APPLICATION OF INTENT
Request for a Certificate of Registration to
Operate a Registered Marijuana Dispensary

INSTRUCTIONS

This application form is to be completed by a non-profit corporation or domestic business corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts ("applicant").

If seeking a Certificate of Registration for more than one RMD, the applicant must submit a separate Application of Intent, all required attachments, and an application fee 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.

However, even if submitting an Application of Intent for more than one RMD, an applicant need only submit one Character and Competency form for each required individual.

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 labeled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided on 8 1/2” x 11” paper, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the Application of Intent, with all required attachments, the $1,500 application fee, and Remittance Form to:

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

Application fees are non-refundable and non-transferable.
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 or updates to the submitted application materials are needed. The Department will notify the applicant whether it has 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 in order to proceed in the application process. Applicants must receive an invitation from the Department to submit a Siting Profile within 1 year of the date of submission of the Management and Operations Profile.

PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants must receive a Provisional Certificate of Registration from the Department within 1 year of the date of the invitation letter from the Department to submit a Siting Profile. If the applicant does not meet this deadline, the application will be considered to have expired. Should the applicant wish to proceed with obtaining a Certificate of Registration, a new application must be submitted, beginning with an Application of Intent, together with the associated fee.

REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100, as well as materials posted on the Medical Use of Marijuana Program website: www.mass.gov/medicalmarijuana.

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: [Signature]

Mederi, Inc. Name of Applicant Corporation

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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 applicant
- A copy of the applicant’s Certificate of Legal Existence (as outlined in Section B)
- A completed and signed Character and Competency form for each required actor (as outlined in Section C)
- Financial account summary(ies) (as outlined in Section D)
- A completed Remittance Form (use template provided)
- A bank or cashier’s check made payable to the Commonwealth of Massachusetts for $1,500

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: [Signature]
SECTION A. APPLICANT INFORMATION

1. Mederi, Inc.
   Legal name of Applicant Corporation

2. 59 Irving Way Nahant, MA. 01970
   Mailing address of Applicant Corporation (Street, City/Town, Zip Code)

3. Christopher Pantano
   Applicant Corporation’s point of contact (the person the Department should contact regarding this application)

4. 781-715-4669
   Point of contact’s telephone number

5. christopher_pantano@yahoo.com
   Point of contact’s e-mail address

6. Number of applications: How many Applications of Intent does the applicant intend to submit?
   2

SECTION B. INCORPORATION

7. Attach a Certificate of Legal Existence from the Massachusetts Secretary of the Commonwealth, documenting that the applicant is incorporated as a non-profit corporation or domestic business corporation in Massachusetts.

SECTION C. CHARACTER AND COMPETENCY

8. Attach a completed and signed Character and Competency form (use template provided) for each required actor (as outlined in the Character and Competency form).
SECTION D. INITIAL CAPITAL REQUIREMENT

Describe the sources, types, and amounts of required initial capital in the table below, showing that the applicant 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 applicant, 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.

<table>
<thead>
<tr>
<th>Name on Account</th>
<th>Financial Institution</th>
<th>Type of Account</th>
<th>Amount</th>
<th>Signature of Account Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>John V O'Brien</td>
<td>Merrill Lynch</td>
<td>Equity Income</td>
<td>$1,400,000</td>
<td></td>
</tr>
<tr>
<td>Susan A O'Brien</td>
<td>Portfolio</td>
<td></td>
<td>$1,400,000</td>
<td></td>
</tr>
</tbody>
</table>

Total: $400,000.00

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: [Initials]
ATTESTATIONS

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant, 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.

Christopher Pantano
Print Name of Authorized Signatory

President, CEO, Director
Title of Authorized Signatory

I, the authorized signatory for the applicant, hereby attest that if the applicant is allowed to proceed to submit a Management and Operations Profile, the applicant 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.

Christopher Pantano
Print Name of Authorized Signatory

President, CEO, Director
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: 

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Mederi, Inc.

Application 2 of 2
Name of Applicant Corporation

ATTESTATIONS
Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant, 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
Christopher Pantano
Print Name of Authorized Signatory
President, CEO, Director
Title of Authorized Signatory

12/01/2017
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:
Online at: www.mymerrill.com

24-Hour Assistance: (800) MERRILL

Net Portfolio Value: $437,776.31

Your Financial Advisor:
CORSINO PRIMACK & SHERRY GROUP
1201 MARKET ST STE 2000
WILMINGTON DE 19801
1-800-937-0424

Equity Income Portf
This account is enrolled in the Merrill Lynch Investment Advisory Program

<table>
<thead>
<tr>
<th>Closing Value</th>
<th>Net Portfolio Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$437,776.31</td>
<td>$437,776.31</td>
</tr>
</tbody>
</table>

This account is pledged as collateral for Loan Management Account #

Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S) and other subsidiaries of Bank of America Corporation. MLPF&S is a registered broker-dealer, Member Securities Investor Protection Corporation (SIPC) and a wholly owned subsidiary of Bank of America Corporation. Investment products: Are Not FDIC Insured Are Not Bank Guaranteed May Lose Value
To Whom It May Concern:

I hereby certify that

MEDERI, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on November 20, 2017 (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.

Certificate Number: 17120429820
Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx
Processed by: