



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: 617-660-6370
www.mass.gov/medicalmarijuana

Department of Public Health
 99 Chauncy Street
 Boston, MA 02111

SEP 25 2015

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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.

Application 1 of 1 Applicant Non-Profit Corporation _____

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.

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

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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: WJ

Application 1 of 1 Applicant Non-Profit Corporation _____

SECTION A. APPLICANT INFORMATION

1. The Herbal Way Inc
Legal name of Corporation
2. Kim Granatell
Name of Corporation's Chief Executive Officer
3. 82 Wendell Avenue, Suite 100
Pittsfield MA 01201
Address of Corporation (Street, City/Town, Zip Code)
4. Kim Granatell
Applicant point of contact (name of person the Department should contact regarding this application)
5. (201) 913-5177
Applicant point of contact's telephone number
6. kg814@aol.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.

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

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Application 1 of 1 Applicant Non-Profit Corporation _____

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 |
|---------------------------|---------------------------------|-----------------|------------------|-----------------------------|
| Granatell Investments LLC | Columbia Bank | Checking | \$ 1,606,303.38 | |
| Granatell Investments LLC | Columbia Bank | CD | \$ 2,524,322.63 | |
| Kim Granatell | Columbia Bank | CD | \$ 3,500,000.00 | |
| Kim Granatell | TD Bank | CD | \$ 1,165,137.69 | |
| Kim Granatell | American General Life Insurance | Annuity | \$ 531,509.50 | |
| Kim Granatell | American General Life | Annuity | \$ 983,578.08 | |
| | | | | |
| | | | | |
| | | TOTAL: | \$ 10,310,851.28 | |

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Company: GRANATELL INVESTMENTS LLC

Excluding Holidays, any transfer between your Eligible Accounts conducted up until approximately 7 PM (ET) Monday through Friday and approximately 3 PM (ET) Saturday will be posted to your account the same day. Transfers completed after those hours, on Sunday and holidays will normally not be processed until the next business day except for Friday's, which will normally be posted on Saturday. You will be able to immediately see your updated balances as well as your detail transaction history in your Statement Savings and Checking Accounts and in your Loan Accounts.

| Account Summary | | | | | | | | |
|--|------|----------------|---------------------|---------------------|-------------------|---------------------|------|------|
| Information valid as of Monday, September 14, 2015 at 11:28 AM EST. Get the latest balances. | | | | | | | | |
| Deposit Accounts | | | | | | | | |
| Description | Type | Account Number | Current Balance | Ledger Balance | Available Balance | Collected Balance | More | Stmt |
| | | | 69,215.95 | | | | | |
| | | | 11,938.30 | | | | | |
| | | | 287,135.67 | | | | | |
| | | | 427,950.89 | | | | | |
| | | | 805,136.12 | | | | | |
| | | | 4,873.35 | | | | | |
| Totals | | | 1,606,250.28 | 1,606,303.38 | | 1,606,303.38 | | |
| Other Accounts | | | | | | | | |
| Description | Type | Account Number | Current Balance | Available Balance | Stmt | | | |
| | | | | 0.00 | | | | |
| | | | | 0.00 | | | | |
| Totals | | | | 6,024,322.63 | | | | |

Columbia Bank



Welcome, KIM

Today is 9/14/2015 | Your last login was on 9/14/2015 11:43 AM

> Consolidate debt with a Personal Unsecured Loan. [Find out how.](#)

Deposit Accounts

| Account Name | Account Number | 9/14/2015 Balance | Pending Transactions | Avail |
|--|----------------|-------------------|----------------------|------------|
| [REDACTED] | | \$1,165,137.69 | | : |
| Total Available Balance of Deposit Accounts | | | | \$: |

Credit Cards

| Account Name | Account Number | Payment Due Date | Available Credit | 9/1 |
|----------------------------------|----------------|------------------|------------------|-----|
| [REDACTED] | | | | |
| Total Credit Card Balance | | | | |

[Policy Access](#)

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Policy Access System

[Policy Listing](#)

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Displaying 1 - 2 of 2 Policies.

Policy Listing

All active policies and policies terminated within the last 30 days.

Click on the policy number to go to the policy detail screen.

| 1 | | | | | | | |
|--|---------------------------|-------------------------------|-----------------------------|------------------------|-----------------------------|---|-------------------------------|
| Owner Name Joint Owner Name | Annuitant | Policy Number | Issue State | Status | Policy Date | Accumulated Value as of 09/11/2015 | Agent Name |
| Granatell, Kim | | | | | | \$531,509.50 | Td Wealth Management Serv Inc |
| Granatell, Kim A | | | | | | \$983,578.08 | Td Wealth Management Serv Inc |
| 1 | | | | | | | |

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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.

Kim Granatell
Signature of Authorized Signatory

09/17/2015
Date Signed

Kim Granatell

Print Name of Authorized Signatory

President

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.

Kim Granatell
Signature of Authorized Signatory

09/17/2015
Date Signed

Kim Granatell

Print Name of Authorized Signatory

President

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.

Kim Granatell
Signature of Authorized Signatory

09/17/2015
Date Signed

Kim Granatell

Print Name of Authorized Signatory

President

Title of Authorized Signatory

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The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$35.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Special Filing Instructions
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15
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Articles of Organization

(General Laws, Chapter 180)

Identification Number: 001187753

ARTICLE I

The exact name of the corporation is:

THE HERBAL WAY INC

ARTICLE II

The purpose of the corporation is to engage in the following business activities:

SCIENTIFIC PURPOSES

ARTICLE III

A corporation may have one or more classes of members. If it does, the designation of such classes, the manner of election or appointments, the duration of membership and the qualifications and rights, including voting rights, of the members of each class, may be set forth in the by-laws of the corporation or may be set forth below:

NONE

ARTICLE IV

Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

(If there are no provisions state "NONE")

NONE

Notes: The preceding four (4) articles are considered to be permanent and may only be changed by filing appropriate Articles of Amendment.

ARTICLE V

The by-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers, whose names are set out on the following page, have been duly elected.

ARTICLE VI

The effective date of organization of the corporation shall be the date approved and filed by the Secretary of the Commonwealth. If a later effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing.

ARTICLE VII

The information contained in Article VII is not a permanent part of the Articles of Organization.

a. The street address (post office boxes are not acceptable) of the principal office of the corporation in Massachusetts is:

No. and Street: 82 WENDELL AVENUE, STE 100
City or Town: PITTSFIELD State: MA Zip: 01201 Country: USA

b. The name, residential street address and post office address of each director and officer of the corporation is as follows:

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code | Expiration of Term |
|-----------|--|---|-----------------------|
| PRESIDENT | KIM GRANATELL | | n/a |
| TREASURER | KIM GRANATELL | | n/a |
| SECRETARY | KIM GRANATELL | | n/a |
| DIRECTOR | KIM GRANATELL | | n/a |

c. The fiscal year (i.e., tax year) of the business entity shall end on the last day of the month of: December

d. The name and business address of the resident agent, if any, of the business entity is:

Name: KIM GRANATELL
No. and Street: 82 WENDELL AVENUE, STE 100
City or Town: PITTSFIELD State: MA Zip: 01201 Country: USA

I/We, the below signed incorporator(s), do hereby certify under the pains and penalties of perjury that I/we have not been convicted of any crimes relating to alcohol or gaming within the past ten years. I/We do hereby further certify that to the best of my/our knowledge the above-named officers have not been similarly convicted. If so convicted, explain:

KIM GRANATELL

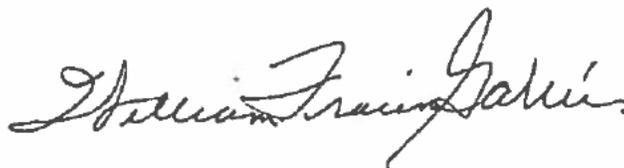
IN WITNESS WHEREOF AND UNDER THE PAINS AND PENALTIES OF PERJURY, I/we, whose signature(s) appear below as incorporator(s) and whose name(s) and business or residential address (es) beneath each signature do hereby associate with the intention of forming this business entity under the provisions of General Law, Chapter 180 and do hereby sign these Articles of Organization as incorporator(s) this 2 Day of September, 2015. (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

KIM GRANATELL

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 02, 2015 10:35 AM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

