

VALLEY GREEN GROW, INC.
MANAGEMENT OPERATIONS PROFILE
REVISED/SUPPLEMENTAL INFORMATION

Application 3 of 3

Request No. 1:

1. The applicant has submitted its Document Retention and Destruction Policy as an appendix to its bylaws. The Policy submitted, however, does not appear to address document retention requirements expressly provided in 105 CMR 725.000, et seq. Please submit a revised Document Retention and Destruction Policy that address the requirements in the regulations or explain where they are addressed in the Policy submitted.

Response to Request No. 1:

Section IV of the Document Retention and Destruction Policy (Appendix 1) was updated to include retention details of the following items:

1. Operating procedures as required by 105 CMR 725.105(A);
2. Waste disposal records as required by 105 CMR 725.105(J)(3)(b);
3. Incident Reports as detailed in 105 CMR 725.110(F);
4. Inventory records as required by 105 CMR 725.105(G);
5. Incident Reporting as detailed in 105 CMR 725.110(F);
6. Seed-to-sale tracking records for all marijuana and MIPs as required by 725.105(G)(5);
7. Shipping Manifest as required 105 CMR 725.110(E)(2)(d))
8. Personnel Records in accordance with 105 CMR 725.105(I)(4);
9. Business Records in accordance with 105 CMR 725.105(I)(5);
10. Waste disposal records as required under 105 CMR 725.105(J)(5);
11. Liability Insurance Coverage Records as required under 105 CMR 725.105(Q);
12. Documentation of Unusual Discrepancies in Weight or Inventory as required 105 CMR 725.110(E)(2)(c); and
13. Following closure of a RMD, all records must be kept for at least 2 years at the expense of the RMD and in a form and location acceptable to the Department.

Please see the attached document for all new language to Section IV and the Document Retention Schedule.

Appendix 1

VALLEY GREEN GROW, INC. DOCUMENT RETENTION AND DESTRUCTION POLICY

This document retention policy ("Policy") sets forth the Valley Green Grow, Inc.'s ("VGG") policies and procedures for the management of documents (as defined below).

VGG takes seriously its obligations to preserve information relating to litigation, audits, and investigations. The information listed in the retention schedule below is intended as a guideline and may not contain all the records VGG may be required to keep in the future.

From time to time, VGG may suspend the destruction of records due to pending, threatened, or otherwise reasonably foreseeable litigation, audits, government investigations, or similar proceedings.

I. DEFINITIONS

- A. "Document" means any document, communication, memorandum, report, record, data compilation or other similar item generated, received, transmitted or maintained by the VGG or its employees, for or on behalf of VGG. This definition applies regardless of the format, storage method, or medium used to store the item, including any paper, chart, card, book, photograph, microfilm, microfiche, magnetic media, daily planner, electronic calendar, computer tape, floppy disk, zip drive, computer hard drive, e-mail, electronic image or CD-ROM, and any copy, back-up or printout thereof (including informational, working and personal copies).
- B. "Retention Schedule" means the document included herein, which sets forth time periods for the retention of Documents, and any subsequent versions thereof.
- C. "Record Retention Coordinator" refers to the person serving in the position of Treasurer.
- D. "Disposal Suspension Notice" means a notice prepared by the Treasurer, directing that disposal of Documents relating to a particular matter should be suspended.

II. OBJECTIVES

The objectives of this Policy are:

- A. To establish a consistent policy for managing, retaining, storing and disposing of Documents, regardless of the media in which they are stored;
- B. To ensure the preservation of Documents relevant to any pending, threatened, reasonably foreseeable or contemplated legal action or proceeding or government investigation;

- C. To ensure that Documents required for VGG's operations are maintained in an efficient manner so they can be readily accessed when necessary;
- D. To comply with applicable legal requirements for retaining Documents; and
- E. To ensure an appropriate and orderly Document disposal process.

III. POLICY

The general policy of VGG is to retain for an appropriate time all Documents that are needed to operate VGG or required by law to be retained. Documents should be retained or routinely disposed of in accordance with the time periods indicated in the Retention Schedule. These time periods apply to all Documents regardless of how or where they are maintained. The time periods listed in the Retention Schedule do not apply, however, if the Record Retention Coordinator has issued a Document Disposal Suspension Notice requiring certain Documents or categories of Documents to be retained. This Policy will be consistently and uniformly applied throughout VGG.

Documents that are reasonably likely to be relevant to any pending, threatened, reasonably foreseeable or contemplated (i) legal action or proceeding (e.g., a civil lawsuit), or (ii) government investigation (e.g., an IRS audit), should not under any circumstances, be altered, mutilated, concealed, deleted, destroyed or otherwise disposed of without the specific authorization of the Record Retention Coordinator. Under the circumstances described above, routine Document disposal must be suspended pending authorization by the Record Retention Coordinator to resume it.

IV. DOCUMENT RECORD KEEPING

VGG will keep certain Documents on file in accordance with 105 CMR 725.000 et seq. and as otherwise set forth in the Retention Schedule detailed herein. Said Documents shall be available for inspection by the Massachusetts Department of Health (or any other government agency overseeing the Marijuana for Medical Use Program) and will include, but not be limited to:

1. Operating procedures as required by 105 CMR 725.105(A);
2. Waste disposal records as required by 105 CMR 725.105(J)(3)(b);
3. Incident Reports as detailed in 105 CMR 725.110(F);
4. Inventory records as required by 105 CMR 725.105(G);
5. Incident Reporting as detailed in 105 CMR 725.110(F);
6. Seed-to-sale tracking records for all marijuana and MIPs as required by 725.105(G)(5);
7. Shipping Manifest as required 105 CMR 725.110(E)(2)(d);
8. Personnel Records in accordance with 105 CMR 725.105(I)(4);
9. Business Records in accordance with 105 CMR 725.105(I)(5);
10. Waste disposal records as required under 105 CMR 725.105(J)(5);
11. Liability Insurance Coverage Records as required under 105 CMR 725.105(Q);

12. Documentation of Unusual Discrepancies in Weight or Inventory as required 105 CMR 725.110(E)(2)(c); and
13. Following closure of a RMD, all records must be kept for at least 2 years at the expense of the RMD and in a form and location acceptable to the Department.

Unless otherwise specified herein, all documents detailed above will be retained for a minimum of two (2) years.

V. RESPONSIBILITIES

Employees

Every employee is required to manage Documents in their possession or control in accordance with this Policy.

Records Retention Coordinator

The responsibilities of the Records Retention Coordinator include:

- A. Assuming overall responsibility for VGG's compliance with the Retention Schedule;
- B. Communicating the requirements of this Policy to all employees;
- C. Interpreting for employees the provisions of this Policy or the Retention Schedule as they may apply to specific situations and consulting with the Record Retention Coordinator regarding those interpretations, as needed;
- D. Training employees to implement this Policy;
- E. Supervising the implementation of and ensuring compliance with this Policy;
- F. Notifying employees of, and monitoring their compliance with, any Document Disposal Suspension Notice; and
- G. Providing notice to all employees of exceptions or modifications to the Retention Schedule.
- H. Modifying or amending the Retention Schedule.

VI. IMPLEMENTATION

- A. The Record Retention Coordinator will, when necessary, provide notice to the appropriate persons in the company that they need to identify Documents that have exceeded their retention period and should be disposed.

- B. Document Storage. Documents that are being retained should be stored in a secure storage area that is reasonably safeguarded against theft, inappropriate access, misuse and damage (including events such as fire and flood).
- C. Document Disposal. Documents requiring routine disposal pursuant to the Retention Schedule are to be handled in the following manner:
1. Each employee will identify Documents in their possession that have exceeded the required retention period;
 2. Each employee will confirm that none of the identified Documents should be retained pursuant to any Document Disposal Suspension Notice;
 3. Each employee will approve and prepare for disposal all Documents that have exceeded the required retention period and are not required to be retained under any Document Disposal Suspension Notice;
 4. Hard copy Documents will be disposed of by shredding or burning such that no Document disposed of remains intact; and
 5. Electronic Documents will be disposed of by the information technology service that supports the firm pursuant to a data disposal program.

If an employee is uncertain whether a particular Document should be retained or disposed of, he or she should promptly seek advice from the Record Retention Coordinator.

- D. Email. The cost of indiscriminately retaining e-mail can be significant. Accordingly, employees will store e-mails they are required to retain in accordance with this Policy either in the form of a paper document or in a separate electronic folder in the employee's e-mail system. The printed or stored e-mail will be subject to the retention periods listed in the Retention Schedule. E-mail not stored to a separate electronic folder and all back-up e-mail will be routinely disposed of six months after the date on the e-mail.
- E. Disposal Suspension Notices. When appropriate, the Record Retention Coordinator will issue a Document Disposal Suspension Notice ("Suspension Notice") related to Documents that must be retained because they are reasonably likely to be relevant to a pending, threatened, reasonably foreseeable or contemplated legal action or proceeding or government investigation. The Record Retention Coordinator will communicate the Suspension Notice to all employees. When a Suspension Notice is issued, routine disposal of Documents covered by such Notice must be suspended immediately and such Documents must be promptly forwarded to the Record Retention Coordinator. If a Document covered by a Suspension Notice cannot be forwarded because it is required for VGG's operations, the head of the Department retaining such Document must notify the Record Retention Coordinator of the existence of the Document and the reason it cannot be forwarded.

- F. Training. All employees will be periodically trained and kept current in all aspects of their Document management responsibilities. The Record Retention Coordinator will be responsible for informing employees of the policies and procedures contained herein and ensuring that each employee receives the appropriate training to ensure compliance.
- G. Questions. Questions regarding this Policy or the Retention Schedule should be referred to the Record Retention Coordinator who will seek advice from the Record Retention Coordinator, as needed. Employees are required to report any instances of non-compliance with this Policy to the Record Retention Coordinator.

VII. PROCEDURE FOR AMENDING THE DOCUMENT RETENTION SCHEDULE

In the event of any change in the Retention Schedule, the Record Retention Coordinator will be responsible for notifying employees of the changes and supplying them with a new Retention Schedule.

VALLEY GREEN GROW, INC.
DOCUMENT RETENTION SCHEDULE

<i>Contracts, Agreements, Etc.</i>	
Cancelled checks for taxes, purchases of property, special contracts, etc. should be filed with papers pertaining to the transaction	Permanently
Contracts	10 years after expiration
Correspondence (general)	3 years
Deeds, mortgages and bills of sale	Permanently
Leases	10 years
Loans	Permanently
<i>Financial Records</i>	
Accident reports/claims (property insurance) – settled cases	7 years
Accounts receivable & payable ledgers & schedules	7 years
Annual Reports	Permanently
Auditors' reports/work papers	Permanently
Authorization and appropriations for expenditures	3 years
Bank reconciliations/statements	7 years
Bank deposit slips	3 years
Billing statements	7 years
Budgets	3 years
Cancelled checks (general)	7 years
Cash disbursement journals	Permanently
Cash receipts journals	Permanently
Correspondence (routine)	3 years
Financial Statements (annual)	Permanently
General Ledger	Permanently
Income tax returns, supporting worksheets and cancelled checks for payments (fed, state and local)	Permanently
Insurance policies (current & expired)	Permanently
Invoices from vendors	7 years
Petty cash vouchers	3 years
Property records, including cost, depreciation reserves, depreciation schedules, blueprints and plans	Permanently
Purchase orders	7 years
Sales and use tax returns	10 years
Sales records	7 years

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DOCUMENT RETENTION SCHEDULE

<u>Human Resources/Payroll Records</u>	
Accident reports/claims (liability insurance) – settled cases	7 years
Continuing education documents & faculty evaluations	2 years
Correspondence (general)	3 years
Employee payroll records (W-2, W-4, annual earnings, etc.)	7 years
Defined contribution and tax deferred annuity plan documents	Permanently
Employee retirement records	Permanently
Employee contracts	10 years
Occupational injury and illness records (workers comp)	5 years
Payroll tax returns	4 years
Personnel records (terminated)	7 years
Time sheets/cards	7 years
<u>Institutional Records</u>	
Articles of Incorporation	Permanently
Shareholder Meeting Minutes	Permanently
By-Laws	Permanently
<u>Legal Documentation Pertaining to Operation of VGG</u>	
Claims and litigation files	10 years
Copyright, patent, license and trademark registrations	Permanently
Correspondence (legal and important matters)	Permanently
<u>Client Integrated Medical Records</u>	
<u>Miscellaneous</u>	
Following closure of a RMD, all records must be kept for the expense of the company [and in a form and location acceptable to the Department.]	2 years, in compliance with 105 CMR 725.105(I)(7)
Incident Reports	2 years
Results of Marijuana Test Results	2 years
Shipping Manifest	2 years
Marijuana Disposal Records	2 years, in compliance with 105 CMR 725.105(J)(5)

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Request No. 2:

2. The applicant has also submitted a Comprehensive Information Security Policy that indicates it intends to share personal information with third-party service providers in conflict with 105 CMR 725.200(D). Please resubmit a Comprehensive Information Security Policy that complies with 105 CMR 725.200(D).

Response to Request No. 2:

Section IV of the Comprehensive Information Security Policy (Appendix 2) was amended by the removal of language regarding third-party service providers.

Please see the attached document.

Appendix 2

VALLEY GREEN GROW, INC. COMPREHENSIVE INFORMATION SECURITY POLICY

I. OBJECTIVE

Valley Green Grow Inc. (hereinafter “VGG”) has developed and implemented this Written Information Security Policy (“Policy”) to comply with the Massachusetts Standards for the Protection of Personal Information of Residents of the Commonwealth, 201 CMR 17.00. This Policy sets out the company’s policies and procedures regarding the protection of personal information. Employees are required to read, be familiar with and follow the policies and procedures outlined in this Policy.

The purpose of this Policy is to create and maintain a secure environment for the storage of personal information and to establish safeguards that are appropriate for (a) the size, scope and type of business operated by VGG (b) the amount of resources available to implement the Plan; (c) the amount of stored data and (d) the need for security and confidentiality of personal information as defined below. A primary goal for this Policy is to make sure that everyone who handles confidential personal information applies reasonable safeguards to protect that information from unauthorized access. This Policy is to be interpreted and implemented in tandem with VGG’s Document Retention Policy.

II. PERSONAL INFORMATION

A. Definition

For purposes of this Policy:

“**Personal Information**” means a person’s first and last name or first initial and last name in combination with any one or more of the following:

- Social Security number,
- Driver’s license number,
- State-issued identification card number, or
- Financial account number or credit or debit card number, with or without any required security code, access code, personal identification number or password that would permit access to a financial account,

provided, however, that “Personal Information” shall not include information that is lawfully obtained from publicly available information, or from federal, state or local government records lawfully made available to the general public.

B. Limiting the Collection and Keeping of and Access to Personal Information

It is the policy of VGG to:

- limit the amount of Personal Information collected – collecting only the Personal Information that is reasonably necessary to accomplish the purpose for which it is collected;
- limit the time such information is retained – keeping it only for as long as is it reasonably needed to accomplish the purpose for which it was collected, unless VGG is legally required to keep it for a longer period; and
- limit access to the information -- allowing access only by those persons who are reasonably required to know the information in order for VGG to accomplish the purpose for which the information was collected or to comply with VGG legal requirements.

C. Handling, Storage and Disposal of Personal Information

To reduce the risk of disclosure of Personal Information:

- Visitors shall not be permitted to visit unescorted any area of VGG where Personal Information is kept.
- Employees are prohibited from leaving open records containing Personal Information unattended on their desks.
- At the end of the work day, and as appropriate during the work day, all records containing Personal Information shall be stored in secure storage areas.
- Upon disposal, paper documents containing Personal Information shall be redacted, or shredded so that personal data cannot practicably be read or reconstructed.
- Personal Information may not be transmitted through a public network unless the network is encrypted (i.e. e-mail containing personal information may only be sent on an encrypted network).
- If Personal Information is stored on a laptop or other portable device, such device must be encrypted. Do not keep personal information on your lap top or other portable device unless know that such device is encrypted.
- Upon disposal, electronic media and other non-paper media containing Personal Information shall be destroyed or erased so that Personal Information cannot practicably be read or reconstructed.

III. RISK ASSESSMENT AND IMPLEMENTATION OF SAFEGUARDS

A. Program Administrator

The Treasurer of **VGG** will be responsible for overseeing, implementing, and administering this Policy ("Program Administrator"). The Program Administrator will train staff, as necessary, to effectively implement the Policy, and may designate any one or more employees to perform or assist in the performance of the responsibilities described in this Policy. As used throughout the rest of this Policy, the term "Program Administrator" means "the Program Administrator and his or her designee(s)."

B. Assessment of Personal Information

The Program Administrator will periodically undertake to identify and assess the reasonably foreseeable internal and external risks to the security, confidentiality, and/or integrity of any electronic, paper or other records that contain personal information. The Program Administrator will do this at least annually or whenever there is a material change in business practices that may reasonably implicate the security or integrity of records containing personal information.

This assessment will include but not necessarily be limited to:

- identifying the paper, electronic and other records, computing systems, and storage media, including laptops and portable devices, that **VGG** uses to store personal information;
- identifying what Personal Information is collected, kept and used, and for what purposes;
- identifying which employees have access to Personal Information and for what purposes; and
- assessing the internal and external risks to the security of that information.

Based upon this assessment, the Program Administrator will evaluate and where necessary improve the effectiveness of **VGG** safeguards for limiting the internal and external risks to the security of that information, including but not limited to:

- developing and implementing security policies and procedures;
- periodic training of relevant employees (including temporary employees and contractors) with respect **VGG** information security policies and procedures;
- ensuring employee awareness of and compliance with this Program and Policy and any other policies and procedures concerning the protection of Personal Information, including but not limited to periodic distribution of this Program and Policy and other relevant policies and procedures;
- implementing means for detecting and preventing security system failures; and
- encouraging timely reporting of information security failures or risks.

The Program Administrator will work with those offices or employees responsible for collecting and keeping Personal Information to develop and implement any specific rules or procedures necessary to implement this policy.

IV. TERMINATED EMPLOYEES

Immediately upon the termination of a person's employment with VGG, the Company will:

- obtain from the person all Personal Information in their possession, if any, including all such information contained in any computer electronic files or devices, and
- terminate the person's physical and electronic access to any records containing personal information, including but not limited to deactivating any of the person's computer passwords and user names.

V. COMPUTER SYSTEM SECURITY REQUIREMENTS

The Program Administrator will establish and maintain a security system covering VGG computers, including any wireless system, which at a minimum will have the following elements:

- Secure user authentication protocols including:
 - control of user IDs and other identifiers;
 - a reasonably secure method of assigning and selecting passwords, or use of unique identifier technologies, such as biometrics or token devices;
 - control of data security passwords to ensure that such passwords are kept in a location and/or format that does not compromise the security of the data they protect;
 - restricting access to active users and active user accounts only; and
 - blocking access to user identification after multiple unsuccessful attempts to gain access or the limitation placed on access for the particular system
- Secure access control measures that:
 - restrict access to records and files containing Personal Information to those who need such information to perform their job duties; and
 - assign unique identifications plus passwords, which are not vendor supplied default passwords, to each person with computer access, that are reasonably designed to maintain the integrity of the security of the access controls
- Encryption, to the extent technically feasible, of:

- all transmitted records and files containing Personal Information that will travel across public networks,
- all Personal Information that will be transmitted wirelessly, and
- all Personal Information stored on laptops or other portable devices.
- Reasonable monitoring of systems for unauthorized use of or access to Personal Information.
- For files containing Personal Information on a system that is connected to the Internet, reasonably up-to-date firewall protection and operating system security patches, which are reasonably designed to maintain the integrity of the personal information.
- Reasonably up-to-date versions of system security agent software, which must include malware protection and reasonably up-to-date patches and virus definitions, or a version of such software which can be supported with up-to-date patches and virus definitions and which is set to receive the most current security updates on a regular basis.
- Education and training of employees where appropriate on the proper use of the computer security system and the importance of Personal Information security.

VI. MONITORING, UPGRADING AND REPORTING

The Program Administrator will conduct regular monitoring to ensure that the VGG Policy is operating in a manner reasonably sufficient to prevent unauthorized access to or unauthorized use of Personal Information and will upgrade information safeguards as necessary to limit risks. The Program Administrator will also update this Policy periodically to reflect any changes with respect to the risks of Identity Theft.

VII. REPORTING AND RESPONDING TO SECURITY BREACHES

All employees are required to report to the Program Administrator any material risk to or breach of the security of Personal Information maintained by VGG. The Program Administrator will:

- undertake any action necessary to respond to the risk or breach;
- conduct a post-incident review of the events and all actions taken, if any, to make changes in business practices relating to protection of personal information; and
- document any such post-incident review and all responsive actions taken in connection with any incident involving a breach of security.

XI. VIOLATIONS AND DISCIPLINE

Any employee who violates this Policy or any security policies or procedures adopted in accordance with this Policy will be subject to disciplinary action, which may include termination of employment.

XII. QUESTIONS

Any questions about this Policy or the subjects addressed in this Policy should be directed to the Program Administrator.

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Request No. 3:

3. Please submit copies of the proposed agreements described in your responses to Questions C.11, C.12 and C.14. Please also submit an independent legal opinion and/or opinion of a commercial real estate appraiser, as applicable, in compliance with the non-profit requirements of 105 CMR 725.100(A)(1) and the Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance (<http://www.mass.gov/eohhs/does/dph/quality/medical-marijuana/applications/non-profit-compliance-guidance.pdf>). If you do not yet have a copies of the agreements, please be advised that you will need to submit the agreements and opinion letters as soon as possible but prior

to receiving a Provisional Certificate of Registration. An application will not be deemed complete until all materials requested by the Department are submitted.

Response to Request No. 3:

The applicant does not have finalized copies of the proposed agreements described in the responses to Questions C.11, C.12, and C.14. Said documents, along with applicable legal opinions, will be provided to the Department of Public Health as soon as they are finalized.

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Request No. 4:

4. Please submit the conflict of interest policy identified in Article 9 of the bylaws, ensuring that it adequately addresses the potential conflicts raised by your responses to Questions C.11-14.

Response to Request No. 4:

Article 9 of the Corporation's bylaws has been updated to reflect the complete conflict of interest policy of Valley Green Grow, Inc.

Please see the attached document.

ARTICLE 9

Conflicts of Interest; Advisory Board

9.1 **Purpose.** This conflict of interest policy is designed to help directors and officers of the company identify situations that present potential conflicts of interest and to provide the company with a procedure that, if observed, will allow a transaction to be treated as valid and binding even though a director or officer has or may have a conflict of interest with respect to the transaction. In the event there is an inconsistency between the requirements and procedures prescribed herein and those in federal or state law, the law shall control.

9.2 **Conflict of Interest; Disclosure.** Whenever a director or officer has a financial or personal interest in any matter coming before the board of directors, the affected person shall fully disclose the nature of the interest and take any other such actions as required by applicable law or pursuant to this Article 9. No director may receive compensation or other benefits for serving as an officer or employee of the company and the company shall not enter into any transaction with a third-party in which a director or officer holds a financial interest unless the terms and conditions of such compensation and/or benefits have been reviewed and approved: (a) by two (2) disinterested board members; or (b) in the event the board of directors consists of only one director, or there is one or less disinterested directors, then by the majority of the Advisory Board (as detailed in Section 9.3). The minutes of meetings at which such votes are taken shall record such disclosure, abstention and rationale for approval. In the event that it is not entirely clear that a conflict of interest exists, the director with the potential conflict shall disclose the circumstances to Chief Legal Counsel, who shall determine whether there exists a conflict of interest that is subject to this policy.

9.3 **Advisory Board.** In the event a conflict of interest arises pursuant to Section 9.2, decisions will be referred to an Advisory Board. The Advisory Board will consist of three voting (3) members, namely the company CEO, COO, and CFO (provided however that if any of those officers is conflicted, an additional member or members may be appointed by the company's Chief Legal Counsel (who shall serve as a non-voting member of the Advisory Board)). The sole purpose of the Advisory Board will be to make decisions in the event a conflict arises pursuant to Section 9.2.

Before the Advisory Board may take action on an agreement or transaction involving a conflict of interest, a director having a conflict of interest shall disclose all facts material to the Advisory Board. Such disclosure shall be reflected in the minutes of the meeting. A director who has a conflict of interest shall not participate in or be permitted to hear the Advisory Board's discussion of the matter except to disclose material facts and to respond to questions. Such director shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.

The above procedures will be monitored, regulated, and documented by the company's Chief Legal Counsel.

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Request No. 5:

5. In its responses to Questions D.17 and D. 18, applicant states that Dr. Jeffrey Goldstein is currently employed as an Assistant Clinical Professor of Radiation Oncology, New England Medical Center, Tufts University School of Medicine, but this experience is not included in his Employment and Education Form. Please have him include this experience in his Employment and Education Form and resubmit the form.

Response to Request No. 5:

The original responses to Questions D.17 and D. 18 stated that Dr. Jeffrey Goldstein had been employed as an Assistant Clinical Professor of Radiation Oncology, New England Medical Center, Tufts University School of Medicine. The responses did not state that Dr. Goldstein was *currently* employed in that position. The original responses to Questions D.17 and D. 18 are attached.

Dr. Goldstein's Employment Form has been updated to include the information relative to Tufts University and is attached hereto.

SECTION D. EXPERIENCE

16. Attach an *Employment and Education* form (use template provided) for each of the following individuals: The Corporation's Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, individual/entity responsible for marijuana for medical use cultivation operations, and individual/entity responsible for the RMD security plan and security operations.
17. Describe the experience, and length of experience, of the Corporation's Chief Executive Officer, Chief Operations Officer, and Chief Financial Officer with running a non-profit organization or business.

Dr. Jeffery Goldstein has over twenty (20) years experience in working for a non-profit. Prior to his work at the Cannabis Research Center at Sheba Medical Center, Dr. Goldstein was the Medical Director of Radiation Oncology, Lowell General Hospital, a non-profit organization based in Lowell, Mass. He was employed with Lowell General Hospital for twenty-one (21) years, from 1991-2012. In addition, Dr. Goldstein was an Assistant Clinical Professor of Radiation Oncology, New England Medical Center, Tufts University School of Medicine for twenty (20) years, from 1993-2013.

Mark Frechette (Chief Financial Officer) has approximately twelve (12) years of non-profit experience as a Finance Committee and Board of Directors Consultant to the YMCA of Nashua, New Hampshire. During his time as a Consultant, Mr. Frechette reviewed the non-profit's monthly operating results, helped construct the capital and operating budget, constructed the investment policy and created a product profitability process. Mr. Frechette was actively engaged in all financial facets of the non-profit during his time with the organization.

Tom Regan (Chief Operation Officer) has over fifteen (15) years business experience, working as a Director of Supply Chain Operations for Cisco Systems and, most recently, as the President of Winkanda, LLC (dba Mindful), a cannabis operation in Colorado. Mr. Regan is the executive responsible for Mindful's day-to-day operation of cannabis grow/cultivation, retail, extraction, wholesale sales, and legal compliance, in addition to setting strategy for the company's business development.

18. Describe the experience, and length of experience, of the Corporation's Chief Executive Officer, Chief Operations Officer, and Chief Financial Officer with providing health care services.

Dr. Jeffery Goldstein (Chief Executive Officer) came to the Merrimack Valley after completing his fellowship training at MD Anderson Cancer Center. Dr. Goldstein was the Medical Director of Radiation Oncology, Lowell General Hospital, Lowell, Mass from 1991-2012 and Assistant Clinical Professor of Radiation Oncology, New England Medical Center, Tufts University School of Medicine 1993-2013. Dr. Goldstein assumed the position of residency director at Sheba Medical Center in 2013 where he has been providing clinical care, teaching residents and conducting retrospective and prospective clinical research. Dr. Goldstein's primary research interest was development of methods to reduce tumor motion when patients with breast, lung and upper GI tumors receive radiation treatments. Dr. Goldstein's group has presented their findings at numerous scientific meetings and published their initial work in leading radiation oncology publications. Under his leadership, several patents have been submitted by Sheba Medical Center to use their device in patients receiving radiations treatment. Dr. Goldstein has accepted the position of Vice-Chairman of the Cannabis Research Center, Sheba Medical Center, Israel and is working closely to establish collaborations for medical research between Israel and Massachusetts.

Mark Frechette (Chief Financial Officer) has been the Chief Financial Officer of Winkanda, LLC (dba Mindful) since 2014. Mindful is one of the largest cannabis companies in the United States, with six (6) dispensaries, which includes a significant medicinal marijuana operating, servicing health care needs for patients throughout Colorado.

Tom Regan (Chief Operating Officer) has been the President of Winkanda, LLC (dba Mindful) since 2014. Mindful is one of the largest cannabis companies in the United States, with six (6) dispensaries, which includes a significant medicinal marijuana operating, servicing health care needs for patients throughout Colorado.

Applicant Non-Profit Corporation _____

Past 10 Years of Employment by Employer, Title and Time Period. List chronologically, beginning with most recent employment. Add more forms if space is needed for additional employment history entries.

Employer	Title	Time Period
Sheba Medical Center Tel Hashomer, Israel	Vice-Chairman, Cannabis Research Center (virtual)	2017 - Present
Sheba Medical Center Tel Hashomer, Israel	Attending Radiation Oncologist Director, Residency Training	2013 - 2017
Tufts University	Assistant Clinical Professor of Radiation Oncology	1993-2013
Lowell General Hospital Lowell, MA	Director, Department of Radiation Medicine	1991 - 2012
Holy Family Hospital Methuen, MA	Attending Radiation Oncologist	1991 - 2006

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

Signature of the Individual

Date Signed

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Request No. 6:

6. In response to Question D.19, the applicant did not state the *length* of experience of the Corporation's Chief Executive Officer with providing services for marijuana for medical use. Applicant must resubmit a completed response to Question D.19, including this information.

Response to Request No. 6:

The response to Question D.19 has been updated to include the length of experience of Valley Green Grow, Inc.'s CEO with providing services for marijuana for medical use.

Please see the attached document.

19. Describe the experience, and length of experience, of the Corporation's Chief Executive Officer, Chief Operations Officer, and Chief Financial Officer with providing services for marijuana for medical purposes.

Dr. Jeffery Goldstein (Chief Executive Officer) is the Vice-Chairman of the Cannabis Research Center at Sheba Medical Center in Israel and is working closely to establish collaborations for medical research between Israel and Massachusetts. Dr. Goldstein has over four (4) years of experience at Sheba Medical Center providing care for patients with cancer who use medicinal marijuana for relief of pain and other symptoms related to their disease and treatment.

Mark Frechette (Chief Financial Officer) has been the Chief Financial Officer of Winkanda, LLC (dba Mindful) since 2014 and has over three (3) years experience providing services for marijuana for medicinal purposes. Mindful is one of the largest cannabis companies in the United States, with six (6) dispensaries, which includes a significant medicinal marijuana operation. Mindful has one of the largest marijuana extraction facilities in the United States. Mr. Frechette helped guide mindful from \$6M to \$18M in gross revenue in three (3) years and helped establish one of the largest concentrates and infused product operations in Colorado.

Tom Regan (Chief Operation Officer) has been the President of Winkanda, LLC (dba Mindful) since 2014 and has over three (3) years experience providing services for marijuana for medicinal purposes. Mindful is one of the largest cannabis companies in the United States, with six (6) dispensaries, which includes a significant medicinal marijuana operation. Mindful has one of the largest marijuana extraction facilities in the United States. Mr. Regan is the executive responsible for Mindful's day-to-day operation of cannabis grow/cultivation, retail, extraction, wholesale sales, and legal compliance, in addition to setting strategy for the company's business development. Mr. Regan is tasked with P&L responsibility for two (2) major brands (Mindful and TR Extracts). Mr. Regan has launched several new products and new product development at Mindful, and has been in charge of operations for medicinal cannabis use.

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Request No. 7:

7. In response to Question D.20, the applicant did not state the *length* of experience of the Corporation's individual responsible for marijuana for medical use cultivation operations with providing services for marijuana for medical use. Applicant must resubmit a completed response to Question D.20, including this information.

Response to Request No. 7:

The response to Question D.20 has been updated to include the length of experience of Valley Green Grow, Inc.'s Chief Cultivation Officer with providing services for marijuana for medical use.

Please see the attached document.

20. Describe the experience, and length of experience, of the Corporation's individual/entity responsible for marijuana for medical use cultivation operations and individual/entity responsible for the RMD security plan and security operations with providing services for marijuana for medical purposes.

Harry von Duijne (Chief Cultivation Officer) has over three years of experience with providing services for marijuana for medical purposes. Mr. von Duijne spent his life working in greenhouse horticulture, first in a family greenhouse business growing a variety of agricultural products, and later as an Operational Manager and Chief Cultivation Officer at various large-scale greenhouse horticulture operations in the Switzerland and the Netherlands. Most recently, Mr. von Duijne was the Chief Grower at Bedrocan Medicinal Cannabis Center, which produces medicinal-grade cannabis under contract for the Dutch Ministry of Health. Under the Ministry's medicinal cannabis program, standardized herbal cannabis is available in Dutch pharmacies on prescription. The Ministry also exports cannabis for medicinal use to Australia, Denmark, Germany, Finland, Israel, Italy, Macedonia, Austria, Poland and the Czech Republic, and to approved researchers around the world. Mr. von Duijne's experience and Bedrocan include:

- Creation and implementation of GMP, GAP, LEAN, 5-S, KPIs, Quality Management System procedures and Standard Operating Procedures.
- Improving the facility, systems, design, logistics and waste management.
- Interfacing, as part of ongoing crop management/project oversight, to insure increased crop growth, streamline systems to improve productivity, yields and quality.
- Assisting to lower overall cost of production, while increasing yields.
- Trouble shooting and consultations in (standard) growth methods, cultivation planning, Integrated (biological) Pest Management (IPM).
- Experimentation and implementation of large scale production methods in cannabis.
- Responsible for training and education (new-)growers.
- Overseeing a team of licensed employees charged with producing the highest grade of independent laboratory tested medical cannabis.
- Responsible for experimental plants and backup plants.
- Creating and implementing eight Individualized Work Plans for fieldwork; data collection; documentation; data interpretation and systems analysis.

John Garvin (Chief Security Officer) has over thirty (30) years experience as Detective Lieutenant and Commanding Officer with the Massachusetts State Police, along with other experience which is transferable to the medical cannabis industry. Mr. Garvin has a Masters Degree in Criminal Law from Western New England University. Since 2008, Mr. Garvin has operated Jack Garvin Investigations, a private investigations firm licensed with the Commonwealth of Massachusetts. Mr. Garvin's transferable skill set includes, but is not limited to: identifying risk; maintaining logs (written and/or computerized) of activities occurring during the shift (e.g., accidents, significant incidents) to maintain a record; coordinating use communications equipment (e.g., radio, computer, telephone) to exchange information relative to official duties; transporting evidence to various locations (e.g., lab, court), maintaining an unbroken chain of custody; protect a crime scene from contamination by controlling access to the scene and erecting physical barriers to preserve the evidence of a crime; and identifying and collect evidence to preserve that evidence for use in an investigation. Mr. Garvin has no experience relating specifically to providing services for marijuana for medical purposes

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Request No. 8:

8. In its response to Question E.22, the applicant identified cosmetics and cleaning products as types and forms of marijuana-infused products it intended to produce. Please resubmit a complete response to Question E. 22 that provides further information regarding the medical use of the cosmetics and cleaning products described in the applicant's response.

Response to Request No. 8:

The response to Question E.22 has been edited and all references to cosmetics and cleaning products have been removed.

Please see the attached document.

22. Describe the types and forms of Marijuana Infused Products ("MIPs") that the RMD intends to produce, if any.

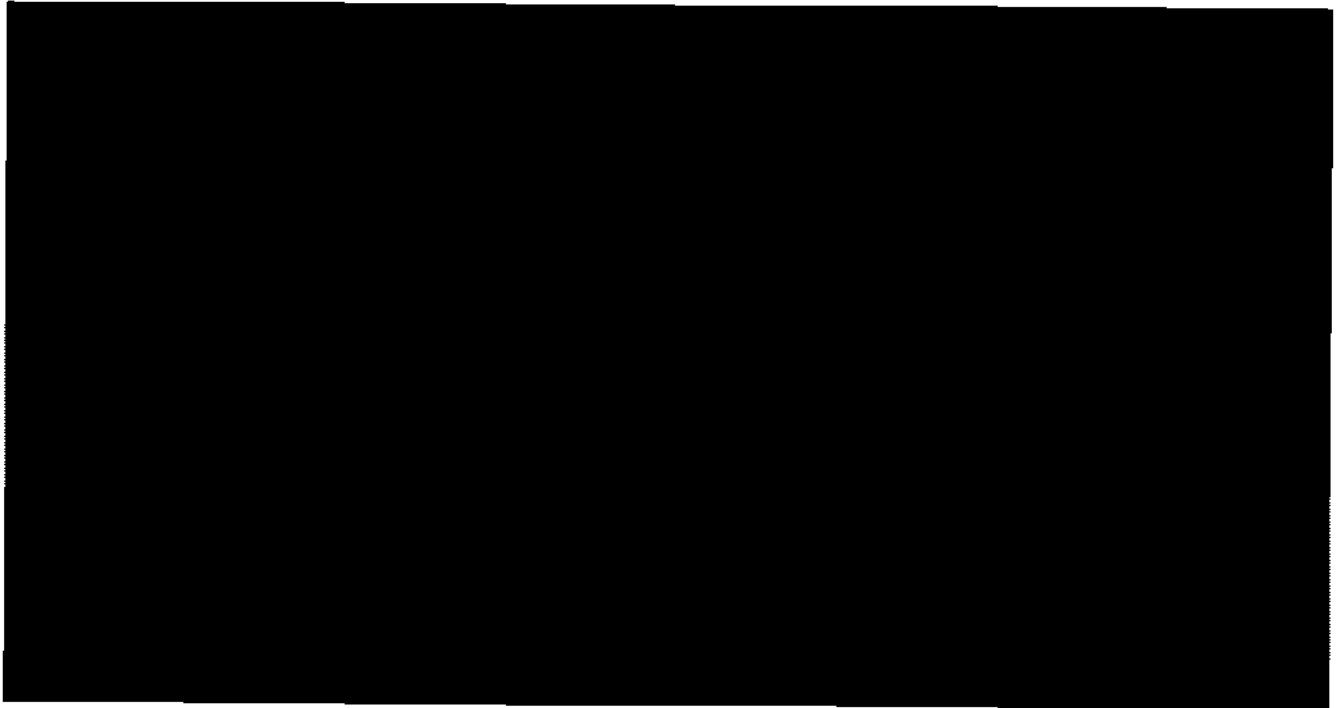
Valley Green Grow, Inc. intends to produce a comprehensive variety of MIP's offering licensed patients a wide variety of administration and ingestion options. These products will be manufactured in accordance with state regulation and follow "Good Manufacturing Practices for Food" and state requirements for food handlers and sanitary requirements. The proposed MIP product line includes:

- Dry concentrates (compressed cannabis plant resin including hashish)
- Freeze Drying Bud (Freeze drying uses sublimation to remove the moisture from the bud. It preserves the terpenes, which will preserve flavor and aroma).
- Oils (extracted cannabinoids in liquid form. Including hash oil, "ready-dose" infusions, Phoenix tears)
- Capsules (extracted cannabis infused into natural oil)
- Sub lingual Dissolving Strips (cannabis infused, dissolved under the tongue)
- Personal Vaporizer Cartridges /Cups/Pads (dose-specific, concentrate-base liquid for non-smokable ingestion)

Edible Food Products or Cannabis as Ingredients (chocolates, cookies, caramels, lozenges, chewables)

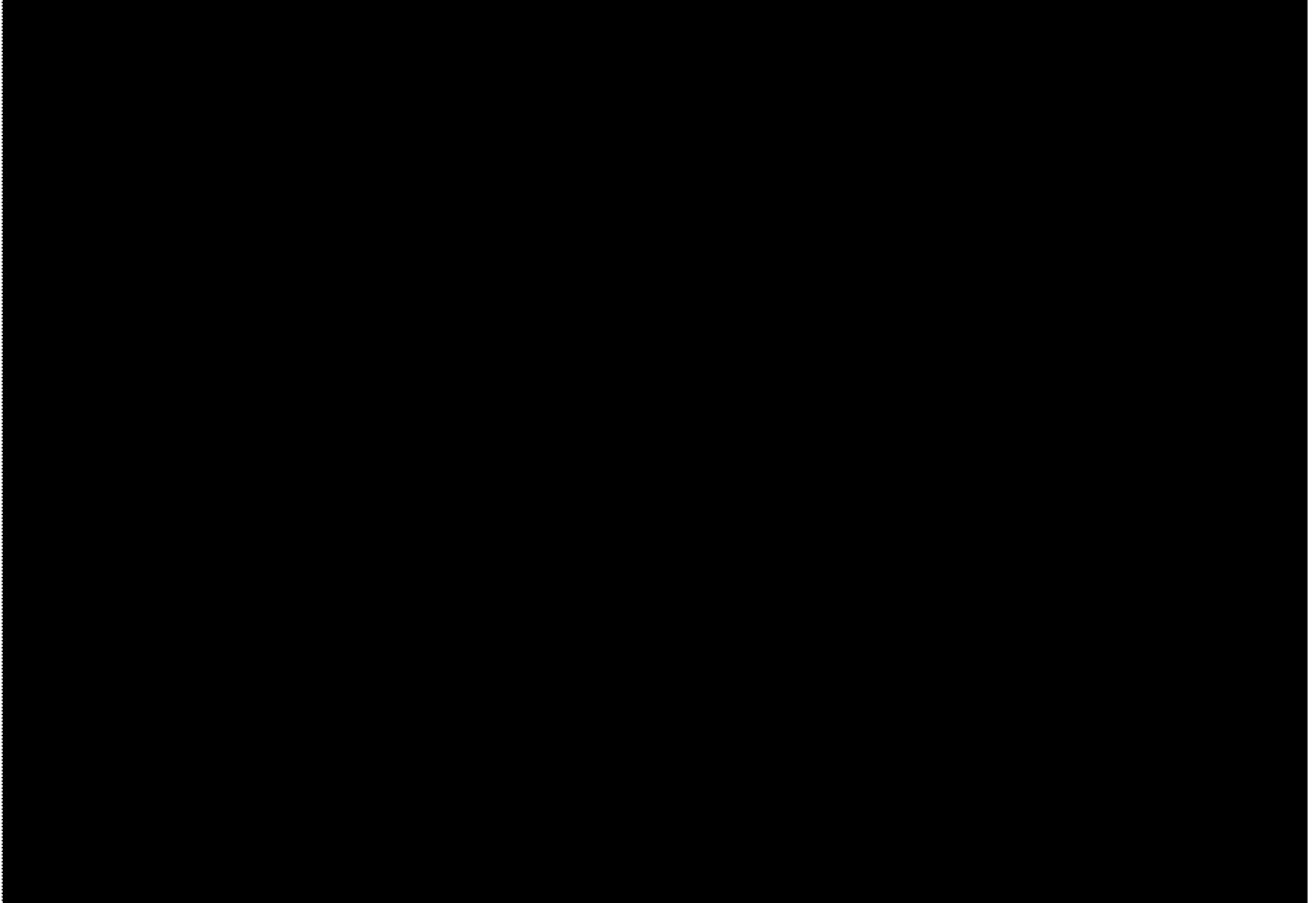
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Request No. 11:

11. In its response to Question E.29, in regards to the results of product testing, the applicant states, "Documented results can be from supplier analysis or tests performed for the operation by a certified lab." It is unclear what is meant by "supplier analysis." Please resubmit a complete response to Question E.29 that includes clarification on this point.

Response to Request No. 11:

The response to Question E.29 has been edited to remove the language relating to "supplier analysis."

Please see the attached document.

29. Provide a summary of the RMD's operating procedures for quality control and testing of product for potential contaminants.

Valley Green Grow, Inc.'s RMD procedures for quality and testing of product for potential contaminants shall, at all times, comply with the provisions of 105 CMR 723.105(C)(2), which shall include, but not be limited to the following procedures:

All test results must reference the corresponding batch of final product.

Pesticide residue testing must include analysis for the presence of chlorinated hydrocarbons, organophosphates, carbamates and pyrethroids, neonicotinoids, acaricides, fungicides, bactericides, at a minimum.

Testing should also include any materials not listed above but used by producer and meet all local and state testing requirements. A sample of usable cannabis will be considered to test positive for presence of pesticides if the level exceeds 0.1 ppm of any material. All strains must be tested in all production cycles. Sampling must be done for all production cycles. Testing should include comprehensive profiles that detail levels of THC, THC-A, THCV, CBD, CBDV, CBD-A, CBN and terpenoid profile as applicable to the product specification.

- Test results must be retained for all raw cannabis and cannabis-derived products for three years.
- Documented results and testing shall be performed by a certified, accredited, independent laboratory.

All products must have unique coding or number to facilitate traceability in and out of the facility and for the purposes of linking the proper product testing results to the product.

All products with pending tests must be segregated, marked "quarantined" and held in a secure location until test results are received. Only an authorized worker can release quarantined product and the release must be documented.

Operation shall designate a qualified staff member to review each test result against the product specification, and if the product meets all specifications and other requirements, release the batch of product to the next step in the process.

- The product specification identifies all safety and quality requirements including quality and strain standards that must be met before product is released for sale or consumption.
- Products that do not meet specifications are labeled and segregated and processed as rejected material.
- The operation shall document and retain all test results analysis reports for two years.

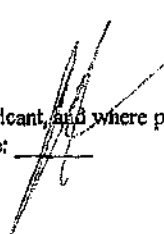
Producer must establish a detailed action plan to dispose of all products that do not meet established quality, strain or safety standards.

- Rejected material must be labeled and segregated until dispositioned.
- The plan must define processes for disposition of all rejected product and how to account for this product in all harvest-related records.
- Rejected product must be disposed so the waste is rendered unusable.

A sample of product from each production batch must be collected and stored appropriately per label instructions. An organized storage area and reference system should be in place for all samples.

Producer must retain all samples in storage for one year past the product expiration date or related quality control date. Any sample involved in a pending claim or legal dispute shall not be destroyed.

All procedures not listed herein will comply with all applicable state and local regulations. This answer can be supplemented on request with additional information not contained herein due to space constraints.

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: 

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Request No. 12:

12. In its response to Question E.30, it is unclear how the applicant intends to maintain the confidentiality of registered qualifying patients, personal caregivers, and dispensary agents in compliance with the regulations at 105 CMR 725.200(D). Please resubmit a complete response to Question E.30 that includes clarification on this point.

Response to Request No. 12:

The response to Question E. 30 has been updated to include various specifics of the RMD's plan to maintain the confidentiality of registered qualifying patients, caregivers, and dispensary agents.

Please see the attached document.

30. Provide a summary of the RMD's operating procedures for maintaining confidentiality of registered qualifying patients, personal caregivers, and dispensary agents, as required by law.

Valley Green Grow, Inc. will conform with all state and federal laws pertaining to patient confidentiality and patient privacy.

All RMD employees will be trained in the protection and treatment of patient, caregiver and dispensary agent privacy per the federal and state (and HIPAA) laws.

Records for patients, caregiver, and dispensary agents will be stored in locked, limited access areas in the RMD.

Valley Green Grow, Inc. will utilize electronic record keeping software that is in compliance with State regulations and ensure that safeguards are in place, with regular software updates, to ensure compliance with HIPAA guidelines.

All systems accessed by dispensary agents will be password protected. A record will be kept of all logins and records created or edited during that login time. Any hard copy information not stored in a locked cabinet as detailed above will be shredded and disposed of in a secure receptacle.

Each new patient of the RMD shall complete an orientation conducted by a dedicated intake agent, where all patient information will be gathered electronically. Pertinent patient information shall be limited to: first name, last name, DPH patient ID number, designated caregiver (if applicable), registration card expiration date, and Financial Hardship Program price tier (if applicable).

At each RMD visit, patient and caregiver information (if applicable) will be verified by a dedicated intake agent, and stored in the RMD's secure, password protected electronic database. The secure system will allow the intake agent to input patient ID information, and will not allow further access to the patient/caregiver database.

Database access will only be accessible to RMD management, and will otherwise only be available upon official request of the Department of Public Health or law enforcement with appropriate jurisdiction as outlined in the regulations. Management staff with database access will be thoroughly trained to understand the circumstances under which patient, caregiver, or dispensary information may be released.

If a patient, caregiver, or dispensary agent requests release of their personal information for any reason, the party must provide a signed and dated request in writing, in accordance with the regulations. This request must be approved by management staff before any information is released.

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