, the proposed amendments to the Department of Health’s Rules and Regulations, and we fully understand our obligations therein.

NYCANNA, LLC is fully able to comply with the New York Compassionate Care Act, New York Department of Health Rules and Regulations implementing that act, and all other laws, rules and regulations governing the manner in which we operate both as a Medical Marijuana Registered Organization and more generally as a business operating in the State of New York.

By: 

John M. Vavalo, Chief Executive Officer

Dated: February 27, 2017

Appendix A – Updated Submissions¹

1. *Updated Information:* The following individuals have provided updated information concerning his Appendix A submission:
 - a. Dino Dixie
 - b. Dennis DuVal
 - c. Dominic Falcone
 - d. Patrick Harvey
 - e. John Vavalo

2. *New Appendix A Submissions:* The following individuals are new members and/or principal stakeholders and are providing new Appendix A submissions:
 - a. Christopher A. Andreucci
 - b. Kevin T. Bezio
 - c. Devin Binford
 - d. Joseph J. Buggy
 - e. H. Todd Bullard
 - f. David M. Capriotti
 - g. Frank A. Catanzaro
 - h. Jamie Ceseres
 - i. Michael Ceseres
 - j. David M. Clar
 - k. Shannon Cunniffe
 - l. Patrick J. Dalton
 - m. Thomas A. DeSimon
 - n. Christopher A. DiPasquale
 - o. Michael Doyle
 - p. Ruseel E. Gaenzle
 - q. Roy R. Galewski
 - r. James Griffin
 - s. Shawn Griffin
 - t. Hall Rev Trust
 - u. Warren Hern
 - v. David Klein
 - w. T. John Lavicka
 - x. Judy Linehan
 - y. Michael P. Linehan

¹ As a result of the change in corporate structure, many of the individual stakeholders answered Question 1 to Appendix A with the name of the successor entity or the corporate name of the stakeholder entity of which they are a member. All Appendix A Affidavits included herein are those of the stakeholders in NYCANNA, LLC, the entity submitting this Plan of Entry to be a Registered Organization.

- z. Paul Linehan
- aa. David P. Martin
- bb. Donald J. Martin
- cc. Dustin Martin
- dd. Robert Martin
- ee. Ryan D. Martin
- ff. Michael J. Masino
- gg. Justin S. Miller
- hh. Daniel J. Moore
- ii. KevinMurphy
- jj. Robert G. Murray
- kk. Kathryn L. Newberg
- ll. Munesh Patel
- mm. Frank C. Pavia
- nn. Joseph D. Picciotti
- oo. Robert J. Ryan
- pp. Charles Schachter
- qq. Philip G. Spellane
- rr. Michael J. Townsend
- ss. Doug Weins
- tt. D. Alan Willis

3. *Withdrawn Appendix A Submissions:* The following Appendix A materials which were included in the Initial Application are withdrawn as a result of the corporate restructuring described in this Plan of Entry and other changes in status:

- a. Yasser Alejo
- b. Scott Bergin
- c. Eric Bremiller
- d. Ian deQueiroz
- e. James Esposito
- f. David Feder
- g. Phil Hague
- h. Malcolm Morrison

**APPENDIX A
AFFIDAVITS**

UPDATED APPENDIX A AFFIDAVITS

Certification and Authorization
to Attachment A
of John Vavalo

WHEREAS, NYCanna, LLC (“**NYCANNA**”) is currently pursuing registration as a Registered Organization with the State of New York; and

WHEREAS, I am affiliated with NYCANNA as either a Director, Officer, Manager, Owner, Partner, Principal Stakeholder, or Member; and

WHEREAS, in June of 2015, I executed a document titled Appendix A which was included in NYCANNA’s Application for Registration as a Registered Organization with the New York State Department of Health; and

WHEREAS, the Department of Health now needs to ensure that all information that was previously disclosed in the 2015 Appendix A is still true, complete, and accurate.

NOW THEREFORE, I, **JOHN VAVALO**, certify under penalty of perjury, that the following information is accurate, true, and complete in all material respects:

1. With the exception of the information set forth below, the information set forth in my original Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members dated June 1, 2015 and attached as Appendix A to the Application for Registration as a Registered Organization of NYCANNA (“**Appendix A**”) remains accurate, true, and complete in all material respects. A Copy of the original Appendix A is attached hereto as **Exhibit A**.

2. My title as reflected in Question 3 should be updated from “Director of Engineering and Extraction” to “Chairman/CEO”;

3. The table contained in Question 18 should be updated to include the information contained in the table below:

18. Offices Held or Ownership Interest in Other Businesses

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna - Plan of Entry: Appendix A Affidavits

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

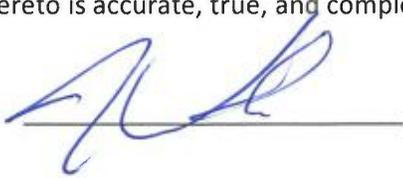
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna - Plan of Entry: Appendix A Affidavits

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Redacted pursuant to N.Y. Public Officers Law, Art. 6

By signing below, I certify, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 

Date: February 24, 2017

STATE OF NEW YORK)
) ss.:
COUNTY OF ONONDAGA)

On the 24 day of February in the year 2017 before me, the undersigned, a notary public in and for said State, personally appeared **JOHN VAVALO**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual executed this instrument.



Notary Public

JEFFREY B. SCHEER
Notary Public, State of New York
No. 02SC5082709
Qualified in Onondaga County
My Commission Expires July 28, 2017

NYCanna - Plan of Entry: Appendix A Affidavits

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Exhibit A
Original Appendix A



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: New York Canna, Inc. This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: John M. Vavalo	3. Title: Dir., Engineering & Extraction
4. Briefly describe the role of this person or entity in the proposed registered organization: Oversee the extraction, medicinal marijuana production, and the quality control laboratory	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: N/A

10. Email: john@nycanna.net

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Rochester Institute of Technology	Office of the Registrar 27 Lomb Memorial Drive Rochester, NY 14623	2005	2007	MS Environmental Management and Health and Safety	2007
Rochester Institute of Technology	Office of the Registrar 27 Lomb Memorial Drive Rochester, NY 14623	2000	2005	BS Environmental Management and Health and Safety	2011

Redacted pursuant to N.Y. Public Officers Law, Art. 6

--	--	--	--	--	--



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.				
Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
N/A				

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		Type of Business:	
Street Address:			
City:	State:	Zip Code:	
Starting Date of Employment:		Ending Date of Employment:	
Name of Supervisor for Reference:		Supervisor Phone Number:	
Position/Responsibilities:			
Reason For Departure:			
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>			
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From: 2011	Name and Address of Business:	
To: Present	Ontario Midland Railroad, Corp., 48 Belden Ave., Sodus, NY 14551	
Business Type: Railroad	Office Held/Nature of Interest: Board member	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From: 2014	Name and Address of Business:	
To: Present	New York State Department of Transportation Region, I-81 Viaduct Project, 333 East Washington St., Syracuse, NY 13202	
Business Type: State transportation agency	Office Held/Nature of Interest: I-81 Stakeholder Committee	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 6/1/15
------------	--------------

Notary Name: JEFFREY B. SCHEER	Notary Registration Number:
--------------------------------	-----------------------------

Notary (Notary Must Affix Stamp or Seal)	Date: 6/1/2015
--	----------------

JEFFREY B. SCHEER
 Notary Public, State of New York
 No. 02SC5082709
 Qualified in Onondaga County, 2017
 My Commission Expires July 28, 2017

Certification and Authorization
to Attachment A
of Dennis DuVal

WHEREAS, NYCanna, LLC ("**NYCANNA**") is currently pursuing registration as a Registered Organization with the State of New York; and

WHEREAS, I am affiliated with NYCANNA as either a Director, Officer, Manager, Owner, Partner, Principal Stakeholder, or Member; and

WHEREAS, in May of 2015, I executed a document titled Appendix A which was included in NYCANNA's Application for Registration as a Registered Organization with the New York State Department of Health; and

WHEREAS, the Department of Health now needs to ensure that all information that was previously disclosed in the 2015 Appendix A is still true, complete, and accurate.

NOW THEREFORE, I, **DENNIS DUVAL**, certify under penalty of perjury, that the following information is accurate, true, and complete in all material respects:

1. With the exception of the information set forth below, the information set forth in my original Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members dated May 12, 2015 and attached as Appendix A to the Application for Registration as a Registered Organization of NYCANNA ("**Appendix A**") remains accurate, true, and complete in all material respects. A copy of the Original Appendix A is attached hereto as **Exhibit A**.

2. The following information should be updated:

- a. My title as reflected in Question 3 should be updated from "CEO" to "Vice Chairman/COO";
- b. Question 17 entitled Employment History should be updated to reflect that as of 
- c. The table contained in Question 18 should be updated to include the information contained in the table below:

18. Offices Held or Ownership Interest in Other Businesses

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna - Plan of Entry: Appendix A Affidavits

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Redacted pursuant to N.Y. Public Officers Law, Art. 6

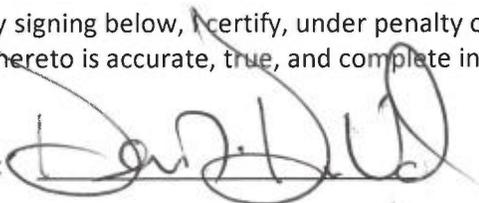
NYCanna - Plan of Entry: Appendix A Affidavits

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[signature page to follow]

By signing below, I certify, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 

Date: February 24, 2017

STATE OF NEW YORK)
) ss.:
COUNTY OF ONONDAGA)

On the 24 day of February in the year 2017 before me, the undersigned, a notary public in and for said State, personally appeared **DENNIS DUVAL**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual executed this instrument.



Notary Public

JEFFREY B. SCHEER
Notary Public, State of New York
No. 02SC5082709
Qualified in Onondaga County
My Commission Expires July 28, 2017

NYCanna - Plan of Entry: Appendix A Affidavits

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Exhibit A
Original Appendix A



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name:	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: Dennis Todd Duval	3. Title: CEO
4. Briefly describe the role of this person or entity in the proposed registered organization:	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Syracuse University	Syracuse, New York	1970	1974	B.A. Sociology	May 1996



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

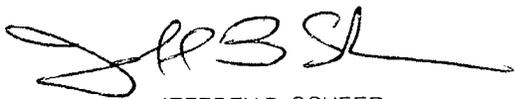
Signature: 

Date: May 12, 2015

Notary Name: JEFFREY B. SCHEER

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)



JEFFREY B. SCHEER
Notary Public, State of New York
Qualified in Oncon. Co., No. 02SC5082709
My Commission Expires July 28, 2017

Date: 5/12/15



[Exit](#)

Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **Redacted pursuant to N.Y. Public Officers Law, Art. 6**

Payment Details

Description L-1 Enrollment Services
Fingerprinting Services
www.L1Enrollment.com

Payment Amount \$84.95

Payment Date 05/05/2015

Status PROCESSED

Applicant Name Dennis Duval

Appointment Info May 6, 2015 at 12:40 pm

Customer Service Number (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

Payment Method

Payer Name Dennis Duval
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Card Number

Card Type

Approval Code

Confirmation Email

Billing Address

Address 1 **Redacted pursuant to N.Y. Public Officers Law, Art. 6**

City

State

Zip Code Redacted pursuant to N.Y. Public Officers Law, Art. 6

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: DUVAL, DENNIS

Address:

OCA:

Date Fingerprinted: 20150506

Fingerprint Center: L020

Agency: NYS Dept of Health Bur Narcotic Enforcement

Reason Fingerprinted:

CONTROLLED SUBSTANCE

Amount Paid: 84.95

Fee Paid By: US BANK EPAY

Operator ID 020001

(Agency Copy)

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Certification and Authorization
to Attachment A
of Dominic Falcone

WHEREAS, NYCanna, LLC (“**NYCANNA**”) is currently pursuing registration as a Registered Organization with the State of New York; and

WHEREAS, I am affiliated with NYCANNA as either a Director, Officer, Manager, Owner, Partner, Principal Stakeholder, or Member; and

WHEREAS, in May of 2015, I executed a document titled Appendix A which was included in NYCANNA’s Application for Registration as a Registered Organization with the New York State Department of Health; and

WHEREAS, the Department of Health now needs to ensure that all information that was previously disclosed in the 2015 Appendix A is still true, complete, and accurate.

NOW THEREFORE, I, **DOMINIC FALCONE**, certify under penalty of perjury, that the following information is accurate, true, and complete in all material respects:

1. With the exception of the information set forth below, the information set forth in my original Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members dated May 21, 2015 and attached as Appendix A to the Application for Registration as a Registered Organization of NYCANNA (“**Appendix A**”) remains accurate, true, and complete in all material respects. A copy of the original Appendix A is attached hereto as **Exhibit A**.

2. The following information should be updated:

- a. My title as reflected in Question 3 should be updated from “Director of Facility Operations” to “Principal”;
- b. My residence address as reflected in Question 11 should be updated from
Redacted pursuant to N.Y. Public Officers Law, Art. 6
- c. The table contained in Question 18 of Appendix A should be updated to include the information contained in the table below:

18. Offices Held or Ownership Interest in Other Businesses

Redacted pursuant to N.Y. Public Officers Law, Art. 6

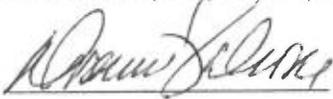
NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[signature page to follow]

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

By signing below, I certify, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 

Date: February 25, 2017

STATE OF NEW YORK)
) ss.:
COUNTY OF Onondaga)

On the 25 day of February in the year 2017 before me, the undersigned, a notary public in and for said State, personally appeared **DOMINIC FALCONE**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed this instrument.

JEFFREY B. SCHEER
Notary Public, State of New York
No. 02SC5082709
Qualified in Onondaga County
My Commission Expires July 28, 2017



Notary Public

NYCanna - Plan of Entry: Appendix A Affidavits

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Exhibit A
Original Appendix A



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: New York Canna, Inc.		
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.		
2. Name: Dominic Falcone	3. Title: Director of Facility Operations	
4. Briefly describe the role of this person or entity in the proposed registered organization: Oversee all plumbing, electrical, HVAC, and environmental installations, in accordance with local municipality and State requirements		
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."		
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: N/A

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education

Institution		Address		Dates Attended		Degree	
		From	To	Degree Received	Date Received		
Redacted pursuant to N.Y. Public Officers Law, Art. 6							
Plumber's Union Local #2 (merged with Local #1)	Union Local #1 50-02 Fifth St., 2nd Fl Long Island City, NY 11101	08/1983	08/1985	Pipe Tradesman	08/1985		
Plumber's Union Local #545	8333 Airport Blvd., Los Angeles, CA 90045	08/1985	07/1989	Journeyman Plumber	07/1989		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Institution		Address		Dates Attended		Degree	
		From	To	Degree Received	Date Received		
Plumber's Union Local #2 (merged with Local #1)	Union Local #1 50-02 Fifth St., 2nd Fl Long Island City, NY 11101	08/1983	08/1985	Pipe Tradesman	08/1985		
Plumber's Union Local #545	8333 Airport Blvd., Los Angeles, CA 90045	08/1985	07/1989	Journeyman Plumber	07/1989		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Westchester County Master Plumber	#932/1290	Westchester Co. Board of Plumbing Examiners, 110 Dr. Martin Luther King, Jr. Blvd. White Plains, NY	09/1998	12/31/2015
Putnam County Master Plumber	#514	Putnam Co. Plumbing Board, 112 Old Route #6, Carmel, NY 10512 (845) 808-4000	02/2002	12/31/2015
State of CT Plumbing & Piping Unlimited Contractor	#PLM.0282225 -P1	CT Dept. of Consumer Protection, 165 Capitol Ave., Hartford, CT 06106 (800) 842-2649	02/2004	10/31/2015
State of CT Heating, Piping & Cooling Lmted, Journeyperson	#HTG.0390366 -S8	CT Dept. of Consumer Protection 165 Capitol Ave., Hartford, CT 06106 (800) 842-2649	03/2005	08/31/2015
State of New York Type Universal HVAC	#119-62-8172	EPA Region 2, 290 Broadway, New York, NY 10007-1866 (212) 637-3000	04/1996	N/A

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer: N/A		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

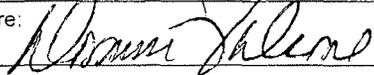
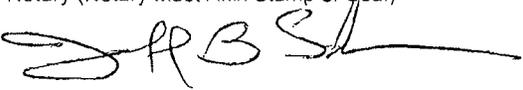
I have been a licensed Master Plumber in two New York counties and the State of Connecticut for over [REDACTED]
Redacted pursuant to N.Y. Public Officers Law, Art. 6

I continuously upgrade my skills to remain at the top of the industry as evidenced by my specialized training in solar thermal installation, EPA LEED certification, as well a NYS Universal Air Conditioning and Refrigeration license.

I have been a committed volunteer throughout my career, investing my time to improve education in building trades, support local police, and to fundraise for children's medical care.
Redacted pursuant to N.Y. Public Officers Law, Art. 6

I am proud of my dedication to professional and community service and feel that these experiences are true examples of my moral character. I believe the professional and volunteer experiences described above qualify me to serve as Director of Facility Operations for New York Canna.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: May 21, 2015
Notary Name: <u>JEFFREY B. SCHEER</u>	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)  JEFFREY B. SCHEER Notary Public, State of New York Qualified in Onon. Co., No. 02SC5082709 My Commission Expires July 28, <u>2017</u>	Date: <u>5/21/15</u>

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Certification and Authorization
to Attachment A
of Dino Dixie

WHEREAS, NYCanna, LLC (“**NYCANNA**”) is currently pursuing registration as a Registered Organization with the State of New York; and

WHEREAS, I am affiliated with NYCANNA as either a Director, Officer, Manager, Owner, Partner, Principal Stakeholder, or Member; and

WHEREAS, in May of 2015, I executed a document titled Appendix A which was included in NYCANNA’s Application for Registration as a Registered Organization with the New York State Department of Health; and

WHEREAS, the Department of Health now needs to ensure that all information that was previously disclosed in the 2015 Appendix A is still true, complete, and accurate.

NOW THEREFORE, I, **DINO DIXIE**, certify under penalty of perjury, that the following information is accurate, true, and complete in all material respects:

1. With the exception of the information set forth below, the information set forth in my original Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members dated May 7, 2015 and attached as Appendix A to the Application for Registration as a Registered Organization of NYCANNA (“**Appendix A**”) remains accurate, true, and complete in all material respects. A copy of the original Appendix A is attached hereto as **Exhibit A**.

2. My title as reflected in Question 3 should be updated from “Facility Manager” to “Principal”;

3. The table contained in Question 18 of Appendix A should be updated to include the information below:

18. Offices Held or Ownership Interest in Other Businesses

Redacted pursuant to N.Y. Public Officers Law, Art. 6

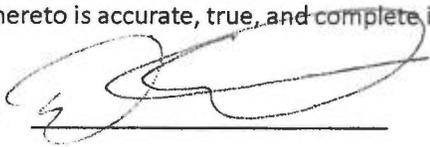
NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[signature page to follow]

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

By signing below, I certify, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 

Date: February 21, 2017

STATE OF NEW YORK)
) ss.:
COUNTY OF ONONDAGA)

On the 21 day of February in the year 2017 before me, the undersigned, a notary public in and for said State, personally appeared **DINO DIXIE**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed this instrument.

JEFFREY B. SCHEER
Notary Public, State of New York
No. 02SC5082709
Qualified in Onondaga County
My Commission Expires July 28, 2017



Notary Public

NYCanna - Plan of Entry: Appendix A Affidavits

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

Exhibit A
Original Appendix A



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:	[Redacted]	9. Fax:	[Redacted]
10. Email:	[Redacted]		
11. Residence Address:	[Redacted]		
12. City:	[Redacted]	13. State:	[Redacted]
14. ZIP Code:		[Redacted]	
15. Formal Education	Dates Attended		Degree

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Institution	Address	From	To	Degree Received	Date Received
Syracuse University	Officer of the Registrar 106 Steele Hall Syracuse, NY 13244	1986	1988	School of Management	N/A



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: New York Canna, Inc.	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: Dino Dixie	3. Title: Facility Manager
4. Briefly describe the role of this person or entity in the proposed registered organization: Construction management, facilities management, and owner's representative	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
N/A				

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

<p>19. Affirmative Statement of Qualifications For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.</p>	
<p>20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.</p>	
<p>Signature: </p>	<p>Date: 05/06/2015</p>
<p>Notary Name: <i>Melanie A Wyant</i></p>	<p>Notary Registration Number: 01WY6315878</p>
<p>Notary (Notary Must Affix Stamp or Seal)</p> <p align="center"> Melanie A Wyant 01WY6315878 Notary Public, State of New York Qualified in Cayuga County My commission expires DECEMBER 1st, 2018 </p>	<p>Date: May 7, 2015</p>

NYCanna – Plan of Entry: Certification and Authorization to Attachment A

**Certification and Authorization
to Attachment A of Patrick Harvey**

WHEREAS, NYCanna, LLC ("**NYCANNA**") is currently pursuing registration as a Registered Organization with the State of New York; and

WHEREAS, I am affiliated with NYCANNA as either a Director, Officer, Manager, Owner, Partner, Principal Stakeholder, or Member; and

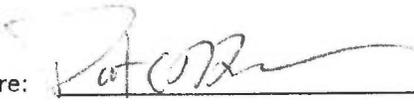
WHEREAS, in May of 2015, I executed a document titled Appendix A which was included in NYCANNA's Application for Registration as a Registered Organization with the New York State Department of Health; and

WHEREAS, the Department of Health now needs to ensure that all information that was previously disclosed in the 2015 Appendix A is still true, complete, and accurate.

NOW THEREFORE, I, **PATRICK HARVEY**, certify under penalty of perjury that:

1. The information set forth in my original Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members dated May 29, 2015 and attached as Appendix A to the Application for Registration as a Registered Organization of NYCANNA ("**Appendix A**") remains accurate, true, and complete in all material respects. A copy of the original Appendix A is attached hereto as **Exhibit A**.

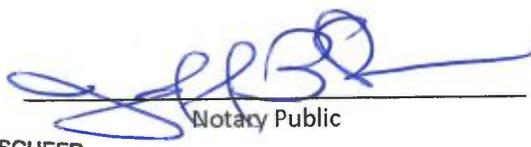
2. By signing below I certify, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 

Date: February 25, 2017

STATE OF New York)
) ss.:
COUNTY OF Onondaga)

On the 25 day of February in the year 2017 before me, the undersigned, a notary public in and for said State, personally appeared **PATRICK HARVEY**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual executed this instrument.


Notary Public

JEFFREY B. SCHEER
Notary Public, State of New York
No. 02SC5082709
Qualified in Onondaga County
My Commission Expires July 28, 2017

Exhibit A
Original Appendix A



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: New York Canna, Inc.	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: Patrick Charles Harvey	3. Title: Pharmacist
4. Briefly describe the role of this person or entity in the proposed registered organization: Dispensary Manager - Will oversee the proper filling and dispensing of medical marijuana products based on physician orders in accordance with New York State law. Will also manage and supervise all staff pharmacists and pharmacy technician	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity. Redacted pursuant to N.Y. Public Officers Law, Art. 6	



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: N/A

10. Email: Patrick@NYCanna.net

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
St. John's University College of Pharmacy and Health Sciences	8000 Utopia Parkway Queens, NY 11439 1-(888) 978-5646	9/1997	5/2002	Bachelor's in Pharmacy	05/01/2002



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Pharmacist State of Connecticut	PCT.0009780	CT Dept. of Consumer Protection 165 Capital Ave., Rm. 147, Hartford, CT 06106 (860) 713-6100	02/03/2014	01/31/2016
Pharmacist New York State	Pending	NYS Education Dept., Pharmacy Unit, 89 Washington Ave., Albany, NY 12234 (518) 474-3817 x250	N/A	N/A

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

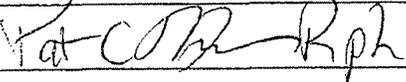
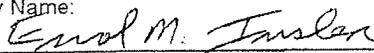
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I am a licensed pharmacist and [REDACTED] My Bachelor's degree in Pharmacy is from St. John's University College of Pharmacy and Allied Health in Queens, NY. As a certified Compounding Pharmacist, I am trained to prepare non-sterile compounding ointments, capsules, liquids, suspensions, as well as oromucosal and transdermal PLO gels in an acute, safe, and sanitary manner

Redacted pursuant to N.Y. Public Officers Law, Art. 6

believe the professional and volunteer experiences described above qualify me to serve as a Pharmacist for New York Canna.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: May 29, 2015
Notary Name: 	Notary Registration Number: #4678385
Notary (Notary Must Affix Stamp or Seal) ERROL M. INSLER Notary Public, State of New York No. 4678385 Qualified in Westchester County Commission Expires Mar. 30, 2016	Date: MAY 29 TH , 2015

NEW APPENDIX A AFFIDAVITS



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Christopher Andreucci</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <p style="text-align: center;"><u>Investor</u></p>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
S.U.N.-Y New Paltz	1 Hawk Drive New Paltz, NY 12561	9/85	12/89	Bachelor of Arts	1989 1989
S.U.N.-Y Buffalo Law School	211 Putnam Way Buffalo, NY 14260	8/02	5/05	Juris Doctor	2005



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	4368148	Office of Court Administration	2006	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I am an investor and will not have any supervision over day-to-day operations.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Date:

02/03/17

Notary Name:

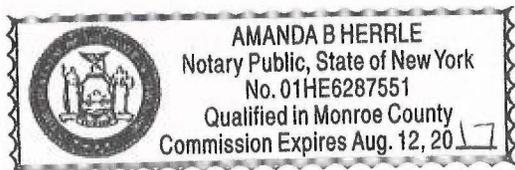
Notary Registration Number:

01HE6287551

Notary (Notary Must Affix Stamp or Seal)

Date:

2/3/17





Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Kevin Bizio</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Investor</div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]

9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED]

13. State: [REDACTED]

14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
College of St. Rose	Albany New York	9/96	5/97	N/A	N/A
SONY Plattsburgh	Plattsburgh New York	9/97	5/98	N/A	N/A
St. Michael's College	Colchester Vermont	9/98	5/00	BBA	5/00
Albany Law School	Albany New York	9/00	5/03	JD	5/03



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	419 5665	Office of Court Admin P.O. Box 29327 New York, New York 10087	2004	Continuing
Law	658 200	Mass Board of Bar Officers 99 High Street Boston, Mass 02110	2003	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: _____
Type of Business: _____



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From: 2013	Name and Address of Business: 99 Garnsey Road Associates, LLC	
To: CONTINUING	99 Garnsey Road Pittsford, NY 14534	
Business Type: Real estate Holding	Office Held/Nature of Interest: Member	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 2016	Name and Address of Business: Medicinal Research, LLC	
To: CONTINUING	99 Garnsey Road Pittsford, NY 14534	
Business Type: Investment	Office Held/Nature of Interest: Member	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: *JCT. [Signature]*

Date: *2/14/17*

Notary Name: *ROBERT J. RYAN [Signature]*

Notary Registration Number: *02RY6199955*

Notary (Notary Must Affix Stamp or Seal)

ROBERT J. RYAN
NOTARY PUBLIC STATE OF NEW YORK
 #02RY6199955
 QUALIFIED IN RENSSELAER COUNTY
 MY COMMISSION EXPIRES JANUARY 26, 2021

Date: *2/14/17*



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: [REDACTED]	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: Devin Binford	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization: <p style="text-align: center;">Redacted pursuant to N.Y. Public Officers Law, Art. 6</p>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."</p>	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.</p> <p style="text-align: center;">Redacted pursuant to N.Y. Public Officers Law, Art. 6</p>	

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

N/A

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Columbia University	116th St and Broadway, New York, NY 10027	8/2006	11/2007	Master of Science in Real Estate Development	11/2007
James Madison University	800 S Main Street, Harrisonburg, VA 22807	8/1996	12/2000	Bachelor in Business Administration; Finance & Computer Information Systems	12/2000



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
N/A				

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I will have no role in operating the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: 2/23/2017
--	-----------------

Notary Name: 	Notary Registration Number: 01HA6340012
--	---

Notary (Notary Must Affix Stamp or Seal)	Date: 2/23/17
--	---------------

ASHLEY A HARRELL
NOTARY PUBLIC-STATE OF NEW YORK
NO. 01HA6340012
QUALIFIED IN QUEENS COUNTY
MY COMMISSION EXPIRES 04-11-2020



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNA, INC.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>JOSEPH J. BUGGY (Joe Buggy)</u>	3. Title: <u>INVESTOR</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:		[REDACTED]		9. Fax: N/A	
10. Email:		[REDACTED]			
11. Residence Address:					
12. City:		[REDACTED]		14. ZIP Code: [REDACTED]	
13. State:		[REDACTED]			
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
VILLANOVA UNIVERSITY	VILLANOVA, PA	9/81	5/85	BME	5/85
UNIVERSITY OF DELAWARE	NEWARK, DE	1/86	5/91	MBA/ FINANCE	5/91
DUKE UNIV. FUQUA SCHOOL	DURHAM, NC	1/97	5/98	EMBA/ MANAGEMENT	5/98



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
N/A				

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor, I will have no
role in operating the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: 2/17/2017
Notary Name:	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date:



Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NYCANNA, LLC</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>H. Todd Bulled</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>I am an investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Allegheny College	Meadville, Pa.	9/80 9/80	6/84	B.A.	6/84
SUNY Buffalo School of Law	Amherst, N.Y.	9/84	5/87	J. D. Juris Doctor	6/87



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Attorney at Law	2196897	Office of Court Admin. P.O. Box 29327 New York, N.Y. 10087	6/23/88	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the past 10 years. **Redacted pursuant to N.Y. Public Officers Law, Art. 6**

Name of Employer: _____
Type of Business: _____



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*My sole role shall be as an investor. As a result,
I shall have no role in operations or management.*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: *H. Todd Bullard*

Date: *2/15/17*

Notary Name: *Susan E. McStravick*

Notary Registration Number: *01MC6301744*

Notary (Notary Must Affix Stamp or Seal)

SUSAN E. MCSTRAVICK
Notary Public, State of New York
Monroe County
Commission Expires April 21, 20 18

Date: *2/15/17*



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <i>New York Canna, Inc.</i> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <i>David M. Capriotti</i>	3. Title: <i>Investor</i>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="font-size: 2em; margin-left: 40px;"><i>Investor</i></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted]

13. State: [Redacted]

14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Buffalo State College	Buffalo, N.Y.	9/85	5/89	B.S. B.S.	5/89
Syracuse University College of Law	Syracuse, N.Y.	9/89	5/92	J.D.	5/92



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	Atty reg. 2515336	Office of Court Administration PO Box 29327 NY, NY, 10087	1993	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
18. Offices Held or Ownership Interest in Other Businesses		
List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From: <i>Past 10 yrs</i>	Name and Address of Business: <i>Harris Beach PLLC and Cannary Rd Associates PLLC</i>	
To: <i>Present</i>	<i>99 Cannary Rd Pittsford NY</i>	
Business Type: <i>Low firm/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: <i>N/A</i>		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Date: *2-13-17*

Notary Name: *Katharine H. Fahey*

Notary Registration Number: *001FA6128504*

Notary (Notary Must Affix Stamp or Seal)

Date: *2-13-17*

KATHARINE H. FAHEY
Notary Public, State of New York
Qual. in Onondaga Co. No. 001FA6128504
Commission Expires June 13, 2017



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNA, INC.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>FRANK A. CATANZANO</u>	3. Title: <u>MD</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 24px; margin-top: 20px;">INVESTOR</div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
NEW YORK UNIVERSITY	NEW YORK, NY 10003	9/82	6/86	B.A. maj Biology	6/1986
ALBANY MEDICAL COLLEGE	47 WESCOLAND AVE ALBANY, NY 12208	8/86	5/90	M.D.	5/1990
UNIVERSITY OF ROCHESTER	601 ELMWOOD AVENUE ROCHESTER, NY 14642	6/90	6/94	BOARD CERTIFIED ANESTHESIOLOGY	10/1995



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
MEDICINE	1871497	UNIVERSITY OF THE STATE OF NY EDUCATION DEPT OFFICE OF THE PROFESSIONS	9/30/2016	9/30/2018

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes - <input checked="" type="checkbox"/> No (f.c.)</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

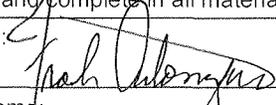
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in operating
the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: 2/4/17
Notary Name: Laurie Custozzo	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date:
<p>LAURIE CUSTOZZO Notary Public - State of New York No. 01 CU6257901 Qualified in Monroe County My Commission Expires March 19, 2020</p> 	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna Inc</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Jamie Cesare</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; margin-top: 20px;"><u>Investor</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Hobart William Smith	Ceneca, NY	9/99	5/03	BA	5/03



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure: Redacted pursuant to N.Y. Public Officers Law, Art. 6		

Name of Employer:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor I will have no
role in operating the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Jamie Cline</i>	Date: <i>2/15/17</i>
Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)	Date:
<p>SUSAN E. MCSTRAVICK Notary Public, State of New York Monroe County Commission Expires April 21, 20<u>18</u></p>	<i>2/15/17</i>

File:NYCANNA info) 02.15.17

JAMIE L. CESERE

<u>From:</u>	2008	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	B. V. Oro, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

<u>From:</u>	2002	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	CDM Management, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6

File:NYCANNA info) 02.15.17

JAMIE L. CESERE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

		<u>Name and Address of Business:</u>			
<u>From:</u>	2005	Rochester Malls, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Real estate	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency</u>	None				

File:NYCANNA info) 02.15.17

JAMIE L. CESERE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

		<u>Name and Address of Business:</u>			
<u>From:</u>	2015	Medicinal Growth - Maryland, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Marijuana	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member			X
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6

File:NYCANNA info) 02.15.17

JAMIE L. CESERE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

		<u>Name and Address of Business:</u>			
<u>From:</u>	2008	Wilsu, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>MIKE CESERE</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><u>Investor</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Southern New Hampshire University	Manchester N.H.	9/98	5/03	Bachelor science	2003



Department of Health

Medical Marijuana Program
 Application for Registration as
 a Registered Organization

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Best estate Salesperson	10401219873	NY DOS		

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in operating the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>[Handwritten Signature]</i>	Date: <i>2/15/17</i>
---	----------------------

Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number: <i>01MC6301744</i>
---	--

Notary (Notary Must Affix Stamp or Seal) SUSAN E. MCSTRAVICK Notary Public, State of New York Monroe County Commission Expires April 21, 20<u>18</u>	Date: <i>2/15/17</i>
--	-----------------------------



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>DAVID CIQR</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; padding: 10px;"><u>Investor</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]	14. ZIP Code: [REDACTED]		
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Notre Dame	South Bend, IN	8/88	5/92	Bachelor Arts	5/92
SUNY Buffalo Law School	Amherst, NY	9/94	5/97	Juris Doctor	5/97



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	Attorney (NY) Registration # 2859122	New York State Unified Court System - Office of Court Administration ; P.O. Box 2806, Church Street Station, NY, NY 10008 (212) 428-2800 / NYATTY@NYCOURTS.GOV	1998	Next registration - 3/18

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From: <i>Post 10</i>	Name and Address of Business: <i>Harris Beach PLLC + Cannary Rd Associates LLC</i> <i>99 Cannary Rd</i> <i>P. H. Sford NY</i>	
To: <i>Present</i>		
Business Type: <i>Low/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: <i>N/A</i>		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor, I will have no role
in operating the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 

Date: *2/2/17*

Notary Name: *Susan E. McStravick*

Notary Registration Number: *01MC6301744*

Notary (Notary Must Affix Stamp or Seal)

SUSAN E. MCSTRAVICK
Notary Public, State of New York
Monroe County
Commission Expires April 21, 20*18*

Date: *2/2/17*



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <i>New York Canna, Inc.</i>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <i>Shannon Cunniffe</i>	3. Title: <i>Investor</i>
4. Briefly describe the role of this person or entity in the proposed registered organization: <i>investor</i>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]	14. ZIP Code: [REDACTED]		
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Georgetown University	Washington, DC	9/96	5/00	BSBA	5/00



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.
 Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business: open		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor, I will have no role in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>S. Curmiffe</i>	Date: <i>2/6/17</i>
Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number: <i>01MC6301744</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>2/6/17</i>
<p>SUSAN E. MCSTRAVICK Notary Public, State of New York Monroe County Commission Expires April 21, 20 <u>18</u></p>	



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>FATRICK J. DALTON</u>	3. Title: <u>INVESTOR</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]

9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED]

13. State: [REDACTED]

14. ZIP Code: [REDACTED]

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
St. Lawrence University	Canton, New York	9/78	5/81	BA - Economics	5/1981
Cornell University Graduate School	Ithaca, New York	8/81	5/83	MA - Economics	5/1983
Boston College Law School	Newton, Massachusetts	8/83	5/86	JD	5/1986



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	Att'ny Registration #: 2094563	Office of Court Administration P.O. Box 2806 Church St. Station NY, NY 10008	1987	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2 if necessary.
 Redacted pursuant to N.Y. Public Officers Law, Art. 6

Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor, I will have no role in the operations of the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>[Handwritten Signature]</i>	Date: <i>2/8/17</i>
Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number: <i>01MC 6301744</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>2/8/17</i>

SUSAN E. MCSTRAVICK
Notary Public, State of New York
Monroe County
Commission Expires April 21, 20 18



Medical Marijuana Program
 Application for Registration as
 a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Thomas A DeSimon</u>	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; margin-top: 20px;"><u>Investor</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]
 10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Notre Dame	Notre Dame, IN	8/74	12/74	—	
S.U.N.Y. at Alfred	Alfred, NY	8/75	5/77	AAS - Business Ad.	5/77
Rochester Institute of Technology	Rochester, NY	8/77	5/79	B.S. - Business Ad.	5/79
S.U.N.Y. Buffalo Law School	Buffalo, NY	8/82	6/85	J.D.	6/85



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	Atty Regis. # 2021862	Office of Court Administration P.O. Box 29327 New York, NY 10087	2/86	continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Medical Marijuana Program
 Application for Registration as
 a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From: 1990	Name and Address of Business:	
To: Present	Harris Beach PLLC + affiliate Gannsey Rd Associates LLC 99 Gannsey Rd Pittsford NY	
Business Type:	Office Held/Nature of Interest:	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Member		
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
N/A		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor, I will have no role in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 2/2/17
Notary Name: Amy M. Dann Notary Registration Number: 01DA5077658
Notary (Notary Must Affix Stamp or Seal) Date: 2/2/2017
AMY M. DANN
Notary Public, State of New York
Qualified in Wayne County
No. 01DA5077658
Commission Expires May 12, 2019



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <i>New York Canna, Inc.</i>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <i>Christopher A. DiPasquale</i>	3. Title: <i>Investor</i>
4. Briefly describe the role of this person or entity in the proposed registered organization: <i>Investor</i>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted] ✓

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Georgetown University	Washington, D.C.	8/80	5/84	AB	5/27/84
Georgetown University Law Center	Washington, D.C.	8/84	5/87	JD	5/25/87



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	Attorney Registration No. 2462121	Office of Court Administration PO Box 29327 New York, NY 10087	1988 1/27/16	Continuing January 2018

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: _____
Type of Business: _____



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From: <i>Past 10</i>	Name and Address of Business:	
To: <i>Present</i>	<i>Harris Beach PLLC & Carney Rd Associates LLC</i>	
Business Type: <i>Law/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
<i>N/A</i>		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Christopher A. Spagnuolo</i>	Date: <i>2-3-17</i>
Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number: <i>01MC6301744</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>2/3/17</i>
<p>SUSAN E. MCSTRAVICK Notary Public, State of New York Monroe County Commission Expires April 21, 20<i>18</i></p>	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name:	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Michael C. Doyle</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization:	
<u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
SUNY College @ Brockport	Brockport, NY	9/75	5/80	B.S. Communication	5/80



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in
operating the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:	Date: 2/10/17
------------	---------------

Notary Name: Laurie A. Hoover	Notary Registration Number: 01H06007326
-------------------------------	---

Notary (Notary Must Affix Stamp or Seal)	Date: 2/10/17
--	---------------

Laurie A. Hoover
 Notary Public, State Of New York
 Qualified in Monroe County
 My Commission Expires 5/18/2018



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name:	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Russell E. Gaenzle</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education

Institution		Address		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received		
College of Wooster	Wooster, OH	9/87	6/91	BA, History	9/91		
Syracuse Law School	Syracuse, NY	9/95	4/97 8/97	JD	9/97		

Institution		Address		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received		
College of Wooster	Wooster, OH	9/87	6/91	BA, History	9/91		
Syracuse Law School	Syracuse, NY	9/95	4/97 8/97	JD	9/97		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	2860708	Office of Court Administration PO 29327 New York NY 10087	1997	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Type of Business:



Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:	Harris Beach PLLC 7 Garvey Rd Assentation LLC 99 Garvey Rd Fitzstad NY	
Business Type:		
Office Held/Nature of Interest:	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed	
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
N/A		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor, I will have no
role in operating the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Amelia Taylor

Date:

2/6/17

Notary Name:

Amanda B. Herrle

Notary Registration Number:

01HE6287551

Notary (Notary Must Affix Stamp or Seal)

Date:

2/6/17





Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Roy Galewski</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Monmouth University	West Long Branch, NJ	9/94	5/98	Bachelors	5/98
Pace Univ. School of Law	White Plains, NY	9/99	5/2002	J.D.	5/02



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
LAW-NY	AHg Registration # 4109138	Office of Court Admin. PO Box 29327 New York, NY 10087	2003	continuing
LAW-CT	Juris # 420717	Connecticut Judicial Branch 287 main st., 2nd floor E. Hartford, CT 06118	2002	continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2 if necessary.
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest In Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:	<p><i>Harris Beach PLLC & Gansey Rd Associate LLC</i> <i>99 Gansey Rd</i> <i>Pittsford, NY</i></p>	
Business Type:	Office Held/Nature of Interest:	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
<p><i>Loves/RE</i></p> <p><i>Member</i></p>		
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
<p align="center"><i>N/A</i></p>		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor, I will have no role
in operating the facility.*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Date:

2/6/17

Notary Name:

Notary Registration Number:

01MC6207387

Notary (Notary Must Affix Stamp or Seal)

Date:

2/6/17

KRISTY A. MCLAUGHLIN
Notary Public, State of New York
Registration #01MC6207387
Qualified in Ontario County
Commission Expires June 15, 20*17*



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNYA INC</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>JAMES GRIFFIN</u>	3. Title: <u>INVESTOR</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]
 10. Email: [REDACTED]
 11. Residence Address: [REDACTED]
 12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
ST BONAVENTURE UNIVERSITY	ST BONAVENTURE, N.Y.	1956	1960	BBA	JUNE 1960



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6**

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As An Investor I Will Have No
Role In Operating The Facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>James W. Griffin</i>	Date: <i>2/19/17</i>
Notary Name: <i>Margaret Frungillo</i>	Notary Registration Number: <i>01FR6110474</i>
Notary (Notary Must Affix Stamp or Seal) MARGARET FRUNGILLO Notary Public, State of New York No. 01FR6110474 Qualified in Steuben County My Commission Expires May 24, 20 <i>20</i>	Date: <i>2/19/17</i>



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Shawn Griffin</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]

9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED]

13. State: [REDACTED]

14. ZIP Code: [REDACTED]

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
<i>St. Bonaventure University</i>	<i>St. Bonaventure N.Y.</i>	<i>9/82</i>	<i>5/86</i>	<i>BBA</i>	<i>5/86</i>
<i>SUNY Buffalo Law School</i>	<i>Amherst, N.Y.</i>	<i>9/86</i>	<i>5/89</i>	<i>JD</i>	<i>5/89</i>
<i>SUNY Buffalo Mgmt School</i>	<i>Amherst, N.Y.</i>	<i>9/86</i>	<i>12/89</i>	<i>MBA</i>	<i>12/89</i>



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
<i>Law</i>	<i>Attly Registr 2348209</i>	<i>Office of Court Admin PO Box 29327 New York, NY 10087</i>	<i>1990</i>	<i>Continuing</i>

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.
 Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: _____
 Type of Business: _____



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: <i>N/A (Entity holds title to a Diamond DA40 Airplane that is leased to a flight school)</i>		
From: <i>1990</i>	Name and Address of Business: <i>Harris Beach PLLC + Gansey RA Associates LLC</i>	
To: <i>Present</i>	<i>99 Gansey Rd Pittsford NY</i>	
Business Type: <i>law firm/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor I will have no role
in operating the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 

Date: *2-2-17*

Notary Name: *Susan E. McStravick*

Notary Registration Number: *01MC6301744*

Notary (Notary Must Affix Stamp or Seal)

SUSAN E. MCSTRAVICK
Notary Public, State of New York
Monroe County
Commission Expires April 21, 20 18

Date: *2/2/17*



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNA, INC.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>MURRAY B. HALL</u>	3. Title: <u>INVESTOR</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:		9. Fax:			
10. Email:					
11. Residence Address:					
12. City:	13. State:	14. ZIP Code:			
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
CALIF. PONT UNIV. SLO	SAN LUIS OBISPO CALIF.	1968	1970	B.S.	1970
UCLA	LOS ANGELES	1964	1966		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
CBA	22978 E	STATE OF CALIF.	4/23/16	

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

Medical Marijuana Program
 Application for Registration as
 a Registered Organization

**Appendix A:
 Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*AS AN INVESTOR I WILL HAVE NO ROLE
IN OPERATING THE FACILITY*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Whitney B. Hall</i>	Date: <i>2/3/17</i>
Notary Name:	Notary Registration Number:
Notary (Notary Must Affix Stamp of Seal) <i>[Signature]</i>	Date:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

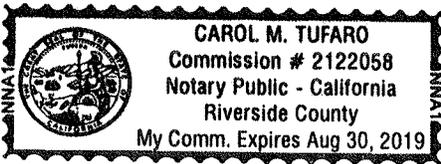
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside
On Feb. 3, 2017 before me, Carol M. Tufaro, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Murray Hall
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Carol M. Tufaro
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Application Document Date: Feb. 3, 2017
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>WARREN HERN</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; color: blue;">Investor</div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Southern New Hampshire University	Manchester, NH	1970	1974	B.A / ACCOUNTING	5/74
Rochester Institute of Technology	Rochester, NY	1975	1977	MBA / FINANCE	5/77



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
		None		

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

AS AN INVESTOR I WILL HAVE NO ROLE
IN OPERATING THE FACILITY

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

2.3.17

Notary Name:

Michaela Aikey

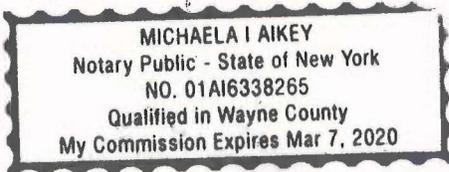
Notary Registration Number:

NO 01A16338265

Notary (Notary Must Affix Stamp or Seal)

Date:

02/03/17





Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: New York Canna, Inc. This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: David H. Klein	3. Title: Investor
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]

9. Fax:

10. Email: [REDACTED]

11. Residence Address [REDACTED]

12. City: [REDACTED]

13. State: [REDACTED]

14. ZIP Code: [REDACTED]

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
Rensselaer Polytechnic Institute	Troy, NY	9/1966	6/1970	BS	6/1970
University of Chicago	Chicago, IL	9/1970	6/1972	MBA	6/1972



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Addendum to Page 6

David H. Klein Appendix A, Affidavit for Board Members...

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor, I will have no role in operating the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>[Handwritten Signature]</i>	Date: February 12, 2017
---	-------------------------

Notary Name: <i>[Handwritten Signature]</i>	Notary Registration Number: 01MC6301744
---	---

Notary (Notary Must Affix Stamp or Seal) <p align="center"> SUSAN E. MCSTRAVICK Notary Public, State of New York Monroe County Commission Expires April 21, 20<u>18</u> </p>	Date: <p align="center">2/12/17</p>
---	--



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>John Lavicka</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; padding: 20px;"><u>Investor</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]	14. ZIP Code: [REDACTED]		
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
K.S.U. KENT STATE UNIVERSITY High School	KENT OHIO	1970	1972	H.S	AUG 1972

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no
role in operating the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 2/2/17

Notary Name: Janet Pittner

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:

JANET PITTNER
NOTARY PUBLIC - STATE OF OHIO
Recorded in Cuyahoga County
My commission expires May 12, 2018

2/2/2017



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Judy W. Linehan</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; margin-top: 20px;"><u>Investor</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Nazareth College	Pittsford, NY	1970	1976	BA in Sociology	May 1976



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.				
Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.				
Name of Employer:				
Type of Business:				
Street Address:				
City:		State:		Zip Code:
Starting Date of Employment:			Ending Date of Employment:	
Name of Supervisor for Reference:			Supervisor Phone Number:	
Position/Responsibilities:				
Reason For Departure:				
Name of Employer:				
Type of Business:				



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center"><i>See Attached</i></p>		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role
in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Walter W. Quinlan</i>	Date: 2-15-17
Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number: 01MC0301744
Notary (Notary Must Affix Stamp or Seal) SUSAN E. MCSTRAVICK Notary Public, State of New York Monroe County Commission Expires April 21, 2018	Date: 2/15/17

File:NYCANNAN info) 02.15.17

JUDY W. LINEHAN

<u>From:</u>	2008	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	B. V. Oro, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

<u>From:</u>	2002	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	CDM Management, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6

File:NYCANNNA info) 02.15.17

JUDY W. LINEHAN

Redacted pursuant to N.Y. Public Officers Law, Art. 6

<u>From:</u>	1993	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	GEM, Inc.			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Shareholder	X		
<u>Licensing Agency:</u>	None				

<u>From:</u>	1967	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	Genesee Management, Inc.			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Real estate	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Shareholder	X		
<u>Licensing Agency:</u>	None				

File:NYCANN info) 02.15.17

JUDY W. LINEHAN

Redacted pursuant to N.Y. Public Officers Law, Art. 6

		<u>Name and Address of Business:</u>			
<u>From:</u>	2015	Medicinal Growth - Maryland, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Marijuana	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member			X
<u>Licensing Agency:</u>	None at this time.				

Redacted pursuant to N.Y. Public Officers Law, Art. 6

File:NYCANNA info) 02.15.17

JUDY W. LINEHAN

Redacted pursuant to N.Y. Public Officers Law, Art. 6

File:NYCANNA info) 02.15.17

JUDY W. LINEHAN

Redacted pursuant to N.Y. Public Officers Law, Art. 6

File:NYCANNA info) 02.15.17

JUDY W. LINEHAN

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Michael P. Linehan</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; margin-top: 20px;"><u>Investor</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	

**Appendix A:
 Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Dequesne University	Pittsburgh, PA	9/98	5/02	BS in Marketing	5/02

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Appendix A:
 Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor I will have no role
in operating the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Date:

Feb 14, 2017

Notary Name:

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

SHAWN M. GRIFFIN
Notary Public, State of New York
Reg. 02GR4972696 ✓
MONROE COUNTY
Commission Expires Oct. 1, 2018

Date:

2/14/17

File:NYCANNA info) 02.15.17

MICHAEL P. LINEHAN

<u>From:</u> 2008		<u>Name and Address of Business:</u>			
<u>To:</u> Present		B. V. Oro, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agent:</u> None					

<u>From:</u> 2002		<u>Name and Address of Business:</u>			
<u>To:</u> Present		CDM Management, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agent:</u> None					

Redacted pursuant to N.Y. Public Officers Law, Art. 6

File:NYCANNA info) 02.15.17

MICHAEL P. LINEHAN

Redacted pursuant to N.Y. Public Officers Law, Art. 6

<u>From:</u>	2005	<u>Name and Address of Business:</u>		
<u>To:</u>	Present	Rochester Malls, LLC		
		1265 Scottsville Road		
		Rochester, NY 14624		
<u>Business Type:</u>	Real estate	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u> <u>Proposed</u>
		Non-managing member	X	
<u>Licensing Agency</u>	None			

File:NYCANNA info) 02.15.17

MICHAEL P. LINEHAN

Redacted pursuant to N.Y. Public Officers Law, Art. 6

<u>From:</u>	2015	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	Medicinal Growth - Maryland, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Marijuana	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
<u>Licensing Agency:</u>	None	Non-managing member			X

Redacted pursuant to N.Y. Public Officers Law, Art. 6

File:NYCANNA info) 02.15.17

MICHAEL P. LINEHAN

Redacted pursuant to N.Y. Public Officers Law, Art. 6

		<u>Name and Address of Business:</u>			
<u>From:</u>	2008	Wilsu, LLC			
<u>To:</u>	Present	1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Paul J. Linchan</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
St. John Fisher College	Pittsford, NY	1966	1969	Bachelors of Business Administration	May 1969



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.				
Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.				
Name of Employer:				
Type of Business:				
Street Address:				
City:		State:		Zip Code:
Starting Date of Employment:			Ending Date of Employment:	
Name of Supervisor for Reference:			Supervisor Phone Number:	
Position/Responsibilities:				
Reason For Departure:				
Name of Employer:				
Type of Business:				



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From: 2016	Name and Address of Business: MPJ Ventures, LLC	
To: Continuing	289 Smith Road Pittsford, NY 14534	
Business Type: Med Spa	Office Held/Nature of Interest: Investor	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor I will have no role
in operating the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Susan E. McStravick</i>	Date: <i>2/15/17</i>
Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number: <i>01MC6301744</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>2/15/17</i>

SUSAN E. MCSTRAVICK
Notary Public, State of New York
Monroe County
Commission Expires April 21, 2018



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: NEW YORK CANNA, INC.	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: DAVID P. MARTIN	3. Title: INVESTOR
4. Briefly describe the role of this person or entity in the proposed registered organization:	
INVESTOR	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:		9. Fax:			
10. Email:					
11. Residence Address:					
12. City:	13. State:	14. ZIP Code:			
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
UNIVERSITY OF PENNSYLVANIA	PHILADELPHIA, PA	9/67	6/71	B.S. FINANCE	6/71
SYRACUSE UNIV., SCHOOL OF LAW	SYRACUSE, NY	8/75	5/78	J.D.	5/78



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3 if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From: <i>Past 10</i>	Name and Address of Business:	
To: <i>Present</i>	<i>Harris Beach PLLC - Ganney Rd Associates LLC 99 Ganney Rd P. Hated NY</i>	
Business Type: <i>Law Firm/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: <i>N/A</i>		

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

AS AN INVESTOR, I WILL HAVE NO ROLE IN
OPERATING THE FACILITY.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>James P. Lauria</i>	Date: 2/2/17
Notary Name: <i>Katharine H. Fahey</i>	Notary Registration Number: 001FA6128504
Notary (Notary Must Affix Stamp or Seal)	Date: 2/2/2017

KATHARINE H. FAHEY
Notary Public, State of New York
Qual. in Onondaga Co. No. 001FA6128504
Commission Expires June 13, 2017



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNA, INC.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Donald Martin</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Syracuse University	Syracuse N.Y.	9/62	6/66	BA	6/66
Syracuse University	Syracuse, N.Y.	9/66	6/68	Juris Doctor	6/68



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
LAW N.Y. STATE	ATTORNEY REGISTRATION # 1163328	OFFICE of COURT Admin. P.O. Box 29327 New York, N.Y. 10087	Dec 11, 1968	CONTINUING
LAW STATE of Hawaii	# 1160	Supreme Court of Hawaii 417 South King St. Honolulu, HI 96813	MARCH 28 1972	CONTINUING
Real Estate Brokers License - N.Y.	35MA0 536578	N.Y. STATE Department of STATE Division of Licensing Serv. ONE Commerce Plaza 99 WASHINGTON AVE ALBANY, N.Y. 12231	UNKNOWN - Approx. 15+ years (23)	CONTINUING 8/1/18

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: _____
Type of Business: _____



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From: <i>over 10</i>	Name and Address of Business:	
To: <i>Present</i>	<i>Harris Beach LLC and affiliate Gannery Rd Associates PLLC</i>	
Business Type: <i>Law firm/RE</i>	Office Held/Nature of Interest: <i>member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

<p>19. Affirmative Statement of Qualifications For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.</p> <p align="center"><i>I AM AN INVESTOR AND WILL HAVE NO ROLE IN OPERATING THE FACILITY OR BUSINESS</i></p>	
<p>20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.</p>	
<p>Signature: <i>[Handwritten Signature]</i></p>	<p>Date: <i>2/17/17</i></p>
<p>Notary Name: <i>Wendy Lu Baker</i></p>	<p>Notary Registration Number: <i>Oswego County 4833125</i></p>
<p>Notary (Notary Must Affix Stamp or Seal) <i>Wendy Lu Baker</i></p> <p align="center"> WENDY LU BAKER Notary Public, State of New York Qualified in Oswego County No. 4833125 My Commission Expires December 31, <i>2017</i> </p>	<p>Date: <i>February 17, 2017</i></p>

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna Inc</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Dustin Martin</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Washington & Lee Univ	Lexington VA	9/00	6/04	BS	6/04

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
N/A				

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3 if necessary.
 Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

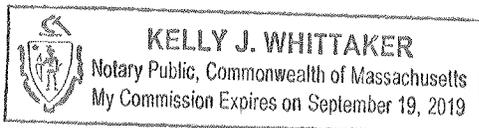
19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor, I will have no role
 in operations or management of the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>[Handwritten Signature]</i>	Date: <i>2/3/17</i>
Notary Name: <i>Kelly J. Whittaker</i>	Notary Registration Number: <i>9/19/2019</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>2/3/17</i>





Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Robert Martin</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; margin-top: 20px;"><u>Investor</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
Syracuse University	Syracuse, NY	8/95	12/99	B.S. Finance	12/99



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:

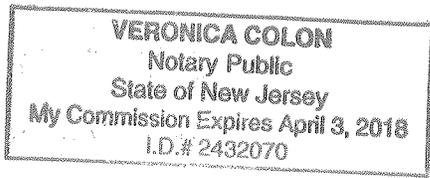
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor I will have no role
in operating the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: <i>2/18/17</i>
Notary Name: <i>Veronica Colon</i>	Notary Registration Number: <i>2432070</i>
Notary (Notary Must Affix Stamp or Seal)  	Date: <i>2/18/17</i>



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNA, INC.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>RYAN D. MARTIN</u>	3. Title: <u>INVESTOR</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.2em; color: blue;">INVESTOR</div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax:			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]	14. ZIP Code: [REDACTED]		
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
RENSSELAER POLYTECHNIC INSTITUTE	Troy, NY	8/99	5/03	B.S., COMPUTER AND SYSTEMS ENGINEERING	5/03
BOSTON UNIVERSITY	BOSTON, MA	9/2012	9/2016	MBA	9/2016



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:	US NAVY
Type of Business:	MILITARY / GOVERNMENT



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address: 1 CRYSTAL LAKE		
City: GROTON	State: CT	Zip Code: 06340
Starting Date of Employment: 05/2003	Ending Date of Employment: 02/2010	
Name of Supervisor for Reference: DPAS	Supervisor Phone Number: 888-332-7411	
Position/Responsibilities: LIEUTENANT (O-3) IN SUBMARINES.		
Reason For Departure: [REDACTED]		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As AN INVESTOR, I WILL HAVE NO ROLE IN
OPERATING THE FACILITY

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>David P. Martin</i>	Date: 2/4/2017
Notary Name: DAVID P. MARTIN	Notary Registration Number: # 4686828
Notary (Notary Must Affix Stamp or Seal) <i>David P. Martin</i>	Date: 2/4/17
DAVID P. MARTIN Notary Public in the State of New York Qualified in Onondaga County No. 4686828 My Commission Expires October 31 3/17/2019	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>MICHAEL J. MASINO</u>	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]

9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED]

13. State: [REDACTED]

14. ZIP Code: [REDACTED]

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
HOBART COLLEGE	300 Pultney St. Geneva, NY 14456	9/84	6/88	BA	JUNE 1988
ALBANY LAW SCHOOL	80 New Scotland Ave. Albany, NY 12208	9/88	6/91	JD	JUNE 1991



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
LAW	Attorney Registration # 2446724	Office of Court Administration PO Box 29327 New York, NY 10087	1/1992	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor, I will have no role in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Muriel J. Masimo</i>	Date: <i>2/8/17</i>
Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number: <i>01MC6301744</i>
Notary (Notary Must Affix Stamp or Seal) SUSAN E. MCSTRAVICK Notary Public, State of New York Monroe County Commission Expires April 21, 20<u>18</u>	Date: <i>2/8/17</i>



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Justin Miller</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <p align="center"><u>Investor</u></p>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Rochester	Rochester, NY	9/91	5/94	BA	5/94
Albany Law School	Albany, NY	9/94	5/97	JD	5/97



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	Atty Reg # 2950715	NYS Office of Court Administration PO Box 29327 NY, NY 10087	1999	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From: <i>Past 10</i>	Name and Address of Business:	
To: <i>Present</i>	<i>Harro's Beach PLLC 7 Gurney Rd Association LLC 99 Gurney Rd Pittsford NY.</i>	
Business Type: <i>Law firm/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: <i>N/A</i>		



Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor, I will not be involved
in operating any facilities of the
applicant*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: <i>2/14/17</i>
Notary Name: <i>Kevin Bezio KB</i>	Notary Registration Number: <i>02BE6141552</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>2/14/17</i>

KEVIN T. BEZIO
Notary Public, State of New York
No. 02BE6141552
Qualified in Albany County
Commission Expires 02/27/20*18*



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Daniel J Moore</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]		14. ZIP Code: [REDACTED]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Notre Dame	Notre Dame, Indiana	1977	1981	Bachelors	May 1981
Albany Law School	New Scotland Ave Albany NY	1985	1988	Juris Doctor	May 1988



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Registered Attorney	2233187	New York state Office of Court Administration Attorney Registration Unit PO BOX 29327 NY, NY 10087	1/89	9/17' (continuing)

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:

Type of Business:



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed. <i>NA</i></p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From: <i>Past 10</i>	Name and Address of Business:	
To: <i>Present</i>	<i>Harris Beach PLLC + Gansey Rd Assoc. LLC 99 Gansey Rd P. Hstad NY</i>	
Business Type: <i>Law/RF</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: <i>N/A</i>		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an Investor I will have
no role in operating the
business or facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Daniel J Moore</i>	Date: <i>1/31/17</i>
Notary Name: <i>Angela Clarke</i>	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) ANGELA CLARKE Notary Public, State of New York No. 01CL6089732 Qualified in Monroe County Commission expires June 19, 20 <i>19</i>	Date: <i>1/31/2017</i>



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: [REDACTED]	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: Kevin Murphy	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization: <p style="text-align: center;">Redacted pursuant to N.Y. Public Officers Law, Art. 6</p>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity. <p style="text-align: center;">Redacted pursuant to N.Y. Public Officers Law, Art. 6</p>	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.
 Redacted pursuant to N.Y. Public Officers Law, Art. 6

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of NH	Durham, NH	9/80	5/82	N/A	N/A
Holy Cross	Worcester MA	9/82	9/84	Bachelor of Arts	5/1985



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Broker License	1680861	FINRA: 1735 K Street Washington DC 20006 301-590-6500	1992	Jan 2016

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6**

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>ROBERT MURRAY</u>	3. Title: <u>INVESTOR</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:		9. Fax:			
10. Email:					
11. Residence Address:					
12. City:	13. State:	14. ZIP Code:			
15. Formal Education		Dates Attended		Degree Received	
Institution	Address	From	To	Degree Received	Date Received
St. Lawrence University	Canton, NY	9/85	5/89	BA	5/89
SUNY College of Environmental Science	Syracuse, NY	9/90	8/92	MS	8/92
SUNY Buffalo Law School	Buffalo, NY	9/97	5/00	JD	5/00



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	Atty Registration 3923257	Office of Court Admin PO Box 29327 New York, NY 10087	2001	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of resumes if available.
 Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From: <i>Past</i>	Name and Address of Business:	
To: <i>Present</i>	<i>Harris Beach PLLC + Gurney Rd Associates LLC 99 Gurney Rd Pittsford, N.Y.</i>	
Business Type:	Office Held/Nature of Interest:	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
<i>N/A</i>		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Rolando M...</i>	Date: <i>2-6-17</i>
Notary Name: <i>Kathleen A. Drumm</i>	Notary Registration Number: <i>01DR48164331</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>2-6-17</i>
<p>KATHLEEN A. DRUMM Notary Public State of New York Qualified in Erie County My Commission Expires: June 30, 20<i>18</i></p>	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNA, INC</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Kathryn Newberg</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; padding: 20px;"><u>INVESTOR</u></div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Delaware	Newark, DE 19716	9/01	6/05	BA - Leadership Consumer Econ	6/05



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:	<i>See attached</i>	
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

**Appendix A:
 Affidavit for Board Members, Officers, Managers, Owners, Partners,
 Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor, I will have no role
 in the operations of the facility*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Kathryn D. Newberg</i>	Date: <i>2/15/17</i>
Notary Name: <i>Susan E. McStravick</i>	Notary Registration Number: <i>01MC6301744</i>
Notary (Notary Must Affix Stamp or Seal) <p align="center"> SUSAN E. MCSTRAVICK Notary Public, State of New York Monroe County Commission Expires April 21, 20 <u>18</u> </p>	Date: <i>2/15/17</i>

File:NYCANNNA info) 02.15.17

KATHRYN L. NEWBERG

<u>From:</u>	2015	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	Medicinal Growth - Maryland, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Marijuana	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member			X
<u>Licensing Agency:</u>	None				

<u>From:</u>	2002	<u>Name and Address of Business:</u>			
<u>To:</u>	Present	CDM Management, LLC			
		1265 Scottsville Road			
		Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: New York Canna, Inc.	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: MUNESH PATEL	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Rochester	Rochester, NY	9/93	5/97	BA Economics BA Poli Sci	5/97
UCLA School of Law	Los Angeles, CA	9/97	5/00	Juris Doctor	5/00



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
LAW- California	218902	State Bar of California 845 S. Figueroa St. Los Angeles, CA 90017	2/2002	Inactive Status
LAW- New York	4104527	Office of Court Admissions PO Box 29327 New York, NY 10087	2/2003	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:	X
Type of Business:	X



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed. <i>See attached schedule</i></p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYS DOH Appointee Periodic Affidavit: Schedule to Question 18 Regarding Ownership Interests

Name of Business	From/To	Business Type	Address of Business
Redacted pursuant to N.Y. Public Officers Law, Art. 6			



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

<p>19. Affirmative Statement of Qualifications</p> <p>For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.</p> <p align="center"><i>As an investor, I will have no role in operating the facility</i></p>	
<p>20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.</p>	
<p>Signature: <i>[Handwritten Signature]</i></p>	<p>Date: <i>2/7/17</i></p>
<p>Notary Name: <i>Amy C. Abbink</i></p>	<p>Notary Registration Number: <i>01AB5057993</i></p>
<p>Notary (Notary Must Affix Stamp or Seal)</p> <p align="center"> AMY C. ABBINK Notary Public, State of New York No. 01AB5057993 Qualified in Ontario County Commission Expires April 1, 20<i>18</i> </p>	<p>Date: <i>2/7/17</i></p> <p><i>Expiration Date of Commission:</i> <i>4/1/2018</i></p>



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>FRANK PAVIA</u>	3. Title: <u>INVESTOR</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]

9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED]

13. State: [REDACTED]

14. ZIP Code: [REDACTED]

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
BOSTON UNIVERSITY	BOSTON, MA	1984	1988	B.A.	5/1988
PACE UNIVERSITY SCHOOL OF LAW	WHITE PLAINS, NY	1990	1992	J.D.	5/1993



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
LAW (J.D.)	2516410	NYS office of Court Administration P.O. Box 29327 New York, New York 10087	1998	CONTINUING

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3 if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From: <i>Fast 10</i>	Name and Address of Business: <i>Harris Beach PLLC v Garvey Rd Associates</i>	
To: <i>Present</i>	<i>99 Garvey Rd Pittsford NY</i>	
Business Type: <i>Law/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

<p>19. Affirmative Statement of Qualifications</p> <p>For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.</p> <p><i>As an investor, I will have no role in operating any facilities.</i></p>	
<p>20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.</p>	
<p>Signature: <i>[Signature]</i></p>	<p>Date: <i>2/2/17</i></p>
<p>Notary Name: <i>[Signature]</i></p>	<p>Notary Registration Number:</p>
<p>Notary (Notary Must Affix Stamp or Seal)</p> <p align="center"> Colleen M Shallenberger Notary Public, State of New York No. 01SH6107479 Qualified in Livingston County Commission Expires April 05, 20<i>20</i> </p>	<p>Date: <i>2/2/17</i></p>



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Joseph D. Picciotti</u>	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax:

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
College of Wooster	Wooster, Ohio	Sept. 1980	June 1984	B.S.	6/84
Albany Law School of Union University	Albany, N.Y.	Sept. 1984	June 1987	J.D.	6/87



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	Attorney Reg. # 2183566	Office of Court Administration P.O. Box 29327, New York, New York	1980	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: ↓

Type of Business: ↓



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

N/A





Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities: <i>N/A</i>		
Reason For Departure:		
Name of Employer:	Type of Business:	
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From: <i>Past 10</i>	Name and Address of Business: <i>Harris Beach PLLC - Gurney Rd Associates LLC</i>	
To: <i>Present</i>	<i>99 Gurney Rd Pittsford NY</i>	
Business Type: <i>Law firm/RE</i>	Office Held/Nature of Interest: <i>member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: <i>N/A</i>		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:	N/A	
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in the operating of the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: <i>2/4/17</i>
--	---------------------

Notary Name: 	Notary Registration Number:
--	-----------------------------

Notary (Notary Must Affix Stamp or Seal) <p style="text-align: center;">JOHN A. MANCUSO Notary Public, State of New York Qualified in Monroe County Commission Expires May 22, 2018</p>	Date: <i>2/2/17</i>
--	----------------------------



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNA, INC.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>ROBERT J. RYAN</u>	3. Title: <u>N/A</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]		14. ZIP Code: [REDACTED]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
SUNY BUFFALO	AMHERST, NY	9/84	5/89	B.S.	5/1989
WESTERN NEW ENGLAND COLLEGE SCHOOL OF LAW	SPRINGFIELD, MA	9/1994	5/1997	J.D.	5/1997



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
LAW	Registration Number 2867125	NYS Office of Court Administration 25 BEAVER STREET Room 840 New York, NY 10004	1998	N/A

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From: 2011	Name and Address of Business: HARRIS BENLIT PLLC 99 GANSEY ROAD PITTSFORD, NY 14534	
To: CURRENT		
Business Type: LAW	Office Held/Nature of Interest: MEMBER OF LLC	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From: 1/2017	Name and Address of Business: 99 GARNSEY ROAD ASSOCIATES, LLC 99 GARNSEY RD. PITTSFORD, NY 14534	
To: CURRENT		
Business Type: REAL ESTATE HOLDING	Office Held/Nature of Interest: MEMBER OF LLC	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A		
From: 2015	Name and Address of Business: MEDICINAL RESEARCH, LLC 99 GARNSEY RD. PITTSFORD, NY 14534	
To: CURRENT		
Business Type: INVESTMENT	Office Held/Nature of Interest: MEMBER OF LLC	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

<p>19. Affirmative Statement of Qualifications For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.</p> <p align="center"><i>AS AN INVESTOR I WILL HAVE NO ROLE IN OPERATING THE FACILITY.</i></p>	
<p>20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.</p>	
Signature: <i>[Handwritten Signature]</i>	Date: <i>2/8/2017</i>
Notary Name: <i>Kevin T. Bezio KTBS</i>	Notary Registration Number: <i>02BE6141552</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>2/8/17</i>
<p align="center"> KEVIN T. BEZIO Notary Public, State of New York No. 02BE6141552 Qualified in Albany County Commission Expires 02/27/20<i>18</i> </p>	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Charles L. Schachter</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
University of Rochester	Rochester, New York	9/74	5/78	B.A	5/78
Albany Law School	80 New Scotland Ave Albany, New York	9/80	5/83	J.D.	5/83
New York University School of Law	40 Washington Sq South New York, N.Y 10012	9/85	5/88	LLM in Tax	5/88



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	1897750	Office of Court Administration P.O. Box 2506 Church Street Station New York, NY 10008	1984	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: <i>Past 10</i>	Name and Address of Business: <i>Harris Beach PLLC - Gannoy Rd Associates LLC</i>	
To: <i>Present</i>	<i>99 Gannoy Rd Tittsford NY</i>	
Business Type: <i>Law/RE</i>	Office Held/Nature of Interest: <i>member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: <i>N/A</i>		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in operating the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: *Charles Belmont*

Date: *2/2/2017*

Notary Name: *Susan E. McStravick*

Notary Registration Number: *01MC6301744*

Notary (Notary Must Affix Stamp or Seal)

**SUSAN E. MCSTRAVICK
Notary Public, State of New York
Monroe County
Commission Expires April 21, 2018**

Date: *2/2/2017*



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <input style="width: 300px;" type="text" value="New York Canna, Inc."/>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: Philip G. Spellane	3. Title: Investor
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]

9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED]

13. State: [REDACTED]

14. ZIP Code: [REDACTED]

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
Hamilton College	College Hill Road Clinton, NY 13323	9/73	5/77	AB	5/77
St. John's University School of Law		9/78	5/81	JD	5/81



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Law	NYS Attorney License# 2276087	Office of Court Admin. PO Box 29327 New York, NY 10087	1982	Continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From: 1998	Name and Address of Business: American Rock Salt Holdings, LLC	
To: Continuing	PO Box 190 Mt. Morris, NY 14510	
Business Type: LLC	Office Held/Nature of Interest: Minority Investor	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A		

*Harris Beach PLLC & affiliate Carney Rd Associates LLC
99 Carney Rd
Tithford NY Law firm/RE member all 10yrs*



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor I will have no role in operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: <i>Philip J. Spillane</i>	Date: <i>2-15-17</i>
Notary Name: <i>Kathleen Sheehan</i>	Notary Registration Number: <i>4933359</i>
Notary (Notary Must Affix Stamp or Seal)	Date:
<p>KATHLEEN SHEEHAN Notary Public of the State of New York Qualified in Monroe County No. 4933359 My Commission Expires Sept. 16, 2018</p>	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <i>New York Canna, Inc</i>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <i>MIKE TORASBEND</i>	3. Title: <i>INVESTOR</i>
4. Briefly describe the role of this person or entity in the proposed registered organization: <i>Investor</i>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]			9. Fax: [REDACTED]		
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]		14. ZIP Code: [REDACTED]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
<i>Western New England School of Law</i>	<i>Springfield, MA.</i>	<i>1971</i>	<i>1982</i>	<i>J.D.</i>	<i>1982</i>
<i>Univ of Maine</i>	<i>Orono, ME</i>	<i>1970</i>	<i>1975</i>	<i>B.S.</i>	<i>1975</i>



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
<i>Law</i>	<i>1874460</i>	<i>Office of Court Admin P.O. Box 29327 NY, NY 10087</i>	<i>1983</i>	<i>—</i>

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed. <i>N/A</i></p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: <i>Part 10</i>	Name and Address of Business: <i>Harris Beach PLLC & Gurney Rd Associates LLC</i>	
To: <i>Present</i>	<i>99 Gurney Rd</i>	
Business Type: <i>Law/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA passive investors only

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Mike Townsend

Date:

2/3/17

Notary Name:

Susan E. McStravick

Notary Registration Number:

01MC6301744

Notary (Notary Must Affix Stamp or Seal)

Date:

2/3/17

SUSAN E. MCSTRAVICK
Notary Public, State of New York
Monroe County
Commission Expires April 21, 2018



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNNA, INC.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Doug Weins</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]			9. Fax: [REDACTED]		
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]	14. ZIP Code: [REDACTED]		
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Boston College	WESTNOTHILL, MASS	1970	1974	BS-FINANCE	1974



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Reason For Departure:
Name of Employer:
Type of Business:



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From: 1998	Name and Address of Business:	
To: CONTINUING	TWO FOR SEVEN RESTAURANT GROUP MAIN ST PLATTSBURGH, NY 14534	
Business Type: RESTAURANTS	Office Held/Nature of Interest:	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Investor		
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor, I will have no role
in operating the facility -*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true and complete in all material respects.

Signature: *[Handwritten Signature]*

Date: *2/3/17*

Notary Name: *Sheri A. Lefrois*

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date: *2/13/17*

SHERI A LEFROIS
Notary Public, State of New York
Reg. No. 01LE6337207
Qualified in Monroe County
Commission Expires February 22, 2020



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>New York Canna, Inc.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Alan Willis</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <p align="center"><u>Investor</u></p>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Washington & Lee University	Lexington, VA	9/94	6/98	B.S.	6/98
The Wharton School UPENN	Philadelphia, PA	8/04	5/07	M.B.A.	5/07



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: _____

Type of Business: _____



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor, I will have no role in the operations or oversight of this business.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: *[Handwritten Signature]*

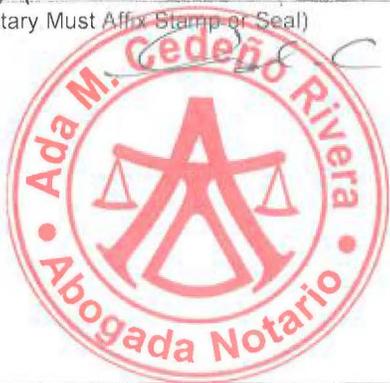
Date: *February 7, 2017*

Notary Name: *Ada M. Cedeño Rivera*

Notary Registration Number: *RUA: 17939 PR*

Notary (Notary Must Affix Stamp or Seal) *[Handwritten Signature]*

Date: *February 7, 2017*







**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: <u>NEW YORK CANNA, INC.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Daniel H. Wilmet</u>	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>Investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax:			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]		14. ZIP Code: [REDACTED]	
15. Formal Education			Dates Attended		Degree
Institution	Address	From	To	Degree Received	Date Received
UNION COLLEGE	SCHENECTADY, NY	9/1989	6/1993	BA	6/1993
UNION COLLEGE	"	6/1994	6/1995	MAT	6/1995



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
TEACHING LICENSE				

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From:	Name and Address of Business: <i>See attached Rochester Mall holdings</i>	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As an investor, I will have no role in
operating the facility.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: 2/21/2017
Notary Name:	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date:

File:NYCANNNA info) 02.15.17

DANIEL H. WILMOT

		<u>Name and Address of Business:</u>			
<u>From:</u>	2008	B. V. Oro, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member			X
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6

		<u>Name and Address of Business:</u>			
<u>From:</u>	2005	Rochester Malls, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Real estate	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

		<u>Name and Address of Business:</u>			
<u>From:</u>	2008	Wilsu, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNNA, INC.</u>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Dennis Wilmat</u>	3. Title: <u>Investor</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <u>INVESTOR</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
UNION COLLEGE	SCHENECTADY, NY	9/87	6/91	B.S. CIVIL ENGINEERING	6/91
SIMON SCHOOL @ UNIV. ROCH.	ROCHESTER, NY	9/93	5/95	M.B.A. FINANCE	5/95



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Reason For Departure:
Name of Employer:
Type of Business:



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

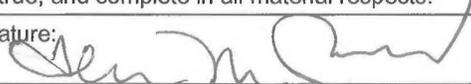


**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

AS AN INVESTOR, I WILL HAVE NO
ROLE IN OPERATING THE FACILITY.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: 2/6/17
--	--------------

Notary Name: Teresa M. Rubert	Notary Registration Number: OIRU4861811
-------------------------------	---

Notary (Notary Must Affix Stamp or Seal)	Date:
TERESA M. RUBERT Notary Public, State of New York Qualified in Monroe County My Commission Expires <u>6/16/18</u>	

File:NYCANNNA info) 02.15.17

DENNIS A. WILMOT

		<u>Name and Address of Business:</u>		
<u>From:</u>	2008	B. V. Oro, LLC		
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624		
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u> <u>Proposed</u>
		Non-managing member		X
<u>Licensing Agency:</u> None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6

		<u>Name and Address of Business:</u>		
<u>From:</u>	2005	Rochester Malls, LLC		
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624		
<u>Business Type:</u>	Real estate	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u> <u>Proposed</u>
		Non-managing member	X	
<u>Licensing Agency:</u> None				

		<u>Name and Address of Business:</u>		
<u>From:</u>	2002	Wilsu, LLC		
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624		
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u> <u>Proposed</u>
		Non-managing member	X	
<u>Licensing Agency:</u> None				

File:NYCANNA info) 02.15.17

DENNIS A. WILMOT

		<u>Name and Address of Business:</u>			
<u>From:</u>	2015	Medicinal Green, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Marijuana	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member			X
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

New York Canna, Inc.

1. Business Name: <i>NYCANNA, Inc.</i>	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <i>Kevin Williams</i>	3. Title: <i>Investor</i>
4. Briefly describe the role of this person or entity in the proposed registered organization: <i>Investor</i>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
 Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Union College	Schenectady NY	9/1/1991	6/1/1995	History	6/95
Simon School of Business	U. of Rochester Rochester NY	9/1/98	6/1/2000	MBA (Finance)	6/00



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:	(See Attached)	
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

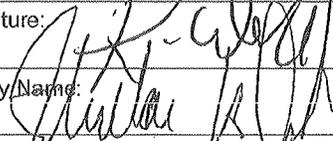
**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

*As an investor I will have no role
in operating the facility -*

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: 	Date: <i>2/20/17</i>
Notary Name: 	Notary Registration Number: <i>01J06131508</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>Aug 8, 2017</i> 

STEPHANIE R. JOHNSON
Notary Public, State of New York
No. 01J06131508
Qualified in Monroe County
My Commission Expires August 8, 20*17*

File:NYCANNNA info) 02.15.17

KEVIN R. WILMOT

		<u>Name and Address of Business:</u>			
<u>From:</u>	2008	B. V. Oro, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member			X
<u>Licensing Agency:</u>	None				

Redacted pursuant to N.Y. Public Officers Law, Art. 6

		<u>Name and Address of Business:</u>			
<u>From:</u>	2005	Rochester Malls, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Real estate	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				

		<u>Name and Address of Business:</u>			
<u>From:</u>	2008	Wilsu, LLC			
<u>To:</u>	Present	1265 Scottsville Road Rochester, NY 14624			
<u>Business Type:</u>	Investments	<u>Nature of Interest:</u>	<u>Open</u>	<u>Closed</u>	<u>Proposed</u>
		Non-managing member	X		
<u>Licensing Agency:</u>	None				



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>NEW YORK CANNA INC</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>LEE E. Woodard</u>	3. Title: <u>INVESTOR</u>
4. Briefly describe the role of this person or entity in the proposed registered organization: <div style="text-align: center; font-size: 1.5em; font-family: cursive;">INVESTOR</div>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]	14. ZIP Code: [REDACTED]		
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
HOBART College	300 Rulney Street GENEVA, NY 14456	9/73	6/77	B.A.	6/77
Vermont Law School	164 Chelsea St So. Royalton, VT 05068	8/79	5/82	Juris Doctor	5/22/82



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
LAW	Attorney Regist # 1845304	Office of Court Administration P O Box 29327 New York, NY 10087	2/83	continuing

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3 if necessary.
 Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: _____
 Type of Business: _____



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
<p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

From: <i>Past 10</i>	Name and Address of Business:	
To: <i>Present</i>	<i>Harris Beach PLLC + Ganaway Rd Associates, LLC</i>	
Business Type: <i>Law firm/RE</i>	Office Held/Nature of Interest: <i>Member</i>	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

<p>19. Affirmative Statement of Qualifications For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.</p> <p align="center"><i>As an investor I will have no role in operating the facility.</i></p>	
<p>20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.</p>	
<p>Signature: <i>[Handwritten Signature]</i></p>	<p>Date: <i>2-1-17</i></p>
<p>Notary Name: <i>Wendy Lu Baker</i></p>	<p>Notary Registration Number: <i>4833125</i></p>
<p>Notary (Notary Must Affix Stamp or Seal)</p> <p><i>[Handwritten Signature]</i> WENDY LU BAKER Notary Public, State of New York Qualified in Oswego County No. 4833125 My Commission Expires December 31, <u>2017</u></p>	<p>Date: <i>2-1-17</i></p>



Department of Health

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: [REDACTED]	
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: Melvin A. Yellin	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization: <p style="text-align: center;">Redacted pursuant to N.Y. Public Officers Law, Art. 6</p>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity. <p style="text-align: center;">Redacted pursuant to N.Y. Public Officers Law, Art. 6</p>	



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

I am not aware of any governmental agency violation law or regulations.

8. Phone:

[Redacted]

9. Fax:

10. Email:

[Redacted]

11. Residence Address:

[Redacted]

12. City:

[Redacted]

13. State:

[Redacted]

14. ZIP Code:

[Redacted]

15. Formal Education

Dates Attended

Degree

Institution	Address	From	To	Degree Received	Date Received
NYU of Washington Square College	100 Washington Sq East, NY 10003	1960	1964	BA	May '64
St John University Law School	81-50D Utopia Pky Jamaica NY 11432	1964	1967	JD	May 1967



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
New York Attorney	N/A	N/A	1967	N/A

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.
 Redacted pursuant to N.Y. Public Officers Law, Art. 6

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors and Members
 Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p>		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From:		
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



**Department
of Health**

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I will have no role in operating the facility

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Date:

2/23/17

Notary Name:

Notary Registration Number:

01HA6340012

Notary (Notary Must Affix Stamp or Seal)

Date:

2/23/17

ASHLEY A HARRELL
NOTARY PUBLIC-STATE OF NEW YORK
NO. 01HA6340012
QUALIFIED IN QUEENS COUNTY
MY COMMISSION EXPIRES 04-11-2020

Desired Registration Activities

In response to the Department of Health letter dated January 20, 2017, we express our continued interest in becoming a Medical Marijuana Registered Organization in New York State and submit this Plan of Entry in support of that interest.

In support of this Plan of Entry and in response to the Department's letter, we submit the following:

- A.** We do intend to cultivate and manufacture our own medical marijuana;
- B.** We are interested in the wholesale transfer and delivery of extract and/or approved medical marijuana products to/from other registered organizations and have submitted here a Wholesale Transfer and Delivery Operations Plan together with Standard Operating Procedures;
- C.** We do intend to open and operate four (4) Dispensing Facilities throughout the state and have revised and improved the Dispensing and Sale section of our Operations Plan and have included it here for your review;
- D.** We are interested in the resale of approved medical marijuana products manufactured by other registered organizations;
- E.** We are seeking authorization to establish a medical marijuana delivery service program and have submitted here a Home Delivery Service Plan and related Standard Operating Procedures; and
- F.** We do intend to use the THCBioTrack seed-to-sale inventory tracking and management system.

Proposed Dispensary Locations

NYCanna's dispensary location goals are to expand options patients by increasing availability while leveraging our research partnerships.

Upstate Locations:

Upstate Location 1: Erie County. Our number one request for an upstate location is Erie County. While there are two locations in northern suburban Erie County, there is no dispensary located in the City of Buffalo. This puts city residents at a huge economic disadvantage as there is not an easy way for many to access these dispensaries. Speaking with patients, they have told us that if you require public transportation then it could take as long as an hour and half to reach these suburban dispensaries. Our Buffalo location would be located on or very close to a main public transportation route and would be easily accessible to Buffalo residents. Additionally, the Buffalo location would allow close involvement with our research team at the State University of New York University at Buffalo and our clinical director Jeffrey Lombardo, Pharm.D. This also places a dispensary in close proximity to SUNY Buffalo, which will be continuously improving the Company's patient safety monitoring and efficacy.

Alternatively, we would request Monroe County, then Niagara County.

Upstate Location 2: Orange County. Our second primary request for an upstate dispensary location is Orange County. Our plan would be to locate near the crossroads of Route 17 and Interstate 84. This would make medicine easily available to Orange, Sullivan, Rockland, Dutchess and Delaware Counties, none of which have a dispensary. Additionally, this allows us to be close to another research partner, The Center for Discovery, which is located in Sullivan County.

Alternatively, we would request Rockland County, then Schenectady County.

Downstate Locations:

Downstate Location 1: New York County. While New York County has two locations, NYCanna believes that additional locations are required to serve the population of New York County. New York County also allows NYCanna to continue and expand its research efforts with the hospitals and Universities in New York County.

Alternatively, we would request Kings County, then Queens County.

Downstate Location 2: Nassau County. Continuing our goals for expanded product availability for underserved areas, we propose Nassau County as our final primary request. Nassau County currently has only one dispensary and by adding a second dispensary, we would create greater access to the 1.5 million people who live in Nassau County.

Alternatively, we would request Suffolk County, then Westchester County.

Primary Choices	Alternate 1	Alternate 2
Upstate Dispensaries:		
1. Erie	Monroe	Niagara
2. Orange	Rockland	Schenectady
Downstate Dispensaries:		
3. New York	Kings	Queens
4. Nassau	Suffolk	Westchester

Initial Application – Operating Plans Not Requiring Updates

The following *Operating Plans* of the Initial Application (Attachment D) do not require revisions at this time (but may at a later date as a result of continuing discussions with the Department):

1. Section 4 – Devices (This section is predominately unchanged from the Initial Application. However, the Company is currently investigating innovative and improved devices which may necessitate changes to this section in the future. Further, references to the devices are included in the Manufacturing Plan which, if accepted, will necessitate further revisions as well.)
2. Section 5 – Security and Control
3. Section 6 – Standard Operating Procedures (This section is predominately unchanged from the Initial Application, with the exception of new and revised standard operating procedures referenced in the “Contents” above.)
4. Section 7 – Quality Assurance Plans
5. Section 8 – Returns, Complaints, Adverse Events and Recalls
6. Section 9 – Product Quality Assurance
7. Section 10 – Recordkeeping

The following *Attachments* to the Initial Application do not require revisions at this time (but may at a later date as a result of continuing discussions with the Department):

1. Attachment A – Real Property
2. Attachment B – Equipment
3. Attachment C – Real Property Interests
4. Attachment F – Labor Peace Agreement

NYCanna—Plan of Entry: Operating Plans Not Requiring Updates

5. Attachment H – Security Plan
6. Attachment K – Internet Connectivity
7. Attachment L – Timeline
8. Appendix B – Architectural Program

The following *Attachments* to the Initial Application are removed at this time as they are no longer applicable:

1. Attachment G – Business Transactions Related to Application

Ownership and Management Information

Update to Section H (Question 74) and Attachment E to the Initial Application

New York Canna, Inc. initially submitted an application to be a Registered Organization in accordance with the New York Compassionate Care Act. For a variety of reasons, including tax planning and organizational planning, the Board of Directors of New York Canna, Inc. elected to restructure the entity as a limited liability company. The following will describe the process of the restructuring and the current organizational status.

Summary of Current Status:

NYCANNA, LLC (“NYCanna”) is the successor in interest to New York Canna, Inc., and the current applicant to the New York State Department of Health to be registered as a Registered Organization.

NYCANNA, LLC, a Delaware limited liability company (“NYCanna”), was formed on November 1, 2016. A copy of the Articles of Organization is attached hereto as **Exhibit A-1** and a copy of the Operating Agreement is attached hereto as **Exhibit A-2**. A copy of NYCanna’s authority to do business in New York is attached hereto as **Exhibit A-3**.

NYCanna is owned by two (2) limited liability companies: NYCI Holdings, LLC (50%) and NY Medicinal Research & Caring, LLC (50%; “NYMRC”), both of which are discussed below.

NYCanna’s Board of Managers consists of John Vavalo, Dennis DuVal, Kevin Murphy and Michael Linehan.

Both NYCI Holdings, LLC and NYMRC are holding companies which, as of the date of this application, conduct no activities other than the holding of membership interests of NYCanna. Neither NYCI Holdings, LLC nor NYMRC will, as an entity, be involved in the day-to-day activities of NYCanna.

New Amsterdam Distributors, LLC is the sole member of NYCI Holdings, LLC. New Amsterdam Distributors, LLC is a limited liability company owned by five (5) individuals: John Vavalo [REDACTED], Dennis DuVal [REDACTED], Dominic Falcone ([REDACTED]), Dino Dixie [REDACTED] and Patrick Harvey [REDACTED]). New Amsterdam is operated by a Board of Managers composed of

Messrs. Vavalo, DuVal, Falcone and Dixie. Please note that an individual, James Esposito, who had been originally a member of New Amsterdam Distributors, LLC, is no longer a member of the entity and, therefore, not included in any of the materials of this Plan of Entry.

NYMRC is a limited liability company operated by a Board of Managers composed of Michael Linehan, Kevin Murphy and Frank Catanzaro. The members of NYMRC are set forth on **Exhibit E-3**. The individual members of NYMRC are not involved in the day-to-day activities of NYCanna or of NYMRC.

Description of Corporate Restructuring:

New York Canna, Inc. was initially formed on April 24, 2015. The initial shareholders of New York Canna, Inc., as stated in the original Application, were intended to be New Amsterdam Distributors, LLC (a New York limited liability company; “NAD”) and EPMMNY, LLC (a New York limited liability company; “EPMMNY”). However, NAD and EPMMNY were unable to reach an agreement as to EPMMNY’s contributions to the operating entity and the terms of investment. Accordingly, the terms of EPMMNY’s equity were never finalized and the entity is not included as a stakeholder of the applicant going forward. Therefore, the sole shareholder of New York Canna, Inc. prior to any of the events described below was New Amsterdam Distributors, LLC.

In late 2016, after extensive discussions with potential financing partners, New York Canna, Inc. restructured as NYCANNA, LLC as follows (information concerning each one of these entities is set forth below and included on the attached schedules):

1. NYCI Holdings, LLC, a New York limited liability company, was formed on November 4, 2016.
2. On November 30, 2016, New York Canna, Inc. merged into NYCI Holdings, LLC. As a result of the merger NYCI Holdings, LLC assumed all of the assets and liabilities of New York Canna, Inc., including the rights in the Application. A copy of the filed Certificate of Merger is attached hereto as **Exhibit B-1**.
3. NYCANNA, LLC, was formed for purposes of continuing as the applicant under the Application.

4. NYCI Holdings, LLC and NY Medicinal Research & Caring, LLC contributed certain assets to NYCANNA, LLC (including NYCI Holdings, LLC's rights in the Application) in exchange for equity interest. A copy of the Contribution Agreement is attached hereto as **Exhibit B-2**.

Corporate/Entity Documentation

1. *NYCANNA, LLC*

- a. NYCANNA, LLC is the current applicant and intended to be the Registered Organization.
- b. As stated, the members of NYCanna are NYCI Holdings, LLC and NY Medicinal Research & Caring, LLC, both of which are described below.
- c. The officers of NYCANNA are:
 - i. Chairman/Chief Executive Officer: John Vavalo
 - ii. Vice Chairman/Chief Operating Officer: Dennis DuVal
 - iii. Treasurer: Dennis DuVal
 - iv. Secretary: John Vavalo
- d. The Board of Managers of NYCanna are:
 - i. John Vavalo
 - ii. Dennis DuVal
 - iii. Michael Linehan
 - iv. Kevin Murphy

2. *NYCI Holdings, LLC*

- a. NYCI Holdings, LLC is a 50% member of NYCANNA, LLC.
- b. A copy of the Articles of Organization is attached hereto as **Exhibit C-1** and a copy of the Operating Agreement is attached hereto as **Exhibit C-2**.
- c. The current member of NYCI Holdings, LLC is New Amsterdam Distributors, LLC ("NAD").
- d. The officers of NYCI Holdings, LLC:
 - i. President: John Vavalo

- ii. Vice President: Dominic Falcone
- iii. Treasurer: Dennis DuVal
- iv. Secretary: Dino Dixie

e. The Board of Managers of NYCI Holdings, LLC are:

- i. John Vavalo
- ii. Dennis DuVal

3. *New Amsterdam Distributors, LLC*

a. NAD is the sole member of NYCI Holdings, LLC and was included in the original Application.

b. A copy of the Articles of Organization is attached hereto as **Exhibit D-1** and a copy of the Operating Agreement is attached hereto as **Exhibit D-2**.

c. The members of NAD are currently:

- i. John Vavalo
- ii. Dennis DuVal
- iii. Dino Dixie
- iv. Dominic Falcone
- v. Patrick Harvey

(An additional member, James Esposito, had been included in the original Application. However, he has been removed from NAD in accordance with the terms of the NAD Operating Agreement and is no longer a member or stakeholder.)

d. The officers of NAD are:

- i. President: John Vavalo
- ii. Vice President: Dominic Falcone
- iii. Treasurer: Dennis DuVal
- iv. Secretary: Dino Dixie

e. The Board of Managers of NAD are:

- i. John Vavalo
- ii. Dennis DuVal

- iii. Dino Dixie
 - iv. Dominic Falcone
4. *NY Medicinal Research & Caring, LLC (“NYMRC”)*
- a. NYMRC is a 50% member of NYCANNA, LLC.
 - b. A copy of the Articles of Organization is attached hereto as **Exhibit E-1** and a copy of the Operating Agreement is attached hereto as **Exhibit E-2**.
 - c. The members of NYMRC are set forth on **Exhibit E-3**. One of the members of NYMRC is an entity, IMPIRE State Holdings, LLC (discussed below).
 - d. There are no officers of NYMRC.
 - e. The Board of Managers of NYMRC are:
 - i. Michael Linehan
 - ii. Kevin Murphy
 - iii. Frank Catanzaro
5. *IMPIRE State Holdings, LLC*
- a. IMPIRE State Holdings, LLC is a 50% member of NY Medicinal Research & Caring, LLC
 - b. A copy of the Articles of Organization is attached hereto as **Exhibit F-1** and a copy of the Operating Agreement is attached hereto as **Exhibit F-2**.
 - c. The sole member of IMPIRE State Holdings, LLC is High Street Capital Partners, LLC. A copy of the Operating Agreement of High Street Capital Partners, LLC is attached hereto as **Exhibit F-3**.
 - d. The managing member of IMPIRE State Holdings, LLC is High Street Capital Partners Management, LLC. The sole members and managers of High Street Capital Partners Management, LLC are Kevin Murphy, Devin Binford and Melvin Yellen.

Organizational charts for all of the above-referenced entities are attached hereto as **Exhibit G**.

Ownership and Organizational Structure

Update to Section H (Question 74) and Attachment E to the Initial Application

Exhibits

Exhibit	Description
A-1	NYCANNA, LLC – Articles of Organization
A-2	NYCANNA, LLC – Operating Agreement
A-3	NYCANNA, LLC – Authority to do Business in New York
B-1	New York Canna, Inc. and NYCI Holdings, LLC – Certificate of Merger
B-2	NYCANNA, LLC – Contribution Agreement
C-1	NYCI Holdings, LLC – Articles of Organization
C-2	NYCI Holdings, LLC – Operating Agreement
D-1	New Amsterdam Distributors, LLC – Articles of Organization
D-2	New Amsterdam Distributors, LLC – Operating Agreement
E-1	NY Medicinal Research & Caring, LLC – Articles of Organization
E-2	NY Medicinal Research & Caring, LLC – Operating Agreement
E-3	NY Medicinal Research & Caring, LLC – Schedule of Members
F-1	IMPIRE State Holdings, LLC – Articles of Organization
F-2	IMPIRE State Holdings, LLC – Operating Agreement
F-3	High Street Capital Partners, LLC – Operating Agreement
G	Organizational Charts

Exhibit A-1

NYCANNA, LLC – Articles of Organization

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "NYCANNA, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF NOVEMBER, A.D. 2016, AT 4:31 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6199769 8100
SR# 20166449396

Authentication: 203263397
Date: 11-01-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

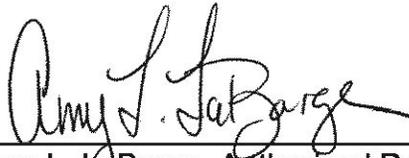
CERTIFICATE OF FORMATION
OF
NYCANNA, LLC

1. The name of the limited liability company is:

NYCANNA, LLC

2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of NYCANNA, LLC this 1ST day of November, 2016.



Amy L. LaBarge, Authorized Person
Bond, Schoeneck & King, PLLC
One Lincoln Center
Syracuse, New York 13202

Exhibit A-2

NYCANNA, LLC – Operating Agreement

**OPERATING AGREEMENT
OF
NYCANNA, LLC**

As of November 1, 2016

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Exhibit A-3

NYCANNA, LLC – Authority to do Business in New York

CERTIFICATE OF AUTHORITY UNDER SEC. 805 OF THE LIMITED LIABILITY COMPANY LAW

ENTITY NAME: NYCANNA, LLC

DOCUMENT TYPE: APPLICATION FOR AUTHORITY (FOR LLC)

COUNTY: ONON

FILED:01/12/2017 DURATION:***** CASH#:170112000274 FILM #:170112000256
DOS ID:5066813

FILER:

EXIST DATE

AMY L. LABARGE, LEGAL ASSISTANT
BOND, SCHOENECK & KING, PLLC
ONE LINCOLN CENTER
SYRACUSE, NY 13202

01/12/2017

ADDRESS FOR PROCESS:

THE LLC
224 HARRISON STREET, SUITE 700
SYRACUSE, NY 13202

REGISTERED AGENT:

The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the biennial statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: BOND, SCHOENECK & KING, PLLC - 42

SERVICE CODE: 42

FEES 285.00

FILING 250.00
TAX 0.00
CERT 0.00
COPIES 10.00
HANDLING 25.00

PAYMENTS 285.00

CASH 0.00
CHECK 0.00
CHARGE 0.00
DRAWDOWN 285.00
OPAL 0.00
REFUND 0.00

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 13, 2017.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

**APPLICATION FOR AUTHORITY
OF NYCANNA, LLC**

Under Section 802 of the Limited Liability Company Law

- FIRST:** The name of the limited liability company is NYCANNA, LLC (the "Company").
- SECOND:** The jurisdiction in which the Company was organized is Delaware and the Company was formed on November 1, 2016.
- THIRD:** The County in New York where principal business office of the Company is located is Onondaga County.
- FOURTH:** The Secretary of State is designated as agent of the Company upon whom process against it may be served. The post office address within and without this state to which the Secretary of State shall mail a copy of any process served against him or her is: 224 Harrison Street, Suite 700, Syracuse, New York 13202.
- FIFTH:** The address of the office the Company is required to maintain in the jurisdiction of its formation is: Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801.
- SIXTH:** The Company is recognized as being in existence in Delaware as of the date of this application.
- SEVENTH:** The name and address of the authorized officer in the State of Delaware where a copy of the Certificate of Formation of the Company is filed is:

Delaware Secretary of State
Division of Corporations
P.O. Box 898
Dover, Delaware 19903

IN WITNESS WHEREOF, this application has been subscribed this 11th day of January, 2017, by the undersigned who affirms that the statements made herein are true under penalties of perjury.

NYCANNA, LLC

By: 
Amy L. LaBarge, Authorized Person
Bond, Schoeneck & King, PLLC
One Lincoln Center
Syracuse, NY 13202

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NYCANNA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



6199769 8300

SR# 20170165579

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201852539

Date: 01-11-17

256

APPLICATION FOR AUTHORITY
OF
NYCANNA, LLC

Under Section 802 of the Limited Liability Company Law

FILED

2017 JAN 12 AM 10:24

DRAWDOWN ACCOUNT #42

Customer Reference No. 353125

100
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED JAN 12 2017

TAX \$ _____

BY: LSW

RECEIVED

2017 JAN 11 PM 3:09

Filed by:
Amy L. LaBarge, Paralegal
Bond, Schoeneck & King, PLLC
One Lincoln Center
Syracuse, New York 13202

274

Exhibit B-1

New York Canna, Inc. and NYCI Holdings, LLC – Certificate of Merger

FILING RECEIPT

=====
ENTITY NAME: NYCI HOLDINGS, LLC

DOCUMENT TYPE: MERGER (DOM LLC)
PROCESS

COUNTY: ONON

=====
FILED:11/30/2016 DURATION:***** CASH#:161130000718 FILM #:161130000673

FILER:

EFFECT DATE

AMY L. LABARGE, LEGAL ASSISTANT
BOND SCHOENECK & KING, PLLC
ONE LINCOLN CENTER
SYRACUSE, NY 13202

11/30/2016

ADDRESS FOR PROCESS:

THE LLC
224 HARRISON STREET
SYRACUSE, NY 13202

SUITE 700

REGISTERED AGENT:

CONSTITUENT NAME: NEW YORK CANNA, INC.

=====
SERVICE COMPANY: C T CORPORATION SYSTEM - 07

SERVICE CODE: 07

FEES 220.00

FILING 60.00
TAX 0.00
CERT 0.00
COPIES 10.00
HANDLING 150.00

PAYMENTS 220.00

CASH 0.00
CHECK 0.00
CHARGE 0.00
DRAWDOWN 220.00
 OPAL 0.00
REFUND 0.00

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 1, 2016.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

CT-07

161130000677

**CERTIFICATE OF MERGER
OF
NEW YORK CANNA, INC.
INTO
NYCI HOLDINGS, LLC**

Under Section 1003 of the New York Limited Liability Company Law

The undersigned, John Vavalo, as the President of NYCI Holdings, LLC, and as the President of New York Canna, Inc. hereby certifies that:

FIRST: The constituent business entities of the proposed merger (the "Merger") are New York Canna, Inc., a New York corporation (the "Corporation"), and NYCI Holdings, LLC, a New York limited liability company (the "LLC"). Pursuant to the provisions of, and with the effect provided under, Section 1003 of the New York Limited Liability Company Law, Corporation shall merge with and into LLC, with LLC as the surviving entity (the "Surviving LLC").

SECOND: An agreement authorizing the Merger has been approved and executed by the Corporation and the LLC.

THIRD: The Merger shall be effective upon filing of the Certificate of Merger with the New York State Department of State.

FOURTH: New York Canna, Inc. was formed on April 24, 2015 pursuant to the provisions of the New York Business Corporation Law.

FIFTH: NYCI Holdings, LLC was formed on November 4, 2016 pursuant to the provisions of the New York Limited Liability Company Law.

SIXTH: Following the Merger, the name of the surviving domestic limited liability company shall continue to be NYCI Holdings, LLC.

SEVENTH: There are no changes to the LLC's Articles of Organization.

EIGHTH: The Secretary of State is designated as agent of the Surviving LLC upon whom process against it may be served. The post office address within or without this state to which the secretary of state shall mail a copy of any process served against him or her is: 224 Harrison Street, Suite 700, Syracuse, New York 13202.

NINTH: The agreement authorizing the Merger is on file at a place of business of the Surviving LLC at: 224 Harrison Street, Suite 700, Syracuse, New York 13202.

2791132.1

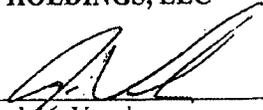
161130000673

TENTH: A copy of the agreement authorizing the Merger will be furnished by the Surviving LLC on request and without cost to any member of the LLC or any shareholder of the Corporation.

[The remainder of this page was intentionally left blank.]

IN WITNESS WHEREOF, the undersigned has executed and signed this Certificate of Merger this 30 day of November, 2016.

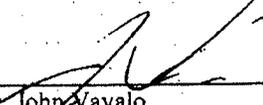
NYCI HOLDINGS, LLC

By: 

Name: John Vavalo

Title: President / Manager

NEW YORK CANNA, INC.

By: 

Name: John Vavalo

Title: President

673

CT-07

CERTIFICATE OF MERGER
 OF
 NEW YORK CANNA, INC.
 INTO
 NYCI HOLDINGS, LLC

2016 NOV 30 PM 3:18

FILED

Under Section 1003 of the New York Limited Liability Company Law

STATE OF NEW YORK
 DEPARTMENT OF STATE
 FILED NOV 30 2016
 TAX S
 BY: aw

Filed by:

Amy L. LaBarge, Legal Assistant
 Bond, Schoeneck & King, PLLC
 One Lincoln Center
 Syracuse, NY 13202
 Ph: (315) 218-8124
 Fax: (315) 218-8434

RECEIVED
NOV 30 PM 1:36

10270719mc

DRAWDOWN

718

AGREEMENT AND PLAN OF MERGER

This **Agreement and Plan of Merger**, dated as of November 30, 2016 (the "**Merger Agreement**"), is being adopted by **NEW YORK CANNA, INC.**, a New York corporation (the "**Corporation**") and **NYCI HOLDINGS, LLC**, a New York limited liability company (the "**LLC**").

Recitals

WHEREAS, the Corporation was formed on April 24, 2015 pursuant to the provisions of the Business Corporation Law of the State of New York (the "**BCL**").

WHEREAS, the LLC was formed on November 4, 2016 pursuant to the New York Limited Liability Company Law (the "**LLCL**").

WHEREAS, the Corporation and the LLC desire to merge with and into each other (the "**Merger**") pursuant to Section 1003 of the LLCL, with the LLC as the surviving entity.

WHEREAS, the LLC will continue to use the name NYCI Holdings, LLC.

WHEREAS, the Corporation and the LLC have been duly authorized to effect the Merger.

NOW, THEREFORE, in consideration of the premises and the mutual representations, warranties, covenants and agreements herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, agree as follows:

1. The Corporation will merge with and into the LLC pursuant to the provisions of, and with the effect provided under, Section 1003 of the LLCL and the provisions of this Merger Agreement.
2. The surviving entity of the Merger shall be the LLC (the "**Surviving LLC**").
4. The Merger shall become effective upon filing of the Certificate of Merger with the New York State Department of State.
5. Upon the Merger and without any order or other action on the part of any court or otherwise, the Surviving LLC shall hold and enjoy all the rights, assets, privileges, powers and franchises of each of the Corporation and the LLC, and the Surviving LLC shall be subject to all the liabilities, restrictions and duties of each of the Corporation and the LLC.
6. A copy of this Merger Agreement be maintained on file at the place of business of the Surviving LLC and will be furnished by the Surviving LLC on request and without cost to any member of the LLC or any shareholder of the Corporation.

IN WITNESS WHEREOF, this Agreement and Plan of Merger was duly adopted as of the date first set forth above.

NEW YORK CANNA, INC.

By: 
Name: John Vavalo
Title: President

NYCI HOLDINGS, LLC

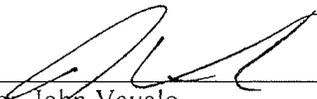
By: 
Name: John Vavalo
Title: President

Exhibit B-2

NYCANNA, LLC – Contribution Agreement

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Exhibit C-1

NYCI Holdings, LLC – Articles of Organization

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 04, 2016.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

**ARTICLES OF ORGANIZATION
OF
NYCI Holdings, LLC**

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

NYCI Holdings, LLC

SECOND: The county, within this state, in which the office of the limited liability company is to be located is **ONONDAGA**.

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

NYCI Holdings, LLC
224 Harrison Street
Suite 700
Syracuse, NY 13202

FOURTH: The limited liability company is to be managed by: **ONE OR MORE MANAGERS**.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Kattie Marie Chmielowiec, Organizer (signature)

Kattie Marie Chmielowiec , ORGANIZER
Bond Schoeneck & King, PLLC
One Lincoln Center
Syracuse, NY 13202

Filed by:
Kattie Marie Chmielowiec
Bond Schoeneck & King, PLLC
One Lincoln Center
Syracuse, NY 13202

BOND, SCHOENECK & KING, PLLC (42)
DRAWDOWN
CUSTOMER REF# 346919

FILED WITH THE NYS DEPARTMENT OF STATE ON: 11/04/2016
FILE NUMBER: 161104010169; DOS ID: 5034085

Exhibit C-2

NYCI Holdings, LLC – Operating Agreement

**OPERATING AGREEMENT
OF
NYCI HOLDINGS, LLC**

As of November 4, 2016

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Exhibit D-1

New Amsterdam Distributors, LLC – Articles of Organization

FILING RECEIPT

=====

ENTITY NAME: NEW AMSTERDAM DISTRIBUTORS, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: WEST

=====

FILED:10/28/2013 DURATION:***** CASH#:131028000875 FILM #:131028000787
DOS ID:4478997

FILER:

EXIST DATE

FRANCIS MALARA, ESQ.
235 MAIN STREET

10/28/2013

WHITE PLAINS, NY 10601

ADDRESS FOR PROCESS:

THE LLC
148 RAMSEY AVENUE
YONKERS, NY 10701

REGISTERED AGENT:

The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the biennial statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

=====

SERVICE COMPANY: ** NO SERVICE COMPANY **

SERVICE CODE: 00 *

FEEs 225.00

FILING 200.00
TAX 0.00
CERT 0.00
COPIES 0.00
HANDLING 25.00

PAYMENTS 225.00

CASH 0.00
CHECK 0.00
CHARGE 225.00
DRAWDOWN 0.00
OPAL 0.00
REFUND 0.00

New York State Department of State
Division of Corporations, State Records
and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

(This form must be printed or typed in black ink)

ARTICLES OF ORGANIZATION
OF

NEW AMSTERDAM DISTRIBUTORS, LLC

(Insert name of Limited Liability Company)

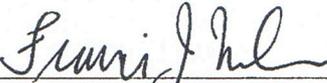
Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is: NEW AMSTERDAM DISTRIBUTORS, LLC

SECOND: The county within this state in which the office of the limited liability company is to be located is: WESTCHESTER COUNTY

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

148 RAMSEY AVENUE, YONKERS NY 10701


Francis J Malara, ESQ
(signature of organizer)

Francis J Malara, ESQ
(print or type name of organizer)

FILING RECEIPT

=====

ENTITY NAME: NEW AMSTERDAM DISTRIBUTORS, LLC

DOCUMENT TYPE: CHANGE (DOM LLC)
COUNTY PROCESS

COUNTY: ONON

=====

FILED:03/21/2016 DURATION:***** CASH#:160321000224 FILM #:160321000211

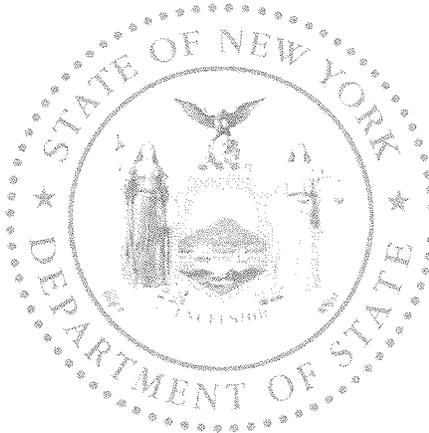
FILER:

AMY L. LABARGE, LEGAL ASSISTANT
BOND, SCHOENECK & KING, PLLC
ONE LINCOLN CENTER
SYRACUSE, NY 13202

ADDRESS FOR PROCESS:

THE LLC
224 HARRISON STREET, SUITE 700
SYRACUSE, NY 13202

REGISTERED AGENT:



=====

SERVICE COMPANY: BOND, SCHOENECK & KING, PLLC - 42

SERVICE CODE: 42

FEES 115.00

FILING 30.00
TAX 0.00
CERT 0.00
COPIES 10.00
HANDLING 75.00

PAYMENTS 115.00

CASH 0.00
CHECK 0.00
CHARGE 0.00
DRAWDOWN 115.00
OPAL 0.00
REFUND 0.00

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 22, 2016.

A handwritten signature in cursive script that reads "Anthony Giardina".

Anthony Giardina
Executive Deputy Secretary of State

CERTIFICATE OF CHANGE

OF

NEW AMSTERDAM DISTRIBUTORS, LLC

Under Section 211-A of the Limited Liability Company Law

FIRST: The name of the limited liability company is: New Amsterdam Distributors, LLC.

SECOND: The Articles of Organization of the limited liability company were filed on October 28, 2013.

THIRD: The changes effected hereby are:

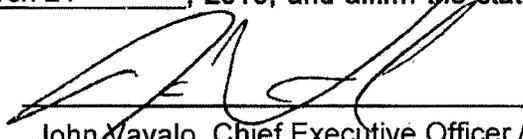
1. The county location, within this state, in which the office of the limited liability company is located, is changed to:

Onondaga County

2. The address to which the Secretary of State shall forward copies of process accepted on behalf of the limited liability company is changed to read in its entirety as follows:

The Secretary of State of the State of New York is designated as the agent of the limited liability company upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process served against the limited liability company is: New Amsterdam Distributors, LLC, 224 Harrison Street, Suite 700, Syracuse, New York 13202.

I have signed this Certificate on March 21, 2016, and affirm the statements are true under penalties of perjury.


John Cavalo, Chief Executive Officer /
Manager

211

CERTIFICATE OF CHANGE

OF

NEW AMSTERDAM DISTRIBUTORS, LLC

Under Section 211-A of the Limited Liability Company Law

2016 MAR 21 AM 11:23

FILED

Drawdown Account # 42

RECEIVED

2016 MAR 21 AM 11:01

100
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED MAR 21 2016

TAX \$ _____

BY: PC

Customer Reference No. 349040

Filed by: Amy L. LaBarge, Legal Assistant
Bond, Schoeneck & King, PLLC
One Lincoln Center
Syracuse, New York 13202
Phone: 315.218.8124
Fax: 315.218.8434

224

Exhibit D-2

New Amsterdam Distributors, LLC – Operating Agreement

AMENDED AND RESTATED OPERATING AGREEMENT

OF

NEW AMSTERDAM DISTRIBUTORS, LLC

Dated as of April 7th, 2016

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Exhibit E-1

NY Medicinal Research & Caring, LLC – Articles of Organization

FILING RECEIPT

=====

ENTITY NAME: NY MEDICINAL RESEARCH & CARING, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: MONR

=====

FILED:10/06/2016 DURATION:***** CASH#:161006000574 FILM #:161006000531
DOS ID:5019918

FILER:

EXIST DATE

HARRIS BEACH PLLC
ATTN: C.PENAZEK
99 GARNSEY ROAD
PITTSFORD, NY 14534

10/06/2016

ADDRESS FOR PROCESS:

THE LLC
1265 SCOTTSVILLE ROAD
ROCHESTER, NY 14624

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the biennial statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

=====

SERVICE COMPANY: LIBERTY CORPORATE SERVICES, INC. - AL SERVICE CODE: AL *

FEES 235.00

FILING 200.00
TAX 0.00
CERT 0.00
COPIES 10.00
HANDLING 25.00

PAYMENTS 235.00

CASH 0.00
CHECK 0.00
CHARGE 0.00
DRAWDOWN 235.00
OPAL 0.00
REFUND 0.00

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 7, 2016.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

161006000 531

ARTICLES OF ORGANIZATION

OF

NY MEDICINAL RESEARCH & CARING, LLC

Under Section 203 of the Limited Liability Company Law

The undersigned, for the purpose of forming a limited liability company pursuant to Section 203 of the New York Limited Liability Company Law, hereby certifies:

1. The name of the limited liability company is NY Medicinal Research & Caring, LLC.
2. The office of the limited liability company shall be located in the County of Monroe, State of New York.
3. The Secretary of State of the State of New York is hereby designated as the agent of the limited liability company upon whom process in any action or proceeding against it may be served and the address to which the Secretary of State shall mail a copy of process in any action or proceeding against the company which may be served upon him is 1265 Scottsville Road, Rochester, New York 14624.
4. The limited liability company shall be managed by one or more managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization this 5th day of October, 2016.

/s/ Carla J. Penazek

Carla J. Penazek

Organizer

531

ARTICLES OF ORGANIZATION

OF

NY MEDICINAL RESEARCH & CARING, LLC

Under Section 203 of the Limited Liability Company Law

FILED
RECEIVED
2016 OCT 2 12 56 PM 4:02
2016 OCT -6 PM 2:12

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED OCT 06 2016

TAXS _____
BY: _____ KT

LCS
DRAWDOWN - #AL

HARRIS BEACH PLLC
99 Garnsey Road
Pittsford, New York 14534

574

Customer Ref.# 67719

Exhibit E-2

NY Medicinal Research & Caring, LLC – Operating Agreement

**OPERATING AGREEMENT
OF
NY MEDICINAL RESEARCH & CARING, LLC**

As of November 1, 2016

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Exhibit F-1

IMPIRE State Holdings, LLC – Articles of Organization

FILING RECEIPT

=====

ENTITY NAME: IMPIRE STATE HOLDINGS LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: NEWY

=====

FILED:11/07/2016 DURATION:***** CASH#:161107000642 FILM #:161107000607
DOS ID:5035037

FILER:

EXIST DATE

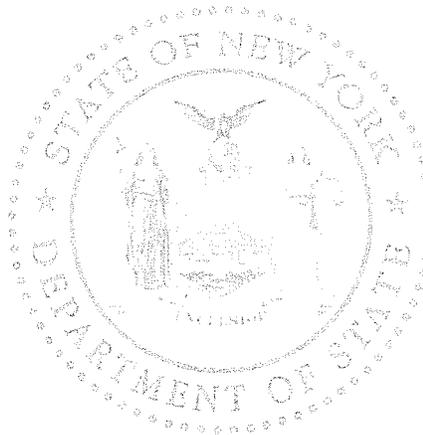
ROBINSON BROG LEINWAND GREENE
GENOVESE & GLUCK, P.C.
875 THIRD AVENUE, 9TH FLOOR
NEW YORK, NY 10022-0123

11/07/2016

ADDRESS FOR PROCESS:

C/O MELVIN YELLIN
366 MADISON AVENUE, 11TH FL
NEW YORK, NY 10017

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the biennial statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

=====

SERVICE COMPANY: DELANEY CORPORATE SERVICES LTD. - 30

SERVICE CODE: 30 *

FEEES 235.00

FILING 200.00
TAX 0.00
CERT 0.00
COPIES 10.00
HANDLING 25.00

PAYMENTS 235.00

CASH 0.00
CHECK 0.00
CHARGE 0.00
DRAWDOWN 235.00
OPAL 0.00
REFUND 0.00

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 8, 2016.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

161107000 607

New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
Albany, New York 12231

ARTICLES OF ORGANIZATION
OF
IMPIRE STATE HOLDINGS LLC

(Under Section 203 of the Limited Liability Company Law)

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

FIRST: The name of the limited liability company (hereinafter referred to as the "Company") is Impire State Holdings LLC.

SECOND: The County within the State of New York in which the office of the Company is to be located is the County of New York.

THIRD: The Company is not to have a specific date of dissolution in addition to the events set forth in Section 701 of the New York Limited Liability Company Law.

FOURTH: The Secretary of State is designated as agent of the Company upon whom process against it may be served. The post office address within or without this state to which the Secretary of State shall mail a copy of any process against the Company is c/o Melvin Yellin, 366 Madison Avenue, 11th Floor, New York, NY 10017.

FIFTH: The Company is to be managed by one or more Managers.

IN WITNESS WHEREOF, these Articles of Organization have been subscribed this 7th day of November, 2016, by the undersigned who affirms that the statements made herein are true under penalties of perjury.

/s/ Melvin Yellin

Melvin Yellin
Authorized Person

607

FILED

2016 NOV -7 PM 3:55

ARTICLES OF ORGANIZATION
OF
IMPIRE STATE HOLDINGS LLC

Under Section 203 of the Limited Liability Company Law

Filed by:

Robinson Brog Leinwand Greene Genovese
& Gluck, P.C.
875 Third Avenue
9th Floor
New York, New York 10022-0123

lcc

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED NOV 07 2016

TAXS LA P
BY: LA P

RECEIVED

2016 NOV -7 PM 1:10

642

DRAWDOWN
DELANEY #30

Exhibit F-2

IMPIRE State Holdings, LLC – Operating Agreement

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Exhibit G

Organizational Charts

NYCANNA, LLC

(successor-in-interest to New York Canna, Inc.)

Plan of Entry: Organizational Charts

February 27, 2017

NYCANNA, LLC

Plan of Entry: Organizational Charts

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCANNA, LLC

Plan of Entry: Organizational Charts

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCANNNA, LLC

Plan of Entry: Organizational Charts

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCANNA, LLC

Plan of Entry: Organizational Charts

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCANNA, LLC

Plan of Entry: Organizational Charts

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCANNNA, LLC

Plan of Entry: Organizational Charts

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCANNA, LLC

(successor-in-interest to New York Canna, Inc.)

Plan of Entry

February 27, 2017

Letter of Introduction

NYCANNNA, LLC (successor-in-interest to New York Canna, Inc., and referred to herein throughout as the “Company”, or “NYCanna”) is pleased to submit this Plan of Entry to the New York State Department of Health (the “Department”) in response to the Department’s letter to the Company dated January 20, 2017. Our Company and its plans, policies and procedures are substantially the same as those contained in our June 2015 Application to become a Registered Organization (hereinafter “Initial Application”).

This Plan of Entry addresses:

- All items referenced in the Department’s January 20, 2017 letter;
- Changes in the Company’s structure and ownership since filing the Initial Application (including an explanation on the change of entity and name);
- New and/or changed operating plans, policies and procedures. We have not included any operating plans that remain unchanged; and
- Additional material changes.

NYCanna is a strong advocate of New York State’s medical marijuana program and is honored to participate in the Department’s expansion of the program. The core structure identified in our Initial Application stands strong today. We have used the past 20 months wisely, and have expanded what we knew to be possible. In addition to strengthening our own organization, we have sought partnerships with organizations that will benefit the program as a whole.

Advocacy: Under the leadership of CEO John Vavalo, we have begun advocating for expanded medical cannabis research. Just a few months ago, John gave a TedX talk in Albany to educate participants about the work we are doing and the efficacy of medical cannabis.

Additional Stakeholders: Over time, we have admitted additional stakeholders, which necessitated a change in corporate structure that is presented here in detail for your review. These investors are well-respected attorneys, business people and medical cannabis experts, each of whom bring value to the Company beyond their financial investment.

Diversity: NYCanna is proud to be a highly diverse company. In addition to our ownership and management team, we search for ways to increase diversity in our Company. We have a diverse hiring plan to ensure all of our community is represented in our workforce. We take diversity seriously; it makes our company better while also improving the communities around us and it is a source of pride for each and every one of our team members.

Research: We have added a new Chief Clinical Director, Jeffery Lombardo, PharmD. Dr. Lombardo is board certified in Oncology and is a renowned expert in patient safety. Dr. Lombardo will lead our clinical work with the State University of New York at Buffalo (“SUNY Buffalo”) and, more importantly, will oversee our patient safety program to ensure that patients are always receiving the proper products and that pharmacists are protecting the patients from any interactions and are tracking side effects.

Strategic Partnerships: Since August of 2015 when the program began, NYCanna has undergone tremendous growth and has significantly broadened its vision of the role it can play in improving people’s lives. To accomplish this, we have formed strategic partnerships with SUNY Buffalo and the Center for Discovery in Sullivan County. At SUNY Buffalo, we are partnering with the Center for Integrated Biomedical Sciences to develop clinical protocols to be used at the Center for Discovery in Sullivan County. Our joint work will focus on data collection and patient monitoring to help doctors better understand and treat patients with developmental disabilities. We are also in process of developing partnerships with the Wilmot Cancer Institute in Rochester and the Dent Neurological Institute in Buffalo.

NYCanna is excited to join this program and ready to answer any questions you may have.

Contents of Plan of Entry

1. **Desired Registration Activities** - Response to January 20, 2017 Letter from Department
2. **Ownership and Management Information** (Initial Application – Attachment E)
3. **Affidavits from All Members, Officers, Managers, Owners, Partners, Principals and Stakeholders** (Initial Application – Appendix A)
4. **Staffing Plan** (Initial Application – Attachment J)
5. **Updated Operating Plans** (Initial Application – Attachment D)
 - a. Section 1 – Manufacturing (Limited)
 - b. Section 2 - Transport and Distribution Plan
 - i. Wholesale Transfer and Delivery Operating Plan
 - ii. Home Delivery Service Plan
 - c. Section 3 - Dispensing and Sale
 - d. Section 6 –
 - i. Dispensing and Sale Standard Operating Procedures
 - ii. Transportation and Delivery Standard Operating Procedures
 1. General Standard Operating Procedures
 2. Home Delivery Service
 3. Wholesale Transfer and Delivery
 - e. List of Operating Plans Not Requiring Updates
6. **Certified Financial Statements** (Initial Application – Attachment I)
7. **Desired County Locations and Alternatives**
8. **Additional Material Changes**
9. **Payment of Registration Fee**
10. **Affirmation of Ability to Comply With Laws and Regulations** (Initial Application – Attachment M)

Section 1 – The Manufacturing Process

Section 1 – The Manufacturing Process of NYCanna remains largely unchanged from our initial application.

What limited changes we have made are discussed here. For ease of review, we have included here those portions of Section 1 that have been substantially altered.

All other sections of Section 1 – The Manufacturing Processes, remain unchanged, except for updates to comply with new regulations, which periodic changes are not detailed here.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans
Question 83. Attachment D, Section 1, Manufacturing

Redacted pursuant to N.Y. Public Officers Law, Art. 6

2854587.1 2/27/2017

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans
Question 83. Attachment D, Section 1, Manufacturing

Exhibit B
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Transport and Distribution Plan

This Transportation and Distribution Plan integrates our plan for delivery among our facilities, wholesale delivery and our home delivery service plan. These transportation and distribution plans together detail NYCanna’s commitment to following the Department’s rules and to preventing diversion during transit, but does not fully detail the security measures employed during transportation and distribution, as such procedures are addressed more fully in Section 5, Security and Control.

Section i

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D. Section 2. Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans
Question 83. Attachment D, Section 2, Transport and Distribution Plan

Section ii

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 2, Transport and Distribution Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Section 3 – Dispensing and Sale

This is the Dispensing and Sale Operations Plan for NYCanna. We strive to be patient focused and fully compliant with the Departments rules and regulations.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan
Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D. Section 3. Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

2854495.2 2/25/2017

NYCanna – Plan of Entry: Updated Operating Plan
Question 83. Attachment D, Section 3, Dispensing and Sale

Attachment A
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Question 83. Attachment D, Section 3, Dispensing and Sale

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plan
Question 83. Attachment D, Section 3, Dispensing and Sale

Attachment B
Redacted pursuant to N.Y. Public Officers Law, Art. 6

2854495.2 2/25/2017

Dispensing Facility

Standard Operating Procedures

Table of Contents

<u>Subject/Topic/Rule</u>	<u>Page</u>
Absent Pharmacist	4
Audits	4
Badges, Employee Identification	4
Caregivers	4
Clothing	5
Complaints	5
Consumption of Food and/or Beverages on Premises	5
Counseling of Certified Patients/Caregivers	5
Criminal Charges/Convictions	5
Daily Report - Contents	5
Department and Law Enforcement Access	6
Discounts	6
Dosing	6
Delivery of Approved Medical Marihuana Products	6
Daily Reporting – To the Department	7
Destruction of Records	7
Dispensing Limits	7
Disposal of Medical Marihuana by Patients and/or Caregivers	7
Electronic Report of Medical Marihuana Dispensed	8
Employee Exit Interviews	8
Forms (Dispensing Related Forms)	8
Free Samples	8
HIPAA	8
Independent Laboratory	8
Limits on Designated Caregivers	8
Mandatory Disposal	9
Manual Check of Patient Certifications	9
Mock Product Recall	9
Ordering Medical Marihuana Products	9
Opening of Packaged Products	9
Out-of-State Patients	9
Packaging of Marihuana Product	10
Packaging and Labeling Checklist	10
Packaging and Labeling Verification	10
Patient Log	10
Patient Record Keeping	11
Patient Records – Audit	11
“Prescription” (Written Certification)	11
Product Safety Insert	11
Record Retention/Destruction of Records	11

Receipt	
Receiving Medical Marihuana Products	12
Referral Fees	12
Return of Product - Policy Statement for Certified Patient	12
Return of Product - Procedures	13
Sealed Package	14
Storage of Medical Marihuana Product	14
Suspected Patient Abuse of Medical Marihuana Product	14
Suspected Patient Diversion	15
Training	15
Use of Approved Medical Marihuana Products	15
Visitor Access to Dispensing Facilities	15
Unforeseen Circumstances - Waiver	16
Unforeseen Circumstances – Access Granted	16
Visitor Log	16
Zero Report	16
Forms – Approved/Waiver Visitor Log	17
Forms – Non-Department Approved Visitor Log	18
Forms – Product Return Log	19
Forms – Surveillance Equipment Maintenance Activity Log	20
Forms – Surveillance Equipment User Authorization List	21
Forms – Alarm Testing Log	22
Forms – Inventory Adjustment Log	23
Forms – New Patient Registration Form	24
Forms – SOP Change Log	25
Forms – Product Acquisition Log	26
Forms – Product Sale Log	27
Forms – Current Employee List	28
Forms – Cleaning Log	29
Forms – Material Safety and Data Sheets	30
Forms – Cannabis Waste and Disposal Log	31
Forms – Packaging and Labeling Checklist	32
Forms – Shipping Container Checklist	33
Forms – NYCanna Notice of Privacy Rights	34
Forms – HIPAA Information and Consent	38

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures

Transportation and Delivery
Standard Operating Procedures

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D. Section 6. Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D. Section 6. Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D. Section 6. Transportation and Delivery Standard Operating Procedures
Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Updated Operating Plans

Question 83. Attachment D, Section 6, Transportation and Delivery Standard Operating Procedures

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Staffing Plan – Sections I and II

This Staffing Plan *partially* replaces the plan we submitted with our initial application. Only *Section I* and *Section II* of this Staffing Plan is new and/or revised. The remaining sections of our original Staffing Plan, including the *Table of Job Descriptions*, remain effective.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Staffing Plan
Question 91. Attachment J

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Staffing Plan
Question 91. Attachment J

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Staffing Plan
Question 91. Attachment J

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Staffing Plan

Question 91. Attachment I

Redacted pursuant to N.Y. Public Officers Law, Art. 6

NYCanna – Plan of Entry: Staffing Plan
Question 91. Attachment J

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Attachment A
Redacted pursuant to N.Y. Public Officers Law, Art. 6

