



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: 617-860-5370
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.

RECEIVED
JUN 29 2015
MA Dept of Public Health
99 Chauncy Street
Boston, MA 02111

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 of 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: MS

Application 1 of 1 Applicant Non-Profit Corporation _____**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: MS

SECTION A. APPLICANT INFORMATION

1. ETHXC, INC.
Legal name of Corporation
2. KAMRAN ALI
Name of Corporation's Chief Executive Officer
3. 2001 MIDWEST RD, SUITE 202
OAKBROOK, IL 60523
Address of Corporation (Street, City/Town, Zip Code)
4. M. MOEED SAEED - EXECUTIVE BOARD SECRETARY
Applicant point of contact (name of person the Department should contact regarding this application)
5. 630-344-3696
Applicant point of contact's telephone number
6. MSAEED@DUPAGEATTORNEYS.COM
Applicant point of contact's e-mail address
7. Number of applications: How many *Applications of Intent* do you intend to submit? 1

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: MS



William Francis Galvin
Secretary of the
Commonwealth

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

Date: June 26, 2015

To Whom It May Concern :

I hereby certify that

ETHCX, INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **June 03, 2015** (Chapter 180).

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

Certificate Number: 15064005090

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: smc



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Payment Confirmation

Date: 6/3/2015

Confirmation date/time:	6/3/2015 5:33:26 PM
Confirmation number:	053317
Invoice number:	03000130091529502880329
Payment ID number:	4488267
Transaction ID number:	9152950
Transaction category:	Nonprofit Corporation
Transaction type:	Articles of Organization
Entity name:	ETHCX, INC.
<hr/>	
Filing fee:	\$35.00
Expedited service fee:	\$5.00
Total fee:	\$40.00

Your payment has been successfully processed. Your filing has been submitted and will be reviewed by the Corporations Division. If your submission is rejected for any reason, we will contact you immediately.

Note that for security reasons your payment credit card and/or bank information is processed at a secure website. The Secretary of the Commonwealth does not retain any payment information.

E-check transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned, you will be billed for the transaction at that time.

If you have any questions about your request, contact our office:

- phone: 617-727-9640
- email: corpinfo@sec.state.ma.us



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Payment Confirmation

Date: 6/3/2015

Confirmation date/time:	6/3/2015 5:33:26 PM
Confirmation number:	053317
Invoice number:	03000130091529502880329
Payment ID number:	4488267
Transaction ID number:	9152950
Transaction category:	Nonprofit Corporation
Transaction type:	Articles of Organization
Entity name:	ETHCX, INC.

Filing fee:	\$35.00
-------------	---------

Expedited service fee:	\$5.00
------------------------	--------

Total fee:	\$40.00
-------------------	----------------

Your payment has been successfully processed. Your filing has been submitted and will be reviewed by the Corporations Division. If your submission is rejected for any reason, we will contact you immediately.

Note that for security reasons your payment credit card and/or bank information is processed at a secure website. The Secretary of the Commonwealth does not retain any payment information.

E-check transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned, you will be billed for the transaction at that time.

If you have any questions about your request, contact our office:

- phone: 617-727-9640
- email: corpinfo@sec.state.ma.us



William Francis Galvin
Secretary of the Commonwealth of Massachusetts

Corporations Division

Business Entity Summary

ID Number: 001176064

[Request certificate](#)

[New search](#)

Summary for: ETHCX, INC.

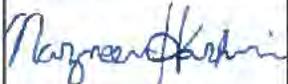
The exact name of the Nonprofit Corporation: ETHCX, INC.			
Entity type: Nonprofit Corporation			
Identification Number: 001176064			
Date of Organization in Massachusetts: 06-03-2015			
Last date certain:			
Current Fiscal Month/Day: 12/31			
The location of the Principal Office in Massachusetts:			
Address: 70 BURBANK STREET SUITE 10			
City or town, State, Zip code, BOSTON, MA 02115 USA			
Country:			
The name and address of the Resident Agent:			
Name: YESENA GALAN			
Address: 70 BURBANK STREET #10			
City or town, State, Zip code, BOSTON, MA 02115 USA			
Country:			
The Officers and Directors of the Corporation:			
Title	Individual Name	Address	Term expires
PRESIDENT	MOEED SAEED	2001 MIDWEST ROAD #202 OAK BROOK, IL 60523 USA 2001 MIDWEST ROAD #202 OAK BROOK, IL 60523 USA	12-31-2016
TREASURER	MOEED SAEED	2001 MIDWEST ROAD #202 OAK BROOK, IL 60523 USA 2001 MIDWEST ROAD #202 OAK BROOK, IL 60523 USA	12-31-2016
SECRETARY	MOEED SAEED	2001 MIDWEST ROAD #202 OAK BROOK, IL 60523 USA 2001 MIDWEST ROAD #202 OAK BROOK, IL 60523 USA	12-31-2016

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
NAZNEEN HASHMI	CHARTER ONE	SAVING (CASH)	\$211,000	
AZAM SAEED	STANDARD BANK	LINE OF CREDIT	270,000	
SALMAN ALI	CHASE	IOLTA-TRUST ACCOUNT	19,800	
		TOTAL:	\$0.00 \$500,800	

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: MS

DUPAGE ATTORNEYS

DuPage Attorneys, LLC
2001 Midwest Road, Suite 202
Oak Brook, IL 60523
Phone: (630) 447-9019
Fax: (630) 487-5982
Web: www.DuPageAttorneys.com

M. Moeed Saeed, Esq.
Principal
Afsha Gillani
Sabina Abdul Qadir

June 27, 2015

Salman Ali

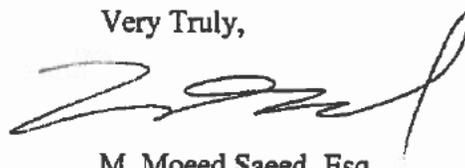

RE: Deposit to IOLTA Trust

Dear Mr. Ali:

Pursuant to your request, we have held in deposit the amount of \$19,800.00 for showing of available assets to the Commonwealth of Massachusetts. We have additionally issued you a check for withdrawal of the same amount. Also, please find the proof of deposit attached.

Please feel free to contact me at your convenience, if you have any further questions.

Very Truly,



M. Moeed Saeed, Esq.
Principal

MMS/js.
Encl.: Proof of deposit

Chase Online

Activity for IOLTA ACCOUNT [REDACTED]

Details for IOLTA ACCOUNT [REDACTED]

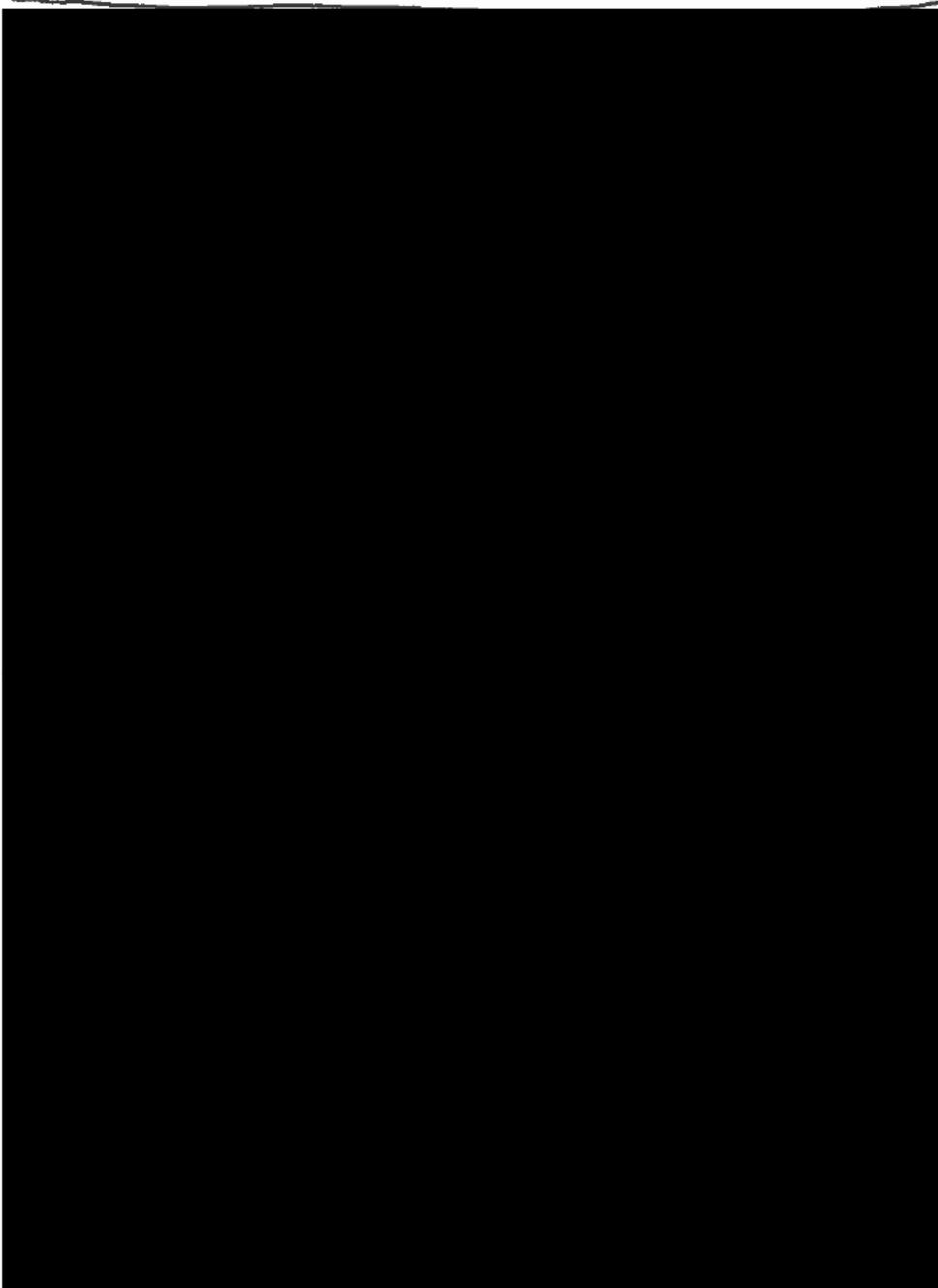
Present Balance \$80,726.21 Uncollected funds – Total \$0.00
 Available Balance \$80,726.21
 Available Credit \$0.00
 Available Plus Credit \$80,726.21
 Interest YTD \$20.52
 Interest rate 0.18%

[See full account number](#)

Transaction Results (1 - 32) for IOLTA ACCOUNT [REDACTED] [Next](#)

All Transactions [View checks by check number](#) | [Search Transactions](#)

Date	Type	Description	Debit	Credit	Balance
Pending	Misc. Credit	DEPOSIT		\$19,800.00	



June 03, 2015

Saeed Medical Group, Ltd.
4332 N. Elston Ave.
Chicago, IL 60641

RE: Non-Revolving Line of Credit

To Whom It May Concern:

Please be advised that Saeed Medical Group has a \$325,000 non-revolving line of credit with Standard Bank and Trust Company. As of the date of the letter, the line of credit is active and has an available balance of \$45,000. Additionally, as of the date of the letter, the business account has an available balance of \$31,000.

If you should have any questions, please feel free to contact me at (708) 499-2062, ext. 2167.

Sincerely,

STANDARD BANK AND TRUST COMPANY



Mohammed Abunada
Vice President
Private Banking Division

June 03, 2015

Azam Saeed DMD PC
129 Phelps Ave., Suite 108
Rockford, IL 61108

RE: Non-Revolving Line of Credit

To Whom It May Concern:

Please be advised that Azam Saeed DMD PC has a \$200,000 non-revolving line of credit with Standard Bank and Trust Company. As of the date of the letter, the line of credit is active and has an available balance of \$200,000.

If you should have any questions, please feel free to contact me at (708) 499-2062, ext. 2167.

Sincerely,

STANDARD BANK AND TRUST COMPANY



Mohammed Abunada
Vice President
Private Banking Division

Citizens Bank®

4333 Belmont Ave. Youngstown, OH 44505 phone: 877.242.7837

Page Jun. 23. 2015 3:11PM untitled No. 4440 P. 1

IMI3 06/23/15 DDA STATEMENT INQUIRY 15.09.41 PAGE 1
NAZNEEN HASHMI ACCT NO. [REDACTED]
YASMEEN F HASHMI DATE THIS STATEMENT 06/23/15
[REDACTED] DATE LAST STATEMENT 06/15/15

*****DDA TRANSACTIONS*****

BALANCE	CHECKS/OTHER DEBITS	DEPOSITS/OTHER CREDITS	BALANCE
LAST STATEMENT	NO. TOTAL AMOUNT	NO. TOTAL AMOUNT	THIS STATEMENT
274.23	0 0.00	2 211000.00	211274.23

[REDACTED]

PF1 - PAGE FWD

Date 06-23-2015 Time 15:09:46.05

Application 1 of 1 Applicant Non-Profit Corporation _____**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.



Signature of Authorized Signatory

M. MOEED SAEED

6/25/15
Date Signed

Print Name of Authorized Signatory

EXECUTIVE BOARD SECRETARY

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.



Signature of Authorized Signatory

M. MOEED SAEED

6/25/15
Date Signed

Print Name of Authorized Signatory

EXECUTIVE BOARD SECRETARY

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.



Signature of Authorized Signatory

M. MOEED SAEED

6/25/15
Date Signed

Print Name of Authorized Signatory

EXECUTIVE BOARD SECRETARY

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: MS