



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

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
JUL 20 2015
MA Dept. of Public Health
99 Chauncy Street
Boston, MA 02111

Application 1 of 3 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.

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: MAD

Application 1 of 3 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: MAD

Application 1 of 3 Applicant Non-Profit Corporation _____

SECTION A. APPLICANT INFORMATION

1. Heka Health, Inc
Legal name of Corporation
2. Mark A. Dupuis
Name of Corporation's Chief Executive Officer
3. 48 Elm St
Suite 3
Westfield, MA 01085
Address of Corporation (Street, City/Town, Zip Code)
4. Thomas P Keenan
Applicant point of contact (name of person the Department should contact regarding this application)
5. 413-562-1500
Applicant point of contact's telephone number
6. hekalegal@gmail.com
Applicant point of contact's e-mail address
7. Number of applications: How many *Applications of Intent* do you intend to submit? 3

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.


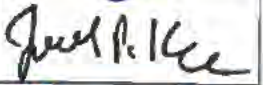



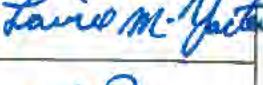
Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: MAD

Application 1 of 3 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 |
|----------------------|-----------------------|-------------------------------|-----------------|---|
| Christine M Keenan | LPL Financial | Investment Account | \$ 100,000.00 |  |
| Joseph P Keenan | Merrill Lynch | Brokerage Account | \$ 100,000.00 |  |
| Curtis S. Gezotis | Various | Various - 3 (See Attached) | \$ 317,562.00 |  |
| Marc C. Lichwan | Various | Various - 8 (See Attached) | \$ 1,209,995.45 |  |
| Laurie M. Yacteen | Chicopee Savings Bank | Checking | \$ 250,000.00 |  |
| Angelo N. Della Ripa | Merrill Lynch | Brokerage Account | \$ 189,554.04 |  |
| | | | | |
| | | | | |
| | | TOTAL: | \$ 2,167,111.49 | |

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: MAD



4828 Parkway Plaza Blvd.
Charlotte, NC 28217
Phone: (858) 450-9806
Toll Free: (800) 677-7210
Fax: (858) 643-7455

July 17, 2015

Christine M. Keenan
[REDACTED]

To Whom It May Concern:

LPL Financial client **Christine Keenan** has submitted a written request for verification of her account held at our firm. Please use this letter as verification that the account [REDACTED] has a market value of at least \$100,000.00 as of July 16, 2015. This account has no current restrictions.

Please be aware that although LPL Financial has been authorized to verify up to a specific dollar amount on these accounts, we are not placing any restrictions on the account, nor are we liable for market fluctuations, client instructed withdrawals, or any other transactions that would change the value of the accounts.

Sincerely,

A handwritten signature in cursive script that reads 'Jill Hayes'.

Jill Hayes
Manager | Service360
LPL Financial



July 15, 2015

Re: Joseph P. Keenan, M.D.

To whom it may concern,

Dr. Keenan maintains a brokerage account at:

Merrill Lynch
One Monarch Place
23rd Floor
Springfield, MA 01103

As of this date, the account balance is in excess of \$100,000. The funds in the account are available for withdrawal by Dr. Keenan.

Truly,

Richard F. Burkhart

RFB/dc

cc: Joseph P. Keenan, M.D.



CURTIS GEZOTIS Group #: [REDACTED]

Summary

Address [\[edit\]](#)

[REDACTED]

E-mail [\[edit\]](#)

curtgezotis@aol.com

Summary of Account (as of Jul 8, 2015)

[REDACTED]

Total Balance

\$231,201.93

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Primary Account: [REDACTED]

PIM USA INC TEE 401K FOR CURT
GEZOTIS CUSTOM BUILDERS INC

YOUR MERRILL LYNCH REPORT

May 30, 2015 - June 30, 2015

PORTFOLIO SUMMARY

June 30

\$52,733.21

Net Portfolio Value



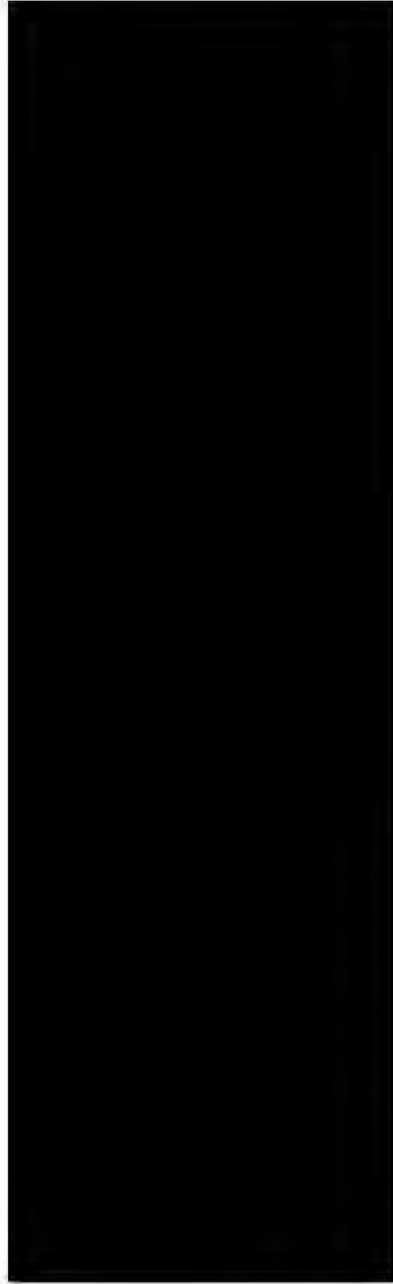
If you have questions on your statement,
call 24-Hour Assistance:
(866) 4MLBUSINESS
(866) 465-2874
Access Code [REDACTED]

Investment Advice and Guidance:
Call Your Financial Advisor

Your Financial Advisor:
C. DAVID KAYE II
ONE MONARCH PLACE 23RD FLOOR
SPRINGFIELD MA 01144
david_kaye@ml.com
1-413-747-6971

Up-to-date account information can be viewed
at: www.mymerrill.com where your statements
are archived for three or more years.

Questions about MyMerrill? Click the "help" tab
at the top of the screen once you log in.

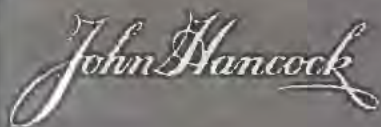


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flexible way to reduce paper mail. Visit www.mymerrill.com to enroll today.

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of America Corporation. MLPF&S is a registered broker-dealer, Member Securities Investor Protection Corporation (SIPC) and a wholly owned subsidiary of Bank of America
Corporation. Investment products: ☐ Are Not FDIC Insured ☐ Are Not Bank Guaranteed ☐ May Lose Value





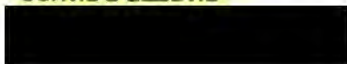
JOHN HANCOCK FREEDOM 529

Offered by the EDUCATION TRUST OF ALASKA

CC-JNT STATEMENT

January 1, 2015 to June 30, 2015
Page 1 of 2

2000644 02 **AUTO 4 0 7033 01085-455542 -C01-P00644-I1 011824
ACCOUNT HOLDER/CUSTODIAN
CURTIS S GEZOTIS



ACCOUNT SUMMARY AT A GLANCE



FINANCIAL CONSULTANT, AS AGENT
WALTER E DRENEN
MONEY CONCEPTS CAPITAL CORP
89 S MAPLE ST
WESTFIELD MA 01085-4388

Total Ending Balance \$39,681.73

Back to school means back to saving for many families. Set up an automatic purchase plan on your Freedom 529 account, or increase an existing one, to make sure you're on track to meet your savings goals. Visit johnhancockfreedom529.com or contact our customer service department at 866-222-7498 for more information.

ACCOUNT SUMMARY BY BENEFICIARY



7033-01-R2-2000644-0001-0002247



Log Off

Your last login was: 7/9/2015 10:09:28 AM ET

52006547

Detailed Quote:

Hello, MARC C
LICHWAN

Home Page 1

Message Center
Products & Services
Contact Us

Trading Tools:

Scottrade
Streaming Quotes
ScottradeELITE
(New)

Explore New Ideas:

Launching Pad

Quick Quote

Symbol or Name

Symbol Lookup
Symbol Lookup

DJIA \$DJ
17,573.14 +57.72 (0.33%)
NASDAQ \$COMP
4,928.39 +18.63 (0.38%)
S&P 500 \$SPX
2,054.16 +7.48 (0.37%)
NYSE \$NYA
10,701.9087 +65.1052 (0.61%)

Market Closes in:

1 hour 21 minutes
7/9/2015 2:39 PM ET

[How to Resize this Page](#)

My Account



\$150,000 \$161,429.19

View: 1 week

[Balance Details](#)

Chart is current as of previous day's close.

Quick Links

[Fund Your Account](#)

8 Steps to Help
Plan For Your
Retirement

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Enter Symbol **Go**
[Research](#) | [Build Option](#)
Quick Trade

DJIA \$DJ
17,573.14 +57.72 (0.33%)

NASDAQ \$COMP
4,928.39 +18.63 (0.38%)

S&P 500 \$SPX
2,054.16 +7.48 (0.37%)

Market Closes in:
1 hour 21 minutes
7/9/2015 2:39 PM ET

[REDACTED]

[REDACTED]

Total

10 of 11 items

[REDACTED]

Employee Plan Information by Fund

◀ Previous Employee

Next Employee ▶

Mcl Mechanical Services Inc

Marc Lichwan

Branch / Client Number: [REDACTED]

To view other employee information, make a selection in the drop-down menu.

Display Employee Plan Information By Fund ▼

Apply Selections

Case Number: [REDACTED]

| Fund Name | Total Fund Dollars | Net Asset Value | Current Allocation Percent |
|-----------|--------------------|-----------------|----------------------------|
|-----------|--------------------|-----------------|----------------------------|

Totals: \$263,543.69

Close

Print

Investment Professional Support Line: 1-877-283-9520

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[Privacy Statement](#)

[REDACTED]
LICHWAN, MARC C Joint - With Rights of Survivorship (J) Brokerage

Account Positions (Open/Unrealized) for [REDACTED]

Searched by None ; Sorted by Security Type ; Then Sorted by Security ID

Pricing is Intraday
As of Jul-09-2015 2:18 PM ET

| Security ID | Symbol | Security Description | Closing Quantity | Recent Quantity | Recent Price | Recent Market Value | Account Type | Cost | \$ Gain/Loss | Current Face | Factor/Inflation Factor | % Gain/Loss |
|-------------|--------|----------------------|---------------------|--------------------|-----------------|------------------------|-----------------|------|--------------|--------------|----------------------------|-------------|
| [REDACTED] | | | | | | | | | | | | |
| | | | | | | \$60,790.32 USD | | | | | | |
| Total | | | | | | | | | | | | |

[REDACTED]

[Client List](#) > [Accounts](#) > [Holdings](#) > All[EXPAND TO READ ABOUT THIS PAGE](#)**Marc C Lichwan, Roth IRA****\$38,860.49**

Advisor ID: [REDACTED]

Email Address: accounting@mdmech.comPhone Number: [413-642-3563](tel:413-642-3563)

GuidePath Funds, [REDACTED]

[Activity](#) [Holdings](#) [Performance](#) [Gain/Loss](#) [Investment History](#) [Account Information](#) [Fees](#) [On-Demand Report](#)[All Holdings](#) [Holdings By Sector](#)

Last Updated: 7/8/2015

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6 Holdings

Total

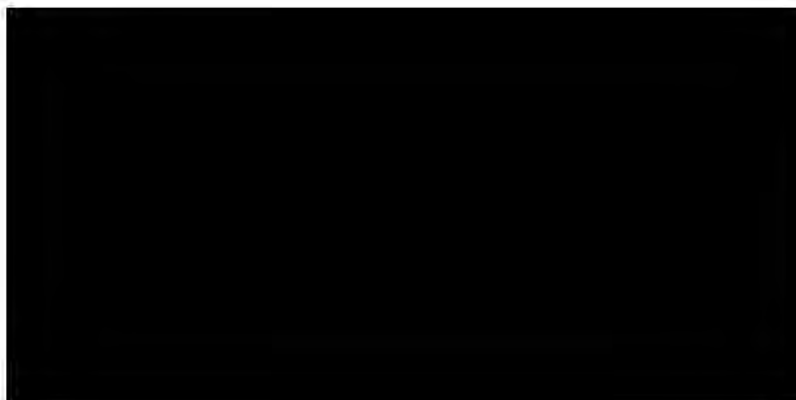
\$38,860.49

Total Assets - Class

Total Assets - Sector

Total Assets Class

Total Assets by Asset Class. The pie chart breaks down the total value of all holdings in this account by Asset Class.





Florence Savings Bank

Partners in Our Hometown

85 Main Street-PO Box 60700

Florence, MA 01062-0700

(413) 586-1300 TDD(413) 586-1309

www.florencesavings.com

Page: 1 of 2

Account Number: [REDACTED]

Billing Date: 06-30-2015

Mortgage Loan



013434

MARC C LICHWAN
SERENA M LICHWAN

Property Description:

Interest Charge Calculation

Your "Annual Percentage Rate (APR)" is the annual interest rate on your account. The Balance Subject to Interest Rate is calculated using the "Daily Balance" method.

Credit Limit 120,000.00 Available Credit 83,600.00

(v) = Variable Rate

Should you have any questions:

Call 413-586-1300, or toll free at 1-800-644-8261



July 10, 2015

Marc C. Lichwan
[REDACTED]

Re: Credit Reference

Dear Marc:

The purpose of this letter is to confirm that March C. Lichwan located at [REDACTED], has been a valuable customer of United Bank (the "Bank") since 2006. Mr. Lichwan currently maintains a depository account with the Bank with a current outstanding balance of \$197,178, as of July 10, 2015. The account has been handled as agreed and continues to be satisfactory.

If I can be of further assistance to you in this matter, please do not hesitate to contact me at (413) 787-1274.

Sincerely,

A handwritten signature in black ink, appearing to read "Diane M. LaCasse".

Diane M. LaCasse
Senior Vice President
Commercial Banking



July 10, 2015

Marc C. Lichwan
MCL Mechanical Services, Inc.
26 Kelso Avenue
West Springfield, MA 01089

Re: Credit Reference

Dear Marc:

The purpose of this letter is to confirm that MCL Mechanical Services, Inc. (the "Company") located at 26 Kelso Avenue, West Springfield, Massachusetts, has been a valuable customer of United Bank (the "Bank") since 1998. The Company has a secured Line of Credit commitment with the Bank in the medium six figures with medium six figure availability. The Line of Credit is reviewed annually.

Currently, the aggregate balance for the Company's deposit and savings accounts is in the medium six figures. The aggregate balance for the Company's accounts has averaged medium six figures over the past twelve months. The Company's payment performance on any indebtedness to the Bank, as well as the depository relationship, continues to be satisfactory.

If I can be of further assistance to you in this matter, please do not hesitate to contact me at (413) 787-1274.

Sincerely,

A handwritten signature in black ink, appearing to read "Diane M. LaCrosse".

Diane M. LaCrosse
Senior Vice President
Commercial Banking





Primary Account [REDACTED]

YOUR MERRILL LYNCH REPORT

May 30, 2015 - June 30, 2015

PORTFOLIO SUMMARY

June 30

Net Portfolio Value

\$189,554.04

If you have questions on your statement, call 24-Hour Assistance:
(800) MERRILL
(800) 637-7455

Investment Advice and Guidance:
Call Your Financial Advisor

Your Financial Advisor:
THE CM GROUP
200 GLASTONBURY BLVD
GLASTONBURY CT 06033
1-888-768-6999

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CHICOPEE SAVINGS

July 13, 2015

To Whom It May Concern:

Please be advised that our customer Laurie Yacteen of [REDACTED] 01085 has a current balance of \$250,000 available in her checking account # [REDACTED] with Chicopee Savings Bank.

Any further questions please call me at (413) 598-3240.

Sincerely,

Martha M. Rickson
Assistant Vice President
Chicopee Savings Bank

*Chicopee Savings Bank, 70 Center Street, Chicopee, Massachusetts 01014-0300 (413) 594-6692 • Fax # (413) 594-5266
www.chicopeesavings.com*

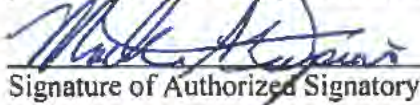
Member FDIC



Member DIF

Application ¹ 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.



Signature of Authorized Signatory

7-16-15
Date Signed

Mark A. Dupuis

Print Name of Authorized Signatory

CEO

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

7-16-15
Date Signed

Mark A. Dupuis

Print Name of Authorized Signatory

CEO

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

7-16-15
Date Signed

Mark A. Dupuis

Print Name of Authorized Signatory

CEO

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: MAD



William Francis Galvin
Secretary of the
Commonwealth

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

Date: June 23, 2015

To Whom It May Concern :

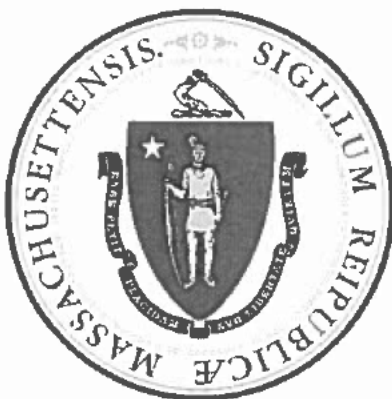
I hereby certify that

HEKA HEALTH, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on April 27, 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: 15063925910

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

Processed by: ach