REAL MEDICINE
FOR REAL PEOPLE
VALLEY
AGRICEUTICALS

Table of Contents

Letter of Introduction ..... Page 3

Timeline ..... Page 6

Response DOH Questions ..... Page 11

Dispensary Locations ..... Page 13

Staffing ..... Page 15

Operating Plan ..... Page 35

- Manufacturing ..... Page 38
- Transportation ..... Page 141
- Dispensary & Sale ..... Page 149
- Devices ..... Page 213
- Security & Control ..... Page 294
- Standard Operating Procedures ..... Page 367

Financials ..... Page 545

Appendix A ..... Page 547

March 1, 2017

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

Re: Assessment of Valley Agriceuticals' continued interest in becoming a registered organization in New York State Medical Marijuana Program

To Whom it May Concern:

Valley Agriceuticals LLC (Valley Agriceuticals) of Armonk, New York, respectfully submits the attached validation of interest in becoming 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, as soon as allowed, 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.

Valley Agriceuticals has already spent considerable time, effort and money to be completely ready for the NY medical marijuana program and its patients and healthcare community. Prior to its initial application, Valley Agriceuticals garnered complete local support from the local town and state representatives within each location of its manufacturing facility and each of four dispensaries. Valley Agriceuticals has already built from the ground up its initial manufacturing facility structure, and is awaiting DOH's approval to rapidly bring that facility into full production. Valley Agriceuticals has already designed complete architectural plans for our dispensing facilities (Origins Health Centers) of multiple sizes, which can be applied regardless of the locations DOH awards to Valley Agriceuticals. Valley Agriceuticals has incredibly strong relationships with landlords in each identified dispensary area to enable fast lease signing and Origins Health Center openings to serve the anxious patient population. Valley Agriceuticals has already designed complete educational materials for both the patient and the healthcare community. Valley Agriceuticals has completed many of the facets necessary to operate a registered organization license, and in many cases exceeded those requirements.

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 realtionship between a traditional pharmaceutical company and a medical cannabis provider. Through our relationships with Teva Pharmaceutical Industries LTD and Novartis International AG, Valley Agriceuticals will bring a level of scientific expertise to the medical cannabis industry that no one in the United States can match.

To complement our work with Teva Pharmaceuticals and Novartis, 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 Director of Patient Services who is current President 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 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 will comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, as outlined under the Medical Marijuana Program (10 NYCRR Part 1004).

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 validation application.

Sincerely,
Erik Holling,

TIMELINE

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

VALLEY AGRICEUTICALS

REPONSE TO DOH QUESTIONS

Response to DOH Questions

Valley Agriceuticals response to Department of Health Questions posted January 20, 2017: Desired registration activities, including answers to the following questions:

1. **Do you intend to manufacture your own medical marijuana?**
    a. VA Response: Yes
2. **Are you interested in wholesaling extracts and/or approved medical marijuana products to/ from other registered organizations?**
    a. VA Response: Yes
3. **Do you intend to open one or more (limit of 4) dispensing facilities?**
    a. VA Response: Yes we intend to open 4 dispensing facilities
4. **Are you interested in resale of approved medical marijuana products manufactured by other registered organizations?**
    a. VA Response: Yes
5. **Do you intend to establish a medical marijuana delivery service program?**
    a. VA Response: Yes
6. **Do you intend to use the BioTrack seed-to-sale tracking system or will you be seeking Department approval for an alternative system?**
    a. VA Response: We would prefer to use the feature-rich Adilas system that will integrate with BioTrack.

DISPENSARY LOCATIONS

Dispensary Locations

After careful consideration of DOH's new conditions and the patient population demographics, we believe the following locations meet the necessities of those patients being underserved. Therefore, we believe these locations/counties (and in some cases specific locations within those counties) to be of prime importance.

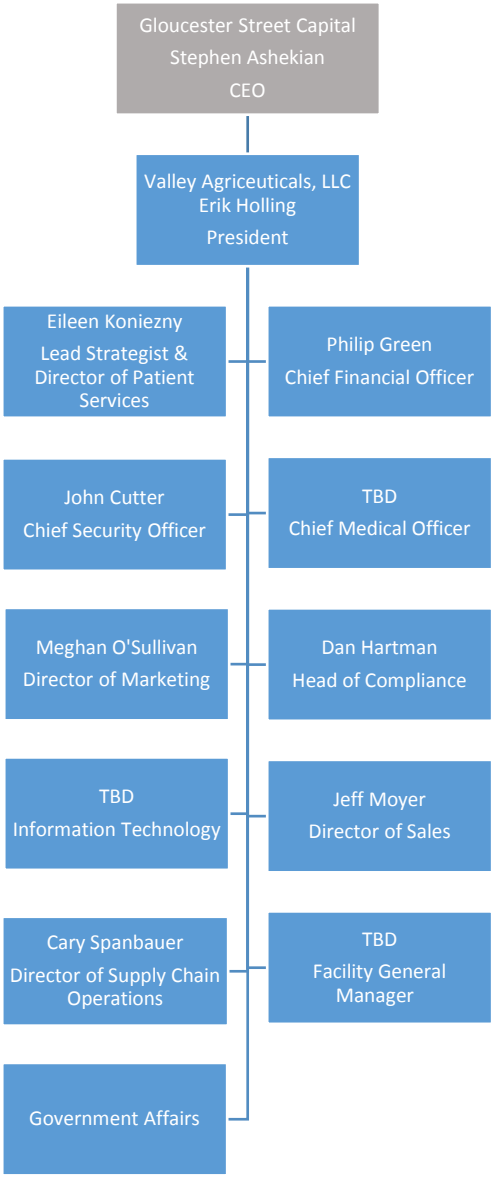
	Primary Pick	Option 1	Option 2
Location 1	Kings (Brooklyn)	NY (Manhattan)	Queens
Location 2	Suffolk	Nassau	Staten Island
Location 3	Dutchess (Poughkeepsie)	Orange (Middletown)	Saratoga
Location 4	Rockland (New City)	Monroe (Rochester)	Oneida (Utica)

STAFFING 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 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.

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.

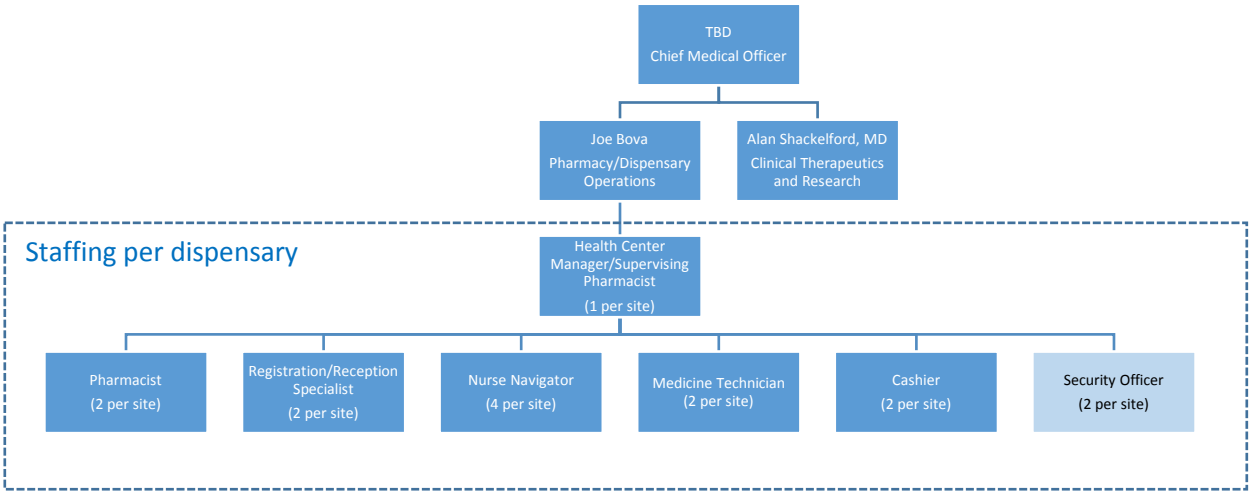
Information Technology Director – The Information Technology (IT) Director is responsible for the overall planning, organizing, and execution of all IT functions for Valley Agriceuticals. This includes directing all IT operations as well as the support and maintenance of existing applications and development 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.



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).
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). Further the nurse navigator will 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.

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.

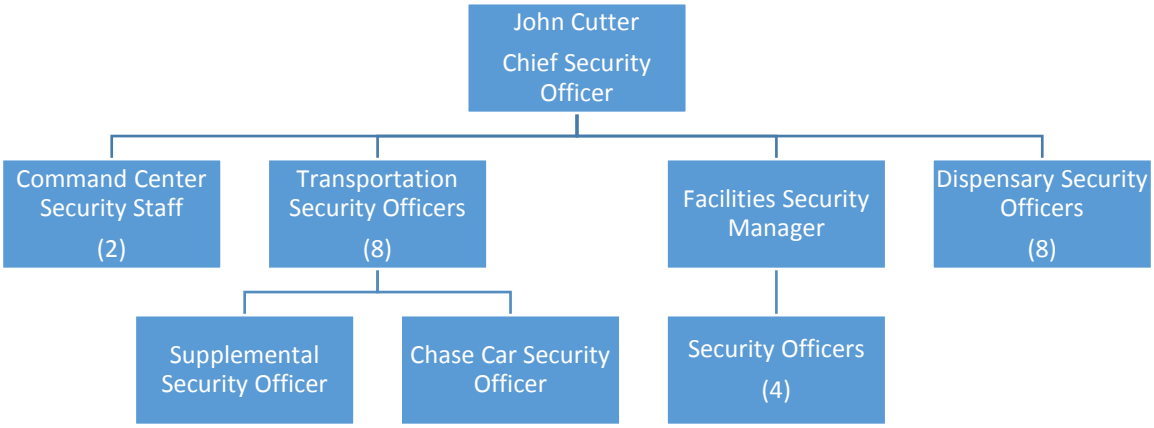
Dispensary Facility Hours of operation and shifts

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 Operations
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 – Wallkill

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

Valley Agriceuticals considers the transport of medical cannabis to be one of the most critical security risks to be faced. To that end Valley Agriceuticals will be adding multiple layers of security to all of our transport vehicles. The transportation of all Valley Agriceuticals medical cannabis products will be done utilizing low profile sprinter vans. These vehicles will be equipped with multiple layers of security to include CCTV both inside and on the exterior of the vehicle.

All doors will be equipped with high security steel hasp & hidden shackle locks. The cargo area of the vehicle will be further secured by enclosing it on either end from the cab, as well as the street access point utilizing hardened steel barriers. Housed within the cargo area will be a safe affixed to the vehicle floor. The safe itself will be pry resistant, B-rated with a ¼ inch thick hard plate and a recessed front load that prevents fishing. The mechanism will be protected by a 3 wheel combination lock that is connected to relocking devices in case of attempt at forced entry. Inside the safe will be secure carrying cases equipped with GPS (quad-band, water resistant and allowing up to 22 hours per use between charges) and a lock with a randomized security code given only to dispensary personnel by the production facility during transport via telephone. The code will change for every delivery and no transport personnel will know the code. In providing these multiple layers of security we believe diversion of this product will be virtually impossible.

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.

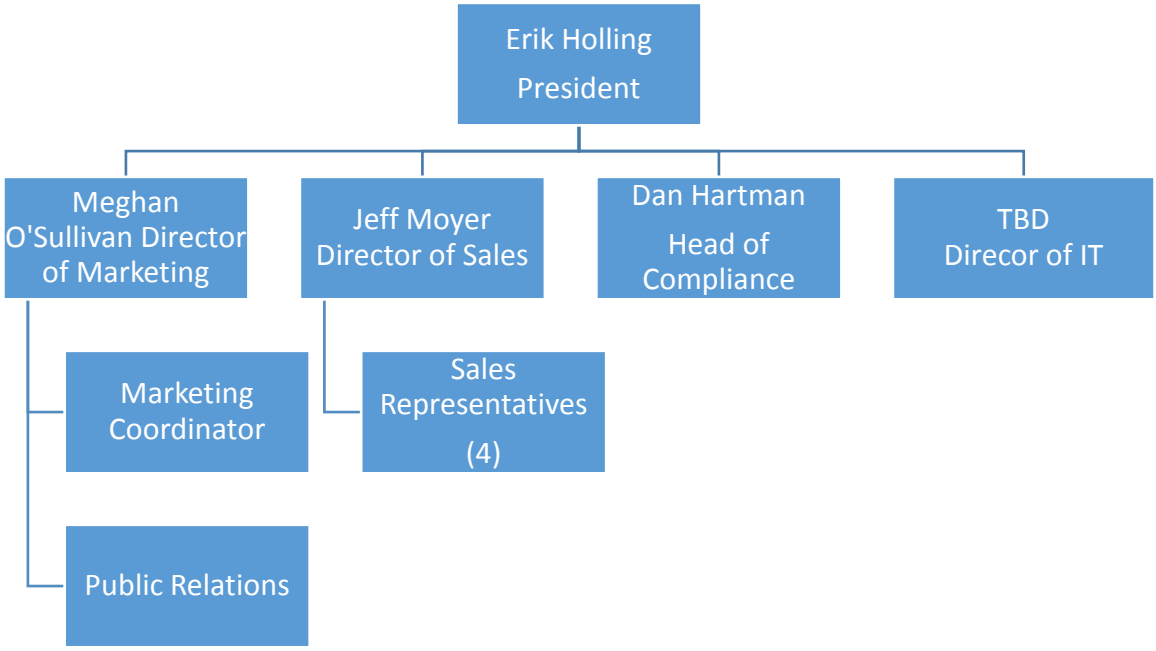
Dispensary Security Personnel Staffing

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 one security officer (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.

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.



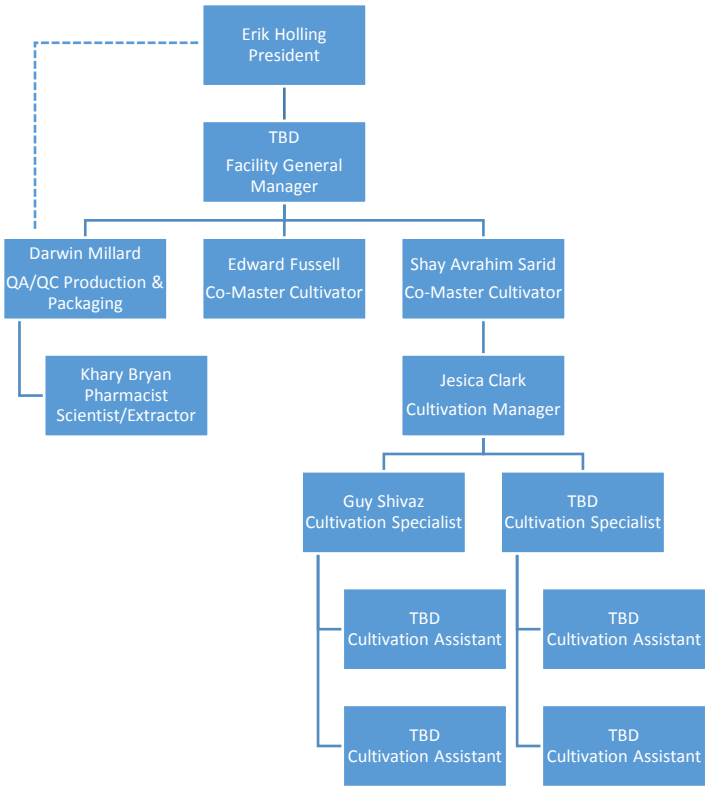
Roles and Responsibilities

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.

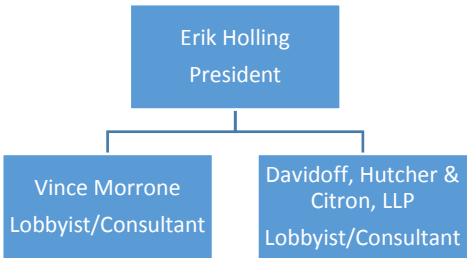
Consultants – From time to time, consultants may be acquired to assist the Cultivation Manager for the purposes of systems planning, or if a project requires a specific license or skillset. All consultants must be approved by the board of directors. Consultants that work in the facility must be informed 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 more than 15 years of leadership experience in global business operations. Prior to joining Valley Agriceuticals, Holling served as the [redacted] of [redacted] a [redacted] that he grew into a [redacted] with [redacted] in [redacted]. In addition to [redacted], Holling has worked to build successful [redacted] for multiple [redacted] Prior to this, Holling held an [redacted] at [redacted] and [redacted], where he conducted [redacted] and received the [redacted] for [redacted] Holling studied Epidemiology and Biostatistics at Boston University School of Public Health.
Eileen Konieczny, RN Lead Strategist & Direct of Patient Services		Eileen Konieczny has over 20 years of nursing experience specializing in oncology. As a healthcare provider, Konieczny has witnessed her patients struggle with a host of side effects associated with their treatment protocols that "greatly reduce their quality of life." Her hospital nursing career includes specializing in [redacted] She is president of the [redacted], 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. Ms. 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 brings 30 years of diverse finance and operations background that range from [redacted] to [redacted]. He specializes in [redacted] of [redacted], and has [redacted] in [redacted], [redacted], and [redacted] and [redacted] In [redacted] Green joined [redacted] as [redacted] and ran a [redacted] that managed over [redacted]. As his division

		grew to over [redacted], Green was [redacted] and oversaw all [redacted], as well as its entire [redacted]. Subsequently, Green joined the [redacted], [redacted], working as [redacted] of its [redacted]. Philip led the growth of the company from [redacted] to [redacted]. Green led the [redacted] and [redacted], including all the [redacted] and [redacted] when [redacted] the [redacted] to [redacted] During his recent [redacted] as [redacted] at [redacted] Green improved [redacted] and [redacted] while [redacted], and [redacted].
Cary Spanbauer Director of Supply Chain Operations		Cary Spanbauer is a [redacted] specializing in [redacted] and [redacted] Mr. Spanbauer has successfully delivered more than [redacted] over the past twenty five (25) years. Mr. Spanbauer has led projects for several [redacted] looking to identify the best [redacted], [redacted] and [redacted] for their [redacted]. Specific to the pharma/medical/nutrition industries, Mr. Spanbauer has worked with [redacted], [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		Having worked for the [redacted] ([redacted] in [redacted] for over [redacted] years, Hartman was able to rely on his strong [redacted] background when he was selected to create the [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. Hartman joined the department in [redacted] was appointed [redacted] and served in that capacity through [redacted] During his tenure he was tasked with [redacted] and [redacted] the [redacted].
John Cutter Chief Security Officer		With more than 30 years' experience in security, intelligence and law enforcement, Cutter is considered one of the most honored, hardest working, and influential people in the New York Police Department's history. He [redacted]. His last position there was [redacted] in the [redacted] where he was responsible for all [redacted] for the department's [redacted], reporting only to the [redacted] of [redacted] Further, he liaised with all departments within the NYPD, the New York State Police, and many external state and federal agencies including: DEA, FBI, ICE, CIA, ATF.
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 [redacted] at the [redacted] 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 [redacted] 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 [redacted] of the [redacted], and in support of legislation to be introduced to the Senate of [redacted] and the Senate of [redacted] Dr. Shackelford is [redacted] of

		[redacted] a medical practice devoted to the study of [redacted] and to caring for patients for whom [redacted] is an [redacted]
Jesica Clark Cultivation Manager		Jesica Clark is a [redacted] and [redacted]. With over 12 years of experience in agriculture, specializing in [redacted] and [redacted] techniques, Clark brings her [redacted] and [redacted] to Valley Agriceuticals. After graduating from Vassar College, Clark began her farming career by volunteering at [redacted] before she was to start graduate school at James Cook University in Townesville, Australia. With a newly found passion for agriculture, Jesica continued to work on [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 has more than 20 years of commercial experience in the pharmaceutical and diagnostic industries. Prior to joining Valley Agriceuticals, Moyer served as the [redacted] of [redacted]., a global diagnostics leader in [redacted] for [redacted] Prior to this, Moyer held various positions in marketing, sales and operations. He has launched [redacted] products for [redacted] and [redacted] Moyer studied Computer science at Clemson University and has an MBA from Villanova University.
Shay Avraham Sarid Co-Master Cultivator		Shay Avraham Sarid is the founder of [redacted] one of the [redacted]. [redacted] is an [redacted] of [redacted] to the [redacted] and specifically licensed to grow and distribute medical cannabis to authorized patients. Shay is a co-founder of [redacted] and [redacted] and is the recent [redacted] of the [redacted]
Guy Shivaz Cultivation Specialist		Guy Shivas serves as [redacted] at [redacted] one of the [redacted] Shivas served as [redacted] of the [redacted] during its [redacted] [redacted] established the [redacted] and was a part of the [redacted] for many of company's [redacted] including [redacted]. Shivas will play a key role in [redacted] and [redacted].

Khary Bryan Scientist and Extractor		Dr. Bryan holds a Doctor of Pharmacy degree from the Philadelphia College of Pharmacy. With more than 15 years experience in community retail pharmacy, he has become proficient in [redacted]. Dr. Bryan strives to [redacted] in order to [redacted] and [redacted] and [redacted]. His personal discovery of the existence of the [redacted] generated a desire to increase his understanding of [redacted] and [redacted] Dr. Bryan eventually represented the [redacted] company [redacted] in the [redacted] with [redacted]. He provided [redacted] to [redacted] and [redacted] about the [redacted] Dr. Bryan's current interests include [redacted], [redacted] as [redacted] and the [redacted] that displays [redacted].
Edward Fussell Co-Master Cultivator		Edward is one of the founders of [redacted] He is responsible for [redacted] with [redacted] on the set up and management of their [redacted], including [redacted] and [redacted]. Edward has over ten years of [redacted] and [redacted] experience, and a lifelong interest in the [redacted] and [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 owned and operated an [redacted] from [redacted] until [redacted] He was also a Village Trustee in Dobbs Ferry and Mayor (2000-2007). After he was elected [redacted] of the [redacted] of [redacted] he went on to become [redacted] of the [redacted]. In [redacted] he was appointed to the [redacted] by the [redacted] and served [redacted]. During this time he was [redacted] of [redacted] In [redacted] he joined [redacted] as the [redacted], as well as [redacted], [redacted].

Darwin Millard QA/QC Production and Packaging		Darwin Millard was a key member of the [redacted] with responsibility for [redacted] and [redacted] and [redacted]. He was an important part of the team that developed and introduced the [redacted] brand of [redacted], the [redacted] to be [redacted] in the [redacted]. Millard is a strong proponent of [redacted] as a replacement for [redacted]. His efforts have been directed towards developing [redacted] methods for [redacted] in the [redacted] of [redacted] from [redacted] on the [redacted]. Millard has a degree in Mechanical Engineering and specializes in [redacted] for [redacted] from [redacted] He has spent the last [redacted] years focusing on the [redacted] of [redacted] and other [redacted] from the [redacted]. Darwin Millard is the [redacted] of the [redacted] and is active in assisting to [redacted] and [redacted] for this [redacted].
Meghan O'Sullivan Director of Marketing		Meghan O'Sullivan currently oversees all marketing activities for Valley Agriceuticals. This includes developing [redacted] for the company from [redacted] to [redacted] O'Sullivan also [redacted] and [redacted] to develop [redacted], [redacted] O'Sullivan has over 25 years of experience in marketing with a specialty in [redacted] [redacted] and [redacted]. Prior to joining Valley Agriceuticals Meghan O'Sullivan was the [redacted] of [redacted]., an [redacted] formed in [redacted] O'Sullivan has extensive experience in [redacted] as well as [redacted] and has developed the strategy and tactics behind the firm's [redacted].

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.

ATTACHMENT D: OPERATING PLAN

SECTION 1 -

MANUFACTURING

(§ 1004.5(b)(4))

Attachment D: Operating Plan

SECTION 1: Valley Agriceuticals Manufacturing Plan

TABLE OF CONTENTS

Chapter 1: Overview 4

Chapter 2: Cultivation Operating Plan 5
- **Section 1: Guiding Principles** 7
  - Safety 7
  - Security and accountability 10
  - Quality Standards 12
  - Production standards 16
- **Section 2: Facility and Personnel** 19
  - Cultivation Facility Systems and Equipment 19
  - Staffing plan (Cultivation, Walkill Facility) 22
- **Section 3: Horticultural Principles and Cultivation Procedures** 28
  - Horticultural principles and practices 28
  - Crop cultivation standard operating procedures 37

Chapter 3: Extraction and Refinement 57

Equipment 57
- **Process Breakdown** 57
  - Prep 57
  - Extraction 58
  - Refinement 59
  - Storage 62
  - Disposal 62
- **Maintenance** 64
  - Prep Equipment 64
  - Extraction Equipment 65
  - Refinement Equipment 65
  - Sampling Equipment 66
  - Storage Equipment 67
- **Sanitization** 67
  - Prep Equipment 67
  - Extraction Equipment 69
  - Refinement Equipment 69
  - Sampling Equipment 70
  - Storage Equipment 70
  - Supply Sources 71
  - Inventory Management 71

Attachment D: Operating Plan

SECTION 1: Valley Agriceuticals Manufacturing Plan

TABLE OF CONTENTS

Chapter 4: Product Manufacturing 72
- Equipment 72
- Product Descriptions 72
  - Gelatin Capsules 72
  - Oral Drops 73
  - Oral Sprays 73
  - Vaporization Extracts 73
- Process Breakdown 74
  - Gelatin Capsules 74
  - Oral Drops 76
  - Oral Sprays 78
  - Vaporization Extracts Storage 79
  - Disposal 81
- Maintenance 82
  - Scales 82
  - Capsule Filling Machine 83
  - Bottle Filling 83
  - Machine Dispensing Tools 83
  - Glassware & Labware 83
- Sanitization 83
  - Scales 83
  - Capsule Filling Machine 84
  - Bottle Filling Machine 84
  - Dispensing Tools 84
  - Glassware & Labware 85
  - Supply Sources 85

Chapter 5: Inventory Management 86
- Production Demand Tracking 86
- Physical Inventory 86
- Tracking Work-In-Progress Storage 87
- Medical Marijuana Product Storage 88

Chapter 6: Packaging 89
- Packaging Description 89
- Sample Package Inserts 89

Chapter One

Overview

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

Chapter Two

Cultivation Operating Plan

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

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

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

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

Security and Accountability

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

Quality Standards

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

SECTION TWO - Facility and Personnel

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

Staffing Plan (Cultivation, Wallkill Facility)

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

SECTION THREE - Horticultural Principles and Cultivation Procedures

Horticultural principles and practices

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter Three

Extraction and Refinement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter Four

Product Manufacturing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter Five

Inventory Management

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

Chapter Six
Packaging

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IQC
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

IQC

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

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

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

“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

TABLE OF CONTENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTACHMENT D: OPERATING PLAN

SECTION 4 -

DEVICES

(§ 1004.5(b)(4)(i))

Attachment D: Operating Plan

SECTION 4: Devices

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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))

Table of Contents

Valley Agriceuticals Security & Control Plan Executive Summary 5
Strong Security Leadership 8
- Adherence to Highest Levels of Safety 8
- Innovative Technology 8
- Concentric Security Model with Crime Prevention through Environmental Design 8
- Transportation 8

Team Security Philosophy 8
Methodology 8
- Phase One 11
- Phase Two 13
- Phase Three 13

General Security 13
Valley Agriceuticals Security Staffing Plan Overview 14
- Security Facilities Manager 14
- Security Personnel/Valley Agriceuticals Employees 14
- Manufacturing Security Personnel 15
- Transportation Security Personnel 15
- Dispensary Security Personnel 15
- Security Advisors to Valley Agriceuticals 16

General Prevention Measures 16
Incident Response Measures 17
- Communication With Law Enforcement 17
- Emergency Security Contacts 17
- Security Training 18
- Audit Schedule 18

Product Security 18
- Waste Products/Byproducts Disposal 19
- Product Returns and Disposal 20
- Products Returned to Dispensary 20
- Manufacturing Facility Procedure for Handling Returns 21
- Product or Plant Material Deemed Substandard and Unsellable 21

Security Command and Control Center (Surveillance) 22
- Command & Control Center 22
- Daily Operational Procedures 22
- Command and Control Center Response Procedures 23

Equipment Maintenance 24
- Annual Security System Audit Required 24
- Reporting Required 24
- Security Risk Assessments 25

Valley Agriceuticals Access Control Plan Manufacturing & Dispensary Facilities 25
Facility Access 26
Employees/Visitors/Vendors and Limited Access Areas 26
Identification badge policy (General) 27
Issuing authority 27
Facility Access Restrictions 28
Manufacturing Facility 28
Dispensaries 28
Restricted Access Areas Entry 29
Employees of Valley Agriceuticals Identification Badge/Access procedures 29
Temporary Badge Procedure for Valley Agriceuticals Employees 30
Lost or Stolen badge procedure for Valley Agriceuticals employees 30
Valley Agriceuticals Visitors Identification badge procedures 30
Administrative Procedures 32
Retention and Maintenance of Visitor and Transport Records 32
Visitor Log Report folder 33
Issuing a Visitor Pass with EasyLobby 34
Security Systems Plan Overview 38
Physical Security Systems 39
Video Management System 42
Intrusion Detection System (IDS) 45
Transportation 49
Dispensary Revenue Control 51
Armored Transport Services 51
Drug Testing 52
Facility Access Restrictions 70
Manufacturing Facility 70
Dispensaries 70
Restricted access areas entry 70
Employees of Valley Agriceuticals identification badge/access procedures 71
Temporary badge procedure for Valley Agriceuticals employees 71
Lost or stolen badge procedure for Valley Agriceuticals employees 72
Valley Agriceuticals Visitors identification badge procedures 72
Administrative procedures 74
Retention and Maintenance of Visitor and Transport Records 74
Visitor Log Report folder 75
Issuing a Visitor pass with EasyLobby 76

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

Table of Contents

CULTIVATION – CULTIVATION AREA DAILY CHECK 6
CULTIVATION –CLIMATE MONITORING 8
CULTIVATION –WATER QUALITY MONITORING 11
CULTIVATION –WATER QUALITY TESTING 15
CULTIVATION –SOIL AMENDMENT APPLICATION 17
CULTIVATION –CROP PROTECTANT APPLICATION 20
CULTIVATION – SOIL SAMPLING AND TESTING 24
CULTIVATION –PEST AND DISEASE SCOUTING 27
CULTIVATION – PEST THRESHOLD DEVELOPMENT 30
CULTIVATION –WEED CONTROL 32
CULTIVATION –CULTIVATION WASTE 34
CULTIVATION –IRRIGATION 37
CULTIVATION – PLANT TISSUE SAMPLING 40
CULTIVATION – INDIVIDUAL PLANT AND BATCH INVENTORY ENTRY 43
CULTIVATION –MOTHER PLANTS 46
CULTIVATION – VEGETATIVE PLANTS 49
CULTIVATION – FLOWERING PLANTS 53
CULTIVATION – MOTHER PLANT SELECTION AND CREATION 56
CULTIVATION – CUTTINGS 59
CULTIVATION – TRANSPLANTING 64
CULTIVATION – INITIATING FLOWERING 68
CULTIVATION –PRUNING 71
CULTIVATION –TRELLISING 74
CULTIVATION – DETERMINING WHEN TO HARVEST 76
CULTIVATION – HARVEST 79
CULTIVATION –DRYING AND SHUCKING 82
CULTIVATION — INDIVIDUAL PLANT AND BATCH STATUS CHANGE 85
CLEANING & SANITATION — CULTIVATION AREA 88
CLEANING & SANITATION — GREENHOUSE BEDS 90

CLEANING & SANITATION — TOOLS AND BINS 93
CLEANING & SANITATION — CHEMICALS AND HAZARDOUS MATERIALS STORAGE 95
BOTANICAL DRUG SUBSTANCE –BATCHING 98
BOTANICAL DRUG SUBSTANCE –CHECK IN 102
BOTANICAL DRUG SUBSTANCE –CHECK OUT 104
BOTANICAL RAW MATERIAL –BATCHING 106
BOTANICAL RAW MATERIAL –CHECK OUT 109
BOTANICAL RAW MATERIAL –MILLING 111
CO_2 EXTRACTION –COLLECTION 114
CO_2 EXTRACTION –NEUTRAL FORM CBD 118
CO_2 EXTRACTION –NEUTRAL FORM THC 121
CO_2 EXTRACTION –UNLOADING 124
MAINTENANCE –BOTTLE FILLING MACHINE 128
MAINTENANCE –CAPSULE FILLING MACHINE 131
MAINTENANCE –CO_2 EXTRACTOR 134
MAINTENANCE –CONVECTION OVEN 136
MAINTENANCE –DISPENSING TOOLS 139
MAINTENANCE –GLASSWARE & LABWARE 141
MAINTENANCE –HAMMER MILL 143
MAINTENANCE –HEATED MAGNETIC STIR PLATE 146
MAINTENANCE – LABORATORY FREEZER 148
MAINTENANCE – LABORATORY REFRIGERATOR 151
MAINTENANCE –ROTARY EVAPORATOR 154
MAINTENANCE – SCALES & BALANCES 157
MAINTENANCE – VACUUM OVEN 165
MAINTENANCE –VACUUM PUMP 168
BOTANICAL RAW MATERIAL –DECARBOXYLATION OF CBD 171
BOTANICAL RAW MATERIAL –DECARBOXYLATION OF THC 175
PRODUCT MANUFACTURE – GELATIN CAPSULES 179
PRODUCT MANUFACTURE –ORAL DROPS 190
PRODUCT MANUCATURE- ORAL SPRAY 199
PRODUCT MANUFACTURE – VAPORIZABLE EXTRACT 208

QUALITY ASSURANCE PROGRAM –ATP SWAB TEST PROTOCOL 216
QUALITY ASSURANCE PROGRAM –CO2 EXTRACTION 220
QUALITY ASSURANCE PROGRAM –COLLECTION 223
QUALITY ASSURANCE PROGRAM –DECARBOXYLATION 225
QUALITY ASSURANCE PROGRAM –EMPLOYEE PROTECTIVE ATTIRE 227
QUALITY ASSURANCE PROGRAM –EVAPORATION 231
QUALITY ASSURANCE PROGRAM –FILTERING 233
QUALITY ASSURANCE PROGRAM –FINISHING 235
QUALITY ASSURANCE PROGRAM –GELATIN CAPSULES 238
QUALITY ASSURANCE PROGRAM –LABELING 241
QUALITY ASSURANCE PROGRAM –MATERIAL SAMPLING 244
QUALITY ASSURANCE PROGRAM –MATERIAL WEIGHING 247
QUALITY ASSURANCE PROGRAM –MILLING PROCESS 249
QUALITY ASSURANCE PROGRAM –ORAL DROPS 252
QUALITY ASSURANCE PROGRAM –ORAL SPRAY 256
QUALITY ASSURANCE PROGRAM –QA HOLD 260
QUALITY ASSURANCE PROGRAM – RECALL & WITHDRAWAL 263
QA PROGRAM – RECALL & WITHDRAWAL 278
HEALTH HAZARD EVALUATION WORKSHEET 278
QA Program – Recall & Withdrawal 281
Health Hazard Evaluation Committee Guidelines 281
QUALITY ASSURANCE PROGRAM – 284
MEDICATION DISPENSING ERROR DETECTION, IDENTIFICATION AND PREVENTION POLICY 284
QUALITY ASSURANCE PROGRAM –RETURNS & COMPLAINTS 291
QUALITY ASSURANCE PROGRAM –UNLOADING 294
QUALITY ASSURANCE PROGRAM –VAPORIZABLE EXTRACT 298
QUALITY ASSURANCE PROGRAM –WINTERIZATION 301
REFINEMENT –EVAPORATION 303
REFINEMENT –FILTRATION 309
REFINEMENT –FINISHING 316
REFINEMENT –WINTERIZATION 325
SANITIZATION – BOTTLE FILLING MACHINE 328

SANITIZATION – CAPSULE FILLING MACHINE 331
SANITIZATION – CO_2 EXTRACTOR 334
SANITIZATION – CONVECTION OVEN 336
SANITIZATION – DISPENSING TOOLS 338
SANITIZATION –DISPOSAL PROTOCOLS 341
SANITIZATION – GLASSWARE & LABWARE 350
SANITIZATION – HAMMER MILL 352
SANITIZATION – HEATED MAGNETIC STIR PLATE 355
SANITIZATION – LABORATORY FREEZER 357
SANITIZATION – LABORATORY REFRIGERATOR 359
SANITIZATION –PRODUCTION AREA 362
SANITIZATION – ROTARY EVAPORATOR 366
SANITIZATION – SCALES & BALANCES 369
SANITIZATION – VACUUM OVEN 373
SANITIZATION – VACUUM PUMP 375
SANITIZATION – PHYSICAL INVENTORY MANAGEMENT ITEMS 377
SANITIZATION – HOTEL PANS 379
TRANSPORTATION & SECURITY SOPs 381
Can be found in Section 5 - Security and Control of Section D: Operating Plans 381
Can be found in Attachment H: Security Plan 381
PATIENT EXPERIENCE –INITIAL VISIT 382
NURSE NAVIGATOR CLINICAL REVIEW – INITIAL VISIT 389
NURSE NAVIGATOR CLINICAL REVIEW – RETURN VISIT 392
MEDICAL MARIJUANA PRODUCT DISPENSING -MEDICINE TECHNICIAN 396
RECEPTIONIST –PATIENTS/CAREGIVER APPOINTMENTS 398
RECEPTIONIST –NO APPOINTMENT 402
RECEPTIONIST –MAKING AN APPOINTMENT 405
DISPENSARY EXPERIENCE –RECEPTIONIST PHONE EDIQUETTE 408
DISPENSARY EXPERIENCE – CHECK OUT & PAYMENT 412
PHARMACIST COUNSELING – INITIAL VISIT 414
PHARMACIST COUNSELING – RETURN VISIT 419
MEDICAL MARIJUANA PRODUCT INVENTORY-PHARMACIST 424

DISPENSED MEDICATION REPORTING-PHARMACIST 426

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.

---

[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.

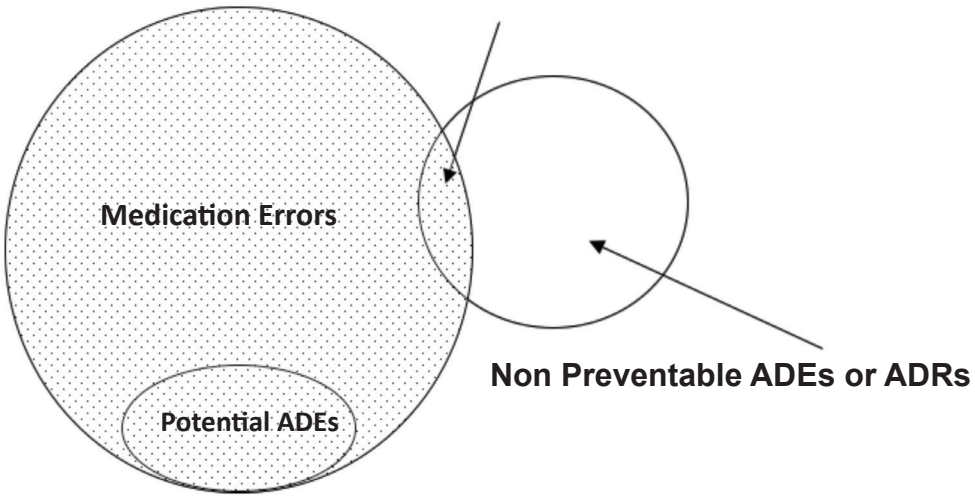


Figure 1: Schematic depicting the relationships among the different types of medication misadventures.

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.

---

[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

Table Contents

Overview

Cultivation

- Harvest
- Drying

Manufacturing

- Material Sampling
- Material Testing
- Extraction
- Extraction QA & QC process
- Refinement
- Finishing QA & QC Process

Product Manufacture

- Capsules
- Oral Drops
- Oral Sprays
- Vaporization Extract

Production Area

Storage and facility

- Storage Area
- Facility

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.

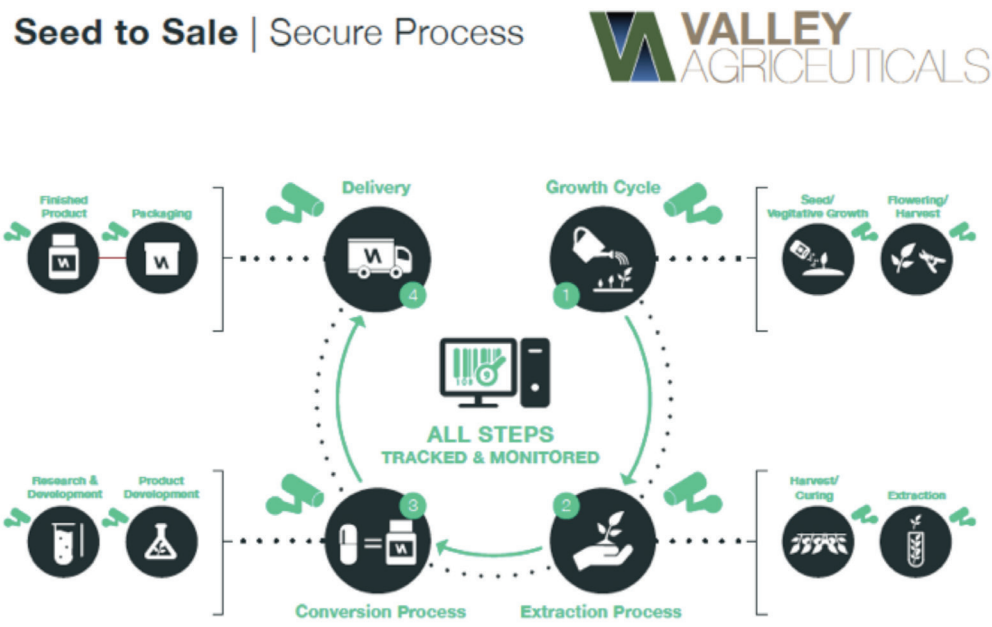


Diagram depicting the multiple control levels of Adials from seed to sale. Adilas will allow

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.

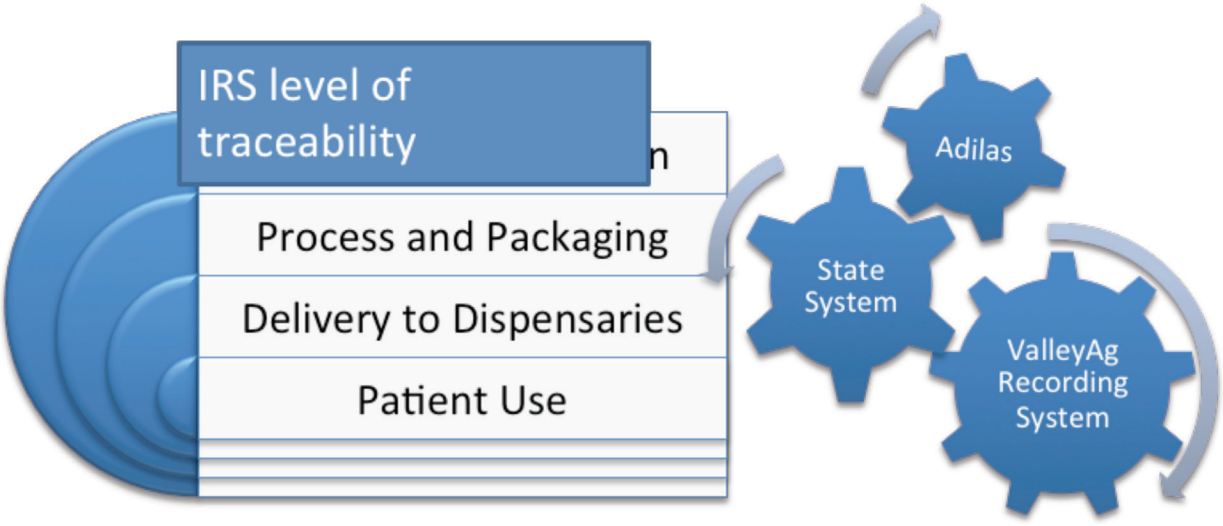


Diagram depicting the level of integration of Adilas following a logical tracking linear model. This model facilitates IRS accountability and traceability

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.

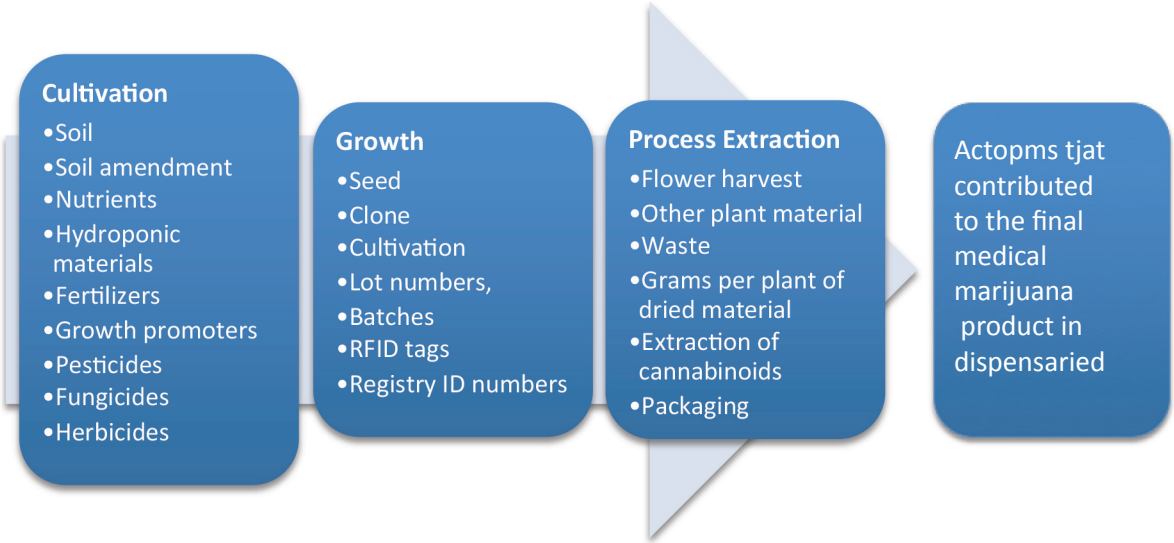


Diagram depicting the chain of custody map at different locations. The barcodes will display all usage, locations, transfers and overall increases or decreases in quantities directly related to that specific item.

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.

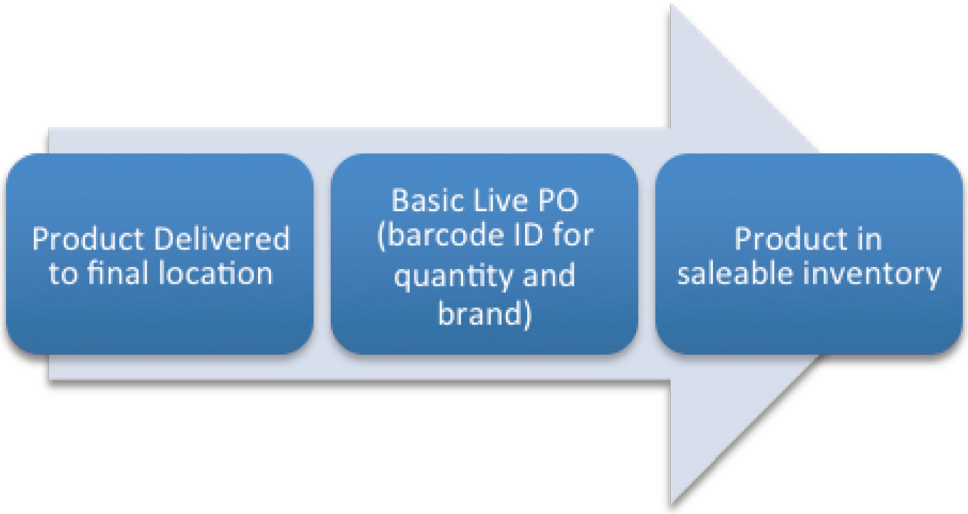
Diagram depicting the tracking system that will allow us to link multiple measurements from bulk to final product quantities and determine the amount of raw material needed for a specific quantity of oil, capsules, spray liquids, etc.

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

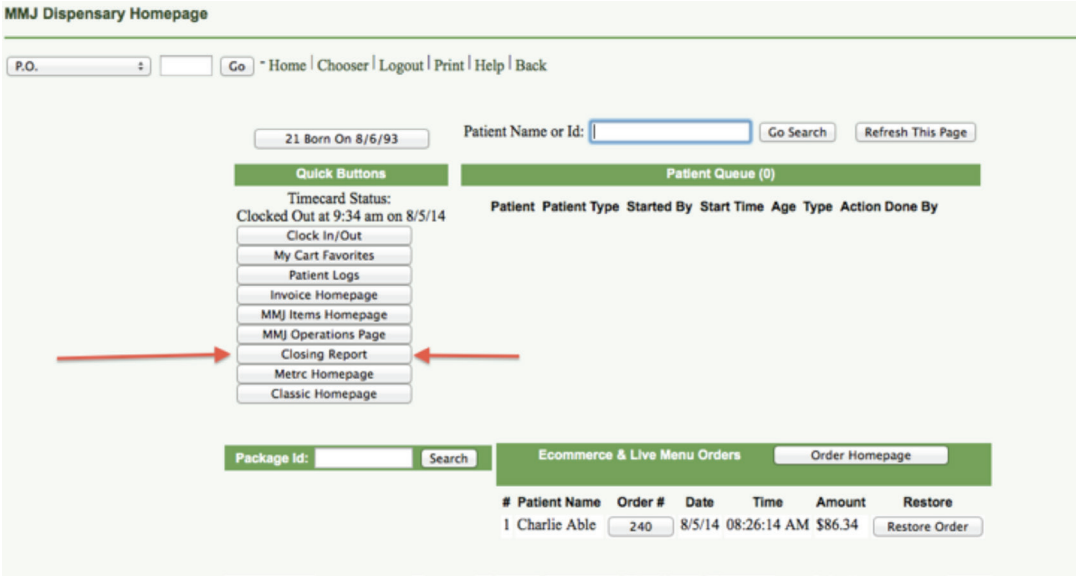
are dispensed to a patient. The patient-specific safeguards, combined with cart purchase limits entered by an administrative-level user, will enable employees to track purchase limits, review previous purchases, and receive a 'cart error' alert that prevents the transaction that exceeds State-mandated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

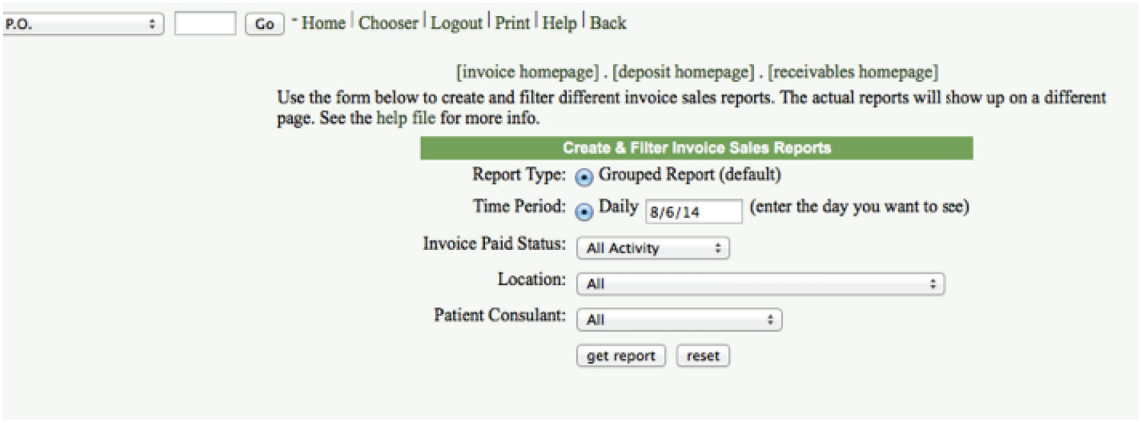
Reporting and Recordkeeping

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"

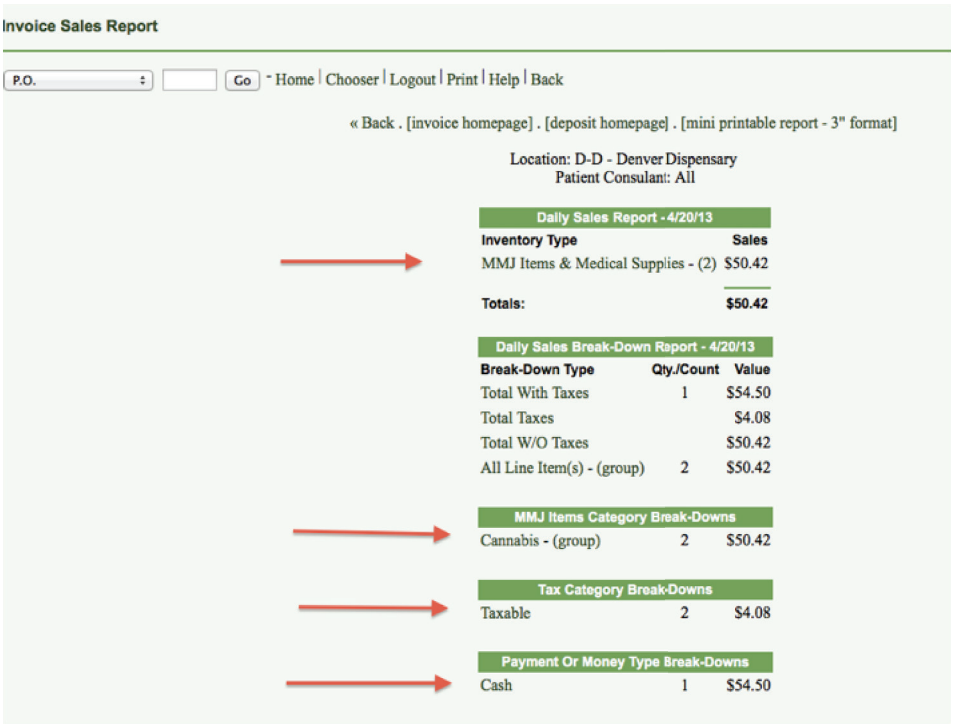


This system will generate the following page:

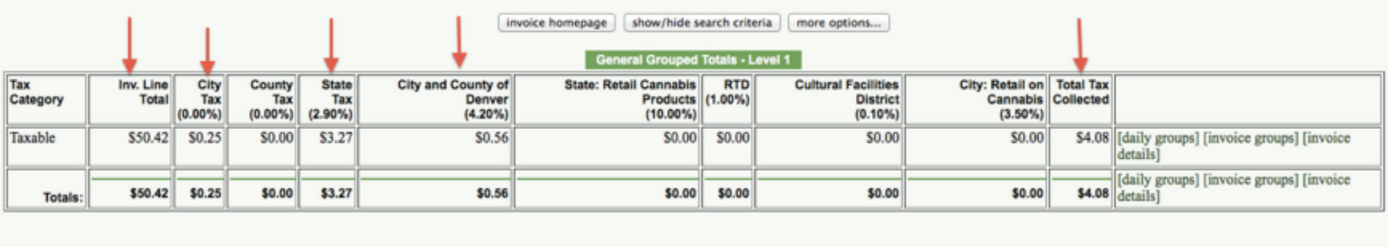


In this electronic format, the appropriate Valley Agriceuticals staff member will enter search parameters for the days that require verification of inventory and history verified. If performed on a daily basis, the system will default to the current date.

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



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



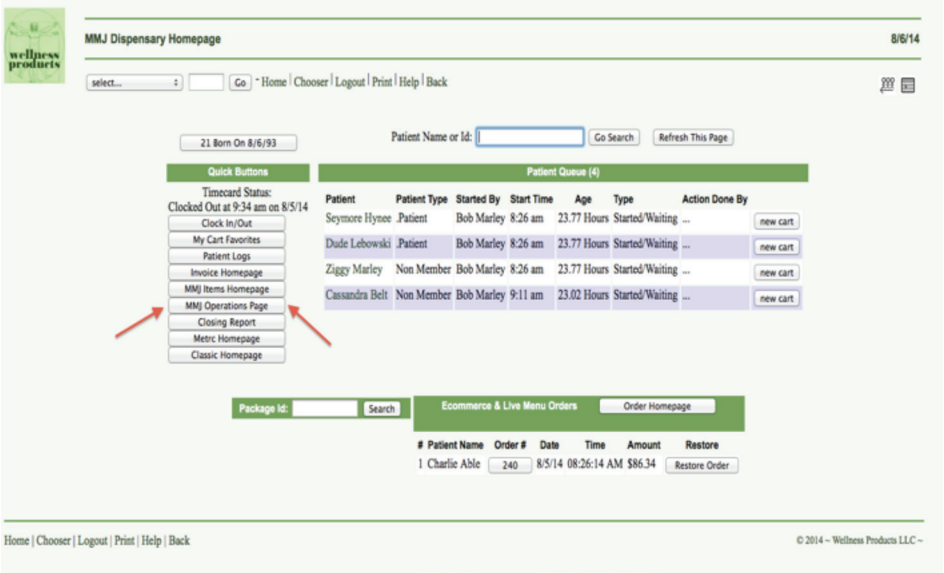
Tax Category	Inv. Line Total	City Tax (0.00%)	County Tax (0.00%)	State Tax (2.90%)	City and County of Denver (4.20%)	State: Retail Cannabis Products (10.00%)	RTD (1.00%)	Cultural Facilities District (0.10%)	City: Retail on Cannabis (3.50%)	Total Tax Collected	
Taxable	$50.42	$0.25	$0.00	$3.27	$0.56	$0.00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

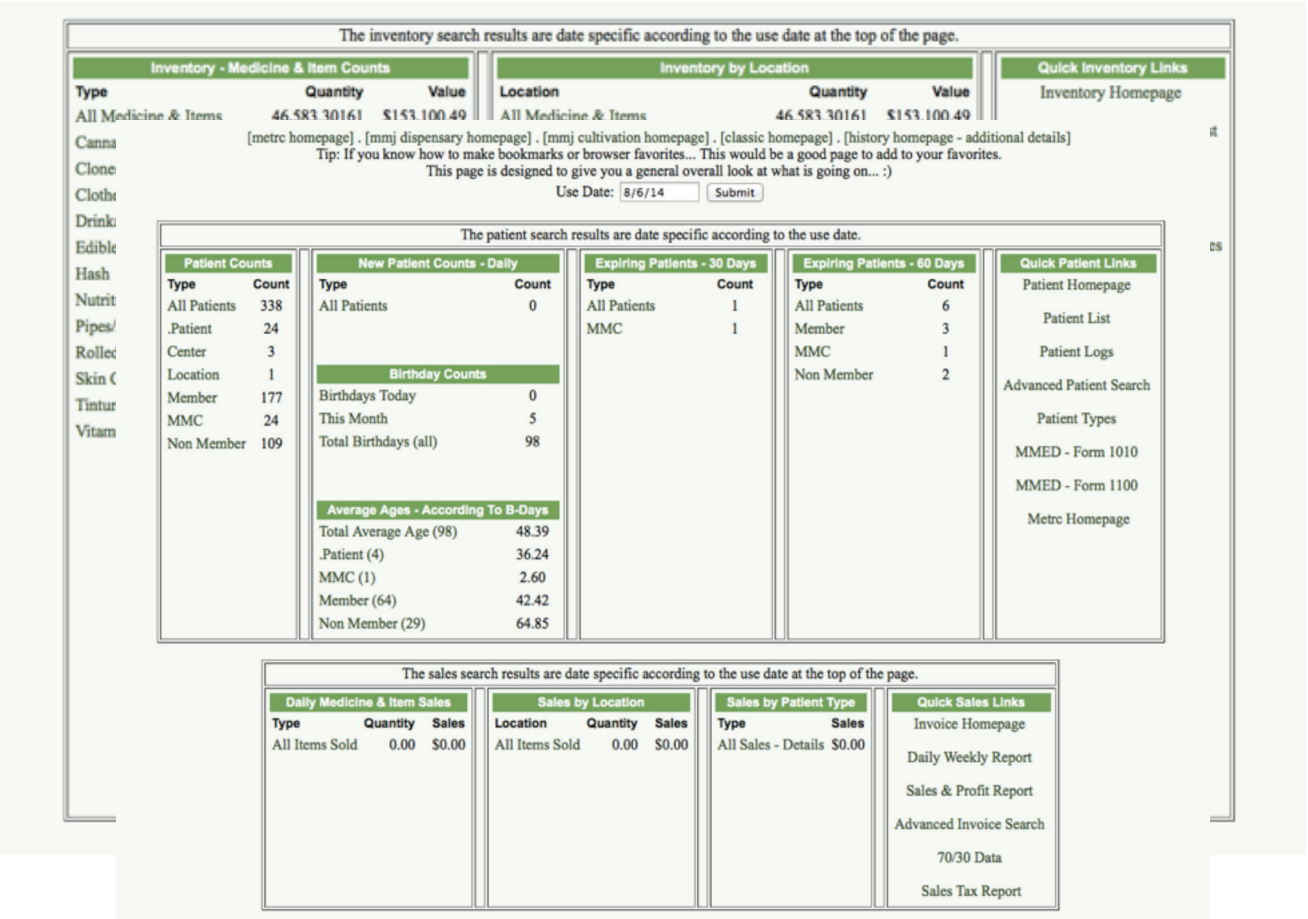
Any discrepancies, including losses or increases in inventory, must be documented. Unless the cause of any such discrepancy has already been documented, Valley Agriceuticals must initiate an investigation to determine and document the source of the discrepancy and take immediate action to correct the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



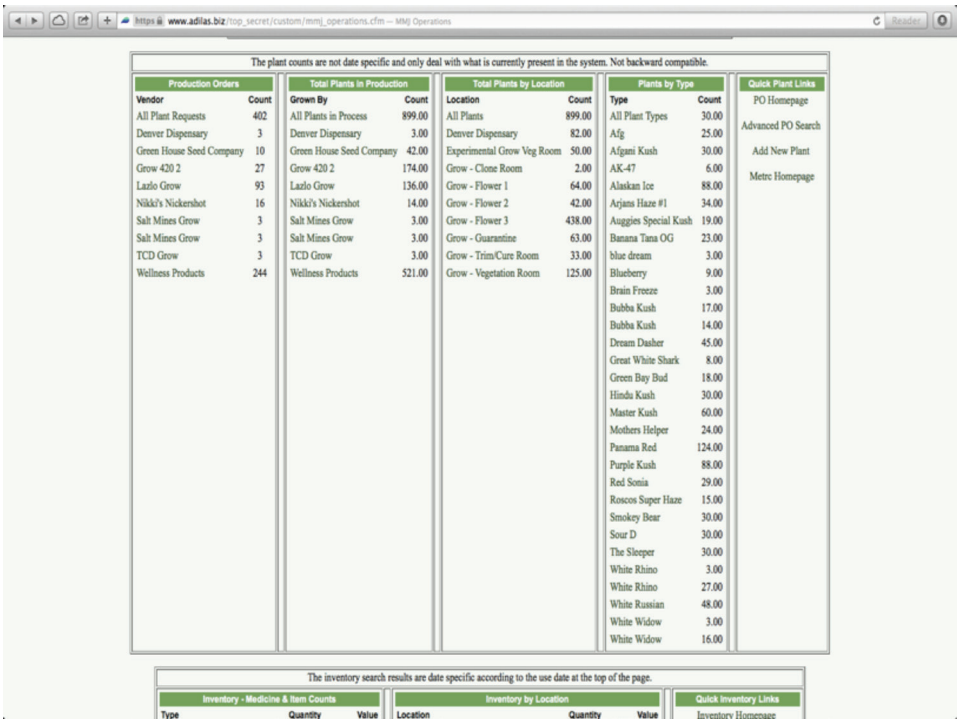
Most, if not all, of the most important information for reporting and operations purposes can be found on the "MMP Operations Page" in Adilas. Above is the dispensary point-of-sale screen.



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.

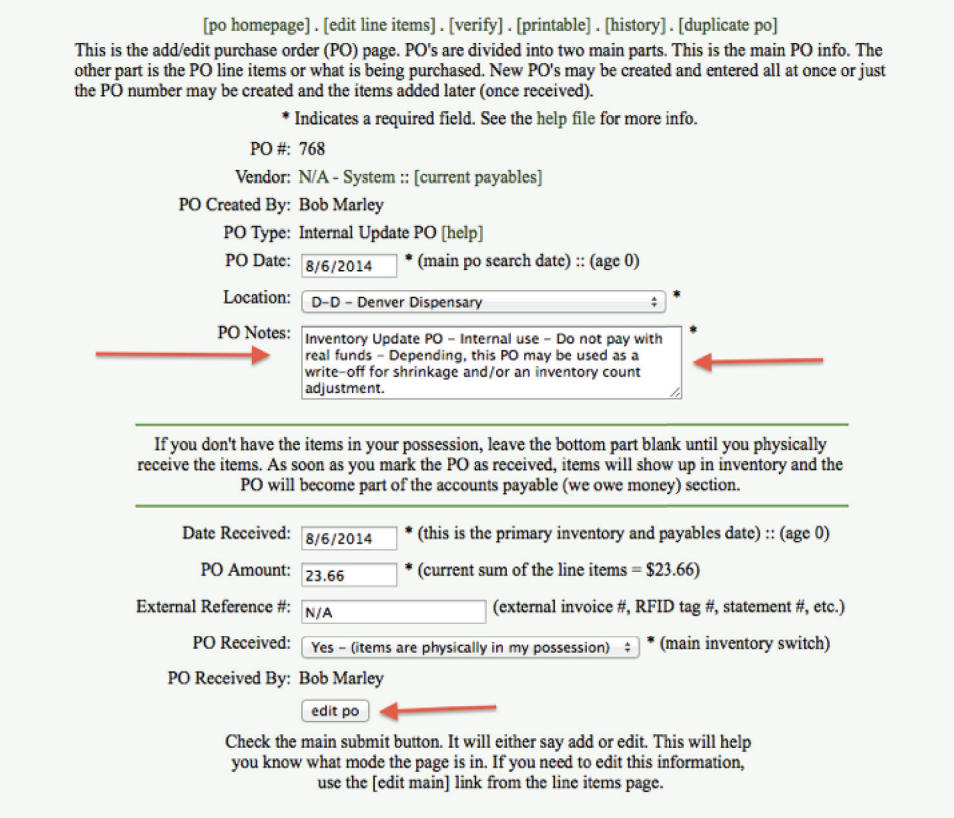
To the right are buttons for the patient homepage, patient list, patient logs, advanced patient search, patient types, invoice home page, daily and weekly reports, sales and profit reports, advanced invoice search and sale tax reports.

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.



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.



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

FINANCIALS

VALLEY AGRICEUTICALS

February 25, 2017

To New York State Department of Health:

Per our discussion with the New York State Department of Health (DOH), a Certified Financial Review is being conducted. As soon as that is completed within the next month then we will submit under separate cover to DOH.

Sincerely,

Erik Holling
President

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.

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.

ICC
STATE OF NEW YORK
DEPARTMENT OF STATE
FILED OCT 17 2014
TAX $
BY: AMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Valley Agriceuticals, LLC
Limited Liability Company Operating Agreement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State of New York
Department of State } ss:

I hereby certify, that GLOUCESTER STREET CAPITAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/17/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of May two thousand and fifteen.

Executive Deputy Secretary of State

520

201505130135 16

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

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

State of New York
Department of State } ss:

I hereby certify, that VALLEY AGRICEUTICALS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/02/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of May two thousand and fifteen.

Executive Deputy Secretary of State

201505130132 16

State of New York
Department of State } ss:

I hereby certify, that GLOUCESTER STREET CAPITAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/17/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of May two thousand and fifteen.

Executive Deputy Secretary of State

524

201505130135 16

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VALLEY AGRICEUTICALS

APPENDIX A

February 25, 2017

To Department of Health:

Upon questioning our staff and investors, the following persons have identified that they do not have any discernible changes to their Appendix A's which were submitted in June 2015.

Those persons with changes will be submitted under separate cover.

Persons with no changes to Appendix A		
Alan Shackelford	[redacted]	Ron Smalley
[redacted]	John Cutter	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Shay Sarid
Carl Hathaway	[redacted]	Steve DiClacco
Cary Spanbauer	[redacted]	[redacted]
[redacted]	Khary Bryan	[redacted]
[redacted]	[redacted]	[redacted]
Darwin Millard	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	Meghan O'Sullivan	[redacted]
[redacted]	[redacted]	[redacted]
Guy Shivaz	Ned Fussell	[redacted]
[redacted]	Nir Hefez	[redacted]
Howard Luks	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

Sincerely,

Erik Holling
President

State of Colorado County of San Miguel
Subscribed and sworn before me on February 27, 2017
(Date)
(Notary Signature)

OLENA A STEELE
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164008610
MY COMMISSION EXPIRES APRIL 28, 2020

80 Business Park Drive, Suite 207 · Armonk, NY 10504

2017-02-27 09:28 Wells Fargo >> 9707283356 P 1/5 18662718620

VALLEY AGRICEUTICALS

AFFIDAVITS WITH MINOR CHANGES

VALLEY AGRICULTURALS

February 26, 2017

Appendix A Changes

To Department of Health

The following individuals have minor changes to their previously submitted Appendix A's. Per the instructions from DOH we are submitting those changes without requiring a new notary.

Persons with minor changes to Appendix A
[redacted]
Dan Hartman
[redacted]
Eileen Konieczny
Jeff Moyer
Joe Bova
[redacted]
Tim Meszaros

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

Dan Hartman:

Question #18 - I have a company on file with the CO Secretary of State [redacted]

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

2017-02-27 09:28 Wells Fargo >> 9707283356 18662718620 P 2/5

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

Eileen Konieczny

Nursing license is valid until 10/18

Addition to Employment History
Name of Employer: [redacted]

Type of Business: NURSING EDUCATION

Street Address: [redacted]

City: State: Zip Code: [redacted]

Starting Date of Employment: [redacted] Ending Date of Employment: [redacted]

Name of Supervisor for Reference: [redacted]

Supervisor Phone Number: [redacted]

Jeff Moyer

Addition to Employment History

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

Joe Bova

Page 3: license renewed in June 2016 until June 2019

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

2017-02-27 09:29 Wells Fargo >> 9707283356 P 3/5 18662718620

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

Tim Meszaros

Page 2 - Item 9. Fax - No longer have dedicated fax #

Page 2 - Item 11. Residence Address [redacted]

Page 2 - Item 12. City [redacted]

Page 2 - Item 13. State [redacted]

Page 2 - Item 14. ZIP Code [redacted]

Page 3 - Item 17.

Name of employer : [redacted]

Type of Business: [redacted]

Address [redacted]

Starting Date of Employment: [redacted]

Name of Supervisor [redacted]

Position [redacted]

Departure from [redacted]

The following individuals have major changes to their previously submitted Appendix A's or were not included in the original submission. These Appendix As have been notarized.

Persons with major changes to Appendix A
Dan Moore
David Shlansky
James Rubin
Jess Russo
Lee Clark
Michael Collins
[redacted]
Steve DiCiacco
Steve Kincade
Jesica Clark

We have had two individuals that are no longer involved with Valley Agriceuticals:

Persons removed from Appendix A
[redacted]
Alfonso Sandoval

2017-02-27 09:29 Wells Fargo 9702833556 >> 18662718620 p 4/5

VALLEY

[redacted]

State of Colorado County of San Miguel
Subscribed and sworn before me on February 27, 2017
(Date)
(Notary Signature)

Sincerely,

OLENA A STEELE
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164008610
MY COMMISSION EXPIRES APRIL 28, 2020

Erik Holling

2017-02-27 09:29 Wells Fargo 9707283356 >> 18662718620 P 5/5

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. Stat[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

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: 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 Cod [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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: 5/29/2015
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: 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:		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City [redacted]		13. Stat[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
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:		
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: Valley Agriceuticals LLC
Valley Agriceuticals LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Jessica Clark
Eileen Konieczny

3. Title: Cultivation Manager
Lead Strategist

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

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: eileen.konieczny@valleyagriceuticals.com	
11. Residence Address: [redacted]	
12. Cit [redacted]	13. State [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Vassar College Felician College	124 Raymond Ave Lodi, NJ Poughkeepsie, NY 12604	9/1998	5/2002	B.A. Biology Associates of Science Nursing	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
Private Pesticide Applicator Nursing	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

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

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,

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,

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

From: To:	Name and Address of Business:	
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: [signature]	Date: May 29, 2015
Notary Name: Melissa Gonzalo	Notary Registration Number: 7539978
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

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

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
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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

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

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: [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 [signature] 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: 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

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
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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

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

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,

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,

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.

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)	Date: 5/31/15

LINDA SIMMONDS
Notary Public, State of New York
No. 01SI6126697
Qualified in Westchester County
Commission Expires May 9, 20

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

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

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:
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: [redacted]			9. Fax: [redacted]		
10. Emai[redacted]					
11. Residence Address: [redacted]					
12. Cit[redacted]		13. Stat[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

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

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/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:		
10. Email [redacted]					
11. Residence Address [redacted]					
12. City: [redacted]		13. Stat [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:

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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: Timothy MESZAROS | 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. Ci[redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Iona college	715 North Avenue New Rochelle, NY 10801	Sept 97	May 99	B.B.A. finance	MAY 1999
Westchester Community college	75 Grasslands RD Valhalla, NY 10595	1996.	5/97	Transfer	

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

Member/Investor.

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: Cindy A. Solla Cindy A. Solla	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: CINDY A. SOLLA Notary Public, State of New York No. 01SO6115415 Qualified in New York County Commission Expires September 8, 2016

VALLEY AGRICEUTICALS

NEW & NOTARIZED AFFIDAVITS

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:

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

2. Name: Daniel Moore | 3. Title: Shareholder

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

Shareholder

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
Babson College	Babson Park MA	1979	1983	BA/BS	May 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

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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: [signature]	Date: Feb 13 2017
Notary Name: Kathy Ethier	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 2-13-2017

KATHY ETHIER
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
April 7, 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: Ernest Holdings, LLC

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

2. Name: David J. Shlansky | 3. Title: Member

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

As an investor, I am available to provide advice to the company in areas of business law, civil litigation and all phases of real estate development and property management. For the past 22 years, I have practiced law, specializing in business law, transactions, licensing, intellectual property protection and civil litigation. In addition to my [redacted], which has offices located in [redacted], I have extensive experience in [redacted], [redacted] and [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. Stat [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Columbia College, Columbia University	1130 Amsterdam Ave. New York, NY 10027	9/1986	5/1990	Bachelor of Arts, summa cum laude	May 1990
Harvard Law School	1563 Massachusetts Ave. Cambridge, MA 02138	9/1990	5/1993	Juris Doctorate	May 1993

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

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

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Attorney	565321	Massachusetts Board of Bar Overseers	1/1994	Yearly renewal
Attorney	3859J	Vermont Board of Bar Overseers	6/2002	Bi-annual renewal

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

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,

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

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

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

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,

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

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,

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

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.

I do not plan to have or maintain a significant operational role within the Company, but to the degree that the Company would ask me to participate in management decisions, I have nearly 25 years of experience advising corporate entities and business enterprises on a variety of compliance, regulatory, business, and legal issues, and I believe that I could be of use to the Company and provide them with good help and judgment, to the degree requested.

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: February 20, 2017
Notary Name: Heidi Mahoney	Notary Registration Number: NA
Notary (Notary Must Affix Stamp or Seal) Heidi Mahoney Notary Public State of Vermont	Date: 2/20/2017

James Rubin

From: Erik Holling [Erik.Holling@valleyagriceuticals.com]
Sent: Monday, February 13, 2017 2:16 PM
To: James Rubin
Subject: Valley Agriceuticals - Appendix A - Need by Wednesday February 15 - James Rubin
Attachments: Appendix A - BLANK.pdf

Hi James -

We are fortunately at a point where the NY Department of Health is reviewing our team and investors to consider providing us with a licence in the near future.

One aspect of that 'readiness assessment' is that we obtain background information from each investor, aka an Appendix A.

As I do not believe that you completed one of these forms initially, would you please complete the attached and sign/notarize it as well. Then please scan and email to me by Wednesday February 15th.

Thank you for you assistance with this necessary paperwork.

Cheers,
Erik

Erik HOLLING
President

VALLEY AGRICEUTICALS

address 2500 Westchester Avenue, Suite 401, Purchase, NY 10577
web www.valleyagriceuticals.com
phone 646-604-2810

THIS EMAIL AND ANY ATTACHED FILES ARE CONFIDENTIAL AND MAY BE LEGALLY PRIVILEGED.

This e-mail and any files transmitted with it ("E-mail") is intended solely for the addressee(s) and may contain confidential and/or legally privileged information. If you are not the addressee(s), any disclosure, reproduction, copying, distribution or other use of the E-mail is prohibited. If you have received this E-mail in error, please delete it and notify the sender immediately via telephone or return e-mail.Neither the company nor any subsidiary or affiliate or associated company nor any individual sending this E-mail accepts any liability in respect of the content (including errors and omissions) nor shall this e-mail be deemed to enter the company or any subsidiary or affiliate or associated company into a contract or to create any legally binding obligations unless expressly agreed to in writing under separate cover and timeliness of the E-mail which arise as a result of transmission. If verification is required, please request a hard copy version from the sender. All reasonable precautions have been taken to ensure no viruses are present in this e-mail. As our company cannot accept responsibility for any loss or damage arising from the use of this e-mail or attachments, we recommend that you subject these to your virus checking procedures prior to use.

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:	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
PACE UNIVERSITY		1975	1976		

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

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

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

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

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

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: [signature]	Date: 2/15/2017
Notary Name: John Kennedy	Notary Registration Number: 01KE6343594
Notary (Notary Must Affix Stamp or Seal)	Date: 2.15.2017

JOHN P. KENNEDY
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in WESTCHESTER County
01KE6343594
MY COMMISSION EXPIRES 6/13/2020

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 AGRICULTURALS

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

2. Name [illegible] | 3. Title:

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

INVESTOR ONLY

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:	
11. Residence Address:	
12. City: [redacted]	13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
DALHOUSIE UNIVERSITY	HALIFAX, NOVA SCOTIA, CANADA	1993	1997	BA Economics	11/1997

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.

Name of Employer: N/A		
Type of Business: HOUSE WIFE		
Street Address:		
City:	State:	Zip Code:
Starting Date of 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**

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

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:
Notary Name: Chandrakant	Notary Registration Number: # 2339173
Notary (Notary Must Affix Stamp or Seal) CHANDRAKANT PATEL NOTARY PUBLIC OF NEW JERSEY MY COMMISSION EXPIRES JAN. 17, 2021 ID # 2339173	Date:

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: [signature]	Date: 06/09/15
Notary Name: Harriet Mouton	Notary Registration Number: 11/3/24
Notary (Notary Must Affix Stamp or Seal) Harriet Mouton	Date: 6/4/15

HARRIET MOUTON NOTARY PUBLIC MY COMMISSION EXPIRES 11/03/2024 STATE OF SOUTH CAROLINA

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

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: Gloucester Street Capital

This is [redacted] 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:

Passive 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 [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

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

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

Type of Business:

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:

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

2. Name: MICHAEL S COLLINS | 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
POLYTECHNIC INSTITUTE OF BROOKLYN	JAY STREET BROOKLYN, NY	9/69	5/73	B.S.	5/73

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
REAL ESTATE	SL3355 17 48	STATE OF FLORIDA DEPT OF BUSINESS AND PROFESSIONAL REGULATION	3/28/16	9/30/17

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:

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

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

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

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

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:		

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

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: Michael S Collins	Date: 2/17/17
Notary Name: Theresa Malinosky	Notary Registration Number: FF927926
Notary (Notary Must Affix Stamp or Seal)	Date: 2/17/17

THERESA MALINOSKY
MY COMMISSION # FF927926
EXPIRES October 15, 2019
FloridaNotaryService.com

Theresa Malinosky

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 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

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,

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: Steve DiCiacco	3. Title: Individual

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

Stockholder

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
Westchester Community College		1972	1974	Associates	1974

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
E1-CT Electrical License	00125339	State of CT	10-01-16	09-30-17
NY Electrical license	482	Westchester County NY	01-01-17	13-2-31-17

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: Preferred Electrical Contractors, Inc (All information listed above)	
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: 02/20/17
Notary Name: Kathy L Gallaer	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date:

Kathy L. Gallaer
NOTARY PUBLIC
State of Connecticut
My Commission Exp. 2/28/18

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

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

1. Business Name:

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

2. Name: Stephen Kincade	3. Title:

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

I am an investor in 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
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
Princeton University	Princeton, NJ	9/1980	6/1984	A.B. Politics	6/1984

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

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

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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: 2/14/17
Notary Name: Melissa Golfo	Notary Registration Number: 01GO6167726 NY
Notary (Notary Must Affix Stamp or Seal)	Date: 2/14/17

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

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

1. Business Name: 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

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
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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

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,

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.

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

Signature:	Date: 2/21/2017
Notary Name:	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date:

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

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. Stat[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

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:		

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: 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 Cod [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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: 5/29/2015
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: 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:		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City [redacted]		13. Stat[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
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:		
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: Valley Agriceuticals LLC
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 Eileen Koniecny	3. Title: Cultivation Manager Lead Strategist

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

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. Cit [redacted]	13. State [redacted] 14. ZIP Code [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Vassar College Felician College	124 Raymond Ave Poughkeepsie, NY 12604 Lodi, NJ	9/1998	5/2002	B.A. Biology Associates of Science Nursing	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
Private Pesticide Applicator Nursing	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

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

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,

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

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,

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,

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: [signature]	Date: May 29, 2015
Notary Name: Melissa Gonzalo	Notary Registration Number: 7539978
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

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

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. Stat [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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

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

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:		

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: [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 [signature] 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: 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

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
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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

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

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,

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:		

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)	Date: 5/31/15

LINDA SIMMONDS
Notary Public, State of New York
No. 01SI6126697
Qualified in Westchester County
Commission Expires May 9, 20

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

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

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:
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: [redacted]		9. Fax: [redacted]	
10. Emai[redacted]			
11. Residence Address: [redacted]			
12. City [redacted]		13. Stat[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

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

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: [redacted]				9. Fax:	
10. Email [redacted]					
11. Residence Address [redacted]					
12. City: [redacted]		13. Stat [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:

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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: Timothy MESZAROS | 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. Ci[redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Iona college	715 North Avenue New Rochelle, NY 10801	Sept 97	May 99	B.B.A. finance	MAY 1999
Westchester Community college	75 Grasslands RD Valhalla, NY 10595	1996.	5/97	Transfer	

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

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

Member/Investor.

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: Cindy A. Solla Cindy A. Solla	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: CINDY A. SOLLA Notary Public, State of New York No. 01SO6115415 Qualified in New York County Commission Expires September 8, 2016

VALLEY AGRICEUTICALS

AFFIDAVITS WITH NO CHANGES

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:
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

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:

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**

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:	13. State: 14. ZIP Cod [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

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: 30/1/2009	
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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.

נוטריון * גיא סגלוביץ' GUY SEGALOVITCH * NOTARY * NOTAIRE

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 materjal respects.

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

NOTARY * נוטריון * NOTAIRE
GUY SEGALOVITCH גיא סגלוביץ'

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

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

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 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: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

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

15. Formal Education

Institution	Address	Dates Attended From	Dates Attended To	Degree Received	Date Received
Kibutzim college	Tel aviv Namir RD	2002	2006	B.ed	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, 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, 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

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

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

NOTARY * נוטריון * NOTAIRE
גיא סגלוביץ'
GUY SEGALOVITCH

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.

NOTARY * נוטריון * NOTAIRE
גיא סגלוביץ'
GUY SEGALOVITCH

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: 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

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. Stat [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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

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

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,

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,

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

<table>
<tr><td>From:</td><td rowspan="2">Name and Address of Business:</td><td></td></tr>
<tr><td>To:</td><td></td></tr>
<tr><td>Business Type:</td><td>Office Held/Nature of Interest:</td><td>☐ open ☐ closed ☐ proposed</td></tr>
<tr><td colspan="3">Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:</td></tr>
</table>

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: 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

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
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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

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,

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.

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: 5/29/2015

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: 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: [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

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

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

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. Cit [redacted]	13. Stat [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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

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,

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

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,

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

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,

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

<table>
<tr><td>From:</td><td rowspan="2">Name and Address of Business:</td><td></td></tr>
<tr><td>To:</td><td></td></tr>
<tr><td>Business Type:</td><td>Office Held/Nature of Interest:</td><td>☐ open ☐ closed ☐ proposed</td></tr>
<tr><td colspan="3">Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:</td></tr>
</table>

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:

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. Fa[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 Supervisc [redacted] for Reference:	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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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 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: 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

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:

10. Email: Khary.Bryan@valleyagriceuticals.com

11. Residence Address: [redacted]

12. City [redacted] | 13. Stat [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

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

Type of Business:

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

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

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

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

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:		

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

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: Shawn Ryan	Date: 6-4-2015
Notary Name: Amanda K Chapdelaine	Notary Registration Number: 1105806
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: Valley Agriceuticals, LLC

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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: [signature]	Date: 5-22-15
Notary Name: Robert Morong	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) [signature] ROBERT S. MORONG Notary Public Commonwealth of Massachusetts My Commission Expires May 26, 2017	Date: 5/22/15

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.

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. Emai [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

Type of Business:		
Street Address:		
City:	State:	Zip Code:
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

<table>
<tr><td>From: 1/2011
To: 4/2015</td><td colspan="2">Name and Address of Business:
Mayo Clinic Center For Social Media
200 First Street, Rochester, MN 55905</td></tr>
<tr><td>Business Type:</td><td>Office Held/Nature of Interest:
Board Member, Non compensated</td><td>☐ open ☑ closed ☐ proposed</td></tr>
<tr><td colspan="3">Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:</td></tr>
</table>

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

From: 1/2012 To: Present	Name and Address of Business: Rimedio 190 Trumbull Street, Hartford CT 06130	
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: To:	Name and Address of Business:	
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 pursuant to N.Y. Public Officers Law, Art. 6

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: [signature]	Date: 5-26-2015
Notary Name: JoAnn LaVacca	Notary Registration Number: 01LA6101780
Notary (Notary Must Affix Stamp or Seal) [signature] JOANN LAVACCA Notary Public, State of New York Reg. No. 01LA6101780 Qualified in Westchester County My Commission Expires 11/17/2017/15	Date: 5/26/15

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: [redacted]				9. Fax [redacted]	
10. Email: [redacted]					
11. Residence Addres [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.		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of 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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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 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

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

Name of Employer:
Type of Business:

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

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

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

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

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

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 Pharmaceuticals, LLC

This is the name [redacted] ration 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 [redacted] ization:

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:		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State [redacted]		14. ZIP Code: [redacted]	
15. Formal Education		Dates Attended		1985 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 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: [redacted]			9. Fax:		
10. Email [redacted]					
11. Residence Address [redacted]					
12. City: [redacted]		13. Stat [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:

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

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

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

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: 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.

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

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	
		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				
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 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: 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

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. Stat [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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

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

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

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:		
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: Robert A. Small Jr.	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

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. Nam[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 Educatio[redacted]		Dates Attended [redacted]	Degree

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

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

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: Carl Nichols Mahaney | 3. Title: Investor

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

Personal Investment

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
Babson College	Babson College Park 231 Forest Street	1980	1984	BA Finance/	MAY

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

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

Type of Business:

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

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

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

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

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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: Marc Giannitti	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 27th May 2015

MARC GIANNITTI
Notary Public
State of Connecticut
My Commission Expires: 08/31/2018

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

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:
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,

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

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

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

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

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

This is the [redacted] for Registration as a Registered Organization.

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

4. Briefly d[redacted]stered 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]	. ZIP Code [redacted]	
15. Formal Education		Dates Attended	Degree
Institution	Address		

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

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

Name of Employer:

Type of Business:

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

Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		

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

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

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

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

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 [illegible]

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: [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 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
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:		
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.

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

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

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				

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

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

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

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

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

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

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

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

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

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 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:		

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

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

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

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:

[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 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:
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 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 pursuant to N.Y. Public Officers Law, Art. 6

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

This is the [redacted] 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

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

DOH-5145 (04/15)

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.

[redacted]

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 [redacted]			9. Fax: N/A		
10. Emai[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

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

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
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

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

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: [redacted]			9. Fax [redacted]		
10. Email: [redacted]					
11. Residence Address: [redacted]					
12. City: [redacted]		13. State [redacted]		14. ZIP Co[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:
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: 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		
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:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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

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

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. Stat [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
Private Pesticide Applicator	P3889280	NYS DEC 625 Broadway, Albany, New York 12233-0001	9/21/2015	9/21/2020

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,

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:		

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

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

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 [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 [redacted]	Dates Attended	Degree	
Institution	Address		

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

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

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

NA

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 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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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)	Date: 6.2.15

MATTHEW REILLY
Notary Public Commonwealth of Massachusetts
My Commission Expires December 24, 2021

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:		
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:		

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

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

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.

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. Nam[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 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:
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.

[redacted]

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

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

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

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

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:		
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

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

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:		

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

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

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

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

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 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."

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:
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: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
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: [redacted]			9. Fax		
10. Email: [redacted]					
11. Residence Address [redacted]					
12. City [redacted]		13. Sta[redacted]		14. ZIP Code: [redacted]	
15. Formal Education [redacted]		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

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

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

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

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