REAL MEDICINE
FOR REAL PEOPLE

VALLEY AGRICEUTICALS

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.10.a.1	GENERAL	make its books, records and manufacturing and dispensing facilities available to the department or its authorized representatives for monitoring, on-site inspection, and audit purposes, including but not limited to periodic inspections and/or evaluations of facilities, methods, procedures, materials, staff and equipment to assess compliance with requirements set forth in article 33 of the public health law and this subpart;	Affirm	Attachment D: Section 10
1004.10.a.2	GENERAL	only manufacture and dispense approved medical marihuana products in New York State in accordance with article 33 of the public health law and this subpart;	Affirm	Attachment D: Section 1 Section 3
1004.10.a.3	GENERAL	only manufacture and dispense approved medical marihuana products in an indoor, enclosed, secure facility located in New York State which may include greenhouses;	Affirm	Appendix B
1004.10.a.4	GENERAL	submit approved medical marihuana product samples to the department upon request, including for quality assurance testing or investigation of an adverse event. A subset of each lot of medical marihuana product shall be retained by the registered organization to allow for testing in the future if requested by the department and shall be stored unopened as indicated on the label and in the original packaging. This subset of medical marihuana product must be readily identifiable as belonging to its specific lot. The quantity retained shall be a statistically representative number of samples to allow for complete testing of the product at least three times and shall be retained by the registered organization for at least two years following the date of expiration	Affirm	Attachment D: Section 1
1004.10.a.5	GENERAL	implement immediately policies and procedures to document and investigate complaints and adverse events and report these events to the department within 24 hours of their occurrence. Such policies and procedures shall be set forth in the registered organization's operating plan.	Affirm	Attachment D: Section 8
1004.10.a.6	GENERAL	quarantine any lot of medical marihuana product as directed by the department, and not transport, distribute or dispense such lot unless prior approval is obtained from the department	Affirm	Attachment D: Section 1
1004.10.a.7	GENERAL	dispose of unusable medical marihuana products that have failed laboratory testing or any marihuana used in the manufacturing process as per the registered organization's approved operating plan.	Affirm	Attachment D Section 8
1004.10.a.8	GENERAL	maintain records required by article 33 of the public health law and this subpart for a period of five (5) years and make such records available to the department upon request. Such records shall include:	Affirm	Attachment D Section 10
1004.10.a.8.i	GENERAL	documentation, including lot numbers where applicable, of all materials used in the manufacturing of the approved medical marihuana product to allow tracking of the materials including but not limited to soil, soil amendment, nutrients, hydroponic materials, fertilizers, growth promoters, pesticides, fungicides, and herbicides;	Affirm	Attachment D Section 1
1004.10.a.8.ii	GENERAL	cultivation, manufacturing, packaging and labeling production records	Affirm	Attachment D: Section 1
1004.10.a.8.iii	GENERAL	laboratory testing results.	Affirm	Attachment D: Section 1
1004.10.b.1	GENERAL	Registered organizations shall not: dispense approved medical marihuana products from the same location where the marihuana is grown or manufactured;	Affirm	Appendix B
1004.10.b.2	GENERAL	Registered organizations shall not: grow marihuana or produce medical marihuana at any site other than a facility or site approved by the department and set forth in the registered organization's registration;	Affirm	Appendix B
1004.10.b.3	GENERAL	Registered organizations shall not: distribute products or samples at no cost except as may be allowed by the commissioner;	Affirm	Attachment D: Section 3
1004.10.b.4	GENERAL	Registered organizations shall not: make substantial alterations to the structure or architectural design of a manufacturing or dispensing facility without prior written approval of the department;	Affirm	
1004.10.b.5	GENERAL	Registered organizations shall not: change the composition of the entity which is the registered organization, including but not limited to, a change in sole proprietor, partner, director, stockholder, member or membership interest of the registered organization without the prior written approval of the department	Affirm	
1004.10.b.6	GENERAL	Registered organizations shall not: materially modify or revise its operating plan, including its policies and procedures related to cultivation, processing, manufacturing, distributing or dispensing policies or procedures, without prior	Affirm	

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		written approval of the department.		
1004.10.b.7	DISPENSARY	Registered organizations shall not: locate a dispensing facility on the same street or avenue and within one thousand feet of a building occupied exclusively as a school, church, synagogue or other place of worship. The measurements in this paragraph of this subdivision are to be taken in straight lines from the center of the nearest entrance of the premises sought to be used as a dispensing facility to the center of the nearest entrance of such school, church, synagogue or other place of worship.	Affirm	Appendix B
1004.11.a.1	PRODUCTION	"Approved medical marihuana product" is the final manufactured product delivered to the patient that represents a specific brand with a defined cannabinoid content and active and inactive ingredients, prepared in a specific dosage and form, to be administered as recommended by the practitioner.	Affirm	Attachment D: Section 3
1004.11.a.2	PRODUCTION	"Brand" means a defined medical marihuana extraction product that has a homogenous and uniform cannabinoid concentration and product quality, produced according to an approved and stable processing protocol. The specified brand shall have a total THC and total CBD concentration that is within 95 – 105% of that specified in milligrams per dose for that brand and shall have the same composition and concentration of inactive ingredients as that defined for the brand.	Affirm	Attachment D: Section 3
1004.11.a.3	PRODUCTION	"Form" of medical marihuana shall be a type of a medical marihuana product approved by the commissioner and shall refer to the final preparation of an approved medical marihuana brand; for example, an extract in oil for sublingual administration, an extract for vaporization or an extract in a capsule for ingestion.	Affirm	Attachment D: Section 1 Section 3
1004.11.a.4	PRODUCTION	"Lot" means a quantity of a medical marihuana extraction product that has a homogenous and uniform cannabinoid concentration and product quality, produced according to an approved and stable processing protocol specific to that brand and form of medical marihuana product, during the same cycle of manufacture	Affirm	Attachment D: Section 1
1004.11.a.5	PRODUCTION	"Lot unique identifier (Lot number or bar code)" means any distinctive combination of letters, numbers, or symbols, or any combination of them, from which the complete history of manufacturing, testing, holding, distribution or recall of a lot of medical marihuana product can be determined.	Affirm	Attachment D: Section 1 Section 10
1004.11.a.6	PRODUCTION	"Manufacturing" shall include, but not be limited to cultivation, harvesting, extraction (or other processing), packaging and labeling.	Affirm	Attachment D: Section 1
1004.11.b	PRODUCTION	A registered organization shall use either carbon dioxide (CO2, super-critical) or alcohol for cannabinoid extraction and shall only perform extraction of the leaves and flowers of female marihuana plants. A registered organization shall only use carbon dioxide that is of a supply equivalent to food or beverage grade of at least 99.5% purity; and alcohol used shall be of a grade that meets or exceeds specifications of official compendiums as defined in section 321 of Title 21 of the United States Code (USC). 21 USC §321 is available for copying and inspection at the Regulatory Affairs Unit, New York State Department of Health, Corning Tower, Empire State Plaza, Albany, New York 12237. A registered organization shall obtain prior written approval from the department if it seeks to use other extraction methods.	Affirm	Attachment D: Section 1
1004.11.c.1	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: Each registered organization may initially produce up to five brands of medical marihuana product with prior approval of the department. These brands may be produced in multiple forms as approved by the commissioner. Thereafter, additional brands may be approved by the department. However, in no case shall marihuana in unprocessed whole flower form be made available to certified patients.	Affirm	Attachment D: Section 1

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.11.c.2	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: Each medical marihuana product brand, in its final form, shall be defined as having a specific concentration of total Tetrahydrocannabinol (THC) and total Cannabidiol (CBD) and shall have a consistent cannabinoid profile. The concentration of the following cannabinoids, at a minimum, must be reported: (i) Tetrahydrocannabinol (THC) (ii) Tetrahydrocannabinol acid (THCA) (iii) Tetrahydrocannabivarin (THCV) (iv) Cannabidiol (CBD) (v) Cannabinadiolic acid (CBDA) (vi) Cannabidivarine (CBDV) (vii) Cannabinol (CBN) (viii) Cannabigerol (CBG) (ix) Cannabichromene (CBC) (x) Any other cannabinoid component at > 0.1%	Affirm	Attachment D: Section 1
1004.11.c.3	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: The final medical marihuana product shall not contain less than ninety-five percent (95%) or more than one hundred-five percent (105%) of the concentration of total THC or total CBD indicated on the label for this brand. Each brand shall have a maximum of 10mg total THC per dose.	Affirm	Attachment D: Section 1
1004.11.c.4	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: The registered organization shall offer and make available to patients at least one brand that has a low THC and a high CBD content (e.g., a 1:20 ratio of THC to CBD)	Affirm	Attachment D: Section 1
1004.11.c.5	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: The registered organization shall offer and make available at least one brand that has approximately equal amounts of THC and CBD	Affirm	Attachment D: Section 1
1004.11.c.6	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: For each brand offered, the registered organization shall only utilize a distinct name which has been approved by the department, consisting of only letters and/or numbers. The name shall not be coined or fanciful, and may not include any “street”, slang or other name. No reference shall be made to any specific medical condition	Affirm	Attachment D: Section 1
1004.11.c.7	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: Each registered organization shall ensure the availability of at least a one year supply of any offered brand unless otherwise allowed by the department.	Affirm	Attachment D: Section 1
1004.11.d	PRODUCTION	The registered organization shall not add any additional active ingredients or materials to any approved medical marihuana product that alters the color, appearance, smell, taste, effect or weight of the product unless it has first obtained prior written approval of the department. Excipients must be pharmaceutical grade and approved by the department.	Affirm	Attachment D: Section 1
1004.11.e.1	CULTIVATION	A registered organization shall: use good agricultural practices (GAPs) and must conform to all applicable laws and rules of New York State	Affirm	Attachment D: Section 1
1004.11.e.2	CULTIVATION	A registered organization shall: use water from a public water supply or present a plan, approved by the department, which demonstrates the ability to obtain sufficient quantities of water of equal or greater quality as that from a public water supply and to monitor the quality of such water on an ongoing basis;	Affirm	Attachment D: Section 1
1004.11.e.3	CULTIVATION	A registered organization shall: use only pesticides, fungicides, and herbicides that are approved by the New York State Department of Agriculture and Markets	Affirm	Attachment D: Section 1
1004.11.e.4	CULTIVATION	A registered organization shall: process the leaves and flowers of the female plant only, in a safe and sanitary manner;	Affirm	Attachment D: Section 1
1004.11.e.5	CULTIVATION	A registered organization shall: perform visual inspection of the harvested plant material to ensure there is no mold, mildew, pests, rot or gray or black plant material;	Affirm	Attachment D: Section 1
1004.11.e.5	CULTIVATION	A registered organization shall: have a separate secure area for temporary storage of any medical marihuana or medical marihuana product that needs to	Affirm	Attachment D: Sections 1

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		be destroyed.		Section 5
1004.11.f	CULTIVATION	Production of any approved medical marihuana product shall be in accordance with general sanitary conditions. Poisonous or toxic materials, including but not limited to insecticides, rodenticides, detergents, sanitizers, caustics, acids and related cleaning compounds must be stored in a separate area from the marihuana and medical marihuana products in prominently and distinctly labeled containers, except that nothing herein precludes the convenient availability of detergents or sanitizers to areas where equipment, containers and utensils are washed and sanitized.	Affirm	Attachment D: Section 1
1004.11.g.1	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: liquid or oil preparations for metered oromucosal or sublingual administration or administration per tube;	Affirm	Attachment D: Section 1
1004.11.g.2	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: metered liquid or oil preparations for vaporization;	Affirm	Attachment D: Section 1
1004.11.g.3	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: capsules for oral administration	Affirm	Attachment D: Section 1
1004.11.g.4	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: any additional form and route of administration approved by the commissioner. Smoking is not an approved route of administration.	Affirm	Attachment D: Section 1
1004.11.g.5	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: approved medical marihuana products may not be incorporated into edible food products by the registered organization, unless approved by the commission	Affirm	Attachment D: Section 1
1004.11.h	PRODUCTION	The registered organization shall package the final form of the approved medical marihuana product at the manufacturing site. The original seal shall not be broken except for quality testing at an approved laboratory, for adverse event investigations, by the department, or by the certified patient or designated caregiver	Affirm	Attachment D: Section 1
1004.11.i	PRODUCTION	The registered organization shall package the approved medical marihuana product such that it is child-resistant, tamper-proof/tamper-evident, light-resistant, and in a resealable package that minimizes oxygen exposure.	Affirm	Attachment D: Section 1 Section 3
1004.11.j	PRODUCTION/ MARKETING	The registered organization shall identify each lot of approved medical marihuana product with a lot unique identifier	Affirm	Attachment D: Section 1 Section 3
1004.11.j	PRODUCTION/ MARKETING	The registered organization shall identify each lot of approved medical marihuana product with a lot unique identifier	Affirm	Attachment D: Section 1 Section 3
1004.11.k	PRODUCTION/ MARKETING	Each approved medical marihuana product shall be affixed with a product label. Medical marihuana product labels shall be approved by the department prior to use. Each product label shall be applied at the manufacturing facility, be easily readable, firmly affixed and include: (1) the name, address and registration number of the registered organization; (2) the medical marihuana product form and brand designation; (3) the single dose THC and CBD content for the product set forth in milligrams (mg); (4) the medical marihuana product lot unique identifier (lot number or bar code); (5) the quantity included in the package; (6) the date packaged; (7) the date of expiration of the product; (8) the proper storage conditions; (9) language stating: (i) “Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient”; (ii) “Keep secured at all times”; (iii) “May not be resold or transferred to another person”; (iv) “This product might impair the ability to drive”; (v) “KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner’s care”); and	Affirm	Attachment D: Section 1 Section 3

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		(vi) "This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant's pediatrician."		
1004.11.k	PRODUCTION/ MARKETING	Each approved medical marihuana product shall be affixed with a product label. Medical marihuana product labels shall be approved by the department prior to use. Each product label shall be applied at the manufacturing facility, be easily readable, firmly affixed and include: (1) the name, address and registration number of the registered organization; (2) the medical marihuana product form and brand designation; (3) the single dose THC and CBD content for the product set forth in milligrams (mg); (4) the medical marihuana product lot unique identifier (lot number or bar code); (5) the quantity included in the package; (6) the date packaged; (7) the date of expiration of the product; (8) the proper storage conditions; (9) language stating: (i) "Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient"; (ii) "Keep secured at all times"; (iii) "May not be resold or transferred to another person"; (iv) "This product might impair the ability to drive"; (v) "KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner's care"); and (vi) "This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant's pediatrician."	Affirm	Attachment D: Section 1 Section 3
1004.11.l	PRODUCTION	For each lot of medical marihuana product produced, the registered organization shall submit a predetermined number of final medical marihuana products (e.g., sealed vials or capsules; with the number of samples submitted, based on statistical analysis, determined to be representative of the lot) to an independent laboratory/laboratories approved by the department. The laboratory verifying the cannabinoid content shall be approved for the analysis of medical marihuana product by the department in accordance with section five hundred two of the public health law and subpart 55-2 of this title. Such laboratory, or approved laboratories cumulatively, shall certify the medical marihuana product lot as passing all contaminant testing and verify that the content is consistent with the brand prior to the medical marihuana product being released from the manufacturer to any dispensing facility.	Affirm	Attachment D: Section 1 Section 3
1004.11.l.1	PRODUCTION/S ECURITY	Any lot not meeting the minimum standards or specifications for safety shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan	Affirm	Attachment D: Section 1 Section 3
1004.11.l.1	PRODUCTION/S ECURITY	Any lot not meeting the minimum standards or specifications for safety shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan	Affirm	Attachment D: Section 5 Section 7 Section 9
1004.11.l.2	PRODUCTION/S ECURITY	Any lot not meeting the minimum standards or specifications for brand consistency shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan.	Affirm	Attachment D: Section 1 Section 3 Section 5
1004.11.l.2	PRODUCTION/S ECURITY	Any lot not meeting the minimum standards or specifications for brand consistency shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan.	Affirm	Attachment D: Section 5 Section 7 Section 9
1004.11.l.3	PRODUCTION/S ECURITY	The registered organization shall keep and maintain records documenting submission of medical marihuana products to approved laboratories as required herein, and the results of the laboratory testing. The registered organization shall provide the department with such records upon request.	Affirm	Attachment D: Section 10

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.11.l.3	PRODUCTION/SECURITY	The registered organization shall keep and maintain records documenting submission of medical marihuana products to approved laboratories as required herein, and the results of the laboratory testing. The registered organization shall provide the department with such records upon request.	Affirm	Attachment D: Section 1 Section 10
1004.11.m	PRODUCTION	The registered organization shall demonstrate the stability of each approved medical marihuana product produced (each brand in each form) by testing at an approved laboratory in accordance with section 4001.14 of this title:	Affirm	Attachment D: Section 1 Section 3
1004.11.m.1	PRODUCTION	the stability and expiration date of the final distributed medical marihuana product shall be validated and shall be stable for a minimum of 60 days under the specified storage conditions (light, temperature and humidity) when open	Affirm	Attachment D: Section 1 Section 3
1004.11.m.2	PRODUCTION	shelf-life of unopened medical marihuana products (e.g., packages or vials) shall be validated by ongoing stability testing according to a schedule determined by the department and an expiration date for unopened products shall be determined through the stability testing	Affirm	Attachment D: Section 1, Section 3
1004.11.m.3	PRODUCTION	specifications regarding storage conditions must address storage at the manufacturing facility once the package is sealed, during transport, at the dispensing facility, in the patient's home and for samples retained for future testing.	Affirm	Attachment D: Section 1 Section 3
1004.11.n	PRODUCTION	No synthetic marihuana additives shall be used in the production of any medical marihuana product	Affirm	Attachment D: Section 1 Section 3
1004.11.o	PRODUCTION	The registered organization's approved standard operating procedure for the aforementioned activities must be followed, unless otherwise approved by the department	Affirm	Attachment D: Section 1 Section 3
1004.12.a	DISPENSARY	Dispensing facilities shall not be open or in operation unless an individual with an active New York State pharmacist license, as defined in article one hundred and thirty seven of the Education Law, is on the premises and directly supervising the activity within the facility. At all other times, the dispensing facility shall be closed and properly secured	Affirm	
1004.12.b	DISPENSARY	Dispensing facilities shall not sell items other than approved medical marihuana products and related products necessary for the approved forms of administration of medical marihuana, without prior written approval from the department.	Affirm	Attachment D: Section 3
1004.12.c	DISPENSARY	No approved medical marihuana products shall be vaporized or consumed on the premises of a dispensing facility.	Affirm	Attachment D: Section 3 Section 5
1004.12.d	DISPENSARY	No food or beverages shall be consumed by certified patients or designated caregivers on the premises of a dispensing facility, unless necessary for medical reasons.	Affirm	Attachment D: Section 3
1004.12.e	DISPENSARY	Dispensing facilities shall not dispense approved medical marihuana products to anyone other than a certified patient or designated caregiver	Affirm	Attachment D: Section 3
1004.12.f.1	DISPENSARY	When dispensing approved medical marihuana products, the dispensing facility shall: not dispense an amount greater than a thirty (30) day supply to a certified patient, and not until the patient has exhausted all but a seven day supply provided pursuant to any previously dispensed medical marihuana product by any registered organization;	Affirm	Attachment D: Section 3
1004.12.f.2	DISPENSARY	When dispensing approved medical marihuana products, the dispensing facility shall: ensure that medical marihuana product packaging shall not be opened by dispensing facility staff;	Affirm	Attachment D: Section 3
1004.12.f.3	DISPENSARY	When dispensing approved medical marihuana products, the dispensing facility shall: provide a patient specific log of medical marihuana products (brand, administration form, and dosage, and dates dispensed and any return of product) to the patient, the patient's designated caregiver, if applicable, or the patient's practitioner upon request;	Affirm	Attachment D: Section 3
1004.12.g.1	DISPENSARY/SECURITY	Access to the dispensing facility shall be restricted as follows: Except as provided in paragraph (2) of this subdivision, no person, except a registered organization employee, shall be allowed on the premises of a dispensing facility without a certified patient or designated caregiver registry identification card issued by the department	Affirm	Attachment D: Section 3 Section 5
1004.12.g.1	DISPENSARY/SECURITY	Access to the dispensing facility shall be restricted as follows: Except as provided in paragraph (2) of this subdivision, no person, except a registered organization employee, shall be allowed on the premises of a dispensing facility without a certified patient or designated caregiver registry identification card	Affirm	Attachment H Section 3 Section 5

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		issued by the department		
1004.12.g.2	DISPENSARY/SECURITY	Access to the dispensing facility shall be restricted as follows: Upon prior written request, the department may waive the provisions of paragraph (1) of this subdivision. All persons not permitted on the premises of a dispensing facility pursuant to paragraph (1) of this subdivision, but who have been authorized, in writing, to enter the facility by the department shall obtain a visitor identification badge from a dispensing facility employee prior to entering the dispensing facility. A dispensing facility employee shall escort and monitor the visitor at all times while the visitor is in the dispensing facility. The visitor identification badge shall be visible at all times. The dispensing facility shall require the visitor to return the identification badge to a dispensing facility employee upon exiting the dispensing facility.	Affirm	Attachment D: Section 3 Section 5
1004.12.g.2	DISPENSARY/SECURITY	Access to the dispensing facility shall be restricted as follows: Upon prior written request, the department may waive the provisions of paragraph (1) of this subdivision. All persons not permitted on the premises of a dispensing facility pursuant to paragraph (1) of this subdivision, but who have been authorized, in writing, to enter the facility by the department shall obtain a visitor identification badge from a dispensing facility employee prior to entering the dispensing facility. A dispensing facility employee shall escort and monitor the visitor at all times while the visitor is in the dispensing facility. The visitor identification badge shall be visible at all times. The dispensing facility shall require the visitor to return the identification badge to a dispensing facility employee upon exiting the dispensing facility.	Affirm	Attachment H Section 3 Section 5
1004.12.g.2.i	DISPENSARY/SECURITY	The dispensing facility shall maintain a visitor log, which shall include the name of the visitor, date, time and purpose of the visit. The visitor log shall be available to the department at all times during operating hours and upon request.	Affirm	Attachment D: Section 3 Section 5
1004.12.g.2.i	DISPENSARY/SECURITY	The dispensing facility shall maintain a visitor log, which shall include the name of the visitor, date, time and purpose of the visit. The visitor log shall be available to the department at all times during operating hours and upon request.	Affirm	Attachment H Section 3 Section 5
1004.12.g.2.ii	DISPENSARY/SECURITY	If an unforeseen circumstance requires the presence of a visitor and makes it impractical for the dispensing facility to obtain a waiver pursuant to this subpart, the dispensing facility shall record in the visitor log, the name of the visitor, date, time, purpose of the visit and the facts upon which the access was granted.	Affirm	Attachment D: Section 3 Section 5
1004.12.g.2.ii	DISPENSARY/SECURITY	If an unforeseen circumstance requires the presence of a visitor and makes it impractical for the dispensing facility to obtain a waiver pursuant to this subpart, the dispensing facility shall record in the visitor log, the name of the visitor, date, time, purpose of the visit and the facts upon which the access was granted.	Affirm	Attachment H Section 3 Section 5
1004.12.h	DISPENSARY/SECURITY	the dispensing facility shall affix to the approved medical marihuana product package a patient specific dispensing label approved by the department, that is easily readable, and firmly affixed and includes: (1) the name and registry identification number of the certified patient and designated caregiver, if any; (2) the ordering practitioner's name; (3) the dispensing facility name, address and phone number; (4) the dosing and administration instructions; (5) the quantity and date dispensed; and (6) any recommendation or limitation by the practitioner as to the use of medical marihuana.	Affirm	Attachment D: Section 3
1004.12.h	DISPENSARY/SECURITY	the dispensing facility shall affix to the approved medical marihuana product package a patient specific dispensing label approved by the department, that is easily readable, and firmly affixed and includes: (1) the name and registry identification number of the certified patient and designated caregiver, if any; (2) the ordering practitioner's name; (3) the dispensing facility name, address and phone number; (4) the dosing and administration instructions; (5) the quantity and date dispensed; and (6) any recommendation or limitation by the practitioner as to the use of medical marihuana.	Affirm	Attachment H Section 3 Section 5

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.12.h	DISPENSARY/SECURITY	the dispensing facility shall affix to the approved medical marihuana product package a patient specific dispensing label approved by the department, that is easily readable, and firmly affixed and includes: (1) the name and registry identification number of the certified patient and designated caregiver, if any; (2) the ordering practitioner's name; (3) the dispensing facility name, address and phone number; (4) the dosing and administration instructions; (5) the quantity and date dispensed; and (6) any recommendation or limitation by the practitioner as to the use of medical marihuana.	Affirm	Attachment D: Section 1 Section 3
1004.12.i	DISPENSARY	the dispensing facility shall place the approved medical marihuana product in a plain outer package when dispensing to the patient or designated caregiver.	Affirm	Attachment D: Section 3
1004.12.i	DISPENSARY	the dispensing facility shall place the approved medical marihuana product in a plain outer package when dispensing to the patient or designated caregiver.	Affirm	Attachment D: Section 1 Section 3
1004.12.j	DISPENSARY	The dispensing facility shall ensure that each patient receives approved medical marihuana product from no more than two distinct lots for any 30-day supply dispensed.	Affirm	Attachment D: Section 3
1004.12.k	DISPENSARY	The dispensing facility shall include with each product package dispensed to a patient, a department approved package safety insert. Information provided shall include but not be limited to: (1) the medical marihuana product and brand; (2) a list of any excipients used; (3) a warning if there is any potential for allergens in the medical marihuana product; (4) contraindications; (5) more specific dosage directions and instructions for administration; (6) warning of adverse effects and/or any potential dangers stemming from the use of medical marihuana; (7) instructions for reporting adverse effects as may be determined by the department; (8) a warning about driving, operation of mechanical equipment, child care or making important decisions while under the influence of medical marihuana; (9) information on tolerance, dependence and withdrawal and substance abuse, how to recognize what may be problematic usage of medical marihuana and obtain appropriate services or treatment; (10) advice on how to keep the medical marihuana product secure; (11) language stating that the certified patient may not distribute any medical marihuana product to anyone else; (12) language stating that unwanted, excess, or contaminated medical marihuana product must be disposed of according to section 80-1.20 of this subpart; and (13) language stating that "this product has not been analyzed by the FDA. There is limited information on the side effects of using this product and there may be associated health risks."	Affirm	Attachment D: Section 3
1004.12.k	DISPENSARY	The dispensing facility shall include with each product package dispensed to a patient, a department approved package safety insert. Information provided shall include but not be limited to: (1) the medical marihuana product and brand; (2) a list of any excipients used; (3) a warning if there is any potential for allergens in the medical marihuana product; (4) contraindications; (5) more specific dosage directions and instructions for administration; (6) warning of adverse effects and/or any potential dangers stemming from the use of medical marihuana; (7) instructions for reporting adverse effects as may be determined by the department; (8) a warning about driving, operation of mechanical equipment, child care or making important decisions while under the influence of medical marihuana; (9) information on tolerance, dependence and withdrawal and substance abuse, how to recognize what may be problematic usage of medical marihuana and obtain appropriate services or treatment;	Affirm	Attachment D: Section 1 Section 3

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		(10) advice on how to keep the medical marihuana product secure; (11) language stating that the certified patient may not distribute any medical marihuana product to anyone else; (12) language stating that unwanted, excess, or contaminated medical marihuana product must be disposed of according to section 80-1.20 of this subpart; and (13) language stating that "this product has not been analyzed by the FDA. There is limited information on the side effects of using this product and there may be associated health risks."		
1004.12.l	DISPENSARY	The dispensing facility shall store the medical marihuana product in a manner to ensure that there is no contamination or deterioration of the medical marihuana product or its packaging.	Affirm	Attachment D: Section 3
1004.12.m	DISPENSARY	If an approved medical marihuana product is returned to the dispensing facility, the dispensing facility shall dispose of such product as per the registered organization's approved operating plan.	Affirm	Attachment D: Section 3 Section 5
4001.13.a	SECURITY	All facilities operated by a registered organization, including any manufacturing facility and dispensing facility, shall have a security system to prevent and detect diversion, theft or loss of marihuana and/or medical marihuana products, utilizing commercial grade equipment, which shall, at a minimum, include: (1) a perimeter alarm; (2) motion detectors; (3) video cameras in all areas that may contain marihuana and at all points of entry and exit, which shall be appropriate for the normal lighting conditions of the area under surveillance. The manufacturing facility or dispensing facility shall direct cameras at all approved safes, approved vaults, dispensing areas, marihuana sales areas and any other area where marihuana is being produced, harvested, manufactured, stored, handled or dispensed. At entry and exit points, the manufacturing facility or dispensing facility shall angle cameras so as to allow for the capture of clear and certain identification of any person entering or exiting the facility; (4) twenty-four hour recordings from all video cameras, which the manufacturing facility or dispensing facility shall make available for immediate viewing by the department or the department's authorized representative upon request and shall be retained for at least 90 days. The registered organization shall provide the department with an unaltered copy of such recording upon request. If a registered organization is aware of a pending criminal, civil or administrative investigation or legal proceeding for which a recording may contain relevant information, the registered organization shall retain an unaltered copy of the recording until the investigation or proceeding is closed or the entity conducting the investigation or proceeding notifies the registered organization that it is not necessary to retain the recording; (5) a duress alarm, which for purposes of this section means a silent security alarm system signal generated by the entry of a designated code into an arming station in order to signal that the alarm user is being forced to turn off the system; (6) a panic alarm, which for purposes of this section, means an audible security alarm system signal generated by the manual activation of a device intended to signal a life threatening or emergency situation requiring a law enforcement response; (7) a holdup alarm, which for purposes of this section, means a silent alarm signal generated by the manual activation of a device intended to signal a robbery in progress; (8) an automatic voice dialer, which for purposes of this section, means any electrical, electronic, mechanical, or other device capable of being	Affirm	Attachment H Section 3 Section 5

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		programmed to send a prerecorded voice message, when activated, over a telephone line, radio or other communication system, to a law enforcement, public safety or emergency services agency requesting dispatch; (9) a failure notification system that provides an audible, text or visual notification of any failure in the surveillance system. The failure notification system shall provide an alert to the manufacturing facility or dispensing facility within five minutes of the failure, either by telephone, email, or text message; (10) the ability to immediately produce a clear color still photo that is a minimum of 9600 dpi from any camera image (live or recorded); (11) a date and time stamp embedded on all recordings. The date and time shall be synchronized and set correctly and shall not significantly obscure the picture; and (12) the ability to remain operational during a power outage.		
1004.13.b	SECURITY	A registered organization shall ensure that any manufacturing facility and dispensing facility maintains all security system equipment and recordings in a secure location so as to prevent theft, loss, destruction or alterations	Affirm	Attachment H Section 5
1004.13.c	SECURITY	In addition to the requirements listed in subdivision (a) of this section, each manufacturing facility and dispensing facility shall have a back-up alarm system approved by the department that shall detect unauthorized entry during times when no employees are present at the facility and that shall be provided by a company supplying commercial grade equipment, which shall not be the same company supplying the primary security system.	Affirm	Attachment H Section 5
1004.13.d	SECURITY	A registered organization shall limit access to any surveillance areas solely to persons that are essential to surveillance operations, law enforcement agencies, security system service employees, the department or the department's authorized representative, and others when approved by the department. A registered organization shall make available to the department or the department's authorized representative, upon request, a current list of authorized employees and service employees who have access to any surveillance room. A manufacturing facility and dispensing facility shall keep all on-site surveillance rooms locked and shall not use such rooms for any other function.	Affirm	Attachment H Section 5
1004.13.e	SECURITY	A registered organization shall keep illuminated the outside perimeter of any manufacturing facility and dispensing facility that is operated under the registered organization's licens	Affirm	Attachment H Section 5
1004.13.f	SECURITY	All video recordings shall allow for the exporting of still images in an industry standard image format (including .jpeg, .bmp, and .gif). Exported video shall have the ability to be archived in a proprietary format that ensures authentication of the video and guarantees that no alteration of the recorded image has taken place. Exported video shall also have the ability to be saved in an industry standard file format that can be played on a standard computer operating system. A registered organization shall erase all recordings prior to disposal or sale of the facility.	Affirm	Attachment H Section 5
1004.13.g	SECURITY	A registered organization shall keep all security equipment in full operating order and shall test such equipment no less than monthly at each manufacturing facility and dispensing facility that is operated under the registered organization's registration. Records of security tests must be maintained for five years and made available to the department upon request.	Affirm	Attachment H Section 5

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.13.h	SECURITY	The manufacturing facility of the registered organization must be securely locked and protected from unauthorized entry at all times.	Affirm	Attachment H Section 5
1004.13.i	SECURITY	All marihuana that is not part of a finished product must be stored in a secure area or location within the registered organization accessible only to the minimum number of employees essential for efficient operation.	Affirm	Attachment H Section 5
1004.13.j	SECURITY	All medical marihuana products, approved or ready for testing, must be stored in a department approved safe or vault in such a manner as to prevent diversion, theft or loss.	Affirm	Attachment H Section 5
1004.13.k	SECURITY	All approved safes, vaults or any other approved equipment or areas used for the manufacturing or storage of marihuana and approved medical marihuana products must be securely locked or protected from entry, except for the actual time required to remove or replace marihuana or approved medical marihuana products.	Affirm	Attachment H Section 5
1004.13.l	SECURITY	Keys shall not be left in the locks or stored or placed in a location accessible to individuals who are not authorized access to marihuana or manufactured medical marihuana products.	Affirm	Attachment H Section 5
1004.13.m	SECURITY	Security measures, such as combination numbers, passwords or biometric security systems, shall not be accessible to individuals other than those specifically authorized to access marihuana or manufactured medical marihuana products.	Affirm	Attachment H Section 5
1004.13.n	SECURITY	Prior to transporting any approved medical marihuana product, a registered organization shall complete a shipping manifest using a form determined by the department. (1) A copy of the shipping manifest must be transmitted to the dispensing facility that will receive the products and to the department at least two business days prior to transport. (2) The registered organization shall maintain all shipping manifests and make them available to the department for inspection upon request, for a period of 5 years.	Affirm	Attachment H Section 5
1004.13.o	SECURITY	A registered organization shall only transport approved medical marihuana products from a manufacturing facility to dispensing facilities. (1) the approved medical marihuana products must be transported in a locked, safe and secure storage compartment that is part of the vehicle transporting the marihuana; and (2) in a storage compartment that is not visible from outside the vehicle. (p) An employee of a registered organization, when transporting approved medical marihuana products, shall travel directly from the registered organization's manufacturing facility to the dispensing facility and shall not make any unnecessary stops in between.	Affirm	Attachment H Section 5
1004.13.q	SECURITY	A registered organization shall ensure that all approved medical marihuana product delivery times are randomized.	Affirm	Attachment H Section 5
1004.13.r	SECURITY	A registered organization shall staff all transport vehicles with a minimum of two employees. At least one transport team member shall remain with the vehicle at all times that the vehicle contains approved medical marihuana products.	Affirm	Attachment H Section 5
1004.13.s	SECURITY	A transport team member shall have access to a secure form of communication with employees at the registered organization's manufacturing facility at all times that the vehicle contains approved medical marihuana products.	Affirm	Attachment H Section 5
1004.13.t	SECURITY	A transport team member shall possess a copy of the shipping manifest at all times when transporting or delivering approved medical marihuana products and shall produce it to the commissioner, the commissioner's authorized representative or law enforcement official upon request.	Affirm	Attachment H Section 5
1004.14.a	GENERAL	Medical marihuana products produced by a registered organization shall be examined in a laboratory located in New York State that is licensed by the federal Drug Enforcement Administration (DEA) and approved for the analysis of medical marihuana by the department in accordance with article 5 of the public health law and subpart 55-2 of this title.	Affirm	Attachment D: Section 1 Section 6 Section 7

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.14.b	GENERAL	No board member, officer, manager, owner, partner, principal stakeholder or member of a registered organization shall have an interest or voting rights in the laboratory performing medical marihuana testing.	Affirm	
1004.14.c	GENERAL	The registered organization shall submit to the laboratory, and testing shall only be performed on, the final medical marihuana product equivalent to the sealed medical marihuana product dispensed to the patient (e.g., in a sealed vial or intact capsule	Affirm	Attachment D: Section 1
1004.14.d	GENERAL	Testing of the final medical marihuana product is mandatory. However, at the option of the registered organization, testing may be performed on components used for the production of the final medical marihuana product including but not limited to water or growing materials. Testing may also be performed on the final marihuana extract prior to packaging e.g. for cannabinoid profile verification or contaminant testing.	Affirm	Attachment D: Section 1
1004.14.e	GENERAL	Sampling and testing of each lot of final medical marihuana product shall be conducted with a statistically significant number of samples and with acceptable methodologies such that there is assurance that all lots of each medical marihuana product are adequately assessed for contaminants and the cannabinoid profile is consistent throughout.	Affirm	Attachment D: Section 1
1004.14.f	GENERAL	Testing of the cannabinoid profile shall include, at a minimum, those analytes specified in section 4001.11(h)(2) of this subpart.	Affirm	Attachment D: Section 1
1004.14.g	GENERAL	Testing for contaminants in the final medical marihuana product shall include but shall not be limited to those analytes listed below. The department shall make available a list of required analytes and their acceptable limits as determined by the commissioner. Analyte: E. coli Klebsiella Pseudomonas (for products to be vaporized) Salmonella Streptococcus Bile tolerant gram negative bacteria Aspergillus Mucor species Penicillium species Thermophilic Actinomycetes species Aflatoxin Ochratoxin Antimony Arsenic Cadmium Chromium Copper Lead Nickel Zinc Mercury Any pesticide/herbicide/fungicide used during production of the medical marihuana product Any growth regulator used during production of the medical marihuana product Any other analyte as required by the commissioner	Affirm	Attachment D: Section 1
1004.14.h	GENERAL	The laboratory shall track and destroy any quantity of medical marihuana product that is not consumed in samples used for testing	Affirm	
1004.15.c.1	GENERAL/FINANCIAL	Registered organizations shall submit a proposed price per unit for each form of medical marihuana indicated in its registration. Registered organizations shall submit such information and documentation, in a manner and format determined by the department, sufficient for the department to perform a cost analysis of the proposed price. In particular, the registered organization shall, in a manner and format determined by the department, provide a detailed breakdown of, and submit information and documentation concerning, all costs it factored to arrive at its proposed price, including but not limited to its fixed and variable costs such as materials and services; direct labor; and indirect costs.	Affirm	Attachment G

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.15.c.1	GENERAL/FINANCIAL	Registered organizations shall submit a proposed price per unit for each form of medical marihuana indicated in its registration. Registered organizations shall submit such information and documentation, in a manner and format determined by the department, sufficient for the department to perform a cost analysis of the proposed price. In particular, the registered organization shall, in a manner and format determined by the department, provide a detailed breakdown of, and submit information and documentation concerning, all costs it factored to arrive at its proposed price, including but not limited to its fixed and variable costs such as materials and services; direct labor; and indirect costs.	Affirm	Attachment G
1004.15.c.2	GENERAL/FINANCIAL	The registered organization shall provide cost or pricing data that is accurate and reliable, and shall certify, at the time of submission of its price proposal, that to the best of its knowledge and belief, the cost or pricing data were accurate, complete, and current as of the date of submission.	Affirm	
1004.15.c.2	GENERAL/FINANCIAL	The registered organization shall provide cost or pricing data that is accurate and reliable, and shall certify, at the time of submission of its price proposal, that to the best of its knowledge and belief, the cost or pricing data were accurate, complete, and current as of the date of submission.	Affirm	Attachment G
1004.15.c.3	GENERAL/FINANCIAL	The department shall determine the reasonableness of the proposed costs. In making this determination, the department may consider whether the costs represent inefficient and uneconomical practices; are not costs appropriately attributable to the price; and/or are costs unsupported by sufficient documentation or information to justify their inclusion in the proposed price. If the registered organization has been granted a renewal of its registration, any relevant historical price, cost and/or sales data of the registered organization; and any other information the commissioner deems appropriate.	Affirm	
1004.15.c.3	GENERAL/FINANCIAL	The department shall determine the reasonableness of the proposed costs. In making this determination, the department may consider whether the costs represent inefficient and uneconomical practices; are not costs appropriately attributable to the price; and/or are costs unsupported by sufficient documentation or information to justify their inclusion in the proposed price. If the registered organization has been granted a renewal of its registration, any relevant historical price, cost and/or sales data of the registered organization; and any other information the commissioner deems appropriate.	Affirm	Attachment G
1004.15.d	GENERAL/FINANCIAL	Examination of Records for Determination of Price. The registered organization shall grant the department or the department's authorized representative the right to examine records that formed the basis for the proposed price, including the registered organization's books, records, documents and other types of factual information that will permit an adequate evaluation of the proposed price.	Affirm	Attachment D: Section 10
1004.15.d	GENERAL/FINANCIAL	Examination of Records for Determination of Price. The registered organization shall grant the department or the department's authorized representative the right to examine records that formed the basis for the proposed price, including the registered organization's books, records, documents and other types of factual information that will permit an adequate evaluation of the proposed price.	Affirm	Attachment G
1004.15.e	GENERAL/FINANCIAL	Correction of Insufficient Price Data. If the registered organization or department determines that the cost or pricing data submitted is inaccurate, incomplete or noncurrent prior to the department's approval of the price, the registered organization shall submit new data to correct the deficiency, or consider the inaccuracy, incompleteness, or noncurrency of the data.	Affirm	
1004.15.e	GENERAL/FINANCIAL	Correction of Insufficient Price Data. If the registered organization or department determines that the cost or pricing data submitted is inaccurate, incomplete or noncurrent prior to the department's approval of the price, the registered organization shall submit new data to correct the deficiency, or consider the inaccuracy, incompleteness, or noncurrency of the data.	Affirm	Attachment G
1004.15.f	GENERAL/FINANCIAL	Duration of Price Determination. The department's approved price shall be in effect for the entire period of the registered organization's registration; provided, however, that at the conclusion of the first year of the registration period, or prior to that time based upon documented exceptional circumstances, the registered organization may request that the price be modified based upon a material change in the registered organization's costs. The registered organization shall fully support its request with sufficient	Affirm	

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		information and documentation, in a manner and format determined by the department, to justify its request. If the department denies such request, the registered organization shall only charge prices previously approved by the department.		
1004.15.f	GENERAL/FINANCIAL	Duration of Price Determination. The department's approved price shall be in effect for the entire period of the registered organization's registration; provided, however, that at the conclusion of the first year of the registration period, or prior to that time based upon documented exceptional circumstances, the registered organization may request that the price be modified based upon a material change in the registered organization's costs. The registered organization shall fully support its request with sufficient information and documentation, in a manner and format determined by the department, to justify its request. If the department denies such request, the registered organization shall only charge prices previously approved by the department.	Affirm	Attachment G
1004.15.g	GENERAL/FINANCIAL	Adjustments to determined price. If the department has approved a price, the registered organization shall immediately notify the department of any cost or pricing data submitted that it determines was inaccurate, incomplete, or noncurrent as of the date of the department's approval of the price. If the registered organization provides such notice, or if the department independently learns of such inaccurate, incomplete or noncurrent data, the department may require the registered organization to provide new data to correct the deficiency, or consider the inaccuracy, incompleteness, or noncurrency of the data. The department may adjust the price per dose if the defective data significantly increased the price approved by the department.	Affirm	
1004.15.g	GENERAL/FINANCIAL	Adjustments to determined price. If the department has approved a price, the registered organization shall immediately notify the department of any cost or pricing data submitted that it determines was inaccurate, incomplete, or noncurrent as of the date of the department's approval of the price. If the registered organization provides such notice, or if the department independently learns of such inaccurate, incomplete or noncurrent data, the department may require the registered organization to provide new data to correct the deficiency, or consider the inaccuracy, incompleteness, or noncurrency of the data. The department may adjust the price per dose if the defective data significantly increased the price approved by the department.	Affirm	Attachment G
1004.15.h	GENERAL/FINANCIAL	Audits. The department may perform audits, which may include site visits. The registered organization shall provide reasonable access to the department of its facilities, books and records.	Affirm	
1004.15.h	GENERAL/FINANCIAL	Audits. The department may perform audits, which may include site visits. The registered organization shall provide reasonable access to the department of its facilities, books and records.	Affirm	Attachment G Section 10
1004.16.a.1	MARKETING	All physical structures owned, leased or otherwise utilized by a registered organization, including any dispensing facility, shall: estrict external signage to a single sign, with only black and white colors;	Affirm	Appendix B
1004.16.a.2	MARKETING	All physical structures owned, leased or otherwise utilized by a registered organization, including any dispensing facility, shall: Not illuminate, at any time, a sign advertising a marihuana product located on any physical structure	Affirm	Appendix B
1004.16.a.3	MARKETING	All physical structures owned, leased or otherwise utilized by a registered organization, including any dispensing facility, shall: Not advertise medical marihuana brand names or utilize graphics related to marihuana or paraphernalia on the exterior of the physical structures	Affirm	Appendix B
1004.16.a.4	MARKETING	All physical structures owned, leased or otherwise utilized by a registered organization, including any dispensing facility, shall: Not display approved medical marihuana products and paraphernalia so as to be clearly visible from the exterior of a physical structure.	Affirm	Appendix B
1004.16.b	MARKETING	All restrictions listed in subdivision (a) of this section shall apply to any item located on any real property on which a registered organization's physical structures is located.	Affirm	Appendix B
1004.16.c	MARKETING	All restrictions listed in subdivision (a) of this section shall apply to all vehicles owned, leased or utilized by a registered organization.	Affirm	Appendix B

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.16.d	MARKETING	All advertisements, regardless of form, for approved medical marihuana products that make a statement relating to effectiveness, side effects, consequences, and contraindications shall present a true and accurate statement of such information	Affirm	Attachment D: Section 1 Section 3
1004.16.e	MARKETING	An advertisement does not satisfy the requirement that it presents a "true and accurate statement" of information relating to effectiveness, side effects, consequences, and contraindications if it fails to present a fair balance between information relating to effectiveness, side effects, consequences, and contraindications in that the information relating to effectiveness is presented in greater scope, depth, or detail than is the information relating to side effects, consequences and contraindications, taking into account all implementing factors such as typography, layout, contrast, headlines, paragraphing, white space, and any other techniques apt to achieve emphasis.	Affirm	Attachment D: Section 1 Section 3
1004.16.f	MARKETING	An advertisement is false, lacking in fair balance, or otherwise misleading if it: (1) contains a representation or suggestion that one marihuana brand or form is better, more effective, useful in a broader range of conditions or patients or safer than other drugs or treatments including other marihuana brands or forms, unless such a claim has been demonstrated by substantial scientific or clinical experience; (2) Contains favorable information or opinions about a marihuana product previously regarded as valid but which have been rendered invalid by contrary and more credible recent information; (3) Uses a quote or paraphrase out of context or without citing conflicting information from the same source, to convey a false or misleading idea; (4) Uses a study on persons without a debilitating medical condition without disclosing that the subjects were not suffering from a debilitating medical condition; (5) Uses data favorable to a marihuana product derived from patients treated with a different product or dosages different from those recommended in New York State; (6) Contains favorable information or conclusions from a study that is inadequate in design, scope, or conduct to furnish significant support for such information or conclusions; or (7) Fails to provide adequate emphasis for the fact that two or more facing pages are part of the same advertisement when only one page contains information relating to side effects, consequences and contraindications.	Affirm	Attachment D: Section 1 Section 3
1004.16.g	MARKETING	False or misleading information in any part of the advertisement shall not be corrected by the inclusion of a true statement in another distinct part of the advertisement.	Affirm	Attachment D: Section 1 Section 3
1004.16.h	MARKETING	An advertisement for any approved medical marihuana product shall not contain: (1) any statement that is false or misleading; (2) any statement that falsely disparages a competitor's products; (3) any statement, design, or representation, picture or illustration that is obscene or indecent; (4) any statement, design, representation, picture or illustration that encourages or represents the use of marihuana for a condition other than a serious condition as defined in subdivision seven of section thirty-three hundred sixty of the public health law; (5) any statement, design, representation, picture or illustration that encourages or represents the recreational use of marihuana; (6) any statement, design, representation, picture or illustration related to the safety or efficacy of marihuana, unless supported by substantial evidence or substantial clinical data; (7) any statement, design, representation, picture or illustration portraying anyone under the age of 18, objects suggestive of the presence of anyone under the age of 18, or containing the use of a figure, symbol or language that is customarily associated with anyone under the age of 18; (8) any offer of a prize, award or inducement to a certified patient, designated caregiver or practitioner related to the purchase of marihuana or a certification for the use of marihuana; or (9) any statement that indicates or implies that the product or entity in the advertisement has been approved or endorsed by the commissioner,	Affirm	Attachment D: Section 1 Section 3

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		department, New York State or any person or entity associated with New York State provided that this shall not preclude a factual statement that an entity is a registered organization.		
1004.16.i	MARKETING	Any advertisement for an approved medical marihuana product shall be submitted to the department at least 30 business days prior to the public dissemination of the advertisement.	Affirm	Attachment D: Section 1 Section 3
1004.16.j	MARKETING	The submitter of the advertisement shall provide the following information to the department in addition to the advertisement itself: (1) A cover letter that: (i) provides the following subject line: Medical marihuana advertisement review package for a proposed advertisement; (ii) provides a brief description of the format and expected distribution of the proposed advertisement; and (iii) provides the submitter's name, title, address, telephone number, fax number, and email address; (2) an annotated summary of the proposed advertisement showing every claim being made in the advertisement and which references support for each claim; (3) verification that a person identified in an advertisement as an actual patient or health care practitioner is an actual patient or health care practitioner and not a model or actor; (4) verification that a spokesperson who is represented as an actual patient is indeed an actual patient; (5) verification that an official translation of a foreign language advertisement is accurate; (6) annotated references to support disease or epidemiology information, cross-referenced to the advertisement summary; and (7) a final copy of the advertisement, including a video where applicable, in a format acceptable to the department.	Affirm	Attachment D: Section 1 Section 3
1004.16.k	MARKETING	Advertising packages that are missing any of the elements in subdivision (j) of this section, or that fail to follow the specific instructions for submissions, shall be considered incomplete. If the department receives an incomplete package, it shall so notify the submitter.	Affirm	Attachment D: Section 1 Section 3
1004.16.l	MARKETING	No advertisement may be disseminated if the submitter of the advertisement has received information that has not been widely publicized in medical literature that the use of any approved medical marihuana product may cause fatalities or serious damage to a patient.	Affirm	Attachment D: Section 1 Section 3
1004.16.m	MARKETING	A registered organization, its officers, managers and employees shall not cooperate, directly or indirectly, in any advertising if such advertising has the purpose or effect of steering or influencing patient or caregiver choice with regard to the selection of a practitioner, or approved medical marihuana product.	Affirm	Attachment D: Section 1 Section 3
1004.16.n	MARKETING	The department may: (1) require a specific disclosure be made in the advertisement in a clear and conspicuous manner if the department determines that the advertisement would be false or misleading without such a disclosure; or (2) require that changes be made to the advertisement that are: (i) necessary to protect the public health, safety and welfare; or (ii) consistent with dispensing information for the product under review	Affirm	Attachment D: Section 1 Section 3

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.17.a	GENERAL	A record of all approved medical marihuana products that have been dispensed shall be filed electronically with the department, utilizing a transmission format acceptable to the department, not later than 24 hours after the marihuana was dispensed to the certified patient or designated caregiver.	Affirm	Attachment D: Section 1 Section 3
1004.17.b	GENERAL	The information filed with the department for each approved medical marihuana product dispensed shall include but not be limited to: (1) a serial number that will be generated by the dispensing facility for each approved medical marihuana product dispensed to the certified patient or designated caregiver; (2) an identification number which shall be populated by a number provided by the department, to identify the registered organization's dispensing facility; (3) the patient name, date of birth and sex; (4) the patient address, including street, city, state, zip code; (5) the patient's registry identification card number; (6) if applicable, designated caregiver's name and registry identification card number; (7) the date the approved medical marihuana product was filled by the dispensing facility; (8) the metric quantity for the approved medical marihuana product; (9) the medical marihuana product drug code number, which shall be populated by a number provided by the department, to represent the approved medical marihuana brand that was dispensed to the certified patient or designated caregiver, as applicable; (10) the number of days supply dispensed; (11) the registered practitioner's Drug Enforcement Administration number; (12) the date the written certification was issued by the registered practitioner; and (13) the payment method.	Affirm	Attachment D: Section 3
1004.17.c	GENERAL	When applicable, a registered organization shall file a zero report with the department, in a format acceptable to the department. For the purposes of this section, a zero report shall mean a report that no approved medical marihuana product was dispensed by a registered organization during the relevant period of time. A zero report shall be submitted no later than 14 days following the most recent previously reported dispensing of an approved medical marihuana product or the submission of a prior zero report.	Affirm	

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.18.a	GENERAL	Approved medical marihuana products shall not be vaporized in a public place. In no event shall approved medical marihuana products be consumed through vaporization in any location in which smoking is prohibited under section thirteen hundred ninety-nine of the public health law, including (1) places of employment; (2) bars; (3) food service establishments, except as provided in subdivision six of section thirteen hundred ninety-nine-q of the public health law; (4) enclosed indoor areas open to the public containing a swimming pool; (5) public means of mass transportation, including subways, underground subway stations, and when occupied by passengers, buses, vans, taxicabs and limousines; (6) ticketing, boarding and waiting areas in public transportation terminals; (7) youth centers and facilities for detention as defined in sections five hundred twenty-seven-a and five hundred three of the executive law; (8) any facility that provides child care services as defined in section four hundred ten-p of the social services law, provided that such services provided in a private home are excluded from this subdivision when children enrolled in such day care are not present; (9) child day care centers as defined in section three hundred ninety of the social services law and child day care centers licensed by the city of New York; (10) group homes for children as defined in section three hundred seventy-one of the social services law; (11) public institutions for children as defined in section three hundred seventy-one of the social services law; (12) residential treatment facilities for children and youth as defined in section 1.03 of the mental hygiene law; (13) all public and private colleges, universities and other educational and vocational institutions, including dormitories, residence halls, and other group residential facilities that are owned or operated by such colleges, universities and other educational and vocational institutions; (14) general hospitals and residential health care facilities as defined in article twenty-eight of the public health law, and other health care facilities licensed by the state in which persons reside; provided, however, that the provisions of this subdivision shall not prohibit vaporization by patients in separate enclosed rooms of hospitals, residential health care facilities, and adult care facilities established or certified under title two of article seven of the social services law, community mental health residences established under section 41.44 of the mental hygiene law, or facilities where day treatment programs are provided, which are designated as smoking rooms for patients of such facilities or programs; (15) commercial establishments used for the purpose of carrying on or exercising any trade, profession, vocation or charitable activity; (16) indoor arenas; (17) zoos; (18) bingo facilities	Affirm	
1004.18.b	GENERAL	Vaporization of approved medical marihuana products shall not be permitted and no person shall vaporize an approved medical marihuana product within one hundred feet of the entrances, exits or outdoor areas of any public or private elementary or secondary schools; however, that the provisions of this subdivision shall not apply to vaporization in a residence, or within real property boundary lines of such residential real property	Affirm	
1004.18.c	GENERAL	Consumption of approved medical marihuana product shall not be permitted in any motor vehicle, either public or private, that is located upon public highways, private roads open to motor vehicle traffic, parking area of a shopping center or any parking lot, as defined in section 129 of the Vehicle and Traffic Law.	Affirm	
1004.21.a	GENERAL	No person, except for a certified patient or designated caregiver, or an approved laboratorian shall open or break the seal placed on an approved medical marihuana product packaged by a registered organization and provided to the certified patient	Affirm	

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.21.b	GENERAL	No person associated with a registered organization shall enter into any agreement with a registered practitioner or health care facility concerning the provision of services or equipment that may adversely affect any person's freedom to choose the dispensing facility at which the certified patient or designated caregiver will purchase approved medical marihuana products.	Affirm	
1004.21.c	GENERAL	No approved medical marihuana product shall be sold, dispensed or distributed via a delivery service without prior written approval to the registered organization by the department, except that a designated caregiver may deliver the approved medical marihuana product to the designated caregiver's certified patient as allowed by section 4001.4 (b)(6) of this subpart.	Affirm	
1004.21.d	GENERAL	No employee of a registered organization shall counsel the certified patient or designated caregiver on the use, administration of, and the risks associated with approved medical marihuana products, unless the employee is a pharmacist with an active New York State license who has completed a course pursuant to section 4001.1 of this subpart, or the employee is under the direct supervision of, and in consultation with, the pharmacist on-site in the dispensing facility	Affirm	Attachment D: Section 3
1004.21.e	GENERAL/SECURITY	No certified patient or designated caregiver shall be in possession of approved medical marihuana products without having in his or her possession his or her registry identification card. The certified patient or designated caregiver, upon request by the department or law enforcement, shall present such card to verify that the certified patient or designated caregiver is authorized to possess approved medical marihuana products.	Affirm	
1004.21.e	GENERAL/SECURITY	No certified patient or designated caregiver shall be in possession of approved medical marihuana products without having in his or her possession his or her registry identification card. The certified patient or designated caregiver, upon request by the department or law enforcement, shall present such card to verify that the certified patient or designated caregiver is authorized to possess approved medical marihuana products.	Affirm	Attachment H Section 5
1004.5.1	GENERAL	the name, address, phone and email address of the applicant	Affirm	Attachment E
1004.5.10	FINANCIAL	a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application	Affirm	Attachment G
1004.5.11	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	architectural program and sketches of the applicant's proposed manufacturing and dispensing facility(ies) including the following:	Affirm	Appendix B
1004.5.11	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	architectural program and sketches of the applicant's proposed manufacturing and dispensing facility(ies) including the following:	Affirm	Appendix B
1004.5.11	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	architectural program and sketches of the applicant's proposed manufacturing and dispensing facility(ies) including the following:	Affirm	Appendix B
1004.5.11	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	architectural program and sketches of the applicant's proposed manufacturing and dispensing facility(ies) including the following:	Affirm	Appendix B
1004.5.11.i	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	site plans;	Affirm	Appendix B
1004.5.11.i	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	site plans;	Affirm	Appendix B
1004.5.11.i	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	site plans;	Affirm	Appendix B
1004.5.11.i	CULTIVATION/P	site plans;	Affirm	Appendix B

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
	RODUCTION/DI SPENSARY/SEC URITY			
1004.5.11.ii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	schematic architectural and engineering design drawings and single line sketches in an appropriate scale showing the relationship of various buildings to each other, room configurations, major exit corridors, exit stair locations, and circulation along with existing buildings if additions or alterations are part of the project;	Affirm	Appendix B
1004.5.11.ii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	schematic architectural and engineering design drawings and single line sketches in an appropriate scale showing the relationship of various buildings to each other, room configurations, major exit corridors, exit stair locations, and circulation along with existing buildings if additions or alterations are part of the project;	Affirm	Appendix B
1004.5.11.ii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	schematic architectural and engineering design drawings and single line sketches in an appropriate scale showing the relationship of various buildings to each other, room configurations, major exit corridors, exit stair locations, and circulation along with existing buildings if additions or alterations are part of the project;	Affirm	Appendix B
1004.5.11.ii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	schematic architectural and engineering design drawings and single line sketches in an appropriate scale showing the relationship of various buildings to each other, room configurations, major exit corridors, exit stair locations, and circulation along with existing buildings if additions or alterations are part of the project;	Affirm	Appendix B
1004.5.11.iii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	outline specifications for the type of construction proposed including a description of energy sources, type and location of engineering systems proposed for heating, cooling, ventilation and electrical distribution, water supply and sewage;	Affirm	Appendix B
1004.5.11.iii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	outline specifications for the type of construction proposed including a description of energy sources, type and location of engineering systems proposed for heating, cooling, ventilation and electrical distribution, water supply and sewage;	Affirm	Appendix B
1004.5.11.iii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	outline specifications for the type of construction proposed including a description of energy sources, type and location of engineering systems proposed for heating, cooling, ventilation and electrical distribution, water supply and sewage;	Affirm	Appendix B
1004.5.11.iii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	outline specifications for the type of construction proposed including a description of energy sources, type and location of engineering systems proposed for heating, cooling, ventilation and electrical distribution, water supply and sewage;	Affirm	Appendix B
1004.5.11.iv	SECURITY	a security plan indicating how the applicant will comply with the requirements of article 33 of the Public Health Law, this subpart and any other applicable law, rule, or regulation; and	Affirm	Attachment H Section 5
1004.5.11.v	SECURITY	the registered organization shall submit detailed floor plans indicating the activities performed in each area and security plans (physical and cyber) consistent with the requirements of section 4001.13 of this subpart.	Affirm	Appendix B
1004.5.12	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	a construction timetable	Affirm	Appendix B
1004.5.12	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	a construction timetable	Affirm	Appendix B
1004.5.12	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	a construction timetable	Affirm	Appendix B
1004.5.12	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	a construction timetable	Affirm	Appendix B

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.5.13	GENERAL	a statement as to whether any controlling person of the applicant, any manager, any sole proprietor applicant, any general partner of a partnership applicant, any officer and member of the board of directors of a corporate applicant, and corporate general partner had a prior discharge in bankruptcy or was found insolvent in any court action	Affirm	Appendix A
1004.5.14	GENERAL	if any controlling person of the applicant, any manager, any sole proprietor applicant, any general partner of a partnership applicant, any officer and member of the board of directors of a corporate applicant, or corporate general partner or a combination of such persons collectively, maintains a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation, or other entity or if such entity maintains a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year, the name and address of the entity shall be disclosed together with a description of the goods, leases or services and the probable or anticipated cost to the registered organization;	Affirm	Appendix A
1004.5.15	GENERAL	if the applicant is a corporate subsidiary or affiliate of another corporation, disclosure of the parent or affiliate corporation including the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate and the extent to which the parent will be responsible for the financial and contractual obligations of the subsidiary;	Affirm	Attachment E
1004.5.16	FINANCIAL	the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, including a balance sheet as of the end of the applicant's last fiscal year and income statements for the past two fiscal years, or such shorter period of time as the applicant has been in operation;	Affirm	Attachment G
1004.5.17	CULTIVATION/PRODUCTION/DISPENSARY/FINANCIAL	if construction, lease, rental or purchase of the manufacturing or dispensing facility has not been completed, a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction;	Affirm	Appendix B
1004.5.17	CULTIVATION/PRODUCTION/DISPENSARY/FINANCIAL	if construction, lease, rental or purchase of the manufacturing or dispensing facility has not been completed, a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction;	Affirm	Appendix B
1004.5.17	CULTIVATION/PRODUCTION/DISPENSARY/FINANCIAL	if construction, lease, rental or purchase of the manufacturing or dispensing facility has not been completed, a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction;	Affirm	Appendix B
1004.5.17	CULTIVATION/PRODUCTION/DISPENSARY/FINANCIAL	if construction, lease, rental or purchase of the manufacturing or dispensing facility has not been completed, a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction;	Affirm	Attachment G
1004.5.18	CULTIVATION/PRODUCTION/DISPENSARY	a staffing plan for staff involved in activities related to the cultivation of marihuana, the manufacturing and/or dispensing of approved medical marihuana products and/or staff with oversight responsibilities for such activities, which shall include:	Affirm	Attachment J
1004.5.18	CULTIVATION/PRODUCTION/DISPENSARY	a staffing plan for staff involved in activities related to the cultivation of marihuana, the manufacturing and/or dispensing of approved medical marihuana products and/or staff with oversight responsibilities for such activities, which shall include:	Affirm	Attachment J
1004.5.18	CULTIVATION/PRODUCTION/DISPENSARY	a staffing plan for staff involved in activities related to the cultivation of marihuana, the manufacturing and/or dispensing of approved medical marihuana products and/or staff with oversight responsibilities for such activities, which shall include:	Affirm	Attachment J
1004.5.18.i	CULTIVATION/PRODUCTION/DISPENSARY	a senior staff member with a minimum of one (1) year experience in good agricultural practices (GAP);	Affirm	Attachment J
1004.5.18.i	CULTIVATION/PRODUCTION/DISPENSARY	a senior staff member with a minimum of one (1) year experience in good agricultural practices (GAP);	Affirm	Attachment J

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.5.18.i	CULTIVATION/PRODUCTION/DISPENSARY	a senior staff member with a minimum of one (1) year experience in good agricultural practices (GAP);	Affirm	Attachment J
1004.5.18.ii	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance officer who shall exercise oversight of the organization's practices and procedures and who has documented training and experience in quality assurance and quality control procedures;	Affirm	Attachment J
1004.5.18.ii	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance officer who shall exercise oversight of the organization's practices and procedures and who has documented training and experience in quality assurance and quality control procedures;	Affirm	Attachment J
1004.5.18.ii	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance officer who shall exercise oversight of the organization's practices and procedures and who has documented training and experience in quality assurance and quality control procedures;	Affirm	Attachment J
1004.5.18.iii	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff be twenty-one (21) years of age or olde	Affirm	Attachment J
1004.5.18.iii	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff be twenty-one (21) years of age or olde	Affirm	Attachment J
1004.5.18.iii	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff be twenty-one (21) years of age or olde	Affirm	Attachment J
1004.5.18.iv	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff involved in the manufacturing be trained in and conform to general sanitary practices; and	Affirm	Attachment J Section 1
1004.5.18.iv	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff involved in the manufacturing be trained in and conform to general sanitary practices; and	Affirm	Attachment J Section 1
1004.5.18.iv	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff involved in the manufacturing be trained in and conform to general sanitary practices; and	Affirm	Attachment J Section 1
1004.5.18.v	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.	Affirm	Attachments J Attachment H Section 5
1004.5.18.v	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.	Affirm	Attachment D: Section 5
1004.5.18.v	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.	Affirm	Attachment D: Section 5
1004.5.18.v	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.	Affirm	Attachment J
1004.5.2	REAL ESTATE	identification of all real property, buildings and facilities that will be used in manufacturing, as defined in Section 4001.11 of this subpart, and dispensing of the medical marihuana products	Affirm	Appendix B
1004.5.3	CULTIVATION/PRODUCTION/DISPENSARY	identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale and dispensing activities described in the application and operating plan	Affirm	Attachment D: Section 4
1004.5.3	CULTIVATION/PRODUCTION/DISPENSARY	identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale and dispensing activities described in the application and operating plan	Affirm	Attachment D: Section 4
1004.5.3	CULTIVATION/PRODUCTION/DISPENSARY	identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale and dispensing activities described in the application and operating plan	Affirm	Attachment D: Section 4

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.5.4	CULTIVATION/PRODUCTION/DISPENSARY	an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:	Affirm	Attachment D
1004.5.4	CULTIVATION/PRODUCTION/DISPENSARY	an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:	Affirm	Attachment D
1004.5.4	CULTIVATION/PRODUCTION/DISPENSARY	an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:	Affirm	Attachment D
1004.5.4.i	CULTIVATION/PRODUCTION/DISPENSARY	a detailed description of any devices used with approved medical marihuana products to be offered or sold by the registered organization	Affirm	Attachment D: Sections 3 Section 4
1004.5.4.i	CULTIVATION/PRODUCTION/DISPENSARY	a detailed description of any devices used with approved medical marihuana products to be offered or sold by the registered organization	Affirm	Attachment D: Section 3
1004.5.4.i	CULTIVATION/PRODUCTION/DISPENSARY	a detailed description of any devices used with approved medical marihuana products to be offered or sold by the registered organization	Affirm	Attachment D: Section 3
1004.5.4.ii	CULTIVATION/PRODUCTION/DISPENSARY	;policies and procedures related to security and control measures that will be in place to prevent diversion, abuse, and other illegal or unauthorized conduct relating to medical marihuana and are consistent with provisions set forth in this subpart;	Affirm	Attachment D: Sections 2 Section 5
1004.5.4.ii	CULTIVATION/PRODUCTION/DISPENSARY	;policies and procedures related to security and control measures that will be in place to prevent diversion, abuse, and other illegal or unauthorized conduct relating to medical marihuana and are consistent with provisions set forth in this subpart;	Affirm	Attachment H Section 5
1004.5.4.ii	CULTIVATION/PRODUCTION/DISPENSARY	;policies and procedures related to security and control measures that will be in place to prevent diversion, abuse, and other illegal or unauthorized conduct relating to medical marihuana and are consistent with provisions set forth in this subpart;	Affirm	Attachment H Section 5
1004.5.4.iii	CULTIVATION/PRODUCTION/DISPENSARY	a standard operating procedure manual for all methods used from cultivation of the medical marihuana through packaging, sealing and labeling of each lot of medical marihuana product. The procedures shall include use of good agricultural practices (GAPs) and must conform to all applicable laws and rules of New York State. Standard operating procedures shall be able to be validated to demonstrate that the applicant will be able to produce and dispense consistent and reproducible medical marihuana product such that, for each form of each brand produced, there is homogeneity, absence of contamination and reproducibility of the brand profile in each lot as defined in section 4001.11 of this subpart.	Affirm	Attachment D: Section 6
1004.5.4.iii	CULTIVATION/PRODUCTION/DISPENSARY	a standard operating procedure manual for all methods used from cultivation of the medical marihuana through packaging, sealing and labeling of each lot of medical marihuana product. The procedures shall include use of good agricultural practices (GAPs) and must conform to all applicable laws and rules of New York State. Standard operating procedures shall be able to be validated to demonstrate that the applicant will be able to produce and dispense consistent and reproducible medical marihuana product such that, for each form of each brand produced, there is homogeneity, absence of contamination and reproducibility of the brand profile in each lot as defined in section 4001.11 of this subpart.	Affirm	Attachment D: Section 6
1004.5.4.iii	CULTIVATION/PRODUCTION/DISPENSARY	a standard operating procedure manual for all methods used from cultivation of the medical marihuana through packaging, sealing and labeling of each lot of medical marihuana product. The procedures shall include use of good agricultural practices (GAPs) and must conform to all applicable laws and rules of New York State. Standard operating procedures shall be able to be validated to demonstrate that the applicant will be able to produce and dispense consistent and reproducible medical marihuana product such that, for each form of each brand produced, there is homogeneity, absence of contamination and reproducibility of the brand profile in each lot as defined in section 4001.11 of this subpart.	Affirm	Attachment D: Section 6
1004.5.4.iv	DISPENSARY	quality assurance plans, including but not limited to plans to detect, identify and prevent dispensing errors	Affirm	Attachment D: Section 3

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.5.4.v	DISPENSARY	policies and procedures to document and investigate approved medical marihuana product returns, complaints and adverse events, and to provide for rapid voluntary or involuntary recalls of any lot of medical marihuana product. Such policies and procedures shall include a plan for any retesting of returned approved medical marihuana products, storage and disposal of marihuana and any manufactured medical marihuana products not passing requirements, and a requirement that adverse events and total recalls are reported to the department within twenty-four hours of their occurrence;	Affirm	Attachment D: Section 3
1004.5.4.vi	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance program to track contamination incidences and document the investigated source of such incidences, and the appropriate corrective action(s) taken.	Affirm	Attachment D: Sections 1 Section 6 Section 9
1004.5.4.vi	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance program to track contamination incidences and document the investigated source of such incidences, and the appropriate corrective action(s) taken.	Affirm	Attachment D: Sections 7 Section 9
1004.5.4.vi	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance program to track contamination incidences and document the investigated source of such incidences, and the appropriate corrective action(s) taken.	Affirm	Attachment D: Sections 7 Section 9
1004.5.4.vii	CULTIVATION/PRODUCTION/DISPENSARY	detailed description of plans, procedures and systems adopted and maintained for tracking, record keeping, record retention and surveillance systems, relating to all medical marihuana at every stage including cultivating, possessing of marihuana, and manufacturing, delivery, transporting, distributing, sale and dispensing by the proposed registered organization	Affirm	Attachment D: Sections 5 Section 10 Attachment H
1004.5.4.vii	CULTIVATION/PRODUCTION/DISPENSARY	detailed description of plans, procedures and systems adopted and maintained for tracking, record keeping, record retention and surveillance systems, relating to all medical marihuana at every stage including cultivating, possessing of marihuana, and manufacturing, delivery, transporting, distributing, sale and dispensing by the proposed registered organization	Affirm	Attachment D
1004.5.4.vii	CULTIVATION/PRODUCTION/DISPENSARY	detailed description of plans, procedures and systems adopted and maintained for tracking, record keeping, record retention and surveillance systems, relating to all medical marihuana at every stage including cultivating, possessing of marihuana, and manufacturing, delivery, transporting, distributing, sale and dispensing by the proposed registered organization	Affirm	Attachment D
1004.5.4.viii	CULTIVATION/PRODUCTION/DISPENSARY	proposed hours of operation for the manufacturing and dispensing facilities;	Affirm	Attachment D: Sections 1 Section 3
1004.5.4.viii	CULTIVATION/PRODUCTION/DISPENSARY	proposed hours of operation for the manufacturing and dispensing facilities;	Affirm	Attachment D: Section 3
1004.5.4.viii	CULTIVATION/PRODUCTION/DISPENSARY	proposed hours of operation for the manufacturing and dispensing facilities;	Affirm	Attachment D: Section 3
1004.5.5	GENERAL	copies of the organizational and operational documents of the applicant, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement and other applicable documents and agreements, and all amendments thereto	Affirm	Attachment E
1004.5.6	GENERAL	the name, residence address and title of each of the board members, officers, managers, owners, partners, principal stakeholders, directors and any person or entity that is a member of the applicant. Each such person (if an individual, or lawful representative, if a legal entity) shall submit an affidavit with the application setting forth: (i) any position of management or ownership during the preceding ten years of a ten percent or greater interest in any other business, located in or outside New York State, manufacturing or distributing drugs; and (ii) whether such person or any such business has been convicted of a felony or had a registration or license suspended or revoked in any administrative or judicial proceeding. In addition, any managers who may come in contact with or handle medical marihuana, including medical marihuana 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;	Affirm	Attachment E
1004.5.7	UNION	documentation that the applicant has entered into a labor peace agreement, as required by subdivision one of section thirty-three hundred sixty five of the public health law, with a bona-fide labor organization that is actively engaged	Affirm	Attachment F

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		in representing or attempting to represent the applicant's employees. The maintenance of such a labor peace agreement shall be an ongoing material condition of registration;		
1004.5.8	GENERAL	a statement that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration;	Affirm	Attachment M
1004.5.9	REAL ESTATE	copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization's real property interests, that shows that the applicant possesses or has the right to use sufficient land, buildings, and other premises as specified in the application and equipment to properly carry on the activities for which registration is sought. In the alternative, the applicant shall post a bond of not less than two million dollars; provided, however, that if the applicant posts a bond in lieu of providing the documentation requested herein, the applicant's submission of the applicable executed deeds, leases and rental agreements shall be required prior to the issuance of a registration to the applicant, if selected; and, provided further that whenever any applicant proposes to lease premises for the activities described in its operating plan, the lease agreement shall clearly set forth as a purpose the manufacturing and/or dispensing of medical marihuana, as applicable, and include the following language: "The landlord acknowledges that its rights of reentry into the premises set forth in this lease do not confer on it the authority to manufacture and/or dispense on the premises medical marihuana in accordance with article 33 of the Public Health Law and agrees to provide the New York State Department of Health, Mayor Erastus Corning 2nd Tower, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, N.Y. 12237, with notification by certified mail of its intent to reenter the premises or to initiate dispossess proceedings or that the lease is due to expire, at least 30 days prior to the date on which the landlord intends to exercise a right of reentry or to initiate such proceedings or at least 60 days before expiration of the lease."	Affirm	Appendix B
1004.5.a	GENERAL	No person or entity shall produce, grow or sell medical marihuana or hold itself out as a New York State registered organization unless it has complied with article 33 of the public health law and this subpart and is registered by the department.	Affirm	
1004.5.b	GENERAL	In order to operate as a registered organization, an entity shall file an application on forms or in a manner prescribed by the commissioner. The application shall be signed by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant. The application shall set forth or be accompanied by the following:	Affirm	
1004.6.a.1	FINANCIAL	Applications shall be accompanied by a non-refundable application fee in the amount of $10,000.	Affirm	
1004.6.a.2	FINANCIAL	The registration fee for the registration period shall be $200,000. Applicants shall submit the registration fee by certified check at the time of submission of the application. The registration fee shall be returned to the applicant if the applicant is not granted a registration under this subpart	Affirm	
1004.6.b.1	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will be able to manufacture approved medical marihuana products, each with a consistent cannabinoid profile (the concentration of total tetrahydrocannabinol (THC) and total cannabidiol (CBD) will define the brand) and each able to pass the required quality control testing;	Affirm	Attachment D: Section 1
1004.6.b.1	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will be able to manufacture approved medical marihuana products, each with a consistent cannabinoid profile (the concentration of total tetrahydrocannabinol (THC) and total cannabidiol (CBD) will define the brand) and each able to pass the required quality control testing;	Affirm	Attachment D: Section 1
1004.6.b.1	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will be able to manufacture approved medical marihuana products, each with a consistent cannabinoid profile (the concentration of total tetrahydrocannabinol (THC) and total cannabidiol (CBD) will define the brand) and each able to pass the required quality control testing;	Affirm	Attachment D: Section 1
1004.6.b.10	UNION	the applicant has entered into a labor peace agreement with a bona-fide labor organization, as defined in section thirty-three hundred sixty of the public health law, that is actively engaged in representing or attempting to represent the applicant's employees; and	Affirm	Attachment F

ATTACHMENT M: NEW YORK STATE REGULATIONS TABLE OF CONTENTS (LINKABLE - CLICK ON LAST COLUMN)

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.6.b.11	CULTIVATION/PRODUCTION/DISPENSARY	evaluation of the applicant's proposed operating plan and suitability of the proposed manufacturing and dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities. Department approval of the applicant's operating plan and architectural and engineering design of the proposed facilities shall be required for issuance of a registration.	Affirm	Attachment D
1004.6.b.11	CULTIVATION/PRODUCTION/DISPENSARY	evaluation of the applicant's proposed operating plan and suitability of the proposed manufacturing and dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities. Department approval of the applicant's operating plan and architectural and engineering design of the proposed facilities shall be required for issuance of a registration.	Affirm	Attachment D
1004.6.b.11	CULTIVATION/PRODUCTION/DISPENSARY	evaluation of the applicant's proposed operating plan and suitability of the proposed manufacturing and dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities. Department approval of the applicant's operating plan and architectural and engineering design of the proposed facilities shall be required for issuance of a registration.	Affirm	Attachment D
1004.6.b.2	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will produce sufficient quantities of approved medical marihuana products as necessary to meet the needs of certified patients	Affirm	Attachment D: Section 1
1004.6.b.2	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will produce sufficient quantities of approved medical marihuana products as necessary to meet the needs of certified patients	Affirm	Attachment D: Section 1
1004.6.b.2	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will produce sufficient quantities of approved medical marihuana products as necessary to meet the needs of certified patients	Affirm	Attachment D: Section 1
1004.6.b.3	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;	Affirm	Attachment H Section 5
1004.6.b.3	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;	Affirm	Attachment H Section 5
1004.6.b.3	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;	Affirm	Attachment H Section 5
1004.6.b.3	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;	Affirm	Attachment H Section 5
1004.6.b.4	GENERAL	the applicant will be able to comply with all applicable state and local laws and regulations;	Affirm	
1004.6.b.5	GENERAL	the applicant is ready, willing and able to properly carry on the activities set forth in this subpart;	Affirm	
1004.6.b.6	REAL ESTATE/CULTIVATION/PRODUCTION/DISPENSARY	the applicant possesses or has the right to use sufficient real property, buildings and equipment to properly carry on the activity described in its operating plan;	Affirm	Appendix B
1004.6.b.6	REAL ESTATE/CULTIVATION/PRODUCTION/DISPENSARY	the applicant possesses or has the right to use sufficient real property, buildings and equipment to properly carry on the activity described in its operating plan;	Affirm	Appendix B
1004.6.b.6	REAL ESTATE/CULTIVATION/PRODUCTION/DISPENSARY	the applicant possesses or has the right to use sufficient real property, buildings and equipment to properly carry on the activity described in its operating plan;	Affirm	Appendix B

ATTACHMENT M: NEW YORK STATE REGULATIONS TABLE OF CONTENTS (LINKABLE - CLICK ON LAST COLUMN)

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.6.b.6	REAL ESTATE/CULTIVATION/PRODUCTION/DISPENSARY	the applicant possesses or has the right to use sufficient real property, buildings and equipment to properly carry on the activity described in its operating plan;	Affirm	Appendix B
1004.6.b.9	GENERAL	the moral character and competence of board members, officers, managers, owners, partners, principal stakeholders, directors, and members of the applicant's organization;	Affirm	
1004.6.c	CULTIVATION/PRODUCTION/DISPENSARY	The applicant shall allow reasonable access to the department and/or its authorized representatives for the purpose of conducting an on-site survey or inspection of the applicant's proposed manufacturing and/or dispensing facilities.	Affirm	Attachment H Section 5
1004.6.c	CULTIVATION/PRODUCTION/DISPENSARY	The applicant shall allow reasonable access to the department and/or its authorized representatives for the purpose of conducting an on-site survey or inspection of the applicant's proposed manufacturing and/or dispensing facilities.	Affirm	Attachment D: Section 10
1004.6.c	CULTIVATION/PRODUCTION/DISPENSARY	The applicant shall allow reasonable access to the department and/or its authorized representatives for the purpose of conducting an on-site survey or inspection of the applicant's proposed manufacturing and/or dispensing facilities.	Affirm	Attachment D: Section 10
1004.7.c.2	SECURITY/RENEWAL	every known complaint, charge or investigation, pending or concluded during the period of the registration, by any governmental or administrative agency with respect to:	Affirm	
1004.7.c.3	GENERAL/RENEWAL	information concerning the applicant's ability to carry on the manufacturing and distributing activity for which it is registered, including but not limited to approved medical marihuana product shortages or wait lists occurring during the registration period; an	Affirm	Attachment D
1004.7.c.4	GENERAL/RENEWAL	a summary of quality assurance testing for all medical marihuana products produced in the prior year including but not limited to the percentage of lots of each brand and form passing all required testing, the percentage of lots failing contaminant testing, the percentage of lots failing brand requirements, all recalls of product lots and all adverse events reported	Affirm	Attachment D: Sections 7 Section 8 Section 9

INTRODUCTION

June 5, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany NY 12204

Re: Application for Registration as a Registered Organization, New York State Medical Marijuana Program – Valley Agriceuticals LLC

To Whom it May Concern:

Valley Agriceuticals LLC (Valley Agriceuticals) of Purchase, New York, respectfully submits the attached application for registration as a registered organization for New York State's medical marijuana program, pursuant to Public Health Law § 3365(9) and associated State regulations related thereto.

As the attached materials indicate, Valley Agriceuticals has the capacity to implement, on the state mandated timeline, a strategically designed, secure, vertically integrated, state-of-the-art medical cannabis program that will both maximize patient health and prevent diversion. Valley Agriceuticals team members are currently cultivating (from over 300,000 combined square feet of canopy) and producing medical cannabis for patients in California and for the Ministry of Health in Israel. Valley Agriceuticals' cultivation, production and delivery systems for medical cannabis products will meet—and often exceed--every regulatory requirement promulgated by New York State.

A First of Its Kind Partnership

To exceed the standards set forth in New York's medical marijuana program and deliver pharmaceutical-grade medical cannabis to patients throughout New York, Valley Agriceuticals has created what we believe is an industry first: a formal partnership between a traditional pharmaceutical company and a medical cannabis provider. Through our partnership with Teva Pharmaceutical Industries LTD (www.tevapharm.com), Valley Agriceuticals will bring a level of scientific expertise to the medical cannabis industry that no one in the United States can match. Teva Pharmaceuticals is the largest manufacturer of generic drugs in the world, among the top 15 largest pharmaceutical companies worldwide and holds patents for several FDA-approved drugs, including Copaxone, the most widely prescribed multiple sclerosis drug in the world.

To complement our work with Teva Pharmaceuticals, we have assembled a global team of experts that together has more than 50 years' experience in the field of medical cannabis. This team includes:

- A President who is [redacted], a National Mortimer Sackler Awardee and a successful global businessman;
- A Chief Medical Officer who has conducted extensive research on cannabinoids and their effects on acute and chronic pain;

- A Director of Patient Services who is President-elect of the American Cannabis Nurses Association;
- A Chief Security Officer who is the former Deputy Chief for Counter-Intelligence of the New York City Police Department;
- A Director of Compliance who has over 23 years of government regulatory experience and who initiated and led the Colorado state medical cannabis program;
- A Master Cultivator who holds one of eight licenses to produce medical cannabis in Israel, the acknowledged world leaders in the use of cannabis as a medicine;
- A Quality Assurance, production, extraction scientist who has been involved in the cannabis industry for over 9 years;
- A Clinical Research Director who has led medical cannabis patient care and research on multiple continents; and
- A Dispensary Management team led by a member (and past chair of) the New York State Board of Pharmacy.
- A Supply Chain Operations Director who specialized in supply chain design, transportation and inventory deployment for Fortune 500 companies including [redacted]

Products of the Highest Quality

Drawing on this extensive experience in health care administration, health services delivery, pharmacy, medical cannabis, and biomedical research, Valley Agriceuticals has developed clear policies and procedures to govern each step of our vertically integrated manufacturing process at our Wallkill, NY facility – from plant cultivation (Certified Naturally Green) to the manufacture of the pharmaceutical-grade medical products [certified high Kosher (Mehadrin Kosher) by Rabbi Yosef Zaritsky] we will offer to qualified consumers.

All Valley Agriceuticals' medical products will be:

- Based on decades of experience in cannabis production, research and patient care;
- Offered in multiple dose and delivery mechanisms;
- Packaged in tamper- and child-proof containers;
- Clearly labeled and accompanied by a package insert similar to those found in traditional prescription medicines; and
- Guarded by quality control mechanisms that will ensure products of the highest quality.

A Holistic Approach to Serving Qualifying Patients

Valley Agriceuticals proposes to dispense medical cannabis to qualified patients through four dispensing facilities that we will call Origin Health Centers. These Centers:

- Follow both the State and Federal setback guidelines;
- Are strategically located in high-need patient areas and convenient to major transportation hubs;
- Have lease agreements in place;
- Have documented, robust local support;
- Will be staffed by licensed pharmacists and nurses trained as "nurse navigators" to orient patients to their care, organize peer supports, deliver patient education classes, and coordinate care with a patient's other treatment providers;
- Will offer a 24-hour patient help-line;
- Have state-of-the-art, HIPPA compliant data collection and management system to enhance the quality of patient care; and

- Conduct research in collaboration with our partners in Israel, the world leaders in cannabis research.

A Commitment to the Most Rigorous Security Measures

Security is of paramount importance to Valley Agriceuticals. To ensure product and patient safety and to prevent theft or diverting, Valley Agriceuticals has:

- Assembled a security team that will leverage their 30-year relationship with local, state and federal law enforcement agencies to ensure complete transparency of our company and ensure compliance with New York State laws and regulations;
- Developed a detailed, comprehensive security plan that anticipates potential security breaches and restricts facility access to eligible staff and State-authorized patients and caregivers;
- Created security protocols that adhere to local, state and federal security regulations, including Crime Prevention Through Environmental Design; and
- Established security systems that cover the complete product lifecycle, including cultivation, production, packaging, transportation and distribution.

Valley Agriceuticals intends to be a valued partner of the New York State Department of Health in the implementation of its medical cannabis program. We look forward to working with the Department to address the health needs of New Yorkers who could benefit from medical cannabis, and extend our appreciation in advance for your consideration of this application.

Sincerely,

Erik Holling, President

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

VALLEY AGRICEUTICALS

APPLICATIONS A - J

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

Section A: Business Entity Information		
1. Business Name: Valley Agriceuticals, LLC		
2. Organization Type (choose one): ☑ For-profit ☐ Non-profit	3. Business Type (choose one): ☐ Corporation ☑ Limited Liability Company ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ Other:	
4. Phone: 646-604-2810	5. Fax: 866-271-8620	6. Email: info@valleyagriceuticals.com
7. Business Address: 2500 Westchester Avenue, Suite 401		
8. City: Purchase	9. State: NY	10. ZIP Code: 10577
11. Mailing Address (if different than Business Address): N/A		
12. City:	13. State:	14. ZIP Code:
Section B: Primary Contact Information		
15. Name: Erik Holling		16. Title: President
17. Phone: 646-604-2820	18. Fax: 866-271-8620	19. Email: erik.holling@valleyagriceuticals.com
20. Mailing Address: 2500 Westchester Avenue, Suite 401		
21. City: Purchase	22. State: NY	23. ZIP Code: 10577
Section C: Proposed Manufacturing Facility Information		
24. Proposed Facility Name: Valley Agriceuticals - Wallkill		
25. Proposed Facility Address: 173 Dosen Road		
26. City: Middletown	27. State: **NY**	28. ZIP Code: 10940
29. County: Orange	30. Property Status (choose one): ☑ Owned by the applicant ☐ Leased by the applicant ☐ Other: **If you checked "Other" above, describe the property status in the field provided.**	

31. Proposed Hours of Operation:

Monday:	0:01 to 23:59	Friday:	0:01 to 23:59
Tuesday:	0:01 to 23:59	Saturday:	0:01 to 23:59
Wednesday:	0:01 to 23:59	Sunday:	0:01 to 23:59
Thursday:	0:01 to 23:59		

An additional entry is included below for applicants who are proposing to use more than one manufacturing facility (responsible for cultivation, harvesting, extraction or other processing, packaging and labeling).

32. Proposed Facility Name: N/A		
33. Proposed Facility Address: N/A		
34. City: N/A	35. State: **NY**	36. ZIP Code: N/A
37. County: N/A	38. Property Status (choose one): ☐ Owned by the applicant ☐ Leased by the applicant ☐ Other: **If you checked "Other" above, describe the property status in the field provided.**	

39. Proposed Hours of Operation:

Monday:	N/A	to N/A	Friday:	N/A	to N/A
Tuesday:	N/A	to N/A	Saturday:	N/A	to N/A
Wednesday:	N/A	to N/A	Sunday:	N/A	to N/A
Thursday:	N/A	to N/A			

Section D: Proposed Dispensing Facility #1 Information

40. Proposed Facility Name: Origin Health Centers - Westchester		
41. Proposed Facility Address: 3020 Westchester Avenue		
42. City: Harrison (Purchase)	43. State: **NY**	44. ZIP Code: 10577
45. County: Westchester	46. Property Status (choose one): ☐ Owned by the applicant ☑ Leased by the applicant ☐ Other: **If you checked "Other" above, describe the property status in the field provided.**	

47. Proposed Hours of Operation:

Monday:	9:00	to 20:00	Friday:	9:00	to 20:00
Tuesday:	9:00	to 20:00	Saturday:	9:00	to 17:00
Wednesday:	9:00	to 20:00	Sunday:	--	to --
Thursday:	9:00	to 20:00			

Section E: Proposed Dispensing Facility #2 Information

48. Proposed Facility Name: Origin Health Centers - Manhattan		
49. Proposed Facility Address: 42-50 Greene Street		
50. City: Manhattan	51. State: **NY**	52. ZIP Code: 10001
53. County: New York	54. Property Status (choose one): ☐ Owned by the applicant ☑ Leased by the applicant ☐ Other: **If you checked "Other" above, describe the property status in the field provided.**	

55. Proposed Hours of Operation:

Monday:	9:00 to 20:00	Friday:	9:00 to 20:00
Tuesday:	9:00 to 20:00	Saturday:	9:00 to 17:00
Wednesday:	9:00 to 20:00	Sunday:	-- to --
Thursday:	9:00 to 20:00		

Section F: Proposed Dispensing Facility #3 Information

56. Proposed Facility Name: Origin Health Centers - Rochester

57. Proposed Facility Address: 995 Senator Keating Boulevard, Building E, Suite 500

58. City: Rochester

59. State: **NY**

60. ZIP Code: 14618

61. County:
Monroe

62. Property Status (choose one):
- ☐ Owned by the applicant
- ☑ Leased by the applicant
- ☐ Other:

If you checked "Other" above, describe the property status in the field provided.

63. Proposed Hours of Operation:

Monday:	9:00 to 20:00	Friday:	9:00 to 20:00
Tuesday:	9:00 to 20:00	Saturday:	9:00 to 17:00
Wednesday:	9:00 to 20:00	Sunday:	-- to --
Thursday:	9:00 to 20:00		

Section G: Proposed Dispensing Facility #4 Information

64. Proposed Facility Name: Origin Health Centers - Albany

65. Proposed Facility Address: 18 Computer Drive West

66. City: Albany

67. State: **NY**

68. ZIP Code: 12205

69. County:
Albany

70. Property Status (choose one):
- ☐ Owned by the applicant
- ☑ Leased by the applicant
- ☐ Other:

If you checked "Other" above, describe the property status in the field provided.

71. Proposed Hours of Operation:

Monday:	9:00 to 20:00	Friday:	9:00 to 20:00
Tuesday:	9:00 to 20:00	Saturday:	9:00 to 17:00
Wednesday:	9:00 to 20:00	Sunday:	-- to --
Thursday:	9:00 to 20:00		

Section H: Legal Disclosures

72. Has the applicant, any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner had a prior discharge in bankruptcy or been found insolvent in any court action? ☑ **Yes** ☐ **No**

If the answer to this question is "Yes," a statement providing details of such bankruptcy or insolvency must be included with this application.

73. Does any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner, or a combination of such persons collectively, maintain a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

OR

Does any entity maintain a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

☐ **Yes** ☑ **No**

If the answer to either of these questions is "Yes," a statement with the name and address of the entity together with a description of the goods, leases, or services and the probable or anticipated cost to the registered organization, must be included with this application.

74.

A. Is the applicant a corporate subsidiary or affiliate of another corporation? ☑ **Yes** ☐ **No**

If the answer to this question is "Yes," a statement setting forth the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate, and the extent to which the parent will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the subsidiary must be included with this application. The organizational and operational documents of the corporate subsidiary or affiliate must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the subsidiary or affiliate's financial or contractual obligations with respect to the applicant.

B. Is any owner, partner or member of the applicant not a natural person? ☐ **Yes** ☑ **No**

If the answer to this question is "Yes," a statement must be included with this application setting forth the name and address of the entity, the primary activities of the entity, the interest in the applicant held by the entity, and the extent to which the entity will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the applicant. The organizational and operational documents of the entity must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the entity's financial or contractual obligations with respect to the applicant, and the identification of all those holding an interest or ownership in the entity and the percentage of interest or ownership held in the entity. If an interest or ownership in the entity is not held by a natural person, the information and documentation requested herein must be provided going back to the level of ownership by a natural person (Principal Stakeholder).

75. Has construction, lease, rental, or purchase of the manufacturing facility been completed? ☑ **Yes** ☐ **No**

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

76. Has construction, lease, rental, or purchase of the dispensing facilities been completed? ☑ **Yes** ☐ **No**

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

Section I: Required Attachments

Applications received without the required attachments will not be eligible for consideration until the required attachments are received. All such attachments must be postmarked by the Deadline for Submission of Applications.

77. ☑ The applicant has enclosed a non-refundable application fee in the amount of $10,000.
Applications received without the $10,000 application fee will not be considered.

78. ☑ The applicant has enclosed a conditionally refundable registration fee in the amount of $200,000.
Applications received without the $200,000 registration fee will not be considered.
The $200,000 registration fee will be refunded to applicants that are not selected as registered organizations.

79. ☑ The applicant has attached all required statements from Section H: Legal Disclosures, if applicable.

80. ☑ The applicant has attached identification of all real property, buildings, and facilities that will be used in manufacturing and dispensing activities, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(2), and labeled this attachment as "**Attachment A.**"

81. ☑ The applicant has attached identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale, and dispensing activities described in the application and operating plan, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(3), and labeled this attachment as "**Attachment B.**"

82. ☑ The applicant has attached copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization's real property interests, showing that the applicant possesses or has the right to use sufficient land, buildings, other premises, and equipment, and contains the language required in 10 NYCRR § 1004.5(b)(9), if applicable, or, in the alternative, the applicant attached proof that it has posted a bond of not less than $2,000,000, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(9), and labeled this attachment as "**Attachment C.**"

83. ☑ The applicant has attached an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures, and contains the components set forth in 10 NYCRR § 1004.5(b)(4), and labeled the operating plan as "**Attachment D – Operating Plan**" with the information clearly labeled and divided into the following sections:

Section 1 - Manufacturing (§ 1004.5(b)(4))
Section 2 - Transport and Distribution (§ 1004.5(b)(4))
Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
Section 4 - Devices (§ 1004.5(b)(4)(i))
Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v))
Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))

84. ☑ The applicant has attached copies of the organizational and operational documents of the applicant, pursuant 10 NYCRR § 1004.5(b)(5), which must include the identification of all those holding an interest or ownership in the applicant and the percentage of interest or ownership held, and labeled this attachment as "**Attachment E.**"

85. ☑ "**Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members**" has been completed for each of the board members, officers, managers, owners, partners, principal stakeholders, directors, and any person or entity that is a member of the applicant setting forth the information required in PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6).

86. ☑ The applicant has attached documentation that the applicant has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7), and labeled this attachment as "**Attachment F.**"

87. ☑ The applicant has attached a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application, pursuant to 10 NYCRR § 1004.5(b)(10), and labeled this attachment as "**Attachment G.**"

88. ☑ The applicant has completed **"Appendix B – Architectural Program"** and included the components set forth in 10 NYCRR § 1004.5(b)(11) and -(12).

89. ☑ The applicant has attached the security plan of the applicant's proposed manufacturing and dispensing facilities indicating how the applicant will comply with the requirements of Article 33 of the Public Health Law, 10 NYCRR Part 1004, and any other applicable state or local law, rule, or regulation, and labeled this attachment as "**Attachment H.**"

90. ☑ The applicant has attached the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, in accordance with the requirements of 10 NYCRR § 1004.5(b)(16), and labeled this attachment as "**Attachment I.**"

91. ☑ The applicant has attached a staffing plan for staff to be involved in activities related to the cultivation of marijuana, the manufacturing and/or dispensing of approved medical marijuana products, and/or staff with oversight responsibilities for such activities that includes the requirements set forth in 10 NYCRR § 1004.5(b)(18) of the regulations and labeled this attachment as "**Attachment J.**"

92. ☑ The applicant has attached proof from the local internet service provider(s) that all of the applicant's manufacturing and dispensing facilities are located in an area with internet connectivity and labeled this attachment as "**Attachment K.**" Internet connectivity will be required to support the use of a Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities.

93. ☑ The applicant has attached a timeline demonstrating the estimated timeframe from growing marijuana to production of a final approved product, and labeled this attachment as "**Attachment L.**"

94. ☑ The applicant has attached a statement and/or documentation showing that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8), and labeled this attachment as "**Attachment M.**"

Section J: Attestation and Signature

As the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, I hereby authorize the release of any and all applicant information of a confidential or privileged nature to the Department and its agents. If granted a registration, I hereby agree to ensure the registered organization uses the Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities. I hereby certify that the information provided in this application, including in any statement or attachments submitted herewith, is truthful and accurate. I understand that any material omissions, material errors, false statements, misrepresentations, or failure to provide any requested information may result in the denial of the application or other action as may be allowed by law.

95. Signature: ▶

96. Date Signed: June 4 2015
JUNE 4 2015

97. Print Name: Erik Holling, Stephen Ashekian

The application must include a handwritten signature by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, and must be notarized.

Notary Name: Lauren A. Vanicek	Notary Registration Number: #54831
Notary (Notary Must Affix Stamp or Seal)	Date: June 4, 2015

Section H - Legal Document

Bankruptcy - Question 72:

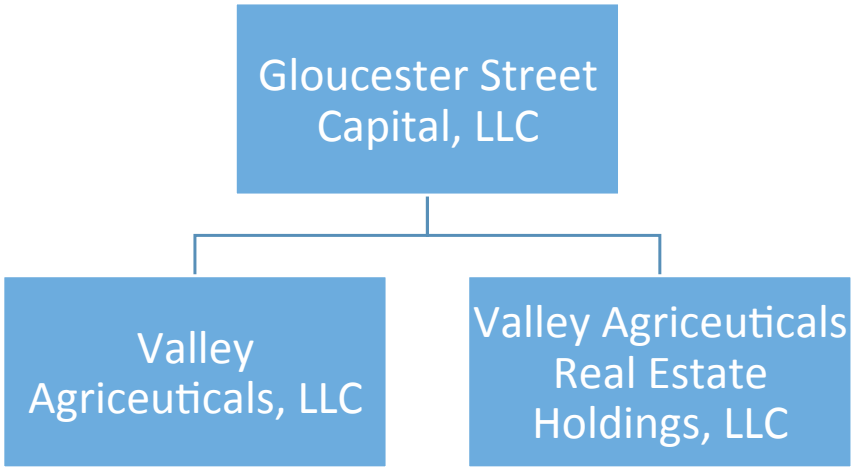
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Question 74 – Subsidiaries, Affiliates and Corporate Members

A. Is the applicant a corporate subsidiary or affiliate of another corporation: YES

Gloucester Street Capital, LLC ("GSC") is a manager managed limited liability company formed in the State of New York. GSC is the parent company of Applicant and of Applicant's affiliate entity, Valley Agriceuticals Real Estate Holdings, LLC ("VAREH"), a New York limited liability company. GSC's membership interests are comprised of Class A and Class B interests. GSC issued Class A Units to its founding members and a combination of Class A and Class B Units to certain investors in connection with a private exempt offering. The purpose of this offering was to raise capital for GSC to contribute to Applicant and to VAREH, both of which are wholly owned by GSC. The capital contributed by GSC to Applicant was used, in part, to fund the application expenses such as legal fees, license fees, consulting fees, and operating expenses of Applicant. GSC and Applicant have similar management consisting of some of the founding members of GSC.

VAREH is wholly owned by GSC and was formed for the purposes of real estate acquisition and development in connection with Applicant's application. GSC has contributed capital to VAREH to enable VAREH to purchase and develop real property for Applicant's proposed manufacturing facility in Wallkill, New York, subject to a lease agreement between VAREH and VA. Other than as provided in the lease agreement, VAREH will have no direct involvement in the operations of Applicant.



A summary chart follows for these 2 entities, and copies of relevant operational and organizational documents are enclosed.

Entity Name	Address	Primary Activities	Ownership Interest of Applicant	Extent of Involvement in Business of Applicant	Responsibility for Financial and Contractual Obligations of Applicant
Gloucester Street Capital, LLC	2500 Westchester Avenue Purchase, NY 10577	Sole owner of Applicant and Valley Agriceuticals Real Estate Holdings, LLC.	Sole owner of LLC membership interests of Applicant, comprising 1,000 Class A Units.	GSC has contributed capital and funding to Applicant to cover application fees and expenses and operational costs incurred by Applicant.	None
Valley Agriceuticals Real Estate Holdings, LLC	2500 Westchester Avenue Purchase, NY 10577	Realty holding company for real property purchased in Wallkill, NY, for Applicant's proposed manufacturing facility.	None	None, other than as lessor of the proposed manufacturing facility.	None

B. Is any owner, partner or member of the applicant not a natural person: YES

Quad Investors LLC ("Quad") is a limited liability company formed in the State of New York. Quad is a member of GSC, and pursuant to an investment of $500,000, holds 211,535 Class A Units in GSC, comprising 4.2% ownership of the total issued and outstanding Class A Units, and 96,155 Class B Units in GSC, comprising 13.79% ownership of the total issued and outstanding Class B Units. Quad is not involved in the management or operations of Applicant. Quad is owned by Lisa Sutherland, Thomas Sutherland, Diana Tomassetti, Rosemarie Sorrentino.

BMDS, LLC ("BMDS") is a limited liability company formed in the State of Massachusetts. BMDS is a member of GSC, and pursuant to an investment of $500,000, holds 211,535 Class A Units in GSC, comprising 4.2% ownership of the total issued and outstanding Class A Units, and 96,155 Class B Units in GSC, comprising 13.79% ownership of the total issued and outstanding Class B Units. BMDS is not involved in the management or operations of Applicant. BMDS is owned by Robert D'Angelo Mark D'Angelo David D'Angelo Stephen D'Angelo.

Luks Ventures, LLC – is a limited liability company formed in the State of New York. Luks Ventures, LLC is a member of GSC, and holds 506,280 Class A Units in GSC, comprising 10.2% ownership of the total issued and outstanding Class A Units, and 0 Class B Units in GSC, comprising 0.00% ownership of the total issued and outstanding Class B Units. Luks Ventures, LLC is not involved in the management or operations of Applicant. Luks Ventures, LLC is owned by Howard Lucks, Nick Palumbo.

Midnight Breeze, LLC ("MB") is a limited liability company formed in the State of Massachusetts. MB is a member of GSC, and pursuant to an investment of $200,000, holds 84,614 Class A Units in GSC, comprising 1.7% ownership of the total issued and outstanding Class A Units, and 38,462 Class B Units in GSC, comprising 5.52% ownership of the total issued and outstanding Class B Units. MB is not involved in the management or operations of Applicant. MB is owned by Bob Brady, Peter Cain, William Farmakis, Greg Fontana, Nick Hathaway, Ken Jasper, Dave Levy, Steve Libbey, Russell Mackey, Ken Romanzi, Michael Vazza, and Bob Wahlert.

Holmes LT, LLC - is a limited liability company formed in the State of New York. Holmes LT, LLC is a member of GSC, and pursuant to an investment of $100,000, holds 42,307 Class A Units in GSC, comprising 0.8% ownership of the total issued and outstanding Class A Units, and 19,231 Class B Units in GSC, comprising 2.76% ownership of the total issued and outstanding Class B Units. Holmes LT, LLC is not involved in the management or operations of Applicant. Holmes LT, LLC is owned by Vincent Holmes, Shawn Holmes, Pati Holmes, Shery Cassidy, Lisa Holmes, William Holmes, Tom Holmes.

Bucalo Properties, LLC - is a limited liability company formed in the State of New York. Bucalo Properties, LLC is a member of GSC, and pursuant to an investment of $400,000, holds 169,228 Class A Units in GSC, comprising 3.4% ownership of the total issued and outstanding Class A Units, and 76,924 Class B Units in GSC, comprising 11.03% ownership of the total issued and outstanding Class B Units. Bucalo Properties, LLC is not involved in the management or

operations of Applicant. Bucalo Properties, LLC is owned by Carl Bucalo, Phyllis Bucalo, and Maria Federice.

SK Land Development, LLC - is a limited liability company formed in the State of Indiana. SK Land Development, LLC is a member of GSC, and pursuant to an investment of $100,000, holds 42,307 Class A Units in GSC, comprising 0.8% ownership of the total issued and outstanding Class A Units, and 19,231 Class B Units in GSC, comprising 2.76% ownership of the total issued and outstanding Class B Units. SK Land Development, LLC is not involved in the management or operations of Applicant. SK Land Development, LLC is owned by Steven Schreckengast and Kelly Schreckengast.

A summary chart for these entities follows.

Name		Activities	Interest of Applicant	Involvement in business of Applicant	for Financial and Contractual Obligations of Applicant	
Quad Investors LLC	**456 Fifth Avenue, Brooklyn, NY 11215**	**Investment in Gloucester Street Capital, LLC**	4.2% Class A 13.79% Class B	None	None	Lisa Sutherland, Thomas Sutherland, Diana Tomassetti, Rosemarie Sorrentino
BMDS, LLC	**15 Southwest Park, Westwood, MA 02090**	**Investment in Gloucester Street Capital, LLC**	4.2% Class A 13.79% Class B	None	None	Robert D'Angelo Mark D'Angelo David D'Angelo Stephen D'Angelo
Lucks Ventures, LLC	**36 Fieldstone Drive, Katonah, NY 10536**	**Investment in Gloucester Street Capital, LLC**	10.2% Class A 0.00% Class B	None	None	Howard Lucks, Nick Palumbo
Midnight Breeze, LLC	**15 Tabway Lane, Bridgewater, MA 02324**	**Investment in Gloucester Street Capital, LLC**	1.7% Class A 5.52% Class B	None	None	Bob Brady, Peter Cain, William Farmakis, Greg Fontana, Nick Hathaway, Ken Jasper, Dave Levy, Steve Libbey, Russell Mackey, Ken Romanzi, Michael Vazza, Bob Wahlert.
Holmes HT, LLC	**66 Milton Rd, C1, Rye, NY 10580**	**Investment in Gloucester Street Capital, LLC**	0.8% Class A 2.76% Class B	None	None	Vincent Holmes, Shawn Holmes, Pati Holmes, Sherry Cassidy, Lisa Holmes, William Holmes, Tom Holmes
Bucalo Properties, LLC	**57 Jennifer Lane Mahopac, NY 10541**	**Investment in Gloucester Street Capital, LLC**	3.4% Class A 11.30% Class B	None	None	Carl Bucalo Phyllis Bucalo Maria Federice
SK Land Developme nt Company, LLC	**325 South Earl Avenue, Suite 4, Lafayette, IN 47904**	**Investment in Gloucester Street Capital, LLC**	0.8% Class A 2.76% Class B	None	None	Steven Schreckengast, Kelly Schreckengast

VALLEY AGRICEUTICALS

ATTACHMENT A: FACILITIES

PHL § 3365 10-NYCRR § 1004.5 (B) (3)

IDENTIFICATION OF ALL REAL PROPERTIES AND FACILITIES
FACILITY SUPPORT LETTERS

ATTACHMENT A:
Property

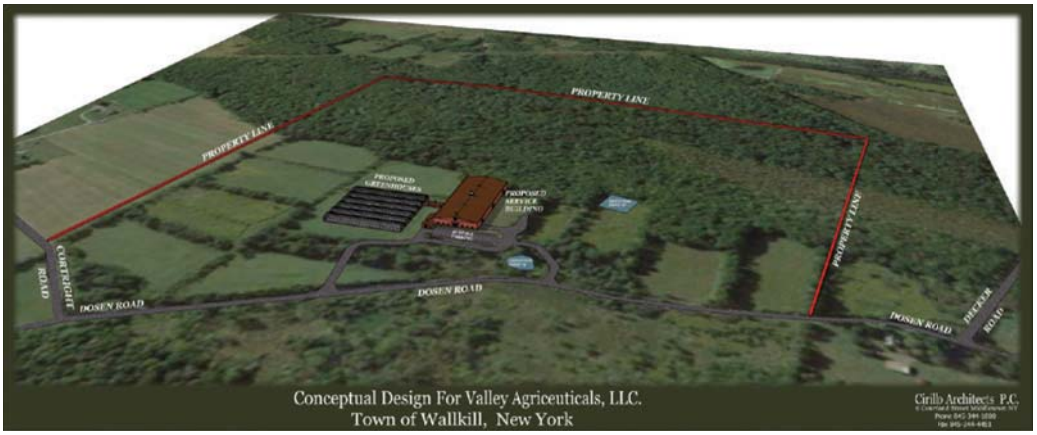
Valley Agriceuticals is proud to have a world-class team of industry experts that are primed to produce the finest, safest standardized medical cannabis products. No less important is Valley Agriceuticals' focus on the company's facilities and the neighborhoods where they reside. Over the past year, Valley Agriceuitcals has researched and designed the most appropriate facilities for production and dispensing of pharmaceutical-grade medical cannabis in New York. Valley Agriceuticals sought and received overwhelming support from the communities where the company will have facilities in legislative meetings, city/town information sessions and planning board and city/town board meetings (please find the attached letters of support from each community). At the time of submission, Valley Agriceuticals has appropriately located, gained approvals/leases, architected and outlined the security for each of the company's dispensing facilities (Origin Health Centers) and the Wallkill manufacturing facility. .

Valley Agriceuticals' manufacturing facility is located in Wallkill (Orange County), NY, and was overwhelmingly supported by the town and county. In fact, the following news articles outline that success:

- New York Times, "Medical Marijuana Feeds Familiar Hopes of Renewal Around New York State", Anemona Hartocollis, June 1, 2015
- Times Harold Record, "Welcome to the age of legal marijuana", April 30, 2015
- Wallkill Valley Times, "Town of Wallkill to Support Medical marijuana Facility", April 30, 2015

This state-of-the-art 100,000 square foot facility, at full build-out, will grow Valley Agriceuticals' medicinal plants in a combined greenhouse and barn. The facility is designed to blend in seamlessly with the surrounding community and countryside. In addition, Valley Agriceuticals has agreed to conserve roughly three-quarters of the entire property. It is anticipated that this facility will create approximately 65 construction jobs and more than 100 operational full-time jobs.

Manufacturing Facility
Valley Agriceuticals – Wallkill
173 Dosen Road
Middletown, NY 10940

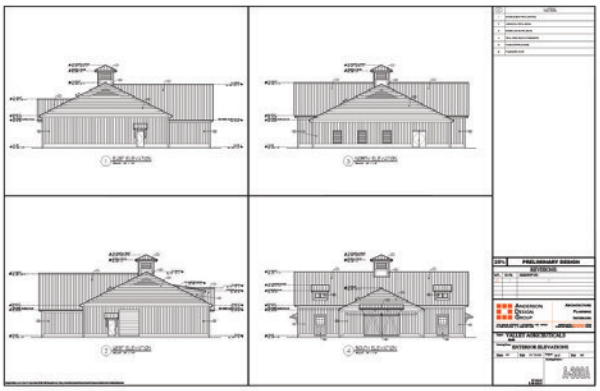


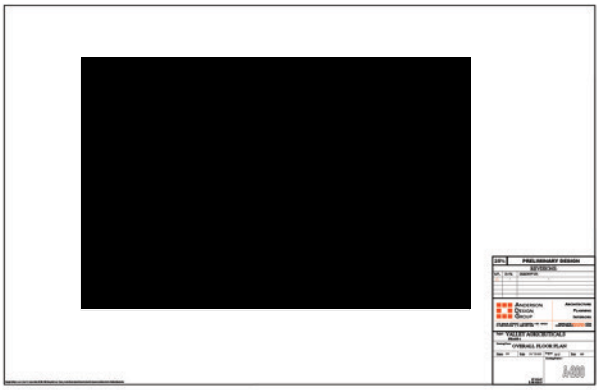
[1] http://www.nytimes.com/2015/06/02/nyregion/medical-marijuana-feeds-familiar-hopes-of-renewal-around-new-york-state

[2] http://valleyagriceuticals.com/2015/04/welcome-to-the-age-of-legal-marijuana-editorial/

[3] http://valleyagriceuticals.com/2015/04/wallkill-valley-times-article-on-medical-marijuana/

Within the Wallkill facility, Valley Agriceuticals will process and package the company's medicinal plant for patient use and include a laboratory for quality assurance and controls. The facility will be managed by master growers, who have more than 30 years' combined experience in growing medical-grade cannabis from both the US and the global center of medical marijuana, Israel. Each strain cultivated will meet State guidelines for the treatment of all State-approved qualifying conditions. Valley Agriceuticals has invested in world-class security policies, procedures, personnel and equipment that will cover the complete lifecycle of cultivation, production and distribution.





Within this Attachment we have provided information for our manufacturing facility.

Valley Agriceuticals; mission is to not only to manufacture high-quality, pharmaceutical-grade cannabis, but also to deliver the company's medicine through a secure, welcoming environment where patients receive the information, care and support they need. Reflecting this holistic, patient-centered approach, Valley Agriceuticals has chosen to name its dispensaries, Origin Health Centers™ to reflect the company's commitment to caring for patients. Origin Health Centers will dispense safe, regulated standardization of medical cannabis in four locations throughout the state of New York. Origin Health Centers will be designed with patient comfort and safety in mind by combining a professional, high-quality appearance and state-of-the-art security with comfort and easy access.

Public Health Law § 3365(9) requires the Commissioner to ensure that registered organizations and dispensing sites are geographically distributed across the State. Section 80-1.6 sets forth the considerations for approval of "registered organizations" applications. One such consideration is whether the number of registered organizations in an area will be adequate or excessive to reasonably serve the area and the State as a whole.

Region/County	Average Population	ALS Population State-wide Ranking	Hospital Bed Count State-wide Ranking	CANCER Population State-wide Ranking (ranked by % of whole)	HIV/STD Population State-wide Ranking (ranked by % of whole)	PARKINSONS Population State-wide Ranking (ranked by % of whole)	MS Population State-wide Ranking (ranked by % of whole)	EPILEPSY Population State-wide Ranking (ranked by % of whole)	IBS (Bowel) Population State-wide Ranking (ranked by % of whole)	HUNTIGTONs Population State-wide Ranking (ranked by % of whole)
Region-1 Long Island										
Nassau	1,339,186	6	3	4	5	n/a	n/a	6	6	n/a
Suffolk	1,493,470	4	6	3	7	n/a	n/a	4	4	n/a
Region Total	2,832,656	2	2	2	2	3		2	2	
Region-2 New York City										
Bronx	1,385,141	5	4	7	3	n/a	n/a	5	5	n/a
Kings	2,509,637	1	2	1	1	n/a	n/a	1	1	n/a
New York	1,590,953	3	1	5	2	n/a	n/a	3	3	n/a
Queens	2,232,970	2	7	2	4	n/a	n/a	2	2	n/a
Richmond	468,942	10	12	11	11	n/a	n/a	10	10	n/a
Region Total	8,187,642	1	1	1	1	2		1	1	
Region-3 Mid-Hudson										
Dutchess	297,542	15	16	15	15	n/a	n/a	15	15	n/a
Orange	373,501	12	12	12	14	n/a	n/a	12	2	n/a
Putnam	99,772	29	33	30	24	n/a	n/a	29	29	n/a
Rockland	312,110	13	13	14	13	n/a	n/a	13	13	n/a
Sullivan	77,339	36	32	37	36	n/a	n/a	36	36	n/a
Ulster	182,520	20	25	20	22	n/a	n/a	20	20	n/a
Westchester	950,128	7	5	8	6	n/a	n/a	7	7	n/a
Region Total	2,292,911	3	3	3	3			3	3	
Region-4 Capital Region										
Albany	304,062	14	11	13	12	n/a	n/a	14	14	n/a
Columbia	62,864	42	29	40	38	n/a	n/a	42	42	n/a
Greene	49,162	51	58	48	49	n/a	n/a	51	51	n/a
Rensselaer	159,337	21	22	21	20	n/a	n/a	21	21	n/a
Saratoga	219,841	17	30	18	31	n/a	n/a	17	17	n/a
Schenectady	154,680	22	29	23	16	n/a	n/a	22	22	n/a
Region Total	949,946	7	7	7	7			7	7	
Region-5 Mohawk Valley										
Fulton	55,403	45	42	44	35	n/a	n/a	45	45	n/a
Herkimer	64,341	40	56	41	32	n/a	n/a	40	40	n/a
Montgomery	50,059	49	37	49	47	n/a	n/a	49	49	n/a
Otsego	62,141	43	29	43	43	n/a	n/a	43	43	n/a
Schoharie	32,682	58	49	58	58	n/a	n/a	58	58	n/a
Region Total	264,626	10	11	10	9			10	10	
Region-6 North Country										
Clinton	82,123	33	26	33	18	n/a	n/a	33	33	n/a
Essex	39,325	56	48	55	52	n/a	n/a	56	56	n/a
Franklin	51,622	46	31	54	53	n/a	n/a	46	46	n/a
Hamilton	4,829	62	59	62	59	n/a	n/a	62	62	n/a
Warren	65,749	38	21	36	39	n/a	n/a	38	38	n/a
Washington	63,188	41	60	38	40	n/a	n/a	41	41	n/a
Region Total	306,836	9	9	9	10			9	9	

Valley Agriceuticals has thoroughly researched the State's regions, populations, and condition prevalence in each of those regions in an effort to determine the ideal locations for the four Origin Health Centers (dispensing facilities), as well as future growth locations if allowed by the State. Please see Table 1, which ranks each particular county and region based on 'condition' prevalence. Valley Agriceuticals' proposed Origin Health Centers locations are highlighted in blue.

Region-7 Tug Hill Seaway										
Jefferson	116,538	25	24	31	29	n/a	n/a	25	25	n/a
Lewis	27,073	59	57	60	60	n/a	n/a	59	59	n/a
St. Lawrence	111,925	26	58	26	37	n/a	n/a	26	26	n/a
Region Total	**255,536**	**11**	**10**	**11**	**11**			**11**	**11**	
Region-8 Central NY										
Cayuga	79,772	35	40	34	27	n/a	n/a	35	35	n/a
Cortland	49,391	50	35	53	41	n/a	n/a	50	50	n/a
Madison	73,063	37	38	39	54	n/a	n/a	37	37	n/a
Oneida	234,240	16	15	16	17	n/a	n/a	16	16	n/a
Onondaga	466,946	11	10	10	10	n/a	n/a	11	11	n/a
Oswego	122,012	24	34	24	33	n/a	n/a	24	24	n/a
Region Total	**1,025,425**	**6**	**6**	**6**	**6**			**6**	**6**	
Region-9 Southern Tier										
Broome	200,111	19	14	19	19	n/a	n/a	19	19	n/a
Chenango	50,384	48	47	45	48	n/a	n/a	48	48	n/a
Delaware	47,861	53	45	50	44	n/a	n/a	53	53	n/a
Tioga	51,125	47	62	47	55	n/a	n/a	47	47	n/a
Tompkins	101,625	28	28	35	25	n/a	n/a	28	28	n/a
Region Total	**451,106**	**8**	**8**	**8**	**8**			**8**	**8**	
Region-10 Finger Lakes										
Chemung	88,840	32	18	27	28	n/a	n/a	32	32	n/a
Livingston	65,280	39	42	46	50	n/a	n/a	39	39	n/a
Monroe	744,549	9	9	9	9	n/a	n/a	9	9	n/a
Ontario	107,945	27	23	25	30	n/a	n/a	27	27	n/a
Schuyler	18,366	61	58	61	57	n/a	n/a	61	61	n/a
Seneca	35,230	57	62	57	56	n/a	n/a	57	57	n/a
Steuben	98,973	30	27	28	42	n/a	n/a	30	30	n/a
Wayne	93,621	31	39	29	26	n/a	n/a	31	31	n/a
Yates	25,375	60	57	59	62	n/a	n/a	60	60	n/a
Region Total	**1,278,177**	**5**	**5**	**5**	**5**	**1**		**5**	**5**	
Region-11 Western NY										
Allegany	48,899	52	41	52	51	n/a	n/a	52	52	n/a
Cattaraugus	80,191	34	28	32	45	n/a	n/a	34	34	n/a
Chautauqua	134,793	23	20	22	23	n/a	n/a	23	23	n/a
Erie	918,704	8	8	6	8	n/a	n/a	8	8	n/a
Genesee	60,002	44	36	42	46	n/a	n/a	44	44	n/a
Niagara	216,199	18	17	17	21	n/a	n/a	18	18	n/a
Orleans	42,819	54	44	56	34	n/a	n/a	54	54	n/a
Wyoming	42,106	55	46	51	61	n/a	n/a	55	55	n/a
Region Total	**1,543,713**	**4**	**4**	**4**	**4**			**4**	**4**	

Understanding the need to reach the greatest number of patients, Valley Agriceuticals identified four initial locations/regions that most appropriately support the statewide patients of New York.

Region	Town/City	County
Region 2- New York City	Manhattan	New York
Region 4- Capital Region	Colonie/Albany	Albany
Region 3- Mid-Hudson	Harrison/Purchase	Westchester
Region 10- Finger Lakes	Brighton/Rochester	Monroe

Dispensing Facility #1 (Westchester County)

Origin Health Centers – Harrison/Purchase
3020 Westchester Avenue
Purchase, NY 10577

Dispensing Facility #2 (New York County)

Origin Health Centers - Manhattan
42-50 Greene Street
Manhattan, NY 10001

Dispensing Facility #3 (Monroe County)

Origin Health Centers – Brighton/Rochester
995 Senator Keating Boulevard
Building E, Suite 500
Rochester, NY 14618

Dispensing Facility #4 (Albany County)

Origin Health Centers – Colonie/Albany
18 Computer Drive West
Albany, NY 12205

In addition, Valley Agriceuticals recognizes that as patient adoption increases in subsequent years, more dispensaries will likely be needed. For this reason, Valley Agriceuticals has also identified regions and specific locations that the company believes complement the existing four locations proposed in this application.

Region	Town/City	County
Region 1- Long Island	Hicksville/Bethpage	Nassau
Region 8- Central New York	Syracuse	Onondaga
Region 11- Western New York	Buffalo	Erie

Valley Agriceuticals recognizes that the Department will make final decisions on dispensary locations. The company fully respects this fact and will work with the Department if different locations are deemed more suitable.

Within this Attachment we have provided a full set of information for our four dispensing facilities.

Ultimately, Valley Agriceuticals recognizes this unique opportunity under the superior structure of New York's Medical Marijuana Program to develop and implement the 'gold standard' for all other states and countries to follow. It is with this consideration that Valley Agriceuticals has developed detailed, plans for pharmaceutical-grade medicine, a state-of-the-art manufacturing facility, and the Origin Health Centers dispensaries.

ATTACHMENT A: FACILITIES
PHL § 3365 10-NYCRR § 1004.5 (B) (3)

ORIGIN HEALTH CENTERS- ALBANY

DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET, ROOM 900
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

May 27, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I am aware of Valley Agriceuticals' desire to open a facility in Albany County for the dispensation of medical cannabis products to patients with a prescription. I understand the proposed facility would be located at 18 Computer Drive West, Albany, New York.

Please know that I support the location of a medical cannabis dispensary within Albany County, believing that such a facility will be an asset to patients in our community.

Sincerely,

Daniel P. McCoy

Daniel P. McCoy
Albany County Executive

PHIL STECK
Member of Assembly, 110th District

THE ASSEMBLY STATE OF NEW YORK ALBANY

COMMITTEES
Children & Families
Health
Insurance
Judiciary
Transportation

May 05, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I'm writing to express my strong support for the medicinal cannabis license application of Valley Agriceuticals.

Valley Agriceuticals exemplifies the professionalism required to securely grow, manufacture, and market pharmaceutical-grade medicinal cannabis products in New York State. Their clinical, pharmaceutical, and pharmacy management expertise make them uniquely qualified to operate a medical marijuana business to standards unparalleled in the United States. In addition, their strong security and compliance leadership will ensure patient and community safety.

I am aware that Valley Agriceuticals hopes to open a dispensary at in my Assembly District at 18 Computer Drive West, Albany, New York. I support this proposal and I am confident that Valley Agriceuticals will be a responsible corporate citizen that, in addition to addressing the needs of patients, will be an asset to the communities they do business in.

Sincerely,

Phil Steck
Member of Assembly

ALBANY OFFICE: Room 819, Legislative Office Building, Albany, New York 12248 · 518-455-5931, FAX: 518-455-5840
DISTRICT OFFICE: 1609 Union Street, Schenectady, New York 12309 · 518-377-0902, FAX: 518-377-0458
EMAIL: steckp@assembly.state.ny.us

TOWN OF COLONIE

PLANNING AND ECONOMIC DEVELOPMENT DEPARTMENT

Public Operations Center
347 Old Niskayuna Road
Latham, New York 12110

Paula A. Mahan
Town Supervisor

Phone (518)783-2741 Fax (518)783-2888
Planning Board Agenda (518)783-1511
www.colonie.org/pedd

Joseph LaCivita
Director

June 1, 2015

Mr. Erik Holling
President
Valley Agriceuticals
2500 Westchester Ave
Purchase, NY 10577

Dear Mr. Holling:

I'm writing with regard to Valley Agriceuticals proposed medical cannabis dispensary in the Town of Colonie.

Pursuant to the plans and other submitted materials, it is our conclusion that your proposed use of office space at 18 W. Computer Drive, Colonie, New York, would be a permitted use. As such, should the state of New York issue Valley Agriceuticals a license to grow and dispense medical cannabis, your company could proceed to operate this business at the aforementioned location without the need for a zoning change or any other variances. As the project progress a formal zoning request will need to be submitted along with an application for build out so we can confirm our initial review

Should you have any additional questions please do not hesitate to contact me.

Sincerely,

Joe LaCivita, Director
Planning and Economic Development

Brian R. Haak
Councilman
Town of Colonie
Memorial Town Hall
P.O. Box 508
Newtonville, New York 12128

(518) 225-5650

Liaison Areas:
Assessor
Civil Service
Community Development
Human Resources

May 14, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, New York 12204

RE: Valley Agriceuticals' License Application

Dear Madam or Sir:

I write, as a Councilman-at-Large for the town of Colonie, to express my strong and full support for the medicinal cannabis license application of Valley Agriceuticals for a location at 18 Computer Drive West in the town of Colonie.

I am aware and understand that Valley Agriceuticals hopes to open this facility at 18 Computer Drive West, which is located in the town of Colonie, which I represent, and I am support this application without any reservation. The dispensary will continue Colonie's efforts to retain and expand its reputation as a medical center for the Capital Region and Valley Agriceuticals exemplifies the requisite experience and professionalism to operate a medical marijuana dispensary in full accordance with New York State law.

Having reviewed the plans of Valley Agriceuticals for a medicinal cannabis dispensary within the town of Colonie, I fully support the plan and am convinced that Valley Agriceuticals will be a responsible corporate citizen and will address the vital needs of patients.

Sincerely yours,

Brian R. Haak
Town Councilman

NEW YORK
STATE
SENATE
ALBANY, NEW YORK 12247

NEIL D. BRESLIN
SENATOR, 44TH DISTRICT

LEGISLATIVE ETHICS COMMISSION

RANKING MINORITY MEMBER
INSURANCE COMMITTEE

COMMITTEES
BANKS
EDUCATION
FINANCE
HIGHER EDUCATION
JUDICIARY
RULES

ROOM 414
STATE CAPITOL
ALBANY, NEW YORK 12247
TEL. 518-455-2225
FAX 518-426-6807

May 12, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

RE: Valley Agriceuticals' Application for Medical Cannabis Licensure

To Whom It May Concern:

I'm writing to express my strong support for the medicinal cannabis license application of Valley Agriceuticals.

Valley Agriceuticals exemplifies the professionalism required to securely grow, manufacture, and market pharmaceutical-grade medicinal cannabis products in New York State. Their clinical, pharmaceutical, and pharmacy management expertise make them uniquely qualified to operate a medical marijuana business to standards unparalleled in the United States. In addition, their strong security and compliance leadership will ensure patient and community safety.

I am aware that Valley Agriceuticals hopes to open a dispensary at 18 Computer Drive West, Albany, New York. I support this proposal, and I am confident that Valley Agriceuticals will be a responsible corporate citizen that, in addition to addressing the needs of patients, will be an asset to the communities they do business in.

Sincerely,

Neil D. Breslin

Neil D. Breslin
Member of Senate

NDB:bsr

ATTACHMENT A: FACILITIES
PHL § 3365 10-NYCRR § 1004.5 (B) (3)

ORIGIN HEALTH CENTERS - MANHATTAN

OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN
THE CITY OF NEW YORK

1 Centre Street, 19th floor, New York, NY 10007
(212) 669-8300 p (212) 669-4306 f
163 West 125th Street, 5th floor, New York, NY 10027
(212) 531-1609 p (212) 531-4615 f
www.manhattanbp.nyc.gov

Gale A. Brewer, Borough President

May 26, 2015

Steve Malito, Esq.
Davidoff, Hutcher & Citron LLP
200 Garden City Plaza, Suite 315
Garden City, NY 11530

Dear Mr. Malito:

I write to thank you for bringing your client, Valley Agriceuticals, in to speak to me and my staff concerning their efforts to become a producer and dispenser of medical marijuana in New York State.

I was impressed with the dedication of your client's key personnel and the protocols and processes they described. I know that New York State laws and regulations authorizing the production and distribution of medical marijuana limit the numbers of producers and their dispensaries and believe that any network of dispensaries should include Manhattan as a key location.

Again I thank you and your client for taking the time to meet with me.

Sincerely,

Gale A. Brewer

ATTACHMENT A: FACILITIES
PHL § 3365 10-NYCRR § 1004.5 (B) (3)

ORIGIN HEALTH CENTERS - ROCHESTER

TOWN OF BRIGHTON
MONROE COUNTY, NEW YORK

June 1, 2015

Erik Holling, President
Valley Agriceuticals, LLC
2500 Westchester Avenue
Purchase, NY 10577

RE: 995 Senator Keating Blvd., Bldg. E, Brighton, New York
Medical Cannabis Dispensary

Dear Mr. Holling:

Pursuant to your inquiry, this letter shall serve to verify that the referenced property, 995 Senator Keating Blvd., Bldg E (Tax ID #149.07-1-3.62), is zoned BE-1 Office and Office Park District and its use for medical offices is a permitted use within this zoning district in accordance with the Code of the Town of Brighton Comprehensive Development Regulations.

It is my understanding that a medical cannabis dispensary will be a certified health facility under a license issued by the New York State Department of Health. A health facility (under the Town of Brighton Comprehensive Development's definition of medical offices) is a permitted use in the BE-1 Office and Office Park District.

If you have any questions, please feel free to contact me at (585) 784-5229.

Sincerely,

Ramsey Boehner, Town Planner
Building & Planning Department

2300 Elmwood Avenue • Rochester, New York 14618 • 585-784-5250 • Fax: 585-784-5373
http://www.townofbrighton.org

ATTACHMENT A: FACILITIES
PHL § 3365 10-NYCRR § 1004.5 (B) (3)

VALLEY AGRICEUTICALS – WALLKILL

County Legislature

L. Stephen Brescia, Chairman
15 Matthews Street – Suite 203
Goshen, NY 10924

Tel: (845) 291-4800 ☎ Fax: (845) 291-4809

May 19, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, New York 12204

To Whom It May Concern:

I am writing to you in my capacity as Legislator for the 9th Legislative District which encompasses the Town of Montgomery, Village of Maybrook, and the Town of Wallkill. I am a lifelong resident of the Village of Montgomery and have been mayor since 1990. Additionally, I presently serve as Chairman of the Orange County Legislature.

Valley Agriceuticals' proposal to operate a medical marijuana business in the Town of Wallkill would be a welcome addition to the expanding medical community in the Hudson Valley. The principles and backers involved in this company have done their homework and have exemplary knowledge of the strict rules concerning the siting and operation of this type of facility. They have addressed the siting rules in the Town of Wallkill perfectly.

I strongly support the medicinal cannabis license application of Valley Agriceuticals and their intention to open a cultivation facility at Dosen and Cortright Roads in the Town of Wallkill, New York. Valley Agriceuticals has the wherewithal to open a facility which will be successful in all aspects of the operation.

Very truly yours,

L. Stephen Brescia

L. Stephen Brescia, Legislator
9th Legislative District
Mayor, Village of Montgomery

Maureen Halahan
President/CEO

ORANGE COUNTY
PARTNERSHIP
OFFICE OF ECONOMIC DEVELOPMENT
NEW YORK

40 Matthews Street, Suite 108
Goshen, NY 10924
(845) 294-2323
Fax: (845) 294-8023
info@ocpartnership.org
http://www.ocpartnership.org

EXECUTIVE DIRECTORS:

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Andrew Fetherston, Co-Chair
John Lavelle, Co-Chair

April 29, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I'm writing to express my strong support for the medicinal cannabis license application of Valley Agriceuticals.

Valley Agriceuticals exemplifies the professionalism required to securely grow, manufacture, and market pharmaceutical-grade medicinal cannabis products in New York State. Their clinical, pharmaceutical, and pharmacy management expertise make them uniquely qualified to operate a medical marijuana business to standards unparalleled in the United States. In addition, their strong security and compliance leadership will ensure patient and community safety.

I am aware that Valley Agriceuticals hopes to open a manufacturing facility at Dosen and Cortright Roads in Wallkill, New York. I support this proposal, and I am confident that Valley Agriceuticals will be a responsible corporate citizen that, in addition to addressing the needs of patients, will be an asset to the communities they do business in.

Sincerely,

Maureen Halahan
President & CEO

JOHN J. BONACIC
SENATOR, 42ND DISTRICT

CHAIR
COMMITTEES ON
JUDICIARY
RACING, GAMING & WAGERING

DEPUTY REPUBLICAN CONFERENCE LEADER
FOR STATE/FEDERAL RELATIONS

THE SENATE
STATE OF NEW YORK

COMMITTEES
ALCOHOLISM
BANKS
CHILDREN & FAMILIES
CULTURAL AFFAIRS, TOURISM, PARKS & RECREATION
FINANCE
HOUSING, CONSTRUCTION & COMMUNITY DEVELOPMENT
RULES

April 29, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I'm writing to express my strong support for the medicinal cannabis license application of Valley Agriceuticals.

Valley Agriceuticals exemplifies the professionalism required to securely grow, manufacture, and market pharmaceutical-grade medicinal cannabis products in New York State. Their clinical, pharmaceutical, and pharmacy management expertise make them uniquely qualified to operate a medical marijuana business to standards unparalleled in the United States. In addition, their strong security and compliance leadership will ensure patient and community safety.

I am aware that Valley Agriceuticals hopes to open a manufacturing facility at Dosen and Cortright Roads in Wallkill, New York. I support this proposal, and I am confident that Valley Agriceuticals will be a responsible corporate citizen that, in addition to addressing the needs of patients, will be an asset to the communities they do business in. Valley Agriceuticals has demonstrated their commitment to the community by working closely with officials from the Town of Wallkill and reaching out directly to the community through the informational session they held.

Thank you for your time and consideration of their application.

Sincerely,

JOHN J. BONACIC
State Senator

JJB/ajw

ALBANY OFFICE: ROOM 509 LEGISLATIVE OFFICE BUILDING, ALBANY, NY 12247 (518) 455-3181
DISTRICT OFFICE: 201 DOLSON AVENUE, SUITE F, MIDDLETOWN, NY 10940 (845) 344-3311
SATELLITE OFFICE: 111 MAIN STREET, DELHI, NY 13753
EMAIL: BONACIC@NYSENATE.GOV

Resolution No. 80 of 2015

THE TOWN OF WALLKILL
TOWN BOARD

The following was presented

By Mr. Depew

Sec'd by Mr. Tulp

Date of Adoption April 15 2015

ROLL CALL VOTE

Names	Ayes	Noes	Abstain	Absent
Supervisor **Mr. Depew**	X			
Councilman **Mr. Carr**	X			
Councilman **Mr. Valentin**	X			
Councilman **Mr. Rotundo**	X			
Councilman **Mr. Tulp**	X			
TOTAL	5			

RESOLUTION OF THE TOWN BOARD OF THE TOWN OF WALLKILL, NEW YORK IN SUPPORT OF THE APPLICATION OF VALLEY AGRICEUTICALS, LLC TO DEVELOP AND OPERATE A MEDICAL MARIJUANA FACILITY ON LANDS WITHIN THE TOWN

WHEREAS, New York State, which legalized the use of medical marijuana in July 2014, has developed guidelines and procedures contained in Title 10 of the New York Codes, Rules and Regulations by which applicants may seek a license to become a "registered organization" with permission to construct and operate medical marijuana agricultural facilities within the State; and

WHEREAS, Valley Agriceuticals, LLC is interested in becoming a registered organization in order to develop and operate a medical marijuana agricultural facility within the Town of Wallkill (the "Project") on land located in the RA-Rural Agricultural Zone of the Town at the intersection of Dosen and Cortright Roads known as Tax Map # 13-1-7 (the "Project Site"); and

WHEREAS, the Project Site, comprised of over seventy (70) acres, would only be developed to the extent of not exceeding ten (10) acres of agricultural facilities, which facilities, to the greatest extent practicable, would not be visible or audible to neighboring properties or adjoining roads, and the remainder of the Project Site would be preserved by Valley Agriceuticals, LLC as undeveloped open space; and

WHEREAS, Valley Agriceuticals, LLC has stated an intent to file an application with New York State seeking a license to develop and operate a medical marijuana production facility at the Project Site, which has been determined to be an acceptable use for the property based on the Town's Zoning Laws. As a condition of filing its application with the State, Valley Agriceuticals, LLC is required to demonstrate community support for its application; and

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

Aileen M. Gunther
Member of Assembly
100th District

CHAIR
Mental Health

CHAIR
Subcommittee on Women's Health

COMMITTEES
Agriculture
Environmental Conservation
Health
Racing and Wagering
Real Property Taxation

April 29, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I'm writing to express my strong support for the medicinal cannabis license application of Valley Agriceuticals.

Valley Agriceuticals exemplifies the professionalism required to securely grow, manufacture, and market pharmaceutical-grade medicinal cannabis products in New York State. Their clinical, pharmaceutical, and pharmacy management expertise make them uniquely qualified to operate a medical marijuana business to standards unparalleled in the United States. In addition, their strong security and compliance leadership will ensure patient and community safety.

As the only nurse in the New York State Assembly, I have been moved by the stories of patients who have achieved a better quality of life through the use of medicinal cannabis. In addition to the pharmaceutical benefits, I voted in favor of the legalization of medicinal cannabis because of the potential for positive economic impact in New York.

I am particularly pleased that Valley Agriceuticals hopes to open a manufacturing facility in the 100th Assembly District, at Dosen and Cortright Roads in the Town of Wallkill, New York. I have no doubt they will be a responsible neighbor, corporate citizen, and asset to the community and encourage your favorable consideration of their application.

Sincerely,

Aileen M. Gunther

Aileen Gunther
Member of Assembly

ALBANY OFFICE: Room 826, Legislative Office Building, Albany, New York 12248 ▯ 518-455-5355, FAX 518-455-5239
DISTRICT OFFICE: 18 Anawana Lake Road, Monticello, New York 12701 ▯ 845-794-5807, FAX 845-794-5910
DISTRICT OFFICE 16 James St. - 3rd floor, Middletown NY 10940 ▯ 845-342-9304 – FAX 845-343-9847
gunthea@assembly.state.ny.us

STEVEN M. NEUHAUS
COUNTY EXECUTIVE

May 5, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I'm writing to express my support for the medicinal cannabis license application of Valley Agriceuticals.

Based on the information provided to me by Valley Agriceuticals, it appears the company has high business standards and would be an asset to the County in the creation of jobs and the development of a product that can be used by those with serious medical conditions. The company indicates to me they are undertaking necessary security measures and governmental compliance to ensure the development of a quality, legal product that can serve the patient community.

I am aware that Valley Agriceuticals hopes to open a manufacturing facility at Dosen and Cortright Roads in Wallkill, New York. I support this proposal, and I am confident that Valley Agriceuticals will be a responsible corporate citizen that, in addition to addressing the needs of patients, will be an asset to the communities in which they do business.

Sincerely,

Steven M. Neuhaus
County Executive

40 MATTHEWS STREET GOSHEN, NEW YORK 10924 TEL: 845-291-2700 FAX: 845-291-2724

ATTACHMENT A: FACILITIES
PHL § 3365 10-NYCRR § 1004.5 (B) (3)

ORIGIN HEALTH CENTERS - WESTCHESTER

DAVID BUCHWALD
Assemblyman 93rd District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Subcommittee on
Election Day Operations and
Voter Disenfranchisement

COMMITTEES
Consumer Affairs and Protection
Corporations, Authorities and Commissions
Election Law
Governmental Operations
Judiciary
Local Governments

May 6, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I am writing in support of the medicinal cannabis license application of Valley Agriceuticals.

Valley Agriceuticals has demonstrated professionalism with my staff and me, as well as with partners in government.

When I first heard of Valley Agriceuticals' proposed dispensary operation, which would be located in my Assembly district, at 3020 Westchester Avenue in Purchase, I had several concerns about the security of the proposed dispensary, particularly when it came to the surrounding residential communities. Valley Agriceuticals has assured me that their security system is robust and more than capable of addressing those concerns.

I support Valley Agriceuticals' proposal, and I am confident that they will be a responsible corporate citizen and neighbor that, in addition to addressing the needs of patients, will be an asset to the communities they serve.

Sincerely yours,

David Buchwald

David Buchwald
Member of the New York State Assembly
93rd District

DISTRICT OFFICE: 125-131 East Main Street, Suite 204, Mount Kisco, New York 10549 • 914 -244-4450, FAX: 914-244-4453
ALBANY OFFICE: Room 331, Legislative Office Building, Albany, New York 12248 • 518 -455-5397, FAX: 518-455-5041
EMAIL: BuchwaldD@assembly.state.ny.us

GEORGE LATIMER
37TH SENATE DISTRICT

ALBANY OFFICE
ROOM 615
LEGISLATIVE OFFICE BUILDING
ALBANY, NEW YORK 12247
PHONE: (518) 455-2031
FAX: (518) 426-6860

DISTRICT OFFICE
222 GRACE CHURCH STREET
SUITE 300
PORT CHESTER, NEW YORK 10573
PHONE: (914) 934-5250
FAX: (914) 934-5256

E-MAIL: LATIMER@NYSENATE.GOV

WEBSITE: LATIMER.NYSENATE.GOV

THE SENATE
STATE OF NEW YORK
ALBANY

COMMITTEES:
EDUCATION, RANKING MINORITY MEMBER
BANKS
CONSUMER PROTECTION
ENVIRONMENTAL CONSERVATION
INSURANCE
LOCAL GOVERNMENT
RACING, GAMING AND WAGERING

April 29, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I'm writing to express my strong support for the medicinal cannabis license application of Valley Agriceuticals.

Valley Agriceuticals exemplifies the professionalism required to securely grow, manufacture, and market pharmaceutical-grade medicinal cannabis products in New York State. Their clinical, pharmaceutical, and pharmacy management expertise make them uniquely qualified to operate a medical marijuana business to standards unparalleled in the United States. In addition, their strong security and compliance leadership will ensure patient and community safety.

I am aware that Valley Agriceuticals hopes to open a dispensary at 3020 Westchester Avenue, Purchase, New York. I support this proposal, and I am confident that Valley Agriceuticals will be a responsible corporate citizen that, in addition to addressing the needs of patients, will be an asset to the communities they do business in.

Sincerely,

George Latimer
NYS Senator, 37th S.D.

TOWN OF HARRISON
VILLAGE OF HARRISON
ALFRED F. SULLA, JR. MUNICIPAL BUILDING
BUILDING DEPARTMENT
1 HEINEMAN PLACE
HARRISON, NEW YORK 10528

Telephone: (914) 670-3050
Fax: (914) 835-7491

May 12, 2015

Erik Holling
President
Valley Agriceuticals, LLC
2500 Westchester Avenue
Purchase, NY 10577

RE: Proposed Medical Cannabis Dispensary
3020 Westchester Avenue

Dear Mr. Holling,

Pursuant to a review of your companies brochure and the proposed office layout plan for the dispensary and offices, along with your letter of April 29, 2015 outlining your business format for this location. It is my determination that your proposed use of the office suites located at 3020 Westchester Avenue is a permitted use.

3020 Westchester Avenue is located in an SB-O zoning district which permits Professional office use as of right. Your proposed medical office/dispensary is consistent with other medical offices both within this building and other buildings within the SB-O zone along Westchester Avenue.

Please feel free to contact me at 914-670-3051 if you have any questions.

Yours truly,

Robert W. FitzSimmons
Building Inspector / Fire Marshal
Town and Village of Harrison

Cc: Ron Belmont, Supervisor and Mayor T/V Harrison
Vince Marrone, Public Strategies, LLC

WESTCHESTER COUNTY BOARD OF LEGISLATORS

Voice of the People of Westchester County for over 300 years

James Maisano
Legislator, 11th District
Vice Chairman of the Board of Legislators

Committee Assignments:
Rules
Legislation
Environment & Energy
Hispanic Affairs Task Force

May 7, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I'm writing to express my strong support for the medicinal cannabis license application of Valley Agriceuticals.

Valley Agriceuticals exemplifies the professionalism required to securely grow, manufacture, and market pharmaceutical-grade medicinal cannabis products in New York State. Their clinical, pharmaceutical and pharmacy management expertise make them uniquely qualified to operate a medical marijuana business to standards unparalleled in the country. In addition, their strong security and compliance leadership will ensure patient and community safety.

I am aware that Valley Agriceuticals hopes to open a dispensary at 3020 Westchester Avenue, Purchase, New York. I support this proposal and am confident that Valley Agriceuticals will be a responsible corporate citizen that, in addition to addressing the needs of patients, will be an asset to the communities they do business in.

Sincerely,

James Maisano

JM/ald

Tel: (914) 995-2826 • Fax: (914) 995-3884 • E-mail: Maisano@westchesterlegislators.com

800 Michaelian Office Bldg., 148 Martine Avenue, White Plains, N.Y. 10601 • www.westchesterlegislators.com • 914.995.2800 (main voice)

WESTCHESTER COUNTY BOARD OF LEGISLATORS

Voice of the People of Westchester County for over 300 years

David B. Gelfarb
Legislator, 6th District

Committee Assignments:
Chair, Public Safety & Security
Vice Chair, Law Committee
Vice Chair, Appointments Committee
Budget & Appropriations
Economic Development & Capital Projects

May 6, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To Whom It May Concern:

I write to express my support for the medicinal cannabis license application of Valley Agriceuticals ("Valley") and to urge that the application be given serious consideration by the Bureau.

Valley exemplifies the professionalism required to securely grow, manufacture and market pharmaceutical-grade medicinal cannabis products in New York State. Valley's clinical, pharmaceutical, and pharmacy management expertise makes it eminently qualified to operate a medical marijuana business that will not only meet but surpass the standards of the Department and New York State government overall. In addition, Valley's strong security and compliance leadership will ensure both patient and community safety.

I am aware that Valley Agriceuticals hopes to open a dispensary at 3020 Westchester Avenue, Purchase, New York. I support this proposal, and I am confident that Valley Agriceuticals will be a responsible corporate citizen that, in addition to addressing the needs of patients, will be an asset to the communities that it does business in.

Very truly yours,

David B. Gelfarb
Legislator, District 6
(Rye Brook, Port Chester, and Harrison)

Tel: (914) 995-2834 • Fax: (914) 995-3884 • E-mail: Gelfarb@westchesterlegislators.com

800 Michaelian Office Bldg., 148 Martine Avenue, White Plains, N.Y. 10601 • www.westchesterlegislators.com • 914.995.2800 (main voice)

VALLEY AGRICEUTICALS

ATTACHMENT B: EQUIPMENT

ATTACHMENT B: EQUIPMENT

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Pursuant to the guidelines required by Public Officers Law § 89(5), the content outlined on this page is considered by Applicant as “trade secrets” or “critical infrastructure information,” and qualifies for an exception in accordance with that provision as set forth on page 6 of the Instructions for Application for Registration as a Registered Organization.

SECURITY EQUIPMENT

The following is a list of the security equipment we will use to ensure all aspects of our Seed-to-Sale Business Model remain protected throughout the entire process and at each facility. The list is broken into these categories: Detection and Surveillance; Burglary Alarms; Other Security Technology. As our needs change and/or as technology advances, we will add or replace the items listed below to safeguard our process and products.

Detection and Surveillance

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE

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

Pursuant to the guidelines required by Public Officers Law § 89(5), the content outlined on this page is considered by Applicant as “trade secrets” or “critical infrastructure information,” and qualifies for an exception in accordance with that provision as set forth on page 6 of the Instructions for Application for Registration as a Registered Organization.

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

Pursuant to the guidelines required by Public Officers Law § 89(5), the content outlined on this page is considered by Applicant as “trade secrets” or “critical infrastructure information,” and qualifies for an exception in accordance with that provision as set forth on page 6 of the Instructions for Application for Registration as a Registered Organization.

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

Burglary Alarms

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE

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

Pursuant to the guidelines required by Public Officers Law § 89(5), the content outlined on this page is considered by Applicant as “trade secrets” or “critical infrastructure information,” and qualifies for an exception in accordance with that provision as set forth on page 6 of the Instructions for Application for Registration as a Registered Organization.

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

Other Security Technology

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE

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

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MANUFACTURING EQUIPMENT

The following section describes the equipment and materials utilized throughout the manufacturing activities for our Seed-to-Sale Business Model. The list is broken into these major categories: Cultivation; Extraction; Production, QA/QC and Security. We will add or replace items listed below as necessary to provide products that meet or exceed the State of New York's Department of Health standards and that ensure patients receive the highest quality products available.

Cultivation – Cloning

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Rock wool	Grodan/various models	These graduated cubes act ask a growing media and are used to house the clones during the rooting phase of the cloning process. Specs: 1" to 3" cubes; tremendous capacity for absorbing nutrient solution; retains plenty of oxygen for rapid plant growth; comes in graduated sizes (i.e. 1", 3", etc.); seedlings started in cubes are easily transferred to blocks and then onto slabs, if desired, or transplanted into more traditional planters and growing mediums.	
Heat Mat Thermostat	Hummert International/Redi-Heat RDT-4	This device is used to control the temperature of the bench top heat mat. Specs: digital temperature control; precise temperature control of the bench top heat mat.	
Bench top Heat Mat	Hummert International/Redi-Heat RHM-HD 21"x5'	These heat mats are used in conjuncture with the cloning trays to control temperature of the cloning tray. Specs: thin rollout mat; creates warm environment; promotes rapid rooting.	
Dome	Hydrofarm/ CK64081	These domes are used in conjuncture with the cloning trays and regulate humidity and temperature during the rooting phase of the cloning process. Specs: fit directly onto the standard 10 x 20" cut kit trays; create a humid and warm environment ideal for cuttings and seed germination; tall 7.5" dome gives extra height for your taller cuttings; adjustable vents allow for perfect humidity and temperature control.	
T5 Fluorescent Grow Hood	Hydrofarm/ FLP46	These hoods will be used to provide lighting for the clones. Specs: high performance, flexibility, and high lumen output; daisy-chainable for multiple hanging configurations; German specular aluminum with energy-efficient/high-output T5 bulbs; double the light output of normal fluorescent systems.	
Cloning Tray	Nolt's Produce Supplies/ CF-220	These trays are used to house the rockwool cubes and are ideal for seed and cutting propagation (rooting). Specs: 21" x 11" x 2½"; heavy duty plastic; no holes; reinforced sides and lip; UV protection for durability and long life.	

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Cloning Work Cart	ULINE/ H-1066BL	These work carts will be used to transport clones and cloning supplies to and from the cloning area. Specs: low-profile handle won't get in your way; built in bottle holder; tough structural foam won't rust, chip or dent; 2 5/8" deep trays are 18 7/8" apart; non-marking 5" casters: 2 swivel, 2 rigid; NSF Certified.	
Mobile Cloning Racks	ULINE/ H-1752-72	These racks will be used to house the clones during the cloning process. Specs: tough, heavy duty, capable of supporting large loads; easy to clean; won't collect dirt; shelves adjust in 1" increments; 5" locking swivel casters included; NSF Certified.	
Cloning Work Table	ULINE/ H-2229FGR	These tables will provide a sturdy work surface for prepping clones. Specs: set up in seconds for extra work space anywhere; blow-molded polyethylene top; 29" fixed table height with locking steel legs; H-2754 Folding Bench – compact, portable work surface; NSF Certified.	
T5 Fluorescent Grow Bulbs	Various manufacturers/T5 4 foot length	These grow bulbs will be utilized with the T5 fluorescent grow hood to provide lighting for the clones. Specs: 5,000 initial lumen output; 54 watt warm spectrum; does not harm the plants; Rated 20,000 hour life.	

Cultivation – Veg / Grow Rooms

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Grow Trays	Botanicare/2'x8' LT tray, white	These trays will be used to house the plants during the vegetative phase of the growing process. Specs: white for maximum light reflectivity; durable high impact ABS plastic; UV resistant coating; can be drilled (plumbed) for ebb & flow use.	
Air Scrubber	Can-Filters/ CF358710	These activated charcoal filters are used to control the VOCs, odors, and other gaseous contaminants produced during the growing process. Specs: built with a proven packed bed design and pelletized virgin activated carbon; this line of time-tested activated carbon air filters sets the standard for long life, consistent performance, and low-pressure drop; rated at a conservative 0.1 sec contact time; can filters can be mounted vertically or horizontally and come with a poly pre-filter to prolong the life of the carbon; integrated into our exhaust system, all the air that leaves the growing environment is totally and completely scrubbed before exiting.	
Tables	Conley's/Conley's Value Stationary Bench	These tables will be used to house the vegging plants and designed to hold the combined weight of the water logged grow media. Specs: mesh surface for water drainage; heavy duty, stainless steel construction capable of supporting large loads; NSF Certified.	

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Gavita E-Series Grow Lighting	Gavita Holland/ Pro 750e 120/240 DE US/18.60.74.14.20	These lights will be utilized in the production facility to promote growth during the vegetative phase of the growing process and to provide supplemental lighting during the bloom phase of the growing process. Specs: 825w/240V - high intensity growing light; adjustable intensity based on natural light conditions. Consideration for the lighting system needs to be taken into account when designing the electrical load for the production facility.	
Gavita Master Controller EL-1	Gavita Holland/Master Controller EL-1/ 60.55.00	This master control unit will be used to control the on and off times for the Gavita E-Series lighting during the vegetative and bloom phase of the growing process. Digital automatic controller. Consideration for the lighting system needs to be taken into account when designing the electrical load for the production facility.	
CO2 Generator	Johnson Gas/ NO. 1332	These CO2 generators will be used to create and dispense gaseous CO2 into the grow spaces. Natural gas or propane fueled. Energy efficient. Consideration for the exhaust of carbon monoxide within the enclosed vegetative and bloom spaces has been taken into account when designing the HVAC system for the production facility.	
Inline Flow Fan	Max Fan/8”	The Max Fan is an inline mixed flow fan that is utilized in conjuncture with the can-filter brand air scrubbers capable of medium to high static pressure. Specs: extremely energy efficient; small airtight housing; easy installation; lower transportation cost; aerodynamically optimized airflow, quiet operation, and high efficiency design.	
Dehumidification System	Quest Dual 205 Dehumidifier/ 4033060	This unit will be used to regulate the humidity in the grow spaces by removing excess water vapor from the air. Digital automatic controller. Consideration for the amount of water to be removed from the air has been taken into account when designing the HVAC and water treatment for the production facility.	
Grow Pots	Smart Pot/various models	These pots will be used to house the plants during the vegetative and bloom phases. Specs: felt based plant pots; holds growing media while allowing root bed to breath; prevents over watering of plants.	
Oscillating or Solid Fan	ValuTek/18”	These fans will be used inside the grow spaces to promote airflow, eliminate stagnate air pockets and reducing the risk of mold or mildew growth. Specs: perfect for any indoor garden application; adjustable; 3-speed control switch; energy efficient and whisper quiet.	
Black Tubing	Various manufacturers/models	This black tubing will be used for irrigation. Specs: black to prevent algae growth inside the tubing; lightweight, flexible and extremely durable.	

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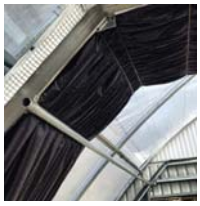
Environmental Controllers	Various manufacturers/models	These units will be implemented to control the temperature, humidity, airflow and CO2 level within the various grow spaces. The example shown is for the CO2 controller; however there will be multiple controllers for the various aspects of the growing environment that need to be maintained. Digital automatic controller. Consideration for the layout of each control system needs to be taken into account when designing the production facility.	

Cultivation – Flower Room / Greenhouse

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Dehumidification System	AGAM VLHC 1020	This unit will be used to regulate the humidity in the grow spaces by removing excess water vapor from the air. Digital automatic controller. Consideration for the amount of water to be removed from the air has been taken into account when designing the HVAC and water treatment for the production facility.	
Mobile Room Scrubber	Aller Air Purifier/I-6500	These activated charcoal filters are used to control the VOCs, odors, and other gaseous contaminants produced during the growing process. Specs: built with a proven packed bed design and pelletized virgin activated carbon; this line of time-tested activated carbon air filters sets the standard for long life, consistent performance, and low-pressure drop; integrated into our exhaust system, all the air that leaves the growing environment is totally and completely scrubbed before exiting.	
Backpack Sprayer	Cifarelli/ M3PSRA	This sprayer will be used in the greenhouses and veg spaces to deliver liquid fertilizers and pesticides onto the plants. Specs: one unit for fertilizers; one unit for pesticides; completely aerosolizes liquids.	
Light Deprivation System	Conley's/Custom	This system will be used to control the amount of light contamination from the outside environment as well as control the amount of light pollution created by the production facility. Specs: automated shading control system; allows for manipulation of the lighting cycle in an outdoor grow facility; blocks evening lighting from escaping greenhouse and causing light pollution; light deprivation system may be built into greenhouse infrastructure.	
Custom Rolling Tables	Custom	These tables will be used to house the plants while in the greenhouse and are designed to hold the combined weight of the water logged grow media and the plant material itself. Example shown is not the exact table that will be used.	

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Delta Fin Radiant Under-Bench Heating	Delta Fin/TF2	These devices are used to keep the root zone warm during cold and deep freeze temperatures while plants are in the greenhouse. Specs: provides heat to plants through growing media/root zone heat; associated facility infrastructure such as boiler system required.	
Gavita E-Series Grow Lighting	Gavita Holland/ Pro 750e 120/240 DE US/18.60.74.14.20	These lights will be utilized in the production facility to promote growth during the vegetative phase of the growing process and to provide supplemental lighting during the bloom phase of the growing process. Specs: 825w/240V - high intensity growing light; adjustable intensity based on natural light conditions. Consideration for the lighting system needs to be taken into account when designing the electrical load for the production facility.	
Gavita Master Controller EL-1	Gavita Holland/Master Controller EL-1/ 60.55.00	This master control unit will be used to control the on and off times for the Gavita E-Series lighting during the vegetative and bloom phase of the growing process. Digital automatic controller. Consideration for the lighting system needs to be taken into account when designing the electrical load for the production facility.	
CO2 Generator	Johnson Gas/ NO. 1332	These CO2 generators will be used to create and dispense gaseous CO2 into the grow spaces. Natural gas or propane fueled. Energy efficient. Consideration for the exhaust of carbon monoxide within the enclosed vegetative and bloom spaces has been taken into account when designing the HVAC system for the production facility.	
Exhaust Fans	Schaefer/48” Fiberglass Exhaust Fan Flush Mount	These fans will be used to exchange the air in the greenhouse with the outside. Specs: standard greenhouse hardware. Large fan. Consideration for the volume of air needed to be exchanged has been taken into account when designing the HVAC system for the greenhouses.	
Grow Pots	Smart Pot/various models	These pots will be used to house the plants during the vegetative and bloom phases. Specs: felt based plant pots; holds growing media while allowing root bed to breath; prevents over watering of plants.	
Intake Louver	TPI Corp./ CESM-48 Motorized Air Intake Shutter	These devices are used to control the air intake into greenhouse. Specs: louver is a part of the HVAC system and opens and closes automatically. Consideration for the volume of air needed to be exchanged has been taken into account when designing the HVAC system for the greenhouses.	
Oscillating or Solid Fan	ValuTek/18”	These fans will be used inside the grow spaces to promote airflow, eliminate stagnate air pockets and reducing the risk of mold or mildew growth. Specs: perfect for any indoor garden application; adjustable; 3-speed control switch; energy efficient and whisper quiet.	

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Black Tubing	Various manufacturers/models	This black tubing will be used for irrigation. Specs: black to prevent algae growth inside the tubing; lightweight, flexible and extremely durable.	
Environmental Controller	Various manufacturers/models	This unit will be implemented to control the temperature, humidity, airflow and CO2 level within the various grow spaces. The example shown is for the CO2 controller; however there will be multiple controllers for the various aspects of the growing environment that need to be maintained. Digital automatic controller. Consideration for the layout of each control system needs to be taken into account when designing the production facility.	

Cultivation – Miscellaneous

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
pH Pen	HM Digital Waterproof pH Meter/PH-200	These devices are used to check the pH of the water, fertilizers, and any other solutions used during the growing process. Specs: digital readout; large display; durable construction.	

Extraction – Preparation

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Hammer Mill	Model #: E - 1A	Used for rendering botanical raw material into a powder. Specs: stainless steel construction; standard pharmaceutical hardware; NSF Certified.	
Convection Oven	Vulcan Model #: VC44ED	Used for decarboxylating the milled botanical material. Standard restaurant hardware. NSF Certified and UL listed. Consideration for the exhaust of the decarboxylated medical marijuana vapors and the fire codes for the production facility location have been taken into account when designing the HVAC system for the production facility.	

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Extraction

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Extractor	Apeks Supercritical Model #: 2000 - 20LD	This device will be used to produce botanical drug substances from medical marijuana utilizing liquid CO2. Specs: stainless steel construction; ASME Certified. Consideration for the exhaust of CO2 in the case of emergencies has been taken into account when designing the HVAC system of the production facility.	

Extraction - Refinement

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Vacuum Pump	Alcatel Model #: 2002/2002A	This device is used to aid in the filtering, rotary evaporation and finishing processes by lower the vapor pressure within a chamber those creating a vacuum. Specs: standard laboratory hardware; NSF Certified and UL Listed.	
Solvent Recycler	CBG Technologies Model #: SLV - 99 - CE(L) - 40	Used in conjuncture with the rotary evaporator to recycle the recovered solvent generated during the evaporation process. Standard laboratory hardware. NSF Certified and UL Listed. Consideration for the operation of the solvent recycler and the fire codes for the location of the production facility have been taken into account in the design of the HVAC system for the production area.	
Vacuum Filter Setup	Filter Flask: Brand Name: KIMAX Model #: 270600 – 4000 Buchner Funnel: Model # G – 1982 Filter Aid Kit: Model # 0139 - 3779 - 10	Used to remove the waxes and other winterized solutes created during the refinement process. Each item listed is a standard piece of laboratory glassware or hardware (labware) and has no special considerations. o Filter Flask o Filter Funnel o Filter Aid (gasket) o Vacuum Filter Apparatus	
Rotary Evaporator	Heldolph Model #: CG - 1334 - H30	Used for the controlled rapid evaporation and recovery of solvent from a solution. Ideal when solvent recovery and costs of goods reduction is mandatory. Standard laboratory hardware. NSF Certified and UL Listed. Consideration for the operation of the rotary evaporator and the fire codes for the location of the production facility have been taken into account in the design of the production area and the equipment necessary to utilize a rotary evaporator.	
Mist Filter	Leybold Model #: SE 8 - 16	This accessory for the vacuum pump is used to filter the mist that is created while operating the vacuum pump. (ONLY FOR OIL PUMPS)	

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Vacuum Oven	Model # SVAC4	Optional piece of equipment used during the finishing process to crystallize the extract. Standard laboratory hardware. NSF Certified and UL Listed.	
Laboratory Freezer	Summit Model #: VT225	Used to winterize the crude extract during refinement. Standard pharmaceutical hardware. NSF Certified and UL Listed.	
Solvent Trap	Welch Model #: 1420H - 14	Used to trap evaporated solvent generated during the filtering, rotary evaporation and finishing processes. Specs: standard laboratory hardware; stainless steel or polished aluminum construction.	

Extraction – Miscellaneous

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Beakers / Bottles / Rods	Various	Beakers, wash bottles and media bottles of assorted sizes, stir rods (glass, magnetic, stainless steel), micro spatulas, scoopulas, sample vials and containers, etc. Beaker and glass stir rod shown. Each item listed is a standard piece of laboratory glassware or hardware (labware).	
Heated Magnetic Stir Plates, Homogenizers, etc.	Various	Each item listed is a standard piece of laboratory glassware or hardware (labware).	
Temperature Gun	Various	Used to check the temperature of finishing botanical drug substances and batch formulations as necessary. This item is a standard piece of utility equipment.	
Barcode Scanner	Various	Used to scan inventory, batch items, and equipment used during the extraction and product manufacturing processes. This item is a standard piece of utility equipment and will be compatible with the seed-to-sale tracking system (Adilas).	
Barcode Printer	Various	Used to print barcodes for inventory, batch items, and equipment used during the extraction and product manufacturing processes. This item is a standard piece of utility equipment and will be compatible with the seed-to-sale tracking system (Adilas).	

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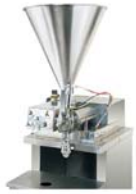
Extraction – Weighing

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Sample Scale	Ohaus Explorer Series Model #: EX423N	Used for precise measuring of ingredients for R&D and to log the weight of samples to be tested. Specs: accurate weighing of small items 400G to 0.001G; NSF Certified and UL Listed; NTEP Certified for trade.	
Product Scale	Ohaus Ranger 3000 Model #: R31P15	Used to log the weight of starting materials and end products and by-products produced during manufacture as well as batching the botanical raw material. Specs: accurate weighing of large items 15KG to 0.5G; NSF Certified and UL Listed; NTEP Certified for trade.	

Production

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Bottle Filling Machine	All Fill Model #: Model 305	Used for the manufacture of both the oral drops and sprays by semi-automated filling empty bottles. Specs: standard commercial product manufacturing equipment; stainless steel construction; wash down safe; pneumatic operation.	
Capsule Filling Machine	CapsulCN Model #: CN - 800/CN - 800CL	Used for the manufacturer of the gelatin capsule by manually filling empty capsules. Standard laboratory hardware. Stainless steel and NSF grade plastic construction.	
CO2 Exhaust System	Custom HVAC	Used in the event of an emergency to evacuate the extraction area in less than 60 seconds. This is a custom system and has been taken into consideration when designing the HVAC system for the extraction area.	Picture Not Available
Stability Testing Chamber	Darwin Chambers	Optional equipment for in-house stability testing of products.	
Round Container Labeling Machine	Model # RL - RL	Use to apply labels to the various round containers that will be utilized during product manufacturing. Standard commercial product manufacturing equipment.	

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Mixing Equipment	Various	Each item listed is a standard piece of laboratory hardware (labware) or restaurant equipment. Stainless Steel mixing equipment and stands are used in the manufacture of the drops and sprays.	
Food Processors	Various	These will be used in the manufacturing of the gelatin capsule.	
Ultraviolet Light Filter	Various	These filters will be utilized in the drying, storage and production areas to maximize product shelf life and minimize degradation of the botanical drug substances during the manufacturing process. Specs: absorbs virtually all UVA and UVB up to 380 nanometers; absorbs 80-99% of UVA up to 390nm and 50-80% up to 400nm; creates color-balanced light from unbalanced fluorescent light; eases visual strain by reducing glare; minimizes fading on textiles, art, and paper products; more than 40% increase in CRI with certain cool fluorescent lamps; creates scotopic effect for enhanced visual acuity; optimized for newer, more cost-effective, triphosphorous fluorescent bulbs; made of thin plastic media .020" thick that lay atop flat light diffuser.	
Fume Hood	Various	Optional equipment utilized during the filtering and reduction processes. Depending on the fire codes in the county where the facility is located this equipment will be necessary.	
UPLC Supercritical CO2 Chromatography Unit	Waters or Agilent	Optional equipment for in-house potency testing of products.	

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Quality Assurance / Quality Control

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
ATP Test Swabs	Hygiena Model #: UltraSnap	These swaps are used during the quality assurance and quality control processes as well as after each sanitization process to confirm a workspace, materials and equipment a sterile and ready for use. Standard quality control hardware.	
Luminometer	Hygiena Model #: SystemSURE Plus	This device is used in conjuncture with the ATP test swaps to provide immediate ATP analysis. Standard quality control hardware.	
Kinetic Bootie Butler	Various	A machine that employees will use to dispense shoe covers before entering designated areas. Can be used anywhere and requires no electricity. Will be set up right outside designated areas. Employee steps in and pulls back and the shoe covers are automatically applied without use of hands, ensuring proper sanitary work conditions.	
Cleaning and Sanitation	Various	Each item listed is a standard piece of laboratory hardware (labware) or restaurant equipment. o Bottle Brushes o Scrubbers o Sponges	
Employee Protective Attire	Various	These items must be worn at all times, or during specific activities, while working in the production area. Each item listed is a standard piece of laboratory hardware (labware) or restaurant equipment.	Pictures On Separate Page

Security

PRODUCT	MODEL / MODEL #	DESCRIPTION & USE	IMAGE

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1. Lab coats

2. Scrubs

3. Close Toed Shoes

4. Shoe covers

5. Beardnets

6. Hairnets

7. Safety Glasses

8. Chemical Gloves

9. Latex Gloves

10. Aprons

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DISPENSARY EQUIPMENT

The following is a list of the equipment that will be in each of our dispensaries. We will add and/or remove items as needed in order to ensure our dispensaries remain professional and secure. In addition, we will take care to provide a comfortable and safe environment for our patients and to create a positive work atmosphere for our employees.

PRODUCT NAME	MODEL / MODEL #	DESCRIPTION & USE	IMAGE
Slave Servers	Adilas Business System Optimization*	These are backup servers to ensure information is protected in the event of Internet disruption.	Picture Not Available
Seed-to-Sale Inventory & Point-of-Sale Software	Adilas Business System Optimization*	State-of-the-art business inventory and point-of-sale software that is Cloud based and customized to the needs of Valley Agriceuticals and the State of New York. Adilas is a fully integrated Operational Platform/Accounting System.	Picture Not Available
Refrigerator	General Electric 15.5 cu. ft. Top Freezer Refrigerator in Stainless Steel	For employees to use during their work shift.	
Microwave	General Electric 2.0 cu. ft. Countertop Microwave in Black	For employees to use during their work shift.	
Driver's License / Credit Card Swiper	ID Tech MiniMag Magnetic Card Readers	The MiniMag is a fully intelligent swipe reader that can be programmed to divide, rearrange, edit, and validate fields of entered data. It can also automatically distinguish AAMVA (American Association of Motor Vehicle Administrators) and California DMV (Department of Motor Vehicles) formats.	
Manual Credit Card Swiper	Manual Credit Card Imprinter: Addressograph 4850	The combination of reliability and low price makes the 4850 the most robust and cost-effective imprinter available. Its low flex base won't bow or bend like other low cost alternatives. Our optional "no card, no print" feature means a sales clerk can't process a transaction without a credit card so you won't lose a sale. Chargebacks occur when a customer or bank disputes a manually entered credit card transaction. Using an Addressograph Bartizan imprinter provides you with a copy of the transaction needed to prevent chargebacks.	
Barcode Scanner	Motorola LI4278-TRBU0100ZWR Barcode Scanner	The Motorola LI4278 allows workers to scan faster and from farther away. Workers can capture virtually any 1D barcode. 100% UPC barcodes can be captured from near contact to over 30 in./76.2 cm away, while 200% UPC codes can be scanned at 55 in./139.7 cm away. Since the LI4278 can capture barcodes at extreme angles, scanning is easier than ever, so workers spend less time maneuvering the scanner and more time on	

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		task.	
Andriod Tablets	Samsung	(Based on availability and technology integration)	
Cash Drawer	Star Micronics SMD2-1214	This model's cash drawer is 12" wide x 14" long with a 5 bill/ 5 coin till.	
Thermal Printer	Star Micronics TSP100 - 3" Thermal Printer	TSP100 futurePRNT, all-in-one receipt printer. Included operating system drivers allow for 'Plug & Play' automatic installation.	
Couches/Tables/Chairs/ TV/Speakers	Various	These items will be used to create a warm, welcoming and safe environment for our patients. An extra table and chairs will be available for employees to use on breaks.	
Credit Card Terminal	Veriphone VX570	The Vx 570 countertop solution offers outstanding performance by combining superior speed and power for quick and reliable payment processing, along with increased memory to support multiple value-added applications. Intuitive ATM-style interface, bold menu prompts, large pixels and white backlit display facilitate easy use and readability. PIN pad streamlines debit transactions and triple-track card reader accurately reads cards.	
Truck Safe	Wilson Safe Company B3018E	B- Rated safe with 1⁄2" door & 1⁄4" body. Outside dimensions- 30 1⁄2"H x 19 3⁄4"W x 19"D Inside dimensions- 30"H x 19 1/4"W x 16"D Locking- Securam digital electronic lock Weight- 290 lbs.	
Cash Vault	Wilson Safe Company Cashtrak 320	Dual Bulk Note Feeder System. 31"H x 13"W x 17"D – 250 lbs.	
Product Vault	Wilson Safe Company Custom Built Vault: Class M - 5 sided vault Outside - 8'H x8'W x8'D. Inside - 7.75'H x 7.50'W x 7.50'D	Class M door locked with 2x Kaba Mas 252 electronic locks and 2-panel acrylic day gate. 1 vent port, 1 sprinkler penetration, anti-skid tread threshold, and freight. Weight- 16,001 lbs.	

Pursuant to the guidelines required by Public Officers Law § 89(5), the content outlined on this page is considered by Applicant as "trade secrets" or "critical infrastructure information," and qualifies for an exception in accordance with that provision as set forth on page 6 of the Instructions for Application for Registration as a Registered Organization.

ATTACHMENT C: DEEDS & LEASES

Attachment C: Deeds & Leases

Valley Agriceuticals is proud to have a world-class team of industry experts that are primed to produce the finest, safest standardized medical cannabis products. No less important is Valley Agriceuticals' focus on the company's facilities and the neighborhoods where they reside. Over the past year, Valley Agriceuitcals has researched and designed the most appropriate facilities for production and dispensing of pharmaceutical-grade medical cannabis in New York. Valley Agriceuticals sought and received overwhelming support from the communities where the company will have facilities in legislative meetings, city/town information sessions and planning board and city/town board meetings (please find the attached letters of support from each community). At the time of submission, Valley Agriceuticals has appropriately located, gained approvals/leases, architected and outlined the security for each of the company's dispensing facilities (Origin Health Centers) and the Wallkill manufacturing facility. .

Valley Agriceuticals' manufacturing facility is located in Wallkill (Orange County), NY, and was overwhelmingly supported by the town and county. In fact, the following news articles outline that success:

- New York Times, "Medical Marijuana Feeds Familiar Hopes of Renewal Around New York State", Anemona Hartocollis, June 1, 2015[1]
- Times Harold Record, "Welcome to the age of legal marijuana", April 30, 2015[2]
- Wallkill Valley Times, "Town of Wallkill to Support Medical marijuana Facility", April 30, 2015[3]

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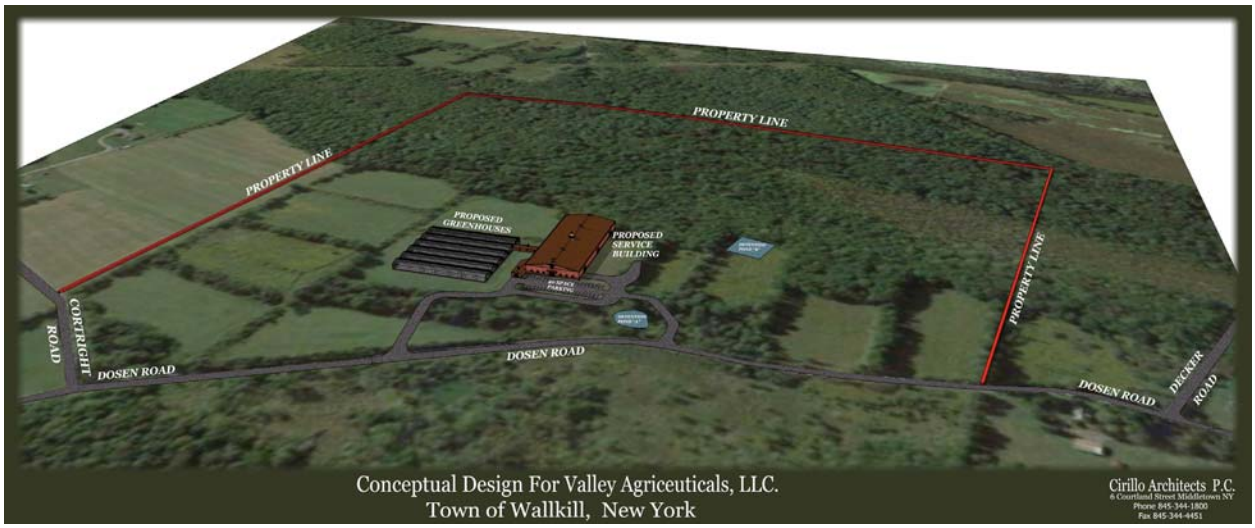
[1] http://www.nytimes.com/2015/06/02/nyregion/medical-marijuana-feeds-familiar-hopes-of-renewal-around-new-york-state.html?rref=nyregion&module=Ribbon&version=context&region=Header&action=click&contentCollection=New%20York&pgtype=article

[2] http://valleyagriceuticals.com/2015/04/welcome-to-the-age-of-legal-marijuana-editorial/

[3] http://valleyagriceuticals.com/2015/04/wallkill-valley-times-article-on-medical-marijuana/

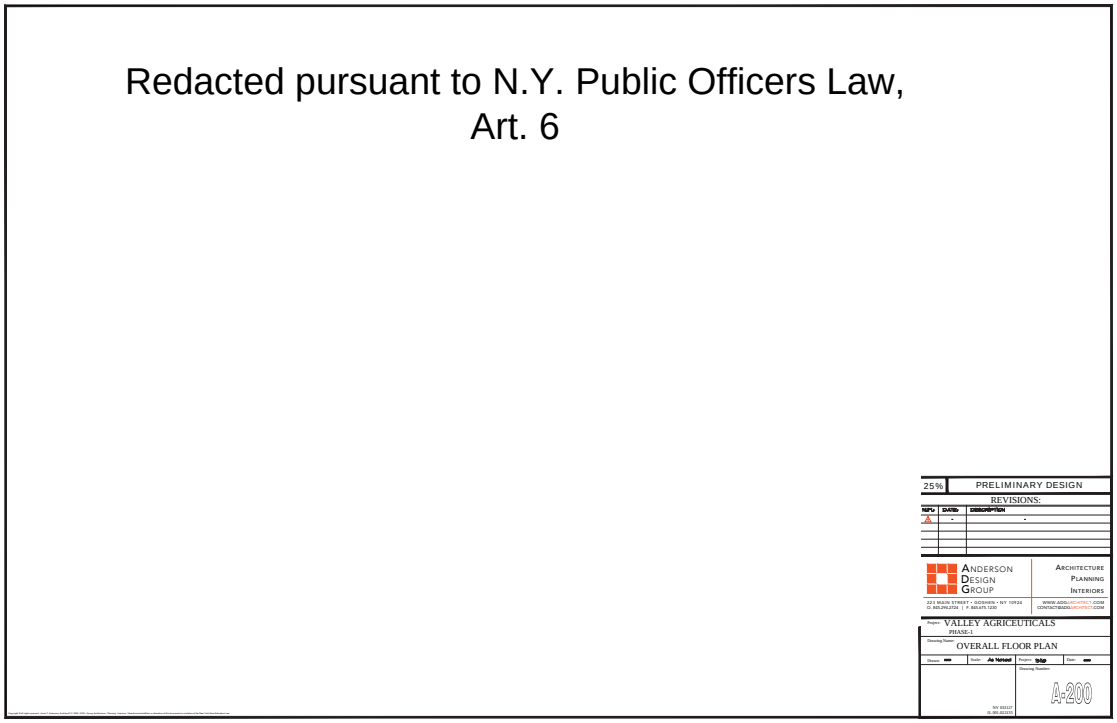
This state-of-the-art 100,000 square foot facility, at full build-out, will grow Valley Agriceuticals' medicinal plants in a combined greenhouse and barn. The facility is designed to blend in seamlessly with the surrounding community and countryside. In addition, Valley Agriceuticals has agreed to conserve roughly three-quarters of the entire property. It is anticipated that this facility will create approximately 65 construction jobs and more than 100 operational full-time jobs.

Manufacturing Facility
Valley Agriceuticals – Wallkill
173 Dosen Road
Middletown, NY 10940



Within the Wallkill facility, Valley Agriceuticals will process and package the company's medicinal plant for patient use and include a laboratory for quality assurance and controls. The facility will be managed by master growers, who have more than 30 years' combined experience in growing medical-grade cannabis from both the US and the global center of medical marijuana, Israel. Each strain cultivated will meet State guidelines for the treatment of all State-approved qualifying conditions. Valley Agriceuticals has invested in world-class security policies, procedures, personnel and equipment that will cover the complete lifecycle of cultivation, production and distribution.

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



Within this Attachment we have provided a full set of deeds and notices for our manufacturing facility.

Valley Agriceuticals; mission is to not only to manufacture high-quality, pharmaceutical-grade cannabis, but also to deliver the company's medicine through a secure, welcoming environment where patients receive the information, care and support they need. Reflecting this holistic, patient-centered approach, Valley Agriceuticals has chosen to name its dispensaries, Origin Health Centers™ to reflect the company's commitment to caring for patients. Origin Health Centers will dispense safe, regulated standardization of medical cannabis in four locations throughout the state of New York. Origin Health Centers will be designed with patient comfort and safety in mind by combining a professional, high-quality appearance and state-of-the-art security with comfort and easy access.

ORIGIN
HEALTH CENTERS

Public Health Law § 3365(9) requires the Commissioner to ensure that registered organizations and dispensing sites are geographically distributed across the State. Section 80-1.6 sets forth the considerations for approval of "registered organizations'' applications. One such consideration is whether the number of registered organizations in an area will be adequate or excessive to reasonably serve the area and the State as a whole.

Valley Agriceuticals has thoroughly researched the State's regions, populations, and condition prevalence in each of those regions in an effort to determine the ideal locations for the four Origin Health Centers (dispensing facilities), as well as future growth locations if allowed by the State. Please see Table 1, which ranks each particular county and region based on 'condition' prevalence. Valley Agriceuticals' proposed Origin Health Centers locations are highlighted in blue.

Region/County	Average Population	ALS Population State-wide Ranking	Hospital Bed Count State-wide Ranking	CANCER Population State-wide Ranking (ranked by % of whole)	HIV/STD Population State-wide Ranking (ranked by % of whole)	PARKINSONS Population State-wide Ranking (ranked by % of whole)	MS Population State-wide Ranking (ranked by % of whole)	EPILEPSY Population State-wide Ranking (ranked by % of whole)	IBS (Bowel) Population State-wide Ranking (ranked by % of whole)	HUNTIGTONs Population State-wide Ranking (ranked by % of whole)
Region-1 Long Island										
Nassau	1,339,186	6	3	4	5	n/a	n/a	6	6	n/a
Suffolk	1,493,470	4	6	3	7	n/a	n/a	4	4	n/a
Region Total	**2,832,656**	**2**	**2**	**2**	**2**	**3**		**2**	**2**	
Region-2 New York City										
Bronx	1,385,141	5	4	7	3	n/a	n/a	5	5	n/a
Kings	2,509,637	1	2	1	1	n/a	n/a	1	1	n/a
New York	1,590,953	3	1	5	2	n/a	n/a	3	3	n/a
Queens	2,232,970	2	7	2	4	n/a	n/a	2	2	n/a
Richmond	468,942	10	12	11	11	n/a	n/a	10	10	n/a
Region Total	**8,187,642**	**1**	**1**	**1**	**1**	**2**		**1**	**1**	
Region-3 Mid-Hudson										
Dutchess	297,542	15	16	15	15	n/a	n/a	15	15	n/a
Orange	373,501	12	12	12	14	n/a	n/a	12	2	n/a
Putnam	99,772	29	33	30	24	n/a	n/a	29	29	n/a
Rockland	312,110	13	13	14	13	n/a	n/a	13	13	n/a
Sullivan	77,339	36	32	37	36	n/a	n/a	36	36	n/a
Ulster	182,520	20	25	20	22	n/a	n/a	20	20	n/a

Region/County	Average Population	ALS Population State-wide Ranking	Hospital Bed Count State-wide Ranking	CANCER Population State-wide Ranking (ranked by % of whole)	HIV/STD Population State-wide Ranking (ranked by % of whole)	PARKINSONS Population State-wide Ranking (ranked by % of whole)	MS Population State-wide Ranking (ranked by % of whole)	EPILEPSY Population State-wide Ranking (ranked by % of whole)	IBS (Bowel) Population State-wide Ranking (ranked by % of whole)	HUNTIGTONs Population State-wide Ranking (ranked by % of whole)
Westchester	950,128	7	5	8	6	n/a	n/a	7	7	n/a
Region Total	**2,292,911**	**3**	**3**	**3**	**3**			**3**	**3**	
Region-4 Capital Region										
Albany	304,062	14	11	13	12	n/a	n/a	14	14	n/a
Columbia	62,864	42	29	40	38	n/a	n/a	42	42	n/a
Greene	49,162	51	58	48	49	n/a	n/a	51	51	n/a
Rensselaer	159,337	21	22	21	20	n/a	n/a	21	21	n/a
Saratoga	219,841	17	30	18	31	n/a	n/a	17	17	n/a
Schenectady	154,680	22	29	23	16	n/a	n/a	22	22	n/a
Region Total	**949,946**	**7**	**7**	**7**	**7**			**7**	**7**	
Region-5 Mohawk Valley										
Fulton	55,403	45	42	44	35	n/a	n/a	45	45	n/a
Herkimer	64,341	40	56	41	32	n/a	n/a	40	40	n/a
Montgomery	50,059	49	37	49	47	n/a	n/a	49	49	n/a
Otsego	62,141	43	29	43	43	n/a	n/a	43	43	n/a
Schoharie	32,682	58	49	58	58	n/a	n/a	58	58	n/a
Region Total	**264,626**	**10**	**11**	**10**	**9**			**10**	**10**	
Region-6 North Country										
Clinton	82,123	33	26	33	18	n/a	n/a	33	33	n/a
Essex	39,325	56	48	55	52	n/a	n/a	56	56	n/a
Franklin	51,622	46	31	54	53	n/a	n/a	46	46	n/a
Hamilton	4,829	62	59	62	59	n/a	n/a	62	62	n/a
Warren	65,749	38	21	36	39	n/a	n/a	38	38	n/a
Washington	63,188	41	60	38	40	n/a	n/a	41	41	n/a
Region Total	**306,836**	**9**	**9**	**9**	**10**			**9**	**9**	
Region-7 Tug Hill Seaway										
Jefferson	116,538	25	24	31	29	n/a	n/a	25	25	n/a
Lewis	27,073	59	57	60	60	n/a	n/a	59	59	n/a
St. Lawrence	111,925	26	58	26	37	n/a	n/a	26	26	n/a
Region Total	**255,536**	**11**	**10**	**11**	**11**			**11**	**11**	
Region-8 Central NY										
Cayuga	79,772	35	40	34	27	n/a	n/a	35	35	n/a
Cortland	49,391	50	35	53	41	n/a	n/a	50	50	n/a
Madison	73,063	37	38	39	54	n/a	n/a	37	37	n/a
Oneida	234,240	16	15	16	17	n/a	n/a	16	16	n/a
Onondaga	466,946	11	10	10	10	n/a	n/a	11	11	n/a
Oswego	122,012	24	34	24	33	n/a	n/a	24	24	n/a
Region Total	**1,025,425**	**6**	**6**	**6**	**6**			**6**	**6**	
Region-9 Southern Tier										
Broome	200,111	19	14	19	19	n/a	n/a	19	19	n/a
Chenango	50,384	48	47	45	48	n/a	n/a	48	48	n/a
Delaware	47,861	53	45	50	44	n/a	n/a	53	53	n/a
Tioga	51,125	47	62	47	55	n/a	n/a	47	47	n/a

Region/County	Average Population	ALS Population State-wide Ranking	Hospital Bed Count State-wide Ranking	CANCER Population State-wide Ranking (ranked by % of whole)	HIV/STD Population State-wide Ranking (ranked by % of whole)	PARKINSONS Population State-wide Ranking (ranked by % of whole)	MS Population State-wide Ranking (ranked by % of whole)	EPILEPSY Population State-wide Ranking (ranked by % of whole)	IBS (Bowel) Population State-wide Ranking (ranked by % of whole)	HUNTIGTONs Population State-wide Ranking (ranked by % of whole)
Tompkins	101,625	28	28	35	25	n/a	n/a	28	28	n/a
Region Total	**451,106**	**8**	**8**	**8**	**8**			**8**	**8**	
Region-10 Finger Lakes										
Chemung	88,840	32	18	27	28	n/a	n/a	32	32	n/a
Livingston	65,280	39	42	46	50	n/a	n/a	39	39	n/a
Monroe	744,549	9	9	9	9	n/a	n/a	9	9	n/a
Ontario	107,945	27	23	25	30	n/a	n/a	27	27	n/a
Schuyler	18,366	61	58	61	57	n/a	n/a	61	61	n/a
Seneca	35,230	57	62	57	56	n/a	n/a	57	57	n/a
Steuben	98,973	30	27	28	42	n/a	n/a	30	30	n/a
Wayne	93,621	31	39	29	26	n/a	n/a	31	31	n/a
Yates	25,375	60	57	59	62	n/a	n/a	60	60	n/a
Region Total	**1,278,177**	**5**	**5**	**5**	**5**	**1**		**5**	**5**	
Region-11 Western NY										
Allegany	48,899	52	41	52	51	n/a	n/a	52	52	n/a
Cattaraugus	80,191	34	28	32	45	n/a	n/a	34	34	n/a
Chautauqua	134,793	23	20	22	23	n/a	n/a	23	23	n/a
Erie	918,704	8	8	6	8	n/a	n/a	8	8	n/a
Genesee	60,002	44	36	42	46	n/a	n/a	44	44	n/a
Niagara	216,199	18	17	17	21	n/a	n/a	18	18	n/a
Orleans	42,819	54	44	56	34	n/a	n/a	54	54	n/a
Wyoming	42,106	55	46	51	61	n/a	n/a	55	55	n/a
Region Total	**1,543,713**	**4**	**4**	**4**	**4**			**4**	**4**	

Understanding the need to reach the greatest number of patients, Valley Agriceuticals identified four initial locations/regions that most appropriately support the statewide patients of New York.

Region	Town/City	County
Region 2- New York City	Manhattan	New York
Region 4- Capital Region	Colonie/Albany	Albany
Region 3- Mid-Hudson	Harrison/Purchase	Westchester
Region 10- Finger Lakes	Brighton/Rochester	Monroe

Dispensing Facility #1 (Westchester County)

Origin Health Centers – Harrison/Purchase
3020 Westchester Avenue
Purchase, NY 10577

Dispensing Facility #2 (New York County)

Origin Health Centers - Manhattan
46-50 Greene Street
Manhattan, NY 10001

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Dispensing Facility #3 (Monroe County)

Origin Health Centers – Brighton/Rochester
995 Senator Keating Boulevard
Building E, Suite 500
Rochester, NY 14618

Dispensing Facility #4 (Albany County)

Origin Health Centers – Colonie/Albany
18 Computer Drive West
Albany, NY 12205

In addition, Valley Agriceuticals recognizes that as patient adoption increases in subsequent years, more dispensaries will likely be needed. For this reason, Valley Agriceuticals has also identified regions and specific locations that the company believes complement the existing four locations proposed in this application.

Region	Town/City	County
Region 1- Long Island	Hicksville/Bethpage	Nassau
Region 8- Central New York	Syracuse	Onondaga
Region 11- Western New York	Buffalo	Erie

Valley Agriceuticals recognizes that the Department will make final decisions on dispensary locations. The company fully respects this fact and will work with the Department if different locations are deemed more suitable.

Within this Attachment we have provided a full set of leases and notices for our four dispensing facilities.

Ultimately, Valley Agriceuticals recognizes this unique opportunity under the superior structure of New York's Medical Marijuana Program to develop and implement the 'gold standard' for all other states and countries to follow. It is with this consideration that Valley Agriceuticals has developed detailed, plans for pharmaceutical-grade medicine, a state-of-the-art manufacturing facility, and the Origin Health Centers dispensaries.

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STANDARD FORM OF OFFICE LEASE
The Real Estate Board of New York, Inc.

7/04

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LEASE

between

[redacted]

Landlord

and

VALLEY AGRICEUTICALS, LLC,

Tenant

Premises

First Floor - Suite 101-102
3020 Westchester Avenue
Purchase, New York

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EXHIBIT A

FLOOR PLAN OF THE PREMISES

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

EXHIBIT B

RENT COMMENCEMENT DATE AGREEMENT

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

EXHIBIT C

LANDLORD'S WORK

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ALL WALL LOCATIONS AND ROOM DIMENSIONS REQUIRE FIELD VERIFICATION

SUITE 100	R.S.F.

VILLAGE OF COLONIE
ALBANY COUNTY • NEW YORK

18 COMPUTER DRIVE WEST
PARTIAL FIRST FLOOR PLAN

DESIGNED BY ____	ALBANY MANAGEMENT	DATE 06/01/15
DRAWN BY ECS	(518) 458-7113	SCALE AS NOTED
REVIEWED BY ____		SHEET 1 OF 1

LEASE AGREEMENT

BETWEEN

[redacted] LANDLORD

AND

VALLEY AGRICEUTICALS, LLC, TENANT

FOR OFFICE SPACE IN

CLINTON CROSSINGS BUILDING E

995 SENATOR KEATING BOULEVARD

TOWN OF BRIGHTON, NEW YORK 14618

LEASE AGREEMENT

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Ground Lease

[redacted]

Landlord

and

VALLEY AGRICEUTICALS, LLC,
Tenant

Location of Premises

Street:	Cortright Road and Dosen Road
Town/Village/City:	Wallkill
County:	Ulster
State:	New York
Tax Map Id.:	Section 13, Block 1, Lot 7

GROUND LEASE

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

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EXHIBIT A

Legal Description

Please see attached.

Attachment D-Operations Plan Overview Paragraph:

The mission of Valley Agriceuticals is to bring the highest quality medical cannabis medicines and care to the patients of New York through the rigorous implementation of standard operating procedures (SOPs) for pharmaceutical cultivation, manufacturing, dispensing and quality control. Adherence to clear, state-of-the-art SOPs ensures greater efficient, provides for greater consistency, facilitates training and cross training, and may greatly reduce biosecurity and legal risks. Throughout our growth, Valley Agriceuticals will demand an exquisite level of detail to complete tasks in accordance with industry regulations, State laws and the company's own internal standards.

Valley Agriceuticals' one-of-a-kind SOPs provide highly detailed policies, procedures and standards for manufacturing and dispensing of medical cannabis within New York State. With thoroughness and clarity, these SOPs outline concrete steps and actions for each aspect of the company's vertically integrated manufacturing and dispensing operation. In addition to enhancing the quality, consistency and efficiency of Valley Agriceuticals' operation, these SOPs also enable New York State to know that implementation of its groundbreaking medical marijuana law is in good hands with Valley Agriceuticals.

Each section of Attachment D Operations Plan outlines the SOPs that will ensure that Valley Agriceuticals maintains the highest level of quality assurance and product consistency. In addition, Valley Agriceuticals' relationship with [redacted] will bring to the Valley Agriceuticals operation a global pharmaceutical-level production and pharmacovigilance program.

The Operation Plan includes:

- A list of all equipment that will be used to carry out Valley Agriceuticals' manufacturing, processing, transportation, distributing, sale and dispensing activities;
- A detailed description of Valley Agriceuticals' manufacturing processes, transporting, distributing, sale and dispensing policies and procedures;
- A detailed description of all devices to be used with the company's approved medical marijuana products to be offered or sold through Valley Agriceuticals' Origin Health Centers;
- Policies and procedures relating to security and control measures that will be in place to prevent diversion, abuse, and other illegal or unauthorized conduct associated with medical cannabis;
- Quality assurance programs to track contamination incidents; document, investigate and apply appropriate corrective actions; and detect, identify and prevent dispensing errors;
- Policies and procedures to document and investigate approved medical marihuana product returns, complaints and adverse events, and to provide for rapid voluntary or involuntary recalls of any lot of medical cannabis product; and
- Detailed description of plans, procedures and systems adopted and maintained for tracking, record keeping, record retention and surveillance systems.

ATTACHMENT D: OPERATING PLAN

SECTION 1 -

MANUFACTURING

(§ 1004.5(b)(4))

Attachment D: Operating Plan

SECTION 1: Valley Agriceuticals Manufacturing Plan

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Chapter One
Overview

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Chapter Two

Cultivation Operating Plan

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

SECTION ONE - Guiding Principles

Safety

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

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Security and Accountability

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Quality Standards

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SECTION TWO - Facility and Personnel

Cultivation Facility Systems and Equipment

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

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Staffing Plan (Cultivation, Wallkill Facility)

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SECTION THREE - Horticultural Principles and Cultivation Procedures

Horticultural principles and practices

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Chapter Three
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Product Manufacturing

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Chapter Five

Inventory Management

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Chapter Six
Packaging

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המכון לבקרה ואיכות

תעודה

מס'. I9911

הנני מאשר בזאת כי תהליכי הגידול של

שיח שריד בע"מ

פעמי אביב 23, גבעת ח"ן
מס' רישום: IQC 4171

נסקרו ונבחנו ע"י המכון לבקרה ואיכות, ונמצאו בהתאמה

ל"תנאי גידול נאותים"

בהתבסס על מסמך קווים מנחים לגידול קנאביס רפואי, הולנד, דצמבר 2002

האישור תקף לפעולות הבאות:

גידול, עיבוד, אריזה, אחסון ושיווק של קנאביס רפואי

אישור זה בתוקף עד:

08.12.2015

האישור מותנה בהמשך יישום תנאי הגידול,
בכפוף לביצוע מבדקי מעקב ע"י המכון לבקרה ואיכות - IQC

תאריך האישור הראשון:

09.12.2013

דן הלפרן, נשיא

05.02.2015
תאריך אישור

מכון לבקרה ואיכות איי. קיו. סי. בע"מ
רח' רבניצקי 6, פתח תקווה 49277
טל': 03-9313555, פקס: 03-9044406
E-Mail. info@iqc.co.il, www.iqc.co.il

Institute of Quality & Control

CERTIFICATE

NO. I9911

This is to certify that the production process of

Seach Sarid Ltd.

23 Paamei Aviv St, Givat Chen, Israel
Registration No': IQC 4171

Were audited by the Institute of Quality and Control – IQC
and found in complience with

Good Agricultural Practices

Based on the Dutch Guidelines for cultivating cannabis for
medicinal purposes, December 2002
This certificate is valid for the following acctivites:

Growing, processing, packing, storage and marketing of medicinal cannabis

This certificate is valid until:

08.12.2015

Date of first approval:

09.12.2013

This certificate is subject to the continuing satisfactory operation of the Good Agricultural Practices and periodic auditing by IQC

05.02.2015
Issue date

Dan Halpern, President

Institute of Quality & Control Ltd.
6 Ravnitzky St., Petah Tikva 49277, Israel
Tel: 03-9313555, Fax: 03-9044406
E-Mail. info@iqc.co.il, www.iqc.co.il

CERTIFICATE OF

CLEAN GREEN CERTIFIED

Clean Green Certification Number: NY-CG-15-0191

Effective Date of Certification: 05-20-2015

Category of Operation:
Production of Crops & Processor/Handler

Expiration of Certification Date: 08-01-2015

Chris Van Hook

Chris Van Hook, Director

The holder of the Clean Green Certified Registration Number above has been certified as compliant with Clean Green Regulations for:

Production of Crops & Processor/Handler: Raw Medical Cannabis.

The Clean Green Certification process is a third party certification program that includes a records review of the operation as well as an On-Site Inspection and Pesticide Residue Analysis to verify the production methods being used and the non-use of synthetic sprays or fertilizers.

This certification shall continue in effect until Surrendered, Revoked or the Expiration Date of 08-01-2015.

Clean Green Certified - P.O. Box 1394, Crescent City, California 95531, Tel (707) 218-6979

ATTACHMENT D: OPERATING PLAN

TRANSPORTATION AND DISTRIBUTION
(§ 1004.5(b)(4))

SECTION 2: Transportation and Distribution

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

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"Pursuant to the guidelines required by Public Officers Law § 89(5), the content outlined on this page is considered by Applicant as "trade secrets" or "critical infrastructure information," and qualifies for an exception in accordance with that provision as set forth on page 6 of the Instructions for Application for Registration as a Registered Organization."

VALLEY AGRICEUTICALS

ATTACHMENT D: OPERATING PLAN

SECTION 3-

DISPENSING AND SALE

(§1004.5(B)(4))

Attachment D: Operating Plan

SECTION 3: Dispensing and Sale

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VALLEY AGRICEUTICALS

ATTACHMENT D: OPERATING PLAN

SECTION 4 -

DEVICES

(§ 1004.5(b)(4)(i))

Attachment D: Operating Plan
SECTION 4: Devices

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VALLEY AGRICEUTICALS

ATTACHMENT D: OPERATING PLAN

SECTION 5 -
SECURITY AND CONTROL
(§ 1004.5(b)(4)(ii))

Attachment D: Operating Plan

SECTION 5: Security and Control (§ 1004.5(b)(4)(ii))

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VALLEY AGRICEUTICALS

ATTACHMENT D: OPERATING PLAN

SECTION 6 -

STANDARD OPERATING PROCEDURE
(§ 1004.5(B)(4)(iii))

Section 6-SOPs Overview Paragraph:

To ensure the highest quality and standardization of Valley Agriceuticals' operations and final products, the company has developed Standard Operating Procedures (SOPs) for each and every aspect and contingency of the company's vertically integrated production of medical marijuana products. These SOPs have been combined in a comprehensive Standard Operating Procedure (SOP) manual for all methods used by Valley Agriceuticals, which is included here. The SOPs for manufacturing address all aspects of the vertically integrated production of medical marijuana products, including: cultivation and harvest, extraction and refinement, production, packaging, labeling, storage and quality control as well as dispensary and security operations. Valley Agriceuticals' procedures include the use of good agricultural practices (GAP), Clean Green Certified (CGC), good manufacturing practices (GMP), and international pharmacology standards. These procedures also conform to, or exceed, all applicable laws, rules and regulations of New York State.

Each SOP can be validated to demonstrate Valley Agriceuticals' availability, readiness and capacity to produce and dispense consistent and reproducible medical marijuana products. Taken together, these clear, enforced procedures ensure that, for each brand of product produced by Valley Agriceuticals, there homogeneity, absence of contamination and reproducibility of the brand profile in each lot as defined in section 1004.11 of the New York Medical Marijuana Program regulations.

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VALLEY AGRICEUTICALS

ATTACHMENT D: OPERATING PLAN

SECTION 7 -

QUALITY ASSURANCE PLANS

(§ 1004.5(b)(4)(iv))

Section 7-Quality Assurance Program: Medication Dispensing Error Detection, Identification and Prevention Policy:

Recognizing the potential unfavorable effects of medication dispensing errors, Valley Agriceuticals has adopted a goal of zero medication dispensing errors. To prevent such errors, Valley Agriceuticals has adopted the quality assurance program outlined below, which mandates best clinical practices and a continuous quality improvement approach for detecting, identifying, preventing, and mitigating the effects of errors in the medication use process.

To make the goal of zero medication dispensing areas a reality, Valley Agriceuticals will ensure a educated workforce in which employees clearly understand their roles and are committed to adhere to the rules and procedures outlined herein and to the continual improvement over time of clinical performance. Further buttressing medication safety, the policy emphasizes patient education and counseling as the single most important prevention measure.

Valley Agriceuticals' commitment to the prevention of medicine dispensing errors is reflected not only in the terms of this policy but also in the personnel it has retained to oversee quality assurance. Valley Agriceuticals' Quality Assurance Officer has 9 years of quality assurance and quality control experience in the cannabis industry, as well as documented training in quality assurance and quality control procedures through his Bachelors of Science degree in Mechanical Engineering.
The National Coordinating Council for Medication Error Reporting and Prevention defines a medication error as:

"any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems including: prescribing, order communication, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use."
The Quality Assurance and Quality Control (QA&QC) protocols for detecting, identifying and preventing medication dispensing errors consist of the following procedures:

1) Current best practices include:
2) The organization's medication dispensing error prevention program shall include the following procedures:
3) Any suspected medication errors, either reported by a patient or discovered internally, will be investigated by the supervising pharmacist or the pharmacist on duty immediately.
4) If the results of investigation determine an error has occurred, complete the following steps as appropriate to the findings:

5) The root causes of documented medication errors will be assessed, with findings categorized and included in an internal database for review by Quality Assurance to identify trends that emerge and change dispensing system to approach zero error goal.

6) Adverse events will be reported to the appropriate officials in the New York State Department of Health (NYSDOH) within 24 hours of occurrence.

Details of our Quality Assurance Program SOP for medication dispensing error detection, identification and prevention can be found within the Section 6: Standard Operating Procedures.

VALLEY AGRICEUTICALS

ATTACHMENT D: OPERATING PLAN

SECTION 8 -

RETURNS, COMPLAINTS, ADVERSE EVENTS AND RECALLS (§ 1004.5(b)(4)(v))

Section 8 - Quality Assurance Program

Returns, Complaints, Adverse Events and Recall Procedures

While Valley Agriceuticals aspires to produce the highest quality products possible and to achieve complete patient satisfaction, returns and complaints can still occur. Valley Agriceuticals will be prepared to handle and react to potential product complaints and returns according to the following policies. This section outlines Valley Agriceuticals' plans and procedures for handling patient complaints and returns. Not all returns are accompanied by complaints and not all complaints are accompanied by returns so each of these possibilities is explained separately below.

The QA & QC protocols for the Complaints Procedure at each Origin Health Center as well as the manufacturing facility are:

Origin Health Center Complaints Policy:
Complaints shall be handled by Health Center Manager/Supervising Pharmacist in a courteous, professional manner and according to Valley Agriceuticals' approved procedure.
Procedures:

1) Complaints should be handled in the following manner:
    a. LISTEN - Do not interrupt. The patient is interested in voicing his or her complaints. He/she wants - deserves - the chance to be heard.
    b. BE UNDERSTANDING - Thank him/her for bringing the matter to your attention and apologize for any inconvenience it may have caused.
    c. DO NOT ARGUE with the patient. Do not be drawn into a dispute over any controversial matter. Be polite but avoid comment.
    d. BE EXPEDITIOUS in the subsequent investigation and be sure to involve the patient in any follow-up. The nurse navigator will report all information to the QC/QA Officer in the manufacturing facility.
2) If an item for a patient order is damaged, broken, or missing, a Health Center Manager/Supervising Pharmacist should arrange to have it replaced immediately.

3) If an item seems to be contaminated, putrid, or otherwise lacking in pharmaceutical integrity:
   a. Contact Valley Agriceuticals' QA/QC Officer to inform them of a potential contamination incident.
   b. Replace the product with authority of the Health Center Manager/ Supervising Pharmacist, QA/QC Officer and Production Manager.
   c. Report to the Origins Health Center Director of Pharmacy and QA Officer for additional follow-up including, but not limited to:
      i. Assessment of other products from the same lot, and
      ii. Re-testing of potentially contaminated product
      iii. Initiation of recall procedure, if necessary, will be implemented according to procedures in the recall part of this section.
      iv. Report the incident to the New York State Department of Health, if appropriate.
      v. Contact the certifying physician, if appropriate.

4) Legal issues should be forwarded to Valley Agriceuticals' Legal Department.

The QA & QC protocol for the manufacturing facility's complaints procedure (if complaint is accompanied by a return) consists of the following steps:

1) Returned products will be transported back to the manufacturing facility. Refer to transportation and security sections of this operation manual for more information.
2) The medical marijuana product for which the complaint was received is identified and recorded in the Complaints Log by the inventory specialist. Note: The QA Officer will already have been alerted by the nurse navigator, at the Origin Health Center receiving the patient complaint, about any possible contaminated products.
3) The nature of the complaint is determined and recorded in the Complaints Log.
4) The QA Officer will determine whether it results in further action(s), depending on the precise nature of the complaint. The determination is recorded in the Complaints Log. Further actions include: an incident evaluation, health hazard evaluation, product withdrawal or recall after re-testing to confirm presence of contaminant.
5) If the complaint results in further action(s), an incident report is filed in the Adverse Events Log.

6) If the determination of the nature of the complaint results in no further action(s) and the determination is recorded in the Complaints Log.

For a detailed description of the returns and complaints process, refer to the Quality Assurance Program– Returns/Complaints SOP in the Operations Manual.

The QA & QC protocols for the returns procedure at each Origin Health Center as well as the manufacturing facility are as follows:

Origin Health Center Returns policy

Origins Health Centers™ will accept returned medical cannabis products for disposal in a manner consistent with state and federal law. Refer to Disposal section of this operating manual for more information.

Returns procedure

1) A Health Center/supervising pharmacist will determine what the nature of and reason for the return is.
2) Medication returned by patient or certified caregiver is received by the Health Center/supervising pharmacist and immediately logged in to outdated/sequestered inventory. This will include:
   a. The name of the patient
   b. The name of the medication
   c. Quantity received
   d. Lot number
   e. Date received.
3) This medication shall be sequestered from active inventory in the safe or vault. Under no circumstances will returned medication be dispensed to a patient.
4) Returned medication is transferred to the production facility on a weekly basis with documentation of transfer made by the supervising pharmacist. Refer to transportation section of this operating manual for more information.

The QA & QC protocol for the manufacturing facility's returns procedure consists of the following steps:

1) An authorized employee brings the returned product to the storage area to be placed in quarantine for further testing.
2) The medical marijuana product being returned is identified and the amount being returned is recorded in the Returns Log.

3) The reason for the return is determined and recorded in the Returns Log.
4) If the reason for the return is a complaint, the nature of the complaint is investigated and recorded in the Complaints Log. The person in charge of the investigation into the nature of the complaint should be a nurse navigator or pharmacist. For more information, refer to the section above.
5) The QA Officer will determine the nature of the complaint and whether it results in further action(s), depending on the precise nature of the complaint. The determination is recorded in the Complaints Log. Further actions include: an incident evaluation, health hazard evaluation, product withdrawal or recall after re-testing to confirm presence of contaminant.
6) The nature of the accompanying complaint (if there is one with the returned product) is determined and recorded in the Complaints Log.
7) The determination of the nature of the complaint results in further action(s), and the determination are recorded in the Complaints Log. Further actions include: an incident evaluation, health hazard evaluation, product withdrawal or recall after re-testing to confirm presence of contaminant.
8) If the complaint results in further action(s), an incident report is filed in the Adverse Events Log.
9) If the determination of the nature of the complaint results in no further action(s) and the determination is recorded in the Complaints Log.
10) If a recall needs to be initiated, the Recall Policy below will be utilized.
11) If disposal is next action, the medical marijuana product being returned is transferred to the solid waste container for disposal, all transfers must be recorded in the Disposal Log with proper chain of custody. Refer to Disposal section of the operating manual for more information.

Adverse Events and Recall Procedure for Origin Health Centers and Valley Agriceuticals' manufacturing facility:

Incident Evaluations:

Incident evaluations and reports are used to track adverse events. Once Valley Agriceuticals has been notified of an adverse event, the company will document the situation and undertake detailed product tracking. Rigorous record keeping of these incidents will result in a simpler and quicker tracking procedure as well as reducing the short- and long-term costs of a potential recall or withdrawal. When investigating an adverse event, Valley Agriceuticals will gather information from the customer or from the Complaints Log about the nature of the product complaint. Personnel needed to conduct a thorough investigation will be assembled in order to determine the nature and potential causes of the problem and any other product(s) that may potentially be affected. These personnel will include an Origin Health Center nurse navigator and Director of Pharmacy as well as the QA and Production Manager. After this initial evaluation, a health hazard evaluation of the problem will also be performed in order to classify the health risks, if any, associated with the adverse event, if any. An evaluation of the health hazard(s) presented by a product will be conducted by the Valley Agriceuticals' Health Hazard Evaluation Committee and will take into account the following factors:

- Whether any disease or injuries have already occurred that could potentially be linked to use of the product.
- Whether any existing conditions in the manufacturing facility could contribute to an unsafe work environment that could expose humans to a health hazard. Any conclusion shall be supported as completely as possible by scientific documentation and be confirmed by the QA Officer.
- Assessment of potential hazard to various segments of the population, (e.g., children, surgical patients, pets, livestock, etc.), who are expected to be exposed to the product being considered, with particular attention paid to the hazard to those individuals who may be at greatest risk.
- Assessment of the degree of seriousness of the potential health hazard to which the populations at risk might be exposed.
- Assessment of the likelihood of occurrence of the hazard.
- Assessment of what the possible consequences (immediate or long-term) could be if the exposure to the potential hazard to occur.

On the basis of the determination of the health hazard, evaluation of the adverse event will result in a Product Recall, Product Withdrawal, or No Corrective Actions.

a) Product Recall: a product safety or health risk due to physical, chemical, biological or immunological contamination of the affected product(s).
b) Product Withdrawal: a quality related issue with the affected product(s).
c) No Corrective Actions: an isolated incident with the affected product(s).

If a recall of withdrawal of product is required, proceed to the recall section of this document. For a detailed description of the incident evaluation process, refer to the Quality Assurance Program – Recall/Withdrawal, Health Hazard Evaluation Form & Guidelines SOP in the Operations Manual.

Origin Health Centers' Adverse Drug Events Policy:

Purpose:

To ensure that adverse drug events are defined at the site level and are intensively assessed for opportunities to enhance the safety and efficiency of the medication use process and to optimize patient outcomes.

Definitions: (See figure 1 for a schematic representation of the relationships between some of the different terms.)

1) A medication error is "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling; packaging, and nomenclature; compounding; distribution; administration; education; monitoring and use." Medication errors can be classified using the severity index in Table 1.[1]

2) **A potential adverse drug event** [2] is a medication error that has the capacity to cause an injury, but does not cause an injury either by chance or because it is intercepted.
3) **An adverse drug event (ADE)** is an injury resulting from medical interventions related to a drug. The injury may be caused either by the use or non-use of a drug. An ADE may or may not be due to a medication error (i.e., the ADE may or may not be preventable).
4) **A preventable adverse drug event** is a medication error that results in patient injury or harm.
5) **An adverse drug reaction (ADR**) is an effect that is "noxious and unintended and occurs at doses used in humans for prophylaxis, diagnosis, therapy, or modification of physiologic functions." Although other organizations have expanded upon this definition by the World Health Organization (WHO), the original definition as listed above implies that there has been no medication error and that the adverse reaction has resulted only from the appropriate use of drugs. An adverse drug reaction can also be considered a **nonpreventable adverse drug event.**

Origin Health Center's Adverse Drug Event Policy:

Pharmacists, nurse navigators, and Quality Assurance shall collaborate to identify, document, report, and mitigate adverse drug events (ADEs), adverse drug reactions (ADRs), and medication errors. The organization shall collect, analyze, document, and use adverse drug event data to improve the medication use process.

Procedures:

1) The organization's ADE, ADR, and medication error prevention program shall include the following:
   a. All staff shall be trained to identify potential adverse drug events,
   b. All staff shall be instructed on how to report an event,
   c. All staff shall be trained on their role for investigating an event,
   d. The following shall be utilized in a continuous quality improvement process:
      i. Evaluation of findings,
      ii. Identification of opportunities for improvement,
      iii. Action needed to reduce the incidence and severity of similar or likely events,
      iv. Assessment of effectiveness of action,
      v. Evaluation of appropriateness of response to the event.

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[1] National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP). What is a medication error?

[2] Bates DW, Boyle DL, Vander Vliet MB, Schneider J, Leape L. Relationship between medication errors and adverse drug events. J Gen Intern Med 1995;10:199-205.

2) Any suspected adverse events shall be investigated by the nurse navigator and pharmacist immediately. Ideally, this shall include:
   a. Interview of the patient or patient care-giver, including:
      i. The patient's description of the adverse event,
      ii. Consistency with labeled instruction,
      iii. The temporal profile of the event in relation to the dose,
      iv. Any other information the patient believes to be relevant.
   b. Assessment of the integrity of the product by physical inspection,
   c. Documentation of subjective and objective information for internal use only.
   d. Inform QA Officer of steps taken.

3) Adverse events shall be reported to the appropriate officials in the New York State Department of Health within 24 hours of occurrence.

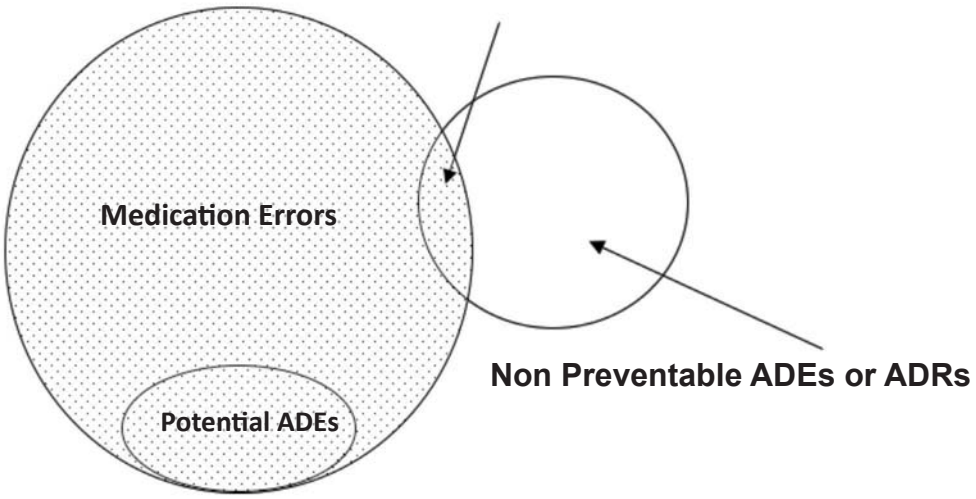

Figure 1: Schematic depicting the relationships among the different types of medication misadventures.

Origin Health Centers™ Recall Policy:

If a specific lot of medication is determined to be contaminated, putrid, obviously lacking pharmaceutical integrity, improperly produced, or varying in labeled concentration/strength by more than that specified in specified standards[5], then the entire lot shall be recalled. Also, a recall shall be initiated when requested by the New York State Department of Health.

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[3] Forrester JW. Counterintuitive behavior of social systems. MIT Technol Rev 1971;73:52-68, and Bates DW, Cullen DJ, Laird N, Petersen LA, Small SD, Servi D, et al. Incidence of adverse drug events and potential adverse drug events. JAMA 1995;274:29-34.

[4] National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP). What is a medication error? http://www.nccmerp.org, and American Society of Health-System Pharmacists. Suggested definitions and relationships among medication misadventures, medication errors, adverse drug events, and adverse drug reactions.

[5] 10 NYCRR 1004.11(a)(2); 95 to 105%.

Procedures:

1) Determine which patients have received medication from the affected lot or lots,
2) Contact the affected patients to arrange return of those lots,
3) With authority of the certifying physician and proper documentation, provide replacement supply at no cost to the patient,
4) Identify and remove affected medication remaining in inventory by contacting all Origins Health Center sites,
5) Sequester affected lots from active inventory,
6) Notify the Department of Health of the recall within 24 hours of initiation of recall; provide specific information requested by the Department,
7) Provide a sufficient quantity for testing and analysis in approved laboratory,
8) Initiate any appropriate corrective action,
9) If appropriate, dispose of remaining recalled medication by returning to the production facility. For more information, refer to Disposal and QA Sections of this operation manual.

Recalls:

In the event that a medical marijuana product (MMP) has been found to be in violation of packaging or labeling requirements, poses a health hazard, is returned, or has received complaints or notices of any other adverse events, a voluntary or involuntary recall may need to occur. The word "Recall" has special legal significance, insurance and liability concerns and should be carefully used only in situations where there has been possible violation of a New York State statute or regulation. A "recall" is initiated when a MMP may represent a health hazard to the consumer. The procedures implemented should effectively remove the product from circulation to prevent its consumption. In all cases when a recall is initiated, the New York State Department of Health (NYSDOH) must be given a formal notification within 24 hours.

A voluntary "withdrawal" occurs when the company removes a product from the market place and does not violate regulatory standards administered by the NYSDOH. The main objectives of Valley Agriceuticals' recall plan are:

1) Stop the distribution and sale of the affected product.
2) Effectively notify management, customers and regulatory authority (i.e. NYSDOH) of the recall.
3) Efficiently remove the affected product from the marketplace.
4) Remove the affected product from the warehouse and/or distribution areas.
5) Dispose of the affected product.
6) Conduct a root cause analysis and report the effectiveness and outcome of the recall.
7) Implement a corrective action plan to prevent another recall.
8) Upon completion of the recall, management will conduct a post recall meeting to evaluate the recall process.

For a detailed description of the recall process, refer to the Quality Assurance & Quality Control – Recall/Withdrawal SOP in the Operations Manual.

For more information on Cultivation Quality Assurance and Recall Program for plants, please refer to Quality Assurance and Recall description in the Cultivation section of this operating manual.

VALLEY AGRICEUTICALS

ATTACHMENT D: OPERATING PLAN

SECTION 9 -

DISPENSARY PRODUCT QUALITY ASSURANCE

(§ 1004.5(b)(4)(vi))

Section 9 - Product Quality Assurance Program

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Overview

Valley Agriceuticals is committed to ensuring that every product it produces and sells to qualified patients in New York State is of the very highest quality. This section of Valley Agriceuticals Quality Assurance (QA) Program outlines the policies and procedures involved in tracking, documenting and investigating contamination incidents and the potential sources for such incidences, as well as the appropriate corrective action(s) that need to be taken.

Additionally, Valley Agriceuticals Quality Assurance Program will adhere to QA standards similar to those found in Hazard Analysis and Critical Control Points (HACCP) procedures implemented by the U.S. Food and Drug Administration (FDA), U.S. Department of Agriculture (USDA), World Health Organization (WHO) and increasingly pharmaceutical manufacturers. HACCP is a systemic preventive approach to product safety from biological, chemical, and physical hazards in production processes, and designs measurements to reduce these risks to a safe level. HACCP involves the prevention of hazards, as opposed to the inspection of finished products, outlined below. Valley Agriceuticals will implement both types of QA models to cover all aspects of quality assurance and to implement a comprehensive total quality management program to ensure that all of the company's products adhere to the highest quality standards.

An HACCP-based system may be used at all stages of a product's lifecycle, from cultivation to extraction to production to preparation processes, including packaging, distribution, etc. Valley Agriceuticals' QA program will use scientific evidence to plan for potential unsafe practices. This method differs from the traditional "produce and sort" quality control methods that do nothing to prevent hazards from occurring in the first place, but instead wait to identify hazards after they have occurred at the end of the process. Valley Agriceuticals' QA Program is not only concerned with the quality of the finished product, but also with preventing health safety issues of products before they occur. Currently, HACCP principles are the basis of most food quality and safety assurance programs as well as some pharmaceutical companies' QA protocols. The seven HACCP principles are included in the international standard ISO 22000 FSMS 2005, which is a complete food safety and quality management system.
HACCP compliance is regulated by 21 CFR parts 120 and 123.

The seven principles of Valley Agriceuticals' HACCP based contamination prevention program are:

1. Hazard Analysis is conducted:
   Product safety hazards are determined and applicable preventative measures are identified to control these hazards. A product safety hazard is any biological, chemical, or physical property that may cause a food to be unsafe for human consumption.

2. Critical Control Points are identified:
   A critical control point (CCP) is a point, step, or procedure in a food product manufacturing process at which control may be applied and, as a result, a food safety hazard may be prevented, eliminated, or reduced to an acceptable level.

3. Establish critical limits for each critical control point:
   A critical limit is the maximum or minimum value to which a physical, biological, or chemical hazard must be controlled at a critical control point to prevent, eliminate, or reduce the hazard to an acceptable level.

4. Establish critical control point monitoring requirements:
   Monitoring activities are necessary to ensure that the process is under control at each critical control point. Each monitoring procedure and its frequency will be identified in the policy here.

5. Establish corrective actions:
   Corrective actions will be taken when monitoring indicates a deviation from an established critical limit. Corrective actions are intended to ensure that no product is dangerous to health or otherwise adulterated as a result of the deviation continuing f urther along the production chain.

6. Establish procedures for ensuring Valley Agriceuticals' prevention program is working as intended:
   Validation ensures that Valley Agriceuticals' prevention plan accomplishes what it was designed to do: ensure the production of a safe product. Through verification methods, Valley Agriceuticals will ensure that its prevention plan conforms to HAACP rules. Verification procedures may include such activities as: review of HACCP-based plans, CCP records, critical limits and microbial sampling and analysis. Valley Agriceuticals' HACCP-based plan will include verification tasks to be performed by production personnel as well as by auditors/inspectors. Valley Agriceuticals' will undertake microbial testing as one of several verification activities. Verification also includes 'validation' – the process of finding evidence for the accuracy of the HACCP based system (e.g. scientific evidence for critical limitations).

7. Establish record-keeping procedures:
   Valley Agriceuticals will maintain certain documents, including its hazard analysis and written HACCP-based prevention plan, and records documenting the monitoring of critical control points, critical limits, verification activities, and the handling of processing deviations. Implementation involves monitoring, verifying, and validating that the daily work that is compliant with regulatory requirements at all stages and at all times.

Although Valley Agriceuticals is confident that its QA prevention protocols are sufficiently thorough to prevent most contamination incidences before they occur, the total quality management program also calls for reactive measures to contamination once it has occurred. Tracking contamination incidences and their sources can occur faster and more efficiently, as all critical points have already been determined and preventive measures have been taken (and monitored) at each and those points are continuously monitored.

This QA section addresses the following topics: Cultivation; Manufacturing: Material Sampling and Testing, Extraction, Production Manufacture; Storage and Facility.

Cultivation

Valley Agriceuticals is committed to growing the highest quality medical marijuana, with the ultimate aim of producing the highest quality product for use by qualified New York State patients. The company's quality standards exceed regulatory standards. Valley Agriceuticals will cultivate plants that conform to both Good Agricultural Practice (GAP) standards and Clean Green Certified standards (1004.11.e.1, 1004.5.b.4.iii). Valley Agriceuticals' Clean Green Certified commitment means that the company will grow without synthetic fertilizers or pesticides and using only pesticides, fungicides, and herbicides that are approved by the New York State Department of Agriculture and Markets (1004.11.e.3). Any product used in the cultivation facility will be stored in prominently and distinctly labeled containers, away from medical marijuana plants and medical marijuana products (1004.11.f). Products will be categorized and separated to prevent crossover and contamination between fertilizers, pesticides and sanitizers.

Medical marijuana will be grown in a sanitary facility, and all staff will be trained to conform to company sanitary practices (1004.5.b.18.iv). During harvest, Valley Agriceuticals will harvest and process plant materials only from female plants (1004.11.e.4). Any plant material harvested will be free of mold, mildew, pests, rot or gray or black areas (1004.11.e.5). The quality assurance program, detailed below, will also track any incidence of contamination as well as the investigation into the source of contamination and any corrective action(s) taken (1004.5.b.4.vi). For a detailed description of the cultivation QA/QC standards, including Clean Green Certification and Facility/Cultivation Sanitation information, refer to the Cultivation Section–Quality Standards in the Operations Manual.

Harvest

During the harvest phase of operations, Valley Agriceuticals is most concerned with the resin content of flowers, are not damaged during the harvesting process. During harvest, employees will need to operate with a mentality that holds the quality of the resin above everything else. Extra care will need to be taken during the harvesting process to avoid smashing, crushing, dropping, rubbing against or in any other way mishandling flowers or resin glands. The cultivation/production manager will be tasked with the job of overseeing care of the Botanical Raw Material (BRM) throughout the harvesting process. For more information, refer to the Quality Control Measures at Harvest under the Cultivation section of this operating manual.

Drying

Drying the plants involves the following steps:

1) The cultivation/production manager or qualified employee performs a visual inspection of the BRM at least once a day, and at the end of every day, to check for any signs of

mold, mildew, pests, bud rot or gray or black plant material, and any other form of infestation. Results are recorded in the Drying Log.

2) The cultivation/production manager or qualified employee logs the drying parameters at least once a day, and at the end of every day in the Drying Log.
3) If a plant is found to have a problem, the cultivation/production manager or qualified employee must isolate the affected plant from the other plants, investigate the severity of the problem, and determine the appropriate next action(s). Actions that could be taken include: review of the Drying Log to confirm drying parameters were stable throughout the drying process; inspection of the climate control system; removal of the infected part(s) of the plant for disposal; disposal of the infected plant(s); inspection of surrounding plants; health hazard evaluation; quarantine of the drying area; sterilization and sanitization of the drying area; validation of the sterilization and sanitization process; etc. Results of the investigation are recorded in the QA & QC Log.

For a detailed description of the QA & QC protocols for the drying process, refer to the Quality Control Measures at Harvest in the Operations Manual.

Intake of Botanical Raw Material (BRM)/Batching and Inventory Check in:

Before any BRM is logged into inventory, it is placed in a QA HOLD, contingent upon the results of QA & QC analysis for cannabinoid, heavy metal, microbial, pesticide and toxin content.

1) The batch of BRM to be placed in a QA HOLD is given a batch unique identifier and transferred to the BRM storage section of the climate-controlled, secured storage area. All transfers should be recorded in the Inventory Log, with proper chain of custody.
2) A QA HOLD label is then affixed to the container containing the BRM batch ID number, date of drying, date of HOLD, date of sampling and associated sample batch ID numbers.
3) The batch of BRM is released from QA HOLD if the BRM receives a certificate of analysis (CoA) stating the material passed its QA & QC analysis, and the release is recorded in the Inventory Log.
4) The batch of BRM is destroyed if the BRM receives a CoA stating the material failed its QA & QC analysis, and the disposal is recorded in the Inventory Log.
5) If the BRM fails its QA & QC analysis, an investigation into the cause of the problem must be performed and a determination of the appropriate next action(s) made. Actions that could be taken include: review of the BRM growing, harvesting, drying and packaging procedures; review of the Storage Log to confirm storage parameters were stable throughout the QA HOLD; inspection of the climate control system; disposal of the BRM; inspection of surrounding BRM; health hazard evaluation; quarantine of the BRM section of the storage area or entire Storage Area; sterilization and sanitization of the BRM section of the storage area or entire Storage Area; validation of the sterilization and sanitization process, etc. Results of the investigation should be recorded in the QA & QC Log.

For a detailed description of the QA & QC process for the BRM, refer to the Quality Assurance Program –SOPs in the Operations Manual.

Manufacturing

Material Sampling

To collect accurate data from the company's Quality Assurance Program, Valley Agriceuticals needs have consistent and reliable sampling methods for all manufacturing processes. During the extraction process, sampling is especially important because the company will be producing not only Botanical Drug Substance (BDS) that will need to be tested, but will also be producing an assortment of by-products including processed BRM, winterized solutes, recovered solvents and other waste materials that will also need to be tested. It is also critical to maintain a strict quality control program for the company's medical marijuana products to ensure that Valley Agriceuticals consistently and regularly produces each brand/ratio to within the +5% of the target dose allowed by NYSDOH as well as ensure that no questionable product is ever released in to the market. Collecting a sample for testing consists of the following steps:

1) The authorized production manager or an employee with sufficient clearance checks out and transfers a batch of material to be sampled from its storage area to the production area for sampling. The transfer should be recorded in the Inventory Log.
2) The material being sampled is identified as either BRM or processed BRM, a BDS, winterized solute, recovered solvent, other form of waste material or a medical marijuana product. The data should be recorded in the Testing Log.
3) Tests being conducted on the material are recorded in the Testing Log.
4) The number of samples of the material to be submitted for testing, based on statistical analysis, is determined to be representative of the batch, and the number of samples is recorded in the Testing Log.
5) Samples undergo a visual inspection for mold, mildew, pests, bud rot or gray or black plant material, any other form of infestation, debris and other contaminants. Results are recorded in the Testing Log.
6) Samples are each weighed, packaged and sealed in an appropriately sized tamper proof container, and the weight of each sample is recorded in the Testing Log.
7) Each sample's tamper-proof container is labeled with the batch unique identifier of the material to be tested for data tracking purposes. Batch ID numbers are recorded in the Testing and Production Logs.
8) The collected samples are consolidated and transferred to the climate-controlled, secured storage area to await transport to a state certified testing laboratory. All transfers must be recorded in the Inventory Log, with proper chain of custody.
9) The unused portion of the material being sampled is returned to the climate-controlled, secured storage area to await the results of the tests, and the transfer is recorded in the Inventory Log with proper chain of custody.

For a detailed description of the material sampling protocols, refer to the Quality Assurance Program – Material Sampling SOP in the Operations Manual.

Material Testing

1) Along all stages of the cultivation process the BRM is tested for cannabinoid, heavy metal, microbial, pesticide and toxin content. The cannabinoid testing is primarily used to establish a chemotypic fingerprint for each variety of cannabis produced. These fingerprints can be used as a baseline to measure the cannabinoid ratio in the BRM prior to extraction. Once the chemical content has been determined, the BRM can be destroyed or processed to extract the cannabinoids.
2) Processed BRM samples are tested for cannabinoid content. Once the cannabinoid content has been determined, the processed BRM can be destroyed, or re-processed to collect residual cannabinoids.
3) Winterized solute samples are tested for cannabinoid content (optional testing: heavy metal, microbial, residual solvent, and triacontanol content). Once the cannabinoid content has been determined, the winterized solutes can be destroyed, re-processed or used as source material for triacontanol (natural plant growth regulator).
4) Recovered solvent samples are tested for terpene content. Once the terpene content has been determined, the recovered solvent can be recycled or stored for future use.
5) Waste material samples are tested for cannabinoid content. Once the cannabinoid content has been determined the waste material can be destroyed, or re-processed to collect residual cannabinoids.
6) Cannabis extract samples are tested for cannabinoid, heavy metal, microbial, pesticide, residual solvent and toxin content.
7) The cannabis extract is destroyed if the heavy metal, microbial, pesticide or toxin content falls out of specification.
8) Cannabis extract that falls out of specification in respect to residual solvent is re-processed to remove the remaining solvent.
9) Refined cannabis extract that has cleared quality control is packaged and labeled as a batch unique BDS.
10) Medical marijuana product samples are tested for cannabinoid, heavy metal, microbial, pesticide, residual solvent and toxin content. Once the chemical content has been determined, the medical marijuana product can be destroyed or transferred into inventory for distribution.
11) Any medical marijuana product that is returned shall be held in quarantine for retesting to determine type and source of contamination.

For more information on re-testing, refer to Section 8: Returns, Complaints, Adverse Events and Recalls of this operations manual.

Extraction

Extraction involves several activities that all need to function together in order to consistently and accurately reproduce results. If the extraction and refinement process does not meet specification, all other activities stemming from that process will be affected. Nowhere along the extraction process is this more important than with the finished extracts that Valley Agriceuticals will use to formulate its medical marijuana products. The following process breakdown will describe the QA & QC program for the extraction and refinement process.

Prep includes the batch weight, milling and decarboxylation steps, each of which is essential.

- Batch Weight QA & QC process
  1) Prior to use of the scale, the production manager or qualified employee checks the Production Log to determine when the scale was last used and its maintenance and sanitization status. If the scale in use has not been calibrated in the last week, calibrate the scale before weighing the BRM. Status of the scale is updated in the Production Log.
  2) Prior to calibration, the production manager or qualified employee cleans and sanitizes the pressure plate and scale. A swab test is used to validate the cleaning and sanitization process. Once calibrated the scale is ready to use. The Production Log should be updated with the current status of the scale.
- Milling QA & QC process
  1) Prior to milling the BRM, the production manager of qualified employee checks the Production Log to determine when the mill was last used and its maintenance and sanitization status. If the mill has not been properly cleaned and sanitized in the last 24 hours, the mill should be disassembled, cleaned and sanitized. A swab test is used to validate the cleaning and sanitization process. Once cleaned and sanitized, the mill is ready to use. The Production Log should be updated with the current status of the mill.
- Decarboxylation QA & QC process
  1) Prior to decarboxylating the BRM, the production manager or qualified employee checks the Production Log to determine when the convection oven was last used and its maintenance and sanitization status. If the convection oven has not been properly cleaned and sanitized in the last 24 hours, it should be cleaned and sanitized. A swab test is used to validate the cleaning and sanitization process. Once cleaned and sanitized the convection oven is ready to use. The Production Log should be updated with the current status of the convection oven.

Extraction includes the extraction, collection, refinement and finishing steps, each of which is essential.

Extraction QA & QC process

The first line of defense against contamination of BDS is CO2 itself. CO2 in liquid form disinfects the BRM and the interior of the extractor by killing any microbial or fungal organisms. Through the manipulation of temperature and pressure, CO2 can be made more selective for the extraction of cannabinoids and less selective toward pesticides, fertilizers and other such contaminants. As an added benefit, the temperatures and pressures needed to extract cannabinoids from cannabis are too low to extract heavy metals; thus, even if these are present in BRM, they will not be present in the company's BDS.

1) Prior to extraction, the production manager or qualified employee checks the Production Log to determine when the extractor was last used and its maintenance and sanitization status. If the extractor has not been sanitized in the last 30 days, it should be cleaned and sanitized. A swab test is used to validate the cleaning and sanitization process. Once cleaned and sanitized, the extractor is ready to use. The Production Log should be updated with the current status of the extractor.
2) Prior to extraction, the production manager or qualified employee checks the particulate filter for any damage. If the filters are damaged, they are replaced with a new one. Directions on how to replace the filler can be found in the user's manual of each specific extractor. Every extractor comes equipped with a 20 micrometer particulate filter, five micrometers in some cases, to prevent debris from entering extracts during the extraction process. In some cases, the filter also serves as a BRM basket, in which case the basket will need to be replaced.
3) The production manager or qualified employee checks the operating parameters throughout the extraction process to ensure the extraction temperatures and pressures are being maintained. Verification should be recorded in the Production Log.
4) If the extractor has trouble maintaining operating parameters, the system is shut down, whatever extract that was produced is collected and a complete diagnostic check is performed by the production manager or qualified employee. Refer to the user's manual for the extractor for instructions on how to trouble shoot the system.
5) If the problem persists, the production manager or qualified employee removes the CO2 extractor from service and updates the status in the Inventory Log. The CO2 extractor or defective part(s) should be replaced with a new unit.

Collection QA & QC process:

Two products must be removed from the extractor after every run: the processed BRM and the crude extract/BDS. The processed BRM is a by-product of the extraction process that must be tracked in order to provide an accurate picture of waste material production. The processed BRM must be collected and weighed prior to being packaged, labeled and stored for either disposal or re-processing, depending on the results of a cannabinoid analysis. The weight of the processed BRM should be recorded in the Production Log and the transfer in the Inventory Log. After the processed BRM has been removed from the extraction column, the seal and particulate filter must be checked for any damage and replaced, if necessary. Much care

must be implemented when removing the BDS from the separator column in order to prevent particulate debris from contaminating it. Once the majority of the BDS has been removed from the extractor, the separator column should be cleaned with warm ethanol to ensure that all BDS has been removed, and the weight of the crude BDS should be recorded in the Production Log. The crude BDS in now ready to be refined.

Refinement

Refinement is a multi-step process involving winterization, filtering and evaporation steps. During this process, three products are produced: winterized solutes, recovered solvent and partially finished BDS. Both winterized solutes and recovered solvents are by-products of the refinement process that must be tracked in order to provide an accurate picture of solvent consumption and waste material production. The winterized solutes and recovered solvent must be collected and measured prior to being packaged, labeled and stored for either disposal or re-processing, depending on the results of a cannabinoid analysis. The amount of the winterized solutes and recovered solvent should be recorded in the Production Log and the transfer in the Inventory Log.

- Winterization QA & QC process
  1) Prior to winterizing the BDS, the production manager or qualified employee checks the Production Log to determine when the laboratory freezer was last used and its maintenance and sanitization status. If the laboratory freezer has not been properly cleaned and sanitized in the last 30 days, it should be cleaned and sanitized. A swab test is used to validate the cleaning and sanitization process. Once cleaned and sanitized, the laboratory freezer is ready to use. The Production Log should be updated with the current status of the laboratory freezer.
  2) No less than once a day, and at the end of every day, the production manager or qualified employee checks the temperature setting and display on the freezer and records this data in the Winterization Log. If the freezer is unable to maintain winterization parameters, the unit is shut down and a complete systems diagnostic check is performed. Any necessary maintenance identified by the diagnostic check is then performed on the unit. If the problem, the freezer must be replaced.

For a detailed description of the QA & QC protocols for the winterization process, refer to the Quality Assurance Program – Winterization SOP in the Operations Manual.

- Filtering QA & QC process

  1) Prior to filtering the BDS, the production manager or qualified employee checks the Production Log to determine when the vacuum pump was last used and its maintenance and sanitization status. If the vacuum pump has not been properly cleaned and sanitized in the last 24 hours, it should be cleaned and sanitized. A swab test is used to validate the cleaning and

sanitization process. Once cleaned and sanitized, the vacuum pump is ready to use. The Production Log should be updated with the current status of the vacuum pump.

2) The maintenance and sanitization status check is repeated for any glassware or labware items associated with the filtering process. The status of any associated glassware or labware items is updated in the Production Log.

3) If for any reason the vacuum pump cannot hold a vacuum or begins to make any unusual noises, the pump is shut down and a complete diagnostic check is performed by the production manager or qualified employee.

4) If the problem persists, the production manager or qualified employee removes the vacuum pump from service and updates the status in the Inventory Log. The vacuum pump is replaced with a new unit.

5) The BDS being filtered and any associated solvent washes are kept at the winterization temperature throughout the filtering process by leaving these items in the laboratory freezer when not in use.

For a detailed description of the QA & QC protocols for the filtering process, refer to the Quality Assurance Program – Filtering SOP in the Operations Manual.

- Evaporation QA & QC process

1) Prior to evaporating the BDS, the production manager or qualified employee checks the Production Log to determine when the rotary evaporator was last used and its maintenance and sanitization status. If the rotary evaporator has not been properly cleaned and sanitized in the last 24 hours, it should be cleaned and sanitized. A swab test is used to validate the cleaning and sanitization process. Once cleaned and sanitized, the rotary evaporator is ready to use. The Production Log should be updated with the current status of the rotary evaporator.

2) The maintenance and sanitization status check is repeated for any glassware or labware items associated with the evaporation process. The status of any associated glassware or labware items should be updated in the Production Log.

3) The production manager or qualified employee periodically checks the rotary evaporator and records the evaporation parameters in the Evaporation Log.

4) If for any reason the rotary evaporator is unable to maintain evaporation parameters or is unable to rotate the evaporation flask, the unit is shut down and a complete diagnostic check is performed by the production manager of qualified employee.

5) If the problem persists, the production manager or qualified employee removes the rotary evaporator from service and updates the status in the Inventory Log. The rotary evaporator is replaced with a new unit.

For a detailed description of the QA & QC protocols or the evaporation process, refer to the Quality Assurance Program – Evaporation SOP in the Operations Manual.

Finishing QA & QC Process

The finishing process is used to complete the extraction process. During the finishing process, the BDS is poured from the evaporation flask of the rotary evaporator to a collection vessel. This vessel is then used to evaporate the remaining solvent from the BDS through either an open reduction or a vacuum reduction process. The QA & QC protocols for the finishing process consist of the following steps:

1) Prior to finishing a BDS, the production manager or qualified employee checks the Production Log to determine when the associated equipment for the finishing process was last used and its maintenance and sanitization status. If the equipment has not been cleaned and sanitized within the last 24 hours, it should be cleaned and sanitized. A swab test is used to validate the cleaning and sanitization process. Once cleaned and sanitized, the pieces of equipment associated with the finishing process are ready to use. The Production Log should be updated with the current status of the associated equipment with the finishing process.
2) Much care is taken to prevent debris or particulate matter from entering the BDS during the transfer from the rotary evaporator to the collection vessel.
3) The evaporation flask is rinsed with ethanol to recover any remaining BDS that was not transferred to the collection vessel, and the production manager or qualified employee verifies that all of the BDS has been collected. This verification is recorded in the Production Log.
4) An open reduction process is performed within a fume hood to prevent debris or particulate matter from contaminating the BDS while it finishes.
5) A vacuum reduction process is performed within a vacuum oven to prevent debris or particulate matter from contaminating the BDS while it finishes.
6) The production manager or qualified employee periodically checks the finishing parameter to ensure the BDS is finishing properly.

For a detailed description of the finishing process, refer to the Quality Assurance Program – Finishing SOP in the Operations Manual.

BDS Batch/Inventory check in:

Before any BDS is logged into inventory, it is placed in a QA HOLD, contingent upon the results of QA & QC analysis for cannabinoid, heavy metal, microbial, pesticide, residual solvent and toxin content. The QA & QC protocols for checking in a BDS consist of the following steps:

1) The batch of BDS to be placed in QA HOLD is given a batch unique identifier and transferred to the HOLD refrigerator in the production area, with proper chain of command. All relevant data should be recorded in the appropriate data log.
2) A QA HOLD label is affixed to the container containing the BDS batch ID number, date of manufacture, date of HOLD, date of sampling and associated sample batch ID numbers.
3) The batch of BDS is released from QA HOLD if the BDS receives a CoA stating the material passed its QA & QC analysis, and the release is recorded in the Inventory Log.
4) The batch of BDS is destroyed if the BDS receives a CoA stating the material failed its QA & QC analysis, and the disposal is recorded in the Inventory Log.
5) If the BDS fails its QA & QC analysis, an investigation into the cause of the problem is performed and a determination of the appropriate next action(s) made. Actions that could be taken include: review of the QA & QC analysis; review of the BRM growing, harvesting, drying and packaging procedures; review of the BRM prep and extraction procedures; review of the BDS refinement and finishing procedures; review of the Storage Log to confirm storage parameters were stable throughout the storage of the BDS; inspection of the climate control system; disposal of the BDS; inspection of surrounding BDS; health hazard evaluation; quarantine of the HOLD refrigerator; sterilization and sanitization of the HOLD refrigerator; validation of the sterilization and sanitization process; etc. Results of the investigation are recorded in the QA & QC Log.

For a detailed description of the QA & QC process for the BDS, refer to the Quality Assurance Program SOPs in the Operations Manual.

Product Manufacture

To consistently and regularly produce each brand/ratio to within the +5% of the target dose allowed by NYSDOH, as well as ensure that Valley Agriceuticals never releases a questionable product into the market, a high level of quality assurance and control across all processes, including product manufacture. Each medical marijuana product requires a QA & QC protocol for both internal and external data tracking purposes.

Capsules

The QA & QC process for the manufacture of the capsules consists of the following steps:

1) The production manager or qualified employee manually verifies the batch weight calculated by the digital Point of Service (POS) tracking system and records the verification in the Production Log.
2) The scale to be used during the measuring process is sanitized and calibrated prior to use, if necessary. The status of the scale is updated in the Production Log.
3) The measured ingredients are compared to the value calculated by the digital POS tracking system and the actual measurement is verified by the production manager or qualified employee. The verification is recorded in the Production Log.

4) The ingredients are given an adequate amount of time, as determined through research and development, to homogenize. The homogenization time is recorded in the Production Log.
5) The batch weight of the homogenized ingredients is compared to the value calculated by the digital POS system, and the actual measurement is verified by the production manager or qualified employee. The verification is recorded in the Production Log.
6) The cannabinoid content of the homogenized ingredients is compared to the defined value of the particular batch being produced and the +5% tolerance interval allowed by NYSDOH. The batch is held in a QA HOLD contingent upon the results of the cannabinoid content analysis where it will be released for further manufacturing, modified or destroyed. Results are recorded in the Production Log.
7) The weight of each capsule is compared to the value calculated by the digital POS tracking system, and the actual measurement is verified by the production manager or qualified employee. This verification is recorded in the Production Log.
8) The cannabinoid content of the capsules is compared to the defined value for the particular batch being produced and the +5% tolerance interval allowed by NYSDOH. The batch is held in a QA HOLD contingent upon the results of the cannabinoid content analysis where it will be released for further manufacturing, modified or destroyed. Results are recorded in the Production Log.
9) The number of capsules per bottle is compared to the value calculated by the digital POS tracking system, and the production manager or qualified employee verifies the actual number of bottles and records the verification in the Production Log.
10) The production manager or qualified employee verifies that the inner seal for each cap is correctly oriented in the cap prior the capping process and records the verification in the Production Log.
11) The production manager or qualified employee inspects the aesthetic quality of the manually applied label and seal, and any unsatisfactory products are to be relabeled and/or sealed. The verification is recorded in the Production Log.
12) The cannabinoid, heavy metal, microbial, pesticide, residual solvent and toxin content of the final product are compared against the defined value for the particular batch being produced and the state mandated tolerances for the above constituents. The batch is held in a QA HOLD contingent upon the results of the third-party analysis where it will either be released for distribution or destroyed. Results are recorded in the Production Log.
13) The manufacturing process is continued, modified or halted based on the results of a routine statistical analysis of the production data.

For a detailed description of the QA & QC process for the Capsule MMP, refer to the Quality Assurance Program– Gelatin Capsules SOP in the Operations Manual.

Oral Drops

The QA & QC process for the manufacture of the oral drops consists of the following steps:

1) The production manager or qualified employee manually verifies the batch weight calculated by the digital POS tracking system and records the verification in the Production Log.
2) The scale to be used during the measuring process is sanitized and calibrated prior to use, if necessary, with the status of the scale updated in the Production Log.
3) The production manager or qualified employee compares the actual measurement of measured ingredients to the value calculated by the digital POS tracking system and records the verification in the Production Log.
4) The ingredients are given an adequate amount of time, as determined through research and development, to homogenize, and homogenization time is recorded in the Production Log.
5) The production manager or qualified employee compares the actual batch weight of the homogenized ingredients to the value calculated by the digital POS system and records the verification in the Production Log.
6) The cannabinoid content of the homogenized ingredients is compared to the defined value of the particular batch being produced and the +5% tolerance interval allowed by NYSDOH. The batch is held in a QA HOLD contingent upon the results of the cannabinoid content analysis, in which case it is released for further manufacturing, modified or destroyed. Results are recorded in the Production Log.
7) The production manager or qualified employee compares the actual weight of each bottle to the value calculated by the digital POS tracking system and records the verification in the Production Log.
8) The cannabinoid content of the bottles is compared to the defined value for the particular batch being produced and the +5% tolerance interval allowed by NYSDOH. The batch is held in a QA HOLD contingent upon the results of the cannabinoid content analysis where it will be released for further manufacturing, modified or destroyed. Results are recorded in the Production Log.
9) The production manager or qualified employee compares the actual number of bottles with the value calculated by the digital POS tracking system and records the verification in the Production Log.
10) The production manager or qualified employee inspects each bottle and verifies that the oral syringe adapter is securely and firmly inserted into the opening prior to the capping process. The verification is recorded in the Production Log.
11) The production manager or qualified employee verifies that the inner seal for each cap is correctly oriented in the cap prior the capping process, and records the verification in the Production Log.
12) The production manager or qualified employee visually inspects the aesthetic quality of the manually applied label and seal, and any unsatisfactory products are to be relabeled and/or sealed. The verification is recorded in the Production Log.
13) The cannabinoid, heavy metal, microbial, pesticide, residual solvent and toxin content of the final product are compared against the defined value for the particular batch being produced and the state mandated tolerances for the above constituents. The batch is

held in a QA HOLD contingent upon the results of the third-party analysis where it will either be released for distribution or destroyed. Results are recorded in the Production Log.

14) The manufacturing process is continued, modified or halted based on the results of a routine statistical analysis of the production data.

For a detailed description of the QA & QC process for the Drops MMP, refer to the Quality Assurance Program– Oral Drops SOP in the Operations Manual.

Oral Sprays

The QA & QC process for the manufacture of the oral sprays consists of the following steps:

1) The production manager or qualified employee manually verifies the batch weight calculated by the digital POS tracking system and records the verification in the Production Log.
2) The scale to be used during the measuring process is sanitized and calibrated prior to use, if necessary, and the status of the scale is updated in the Production Log.
3) The production manager or qualified employee verifies the value of the measured ingredients calculated by the digital POS tracking system and records the verification in the Production Log.
4) The ingredients are given an adequate amount of time, as determined through research and development, to homogenize, and the homogenization time is recorded in the Production Log.
5) The production manager or qualified employee verifies the value calculated by the digital POS system, comparing it with the actual measurement, and records the verification in the Production Log.
6) The cannabinoid content of the homogenized ingredients is compared to the defined value of the particular batch being produced and the +5% tolerance interval allowed by the department. The batch is held in a QA HOLD contingent upon the results of the cannabinoid content analysis where it will be released for further manufacturing, modified or destroyed. Results are recorded in the Production Log.
7) The production manager or qualified employee verifies the weight of each bottle calculated by the digital POS tracking system, compared to the actual weight, and records the verification in the Production Log.
8) The cannabinoid content of the bottles is compared to the defined value for the particular batch being produced and the +5% tolerance interval allowed by NYSDOH. The batch is held in a QA HOLD, contingent upon the results of the cannabinoid content analysis, where it will be released for further manufacturing, modified or destroyed. Results are recorded in the Production Log.
9) The production manager or qualified employee compares the value calculated by the digital POS tracking system and the actual number of bottles and any remaining liquid mixture and records the verification in the Production Log.
10) The production manager or qualified employee verifies that the cap is properly and

securely fastened prior to the sealing process, and records the verification in the Production Log.

11) The production manager or qualified employee inspects the aesthetic quality of the manually applied label and seal, and any unsatisfactory products are relabeled and/or sealed. The verification is recorded in the Production Log.
12) The cannabinoid, heavy metal, microbial, pesticide, residual solvent and toxin content of the final product are compared against the defined value for the particular batch being produced and the State-mandated tolerances for the above constituents. The batch is held in a QA HOLD contingent upon the results of the third-party analysis where it will either be released for distribution or destroyed. Results are recorded in the Production Log.
13) The manufacturing process is continued, modified or halted based on the results of a routine statistical analysis of the production data.

For a detailed description of the QA & QC process for the Spray MMP, refer to the Quality Assurance Program– Oral Sprays SOP in the Operations Manual.

Vaporization Extract

The QA & QC process for the manufacture of the vaporization extract consists of the following steps:

1) The production manager or qualified employee manually verifies the batch weight calculated by the digital POS tracking system and records the verification in the Production Log.
2) The scale to be used during the measuring process is sanitized and calibrated prior to use, if necessary, and the status of the scale is updated in the Production Log.
3) The measured amount of one or more cannabis extracts are compared to the value calculated by the digital POS tracking system and the actual measurement is verified by the production manager or qualified employee. The verification is recorded in the Production Log.
4) One or more cannabis extracts is given an adequate amount of time, as determined through research and development, to homogenize, and homogenization time is recorded in the Production Log.
5) The production manager or qualified employee compares the batch weight of the homogenized extracts to the value calculated by the digital POS system, and the actual measurement is verified and recorded in the Production Log.
6) The cannabinoid content of the homogenized extract is compared to the defined value of the particular batch being produced and the +5% tolerance interval allowed by NYSDOH. The batch is held in a QA HOLD, contingent upon the results of the cannabinoid content analysis, where it will be released for further manufacturing, modified or destroyed. Results are recorded in the Production Log.
7) The production manager or qualified employee compares the number of syringes and the amount of extract per syringe to the value calculated by the digital POS tracking system

8) The cannabinoid content of the syringes is compared to the defined value for the particular batch being produced and the +5% tolerance interval allowed by NYSDOH. The batch is held in a QA HOLD contingent upon the results of the cannabinoid content analysis, in which case it will be released for further manufacturing, modified or destroyed. Results are recorded in the Production Log.
9) The production manager or qualified employee verifies that each cap has been properly and securely fastened prior to the sealing process. The verification is recorded in the Production Log.
10) The production manager or qualified employee inspects the aesthetic quality of the manually applied label and seal, and any unsatisfactory products are relabeled and/or sealed. The verification is recorded in the Production Log.
11) The cannabinoid, heavy metal, microbial, pesticide, residual solvent and toxin content of the final product are compared against the defined value for the particular batch being produced and the State-mandated tolerances for the above constituents. The batch is held in a QA HOLD contingent upon the results of the third-party analysis where it will either be released for distribution or destroyed. Results are recorded in the Production Log.
12) The manufacturing process is continued, modified or halted based on the results of a routine statistical analysis of the production data.

For a detailed description of the QA & QC process for the respiratory MMP, refer to the Quality Assurance Program – Vaporization Extract SOP in the Operations Manual.

Production Area

The production area must routinely undergo QA & QC inspections to ensure that the area has not been contaminated. The status of the production area must also be routinely updated in the Production Area Log. These inspections include a visual inspection of the entire production area as well as swab testing of high traffic and sensitive areas, such as the extract production and product manufacturing sections of the production area.

- Once a month, the production area must be completely cleaned and sanitized. To sanitize the production area, all inventory items in the storage area must be transferred to a temporary holding area. Special care must be taken for temperature-sensitive materials. All transfers must be recorded in the Inventory Log with proper chain of custody. The entire production area and any pieces of equipment or physical inventory management items in the production area must be cleaned with Simple Green HD, rinsed, cleaned with bleach, rinsed again and sanitized. Once the production area and all pieces of equipment and physical inventory management items within the production area have dried, the cleaning and sanitization process should be validated with a swab test. The status of the production area should be recorded in the Production Area Log, and all inventory items are transferred from the temporary holding area back into the production area. All transfers must be recorded in the Inventory Log with proper chain of custody.

- If a swab test fails to meet specifications, the affected area shall be quarantined, and any equipment, inventory items or physical inventory management items within the quarantined area are to be swab tested. Equipment and physical inventory management items that fail a swab test must be cleaned and sanitized, and the status of each piece of equipment and individual inventory management item must be updated in the Inventory Log. Inventory items such as ingredients, packaging, labeling, BRM, BDS, winterized solutes, recovered, recycled and unused solvent, MMP, etc. must be dealt with on a case by case bases. The following example can be applied to ingredients, BRM, BDS, winterized solutes, recovered, recycled and unused solvent, and MMP. Example: Ingredients and the containers in which they are stored in must be tested for contamination. If the ingredient tests positive for contamination, it must be destroyed and the container must be cleaned and sanitized; the status of each must be recorded in the Inventory Log. If the exterior of the container tests positive for contamination, it should be wiped down with 91% isopropyl alcohol and tested again. These measures must be repeated until the container passes the swab test. If the container tests positive for contamination of its interior, the ingredient should be disposed of and the container cleaned and sanitized. The status of the ingredient and the container should be updated in the Inventory Log. Packaging and labeling must also be tested for contamination. Product packaging such as pill bottles, tincture bottles and closures that fail a swab test must be cleaned and sanitized, and the status of each lot of each item must be updated in the Inventory Log. Labels that fail a swab test must be destroyed and the status of each lot of each label must be updated in the Inventory Log.

For a detailed description of the production area sanitization process, refer to the Quality Assurance Program – Production Area SOP in the Operations Manual.

Storage and facility

Storage Area

The storage area must routinely undergo QA & QC inspections to ensure that the area has not been contaminated. The status of the storage area must also be routinely updated in the Storage Area Log. These inspections include a visual inspection of the entire storage area as well as swab testing of high traffic and sensitive areas, such as the BRM and MMP sections of the storage area.

- Once a month, the storage area must be completely cleaned and sanitized. To sanitize the storage area, all inventory items in the storage area must be transferred to a temporary holding area. Special care must be taken for temperature sensitive materials. All transfers must be recorded in the Inventory Log with proper chain of custody. The entire storage area and any pieces of equipment or physical inventory management items in the storage area must be cleaned with Simple Green HD, rinsed, cleaned with bleach, rinsed again and sanitized. Once the storage area and all pieces of equipment and physical inventory management items within the storage area have dried, the cleaning and sanitization

process must be validated with a swab test. The status of the storage area should be recorded in the Storage Area Log, and all inventory items must be transferred from the temporary holding area back into the storage area. All transfers must be recorded in the Inventory Log with proper chain of custody.

- If a swab test falls out of specifications, the affected area shall be quarantined and any equipment, inventory items or physical inventory management items within the quarantined area are to be swab tested. Equipment and physical inventory management items that fail a swab test must be cleaned and sanitized, and the status of each piece of equipment and individual inventory management item must be updated in the Inventory Log. Inventory items such as ingredients, packaging, labeling, BRM, BDS, winterized solutes, recovered, recycled and unused solvent, etc. must be dealt with on a case by case basis. The following example can be applied to ingredients, BRM, BDS, winterized solutes, recovered, recycled, and unused solvent. Example: Ingredients and the containers in which they are stored must be tested for contamination. If the ingredient tests positive for contamination, it must be destroyed and the container must be cleaned and sanitized; the status of each ingredient must be recorded in the Inventory Log. If the container tests positive for contamination on the outside, it should be wiped down with 91% isopropyl alcohol and tested again. Repeat until the container passes the swab test. If the container tests positive for contamination on the inside, the ingredient should be disposed of and the container cleaned and sanitized. The status of the ingredient and the container should be updated in the Inventory Log. Packaging and labeling must also be tested for contamination. Product packaging such as pill bottles, tincture bottles and closures that fail a swab test must be cleaned and sanitized, and the status of each lot of each item must be updated in the Inventory Log. Labels that fail a swab test must be destroyed and the status of each lot of each label must be updated in the Inventory Log.

All storage equipment such as refrigerators and freezers must also routinely undergo QA & QC inspections to ensure that these storage units have not been contaminated. These inspections include a visual inspection of the storage unit as well as a swab test.

- Once a month, each refrigerator and freezer must be completely cleaned and sanitized. To sanitize the refrigerator or freezer, all inventory items in the refrigerator and freezer must be transferred to a temporary holding area. Special care must be taken for temperature sensitive materials. All transfers must be recorded in the Inventory Log with proper chain of custody. The entire refrigerator and freezer as well as the racks must be cleaned with Simple Green HD, rinsed, cleaned with bleach, rinsed again and sanitized. Once the refrigerator and freezer as well as the racks have dried, validate the cleaning and sanitization process with a swab test. The status of the refrigerator and the freezer should be recorded in the Inventory Log, and all inventory items from the temporary holding area transferred back into the refrigerator or freezer. All transfers must be recorded in the Inventory Log with proper chain of custody.

- If a swab test falls out of specifications, the affected refrigerator or freezer shall be quarantined and inventory items or physical inventory management items within the quarantined area are to be swab tested. Physical inventory management items, such as the racks or any containers, which fail a swab test, must be cleaned and sanitized, and the status of each individual inventory management item must be updated in the Inventory Log. Inventory items such as BDS, winterized solutes, recovered, recycled and unused solvent, etc. must be dealt with on a case by case basis. The following example can be applied to BDS, winterized solutes, recovered, recycled, and unused solvent. Example: BDS and the containers they are stored in must be tested for contamination. If the BDS tests positive for contamination, it must be destroyed and the container must cleaned and sanitized; the status of each must be recorded in the Inventory Log. If the container tests positive for contamination on the exterior, it should be wiped down with 91% isopropyl alcohol and tested again. Repeat until the container passes the swab test. If the container tests positive for contamination on the inside, dispose of the BDS and clean and sanitize the container. The status of the BDS and the container should be updated in the Inventory Log.

For a detailed description of the storage area sanitization process, refer to the Quality Assurance Program – Storage Area SOP in the Operations Manual.

Facility

The entire production facility must routinely undergo QA & QC inspections to ensure that the facility has not been contaminated. The status of the facility must also be routinely updated in the Facility Log. These inspections include a visual inspection of the entire production facility as well as swab testing of high-traffic and sensitive areas in each subsection of the facility, such as the production area, storage area, drying area, cultivation areas, water treatment area, shipping and receiving area, waste disposal area, power area and office spaces.

- Each quarter, the entire production facility must be completely cleaned and sanitized. To sanitize the production facility, each subsection has to be systematically shut down to reduce the amount of downtime and accelerate the cleaning process. In the subsection that is to be cleaned and sanitized, all inventory items must be transferred to a temporary holding area. Special care must be taken for temperature sensitive materials. All transfers must be recorded in the Inventory Log with proper chain of custody. The entire subsection and any pieces of equipment or physical inventory management items in the subsection must be cleaned with Simple Green HD, rinsed, cleaned with bleach, rinsed again and sanitized. Once the subsection and all pieces of equipment and physical inventory management items within the subsection have dried, the cleaning and sanitization process should be validated with a swab test. The status of the subsection should be recorded in the Facility Log, and all inventory items transferred from the temporary holding area back into the subsection. All transfers must be recorded in the Inventory Log with proper chain of custody. This process will be repeated for each subsection of the production facility. Each subsection's sanitization should be scheduled in the Production Log to prevent costly facility shut downs related to the sanitization process.

- If a swab test falls out of specifications, the affected area shall be quarantined and any equipment, inventory items or physical inventory management items within the quarantined area are to be swab tested. Equipment and physical inventory management items that fail a swab test must be cleaned and sanitized, and the status of each piece of equipment and individual inventory management item must be updated in the Inventory Log. Inventory items such as ingredients, packaging, labeling, BRM, BDS, winterized solutes, recovered, recycled and unused solvent, MMP etc. must be dealt with on a case by case basis. The following example can be applied to ingredients, BRM, BDS, winterized solutes, recovered, recycled, and unused solvent, or MMPs. Example: Ingredients and the containers they are stored in must be tested for contamination. If an ingredient tests positive for contamination it must be destroyed and the container must be cleaned and sanitized; the status of each must be recorded in the Inventory Log. If the container tests positive for contamination on the outside, it should be wiped down with 91% isopropyl alcohol and tested again, with this process repeated until the container passes the swab test. If the container tests positive for contamination on the inside, dispose of the ingredient and clean and sanitize the container. The status of the ingredient and the container should be in the Inventory Log. Packaging and labeling must also be tested for contamination. Product packaging such as pill bottles, tincture bottles and closures that fail a swab test must be cleaned and sanitized, and the status of each lot of each item must be updated in the Inventory Log. Labels that fail a swab test must be destroyed and the status of each lot of each label must be updated in the Inventory Log.

- Climate control system maintenance is another significant part of the facility QA & QC inspection. Without a functioning climate control system, temperature and humidity sensitive inventory items could be lost, entire lots of finished products could be destroyed, and potential microbial and fungal infestations could develop. Every day the parameters for each subsection of the production facility must be monitored to ensure the climate control system is functioning properly. Each subsection is separate from the next allowing for easy maintenance and sanitization of the climate control system. Every 6 months the climate control system in each subsection shall be shut down temporarily for maintenance and sanitization. While shut down, climate control subsection undergoes a visual inspection and subsequent swab test of the associated hardware. Once maintenance and sanitization are complete, validate the cleaning and sanitization process by using a swab test. Identify and record the status of the climate control subsection in the Facility Log. Repeat this process for each subsection of the climate control system. Each subsection's sanitization should be scheduled in the Production Log to prevent costly facility shut downs related to the sanitization process.

For more information on Quality Assurance protocols related to the safety of finished products once at Valley Agriceuticals' dispensaries, please refer to the Dispensary Operations section and Section 7 of this operations manual.

For more information on Quality Assurance related to prevention of dispensing errors, see Section 7-Quality Assurance Program: Medication Dispensing Error Detection, Identification and Prevention Policy.

For more information on Quality Assurance related to returns, complaints, adverse events and Valley Agriceuticals' recall program, see Section 8- Quality Assurance Program: Returns, Complaints, Adverse Events and Recall Procedures.

For more information on Quality Assurance protocols relate to disposal of returned/unsafe products, please refer to Security and Disposal sections of this operating manual.

For more information on Quality Assurance related to the transportation process (of BRM and finished products as well as returns), please refer to Transportation section of this operations manual.

VALLEY AGRICEUTICALS

ATTACHMENT D: OPERATING PLAN

SECTION 10 -

RECORDKEEPING
(§ 1004.5(b)(4)(vii))

Section 10 - Recordkeeping

Valley Agriceuticals will meet and exceed all record keeping requirements set forth by the New York State Department of Health (NYSDOH) for registered organizations under the State's medical marijuana law.

Valley Agriceuticals will strictly adhere to all NYSDOH-mandated processes and standards for record-keeping. Valley Agriceuticals recognizes that NYSDOH will have multiple systems in place to fully regulate the medical marijuana industry. A key component is the system contractor selected to install and maintain the seed to sale compliance software. Valley Agriceuticals understands the need for a robust regulatory seed-to-sale tracking solution, which not only allows the State to know that each registered organization is compliant with applicable rules and regulations but also allows registered organizations to monitor all phase of the process lifecycle. Valley Agriceuticals fully embraces the regulatory system chosen by the State and will provide all information and interfaces as required.

Valley Agriceuticals is committed to strict record keeping and tracking all aspects of its operations. In addition to complying with all State requirements, Valley Agriceuticals will also maintain additional strict record-keeping procedures to further its quality control and quality assurance systems. Valley Agriceuticals will augment the state system for our own internal controls and audit capabilities

To address these critical quality control and quality assurance issues, Valley Agriceuticals will augment the State-mandated system with the Adilas inventory and point-of-sale system. Adilas is a software as a service (SaaS) system that operates on cloud-based secure and encrypted servers to provide real-time record-keeping, inventory control, accounting, patient management, with more powerful reporting and unlimited application programming interface (API) capabilities. Adilas tracks all data and returns it in a manageable format pursuant to the application at hand, allowing for unmatched tracking, monitoring and recording seed-to-sale information based on multiple data points across locations and in multiple formats. Adilas has successfully proven to be a compliant and transparent recordkeeping seed-to-sale tracking system in 16 states regulating the production and dispensing of medical marijuana and medical marijuana products. Initially in Colorado and now in Washington State, Adilas has programmed and successfully implemented a reporting feature that enables required dispensing and operational information involving cultivation, dispensing of product, sale of product and or exchange, and patient information tracking.

Adilas has proven to be an especially useful complement to the regulatory database selected by New York State, BioTrackTHC. Adilas can produce daily reports in a .csv format (or any desired format) that may be directly uploaded to the State-run regulatory database, BioTracTHC. BioTrackTHC was selected by the Liquor Control Board of Washington State and METRC in Colorado, demonstrating the easy and useful integration between BioTrackTHC and Adilas.

Diagram depicting the multiple control levels of Adials from seed to sale. Adilas will allow

Valley Agriceuticals to maintain constant oversight of all inventory throughout the cultivation, production, manufacturing, packaging, transporting and dispensing of all medical marijuana products.

Although Adilas is typically run on cloud-based servers, Valley Agriceuticals has elected to also run dedicated 'slave servers' as well, to accommodate any periods of disconnectivity. This approach will permit full control over all information and will provide an additional layer of security and backup. All information stored in the Valley Agriceuticals' Adilas system will be encrypted with 256 bit encryption, with a secure socket layer (SSL). Access to any information on Valley Agriceuticals' company-specific server will only be accessible with a combination of the proper credentials and the correctly assigned permissions. There are over 100 permissions in Adilas that may be assigned to or withheld from each user assigned a valid corporation key, username and password. Permissions are assigned by an administrative-level user and control all aspects of the user interface experience.

Adilas will permit multi-locational overview capabilities through custom reports. In addition, Adilas will generate real-time data regarding location-specific inventory categorized by brand and form using existing inventory categories and inventory controls, allowing for storage and reporting of information with ease. Other notable Adilas features include:

- Mixed tickets and invoices - Ability to add general products, labor, services, and recipes on the same ticket, and permitting quantity conversions over different forms or brands.•
- Monies coming in – Ability to know exactly who owes money (i.e., receivables or A/R's) and the aging and activity on those accounts.
- Monies going out – Ability to know to whom Valley Agriceuticals owes money and when payment is due (i.e., payables or A/P's), as well as options for reimbursements, petty cash, and expense accounts.

- One click to see the entire inventory – At the point of sale and at the point of dispensing, Adilas can track unique system-generated barcodes, lot numbers, Radio-frequency identification device (RFID and any number of inventory items. Inventory in process during manufacturing will reflect costs and quantities of dried flower bud in process but will not be reflected in live inventory until it has been packaged and approved in its final brand and form. Inventory is tracked through multiple categories and can be reported in a variety of f ormats.
- Qualified Patient Logs – Adilas tracks every qualified patient or designated caregiver for a virtual and complete medical log. Physician recommendations, patient certification and other patient specific information will be logged. Documents may be scanned directly to patient log. Flex grid and histories will allow for monitoring of allowable quantities and also allow for information to be collected and logged on the efficacy of certain brand, forms, etc.
- Multi-locations - Adilas can handle as many locations, departments, banks, etc. as needed, and is easily and rapidly scalable. From the cultivation facility to each one of the four dispensary locations, Adilas allows Valley Agriceuticals to run all processes on a central system. Inventory is location specific.
- Time clock & Payroll – Adilas tracks hours for all employees regardless of location or job description. Adilas uses the in-system payroll functionality to project costs, implement efficient scheduling and to generate payroll reports.
- Unlimited invoices, payments, statements, deposits, expenses, check writing, inventory management, purchase orders, serialized units, recipe/builds and much more. Recipe/ Builds - Pre-set groups, packages, kits, or processes. One click adds multiple pre- set items to the shopping cart. Adilas is able to present all quantities and ingredients used to create each specific brand and form of medical marijuana product. Adilas also allows for recipes to be duplicated and aids in creating a homogenous and consistent product.
- Upload documents and photos – Adilas allows users to scan in documentation to be viewed at anytime in the future for a 'paperless' office, simplifying filing. All data points and main system players in Adilas contain an image file and a content file that can hold up to 100 .jpeg images and an unlimited amount of media through cloud storage. Transparency is easily achievable.
- Financials - Income statement (P&L) and balance sheet. Enables Valley Agriceuticals to know where the business stands.
- Real-Time Numbers – Adilas enables users to provide accountants numbers at any time and close out each and every month.
- Sales Tax Reports – Adilas allows for multiple taxing options per location, per inventory types, or for specific items. Adilas has the capacity to separate excise tax from local and state sales tax, and to apply taxes to certain item categories or brands and track these unique taxes.

Record Keeping Plan Details – Integration with State System

Valley Agriceuticals is committed to using the State-mandated system and, upon receipt of clearer guidance, will work to ensure synergies between the State-mandated system and Adilas (as has been successfully achieved in other states). During the start-up phase, having access to as much data as possible will, in Valley Agriceuticals' view, contribute to timely implementation of the State's program.

Tracking each action performed in the system by user and per location allows for accountability and IRS audit level traceability in the case that remediation need be executed. Transparency and compliancy are required and can be achieved if all dynamic data points are collected. One of the biggest strengths of Adilas is ensuring all necessary data gets into the system. Once in, it becomes part of the big picture. Data coming in usually means some form of "operations" or the filling of an order when medical marijuana products are dispensed. Standard Adilas aims to follow a logical or linear model to help get data in and out of the system as quickly and easily as possible.

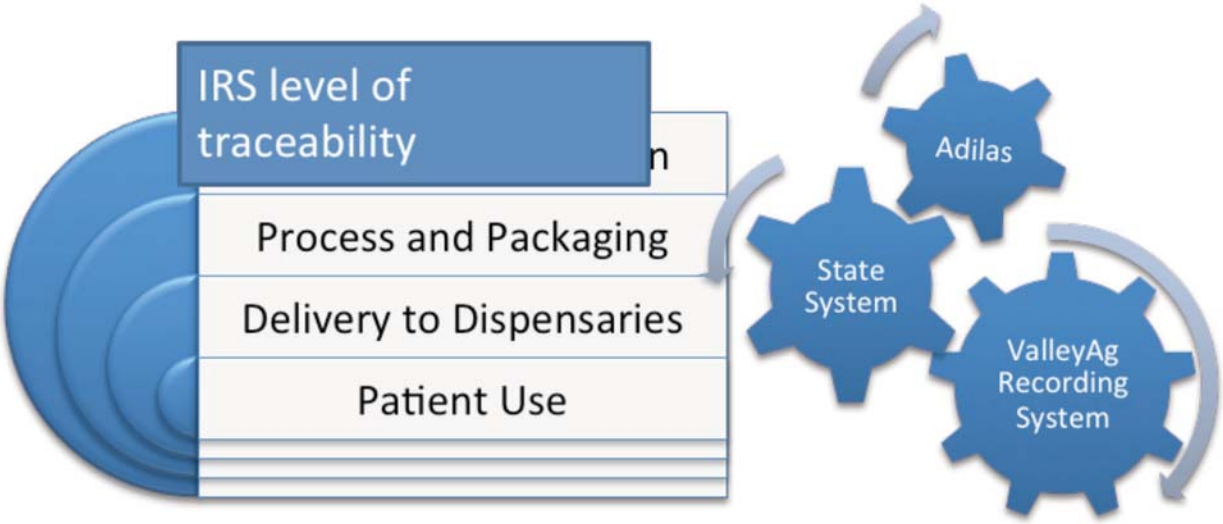


Diagram depicting the level of integration of Adilas following a logical tracking linear model. This model facilitates IRS accountability and traceability

Record Keeping Plan Details – Seed to Sale Tracking Description

Adilas allows for the tracking of a remarkable number of data points. This capability is further enhanced by Adilas' capacity to dynamically name and configure many data points to comply with State and Department mandated regulations. Adilas tracks all actions both in real time and historically by user so that all actions are auditable to the source. Drill-down links in reports and a system that allows for information to be connected through flex grid provides for the most thorough detail in record-keeping and transparency, specifically for logs of qualified patients or designated caregivers. Diligent record-keeping aims to help mitigate or eliminate the potential for the diversion of medical marijuana products, reliably tracking all details of instances where medical marijuana products are manufactured and dispensed to qualifying patients or designated caregivers with valid credentials in the State of New York. As noted, Adilas allows for the seamless tracking of all brands, forms, lot and unique lot identifiers. All information in Adilas is stored and secured indefinitely. Were Valley Agriceuticals ever to opt to discontinue service and data management with Adilas, all dedicated servers will be destroyed and information frozen and returned solely to Valley Agriceuticals executives. The ability to upload all paper files, documents and media directly to the associated piece (patient log, PO, invoice, product) in Adilas will strengthen record retention and document organization. While paper files may be required to be kept physically on the premises for a predetermined amount of time, the files, if

stored electronically on Adilas as well, may be recalled to support an audit from anywhere by a user with the correct administrative-level permissions. As previously noted, use of 'slave servers' at each dispensary location will ensure data accessibility if Internet connectivity is lost. With 15 years of experience in data tracking and a process of advanced data mapping techniques, Adilas will ensure collectivity and transparency of all operational information created and recorded by the registered organization.

Each time that a unique bar code and lot identifier is involved in an action at any stage of the product lifecycle (e.g., purchase order, transfer invoice, internal build, or sale), Adilas records and can report on the action, along with the date, user, and metric quantities. For all instances in which approved medical marijuana products are dispensed, Adilas will track the invoice or order number connected to the qualified patient or designated caregiver who received the product. This feature, which connects to individual patient logs and purchase histories, will help ensure that only approved quantities are dispensed and that rules regarding frequency of refills are adhered to

As the functionality of Adilas continues to evolve, new features and tools will become available to system users as they are launched, eliminating the need for upgrades or new versions of the product. A recently completed project allows for complete integration with any API capable third-party solution. As a SaaS, Adilas allows for seamless integration with a variety of tools, including pharmacy level interfaces to track prescription (order) filling and log notes. Over time, this adaptability will permit even more data collection and conglomeration.

Record Keeping Plan Details (§ 1004.5(b)(4)(vii))

Adilas allows for a system-assigned user with the correctly assigned permissions to view with a single click the registered organization's entire live inventory and inventory in production for all medical marijuana products, brands and forms produced at the manufacturing facility. The system is already equipped to handle bar codes (unique lot identifiers), lot numbers, batches, RFID tags, registry identification numbers and more. Flex grid will allow the addition of any data that does not fit into fields that are currently trackable or dynamic in Adilas. This feature will be used to report and track the consistent cannabinoid profile of each brand in its final form. All information tracked during the manufacturing process will be traceable by the system-generated unique lot identifier or barcode. Adilas can generate barcodes, or already existing barcodes may be assigned to any specific inventory item or unique medical marijuana product or brand in its final form.

All inventory, either saleable or used as a part of the manufacturing or cultivation process, will enter the system on a purchase order. There are several types of purchase orders that allow for live inventory acquisition, production, and transfer of product. Each specific type is reportable. Beginning with cultivation, all clones, seeds or immature plants will be entered on a purchase order. Each plant will be entered on a purchase order as a separate line item, permitting the unique barcode and lot number to be entered and tracked for each plant. Plants in production will be assigned their specific brand through flex grid. Pursuant to 1004.18(a)(8), the system will ensure documentation, including lot numbers where applicable, of all materials used in the manufacturing of the approved medical marijuana product, including but not limited to soil, soil amendment, nutrients, hydroponic materials, fertilizers, growth promoters, pesticides,

fungicides, and herbicides. Pictures of the products themselves can be uploaded to the product-specific purchase order, and the receipts for purchase for these products can also be scanned. The expense receipt that documents payment for these products may also include detailed information about the products, while flex grid permits linkage of the expense with the grow PO itself. Existing tools in Adilas allow for auto-population and review of the unique lot identifier (barcode) field and also the RFID field. As plants are physically transported from area to area in the production facility, an employee will create transfer Purchase Orders (POs) to reflect the move in inventory, ensuring perfect and well-documented chain of custody and improving inventory projections for the final medical marijuana product. Notes will be time- and date-stamped and connected to the user who entered the information, providing traceability and ensuring accountability.

Once it is time to harvest the plant, the PO will be updated from a Grow Request PO to a Basic Live PO to permit a record of the total amount of dry flower harvested, along with waste and other plant material. The total number of grams per plant will be entered into inventory to record the total amount of dried medical marijuana. This particular inventory will be categorized under DRIED FLOWER - NOT FOR SALE, and cart controls will be implemented to ensure that a qualified patient or designated caregiver may never be assigned to a cart with ANY quantity of a product in this item category. The dried marijuana flower, once received and recorded into the system, must be transferred to the manufacturing facility where it will be processed into its final form. A transfer invoice will be created to reflect a change in inventory to a new location.

Diagram depicting the chain of custody map at different locations. The barcodes will display all usage, locations, transfers and overall increases or decreases in quantities directly related to that specific item.

To track manufactured medical marijuana products in their final brand and form, Adilas will use a special type of PO called an internal build PO. The special programming behind this PO allows for multiple raw materials to be taken out of inventory and combined in a new end product.. This tool, which tracks the usage of each unique item, contains a wealth of information and will display all usage, locations, transfers and overall increases or decreases in quantities directly related to that specific item. This feature provides a perfect chain-of-

custody map and continues to the final point of dissemination, as reflected on the invoice or order for dispensing to the qualifying patient or designated caregiver. Recipes and builds preprogrammed with quantities will be used to ensure consistency of the recipe, with a predetermined amount of raw material allocated for the build and the output recorded based on the final product. Because Adilas allows for the tracking of mixed ticket invoices and multiple units of measurement, multiple forms (e.g., liquid or oil) can be tracked in milligrams, capsules, or cartridges prefilled with metered liquid or extracted oil. Products reflecting unique bar codes and product lot cannot be sold until they have been recorded and transferred via manifest to the point of dispensing to a qualified patient or designated caregiver.

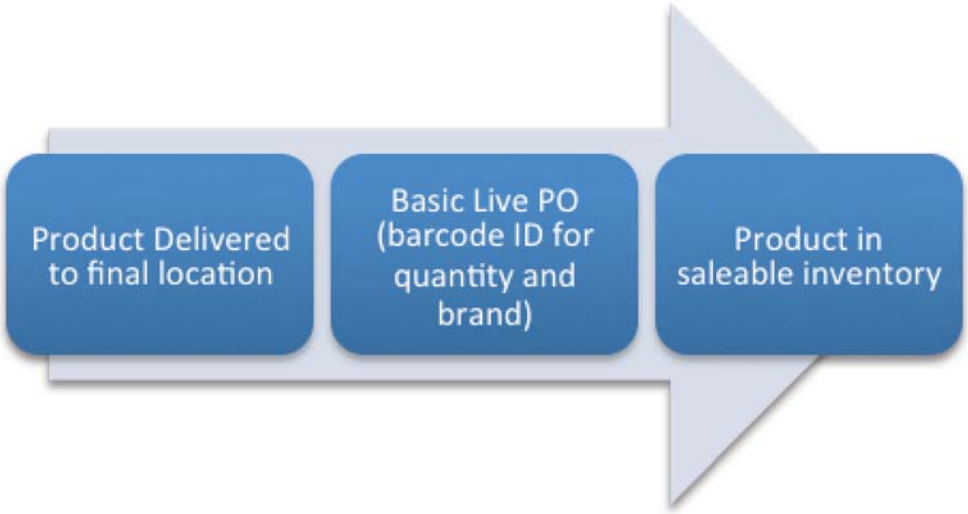
Diagram depicting the tracking system that will allow us to link multiple measurements from bulk to final product quantities and determine the amount of raw material needed for a specific quantity of oil, capsules, spray liquids, etc.

Flex grid permits the addition to the record of other information about cannabinoid profile or testing results can be connected using flex grid. Medical marijuana products that do not pass minimum standards can be transferred to quarantine and withheld from sale. A special program in Adilas will be coded to ensure that any product that tests outside of acceptable levels will trigger an alert that will prohibit the product from being transferred to another location other than quarantine.

At this point, the medical marijuana product must be transferred to its final location via a two-person transport team and a shipping manifest. For the transfer, an invoice or order will be created by the manufacturing facility, specifying which of the four dispensary locations is to receive that particular shipment of product. The items, quantities and barcodes on this invoice must match exactly. The physical shipping manifest, which must approved two days prior to the shipment, will be scanned to the invoice, which will reflect the final medical marijuana product with all specific brand, lot, form and unique lot identifier. This invoice will serve as a traceable record that the physical inventory has left the production/manufacturing facility, adding to the seed-to-sale record demonstrating an unbroken chain of custody.

Depiction of the tracking levels of custody for product transportation history from seed to sale. The recording system will collect usage information at each location at the different levels of processing.

Once the inventory is delivered to its final location, it must be checked for accuracy and correctness, based on the shipping manifest, and then received in physical saleable inventory. Upon receipt of delivered inventory, an employee at the dispensing location will create a Basic Live PO and enter each unique lot identifier (barcode) and brand/medical marijuana product associated with the barcode on a line item, accompanied by the quantity of the item that is being received into inventory. Quantities and barcodes must exactly match the shipping manifest, with any discrepancies immediately recorded. . The actual physical number of the products received will be entered on to the basic live PO. Once the inventory switch on the PO has been set to "yes – these items are physically in my possession", the products and associated unique lot identifies are officially a part of live, saleable inventory available at the dispensary. Any actions relating to the product, including NYSDOH_authorized or instructed changes of price, will be reflected in the product usage.



The final step of the seed-to-sale record-keeping and inventory monitoring is the dispensing of the medical marijuana product to the approved patient or designated caregiver at the point of sale. Adilas has several existing features involving cart purchasing limits and lookback reports that will ensure that no amount greater than a 30-day supply is dispensed to a qualified patient or certified caregiver. Adilas will also ensure that the patient has exhausted all but a 7-day supply before dispensing is allowed.

Multiple data points and system pieces will interact to provide for the most accurate and transparent record of event at each instance in which medical marijuana products are dispensed. Before a transaction takes place, the employee will verify the credentials of the qualifying patient or designated caregiver to determine if they are eligible to purchase medical marijuana products at that particular time. The employee will search for the qualified patient log using the Registration Identification number, although the system will allow for swiping of a New York State driver's license to locate individual patients in the system. . If the record cannot be located, the intake person will create a new patient log and collect all necessary information from the patient. The patient's qualifying condition will be selected and indicated on the patient log, using flex grid, and personal and contact information will be recorded in standard fields. All information regarding the practitioner's recommendations or limitations for the patient will be noted. Adilas will automatically add to the patient log every instance in which medical marijuana products

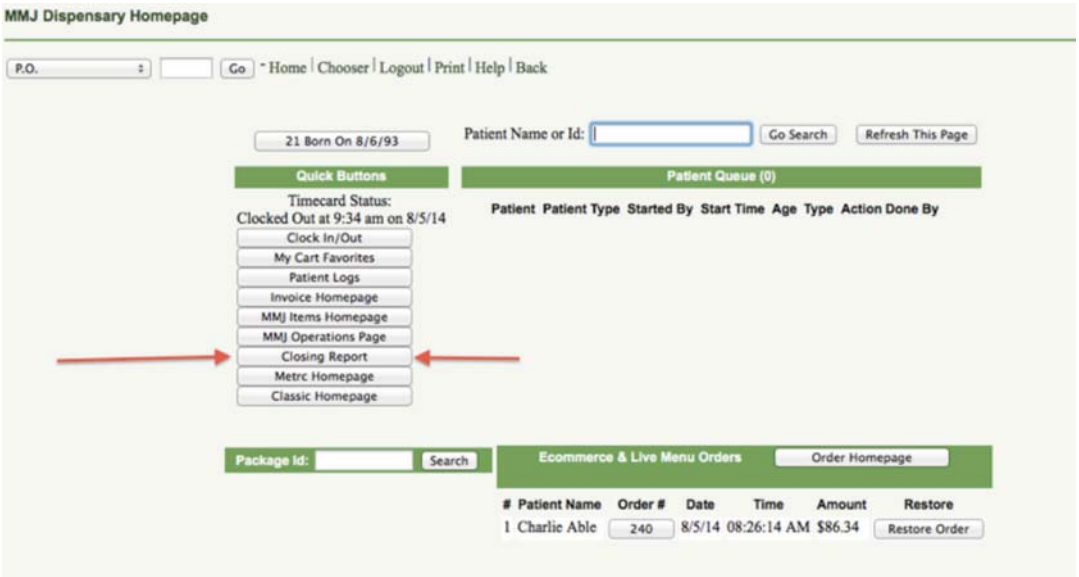
are dispensed to a patient. The patient-specific safeguards, combined with cart purchase limits entered by an administrative-level user, will enable employees to track purchase limits, review previous purchases, and receive a 'cart error' alert that prevents the transaction that exceeds State-mandated limits from being completed, eliminating the possibility of human error.

Each time transaction is completed and the invoice or order is finalized at the point of sale, the data becomes a part of the operational data for the specified fiscal date, permitting date-specific searches. Several existing Adilas features permit end-of-day overview or a closing report to be run, displayed, as needed, according to various levels of detail. This information can be retrieved in an online display format or exported to Microsoft Excel in a standard spreadsheet. Adilas also has the capacity to assemble this daily information in any format needed to electronically submit a daily record of all approved medical marijuana products that have been dispensed. This process currently takes place in Washington State with BioTrackTHC and in Colorado with METRC/ Franwell. In these states, daily reports are generated that are capable of tracking and reporting, a unique serial number, a department-issued identification number for the dispensing facility, patient information (including registered practitioner information), metric quantities dispensed, drug code numbers for all unique medical marijuana products, number of days' supply dispensed, date of issue, and all monies associated with the transaction. Any data fields that are already tracked in Adilas through a main player or connected through flex grid may be compiled into a daily report. If at any point the daily reporting requirements change, Adilas has the flexibility to create a new report to comply with the new reporting requirements. In addition to satisfying the requirements for reporting dispensed medical marijuana products as outlined in 1004.17, the end of day total reports can also be custom programmed to a dashboard display for location inventory overview.

Reporting and Recordkeeping

The registered organization must submit an electronic report and a record of all approved medical marijuana products that have been dispensed, no later than 24 hours after the marijuana was dispensed to the certified patient or designated caregiver.

This can be done daily on the "Closing Report"



This system will generate the following page:

P.O. Go Home | Chooser | Logout | Print | Help | Back

[invoice homepage] . [deposit homepage] . [receivables homepage]

Use the form below to create and filter different invoice sales reports. The actual reports will show up on a different page. See the help file for more info.

Create & Filter Invoice Sales Reports

Report Type: Grouped Report (default)

Time Period: Daily 8/6/14 (enter the day you want to see)

Invoice Paid Status: All Activity

Location: All

Patient Consulant: All

get report reset

In this electronic format, the appropriate Valley Agriceuticals staff member will enter search parameters for the days that require verification of inventory and history verified. If performed on a daily basis, the system will default to the current date.

The user must choose the proper location, invoice paid status (all activity) and click to obtain a report:

Invoice Sales Report

P.O. Go Home | Chooser | Logout | Print | Help | Back

« Back . [invoice homepage] . [deposit homepage] . [mini printable report - 3" format]

Location: D-D - Denver Dispensary
Patient Consulant: All

Daily Sales Report - 4/20/13

Inventory Type	Sales
MMJ Items & Medical Supplies - (2)	$50.42
Totals:	**$50.42**

Daily Sales Break-Down Report - 4/20/13

Break-Down Type	Qty./Count	Value
Total With Taxes	1	$54.50
Total Taxes		$4.08
Total W/O Taxes		$50.42
All Line Item(s) - (group)	2	$50.42

MMJ Items Category Break-Downs

Cannabis - (group)	2	$50.42

Tax Category Break-Downs

Taxable	2	$4.08

Payment Or Money Type Break-Downs

Cash	1	$54.50

For example, clicking on Total Taxes will show a breakdown of tax info:

invoice homepage | show/hide search criteria | more options...

General Grouped Totals - Level 1

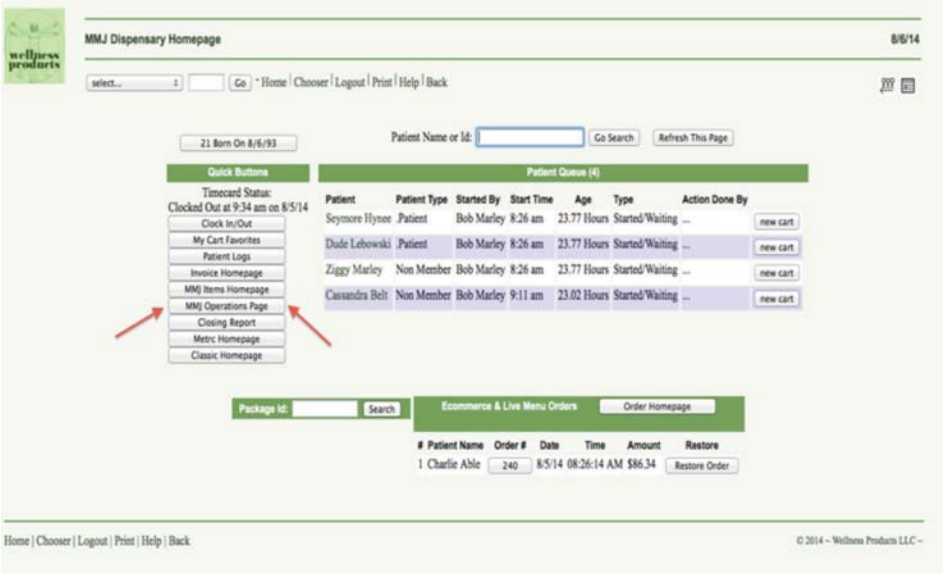
Tax Category	Inv. Line Total	City Tax (0.00%)	County Tax (0.00%)	State Tax (2.90%)	City and County of Denver (4.20%)	State: Retail Cannabis Products (10.00%)	RTD (1.00%)	Cultural Facilities District (0.10%)	City: Retail on Cannabis (3.50%)	Total Tax Collected	
Taxable	$50.42	$0.25	$0.00	$3.27	$0.56	$0.00	$0.00	$0.00	$0.00	$4.08	[daily groups] [invoice groups] [invoice details]
Totals:	$50.42	$0.25	$0.00	$3.27	$0.56	$0.00	$0.00	$0.00	$0.00	$4.08	[daily groups] [invoice groups] [invoice details]

The system is designed to provide complete transparency to all aspects of the business, including individual transactions.

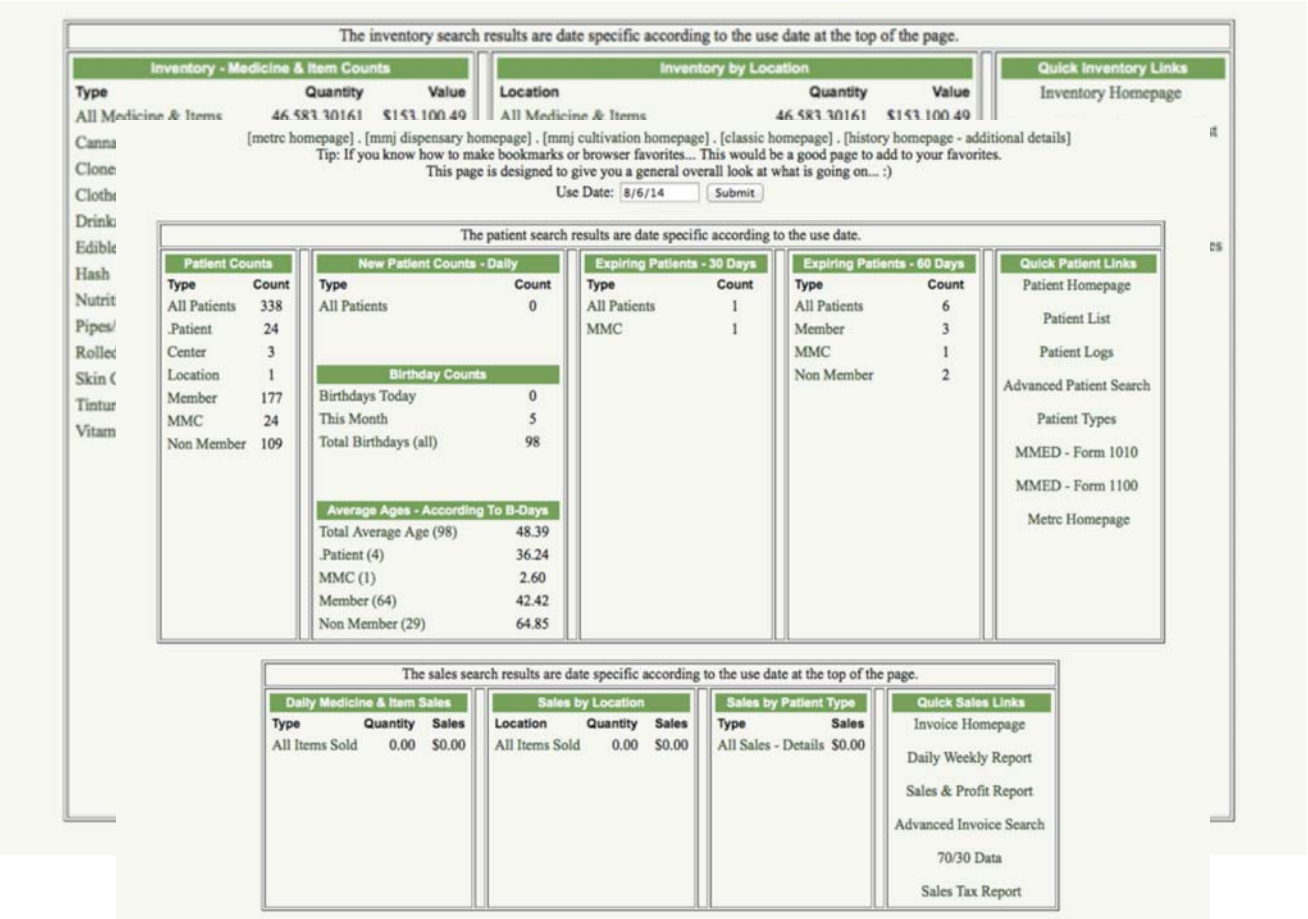
Any discrepancies, including losses or increases in inventory, must be documented. Unless the cause of any such discrepancy has already been documented, Valley Agriceuticals must initiate an investigation to determine and document the source of the discrepancy and take immediate action to correct the problem.

Inventory Control Systems and Procedures

Each day's transactions, beginning day inventory, acquisitions, sales, disposal and ending inventory will be automatically captured by Adilas



Most, if not all, of the most important information for reporting and operations purposes can be found on the "MMP Operations Page" in Adilas. Above is the dispensary point-of-sale screen.



The very top of the MMP Operations Page provides patient counts, new patients for the day, average age of patients, and identification cards that are expiring soon, as well as sales for the day by type, location and patient type.

To the right are buttons for the patient homepage, patient list, patient logs, advanced patient search, patient types, invoice home page, daily and weekly reports, sales and profit reports, advanced invoice search and sale tax reports.

Clicking any of the buttons in each list will generate a highly detailed view of the information. For example, clicking the “All Items Sold” button will show all sales for the day, including type, amount, patient, time stamp, description, unit of measurement, cost and price.

The plant counts are not date specific and only deal with what is currently present in the system. Not backward compatible.

Production Orders

Vendor	Count
All Plant Requests	402
Denver Dispensary	3
Green House Seed Company	10
Grow 420 2	27
Lazlo Grow	93
Nikki's Nickenbot	16
Salt Mines Grow	3
Salt Mines Grow	3
TCD Grow	3
Wellness Products	244

Total Plants in Production

Grown By	Count
All Plants in Process	899.00
Denver Dispensary	3.00
Green House Seed Company	42.00
Grow 420 2	174.00
Lazlo Grow	136.00
Nikki's Nickenbot	14.00
Salt Mines Grow	3.00
Salt Mines Grow	3.00
TCD Grow	3.00
Wellness Products	521.00

Total Plants by Location

Location	Count
All Plants	899.00
Denver Dispensary	82.00
Experimental Grow Veg Room	50.00
Grow - Clone Room	2.00
Grow - Flower 1	64.00
Grow - Flower 2	42.00
Grow - Flower 3	438.00
Grow - Guarantine	63.00
Grow - Trim/Cure Room	33.00
Grow - Vegetation Room	125.00

Plants by Type

Type	Count
All Plant Types	30.00
Afg	25.00
Afgani Kush	30.00
AK-47	6.00
Alaskan Ice	88.00
Arjans Haze #1	34.00
Auggies Special Kush	19.00
Banana Tana OG	23.00
blue dream	3.00
Blueberry	9.00
Brain Freeze	3.00
Bubba Kush	17.00
Bubba Kush	14.00
Dream Dasher	45.00
Great White Shark	8.00
Green Bay Bud	18.00
Hindu Kush	30.00
Master Kush	60.00
Mothers Helper	24.00
Panama Red	124.00
Purple Kush	88.00
Red Sonia	29.00
Roscos Super Haze	15.00
Smokey Bear	30.00
Sour D	30.00
The Sleeper	30.00
White Rhino	3.00
White Rhino	27.00
White Russian	48.00
White Widow	3.00
White Widow	16.00

Quick Plant Links

PO Homepage

Advanced PO Search

Add New Plant

Metrc Homepage

The inventory search results are date specific according to the use date at the top of the page.

Inventory - Medicine & Item Counts | Type | Quantity | Value

Inventory by Location | Location | Quantity | Value

Quick Inventory Links

This middle section of the MMP Operations page (immediately above) displays production orders, total plants in production, total plants by location and plant type (all pages and screens will be customized to New York regulations). Any buttons that would be necessary for efficiency or compliance can be easily added.

The bottom of the MMP Operations page (below) displays current inventory organization-wide, as entered through purchase orders as they are received. This permits ongoing, real-time tracking of inventory as it is sold or disposed of. . The inventory function allows for varying degrees of detail, ranging as high as is required. For example, if there are multiple dispensing rooms, it is possible to assign a specific inventory to any room.

[po homepage] . [edit line items] . [verify] . [printable] . [history] . [duplicate po]

This is the add/edit purchase order (PO) page. PO's are divided into two main parts. This is the main PO info. The other part is the PO line items or what is being purchased. New PO's may be created and entered all at once or just the PO number may be created and the items added later (once received).

* Indicates a required field. See the help file for more info.

PO #: 768

Vendor: N/A - System :: [current payables]

PO Created By: Bob Marley

PO Type: Internal Update PO [help]

PO Date: 8/6/2014 * (main po search date) :: (age 0)

Location: D-D - Denver Dispensary *

PO Notes: Inventory Update PO - Internal use - Do not pay with real funds - Depending, this PO may be used as a write-off for shrinkage and/or an inventory count adjustment. *

If you don't have the items in your possession, leave the bottom part blank until you physically receive the items. As soon as you mark the PO as received, items will show up in inventory and the PO will become part of the accounts payable (we owe money) section.

Date Received: 8/6/2014 * (this is the primary inventory and payables date) :: (age 0)

PO Amount: 23.66 * (current sum of the line items = $23.66)

External Reference #: N/A (external invoice #, RFID tag #, statement #, etc.)

PO Received: Yes - (items are physically in my possession) * (main inventory switch)

PO Received By: Bob Marley

edit po

Check the main submit button. It will either say add or edit. This will help you know what mode the page is in. If you need to edit this information, use the [edit main] link from the line items page.

Notes must be updated to reflect the loss and necessary disposal of medical marijuana product. These notes allow for the inclusion of all information relating to disposal, including description of the product, strain, variety, batch number, reason for the disposal, the method of disposal and the name, address, telephone of the disposal company and of course the date of disposal.

Adilas is powered by the Newtek High-Performance Cloud
The Adilas system runs on three servers (two in the cloud at one at each Valley Agriceuticals site). These servers communicate with each other through the Adilas internal secure API (Application Programing Interface). We call this model a cluster.
1. Data server (stores and processes all your data needs such as invoicing, inventory management or payroll)
2. Content server (stores all your content, image, pdf, excel, word, video or any file type - paperless office)

Newtek's High Performance Data Center has achieved the following certifications and compliance:

- PCI Compliant
- SSAE 16 Type II Audited
- Military-grade Data Center
- 99.99% Uptime
- Microsoft Certified Partner
- 24/7/365 Technical Support

Security

Newtek's High Performance Cloud uses multi-tiered security measures to ensure the physical security of data, including 24/7/365 professional security, video surveillance, biometric retinal scanning, and a man-trap entry point.

- An onsite, third-party professional security team monitors Newtek's datacenter at all times, every day of the year, with high-tech electronic, motion, and video surveillance, in addition to our own 24/7/365 staff.

- Man-trap entry point features bullet proof glass, weight-measurement to deter unauthorized "piggy-backing", and state-of-the-art biometric retinal scanning.
- If an unauthorized individual attempts to enter the datacenter through the man-trap, an alarm is activated and the man trap doors lock and trap the unauthorized individual inside.

"all data is live and searchable"

Salida Colorado - May 28th 2015

Attn: Erik Holling, President, Valley Agriceuticals, LLC

This is a letter of intent stating that Adilas LLC will provide a cloud based SAAS (Software as a Service) with all accounting and operational functionality to Valley Agriceuticals, LLC. The service will meet or exceed published New York state regulation, compliance and reporting rules for registered organizations in the event that your application results in a license.

Adilas LLC is a fully integrated Operational Platform/Accounting System containing - Customer or Patient Relations Management - Point of Sale (POS) - Plant & Inventory Tracking & Controls - Cultivation Operations Management - Manufacturing Procedures and Functions - Electronic Time Cards & Payroll - A/P's & A/R's - All Financials for CPA/IRS reporting - Ecommerce (Online Orders, Shopping Cart and Customer/Patient Sign Up) and Reporting using API or FTP to state regulators. Adilas is a hosted solution with over 15 years of experience tracking data. Adilas develops custom functionality for each state that is approved for Medical or Recreational Marijuana and is currently in use in Washington DC, Washington State, Colorado, California, New Jersey, Arizona, New Mexico, Oregon, Connecticut, Illinois and Massachusetts.

Adilas LLC has successfully integrated API functionality to allow for data exchange and reporting functionality with Franwell's METRC (formerly MITS) and the MMED in Colorado and BioTrackTHC and the LCB in Washington State. This capability for data exchange and API interface will translate to the New York State mandated reporting system BioTrackTHC.

Thank you for your selection of our services,

Stephen R Berkenkotter - Member Manager - 719.439.1761

www.adilas.biz

VALLEY AGRICEUTICALS

ATTACHMENT E

ORGANIZATIONAL AND OPERATIONAL DOCUMENTS

VALLEY AGRICEUTICALS

Attachment E: Overview

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

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 June 2, 2015.

Anthony Giardina
Executive Deputy Secretary of State

Rev. 06/13

141017000691

ARTICLES OF ORGANIZATION

OF

Gloucester Street Capital, LLC

Under Section 203 of the Limited Liability Company Law

FIRST. The name of the limited liability company is Gloucester Street Capital, LLC.

SECOND. The county within this state in which the limited liability company is to be located is Westchester.

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 accepted on behalf of the limited liability company served upon him or her is: c/o United States Corporation Agents, Inc., 7014 13th Avenue, Suite 202, Brooklyn, NY 11228.

FOURTH: The name and street address in this state of the registered agent upon whom and at which process against the limited liability company may be served is: United States Corporation Agents, Inc., 7014 13th Avenue, Suite 202, Brooklyn, NY 11228.

FIFTH: The limited liability company will have a manager or managers or class or classes of managers.

141017000691

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the date below.

LegalZoom.com, Inc., Organizer

Date: October 7, 2014

/s/ Cheyenne Moseley
By: Cheyenne Moseley, Assistant Secretary
9900 Spectrum Drive
Austin, TX 78717

...6691

ARTICLES OF ORGANIZATION

OF

Gloucester Street Capital, LLC

Under Section 203 of the Limited Liability Company Law

Filed By: Cheyenne Moseley
c/o LegalZoom.com, Inc.
9900 Spectrum Drive
Austin, TX 78717

Drawdown
Account: AF
LegalZoom.com, Inc.

1CC
STATE OF NEW YORK
DEPARTMENT OF STATE
FILED OCT 17 2014
TAX $_____
BY: NMS

730

ARTICLES OF ORGANIZATION
OF
VALLEY AGRICEUTICALS, LLC

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

VALLEY AGRICEUTICALS, LLC

SECOND: The county, within this state, in which the office of the limited liability company is to be located is WESTCHESTER.

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:

CT Corporation System
111 Eighth Avenue, 13th Floor
New York, NY 10011

FOURTH: The limited liability company designates the following as its registered agent upon whom process against it may be served within the State of New York is:

CT Corporation System
111 Eighth Avenue, 13th Floor
New York, NY 10011

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.

Travis M. Tatko, Esq., Senior Associate Attorney,
Authorized Person (signature)

Shlansky Law Group, LLP , ORGANIZER

Filed by:
Shlansky Law Group, LLP, c/o Travis M. Tatko, Esq.
45 Rockefeller Plaza, Suite 2000
New York, NY 10111

FILED WITH THE NYS DEPARTMENT OF STATE ON: 02/02/2015
FILE NUMBER: 150202010223; DOS ID: 4703475

ARTICLES OF ORGANIZATION
OF
Valley Agriceuticals Real Estate Holdings, LLC

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

Valley Agriceuticals Real Estate Holdings, LLC

SECOND: The county, within this state, in which the office of the limited liability company is to be located is WESTCHESTER.

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:

CT Corporation System
111 Eighth Avenue, 13th Floor
New York, NY 10011

FOURTH: The limited liability company designates the following as its registered agent upon whom process against it may be served within the State of New York is:

CT Corporation System
111 Eighth Avenue, 13th Floor
New York, NY 10011

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.

Travis M. Tatko, Esq., Senior Associate Attorney,
Authorized Person (signature)

Shlansky Law Group, LLP , ORGANIZER

Filed by:
Shlansky Law Group, LLP, c/o Travis M. Tatko, Esq.
45 Rockefeller Plaza, Suite 2000
New York, NY 10111

FILED WITH THE NYS DEPARTMENT OF STATE ON: 02/11/2015
FILE NUMBER: 150211010085; DOS ID: 4708552

Gloucester Street Capital, LLC
Limited Liability Company Operating Agreement

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

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Valley Agriceuticals Real Estate Holdings, LLC
Limited Liability Company Operating Agreement

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TRAVIS M. TATKO, ESQ.
SHLANSKY LAW GROUP, LLP - BTV
166 BATTERY ST., 2ND FLOOR
BURLINGTON VT 05401

CUST REF: FED773585449981

Enclosed is the information you requested. Your payment of $50.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

201505130135 16

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

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VALLEY AGRICEUTICALS

REDACTION STATEMENT

"Pursuant to the guidelines required by *Public Officers Law § 89(5), the content outlined in this section is considered by Applicant as "trade secrets" or "critical infrastructure information," and qualifies for an exception in accordance with that provision as set forth on page 6 of the Instructions for Application for Registration as a Registered Organization."*

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

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: Valley Agriceuticals, Inc.

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: Investor

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?
☐ Yes ☑ 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? ☐ Yes ☑ 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

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

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:
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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:		

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? ☑ Yes ☐ 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

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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member / Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member / Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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

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: [redacted]		
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:		

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? ☑ Yes ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate

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: VALLEY AGRICEUTICALS, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: MEMBER/INVESTOR

4. Briefly describe the role of this person or entity in the proposed registered organization:

MEMBER/INVESTOR

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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

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:		

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? ☒ Yes ☐ No

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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.

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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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Stephen J Ashekian | 3. Title: [redacted]

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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:
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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
Babson College	Babson Park Wellesley, MA. 02457	1979	1983	BS Investments BS Finance	5/83

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
Securities	7	NASD	1987	2011
Securites	63	NASD	1987	2011
Securites	24	NASD	2002	2011
Securites	55	NASD	2002	2011

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.

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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:		

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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? ☐ **Yes** ☑ **No**

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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

See Attached

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: 5/27/2015
Notary Name: CHRISTOPHER CATALDO	Notary Registration Number: N/A
Notary (Notary Must Affix Stamp or Seal)	Date: 5/27/15

CHRISTOPHER D. CATALDO
Notary Public. Commonwealth of Massachusetts
My Commission Expires Aug. 11. 2017

Appendix A:
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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: GUY SHIBAZ | 3. Title:

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?
☒ **Yes** ☐ **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? ☐ **Yes** ☒ **No**

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Appendix A:
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☐ 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:	13. State:	14. ZIP Code: [redacted]

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

Appendix A:
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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: IDF - Israeli army		
Type of Business: Israeli armi		
Street Address: ISRAEL		
City:	State:	Zip Code:
Starting Date of Employment: 31/1/2006	Ending Date of Employment: 36/1/2009	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number:	
Position/Responsibilities:		
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:		

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? ☐ Yes ☒ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Serial No 213

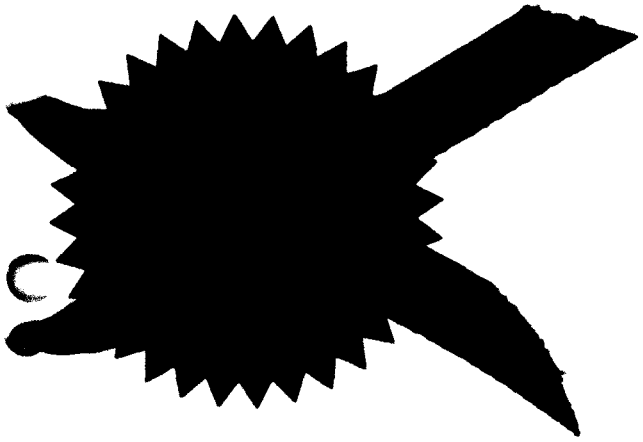
AUTHENTICATION OF SIGNATURE

I the undersigned, Guy Segalovitch, Notary at 83 Ahuza street, Rannana, hereby certify that on 03/06/15 appeared before me Mr. Guy Shibaz, born [redacted] Israeli ID No [redacted] whose identity was proved to me by Israeli Passport No [redacted] issued by Israel Ministry of interior at 01/12/13 in Ashkelon , and signed of her own free will the above document, that attached and marked A.

In witness whereof I hereby authenticate the signature of Mr. Guy Shibaz by my own signature and seal, this day 03/06/15.

Notary fees paid 195.88 NIS including VAT.

Signature & Notary seal



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.

Experienced in the suggested field

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: 3/6/2015
Notary Name: Gil Dogolovitch	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 3/6/2015

NEW YORK STATE | 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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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? ☐ Yes ☒ 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: N/A	
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]					

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:		

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? ☐ Yes ■ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

20. The [redacted] rtifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, tru[redacted] in all material respects

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:

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: SHAY AVRAHAM SARID | 3. Title:

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?
☒ **Yes** ☐ **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? ☒ **Yes** ☐ **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]

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
Kibutzim college	Tel aviv Namir RD	2002	2006	Bed	2006

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

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? ☒ Yes ☐ 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

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

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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? ☒ Yes ☐ 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

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.

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

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: 3/6/2015
Notary Name: Guy Segalowitz	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 3/6/2015

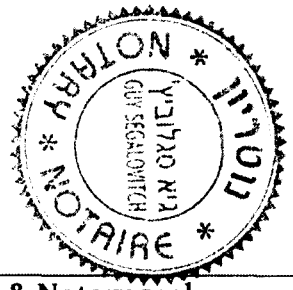
Serial No 214

AUTHENTICATION OF SIGNATURE

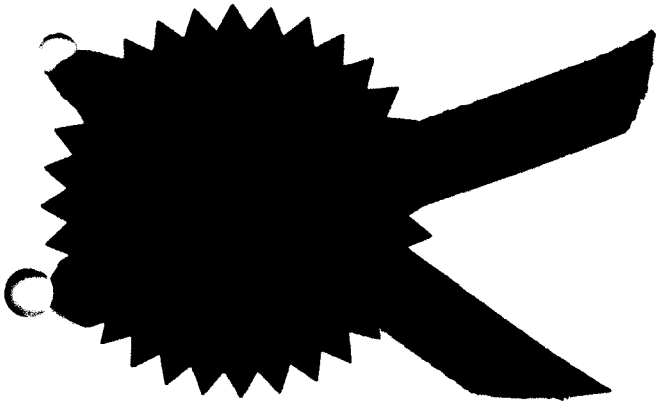
I the undersigned, Guy Segalovitch, Notary at 83 Ahuza street, Rannana, hereby certify that on 03/06/15 appeared before me Mr. Shay Avraham Sarid, born [redacted] Israeli ID No [redacted], whose identity was proved to me by Israeli Passport No [redacted] issued by Israel Ministry of interior at 02/02/15 in Kfar Saba , and signed of his own free will the above document, that attached and marked A.

In witness whereof I hereby authenticate the signature of Mr. Shay Avraham Sarid by my own signature and seal, this day 03/06/15.

Notary fees paid 195.88 NIS including VAT.



Signature & Notary seal



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: Alan Shackelford, M.D.	3. Title:

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?
☐ **Yes** ☐ **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? ☐ **Yes** ☑ **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
Grinnell College	Grinnell IA	1967	1971	BA	July 1971
University of Heidelberg School of Medicine	Grabengasse 1 6900 Heidelberg Germany	1973	1984	MD	April 1984

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
physician	DR-33551	Colorado Board of Medical Examiners		May 2017

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:		

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? ☑ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open☐closed ☐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.

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: 05/26/2015
Notary Name:	Notary Registration Number: 20094029611
Notary (Notary Must Affix Stamp or Seal)	Date: 05/26/2015

JOYCE SWANSON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20094029611
MY COMMISSION EXPIRES SEPTEMBER 25, 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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Daniel Joseph Hartman | 3. Title: Head of Compliance

4. Briefly describe the role of this person or entity in the proposed registered organization:

Head of Compliance – The Head of compliance who will serve as a key member of the executive team with accountability for overall company compliance. They will liaison to governmental entities ensuring communication, accountability and providing transparency. Additionally they are responsible for prioritization and oversight, including internal control audits, for all regulatory aspects of security, production, cultivation and dispensing.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ 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? ☐ Yes ☑ 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 Northern Colorado	Greeley, Colorado	09/1978	02/1980	N/A	
University of Northern Iowa	Cedar Rapids, Iowa	09/1988	05/1989	N/A	

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
Occupational License Racing Commission		South Dakota Racing Commission	05/1989	06/1991
Occupational License Racing Commission		Iowa Racing Commission	05/1986	05/1989
Occupational License Racing Commission		Colorado Racing Commission	06/1974	05/1986

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: State of Colorado, Department of Revenue - Division of Racing Events

Type of Business: Government

Street Address: 1881 Pierce Street, Room 108

City: Lakewood | State: Colorado | Zip Code: 80214

Starting Date of Employment: 02/01/1992 | Ending Date of Employment: Current

Name of Supervisor for Reference: [redacted] | Supervisor Phone Number: [redacted]

Position/Responsibilities:
Director of the Division of Racing Events: Directed the activities of the Division
Developed program goals and objectives, Establish and mantain annual budget, Established divisional policies and interpreted federal and state statutes, engaged with industry representatives, legislators, local officials to resolve industry problems

Reason For Departure: Current

Name of Employer: Colorado Department of Revenue - Division of Medical Marijuana Enforcement

Type of Business: Government

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

Street Address: 1881 Pierce Street, Room 108		
City: Lakewood	State: CO	Zip Code: 80214
Starting Date of Employment: December 2009	Ending Date of Employment: November 2011	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities: Director of the Medical Marijuana Enforcement Division: Oversees all regulatory aspects of Colorado's Commercial Medical Marijuana Industry, Develops Divisions programs, polices and objectives, Built the Division from the ground up; determining staff, equipment and space needs, recruiting and hiring staff, facilitation of production of necessary information technology systems, engaged with industry representatives, legislators, local police officers and officials. – Colorado is the first state to begin regulation of the Medical Marijuana industry,		
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:		

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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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: Melissa Goncalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Goncalo Exp 04/02/2016	Date: 5/29/2015

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: Valley Agriceuticals LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Darwin Eiseley Millard | 3. Title: QA&QC/Production Manager

4. Briefly describe the role of this person or entity in the proposed registered organization:

Manage and oversee all aspects of cannabis and cannabinoid science including but not limited to extraction and refinement methodologies, medicine production, research and development, product manufacturing, quality assurance and control, supply and equipment sourcing as well as being able to maintain proper record keeping and chain of custody, perform facility maintenance and sanitization, and enact security protocols.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ **Yes** ☐ **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? ☑ **Yes** ☐ **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

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
University of Colorado at Boulder	1111 Engineering Drive, Boulder, CO 80309	2003	2008	Bachelor's of Science, Mechanical Eng.	May 2008

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

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

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? ☐ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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 29, 2015
Notary Name: Melissa Goncalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Goncalo Exp 04/02/2016	Date: 5/29/2015

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Edward R. Fussell | 3. Title: Co-Master Cultivator

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]. Oversee all the tasks in the grow including: cloning, transplanting, feeding plants, defoliation, super cropping, topping, flushing, foliar and preventative sprays, trimming, packaging, waste disposal and inventory management.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ **Yes** ☐ **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? ☐ **Yes** ☑ **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

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:		

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? ☑ **Yes** ☐ **No**

From: May 2014	Name and Address of Business: Sonoma Lab Works	
To: Today		
Business Type: Agricultural testing lab	Office Held/Nature of Interest: Board member	☑ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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: Edward Fossell	Date: 5/27/15
Notary Name: Notary Certificate Attached	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date:

ACKNOWLEDGMENT

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 Sonoma

On May 27th, 2015 before me, Lechae Baker Redfield, Notary Public
(insert name and title of the officer)

personally appeared Edward Ross Russell,
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.

Lechae Mariah Baker-Redfield
COMM. #2033565
Notary Public-California
SONOMA COUNTY
My Comm. Exp. JULY 15, 2017

Signature _____ (Seal)

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:
Valley Agriceuticals LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Eileen Konieczny | 3. Title: Lead Strategist

4. Briefly describe the role of this person or entity in the proposed registered organization:

As Lead Strategist my role involves helping Valley Agriceuticals build and grow their business model for the competitive bid of the New York Medical Marijuana License. My job entails helping the organization consider competitive trends, examine strategic performances, spot emerging market opportunities, identify business threats, look for strategic solutions and develop creative action plans. Additionally, as Director of Patient Services I am responsible for the planning, organizing, coordinating and evaluating patient care services provided by Origin Health Centers. I also collaborate with other team members (finance, marketing, sales) to plan and promote educational events, develop and evaluate ongoing educational campaigns as well as develop professional referral source contacts through outreach activities.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☒ **Yes** ☐ **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? ☒ **Yes** ☐ **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]

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: eileen.konieczny@valleyagriceuticals.com	
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
Felician College	Lodi, NJ	1990	1992	Associates of Science Nursing	1992

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
Nursing	22 566932	New York State Office of Professions	10/05	10/16
Nursing	96716	Connecticut State Department of Health	10/10	11/15

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: Valley Agriceuticals

Type of Business: Medical Cannabis producer and dispenser

Street Address: 2500 Westchester Ave

City: Purchase | State: NY | Zip Code: 10577

Starting Date of Employment: January 2015 | Ending Date of Employment:

Name of Supervisor for Reference: [redacted] | Supervisor Phone Number:

Position/Responsibilities:

Lead Strategist and Director of Patient Services

Reason For Departure:

[redacted]

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

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

Reason For Departure: Careergrowth
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? ☑ **Yes** ☒ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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: Melissa Goncalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Goncalo Exp 04/02/2016	Date: 5/29/2015

Appendix A:
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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: Melissa Goncalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Goncalo Exp 04/02/2016	Date: 5/29/2015

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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Steven A. Greenberg	3. Title: Consultant

4. Briefly describe the role of this person or entity in the proposed registered organization:

Communications Consultant

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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.

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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
State University of New York at Albany	1400 Washington Ave., Albany, NY	1978	1982	B.A.	May 1982

Appendix A:
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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
NA				

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:		

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? ☐ **Yes** ☐ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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: Steven A Greenberg Digitally signed by Steven A Greenberg DN: cn=Steven A Greenberg, o=Greenberg Public Relations, ou, email=steve@greenbergpr.com, c=US Date: 2015.05.13 07:35:10 -04'00'	Date: May 13, 2015
Notary Name:	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date:

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Jeffrey A. Moyer	3. Title: Director of Sales

4. Briefly describe the role of this person or entity in the proposed registered organization:

As a member of the Executive Leadership Team I am responsible for driving annual revenue growth through strategic leadership of the commercialization efforts.
- Develop and execute the overall commercialization plan for of up to 5 new medical cannabis products
- Recruit and hire a team of experienced pharmaceutical sales specialists
- Lead the development of the Valley Agriceuticals 3 year strategic plan for commercial activities

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ **Yes** ☐ **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? ☐ **Yes** ☑ **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
Clemson University	Clemson, SC	08/1985	12/1989	B.S.	12/1989
Villanova University	Villanova, PA	09/1994	05/1997	M.B.A.	05/1997

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

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? ☐ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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: ~~05/12/2015~~ 5/29/15
Notary Name: Stephen Thompson	Notary Registration Number: 137873
Notary (Notary Must Affix Stamp or Seal) State of Louisiana Parish of Orleans My commission expires at death.	Date: 5/29/15

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Joseph J Bova | 3. Title: Pharmacy Dispensary Operat

4. Briefly describe the role of this person or entity in the proposed registered organization:

A New York State-licensed pharmacist practicing full-time with responsibility and authority to ensure compliance with 10 NYCRR 1400.12 and other applicable laws and regulations, implementation of best clinical practice across all dispensaries.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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's University	Jamaica NY	1973	1977	BS Pharmacy	May 1977
LIU Pharmacy	Brooklyn NY	2011	2013	MS Pharmacy Regulatory Affairs	May 2013

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	030711	NYS Education Department	9/30/77	6/30/2016

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 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? ☑ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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: 5/31/15
Notary Name: Linda Simmonds	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) LINDA SIMMONDS Notary Public, State of New York No. 01SI6126597 Qualified in Westchester County Commission Expires May 9, 20[illegible]	Date: 5/31/15

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: John Cutter	3. Title: Chief Security Officer

4. Briefly describe the role of this person or entity in the proposed registered organization:

Reports to the Valley Agriceutical CEO, and is a key member of the Senior Executive Team (CEO, SVP, CFO, COO, CMO)
This position leads the overall security and safety vision of the organization. The position provides security oversight, expertise and leadership to all aspects of this organization as it relates to the safety and security of each of our facilities, personnel and patients.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ 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? ☐ Yes ☑ 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: john.cutter@valleyagriceuticals.com

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 Farmingdale	2350 Broad Hollow Road, Farmingdale, NY 11735	1976	1978	Associates Degree	1978
Excelsior Collage	7 Columbia Circle, Albany NY 12203-5159	1996	2001	Bachelors Degree	2001

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
Pistol License	[redacted]	NCPD Pistol License Section	8/10/2010	10/31/2019
Private Investigator Qualifying Officer Custom Protective Sr	11000124434	New York State Department of State		7/13/2016
Security Agency Owner Custom Protective Services	Lic#1532 ID #450768D	NJSP Division of State Police, Private Detective Unit, PO Box 7068, West Trenton, NJ 08628-0068		7/24/2015
Security Service Incorporated Custom Protective Services	S-2397	DESPP Division of CT State Police 111 Country Club Road, Middletown, CT, 06457		6/15/2017
Private Detective Incorporated	A-2619	DESPP Division of CT State Police 111 Country Club Road, Middletown, CT, 06457		6/10/2017

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: New York City Police Department		
Type of Business: Law Enforcement		
Street Address: 1 Police Plaza		
City: New York	State: New York	Zip Code: 10039
Starting Date of Employment: 9-5-1980	Ending Date of Employment: 7-2007	
Name of Supervisor for Reference: [redacted]	Supervisor Phone Number:	
Position/Responsibilities: Retired as a Deputy Chief and the Commander of the Criminal Intelligence Section. Oversaw independent counter terrorism initiatives & investigations. Commanding officer of the NY/J HIDTA.		
Reason For Departure: [redacted]		
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? ☑ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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: 5/12/2015
Notary Name: Justin Cuomo	Notary Registration Number: 01CU6315514
Notary (Notary Must Affix Stamp or Seal) JUSTIN CUOMO Notary Public, State of New York No. 01CU6315514 Qualified in Queens County My Commission Expires November 24, 2018	Date: 05/12/15

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Khary Bryan	3. Title: Pharmacist Scientist

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?
☑ **Yes** ☐ **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? ☐ **Yes** ☑ **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.

Medical 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: Khary.Bryan@valleyagriceuticals.com	
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 the Sciences	600 South 43rd St. Philadelphia, PA 19104	08/1995	05/2001	Doctor of Pharmacy	05/2001

NEW YORK STATE | 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	RP0460605L	Pennsylvania State Board of Pharmacy PO Box 2649 Harrisburg, PA 17105-2649	06/01/2001	09/30/2016
Pharmacist	9590	Connecticut Department of Consumer Protection 165 Capitol Avenue Hartford, CT 06106	09/28/2001	01/31/2016
Pharmacist	17481	North Carolina Board of Pharmacy 6015 Farrington Road Suite 201 Chapel Hill, NC 27517 (919)246-1050	11/16/2004	12/31/2015

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:		

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:		

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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? ☐ Yes ☐ 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:	☐ open ☐ closed ☐ 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:	☐ open ☐ closed ☐ 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:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Medical 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: 6-4-2015
Notary Name: Amanda K Chapdelaine	Notary Registration Number: 1165806
Notary (Notary Must Affix Stamp or Seal)	Date: 6-4-2015

AMANDA K. CHAPDELAINE
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 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: Meghan O'Sullivan	3. Title: Director of Marketing

4. Briefly describe the role of this person or entity in the proposed registered organization:

Meghan O'Sullivan serves in a consultative role as the Director of Marketing, overseeing all marketing activities for the company. This includes developing strategic marketing initiatives for the company from message develop to outreach. O'Sullivan also manages all outside agencies and vendors to develop corporate branding, product brands, websites, video, collateral and public relations campaigns. O'Sullivan has over 25 years of experience in marketing with a specialty in healthcare, molecular diagnostics and medical devices.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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] meghan.o_sullivan@valleyagriceuticals.com	
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
Wheaton College	Norton, Massachusetts	1986	1990	BA	1990

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:		

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? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

[redacted]

O'Sullivan has extensive experience in branding as well as category marketing and has developed the strategy and tactics behind several healthcare and technology companies. In addition to leading the strategic and creative execution for new product launches and brand repositioning, O'Sullivan has serves companies as an interim director of marketing to help her clients develop results-driven, cost-effective marketing programs. Under her leadership, she has implemented marketing campaigns for clients in a cross section of industries including healthcare, medical device, consumer technology and economic development.. She is also co-author of e-book, Mastering the Reteller Channel: How to Create and Deliver Stories that Influence Media, Social Networks and Customers.

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: 5-22-15
Notary Name: Robert Morong	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) ROBERT S. MORONG Notary Public Commonwealth of Massachusetts My Commission Exp. May 26, 2017	Date: 5/22/15

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.

See Attached

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: 5/27/2015
Notary Name: CHRISTOPHER CATALDO	Notary Registration Number: N/A
Notary (Notary Must Affix Stamp or Seal)	Date: 5/27/15

CHRISTOPHER D. CATALDO
Notary Public. Commonwealth of Massachusetts
My Commission Expires Aug. 11, 2017

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

19. Affirmative Statement of Qualifications

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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: Melissa Goncalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Goncalo Exp 04/02/2016	Date: 5/29/2015

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 29, 2015
Notary Name: Melissa Gonzalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Gonzalo Exp 04/02/2016	Date: 5/29/2015

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

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Signature:	Date: 5/29/2015
Notary Name: Melissa Goncalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Goncalo Exp 04/02/2016	Date: 5/29/2015

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.

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Signature:	Date: 5/29/2015
Notary Name: Melissa Gonzalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Gonzalo Ex 04/02/2016	Date: 5/29/2015

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

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Signature:	Date: 5/29/2015
Notary Name: Melissa Gonzalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Gonzalo Ex: 04/02/2016	Date: 5/29/2015

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: 5/29/2015
Notary Name: Melissa Goncalo	Notary Registration Number: 753978
Notary (Notary Must Affix Stamp or Seal) Melissa Goncalo Exp 04/02/2016	Date: 5/29/15

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | **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?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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

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

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

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:		

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? ☑ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Robert J. Bellafiore | 3. Title: Consultant

4. Briefly describe the role of this person or entity in the proposed registered organization:

Communications consultant.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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: n/a
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
UAlbany, SUNY	Washington Avenue, Albany, NY	8/78	5/82	BA, English	5/82

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.

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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? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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 29th 2015.
Notary Name:	Notary Registration Number: 01HA6134061
Notary (Notary Must Affix Stamp or Seal) BEVERLEY HARWOOD Notary Public, State of New York No. 01HA6134061 Qualified in Bronx County Commission Expires Sept. 26, 2017	Date: 5.29.15

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Davidoff, Hutcher, & Citron LLP	3. Title: Consultant

4. Briefly describe the role of this person or entity in the proposed registered organization:

Government Relations

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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."

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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.

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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: 212-557-7200	9. Fax: 212-286-1884

10. Email:

11. Residence Address:

12. City: New York	13. State: NY	14. ZIP Code: 10158

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

Appendix A:
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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 FIRM				

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:		

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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? ☐ **Yes** ☐ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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: 5/27/15
Notary Name: Shavonne Jordan	Notary Registration Number: 01J06175783
Notary (Notary Must Affix Stamp or Seal)	Date:

SHAVONNE JORDAN
Notary Public, State of New York
Qualified in Kings County
No. 01J06175783
Commission Expires 10/15/15

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: Valley Agriceuticals

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Howard J Luks MD

3. Title: Medical Advisor/Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Dr. Howard Luks is a well known and well repsected physician in the online education space surrounding both Orthopedic Surgery and Healthcare in Social Media. He will utilize his experience and skill sets to set forth a program to educate the physician community about the appropriate uses for Medical Marijuana. In addition, Dr Luks will work with the team at Valley Agriceuticals to put in place a virtual educational series for patients as well as assist in local presentations at sponsored educational events.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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
Muhlenberg College	Chew Street Allentown, PA	9/81	6/85	B.S.	6/1985
New York Medical College	Sunshine Cottage Valhalla NY 10595	9/85	6/91	M.S. / M.D.	6/3/1991

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
Medical Doctor, NY	191404	New York State Office of The Professions 89 Washington Street	1992	Current

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? ☑ Yes ☐ No

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

NEW YORK STATE | 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: 1/2011	Name and Address of Business: Mayo Clinic Center For Social Media 200 First Street, Rochester, MN 55905	
To: 4/2015		
Business Type:	Office Held/Nature of Interest: Board Member, Non compensated	☐ open ☑ closed ☐ 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: 1/2012	Name and Address of Business: Rimedio 190 Trumbull Street, Hartford CT 06130	
To: Present		
Business Type: Pharmaceutical	Office Held/Nature of Interest: Baord Member	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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.

In his professional capacity, Dr. Howard Luks has served a member of the Westchester Medical Society, and has served in [redacted]

Dr. Luks has served the local, national and international medical communities as an early adopter and thought leader in the healthcare new media space. He is a sought out consultant and advisor for many healthcare related companies seeking to broaden their reach and enter the digital media space.

When not serving in a professional capacity Dr. Luks can be found educating Coaches, Athletic Trainers and Physical Therapists on how to prevent and manage many sports related injuries. He is an assistant coach and volunteer for his local soccer an basketball teams.

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: 5-26-2015
Notary Name: JoAnn LaVacca	Notary Registration Number: 01LA6101780
Notary (Notary Must Affix Stamp or Seal) JoAnn LaVacca JOANN LAVACCA Notary Public, State of New York Reg. No. 01LA6101780 Qualified in Westchester County My Commission Expires 11/17/2015	Date: 5/26/15

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☑ 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? ☐ Yes ☑ 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

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

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:		

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? ☑ Yes ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate,

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: Valley Agriceuticals LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Jesica Clark | 3. Title: Cultivation Manager

4. Briefly describe the role of this person or entity in the proposed registered organization:

The Cultivation Manager oversees the management of the cultivation department's physical locations, equipment and personnel. The essential duties and responsibilities of this position are to:

- Work in collaboration with administration and management team to execute the organizational strategic plan.
- Serve as a key internal leader, attracting, developing, coaching and retaining high-performance staff and supporting staff in prioritizing their time and resources toward maximizing their impact.
- Ensure the ongoing maintenance and updating of information systems and infrastructure of the cultivation

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ **Yes** ☐ **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? ☐ **Yes** ☑ **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: jesica.clark@valleyagriceuticals.com

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
Vassar College	124 Raymond Ave Poughkeepsie, NY 12604	9/1998	5/2002	B.A. Biology	6/2002
James Cook University	1 James Cook Drive, Townsville City QLD 4811, Australia	2/2003	8/2003		

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.

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

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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

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? ☑ **Yes** ☐ **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

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:		☐open ☐closed ☐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.

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 29th 2015.
Notary Name:	Notary Registration Number: 01HA6134061
Notary (Notary Must Affix Stamp or Seal) BEVERLEY HARWOOD Notary Public, State of New York No. 01HA6134061 Qualified in Bronx County Commission Expires Sept. 26, 2017	Date: 5.29.15

Medical 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: Valley Agriceuticals Inc.

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 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?
☐ Yes ☑ 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? ☐ Yes ☑ 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.

NEW YORK STATE | 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

NEW YORK STATE | 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:

Medical 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:		

Medical 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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

NEW YORK STATE | 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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

NEW YORK STATE | Department of Health

Medical Marijuana Program
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Appendix A:
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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.

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

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate,

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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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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

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

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.

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Name of Employer:
Type of Business:

Appendix A:
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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:		
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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:	
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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? ☑ **Yes** ☐ **No**

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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.

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This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name [redacted] Title Member / Investor

4. Briefly describe the role of this person or entity in the proposed registered [redacted]ization:

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Appendix A:
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10. Email: [redacted]		
11. Residence Address: [redacted]		
12. City: [redacted]	13. State: [redacted]	14. ZIP Code: [redacted]
15. Formal Education [redacted]	Dates Attended	[redacted] Degree

Institution	Address	From	To	Degree Received	Date Received

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

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Type of Business:

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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:		
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Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
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Position/Responsibilities:		
Reason For Departure:		
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Street Address:		
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Reason For Departure:		

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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? ☐Yes ☐No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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1. Business Name: Valley Agriceuticals LLC

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2. Name: [redacted] | 3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

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11. Residence Address: [redacted]					
12. City [redacted]		13. State: [redacted]		14. ZIP Code: [redacted]	
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Institution	Address	From	To	Degree Received	Date Received

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Name of Employer:
Type of Business:

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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:		
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Name of Supervisor for Reference:	Supervisor Phone Number:	
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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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
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Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
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3. Title: Member/Investor

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Name of Employer: Resume included		
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:		
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To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
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Appendix A:
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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]

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
[redacted]					

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
[redacted]				

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

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? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

[redacted]

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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Edgar Alfonso Romero Sandoval	3. Title: Chief Medical Officer

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?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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: Alfonso.romero-sandoval@valleyagriceuticals.com	
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 San Carlos of Guatemala	9 Ave. 9-45 zona 11, Guatemala, Central America	1993	1999	Medical Doctorate	1999
University of Alcala, Alcala de Henares, Madrid, Spain		2000	2003	Ph.D.	2003

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.

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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? ☐ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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 29th 2015.
Notary Name:	Notary Registration Number: 01HA6134061
Notary (Notary Must Affix Stamp or Seal) BEVERLEY HARWOOD Notary Public, State of New York No. 01HA6134061 Qualified in Bronx County Commission Expires Sept. 26, 2017	Date: 5.29.15

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Roland A. Smalley Jr.	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?
☑ **Yes** ☐ **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? ☐ **Yes** ☑ **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
University Of Southern Maine	96 Falmouth St, Portland, ME	1990	1991	N/A	
University of Maine Orono	Orono, ME 04469	1988	1989	N/A	

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

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

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? ☐ **Yes** ☑ **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

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:	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 6/1/15

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: 5/29/15
Notary Name: QASIM ZIA	Notary Registration Number: 01ZI6271495
Notary (Notary Must Affix Stamp or Seal) QASIM ZIA NOTARY PUBLIC-STATE OF NEW YORK NO. 01ZI6271495 QUALIFIED IN RICHMOND COUNTY MY COMMISSION EXPIRES NOVEMBER 05, 2018	Date: 05/29/15

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Vincent Marrone

3. Title: Consultant

4. Briefly describe the role of this person or entity in the proposed registered organization:

Assist in government relations.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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 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? ☐ Yes ☑ 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]t	
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 Albany	Albany, NY	1984	1986	MSW	12/86
Cornell University	Ithaca, NY	1979	1983	BS	5/83

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
NA				

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

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? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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: Vincent Mame	Date: May 31 2015
Notary Name: Anna Murtagh	Notary Registration Number: 01MU5058044
Notary (Notary Must Affix Stamp or Seal): Anna Murtagh ANNA MURTAGH Notary Public - State of New York NO. 01MU5058044 Qualified in Westchester County My Commission Expires Apr 1, 2018	Date: May 31, 2015

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

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

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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | **3. Title:** Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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:
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☐ 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

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:		

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? ☑ Yes ☐ 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

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:	☐open ☐closed ☐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.

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: [redacted]

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name [redacted] 3. Title: Members/Investors

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?
☐ Yes ☒ 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? ☐ Yes ☒ 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.

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 [redacted]	Dates Attended [redacted]	Degree	
Institution	Address	From	To	Degree Received	Date Received

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

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

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

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

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? ☐ **Yes** ☐ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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.

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

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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.

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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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:
Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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? ☐ Yes ☒ 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

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

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:		

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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

[redacted]

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] 3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member, Investor, Active/Available.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐Yes ☑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? ☐Yes ☑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:
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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
	[redacted]			

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.

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Appendix A:
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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? ☑ Yes ☐ No

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Appendix A:
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] 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?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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

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Appendix A:
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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.

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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:		

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:		
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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:		

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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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐ open ☐ closed ☐ 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:	☐ open ☐ closed ☐ proposed
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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.

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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: [redacted] 3. Title [redacted]

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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.

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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

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

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:		
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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? ☑ Yes ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

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: Valley Agriceuticals LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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
[redacted]					

Appendix A:
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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:		
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Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
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Appendix A:
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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:		
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Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

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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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate

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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: VALLEY ARGICEUTICALS, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] 3. Title: MEMBER / INVESTOR

4. Briefly describe the role of this person or entity in the proposed registered organization:

MEMBER / INVESTOR

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ No

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

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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

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

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

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Appendix A:
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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? ☑ Yes ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate.

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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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]	3. Title: member/investor

4. Briefly describe the role of this person or entity in the proposed registered organization:
Member/investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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."

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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

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

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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.

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Name of Employer:
Type of Business:

Appendix A:
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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:		
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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:	
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Appendix A:
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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1. Business Name: Valley Agriceuticals,LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] 3. Title: [redacted]

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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."

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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
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Name of Employer:
Type of Business:

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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:	
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Starting Date of Employment:	Ending Date of Employment:	
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/Investo

4. Briefly describe the role of this person or entity in the proposed registered organization:
Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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? ☐ Yes ☒ 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

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

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

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

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:
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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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

[redacted]

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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☒ 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? ☐ Yes ☒ 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

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

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

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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:		

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? ☐ Yes ☐ 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

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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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.

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: Valley Agriceuticals LLC.

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Investor Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Investor Member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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 [redacted]		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received

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
[redacted]				

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.

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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? ☐ Yes ☒ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

N/A

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: VALLEY AGRICEUTICALS, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: MEMBER / INVESTOR

4. Briefly describe the role of this person or entity in the proposed registered organization:

MEMBER / INVESTOR

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☑ 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."

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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

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

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

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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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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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.

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1. Business Name: Valley Agriceuticals LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/ Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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.

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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

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

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

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: [redacted]		
Reason For Departure:		
Name of Employer:		
Type of Business:		

Appendix A:
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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:	
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Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
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City:	State:	Zip Code:
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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? ☐ **Yes** ☐ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

not applicable

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.

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

NEW YORK STATE | 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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 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?
☐ Yes ☒ 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? ☐ Yes ☒ 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
[redacted]					

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
[redacted]				

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

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:		
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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. [redacted]

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? ☐ **Yes** ☒ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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.

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

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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☑ 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? ☐ Yes ☑ 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
[redacted]					

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

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

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:		

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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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]	3. Title:

4. Briefly describe the role of this person or entity in the proposed registered organization:
[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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."

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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

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.

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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:		
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City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
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Reason For Departure:		
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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:		

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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? ☐ **Yes** ☐ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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[redacted]

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

NEW YORK STATE | 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: VALLEY AGRICEUTICALS LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: MEMBER / INVESTOR

4. Briefly describe the role of this person or entity in the proposed registered organization:

MEMBER / INVESTOR

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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."

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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:
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8. Phone: [redacted]			9. Fax [redacted]		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City [redacted]		13. State: [redacted]		14. ZIP Code [redacted]	
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Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
[redacted]				

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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:		
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Name of Supervisor for Reference:	Supervisor Phone Number:	
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Reason For Departure:		
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Appendix A:
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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:		
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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? ☐ **Yes** ☐ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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

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[redacted]

N/A

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.

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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☑ Yes ☐ 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

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

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
[redacted]				

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.

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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:
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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? ☑ Yes ☐ No

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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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.

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Appendix A:
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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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]	3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☒ 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? ☐ Yes ☒ 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:
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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		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received

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

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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:		

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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:		

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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? ☐ **Yes** ☒ **No**

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

Appendix A:
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Appendix A:
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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.

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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 [redacted] 3. Title: Members/Investors

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?
☐ Yes ☒ 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."

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Appendix A:
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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 [redacted]		Dates Attended		[redacted] Degree	
Institution	Address	From	To	Degree Received	Date Received

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

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

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

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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:		
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City:	State:	Zip Code:
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Position/Responsibilities:		
Reason For Departure:		
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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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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.

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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: [redacted] 3. Title: [redacted]

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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.

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☐ 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

Appendix A:
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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.

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Name of Employer:
Type of Business:

Appendix A:
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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:		
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City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
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Type of Business:		
Street Address:		
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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:		
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open☐closed ☐proposed
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10. Email: [redacted]					
11. Residence Address: [redacted]					
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Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
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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:		

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From: N/A	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

N/A

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

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: VALLEY AGRICEUTICALS, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] **3. Title:** MEMBER / INVESTOR

4. Briefly describe the role of this person or entity in the proposed registered organization:

MEMBER / INVESTOR

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ **Yes** ☒ **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? ☐ **Yes** ☒ **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
[redacted]					

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
[redacted]				

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:		
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City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
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Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

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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? ☒ Yes ☐ No

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☒ 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."

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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:
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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
[redacted]					

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

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

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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

[redacted]

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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]	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?

☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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

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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.

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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:		

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? ☑ **Yes** ☐ **No**

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Appendix A:
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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1. Business Name: VALLEY AGRICEUTICALS LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] 3. Title: MEMBER/INVESTOR

4. Briefly describe the role of this person or entity in the proposed registered organization:

MEMBER/INVESTOR [redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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."

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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 MAT	Dates Attended	Degree	
Institution / Address	From / To	Degree Received	Date Received

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[redacted]				

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.

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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:		
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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:	
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Position/Responsibilities:		
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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? ☐ **Yes** ☒ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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."

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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

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

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:		

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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:		
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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? ☒ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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

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.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Philip S. Green

3. Title: Chief Financial Officer

4. Briefly describe the role of this person or entity in the proposed registered organization:

Responsible for financial management and asset stewardship of the company.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ **Yes** ☐ **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? ☐ **Yes** ☑ **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 NA
10. Email: philip.green@valleyagriceuticals.com	
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
Babson College	Babson Park, MA 02457	1979	1983	BS - Accounting	12/1983

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
Certified Public Accounts	Unknown	Massachusetts Society of CPA	~ 1986	~1989

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: Valley Agriceuticals, LLC

Type of Business: Medical Cannabis investments

Street Address: 2500 Westchester Avenue

City: Purchase | State: NY | Zip Code: 10577

Starting Date of Employment: March 2015 | Ending Date of Employment: Present

Name of Supervisor for Reference: [redacted] | Supervisor Phone Number [redacted]

Position/Responsibilities:

Chief Finanical Officer - Overall financial management and stewardship of assets.

Reason For Departure:

[redacted]

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:		

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? ☑ **Yes** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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: 6·2·15
Notary Name: MATTHEW REILLY	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) MATTHEW REILLY Notary Public Commonwealth of Massachusetts My Commission Expires December 24, 2021	Date: 6·2·15

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 [redacted] as a Registered Organization.

2. Name: [redacted] 3. Title: Members/Investors

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?
☐ Yes ☒ 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? ☐ Yes ☒ 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,

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 [redacted]	Dates Attended [redacted]	Degree

Institution	Address	From	To	Degree Received	Date Received

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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

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

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

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:		
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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:
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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:**	
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Position/Responsibilities:		
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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? ☐ **Yes** ☐ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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.

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Appendix A:
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NEW YORK STATE | 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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] **3. Title:** Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
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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

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

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

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

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.

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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:		

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Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
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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:	
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
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Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
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[redacted]

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.

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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: [redacted] 3. Title: [redacted]

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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."

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☐ 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]					

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

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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.

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Name of Employer:
Type of Business:

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Street Address:		
City:	State:	Zip Code:
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Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
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City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
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Position/Responsibilities:		
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Name of Employer:	Type of Business:	
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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? ☑ Yes ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

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

M. **Taxes.** Borrower(s) shall pay any present or future stamp or documentary taxes or any other excise or property taxes, charges or similar levies that arise from any payment made hereunder, from the issuance of a Letter of Credit hereunder, or from the execution, delivery or registration of, performing under, or otherwise with respect to, the Agreement or any other Loan Document.

N. **Evidence of Debt.** Bank shall maintain in accordance with its usual practice an account or accounts evidencing the Indebtedness of Borrower to Bank under the Portfolio Loan Account, including the amounts of principal and interest payable and paid to Bank from time-to-time under the Agreement. Entries made in good faith by Bank in such account or accounts shall be prima facie evidence of the amount of principal and interest due and payable or to become due and payable from a Borrower to Bank under the Agreement, absent manifest error; provided, however, that the failure of Bank to make an entry, or any finding that an entry is incorrect, in such account or accounts shall not limit or otherwise affect the obligations of a Borrower under the Agreement.

O. **Final Agreement.** The Loan Documents constitute the entire understanding and agreement of the Loan Parties as to the matters set forth in the Loan Documents, are the final expression of the agreement between Bank and each Loan Party and may not be contradicted by evidence of any alleged oral agreement.

17. STATE SPECIFIC PROVISIONS

A. For residents of Iowa:

IMPORTANT: READ BEFORE SIGNING. THE TERMS OF THIS AGREEMENT SHOULD BE READ CAREFULLY BECAUSE ONLY THOSE TERMS IN WRITING ARE ENFORCEABLE. NO OTHER TERMS OR ORAL PROMISES NOT CONTAINED IN THIS WRITTEN CONTRACT MAY BE LEGALLY ENFORCED. YOU MAY CHANGE THE TERMS OF THE AGREEMENT ONLY BY ANOTHER WRITTEN AGREEMENT.

B. For residents of New Hampshire:

With regard to section 15.B, reasonable attorney's fees shall be awarded to Borrower if Borrower prevails in: (a) any action, suit or proceeding brought by Bank; or (b) an action brought by Borrower. If Borrower successfully asserts a partial defense or set-off, recoupment or counterclaim to an action brought by Bank, the court may withhold from Bank the entire amount or such portion of the attorney fees as the court considers equitable.

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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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? ☐ **Yes** ☑ **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
[redacted]					

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:		
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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:
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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:		

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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? ☑ **Yes** ☐ **No**

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

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Appendix A:
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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: Valley Agriceuticals LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: MEMBER / INVESTOR

4. Briefly describe the role of this person or entity in the proposed registered organization:

MEMBER / Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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? ☐ Yes ☒ 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:
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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

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

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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:
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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:		

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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? ☒ Yes ☐ No

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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1. Business Name: Valley Agriceuticals,LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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."

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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

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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:
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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:		

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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? ☑ Yes ☐ No

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ **Yes** ☑ **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."

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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

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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:	
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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:		
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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? ☐ **Yes** ☑ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **proposed**
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
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[redacted]

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

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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member - Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

member - investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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? ☐ Yes ☒ 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

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

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

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:	

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? ☐ **Yes** ☐ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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.

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

NEW YORK STATE | 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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/Investors

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member / Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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? ☐ Yes ☒ 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

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

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
[redacted]				

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

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:		

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? ☒ **Yes** ☐ **No**

From:	Name and Address of Business: [redacted]	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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
Redacted pursuant to N.Y. Public Officers Law, Art. 6

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

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

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

NEW YORK STATE | 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: Valley Agriceuticals LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] 3. Title: Member / investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member / investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☒ 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? ☐ Yes ☒ 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

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:		

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:		

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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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐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.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate,

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 [redacted]

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: [redacted]

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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
[redacted]					

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

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:		
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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:		

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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? ☑ Yes ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] 3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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.

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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]					

Appendix A:
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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.

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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:
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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:		

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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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ 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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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: VALLEY AGRICEUTICALS, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] 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?
☐ Yes ☒ 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? ☐ Yes ☒ 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:
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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]					

Appendix A:
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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
[redacted]				

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:
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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:
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Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		

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City:	State:	Zip Code:
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Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
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Name of Employer:	Type of Business:	
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Position/Responsibilities:		
Reason For Departure:		

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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? ☐ **Yes** ☒ **No**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ **open** ☐ **closed** ☐ **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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate,

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1. Business Name: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted] | 3. Title: Member/Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member/Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☑ Yes ☐ 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]

Appendix A:
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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]					

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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:		

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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? ☑ **Yes** ☐ **No**

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

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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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.

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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: Valley Agriceuticals, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ 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? ☐ Yes ☑ 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.

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1. Business Name: Valley Agriceuticals, LLC through Midnight Breeze, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

[redacted]

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ **Yes** ☑ **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."

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Appendix A:
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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

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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.

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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:		
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City:	State:	Zip Code:
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Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
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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:	
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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? ☑ Yes ☐ No

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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
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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.

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1. Business Name: Valley Agriceuticals LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: [redacted]

3. Title: Member / Investor

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member / Investor

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☐ Yes ☒ 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."

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8. Phone: [redacted]		9. Fax	
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Name of Employer:
Type of Business:

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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:		
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From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Local 338 **RWDSU/UFCW**

JOHN R. DURSO President
JOSEPH FONTANO Secretary-Treasurer
JACK CAFFEY JR. Executive Vice President
DEBRA BOLLBACH Recorder

Howard Zucker
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

June 3, 2015

Re: Labor Peace Agreement between Local 338, RWDSU/UFCW and Valley Agriceuticals, LLC

Dear Commissioner Zucker,

Local 338, RWDSU/UFCW ("Local 338") is a labor organization, as defined in 29 U.S.C. § 402(i) and 29 U.S.C. § 152(5), representing close to 20,000 employees in New York State and its environs.

The enclosed document entitled, Labor Peace/Neutrality Agreement, is intended in part to satisfy and comply with the requirement, under the New York Public Health Law, that an applicant (Valley Agriceuticals, LLC) seeking a license to conduct business relating to the use of medical marijuana in New York State submit proof that it has entered into a labor peace agreement with a bona-fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees. See Public Health Law §§ 3360(14), 3365(1)(III), 3365(3)(VII), 3365(6)(IV), and 3365(7).

The Labor Peace/Neutrality Agreement contains explicit language which protects the State's proprietary interests by prohibiting Local 338 from engaging in picketing, work stoppages, boycotts, and any other economic interference with the business of an entity licensed to engage in the business relating to the use of medical marijuana in New York State.

Should any changes in the Labor Peace/Neutrality Agreement be necessary for an applicant to comply with the Public Health Law, please feel free to communicate with us directly.

Thank you for your consideration.

Sincerely,

Joseph Fontano
Secretary-Treasurer

LABOR PEACE / NEUTRALITY AGREEMENT
BY AND BETWEEN
VALLEY AGRICEUTICALS LLC
AND
LOCAL 338, RWDSU/UFCW

By this Agreement dated June 3, 2015, Valley Agriceuticals, LLC (the "Employer") and Local 338, RWDSU/UFCW, 1505 Kellum Place, Mineola, New York (the "Union") hereby establish the following procedure to address the Union's efforts to organize employees in any existing or new facility owned or operated by the Employer in which the employees are not represented by a labor organization:

1. The term, "employees," used herein shall include all full time and part-time employees, including, but not limited to, pharmacists, pharmacy technicians, dispensaries, consultants, drivers, growers, retail, manufacturers, trimmers, and anyone else performing work for or on behalf of the Employer, excluding guards, supervisors, confidential employees and any other employees statutorily excluded by the National Labor Relations Act ("NLRA").

2. Within ten (10) days after receiving written notice of the Union's intent, the Employer agrees to furnish the Union with a complete list of employees in the shop designated in the notice, including job classifications, departments, street addresses, telephone numbers and e-mail addresses. The Employer agrees to thereafter provide updated lists as reasonably requested. The Employer waives the right under the NLRA to file any petition with the National Labor Relations Board for any election in connection with the invocation of this Agreement and agrees to refrain from directly or indirectly supporting any such petition.

3. The Employer agrees to take a neutral approach to unionization of employees. Neutrality means that the Employer will neither help nor hinder the Union's organizing effort by, for example, directly or indirectly demeaning by word or deed the Union or its representatives, or directly or indirectly supporting or assisting in any way any person or group who may oppose the Union. The Employer agrees not to communicate to any employee that it disfavors the Union or the signing of authorization cards, or that they may suffer adverse consequences for supporting the Union or signing cards. The Employer also agrees that it, and its managers, supervisors and other representatives will refer to the Union by name and not as "third party," "outsider" or in similar manner. The parties will conduct themselves with mutual respect for each other during any organizing effort.

4. During organizing efforts, the Employer's managers, supervisors and other representatives will remain neutral and will refrain from communicating with employees about how they should respond to the Union. The Employer agrees to inform all of its managers, supervisors and representatives of this obligation and that the Employer has no objection to employees supporting the Union or engaging in union activities, including meeting with Union representatives or signing authorization cards. The Employer will promptly terminate any violation of this provision and immediately act to discourage any additional violation, including disciplining any manager' or supervisor - or terminating its relationship with any independent contractor representative - who violates it. The Employer agrees to take prompt action to

mitigate the effects of any violation, including informing employees of the Employer's position on organizing and the rights of employees to organize.

5. The Employer agrees to permit Union representatives reasonable access to the workplace to communicate with employees including through the distribution of materials. Union representatives will not disrupt the Employer's operations or unreasonably interfere with employee production.

6. If asked, management will tell employees that the Employer has no objection to employees meeting with Union representatives, supporting the Union or signing authorization cards. That manager will also tell employees that the Employer is neutral in their selection of union representation.

7. If the Union provides evidence in support of its claim that a majority of employees have designated the Union as their collective bargaining representative, the Employer will recognize the Union as such representative of the employees in the bargaining unit described in the Union's notice invoking this provision. The parties agree to commence bargaining within 20 business days from the date the neutral verifies the Union's majority. If they are unable to agree to a collective bargaining agreement within nine months after negotiations commence, the parties agree to submit all open provisions and issues to final and binding interest arbitration before a mutually agreed upon arbitrator who will settle any open provisions and resolve any other issues in accordance with AAA procedures.

8. If both the Union and the Employer mutually agree that additional Agreement provisions are necessary for a new unit or if the National Labor Relations Board or a court determines that the parties may not lawfully extend any existing collective bargaining agreement to all or part of the unit, the parties agree to bargain in good faith over a neutrality agreement or a collective bargaining agreement to cover the excluded employees, depending upon whether the Union has already provided proof that it represents those employees.

9. Except as set forth in paragraph 7, the parties agree to resolve any dispute over the interpretation of this Agreement through expedited arbitration. The parties will invoke expedited arbitration by requesting an arbitrators list from the American Arbitration Association. Within 10 days of receiving AAA's arbitrators' list, the parties will submit their struck lists to the AAA. The parties agree that AAA will follow its labor arbitration rules to select an arbitrator based on the list or lists the parties submit. The AAA will strictly apply its rule requiring struck lists to be timely submitted in accordance with this provision. The arbitrator will hear the dispute on either the first or second date the arbitrator is available and issue an award within 20 days thereafter. The parties will equally share the arbitrator's fees and costs.

10. The parties agree that the arbitrator has the authority to direct the breaching party to specifically perform its obligations under this provision. The arbitrator may award a penalty of up to $10,000 for willful breaches. A willful breach is one that clearly violated this provision and was not corrected after the aggrieved party provided written notice of the violation to the violating party, who failed to correct the alleged violation within ten days after receipt of the notice. In the event that the Union enters into a neutrality agreement which contains a more

favorable provision relating to willful breach with another employer who receives a license from the State of New York, the Union agrees that it will notify the Employer within 10 days and offer the more favorable term to the Employer. The parties consent to the entry of the arbitrator's award as the order of judgment of a United States District Court, without notice.

11. The Union and the Employer recognize that this Agreement is in their mutual best interests and therefore agree to prevent evasion of the terms of this Agreement through the use of contractors and/or subcontractors. To comply with the spirit of this Agreement, the Employer shall, as a condition of its relationship with any contractor and/or subcontractor require that: (a) the contractor and/or subcontractor enter into a neutrality agreement with the Union; and (b) immediately notify the Union when seeking to form a business relationship with the contractor and/or subcontractor.

12. Labor Peace Agreement: In the event that the Union attempts to organize the Employer's employees or actually represents the Employer's employees at any particular location, then the Union hereby promises that it will not at any time covered by this agreement engage in any picketing, work stoppages, boycotts or any other economic interference with the Employer's business at that location, provided the employer has not violated any of the terms of this agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed this 3RD day of JUNE 2015, by their duly authorized representatives.

LOCAL 338, RWSDU/UFCW

By: _____

Date: 6/3/15

Name: Joseph Fontano

Title: Secretary-Treasurer

Witness: Nikki Kateman

VALLEY AGRICEUTICALS LLC

By: _____

Date: 6/3/15

Name: Erik Holling

Title: President

Witness: Ashlee Raposa

Attachment G - Financial Plan

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

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

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

Valley Agriceuticals is proud to have a world-class team of industry experts that are primed to produce the finest, safest standardized medical cannabis products. No less important is Valley Agriceuticals' focus on the company's facilities and the neighborhoods where they reside. Over the past year, Valley Agriceuticals has researched and designed the most appropriate facilities for production and dispensing of pharmaceutical-grade medical cannabis in New York. Valley Agriceuticals sought and received overwhelming support from the communities where the company will have facilities in legislative meetings, city/town information sessions and planning board and city/town board meetings (please find the attached letters of support from each community). At the time of submission, Valley Agriceuticals has appropriately located, gained approvals/leases, architected and outlined the security for each of the company's dispensing facilities (Origin Health Centers) and the Wallkill manufacturing facility. .

Valley Agriceuticals' manufacturing facility is located in Wallkill (Orange County), NY, and was overwhelmingly supported by the town and county. In fact, the following news articles outline that success:

- New York Times, "Medical Marijuana Feeds Familiar Hopes of Renewal Around New York State", Anemona Hartocollis, June 1, 2015[1]
- Times Harold Record, "Welcome to the age of legal marijuana", April 30, 2015[2]
- Wallkill Valley Times, "Town of Wallkill to Support Medical marijuana Facility", April 30, 2015[3]

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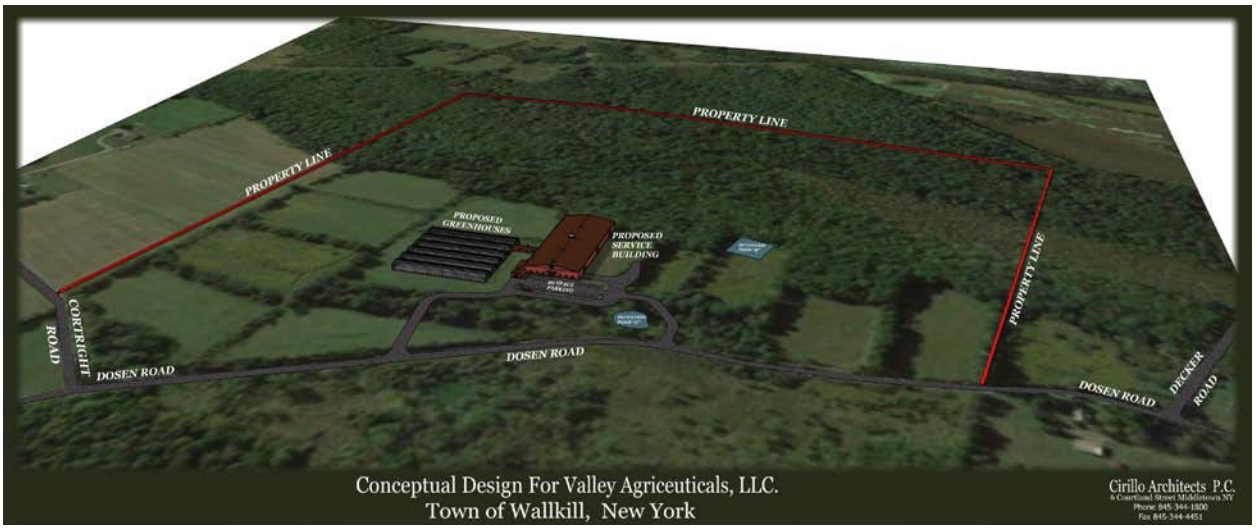
[1] http://www.nytimes.com/2015/06/02/nyregion/medical-marijuana-feeds-familiar-hopes-of-renewal-around-new-york-state.html?rref=nyregion&module=Ribbon&version=context&region=Header&action=click&contentCollection=New%20York&pgtype=article

[2] http://valleyagriceuticals.com/2015/04/welcome-to-the-age-of-legal-marijuana-editorial/

[3] http://valleyagriceuticals.com/2015/04/wallkill-valley-times-article-on-medical-marijuana/

This state-of-the-art 100,000 square foot facility, at full build-out, will grow Valley Agriceuticals' medicinal plants in a combined greenhouse and barn. The facility is designed to blend in seamlessly with the surrounding community and countryside. In addition, Valley Agriceuticals has agreed to conserve roughly three-quarters of the entire property. It is anticipated that this facility will create approximately 65 construction jobs and more than 100 operational full-time jobs.



Within the Wallkill facility, Valley Agriceuticals will process and package the company's medicinal plant for patient use and include a laboratory for quality assurance and controls. The facility will be managed by master growers, who have more than 30 years' combined experience in growing medical-grade cannabis from both the US and the global center of medical marijuana, Israel. Each strain cultivated will meet State guidelines for the treatment of all State-approved qualifying conditions. Valley Agriceuticals has invested in world-class security policies, procedures, personnel and equipment that will cover the complete lifecycle of cultivation, production and distribution.

This Appendix includes the full Appendix B for the Wallkill facility as well as related architectural drawings.

Valley Agriceuticals; mission is to not only to manufacture high-quality, pharmaceutical-grade cannabis, but also to deliver the company's medicine through a secure, welcoming environment where patients receive the information, care and support they need. Reflecting this holistic, patient-centered approach, Valley Agriceuticals has chosen to name its dispensaries, Origin Health Centers™ to reflect the company's commitment to caring for patients. Origin Health Centers will dispense safe, regulated standardization of medical cannabis in four locations throughout the state of New York. Origin Health Centers will be designed with patient comfort and safety in mind by combining a professional, high-quality appearance and state-of-the-art security with comfort and easy access.

Public Health Law § 3365(9) requires the Commissioner to ensure that registered organizations and dispensing sites are geographically distributed across the State. Section 80-1.6 sets forth the considerations for approval of "registered organizations'' applications. One such consideration is whether the number of registered organizations in an area will be adequate or excessive to reasonably serve the area and the State as a whole.

Valley Agriceuticals has thoroughly researched the State's regions, populations, and condition prevalence in each of those regions in an effort to determine the ideal locations for the four Origin Health Centers (dispensing facilities), as well as future growth locations if allowed by the State. Please see Table 1, which ranks each particular county and region based on 'condition' prevalence. Valley Agriceuticals' proposed Origin Health Centers locations are highlighted in blue.

Region/County	Average Population	ALS Population State-wide Ranking	Hospital Bed Count State-wide Ranking	CANCER Population State-wide Ranking (ranked by % of whole)	HIV/STD Population State-wide Ranking (ranked by % of whole)	PARKINSONS Population State-wide Ranking (ranked by % of whole)	MS Population State-wide Ranking (ranked by % of whole)	EPILEPSY Population State-wide Ranking (ranked by % of whole)	IBS (Bowel) Population State-wide Ranking (ranked by % of whole)	HUNTIGTONs Population State-wide Ranking (ranked by % of whole)
Region-1 Long Island										
Nassau	1,339,186	6	3	4	5	n/a	n/a	6	6	n/a
Suffolk	1,493,470	4	6	3	7	n/a	n/a	4	4	n/a
Region Total	**2,832,656**	**2**	**2**	**2**	**2**	**3**		**2**	**2**	
Region-2 New York City										
Bronx	1,385,141	5	4	7	3	n/a	n/a	5	5	n/a
Kings	2,509,637	1	2	1	1	n/a	n/a	1	1	n/a
New York	1,590,953	3	1	5	2	n/a	n/a	3	3	n/a
Queens	2,232,970	2	7	2	4	n/a	n/a	2	2	n/a
Richmond	468,942	10	12	11	11	n/a	n/a	10	10	n/a
Region Total	**8,187,642**	**1**	**1**	**1**	**1**	**2**		**1**	**1**	
Region-3 Mid-Hudson										
Dutchess	297,542	15	16	15	15	n/a	n/a	15	15	n/a
Orange	373,501	12	12	12	14	n/a	n/a	12	2	n/a
Putnam	99,772	29	33	30	24	n/a	n/a	29	29	n/a
Rockland	312,110	13	13	14	13	n/a	n/a	13	13	n/a
Sullivan	77,339	36	32	37	36	n/a	n/a	36	36	n/a
Ulster	182,520	20	25	20	22	n/a	n/a	20	20	n/a
Westchester	950,128	7	5	8	6	n/a	n/a	7	7	n/a
Region Total	**2,292,911**	**3**	**3**	**3**	**3**			**3**	**3**	
Region-4 Capital Region										
Albany	304,062	14	11	13	12	n/a	n/a	14	14	n/a
Columbia	62,864	42	29	40	38	n/a	n/a	42	42	n/a
Greene	49,162	51	58	48	49	n/a	n/a	51	51	n/a
Rensselaer	159,337	21	22	21	20	n/a	n/a	21	21	n/a
Saratoga	219,841	17	30	18	31	n/a	n/a	17	17	n/a
Schenectady	154,680	22	29	23	16	n/a	n/a	22	22	n/a
Region Total	**949,946**	**7**	**7**	**7**	**7**			**7**	**7**	
Region-5 Mohawk Valley										
Fulton	55,403	45	42	44	35	n/a	n/a	45	45	n/a
Herkimer	64,341	40	56	41	32	n/a	n/a	40	40	n/a
Montgomery	50,059	49	37	49	47	n/a	n/a	49	49	n/a
Otsego	62,141	43	29	43	43	n/a	n/a	43	43	n/a
Schoharie	32,682	58	49	58	58	n/a	n/a	58	58	n/a
Region Total	**264,626**	**10**	**11**	**10**	**9**			**10**	**10**	
Region-6 North Country										
Clinton	82,123	33	26	33	18	n/a	n/a	33	33	n/a
Essex	39,325	56	48	55	52	n/a	n/a	56	56	n/a
Franklin	51,622	46	31	54	53	n/a	n/a	46	46	n/a
Hamilton	4,829	62	59	62	59	n/a	n/a	62	62	n/a

Region/County	Average Population	ALS Population State-wide Ranking	Hospital Bed Count State-wide Ranking	CANCER Population State-wide Ranking (ranked by % of whole)	HIV/STD Population State-wide Ranking (ranked by % of whole)	PARKINSONS Population State-wide Ranking (ranked by % of whole)	MS Population State-wide Ranking (ranked by % of whole)	EPILEPSY Population State-wide Ranking (ranked by % of whole)	IBS (Bowel) Population State-wide Ranking (ranked by % of whole)	HUNTIGTONs Population State-wide Ranking (ranked by % of whole)
Warren	65,749	38	21	36	39	n/a	n/a	38	38	n/a
Washington	63,188	41	60	38	40	n/a	n/a	41	41	n/a
Region Total	**306,836**	**9**	**9**	**9**	**10**			**9**	**9**	
Region-7 Tug Hill Seaway										
Jefferson	116,538	25	24	31	29	n/a	n/a	25	25	n/a
Lewis	27,073	59	57	60	60	n/a	n/a	59	59	n/a
St. Lawrence	111,925	26	58	26	37	n/a	n/a	26	26	n/a
Region Total	**255,536**	**11**	**10**	**11**	**11**			**11**	**11**	
Region-8 Central NY										
Cayuga	79,772	35	40	34	27	n/a	n/a	35	35	n/a
Cortland	49,391	50	35	53	41	n/a	n/a	50	50	n/a
Madison	73,063	37	38	39	54	n/a	n/a	37	37	n/a
Oneida	234,240	16	15	16	17	n/a	n/a	16	16	n/a
Onondaga	466,946	11	10	10	10	n/a	n/a	11	11	n/a
Oswego	122,012	24	34	24	33	n/a	n/a	24	24	n/a
Region Total	**1,025,425**	**6**	**6**	**6**	**6**			**6**	**6**	
Region-9 Southern Tier										
Broome	200,111	19	14	19	19	n/a	n/a	19	19	n/a
Chenango	50,384	48	47	45	48	n/a	n/a	48	48	n/a
Delaware	47,861	53	45	50	44	n/a	n/a	53	53	n/a
Tioga	51,125	47	62	47	55	n/a	n/a	47	47	n/a
Tompkins	101,625	28	28	35	25	n/a	n/a	28	28	n/a
Region Total	**451,106**	**8**	**8**	**8**	**8**			**8**	**8**	
Region-10 Finger Lakes										
Chemung	88,840	32	18	27	28	n/a	n/a	32	32	n/a
Livingston	65,280	39	42	46	50	n/a	n/a	39	39	n/a
Monroe	744,549	9	9	9	9	n/a	n/a	9	9	n/a
Ontario	107,945	27	23	25	30	n/a	n/a	27	27	n/a
Schuyler	18,366	61	58	61	57	n/a	n/a	61	61	n/a
Seneca	35,230	57	62	57	56	n/a	n/a	57	57	n/a
Steuben	98,973	30	27	28	42	n/a	n/a	30	30	n/a
Wayne	93,621	31	39	29	26	n/a	n/a	31	31	n/a
Yates	25,375	60	57	59	62	n/a	n/a	60	60	n/a
Region Total	**1,278,177**	**5**	**5**	**5**	**5**	**1**		**5**	**5**	
Region-11 Western NY										
Allegany	48,899	52	41	52	51	n/a	n/a	52	52	n/a
Cattaraugus	80,191	34	28	32	45	n/a	n/a	34	34	n/a
Chautauqua	134,793	23	20	22	23	n/a	n/a	23	23	n/a
Erie	918,704	8	8	6	8	n/a	n/a	8	8	n/a
Genesee	60,002	44	36	42	46	n/a	n/a	44	44	n/a
Niagara	216,199	18	17	17	21	n/a	n/a	18	18	n/a
Orleans	42,819	54	44	56	34	n/a	n/a	54	54	n/a
Wyoming	42,106	55	46	51	61	n/a	n/a	55	55	n/a
Region	**1,543,713**	**4**	**4**	**4**	**4**			**4**	**4**	

Region/County	Average Population	ALS Population State-wide Ranking	Hospital Bed Count State-wide Ranking	CANCER Population State-wide Ranking (ranked by % of whole)	HIV/STD Population State-wide Ranking (ranked by % of whole)	PARKINSONS Population State-wide Ranking (ranked by % of whole)	MS Population State-wide Ranking (ranked by % of whole)	EPILEPSY Population State-wide Ranking (ranked by % of whole)	IBS (Bowel) Population State-wide Ranking (ranked by % of whole)	HUNTIGTONs Population State-wide Ranking (ranked by % of whole)
Total										

Understanding the need to reach the greatest number of patients, Valley Agriceuticals identified four initial locations/regions that most appropriately support the statewide patients of New York.

Region	Town/City	County
Region 2- New York City	Manhattan	New York
Region 4- Capital Region	Colonie/Albany	Albany
Region 3- Mid-Hudson	Harrison/Purchase	Westchester
Region 10- Finger Lakes	Brighton/Rochester	Monroe

In addition, Valley Agriceuticals recognizes that as patient adoption increases in subsequent years, more dispensaries will likely be needed. For this reason, Valley Agriceuticals has also identified regions and specific locations that the company believes complement the existing four locations proposed in this application.

Region	Town/City	County
Region 1- Long Island	Hicksville/Bethpage	Nassau
Region 8- Central New York	Syracuse	Onondaga
Region 11- Western New York	Buffalo	Erie

Valley Agriceuticals recognizes that the Department will make final decisions on dispensary locations. The company fully respects this fact and will work with the Department if different locations are deemed more suitable.

This Appendix includes the full Appendix B for the four proposed dispensaries along with related architectural drawings, security overlay, and patient flow.

Security

Each site drawing in this Appendix contains an additional overlay regarding Valley Agriceuticals security application.

Further, in Attachment D, Section 5 Valley Agriceuticals full Security Overview is detailed.

Summary Timeline

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

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

Detailed Product-Level Timeline

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

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Valley Agriceuticals, LLC.
Facility Type:	Manufacturing Facility Dispensing Facility
Use and Occupancy Classification:	F-1 Factory Industrial- Moderate Hazard (Package/Processing); U Utility- (Greenhouse)
Building Construction Type and Classification:	2B, Non-Combustible
Facility Address:	173 Dosen Road, Middletown, 10940 S/B/L 13-1-7) Town of Wallkill, NY
Primary Contact Telephone number:	610-350-8674; Erik Holling
Primary Contact Fax number:	NA

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:

☒	TOWN BOARD APPROVAL
☐	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☒	PREPARATION OF CONSTRUCTION DOCUMENTS
☒	BUILDING PERMIT
☒	BIDDING PHASE
☒	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☒	COMMENCEMENT OF CONSTRUCTION
☐	COMPLETION OF CONSTRUCTION

Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- ☑ Entrance and Exits
- ☑ Public Parking Spaces
- ☑ Staff Parking Spaces
- ☑ Accessible Parking Spaces
- ☑ Accessible Route(s)
- ☑ Fire Lane and/or Fire Apparatus Road
- ☑ Percentage of Green Space
- ☑ Location of Emergency Power Systems
- ☑ Loading & Unloading
- ☑ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:
- ☐ Natural Gas
- ☐ Solar
- ☐ Oil
- ☑ Other Propane
- ☑ Electric

Engineering Systems:
- ☑ Heating System: Type Condensing Boiler, Size Greenhouse: 11MBH Process: 200 MBH Efficiency 87% Min,
  Ventilation Requirements Combustion Air / Flue Vent
- ☑ Cooling System: Type Air Cooled Chiller, Size 300 Ton Efficiency 10.6 EER,
  Ventilation Requirements N.A.
- ☑ Ventilation & Humidification Systems:
  Type Centrifugal Roof/Sidewall Propelled; Inline Centrifugal; Inline Tubeaxial, Size Fract. HP, Efficiency AMCA FEG >67,
  Ventilation Requirements Based on Occupancy/Process Fresh Air Req.
- ☑ Electrical Distribution Available 1200A; 480/277V-30-4W
- ☑ Water Supply: Municipal Water Service _____ or Private Well Water ✓
- ☑ Sewage: Municipal Sewer System _____ or Private Septic System ✓
- ☑ Emergency Power System: Emergency and egress lighting provided with emergency battery back-up. Standby power provision provided by two camlock boxes for two roll-up generators
  Type _____, Size _____ Efficiency _____,

Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☒	2010 BUILDING CODE OF NYS
☒	2010 FIRE CODE OF NYS
☒	2010 PLUMBING CODE OF NYS
☒	2010 MECHANICAL CODE OF NYS
☒	2010 FUEL GAS CODE OF NYS
☒	2010 PROPERTY MAINTENANCE CODE OF NYS
☒	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
☒	2012 IECC COMMERCIAL PROVISIONS
☐	2010 EXISTING BUILDING CODE OF NYS
☒	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
☐	2014 NY CITY CONSTRUCTION CODE
☐	2008 NY CITY CONSTRUCTION CODE
☐	1968 NY CITY CONSTRUCTION CODE
☒	NFPA 101-06 LIFE SAFETY CODE
☒	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☐	OTHER

Appendix B – Architectural Program

Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☒ New Building ☐ Repair ☐ Alteration Level 1 ☐ Alteration Level 2	☐ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☐ Demolition ☐ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☒ General Construction ☒ Roofing ☐ Asbestos Abatement/Environmental ☒ Fire Alarm	☒ Structural ☒ Mechanical ☒ Plumbing ☒ Electrical	☒ Site Work ☐ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code*****, PC:** ***Plumbing Code*****, MC:** ***Mechanical Code*****, FGC:** ***Fuel Gas Code*****, ECCC:** ***Energy Conservation Code.***
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable,* **NR:** *Not Required,* **NP:** *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	F-1: Factory Industrial-Moderate Hazard (Packaging/Processing) U: Utility (Greenhouse)	F-1: Factory Industrial-Moderate Hazard (Packaging/Processing) U: Utility (Greenhouse)

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Protected by 1 hr. rated construction on storage side with self-closing non-combustible doors	No qualifying combustible storage proposed. Rated storage room provided.
3	Hazardous Materials	414 307		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NYSBC: 307.1 (10): The following shall not be classified Group H: The storage or utilization of materials for agricultural purposes on the premises Table 307.1(1): Allowable quantities per control area	Dedicated 6'x12' Storage Room provided, non-combustible construction, 2HR min rated walls, 72 s.f., 1 exit provided See Attachment 2 for list of stored materials, quantities stored, and associated hazard designations
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Control area requirements: Fire Barrier Separation	See Attachment 2 for list of stored materials, quantities stored, and associated hazard designations
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	F-1: Height: 2 Story; 55' Area: 15,500 S.F. U: Height: 2 Story; 55' Area: 8,500 S.F.	F-1: Height: 1 Story; 37'-0" Area: 6,154 S.F. U: Height: 1 Story; 23'-6" Area: 11,750 S.F. See Attachment '1' for supporting doc
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Boiler Room- Where the largest piece of equipment is over 15PSI and 10HP	Each boiler is less than 15PSI and 10HP

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Occ 'U' to Occ 'F-1': 2HR Fire Separation Required	Occ 'U' to Occ 'F-1': 3HR Fire Separation Provided
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Not Applicable	Not Applicable
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Separated occupancies within the same building shall have an aggregate allowable area no greater than 1 based upon calculation in section 508.3.3.2	Occupancy separation is by 3hour fire wall, resulting in separate building structures, not fires areas with a single structure. See attachment 1 for supporting doc
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	2B, Non-Combustible	2B, Non-Combustible
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Structural Frame: 0 HR Bearing Walls: Exterior: 0 HR Interior: 0 HR Non-Bearing Walls: Exterior: 0 HR Interior: 0 HR Floor Construction: 0 HR Roof Construction: 0 HR	Structural Frame: 0 HR Bearing Walls: Exterior: 0 HR Interior: 0 HR Non-Bearing Walls: Exterior: 0 HR Interior: 0 HR Floor Construction: 0 HR Roof Construction: 0 HR

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	10' ≤ X ≤ 30' : 0HR	10' ≤ X ≤ 30' : 0HR
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	10' ≤ X ≤ 30' : 0HR	10' ≤ X ≤ 30' : 0HR
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	Table 705.4 Fire Wall Fire-Resistance Rating U/F-1 = 3Hr	3HR exterior Fire Wall provided, separate structures
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Table 705.4 Fire Barrier Fire-Resistance Rating between Fire Areas F-1 = 3HR; U = 1HR	Not Required. 2HR fire barrier provided between mechanical rooms and F-1 Occupied Areas
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	Not Applicable	Not Applicable
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	708.1(4) Required if wall assembly is required by 1017.1. Table 1017.1:Corridor rating is not required for F-1; less than 30 occupants served by corridor	Not Required due to occupant load; 1 hour provided at corridor

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	Applicable to floor and roof assemblies	Not applicable: no floor or roof assemblies are required to be rated
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☐ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	No sprinkler system required due to fire area size and fire walls/ barriers	Not Applicable
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	Not Applicable	Not Applicable
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	Not Required	Although not required, feasibility of installation to be reviewed with local Fire Marshal with AHJ
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☐ Hardwired (zoned)	Not Required	Not Applicable

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	To be provided in H Occupancy and any toxic gas areas	No H Occupancy. Emergency alarm will be provided within extraction room (CO2 extraction equipment). To be tied to applicable mechanical emergency exhaust system
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	FDC Connection Not Required; no automatic sprinkler system	Not Applicable
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Egress provisions, including doors, must be maintained and provided for in accordance with Chapter 10	All egress components, including doors, are compliant with their respective wall type and located in a manner that complies with the requirements of Chapter 10
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Design Occupant load shall be designated by function of space. See Attachment 1 for additional documentation of requirements	Design Occupant load is designated by function of space. See Attachment 1 for additional documentation of compliance with code requirements
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Requirements Per Table 1005.1: .2" per	Complies: 62x.2=12.42; Minimum Egress Width is 36" (32" clear width)
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	A minimum of 2 accessible means of egress are required	Complies: All means of agrees components are accessible

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Egress Doors shall provide a minimum clear opening width of 32" clear.	Complies: Minimum Egress Width is 36" (32" clear width); operation and direction of swing is compliant
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	Not Applicable	Not Applicable- No Stair in design
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Not Applicable:	Not Applicable- No Ramp in design. Should site conditions require a ramp, slope shall be 1:12, 30" mx vertical rise, 44" min width
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	Max. Common Path of Egress Travel: 75'-0"	Complies: Max = 56'-0"
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Exit arrangement shall be such that the travel distances are not greater than those shown on Table 1016.1: F-1: 200' (w/o sprinkler) U: 300' (w/o sprinkler)	Complies- Max Travel Distances: F-1: 106'-10" U: 126'-0"
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1:Corridor rating is not required for F-1; less than 30 occupants served by corridor	1 hour rated corridor provided

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	Minimum Corridor Width Required: 44"	Actual Minimum Corridor Width: 60"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Permitted Dead End Lengths: Section 1017.3: 20'-0" Section 1017.3(3): <2.5 times the corridor width	Complies: Corridor to Room 116 is <20' Corridor to rooms 101 & 103 is <25'-0" or 2.5 times the 10' wide corridor
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Table 1019.1: F-1 = 2 U = 2	Provided: F-1 = 2 U = 2
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	Not Applicable	Not Applicable
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	Not Applicable	Not Applicable
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	Not Applicable	Not Applicable

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	Not Applicable	Not Applicable: No ramp required
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to the exterior, capacity to match the occupant load being served by exit	Complies: All exits discharge to the exterior and exceed the occupant load being served, Exit Signage provided
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All areas of structure to be accessible: Accessible access route, egress, restrooms, signage, door hardware, floor transitions, door thresholds, mounting heights, etc.	All areas of and components within the structure are accessible: Accessible access route, egress, restrooms, signage, door hardware, floor transitions, door thresholds, mounting heights, etc.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	See chart in Attachment 1	See chart in Attachment 1
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Emergency power required: Life safety components	Emergency Fixtures to have emergency ballasts with battery backup; Cam-lock boxes at Building A for 2 roll-up generators; all life safety components related to egress and security to be connected to an Uninterruptible Power Supply
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Smoke Control system not required based on Area of Use and/or types of Uses	Not Applicable since Smoke Control system not required

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value		Facility's Actual Value[3]	
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	F-1 Mens: WC: 1per100 Lav: 1per100	F-1 Womens: WC: 1per100 Lav: 1per100 Drinking Fountain: 1 per 100	F-1 Mens: WC: 1per100 Lav: 1per100	F-1 Womens: WC: 1per100 Lav: 1per100 Drinking Fountain: 1 per 100
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA		Well Water: 21 GPM; pressure to be determined upon sizing well pump	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	503.1.1(4) Fire apparatus access road must extend within 150' of all potions of the facility. Exception: Group U occupancy- Not Required		A fire lane has been provided along the Project East (right) side of the F-1 occupancy	

Question 5:

Area increase required for U Occupancy (Greenhouse). Permitted: 8,500 s.f.; Proposed: 11,750 S.F.
Frontage increase allowable: 67% = 14,195 s.f. (8,500 s.f. + 67% = 14,195 s.f.)

Permitted Increase Calculation:
[416 l.f./432 l.f. - .25] x W/30
[416 l.f./432 l.f. - .25] x 28.4/30
(.71) x (.946) = .67 increase

{W (based on weighted average):
Perimeter greater than 30': W=30x.90 = 27
Perimeter greater than 20', but less than 30': W=20x.07 = 1.4
Total W=27+1.4 = 28.4 }

Question 9:

Allowable Area Calculation:
<1= Actual S.F./Allowable S.F. + Actual S.F./Allowable S.F.

Occupancies are not added together due to construction of Fire Wall creating independent structures

F-1 Occupancy Independent Structure:
<1 = 6,154/25,885
<1 = .24

U Occupancy Independent Structure:
<1 =11,750/14,195
<1 = .83

Question 26:

Area:	SF of Area:	Occupancy:	Code Permitted:	Occupant Design Load:
Greenhouse Mechanical Space Business Use F-1 Agricultural Use	11,750 1417 195 4637	Agricultural Use Mechanical Space Business Areas Agricultural Use	300 Gross 300 Gross 100 Gross 300 Gross	39.17 4.72 1.95 15.46
Total				62.1

Question 45:

BUILDING ENVELOPE REQUIREMENTS

	CLIMATE ZONE = 5A	MIN. REQUIRED	PROVIDED
ROOFS	INSULATION ENTIRELY ABOVE DECK	R-25 c.i.	N.A.
	METAL BUILDINGS (W/ R-5 THERMAL BLOCKS)	R-13 + R-13	N.A.
	ATTIC AND OTHER	R-38	R - 38
WALLS ABOVE GRADE	MASS	R-11.4 c.i.	N.A.
	METAL BUILDING	R-13 + R-13 c.i.	N.A.
	METAL FRAMED	R-13 + R-7.5 c.i.	R-13 + R-7.5ci
	WOOD FRAMED AND OTHER	R-13 + R-13 c.i. OR R-20	N.A.
WALLS BELOW GRADE	BELOW-GRADE WALL	7.5 c.i	R-7.5 c.i.
FLOORS	MASS	R-10ci	N.A.
	JOIST/FRAMING STEEL/(WOOD)	R-30	N.A.
SLAB-ON-GRADE FLOORS	UNHEATED SLABS	R10 FOR 24" BELOW	N.A.
	HEATED SLABS	R-15 FOR 36 IN. BELOW	N.A.
OPAQUE DOORS	SWINGING	U - 0.37	COMPLIES
	ROLL-UP OR SLIDING	U - R4.75	COMPLIES

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

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Valley Agriceuticals, LLC
Facility Type:	Manufacturing Facility ☐ Dispensing Facility ☑
Use and Occupancy Classification:	Use Group B (Office)
Building Construction Type and Classification:	Type 2B
Facility Address:	3020 Westchester Avenue, Suite 101 & 102, Harrison, NY 10577 (DISPENSARY #2)
Primary Contact Telephone number:	Mr. Erik Holling 610-350-8674
Primary Contact Fax number:	866-271-8620

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:

☐	TOWN BOARD APPROVAL
☐	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☑	PREPARATION OF CONSTRUCTION DOCUMENTS
☑	BUILDING PERMIT
☑	BIDDING PHASE
☑	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☑	COMMENCEMENT OF CONSTRUCTION
☑	COMPLETION OF CONSTRUCTION

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PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- ☑ Entrance and Exits
- ☑ Public Parking Spaces
- ☑ Staff Parking Spaces
- ☑ Accessible Parking Spaces
- ☑ Accessible Route(s)
- ☑ Fire Lane and/or Fire Apparatus Road
- ☑ Percentage of Green Space
- ☑ Location of Emergency Power Systems
- ☑ Loading & Unloading
- ☑ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:

- ☑ Natural Gas
- ☐ Oil
- ☑ Electric
- ☐ Solar
- ☐ Other _____

Engineering Systems:

- ☑ Heating System: Type radiator, Size 1150mbh Efficiency standard,
  Ventilation Requirements standard
- ☑ Cooling System: Type chiller, Size 250ton Efficiency standard,
  Ventilation Requirements standard
- ☑ Ventilation & Humidification Systems:
  Type none, Size _____, Efficiency _____,
  Ventilation Requirements _____
- ☑ Electrical Distribution Available 2000amp
- ☑ Water Supply: Municipal Water Service X or Private Well Water _____
- ☑ Sewage: Municipal Sewer System X or Private Septic System _____
- ☑ Emergency Power System:
  Type Battery, Size 12v Efficiency standard,

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PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☑	2010 BUILDING CODE OF NYS
☑	2010 FIRE CODE OF NYS
☑	2010 PLUMBING CODE OF NYS
☑	2010 MECHANICAL CODE OF NYS
☑	2010 FUEL GAS CODE OF NYS
☑	2010 PROPERTY MAINTENANCE CODE OF NYS
☑	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
☑	2012 IECC COMMERCIAL PROVISIONS
☑	2010 EXISTING BUILDING CODE OF NYS
☑	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
☐	2014 NY CITY CONSTRUCTION CODE
☐	2008 NY CITY CONSTRUCTION CODE
☐	1968 NY CITY CONSTRUCTION CODE
☐	NFPA 101-06 LIFE SAFETY CODE
☑	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☐	OTHER

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Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☐ New Building ☐ Repair ☐ Alteration Level 1 ☑ Alteration Level 2	☐ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☑ Demolition ☑ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☑ General Construction ☐ Roofing ☐ Asbestos Abatement/Environmental ☑ Fire Alarm	☐ Structural ☑ Mechanical ☑ Plumbing ☑ Electrical	☐ Site Work ☑ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code*****, PC:** ***Plumbing Code*****, MC:** ***Mechanical Code*****, FGC:** ***Fuel Gas Code*****, ECCC:** ***Energy Conservation Code.***
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable*, **NR:** *Not Required*, **NP:** *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Use group B (office)	Use group B (office)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	This applies to high piled storage, greater than 12 feet.	There are no combustible materials being stored.
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Combustible fiber 100cf loose max stored amount and total amount, and 20cf max open-use amount.	There are no hazardous or combustible materials being stored.
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Due to.....(see Supplement)	No control areas provided.
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Use Group B.....(see Supplement)	The building is 3 stories.....(see Supplement)
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	None. Not applicable.	No incidental uses.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	No mixed occupancy. Not applicable.	None. Not applicable.
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Not applicable.....(see Supplement)	This space is a B use group, no separation rating required.
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Not applicable.	Not applicable.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 2B construction.	Type 2B construction.
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Primary structural.....(see Supplement)	Primary structural.....(see Supplement)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	<5 ft. 1 hour rating,.....(see Supplement)	0-Hour required..... (see Supplement)
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	No rating required.....(see Supplement)	Free standing.....(see Supplement)
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	No fire walls required	No fire walls required
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Fire barriers required at exit and shaft enclosures.	Fire barriers.....(see Supplement)
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	Shafts would require...(see Supplement)	No new shafts are being constructed in this space.
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	No fire partitions are required	No fire partitions are required

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	Table 601 does not require a horizontal rated assembly.	No rated horizontal assembly provided.
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☑ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NFPA 13, 2007 Edition sprinkler system to be provided throughout building.	NFPA 13 system is provided throughout building.
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	Not applicable.	Not applicable.
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NFPA 14...(see Supplement)	Standpipe .(see Supplement)
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☑ Hardwired (zoned)	NFPA 72, 2007 Edition manual fire alarm system installed throughout building.	Manual fire alarm system provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Not applicable.	Not applicable.
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NFPA 13...(see Supplement)	Fire department connection is provided.
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	32 inch minimum clear width, 6'-8" minimum height...(see Supplement)	See Plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Use group B.....(see Supplement)	Space is 3,498 Sq. Ft....(see Supplement)
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Stairways..(see Supplement)	Sprinklered(see Supplement)
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	No accessible means of egress is required	This space is located at grade level.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Doors (see Supplement)	Side...(see Supplement)
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	Building stairs required to be.....(see Supplement)	Building stairs conform to requirements for egress stairs. See Plans.
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Not applicable.	Not applicable.
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	100 feet in Group B ..(see Supplement)	Common path of travel is less than 100 feet.
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Remoteness of exit doors. Doors...(see Supplement)	The space has remote exits.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	No fire rating is required for the corridor walls.	No rating is required for the corridor walls.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	36 inch minimum for ...(see Supplement)	Corridor with exceeds 36 inches...(see Supplement)
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead ends corridors shall not exceed 20 feet.	No dead end corridors exist.
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Since the occupant load in....(see Supplement)	The occupant load is 35...(see Supplement)
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	Not applicable. Tenant is on the ground level.	Not applicable.
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	Not applicable. Tenant is...(see Supplement)	Not applicable.
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	Not applicable.	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	Not applicable.	Not applicable.
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exit...(see Supplement)	Exit...(see Supplement)
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Accessible restrooms required.....(see Supplement)	The building and space is accessible.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	No changes are required to existing building envelope.	No changes to existing building envelope.
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Emergency power...(see Supplement)	Emergency power...(see Supplement)
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not applicable.	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	Minimum...(see Supplement)	One ...(see Supplement)
48	Available Street Water Pressure			Provide the available street or well water pressure.	Not applicable.	Existing to be confirmed.
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Provide a fire....(see Supplement)	Fire lanes conform to requiremnts. See Site Plans.

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

CODE COMPLIANCE REVIEW

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	□se □ Occupancy Classification	302.1 - 312		□se □ occupancy of this facility. Identify all applicable materials, class and □uantities regarding Table 307.1.	□se group B (office)	□se group B (office)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all re□uired fire separations, and e□it re□uirements.	This applies to high piled storage, greater than 12 feet.	There are no combustible materials being stored.
3	Ha□ardous Materials	414		All ha□ardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all re□uired fire separations, and e□it re□uirements.	Combustible fiber 100cf loose ma□stored amount and total amount, and 20cf ma□ open-use amount.	There are no ha□ardous or combustible materials being stored.
4	Ha□ardous Materials Control Areas	414.2		Provide additional information indicating number, si□e, materials stored, and □uantity of each material.	Due to amount of ha□ardous material, no control areas re□uired.	No control areas provided.
5	Building Area □ Height	501-507		Provide the building area □ height Provide all calculations and cite applicable code sections for increased Building Area □ Heights allowed per building code(s).	□se Group B, shall meet table 503. The Allowable height and area is 4 stories, 65 feet in height, 23,000 s□. ft. for Type 2-B Construction. The area is increased to 6□,000 SF in buildings sprinklered throughout. Ma□imum total s□uare footage for building 3 stories or greater is 207,000 SF.	The building is 3 stories, 3□ feet in height and 25,500 s□. ft. in area. It has a sprinkler system installed. Total building s□uare footage is 76,500 SF.
6	Incidental □se Areas	508.2		Identify all Incidental □se Areas and re□uired fire separation of occupancies on Building Plans.	None. Not applicable.	No incidental uses

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mi□ed Occupancies	508.3		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	No mi□ed occupancy. Not applicable.	None. Not applicable.
8	Nonseparated □ses	508.3.2		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	Not applicable. Building is a use group B (office) building. All tenants are the same occupancy group (B).	This space is a B use group, no separation rating re□uired.
□	Separated □ses (Ratio □ 1)	508.3.3		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	Not applicable.	Not applicable.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 2B construction.	Type 2B construction.
11	Fire Resistance Rating Re□m□ for Building □lements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating □ elements on Building Plans.	Primary structural frame 0 rating, bearing walls 0 rating, e□terior bearing walls,) rating, Interior bearing walls 0 rating, floor construction and secondary members 0 rating, roof construction 0 rating	Primary structural frame 0 rating, bearing walls 0 rating, e□terior bearing walls,) rating, Interior bearing walls 0 rating, floor construction and secondary members 0 rating, roof construction 0 rating

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	□□terior Wall Fire-Resistance Rating	Table 602		Identify re□uired fire resistance rating of e□terior walls on Building Plan(s).	□5 ft. 1 hour rating,5- 10 feet 1 hour, 10-30 feet 0 hour, 30 feet 0 hour	0-Hour re□uired because it is a free standing building with more than 30 feet between buildings.
13	□□terior Fire Separation Distance	Table 602		Identify re□uired fire separation distance of e□terior walls between Buildings on Plan.	No rating re□uired if separation is greater than 10 feet to imaginary line between buildings.	Free standing building with more than 30 feet between buildings.
14	Fire Walls	705		Provide code information and identify all applicable re□uired Fire Wall(s) and fire resistance re□uirement on Building Plans.	No fire walls re□uired	No fire walls provided.
15	Fire Barriers	706		Provide code information and identify all applicable re□uired Fire Barrier(s) and fire resistance re□uirement on Building Plans.	Fire barriers re□uired at e□it and shaft enclosures.	Fire barriers provided at e□isting egress stair and shaft enclosures. No new fire barriers re□uired in this tenant space.
16	Shaft □nclosures	707		Provide code information and identify all applicable re□uired Shaft Wall(s) and fire resistance re□uirement on Building Plans.	Shafts would re□uire a 2 hour fire rating.	No new shafts are being constructed in this space.
17	Fire Partitions	708		Provide code information and identify all applicable re□uired Fire Partition(s) and fire resistance re□uirement on Building Plans.	No fire partitions are re□uired	No fire partitions are re□uired

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Hori□ontal Assemblies	711		Provide code information and identify all applicable re□uired Hori□ontal Assemblies and fire resistance re□uirement on Building Plans.	Table 601 does not re□uire a hori□ontal rated assembly.	No rated hori□ontal assembly provided.
1□	Fire Protection□ Sprinkler System	□03		Indicate Type of Sprinkler System□NFPA13 ☐ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable re□uirements for Automatic Sprinkler Systems with code section cited.	NFPA 13, 2007 □dition sprinkler system to be provided throughout building.	NFPA 13 System is provided throughout the building.
20	Alt. Fire □□tinguishing System	□04		Provide code information of all applicable re□uirements for Alternative Automatic Fire-□□tinguishing Systems with code section(s) cited.	Not applicable.	Not applicable.
21	Standpipe System	□05		Provide code information of all applicable re□uirements for Standpipe Systems with code section(s) cited.	NFPA 14, 2007 □dition Class I or III standpipe to be provided.	Standpipe system is provided.
22	Fire Alarm □ Detection Systems	□07		Provide code information of all applicable re□uirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☐ Hardwired (□oned)	NFPA 72, 2007 □dition manual fire alarm system installed throughout building.	Manual fire alarm system provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	□mergency Alarm System	□08		Provide code information of all applicable re□uirements for □mergency Alarm Systems with code section cited.	Not applicable.	Not applicable.
24	Fire Department Connections	□12		Identify Fire Department connections in accordance with NFPA applicable standard.	NFPA 13, Section 8.17.1.7 re□uires a fire department connection (FDC). The FDC shall be on the street side and fully visible	Fire department connection is provided.
25	□□its	1001.1 □2		Identify on the Building Plans and documents, per each door, the following information□door width, door height, direction of swing, type of construction, hourly rating, and door closures.	32 inch minimum clear width, 6□8□ minimum height, side-hinged swinging, self-closing and latching where rated, and swinging in the direction of egress where there are more than 50 occupants.	See Plans
26	Occupant Load	1004 □ Table 1004.1.1		Identify the use□name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	□se group B (office) uses 100 s□. Ft. per occupant gross	Space is 3,4□8 S□. Ft. Occupant load is 35 occupants
27	□gress Width	1005		Provide egress widths □ cite applicable code section(s) and re□uirement(s) on the Building Plans	Stairways 0.2 inches per occupant□Level Means of □gress 0.15 inches per occupant in fully sprinklered buildings.	Sprinklered Building. Stairways 0.2 inches per occupant□Level Means of □gress 0.15 inches per occupant.
28	Accessible Means of □gress	1007.1		Provide accessible means of egress as per Section 1007 □ cite applicable code section(s) and re□uirement(s) on the Building Plans.	No accessible means of egress is re□uired	This space is located at grade level.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2□	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the re□uirements of this section.	Doors shall be side hinged swing doors.	Side hinged swing doors provided.
30	Interior Stairs	100□		Identify the following information for each stairway on the Building Plan(s)□the width of stairways□the height, width, depth and number of risers and treads□ dimensions of landings□stairway construction type□and handrail height.	Building stairs re□uired to be 44 inch minimum width, with ma□imum 7 in risers and minimum 11 inch treads. One hour enclosure. Handrails between 34 and 38 inches in height above stair nosing.	Building stairs conform to re□uirements for egress stairs. See Plans.
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s)□width□ total vertical rise□length of ramp□and handrail height.	Not applicable.	Not applicable.
32	Common Path of Travel	1014.3		Identify on the Building Plan(s)□the length of the □Common Path of Travel□ per each room as per applicable building code re□uirements.	100 feet in Group B occupancies in buildings fully sprinklered throughout.	Common path of travel is less than 100 feet.
33	□□it Doorway Arrangement	1015		Identify on the Building Plan(s)□ applicable building code re□uirements for all □□its and □□it Access Doorways per each room and re□uired e□its in all buildings.	Remoteness of e□it doors. Doors to be separated by a distance no less than 1□3 the greatest diagonal dimension of the space.	The space has remote e□its.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s)□all corridors with re□uired fire resistance and the applicable fire rating.	No fire rating is re□uired for the corridor walls	No rating is re□uired for the corridor walls.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s) the width of all corridors. Provide applicable code section(s) and requirement(s).	36 inch minimum for occupant load of less than 50 but no narrower than required by occupant load.	Corridor with exceeds 36 inches and width required for occupant load.
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead ends corridors shall not exceed 20 feet	No dead end corridors exist.
37	Number of Exits and Continuity	1015		Identify on the Building Plan(s) required number of exits, continuity and arrangement as per the applicable code requirements.	Since the occupant load in the space is less than 49, only one (1) means of egress is required.	The occupant load is 44. Two (2) means of egress are provided.
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s) all applicable code requirements for each Vertical Exit Enclosure.	Not applicable. Tenant is on the ground level.	Not applicable.
39	Exit Passageways	1021		Identify on the Building Plan(s) all applicable code requirements for each Exit Passageway.	Not applicable. Tenant is on the ground level with direct access to the exterior and building lobby.	Not applicable.
40	Horizontal Exits	1022		Identify on the Building Plan(s) all applicable code requirements for each Horizontal Exit.	Not applicable..	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	□□terior □□it Ramps □ Stairways	1023		Identify on the Building Plan(s)□all applicable code re□uirements for each e□terior e□it ramps and stairways.	Not applicable.	Not applicable.
42	□□it Discharge	1024		Identify on the Building Plan(s)□all applicable code re□uirements for each □□it Discharge.	□□it discharge is re□uired to be at grade or shall provide direct access to grade. 50□ of the re□uired e□its may egress through area at the level of discharge.	□□it discharge is at grade. No more than 50□ of the re□uired e□its discharge through the building lobby.
43	Accessibility	1101.1 - 1110 □ ICC□A117. 1(03)		Identify on the Building Plan(s)□all applicable code re□uirements such that the design and construction of each building□facility provides accessibility to physically disabled persons.	Accessible restrooms re□uired. Accessible entry and means of egress re□uired. Accessible route through space re□uired. Accessible spaces re□uired.	The building and space is accessible.
44	□nergy Conservation	2010 NYS □CCC □ I□CC 2012		Identify the R-Value and □-Value of each construction component and assembly of the building envelope as re□uired in the applicable energy and building code(s).	No changes are re□uired to e□isting building envelope.	No changes to e□isting building envelope.
45	□mergency □ Standby Power	2702.1		Identify emergency □ Standby Power locations and specifications of the system to be provided.	□mergency power shall be provided for the following□ -□□it Signs -Means of □gress illumination -Fire Alarm System	□mergency power is provided for e□it signs, means of egress illumination and for the fire alarm system. Batteries provide the source of emergency and standby power.
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section □0□.11 of NYS Building Code.	Not applicable.	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fi□ture Count	2□02.1		Identify on the Building Plan(s)□the minimum plumbing facilities as per applicable plumbing code(s).	Minimum of one water closet and lavatory per se□re□uired. One bi-level drinking fountain re□uired.	One uni-se□restroom provided in the space. Public restrooms available from the building lobby. One bi-level drinking fountain provided.
48	Available Street Water Pressure			Provide the available street or well water pressure.	Not applicable.	□□isting to be confirmed.
4□	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan□Fire Apparatus Road, Fire Lane and other Fire Service re□uirements per applicable Building and Fire Codes.	Provide a fire apparatus access road within a 150 feet of all portions of the facility and all portions of the e□terior walls	Access to the building is provided on all sides.

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Valley Agriceuticals, LLC
Facility Type:	Manufacturing Facility ☐ Dispensing Facility ☑
Use and Occupancy Classification:	Use Group E Business
Building Construction Type and Classification:	II-B Protected Wood Joist; Class 3 – Non-Fireproofed (Old Code)
Facility Address:	46-50 Greene Street, Suite Manhattan, NY 10022 (DISPENSARY #4)
Primary Contact Telephone number:	Mr. Erik Holling 610-350-8674
Primary Contact Fax number:	866-271-8620

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:

☐	TOWN BOARD APPROVAL
☐	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☑	PREPARATION OF CONSTRUCTION DOCUMENTS
☑	BUILDING PERMIT
☑	BIDDING PHASE
☑	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☑	COMMENCEMENT OF CONSTRUCTION
☑	COMPLETION OF CONSTRUCTION

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PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- ☑ Entrance and Exits
- ☑ Public Parking Spaces
- ☑ Staff Parking Spaces
- ☑ Accessible Parking Spaces
- ☑ Accessible Route(s)
- ☑ Fire Lane and/or Fire Apparatus Road
- ☑ Percentage of Green Space
- ☑ Location of Emergency Power Systems
- ☑ Loading & Unloading
- ☑ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:

- ☑ Natural Gas
- ☐ Oil
- ☑ Electric
- ☐ Solar
- ☐ Other _____

Engineering Systems:

- ☑ Heating System: Type steam, Size 950mbh Efficiency standard,
  Ventilation Requirements standard
- ☑ Cooling System: Type Split Syst, Size 7.5 ton Efficiency standard,
  Ventilation Requirements standard
- ☑ Ventilation & Humidification Systems:
  Type none, Size _____, Efficiency _____,
  Ventilation Requirements _____
- ☑ Electrical Distribution Available 2400amp
- ☑ Water Supply: Municipal Water Service X or Private Well Water _____
- ☑ Sewage: Municipal Sewer System X or Private Septic System _____
- ☑ Emergency Power System:
  Type Battery, Size 12v Efficiency standard,

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PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☐	2010 BUILDING CODE OF NYS
☐	2010 FIRE CODE OF NYS
☐	2010 PLUMBING CODE OF NYS
☐	2010 MECHANICAL CODE OF NYS
☐	2010 FUEL GAS CODE OF NYS
☐	2010 PROPERTY MAINTENANCE CODE OF NYS
☐	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
☐	2012 IECC COMMERCIAL PROVISIONS
☐	2010 EXISTING BUILDING CODE OF NYS
☑	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
☑	2014 NY CITY CONSTRUCTION CODE
☐	2008 NY CITY CONSTRUCTION CODE
☑	1968 NY CITY CONSTRUCTION CODE
☐	NFPA 101-06 LIFE SAFETY CODE
☑	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☑	OTHER

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Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☐ New Building ☐ Repair ☐ Alteration Level 1 ☑ Alteration Level 2	☐ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☑ Demolition ☑ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☑ General Construction ☐ Roofing ☐ Asbestos Abatement/Environmental ☑ Fire Alarm	☐ Structural ☑ Mechanical ☑ Plumbing ☑ Electrical	☐ Site Work ☑ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code*****, PC:** ***Plumbing Code*****, MC:** ***Mechanical Code*****, FGC:** ***Fuel Gas Code*****, ECCC:** ***Energy Conservation Code.***
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable*, **NR:** *Not Required*, **NP:** *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312	27-234 thru 27-268	Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Group E Business	Group E Business

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413	27-246	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	This applies to high piled storage, greater than 12 feet.	There are no combustible materials being stored.
3	Hazardous Materials	414	27-243	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	These types...(see Supplement)	There are no hazardous or combustible materials being stored.
4	Hazardous Materials Control Areas	414.2	27-243	Provide additional information indicating number, size, materials stored, and quantity of each material.	Due to.....(see Supplement)	No control areas provided.
5	Building Area & Height	501-507	27-301, 27-305	Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Type IIB.....(see Supplement)	The building is 5 stories.....(see Supplement)
6	Incidental Use Areas	508.2	NA	Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Incidental..(see Supplement)	No incidental uses.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3	27-242	Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	The design and.....(see Supplement)	Building is all Group E occupancy.
8	Nonseparated Uses	508.3.2	27-242	Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	The design and.....(see Supplement)	Building is all Group E occupancy.
9	Separated Uses (Ratio < 1)	508.3.3	27-240	Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Fire separations are required to separate occupancies per Table 5-1.	No occupancy separations required.
10	Construction Classification	602	27-269,27-280	Provide Construction Classification per each building included in Application.	II-B Protected Wood Joist. (see Supplement)	II-B Protected Wood Joist. (see Supplement)
11	Fire Resistance Rating Reqm't for Building Elements	Table 601	27-271, Table 3-4	Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Exterior walls.....(see Supplement)	Exterior walls.....(see Supplement)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602	27-271, Table 3-4	Identify required fire resistance rating of exterior walls on Building Plan(s).	2-hour party walls.....(see Supplement)	2-hour party walls.....(see Supplement)
13	Exterior Fire Separation Distance	Table 602	27-271, Table 3-4	Identify required fire separation distance of exterior walls between Buildings on Plan.	30 feet at front.....(see Supplement)	Front and rear.....(see Supplement)
14	Fire Walls	705	27-340	Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	Fire divisions.....(see Supplement)	Fire divisions provided at party walls.
15	Fire Barriers	706	27-341	Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	1-hour fire.....(see Supplement)	1-hour fire separation provided at floors.
16	Shaft Enclosures	707	27-341	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	2-hour rated shafts required at elevator and interior stair.	2-hour rated shafts provided at elevator and interior stair.
17	Fire Partitions	708	27-369(h), 27-371(b)	Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	1-hour fire.....(see Supplement)	1-hour fire.....(see Supplement)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711	27-340	Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	Not applicable	Not required
19	Fire Protection: Sprinkler System	903	901, 903	Indicate Type of Sprinkler System: ☑ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	-NFPA 13, 2007 Edition sprinkler system provided in (see Supplement)	NFPA 13 system is provided throughout building.
20	Alt. Fire Extinguishing System	904	901, 904	Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	Not applicable.	Not applicable.
21	Standpipe System	905	901, 905	Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR per...(see Supplement)	Standpipe not provided.
22	Fire Alarm & Detection Systems	907	901, 907	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☑ Hardwired (zoned)	NR per...(see Supplement)	Manual fire alarm system provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908	901, 908	Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Not required.	Not required or provided.
24	Fire Department Connections	912	901, 912	Identify Fire Department connections in accordance with NFPA applicable standard.	NR...(see Supplement)	Fire department connection is provided.
25	Exits	1001.1 &2	27-357	Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	32 inch minimum clear width, 6'-8" minimum height...(see Supplement)	See Plans
26	Occupant Load	1004 & Table 1004.1.1	27-358, Table 6-2	Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	100 square feet.....(see Supplement)	Space is 4,081 Sq. Ft....(see Supplement)
27	Egress Width	1005	27-359, Table 6-1	Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	22 inch....(see Supplement)	All egress...(see Supplement)
28	Accessible Means of Egress	1007.1	1007.1	Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Accessible means.....(see Supplement)	Accessible means of egress not provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008	27-371	Means of egress doors shall meet the requirements of this section.	Doors (see Supplement)	Side...(see Supplement)
30	Interior Stairs	1009	27-375	Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	Building stairs required to be.....(see Supplement)	Stair width of 60 inches exceeds 44 inches. See Plans.
31	Ramps	1010.1	27-377	Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Not applicable.	No ramps provided.
32	Common Path of Travel	1014.3	NA (see Item 36)	Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	Not applicable.	Not applicable (see Item 36)
33	Exit Doorway Arrangement	1015	27-365, 27-366, 27-380	Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Spaces with an occupant...(see Supplement)	Two exits are provided...(see Supplement)
34	Corridor Fire Rating	1017.1	27-369, 27-371(b)	Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	1-hour rated...(see Supplement)	1-hour rated...(see Supplement)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2	27-369(a), Table 6-1	Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	Minimum width of 44 inches (Table 6-1)	48 inches provided.
36	Dead End Corridor	1017.3	27-369(d), Table 6-1	Corridors shall not exceed the maximum dead end corridor length as per applicable code.	50 feet measured....(see Supplement)	48 foot maximum dead end.
37	Number of Exits and Continuity	1019	27-365, 366, 380	Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Spaces with occupant....(see Supplement)	Two exits are provided...(see Supplement)
38	Vertical Exit Enclosures	1020	27-375(h)	Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	2-hour fire separation required.	2-hour fire separation provided. See Plans.
39	Exit Passageways	1021	27-370	Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	2-hour exit ...(see Supplement)	2-hour exit ...(see Supplement)
40	Horizontal Exits	1022	27-373	Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	Minimum 2-hour ...(see Supplement)	A horizontal exit...(see Supplement)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023	27-376, 27-377	Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	Not applicable.	Not applicable.
42	Exit Discharge	1024	27-364	Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	All vertical....(see Supplement)	The vertical exit...(see Supplement)
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)	1101.1-1110&ICC/A117.1(09)	Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Accessible restrooms required.....(see Supplement)	The building is accessible.....(see Supplement)
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	No changes are required to existing building envelope.	No changes to existing building envelope.
45	Emergency & Standby Power	2702.1	see Supplemt	Identify emergency & Standby Power locations and specifications of the system to be provided.	Emergency power...(see Supplement)	Emergency power...(see Supplement)
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not required.	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fixture Count	2902.1	2901.1	Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	One ...(see Supplement)	Two ...(see Supplement)
48	Available Street Water Pressure			Provide the available street or well water pressure.	Not applicable.	Existing to be confirmed.
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	NR, Building fronts on a public street.	NA. Building fronts on a public street.

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

CODE COMPLIANCE REVIEW

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	□se □ Occupancy Classification	302.1 - 312	27-234 thru 27-268	□se □ occupancy of this facility. Identify all applicable materials, class and □uantities regarding Table 307.1.	27-253. Group □ Business	Group □ Business

Other Applicable Codes:

- 2014 NYC Fire Code
- 2014 NYC Plumbing Code
- 2014 NYC Mechanical Code
- 2014 NYC Fuel Gas Code
- 2014 NYC □nergy Conservation Code

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413	27-246	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all re□uired fire separations, and e□it re□uirements.	This applies to high piled storage, greater than 12 feet.	There are no combustible materials being stored.
3	Ha□ardous Materials	414	27-243	All ha□ardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all re□uired fire separations, and e□it re□uirements.	These types of ha□ardous materials are not addressed in the 1□68 BCCNY. 2014 NYCBC allows combustible fiber of 100 cubic feet loose ma□imum stored amount and total amount, and 20 cubic feet ma□imum open-use amount.	There are no ha□ardous or combustible materials being stored.
4	Ha□ardous Materials Control Areas	414.2	27-243	Provide additional information indicating number, si□e, materials stored, and □uantity of each material.	Due to amount of ha□ardous material, no control areas re□uired.	No control areas provided.
5	Building Area □ Height	501-507	27-301, 27-305	Provide the building area □ height Provide all calculations and cite applicable code sections for increased Building Area □ Heights allowed per building code(s).	Type IIB Construction allows a sprinklered building to be unlimited area, 7 stories and 85 feet in height to the roof.	Building is 5 stories, 65 feet to the roof and has a floor area of 4200 SF.
6	Incidental □se Areas	508.2	NA	Identify all Incidental □se Areas and re□uired fire separation of occupancies on Building Plans.	Incidental use areas are not a concept recogni□ed in the 1□68 BCCNY.	There are no incidental use areas.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mi□ed Occupancies	508.3	27-242	Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	The design and construction of the building or space shall be in accordance with the most restrictive provisions of this code that apply to any of the occupancy group classifications utili□ed.	Building is all Group □ occupancy.
8	Nonseparated □ses	508.3.2	27-242	Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	The design and construction of the building or space shall be in accordance with the most restrictive provisions of this code that apply to any of the occupancy group classifications utili□ed.	Building is all Group □ occupancy.
□	Separated □ses (Ratio □ 1)	508.3.3	27-240	Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	Fire separations are re□uired to separate occupancies per Table 5-1.	No occupancy separations re□uired.
10	Construction Classification	602	27-26□,27-280	Provide Construction Classification per each building included in Application.	II-B Protected Wood □oist. Class 3 – Non-Fireproofed (Old Code)	II-B Protected Wood □oist. Class 3 – Non-Fireproofed (Old Code)
11	Fire Resistance Rating Re□m□t for Building □lements	Table 601	27-271, Table 3-4	Provide Fire Resistance Rating per each building element as per Table 601. Identify rating □ elements on Building Plans.	□□terior walls 2-hour, interior bearing walls 1-hour, columns, girders, and floors 1-hour, shafts 2-hours, roof □-hour	□□terior walls 2-hour, interior bearing walls 1-hour, columns, girders, and floors 1-hour, shafts 2-hours, roof □-hour

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	□□terior Wall Fire-Resistance Rating	Table 602	27-271, Table 3-4	Identify re□uired fire resistance rating of e□terior walls on Building Plan(s).	2-hour party walls. On openings permitted. 0-hour at street and alley (□30□ separation)	2-hour party walls. No openings provided. Front and rear e□terior walls unrated.
13	□□terior Fire Separation Distance	Table 602	27-271, Table 3-4	Identify re□uired fire separation distance of e□terior walls between Buildings on Plan.	30 feet at front and rear. Side walls are 0 feet (party walls).	Front and rear separation is □30 feet. Side walls are party walls.
14	Fire Walls	705	27-340	Provide code information and identify all applicable re□uired Fire Wall(s) and fire resistance re□uirement on Building Plans.	Fire divisions re□uired at party walls. Continuous through any concealed spaces.	Fire divisions provided at party walls.
15	Fire Barriers	706	27-341	Provide code information and identify all applicable re□uired Fire Barrier(s) and fire resistance re□uirement on Building Plans.	1-hour fire separation re□uired at floors to separate tenants and provide floor rating re□uired.	1-hour fire separation provided at floors.
16	Shaft □nclosures	707	27-344	Provide code information and identify all applicable re□uired Shaft Wall(s) and fire resistance re□uirement on Building Plans.	2-hour rated shafts re□uired at elevator and interior stair.	2-hour rated shafts provided at elevator and interior stair.
17	Fire Partitions	708	27-36□(h), 27-371(b)	Provide code information and identify all applicable re□uired Fire Partition(s) and fire resistance re□uirement on Building Plans.	1-hour rated walls re□uired at corridors. Doors in corridors to be self-closing □ hour rated.	1-hour rated walls provided at corridors. Self-closing □ hour doors provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Hori□ontal Assemblies	711	27-340	Provide code information and identify all applicable re□uired Hori□ontal Assemblies and fire resistance re□uirement on Building Plans.	NA.	Not re□uired.
1□	Fire Protection□ Sprinkler System	□03	□01, □03	Indicate Type of Sprinkler System□NFPA13 ☐ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable re□uirements for Automatic Sprinkler Systems with code section cited.	-NFPA 13, 2007 □dition sprinkler system provided in Basement per NYCBC. -NR on above ground Floors per NYCBC.	NFPA 13 system provided throughout.
20	Alt. Fire □□tinguishing System	□04	□01, □04	Provide code information of all applicable re□uirements for Alternative Automatic Fire-□□tinguishing Systems with code section(s) cited.	NA	NA
21	Standpipe System	□05	□01, □05	Provide code information of all applicable re□uirements for Standpipe Systems with code section(s) cited.	-NR per NYCBC. -Class III Standpipe is re□uired per NYSBC	Standpipe not provided.
22	Fire Alarm □ Detection Systems	□07	□01, □07	Provide code information of all applicable re□uirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☐ Hardwired (□oned)	-NR per NYCBC. -A Manual Fire alarm system in accordance with NFPA 72, 2007 □dition per NYSBC (As building is sprinklered).	No fire alarm or detection system provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	□mergency Alarm System	□08	□01, □08	Provide code information of all applicable re□uirements for □mergency Alarm Systems with code section cited.	NR	Not re□uired or provided.
24	Fire Department Connections	□12	□01, □12	Identify Fire Department connections in accordance with NFPA applicable standard.	-NR per NYCBC. -Per NYSBC, NFPA 13, Section 8.17.1.7 re□uires a fire department connection (FDC). The FDC shall be on the street side and fully visible.	Fire department connection is provided.
25	□□its	1001.1 □2	27-357	Identify on the Building Plans and documents, per each door, the following information□door width, door height, direction of swing, type of construction, hourly rating, and door closures.	32 inch minimum clear width, 6□8□ minimum height, side-hinged swinging, self-closing and latching where rated, and swinging in the direction of egress where there are more than 50 occupants.	See Plans
26	Occupant Load	1004 □ Table 1004.1.1	27-358, Table 6-2	Identify the use□name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	100 s□uare feet per person for Group □ business occupancies.	Total occupant load is 41 based on a gross s□uare footage of 4,081 SF.
27	□gress Width	1005	27-35□, Table 6-1	Provide egress widths □ cite applicable code section(s) and re□uirement(s) on the Building Plans	22 inch units. 12 inch half unit. Level egress elements □ 80 per unit. Stairs □ 60 per unit.	All egress elements e□ceed the widths re□uired for the occupant load.
28	Accessible Means of □gress	1007.1	1007.1	Provide accessible means of egress as per Section 1007 □ cite applicable code section(s) and re□uirement(s) on the Building Plans.	Accessible means of egress not re□uired in alterations to e□isting buildings. 1007.1 □□ception 1.	Accessible means of egress not provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2□	Doors, Gates, and Turnstiles	1008	27-371	Means of egress doors shall meet the re□uirements of this section.	Doors shall be side hinged swing doors. □ hour rated at corridors. □0 minute rated at door to interior stair.	Side hinged swing doors provided. Rated where re□uired
30	Interior Stairs	100□	27-375	Identify the following information for each stairway on the Building Plan(s)□the width of stairways□the height, width, depth and number of risers and treads□ dimensions of landings□stairway construction type□and handrail height.	Building stairs re□uired to be 44 inch minimum width, with ma□imum 7 in risers and minimum 11 inch treads. Two hour enclosure. Handrails between 34 and 38 inches in height above stair nosing.	Stair width of 60 inches e□ceeds 44 inches. See Plans.
31	Ramps	1010.1	27-377	Identify the following information of each ramp, on the Building Plan(s)□width□ total vertical rise□length of ramp□and handrail height.	NA	No ramps provided.
32	Common Path of Travel	1014.3	NA (see dead end corridor)	Identify on the Building Plan(s)□the length of the □Common Path of Travel□ per each room as per applicable building code re□uirements.	NA	NA (See Item 36)
33	□□it Doorway Arrangement	1015	27-365, 27-366, 27-380	Identify on the Building Plan(s)□ applicable building code re□uirements for all □□its and □□it Access Doorways per each room and re□uired e□its in all buildings.	Spaces with an occupant load of 75 or less are re□uired to have one egress door. □very floor is re□uired to have two e□its remote from each other. Hori□ontal e□its allowed to serve as one e□it.	Two e□its are provided from the floor. The interior stair and the hori□ontal e□it.
34	Corridor Fire Rating	1017.1	27-36□, 27-371(b)	Identify, on the Building Plan(s)□all corridors with re□uired fire resistance and the applicable fire rating.	1-hour rated corridor walls re□uired with □ hour rated self-closing doors.	1-hour rated corridor walls provided with □ hour rated self-closing doors.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2	27-36□(a), Table 6-1	Identify on the Building Plan(s)□the width of all corridors. Provide applicable code section(s) and re□uirement(s).	Minimum width of 44 inches (Table 6-1)	48 inches provided.
36	Dead □nd Corridor	1017.3	27-36□(d), Table 6-1	Corridors shall not e□ceed the ma□imum dead end corridor length as per applicable code.	50 feet measured from door closest to end of corridor to e□it or point where a choice of two e□its is available.	48 foot ma□imum dead end.
37	Number of □□its and Continuity	101□	27-365, 27-366, 27-380	Identify on the Building Plan(s)□re□uired number of e□its, continuity and arrangement as per the applicable code re□uirements.	Spaces with an occupant load of 75 or less are re□uired to have one egress door. □very floor is re□uired to have two e□its remote from each other. Hori□ontal e□its allowed to serve as one e□it.	Two e□its are provided from the floor. The interior stair and the hori□ontal e□it. See Plans
38	Vertical □□it □nclosures	1020	27-375(h)	Identify on the Building Plan(s)□all applicable code re□uirements for each Vertical □□it □nclosure.	2-hour fire separation re□uired.	2-hour fire separation provided. See Plans.
3□	□□it Passageways	1021	27-370	Identify on the Building Plan(s)□all applicable code re□uirements for each □□it Passageway.	2-hour e□it passageways re□uired where vertical e□it enclosure e□tended to e□it discharge.	2-hour e□it passageway provided at street level.
40	Hori□ontal □□its	1022	27-373	Identify on the Building Plan(s)□all applicable code re□uirements for each Hori□ontal □□it.	Minimum 2-hour wall re□uired with □0 minute rated doors. Doors swing in direction of egress and be self-closing. □□it signs re□uired on egress side. Class I standpipe connection either side of door.	A hori□ontal e□it is provided as a second means of egress from the space. It passes through a 2-hour fire division (party) wall.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	□□terior □□it Ramps □ Stairways	1023	27-376, 27-377	Identify on the Building Plan(s)□all applicable code re□uirements for each e□terior e□it ramps and stairways.	NA	NA
42	□□it Discharge	1024	27-364	Identify on the Building Plan(s)□all applicable code re□uirements for each □□it Discharge.	All vertical e□its must e□tend in a continuous manner to an e□it passageway or open e□terior space.	The vertical e□it enclosure is e□tended to the discharge at the street by way of an e□it passageway.
43	Accessibility	1101.1 - 1110 □ ICC□A117. 1(03)	1101.1 - 1110 □ ICC□A117. 1(0□)	Identify on the Building Plan(s)□all applicable code re□uirements such that the design and construction of each building□facility provides accessibility to physically disabled persons.	Accessible restrooms re□uired. Accessible entry re□uired. Accessible route through space re□uired. Accessible spaces re□uired.	The building is accessible from the sidewalk and from there the interior is accessible.
44	□nergy Conservation	2010 NYS □CCC □ I□CC 2012		Identify the R-Value and □-Value of each construction component and assembly of the building envelope as re□uired in the applicable energy and building code(s).	No changes are re□uired to e□isting building envelope.	No changes to e□isting building envelope.
45	□mergency □ Standby Power	2702.1	1011.5.3, 1006.3, 3002.4, 3003.1	Identify emergency □ Standby Power locations and specifications of the system to be provided.	□mergency and standby power shall be provided for the following□ -□□it Signs re□uired by NYCBC, 1011.5.3 -Means of □gress illumination by NYCBC, Section 1006.3 -Fire Alarm System	□mergency and standby power is provided for e□it signs, means of egress illumination fire alarm. Batteries provide the source of emergency and standby power.
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section □0□.11 of NYS Building Code.	-NR	NA

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fi□ture Count	2□02.1	2□01.1	Identify on the Building Plan(s)□the minimum plumbing facilities as per applicable plumbing code(s).	One water closet and one lavatory re□uired for each se□ One bi-level drinking fountain re□uired.	Two uni-se□restrooms provided. One bi-level drinking fountain provided.
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	□□isting to be confirmed.
4□	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan□Fire Apparatus Road, Fire Lane and other Fire Service re□uirements per applicable Building and Fire Codes.	NR, Building fronts on a public street.	NA. Building fronts on a public street.

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Valley Agriceuticals, LLC
Facility Type:	Manufacturing Facility ☐ Dispensing Facility ☑
Use and Occupancy Classification:	Use Group B (Office)
Building Construction Type and Classification:	Type 2B
Facility Address:	995 Senator Keating Boulevard, Suite 220, Brighton, NY 14618 (DISPENSARY #3)
Primary Contact Telephone number:	Mr. Erik Holling 610-350-8674
Primary Contact Fax number:	866-271-8620

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:

☐	TOWN BOARD APPROVAL
☐	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☑	PREPARATION OF CONSTRUCTION DOCUMENTS
☑	BUILDING PERMIT
☑	BIDDING PHASE
☑	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☑	COMMENCEMENT OF CONSTRUCTION
☑	COMPLETION OF CONSTRUCTION

Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- ☑ Entrance and Exits
- ☑ Public Parking Spaces
- ☑ Staff Parking Spaces
- ☑ Accessible Parking Spaces
- ☑ Accessible Route(s)
- ☑ Fire Lane and/or Fire Apparatus Road
- ☑ Percentage of Green Space
- ☑ Location of Emergency Power Systems
- ☑ Loading & Unloading
- ☑ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:

- ☑ Natural Gas
- ☐ Oil
- ☑ Electric
- ☐ Solar
- ☐ Other _____

Engineering Systems:

- ☑ Heating System: Type ht pump, Size up to 5 ton Efficiency standard, Ventilation Requirements standard
- ☑ Cooling System: Type Split Syst, Size up to 5 ton Efficiency standard, Ventilation Requirements standard
- ☑ Ventilation & Humidification Systems: Type ht recov, Size 4500cfm, Efficiency standard, Ventilation Requirements standard
- ☑ Electrical Distribution Available 277/480v 3-phase 2000amp
- ☑ Water Supply: Municipal Water Service X or Private Well Water _____
- ☑ Sewage: Municipal Sewer System X or Private Septic System _____
- ☑ Emergency Power System: Type Battery, Size 12v Efficiency standard,

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PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☑	2010 BUILDING CODE OF NYS
☑	2010 FIRE CODE OF NYS
☑	2010 PLUMBING CODE OF NYS
☑	2010 MECHANICAL CODE OF NYS
☑	2010 FUEL GAS CODE OF NYS
☑	2010 PROPERTY MAINTENANCE CODE OF NYS
☑	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
☑	2012 IECC COMMERCIAL PROVISIONS
☑	2010 EXISTING BUILDING CODE OF NYS
☑	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
☐	2014 NY CITY CONSTRUCTION CODE
☐	2008 NY CITY CONSTRUCTION CODE
☐	1968 NY CITY CONSTRUCTION CODE
☐	NFPA 101-06 LIFE SAFETY CODE
☑	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☐	OTHER

Appendix B – Architectural Program

Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☐ New Building ☐ Repair ☐ Alteration Level 1 ☑ Alteration Level 2	☐ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☑ Demolition ☑ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☑ General Construction ☐ Roofing ☐ Asbestos Abatement/Environmental ☑ Fire Alarm	☐ Structural ☑ Mechanical ☑ Plumbing ☑ Electrical	☐ Site Work ☑ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code*****, PC:** ***Plumbing Code*****, MC:** ***Mechanical Code*****, FGC:** ***Fuel Gas Code*****, ECCC:** ***Energy Conservation Code.***
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable*, **NR:** *Not Required*, **NP:** *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Use group B (office)	Use group B (office)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	This applies to high piled storage, greater than 12 feet.	There are no combustible materials being stored.
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Combustible fiber 100cf loose max stored amount and total amount, and 20cf max open-use amount.	There are no hazardous or combustible materials being stored.
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Due to.....(see Supplement)	No control areas provided.
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Use Group B.....(see Supplement)	The building is 3 stories.....(see Supplement)
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	None. Not applicable.	No incidental uses.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	No mixed occupancy. Not applicable.	None. Not applicable.
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Not applicable.....(see Supplement)	This space is a B use group, no separation rating required.
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Not applicable.	Not applicable.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 2B construction.	Type 2B construction.
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Primary structural.....(see Supplement)	Primary structural.....(see Supplement)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	<5 ft. 1 hour rating,.....(see Supplement)	0-Hour required..... (see Supplement)
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	No rating required.....(see Supplement)	Free standing.....(see Supplement)
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	No fire walls required	No fire walls required
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Fire barriers required at exit and shaft enclosures.	Fire barriers.....(see Supplement)
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	Shafts would require...(see Supplement)	No new shafts are being constructed in this space.
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	No fire partitions are required	No fire partitions are required

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	Table 601 does not require a horizontal rated assembly.	No rated horizontal assembly provided.
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☑ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NFPA 13, 2007 Edition sprinkler system to be provided throughout building.	NFPA 13 system is provided throughout building.
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	Not applicable.	Not applicable.
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NFPA 14...(see Supplement)	Standpipe .(see Supplement)
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☑ Hardwired (zoned)	NFPA 72, 2007 Edition manual fire alarm system installed throughout building.	Manual fire alarm system provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Not applicable.	Not applicable.
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NFPA 13...(see Supplement)	Fire department connection is provided.
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	32 inch minimum clear width, 6'-8" minimum height...(see Supplement)	See Plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Use group B.....(see Supplement)	Space is 3,994 Sq. Ft....(see Supplement)
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Stairways..(see Supplement)	Sprinklered(see Supplement)
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	No accessible means of egress is required	This space is located at grade level.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Doors (see Supplement)	Side...(see Supplement)
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	Building stairs required to be.....(see Supplement)	Building stairs conform to requirements for egress stairs. See Plans.
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Not applicable.	Not applicable.
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	100 feet in Group B ..(see Supplement)	Common path of travel is less than 100 feet.
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Remoteness of exit doors. Doors...(see Supplement)	The space has remote exits.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	No fire rating is required for the corridor walls.	No rating is required for the corridor walls.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	36 inch minimum for ...(see Supplement)	Corridor with exceeds 36 inches...(see Supplement)
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead ends corridors shall not exceed 20 feet.	No dead end corridors exist.
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Since the occupant load in....(see Supplement)	The occupant load is 44...(see Supplement)
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	Not applicable. Tenant is on the ground level.	Not applicable.
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	Not applicable. Tenant is...(see Supplement)	Not applicable.
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	Not applicable.	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	Not applicable.	Not applicable.
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exit...(see Supplement)	Exit...(see Supplement)
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Accessible restrooms required.....(see Supplement)	The building and space is accessible.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	No changes are required to existing building envelope.	No changes to existing building envelope.
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Emergency power...(see Supplement)	Emergency power...(see Supplement)
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not applicable.	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	Minimum...(see Supplement)	One ...(see Supplement)
48	Available Street Water Pressure			Provide the available street or well water pressure.	Not applicable.	Existing to be confirmed.
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Provide a fire....(see Supplement)	Fire lanes conform to requiremnts. See Site Plans.

DISPENSARY FACILITY #3

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

CODE COMPLIANCE REVIEW

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	□se □ Occupancy Classification	302.1 - 312		□se □ occupancy of this facility. Identify all applicable materials, class and □uantities regarding Table 307.1.	□se group B (office)	□se group B (office)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all re□uired fire separations, and e□it re□uirements.	This applies to high piled storage, greater than 12 feet.	There are no combustible materials being stored.
3	Ha□ardous Materials	414		All ha□ardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all re□uired fire separations, and e□it re□uirements.	Combustible fiber 100cf loose ma□stored amount and total amount, and 20cf ma□ open-use amount.	There are no ha□ardous or combustible materials being stored.
4	Ha□ardous Materials Control Areas	414.2		Provide additional information indicating number, si□e, materials stored, and □uantity of each material.	Due to amount of ha□ardous material, no control areas re□uired.	No control areas provided.
5	Building Area □ Height	501-507		Provide the building area □ height Provide all calculations and cite applicable code sections for increased Building Area □ Heights allowed per building code(s).	□se Group B, shall meet table 503. The Allowable height and area is 4 stories, 65 feet in height, 23,000 s□. ft. for Type 2-B Construction. The area is increased to 6□,000 SF in buildings sprinklered throughout. Ma□imum total s□uare footage for building 3 stories or greater is 207,000 SF.	The building is 3 stories, 3□ feet in height and 25,500 s□. ft. in area. It has a sprinkler system installed. Total building s□uare footage is 76,500 SF.
6	Incidental □se Areas	508.2		Identify all Incidental □se Areas and re□uired fire separation of occupancies on Building Plans.	None. Not applicable.	No incidental uses

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mi□ed Occupancies	508.3		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	No mi□ed occupancy. Not applicable.	None. Not applicable.
8	Nonseparated □ses	508.3.2		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	Not applicable. Building is a use group B (office) building. All tenants are the same occupancy group (B).	This space is a B use group, no separation rating re□uired.
□	Separated □ses (Ratio □ 1)	508.3.3		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	Not applicable.	Not applicable.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 2B construction.	Type 2B construction.
11	Fire Resistance Rating Re□m□ for Building □lements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating □ elements on Building Plans.	Primary structural frame 0 rating, bearing walls 0 rating, e□terior bearing walls,) rating, Interior bearing walls 0 rating, floor construction and secondary members 0 rating, roof construction 0 rating	Primary structural frame 0 rating, bearing walls 0 rating, e□terior bearing walls,) rating, Interior bearing walls 0 rating, floor construction and secondary members 0 rating, roof construction 0 rating

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	□□terior Wall Fire-Resistance Rating	Table 602		Identify re□uired fire resistance rating of e□terior walls on Building Plan(s).	□5 ft. 1 hour rating,5- 10 feet 1 hour, 10-30 feet 0 hour, 30 feet 0 hour	0-Hour re□uired because it is a free standing building with more than 60 feet between buildings.
13	□□terior Fire Separation Distance	Table 602		Identify re□uired fire separation distance of e□terior walls between Buildings on Plan.	No rating re□uired if separation is greater than 30 feet to imaginary line between buildings.	Free standing building with more than 60 feet between buildings.
14	Fire Walls	705		Provide code information and identify all applicable re□uired Fire Wall(s) and fire resistance re□uirement on Building Plans.	No fire walls re□uired	No fire walls provided.
15	Fire Barriers	706		Provide code information and identify all applicable re□uired Fire Barrier(s) and fire resistance re□uirement on Building Plans.	Fire barriers re□uired at e□it and shaft enclosures.	Fire barriers provided at e□isting egress stair and shaft enclosures. No new fire barriers re□uired in this tenant space.
16	Shaft □nclosures	707		Provide code information and identify all applicable re□uired Shaft Wall(s) and fire resistance re□uirement on Building Plans.	Shafts would re□uire a 1 hour fire rating for three stories or less.	No new shafts are being constructed in this space.
17	Fire Partitions	708		Provide code information and identify all applicable re□uired Fire Partition(s) and fire resistance re□uirement on Building Plans.	No fire partitions are re□uired	No fire partitions are re□uired

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Hori□ontal Assemblies	711		Provide code information and identify all applicable re□uired Hori□ontal Assemblies and fire resistance re□uirement on Building Plans.	Table 601 does not re□uire a hori□ontal rated assembly.	No rated hori□ontal assembly provided.
1□	Fire Protection□ Sprinkler System	□03		Indicate Type of Sprinkler System□NFPA13 ☐ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable re□uirements for Automatic Sprinkler Systems with code section cited.	NFPA 13, 2007 □dition sprinkler system to be provided throughout building.	NFPA 13 System is provided throughout the building.
20	Alt. Fire □□tinguishing System	□04		Provide code information of all applicable re□uirements for Alternative Automatic Fire-□□tinguishing Systems with code section(s) cited.	Not applicable.	Not applicable.
21	Standpipe System	□05		Provide code information of all applicable re□uirements for Standpipe Systems with code section(s) cited.	NFPA 14, 2007 □dition Class I or III standpipe to be provided.	Standpipe system is provided.
22	Fire Alarm □ Detection Systems	□07		Provide code information of all applicable re□uirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☐ Hardwired (□oned)	NFPA 72, 2007 □dition manual fire alarm system installed throughout building.	Manual fire alarm system provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	□mergency Alarm System	□08		Provide code information of all applicable re□uirements for □mergency Alarm Systems with code section cited.	Not applicable.	Not applicable.
24	Fire Department Connections	□12		Identify Fire Department connections in accordance with NFPA applicable standard.	NFPA 13, Section 8.17.1.7 re□uires a fire department connection (FDC). The FDC shall be on the street side and fully visible	Fire department connection is provided.
25	□□its	1001.1 □2		Identify on the Building Plans and documents, per each door, the following information□door width, door height, direction of swing, type of construction, hourly rating, and door closures.	32 inch minimum clear width, 6□8□ minimum height, side-hinged swinging, self-closing and latching where rated, and swinging in the direction of egress where there are more than 50 occupants.	See Plans
26	Occupant Load	1004 □ Table 1004.1.1		Identify the use□name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	□se group B (office) uses 100 s□. Ft. per occupant gross	Space is 3,□□4 S□. Ft. Occupant load is 40 occupants
27	□gress Width	1005		Provide egress widths □ cite applicable code section(s) and re□uirement(s) on the Building Plans	Stairways 0.2 inches per occupant□Level Means of □gress 0.15 inches per occupant in fully sprinklered buildings.	Sprinklered Building. Stairways 0.2 inches per occupant□Level Means of □gress 0.15 inches per occupant.
28	Accessible Means of □gress	1007.1		Provide accessible means of egress as per Section 1007 □ cite applicable code section(s) and re□uirement(s) on the Building Plans.	No accessible means of egress is re□uired	This space is located at grade level.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2□	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the re□uirements of this section.	Doors shall be side hinged swing doors.	Side hinged swing doors provided.
30	Interior Stairs	100□		Identify the following information for each stairway on the Building Plan(s)□the width of stairways□the height, width, depth and number of risers and treads□ dimensions of landings□stairway construction type□and handrail height.	Building stairs re□uired to be 44 inch minimum width, with ma□imum 7 in risers and minimum 11 inch treads. One hour enclosure. Handrails between 34 and 38 inches in height above stair nosing.	Building stairs conform to re□uirements for egress stairs. See Plans.
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s)□width□ total vertical rise□length of ramp□and handrail height.	Not applicable.	Not applicable.
32	Common Path of Travel	1014.3		Identify on the Building Plan(s)□the length of the □Common Path of Travel□ per each room as per applicable building code re□uirements.	100 feet in Group B occupancies in buildings fully sprinklered throughout.	Common path of travel is less than 100 feet.
33	□□it Doorway Arrangement	1015		Identify on the Building Plan(s)□ applicable building code re□uirements for all □□its and □□it Access Doorways per each room and re□uired e□its in all buildings.	Remoteness of e□it doors. Doors to be separated by a distance no less than 1□3 the greatest diagonal dimension of the space.	The space has remote e□its.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s)□all corridors with re□uired fire resistance and the applicable fire rating.	No fire rating is re□uired for the corridor walls	No rating is re□uired for the corridor walls.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s) the width of all corridors. Provide applicable code section(s) and requirement(s).	36 inch minimum for occupant load of less than 50 but no narrower than required by occupant load.	Corridor with exceeds 36 inches and width required for occupant load.
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead ends corridors shall not exceed 20 feet	No dead end corridors exist.
37	Number of Exits and Continuity	1015		Identify on the Building Plan(s) required number of exits, continuity and arrangement as per the applicable code requirements.	Since the occupant load in the space is less than 500, only one (1) means of egress is required. Two means of egress are required from an upper story.	The occupant load is 44. Two (2) means of egress are provided.
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s) all applicable code requirements for each Vertical Exit Enclosure.	Not applicable. Tenant is on the ground level.	Not applicable.
39	Exit Passageways	1021		Identify on the Building Plan(s) all applicable code requirements for each Exit Passageway.	Not applicable. Tenant is on the ground level with direct access to the exterior and building lobby.	Not applicable.
40	Horizontal Exits	1022		Identify on the Building Plan(s) all applicable code requirements for each Horizontal Exit.	Not applicable..	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	□□terior □□it Ramps □ Stairways	1023		Identify on the Building Plan(s)□all applicable code re□uirements for each e□terior e□it ramps and stairways.	Not applicable.	Not applicable.
42	□□it Discharge	1024		Identify on the Building Plan(s)□all applicable code re□uirements for each □□it Discharge.	□□it discharge is re□uired to be at grade or shall provide direct access to grade. 50□ of the re□uired e□its may egress through area at the level of discharge.	□□it discharge is at grade. No more than 50□ of the re□uired e□its discharge through the building lobby.
43	Accessibility	1101.1 - 1110 □ ICC□A117. 1(03)		Identify on the Building Plan(s)□all applicable code re□uirements such that the design and construction of each building□facility provides accessibility to physically disabled persons.	Accessible restrooms re□uired. Accessible entry and means of egress re□uired. Accessible route through space re□uired. Accessible spaces re□uired.	The building and space is accessible.
44	□nergy Conservation	2010 NYS □CCC □ I□CC 2012		Identify the R-Value and □-Value of each construction component and assembly of the building envelope as re□uired in the applicable energy and building code(s).	No changes are re□uired to e□isting building envelope.	No changes to e□isting building envelope.
45	□mergency □ Standby Power	2702.1		Identify emergency □ Standby Power locations and specifications of the system to be provided.	□mergency power shall be provided for the following□ -□□it Signs -Means of □gress illumination -Fire Alarm System	□mergency power is provided for e□it signs, means of egress illumination and for the fire alarm system. Batteries provide the source of emergency and standby power.
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section □0□.11 of NYS Building Code.	Not applicable.	Not applicable.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fi□ture Count	2□02.1		Identify on the Building Plan(s)□the minimum plumbing facilities as per applicable plumbing code(s).	Minimum of one water closet and lavatory per se□re□uired. One bi-level drinking fountain re□uired.	One uni-se□restroom provided in the space. Public restrooms available from the building lobby. One bi-level drinking fountain provided.
48	Available Street Water Pressure			Provide the available street or well water pressure.	Not applicable.	□□isting to be confirmed.
4□	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan□Fire Apparatus Road, Fire Lane and other Fire Service re□uirements per applicable Building and Fire Codes.	Provide a fire apparatus access road within a 150 feet of all portions of the facility and all portions of the e□terior walls	Access to the building is provided on all sides.

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION	
Business Name:	Valley Agriceuticals, LLC
Facility Type:	Manufacturing Facility ☐ Dispensing Facility ☑
Use and Occupancy Classification:	Use Group B (Office)
Building Construction Type and Classification:	Type 2B
Facility Address:	18 Computer Drive West, Suite 100, Colonie, NY 12205 (DISPENSARY #1)
Primary Contact Telephone number:	Mr. Erik Holling 610-350-8674
Primary Contact Fax number:	866-271-8620

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:

☐	TOWN BOARD APPROVAL
☐	PLANNING BOARD APPROVAL
☐	ZONING BOARD OF APPEALS APPROVAL
☑	PREPARATION OF CONSTRUCTION DOCUMENTS
☑	BUILDING PERMIT
☑	BIDDING PHASE
☑	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
☑	COMMENCEMENT OF CONSTRUCTION
☑	COMPLETION OF CONSTRUCTION

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PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- ☑ Entrance and Exits
- ☑ Public Parking Spaces
- ☑ Staff Parking Spaces
- ☑ Accessible Parking Spaces
- ☑ Accessible Route(s)
- ☑ Fire Lane and/or Fire Apparatus Road
- ☑ Percentage of Green Space
- ☑ Location of Emergency Power Systems
- ☑ Loading & Unloading
- ☑ Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

Energy Source:

- ☑ Natural Gas
- ☐ Oil
- ☑ Electric
- ☐ Solar
- ☐ Other _____

Engineering Systems:

- ☑ Heating System: Type hot air, Size 184mbh Efficiency standard,
  Ventilation Requirements standard
- ☑ Cooling System: Type Split Syst, Size 10 ton Efficiency standard,
  Ventilation Requirements standard
- ☑ Ventilation & Humidification Systems:
  Type none, Size _____, Efficiency _____,
  Ventilation Requirements _____
- ☑ Electrical Distribution Available 120/277/480 400amp
- ☑ Water Supply: Municipal Water Service X or Private Well Water _____
- ☑ Sewage: Municipal Sewer System X or Private Septic System _____
- ☑ Emergency Power System:
  Type Battery, Size 12v Efficiency standard,

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PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
☑	2010 BUILDING CODE OF NYS
☑	2010 FIRE CODE OF NYS
☑	2010 PLUMBING CODE OF NYS
☑	2010 MECHANICAL CODE OF NYS
☑	2010 FUEL GAS CODE OF NYS
☑	2010 PROPERTY MAINTENANCE CODE OF NYS
☑	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
☑	2012 IECC COMMERCIAL PROVISIONS
☑	2010 EXISTING BUILDING CODE OF NYS
☑	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
☐	2014 NY CITY CONSTRUCTION CODE
☐	2008 NY CITY CONSTRUCTION CODE
☐	1968 NY CITY CONSTRUCTION CODE
☐	NFPA 101-06 LIFE SAFETY CODE
☑	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
☐	OTHER

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Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	☐ New Building ☐ Repair ☐ Alteration Level 1 ☑ Alteration Level 2	☐ Alteration Level 3 ☐ Change of Occupancy ☐ Addition ☐ Historic Building	☑ Demolition ☑ Chapter 3. Prescriptive Compliance Method ☐ Chapter 13. Performance Compliance Method
Select Work Involved: Check all that apply.	☑ General Construction ☐ Roofing ☐ Asbestos Abatement/Environmental ☑ Fire Alarm	☐ Structural ☑ Mechanical ☑ Plumbing ☑ Electrical	☐ Site Work ☐ Sprinkler ☐ Elevators ☐ Other:_____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC:** ***Fire Code*****, PC:** ***Plumbing Code*****, MC:** ***Mechanical Code*****, FGC:** ***Fuel Gas Code*****, ECCC:** ***Energy Conservation Code.***
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA:** *Not Applicable*, **NR:** *Not Required*, **NP:** *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Use group B (office)	Use group B (office)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	This applies to high piled storage, greater than 12 feet.	There are no combustible materials being stored.
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Combustible fiber 100cf loose max stored amount and total amount, and 20cf max open-use amount.	There are no hazardous or combustible materials being stored.
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Due to.....(see Supplement)	No control areas provided.
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Use Group B.....(see Supplement)	The building is 1 stories.....(see Supplement)
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	None. Not applicable.	No incidental uses.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	No mixed occupancy. Not applicable.	None. Not applicable.
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Not applicable.....(see Supplement)	This space is a B use group, no separation rating required.
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Not applicable.	Not applicable.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 2B construction.	Type 2B construction.
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Primary structural.....(see Supplement)	Primary structural.....(see Supplement)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	<5 ft. 1 hour rating,.....(see Supplement)	0-Hour required..... (see Supplement)
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	No rating required.....(see Supplement)	Free standing.....(see Supplement)
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	No fire walls required	No fire walls required
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	Fire barriers required at exit and shaft enclosures.	Fire barriers.....(see Supplement)
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	This is .....(see Supplement)	This is a single.....(see Supplement)
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	No fire partitions are required	No fire partitions are required

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	Table 601 does not require a horizontal rated assembly.	No rated horizontal assembly provided.
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: ☑ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Sprinkler system not required.	No sprinkler system provided.
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	Not applicable.	Not applicable.
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	Not applicable.	No standpipe provided.
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☑ Hardwired (zoned)	NFPA 72, 2007 Edition manual fire alarm system installed throughout building.	Manual fire alarm system provided.

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Not applicable.	Not applicable.
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Not applicable.	Not applicable.
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	32 inch minimum clear width, 6'-8" minimum height...(see Supplement)	See Plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Use group B.....(see Supplement)	Space is 3,405 Sq. Ft....(see Supplement)
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Non-Spr..(see Supplement)	Non-Spr...(see Supplement)
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Where two means of egress are required they must both be accessible.	Two accessible means of egress provided. Building is ..(see Supplement)

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No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Doors (see Supplement)	Side...(see Supplement)
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	Not Applicable. One story building.	Not Applicable. One story building.
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Not applicable.	Not applicable.
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	Travel distance..(see Supplement)	Building is..(see Supplement)
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Remoteness of exit doors. Doors...(see Supplement)	The space has remote exits.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	1-hour for occupancy greater than 30.	1-hour rated corridors....(see Supplement)

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	36 inch minimum for ...(see Supplement)	Corridor with exceeds 36 inches...(see Supplement)
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead ends corridors shall not exceed 20 feet.	No dead end corridors exist.
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Since the occupant ...(see Supplement)	The occupant load is 35. One means of egress is provided.
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	Not Applicable. One-story building.	No stairs required or provided.
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	Not applicable. Tenant is...(see Supplement)	Not applicable.
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	Not applicable.	Not applicable.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	Not applicable. One story building.	Not applicable.
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exit...(see Supplement)	Exit...(see Supplement)
43	Accessibility	1101.1 - 1110 & ICC/A117. 1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Accessible restrooms required.....(see Supplement)	The building and space is accessible.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	No changes are required to existing building envelope.	No changes to existing building envelope.
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Emergency power...(see Supplement)	Emergency power...(see Supplement)
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not applicable.	Not applicable.

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	Minimum...(see Supplement)	Three .....(see Supplement)
48	Available Street Water Pressure			Provide the available street or well water pressure.	Not applicable.	Building does not have ..(see Supplement)
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Provide a fire....(see Supplement)	Fire lanes conform to requiremnts. See Site Plans.

PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE

DISPENSARY FACILITY #1
COLONIE, NY

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

CODE COMPLIANCE REVIEW

Supplement to Part IV
Appendix B - Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
1	□se □ Occupancy Classification	302.1 - 312		□se □ occupancy of this facility. Identify all applicable materials, class and □uantities regarding Table 307.1.	□se group B (office)	□se group B (office)

Supplement to Part IV

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all re□uired fire separations, and e□it re□uirements.	This applies to high piled storage, greater than 12 feet.	There are no combustible materials being stored.
3	Ha□ardous Materials	414		All ha□ardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all re□uired fire separations, and e□it re□uirements.	Combustible fiber 100cf loose ma□stored amount and total amount, and 20cf ma□ open-use amount.	There are no ha□ardous or combustible materials being stored.
4	Ha□ardous Materials Control Areas	414.2		Provide additional information indicating number, si□e, materials stored, and □uantity of each material.	Due to amount of ha□ardous material, no control areas re□uired.	No control areas provided.
5	Building Area □ Height	501-507		Provide the building area □ height Provide all calculations and cite applicable code sections for increased Building Area □ Heights allowed per building code(s).	□se Group B, shall meet table 503. The Allowable height and area is 4 stories, 65 feet in height, 23,000 s□. ft. for Type 2-B Construction.	The building is 1 story, 12 feet in height and 10,500 s□. ft. in area. No height or area modifications re□uired.
6	Incidental □se Areas	508.2		Identify all Incidental □se Areas and re□uired fire separation of occupancies on Building Plans.	None. Not applicable.	No incidental uses

Supplement to Part IV

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
7	Mi□ed Occupancies	508.3		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	No mi□ed occupancy. Not applicable.	None. Not applicable.
8	Nonseparated □ses	508.3.2		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	Not applicable. Building is a use group B (office) building. All tenants are the same occupancy group (B).	This space is a B use group, no separation rating re□uired.
□	Separated □ses (Ratio □ 1)	508.3.3		Provide analysis with code cited, and re□uired fire separation of occupancies. Identify re□uired fire separation of occupancies on Building Plan(s).	Not applicable.	Not applicable.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 2B construction.	Type 2B construction.
11	Fire Resistance Rating Re□m□ for Building □lements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating □ elements on Building Plans.	Primary structural frame 0 rating, bearing walls 0 rating, e□terior bearing walls,) rating, Interior bearing walls 0 rating, floor construction and secondary members 0 rating, roof construction 0 rating	Primary structural frame 0 rating, bearing walls 0 rating, e□terior bearing walls,) rating, Interior bearing walls 0 rating, floor construction and secondary members 0 rating, roof construction 0 rating

Supplement to Part IV

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
12	□□terior Wall Fire-Resistance Rating	Table 602		Identify re□uired fire resistance rating of e□terior walls on Building Plan(s).	□5 ft. 1 hour rating,5- 10 feet 1 hour, 10-30 feet 0 hour, 30 feet 0 hour	0-Hour re□uired because it is a free standing building with more than 30 feet between buildings.
13	□□terior Fire Separation Distance	Table 602		Identify re□uired fire separation distance of e□terior walls between Buildings on Plan.	No rating re□uired if separation is greater than 10 feet to imaginary line between buildings.	Free standing building with more than 30 feet between buildings.
14	Fire Walls	705		Provide code information and identify all applicable re□uired Fire Wall(s) and fire resistance re□uirement on Building Plans.	No fire walls re□uired	No fire walls provided.
15	Fire Barriers	706		Provide code information and identify all applicable re□uired Fire Barrier(s) and fire resistance re□uirement on Building Plans.	Fire barriers re□uired at e□it and shaft enclosures.	Fire barriers provided at e□isting egress stair and shaft enclosures. No new fire barriers re□uired in this tenant space.
16	Shaft □nclosures	707		Provide code information and identify all applicable re□uired Shaft Wall(s) and fire resistance re□uirement on Building Plans.	This is a single story building no shaft enclosures re□uired.	This is a single story building no shaft enclosures re□uired.
17	Fire Partitions	708		Provide code information and identify all applicable re□uired Fire Partition(s) and fire resistance re□uirement on Building Plans.	No fire partitions are re□uired	No fire partitions are re□uired

Supplement to Part IV

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
18	Hori□ontal Assemblies	711		Provide code information and identify all applicable re□uired Hori□ontal Assemblies and fire resistance re□uirement on Building Plans.	Table 601 does not re□uire a hori□ontal rated assembly.	No rated hori□ontal assembly provided.
1□	Fire Protection□ Sprinkler System	□03		Indicate Type of Sprinkler System□NFPA13 ☐ NFPA 13 ☐ NFPA 13 R ☐ NFPA 13D Provide code information of all applicable re□uirements for Automatic Sprinkler Systems with code section cited.	Not Applicable	Not applicable. No sprinkler system provided.
20	Alt. Fire □□tinguishing System	□04		Provide code information of all applicable re□uirements for Alternative Automatic Fire-□□tinguishing Systems with code section(s) cited.	Not applicable.	Not applicable.
21	Standpipe System	□05		Provide code information of all applicable re□uirements for Standpipe Systems with code section(s) cited.	Not applicable.	Not applicable. No standpipe system is provided.
22	Fire Alarm □ Detection Systems	□07		Provide code information of all applicable re□uirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System ☐ Addressable ☐ Hardwired (□oned)	NFPA 72, 2007 □dition manual fire alarm system installed throughout building.	Manual fire alarm system provided.

Supplement to Part IV

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
23	□mergency Alarm System	□08		Provide code information of all applicable re□uirements for □mergency Alarm Systems with code section cited.	Not applicable.	Not applicable.
24	Fire Department Connections	□12		Identify Fire Department connections in accordance with NFPA applicable standard.	Not applicable.	Not applicable.
25	□□its	1001.1 □2		Identify on the Building Plans and documents, per each door, the following information□door width, door height, direction of swing, type of construction, hourly rating, and door closures.	32 inch minimum clear width, 6□8□ minimum height, side-hinged swinging, self-closing and latching where rated, and swinging in the direction of egress where there are more than 50 occupants.	See Plans
26	Occupant Load	1004 □ Table 1004.1.1		Identify the use□name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	□se group B (office) uses 100 s□. Ft. per occupant gross	Space is 3,405 S□. Ft. Occupant load is 35 occupants
27	□gress Width	1005		Provide egress widths □ cite applicable code section(s) and re□uirement(s) on the Building Plans	Non-Sprinklered. Stairways 0.3 inches per occupant□Level Means of □gress 0.2 inches per occupant.	Non-Sprinklered. Stairways 0.3 inches per occupant□Level Means of □gress 0.2 inches per occupant.
28	Accessible Means of □gress	1007.1		Provide accessible means of egress as per Section 1007 □ cite applicable code section(s) and re□uirement(s) on the Building Plans.	Where two means of egress are re□uired they must both be accessible.	Two accessible means of egress provided. Building is one-level at grade. No areas of refuge re□uired.

Supplement to Part IV

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
2□	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the re□uirements of this section.	Doors shall be side hinged swing doors.	Side hinged swing doors provided.
30	Interior Stairs	100□		Identify the following information for each stairway on the Building Plan(s)□the width of stairways□the height, width, depth and number of risers and treads□ dimensions of landings□stairway construction type□and handrail height.	Not Applicable. One story building.	Not Applicable. One story building
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s)□width□ total vertical rise□length of ramp□and handrail height.	Not applicable.	Not applicable.
32	Common Path of Travel	1014.3		Identify on the Building Plan(s)□the length of the □Common Path of Travel□ per each room as per applicable building code re□uirements.	Travel distance in a non sprinklered building is limited to 75 feet, in a sprinklered building 100 feet	Building is non-sprinklered. Common path of travel does not e□ceed 75 feet.
33	□□it Doorway Arrangement	1015		Identify on the Building Plan(s)□ applicable building code re□uirements for all □□its and □□it Access Doorways per each room and re□uired e□its in all buildings.	Remoteness of e□it doors. Doors to be separated by a distance no less than 1□3 the greatest diagonal dimension of the space.	The space has remote e□its.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s)□all corridors with re□uired fire resistance and the applicable fire rating.	1-hour for occupancy greater than 30.	1-hour rated corridors provided with 20 minute door ratings.

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Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
35	Corridor Width	1017.2		Identify on the Building Plan(s) the width of all corridors. Provide applicable code section(s) and requirement(s).	36 inch minimum for occupant load of less than 50 but no narrower than required by occupant load.	Corridor with exceeds 36 inches and width required for occupant load.
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead ends corridors shall not exceed 20 feet	No dead end corridors exist.
37	Number of Exits and Continuity	1015		Identify on the Building Plan(s) required number of exits, continuity and arrangement as per the applicable code requirements.	Since the occupant load in the space is less than 500, only one (1) means of egress is required. Two means of egress are required from an upper story.	The occupant load is 35. One means of egress is provided.
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s) all applicable code requirements for each Vertical Exit Enclosure.	Not Applicable. One-story building.	No stairs required or provided.
39	Exit Passageways	1021		Identify on the Building Plan(s) all applicable code requirements for each Exit Passageway.	Not applicable. Tenant is on the ground level with direct access to the exterior and building lobby.	Not applicable.
40	Horizontal Exits	1022		Identify on the Building Plan(s) all applicable code requirements for each Horizontal Exit.	Not applicable..	Not applicable.

Supplement to Part IV

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
41	□□terior □□it Ramps □ Stairways	1023		Identify on the Building Plan(s)□all applicable code re□uirements for each e□terior e□it ramps and stairways.	Not applicable.	Not applicable.
42	□□it Discharge	1024		Identify on the Building Plan(s)□all applicable code re□uirements for each □□it Discharge.	□□it discharge is re□uired to be at grade or shall provide direct access to grade. 50□ of the re□uired e□its may egress through area at the level of discharge.	□□it discharge is at grade. No more than 50□ of the re□uired e□its discharge through the building lobby.
43	Accessibility	1101.1 - 1110 □ ICC□A117. 1(03)		Identify on the Building Plan(s)□all applicable code re□uirements such that the design and construction of each building□facility provides accessibility to physically disabled persons.	Accessible restrooms re□uired. Accessible entry and means of egress re□uired. Accessible route through space re□uired. Accessible spaces re□uired.	The building and space is accessible.
44	□nergy Conservation	2010 NYS □CCC □ I□CC 2012		Identify the R-Value and □-Value of each construction component and assembly of the building envelope as re□uired in the applicable energy and building code(s).	No changes are re□uired to e□isting building envelope.	No changes to e□isting building envelope.
45	□mergency □ Standby Power	2702.1		Identify emergency □ Standby Power locations and specifications of the system to be provided.	□mergency power shall be provided for the following□ -□□it Signs -Means of □gress illumination -Fire Alarm System	□mergency power is provided for e□it signs, means of egress illumination and for the fire alarm system. Batteries provide the source of emergency and standby power.
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section □0□.11 of NYS Building Code.	Not applicable.	Not applicable.

Supplement to Part IV

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code[1] (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value[2] /Allowed Code Value	Facility's Actual Value[3]
47	Plumbing Fi□ture Count	2□02.1		Identify on the Building Plan(s)□the minimum plumbing facilities as per applicable plumbing code(s).	Minimum of one water closet and lavatory per se□re□uired. One bi-level drinking fountain re□uired.	Three uni-se□restrooms provided. One-bi-level drinking fountain provided.
48	Available Street Water Pressure			Provide the available street or well water pressure.		
4□	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan□Fire Apparatus Road, Fire Lane and other Fire Service re□uirements per applicable Building and Fire Codes.	Provide a fire apparatus access road within a 150 feet of all portions of the facility and all portions of the e□terior walls	Access to the building is provided on all sides.

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VALLEY AGRICEUTICALS

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Construction Manager
TO BE DETERMINED

NO.		DATE		REVISION
1		5.15.2015		ISSUE FOR REVIEW
2		5.18.2015		REVISIONS FOR REVIEW
3				
4				
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PURCHASE DISPENSARY
SECURITY PLAN

DRAWING NAME:
SECURITY
PRELIMINARY PLAN

DRAWN BY: RH	CHECKED BY: LM
SCALE: NO SCALE	DATE: 05.15.2015
	DRAWING NUMBER: SEC-03
	DRAWING NUMBER: 8 OF 9

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TO BE DETERMINED

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ROCHESTER DISPENSARY
SECURITY PLAN

DRAWING NAME:
SECURITY
PRELIMINARY PLAN

DRAWN BY: RH	CHECKED BY: LM
SCALE: NO SCALE	DATE: 05.15.2015
	DRAWING NUMBER: SEC-04
	DRAWING NUMBER: 4 OF 7

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SUITE 100 5,854±R.S.F.

VILLAGE OF COLONIE

ALBANY COUNTY * NEW YORK

18 COMPUTER DRIVE WEST
PARTIAL FIRST FLOOR PLAN

ALL WALL LOCATIONS AND ROOM DIMENSIONS REQUIRE FIELD VERIFICATION

DESIGNED BY _____
DRAWN BY ECS
REVIEWED BY _____

ALBANY MANAGEMENT
(518) 458-7113

DATE 10/08/09
SCALE AS NOTED
SHEET 1 OF 1

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NO.	DATE	REVISION
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SCALE: NO SCALE	DATE: 05.01.2015
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Revisions & Notes

o.	Description	Date

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NEW YORK STATE DEPARTMENT OF HEALTH
Medical Marijuana Program
Application for Registration as a Registered Organization

VALLEY AGRICEUTICALS

DISPENSARY #2
HARRISON, NY

Project number	-
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Issue Date	June 3, 2015
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VALLEY AGRICEUTICALS

SECURITY HANDBOOK

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Gloucester Street Capital, LLC, Valley Agriceuticals, LLC, and
Valley Agriceuticals Real Estate Holdings, LLC

Consolidated Financial Statements and Supplementary Information

For the Period Ended May 31, 2015 and
For the Period October 17, 2014 (Inception) to December 31, 2014

MAYER
ACCOUNTANTS • BUSINESS ADVISORS

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MAYER

ACCOUNTANTS • BUSINESS ADVISORS

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

Gloucester Street Capital, LLC, Valley Agriceuticals, LLC, and
Valley Agriceuticals Real Estate Holdings, LLC
Consolidated Balance Sheets
May 31, 2015 and December 31, 2014

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

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Valley Agriceuticals Real Estate Holdings, LLC
Consolidated Statements of Operations
For the Period Ended May 31, 2015 and
For the Period October 17, 2014 (Inception) to December 31, 2014

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Gloucester Street Capital, LLC, Valley Agriceuticals, LLC, and
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Consolidated Statements of Changes in Members' Equity
For the Period Ended May 31, 2015 and
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Gloucester Street Capital, LLC, Valley Agriceuticals, LLC, and
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Consolidated Statements of Cash Flows
For the Period Ended May 31, 2015 and
For the Period October 17, 2014 (Inception) to December 31, 2014

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499 7th Avenue, Floor 20N • New York, New York 10018 • Phone 212-631-9500 • Fax: 212-631-0608
www.mayercpa.com
Mayer CPAs LLP
CERTIFIED PUBLIC ACCOUNTANTS

Gloucester Street Capital, LLC, Valley Agriceuticals, LLC, and
Valley Agriceuticals Real Estate Holdings, LLC
Expenses by Vendor Summary
For the Five Months Ended May 31, 2015

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

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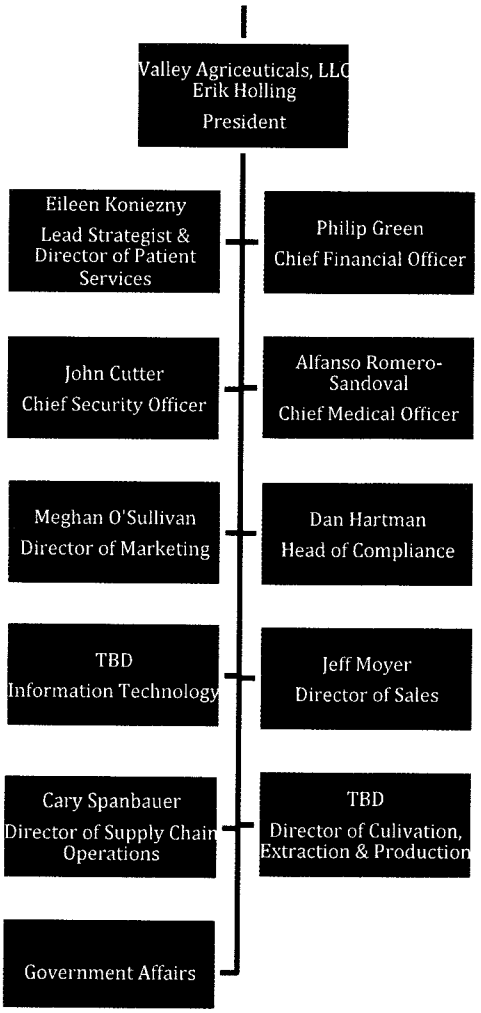
VALLEY AGRICEUTICALS

ATTACHMENT J:
STAFFING PLAN OVERVIEW

Valley Agriceuticals Staffing Overview
Management Team

The Valley Agriceuticals team is composed of experts in the fields of medicine, science, security, agriculture, finance, and patient services. Valley Agriceuticals has assembled some of the world's leading experts on cannabis growth, extraction, cultivation and production, some of the nation's best patient advocates, pharmacists and physicians to serve the patient population of New York. Further, as Valley Agriceuticals understands the importance of security in this business, prior to submitting this application we have taken the safeguard of having all persons not only undergo a criminal history background check (which we can provide upon request) but also further investigation as outlined in this section. In addition, we have already begun the process of obtaining official finger print checks, per the ORI number NY0412500 and the Fingerprint Reason "Control Substance License" as requested by the State for all known personnel that will be in contact with marijuana. For additional details on the staff, see the staff biographies section.



ROLES AND RESPONSIBILITIES

President - The President of Valley Agriceuticals is in charge of creating, communicating, and implementing the organization's vision, mission, and overall direction. In addition to leading the development and implementation of the overall organization's strategy, the president works with other officers within the company to implement the strategic plan that guides the direction of the business and maintains awareness of both the external and internal competitive landscape, opportunities for expansion, customers, markets, new industry developments and standards. The President also represents the organization for civic and professional association responsibilities and activities in the local community, the state, and at the national level.

Lead Strategist & Director of Patient Services - The role of the Lead Strategist and Director of Patient Services is to ensure that Valley Agriceuticals continues to achieve the highest standards of quality in the production and delivery of the company's products and patient services. The person in this position is responsible for orchestrating every aspect of the patient experience at the company's Origin Health Centers and maintaining an environment which ensures that patients are cared-for properly and provided with world class health care services. In addition to overseeing patient care services at Origin Health Centers, the lead strategist will build effective coalitions with patient organizations, physician groups and the general health care community of New York.

Chief Financial Officer – The Chief Financial Officer is accountable for the administrative, financial, and risk management operations, to include the development of a financial and operational strategy, metrics tied to that strategy, and the ongoing development and monitoring of control systems designed to preserve company assets and report accurate financial results.

Chief Medical Officer – Chief Medical Officer who will serve as a key member of the executive team with accountability for providing strategic leadership as well as operational prioritization and oversight for all scientific aspects of product development and oversight of the dispensaries.

Chief Security Officer – This position is accountable for all aspects of Valley Agriceuticals security including production facilities, transport, dispensaries and financials. They are responsible for the protection, safeguarding and security of assets, personnel, customers and all visitors.

Head of Compliance – The Head of Compliance will serve as a key member of the executive team with accountability for overall company compliance. They will act as a liaison to governmental entities ensuring communication, accountability and providing transparency. Additionally they are responsible for prioritization and oversight, including internal control audits, for all regulatory aspects of security, production, cultivation and dispensing.

Director of Marketing – The role of the Director of Marketing is to develop strategic marketing initiatives for the company from message development to community outreach. They will also manage all outside agencies and vendors to develop corporate branding, product brands, websites, video, collateral and public relations campaigns.

Director of Sales – As a member of the Executive Leadership Team the Director of Sales will be responsible for driving annual revenue growth through strategic leadership of the commercialization efforts. They will develop and execute the overall commercialization plan for of up to 5 new medical cannabis products; recruit, hire and manage a team of experienced sales specialists; and lead the development of the Valley Agriceuticals 3 year strategic plan for commercial activities

Director of Supply Chain Operations – The Director of Supply Chain Operations manages all the steps required to bring Valley Agriceuticals' products to market. The director of supply chain operations will manage wide-ranging aspects of the manufacturing process, such as procurement, production, delivery and warehousing of materials, inventory control, and distribution of finished goods. The director will also forecast demand, analyze inventory and troubleshoot issues that can affect supplies. The director of supply chain operations applies practices to respond to business challenges and help to advance organizational goals. Typical job duties include creating supply plans, monitoring sales forecasts to identify any effect on the supply chain, and developing supply chain management procedures.

Information Technology Director – The Information Technology (IT) Director is responsible for the overall planning, organizing, and execution of all IT functions for Valley Agriceuticals. This includes directing all IT operations as well as the support and maintenance of existing applications and development of new technical solutions.

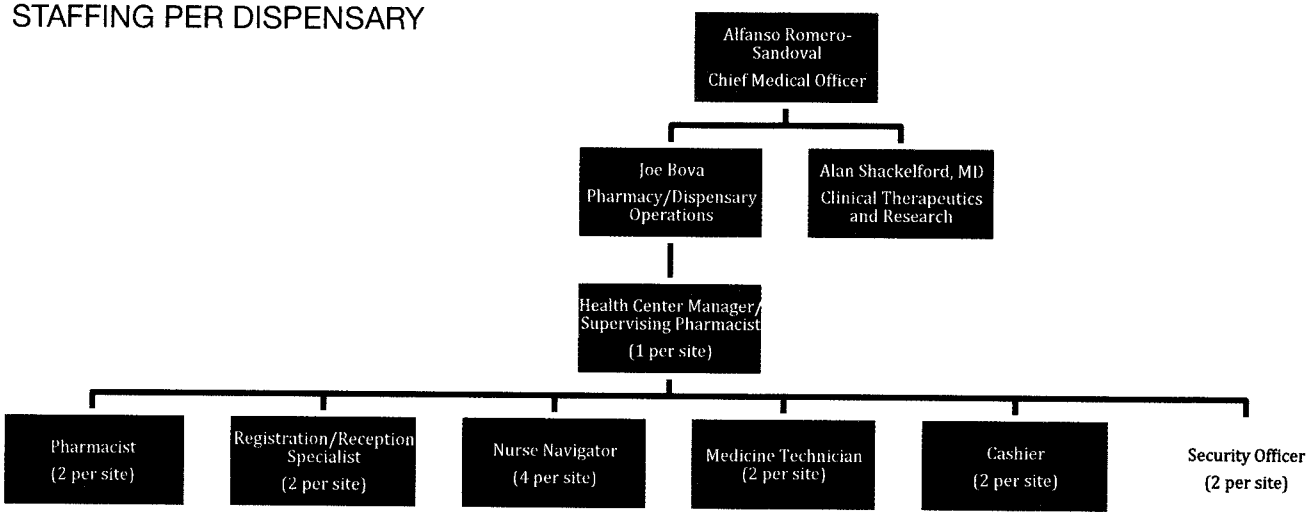
Facility General Manager – The Facility General Manager directs and manages all facility operations with overall responsibilities for cultivation, extraction, production and packaging.

Government Affairs – This department will be staffed by lobbyists/consultants focused on the development and management of strategies to inform and influence public policy related to medical cannabis. They will monitor legislative matters that may impact Valley Agriceuticals and advise the potential impact.

ORIGIN HEALTH CENTER™ OPERATIONS

Valley Agriceuticals has chosen to name its dispensaries Origin Health Centers to reflect the company's commitment to caring for patients. Origin Health Centers will deliver safe, regulated, standardized medical cannabis with the following personnel.

STAFFING PER DISPENSARY



ROLES AND RESPONSIBILITIES

Clinical Therapeutics and Research – Valley Agriceuticals' medical team is currently conducting pivotal research with partners in Israel to further the global knowledge on medical cannabis. Valley Agriceuticals will continue research in both New York and Israel to collect integral data on the use of medical cannabis.

ORIGIN HEALTH CENTERS STAFFING PER DISPENSARY

Health Center Manager/Supervising Pharmacist (1 per site) – A New York State-licensed pharmacist practicing full-time with responsibility and authority to ensure compliance with 10 NYCRR 1400.12 and other applicable laws and regulations, implementation of best clinical practice, appropriate product preparation, proper record-keeping, inventory integrity, coverage by qualified pharmacists, prevention of unauthorized refills, and entry into the dispensary only by authorized individuals.

Pharmacist (2 Persons to cover all shifts, at minimum 1 on at any time) – A qualified New York State-licensed pharmacist is on premises at all times the dispensing facility is open. The pharmacist directly supervises all activity within the facility. Also, the pharmacist conducts a clinical interview of (medication profile/medication reconciliation; addresses any ambiguities/ misconceptions/concerns; decides on any actions. The pharmacist will review the state

Prescription Monitoring program to ensure that the patient has exhausted, within 7 days, any previous receipt of medical cannabis, and to review receipt of additional controlled substances. Pharmacist provides prospective review of new medication; provides interventions if necessary (contraindications, interactions, potential adverse effects). Further pharmacist counsels patient on new medication, tests understanding, educates on administration of medicine, educates on follow-up (and/or research) procedures using phone calls or mobile device apps.

Registration/Reception Specialist (2 Persons to cover all shifts, at minimum 1 on at any time) – Additional greeter, reviews registry ID card; reviews and scans certification form; determines language status and arranges for translation of materials and interpretation services as needed, locates tablet copies of patient history form, HIPAA form, medical release form, consent form. All located information is forwarded to nurse navigator and pharmacist tablets. Coordinates quick movement of patient into patient room.

Nurse Navigator (4 Persons to cover all shifts, at minimum 2 on at any time) – Discusses current treatment and review status; overviews Origin Health Centers; discusses and completes patient history form, HIPAA form, medical release form, consent form; provides education booklet; outlines and updates on research protocols; work with language translation, if needed.

Medicine Technician (2 Persons to cover all shifts, at minimum 1 on at any time) – Prepares medicine per patient from pre-packaged Valley Ag medicine and delivers to pharmacist. Technician also enters medication into medication management system software supervisingpharm.html

Cashier (2 Persons to cover all shifts, at minimum 1 on at any time) – Collects payment for medicine; enters patient transaction into seed-to-sale software for daily upload to Department of Health.

Security Officer (2 Persons to cover all shifts, at minimum 1 on at any time) – See the Security Officer description in the Security Staffing Plan Overview section below.

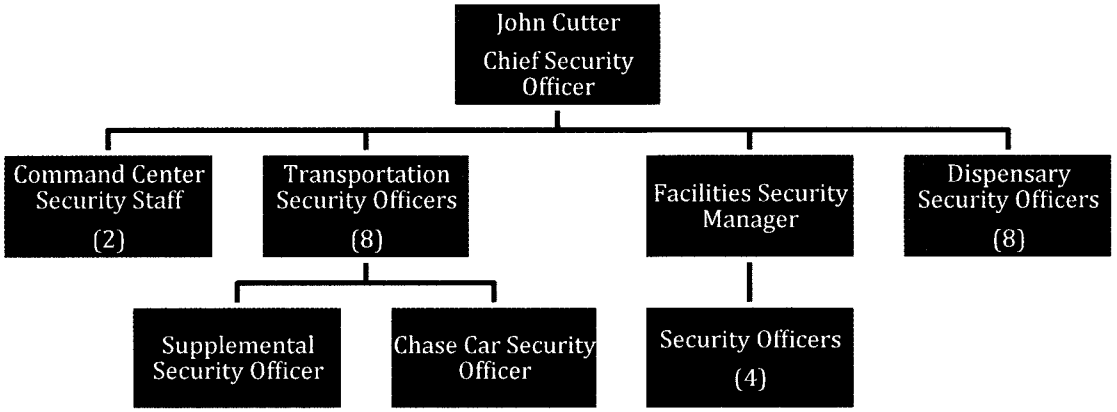
DISPENSARY FACILITY HOURS OF OPERATION AND SHIFTS

The dispensary facilities will operate six days a week. Shifts for dispensary employees will be 8:30 AM to 4:00 (1st shift) and 3:00 to 8:30 PM (2nd shift) Monday through Friday which includes a half-hour lunch for 1st shift and a 1 hour dinner for 2nd shift. Up to two 10 minute breaks may be taken during each shift. On Saturdays, there will be one shift from 9:00 AM – 5:00 PM with two 10 minute breaks in the morning and afternoon with a 30 minute break for lunch. These breaks are compensable and are to be included in the sum of hours worked.

Days	Hours of Operation
Monday – Friday	9:00 AM – 8:00 PM
Saturday	9:00 AM – 5:00 PM
Sunday	Closed

SECURITY STAFFING PLAN OVERVIEW

Valley Agriceuticals believes that world-class security is a critical component of fulfilling the company's mission to deliver safe and effective medicine to the patients of New York, while protecting the safety and well-being of surrounding communities. Accordingly, Valley Agriceuticals has hired some of the nation's leading security experts with experience both inside and outside the medical cannabis industry.



Valley Agriceuticals staffing plan for all phases, including seed to sale business has been evaluated and the appropriate levels of security staffing is being instituted as follows:

GROW/PROCESSING FACILITY SECURITY PERSONNEL STAFFING

Based on the business model, the grow/processing center will have the largest number of Valley Agriceuticals employees housed within one facility. This facility will also be responsible for accepting deliveries of supplemental agricultural products utilized in farming the cannabis plants that will be turned into medical cannabis. In addition the facility will be subject to random inspections by New York State thus increasing the work day population to even greater numbers. Understanding these facts along with the threats that this facility will potentially face has helped us develop the appropriate security staffing levels.

ROLES AND RESPONSIBILITIES

Security Manager – During all hours of operation there will be a minimum of one security manager, and four security officers working. The security manager will oversee all aspects of security, and will be responsible for managing all security personnel on site as well as the transport vehicles.

Security Officers – The four security officers will be assigned specific posts during their work day in an effort to maximize their effectiveness and the safety and security of the facility.

Command Center Personnel – Albany
The grow/processing security command center will include the latest in security technology,

with components that will enable the center to serve as a command post during any emergency operation. A minimum of two security officers (former/current law enforcement) will staff this location at all times, and will continuously monitor all Valley Agriceuticals sites and transport vehicles

TRANSPORT SECURITY PERSONNEL STAFFING

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

ROLES AND RESPONSIBILITIES

Security Officer – Every transport vehicle will be manned by no less than two security officers (former law enforcement).

Supplemental Security Officer – Valley Agriceuticals will randomly include an additional officer on selected transports to create a greater sense of security should anyone be attempting to conduct surveillance on our deliveries.

Chase Car Security Officer – Valley Agriceuticals will also have the capabilities of utilizing a chase car to randomly follow our transport vehicles in an effort to identify any possible surveillance of said transport.

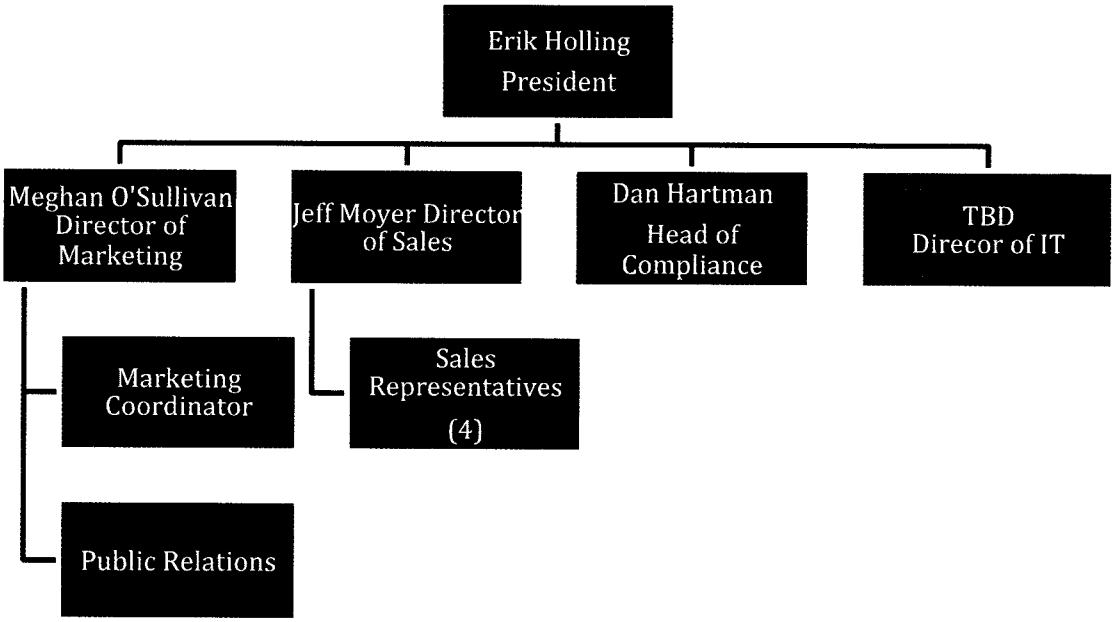
DISPENSARY SECURITY PERSONNEL STAFFING

Valley Agriceuticals considers Origin Health Center dispensaries as another area with high threat potential when considering the number of transactions involving cash. As per Valley Agriceuticals Overall Security Plan cashier areas will be self-contained, and will be equipped with safes that can only be opened by the armored transport vehicle operators who will make the daily cash pickups. Additionally, a prevention and incident emergency response plan has been developed for a variety of potential emergency situations.

Dispensary Security Officer – Staffing at each dispensary location will include two security officers (former law enforcement). One officer will be the initial greeter and determines patient qualification to enter facility, provides additional security during delivery of medicine into the safe, and secures facility. The second will remain in the secure area overseeing all activity beyond the secure entry. This second officer will also assist during deliveries of medical cannabis to their respective dispensary locations.

COMMERCIAL OPERATIONS

The commercial operations team is responsible for all marketing and sales activities related to sales and distribution of Valley Agriceuticals' product line. The commercial operations department aligns people, process and technology to support commercial activities and improve both innovation and marketing effectiveness. The commercial operations team consists of experts in the area of marketing and branding, sales, compliance, and information technology. The commercial team will also be in charge of all public relations and community relations activities.



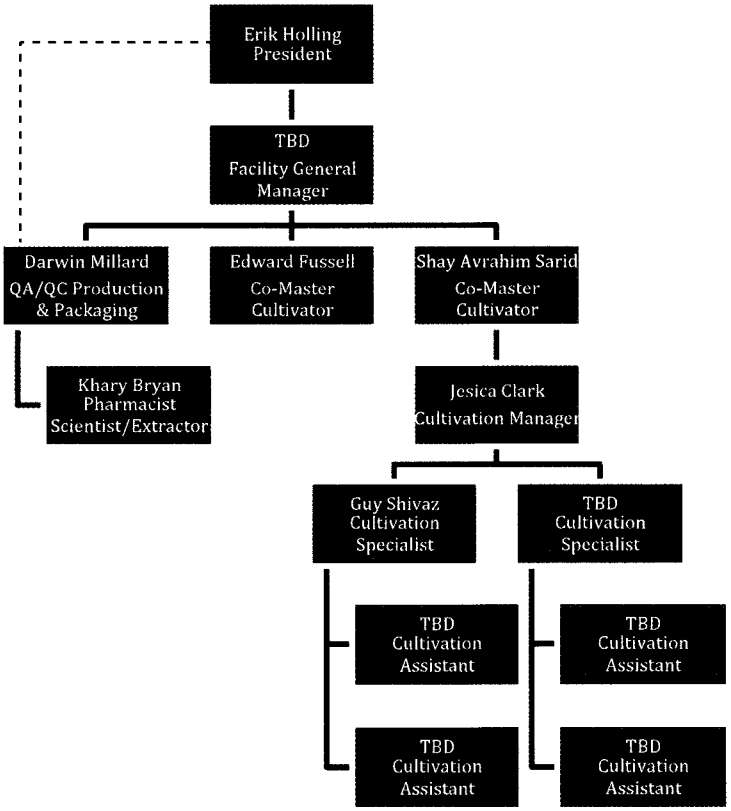
ROLES AND RESPONSIBILITIES

Marketing Coordinator – The Marketing Coordinator will work cross-functionally to ensure the success of Valley Agriceuticals products. They will be responsible for supporting all brands as it relates to collateral materials, tradeshows and marketing communications including social media.

Public Relations – Our outside public relations consultants/firms will work to inform the public of all activities relating to our corporate operations.

CULTIVATION, PRODUCTION AND PACKAGING FACILITY

Valley Agriceuticals' manufacturing facilities will be based in Wallkill, New York (Orange County). The company's state-of-the-art 100,000 square foot facility, at full growth, will house a combined greenhouse and barn where cultivation and production of pharmaceutical-grade medical cannabis will occur. There are three staff levels within cultivation. These staff levels represent all levels of responsibility for cultivation. There is a direct line of supervision between levels: the Cultivation Manager directly supervises the Cultivations Specialists and Cultivation Specialists directly supervise Cultivation Assistants. For the cultivation department, there is one Cultivation Manager, two Cultivation Specialists (one per shift) and two to four Cultivation Assistants. These staff numbers are calculated to be sufficient to maintain and grow a quality crop while encouraging efficient work protocols and minimizing security risks due to inflated staff numbers.



ROLES AND RESPONSIBILITIES

Extraction/Production Manager – Oversee the extraction and production procedures related to the manufacture, packaging, labeling, sampling and storage of cannabis extracts and medical marijuana products as well as maintain all relevant data logs.

Extraction Technician – Perform extraction processes and procedures related to the manufacture, packaging, labeling, sampling and storage of cannabis extracts, conduct day to day maintenance and sanitization procedures, keep track of relevant data with proper chain of custody, and other work involving practical application of chemistry and sciences following current good laboratory and manufacturing practices.

Production Assistant – Perform manufacturing process and procedures related to the manufacture, packaging, labeling, sampling and storage of medical marijuana products, conduct day to day maintenance and sanitization procedures, keep track of relevant data and with proper chain of custody, and other work involving practical application current good manufacturing practices.

QA/QC Production & Packaging – Manages and oversees all aspects of medicine production, product manufacturing, quality assurance and control. QA/QC Officer has multiple years of experience and documented training and experience in quality assurance and quality control procedures.

Co-Master Cultivator – Manages large-scale warehouse and greenhouse cultivation overseeing all the tasks in the grow including: cloning, transplanting, feeding plants, defoliation, super cropping, topping, flushing, foliar and preventative sprays, trimming, packaging, waste disposal and inventory management. Develops and/or maintains grow warehouse protocols and nutrient regiment. Also responsible for plant scheduling and organization to precisely project all garden needs on a daily, weekly, and monthly basis to keep garden green and expenses low.

Cultivation Manager – The Cultivation Manager oversees the management of the cultivation department's physical locations, equipment and personnel. The essential duties and responsibilities of this position are to work in collaboration with administration and management team to execute the organizational strategic plan; serve as a key internal leader, attracting, developing, coaching and retaining high-performance staff and supporting staff in prioritizing their time and resources toward maximizing their impact; ensure the ongoing maintenance and updating of information systems and infrastructure of the cultivation department, including hardware and software
In addition, the Cultivation Manager ensures adherence to all production contracts and ensures compliance of all SOP(s) within all cultivation areas. The Cultivation Manager supervises the Cultivation Specialists and Cultivation Assistants.

Cultivation Specialist -Cultivation Specialists work with the Cultivation Manager to grow medical marijuana crops under environmentally controlled conditions by performing the following duties including determining types and quantities of plantings to grow; allocate space in structure, such as greenhouse; and schedule growing activities; perform procedures in propagation, transplanting, batch maintenance, crop protection, monitoring, harvesting and drying; explain

and demonstrate care-taking techniques to subordinates; maintain personnel and production records.
Cultivation Specialists each directly supervises up to 3 employees in the Cultivation Department. They carry out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities of the Cultivation Specialist also include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Cultivation Assistants –
Cultivation Assistants assist the Cultivation Specialists in the cultivation and maintenance of crops by performing the following duties including inspecting crops daily for: nutrient deficiencies, disease and pest infestations, and foreign plant growth; plant, irrigate, weed, harvest, and dry crops; maintain production records.

The Cultivation Assistant has no supervisory responsibilities and reports to the Cultivation Specialist.

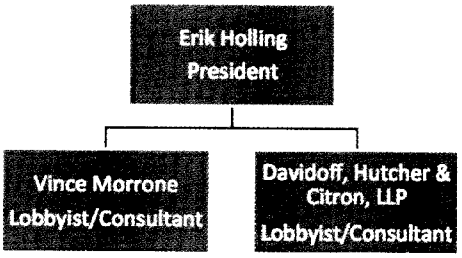
Consultants – From time to time, consultants may be acquired to assist the Cultivation Manager for the purposes of systems planning, or if a project requires a specific license or skillset. All consultants must be approved by the board of directors. Consultants that work in the facility must be informed of and trained in facility policies and procedures and must adhere to security protocol. Consultants have the same eligibility requirements as staff.

CULTIVATION, PRODUCTION AND PACKAGING FACILITY HOURS OF OPERATION AND SHIFTS

The cultivation facility runs 24 hours, seven days a week with two shifts per day. The nature and timing of cultivation activities require that staff be present both in the morning and evening seven days a week. Normal operating hours for the cultivation area (Manufacturing) are between 7:00 am and 9:00 pm every day (1004.5.b.4.viii). The two shifts for these hours are 7:00 am - 3:30 pm (1st shift) and 12:00 pm to 9:00 pm (2nd shift), which includes a half-hour lunch for 1st shift and a 1 hour dinner for 2nd shift. Up to two 10 minute breaks may be taken during each shift. These breaks are compensable and are to be included in the sum of hours worked. Overnight monitoring of the cultivation area will be provided by the security team. Any overnight incidences or environmental conditions out of specification will be reported to the Cultivation Manager immediately. It is the responsibility of the Cultivation Manager to respond to any overnight cultivation alerts.

GOVERNMENT AFFAIRS

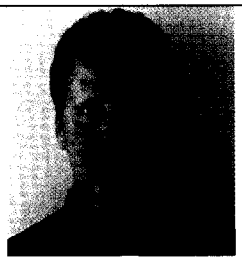
This department will focus on the development and management of strategies to inform and influence public policy related to medical cannabis. They will monitor legislative matters that may impact Valley Agriceuticals and advise the potential impact.



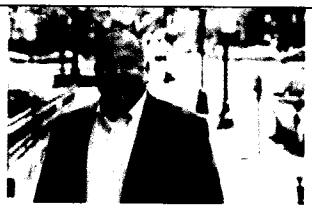
Staff Biographies

Erik Holling President		Erik Holling has [redacted] Prior to joining Valley Agriceuticals, Holling [redacted] Holling studied Epidemiology and Biostatistics at Boston University School of Public Health.
Eileen Konieczny, RN Lead Strategist & Direct of Patient Services		Eileen Konieczny [redacted] She is president-elect of the American Cannabis Nurses Association, and played an integral role in the passage of medical cannabis legislation in Connecticut and New York, securing current and future safe access of medicine for over 23 million people. Konieczny is a strong patient advocate and is dedicated to building a patient-tailored therapeutic model for patients to obtain safe and effective pharmaceutical grade medical cannabis.
Philip Green CFO		Philip Green [redacted]

		[redacted]
Alfonso Romero-Sandoval, MD, PHD Chief Medical Officer		Dr. Romero-Sandoval holds a Doctorate of Medicine, and a PhD in Neuroscience. [redacted] Dr. Romero-Sandoval earned an M.D. [redacted] before moving into research. That decision took him to Spain, where he secured his doctorate in neuroscience under Juan Herrero, Ph.D., at Universidad de Alcala, studying the pharmacology of pain. At the urging of his mentor, he went on to a fellowship in the United States working with James Eisenach, M.D., at Wake Forest University. At Wake Forest, Dr. Romero-Sandoval delved into questions about the role of the immune response to peripheral nerve injury in inducing pain. Dr. Romero-Sandoval initiated his research on cannabinoids in pain at Wake Forest University. [redacted]

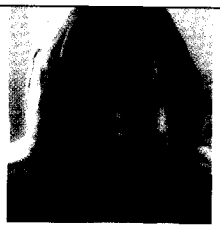
		[redacted] Through his cannabinoid research, Dr. Romero-Sandoval identified several molecular mechanisms of these drugs and uncovered novel potential targets for the treatment of pain. He also uncovered the relevance of the endocannabinoid system in the normal resolution of acute postoperative pain, a mechanism that could be relevant for the prevention of the development of chronic postoperative pain. He is currently focused on the modulation of the peripheral immune response via cell-directed gene therapy to reduce the risks of developing chronic pain.
Cary Spanbauer Director of Supply Chain Operations		Cary Spanbauer [redacted] Mr. Spanbauer earned his B.S. in Economics from the University of Wisconsin-Madison, his Master of Science in Quantitative Analysis and his Masters of Business in Logistics and Distribution Management from the University of Wisconsin-Madison.
Dan Hartman Head of Compliance		[redacted] Because Colorado was the first state to begin regulation of this burgeoning industry, Hartman was at the forefront of one of our nation's more controversial compliance

		issues. Hartman uses a common sense approach to regulatory enforcement that allows him to find elegant, yet simple solutions to complex issues. [redacted]
John Cutter Chief Security Officer		[redacted]
Alan Shakelford, MD Member of Clinical Therapeutics Team		Dr. Alan Shackelford is a graduate of the University of Heidelberg School of Medicine and completed postgraduate medical training at major teaching hospitals of the Harvard Medical School, including a residency in internal medicine and clinical Fellowships in nutritional and behavioral medicine. Dr. Shackelford also served as a research Fellow at the Harvard Medical School. Dr. Shackelford has studied the use of cannabis as a medical treatment option extensively and has advised legislators in a number of US states on its medical uses. He has testified before several legislative committees in several US states and served on the Colorado Department of Revenue Medical Marijuana Advisory Work Group and is a member of the Medical Marijuana Scientific Advisory Counsel of the Colorado Department of Health. He has also addressed symposia on medical cannabis sponsored by the government and the

		medical school of the University of the Republic of Uruguay, and in support of legislation to be introduced to the Senate of Mexico and the Senate of Colombia. [redacted]
Jesica Clark Cultivation Manager		Jesica Clark [redacted] Clark brings her deep love of plants, botany and ecosystems to Valley Agriceuticals. After graduating from Vassar College, Clark [redacted] before and during her graduate studies in population genetics and ecology. Before long, Clark realized that her real dedication was to farm work, so she left school and began to pursue a full time farming career.
Jeff Moyer Director of Sales		Jeff Moyer [redacted] Prior to joining Valley Agriceuticals, [redacted] Moyer studied Computer science at Clemson University and has an MBA from Villanova University
Shay Avraham Sarid Co-Master Cultivator		[redacted] Shay is a co-founder of Cannabics Inc. and EYBNA and is the recent Chairman of the Israeli Medical

		Cannabis Growers Council.
Guy Shivaz Cultivation Specialist		Guy Shivas [redacted] Shivas will play a key role in managing farm operations and initial set up.
Khary Bryan Scientist and Extractor		Dr. Bryan holds a Doctor of Pharmacy degree from the Philadelphia College of Pharmacy. [redacted] Dr. Bryan strives to optimize pharmacotherapy in order to improve outcomes and reduce medication errors and health care costs. His personal discovery of the existence of the human endocannabinoid system generated a desire to increase his understanding of cannabinoid chemistry and therapeutics. [redacted] He provided education to caregivers and patients about the High Performance Thin Layer Chromatography cannabinoid analysis method, endocannabinoid system, and cannabis chemistry. Dr. Bryan's current interests include disease prevention through lifestyle modification, cannabis as preventative medicine, endocannabinoid system optimization, and the formulation of standardized dose cannabis that displays predictable pharmacokinetics.
Edward Fussell Co-Master Cultivator		Edward [redacted]

Joseph Bova Pharmacy Dispensary Operations		Joe earned a BS in Pharmacy from St. John's University in 1977 and a MS in Pharmacy in 2013 from LIU Pharmacy (Regulatory Affairs). He [redacted] He was also a Village Trustee in Dobbs Ferry and Mayor (2000-2007). After he was elected president of the Westchester and Rockland Society of Pharmacists, he went on to become president of the Pharmacists Society of the State of New York. In 1995, he was appointed to the NY State Board of Pharmacy by the Regents and served two five-year terms. During this time he was Chairman of the Board and chair of various committees. [redacted]
Darwin Millard QA/QC Production and Packaging		Darwin Millard [redacted] Millard has a degree in Mechanical Engineering and specializes in mechanical and solvent-based extraction methodologies for isolating highly volatile terpenophenolic secondary metabolites from botanicals. He has spent the last nine years focusing on the extraction of cannabinoids and other molecular constituents from the Cannabis plant. Darwin Millard is the chair of the HIA Cannabinoid Safety Committee and is active in assisting to create and define legislation for this burgeoning industry.

Meghan O'Sullivan Director of Marketing		Meghan O'Sullivan currently oversees all marketing activities for Valley Agriceuticals. This includes developing strategic marketing initiatives for the company from message development to outreach. O'Sullivan also manages all outside agencies and vendors to develop corporate branding, product brands, websites, video, collateral and public relations campaigns. O'Sullivan [redacted] O'Sullivan has extensive experience in branding as well as category marketing and has developed the strategy and tactics behind the firm's most successful integrated marketing programs.

BACKGROUND INVESTIGATIONS

Valley Agriceuticals fully understands the appropriate level of security required to work within the medical cannabis industry in the State of New York. In regards to background investigations required by Article 33 of the New York State Public Health Law, 10 NYCRR Part 1004, Valley Agriceuticals will meet or exceed those requirements. Prior to Valley Agriceuticals submitting this application we have taken the safeguard of having all persons not only undergo a criminal history background check but also undergo the following:

- Biographical information, including employment history and educational background
  - Develop a biographical and residential template of the subject, designed to identify the geographical areas needed to be searched for data.
- Real estate ownership and transactions
  - Nationwide search for ownership of real estate properties
- Business affiliations
  - Identification of companies where subject is a board member, owns more than 10 percent of a company or is part owner of privately held business.
- UCC filings
  - Searches identify Financing Statements and Financing Statement Amendments filed under the Uniform Commercial Code as well as Notices of Federal Tax Liens
  - Bankruptcy history
    - Nationwide searches of all bankruptcy courts in the U.S. (Or geographical area concerned, if available.)
  - Licensing records
    - Professional license vetted and searches conducted for any derogatory or disciplinary records.
- Litigation history
  - Targeted searches of state courts and nationwide searches of all federal courts.

- Criminal history
  - Targeted searches of state courts via either a statewide repository or local criminal courts. A proprietor search of records readily available to the public, Nationwide, was also conducted.
- Local, regional and national newspapers, magazines and trade journals as well as internet searches
  - Negative or derogatory results identified.

Valley Agriceuticals has followed New York State's lead, and believes it is only through strict compliance as written within the New York State regulations that this industry will be successful in providing outstanding medical care to our patients. We will continue to maintain this high standard of background screening well beyond the issuance of a license if we are chosen as one of the providers in New York State.

המכון לבקרה ואיכות

תעודה

מס'. I9911

הנני מאשר בזאת כי תהליכי הגידול של

שיח שריד בע"מ

פעמי אביב 23, גבעת ח"ן
מס' רישום: IQC 4171

נסקרו ונבחנו ע"י המכון לבקרה ואיכות, ונמצאו בהתאמה

ל"תנאי גידול נאותים"

בהתבסס על מסמך קווים מנחים לגידול קנאביס רפואי, הולנד, דצמבר 2002

האישור תקף לפעולות הבאות:

גידול, עיבוד, אריזה, אחסון ושיווק של קנאביס רפואי

אישור זה בתוקף עד:

08.12.2015

האישור מותנה בהמשך יישום תנאי הגידול,
בכפוף לביצוע מבדקי מעקב ע"י המכון לבקרה ואיכות - IQC

תאריך האישור הראשון:

09.12.2013

דן הלפרן, נשיא

05.02.2015
תאריך אישור

מכון לבקרה ואיכות אי.קיו.סי. בע"מ
רח' רבניצקי 6, פתח תקווה 49277
טל': 03-9313555, פקס: 03-9044406
E-Mail. info@iqc.co.il, www.iqc.co.il

Institute of Quality & Control

CERTIFICATE

NO. I9911

This is to certify that the production process of

Seach Sarid Ltd.

23 Paamei Aviv St, Givat Chen, Israel
Registration No': IQC 4171

Were audited by the Institute of Quality and Control – IQC
and found in complience with

Good Agricultural Practices

Based on the Dutch Guidelines for cultivating cannabis for medicinal purposes, December 2002
This certificate is valid for the following acctivites:

Growing, processing, packing, storage and marketing of medicinal cannabis

This certificate is valid until:

08.12.2015

Date of first approval:

09.12.2013

This certificate is subject to the continuing satisfactory operation of the Good Agricultural Practices and periodic auditing by IQC

05.02.2015
Issue date

Dan Halpern, President

Institute of Quality & Control Ltd.
6 Ravnitzky St., Petah Tikva 49277, Israel
Tel: 03-9313555, Fax: 03-9044406
E-Mail. info@iqc.co.il, www.iqc.co.il

JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON
Erik E. Holling

CASE # 15-00020

Report prepared for

GLOSTER STREET CAPITAL

February 17, 2014

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON
Philip Scott Green

CASE #15-DD-00021

Report prepared for

GLOSTER STREET CAPITAL

February 19, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON STEPHEN J. ASHEKIAN

GLOUCESTER STREET CAPITAL

CASE # 15-00022

Report prepared for

GLOUCESTER STREET CAPITAL

February 19, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON HOWARD J. LUKS

CASE # 15-DD-00024

Report prepared for

GLOSTER STREET CAPITAL

FEBRUARY 19, 2015

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
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NEW YORK, NY 10017

INVESTIGATIVE REPORT ON John W. Cutter

CASE # 15-00088

Report prepared for

ERIC HOLLING
GLOUSTER STREET CAPITAL

June 4, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Daniel Joseph Hartman

CASE # 15-00090

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 4, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Vincent Nicholas Marrone

CASE # 15-00091

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 4, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Jesica Agnes Clark

CASE # 15-00092

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

April 24, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON
Ronald Smalley

CASE # 15-00093

Report prepared for

ERIC HOLLING
GLOUSTER STREET CAPITAL

May 14, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Joseph J. Bova

CASE # 15-00095

Report prepared for

ERIC HOLLING

GLOUSTER STREET CAPITAL

May 5, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Guy Shibaz

CASE # 15-00100

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 8, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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INVESTIGATIVE REPORT: GUY SHIBAZ

CASE # 15-00100

INTRODUCTION

John Cutter Investigations (JCI) was asked to investigate the background of **GUY SHIBAZ,** an Israeli born male. Client expressed interest in knowing as many details as possible about this individual. In order to answer client's concerns, JCI contacted trusted overseas investigative partners, to verify information gathered from public sources and to obtain additional details not easily available via regular channels.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON NITZAN LOTRINGER

CASE # 15-00101

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 8, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Eileen Konieczny

CASE # 15-00104

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 7, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
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INVESTIGATIVE REPORT ON

Alan E. Shackelford

Amarimed of Colorado

CASE # 15-00106

Report prepared for

ERIK HOLLING

GLOUCESTER STREET CAPITAL

May 11, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Marshall Gobuty

LAGOinvest

CASE # 15-00108

Report prepared for

ERIK HOLLING

GLOUCESTER STREET CAPITAL

May 11, 2015

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360 LEXINGTON AVENUE
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NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Dr. Edgar Alfonso Romero-Sandoval

CASE # 15-00111

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 5, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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NEW YORK, NY 10017

INVESTIGATIVE REPORT ON
Darwin Millard

CASE # 15-00113

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 15, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
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SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Khary Bryan

CASE # 15-00116

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 15, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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JOHN CUTTER INVESTIGATIONS
360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Jeffrey A. Moyer

CASE # 15-00117

Report prepared for

ERIC HOLLING

GLOUSTER STREET CAPITAL

April 28, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON SHAY SARID

CASE # 15-00119

Report prepared for

ERIC HOLLINGS

GLOUCESTER STREET CAPITAL

May 8, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Edward R. Fussell

Owen & Ross

CASE # 15-00127

Report prepared for

ERIK HOLLING

GLOUCESTER STREET CAPITAL

May 22, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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360 LEXINGTON AVENUE
SUITE 201
NEW YORK, NY 10017

INVESTIGATIVE REPORT ON

Cary W. Spanbauer

CASE # 15-00150

Report prepared for

ERIC HOLLING
GLOSTER STREET CAPITAL

June 4, 2015

This report is confidential and is intended solely for the information and use of the client to whom it is addressed. This report is not to be disseminated to any third party without our express written consent. If the report is released to a third party without our express written consent, the client agrees to indemnify us for all costs and judgments as a result of litigation. The client agrees to pay all judgments promptly. All sources are deemed reliable and accurate. However, we have no control over the integrity of the data and we will not assume responsibility of the accuracy or integrity of their records. All information is subject to change at any time. No guarantees are made and no warranty of content is implied, expressed, or intended.

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Meriden, CT 06450
Tel: 203.284.6200
Fax: 203.265.1854
www.megapath.com

6/2/15

Erik Holling, CEO
Valley Agriceuticals, LLC
2500 Westchester Avenue
Purchase, NY 10577

Dear Mr. Holling,

This letter is to confirm that we have researched the locations listed below and can provide hi speed Internet service to all.

Address	City	Zip
6706 Buckley Road	Syracuse	13212
920 Spencer Street	Syracuse	13212
18 Computer Drive W.	Colonie (Albany)	12205
3020 Westchester Ave	Purchase (Harrison)	10577
42-44 Greene Street	Manhattan	10001
750 S. Broadway	Hicksville	11801
4070 Hempstead Tpke	Bethpage	11714
995 Senator Keating	Rochester	14618
6-8 West 28th Street	New York (NY)	10001

Please contact us at 203-284-6233 with any questions.

Sincerely,

Kye Smith
Business Sales Executive

6415 Business Center Drive
Highlands Ranch, CO 80130, USA
P: 303.305.1701 | F: 301.924.9805

May 28, 2015

Erik Holling, CEO
Valley Agriceuticals, LLC
Purchase, NY 10577

Dear Mr. Holling ,

This letter is to confirm that we have researched the locations below and can provide high speed internet service to all.

Address	City	Zip
6706 Buckley Road	Syracuse	13212
920 Spencer Street	Syracuse	13212
18 Computer Drive W.	Colonie (Albany)	12205
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750 S. Broadway	Hicksville	11801
4070 Hempstead Tpke	Bethpage	11714
995 Senator Keating Blv	Rochester	14168
6-8 West 28th Street	New York	10001

Sincerely,

Brian Seamon
Verizon Account Representative - Medium Business | Verizon Enterprise Solutions
Tel: 303.305.6048|Fax: 303-305-6055 |Email: brian.seamon@verizon.com
6415 Business Center Drive, Highlands Ranch, CO 80130, USA

VALLEY AGRICEUTICALS

ATTACHMENT L:
TIMELINE

Attachment L

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

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

Beijing CAGW Agricultural Equipments co., ltd
Address: 3rd Floor, Kehuifuhu Building, No. 12 ZhongGuanCun South Street, Haidian District, Beijing, 100081, China Tel: 86-10-62197238, Fax: 86-10-62192326
E-mail: zhbarrenhouse@yahoo.com Http://www.zhbarrenhouse.com

June 2nd, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical marijuana Program
150 Broadway
Albany, NY 12204

The following greenhouse specifications and materials (listed below) have been ordered by Valley Agriceuticals, LLC. The equipment, materials and shipping has all been paid for.

The greenhouse is currently being constructed completely at our facility and will be shipped to the site for arrival by June 30, 2015.

No.	[redacted]	[redacted]
1	Main body Framework	[redacted]
2	Cover Material & Aluminum profiles	[redacted]
3	Blackout System	[redacted]

Authorized Signature

Signer's Name: Steve Qin
Signer's Title: International Trade Manager

VALLEY AGRICEUTICALS

ATTACHMENT M

Valley Agriceuticals LLC (Valley Agriceuticals) of Purchase, New York, respectfully submits in conjunction with the application for registration as a registered organization for New York State's medical marijuana program, pursuant to Public Health Law § 3365(9) and 10 NYCRR § 1004.5(b)(8) and associated State regulations related thereto, our statement of compliance with all applicable state and local laws.

Valley Agriceuticals has the ability to and will comply with all applicable state and local laws and regulations as they relate to the activities of a Registered Organization.

Valley Agriceuticals has, as part of our organization, professionals that have been engaged in the Medical Marijuana Industry and/or have been experts in their fields with specialized skill sets for a combined excess of 50 years. These experts cover, as is evident from the enclosed operating plan (Attachment D), all aspects of a Registered Organization. They include manufacturing (cultivation and production), pharmaceutical and medical marijuana sale and dispensing, security and control, quality control, quality assurance, business management and regulation. These experts bring operating experience in regulated systems from multiple states and foreign countries. Collectively we have operated in these jurisdictions without incident and intend to bring that same regulatory compliance in our practices and oversight of our Registered Organization in New York State.

Further, Valley Agriceuticals has formed an exclusive relationship with Teva Pharmaceutical Industry Ltd (one of the 15 largest pharmaceutical companies worldwide) to bring collective research, patient education and importantly the bilateral development of a global medical cannabis production and/or pharmacovigilance program marrying the best of medical cannabis and global pharmaceutical standards.

Valley Agriceuticals has, as part of its due diligence on its property acquisition, engaged with local government for proper approvals and permitting. We have engaged engineers and contractors from the beginning to ensure that all deadlines will be met. We have subsequently engaged experts to review all site and building codes to ensure local compliance. Our plan from the beginning was not only to gain local support, which we have, but to ensure that issues in bringing all assets on line, were anticipated and addressed.

Valley Agriceuticals has the ability to and will comply with all applicable state and local laws and regulations as they relate to the activities of a Registered Organization. Additionally please see attached review of the applicable state regulations and areas where they are addressed in the Application for Registration.

Erik Holling

June 2, 2015

President Date

Daniel Hartman

June 2, 2015

Head of Compliance Date

ATTACHMENT M: NEW YORK STATE REGULATIONS TABLE OF CONTENTS

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.10.a.1	GENERAL	make its books, records and manufacturing and dispensing facilities available to the department or its authorized representatives for monitoring, on-site inspection, and audit purposes, including but not limited to periodic inspections and/or evaluations of facilities, methods, procedures, materials, staff and equipment to assess compliance with requirements set forth in article 33 of the public health law and this subpart;	Affirm	Attachment D: Section 10
1004.10.a.2	GENERAL	only manufacture and dispense approved medical marihuana products in New York State in accordance with article 33 of the public health law and this subpart;	Affirm	Attachment D: Section 1 Section 3
1004.10.a.3	GENERAL	only manufacture and dispense approved medical marihuana products in an indoor, enclosed, secure facility located in New York State which may include greenhouses;	Affirm	Appendix B
1004.10.a.4	GENERAL	submit approved medical marihuana product samples to the department upon request, including for quality assurance testing or investigation of an adverse event. A subset of each lot of medical marihuana product shall be retained by the registered organization to allow for testing in the future if requested by the department and shall be stored unopened as indicated on the label and in the original packaging. This subset of medical marihuana product must be readily identifiable as belonging to its specific lot. The quantity retained shall be a statistically representative number of samples to allow for complete testing of the product at least three times and shall be retained by the registered organization for at least two years following the date of expiration	Affirm	Attachment D: Section 1
1004.10.a.5	GENERAL	implement immediately policies and procedures to document and investigate complaints and adverse events and report these events to the department within 24 hours of their occurrence. Such policies and procedures shall be set forth in the registered organization's operating plan.	Affirm	Attachment D: Section 8
1004.10.a.6	GENERAL	quarantine any lot of medical marihuana product as directed by the department, and not transport, distribute or dispense such lot unless prior approval is obtained from the department	Affirm	Attachment D: Section 1
1004.10.a.7	GENERAL	dispose of unusable medical marihuana products that have failed laboratory testing or any marihuana used in the manufacturing process as per the registered organization's approved operating plan.	Affirm	Attachment D Section 8
1004.10.a.8	GENERAL	maintain records required by article 33 of the public health law and this subpart for a period of five (5) years and make such records available to the department upon request. Such records shall include:	Affirm	Attachment D Section 10
1004.10.a.8.i	GENERAL	documentation, including lot numbers where applicable, of all materials used in the manufacturing of the approved medical marihuana product to allow tracking of the materials including but not limited to soil, soil amendment, nutrients, hydroponic materials, fertilizers, growth promoters, pesticides, fungicides, and herbicides;	Affirm	Attachment D Section 1
1004.10.a.8.ii	GENERAL	cultivation, manufacturing, packaging and labeling production records	Affirm	Attachment D: Section 1
1004.10.a.8.iii	GENERAL	laboratory testing results.	Affirm	Attachment D: Section 1
1004.10.b.1	GENERAL	Registered organizations shall not: dispense approved medical marihuana products from the same location where the marihuana is grown or manufactured;	Affirm	Appendix B
1004.10.b.2	GENERAL	Registered organizations shall not: grow marihuana or produce medical marihuana at any site other than a facility or site approved by the department and set forth in the registered organization's registration;	Affirm	Appendix B
1004.10.b.3	GENERAL	Registered organizations shall not: distribute products or samples at no cost except as may be allowed by the commissioner;	Affirm	Attachment D: Section 3
1004.10.b.4	GENERAL	Registered organizations shall not: make substantial alterations to the structure or architectural design of a manufacturing or dispensing facility without prior written approval of the department;	Affirm	
1004.10.b.5	GENERAL	Registered organizations shall not: change the composition of the entity which is the registered organization, including but not limited to, a change in sole proprietor, partner, director, stockholder, member or membership interest of the registered organization without the prior written approval of the department	Affirm	
1004.10.b.6	GENERAL	Registered organizations shall not: materially modify or revise its operating plan, including its policies and procedures related to cultivation, processing, manufacturing, distributing or dispensing policies or procedures, without prior	Affirm	

ATTACHMENT M: NEW YORK STATE REGULATIONS TABLE OF CONTENTS

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		written approval of the department.		
1004.10.b.7	DISPENSARY	Registered organizations shall not: locate a dispensing facility on the same street or avenue and within one thousand feet of a building occupied exclusively as a school, church, synagogue or other place of worship. The measurements in this paragraph of this subdivision are to be taken in straight lines from the center of the nearest entrance of the premises sought to be used as a dispensing facility to the center of the nearest entrance of such school, church, synagogue or other place of worship.	Affirm	Appendix B
1004.11.a.1	PRODUCTION	"Approved medical marihuana product" is the final manufactured product delivered to the patient that represents a specific brand with a defined cannabinoid content and active and inactive ingredients, prepared in a specific dosage and form, to be administered as recommended by the practitioner.	Affirm	Attachment D: Section 3
1004.11.a.2	PRODUCTION	"Brand" means a defined medical marihuana extraction product that has a homogenous and uniform cannabinoid concentration and product quality, produced according to an approved and stable processing protocol. The specified brand shall have a total THC and total CBD concentration that is within 95 – 105% of that specified in milligrams per dose for that brand and shall have the same composition and concentration of inactive ingredients as that defined for the brand.	Affirm	Attachment D: Section 3
1004.11.a.3	PRODUCTION	"Form" of medical marihuana shall be a type of a medical marihuana product approved by the commissioner and shall refer to the final preparation of an approved medical marihuana brand; for example, an extract in oil for sublingual administration, an extract for vaporization or an extract in a capsule for ingestion.	Affirm	Attachment D: Section 1 Section 3
1004.11.a.4	PRODUCTION	"Lot" means a quantity of a medical marihuana extraction product that has a homogenous and uniform cannabinoid concentration and product quality, produced according to an approved and stable processing protocol specific to that brand and form of medical marihuana product, during the same cycle of manufacture	Affirm	Attachment D: Section 1
1004.11.a.5	PRODUCTION	"Lot unique identifier (Lot number or bar code)" means any distinctive combination of letters, numbers, or symbols, or any combination of them, from which the complete history of manufacturing, testing, holding, distribution or recall of a lot of medical marihuana product can be determined.	Affirm	Attachment D: Section 1 Section 10
1004.11.a.6	PRODUCTION	"Manufacturing" shall include, but not be limited to cultivation, harvesting, extraction (or other processing), packaging and labeling.	Affirm	Attachment D: Section 1
1004.11.b	PRODUCTION	A registered organization shall use either carbon dioxide (CO2, super-critical) or alcohol for cannabinoid extraction and shall only perform extraction of the leaves and flowers of female marihuana plants. A registered organization shall only use carbon dioxide that is of a supply equivalent to food or beverage grade of at least 99.5% purity; and alcohol used shall be of a grade that meets or exceeds specifications of official compendiums as defined in section 321 of Title 21 of the United States Code (USC). 21 USC §321 is available for copying and inspection at the Regulatory Affairs Unit, New York State Department of Health, Corning Tower, Empire State Plaza, Albany, New York 12237. A registered organization shall obtain prior written approval from the department if it seeks to use other extraction methods.	Affirm	Attachment D: Section 1
1004.11.c.1	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: Each registered organization may initially produce up to five brands of medical marihuana product with prior approval of the department. These brands may be produced in multiple forms as approved by the commissioner. Thereafter, additional brands may be approved by the department. However, in no case shall marihuana in unprocessed whole flower form be made available to certified patients.	Affirm	Attachment D: Section 1

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1004.11.c.2	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: Each medical marihuana product brand, in its final form, shall be defined as having a specific concentration of total Tetrahydrocannabinol (THC) and total Cannabidiol (CBD) and shall have a consistent cannabinoid profile. The concentration of the following cannabinoids, at a minimum, must be reported: (i) Tetrahydrocannabinol (THC) (ii) Tetrahydrocannabinol acid (THCA) (iii) Tetrahydrocannabivarin (THCV) (iv) Cannabidiol (CBD) (v) Cannabinadiolic acid (CBDA) (vi) Cannabidivarine (CBDV) (vii) Cannabinol (CBN) (viii) Cannabigerol (CBG) (ix) Cannabichromene (CBC) (x) Any other cannabinoid component at > 0.1%	Affirm	Attachment D: Section 1
1004.11.c.3	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: The final medical marihuana product shall not contain less than ninety-five percent (95%) or more than one hundred-five percent (105%) of the concentration of total THC or total CBD indicated on the label for this brand. Each brand shall have a maximum of 10mg total THC per dose.	Affirm	Attachment D: Section 1
1004.11.c.4	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: The registered organization shall offer and make available to patients at least one brand that has a low THC and a high CBD content (e.g., a 1:20 ratio of THC to CBD)	Affirm	Attachment D: Section 1
1004.11.c.5	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: The registered organization shall offer and make available at least one brand that has approximately equal amounts of THC and CBD	Affirm	Attachment D: Section 1
1004.11.c.6	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: For each brand offered, the registered organization shall only utilize a distinct name which has been approved by the department, consisting of only letters and/or numbers. The name shall not be coined or fanciful, and may not include any "street", slang or other name. No reference shall be made to any specific medical condition	Affirm	Attachment D: Section 1
1004.11.c.7	PRODUCTION	A registered organization shall only produce such forms of medical marihuana as approved by the department according to the following requirements: Each registered organization shall ensure the availability of at least a one year supply of any offered brand unless otherwise allowed by the department.	Affirm	Attachment D: Section 1
1004.11.d	PRODUCTION	The registered organization shall not add any additional active ingredients or materials to any approved medical marihuana product that alters the color, appearance, smell, taste, effect or weight of the product unless it has first obtained prior written approval of the department. Excipients must be pharmaceutical grade and approved by the department.	Affirm	Attachment D: Section 1
1004.11.e.1	CULTIVATION	A registered organization shall: use good agricultural practices (GAPs) and must conform to all applicable laws and rules of New York State	Affirm	Attachment D: Section 1
1004.11.e.2	CULTIVATION	A registered organization shall: use water from a public water supply or present a plan, approved by the department, which demonstrates the ability to obtain sufficient quantities of water of equal or greater quality as that from a public water supply and to monitor the quality of such water on an ongoing basis;	Affirm	Attachment D: Section 1
1004.11.e.3	CULTIVATION	A registered organization shall: use only pesticides, fungicides, and herbicides that are approved by the New York State Department of Agriculture and Markets	Affirm	Attachment D: Section 1
1004.11.e.4	CULTIVATION	A registered organization shall: process the leaves and flowers of the female plant only, in a safe and sanitary manner;	Affirm	Attachment D: Section 1
1004.11.e.5	CULTIVATION	A registered organization shall: perform visual inspection of the harvested plant material to ensure there is no mold, mildew, pests, rot or gray or black plant material;	Affirm	Attachment D: Section 1
1004.11.e.5	CULTIVATION	A registered organization shall: have a separate secure area for temporary storage of any medical marihuana or medical marihuana product that needs to	Affirm	Attachment D: Sections 1

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		be destroyed.		Section 5
1004.11.f	CULTIVATION	Production of any approved medical marihuana product shall be in accordance with general sanitary conditions. Poisonous or toxic materials, including but not limited to insecticides, rodenticides, detergents, sanitizers, caustics, acids and related cleaning compounds must be stored in a separate area from the marihuana and medical marihuana products in prominently and distinctly labeled containers, except that nothing herein precludes the convenient availability of detergents or sanitizers to areas where equipment, containers and utensils are washed and sanitized.	Affirm	Attachment D: Section 1
1004.11.g.1	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: liquid or oil preparations for metered oromucosal or sublingual administration or administration per tube;	Affirm	Attachment D: Section 1
1004.11.g.2	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: metered liquid or oil preparations for vaporization;	Affirm	Attachment D: Section 1
1004.11.g.3	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: capsules for oral administration	Affirm	Attachment D: Section 1
1004.11.g.4	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: any additional form and route of administration approved by the commissioner. Smoking is not an approved route of administration.	Affirm	Attachment D: Section 1
1004.11.g.5	PRODUCTION	Approved medical marihuana products shall be limited to the following forms and routes of administration: approved medical marihuana products may not be incorporated into edible food products by the registered organization, unless approved by the commission	Affirm	Attachment D: Section 1
1004.11.h	PRODUCTION	The registered organization shall package the final form of the approved medical marihuana product at the manufacturing site. The original seal shall not be broken except for quality testing at an approved laboratory, for adverse event investigations, by the department, or by the certified patient or designated caregiver	Affirm	Attachment D: Section 1
1004.11.i	PRODUCTION	The registered organization shall package the approved medical marihuana product such that it is child-resistant, tamper-proof/tamper-evident, light-resistant, and in a resealable package that minimizes oxygen exposure.	Affirm	Attachment D: Section 1 Section 3
1004.11.j	PRODUCTION/ MARKETING	The registered organization shall identify each lot of approved medical marihuana product with a lot unique identifier	Affirm	Attachment D: Section 1 Section 3
1004.11.j	PRODUCTION/ MARKETING	The registered organization shall identify each lot of approved medical marihuana product with a lot unique identifier	Affirm	Attachment D: Section 1 Section 3
1004.11.k	PRODUCTION/ MARKETING	Each approved medical marihuana product shall be affixed with a product label. Medical marihuana product labels shall be approved by the department prior to use. Each product label shall be applied at the manufacturing facility, be easily readable, firmly affixed and include: (1) the name, address and registration number of the registered organization; (2) the medical marihuana product form and brand designation; (3) the single dose THC and CBD content for the product set forth in milligrams (mg); (4) the medical marihuana product lot unique identifier (lot number or bar code); (5) the quantity included in the package; (6) the date packaged; (7) the date of expiration of the product; (8) the proper storage conditions; (9) language stating: (i) "Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient"; (ii) "Keep secured at all times"; (iii) "May not be resold or transferred to another person"; (iv) "This product might impair the ability to drive"; (v) "KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner's care"); and	Affirm	Attachment D: Section 1 Section 3

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		(vi) "This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant's pediatrician."		
1004.11.k	PRODUCTION/ MARKETING	Each approved medical marihuana product shall be affixed with a product label. Medical marihuana product labels shall be approved by the department prior to use. Each product label shall be applied at the manufacturing facility, be easily readable, firmly affixed and include: (1) the name, address and registration number of the registered organization; (2) the medical marihuana product form and brand designation; (3) the single dose THC and CBD content for the product set forth in milligrams (mg); (4) the medical marihuana product lot unique identifier (lot number or bar code); (5) the quantity included in the package; (6) the date packaged; (7) the date of expiration of the product; (8) the proper storage conditions; (9) language stating: (i) "Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient"; (ii) "Keep secured at all times"; (iii) "May not be resold or transferred to another person"; (iv) "This product might impair the ability to drive"; (v) "KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner's care"); and (vi) "This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant's pediatrician."	Affirm	Attachment D: Section 1 Section 3
1004.11.l	PRODUCTION	For each lot of medical marihuana product produced, the registered organization shall submit a predetermined number of final medical marihuana products (e.g., sealed vials or capsules; with the number of samples submitted, based on statistical analysis, determined to be representative of the lot) to an independent laboratory/laboratories approved by the department. The laboratory verifying the cannabinoid content shall be approved for the analysis of medical marihuana product by the department in accordance with section five hundred two of the public health law and subpart 55-2 of this title. Such laboratory, or approved laboratories cumulatively, shall certify the medical marihuana product lot as passing all contaminant testing and verify that the content is consistent with the brand prior to the medical marihuana product being released from the manufacturer to any dispensing facility.	Affirm	Attachment D: Section 1 Section 3
1004.11.l.1	PRODUCTION/S ECURITY	Any lot not meeting the minimum standards or specifications for safety shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan	Affirm	Attachment D: Section 1 Section 3
1004.11.l.1	PRODUCTION/S ECURITY	Any lot not meeting the minimum standards or specifications for safety shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan	Affirm	Attachment D: Section 5 Section 7 Section 9
1004.11.l.2	PRODUCTION/S ECURITY	Any lot not meeting the minimum standards or specifications for brand consistency shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan.	Affirm	Attachment D: Section 1 Section 3 Section 5
1004.11.l.2	PRODUCTION/S ECURITY	Any lot not meeting the minimum standards or specifications for brand consistency shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan.	Affirm	Attachment D: Section 5 Section 7 Section 9
1004.11.l.3	PRODUCTION/S ECURITY	The registered organization shall keep and maintain records documenting submission of medical marihuana products to approved laboratories as required herein, and the results of the laboratory testing. The registered organization shall provide the department with such records upon request.	Affirm	Attachment D: Section 10

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1004.11.l.3	PRODUCTION/SECURITY	The registered organization shall keep and maintain records documenting submission of medical marihuana products to approved laboratories as required herein, and the results of the laboratory testing. The registered organization shall provide the department with such records upon request.	Affirm	Attachment D: Section 1 Section 10
1004.11.m	PRODUCTION	The registered organization shall demonstrate the stability of each approved medical marihuana product produced (each brand in each form) by testing at an approved laboratory in accordance with section 4001.14 of this title:	Affirm	Attachment D: Section 1 Section 3
1004.11.m.1	PRODUCTION	the stability and expiration date of the final distributed medical marihuana product shall be validated and shall be stable for a minimum of 60 days under the specified storage conditions (light, temperature and humidity) when open	Affirm	Attachment D: Section 1 Section 3
1004.11.m.2	PRODUCTION	shelf-life of unopened medical marihuana products (e.g., packages or vials) shall be validated by ongoing stability testing according to a schedule determined by the department and an expiration date for unopened products shall be determined through the stability testing	Affirm	Attachment D: Section 1, Section 3
1004.11.m.3	PRODUCTION	specifications regarding storage conditions must address storage at the manufacturing facility once the package is sealed, during transport, at the dispensing facility, in the patient's home and for samples retained for future testing.	Affirm	Attachment D: Section 1 Section 3
1004.11.n	PRODUCTION	No synthetic marihuana additives shall be used in the production of any medical marihuana product	Affirm	Attachment D: Section 1 Section 3
1004.11.o	PRODUCTION	The registered organization's approved standard operating procedure for the aforementioned activities must be followed, unless otherwise approved by the department	Affirm	Attachment D: Section 1 Section 3
1004.12.a	DISPENSARY	Dispensing facilities shall not be open or in operation unless an individual with an active New York State pharmacist license, as defined in article one hundred and thirty seven of the Education Law, is on the premises and directly supervising the activity within the facility. At all other times, the dispensing facility shall be closed and properly secured	Affirm	
1004.12.b	DISPENSARY	Dispensing facilities shall not sell items other than approved medical marihuana products and related products necessary for the approved forms of administration of medical marihuana, without prior written approval from the department.	Affirm	Attachment D: Section 3
1004.12.c	DISPENSARY	No approved medical marihuana products shall be vaporized or consumed on the premises of a dispensing facility.	Affirm	Attachment D: Section 3 Section 5
1004.12.d	DISPENSARY	No food or beverages shall be consumed by certified patients or designated caregivers on the premises of a dispensing facility, unless necessary for medical reasons.	Affirm	Attachment D: Section 3
1004.12.e	DISPENSARY	Dispensing facilities shall not dispense approved medical marihuana products to anyone other than a certified patient or designated caregiver	Affirm	Attachment D: Section 3
1004.12.f.1	DISPENSARY	When dispensing approved medical marihuana products, the dispensing facility shall: not dispense an amount greater than a thirty (30) day supply to a certified patient, and not until the patient has exhausted all but a seven day supply provided pursuant to any previously dispensed medical marihuana product by any registered organization;	Affirm	Attachment D: Section 3
1004.12.f.2	DISPENSARY	When dispensing approved medical marihuana products, the dispensing facility shall: ensure that medical marihuana product packaging shall not be opened by dispensing facility staff;	Affirm	Attachment D: Section 3
1004.12.f.3	DISPENSARY	When dispensing approved medical marihuana products, the dispensing facility shall: provide a patient specific log of medical marihuana products (brand, administration form, and dosage, and dates dispensed and any return of product) to the patient, the patient's designated caregiver, if applicable, or the patient's practitioner upon request;	Affirm	Attachment D: Section 3
1004.12.g.1	DISPENSARY/SECURITY	Access to the dispensing facility shall be restricted as follows: Except as provided in paragraph (2) of this subdivision, no person, except a registered organization employee, shall be allowed on the premises of a dispensing facility without a certified patient or designated caregiver registry identification card issued by the department	Affirm	Attachment D: Section 3 Section 5
1004.12.g.1	DISPENSARY/SECURITY	Access to the dispensing facility shall be restricted as follows: Except as provided in paragraph (2) of this subdivision, no person, except a registered organization employee, shall be allowed on the premises of a dispensing facility without a certified patient or designated caregiver registry identification card	Affirm	Attachment H Section 3 Section 5

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		issued by the department		
1004.12.g.2	DISPENSARY/SECURITY	Access to the dispensing facility shall be restricted as follows: Upon prior written request, the department may waive the provisions of paragraph (1) of this subdivision. All persons not permitted on the premises of a dispensing facility pursuant to paragraph (1) of this subdivision, but who have been authorized, in writing, to enter the facility by the department shall obtain a visitor identification badge from a dispensing facility employee prior to entering the dispensing facility. A dispensing facility employee shall escort and monitor the visitor at all times while the visitor is in the dispensing facility. The visitor identification badge shall be visible at all times. The dispensing facility shall require the visitor to return the identification badge to a dispensing facility employee upon exiting the dispensing facility.	Affirm	Attachment D: Section 3 Section 5
1004.12.g.2	DISPENSARY/SECURITY	Access to the dispensing facility shall be restricted as follows: Upon prior written request, the department may waive the provisions of paragraph (1) of this subdivision. All persons not permitted on the premises of a dispensing facility pursuant to paragraph (1) of this subdivision, but who have been authorized, in writing, to enter the facility by the department shall obtain a visitor identification badge from a dispensing facility employee prior to entering the dispensing facility. A dispensing facility employee shall escort and monitor the visitor at all times while the visitor is in the dispensing facility. The visitor identification badge shall be visible at all times. The dispensing facility shall require the visitor to return the identification badge to a dispensing facility employee upon exiting the dispensing facility.	Affirm	Attachment H Section 3 Section 5
1004.12.g.2.i	DISPENSARY/SECURITY	The dispensing facility shall maintain a visitor log, which shall include the name of the visitor, date, time and purpose of the visit. The visitor log shall be available to the department at all times during operating hours and upon request.	Affirm	Attachment D: Section 3 Section 5
1004.12.g.2.i	DISPENSARY/SECURITY	The dispensing facility shall maintain a visitor log, which shall include the name of the visitor, date, time and purpose of the visit. The visitor log shall be available to the department at all times during operating hours and upon request.	Affirm	Attachment H Section 3 Section 5
1004.12.g.2.ii	DISPENSARY/SECURITY	If an unforeseen circumstance requires the presence of a visitor and makes it impractical for the dispensing facility to obtain a waiver pursuant to this subpart, the dispensing facility shall record in the visitor log, the name of the visitor, date, time, purpose of the visit and the facts upon which the access was granted.	Affirm	Attachment D: Section 3 Section 5
1004.12.g.2.ii	DISPENSARY/SECURITY	If an unforeseen circumstance requires the presence of a visitor and makes it impractical for the dispensing facility to obtain a waiver pursuant to this subpart, the dispensing facility shall record in the visitor log, the name of the visitor, date, time, purpose of the visit and the facts upon which the access was granted.	Affirm	Attachment H Section 3 Section 5
1004.12.h	DISPENSARY/SECURITY	the dispensing facility shall affix to the approved medical marihuana product package a patient specific dispensing label approved by the department, that is easily readable, and firmly affixed and includes: (1) the name and registry identification number of the certified patient and designated caregiver, if any; (2) the ordering practitioner's name; (3) the dispensing facility name, address and phone number; (4) the dosing and administration instructions; (5) the quantity and date dispensed; and (6) any recommendation or limitation by the practitioner as to the use of medical marihuana.	Affirm	Attachment D: Section 3
1004.12.h	DISPENSARY/SECURITY	the dispensing facility shall affix to the approved medical marihuana product package a patient specific dispensing label approved by the department, that is easily readable, and firmly affixed and includes: (1) the name and registry identification number of the certified patient and designated caregiver, if any; (2) the ordering practitioner's name; (3) the dispensing facility name, address and phone number; (4) the dosing and administration instructions; (5) the quantity and date dispensed; and (6) any recommendation or limitation by the practitioner as to the use of medical marihuana.	Affirm	Attachment H Section 3 Section 5

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1004.12.h	DISPENSARY/SECURITY	the dispensing facility shall affix to the approved medical marihuana product package a patient specific dispensing label approved by the department, that is easily readable, and firmly affixed and includes: (1) the name and registry identification number of the certified patient and designated caregiver, if any; (2) the ordering practitioner's name; (3) the dispensing facility name, address and phone number; (4) the dosing and administration instructions; (5) the quantity and date dispensed; and (6) any recommendation or limitation by the practitioner as to the use of medical marihuana.	Affirm	Attachment D: Section 1 Section 3
1004.12.i	DISPENSARY	the dispensing facility shall place the approved medical marihuana product in a plain outer package when dispensing to the patient or designated caregiver.	Affirm	Attachment D: Section 3
1004.12.i	DISPENSARY	the dispensing facility shall place the approved medical marihuana product in a plain outer package when dispensing to the patient or designated caregiver.	Affirm	Attachment D: Section 1 Section 3
1004.12.j	DISPENSARY	The dispensing facility shall ensure that each patient receives approved medical marihuana product from no more than two distinct lots for any 30-day supply dispensed.	Affirm	Attachment D: Section 3
1004.12.k	DISPENSARY	The dispensing facility shall include with each product package dispensed to a patient, a department approved package safety insert. Information provided shall include but not be limited to: (1) the medical marihuana product and brand; (2) a list of any excipients used; (3) a warning if there is any potential for allergens in the medical marihuana product; (4) contraindications; (5) more specific dosage directions and instructions for administration; (6) warning of adverse effects and/or any potential dangers stemming from the use of medical marihuana; (7) instructions for reporting adverse effects as may be determined by the department; (8) a warning about driving, operation of mechanical equipment, child care or making important decisions while under the influence of medical marihuana; (9) information on tolerance, dependence and withdrawal and substance abuse, how to recognize what may be problematic usage of medical marihuana and obtain appropriate services or treatment; (10) advice on how to keep the medical marihuana product secure; (11) language stating that the certified patient may not distribute any medical marihuana product to anyone else; (12) language stating that unwanted, excess, or contaminated medical marihuana product must be disposed of according to section 80-1.20 of this subpart; and (13) language stating that "this product has not been analyzed by the FDA. There is limited information on the side effects of using this product and there may be associated health risks."	Affirm	Attachment D: Section 3
1004.12.k	DISPENSARY	The dispensing facility shall include with each product package dispensed to a patient, a department approved package safety insert. Information provided shall include but not be limited to: (1) the medical marihuana product and brand; (2) a list of any excipients used; (3) a warning if there is any potential for allergens in the medical marihuana product; (4) contraindications; (5) more specific dosage directions and instructions for administration; (6) warning of adverse effects and/or any potential dangers stemming from the use of medical marihuana; (7) instructions for reporting adverse effects as may be determined by the department; (8) a warning about driving, operation of mechanical equipment, child care or making important decisions while under the influence of medical marihuana; (9) information on tolerance, dependence and withdrawal and substance abuse, how to recognize what may be problematic usage of medical marihuana and obtain appropriate services or treatment;	Affirm	Attachment D: Section 1 Section 3

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		(10) advice on how to keep the medical marihuana product secure; (11) language stating that the certified patient may not distribute any medical marihuana product to anyone else; (12) language stating that unwanted, excess, or contaminated medical marihuana product must be disposed of according to section 80-1.20 of this subpart; and (13) language stating that "this product has not been analyzed by the FDA. There is limited information on the side effects of using this product and there may be associated health risks."		
1004.12.l	DISPENSARY	The dispensing facility shall store the medical marihuana product in a manner to ensure that there is no contamination or deterioration of the medical marihuana product or its packaging.	Affirm	Attachment D: Section 3
1004.12.m	DISPENSARY	If an approved medical marihuana product is returned to the dispensing facility, the dispensing facility shall dispose of such product as per the registered organization's approved operating plan.	Affirm	Attachment D: Section 3 Section 5
4001.13.a	SECURITY	All facilities operated by a registered organization, including any manufacturing facility and dispensing facility, shall have a security system to prevent and detect diversion, theft or loss of marihuana and/or medical marihuana products, utilizing commercial grade equipment, which shall, at a minimum, include: (1) a perimeter alarm; (2) motion detectors; (3) video cameras in all areas that may contain marihuana and at all points of entry and exit, which shall be appropriate for the normal lighting conditions of the area under surveillance. The manufacturing facility or dispensing facility shall direct cameras at all approved safes, approved vaults, dispensing areas, marihuana sales areas and any other area where marihuana is being produced, harvested, manufactured, stored, handled or dispensed. At entry and exit points, the manufacturing facility or dispensing facility shall angle cameras so as to allow for the capture of clear and certain identification of any person entering or exiting the facility; (4) twenty-four hour recordings from all video cameras, which the manufacturing facility or dispensing facility shall make available for immediate viewing by the department or the department's authorized representative upon request and shall be retained for at least 90 days. The registered organization shall provide the department with an unaltered copy of such recording upon request. If a registered organization is aware of a pending criminal, civil or administrative investigation or legal proceeding for which a recording may contain relevant information, the registered organization shall retain an unaltered copy of the recording until the investigation or proceeding is closed or the entity conducting the investigation or proceeding notifies the registered organization that it is not necessary to retain the recording; (5) a duress alarm, which for purposes of this section means a silent security alarm system signal generated by the entry of a designated code into an arming station in order to signal that the alarm user is being forced to turn off the system; (6) a panic alarm, which for purposes of this section, means an audible security alarm system signal generated by the manual activation of a device intended to signal a life threatening or emergency situation requiring a law enforcement response; (7) a holdup alarm, which for purposes of this section, means a silent alarm signal generated by the manual activation of a device intended to signal a robbery in progress; (8) an automatic voice dialer, which for purposes of this section, means any electrical, electronic, mechanical, or other device capable of being	Affirm	Attachment H Section 3 Section 5

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		programmed to send a prerecorded voice message, when activated, over a telephone line, radio or other communication system, to a law enforcement, public safety or emergency services agency requesting dispatch; (9) a failure notification system that provides an audible, text or visual notification of any failure in the surveillance system. The failure notification system shall provide an alert to the manufacturing facility or dispensing facility within five minutes of the failure, either by telephone, email, or text message; (10) the ability to immediately produce a clear color still photo that is a minimum of 9600 dpi from any camera image (live or recorded); (11) a date and time stamp embedded on all recordings. The date and time shall be synchronized and set correctly and shall not significantly obscure the picture; and (12) the ability to remain operational during a power outage.		
1004.13.b	SECURITY	A registered organization shall ensure that any manufacturing facility and dispensing facility maintains all security system equipment and recordings in a secure location so as to prevent theft, loss, destruction or alterations	Affirm	Attachment H Section 5
1004.13.c	SECURITY	In addition to the requirements listed in subdivision (a) of this section, each manufacturing facility and dispensing facility shall have a back-up alarm system approved by the department that shall detect unauthorized entry during times when no employees are present at the facility and that shall be provided by a company supplying commercial grade equipment, which shall not be the same company supplying the primary security system.	Affirm	Attachment H Section 5
1004.13.d	SECURITY	A registered organization shall limit access to any surveillance areas solely to persons that are essential to surveillance operations, law enforcement agencies, security system service employees, the department or the department's authorized representative, and others when approved by the department. A registered organization shall make available to the department or the department's authorized representative, upon request, a current list of authorized employees and service employees who have access to any surveillance room. A manufacturing facility and dispensing facility shall keep all on-site surveillance rooms locked and shall not use such rooms for any other function.	Affirm	Attachment H Section 5
1004.13.e	SECURITY	A registered organization shall keep illuminated the outside perimeter of any manufacturing facility and dispensing facility that is operated under the registered organization's licens	Affirm	Attachment H Section 5
1004.13.f	SECURITY	All video recordings shall allow for the exporting of still images in an industry standard image format (including .jpeg, .bmp, and .gif). Exported video shall have the ability to be archived in a proprietary format that ensures authentication of the video and guarantees that no alteration of the recorded image has taken place. Exported video shall also have the ability to be saved in an industry standard file format that can be played on a standard computer operating system. A registered organization shall erase all recordings prior to disposal or sale of the facility.	Affirm	Attachment H Section 5
1004.13.g	SECURITY	A registered organization shall keep all security equipment in full operating order and shall test such equipment no less than monthly at each manufacturing facility and dispensing facility that is operated under the registered organization's registration. Records of security tests must be maintained for five years and made available to the department upon request.	Affirm	Attachment H Section 5

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1004.13.h	SECURITY	The manufacturing facility of the registered organization must be securely locked and protected from unauthorized entry at all times.	Affirm	Attachment H Section 5
1004.13.i	SECURITY	All marihuana that is not part of a finished product must be stored in a secure area or location within the registered organization accessible only to the minimum number of employees essential for efficient operation.	Affirm	Attachment H Section 5
1004.13.j	SECURITY	All medical marihuana products, approved or ready for testing, must be stored in a department approved safe or vault in such a manner as to prevent diversion, theft or loss.	Affirm	Attachment H Section 5
1004.13.k	SECURITY	All approved safes, vaults or any other approved equipment or areas used for the manufacturing or storage of marihuana and approved medical marihuana products must be securely locked or protected from entry, except for the actual time required to remove or replace marihuana or approved medical marihuana products.	Affirm	Attachment H Section 5
1004.13.l	SECURITY	Keys shall not be left in the locks or stored or placed in a location accessible to individuals who are not authorized access to marihuana or manufactured medical marihuana products.	Affirm	Attachment H Section 5
1004.13.m	SECURITY	Security measures, such as combination numbers, passwords or biometric security systems, shall not be accessible to individuals other than those specifically authorized to access marihuana or manufactured medical marihuana products.	Affirm	Attachment H Section 5
1004.13.n	SECURITY	Prior to transporting any approved medical marihuana product, a registered organization shall complete a shipping manifest using a form determined by the department. (1) A copy of the shipping manifest must be transmitted to the dispensing facility that will receive the products and to the department at least two business days prior to transport. (2) The registered organization shall maintain all shipping manifests and make them available to the department for inspection upon request, for a period of 5 years.	Affirm	Attachment H Section 5
1004.13.o	SECURITY	A registered organization shall only transport approved medical marihuana products from a manufacturing facility to dispensing facilities. (1) the approved medical marihuana products must be transported in a locked, safe and secure storage compartment that is part of the vehicle transporting the marihuana; and (2) in a storage compartment that is not visible from outside the vehicle. (p) An employee of a registered organization, when transporting approved medical marihuana products, shall travel directly from the registered organization's manufacturing facility to the dispensing facility and shall not make any unnecessary stops in between.	Affirm	Attachment H Section 5
1004.13.q	SECURITY	A registered organization shall ensure that all approved medical marihuana product delivery times are randomized.	Affirm	Attachment H Section 5
1004.13.r	SECURITY	A registered organization shall staff all transport vehicles with a minimum of two employees. At least one transport team member shall remain with the vehicle at all times that the vehicle contains approved medical marihuana products.	Affirm	Attachment H Section 5
1004.13.s	SECURITY	A transport team member shall have access to a secure form of communication with employees at the registered organization's manufacturing facility at all times that the vehicle contains approved medical marihuana products.	Affirm	Attachment H Section 5
1004.13.t	SECURITY	A transport team member shall possess a copy of the shipping manifest at all times when transporting or delivering approved medical marihuana products and shall produce it to the commissioner, the commissioner's authorized representative or law enforcement official upon request.	Affirm	Attachment H Section 5
1004.14.a	GENERAL	Medical marihuana products produced by a registered organization shall be examined in a laboratory located in New York State that is licensed by the federal Drug Enforcement Administration (DEA) and approved for the analysis of medical marihuana by the department in accordance with article 5 of the public health law and subpart 55-2 of this title.	Affirm	Attachment D: Section 1 Section 6 Section 7

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.14.b	GENERAL	No board member, officer, manager, owner, partner, principal stakeholder or member of a registered organization shall have an interest or voting rights in the laboratory performing medical marihuana testing.	Affirm	
1004.14.c	GENERAL	The registered organization shall submit to the laboratory, and testing shall only be performed on, the final medical marihuana product equivalent to the sealed medical marihuana product dispensed to the patient (e.g., in a sealed vial or intact capsule	Affirm	Attachment D: Section 1
1004.14.d	GENERAL	Testing of the final medical marihuana product is mandatory. However, at the option of the registered organization, testing may be performed on components used for the production of the final medical marihuana product including but not limited to water or growing materials. Testing may also be performed on the final marihuana extract prior to packaging e.g. for cannabinoid profile verification or contaminant testing.	Affirm	Attachment D: Section 1
1004.14.e	GENERAL	Sampling and testing of each lot of final medical marihuana product shall be conducted with a statistically significant number of samples and with acceptable methodologies such that there is assurance that all lots of each medical marihuana product are adequately assessed for contaminants and the cannabinoid profile is consistent throughout.	Affirm	Attachment D: Section 1
1004.14.f	GENERAL	Testing of the cannabinoid profile shall include, at a minimum, those analytes specified in section 4001.11(h)(2) of this subpart.	Affirm	Attachment D: Section 1
1004.14.g	GENERAL	Testing for contaminants in the final medical marihuana product shall include but shall not be limited to those analytes listed below. The department shall make available a list of required analytes and their acceptable limits as determined by the commissioner. Analyte: E. coli Klebsiella Pseudomonas (for products to be vaporized) Salmonella Streptococcus Bile tolerant gram negative bacteria Aspergillus Mucor species Penicillium species Thermophilic Actinomycetes species Aflatoxin Ochratoxin Antimony Arsenic Cadmium Chromium Copper Lead Nickel Zinc Mercury Any pesticide/herbicide/fungicide used during production of the medical marihuana product Any growth regulator used during production of the medical marihuana product Any other analyte as required by the commissioner	Affirm	Attachment D: Section 1
1004.14.h	GENERAL	The laboratory shall track and destroy any quantity of medical marihuana product that is not consumed in samples used for testing	Affirm	
1004.15.c.1	GENERAL/FINANCIAL	Registered organizations shall submit a proposed price per unit for each form of medical marihuana indicated in its registration. Registered organizations shall submit such information and documentation, in a manner and format determined by the department, sufficient for the department to perform a cost analysis of the proposed price. In particular, the registered organization shall, in a manner and format determined by the department, provide a detailed breakdown of, and submit information and documentation concerning, all costs it factored to arrive at its proposed price, including but not limited to its fixed and variable costs such as materials and services; direct labor; and indirect costs.	Affirm	Attachment G

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.15.c.1	GENERAL/FINANCIAL	Registered organizations shall submit a proposed price per unit for each form of medical marihuana indicated in its registration. Registered organizations shall submit such information and documentation, in a manner and format determined by the department, sufficient for the department to perform a cost analysis of the proposed price. In particular, the registered organization shall, in a manner and format determined by the department, provide a detailed breakdown of, and submit information and documentation concerning, all costs it factored to arrive at its proposed price, including but not limited to its fixed and variable costs such as materials and services; direct labor; and indirect costs.	Affirm	Attachment G
1004.15.c.2	GENERAL/FINANCIAL	The registered organization shall provide cost or pricing data that is accurate and reliable, and shall certify, at the time of submission of its price proposal, that to the best of its knowledge and belief, the cost or pricing data were accurate, complete, and current as of the date of submission.	Affirm	
1004.15.c.2	GENERAL/FINANCIAL	The registered organization shall provide cost or pricing data that is accurate and reliable, and shall certify, at the time of submission of its price proposal, that to the best of its knowledge and belief, the cost or pricing data were accurate, complete, and current as of the date of submission.	Affirm	Attachment G
1004.15.c.3	GENERAL/FINANCIAL	The department shall determine the reasonableness of the proposed costs. In making this determination, the department may consider whether the costs represent inefficient and uneconomical practices; are not costs appropriately attributable to the price; and/or are costs unsupported by sufficient documentation or information to justify their inclusion in the proposed price. If the registered organization has been granted a renewal of its registration, any relevant historical price, cost and/or sales data of the registered organization; and any other information the commissioner deems appropriate.	Affirm	
1004.15.c.3	GENERAL/FINANCIAL	The department shall determine the reasonableness of the proposed costs. In making this determination, the department may consider whether the costs represent inefficient and uneconomical practices; are not costs appropriately attributable to the price; and/or are costs unsupported by sufficient documentation or information to justify their inclusion in the proposed price. If the registered organization has been granted a renewal of its registration, any relevant historical price, cost and/or sales data of the registered organization; and any other information the commissioner deems appropriate.	Affirm	Attachment G
1004.15.d	GENERAL/FINANCIAL	Examination of Records for Determination of Price. The registered organization shall grant the department or the department's authorized representative the right to examine records that formed the basis for the proposed price, including the registered organization's books, records, documents and other types of factual information that will permit an adequate evaluation of the proposed price.	Affirm	Attachment D: Section 10
1004.15.d	GENERAL/FINANCIAL	Examination of Records for Determination of Price. The registered organization shall grant the department or the department's authorized representative the right to examine records that formed the basis for the proposed price, including the registered organization's books, records, documents and other types of factual information that will permit an adequate evaluation of the proposed price.	Affirm	Attachment G
1004.15.e	GENERAL/FINANCIAL	Correction of Insufficient Price Data. If the registered organization or department determines that the cost or pricing data submitted is inaccurate, incomplete or noncurrent prior to the department's approval of the price, the registered organization shall submit new data to correct the deficiency, or consider the inaccuracy, incompleteness, or noncurrency of the data.	Affirm	
1004.15.e	GENERAL/FINANCIAL	Correction of Insufficient Price Data. If the registered organization or department determines that the cost or pricing data submitted is inaccurate, incomplete or noncurrent prior to the department's approval of the price, the registered organization shall submit new data to correct the deficiency, or consider the inaccuracy, incompleteness, or noncurrency of the data.	Affirm	Attachment G
1004.15.f	GENERAL/FINANCIAL	Duration of Price Determination. The department's approved price shall be in effect for the entire period of the registered organization's registration; provided, however, that at the conclusion of the first year of the registration period, or prior to that time based upon documented exceptional circumstances, the registered organization may request that the price be modified based upon a material change in the registered organization's costs. The registered organization shall fully support its request with sufficient	Affirm	

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		information and documentation, in a manner and format determined by the department, to justify its request. If the department denies such request, the registered organization shall only charge prices previously approved by the department.		
1004.15.f	GENERAL/FINANCIAL	Duration of Price Determination. The department's approved price shall be in effect for the entire period of the registered organization's registration; provided, however, that at the conclusion of the first year of the registration period, or prior to that time based upon documented exceptional circumstances, the registered organization may request that the price be modified based upon a material change in the registered organization's costs. The registered organization shall fully support its request with sufficient information and documentation, in a manner and format determined by the department, to justify its request. If the department denies such request, the registered organization shall only charge prices previously approved by the department.	Affirm	Attachment G
1004.15.g	GENERAL/FINANCIAL	Adjustments to determined price. If the department has approved a price, the registered organization shall immediately notify the department of any cost or pricing data submitted that it determines was inaccurate, incomplete, or noncurrent as of the date of the department's approval of the price. If the registered organization provides such notice, or if the department independently learns of such inaccurate, incomplete or noncurrent data, the department may require the registered organization to provide new data to correct the deficiency, or consider the inaccuracy, incompleteness, or noncurrency of the data. The department may adjust the price per dose if the defective data significantly increased the price approved by the department.	Affirm	
1004.15.g	GENERAL/FINANCIAL	Adjustments to determined price. If the department has approved a price, the registered organization shall immediately notify the department of any cost or pricing data submitted that it determines was inaccurate, incomplete, or noncurrent as of the date of the department's approval of the price. If the registered organization provides such notice, or if the department independently learns of such inaccurate, incomplete or noncurrent data, the department may require the registered organization to provide new data to correct the deficiency, or consider the inaccuracy, incompleteness, or noncurrency of the data. The department may adjust the price per dose if the defective data significantly increased the price approved by the department.	Affirm	Attachment G
1004.15.h	GENERAL/FINANCIAL	Audits. The department may perform audits, which may include site visits. The registered organization shall provide reasonable access to the department of its facilities, books and records.	Affirm	
1004.15.h	GENERAL/FINANCIAL	Audits. The department may perform audits, which may include site visits. The registered organization shall provide reasonable access to the department of its facilities, books and records.	Affirm	Attachment G Section 10
1004.16.a.1	MARKETING	All physical structures owned, leased or otherwise utilized by a registered organization, including any dispensing facility, shall: estrict external signage to a single sign, with only black and white colors;	Affirm	Appendix B
1004.16.a.2	MARKETING	All physical structures owned, leased or otherwise utilized by a registered organization, including any dispensing facility, shall: Not illuminate, at any time, a sign advertising a marihuana product located on any physical structure	Affirm	Appendix B
1004.16.a.3	MARKETING	All physical structures owned, leased or otherwise utilized by a registered organization, including any dispensing facility, shall: Not advertise medical marihuana brand names or utilize graphics related to marihuana or paraphernalia on the exterior of the physical structures	Affirm	Appendix B
1004.16.a.4	MARKETING	All physical structures owned, leased or otherwise utilized by a registered organization, including any dispensing facility, shall: Not display approved medical marihuana products and paraphernalia so as to be clearly visible from the exterior of a physical structure.	Affirm	Appendix B
1004.16.b	MARKETING	All restrictions listed in subdivision (a) of this section shall apply to any item located on any real property on which a registered organization's physical structures is located.	Affirm	Appendix B
1004.16.c	MARKETING	All restrictions listed in subdivision (a) of this section shall apply to all vehicles owned, leased or utilized by a registered organization.	Affirm	Appendix B

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.16.d	MARKETING	All advertisements, regardless of form, for approved medical marihuana products that make a statement relating to effectiveness, side effects, consequences, and contraindications shall present a true and accurate statement of such information	Affirm	Attachment D: Section 1 Section 3
1004.16.e	MARKETING	An advertisement does not satisfy the requirement that it presents a "true and accurate statement" of information relating to effectiveness, side effects, consequences, and contraindications if it fails to present a fair balance between information relating to effectiveness, side effects, consequences, and contraindications in that the information relating to effectiveness is presented in greater scope, depth, or detail than is the information relating to side effects, consequences and contraindications, taking into account all implementing factors such as typography, layout, contrast, headlines, paragraphing, white space, and any other techniques apt to achieve emphasis.	Affirm	Attachment D: Section 1 Section 3
1004.16.f	MARKETING	An advertisement is false, lacking in fair balance, or otherwise misleading if it: (1) contains a representation or suggestion that one marihuana brand or form is better, more effective, useful in a broader range of conditions or patients or safer than other drugs or treatments including other marihuana brands or forms, unless such a claim has been demonstrated by substantial scientific or clinical experience; (2) Contains favorable information or opinions about a marihuana product previously regarded as valid but which have been rendered invalid by contrary and more credible recent information; (3) Uses a quote or paraphrase out of context or without citing conflicting information from the same source, to convey a false or misleading idea; (4) Uses a study on persons without a debilitating medical condition without disclosing that the subjects were not suffering from a debilitating medical condition; (5) Uses data favorable to a marihuana product derived from patients treated with a different product or dosages different from those recommended in New York State; (6) Contains favorable information or conclusions from a study that is inadequate in design, scope, or conduct to furnish significant support for such information or conclusions; or (7) Fails to provide adequate emphasis for the fact that two or more facing pages are part of the same advertisement when only one page contains information relating to side effects, consequences and contraindications.	Affirm	Attachment D: Section 1 Section 3
1004.16.g	MARKETING	False or misleading information in any part of the advertisement shall not be corrected by the inclusion of a true statement in another distinct part of the advertisement.	Affirm	Attachment D: Section 1 Section 3
1004.16.h	MARKETING	An advertisement for any approved medical marihuana product shall not contain: (1) any statement that is false or misleading; (2) any statement that falsely disparages a competitor's products; (3) any statement, design, or representation, picture or illustration that is obscene or indecent; (4) any statement, design, representation, picture or illustration that encourages or represents the use of marihuana for a condition other than a serious condition as defined in subdivision seven of section thirty-three hundred sixty of the public health law; (5) any statement, design, representation, picture or illustration that encourages or represents the recreational use of marihuana; (6) any statement, design, representation, picture or illustration related to the safety or efficacy of marihuana, unless supported by substantial evidence or substantial clinical data; (7) any statement, design, representation, picture or illustration portraying anyone under the age of 18, objects suggestive of the presence of anyone under the age of 18, or containing the use of a figure, symbol or language that is customarily associated with anyone under the age of 18; (8) any offer of a prize, award or inducement to a certified patient, designated caregiver or practitioner related to the purchase of marihuana or a certification for the use of marihuana; or (9) any statement that indicates or implies that the product or entity in the advertisement has been approved or endorsed by the commissioner,	Affirm	Attachment D: Section 1 Section 3

Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
		department, New York State or any person or entity associated with New York State provided that this shall not preclude a factual statement that an entity is a registered organization.		
1004.16.i	MARKETING	Any advertisement for an approved medical marihuana product shall be submitted to the department at least 30 business days prior to the public dissemination of the advertisement.	Affirm	Attachment D: Section 1 Section 3
1004.16.j	MARKETING	The submitter of the advertisement shall provide the following information to the department in addition to the advertisement itself: (1) A cover letter that: (i) provides the following subject line: Medical marihuana advertisement review package for a proposed advertisement; (ii) provides a brief description of the format and expected distribution of the proposed advertisement; and (iii) provides the submitter's name, title, address, telephone number, fax number, and email address; (2) an annotated summary of the proposed advertisement showing every claim being made in the advertisement and which references support for each claim; (3) verification that a person identified in an advertisement as an actual patient or health care practitioner is an actual patient or health care practitioner and not a model or actor; (4) verification that a spokesperson who is represented as an actual patient is indeed an actual patient; (5) verification that an official translation of a foreign language advertisement is accurate; (6) annotated references to support disease or epidemiology information, cross-referenced to the advertisement summary; and (7) a final copy of the advertisement, including a video where applicable, in a format acceptable to the department.	Affirm	Attachment D: Section 1 Section 3
1004.16.k	MARKETING	Advertising packages that are missing any of the elements in subdivision (j) of this section, or that fail to follow the specific instructions for submissions, shall be considered incomplete. If the department receives an incomplete package, it shall so notify the submitter.	Affirm	Attachment D: Section 1 Section 3
1004.16.l	MARKETING	No advertisement may be disseminated if the submitter of the advertisement has received information that has not been widely publicized in medical literature that the use of any approved medical marihuana product may cause fatalities or serious damage to a patient.	Affirm	Attachment D: Section 1 Section 3
1004.16.m	MARKETING	A registered organization, its officers, managers and employees shall not cooperate, directly or indirectly, in any advertising if such advertising has the purpose or effect of steering or influencing patient or caregiver choice with regard to the selection of a practitioner, or approved medical marihuana product.	Affirm	Attachment D: Section 1 Section 3
1004.16.n	MARKETING	The department may: (1) require a specific disclosure be made in the advertisement in a clear and conspicuous manner if the department determines that the advertisement would be false or misleading without such a disclosure; or (2) require that changes be made to the advertisement that are: (i) necessary to protect the public health, safety and welfare; or (ii) consistent with dispensing information for the product under review	Affirm	Attachment D: Section 1 Section 3

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.17.a	GENERAL	A record of all approved medical marihuana products that have been dispensed shall be filed electronically with the department, utilizing a transmission format acceptable to the department, not later than 24 hours after the marihuana was dispensed to the certified patient or designated caregiver.	Affirm	Attachment D: Section 1 Section 3
1004.17.b	GENERAL	The information filed with the department for each approved medical marihuana product dispensed shall include but not be limited to: (1) a serial number that will be generated by the dispensing facility for each approved medical marihuana product dispensed to the certified patient or designated caregiver; (2) an identification number which shall be populated by a number provided by the department, to identify the registered organization's dispensing facility; (3) the patient name, date of birth and sex; (4) the patient address, including street, city, state, zip code; (5) the patient's registry identification card number; (6) if applicable, designated caregiver's name and registry identification card number; (7) the date the approved medical marihuana product was filled by the dispensing facility; (8) the metric quantity for the approved medical marihuana product; (9) the medical marihuana product drug code number, which shall be populated by a number provided by the department, to represent the approved medical marihuana brand that was dispensed to the certified patient or designated caregiver, as applicable; (10) the number of days supply dispensed; (11) the registered practitioner's Drug Enforcement Administration number; (12) the date the written certification was issued by the registered practitioner; and (13) the payment method.	Affirm	Attachment D: Section 3
1004.17.c	GENERAL	When applicable, a registered organization shall file a zero report with the department, in a format acceptable to the department. For the purposes of this section, a zero report shall mean a report that no approved medical marihuana product was dispensed by a registered organization during the relevant period of time. A zero report shall be submitted no later than 14 days following the most recent previously reported dispensing of an approved medical marihuana product or the submission of a prior zero report.	Affirm	

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.18.a	GENERAL	Approved medical marihuana products shall not be vaporized in a public place. In no event shall approved medical marihuana products be consumed through vaporization in any location in which smoking is prohibited under section thirteen hundred ninety-nine of the public health law, including (1) places of employment; (2) bars; (3) food service establishments, except as provided in subdivision six of section thirteen hundred ninety-nine-q of the public health law; (4) enclosed indoor areas open to the public containing a swimming pool; (5) public means of mass transportation, including subways, underground subway stations, and when occupied by passengers, buses, vans, taxicabs and limousines; (6) ticketing, boarding and waiting areas in public transportation terminals; (7) youth centers and facilities for detention as defined in sections five hundred twenty-seven-a and five hundred three of the executive law; (8) any facility that provides child care services as defined in section four hundred ten-p of the social services law, provided that such services provided in a private home are excluded from this subdivision when children enrolled in such day care are not present; (9) child day care centers as defined in section three hundred ninety of the social services law and child day care centers licensed by the city of New York; (10) group homes for children as defined in section three hundred seventy-one of the social services law; (11) public institutions for children as defined in section three hundred seventy-one of the social services law; (12) residential treatment facilities for children and youth as defined in section 1.03 of the mental hygiene law; (13) all public and private colleges, universities and other educational and vocational institutions, including dormitories, residence halls, and other group residential facilities that are owned or operated by such colleges, universities and other educational and vocational institutions; (14) general hospitals and residential health care facilities as defined in article twenty-eight of the public health law, and other health care facilities licensed by the state in which persons reside; provided, however, that the provisions of this subdivision shall not prohibit vaporization by patients in separate enclosed rooms of hospitals, residential health care facilities, and adult care facilities established or certified under title two of article seven of the social services law, community mental health residences established under section 41.44 of the mental hygiene law, or facilities where day treatment programs are provided, which are designated as smoking rooms for patients of such facilities or programs; (15) commercial establishments used for the purpose of carrying on or exercising any trade, profession, vocation or charitable activity; (16) indoor arenas; (17) zoos; (18) bingo facilities	Affirm	
1004.18.b	GENERAL	Vaporization of approved medical marihuana products shall not be permitted and no person shall vaporize an approved medical marihuana product within one hundred feet of the entrances, exits or outdoor areas of any public or private elementary or secondary schools; however, that the provisions of this subdivision shall not apply to vaporization in a residence, or within real property boundary lines of such residential real property .	Affirm	
1004.18.c	GENERAL	Consumption of approved medical marihuana product shall not be permitted in any motor vehicle, either public or private, that is located upon public highways, private roads open to motor vehicle traffic, parking area of a shopping center or any parking lot, as defined in section 129 of the Vehicle and Traffic Law.	Affirm	
1004.21.a	GENERAL	No person, except for a certified patient or designated caregiver, or an approved laboratorian shall open or break the seal placed on an approved medical marihuana product packaged by a registered organization and provided to the certified patient	Affirm	

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.21.b	GENERAL	No person associated with a registered organization shall enter into any agreement with a registered practitioner or health care facility concerning the provision of services or equipment that may adversely affect any person's freedom to choose the dispensing facility at which the certified patient or designated caregiver will purchase approved medical marihuana products.	Affirm	
1004.21.c	GENERAL	No approved medical marihuana product shall be sold, dispensed or distributed via a delivery service without prior written approval to the registered organization by the department, except that a designated caregiver may deliver the approved medical marihuana product to the designated caregiver's certified patient as allowed by section 4001.4 (b)(6) of this subpart.	Affirm	
1004.21.d	GENERAL	No employee of a registered organization shall counsel the certified patient or designated caregiver on the use, administration of, and the risks associated with approved medical marihuana products, unless the employee is a pharmacist with an active New York State license who has completed a course pursuant to section 4001.1 of this subpart, or the employee is under the direct supervision of, and in consultation with, the pharmacist on-site in the dispensing facility	Affirm	Attachment D: Section 3
1004.21.e	GENERAL/SECURITY	No certified patient or designated caregiver shall be in possession of approved medical marihuana products without having in his or her possession his or her registry identification card. The certified patient or designated caregiver, upon request by the department or law enforcement, shall present such card to verify that the certified patient or designated caregiver is authorized to possess approved medical marihuana products.	Affirm	
1004.21.e	GENERAL/SECURITY	No certified patient or designated caregiver shall be in possession of approved medical marihuana products without having in his or her possession his or her registry identification card. The certified patient or designated caregiver, upon request by the department or law enforcement, shall present such card to verify that the certified patient or designated caregiver is authorized to possess approved medical marihuana products.	Affirm	Attachment H Section 5
1004.5.1	GENERAL	the name, address, phone and email address of the applicant	Affirm	Attachment E
1004.5.10	FINANCIAL	a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application	Affirm	Attachment G
1004.5.11	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	architectural program and sketches of the applicant's proposed manufacturing and dispensing facility(ies) including the following:	Affirm	Appendix B
1004.5.11	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	architectural program and sketches of the applicant's proposed manufacturing and dispensing facility(ies) including the following:	Affirm	Appendix B
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1004.5.11	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	architectural program and sketches of the applicant's proposed manufacturing and dispensing facility(ies) including the following:	Affirm	Appendix B
1004.5.11.i	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	site plans;	Affirm	Appendix B
1004.5.11.i	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	site plans;	Affirm	Appendix B
1004.5.11.i	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	site plans;	Affirm	Appendix B
1004.5.11.i	CULTIVATION/P	site plans;	Affirm	Appendix B

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
	RODUCTION/DI SPENSARY/SEC URITY			
1004.5.11.ii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	schematic architectural and engineering design drawings and single line sketches in an appropriate scale showing the relationship of various buildings to each other, room configurations, major exit corridors, exit stair locations, and circulation along with existing buildings if additions or alterations are part of the project;	Affirm	Appendix B
1004.5.11.ii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	schematic architectural and engineering design drawings and single line sketches in an appropriate scale showing the relationship of various buildings to each other, room configurations, major exit corridors, exit stair locations, and circulation along with existing buildings if additions or alterations are part of the project;	Affirm	Appendix B
1004.5.11.ii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	schematic architectural and engineering design drawings and single line sketches in an appropriate scale showing the relationship of various buildings to each other, room configurations, major exit corridors, exit stair locations, and circulation along with existing buildings if additions or alterations are part of the project;	Affirm	Appendix B
1004.5.11.ii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	schematic architectural and engineering design drawings and single line sketches in an appropriate scale showing the relationship of various buildings to each other, room configurations, major exit corridors, exit stair locations, and circulation along with existing buildings if additions or alterations are part of the project;	Affirm	Appendix B
1004.5.11.iii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	outline specifications for the type of construction proposed including a description of energy sources, type and location of engineering systems proposed for heating, cooling, ventilation and electrical distribution, water supply and sewage;	Affirm	Appendix B
1004.5.11.iii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	outline specifications for the type of construction proposed including a description of energy sources, type and location of engineering systems proposed for heating, cooling, ventilation and electrical distribution, water supply and sewage;	Affirm	Appendix B
1004.5.11.iii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	outline specifications for the type of construction proposed including a description of energy sources, type and location of engineering systems proposed for heating, cooling, ventilation and electrical distribution, water supply and sewage;	Affirm	Appendix B
1004.5.11.iii	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	outline specifications for the type of construction proposed including a description of energy sources, type and location of engineering systems proposed for heating, cooling, ventilation and electrical distribution, water supply and sewage;	Affirm	Appendix B
1004.5.11.iv	SECURITY	a security plan indicating how the applicant will comply with the requirements of article 33 of the Public Health Law, this subpart and any other applicable law, rule, or regulation; and	Affirm	Attachment H Section 5
1004.5.11.v	SECURITY	the registered organization shall submit detailed floor plans indicating the activities performed in each area and security plans (physical and cyber) consistent with the requirements of section 4001.13 of this subpart.	Affirm	Appendix B
1004.5.12	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	a construction timetable	Affirm	Appendix B
1004.5.12	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	a construction timetable	Affirm	Appendix B
1004.5.12	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	a construction timetable	Affirm	Appendix B
1004.5.12	CULTIVATION/P RODUCTION/DI SPENSARY/SEC URITY	a construction timetable	Affirm	Appendix B

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.5.13	GENERAL	a statement as to whether any controlling person of the applicant, any manager, any sole proprietor applicant, any general partner of a partnership applicant, any officer and member of the board of directors of a corporate applicant, and corporate general partner had a prior discharge in bankruptcy or was found insolvent in any court action	Affirm	Appendix A
1004.5.14	GENERAL	if any controlling person of the applicant, any manager, any sole proprietor applicant, any general partner of a partnership applicant, any officer and member of the board of directors of a corporate applicant, or corporate general partner or a combination of such persons collectively, maintains a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation, or other entity or if such entity maintains a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year, the name and address of the entity shall be disclosed together with a description of the goods, leases or services and the probable or anticipated cost to the registered organization;	Affirm	Appendix A
1004.5.15	GENERAL	if the applicant is a corporate subsidiary or affiliate of another corporation, disclosure of the parent or affiliate corporation including the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate and the extent to which the parent will be responsible for the financial and contractual obligations of the subsidiary;	Affirm	Attachment E
1004.5.16	FINANCIAL	the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, including a balance sheet as of the end of the applicant's last fiscal year and income statements for the past two fiscal years, or such shorter period of time as the applicant has been in operation;	Affirm	Attachment G
1004.5.17	CULTIVATION/PRODUCTION/DISPENSARY/FINANCIAL	if construction, lease, rental or purchase of the manufacturing or dispensing facility has not been completed, a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction;	Affirm	Appendix B
1004.5.17	CULTIVATION/PRODUCTION/DISPENSARY/FINANCIAL	if construction, lease, rental or purchase of the manufacturing or dispensing facility has not been completed, a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction;	Affirm	Appendix B
1004.5.17	CULTIVATION/PRODUCTION/DISPENSARY/FINANCIAL	if construction, lease, rental or purchase of the manufacturing or dispensing facility has not been completed, a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction;	Affirm	Appendix B
1004.5.17	CULTIVATION/PRODUCTION/DISPENSARY/FINANCIAL	if construction, lease, rental or purchase of the manufacturing or dispensing facility has not been completed, a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction;	Affirm	Attachment G
1004.5.18	CULTIVATION/PRODUCTION/DISPENSARY	a staffing plan for staff involved in activities related to the cultivation of marihuana, the manufacturing and/or dispensing of approved medical marihuana products and/or staff with oversight responsibilities for such activities, which shall include:	Affirm	Attachment J
1004.5.18	CULTIVATION/PRODUCTION/DISPENSARY	a staffing plan for staff involved in activities related to the cultivation of marihuana, the manufacturing and/or dispensing of approved medical marihuana products and/or staff with oversight responsibilities for such activities, which shall include:	Affirm	Attachment J
1004.5.18	CULTIVATION/PRODUCTION/DISPENSARY	a staffing plan for staff involved in activities related to the cultivation of marihuana, the manufacturing and/or dispensing of approved medical marihuana products and/or staff with oversight responsibilities for such activities, which shall include:	Affirm	Attachment J
1004.5.18.i	CULTIVATION/PRODUCTION/DISPENSARY	a senior staff member with a minimum of one (1) year experience in good agricultural practices (GAP);	Affirm	Attachment J
1004.5.18.i	CULTIVATION/PRODUCTION/DISPENSARY	a senior staff member with a minimum of one (1) year experience in good agricultural practices (GAP);	Affirm	Attachment J

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.5.18.i	CULTIVATION/PRODUCTION/DISPENSARY	a senior staff member with a minimum of one (1) year experience in good agricultural practices (GAP);	Affirm	Attachment J
1004.5.18.ii	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance officer who shall exercise oversight of the organization's practices and procedures and who has documented training and experience in quality assurance and quality control procedures;	Affirm	Attachment J
1004.5.18.ii	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance officer who shall exercise oversight of the organization's practices and procedures and who has documented training and experience in quality assurance and quality control procedures;	Affirm	Attachment J
1004.5.18.ii	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance officer who shall exercise oversight of the organization's practices and procedures and who has documented training and experience in quality assurance and quality control procedures;	Affirm	Attachment J
1004.5.18.iii	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff be twenty-one (21) years of age or olde	Affirm	Attachment J
1004.5.18.iii	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff be twenty-one (21) years of age or olde	Affirm	Attachment J
1004.5.18.iii	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff be twenty-one (21) years of age or olde	Affirm	Attachment J
1004.5.18.iv	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff involved in the manufacturing be trained in and conform to general sanitary practices; and	Affirm	Attachment J Section 1
1004.5.18.iv	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff involved in the manufacturing be trained in and conform to general sanitary practices; and	Affirm	Attachment J Section 1
1004.5.18.iv	CULTIVATION/PRODUCTION/DISPENSARY	a requirement that all staff involved in the manufacturing be trained in and conform to general sanitary practices; and	Affirm	Attachment J Section 1
1004.5.18.v	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.	Affirm	Attachments J Attachment H Section 5
1004.5.18.v	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.	Affirm	Attachment D: Section 5
1004.5.18.v	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.	Affirm	Attachment D: Section 5
1004.5.18.v	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marihuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law.	Affirm	Attachment J
1004.5.2	REAL ESTATE	identification of all real property, buildings and facilities that will be used in manufacturing, as defined in Section 4001.11 of this subpart, and dispensing of the medical marihuana products	Affirm	Appendix B
1004.5.3	CULTIVATION/PRODUCTION/DISPENSARY	identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale and dispensing activities described in the application and operating plan	Affirm	Attachment D: Section 4
1004.5.3	CULTIVATION/PRODUCTION/DISPENSARY	identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale and dispensing activities described in the application and operating plan	Affirm	Attachment D: Section 4
1004.5.3	CULTIVATION/PRODUCTION/DISPENSARY	identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale and dispensing activities described in the application and operating plan	Affirm	Attachment D: Section 4

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.5.4	CULTIVATION/PRODUCTION/DISPENSARY	an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:	Affirm	Attachment D
1004.5.4	CULTIVATION/PRODUCTION/DISPENSARY	an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:	Affirm	Attachment D
1004.5.4	CULTIVATION/PRODUCTION/DISPENSARY	an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:	Affirm	Attachment D
1004.5.4.i	CULTIVATION/PRODUCTION/DISPENSARY	a detailed description of any devices used with approved medical marihuana products to be offered or sold by the registered organization	Affirm	Attachment D: Sections 3 Section 4
1004.5.4.i	CULTIVATION/PRODUCTION/DISPENSARY	a detailed description of any devices used with approved medical marihuana products to be offered or sold by the registered organization	Affirm	Attachment D: Section 3
1004.5.4.i	CULTIVATION/PRODUCTION/DISPENSARY	a detailed description of any devices used with approved medical marihuana products to be offered or sold by the registered organization	Affirm	Attachment D: Section 3
1004.5.4.ii	CULTIVATION/PRODUCTION/DISPENSARY	;policies and procedures related to security and control measures that will be in place to prevent diversion, abuse, and other illegal or unauthorized conduct relating to medical marihuana and are consistent with provisions set forth in this subpart;	Affirm	Attachment D: Sections 2 Section 5
1004.5.4.ii	CULTIVATION/PRODUCTION/DISPENSARY	;policies and procedures related to security and control measures that will be in place to prevent diversion, abuse, and other illegal or unauthorized conduct relating to medical marihuana and are consistent with provisions set forth in this subpart;	Affirm	Attachment H Section 5
1004.5.4.ii	CULTIVATION/PRODUCTION/DISPENSARY	;policies and procedures related to security and control measures that will be in place to prevent diversion, abuse, and other illegal or unauthorized conduct relating to medical marihuana and are consistent with provisions set forth in this subpart;	Affirm	Attachment H Section 5
1004.5.4.iii	CULTIVATION/PRODUCTION/DISPENSARY	a standard operating procedure manual for all methods used from cultivation of the medical marihuana through packaging, sealing and labeling of each lot of medical marihuana product. The procedures shall include use of good agricultural practices (GAPs) and must conform to all applicable laws and rules of New York State. Standard operating procedures shall be able to be validated to demonstrate that the applicant will be able to produce and dispense consistent and reproducible medical marihuana product such that, for each form of each brand produced, there is homogeneity, absence of contamination and reproducibility of the brand profile in each lot as defined in section 4001.11 of this subpart.	Affirm	Attachment D: Section 6
1004.5.4.iii	CULTIVATION/PRODUCTION/DISPENSARY	a standard operating procedure manual for all methods used from cultivation of the medical marihuana through packaging, sealing and labeling of each lot of medical marihuana product. The procedures shall include use of good agricultural practices (GAPs) and must conform to all applicable laws and rules of New York State. Standard operating procedures shall be able to be validated to demonstrate that the applicant will be able to produce and dispense consistent and reproducible medical marihuana product such that, for each form of each brand produced, there is homogeneity, absence of contamination and reproducibility of the brand profile in each lot as defined in section 4001.11 of this subpart.	Affirm	Attachment D: Section 6
1004.5.4.iii	CULTIVATION/PRODUCTION/DISPENSARY	a standard operating procedure manual for all methods used from cultivation of the medical marihuana through packaging, sealing and labeling of each lot of medical marihuana product. The procedures shall include use of good agricultural practices (GAPs) and must conform to all applicable laws and rules of New York State. Standard operating procedures shall be able to be validated to demonstrate that the applicant will be able to produce and dispense consistent and reproducible medical marihuana product such that, for each form of each brand produced, there is homogeneity, absence of contamination and reproducibility of the brand profile in each lot as defined in section 4001.11 of this subpart.	Affirm	Attachment D: Section 6
1004.5.4.iv	DISPENSARY	quality assurance plans, including but not limited to plans to detect, identify and prevent dispensing errors	Affirm	Attachment D: Section 3

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Item	Topic	Exact Text from NY Regulations	Affirm	Section Location
1004.5.4.v	DISPENSARY	policies and procedures to document and investigate approved medical marihuana product returns, complaints and adverse events, and to provide for rapid voluntary or involuntary recalls of any lot of medical marihuana product. Such policies and procedures shall include a plan for any retesting of returned approved medical marihuana products, storage and disposal of marihuana and any manufactured medical marihuana products not passing requirements, and a requirement that adverse events and total recalls are reported to the department within twenty-four hours of their occurrence;	Affirm	Attachment D: Section 3
1004.5.4.vi	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance program to track contamination incidences and document the investigated source of such incidences, and the appropriate corrective action(s) taken.	Affirm	Attachment D: Sections 1 Section 6 Section 9
1004.5.4.vi	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance program to track contamination incidences and document the investigated source of such incidences, and the appropriate corrective action(s) taken.	Affirm	Attachment D: Sections 7 Section 9
1004.5.4.vi	CULTIVATION/PRODUCTION/DISPENSARY	a quality assurance program to track contamination incidences and document the investigated source of such incidences, and the appropriate corrective action(s) taken.	Affirm	Attachment D: Sections 7 Section 9
1004.5.4.vii	CULTIVATION/PRODUCTION/DISPENSARY	detailed description of plans, procedures and systems adopted and maintained for tracking, record keeping, record retention and surveillance systems, relating to all medical marihuana at every stage including cultivating, possessing of marihuana, and manufacturing, delivery, transporting, distributing, sale and dispensing by the proposed registered organization	Affirm	Attachment D: Sections 5 Section 10 Attachment H
1004.5.4.vii	CULTIVATION/PRODUCTION/DISPENSARY	detailed description of plans, procedures and systems adopted and maintained for tracking, record keeping, record retention and surveillance systems, relating to all medical marihuana at every stage including cultivating, possessing of marihuana, and manufacturing, delivery, transporting, distributing, sale and dispensing by the proposed registered organization	Affirm	Attachment D
1004.5.4.vii	CULTIVATION/PRODUCTION/DISPENSARY	detailed description of plans, procedures and systems adopted and maintained for tracking, record keeping, record retention and surveillance systems, relating to all medical marihuana at every stage including cultivating, possessing of marihuana, and manufacturing, delivery, transporting, distributing, sale and dispensing by the proposed registered organization	Affirm	Attachment D
1004.5.4.viii	CULTIVATION/PRODUCTION/DISPENSARY	proposed hours of operation for the manufacturing and dispensing facilities;	Affirm	Attachment D: Sections 1 Section 3
1004.5.4.viii	CULTIVATION/PRODUCTION/DISPENSARY	proposed hours of operation for the manufacturing and dispensing facilities;	Affirm	Attachment D: Section 3
1004.5.4.viii	CULTIVATION/PRODUCTION/DISPENSARY	proposed hours of operation for the manufacturing and dispensing facilities;	Affirm	Attachment D: Section 3
1004.5.5	GENERAL	copies of the organizational and operational documents of the applicant, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement and other applicable documents and agreements, and all amendments thereto	Affirm	Attachment E
1004.5.6	GENERAL	the name, residence address and title of each of the board members, officers, managers, owners, partners, principal stakeholders, directors and any person or entity that is a member of the applicant. Each such person (if an individual, or lawful representative, if a legal entity) shall submit an affidavit with the application setting forth: (i) any position of management or ownership during the preceding ten years of a ten percent or greater interest in any other business, located in or outside New York State, manufacturing or distributing drugs; and (ii) whether such person or any such business has been convicted of a felony or had a registration or license suspended or revoked in any administrative or judicial proceeding. In addition, any managers who may come in contact with or handle medical marihuana, including medical marihuana 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;	Affirm	Attachment E
1004.5.7	UNION	documentation that the applicant has entered into a labor peace agreement, as required by subdivision one of section thirty-three hundred sixty five of the public health law, with a bona-fide labor organization that is actively engaged	Affirm	Attachment F

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		in representing or attempting to represent the applicant's employees. The maintenance of such a labor peace agreement shall be an ongoing material condition of registration;		
1004.5.8	GENERAL	a statement that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration;	Affirm	Attachment M
1004.5.9	REAL ESTATE	copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization's real property interests, that shows that the applicant possesses or has the right to use sufficient land, buildings, and other premises as specified in the application and equipment to properly carry on the activities for which registration is sought. In the alternative, the applicant shall post a bond of not less than two million dollars; provided, however, that if the applicant posts a bond in lieu of providing the documentation requested herein, the applicant's submission of the applicable executed deeds, leases and rental agreements shall be required prior to the issuance of a registration to the applicant, if selected; and, provided further that whenever any applicant proposes to lease premises for the activities described in its operating plan, the lease agreement shall clearly set forth as a purpose the manufacturing and/or dispensing of medical marihuana, as applicable, and include the following language: "The landlord acknowledges that its rights of reentry into the premises set forth in this lease do not confer on it the authority to manufacture and/or dispense on the premises medical marihuana in accordance with article 33 of the Public Health Law and agrees to provide the New York State Department of Health, Mayor Erastus Corning 2nd Tower, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, N.Y. 12237, with notification by certified mail of its intent to reenter the premises or to initiate dispossess proceedings or that the lease is due to expire, at least 30 days prior to the date on which the landlord intends to exercise a right of reentry or to initiate such proceedings or at least 60 days before expiration of the lease."	Affirm	Appendix B
1004.5.a	GENERAL	No person or entity shall produce, grow or sell medical marihuana or hold itself out as a New York State registered organization unless it has complied with article 33 of the public health law and this subpart and is registered by the department.	Affirm	
1004.5.b	GENERAL	In order to operate as a registered organization, an entity shall file an application on forms or in a manner prescribed by the commissioner. The application shall be signed by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant. The application shall set forth or be accompanied by the following:	Affirm	
1004.6.a.1	FINANCIAL	Applications shall be accompanied by a non-refundable application fee in the amount of $10,000.	Affirm	
1004.6.a.2	FINANCIAL	The registration fee for the registration period shall be $200,000. Applicants shall submit the registration fee by certified check at the time of submission of the application. The registration fee shall be returned to the applicant if the applicant is not granted a registration under this subpart	Affirm	
1004.6.b.1	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will be able to manufacture approved medical marihuana products, each with a consistent cannabinoid profile (the concentration of total tetrahydrocannabinol (THC) and total cannabidiol (CBD) will define the brand) and each able to pass the required quality control testing;	Affirm	Attachment D: Section 1
1004.6.b.1	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will be able to manufacture approved medical marihuana products, each with a consistent cannabinoid profile (the concentration of total tetrahydrocannabinol (THC) and total cannabidiol (CBD) will define the brand) and each able to pass the required quality control testing;	Affirm	Attachment D: Section 1
1004.6.b.1	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will be able to manufacture approved medical marihuana products, each with a consistent cannabinoid profile (the concentration of total tetrahydrocannabinol (THC) and total cannabidiol (CBD) will define the brand) and each able to pass the required quality control testing;	Affirm	Attachment D: Section 1
1004.6.b.10	UNION	the applicant has entered into a labor peace agreement with a bona-fide labor organization, as defined in section thirty-three hundred sixty of the public health law, that is actively engaged in representing or attempting to represent the applicant's employees; and	Affirm	Attachment F

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1004.6.b.11	CULTIVATION/PRODUCTION/DISPENSARY	evaluation of the applicant's proposed operating plan and suitability of the proposed manufacturing and dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities. Department approval of the applicant's operating plan and architectural and engineering design of the proposed facilities shall be required for issuance of a registration.	Affirm	Attachment D
1004.6.b.11	CULTIVATION/PRODUCTION/DISPENSARY	evaluation of the applicant's proposed operating plan and suitability of the proposed manufacturing and dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities. Department approval of the applicant's operating plan and architectural and engineering design of the proposed facilities shall be required for issuance of a registration.	Affirm	Attachment D
1004.6.b.11	CULTIVATION/PRODUCTION/DISPENSARY	evaluation of the applicant's proposed operating plan and suitability of the proposed manufacturing and dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities. Department approval of the applicant's operating plan and architectural and engineering design of the proposed facilities shall be required for issuance of a registration.	Affirm	Attachment D
1004.6.b.2	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will produce sufficient quantities of approved medical marihuana products as necessary to meet the needs of certified patients	Affirm	Attachment D: Section 1
1004.6.b.2	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will produce sufficient quantities of approved medical marihuana products as necessary to meet the needs of certified patients	Affirm	Attachment D: Section 1
1004.6.b.2	CULTIVATION/PRODUCTION/DISPENSARY	the applicant will produce sufficient quantities of approved medical marihuana products as necessary to meet the needs of certified patients	Affirm	Attachment D: Section 1
1004.6.b.3	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;	Affirm	Attachment H Section 5
1004.6.b.3	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;	Affirm	Attachment H Section 5
1004.6.b.3	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;	Affirm	Attachment H Section 5
1004.6.b.3	CULTIVATION/PRODUCTION/DISPENSARY/SECURITY	the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;	Affirm	Attachment H Section 5
1004.6.b.4	GENERAL	the applicant will be able to comply with all applicable state and local laws and regulations;	Affirm	
1004.6.b.5	GENERAL	the applicant is ready, willing and able to properly carry on the activities set forth in this subpart;	Affirm	
1004.6.b.6	REAL ESTATE/CULTIVATION/PRODUCTION/DISPENSARY	the applicant possesses or has the right to use sufficient real property, buildings and equipment to properly carry on the activity described in its operating plan;	Affirm	Appendix B
1004.6.b.6	REAL ESTATE/CULTIVATION/PRODUCTION/DISPENSARY	the applicant possesses or has the right to use sufficient real property, buildings and equipment to properly carry on the activity described in its operating plan;	Affirm	Appendix B
1004.6.b.6	REAL ESTATE/CULTIVATION/PRODUCTION/DISPENSARY	the applicant possesses or has the right to use sufficient real property, buildings and equipment to properly carry on the activity described in its operating plan;	Affirm	Appendix B

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1004.6.b.6	REAL ESTATE/CULTIVATION/PRODUCTION/DISPENSARY	the applicant possesses or has the right to use sufficient real property, buildings and equipment to properly carry on the activity described in its operating plan;	Affirm	Appendix B
1004.6.b.9	GENERAL	the moral character and competence of board members, officers, managers, owners, partners, principal stakeholders, directors, and members of the applicant's organization;	Affirm	
1004.6.c	CULTIVATION/PRODUCTION/DISPENSARY	The applicant shall allow reasonable access to the department and/or its authorized representatives for the purpose of conducting an on-site survey or inspection of the applicant's proposed manufacturing and/or dispensing facilities.	Affirm	Attachment H Section 5
1004.6.c	CULTIVATION/PRODUCTION/DISPENSARY	The applicant shall allow reasonable access to the department and/or its authorized representatives for the purpose of conducting an on-site survey or inspection of the applicant's proposed manufacturing and/or dispensing facilities.	Affirm	Attachment D: Section 10
1004.6.c	CULTIVATION/PRODUCTION/DISPENSARY	The applicant shall allow reasonable access to the department and/or its authorized representatives for the purpose of conducting an on-site survey or inspection of the applicant's proposed manufacturing and/or dispensing facilities.	Affirm	Attachment D: Section 10
1004.7.c.2	SECURITY/RENEWAL	every known complaint, charge or investigation, pending or concluded during the period of the registration, by any governmental or administrative agency with respect to:	Affirm	
1004.7.c.3	GENERAL/RENEWAL	information concerning the applicant's ability to carry on the manufacturing and distributing activity for which it is registered, including but not limited to approved medical marihuana product shortages or wait lists occurring during the registration period; an	Affirm	Attachment D
1004.7.c.4	GENERAL/RENEWAL	a summary of quality assurance testing for all medical marihuana products produced in the prior year including but not limited to the percentage of lots of each brand and form passing all required testing, the percentage of lots failing contaminant testing, the percentage of lots failing brand requirements, all recalls of product lots and all adverse events reported	Affirm	Attachment D: Sections 7 Section 8 Section 9

VALLEY AGRICEUTICALS

PATIENT & CAREGIVER HANDBOOK

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

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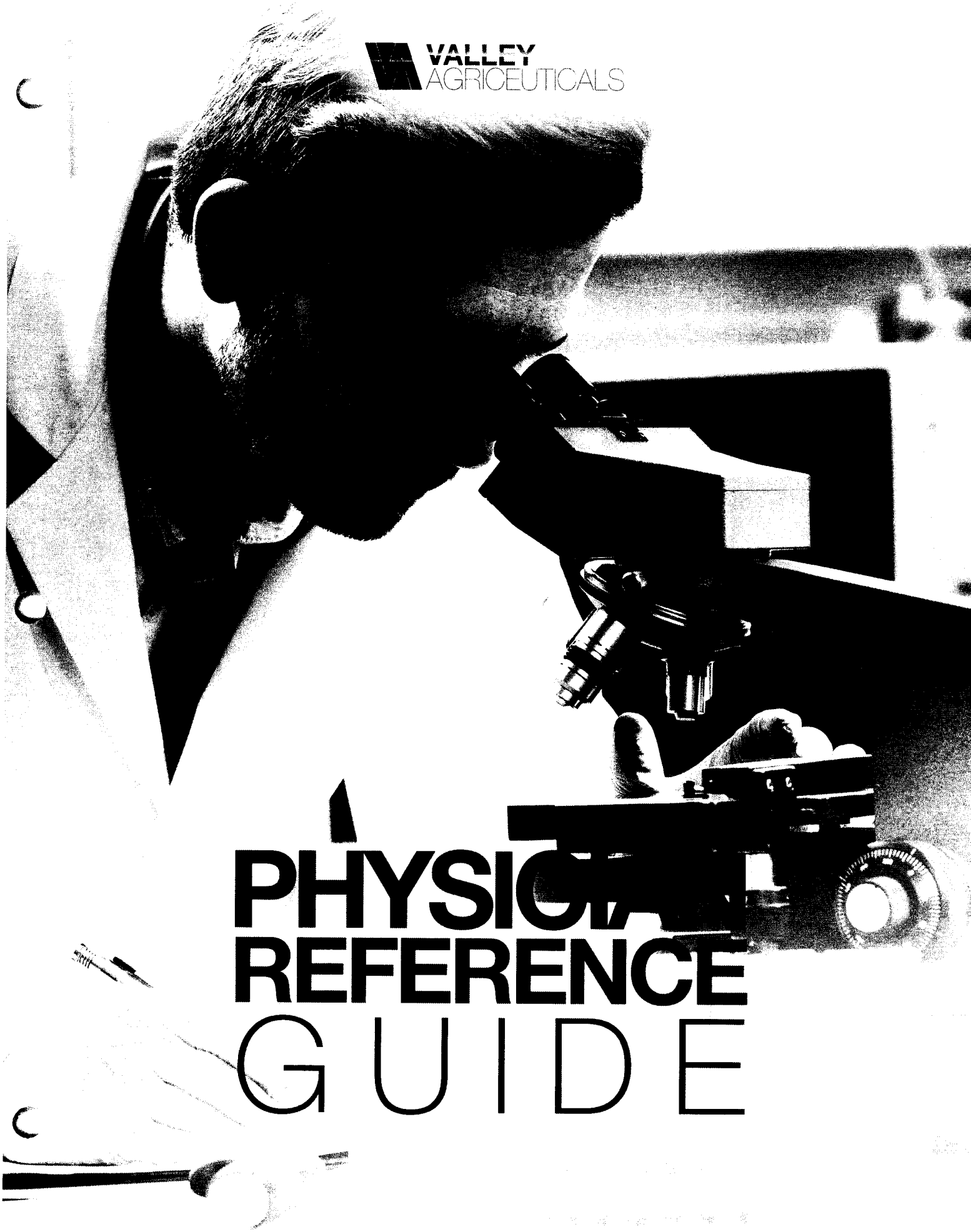
VALLEY AGRICEUTICALS



PHYSICAL REFERENCE GUIDE

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Medicine. Naturally.

Branding + Identity
GUIDELINES

VALLEY AGRICEUTICALS

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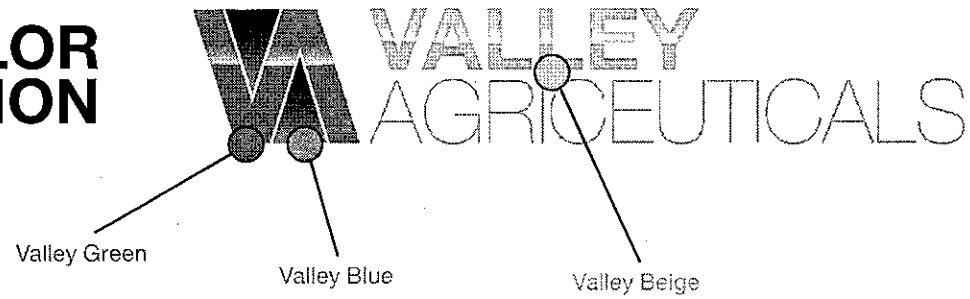
This brand guide is a key resource for managing brand-related content, communications standards + guidelines, and resources. It's our way to express the essence of our brand.

Logo

The Valley Agriceuticals logo is one unit consisting of two parts which must never be modified or used in colors different from those indicated in this corporate design policy manual.

COLOR VERSION



BLACK+ WHITE VERSION

CMYK
The abbreviation CMYK stands for Cyan, Magenta, Yellow and Key Black. the CMYK color model forms the technical basis for modern color printing. this version of the logo should be used in high-quality print media, e.g. for publications such as corporate image brochures, technical brochures, marketing flyers, etc.

RGB
The abbreviation RGB stands for Red, Green and Blue. the RGB color space is used for self-luminous systems (color display). the RGB logo is used in all screen applications such as the internet, flash- banners, online newsletters, etc.

BLACK
The logo completely in black is to be used for outdoor signage as well as in-office applications for forms like faxes, memos, advertise- ments, etc. it ensures optimal reproduction quality.

DIMENSIONS

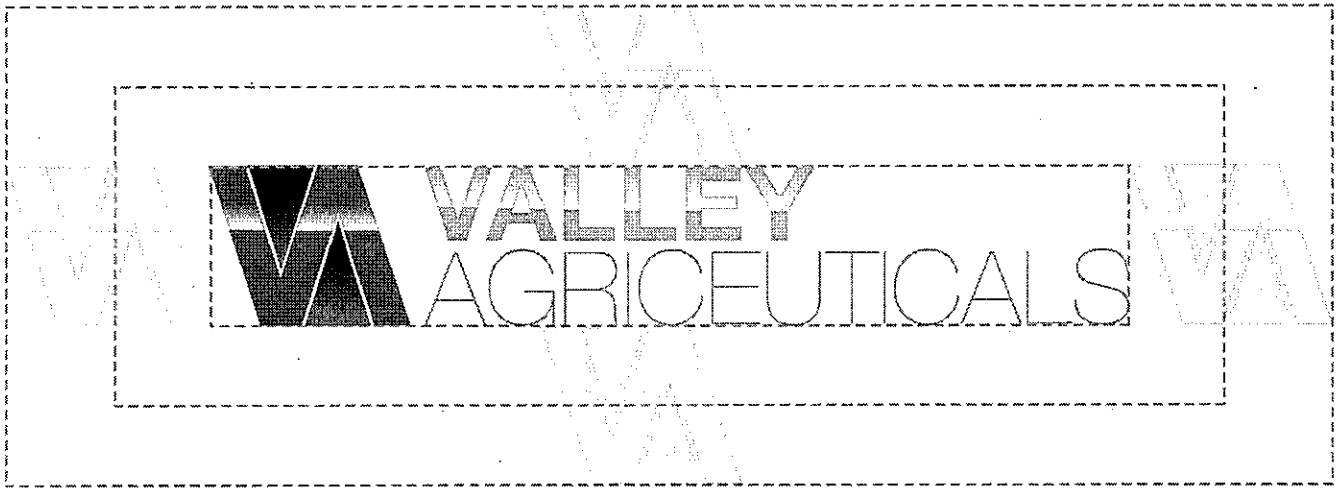
To maintain consistency between different printed publications, the minimum size of the corporate brand mark has been defined. Please keep the dimensions between the smallest and largest size, as that is suitable for business cards, letterhead, envelopes, etc.

SMALLEST (1")

LARGEST (3")

POSITIONING

The logo is always placed in a horizontal position. To maintain an optimal effect of the logo in publications, certain distances to texts and pictures have to be observed. this clear space may not be penetrated by texts or any visual elements. it is derived from multiples of the letter height of "VA".



Sub-Brands

Neuralex C™

Neuralex D™

Neuralex S™

Statarex C™

Statarex D™

Statarex S™

Allevex C™

Allevex D™

Allevex S™

Inflarex C™

Inflarex D™

Inflarex S™

Appetex C™

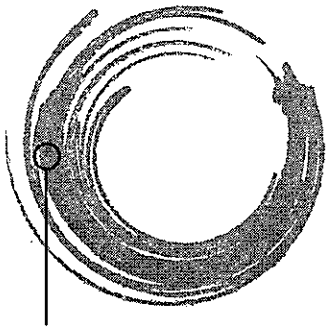
Appetex D™

Appetex S™

Colors

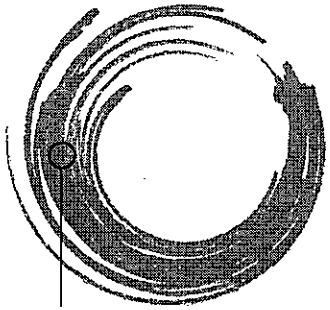
Colors Used

Main Logo Colors



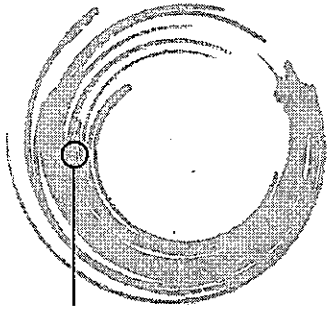
Valley Blue

CMYK
80%, 57%, 00%, 00%
RGB
52, 111, 198
Web
#346fc6



Valley Green

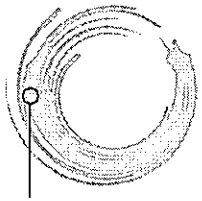
CMYK
70%, 39%, 85%, 28%
RGB
75, 103, 62
Web
#4b673e



Valley Beige

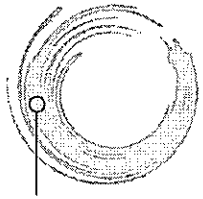
CMYK
42%, 42%, 58%, 9%
RGB
148, 132, 109
Web
#94846d

Subbrand Logo Colors



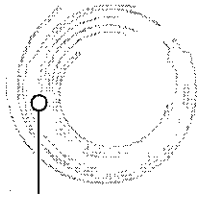
Neuralex Blue

CMYK
49%, 27%, 00%, 00%
RGB
128, 166, 222
Web
#80a6de



Statarex Green

CMYK
64%, 9%, 98%, 0%
RGB
106, 175, 73
Web
#6aaf49



Allevex Tan

CMYK
11%, 20%, 53%, 0%
RGB
236, 187, 132
Web
#e2bb84

Inflarex Dark Blue

CMYK
83%, 72%, 38%, 25%
RGB
47, 69, 100
Web
#2f4564

Appetex Brown

CMYK
47%, 59%, 86%, 43%
RGB
96, 73, 41
Web
#604929

Typeface

Font Used

Font was an essential element to best display your brand. For your brand identity we choose "Helvetica Neue".

The Helvetica Neue font family has several styles to choose from when using.

VA Font is: **Helvetica Neue**

ABCDEFGHIJKLM
NOPQRSTUVWXYZ
abcdefghijklmnopqrstuvxyz
1234567890 !@#$%^&*()<?>/

•Reguler Style

ABCDEFGHIJKLM-
NOPQRSTUVWXYZ
abcdefghijklmnopqrstuvxyz
1234567890 !@#$%^&()<?>/

•*Italic Style*

ABCDEFGHIJKLM-
NOPQRSTUVWXYZ
abcdefghijklmnopqrstuvxyz
1234567890 !@#$%^&()<?>/

•Light Style

ABCDEFGHIJKLM-
NOPQRSTUVWXYZ
abcdefghijklmnopqrstuvxyz
1234567890 !@#$%^&()<?>/

•Bold Style

ABCDEFGHIJKLMNOPQRSTU
VWXYZ
abcdefghijklmnopqrstuvxyz
1234567890 !@#$%^&()<?>/

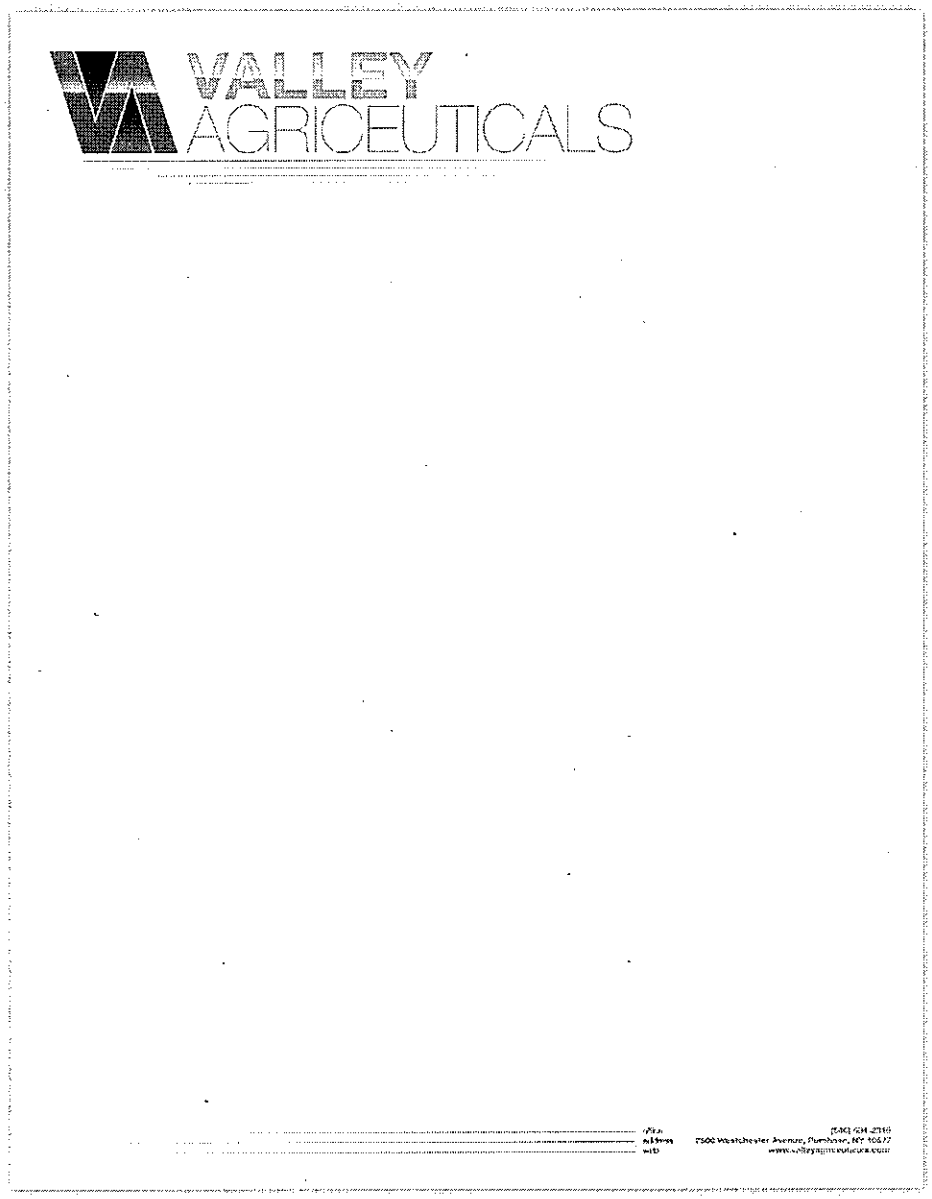
•*Bold Italic Style*

ABCDEFGHIJKLMNOPQRSTU
VWXYZ
abcdefghijklmnopqrstuvxyz
1234567890 !@#$%^&()<?>/

•Ultralight

Marketing PIECES

Letterhead



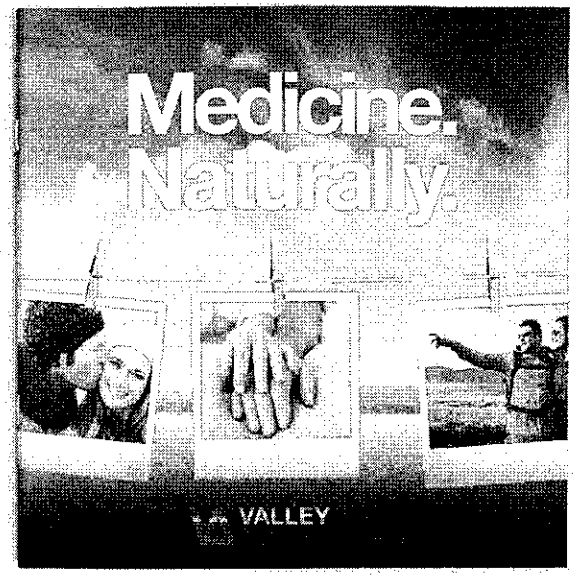
Business Cards

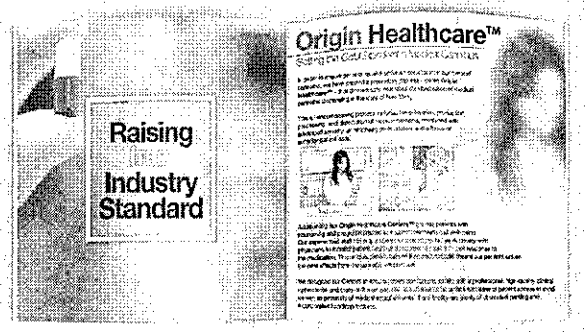
Erik HOLLING
PRESIDENT

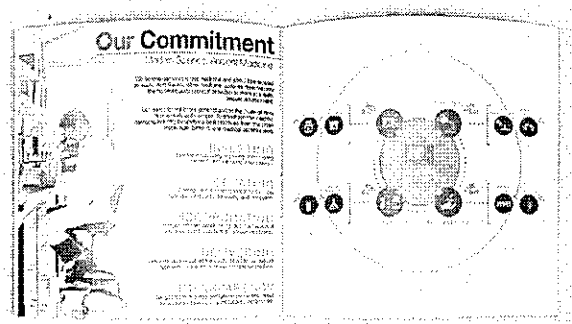
email erik.holling@valleyagriceuticals.com
direct (646) 604-2820
office (646) 604-2810
address 2500 Westchester Avenue, Purchase, NY 10577
web www.valleyagriceuticals.com

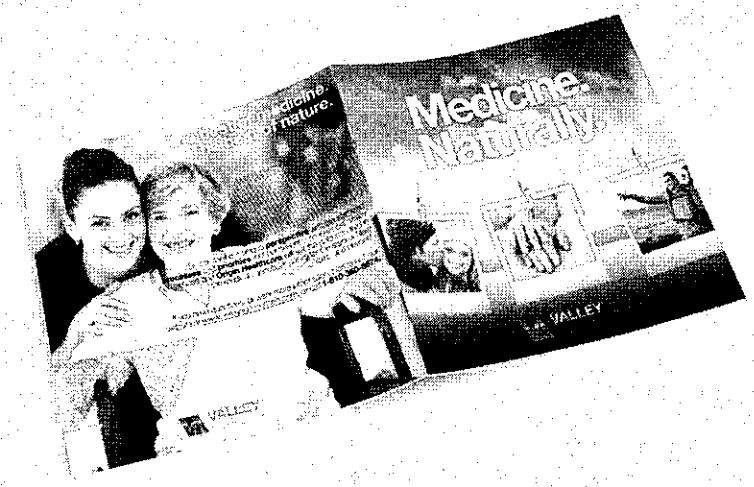
VALLEY
AGRICEUTICALS

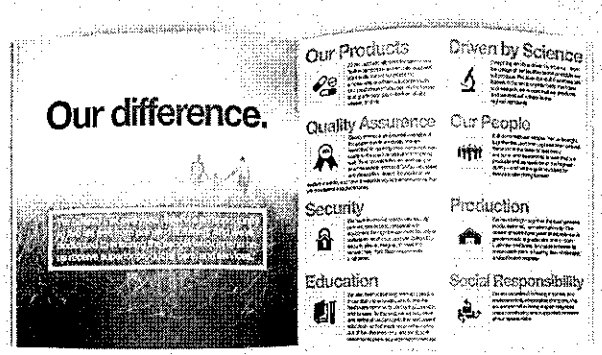
Booklet


Medicine.
Naturally.
VALLEY

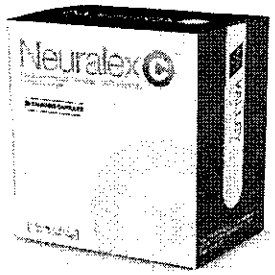

Raising
Industry
Standard
Origin Healthcare™

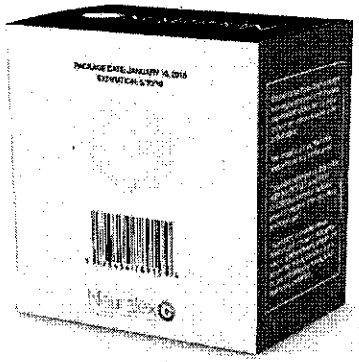

Our Commitment

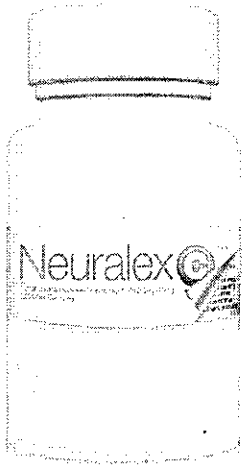

Medicine.
Naturally.
VALLEY

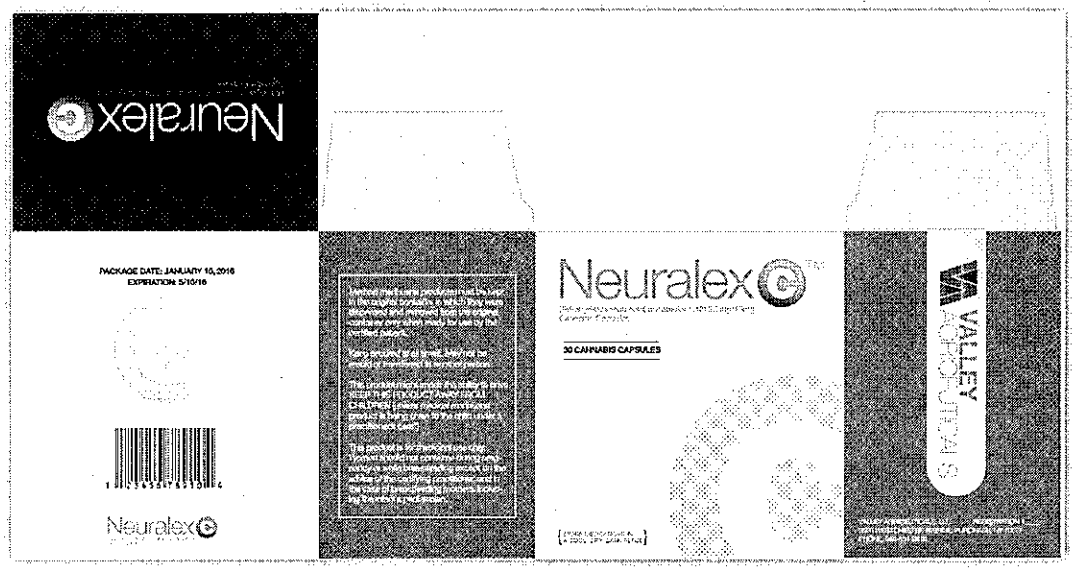

Our difference.
Our Products
Driven by Science
Quality Assurance
Our People
Security
Production
Education
Social Responsibility

Product Packaging

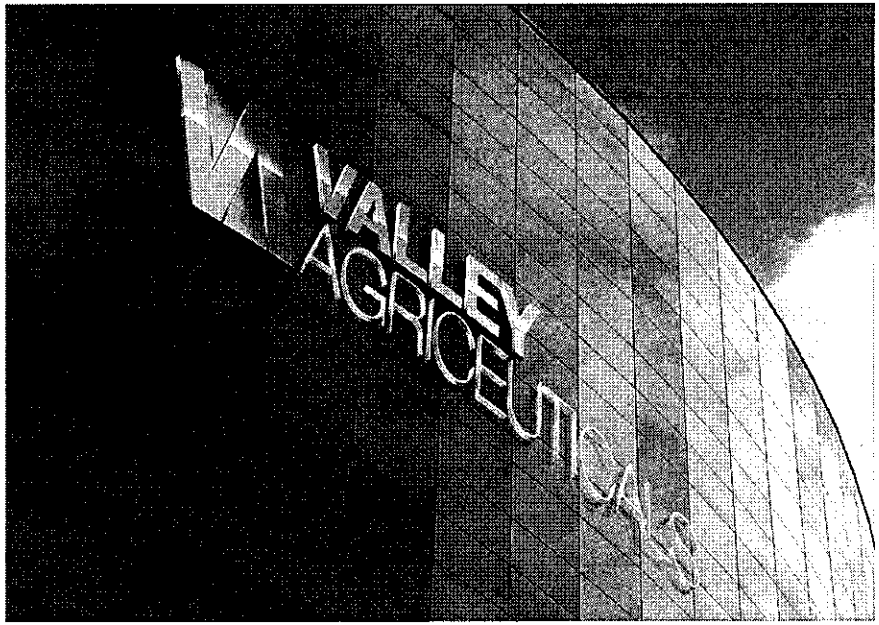








Signage



Website

Our website was built on a fully-responsive custom Wordpress theme. Whether the reader is working from a tablet or their smart phone, our website provides a seamless reading and navigational vvexperience.

2500 WESTCHESTER AVENUE
PURCHASE, NY 10577

E. info@valleyagriceuticals.com.
p. 646-604-2810
f. /valleyag
t. @valley_ag

VALLEY AGRICEUTICALS

VALLEY AGRICEUTICALS

EMPLOYEE'S GUIDE TO MEDICAL CANNABIS

FOR EDUCATIONAL PURPOSES ONLY

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EMPLOYEE
HANDBOOK

VALLEY
AGRICEUTICALS

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VALLEY AGRICEUTICALS

(646) 604-2810 office
2500 Westchester Avenue, Purchase, NY 10577 address
www.valleyagriceuticals.com web

ACKNOWLEDGEMENT OF RECEIPT AND READING OF VALLEY AGRICEUTICALS' EMPLOYEE EDUCATION HANDBOOK

I have received and read a copy of the Valley Agriceuticals Employee Education Handbook dated January 2015 along with the documents appendix items. I understand that the policies and rules described are subject to change.

As part of my employment with Valley Agriceuticals, I agree to adhere to all of the rules and regulations contained therein. I understand that failure to abide by these rules and regulations can lead to disciplinary action up to and including discharge.

Received and Read By:

Employee's Signature: _____

Print Name: _____

Date: _____

VALLEY AGRICEUTICALS

(646) 604-2810 office
2500 Westchester Avenue, Purchase, NY 10577 address
www.valleyagriceuticals.com web

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact: The Origin Health Center, Valley Agriceuticals, XX Street, XX town, New York XXXXX; Phone: XXXXXX; Fax: XXXXX; email: xxx@xxxxx.com; or via web or application at XXXXXXX.com

PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") imposes requirements on health care providers regarding how certain individually identifiable health information – known as protected health information or PHI – may be used and disclosed. "Protected health information" is information that is maintained or transmitted by us, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are committed to protecting health information about you. This Notice applies to all of your protected health information generated by the Origin Health Center. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information. The law requires us to: (a) Make sure that protected health information is kept private in accordance with HIPAA; (b) notify you about our legal duties and privacy practices with respect to your protected health information; (c) notify affected individuals following a breach of unsecured protected health information; and (d) follow the terms of our HIPAA privacy notice that is currently in effect. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by posting the revised Notice in our office and making copies of the revised Notice available upon request;

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we may use and disclose protected health information without your written authorization.

For Treatment. We may use and disclose protected health information about you to provide you with, coordinate or manage your medical treatment or related services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. We may also share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may disclose protected health information about you to people outside who may be involved in your medical care, such as third parties we use to provide services that are part of your care. We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care with us.

For Payment for Services. We may use and disclose protected health information about you so that the treatment and services you receive by us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose protected health information about you for our health care operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other business management and general administrative activities. These uses and disclosures are necessary to run our operations, reduce health care costs, and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of the services we provide. We may also review protected health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to our pharmacists, students, and other personnel for review and training purposes. We may remove information that identifies you from protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at our office.

As Required By Law. We will disclose and use protected health information about you when required to do so by federal, state or local law.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information

Abuse, Neglect, Domestic Violence. We may disclose protected health information to a government authority authorized by law to receive reports of child abuse or neglect. We also may disclose protected health information about you to a government authority authorized by law to receive reports of abuse, neglect or domestic violence if we reasonably believe you are a victim of abuse, neglect or domestic violence. For information not relating to child abuse or neglect, we will only disclose this type of information (i) to the extent required by law, (ii) if you agree to the disclosure, or (iii) if the disclosure is allowed by law and either we believe it is necessary to prevent serious harm to you or another person or you are unable to agree due to incapacity and an authorized government agency represents that the information disclosed will not be used against you and a law enforcement activity would be materially and adversely affected by waiting until you are able to agree to the disclosure.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates. We may disclose information to business associates who perform services on our behalf (such as billing companies) related to treatment or payment for health care or our health care operations; however, they also are generally required to protect your protected health information in accordance with HIPAA and to enter into a contract with us agreeing to so protect your protected health information.

Public Health. We may disclose your protected health information to authorized public health or legal authorities for the purpose of preventing or controlling disease, injury, or disability. Subject to certain requirements, we may disclose protected health information to your employer in connection with

health care provided at the request of your employer where the information is required to comply with U.S. federal or state occupational safety laws. Subject to certain conditions, we may disclose proof of immunization to a student's school if the student or their parent or guardian consent..

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Oversight Activities. We may disclose protected health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement. We may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. Subject to certain conditions, we may also disclose protected health information (i) in response to a request related to identification or location of an individual or a victims of crime, (ii) regarding a deceased person if we suspect the death resulted from criminal conduct, or (iii) that is evidence of a crime on our premises.

Organ and Tissue Donation. If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Special Government Functions. If you are a member of the armed forces, we may release protected health information about you if it relates to the performance of military activities. We may also release your protected health information for national security and intelligence purposes and protective services for the President and certain other U.S. and foreign officials .

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner to identify a deceased person, determine the cause of death or permit them to carry out their other legal duties. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their legal duties.

Correctional Institutions and Other Law Enforcement Custodial Situations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety or maintaining the safety, security and good order of a correctional institution.

Worker's Compensation. We may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law,

Food and Drug Administration. We may disclose to persons under the jurisdiction of the FDA protected health information related to their FDA-regulated product or operations for the purpose of activities related to the quality, safety or effectiveness of such product or activity, such as product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

Fundraising. Subject to certain conditions, we may use, or disclose to a business associate or institutionally related foundation, certain limited protected health information for the purpose of fundraising for our benefit.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose protected health information about you in the following circumstances:

We may share with a family member, relative, friend or other person identified by you protected health information directly relevant to that person's involvement in your care or payment for your care, and we also may notify them of your location, general condition or death.

We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to us.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU. You have the following rights regarding protected health information we maintain about you.

Right to Inspect and Copy. You have the right to inspect and copy protected health information that may be used to make decisions about your care. Generally, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to the address listed above. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to the address listed above.

In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, or if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

Is not part of the protected health information kept by the Origin Health Center;

Is not part of the information which you would be permitted to inspect and copy; or

We believe is accurate and complete.

If we deny your request, we will provide you with a written denial including the basis for the denial and describing your right to submit a statement of disagreement with the denial. If we deny your request, a record of your request, our denial, any statement of disagreement from you and any rebuttal from us will be kept with the protected health information in question.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Origin Health Center. You may ask for disclosures made up to six years before your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We are required to provide a listing of all disclosures of your protected health information except:

For your treatment, billing and collection of payment for your treatment or our health care operations

Made to or requested by you, or that you authorized

Occurring as a byproduct of permitted use and disclosures

For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates

As part of a limited data set of information that does not contain information identifying you

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information that we use or disclose about you for treatment, payment or health care operations or to persons involved in your care.

We are not required to agree to your request except for a request to restrict disclosure to a health plan if the disclosure is related to payment or health care operations and is not otherwise required by law and the information relates to health care for which we have already been paid in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described above under "How We May Use and Disclose Protected Health Information About You."

To request restrictions, you must make your request in writing to the Origin Health Center.

Right to Request Confidential Communications. You have the right to request that we communicate protected health information to you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Origin Health Center. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at any time by contacting the Origin Health Center.

OTHER USES AND DISCLOSURES

Any use or disclosure of your protected health information that consists of psychotherapy notes generally is not permitted without your authorization except under limited circumstances. Although we will not sell any of your protected information, we are required by law to inform you that under HIPAA your protected health information cannot be sold without your prior authorization. With very limited exceptions, your protected health information may not be used or disclosed for marketing without your authorization. We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for above. You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a written complaint with the Valley Agriceuticals at the Origin Health Center office address set forth above, or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary must be filed within180 days of when you knew or should have known that the violation occurred, unless the Secretary elects to waive this time limit. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

VALLEY AGRICEUTICALS

{646} 604-2810 office
2500 Westchester Avenue, Purchase, NY 10577 address
www.valleyagriceuticals.com web

HIPPA Release of information
AUTHORIZATION FORM

I, _____hereby authorize _____ and its affiliates, its employees and agents (collectively _____), to release to _____ **[Insert full name of person/organization]** my personal health information maintained by _____ (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) except the following information about me: _____ **[DESCRIBE INFORMATION NOT TO BE DISCLOSED, IF ANY]** for the purpose of helping me to resolve claims and health benefit coverage issues. I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws. This authorization is valid from the date of my/my representative's signature below and shall expire the earlier of _____ **[INSERT DATE/EVENT UPON WHICH THIS AUTHORIZATION EXPIRES]** or the date my coveage ends with _____. I understand that I have a right to revoke this authorization by providing written notice to _____. However, this authorization may not be revoked if _____, it's employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

Name of Member: _____

Signature of Member: _____

Date:_____

If applicable, Legal Representatives sign below:

By signing this form, I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the Member's behalf with respect to this authorization form.

Name of Legal Representative: _____

Signature of Legal Representative: _____

Date: _____

Name of Witness: _____

Signature of Witness: _____

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ORIGIN HEALTH CENTERS

Patient Contract – Consent Form
Origin Heath Centers – Valley Agriceuticals

Patient Name: _____

Address: _____

Phone Number: _____ (H) _____ (Cell)

This is a description of the initial assessment and management program of the Origin Health Centers. The process is a total of 2 hours. Each patient is expected to attend all the initial sessions with a pharmacist, nurse, and technician educator. Patients (family is optional but encouraged) are expected to attend 4 additional classes (1 hour each) listed below (unless otherwise indicated):

Initial Assessment and Management Program

- ☐ Initial assessment and overview of Origin Health Centers (30 minutes)
- ☐ Overview of your condition, medications, monitoring, consult physician if necessary (30 minutes)
- ☐ Overview of new medication, brand, dose, dosing, delivery method (30 minutes)
- ☐ Discussion on contraindications, interactions, potential side effects (30 minutes)
- ☐ understanding the call center and mobile device application (30 minutes)
- ☐ Overview of Origin Health Center education program (additional classes) and Wrap-up/Putting it all together (15 minutes)

Additional Classes

- ☐ How medical cannabis works
- ☐ Our cannabis is medicine and not a recreational product
- ☐ Gathering the support of your family

Arrangements should be made to attend each class or appointment you are assigned and scheduled.

- If you are unable to attend a scheduled class or appointment, you are expected to contact the center beforehand.
- Missed classes or appointments will be rescheduled three times.
- Two or more consecutive absences will result in forfeiture of the current educational plan and will require referral from the primary care provider to re-enroll in the program.
- Information regarding your medication profile, goals, class attendance and participation in this program will be provided to your referring physician.

In the event that the educator becomes aware of any of the following conditions, the patient will be referred immediately to their physician:

1) Blood pressure > 180 systolic or > 110 diastolic
2) In diabetic patients, fingerstick blood glucose > 400
3) Any suspected infection/injury
   a. In the event that the patient's physician is unable to be contacted immediately, the patient will be referred to the emergency department of their choice.

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In the event of any suspected life threatening emergency (i.e.; suspected heart attack, stroke, hypoglycemic (fingerstick glucose < 70) episode not relieved within 15 minutes with proper management), 911 will be called.
By signing below, you are accepting these terms as stated above. You also acknowledge receipt of the Notice of Privacy Practices. We look forward to your participation in Origin Health Center Program.

Signature _____ Date _____

Post-Initial Assessment and Management Program

By signing below, you are accepting these terms as stated above. You also acknowledge receipt of booklets with information regarding the general operations of the Origin Health Centers, your medicine (effects, mode of administration, interactions, etc.), Origin Health Center education program and Origin Health Center follow up and research programs. We look forward to your participation in Origin Health Center Program.

Signature _____ Date _____

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ACKNOWLEDGEMENT OF RECEIPT AND READING OF ORIGIN HEALTH CENTER'S PATIENT/CAREGIVER HANDBOOK

I have received and read a copy of the Origin Health Center's Patient/Caregiver Handbook along with the documents appendix items. I understand that the policies and rules of the facility, and I agree to adhere to all of the laws and regulations pertaining to the use of medical cannabis as outlined in New York State Law (Chapter 90 of the Laws of 2014).

I understand that failure to abide by these rules and regulations can lead to dismissal as a patient.

Received and Read By:

Patient's Signature: _____

Print Name: _____

Date: _____

Pharmacist's Signature _____

Print Name: _____

Date: _____

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ACKNOWLEDGEMENT OF RECEIPT AND READING OF VALLEY AGRICEUTICALS' STANDARD OPERATING PROCEDURES

I have received and read a copy of the Valley Agriceuticals Standard Operating Procedures dated January 2015 along with the documents appendix items. I understand that the policies and rules described are subject to change.

As part of my employment with Valley Agriceuticals, I agree to adhere to all of the rules and regulations contained therein. I understand that failure to abide by these rules and regulations can lead to disciplinary action up to and including discharge.

Received and Read By:

Employee's Signature: _____

Print Name: _____

Date: _____

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VALLEY AGRICEUTICALS PATIENT ASSISTANCE PROGRAM ENROLLMENT FORM

123 Main Street
Walkill, NY 12345

For inquiries, please call
800-VALLEYAg

PATIENT MUST COMPLETE THIS SIDE
SECTION 1: COMPLETE THE PATIENT INFORMATION BELOW. PLEASE PRINT IN LEGIBLE CAPITAL LETTERS

Use a Black or Blue Pen

Patient's First Name _____ M.I. ____

Patient's Last Name _____

Address 1 _____ Apt. No. _____

City _____ State _____ Zip _____

Phone ___ - ___ - ____ Date of Birth MM / DD / YYYY

U.S. Resident:* Yes ☐ No ☐ Gender: Male ☐ Female ☐

Provide an email address if you would like to be notified with an acknowledgement of enrollment form receipt _____

List current annual gross household income below. Indicate the source(s) of your income by checking all boxes that apply.

Total Annual Income $ ___ , ___ No. of Household Members (including patient) ____

Social Security Benefits (SS, SSI, SSDI): ☐ Wages ☐ Pension ☐ Interest/Dividends ☐ Unemployment ☐
Please list any other income source(s) _____

Applicant Declarations and Authorization

I certify that all of the information provided in this application, including household income, is complete and accurate. I understand that program assistance will terminate if the program becomes aware of any fraud or if this medication is no longer prescribed for me. I understand that completing this application does not ensure that I will qualify for this program. I certify that I cannot afford this medication. I certify that I will not seek reimbursement or credit for this prescription from any insurer, health plan, or government program. I understand that Valley Agriceuticals Patient Assistance Program (VAPAP) reserves the right to modify the application form, modify or discontinue this program, or terminate assistance at any time and without notice. I authorize VAPAP and its affiliates to forward this prescription to an Origin Health™ dispensary on my behalf. VAPAP is not responsible for verifying any information contained in Section 2, including without limitation allergies, medical conditions, or other medications being taken by me. With respect to this application, I understand that only the dispensary will be responsible for the information contained in Section 2 of this application form.

SIGN Patient's Original Signature _____ Date MM / DD / YYYY

Applicant Authorization for Use and Disclosure of Personal Health Information

I understand that in order for the VAPAP to provide me with assistance, it will need to obtain, review, use, and disclose my personal health information (PHI), including information relating to my medical condition and information on my application form. I agree to allow the VAPAP Program to contact me via mail, telephone or email to carry out these services. I authorize my physician to disclose my PHI to VAPAP and its administrators as necessary to complete the VAPAP application process or to verify my application. I understand that my name, address, and any other personal identifying information provided in my application will be available to VAPAP and its affiliates. I understand that my PHI disclosed under this application may no longer be protected by privacy laws and may be re-disclosed by VAPAP only for the purposes described here. I understand that I if I don't provide this Authorization, I won't be able to obtain assistance from VAPAP. I understand that I may cancel this Authorization at any time by mailing a written request for such cancellation to my prescribing physician and VAPAP, and the cancellation will not apply to any information already used or disclosed pursuant to this Authorization. If I do not cancel this Authorization, the Authorization will expire 15 months from the date signed below. I also understand that information concerning program participants may be summarized for statistical or other purposes and provided to VAPAP, but that any such summary shall be of de-identified data and shall not disclose, nor be able to be used to disclose, my identity. I have read this document or have had it explained to me. I understand that I may request a copy of this Authorization once it has been signed.

SIGN Patient's Original Signature _____ Date MM / DD / YYYY

*You do not have to be a US citizen. Physician must complete Sections 2 and 3 on the back of this form.

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PHYSICIAN/PRESCRIBER MUST COMPLETE THIS SIDE.
SECTION 2: COMPLETE THE PRESCRIPTION AND PRODUCT INFORMATION BELOW.
PLEASE PRINT IN LEGIBLE CAPITAL LETTERS

Use a Black or Blue Pen

THIS IS THE PRESCRIPTION. **PLEASE DO NOT SUBMIT A PRESCRIPTION SEPARATE FROM THIS APPLICATION.**

Patient's First Name _____ M.I. ____

Patient's Last Name _____

Date of Birth ____ / ____ / ____
M M D D Y Y Y Y

Product Name _____ Strength _____ Quantity _____

Directions _____ Refill ___ (1, 2, or 3) Times

Physician/Prescriber Certification Number _____ Date _____

SIGN

Dispense As Written: **Physician/Prescriber's Signature** (We cannot accept signature stamps)

_____

ALLERGIES: None ☐ Aspirin ☐ Codeine ☐ Iodine ☐ Penicillin ☐ Sulfa ☐ Other ☐

MEDICAL CONDITIONS: None ☐ Asthma ☐ Glaucoma ☐ Heart ☐ High BP ☐ Ulcer ☐ Other ☐

CURRENT MEDICATION(S) BEING TAKEN BY THE PATIENT:

_____

SECTION 3: PHYSICIAN/PRESCRIBER MUST COMPLETE, SIGN AND DATE.

Physician's First Name _____ M.I. ____

Physician's Last Name _____

Professional Designation _____

Name of Facility/Site _____

Mailing Address
(PO Boxes not permitted) _____

Street Address 1 _____

Street Address 2 _____

City _____ State ____ Zip _____

Office Phone ___ - ___ - ____ Ext. _____

Secure Fax ___ - ___ - ____

Office Contact Name _____

E-mail Address _____

Physician/Prescriber Attestation

I certify that this prescription is medically appropriate for this patient and that I will be supervising the patient's treatments. I verify that the information provided is complete and accurate to the best of my knowledge. I authorize the Valley Agriceuticals PAP, its affiliated companies, or its subcontractors to forward this prescription to an Origin Health Dispensary on behalf of myself and my patient. I understand that Valley Agriceuticals PAP reserves the right to modify or discontinue this program at this facility/practice, or terminate assistance at any time and without notice.

SIGN

Physician's/Prescriber's Original Signature _____ Date ____ / ____ / ____
M M D D Y Y Y Y

To report an adverse event to a specific Valley Agriceuticals product, please contact Valley Agriceuticals at 1-800-999-9999