



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, 11<sup>th</sup> Floor, Boston, MA 02111

CHARLES D. BAKER  
Governor

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Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-660-5370  
[www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana)

January 11, 2016

Mr. Olof Ingare  
Mass Wellspring, Inc.  
P.O. Box 1087  
Waltham, MA 02454-1087

Re: Request for Information

Dear Mr. Ingare

This letter is to inform you that the Department of Public Health (“Department”) has reviewed Mass Wellspring, Inc.’s *Application of Intent* (Application 2 of 2). The *Application of Intent* requires the following information before the Department may complete its evaluation:

1. The applicant did not properly fill out the table in Section D or submit a financial account summary. Instead the applicant stated in the table in Section D, “See first Application of Intent submitted 6/29/15. Total fund amount sufficient for 2 licenses.” The applicant must demonstrate that it has at least \$400,000 in its control and available for this *Application of Intent*. Applicant must resubmit the Table in Section D, completed in full, and submit a financial account summary, or summaries, dated no earlier than November 27, 2015.

Please remember to type all responses in the information or materials resubmitted to the Department, other than any required signatures, as well as include the name of the Applicant Non-Profit Corporation *and* the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

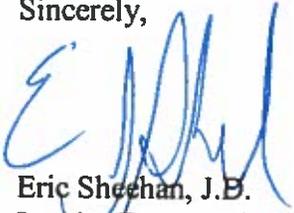
Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

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

Upon receipt, the Department will review the information and will notify the applicant if it is invited to submit a *Management and Operations Profile* or if further information is required before the applicant may proceed.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Sincerely,

A handwritten signature in blue ink, appearing to read 'E. Sheehan', written over a faint circular stamp.

Eric Sheehan, J.D.  
Interim Bureau Director  
Bureau of Health Care Safety and Quality  
Massachusetts Department of Public Health