

Joshua Silver, Esq.
89 Court Street
Saratoga Springs, NY 12866
(518) 570-9067
joshuaasilver@gmail.com

April 21, 2017

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

MA Dept. of Public Health
99 Chauncy Street
Boston, MA 02111

APR 24 2017

RECEIVED

Re: Silver Therapeutics, Inc.
Application of Intent

Dear Department Staff:

I am the Chief Executive Officer of Silver Therapeutics, Inc. (the "Company"), a Massachusetts not-for-profit company. I submit the following documents in support of the Company's application for a RMD license and in response to the Departments Request for Information dated April 21, 2017:

REQUEST FOR INFORMATION

- 1. Based upon the information submitted to the Department it is unclear how to spell the name of the applicant organization as it is spelled inconsistently throughout the application. Please clarify the spelling of the organization, and resubmit Section A, along with any other pages in the Application of Intent, that may identify the organization incorrectly, where needed.*

RESPONSE: Revised pages of the Application of Intent, which correctly spell the name of the applicant organization, are enclosed.

- 2. The applicant did not submit Character and Competency forms for the Chief Operating Officer, the individual/entity responsible for marijuana for medical use cultivation operations, and individual/entity responsible for the RMD security plan and security operations. Applicant must submit Character and Competency forms for each said individual or entity. If Character and Competency forms have already been submitted for each of these individuals or entities, but they have not been identified to the Department as such, the applicant may instead resubmit a completed Page 1 of their Character and Competency form indicating their title under the "Title of Individual" field, in addition to their other title(s).*

RESPONSE: Revised page 1 of the Character and Competency form for Joshua Silver is enclosed, which identifies each title within the Company held by such individual.

- 3. Please clarify whether Joshua Silver and Michael Evanusa have the same date of birth and residential address, as currently indicated in their Character and Competency forms. If this was an error, please resubmit a completed Page 1 of their Character and Competency forms indicating their correct dates of birth.*

RESPONSE: Revised page 1 of the Character and Competency form for Joshua Silver is enclosed, which states the correct birth date and address of such individual. The Character and Competency form previously submitted for Michel Evanusa is correct with respect to her birthdate and address.

Thank you kindly for your review of the enclosed documents. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Josh Silver", written in a cursive style.

Joshua Silver

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: AS

SECTION A. APPLICANT INFORMATION

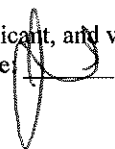
1. SILVER THERAPEUTICS, INC.
Legal name of Corporation
2. JOSHUA SILVER
Name of Corporation's Chief Executive Officer
3. 82 WENDELL AVE SUITE 100
PITTSFIELD, MA 01201 USA
Address of Corporation (Street, City/Town, Zip Code)
4. JOSHUA SILVER
Applicant point of contact (name of person the Department should contact regarding this application)
5. (518) 570-9067
Applicant point of contact's telephone number
6. JOSHUAASILVER@GMAIL.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.

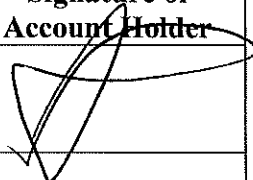
Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

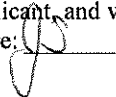
SECTION D. INITIAL CAPITAL REQUIREMENT

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.

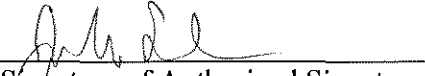
In addition to completing this table, submit a **one-page** financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the *Application of Intent* was submitted to the Department.

Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Michel Evanusa	One America	Investment Account	\$ 2,017,993.00	
-----	-----	TOTAL:	\$ 2,017,993.00	----

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.



Signature of Authorized Signatory
Joshua Silver


04/05/2017

Date Signed

Print Name of Authorized Signatory
CEO, Silver Therapeutics, Inc.

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
Joshua Silver

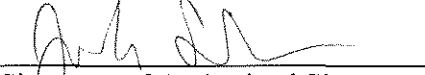
04/05/2017

Date Signed

Print Name of Authorized Signatory
CEO, Silver Therapeutics, Inc.

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
Joshua Silver

04/05/2017

Date Signed

Print Name of Authorized Signatory
CEO, Silver Therapeutics, Inc.

Title of Authorized Signatory

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