



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

APPLICATION OF INTENT
Request for a Certificate of Registration to
Operate a Registered Marijuana Dispensary

INSTRUCTIONS

This application form is to be completed by any non-profit corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts.

If seeking a Certificate of Registration for more than one RMD, the applicant non-profit corporation ("Corporation") must submit a separate *Application of Intent*, all required attachments, and an application fee for each proposed RMD. Please identify each application of multiple applications by designating it as Application 1, 2 or 3 in the header of each application page. Please note that no executive, member, or any entity owned or controlled by such an executive or member, may directly or indirectly control more than three RMDs.

However, even if submitting an *Application of Intent* for more than one RMD, an applicant need only submit one *Character and Competency form* for each required individual.

Unless indicated otherwise, all responses must be typed into the application forms. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labelled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the *Application of Intent*, with all required attachments, the \$1,500 application fee, and Remittance Form to:

Department of Public Health
Medical Use of Marijuana Program
RMD Applications
99 Chauncy Street, 11th Floor
Boston, MA 02111

Application fees are non-refundable and non-transferable.

REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Department of Public Health ("Department"), the Department will review the information and will contact the applicant if clarifications/updates to the submitted application materials are needed. The Department will notify the applicant whether they have met the standards necessary to be invited to submit a *Management and Operations Profile*.

If invited by the Department to submit a *Management and Operations Profile*, the applicant must submit the *Management and Operations Profile* within 45 days from the date of the invitation letter, or the applicant must submit a new *Application of Intent* and fee.

PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants have one year from the date of the submission of the *Management and Operations Profile* to receive a Provisional Certificate of Registration. If an applicant does not receive a Provisional Certificate of Registration after one year, the applicant must submit a new *Application of Intent* and fee.

REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100.

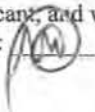
It is the applicant's responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

QUESTIONS


If additional information is needed regarding the RMD application process, please contact the Medical Use of Marijuana Program at 617-660-5370 or RMDapplication@state.ma.us.

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

- A fully and properly completed *Application of Intent*, signed by an authorized signatory of the corporation
- A copy of the Corporation's *Certificate of Legal Existence* from the Massachusetts Secretary of State
- Financial account summary(ies) (as outlined in Section D)
- A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for \$1,500.
- A completed *Remittance Form* (use template provided)
- A completed and signed *Character and Competency* form (use template provided) for each of the following actors:
 - Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

SECTION A. APPLICANT INFORMATION

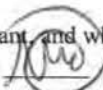
1. MILFORD MEDICINALS, INC
Legal name of Corporation
2. MICHAEL DUNDAS
Name of Corporation's Chief Executive Officer
3. 13 COMMERCIAL WAY, MILFORD MA 01757
Address of Corporation (Street, City/Town, Zip Code)
4. MICHAEL DUNDAS
Applicant point of contact (name of person the Department should contact regarding this application)
5. 617-564-1941
Applicant point of contact's telephone number
6. michael@milfordmedicinals.org
Applicant point of contact's e-mail address
7. Number of applications: How many *Applications of Intent* do you intend to submit? 2

SECTION B. INCORPORATION

8. Attach a *Certificate of Legal Existence* from the Massachusetts Secretary of State, documenting that the applicant non-profit entity is incorporated as a non-profit in Massachusetts.

SECTION C. CHARACTER AND COMPETENCY

9. Attach a *Character and Competency* form (use template provided) for each of the following actors:
 - The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

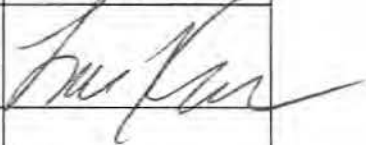
Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

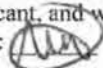
SECTION D. INITIAL CAPITAL REQUIREMENT

Describe the sources, types, and amounts of required initial capital in the table below, showing that the Corporation has at least \$500,000 in its control and available for this *Application of Intent* and at least \$400,000 in its control and available for each additional *Application of Intent*, if any, as evidenced by bank statements, lines of credit, or financial institution statements. Add more tables if needed.

If the required funds are being held in an account in the name of an individual or entity other than the Corporation, the individual or authorized signatory of the entity must provide their signature in the "Signature of Account Holder" column. Their signature below indicates that they are committing the amount of their funds identified in the table to the applicant.

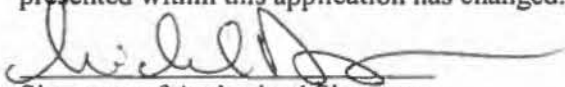
In addition to completing this table, submit a **one-page** financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the *Application of Intent* was submitted to the Department.

Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Louis Karger	Wells Fargo	Money Market	\$ 900,000.00	
-----	-----	TOTAL:	\$ 900,000.00	—

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

ATTESTATIONS

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant non-profit corporation, agree and attest that all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information to the Department if the information presented within this application has changed.



08/14/2015

Signature of Authorized Signatory

Date Signed

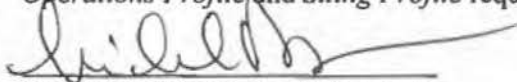
MICHAEL DUNDAS

Print Name of Authorized Signatory

CHIEF EXECUTIVE OFFICER

Title of Authorized Signatory

I hereby attest that if the non-profit corporation is allowed to proceed to submit a *Management and Operations Profile*, the applicant non-profit corporation is prepared to pay a non-refundable application fee of \$30,000 and the cost of all required background checks, and comply with all *Management and Operations Profile* and *Siting Profile* requirements.



08/14/2015

Signature of Authorized Signatory

Date Signed


MICHAEL DUNDAS

Print Name of Authorized Signatory

CHIEF EXECUTIVE OFFICER

Title of Authorized Signatory

I hereby attest that I understand that registered marijuana dispensaries are required to conduct background investigations of proposed Dispensary Agents, that such background investigations are subject to the Department's inspection and review, and that the applicant non-profit corporation will not engage the services of a Dispensary Agent that has ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority.



08/14/2015

Signature of Authorized Signatory

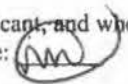
Date Signed

MICHAEL DUNDAS

Print Name of Authorized Signatory

CHIEF EXECUTIVE OFFICER

Title of Authorized Signatory

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

June 12, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that

BAY STATE PATIENTS GROUP, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **June 18, 2013 (Chapter 180)**.

I also certify that by Articles of Amendment filed here **August 19, 2013**, the name of said corporation was changed to

BAY STATE RELIEF, INC.

I further certify that by Articles of Amendment filed here **February 14, 2014**, the name of said corporation was changed to

MILFORD MEDICINALS INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
 99 Chauncy Street, 11th Floor, Boston, MA 02111

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

Remittance Form
Registered Marijuana Dispensary Application Fee

Please remit this form with your bank/cashier's check payable to "The Commonwealth of Massachusetts" for proper posting of your payment

Date 06/29/2015

Name of Non-Profit Corporation
 MILFORD MEDICINALS, INC.

ADDRESS OF CORPORATION

Address 13 COMMERCIAL WAY

City MILFORD

State MA Zip Code 01757

CONTACT PERSON

First Name MICHAEL

Last Name DUNDAS

Email Address michael@milfordmedicinals.org

Phone Number 617-564-1941

Amount Enclosed \$ 1,500

Bank/Cashier's Check Enclosed

Application Fee, Application of Intent

SECTION C. CHARACTER & COMPETENCY

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

MICHAEL DUNDAS

Title of Individual

CHIEF EXECUTIVE OFFICER

Date of Birth of Individual 07/29/1969

Residential Address of Individual

15 MORELAND AVE, NEWTON, MA 02459

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation _____

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes No If yes, please explain:

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

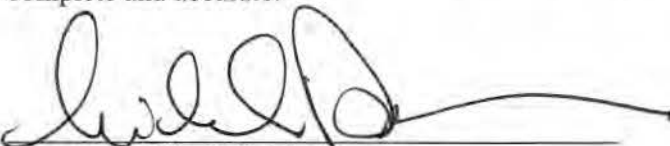
Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.



Signature of the Individual

06/28/2015

Date Signed

SECTION C. CHARACTER & COMPETENCY

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For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

STEPHEN JAFFE

Title of Individual

CHIEF OPERATING OFFICER

Date of Birth of Individual 07/02/1986

Residential Address of Individual

633 W. RITTENHOUSE STREET APT. A-606
PHILADELPHIA, PA 19144

Applicant Non-Profit Corporation

SAGE CANNABIS, INC.

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes No If yes, please explain:

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes No If yes, please explain:

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes No If yes, please explain:

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes No If yes, please explain:

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes No If yes, please explain:

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes No If yes, please explain:

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes No If yes, please explain:

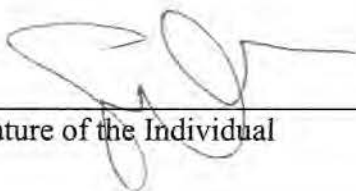
9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes No If yes, please explain:

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.



Signature of the Individual

12/2/15

Date Signed

SECTION C. CHARACTER & COMPETENCY

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

ERIC JAMES WARDROP

Title of Individual

CHIEF FINANCIAL OFFICER

Date of Birth of Individual 09/27/1983

Residential Address of Individual

341 SPRING HAVEN DRIVE, LANCASTER, PA 17601

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes No If yes, please explain:

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes No If yes, please explain:

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes No If yes, please explain:

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes No If yes, please explain:

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes No If yes, please explain:

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes No If yes, please explain:

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.



Signature of the Individual

06/28/2015

Date Signed

SECTION C. CHARACTER & COMPETENCY

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

MARK VLACHOS

Title of Individual

LEAD CULTIVATOR

Date of Birth of Individual

08/12/1992

Residential Address of Individual

29 Westgate Road, Unit #3
Boston, MA 02467

Applicant Non-Profit Corporation

SAGE CANNABIS, INC.

Applicant Non-Profit Corporation _____

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

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Applicant Non-Profit Corporation _____

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Applicant Non-Profit Corporation _____

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Yes No If yes, please explain:

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes No If yes, please explain:

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.



Signature of the Individual

05/09/2016

Date Signed

Applicant Non-Profit Corporation _____

SECTION C. CHARACTER & COMPETENCY

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

NETWATCH USA

Title of Individual

SECURITY PROVIDER

Date of Birth of Individual _____

Residential Address of Individual

90 OAK STREET
NEWTON UPPER FALLS, MA 02464

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation _____

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

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9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

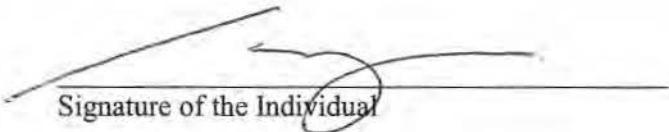
Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.


Signature of the Individual

06/28/2015

Date Signed

MARK MARZOTTI

SECTION C. CHARACTER & COMPETENCY

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For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

David Rosenberg

Title of Individual

Board Member

Date of Birth of Individual 11/25/1962

Residential Address of Individual

133 Front Street, Marblehead, MA 01945

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation _____

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

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Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes No If yes, please explain:

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes No If yes, please explain:

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

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Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

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Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.



Signature of the Individual

06/16/2015

Date Signed

SECTION C. CHARACTER & COMPETENCY

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

LOUIS KARGER

Title of Individual

BOARD MEMBER, CAPITAL CONTRIBUTOR

Date of Birth of Individual 06/28/1971

Residential Address of Individual

51 BURR DRIVE
NEEDHAM, MA 02492

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation _____

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

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Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

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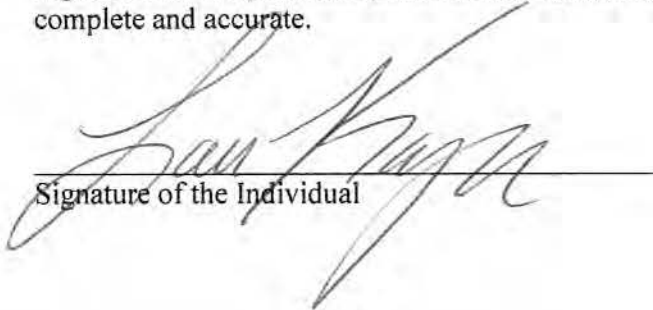
Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

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Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.



Signature of the Individual

06/28/2015

Date Signed

SECTION C. CHARACTER & COMPETENCY

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

ROBERT EDELSTEIN

Title of Individual

BOARD CHAIR

Date of Birth of Individual 07/12/1966

Residential Address of Individual

42 NEPTUNE STREET
BEVERLY, MA 01915

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation _____

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

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Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

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Applicant Non-Profit Corporation _____

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Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

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Applicant Non-Profit Corporation _____

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Yes No If yes, please explain:

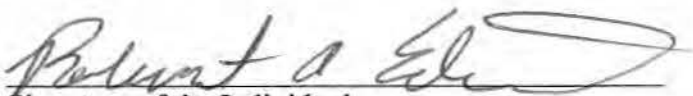
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Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.


Signature of the Individual

06/28/2015
Date Signed

Applicant Non-Profit Corporation _____

SECTION C. CHARACTER & COMPETENCY

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

Robert A. Goldstein

Title of Individual

Board Member

Date of Birth of Individual 11/10/1980

Residential Address of Individual

14 Wilbur Street, Apt. 3, Boston, MA, 02125

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation _____

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

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Applicant Non-Profit Corporation _____

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Applicant Non-Profit Corporation _____

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Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.



Signature of the Individual

06/28/2015

Date Signed

SECTION C. CHARACTER & COMPETENCY

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

GERALD GOLDBERG

Title of Individual

BOARD MEMBER

Date of Birth of Individual 02/07/1936

Residential Address of Individual

19490 BAY VIEW ROAD
BOCA RATON, FL 33434

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation _____

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

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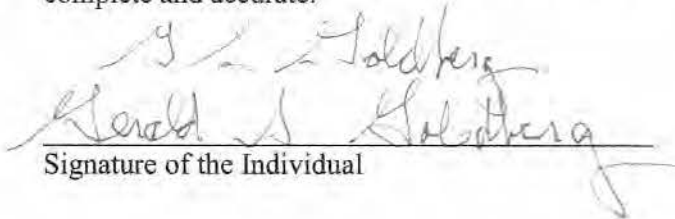
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Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.


Signature of the Individual

06/28/2015

Date Signed

SECTION C. CHARACTER & COMPETENCY

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

JEAN CASALE

Title of Individual

BOARD OF DIRECTORS MEMBER

Date of Birth of Individual 07/12/1943

Residential Address of Individual

179 LEWIS ROAD, BELMONT MA, 02478

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes No If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

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Applicant Non-Profit Corporation _____

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6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes No If yes, please explain:

Applicant Non-Profit Corporation _____

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes No If yes, please explain:

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes No If yes, please explain:

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes No If yes, please explain:

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes No If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

Jean Casals
Signature of the Individual

06/28/2015
06/28/2015
Date Signed