Mission Massachusetts, Inc. 1 State Street, Suite 1250 Boston, MA 02109

February 2, 2016

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

Re: Request for Information (Applications of Intent 1 of 3, 2 of 3, and 3 of 3)

Below are our responses to the Department's request for information, as they pertain to our Applications of Intent (1 of 3, 2 of 3, and 3 of 3). This response is in regards to our submission to the department on September 11, 2015 informing the Department that MMA Capital, LLC replaced 4Front Ventures, Inc. as the entity contributing capital to Mission Massachusetts, Inc.

We are attaching here:

- A new Section D of the Application of Intent (1 of 3, 2 of 3, and 3 of 3) that reflects MMA Capital, LLC as an entity capital contributor to Mission Massachusetts, Inc.
- A financial account summary dated January 29, 2016 demonstrating \$1,406,244.51 in available funds under the custody of MMA Capital, LLC.
- Background check authorization and \$250 payment for the entity MMA Capital, LLC.

Finally, please note that a signed and completed Character and Competency Form for MMA Capital, LLC was previously submitted to DPH on January 20, 2016.

Please contact Hunter Holliman at 415-572-6251 should you have any questions about this submission.

Sincerely,

Mission Massachusetts, Inc.

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 <u>one-page</u> 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
MMA Capital, LLC	Citizens Bank	Business Checking	\$ 1,406,244.51	435
*******		TOTAL:	\$ 1,406,244.51	

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: <u>AFT</u>



ROP-450 PO Box 7000 Providence RI 02940



1-800-862-6200

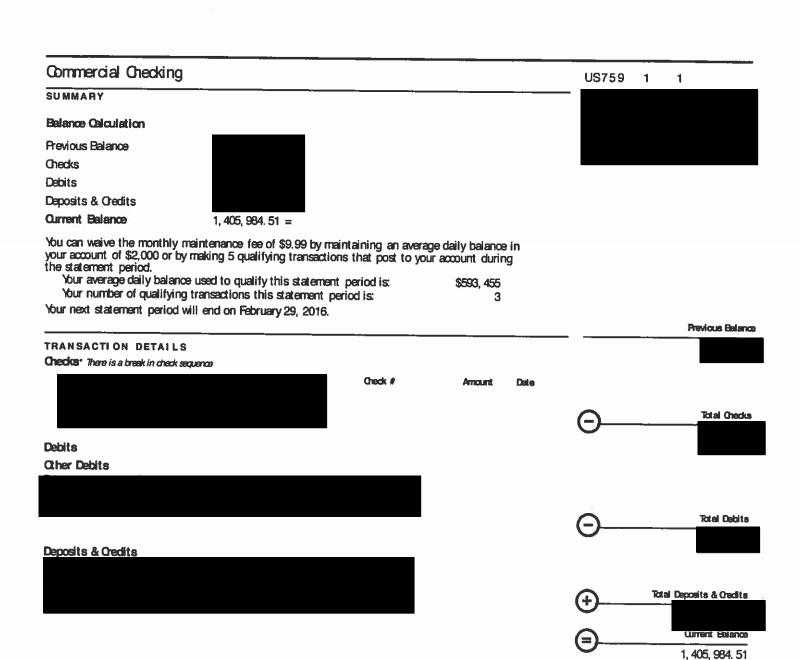
Call Otizens' PhoneBank anytime for account information, current rates and answers to your questions.

Commercial Account Statement



CF 3

Beginning January 01, 2016 through January 31, 2016





1-800-862-6200

Call Otizens' FhoneBank anytime for account information, current rates and answers to your questions.

Commercial Account Statement



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Beginning January 01, 2016 through January 31, 2016

Commercial Checking continued from previous page

Dally Balance Date Balance

Date

Balance Date Balance 01/19 1, 406, 244, 51 01/27 1, 405, 984, 51 MEMO

-- An Important Message about Changes to the Sustained Overdraft Fee. The Sustained Overdraft Fee is charged to accounts that remain overdrawn for an extended period of time. Effective March 7, 2016, if your account remains overdrawn for 4 consecutive business days, on the 5th business day we will charge a Sustained Overdraft Fee of \$30. An additional \$30 fee will be charged on the 8th business day if your account remains overdrawn for 7 consecutive business days, and an additional \$30 on the 11th business day if your account remains overdrawn for 10 consecutive business days, up to a total of \$90. If your account is overdrawn on the date of this change, March 7, and it becomes subject to a Sustained Overdraft Fee, we will charge a \$30 fee as applicable for days 4, 7 and 10 consecutively overdrawn from the date of your initial overdraft (found on your Overdraft Notice). If you have already been charged the current fee of \$6.99 per day during your sustained overdrawn period, total fees will not exceed \$96.99 during this pricing transition only. You have choices about how you want your account to work in an overdraft situation. You can set up an overdraft plan to help prevent overdrafts and also sign up for email and text alerts that inform you if your balance falls below your specified threshold. If you have questions about this change or your account, please call us at the number listed on the top of your statement or visit your local branch, where one of our representatives will be happy to assist you.



Checking Account Balance Worksheet

Before completing this worksheet, please be sure to adjust your checkbook register balance by · Adding any interest earned Subtracting any fees or other charges Your current balance on this statement Current Balance List deposits which do not appear on this statement Amount Amount lotal of 2 Subtotal by adding 1 and 2 Subtotal of 1 and 2 List outstanding checks, transfers, debits, POS purchases or withdrawals that do not appear on this statement Detail Chack No. Amount Check No. Amount

If you have any questions regarding your account or discover an error, call the number shown on the front of your statement or write to us at the following address:

Customer Service Center P.O. Box 42001

Providence, Rt 02940-2001

Deposit Accounts Are Non-Transferab

Personal deposits accounts, such as CD's and savings accounts, cannot be transferred to another person or to a corporate entity.

BILLING RIGHTS SUMMARY

In Case of Errors or Quantions about Your BIS

If you think your bill is wrong, or if you need more information about a transaction on your bill. write to us at the address shown above as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number,
- . The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error.
 If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Special Rule for Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods and services. You have this protection only when the purchase price was more than \$50 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

ELECTRONIC TRANSFERS

In Case of Errora or Questions About Your Electronic Transfers

(For Consumer Accounts Used Primarily For Personal, Family or Household Purposes) Telephone us at the customer service number provided on Page 1 of this statement or write to us at the customer service address provided above as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statemen or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number, if any.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- * Tell us the dollar amount of the suspected error and, if possible, the date it appeared On your stalement or receipt.
- . It will be helpful to us if you also give us a telephone number at which you can be reached in case we need any further information.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

[For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our treestigation.]

FINANCE CHARGE CALCULATIONS FOR OVERDRAFT LINE OF CREDIT ACCOUNTS BASED ON AVERAGE DARY BALANCE COMPUTATION METHOD

Calculating your Finance Charge

We compute your finance charge by multiplying the Average Daily Balance of your account by the Dally Periodic Rate and then multiplying the result by the number of days in the billing cycle.

Calculating your Average Daily Salance

To get the average daily balance, we take the beginning balance of your account each day (which does not include any unpaid finance charges or fees), add any new Overdraft Line of Credit transactions as of the date of those transactions, and subtract any payments or credits. This gives us the daily balance. Then we add all the daily balances for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average dally balance of your account.

Negative Information

We may report Information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Please call the number shown on the front of your statement to notify us of a change of address.

Thank you for hanking with Citizens Bank.

Subtract 4 from 3. This should match your

checkbook register balance



1-800-862-6200
Call Otizens' PhoneBank anytime for account Information, current rates and answers to your questions.

Commercial Account Statement



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Beginning January 01, 2016 through January 31, 2016

