



GOOD CHEMISTRY

Good Chemistry of Massachusetts, Inc.  
50 Congress Street, Suite 420  
Boston, MA 02109

August 14, 2015

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

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

AUG 17 2015

RECEIVED

Re: Application of Intent (3 of 3)– Good Chemistry of Massachusetts, Inc.

Dear Sir/Madam:

In response to your Request for Information letter, dated August 13, 2015, a copy of which is attached, I am writing to confirm that [REDACTED] has been appointed Chief Executive Officer and [REDACTED] has been appointed Chief Operating Officer of Good Chemistry of Massachusetts, Inc. Character and Competency Forms were submitted with the original application for each of these individuals.

Please note that since Massachusetts law does not require corporations to have a Chief Executive Officer or a Chief Operating Officer, we did not list these titles in our original application. However, to comply with your request, these offices have now been filled by the above referenced individuals.

Also enclosed is a completed Page 5, Section D, with a signature [REDACTED] and [REDACTED] included in the "Signature of Account Holder" column.

Please contact me if you require any additional information.

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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
Sweetwater Partners, LLC [REDACTED]	Partner Colorado Credit Union	Share Savings	\$ 400,036.72	[REDACTED]
Sweetwater Partners, LLC [REDACTED]	Partner Colorado Credit Union	Business Basic	\$ 75,853.32	
Sweetwater Partners, LLC DBA Good Chemistry	Champion Bank	Checking	\$ 70,516.78	
[REDACTED]	RBC Wealth Management	Investment	\$ 839,316.68	
-----	-----	<b>TOTAL:</b>	\$ 1,385,723.50	----

Information on this page has been reviewed by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory [REDACTED]



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

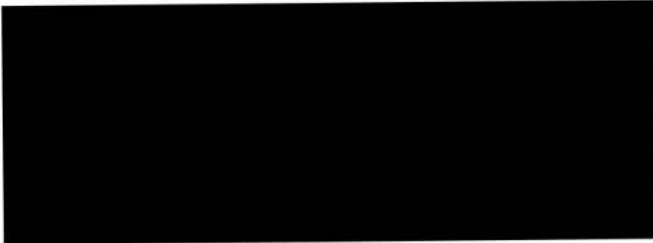
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Medical Use of Marijuana Program  
99 Chauncy Street, 11<sup>th</sup> Floor, Boston, MA 021

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-660-5370  
[www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana)

August 13, 2015



Re: Request for Information

Dear [REDACTED]

This letter is to inform you that the Department of Public Health ("Department") has reviewed Good Chemistry of Massachusetts, Inc.'s *Application of Intent* (Application 3 of 3). The *Application of Intent* requires the following information before the Department may complete its evaluation:

1. Applicant did not submit a Character and Competency form for the applicant's Chief Executive Officer or Chief Operations Officer. Applicant must submit Character and Competency forms for the applicant's Chief Executive Officer and Chief Operations Officer.
2. A signature for [REDACTED] was not provided in the table in Section D. Applicant must resubmit a completed Page 5, Section D, with a signature for [REDACTED] included in the "Signature of Account Holder" column.

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

Department of Public Health  
Medical Use of Marijuana Program  
RMD Applications  
99 Chauncy Street, 11<sup>th</sup> 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.

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.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Sincerely,

A handwritten signature in blue ink, appearing to read 'E. Sheehan', with a stylized flourish at the end.

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