

Application 1 of 1 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: DAM

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SECTION A. APPLICANT INFORMATION

- 1. Bluefish Wellness, Inc.

Legal name of Corporation
- 2. Kurtus Dafford

Name of Corporation's Chief Executive Officer
- 3. 2 Pond Park Road, Suite 307
Hingham, MA 02043

Address of Corporation (Street, City/Town, Zip Code)
- 4. Dennis Murphy

Applicant point of contact (name of person the Department should contact regarding this application)
- 5. 781-588-7881

Applicant point of contact's telephone number
- 6. dgusmurphy@gmail.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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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
Dennis Alfred Guenther	Morgan Stanely	retirement account	\$680,531.34	<i>Dennis Alfred Guenther</i>
-----	-----	TOTAL:	0	---

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JUN 15 2017

RECEIVED

MA Department of Health
REGISTRATION DIVISION
1775 STATE STREET
HAVERHILL, MA 01830

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.


Signature of Authorized Signatory

6-12-17
Date Signed

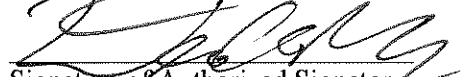
Dennis Murphy

Print Name of Authorized Signatory

Clerk/Secretary

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 Profits* and *Siting Profile* requirements.


Signature of Authorized Signatory

6-12-17
Date Signed

Dennis Murphy

Print Name of Authorized Signatory

Clerk/Secretary

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

6-12-17
Date Signed

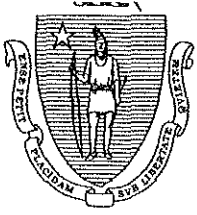
Dennis Murphy

Print Name of Authorized Signatory

Clerk/Secretary

Title of Authorized Signatory

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William Francis Galvin
Secretary of the
Commonwealth

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

Date: June 07, 2017

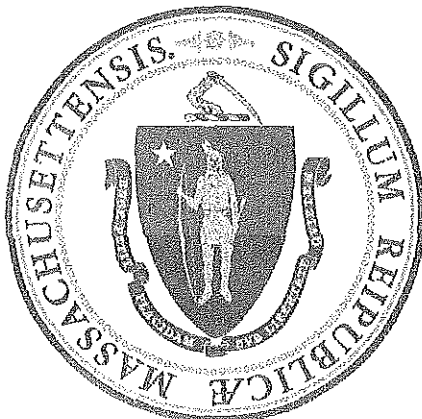
To Whom It May Concern :

I hereby certify that

BLUEFISH WELLNESS, INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **July 13, 2016** (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: 17060142610

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

Processed by:



CLIENT STATEMENT | For the Period May 1-31, 2017

STATEMENT PACKAGE FOR:
DENNIS GUENTHER

TOTAL VALUE OF YOUR ACCOUNTS (as of 5/31/17)

\$680,531.34



Morgan Stanley Smith Barney LLC. Member SIPC.

Your Financial Advisor Team
The Dunlap Faulkner Grant Group

Your Financial Advisors
Ryan Dunlap
Senior Vice President
Ryan.M.Dunlap@morganstanley.com
614 473-2473

Robert Faulkner
First Vice President
Robert.Faulkner@morganstanley.com
614 473-2443

Andrew Grant
Andrew.Grant@morganstanley.com
614 473-2439

Your Branch
4449 EASTON WAY SUITE 300
COLUMBUS, OH 43219
Telephone: 614-473-2086; Alt. Phone: 866-273-3726; Fax: 614-473-2450

Client Service Center (24 Hours a Day; 7 Days a Week): 800-869-3326

Access Your Accounts Online: www.morganstanley.com/online



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DENNIS GUENTHER

