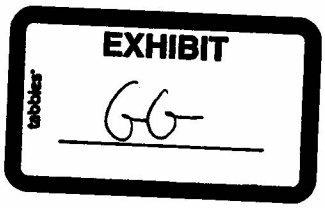


Vintage Foods Ltd.
Two Suggested Additions and Changes to the Rules and Regulations

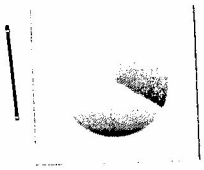
1). The proposal for this new Section or Subsection is to facilitate an initial channel of communication between the critical parties involved in the program.

The Department shall format a non-binding ideation and review forum to meet quarterly for discussion on operational issues, rules and regulations as they relate to the content of the program for purposes of program improvement to benefit the patient, state and industry.

This committee is to be chaired by the Department of Consumer Protection and opened to participants including;

Dispensary's and Dispensary technicians
Producer's
Board of Physicians
Patients, Patient Caregivers and Other Invited Guests, as approved by the Department of Consumer Protection

The Department shall set an annual quarterly calendar for such forums and allow by written request, for the inclusion of agenda-specific topics for discussion from all participants.



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2). Sec. 21a-408-43 Dispensary Technician Limitations

This change is suggested as a mechanism to allow for the Dispensary Technician to speak to the patient on subject specific topics.

a). Dispensary technicians shall;

1). Consult with a qualifying patient or patient's primary caregiver only on specific marijuana educational information and no other drugs. Only educational information about delivery system options, strain developments, cannabinoid research, testing methodology, delivery system by dosing standard and organic standards shall be discussed.

No discussion shall take place between the patient and dispensary technician regarding the physician's written certification, No changes shall be made to the physician's certification, except by the certifying physician.

The dispensary technician must first be authorized by the Dispensary prior to any subject specific communication, other than that of a standard patient transaction. The Dispensary will be required to advise the patient that, "the dispensary technician can only discuss educational information and that you must consult your doctor regarding any discussion of your personal treatment program or the recommendation thereof."

All Dispensary's and dispensary technician's shall be required to be certified in a state certified training program for the sale and distribution of the medication. The program will be developed by the State, Board of Physician's, the Connecticut Pharmacist's Association and industry. Funding for this program will come from the registration fees for program attendance and certification.

b). Consult with the physician who certified the qualifying patient, if so requested by the certifying physician, Physician requests for communication shall be made directly to the Dispensary and it will be at the Dispensary's discretion whether the Dispensary or the dispensary technician shall speak to the physician's questions.

Good Morning. My name is David Kimmel. I am founder and President of Vintage Foods Ltd., a patient-driven medicinal cannabis grow, manufacturing and pharma-based research and development corporation.

Vintage Foods has been advocating for this moment since 2010 and we are honored to be here today.

Admittedly and with complete transparency, I do look at these rules and regulations though business colored glasses as my company will be making application for potential licensing.

Vintage Foods has previously submitted to the office of the Department of Consumer Protection our thoughts on these draft rules and regulations and we gratefully acknowledge that opportunity. I would like to emphasize that there is no doubt in my mind that this has been a daunting task for the Department of Consumer Protection and I commend them for their efforts to date.

Still there are a number of Sections and specifically issues within those Sections that continue to create pause for concern and with a bit more consideration, might better serve the patient. Some of these devilish details include;

- lab equipment specification, protocol standards and on-going operational certification
- weight and scale standardization and their on-going monthly certification
- medication expiration dating methodology and Producer standardization
- flexibility in allowing patients to use more than one dispensary location
- format and standardization for patient feedback on medication efficacy by state-specific disease and to disseminate that information to all parties
- and better lines of closer communication between patients, dispensaries, physicians, growers and dispensary technicians and still on my mind.

Some other issues that are of greater concern include;

- lack of patient, physician and industry educational resource center for any and all cannabis medication available in Connecticut
- inability for the dispensary technicians to discuss cannabis educational information with the certified patients.
- banking and cash handling hurdles
- and the escrow dollars or letter of credit requirements

Speaking to the escrow issue. I think I understand the intent of this rule however I question if this is the best way to resolve the State's concerns.

- If a Producer is doing something illegal then they should be treated like any one would be treated in a similar pharmacy/pharmaceutical industry.
- If a Producer does not meet their production obligations, and/or fail, the loss of their business and investment seems punishment enough
- And what if the business failure is based on a uncontrollable circumstance?

or the Producer doesn't produce enough medication by State standards, for fear of unforeseen federal interdiction? This becomes a very slippery slope.

Whatever resources are required to satisfy the State in this regard, it will be that much less money a Producer can use to successfully operate their business. Furthermore my sense is there will be no lack of those waiting in line to take the space of any failed or terminated Producer.

Next, I would like to comment as an aside about recent testimony given at the Finance Revenue and Bonding Committee public hearing on SB 1117. The testimony was by an individual who represents both NORML, a national organization for the legalization of recreational marijuana and the CT Medical Cannabis Business Alliance. The position being lobbied was for taxation on the medicinal cannabis industry in conjunction with expanding the State's disease specific list to include chronic pain.

We have strong concerns about any suggestion of taxation on medicinal cannabis. Separately from the position advocated by these organizations, there was a time when we thought taxation might be advantageous. Our thinking was that if a percentage of that revenue were allocated to flow to the towns that permitted medicinal cannabis businesses to safely operate in their communities and if the remaining revenue went to cannabis patient research and development, it made sense to me.

- Any tax on the industry will inevitably be passed on to the patient. No matter how one try's to paint it or promote it, this is the way a business operates. Our company's goal is keep the patient cost of this medication as inexpensive as possible.

- The legalization of medical marijuana for the true palliative use by patients should not be co-opted by the recreational movement to support its position that marijuana is a tax revenue engine. While it may be true that recreational cannabis is a viable tax generator, it should not be used as a tool to promote taxation in the medicinal cannabis industry or to link that to any new state-specific diseases covered under the state law in order to make the potential revenue stream more intoxicating.

  The process of adding a new debilitating disease to the state-specific disease list is clearly outlined under these Rules and Regulations. The Physician's Board, once fully functioning, has the responsibility under the auspices and approval of the Department of Consumer Protection, to review any such requests. Until this process is proven dysfunctional, it should be implicitly followed until change is required.

From our seat it would seem that if we as an industry put other motivations ahead of the patient's needs, we are not only stepping off on the wrong foot but it is not

either the intent or spirit of this law. Possibly when this medication becomes insurable, it may open a more viable doorway for a discussion about taxation.

I would now like remove my Vintage Foods Ltd. business hat and share with you my personal vision for Connecticut's MMJ program and for the patient's, who are being dutifully served by both the State and the Department of Consumer Protection with this legislation.

Gazing into my crystal ball, I can foresee Connecticut as a leader in patient-driven cannabis education, research and development, creating a pathway and setting a tempo for other states and the world to follow.

Without education and research there would be no penicillin or light bulb and to be more Connecticut specific there would be no can opener, cotton gin, submarine, Frisbee, vulcanized rubber and no ESPN.

This vision could be realized not by any one individual, company or entity but by a united, patient-driven effort from all of us in this room. As trailblazers, there are going to be many opportunities in front of us and in the name of the patients here today as well as the over 150,000 patients currently covered by this legislation throughout this fine State, our obligation is to them.

Some of these opportunities could include;

- developing international relationships with physicians and physician-based organizations like the highly respected Canadian Consortium for the Investigation of Cannabinoids. or the International Cannabinoid Research Society in Europe. Working with expert medical cannabis doctors like Dr. Mark Ware of McGill University, Dr. Donald Abrams of University of San Francisco and Dr. Raphael Mechum of Hebrew University in Jerusalem. Sharing patient treatment results, the most current medication related breakthroughs and clinical studies and research.

- Engineering cannabis strains for disease specific treatments in concert with medical and agricultural faculty from an in state university. Emphasis would be focused on the 80 plus other non-psychotropic cannabinoid compounds found in cannabis with less on THC.

- Agricultural research and development on farming techniques, green energy application, enhancing plant efficacy, improving organic standards, increasing plant productivity and yields and developing strains best suited for specific processing techniques and specific delivery systems. And the creation of a credited in-state university based Producer cultivation program.

- Creation of a credited in-state university medicinal marijuana dispensary program in concert with the CT's Pharmacists Association that would train dispensaries and dispensary technicians.

- Cannabinoid isolation research using IP technology for disease specific treatments and eventually patient-driven DNA synchronization for individualized patient specific treatments.

- Research and development of standardized, metered unit-dosing delivery systems that do not utilize combustion but still delivery medication as needed by the patient's timeline, that being immediate or time released.

- In conjunction with an in-state university, the creation of a Physician's Research Center for medicinal cannabis education, research and clinical trials.

- In conjunction with an in-state university, the creation of a cannabis strain DNA database for any and all medicinal stains grown in the state. With supporting certified laboratory acceptable tolerances for cannabinoid activity, microbiological analysis and moisture content for expiration standardization. And links for each strain to clinical studies, on-going research and other bona fide medicinal cannabis information.
  This data-base would be the standard for the patients, physicians, producers, dispensary's and other state certified laboratories to operate within.

- Research and development of cutting-edge processing technology for the extraction of the volatile oils in the whole plant material.

- The manufacturing of metered unit-dosing delivery systems including oral, topical, sublingual and transdermal options for international distribution

- Working closely with disease-specific patient services and advocacy groups like the MS Society, American Cancer Association and the Epilepsy Foundation to insure that they are networked into the medicinal cannabis patient education and information highway.

Connecticut is on the eve of a remarkable journey. True, my crystal may not be working perfectly, but one day this controlled substance will be rescheduled. It is not a question of if, it is a question of when. Collectively and individually we all need to take a deep breath and ground ourselves and take account of the fact that these rules and regulations and the industry itself, are at the end of the day, about the patient.

Thank you for this opportunity today to present both my company's perspectives and my personal feelings on the Palliative Use of Marijuana Draft Rules and Regulations.