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OF COUNSEL
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Email: kadams@sab-law.com

May 12, 2016

BY FEDERAL EXPRESS

Mr. Eric Sheehan, J.D.
Department of Public Health
Medical Use of Marijuana Program
RMD Applications
99 Chauncy Street, 11th Floor
Boston, MA 02111



Re: Heal, Inc. Siting Profile and Revised Management and Operations Profile Responses

Dear Mr. Sheehan,

Enclosed please find Heal, Inc.'s Siting Profile (1 of 1) submission.

Heal, Inc. has secured additional initial capital contributions since the submission of its original Management and Operations Profile submission. Attached, please find a revised response to Question C.12 which includes disclosure of the relationships between Heal, Inc. and James Bonaccorsi, Alexander Oliphant, Patricia Faass, and Gary Einsidler. These individuals serve in varying roles as employees and members of the Board of Directors of Heal, Inc., in addition to their roles as contributors of 5% or more of the initial capital to operate the proposed RMD. I am also enclosing a revised Section F, which reflects these additional contributions.

Furthermore, Heal, Inc. submits here for review agreements with the four initial capital contributors noted above. These agreements comply with the non-profit requirements of 105 CMR 725.100(A)(1) and the Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance. Also attached is an independent legal opinion to this effect. Character and Competency Forms and background check authorization forms for each contributor have been previously submitted to DPH, in conjunction with their roles as members of the Board of Directors for Heal, Inc.

Finally, I am attaching a revised response to Question C. 13, which further describes the roles James Bonaccorsi will play within Heal, Inc.

Please feel free to contact me if you have any questions respecting the foregoing or if you require further information.

Sincerely,

Katherine Braucher Adams

KBA/mer
enclosures



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

SITING PROFILE:

**Request of for a Certificate of Registration to
Operate a Registered Marijuana Dispensary**

INSTRUCTIONS

This application form is to be completed by a non-profit corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary (“RMD”) in Massachusetts, and has been invited by the Department of Public Health (the “Department”) to submit a *Siting Profile*.

If invited by the Department to submit more than one *Siting Profile*, you must submit a separate *Siting Profile* and attachments 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.

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 *Siting Profile*, with all required attachments, to:

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

REVIEW

Applications are reviewed in the order they are received. After a completed application packet is received by the 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 receive a Provisional Certificate of Registration.

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).

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: 


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.

CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:


- A fully and properly completed *Siting Profile*, signed by an authorized signatory of the applicant non-profit corporation (the “Corporation”)
- Evidence of interest in property, by location (as outlined in Section B)
- Letter(s) of local support or non-opposition (as outlined in Section C)

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 A: APPLICANT INFORMATION

1. Heal, Inc.
Legal name of Corporation
2. Alexander Oliphant
Name of Corporation's Chief Executive Officer
3. 12 Cross Street
Newton, MA 02465
Address of Corporation (Street, City/Town, Zip Code)
4. Katherine Braucher Adams, Esquire
Applicant point of contact (name of person Department of Public Health should contact regarding this application)
5. 617-965-3500
Applicant point of contact's telephone number
6. kadams@sab-law.com
Applicant point of contact's e-mail address
7. Number of applications: How many *Siting Profiles* do you intend to submit? 1

MA Dept. of Public Health
99 Chauncy Street
Boston, MA 02111
RECEIVED
MAY 13 2016

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 B: PROPOSED LOCATION(S)

Provide the physical address of the proposed dispensary site and the physical address of the additional location, if any, where marijuana for medical use will be cultivated or processed.

Attach supporting documents as evidence of interest in the property, by location. Interest may be demonstrated by (a) a clear legal title to the proposed site; (b) an option to purchase the proposed site; (c) a lease; (d) a legally enforceable agreement to give such title under (a) or (b), or such lease under (c), in the event that Department determines that the applicant qualifies for registration as a RMD; or (e) evidence of binding permission to use the premises.

	Location	Full Address	County
1	Dispensing	660 Main Street Sturbridge, MA 01566	Worcester
2	Cultivation	70 Pulaski Street Warren, MA 01083	Worcester
3	Processing	70 Pulaski Street Warren, MA 01083	Worcester

Check here if the applicant would consider a location other than the county or physical address provided within this application.

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: 

West Warren Complex, LLC
9 Old Derry Road
Hudson, NH 03051

March 23, 2016

Alexander Oliphant, President
Heal, Inc.
12 Cross Street
Newton, MA 02465

RE: COMMITMENT FOR TENANCY AT 70 PULASKI STREET, WARREN, MASSACHUSETTS

Dear Mr. Oliphant,

This letter shall confirm the commitment for Heal, Inc. to lease space at the above noted address. Please acknowledge the acceptance of the terms below.

LANDLORD: West Warren Complex, LLC
9 Old Derry Road
Hudson, NH 03051

PROPERTY
ADDRESS: 70 Pulaski Street
Warren, MA 01083

PROPERTY: A building containing approximately 52,174 SF known as Building
Number 1 and twenty parking stalls located at 70 Pulaski Street,
Warren, Massachusetts

TENANT: Heal, Inc.
12 Cross Street
Newton, MA 02465

LEASE
COMMENCEMENT: Upon issuance of a provisional certificate for a Registered Marijuana
Dispensary ("RMD") by the Massachusetts Department of Public
Health ("DPH") and receipt of a special permit and all related licenses,
permits and approvals required by the Town of Warren to operate an
RMD at the site.

TERM: Five (5) years with option for three (3) additional five (5) year terms.

- USE:** Premises to be used as an RMD for the cultivation and processing of marijuana.
- BASE RENT:** \$130,000.00 annual rent plus \$50,000.00 in Common Area Maintenance for the leased premises. Tenant to pay any incremental increases in real estate taxes and insurance above the rates in force as of July 1, 2016. If the option to extend the lease for additional 5 year terms is exercised by the Lessee, the base rent shall be increased by (10%) per cent for each 5 year term extension.
- DEPOSIT:** Within 30 days of completion of environmental testing of the portion of the building that is currently occupied, Tenant shall pay a non-refundable deposit of \$43,333.00 in consideration of Landlord's holding the premises vacant for up to eight months from the date of the acceptance of this letter during the licensing, permitting, and approval process. Deposit to be credited towards the first four months of rent.
- ENVIORNMENTAL INSPECTION:** Lease shall be subject to environmental testing satisfactory to tenant.
- MAINTENANCE:** Landlord shall be responsible for delivering roof in good condition and maintaining roof and structure throughout term of lease. Landlord shall be responsible for making upgrades to the electrical system serving the premises in order to provide the level of service required for Tenant's intended use of the premises. The Landlord shall be responsible for the cost of upgrades up to a maximum of \$25,000.00.
- ACCESS:** Tenant shall have access to the premises and the parking facilities 24 hours per day, 7 days per week, 52 weeks per year, to the extent permitted by the Town of Warren.
- SECURITY:** Tenant shall contract for and install security for the premises.
- ASSIGNMENT:** Tenant shall have the right to assign this lease to an entity which controls or which is in the control of the Tenant, subject to the Landlord's consent, which shall not be unreasonably withheld.
- LANDLORD COOPERATION:** Landlord shall cooperate with Tenant in connection with the latter's efforts to obtain all required licenses, permits, and approvals as set forth above, which shall include without limitation, executing applications and related documents as owner of the premises,

provided, however, that Landlord shall not be required to spend any funds in connection with the same.

EXISTING TENANT: The existing tenant shall vacate the premises on or before May 1, 2016 in order for Tenant to conduct environmental testing of the premises. Landlord has agreed to relocate the existing tenant at the premises at the request of the Tenant. Tenant acknowledges that Landlord will incur expenses in doing so. If Tenant elects to terminate the transaction contemplated herein as a result of the environmental testing, then Tenant shall be reimburse Landlord for the cost of relocating existing tenant up to \$5,000.

LEASE: The parties agree to execute a mutually satisfactory lease agreement which incorporates the terms and conditions set forth above as well as such usual and customary provisions as are found in a commercial lease of this nature.

This letter agreement is binding between the parties who agree to execute a mutually satisfactory lease agreement incorporating the terms and conditions set forth above.

West Warren Complex, LLC

By: Mario Phant

Date: 03-23-2016

Agreed to and Accepted by:

Heal, Inc.

By: 
Alexander Oliphant, President

Date: 03-23-2016

STEPHEN J. BUCHBINDER
ALAN J. SCHLESINGER
LEONARD M. DAVIDSON
A. MIRIAM JAFFE
SHERMAN H. STARR, JR.
BARBARA D. DALLIS
PAUL N. BELL
KATHERINE BRAUCHER ADAMS
JULIA V. WILDE
FRANKLIN J. SCHWARZER
RACHAEL C. CARVER

TELEPHONE (617) 965-3500
FACSIMILE (617) 965-6824

OF COUNSEL
ROBIN GORENBERG

Email: sjbuchbinder@sab-law.com

April 28, 2016

BY FEDERAL EXPRESS

Mr. James Chacharone
Old Road Realty, LLC
One West Boylston Street
Suite LL05
Worcester, MA 01605

Re: Heal, Inc./Option to Lease

Dear Jim,

As we have discussed, Heal, Inc. ("Heal") is engaged in the process of seeking a license from the Massachusetts Department of Public Health to operate a Registered Marijuana Dispensary ("RMD"), and has settled upon Sturbridge as an ideal location for such a facility. As I have also explained to you, given the nature of the licensing process, some flexibility is required.

With that in mind, Heal is eager to move forward with an exclusive option to lease space which you would construct for Heal at a designated location at your property at 660 Main Street in Sturbridge, Massachusetts (the "Leased Premises") for the purpose of operating an RMD. The option to lease (the "Option") would run through October 31, 2016 (the "Option Period"), with the understanding that an extension of the Option Period for up to an additional six months would be granted at Heal's request, subject to the same terms and conditions set forth below. The terms of the lease, including without limitation the term and rent, would be set forth in a lease agreement to be mutually agreed upon and executed prior to the end of the Option Period. The lease agreement would also address the construction of the RMD by you in accordance with Heal's specifications.

In consideration of your agreement to grant Heal the Option as set forth above, Heal would make monthly option payments to you of \$12,500.00, payable on or before the first day of each month commencing May 1, 2016. You further agree not to rent any other property to any other entity seeking to operate an RMD in Sturbridge during the Option Period or during the term of the lease. In the event that Heal exercises the Option, fifty (50%) percent of the accumulated monthly option payments shall be credited towards Heal's future rent. The other fifty (50%) percent of the option payments shall be retained by you in such event and shall not be credited towards Heal's rent. In the event that Heal does not exercise the Option, or that the parties do not enter into a lease agreement, then Heal shall forfeit the accumulated monthly option

Mr. James Chacharone
May 5, 2016

Page 2

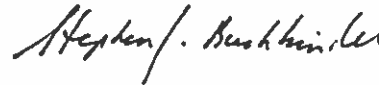
payments, which you will be entitled to retain. It is understood and agreed that Heal may decline to exercise the Option at any time.

If the foregoing meets with your own understanding, I would ask that you indicate your assent in the space provided below and forward a fully executed original of this letter to me in the enclosed, self-addressed stamped envelope. A duplicate original has been enclosed for your records. I am enclosing herewith a check in the amount of \$10,000.00 towards the first month's option payment of \$12,500.00. The additional \$2,500.00 will follow under separate cover.

This letter agreement is binding between the parties, who agree to execute a mutually satisfactory lease agreement incorporating the terms and conditions set forth above.

Please feel free to call with any questions.

Sincerely,



Stephen J. Buchbinder

SJB/mer
enclosure

Heal, Inc.

By: _____


Alexander Oliphant
President

Agreed to and accepted:

Old Road Realty, LLC

By: _____


James Chacharone, Manager

SECTION C: LETTER OF SUPPORT OR NON-OPPOSITION

Attach a letter of support or non-opposition, using one of the templates below (Option A or B), signed by the local municipality in which the applicant intends to locate a dispensary. The applicant may choose to use either template, in consultation with the host community. If the applicant is proposing a dispensary location and a separate cultivation/processing location, the applicant must submit a letter of support or non-opposition from both municipalities. This letter may be signed by (a) the Chief Executive Officer/Chief Administrative Officer, as appropriate, for the desired municipality; or (b) the City Council, Board of Alderman, or Board of Selectmen for the desired municipality. The letter of support or non-opposition must contain the language as provided below. The letter must be printed on the municipality's official letterhead.

Template Option A: Use this language if signatory is a Chief Executive Officer/Chief Administrative Officer

I, [Name of person], do hereby provide [support/non-opposition] to [name of non-profit organization] to operate a Registered Marijuana Dispensary ("RMD") in [name of city or town].

I have verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.

Name and Title of Individual

Signature

Date

Template Option B: Use this language if signatory is acting on behalf of a City Council, Board of Alderman, or Board of Selectman

The [name of council/board], does hereby provide [support/non-opposition] to [name of non-profit organization] to operate a Registered Marijuana Dispensary in [name of city or town]. I have been authorized to provide this letter on behalf of the [name of council/board] by a vote taken at a duly noticed meeting held on [date].

The [name of council/board] has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.

Name and Title of Individual (or person authorized to act on behalf of council or board) *(add more lines for names if needed)*

Signature *(add more lines for signatures if needed)*

Date

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: _____



BOARD OF SELECTMEN
CHARLES E. SHEPARD MUNICIPAL BUILDING

Heal, Inc.
Application 1 of 1
Section C

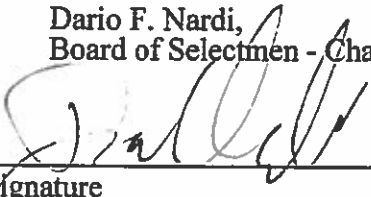
48 High St. • P.O. Box 609 • Warren, MA 01083-0609 • Tel. 413-436-5701 • Fax 413-436-9754

The Warren Board of Selectmen, does hereby provide non-opposition to Heal, Inc., a Massachusetts not-for-profit corporation with a principal office address at 12 Cross Street, Newton, MA 02465, to operate a Registered Marijuana Dispensary in the Town of Warren, MA for purposes of "Cultivation and Processing".

Authorization to execute this non-opposition by the Board of Selectmen granted by a vote taken at a duly noticed meeting held on September 29, 2015.


The Warren Board of Selectmen has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.

Dario F. Nardi,
Board of Selectmen - Chairman




Signature

Robert E. Lavash, Sr.
Board of Selectmen - Vice- Chairman



Signature

James A. Gagner, Jr.,
Board of Selectmen - Clerk



Signature

Dated: Sept. 29, 2015



Town of Sturbridge

January 20, 2016

To whom it may concern,

The Sturbridge Board of Selectmen does hereby provide non-opposition to Heal Inc. to operate a Registered Marijuana Dispensary in Sturbridge. I have been authorized to provide this letter on behalf of the Board of Selectmen by a vote taken at a duly noticed meeting on January 19, 2016.

The Board of Selectmen has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.

Sincerely,

BOARD OF SELECTMEN

Mary Blanchard

MARY BLANCHARD
Chairman


SECTION D: LOCAL COMPLIANCE

Describe how the Corporation has ensured, and will continue to ensure, that the proposed RMD is in compliance will local codes, ordinances, and bylaws for the physical address(es) of the RMD.

“Heal, Inc. (“HI”) received a letter of non-opposition (“LNO”) from the Warren Board of Selectmen (“BOS”) on 9/29/15. Upon receipt of a PCR, HI will apply for a special permit from the Warren Planning Board (“PB”). 70 Pulaski St. is in the Mill Conversion Overlay District (“MCO”) and complies with all required setbacks. RMD Cultivation Sites are allowed in the MCO by Special Permit. HI will comply with all conditions of the by-law including siting, proposal of a Community Host Agreement, security plan, and design of the facility.

HI received a LNO from the Sturbridge BOS on 1/20/16. Upon receipt of a PCR, HI will apply for a special permit and site plan review from the Sturbridge PB. 660 Main Street is located within Sturbridge’s MCO and complies with all required setbacks. HI intends to fully comply with the Sturbridge by-law, including but not limited to, siting, submission of a security plan and facility design.

HI has retained the law firm of Schlesinger and Buchbinder to ensure ongoing compliance with all local codes, ordinances, zoning requirements and by-laws.

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 E: THREE-YEAR BUSINESS PLAN BUDGET PROJECTIONS

Provide the three-year business plan for the RMD, including revenues and expenses.

Projected Start Date for the First Full Fiscal Year: 07/01/2017

	FIRST FULL FISCAL YEAR PROJECTIONS 20 17	SECOND FULL FISCAL YEAR PROJECTIONS 20 18	THIRD FULL FISCAL YEAR PROJECTIONS 20 19
Projected Revenue	\$2,437,514.00	\$4,322,439.00	\$5,940,614.00
Projected Expenses	\$3,748,337.00	\$4,457,129.00	\$4,904,041.00
VARIANCE:	\$ -1,310,824.00	\$ -134,689.00	\$ 1,036,573.00
Number of unique patients for the year	957	1,714	2,402
Number of patient visits for the year	23,711	41,988	57,700
Projected % of patient growth rate annually	---	77%	37%
Estimated purchased ounces per visit	0.267	0.270	0.275
Estimated cost per ounce	\$375.00	\$371.00	\$364.00
Total FTEs in staffing	21	23	25
Total marijuana for medical use inventory for the year (in lbs.)	408	838	1,125
Total marijuana for medical use sold for the year (in lbs)	395	707	992
Total marijuana for medical use left for roll over (in lbs.)	13	131	133

Projected date the RMD plans to open: 07/01/2017

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 F: CERTIFICATION OF ASSURANCE OF COMPLIANCE:
ADA AND NON-DISCRIMINATION BASED ON DISABILITY**

Applicants must certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination, and civil rights for persons with disabilities. The Applicant must complete a Certification of Assurance of Compliance: ADA and Non-Discrimination based on Disability. By signing, the Applicant formally notifies the Department that the Applicant is in compliance and shall maintain compliance with all applicable requirements.

- I certify, that the Applicant is in compliance and shall maintain compliance with all applicable federal and state laws protecting the rights of persons with disabilities, including but not limited to the Americans with Disabilities Act (“ADA”), 42 U.S.C. §§ 12131-12134; Article CXIV of the Massachusetts Constitution; and; Chapter 93, § 103; Chapter 151B; and Chapter 272, §§ 98 and 98A of the Massachusetts General Laws.
- I understand that federal and state laws prohibit discrimination in public accommodations and employment based solely on disability. I recognize that to make goods, services, facilities, privileges, advantages, or accommodations readily accessible to and usable by persons with disabilities, the Applicant, under the ADA, must:
 - remove architectural and communication barriers in existing facilities, when readily achievable and, if not readily achievable, must use alternative methods;
 - purchase accessible equipment or modify equipment;
 - modify policies and practices; and
 - furnish appropriate auxiliary aids and services where necessary to ensure effective communication.
- I understand that reasonable accommodation is required in both program services and employment, except where to do so would cause an undue hardship or burden. I also understand that the Massachusetts Constitution Article CXIV provides that no otherwise qualified individual shall, solely by reason of disability, be excluded from the participation in, denied the benefits of, or be subject to discrimination under any program or activity within the Commonwealth.
- I agree that the Applicant shall cooperate in any compliance review and shall provide reasonable access to the premises of all places of business and employment and to records, files, information, and employees therein for reviewing compliance with the ADA, the Massachusetts Constitution, other applicable state and federal laws, including 105 CMR 725.000, et seq.
- I agree that any violation of the specific provisions and terms of this Assurance or of the ADA, and/or of any Plan of Correction shall be deemed a breach of a material condition of any Certificate of Registration issued to the Applicant for operation of a Registered Marijuana Dispensary. Such a breach shall be grounds for suspension or revocation, in whole or in part, of a Certificate of Registration issued by the Department.
- I agree that, if selected, I will submit a detailed floor plan of the premises of the proposed dispensary in compliance with 105 CMR 725.100(m) in compliance with the Architectural Review required pursuant to 105 CMR 725.100(B)(5)(f).

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant non-profit corporation, understand the obligations of the Applicant under the Certification of Assurance of Compliance: ADA and Non-Discrimination based on Disability, and agree and attest that the Applicant will comply with those obligations as stated in the Certification.

Signature of Authorized Signatory

Alexander Oliphant

Print Name of Authorized Signatory

President/CEO of Heal, Inc.

Title of Authorized Signatory

5/11/16

Date Signed

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: AO

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.

5/11/16



Signature of Authorized Signatory

Date Signed

Alexander Oliphant

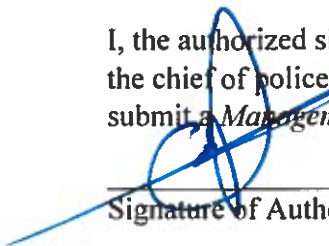
Print Name of Authorized Signatory

President/CEO of Heal, Inc.

Title of Authorized Signatory

I, the authorized signatory for the applicant non-profit corporation, hereby attest that the corporation has notified the chief administrative officer and the chief of police of the proposed city or town in which the RMD would be sited, as well as the sheriff of the applicable county, of the intent to submit a *Management and Operations Profile* and a *Siting Profile*.

5/11/16



Signature of Authorized Signatory

Date Signed

Alexander Oliphant


Print Name of Authorized Signatory

President/CEO of Heal, Inc.

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: 

I, the authorized signatory for the applicant non-profit corporation, hereby attest that if the corporation is approved for a provisional certificate of registration, the corporation is prepared to pay a non-refundable registration fee of \$50,000, as specified in 105 CMR 725.000, after being notified that the RMD has been approved for a provisional certificate of registration.



Signature of Authorized Signatory



Date Signed

Alexander Oliphant

Print Name of Authorized Signatory
President/CEO of Heal, Inc.

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: 