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

RECEIVED
SEP 25 2015
MA Dept of Public Health
99 Chauncy Street
Boston, MA 02111

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 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: KGC

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.

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Application 3 of 3 Applicant Non-Profit Corporation MASS ALTERNATIVE CARE, INC.

SECTION A. APPLICANT INFORMATION

1. MASS ALTERNATIVE CARE, INC.
   Legal name of Corporation

2. KEVIN G. COLLINS
   Name of Corporation's Chief Executive Officer

3. ONE MONARCH PLACE, SUITE 1900
   SPRINGFIELD, MA 01144-1900
   Address of Corporation (Street, City/Town, Zip Code)

4. MICHAEL S. SCHNEIDER
   Applicant point of contact (name of person the Department should contact regarding this application)

5. (413) 733-3111
   Applicant point of contact's telephone number

6. mschneider@dwpm.com
   Applicant point of contact's e-mail address

7. Number of applications: How many *Applications of Intent* do you intend to submit? 3

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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.

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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
Donald R. Chase	Raymond James & Associates, Inc.	Brokerage	$ 800,000.00	Donald R Chase
--------	--------	**TOTAL:**	$ 800,000.00	----

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RAYMOND JAMES®

July 31 to August 31, 2015
Account # 29571495

MICHAEL SERAFINO, GEOFF MOORE
Raymond James & Associates, Inc
1500 MAIN STREET | SUITE 1700 |
SPRINGFIELD, MA 01115
(877) 256-3780 (413) 372-6600 (413) 372-6614
raymondjames.com/serafinomoore
Geoffrey.Moore@RaymondJames.com

DONALD R CHASE
39 TIMBER RIDGE RD
WEST SPRINGFIELD MA 01089-1654394

Raymond James Client Services
800-647-SERV (7378)
Monday - Friday 8 a.m. to 6 p.m. ET

Online Account Access
raymondjames.com/investoraccess

Donald Account Summary - [redacted]

Value This Statement

$896,197.22

[redacted]

Performance Inception 08/15/2014
Excludes some limited partnerships, unpaired securities and annuity history prior to the annuity being linked to the account.

Important Messages

- Your primary objective is Growth, with a medium risk tolerance and a 5 to 10 year time horizon.
  Your secondary objective is Income, with a medium risk tolerance and a 5 to 10 year time horizon.

Application 3 of 3 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.

_____ 09/23/2015

Signature of Authorized Signatory Date Signed

KEVIN G. COLLINS

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.

_____ 09/23/2015

Signature of Authorized Signatory Date Signed

KEVIN G. COLLINS

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.

_____ 09/23/2015

Signature of Authorized Signatory Date Signed

KEVIN G. COLLINS

Print Name of Authorized Signatory

CHIEF EXECUTIVE OFFICER

Title of Authorized Signatory

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The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

June 17, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that

BAYSTATE COMPASSION CENTER, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **June 5, 2013 (Chapter 180).**

I also certify that by Articles of Amendment filed here **May 12, 2015,** the name of said corporation was changed to

MASS ALTERNATIVE CARE, 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

Processed By sam