



36 Grasshopper Lane
Scituate, MA. 02066

February 28, 2017

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

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

MAR 03 2017

RECEIVED

RE: Application of Intent, Hope Heal Health, Inc (Application 2 of 3)

To Whom It May Concern:

In response to the Department of Public Health's Application of Intent – Request for a Certificate of Registration to Operate a Registered Marijuana Dispensary, enclosed please find Application 2 of 3 from Hope Heal Health, Inc. Hope Heal Health, Inc. submitted our initial Application of Intent (originally identified as Applicant Non-Profit Application 1 of 1).

As noted in the instructions each submitted application is completed, collated, printed single-sided and secured with a binder clip. In addition, and in support of the application instructions, I have enclosed only one Character and Competency form for each required individual.

The non-refundable and non-transferable application fee of \$1,500 for this application is also enclosed.

Thank you for your time and attention in this matter. I look forward to hearing from you shortly to submit our Management and Operations Profile.

Sincerely yours,

John M. Rogue, President and CEO
Hope Heal Health, Inc.

Enclosure(s): Hope Heal Health, Inc – Application 2 of 3
Character and Competency forms



36 Grasshopper Lane
Scituate, MA. 02066

HOPE HEAL HEALTH, INC.

APPLICATION OF INTENT

2 OF 3

Application 2 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.

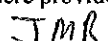
It is the applicant’s responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

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: JMR 

Application 2 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.

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Application 2 of 3 Applicant Non-Profit Corporation _____

SECTION A. APPLICANT INFORMATION

1. Hope Heal Health, Inc.
Legal name of Corporation
2. John M. Rogue
Name of Corporation's Chief Executive Officer
3. 36 Grasshopper Lane, Scituate, MA 02066
Address of Corporation (Street, City/Town, Zip Code)
4. John M. Rogue
Applicant point of contact (name of person the Department should contact regarding this application)
5. 401-374-3862
Applicant point of contact's telephone number
6. jmrogue@cox.net
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.

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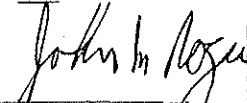
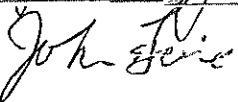
Application 2 of 3 Applicant Non-Profit Corporation _____

SECTION D. INITIAL CAPITAL REQUIREMENT

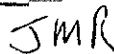
Describe the sources, types, and amounts of required initial capital in the table below, showing that the Corporation has at least \$500,000 in its control and available for this *Application of Intent* and at least \$400,000 in its control and available for each additional *Application of Intent*, if 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
John M. Rogue	UBS	Stock	\$ 500,000.00	
John E. Ferrie	Rockland Trust	Money Market Savings	\$ 1,000,000.00	
-----	-----	TOTAL:	\$ 1,500,000.00	----

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Application 2 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.

John M. Rogue
Signature of Authorized Signatory

2/28/2017
Date Signed

John M. Rogue

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.

John M. Rogue
Signature of Authorized Signatory

02/28/2017
Date Signed

John M. Rogue

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.

John M. Rogue
Signature of Authorized Signatory

2/28/2017
Date Signed

John M. Rogue

Print Name of Authorized Signatory

President

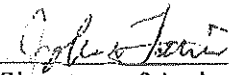
Title of Authorized Signatory

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Application 2 of 3 Applicant Non-Profit Corporation _____

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Signature of Authorized Signatory
John E. Ferrie

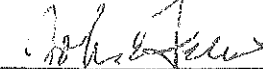
2/28/2017
Date Signed

Print Name of Authorized Signatory

Chief Operations Officer

Title of Authorized Signatory

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Signature of Authorized Signatory
John E. Ferrie


2/28/2017
Date Signed

Print Name of Authorized Signatory

Chief Operations Officer

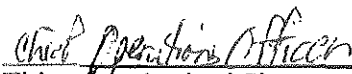
Title of Authorized Signatory

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Signature of Authorized Signatory
John E. Ferrie

2/28/17
Date Signed

Print Name of Authorized Signatory


Title of Authorized Signatory

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JMR

Application ² of ³ Applicant Non-Profit Corporation _____

ATTESTATIONS

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Amy M. Ferrie
Signature of Authorized Signatory

02/28/2017
Date Signed

Amy M. Ferrie

Print Name of Authorized Signatory

Chief Financial Officer

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.

Amy M. Ferrie
Signature of Authorized Signatory

02/28/2017
Date Signed

Amy M. Ferrie

Print Name of Authorized Signatory

Chief Financial Officer

Title of Authorized Signatory

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Amy M. Ferrie
Signature of Authorized Signatory

02/28/2017
Date Signed

Amy M. Ferrie

Print Name of Authorized Signatory

Chief Financial Officer

Title of Authorized Signatory

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JMR

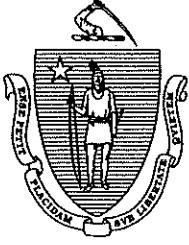


36 Grasshopper Lane
Scituate, MA. 02066

HOPE HEAL HEALTH, INC.

**CERTIFICATE OF LEGAL
EXISTENCE**

2 OF 3



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

William Francis Galvin
Secretary of the
Commonwealth

Date: January 30, 2017

To Whom It May Concern :

I hereby certify that according to the records of this office,
HOPE HEAL HEALTH, INC.

is a domestic corporation organized on **June 26, 2015**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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: 17010499850

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

Processed by:



36 Grasshopper Lane
Scituate, MA. 02066

HOPE HEAL HEALTH, INC.

**FINANCIAL ACCOUNT
SUMMARIES**

2 OF 3



UBS Financial Services Inc.
500 Exchange Street
Suite 1210
Providence RI 02903-2631

Summary of your UBS Portfolio

January 2017

[Redacted]

JOHN ROGUE
[Redacted]

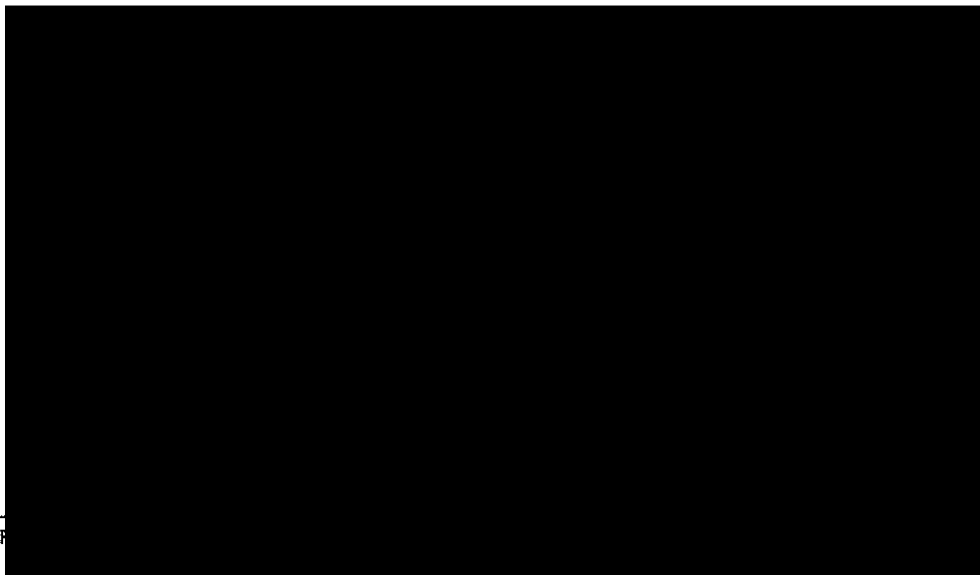
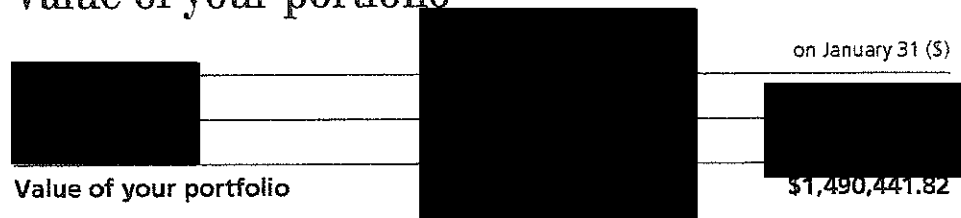
Your Financial Advisor:
DICOLO FAULKNER WEALTH MANAGEM
Phone: 401-455-6700/800-333-6303

Visit our website:
www.ubs.com/financialservices

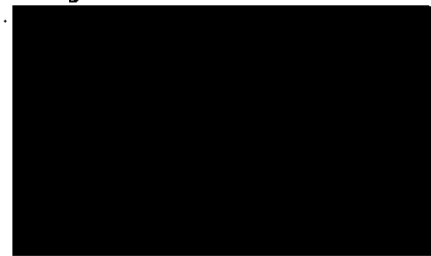
Items for your attention

- ▶ Help protect yourself from fraud and review bank, credit card, and brokerage statements regularly. Also, get your free credit report annually from www.annualcreditreport.com.

Value of your portfolio



Sources of your portfolio growth during 2017



Value of your portfolio on Jan 31, 2017 \$1,490,441.82

ROCKLAND

AMY M FERRIE
JOHN E FERRIE

STATEMENT DATE: 2/26/17
PAGE NUMBER 1

Do you know a graduating high school senior looking for scholarship money for college? Enter our scholarship competition for a chance to win one of seven \$2,500 scholarships. Applications are available in all Rockland Trust branches or may be downloaded from the Rockland Trust website from January 17 to March 13, 2017. Visit RocklandTrust.com for complete guidelines regarding eligibility.

Account Name		Balance
ROCKLAND COMPLETE MMKT		1,001,657.23
ROCKLAND COMPLETE MMKT	AMY M FERRIE JOHN E FERRIE	

Posted Transactions

Date	Activity Description	Balance
		1,001,657.23