July 7, 2017

Mass Wellspring, Inc.
P.O. Box 1087
Waltham, MA 02454-1087

Re: Request for Information

Dear [name]

This letter is to inform you that the Department of Public Health (“Department”) has reviewed the additional or revised information submitted for Mass Wellspring, Inc.’s Application of Intent (Application 2 of 2). The Application of Intent requires the following information before the Department may complete its evaluation:

1. Please submit Character and Competency form for [name] an individual contributing 5% or more of initial capital to operate the proposed RMD.

If the applicant has been requested to resubmit their response to a question, please do so using the page on the application form for that particular question, and include an initialed attestation at the bottom of the page. The applicant need not resubmit the entire application and may submit only the page for the particular question that needs to be submitted.

Please remember to type all responses in the information or materials resubmitted to the Department, other than any required signatures, as well as include the name of the Applicant Non-Profit Corporation and the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

Department of Public Health
Medical Use of Marijuana Program
RMD Applications
99 Chauncy Street, 11th Floor
Boston, MA 02111
Upon receipt, the Department will review the information and will notify the applicant if it is invited to submit a *Management and Operations Profile* or if further information is required before the applicant may proceed.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or RMDapplication@state.ma.us.

Sincerely,

[Signature]

Eric Sheehan, J.D.
Bureau Director
Bureau of Health Care Safety and Quality
Massachusetts Department of Public Health