

**RELEAF RECOVERY  
(WOODBIDGE)**

**MMP – RFA**

**“REDACTED”**



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix A Dispensary Facility License Information Form

### Section A: Business Information

1. Applicant business type:

|  |                                      |   |                                      |  |   |                                       |
|--|--------------------------------------|---|--------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Other: _____ |
|--|--------------------------------------|---|--------------------------------------|--|---|---------------------------------------|

2. Legal Name of Applicant:

Releaf Recovery LLC

3. Trade Name of Applicant:

Releaf Recovery LLC

4. Applicant's Business Address:

379 Quarry Brook Drive

5. City:

South Windsor

6. State:

CT

7. Zip Code:

06074-3526

8. Daytime Telephone Number:

(203) 362-8461

9. E-mail Address:

angela@ccc-ct.com

10. Applicant's Mailing Address (if different than business address):

11. City:

12. State:

13. Zip Code:

14. Daytime Telephone Number:

15. Fax Number:

### Section B: Contact Information

All communications from the department regarding this application will be sent to your primary contact and alternate contact, if one is designated. We will assume that you receive all communications sent to your designated contact(s) and it will be your responsibility to notify us if any of their contact information changes.

16. Name of Primary Contact:

Thomas Nicholas

17. Primary Contact Title:

Chief Operating Officer

18. Primary Contact E-mail Address:

t.i.nicholas@att.net.com

19. Primary Contact Telephone Number:

(860) 558-4935

20. OPTIONAL - Name of Alternate Contact:

Angela D'Amico

21. Alternate Contact Title:

Chief Executive Officer

22. Alternate Contact E-mail Address:

angela@ccc-ct.com

23. Alternate Contact Telephone Number:

(203) 362-8461

### Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation:

08 /26 /2015

25. Place of Formation/Incorporation:

CT

26. Registered with the Connecticut Secretary of State:

Yes  No

27. Sale and Use Tax Permit Number:

Provide a copy of your Sale and Use Tax permit with your application.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section D: Proposed Dispensary Facility Information

|  |                        |  |                         |
|--|------------------------|--|-------------------------|
| 28. Proposed Dispensary Facility Address:<br>245 Amity Rd, Suite 111   |                        |  | 29. City:<br>Woodbridge |
| 30. State:<br>CT   | 31. Zip Code:<br>06525 | 32. Telephone Number:<br>(203) 362-8461                                | 33. Fax Number:         |
| 34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease<br>Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license. |                        | 35. Name of Property Owner:<br>Research Development at Bradley Rd, LLC |                         |

## Section E: Business Association Information

36. Are you associated with any other dispensary facility licensee or license applicant or producer licensee or license applicant:  
 Yes  No

If yes, provide the name of all applicants with whom you are associated. Attach additional pages if necessary.

|   |  |
|---|--|
| 37. Applicant Name:<br>Prime Wellness of Connecticut            | 38. Licensee or Applicant Type:<br><input checked="" type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer |
| 39. Applicant Name:<br>Compassionate Care Center of Connecticut | 40. Licensee or Applicant Type:<br><input checked="" type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer |

## Section F: Proposed Dispensary Department Hours

41. State the proposed dispensary department hours of operation for each day. The dispensary department is where marijuana will be sold.

|           |    |    |   |          |    |    |   |
|-----------|----|----|---|----------|----|----|---|
| Monday    | 10 | to | 6 | Friday   | 10 | to | 8 |
| Tuesday   | 10 | to | 6 | Saturday | 10 | to | 6 |
| Wednesday | 10 | to | 6 | Sunday   |    | to |   |
| Thursday  | 10 | to | 6 |          |    |    |   |

## Section G: Proposed Dispensary Facility Hours

42. State the proposed dispensary facility hours of operation for each day. The dispensary facility includes areas where non-marijuana products and services will be offered.

|           |    |    |   |          |    |    |   |
|-----------|----|----|---|----------|----|----|---|
| Monday    | 10 | to | 6 | Friday   | 10 | to | 8 |
| Tuesday   | 10 | to | 6 | Saturday | 10 | to | 6 |
| Wednesday | 10 | to | 6 | Sunday   |    | to |   |
| Thursday  | 10 | to | 6 |          |    |    |   |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section H: Other Business Names & Addresses

List all names under which the applicant has done business or has held itself out to the public as doing business. Do not limit your response to business operations in Connecticut. Attach additional pages if necessary.

| 43. Name: | 44. Time Period: |
|-----------|------------------|
|           |                  |
|           |                  |
|           |                  |
|           |                  |

List all addresses, other than those listed in response to Section A, that the applicant owns, has owned or from which it has conducted business during the previous five years and give the approximate time periods during which such locations were owned or utilized. Attach additional pages if necessary.

| 45. Address: | 46. Time Period: |
|--------------|------------------|
|              |                  |
|              |                  |
|              |                  |
|              |                  |

## Section I: Dispensary Facility Backers

Provide the following information for each dispensary facility backer. A dispensary facility backer is any person (including any legal entity) with a direct or indirect financial interest in the applicant, except it shall not include a person with an investment interest provided the interest held by such person and such person's co-workers, employees, spouse, parent or child, in the aggregate, does not exceed five per cent of the total ownership or interest rights in the applicant and such person will not participate directly or indirectly in the control, management or operation of the dispensary facility if a license is granted.

Create additional copies of this page if necessary.

**Each backer identified in response to this section must complete and sign Appendix B.**

| 47. Name:           | 48. Percentage of ownership |
|---------------------|-----------------------------|
| Thomas Nicholas     |                             |
| Angela D'Amico      |                             |
| Kevin P. Murphy     |                             |
| John P. Glowik, Jr. |                             |
|                     |                             |





# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section J: Directors, Owners, Officers and Other High-Level Employees

Provide the following information for each individual, including each dispensary facility backer, who will:

- directly or indirectly have control over, or participate in the management or operation of, the dispensary facility; or
- who currently receives, or who reasonably can be expected to receive, within one calendar year, compensation from the applicant exceeding \$100,000.

Create additional copies of this page if necessary.

Each person identified in response to this section must complete and sign Appendix C.

| 49. Name (First, Middle, Last): | 50. Title:         | 51. Role:              |
|---------------------------------|--------------------|------------------------|
| Thomas Nicholas                 | COO                | Managing Operation     |
| Angela D'Amico                  | CEO                | Sales, Marketing       |
| Kevin Murphy                    | CFO                | Managing Finances      |
| John Glowik Jr                  | Co Owner           | Director               |
| David Paume                     | Dispensary Manager | Day to Day Operations. |

## Section K: Financial Statement

Set forth all expenses greater than \$10,000 incurred in connection with the establishment of your business and the sources of the funds for each. Attach additional pages if necessary. The Department may require backup documentation.

| 52. Expense Item: | 53. Cost:<br>\$ | 54. Source of Funds: |
|-------------------|-----------------|----------------------|
|                   | \$              |                      |
|                   | \$              |                      |
|                   | \$              |                      |
|                   | \$              |                      |
|                   | \$              |                      |
|                   | \$              |                      |
|                   | \$              |                      |
|                   | \$              |                      |
|                   | \$              |                      |

## Section L: Security System

Identify the company or companies that will provide security services for the dispensary facility if a license is awarded. If more than two companies will provide security services, complete this section for each such additional company.

|  |                      |
|--|----------------------|
| 55. Primary Security Company Name:<br>Alarm King Inc.                                      |                      |
| 56. Primary Security Company Address (including Apartment or Suite #):<br>16 Lake Ave Ext. | 57. City:<br>Danbury |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



|   |                        |   |                      |
|---|------------------------|---|----------------------|
| 58. State:<br>CT  | 59. Zip Code:<br>06811 | 60. Telephone Number:<br>(203) 743-1721 | 61. Fax Number:      |
| 62. E-mail Address:<br>mmadden@alarmkinginc.com   |                        |   |                      |
| 63. Backup Security Company Name (if applicable):<br>Integrated Security Group  |                        |   |                      |
| 64. Backup Security Company Address (including Apartment or Suite #):<br>1347 E Main Street #1  |                        |   | 65. City:<br>Meriden |
| 66. State:<br>CT  | 67. Zip Code:<br>06450 | 68. Telephone Number:<br>(203)630-2361  | 69. Fax Number:      |
| 70. E-mail Address:<br>info@intergratedsecuritygroup.com  |                        |   |                      |
| 71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies. |                        |   |                      |

## Section M: Legal Proceedings

72. Has the applicant ever had any petition filed by or against it, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?  Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

73. Has the applicant ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?  Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

74. Is the applicant a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?  Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

75. Has the applicant ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?  Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section N: Criminal Actions

76. Has the applicant ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or are any such charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section O: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating the applicant's suitability to participate in the medical marijuana program. As the duly authorized representative of the applicant, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

77. Signature:

▶

78. Date Signed:

9.12.15

**I hereby certify that the above information is correct and complete.**

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

79. Signature:

▶

80. Date Signed:

9.12.15



**Alarm King, Inc.**  
**16 Lake Avenue Ext.**  
**Danbury, CT 06811**  
**203-743-1721**

CT License Number: # 105868

**Security Solution Specification**  
**Prepared Exclusively for**

**Releaf Recovery, LLC.**  
**245 Amity Road Suite 111**  
**Woodbridge, CT. 06525**



## TABLE OF CONTENTS

|                                    |    |
|------------------------------------|----|
| SECURITY PLAN & OVERVIEW           | 3  |
| BURGLARY LINE ITEM PARTS           | 7  |
| ACCESS CONTROL LINE ITEM PARTS     | 8  |
| CCTV LINE ITEMS PARTS              | 9  |
| JOB SPECIFICATION NOTES            | 10 |
| SECURITY SOLUTIONS SCHEMATIC (CAD) | 14 |



SECURITY PLAN & OVERVIEW

**ALARM KING PROPOSED SECURITY SYSTEMS PLAN**

**FOR RELEAF RECOVERY**

*Doors/ Other Openings*

All doors/openings that gain entry to the facility shall be contacted utilizing Sentrol armored cable contacts. All wiring to these contacts will be supervised and report status to the Honeywell master control panel. (UL Commercial) Each opening shall have a unique zone identification number as well as an alphanumeric description. The armored cable offers a first line of defense against tampering with or disabling the ability to sense alarms. (24/7) All Sentrol contacts will be supervised with end of line resistors (4293sn) and will immediately report trouble conditions via the LCD touchpads, central station and on-site activity printer. The contacts are industrial grade, hermetically sealed and will be installed with tamper proof screws. All doors not frequently used will be placed on 24/7 alarm and can only be disarmed by a high level authorized user. See CAD Drawing page 14 and 15 for detail of locations.

*Motion Detection and Glass Break System*

All perimeter opening shall be backed up by at least one form of motion detection. The motion sensors in the specification utilize passive infra-red, microwave, and software analytic technology to properly detect intrusion and simultaneously prevent false alarms. All motion sensors shall have a unique zone identification number as well as an alphanumeric description. Every motion detectors shall be tampered, supervised and have look down lens capability that will be enabled. In areas will glass, glass break detectors will be installed to decrease the response time required for police to respond.

Special Notes: The ceiling above drug safe shall be covered with a motion detector to prevent access from above and placed on 24/7 alarm. In addition, the back up communication device (hidden) shall also be protected with a motion detector on a 24/7 alarm zone. Only master code users will be able to bypass these zones when needed for ceiling access. See CAD Drawing page 14 and 15 for detail of locations.

*Communication Devices and Systems*

The burglary alarm system will have three primary pathways to the Central Station: 1. Loop start land line, 2. Internet communicator, 3. Cellular -- GSM. This triple redundancy system will send signals to our



central station every 2 minutes to constantly verify connectivity. If the central station does not receive 3 consecutive 2-minute tests (6 minutes total) the system will generate an alarm.

#### *Power Failure Backup System*

In the event of a power failure the burglary alarm systems back up batteries will instantly provide power for continued operation. The system has been designed to provide 24 hours of battery backup protection. The Honeywell main control panel has a built in charging circuit and will keep the backup battery system fully charged. The Honeywell master control panel monitors the state of battery condition at all times and will immediately send a battery trouble status to Central Station upon sensing of trouble or below battery specification.

#### *On Site Activity Printer*

All burglary alarm system events shall report

The printer will be located in the IT room secured area. The printer tape shall be utilized daily for auditing purposes and real time reporting of events.

#### *Remote Access*

The system will have the ability for high-level authorized users only to access reports and receive alarm signals via mobile devices, which include desktop computers, laptop computers and smart phones.

#### *Auto Arm*

The alarm system will be programmed to automatically set the perimeter and interior protection of the facility in the event of a fail to arm by user. In addition if the facility is not armed within a certain time period, this condition will generate a supervisory condition in which a call list will be called. The system will not be programmed for auto-disarm.

#### *Central Station Signaling*

The burglary alarm system shall be programmed for the transmission of the following signals: 6 minute test, open and closing by user, trouble, supervisory, low battery, low ac, alarm by zone, program tamper.

#### *Panic/ Holdup/ Duress System*

Panic/ holdup buttons are located throughout the facility including all areas that will have drug storage, drug dispensing and drug treatment operations. The panic (Audible) and holdup (Silent) system shall be activated 24/7 and all wiring shall be supervised to ensure 100% operation at all times. In addition to the hardwired units a long-range receiver and 3 wireless remotes shall be installed and implemented. The armed guard will always carry a portable transmitter and will be able to activate a panic signal and/or duress signal



from the portable transmitter device from anywhere within the facility including outer hallways and stairwells.

All panic and/ or holdup buttons will have unique identification numbers and alphanumeric descriptions and will report to central station accordingly. See CAD Drawing page 15 for detail of locations. The Honeywell security system shall be programmed for duress activation at any of the systems installed LCD touchpads. See CAD Drawing page 14 and 15 for detail of locations.

#### *Partitioning*

The system shall be programmed to allow access from the office area system. (By User) Only an authorized user of that partition can turn the burglary alarm system off. This will allow continued protection from general office staff and/or visitors. In order to gain entry into drug storage, drug dispensing and drug treatment area a user will have to be authorized for that partition, present a valid HID card and enter the proper pin in the access control reader. This action will disarm the partition alarm, activate the door lock and temporarily deactivate the 24/7 door contact for a period of 30 seconds.

#### *Service and Maintenance*

The specifications include a 3-year 100% warranty on parts and/or labor. Additionally the burglary alarm system shall be tested two times per year and this inspection is included within the warranty period at no cost. At the start of year 4 this service shall be billed according to our published standard rates. As the system is fully supervised and will send trouble conditions immediately to Central Station Dispatch the specification includes a 4 hour response time to any and all trouble and supervisory conditions.

#### *Access Control Readers*

Access control readers shall be utilized to control authorized access/ visitor management into the facility and including all areas that will have drug storage, drug dispensing and drug treatment operations. The access control doors shall be programmed for door prop and door forced open alarm and will be activated 24/7 to prevent doors from being left open or breached. The only way to disarm these access control points is with a valid presentation of an HID proximity card and 4-digit pin code. Any breach of these conditions shall transmit an immediate signal to Central Station. A dedicated computer running HUBMAN 2 software shall store access control data/ reports for a period of approximately 5 years but no less than three years for auditing and prevention purposes. See CAD Drawing page 14 and 15 for detail of locations.

#### *CCTV System*





All exit/entry points to the facility shall be covered by high-resolution Super Dynamic Range (SDR) variable focus, color cameras. These specifications will allow for changing or fluctuating light levels and offers low light capability. The color cameras shall be connected to a Hikvision NVR located within the protection of the Safe room and separate alarm partition. The unit will be rack mounted and will transmit video clips of all alarm events off site for archiving. The NVR shall store recorded video for a period of not less than 60 days. Cameras have also been located in all areas that will have drug storage, drug dispensing and drug treatment operations. Additionally strategic cameras have been placed in waiting areas, hallway areas, stairwells and entrances to restrooms.



**CORP ADDRESS:**

379 Quarry Brook  
So Windsor  
CT  
USA  
06074

**SITE ADDRESS:**

245 Amity Road #111  
Woodbridge  
CT  
USA  
06525

Account Name: Relief Recovery  
Contact Name:

RFP Stage: In Progress

**Burglary Alarm System**

| S.No. | Product Details  | Qty | Price | Total |
|-------|--|-----|-------|-------|
| 1.    | Vista 128 Control Panel Fire/ Burglary VISTA-128BPT<br>Including printer | 1   |       |       |
| 2.    | 12/24 VDC Power Supply 1amp W/ Fire Disc AX-AL125UL                      | 1   |       |       |
| 3.    | ENTERPRISE IP COMMUNICATOR 7845I-ENT                                     | 1   |       |       |
| 4.    | LCD KEYPAD CUST ALPHA PROG 6160  | 4   |       |       |
| 5.    | Indoor Piezo Siren Wave2ex   | 4   |       |       |
| 6.    | REC TAMPER PLUNGER LEAD WHY SR-3012N                                     | 3   |       |       |
| 7.    | 2-BTTN SEL LTCH/MOM DPDT PL-HUBT<br>Panic                                | 8   |       |       |
| 8.    | Armored Cable Man Door Contact Wide Gap SR-2505AL                        | 9   |       |       |
| 9.    | 50X50 Tri Tech Anti Mask PIR DS-DS950                                    | 12  |       |       |
| 10.   | Bosch Tri Tech 360 Motion Sensor - 60 Ft Diameter Protection DS9360      | 2   |       |       |
| 11.   | Honeywell 30 GLASSBRK DUAL-T SURF MNT CK-FG730                           | 3   |       |       |
| 12.   | 18/4 Plenum 500 Ft Box WG-31155512                                       | 3   |       |       |
| 13.   | 12v 7amp Battery IM-1270   | 2   |       |       |
| 14.   | Misc Hardware MISCR  | 1   |       |       |
| 15.   | Installation and Programming Service SRV8                                | 1   |       |       |



RELEAF RECOVERY LLC  
APPENDIX A SECTION L - 71

**CORP ADDRESS:**

379 Quarry  
Brook  
So Windsor  
CT  
USA

**SITE ADDRESS:**

245 Amity Road #111  
Woodbridge  
CT  
USA  
06525

Account Name: Relief Recovery  
Contact Name:

RFP Stage: In Progress

Access Control Proximity System





**CORP ADDRESS:**

379 Quarry Brook  
So Windsor  
CT  
USA  
06074

**SITE ADDRESS:**

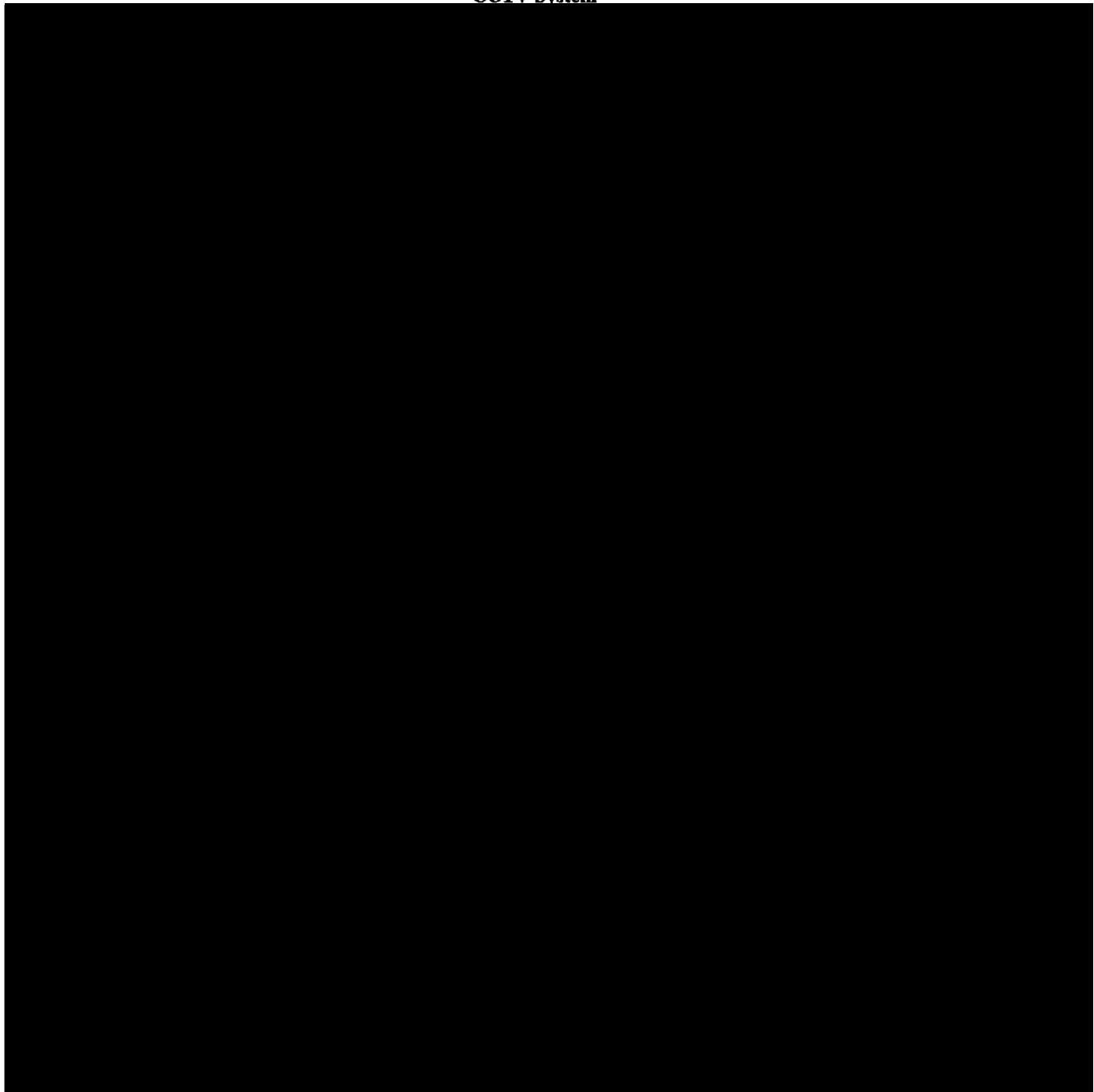
245 Amity Road #111  
Woodbridge  
CT  
USA  
06525

---

Account Name: Relief Recovery  
Contact Name:

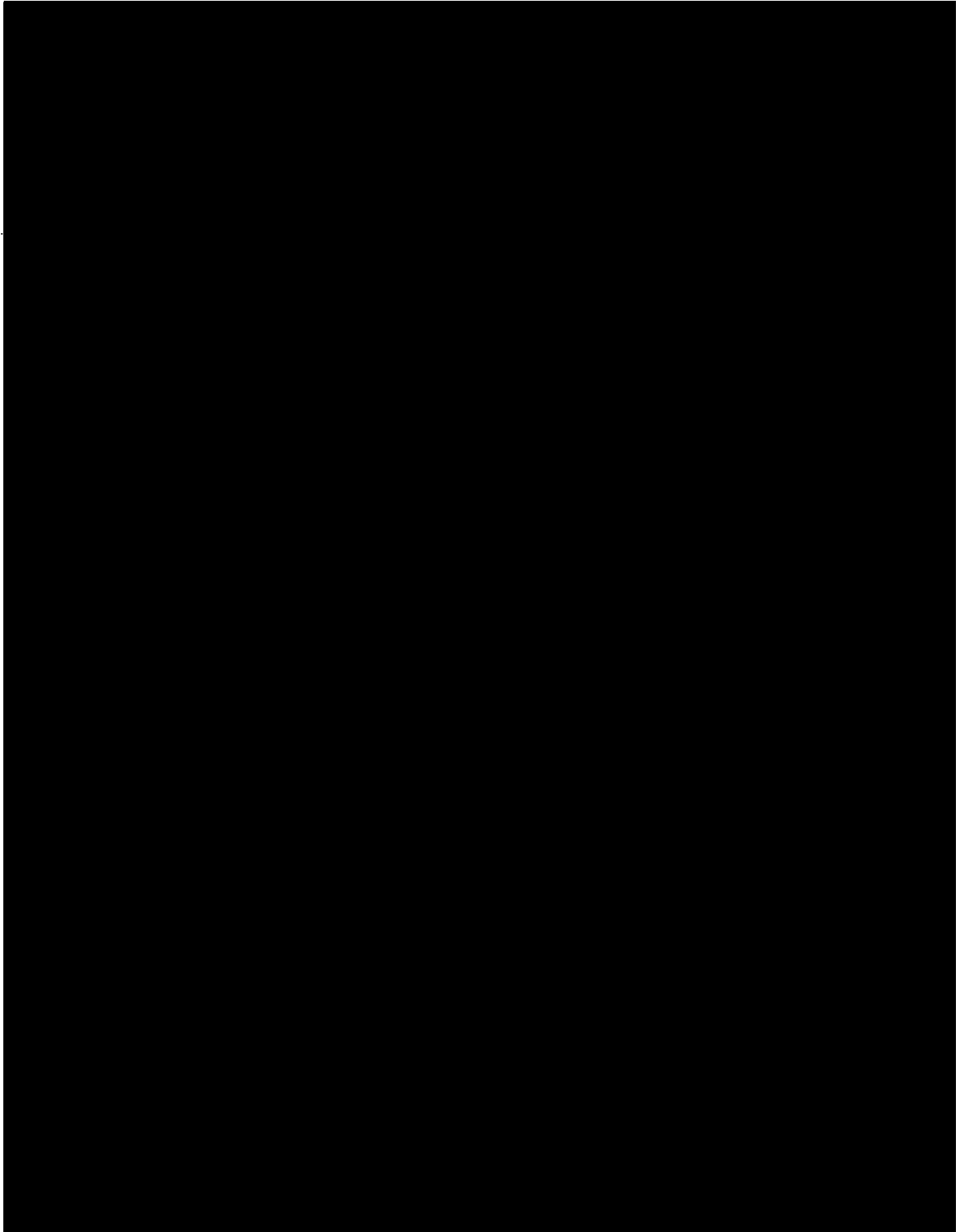
RFP Stage: In Progress

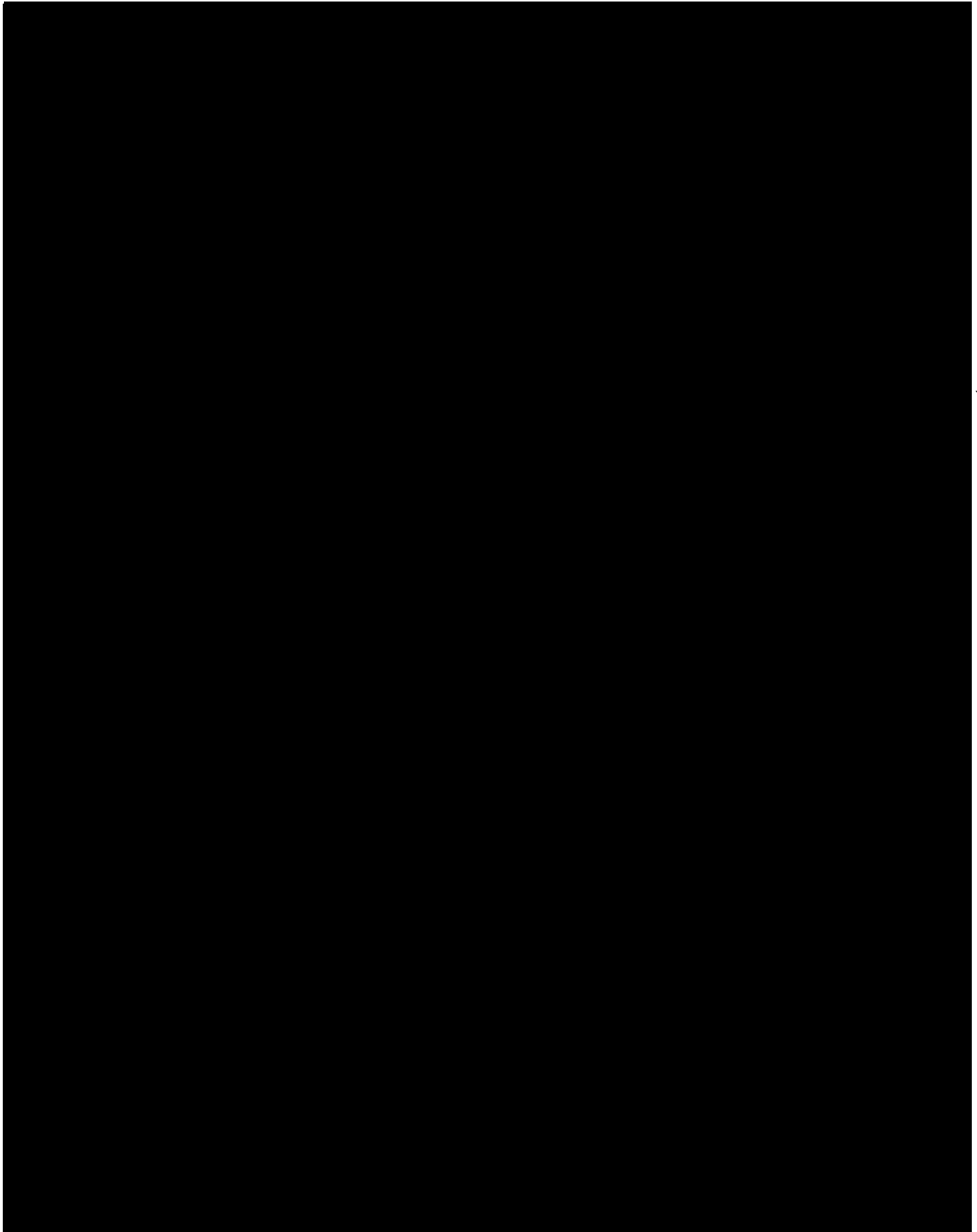
**CCTV System**

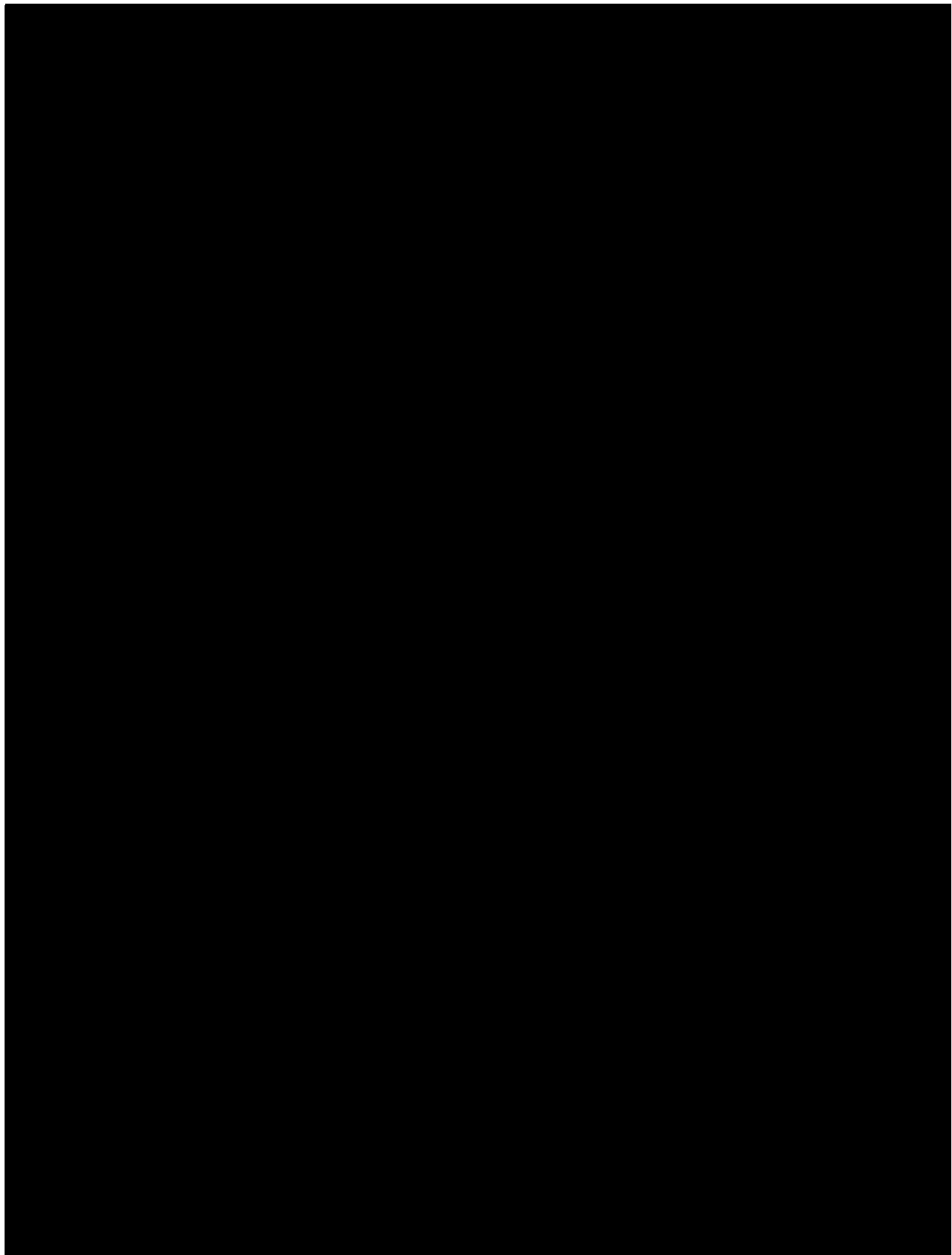


JOB SPECIFICATION NOTES

Releaf Recovery Woodbridge



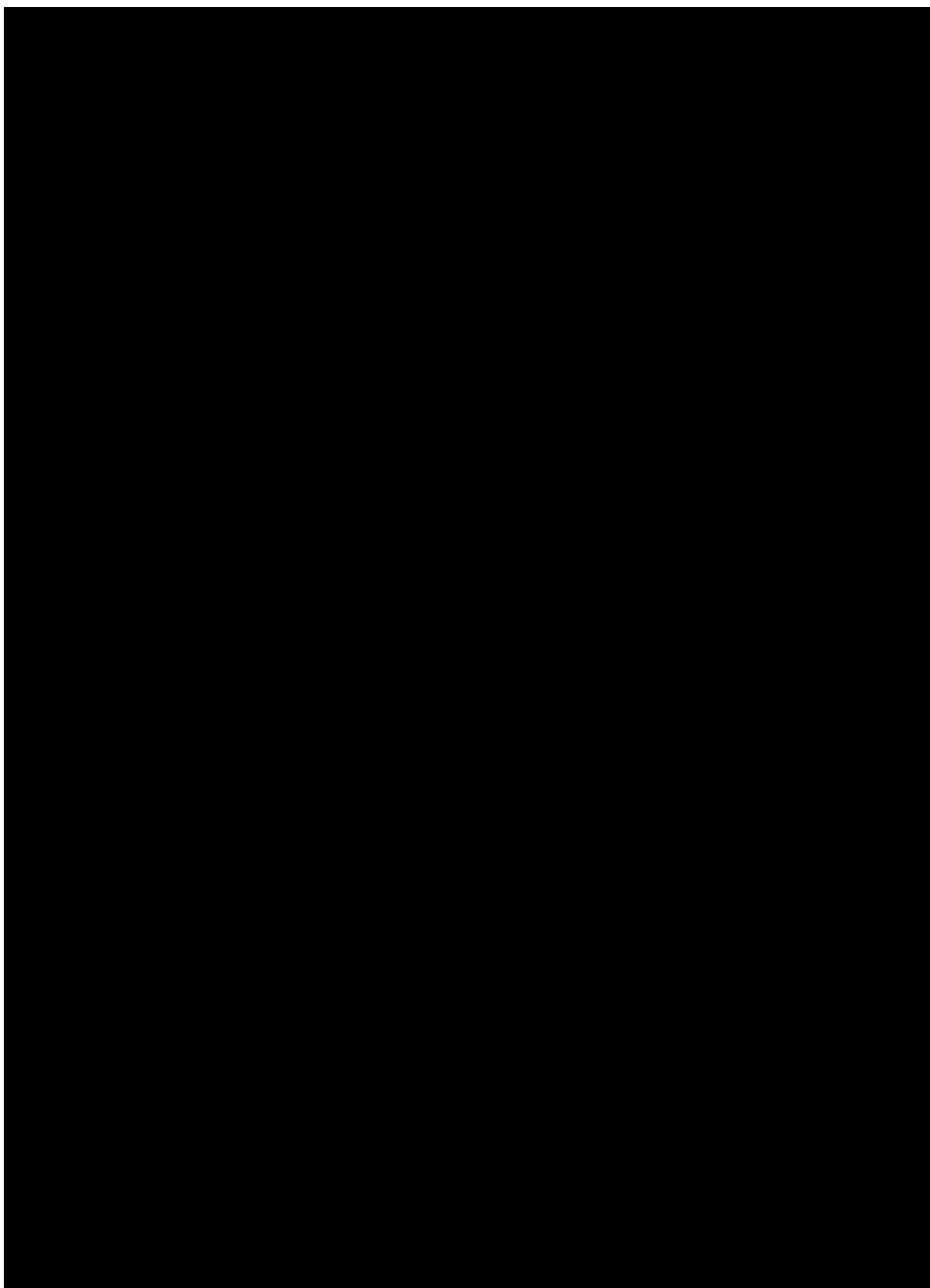




⌋

⌋

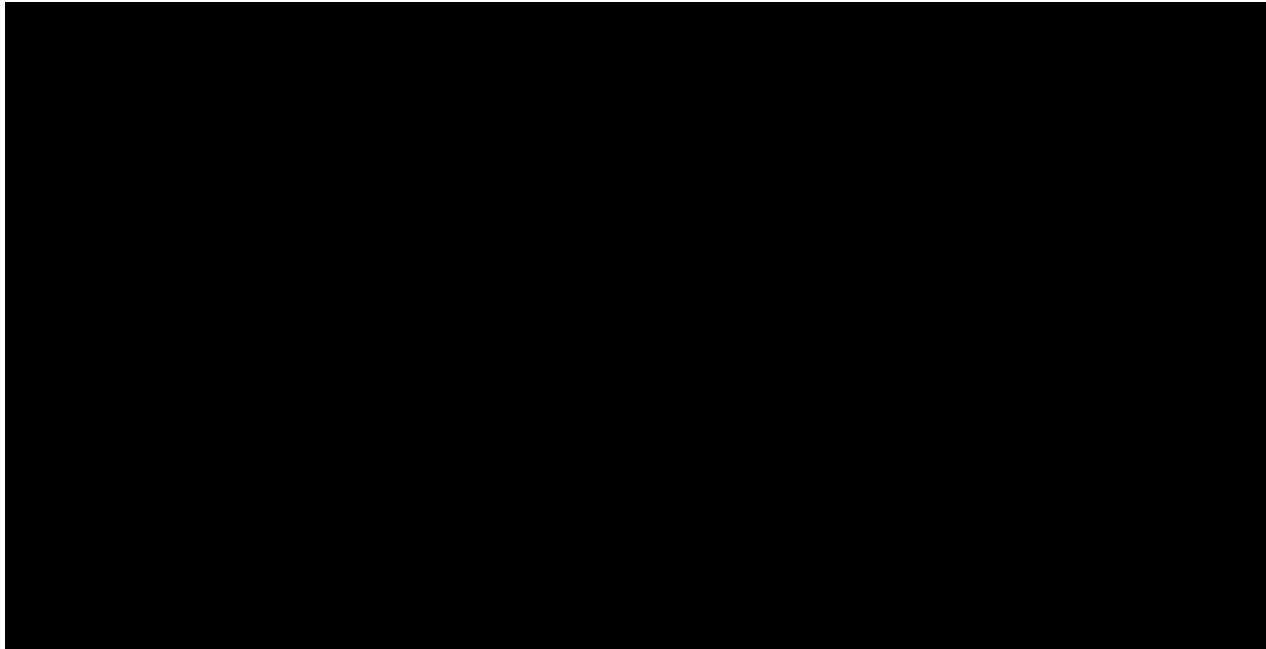
⌋





**THIS VERSION ONLY TO SCALE**

Larger version submitted for your convenience



|  |                          |  |              |
|--|--------------------------|--|--------------|
|  | Shared Print Services    |  | Data Storage |
|  | Parking Structure        |  |              |
|  | Security Elevator        |  |              |
|  | Long Storage Station     |  |              |
|  | Short Storage Station    |  |              |
|  | Customer Mail Collection |  |              |
|  | Mail Room Collection     |  |              |
|  | Customer Service Station |  |              |
|  | System Display           |  |              |

|  |  |
|--|--|
|  | Elevator Core                              |
|  | CCTV Monitor                               |
|  | Video and Audio in Emergency Alarm Control |
|  | Fire Alarm Control Panel                   |
|  | Emergency Card Reader                      |

building area:  
1200 sf gross (first floor)

project  
north



preliminary



releaf recovery, llc

woodbridge, ct

releaf recovery  
dispensary center

woodbridge, ct

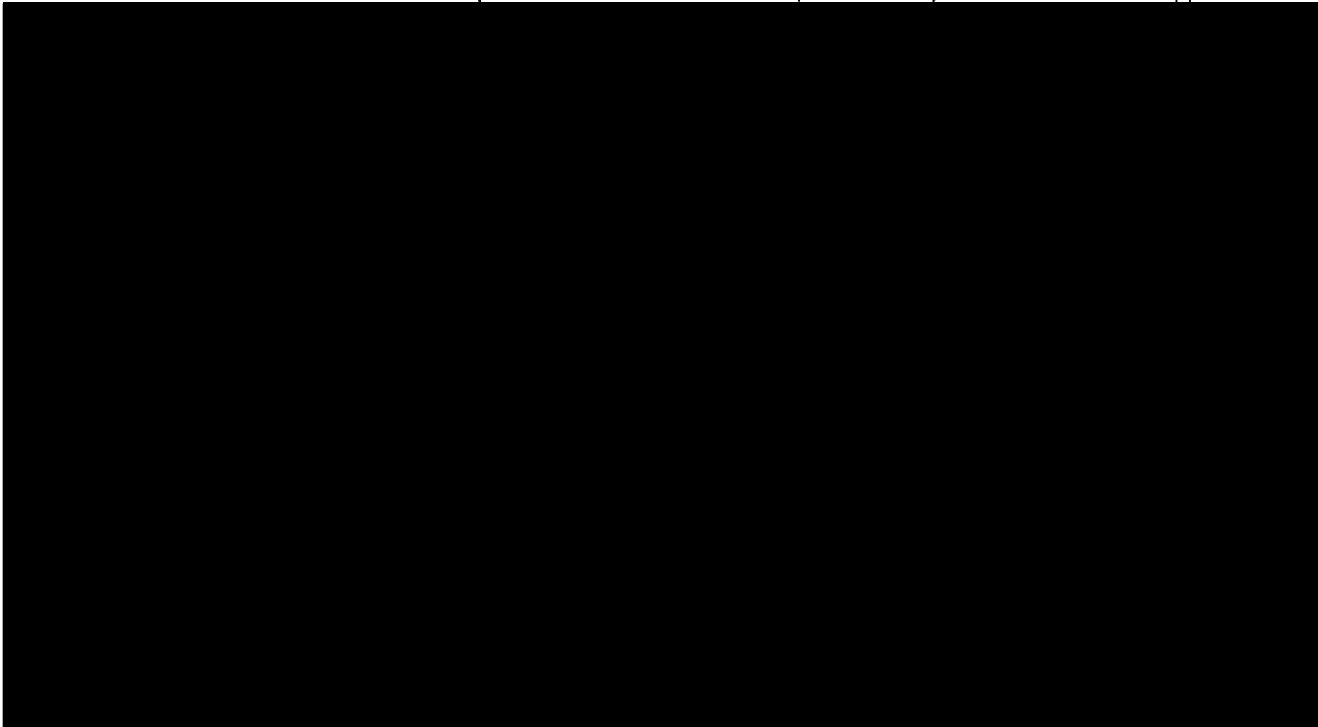
schematic plan

pwc 3646  
09/15/15

A-1.0

2014 © COPYRIGHTED

APPENDIX A - L71



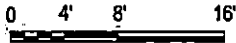
building area:  
1000 sf gross (lower level)

**THIS VERSION ONLY TO SCALE**

**Larger version submitted for your convenience**

preliminary

project  
north



releaf recovery, llc

woodbridge, ct

releaf recovery  
dispensary center

woodbridge, ct

schematic lower plan

pwc 3646  
09/15/15

**A-1.1**

3/3 © 2015 PWC

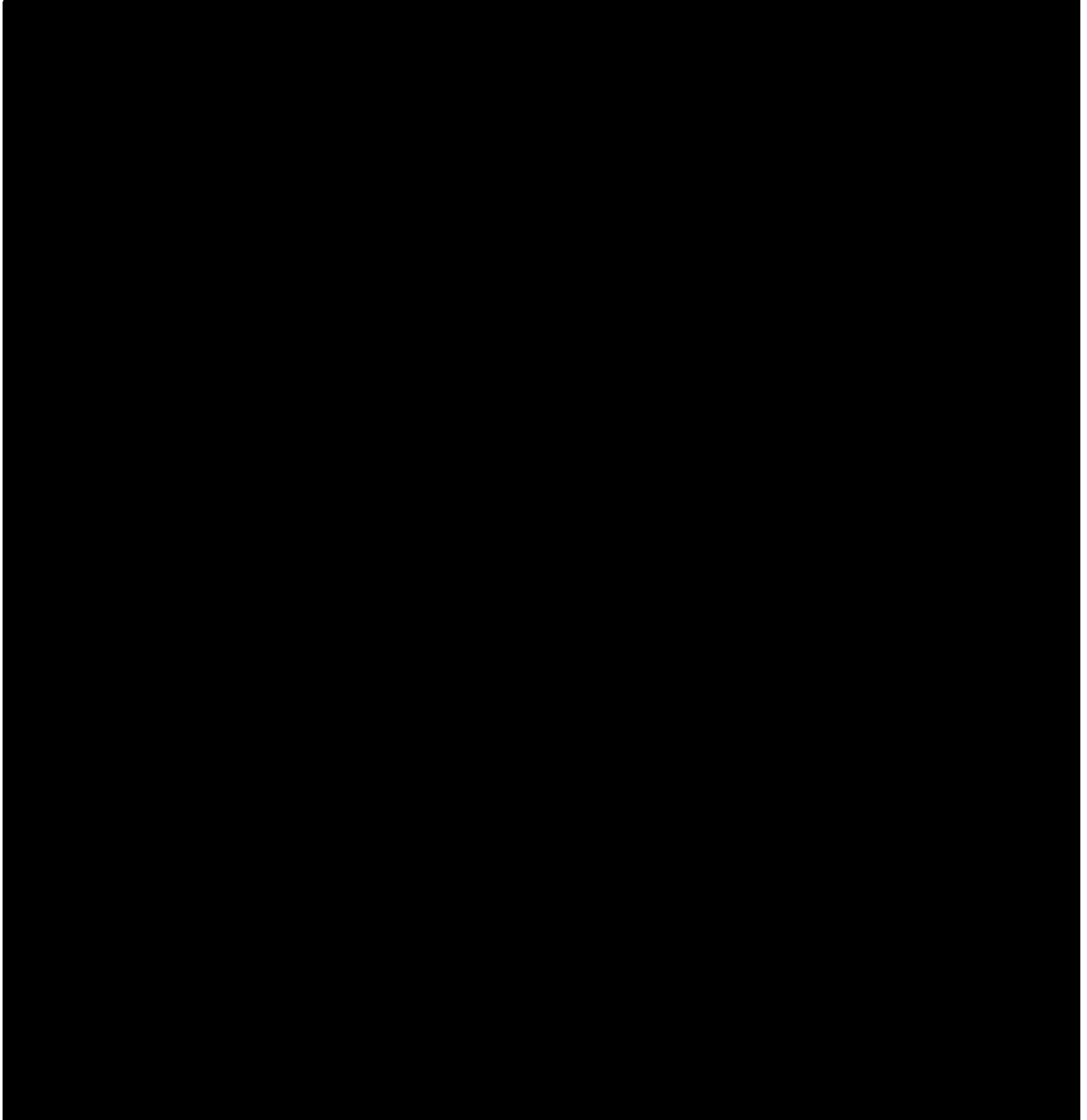
# Emergency Response Plan

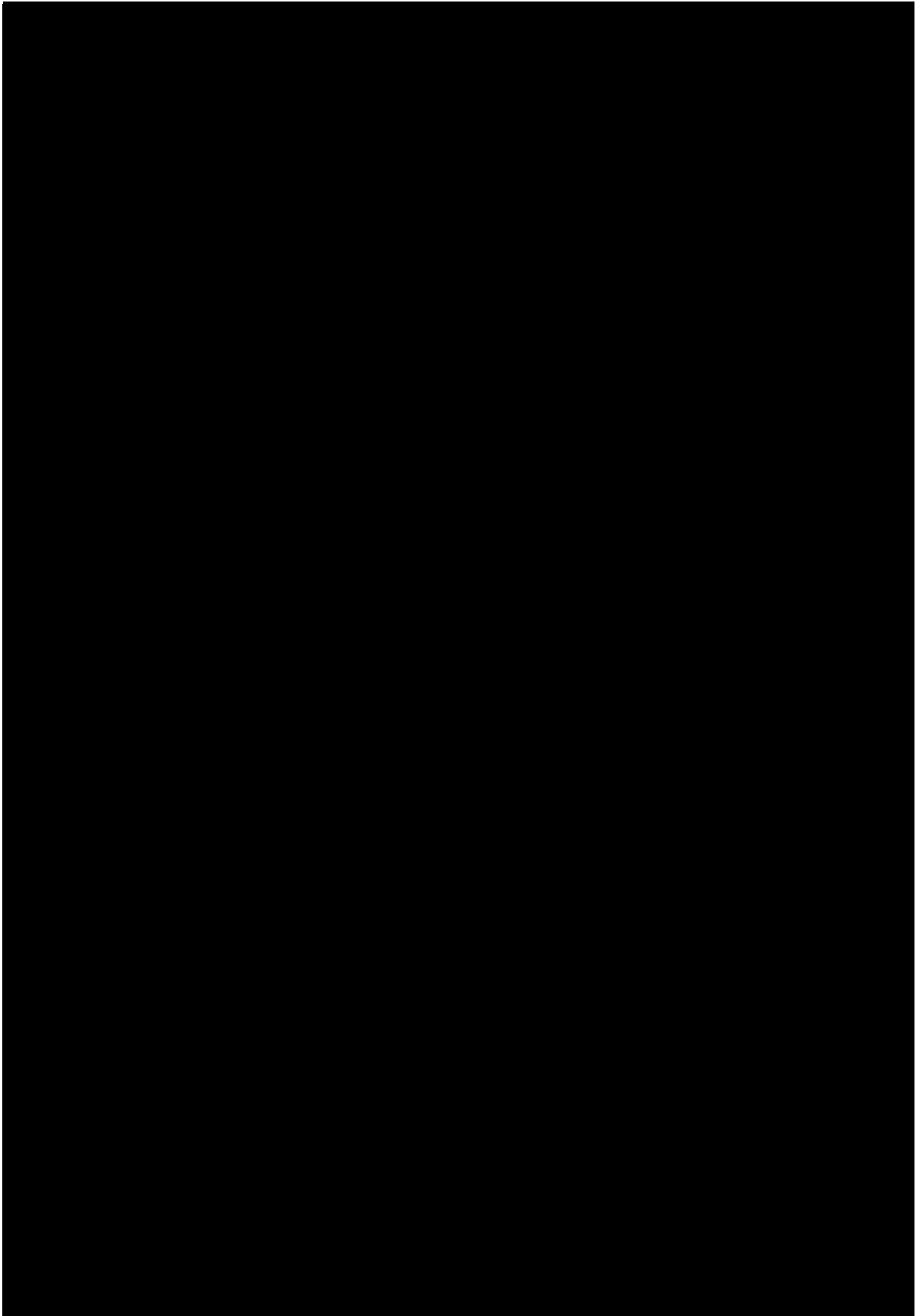
---

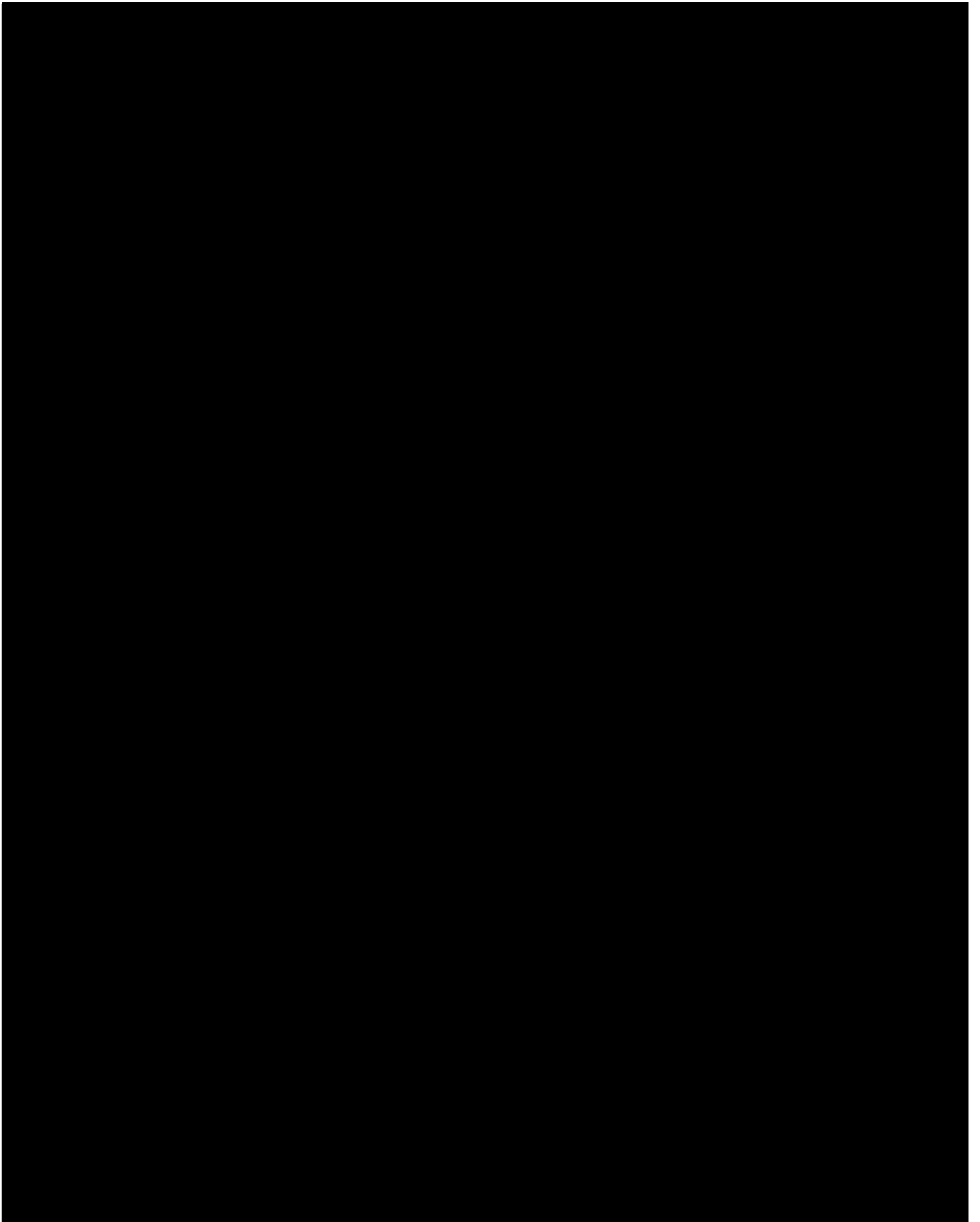
**Releaf Recovery**  
Woodbridge CT  
Stamford CT

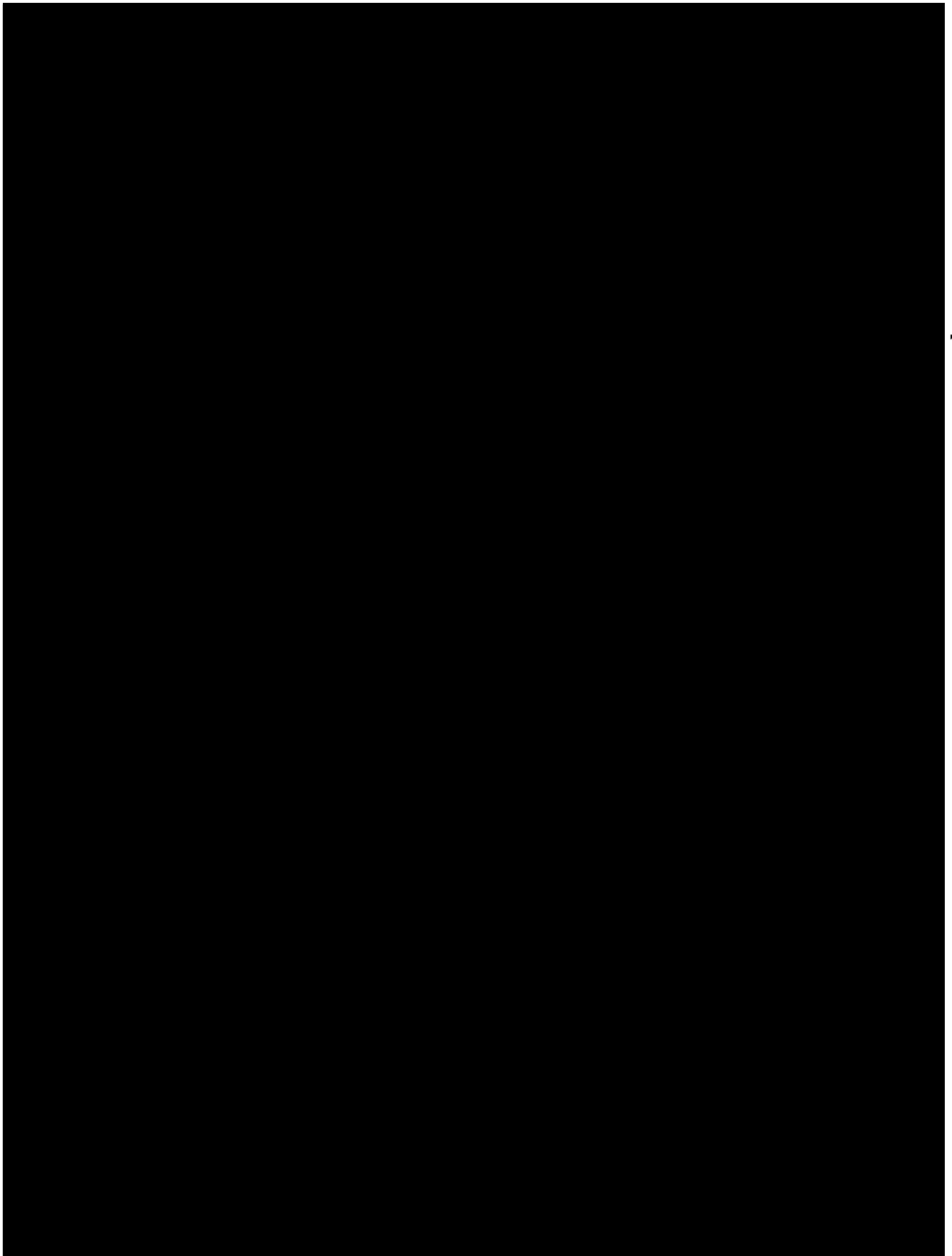
Contact: Angela D'Amico

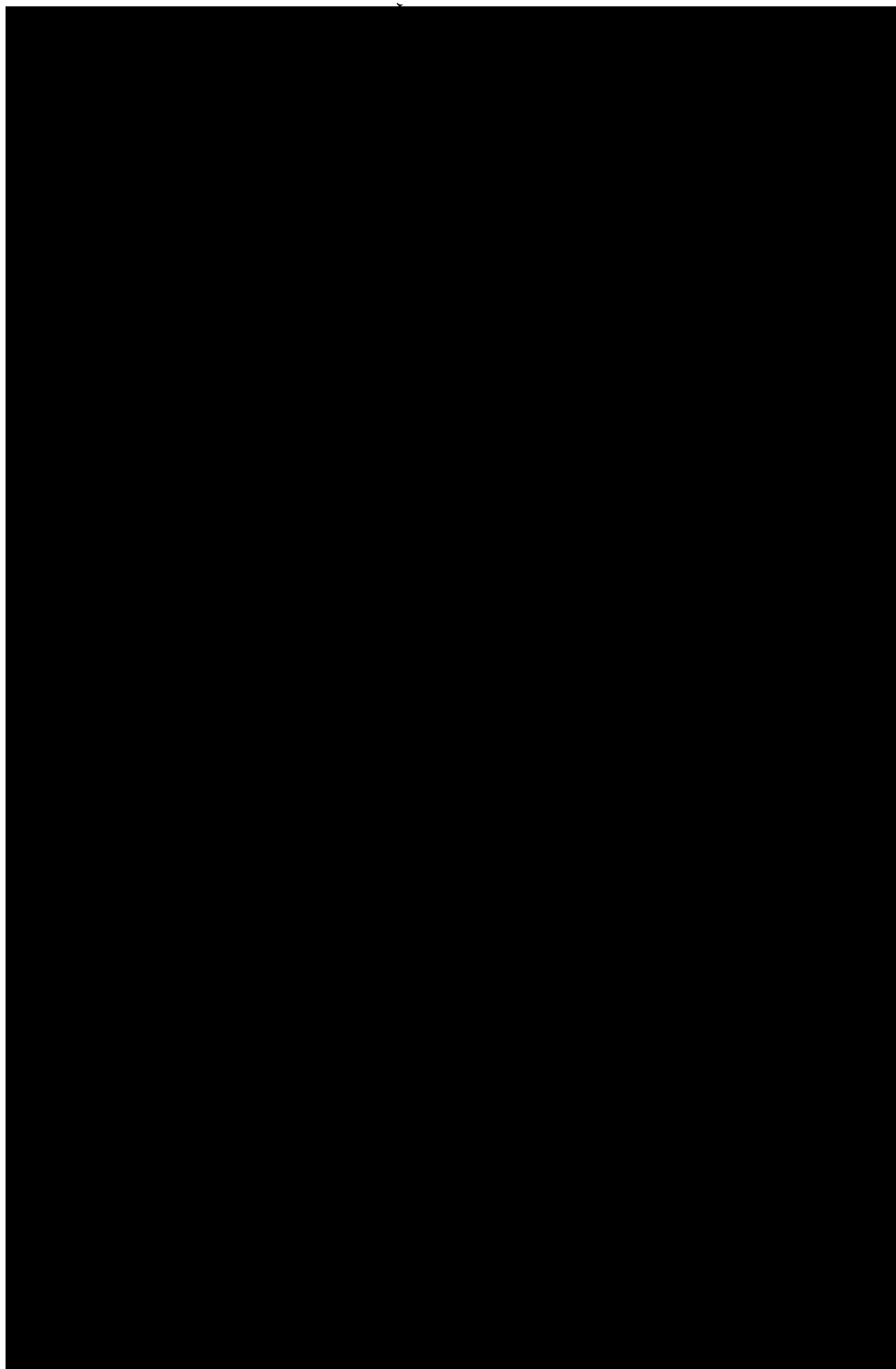
Last Revision Date: 09/2015











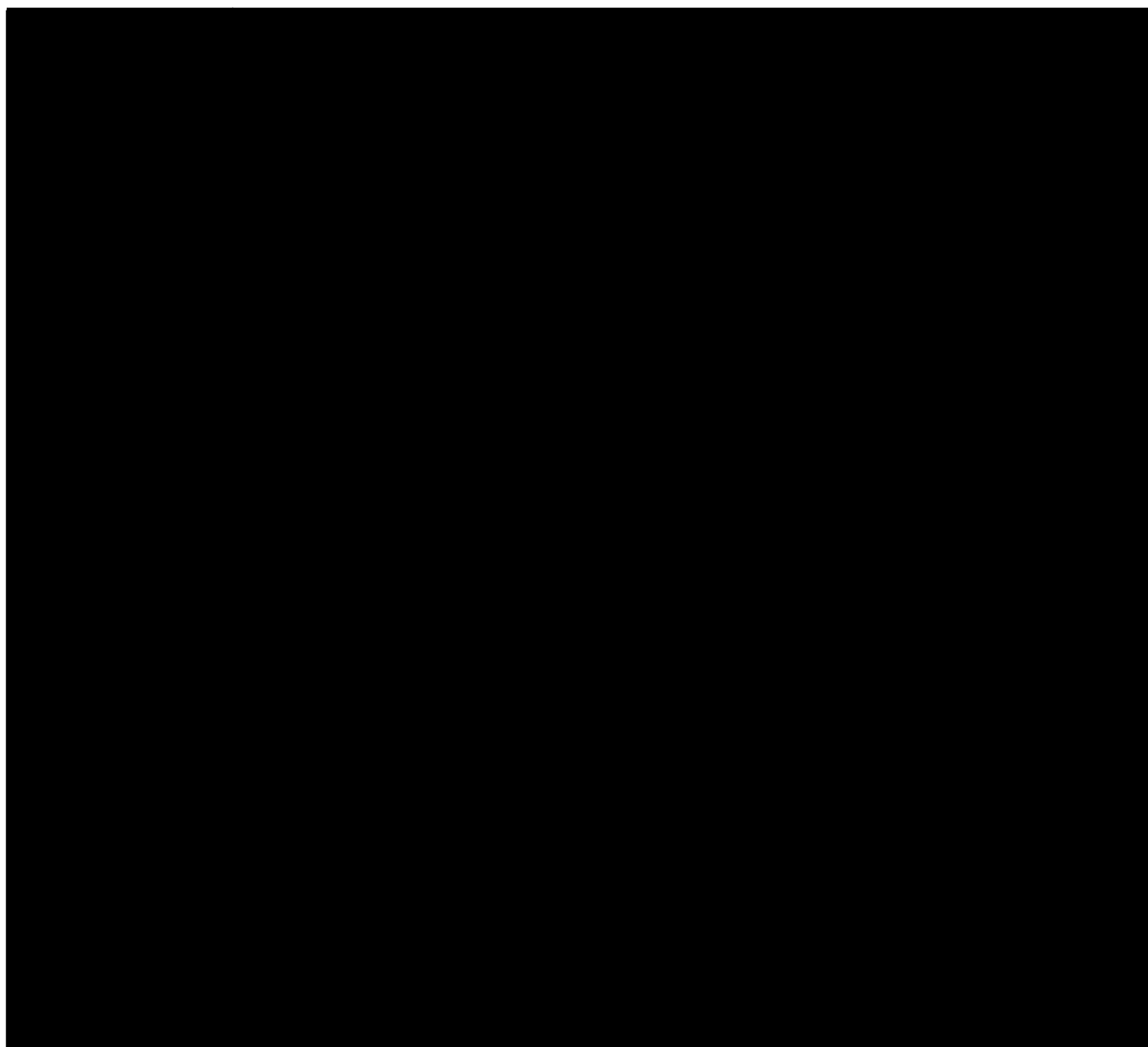
## Theft Diversion and Loss Program (overview)

---

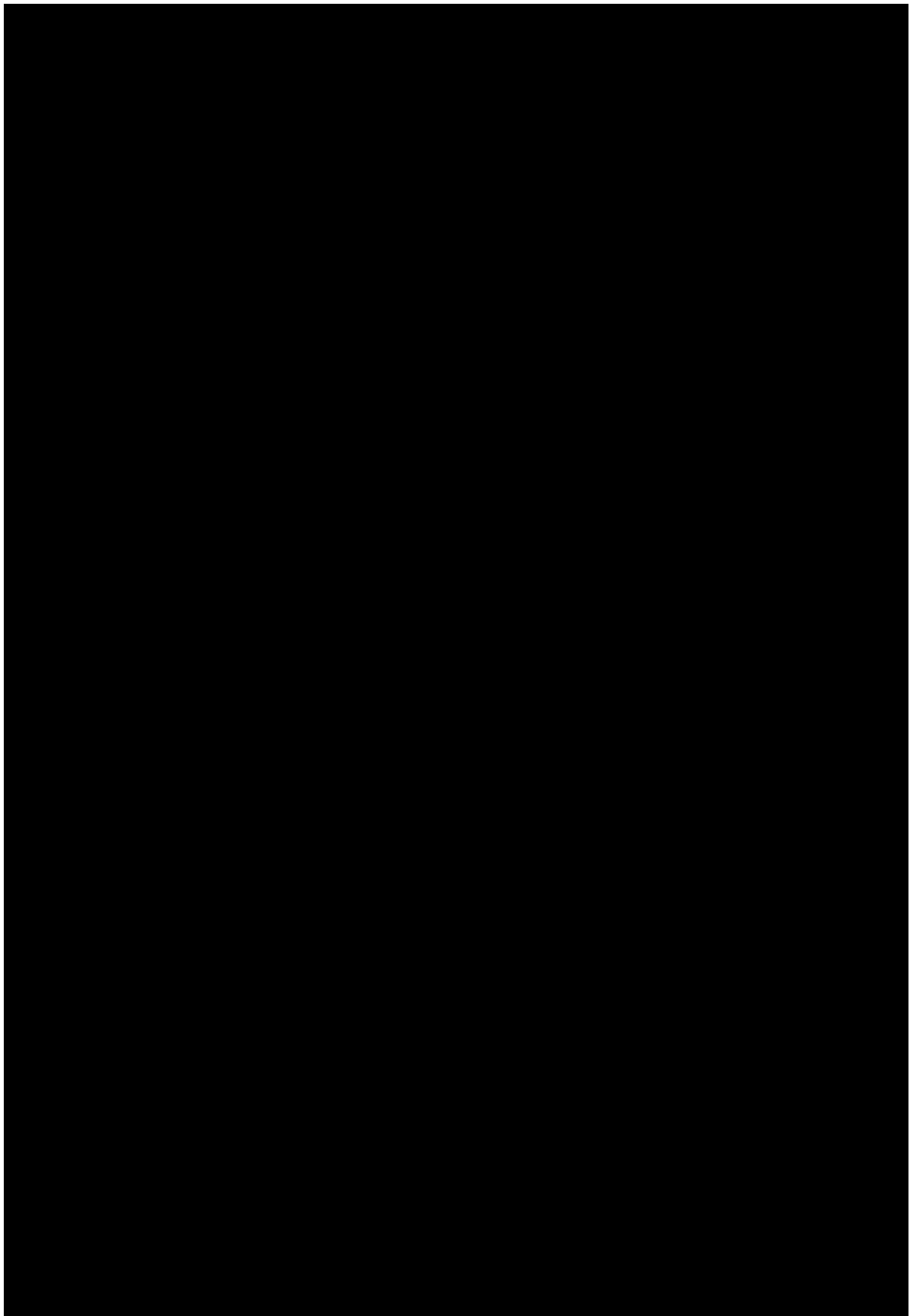
### Goals

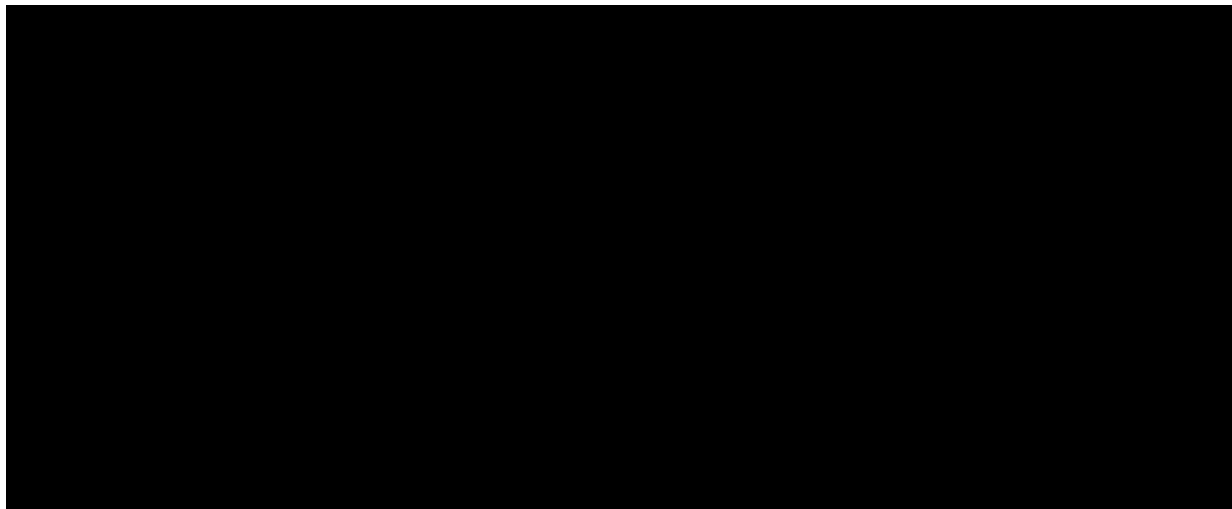
Our goals for this program are to provide severe deterrence for the theft, diversion and loss of marijuana products. The outline of this program, contained below, will help minimize or eliminate product and financial losses to our business.

Additionally the program is designed to make it difficult for a theft to occur from internal and external sources, and to increase the probability of successfully apprehending an offender. Our program is based and augmented on ideals published by the Drug Enforcement Administration (Sept, 2012).









# Emergency Response Plan

---

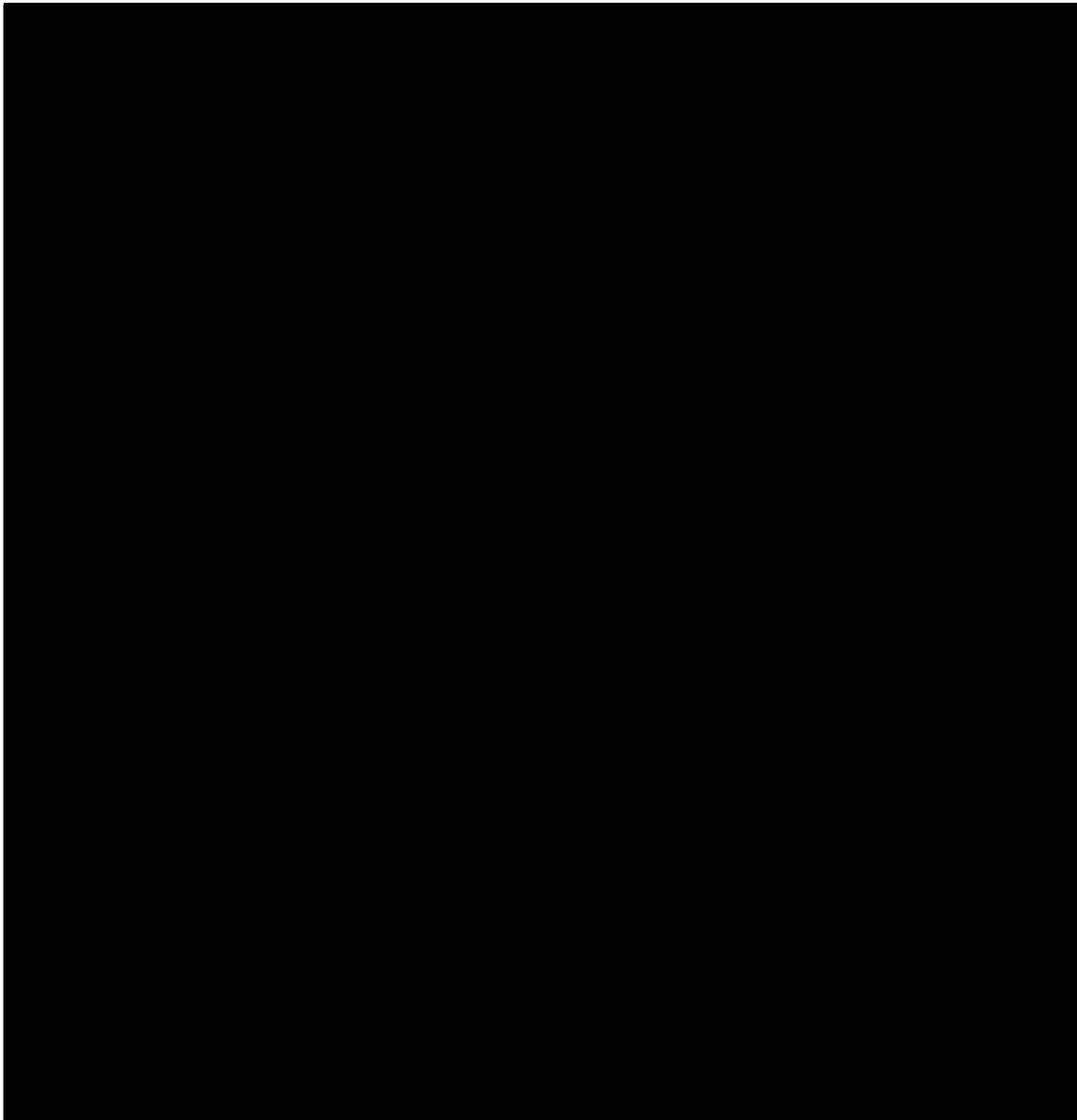
**Releaf Recovery**

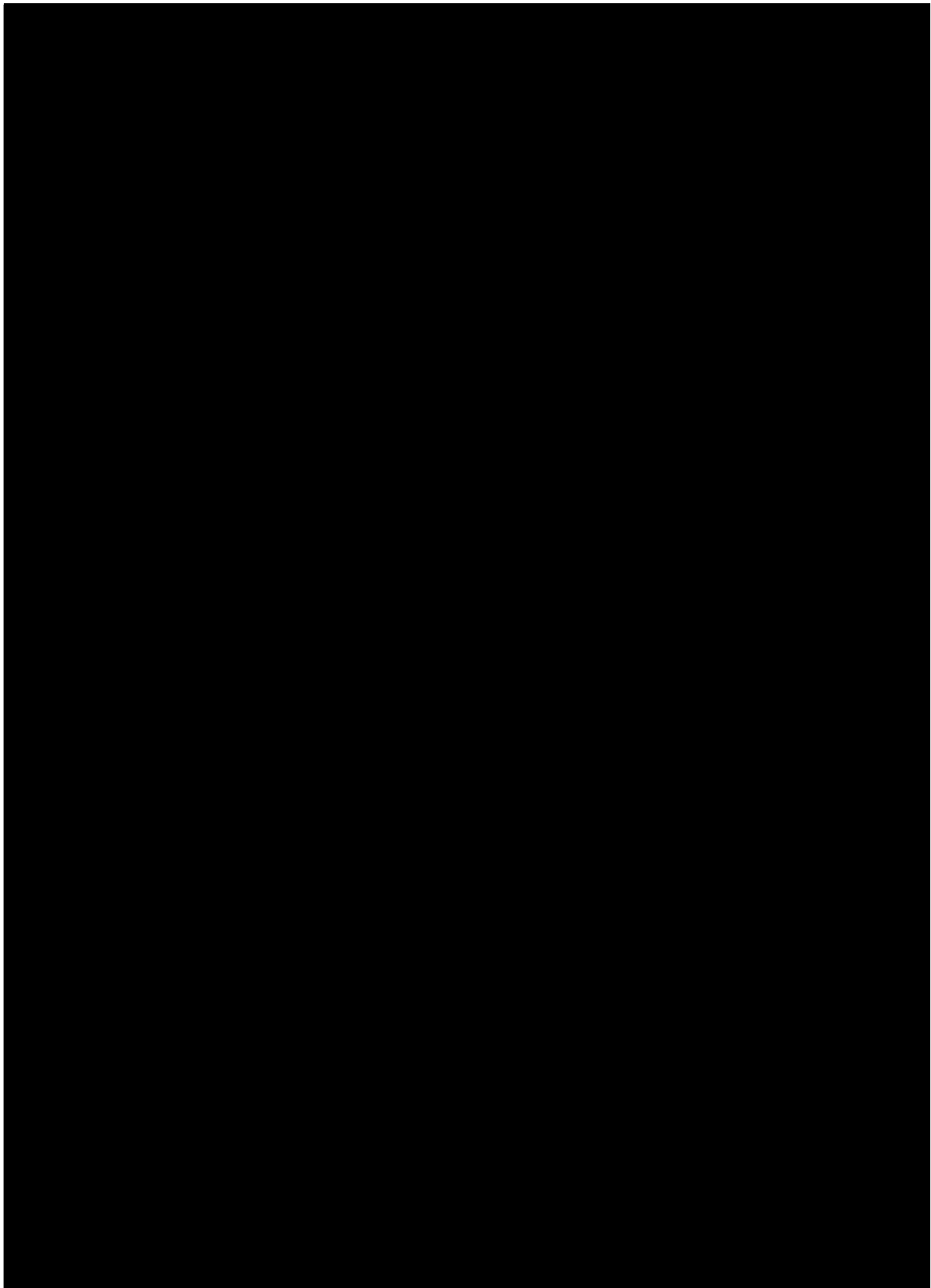
Woodbridge CT  
Stamford CT

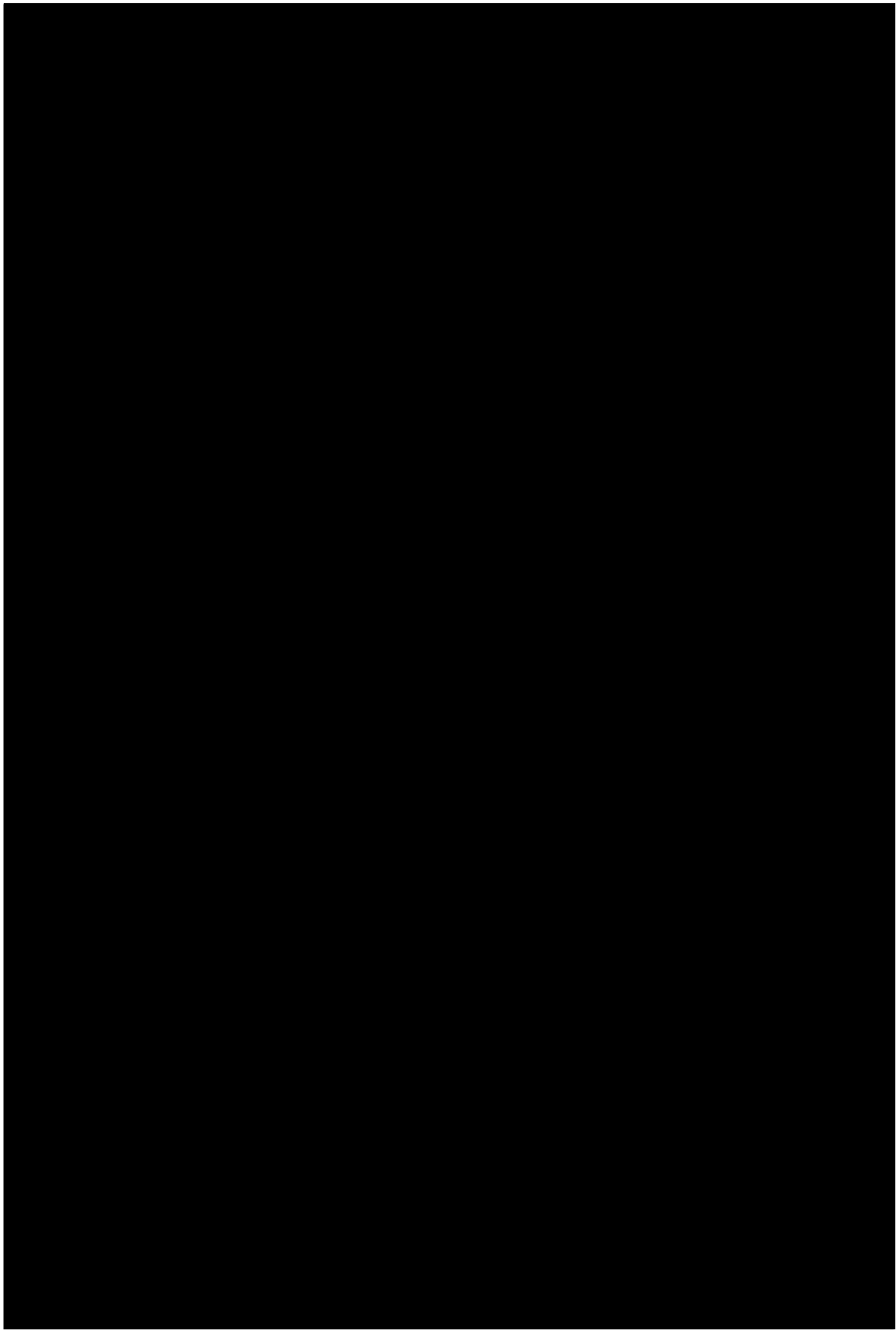
Contact: Angela D'Amico

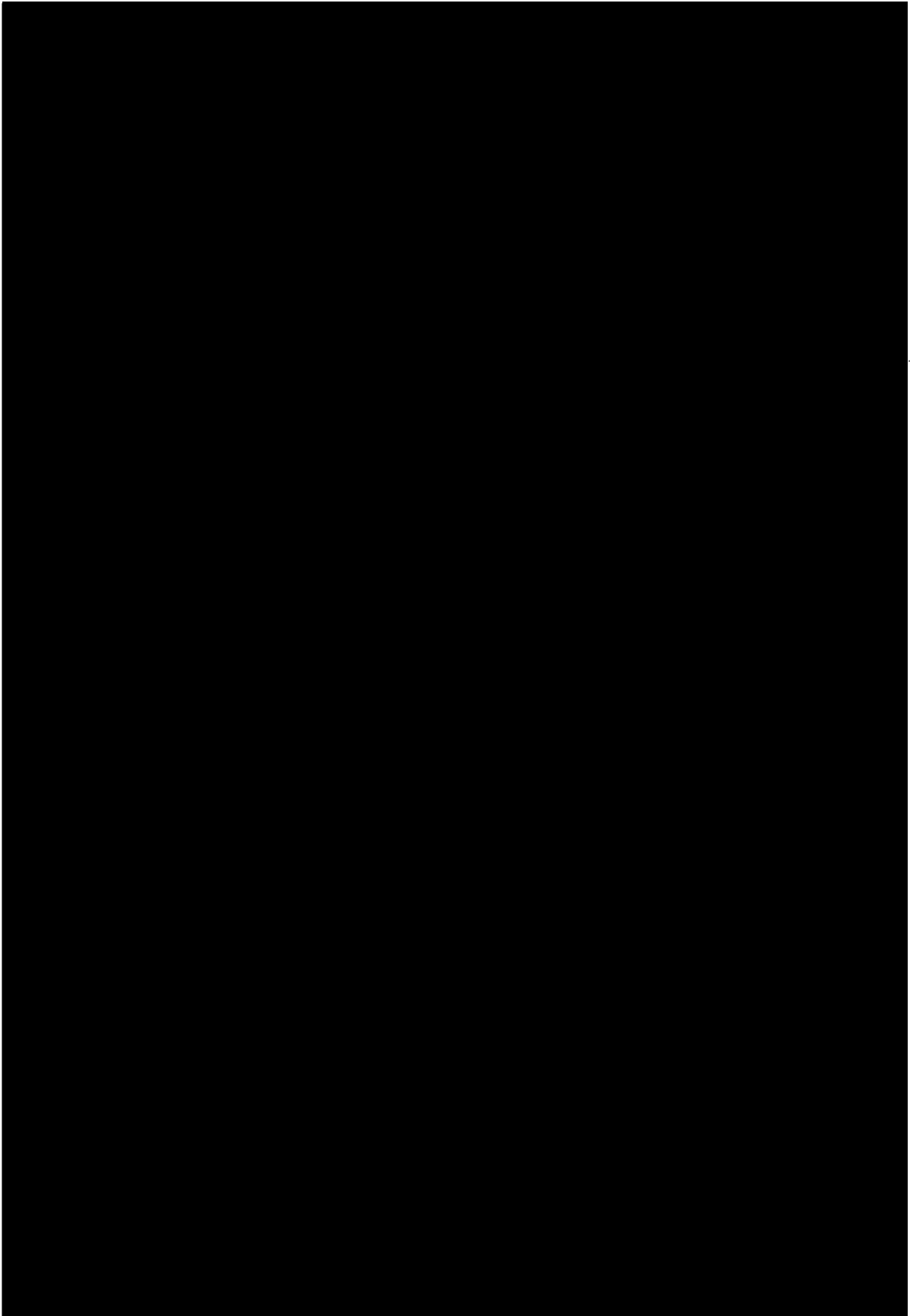
Last Revision Date: 09/2015

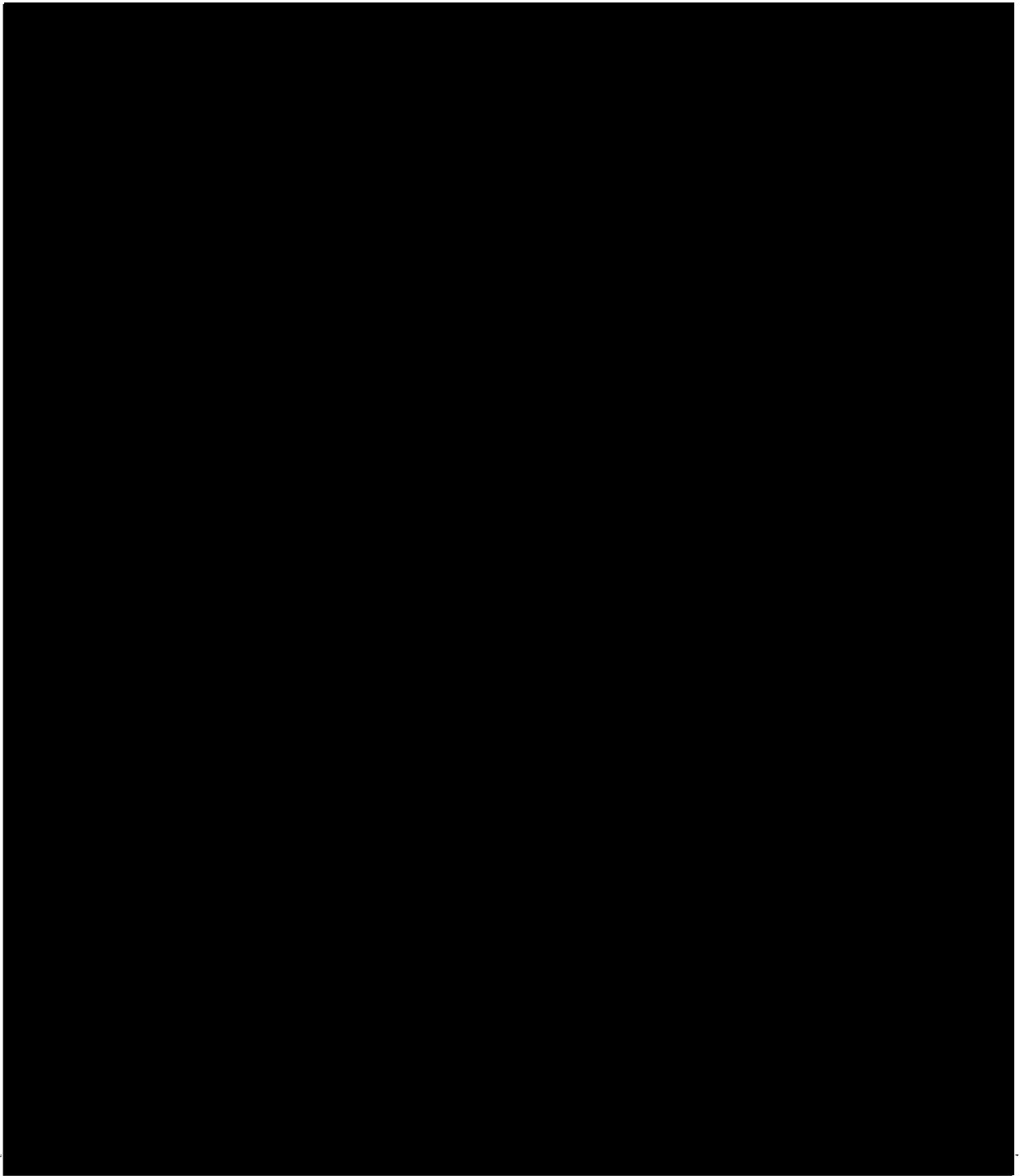
**Armed Robbery**











# Theft Diversion and Loss Program (overview)

---

## Goals

Our goals for this program are to provide severe deterrence for the theft, diversion and loss of marijuana products. The outline of this program, contained below, will help minimize or eliminate product and financial losses to our business. Additionally the program is designed to make it difficult for a theft to occur from internal and external sources, and to increase the probability of successfully apprehending an offender. Our program is based and augmented on ideals published by the Drug Enforcement Administration (Sept, 2012).

## Burglary

1. Installation of Perimeter and Interior Electronic Security System. Our facility is equipped with a commercial grade Honeywell 128BPT alarm system that allows the facility to be partitioned. Partitions; 1. Safe 2. Dispensary, 3. Office 4. Security Room. All partitions can be armed/ disarmed independently. Only our licensed pharmacist has the ability to disarm partition 1, 2 and 4.
2. Installation of IEL commercial access control system. The access control system will prevent unauthorized users from entering the dispensary department and front entry door, and track all valid and invalid attempts to enter. Only staff with a valid card and code will be allowed to enter. Presenting a non-valid card will log a unauthorized attempt to enter response.
3. A CCTV 3 Megapixel camera system has been installed to provide a clear view all entry/ exits and all areas that marijuana will be handled. The camera system has also been installed to cover all entry and exits, and main hallways of the facility.
4. The system is equipped with auto arm, fail to arm, late to close, late to open features which have been programmed according to our posted operation hours.
5. All staff will be trained in security awareness and in the security flow of the facility including notification of "authorized areas." This includes proper operation of the electronic security system.
6. Local law enforcement will be invited to the facility to create a partnership for a safe environment.
7. The Security Systems, which include Burglary, CCTV and Access control, shall be tested two times per year.
8. An approved safe(s) is to be installed in the Vault Room.



9. All locks and keys will be changed and upgraded to high security. A strict log of key control will be maintained. Keys will not be used in day-day operations and shall only be used in the event of an emergency. The emergency set of keys is being kept off site. Keys cannot be duplicated.
10. Steel doors will be installed in the dispensary department and vault area.

## Robbery

11. Silent and Audible panics have been installed in the dispensary/ main building, and duress codes have been programmed. These panic buttons are operational 24 hours per day.
12. Employees will be trained and a document published on how to handle a robbery, which is part of our emergency plan.
13. Employees will be trained to be aware of suspicious activity and suspicious persons. This training, including a printed publication, is part of our emergency plan under the heading of robbery.
14. Wireless pendant panics will be installed for all staff members. All staff members are required; along with their Valid company ID, to wear a wireless pendant panic.
15. The delivery of marijuana product shall be scheduled so that no other visitors, patients or caregivers will be onsite.
16. The facility will inventory a minimum amount of marijuana product.
17. A minimum of two employees shall be utilized to open and close the facility.
18. Our dispensary and main building shall be kept in a clean and organized fashion.
19. All visitors, patients and caregivers will be stopped at the front entry. They are required to have an appointment, and valid state id card. Their IDs will be check before entering the facility and again at the reception desk. Additionally all visitors shall be required to wear visitor ID badges. The pharmacist shall be responsible for notify the proper authorities according to CT State regulations prior to visitor entry. Other than persons described above, no-one will be admitted into the facility.

## Employee Theft

20. All applicants/ employees shall be screened. This screening includes drug testing and a background check.
21. All employees will be properly trained in security awareness and zero tolerance policy regarding theft of any kind. See employee manual.
22. Scheduled and surprise inventory audits will be utilized. Inventory shall be performed at least once per week. The inventory shall be in the presence of the pharmacist and a additional employee. (Minimum of two) The additional employee shall be rotated to avoid collusion. Additionally the delivery and

inventory of product shall be performed on a metal see through cart in the direct view of a 3-megapixel camera.

23. All customer complaints will be taken seriously and investigated. A customer complaint will be logged in our daily incident report, which includes plan of resolution.
24. Employees have limited access based on their authorization level.
25. Releaf has the right and will inspect employee bags, lunch bags, backpacks and lockers.
26. Managers of the facility will be trained to be alert and look out for the following; disgruntled or stressed employees, and unexplained rises in employee living standard.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix B

### Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

#### Section A: Backer Information

1. Backer business type:

|                          |                          |                          |                          |                               |                            |                                     |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|----------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>   | <input checked="" type="checkbox"/> |
| Sole Proprietorship      | Corporation              | Limited Liability Co.    | Partnership              | Limited Liability Partnership | Unincorporated Association | Other: Individual                   |

2. Legal Name of Backer:

Angela D'Amico

3. Trade Name of Backer (if applicable):

4. Street Address (including Apartment or Suite #):

55 Brittany Ave

5. City:

Trumbull

6. State:

CT

7. Zip Code:

06611

8. Daytime Telephone Number:

(203) 362-8461

9. Fax Number:

10. E-mail Address:

angela@ccc-ct.com

#### Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):

Angela D'Amico

Thomas Nicholas

Kevin Murphy

John Glowik

12. Percentage of ownership interest



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section C: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

|                 |   |                        |                   |                        |
|-----------------|---|------------------------|-------------------|------------------------|
| 13. State<br>CT | 14. Issue Date (month/year):<br>Expiration Date (month/year): | 09 /201!<br>09 / 2016  | 15. Type:<br>MMDE | 16. Number:<br>0000018 |
| 17. State<br>CT | 18. Issue Date (month/year):<br>Expiration Date (month/year): | 09 / 2015<br>09 / 2016 | 19. Type:<br>MMDB | 20. Number:<br>0000004 |

## Section D: Legal Proceedings

21. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.

24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section E: Criminal Actions

25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. Signature:



27. Date Signed:

9.12.2015

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. Signature:



29. Date Signed:

9.12.2015

Releaf Recovery

Appendix B – Section C; continued

Appendix B – Section C; continued

State: CT issue date: 4/15 expiration date: 4/16 Facility license: MMDF.0000003



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix B

### Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

#### Section A: Backer Information

**1. Backer business type:**

|  |                                      |  |                                      |  |   |   |
|--|--------------------------------------|--|--------------------------------------|--|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Unincorporated Association | <input checked="" type="checkbox"/> Other: Individual |
|--|--------------------------------------|--|--------------------------------------|--|---|---|

**2. Legal Name of Backer:**

Thomas J. Nicholas

**3. Trade Name of Backer (if applicable):**

**4. Street Address (including Apartment or Suite #):**

379 Quarry Brook Drive

**5. City:**

South Windsor

**6. State:**

CT

**7. Zip Code:**

06074

**8. Daytime Telephone Number:**

(860) 558-4935

**9. Fax Number:**

(860) 644-9440

**10. E-mail Address:**

tj.nicholas@att.net

#### Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

**11. Name (First, Middle, Last):**

Thomas Joseph Nicholas

**12. Percentage of ownership interest**



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section C: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

|                 |   |                                 |             |
|-----------------|---|---------------------------------|-------------|
| 13. State<br>NY | 14. Issue Date (month/year):<br>10 / 77<br>Expiration Date (month/year):<br>10 / 80 | 15. Type:<br>Registered Nursing | 16. Number: |
| 17. State<br>CT | 18. Issue Date (month/year):<br>11 / 79<br>Expiration Date (month/year):<br>09 / 96 | 19. Type:<br>Registered Nursing | 20. Number: |

## Section D: Legal Proceedings

21. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.

24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section E: Criminal Actions

25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.





# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. Signature:



*Shawn Fricholz*

27. Date Signed:

9/8/2015

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. Signature:



*Shawn Fricholz*

29. Date Signed:

9/8/2015

APPENDIX B AND C, DISPENSARY FACILITY BACKER INFORMATION FORM  
SECTION "C & F" INFORMATION

**T.J. Nicholas Licenses, Permits and Registrations**

CT 4/14 to 4/16 Dispensary Facility License #MMDF.0000004

CT 8/14 to 8/16 Dispensary Facility Backer #MMDB.0000001

CT 8/14 to 8/16 Dispensary Facility Employee #MMDE.0000005

APPENDIX B AND C, DISPENSARY FACILITY BACKER INFORMATION FORM  
SECTION "C & E" INFORMATION

**T.J. Nicholas Ownership in Licensed Dialysis Facilities**

1. Enfield Dialysis Center, Inc. (lic. # 0157) – 148 Hazard Avenue, Enfield, CT. Certified on 2/28/90 and sold to BMA of CT (FMC) effective 1-1-98 (lic. # 0247).
  2. East Hartford Dialysis Center, Inc. (lic. # 0210) – 200 Pitkin Street, East Hartford, CT. Certified on 2/4/94 and sold to BMA of CT (FMC) effective 1-1-98 (lic.# 0248).
  3. Central Connecticut Dialysis Center, Inc. (lic. # 0207) - 377 Research Parkway, Meriden, CT. Certified on 1/13/94 and sold to BMA of CT (FMC) effective 1-1-98 (lic. # 0246).
  4. Rocky Hill Dialysis Center, LLC. (lic. # 0259) – 30 Waterchase Drive, Rocky Hill, CT. Certified on 12/15/99 and sold to DaVita effective 9-1-01(lic. # 0270).
  5. Middlesex Dialysis Center, LLC. (lic. # 0269) – 100 Main St., Suite A, Middletown, CT. Certified on 11/15/2000 and sold to DaVita effective 9-1-01 (lic.# 0316).
- (I was the "Agent of Service" for the above companies)
6. Pioneer Valley Dialysis Center – 208 Ashley Avenue, W. Springfield, MA. Certified on 11/22/96 and sold to FMC effective 1-1-98.
  7. Yankee Family Dialysis Center – 115 Wildwood Avenue, Greenfield, MA. Certified on 11/21/96 and sold to FMC effective 1-1-98.
  8. Manadnock Dialysis Center – 428B Winchester Avenue, Keene, NH. Certified on 5/21/97 and sold to FMC effective 1-1-98.
  9. Central Suffolk AKC, dba Dialysis Pro Re Nata (op. cert. # 5151204R) – 5225 Nesconset Highway, Port Jefferson Station, NY. Certified on 1/18/82, joined as an owner in 1990, sold to FMC in 2006.
  10. South Shore Dialysis (op. cert. # 2906202R) – 615 Peninsula Blvd. Hempstead, NY. Certified on 1/21/84, joined as owner in 1999, sold to DaVita in 2001.  
- 250 Pettit Avenue, Bellmore, NY. Certified on 1/21/84.
  11. Eastview Dialysis Inc. (op. cert. # 3464201R) – 120 Victor Heights Parkway, Victor, NY. Certified on August 17, 1998. Sold to FMC 2011. I was agent of service for EDI.

APPENDIX B AND C, DISPENSARY FACILITY BACKER INFORMATION FORM  
SECTION "C & E" INFORMATION

**T.J. Nicholas Professional Licenses (Retired)**

1. New York State Registered Nursing License #299758 - Granted 10/21/77.
2. Connecticut Registered Nursing License # - 10.R32604 granted 11/27/79 valid through 9/30/96.

**Other licenses**

State of Connecticut Driver's license #094170763 expires 9-21-2015.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix B

### Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

#### Section A: Backer Information

|   |                                      |  |                                      |  |   |  |
|---|--------------------------------------|--|--------------------------------------|--|---|--|
| 1. Backer business type:  |                                      |  |                                      |  |   |  |
| <input type="checkbox"/> Sole Proprietorship                            | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Unincorporated Association | <input checked="" type="checkbox"/> Other: <u>individual</u> |
| 2. Legal Name of Backer:<br>Kevin P Murphy                              |                                      |  |                                      |  |   |  |
| 3. Trade Name of Backer (if applicable):                                |                                      |  |                                      |  |   |  |
| 4. Street Address (including Apartment or Suite #):<br>70 Island Avenue |                                      |  |                                      |  |   |  |
| 5. City:<br>Madison   |                                      |  |                                      | 6. State:<br>CT  | 7. Zip Code:<br>06443                               |  |
| 8. Daytime Telephone Number:<br>(917) 664-2913                          |                                      | 9. Fax Number:                                 |                                      |  | 10. E-mail Address:<br>kpmurphy50@gmail.com         |  |

#### Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

|   |                                      |
|---|--------------------------------------|
| 11. Name (First, Middle, Last):<br>Kevin P Murphy | 12. Percentage of ownership interest |
|   |                                      |
|   |                                      |
|   |                                      |
|   |                                      |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section C: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

|                     |  |                           |             |
|---------------------|--|---------------------------|-------------|
| 13. State<br>CT, NY | 14. Issue Date (month/year):<br>07 /87<br>Expiration Date (month/year):<br>/ | 15. Type:<br>Series 7, 63 | 16. Number: |
| 17. State           | 18. Issue Date (month/year):<br>/<br>Expiration Date (month/year):<br>/      | 19. Type:                 | 20. Number: |

## Section D: Legal Proceedings

21. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.

24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section E: Criminal Actions

25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. Signature:



27. Date Signed:

9-10-15

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. Signature:



29. Date Signed:

9-10-15



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix B

### Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

#### Section A: Backer Information

1. Backer business type:

|  |                                      |   |                                      |  |   |                                 |
|--|--------------------------------------|---|--------------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Other: |
|--|--------------------------------------|---|--------------------------------------|--|---|---------------------------------|

2. Legal Name of Backer:

John P. Glowik Jr.

3. Trade Name of Backer (if applicable):

4. Street Address (including Apartment or Suite #):

44 Independence Lane

5. City:

Shrewsbury

6. State:

MA

7. Zip Code:

01545

8. Daytime Telephone Number:

(508) 925-5676

9. Fax Number:

(508) 925-5676

10. E-mail Address:

jg1973hc@aol.com

#### Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):

John P. Glowik Jr.

12. Percentage of ownership interest:

Angela D'Amico

0

Thomas J. Nicholas

%

High Street Capital Partners

0





# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dep.mmp@ct.gov](mailto:dep.mmp@ct.gov) • Website: [www.ct.gov/dep/mmp](http://www.ct.gov/dep/mmp)



## Section C: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary. **SEE ATTACHED.**

|                 |   |                   |                         |
|-----------------|---|-------------------|-------------------------|
| 13. State<br>CT | 14. Issue Date (month/year):<br>04 / 2015<br>Expiration Date (month/year):<br>04 / 16 | 15. Type:<br>MMDF | 16. Number:<br>.0000004 |
| 17. State<br>CT | 18. Issue Date (month/year):<br>04 / 14<br>Expiration Date (month/year):<br>04 / 15   | 19. Type:<br>MMDF | 20. Number:<br>.0000004 |

## Section D: Legal Proceedings

21. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.

24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section E: Criminal Actions

25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

APPENDIX B Section C: Licenses, Permits and Registrations

J.P. Glowik Jr.'s Ownership in Licensed Dialysis Facilities

1. Enfield Dialysis Center, Inc. (lic.# 0157) – 148 Hazard Avenue, Enfield, CT. Certified on 2/28/90 and sold to BMA of CT (FMC) effective 1/1/98 (lic. # 0247).
2. East Hartford Dialysis Center, Inc. (lic. # 0210) – 200 Pitkin Street, East Hartford, CT. Certified on 2/4/94 and sold to BMA of CT (FMC) effective 1/1/98 (lic. # 0248).
3. Central Connecticut Dialysis Center, Inc. (lic. # 0207) - 377 Research Parkway, Meriden, CT. Certified on 1/13/94 and sold to BMA of CT (FMC) effective 1/1/98 (lic. # 0246).
4. Rocky Hill Dialysis Center, LLC. (lic. # 0259) – 30 Waterchase Drive, Rocky Hill, CT. Certified on 12/15/99 and sold to DaVita effective 9/1/01 (lic. # 0270).
5. Middlesex Dialysis Center, LLC. (lic. # 0269) – 100 Main St., Suite A, Middletown, CT. Certified on 11/15/2000 and sold to DaVita effective 9/1/01 (lic. # 0316).
6. Pioneer Valley Dialysis Center – 208 Ashley Avenue, W. Springfield, MA. Certified on 11/27/96 and sold to FMC effective 1/1/98.
7. Yankee Family Dialysis Center – 115 Wildwood Avenue, Greenfield, MA. Certified on 12/10/96 and sold to FMC effective 1/1/98.
8. Monadnock Dialysis Center – 428B Winchester Avenue, Keene, NH. Certified on 5/21/97 and sold to FMC effective 1/1/98.
9. Central Suffolk AKC, dba Dialysis Pro Re Nata (op.cert. # 5151204R) – 5225 Nesconset Highway, Port Jefferson Station, NY. Certified on 1/18/82, joined as an owner in 1990, sold to FMC in 2006.
10. South Shore Dialysis (op.cert. # 2906202R) – 615 Peninsula Blvd. Hempstead, NY. Certified on 1/21/84, joined as owner in 1999, sold to DaVita in 2001.  
- 250 Pettit Avenue, Bellmore, NY. Certified on 1/21/84.
11. Eastview Dialysis Inc. (op.cert. # 3464201R) – 120 Victor Heights Parkway, Victor, NY. Certified on August 17, 1998. Sold to FMC 2011.

12. Capital District Dialysis Center – 650 McClellan Street, Schenectady, NY. Certified on 9/30/88, joined as owner in 1990, sold to FMC in 2006.

13. Albany Dialysis Center - 64 Albany Shaker Road, Albany, NY. Certified on 6/30/83, joined as owner in 1991 and sold to FMC in 2006.

14. Albany Regional Kidney Center – 2 Clara Barton Drive, Albany, NY. Certified on 6/30/83, joined as owner in 1993, sold to FMC in 2006.

15. Amsterdam Dialysis Center – 1810 Riverfront Center, Amsterdam, NY. Certified on 8/14/98 and sold to FMC in 2006.

\* I was “Agent of Service” on facilities # 6, 7 and 8 above.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. Signature:

*John P. Blawie Jr.*

27. Date Signed:

9/08/2015

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. Signature:

*John P. Blawie Jr.*

29. Date Signed:

9/08/2015



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix C Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

### Section A: Personal Information

|  |  |   |
|--|--|---|
| 1. Name (First, Middle, Last):<br>Angela D'Amico                       |  |   |
| 2. Street Address (including Apartment or Suite #):<br>55 Brittany Ave |  |   |
| 3. City:<br>Trumbull   | 4. State:<br>CT                        | 5. Zip Code:<br>06611   |
| 6. Title:<br>CEO   | 7. Telephone Number:<br>(203) 362-8461 | 8. E-mail Address:<br>angela@ccc-ct.com   |
| 9. Date of Birth:  | 10. Social Security Number:            | 11. Gender:<br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |

### Section B: Employment Information

|  |  |  |                        |
|--|--|--|------------------------|
| 12. Current or Most Recent Employer:<br>D & B Wellness, LLC            |  | 13. Date of Employment:<br>Start Date: 10 / 01 / 2013<br>End Date: / / |                        |
| 14. Employer Address (including Apartment or Suite #):<br>4 Garella Rd |  |  |                        |
| 15. City:<br>Bethel  |  | 16. State:<br>CT   | 17. Zip Code:<br>06804 |
| 18. Telephone Number:<br>(203) 909,6869                                |  | 19. Fax Number:  |                        |
|  |  | 20. E-mail Address:<br>info@ccc-ct.com                                 |                        |

### Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?  
 Yes  No

22. Are you currently associated with a pharmacy in any state?  
 Yes  No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dep.mmp@ct.gov](mailto:dep.mmp@ct.gov) • Website: [www.ct.gov/dep/mmp](http://www.ct.gov/dep/mmp)



## Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes  No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

## Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes  No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

## Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

|           |                               |           |           |             |
|-----------|-------------------------------|-----------|-----------|-------------|
| 29. State | 30. Issue Date (month/year):  | 09 / 2015 | 31. Type: | 32. Number: |
| CT        | Expiration Date (month/year): | 09 / 2016 | MMDB      | 0000004     |
| 33. State | 34. Issue Date (month/year):  | 04 / 2015 | 35. Type: | 36. Number: |
| CT        | Expiration Date (month/year): | 04 / 2016 | MMDF      | 0000003     |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066  
E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature:



43. Date Signed:

9. 12. 2015



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



**I hereby certify that the above information is correct and complete.**

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:

45. Date Signed:

9.12.2015



Angela D'Amico

- Compassionate Care Center of Connecticut
- 4 Garella Rd.  
Bethel CT 06801

**D&B WELLNESS, LLC dba COMPASSIONATE CARE CENTER OF CT - FOUNDER 2013- PRESENT**

Supervise and oversee daily operations of CCC including but not limited to; laws, ordering, paperwork, sales, vendor relationships, patient services, regulatory compliance, patient communication and education. Speak and coordinate all educational classes in dispensary and at support groups for approved diseases. Meet with doctors to educate and hopefully sign up to become a certifying doctor for the program.

Train, coach and encourage success of all managers and staff. Maintain daily contact with security specialist to ensure all security measure are current and operational. Maintain all patient lists and communicate with expired card holders to help in the recertification process.  
Handle all marketing and merchandising for CCC.

- Role at business is current
- Business was not alleged to have committed any violations

Angela D'Amico

- AD-Lines Euro Group Inc.
- Publishing and licensing
- 200 Main St.  
Monroe CT 06468

**A.D. LINES EURO GROUP, INC. PRESIDENT/OWNER 1986-PRESENT**

Developed and built business from start up to generate multi million dollar sales annually; established strong account customer base of retailers, manufacturers, and independents. Increased sales year after year by leveraging referenceable accounts to build credibility and introducing new sales tools and marketing collateral. Opened the market ahead of the competitors, persuasively overcoming customers concerns about current economic down trend and belief in our product viability. Created marketing presentation and demo products. Developed all trade show booth design and trend. Hired, trained and supervised all staff, sales team, and independent contractors

- Role at business is current
- Business was not alleged to have committed any violations
- Role is relevant in reflecting business practices; management and organizational skills; marketing and branding abilities; business startup abilities; strategic business planning; training and development abilities



**Angela  
D'Amico**

55 BRITTANY ROAD  
TRUMBULL, CONNECTICUT 06611  
203.362.8461

RESUME

## CORPORATE BUSINESS OWNER

Dynamic results-oriented professional with over 30 years of broad based experience and visible achievements in business development/startup, strategic business partnerships and emerging markets. Out-of-the box thinker with visionary leadership strengths; resourceful team player characterized by innovative entrepreneurial spirit.

## CORE COMPETENCIES

Business Start Up and Turnaround, Market Assessment and Research, Customer Relationship Management. Strategic Business Planning. Product Development and Launch. Client Needs Analysis, Productivity and Process Improvement. Training and Development. Major Account and National Sales. Strategic Sales and Marketing.

## CAREER

### **D&B WELLNESS, LLC dba COMPASSIONATE CARE CENTER OF CT - FOUNDER 2013- PRESENT**

Supervise and oversee daily operations of CCC including but not limited to; laws, ordering, paperwork, sales, vendor relationships, patient services, regulatory compliance, patient communication and education. Speak and coordinate all educational classes in dispensary and at support groups for approved diseases. Meet with doctors to educate and hopefully sign up to become a certifying doctor for the program. Train, coach and encourage success of all managers and staff. Maintain daily contact with security specialist to ensure all security measure are current and operational. Maintain all patient lists and communicate with expired card holders to help in the recertification process. Handle all marketing and merchandising for CCC.

### **A.D. LINES EURO GROUP, INC. PRESIDENT/OWNER 1986-PRESENT**

Developed and built business from start up to generate multi million dollar sales annually; established strong account customer base of retailers, manufacturers, and independents. Increased sales year after year by leveraging referenceable accounts to build credibility and introducing new sales tools and marketing collateral. Opened the market ahead of the competitions, persuasively overcoming customers concerns about current economic down trend and belief in our product viability. Created marketing presentation and demo products. Developed all trade show booth design and trend. Hired, trained and supervised all staff, sales team, and independent contractors.

## EDUCATION

**BARUCH COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
ZICKLIN SCHOOL OF BUSINESS  
B.S. 1979**





# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix C

### Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

| Section A: Personal Information   |  |  |   |
|---|--|--|---|
| 1. Name (First, Middle, Last):<br>Thomas Joseph Nicholas                      |  |  |   |
| 2. Street Address (including Apartment or Suite #):<br>379 Quarry Brook Drive |  |  |   |
| 3. City: South Windsor  |  | 4. State:<br>CT                        | 5. Zip Code: 06074  |
| 6. Title: COO   |  | 7. Telephone Number:<br>(860) 558-4935 | 8. E-mail Address:<br>t.j.nicholas@att.net  |
| 9. Date of Birth:   |  | 10. Social Security Number:            | 11. Gender:<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

| Section B: Employment Information   |  |  |
|---|--|--|
| 12. Current or Most Recent Employer:<br>Prime Wellness of Connecticut, LLC        |  | 13. Date of Employment:<br>Start Date: 09 / 01 / 14<br>End Date: / / |
| 14. Employer Address (including Apartment or Suite #):<br>75 John Fitch Boulevard |  |  |
| 15. City: South Windsor   |  | 16. State:<br>CT   |
|   |  | 17. Zip Code: 06074  |
| 18. Telephone Number:<br>(860) 331-8918   |  | 19. Fax Number:<br>(860) 436-5007                                    |
|   |  | 20. E-mail Address:<br>tom@primewellnessofct.com                     |

| Section C: Pharmacy Business Experience  |
|--|
| 21. Do you have any experience controlling, managing, operating or working for a pharmacy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 22. Are you currently associated with a pharmacy in any state?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> <li>• The pharmacy name;</li> <li>• The pharmacy's location;</li> <li>• All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>• The dates of your association with the pharmacy;</li> <li>• Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>• Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.</li> </ul> |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes  No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

## Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes  No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

## Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

|           |                               |         |                    |             |
|-----------|-------------------------------|---------|--------------------|-------------|
| 29. State | 30. Issue Date (month/year):  | 10 / 77 | 31. Type:          | 32. Number: |
| NY        | Expiration Date (month/year): | 10 / 80 | Registered Nursing | 299758      |
| 33. State | 34. Issue Date (month/year):  | 11 / 79 | 35. Type:          | 36. Number: |
| CT        | Expiration Date (month/year): | 09 / 96 | Registered Nursing | 10.R32804   |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature:



43. Date Signed:

9.8.2015



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:

*James Nicholas*

45. Date Signed:

9.8.2015

APPENDIX B AND C, DISPENSARY FACILITY BACKER INFORMATION FORM  
SECTION "C & F" INFORMATION

**T.J. Nicholas Licenses, Permits and Registrations**

CT 4/14 to 4/16 Dispensary Facility License #MMDF.0000004

CT 8/14 to 8/16 Dispensary Facility Backer #MMDB.0000001

CT 8/14 to 8/16 Dispensary Facility Employee #MMDE.0000005



APPENDIX B AND C, DISPENSARY FACILITY BACKER INFORMATION FORM  
SECTION "C & E" INFORMATION

**T.J. Nicholas Professional Licenses (Retired)**

1. New York State Registered Nursing License #299758 - Granted 10/21/77.
2. Connecticut Registered Nursing License # - 10.R32604 granted 11/27/79 valid through 9/30/96.

**Other licenses**

State of Connecticut Driver's license #094170763 expires 9-21-2015.

APPENDIX B AND C, DISPENSARY FACILITY BACKER INFORMATION FORM  
SECTION "C & E" INFORMATION

**T.J. Nicholas Ownership in Licensed Dialysis Facilities**

1. Enfield Dialysis Center, Inc. (lic. # 0157) – 148 Hazard Avenue, Enfield, CT. Certified on 2/28/90 and sold to BMA of CT (FMC) effective 1-1-98 (lic. # 0247).
  2. East Hartford Dialysis Center, Inc. (lic. # 0210) – 200 Pitkin Street, East Hartford, CT. Certified on 2/4/94 and sold to BMA of CT (FMC) effective 1-1-98 (lic.# 0248).
  3. Central Connecticut Dialysis Center, Inc. (lic. # 0207) - 377 Research Parkway, Meriden, CT. Certified on 1/13/94 and sold to BMA of CT (FMC) effective 1-1-98 (lic. # 0246).
  4. Rocky Hill Dialysis Center, LLC. (lic. # 0259) – 30 Waterchase Drive, Rocky Hill, CT. Certified on 12/15/99 and sold to DaVita effective 9-1-01(lic. # 0270).
  5. Middlesex Dialysis Center, LLC. (lic. # 0269) – 100 Main St., Suite A, Middletown, CT. Certified on 11/15/2000 and sold to DaVita effective 9-1-01 (lic.# 0316).
- (I was the "Agent of Service" for the above companies)
6. Pioneer Valley Dialysis Center – 208 Ashley Avenue, W. Springfield, MA. Certified on 11/22/96 and sold to FMC effective 1-1-98.
  7. Yankee Family Dialysis Center – 115 Wildwood Avenue, Greenfield, MA. Certified on 11/21/96 and sold to FMC effective 1-1-98.
  8. Manadnock Dialysis Center – 428B Winchester Avenue, Keene, NH. Certified on 5/21/97 and sold to FMC effective 1-1-98.
  9. Central Suffolk AKC, dba Dialysis Pro Re Nata (op. cert. # 5151204R) – 5225 Nesconset Highway, Port Jefferson Station, NY. Certified on 1/18/82, joined as an owner in 1990, sold to FMC in 2006.
  10. South Shore Dialysis (op. cert. # 2906202R) – 615 Peninsula Blvd. Hempstead, NY. Certified on 1/21/84, joined as owner in 1999, sold to DaVita in 2001.  
- 250 Pettit Avenue, Bellmore, NY. Certified on 1/21/84.
  11. Eastview Dialysis Inc. (op. cert. # 3464201R) – 120 Victor Heights Parkway, Victor, NY. Certified on August 17, 1998. Sold to FMC 2011. I was agent of service for EDI.

## Thomas J. Nicholas

---

379 Quarry Brook Drive  
South Windsor, CT 06074  
860.644.9440 - 860.558.4935  
t.j.nicholas@att.net

### Education

Diploma in Professional Registered Nursing  
Ellis Hospital School of Nursing  
Schenectady, New York  
Graduated with Honors, 1977

---

### Professional Profile

#### Prime Wellness of Connecticut, LLC 2013 to Present

- CEO for PWCT which was licensed as a Medical Marijuana Dispensary Facility by CT DCP on 4.10.14. One of only six licenses granted in Connecticut. The first Medical marijuana Dispensary in CT history to pass opening inspection by the department of drug control on 8.8.14 and the only one to do so in the 120 day period as required by regulation.
- PWCT employs 5 full time and 5 part employees ranging from Pharmacists to security officers and is open six days per week to serve the needs of patients.

#### Sustainable Products, Inc. 2003-2014

- Sustainable Products was an Industrial Products Sales, Marketing and Distribution Company.
- Represented a Connecticut company's environmentally friendly product line of industrial lubricants and machining fluids to the machining and fabricating industry in the northeast.
  - Represented a Capital Equipment Manufacturer in the machined parts finishing area.

#### Eastview Dialysis Center, Inc. 1997 – 2011

#### Eastview Dialysis Properties, Inc. 1997 - 2013

- President and CEO of an out-patient dialysis facility operating business and properties management business both located at 120 Victor Heights Parkway, Victor, NY. 14564. I was a founding shareholder and participated as CEO in the day to day management of both companies.
- Eastview Dialysis Center provided out-patient dialysis treatments to @120 chronic renal failure patients and was licensed in all treatment modalities. The operations were carried out in an 8,600 sq. ft. building built expressly to serve the needs of the dialysis patients.
- The operating company was responsible for all operations and billing in excess of \$3M to Medicare and Medicaid for patient services on an annual basis. My involvement in Eastview Dialysis Inc. terminated when the company was sold to Fresenius Medical Care in 2011. I'm currently the President and CEO of Eastview Dialysis Properties, Inc. (EDPI). EDPI building and property located at 120 Victor Heights Parkway, Victor, NY was sold in November, 2013.

#### Prime Medical, Inc. 1990 - 1997

- As co-founder and fifty percent owner, operated a successful and well respected medical products sales and distribution company concentrating on dialysis products.
- Developed a medical water purification company called Prime Water. Prime Water engineered, designed, installed and serviced medical grade water purification systems for dialysis units and medical facilities in the eastern United States.

## Thomas J. Nicholas

- My involvement in Prime Medical, Inc. terminated when the company was sold to Fresenius Medical Care in 1997.

### Connecticut Based Dialysis Facilities – 1991 - 2001

- As President and CEO of five Connecticut based dialysis facilities (Enfield Dialysis, East Hartford Dialysis, Central CT Dialysis, Rocky Hill Dialysis and Middlesex Dialysis), I was responsible for operations and day to day management. Our facilities treated in excess of 450 patients on a three time per week basis. Each facility billed between two and four million dollars in annual patient services to Medicare under the ESRD program, Medicaid and private insurers on an annual basis
- Partner and board member in Connecticut businesses as well as ESRD facilities and related businesses in Massachusetts, New Hampshire and New York (12 total). Please see attached facilities list with specifics.
- **NO LICENSED MEDICAL FACILITY OR ANY BUSINESS WHERE I HAD CONTROL HAS EVER BEEN ALLEGED OR FOUND TO HAVE VIOLATED ANY FEDERAL, STATE OR LOCAL LAWS OR REGULATIONS DURING THE TIME PERIOD WHEN I WAS ASSOCIATED.**

### National Medical Care, Inc. – 1981 – 1990

- Northeast Area Manager responsible for sales and marketing of manufactured dialysis disposable products and systems to dialysis facilities in New York, New Jersey and New England.
- National Dialysis Sales Specialist Salesman of the year twice and Regional Salesman of the year four times.

### Professional Nursing

- Worked as an R.N./Orthopedic technician and Operating Room assistant in an Orthopedic Practice (Paulsen and Albano, PC) in Schenectady, N.Y. in 1977.
- Worked as an Operating Room Nurse at the Hermann Hospital in Houston, Texas in 1978-1979.
- Worked as an Operating Room Nurse at Hartford Hospital in Hartford, CT in 1980.

### Professional Skills and Business Accomplishments

My medical training and background has allowed me to be very successful during my adult working life. Moreover, the fact that I was trained as a Registered Nurse and have worked in both hospital and private medical businesses has given me a real appreciation and understanding of how to access and attend to the needs of clients and patients alike. We formed a number of dialysis operating businesses with physicians as partners (being mindful of Stark and safe harbors laws).

As President and CEO of six individual dialysis companies in two states, I participated in all aspects of the business from formation to site location and development to regulatory application and day to day operation. I was agent of service for all six companies. I was personally vetted by both state health departments in the states where we operated and the federal government as a billing agency to Medicare and Medicaid.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix C

### Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

#### Section A: Personal Information

|   |                             |  |   |
|---|-----------------------------|--|---|
| 1. Name (First, Middle, Last):<br>Kevin P Murphy                        |                             |  |   |
| 2. Street Address (including Apartment or Suite #):<br>70 Island Avenue |                             |  |   |
| 3. City: Madison  |                             | 4. State:<br>CT                        | 5. Zip Code: 06443  |
| 6. Title: owner   |                             | 7. Telephone Number:<br>(917) 664-2913 | 8. E-mail Address:<br>kpmurphy50@gmail.com  |
| 9. Date of Birth:   | 10. Social Security Number: |  | 11. Gender:<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

#### Section B: Employment Information

|  |  |  |   |
|--|--|--|---|
| 12. Current or Most Recent Employer:<br>Murphy Capital, LLC                |  | 13. Date of Employment:<br>Start Date: 01 / 01 / 2013<br>End Date: : / / |   |
| 14. Employer Address (including Apartment or Suite #):<br>70 Island Avenue |  |  |   |
| 15. City: Madison  |  | 16. State:<br>CT   | 17. Zip Code: 06443                         |
| 18. Telephone Number:<br>(917) 664-2913                                    |  | 19. Fax Number:  | 20. E-mail Address:<br>kpmurphy50@gmail.com |

#### Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?  
 Yes  No

22. Are you currently associated with a pharmacy in any state?  
 Yes  No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes  No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

## Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes  No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

## Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

|           |                               |         |              |             |
|-----------|-------------------------------|---------|--------------|-------------|
| 29. State | 30. Issue Date (month/year):  | 07 / 87 | 31. Type:    | 32. Number: |
| NY, CT    | Expiration Date (month/year): | /       | Series 7, 63 | 1680861     |
| 33. State | 34. Issue Date (month/year):  | /       | 35. Type:    | 36. Number: |
|           | Expiration Date (month/year): | /       |              |             |

Section D, 26.

Prime Wellness of CT  
75 John Fitch Blvd.  
South Windsor, CT 06074

I am a backer of the facility with an ownership interest in the business. I am the CFO of the business and have been since inception.

Prime has been in operation since April 5, 2014.

The business has not violated the laws or the regulations of the state.

Nature's Care Company of IL  
975 Rohlwing Road  
Rolling Meadows, IL 60008

I am a backer of the facility with an ownership interest in the business.

I have been associated with the business since it's inception, summer of 2014.

I have no working responsibilities with the company.

The company has not had a violation.

Cannabliss & Co.  
1917 SE 7<sup>th</sup> Ave.  
Portland, OR 97214

I am a backer of the business with an ownership interest in the business.

I have been involved with the company since December 1, 2014.

I have no working responsibilities with the company.

The company has been in compliance since my involvement in the company.

Section E, 27.

I am the Managing Member of Murphy Capital, LLC. Murphy Capital makes private investments in small to mid sized companies. Murphy Capital's goal is to partner with entrepreneurs and help support them to becoming successful. I have had extensive experience in evaluating, financing and selling companies for more than 25 years.

I have been the managing Member of Murphy Capital since January 1, 2013. Our office is located at 70 Island Ave., Madison, CT 06443.

Murphy Capital and I have never had a violation. My skills as an investor, risk taker and business builder will play a critical role in the success of our company.



**Kevin P. Murphy**  
 322 West 57th Street, Apt. 48H  
 New York, NY 10019  
 PH: 917.664.2913

**Professional Summary: Hedge Fund Marketing Expert**

Kevin Murphy is currently Managing Member of Murphy Capital, LLC. Prior to Murphy Capital, he was a Founding Member and Managing Partner of Tandem Global Partners, LLC. Kevin, along with Joseph Petri and other seasoned professionals started the firm in 2007. These entrepreneurs and their vision formed the foundation of Tandem Global Partners and were primary drivers behind its success. Prior to launching Tandem Global Partners, Kevin was a Managing Partner at Stanfield Capital Partners. While at Stanfield, he was instrumental in growing the company from inception to a \$30 billion alternative money management firm. He was a member of the Operating and Management team that oversaw all aspects of Stanfield's business, which included risk management, sales and distribution, client services, legal, compliance and operations. Kevin was integral in spearheading the strategic development of the firm and responsible for attracting key personnel and money management talent.

**Professional History**

- 2012 - Current **High Street Capital Partners, LLC**  
 Managing Member. Engaged in nurturing a variety of legal cannabis companies through their start-up phases, including fiscal analysis, capital investment and financial growth strategies and assessments critical to their success.
- 2012 - Current **Murphy Capital, LLC**  
 Managing Member. Engaged in the investment management of private and public companies for the benefit of family and philanthropic interests.
- 2007-2012 **Tandem Global Partners, Managing Partner**  
 Responsibilities Included: Managing all aspects of the business including distribution, strategic development, structural and risk oversight.
- 1999-2006 **Stanfield Capital Partners, Managing Partner**  
 Responsibilities Included: Managing all aspects of the business including distribution, strategic development, structural and risk oversight.
- 1996-1999 **Gleacher NatWest, Partner**  
 Responsibilities Included: Initiating and selling non-investment corporate debt to traditional money managers and hedge funds.
- 1994-1996 **Schroders, Senior Vice President**  
 Responsibilities Included: Initiating and selling non-investment corporate debt to traditional money managers and hedge funds.
- 1992-1994 **Lazard Freres, Vice President**  
 Responsibilities Included: Initiating and selling non-investment corporate debt to traditional money managers and hedge funds.
- 1988-1991 **Cantor Fitzgerald, Vice President**  
 Responsibilities Included: Brokering mortgage-backed securities.

**Kevin P. Murphy**  
322 West 57th Street, Apt. 48H  
New York, NY 10019  
PH: 917.664.2913

**Education**

1985           **The College of the Holy Cross**  
Received a Bachelor of Arts Degree

**Other**

**St. Benedict Joseph Medical Center in Honduras**  
Member of Board of Director

**Business References**

**Joe Petri**  
Former CEO of HSBC Americas  
New York, NY  
973-722-1695

**Mike Vranos**  
CEO Ellington Management Group  
Old Greenwich, CT  
203-698-2422

**Personal Reference**

**Richard Johnson**  
Former Managing Director, Strategic Business Development  
Stanfield Capital  
New York, NY  
203-543-2109

**Kevin P. Murphy**

Mr. Murphy is the Managing Member of Murphy Capital, LLC. Murphy Capital is engaged in the investment management of private and public companies for the benefit of his family and his philanthropic interests.

Mr. Murphy has had a highly successful career in the New York money management business and is a well-respected member of the financial community amongst his peers. He is a consummate professional and has been instrumental in growing companies from inception to billion dollar money management firms. Kevin was a Managing Partner of Tandem Global Partners, a boutique investment firm focused on the emerging markets. Prior to Tandem, Kevin was a Managing Partner at Stanfield Capital Partners.

Mr. Murphy was central to growing Stanfield from inception to a \$30 billion alternative money management firm. He was a member of the Operating and Management team that oversaw all aspects of Stanfield's business, which included risk management, sales and distribution, client services, legal, compliance and operations. He was integral in spearheading the strategic development of the firm and responsible for attracting key personnel and money management talent. He was involved in developing and administering the firm-wide investment policy; constructing asset allocation strategies; conducting research on a broad range of investment vehicles for portfolio investments; monitoring and reporting portfolio performance to ensure that client objectives were met; implemented trades; conducted periodic client review meetings; and maintained strategic relationships with trustees, vendors, and asset custodians. Kevin also previously acquired in-depth valuable career experience with Gleacher NatWest (Partner and Dir. of Marketing), Schroders (Sr. VP of Sales), Lazard Freres (VP) and Cantor Fitzgerald (VP). He graduated with a B.A. from Holy Cross College.

**Mr. Murphy founded Murphy Capital in 2012, a Family Office where he pursues his strong commitment to his profession as well as to his faith, family and community ties.** Kevin has worked closely with the local Franciscan Friars in the Bronx, which has led to his supporting and serving on the Board for the St. Benedict Joseph Medical Center in Honduras. Kevin is a generous supporter of a wide range of charities and mentors many individuals helping launch and achieve their aspiring career goals.

**Mr. Murphy founded High Street Capital Partners in 2012.** He successfully applies this multifaceted background in the investment management, venture capital and non-profit medical industries to this more recent role as a well recognized leader within the emerging Medical Marijuana Industry. Specifically, as a seasoned Wall Street executive with significant investment, risk management and business acumen; over the last 5 years Kevin has nurtured a variety of cannabis companies through their start-up phases. His expertise in business management and unique set of skills in terms of fiscal analysis, capital investment and financial growth strategies and assessment is critical to their success. The result is a robust high quality stable of long term investments now thriving across the spectrum of the rapidly growing Cannabis Industry. As such, Kevin possesses a broad understanding of the medical marijuana space that few have yet to attain. Not the least of which is his close knowledge and experience operating dispensaries within the strict regulatory environment found here in New England.

Mr. Murphy's leadership in the Cannabis industry specifically includes his roles as a Founding Member, Board Member and Lead Financier of the for-profit WPMC of Maine, which oversees the non-profit Wellness Connection of Maine group of dispensaries and grow operations; Chief Financial Officer, Founding Member, Board Member and Financier of Prime Wellness of Connecticut dispensary operation; a Lead Financier of The Cannabliss group of dispensaries in Portland, OR; a Board Member and Lead Financier of Dixie Elixirs & Edibles in Denver, CO and Founding Member, Principal and Financier of Kalyx Development Corporation, a Real Estate finance group specializing in the Marijuana industry. In total, Mr. Murphy possesses highly specialized skill sets and is a valuable and experienced additional industry resource to successfully assist states initially navigating this promising medical field.



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature:



43. Date Signed:

9-10-15



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:



45. Date Signed:

9-10-15



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix C

### Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

| Section A: Personal Information   |  |  |   |
|---|--|--|---|
| 1. Name (First, Middle, Last):<br>John P. Glowik Jr.                        |  |  |   |
| 2. Street Address (including Apartment or Suite #):<br>44 Independence Lane |  |  |   |
| 3. City: Shrewsbury   |  | 4. State:<br>MA                        | 5. Zip Code: 01545  |
| 6. Title: Owner, Facility Backer  |  | 7. Telephone Number:<br>(508) 925-5676 | 8. E-mail Address:<br>jg1973hc@aol.com  |
| 9. Date of Birth:   |  | 10. Social Security Number:            | 11. Gender:<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

| Section B: Employment Information  |                                   |  |
|--|-----------------------------------|--|
| 12. Current or Most Recent Employer:<br>Prime Alternative Treatment Centers    |                                   | 13. Date of Employment:<br>Start Date: 08 / 03 / 15<br>End Date: / / |
| 14. Employer Address (including Apartment or Suite #):<br>44 Independence Lane |                                   |  |
| 15. City: Shrewsbury   |                                   | 16. State:<br>MA   |
| 17. Zip Code: 01545  |                                   |  |
| 18. Telephone Number:<br>(508) 925-5676  | 19. Fax Number:<br>(508) 925-5676 | 20. E-mail Address:<br>jg1973hc@aol.com                              |

| Section C: Pharmacy Business Experience  |
|--|
| 21. Do you have any experience controlling, managing, operating or working for a pharmacy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 22. Are you currently associated with a pharmacy in any state?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> <li>• The pharmacy name;</li> <li>• The pharmacy's location;</li> <li>• All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>• The dates of your association with the pharmacy;</li> <li>• Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>• Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.</li> </ul> |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes  No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

## Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes  No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

## Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

|                 |   |                   |                         |
|-----------------|---|-------------------|-------------------------|
| 29. State<br>CT | 30. Issue Date (month/year):<br>09 / 14<br>Expiration Date (month/year):<br>09 / 15 | 31. Type:<br>MMDB | 32. Number:<br>.0000007 |
| 33. State<br>CT | 34. Issue Date (month/year):<br>09 / 15<br>Expiration Date (month/year):<br>09 / 16 | 35. Type:<br>MMDB | 36. Number:<br>.0000007 |

**APPENDIX C Section D: Marijuana Business Experience**

**Prime Alternative Treatment Centers of NH**

**Merrimack, NH Dispensary & Peterborough, NH Cultivation Facility**

**July 2014 began application process for NH medical marijuana program as Chief Executive Officer and currently CEO/President of Prime ATC.**

**There have been no violations of laws or regulations in the state of New Hampshire since inception to present.**



APPENDIX C Section E: Other Relevant Business Experience

Pioneer Valley Dialysis Center, Yankee Family Dialysis Center & Monadnock Dialysis Center serving Springfield (MA), Greenfield (MA) & Keene (NH) respectively.

Medical treatment centers for hemodialysis and peritoneal dialysis services to the patients directly under the supervision of physician and nursing personnel.

Chief Executive Officer overseeing all three facilities in all phases of operations from 1995 – 1998. The businesses were sold to Fresenius USA along with eleven other dialysis units which were associated with the three above.

No violations were involved in the dialysis facilities with the state or federal agencies overseeing the health care provided.

I served on all fourteen boards and three other medical supply companies from 1988 to 2012 gaining necessary experience in capitalizing and budgeting properly for business success. But most importantly gained the needed experience in providing for the patient and their needs in a professional, safe manner. We served thousands of patients in a moral and ethical style with the highest care available. Our success was seeing satisfied, well treated patients pass thru our facility doors..

We are currently enjoying that same success at Prime Wellness of Connecticut in South Windsor, CT. since September of 2015. The proof is in our actions to the patients of Connecticut currently. We have a proven track record and wish to bring our services to other parts of the state.

APPENDIX C Section F: Licenses, Permits and Registrations

J.P. Glowik Jr.'s Ownership in Licensed Dialysis Facilities

1. Enfield Dialysis Center, Inc. (lic.# 0157) – 148 Hazard Avenue, Enfield, CT. Certified on 2/28/90 and sold to BMA of CT (FMC) effective 1/1/98 (lic. # 0247).
2. East Hartford Dialysis Center, Inc. (lic. # 0210) – 200 Pitkin Street, East Hartford, CT. Certified on 2/4/94 and sold to BMA of CT (FMC) effective 1/1/98 (lic. # 0248).
3. Central Connecticut Dialysis Center, Inc. (lic. # 0207) - 377 Research Parkway, Meriden, CT. Certified on 1/13/94 and sold to BMA of CT (FMC) effective 1/1/98 (lic. # 0246).
4. Rocky Hill Dialysis Center, LLC. (lic. # 0259) – 30 Waterchase Drive, Rocky Hill, CT. Certified on 12/15/99 and sold to DaVita effective 9/1/01 (lic. # 0270).
5. Middlesex Dialysis Center, LLC. (lic. # 0269) – 100 Main St., Suite A, Middletown, CT. Certified on 11/15/2000 and sold to DaVita effective 9/1/01 (lic. # 0316).
6. Pioneer Valley Dialysis Center – 208 Ashley Avenue, W. Springfield, MA. Certified on 11/27/96 and sold to FMC effective 1/1/98.
7. Yankee Family Dialysis Center – 115 Wildwood Avenue, Greenfield, MA. Certified on 12/10/96 and sold to FMC effective 1/1/98.
8. Monadnock Dialysis Center – 428B Winchester Avenue, Keene, NH. Certified on 5/21/97 and sold to FMC effective 1/1/98.
9. Central Suffolk AKC, dba Dialysis Pro Re Nata (op.cert. # 5151204R) – 5225 Nesconset Highway, Port Jefferson Station, NY. Certified on 1/18/82, joined as an owner in 1990, sold to FMC in 2006.
10. South Shore Dialysis (op.cert. # 2906202R) – 615 Peninsula Blvd. Hempstead, NY. Certified on 1/21/84, joined as owner in 1999, sold to DaVita in 2001.  
- 250 Pettit Avenue, Bellmore, NY. Certified on 1/21/84.
11. Eastview Dialysis Inc. (op.cert. # 3464201R) – 120 Victor Heights Parkway, Victor, NY. Certified on August 17, 1998. Sold to FMC 2011.

12. Capital District Dialysis Center – 650 McClellan Street, Schenectady, NY. Certified on 9/30/88, joined as owner in 1990, sold to FMC in 2006.

13. Albany Dialysis Center - 64 Albany Shaker Road, Albany, NY. Certified on 6/30/83, joined as owner in 1991 and sold to FMC in 2006.

14. Albany Regional Kidney Center – 2 Clara Barton Drive, Albany, NY. Certified on 6/30/83, joined as owner in 1993, sold to FMC in 2006.

15. Amsterdam Dialysis Center – 1810 Riverfront Center, Amsterdam, NY. Certified on 8/14/98 and sold to FMC in 2006.

\* I was “Agent of Service” on facilities # 6, 7 and 8 above.

**JOHN P. GLOWIK, Jr.**  
 44 Independence Lane  
 Shrewsbury, MA 01545  
 jg1973hc@aol.com  
 508-925-5676

**EMPLOYMENT HISTORY**

**Prime Alternative Treatment Center of New Hampshire** 2014-Present

**CEO & President**

1<sup>st</sup> approved alternative treatment center in New Hampshire – dispensary & cultivation facility

**Prime Wellness of Connecticut** 2013-Present

**Co-Owner & Facility Backer**

CT based medicinal cannabis dispensary. 1<sup>st</sup> approved dispensary in the state of Connecticut.

Local, experienced health care provider, owner and operator of dialysis outpatient centers in MA (Springfield & Greenfield), NH (Keene), CT (Hartford, Enfield, Middletown, Rocky Hill), NY (Albany-2, Amsterdam, Schenectady, Selden, Bellmore, Hempstead, Rochester)

Thirty-nine years of health care experience (1973-2012)

Reviewed and approved by Department of Health in 4 states to own or operate with Certificate of Need/Determination of Need certificates - MA, CT, NH, NY Fully accredited and no citations with inspections from the Departments of Health in the 4 states.

Owned and Operated 16 Dialysis facilities based in MA (Springfield & Greenfield), NH (Keene), CT (Hartford, Enfield, Middletown, Rocky Hill), NY (Albany-2, Amsterdam, Schenectady, Selden, Bellmore, Hempstead, Rochester)  
 1989-2012

**Prime Medical Inc.** 1988 -1997

President & Co-Founder/Owner

MA based medical supply company covered New England, New York, New Jersey

**Prime Water** 1992-1997

Co-Founder/Owner

MA based water purification/delivery systems for medical facilities

**NutraCare Inc.** 1990-1994

Co-Founder/Owner, Vice President

GA based parental nutrition company serving patients in dialysis centers and at home.

**Sales Specialist/Regional Manager** 1973-1988

Pharmaceutical & Medical sales to hospitals, physicians, outpatient medical facilities in the greater Northeast states

**BOARDS AND CIVIC ENGAGEMENT**

Served on numerous community boards; Worcester Academy, Worcester MA Board of Trustees (3 terms), Holy Cross GAA Board, Holy Cross College Advisory Board to the Trustees since 2007, Worcester, MA, Paxton Recreation Commission Chairman, Paxton, MA, Paxton Youth Sports, President, Paxton Little League, Treasurer, Sacred Heart Basketball League Board, Worcester, MA.

**EDUCATION**

Holy Cross College, Worcester MA  
B.A. Economics & History ( Double Major )

1969 - 1973



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section II: Criminal Actions

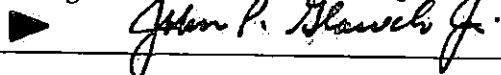
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature:



43. Date Signed:

9/08/2015



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:

*John P. Glawicki, Jr.*

45. Date Signed:

9/08/2015



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix C

### Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

| Section A: Personal Information  |                             |  |   |
|--|-----------------------------|--|---|
| 1. Name (First, Middle, Last):<br>David Paume                            |                             |  |   |
| 2. Street Address (including Apartment or Suite #):<br>8 Wedgewood Drive |                             |  |   |
| 3. City: Danbury   |                             | 4. State:<br>CT                        | 5. Zip Code: 06811  |
| 6. Title: Dispensary Manager   |                             | 7. Telephone Number:<br>(203) 790-1505 | 8. E-mail Address:<br>dpaume@comcast.net  |
| 9. Date of Birth:  | 10. Social Security Number: |  | 11. Gender:<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

| Section B: Employment Information  |  |  |   |
|--|--|--|---|
| 12. Current or Most Recent Employer:<br>Boehringer Ingelheim               |  | 13. Date of Employment:<br>Start Date: 08 / 01 / 199'<br>End Date: : / / |   |
| 14. Employer Address (including Apartment or Suite #):<br>900 Ridgebury Rd |  |  |   |
| 15. City: Ridgefield   |  | 16. State:<br>CT   | 17. Zip Code: 06877   |
| 18. Telephone Number:<br>(203) 798-5588                                    |  | 19. Fax Number:  | 20. E-mail Address:<br>david.paume@boehringer-ingelheim.com |

| Section C: Pharmacy Business Experience  |
|--|
| 21. Do you have any experience controlling, managing, operating or working for a pharmacy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 22. Are you currently associated with a pharmacy in any state?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> <li>• The pharmacy name;</li> <li>• The pharmacy's location;</li> <li>• All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>• The dates of your association with the pharmacy;</li> <li>• Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>• Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.</li> </ul> |





# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes  No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

## Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes  No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

## Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

|                 |   |                                 |                             |
|-----------------|---|---------------------------------|-----------------------------|
| 29. State<br>CT | 30. Issue Date (month/year):<br>02 / 2011<br>Expiration Date (month/year):<br>01 / 2011 | 31. Type:<br>Pharmacist         | 32. Number:<br>PCT.0007729  |
| 33. State<br>CT | 34. Issue Date (month/year):<br>10 / 2011<br>Expiration Date (month/year):<br>10 / 2011 | 35. Type:<br>Dispensary Manager | 36. Number:<br>MMDR.0000018 |

David Paume'

- Compassionate Care Center of Connecticut
- 4 Garella Rd.
- Bethel CT 06801
- Licensed Dispensary/Pharmacist ; 10/2014-present
  - Inventory access and product control; oversight of pharmacy technicians; data entry and sensitive information controls; dispensing product; compliance oversight
- 10/2014 – present
- Role at business is current
- Business was not alleged to have committed any violations

David Paume'

- Boehringer Ingelheim Pharmaceuticals Inc.
- Pharmaceutical products and research; medical & technical information group
- 900 ridgebury rd.  
Ridgefield, CT 06877
- 8/1991 – Present Boehringer Ingelheim Pharmaceuticals Inc.

Medical Affairs Department

(6/2012 – Present) Associate Director – Vendor Quality Management – Medical & Technical Information Group

☐ Provide quality management oversight of vendor operations involving the recognition, collection and documentation of

adverse event, product complaint and requests for medical information (including On-Label and Off-Label information).

☐ Oversee and trouble shoot the transfer of Adverse Event data from vendor contact centers to Pharmacovigilance database

(ARISg).

☐ Responsible for overseeing the Corrective Action / Preventive Action (CAPA) process for all non-compliances that occur with

vendors and department personnel.

(6/2006 – 6/2012) Associate Director – Clinical Operations

☐ Responsible for providing Clinical Monitor oversight from Final Protocol to Database Lock for studies in the respiratory

therapeutic area:

- o Provided Clinical Monitor and financial oversight to numerous Phase 2 and 3 clinical trials,

- o Oversaw central lab data review for Pulmonary Function Tests (PFTs), safety blood tests, ECG & Holter results,

IVRS/IXRS Drug Supplies and Quality of Life questionnaires,

- o Responsible for reviewing patient listings for data cleaning purposes including the following: AE & SAE data,

concomitant medication, medical history/baseline conditions, protocol violations, etc.

- o Responsible for coordinating cross functional team deliverables for multiple database locks. This included

managing team meetings to develop DBL Timelines, assigning data cleaning priorities for each site and

troubleshooting when team deliverables or timelines were at risk.

(1/2001 – 6/2006) Associate Director – Project Management Clin Ops

(6/1997 – 12/2000) Senior Manager – Project Management Clin Ops

- ▣ Responsible for providing Project Management oversight to timelines, budgets and resources for clinical programs in the

following departments:

o Therapeutic Areas – Immunology + Respiratory (1/2005 – 6/2006)

o Therapeutic Areas – Cardiovascular + Metabolic + Respiratory (1/2001 – 1/2005)

o Therapeutic Area – General Medicine [includes Oncology + Neurology] (6/1997 – 12/2000)

▣ Lead cross functional Clin Ops teams in a matrix environment to provide team deliverables on schedule and within budget.

▣ Met with cross functional Clin Ops teams on a monthly and prn basis to monitor progress of team deliverables, timelines and

budgetary matters. Ensured that issues which impacted milestone dates or the critical path were addressed promptly with the

teams to develop contingency plans of action.

▣ Fostered an environment of teamwork and cross functional collaboration to support project goals.

▣ Responsible for negotiating with the Executive Directors of various support groups (Data Management, Pharmaceuticals,

Statistics, CRA Monitoring, etc.) for resources and on time execution of deliverables when conflicts occurred.

▣ Primary point of contact to provide upper management with the status of each trial/program in the Therapeutic Area

Department and to communicate management priorities to trial team members. Presented trial status updates to upper

management at Quarterly Review Meetings.

☑ Ensured that US lead trials had complete study budgets (Investigator costs, centralized core labs, ECGs, spirometry, CROs,

etc.) in place in the Clinical Trial Management System (CTMS) before Operating Unit (OPU) commitment was provided.

☑ Responsible for overseeing all resource, timeline and cost variables in the CTMS database for US trials.

☑ Provided management with an FTE resource needs assessment for planned clinical trials on a quarterly basis.

☑ Responsible for the development and oversight of the annual budget in the department for all trial related and personnel expenses.

(1/1996 - 6/1997) – Manager MRA

(8/1991 - 12/1995) - Senior Medical Research Associate

☑ Managed multiple Phase II and international pivotal Phase III trials. This includes the approval of a Parkinson's disease

medication (Mirapex® - pramipexole) with a co-development partner (The Upjohn Company).

☑ Managed CRO activities for an international Phase II/III stroke trial (Cerestat® - aptiganel HCL). The stroke trial involved 156

sites across 5 countries (Australia, Canada, South Africa, UK and US).

☑ Recruited investigators, oversaw regulatory document tracking and designed drug supplies for trials (oral and IV dosage forms).

☑ Provided technical and scientific guidance to international clinical monitors and study site personnel to ensure consistency in

interpretation and exchange of scientific information.

☑ Responsible for writing annual reports, SAE narratives and sections of clinical trial reports.

8/1981 – 7/1991 DuPont - Merck Pharmaceuticals

(9/1987 - 7/1991) - Clinical Research Associate (CRA) to Senior CRA

☑ Supported the NDA submissions through writing patient narratives and reviewing lab data.

☑ Assisted in the design, initiation and implementation of cardiovascular and Alzheimer's disease studies.

☑ Conducted on site monitoring visits to Investigators for pre-initiation, initiation, ongoing site visits and study close outs.

☑ Collected, tracked and maintained required regulatory documents for monitored sites.

☑ Presented clinical protocols, CRFs and administrative information at investigators' meetings and at clinical study sites.

☑ Served as a liaison between the Medical and Pharmacy Departments for designing drug packaging and labeling of clinical

supplies.

(7/1985 - 8/1987) - Professional Sales Representative - Southwest Florida Territory

DuPont's product line required extensive hospital contacts with anesthesiologists, surgeons and emergency room physicians to

provide product information and develop new relationships to increase sales in the territory. Developed and delivered product

presentations to office-based and hospital based practitioners to promote product line. After the first 3 months, I increased the

performance sales index of my territory and was able to continue to grow the business every quarter thereafter while sales for the

district as a whole dropped.

(7/1983 - 7/1985) - Scientist - Pharmacy R&D

Served in the Technical Services Group as an interface between the development and production groups for new drug

implementation. Specific highlights include:

- ☐ Coordinated scale up pilot batches from development to production facilities.
- ☐ Supervised the manufacture and packaging of batches for Phase I, II & III clinical trials.
- ☐ Production Troubleshooting.



(8/1981 - 6/1983) - Associate Scientist - Pharmacy R&D

Worked in the formulation group for solid dosage forms, responsibilities included:

☑ Formulated solid dosage forms (tablets & capsules) for new drugs and process improvement of existing formulas and procedures:

☑ Inventory coordinator for ordering, sampling and releasing of quarantined raw materials and finished clinical study supplies.

☑ Responsible for color formulation of numerous development and marketed compounds.

☑ Oversaw the packaging and labeling of clinical supplies.

Wilmington, DE 19880

- Role is current
- Business was not alleged to have made any violations
- Experience is relevant in the manner of licensed dispensary responsibilities; medical advisory and research; compliance and inventory control; patient care and deliverability

## DAVID PAUMÉ RPh

Appendix C

A Registered Pharmacist with experience in Project Management of Clinical Operations of various therapeutic areas (i.e. Respiratory, Cardiovascular, Metabolic, Immunology, Oncology and Neurology), Clinical Research experience, Research & Development experience in the formulation of solid dosage forms (i.e. tablets and capsules) and Marketing Sales experience.

### CAREER SUMMARY

10/2014 – Present

Compassionate Care Center of CT  
4 Garella Road  
Bethel, CT 06801

- Pharmacist providing dispensary oversight and medical marijuana information to patients and healthcare professionals.

8/1991 – Present

Boehringer Ingelheim Pharmaceuticals Inc.  
900 Ridgebury Road  
Ridgefield, CT 06877

#### Medical Affairs Department

(6/2012 – Present) Associate Director – Vendor Quality Management – Medical & Technical Information Group

- Provide quality management oversight of vendor operations involving the recognition, collection and documentation of adverse event, product complaint and requests for medical information (including On-Label and Off-Label information).
- Oversee and trouble shoot the transfer of Adverse Event data from vendor contact centers to Pharmacovigilance database (ARISg).
- Responsible for overseeing the Corrective Action / Preventive Action (CAPA) process for all non-compliances that occur with vendors and department personnel.

(6/2006 – 6/2012) Associate Director – Clinical Operations

- Responsible for providing Clinical Monitor oversight from Final Protocol to Database Lock for studies in the respiratory therapeutic area:
  - Provided Clinical Monitor and financial oversight to numerous Phase 2 and 3 clinical trials,
  - Oversaw central lab data review for Pulmonary Function Tests (PFTs), safety blood tests, ECG & Holter results, IVRS/IXRS Drug Supplies and Quality of Life questionnaires,
  - Responsible for reviewing patient listings for data cleaning purposes including the following: AE & SAE data, concomitant medication, medical history/baseline conditions, protocol violations, etc.
  - Responsible for coordinating cross functional team deliverables for multiple database locks. This included managing team meetings to develop DBL Timelines, assigning data cleaning priorities for each site and troubleshooting when team deliverables or timelines were at risk.

(1/2001 – 6/2006) Associate Director – Project Management Clin Ops

(6/1997 – 12/2000) Senior Manager – Project Management Clin Ops

- Responsible for providing Project Management oversight to timelines, budgets and resources for clinical programs in the following departments:
  - Therapeutic Areas – Immunology + Respiratory (1/2005 – 6/2006)
  - Therapeutic Areas – Cardiovascular + Metabolic + Respiratory (1/2001 – 1/2005)
  - Therapeutic Area – General Medicine [includes Oncology + Neurology] (6/1997 – 12/2000)
- Lead cross functional Clin Ops teams in a matrix environment to provide team deliverables on schedule and within budget.
- Met with cross functional Clin Ops teams on a monthly and prn basis to monitor progress of team deliverables, timelines and budgetary matters. Ensured that issues which impacted milestone dates or the critical path were addressed promptly with the teams to develop contingency plans of action.
- Fostered an environment of teamwork and cross functional collaboration to support project goals.
- Responsible for negotiating with the Executive Directors of various support groups (Data Management, Pharmaceuticals, Statistics, CRA Monitoring, etc.) for resources and on time execution of deliverables when conflicts occurred.
- Primary point of contact to provide upper management with the status of each trial/program in the Therapeutic Area Department and to communicate management priorities to trial team members. Presented trial status updates to upper management at Quarterly Review Meetings.
- Ensured that US lead trials had complete study budgets (Investigator costs, centralized core labs, ECGs, spirometry, CROs, etc.) in place in the Clinical Trial Management System (CTMS) before Operating Unit (OPU) commitment was provided.

- Responsible for overseeing all resource, timeline and cost variables in the CTMS database for US trials.
- Provided management with an FTE resource needs assessment for planned clinical trials on a quarterly basis.
- Responsible for the development and oversight of the annual budget in the department for all trial related and personnel expenses.

(1/1996 - 6/1997) - Manager MRA

(8/1991 - 12/1995) - Senior Medical Research Associate

- Managed multiple Phase II and international pivotal Phase III trials. This includes the approval of a Parkinson's disease medication (Mirapex® - pramipexole) with a co-development partner (The Upjohn Company).
- Managed CRO activities for an international Phase II/III stroke trial (Cerestat® - aptiganel HCL). The stroke trial involved 156 sites across 5 countries (Australia, Canada, South Africa, UK and US).
- Recruited investigators, oversaw regulatory document tracking and designed drug supplies for trials (oral and IV dosage forms).
- Provided technical and scientific guidance to international clinical monitors and study site personnel to ensure consistency in interpretation and exchange of scientific information.
- Responsible for writing annual reports, SAE narratives and sections of clinical trial reports.

**8/1981 - 7/1991**

**DuPont - Merck Pharmaceuticals  
Wilmington, DE 19880**

(9/1987 - 7/1991) - Clinical Research Associate (CRA) to Senior CRA

- Supported the NDA submissions through writing patient narratives and reviewing lab data.
- Assisted in the design, initiation and implementation of cardiovascular and Alzheimer's disease studies.
- Conducted on site monitoring visits to Investigators for pre-initiation, initiation, ongoing site visits and study close outs.
- Collected, tracked and maintained required regulatory documents for monitored sites.
- Presented clinical protocols, CRFs and administrative information at investigators' meetings and at clinical study sites.
- Served as a liaison between the Medical and Pharmacy Departments for designing drug packaging and labeling of clinical supplies.

(7/1985 - 8/1987) - Professional Sales Representative - Southwest Florida Territory

DuPont's product line required extensive hospital contacts with anesthesiologists, surgeons and emergency room physicians to provide product information and develop new relationships to increase sales in the territory. Developed and delivered product presentations to office-based and hospital based practitioners to promote product line. After the first 3 months, I increased the performance sales index of my territory and was able to continue to grow the business every quarter thereafter while sales for the district as a whole dropped.

(7/1983 - 7/1985) - Scientist - Pharmacy R&D

Served in the Technical Services Group as an interface between the development and production groups for new drug implementation. Specific highlights include:

- Coordinated scale up pilot batches from development to production facilities.
- Supervised the manufacture and packaging of batches for Phase I, II & III clinical trials.
- Production Troubleshooting.

(8/1981 - 6/1983) - Associate Scientist - Pharmacy R&D

Worked in the formulation group for solid dosage forms, responsibilities included:

- Formulated solid dosage forms (tablets & capsules) for new drugs and process improvement of existing formulas and procedures.
- Inventory coordinator for ordering, sampling and releasing of quarantined raw materials and finished clinical study supplies.
- Responsible for color formulation of numerous development and marketed compounds.
- Oversaw the packaging and labeling of clinical supplies.

**EDUCATION:**

Bachelor of Science in Pharmacy (BSP)  
The University of Connecticut School of Pharmacy  
Storrs, Connecticut



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066  
E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature



*David Pume*

43. Date Signed:

*09-16-2015*



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:

▶ *David Paumo*

45. Date Signed:

*09-16-2015*



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix D

### Dispensary Facility Manager Information Form

This form must be completed and signed by the person who will serve as the dispensary facility manager if the applicant is awarded a dispensary facility license.

#### Section A: Dispensary Facility Manager Information

|  |                       |   |  |
|--|-----------------------|---|--|
| 1. Name (First, Middle, Last):<br>David Paume                          |                       |   |  |
| 2. Home Address (including Apartment or Suite #):<br>8 Wedgewood Drive |                       |   | 3. City:<br>Danbury  |
| 4. State:<br>CT  | 5. Zip Code:<br>06811 | 6. Date of Birth:<br>03 /23 /1958                     | 7. Telephone Number:<br>(203) 790-1505   |
| 8. Social Security Number:   |                       |   | 9. Gender:<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| 10. E-mail Address:<br>dpaume@comcast.net                              |                       | 11. Connecticut Pharmacist License Number:<br>0007729 |  |

#### Section B: Employment Information

|   |                 |  |                        |
|---|-----------------|--|------------------------|
| 12. Current or Most Recent Employer:<br>Boehringer Ingelheim Pharmaceuticals Inc. |                 | 13. Date of Employment:<br>Start Date: 08 01 1991<br>End Date: / / |                        |
| 14. Employer Address (including Apartment or Suite #):<br>900 Ridgeway Rd         |                 |  |                        |
| 15. City:<br>Ridgefield   |                 | 16. State:<br>CT   | 17. Zip Code:<br>06877 |
| 18. Daytime Telephone Number:<br>(203) 798-5588                                   | 19. Fax Number: | 20. E-mail Address:  |                        |

#### Section C: Pharmacy Business Experience

|   |
|---|
| 21. Do you have any experience controlling, managing, operating or working for a pharmacy?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| 22. Are you currently associated with a pharmacy in any state?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> <li>• The pharmacy name;</li> <li>• The pharmacy's location;</li> <li>• All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>• The dates of your association with the pharmacy;</li> <li>• Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>• Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, the nature and resolution of those allegations.</li> </ul> |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Section D: Criminal Actions

24. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section E: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

25. Signature:

*David Paume*

26. Date Signed:

09-12-2015

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

27. Signature:

*David Paume*

28. Date Signed:

09-12-2015



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix E Backer Members

### Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

| Section A: Member Information  |                |   |                       |
|--|----------------|---|-----------------------|
| 1. Name (First, Middle, Last):<br>Angela D'Amico                       |                |   |                       |
| 2. Street Address (including Apartment or Suite #):<br>55 Brittany Ave |                |   |                       |
| 3. City:<br>Trumbull   |                | 4. State:<br>CT                           | 5. Zip Code:<br>06611 |
| 6. Daytime Phone Number:<br>2033628461                                 | 7. Fax Number: | 8. E-mail Address:<br>angela@ad-lines.com |                       |

| Section B: Criminal Actions  |
|--|
| 9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                          |
| If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings. |

| Section C: Criminal Background Check  |                               |
|---|-------------------------------|
| I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents. |                               |
| 10. Signature:<br>  | 11. Date Signed:<br>9.12.2015 |

|   |                               |
|---|-------------------------------|
| I hereby certify that the above information is correct and complete.  |                               |
| I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes. |                               |
| 12. Signature:<br>  | 13. Date Signed:<br>9.12.2015 |





# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix E


### Backer Members


### Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

| Section A: Member Information   |                                  |  |                       |
|---|----------------------------------|--|-----------------------|
| 1. Name (First, Middle, Last):<br>Thomas Joseph Nicholas                      |                                  |  |                       |
| 2. Street Address (including Apartment or Suite #):<br>379 Quarry Brook Drive |                                  |  |                       |
| 3. City:<br>South Windsor   |                                  | 4. State:<br>CT                            | 5. Zip Code:<br>06074 |
| 6. Daytime Phone Number:<br>(860) 558-4935                                    | 7. Fax Number:<br>(860) 644-9440 | 8. E-mail Address:<br>t.j.nicholas@att.net |                       |

| Section B: Criminal Actions  |
|--|
| 9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
| If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings. |

| Section C: Criminal Background Check  |                              |
|---|------------------------------|
| I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents. |                              |
| 10. Signature:   | 11. Date Signed:<br>9.8.2015 |

| I hereby certify that the above information is correct and complete.  |                              |
|---|------------------------------|
| I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes. |                              |
| 12. Signature:   | 13. Date Signed:<br>9.8.2015 |



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix E Backer Members

### Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

#### Section A: Member Information

|   |                |  |                       |
|---|----------------|--|-----------------------|
| 1. Name (First, Middle, Last):<br>Kevin P Murphy                        |                |  |                       |
| 2. Street Address (including Apartment or Suite #):<br>70 Island Avenue |                |  |                       |
| 3. City:<br>Madison   |                | 4. State:<br>CT                            | 5. Zip Code:<br>06443 |
| 6. Daytime Phone Number:<br>(917) 664-2913                              | 7. Fax Number: | 8. E-mail Address:<br>kpmurphy50@gmail.com |                       |

#### Section B: Criminal Actions

9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

#### Section C: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

|                    |                             |
|--------------------|-----------------------------|
| 10. Signature:<br> | 11. Date Signed:<br>9-10-15 |
|--------------------|-----------------------------|

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-257b of the Connecticut General Statutes.

|                    |                             |
|--------------------|-----------------------------|
| 12. Signature:<br> | 13. Date Signed:<br>9-10-15 |
|--------------------|-----------------------------|



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## Appendix E Backer Members

### Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

#### Section A: Member Information

|   |                                  |  |
|---|----------------------------------|--|
| 1. Name (First, Middle, Last):<br>John P. Glowik Jr.                        |                                  |  |
| 2. Street Address (including Apartment or Suite #):<br>44 Independence Lane |                                  |  |
| 3. City:<br>Shrewsbury  | 4. State:<br>MA                  | 5. Zip Code:<br>01545                  |
| 6. Daytime Phone Number:<br>(508) 925-5676                                  | 7. Fax Number:<br>(508) 925-5676 | 8. E-mail Address:<br>jg1973hc@aol.com |

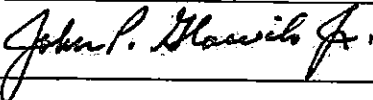
#### Section B: Criminal Actions

9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.


#### Section C: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

|   |                               |
|---|-------------------------------|
| 10. Signature:<br> | 11. Date Signed:<br>9/08/2015 |
|---|-------------------------------|

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

|   |                               |
|---|-------------------------------|
| 12. Signature:<br> | 13. Date Signed:<br>9/08/2015 |
|---|-------------------------------|

**Section A - Number 2: Provide a brief summary of the applicant's qualifications, experience, and industry knowledge relevant to the development and operation of a dispensary facility.**

**Response to Section A – Number 2:**

**Overview of Experiences in Running a Business of Similar Size and Scope.**

Releaf Recovery has carefully assembled a team of directors, principal officers and day-to-day managers well recognized for having significant experience in successfully running complex organizations and other businesses of similar size and scope. These professionals bring to Releaf Recovery a deep, relevant and diverse set of talents particularly well-suited to what will be critical for the managerial, operational, financial and public image success as reflected in their current, compliant, Patient-care focused Cannabis dispensary center operations.

Recovery has secured the talents of:

- owners and operators of licensed dispensary centers, as well as out-patient Dialysis facilities in Connecticut, Massachusetts, New Hampshire and New York who have been thoroughly vetted by both State Health Departments and federal agencies for quality of care, adherence to regulations and general character and competency, with patient care delivered by their facilities ranked amongst the highest in the nation as measured by standardized CQI quality indicators. (Thomas Nicholas of South Windsor, CT, and John P. Glowik, Jr. of Shrewsbury, MA);
- a highly successful business and money manager who has been instrumental in growing companies from inception to billion dollar operations, and who has assisted in financing and facilitating Northeast Patients Group d/b/a Wellness Connection of Maine (Kevin Murphy);

- a licensed pharmacist in Connecticut having over two decades worth of experience as a research pharmacist, and exercising responsibilities relating to such that range from inventory control, compliance, and ensuring proper licensure to hiring staff and scheduling (David Paume’);
- a Chief Executive Officer with extensive experience in the legal medical cannabis industry, managing a compliant, communally praised dispensary in Connecticut, as well as developing and managing an international publishing and licensing business for over 30 years (Angela D’Amico)
- a Medical Advisory Committee to help the company develop new treatment therapies for the list of covered conditions, initiate medical research into advanced applications of the medicine, as well as provide scientific medical training to our state’s medical community through CME qualified medical marijuana educational conferences. They will also provide content for educational training programs to Releaf Recovery employees. Current Distinguished Members include Gilbert Fanciullo, MD, MS (committee chairman) board certified in Anesthesiology, Pain Management and Hospice and Palliative Care; Corey Burchman, MD, board certified in Anesthesiology and Pain Medicine, both currently employed at the Dartmouth-Hitchcock Medical Center, Lebanon, NH; Dave Paume’ RPh :registered pharmacist with experience in project management of clinical operations of various therapeutic areas; clinical research experience; research & development experience;

**RELEAF RECOVERY PROFESSIONALS' RELEVANT QUALIFICATIONS AND EXPERIENCES IN RUNNING BUSINESSES**

Releaf Recovery has invaluable education; proprietary techniques, processes and systems; a unique medical marijuana perspective and an understanding of working within a strict regulatory environment unique to the Connecticut marketplace; They possess the invaluable experiences of creating and growing a start-up medical marijuana corporation and business; best practices and standards; know-how with respect to establishing a positive image, becoming a respected, charitable and educational part of the fabric of the local community, and becoming a hub for economic development, patient care and educational outreach to the medical and local community.

**Thomas Nicholas (Board of Directors, Chief Operating Officer and Security Director).**

As President and CEO of six individual dialysis companies in two states, Tom participated in all aspects of the business from formation to site location and development to regulatory application and day to day operations. He has been thoroughly vetted by both State Health Departments and federal agencies for general character and competency, financial and technical ability, quality of patient care and adherence to State of Connecticut, Department of Public Health regulations. A number of dialysis operating businesses were with physicians as partners (being mindful of Stark and safe harbors laws). His experience with the Dialysis facility business in the 1990's will have many similarities to what he will face as the Chief Executive Officer of fledgling start-up company in a very strict regulatory environment.

Tom received his medical training and background as a Registered Nurse having worked in both hospital and private medical businesses. Tom worked as an R.N./Orthopedic technician and Operating Room assistant in an Orthopedic Practice (Paulsen and Albano, PC) in Schenectady, N.Y. in 1977, worked as an Operating Room Nurse at the Hermann Hospital in Houston, Texas in 1978-1979, and worked as an Operating Room Nurse at Hartford Hospital in Hartford, CT in

1980. The fact that he was trained as a Registered Nurse has given him a real appreciation and understanding of how to access and attend to the needs of clients and patients alike.

In summary, Thomas Nicholas has spent a career overseeing, running and otherwise managing medical facilities featuring a significant and diverse number of business disciplines, while working with physicians, and other employees.

**D. Kevin P. Murphy (Board of Directors, Chief Financial Officer).**

Mr. Murphy brings to the Board of Directors and his role of Chief Financial Officer a very strict financial analysis and investment discipline, as well as business ownership and management expertise from his own privately-owned and operated businesses. He is the Managing Member of Murphy Capital, LLC. Murphy Capital is engaged in the investment management of private and public companies for the benefit of his family and his philanthropic interests. He played a key role in assisting in the financing and facilitation of Northeast Patients Group d/b/a Wellness Connection of Maine ("WCM"), a very well respected, licensed and regulated non-profit medical marijuana corporation in Maine (referenced above). Wellness Connection of Maine is currently a burgeoning success in providing much needed care for patients in Maine and in existing as a good corporate citizen, and Kevin desires to bring such positive experience and opportunity to his home state of Connecticut.

**David Paume' RPh (Pharmacist/Dispensary Manager)**

David Paume' is a Registered Pharmacist with experience in Project Management of Clinical Operations of various therapeutic areas (i.e. Respiratory, Cardiovascular, Metabolic, Immunology, Oncology and Neurology), Clinical Research experience, Research & Development, experience in the formulation of solid dosage forms (i.e. tablets and capsules) and Marketing Sales experience. As a Licensed dispensary serving a Connecticut State sanctioned



Cannabis dispensary center, he has been responsible for the following; overseeing operations; ensuring proper licensure and compliance; customer service; training pharmacy technicians; overseeing and performing inventory control; and accurately checking and filling Patient orders. His professional background and experiences will serve him well as he exercises a number of the foregoing responsibilities and/or skills in his position as the Licensed Dispensary / Manager of Releaf Recovery.

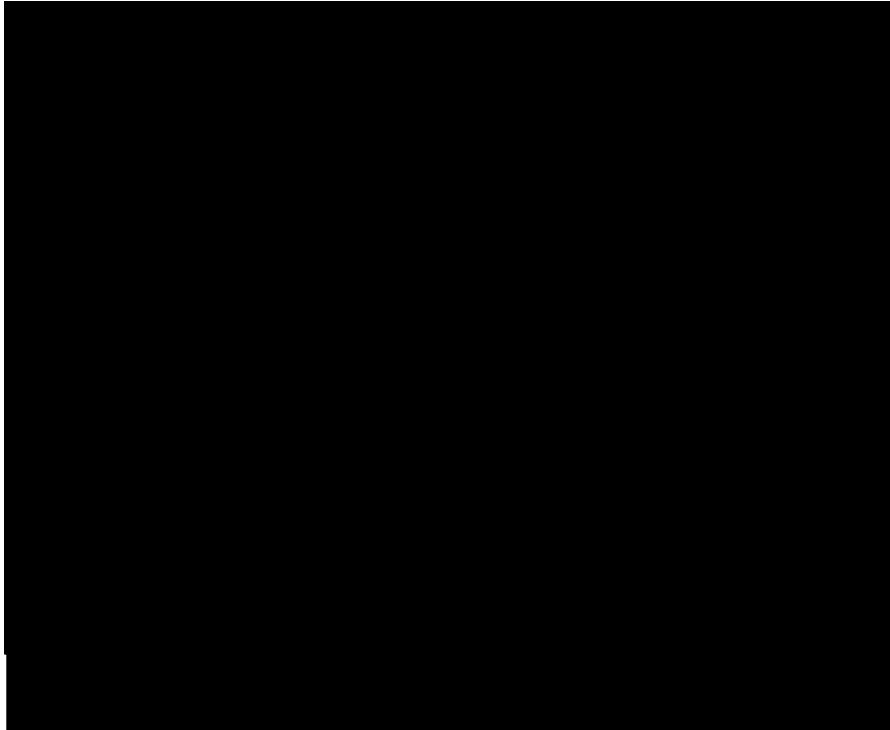
**Angela D'Amico (Chief Executive Officer)** has been operating successfully, and in full compliance in the State of Connecticut Medical Marijuana Program where she has become skilled and responsible for overseeing operations and managing personnel. She has acquired intimate knowledge and expertise in all areas of the medical marijuana industry, namely in dispensary operations, and will continue to serve the Patients, citizens, and communities of her beloved State. She has also built and managed an international publishing and licensing firm 'AD-Lines' which serves multinational clientele such as Hobby Lobby, Michaels, and Bed Bath and Beyond.

While our team truly does appreciate the Department's interest in "Diversity of Ownership", it should be acknowledged that the Patients and all collective stakeholders may receive further benefit from a highly organized, proven successful team which possesses the truest characteristics of altruism, Patient oriented care, and improvement of healthcare deliverability as are reflected in their current operations, outreach programs, and numerous Patient testimonials praising their compassionate, caring execution and operations. Simply put: They represent the finest examples of Cannabis industry operators, who have no financial necessity to perform (although they are extremely successful and diligent in their business practices)- they do it simply out of their will to help others become well.



**Section A - Number 3: Transactions and Details Associated with Releaf Recovery application development and submission**

Section A - Number 3 Response:





SECTION B1

**RELIEF RECOVERY LLC  
OF WOODBRIDGE**

**SECTION B1 Location of the proposed dispensary facility**

**245 AMITY ROAD  
SUITE 111  
WOODBRIDGE CT 06525**



# TOWN OF WOODBRIDGE LAND USE ENFORCEMENT

---

September 14, 2015

Releaf Recovery, LLC  
Attn: Thomas J. Nicholas  
379 Quarry Brook Drive  
South Windsor, CT 06074

Subject: 245 Amity Road  
Commercial Use of Property

Dear Mr. Nicholas,

This letter is in response to your e-mailed letter requesting a letter of Zoning Compliance for property located at 245 Amity Road owned by Research Development at Bradley Road LLC.

The subject site received the following Zoning relate approvals:

- Site Plan Approval from the Town Plan and Zoning Commission for use of medical, professional, financial and commercial offices, as well as laboratories for scientific research.
- A special permit from the Town Plan and Zoning Commission for Excavation, Removal, Filling, Grading and Processing of Earth Products associated with the commercial site development of the property.
- Zoning Permit # 7251 issued to erect a 2 story commercial building.
- Additional Use Permit approved on June 22, 2009 by the Town Plan and Zoning Commission to allow retail uses at the site in addition to the uses previously approved for the site of medical, professional, financial and commercial offices, as well as laboratories for scientific research.

Upon examination of the foregoing records, I therefore conclude, that use of the property known as 245 Amity Road for retail uses is zoning compliant.

This Certificate of Zoning Compliance is furnished as required by Section 9.3 of the Zoning Regulations of the Town of Woodbridge and is based on a review of the building and zoning files for the property.

The Town provides this opinion as a service to you and this opinion shall not create liability on the part of the Town of Woodbridge, any Officer or employee thereof.

If further assistance is needed, please do not hesitate to contact the Building Department at (203)

389-3419

Sincerely,

  
Terry Gilbertson  
Building Official & Zoning Enforcement Officer

Cc: Land Use Office  
Referenced Building Department Office File



# TOWN OF WOODBRIDGE

OFFICE OF THE FIRE MARSHAL  
389-3445



September 14, 2015

Releaf Recovery, LLC  
Attn: Thomas J. Nicholas  
379 Quarry Brook Drive  
South Windsor, CT 06074

Subject: 245 Amity Road – Unit 111

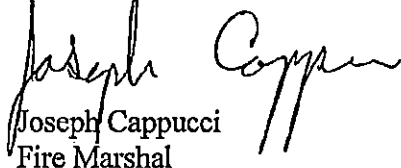
Dear Mr. Nicholas,

This letter is in response to your request for a letter of Fire Safety Compliance for Unit 111 (former Woodbridge Pharmacy) at 245 Amity Road.

I conducted an inspection on June 17, 2015 and at that time there were no violations of the Fire Safety Code at that location.

If you have further questions or need more information, please do not hesitate to contact me.

Sincerely,

  
Joseph Cappucci  
Fire Marshal



BERKSHIRE HATHAWAY | New England Properties  
HomeServices

August 25, 2015

MS. Diane Urbano  
C/o Levey Miller Maretz Commercial Realtors  
1768 Litchfield Turnpike  
Woodbridge, CT 06525

**Non- Binding Letter of Intent**

Property: 245 Amity Road 150-4011  
Woodbridge, CT 06525

Premises:

Tenant:

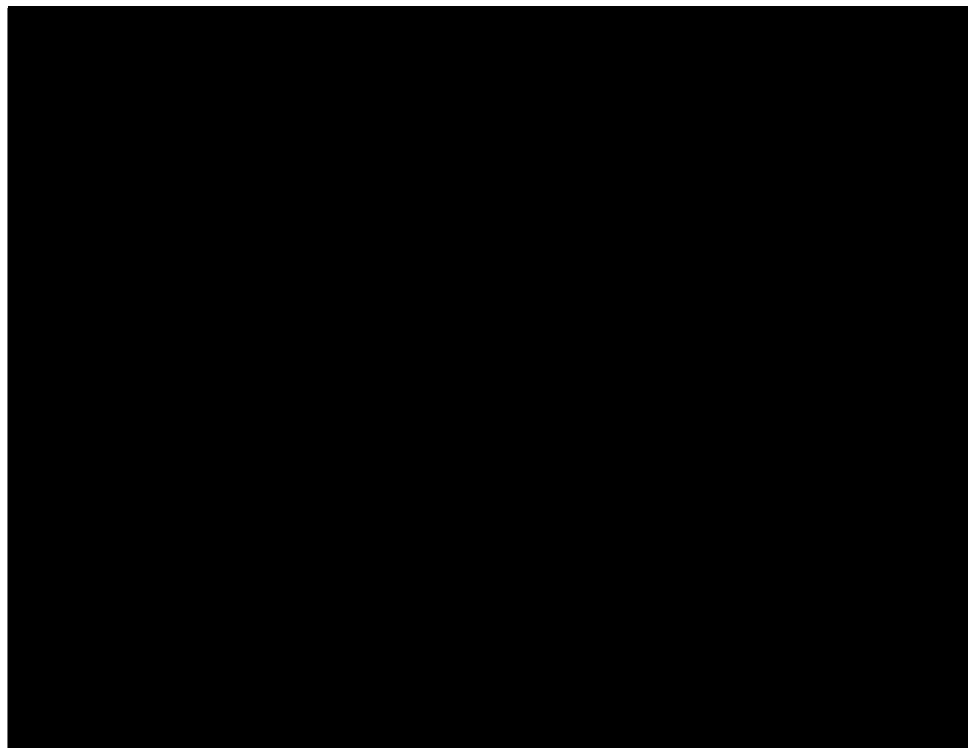
Use:

Landlord:

Rental Rate:

Initial Term:

Option:

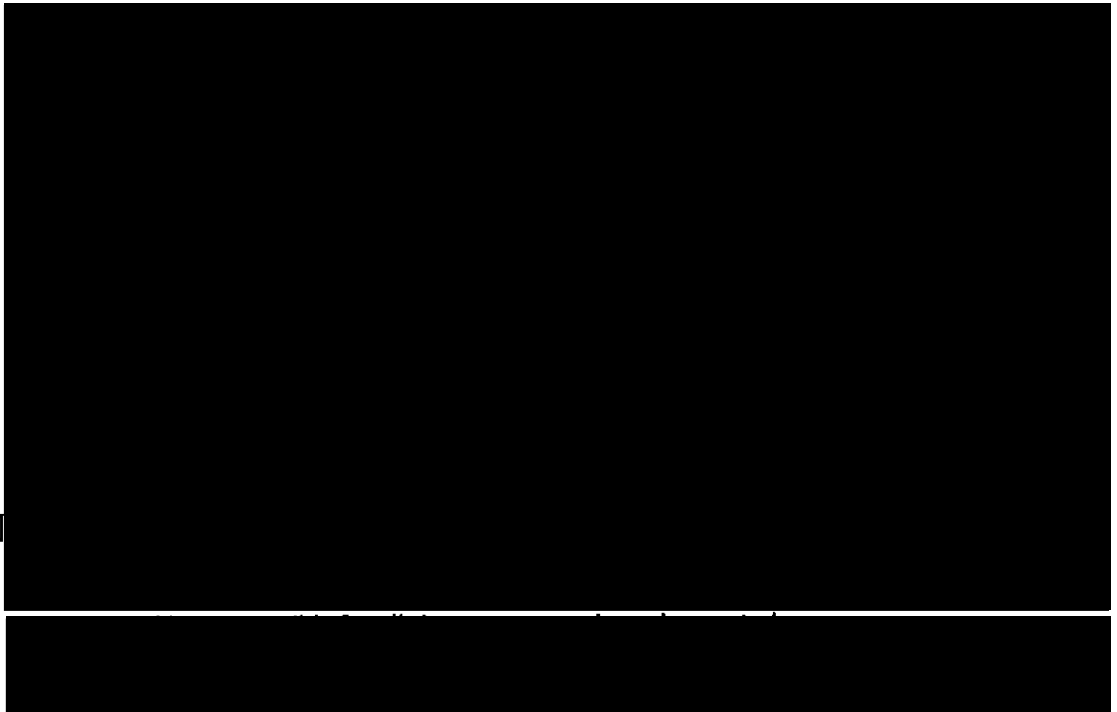


Occupancy/Lease  
Commencement:

Landlord Work:

Tenant Work:

Signage:



This is not a binding agreement. Its purpose is to outline the understanding of terms between Landlord and Tenant as a basis for a lease agreement. It is understood that neither party is bound by the terms until these terms are incorporated into a lease agreement, and Tenant and Landlord execute said agreement.

Signed:

*Thomas J. Mitchell*  
\_\_\_\_\_  
Releaf Recovery LLC      9-15-15  
Date

*Chris*      9-15-15  
\_\_\_\_\_  
Landlord      Date

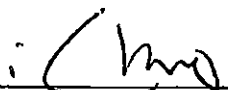
Research Development at Bradley Road, LLC  
James Urbano, Manager  
52 North Pease Rd  
Woodbridge, CT 06525

To Whom it may concern,

I am the landlord and owner of the property located at 245 Amity Road in Woodbridge, CT, which will be leased by Releaf Recovery, LLC, should they be awarded a license to operate a medical marijuana dispensary facility.

I acknowledge the intended use as acceptable.

Sincerely,

  
\_\_\_\_\_  
James Urbano

9-15-15  
Date



releaf 

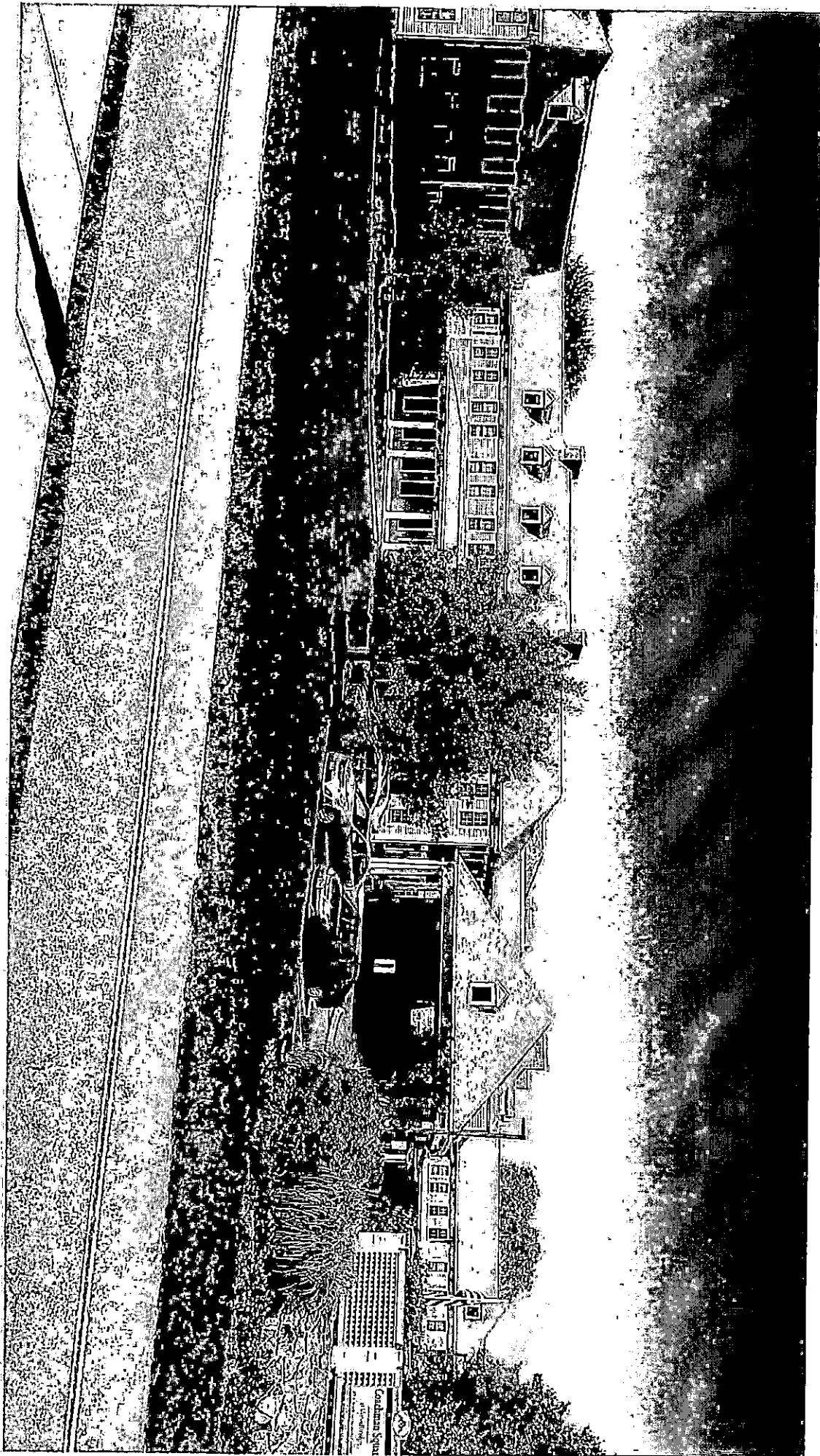
recovery

of Woodbridge



Section B-

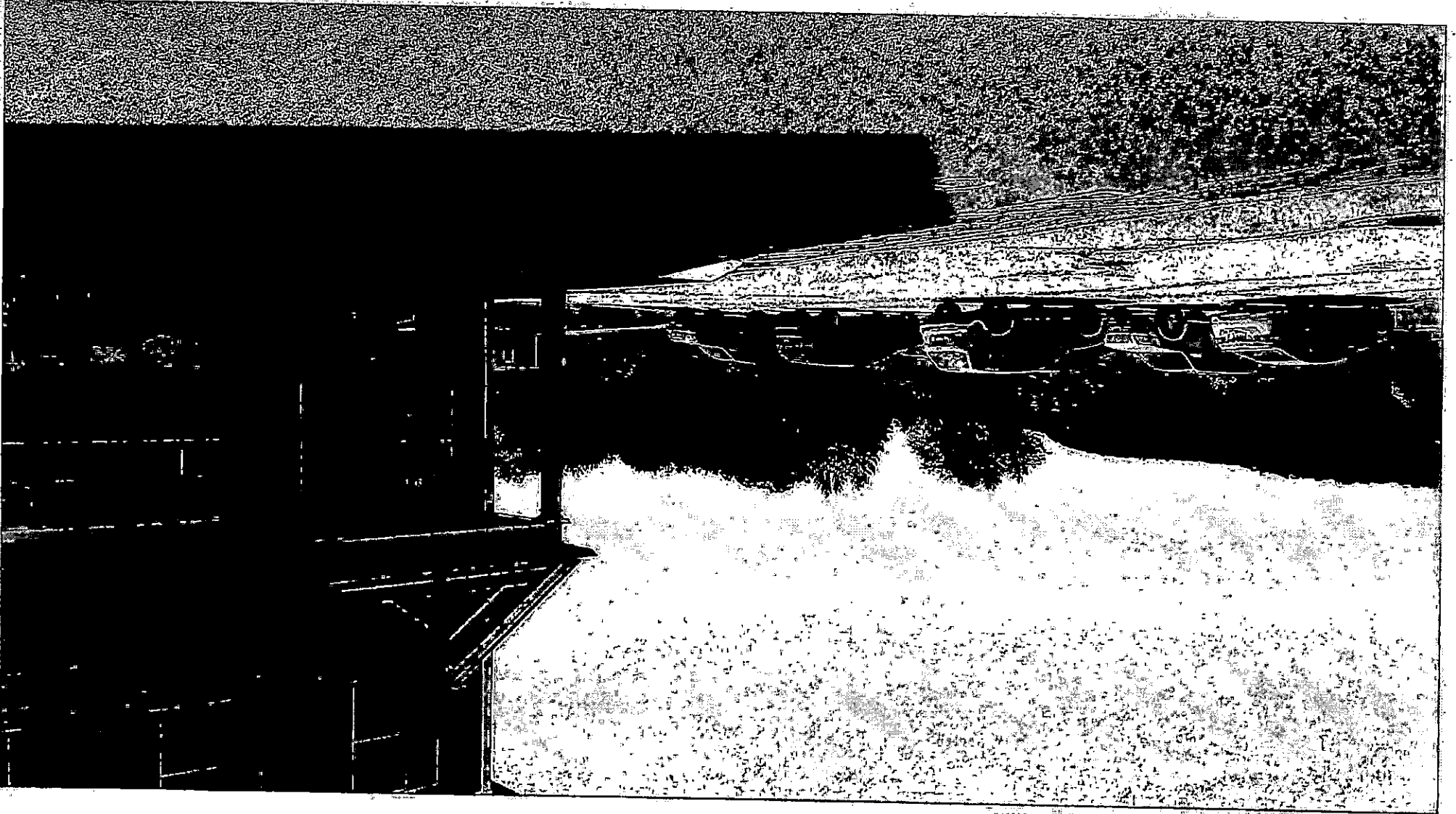




T

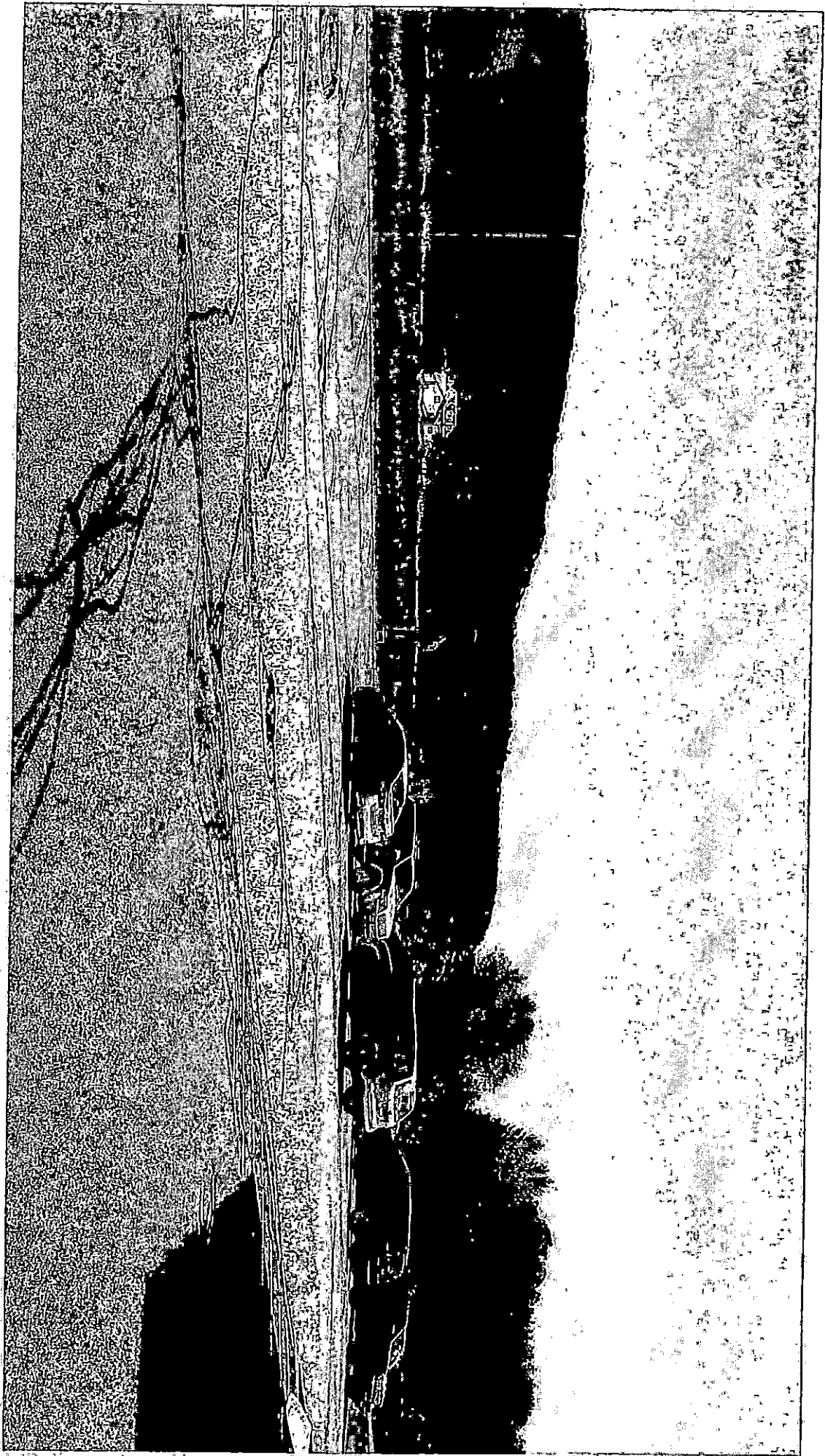
C

C



Section B-2

Section B-3



Section B-6

# Town of Woodbridge

Geographic Information System (GIS)



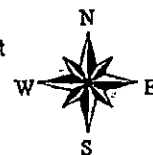
Date Printed: 9/14/2015



**MAP DISCLAIMER - NOTICE OF LIABILITY**

This map is for assessment purposes only. It is not for legal description or conveyances. All information is subject to verification by any user. The Town of Woodbridge and its mapping contractors assume no legal responsibility for the information contained herein.

Approximate Scale: 1 inch = 200 feet



# mapquest

Free App | Print | Send | Link/Embed

show all tabs on map

You Searched For: **churches**

**Our Lady Of The Assumption**  
1700 Litchfield Tpke, Woodbridge, CT 06525

**Christ Church**  
84 Broadway, New Haven, CT 06511  
(203) 865-6354 | Website | More Info

**St Barbara Greek Orthodox Church**  
480 Racebrook Rd, Orange, CT 06477  
(203) 795-1347 | Website | More Info

WESTHILLS WEST ROCK

©2015 MapQuest, Portland, OR, USA. Terms | Privacy

Cost Cutters Haircuts - www.costcutters.com - Great Hair, Fast, Easy, Affordable. Why Go Anywhere Else?



mapquest

Address: 245 Amity Rd, Woodbridge, CT

You Searched For:  
**PUBLIC SCHOOL**

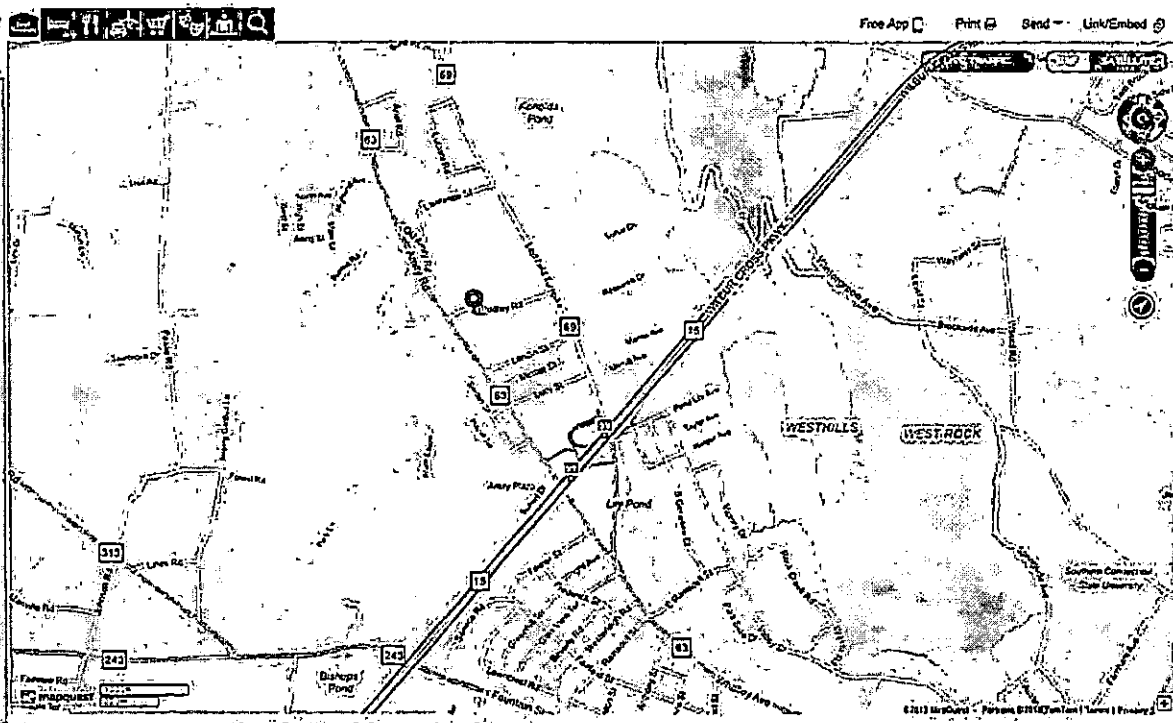
Sponsored Links:  
Lincoln Tech Institute  
East Windsor District, Open House on  
02/16/2015, RSVP Today  
K&N Industrial Supply Corp  
J&S Oil Center New Haven  
From \$21. Limited Time Offer.  
Save 52% Today  
www.preston.com

Search On Current Map  
Near 245 Amity Rd, Woodbridge, CT

There are no "PUBLIC SCHOOL" locations in your current map view.  
Zoom out to see more results.

Show More Results

Partial data provided by Intelignis © 2015. All rights reserved.



SECTION B7

# mapquest

Address: D

Free App | Print | Send | Link/Embed

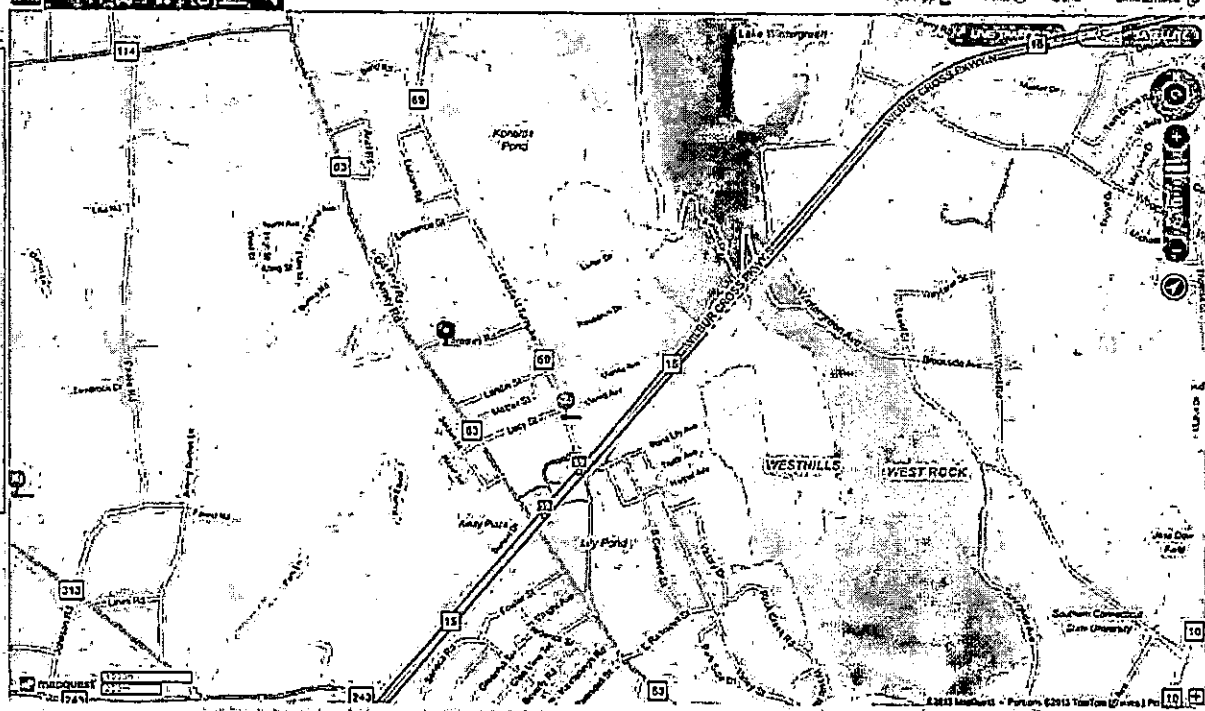
Your Searched For:

**PRIVATE SCHOOL**

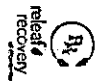
- Sponsors of Links
- Private Elementary School  
Unleash your child's full potential. Visit & discover Features Learning. [www.ink-pastorallyschool.org](http://www.ink-pastorallyschool.org)
- Boarding School  
Premier Treatment For Troubled Teens - Call Today! Visit Today! [www.compassionforlearning.com](http://www.compassionforlearning.com)

Search On Current Map  
Near 243 Amity Rd, Woodbridge, CT

- 1** Quinnipiac University  
275 Mt Carmel Ave, OFC, Hamden, CT 06518  
(203) 582-8200 Website | More Info
- 2** Childrens House Montessori  
1886 Litchfield Tpke, Woodbridge, CT 06525  
(203) 397-8178 | More Info
- 3** Albertus Magnus College  
700 Prospect St, New Haven, CT 06511  
(203) 773-4471 Website | More Info
- 4** Ezra Academy  
75 Rimmon Rd, Woodbridge, CT 06525  
(203) 389-5500 Website | More Info
- 5** Sacred Heart Academy  
265 Benham St, Hamden, CT 06514  
(203) 288-2309 Website | More Info
- 6** Notre Dame High School  
24 Ricardo St, West Haven, CT 06516  
(203) 931-4626 Website | More Info
- 7** Paier College Of Art Inc  
20 Gusham Ave, Hamden, CT 06514  
(203) 287-3002 Website | More Info



Find Salons & Spas - A Local Favorite That Takes You To The Ultimate Beauty Experience.  
Hair Salons in Woodbridge, CT - www.mapquest.com - Search by Name, Business, Category, Zip, Reverse & More, Search Now!





# mapquest

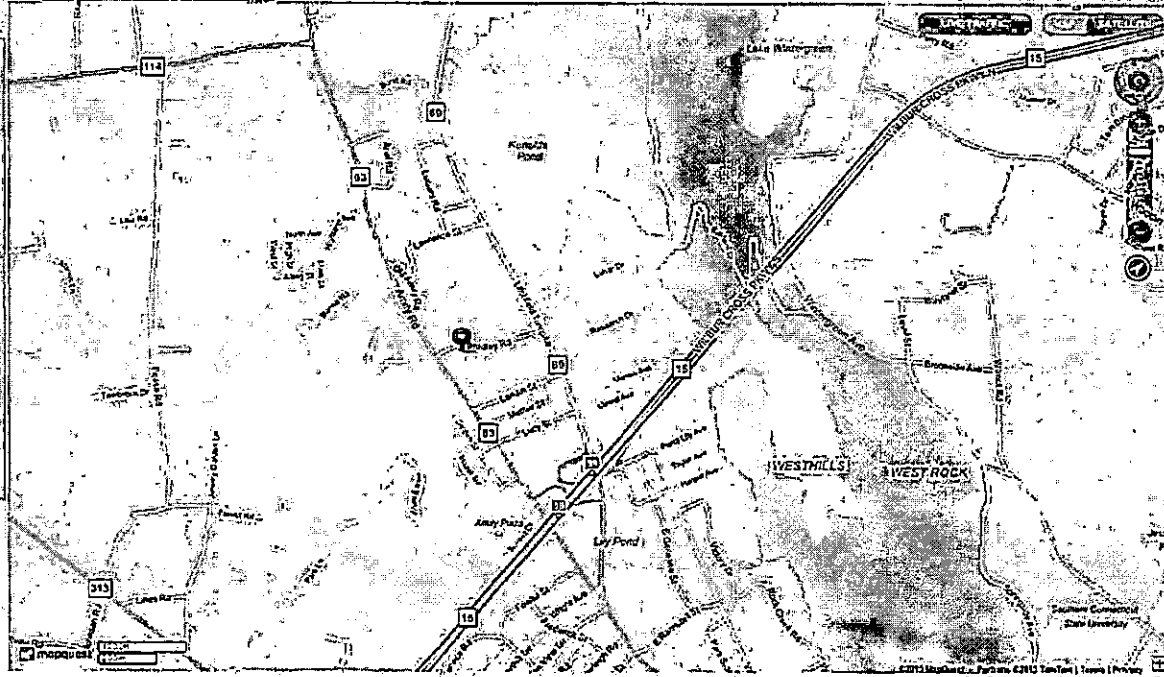
Address for:

You Searched For:  
**CONVENT**

**Sponsored Links**  
K&N Oil Change: New Haven  
From \$29, Unbrd Tano Offer.  
Save \$28 Today  
www.kn.com  
D&B Hotels in Connecticut  
Never Pay Full Price on Hotels.  
Compare over 200 Booking Sites  
www.dnb.com/Hotels/Connecticut

Search: On Current Map  
Near 245 Amity Rd, Woodbridge, CT

- St Louis Convent**  
75 Bull Hill Ln, West Haven, CT 06516  
(203) 933-2275 • More info
- Saint Mary Convent**  
16 Reynolds Ave, Branford, CT 06405  
(203) 488-6311 • More info
- Saint Marys Convent**  
Waterbury, CT 06706  
More info
- Saint Donatos Convent**  
515 Lombard St, New Haven, CT 06513  
(203) 772-4286 • More info
- Mount Sacred Heart Convent**  
Hamden, CT 06514  
More info
- Saint Stephens Convent**  
Tumbul, CT 06611  
More info
- St Rose Convent**  
40 Church Hill Rd, Newtown, CT 06470  
(203) 426-2884 • More info
- Conventent Care**



Full Search & Map: www.mapquest.com - A Local Favorite! Treat Yourself To The Ultimate Beauty Experience.  
Near 245 Amity Rd, Woodbridge, CT - www.mapquest.com - Search by Name, Business, Category, Zip, Reverse & More! Search Now!



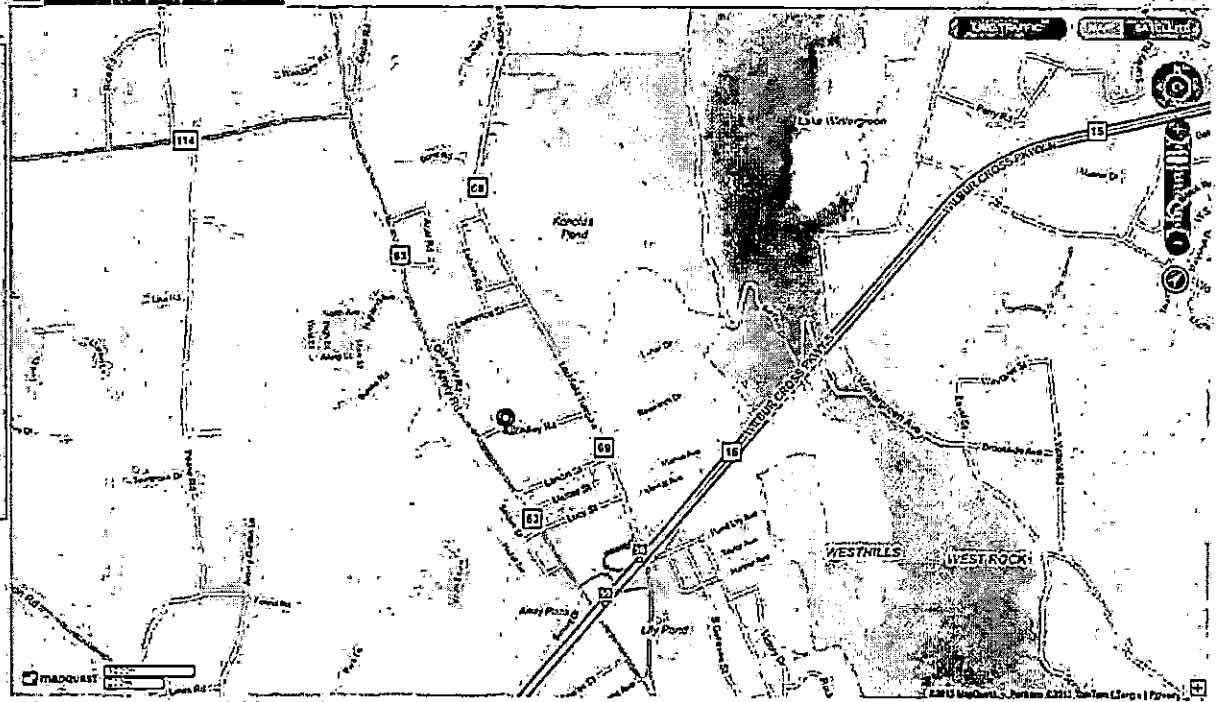
# mapquest

Ad Choices | Show all map tools | Free App | Print | Send | Link/Embed

You searched for:

**PRIVATE CHARITABLE INST**

- Donate Cars For Pets-Free Pickup**  
 855-734-0226  
 Donate Car/Truck - Fast Free Pickup  
 Tax Deduction - Pet health Research
- Search On Current Map**  
 Near 245 Anxly Rd, Woodbridge, CT
- Rivendell Institute**  
 16 Lymwood Pl, New Haven, CT 06511  
 (203) 785-0164 | Website | More Info
- Constitution Square**  
 New Haven, CT 06511  
 More Info
- Private Italian Tutoring**  
 702 Orange Street, New Haven, CT 06511  
 (203) 503-7941 | More Info
- Yale University Institution**  
 77 Prospect St, New Haven, CT 06511  
 (203) 432-3234 | Website | More Info
- Housing Rehabilitation Institute**  
 209 Sherman Ave, New Haven, CT 06511  
 (203) 946-8372 | More Info
- East Rock Institute**  
 251 Dwight St, New Haven, CT 06511  
 (203) 624-8619 | More Info
- Institute Of Pro Practices**  
 1125 Dixwell Ave, Hamden, CT 06514  
 (203) 777-7441 | More Info
- American Institute of Martial Arts**  
 152 Westerleigh Rd, New Haven, CT 06515



[Ella Salon & Day Spa](#) - www.ellasalonsalon.com - A Local Favorite! Treat Yourself To The Ultimate Beauty Experience.  
[Herk Sabon in Woodbridge, CT](#) - www.hersabon.com - Search by Name, Business, Category, Zip, Reverse & More. Search Now!



SECTION B 7

SECTION B 7

215 Army Rd, Woodbridge, CT 06290

www.mapquest.com/?q=215ArmyRdWoodbridge06290

Maps & Directions Free Mobile Apps Book a Trip Car Rentals About Our Ads Enterprise Services More

Log in • Create an account • Preferences • Help

mapquest

Account ID: [unreadable]

You Searched For: PUBLIC CHARITABLE INSTI

- Donate Cars For Pets-Free
- Pickup 855-724-0029
- Tax Deduction - Pet Health Research
- Search On Current Map
- Near 215 Army Rd, Woodbridge, CT
- Yale University Institution
- 77 Prospect St, New Haven, CT 06511
- (203) 432-3234 - Website | More Info
- Yale University-Instrm Research
- 255 Church St, New Haven, CT 06510
- (203) 432-1330 - More Info
- + Show More Results

Partial data provided by Mapbox © 2015 All rights reserved.

215 Army Rd, Woodbridge, CT 06290

West Hills, CT - Local Farms That You Need To The Unusual Beauty Experience.

West Hills in Woodbridge, CT - Local Farms That You Need To The Unusual Beauty Experience.

215 Army Rd, Woodbridge, CT 06290



mapquest

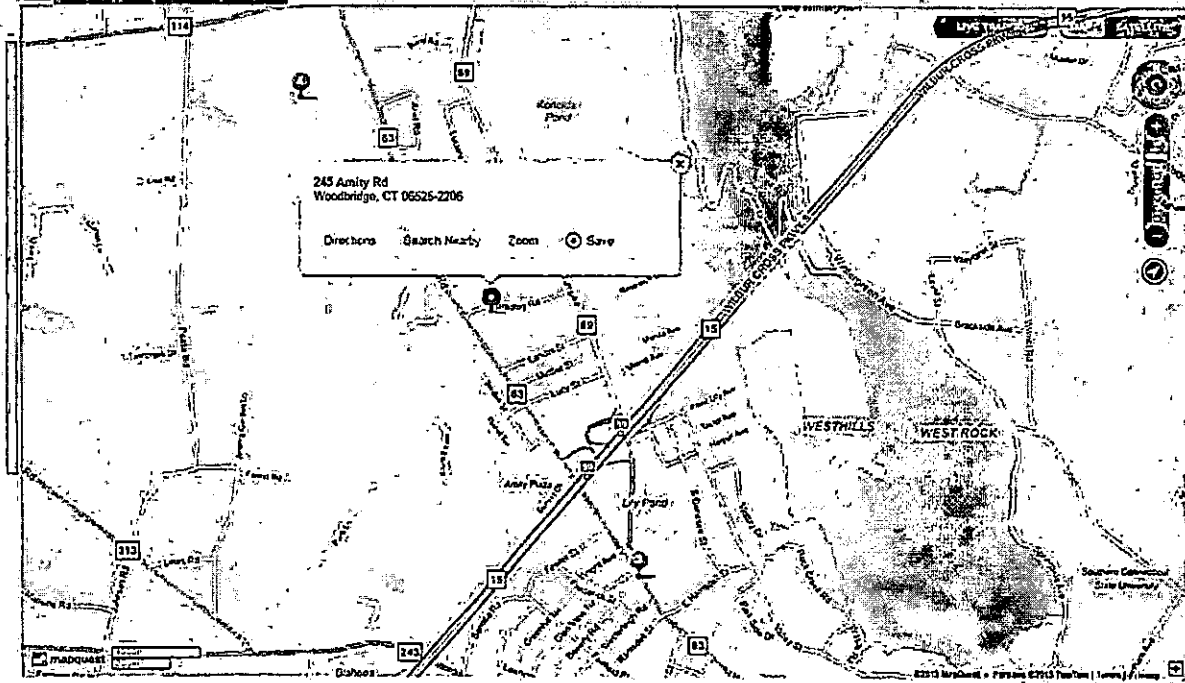
Addresses (2)

You Searched For:  
**HOSPITAL**

- Hospital For Special Care**  
2150 Corbin Ave New Britain, CT 06053  
203-654-3266 Website
- Bradford Health Services**  
888-577-0012 Website Video

Search On Current Map  
Near 245 Amity Rd, Woodbridge, CT

- Yale-New Haven Hospital Saint Raphael Campus**  
1450 Chapel St, New Haven, CT 06511  
(203) 789-3000 Website More info
- Yale New Haven Hospital**  
35 Park St, New Haven, CT 06519  
(203) 688-2485 Website More info
- Hospital-St Raphael Blood**  
1453 Whalley Ave, New Haven, CT 06515  
(203) 387-8815 More info
- Gaylord Outpatient Center**  
360 Amity Rd, Woodbridge, CT 06525  
(203) 294-3270 More info
- Hospital of Saint Raphael**  
150 York St, New Haven, CT 06511  
(203) 789-3405 More info
- Griffin Hospital**  
130 Division St., Derby, CT 06418  
(203) 735-7421 Website More info
- Yale University Behavioral Health Services at Hamden**



Elite Salon & Spa - www.elitesalon.com - A Local Favorite! Treat Yourself To The Ultimate Beauty Experience.  
Hair Salons in Woodbridge, CT - www.elitesalon.com - Search by Name, Business, Category, Zip, Reverse & More, Search Now!



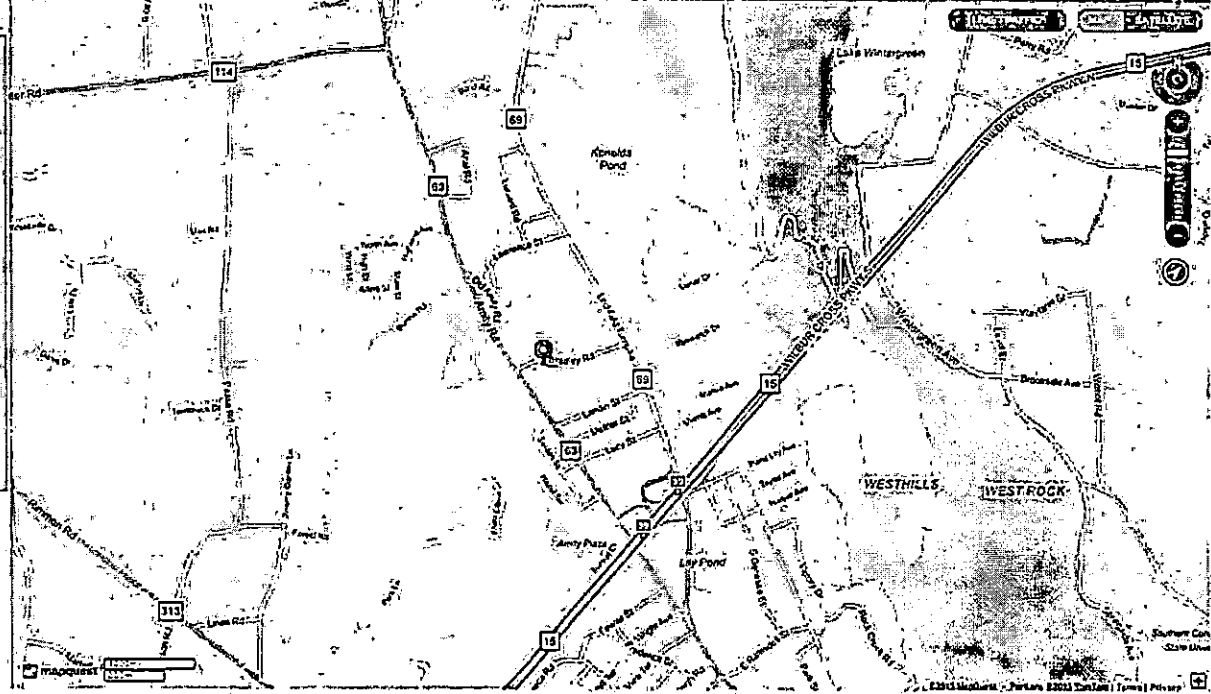
SECTION B 7

# mapquest

Ad Choices

Free App Print Send Link/Embed

- You Searched For:
- VETERANS HOME**
- Superior Overhead Door LLC**  
 140 Oxford Rd Oxford, CT 06470  
 203-941-2620 Website
  - J & B Construction**  
 28 Meadow St Seymour, CT 06483  
 203-883-7900
  - Search On Current Map  
 Near 245 Amy Rd, Woodbridge, CT
  - Veteran Home Construction**  
 122 Pennsylvania Ave, New Britain, CT 06052  
 (860) 357-3281 More info
  - Veterans Home & Hospital**  
 287 West St, Rocky Hill, CT 06067  
 (860) 629-2571 Website More info
  - Veterans Park**  
 Stratford, CT 06614  
 More info
  - Veterans Service Center**  
 45 S Main St, Wallingford, CT 06492  
 (203) 294-2165 More info
  - Veterans Inc**  
 - Unable to locate  
 New Britain, CT 06051  
 (860) 356-7288
  - Veterans Hospital**  
 Ronnie A Rosenthal MD  
 950 Campbell Ave, West Haven, CT 06516  
 (203) 937-3409 Website More info
  - Veterans Health Administration**  
 950 Campbell Ave, West Haven, CT 06516  
 (203) 937-3409



[Hair Salons & Spas](#) - A Local Favorite That's Yours All To The Ultimate Beauty Experience.  
[Hair Salons in Woodbridge, CT](#) - Search by Name, Business Category, Zip, Reverse & More. Search Now!

release  
recovery

SECTION B 7

245 Army Rd, Woodbridge, NJ  
[www.mapquest.com/](http://www.mapquest.com/)  
 Maps & Directions Free Apps & Apps Book a Trip Gas Prices About Our Ads Enterprise Services Map

Free App Print Send Link/Embed

**mapquest**

Search for:

**MILITARY ESTABLISHMENT**

**Suggested Links**  
 The United States Army®  
 The United States Marine Corps®  
 The United States Navy®  
 The United States Coast Guard®  
 The United States Air Force®  
 The United States Space Force®  
 The United States National Guard®  
 The United States National Security Agency®  
 The United States Department of Defense®

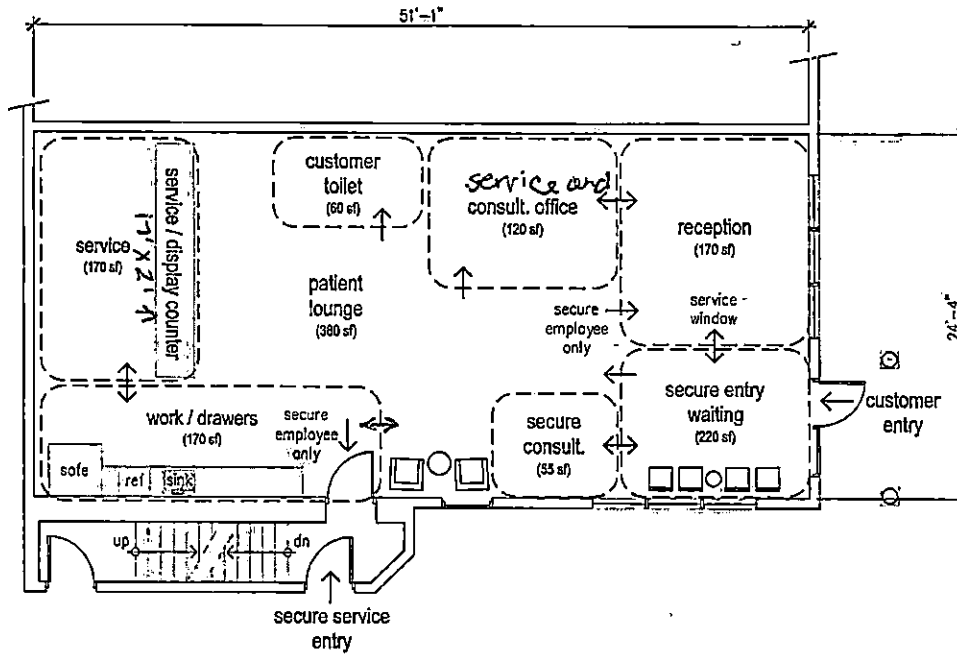
**Search On Current Map**  
 Near 245 Army Rd, Woodbridge, NJ

- Established Contractors LLC**  
 255 Nansaga Dr, Stratford, CT 06614  
 More Info
- Stylish Mens Wear**  
 1201 Boston Post Rd, Milford, CT 06460  
 (203) 713-8188 More Info
- Stylish Men's Clothing**  
 5065 Main St, Trumbull, CT 06611  
 (203) 371-7003 More Info
- Military Department**  
 87 Montross St, Branford, CT 06405  
 (203) 488-4433 More Info
- Military Department**  
 619 Rubber Ave, Naugatuck, CT 06470  
 (203) 723-8849 More Info
- Military Department**  
 63 Army Rd, Stratford, CT 06614  
 (203) 375-1875 More Info

Find this page on MapQuest at 11:53 AM 11/23/2015

MapQuest is a local business. A Local Business that provides the best service to you. Search by Name, Business Category, Zip, Radius & More. Search Now!

11:53 AM 11/23/2015

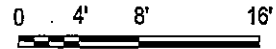


building area:  
1200 sf gross (first floor)

**THIS VERSION ONLY TO SCALE**

Larger versions are submitted for your convenience

project north



preliminary



releaf recovery, llc  
south windsor, ct

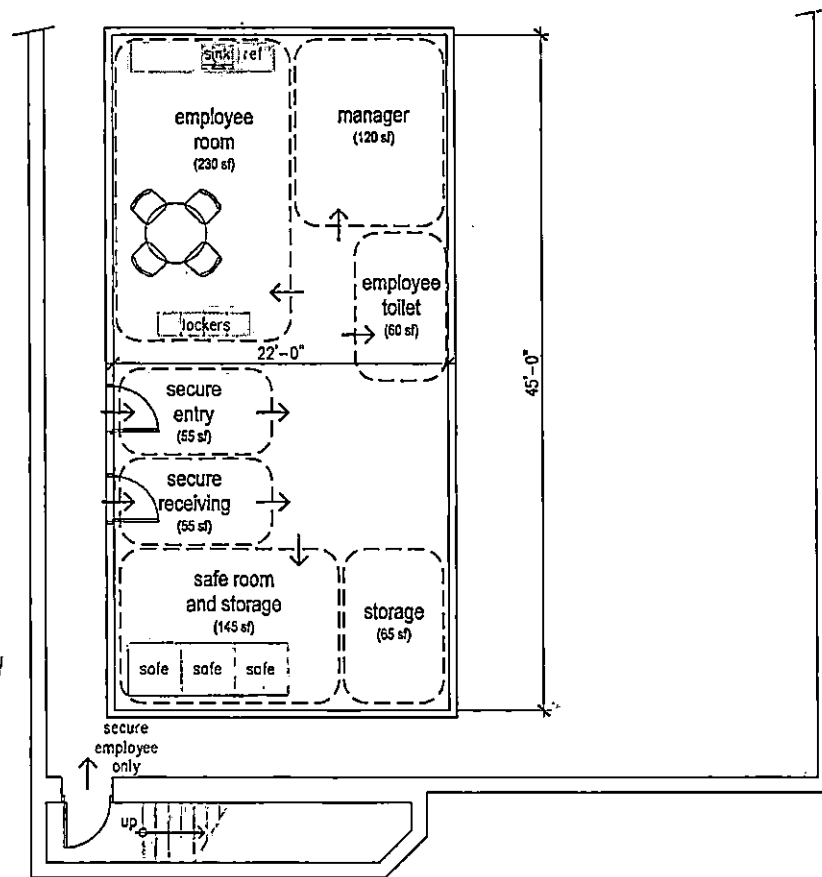
releaf recovery  
dispensary center  
woodbridge, ct

schematic plan

pwc 3646  
09/16/15

**A-1.0**

SECTION B8

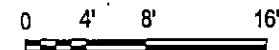


**THIS VERSION ONLY TO SCALE**

Larger versions are submitted for your convenience

building area:  
1000 sf gross (lower level)

project north



reliminary



relief recovery, llc

south windsor, ct

relief recovery  
dispensary center

woodbridge, ct

schematic lower plan

pwc 3646  
09/16/15

A-1.1























































































































































































































































# Cannabis 101

*This Edition Was Kindly Funded By:*



## Hundreds of Important Cannabis Facts

Cannabis throughout History  
Active Components  
Names & Genetics  
Quality Control  
Legal Concerns  
The Indica-Sativa Spectrum

## Cannabis as Safe & Effective Relief

Getting Started  
Ways to Medicate  
Getting What You Need  
Keeping Track  
Common Uses & Side Effects



## Cannabis Industry Resources and Advocacy

Patient Advocacy  
Educational Resources  
Industry Locators  
Ground-Breaking Research



### Active Components of Cannabis

Marijuana has several active Chemical Compounds, or 'Cannabinoids'  
The human body is naturally "Pre-Programmed" with Cannabinoid Receptors

Up to 80 Cannabinoids have been discovered so far. Not all Active Components are listed here

**THC- TetraHydroCannabinol** (notably Delta-9) is the Psycho-Active compound, which causes the Euphoric, or "High" feeling that is generally associated with using Marijuana by most patients. THC has Analgesic (Pain Relieving) effects, Neuro-Protective and Anti-Inflammatory qualities, can help stimulate Appetite, relieve Nausea, and more

**CBD- Cannabidiol** is another physiologically active compound within Cannabis which reduces the psychoactive effects of THC. With qualities ranging from Anti-Inflammatory, to Anti-Anxiety, Anti-Arthritic, Analgesic, Anti-Convulsive and more. CBD works similarly to THC compounds, but has actually been shown to modulate it's Psycho Active effects. Strains rich in CBD are less common than THC rich strains, and many are just now being developed and released specifically for the Medical Marijuana Community as an alternative to Psycho Active medication

**THCA and CBDA** Anti-Inflammatory agents only available when consumed orally, and the plant has not been heated beforehand

**CBN** A degradation product of THC, and generally isn't found in fresh flowers

### Terpenes

Terpenes modify the effects of THC, and impact the Medicinal Effect of the strain  
They are also responsible for some of the smell and taste characteristics

**Pinenes:** Pine odor, bronchodilator that opens the lungs to more THC absorption. It also increases focus, self satisfaction, and energy

**Caryophyllene:** Sweet, woody, clove taste responsible for anti-inflammatory and neuroprotective effects through CB2 receptor activation

**Linalool:** Floral smelling, is believed to provide some anti-cancer effects and is known to cause severe sedation

**Limonene:** Has a citrus scent and may possess anti-cancer, anti-bacterial, anti-fungal, and anti-depression abilities

**Myrcene:** Effects intake of THC by brain cells to increase the overall effects of THC when ingested together

### Common Side Effects

Users of Cannabis have reported these and similar side effects, which generally take 1-3 Hours to wear off  
In some cases, especially with Overuse, these effects can last up to 10 Hours or more, and can be very intense

Short Term Memory Disruption  
Slowed Reaction Time  
Anxiety / Paranoia

Altered Perception  
Increased Appetite  
Tiredness / Lethargy

Increased Heart Rate  
Dry and/or Mouth (Cotton-Mouth)  
Euphoria

Take caution, and start with SMALL AMOUNTS when determining YOUR appropriate Cannabis usage.  
Overusing with Natural Cannabis has NOT proven to be lethal.

Special Thanks to The Werc Shop for providing information on "Active Components of Cannabis" to Cannasseurs Inc.  
Chemical Content of Cannabis is determined by Liquid and/or Gas Chromatography  
To learn more, check out [TheWercShop.com](http://TheWercShop.com)  
An Independent Testing Laboratory

  
The Werc Shop  
Moving Sustainable Medicines Forward

CONTENT LABELING  
SAFETY SCREENING  
[TheWercShop.com](http://TheWercShop.com)

Look for the CC to know your cannabis is tested!



## Understanding Names and Genetics

*Strains can be named anything, for any reason, but are usually related to the: Genetic Parents, Overall Effects, Smell, Taste, Yield, Breeder, Origin, Growth Medium "Hydro/Organic", "Indoor/Outdoor", and/or Appearance*

- Cannabis strains can be interbred or **Crossed**
- Nature has evolved several **Landrace** strains, which are the original building blocks for all modern strains
- Dominant** and **Recessive** traits are passed down to the offspring seeds  
Establishing a plants **Genotype** (just like you and your parents)
- Breeders then raise and select whichever offspring incorporate the **Phenotypic Expressions** they desire. If you have brothers or sisters you can see how the same parents can produce multiple offspring that reflect different traits
- Offspring that produce a combined effect superior to either parent is said to show **Hybrid Vigor**
- Breeders attempt to Stabilize strains for production and reproduction through a complex "Back-Crossing" process. If they cannot, those Genetics will only be available by taking cuttings from the original plant, called **Clones**

Clones can be taken from almost any plant, and are a very common way to reproduce or preserve genetics

*For Example: A breeder develops a strain he calls 'Lemon Kush' by Crossing a Landrace strain from the 'Kush' region of Pakistan called Pakistani Kush (Indica) with a Thai Landrace, (which possessed a lemon taste and smell) called Lemon Thai (Sativa) This breeder selected offspring that mostly incorporated Indica dominant traits of Pakistani Kush, but that also possessed very strong lemon smell and taste, and some Sativa characteristics. The other versions or phenotypes of this breeders 'Lemon Kush' include a Sativa Dominant strain which he calls Lemon Zing, as well as a Hybrid strain he calls Lemonade (Male)(Pakistani Kush Landrace) Pakistani Kush ♀ (Female)(Thai Landrace) Lemon Thai*

Lemon Kush      Lemonade      Lemon Zing

## KEEPING TRACK

*It is important to know which Strains work the best for you*

This section will help you remember your Personal Preferences (along with any that don't work for you)  
Just place the stickers from your Medicine Containers (or write the names) in the spaces below

My Preferences

My Dislikes

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### Standard Weight

*Here are the standard weights your Bud-Tender will use*

|        |           |           |           |          |           |           |           |
|--------|-----------|-----------|-----------|----------|-----------|-----------|-----------|
| Gram   | 1/8 Ounce | 1/4 Ounce | 1/2 Ounce | Ounce    | 1/4 Pound | 1/2 Pound | Pound     |
| 1 Gram | 3.5 grams | 7 grams   | 14 grams  | 28 grams | 112 grams | 224 grams | 448 grams |

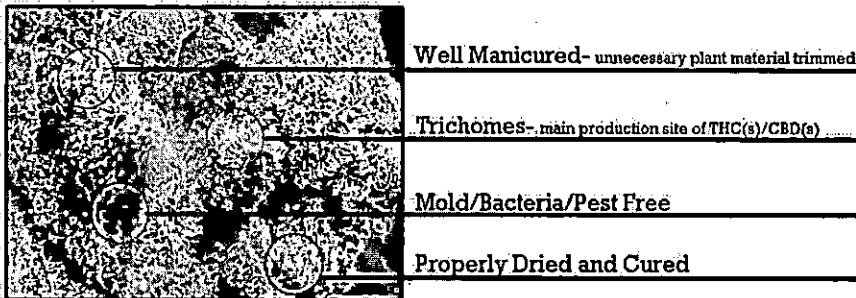
© 2011 Cannasource Inc. All Rights Reserved

## Quality Control

### NOT ALL CANNABIS IS CREATED EQUALLY

- The Names/Genetics of a strain only determine the effects that strain will have  
Not the quality or potency of the final product
- The most important factor in the overall quality is the **Grower and their Process**
- The same strain, grown in different conditions will produce very different results
- Some Growers and Collectives have turned to Laboratories that can test their Marijuana for **Chemical Content**, as well as **Cleanliness** using **Gas and or Liquid Chromatography**
- Patients can then see the results in the Bud-Room, and factor them into their decision making process

These tests show how much of a chemical compound is present and/or available, and equally importantly, that your medicine is *Clean*. As research in this field continues, patients can be aided in determining what will work the best for them, based on actual Chemical properties. This is a huge step towards *Legitimizing Marijuana as a Medicine*. While it is very important to know these values, there are other variables that determine potency and effect including factors like your *Personal Body Chemistry*. Think of the test results not only as an excellent analysis but also as an overall reflection of the grower and their process.



- Look for an abundance of Trichomes, (shaped like tiny Crystals)
- These Glands along with the plants Oils and Resins, are where the majority of the THC(s) and CBD(s) are formed, mainly in the flower buds (more so than the leaf material) of female plants, in order to catch pollen from Male plants as it goes through the reproductive/flowering process. If no pollen is present the female plant will devote more of its energy towards oil and resin gland production, whereas if pollen does become present, and the plant devotes its energy to producing seeds. Thus, *seedless or sin-semilla* flowers generally contain more active Cannabinoids
- Properly Dried and Cured Cannabis should feel lightly moist, even sticky but NOT soaking wet
- Bud Density will vary depending on strain and growth factors.  
In general, a dense, hearty flower insinuates a healthy, well grown plant
- Smell should be clean and crisp, (Regardless of Strain Type/Fragrance)  
Not that of Mildew or Alfalfa (Hay), Chemical Pesticides, or Fertilizers
- Cannabis should burn cleanly and reduce to a thin gray ash. If it turns thick, black, and smells like chemicals, they might still be present in the plant
- Most Cannasseurs agree, it seems best **Not** to ingest Contaminated Cannabis

2011 Cannasseurs Inc. All Rights Reserved



## Ways To Medicate

**Marijuana does not have to be smoked to obtain its Medicinal Value**

*Consult your Physician before starting any new medication*

*Especially if you have pre-existing conditions (Heart, Lungs, Kidney, Etc.)*

**Smoking-** Cannabis is generally smoked either in plant or concentrate form (Kief, Hashish, Oils, Waxes, Goo, Etc.) with specially designed Pipes Bongs, Water Bubblers and other devices, or rolled, with special rolling paper into joints, Blunts, Cones, Etc.

Inhalation of Smoke/Vapor has the fastest effect on your body

\* Known Carcinogens are released by burning plant material and/or paper

\* Germs and Bacteria can accumulate on the resins left behind by smoke

\* Make sure to keep all glass pieces clean using an approved/safe product (available at most smoke shops)

\* A solution of rubbing alcohol and salt (or rice) can be used as well, remember to rinse thoroughly with water

\* Butane gas is also slightly toxic

**Concentrates-** made by separating THC/CBD from the plant material, then refining and compressing it or "Concentrating" it into another form. This is done with a variety of processes, from 'bubble bags and ice', to 'high tech CO2 extractors'

\* Concentrates have a very high ratio of Active Chemicals to Overall Weight, compared to even the most potent Marijuana buds, making them very powerful. Be careful when medicating with concentrates

**Vaporization-** Specially designed "Vaporizers" heat Cannabis to the point where Cannabinoids are released into the air/lungs, but the rest of the plant material is largely unaffected. Vaporization releases Cannabinoids to the user, without many of the harmful elements created by burning plant material. Studies also show that some Vaporizers produce little to no Carcinogenic (Cancer Causing) effects, and are much more recommended by Physicians versus Smoking

**Edibles-** Cannabis can be combined with almost any type of Food or Drink. There are multiple methods, the most common being to heat plant material with ordinary butter, which releases the plant's Cannabinoids into the Butter's fatty oils, which the user can then ingest. Edibles are available as Foods, Drinks, Candies, Baked Goods and beyond

\* Beware- Edibles are known for having a much different onset of their effects than smoking or vaporizing

If you use an edible, start with no more than 1/2 of the recommended "Dosage"

Wait up to an Entire Hour to determine the full effect it has had on you

**Topicals-** Salves, Lotions, and Ointments can be applied and absorbed directly into the skin

\* Make sure to test for negative reactions on a small area of your skin first, just in case

**Tinctures/Liquid Concentrates-** THC/CBD is chemically extracted from Marijuana Plant Material, usually with Alcohol. Tinctures are generally taken either as a Sublingual (Tonguedrop) or mixed with some food or drink to mask the taste, which can be a little bitter

\* Take the same precautions with Tinctures and Liquids as you would with Edibles

**Synthetics-** Pharmaceutical Companies have discovered how to recreate the effects of Marijuana with drugs like "Marinol" that are only available through your doctor, and are used through an inhaler, pill capsule, and other forms

\* Ask your doctor about using synthetic/pharmaceutical forms

**CannasseursInc.com**

2011 Cannasseurs Inc. All Rights Reserved

### Getting What You Need

**There are over 1000 different kinds (strains) of Cannabis**  
**At first it can be tough knowing which strains work for you**  
**This section is designed to help you decide which strains to use**  
**Based on your Medical needs**

Every strain of Marijuana falls into 1 of 3 basic categories  
 Based on the overall effects they give

**Indica**- Indica Dominant strains mainly affect the Body  
 They produce a Heavy, Lazy, or Sedative effect  
 Commonly used for symptoms like Pain, Lack of Appetite, and Insomnia

**Sativa**- Sativa Dominant strains affect mainly the Mind  
 They produce Euphoric, Energizing, or Uplifting type effects  
 Commonly used for symptoms such as Depression, Pain and Stress Relief  
 Without the Heavy or Lazy type effects

**Hybrid**- Hybrid strains have balanced Indica and Sativa characteristics  
 Known as 50/50 or "all-around" strains

*Note: Most modern Strains have complex family trees. Some are 100% Indica or 100% Sativa  
 Most are technically 'Hybrids' that are either Indica or Sativa Dominant*

### The Indica-Sativa Spectrum

**Every Strain of Marijuana is balanced somewhere between**  
**100% Indica and 100% Sativa**

**Most Strains have at least one noticeable secondary effect**

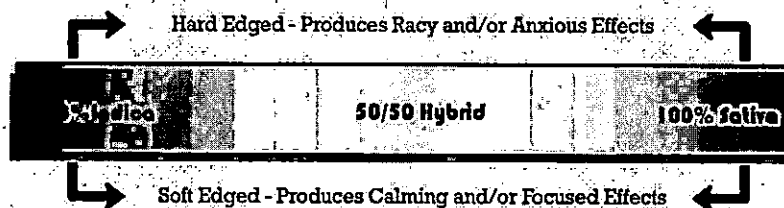
**We call this an "Edge" Ranging from "Hard to Soft"**

**Your Bud-Tender should be able to explain where any strain falls onto this spectrum**  
 (If your not sure, don't hesitate to ask)

*For Example: Let's say John is a business man, with a busy schedule. He has severe spinal injuries, which cause him great pain. He's also been diagnosed with acute anxiety. During the day he prefers Sativa Dominant or Hybrid strains which help relax his back, but don't slow him down. At night and before bed, he prefers Indica dominant strains.*

*Because of his anxiety, he always prefers to medicate with strains that have a "Soft Edge"*

*John's business partner Nick has mild depression. He also prefers Sativa dominant and Hybrid strains during the day and Indicas at night. During the day he generally prefers a strain with a "Hard Edge" which he says "picks him up"*



Once you've determined which balance works best for you,  
 it's time to determine your Personal Preferences  
 Most patients base their preferences on Effects, Genetics, Taste, Smell, Appearance  
 and its Overall Benefit to them as a Medicine

2011 Cannassours Inc. All Rights Reserved

## Cannabis Throughout History

For thousands of years man has used Marijuana. It has played a role Medicinally and Industrially, traceable as far back as the 28th century BC. Coincidentally, almost every region of the globe has Indigenous or Landrace families of Marijuana which have naturally evolved there.

From the Ancient Chinese, Greeks, Europeans, Persians, Romans and Africans, to King Salomon, Abraham Lincoln, and even Queen Elizabeth, almost every civilization throughout history was known to use or trade Marijuana in some form. Cannabis is a Holy sacrament to the Hindu and Rastafari people of the world, part of the Yin-Yang philosophy, and even a staple of the original Karma Sutra. In fact nearly every major religion has some historical reference to Marijuana. As trade, travel, and empire expanded so did the use and reach of Cannabis, and before long it was an everyday commodity worldwide. Hemp (The fiber, generally stripped from the stalk of Male plants) has been one of nearly every ancient and modern nation's industries, with uses ranging from Rope and Textiles, to Paper, Oils, Clothing, and more. Even America's founding fathers were known for having vast and luscious Hemp fields, nestled among their plantations. As man began discovering the many uses for the plant, he soon also discovered it's Medicinal Qualities. Ancient Medical texts show how to use Cannabis based Anesthetics for complex surgeries, and has been documented for an array of everyday ailments, like Pain Relief to Headaches, Insomnia, Depression, and Menstrual Cramps, used by royalty and peasants alike, much like over the counter medicines of today.

As long as there have been users of Cannabis, there have been those who oppose it. Most Governments throughout history however, have agreed that the Medicinal, Industrial, and overall positive effects of Cannabis far outweighed any negative impact, if any, that it might have. Only in the last century or so has it come under real legal scrutiny here in America, and with the United State's complex legal system, a number of decisions and causes are actually the reason(s) it is illegal here and elsewhere. The most well known modern legal disputes over Marijuana (in America) are traceable back to migrant Mexican workers throughout Texas and California, as well as African and Indian groups, mainly in large cities like New York, San Francisco, or New Orleans, who openly used and/or cultivated it. In 1912, the idea of putting international restrictions on Cannabis emerged at the International Opium Conference, and in 1915 California criminalized it. Marijuana's opponents launched a massive campaign against the "Horrors of Marijuana", and while it was largely based on false propaganda, it still has popular influence in America. Despite the testimony and efforts of groups like the American Medical Association, in 1937 the Marijuana Transfer Tax was levied, but because of a Legal-Loophole farmers could not obtain the necessary Licenses, and the industry as a whole was crippled.

Today, Marijuana is illegal under Federal Law in America, however Individual States and Voters have the right to approve access to Marijuana as a Medicine. In 1996 California Voters passed an initiative, and now a total of 15 states, as well as Washington D.C. have a Medical Marijuana Program. Some states have even De-Criminalized the possession of small amounts. Countries like Holland and Germany have long adopted policies of tolerance toward Cannabis, and in plant form it is available as a prescription in Canada, Italy, the Netherlands, and Spain. Synthetic forms are also prescribed in America and elsewhere. In 2010 the California Voters very nearly passed a bill that would tax and legalize Marijuana in California. With so many questions surrounding Marijuana, we believe many can be answered by looking to the past. One thing we do know is this: *it's up to us as patients to help determine the future of Cannabis.*

*\*To learn more about the History and the Future of Medical Marijuana, check out sites like UKCIA.org and SafeAccessNow.org*



Cannasseurs Inc. is not affiliated with nor funded by this organization.  
Nor does UKCIA.org or ASA hold any responsibility  
for the views and facts expressed herein.  
We Cannasseurs do however use and appreciate  
them as a resource, and think you may benefit as well!

CannasseursInc.com  
2011 Cannasseurs Inc. All Rights Reserved



## Additional Information

# INTRODUCTION

In continuing its efforts to provide the best holistic wellness care to its members, Education Planners is pleased to provide this educational material to its members, staff and community physicians. The purpose of this information is to educate us on the latest scientific concepts and understanding of medical cannabis so that we may better benefit from its diverse medicinal properties. Understanding this "pharmaceutical treasure trove" will hopefully make its utilization more efficient and effective (and less daunting for those who are new to this ancient herbal medicine).

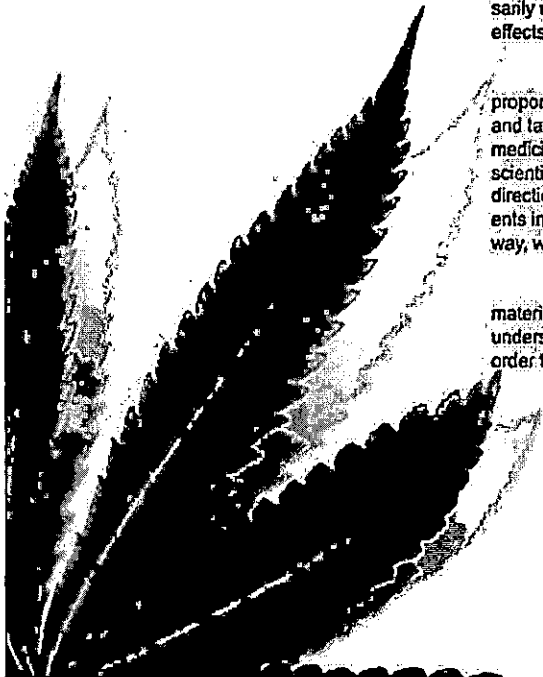
Helping us to better understand medical cannabis are the advances in laboratory analysis (now available to collectives) combined with the ongoing research taking place around the world. Much of this research is aimed at delineating the therapeutic effects of the various chemical compounds in cannabis, especially the cannabinoids and terpenoids. Two recent articles illustrating this development are those by Izzo, et al. (2009) and Russo (2011). An excellent video on medical cannabis and its impact on human health can be found online at: <http://www.youtube.com/watch?v=8Md2WNqgxTQ>.

Another key to better understanding of medical cannabis is awareness that the chemical compounds available in the plant change with how the plant is processed and administered. Potential therapeutic benefits will vary if the cannabis is processed/administered in raw (unheated), heated or aged (degraded) form.

Also knowing that the various compounds in cannabis may modulate each other in synergistic or antagonistic ways is important. For example, the cannabinoid CBD will lessen to some degree the psychotropic effects of the cannabinoid THC, while the terpenoid  $\alpha$ -pinene will synergize the bronchodilator effects of THC. This complexity of interaction means that medical cannabis should be seen in the light of an herbal medicine, where to extract a so-called "active ingredient" will not necessarily result in the full range of therapeutic effects, or may produce unwanted side effects that usually do not occur when the whole herb is administered.

Finally, knowing that each strain of cannabis has potentially vastly different proportions of cannabinoids and terpenoids (often expressed in terms of color, smell and taste) means that one needs to be strain specific when discussing cannabis as medicine. This is a difficult step, but one that modern laboratory analysis and scientific research is now making possible. Education Planners is working in this direction and hopes that this educational material will assist caregivers and recipients in making a choice as to which strain, in what form, and administered in which way, will be most beneficial to them.

As new research in medical cannabis becomes available, this educational material will be revised to reflect the latest insights. In this way we hope that our understanding and use of medical cannabis will continue to grow in effectiveness in order to meet the needs and maximize the wellness of our members.



## DOSING MEDICAL CANNABIS

Understanding how to dose medical cannabis is difficult. We are not talking about a single active ingredient, but rather a complex of chemical compounds that modulate each other. Up to now, most attention in dose determination has focused on the psychoactive effect of THC. It is now obvious that the other (non-psychoactive) cannabinoids may be of greater therapeutic importance, depending on the ailment to be treated. Unfortunately, scientific research in dosing of these cannabinoids is still in its infancy.

Since the psychoactive effects of THC remain the main determinant of normal or "altered" daily functioning for most people, it is wise to continue to refer to the THC content of a strain when discussing dose of medicine. Some patients will want and need a high percentage of THC effect, while others will want and need a low percentage of THC effect. Determining the therapeutic dose of medical cannabis remains a very personal determination. The patient has the final say as to how much is enough. In addition, one person may react differently than another person to the same strain.

In this regard, route of administration will also be an important consideration in determining dose. For example, due to liver metabolism, cooked edibles may be 3-5 times more psychoactive than inhaled cannabis.

In trying to understand dosage, there are a few helpful rules-of-thumb:

1. Normal adult dosage of THC for beginners is 15 mg;  
more experienced patients: 30 mg.
2. Converting percentage to milligrams:  
move decimal one place over to the right. For example,  
21.23% THC = 212.3 mg of THC per gram of cannabis.  
The same conversion can be done for other cannabinoids and terpenoids (e.g., 0.39%  $\beta$ -caryophyllene = 3.9 mg per gram of cannabis).
3. Under ideal conditions, only about 63% of the cannabinoids will get absorbed when smoked. Multiplying the milligrams of THC by 0.63 will result in a more accurate calculation of dose.

Beginners

15 mg

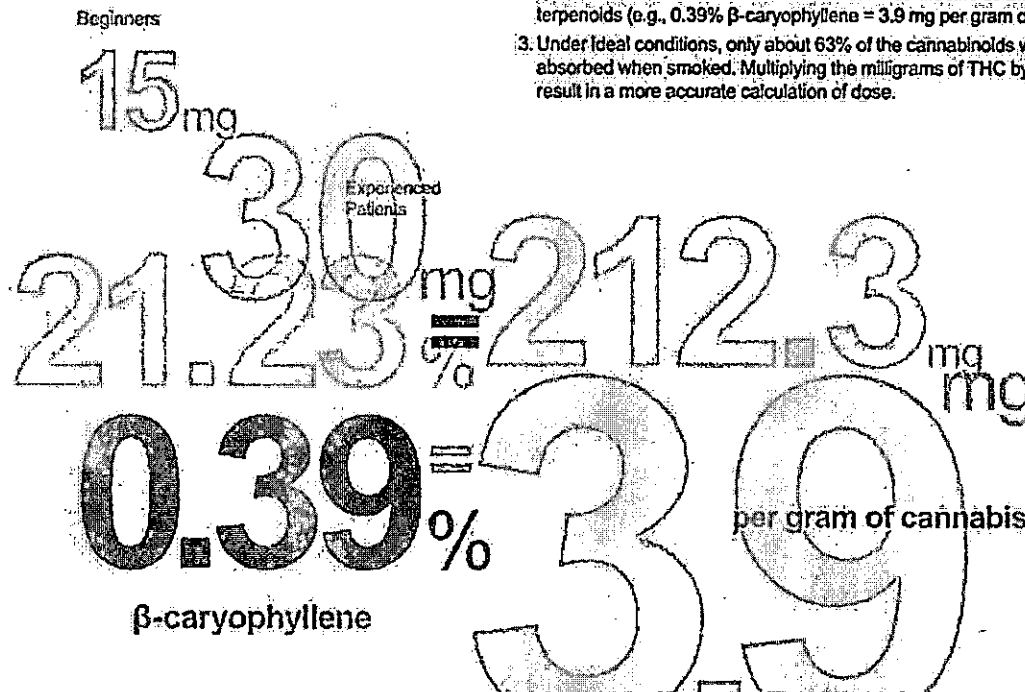
Experienced Patients

30 mg

21.23% = 212.3 mg

0.39% = 3.9 mg per gram of cannabis

$\beta$ -caryophyllene



# CANNABINOIDS

|                    |                                  |
|--------------------|----------------------------------|
| CBGA               | Cannabigerolic Acid              |
| CBCVA              | Cannabichromivarinic Acid        |
| CBG                | Cannabigerol                     |
| CBGV               | Cannabigerivarin                 |
| THCA               | Tetrahydrocannabinolic Acid      |
| THCVA              | Tetrahydrocannabivarinic Acid    |
| THC ( $\Delta^9$ ) | $\Delta^9$ -tetrahydrocannabinol |
| THCV               | Tetrahydrocannabivarin           |
| CBNA               | Cannabinolic Acid                |
| THC ( $\Delta^8$ ) | $\Delta^8$ -tetrahydrocannabinol |
| CBN                | Cannabinol                       |
| CBDA               | Cannabidiolic Acid               |
| CBDVA              | Cannabidivarinic Acid            |
| CBD                | Cannabidiol                      |
| CBDV               | Cannabidivarin                   |
| CBCA               | Cannabichromic Acid              |
| CBCVA              | Cannabichromivarinic Acid        |
| CBC                | Cannabichromene                  |
| CBCV               | Cannabichromivarin               |
| CBLA               | Cannabicyclol Acid               |
| CBL                | Cannabicyclol                    |

# MEDICINE INFORMATION SHEET

## Cannabis

Pronunciation: kan-uh-bis

### This medicine is USED FOR:

Although cannabis is used for a wide variety of ailments, rigorous clinical research is still relatively limited due to federal government regulations. Around the globe, however, controlled trials are taking place and more scientific information on the therapeutic effects of cannabis is being established.

Some of the more accepted medical uses of cannabis are for the following ailments:

- Alzheimer's Disease: reduce agitation and nighttime tossing and turning, stimulate weight gain
- Amyotrophic Lateral Sclerosis: slow disease progression, reduce pain, appetite loss, depression, drooling
- Chronic Pain: reduce nerve-related (neuropathic) pain, allow opioid treatment at lower doses
- Diabetes Mellitus: slow disease progression, protect from eye disease, reduce neuropathic (burning) pain, reduce symptoms of heart muscle disease (cardiomyopathy)
- Dystonia: reduce muscle tension and involuntary, painful muscle contractions
- Fibromyalgia: reduce pain and muscle stiffness, improve sleep quality
- Gastrointestinal Disorders: reduce cramping, abdominal pain, acid reflux, intestinal secretion, disease activity
- Glaucoma: reduce intraocular (eye) pressure, Glaucoma/Concave: inhibit tumor growth, reduce nausea and vomiting from cancer chemotherapy
- HIV/AIDS: reduce neuropathic pain, anxiety, nausea, appetite and weight loss
- Incontinence: improve bladder control, reduce bladder information sensitivity
- Multiple Sclerosis: reduce pain, spasticity, depression, fatigue, incontinence
- Parkinson's Disease: alleviate L-dopa induced dyskinesia (LID), reduce tremor, rigidity and psychosis symptoms
- Phenylketonuria: reduce itching in conditions such as kidney and liver diseases
- Rheumatoid Arthritis: reduce joint pain and swelling, suppress joint destruction and disease worsening
- Insomnia: induce sleep and/or improve sleep quality
- Tourette's Syndrome: improvement of tic and obsessive-compulsive behavior

### What the active compounds might be:

Cannabichromene (CBC), Cannabidiol (CBD), Cannabidiolic acid (CBDA), Cannabivarin (CDBV), Cannabicyanol (CBCN), Cannabinol (CBN), Tetrahydrocannabinol (THC), Tetrahydrocannabinolic acid (THCA), Tetrahydrocannabinol (THCV), Terpenoids

### What the other compounds might be:

There may be more than 60 other cannabinoids and more than 200 terpenoids in cannabis.

### How this medicine is supplied:

Cannabis comes in various forms: dried plant material ('buds'), tea leaves, concentrate ('hash', 'wax', 'breathin'), oil, capsules, topical salve, edible (including drinks)

### Do NOT USE this medicine if:

- You are allergic to any cannabinoid or terpenoid
- You have a history of serious mental disorder such as schizophrenia or bipolar depression
- You are pregnant or planning to get pregnant. In addition to the risk of smoking, the use of cannabis when you are pregnant may be a risk factor for sudden infant death syndrome. Uterine exposure to cannabis may also cause behavioral (attention) problems in the child.
- You are nursing
- Important: there may be other conditions where this product should not be used but which are unknown due to limited scientific information

### BEFORE USING this medicine:

#### ALWAYS TALK TO YOUR PHYSICIAN, PARTICULARLY IF:

- You have heart disease
- You have asthma, chronic obstructive pulmonary disease or other disease of the airways
- You have a history of alcohol abuse or dependence
- You have a history of drug abuse or dependence
- You have a history of a serious mental disorder

### HOW TO USE this medicine:

Use this medicine as directed by your doctor. Doseage and frequency of administration will vary according to route of administration (smoke, vaporization, ingestion, etc.), percentage of therapeutic ingredients, and other medicines taken. Ask your doctor or collective consultant to explain what dosage, route and frequency is best for you. Remember that concentrates have higher dosages per weight of medicine than other forms. Make sure you give the medicine sufficient time to take effect. This is especially important with the edible form of cannabis where therapeutic effect may take up to 1-2 hours before taking effect. Eating too much medicine too fast may easily occur causing unwanted side effects. Use this medicine only for the length of time recommended by your doctor. It is not recommended to use this medicine in combination with tobacco.

### Important SAFETY INFORMATION

#### about this medicine:

- If you have not consumed cannabis before, it would be prudent to have someone with you the first time you use it. It is important to start by using small quantities. Stop if you begin to feel paranoid or agitated.
- After you stop using cannabis, it remains in your system for several weeks to months. Therefore, during this time, tests that screen for cannabis may be positive.
- Cannabis may interact with several drugs. Tell your doctor which prescription drugs, nonprescription drugs and herbal products you are currently taking, particularly:
  - Any drugs that slow down the central nervous system, causing drowsiness. This may include sleeping pills, tranquilizers, some pain medications, some anticholinergics or cold medications of sedative medications.
  - Alcohol drugs used in the treatment of HIV/AIDS
- CANNABIS MAY IMPAIR YOUR ABILITY TO DRIVE OR OPERATE HEAVY MACHINERY. This can last up to 24 hours after consuming

### Possible SIDE EFFECTS of this medicine:

- From Initial use:
  - When you first start consuming cannabis, you may experience mood reactions such as euphoria, relaxation, time distortion, perception of enhanced sensory experiences, loss of inhibition, anxiety, paranoia, agitation, dizziness, drowsiness or hallucinations.
  - Fast heart beat, this may be more of a problem if you have heart disease.
  - Facial flushing or red eyes, dry mouth, headache.
  - Right after consuming cannabis you may get dizzy or feel faint when you get up from sitting or lying or standing. Try getting up more slowly. If lying down, sit on the edge of the bed and let your feet dangle for 1 to 2 minutes, then stand up slowly.
- From Long term use:
  - Wheezing or a chronic cough, if the medicine is smoked.
  - May impair short-term memory attention and concentration. These effects usually disappear after you stop using cannabis.

### If OVERDOSE is suspected:

It is possible that the above mentioned side effects occur. Usually these will resolve themselves within a short period of time when medication is stopped. Obtain fresh air, staying hydrated and eating will help. Contact your doctor immediately if symptoms persist.

### Proper STORAGE of this medicine:

Store in a tightly closed container in a cool, safe and secure place. Store away from heat, moisture and light.

### GENERAL INFORMATION:

- If you have any questions about this medicine, please talk with your doctor, collective consultant or other health care provider.
- This medicine is to be used only by the patient for whom it is recommended. Do not share it with other people.
- If your symptoms do not improve or if they become worse, check with your doctor.
- Check with your collective consultant about how to dispose of unused medicine.
- This information is a summary only. It does not contain all information about this medicine.

**KEEP THIS MEDICINE OUT OF REACH OF CHILDREN AND PETS.**

## PROCESSING AND ADMINISTERING MEDICAL CANNABIS

Medical cannabis is processed for administration in various ways: fresh, dried, cold extractions/concentrates and heated extractions/concentrates.

Although rarely done due to the large quantities usually needed, cannabis can be ingested raw, freshly cut from the plant, in order to primarily benefit from the acid cannabinoids and their anti-inflammatory effects. Terpenoids remain intact. Psychoactivity is minimized.

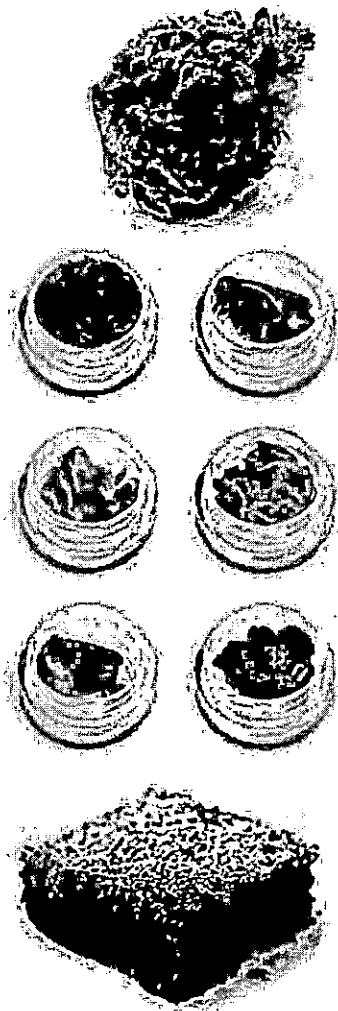
Dried cannabis is most often consumed by inhaling the burned or vaporized buds. Cannabinoid acids are converted to their neutral forms and the amount of terpenoids available will vary according to the method of administration chosen and the instruments used (pipe, joint, vaporizer).

Cold extractions / concentrates result in various products:

1. **Kief:** powder of the trichomes that have fallen off the plant. May be ingested raw but is usually smoked or ingested in cooked edibles.
2. **Slurry:** extraction using olive oil or alcohol. Usually ingested raw.
3. **Hash:** extraction using cold water and ice. May be ingested raw, smoked or used in cooking. Variety names reflect differences in the proportion of plant material to trichomes and how the variety reacts to heat:
  - a. **Bubble** = initially bubbles when exposed to heat.
  - b. **Full bubble** = continues to bubble throughout the heating process.
  - c. **Melt** = melts or turns into gooey oil when exposed to heat.
  - d. **Full melt** = almost pure trichomes, fully melts when exposed to heat leaving little or no residue.
4. **Wax:** extraction using a solvent, most commonly butane, CO<sub>2</sub> or O<sub>2</sub>. Removal ("purging") of the solvent may be through cold or heat, evaporation (which changes the compounds available). Waxes are usually burned or vaporized, but may be used in cooking and in topical salves. Variety names usually refer to consistency. Examples:
  - a. **Honeycomb/Crumble** = dry, crumbly texture, often has small holes like a honeycomb.
  - b. **Budder** = more viscous, consistency like butter.
  - c. **Shatter/Glass** = consistency similar to a hard candy.
  - d. **Sap** = sticky texture similar to honey.
  - e. **Taffy** = firmer than sap but not brittle like shatter.

Heated extractions / concentrates convert the cannabinoid acids into their neutral forms and usually removes the terpenoids. Various products:









1. **Tea:** extraction into hot water and then drunk.
2. **Tincture:** heated cannabis that is extracted in alcohol. Usually administered directly under the tongue.
3. **Edible:** extraction into a fat (butter, oil) and then used in cooking food.
4. **Oil:** slow heating of cannabis in olive or coconut oil. Usually used in food or topically on skin.
5. **Salve/Cream/Lotion:** low heating of cannabis oil with beeswax. Used topically on skin.





# TERPENOIDS

## Smells and Therapeutic Effects

|   |  |   |
|---|--|---|
| <b><math>\alpha</math>-PINENE</b>       | <br>Pine needles  | Anti-bacterial<br>Anti-fungal<br>Anti-inflammatory<br>Bronchodilator                      |
| <b><math>\beta</math>-CARYOPHYLLENE</b> | <br>Black Pepper<br><br>Clove | Anti-bacterial<br>Anti-cancer<br>Anti-fungal<br>Anti-inflammatory<br>Anti-septic          |
| <b>BORNEOL</b>                          | <br>Camphor   | Analgesic<br>Anti-insomnia<br>Anti-septic<br>Bronchodilator                               |
| <b>CARYOPHYLLENE OXIDE</b>              | <br>Eucalyptus  | Anti-fungal<br>Anti-ischemic  |
| <b>CINEOL</b>                           | <br>Tea Tree  | Anti-bacterial<br>Anti-depressant<br>Anti-inflammatory<br>Anti-ischemic<br>Bronchodilator |
| <b>CITRONELLOL</b>                      | <br>Rose  | Anti-cancer<br>Anti-inflammatory<br>Anti-insomnia<br>Anti-spasmodic                       |
| <b>HUMULENE</b>                         | <br>Hops  | Anorectic<br>Anti-cancer<br>Anti-bacterial<br>Anti-inflammatory                           |

**LIMONENE**



Citrus

Anti-bacterial  
Anti-cancer  
Anti-depressant  
Anti-fungal  
Anxiolytic  
Bronchodilator

**LINALOOL**



Lavender

Anti-bacterial  
Anti-convulsive  
Anti-depressant  
Anti-insomnia  
Anxiolytic

**MYRCENE**



Lemongrass

Analgesic  
Anti-cancer  
Anti-inflammatory  
Anti-insomnia  
Anti-spasmodic



Mango

**NEROLIDOL**



Wood

Anti-fungal  
Anti-insomnia



Citrus rind

**PHYTOL**



Green Tea

Anti-insomnia

**TERPINOLENE**



Lilac

Anti-bacterial  
Anti-fungal  
Anti-insomnia  
Anti-septic



Apple

## NOTES ON CHARTS 1, 2 and 3

The following charts reflect most of what is presently known on the potentially therapeutic chemical compounds in cannabis, how they are formed, and how they relate to each other. Only 21 cannabinoids and 13 terpenoids are listed. There is still much to be learned.

The charts should be read horizontally and vertically.

**Horizontally:** which cannabinoids can be found in which physical state of cannabis (raw, heated, aged). Raw refers to the fresh plant. Aged refers to the effects of UV-light, oxidation, and isomerization; in other words: degradation.

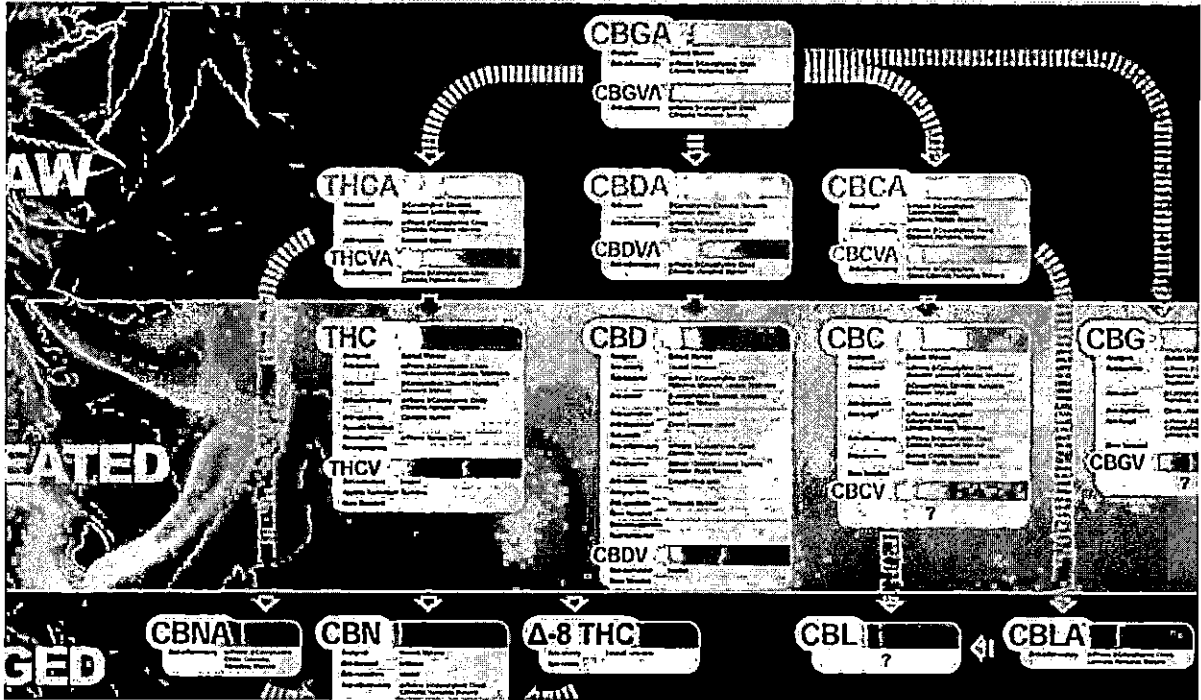
**Vertically:** how do the cannabinoids relate to each other; where do they come from?

In general, the amount of divarinic cannabinoid (those with "V" in the acronym) is always less than the olivetolic cannabinoid. In the charts, this is reflected in the smaller font size of the acronym.

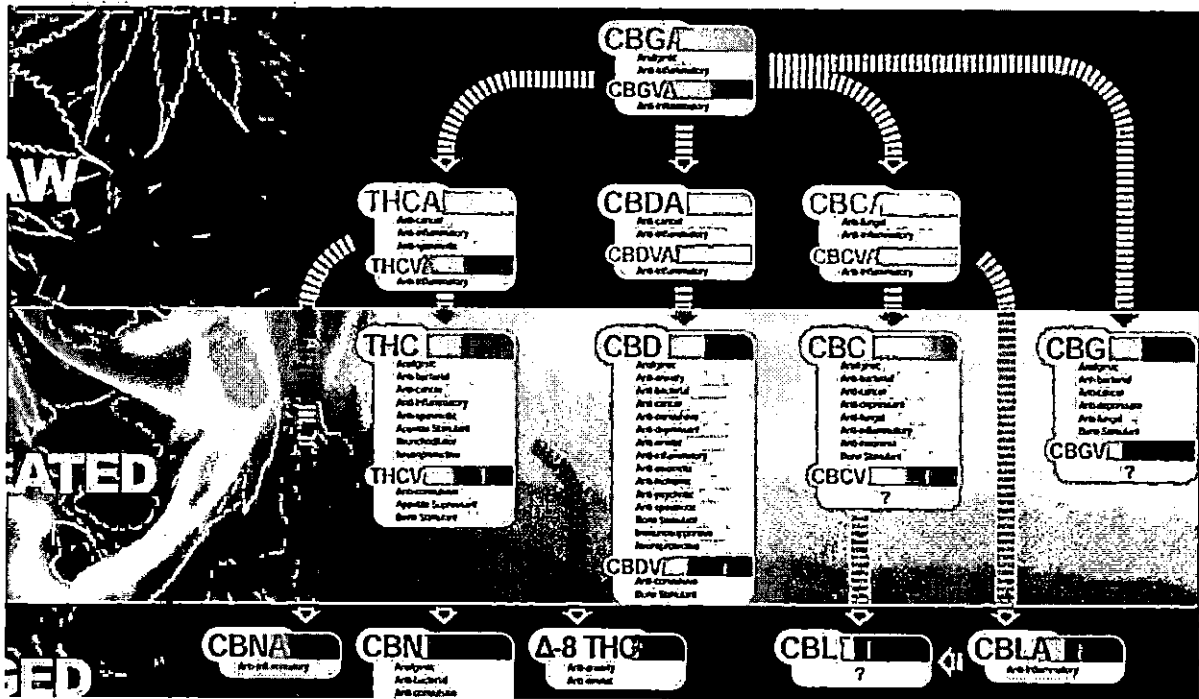
The charts do not imply that all cannabinoids listed are always detectable in the various strains currently available. Breeding has mainly focused on increasing the amount of THC. Recently CBD has come under attention and strains high in CBD are now being bred. Hopefully other strains with significant amounts of other cannabinoids will be available soon.

Since terpenoids are more volatile than cannabinoids, their presence is more closely related to freshness and temperature. The fresher and cooler the cannabis (upper part of the chart), the more the terpenoids peculiar to the strain are preserved. Therefore, as one goes down the chart, terpenoids listed in the different physical states of cannabis may or may not be available in amounts of therapeutic significance.

**Cannabinoids, Therapeutic Effects and Synergistic Terpenoids**



### Cannabinoids and Their Therapeutic Effects





## EMPLOYEE HANDBOOK

# Releaf Recovery of WoodBridge



## EMPLOYEE HANDBOOK (Table of Contents)

|                                      | Section |  |  |
|--------------------------------------|---------|--|--|
| <i>(Table of Contents)</i>           |         |  |  |
| <i>Welcome Page</i>                  | 1       |  |  |
| <i>Acknowledgement Form</i>          | 2       |  |  |
| Equal Opportunity                    | 3       |  |  |
| Employment Classifications           | 4       |  |  |
| Confidentiality                      | 5       |  |  |
| Personal Information                 | 6       |  |  |
| Attendance                           | 7       |  |  |
| Work Hours                           | 8       |  |  |
| Lunch Periods                        | 9       |  |  |
| Safety Rules                         | 10      |  |  |
| Use of Company Property              | 11      |  |  |
| Use of Company Computers             | 12      |  |  |
| Substance Abuse                      | 13      |  |  |
| Sexual Harassment                    | 14      |  |  |
| Performance Reviews                  | 15      |  |  |
|                                      |         |  |  |
| <b>Payroll / Benefits / Vacation</b> |         |  |  |
|                                      |         |  |  |
| Payroll                              | 16      |  |  |
| Holidays                             | 17      |  |  |
| Vacation                             | 18      |  |  |
| Sick Leave                           | 19      |  |  |
| Maternity Leave                      | 20      |  |  |
| Funeral Leave                        | 21      |  |  |
| Jury Duty                            | 22      |  |  |
| Time Off For School Conferences      | 23      |  |  |
| Time Off For Voting                  | 24      |  |  |
| Military Service                     | 25      |  |  |
| Group Insurance                      | 26      |  |  |
| Worker's Compensation                | 27      |  |  |
| Educational Assistance               | 28      |  |  |
| Layoff & Recall                      | 29      |  |  |
| Non Disclosure Agreement             | 30      |  |  |
| Termination                          | 31      |  |  |
| <i>Acknowledgement Form To Sign</i>  | End     |  |  |

**(1) Welcome Page\_**

Dear Employee,

Welcome to Releaf Recovery of Stamford, going forward know as RR. We are excited to have you as part of our company. We are committed to quality work and superior customer service in all aspects of our business.

The success of our company is determined by providing great products and service to our patients every day. We value our employees and encourage them to make productive suggestions. We want every employee to succeed at his or her job.

This employee handbook sets forth the general administrative policies, goals, and benefits of RR.

You should use this employee handbook as a reference as you pursue your career with us, it applies to all employees. Each of the policies is dated and is current as of that date. When there is a change in a policy we will update this handbook as soon as possible. Feel free to discuss with us any questions you may have.

Sincerely,

Angela D'Amico, CEO  
Thomas J. Nicholas COO  
Releaf Recovery of WoodBridge



## (2) Acknowledgement Form

This employee handbook has been prepared for your information and understanding of the policies, practices, and benefits of RR . It is important to read this entire handbook. We reserve the right to make changes at any time without notice and to interpret these policies and procedures at the discretion of the company. This employee handbook supersedes all prior handbooks and previously-issued policies.

After you finish reading this employee handbook, please sign, date, and return this acknowledgement form. We ask that you do this within 7 days of your receiving this employee handbook to read.

---

I have received and read a copy of the RR Employee Handbook that outlines the goals, policies, benefits, and expectations of The Company as well as my responsibilities as an employee. I have familiarized myself, at least generally, with the contents of this handbook.

By signing below I acknowledge that it is my responsibility to have read and understood the policies outlined in this employee handbook. I understand this handbook is intended only as a general reference and is not intended to cover every situation that may arise during my employment. This handbook is not a full statement of company policy. No provision in this employee handbook is intended to create a contract between RR and any employee or to limit the rights of the employee and RR to terminate the employment relationship at any time, for any reason, not prohibited by law.

I agree to keep this handbook in my possession during my employment and to update it whenever new information is provided to me. I understand that each handbook is the property of RR and agree to return the book upon the termination of my employment.

---

(Employee's name - printed)

\_\_\_\_\_  
(Employee signature)

Date: \_\_\_\_\_

### **(3) Equal Opportunity**

RR is an Equal Opportunity Employer. This means that we will extend equal opportunity and provide employment advancement on the basis of merit within the context of its unique business environment to all Individuals without regard for race, religion, color, sex, national origin, age, disability, or veteran status.

This policy affirms that RR's commitment to fair employment and will comply with all applicable laws governing equal employment opportunity. This policy extends to all applicants and employees and to all aspects of the employment relationship.

### **(4) Employment – Classification**

As an employee of RR, you are an "employee-at-will". This means that either you or RR may choose to terminate the employment relationship at any time, with or without good cause.

Regular Full-Time is an employee who has no termination date and who is regularly scheduled to work (forty) 40 or more hours per week.

Regular Part-Time is an employee whose position has no termination date and who is scheduled to work (ten) 10 or more hours, but less than (forty) 40 hours per week.

Temporary Employee is an employee who is hired for a certain length of time and who is paid only for their hours worked. A temporary employee will not receive any benefits or be paid for holidays.

## **(5) Confidentiality**

RR requires all employees to adhere to our confidentiality agreement (31) as a condition of employment due to the possibility of being privy to information that is confidential or intended for company use only.

As the result of your employment at RR, you will acquire and have access to confidential information belonging to The Company of special and unique value. This includes such matters as the company's personnel information, suppliers, procedures, cost of merchandise, sales data, price lists, financial information, records, business plans, prospect names, business opportunities, confidential reports, customer lists and contracts, as well as any other information specific to the company.

As a condition of employment, you must agree that all such information is the exclusive property of the company, and you will not at any time disclose to anyone, except in the responsible exercise of your job, any such information whether or not it has been designated specifically as "confidential." If you are ever unsure of your obligations under this policy it is your responsibility to consult with your supervisor for clarification.

## **(6) PERSONAL INFORMATION**

It is important that the personnel records of RR be accurate at all times. In order to avoid problems with your benefit eligibility, tax liability, or contact information RR expects that employees will promptly notify your personnel representative of any change in your name, home address, telephone number, number of dependents, or any other pertinent information that may change.

## **(7) Attendance**

Employees are expected to arrive at work when they are scheduled to start and be at their workstation in DB by the scheduled start time. If you are unable to report for work for any reason, notify your supervisor before regular starting time. You are responsible for speaking directly with your supervisor about your absence if you are unable to start work at your scheduled time. You can leave a voice mail message, but another call is required to actually speak to a supervisor.

All time off must be requested in advance and should be submitted in writing as outlined in the appropriate categories, except sick leave. See Sick Leave and other

categories for specific details. RR views attendance and punctuality as two of the most important components of your job review. Excessive absences and lateness could result in disciplinary action, up to and including termination.

Excused hourly time off is limited to 5 hours a year.

#### (8) Work Hours

The normal workday is eight (8) hours, and forty (40) hours being a normal workweek. While you are generally expected to work the number of hours stated above, RR does not guarantee that you will actually work that many hours in any given day or week.

Overtime work is only performed when approved in advance by your supervisor. You are expected to work necessary overtime when requested to do so, and you will receive time and one-half regular pay for time worked exceeding forty (40) hours in any given work week.

#### (9) Lunch Period

Employees are allowed a 30-minute lunch break. Lunch breaks will be taken between the hours of 12:00pm to 12:30pm.

### (10) Safety and Accident Rules

Safety is a priority at RR. RR strives to provide a clean, hazard free, and safe environment in accordance with the Occupational Safety and Health Act of 1970.

As an employee, you are expected to take part in maintaining this environment. You should observe all posted safety rules; adhere to all safety instructions provided by your supervisor and use safety equipment when required. It is your responsibility to learn the location of all safety and emergency equipment as well as the safety & emergency phone numbers. A copy of the Emergency Procedures will be kept in each work area.

All safety equipment will be provided by RR/ Any problems with safety equipment should be reported to your immediate supervisor. As an employee, you have a duty to comply with the safety rules of RR assist in maintaining the hazard free environment, to report any accidents or injuries, and to report any unsafe equipment or working conditions to your supervisor.

All work related accidents are covered by Worker's Compensation Insurance pursuant to the laws of the state or states in which we operate.

**(11) Use of Company Property RR.** will provide you with the necessary equipment to do your job. None of this equipment should be used for personal use, nor should any equipment be removed from The Company grounds unless approved your supervisor. This would also include company phones and two-way communication equipment.

### **(12) Using Company Computers**

Employee use of company computers should only be used for job related or approved activities. Inappropriate use of company computers, which may be defined from time to time at the discretion of RR may subject you to discipline, up to and including termination.

Inappropriate use would include, but not limited to the following:

- A) Use of company computers to send or receive messages, pictures, or computer files which are illegal, pornographic, sexist, racist, harassing, or discriminatory. If you receive such material you should notify your supervisor immediately.
- B) Loading software that is not approved in advance by management.
- C) Making illegal copies of licensed software.
- D) Using software that would provide unauthorized access to the company's computers or would disrupt our equipment in any way.
- E) Using The Company computers for personal use unless authorized by your immediate supervisor.

Any message or file created, or emailed using the company's computer is the property of the company. Employees should have no expectation of privacy in any message that is created, stored, or sent using the computers or other communication equipment belonging to RR.

### **(13) Substance Abuse Policy**

RR takes seriously the problem of drug and alcohol abuse and is committed to providing a work place free of such substances. This policy applies to all employees of RR

No employee is allowed to consume, possess, sell, or purchase any alcoholic beverage and if a

MM patient their meds, on any property owned by RR, or in any vehicle owned or leased by RR. No employee may use, possess, sell, transfer or purchase any drug or other controlled substance that may alter an individual's mental or physical capacity. The exceptions are aspirin or ibuprofen based products and any other legal prescription drugs that have been prescribed to that employee which are being used as prescribed by their doctor.

RR will not tolerate employees that report for work that are impaired by or under the influence of alcohol or drugs.

In cases where the use of alcohol or drugs poses a threat to the safety of other people or property, an employee must report the violation. Employees who violate our Substance Abuse Policy will be subject to disciplinary action, up to and including termination.

It is our policy at RR to assist employees who suffer from drug or alcohol abuse. You may be eligible for a medical leave of absence or other benefits. We encourage employees with a substance abuse problem to contact your supervisor or company representative for details and help.

As a part of our company's policy to ensure a drug and alcohol free workplace, RR employees may be asked to submit to drug and alcohol testing.

Within the limits of federal and state laws, we reserve the right, at our discretion, to test for drugs and alcohol. Some such situations may include, but not be limited, to the following:

All employees offered employment with RR

Where there are reasonable grounds for believing an employee is under the influence of alcohol or drugs;

- C) As part of an investigation of any accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident;
- D) On a random basis, where allowed by statute;
- E) As a follow-up to a rehabilitation program, where allowed by statute;
- F) As necessary for the safety of employees, customers, or the general public where allowed by statute.

All tested employees will be able to receive a copy of the laboratory results that certify the results or the testing being done. It is a condition of your continued employment with RR that you comply with the Substance Abuse Policy.

## **(14) Sexual Harassment or Inappropriate Sexual Behavior**

RR will not under any circumstance tolerate conduct that may constitute sexual harassment on the part of its management, supervisors, or non-management personnel. It is our policy that all employees have the right to work in an environment free from any type of illegal discrimination, including sexual harassment. Any employee found to have engaged in such conduct will be subject to immediate discipline and possible discharge.

Sexual harassment is defined as but not limited to:

- A) Making submission to unwelcome sexual advances or requests for sexual favors as a term or condition of employment.
- B) Basing an employment decision on submission or rejection by an employee of unwelcome sexual advances, requests for sexual favors or other physical contact of a sexual nature.
- C) Creating an intimidating, hostile or offensive working environment by either by verbal actions, including using vulgar or demeaning language; or physical conduct that interferes with an employee's job performance.

If you believe that you have been the victim of sexual harassment, you should take the following steps:

- D) Discuss the matter with your supervisor or manager. If you believe your supervisor or manager to be the source or a participant in the sexual harassment, report this to another supervisor or member of management.
- E) Inappropriate sexual conduct or conversation towards other employees, vendors, or customers/patients is grounds for immediate discipline and or possible termination. RR will investigate and attempt to resolve your complaint as soon as possible. If for any reason you believe this has not occurred within a reasonable period of time, refer this problem to any other supervisor in the company, up to and including the President.

## **(15) Performance & Salary Reviews**

Each new or promoted employee will be given a job description that details the requirements and expectations of the new position. Performance reviews will

normally be conducted every six (6) months from the date you were hired with the exception of the three (3) month review at the end of your probationary period.

Employee reviews are based on job description and work performance. Wage increases will be based upon reviewing these results as well as the following: Dependability, cooperation, attitude, and any disciplinary actions that have been taken. Your supervisor will review and discuss with you your salary and your job position during your review.

### **(16) Payroll**

All employees are paid on Friday on a bi-weekly schedule. If a regular payday falls during an employee's vacation, the employee's paycheck will be available upon his or her return from vacation.

RR will deduct Federal Social Security and Income Tax from your payroll check each pay period. Group Insurance premiums (if applicable) will be deducted from your payroll check each pay period

### **(17) Holidays**

RR, Recognizes the following holidays:

- A) New Year's Day (January 1)
- B) Memorial Day (last Monday in May)
- C) Independence Day (July 4)
- D) Labor Day (first Monday in September)
- E) Thanksgiving (fourth Thursday in November)
- F) Christmas (December 25)

When a holiday falls on a weekend, RR will designate the Friday preceding or Monday following as the observed holiday at the discretion of The Company. Regular full-time employees are paid eight (8) hours for each holiday. Regular part-time employees and temporary employees are not paid for holidays.

### **(18) Vacation**



RR full-time employees are entitled to the following vacation schedule based on length of employment.

Less than one year, after 6 months. One (1) week of vacation  
At least one year but less than 5.... Two (2) weeks of vacation  
Over 6 years..... Three (3) weeks of vacation

Vacations should be substantially earned before they are taken. However, the President may approve an individual's request to take vacation before it is earned. If unearned vacation is taken, such vacation would be deducted from final pay should an individual separate from RR before the vacation has been earned, or before they have completed six months.

Your requested vacation time must be submitted in writing to your supervisor three weeks prior to the anticipated vacation date. Vacation time must be taken in full days only. Every effort will be made by RR to accommodate vacation requests, unless special business circumstances do not permit us to do so. Unused vacation days will not carry forward for use the following year.

### ***(19) Sick Leave***

RR provides income for (sick leave) for eligible employees when that employee is away from work due to illness. Employees will be eligible for sick leave after completion of ninety (90) calendar days of service, and if they work at least forty (40) hours per week. Sick days are payable as same as the employee's regular salary.

Sick leave will be accrued at the rate of one half (1/2) day for each month of service for eligible employees. Unless approved by RR employees will be limited to five (5) sick days per year. Sick days may be used for your own illness or to care for a sick child. Sick timed cannot be cashed out upon the termination of your employment. All sick leave used by employees will be charged against the employee's total sick leave balance. If an employee is unable to work due to illness, the employee must notify his immediate supervisor as soon as possible and by the time the employee was to report to work.

RR permits use of available sick days for absence due to the birth or adoption of a child to an employee.

Industrial accidents and illness are covered by Worker's Compensation Insurance pursuant to the requirements of the laws in the various states in which RR operates. The sick leave policy outlined above does not apply to those illnesses or injuries that are covered by a worker's compensation policy.

***(20) Maternity Leave***

RR employees who work a minimum of thirty (30) hours per week and have been employed by RR for twelve (12) months are allowed up to six (6) weeks of unpaid leave after they have given birth to or in conjunction with the adoption of a child. Additional time may be allowed under unusual circumstances and with the permission of your supervisor.

***(21) Funeral Leave***

RR allows two (2) days off each year with pay for a death in your immediate family. Immediate family includes parents, spouse, children, brothers, sisters, mother-in-law, father-in-law, grandparents, or grandchildren. For unusual circumstances you may request up to two (2) additional days without pay, these additional days must be approved by your supervisor.

Funeral leave for the death of anyone other than an immediate family member will require prior approval from your immediate supervisor. Funeral leave for such a death is limited to two (2) days and will be unpaid.

***(22) Jury Duty***

RR will provide time off work without pay for any employee who has been assigned jury duty. Please provide your immediate supervisor with a copy of the jury summons as soon as possible after you receive it.

***(23) Time Off For School Conferences***

In accordance with laws in our state, unpaid time off, up to a maximum of 12 hours each year is available to all employees for attending school conferences and activities, and preschool activities which cannot be scheduled during non working hours. Employees must meet some work eligibility requirements. Please see your supervisor for details concerning this policy.

***(24) Time Off For Voting***

At RR we encourage our employees to vote, and you will be permitted the necessary time off to do so. You will be allowed a reasonable period of time to vote in case you are unable to vote before or after your regular working hours.

***(25) Military Service***

RR will allow time off work without pay for employees in the National Guard or Military Reserves who take approved leave for training purposes. Employees may also receive pay for any accrued vacation time for this period if they choose.

**(26) Group Insurance**

RR does not offer Health Insurance

***(27) Worker's Compensation***

Employees who are injured while on their job at RR are covered by Worker's Compensation Insurance. It is your responsibility to notify your supervisor immediately of any injuries you sustain while on the job at RR

Injured employees should seek immediate medical attention. All medical expenses related to the treatment of an injury sustained while on the job, are paid in full directly to the medical providers. After a specified waiting period you may be eligible for disability payments as set forth by the laws in your state.

The Worker's Compensation plan is administered by a separate insurance company who will be notified by your company representative should you become eligible.

***(28) Educational Assistance***

RR will pay for courses which are directly related to or improving your present job skills or that will assist you in preparing for more responsibilities. Decisions of classes or courses are decided by RR and are totally discretionary. Only full-time employees are eligible for tuition assistance.

Reimbursement of educational expenses will not begin until you have completed six (6) months of full-time employment. To qualify for reimbursement, the employee must successfully complete the course with a "B" grade or better. The maximum amounts of courses taken and reimbursements made will be determined by a company representative. Contact your company representative for further details.

However, in the event the employee leaves within 8 months of taking the course, if DB has reimbursed the classes, monies are due back to DB.

### ***(29) Layoff And Recall***

There may occasions when it becomes necessary for management to reduce staff at RR due to certain business conditions beyond our control. On such occasions we will make decisions on the basis of our business needs related to employee job functions and their performance. Your supervisor or other company official will speak to you personally about your employment status.

### ***(30) Non Disclosure Agreement***

#### **EMPLOYEE INTELLECTUAL PROPERTY AND INVENTIONS ASSIGNMENT AGREEMENT (INCLUDING NONDISCLOSURE)**

This employee intellectual property and inventions assignment agreement between Employee, an individual (the "Employee") and RR a State of Connecticut Limited Liability Company (the "Company")

IN CONSIDERATION of the Employee's continuing employment with the Company, as well as the parties agree as follows:

#### **1. CONFIDENTIAL INFORMATION.**

In conjunction with the Employee's employment, the Company may (but is not required to) disclose to the Employee, or the Employee may develop or learn, confidential information.

"Confidential Information" means:

(a) any Company intellectual property, information, or trade secrets (whether or not specifically labeled or identified as confidential), whether provided orally, in writing, or by any other media, that was or will be disclosed to, developed, or learned by the Employee, and that relates to the business, products, services, research, or development of or by the Company or its suppliers, distributors, investors, partners, and other business associates, and that has not become publicly known. Confidential Information includes:

- (i) internal business information (including information relating to strategy, staffing, business, financial data, training, marketing, promotional and sales plans and practices, costs, bidding activities and strategies, rate and pricing structures, and accounting and business methods);
  - (ii) identities of, negotiations with, individual requirements of, specific contractual arrangements with, and information about the Company's suppliers, distributors, customers, investors, partners, and other business associates, their contact information, and their confidential information;
  - (iii) manufacturing parameters, material specifications, design specifications, design processes, technical drawings, prototypes, testing procedures and technical data, specific program information, trade or industrial practices, engineering practices and methods, techniques, computer programs, formulae, systems, research, records, reports, manuals, documentation, customer and supply lists, data and databases relating to those, and technology and methodology regarding specific projects; and
  - (iv) inventions, whether or not patentable, original works of authorship, trade secrets, know how, other intangible property protectable under federal, state, or foreign law that is not generally available to the public or published by the Company, other information concerning the Company's or its customers' actual or anticipated products or services, business, research, or development, or any information that is received in confidence by or for the Company from any other person, and any other information that was or will be developed, created, or discovered by or on behalf of the Company, or that became or will become known by, or was or is conveyed to the Company, that has commercial value in the Company's business ("Intellectual Property"); and
- (b) all notes, analyses, compilations, studies, summaries, and other material, whether provided orally, in writing, or by any other media, that contain or are based on all or part of the information described in subsection (a) (the "Derivative Materials").

## 2. OBLIGATION TO MAINTAIN CONFIDENTIALITY.

- (a) Confidentiality. At all times during employment, the Employee shall hold in strictest confidence, and not use, except for the benefit of the Company, or to disclose to any person, firm, or corporation without the prior written authorization of the Board of Directors and/or Owners of the Company, any of the Company's Confidential Information.
- (b) Personal. Regarding the nature of employment in regards to rank or status of employee, personal information of owners or board members may be acquired by employee or made privy to. This information must be held in the utmost confidential nature by the employee. This information should never be discussed with patients, employees, customers or vendors.

- (c) Term. The Employee shall maintain the confidentiality and security of the Confidential Information indefinitely. However, to the extent that the Company has disclosed information to the Employee that constitutes a trade secret under law, the Employee shall protect that trade secret for as long as the information qualifies as a trade secret.

### 3. EXCLUSIONS.

The obligations and restrictions of this agreement do not apply to that part of the Confidential Information that the Employee demonstrates:

- (a) was or becomes generally publically available other than as a result of a disclosure by the Employee in violation of this agreement;
- (b) was or becomes available to the Employee on a non confidential basis before its disclosure to the Employee by the Company or a Company Representative, but only if:
- (i) the source of such information is not bound by a confidentiality agreement with the Company or is not otherwise prohibited from transmitting the information to the Employee by a contractual, legal, fiduciary, or other obligation; and
- (ii) the Employee provides the Company with written notice of such prior possession either (A) before the execution and delivery of this agreement or (B) if the Employee later becomes aware (through disclosure to the Employee) of any aspect of the Confidential Information as to which the Employee had prior possession, promptly on the Employee so becoming aware; or
- (c) is requested or legally compelled (by oral questions, interrogatories, requests for information or documents, subpoena, civil or criminal investigative demand, or similar process), or is required by a regulatory body, to be disclosed.

### 4. RETURN OF PROPERTY.

On the termination of the Employee's employment with the Company, the Employee shall promptly (and no later than 5 days after termination):

- (a) return all Confidential Information to the Company; and
- (b) destroy all Derivative Material and within 5 days of this destruction, provide a written certificate to the Company confirming this destruction.

If her employment is terminated or the Company so requests, the Employee shall sign and deliver to the Company the certification attached as Exhibit A.

### 5. THIRD-PARTY INFORMATION.

The Employee recognizes that the Company has received and in the future will receive confidential or proprietary information from third parties, subject to a duty on the Company's

part to maintain the confidentiality of such information and to use it only for certain limited purposes. The Employee also recognizes that the Company may have provided and will provide in the future confidential or proprietary information to third-parties, subject to a duty on the third-party's part to maintain the confidentiality of such information and to use it only for certain limited purposes. During the term of her employment and afterwards, the Employee owes the Company and such third parties a duty to hold all such confidential or proprietary information in the strictest confidence and not to disclose it to any person, firm, or corporation except as necessary in carrying out the Employee's work for the Company (consistent with the Company's agreement with such third party). On termination and afterwards, the Employee owes a duty to the Company to not disclose such information for the benefit of anyone including such third party (unless provided for by the Company's agreement with such third party) without the prior written consent of the Company. Any such information will be *Employee Intellectual Property* and considered Confidential Information for purposes of this agreement.

#### 6. FORMER EMPLOYER OR THIRD PARTY CONFIDENTIAL INFORMATION.

The Employee understands that it is the Company's policy to maintain the rights of any party with which the Employee has a confidentiality or proprietary rights agreement. During employment with the Company, the Employee may not improperly use or disclose any proprietary information or trade secrets of any former or concurrent employer or other person or entity or bring onto the premises of the Company any unpublished document or proprietary information belonging to that employer, person, or entity unless the employer, person, or entity consents in writing. The Employee attests they have no existing obligations to others that are inconsistent with any of the provisions in this agreement at the time of signing.

#### 7. NOTIFICATIONS.

The Employee hereby authorizes the Company to notify others, including customers of the Company and any future or prospective employers of the Employee, of the terms of this agreement and each party's rights and obligations in it.

#### 8. OWNERSHIP RIGHTS.

The Employee acknowledges that the Confidential Information is and will be the Company's sole property, even if suggestions made by the Employee are incorporated into the Confidential Information. The Employee obtains no rights by license or otherwise in the Confidential Information under this agreement. The Employee may not use the Confidential Information as a basis on which to develop or have a third party develop a competing or similar undertaking.

#### 9. CHOICE OF LAW; ATTORNEYS' FEES; EQUITABLE RELIEF.

- (a) Choice of Law. The laws of the state of Connecticut govern this agreement (without giving effect to its conflicts of law principles).
- (b) Choice of Forum. Both parties consent to the personal jurisdiction of the state and federal courts in Fairfield County, Connecticut.

- (c) **Attorneys' Fees.** If either party employs attorneys to enforce any rights arising out of or relating to this agreement, the losing party shall reimburse the prevailing party for its reasonable attorneys' fees and costs.
- (d) **Equitable Relief.** The Employee's breach of this agreement will cause irreparable harm to the Company and monetary damages may not be a sufficient remedy for an unauthorized disclosure of the Confidential Information. If the Employee discloses the Confidential Information in violation of this agreement, the Company may, without waiving any other rights or remedies and without posting a bond or other security, seek an injunction, specific performance, or other equitable remedy to prevent competition or further disclosure, and may pursue other legal remedies.

#### 10. AMENDMENTS.

No amendment to this agreement will be effective unless it is in writing and signed by a party or its authorized representative.

#### 11. ASSIGNMENT AND DELEGATION.

- (a) **No Assignment.** The Employee may not assign any of her rights under this agreement, except with the prior written consent of the Company. All voluntary assignments of rights are limited by this subsection.
- (b) **No Delegation.** The Employee may not delegate any performance under this agreement, except with the prior written consent of the Company.
- (c) **Enforceability of an Assignment or Delegation.** If a purported assignment or purported delegation is made in violation of this section 12, it is void.

#### 12. COUNTERPARTS; ELECTRONIC SIGNATURES.

- (a) **Counterparts.** The parties may execute this agreement in any number of counterparts, each of which is an original but all of which constitute one and the same instrument.
- (b) **Electronic Signatures.** This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.

#### 13. SEVERABILITY.

If any provision in this agreement is, for any reason, held to be invalid, illegal, or unenforceable in any respect, that invalidity, illegality, or unenforceability will not affect any other provisions of this agreement, but this agreement will be construed as if the invalid, illegal, or



unenforceable provisions had never been contained in this agreement, unless the deletion of those provisions would result in such a material change that would cause completion of the transactions contemplated by this agreement to be unreasonable.

#### 14. NOTICES.

- (a) **Writing; Permitted Delivery Methods.** Each party giving or making any notice, request, demand, or other communication required or permitted by this agreement shall give that notice in writing and use one of the following types of delivery, each of which is a writing for purposes of this agreement: personal delivery, mail (registered or certified mail, postage prepaid, return-receipt requested), nationally recognized overnight courier (fees prepaid), facsimile, or email.
- (b) **Addresses.** A party shall address notices under this section 15 to a party at the following addresses:
- If to the Company:  
Angela D'Amico,  
Releaf Recovery, LLC  
Email: [angela@ccc-ct.com](mailto:angela@ccc-ct.com)
- If to the Employee:
- (c) **Effectiveness.** A notice is effective only if the party giving notice complies with subsections (a) and (b) and if the recipient receives the notice.

#### 15. WAIVER.

No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by the provisions of this agreement will be effective unless it is in writing and signed by the party waiving the breach, failure, right, or remedy. No waiver of any breach, failure, right, or remedy will be deemed a waiver of any other breach, failure, right, or remedy, whether or not similar, and no waiver will constitute a continuing waiver, unless the writing so specifies.

#### 16. ENTIRE AGREEMENT.

This agreement constitutes the final agreement of the parties. It is the complete and exclusive expression of the parties' agreement with respect to the subject matter of this agreement. All prior and contemporaneous communications, negotiations, and agreements between the parties relating to the subject matter of this agreement are expressly merged into and superseded by this agreement. The provisions of this agreement may not be explained, supplemented, or qualified by evidence of trade usage or a prior course of dealings. Neither party was induced to enter this agreement by, and neither party is relying on, any statement, representation, warranty, or agreement of the other party except those set forth expressly in this agreement. Except as set forth expressly in this agreement, there are no conditions precedent to this agreement's effectiveness.

#### 17. HEADINGS.

The descriptive headings of the sections and subsections of this agreement are for convenience only, and do not affect this agreement's construction or interpretation

18. **EFFECTIVENESS.** This agreement will become effective when all parties have signed it. The date this agreement is signed by the last party to sign it (as indicated by the date associated with that party's signature) will be deemed the date of this agreement.

19. **NECESSARY ACTS; FURTHER ASSURANCES.**

The Employee, the Company, and the Company's officers and directors shall use all reasonable efforts to take, or cause to be taken, all actions necessary or desirable to consummate and make effective the transactions this agreement contemplates or to evidence or carry out the intent and purposes of this agreement.

**(31) Termination Of Employment**

You, as an at-will employee, may choose to end your employment with RR at anytime, with or without good cause. And RR has the right to terminate your employment at anytime, with or without good cause.

Any employee who terminates his or her employment (or is terminated by) RR shall return all files of any kind, keys, tools, and any other materials that are the property of RR

Final settlement of an employee's pay will not be made until all property owned by RR is returned in satisfactory condition. The cost of replacing any items not returned will be deducted from the employee's final paycheck.

We have supplied a separate copy of the acknowledgement form on below. Please be sure to sign, date, and return this form to your supervisor after reading your employee handbook. Thank you, we look forward to having you as an employee.

**Acknowledgement Form**

This employee handbook has been prepared for your information and understanding of the policies, practices, and benefits of RR it is important to read this entire handbook. We reserve the right to make changes at any time without notice and to interpret these policies and procedures at the discretion of the company. This employee handbook supersedes all prior handbooks and previously-issued policies.

After you finish reading this employee handbook, please sign, date, and return this acknowledgement form. We ask that you do this within 7 days of your receiving this employee handbook to read.

---

I have received and read a copy of the RR Employee Handbook that outlines the goals, policies, benefits, and expectations of The Company as well as my responsibilities as an employee. I have familiarized myself, at least generally, with the contents of this handbook.

By signing below I acknowledge that it is my responsibility to have read and understood the policies outlined in this employee handbook. I understand this handbook is intended only as a general reference and is not intended to cover every situation that may arise during my employment. This handbook is not a full statement of company policy. No provision in this employee handbook is intended to create a contract between RR and any employee or to limit the rights of the employee and RR to terminate the employment relationship at any time, for any reason, not prohibited by law.

I agree to keep this handbook in my possession during my employment and to update it whenever new information is provided to me. I understand that each handbook is the property of RR and agree to return the book upon the termination of my employment.

---

(Employee's name - printed)

---

(Employee signature)

Date: \_\_\_\_\_



releaf   
recovery  
of Woodbridge

# EMPLOYEE HANDBOOK



# Relief Recovery of Woodbridge

## EMPLOYEE HANDBOOK (Table of Contents)

|                                      | Section |  |  |
|--------------------------------------|---------|--|--|
| <b>(Table of Contents)</b>           |         |  |  |
| Welcome Page                         | 1       |  |  |
| Acknowledgement Form                 | 2       |  |  |
| Equal Opportunity                    | 3       |  |  |
| Employment Classifications           | 4       |  |  |
| Confidentiality                      | 5       |  |  |
| Personal Information                 | 6       |  |  |
| Attendance                           | 7       |  |  |
| Work Hours                           | 8       |  |  |
| Lunch Periods                        | 9       |  |  |
| Safety Rules                         | 10      |  |  |
| Use of Company Property              | 11      |  |  |
| Use of Company Computers             | 12      |  |  |
| Substance Abuse                      | 13      |  |  |
| Sexual Harassment                    | 14      |  |  |
| Performance Reviews                  | 15      |  |  |
|                                      |         |  |  |
| <b>Payroll / Benefits / Vacation</b> |         |  |  |
|                                      |         |  |  |
| Payroll                              | 16      |  |  |
| Holidays                             | 17      |  |  |
| Vacation                             | 18      |  |  |
| Sick Leave                           | 19      |  |  |
| Maternity Leave                      | 20      |  |  |
| Funeral Leave                        | 21      |  |  |
| Jury Duty                            | 22      |  |  |
| Time Off For School Conferences      | 23      |  |  |
| Time Off For Voting                  | 24      |  |  |
| Military Service                     | 25      |  |  |
| Group Insurance                      | 26      |  |  |
| Worker's Compensation                | 27      |  |  |
| Educational Assistance               | 28      |  |  |
| Layoff & Recall                      | 29      |  |  |
| Non Disclosure Agreement             | 30      |  |  |
| Termination                          | 31      |  |  |
| <i>Acknowledgement Form To Sign</i>  | End     |  |  |



**(1) Welcome Page**

Dear Employee,

Welcome to Releaf Recovery of Woodbridge, going forward know as RR. We are excited to have you as part of our company. We are committed to quality work and superior customer service in all aspects of our business.

The success of our company is determined by providing great products and service to our patients every day. We value our employees and encourage them to make productive suggestions. We want every employee to succeed at his or her job.

This employee handbook sets forth the general administrative policies, goals, and benefits of RR.

You should use this employee handbook as a reference as you pursue your career with us, it applies to all employees. Each of the policies is dated and is current as of that date. When there is a change in a policy we will update this handbook as soon as possible. Feel free to discuss with us any questions you may have.

Sincerely,

Angela D'Amico, CEO  
Thomas J. Nicholas COO  
Releaf Recovery of Woodbridge



**(2) Acknowledgement Form**

This employee handbook has been prepared for your information and understanding of the policies, practices, and benefits of RR . It is important to read this entire handbook. We reserve the right to make changes at any time without notice and to interpret these policies and procedures at the discretion of the company. This employee handbook supersedes all prior handbooks and previously-issued policies.

After you finish reading this employee handbook, please sign, date, and return this acknowledgement form. We ask that you do this within 7 days of your receiving this employee handbook to read.

\_\_\_\_\_

I have received and read a copy of the RR Employee Handbook that outlines the goals, policies, benefits, and expectations of The Company as well as my responsibilities as an employee. I have familiarized myself, at least generally, with the contents of this handbook.

By signing below I acknowledge that it is my responsibility to have read and understood the policies outlined in this employee handbook. I understand this handbook is intended only as a general reference and is not intended to cover every situation that may arise during my employment. This handbook is not a full statement of company policy. No provision in this employee handbook is intended to create a contract between RR and any employee or to limit the rights of the employee and RR to terminate the employment relationship at any time, for any reason, not prohibited by law.

I agree to keep this handbook in my possession during my employment and to update it whenever new information is provided to me. I understand that each handbook is the property of RR and agree to return the book upon the termination of my employment.

\_\_\_\_\_  
(Employee's name – printed)

\_\_\_\_\_  
(Employee signature)

Date: \_\_\_\_\_



### **(3) Equal Opportunity**

RR is an Equal Opportunity Employer. This means that we will extend equal opportunity and provide employment advancement on the basis of merit within the context of its unique business environment to all Individuals without regard for race, religion, color, sex, national origin, age, disability, or veteran status.

This policy affirms that RR's commitment to fair employment and will comply with all applicable laws governing equal employment opportunity. This policy extends to all applicants and employees and to all aspects of the employment relationship.

### **(4) Employment – Classification**

As an employee of RR, you are an "employee-at-will". This means that either you or RR may choose to terminate the employment relationship at any time, with or without good cause.

**Regular Full-Time** is an employee who has no termination date and who is regularly scheduled to work (forty) 40 or more hours per week.

**Regular Part-Time** is an employee whose position has no termination date and who is scheduled to work (ten) 10 or more hours, but less than (forty) 40 hours per week.

**Temporary Employee** is an employee who is hired for a certain length of time and who is paid only for their hours worked. A temporary employee will not receive any benefits or be paid for holidays.

### **(5) Confidentiality**

RR requires all employees to adhere to our confidentiality agreement (31) as a condition of employment due to the possibility of being privy to information that is confidential or intended for company use only.

As the result of your employment at RR, you will acquire and have access to confidential information belonging to The Company of special and unique value. This includes such matters as the company's personnel information, suppliers, procedures, cost of merchandise, sales data, price lists, financial information, records, business plans, prospect names, business opportunities, confidential reports, customer lists and contracts, as well as any other information specific to the company.





As a condition of employment, you must agree that all such information is the exclusive property of the company, and you will not at any time disclose to anyone, except in the responsible exercise of your job, any such information whether or not it has been designated specifically as "confidential." If you are ever unsure of your obligations under this policy it is your responsibility to consult with your supervisor for clarification.

## **(6) PERSONAL INFORMATION**

It is important that the personnel records of RR be accurate at all times. In order to avoid problems with your benefit eligibility, tax liability, or contact information RR expects that employees will promptly notify your personnel representative of any change in your name, home address, telephone number, number of dependents, or any other pertinent information that may change.

## **(7) Attendance**

Employees are expected to arrive at work when they are scheduled to start and be at their workstation in DB by the scheduled start time. If you are unable to report for work for any reason, notify your supervisor before regular starting time. You are responsible for speaking directly with your supervisor about your absence if you are unable to start work at your scheduled time. You can leave a voice mail message, but another call is required to actually speak to a supervisor.

All time off must be requested in advance and should be submitted in writing as outlined in the appropriate categories, except sick leave. See Sick Leave and other categories for specific details. RR views attendance and punctuality as two of the most important components of your job review. Excessive absences and lateness could result in disciplinary action, up to and including termination.

Excused hourly time off is limited to 5 hours a year.

## **(8) Work Hours**

The normal workday is eight (8) hours, and forty (40) hours being a normal workweek. While you are generally expected to work the number of hours stated above, RR does not guarantee that you will actually work that many hours in any given day or week.

Overtime work is only performed when approved in advance by your supervisor. You are expected to work necessary overtime when requested to do so, and you will receive time and



one-half regular pay for time worked exceeding forty (40) hours in any given work week.

### **(9) Lunch Period**

Employees are allowed a 30-minute lunch break. Lunch breaks will be taken between the hours of 12:00pm to 12:30pm.

### **(10) Safety and Accident Rules**

Safety is a priority at RR. RR strives to provide a clean, hazard free, and safe environment in accordance with the Occupational Safety and Health Act of 1970.

As an employee, you are expected to take part in maintaining this environment. You should observe all posted safety rules; adhere to all safety instructions provided by your supervisor and use safety equipment when required. It is your responsibility to learn the location of all safety and emergency equipment as well as the safety & emergency phone numbers. A copy of the Emergency Procedures will be kept in each work area.

All safety equipment will be provided by RR/ Any problems with safety equipment should be reported to your immediate supervisor. As an employee, you have a duty to comply with the safety rules of RR assist in maintaining the hazard free environment, to report any accidents or injuries, and to report any unsafe equipment or working conditions to your supervisor.

All work related accidents are covered by Worker's Compensation Insurance pursuant to the laws of the state or states in which we operate.

**(11) Use of Company Property RR**, will provide you with the necessary equipment to do your job. None of this equipment should be used for personal use, nor should any equipment be removed from The Company grounds unless approved your supervisor. This would also include company phones and two-way communication equipment.

### **(12) Using Company Computers**

Employee use of company computers should only be used for job related or approved activities. Inappropriate use of company computers, which may be defined from time to time at the discretion of RR may subject you to discipline, up to and including termination.

Inappropriate use would include, but not limited to the following:

A) Use of company computers to send or receive messages, pictures, or computer files which are illegal, pornographic, sexist, racist, harassing, or discriminatory. If you receive such material you should notify your supervisor immediately.



- B) Loading software that is not approved in advance by management.
- C) Making illegal copies of licensed software.
- D) Using software that would provide unauthorized access to the company's computers or would disrupt our equipment in any way.
- E) Using The Company computers for personal use unless authorized by your immediate supervisor.

Any message or file created, or emailed using the company's computer is the property of the company. Employees should have no expectation of privacy in any message that is created, stored, or sent using the computers or other communication equipment belonging to RR .

### **(13) Substance Abuse Policy**

RR takes seriously the problem of drug and alcohol abuse and is committed to providing a work place free of such substances. This policy applies to all employees of RR

No employee is allowed to consume, possess, sell, or purchase any alcoholic beverage and if a MM patient their meds, on any property owned by RR, or in any vehicle owned or leased by RR. No employee may use, possess, sell, transfer or purchase any drug or other controlled substance that may alter an individual's mental or physical capacity. The exceptions are aspirin or ibuprofen based products and any other legal prescription drugs that have been prescribed to that employee which are being used as prescribed by their doctor.

RR will not tolerate employees that report for work that are impaired by or under the influence of alcohol or drugs.

In cases where the use of alcohol or drugs poses a threat to the safety of other people or property, an employee must report the violation. Employees who violate our Substance Abuse Policy will be subject to disciplinary action, up to and including termination.

It is our policy at RR to assist employees who suffer from drug or alcohol abuse. You may be eligible for a medical leave of absence or other benefits.

We encourage employees with a substance abuse problem to contact your supervisor or company representative for details and help.

As a part of our company's policy to ensure a drug and alcohol free workplace, RR employees may be asked to submit to drug and alcohol testing.

Within the limits of federal and state laws, we reserve the right, at our discretion, to test for drugs and alcohol. Some such situations may include, but not be limited, to the following:

- A) All employees offered employment with RR
- B) Where there are reasonable grounds for believing an employee is under the influence of alcohol or drugs;



- C) As part of an investigation of any accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident;
- D) On a random basis, where allowed by statute;
- E) As a follow-up to a rehabilitation program, where allowed by statute;
- F) As necessary for the safety of employees, customers, or the general public where allowed by statute.

All tested employees will be able to receive a copy of the laboratory results that certify the results or the testing being done. It is a condition of your continued employment with RR that you comply with the Substance Abuse Policy.

#### **(14) Sexual Harassment or Inappropriate Sexual Behavior**

RR will not under any circumstance tolerate conduct that may constitute sexual harassment on the part of its management, supervisors, or non-management personnel. It is our policy that all employees have the right to work in an environment free from any type of illegal discrimination, including sexual harassment. Any employee found to have engaged in such conduct will be subject to immediate discipline and possible discharge.

Sexual harassment is defined as but not limited to:

- A) Making submission to unwelcome sexual advances or requests for sexual favors as a term or condition of employment.
- B) Basing an employment decision on submission or rejection by an employee of unwelcome sexual advances, requests for sexual favors or other physical contact of a sexual nature.
- C) Creating an intimidating, hostile or offensive working environment by either by verbal actions, including using vulgar or demeaning language; or physical conduct that interferes with an employee's job performance.

If you believe that you have been the victim of sexual harassment, you should take the following steps:

- D) Discuss the matter with your supervisor or manager. If you believe your supervisor or manager to be the source or a participant in the sexual harassment, report this to another supervisor or member of management.
- E) Inappropriate sexual conduct or conversation towards other employees, vendors, or customers/patients is grounds for immediate discipline and or possible termination. RR will investigate and attempt to resolve your complaint as soon as possible. If for any reason you believe this has not occurred within a reasonable period of time, refer this problem to any other supervisor in the company, up to and including the President.



### **(15) Performance & Salary Reviews**

Each new or promoted employee will be given a job description that details the requirements and expectations of the new position. Performance reviews will normally be conducted every six (6) months from the date you were hired with the exception of the three (3) month review at the end of your probationary period.

Employee reviews are based on job description and work performance. Wage increases will be based upon reviewing these results as well as the following: Dependability, cooperation, attitude, and any disciplinary actions that have been taken. Your supervisor will review and discuss with you your salary and your job position during your review.

### **(16) Payroll**

All employees are paid on Friday on a bi-weekly schedule. If a regular payday falls during an employee's vacation, the employee's paycheck will be available upon his or her return from vacation.

RR will deduct Federal Social Security and Income Tax from your payroll check each pay period. Group Insurance premiums (if applicable) will be deducted from your payroll check each pay period

### **(17) Holidays**

RR, Recognizes the following holidays:

- A) New Year's Day (January 1)
- B) Memorial Day (last Monday in May)
- C) Independence Day (July 4)
- D) Labor Day (first Monday in September)
- E) Thanksgiving (fourth Thursday in November)
- F) Christmas (December 25)

When a holiday falls on a weekend, RR will designate the Friday preceding or Monday following as the observed holiday at the discretion of The Company. Regular full-time employees are paid eight (8) hours for each holiday. Regular part-time employees and temporary employees are not paid for holidays.

### **(18) Vacation**



RR full-time employees are entitled to the following vacation schedule based on length of employment.

- Less than one year, after 6 months. One (1) week of vacation
- At least one year but less than 5.... Two (2) weeks of vacation
- Over 5 years..... Three (3) weeks of vacation

Vacations should be substantially earned before they are taken. However, the President may approve an individual's request to take vacation before it is earned. If unearned vacation is taken, such vacation would be deducted from final pay should an individual separate from RR before the vacation has been earned, or before they have completed six months.

Your requested vacation time must be submitted in writing to your supervisor three weeks prior to the anticipated vacation date. Vacation time must be taken in full days only. Every effort will be made by RR to accommodate vacation requests, unless special business circumstances do not permit us to do so. Unused vacation days will not carry forward for use the following year.

**(19) Sick Leave**

RR provides income for (sick leave) for eligible employees when that employee is away from work due to illness. Employees will be eligible for sick leave after completion of ninety (90) calendar days of service, and if they work at least forty (40) hours per week. Sick days are payable as same as the employee's regular salary.

Sick leave will be accrued at the rate of one half (1/2) day for each month of service for eligible employees. Unless approved by RR employees will be limited to five (5) sick days per year. Sick days may be used for your own illness or to care for a sick child. Sick time cannot be cashed out upon the termination of your employment.

All sick leave used by employees will be charged against the employee's total sick leave balance. If an employee is unable to work due to illness, the employee must notify his immediate supervisor as soon as possible and by the time the employee was to report to work.

RR permits use of available sick days for absence due to the birth or adoption of a child to an employee.

Industrial accidents and illness are covered by Worker's Compensation Insurance pursuant to the requirements of the laws in the various states in which RR operates. The sick leave policy outlined above does not apply to those illnesses or injuries that are covered by a worker's compensation policy.

**(20) Maternity Leave**



RR employees who work a minimum of thirty (30) hours per week and have been employed by RR for twelve (12) months are allowed up to six (6) weeks of unpaid leave after they have given birth to or in conjunction with the adoption of a child. Additional time may be allowed under unusual circumstances and with the permission of your supervisor.

### **(21) Funeral Leave**

RR allows two (2) days off each year with pay for a death in your immediate family. Immediate family includes parents, spouse, children, brothers, sisters, mother-in-law, father-in-law, grandparents, or grandchildren. For unusual circumstances you may request up to two (2) additional days without pay, these additional days must be approved by your supervisor.

Funeral leave for the death of anyone other than an immediate family member will require prior approval from your immediate supervisor. Funeral leave for such a death is limited to two (2) days and will be unpaid.

### **(22) Jury Duty**

RR will provide time off work without pay for any employee who has been assigned jury duty. Please provide your immediate supervisor with a copy of the jury summons as soon as possible after you receive it.

### **(23) Time Off For School Conferences**

In accordance with laws in our state, unpaid time off, up to a maximum of 12 hours each year is available to all employees for attending school conferences and activities, and preschool activities which cannot be scheduled during non working hours. Employees must meet some work eligibility requirements. Please see your supervisor for details concerning this policy.

### **(24) Time Off For Voting**

At RR we encourage our employees to vote, and you will be permitted the necessary time off to do so. You will be allowed a reasonable period of time to vote in case you are unable to vote before or after your regular working hours.

### **(25) Military Service**



RR will allow time off work without pay for employees in the National Guard or Military Reserves who take approved leave for training purposes. Employees may also receive pay for any accrued vacation time for this period if they choose.

### **(26) Group Insurance**

RR does not offer Health Insurance

### **(27) Worker's Compensation**

Employees who are injured while on their job at RR are covered by Worker's Compensation Insurance. It is your responsibility to notify your supervisor immediately of any injuries you sustain while on the job at RR.

Injured employees should seek immediate medical attention. All medical expenses related to the treatment of an injury sustained while on the job, are paid in full directly to the medical providers. After a specified waiting period you may be eligible for disability payments as set forth by the laws in your state.

The Worker's Compensation plan is administered by a separate insurance company who will be notified by your company representative should you become eligible.

### **(28) Educational Assistance**

RR will pay for courses which are directly related to or improving your present job skills or that will assist you in preparing for more responsibilities. Decisions of classes or courses are decided by RR and are totally discretionary. Only full-time employees are eligible for tuition assistance.

Reimbursement of educational expenses will not begin until you have completed six (6) months of full-time employment. To qualify for reimbursement, the employee must successfully complete the course with a "B" grade or better. The maximum amounts of courses taken and reimbursements made will be determined by a company representative. Contact your company representative for further details.

However, in the event the employee leaves within 8 months of taking the course, if DB has reimbursed the classes, monies are due back to DB.

### **(29) Layoff And Recall**





There may occasions when it becomes necessary for management to reduce staff at RR due to certain business conditions beyond our control. On such occasions we will make decisions on the basis of our business needs related to employee job functions and their performance. Your supervisor or other company official will speak to you personally about your employment status.

### **(30) Non Disclosure Agreement**

#### **EMPLOYEE INTELLECTUAL PROPERTY AND INVENTIONS ASSIGNMENT AGREEMENT (INCLUDING NONDISCLOSURE)**

This employee intellectual property and inventions assignment agreement between Employee, an individual (the "Employee") and RR a State of Connecticut Limited Liability Company (the "Company")

IN CONSIDERATION of the Employee's continuing employment with the Company, as well as the parties agree as follows:

#### **1. CONFIDENTIAL INFORMATION.**

In conjunction with the Employee's employment, the Company may (but is not required to) disclose to the Employee, or the Employee may develop or learn, confidential information.

"Confidential Information" means:

(a) any Company intellectual property, information, or trade secrets (whether or not specifically labeled or identified as confidential), whether provided orally, in writing, or by any other media, that was or will be disclosed to, developed, or learned by the Employee, and that relates to the business, products, services, research, or development of or by the Company or its suppliers, distributors, investors, partners, and other business associates, and that has not become publicly known. Confidential Information includes:

(i) internal business information (including information relating to strategy, staffing, business, financial data, training, marketing, promotional and sales plans and practices, costs, bidding activities and strategies, rate and pricing structures, and accounting and business methods);

(ii) identities of, negotiations with, individual requirements of, specific contractual arrangements with, and information about the Company's suppliers, distributors, customers, investors, partners, and other business associates, their contact information, and their confidential information;

(iii) manufacturing parameters, material specifications, design specifications, design processes, technical drawings, prototypes, testing procedures and technical data, specific program information, trade or industrial practices, engineering practices and methods, techniques, computer programs, formulae, systems, research, records, reports, manuals,



documentation, customer and supply lists, data and databases relating to those, and technology and methodology regarding specific projects; and

(iv) inventions, whether or not patentable, original works of authorship, trade secrets, know how, other intangible property protectable under federal, state, or foreign law that is not generally available to the public or published by the Company, other information concerning the Company's or its customers' actual or anticipated products or services, business, research, or development, or any information that is received in confidence by or for the Company from any other person, and any other information that was or will be developed, created, or discovered by or on behalf of the Company, or that became or will become known by, or was or is conveyed to the Company, that has commercial value in the Company's business ("Intellectual Property"); and

(b) all notes, analyses, compilations, studies, summaries, and other material, whether provided orally, in writing, or by any other media, that contain or are based on all or part of the information described in subsection (a) (the "Derivative Materials").

## 2. OBLIGATION TO MAINTAIN CONFIDENTIALITY.

(a) **Confidentiality.** At all times during employment, the Employee shall hold in strictest confidence, and not use, except for the benefit of the Company, or to disclose to any person, firm, or corporation without the prior written authorization of the Board of Directors and/or Owners of the Company, any of the Company's Confidential Information.

(b) **Personal.** Regarding the nature of employment in regards to rank or status of employee, personal information of owners or board members may be acquired by employee or made privy to. This information must be held in the utmost confidential nature by the employee. This information should never be discussed with patients, employees, customers or vendors.

(c) **Term.** The Employee shall maintain the confidentiality and security of the Confidential Information indefinitely. However, to the extent that the Company has disclosed information to the Employee that constitutes a trade secret under law, the Employee shall protect that trade secret for as long as the information qualifies as a trade secret.

## 3. EXCLUSIONS.

The obligations and restrictions of this agreement do not apply to that part of the Confidential Information that the Employee demonstrates:

(a) was or becomes generally publically available other than as a result of a disclosure by the Employee in violation of this agreement;



(b) was or becomes available to the Employee on a non confidential basis before its disclosure to the Employee by the Company or a Company Representative, but only if:

(i) the source of such information is not bound by a confidentiality agreement with the Company or is not otherwise prohibited from transmitting the information to the Employee by a contractual, legal, fiduciary, or other obligation; and

(ii) the Employee provides the Company with written notice of such prior possession either (A) before the execution and delivery of this agreement or (B) if the Employee later becomes aware (through disclosure to the Employee) of any aspect of the Confidential Information as to which the Employee had prior possession, promptly on the Employee so becoming aware; or

(c) is requested or legally compelled (by oral questions, interrogatories, requests for information or documents, subpoena, civil or criminal investigative demand, or similar process), or is required by a regulatory body, to be disclosed.

#### **4. RETURN OF PROPERTY.**

On the termination of the Employee's employment with the Company, the Employee shall promptly (and no later than 5 days after termination):

(a) return all Confidential Information to the Company; and

(b) destroy all Derivative Material and within 5 days of this destruction, provide a written certificate to the Company confirming this destruction.

If her employment is terminated or the Company so requests, the Employee shall sign and deliver to the Company the certification attached as Exhibit A.

#### **5. THIRD-PARTY INFORMATION.**

The Employee recognizes that the Company has received and in the future will receive confidential or proprietary information from third parties, subject to a duty on the Company's part to maintain the confidentiality of such information and to use it only for certain limited purposes. The Employee also recognizes that the Company may have provided and will provide in the future confidential or proprietary information to third-parties, subject to a duty on the third-party's part to maintain the confidentiality of such information and to use it only for certain limited purposes. During the term of her employment and afterwards, the Employee owes the Company and such third parties a duty to hold all such confidential or proprietary information in the strictest confidence and not to disclose it to any person, firm, or corporation except as necessary in carrying out the Employee's work for the Company (consistent with the Company's agreement with such third party). On termination and afterwards, the Employee owes a duty to the Company to not disclose such information for the benefit of anyone including such third party (unless provided for by the Company's agreement with such third party) without the prior written



consent of the Company. Any such information will be *Employee Intellectual Property* and considered Confidential Information for purposes of this agreement.

#### **6. FORMER EMPLOYER OR THIRD PARTY CONFIDENTIAL INFORMATION.**

The Employee understands that it is the Company's policy to maintain the rights of any party with which the Employee has a confidentiality or proprietary rights agreement. During employment with the Company, the Employee may not improperly use or disclose any proprietary information or trade secrets of any former or concurrent employer or other person or entity or bring onto the premises of the Company any unpublished document or proprietary information belonging to that employer, person, or entity unless the employer, person, or entity consents in writing. The Employee attests they have no existing obligations to others that are inconsistent with any of the provisions in this agreement at the time of signing.

#### **7. NOTIFICATIONS.**

The Employee hereby authorizes the Company to notify others, including customers of the Company and any future or prospective employers of the Employee, of the terms of this agreement and each party's rights and obligations in it.

#### **8. OWNERSHIP RIGHTS.**

The Employee acknowledges that the Confidential Information is and will be the Company's sole property, even if suggestions made by the Employee are incorporated into the Confidential Information. The Employee obtains no rights by license or otherwise in the Confidential Information under this agreement. The Employee may not use the Confidential Information as a basis on which to develop or have a third party develop a competing or similar undertaking.

#### **9. CHOICE OF LAW; ATTORNEYS' FEES; EQUITABLE RELIEF.**

(a) **Choice of Law.** The laws of the state of Connecticut govern this agreement (without giving effect to its conflicts of law principles).

(b) **Choice of Forum.** Both parties consent to the personal jurisdiction of the state and federal courts in Fairfield County, Connecticut.

(c) **Attorneys' Fees.** If either party employs attorneys to enforce any rights arising out of or relating to this agreement, the losing party shall reimburse the prevailing party for its reasonable attorneys' fees and costs.

(d) **Equitable Relief.** The Employee's breach of this agreement will cause irreparable harm to the Company and monetary damages may not be a sufficient remedy for an unauthorized disclosure of the Confidential Information. If the Employee discloses the Confidential Information in violation of this agreement, the Company may, without waiving any other



rights or remedies and without posting a bond or other security, seek an injunction, specific performance, or other equitable remedy to prevent competition or further disclosure, and may pursue other legal remedies.

#### **10. AMENDMENTS.**

No amendment to this agreement will be effective unless it is in writing and signed by a party or its authorized representative.

#### **11. ASSIGNMENT AND DELEGATION.**

(a) **No Assignment.** The Employee may not assign any of her rights under this agreement, except with the prior written consent of the Company. All voluntary assignments of rights are limited by this subsection.

(b) **No Delegation.** The Employee may not delegate any performance under this agreement, except with the prior written consent of the Company.

(c) **Enforceability of an Assignment or Delegation.** If a purported assignment or purported delegation is made in violation of this section 12, it is void.

#### **12. COUNTERPARTS; ELECTRONIC SIGNATURES.**

(a) **Counterparts.** The parties may execute this agreement in any number of counterparts, each of which is an original but all of which constitute one and the same instrument.

(b) **Electronic Signatures.** This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.

#### **13. SEVERABILITY.**

If any provision in this agreement is, for any reason, held to be invalid, illegal, or unenforceable in any respect, that invalidity, illegality, or unenforceability will not affect any other provisions of this agreement, but this agreement will be construed as if the invalid, illegal, or unenforceable provisions had never been contained in this agreement, unless the deletion of those provisions would result in such a material change that would cause completion of the transactions contemplated by this agreement to be unreasonable.

#### **14. NOTICES.**

(a) **Writing; Permitted Delivery Methods.** Each party giving or making any notice, request, demand, or other communication required or permitted by this agreement shall give that notice in writing and use one of the following types of delivery, each of which is a writing for purposes of this agreement: personal delivery, mail (registered or certified mail, postage



prepaid, return-receipt requested), nationally recognized overnight courier (fees prepaid), facsimile, or email.

**(b) Addresses.** A party shall address notices under this section 15 to a party at the following addresses:

If to the Company:

Angela D'Amico,

Releaf Recovery, LLC

Email: angela@ccc-ct.com

If to the Employee:

**(c) Effectiveness.** A notice is effective only if the party giving notice complies with subsections (a) and (b) and if the recipient receives the notice.

#### **15. WAIVER.**

No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by the provisions of this agreement will be effective unless it is in writing and signed by the party waiving the breach, failure, right, or remedy. No waiver of any breach, failure, right, or remedy will be deemed a waiver of any other breach, failure, right, or remedy, whether or not similar, and no waiver will constitute a continuing waiver, unless the writing so specifies.

#### **16. ENTIRE AGREEMENT.**

This agreement constitutes the final agreement of the parties. It is the complete and exclusive expression of the parties' agreement with respect to the subject matter of this agreement. All prior and contemporaneous communications, negotiations, and agreements between the parties relating to the subject matter of this agreement are expressly merged into and superseded by this agreement. The provisions of this agreement may not be explained, supplemented, or qualified by evidence of trade usage or a prior course of dealings. Neither party was induced to enter this agreement by, and neither party is relying on, any statement, representation, warranty, or agreement of the other party except those set forth expressly in this agreement. Except as set forth expressly in this agreement, there are no conditions precedent to this agreement's effectiveness.

#### **17. HEADINGS.**

The descriptive headings of the sections and subsections of this agreement are for convenience only, and do not affect this agreement's construction or interpretation



**18. EFFECTIVENESS.** This agreement will become effective when all parties have signed it. The date this agreement is signed by the last party to sign it (as indicated by the date associated with that party's signature) will be deemed the date of this agreement.



**19. NECESSARY ACTS; FURTHER ASSURANCES.**

The Employee, the Company, and the Company's officers and directors shall use all reasonable efforts to take, or cause to be taken, all actions necessary or desirable to consummate and make effective the transactions this agreement contemplates or to evidence or carry out the intent and purposes of this agreement.

**(31) Termination Of Employment**

You, as an at-will employee, may choose to end your employment with RR at anytime, with or without good cause. And RR has the right to terminate your employment at anytime, with or without good cause.

Any employee who terminates his or her employment (or is terminated by) RR shall return all files of any kind, keys, tools, and any other materials that are the property of RR

Final settlement of an employee's pay will not be made until all property owned by RR is returned in satisfactory condition. The cost of replacing any items not returned will be deducted from the employee's final paycheck.

We have supplied a separate copy of the acknowledgement form on below. Please be sure to sign, date, and return this form to your supervisor after reading your employee handbook. Thank you, we look forward to having you as an employee.





**Acknowledgement Form**

This employee handbook has been prepared for your information and understanding of the policies, practices, and benefits of RR it is important to read this entire handbook. We reserve the right to make changes at any time without notice and to interpret these policies and procedures at the discretion of the company. This employee handbook supersedes all prior handbooks and previously-issued policies.

After you finish reading this employee handbook, please sign, date, and return this acknowledgement form. We ask that you do this within 7 days of your receiving this employee handbook to read.

---

I have received and read a copy of the RR Employee Handbook that outlines the goals, policies, benefits, and expectations of The Company as well as my responsibilities as an employee. I have familiarized myself, at least generally, with the contents of this handbook.

By signing below I acknowledge that it is my responsibility to have read and understood the policies outlined in this employee handbook. I understand this handbook is intended only as a general reference and is not intended to cover every situation that may arise during my employment. This handbook is not a full statement of company policy. No provision in this employee handbook is intended to create a contract between RR and any employee or to limit the rights of the employee and RR to terminate the employment relationship at any time, for any reason, not prohibited by law.

I agree to keep this handbook in my possession during my employment and to update it whenever new information is provided to me. I understand that each handbook is the property of RR and agree to return the book upon the termination of my employment.

---

(Employee's name – printed)

---

(Employee signature)

Date: \_\_\_\_\_

**Section C, Number 8 - Description of any Processes or Controls that will be implemented to prevent the Diversion, Theft or Loss of Marijuana**

*In response to Section C, Number 8:*

In order to combat diversion, theft, or loss of Cannabis Releaf Recovery (RR) is implementing a series of rigid controls, protocol, security, and physically based, which will successfully account for any and all product, employee action, and deter any such potential opportunity for malfeasance while maintaining direct compliance with any applicable policy.

At minimum the following measures and / or controls will be implemented:

- Transparency and Compliance
- Access Controls
- Verification Protocol
- Patient Membership Terms & Enforcement
  - Non-Diversion
  - Anti Non-Medical Use
  - Currency of Registration Status
  - Suspicion of Diversion or Misuse
- Inventory Controls
- Sensitive Information Controls
- Personnel Protocol

The following protocol, measures, and actions will be rigid in nature, and consistently practiced and enforced by employees, administration, security detail, respectively as is applicable.

- **Transparency and Compliance-** Each patient will be registered with RR (along with state & physician registries) and agree to allow monitoring / accounting of their allotment as is current at that time, while keeping their records privately anonymous for HIPAA compliance, yet accessible as necessary, and maintaining data such as registry certificate expiration dates, etc. in order to maintain full transparency and compliance.
- **Verification and Access Protocol-** This registry status of each patient / caregiver will be verified, along with their personal identity, each time a patient / caregiver enters the facility, and before they are permitted to access or purchase Cannabis- **See Policy and Procedures: Operations; See Also: Section C-3: Access Controls; Section C-8 (below) Inventory Access Controls**
- **Patient Membership Terms & Enforcement-** Part of the registry / membership agreement shall include terms that require patients not to divert or otherwise distribute Cannabis to non-RR registered patients.
- **Non-Diversion, and Anti Non-Medical Use-**Aforementioned agreement will also require patients / caregivers to agree not to use Cannabis as a recreational outlet, or for any determined non-medical use.
- **Currency of Registration Status-** Patients / caregivers with expired or lacking CT MMP & physician recommended credentials, without valid state

Identification, or those who have been found to violate, or are reasonably suspected of violating the agreement as per their

membership by diverting Cannabis or other actions will be denied access as enforcement of member / patient agreement and policy.

- **Inventory Controls**- Regular daily inventory will be performed by the licensed dispensary on duty; in order to maintain physical record of inventory on hand, RR will employ software, which tracks every gram of cannabis from seed to sale. The software also captures each and every activity, allowing for a comprehensive accounting process regardless of product origin while maintaining a comprehensive patient & product database, which is fully HIPAA compliant. This same process of control will be implemented during product delivery and inventory introduction. This gives RR the ability to produce full and responsible reporting, inventory tracking, assessment, and product plan development as per need (added section citations over phone).

Our software product suite includes:

- **Point of Sale**
- **Inventory Tracking**
- **Product Management**
- **HIPAA Compliance**

### ***Operational Inventory Controls***

*(see also: 'Inventory Control and Compliance'; Section C: Non-Diversion; Security)*

- Only the Licensed Dispensary will have authority to initiate purchase orders for product
- Only Administrators may authorize purchase orders and product procurement to be carried out by the Licensed Dispensary
  - Employees shall notify their supervising LD immediately upon discovery of need for re-stocking or purchase of products
- Only owners may authorize payment for purchase orders

- The Licensed Dispensary must be responsible for product receiving & inventory input

### **RFID COMPLIANCE**

RFID shall refer to CT State pharmacy/drug tracking identification and producer/internal package number information

- *The LICENSED DISPENSARY is responsible for ensuring RFID tag (rfid) compliance*
  - *Accepting, rejecting, or completing packages in the CT State tracking system interface*
  - *These tags must stay with original packages throughout storage / use*
  - *Products must have the corresponding RFID (CT State/ pharmacy/drug tracking number) information printed and affixed along with the package / batch information*
  - *Corresponding tag numbers are also to be used for batch information, as well as additional product details/description*
- *Batch information, package numbers/information, and RFID tag numbers must correspond in S2S / POS, RFID, and on physical packages, other inventory, and pre-packaged 'lots' being stored in the vault*
- *RFID scanners which meet CT / best practice and equipment mandates and are synced with the inventory control (S2S/POS) and State reporting portal systems will be implemented upon product receiving/verification and at point of sale locations to ensure accurate data entry and efficient processing*

### **Authorization and Responsibility**

(see also: 'Inventory Control and Compliance')

The Licensed Dispensary will be responsible for authorizing, creating and/or verifying;

- Inventory assessment and compliance assurance (overall quantities on-hand, initial, ongoing, regular audits and reporting internally and externally)
- Purchase orders/invoices
- Delivery manifest
- Product delivery specifications
- Receiving, verifying product being delivered and accepting or rejecting items, etc.
- Inputting data into inventory control & RFID programs
- Ensuring accuracy of RFID information and inventory control labels/information
- Ensuring that RFID information stays with each batch throughout storage
- Adjusting inventory between back-stock & shelved-stock
- Transferring product between back-stock and shelves
- Shelving product
- Storing back-stock in vault
- Returning products to the vault upon closing each day
- Securing inventory control info to applicable shelved items
- Determining/assigning shelf position
- Logging purchase information in the POS/S2s/State reporting portal
- Printing & filing of signed/acknowledged copies of manifest, invoice, and purchase order

Licensed Dispensary is responsible for:

- designating starting / finished products
- proper accounting through S2S / POS / State reporting portal
- designating starting / final quantities
- verification / accounting / labeling of final product

### ***Product Shelving***

Product is 'shelved' according to quality & potency relative to the strain / product, and priced accordingly as per grade A B, or C. concentrates, edibles, topicals, etc.

- The Licensed Dispensary shall:
  - Ensure that the S2S / POS system reflects current menu pricing set by the management
  - Ensure that the menus are updated daily
  - Ensure that producer and dispensary labels are printed and affixed to products accordingly
- Display cases are to be unlocked at opening, and locked during closing hours
  - a) Displays are accessible only from the back / employee side
  - b) Applicable Cannabis products are to be removed from the vault and placed within the display upon opening, and removed from displays and secured in the vault by the LD upon closing
- Keep displays clean using non-toxic cleaner
  - a) Only clean at appropriate 'down times' and at closing time
- Place products/stock in a well-organized, aesthetic fashion
  - Vertically by shelf / quality, and horizontally by category (Indica, Sativa, Hybrid, etc.)

### ***Handling Process: (Licensed Dispensary and LD-Supervised Technicians***

- Always use TWO (2) (BOTH) hands when retrieving products to fill an order
- Be aware of your surroundings
- DO NOT DROP PRODUCT CONTAINERS
- Handle just one product at a time, until it is labeled and prepared for final sealing
- Be aware that Patients may try to steal unattended products

- Never place more than 1 product at a time in front of you, or the patient
- Do not turn your back to the patient
- Place products waiting for exit packaging behind your POS station, or on the shelves beneath your station until the patient is ready to finish the transaction
- Do not leave any products unattended
- It is never acceptable to open sealed product containers within the facility
- Never let a patient hold any products until they are in final exit packaging, after the transaction is complete
- DO NOT DROP PRODUCT CONTAINERS

### ***Standard Weights***

Based on grams, ounces and pounds:

- 1 gram = 1 gram
- An eighth (1/8) of an ounce is 3.5 grams
- A quarter (1/4) ounce = 7 grams
- A half (1/2) ounce = 14 grams
- 1 ounce = 28 grams
- Four ounces = Quarter pound = 112 grams (QP)
- 8 ounces = half pound = 224 grams (HP)
- 16 ounces = pound = 448 grams (P / Unit / LB)

### ***Product Safety***

- It is never acceptable for any person/employee/admin to open 'Batches' 'Lots' or any sealed product packaging for display, sample, diversion, or other purposes
- The LD shall inspect product for molds, mildew, expiration dates and other issues (as is reasonable within pre-packaged producer containers)
- Any product that may be spilled from producer packaging, or found to have other issues by a Patient (mold, debris, seeds, etc) must be reported, logged, and stored in the vault by the LD for return

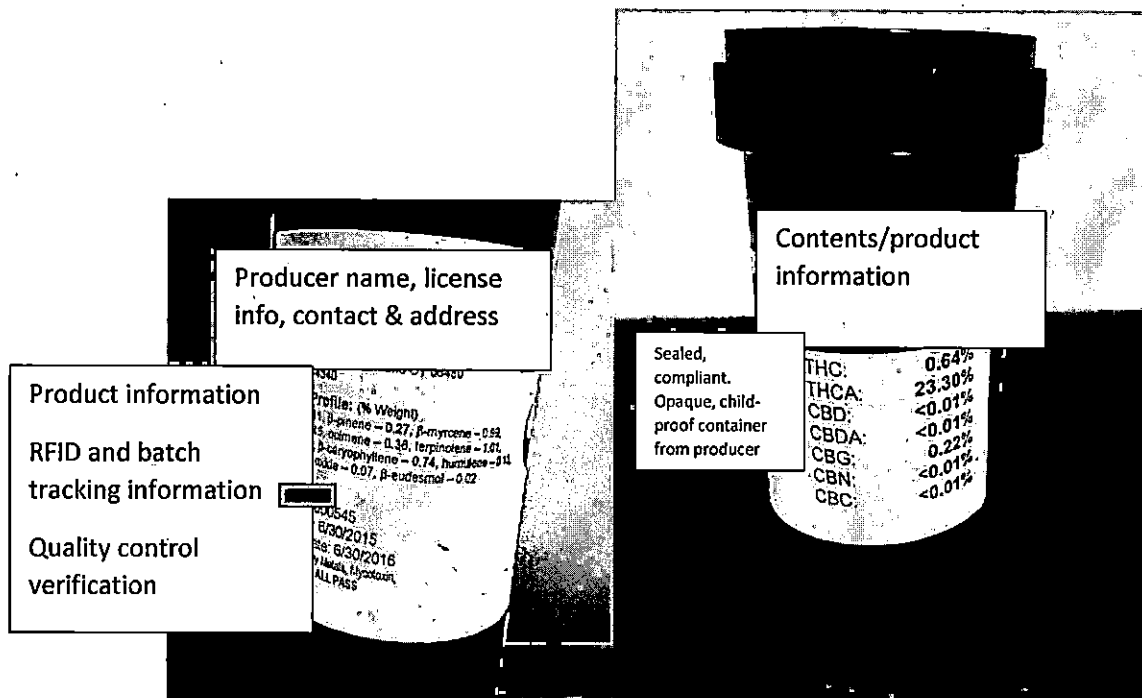


to the producer, reporting, arranged pickup, and  
eventual destruction

See also: Cannabis 101 patient and employee information & educational  
materials for product safety and information

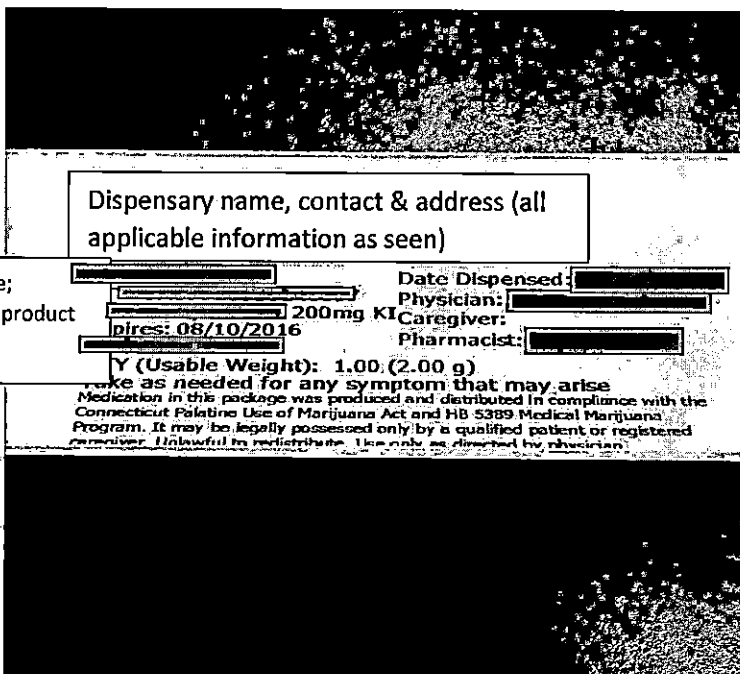
Products must be labeled (and producer shipments) verified accordingly:

- Pre-packaged containers will be initially labeled by the  
producer; and include the following information:



- Dispensary/Patient labeling will be completed through the  
S2S/POS prompts by the LICENSED DISPENSARY

- Items that have been sold are to be labeled at the point of sale by Licensed Dispensaries or technicians under their direct supervision
- LD/tech shall select products / quantities and enter applicable information into the S2S / POS prompts
- Once the sale has been finalized, print an appropriate label using the prompt in S2S / POS, compliant with Connecticut State regulations and showing the following:



Dispensary name, contact & address (all applicable information as seen)

patient name; tracking and product information

Date Dispensed: [redacted]  
Physician: [redacted]  
Caregiver: [redacted]  
Pharmacist: [redacted]

[redacted] 200mg KI  
Expires: 08/10/2016

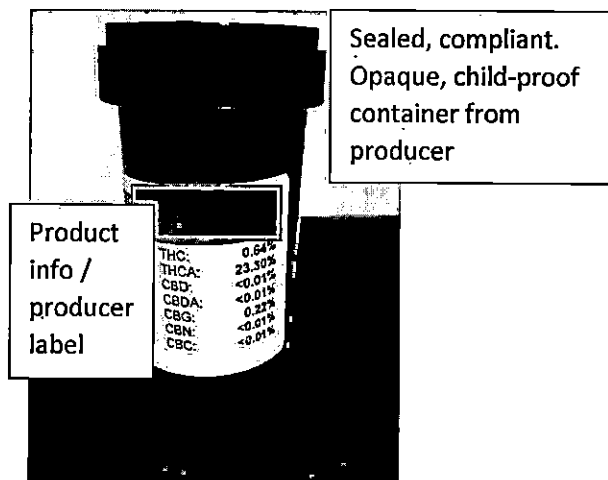
Y (Usable Weight): 1.00 (2.00 g)  
Take as needed for any symptom that may arise  
Medication in this package was produced and distributed in compliance with the Connecticut Patient Use of Marijuana Act and HB 5389 Medical Marijuana Program. It may be legally possessed only by a qualified patient or registered caregiver. *Unlawful to redistribute. Use only as directed by physician.*

- Label each container as soon as you fill the order using the S2S / POS 'print label' prompt
- DO NOT CONFUSE / MISLABEL PRODUCTS

### ***Packaging***

Marijuana products must be:

- Kept in their sealed, appropriately labeled, opaque, child-safe vial (or compliant edible / concentrate packaging) as provided by the producer.
- LD must verify accurate producer labeling and packaging compliance along with QA/QC and general product/shipment accuracy




All purchased products must then be placed within a secondary 'exit' package and accompanied by the purchase information / receipt to ensure it is not opened until that patient reaches their destination

- (Paper or plastic (retail style) bag; locking CRREO or ASTM bag)
- Receipt is to be stapled to the exterior, or placed inside of the exit package

## Receipt

- Upon closing the sale, Licensed Dispensaries will print (following S2S / POS prompts) & affix the receipt to the exterior of the package upon sealing it
  - Licensed Dispensaries will affix receipt to the exterior of the package or place it inside exit packaging
- Receipts must contain: purchase information (quantity, cost, tax, change given); time & date of sale; and Releaf Recovery contact information

|  |                        |       |
|--|------------------------|-------|
| Dispensary name, contact & address   |                        |       |
| Date: 09/15/2015 12:33 PM  |                        |       |
| Product  | Quantity               | Price |
| product  | E 200mg KI<br>Discount | \$    |
| Subtotal   |                        | \$    |
| Tax  |                        |       |
| Total  |                        |       |
| Tendered   |                        |       |
| Change   |                        | 0.00  |
| Thanks for using us and we hope you come back soon!<br><br>Tracking / unique purchase information |                        |       |

## Product Loss and Waste Logs

Example: The licensed dispensary retrieves a sealed product container, accidentally drops it onto the floor, and then accidentally steps on it while

attempting to retrieve it- crushing the plastic vial and spilling product onto the floor

The LICENSED DISPENSARY shall:

- Make note of the strain / item, and identifying information, place the original packaging along with the product in a sealed, empty container, and place that on an open shelf within the vault in a position that is easily visible by cameras above
- The Licensed dispensary shall notify the producer, the CT DCP, and log information accordingly both physically and in the S2S/POS system as well as the State reporting portal (as applicable) and await producer diligence, reporting, and pickup coordination
- Persons shall not put waste product back in the container, into a patient's order, or keep it for themselves. This will be considered theft and/or diversion, and will result in termination, and criminal action
- Pharmacy technicians (or any employee) must immediately report waste to the Admin and their supervising LD should they observe or cause any waste

Waste logs are to be:

- Maintained by the LD
- Completed accurately
- Regularly updated
- Reconciled in S2S / POS / RFID reporting portal by the licensed dispensary (LD) as soon as possible

Waste containers are to be:

- Clearly marked
- Sealed at all times
- Kept within the vault

- Reconciled / cross-referenced with waste log, and returned to the producer to ensure non-diversion

### ***Sales/POS Protocol***

(Licensed dispensary and supervised technicians)

See also:

Operations: Display and Consultation | Policy and Procedure:

Customer Service

Operations: Packaging, Labeling, Receipt, Cash Handling

- Initiate orders in the 'Sales' tab for applicable, checked-in patient
- Employees are only to log in under their designated account
- Ensure that the active / checked in Patient name matches the Patient purchasing
- Select the applicable product / quantity in the 'sales' tab in S2S / POS
  - a. Certain items may be scanned using the provided hand-held scanners
  - b. Other items may need to be found alphabetically, or categorically in S2S / POS – Sales tab
- Print and affix secondary (dispensary) label onto each item after you enter it into the sale
  - a. Only retrieve/label one (1) product at a time
  - b. Keep items out of reach from patients while filling orders and using the POS system
  - c. Do not turn your back on patients while product is on the display counter
- Enter the exact weight(s) / categories / products dispensed into the sales prompt

Once dispensary labeling is complete:

- verify the total amount due, and any coupons / discounts applied
- receive patient cash
- select, then enter the cash received into the prompt
- print receipt
- return any change due
- follow prompts to complete the order
- Verify each product, and the receipt with the patient and place the purchased items in a compliant exit package and complete the transaction
- Affix or deposit the receipt into the exit packaging and give to patient
- always end transactions with a happy and positive attitude- encourage patients to return

### ***Compliance Limits***

#### Patient Limits

- 2.5oz. per 30 calendar days maximum sale limit (including flower, concentrates, edibles, etc.)
- Patients may be recommended **less** than the State maximum by their physician- be conscious of patient limits and prompts within the S2S/POS system

Sales begin and cease at:

- 10am and 6pm Mon-Thurs
- 10am -8pm Fri
- 10am – 2pm Sat
- Sun-Closed
  - Any changes in operating hours will be communicated by the Admin / Management

### **Additional Policy and Procedures: Inventory Control and Compliance**

#### **Inventory: Control and Compliance**

#### ***ACKNOWLEDGEMENT***

Releaf Recovery' is to consistently maintain a controlled, compliant inventory system. This is achieved through proper dedication of infrastructure, procedure, and diligence.

### **Definitions**

- CT DCP: Connecticut Department of Consumer Protection: Marijuana Enforcement Division and State Pharmacy Tracking and Reporting Portal
- QA: Quality Assurance
- Management: Licensed Dispensary serving as the Dispensary Manager
- LD: Licensed Dispensary
- CO: Compliance Officer (Licensed Dispensary serving as the Dispensary Manager)
  - 1 Licensed Dispensary shall serve as the 'Dispensary Manager'
- Owner(s): Administration
- Inventory Control System: Seed to Sale / Point of Sale (S2S / POS)

(continued on next page)



**Policy:**

Procedures, policies, responsibilities and controls shall be followed as directed herein

***Access Control***

- Only LICENSED DISPENSARY(S) will have access control to 'vault' and product areas containing bulk product, and clearance to remove / transfer inventory physically and/or digitally.
  - Pharmacy Technicians are only to enter these areas under the discretion and direct supervision of Licensed Dispensary.
  - Only pre-approved, verified (by admin) service or regulatory visitors may enter the vault, and only with Licensed Dispensary escort
  - Only the Licensed Dispensary is to have access to vault door / cash safe combinations or keys
  - The vault door must be kept shut and locked at all times
    - i. **Ensure that employee doors leading into the product-room and/or office are locked at all times**
  - The cash-drop safe is to remain closed/locked at all times
    - i. Only Licensed Dispensary may remove cash, and log accordingly with administrative authorization
  - it is the responsibility of the Licensed Dispensary/Management to ensure that every door, including the vault door is secured at all times and upon closing each day

***Product and Purchases***

- Only LICENSED DISPENSARY shall be authorized to receive, and / or request purchase of inventory:
  - only Admin. may authorize an inventory purchase
- No person, at any level, is to remove, borrow, steal, or receive any inventory or funds for reasons other than explicitly directed company use, nor are they to purchase or receive inventory which is not properly accounted for in both CT STATE PHARMACY REPORTING PORTAL and the internal control system.(currently BioTrack THC) DOING SO SHALL BE CONSIDERED THEFT AND/OR DIVERSION; IS MEANS FOR TERMINATION; AND SHALL BE PURSUED CRIMINALLY/LEGALLY
- No person at any level is to purchase, receive or remove inventory without proper accounting through S2S / POS / CT State pharmacy reporting portal, and without Licensed Dispensary approval and oversight. DOING SO SHALL BE CONSIDERED THEFT AND/OR DIVERSION; IS MEANS FOR TERMINATION; AND SHALL BE PURSUED CRIMINALLY/LEGALLY
- No person is to purchase or contribute to the purchase of product for personal use using company funds. DOING SO SHALL BE CONSIDERED THEFT AND/OR DIVERSION; IS MEANS FOR TERMINATION; AND SHALL BE PURSUED CRIMINALLY/LEGALLY
- Any purchases by owners/Licensed Dispensary./staff, or any personal product possessed is not to be kept at, and must be immediately removed from the facility
- Licensed Dispensary will be responsible for comparing / evaluating quality and price-point vs. product which is currently in stock, or that has previously been purchased

- Employees will have a 30 day training period in order to learn and adjust to these policies/procedures, after which they will be expected to know and abide by fully, and expect a review from the Management to demonstrate this knowledge

***Promotions/Discounts (with regard to inventory control)***

- Only Administrators may create and authorize promotions / discounts, based on compliance, compassionate needs/use programs, successes and product scenarios
- Only Administrators may activate / remove coupons. Employees are not authorized to circumvent or override, and are to notify LD/MANAGEMENT immediately if system does not accept or respond to coupons during sales transactions
- All promotional data (why/how patients found or visited Releaf Recovery) is to be tracked manually using the applicable logs/receptionist protocol. These reports shall be the basis of future promotions, research elements and product analysis
- No person is to receive or use an un-approved discount, multiple discounts not authorized specifically by Admin/Management, or use, create, or receive an un-traceable coupon or discount. Doing so shall be considered as theft and/or diversion (or accessory to) and pursued criminally/legally
- Creating / using, or having previously created / used any discount which is untraceable, or which does not appear in the reporting engine is a terminable offense, and shall be considered as theft and/or diversion (or accessory to) and pursued criminally/legally

***Responsibility to notify:***

All persons are to immediately report discovery and/or knowledge of any discrepancy, diversion, internal theft, abuse, untraceable / unauthorized use or sales, etc. to LD / general management- should LD or management be responsible for the issue, report directly to Owner(s). Failure to report abuse shall be considered as accessory to theft/diversion; grounds for termination; and pursued legally/criminally

***Purchasing: (Internal, from producers)***

Only the Licensed Dispensary is authorized to initiate purchase orders and requests-

Only Administrative members may authorize the execution of purchase orders to purchase / procure product

- Licensed Dispensary will implement a trial period (upon admin approval) of sales for new product types/ new products, unless otherwise instructed, or if that product is in immediate need.
- Trial period wholesale orders are not to exceed \$5,000.00 unless otherwise directed
- Sales activity / demand for new products is to be monitored and noted with the vendor file
- Only LICENSED DISPENSARY may receive, verify and sign for product shipments

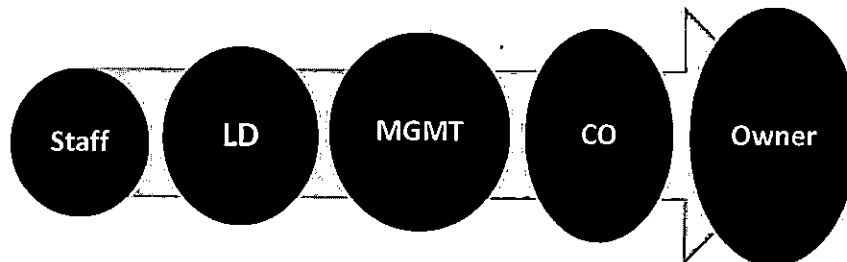
***Chain of command and responsibilities***

Inventory compliance is ultimately the responsibility of the Licensed Dispensary (the 1 'Dispensary Manager' who shall serve as Compliance Officer (CO))

This includes:

- monitoring and communicating mandates for product/inventory levels based on numbers of Patients
- shelving of appropriate product types / potencies

- required state information submission
- internal oversight, repair or training timelines, accuracy and approval
- It is CO responsibility to regularly check for errors, and to carry out training / education to General Management, technicians, and LICENSED DISPENSARY(S).
- The compliance officer is to report to the owner(s), and communicate issues to, and resolve issues with general management.
- Licensed Dispensary is to regularly monitor inventory levels, reconciliation & waste logs, discount usage, S2S/POS reports, and CT STATE PHARMACY REPORTING PORTAL with regard to information submission and compliance.
- LICENSED DISPENSARY is responsible for data entry & submission re; purchase orders, transfers, sales reports, inventory tracking, orders, etc.
- On-Site Product Manager(s) (LICENSED DISPENSARY): are responsible for day-to-day inventory needs, restocking, and notifying Administrators/Owners and CT DCP of product needs / reorders, and/or any discovered discrepancies.
- Licensed Dispensary is to procure product, and ensure quality control as well as price-point evaluation based on cost, quality, and patient needs.
- Dispensary Manager (LDs) are responsible for carrying out reconciliations/audits
- The compliance officer is to be responsible for ensuring these take place on a regular schedule (weekly/monthly) and that information is complete, accurate, and uploaded to state agencies.
- All Employees/Licensed Dispensary/Officers/Owner(s) shall be responsible for ensuring product control & loss prevention within their applicable station and/or facility, and with regard to patients and other team members
- LICENSED DISPENSARY is responsible for ensuring that applicable labels, RFID tags, and corresponding information is stored with, and/or affixed to applicable product / containers



### **Procedures**

The following measures shall be taken to ensure inventory maintenance. Some are detailed accordingly with applicable charts

#### ***Purchasing/Ordering:***

- Needs Assessment- LICENSED DISPENSARY will be responsible for understanding and/or executing:
  - current product levels and conducting daily, weekly, monthly, and quarterly audits
  - current market trends: with regard to new products, competing promotions, Patient needs, etc.

***Re-ordering product / predictive metrics:*** consumption rates and scheduling reorders- product depleted to a minimum of 40-50% (of bulk) is to be re-ordered / re-stocked so that the new shipment will arrive before it is completely depleted.

- Timing of re-orders is based on producer timelines- which must be clarified, with the average turnaround time then noted in the vendor file by the Relief Recovery Licensed Dispensary who is placing the order after receiving authorization from administration.

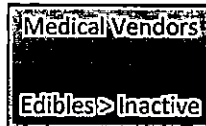
**Vendor Relationships:** are to be established and/or maintained, and on a consistent basis. Be friendly, and attempt to build rapport with all vendors.

- Should an issue arise with a vendor, DO NOT argue, reprimand, or otherwise put the relationship in jeopardy.
- Document the issue, and relay to Management.
- Management will then be responsible for resolving the issue, or if negative action / resolution is required, reporting to Administration (OWNER) for instruction.

**Product / Vendor Information:**

Is to be logged and filed accordingly.

- File vendors separately for each product category (edibles; flower; concentrates, etc) using separate folders / divided sections
- There are to be two (2) vendor file types per category: active and inactive



**Supplier Details-** include at least the following:

|                              |  |
|------------------------------|--|
| Contact                      | (company and representative) & address information |
| Menu / pricelist             | (or other cost) info                               |
| Average time between orders  | and average order quantity                         |
| Average turnaround time      | and Courier availability / window                  |
| Active vendors also require: | CT DCP License Information / Images (scan/photo)-  |
|                              | W-9 information                                    |
|                              | Business / Corporate License Information           |
| Product Information          | Invoice(s)   |
|                              | Manifest(s)  |
|                              | Test Results                                       |
|                              | Ingredient Template(s)                             |

**Quality Assurance / Evaluation:**

- Licensed Dispensary will be responsible for comparing / evaluating quality and price-point vs. product which is currently in stock, or that has previously been purchased based on potency/screening results, demand, compassionate needs/use program etc.

**Purchasing Tools**

- Cash in Hand- only Owners may authorize, and only Licensed Dispensary may release funds from the cash safe; document with a petty cash invoice, as well as the petty cash log; and reported in the weekly/daily reports, and S2S/POS



- Invoicing / Checks- may only be authorized by Owners/Admin
- All purchases require: Authorization; Purchase order; manifest; invoice; payment; logging and reporting of activities

### ***Accounting***

All receipts, invoices, sales reports etc. are to be delivered to the Accounting Department (book-keeper) upon execution/completion

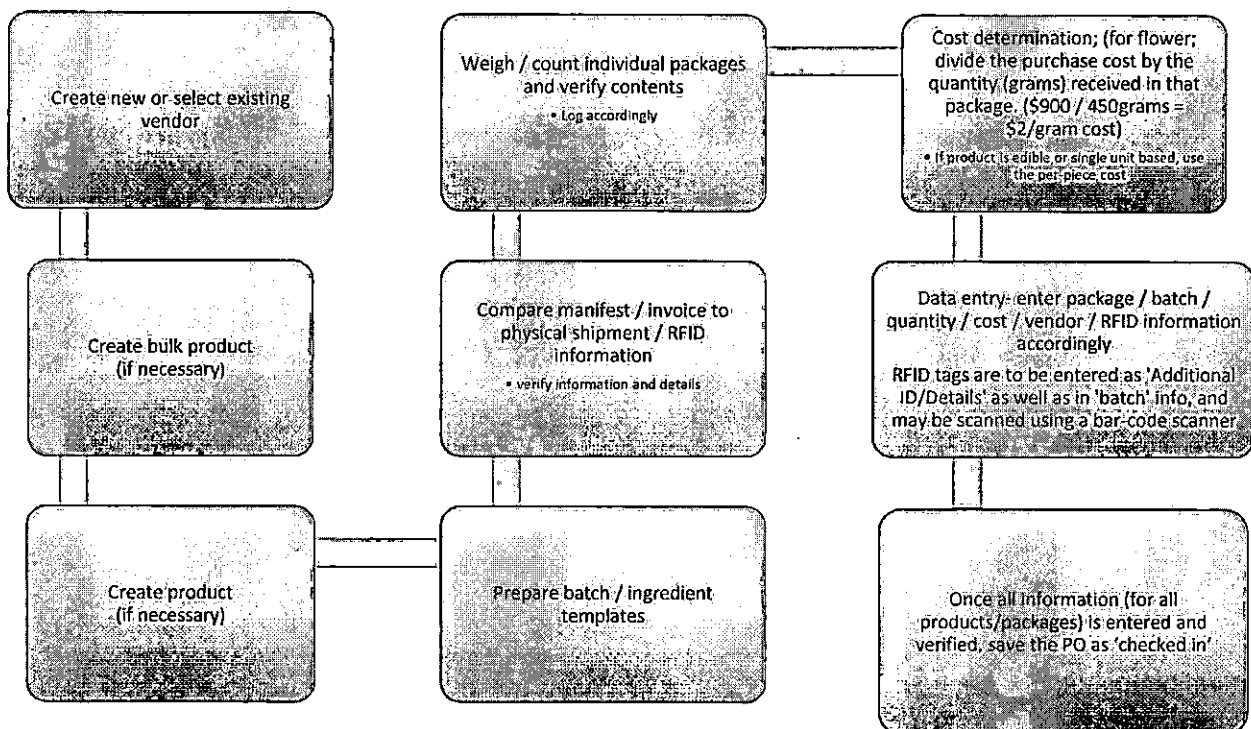
Book-keepers must enter data accurately and in timely manner as per their job description and active duties, and report to Admin as scheduled on a regular basis

### ***Receiving:***

- Invoices/Manifests: are to be obtained, and completed / signed by Licensed Dispensary upon delivery, and filed / reported by Licensed Dispensary
- Couriers- Licensed Dispensary is responsible for verifying shipments, product quantities; types; potency; expiration dates, and pricing
- Purchase orders: Upon product receipt, LICENSED DISPENSARY is to create a purchase order in the following manner through the inventory control system (S2S / POS).
  - PO's may be initiated prior to receiving, however should not be finalized (saved as 'checked in') until products are verified and logged manually.

- **\*\*Save PO information after each 2-3 product additions to avoid timing-out, repeated data entry, and/or loss of information.\*\***
- Licensed Dispensary is responsible for state inventory compliance functions and reporting
  - (see 'Compliance mandates and inventory control' below)

**PURCHASE ORDER PROCESS (Physical / S2S / POS)**



### ***Compliance Mandates and Inventory Control***

- CO is responsible for identifying and communicating compliance mandates and/or issues to the Management and Licensed Dispensary, as well as ensuring/verifying that issues are resolved, and necessary reporting has occurred
- CO/Management/LD's are responsible for ensuring regular review and training for all staff members
- Only the LICENSED DISPENSARY is authorized to perform CT STATE REPORTING PORTAL operations, and may only do so through their personal portal, on-site
- Licensed Dispensary is responsible for state inventory compliance functions and reporting such as:
  - Receiving- checking in packages digitally and producing 'hard-copy' files of purchase orders, manifests, invoices, etc. after verifying ID numbers, products, and quantities
  - Reporting through internal and CT STATE REPORTING portal after verifying ID numbers, products, and quantities
  - Packages- monitoring that package info has been correctly entered, and that package identification numbers are being depleted which correspond to the active (on-shelf) product

***Data Uploads-*** Daily sales reports must be uploaded after closing hours each day, and done in the following manner:

- Update for that day through (S2S / POS) from the reports > daily sales tab
  - Expand any columns as necessary to view data
- Save in the following format: Month – Day – Year (12-13-2014)
- Upload into CT STATE REPORTING portal through the 'uploads' or 'reports' tab
- Ensure that upload happens successfully

- If it does not: open the details on the CT STATE REPORTING PORTAL upload screen
- Verify problematic package / CT STATE REPORTING PORTAL ID / RFID numbers vs. Additional ID/Details information in S2S / POS
- Update and save in S2S / POS
- Update / refresh your browser, and repeat this process from step 1
  - i. If this fails to resolve the issue- contact the Compliance Officer immediately

**Inventory Control Mandates:**

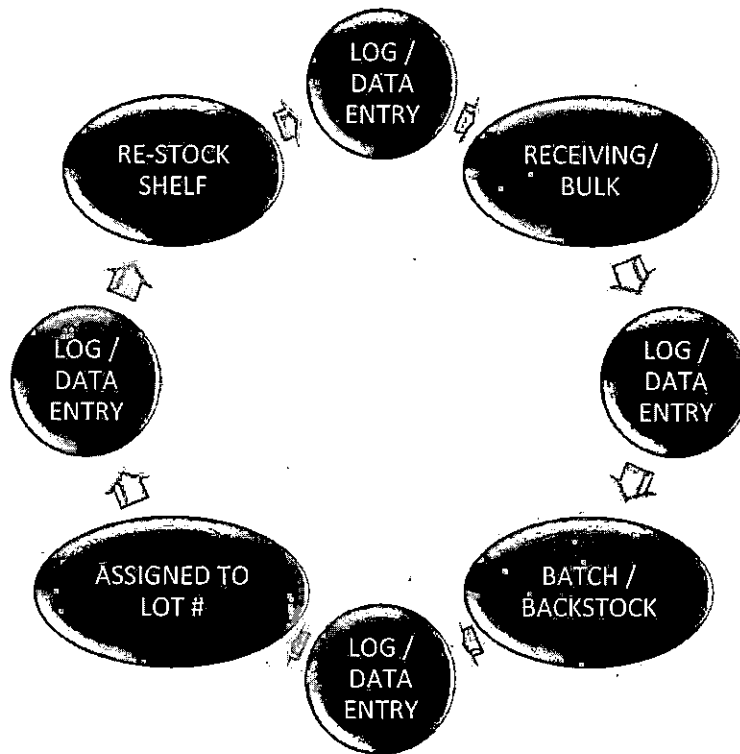
Only the LICENSED DISPENSARY may:

- Transfer product to/from vault or product rooms physically or digitally
- Re-Stock Live Inventory- and must:
  - Perform re-stocking off of the sales floor, in a secure area
  - Ensure packages / quantities are verified and logged
  - Adjust inventory digitally
  - Labels are accurate and affixed accordingly
    - Ensure that the package number, RFID numbers, and all applicable information is correct
- Convert Live Inventory (on-shelf) vs. Bulk Inventory (inactive/in storage)
- Complete 'Waste Logs'- to be performed by LICENSED DISPENSARY
  - Waste containers are to be sealed and locked in the vault
  - Licensed Dispensary must account for, store and schedule return of waste materials as per 'Policy and Procedure: Operations
  - Employees must immediately notify Licensed Dispensary and Management of all product incidents/loss

- Perform Reconciliations: Reconciles/audits are to be done weekly of all inventory. LICENSED DISPENSARY is responsible for performing duties
  - Remember to double check package/RFID numbers, as well as product info
  - Log all info/quantities accordingly
  - Complete audit / 'reconciliation' via S2S / POS portal
- CO is responsible for ensuring accuracy, and that any compliance related data uploads to CT State reporting portal, or other measures occur successfully

(continued on next page)

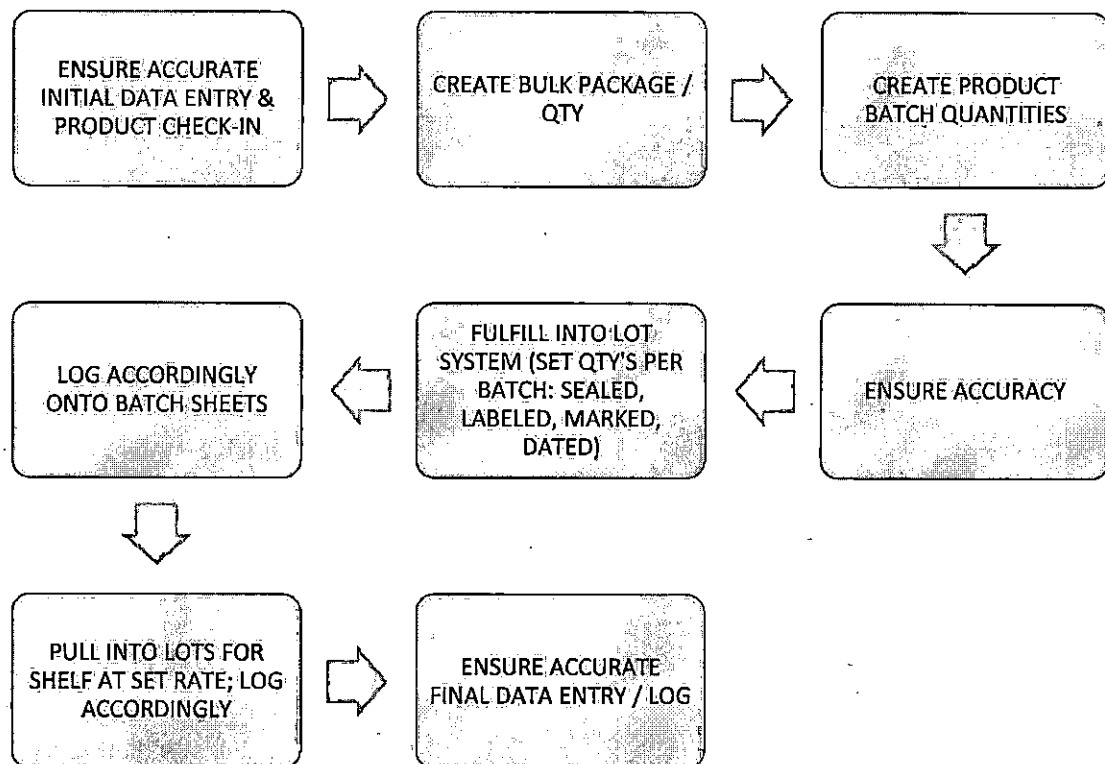
### INVENTORY CONTROL & DISTRIBUTION VISUAL



#### *Pre-package breakdown example (from producer)*

- these are sample quantities only- determine actual quantities based on current producer availability

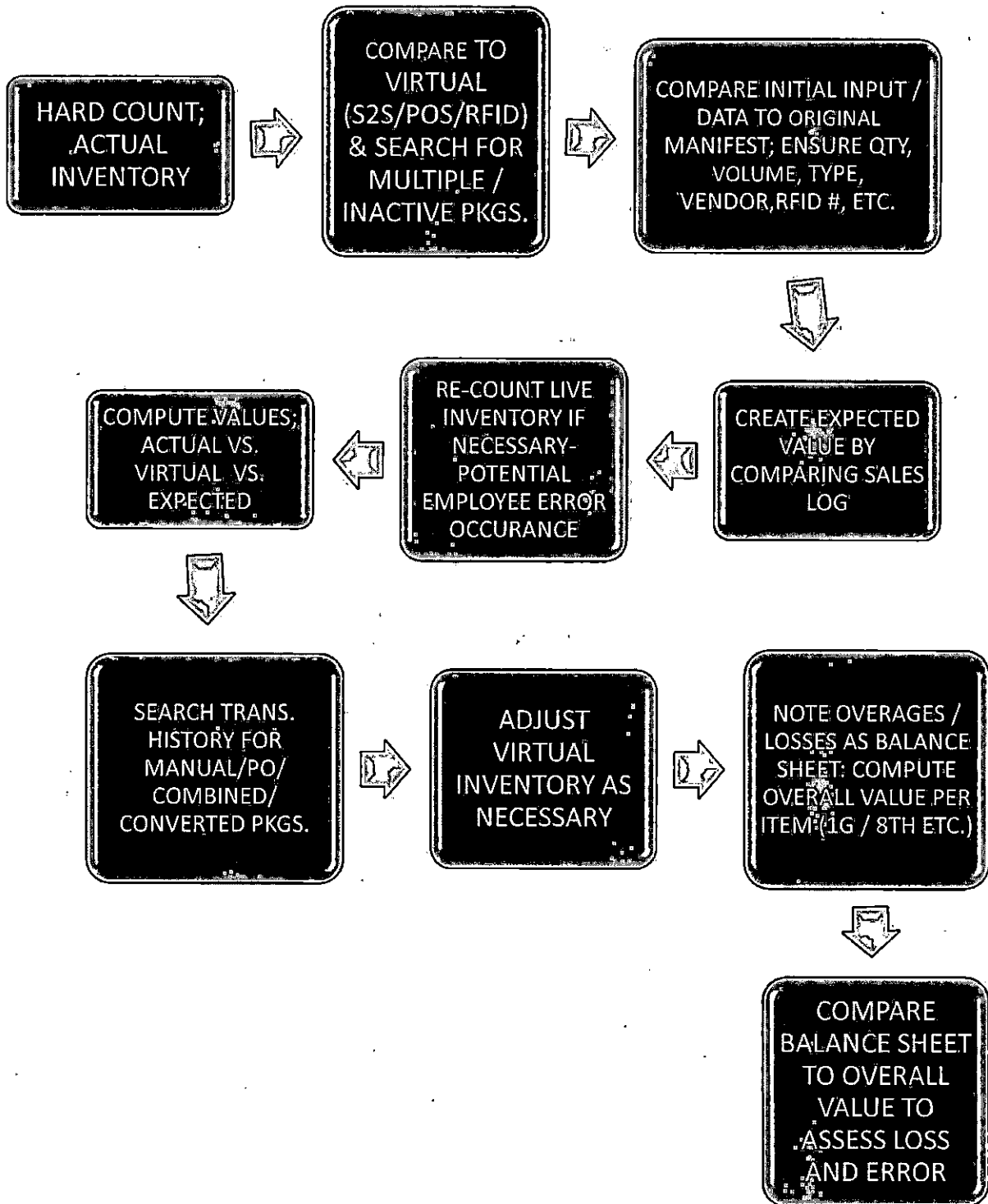
|                             |
|-----------------------------|
| 450 grams of 'Sativarin BD' |
| •450 grams                  |
| •Broken down into:          |
| •112 grams                  |
| •32 @ 3.5grams (1/8oz's)    |
| •16 @ 7 grams (1/4oz's)     |
| •8 @ 14 grams (1/2oz's)     |

**BULK / BATCH / LOT / SHELF**

The LICENSED DISPENSARY is to:

- Convert only as much Bulk inventory as needed for a week's worth of sales (estimated)
- Bulk inventory is stored to the safe/vault
- All products are stored accordingly/separately in the vault upon closing each day and replaced upon opening.
- Verify quantities / volumes and log accordingly.
- Perform/oversee daily count, and are responsible for discovering discrepancies and log all information accordingly
- Performing regular/scheduled audits of inventory and compliance assurance

**Loss Assessment vs. Data Entry Errors**





**Contingency Planning:**

- In event of a robbery- activate the panic alarm, secure the team inside the vault, and lock the door- then call the police and wait for their arrival
- Protecting the team begins with securing employee doors- **ensure that all employee doors are locked at all times**
  - If you are trapped in a hostile area- cooperate completely and wait for police to arrive
  - See 'Security and Safety' Policy and Procedures for full safety and contingency planning
- Should S2S / POS, RFID/ CT State reporting portal, power or internet etc. fail: contact the service provider immediately, as well as the administration and resolve immediately. Wait for direction from Admin regarding continuing sales
  - Should the issue create un-safe or non-compliant circumstances, sales will be ceased and the store closed upon instruction from administration
  - If no Licensed Dispensary is present- no transactions or product handling will take place, and the facility will be closed
    - In the temporary absence of the LD, the product areas and vault will be secured and monitored for entry (to ensure no persons may enter) as per CT regulatory statutes and Releaf Recovery operational protocol (see also: Section C; P&P: Security; P&P Facility procedures
  - LD and Management are to complete and file an incident report immediately in the event of any aforementioned circumstance
- **Sensitive Information Controls-** Sensitive related materials such as personal information and IT components will be allotted for by an active director, with adequate backup storage, and a

secure housing within the facility as per **Sec. 21a-408-49**, and **as reiterated here**

## **Policy and Procedure: Sensitive Information and Data Entry**

### ***Overview***

Releaf Recovery uses software (Seed to Sale / Point of Sale) which tracks all sales, Patient details, Cannabis and related products / accessories. The software also captures each user's activity, allowing for a comprehensive reporting process. The Compliance Officer (C.O.) will be responsible for ensuring accurate data entry (beyond the responsibilities of the Licensed Dispensary and other key employees), data security, Patient confidentiality, HIPAA compliance, and information privacy.

- Administration/Management will determine the access profile for each user
- Employees will not have access to reports, administrative functions, inventory control, or accounting functions- Only the licensed dispensary and administration/management shall have access to this information
- All persons must only use their dedicated login
- All persons must enter information accurately, and only perform tasks they are assigned
- All Employees/Management/Administrators hereby acknowledge that their dedicated accounts, user actions, transaction logs, etc. will be monitored and regularly audited by Admin/Management, and that they will adhere to all accuracy, privacy, confidentiality, HIPAA, and security requirements as per CT State, Federal, and best practice mandates

### **Electronic Data Entry**

- Key Employees (licensed dispensary and pharmacy technicians)/Management must complete Seed to Sale / Point of Sale / CT STATE PHARMACY REPORTING PORTAL training programs as per direction of the Management/Admin, and perform their necessary functions as per their 'training timeline'

- Reception employees must complete data entry, patient verification/identification, and Patient information systems training
- Management/Pharmacy Technicians/Licensed Dispensary must learn how to properly use, assign, label, and otherwise track all products within these systems
- Admin/management is to ensure that all records remain private and confidential as per HIPAA statutes and best practices
- All persons must enter applicable data accurately and privately

### **Legal Information**

- Employees will be briefed by the Admin and/or Management on State laws/regulations regarding Marijuana, as well as provided with required information regarding general employment and human resources
- This information is also to be made available within the Manager's office, and to Employees at any time

### **Non-Diversion Deterrent**

In addition to standard controls, in the event of: suspicious activity, witness report, or other cause for scrutiny- the number of patients each day into the product area will be compared to the overall number of purchases; any non-coinciding events, cancelled purchases, unauthorized entries, missing product, etc. will be reviewed via video footage, and applicable Employees will be reviewed

- If patient is found to have made purchase through a Releaf Recovery employee illegally, or to have stolen or improperly received any item, sample, cash, etc.

The patient (and / or employee- based on involvement, multiple documented offenses, and/or gross negligence) will be:

- Terminated immediately

- Permanently barred from future activity
- Subject to criminal / legal action and reported to CT DCP immediately

### **Quality Assurance and the Reporting of Dispensing Errors**

- Employees/Management are to be trained for their roles in the Seed to Sale / Point of Sale / CT STATE PHARMACY REPORTING PORTAL systems, as well as in quality assurance, customer service, product safety, and protocol as per the applicable subsections of this manual
  - i. Additional 'cross' training (physical and digital) is available for those wishing to be promoted, or who wish to fulfill a different role (or multiple roles)
- Employees must notify LD/Management and/or Administrators immediately should they discover an error, or that a fellow Employee/Manager has failed to report an error
- An Administrative / Managerial review process will take place following a dispensing error
- Admin (Compliance Officer)/Management will be responsible for resolving / reconciling issues and inaccuracies in a timely, compliant manner
- Continual or severe errors will result in documented offenses, and/or termination of employment

### **HIPAA COMPLIANCE**

- Releaf Recovery Employees are expected to follow any and all HIPAA statutes, and always maintain sensitive Patient information / records confidentiality and compliance. This also applies to digital / software system usage
- See <http://www.hhs.gov/ocr/privacy/hipaa/understanding> for additional details and information
- Management/Admin/LD is responsible for understanding these statutes, communicating them to Employees, ensuring that they are followed, and reporting any violations
- Employees must immediately report any violations they performed

- or witnessed to Admin / Management
- Releaf Recovery Employees are expected to follow any and all HIPAA statutes, and always maintain sensitive Patient information / records confidentiality and compliance. This also applies to digital / software system usage

### **SENSITIVE INFORMATION**

- Employees/Management/Licensed Dispensary will often possess or contact sensitive information including (or not including) Patient /medical files; Patient or company financial information; company information, strategies or records; or other personal / private information
  - Employees / management must protect the confidentiality of this sensitive information, and are prohibited from releasing it to any persons outside the company, or with any non-pertinent Employees in order to perform their duties.
  - Employees / Management / Administrators are responsible for their actions- failure to comply with confidentiality requirements will result in documented offenses and/or termination
- 
- **Personnel Protocol-** RR is employing stringent personnel protocol as well as point of sale software which maintains current dispersion quantities for all individual Patients, so as that they cannot purchase more than 2.5 ounces per calendar month as per) Sec. 21a-408-38. This allows for up to date tracking of allotment, returns, history, etc. also allowing for fuller, enriched care to be provided based on actual patient usage and reflective benefit data. Stringent destruction / disposal protocol will be implemented as per Sec. 21a-408-64

### **Security Plan Details:**

Security is of utmost importance to Releaf Recovery (RR) concerning the facility, staff and patients, but also our neighbors, nearby businesses, and vendors. Every measure employed is in direct correlation with Sec. 21a-408-51 as per CT statutes. Categorical controls include video & image, physical security elements & preventative measures, motion and access controls, lighting elements, and all criteria addressed in CT RFA Sec. 21a-408-49, 50, and 51 respectively.

### **Access Control: Reiteration and Additional Details**

Another key element in preventing the loss, theft or diversion of Cannabis is our facility access control policies, procedures, and physical features as outlined in **Section C-3, and the accompanying Policy and Procedure Overview: Access Controls.**

Additional means of security and operational fortitude are by means of a backup, non-grid tied power generator- capable of running on gasoline, diesel, or similar so as to sufficiently power the dispensary facility in the event of extended power loss, even if only so that security is maintained to a full level, with regards to the facility, neighboring businesses and patrons, and patients / caregivers and staff. Long-term industrial generator rental has been solicited, with potential action to purchase such a generator remaining open to the directors.

RR has also enlisted a Cannabis business/operations compliance specialist, and a Cannabis business/operations security specialist to help ensure ongoing safety, security, and compliance. Both of whom having served in the Colorado medical and retail markets for several years, as well as numerous operations across the U.S. as consultants and industry leaders.

We have solicited service and installation quotes rendered for a material security system, as well as an overseeing entity, which will allow for dynamic situational controls, help improve patient flow, and improve overall security functionality. Both have visited our location and confirmed the highest level of security can be achieved as follows directly in line with Sec. 21a-408-51.

(And as per Section C-3; Policy and Procedure: Security; Facility)

- Intrusion detection
- Perimeter Alarm
- Motion Detectors
- Live feed and recording
- Fire and life safety
- Holdup alarm
- Automatic voice dialer
- Failure notification feed
- Duress and Panic Systems
- Biometric access control for all employees
- Buzz in dual entry secure doors
- Availability during power supply loss
- Video surveillance with 30+day recording
- 9600 dpi capable still image with date & time signature
- Ability to export feed / images
- Cloud based backup filing
- Employee access cards
- Clean agent fire suppression
- Environmental monitoring
- Monthly Maintenance and inspections
- Shatterproof glass at entry, windows and reception area.
- Proper exterior lighting
- Comprehensive camera system in and outside of the dispensary facility, monitored by an employee during all hours of operation and perpetually recording footage.
- Well-lit surrounding area to ensure easy identification of individuals recorded on film both during the day and at night.

- An approved safe for all Marijuana products as per 21a-262-1 of the Regulations of Connecticut State Agencies, fully secured within a separate, high level office, with at least 3 security points / access prohibition measure points, only accessed by the licensed dispensary on duty, which is more than sufficient in size to accommodate a full working inventory of product.
- Protocol dictating that the secured room is never opened in the presence of unauthorized staff, patients, or any other person(s).
- Product will be transferred out from said room only as necessary by the licensed dispensary.



# Theft Diversion and Loss Program (overview)

---

## Goals

Our goals for this program are to provide severe deterrence for the theft, diversion and loss of marijuana products. The outline of this program, contained below, will help minimize or eliminate product and financial losses to our business. Additionally the program is designed to make it difficult for a theft to occur from internal and external sources, and to increase the probability of successfully apprehending an offender. Our program is based and augmented on ideals published by the Drug Enforcement Administration (Sept, 2012).

## Burglary

1. Installation of Perimeter and Interior Electronic Security System. Our facility is equipped with a commercial grade Honeywell 128BPT alarm system that allows the facility to be partitioned. Partitions; 1. Safe 2. Dispensary, 3. Office 4. Security Room. All partitions can be armed/ disarmed independently. Only our licensed pharmacist has the ability to disarm partition 1, 2 and 4.
2. Installation of IEI commercial access control system. The access control system will prevent unauthorized users from entering the dispensary department and front entry door, and track all valid and invalid attempts to enter. Only staff with a valid card and code will be allowed to enter. Presenting a non-valid card will log a unauthorized attempt to enter response.
3. A CCTV 3 Megapixel camera system has been installed to provide a clear view all entry/ exits and all areas that marijuana will be handled. The camera system has also been installed to cover all entry and exits, and main hallways of the facility.
4. The system is equipped with auto arm, fail to arm, late to close, late to open features which have been programmed according to our posted operation hours.
5. All staff will be trained in security awareness and in the security flow of the facility including notification of "authorized areas." This includes proper operation of the electronic security system.
6. Local law enforcement will be invited to the facility to create a partnership for a safe environment.
7. The Security Systems, which include Burglary, CCTV and Access control, shall be tested two times per year.

8. An approved safe(s) is to be installed in the Vault Room.
9. All locks and keys will be changed and upgraded to high security. A strict log of key control will be maintained. Keys will not be used in day-day operations and shall only be used in the event of an emergency. The emergency set of keys is being kept off site. Keys cannot be duplicated.
10. Steel doors will be installed in the dispensary department and vault area.

## **Robbery**

11. Silent and Audible panics have been installed in the dispensary/ main building, and duress codes have been programmed. These panic buttons are operational 24 hours per day.
12. Employees will be trained and a document published on how to handle a robbery, which is part of our emergency plan.
13. Employees will be trained to be aware of suspicious activity and suspicious persons. This training, including a printed publication, is part of our emergency plan under the heading of robbery.
14. Wireless pendant panics will be installed for all staff members. All staff members are required; along with their Valid company ID, to wear a wireless pendant panic.
15. The delivery of marijuana product shall be scheduled so that no other visitors, patients or caregivers will be onsite.
16. The facility will inventory a minimum amount of marijuana product.
17. A minimum of two employees shall be utilized to open and close the facility.
18. Our dispensary and main building shall be kept in a clean and organized fashion.
19. All visitors, patients and caregivers will be stopped at the front entry. They are required to have an appointment, and valid state id card. Their IDs will be check before entering the facility and again at the reception desk. Additionally all visitors shall be required to wear visitor ID badges. The pharmacist shall be responsible for notify the proper authorities according to CT State regulations prior to visitor entry. Other than persons described above, no-one will be admitted into the facility.

## **Employee Theft**

20. All applicants/ employees shall be screened. This screening includes drug testing and a background check.
21. All employees will be properly trained in security awareness and zero tolerance policy regarding theft of any kind. See employee manual.
22. Scheduled and surprise inventory audits will be utilized. Inventory shall be performed at least once per week. The inventory shall be in the presence of

the pharmacist and a additional employee. (Minimum of two) The additional employee shall be rotated to avoid collusion. Additionally the delivery and inventory of product shall be performed on a metal see through cart in the direct view of a 3-megapixel camera.

23. All customer complaints will be taken seriously and investigated. A customer complaint will be logged in our daily incident report, which includes plan of resolution.
24. Employees have limited access based on their authorization level.
25. Releaf has the right and will inspect employee bags, lunch bags, backpacks and lockers.
26. Managers of the facility will be trained to be alert and look out for the following; disgruntled or stressed employees, and unexplained rises in employee living standard.



**Section D, Number 1 - Provide a copy of the applicant's proposed marketing plan and include any web templates and educational materials such as brochures, posters, or promotional items**

*In response to Section D, Number 1:*

Releaf Recovery (RR) will ensure that only responsible, diligently produced, factual advertisements are made, disseminated, and impressed. Traditional and modern elements will be married in order to create new market share, secure existing share, and encourage responsible use and consideration, as well as a generally professional and positive reflection on medicinal Cannabis as an entity, by patients / caregivers, and the entire cross-section of our community, as well as setting an example for future operators.

**Responsible Product Offerings, Brand Identity and Related**

The logo will clearly stand out as a symbol of clinical expertise and quality of service versus recreational icons. It will represent the values of the company around compassion and wellness (and will feature warm colors), with no representation of "marijuana leaves", and with no offending representations that could evoke a lifestyle consumer brand.

All medical cannabis products will be clearly identified in sealed packages with appropriate wording such as "For medical use only, not for redistribution, keep out of reach of children and pets, use caution while driving or operating machinery".

**Formal Educational Sessions for Community Health Care Providers.**

State laws governing the use of medical marijuana are changing rapidly. New scientific evidence supporting the use of medical marijuana is emerging on a regular basis. Keeping pace with the rapid changes in evidence-based cannabinoid therapeutics presents a challenge to a vast number of clinicians who realize the value of this potent new addition to their therapeutic arsenal and want to be able to knowledgeably offer it to their patients.

We plan a set of educational modules, sponsored by Releaf Recovery, targeting medical practitioners and caregivers devoted to compassionate care and the evidence based and skillful use of medical marijuana. It is

intended to provide both core knowledge sophisticated paradigms surrounding the use of cannabinoids. It will include a thorough review of all the clinical and laboratory studies addressing medical marijuana; presented in an unbiased fashion, providing rational therapeutic approaches to cannabis therapy.

***Broad curricular categories include:***

- Basic science.
- Pharmacology.
- Therapeutic efficacy
- A comprehensive review of common clinical conditions where medical marijuana has been shown to be useful, such as cancer, multiple sclerosis, Parkinson's disease, etc.
- Formulations.
- Patient safety and quality improvement.
- Compliance with applicable laws and regulations.
- Cannabusiness and Marijuana Politics.
- Medical Marijuana and Patient Rights.

We plan to present day-long conferences, for CME credit, with nominal or no charges, to providers in Connecticut. The material will be presented in several formats including lectures, interactive case-based discussions and clinical management simulation sessions where participants' clinical reasoning abilities will be assessed and strategies for incorporating, synthesizing and applying core critical care knowledge will be provided.

The faculty of Releaf Recovery' Medical Advisory Committee, led by Corey A. Burchman, MD and Gilbert J. Fanciullo, MD, MS who are on the faculty of Geisel School of Medicine at Dartmouth and clinician/leaders at Dartmouth-Hitchcock Medical Center, will direct and lead didactic sessions, facilitate interactive discussion sessions, and direct clinical management practice sessions. As referenced above. Dr. Burchman is a respected and distinguished figure at Dartmouth directing the Section of Neuroanesthesia, and Dr. Fanciullo is a national figure in pain medicine, and has written and spoken on medical marijuana on a national stage. He, for example, presented a lecture as an invited Professor, at Yale University on April 23, 2013 entitled "Therapeutic Cannabis" to an audience of physicians, nurses, and other interested providers. Additional faculty, national leaders in

laboratory and clinical medicine, will be recruited to participate. The primary aim of the courses will be to educate providers, using evidence based strategies, so that they may rationally incorporate medical marijuana into their therapeutic schemes. Secondary aims will be to provide a thorough understanding of science, risks, benefits, and decision making surrounding the use of medical marijuana.

***Involvement of Physicians and Other Health Care Providers in Organizing Marijuana Education on Local and National Levels Via Existing Provider and Community Leadership Groups.***

We will organize and present material pertaining to medical marijuana at national meetings. Presentations can be done at national, regional and local professional society meetings of any specialty group which may be including but not limited to gastroenterology, psychiatry, neurology, etc. Presentations will be organized through societies representing all major health care participants including nursing, physician assistants, nurse practitioners, pharmacists, and community groups such as Hospice Organizations, American Legion, American Hospital Association, etc.

***Hosting and/or Sponsoring Public Local Events and/or Workshops.***

In addition to the foregoing, we will also market and educate by partnering with subject matter experts in the hosting and/or sponsoring (as appropriate) of local public events and/or workshops

- Seminars featuring patients and their experiences.
- Seminars featuring legal experts in the continuously developing and changing medical marijuana industry.
- Scheduled talks by physicians, pharmacists, nurses and other medical practitioners and healthcare providers.
- Seminars involving the common participation of patients, doctors and community though leaders will also be organized to allow cross education, experience sharing and give an opportunity to any participants to ask questions and receive answers, from patients to doctors, from caregivers to media and community leaders. In the form of a town hall format, these sessions will increase education and integration of patients, employees and their families.

**Material for Patients, Providers and Community.**

Written materials, as well as seminars and group sessions with subject matter experts, for patients, providers and the community will be provided on and address the following:

- Safe use and storage of medical marijuana.
- Medical indications for its use.
- State laws and rules addressing its use.
- Dosage information.
- Risks of use at work; while driving; if you plan to become pregnant; if you use other medication; with alcohol.

***Differences between and best uses of the many varieties of medicinal-grade marijuana RR offers.***

- Options for smoke free alternatives including tinctures, oils, edibles, and vaporizers.
- Alternative health practices that are useful for patients who suffer from chronic pain, inflammatory bowels disease, cancer, degenerative neurological diseases, etc.
- How to help qualifying low-income patients.
- A list of knowledgeable providers who can help coordinate your treatment with medical marijuana with your medical problems or conditions.

***Use of medical marijuana in patients suffering from a chronic condition qualifying under Connecticut law as a "debilitating medical condition".***

Use of medical marijuana in persons with an advanced serious illness that qualifies under Connecticut law as a "debilitating medical condition".

- Use of medical marijuana at the end-of-life.
- Use of medical marijuana in patients who have a history of addictive disease.
- How to best use medical marijuana if I suffer from Multiple Sclerosis
- How to best use medical marijuana if I suffer from Parkinson's disease.
- How to best use medical marijuana if I have cancer.
- Why young persons should not use marijuana.
- The risks of using marijuana for recreational purposes.
- Parents and how to explain to your children why you medicate.



***Web-Based Video Educational Modules Produced by Releaf Recovery and Offered Free of Charge to Patients, Providers and the Community.***

A series of brief (20 minute) educational modules addressing items listed above that will be accessible via You-tube or similar medium.

***Local Media and Events.***

Releaf Recovery will maintain strong relationships with the local media such as television and newspaper, acting as a thoughtful leader and expert on matters relating to medical marijuana subjects. Releaf Recovery will also participate in local charitable and community events, such as cancer walks and police fundraising events, patient community centers, and appropriate fairs. Booths allowing for education and outreach will be set up, as well as organized sessions with keynote speakers, so as to continuing dialogue around the various medical marijuana topics. (within compliance of applicable advertising statutes)

***Interactive Website and New Media Interaction.***

Releaf Recovery will also maintain a current and interactive website so as to keep interested parties informed and educated through access to an extensive reference library that includes current research on medical marijuana, legal aspects, booklets on specific conditions treated by cannabis, and reference materials on integrative medicine.

The website will include specific sections for patients, doctors, caregivers and an extensive "Frequently Asked Questions" module about the products and the company as well as a blog section from Releaf Recovery experts with respect to news, current events, upcoming events, recent studies, etc.

**Summary:**

**Traditional Means (within compliance statutes and community standards/favorability)**

- **Printed Collateral-** professionally designed, held to the highest standards of professionalism, general compliance, and in accordance with all applicable Connecticut MMP specific statutes. Educational and informational regarding Cannabis use, Cannabinoids, synergistic relationships among these and Terpenoids, etc.



- **Community Engagement and Benefit Events-** RR intends to participate and engage the community directly through future Events, fundraisers for charitable causes, and other community beneficial occasions.

**Modern Means- (within compliance statutes and community standards/favorability)**

- **Internet:** Comprehensive and engaging website, professionally built; as well as references to informational articles, studies, etc.
- **Social Media:** The modern market landscape requires a digital presence, along with a physical means of engaging customers. We intend to help educate and facilitate positive benefit via digital means.
- **E-mail:** Along with the ability to inform customers of whatever important facts, issues, etc. which may arise to that affect, e-mail allows the capability to also update, remind, and inform patients and staff of expiration dates, new educational information, and other important items. It also allows for a free means of sharing information with patients versus printed or other traditional means.

***Internet Resources on Medical Marijuana:***

- <http://norml.org>: National Organization for the Reform of Medical Marijuana Laws
- [www.safeaccessnow.org](http://www.safeaccessnow.org): Americans For Safe Access
- [www.maps.org/mmi](http://www.maps.org/mmi): Multidisciplinary Association for Psychedelic Studies
- [www.drugwarfacts.org](http://www.drugwarfacts.org): Drug War Facts (Common Sense for Drug Policy)
- [www.drugpolicyalliance.org](http://www.drugpolicyalliance.org): Drug Policy Alliance
- [www.mpp.org](http://www.mpp.org): Marijuana Policy Project
  
- [www.cannabinoidsociety.org](http://www.cannabinoidsociety.org): International Cannabinoid Research Society
  
- [www.cannabis-med.org](http://www.cannabis-med.org): International Association for Cannabinoid Medicines

***Referral to Reference Books and Articles:***

- ASA Booklets on Specific Conditions - Booklets on cannabis use to treat HIV/AIDS, Multiple Sclerosis, Arthritis, Gastro-Intestinal Disorders, Movement Disorders, Cancer, Chronic Pain, and issues associated with Aging.
- Cannabis 101 (Tasker-Cannasseurs)
- Center for Medical Cannabis Research (CMCR) Report (2010)
- O'Shaughnessy's Journal of Cannabis in Clinical Practice
- The CannaBible (Jason King)
- Cannabinomics (Christopher Glenn Fichtner MD)
- Drug War Facts 6th Edition (Editor Douglas A. McVay)
- The Emperor Wears no Clothes (Jack Herrer)
- It's Just a Plant, a Children's Story of Marijuana (Ricardo Cortes)
- Marihuana - The Forbidden Medicine (Lester Grinspoon, M.D.; James B. Bakalar)
- Edibles and Potables Whitepaper (J. LaForce, R.Ph., CGP)
- Cannabis Yields and Dosage (Chris Conrad)
- Marijuana and the Cannabinoids (Mahmoud A. ElSohly, Phd)
- Integrative Oncology (Dr. Donald Abrams and Dr. Andrew Weil)
- Chinese Herbal Medicine Formulas & Strategies (Dan Bensky & Ranall Barolet)
- The Illustrated Encyclopedia of Healing Remedies (C. Norman Shealy)
- Pharmacist's Guide to Medicinal Herbs (Dr. Arthur M. Presser)

**Sample Informational Content: (additional informational content and collateral continued after the body of this section in D-1)**

***Using Marijuana******Smoking***

Smoking marijuana produces the most immediate effects, and permits the most refined control of your dosage. It is better to smoke the flowers rather than the leaves as they are the main production site of 'Trichomes' and essential oil glands which produce Cannabinoids, and thus will reduce the amount that you will need to smoke.

### ***Vaporizing***

Cannabis vaporizers are designed to let users inhale active cannabinoids while avoiding harmful smoke toxins. They do so by heating cannabis to a temperature that is just below the point of combustion where smoke is produced. At this point, THC and other medically active cannabinoids are emitted with little or none of the carcinogenic tars and noxious gases found in smoke. Many medical marijuana patients who find smoked marijuana highly irritating report effective relief inhaling through vaporizers. Also, vaporizers are very efficient and, as a result, can save the patient money in the long term.

### ***Eating***

Marijuana can also be eaten, as it can be baked in brownies or cookies, and sometimes made into a candy or the like. When consumed in this manner, you may find that it takes longer to feel the effects (c. 30-60 minutes after ingesting), and may take longer to learn how to control your dosage. However, when you do feel the effects, they may be stronger than those felt by smoking. You may also feel a certain heaviness in your body. This feeling will not hurt you. Schedule your time so that you can relax when you take the medication in this manner.

### ***Marinol***

Marinol is a synthetic petrochemical analog of THC, one of the active elements found in marijuana. Some patients find that it helps relieve nausea yet takes a long time to work. Do not smoke this product. It has the potential for toxicity / overdose. Use only under the supervision of a doctor.

### **Common Side Effects**

Marijuana is one of the safest medicines - it is thus far been found as 'impossible' to consume enough to produce a toxic effect in the body. However, if you are unfamiliar with it, there are some effects which you should be aware of so that you can use it more effectively.

### ***Uneasiness***

Marijuana usually has a soothing and comforting effect on the mind. Sometimes, however, people do experience feelings of anxiety. If this happens to you, there are several things you can do. Try to stay in environments where you feel naturally comfortable. If you feel anxious, sit

or lay down, breathe deeply, and relax. If you have loved ones with you, hold each other for a while. If you have a pet, hold or stroke it. Eating will often quickly reduce the feeling of anxiety. Then, the next time you use it, try reducing your dosage. Because of our social training, you may have feelings of guilt. Know that you have a right to your medicine.

### ***Hunger & Thirst***

Many patients use marijuana to stimulate appetite. If you are not using marijuana for this purpose, drink water or juice. If you wish to eat, then eat good nourishing food rather than sweets.

### ***Redness in the Eyes***

This will not hurt you. If you must go out in public and are concerned about others' reaction to the redness, then wear sunglasses or use eye drops.

### ***Drowsiness***

If marijuana makes you sleepy, then take a nap if you can and so desire. As with all medicines that can produce drowsiness, please do not drive or operate heavy machinery.

### ***Sleeplessness***

If you find that you cannot sleep for a while after using marijuana, then try reducing your dosage and avoid using it for about two hours or so before you want to sleep.

### ***Short-Term Memory Loss***

Sometimes people find it difficult to carry on a complicated conversation, keep track of details, or perform complex tasks. If this happens to you, then schedule your time so that you do not have to perform such exercises when using your medicine.

### ***Giddiness***

Many people find that things which normally don't seem funny become quite amusing when they use marijuana. Most people enjoy this effect. If you must deal with situations where humor would be inappropriate in your judgment, then schedule your time so that you do not have to deal with such when you are taking your medicine.

## **Cannabis Indica and Cannabis Sativa - What Are They?**

### ***History and Background.***

Most of the Cannabis in the United States until the mid 70's came primarily from or via Mexico. There were also rare Sativa strains from Thailand and Columbia. Hashish/Hash was made from Indica strains in the Middle East and Sativa strains from South East Asia.

Around 1975, Indica seeds from the Cush Mountain region of Afghanistan came to California primarily. These Indicas grow above the 25th parallel at higher altitudes, while Sativa grows best inside the Tropic of Cancer/Capricorn at lower altitudes where summers are long and hot.

There are some Sativa "Land Race" strains that grow at around the 24th parallel in Mexico. These northern Sativa strains high in THC were combined with Indica strains from the Cush Region to create hybrid strains that could be grown in California. These hybrids were then bred with other Sativa strains from Columbia, Africa, and South East Asia to advance the THC content; all the while ignoring the high CBD (Cannabidiol) plants.

Most, if not all, of the strains of medical cannabis grown today in the United States are descendants from these first hybrids. They have been crossed and re-crossed to bring out certain medicinal traits needed by patients.

Lately and most excitingly, the medical growing community has been actively seeking high CBD plants. CBD is showing promise in many areas related to pain management and anti-inflammatory properties.

Indica plants from the Hindu Kush region are almost 50/50 THC/CBD. CBD is an antagonist to THC or moderates the psychotropic effect of THC. As such and by itself, Indica does not provide the THC "punch" of a sub-Tropic strain of Sativa.

Sativas tend to be high in THC and low in CBD. When growing out the first of the Indica/Sativa hybrid plants, early California growers selected for high THC content and bypassed the high CBD expressed plants. Some growers selected the high THC and moderate CBD plants because the structure of these hybrids usually shows the short and stocky stature of an Indica.

These traits are desirable for indoor gardeners.

Cannabinoid amounts and profiles tend to vary even with a given strain. Methods of growing, cutting and curing, and the conditions under which they take place, combine to provide a rich and varied Cannabinoid profile. The phenol compounds and aromatic volatile oils also vary greatly. The Cannabinoid and Phenol compound profiles combine to give patients the therapeutic effects of cannabis.

With such a jumble of genetic material out there, one would think it impossible to recommend a particular strain. Fortunately with experience and education, your Licensed Dispensary / Cannabis specialists can help you to pick the strains that best serve your medical needs.

### ***Sativa.***

Sativa flowers often smell of fruit (i.e. citrus, cherry, banana). Pine and candy-like flavors predominate the Sativa strains. Sativa is high in THC and low in CBD and other Cannabinoids, and tend to be more uplifting. Sativas are mood elevators and, as such, are recommended for patients who need to medicate during the day so as to avoid the sleepy effects of an Indica. They are also being used to help with concentration and focus. Some patients, however, do not like the "up" or "tense" feeling of the Sativas. Sativa or sativa-dominant varieties have been used to help with the symptoms associated with:

- Depression
- Attention Deficit Disorder (ADD)
- Appetite Loss

### ***Indica.***

Indica flowers often smell musky and sour. Dirt and urea smells are also reported. Heavy pine and resin tastes dominate the Indica smoke. Pain management patients will tend to medicate more with Indica than Sativa. Indica strains are usually higher in CBD and musky smelling phenol compounds that combine to help relieve pain and inflammation. Indica will have a sedative effect, making one sleepy and lethargic if used in larger amounts.

Indica or Indica-dominant varieties have been used to help with symptoms associated with:

- Chronic and acute pain
- Nausea
- Anxiety
- Multiple Sclerosis
- Parkinson's Disease
- Pre and Post Menopause

**Sample visual and detailed educational informational collateral is available beginning on the following page.**



Section D - Number 1 continued:

**YOUR TRUSTED SOURCE  
FOR QUALITY  
MEDICAL CANNABIS  
PRODUCTS**

- Tinctures
- Edibles
- Vaporizers
- Concentrates
- Flowers
- Breath Strips
- Topicals
- And More!



379 Quarry Brook Dr.  
South Windsor, CT, 06074  
(203)-362-8461



[www.releafrecovery.com](http://www.releafrecovery.com)

INFORMATIONAL BROCHURE ON  
MEDICAL MARIJUANA

## About Medical Marijuana

Medical marijuana (or medical cannabis) refers to the use of marijuana as a physician prescribed therapy to reduce the pain or discomfort associated with some medical conditions or to lessen the side effects of some traditional medical treatments.

Medical marijuana is used for a variety of ailments and conditions, including:

- Easing nausea and vomiting
- Stimulating appetite in chemotherapy and/or AIDS patients
- Reducing eye pressure in glaucoma patients
- Managing chronic pain & illness

## Did You Know?

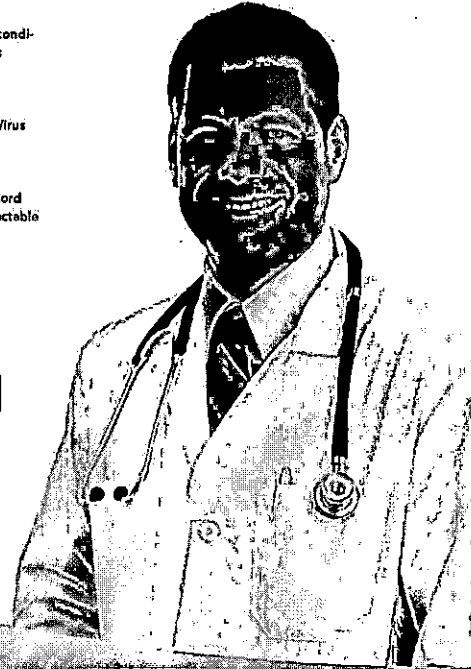
CBD (Cannabidiol) produces many of the medical benefits of cannabis, but suppresses or balances the psychoactive effects of THC. It is a powerful preventive curative medicine for some of the most serious diseases plaguing humankind such as cancer and epilepsy. It's also a great alternative for anybody who wants access to the therapeutic effects of cannabis without its psychoactive properties.

## Connecticut's Medical Marijuana Program

Under Connecticut's program, the following conditions qualify for medical marijuana treatment:

- Cancer
- Glaucoma
- Positive Status for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome
- Parkinson's Disease
- Multiple Sclerosis
- Damage to the Nervous Tissue of the Spinal Cord with Objective Neurological Indication of Intractable Spasticity
- Epilepsy
- Cachexia
- Wasting Syndrome
- Crohn's Disease
- Post-Traumatic Stress Disorder.

Visit [www.ct.gov/dcp/](http://www.ct.gov/dcp/) for more info!







Section D - Number 1



# UNDERSTANDING CANNABIS

## Understanding Names and Genetics:



### SATIVA

Energetic  
Stimulating  
Cerebral  
Uplifting  
Creative  
Focus  
Fights depression

VS.



### INDICA

Couch-Lock  
Appetite  
Body-High  
Deep Relaxation  
Sleep-Aid  
Pain + Nausea Relief  
Stress + Anxiety Relief



**HYBRID strains are a mix between Sativa + Indica strains**

## Understanding Standard Weights:

*Your pharmacist will use these references of standard weights:*

|                  |                       |                       |                      |
|------------------|-----------------------|-----------------------|----------------------|
| Gram (1 Gram)    | 1/8 Ounce (3.5 Grams) | 1/4 Ounce (7 Grams)   | 1/2 Ounce (14 Grams) |
| Ounce (28 Grams) | 1/4 Pound (112 Grams) | 1/2 Pound (224 Grams) | Pound (448 Grams)    |



# WHAT ARE CANNABINOIDS?

## What Exactly Is A Cannabinoid?

Cannabis contains over 70 cannabinoids that interact with receptors throughout your body. Some bind selectively to certain receptors making them candidates for specific medical uses.

- CBD** Cannabidiol - With respect to the medical potential of the cannabis, CBD may hold the most promise for many serious conditions. CBD is a non-psychoactive cannabinoid that is believed to reduce the psychoactive effects of THC. Smokers of cannabis with a higher CBD/THC ratio are less likely to experience anxiety. CBD may also inhibit cancer cell growth.
- THC** Tetrahydrocannabinol - The most abundant and widely known cannabinoid in cannabis, THC is responsible for the main psychoactive effects patients are familiar with. The compound is a mild analgesic, and cellular research has shown the compound has antioxidant activity. THC is believed to interact with parts of the brain normally controlled by the endogenous cannabinoid neurotransmitter anandamide.
- THCa** Tetrahydrocannabinolic Acid - The main constituent in raw cannabis, THCA converts to D9-THC when burned, vaporized, or heated for a period of time at a certain temperature. THCA holds much of the anti-inflammatory properties, as well as anti-proliferative (inhibiting the cell-growth in tumors/cancer cells) as well as anti-spasmodic (suppresses muscle-spasms).
- CBG** Cannabigerol - A non-psychoactive cannabinoid, CBG has antibacterial effects, anti-inflammatory, and anti-cancer properties. CBG can alter the overall effects of Cannabis.
- CBN** Cannabinol - A mildly-psychoactive cannabinoid that comes about from the degradation of THC, there is usually very little CBN in a fresh plant. CBN potentiates the effects of THC and synergistically adds what has come to be known as the "couch-lock" effect. CBN may also cause drowsiness.
- CBC** Cannabichromene - Research suggests that CBC includes: anti-inflammatory, analgesic, bone stimulant, and anti-cancer properties.
- THCV** Tetrahydrocannabivarin - Found in largest quantities in Cannabis varieties indigenous to central Africa, like certain phenotypes from Malawi. It is currently being researched as a treatment for metabolic disorders including diabetes, as well as serving as a potential appetite suppressant.
- CBDA** Cannabidiolic Acid - Similar to THCA, is the main constituent in cannabis that has elevated CBD levels. THCA and CBDA hold most of the anti-inflammatory properties that cannabis has to offer.



# INFORMATION PACKET FOR PATIENTS & CAREGIVERS



releaf  
recovery



CARE YOU CAN  
COUNT ON



PATIENT-CENTERED  
APPROACH



ADAPTED TO YOUR  
TREATMENT PLAN

[www.releafrecovery.com](http://www.releafrecovery.com)

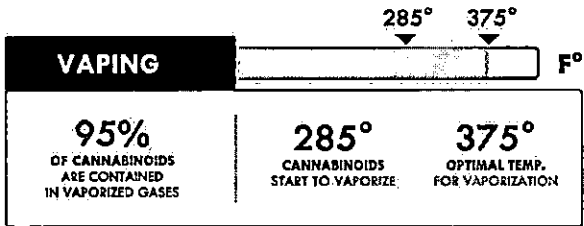
379 Quarry Brook Dr., South Windsor, CT  
(203)-362-8461

BEGIN LEARNING



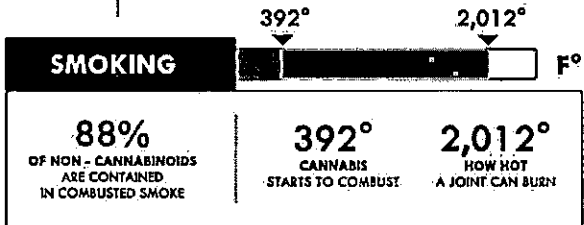
# VAPING vs. SMOKING


Vaping (or vaporization) reduces the amount of harmful toxins when inhaled, that are caused from combustion (smoking). Instead, patients inhale vaporized gases rather than smoke, while also inhaling important active cannabinoids in cannabis.

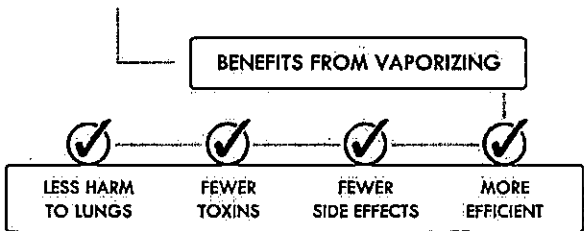


vs.

Smoking (or combustion) is the act of heating up the chemical compounds in cannabis (cannabinoids) to a temperature that results in smoke being released. However, combustion results in less cannabinoids inhaled along with more toxins taken into the body.

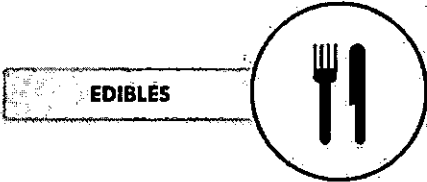


  
We do **NOT** recommend smoking instead of vaporizing medicinal cannabis.



# DELIVERY METHODS

There are many ways to ingest medical cannabis, and patients may find that one method is more effective than another for their specific needs. The effects vary with each method, sometimes affecting the length of time it takes for the medicine to take effect, or the length of time that it remains effective. Each patient should find which manner is best for them.



Cannabis can be infused into butter or oil that is then cooked in food. Edibles usually take longer to take effect, often 20 minutes to an hour or more. Doses can be difficult to judge, so start slow and wait at least an hour to assess the effects so you do not over-medicate.

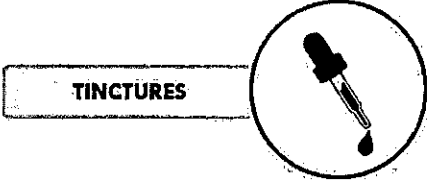
**THINGS TO REMEMBER FOR EDIBLES:**

**SUGGESTED DOSAGES FOR EDIBLES:**

- 1 START SLOW**  
Start with 1 serving, a low-dose or single serving until you know how it will affect you.
- 2 WAIT**  
Edibles can take up to 2 hours or longer to take full effect. Wait before increasing your dose.
- 3 DON'T MIX**  
Do not mix edibles with alcohol or other controlled substances!
- 4 SAFETY**  
Keep away from children & pets. store your medicine in original child-proof packaging.



- NEW CONSUMER**  
1-5 mg
- OCCASIONAL CONSUMER**  
5-10 mg
- FREQUENT CONSUMER**  
10-15 mg



A tincture is a concentrated form of cannabis in an alcohol solution. They are very concentrated and require careful dosage levels, starting out small and waiting to feel the effects before adding more. They can be taken under the tongue or mixed into water or other beverages.



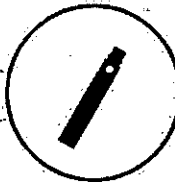
## DELIVERY METHODS

### TOPICALS



Topical cannabis medicines are applied directly to the skin. We provide a wide array of topical cannabis products that include lotions, salves, balms, sprays, oils, and creams.

### VAPORIZERS



A vaporizer is a device that is able to extract the therapeutic ingredients in the plant material (cannabinoids) at a much lower temperature than required for burning. This allows patients to inhale the active ingredients as a vapor and spares them the irritating effects of smoking.

### SMOKING



**(Not recommended)** - Cannabis can be smoked through a pipe, rolled into a joint, or smoked using a water pipe. Effects can be felt within minutes, and depending on the patient, strain, cannabinoid content, etc. the effects wear off fully within 90 minutes to 4 hours.



Regularly smoking any plant material can have a negative impact and Releaf Recovery recommends patients use vaporizers for medicine when possible (see next page).




# ADDICTION SIGNS



## 10 Common Signs Of Marijuana Addiction

Signs of addiction can vary from person to person. If you are concerned that you or a loved one may be addicted to marijuana, please consult your physician or a local substance abuse program or drug hotline.

1. Tolerance
2. Feeling withdrawal symptoms
3. Loss of control over use
4. Spending too much time getting high
5. Smoking to relax
6. Lack of responsibility
7. Smoking despite the consequences
8. Smoking to escape reality
9. Not able to cut down
10. Ignoring consequences

  
The Substance Abuse and Mental Health Services Administration (SAMHSA) is pleased to provide this online resource for locating drug and alcohol abuse treatment programs:

[www.samhsa.gov](http://www.samhsa.gov)

For advice you may call the Referral Helpline:  
1-800-662-HELP (English & Español)  
1-800-487-4889 (TTY)





## OUR WELLNESS SERVICES



Guided Meditation



Massage Therapy



Yoga Classes

Go to our Holistics page at [releafrecovery.com](http://releafrecovery.com)!

### Nutritional Supplementation



We provide our patients with information on and access to highly discounted quality nutritional supplementation to aid in their path to wellness. We provide your individualized plan and easy access to supplements with benefits vital to your health.



[www.releafrecovery.com](http://www.releafrecovery.com)

(203)-362-8461

CONTINUE LEARNING >

# CT MEDICAL MARIJUANA PROGRAM



Connecticut's Legislature is "designed to enable seriously ill patients to engage in the palliative use of marijuana while preventing marijuana from being misused or diverted from its medical purpose. The law provides immunity from state criminal and civil penalties for physicians, patients, caregivers, dispensaries and producers who act responsibly in accordance with the law."



More information can be found by contacting the DCP:  
Phone: (860)-713-6100 or via Email: [dcp.mmmp@ct.gov](mailto:dcp.mmmp@ct.gov)

## Medical Marijuana And Legal Concerns



Legal issues surrounding medical marijuana are very complex since different laws and guidelines exist at federal, state, and local levels.  
*It is your responsibility as a patient to know the laws in your area, and to abide by them.*



Section D - Number 1, continued:

**Additional Marketing and Educational Collateral**

## Active Components of Cannabis

Marijuana has several active Chemical Compounds, or 'Cannabinoids'  
 The human body is naturally "Pre-Programmed" with Cannabinoid Receptors  
 Up to 80 Cannabinoids have been discovered so far. Not all Active Components are listed here

**THC - TetraHydroCannabinol** (notably Delta-9) is the Psycho-Active compound, which causes the Euphoric, or "High" feeling that is generally associated with using Marijuana by most patients. THC has Analgesic (Pain Relieving) effects, Neuro-Protective and Anti-Inflammatory qualities, can help stimulate Appetite, relieve Nausea, and more

**CBD - Cannabidiol** is another physiologically active compound within Cannabis which reduces the psychoactive effects of THC. With qualities ranging from Anti-Inflammatory, to Anti-Anxiety, Anti-Arthritic, Analgesic, Anti-Convulsive and more. CBD works similarly to THC compounds, but has actually been shown to modulate it's Psycho Active effects. Strains rich in CBD are less common than THC rich strains, and many are just now being developed and released specifically for the Medical Marijuana Community as an alternative to Psycho Active medication

**THCA and CBDA** - Anti-Inflammatory agents only available when consumed orally, and the plant has not been heated beforehand

**CBN** - A degradation product of THC, and generally isn't found in fresh flowers

### Terpenes

Terpenes modify the effects of THC, and impact the Medicinal Effect of the strain  
 They are also responsible for some of the smell and taste characteristics

**Pinenes:** Pine odor, bronchodilator that opens the lungs to more THC absorption. It also increases focus, self satisfaction, and energy

**Caryophyllene:** Sweet, woody, clove taste responsible for anti-inflammatory and neuroprotective effects through CB2 receptor activation

**Linalool:** Floral smelling, is believed to provide some anti-cancer effects and is known to cause severe sedation

**Limonene:** Has a citrus scent and may possess anti-cancer, anti-bacterial, anti-fungal, and anti-depression abilities

**Myrcene:** Effects intake of THC by brain cells to increase the overall effects of THC when ingested together

### Common Side Effects

Users of Cannabis have reported these and similar side effects, which generally take 1-3 Hours to wear off  
 In some cases, especially with Overuse, these effects can last up to 10 Hours or more, and can be very intense

- |                              |                    |                                  |
|------------------------------|--------------------|----------------------------------|
| Short Term Memory Disruption | Altered Perception | Increased Heart Rate             |
| Slowed Reaction Time         | Increased Appetite | Dry and/ or Mouth (Cotton-Mouth) |
| Anxiety / Paranoia           | Tiredness/Laziness | Euphoria                         |

Take caution, and start with SMALL AMOUNTS when determining YOUR appropriate Cannabis usage  
 Over-using with Natural Cannabis has NOT proven to be lethal

Special Thanks to The Werc Shop for providing information on "Active Components of Cannabis" to Cannasseurs Inc.  
 Chemical Content of Cannabis is determined by Liquid and/or Gas Chromatography  
 To learn more, check out [TheWercShop.com](http://TheWercShop.com)  
 An Independent Testing Laboratory

  
 Moving Sustainable Medicines Forward

CONTENT LABELING  
 SAFETY SCREENING  
[TheWercShop.com](http://TheWercShop.com)

Look for the CC to know your cannabis is tested!



## Understanding Names and Genetics

*Strains can be named anything, for any reason, but are usually related to the: Genetic Parents, Overall Effects, Smell, Taste, Yield, Breeder, Origin, Growth Medium "Hydro/Organic", "Indoor/Outdoor", and/or Appearance*

- Cannabis strains can be interbred or **Crossed**
- Nature has evolved several **Landrace** strains, which are the original building blocks for all modern strains
- Dominant** and **Recessive** traits are passed down to the offspring seeds  
Establishing a plants **Genotype** (just like you and your parents)
- Breeders then raise and select whichever offspring incorporate the **Phenotypic Expressions** they desire. If you have brothers or sisters you can see how the same parents can produce multiple offspring that reflect different traits
- Offspring that produce a combined effect superior to either parent is said to show **Hybrid Vigor**
- Breeders attempt to Stabilize strains for production and reproduction through a complex "Back-Crossing" process. If they cannot, those Genetics will only be available by taking cuttings from the original plant, called Clones

Clones can be taken from almost any plant, and are a very common way to reproduce or preserve genetics

*For Example: A breeder develops a strain he calls 'Lemon Kush' by Crossing a Landrace strain from the 'Kush' region of Pakistan called Pakistani Kush (Indica) with a Thai Landrace, (which possessed a lemon taste and smell) called Lemon Thai (Sativa) This breeder selected offspring that mostly incorporated Indica dominant traits of Pakistani Kush, but that also possessed very strong lemon smell and taste, and some Sativa characteristics. The other versions or phenotypes of this breeders 'Lemon Kush' include a Sativa Dominant strain which he calls Lemon Zing, as well as a Hybrid strain he calls Lemonade (Male)(Pakistani Kush Landrace) Pakistani Kush x (Female)(Thai Landrace) Lemon Thai*

Lemon Kush      Lemonade      Lemon Zing

## KEEPING TRACK

*It is important to know which Strains work the best for you*

This section will help you remember your Personal Preferences (along with any that don't work for you) just place the stickers from your Medicine Containers (or write the names) in the spaces below

My Preferences

My Dislikes

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### Standard Weight

*Here are the standard weights your Bud-Tender will use*

|        |           |           |           |          |           |           |           |
|--------|-----------|-----------|-----------|----------|-----------|-----------|-----------|
| Gram   | 1/8 Ounce | 1/4 Ounce | 1/2 Ounce | Ounce    | 1/4 Pound | 1/2 Pound | Pound     |
| 1 Gram | 3.5 grams | 7 grams   | 14 grams  | 28 grams | 112 grams | 224 grams | 448 grams |

2011 Cannabisreurs Inc. All Rights Reserved

## Quality Control

### NOT ALL CANNABIS IS CREATED EQUALLY

- The Names/Genetics of a strain only determine the effects that strain will have  
Not the quality or potency of the final product
- The most important factor in the overall quality is the **Grower and their Process**
- The same strain, grown in different conditions will produce very different results.
- Some Growers and Collectives have turned to Laboratories that can test their Marijuana for **Chemical Content**, as well as **Cleanliness** using **Gas and or Liquid Chromatography**
- Patients can then see the results in the Bud-Room, and factor them into their decision making process

These tests show how much of a chemical compound is present and/or available, and equally importantly, that your medicine is **Clean**. As research in this field continues, patients can be aided in determining what will work the best for them, based on actual Chemical properties. This is a huge step towards *Legitimizing Marijuana as a Medicine*. While it is very important to know these values, there are other variables that determine potency and effect including factors like your *Personal Body Chemistry*. Think of the test results not only as an excellent analysis but also as an overall reflection of the grower and their process



Well Manicured- unnecessary plant material trimmed

Trichomes- main production site of THC(s)/CBD(s)

Mold/Bacteria/Pest Free

Properly Dried and Cured

- Look for an abundance of Trichomes, (shaped like tiny Crystals)
- These Glands along with the plants Oils and Resins, are where the majority of the THC(s) and CBD(s) are formed, mainly in the flower buds (more so than the leaf material) of female plants, in order to catch pollen from Male plants as it goes through the reproductive/flowering process. If no pollen is present the female plant will devote more of it's energy towards oil and resin gland production, whereas if pollen does become present, and the plant devotes it's energy to producing seeds. Thus, *seedless* or *sin-semilla* flowers generally contain more active Cannabinoids
- Properly Dried and Cured Cannabis should feel lightly moist, even sticky but NOT soaking wet
- Bud Density will vary depending on strain and growth factors.  
In general, a dense, hearty flower insinuates a healthy, well grown plant
- Smell should be clean and crisp, (Regardless of Strain Type/Fragrance)  
Not that of Mildew or Alfalfa (Hay), Chemical Pesticides, or Fertilizers
- Cannabis should burn cleanly and reduce to a thin gray ash: If it turns thick, black, and smells like chemicals, they might still be present in the plant
- Most Cannasseurs agree, it seems best **Not** to ingest Contaminated Cannabis

2011 Cannasseurs Inc. All Rights Reserved

## Ways To Medicate

**Marijuana does not have to be smoked to obtain its Medicinal Value**

*Consult your Physician before starting any new medication*

*Especially if you have pre-existing conditions (Heart, Lungs, Kidney, Etc.)*

**Smoking-** Cannabis is generally smoked either in plant or concentrate form (Kief, Hashish, Oils, Waxes, Goo, Etc.) with specially designed Pipes, Bongs, Water Bubblers and other devices, or rolled, with special rolling paper into Joints, Blunts, Cones, Etc.

Inhalation of Smoke/Vapor has the fastest effect on your body

\* Known Carcinogens are released by burning plant material and/or paper

\* Germs and Bacteria can accumulate on the resins left behind by smoke.

\* Make sure to keep all glass pieces clean using an approved/safe product (available at most smoke shops)

\* A solution of rubbing alcohol and salt (or rice) can be used as well, remember to rinse thoroughly with water

\* Butane gas is also slightly toxic

**Concentrates-** made by separating THC/CBD from the plant material, then refining and compressing it or "Concentrating" it into another form. This is done with a variety of processes, from 'bubble bags and ice', to 'high tech CO<sub>2</sub> extractors'

\* Concentrates have a very high ratio of Active Chemicals to Overall Weight, compared to even the most potent Marijuana buds, making them very powerful. Be careful when medicating with concentrates

**Vaporization-** Specially designed "Vaporizers" heat Cannabis to the point where Cannabinoids are released into the air/lungs, but the rest of the plant material is largely unaffected. Vaporization releases Cannabinoids to the user, without many of the harmful elements created by burning plant material. Studies also show that some Vaporizers produce little to no Carcinogenic (Cancer Causing) effects, and are much more recommended by Physicians versus Smoking

**Edibles-** Cannabis can be combined with almost any type of Food or Drink. There are multiple methods, the most common being to heat plant material with ordinary butter, which releases the plant's Cannabinoids into the Butter's fatty oils, which the user can then ingest. Edibles are available as Foods, Drinks, Candies, Baked Goods and beyond

\* Beware- Edibles are known for having a much different onset of their effects than smoking or vaporizing

If you use an edible, start with no more than 1/2 of the recommended "Dosage"

Wait up to an Entire Hour to determine the full effect it has had on you

**Topicals-** Salves, Lotions, and Ointments can be applied and absorbed directly into the skin

\* Make sure to test for negative reactions on a small area of your skin first, just in case

**Tinctures/Liquid Concentrates-** THC/CBD is chemically extracted from Marijuana Plant Material, usually with Alcohol. Tinctures are generally taken either as a Sublingual (Tonguedrop) or mixed with some food or drink to mask the taste, which can be a little bitter

\* Take the same precautions with Tinctures and Liquids as you would with Edibles

**Synthetics-** Pharmaceutical Companies have discovered how to recreate the effects of Marijuana with drugs like "Marinol" that are only available through your doctor, and are used through an inhaler, pill capsule, and other forms

\* Ask your doctor about using synthetic/pharmaceutical forms

**CannaseursInc.com**

2011 Cannaseurs Inc. All Rights Reserved

## Getting What You Need

*There are over 1000 different kinds (strains) of Cannabis  
At first it can be tough knowing which strains work for you  
This section is designed to help you decide which strains to use  
Based on your Medical needs*

Every strain of Marijuana falls into 1 of 3 basic categories  
Based on the overall effects they give

**Indica-** Indica Dominant strains mainly affect the Body  
They produce a Heavy, Lazy, or Sedative effect  
Commonly used for symptoms like Pain, Lack of Appetite, and Insomnia

**Sativa-** Sativa Dominant strains affect mainly the Mind  
They produce Euphoric, Energizing, or Uplifting type effects  
Commonly used for symptoms such as Depression, Pain and Stress Relief  
Without the Heavy or Lazy type effects

**Hybrid-** Hybrid strains have balanced Indica and Sativa characteristics  
Known as 50/50 or "all-around" strains

*Note: Most modern Strains have complex family trees. Some are 100% Indica or 100% Sativa  
Most are technically 'Hybrids' that are either Indica or Sativa Dominant*

## The Indica-Sativa Spectrum

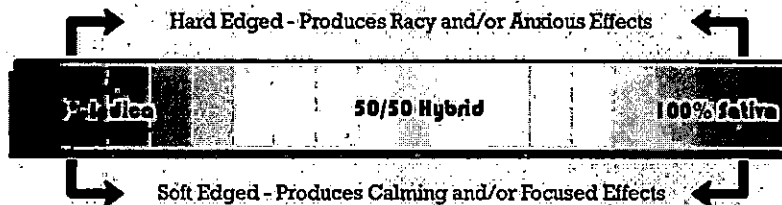
**Every Strain of Marijuana is balanced somewhere between  
100% Indica and 100% Sativa**

**Most Strains have at least one noticeable secondary effect**

**We call this an "Edge" Ranging from "Hard to Soft"**

**Your Bud-Tender should be able to explain where any strain falls onto this spectrum  
(If your not sure, don't hesitate to ask)**

*For Example: Let's say John is a business man, with a busy schedule. He has severe spinal injuries, which cause him great pain. He's also been diagnosed with acute anxiety. During the day he prefers Sativa Dominant or Hybrid strains which help relax his back, but don't slow him down. At night and before bed, he prefers Indica dominant strains. Because of his anxiety, he always prefers to medicate with strains that have a "Soft Edge".  
John's business partner Nick has mild depression. He also prefers Sativa dominant and Hybrid strains during the day and Indica at night. During the day he generally prefers a strain with a "Hard Edge" which he says "picks him up"*



Once you've determined which balance works best for you,  
it's time to determine your Personal Preferences  
Most patients base their preferences on Effects, Genetics, Taste, Smell, Appearance  
and its Overall Benefit to them as a Medicine

2011 Cannasseurs Inc. All Rights Reserved



## Cannabis Throughout History

For thousands of years man has used Marijuana. It has played a role Medicinally and Industrially, traceable as far back as the 28th century BC. Coincidentally, almost every region of the globe has Indigenous or Landrace families of Marijuana which have naturally evolved there.

From the Ancient Chinese, Greeks, Europeans, Persians, Romans and Africans, to King Salomon, Abraham Lincoln, and even Queen Elizabeth, almost every civilization throughout history was known to use or trade Marijuana in some form. Cannabis is a Holy sacrament to the Hindu and Rastafari people of the world, part of the Yin-Yang philosophy, and even a staple of the original Karma Sutra. In fact nearly every major religion has some historical reference to Marijuana. As trade, travel, and empire expanded so did the use and reach of Cannabis, and before long it was an everyday commodity worldwide. Hemp (The fiber, generally stripped from the stalk of Male plants) has been one of nearly every ancient and modern nation's industries, with uses ranging from Rope and Textiles, to Paper, Oils, Clothing, and more. Even America's founding fathers were known for having vast and luscious Hemp fields, nestled among their plantations. As man began discovering the many uses for the plant, he soon also discovered it's Medicinal Qualities. Ancient Medical texts show how to use Cannabis based Anesthetics for complex surgeries, and has been documented for an array of everyday ailments, like Pain Relief to Headaches, Insomnia, Depression, and Menstrual Cramps, used by royalty and peasants alike, much like over the counter medicines of today.

As long as there have been users of Cannabis, there have been those who oppose it. Most Governments throughout history however, have agreed that the Medicinal, Industrial, and overall positive effects of Cannabis far outweighed any negative impact, if any, that it might have. Only in the last century or so has it come under real legal scrutiny here in America, and with the United State's complex legal system, a number of decisions and causes are actually the reason(s) it is illegal here and elsewhere. The most well known modern legal disputes over Marijuana (in America) are traceable back to migrant Mexican workers throughout Texas and California, as well as African and Indian groups, mainly in large cities like New York, San Francisco, or New Orleans, who openly used and/or cultivated it. In 1912, the idea of putting international restrictions on Cannabis emerged at the International Opium Conference, and in 1915 California criminalized it. Marijuana's opponents launched a massive campaign against the "Horrors of Marijuana", and while it was largely based on false propaganda, it still has popular influence in America. Despite the testimony and efforts of groups like the American Medical Association, in 1937 the Marijuana Transfer Tax was levied, but because of a Legal-Loophole farmers could not obtain the necessary Licenses, and the industry as a whole was crippled.

Today, Marijuana is illegal under Federal Law in America, however Individual States and Voters have the right to approve access to Marijuana as a Medicine. In 1996 California Voters passed an initiative, and now a total of 15 states, as well as Washington D.C. have a Medical Marijuana Program. Some states have even De-Criminalized the possession of small amounts. Countries like Holland and Germany have long adopted policies of tolerance toward Cannabis, and in plant form it is available as a prescription in Canada, Italy, the Netherlands, and Spain. Synthetic forms are also prescribed in America and elsewhere. In 2010 the California Voters very nearly passed a bill that would tax and legalize Marijuana in California. With so many questions surrounding Marijuana, we believe many can be answered by looking to the past. One thing we do know is this: *it's up to us as patients to help determine the future of Cannabis.*

*\*To learn more about the History and the Future of Medical Marijuana, check out sites like UKCIA.org and SafeAccessNow.org*



Cannasseurs Inc. is not affiliated with nor funded by this organization  
Nor does UKCIA.org or ASA hold any responsibility  
for the views and facts expressed herein  
We Cannasseurs do however use and appreciate  
them as a resource, and think you may benefit as well



CannasseursInc.com  
2011 Cannasseurs Inc. All Rights Reserved

## Additional Information

# INTRODUCTION

In continuing its efforts to provide the best holistic wellness care to its members, Education Planners is pleased to provide this educational material to its members, staff and community physicians. The purpose of this information is to educate us on the latest scientific concepts and understanding of medical cannabis so that we may better benefit from its diverse medicinal properties. Understanding this "pharmaceutical treasure trove" will hopefully make its utilization more efficient and effective (and less daunting for those who are new to this ancient herbal medicine).

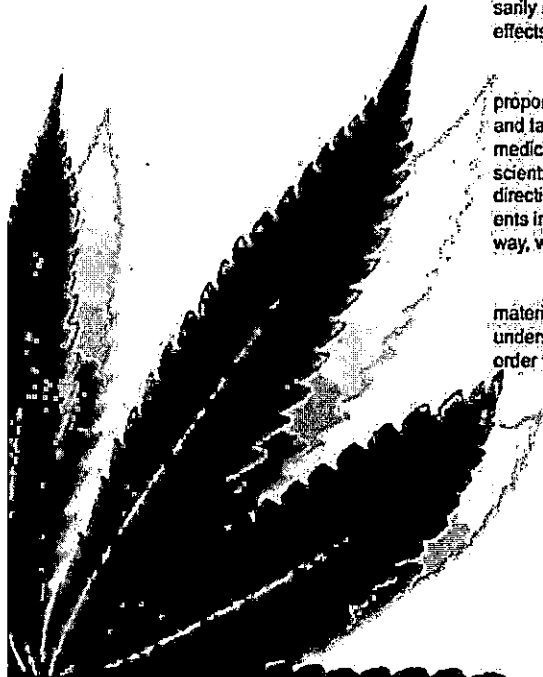
Helping us to better understand medical cannabis are the advances in laboratory analysis (now available to collectives) combined with the ongoing research taking place around the world. Much of this research is aimed at delineating the therapeutic effects of the various chemical compounds in cannabis, especially the cannabinoids and terpenoids. Two recent articles illustrating this development are those by Izzo, et al. (2009) and Russo (2011). An excellent video on medical cannabis and its impact on human health can be found online at: <http://www.youtube.com/watch?v=8Md2WNqxxTC>.

Another key to better understanding of medical cannabis is awareness that the chemical compounds available in the plant change with how the plant is processed and administered. Potential therapeutic benefits will vary if the cannabis is processed/administered in raw (unheated), heated or aged (degraded) form.

Also knowing that the various compounds in cannabis may modulate each other in synergistic or antagonistic ways is important. For example, the cannabinoid CBD will lessen to some degree the psychotropic effects of the cannabinoid THC, while the terpenoid  $\alpha$ -pinene will synergize the bronchodilator effects of THC. This complexity of interaction means that medical cannabis should be seen in the light of an herbal medicine, where to extract a so-called "active ingredient" will not necessarily result in the full range of therapeutic effects, or may produce unwanted side effects that usually do not occur when the whole herb is administered.

Finally, knowing that each strain of cannabis has potentially vastly different proportions of cannabinoids and terpenoids (often expressed in terms of color, smell and taste) means that one needs to be strain specific when discussing cannabis as medicine. This is a difficult step, but one that modern laboratory analysis and scientific research is now making possible. Education Planners is working in this direction and hopes that this educational material will assist caregivers and recipients in making a choice as to which strain, in what form, and administered in which way, will be most beneficial to them.

As new research in medical cannabis becomes available, this educational material will be revised to reflect the latest insights. In this way we hope that our understanding and use of medical cannabis will continue to grow in effectiveness in order to meet the needs and maximize the wellness of our members.



## DOSING MEDICAL CANNABIS

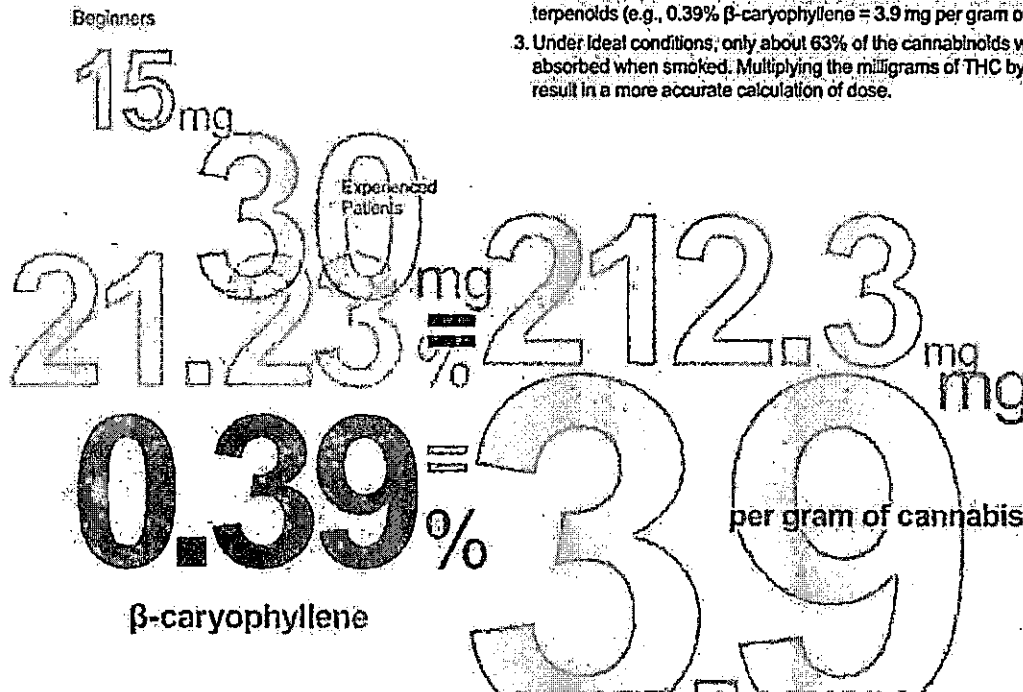
Understanding how to dose medical cannabis is difficult. We are not talking about a single active ingredient, but rather a complex of chemical compounds that modulate each other. Up to now, most attention in dose determination has focused on the psychoactive effect of THC. It is now obvious that the other (non-psychoactive) cannabinoids may be of greater therapeutic importance, depending on the ailment to be treated. Unfortunately, scientific research in dosing of these cannabinoids is still in its infancy.

Since the psychoactive effects of THC remain the main determinant of normal or "altered" daily functioning for most people, it is wise to continue to refer to the THC content of a strain when discussing dose of medicine. Some patients will want and need a high percentage of THC effect, while others will want and need a low percentage of THC effect. Determining the therapeutic dose of medical cannabis remains a very personal determination. The patient has the final say as to how much is enough. In addition, one person may react differently than another person to the same strain.

In this regard, route of administration will also be an important consideration in determining dose. For example, due to liver metabolism, cooked edibles may be 3-5 times more psychoactive than inhaled cannabis.

In trying to understand dosage, there are a few helpful rules-of-thumb:

1. Normal adult dosage of THC for beginners is 15 mg;  
more experienced patients: 30 mg.
2. Converting percentage to milligrams:  
move decimal one place over to the right. For example,  
21.23% THC = 212.3 mg of THC per gram of cannabis.  
The same conversion can be done for other cannabinoids and  
terpenoids (e.g., 0.39%  $\beta$ -caryophyllene = 3.9 mg per gram of cannabis).
3. Under ideal conditions, only about 63% of the cannabinoids will get  
absorbed when smoked. Multiplying the milligrams of THC by 0.63 will  
result in a more accurate calculation of dose.



# CANNABINOIDS

|                    |                                  |
|--------------------|----------------------------------|
| CBDA               | Cannabigerolic Acid              |
| CBGVA              | Cannabigerivarinic Acid          |
| CBG                | Cannabigerol                     |
| CBGV               | Cannabigerivarin                 |
| THCA               | Tetrahydrocannabinolic Acid      |
| THCVA              | Tetrahydrocannabivarinic Acid    |
| THC ( $\Delta^9$ ) | $\Delta^9$ -tetrahydrocannabinol |
| THCV               | Tetrahydrocannabivarin           |
| CBNA               | Cannabinolic Acid                |
| THC ( $\Delta^8$ ) | $\Delta^8$ -tetrahydrocannabinol |
| CBN                | Cannabinol                       |
| CBDA               | Cannabidiolic Acid               |
| CBDVA              | Cannabidivarinic Acid            |
| CBD                | Cannabidiol                      |
| CBDV               | Cannabidivarin                   |
| CBCA               | Cannabichromic Acid              |
| CBCVA              | Cannabichromivarinic Acid        |
| CBC                | Cannabichromene                  |
| CBCV               | Cannabichromivarin               |
| CBLA               | Cannabicyclol Acid               |
| CBL                | Cannabicyclol                    |

# MEDICINE INFORMATION SHEET

## Cannabis

Pronunciation: kan-uh-bis

### This medicine is USED FOR:

Although cannabis is used for a wide variety of ailments, rigorous clinical research is still relatively limited due to federal government regulations. Around the globe, however, controlled trials are taking place and more scientific information on the therapeutic effects of cannabis is being established.

Some of the more accepted medical uses of cannabis are for the following ailments:

- Alzheimer's Disease: reduce agitation and nighttime tossing and turning, stimulate weight gain
- Ankylosing Spondylitis: slow disease progression, reduce pain, appetite loss, depression, drooping
- Chronic Pain: reduce nerve-related (neuropathic) pain, allow opioid treatment at lower doses
- Diabetes Mellitus: slow disease progression, protect from eye disease, reduce neuropathic (nerve) pain, reduce symptoms of heart muscle disease (cardiomyopathy)
- Dystonia: reduce muscle tension and involuntary, painful muscle contractions
- Fibromyalgia: reduce pain and muscle stiffness, improve sleep quality
- Gastrointestinal Disorders: reduce cramping, abdominal pain, acid reflux, intestinal secretion, disease activity
- Glaucoma: reduce intraocular (eye) pressure, Gliomas/Cancer: inhibit tumor growth, reduce nausea and vomiting from cancer chemotherapy
- HIV/AIDS: reduce neuropathic pain, anxiety, nausea, appetite and weight loss
- Incontinence: improve bladder control, reduce bladder inflammation/irritability
- Multiple Sclerosis: reduce pain, especially depression, fatigue, incontinence
- Parkinson's Disease: alleviate L-dopa induced dyskinesia (LD), reduce tremor, rigidity and psychosis symptoms
- Prairies: reduce itching in conditions such as lichen and liver diseases
- Rheumatoid Arthritis: reduce joint pain and swelling, suppress joint destruction and disease worsening
- Insomnia: induce sleep and/or improve sleep quality
- Tourette's Syndrome: improvement of tic and obsessive-compulsive behavior

### What the active compounds might be:

Cannabinolone (CBC), Cannabidiol (CBD), Cannabidiolol (CDB), Cannabidiololol (CDBL), Cannabidiolololol (CDBLL), Cannabidiololololol (CDBLLL), Cannabidiolololololol (CDBLLLL), Tetrahydrocannabinol (THC), Tetrahydrocannabinolic acid (THCA), Tetrahydrocannabinolol (THCV), Terpenoids

### What the other compounds might be:

There may be more than 60 other cannabinoids and more than 200 terpenoids in cannabis.

### How this medicine is supplied:

Cannabis comes in various forms: dried plant material (bush, big leaves), concentrate (hash, wax), tincture, oil, capsules, topical salve, edible (infusing drinks)

### Do NOT USE this medicine if:

- You are allergic to any cannabinoid or terpenoid
- You have a history of serious mental disorder such as schizophrenia or severe depression
- You are pregnant or planning to get pregnant. In addition to the risk of smoking, the use of cannabis when you are pregnant may be a risk factor for sudden infant death syndrome. Utmost exposure to cannabis may also cause behavioral (attention) problems in the child.
- You are running
- Importantly, there may be other conditions where this product should not be used but which are unknown due to limited scientific information

### BEFORE USING this medicine:

#### ALWAYS TALK TO YOUR PHYSICIAN, PARTICULARLY IF:

- You have heart disease
- You have asthma, chronic obstructive pulmonary disease or other disease of the airways
- You have a history of alcohol abuse or dependence
- You have a history of drug abuse or dependence
- You have a history of a serious mental disorder

### HOW TO USE this medicine:

Use this medicine as directed by your doctor. Dosage and frequency of administration will vary according to route of administration (smoke, vaporization, ingestion, etc.), percentage of therapeutic ingredients, and other medicines taken. Ask your doctor or collective consultant to explain what dosage, route and frequency is best for you. Remember that concentrates have higher dosages per weight of medicine than other forms. Make sure you give the medicine sufficient time to take effect. This is especially important with the edible form of cannabis where therapeutic effect may take up to 1-2 hours before taking effect. Eating too much medicine too fast may easily occur causing unwanted side effects. Use this medicine only for the length of time recommended by your doctor. It is not recommended to use this medicine in combination with tobacco.

### Important SAFETY INFORMATION about this medicine:

- If you have not consumed cannabis before, it would be prudent to have someone with you the first time you use it. It is important to start by using small quantities. Stop if you begin to feel paniced or agitated.
- After you stop using cannabis, it remains in your system for several weeks to months. Therefore, during this time, tests for screen for cannabis may be positive.
- Cannabis may interact with several drugs. Tell your doctor which prescription drugs, over-the-counter drugs and herbal products you are currently taking, particularly:
  - Any drugs that slow down the central nervous system, causing drowsiness. This may include sleeping pills, benzodiazepines, some pain medications, some antihistamines or cold medications or sedative medications
  - Alcohol drugs used in the treatment of HIV/AIDS
- CANNABIS MAY AFFECT YOUR ABILITY TO DRIVE OR OPERATE HEAVY MACHINERY. This can last up to 24 hours after consuming.

### Possible SIDE EFFECTS of this medicine:

- From initial use:
  - When you first start consuming cannabis, you may experience mood reactions such as euphoria, relaxation, time distortion, perception of enhanced sensory experiences, loss of inhibition, anxiety, paranoia, agitation, nausea, delusions or hallucinations.
  - Fast heartbeat, this may be more of a problem if you have heart disease
  - Facial flushing or red eyes, dry mouth, headache
  - Right after consuming cannabis you may get dizzy or feel faint when you get up from a lying or sitting position. Try getting up more slowly if lying down, sit on the edge of the bed and let your feet dangle for 1 to 2 minutes, then stand up slowly.
- From Long term use:
  - Worsening of a chronic cough, if the medicine is smoked
  - May impair short term memory retention and concentration. These effects usually disappear after you stop using cannabis.

### If OVERDOSE is suspected:

It is possible that the above mentioned side effects occur. Usually these will resolve themselves within a short period of time when medication is stopped. Often fresh air, staying hydrated and eating will help. Contact your doctor immediately if symptoms persist.

### Proper STORAGE of this medicine:

Store in a tightly closed container in a cool, safe and secure place. Store away from heat, moisture and light.

### GENERAL INFORMATION:

- If you have any questions about this medicine, please talk with your doctor, collective consultant or other health care provider.
- This medicine is to be used only by the patient for whom it is recommended. Do not share it with other people.
- If your symptoms do not improve or if they become worse, check with your doctor.
- Check with your collective consultant about how to dispose of unused medicine.
- This information is a summary only. It does not contain all information about this medicine.

**KEEP THIS MEDICINE OUT OF REACH OF CHILDREN AND PETS.**

MEDICINE INFORMATION SHEET

# PROCESSING AND ADMINISTERING MEDICAL CANNABIS

Medical cannabis is processed for administration in various ways: fresh, dried, cold extractions/concentrates and heated extractions/concentrates.

Although rarely done due to the large quantities usually needed, cannabis can be ingested raw, freshly cut from the plant, in order to primarily benefit from the acid cannabinoids and their anti-inflammatory effects. Terpenoids remain intact. Psychoactivity is minimized.

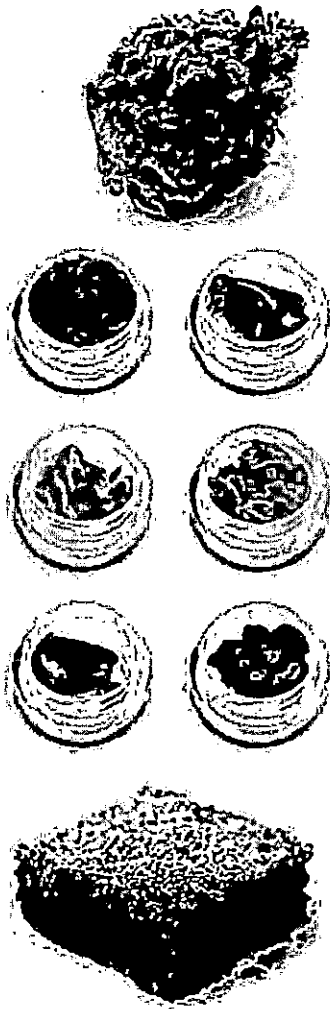
Dried cannabis is most often consumed by inhaling the burned or vaporized buds. Cannabinoid acids are converted to their neutral forms and the amount of terpenoids available will vary according to the method of administration chosen and the instruments used (pipe, joint, vaporizer).

Cold extractions / concentrates result in various products:

1. **Kief:** powder of the trichomes that have fallen off the plant. May be ingested raw but is usually smoked or ingested in cooked edibles.
2. **Slurry:** extraction using olive oil or alcohol. Usually ingested raw.
3. **Hash:** extraction using cold water and ice. May be ingested raw, smoked or used in cooking. Variety names reflect differences in the proportion of plant material to trichomes and how the variety reacts to heat:
  - a. **Bubble** = initially bubbles when exposed to heat.
  - b. **Full bubble** = continues to bubble throughout the heating process.
  - c. **Melt** = melts or turns into goeey oil when exposed to heat.
  - d. **Full melt** = almost pure trichomes, fully melts when exposed to heat leaving little or no residue.
4. **Wax:** extraction using a solvent, most commonly butane, CO<sub>2</sub> or O<sub>2</sub>. Removal ("purging") of the solvent may be through cold or heat evaporation (which changes the compounds available). Waxes are usually burned or vaporized, but may be used in cooking and in topical salves. Variety names usually refer to consistency. Examples:
  - a. **Honeycomb/Crumble** = dry, crumbly texture, often has small holes like a honeycomb.
  - b. **Budder** = more viscous, consistency like butter.
  - c. **Shatter/Glass** = consistency similar to a hard candy.
  - d. **Sap** = sticky texture similar to honey.
  - e. **Taffy** = firmer than sap but not brittle like shatter.








Heated extractions / concentrates convert the cannabinoid acids into their neutral forms and usually removes the terpenoids. Various products:

1. **Tea:** extraction into hot water and then drunk.
2. **Tincture:** heated cannabis that is extracted in alcohol. Usually administered directly under the tongue.
3. **Edible:** extraction into a fat (butter, oil) and then used in cooking food.
4. **Oil:** slow heating of cannabis in olive or coconut oil. Usually used in food or topically on skin.
5. **Salve/Cream/Lotion:** low heating of cannabis oil with beeswax. Used topically on skin.



# TERPENOIDS

## Smells and Therapeutic Effects

|   |   |   |
|---|---|---|
| <b><math>\alpha</math>-PINENE</b>       | <br>Pine needles           | Anti-bacterial<br>Anti-fungal<br>Anti-inflammatory<br>Bronchodilator                      |
| <b><math>\beta</math>-CARYOPHYLLENE</b> | <br>Black Pepper<br>Clove | Anti-bacterial<br>Anti-cancer<br>Anti-fungal<br>Anti-inflammatory<br>Anti-septic          |
| <b>BORNEOL</b>                          | <br>Camphor              | Analgesic<br>Anti-insomnia<br>Anti-septic<br>Bronchodilator                               |
| <b>CARYOPHYLLENE OXIDE</b>              | <br>Eucalyptus           | Anti-fungal<br>Anti-ischemic  |
| <b>CINEOL</b>                           | <br>Tea Tree             | Anti-bacterial<br>Anti-depressant<br>Anti-inflammatory<br>Anti-ischemic<br>Bronchodilator |
| <b>CITRONELLOL</b>                      | <br>Rose                 | Anti-cancer<br>Anti-inflammatory<br>Anti-insomnia<br>Anti-spasmodic                       |
| <b>HUMULENE</b>                         | <br>Hops                 | Anorectic<br>Anti-cancer<br>Anti-bacterial<br>Anti-inflammatory                           |

**LIMONENE**



Citrus

Anti-bacterial  
Anti-cancer  
Anti-depressant  
Anti-fungal  
Anxiolytic  
Bronchodilator

**LINALOOL**



Lavender

Anti-bacterial  
Anti-convulsive  
Anti-depressant  
Anti-insomnia  
Anxiolytic

**MYRCENE**



Lemongrass

Analgesic  
Anti-cancer  
Anti-inflammatory  
Anti-insomnia  
Anti-spasmodic



Mango

**NEROLIDOL**



Wood

Anti-fungal  
Anti-insomnia



Citrus rind

**PHYTOL**



Green Tea

Anti-insomnia

**TERPINOLENE**



Lilac

Anti-bacterial  
Anti-fungal  
Anti-insomnia  
Anti-septic



Apple



## NOTES ON CHARTS 1, 2 and 3

The following charts reflect most of what is presently known on the potentially therapeutic chemical compounds in cannabis, how they are formed, and how they relate to each other. Only 21 cannabinoids and 13 terpenoids are listed. There is still much to be learned.

The charts should be read horizontally and vertically;

**Horizontally:** which cannabinoids can be found in which physical state of cannabis (raw, heated, aged). Raw refers to the fresh plant. Aged refers to the effects of UV-light, oxidation, and isomerization; in other words: degradation.

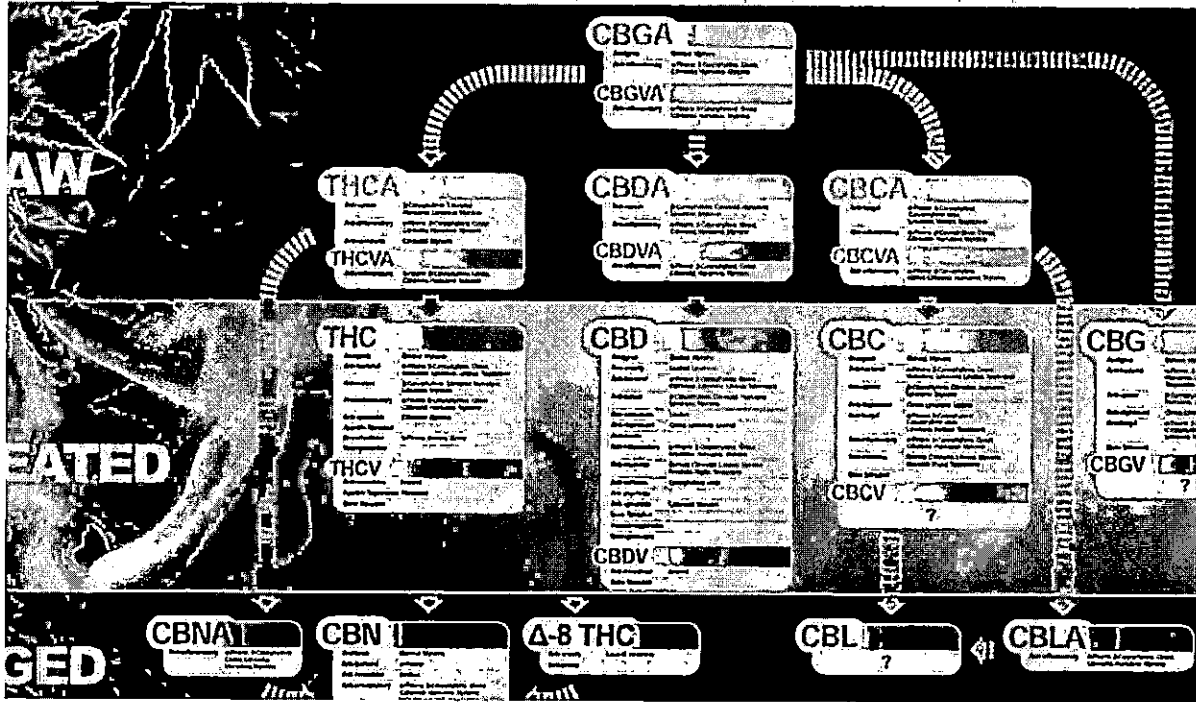
**Vertically:** how do the cannabinoids relate to each other; where do they come from?

In general, the amount of divarinic cannabinoid (those with "V" in the acronym) is always less than the olivetolic cannabinoid. In the charts, this is reflected in the smaller font size of the acronym.

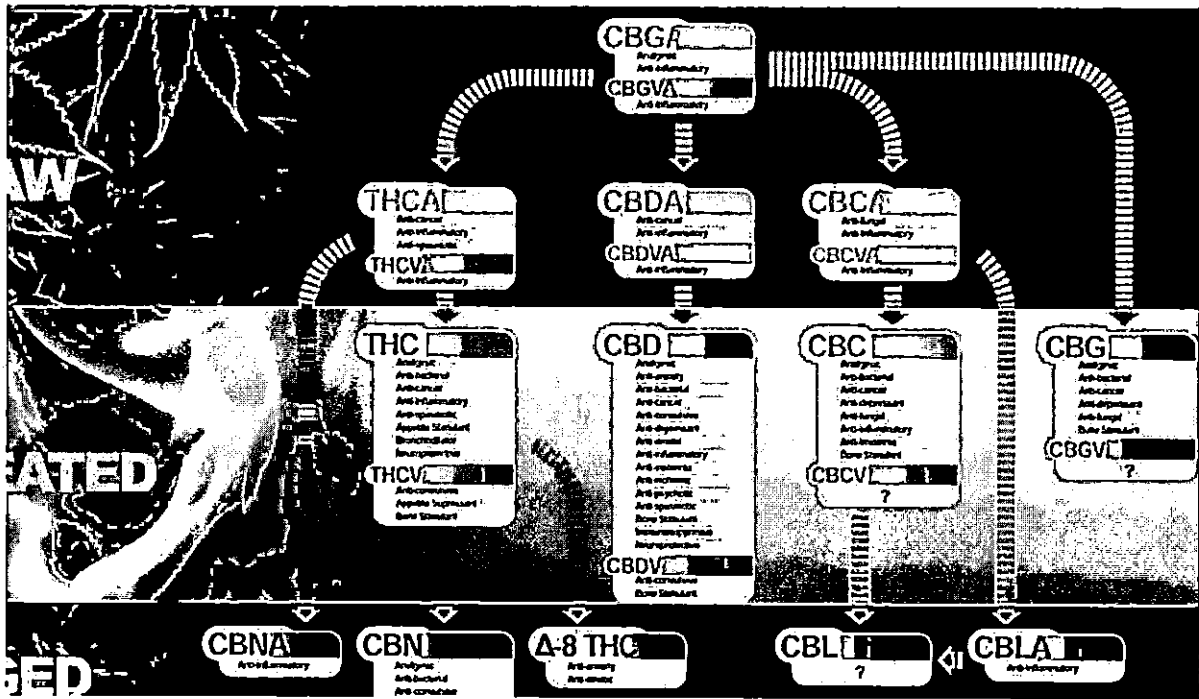
The charts do not imply that all cannabinoids listed are always detectable in the various strains currently available. Breeding has mainly focused on increasing the amount of THC. Recently CBD has come under attention and strains high in CBD are now being bred. Hopefully other strains with significant amounts of other cannabinoids will be available soon.

Since terpenoids are more volatile than cannabinoids, their presence is more closely related to freshness and temperature. The fresher and cooler the cannabis (upper part of the chart), the more the terpenoids peculiar to the strain are preserved. Therefore, as one goes down the chart, terpenoids listed in the different physical states of cannabis may or may not be available in amounts of therapeutic significance.

**Cannabinoids, Therapeutic Effects and Synergistic Terpenoids**



### Cannabinoids and Their Therapeutic Effects



08/26/2015 16:02

(FAX)

P.003/005

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 80 TRINITY STREET, HARTFORD, CT 06109  
PHONE: 860-509-8003 WEBSITE: WWW.CONNECT-80TS.GOV

Section E-1

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

FILING #0005387563 PG 01 OF 02 VOL B-02096  
FILED 08/26/2015 04:00 PM PAGE 00304  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)

NAME: Kevin F. Rennle

MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"

ADDRESS: 1708 Ellington Road

CITY: South Windsor

STATE: CT

ZIP: 06074

1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)

RELEASE RECOVERY, LLC

2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:

ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

The purpose for which the Limited Liability Company is organized is to engage in any lawful act or activity for which Limited Liability Companies may be formed under the Connecticut Limited Liability Company Act.

3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.

ADDRESS: 379 Quarry Brook Drive

CITY: South Windsor

STATE: Connecticut

ZIP: 06074

4. MAILING ADDRESS, IF DIFFERENT THAN #3; PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.

ADDRESS:

CITY:

STATE:

ZIP:

5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)

A. IF AGENT IS AN INDIVIDUAL

PRINT OR TYPE FULL LEGAL NAME:

Thomas Nicholas

BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"

CONNECTICUT RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE)

ADDRESS: 379 Quarry Brook Drive

ADDRESS: 379 Quarry Brook Drive

CITY: South Windsor

CITY: South Windsor

STATE: Connecticut

STATE: Connecticut

ZIP: 06074

ZIP: 06074

SIGNATURE ACCEPTING APPOINTMENT:

*Thomas Nicholas*

PAGE 1 OF 2

FORM LC-1-1.0  
Rev. 1/1/2015

08/26/2015 16:02

(FAX)

P.004/005

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

FILING #0005387563 PG 02 OF 02 VOL B-02096  
FILED 08/26/2015 04:00 PM PAGE 00305  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

CT BUSINESS ADDRESS (P.O.BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)  
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

| NAME            | TITLE           | BUSINESS ADDRESS<br>(No. P.O Box)<br>IF NONE, MUST STATE "NONE" | RESIDENCE ADDRESS:<br>(No. P.O Box)               |
|-----------------|-----------------|---|---|
| Thomas Nicholas | Managing Member | 379 Quarry Brook Drive<br>South Windsor, CT 06074               | 379 Quarry Brook Drive<br>South Windsor, CT 06074 |
|                 |                 |   |   |

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE.")

t.j.nicholas@att.net

9. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 26th DAY OF August, 2015.

| NAME OF ORGANIZER<br>(PRINT OR TYPE) | SIGNATURE              |
|--------------------------------------|------------------------|
| Thomas Nicholas                      | <i>Thomas Nicholas</i> |

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [WWW.CONCORD-SOLS.CT.GOV](http://www.concord-sols.ct.gov)  
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5982 OR GO TO [WWW.CT.GOV/DRS](http://www.ct.gov/drs)

**COPY****ARTICLE I****DEFINITIONS**

The following terms used in this Operating Agreement shall have the following meanings (unless otherwise expressly provided herein);

(a) "Article of Organization" shall mean the Article of Organization of **RELEAF RECOVERY, LLC**, as filed with the Secretary of the State of Connecticut, as the same may be amended from time to time. A copy of the Articles of Organization are attached hereto as Exhibit A.

(b) "Capital Account" as of any given date shall mean the Capital Contribution to the Company by a Member as adjusted up to the date in question pursuant to Article VII.

(c) "Capital Contribution" shall mean any agreed contribution to the capital of the Company in cash, property or services by a Member, whenever made. "Initial Capital Contribution" shall mean the initial contribution to the capital of the Company pursuant to this Operating Agreement as set forth on Exhibit A attached hereto.

(d) "Company Interest" shall mean with respect to each Member, such Member's interest in the profits and losses of the Company as set forth on Exhibit B attached hereto.

(e) "Code" shall mean the Internal Revenue Code of 1986 or corresponding provisions of subsequent superseding federal revenue laws.

(f) "Connecticut Act" shall mean the Connecticut Limited Liability Company Act (P.A. 93-267).

(g) "Company" shall refer to **RELEAF RECOVERY, LLC**.

(h) "Deficit Capital Account" shall mean, with respect to any Member, the deficit balance, if any, in such Member's Capital Account as of the end of the taxable year.

(i) "Distributable Cash" means all cash, revenues and funds received by the Company from Company operations, less the sum of the following to the extent paid or set aside by the Company: (i) all principal and interest payments on indebtedness of the Company and all other sums paid to lenders; (ii) all cash expenditures incurred incident to the normal operation of the Company's business; (iii) such Reserves as the Managers deem reasonably necessary to the proper operation of the Company's business.

(j) "Economic Interest" shall mean a Member's Economic Interest in the Company's Net Profits, New Losses and distributions of the Company's assets pursuant to this Operating Agreement and the Connecticut Act, but shall not include any right to participate in the management or affairs of the Company, including the right to vote on, consent to or otherwise participate in any decision of the Members or Managers.

(k) "Economic Interest Owner" shall mean the owner of an Economic Interest who is not a member.

(l) "Entity" shall mean a general partnership, a limited partnership, a domestic or foreign limited liability company, a trust, an estate, an association, a corporation or any other legal or commercial entity.

(m) "Event of Dissociation" means an event that causes a person to cease to be a Member, as provided in Section 41 of the Connecticut Act.

(n) "Fiscal Year" shall mean the Company's fiscal year, which shall be the calendar year.

(o) "Gifting Member" shall mean any Member or Economic Interest Owner who gifts, bequeaths or otherwise transfers for no consideration (by operation of law or otherwise, except with respect to bankruptcy) all or any part of its Membership Interest or Economic Interest.

(p) "Majority Interest" shall mean one or more Interests of Members which taken together exceed 50% of the aggregate of all Company interests.

(q) "Manager" shall mean one or more managers designated in the manner provided in this agreement.

(r) "Member" shall mean each of the parties who executes a counterpart of this Operating Agreement as a Member and each of the parties who may hereafter become Members as permitted herein. To the extent a Manager has acquired a Membership Interest in the Company, he will have all the rights of a Member with respect to such Membership Interest, and the term "Member" as used herein shall include a Manager to the extent he has acquired such Membership Interest in the Company. If a Person is a Member immediately prior to the purchase or other acquisition by such Person of an Economic Interest, such Person shall have all the rights of a Member with respect to such purchased or otherwise acquired Membership Interest or Economic Interest, as the case may be.

(s) "Membership Interest" shall mean, a Member's entire interest in the Company including such Member's Economic Interest and the right to participate in the management of the business and affairs of the Company, including the right to vote on, consent to, or otherwise participate in any decision or action of or by the Members granted pursuant to this Operating Agreement or the Connecticut Act.

(t) "Net Profits" and "Net Losses" shall mean the income, gain, loss, deductions and credits of the Company in the aggregate or separately stated, as appropriate, determined in accordance with the method of accounting selected by the Managers at the close of each fiscal year on the company's information tax return filed for federal income tax purposes.

(u) "Operating Agreement" shall mean this Operating Agreement as originally executed and as amended from time to time.

(v) "Person" shall mean an individual or Entity, and the heirs, executors, administrators, legal representatives, successors, and the assigns of such "person" where the context so permits.

(w) "Reserves" shall mean, with respect to any fiscal period, funds set aside or amounts allocated during such period to reserves which shall be maintained in amounts deemed sufficient by the taxes, insurance, debt service or other costs or expenses incident to the ownership or operation of the Company's business.

(x) "Selling Member" shall mean any Member or Economic Interest Owner which sells, assigns, or otherwise transfers for consideration all or any portion of its Membership Interest or Economic Interest.

(y) "Transferring Member" shall collectively mean a Selling Member and a Gifting Member.

(z) "Treasury Regulations" shall include proposed, temporary and final regulations promulgated under the Code in effect as of the date of filing the Articles of Organization and the corresponding sections of any regulations subsequently issued that amend or supersede such regulations.

## ARTICLE II

### FORMATION OF COMPANY

Section 2.1 -- Formation. The Company was formed as a limited liability company under the Connecticut Act by the filing of its Articles of Organization with the Secretary of the State of Connecticut on

## ARTICLE III

### BUSINESS OF COMPANY

Section 3.1 -- Permitted Businesses. The business of the Company shall be as set forth in its Articles of Organization.

## ARTICLE IV

### NAMES AND ADDRESS OF MEMBERS

The name and address of the initial Members are:

Thomas Nicholas  
379 Quarry Brook Drive  
South Windsor, CT 06074

Angela D'Amico  
55 Brittany Avenue  
Trumbull, CT 06611

John P. Glowik, Jr.  
44 Independence Lane  
Shrewsbury, MA 01545

High Street Capital Partners  
70 Island Avenue  
Madison, CT 06443

## ARTICLE V

### RIGHTS AND DUTIES OF MANAGERS

Section 5.1 -- Management. The business and affairs of the Company shall be managed by its Managers. The managers shall direct, manage and control the business of the Company to the best of their ability. Except for situations in which the approval of the members is expressly required by this Operating Agreement or by nonwaivable provisions of applicable law, the Managers shall have full and complete authority, power and discretion to manage and control the business, affairs and properties of the



other acts or activities customary or incident to the management of the Company's business. At any time when there is more than one Manager, any one Manager may exercise all of the powers delegated to the managers herein and may take any action permitted to be taken by the Managers, unless the approval of more than one of the Managers is expressly required pursuant to this Operating Agreement.

Section 5.2 -- Number, Identity, Tenure and Qualifications.

The Company shall have one Manager:

**Thomas Nicholas**

The number of Managers of the Company shall be fixed from time to time by the affirmative vote or written consent of Members holding at least two-thirds of all Company Interests, but in no instance shall there be fewer than two Managers. Each Manager shall hold office until his successor shall have been elected and qualified or such earlier time as he may resign or be removed as provided herein. Managers shall be elected by the affirmative vote or written consent of Members holding at least a Majority Interest. A Manager need not be a Member.

Section 5.3 -- Certain Powers of Managers. Without limiting the generality of Section 5.1, the Managers shall have power and authority on behalf of the Company:

- (a) To acquire property from any person as the Managers may designate;
- (b) To borrow money for the Company from banks, other lending institutions, the Managers, Members, or affiliates of the Managers or Members on such terms as the Managers deem appropriate, and in connection therewith, to mortgage, hypothecate, encumber and grant security interests in the assets of the Company to secure repayment of the borrowed sums;
- (c) To purchase liability and other insurance to protect the Company's property and interest;
- (d) To hold and own any Company real and/or personal properties in the name of the Company;
- (e) To invest any company funds temporarily (by way of example but not limitation) in time deposits, short-term governmental obligations, commercial paper or other investments;
- (f) Upon the affirmative vote or written consent Members holding at least two-thirds of all Company Interests, to sell or otherwise dispose of all or substantially all of the assets of the Company as part of a single transaction or plan;
- (g) To execute on behalf of the Company all instruments and documents, including, without limitation, checks; drafts; notes and other negotiable instruments; mortgages or deeds of trust; security agreements; financing statements; documents providing for the acquisition, mortgage or disposition of the Company's property; assignments; bills of sale; leases; partnership agreements, operating agreements of other limited liability companies; and any other instruments or documents necessary or appropriate, in the opinion of the Managers, to the business of the Company;

(h) To employ accountants, legal counsel, managing agents or other experts to perform services for the Company and to compensate them from Company funds;

(i) To enter into any and all other agreements on behalf of the Company, with any other Person for any purpose, in such forms as the Managers may approve; and

(j) To do and perform all other acts as may be necessary or appropriate to the conducts of the Company's business.

Unless authorized to so do by this Operating Agreement or by written authorization of a Manager or Managers of the Company, no attorney-in-fact, employee or other agent of the Company shall have any power or authority to bind the Company in any way, to pledge its credit or to render it liable for any purpose. No Member (other than a Member who is also a Manager) shall have any power or authority to bind the Company unless the Member has been authorized by the Managers to act as an agent of the Company in accordance with the previous sentence.

Section 5.4 -- Managers Have No Exclusive Duty To Company. The Managers shall not be required to manage the Company as their sole and exclusive function and they may have other business interests and may engage in other activities in addition to those relating to the Company.

Section 5.5 -- Bank Accounts. The Managers may from time to time open bank accounts in the name of the Company, and the Managers shall be the sole signatories thereon, unless the Managers determine otherwise.

Section 5.6 -- Company Books. In accordance with Section 9.02 herein, the Managers shall maintain and preserve, during the term of the Company, and for five (5) years thereafter, all accounts, books, and other relevant Company documents. Upon reasonable request, each Member and Economic Interest Owner shall have the right, during ordinary business hours, to inspect and copy such Company documents at the requesting Member's and Economic Interest Owner's expense.

Section 5.7 -- Indemnity of Managers. The Company shall indemnify the Managers, only if they are uncompensated volunteer Managers, from and against any claim by any third party seeking monetary damages against such manager arising out of such Manager's performance of his duties in good faith in accordance with Section 22 of the Connecticut Act. This section shall not apply to Managers who receive compensation for their services.

Section 5.8 -- Resignation. Any Manager of the Company may resign at any time by giving written notice to the Members of the Company. The resignation of any Manager shall take effect upon receipt of notice thereof or at such late time as shall be specified in such notice; and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. The resignation of a Manager who is also a Member shall not, by itself, affect the Manager's rights as a Member and shall not constitute a withdrawal of a Member.

Section 5.9 -- Removal. Any Manager may be removed at any time, with or without cause, by the affirmative vote or written consent of Members holding a Majority Interest. The removal of a Manager who is also a Member, shall not, by itself, affect the Manager's rights as a member and shall not constitute a withdrawal of a Member.

Section 5.10 -- Vacancies. Any vacancies occurring for any reason in the number of Managers of the Company may be filled by the affirmative vote or by written consent of Members holding a Majority Interest.

Section 5.11 -- Compensation of Managers. The Managers shall receive compensation for their services.

## ARTICLE VI

### RIGHTS AND OBLIGATIONS OF MEMBERS

Section 6.1 -- Limitation of Liability. Each Member's liability shall be limited as set forth in this Operating Agreement, the Connecticut Act and other applicable law.

Section 6.2 -- List of Members. Upon written request of any Member, a Manager shall provide a list showing the names, addresses and Membership Interests and Economic Interests of all Members.

Section 6.3 -- Approval of Sale of All Assets. The Members shall have the right, by the affirmative vote or written consent of Members holding majority of all Company interests, to approve the sale, exchange or other disposition of all, or substantially all, of the Company's assets which is to occur as part of a single transaction or plan.

Section 6.4 -- Priority and Return of Capital. Except as may be expressed as provided in Article IX, no Member of Economic Interest Owner shall have priority over any other Member or Economic Interest Owner, either as to the return of Capital Contributions or as to Net Profits, Net Losses or distributions; provided this section shall not apply to repayment of loans (as distinguished from Capital Contributions) which a Member has made to the Company.

## ARTICLE VII

### CONTRIBUTIONS TO THE COMPANY AND CAPITAL ACCOUNTS

Section 7.1 -- Member's Capital Contributions. Each Member shall contribute such cash, property or services as is set forth in Exhibit B hereto as its share of the Initial Capital Contribution.

Section 7.2 -- Additional Contributions. Except as set forth in Section 7.1, no Member shall be required to make any Capital Contribution. The Managers may determine from time to time that additional Capital Contributions are necessary or appropriate in connection with the conduct of the Company's business (including without limitation, expansion or diversification or to meet operating deficits). In such event, the Members shall have the opportunity (but not the obligation), to participate in such additional Capital Contributions on a pro rata basis in accordance with their Company interests.

Section 7.3 -- Capital Accounts.

(a) A separate Capital Account will be maintained for each Member. In general, each Member's Capital Account will be: (I) increased by (a) the amount of money contributed by such Member to the Company; (b) the agreed fair market value of property or service contributed by such Member to the Company (net of liabilities secured by such contributed property that the Company is considered to assume or take subject to under Section 752 of the Code; and (c) allocations to such Member of Net Profits; and (II) decreased by (a) the amount of money distributed to such Member by the Company; (b) the fair market value of property distributed to such Member by the Company (net of liabilities secured by such distributed property that such Member is considered to assume or take subject to under Section 752 of the Code); and (c) allocations to the account of such Member net Losses. Capital accounts will be maintained in accordance with the requirements of 704(b) of the Code and the Treasury Regulations promulgated thereunder.

(b) In the event of a permitted sale or exchange of a Membership Interest or an Economic Interest in the Company, the Capital Account of the transferor shall become the Capital Account of the transferee to the extent it relates to the transferred Membership Interest or Economic Interest in accordance with Section 1.704-1 (b) (2) (iv) of the Treasury Regulations.

(c) Upon liquidation of the Company (or the Member's Membership Interest or Economic Interest Owner's Economic Interest), liquidating distributions will be made in accordance with the positive Capital Account balances of the Members and Economic Interest Owners, as determined after taking into account all Capital Account adjustments for the Company's taxable year during which the liquidation occurs. Liquidation proceeds will be paid within sixty days of the end of the taxable year (or, if later, within 120 days after the date of the liquidation.) The Company may offset damages for breach of this Operating Agreement by a Member or Economic Interest Owner whose interest is liquidated (either upon the withdrawal of the Member or the liquidation of the Company) against the amount otherwise distributable to such Member.

(d) Except as otherwise required in the Connecticut Act (and subject to Section 7.1 and 7.2), no Member or Economic Interest Owner shall have any liability to restore all or any portion of a deficit balance in such Member's or Economic Interest Owner's Capital Account.

ARTICLE VIIIALLOCATIONS, INCOME TAX AND DISTRIBUTIONS

Section 8.1 -- Allocations of Profits and Losses. The Net Profits and Net Losses of the Company for each Fiscal Year will be allocated to the Members in the manner determined by the Managers to reasonably reflect the Members' interests in accordance with the percentage allocations set forth in Exhibit B attached hereto and in compliance with applicable tax law.

Section 8.2 -- Distributions. Except as provided in Section 7.3(c), all distributions of cash or other property shall be made to the Members pro rata in proportion to the respective Capital Interests of the Members on the record date of such distribution. Except as provided in Section 8.4, all distributions of Distributable Cash

and property shall be made at such time as determined by the Manager. No Member shall have the right to demand and receive property other than cash irrespective of the nature of its Capital Contribution. All amounts withheld pursuant to the Code or any provisions of state or local tax law with respect to any payment or distribution to the Members from the Company shall be treated as amounts distributed to the relevant Member or Members pursuant to this Section 8.2.

Section 8.3 -- Limitation Upon Distributions. No distribution shall be declared and paid unless, after the distribution is made, the assets of the Company are in excess of all liabilities of the Company, except liabilities to Members on account of their contributions.

Section 8.4 -- Interest on and Return of Capital Contributions. No other Member shall be entitled to interest on its Capital Contribution or to return of its Capital Contribution, except as otherwise specifically provided for herein.

Section 8.5 -- Loans to Company. Nothing in this Operating Agreement shall prevent any Member from making secured or unsecured loans to the Company by agreement with the Company.

Section 8.6 -- No Right to Distribution. Anything in this Agreement or in Section 30 of the Connecticut Act to the contrary notwithstanding, no Member shall be entitled to receive any distribution of money or other property in excess of \$1.00 by reason of such persons ceasing to be a member, except (i) upon dissolution of the Company, or (ii) upon affirmative vote or written consent of Members holding a Majority interest.

## ARTICLE IX

### ACCOUNTING, REPORTS

Section 9.1 -- Accounting Period. The Company's accounting period shall be the calendar year.

Section 9.2 -- Records, Audits, and Reports. The Managers shall maintain records and accounts of all operations and expenditures of the Company. At a minimum the Company shall keep at its principal place of business the following records:

(a) A current and past list setting forth in alphabetical order the full name and last known business, residence, or mailing address of each Member, Economic Interest Owner and Manager, both past and present;

(b) A copy of the Articles of Organization of the Company and all amendments thereto, together with executed copies of any powers of attorney pursuant to which any articles of amendment have been executed.

(c) Copies of the Company's federal, state, and local income tax returns and financial statements for the three most recent years, or, if such returns or statements were not prepared for any reason, copies of the information and statements provided to, or which should have been provided to, the Members to enable them to prepare their federal, state and local tax returns for such period.

08/26/2015 16:02



DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 50 HUNTER STREET, HARTFORD, CT 06108  
PHONE: 860-509-8003 WEBSITE: www.conncorp-sos.ct.gov

(FAX)

P.003/005

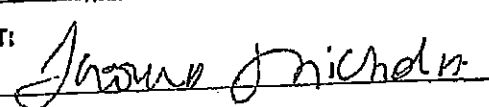
Section E-1

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING #0005387563 PG 01 OF 02 VOL B-02096  
FILED 08/26/2015 04:00 PM PAGE 00304  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

|   |  |   |
|---|--|---|
| FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)<br>NAME: Kevin F. Rennle<br>ADDRESS: 1708 Ellington Road<br><br>CITY: South Windsor<br>STATE: CT ZIP: 06074  |  | MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE" |
| 1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)<br><b>RELEAF RECOVERY, LLC</b>  |  |   |
| 2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:<br>ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.<br>The purpose for which the Limited Liability Company is organized is to engage in any lawful act or activity for which Limited Liability Companies may be formed under the Connecticut Limited Liability Company Act. |  |   |
| 3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.<br>ADDRESS: 379 Quarry Brook Drive<br><br>CITY: South Windsor<br>STATE: Connecticut ZIP: 06074  |  |   |
| 4. MAILING ADDRESS, IF DIFFERENT THAN #3; PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.<br>ADDRESS:<br><br>CITY: ZIP:   |  |   |
| 5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)<br><input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL.<br>PRINT OR TYPE FULL LEGAL NAME:<br><b>Thomas Nicholas</b>  |  |   |
| BUSINESS ADDRESS<br>(P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"<br>ADDRESS: 379 Quarry Brook Drive<br><br>CITY: South Windsor<br>STATE: Connecticut<br>ZIP: 06074  | CONNECTICUT RESIDENCE ADDRESS<br>(P.O. BOX NOT ACCEPTABLE)<br>ADDRESS: 379 Quarry Brook Drive<br><br>CITY: South Windsor<br>STATE: Connecticut<br>ZIP: 06074 |   |
| SIGNATURE ACCEPTING APPOINTMENT:<br>  |  |   |

08/26/2015 16:02

(FAX)

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

FILING #0005387563 PG 02 OF 02 VOL B-02096  
FILED 08/26/2015 04:00 PM PAGE 00305  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

ZIP:

STATE:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)  
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

| NAME            | TITLE           | BUSINESS ADDRESS<br>(No. P.O. Box)<br>IF NONE, MUST STATE "NONE" | RESIDENCE ADDRESS:<br>(No. P.O. Box)              |
|-----------------|-----------------|--|---|
| Thomas Nicholas | Managing Member | 379 Quarry Brook Drive<br>South Windsor, CT 06074                | 379 Quarry Brook Drive<br>South Windsor, CT 06074 |
|                 |                 |  |   |

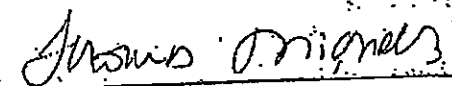
7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES  
 MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE")

t.j.nicholas@att.net

9. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 26th DAY OF August, 2015.

| NAME OF ORGANIZER<br>(PRINT OR TYPE) | SIGNATURE  |
|--------------------------------------|--|
| Thomas Nicholas                      |  |

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE  
EASILY FILED ONLINE @ [WWW.CORCORD-SOLS.CT.GOV](http://www.corscord-sols.ct.gov)  
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY  
POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
TAX PAYER SERVICE CENTER (800) 382-9483 OR (860) 297-5962 OR GO TO [WWW.CT.GOV/DRS](http://www.ct.gov/drs)

FORM LC-1-1,0  
Rev. 1/1/2015

COPY

ARTICLE IDEFINITIONS

The following terms used in this Operating Agreement shall have the following meanings (unless otherwise expressly provided herein);

(a) "Article of Organization" shall mean the Article of Organization of **RELEAF RECOVERY, LLC**, as filed with the Secretary of the State of Connecticut, as the same may be amended from time to time. A copy of the Articles of Organization are attached hereto as Exhibit A.

(b) "Capital Account" as of any given date shall mean the Capital Contribution to the Company by a Member as adjusted up to the date in question pursuant to Article VII.

(c) "Capital Contribution" shall mean any agreed contribution to the capital of the Company in cash, property or services by a Member, whenever made. "Initial Capital Contribution" shall mean the initial contribution to the capital of the Company pursuant to this Operating Agreement as set forth on Exhibit A attached hereto.

(d) "Company Interest" shall mean with respect to each Member, such Member's interest in the profits and losses of the Company as set forth on Exhibit B attached hereto.

(e) "Code" shall mean the Internal Revenue Code of 1986 or corresponding provisions of subsequent superseding federal revenue laws.

(f) "Connecticut Act" shall mean the Connecticut Limited Liability Company Act (P.A. 93-267).

(g) "Company" shall refer to **RELEAF RECOVERY, LLC**.

(h) "Deficit Capital Account" shall mean, with respect to any Member, the deficit balance, if any, in such Member's Capital Account as of the end of the taxable year.

(i) "Distributable Cash" means all cash, revenues and funds received by the Company from Company operations, less the sum of the following to the extent paid or set aside by the Company: (i) all principal and interest payments on indebtedness of the Company and all other sums paid to lenders; (ii) all cash expenditures incurred incident to the normal operation of the Company's business; (iii) such Reserves as the Managers deem reasonably necessary to the proper operation of the Company's business.

(j) "Economic Interest" shall mean a Member's Economic Interest in the Company's Net Profits, New Losses and distributions of the Company's assets pursuant to this Operating Agreement and the Connecticut Act, but shall not include any right to participate in the management or affairs of the Company, including the right to vote on, consent to or otherwise participate in any decision of the Members or Managers.

(k) "Economic Interest Owner" shall mean the owner of an Economic Interest who is not a member.



(l) "Entity" shall mean a general partnership, a limited partnership, a domestic or foreign limited liability company, a trust, an estate, an association, a corporation or any other legal or commercial entity.

(m) "Event of Dissociation" means an event that causes a person to cease to be a Member, as provided in Section 41 of the Connecticut Act.

(n) "Fiscal Year" shall mean the Company's fiscal year, which shall be the calendar year.

(o) "Gifting Member" shall mean any Member or Economic Interest Owner who gifts, bequeaths or otherwise transfers for no consideration (by operation of law or otherwise, except with respect to bankruptcy) all or any part of its Membership Interest or Economic Interest.

(p) "Majority Interest" shall mean one or more Interests of Members which taken together exceed 50% of the aggregate of all Company interests.

(q) "Manager" shall mean one or more managers designated in the manner provided in this agreement.

(r) "Member" shall mean each of the parties who executes a counterpart of this Operating Agreement as a Member and each of the parties who may hereafter become Members as permitted herein. To the extent a Manager has acquired a Membership Interest in the Company, he will have all the rights of a Member with respect to such Membership Interest, and the term "Member" as used herein shall include a Manager to the extent he has acquired such Membership Interest in the Company. If a Person is a Member immediately prior to the purchase or other acquisition by such Person of an Economic Interest, such Person shall have all the rights of a Member with respect to such purchased or otherwise acquired Membership Interest or Economic Interest, as the case may be.

(s) "Membership Interest" shall mean, a Member's entire interest in the Company including such Member's Economic Interest and the right to participate in the management of the business and affairs of the Company, including the right to vote on, consent to, or otherwise participate in any decision or action of or by the Members granted pursuant to this Operating Agreement or the Connecticut Act.

(t) "Net Profits" and "Net Losses" shall mean the income, gain, loss, deductions and credits of the Company in the aggregate or separately stated, as appropriate, determined in accordance with the method of accounting selected by the Managers at the close of each fiscal year on the company's information tax return filed for federal income tax purposes.

(u) "Operating Agreement" shall mean this Operating Agreement as originally executed and as amended from time to time.

(v) "Person" shall mean an individual or Entity, and the heirs, executors, administrators, legal representatives, successors, and the assigns of such "person" where the context so permits.

(w) "Reserves" shall mean, with respect to any fiscal period, funds set aside or amounts allocated during such period to reserves which shall be maintained in amounts deemed sufficient by the taxes, insurance, debt service or other costs or expenses incident to the ownership or operation of the Company's business.

(x) "Selling Member" shall mean any Member or Economic Interest Owner which sells, assigns, or otherwise transfers for consideration all or any portion of its Membership Interest or Economic Interest.

(y) "Transferring Member" shall collectively mean a Selling Member and a Gifting Member.

(z) "Treasury Regulations" shall include proposed, temporary and final regulations promulgated under the Code in effect as of the date of filing the Articles of Organization and the corresponding sections of any regulations subsequently issued that amend or supersede such regulations.

## ARTICLE II

### FORMATION OF COMPANY

Section 2.1 -- Formation. The Company was formed as a limited liability company under the Connecticut Act by the filing of its Articles of Organization with the Secretary of the State of Connecticut on

## ARTICLE III

### BUSINESS OF COMPANY

Section 3.1 -- Permitted Businesses. The business of the Company shall be as set forth in its Articles of Organization.

## ARTICLE IV

### NAMES AND ADDRESS OF MEMBERS

The name and address of the initial Members are:

Thomas Nicholas  
379 Quarry Brook Drive  
South Windsor, CT 06074

Angela D'Amico  
55 Brittany Avenue  
Trumbull, CT 06611

John P. Glowik, Jr.  
44 Independence Lane  
Shrewsbury, MA 01545

High Street Capital Partners  
70 Island Avenue  
Madison, CT 06443

## ARTICLE V

### RIGHTS AND DUTIES OF MANAGERS

Section 5.1 -- Management. The business and affairs of the Company shall be managed by its Managers. The managers shall direct, manage and control the business of the Company to the best of their ability. Except for situations in which the approval of the members is expressly required by this Operating Agreement or by nonwaivable provisions of applicable law, the Managers shall have full and complete authority, power and discretion to manage and control the business, affairs and properties of the

other acts or activities customary or incident to the management of the Company's business. At any time when there is more than one Manager, any one Manager may exercise all of the powers delegated to the managers herein and may take any action permitted to be taken by the Managers, unless the approval of more than one of the Managers is expressly required pursuant to this Operating Agreement.

Section 5.2 -- Number, Identity, Tenure and Qualifications.

The Company shall have one Manager:

**Thomas Nicholas**

The number of Managers of the Company shall be fixed from time to time by the affirmative vote or written consent of Members holding at least two-thirds of all Company Interests, but in no instance shall there be fewer than two Managers. Each Manager shall hold office until his successor shall have been elected and qualified or such earlier time as he may resign or be removed as provided herein. Managers shall be elected by the affirmative vote or written consent of Members holding at least a Majority Interest. A Manager need not be a Member.

Section 5.3 -- Certain Powers of Managers. Without limiting the generality of Section 5.1, the Managers shall have power and authority on behalf of the Company:

- (a) To acquire property from any person as the Managers may designate;
- (b) To borrow money for the Company from banks, other lending institutions, the Managers, Members, or affiliates of the Managers or Members on such terms as the Managers deem appropriate, and in connection therewith, to mortgage, hypothecate, encumber and grant security interests in the assets of the Company to secure repayment of the borrowed sums;
- (c) To purchase liability and other insurance to protect the Company's property and interest;
- (d) To hold and own any Company real and/or personal properties in the name of the Company;
- (e) To invest any company funds temporarily (by way of example but not limitation) in time deposits, short-term governmental obligations, commercial paper or other investments;
- (f) Upon the affirmative vote or written consent Members holding at least two-thirds of all Company Interests, to sell or otherwise dispose of all or substantially all of the assets of the Company as part of a single transaction or plan;
- (g) To execute on behalf of the Company all instruments and documents, including, without limitation, checks; drafts; notes and other negotiable instruments; mortgages or deeds of trust; security agreements; financing statements; documents providing for the acquisition, mortgage or disposition of the Company's property; assignments; bills of sale; leases; partnership agreements, operating agreements of other limited liability companies; and any other instruments or documents necessary or appropriate, in the opinion of the Managers, to the business of the Company;

(h) To employ accountants, legal counsel, managing agents or other experts to perform services for the Company and to compensate them from Company funds;

(i) To enter into any and all other agreements on behalf of the Company, with any other Person for any purpose, in such forms as the Managers may approve; and

(j) To do and perform all other acts as may be necessary or appropriate to the conducts of the Company's business.

Unless authorized to so do by this Operating Agreement or by written authorization of a Manager or Managers of the Company, no attorney-in-fact, employee or other agent of the Company shall have any power or authority to bind the Company in any way, to pledge its credit or to render it liable for any purpose. No Member (other than a Member who is also a Manager) shall have any power or authority to bind the Company unless the Member has been authorized by the Managers to act as an agent of the Company in accordance with the previous sentence.

Section 5.4 -- Managers Have No Exclusive Duty To Company. The Managers shall not be required to manage the Company as their sole and exclusive function and they may have other business interests and may engage in other activities in addition to those relating to the Company.

Section 5.5 -- Bank Accounts. The Managers may from time to time open bank accounts in the name of the Company, and the Managers shall be the sole signatories thereon, unless the Managers determine otherwise.

Section 5.6 -- Company Books. In accordance with Section 9.02 herein, the Managers shall maintain and preserve, during the term of the Company, and for five (5) years thereafter, all accounts, books, and other relevant Company documents. Upon reasonable request, each Member and Economic Interest Owner shall have the right, during ordinary business hours, to inspect and copy such Company documents at the requesting Member's and Economic Interest Owner's expense.

Section 5.7 -- Indemnity of Managers. The Company shall indemnify the Managers, only if they are uncompensated volunteer Managers, from and against any claim by any third party seeking monetary damages against such manager arising out of such Manager's performance of his duties in good faith in accordance with Section 22 of the Connecticut Act. This section shall not apply to Managers who receive compensation for their services.

Section 5.8 -- Resignation. Any Manager of the Company may resign at any time by giving written notice to the Members of the Company. The resignation of any Manager shall take effect upon receipt of notice thereof or at such late time as shall be specified in such notice; and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. The resignation of a Manager who is also a Member shall not, by itself, affect the Manager's rights as a Member and shall not constitute a withdrawal of a Member.

Section 5.9 -- Removal. Any Manager may be removed at any time, with or without cause, by the affirmative vote or written consent of Members holding a Majority Interest. The removal of a Manager who is also a Member, shall not, by itself, affect the Manager's rights as a member and shall not constitute a withdrawal of a Member.

Section 5.10 -- Vacancies. Any vacancies occurring for any reason in the number of Managers of the Company may be filled by the affirmative vote or by written consent of Members holding a Majority Interest.

Section 5.11 -- Compensation of Managers. The Managers shall receive compensation for their services.

#### ARTICLE VI

#### RIGHTS AND OBLIGATIONS OF MEMBERS

Section 6.1 -- Limitation of Liability. Each Member's liability shall be limited as set forth in this Operating Agreement, the Connecticut Act and other applicable law.

Section 6.2 -- List of Members. Upon written request of any Member, a Manager shall provide a list showing the names, addresses and Membership Interests and Economic Interests of all Members.

Section 6.3 -- Approval of Sale of All Assets. The Members shall have the right, by the affirmative vote or written consent of Members holding majority of all Company interests, to approve the sale, exchange or other disposition of all, or substantially all, of the Company's assets which is to occur as part of a single transaction or plan.

Section 6.4 -- Priority and Return of Capital. Except as may be expressed as provided in Article IX, no Member or Economic Interest Owner shall have priority over any other Member or Economic Interest Owner, either as to the return of Capital Contributions or as to Net Profits, Net Losses or distributions; provided this section shall not apply to repayment of loans (as distinguished from Capital Contributions) which a Member has made to the Company.

#### ARTICLE VII

#### CONTRIBUTIONS TO THE COMPANY AND CAPITAL ACCOUNTS

Section 7.1 -- Member's Capital Contributions. Each Member shall contribute such cash, property or services as is set forth in Exhibit B hereto as its share of the Initial Capital Contribution.

Section 7.2 -- Additional Contributions. Except as set forth in Section 7.1, no Member shall be required to make any Capital Contribution. The Managers may determine from time to time that additional Capital Contributions are necessary or appropriate in connection with the conduct of the Company's business (including without limitation, expansion or diversification or to meet operating deficits). In such event, the Members shall have the opportunity (but not the obligation), to participate in such additional Capital Contributions on a pro rata basis in accordance with their Company interests.

Section 7.3 -- Capital Accounts.

(a) A separate Capital Account will be maintained for each Member. In general, each Member's Capital Account will be: (1) increased by (a) the amount of money contributed by such Member to the Company; (b) the agreed fair market value of property or service contributed by such Member to the Company (net of liabilities secured by such contributed property that the Company is considered to assume or take subject to under Section 752 of the Code; and (c) allocations to such Member of Net Profits; and (II) decreased by (a) the amount of money distributed to such Member by the Company; (b) the fair market value of property distributed to such Member by the Company (net of liabilities secured by such distributed property that such Member is considered to assume or take subject to under Section 752 of the Code); and (c) allocations to the account of such Member net Losses. Capital accounts will be maintained in accordance with the requirements of 704(b) of the Code and the Treasury Regulations promulgated thereunder.

(b) In the event of a permitted sale or exchange of a Membership Interest or an Economic Interest in the Company, the Capital Account of the transferor shall become the Capital Account of the transferee to the extent it relates to the transferred Membership Interest or Economic Interest in accordance with Section 1.704-1 (b) (2) (iv) of the Treasury Regulations.

(c) Upon liquidation of the Company (or the Member's Membership Interest or Economic Interest Owner's Economic Interest), liquidating distributions will be made in accordance with the positive Capital Account balances of the Members and Economic Interest Owners, as determined after taking into account all Capital Account adjustments for the Company's taxable year during which the liquidation occurs. Liquidation proceeds will be paid within sixty days of the end of the taxable year (or, if later, within 120 days after the date of the liquidation.) The Company may offset damages for breach of this Operating Agreement by a Member or Economic Interest Owner whose interest is liquidated (either upon the withdrawal of the Member or the liquidation of the Company) against the amount otherwise distributable to such Member.

(d) Except as otherwise required in the Connecticut Act (and subject to Section 7.1 and 7.2), no Member or Economic Interest Owner shall have any liability to restore all or any portion of a deficit balance in such Member's or Economic Interest Owner's Capital Account.

ARTICLE VIIIALLOCATIONS, INCOME TAX AND DISTRIBUTIONS

Section 8.1 -- Allocations of Profits and Losses. The Net Profits and Net Losses of the Company for each Fiscal Year will be allocated to the Members in the manner determined by the Managers to reasonably reflect the Members' interests in accordance with the percentage allocations set forth in Exhibit B attached hereto and in compliance with applicable tax law.

Section 8.2 -- Distributions. Except as provided in Section 7.3(c), all distributions of cash or other property shall be made to the Members pro rata in proportion to the respective Capital Interests of the Members on the record date of such distribution. Except as provided in Section 8.4, all distributions of Distributable Cash

and property shall be made at such time as determined by the Manager. No Member shall have the right to demand and receive property other than cash irrespective of the nature of its Capital Contribution. All amounts withheld pursuant to the Code or any provisions of state or local tax law with respect to any payment or distribution to the Members from the Company shall be treated as amounts distributed to the relevant Member or Members pursuant to this Section 8.2.

Section 8.3 -- Limitation Upon Distributions. No distribution shall be declared and paid unless, after the distribution is made, the assets of the Company are in excess of all liabilities of the Company, except liabilities to Members on account of their contributions.

Section 8.4 -- Interest on and Return of Capital Contributions. No other Member shall be entitled to interest on its Capital Contribution or to return of its Capital Contribution, except as otherwise specifically provided for herein.

Section 8.5 -- Loans to Company. Nothing in this Operating Agreement shall prevent any Member from making secured or unsecured loans to the Company by agreement with the Company.

Section 8.6 -- No Right to Distribution. Anything in this Agreement or in Section 30 of the Connecticut Act to the contrary notwithstanding, no Member shall be entitled to receive any distribution of money or other property in excess of \$1.00 by reason of such persons ceasing to be a member, except (i) upon dissolution of the Company, or (ii) upon affirmative vote or written consent of Members holding a Majority interest.

## ARTICLE IX

### ACCOUNTING, REPORTS

Section 9.1 -- Accounting Period. The Company's accounting period shall be the calendar year.

Section 9.2 -- Records, Audits, and Reports. The Managers shall maintain records and accounts of all operations and expenditures of the Company. At a minimum the Company shall keep at its principal place of business the following records:

(a) A current and past list setting forth in alphabetical order the full name and last known business, residence, or mailing address of each Member, Economic Interest Owner and Manager, both past and present;

(b) A copy of the Articles of Organization of the Company and all amendments thereto, together with executed copies of any powers of attorney pursuant to which any articles of amendment have been executed.

(c) Copies of the Company's federal, state, and local income tax returns and financial statements for the three most recent years, or, if such returns or statements were not prepared for any reason, copies of the information and statements provided to, or which should have been provided to, the Members to enable them to prepare their federal, state and local tax returns for such period.

(d) Copies of the Company's current effective written Operating Agreement and all amendments thereto and copies of any written operating agreements no longer in effect.

(e) A writing setting forth the amount of cash, if any, and a statement of the agreed value of other property or services contributed by each Member and the times at which or the events upon the happening of which any additional contributions are to be made by each Member.

(f) A writing stating events, if any, upon the happening of which the Company is to be dissolved and its affairs wound up.

(g) Other writings, if any, prepared pursuant to a requirement in this Agreement.

Section 9.3 -- Returns and Other Elections.

(a) The Manager shall cause the preparation and timely filing of all returns required to be filed by the Company pursuant to the Code and all other tax returns deemed necessary and required in each jurisdiction in which the Company does business. Copies of such returns, or pertinent information therefrom, shall be furnished to the Members as soon as practical after the end of the Company's fiscal year but in any event prior to the date upon which Federal and Connecticut State tax returns are required to be filed by Members.

(b) All elections permitted to be made by the Company under federal or state laws shall be made by the Manager in his sole discretion, provided that the Manager shall make any tax election requested by Members owning a Majority Interest.

ARTICLE X

TRANSFERABILITY

Section 10.1 -- General. Neither a Member nor an Economic Interest Owner shall have the right to:

(a) sell, assign, transfer, pledge, hypothecate, exchange or otherwise transfer for consideration (collectively, "sell"), or

(b) gift, bequeath or otherwise transfer for no consideration (whether or not by operation of law, except in the case of bankruptcy)

all or any part of its Membership Interest or Economic Interest without the vote or written consent of Members holding a Majority Interest.

(c) In the event of either the purchase of the Selling Member's interest in the Company (including an Economic Interest), and as a condition to recognizing one or more of the effectiveness and binding nature of any such sale or gift and (subject to Section 10.2, below) substitution of a new Member as against the Company or otherwise, the remaining Members may require the Selling Member or Gifting Member and the proposed purchaser, donee or successor-in-interest, as the case may be, to execute, acknowledge and deliver to the remaining Members such instruments of transfer, assignment and assumption and such other certificates, representations and



documents, and to perform all such other acts which the remaining Members may deem necessary or desirable to:

(i) constitute such purchaser, as a Member, donee or successor-in-interest as such;

(ii) confirm that the person desiring to acquire an interest or interests in the Company, or to be admitted as a Member, has accepted, assumed and agreed to be subject and bound by all of the terms, obligations and conditions of the Operating Agreement, as the same may, have been further amended (whether such Person is to be admitted as a new Member or will merely be an Economic Interest Owner);

(iii) preserve the Company after the completion of such sale, transfer, assignment, or substitution under the laws of each jurisdiction in which the Company is qualified, organized or does business;

(iv) maintain the status of the Company as a partnership for federal tax purposes; and

(v) assure compliance with any applicable state and federal laws including securities laws and regulations.

(d) Any sale or gift of a Membership Interest or Economic Interest or admission of a Member in compliance with this Article X shall be deemed effective as of the last day of the calendar month in which the remaining Members' consent thereto was given.

(e) The Selling Member hereby indemnifies the Company and the remaining Members against any and all loss, damage, or expense (including, without limitation, tax liabilities or loss of tax benefits) arising directly or indirectly as a result of any transfer or purported transfer in violation of this Article X.

(f) A Transferring Member may gift all or any portion of its Membership Interest and Economic Interest without regard to Section 10.1(a) and (b) provided that the donee or other successor-in-interest (collectively, "donee") complies with Section 10.1(c) and further provided that the donee is either the Gifting Member's spouse, former spouse, or lineal descendant (including adopted children). In the event of the gift of all or any portion of a Gifting Member's Membership Interest or Economic Interest to one or more donees who are under 25 years of age, one or more trusts shall be established to hold the gifted interest(s) for the benefit of such donee(s) until all of the donee(s) reach the age of at least 25 years.

Section 10.2 -- Transferee Not Member in Absence of Consent of Holders of Majority Interest. Notwithstanding anything contained herein to the contrary (including, without limitation, Section 10.2 hereof), if Members holding a Majority Interest do not approve, by written consent, of the proposed sale or gift of the Transferring Member's Membership Interest or Economic Interest to a transferee or donee which is not a Member immediately prior to the sale or gift, then the proposed transferee or donee shall have no right to participate in the management of the business and affairs of the Company or to become a Member. The transferee or donee shall be merely an Economic Interest Owner. No transfer of a Member's interest in the Company (including any transfer of the Economic Interest or any other transfer which has not been approved by written consent of the Members holding a Majority Interest) shall be effective unless and until written notice (including the name and address of the

proposed transferee or donee and the date of such transfer) has been provided to the Company and the non-transferring Members.

(b) Upon and contemporaneously with any sale or gift of a Transferring Member's Economic Interest in the Company which does not at the same time transfer the balance of the rights associated with the Economic Interest transferred by the Transferring Member (including, without limitation, the rights of the Transferring Member to participate in the management of the business and affairs of the Company), the Company shall purchase from the Transferring Member, and the Transferring Member shall sell to the Company for a purchase price of \$100.00, all remaining rights and interests retained by the Transferring Member which immediately prior to such sale or gift were associated with the transferred Economic Interest.

## ARTICLE XI

### ADDITIONAL MEMBERS

From the date of the formation of the Company, any person or entity acceptable to Members holding a Majority Interest by their written consent may become a Member in the Company either by the issuance by the Company of Membership Interests for such consideration as Members holding a Majority Interest by their written consent shall determine, or as a transferee of a Member's Membership Interest or any portion thereof, subject to the terms and conditions of this Operating Agreement. No new Members shall be entitled to any retroactive allocation of losses, income or expense deductions incurred by the Company. The Managers may, at their option, at the time a Member is admitted, close the Company books, (as though the Company's tax year had ended) or make pro-rate allocations of loss, income and expense deductions to a new Member for that portion of the Company's tax year in which a Member was admitted in accordance with the provisions of Section 706(d) of the Code and the Treasury Regulations promulgated thereunder.

## ARTICLE XII

### DISSOLUTION AND TERMINATION

#### Section 12.1-- Dissolution.

(a) The Company shall be dissolved and its affairs shall be wound up upon the happening of any of the first to occur of the following:

- (i) at the time specified in its Articles of Organization;
- (ii) written consent of Members holding at least a Majority Interest;

or

- (iii) an Event of Dissociation of a Member, unless there are at least two remaining Members and the business of the Company is continued by the written consent of remaining Members holding Majority Interest within 90 days after the Event of Dissociation, and

- (iv) entry of a decree of final dissolution under Section 43 of the Connecticut Act.

Each of the Members hereby agrees that within the 60 days after the occurrence of an Event of Dissociation, they will promptly consent, in writing, to continue the business of the Company. Each of the Members further agrees promptly to consent, in writing, to continue the business of the Company upon a sale or gift either of a Member's entire Economic Interest to which all of the remaining Members do not consent within 45 days after the occurrence of such a sale or gift or upon a sale or gift of a Transferring Member's entire Membership Interest. Such consents shall be mailed or hand-delivered to the principal place of business of the Company set forth in Section 2.3 hereof (or to such other address designated by the Managers) no later than 50 days after each Withdrawal Event or transfer by Member of its entire Economic Interest or Membership Interest.) The sole remedy for breach of a Member's obligation to consent to continue the business of the Company under this Section shall be money damages (and not specific performance.)

(b) Notwithstanding anything to the contrary in this Operating Agreement, if a Member or Members owning Company Interests which in the aggregate constitute not less than two-thirds of the Company Interests vote or consent in writing to dissolve the Company, then all of the Members shall agree in writing to dissolve the Company as soon as possible (but in any event not more than 30 days) thereafter.

(c) As soon as possible following the occurrence of any of the events specified in this Section 12.1 effecting the dissolution of the Company, the Managers shall proceed to wind up the Company's business in accordance with Section 45 of the Connecticut Act.

(d) Except as expressly permitted in this Operating Agreement, a Member shall not voluntarily resign or take any other voluntary action which directly causes an Event of Dissociation. Unless otherwise approved in writing by Members owning a Majority Interest, a Member who resigns (a "Resigning Member") or whose Membership Interest is otherwise terminated by virtue of an Event of Dissociation, regardless of whether such Event of Dissociation was the result of a voluntary act by such Member, shall not be entitled to receive any distributions to which such Member would not have been entitled had such Member remained a Member. Except as otherwise expressly provided herein, a Resigning Member shall become an Economic Interest Owner. Damages for breach of this Section 12.1(e) shall be monetary damages only (and not specific performance), and such damages may be offset against distributions by the Company to which the Resigning Member would otherwise be entitled with.

#### ARTICLE XIII

##### MISCELLANEOUS PROVISIONS

Section 13.1 -- Notices. Any notice, demand or communication required or permitted to be given by any provision of this Operating Agreement shall be deemed to have been sufficiently given or served for all purposes if delivered personally to the party or to an executive officer of the party to whom the same is directed or, if sent by registered or certified mail, postage and charges prepaid, addressed to the Member's and/or Company's address, as appropriate, which is set forth in this Operating Agreement. Except as otherwise provided herein, any such notice shall be deemed to be given three business days after the date on which the same was deposited in a regularly

maintained receptacle for the deposit of United States mail, addressed and sent as aforesaid.

Section 13.2 -- Application of Connecticut Law. This Operating Agreement, and the application of interpretation hereof, shall be governed exclusively by its terms and by the laws of the State of Connecticut, and specifically the Connecticut Act.

Section 13.3 -- Waiver of Action for Partition. Each Member and Economic Interest Owner irrevocably waives during the term of the Company any right that it may have to maintain any action for partition with respect to the property of the Company.

Section 13.4 -- Amendments. This Operating Agreement may not be amended except by the unanimous written agreement of all of the Members.

Section 13.5 -- Execution of Additional Instruments. Each Member hereby agrees to execute such other and further statements of interest and holdings, designations, powers of attorney and other instruments necessary to company with any laws, rules or regulations.

Section 13.6 -- Construction. Whenever the singular number is used in this Operating Agreement and when required by the context, the same shall include the plural and vice versa, and the masculine gender shall include the feminine and neuter genders and vice versa.

Section 13.7 -- Headings. The headings in this Operating Agreement are inserted for convenience only and are in no way intended to describe, interpret, define, or limit the scope, extent or intent of this Operating Agreement or any provision hereof.

Section 13.8 -- Waivers. The failure of any party to seek redress for violation or to insist upon the strict performance of any covenant or condition of this Operating Agreement shall not present a subsequent act, which would have originally constituted a violation, from having the effect of an original violation.

Section 13.9 -- Rights and Remedies Cumulative. The rights and remedies provided by this Operating Agreement are cumulative and the use of any one right or remedy by any party shall not preclude or waive the right to use any or all other remedies. Said rights and remedies are given in addition to any other rights the parties may have by law, statute, ordinance or otherwise.

Section 13.10 -- Severability. If any provision of this Operating Agreement or the application thereof to any person or circumstance shall be invalid, illegal or unenforceable to any extent, the remainder of this Operating Agreement and the application thereof shall not be affected and shall be enforceable to the fullest extent permitted by law.

Section 13.11 -- Heirs, Successors and Assigns. Each and all of the covenants, terms, provisions and agreements herein contained shall be binding upon and inure to the benefit of the parties hereto and, to the extent permitted by this Operating Agreement, their respective heirs, legal representatives, successors and assigns.

Section 13.12 -- Creditors. None of the provisions of this Operating Agreement shall be for the benefit of or enforceable by any creditors of the Company.

Section 13.13 -- Counterparts. This Operating Agreement may be executed in counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument.

Section 13.14 -- Rule Against Perpetuities. The parties hereto intend that the Rule Against Perpetuities (and any similar rule of law) not applicable to any provisions of this Operating Agreement. However, notwithstanding anything to the contrary of this Operating Agreement, if any provisions in this Operating Agreement would be invalid or unenforceable because of the Rule Against Perpetuities or any similar rule of law but for this Section 13.14, the parties hereto hereby agree that any future interest which is created pursuant to said provisions shall cease if it is not vested within twenty-one years after the death of the survivor of the group composed of the Initial Members who are individuals and their issue who are living on the date of this Operating Agreement and their issue, if any, who are living on the effective date of this Operating Agreement.

IN WITNESS WHEREOF, the undersigned members have hereunto set his hand or caused this instrument to be executed as of the 26<sup>th</sup> day of August, 2015.

Releaf Recovery, LLC

By:


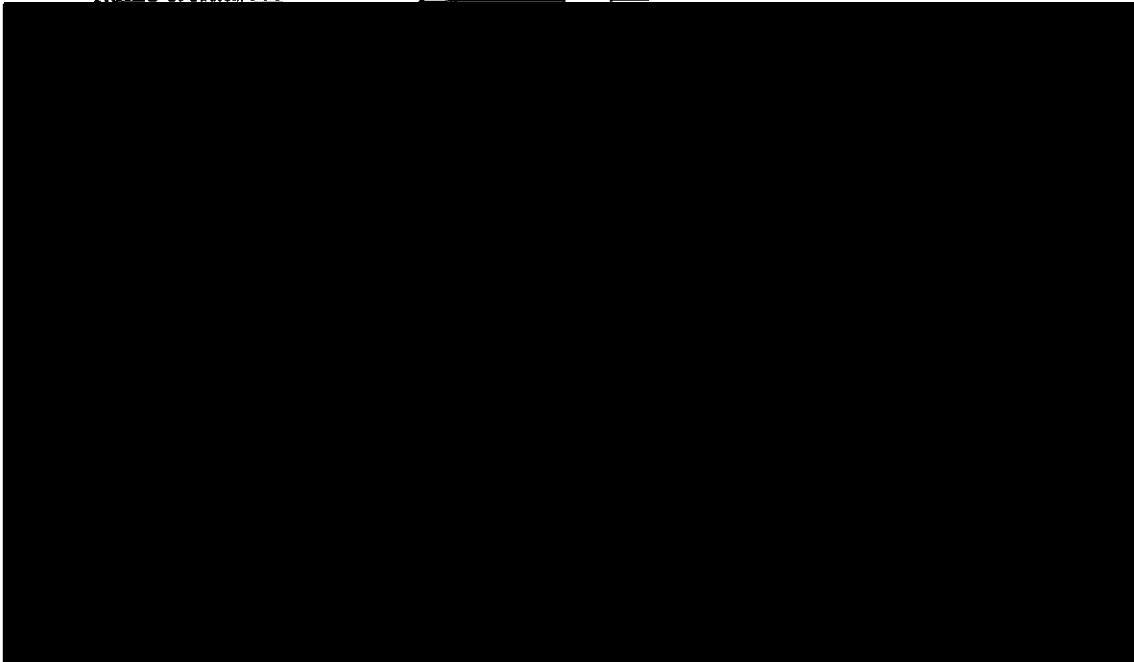
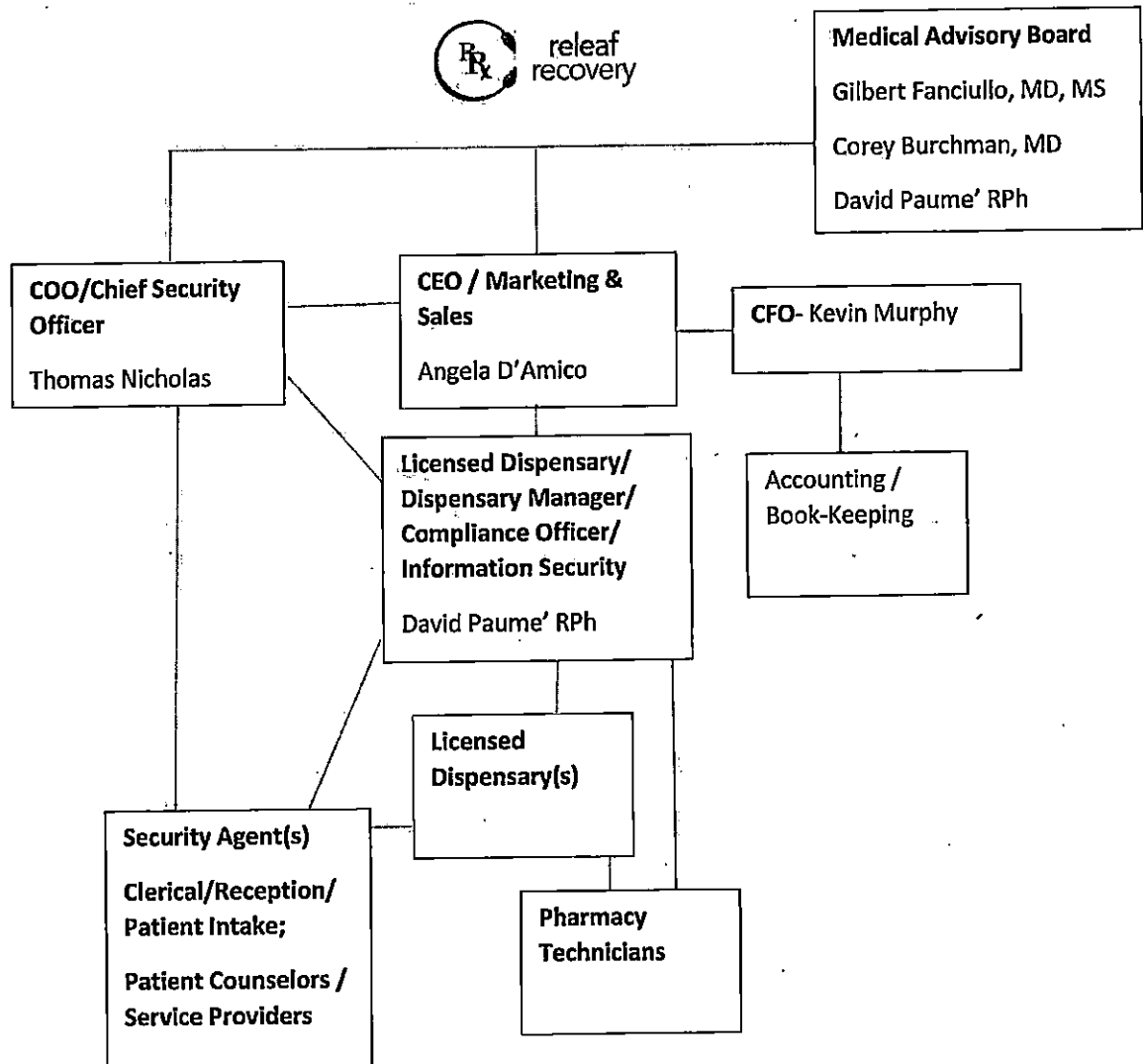
  
Thomas Nicholas

EXHIBIT B  
INITIAL MEMBERS OF  
RELEAF RECOVERY, LLC

| <u>Name &amp; Address</u>   | <u>Agreed Contribution</u> | <u>Agreed Value of Contribution</u> | <u>Percentage Interest in Profits, Losses and Distributions</u> |
|---|----------------------------|-------------------------------------|---|
|  |                            |                                     |   |

Organizational Chart



Resumes and relevant experience continued on next page



**Angela  
D'Amico**

55 BRITTANY ROAD  
TRUMBULL, CONNECTICUT 06611  
203.362.8461

RESUME

### CORPORATE BUSINESS OWNER

Dynamic results-oriented professional with over 30 years of broad based experience and visible achievements in business development/startup, strategic business partnerships and emerging markets. Out of the box thinker with visionary leadership strengths; resourceful team player characterized by innovative entrepreneurial spirit.

### CORE COMPETENCIES

Business Start Up and Turnaround, Market Assessment and Research, Customer Relationship Management. Strategic Business Planning. Product Development and Launch. Client Needs Analysis, Productivity and Process Improvement. Training and Development. Major Account and National Sales. Strategic Sales and Marketing.


### CAREER

#### **D&B WELLNESS, LLC dba COMPASSIONATE CARE CENTER OF CT - FOUNDER 2013- PRESENT**

Supervise and oversee daily operations of CCC including but not limited to; laws, ordering, paperwork, sales, vendor relationships, patient services, regulatory compliance, patient communication and education. Speak and coordinate all educational classes in dispensary and at support groups for approved diseases. Meet with doctors to educate and hopefully sign up to become a certifying doctor for the program. Train, coach and encourage success of all managers and staff. Maintain daily contact with security specialist to ensure all security measure are current and operational. Maintain all patient lists and communicate with expired card holders to help in the recertification process. Handle all marketing and merchandising for CCC.

#### **A.D. LINES EURO GROUP, INC. PRESIDENT/OWNER 1986-PRESENT**

Developed and built business from start up to generate multi million dollar sales annually; established strong account customer base of retailers, manufacturers, and independents. Increased sales year after year by leveraging referenceable accounts to build credibility and introducing new sales tools and marketing collateral. Opened the market ahead of the competitions, persuasively overcoming customers concerns about current economic down trend and belief in our product viability. Created marketing presentation and demo products. Developed all trade show booth design and trend. Hired, trained and supervised all staff, sales team, and independent contractors

 **EDUCATION**  
BARUCH COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
ZICKLIN SCHOOL OF BUSINESS  
B.S. 1979



55 BRITTANY ROAD • TRUMBULL, CONNECTICUT 06611 • 203.362.8461

angela@ccc-ct.com



## Thomas J. Nicholas

---

379 Quarry Brook Drive  
 South Windsor, CT 06074  
 860.644.9440 - 860.558.4935  
 t.j.nicholas@att.net

### Education

Diploma in Professional Registered Nursing  
 Ellis Hospital School of Nursing  
 Schenectady, New York  
 Graduated with Honors, 1977

---

### Professional Profile

#### Prime Wellness of Connecticut, LLC 2013 to Present

- CEO for PWCT which was licensed as a Medical Marijuana Dispensary Facility by CT DCP on 4.10.14. One of only six licenses granted in Connecticut. The first Medical marijuana Dispensary in CT history to pass opening inspection by the department of drug control on 8.8.14 and the only one to do so in the 120 day period as required by regulation.
- PWCT employs 5 full time and 5 part employees ranging from Pharmacists to security officers and is open six days per week to serve the needs of patients.

#### Sustainable Products, Inc. 2003-2014

- Sustainable Products was an Industrial Products Sales, Marketing and Distribution Company.
- Represented a Connecticut company's environmentally friendly product line of industrial lubricants and machining fluids to the machining and fabricating industry in the northeast.
- Represented a Capital Equipment Manufacturer in the machined parts finishing area.

#### Eastview Dialysis Center, Inc. 1997 -- 2011

#### Eastview Dialysis Properties, Inc. 1997 - 2013

- President and CEO an of out-patient dialysis facility operating business and properties management business both located at 120 Victor Heights Parkway, Victor, NY. 14564. I was a founding shareholder and participated as CEO in the day to day management of both companies.
- Eastview Dialysis Center provided out-patient dialysis treatments to @120 chronic renal failure patients and was licensed in all treatment modalities. The operations were carried out in an 8,600 sq. ft. building built expressly to serve the needs of the dialysis patients.
- The operating company was responsible for all operations and billing in excess of \$3M to Medicare and Medicaid for patient services on an annual basis. My involvement in Eastview Dialysis Inc. terminated when the company was sold to Fresenius Medical Care in 2011. I'm currently the President and CEO of Eastview Dialysis Properties, Inc. (EDPI). EDPI building and property located at 120 Victor Heights Parkway, Victor, NY was sold in November, 2013.

#### Prime Medical, Inc. 1990 - 1997

- As co-founder and fifty percent owner, operated a successful and well respected medical products sales and distribution company concentrating on dialysis products.
- Developed a medical water purification company called Prime Water. Prime Water engineered, designed, installed and serviced medical grade water purification systems for dialysis units and medical facilities in the eastern United States.

## Thomas J. Nicholas

- My involvement in Prime Medical, Inc. terminated when the company was sold to Fresenius Medical Care in 1997.

### Connecticut Based Dialysis Facilities – 1991 - 2001

- As President and CEO of five Connecticut based dialysis facilities (Enfield Dialysis, East Hartford Dialysis, Central CT Dialysis, Rocky Hill Dialysis and Middlesex Dialysis), I was responsible for operations and day to day management. Our facilities treated in excess of 450 patients on a three time per week basis. Each facility billed between two and four million dollars in annual patient services to Medicare under the ESRD program, Medicaid and private insurers on an annual basis
- Partner and board member in Connecticut businesses as well as ESRD facilities and related businesses in Massachusetts, New Hampshire and New York (12 total). Please see attached facilities list with specifics.
- **NO LICENSED MEDICAL FACILITY OR ANY BUSINESS WHERE I HAD CONTROL HAS EVER BEEN ALLEGED OR FOUND TO HAVE VIOLATED ANY FEDERAL, STATE OR LOCAL LAWS OR REGULATIONS DURING THE TIME PERIOD WHEN I WAS ASSOCIATED.**

### National Medical Care, Inc. – 1981 – 1990

- Northeast Area Manager responsible for sales and marketing of manufactured dialysis disposable products and systems to dialysis facilities in New York, New Jersey and New England.
- National Dialysis Sales Specialist Salesman of the year twice and Regional Salesman of the year four times.

### Professional Nursing

- Worked as an R.N./Orthopedic technician and Operating Room assistant in an Orthopedic Practice (Paulsen and Albano, PC) in Schenectady, N.Y. in 1977.
- Worked as an Operating Room Nurse at the Hermann Hospital in Houston, Texas in 1978-1979.
- Worked as an Operating Room Nurse at Hartford Hospital in Hartford, CT in 1980.

### Professional Skills and Business Accomplishments

My medical training and background has allowed me to be very successful during my adult working life. Moreover, the fact that I was trained as a Registered Nurse and have worked in both hospital and private medical businesses has given me a real appreciation and understanding of how to access and attend to the needs of clients and patients alike. We formed a number of dialysis operating businesses with physicians as partners (being mindful of Stark and safe harbors laws).

As President and CEO of six individual dialysis companies in two states, I participated in all aspects of the business from formation to site location and development to regulatory application and day to day operation. I was agent of service for all six companies. I was personally vetted by both state health departments in the states where we operated and the federal government as a billing agency to Medicare and Medicaid.

**Kevin P. Murphy**  
 322 West 57th Street, Apt. 48H  
 New York, NY 10019  
 PH: 917.664.2913

**Professional Summary: Hedge Fund Marketing Expert**

Kevin Murphy is currently Managing Member of Murphy Capital, LLC. Prior to Murphy Capital, he was a Founding Member and Managing Partner of Tandem Global Partners, LLC. Kevin, along with Joseph Petri and other seasoned professionals started the firm in 2007. These entrepreneurs and their vision formed the foundation of Tandem Global Partners and were primary drivers behind its success. Prior to launching Tandem Global Partners, Kevin was a Managing Partner at Stanfield Capital Partners. While at Stanfield, he was instrumental in growing the company from inception to a \$30 billion alternative money management firm. He was a member of the Operating and Management team that oversaw all aspects of Stanfield's business, which included risk management, sales and distribution, client services, legal, compliance and operations. Kevin was integral in spearheading the strategic development of the firm and responsible for attracting key personnel and money management talent.

**Professional History**

- 2012 - Current **High Street Capital Partners, LLC**  
 Managing Member. Engaged in nurturing a variety of legal cannabis companies through their start-up phases, including fiscal analysis, capital investment and financial growth strategies and assessments critical to their success.
- 2012 - Current **Murphy Capital, LLC**  
 Managing Member. Engaged in the investment management of private and public companies for the benefit of family and philanthropic interests.
- 2007-2012 **Tandem Global Partners, Managing Partner**  
 Responsibilities Included: Managing all aspects of the business including distribution, strategic development, structural and risk oversight.
- 1999-2006 **Stanfield Capital Partners, Managing Partner**  
 Responsibilities Included: Managing all aspects of the business including distribution, strategic development, structural and risk oversight.
- 1996-1999 **Gleacher NatWest, Partner**  
 Responsibilities Included: Initiating and selling non-investment corporate debt to traditional money managers and hedge funds.
- 1994-1996 **Schroders, Senior Vice President**  
 Responsibilities Included: Initiating and selling non-investment corporate debt to traditional money managers and hedge funds.
- 1992-1994 **Lazard Freres, Vice President**  
 Responsibilities Included: Initiating and selling non-investment corporate debt to traditional money managers and hedge funds.
- 1988-1991 **Cantor Fitzgerald, Vice President**  
 Responsibilities Included: Brokering mortgage-backed securities.

**Kevin P. Murphy**  
322 West 57th Street, Apt. 48H  
New York, NY 10019  
PH: 917.664.2913

**Education**

1985      **The College of the Holy Cross**  
Received a Bachelor of Arts Degree

**Other**

**St. Benedict Joseph Medical Center in Honduras**  
Member of Board of Director

**Business References**

**Joe Petri**  
Former CEO of HSBC Americas  
New York, NY  
973-722-1695

**Mike Vranos**  
CEO Ellington Management Group  
Old Greenwich, CT  
203-698-2422

**Personal Reference**

**Richard Johnson**  
Former Managing Director, Strategic Business Development  
Stanfield Capital  
New York, NY  
203-543-2109

**DAVID PAUMÉ RPh**

A Registered Pharmacist with experience in Project Management of Clinical Operations of various therapeutic areas (i.e. Respiratory, Cardiovascular, Metabolic, Immunology, Oncology and Neurology), Clinical Research experience, Research & Development experience in the formulation of solid dosage forms (i.e. tablets and capsules) and Marketing Sales experience.

**CAREER SUMMARY****10/2014 – Present**

Compassionate Care Center of CT  
4 Garella Road  
Bethel, CT 06801

- Pharmacist providing dispensary oversight and medical marijuana information to patients and healthcare professionals.

**8/1991 – Present**

Boehringer Ingelheim Pharmaceuticals Inc.  
900 Ridgebury Road  
Ridgefield, CT 06877

**Medical Affairs Department**

**(6/2012 – Present) Associate Director – Vendor Quality Management – Medical & Technical Information Group**

- Provide quality management oversight of vendor operations involving the recognition, collection and documentation of adverse event, product complaint and requests for medical information (including On-Label and Off-Label information).
- Oversee and trouble shoot the transfer of Adverse Event data from vendor contact centers to Pharmacovigilance database (ARISg).
- Responsible for overseeing the Corrective Action / Preventive Action (CAPA) process for all non-compliances that occur with vendors and department personnel.

**(6/2006 – 6/2012) Associate Director – Clinical Operations**

- Responsible for providing Clinical Monitor oversight from Final Protocol to Database Lock for studies in the respiratory therapeutic area:
  - Provided Clinical Monitor and financial oversight to numerous Phase 2 and 3 clinical trials,
  - Oversaw central lab data review for Pulmonary Function Tests (PFTs), safety blood tests, ECG & Holter results, IVRS/IXRS Drug Supplies and Quality of Life questionnaires,
  - Responsible for reviewing patient listings for data cleaning purposes including the following: AE & SAE data, concomitant medication, medical history/baseline conditions, protocol violations, etc.
  - Responsible for coordinating cross functional team deliverables for multiple database locks. This included managing team meetings to develop DBL Timelines, assigning data cleaning priorities for each site and troubleshooting when team deliverables or timelines were at risk.

**(1/2001 – 6/2006) Associate Director – Project Management Clin Ops**

**(6/1997 – 12/2000) Senior Manager – Project Management Clin Ops**

- Responsible for providing Project Management oversight to timelines, budgets and resources for clinical programs in the following departments:
  - Therapeutic Areas – Immunology + Respiratory (1/2005 – 6/2006)
  - Therapeutic Areas – Cardiovascular + Metabolic + Respiratory (1/2001 – 1/2005)
  - Therapeutic Area – General Medicine [includes Oncology + Neurology] (6/1997 – 12/2000)
- Lead cross functional Clin Ops teams in a matrix environment to provide team deliverables on schedule and within budget.
- Met with cross functional Clin Ops teams on a monthly and prn basis to monitor progress of team deliverables, timelines and budgetary matters. Ensured that issues which impacted milestone dates or the critical path were addressed promptly with the teams to develop contingency plans of action.
- Fostered an environment of teamwork and cross functional collaboration to support project goals.
- Responsible for negotiating with the Executive Directors of various support groups (Data Management, Pharmaceuticals, Statistics, CRA Monitoring, etc.) for resources and on time execution of deliverables when conflicts occurred.
- Primary point of contact to provide upper management with the status of each trial/program in the Therapeutic Area Department and to communicate management priorities to trial team members. Presented trial status updates to upper management at Quarterly Review Meetings.
- Ensured that US lead trials had complete study budgets (Investigator costs, centralized core labs, ECGs, spirometry, CROs, etc.) in place in the Clinical Trial Management System (CTMS) before Operating Unit (OPU) commitment was provided.

- Responsible for overseeing all resource, timeline and cost variables in the CTMS database for US trials.
- Provided management with an FTE resource needs assessment for planned clinical trials on a quarterly basis.
- Responsible for the development and oversight of the annual budget in the department for all trial related and personnel expenses.

(1/1996 - 6/1997) - Manager MRA

(8/1991 - 12/1995) - Senior Medical Research Associate

- Managed multiple Phase II and international pivotal Phase III trials. This includes the approval of a Parkinson's disease medication (Mirapex® - pramipexole) with a co-development partner (The Upjohn Company).
- Managed CRO activities for an international Phase II/III stroke trial (Cerestat® - aptiganel HCL). The stroke trial involved 156 sites across 5 countries (Australia, Canada, South Africa, UK and US).
- Recruited investigators, oversaw regulatory document tracking and designed drug supplies for trials (oral and IV dosage forms).
- Provided technical and scientific guidance to international clinical monitors and study site personnel to ensure consistency in interpretation and exchange of scientific information.
- Responsible for writing annual reports, SAE narratives and sections of clinical trial reports.

8/1981 - 7/1991

DuPont - Merck Pharmaceuticals  
Wilmington, DE 19880

(9/1987 - 7/1991) - Clinical Research Associate (CRA) to Senior CRA

- Supported the NDA submissions through writing patient narratives and reviewing lab data.
- Assisted in the design, initiation and implementation of cardiovascular and Alzheimer's disease studies.
- Conducted on site monitoring visits to Investigators for pre-initiation, initiation, ongoing site visits and study close outs.
- Collected, tracked and maintained required regulatory documents for monitored sites.
- Presented clinical protocols, CRFs and administrative information at investigators' meetings and at clinical study sites.
- Served as a liaison between the Medical and Pharmacy Departments for designing drug packaging and labeling of clinical supplies.

(7/1985 - 8/1987) - Professional Sales Representative - Southwest Florida Territory

DuPont's product line required extensive hospital contacts with anesthesiologists, surgeons and emergency room physicians to provide product information and develop new relationships to increase sales in the territory. Developed and delivered product presentations to office-based and hospital based practitioners to promote product line. After the first 3 months, I increased the performance sales index of my territory and was able to continue to grow the business every quarter thereafter while sales for the district as a whole dropped.

(7/1983 - 7/1985) - Scientist - Pharmacy R&D

Served in the Technical Services Group as an interface between the development and production groups for new drug implementation. Specific highlights include:

- Coordinated scale up pilot batches from development to production facilities.
- Supervised the manufacture and packaging of batches for Phase I, II & III clinical trials.
- Production Troubleshooting.

(8/1981 - 6/1983) - Associate Scientist - Pharmacy R&D

Worked in the formulation group for solid dosage forms, responsibilities included:

- Formulated solid dosage forms (tablets & capsules) for new drugs and process improvement of existing formulas and procedures.
- Inventory coordinator for ordering, sampling and releasing of quarantined raw materials and finished clinical study supplies.
- Responsible for color formulation of numerous development and marketed compounds.
- Oversaw the packaging and labeling of clinical supplies.

**EDUCATION:**

Bachelor of Science in Pharmacy (BSP)  
The University of Connecticut School of Pharmacy  
Storrs, Connecticut

## CURRICULUM VITAE

**NAME:** Corey Burchman, MD

**ADDRESS:** Office:  
Department of Anesthesiology, DHMC  
One Medical Center Drive  
Lebanon, NH 03756  
(603) 650-5922  
Corey.A.Burchman@Hitchcock.org

Home:  
One Storrs Road  
Hanover, NH 03755

**EDUCATION:**

| <u>DATE</u> | <u>INSTITUTION</u>                             | <u>DEGREE</u> |
|-------------|--|---------------|
| 1983        | George Washington University<br>Washington, DC | MD            |
| 1979        | Cornell University<br>Ithaca, NY               | BA            |

**POSTDOCTORAL TRAINING:**

| <u>DATE</u> | <u>SPECIALTY</u>                            | <u>INSTITUTION</u>                            |
|-------------|---|---|
| 1988        | Fellowship, Ambulatory Anesthesia           | Massachusetts General Hospital<br>Boston, MA  |
| 1988        | Fellowship, Obstetrical Anesthesia          | Brigham & Women's Hospital<br>Boston, MA      |
| 1987        | Fellowship, Neurosurgical Anesthesia        | Massachusetts General Hospital<br>Boston, MA  |
| 1984        | Resident in Anesthesiology                  | Massachusetts General Hospital<br>Boston, MA  |
| 1983        | Intern, Internal Medicine                   | US Naval Hospital<br>Oakland, CA              |
| 1979        | Research Associate, Histopharmacology       | National Institutes of Health<br>Bethesda, MD |
| 1978        | Research Fellow, Department of Neurosurgery | University of Maryland<br>College Park, MD    |

**LICENSURE AND CERTIFICATION:**

| <u>DATE</u>  | <u>LICENSURE/CERTIFICATION</u>                    |
|--------------|---|
| 2009         | Recertification, American Board of Anesthesiology |
| 2005         | Medical License, State of New Hampshire           |
| 2005         | Diplomate, American Board of Pain Medicine        |
| 2005-present | PALS Provider                                     |

Curriculum Vitae

1991 ACLS Provider and Instructor, American Heart, current  
1988 Diplomate, American Board of Anesthesiology  
1983 Diplomate, National Board of Medical Examiners

**ACADEMIC APPOINTMENTS:**

| <u>DATE</u>  | <u>ACADEMIC TITLE</u>                 | <u>INSTITUTION</u>  |
|--------------|---------------------------------------|---|
| 2006-present | Assistant Professor of Anesthesiology | Dartmouth Medical School<br>Hanover, NH                       |
| 1992-1993    | Assistant Professor of Anesthesiology | University of Maryland School of Medicine<br>College Park, MD |
| 1989-1991    | Clinical Associate in Anesthesiology  | Massachusetts General Hospital<br>Boston, MA                  |
| 1988         | Instructor in Anesthesiology          | Harvard Medical School<br>Boston, MA                          |
| 1985-1988    | Clinical Fellow in Anesthesiology     | Harvard Medical School<br>Boston, MA                          |

**HOSPITAL APPOINTMENTS:**

| <u>DATE</u>  | <u>HOSPITAL TITLE</u>                | <u>INSTITUTION</u>                                |
|--------------|--------------------------------------|---|
| 2006-present | Attending Staff Anesthesiologist     | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 1993-2005    | Attending Staff Anesthesiologist     | York Hospital<br>York, PA                         |
| 1993-2005    | Attending Staff Anesthesiologist     | Apple Hill Medical Center<br>York, PA             |
| 1993-2005    | Medical Director                     | York Hospital Pain Relief Center<br>York, PA      |
| 1993-2005    | Attending Physician in Pain Medicine | York Hospital<br>York, PA                         |

**OTHER PROFESSIONAL POSITIONS:**

| <u>DATE</u> | <u>POSITION TITLE</u> | <u>INSTITUTION/ORGANIZATION</u>      |
|-------------|-----------------------|--------------------------------------|
| 2014        | Co-Medical Director   | The Brain Trust, LLC<br>Henniker, NH |



Curriculum Vitae

|              |   |  |
|--------------|---|--|
| 2012-Present | Medical Director, PACU, Same-Day Surgical Program       | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH      |
| 2011-Present | Principal Scientist                                     | BBR Medical Innovations, Inc                           |
| 2009         | Founder, Board Member                                   | Global Children's Art Programme<br>Hanover, NH         |
| 2006-Present | Division Director, Neurosurgical Anesthesia             | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH      |
| 1995-Present | Member, Board of Directors                              | Anesthesia Associates of York, PA, Inc.<br>York, PA    |
| 1995-Present | Senior Managing Partner                                 | Anesthesia Associates of York, PA, Inc.<br>York, PA    |
| 1992-1993    | Chief, Department of Anesthesiology                     | James Lawrence Kernan Hospital (UMMS)<br>Baltimore, MD |
| 1992-1993    | Director, PACU, ICU, Respiratory Services, Pain Service | James Lawrence Kernan Hospital<br>Baltimore, MD        |
| 1989-1991    | Chairman, Department of Anesthesiology                  | US Naval Hospital<br>Roosevelt Roads, Puerto Rico      |
| 1988-1991    | Director, PACU, ICU, Respiratory Services, Pain Service | US Naval Hospital<br>Roosevelt Roads, Puerto Rico      |
| 1984-1985    | Fleet General Medical Officer                           | USS Roanoke<br>United States Navy                      |
| 1983-1984    | Executive Board Member                                  | USS Roanoke (AOR-7)<br>United States Navy              |

**MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS:**

**Institutional:**

| <u>YEAR</u>  | <u>COMMITTEE</u>            | <u>ROLE</u>         | <u>INSTITUTION</u>                                |
|--------------|-----------------------------|---------------------|---|
| 2009         | Cost Containment            | Member              | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 2008-present | Acute Pain Service          | Clinical Consultant | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 2008-2011    | Executive Committee         | Voting Member       | NH Medical Society<br>Concord, NH                 |
| 2008-present | Veteran's Health Task Force | Member              | NH Medical Society<br>Concord, NH                 |

Curriculum Vitae

|              |  |          |   |
|--------------|--|----------|---|
| 2008         | Anesthesiology Executive Committee                   | Member   | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 2007         | Task Force: Patient Hand-Offs                        | Member   | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 2006-present | OR Improvement Committee                             | Member   | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 2006-present | Neurosurgery Faculty Search Committee                | Member   | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 2006-present | Neurology Faculty Search Committee                   | Member   | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 2006-present | Anesthesiology Resident Practice Management Seminars | Director | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 2003-2004    | Medical Education Committee                          | Member   | York Hospital<br>York, PA                         |
| 1992-1993    | Senior Management Directorate                        | Member   | James Lawrence Kernan Hospital<br>Baltimore, MD   |
| 1992-1993    | Pharmacy & Therapeutics Committee                    | Chairman | James Lawrence Kernan Hospital<br>Baltimore, MD   |
| 1992-1993    | Executive Committee of the Medical Staff             | Member   | James Lawrence Kernan Hospital<br>Baltimore, MD   |

**MEMBERSHIP, OFFICE & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:**

| <u>DATE</u>  | <u>SOCIETY</u>                                     | <u>ROLE</u> |
|--------------|--|-------------|
| 1985-present | American Society of Anesthesiologists              | Member      |
| 1991         | American Medical Association                       | Member      |
| 1991         | Society for Ambulatory Anesthesia                  | Member      |
| 1992         | Pennsylvania Society of Anesthesiologists          | Member      |
| 1992         | Pennsylvania Medical Society                       | Member      |
| 2002-present | New England Pain Society                           | Member      |
| 2002-present | American Pain Society                              | Member      |
| 2003-present | American Society of Interventional Pain Physicians | Member      |

Curriculum Vitae

|              |  |                  |
|--------------|--|------------------|
| 2005-present | Society of Neuro Anesthesia and Critical Care                | Member           |
| 2005-present | NH Medical Society   | Member           |
| 2008-present | European Society of Anaesthesiology                          | Affiliate Member |
| 2009-present | Global College of Neuroprotection and Neuroregeneration      | Member           |
| 2009-present | Poetry Society of Vermont                                    | Member           |
| 2010-present | National Collegiate Inventors and Innovators Alliance        | Member           |
| 2011-present | Society of Obstetrical Anesthesiology and Perinatology       | Member           |
| 2012-present | Society for Perioperative Assessment and Quality Improvement | Member           |
| 2013         | Posterior Fossa Society                                      | Member           |

**AWARDS AND HONORS:**

| <u>DATE</u> | <u>AWARD NAME</u>                 |
|-------------|-----------------------------------|
| 1982        | William Beaumont Society Inductee |

**MAJOR RESEARCH INTERESTS:**

My research interests are many, but have a fundamental basis in patient safety. Along that theme, with reference in particular to the prevalence of opportunistic and nosocomial infection, many of my projects have a basis in identifying microorganisms in the workplace, and suggestions for eradicating them.

From this, guidelines for hand sanitation of anesthetic providers have been elucidated, the development of a novel intravenous fluid sterilizer has been described, and development of single-use ECG wire/pad equipment is in the planning stages.

While not trained as an engineer, I look at problem-solving mechanistically, and employ engineering principles often to solve clinical problems. I saw clinicians struggle with endoscopic approaches to direct visualization, whether it is the airway or gastrointestinal tract. I felt a robotically assisted approach would be novel, safe, and more efficient. The early prototype turned out to be remarkable, and further refinements will probably see commercial applications in both anesthesiology and other disciplines. Current talks involve possible establishment of a medical robotics program here at DHMC.

I also have an interest in serum chemistry and real-time examination thereof. I designed an indwelling spectrophotometric assembly to ascertain serum chemical values, including gas tensions. This was initially in collaboration with University of Strathclyde, in Glasgow, Scotland. The prototype for the catheter system has been awarded a US Patent.

Curriculum Vitae

I further recently applied for a US patent on a device utilizing ET CO2 as the marker for blind intubation. While the market for intubation devices has all gone to direct visualization, this single-use, inexpensive system has a niche in the clinical realm.

I am currently involved in design and patenting of a single-use micro-video camera to be incorporated into an intubating bougie.

I am involved in a project designed to utilize high energy reactive particles to sterilize an entire operating room between surgical cases. Plasmatrete Corporation, the world's leaders in plasma technology, is undergoing review of the collaborative proposal.

A further medical research project involves medical waste disposal. I am in the preliminary stages of outlining a study to identify its disposition, into composites to be used by the construction industry.

**RESEARCH FUNDING:**

**Present:**

1. 2009; Thayer School of Engineering, Dartmouth College Materiel Grant; PI Burchman CA 5%; Karl Storz Corporation, El Segundo, CA, for Robotics Project 190/290; \$75,000.

**In Preparation:**

1. Hitchcock Clinic; Translational Science Pilot Grant; PI Burchman CA; \$30,000.

**TEACHING EXPERIENCE/CURRENT TEACHING RESPONSIBILITIES:**

**Dartmouth Medical School:**

| <b><u>DATE</u></b> | <b><u>TEACHING</u></b>   |
|--------------------|--|
| 2008               | Faculty Sponsor Engineering Sciences 190/290<br>Working bench-side with senior students at the Thayer School of Engineering to deliver a working prototype of an intravenous fluid sterilizer. Patent protection acquired              |
| 2009               | Faculty Sponsor Engineering Sciences 190/290<br>Working bench-side with senior students at the Thayer School of Engineering to deliver a working prototype of an robotic intubation device<br>Patent protection in acquisition process |
| 2009               | Faculty Sponsor, First Year Project, Tuck School of Business, Dartmouth College<br>Working in concert with first year business students in moving the Intravenous Sterilization Device to market                                       |
| 2009-present       | On Doctoring, mentor to students for clinical patient interaction  |

Curriculum Vitae

**Dartmouth-Hitchcock Medical Center:**

| <b><u>DATE</u></b> | <b><u>TEACHING</u></b>  |
|--------------------|---|
| 2002-2005          | Pre-operative Anesthesia Assessment<br>Monthly rounds with senior students at Penn State Hershey & University of Pennsylvania Schools of Medicine, York Hospital, York, PA.   |
| 2002-present       | Postoperative Considerations of Regional Anesthesia<br>Senior Students at Penn State Hershey & University of Pennsylvania Schools of Medicine, York Hospital, York, PA.   |
| 2006-present       | Attending Anesthesia Physician for Residency Training Program<br>Division Director, Neurosurgical Anesthesia<br>Daily intra-operative teaching anesthesia residents, Dartmouth-Hitchcock Medical Center; assisting in research project design; preparing didactic lectures. Clinical interaction with medical students, Dartmouth College students, CRNA students.<br>Section Chief, neurosurgical anesthesia |
| 2006               | Anesthesiology Resident Lecture Series, "Evoked Potentials"   |

**Regional:**

| <b><u>DATE</u></b> | <b><u>TEACHING</u></b>   |
|--------------------|--|
| 2009               | Faculty Sponsor, First year Project, Tuck School of Business, Dartmouth College<br>Working in concert with first year business students in moving the Intravenous Sterilization Device to market |

**INVITED PRESENTATIONS:****Regional:**

| <u>DATE</u> | <u>TOPIC</u>   | <u>ORGANIZATION</u>  | <u>LOCATION</u>  |
|-------------|--|--|------------------|
| 2014        | Symposium: Evidence-Based Efficacy Medical Marijuana                     | Same Day Program Nursing, Dartmouth-Hitchcock Medical Center     | Lebanon, NH      |
| 2014        | Hospital Grand Rounds: Biopharmaceuticals                                | Weeks Medical Center   | Lancaster, NH    |
| 2014        | The Neurobiology of Creativity   | Tuck Executive Institute   | Hanover, NH      |
| 2014        | International Symposium on Medical Cannabis, Therapeutics<br>Co-Director | Dartmouth-Hitchcock Medical Center                               | Lebanon, NH      |
| 2014        | History of Cannabis as Medicine  | Dartmouth-Hitchcock Medical Center                               | Lebanon, NH      |
| 2013        | Hospital Grand Rounds: Biopharmaceuticals                                | St Joseph's Hospital   | Nashua, NH       |
| 2013        | Pre Anesthesia Assessment  | Springfield Hospital   | Springfield, VT  |
| 2013        | Medicine Grand Rounds: The Neurobiology of Creativity                    | York Hospital  | York, PA         |
| 2013        | The Neurobiology of Creativity   | Tuck Executive Institute   | Hanover, NH      |
| 2013        | Spinal Cord Injury   | Department of Anesthesiology, Dartmouth-Hitchcock Medical Center | Lebanon, NH      |
| 2012        | Anesthesiology Grand Rounds: Art & Medicine                              | Department of Anesthesiology, Dartmouth-Hitchcock Medical Center | Lebanon, NH      |
| 2012        | Neurology Grand Rounds: The Neurobiology of Creativity                   | Department of Neurology, Dartmouth-Hitchcock Medical Center      | Lebanon, NH      |
| 2012        | Evoked Potential Monitoring  | Department of Anesthesiology, Dartmouth-Hitchcock Medical Center | Lebanon, NH      |
| 2011        | Herbal Medicine  | Northeast Medical  | Sunday River, ME |

Curriculum Vitae

|      |  | Association Winter<br>Conference  |             |
|------|--|---|-------------|
| 2011 | Anesthesiology Grand Rounds:<br>Herbal Medicine  | Penn State Milton S.<br>Hershey Medical Center                            | Hershey, PA |
| 2008 | Anesthesiology Grand Rounds:<br>Herbal Medicine-Perioperative<br>Considerations            | Dartmouth-Hitchcock<br>Medical Center                                     | Lebanon, NH |
| 2007 | Anesthesiology Practice Management<br>Seminar: Conflict Resolution                         | Dartmouth-Hitchcock<br>Medical Center                                     | Lebanon, NH |
| 2006 | Spinal Cord Injury   | Department of<br>Anesthesiology,<br>Dartmouth-Hitchcock<br>Medical Center | Lebanon, NH |
| 2006 | Anesthesiology Practice Management<br>Seminar: Operating Room<br>Administration            | Dartmouth-Hitchcock<br>Medical Center                                     | Lebanon, NH |
| 2006 | Anesthesiology Practice Management<br>Seminar: Rural Anesthesia                            | Dartmouth-Hitchcock<br>Medical Center                                     | Lebanon, NH |
| 2006 | Anesthesiology Practice Management<br>Seminar: Anesthesia in Lesser<br>Developed Countries | Dartmouth-Hitchcock<br>Medical Center                                     | Lebanon, NH |
| 2006 | Anesthesiology Grand Rounds:<br>Hemorrhagic Shock  | Dartmouth-Hitchcock<br>Medical Center                                     | Lebanon, NH |
| 2006 | Spinal Anesthesia  | Department of<br>Anesthesiology,<br>Dartmouth-Hitchcock<br>Medical Center | Lebanon, NH |

National:

Curriculum Vitae

| <u>DATE</u> | <u>TOPIC</u>   | <u>ORGANIZATION</u>                | <u>LOCATION</u> |
|-------------|--|------------------------------------|-----------------|
| 2014        | International Symposium on Medical Cannabis, Therapeutics<br>Co-Director   |                                    |                 |
| 2009        | Medical/Surgical Grand Rounds:<br>Herbal Medicine- Perioperative Considerations  | York Hospital                      | York, PA        |
| 2009        | Surgical Resident Visiting Professor<br>Lecture: Amplification of multi-drug Resistant Organisms in the Operating Room | York Hospital                      | York, PA        |
| 2007        | Medical/Surgical Grand Rounds:<br>Hemorrhagic Shock Update   | York Hospital                      | York, PA        |
| 2003        | Medical Grand Rounds: Pain Medicine  | York Hospital                      | York, PA        |
| 2002        | Anesthesia Dinner Lecture: Adverse Effects of Analgesic Management   | York Hospital                      | York, PA        |
| 2002        | Surgery Grand Rounds: Optimizing Opioid Therapy for Chronic Non-malignant Pain   | York Hospital                      | York, PA        |
| 2002        | Internal Medicine Grand Rounds:<br>Optimizing Opioid Therapy for Chronic Non-malignant Pain                            | York Hospital                      | York, PA        |
| 2002        | Family Medicine Grand Rounds:<br>Optimizing Opioid Therapy for Chronic Non-malignant Pain                              | York Hospital                      | York, PA        |
| 2002        | Surgery Grand Rounds: Misuse of Prescription Drugs   | York Hospital                      | York, PA        |
| 2002        | Internal Medicine Grand Rounds:<br>Misuse of Prescription Drugs  | York Hospital                      | York, PA        |
| 2002        | Family Medicine Grand Rounds:<br>Misuse of Prescription Drugs  | York Hospital                      | York, PA        |
| 2002        | Misuse of Prescription Drugs   | York County Medical Society        | York, PA        |
| 2002        | Wellness   | Apple Hill Surgical Center         | York, PA        |
| 2002        | Postoperative Pain Control- PACU   | Department of Anesthesiology, York | York, PA        |



Curriculum Vitae

|      |  | Hospital                                   |          |
|------|--|--|----------|
| 2002 | Internal Medicine Grand Rounds:<br>Impact of a Successful Pain<br>Management Program | York Hospital                              | York, PA |
| 2002 | Family Medicine Grand Rounds:<br>Impact of a Successful Pain<br>Management Program   | York Hospital                              | York, PA |
| 2002 | Surgery Grand Rounds: Impact of a<br>Successful Pain Management Program              | York Hospital                              | York, PA |
| 2002 | Anesthetic Considerations for<br>Obstetrical Patients                                | Department of Obstetrics,<br>York Hospital | York, PA |
| 2002 | Hypermagnesemia  | Department of<br>Anesthesiology, York      | York, PA |

International:

| <u>DATE</u> | <u>TOPIC</u>   | <u>ORGANIZATION</u>  | <u>LOCATION</u>        |
|-------------|--|--|------------------------|
| 2008        | A Prospective Observational Study of<br>Handwashing Behavior in Anesthesia<br>Providers: Analysis and Implications | European Society of<br>Anaesthesiology Annual<br>Meeting Euroanaesthesia<br>2008 | Copenhagen,<br>Denmark |
| 2007        | Attenuation of Pain Associated with<br>Local Anesthetic Infiltration   | European Society of<br>Anesthesiology Annual<br>Meeting, Euroanaesthesia<br>2007 | Munich, Germany        |

Media Appearances:

| <u>DATE</u> | <u>TOPIC</u>  | <u>ORGANIZATION</u> | <u>LOCATION</u> |
|-------------|---|---------------------|-----------------|
| 2004        | Misuse of Prescription Drugs-<br>"Medically Speaking" | Cable Channel 3     | York, PA        |
| 2003        | Pain Management- "Medically<br>Speaking"              | Cable Channel 3     | York, PA        |

**COLLABORATIVE ACTIVITY:**

| <u>DATE</u> | <u>TOPIC</u>  | <u>ORGANIZATION</u>   | <u>LOCATION</u>   |
|-------------|---|---|-------------------|
| 2008        | Real-time in vivo spectrophotometric assessment of serum blood chemistries, oximetry, and red cell mass | In collaboration with University of Strathclyde, Institute of Photonics | Glasgow, Scotland |

**BIBLIOGRAPHY:****Original Journal Articles:**

1. Burchman CA, Datta S, Ostheimer GW. Delivery temperature of heated intravenous solutions during rapid infusion. *J of Clinical Anesthesiology* 1. 1989; (4):259-261.
2. Burchman CA, Judy K. Application of cold to the skin: Does it effectively attenuate the pain associated with the infiltration of local anesthetic? *Eur J Anaesthesiology* 24. 2007; (S39):95.
3. Loftus R, Koff M, Burchman C, et al. Transmission of Pathogenic Bacterial Organisms in the Anesthesia Work Area. *Anesthesiology*. 2008; Sep;109(3):399-407.
4. Koff M, Loftus R, Burchman C, et al. Reduction in Postoperative Bacterial Contamination of Peripheral Intravenous Tubing Through the Use of a Novel Device. *Anesthesiology*. 2009; 110: 978-985.

**Case Reports:**

1. Johnson MD, Birnbach DJ, Burchman CA, Greene MF, Datta S, Ostheimer GW. Fetal Surgery and general anesthesia: A case report and review. *Journal of Clinical Anesthesiology*, 1989; 1(5): 363-367.

**Letters to the Editor:**

1. Burchman CA, deBros F. How to make tape stick to sandpaper. *J of Anesthesiology*. 1988; 69:147.
2. Burchman CA, Lappas DG. Thermodilution cardiac output provides unanticipated intraoperative diagnosis. *J of Cardiothoracic Anesthesia*. 1988; 2:84-85.

**Abstracts Presented at National/International Meetings:**

1. Burchman CA, Education in Obstetric Anesthesia. Scientific Exhibit, American Society of Anesthesiology Annual Meeting, George Moscone Center, San Francisco, CA, USA, 1988.
2. Koff M, Loftus R, Burchman CA, Hogan D, Beach ML. Microbial Contamination in the Anesthesia Workspace. Are we as Clean as We Think? *Anesthesiology*. 107, A1788. 10-16-2007. Ref Type: Poster and Abstract Presentation, America Association of Anesthesiologists Annual Meeting, San Francisco, CA, 2007.
3. Burchman CA, Application of Cold to the Skin: Does it Effectively Attenuate the Pain Associated with the Infiltration of Local Anesthetic? Poster and abstract presentation, European Society of Anesthesiology Annual Meeting, ICM Convention Center, Munich, Germany, 2007.
5. Koff M, Loftus R, Burchman CA, Beach ML. Reduction in Postoperative Nosocomial Infections through the use of a Novel Device in the Operating Room. Poster and abstract presentation, (accepted) National Patient Safety Foundation Patient Annual Safety Congress, Gaylord Convention Center, Nashville, TN, 2008.

6. **Burchman C, Loftus R, Henry E, Koff M.** A Prospective Observational Study of Handwashing Behavior in Anesthesia Providers: Analysis and Implications. Poster and abstract presentation, (accepted) European Society of Anaesthesiology Annual Meeting, Bella Centre, Copenhagen, Denmark, 2008.

**Book Chapters:**

1. **Burchman CA.** Education in obstetric anesthesia. In: Manual of Obstetric Anesthesia. GW Ostheimer (Ed.) Churchill Livingstone Inc., New York, 1992.
2. **Burchman CA and Ostheimer GW.** Organization of an obstetrical anesthesia teaching service. In Manual of Obstetric Anesthesia. GW Ostheimer (Ed.) Churchill Livingstone Inc., New York, 1992.
3. **Burchman CA.** Anesthesia for fetal surgery. In: Manual of Obstetric Anesthesia. GW Ostheimer (Ed.) Churchill Livingstone Inc., New York, 1992.
4. **Burchman CA.** Maternal Aspiration. In Manual of Obstetric Anesthesia. GW Ostheimer (Ed.) Churchill Livingstone Inc., New York, 1992.
5. **Burchman CA.** Anesthesia for fetal surgery. In: pain relief and anesthesia in obstetrics. A. van Zundert and GW Ostheimer (Eds.) WB Saunders, Philadelphia, 1996.
6. **Burchman CA.** Education in obstetric Anesthesia. In: pain relief and anesthesia in obstetrics. A. van Zundert and GW Ostheimer (Eds.) WB Saunders, Philadelphia, 1996.
7. **Burchman CA and GW Ostheimer.** Organization of an obstetric anesthesia service---USA. In pain relief and anesthesia in obstetrics. WB Saunders, Philadelphia, 1996.
8. **Burchman CA.** Anesthetic management of the pregnant surgical patient. In Ostheimer's Manual of Obstetrical Anesthesia. DJ Birnbach (Ed.) Churchill Livingstone Inc., New York, 2000.

**Books:**

1. **Burchman CA.** Spirits of the Playing Surface, A Collection of Poetry in Four Acts. Shires Press, Manchester, VT, 2010.

**Patent Applications:**

1. US Patent Issued for System and Method for Venous Oximetry using a Catheter, 2006 Issued, 2013
2. US Patent Application for Blind Intubation Component System, 2006
2. US Patent Application for Intravenous Fluid Sterilizer, 2009 Issued, 2014

**Other:**

1. Editor, "A Respite from Pain," a quarterly monograph in South Central Pennsylvania 1995-2005.

Updated: June, 2015  
By: Kathy Gaudette

## CURRICULUM VITAE

**NAME:** Gilbert J. Fanciullo, MD, MS

**ADDRESS:** Office:  
 Department of Anesthesiology  
 Pain Management Center  
 Dartmouth-Hitchcock Medical Center  
 One Medical Center Drive  
 Lebanon, NH 03756  
 Phone: 603-650-6040  
 Fax: 603-650-8199  
 Gilbert.J.Fanciullo@Hitchcock.org

## EDUCATION:

| <u>DATE</u> | <u>INSTITUTION</u>                          | <u>DEGREE</u>                      |
|-------------|---|------------------------------------|
| 1986 - 1988 | Russell-Sage College<br>Albany, NY          | MS, Health Services Administration |
| 1983 - 1987 | Albany Medical College<br>Albany, NY        | MD                                 |
| 1969 - 1973 | State University of New York,<br>Albany, NY | BS                                 |
| 1965 - 1969 | Stuyvesant High School                      |                                    |

## POSTDOCTORAL TRAINING:

| <u>DATE</u> | <u>SPECIALTY</u>  | <u>INSTITUTION</u>                           |
|-------------|---|--|
| 2008-2009   | Executive Education for Section Chiefs and<br>Practice Managers                   | Amos Tuck School of Business<br>Hanover, NH  |
| 1990 - 1991 | Fellowship in Pain Management and Vascular,<br>Thoracic, and Obstetric Anesthesia | Brigham and Women's Hospital<br>Boston, MA   |
| 1988 - 1990 | Residency in Anesthesiology   | Brigham and Women's Hospital<br>Boston, MA   |
| 1987 - 1988 | Internship in Internal Medicine   | Albany Medical Center Hospital<br>Albany, NY |

## LICENSURE AND CERTIFICATION:

| <u>DATE</u> | <u>LICENSURE/CERTIFICATION</u>                       |
|-------------|--|
| 2012        | Recertification, Pain Medicine                       |
| 2010        | Board Certification, Hospice and Palliative Medicine |
| 2002 - 2004 | Medical License, State of Vermont                    |
| 2001        | Recertification, Pain Medicine                       |
| 2000-2008   | Board Certification, Hospice and Palliative Medicine |
| 1996        | Medical License, State of NH                         |
| 1993        | Board Certification, Pain Management                 |
| 1993        | Board Certified Consultant, Anesthesiology           |

Curriculum vitae

**ACADEMIC APPOINTMENTS:**

| <u>DATE</u>    | <u>ACADEMIC TITLE</u>                 | <u>INSTITUTION</u>                      |
|----------------|---------------------------------------|---|
| 2006 - present | Professor of Anesthesiology           | Dartmouth Medical School<br>Hanover, NH |
| 2000 - 2006    | Associate Professor of Anesthesiology | Dartmouth Medical School<br>Hanover, NH |
| 1997 - 2000    | Assistant Professor of Anesthesiology | Dartmouth Medical School<br>Hanover, NH |
| 1991 - 1995    | Instructor in Anesthesia              | Harvard Medical School<br>Boston, MA    |
| 1988 - 1991    | Fellow in Anesthesia                  | Harvard Medical School<br>Boston, MA    |

**HOSPITAL APPOINTMENTS:**

| <u>DATE</u>    | <u>HOSPITAL TITLE</u>             | <u>INSTITUTION</u>                              |
|----------------|-----------------------------------|---|
| 1997 - present | Anesthesiologist, Pain Specialist | Mary Hitchcock Memorial Hospital<br>Lebanon, NH |
| 1995 - 1997    | Anesthesiologist                  | Holy Name Hospital<br>Teaneck, NJ               |
| 1992 - 1995    | Anesthesiologist, Pain Specialist | Dana Farber Cancer Institute<br>Boston, MA      |
| 1991 - 1995    | Anesthesiologist                  | Brigham and Women's Hospital<br>Boston, MA      |
| 1991 - 1995    | Anesthesiologist                  | Goddard Memorial Hospital<br>Stoughton, MA      |

**OTHER PROFESSIONAL POSITIONS:**

| <u>DATE</u>    | <u>POSITION TITLE</u>                    | <u>INSTITUTION/ORGANIZATION</u>                   |
|----------------|--|---|
| 2014 - present | Editor in Chief                          | International Journal of Medical Cannabinoids     |
| 2000 - 2003    | Director, Section of Palliative Medicine | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 1999 - present | Director, Section of Pain Medicine       | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 1995 - 1997    | Director, Pain Management Center         | Holy Name Hospital<br>Teaneck, NJ                 |
| 1997 - 2002    | Director, Pain Management Fellowship     | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH |
| 1995           | Director, Pain Management Center         | Brigham and Women's Hospital<br>Boston, MA        |

Curriculum vitae

|             |  |   |
|-------------|--|---|
| 1995 - 1997 | President                                  | Mid-Atlantic Pain Management Associates, Inc. |
| 1994 - 1995 | Associate Director, Pain Management Center | Brigham and Women's Hospital<br>Boston, MA    |
| 1993 - 1996 | President                                  | New England Pain Diagnosis and Treatment      |
| 1987 - 1995 | Lieutenant Commander                       | Medical Corp, United States Naval Reserve     |
| 1993 - 1995 | Advisory Board Member                      | Syntex Laboratories, Inc.                     |

**MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS:**

**National/International:**

| <u>YEAR</u>    | <u>COMMITTEE</u>  | <u>ROLE</u>            | <u>INSTITUTION</u>   |
|----------------|---|------------------------|--|
| 2010-2011      | Scientific Program Committee                              | Chair                  | American Pain Society  |
| 2010           | Clinical Program Committee                                | Chair                  | American Pain Society  |
| 2009-2011      | Board of Directors  | Member                 | American Academy of Pain Medicine  |
| 2009-present   | Clinical Center of Excellence Committee                   | Member                 | American Pain Society  |
| 2009           | Clinical Program Committee                                | Member                 | American Pain Society  |
| 2006 - 2009    | Opioid Clinical Practice Guidelines Committee             | Co-Chairman            | American Academy of Pain Medicine  |
| 2005 - present | Nominating Committee                                      | Member                 | American Academy of Pain Medicine  |
| 2005 - 2007    | Board of Directors  | Member                 | American Pain Society  |
| 2003 - present | Nominating Committee                                      | Member                 | American Pain Society  |
| 2000 - 2001    | Review Course Committee                                   | Chairman               | American Academy of Pain Medicine  |
| 1998 - 1999    | Pain Advisory Committee                                   | Member                 | Blue Cross Blue Shield   |
| 1998 - 2001    | Programming Committee                                     | Member and Co-Director | American Academy of Pain Medicine  |
| 1997 - 2003    | Pain Management Program Directors                         | Member                 | Association of Pain Management Program Directors                         |
| 1997 - 2002    | Pain Management Exam Committee                            | Member                 | American Board of Anesthesiology   |
| 1994 - 1995    | Pain Analgesia Investigative Network on Outcomes Research | *PAINOR Member         | Multicenter research consortium; members appointed by the Morton Society |

**Regional:**

Curriculum vitae

| <u>YEAR</u> | <u>COMMITTEE</u>  | <u>ROLE</u>             | <u>INSTITUTION</u>                   |
|-------------|---|-------------------------|--------------------------------------|
| 1998 - 2000 | Executive Committee   | NH State Representative | New England Pain Association         |
| 1994 - 1995 | Massachusetts Workman's Compensation Chronic Pain Syndrome Guidelines Committee | Member                  | Massachusetts Workman's Compensation |

Institutional:

| <u>YEAR</u>    | <u>COMMITTEE</u>   | <u>ROLE</u> | <u>INSTITUTION</u>  |
|----------------|--|-------------|---|
| 2013           | The Hitchcock Foundation's Scientific Review Committee   | Member      | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 2007 - 2010    | Neurology Internal Review Committee                      | Chair       | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 2007 - present | Opioid Guidelines Committee                              | Chair       | Dartmouth-Hitchcock Medical Center<br>Dartmouth-Hitchcock Alliance Members<br>Lebanon, NH |
| 2006 - present | <u>Department of Anesthesiology Promotions Committee</u> | Member      | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 2005           | Schmerzgruppe  | Co-Director | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 2004 - present | Information Systems Subcommittee                         | Member      | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 2000 - 2004    | Norris Cotton Cancer Center Oversight                    | Member      | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 1998 - 2004    | Neuropathic Pain Committee                               | Member      | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 1998 - 2000    | Multidisciplinary Spine Center Seminar                   | Co-Director | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 1998 - 1999    | Complementary Therapy Review Committee                   | Chairman    | Dartmouth-Hitchcock Medical Center<br>Lebanon, NH   |
| 1997 - 2000    | Dartmouth Medical School Pain Science Committee          | Co-Chair    | Dartmouth Medical School<br>Hanover, NH   |
| 1994 - 1995    | Anesthesia Department Finance and Management Committee   | Member      | Brigham and Women's Hospital<br>Boston, MA  |
| 1993 - 1995    | Operating Room Ethics Committee                          | Member      | Brigham and Women's Hospital<br>Boston, MA  |
| 1993 - 1995    | Clinical Practice Committee                              | Secretary   | Brigham and Women's Hospital<br>Boston, MA  |
| 1992 - 1995    | Medical Ethics Committee                                 | Member      | Brigham and Women's Hospital<br>Boston, MA  |



|             |  |        |  |
|-------------|--|--------|--|
| 1992 - 1995 | Utilization Review Committee           | Member | Brigham and Women's Hospital<br>Boston, MA |
| 1991 - 1995 | Acute Postoperative Pain<br>Committee  | Member | Brigham and Women's Hospital<br>Boston, MA |
| 1985 - 1987 | Medical School Admissions<br>Committee | Member | Albany Medical College<br>Albany, NY       |

**MEMBERSHIP, OFFICE & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:**

| <u>DATE</u>    | <u>SOCIETY</u>  | <u>ROLE</u>                         |
|----------------|---|-------------------------------------|
| 2009           | American Pain Society   | Selected as candidate for President |
| 2006 - 2009    | American Academy of Pain Medicine, Opioid Clinical<br>Practice Guidelines Committee | Co-Chair                            |
| 2005 - 2008    | American Pain Society, Board of Directors   | Member                              |
| 2005 - 2011    | American Academy of Pain Medicine, Ethics<br>Committee                              | Member                              |
| 2003 - 2004    | American Pain Society, Nominating Committee   | Member                              |
| 2000           | American Academy of Pain Medicine, Annual Meeting<br>Review Course Committee        | Chairman                            |
| 1999 - 2011    | American Academy of Hospice and Palliative Medicine                                 | Member                              |
| 1998 - 2000    | American Board of Anesthesiology Pain Board Exam<br>Review Committee                | Member                              |
| 1998 - 2000    | New England Pain Association  | New Hampshire State Representative  |
| 1998           | American Academy of Pain Medicine, Annual Meeting<br>Planning Committee             | Member                              |
| 1997 - present | American Academy of Pain Medicine   | Member                              |
| 1996 - present | International Neuromodulation Society   | Member                              |
| 1992 - present | New England Pain Association  | Member                              |
| 1989 - present | American Pain Society   | Member                              |
| 1989 - present | International Association for the Study of Pain                                     | Member                              |
| 1988 - present | American Society of Regional Anesthesia   | Member                              |
| 1988 - present | International Anesthesia Research Society   | Member                              |
| 1987 - present | American Society of Anesthesiologists   | Member                              |
| 1986 - present | Theta Chapter, Alpha Omega Alpha  | Member                              |

**EDITORIAL BOARDS:**

| <u>DATE</u>    | <u>ROLE</u>                           | <u>BOARD NAME</u>  |
|----------------|---------------------------------------|--|
| 2013           | Editor in Chief                       | <i>International Journal of Medical Cannabinoids</i>       |
| 2006 - 2012    | Associate Editor                      | <i>Pain Physician</i>                                      |
| 2005 - 2012    | Section Coeditor- Palliative Medicine | <i>Pain Medicine</i>                                       |
| 2004 - present | Member                                | <i>Journal of Opioid Management</i>                        |
| 2004 - 2006    | Member                                | <i>American Journal of Hospice and Palliative Medicine</i> |
| 2003 - present | Member                                | <i>Pain Medicine</i>                                       |

**AWARDS AND HONORS:**

| <u>DATE</u>   | <u>AWARD NAME</u>  |
|---------------|--|
| 2010-15       | Top Doctors in New Hampshire   |
| 2005- present | Best Doctors in America  |
| 2008          | American Pain Society Center of Excellence award for DHMC Pain Center  |
| 2007          | American Pain Society Center of Excellence award "runner-up" for DHMC Pain Center                                |
| 1987          | Alpha Omega Alpha  |
| 1987          | Neil Hellman Prize of Albany Medical College   |
| 1987          | Harold C. Wiggers Award of Albany Medical College for outstanding public service to the college and its students |

**JOURNAL REFEREE ACTIVITIES:**

| <u>DATE</u>    | <u>JOURNAL NAME</u>   |
|----------------|---|
| 2005 - 2012    | Section of Palliative Medicine Coeditor, <i>Journal of Pain</i>             |
| 2004 - present | Editorial Board, <i>Journal of Opioid Management</i>                        |
| 2004 - 2006    | Editorial Board, <i>American Journal of Hospice and Palliative Medicine</i> |
| 2003 - 2012    | Editorial Board, Section Editor, <i>Pain Medicine</i>                       |
| 2002 - 2010    | <i>Annals of Internal Medicine</i>  |
| 1999 - 2002    | <i>Regional Anesthesia and Pain Medicine</i>                                |
| 1998 - 2002    | <i>Anesthesia &amp; Analgesia</i>   |
| 1997 - 2006    | <i>Spine</i>  |
| 1992 - 1996    | <i>Journal of Pain and Symptom Management</i>                               |

**MAJOR RESEARCH INTERESTS:**

1. The use of computers as tools to improve the quality of information generated at patient-provider encounters.
2. The use of opioids in patients suffering from non-terminal pain.
3. The use of cannabinoids to manage pain and other symptoms.

**FUNDED RESEARCH PROJECTS:**

- |    |  |                                |
|----|--|--------------------------------|
| 1. | Syntex Laboratories<br>"Ketorolac vs. morphine in a P.C.A. device"<br>Principal Investigator: <u>Gilbert J. Fanciullo</u>  | 1992<br>\$75,000               |
| 2. | Glaxo, Inc<br>1993 - 1994 "Ondansetron vs. droperidol for postoperative nausea"<br>Principal Investigator: <u>Gilbert J. Fanciullo</u>   | 1993<br>\$75,000               |
| 3. | Astra Pharmaceutical<br>"EMLA cream as a pre-emptive analgesic for Cesarean Section"<br>Principal Investigator: <u>Gilbert J. Fanciullo</u>  | 1993<br>\$20,000               |
| 4. | Syntex Laboratories, Inc<br>"Ketorolac vs. oxycodone for acute low back pain"<br>Principal Investigator: <u>Gilbert J. Fanciullo</u>   | 1993<br>\$15,000               |
| 5. | Medtronic, Inc<br>"Dorsal column stimulation for intractable angina pectoris"<br>Principal Investigator: <u>Gilbert J. Fanciullo</u>   | 1998<br>\$72,000               |
| 6. | Astra Merck, Inc<br>"Remacemide for the treatment of neuropathic pain"<br>Principal Investigator: <u>Gilbert J. Fanciullo</u>  | 1998<br>\$40,000               |
| 7. | Elan Pharma, Inc.<br>"Ziconotide for the treatment of chronic pain"<br>Principle Investigator: <u>Gilbert J. Fanciullo</u>   | 1999<br>\$6,000                |
| 8. | 1 R43 MH62833-01<br>National Institutes of Health, National Institute of Mental Health<br>"Customized Pain Assessment" (SBIR, Phase I).<br>Development and testing of computer software that allows health professionals to customize their methods for pain assessment (SBIR, Phase I).<br>Principal Investigator: John C Baird<br>Co-investigator: <u>Gilbert J. Fanciullo</u>   | 4/08/01 - 9/07/01<br>\$99,484  |
| 9. | 1 R43 NS42387-01<br>National Institutes of Health, National Institutes of Neurological Diseases and Stroke<br>"Assessment of Quality of Life by Patients in Pain" (SBIR, Phase I).<br>Test-retest reliability of computer software allowing patients and healthy individuals to give clustered ratings about quality-of-life variables.<br>Principal Investigator: John C. Baird<br>Co-investigator: <u>Gilbert J. Fanciullo</u> | 8/01/01 - 01/31/02<br>\$99,484 |

Curriculum vitae

- |     |   |                   |           |
|-----|---|-------------------|-----------|
| 10  | PHS 2005-1<br>NCI   | 9/1/05 - 2/28/06  | \$16,874  |
|     | Integrating Patient-Reported Outcomes in Clinical Oncology Practice" (SBIR, Phase I)<br>Principal Investigator: John C. Weiss<br>Co-investigators: <u>Gilbert J. Fanciullo</u> , Dale Collins, Ira Byock  |                   |           |
| 11. | 2 R43 NS42387-02<br>National Institutes of Health, National Institutes of Neurological Diseases and Stroke  | 09/01/03-08/31/05 | \$710,633 |
|     | "Assessment of Quality of Life by Patients in Pain" (SBIR, Phase II)<br>Final testing of computerized method for assessing quality of life variables for patients in pain, including sensitivity of method to medical intervention.<br>Principal Investigator: John C. Baird<br>Co-investigators: <u>Gilbert J. Fanciullo</u> and Robert N. Jamison |                   |           |
| 12. | 2 R44 MH062833-02A209/16/04-08/31/06<br>"Computer Assessment of Pain" (SBIR, Phase II)  |                   | \$761,031 |
|     | Computer assessment of pain for chronic pain patients.<br>Principal Investigator: John C. Baird<br>Co-investigators: <u>Gilbert J. Fanciullo</u> and Robert N. Jamison  |                   |           |
| 13. | DHMC QRGP<br>"Patient Perceived Quality of Chronic Pain Websites for Improved Patient Care in Clinic".  | 2006-07           | \$7,500   |
|     | Mentor for anesthesiology resident Tabitha Washington   |                   |           |
| 14. | National Institutes of Health<br>"Children's Computer Assessment of Pain" (SBIR, Phase II).   | 12/07 - 11/09     | \$165,747 |
|     | Principal Investigator: John C. Baird<br>Co-investigator: <u>Gilbert J. Fanciullo</u>   |                   |           |

**TEACHING EXPERIENCE/CURRENT TEACHING RESPONSIBILITIES:**

International

2004 External Preceptor for Irish Pain Oral Board Exams, Trinity College, Dublin, Ireland

Dartmouth Medical School:

| <u>DATE</u>    | <u>TEACHING</u>   |
|----------------|---|
| 2010           | Preceptor for DMS student Eric Ha for research project conducted using Pain Center data base. Submitted for publication.  |
| 1999 - 2000    | Preceptor for Clinical Research Project conducted by DMS 3 student Michael Bradley. Manuscript published in Int J Pain and Pall Med, 2001. Mentor for Michael in all aspects of research project including planning, data acquisition, analysis, and manuscript preparation.  |
| 1997 - 1998    | Director, DMS III Clinical Pain Course, an intensive day long introduction to clinical pain management with lectures from different experts and patient presentations. Students conduct patient interviews and techniques and style are critically appraised by staff physicians and nurses. Common pain problems such as acute postoperative pain, opioid use in non-cancer pain, cancer pain, and chronic pain are addressed. Responsibilities include organization, supervision and criticism of faculty, patient and student participants |
| 1998 - present | Instructor, DMS III Clinical Pain Course. Lectures addressing the ethics and use of opioids for non-cancer pain and implantable therapies for chronic and cancer pain management.   |

Curriculum vitae

- 1997 - 2008 Lecturer, DMS II Scientific Basis of Medicine Neurology Course. An introductory lecture on clinical assessment, diagnosis and treatment options for the patient presenting with pain as a chief complaint.
- 1997 - present Preceptor, DMS III and IV Pain Management Center Rotation. Medical Students individually rotate on the Pain Service and gain experience rounding on acute, chronic and cancer pain patients within the hospital as well as seeing outpatients in the office.

**Resident:**

| <u>DATE</u>    | <u>TEACHING</u>  |
|----------------|--|
| 2010           | Mentor for resident Ravneet Bhullar whose research manuscript has been submitted for publication.  |
| 2005 - 2007    | Mentor for Anesthesiology resident Tabitha Washington conducting clinical research project (QGRP Grant).   |
| 2003 - 2005    | Supervise Anesthesiology resident Ryan Loyd for clinical research project for which he received a QGRP grant and subsequently an NIH-LRP grant for two years and resulted in two publications. |
| 2002 - 2003    | Supervise General Surgery resident Freeman Suber for clinical research project for which he received a QGRP grant.   |
| 2000 - 2003    | Supervise and instruct residents from Anesthesiology, Family Practice, Internal Medicine, and other disciplines in Palliative Medicine.  |
| 1997 - present | Supervise and instruct residents from Anesthesiology, Family Practice, Internal Medicine and Neurosurgery in Pain Medicine.  |
| 1997 - present | Lecture and supervise resident and fellow pain lecture series which includes a daily (3 days per week) thirty minute lecture on a topic in pain medicine.                                      |
| 1997 - present | Coordinate and supervise monthly multidisciplinary pain seminar which involves an invited local or national speaker.   |
| 1991 - 1995    | Supervise and teach residents, fellows and medical students from Harvard Medical School and affiliated hospitals.  |

**PHILANTHROPY:**

Obtained philanthropic support for Palliative Medicine Service totaling approximately \$12 million.

**INVITED PRESENTATIONS:**

**Regional:**

| <u>DATE</u> | <u>TOPIC</u>   | <u>ORGANIZATION</u>              | <u>LOCATION</u> |
|-------------|--|----------------------------------|-----------------|
| 1983        | Pneumococcal Types at Albany V.A. Medical Center: A Four Year Study  | Albany V.A.M.C.                  | Albany, NY      |
| 1985        | Studies of the Antimicrobial Actions of Quinolones Singly and in Combination with Other Antimicrobial Agents | Upstate Infectious Disease Group | Syracuse, NY    |

Curriculum vitae

|      |   |  |                |
|------|---|--|----------------|
| 1990 | Pain Management   | Harvard Medical School   | Boston, MA     |
| 1991 | Parenteral Analgesia in the Emergency Department  | Salem Hospital   | Salem, MA      |
| 1992 | Treatment of Chronic Pain   | Psychiatry Grand Rounds; Brigham and Women's Hospital  | Boston, MA     |
| 1992 | Epidural Infusions for Postoperative Management   | "Schmerzgruppe"; Brigham and Women's Hospital  | Boston, MA     |
| 1993 | Identification of Fluid Aspirated Via Spinal Catheter   | Joint Research Seminar, Brigham and Women's Hospital   | Boston, MA     |
| 1993 | Tricyclic Antidepressants for Treatment Of Acute Pain   | "Schmerzgruppe"; Brigham and Women's Hospital  | Boston, MA     |
| 1993 | Pain, The Final Frontier  | Harvard Medical School Scientific Symposium on Research in Anesthesia Brigham and Women's Hospital | Boston, MA     |
| 1993 | Overview of Agency for Health Care Policy and Research Clinical Practice Guidelines for Acute Pain Management | Symposium for Primary Care Providers   | Boston, MA     |
| 1994 | Post Operative Pain Management  | Surgical Grand Rounds, West Roxbury VAMC Hospital  | Boston, MA     |
| 1994 | Analgesia For Thoracic Surgical Procedures  | Brigham and Women's Hospital Thoracic Staff Retreat, Babson College                                | Wellesley, MA  |
| 1994 | Principles Of Pain Management   | Berkshire Community College  | Pittsfield, MA |
| 1994 | Acute Pain Management   | Norwood Hospital Anesthesia Department   | Norwood, MA    |
| 1995 | Chronic Pain  | Psychiatry Grand Rounds; Holy Name Hospital  | Teaneck, NJ    |
| 1996 | Opioid Pharmacology   | Grand Rounds; Holy Name Hospital   | Teaneck, NJ    |
| 1996 | Treatment of Chronic Pain   | Bergen County Health Fair  | Hackensack, NJ |
| 1997 | Epidural Infusions  | Anesthesiology Grand   | Lebanon, NH    |

|      |   |   |               |
|------|---|---|---------------|
|      |   | Rounds; Dartmouth-Hitchcock Medical Center                              |               |
| 1997 | Analgesic Pharmacology                              | Anesthesiology Grand Rounds; Dartmouth-Hitchcock Medical Center         | Lebanon, NH   |
| 1997 | Acute Pain Management                               | General Surgery Grand Rounds; Dartmouth-Hitchcock Medical Center        | Lebanon, NH   |
| 1997 | Pain Management After Orthopedic Surgery            | Orthopedic Surgery Grand Rounds; Dartmouth-Hitchcock Medical Center     | Lebanon, NH   |
| 1998 | Cancer Pain Management                              | Oncology Rounds<br>Dartmouth-Hitchcock Medical Center                   | Lebanon, NH   |
| 1998 | Diagnosis and Treatment in Clinical Pain Management | Neurology Annual Meeting  | Woodstock, VT |
| 1998 | Interventional Pain Management                      | Oncology Rounds<br>Dartmouth-Hitchcock Medical Center                   | Lebanon, NH   |
| 1998 | Complex Regional Pain Syndrome                      | Orthopedic Surgery Grand Rounds<br>Dartmouth-Hitchcock Medical Center   | Lebanon, NH   |
| 1998 | Chronic Pain Management                             | Rheumatology Grand Rounds; Dartmouth-Hitchcock Medical Center           | Lebanon, NH   |
| 1998 | Implantable Therapies: An Evidence Based Approach   | Anesthesiology Grand Rounds; Dartmouth-Hitchcock Medical Center         | Lebanon, NH   |
| 1998 | Implantable Therapies: An Evidence Based Approach   | New Hampshire/Vermont Society of Anesthesiologist Annual Meeting        | Lebanon, NH   |
| 1998 | Implantable Therapies: An Evidence Based Approach   | Neurosurgery/Neurology Grand Rounds; Dartmouth-Hitchcock Medical Center | Lebanon, NH   |
| 1999 | Anesthesiology Headache Management:                 | Dartmouth Medical   | Lebanon, NH   |

Curriculum vitae

|      | Headache Management for Primary Care Providers  | School   |             |
|------|---|--|-------------|
| 1999 | Analgesic Pharmacology  | Grand Rounds, Rutland Reg. Medical Center                                  | Rutland, VT |
| 2000 | Cutting Edge Pain Management  | Keynote Speaker, Practical Pain Management for Practicing Physicians       | Durham, NH  |
| 2000 | Management of Chronic Pelvic Pain   | Obstetrics and Gynecology Grand Rounds; Dartmouth-Hitchcock Medical Center | Lebanon, NH |
| 2001 | Implantable Therapies in the Management of Spinal and Radicular Pain                              | Spine Center Grand Rounds; Dartmouth-Hitchcock Medical Center              | Lebanon, NH |
| 2001 | Management of Chronic Pain  | Grand Rounds; Alice Peck Day Hospital                                      | Lebanon, NH |
| 2001 | Post Anesthesia Care Unit Pain Management   | PACU 2001: A Perianesthesia Odyssey<br>Dartmouth-Hitchcock Medical Center  | Lebanon, NH |
| 2001 | Management of Chronic Pain  | Internal Medicine Grand Rounds; Dartmouth-Hitchcock Medical Center         | Lebanon, NH |
| 2001 | Palliative Medicine   | Radiation Oncology Grand Rounds; Dartmouth-Hitchcock Medical Center        | Lebanon, NH |
| 2001 | Basic Neuroanatomy; Anatomy and Safety and Radiology Implantation Techniques for Neurostimulation | Interventional Training Workshop   | Boston, MA  |
| 2001 | Complications Management and Troubleshooting Algorithms for Neurostimulation Systems              | Interventional Training Workshop   | Boston, MA  |
| 2002 | End of Life Care for Patients with Non Cancer Diagnoses   | Internal Medicine Grand Rounds; Dartmouth-Hitchcock Medical Center         | Lebanon, NH |
| 2002 | Treatment of Acute Pain   | DHMC Pain Day<br>General Surgery Grand Rounds; Dartmouth-                  | Lebanon, NH |



|      |  |   |                 |
|------|--|---|-----------------|
|      |  | Hitchcock Medical Center  |                 |
| 2002 | Pediatric Palliative Medicine  | Pediatrics Grand Rounds<br>Dartmouth-Hitchcock<br>Medical Center      | Lebanon, NH     |
| 2002 | Palliative Medicine  | Psychiatry Grand<br>Rounds; Dartmouth-<br>Hitchcock Medical<br>Center | Lebanon, NH     |
| 2002 | Uses, History of, and Controversies<br>Surrounding the Use of Opioids    | NEPA Annual Meeting   | Woodstock, VT   |
| 2002 | Perioperative Pain Management for<br>Anesthesiologists; End of Life Care | New England Society of<br>Anesthesiologists<br>Annual Fall Conference | Scarborough, ME |

*I have stopped recording local and regional lectures in 2002 but have continued to speak locally and regionally approximately ten times per year.*

**National:**

| <u>DATE</u> | <u>TOPIC</u>   | <u>ORGANIZATION</u>  | <u>LOCATION</u> |
|-------------|--|--|-----------------|
| 1983        | Pneumococcal Capsular Polysaccharide Types:<br>A Four Year Study | Interscience Conference on<br>Antimicrobial Agents and<br>Chemotherapy               | Las Vegas, NV   |
| 1990        | Celiac Plexus Block  | Harvard Medical School<br>Regional Anesthesia Update                                 | Boston, MA      |
| 1991        | Opiate Pharmacology  | American Society of<br>Regional Anesthesia<br>conference on acute pain<br>management | Scottsdale, AZ  |
| 1991        | Femoral Nerve Block, 3-in-1 Block                                | American Society of<br>Regional Anesthesia<br>conference on acute pain<br>management | Scottsdale, AZ  |
| 1991        | Patient Controlled Epidural Analgesia                            | American Society of<br>Regional Anesthesia<br>conference on acute pain<br>management | Scottsdale, AZ  |
| 1991        | NSAIDs-Ketorolac   | American Society of<br>Regional Anesthesia<br>conference on acute pain<br>management | Scottsdale, AZ  |
| 1991        | Anesthesia: Approach to Chronic Pain                             | Tufts, New England Medical<br>Center Hospitals                                       | Boston, MA      |

|      |   |  |                    |
|------|---|--|--------------------|
| 1991 | Epidural Infusions for Postoperative Pain Relief  | Harvard Medical School<br>Regional Anesthesia Update                 | Boston, MA         |
| 1991 | Thoracic Analgesia  | Harvard Medical School<br>Regional Anesthesia Update                 | Boston, MA         |
| 1991 | Pain Management   | Harvard Medical School<br>Anesthesia Industry Course                 | Boston, MA         |
| 1991 | Treatment of Chronic Pain   | Harvard Medical School<br>Intensive Review of<br>Neurology           | Boston, MA         |
| 1992 | Pain Management   | Harvard Medical School<br>Anesthesia Industry Course                 | Boston, MA         |
| 1992 | Epidural Infusions for Postoperative Pain Relief  | Harvard Medical School<br>Anesthesia Industry Course                 | Boston, MA         |
| 1993 | Overview of Agency for Health Care Policy and<br>Research Clinical Practice Guidelines for Acute<br>Pain Management | Symposium for Primary Care<br>Providers                              | Portland, OR       |
| 1993 | Overview of Agency for Health Care Policy and<br>Research Clinical Practice Guidelines for Acute<br>Pain Management | Symposium for Primary Care<br>Providers                              | Philadelphia, PA   |
| 1993 | Overview of Agency for Health Care Policy and<br>Research Clinical Practice Guidelines for Acute<br>Pain Management | Symposium for Primary Care<br>Providers                              | Marquis, NY        |
| 1993 | Overview of Agency for Health Care Policy and<br>Research Clinical Practice Guidelines for Acute<br>Pain Management | Symposium for Primary Care<br>Providers                              | Nashville, TN      |
| 1993 | Outpatient Management of Acute Pain   | Symposium for Primary Care<br>Providers                              | Baltimore, MD      |
| 1993 | Overview of Agency for Health Care Policy and<br>Research Clinical Practice Guidelines for Acute<br>Pain Management | Symposium for Primary Care<br>Providers                              | Salt Lake City, UT |
| 1993 | Epidural Infusions for Postoperative Pain Relief  | Beth Israel Hospital   | Boston, MA         |
| 1993 | Complications of Pain Management Procedures   | Anesthesia Grand Rounds,<br>Beth Israel Hospital                     | Boston, MA         |
| 1993 | Autonomic Pain Syndromes  | Harvard Medical School<br>Comprehensive Review in<br>Pain Management | Boston, MA         |
| 1993 | Regional Techniques for Thoracic Analgesia  | Harvard Medical School<br>Thoracic Anesthesia Update                 | Boston, MA         |
| 1993 | Epidural Infusions for Postoperative Pain Relief  | Harvard Medical School   | Boston, MA         |

|      |   |   |                  |
|------|---|---|------------------|
|      |   | Regional Anesthesia Update  |                  |
| 1993 | Celiac Plexus Block   | Harvard Medical School<br>Regional Anesthesia Update                                  | Boston, MA       |
| 1994 | Overview of Agency for Health Care Policy and Research Clinical Practice Guidelines for Acute Pain Management | Symposium for Primary Care Providers  | Memphis, TN      |
| 1994 | Overview of Agency for Health Care Policy and Research Clinical Practice Guidelines for Acute Pain Management | Symposium for Primary Care Providers  | Buffalo, NY      |
| 1994 | Overview of Agency for Health Care Policy and Research Clinical Practice Guidelines for Acute Pain Management | Symposium for Primary Care Providers  | Garden City, NY  |
| 1994 | Overview of Agency for Health Care Policy and Research Clinical Practice Guidelines for Acute Pain Management | Symposium for Primary Care Providers  | St. Louis, MO    |
| 1994 | Acute Pain Management   | Ordner Medical Society Meeting  | Jacksonville, NC |
| 1994 | Epidural Infusions for Postoperative Pain Relief  | Hospital for Special Surgery  | New York, NY     |
| 1994 | Acute Pain Management   | Medical Center at Princeton   | Princeton, NJ    |
| 1995 | Pain Management for the Primary Care Provider   | Adirondack Independent Practice Association Annual Conference                         | Lake Placid NY   |
| 1997 | Pharmacological Strategies in the Management of Pain  | University of Massachusetts Medical Center Symposium on Pain: a Professional Overview | Worcester, MA    |
| 1998 | Acute Pain Management   | Anesthesiology Grand Rounds; Fletcher Allen Hospital University of Vermont            | Burlington, VT   |
| 1998 | "Palm Micros" For Data Collection And Streamlining Clinical Studies   | Paperless Clinical Trials Conference  | San Diego, CA    |
| 1999 | Myofascial Pain Syndrome: Diagnosis, Treatment, and Controversies   | American Academy of Pain Medicine 15 <sup>th</sup> Annual Meeting                     | Palm Springs, CA |
| 1999 | Acute Pain Management   | American Academy of Pain Medicine 15 <sup>th</sup> Annual Meeting                     | Palm Springs, CA |
| 1999 | Workshop: Pros and Cons in the Use of Botulinum Toxin   | American Academy of Pain Medicine 15 <sup>th</sup> Annual Meeting                     | Palm Springs, CA |

|      |   |   |                  |
|------|---|---|------------------|
| 1999 | Spinal Cord Stimulation and Intrathecal Analgesia                   | American Academy of Pain Medicine 15 <sup>th</sup> Annual Meeting                         | Palm Springs, CA |
| 1999 | Regional Techniques for Postoperative Pain                          | American Society of Regional Anesthesia Meeting   | Boston, MA       |
| 1999 | Thoracic Epidurals and Neuraxial Techniques                         | American Society of Regional Anesthesia Meeting   | Boston, MA       |
| 2000 | Anatomy And Neurophysiology of Nociception                          | The Second Annual Michael Stanton Hicks Pain Management and Regional Anesthesia Symposium | Key West, FL     |
| 2000 | Cancer Pain Management  | The Second Annual Michael Stanton Hicks Pain Management and Regional Anesthesia Symposium | Key West, FL     |
| 2000 | Neurolytic Blockade   | The Second Annual Michael Stanton Hicks Pain Management and Regional Anesthesia Symposium | Key West, FL     |
| 2000 | Botulinum Toxin for Pain Management                                 | The Second Annual Michael Stanton Hicks Pain Management and Regional Anesthesia Symposium | Key West, FL     |
| 2000 | Acute Pain Management   | American Academy of Pain Medicine 16 <sup>th</sup> Annual Meeting                         | New Orleans, LA  |
| 2000 | Spinal Cord Stimulation and Intrathecal Drug Administration Systems | American Academy of Pain Medicine 16 <sup>th</sup> Annual Meeting                         | New Orleans, LA  |
| 2000 | Opioids for Nonmalignant Pain                                       | American Academy of Pain Medicine 16 <sup>th</sup> Annual Meeting                         | New Orleans, LA  |
| 2000 | Assessing New Technologies in Pain Management                       | Grand Rounds, New York University Medical Center  | New York, NY     |
| 2001 | Palliative Care   | American Academy of Pain Medicine 17 <sup>th</sup> Annual Meeting                         | Miami Beach, FL  |
| 2001 | Newer Technologies in the Management of Chronic Pain                | Tufts New England Medical Center Anesthesiology Grand Rounds                              | Boston, MA       |
| 2001 | Complex Regional Pain Syndromes                                     | Principles and Practice of Pain Medicine Harvard Medical School                           | Boston, MA       |

Curriculum vitae

|      |   |   |                |
|------|---|---|----------------|
| 2001 | Innovative Uses of Spinal Cord Stimulation                                | Principles and Practice of Pain Medicine Harvard Medical School | Boston, MA     |
| 2001 | Spinal Cord Stimulation Workshop  | Principles and Practice of Pain Medicine Harvard Medical School | Boston, MA     |
| 2002 | Mechanism Based Pain Diagnosis and Treatment                              | Eastern Pain Association Scientific Meeting                     | New York, NY   |
| 2002 | Spinal Cord Stimulation; Principles and Practice of Pain Medicine         | Harvard Medical School  | Boston, MA     |
| 2002 | Complex Regional Pain Syndromes; Principles and Practice of Pain Medicine | Harvard Medical School  | Boston, MA     |
| 2003 | The Use of Opioids for Chronic Noncancer Pain                             | Massachusetts General Hospital                                  | Boston, MA     |
| 2003 | Spinal Analgesia  | Principles and Practice of Pain Medicine Harvard Medical School | Boston, MA     |
| 2003 | Cancer Pain and Palliative Care in Adults                                 | Principles and Practice of Pain Medicine Harvard Medical School | Boston, MA     |
| 2003 | Evidence Based Interventional Pain Treatment                              | New England Pain Association                                    | Manchester, NH |
| 2004 | Palliative Medicine   | American Society of Regional Anesthesia                         | Phoenix, AZ    |
| 2004 | Spinal Analgesia  | Principles and Practice of Pain Medicine Harvard Medical School | Boston, MA     |
| 2004 | Cancer Pain and Palliative Care in Adults                                 | Principles and Practice of Pain Medicine Harvard Medical School | Boston, MA     |
| 2005 | Spinal Analgesia  | Principles and Practice of Pain Medicine Harvard Medical School | Boston, MA     |
| 2005 | Complex Regional Pain Syndrome  | Principles and Practice of Pain Medicine Harvard Medical School | Boston, MA     |
| 2005 | Cancer Pain   | American Society of Regional Anesthesia                         | Miami, FL      |
| 2005 | Palliative Medicine, Overview   | American Society of Regional Anesthesia                         | Miami, FL      |
| 2005 | Treatment of Nausea and Vomiting in Patients With Cancer                  | American Society of Regional Anesthesia                         | Miami, FL      |

|      |  |   |                   |
|------|--|---|-------------------|
| 2005 | Management of Opioid Induced Constipation  | American Society of Regional Anesthesia   | Miami, FL         |
| 2005 | Pain Medicine for Primary Care: Opioid Prescribing   | New England Pain Association and Boston Pain Forum  | Boston, MA        |
| 2006 | Theory and Technique- Implantable Pain Therapies   | Course Director   | Minneapolis, MN   |
| 2006 | Theory and Technique- Implantable Pain Therapies   | Course Director   | New York City, NY |
| 2006 | Ordering and Interpretation of Urine Toxicology Tests  | American Society of Regional Anesthesia   | San Francisco, CA |
| 2006 | Palliative Medicine, Overview  | American Society of Regional Anesthesia   | San Francisco, CA |
| 2006 | Chronic Pain in the Cancer Survivor  | American Society of Regional Anesthesia   | San Francisco, CA |
| 2006 | Opioids for Chronic Non-Cancer Pain  | New England Pain Association  | Woodstock, VT     |
| 2006 | The Use of Opioids for Chronic Musculoskeletal Pain  | New England College of Occupational and Environmental Medicine  | Bedford, MA       |
| 2007 | Complex Regional Pain Syndrome   | Principles and Practice of Pain Medicine Harvard Medical School                                       | Boston, MA        |
| 2007 | Spinal Analgesia   | Principles and Practice of Pain Medicine Harvard Medical School                                       | Boston, MA        |
| 2007 | Using Computers to Assist in Substance Screening in Pain Medicine  | The Third Annual Dartmouth Symposium on Substance Use; NH Physicians Conference on Addiction Medicine | Hanover, NH       |
| 2008 | (Moderator and Speaker) Clinical Guidelines on Chronic Opioid Therapy in Chronic Noncancer Pain: Process and Progress Report | American Pain Society 27 <sup>th</sup> Annual Scientific Meeting                                      | Tampa, FL         |
| 2008 | Advances in Pain Management: Emerging Strategies and Clinical Innovations  | American Pain Society 27 <sup>th</sup> Annual Scientific Meeting                                      | Tampa, FL         |
| 2008 | Is Chronic Opioid Therapy Suitable for the Management of Chronic Pain  | American Society of Anesthesiologists Annual Meeting  | Orlando, FL       |
| 2008 | Evidence-based Guidelines for Opioid Therapy of Chronic Nonmalignant Pain  | International Association for Pain and Chemical   | Philadelphia, PA  |

Curriculum vitae

|      |   |  |                    |
|------|---|--|--------------------|
|      |   | Dependency Annual Meeting  |                    |
| 2009 | Evidence-based Guidelines for Opioid Therapy of Chronic Nonmalignant Pain | American Pain Society 28 <sup>th</sup> Annual Scientific Meeting         | San Diego, CA      |
| 2009 | Evidence-based Guidelines for Opioid Therapy of Chronic Nonmalignant Pain | Beth Israel Deaconess Medical Center Invited Lecturer                    | Boston, MA         |
| 2009 | Chronic Pain: Clinical and Neurochemical Features                         | Red Rock Casino, Hershey Medical Center                                  | Las Vegas, NV      |
| 2010 | Mechanisms and Neuroplasticity of Pain                                    | American Academy of Pain Medicine Annual Meeting                         | San Antonio, Texas |
| 2010 | Spinal Analgesia  | Principles and Practice of Pain Medicine Harvard Medical School          | Boston, MA         |
| 2010 | Cancer Pain and Palliative Care   | Principles and Practice of Pain Medicine Harvard Medical School          | Boston, MA         |
| 2011 | Pain Outcomes Evaluation Tool (POET)                                      | American Academy of Pain Medicine Annual Meeting                         | Washington, DC     |
| 2011 | Pain Outcomes Evaluation Tool (POET)                                      | American Pain Society Annual Meeting                                     | Austin, TX         |
| 2011 | Opioid Pharmacology   | American Pain Society Annual Meeting                                     | Austin, TX         |
| 2012 | Rational Opioid Management  | American Society of Regional Anesthesia and Pain Medicine Annual Meeting | Miami, FL          |
| 2012 | Pitfalls in Pain Procedures   | American Society of Regional Anesthesia and Pain Medicine Annual Meeting | Miami, FL          |
| 2013 | Chronic Pain and Opioids  | Boston University Work Related Injuries                                  | Waltham, MA        |
| 2013 | Rational Opioid Management  | Vermont Ethics Network   | Burlington, VT     |
| 2013 | PROP and the Future of Opioids  | International Conference on Opioid Use                                   | Boston, MA         |
| 2013 | Keynote Speaker- Rational Opioid Prescribing                              | A Community Approach to Comprehensive Pain Management                    | St. Albans, VT     |
| 2013 | Medical Marijuana   | NECOEM   | Newton, MA         |
| 2014 | Medical Cannabinoids  | International Conference on Opioids                                      | Boston, MA         |

**International:**

| <u>DATE</u> | <u>TOPIC</u>  | <u>ORGANIZATION</u>                       | <u>LOCATION</u>  |
|-------------|---|---|------------------|
| 1995        | Chronic Pain Management<br>Sympathetic Blocks in Chronic Pain | McGill Review Course<br>in Anesthesiology | Montreal, Canada |

**MEDIA**

- 2014 CATV one hour program on opioids <http://vimeo.com/92955279>
- 2011 Filmed for Physicians for Responsible Opioid Prescribing (PROP)
- 2010 Filmed for Discovery Chanel program on opioids for chronic pain
- 2009-14 Interviewed and cited by Associated Press (Baltimore Sun, Chicago Tribune), Wall Street Journal, New York Times, National Public Radio, JAMA

**BIBLIOGRAPHY:****Journal Articles:****Original Articles:**

1. Fanciullo GJ, Baltch AL, Smith RP, Hollick G, Shayegani M. A five year serotyping of 1458 pneumococcal isolates with an analysis of 84 patients with bacteremia. *Southern Medical Journal*, 1986; 9(11):1370-5.
2. Baltch AL, Bassey C, Fanciullo GJ, Smith RP. In-Vitro antimicrobial activity of enoxacinin combination with eight other antibiotics against *Pseudomonas aeruginosa*, *Enterobacteriaceae*, and *Staphylococcus aureus*. *Journal of Antimicrobial Chemotherapy*, 1987; 19:45-8.
3. Camann WR, Loferski BL, Fanciullo GJ, Stone ML, Datta S. Does epidural administration of butorphanol offer any clinical advantage over the intravenous route?. *Anesthesiology*, 1992; 76:216-20.
4. Ferrante FM, Fanciullo GJ, Grichnik KP, Vaisman J, Sacks GM, Concepcion MA. Regression of sensory anesthesia during continuous epidural infusions of bupivacaine and opioid for total knee replacement. *Anesth Analg*, 1993; 77:1179-84.
5. Steinbrook RA, Hughes N, Fanciullo GJ, Manzi D, Ferrante FM. Effects of alkalization of lidocaine on the pain of skin infiltration and intravenous catheterization. *J Clin Anesth*, 1993; 5:456-8.
6. O'Hara D, Fanciullo GJ, Hubbard L, Maneatis T, Seuffert P, Bynum L, Shefrin A. Evaluation of the safety and efficacy of ketorolac versus morphine by patient-controlled analgesia device for postoperative pain. *Pharmacotherapy*, 1997; 17(5):891-9.
7. Fanciullo GJ, Rose RJ, Lunt PG, Whalen PK, Ross E. The State of Implantable Pain Therapies in the United States: A Nationwide Survey of Academic Teaching Programs (with editorial). *Anesth Analg*, 1999; 88:1311-6.
8. Fanciullo GJ, Robb-JF, Rose RJ, Sanders JH. Spinal Cord Stimulation for Intractable Angina Pectoris: A Report of Two Cases. *Anesth Analg*, 1999; 89:305-6.
9. Bradley MP, Fanciullo GJ, Ahles TA, Seville J, DeLeo JA, Wasson JH. Characteristics and Outcomes of Patients with Chronic Pain Receiving Multidisciplinary Pain Subspecialist Care and Primary Generalist Care. *Int J Pain Med PallCar*, 2001; 1(1):23-26.



10. **Fanciullo GJ**, Hanscom B, Seville J, Ball P, Rose RJ. An Observational Study of the Frequency and Pattern of Use of Epidural Steroid Injection in 25,479 Patients with Spinal and Radicular Pain (with editorial). *Reg Anesth Pain Med*, 2000; 26(1):5-11.
11. **Fanciullo GJ**, Ball PA, Girault GJ, Rose RJ, Hanscom B, Weinstein JN. An Observational Study of the Prevalence and Pattern of Opioid Use in 25,479 Patients with Spine and Radicular Pain. *Spine*, 2002; 27(2):201-205.
12. Huraibi H, Phillips J, Rose R, Pallitroni H, Westbrook H, **Fanciullo GJ**. Intrathecal Baclofen Pump Implantation Complicated by Epidural Lipomatosis. *Anesth Analg*, 2000; 91:429-31.
13. **Fanciullo GJ** and Cobb J. The Use of Opioids for Chronic Non-Cancer Pain. *Int J Pain Med Pall Care*, 2001; 1(2):49-55.
14. **Fanciullo GJ**, Jamison RN, Chawarski MC, Baird JC. Computer Method for Rating Quality of Life: Comparison of Chronic Pain Patients and Healthy Controls. *Pain Med*, 2001; 2(4):298-308.
15. Lopez A, Beecham JB, Rose RJ, Beasley R, **Fanciullo GJ**. Triple Analgesic Intraspinal Therapy in a Patient with Metastatic Cervical Carcinoma. *Int J Pain Med Pall Care*, 2002; 1(3):105-106.
16. Katz N, **Fanciullo GJ**. The Role of Urine Toxicology Testing in the Management of Chronic Opioid Therapy. *Clin J Pain*, 2002; 18:S76-S82.
17. **Fanciullo GJ**, Hanscom B, Weinstein JN, Chawarski MC, Baird JC. Cluster Analysis Classification of SF-36 Profiles for Patients with Spinal Pain. *Spine*, 2003; 28(19):2276-2282.
18. Baltic T, Whedon MB, Ahles TA, **Fanciullo G**. Improving Pain Relief in a Rural Cancer Center. *Cancer Practice*, 2002; 10(1):S39-44.
19. Katz N, Sherburne S, Vielguth J, Rose RJ, **Fanciullo GJ**. Behavioral Monitoring and Urine Toxicology Testing in Patients Receiving Long-Term Opioid Therapy. *Anesth Analg*, 2003; 97:1097-102.
20. **Fanciullo GJ**, Jamison RN, Chawarski MC, Baird JC. Reliability and Validity of an Interactive Computer Method for Rating Quality of Life. *Pain Medicine*, 2003; 4(3):257-268.
21. Ball PA, **Fanciullo GJ**. Pont de Dolor: A Technique for Placing and Securing a Resume Electrode in the Epidural Space and Comments About Anatomical Variation That May Complicate Spinal Cord Stimulation Electrode Placement. *Neuromodulation*, 2003; 6(2):92-4.
22. Ruland CM, White T, Stevens M, **Fanciullo G**, and Khilani SM. Effects of Computerized System to Support Shared Decision Making in Symptom Management of Cancer Patients: Preliminary Results. *J Med Inform Assoc*, 2003; 10(6):573-579.
23. Sites B, Beach M, Biggs R, Rohan C, Wiley C, Rassias A, Gregory J, **Fanciullo GJ**. Intrathecal Clonidine Added to a Bupivacaine-morphine Spinal Improves Postoperative Analgesia for Total Knee Arthroplasty. *Anesth Analg*, 2003; 96:1083-8.
24. Bakitas M, Hopkins S, Thomas C, Varma S, **Fanciullo GJ**. Development of a clinical care screening tool to assess patient-defined, nonphysiological palliative care needs. *J Terminal Onc*, 2003; 2(2):75-85.
25. Jamison JN, **Fanciullo GJ**, Baird JC. Computerized Dynamic Assessment of Pain: Comparison of Chronic Pain Patients and Healthy Controls. *Pain Medicine*, 2004; 5(2):168-177.
26. Jamison JN, **Fanciullo GJ**, Baird JC. Usefulness of pain drawings in identifying real or imagined pain: Accuracy of pain professionals, nonprofessionals, and a decision model. *The Journal of Pain*, 2004; 5(9):476-482.

27. Burfeind R, Fanciullo GJ, Jamison RN, Baird JC. Pain Assessment Based on a Fixed Resource Method. *The International Journal of Cognitive Technology*, 2005; 9(1):46-52.
28. Loyd R, Ball P, Fanciullo GJ. Surgical Procedures for Intractable Cancer Pain. *Tech RAPM*, 2005; 9(3):167-177.
29. Loyd R, Fanciullo GJ, Hanscom B, Baird JC. An Assessment of SF-36 Cluster Analysis Ability to Predict Spinal Pain Patients Response to Epidural Steroid Injection. *Pain Medicine*, 2006; 7(3):229-236.
30. Jamison RN, Fanciullo GJ, McHugo GJ, Baird JC. Validation of the Short-Form Interactive Computerized Quality of Life Scale (ICQOL-SF). *Pain Medicine*, 2007; 8(3):243-50.
31. Katz N, Houle B, Budman SH, Fernandez KC, Villapiano A, Parker S, Fanciullo GJ, Butler SF. Implementing a Screening Tool for Risk of Opioid Abuse: The SOAPP® Dissemination Study. Submitted for publication.
32. Fanciullo GJ, Cravero JP, Mudge BO, McHugo GJ, Baird JC. Development of a New Computer Method to Assess Children's Pain. *Pain Medicine*, 2007; 8(S3):121-128.
33. Burton AW, Fanciullo GJ, Beasley RD, Fisch MJ. Chronic Pain in the Cancer Survivor: A New Frontier. *Pain Medicine*, 2007; 8(2):189-198.
34. Curtis K, Henriques H, Fanciullo GJ, Suber F. Time to First Analgesia Following Trauma in an Emergency Department. *Journal of Trauma*, 2007; 62:819-826.
35. Curtis KM, Henriques HF, Fanciullo G, Reynolds CM, Suber F. A fentanyl-based pain management protocol provides early analgesia for adult trauma patients. *Journal of Trauma*, 2007; 63(4):819-826.
36. Washington T, Fanciullo GJ, Sorensen JA, Baird JC. Quality of Chronic Pain Websites. *Pain Medicine* 2008;9(8):994-1000.
37. Provenzano D, Fanciullo GJ, Baird JC. Computer Assessment and Diagnostic Classification of Chronic Pain Patients. *Pain Medicine*, 2007; 8(S3):167-175.
38. Podichetty V, Fanciullo GJ, Weiss L, Baird JC. Information Technology in the Management of Pain. *Pain Medicine*, 2007; 8(S3):189-198.
39. Krebs EE, MD, Lurie JD, Fanciullo GJ, Tosteson TD, Blood EA, Carey TS, Weinstein JN. Predictors of long-term opioid use among patients with painful lumbar spine conditions. *Journal of Pain* 2010;11(1):44-52.
40. Jamison RN, Washington TA, Fanciullo GJ, Ross EL, McHugo GJ, Baird JC. Do Implantable Devices Improve Mood? Comparisons of Chronic Pain Patients With or Without an Implantable Device. *Neuromodulation*, 2008;11(4):260-66.
41. Chou R, Fanciullo GJ, Fine PG, et. al. Opioid Treatment Guidelines: Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain. *Journal of Pain*, 2009;10(2):113-130.
42. Chou R, Ballantyne JC, Fanciullo GJ, Fine PG, Miaskowski C. Research gaps on use of opioids for chronic noncancer pain. Findings from a review of the evidence for an American Pain Society and American Academy of Pain Medicine clinical practice guideline. Accepted for publication, *Journal of Pain*, 2009;10:147-159.
43. Chou R, Fanciullo GJ, Fine PG, Miaskowski C, Passik SD, Porteneoy RK. Opioids for chronic noncancer pain: prediction and identification of aberrant drug-related behaviors. A review of the evidence for an American Pain Society and American Academy of Pain Medicine clinical practice guideline. *Journal of Pain*, 2009;10:131-146.

44. Gular P, Rodi S, Washington TA, Cravero JP, Fanciullo GJ, McHugo GJ, Baird JC. Computer face scale for measuring pediatric pain and mood. *Journal of Pain*, 2009;10:173-179.
45. Butler SF, Budman SH, Fernandez KC, Fanciullo GJ, Jamison RN. Cross-validation of a screener to predict opioid misuse in chronic pain patients. *J Addict Med* 2009;3(2):66-73.
46. Fanciullo GJ. Medical cannabis. *J Opioid Manage*. 2009; 5(5);245-246.
47. Butler, S.F., Budman, S.H., Fanciullo, G.J., & Jamison, R.N. Cross validation of the current opioid misuse measure to monitor chronic pain patients on opioid therapy. *Clinical Journal of Pain*, Nov/Dec 2010; 26(9):770-776.
48. Jamison RN, Washington TA, Gular P, Fanciullo GJ, Arscott, JR, McHugo GJ, Baird JC. Reliability of a Preliminary Three-Dimensional Pain Mapping Program. *Pain Medicine*, 2011;12:344-351.
49. Fanciullo GJ, Washington T. Best Practices to Reduce the Risk of Drug-Drug Interactions: Opportunities for Managed Care. *Am J Manage Care*, 2011;17(11);S299-304.
50. Fanciullo GJ. Who receives opioids for acute pain in emergency departments? Considering evidence, patient and provider preferences. *Pain* 2012
51. Cravero JP, Fanciullo GJ, McHugo GJ, Baird JC. The validity of the Computer Face Scale for measuring pediatric pain and mood. *PaediatrAnaesth*. 2013 Feb;23(2):156-61.
52. Hong J, Ball PA, Fanciullo GJ. Neurostimulation for Neck Pain and Headache. *Headache* March 2014 ISSN 0017-8748.
53. Goldsmith RS, Targino MC, Fanciullo GJ, Martin DW, Hartenbaum NP, White JM, Franklin P. Medical Marijuana in the Workplace: Challenges and Management Options for Occupational Physicians. *JOEM* 2015;57(5);518-25.

#### Abstracts:

##### Presented at National Meetings:

1. Ferrante FM, Fanciullo GJ, Kistler P, Katz N, Concepcion M. Unpredictability of sensory level regression during continuous postoperative epidural infusion of 0.25% bupivacaine with and without opiates. Abstract, American Society of Anesthesiologists Annual Meeting, San Francisco, CA, 1991.
2. Flanagan HL, Fanciullo GJ, Walsh D, Ferrante FM. Safety and efficacy of post-operative continuous epidural narcotic-local anesthetic infusions on surgical floors. Oral Presentation, American Society of Anesthesiologists Meeting, Washington DC, 1993.
3. Flanagan HJ, Fanciullo GJ, Walsh D, Ferrante FM. Engineering specifications to prevent critical incidents related to epidural infusion pump design. American Society of Anesthesiologists Meeting, Washington DC, 1993.
4. Fanciullo GJ, Hubbard L, O'Hara D. Evaluation of intravenous ketorolac and morphine in a patient controlled analgesia device. American Society of Anesthesiologists Meeting, San Francisco, CA, 1994.
5. Body S, Fanciullo GJ, Ferrante, FM, Reilly J, Sugarbaker D. Thoracic epidural analgesia after lung transplantation. American Society of Anesthesiologists Meeting, San Francisco, CA, 1994.
6. Nunn R, Sellasie A, Fanciullo GJ, Datta S. EMLA cream as a pre-emptive analgesic in Cesarean Section. Society of Obstetric Anesthesiologists and Perinatologists Meeting, Montreal, Canada, 1995.

7. Smith E, Whedon M, Bookbinder M, Fadul C, Meyers L, **Fanciullo G**, Rose R, DeLeo J, Maurer H, Mills L, Ahles T, Plunkett M, Drake C. A multidisciplinary quality improvement approach to improve neuropathic pain management in cancer patients. Second International Conference on Mechanisms and Treatment of Neuropathic Pain, Washington, DC, 1999.
8. **Fanciullo G**, Katz N. The role of urine toxicology screening in patients on chronic opioid therapy. AAPM Annual Meeting, Miami, FL, 2001.
9. **Fanciullo GJ**, Baird JC, Chawarski MC, Jamison RN. Computerized interactive assessment of pain: Response comparisons of chronic-pain patients and healthy controls. American Pain Society Annual Meeting, Chicago, IL, 2003.
10. Washington T, **Fanciullo GJ**, Baird JC. Quality Assessment of Chronic Pain Web-Sites. American Pain Society Annual Meeting, San Antonio, TX, 2006.
11. Krebs EE, MD, Lurie JD, **Fanciullo GJ**, Tosteson TD, Blood EA, Carey TS, Weinstein JN. Predictors of long-term opioid use among patients with painful lumbar spine conditions. American Pain Society Annual Meeting, San Diego CA, 2009.

**Presented at International Meetings:**

1. Ruland CM, **Fanciullo G**, Stevens M, Whedon M, White T. Computer supported individualized palliative care. 18th UICC International Cancer Congress, Oslo, Norway, 2002.
2. Jamison RN, **Fanciullo GJ**, Baird JC. Usefulness of pain drawings in identifying real or imagined pain: Accuracy of pain professionals vs. nonprofessionals. 2<sup>nd</sup> joint scientific meeting of APS and CPS, Vancouver, BC, Canada, 2004.

**Book Chapters:**

1. **Fanciullo GF**, Johnson M. The morbidly obese parturient. In: Manual of Obstetric Anesthesia, Ostheimer GW, editor. Churchill Livingstone, New York, NY, 1992.
2. **Fanciullo GJ**, Ferrante FM. Analgesia after orthopedic surgery. In: Acute Pain Management, Ferrante FM, editor. Churchill Livingstone, New York, NY, 1993.
3. **Fanciullo GF**, Johnson M. The morbidly obese parturient. In: Manual of Obstetric Anesthesia, 2<sup>nd</sup> ed., Ostheimer GW, editor. Churchill Livingstone, New York, NY, 1994.
4. **Fanciullo GJ**. Analgesic Pharmacology. In: Office Practice of Neurology, Samuels M and Feske S, editor. Churchill Livingstone, New York, NY, 1996.
5. **Fanciullo GF**, Johnson MD. Morbid Obesity. In: Pain Relief and Anesthesia in Obstetrics, Van Zundert A and Ostheimer GW, editors. Churchill Livingstone, New York, NY, 1996.
6. **Fanciullo GF**. Implantable Technologies for the Management of Chronic Pain, In: Harvard Department of Anesthesia Electronic Library CD-ROM, Bailin M, ed. Lippincott-Raven, Philadelphia, PA, 2002.
7. Girault G and **Fanciullo GJ**. New Techniques in the Treatment of Ischemic Pain. In: Principles and Practice of Pain Medicine 2<sup>nd</sup> Ed, Warfield CA and Bajwa Z, Eds. McGraw-Hill, New York, NY, 2004.
8. **Fanciullo GJ**. Pharmacologic Treatment of Pain. In: Office Practice of Neurology, 2<sup>nd</sup> Ed., Samuels M and Feske S, eds. Churchill Livingstone, New York, NY, 2003.
9. **Fanciullo GJ**. Cancer Pain Management: Overall Strategy. In: Encyclopedia of Pain, Schmidt RF and Willis WD, eds. Springer Science and Basic Media, Heidelberg, Germany, 2006.

10. **Fanciullo GJ** and Ball PA. Spinal Cord Stimulation and Intraspinal Infusions for Pain and Spasticity. In: Operative Neurosurgical Techniques, 5<sup>th</sup> Ed, Schmidek and Sweet, eds. Saunders Elsevier, Philadelphia, PA, 2006.
11. **Fanciullo GJ** and Beasley R. Chronic Pain in the Cured Cancer Patient. In: Cancer Pain Management, Ed. Fisch MJ and Burton AW. McGraw Hill Medical, New York, NY, 2007.
12. **Fanciullo GJ** and Sparks D. Opioids. In: Clinical Pain Management: A Practical Guide, Craig K and Peng P. Wiley Press, Oxford, England, 2011.
13. **Fanciullo GJ** and Ball PA. Intraspinal Infusions for Pain. In: Operative Neurosurgical Techniques, 6<sup>th</sup> Ed, Schmidek and Sweet, eds. Saunders Elsevier, Philadelphia, PA. 2012.
14. Cosgrove MA, Towns DK, **Fanciullo GJ**, Kaye AD. Interventional Pain Management. In: Essentials of Pain Management, Vadivelu N, Urman RD, Hines RL, Eds. Springer, New York, 2011.
15. Goodman BG and Fanciullo GF. Advances in the Management of Ischemic Pain. In: Principles and Practice of Pain Medicine 3rd Ed, Warfield CA and Bajwa Z, Eds. McGraw-Hill, New York, NY, 2012.

#### Acknowledgements:

1. Fraser HC, Kutner JS, Pfeifer MP. Senior medical students' perceptions of the adequacy of education on end-of-life issues. *J Pal Medicine*, 2001; 4(3):337-343.
2. Kuehn BM. Efforts aim to curb opioid deaths, injuries. *JAMA*, 2009;301(12):1213-1214.
3. Dubois, MY. American Academy of Pain Medicine ethics council statement on conflicts of interest: interaction between physicians and industry in pain medicine. *Pain Medicine*, 2010;11:257-261.
4. Carter NJ, Keating GM. OROS hydromorphone prolonged release: A review of its use in the management of chronic, moderate to severe pain. *CNS Drugs* 2010;24(4):337-361.

#### Books and Monographs:

1. **Fanciullo GJ**, Guest Editor. *Techniques in Regional Anesthesia and Pain Medicine*. Palliative and Pain Medicine: Improving Care for Patients with Serious Illness. July 2005; 9(3).
2. Jamison RN, **Fanciullo GJ**, Baird JC, Eds. Pain Medicine, Computer and Information in the Assessment and management of Patients with Pain. *Pain Medicine*, 2007;8(53).
3. Washington T, Brown K, **Fanciullo GJ**. *Pain*. What do I do now series. Oxford University Press, 2012.

#### Other:

1. **Fanciullo GJ**. Point of View- Randomized Double Blind Prospective Pilot Study of Botulinum Toxin Injection for Refractory Unilateral Cervical-Thoracic Paraspinal Myofascial Pain Syndrome. *Spine*, 1998.23(15).
2. **Fanciullo GJ**. Point of View-The Ability of Lumbar Medial Branch Blocks to Anesthetize the Zygapophysial Joint: A Physiologic Challenge. *Spine*, 1998; 23(17).
3. **Fanciullo GJ**. Book Review, International Anesthesiology Clinics, Interdisciplinary Pain Management, 1996. *Journal of Pain and Symptom Management*, 1998.

4. **Fanciullo GJ.** Spinal Cord Stimulation for Angina: Providing Comfort for those with Intractable Cardiac Pain. *New England Pain Association Journal*, 1998-99; 4(1).
5. **Fanciullo GJ.** Book Review, Opioids in Pain Control: Basic and Clinical Aspects, 1999. *Journal of Palliative Medicine*, 2000; 3(3):337-8.
6. **Fanciullo GJ.** Feature Topic, A Brief History of Opioids. *New England Pain Association Journal*, 2001; 6(2):4-7.
7. **Fanciullo GJ.** Point of View- A Prospective Study—Accuracy of Needle Placement during Blind Caudal Epidural Injection in 183 Patients. *Spine*, 2002.
8. **Fanciullo GJ.** Book Review, Principles and Practice of Palliative Care and Supportive Oncology. *JAMA*, 2003; 289(17):2288-89.
9. **Fanciullo GJ.** Point of View- Patterns and trends in opioid use among individuals with back pain in the United States. *Spine*, 2003; 29(8):891.
10. **Fanciullo GJ:** Book Review, Pain Medicine and Management: Just the Facts. *Journal of Opioid Management*, 2005.
11. **Fanciullo GJ:** Introduction. Palliative and Pain Medicine: Improving Care for Patients with Serious Illness. *Tech RAPM* 2005; 9(3):107-109.
12. Loyd RD, Ball PA, **Fanciullo GJ:** Surgical Procedures for Intractable Cancer Pain. *Tech RAPM* 2005; 9(3):167-176.
13. Sorenson J, **Fanciullo GJ:** Ordering and Interpretation of Urine Toxicology Specimens in Patients Treated with Opioids. *Tech RAPM*, 2005; 9(4):288-234.
14. Jamison RN, **Fanciullo GJ**, Baird JC. Introduction: "Computers in the Future may Weigh Less Than 1.5 Tons" *Popular Mechanics* 1949. *Pain Medicine* 2007; 8(S3):83-84.
15. Baird JC, McHugo GJ, **Fanciullo GJ.** Letters to the Editor: Response to Von Baeyer and Jaaniste (2008). *Pain Medicine* 2009;10(1):197-198.
16. Chou R, **Fanciullo GJ**, Fine PG. Letter to the Editor: Response to Newman RG (2009). *The Journal of Pain* 2009;10(7):774-776.
17. **Fanciullo GJ.** Comment: Facilitation of percutaneous trial lead placement with ultrasound guidance for peripheral nerve stimulation trial of ilioinguinal neuralgia: a technical note. *Neuromodulation*. 2009;12(4):296-301.
18. **Fanciullo GJ**, Member of the Council. American Academy of Pain Medicine Ethics Council Statement on Conflicts of Interest: Interaction between Physicians and Industry in Pain Medicine. *Pain Medicine* 2010; 11:257-261.
19. The APS/AAPM opioid Treatment Guidelines Revisited. *Pain Medicine News Special Edition* December 2011.

Updated: 1/18/12  
By: GF

**Section E – Number 3:**

The name, title and a copy of the resume of the person who will be responsible for all information security requirements, including the requirement that patient information remain confidential

**Response:**

David Paume' RPh

RPh ; Licensed Dispensary ; Dispensary Manager ; Compliance Officer

Resume behind this page .

**DAVID PAUMÉ RPh**

A Registered Pharmacist with experience in Project Management of Clinical Operations of various therapeutic areas (i.e. Respiratory, Cardiovascular, Metabolic, Immunology, Oncology and Neurology), Clinical Research experience, Research & Development experience in the formulation of solid dosage forms (i.e. tablets and capsules) and Marketing Sales experience.

**CAREER SUMMARY****10/2014 – Present**

**Compassionate Care Center of CT  
4 Garella Road  
Bethel, CT 06801**

- Pharmacist providing dispensary oversight and medical marijuana information to patients and healthcare professionals.

**8/1991 – Present**

**Boehringer Ingelheim Pharmaceuticals Inc.  
900 Ridgebury Road  
Ridgefield, CT 06877**

**Medical Affairs Department**

**(6/2012 – Present) Associate Director – Vendor Quality Management – Medical & Technical Information Group**

- Provide quality management oversight of vendor operations involving the recognition, collection and documentation of adverse event, product complaint and requests for medical information (including On-Label and Off-Label information).
- Oversee and trouble shoot the transfer of Adverse Event data from vendor contact centers to Pharmacovigilance database (ARISg).
- Responsible for overseeing the Corrective Action / Preventive Action (CAPA) process for all non-compliances that occur with vendors and department personnel.

**(6/2006 – 6/2012) Associate Director – Clinical Operations**

- Responsible for providing Clinical Monitor oversight from Final Protocol to Database Lock for studies in the respiratory therapeutic area:
  - Provided Clinical Monitor and financial oversight to numerous Phase 2 and 3 clinical trials,
  - Oversaw central lab data review for Pulmonary Function Tests (PFTs), safety blood tests, ECG & Holter results, IVRS/IXRS Drug Supplies and Quality of Life questionnaires,
  - Responsible for reviewing patient listings for data cleaning purposes including the following: AE & SAE data, concomitant medication, medical history/baseline conditions, protocol violations, etc.
  - Responsible for coordinating cross functional team deliverables for multiple database locks. This included managing team meetings to develop DBL Timelines, assigning data cleaning priorities for each site and troubleshooting when team deliverables or timelines were at risk.

**(1/2001 – 6/2006) Associate Director – Project Management Clin Ops**

**(6/1997 – 12/2000) Senior Manager – Project Management Clin Ops**

- Responsible for providing Project Management oversight to timelines, budgets and resources for clinical programs in the following departments:
  - Therapeutic Areas – Immunology + Respiratory (1/2005 – 6/2006)
  - Therapeutic Areas – Cardiovascular + Metabolic + Respiratory (1/2001 – 1/2005)
  - Therapeutic Area – General Medicine [includes Oncology + Neurology] (6/1997 – 12/2000)
- Lead cross functional Clin Ops teams in a matrix environment to provide team deliverables on schedule and within budget.
- Met with cross functional Clin Ops teams on a monthly and prn basis to monitor progress of team deliverables, timelines and budgetary matters. Ensured that issues which impacted milestone dates or the critical path were addressed promptly with the teams to develop contingency plans of action.
- Fostered an environment of teamwork and cross functional collaboration to support project goals.
- Responsible for negotiating with the Executive Directors of various support groups (Data Management, Pharmaceuticals, Statistics, CRA Monitoring, etc.) for resources and on time execution of deliverables when conflicts occurred.
- Primary point of contact to provide upper management with the status of each trial/program in the Therapeutic Area Department and to communicate management priorities to trial team members. Presented trial status updates to upper management at Quarterly Review Meetings.
- Ensured that US lead trials had complete study budgets (Investigator costs, centralized core labs, ECGs, spirometry, CROs, etc.) in place in the Clinical Trial Management System (CTMS) before Operating Unit (OPU) commitment was provided.



- Responsible for overseeing all resource, timeline and cost variables in the CTMS database for US trials.
- Provided management with an FTE resource needs assessment for planned clinical trials on a quarterly basis.
- Responsible for the development and oversight of the annual budget in the department for all trial related and personnel expenses.

(1/1996 - 6/1997) - Manager MRA

(8/1991 - 12/1995) - Senior Medical Research Associate

- Managed multiple Phase II and international pivotal Phase III trials. This includes the approval of a Parkinson's disease medication (Mirapex® - pramipexole) with a co-development partner (The Upjohn Company).
- Managed CRO activities for an international Phase II/III stroke trial (Cerestat® - aptiganel HCL). The stroke trial involved 156 sites across 5 countries (Australia, Canada, South Africa, UK and US).
- Recruited investigators, oversaw regulatory document tracking and designed drug supplies for trials (oral and IV dosage forms).
- Provided technical and scientific guidance to international clinical monitors and study site personnel to ensure consistency in interpretation and exchange of scientific information.
- Responsible for writing annual reports, SAE narratives and sections of clinical trial reports.

8/1981 - 7/1991

**DuPont - Merck Pharmaceuticals**  
Wilmington, DE 19880

(9/1987 - 7/1991) - Clinical Research Associate (CRA) to Senior CRA

- Supported the NDA submissions through writing patient narratives and reviewing lab data.
- Assisted in the design, initiation and implementation of cardiovascular and Alzheimer's disease studies.
- Conducted on site monitoring visits to Investigators for pre-initiation, initiation, ongoing site visits and study close outs.
- Collected, tracked and maintained required regulatory documents for monitored sites.
- Presented clinical protocols, CRFs and administrative information at investigators' meetings and at clinical study sites.
- Served as a liaison between the Medical and Pharmacy Departments for designing drug packaging and labeling of clinical supplies.

(7/1985 - 8/1987) - Professional Sales Representative - Southwest Florida Territory

DuPont's product line required extensive hospital contacts with anesthesiologists, surgeons and emergency room physicians to provide product information and develop new relationships to increase sales in the territory. Developed and delivered product presentations to office-based and hospital based practitioners to promote product line. After the first 3 months, I increased the performance sales index of my territory and was able to continue to grow the business every quarter thereafter while sales for the district as a whole dropped.

(7/1983 - 7/1985) - Scientist - Pharmacy R&D

Served in the Technical Services Group as an interface between the development and production groups for new drug implementation. Specific highlights include:

- Coordinated scale up pilot batches from development to production facilities.
- Supervised the manufacture and packaging of batches for Phase I, II & III clinical trials.
- Production Troubleshooting.

(8/1981 - 6/1983) - Associate Scientist - Pharmacy R&D

Worked in the formulation group for solid dosage forms, responsibilities included:

- Formulated solid dosage forms (tablets & capsules) for new drugs and process improvement of existing formulas and procedures.
- Inventory coordinator for ordering, sampling and releasing of quarantined raw materials and finished clinical study supplies.
- Responsible for color formulation of numerous development and marketed compounds.
- Oversaw the packaging and labeling of clinical supplies.

**EDUCATION:**

Bachelor of Science in Pharmacy (BSP)  
The University of Connecticut School of Pharmacy  
Storrs, Connecticut



## Section E – Number 4

### Response:

All partners shall retain equal equity regardless of their role which shall equate to 25% per person.

Tom Nicholas- 25%

Angela D'amico- 25%

Kevin Murphy- 25%

John Glowik- 25%

**RELEAF RECOVERY, LLC**

**SECTION E.5- Indebtedness issued or executed or to be issued or executed in connection with the opening or operating of the proposed dispensary facility**

The founders of the Company intend to pay for all necessary expenses in connection with the opening and operation of the dispensary through their own personal funds. There will not be any bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed in connection with the opening and operation of the dispensary.

Section E-5

OFFICIAL USE ONLY

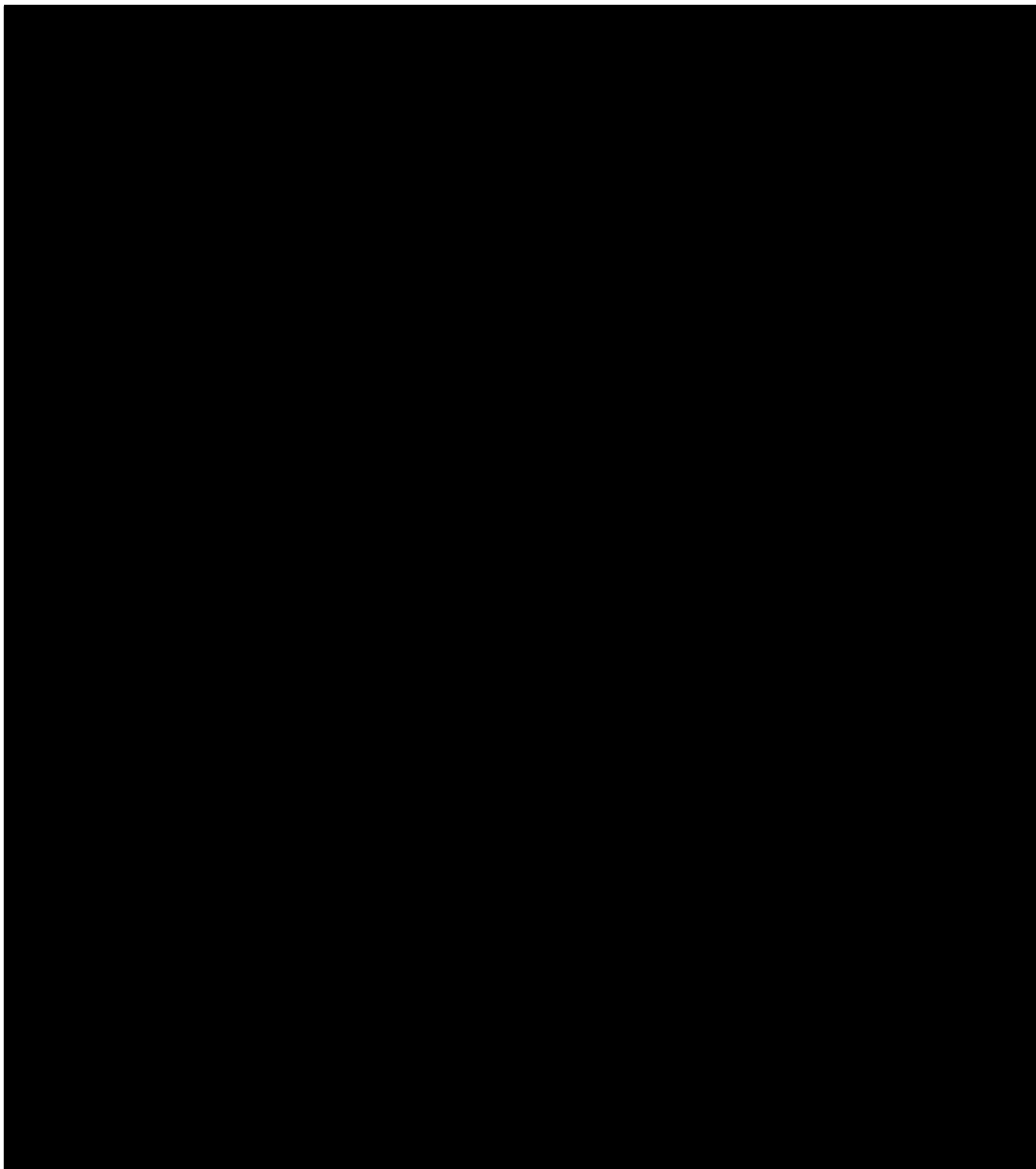
CONFIDENTIAL PERSONAL/FINANCIAL INFORMATION

WITHHOLD UNDER CGS 1-210 (b) (19)

**RELEAF RECOVERY, LLC**

Section E-5

**ANGELA D'AMICO  
STATEMENT OF FINANCIAL CONDITION  
AS OF AUGUST 31, 2015**

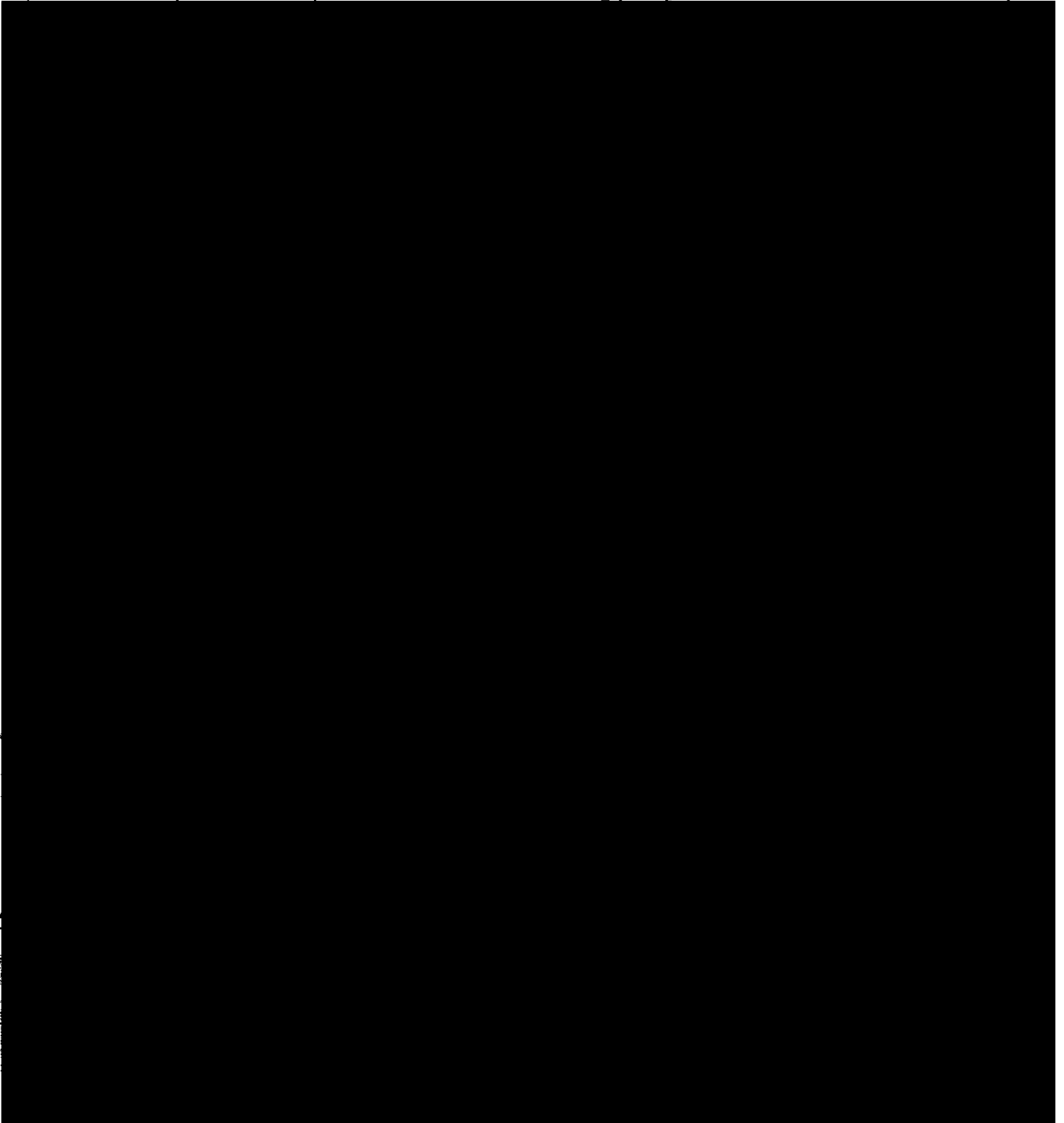


SECTION E-5

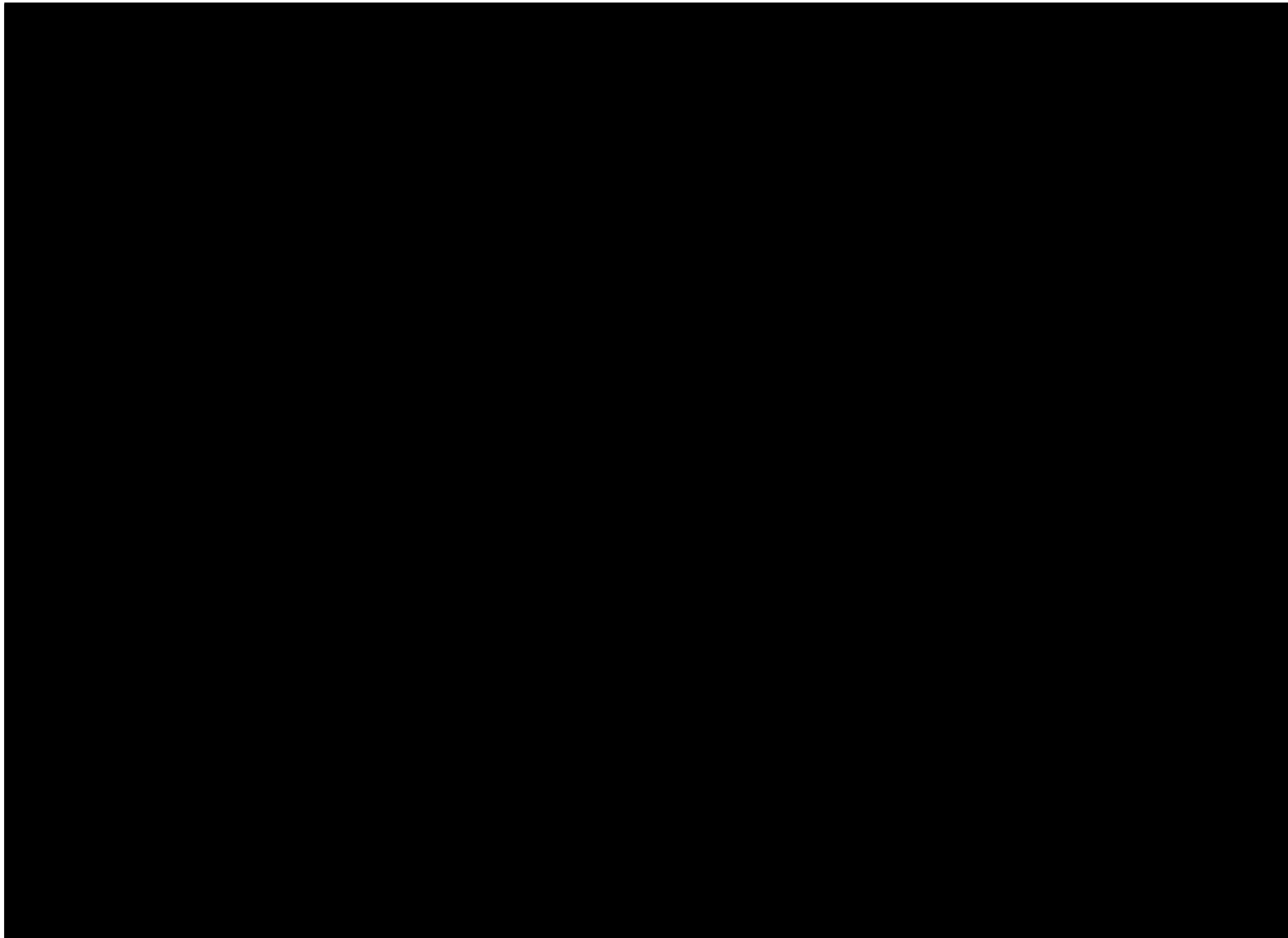
**Personal Financial Information**

© AccountingCoach.com - Form 915

Name: Thomas J and Ruth E Nicholas  
**Personal Financial Information**

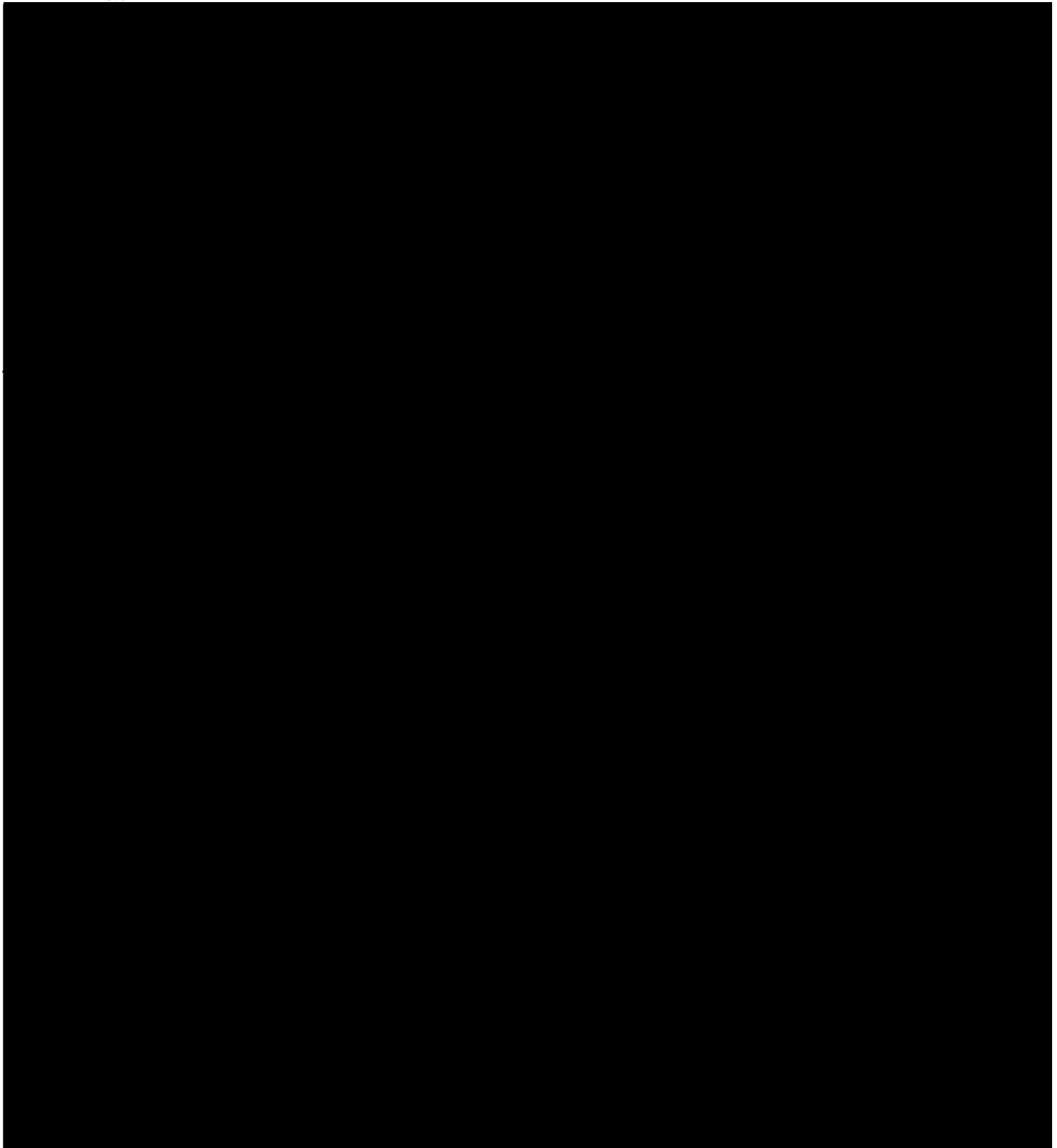


See Filled-In Form 915 for an illustration.



SECTION E-5

# Personal Net Worth Statement





Section E-6 and 7

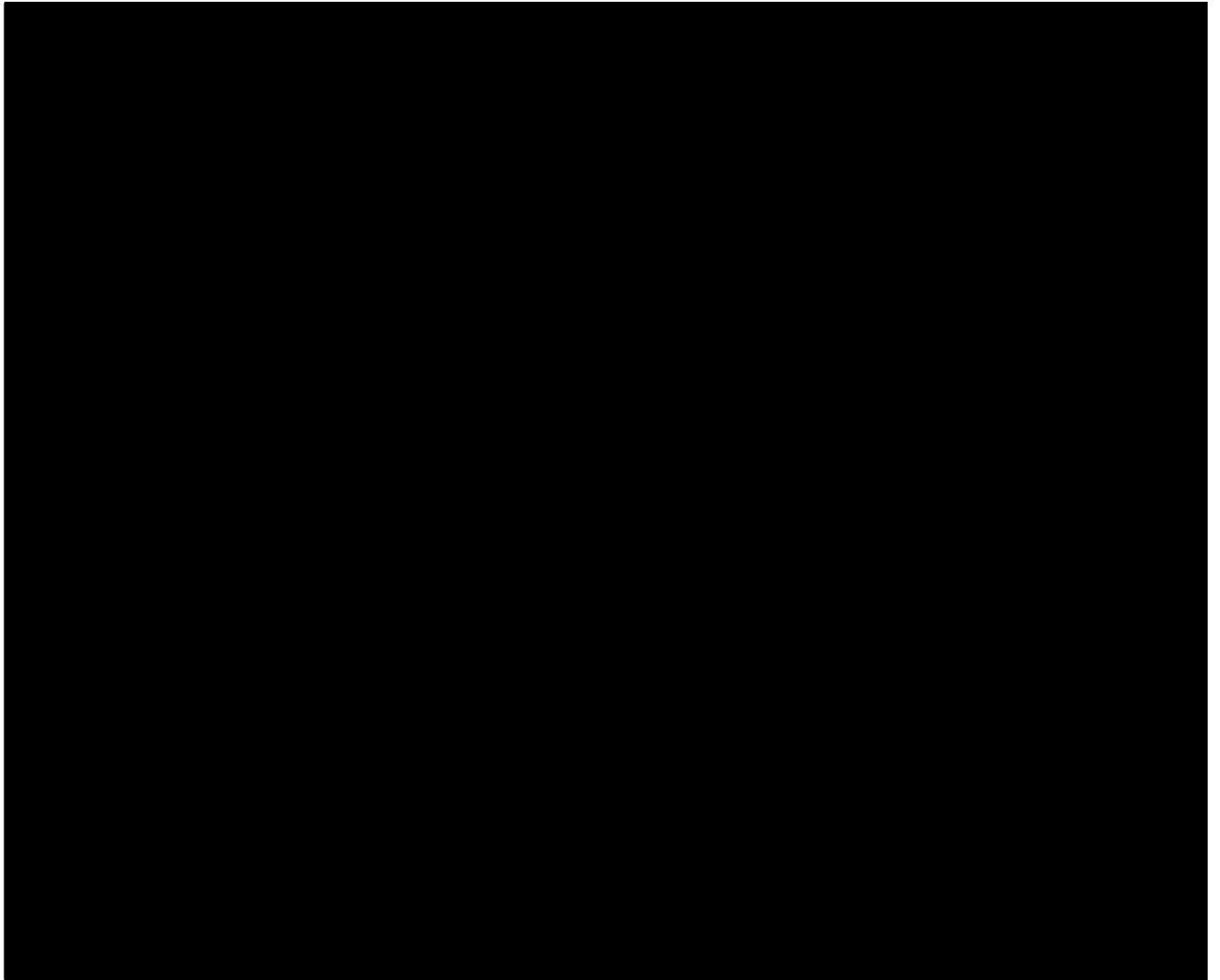
**RELEAF RECOVERY, LLC**  
**FORECASTED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2017**

**PLEASE NOTE THAT THIS INFORMATION IS CONFIDENTIAL AND  
DISTRIBUTION OF THESE FORECASTED FINANCIAL STATEMENTS IS  
RESTRICTED TO THE PARTNERS OF RELEAF RECOVERY, LLC AND THE  
DEPARTMENT OF CONSUMER PROTECTION ONLY**

Section E-6 and 7

RELEAF RECOVERY, LLC  
TABLE OF CONTENTS

---





**ALTAVILLA & ASSOCIATES** LLC

*Certified Public Accountants and Consultants*

471 Monroe Turnpike • Suite 100  
Monroe, Connecticut 06468

(203) 268-5059 • FAX (203) 268-1256  
EMAIL: larry@altavilla CPA.com

To the Partners  
Releaf Recovery, LLC  
South Windsor, CT 06074

**INDEPENDENT ACCOUNTANT'S COMPILATION REPORT**

We have compiled the accompanying forecasted balance sheets, statements of income, statements of changes in partners' capital and cash flows of Releaf Recovery, LLC as of December 31, 2016 and 2017 and for the years then ended, in accordance with attestation standards established by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of a forecast information that is the representation of management and does not include evaluation of the support for the assumptions underlying the forecast. We have not examined the forecast and, accordingly, do not express an opinion or any other form of assurance on the accompanying statements or assumptions. Furthermore, there will usually be differences between the forecasted and actual results because events and circumstances frequently do not occur as expected, and those differences may be material. We have no responsibility to update this report for events and circumstances occurring after the date of this report.

*Altavilla & Associates LLC*

Altavilla & Associates LLC  
Monroe, Connecticut 06468

September 17, 2015

SECTION E - 6 and 7

RELEAF RECOVERY, LLC  
FORECASTED BALANCE SHEET  
DECEMBER 31,

2016

2017

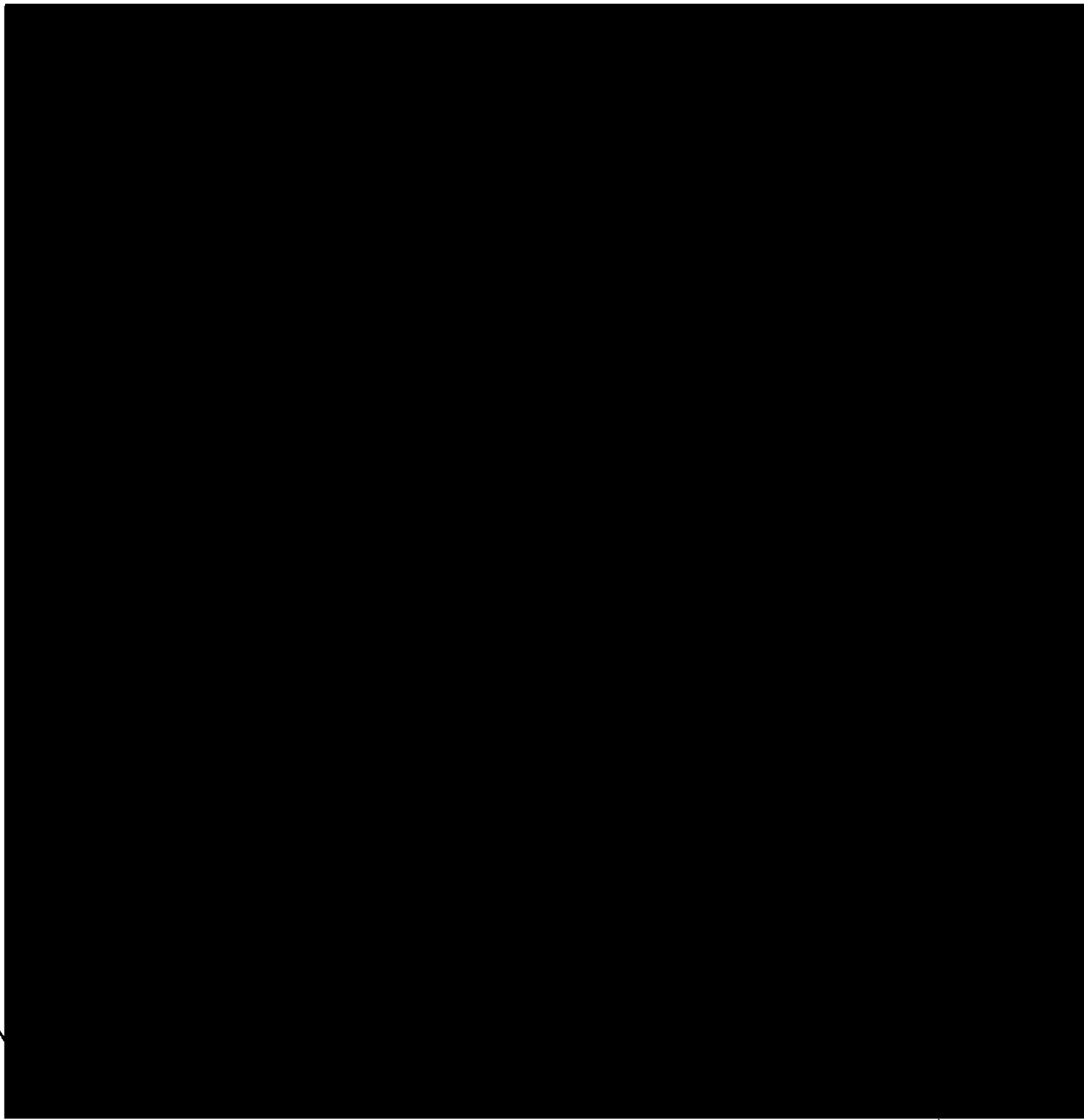
See summary of significant assumptions and independent accountant's compilation report

section E - 6 and 7

RELEAF RECOVERY, LLC  
FORECASTED INCOME STATEMENT  
FOR THE YEARS ENDED DECEMBER 31,

2016

2017



See summary of significant assumptions and independent accountant's compilation report

Section E - Land 7

**RELEAF RECOVERY, LLC  
FORECASTED STATEMENT OF CHANGES IN PARTNERS' CAPITAL  
FOR THE YEARS ENDED DECEMBER 31,**

2016

2017

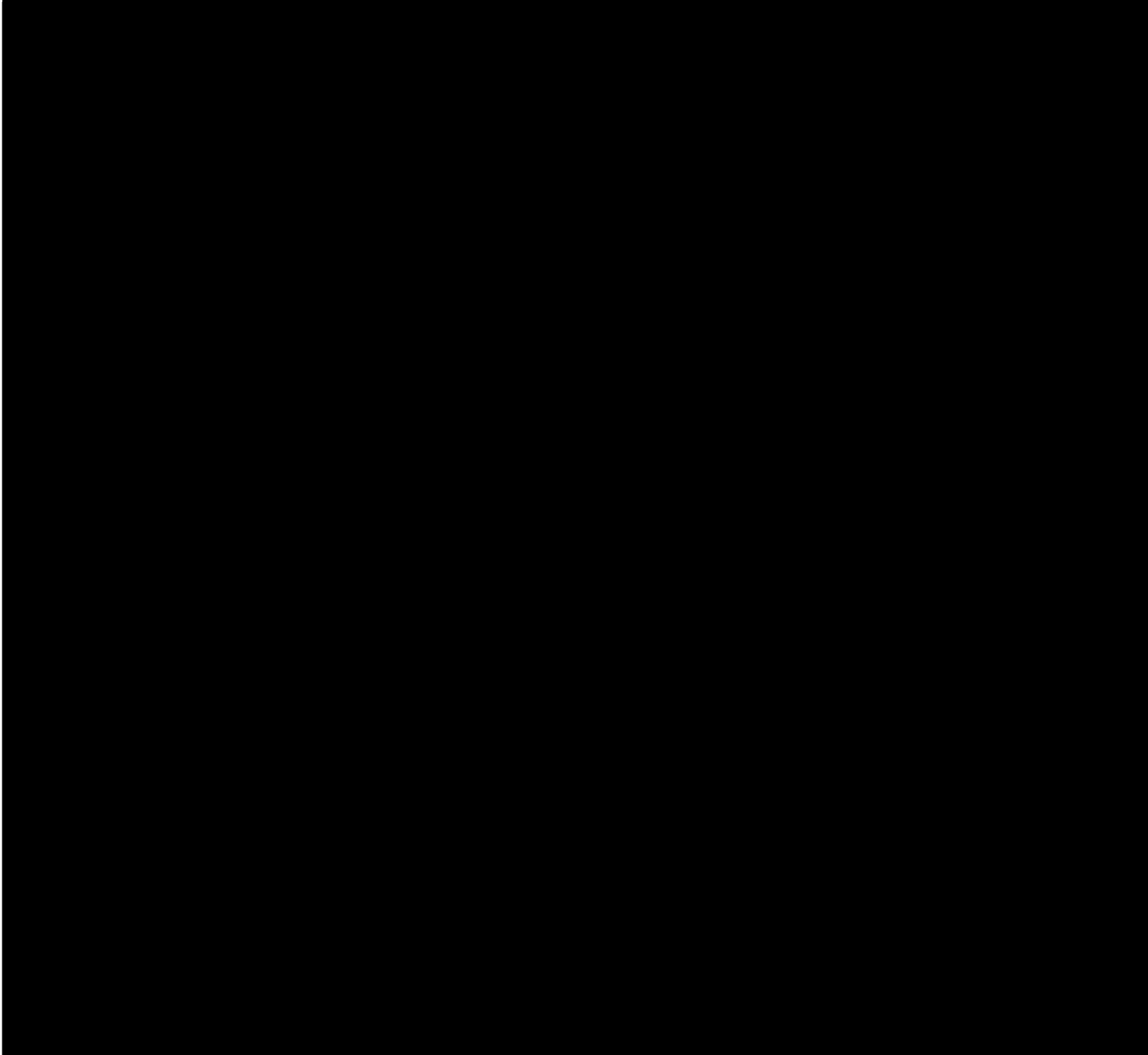
See summary of significant assumptions and independent accountant's compilation report

section E-6and7

**RELEAF RECOVERY, LLC  
FORECASTED STATEMENT OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31,**

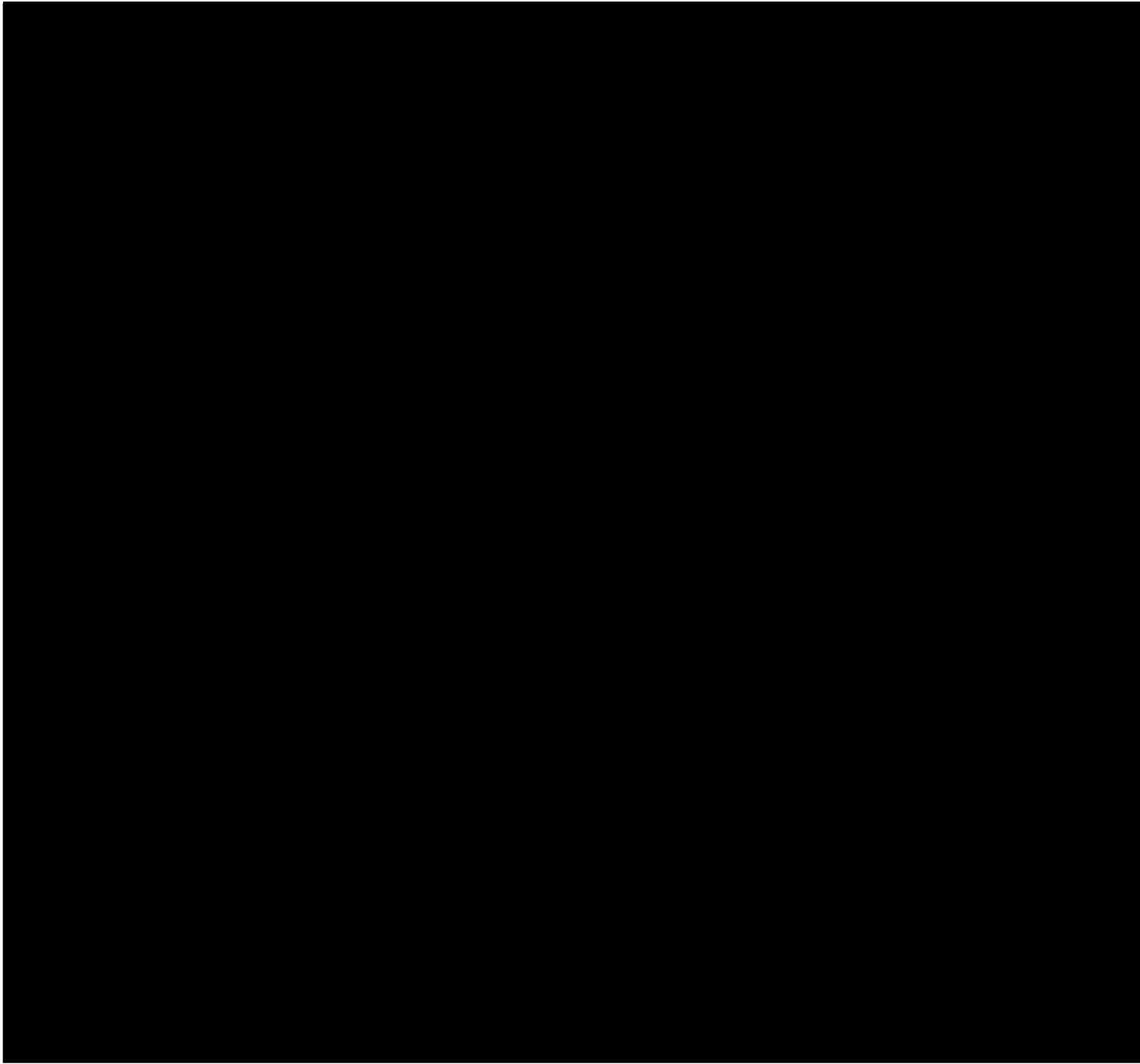
2016

2017



See summary of significant assumptions and independent accountant's compilation report

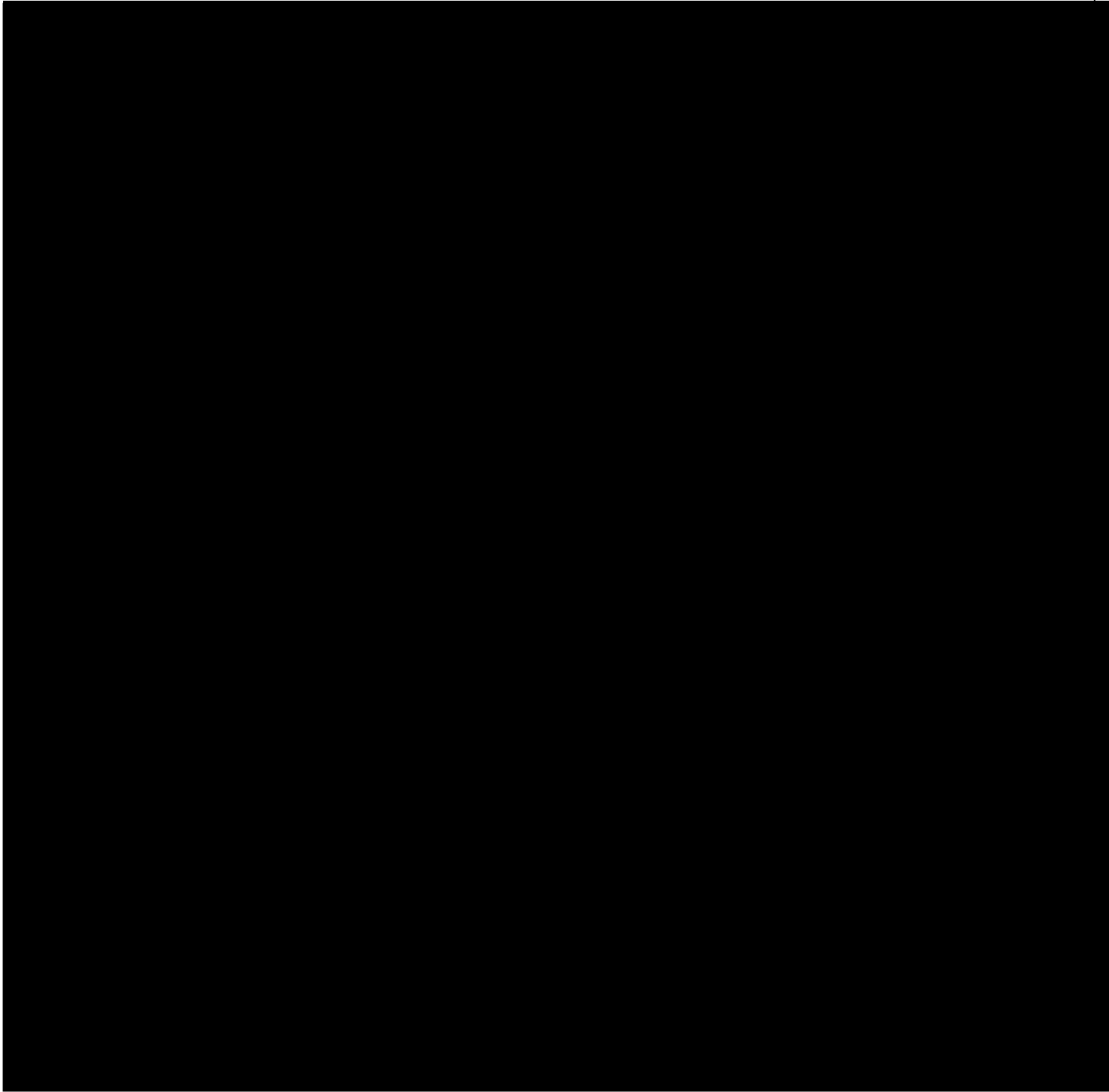
**RELEAF RECOVERY, LLC  
SUMMARY OF SIGNIFICANT ASSUMPTIONS  
DECEMBER 31, 2016 AND 2017**





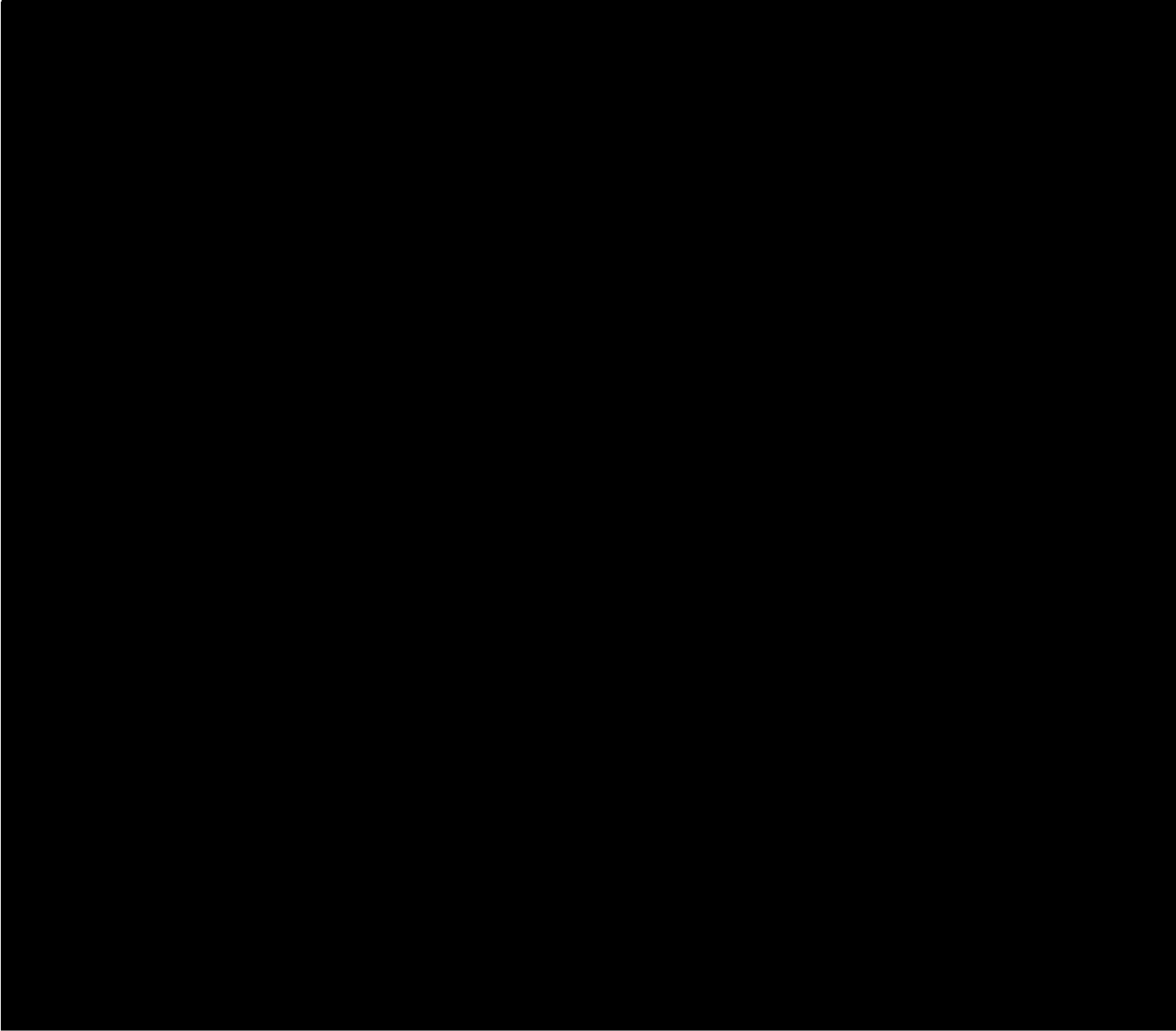
SECTION E - CARD 7

**RELEAF RECOVERY, LLC  
SUMMARY OF SIGNIFICANT ASSUMPTIONS  
DECEMBER 31, 2016 AND 2017**



Section E - 6 and 7

**RÉLEAF RECOVERY, LLC  
SUMMARY OF SIGNIFICANT ASSUMPTIONS  
DECEMBER 31, 2016 AND 2017**



**RELEAF RECOVERY, LLC**

**SECTION E.8 FEDERAL, STATE OR FOREIGN TAX RETURNS OF APPLICANT**

Releaf Recovery, LLC was organized under the laws of the Secretary of the State of Connecticut on August 26, 2015.

The first tax returns to be filed for the applicant will be for the year ended December 31, 2015. Therefore, there are no tax returns that have been filed for the company as of the date of this application.



Section E – Number 9

Response:

Refer to binder 2 of 2: contents are too large to fit in any traditionally bound system.

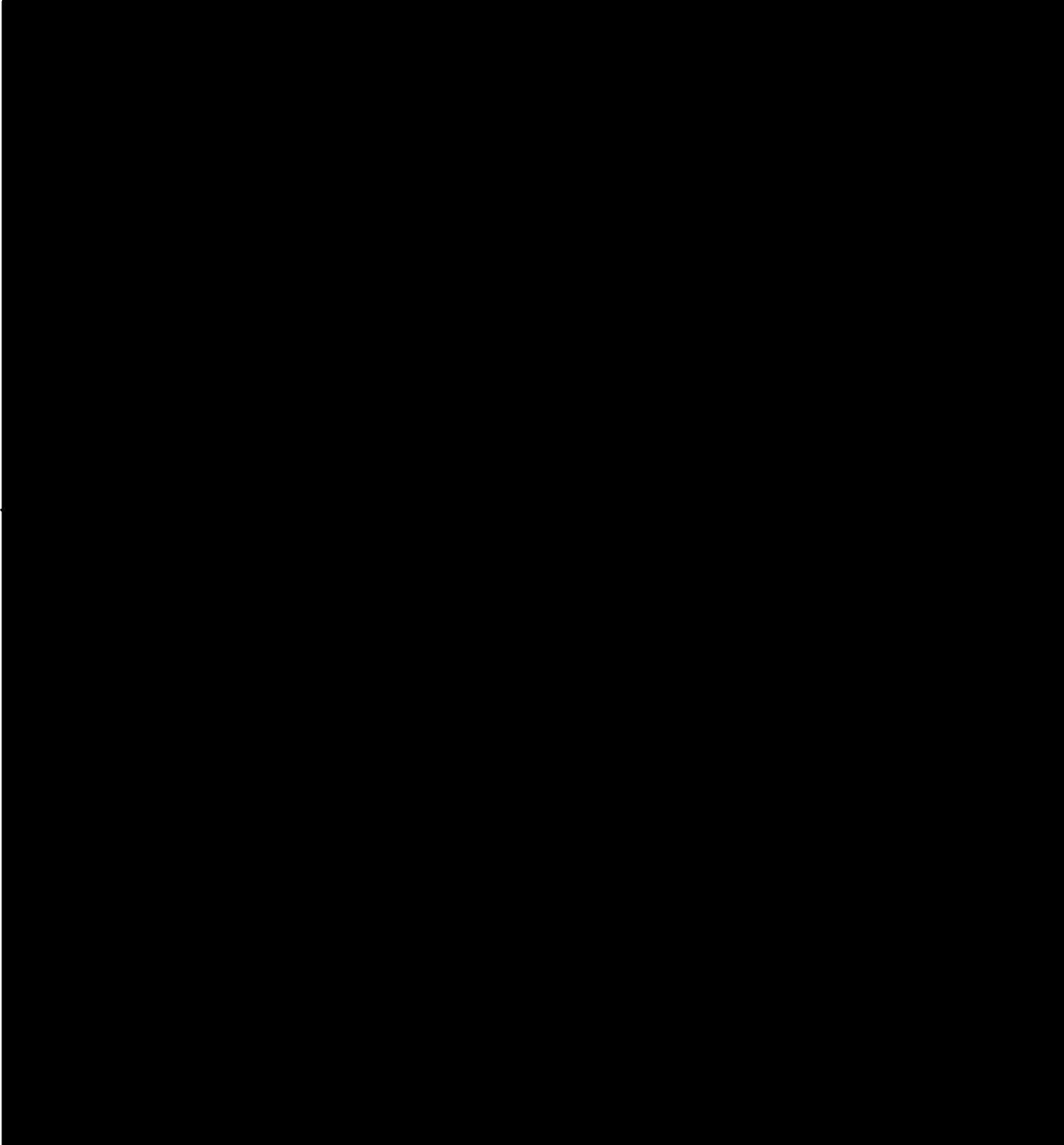
The sole contents of said binder represents the answer to Section E - #9 of this application

Sincerely,

Staff of Releaf Recovery

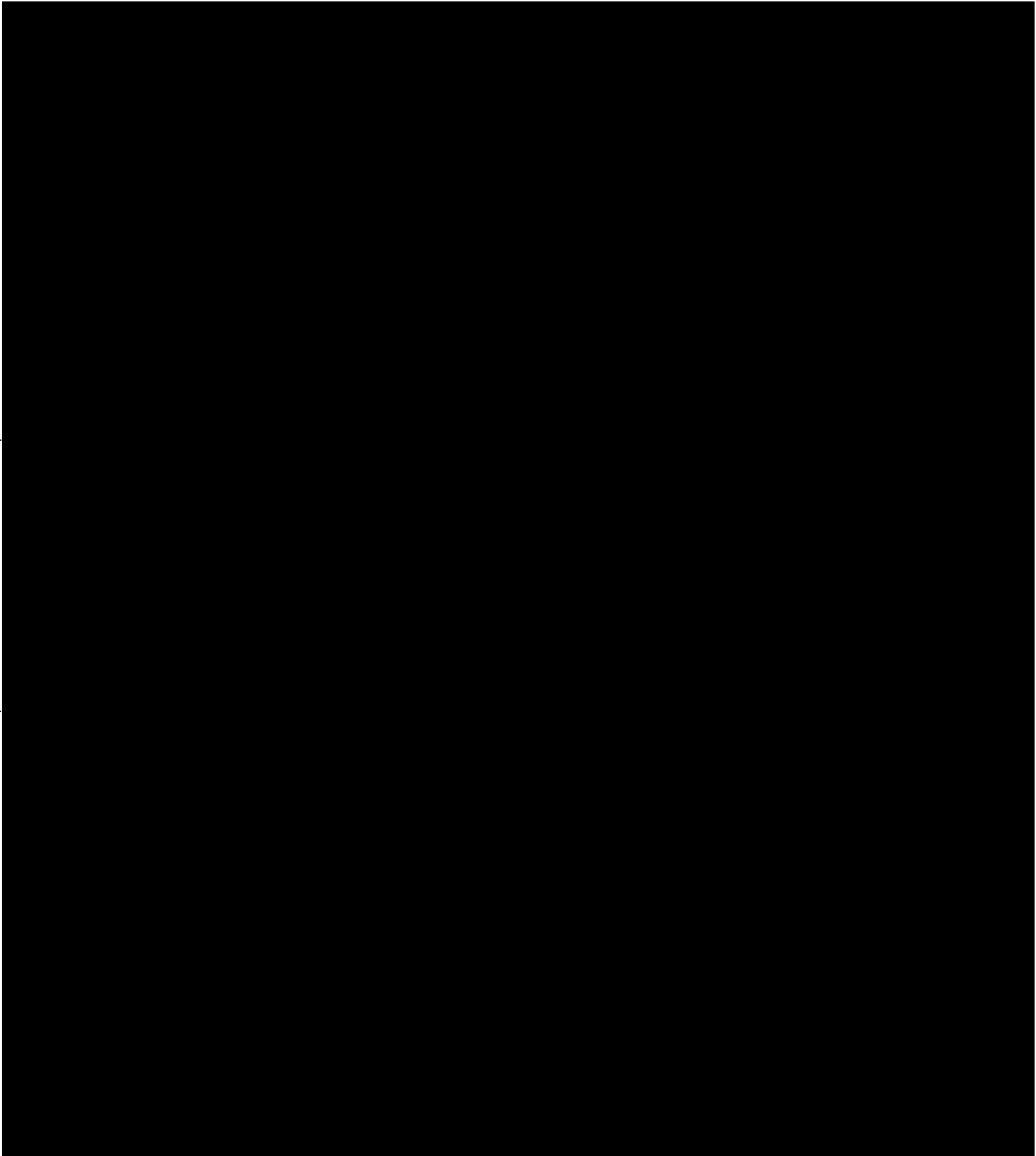


Section F -1



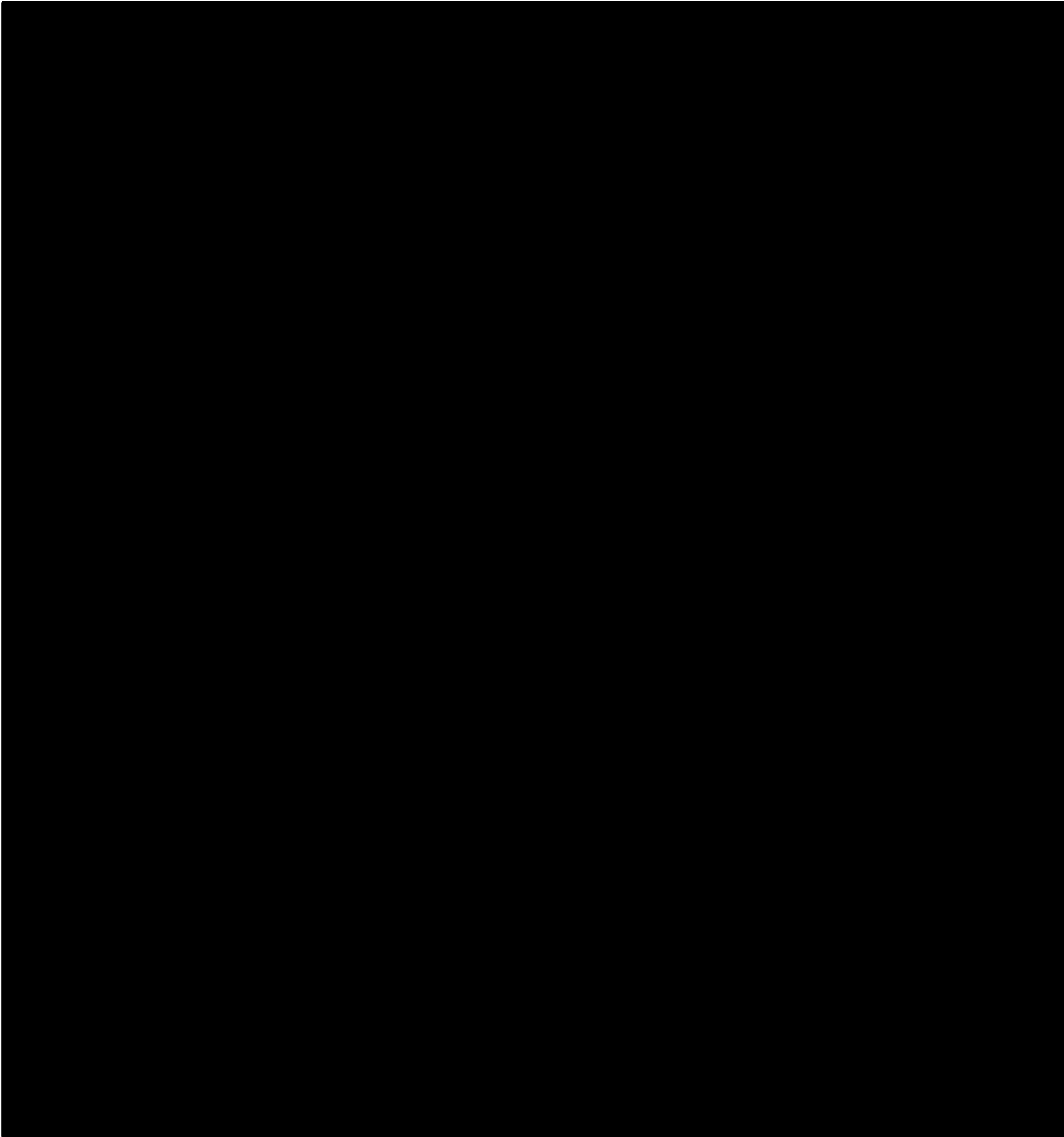


Section F -1





Section F -1





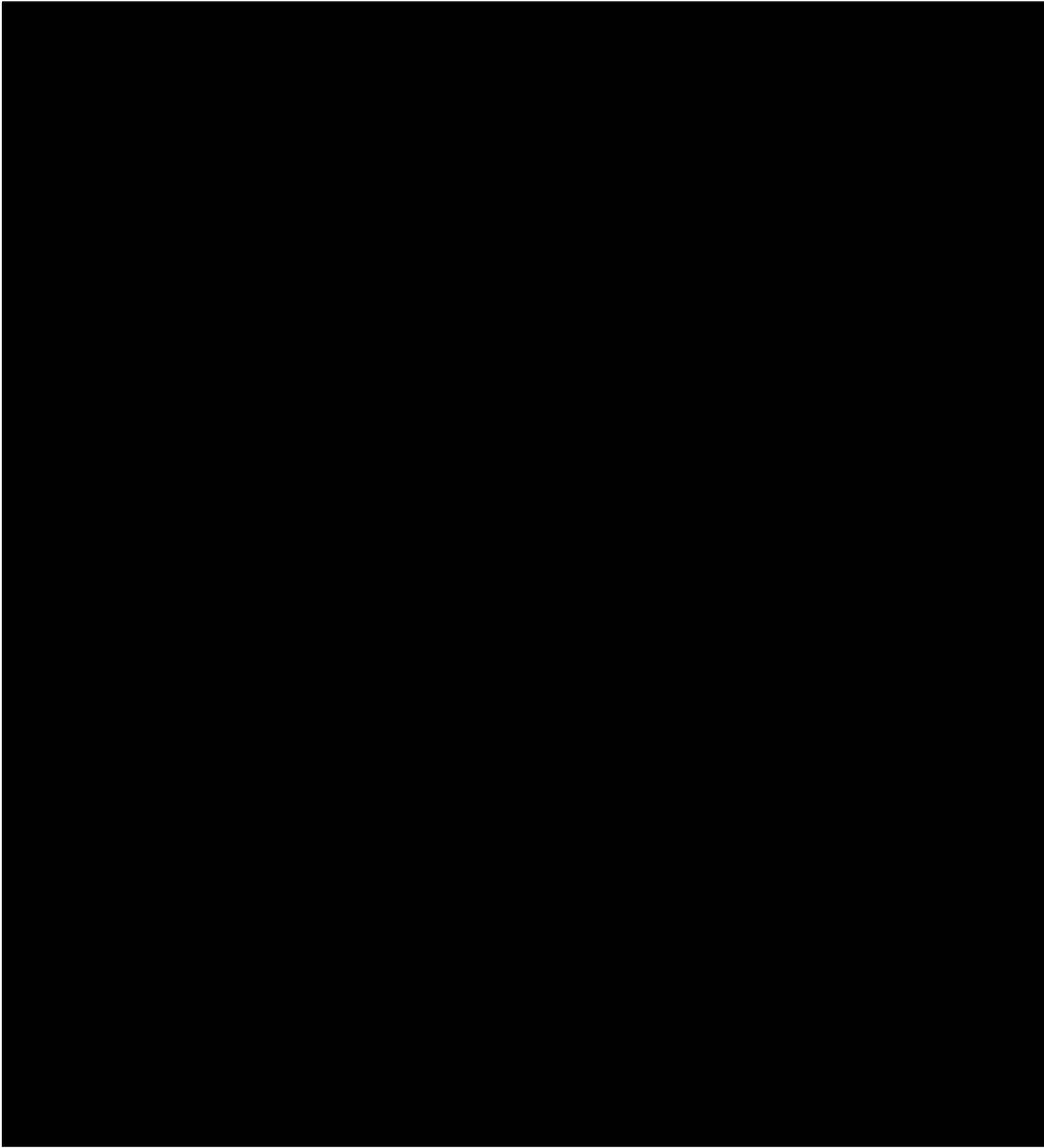
relief  
recovery

Section E-1



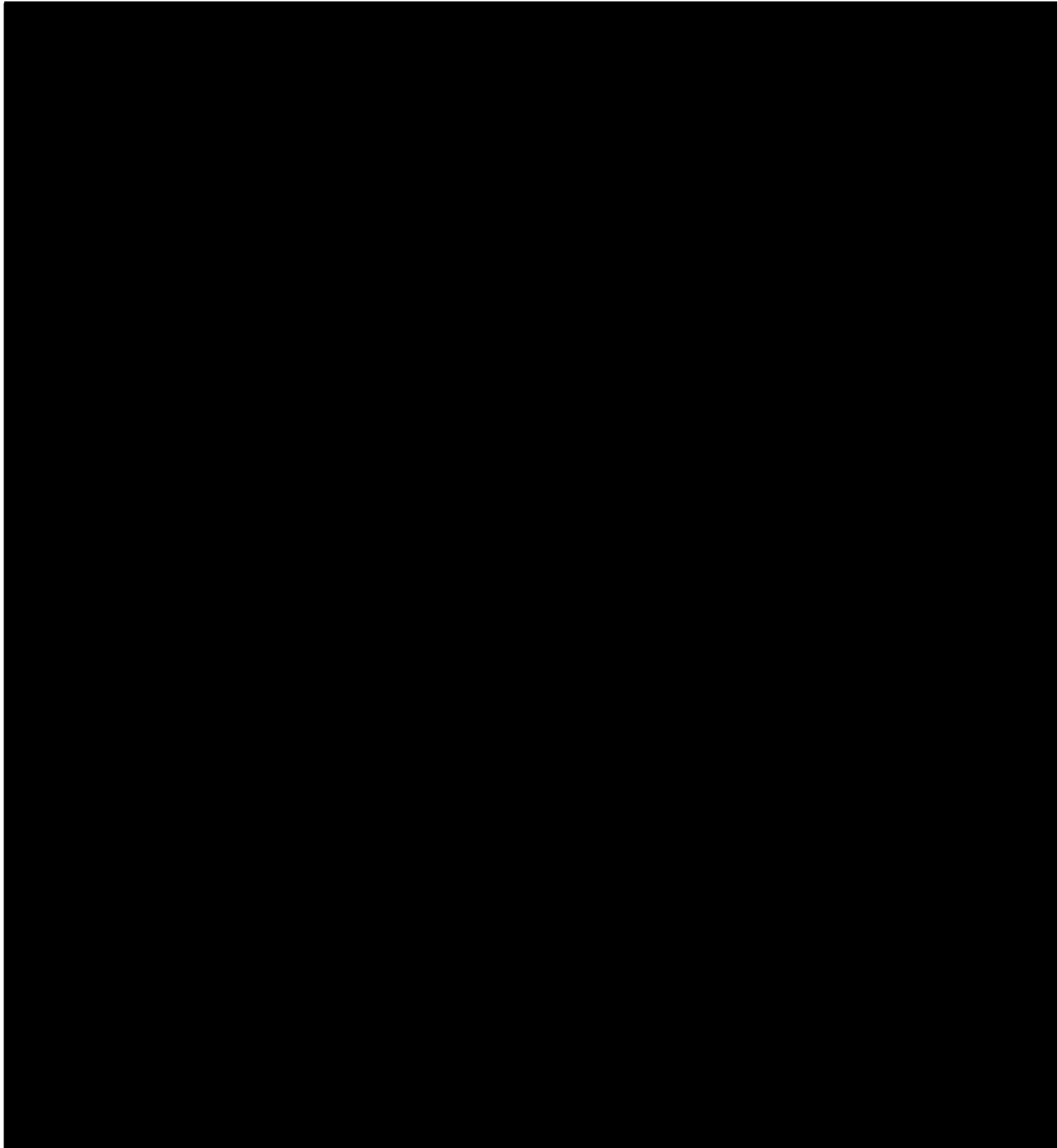


Section F -1





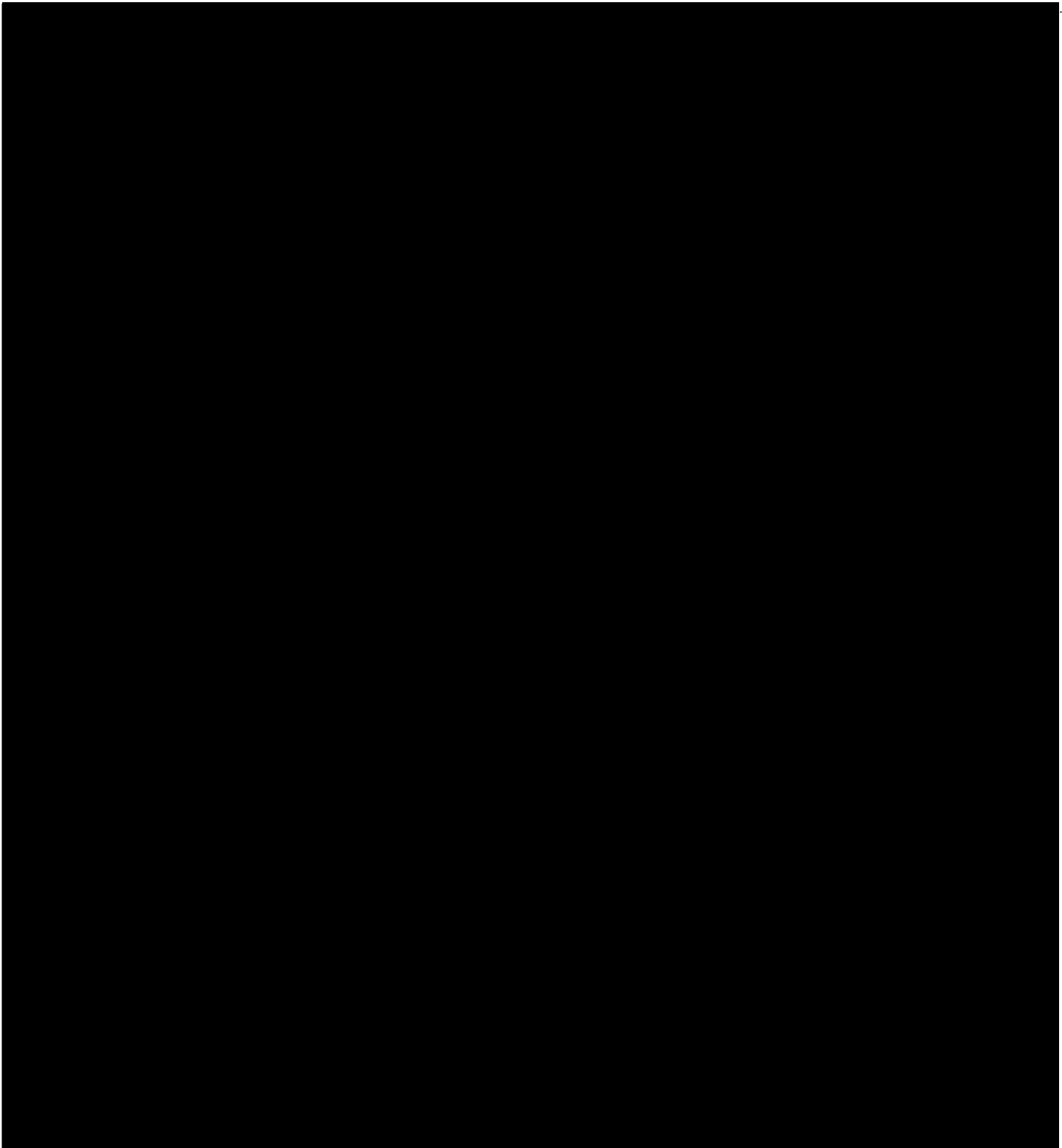
Section F -1





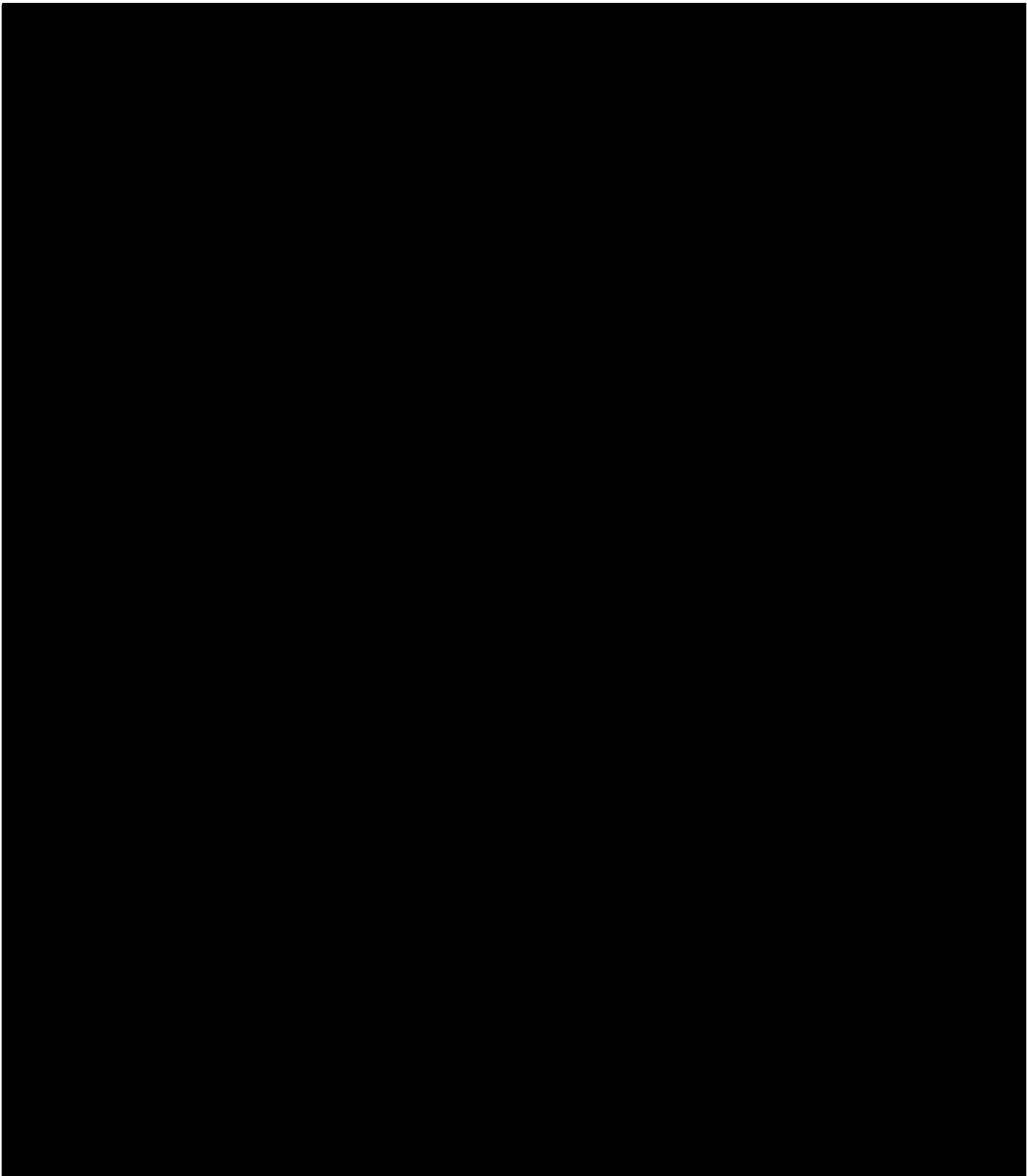
Section F -1

*(Response to Section F, Number 1 Continued)*





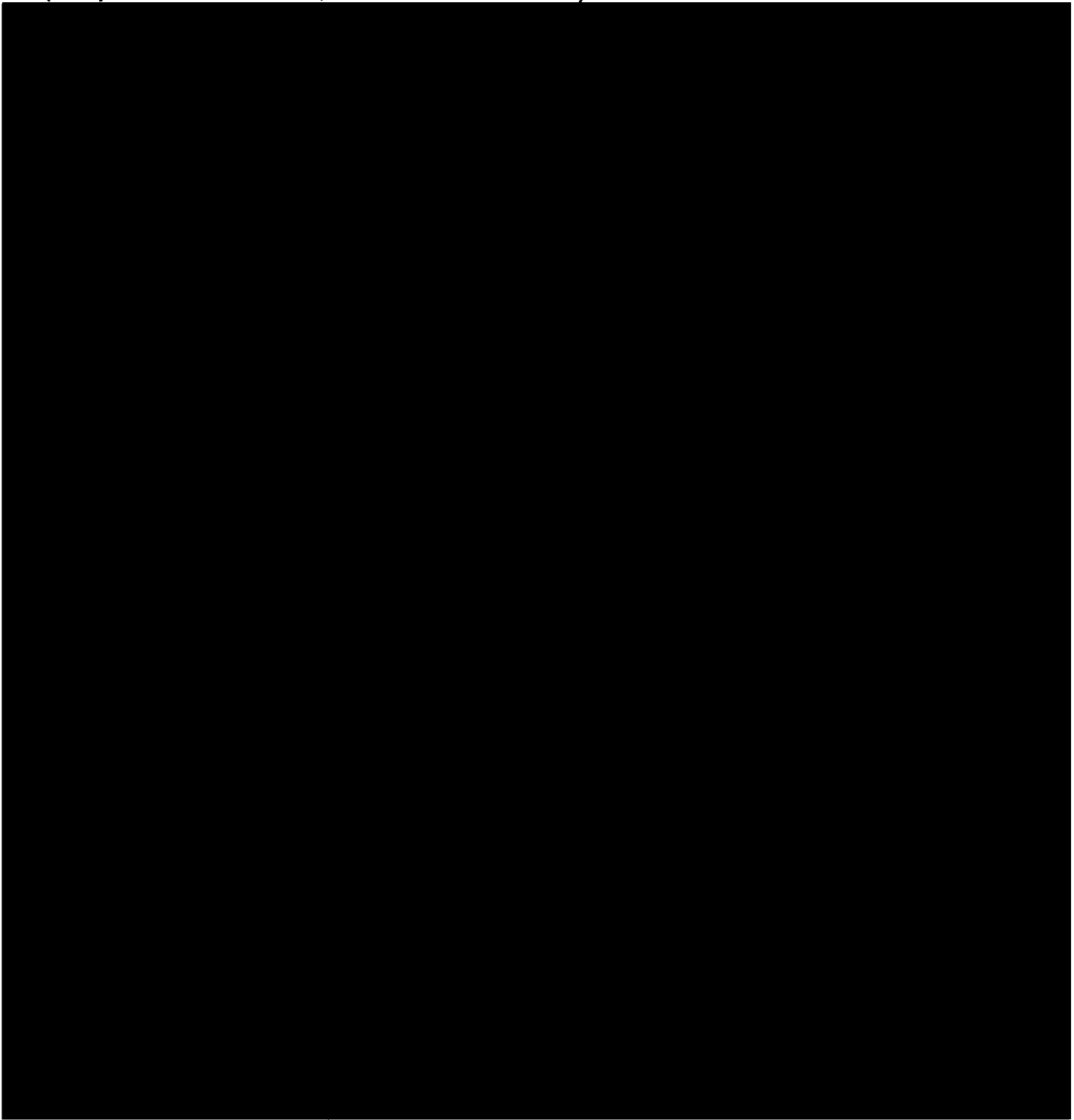
Section F -1





Section F -1

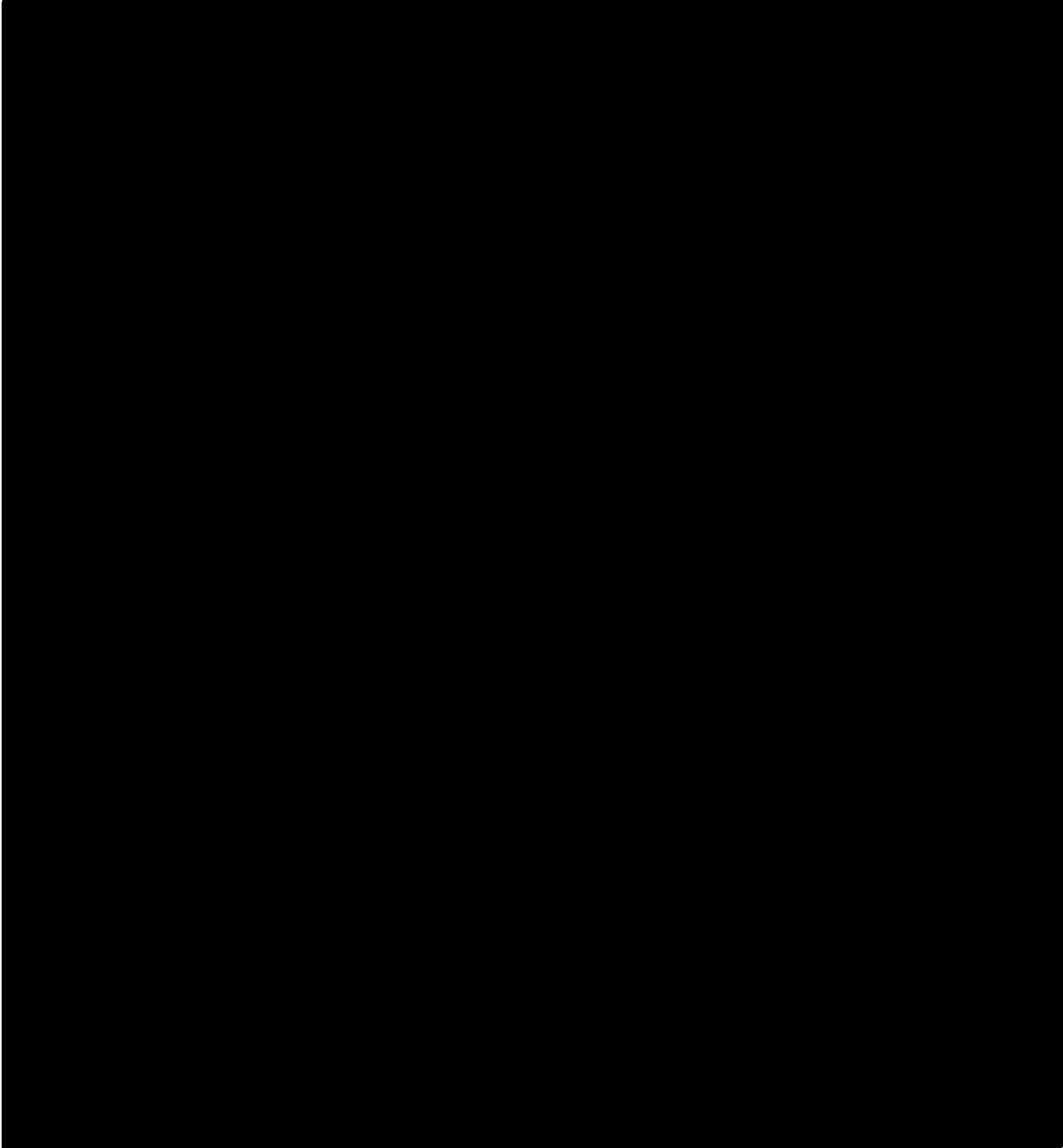
*(Response to Section F, Number 1 Continued)*





Section F -1

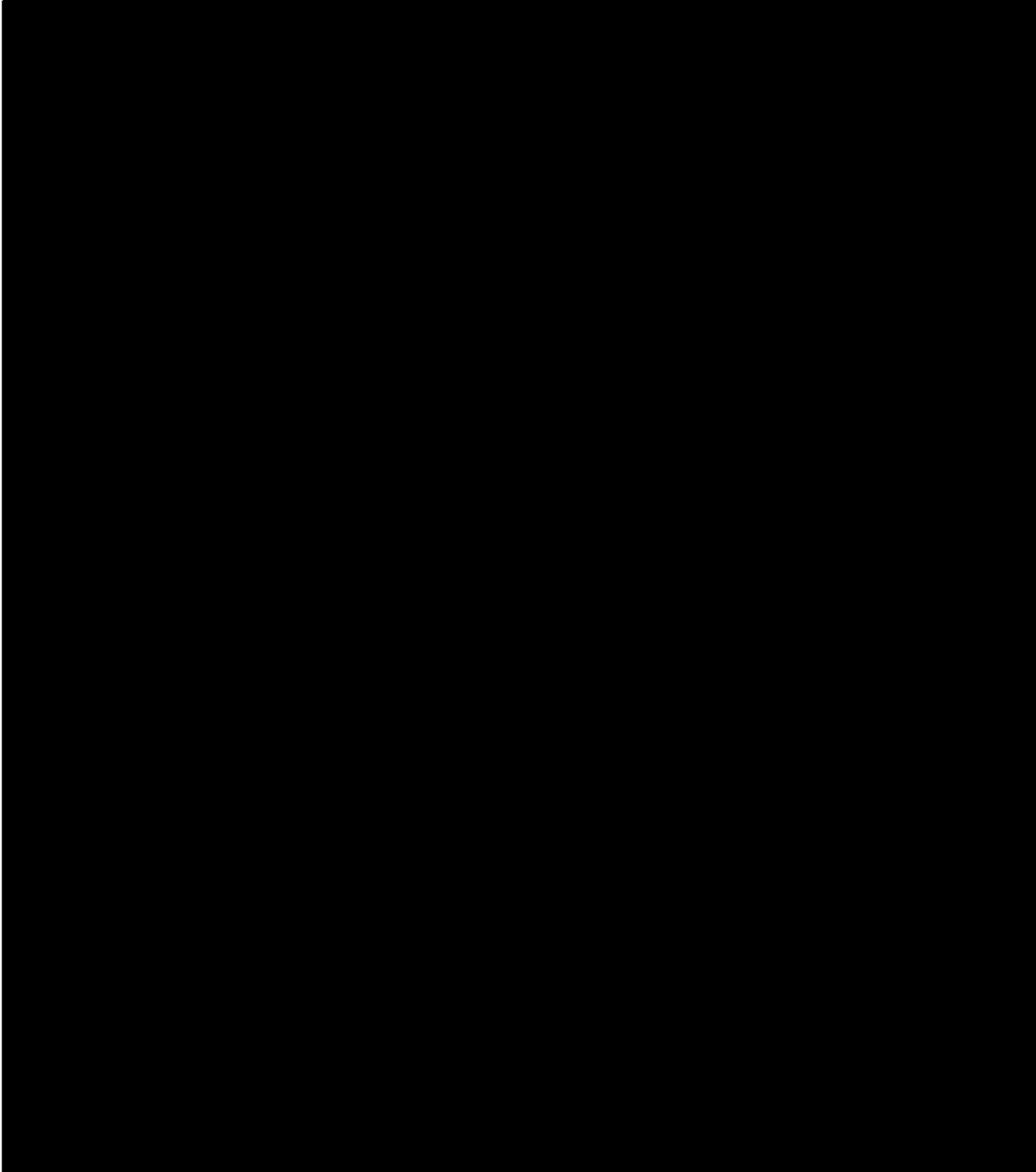
*(Response to Section F. Number 1 Continued)*





Section F -1

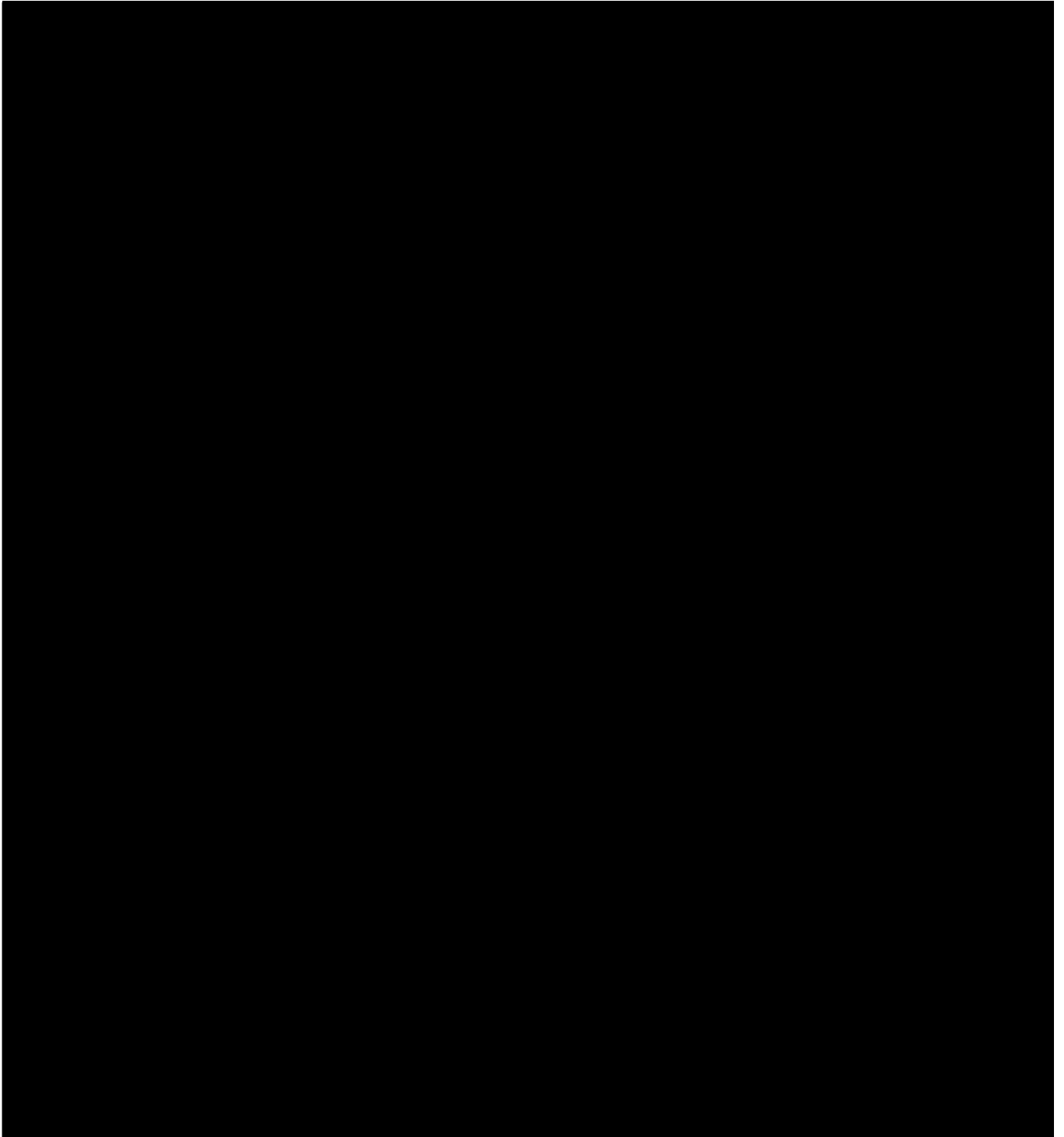
*(Response to Section F, Number 1 Continued)*





Section F -1

*(Response to Section F, Number 1 Continued)*

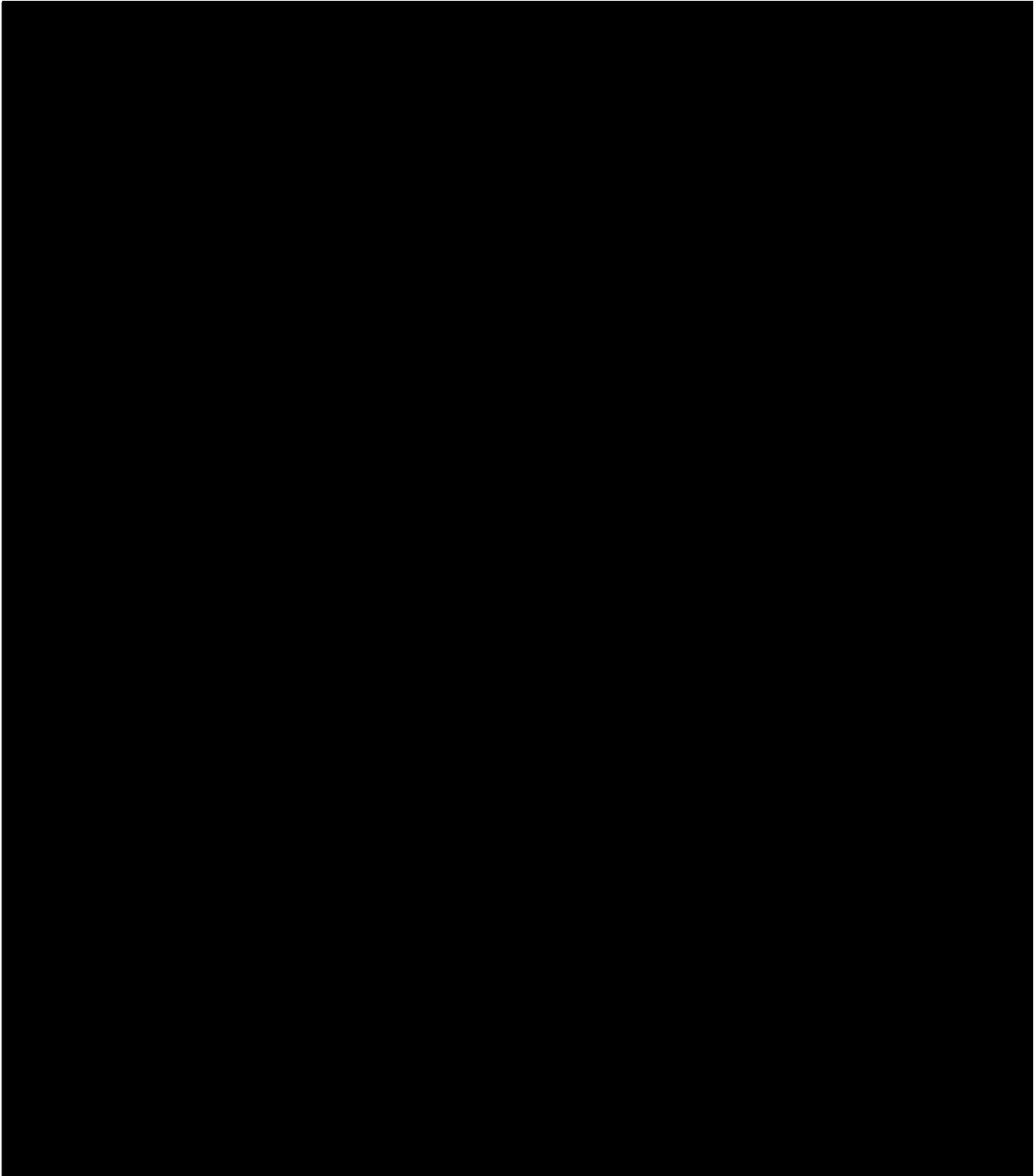






Section F -1

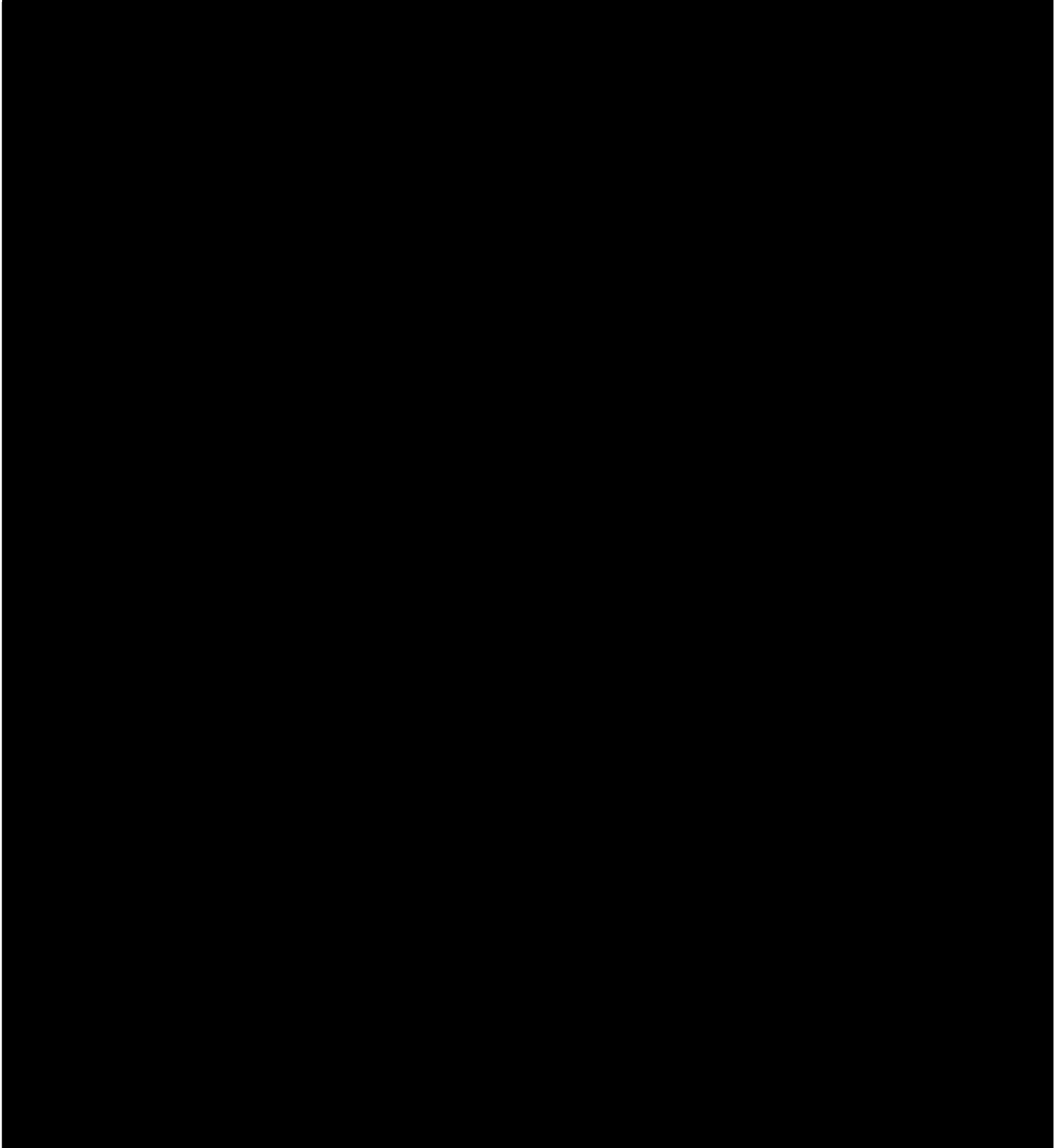
*(Response to Section F, Number 1 Continued)*





Section F -1

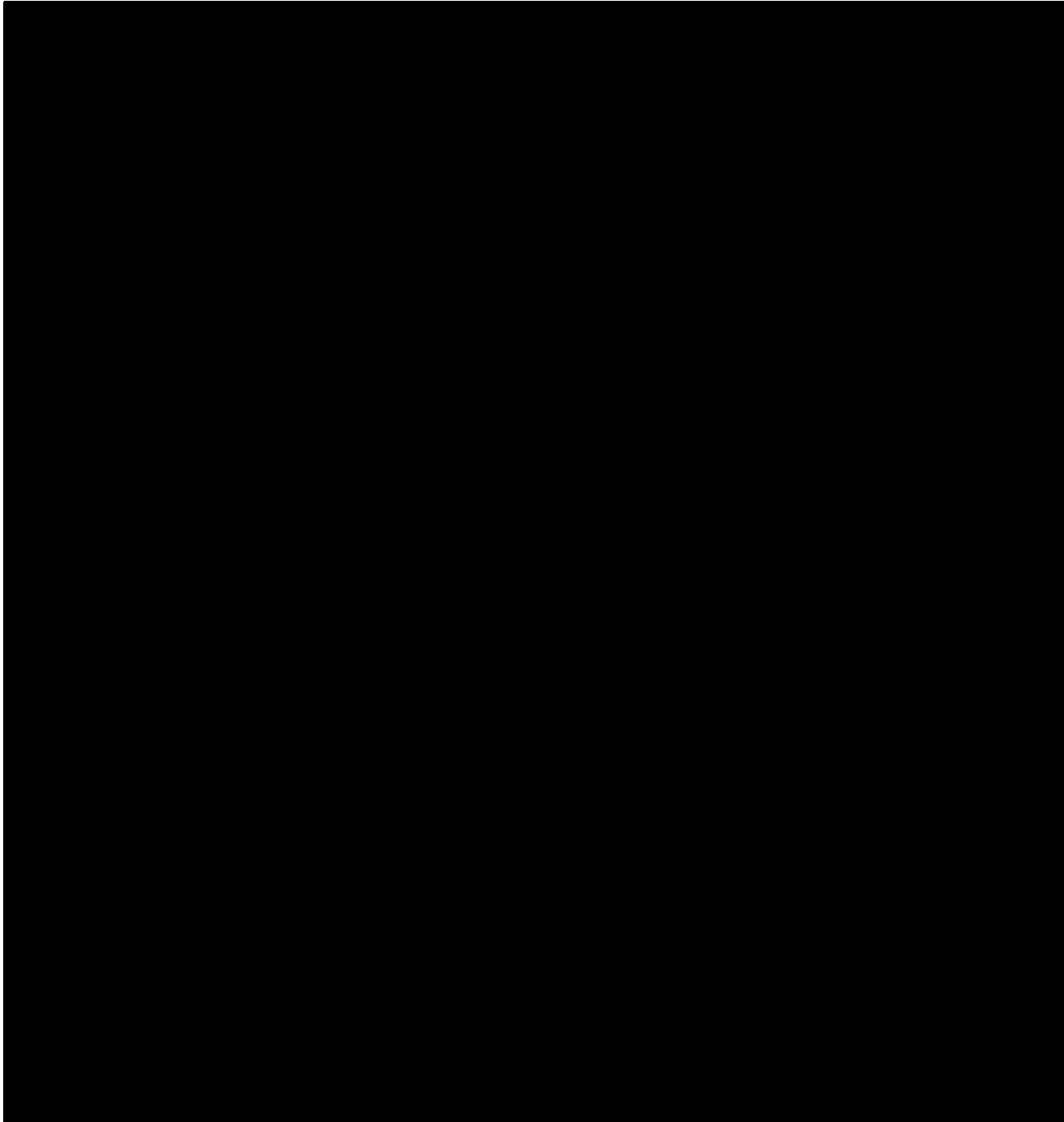
*(Response to Section F, Number 1 Continued)*





Section F -1

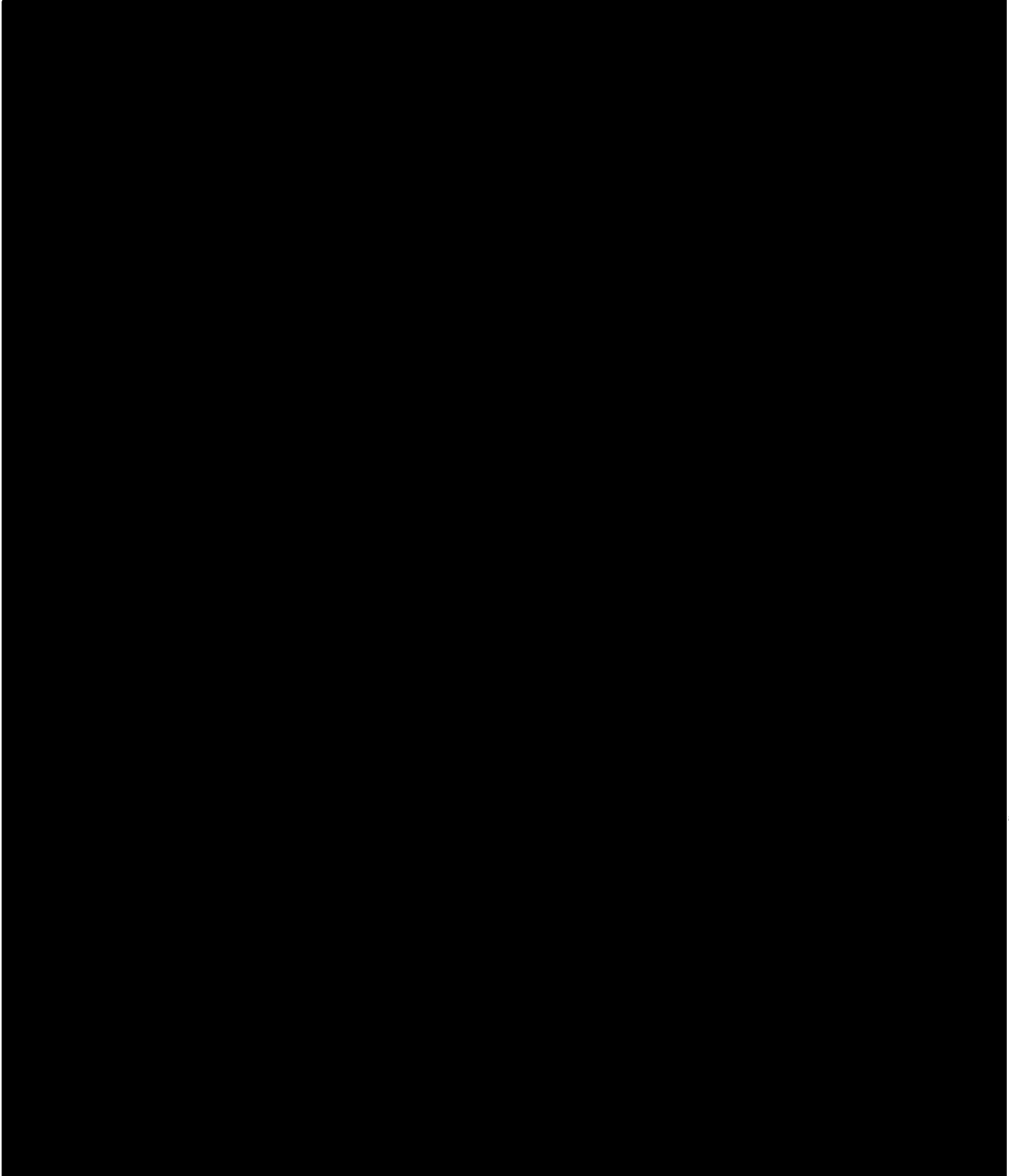
*(Response to Section F, Number 1 Continued)*





Section F -1

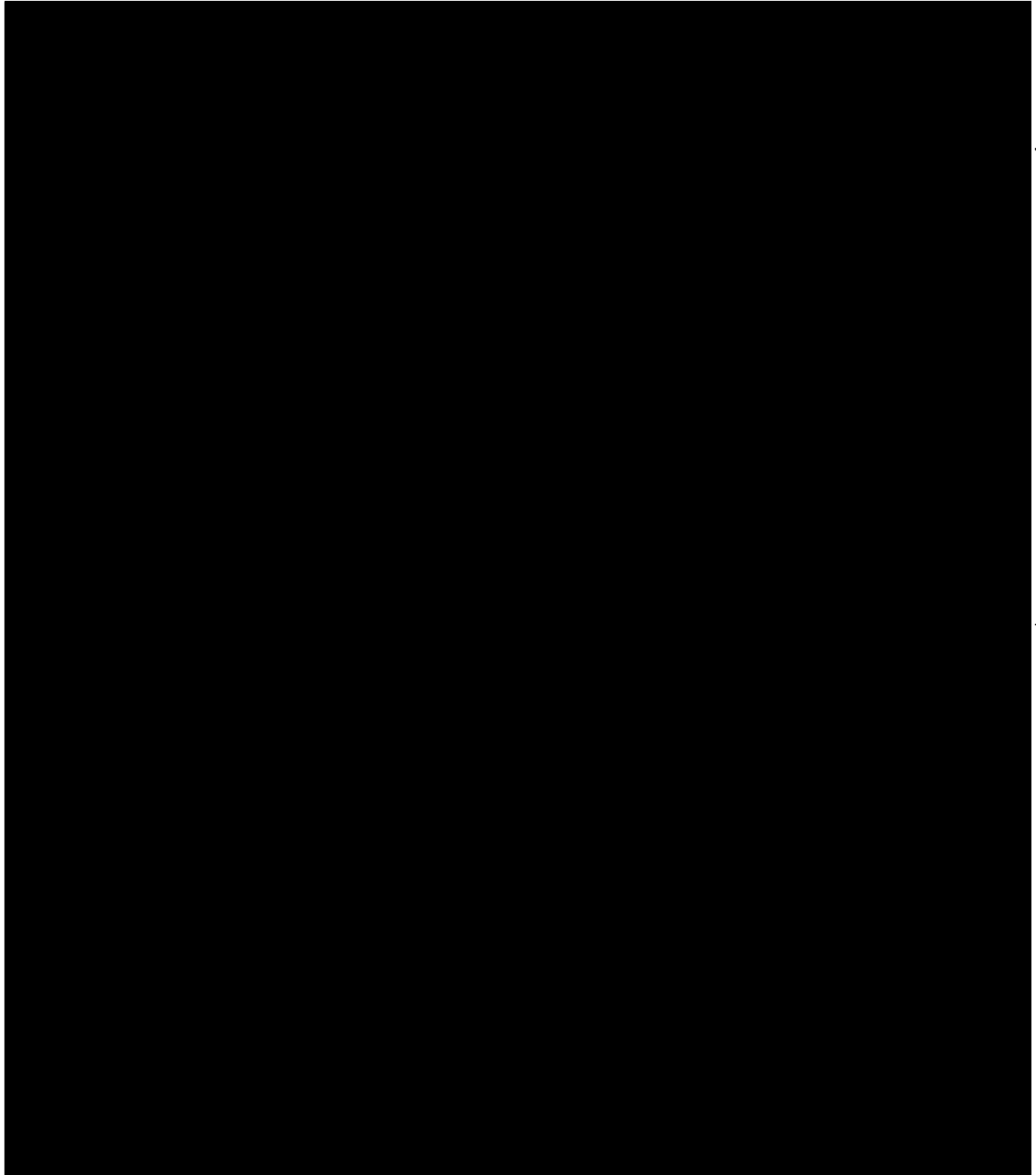
*(Response to Section F, Number 1 Continued)*





Section F -1

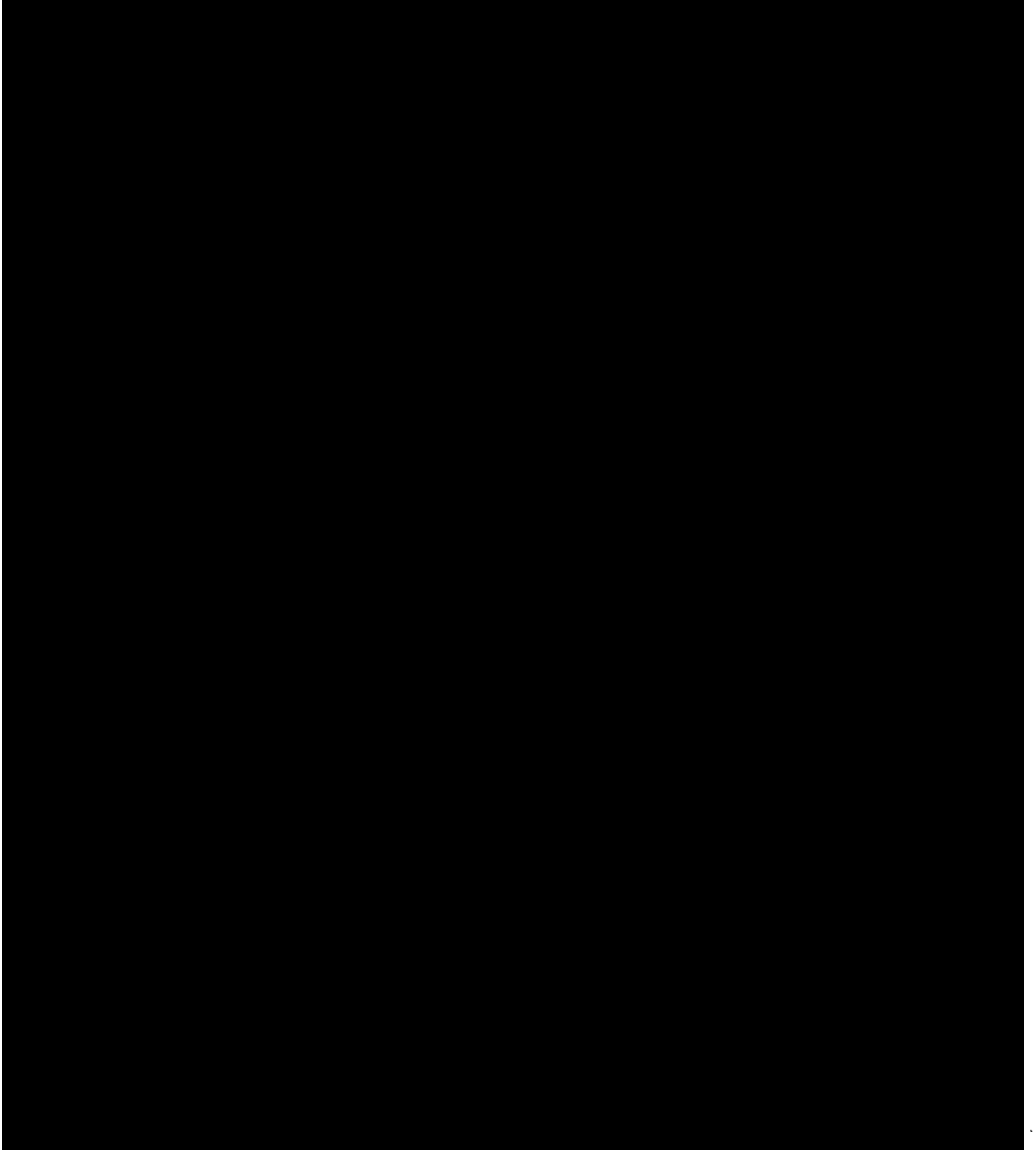
*(Response to Section F, Number 1 Continued)*





Section F -1

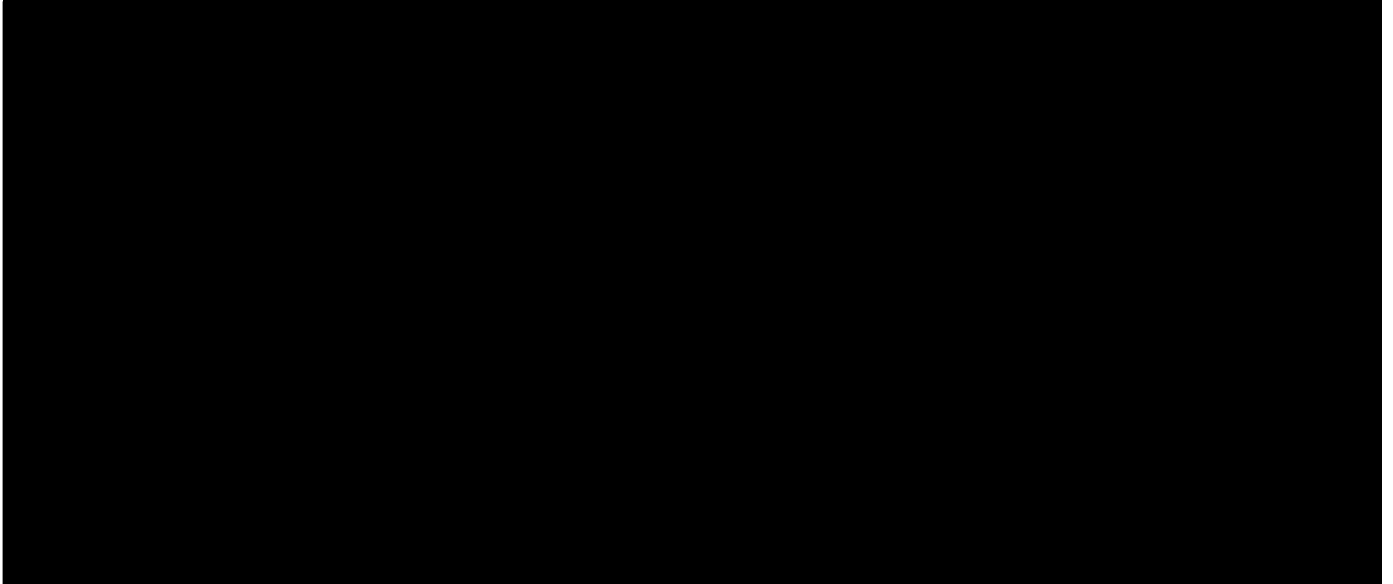
*(Response to Section F, Number 1 Continued)*





Section F -1

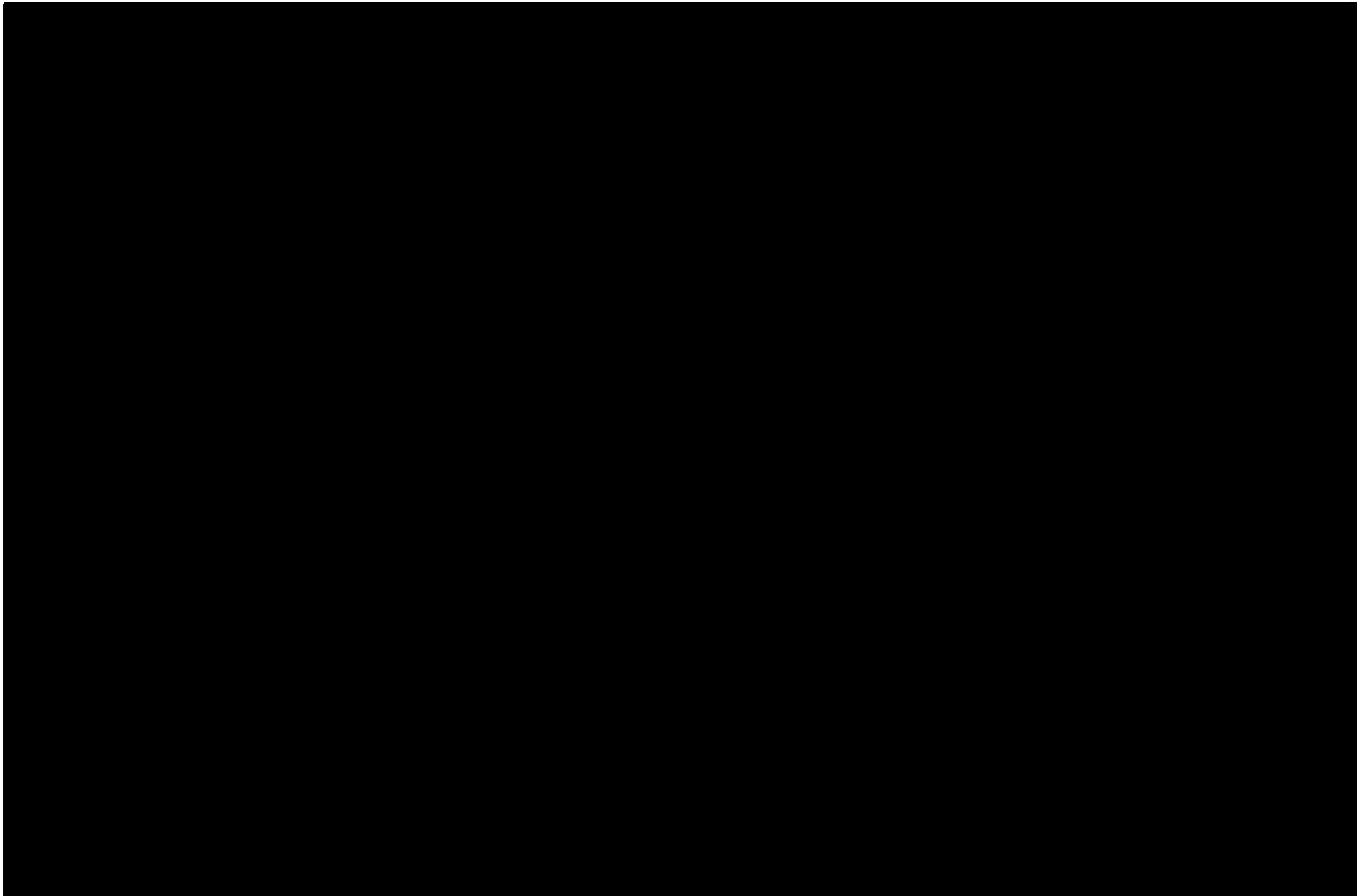
*(Response to Section F, Number 1 Continued)*





**Section F, Number 2- Compassionate Need Plan: Describe any compassionate need program you intend to offer. Include in your response:**

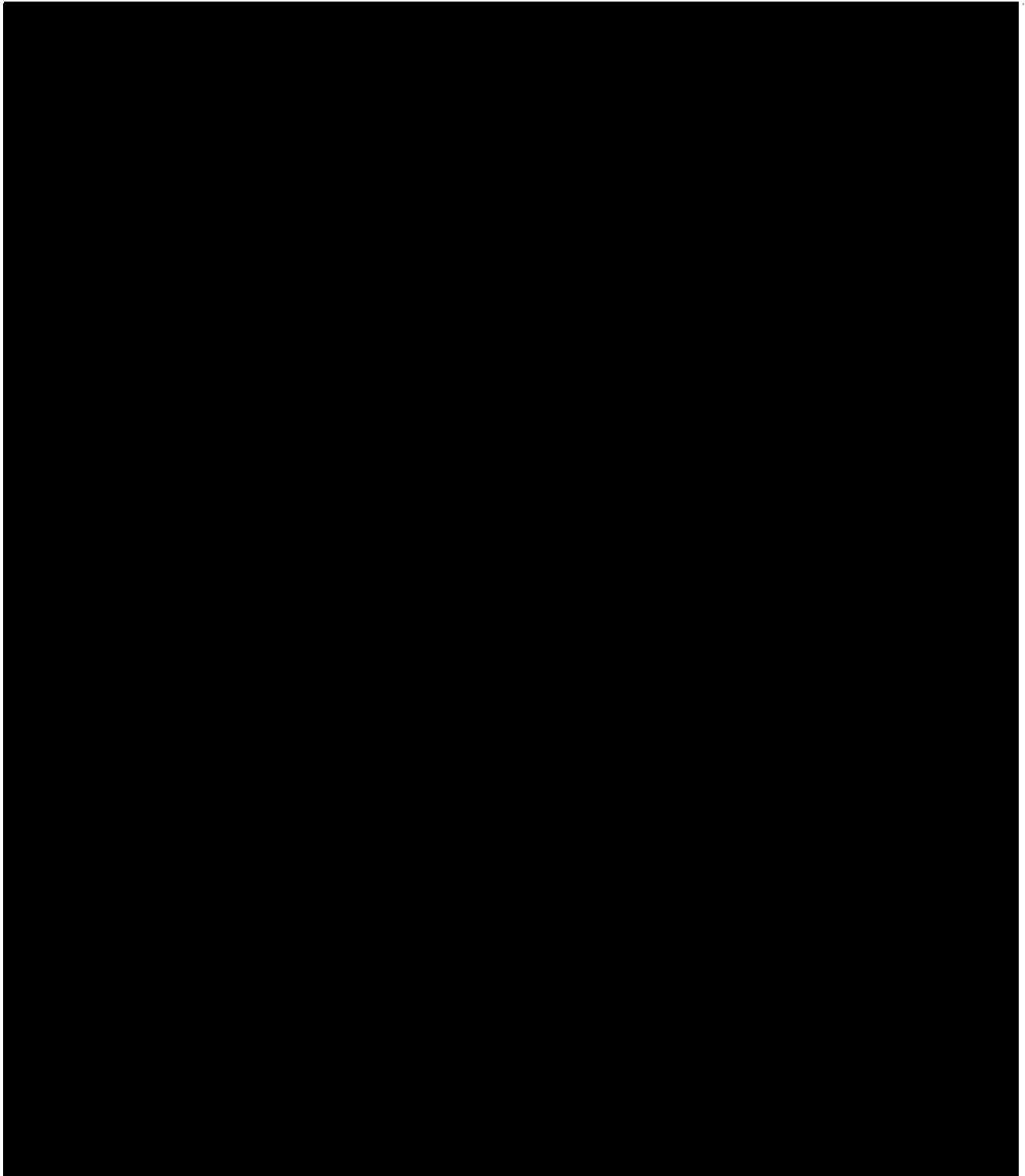
- **The protocols for determining which patients will qualify for the program;**
- **The discounts available to patients eligible for the compassionate need program;**
- **The names of any other organizations, if any, with which you intend to partner or coordinate in connection with the compassionate need program, including any producer applicant; and**
- **Any other information you think may be helpful to the Department in evaluating your compassionate need program.**





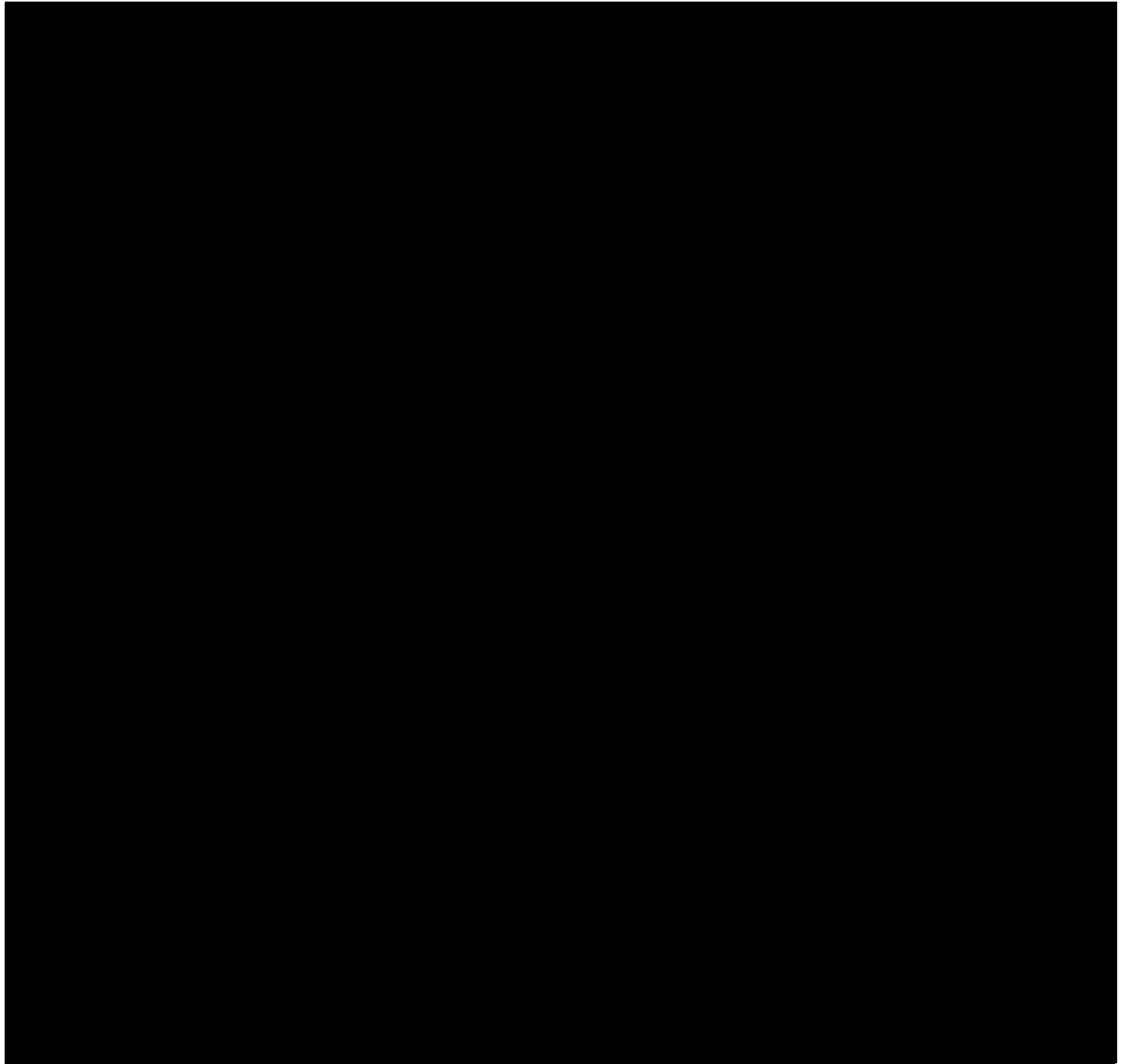


*(Response to Section F, Number 2 continued)*





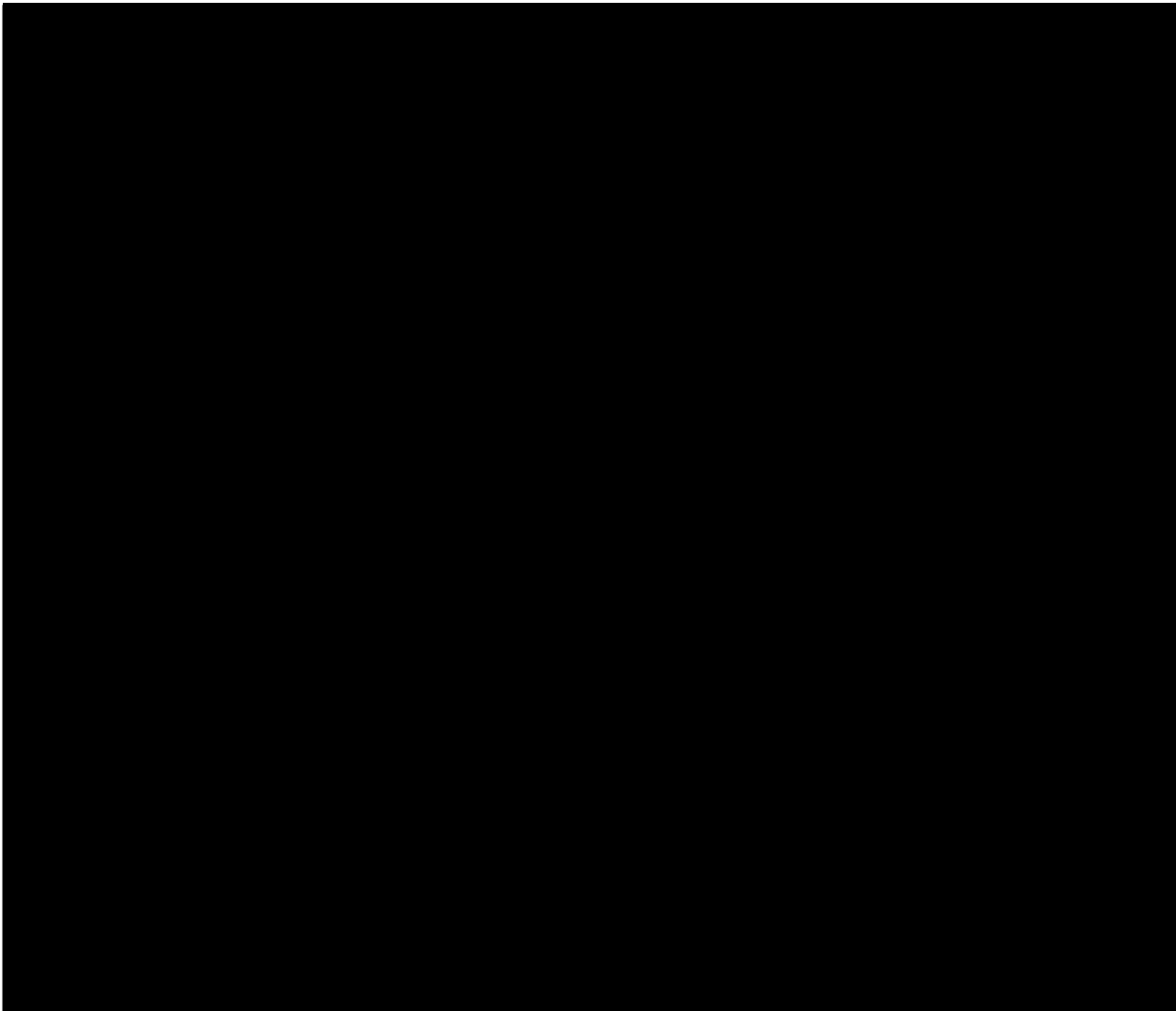
*(Response to Section F, Number 2 continued)*





**Section F, Number 3 - Research Plan: Provide the Department with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of marijuana. To the extent it has been determined, include in your proposal, a detailed description of:**

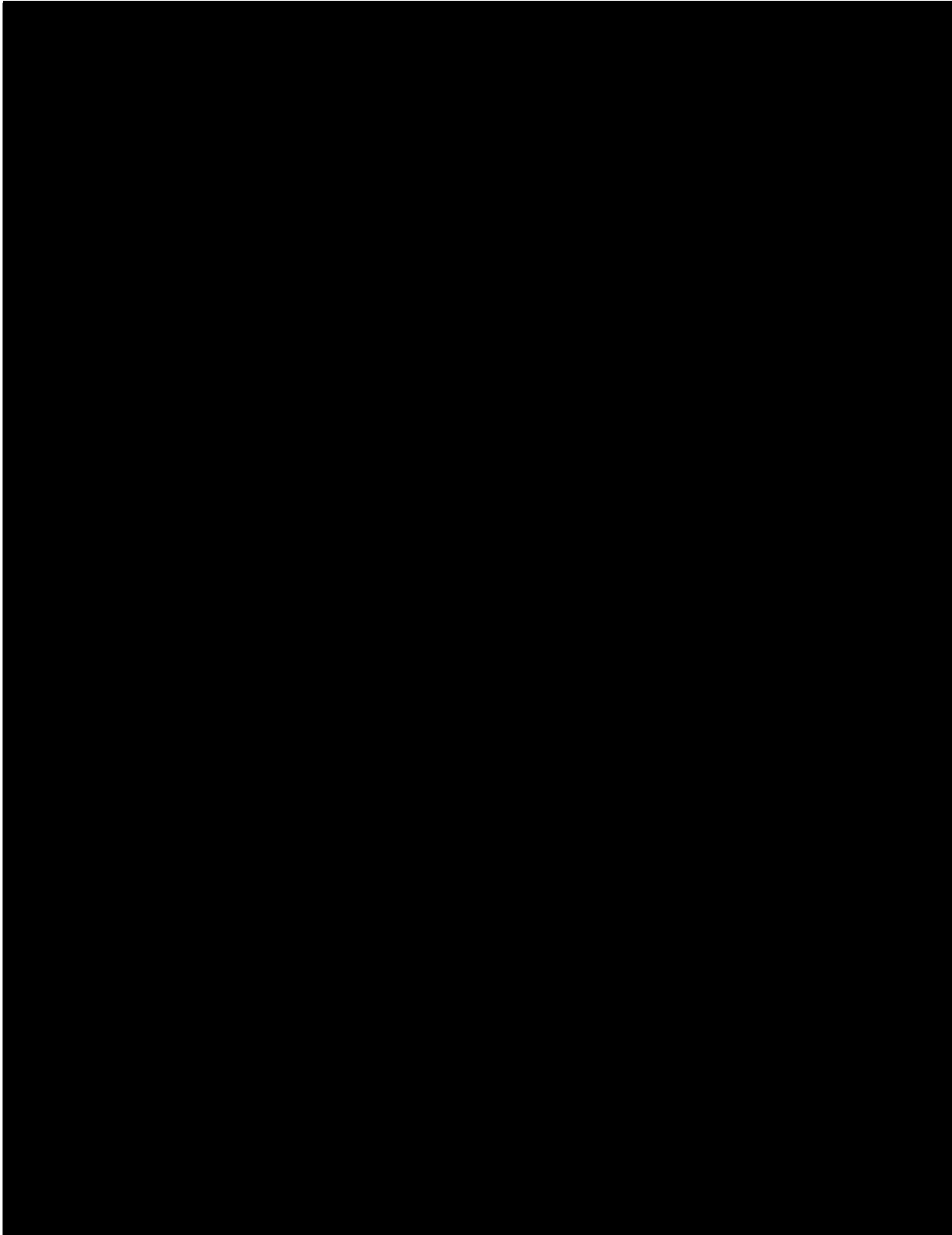
- The methodology of the study;
- The issue(s) you intend to study;
- The method you will use to identify and select study participants;
- The identify of all persons or organizations you intend to work with in connection with the study, including the role of each;
- The duration of the study;
- The intended use of the study results.





Section F.3

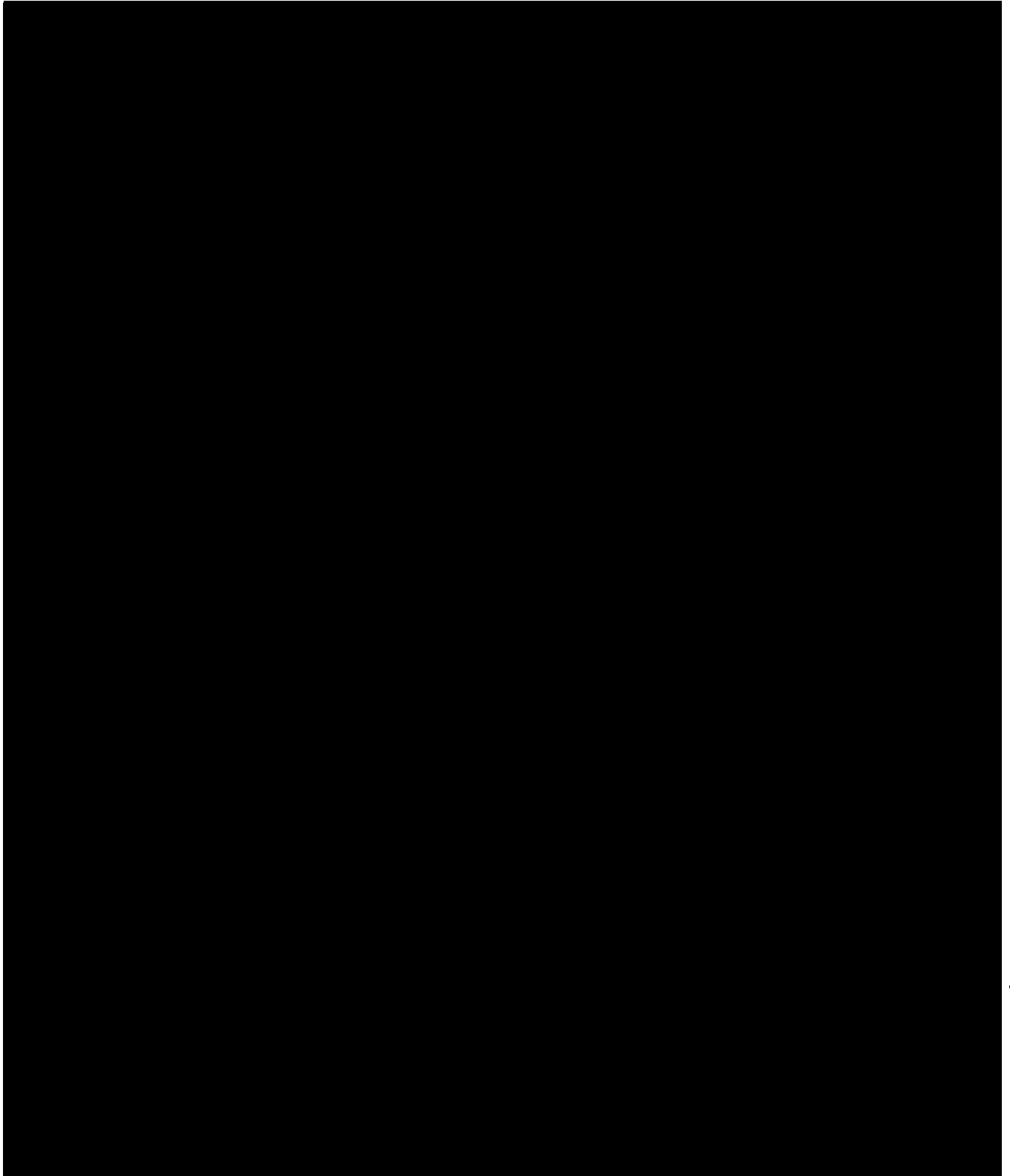
*(Section F, number 4 Continued)*





Section F.3

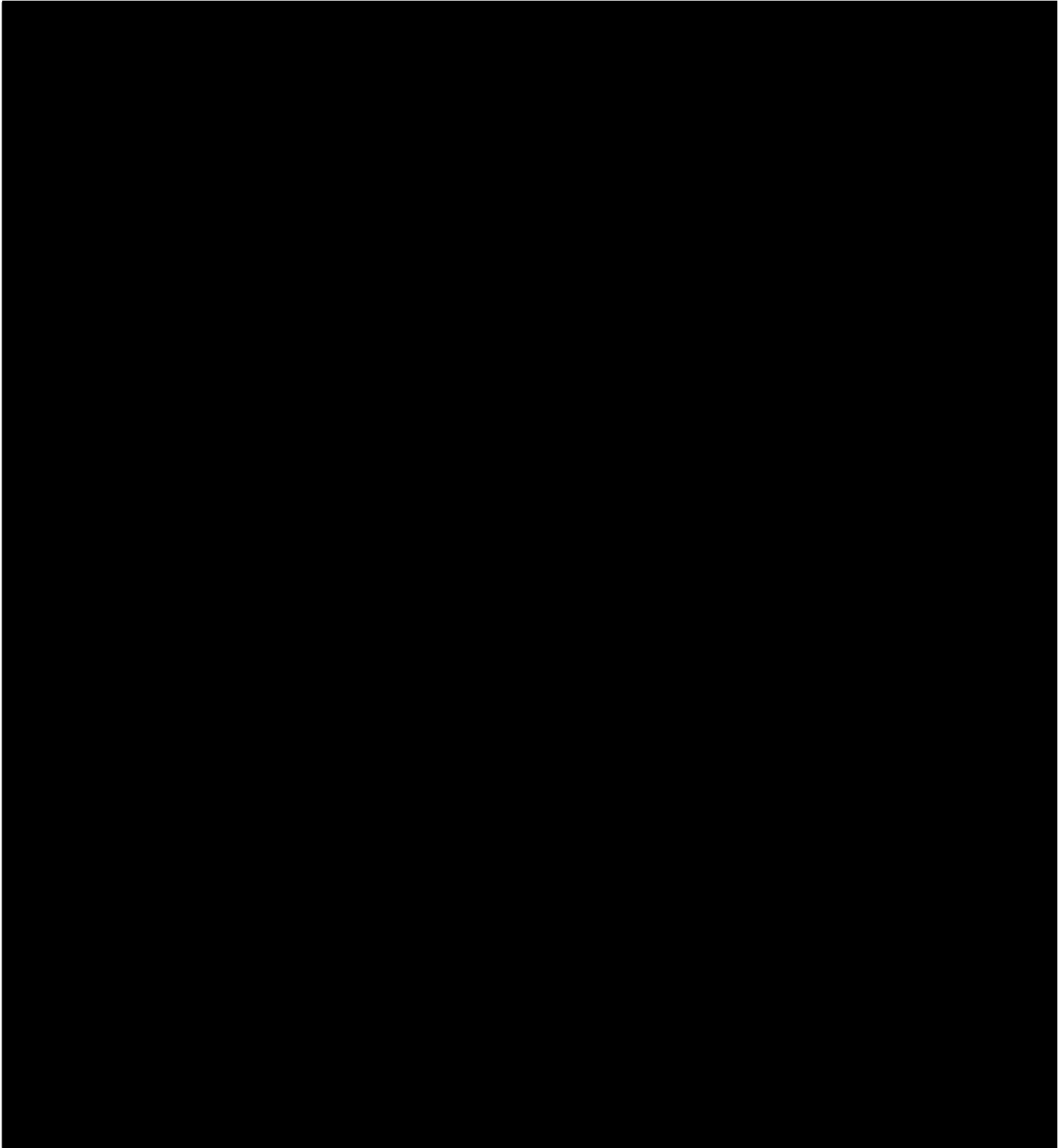
*(Section F, number 4 Continued)*





Section F.3

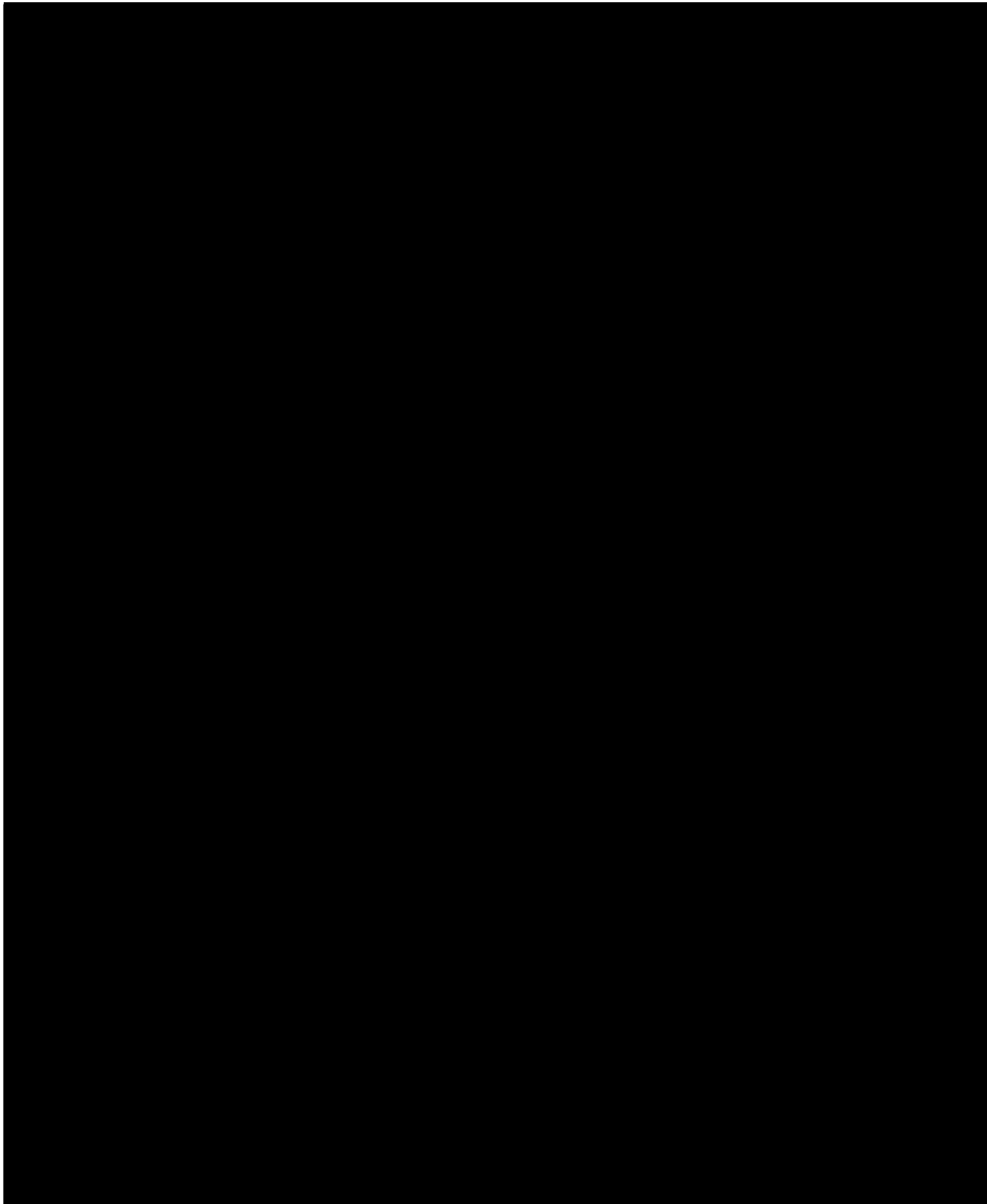
*(Section F, number 4 Continued)*





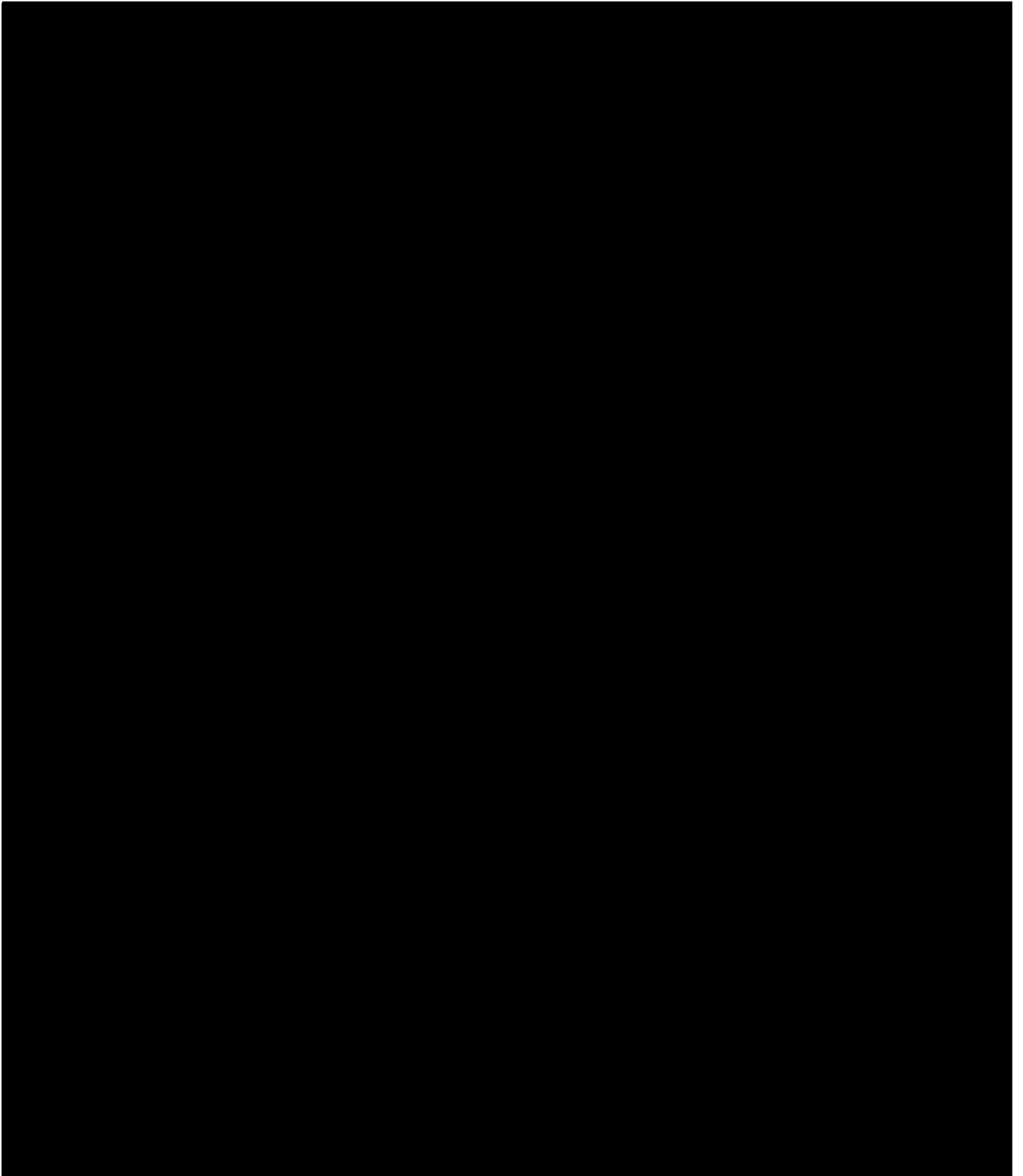
Section F.3

*(Section F, number 4 Continued)*





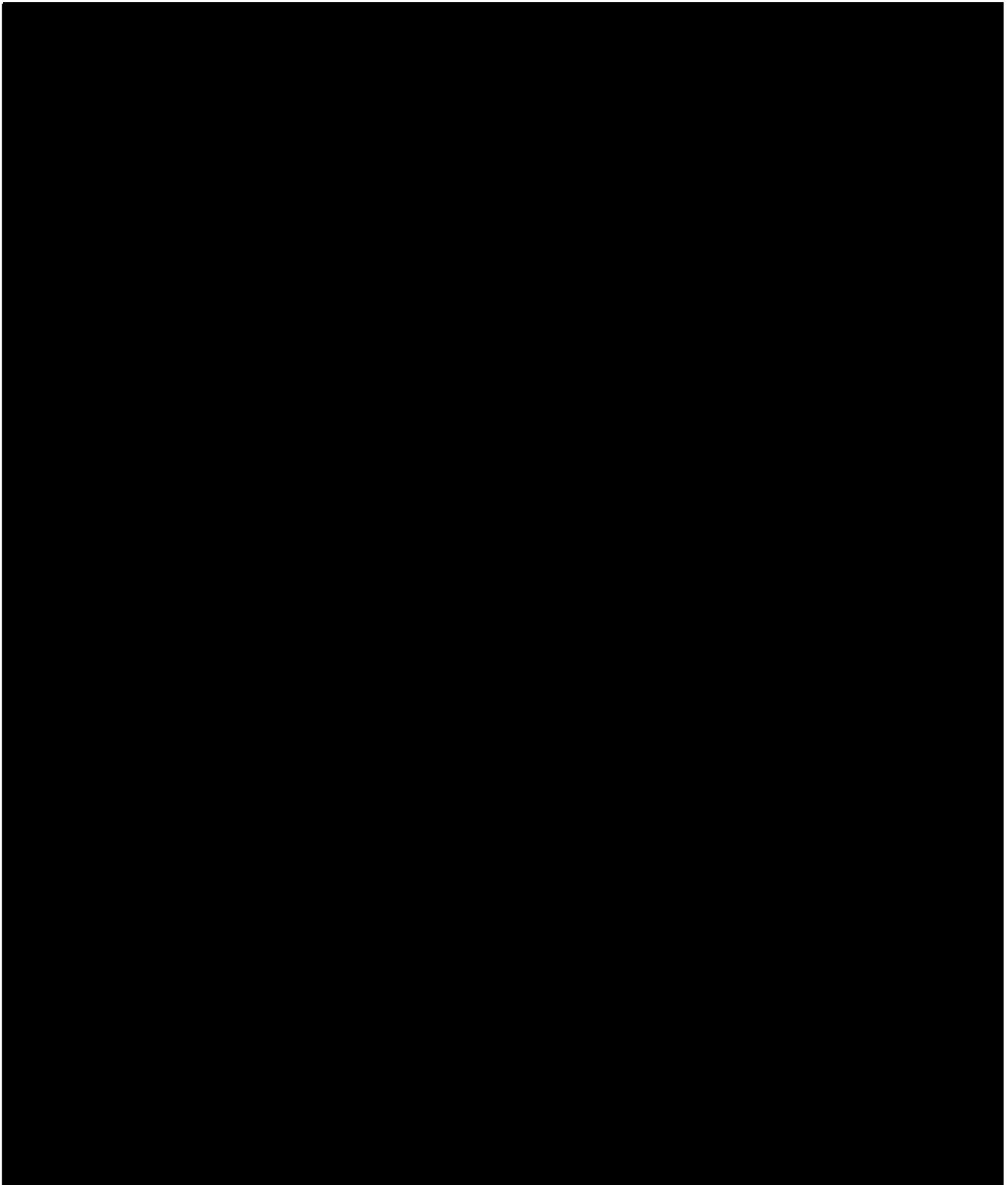
Section F.3







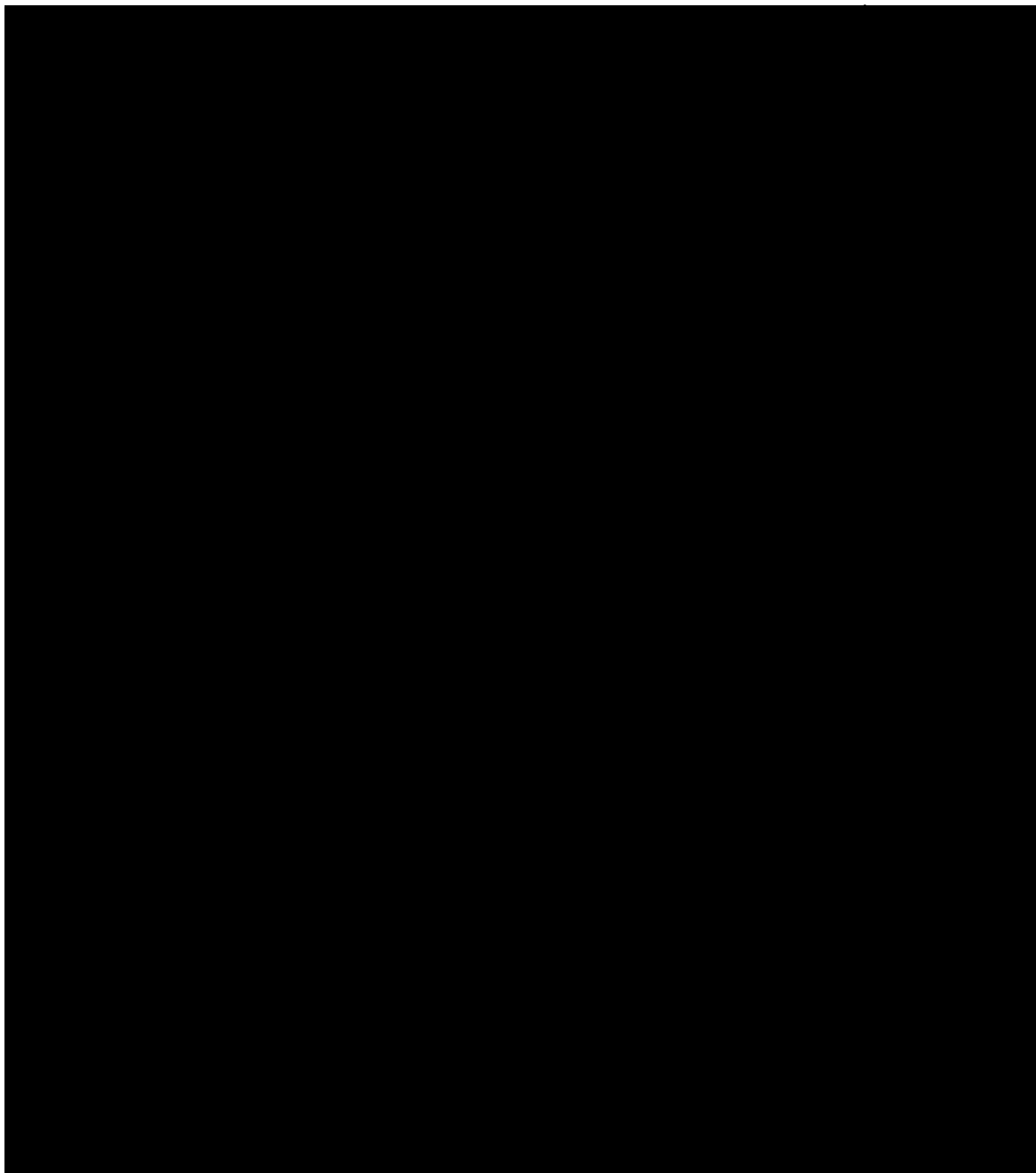
Section F.3





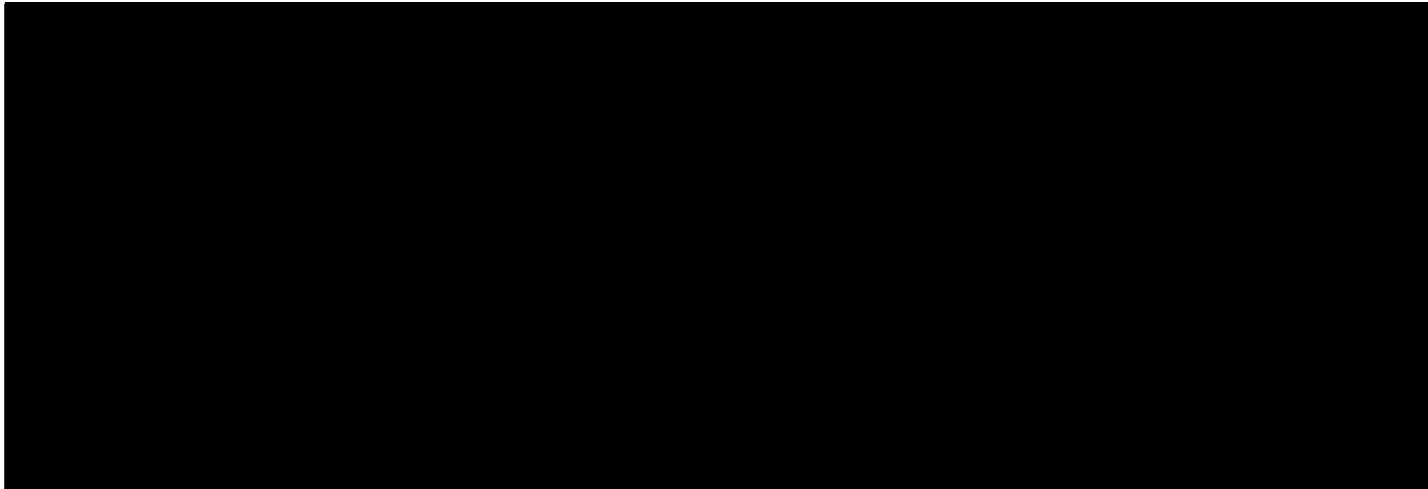
Section F.3

*(Section F, number 4 Continued)*

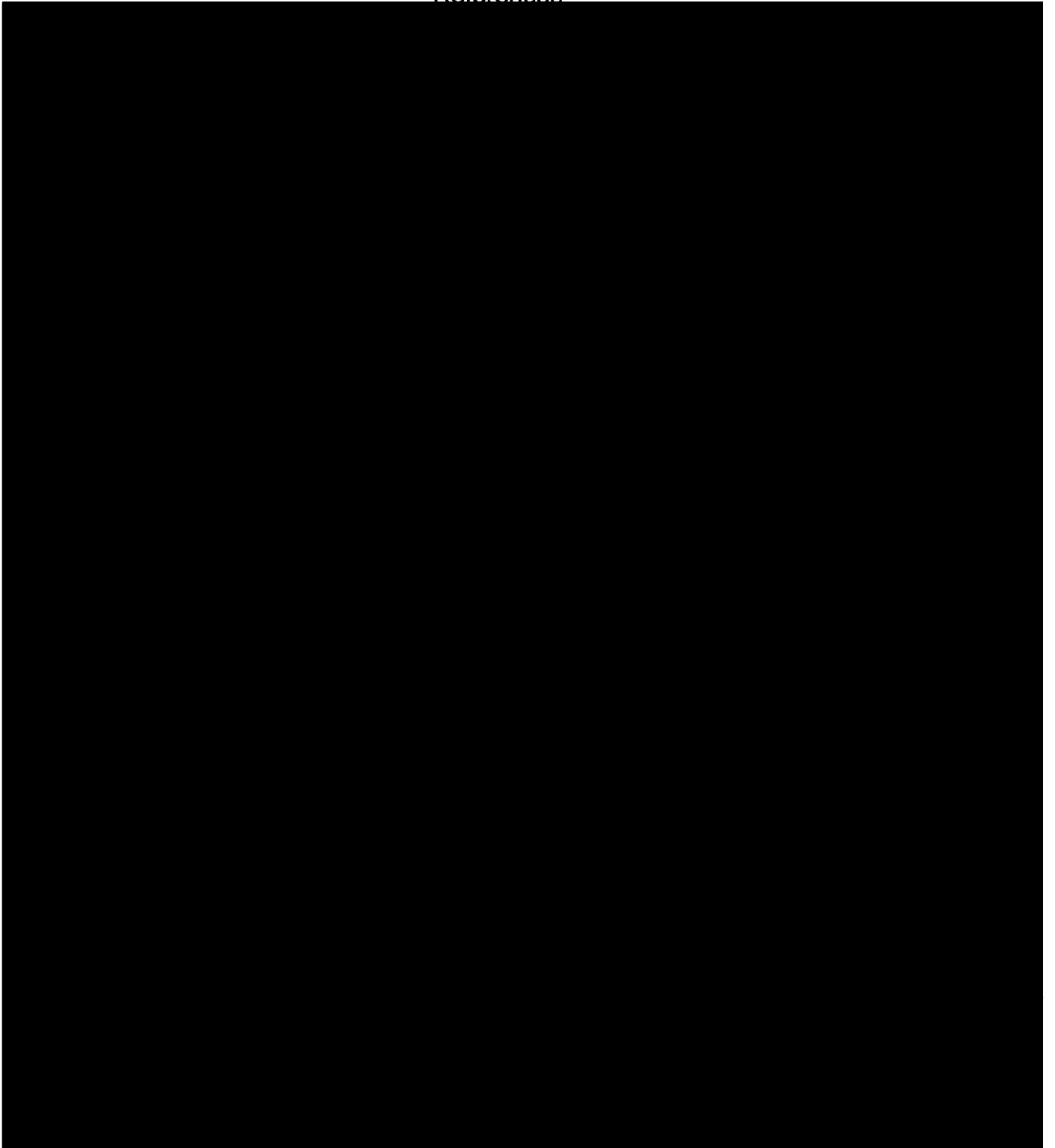




Section F.3



References

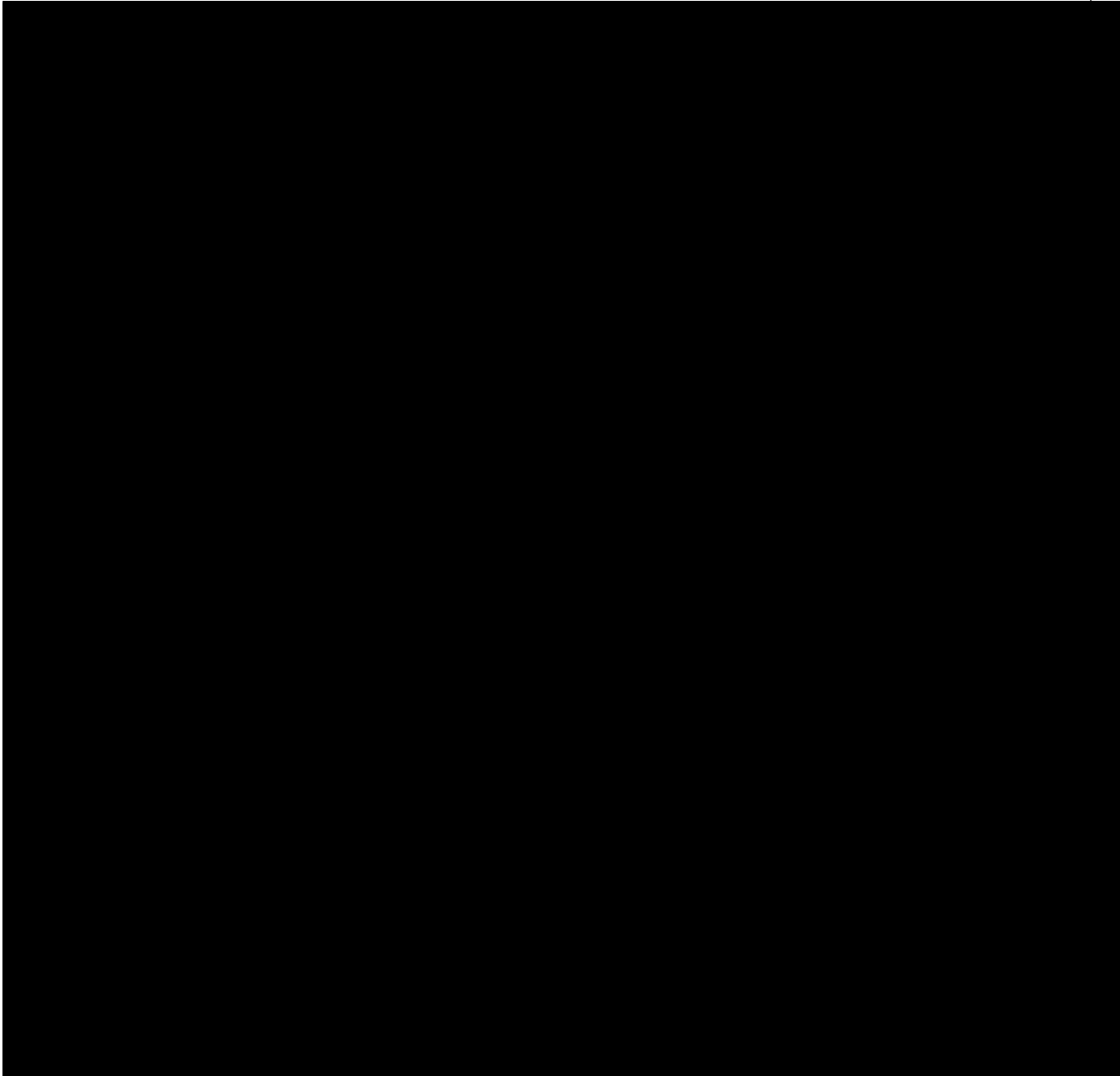






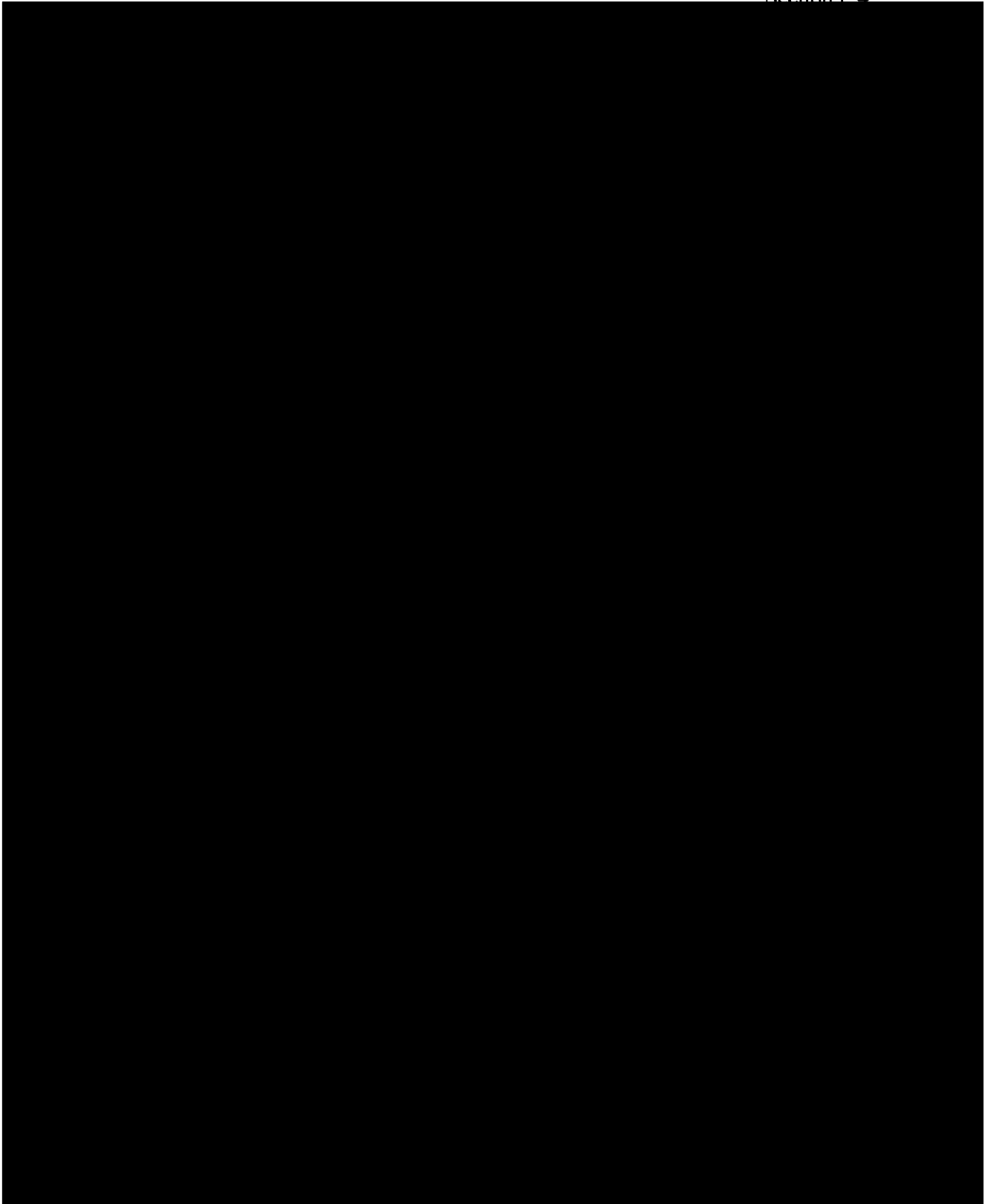
Section F:4

**Section F, Number 4 - Community Benefits Plan: Provide the Department with a detailed description of any plans you have to give back to the community either at a state or local level if awarded a dispensary facility license.**





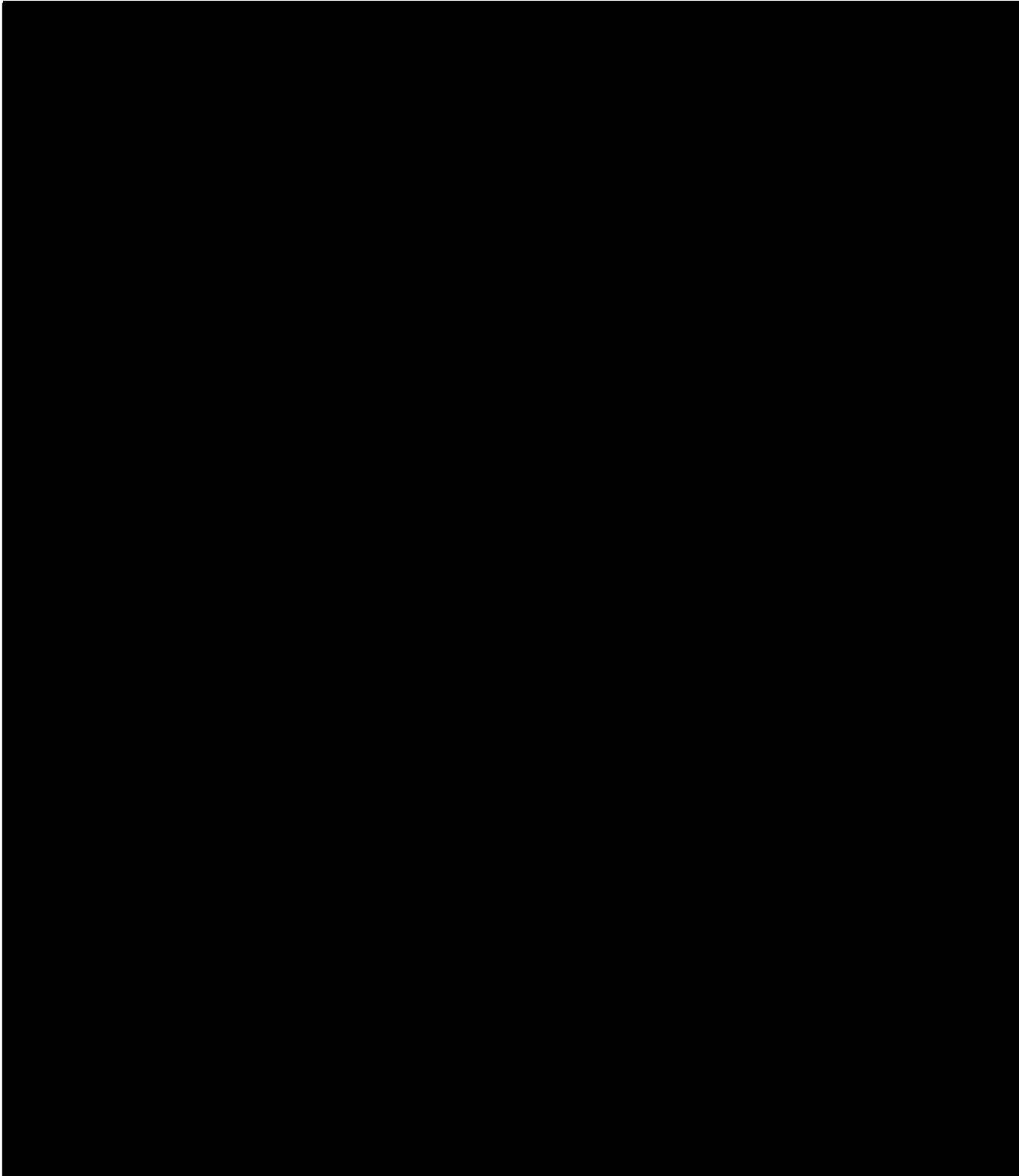
Section E:4





Section F:4

*(response to Section F, Number 4 continued)*

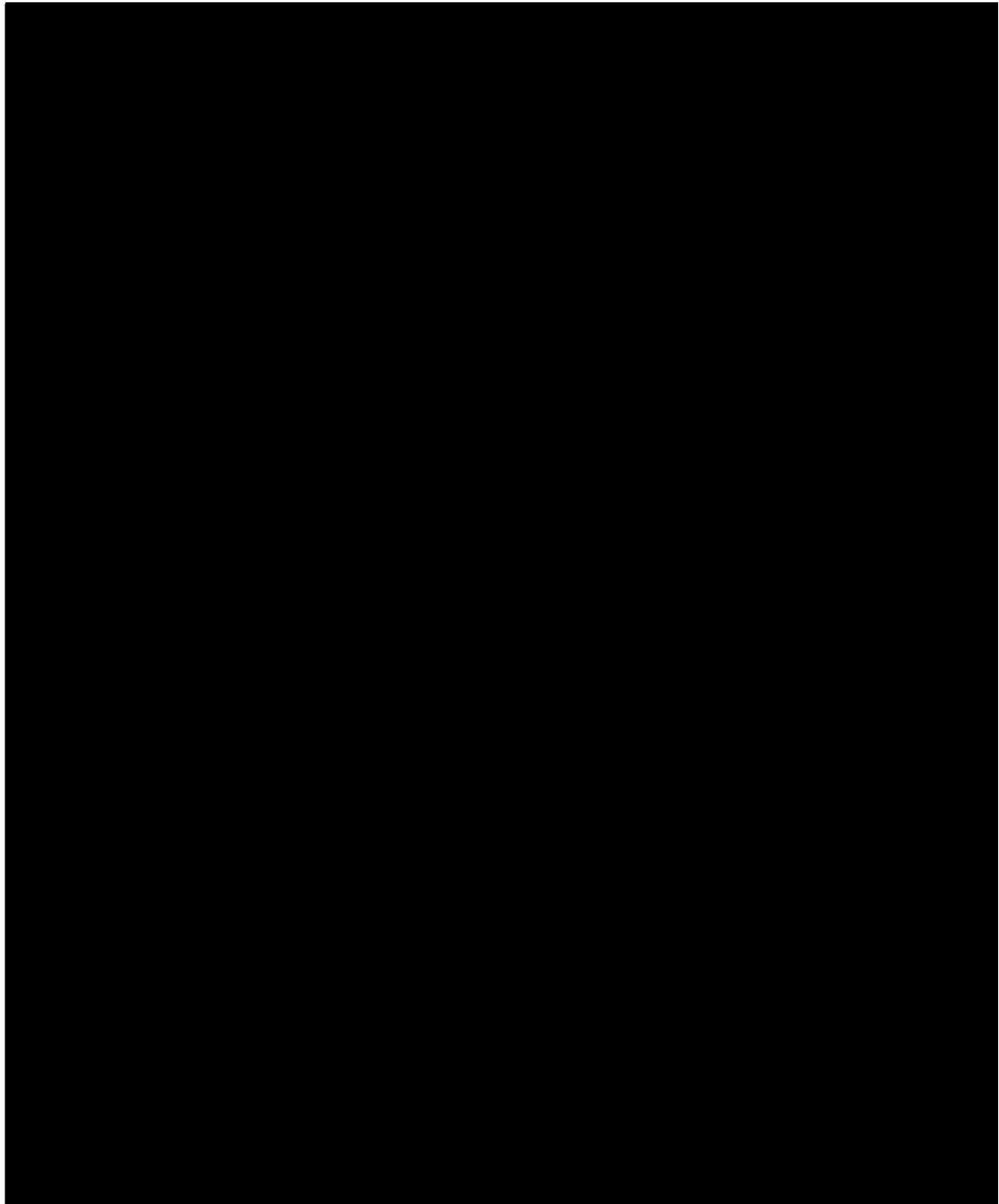






Section F:4

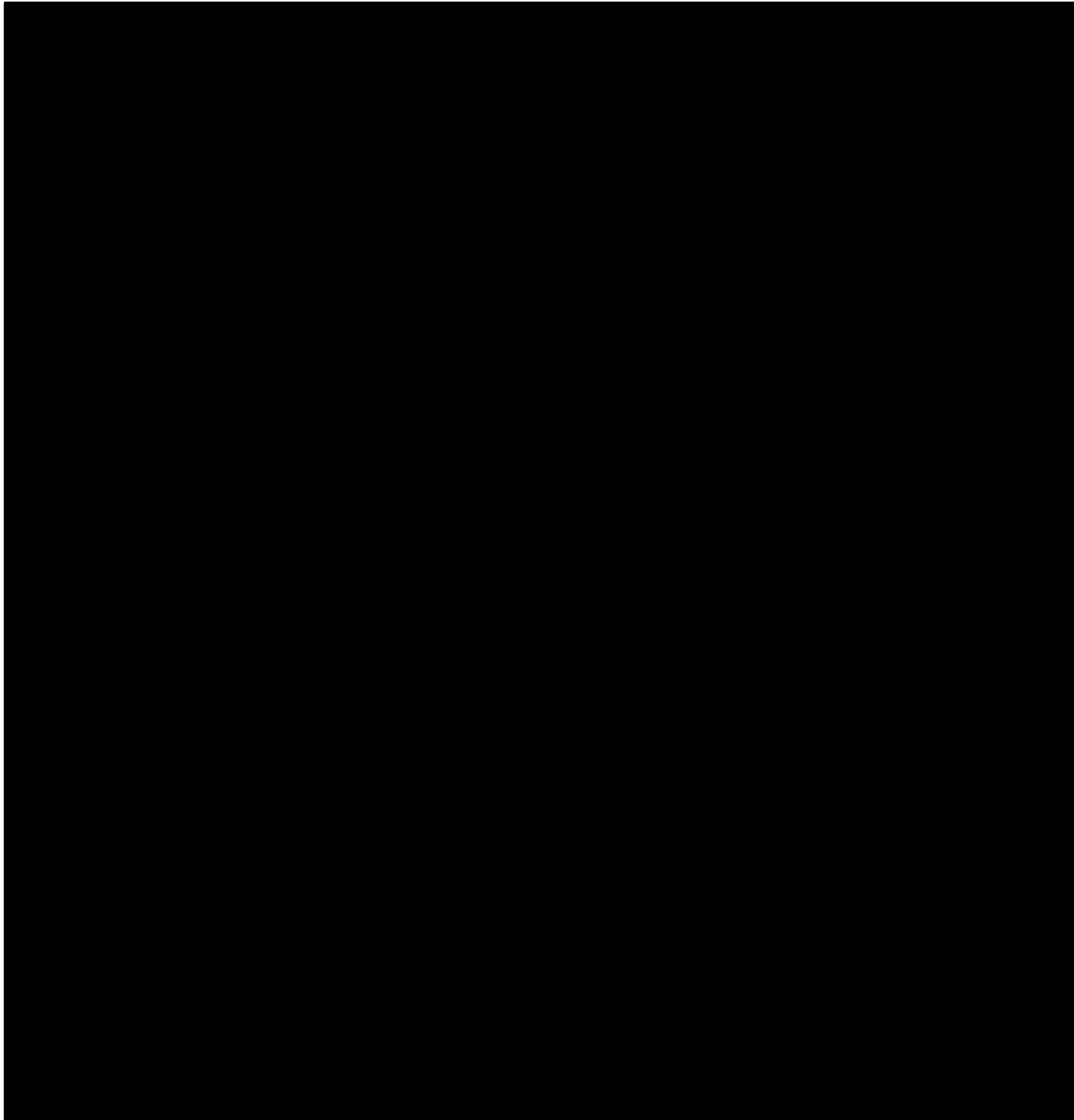
*(response to Section F, Number 4 continued)*





Section F:4

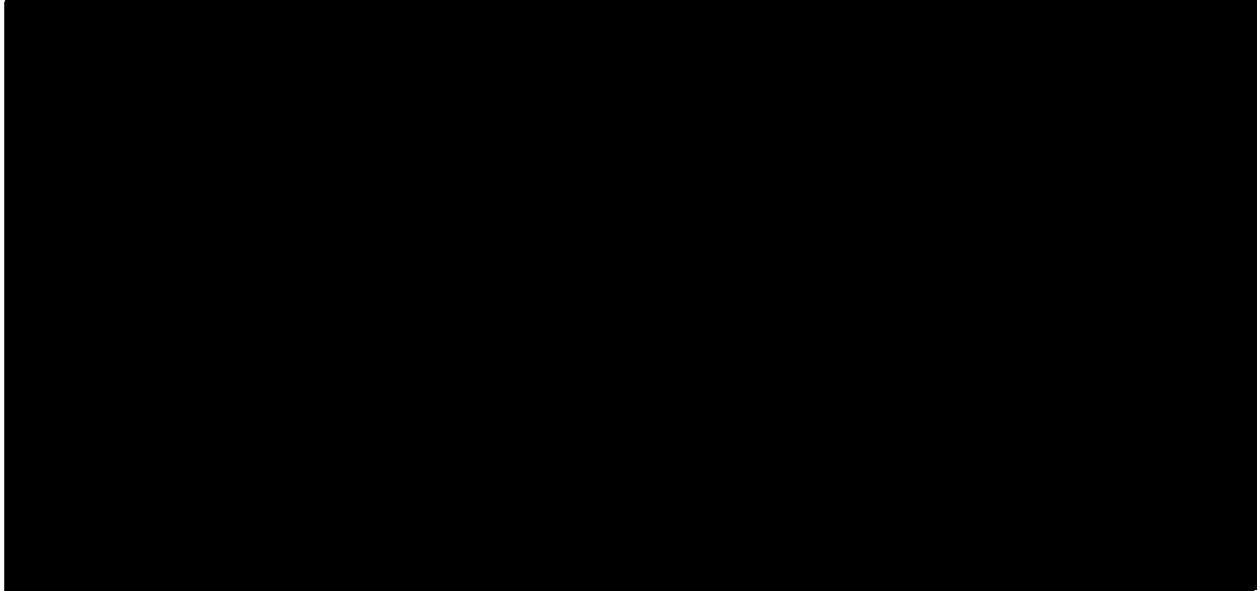
*(response to Section F, Number 4 continued)*





Section F:4

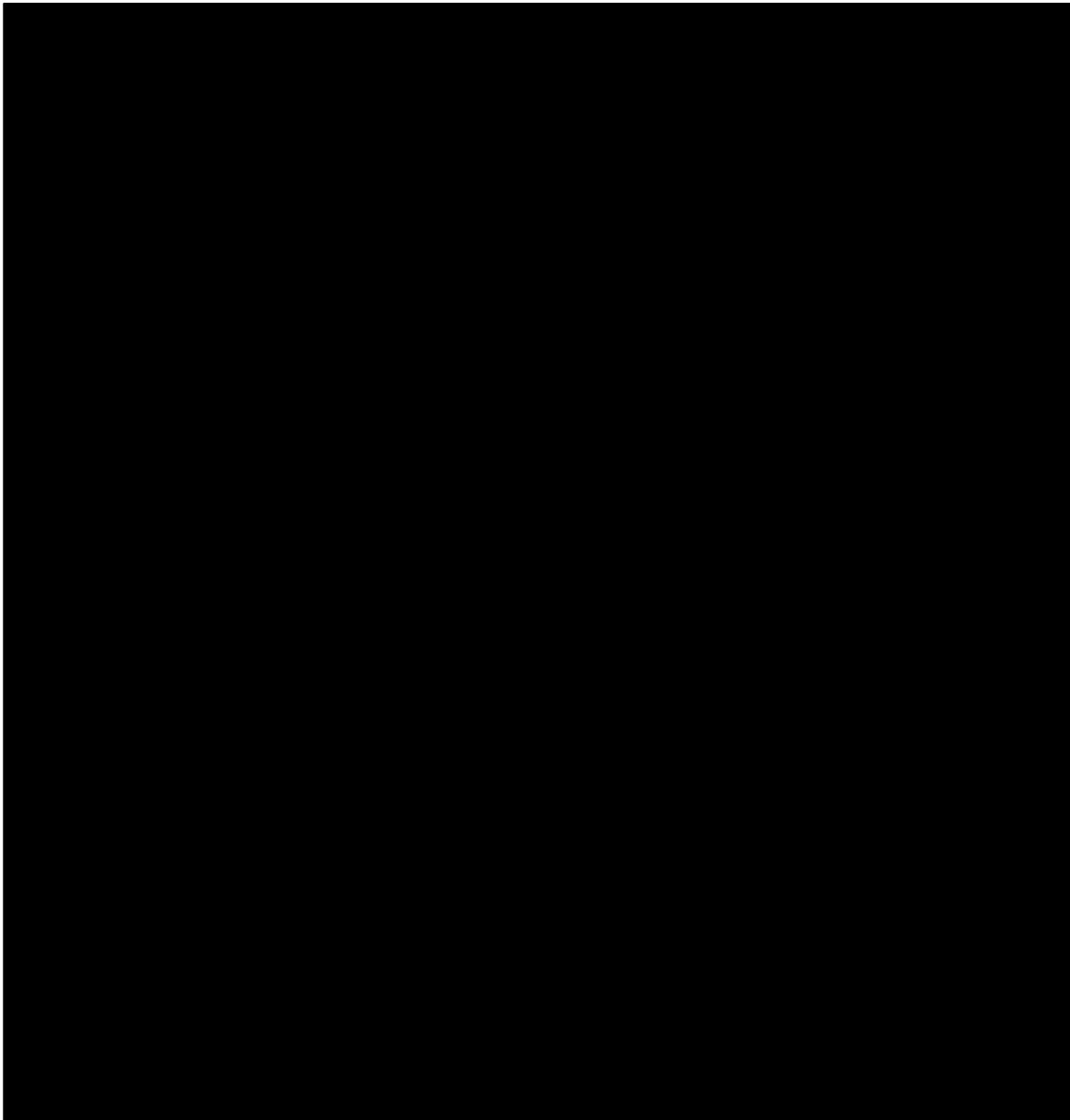
*(response to Section F, Number 4 continued)*





Section F:5

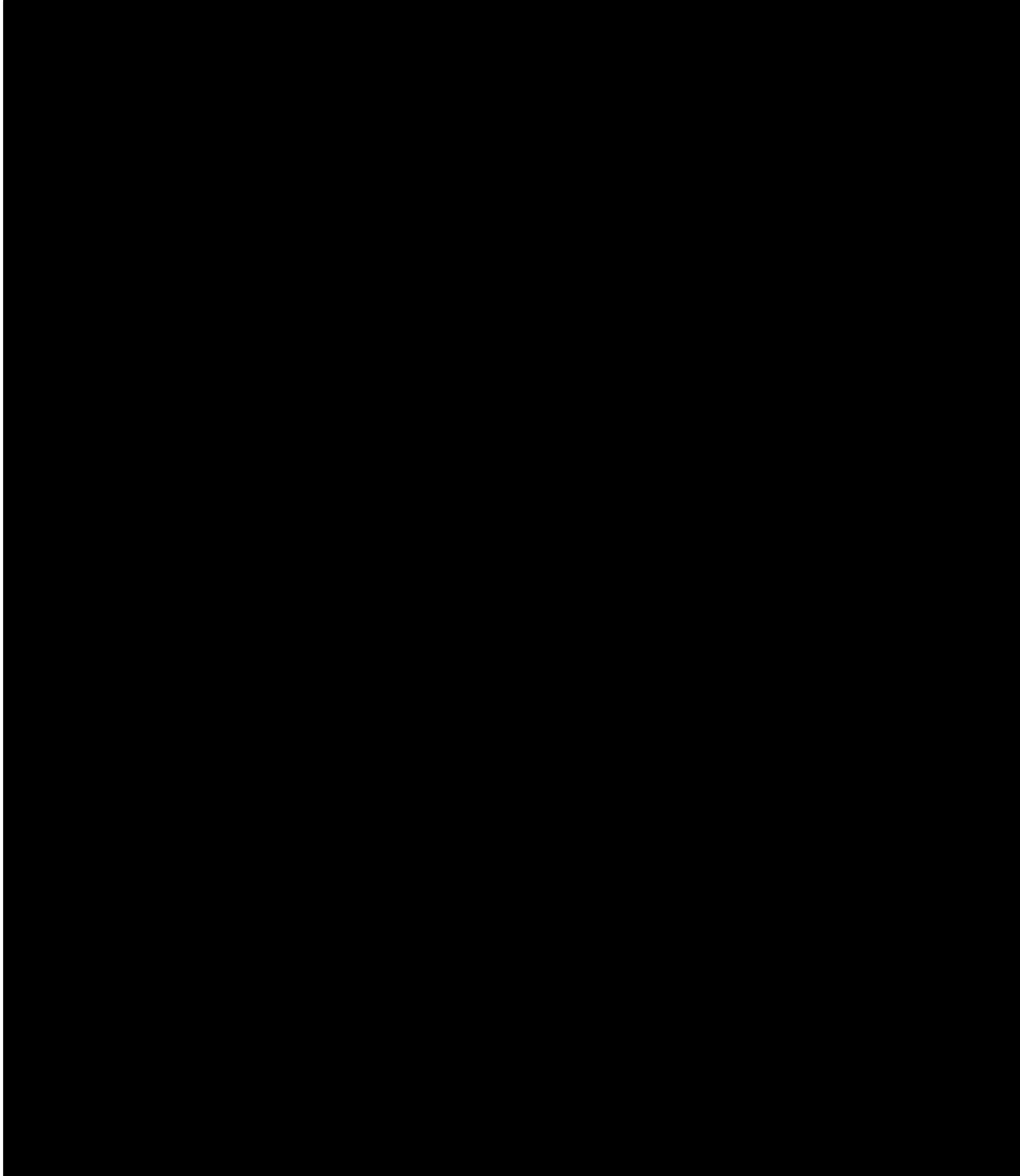
**Section F, Number 5 – Substance Abuse Prevention Plan:  
Provide a detailed description of any plans you will undertake, if  
awarded a dispensary facility license, to combat substance  
abuse in Connecticut, including the extent to which you will  
partner, or otherwise work, with existing substance abuse  
programs.**





Section F:5

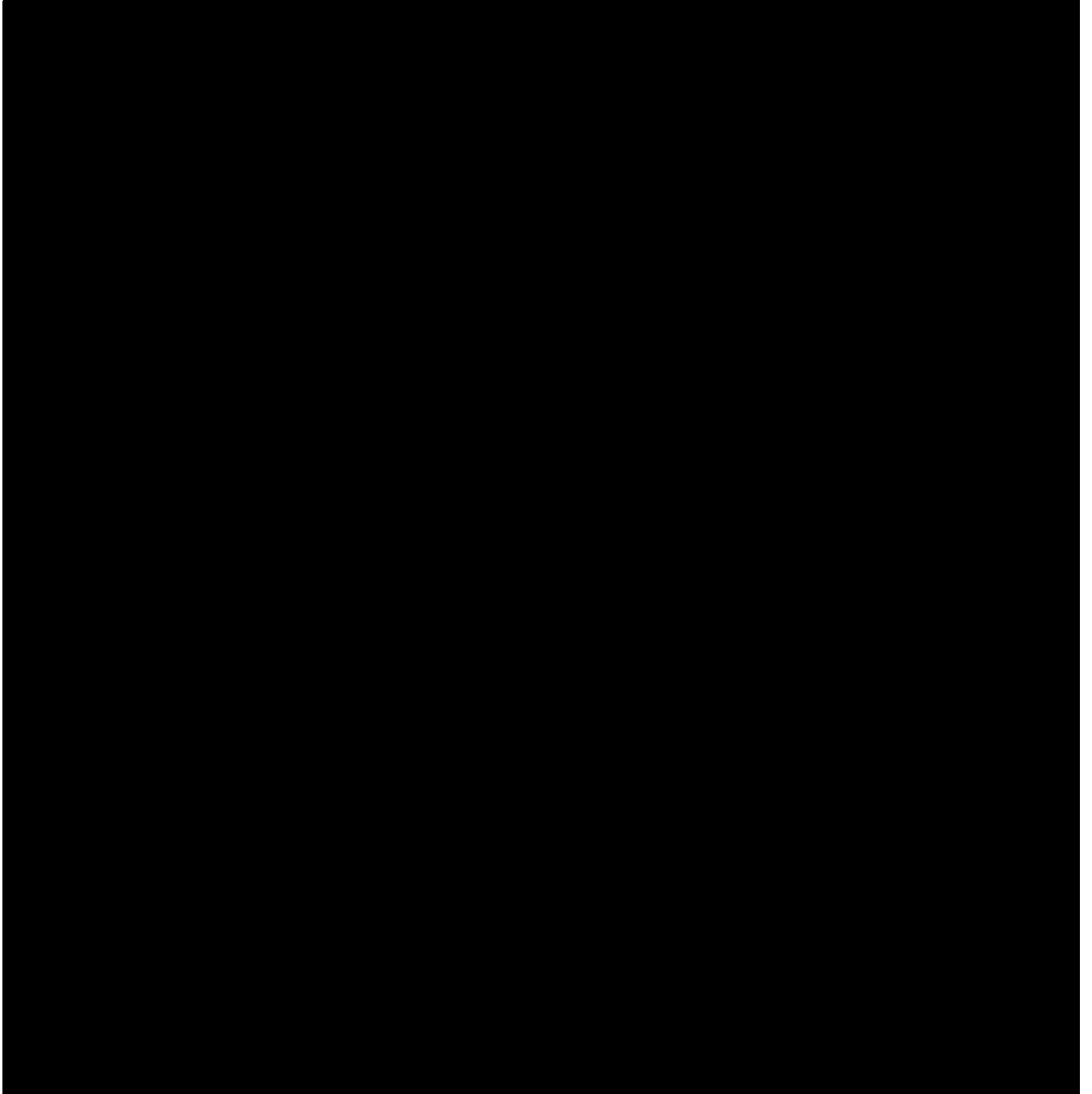
*(Response to Section F Number 5 Continued)*





Section F:5

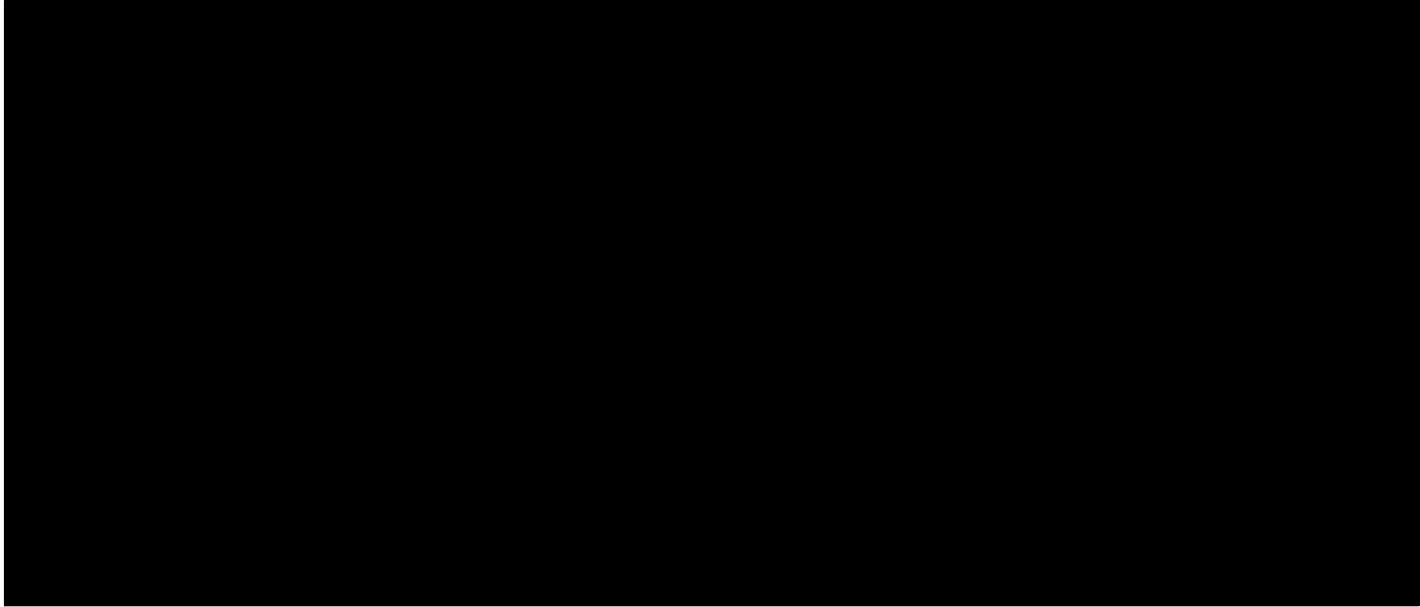
*(Response to Section F Number 5 Continued)*





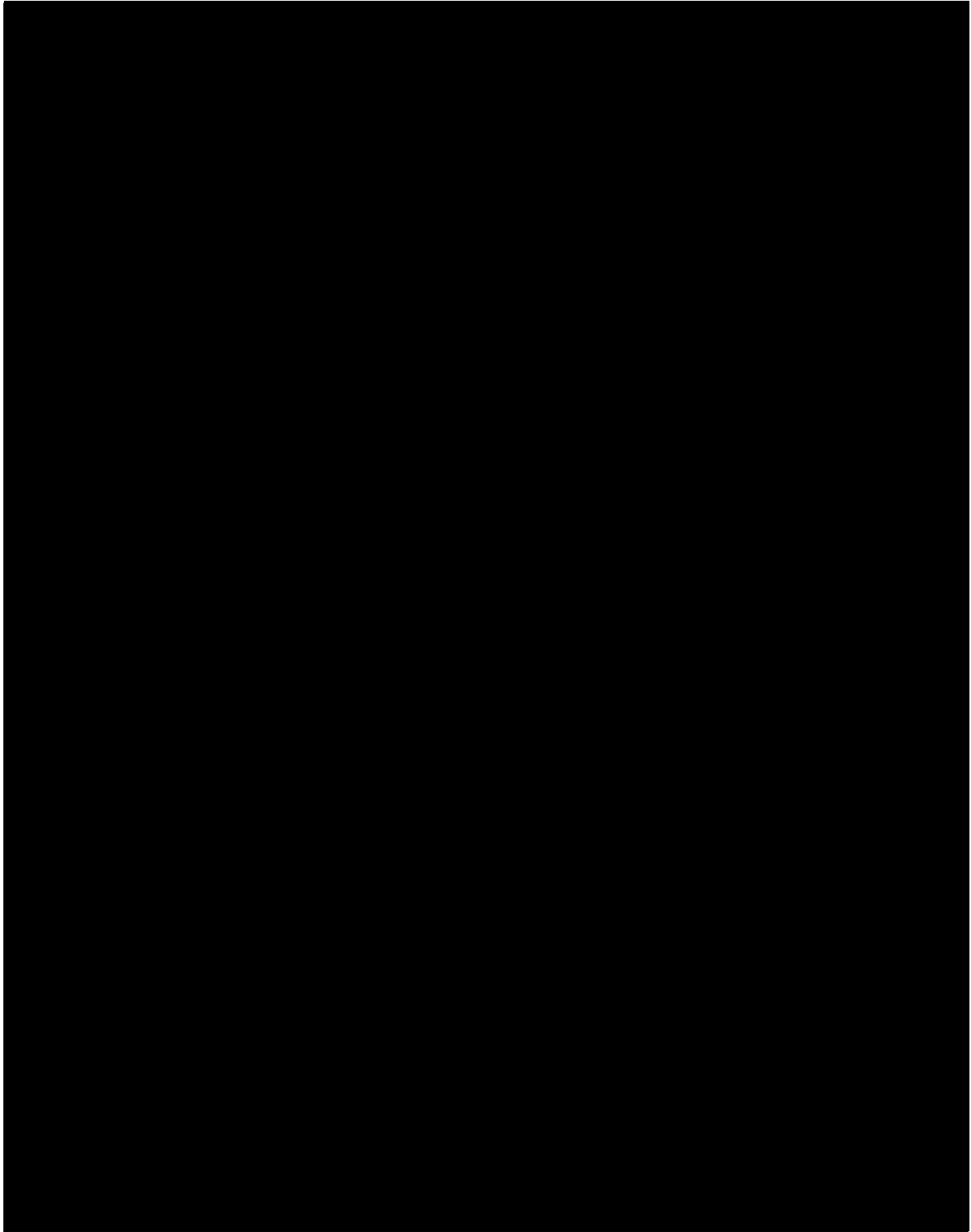
Section F:5

*(Response to Section F Number 5 Continued)*





Section F:5







April 20, 2015

RE: William MacDonald

DOB 3-29-1973

To Whom It May Concern:

I am the treating physician caring for William MacDonald's aggressive Thyroid cancer. He has been utilizing the medical marijuana program and has had clear results. William has undergone several major complex surgeries, radiation therapy and radioactive iodine treatments without success. He has suffered major lymphedema with several hospitalizations for leg infections.

To date the only thing that has helped stabilize the lymphedema is the medical marijuana. We believe it may be inhibiting the growth of his aggressive cancer as well. He has been following a high dose regimen and needs to continue this to keep his lymphedema in check and hopefully keep his cancer at bay.

The current regimen is 700-900mg/ml of THC and 100-300mg/ml of CBD. This is 86-125 grams a month. This protocol is for 90 days.

I sincerely request that William be provided exception and be allowed to continue this regimen:

Sincerely,

Neal Fischbach, MD

Medical Oncologist

Smilow Cancer Center



Smilow Cancer Hospital Care Center  
111 Beach Road  
Fairfield, CT 06824  
203-255-2766  
Fax 203-255-2974



April 20, 2015

Re: Tina Ciambriello  
DOB 3/18/1966

To Whom it May Concern,

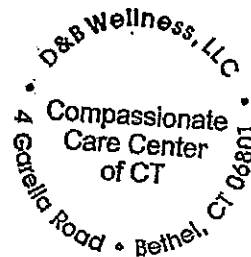
I am the treating physician caring for Mrs. Ciambriello's breast cancer. She has been utilizing the medical marijuana program for about 6 months and has had some clear benefits. She has an aggressive form of breast cancer and had been off of chemotherapy for more than 6 months now. I think her ability to delay restarting chemotherapy may be due to the effects of her marijuana use and slowing of cancer growth and I recommended she continue with her therapeutic regimen. It is my understanding that she had been following a high-dose regimen that requires 84 - 125 grams of marijuana per month. This regimen is recommended for a period of 3 months and she has an additional 2 months to complete.

I sincerely request that she be provided exception and allowed to continue this regimen and receive up to 125 grams of marijuana monthly for the next 2 months. Please do not hesitate to contact me with any concerns or questions.

Sincerely,

Justin Persico, MD

Smilow Cancer Center Trumbull  
P: 203-502-8400  
F: 203-502-8409  
E: justin.persico@yale.edu





# FIRST SELECTMAN'S OFFICE

Clifford J. Hurgin Municipal Center, 1 School  
Street, Bethel, CT 06801

Telephone: 203-794-8501 - Fax: 203-778-7520  
Email Address: [firstselectman@bethel-ct.gov](mailto:firstselectman@bethel-ct.gov)

*Matthew S. Knickerbocker, First Selectman  
Richard C. Stralton, Selectman  
Paul R. Szatkowski, Selectman  
Martha J. Lawlor, Town Counsel*

*Wendy Smith, Office Administrator  
Joan Gereg-Bradley, Office Assistant  
Dionne Craig, Office Assistant  
Phyllis Kinsky, HR/Grants Administrator*

June 30, 2015

Dear Sir or Madame,

I am writing today on behalf of D&B Wellness, LLC and its owner and founder, Ms. Angela D'Amico. Ms. D'Amico came to Bethel in the spring of 2014, seeking a suitable location to open a medical marijuana dispensary. D&B Wellness had met all of Connecticut's very strict licensing requirements, and Ms. D'Amico found a suitable location and opened Compassionate Care Center of Connecticut in Bethel in the fall of 2014.

D&B Wellness has been a model citizen and good neighbor throughout the process. The company followed all local zoning regulations explicitly and displayed sensitivity to the surrounding neighborhood by proactively conducting multiple public information forums. Since opening, D&B Wellness has operated Compassionate Care in a thoroughly professional manner.

The center currently serves almost 1,300 patients in Western Connecticut. I have received several calls to my office from patients who are exceedingly grateful to the town for its willingness to allow this valuable service to operate in our community. Some of these callers are military veterans who suffer the effects of chronic pain from combat injuries as well as people battling multiple sclerosis and terminal cancers. Without exception, these patients tell me the products they are able to obtain legally at Compassionate Care are often the only thing that allows them to get through the difficult days. I am happy to give D&B Wellness an unqualified endorsement, and I would encourage you to call me if you have any questions.

Sincerely,

Matthew S. Knickerbocker  
First Selectman



## Town of South Windsor

1540 SULLIVAN AVENUE • SOUTH WINDSOR, CT 06074-2786

AREA CODE 860/644-2511

FAX 860/644-3781

MATTHEW B. GALLIGAN  
Town Manager

June 26, 2015

To Whom It May Concern:

Please be advised that I have been working with Mr. Tom Nicholas, CEO of Prime Wellness of Connecticut, LLC. Mr. Nicholas came to the Town of South Windsor some time ago to talk about opening a medical marijuana dispensary in the Town. We are sending a letter of endorsement because Mr. Nicholas has demonstrated to us that he is very familiar with the operations, security, and importance of such a facility that will help the medical needs of the people they serve.

Prime Wellness came to the Town with plans and specifications and met all of the criteria that the Town Council, Town Manager, Town staff, and Town boards and commissions required. They currently serve approximately 650 patients in the area, and some have traveled from as far as Greenwich, CT. Also, there are some patients here in South Windsor that desperately needed this dispensary as it has helped them to manage their health and lifestyle with their illnesses. I am aware that Prime Wellness has appeared on television and received great reviews from various organizations and the media over the past year that they have operated in Town.

As Town Manager, I have been very happy with the way Prime Wellness runs their dispensary. I do not think you will find a better company to be involved in this business that has helped people in the State of Connecticut.

If you need any additional information or wish to discuss this matter further, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in cursive script that reads "Matthew B. Galligan".

Matthew B. Galligan  
Town Manager  
Town of South Windsor

**SOUTH WINDSOR POLICE DEPARTMENT**

Timothy M. Edwards  
Acting Chief of Police



151 Sand Hill Road  
South Windsor, CT 06074  
860-644-2551 Fax 860-644-0515

June 26, 2015

Mr. Thomas J. Nicholas  
Prime Wellness of Connecticut, LLC  
75 John Fitch Boulevard  
South Windsor, CT 06074

Dear Mr. Nicholas:

Prime Wellness of Connecticut has been open for business in South Windsor since August of 2014. During that time, it appears as though Prime Wellness has established itself in the business community and continues to grow and serve the needs of its clients.

The South Windsor Police Department has worked with the Prime Wellness management team during the preconstruction phase throughout its grand opening. The open communication and working relationship continues to this day. The Prime Wellness business model does not appear to have adversely impacted our service calls or the overall operations of the South Windsor Police Department.

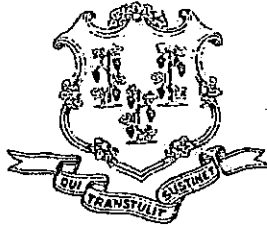
The South Windsor Police Department enjoys the ongoing partnerships that it has with the members of the local business community. Feel free to contact me if you have any concerns or suggestions as to how this partnership can be strengthened. I wish you, and your business, continued success in the future.

Very truly yours,

A handwritten signature in dark ink, appearing to read "TME", written over a horizontal line.

Timothy M. Edwards  
Acting Chief of Police

Section G



STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
165 CAPITOL AVENUE, HARTFORD, CONNECTICUT 06106

WILLIAM M. RUBENSTEIN  
COMMISSIONER

DANNEL P. MALLOY  
GOVERNOR

September 9, 2014

Thomas Nicholas  
Prime Wellness of Connecticut, LLC  
75 John Fitch Boulevard  
South Windsor, CT 06074

Re: Prime Wellness of Connecticut, LLC – Letter of Good Standing

Dear Mr. Nicholas:

I am writing to confirm that Prime Wellness of Connecticut, LLC's ("Prime Wellness") license to operate dispensary facility in the State's medical marijuana program is in good standing.

After a competitive evaluation process among 28 applicants for a license to operate dispensary facilities, the Department of Consumer Protection ("DCP") announced, on April 3, 2014, that six such dispensary facility licenses would be awarded. Prime Wellness achieved one of the highest scores in the application evaluation process and was selected as one of the six entities entitled to hold a dispensary facility license. The scoring was based upon an evaluation of the company's financial structure and wherewithal, technical abilities, security systems and business plans. After completing the conditions precedent to the issuance of the license, Prime Wellness's dispensary facility license was issued on April 10, 2014.

In addition to the issuance of the dispensary facility license, all financial backers (except those with both (1) less than a 5% financial interest and (2) no role whatsoever in operation or management of the entity), as well as all employees of the company, are required to be licensed by DCP. A background check on all such licensees related to Prime Wellness has been conducted prior to the issuance of any such licenses. We found no information that concerned us about whether the individuals so licensed were suitable persons to hold licenses in the medical marijuana program.

Since the issuance of Prime Wellness's dispensary facility license, Prime Wellness has met all of its target dates for construction and commencement of operations of its dispensary facility in accordance with our regulations. Prime Wellness has been fully certified by our inspectors to be in compliance with our regulations and has, therefore, been authorized to dispense medical marijuana products to qualified registered patients in the State's medical marijuana program.

Sincerely,

William M. Rubenstein

Telephone (860) 713-6050 • Web Site: [www.ct.gov/dcp/](http://www.ct.gov/dcp/)  
An Affirmative Action • Equal Opportunity Employer

April 19, 2015

Brian Tomasulo

4 Autumn Ridge Road

Newtown, CT 06470

DCP:

RE: Trial utilizing RSO (CPS-Concentrated Oil Blend 1401) to kill Brian Cancer.

On October 3, 2013 I was diagnosed with Testicle Cancer that spread to my lungs and lymphatic system. I did 6 months of chemo 5 days a week for 6 hours a day. This treatment almost killed me. This treatment put me in remission. On May 20, 2014 I had a 10 hours seizure, client found me and rushed me to the hospital. I was diagnosed with an egg size tumor in my brain. I had immediate brain surgery on the May 23, 2014. They removed the egg size tumor, following with a partial brain radiation. I was in Danbury Hospital for one month. I learned how to walk and talk, just like being a baby, and thought the road to remission was there. I had radiation for two weeks and was released from the hospital June 20, 2014. Three months later I was retested, and they found 4 tumors in my brain.

I Brian Tomasulo have started at the Compassionate Care Center of CT September 27, 2014, just in time to help me fight this battle. Unaware the cancer in the brain was forming again, I was made aware at CCC of the benefit of Cannabis and brain tumors. I started on flower and tried different products as they became available. In October or November of 2014 I was informed that I have 4 new brain tumors.

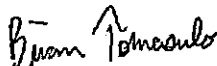
Now the fight began again, I was waiting for the concentrate oil known as Rick Simpson Oil to combat these tumors. On February 19, 2015 I started with CT Pharmaceutical Solutions Concentrated Oil Blend. I know that this trial was offered to me due to the nature of my disease and have been informed to build my tolerance up to 700-900 mL a day. It took me till several weeks to build up to 700 ML per day. On March 4, 2014 I started using 700mL per day.

I went for my brain scan on April 15, 2014, and my results will be in on April 20, 2015.

I am available to the DCP to discuss in needed.

Sincerely,

Brian Tomasulo



Daniel R. Gaita, MA  
27 Kingswood Drive  
Bethel CT 06801  
203-994-2987

9/15/15

To Whom It May Concern:

I write this letter to articulate the benefits of the Compassionate Care Centers' (CCC) compassionate giving program whereby patients without financial ability are provided assistance in covering the cost of CT's Medical Marijuana.

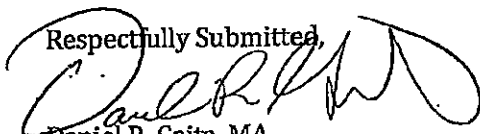
I write this letter of support and testimony as both a combat veteran's advocate, founder of IRS 501(C)(3), CT Public Charity, Operation Vet Fit, Inc. and as a CT Medical Marijuana (MM) patient and benefactor of the program myself.

Since the CT MMP was implemented, CCC has subsidized a substantial portion of my MM cost. The result of this subsidy assistance has led to my nearly complete exodus from taking highly addictive opioid-based pain medications. Additionally, I have nearly gotten off a myriad of prescribed medications to treat my chronic pain, and PTSD. Last September I was taking twelve (12) prescription pills every day. Today, I am happy to report that I am down to less than three (3) and am enjoying greater reduction of symptoms with none of the previous side effects I suffered while on prescription medications.

The importance of the compassionate giving program cannot be over-stated. Since MM is still a federally illegal class 1 drug, no federal insurance program (Medicare/Medicaid) nor any Veterans Affairs (VA) medical centers or VA physicians are authorized to legally prescribe or cover the cost of the medicine. As a result, MM patients are forced to endure cost between \$500-\$1000 and up every month in order to most effectively medicate through their debilitating conditions. In short, this cost is both unsustainable to patients and is arguably inhumane to those with debilitating conditions living on disability or fixed incomes.

Many of our combat veterans suffer from a myriad of symptoms associated with Post Traumatic Stress. I am one of them. While I can obtain the litany of prescriptions opioids, SSRI's, SSNRI's, Tricyclic Anti-Depressants etc etc for FREE from the VA, nearly 20 years on their medications nearly cost me my life, my family, and my future. Today, thanks to the generosity of the CCC and its caring program, I am on a path of repair and regrowth rather than despair and suicide.

Respectfully Submitted,



Daniel R. Gaita, MA  
Veteran, USMC



Section G

April 20, 2015

Tina Clambriello

714 Madison Avenue

Bridgeport, CT 06606

DCP

Re: Trial utilizing RSO (CPS-Concentrated Oil Blend 1401 to treat stage 4 Metastatic Breast Cancer)

In July 2010 I was diagnosed with Breast Cancer. My breast cancer had mediatized to my lung, liver and lymphatic system. I had a mastectomy March 2011, following a lot of chemotherapy cocktails and 5 weeks of radiatlon, more chemo, which put me into remission. I resumed my life, and prayed for the best.

Unfortunately cancer came back in to my lymphatic system approximately Christmas 2012 or there about. I am allergic to most types of chemo therefore I need to be on small doses which are complmented with doses of steroids. More chemo put me back into remission, with it returning in the form of lumps in my neck. Now it being August 2013. More chemo, new drug, Pergetta, this drug after about 8-10 months put me back into remission till July 2014. My cancer came back to my lymphatic systems with additional spots in my neck and lymph nodes.

I have been doing my own research on Cannabis, and felt I would be a perfect candidate. My first visit to the Compassionate Care Center of CT was on October 9, 2014 at that point my cancer was active again. I came into the dispensary, and walked out with no medicine, as my financial situation would not allow me to afford the meds. The owner Angela D'Amico followed me into the parking lot after noticing I left without a purchase, and assured me, by paying for my meds, that they would help. And along with CT Pharmaceutical Solutions has financed my regime of Cannabis.

I decided to give cannabis a shot, with no more chemo. I started with just straight flower, as that is all that was available, once CBD came out, I started with a 1-1 CBD-THC wax, along with Floraleve flower and additional 1-1 wax. With nothing but cannabis treating my cancer from October 9<sup>th</sup> 2014, to January 2, 2015 PET scan the spots were gone, to quote my doctors Dr Justin Persico, "Right now there is no evidence of cancer". Those words were music to my ears, cannabis and nothing else no chemo, removed those spots in that area.

September 4<sup>th</sup>, 2015

To Whom It May Concern,

I waited anxiously for the opening of the Compassion Center in Bethel. The first day it opened, I talked to the voice on the other end of the phone with hope and anxiety. The voice was Angela D'Amico the dispensary co-owner (at that time. She is now sole owner). After our first conversation I was furious with her and hung up on her, believing that she had no idea how to help patients. I was so afraid that the medical marijuana program was my last hope and she would be a barrier to my cure! I was never more wrong about anything!!!!

Thank you for giving me the opportunity to have my voice be heard. Often when fighting the cancer battle I have to be more of a listener, and the sound of my voice is stifled by fear and being told what to do when and how. I appreciate all the help I have received and I am still afraid; but I have some control now and that has given my voice and my body strength.

I was diagnosed with Thyroid cancer 6 years ago at 35 years old. Initially people and even doctors fool heartily told me 'THROID CANCER IS THE BEST CANCER TO GET' really??? You have your thyroid out and you are done! Not in my case.

Unfortunately my cancer is chemo resistant and radiation resistant. I have had over thirty surgeries, 30+ radiation therapy treatments, radioactive iodine twice and to date no one has told me I am cured.....because I am not.

I have suffered every complication-including having an open hole in my neck for two years from a post-op infection, second and third degree burns from radiation therapy and spending several months in the ICU at Yale for other complications.

I was relentless in researching options for cures. I was losing hope which is not good for any cancer patient!! I started following every detail of what was happening in the medical marijuana world. I read every article I could find, went to every web site, and reached out on Facebook to hundreds of patients fighting the fight. I watched laws changing state by state and I was one of the first patients in Connecticut to get a Medical Marijuana card.

Through my journey Angela Damico has been unwavering in her love, support, compassion and willingness to help me however she can 24/7. Through her generosity she has helped me fight my cancer, and make real progress in my recovery. I am stronger, healthier, and so encouraged. I have lost over 200 lbs., ( 160 pound weight gain when my thyroid shut down) cured my lymphedema, decreased my medications by over 20 pills a day and have real hope for my future. I may actually have a future!!

The oil which I get a weekly supply of for free along with edibles and emotional support has added quality to my life. Angela gets it!! She understands my struggle. I feel like she is the cheerleader for her patients. I can't wait to see her and talk to her. She has been able to help me to see a bigger picture.

It's amazing because she is not a doctor or a nurse, she can't prescribe or talk to me about dosing, she can't tell me what to for my protocol but what she CAN do is help me to understand that I have a chance at life and that is huge.

I wish she could be granted other opportunities to open more dispensaries so that more patients can feel what I feel.

I spend so much time worrying about patients that don't have the opportunity I have been given. It really is so unfortunate. I would do whatever I could to help convey how important the work is that Angela is doing.

When you make your decision about her being able to open or not open another dispensary I beg of you to please...think of the patients. Angela restores hope, and gives unconditional love!! That is a winning combination for a patient.

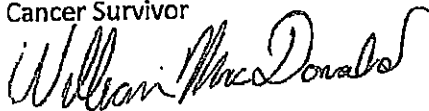
The medical marijuana products really help in the management of many of the side effects of main stream therapy. The more the side effects can be managed, the better it is for us as patients. We can thrive and not just survive.

Please give thoughtful consideration to all aspects of these benefits. Put patients and accessibility of the medical marijuana products in the forefront of decision making. We need patient advocates manning these centers and Angela D'Amico is number one in my book!

Thank you,

Bill MacDonald

Cancer Survivor





# *Certificate of Appreciation*

## 2014 - 2015

*Presented to:*

**Compassionate Care Center of CT / D&B Wellness, LLC**

*With sincere appreciation for your efforts to warm your community  
by collecting coats for those in need.*

*Jennifer Stockard*

Jennifer Stockard - President & CEO

*Sherri Wood*

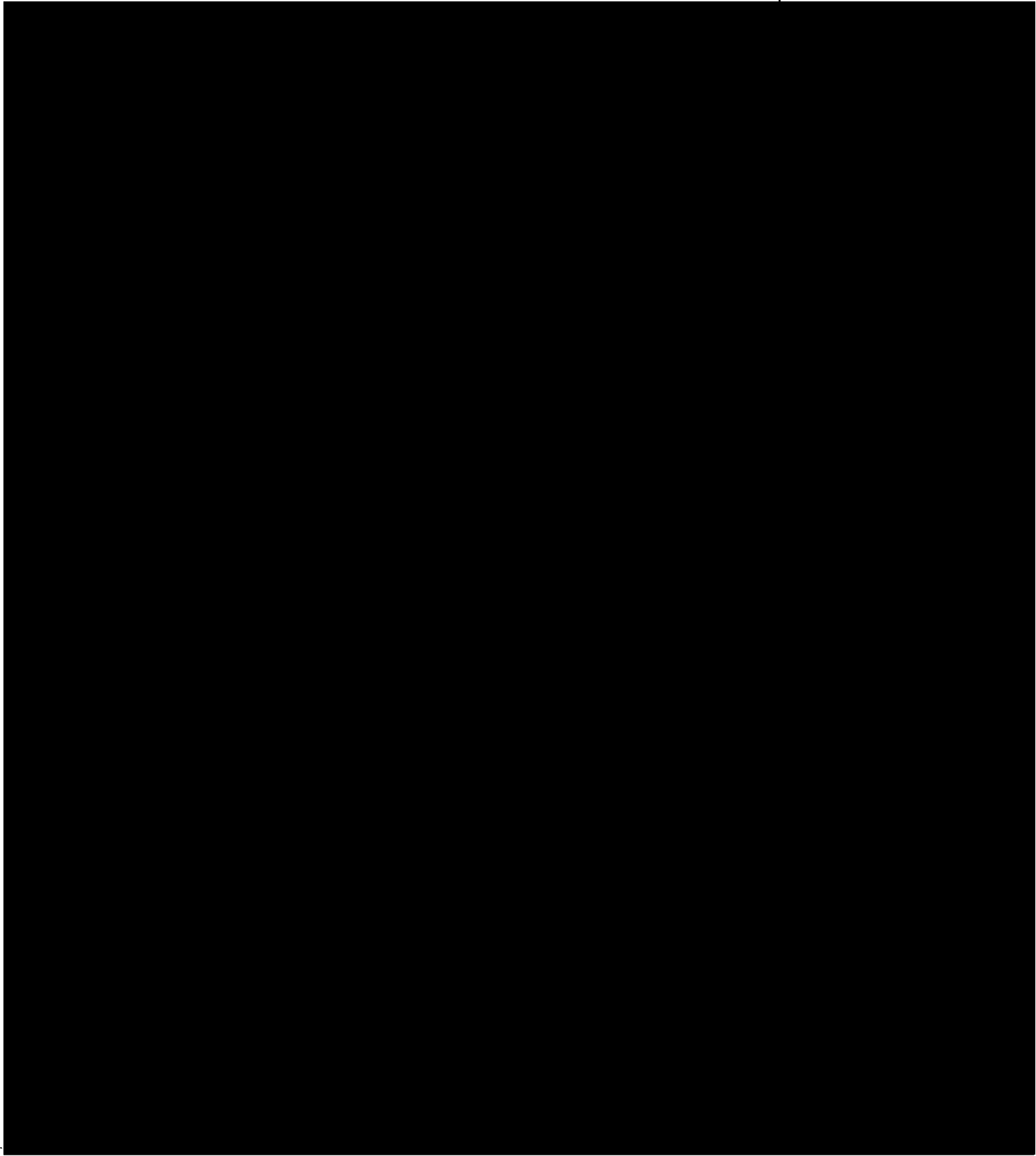
Sherri Wood - Chair & National Founder

**ONE WARM COAT®**

SECTION 5

|             |                               |             |
|-------------|-------------------------------|-------------|
| <b>1040</b> | <b>Federal Return Summary</b> | <b>2014</b> |
|-------------|-------------------------------|-------------|

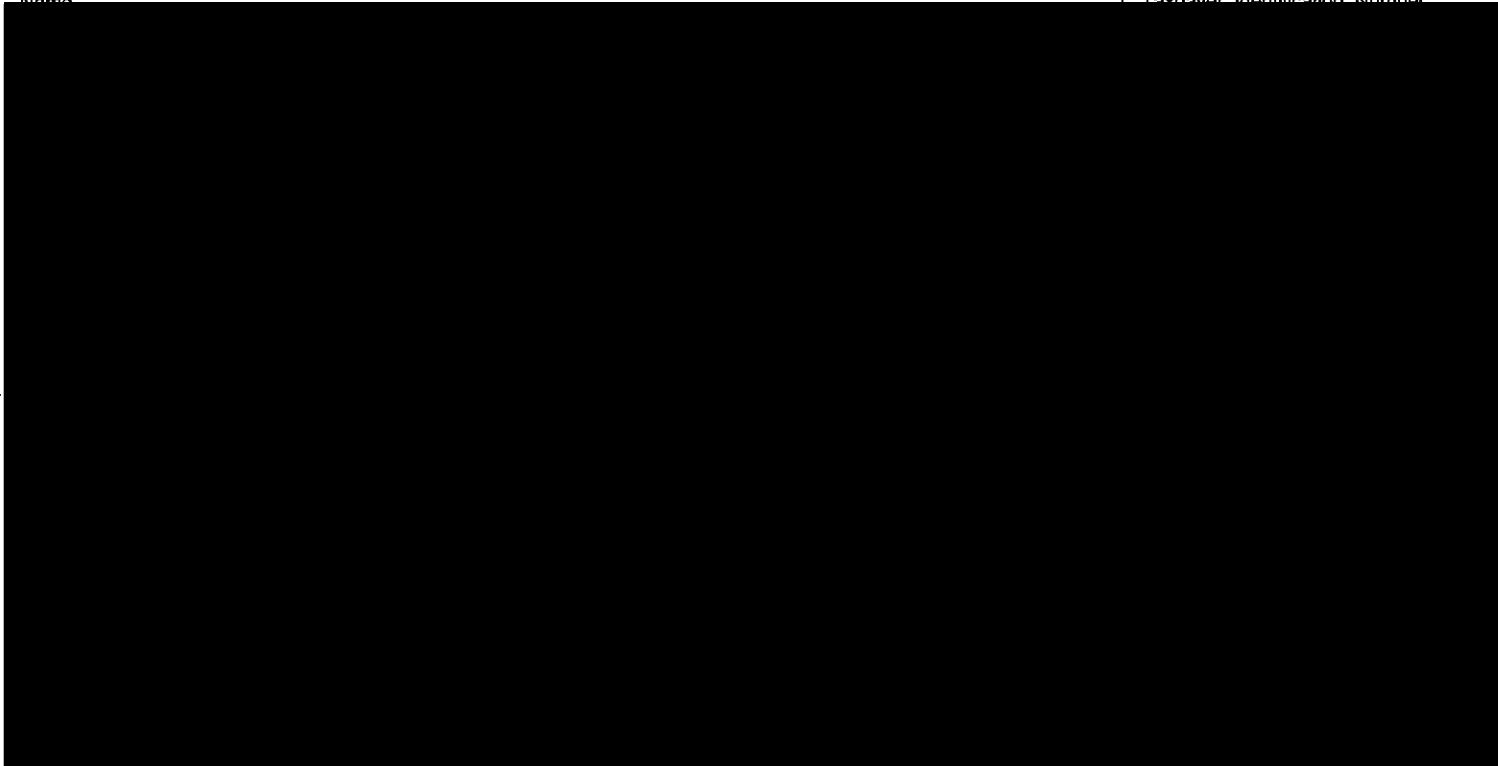
Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_



|                  |                                 |             |
|------------------|---------------------------------|-------------|
| Form <b>1040</b> | <b>Return Carryover Summary</b> | <b>2014</b> |
|------------------|---------------------------------|-------------|

Name

Taxpayer Identification Number



**Filing Instructions**

**Electronically Filed  
Form 1040 US Individual Income Tax Return**

**With  
Form 8879 IRS e-file Signature Authorization**

**Taxable Year Ended December 31, 2014**

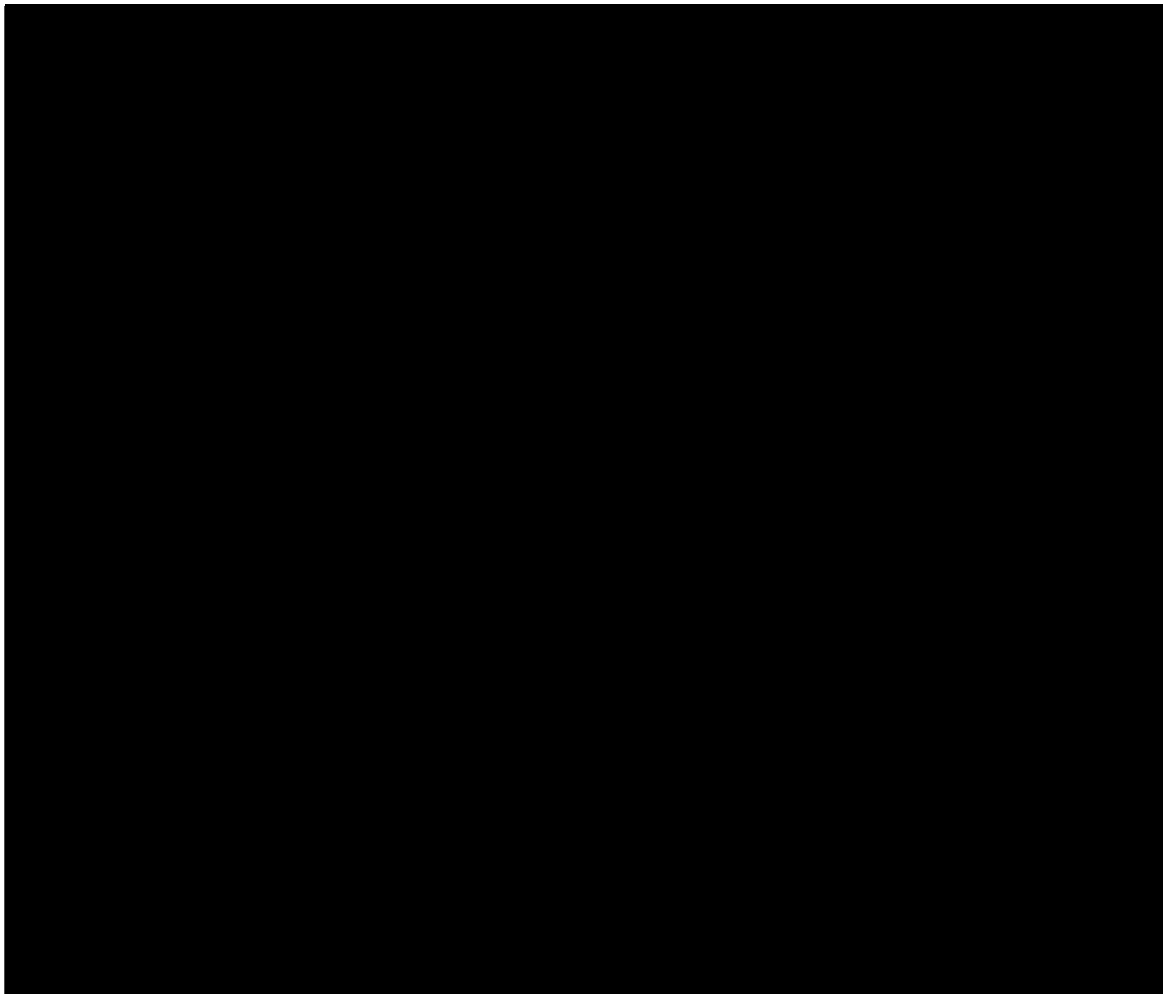


**Filing Instructions**

**Form(s) 1040-ES - Estimated Tax Payments**

**Taxable Year Ended December 31, 2015**

**Name:** ANGELA A D'AMICO



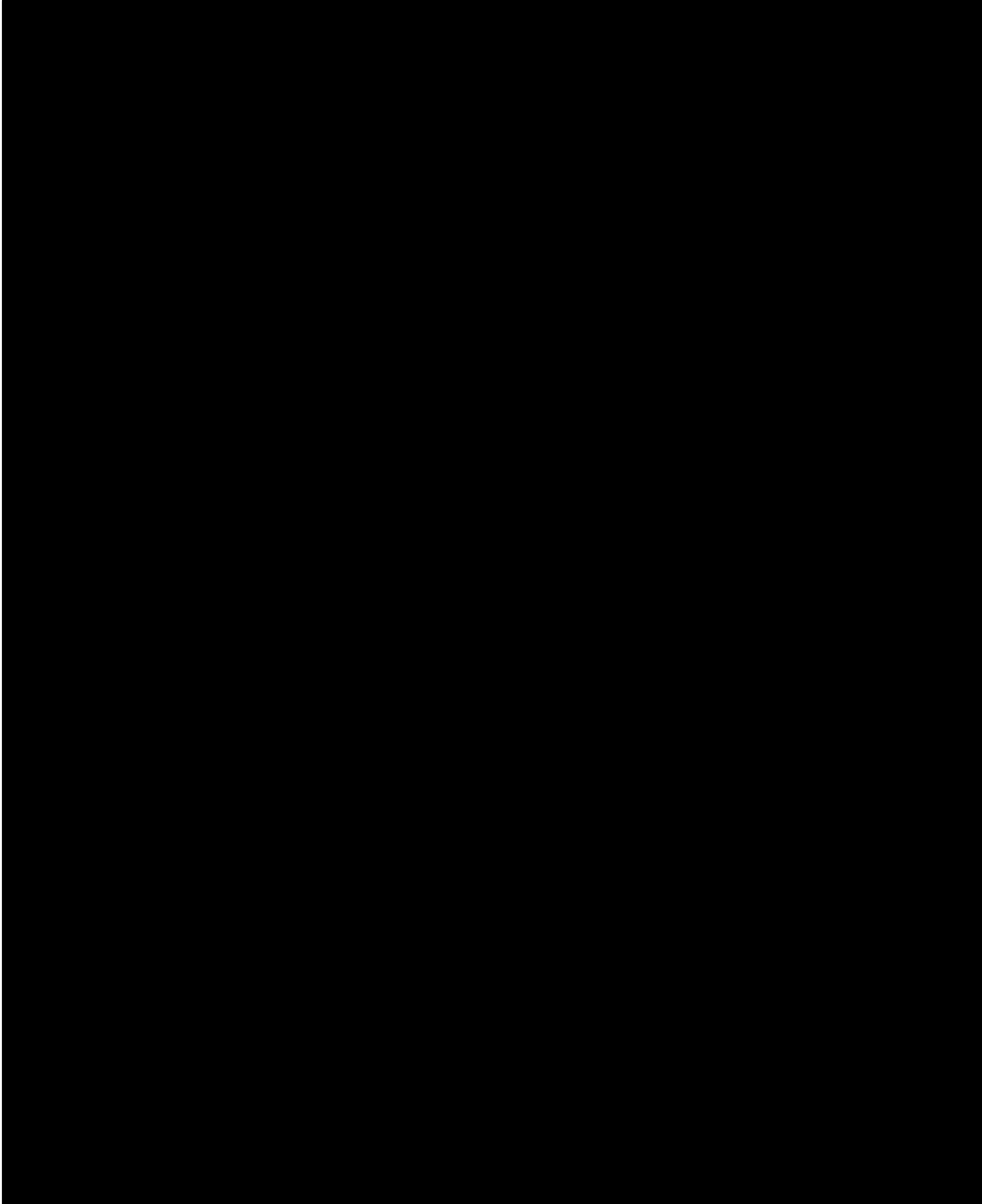


Internal Revenue Service, P.O. Box 37007, Hartford, CT 06176-7007

Form **1040-ES**  
Department of the Treasury  
Internal Revenue Service

**2015 Estimated Tax**

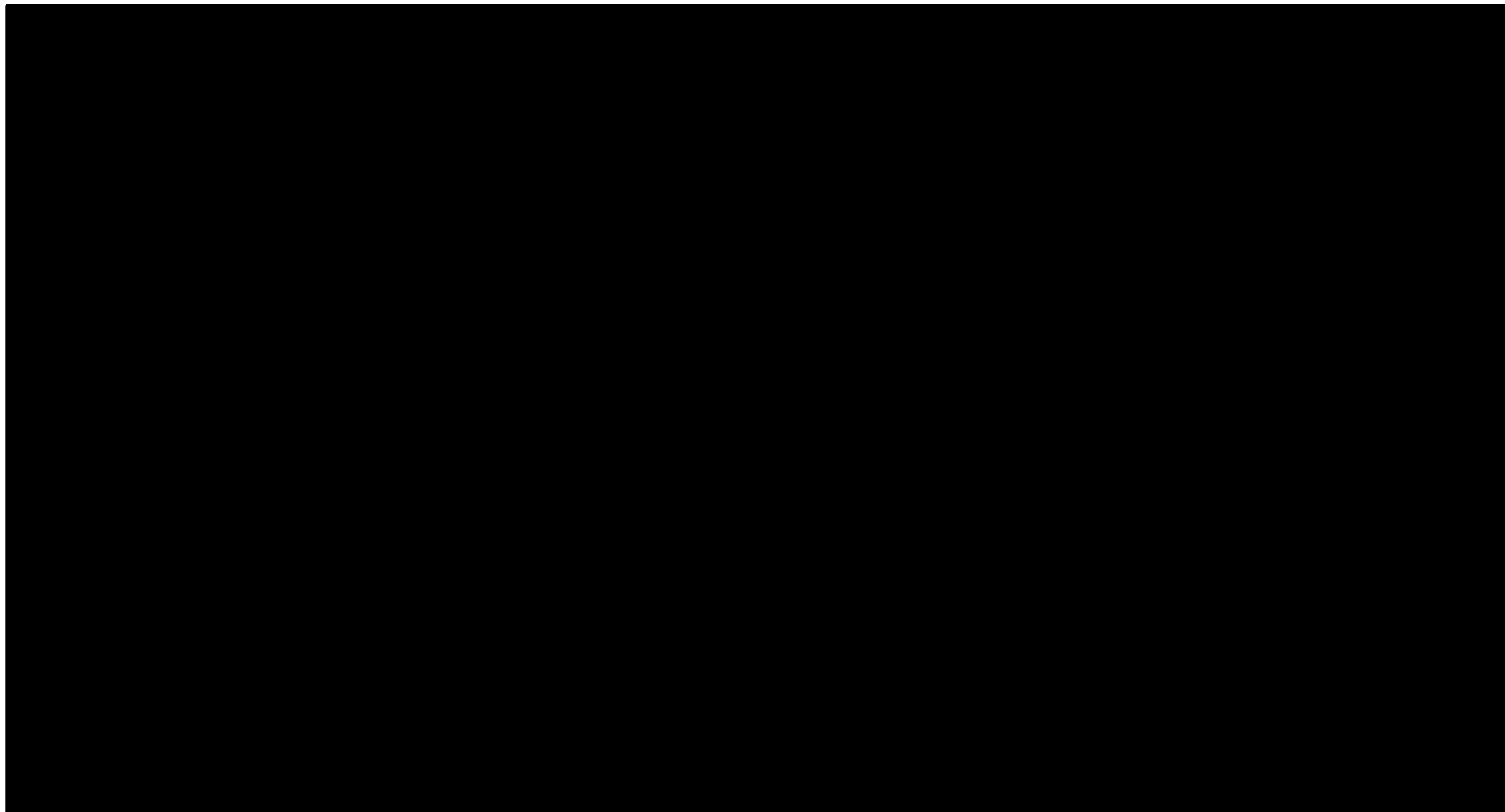
Payment  
Voucher **3**



**Form 1040-ES Estimated Tax for Individuals**

---

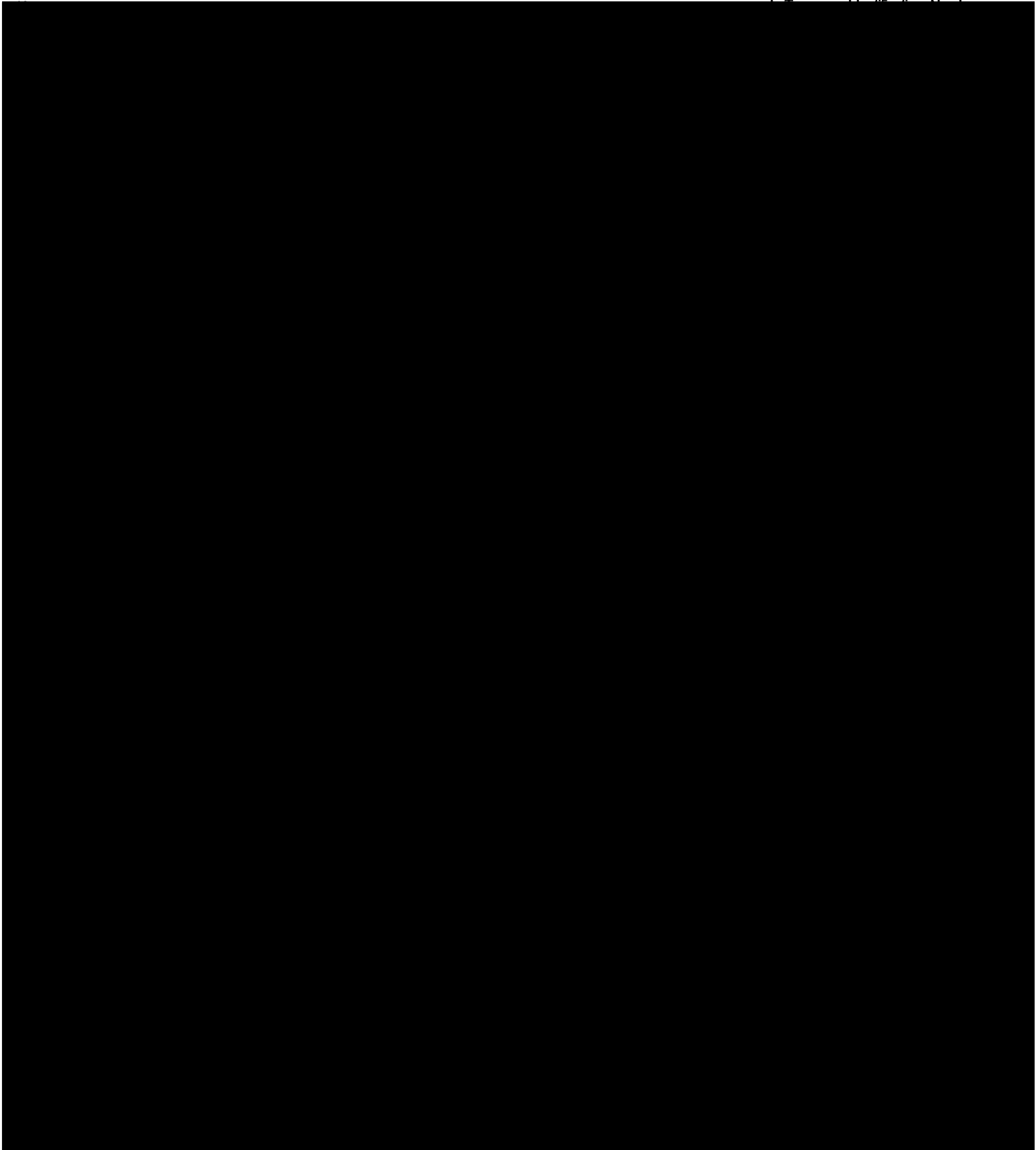
(on bottom of page)



Form **1040**

**Estimated Tax Payments Worksheet**

**2015**



Form **8879**

# IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

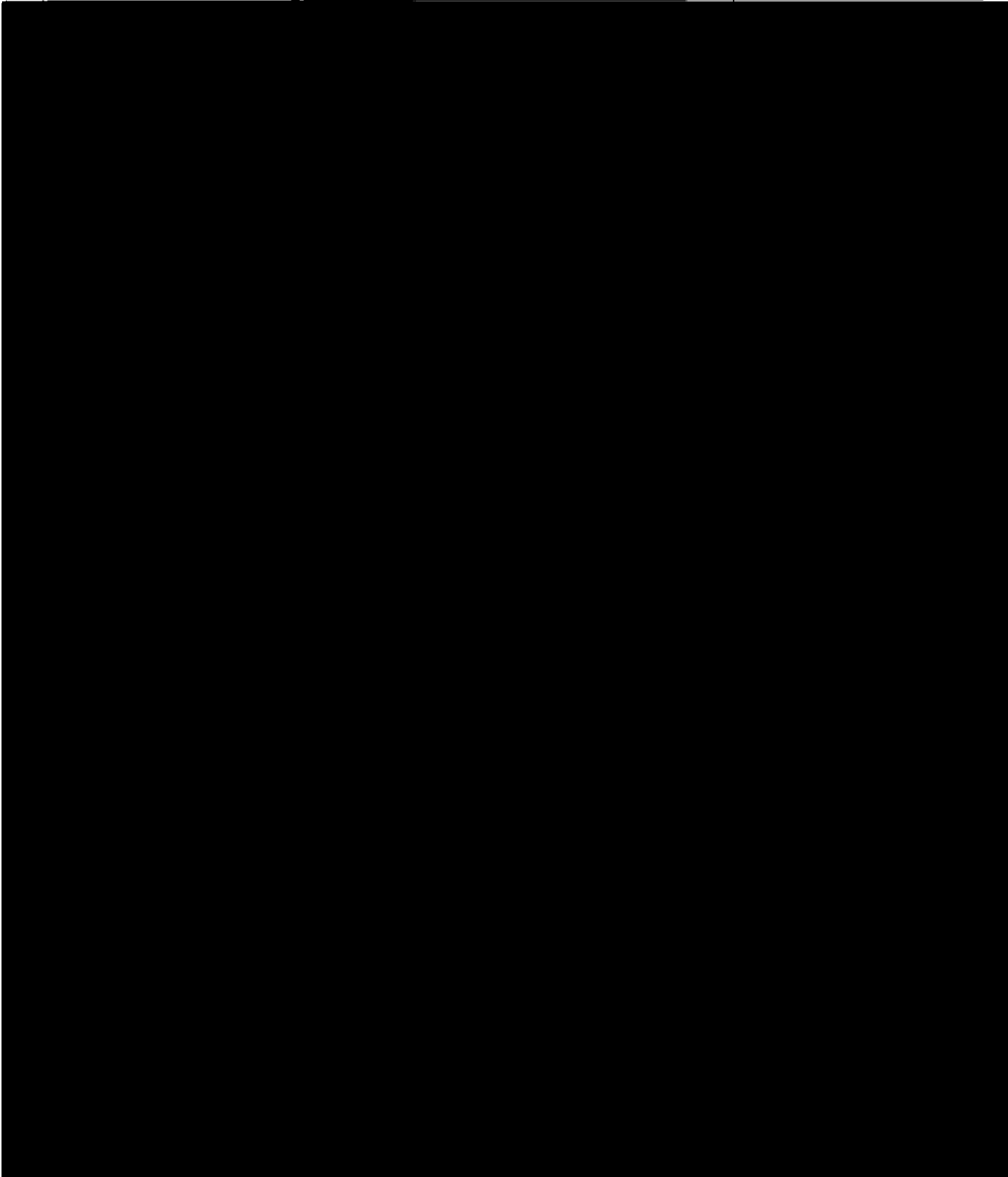
▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

**2014**

Submission Identification Number (SID) ▶



Taxpayer Name ANGELA A D'AMICO  
Spouse Name \_\_\_\_\_

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

**ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

I am signing this Tax Return by entering my PIN below.

ERO's PIN \_\_\_\_\_

**Taxpayer Declarations**

**Perjury Statement**

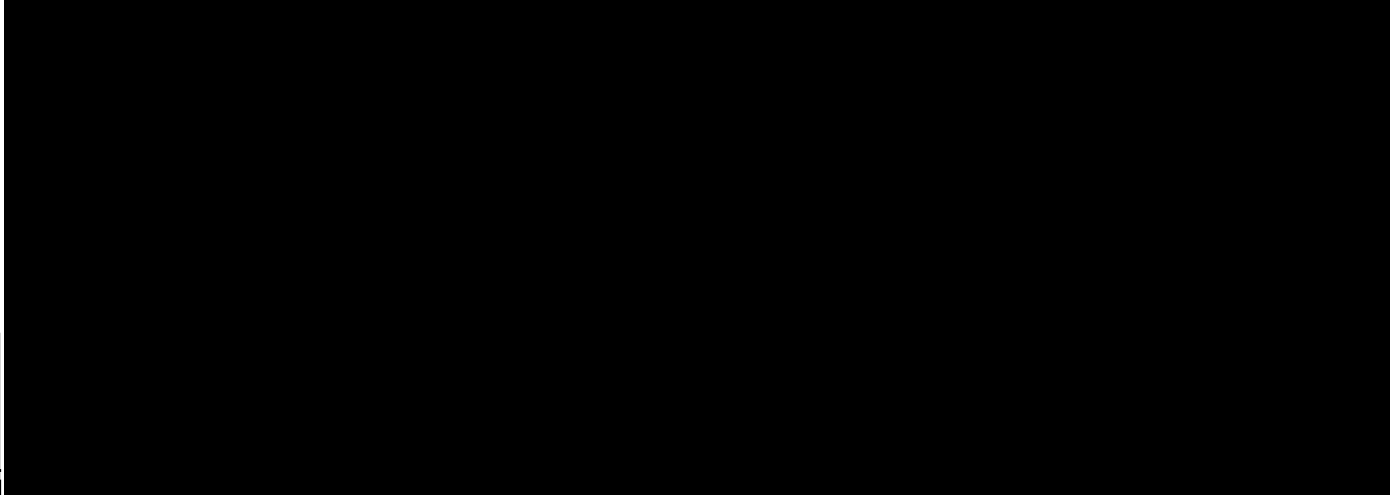
Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

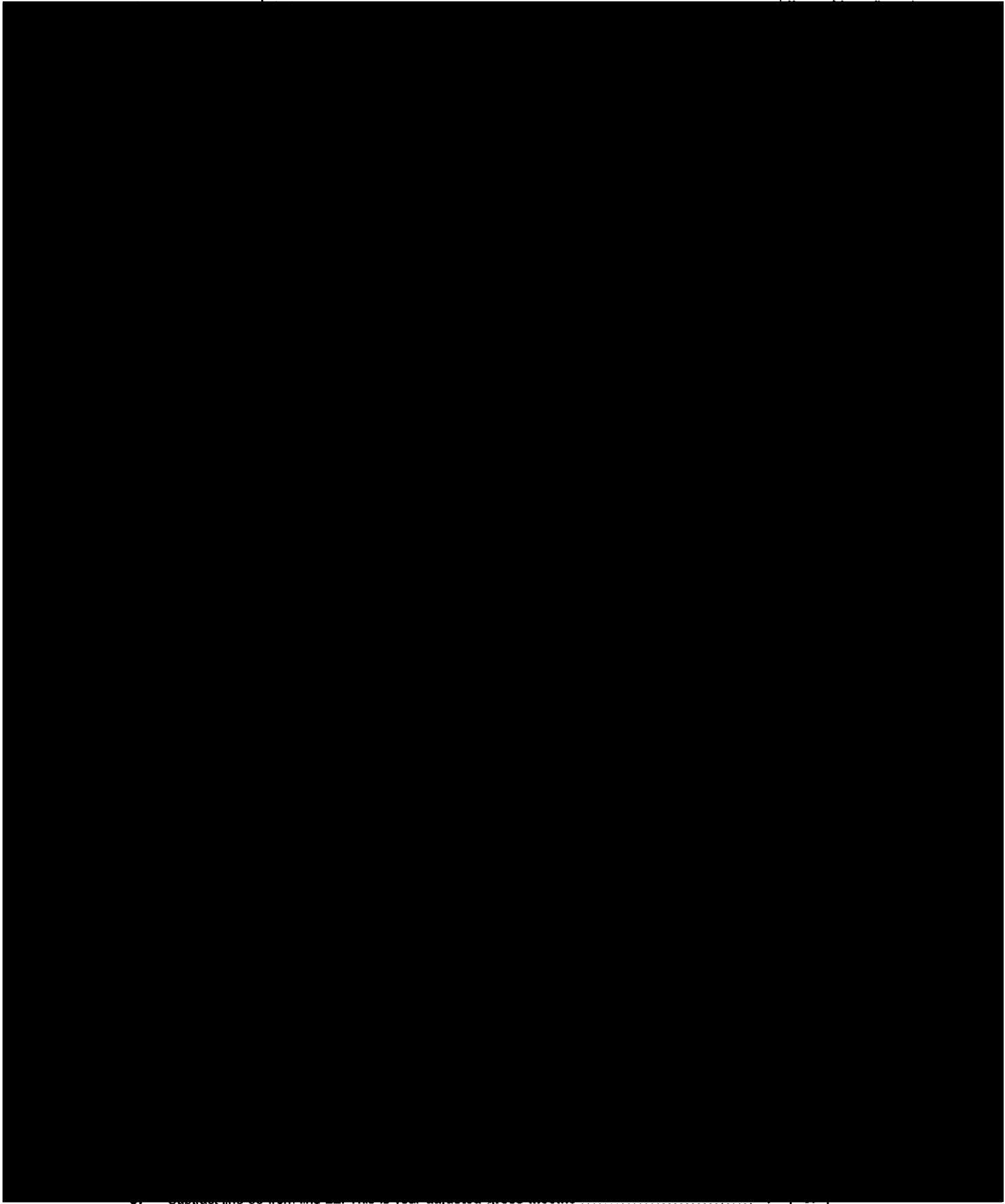
**Consent to Disclosure**

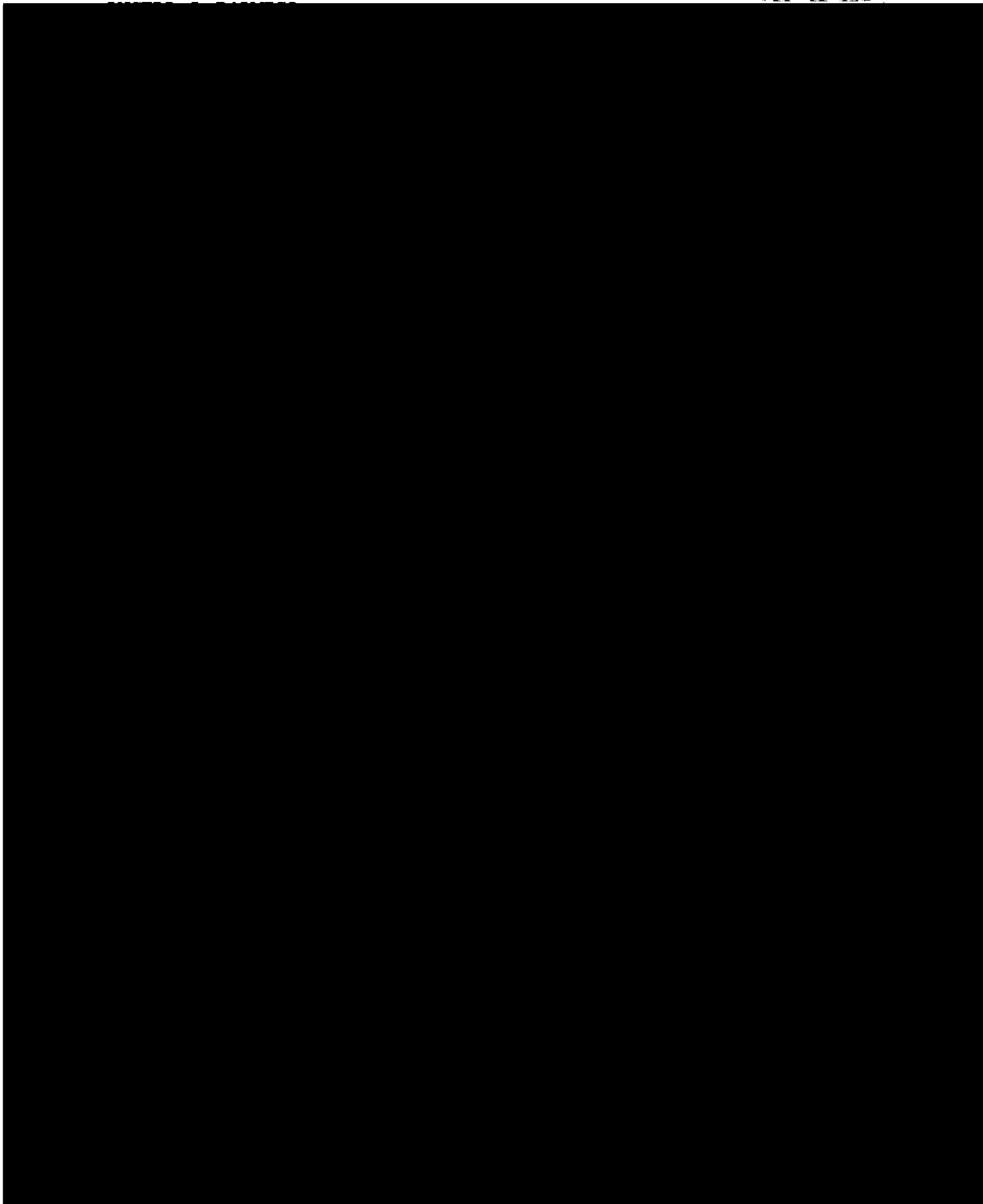
I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

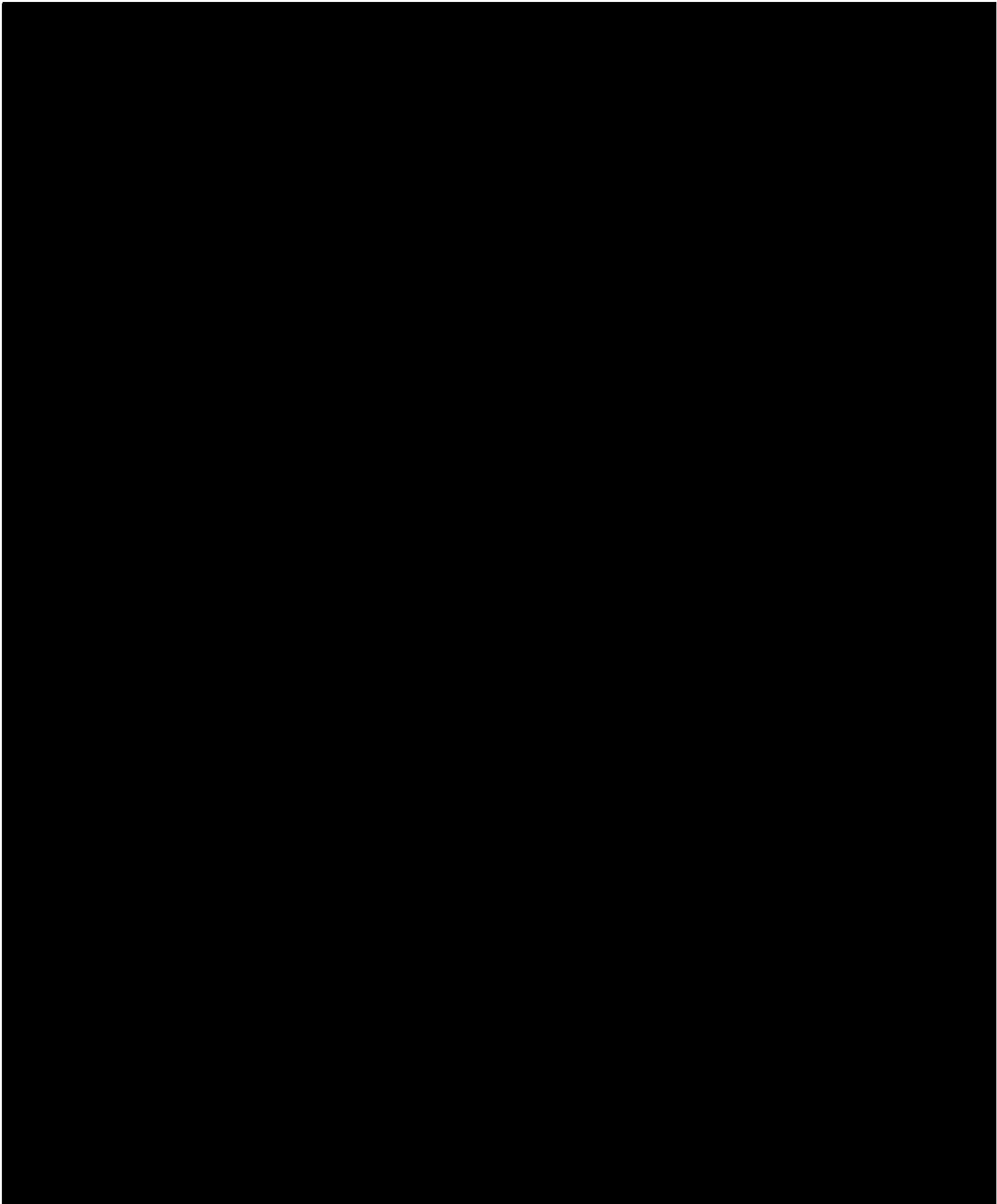
**Electronic Funds Withdrawal Consent**

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.











**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

**2014**

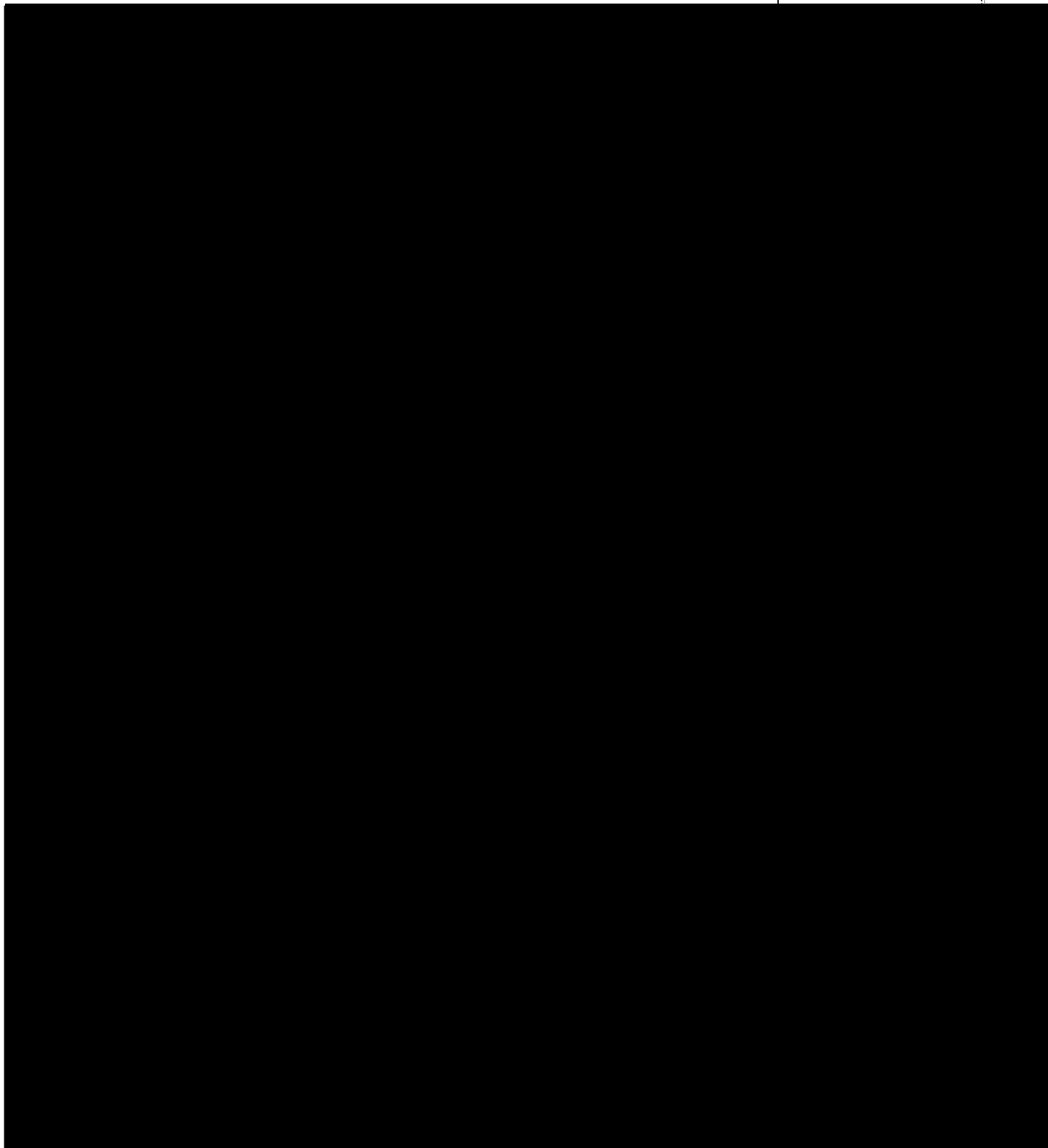
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

Name(s) shown on return

Your social security number

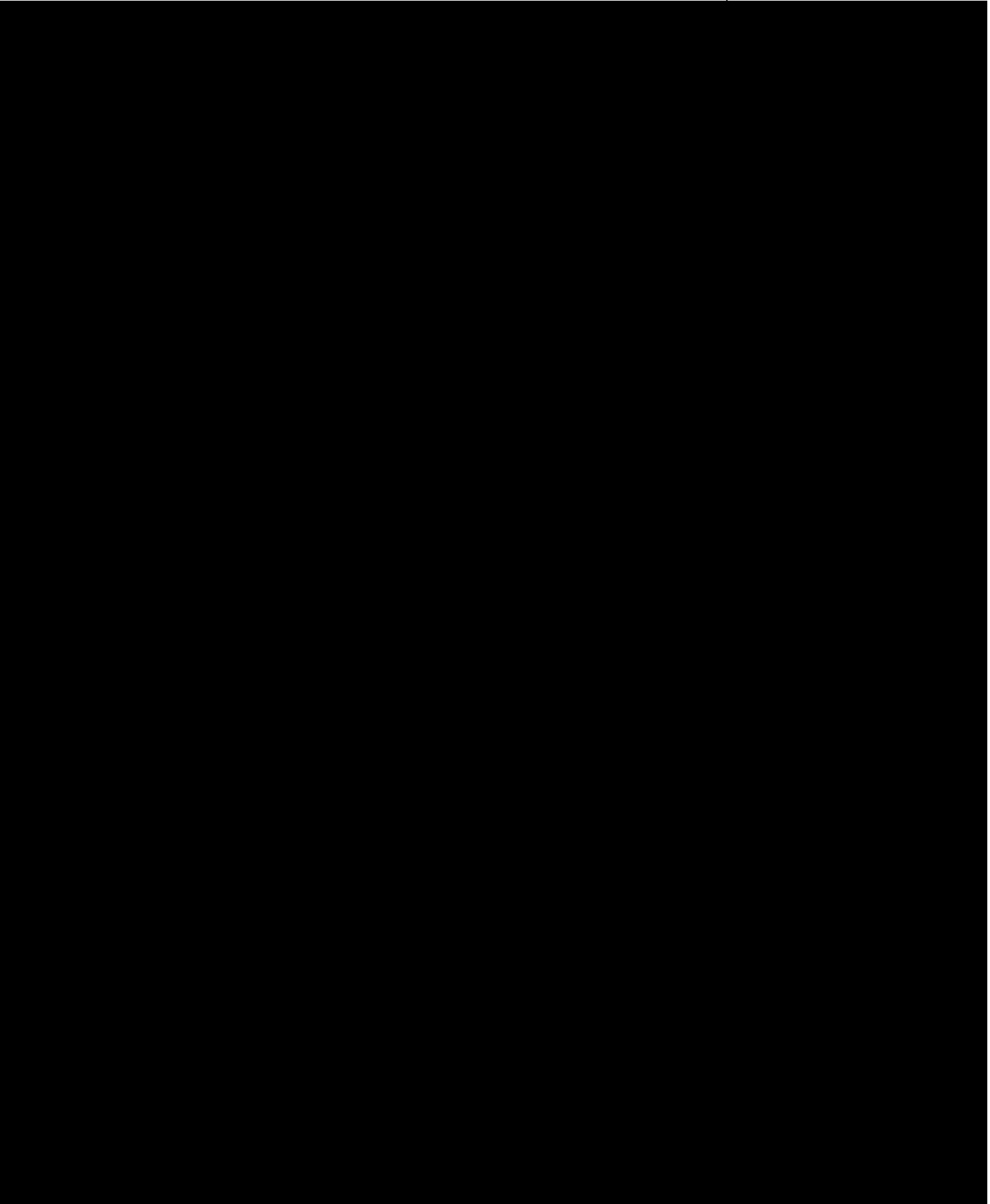


17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 ..... 26

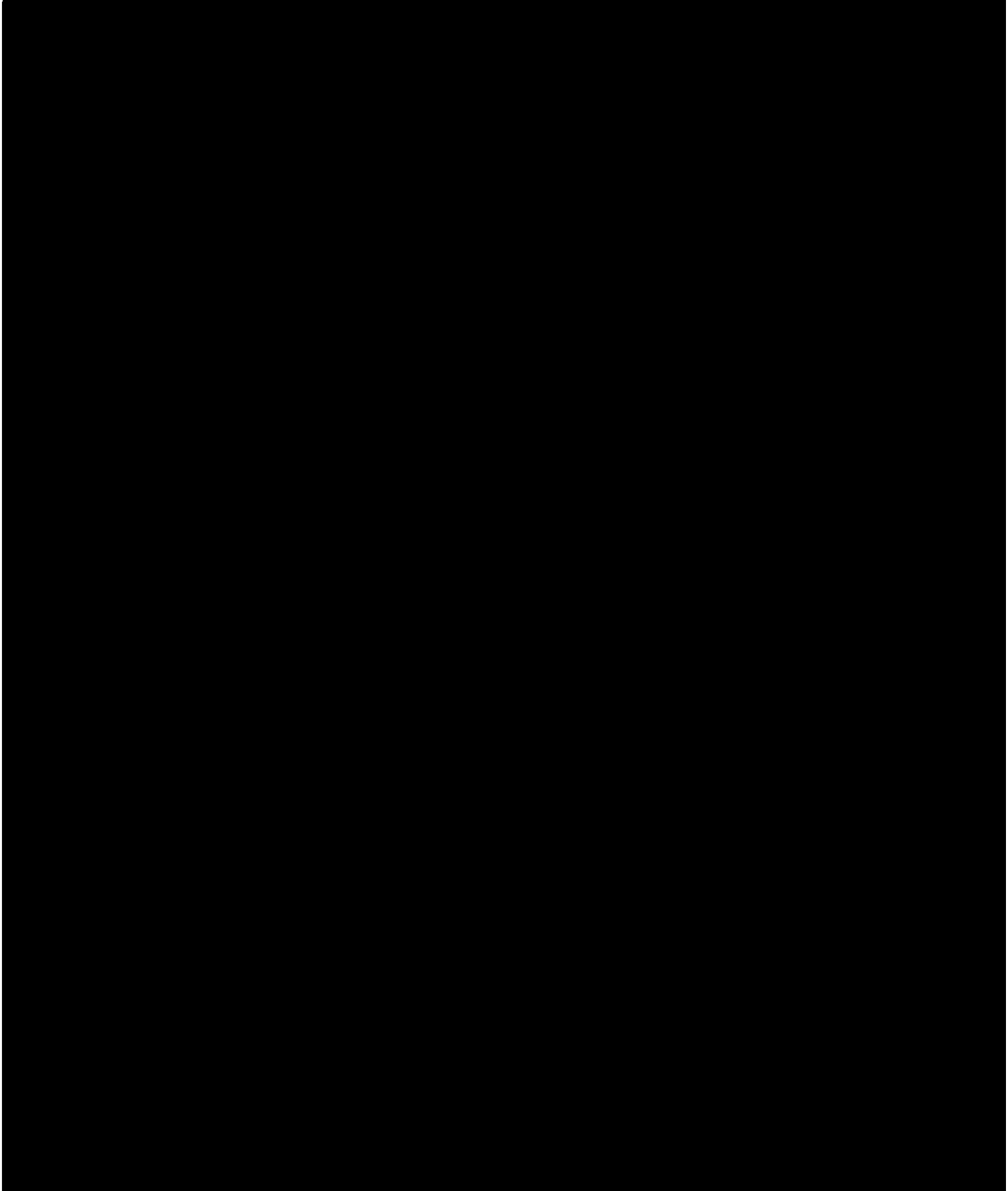
For Paperwork Reduction Act Notice, see the separate instructions.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number



| Name of person with <b>self-employment</b> income (as shown on Form 1040 or Form 1040NR) | Social security number of person |
|--|----------------------------------|
|--|----------------------------------|



Form **4797**

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

OMB No. 1545-0184

**2014**

Department of the Treasury  
Internal Revenue Service

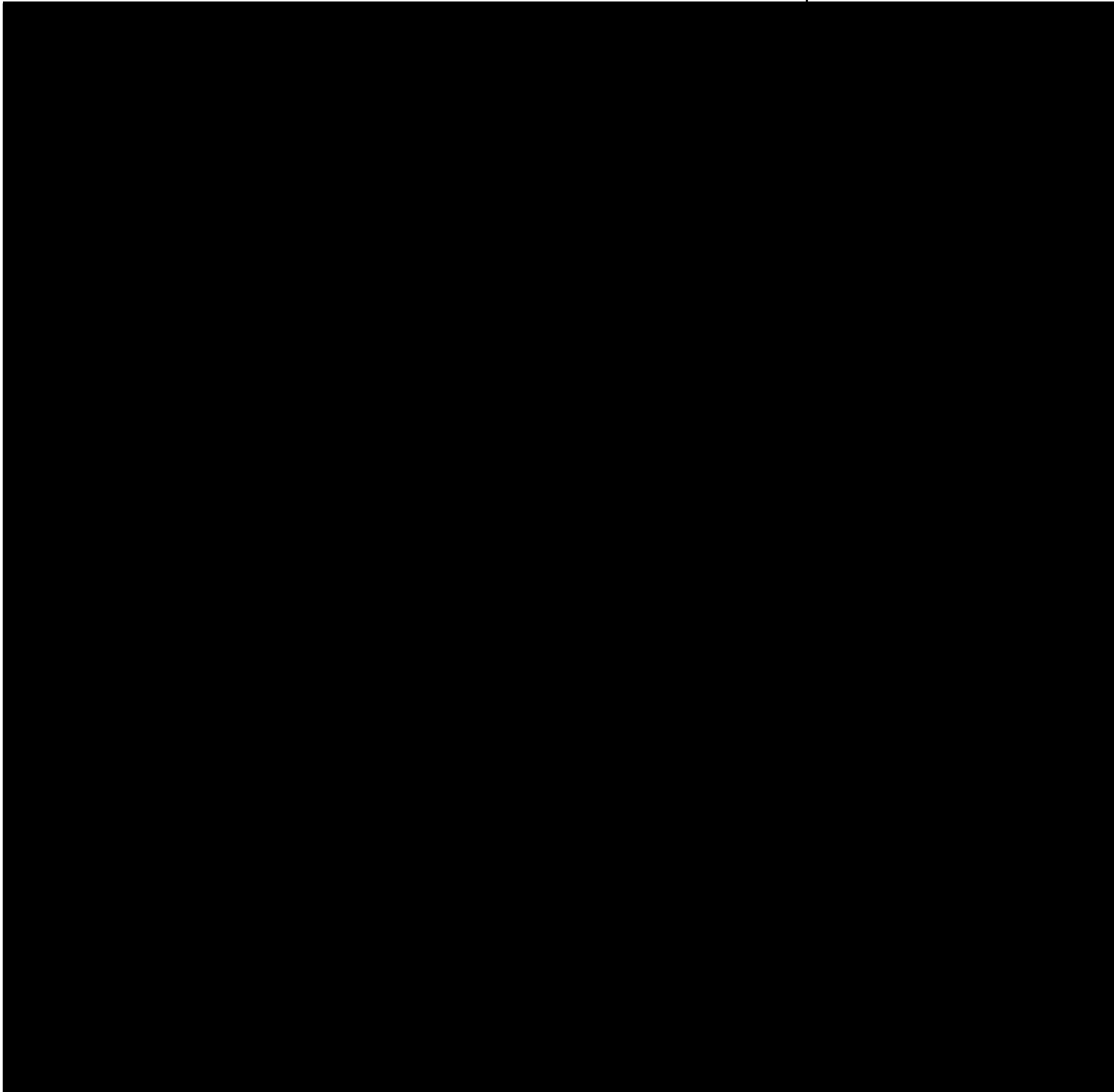
▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at [www.irs.gov/form4797](http://www.irs.gov/form4797).

Attachment  
Sequence No. **27**

Name(s) shown on return

Identifying number



There are no amounts for Page 2

Form **6251**

### Alternative Minimum Tax—Individuals

OMB No. 1545-0074

▶ Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).

**2014**

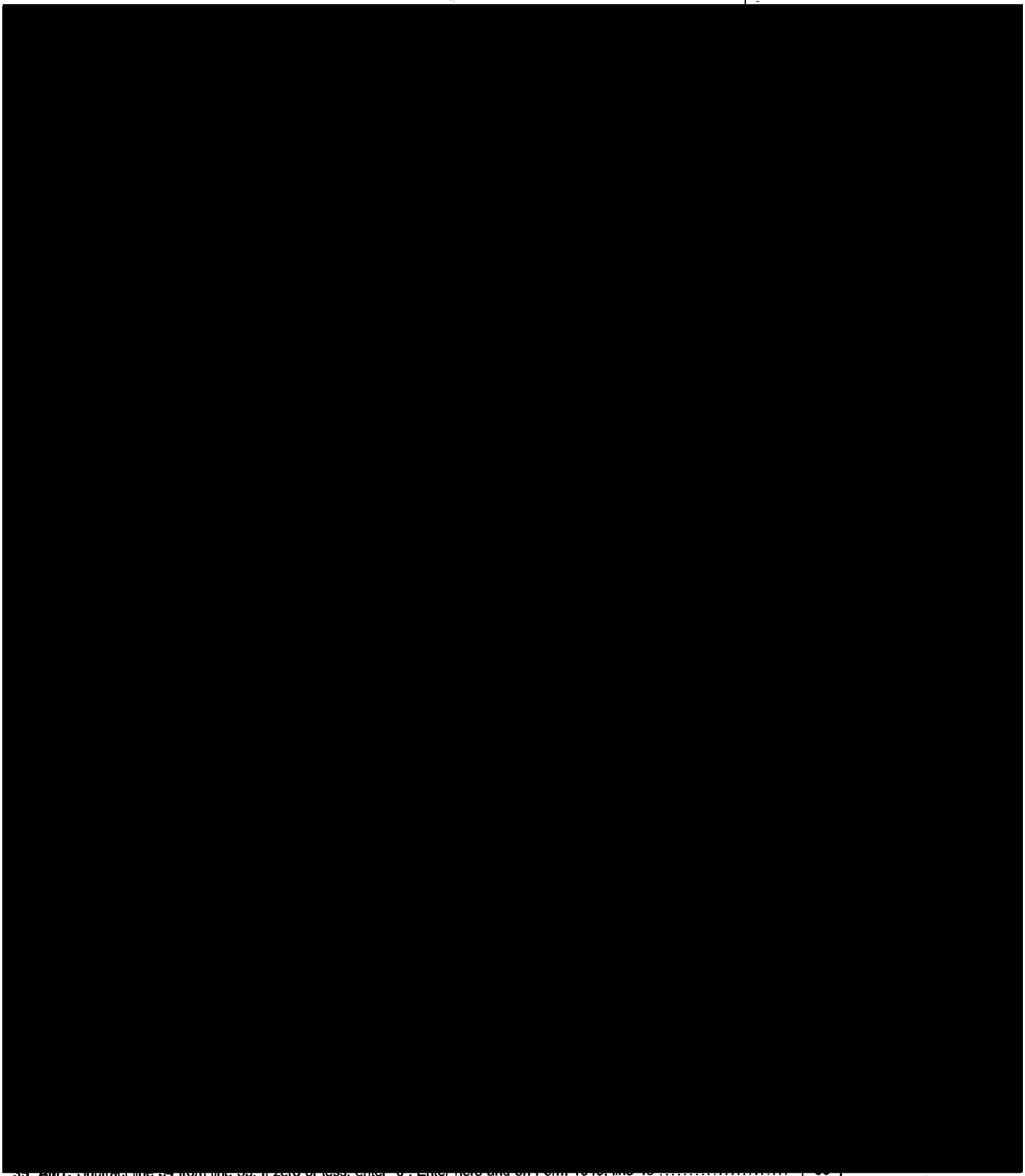
Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number



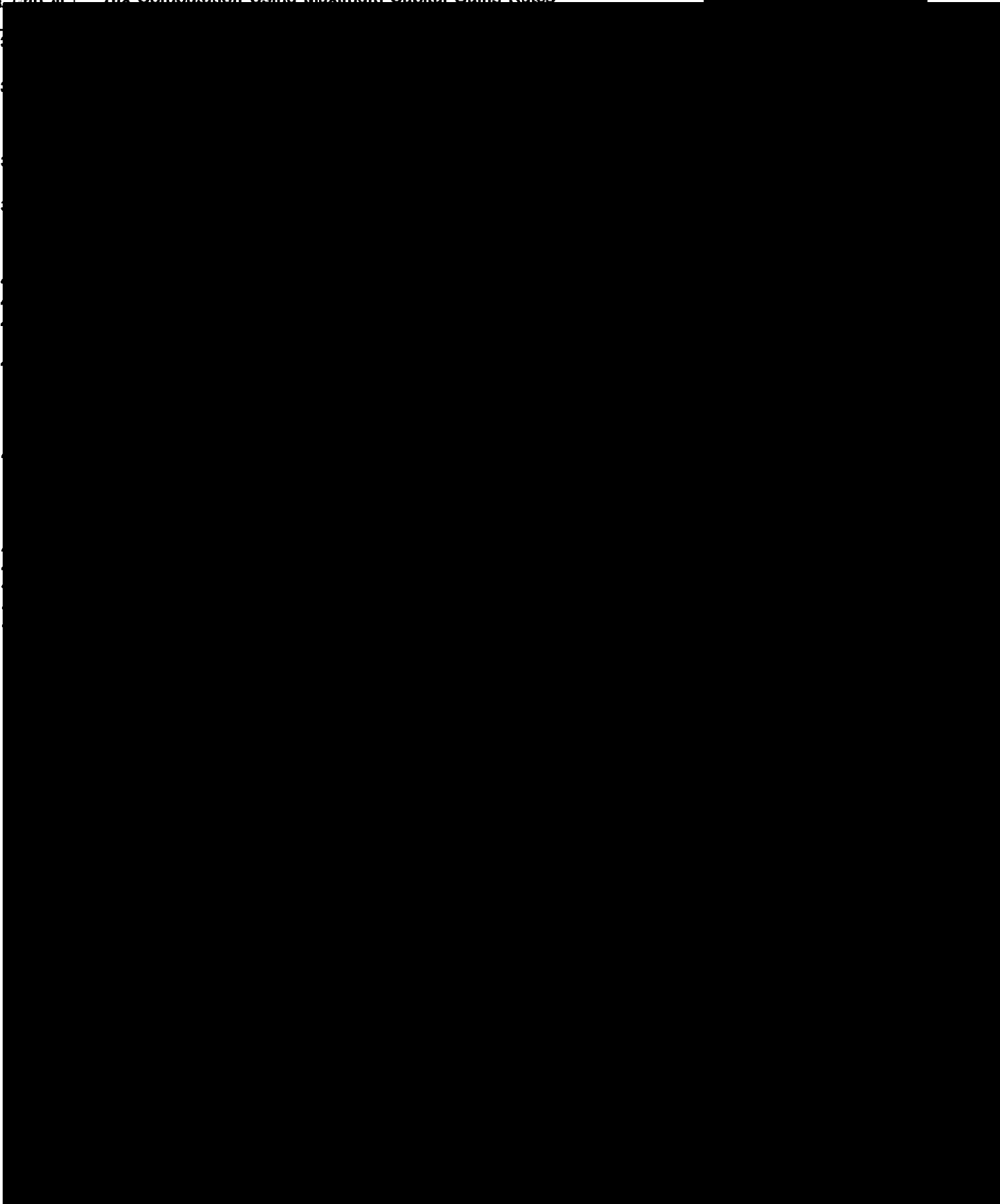
53 **AMT.** Subtract line 54 from line 53. If zero or less, enter "0". Enter here and on Form 1040, line 18.

For Paperwork Reduction Act Notice, see your tax return instructions.

ANGELA A D'AMICO

Form 6251 (2014)

Part III Tax Computation Using Maximum Capital Gains Rates



Form **8889**

### Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

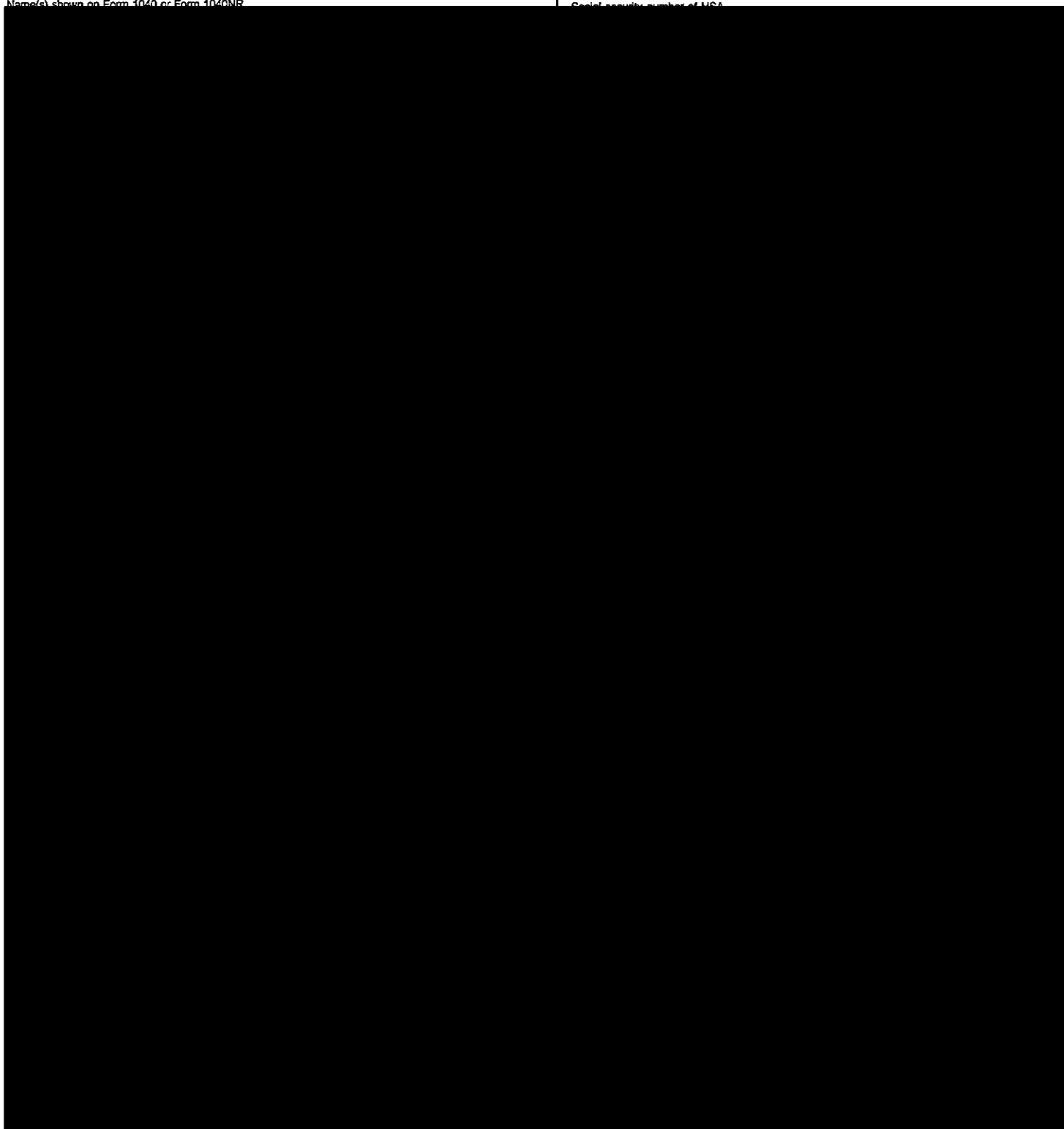
▶ Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).

▶ Attach to Form 1040 or Form 1040NR.

**2014**  
Attachment  
Sequence No. **53**

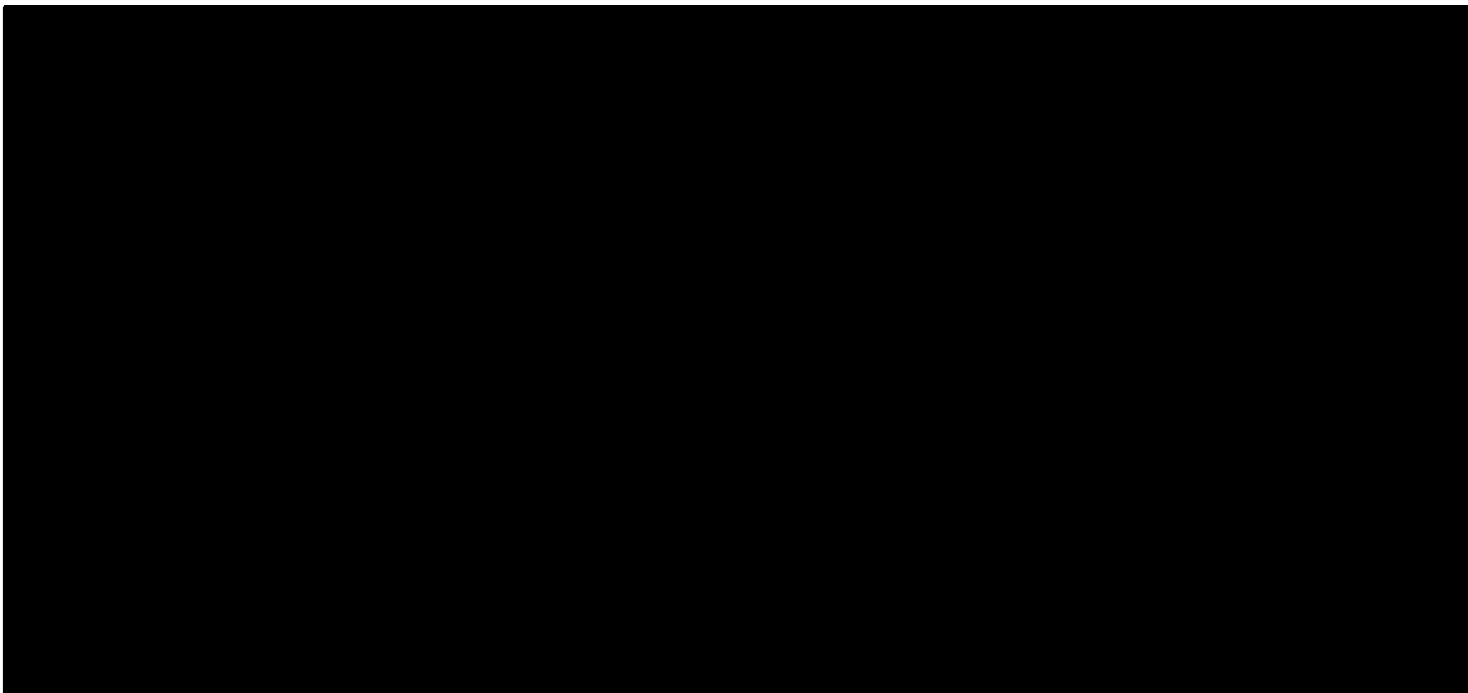
Name(s) shown on Form 1040 or Form 1040NR

Social security number of USA



For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8889** (2014)





Form **8582**

### Passive Activity Loss Limitations

OMB No. 1545-1008

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

**2014**

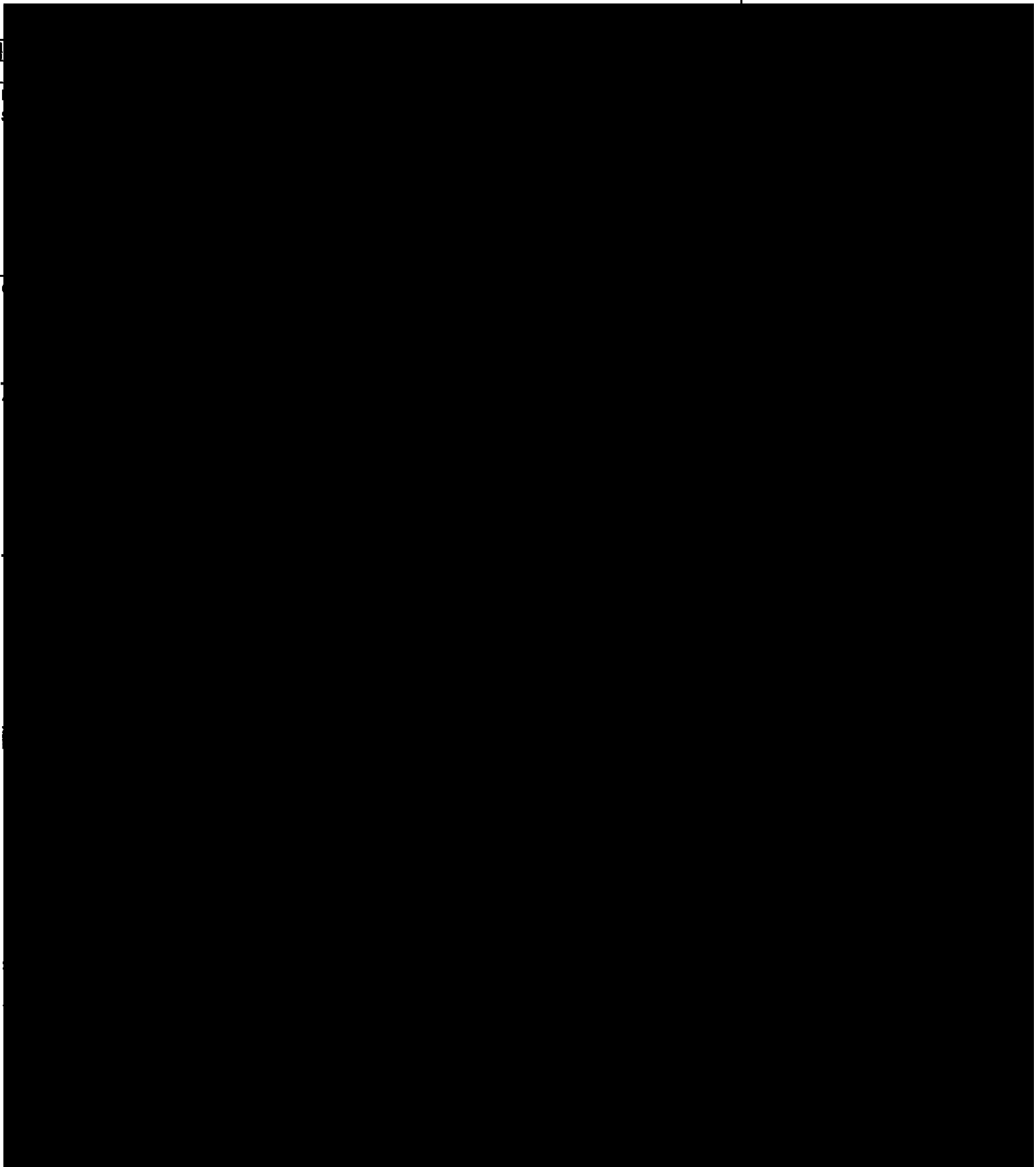
Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).

Attachment  
Sequence No. **88**

Name(s) shown on return

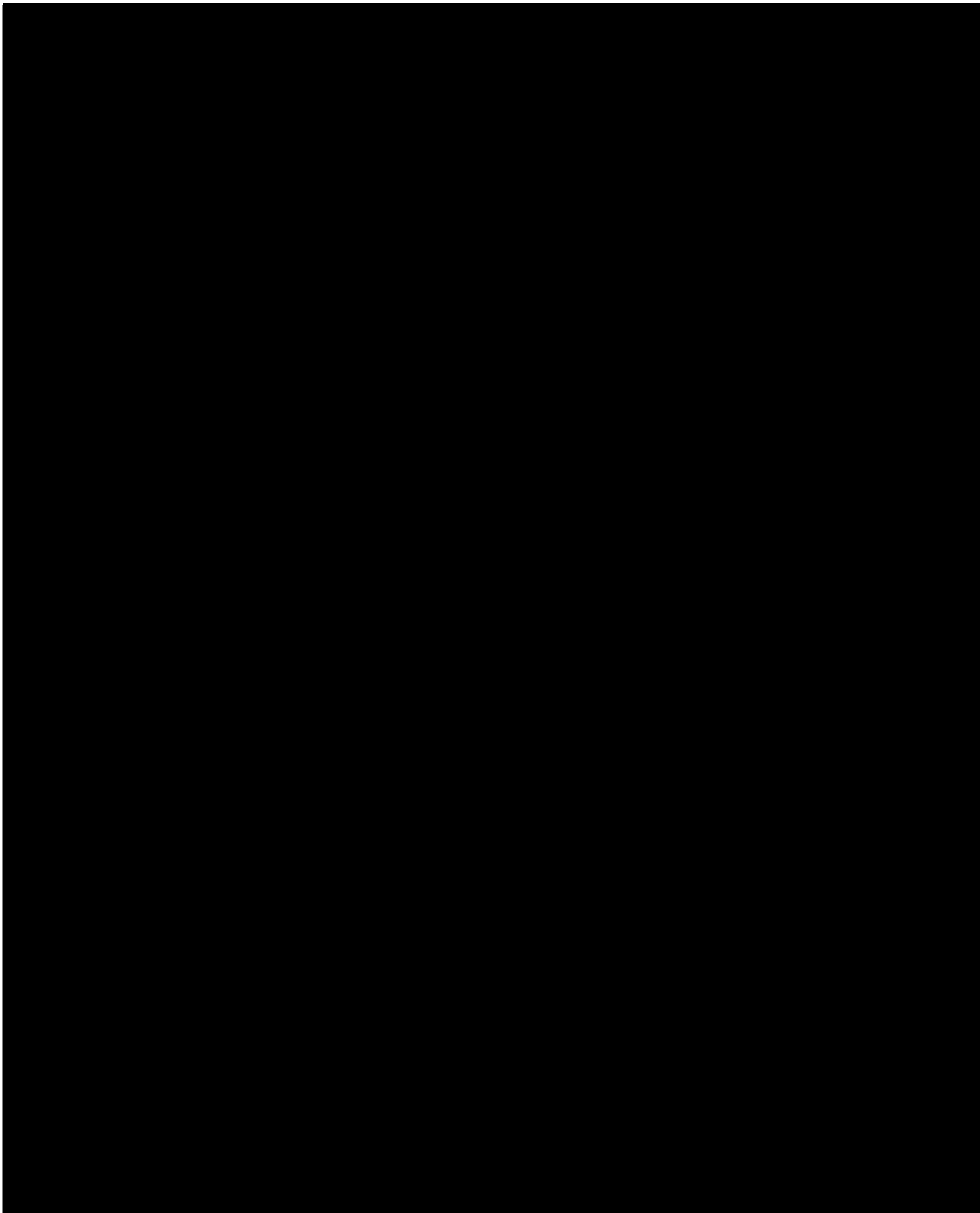
Identifying number

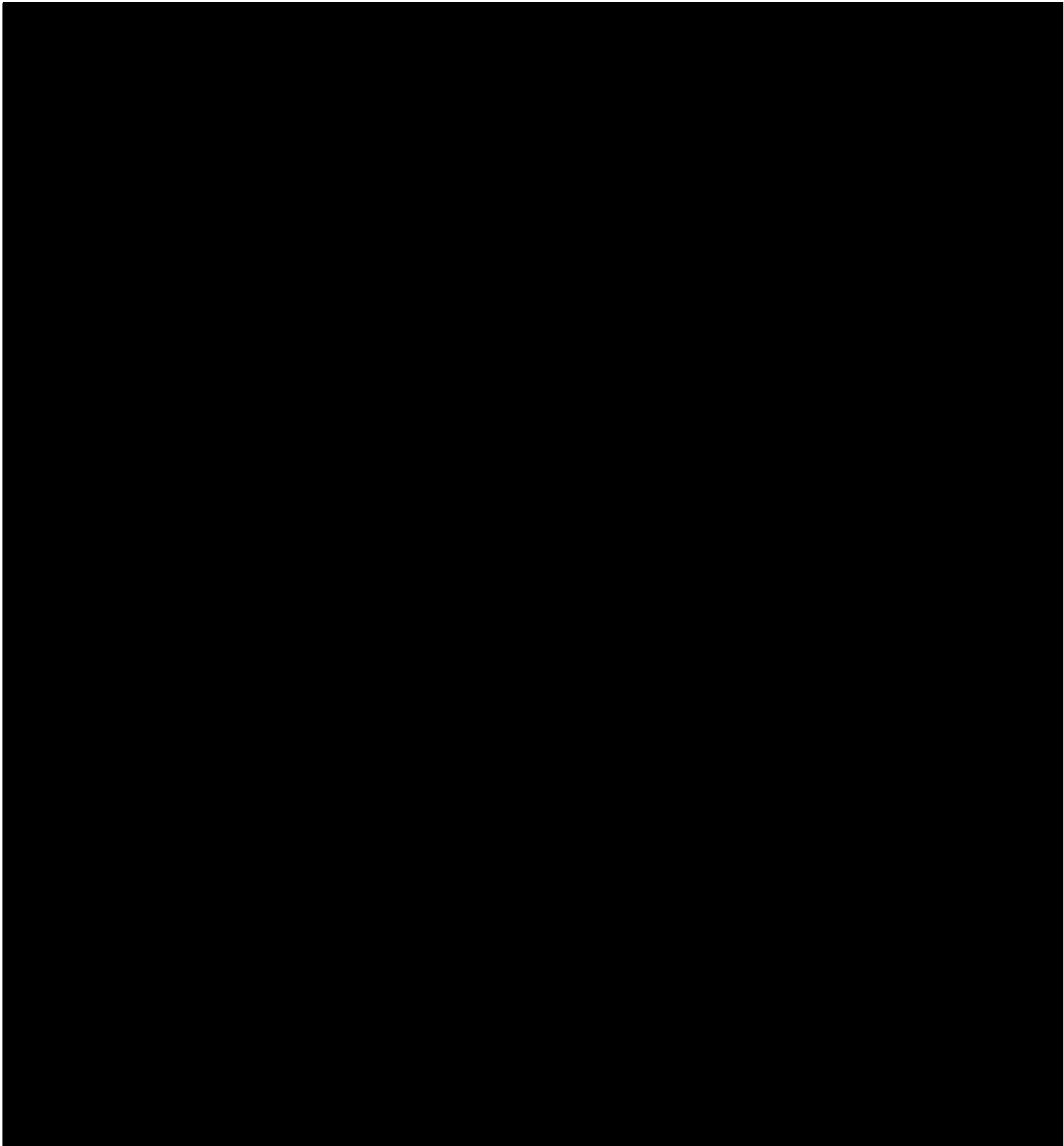


Instructions to find out how to report the losses on your tax return

For Paperwork Reduction Act Notice, see instructions.

DAA





Form **8582**

**AMT Version**  
**Passive Activity Loss Limitations**

OMB No. 1545-1008

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

**2014**

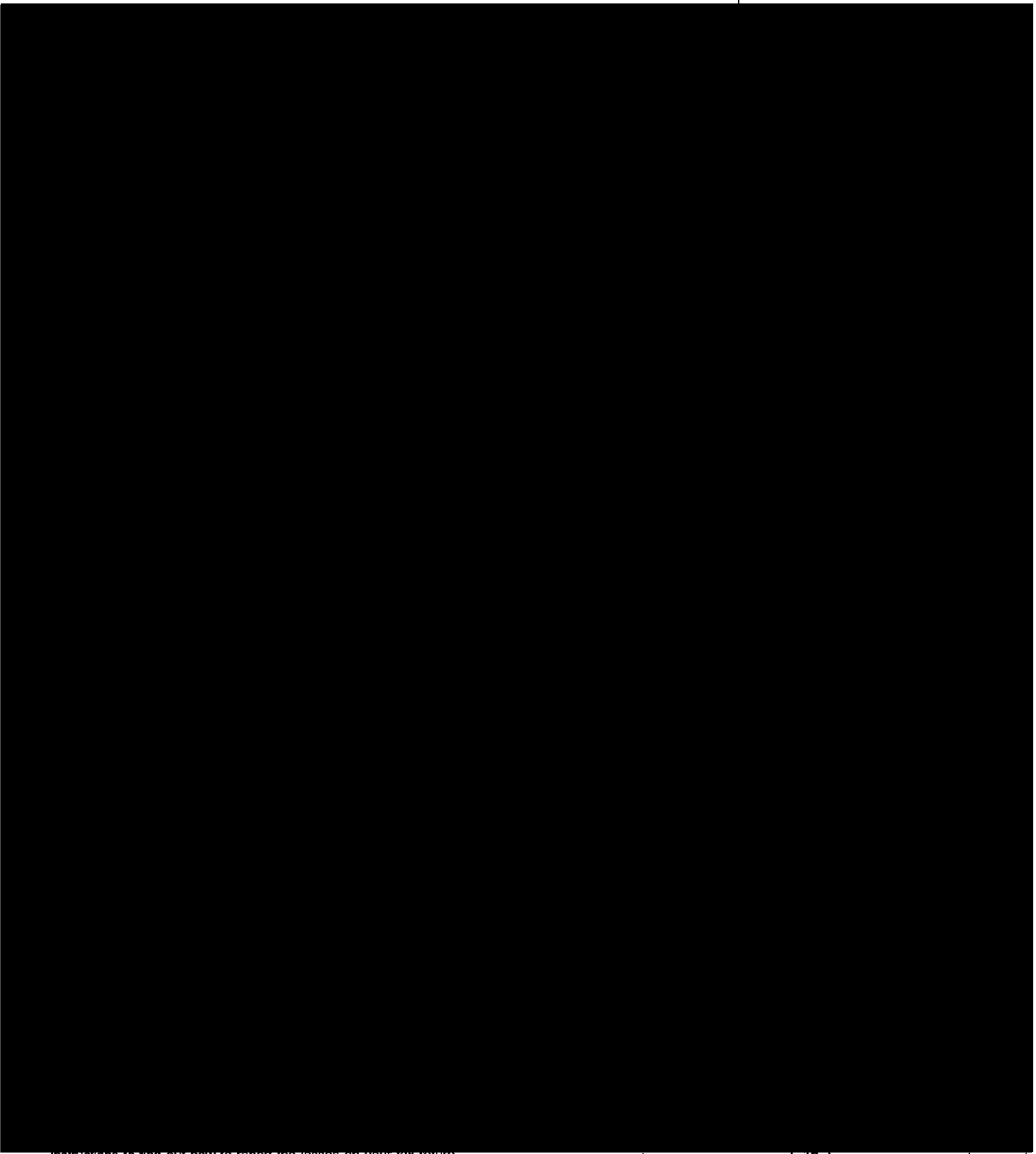
Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).

Attachment  
Sequence No. **88**

Name(s) shown on return

Identifying number

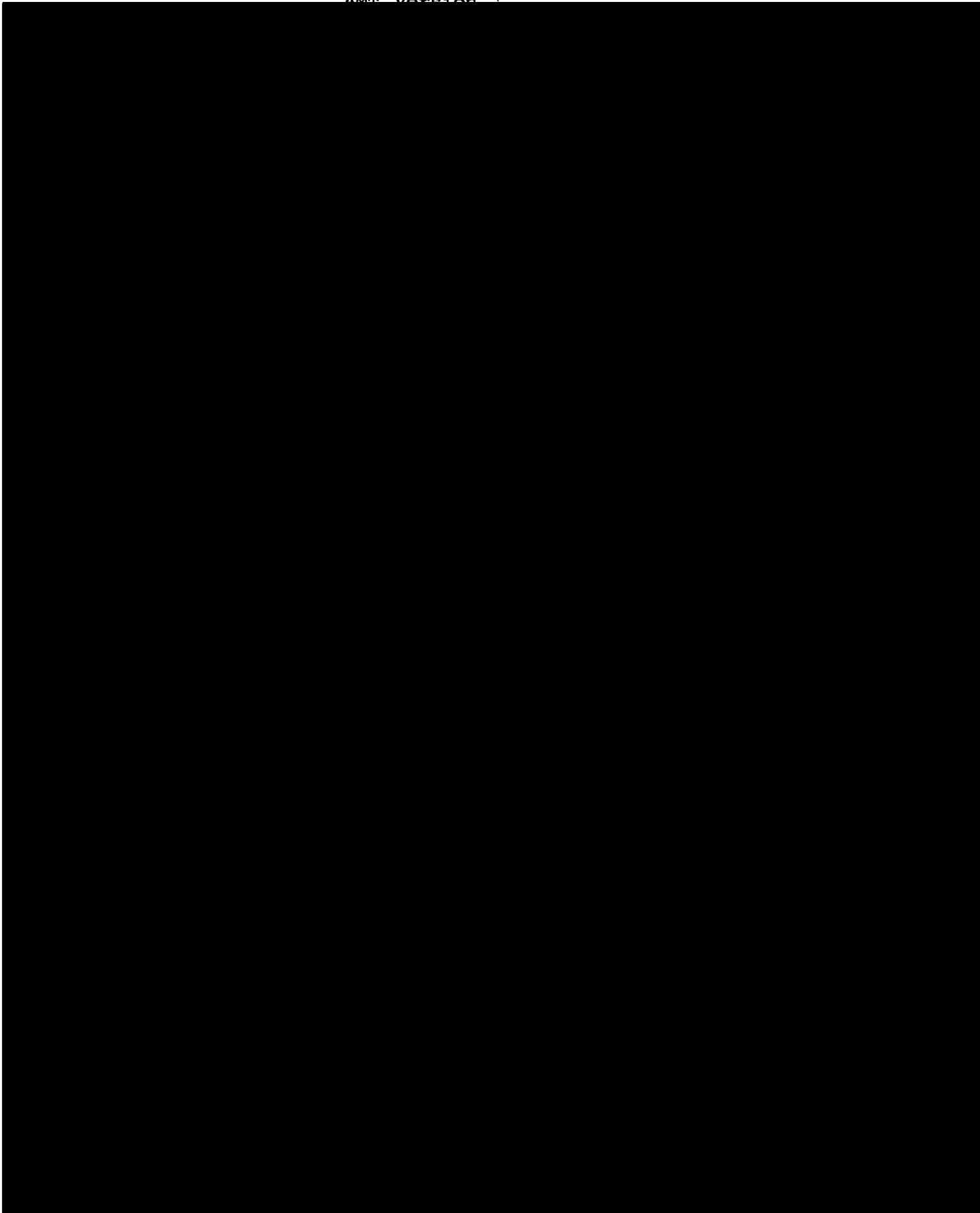


Instructions to find out how to report the losses on your tax return

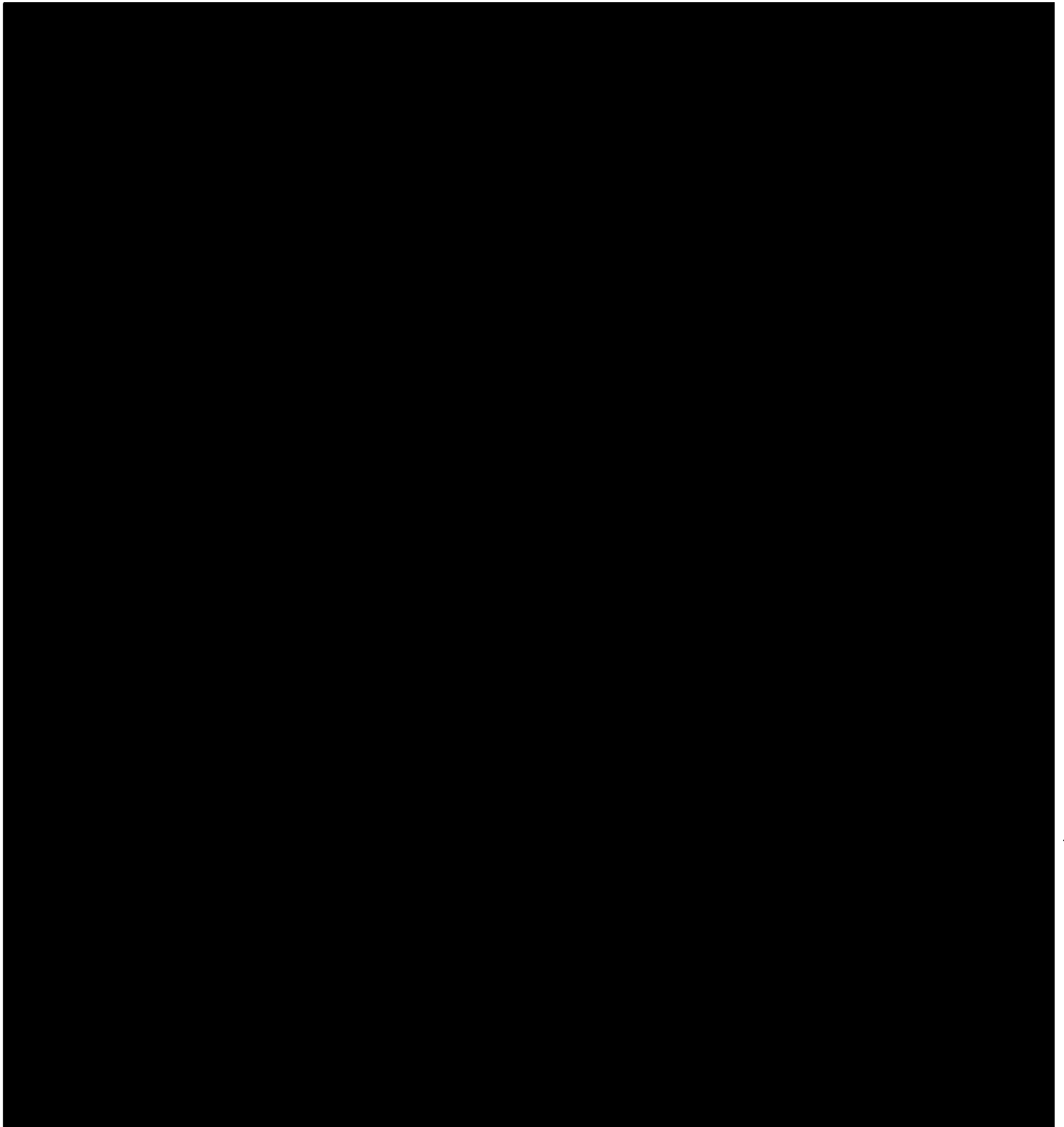
For Paperwork Reduction Act Notice, see Instructions.

DAA

AMU Version



**AMT Version**



Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2014**

Department of the Treasury  
Internal Revenue Service (99)

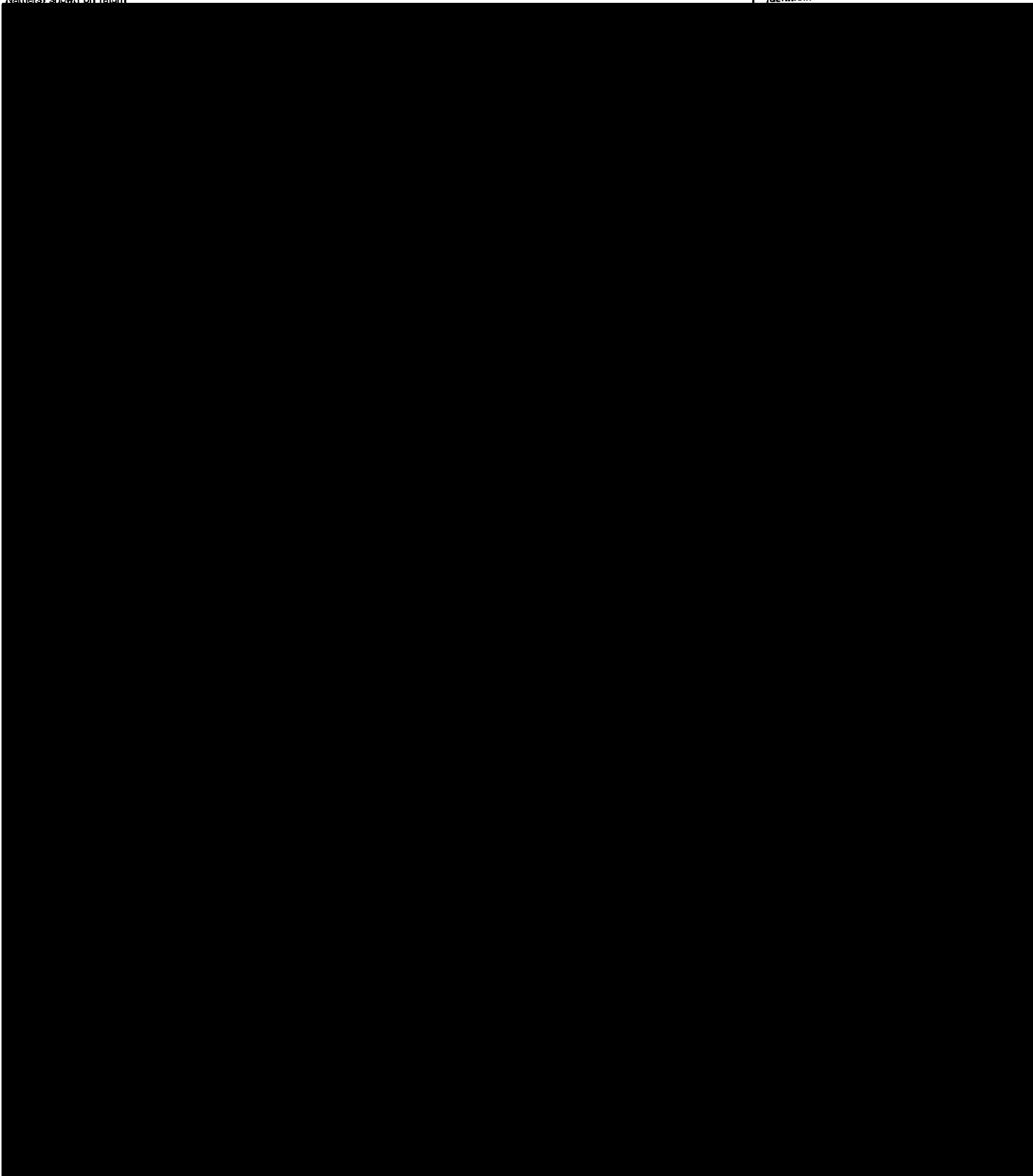
▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

Attachment  
Sequence No. **179**

Name(s) shown on return

Identifying number



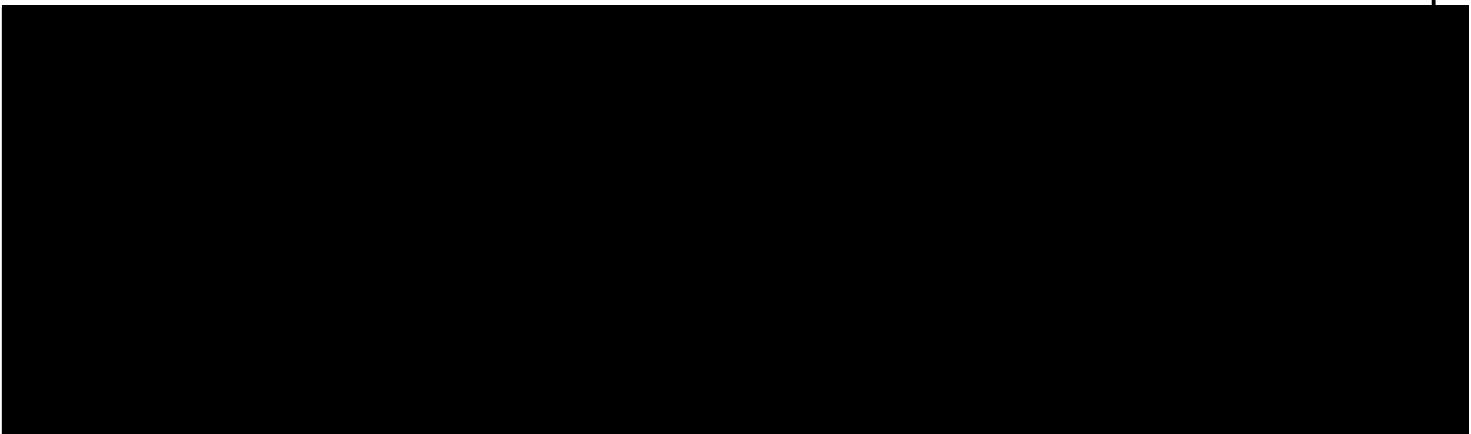
For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

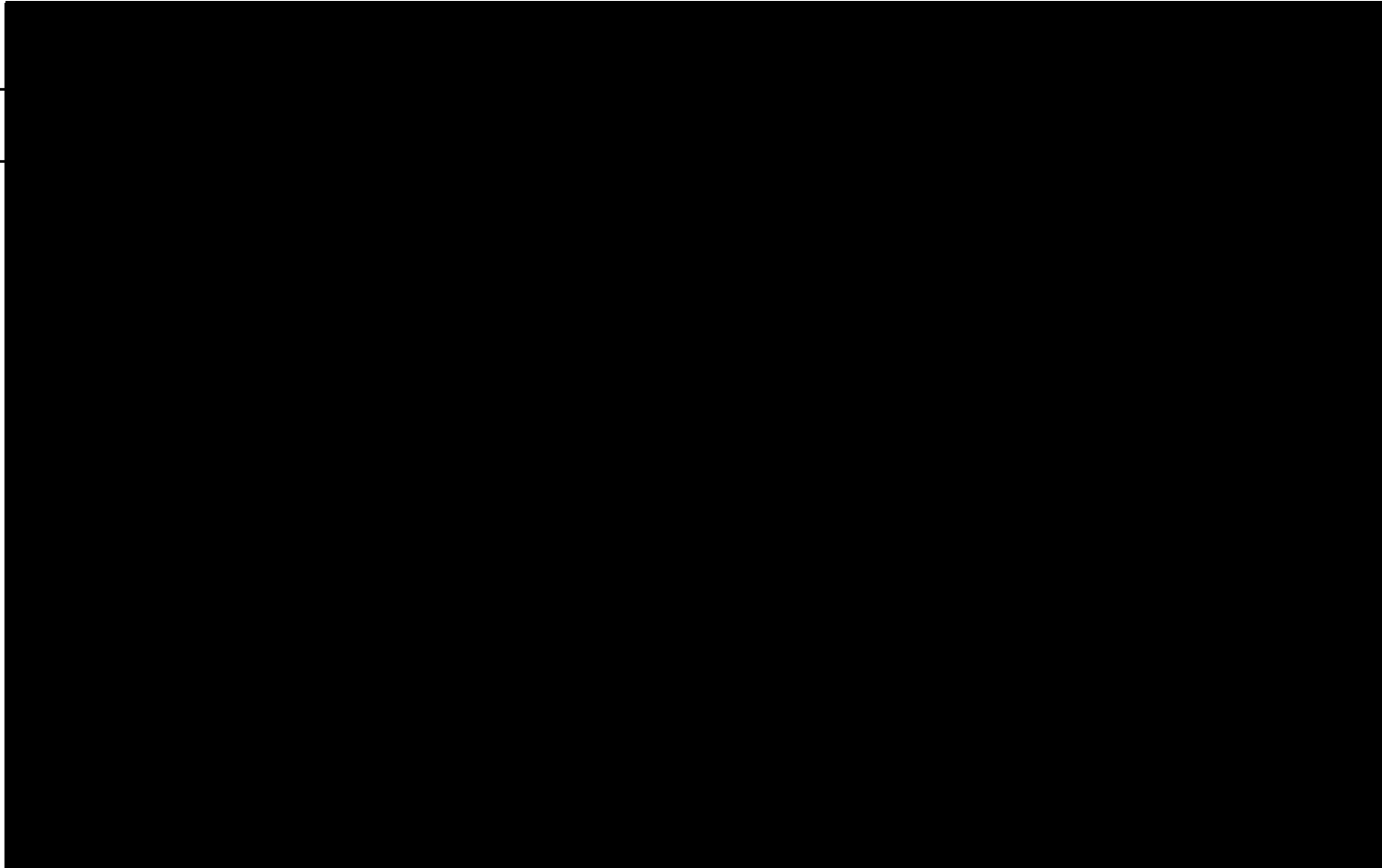
DAA

**There are no amounts for Page 2**

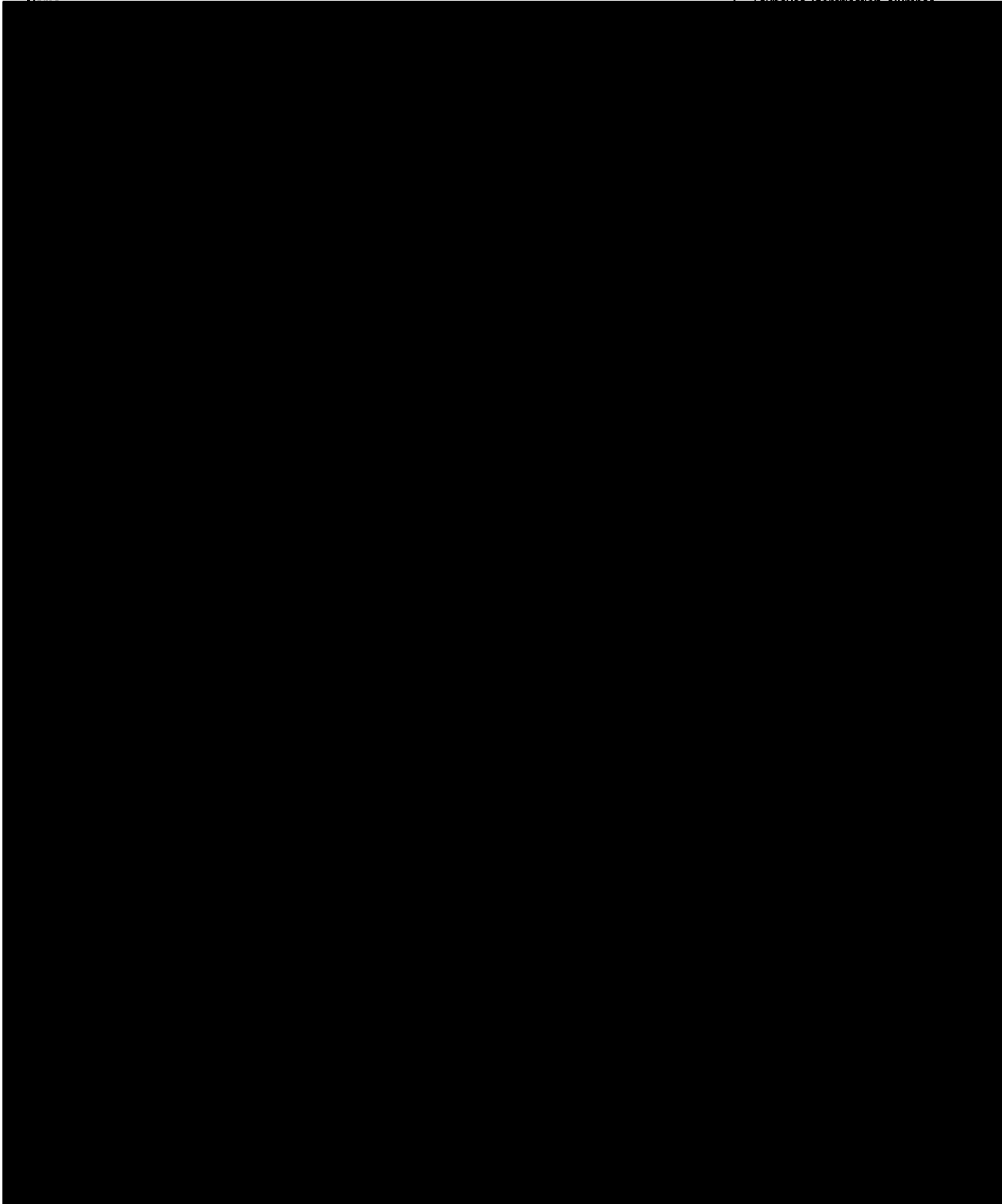
**Federal Statements**

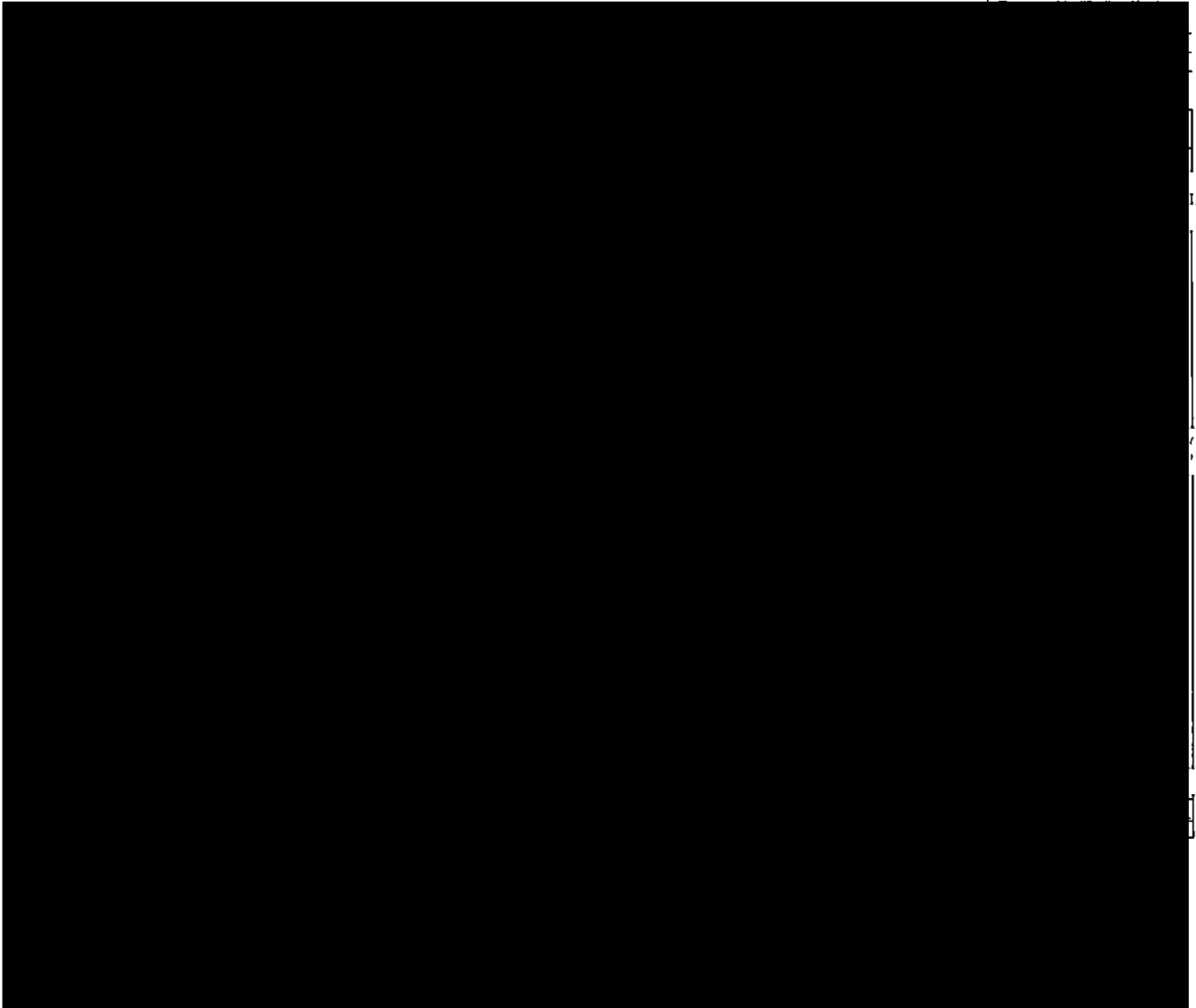


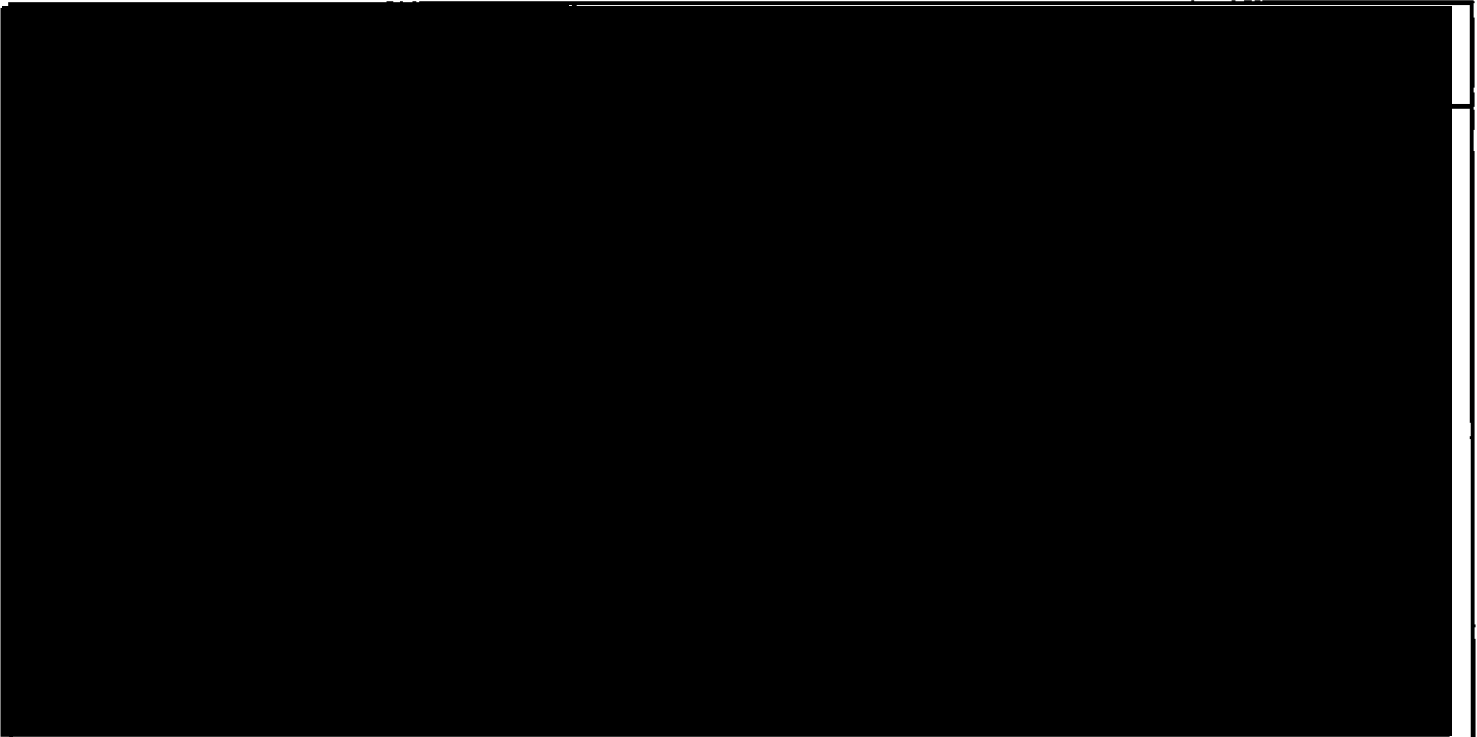




|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>Shareholder's Basis Worksheet Page 1</b> | <b>2014</b> |
|------------------|---|-------------|

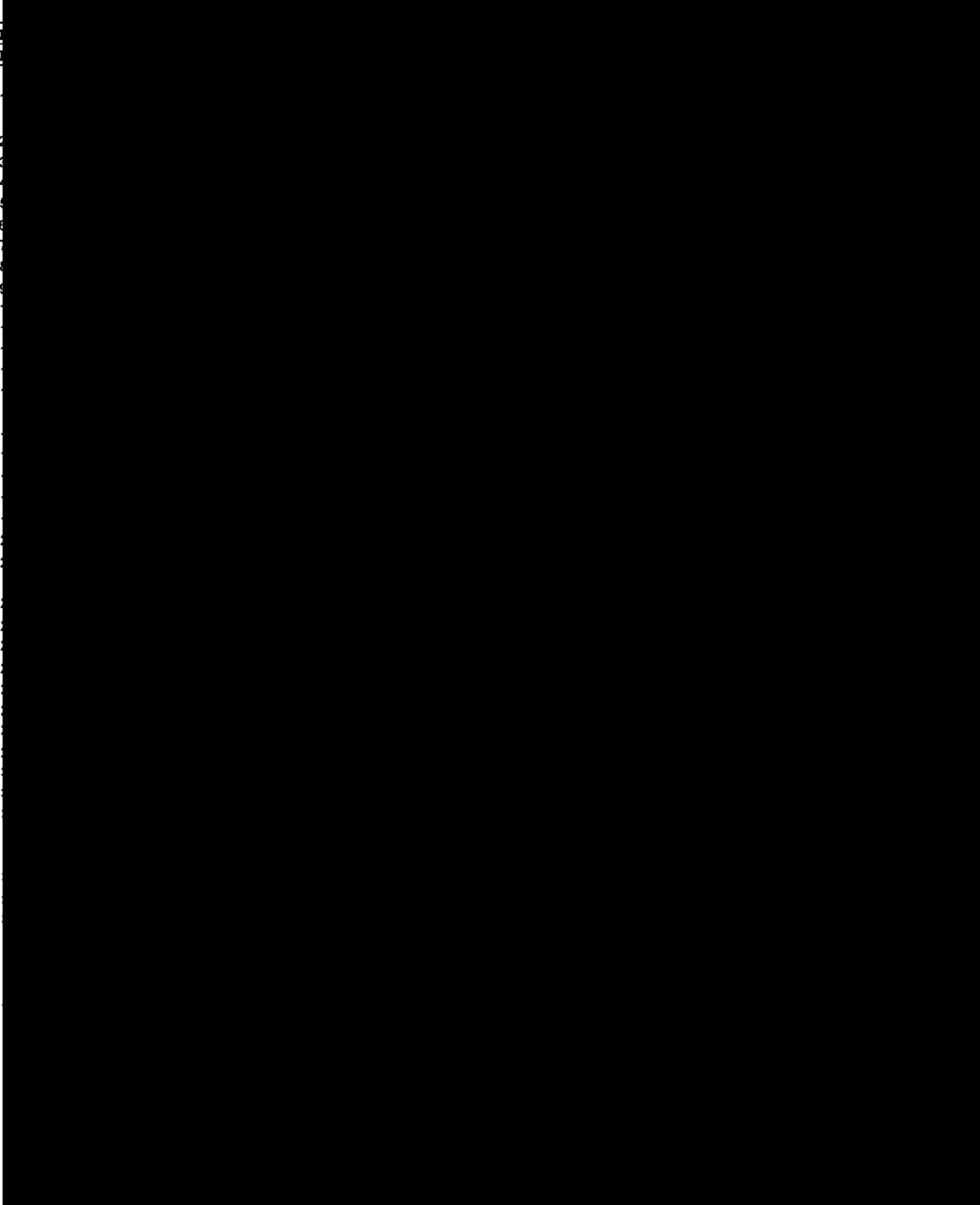






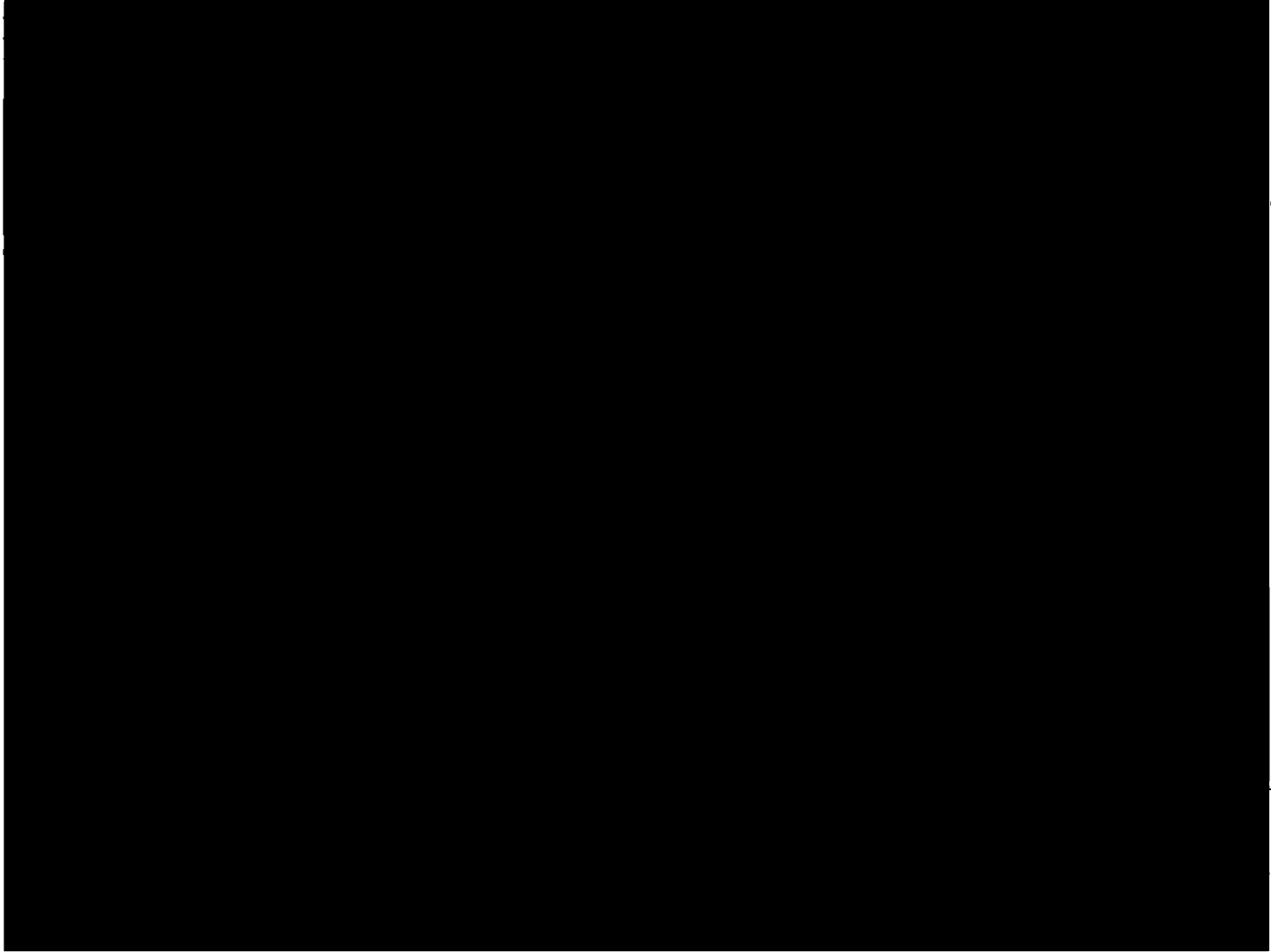
|                  |  |             |
|------------------|--|-------------|
| Form <b>1040</b> | <b>Shareholder's Basis Worksheet Page 1, AMT</b> | <b>2014</b> |
|------------------|--|-------------|

| Name | Taxpayer Identification Number |
|------|--------------------------------|
|------|--------------------------------|



|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | Shareholder's Basis Worksheet Page 2, AMT | <b>2014</b> |
|------------------|---|-------------|

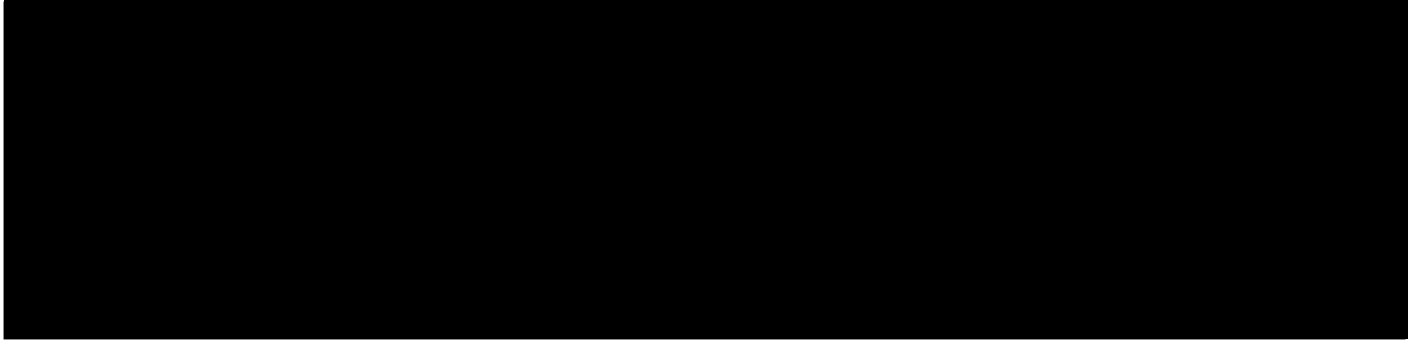
|      |                                |
|------|--------------------------------|
| Name | Taxpayer Identification Number |
|------|--------------------------------|



**Federal Statements**

**A.D. LINES EURO GROUP INC.**

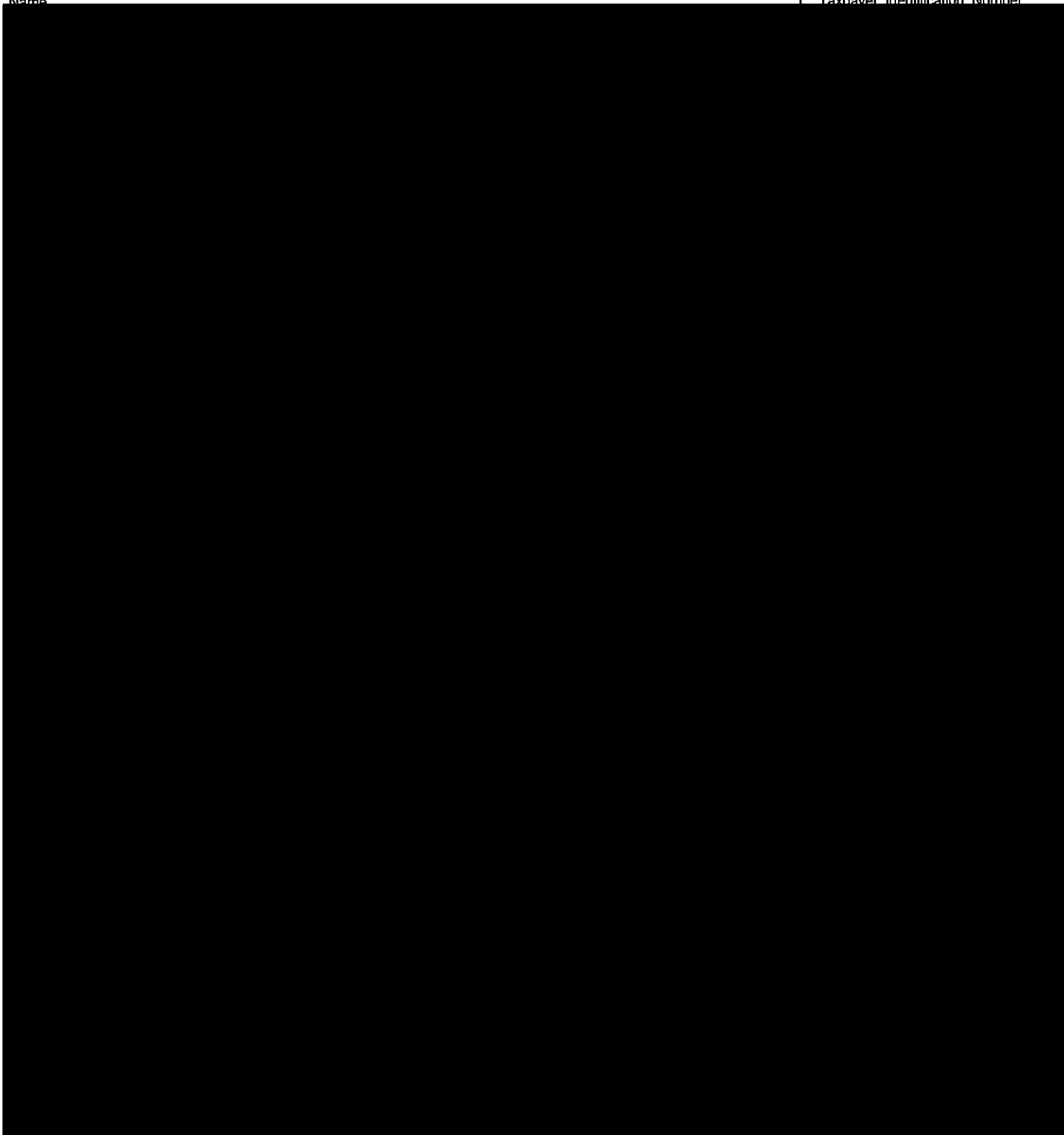
**AMT Shareholder's Basis Page 1, Line 18 - Other Decreases To Stock Basis**



|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>Partner's Basis Worksheet Page 1</b> | <b>2014</b> |
|------------------|---|-------------|

Name

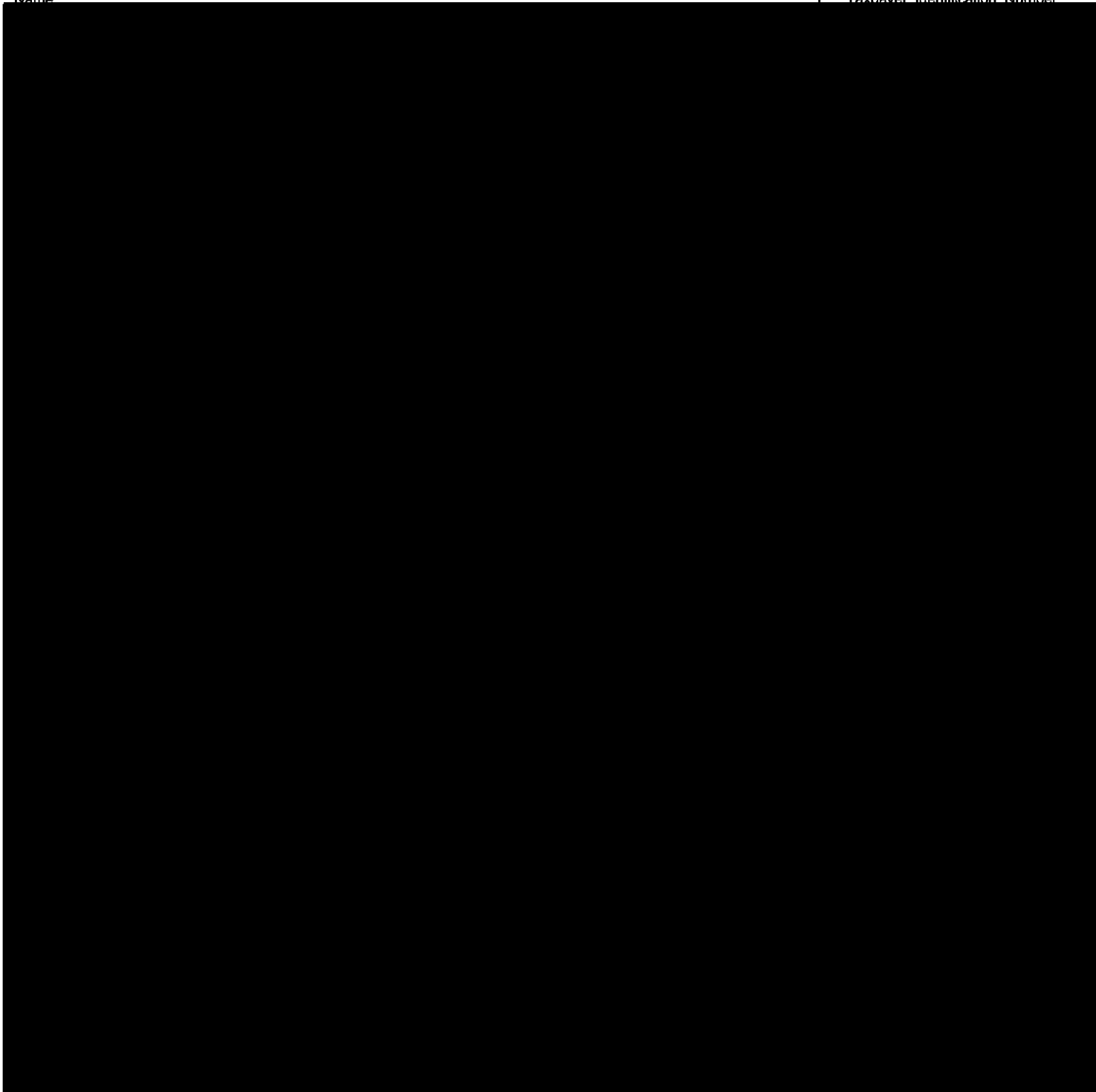
Taxpayer Identification Number





|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>Partner's Basis Worksheet Page 2</b> | <b>2014</b> |
|------------------|---|-------------|

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_



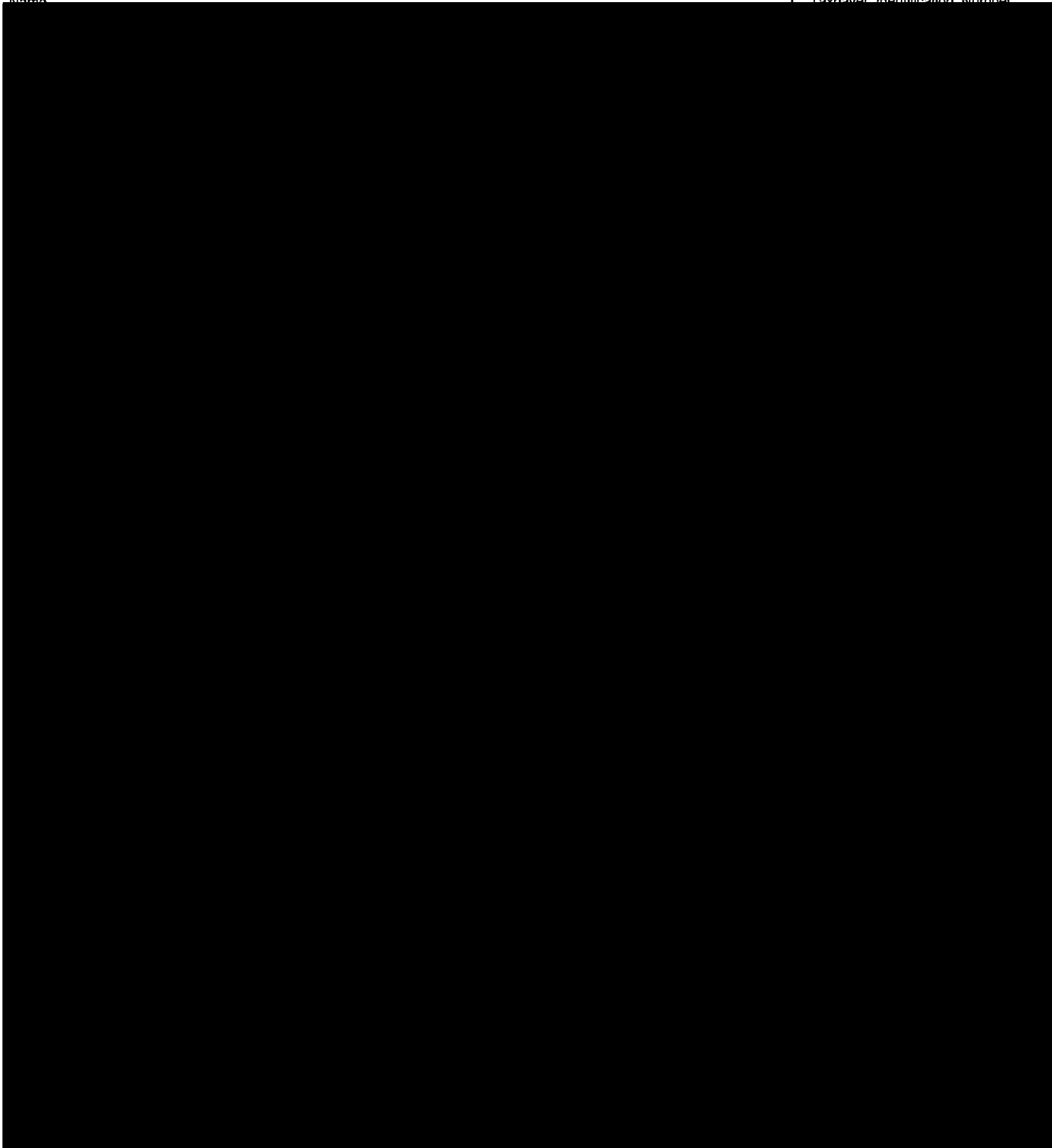
Form **1040**

**Partner's Basis Worksheet Page 1**

**2014**

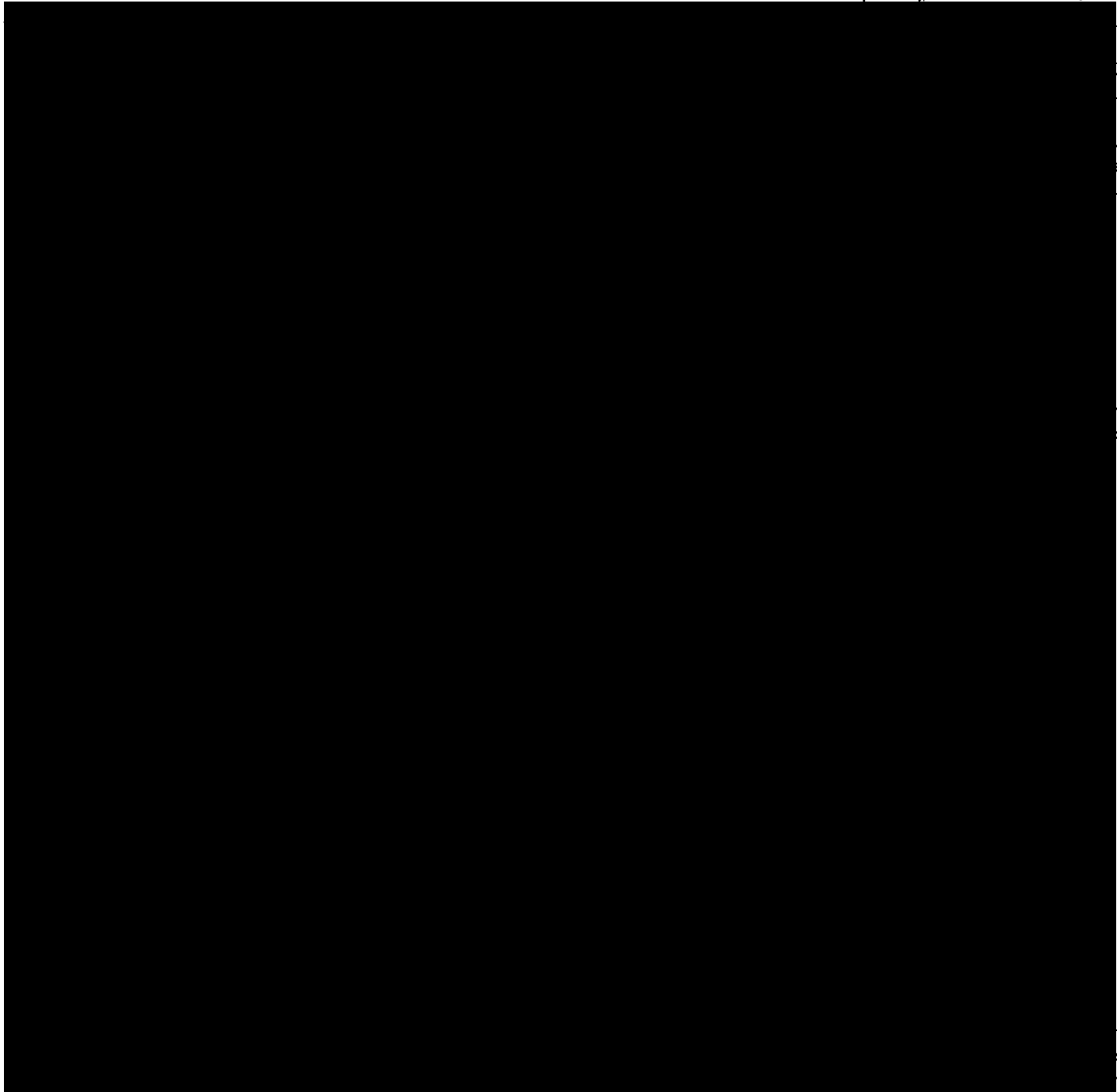
Name

Taxpayer Identification Number



|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>Partner's Basis Worksheet Page 2</b> | <b>2014</b> |
|------------------|---|-------------|

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

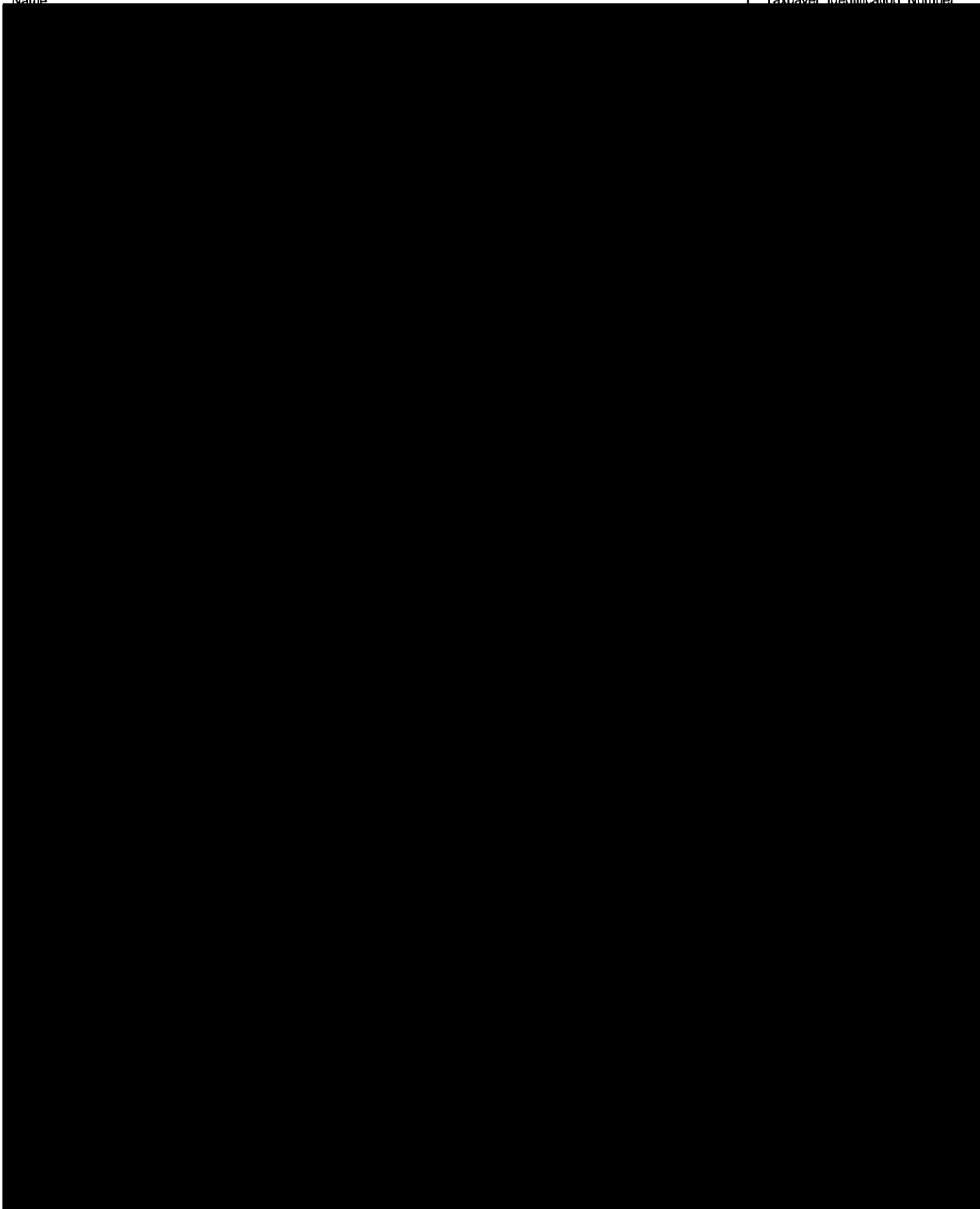


Form **1040**

**Partner's Basis Worksheet Page 1, AMT**

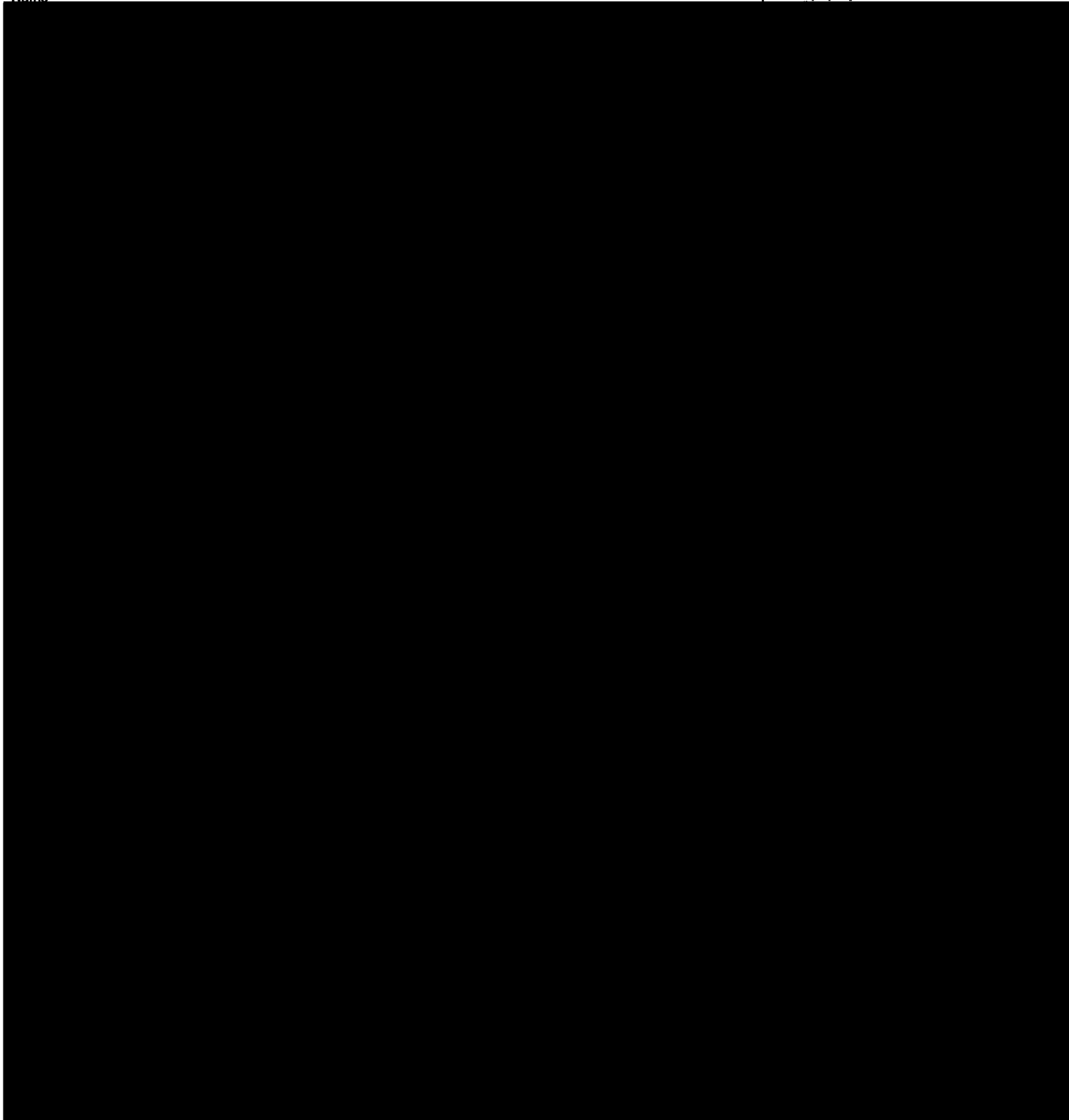
**2014**

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_



|                  |  |             |
|------------------|--|-------------|
| Form <b>1040</b> | <b>Partner's Basis Worksheet Page 2, AMT</b> | <b>2014</b> |
|------------------|--|-------------|

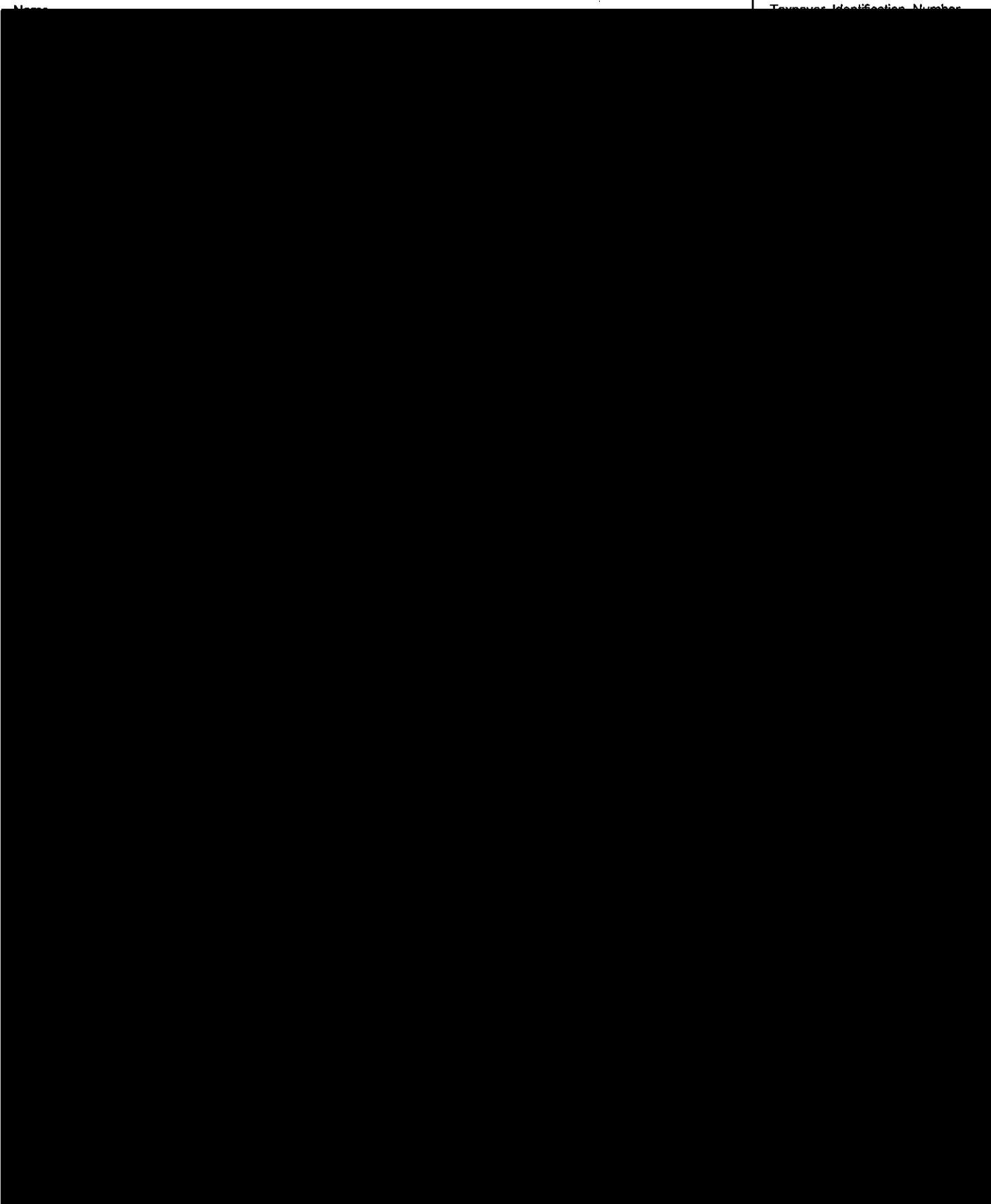
Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_



Form **1040**

**Partner's Basis Worksheet Page 1, AMT**

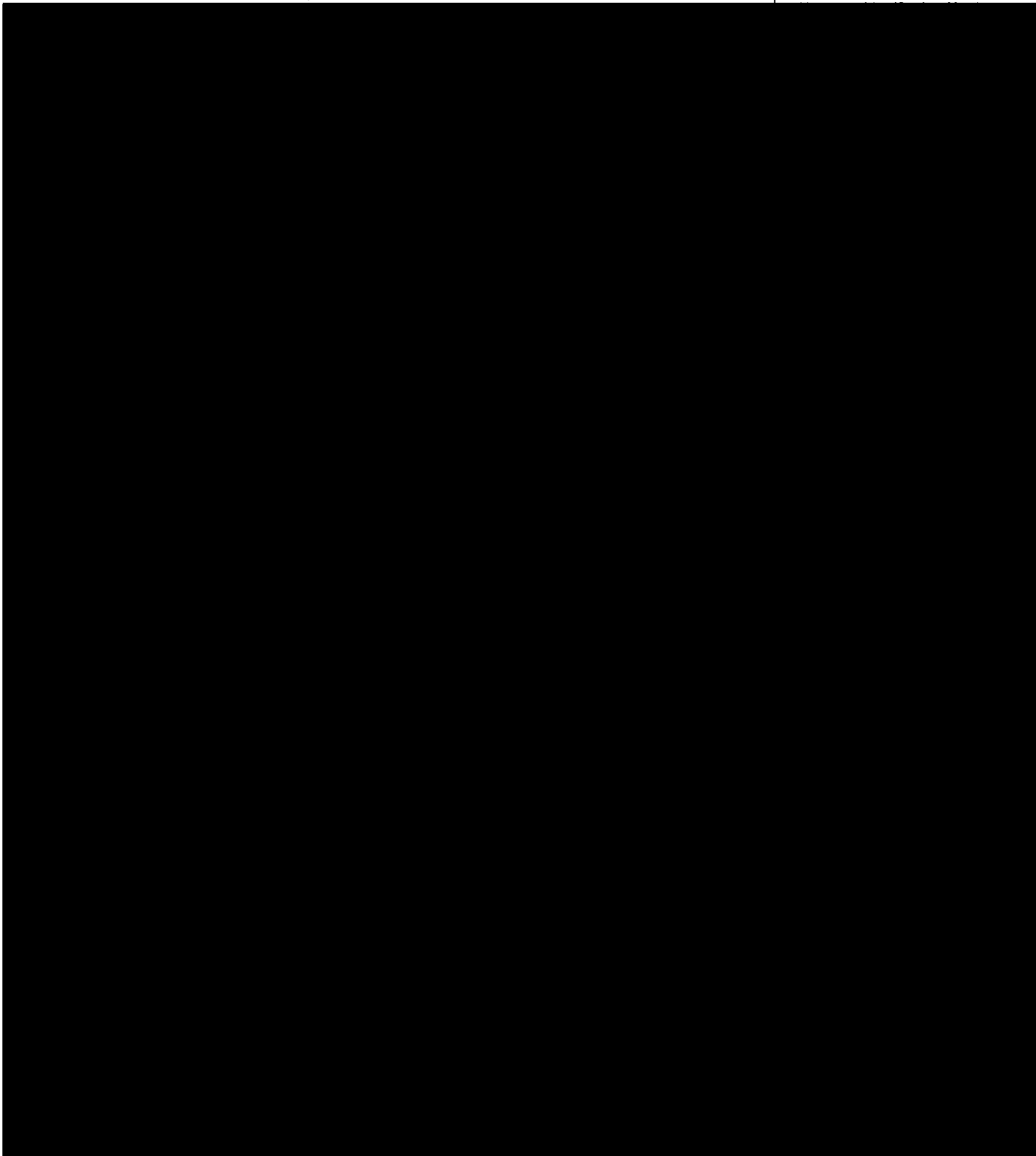
**2014**



Form **1040**

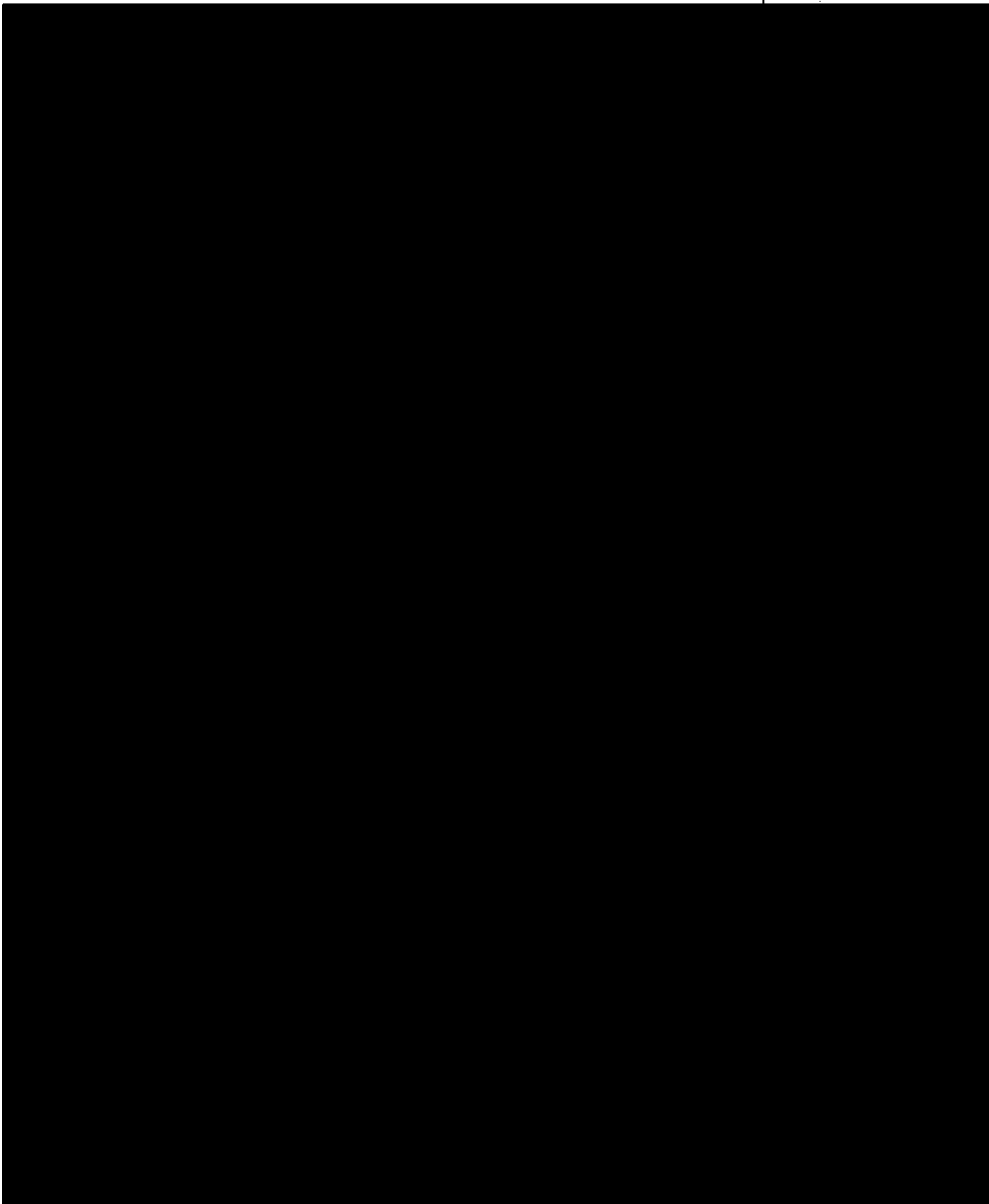
**Partner's Basis Worksheet Page 2, AMT**

**2014**



|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>Qualified Dividends and Capital Gain Tax Worksheet</b> | <b>2014</b> |
|------------------|---|-------------|

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

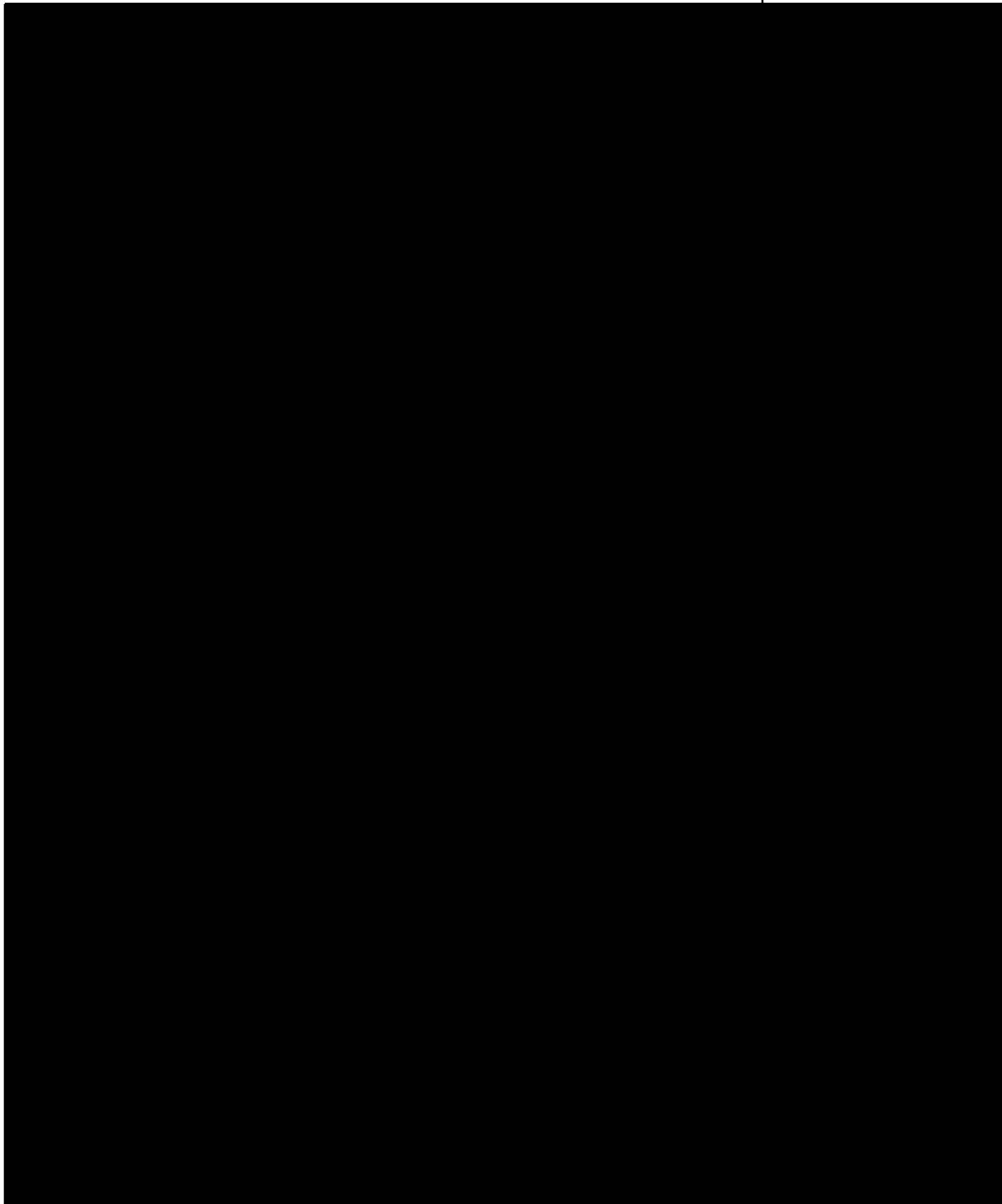




Form **1040**

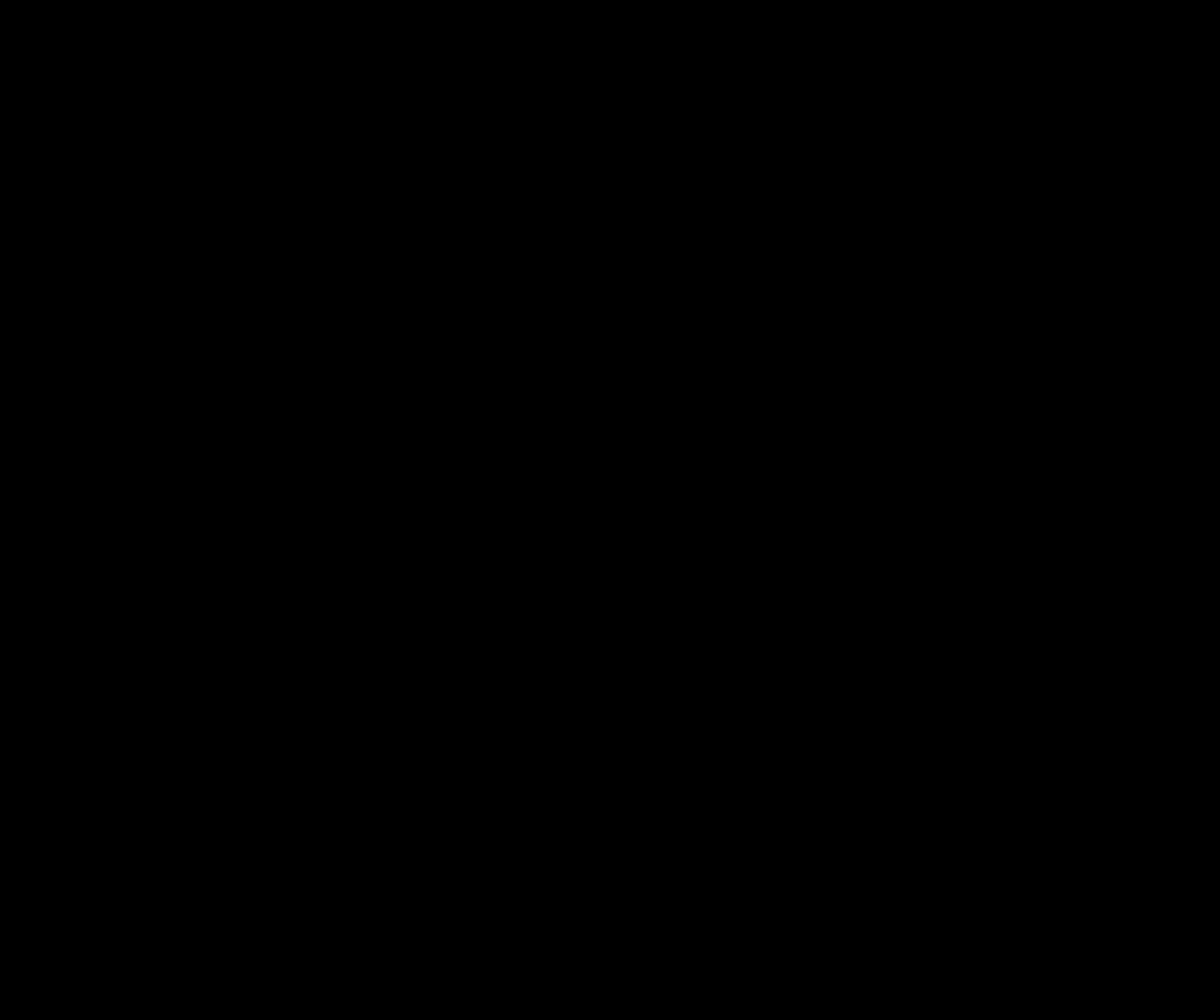
**General Sales Tax Deduction Worksheet**

**2014**



|                  |                                     |             |
|------------------|-------------------------------------|-------------|
| Form <b>1040</b> | <b>AMT Schedule D Tax Worksheet</b> | <b>2014</b> |
|------------------|-------------------------------------|-------------|

Name Taxpayer Identification Number

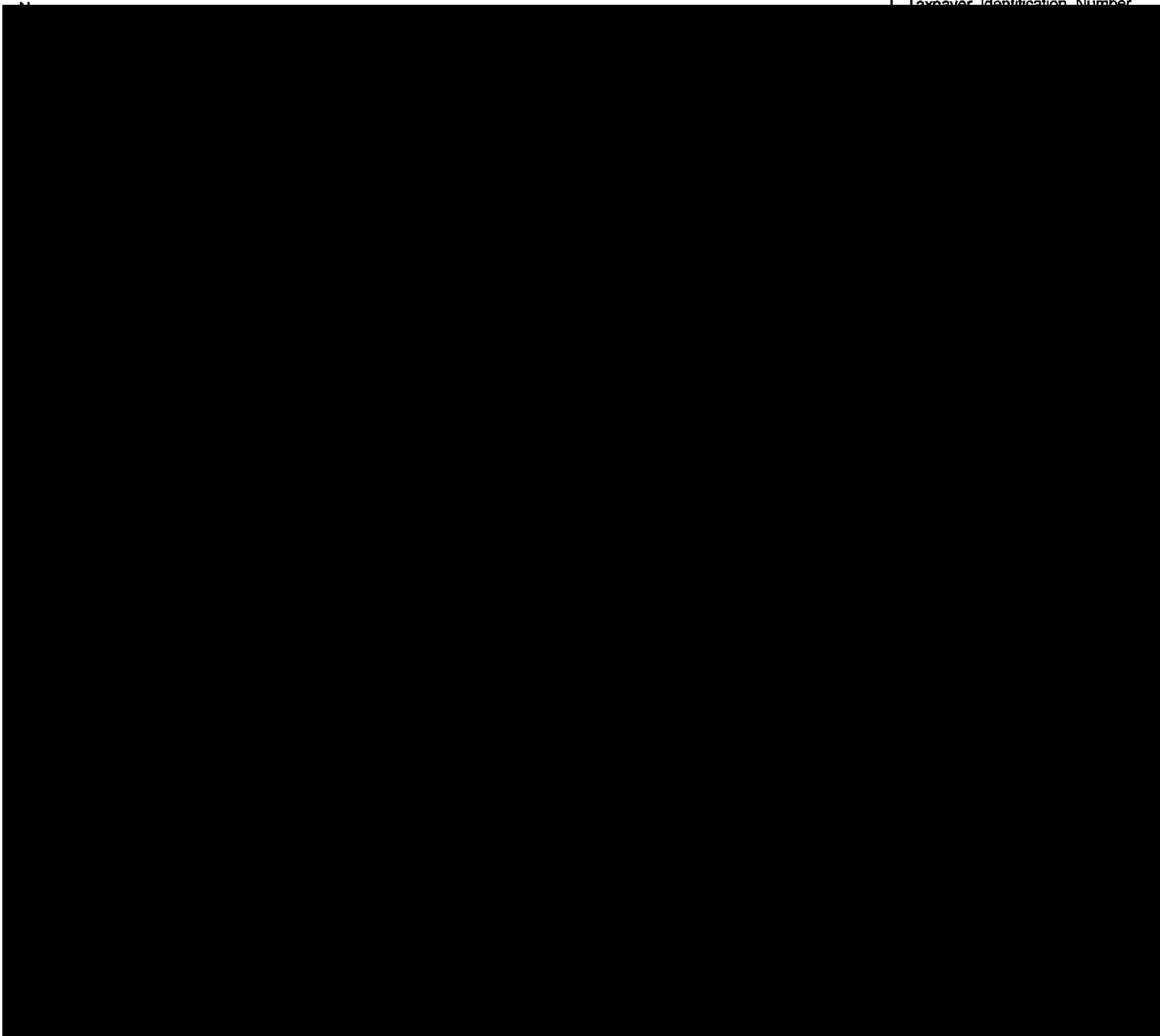


Form **1040**

**AMT Disposition of Property/Exemption Worksheets**

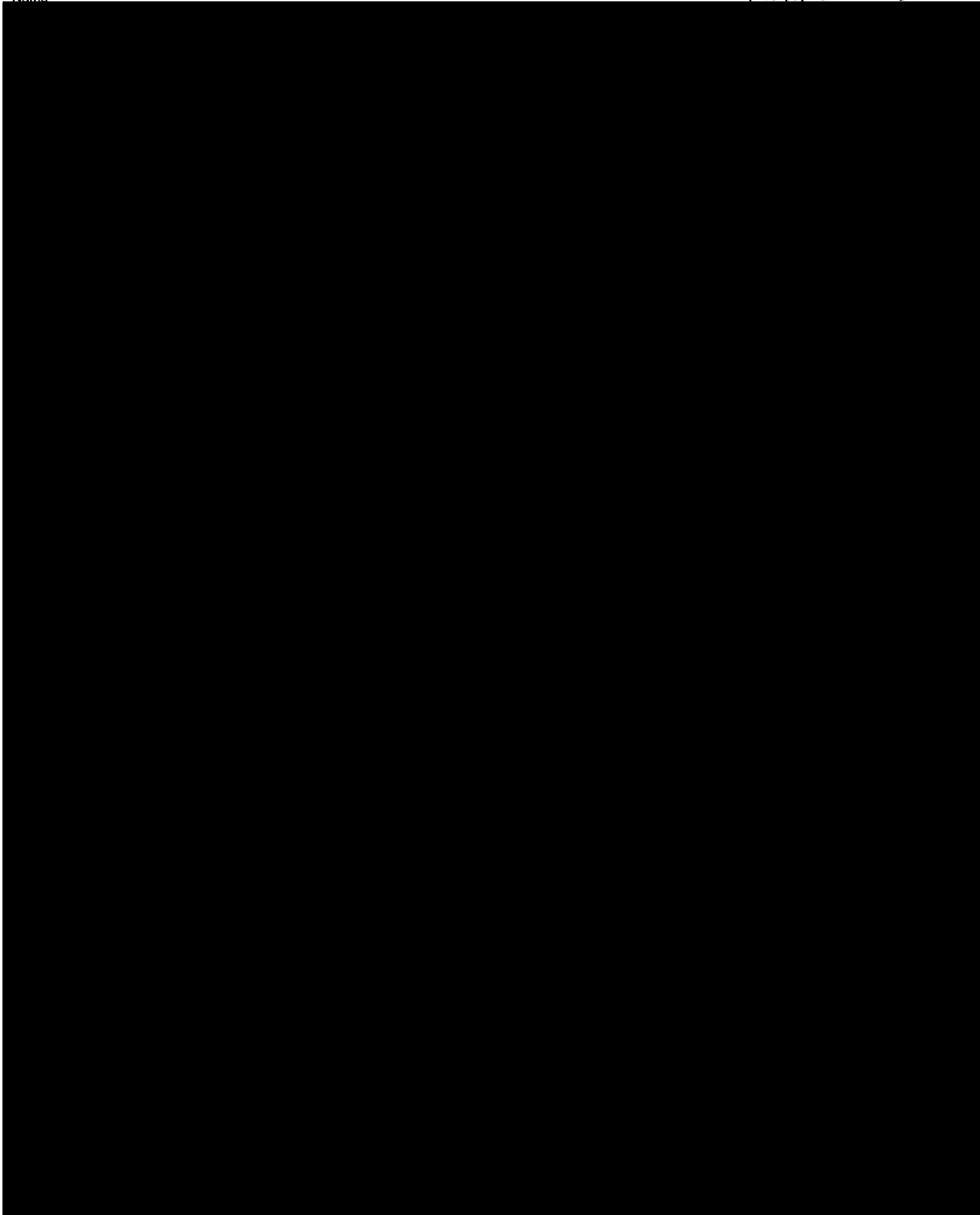
**2014**

Taxpayer Identification Number



|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>AMT Passive Activity and Loss Limit Adjustment Worksheet</b> | <b>2014</b> |
|------------------|---|-------------|

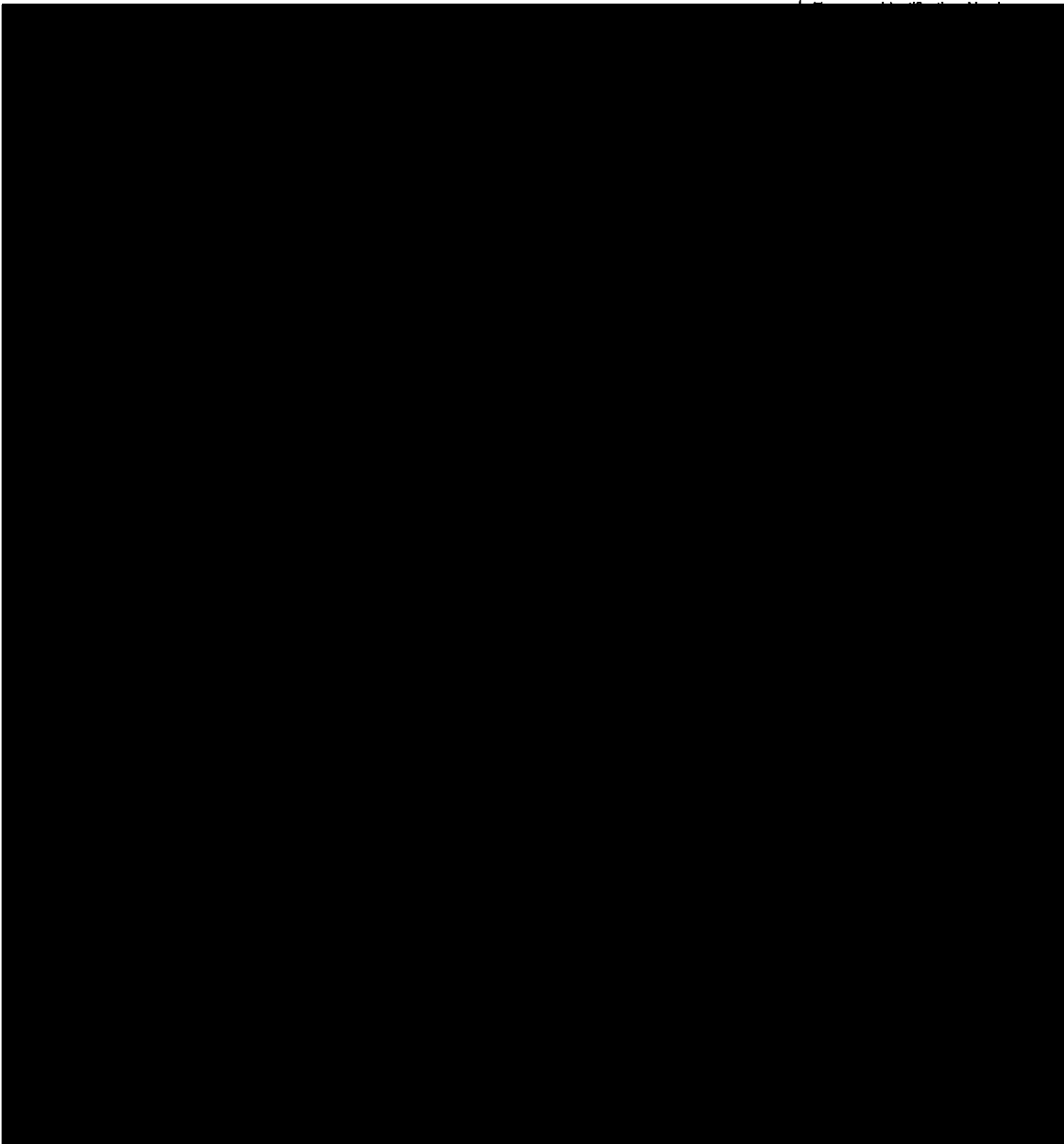
Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_



Form **1040**

**Next Year's Tentative Minimum Credit, Page 1**

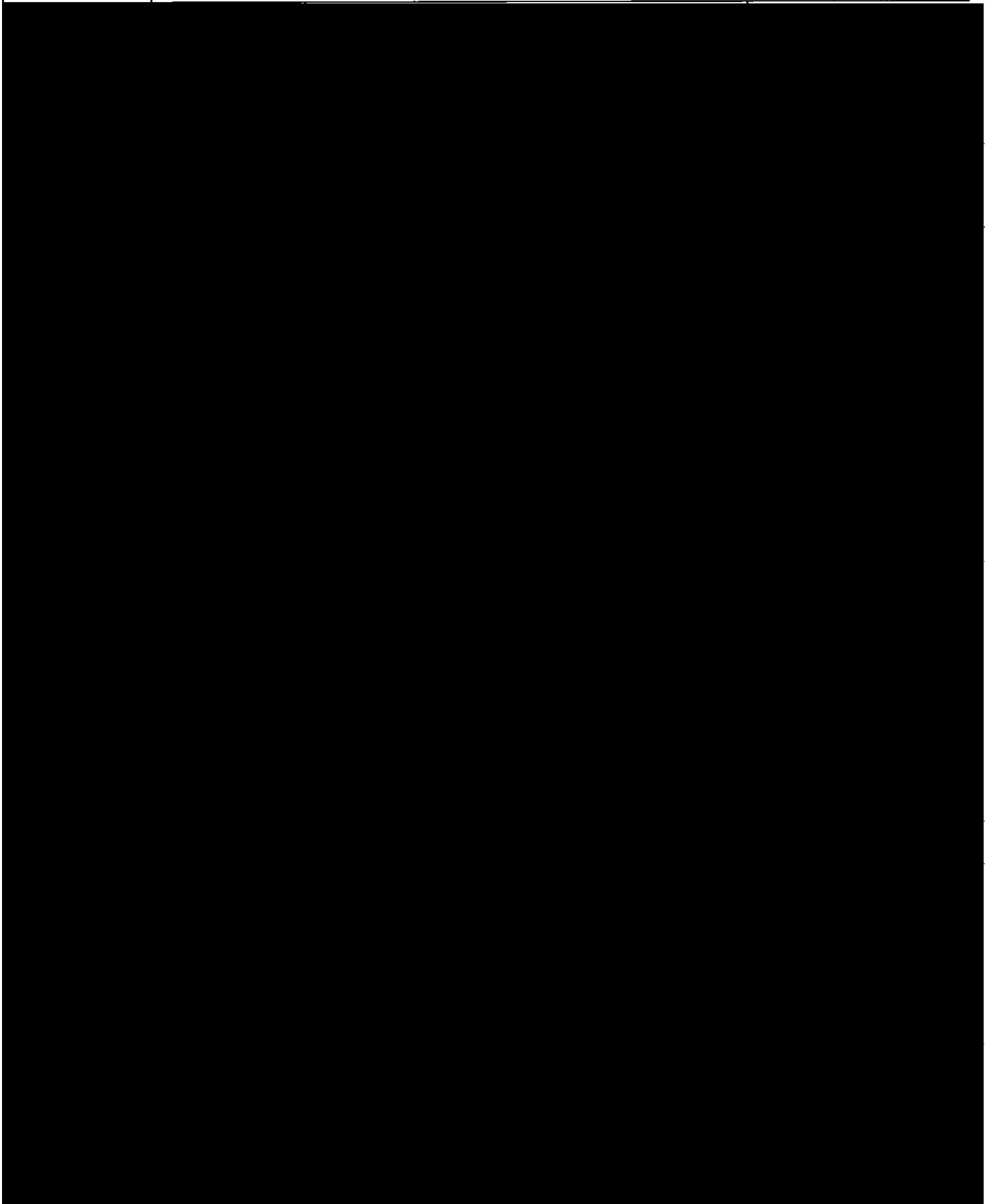
**2015**

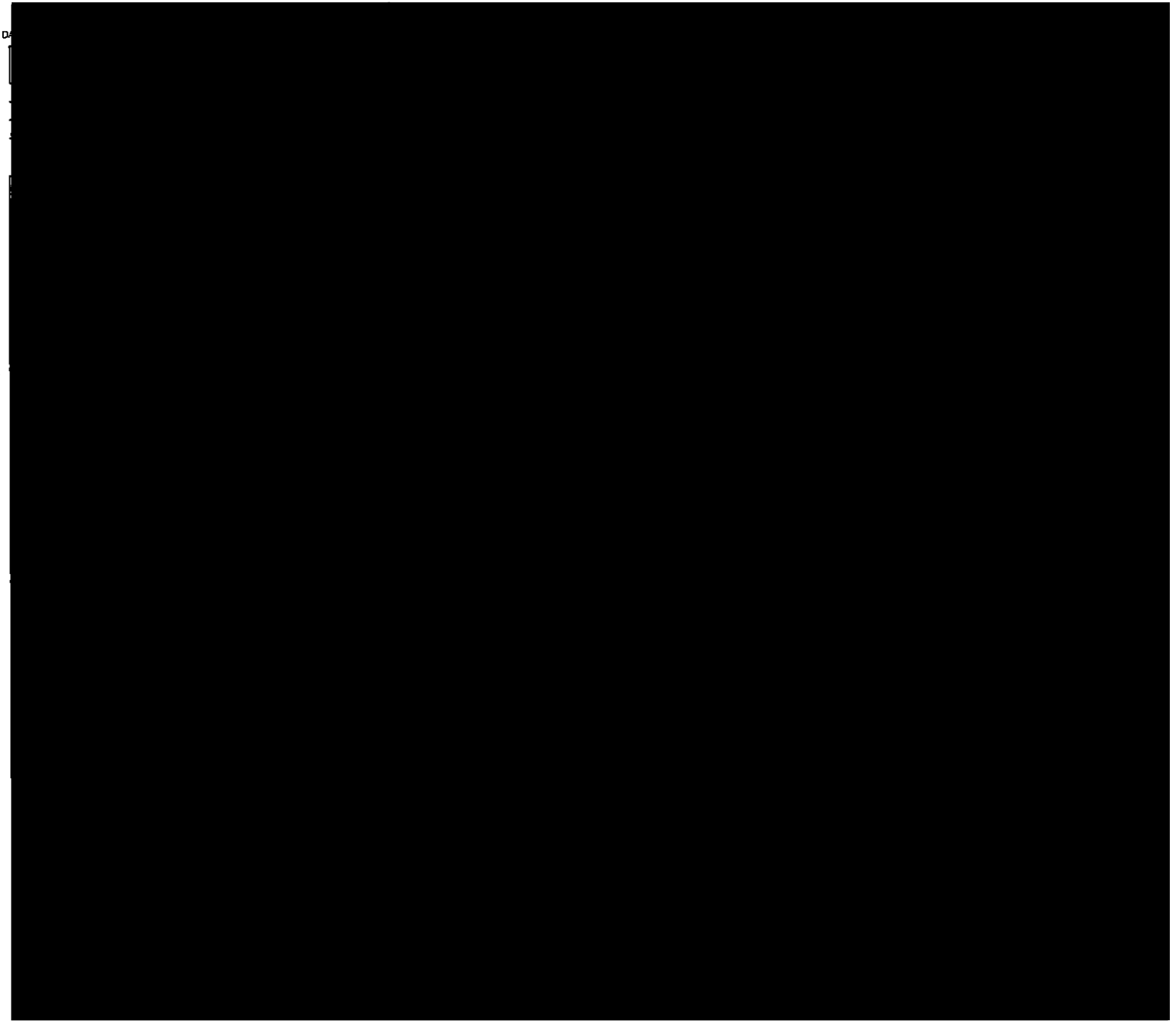


Form **1040**

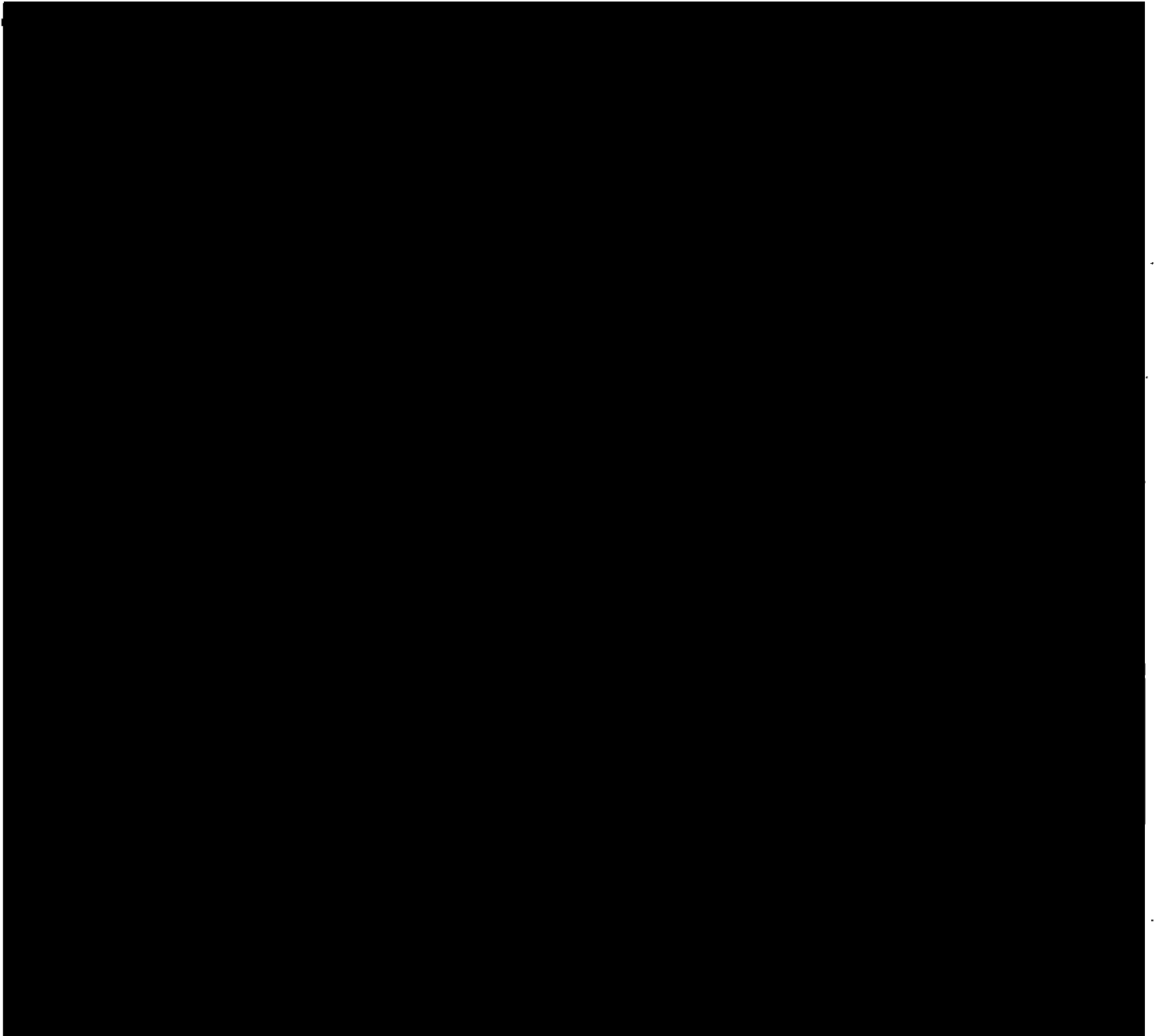
**Next Year's Tentative Minimum Credit, Page 2**

**2015**

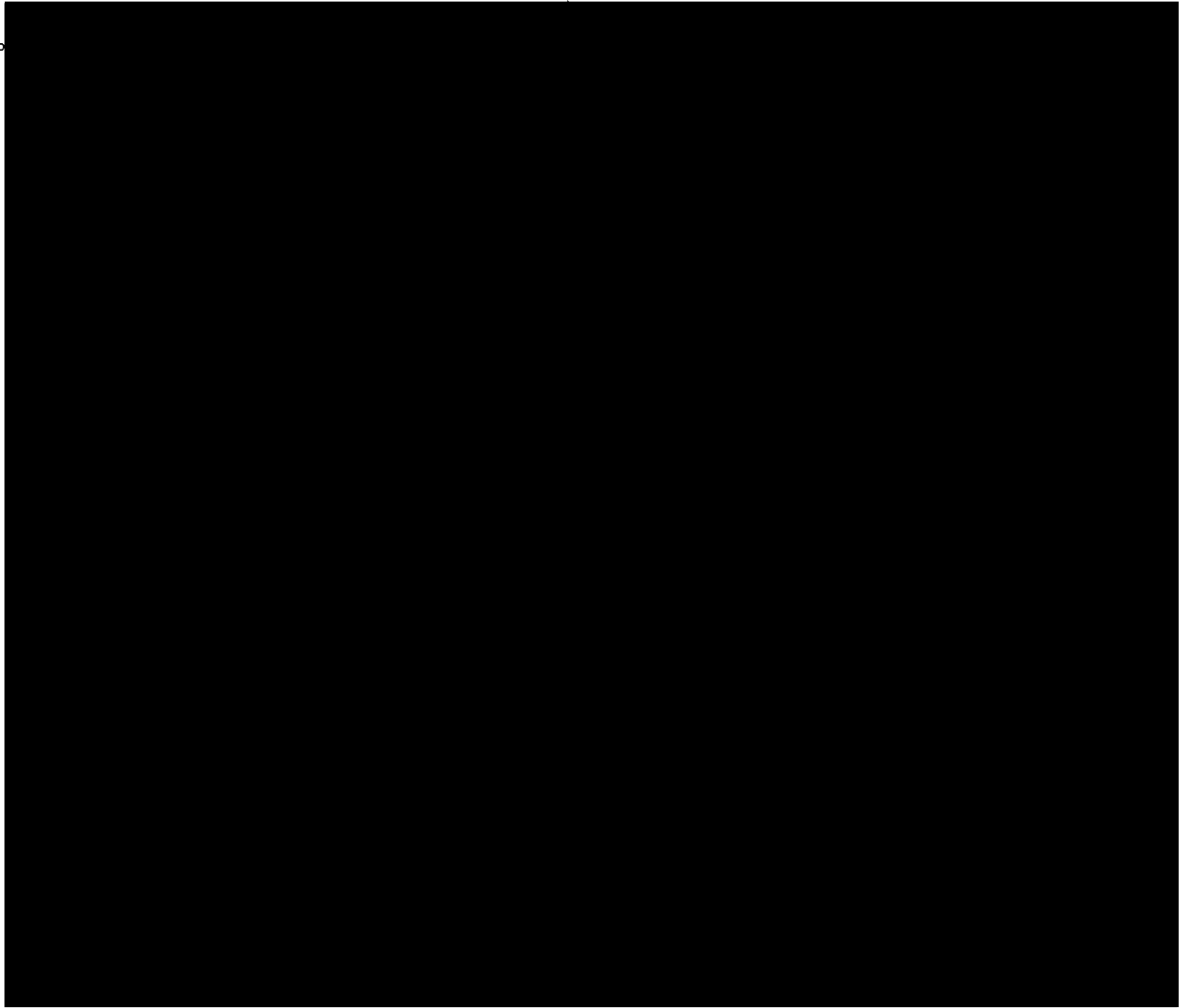


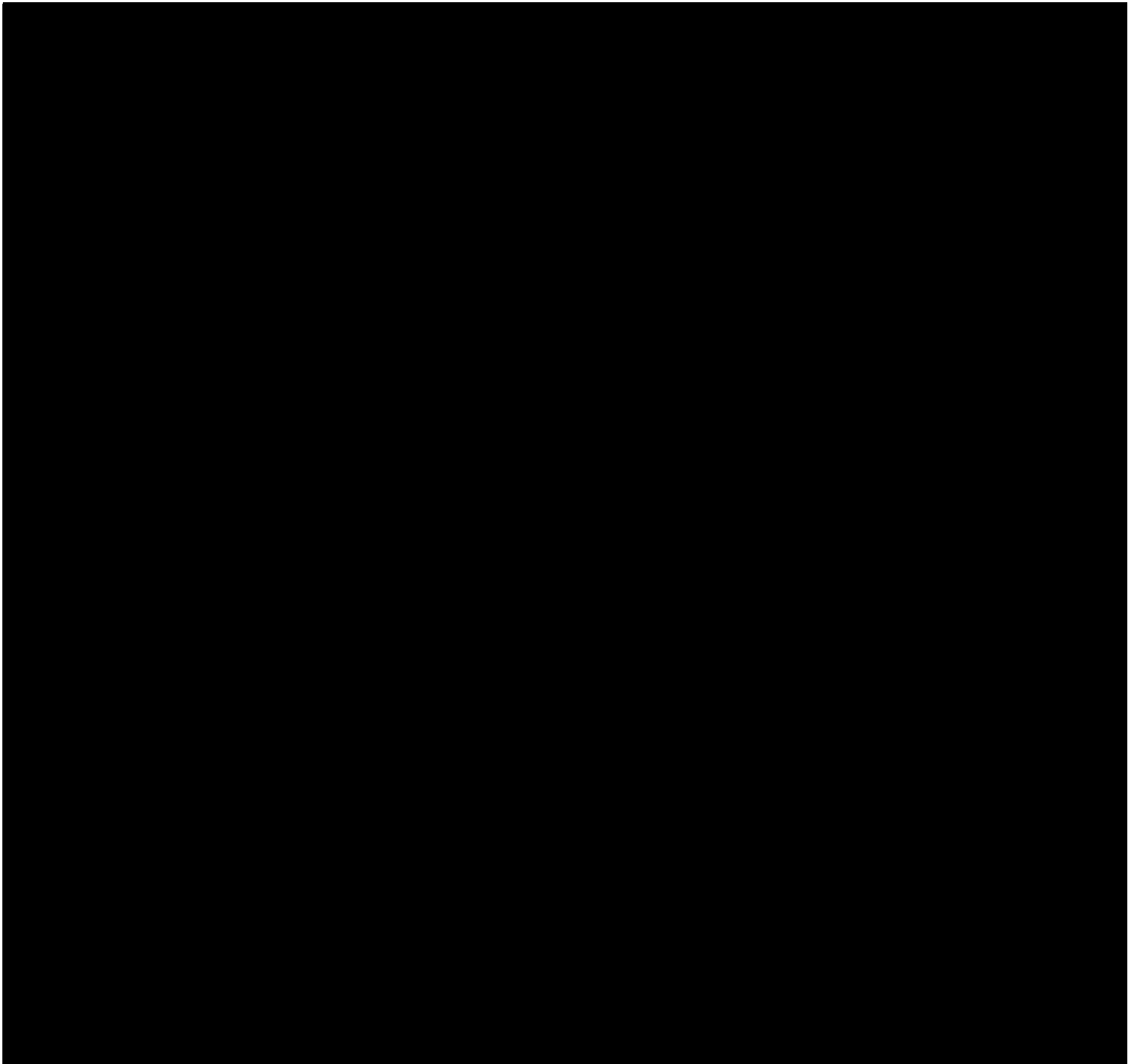


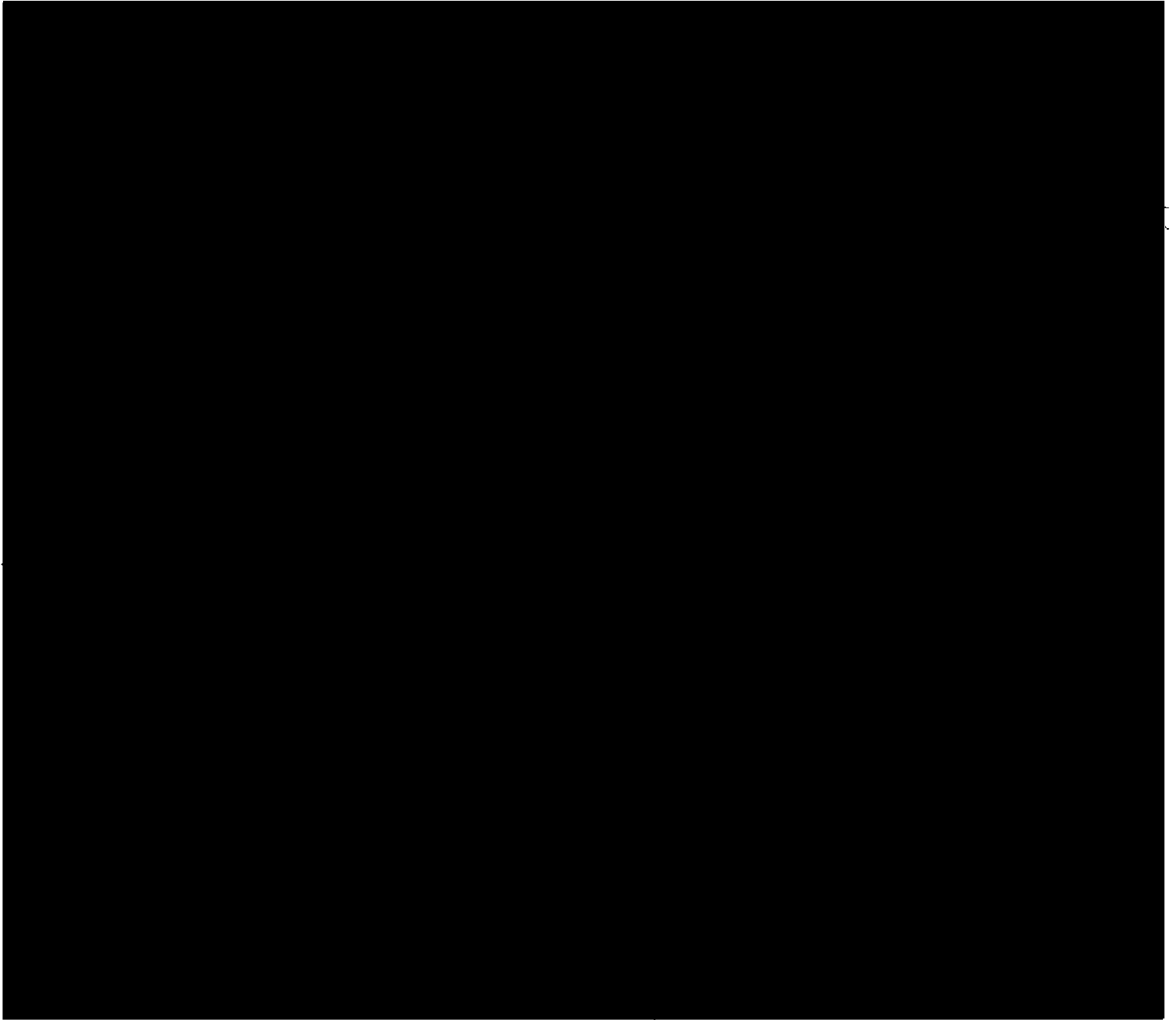
DA

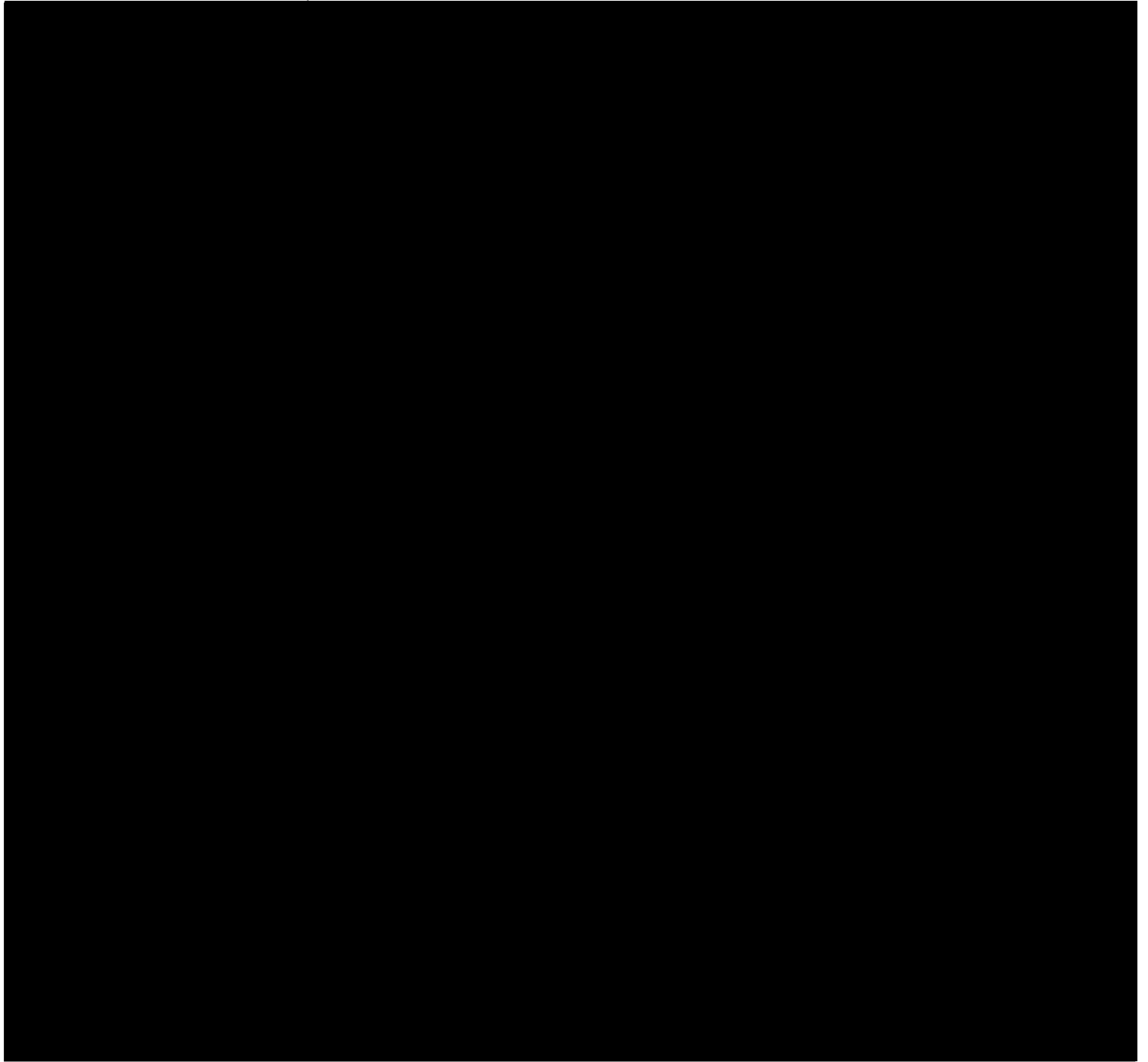


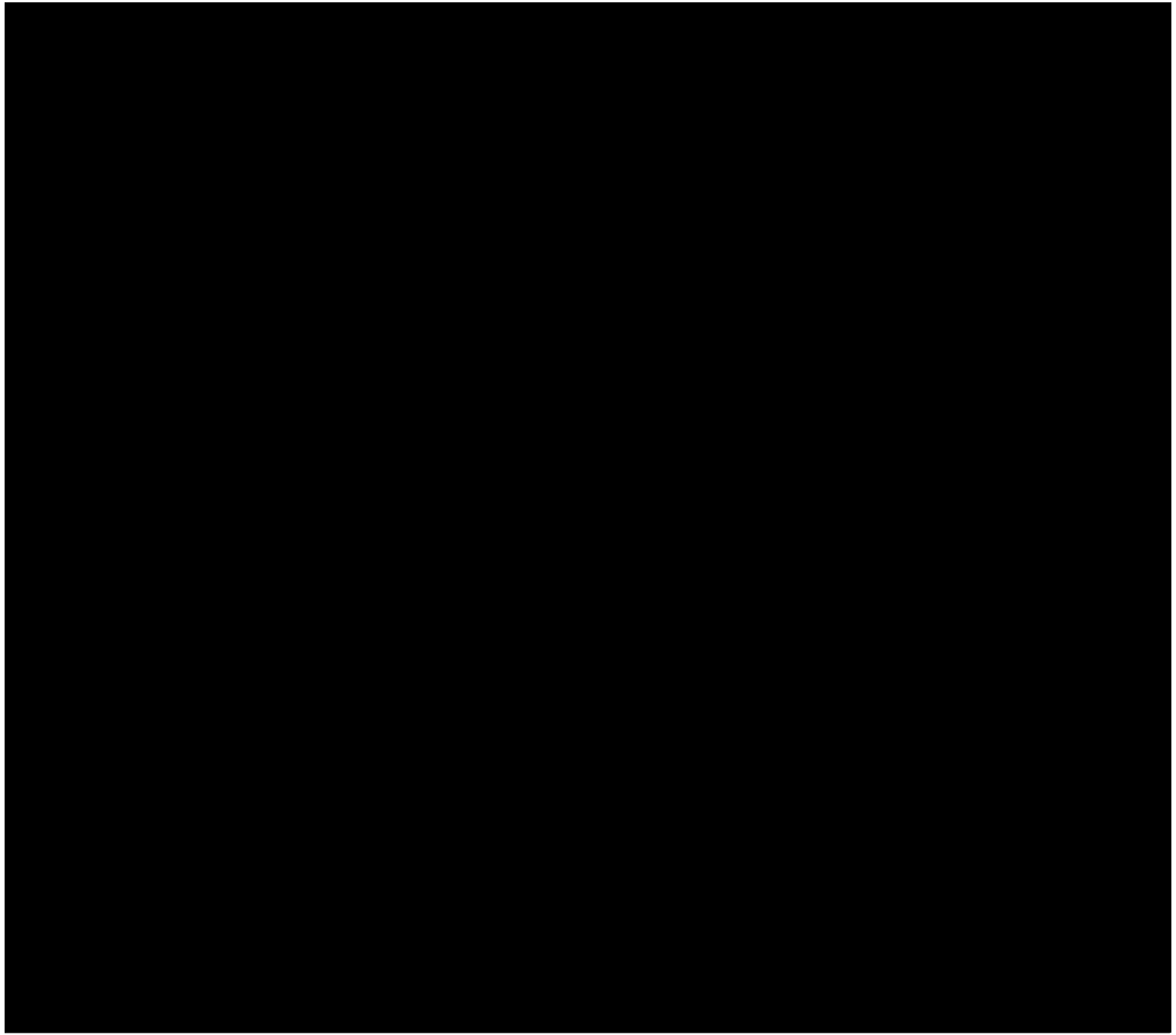


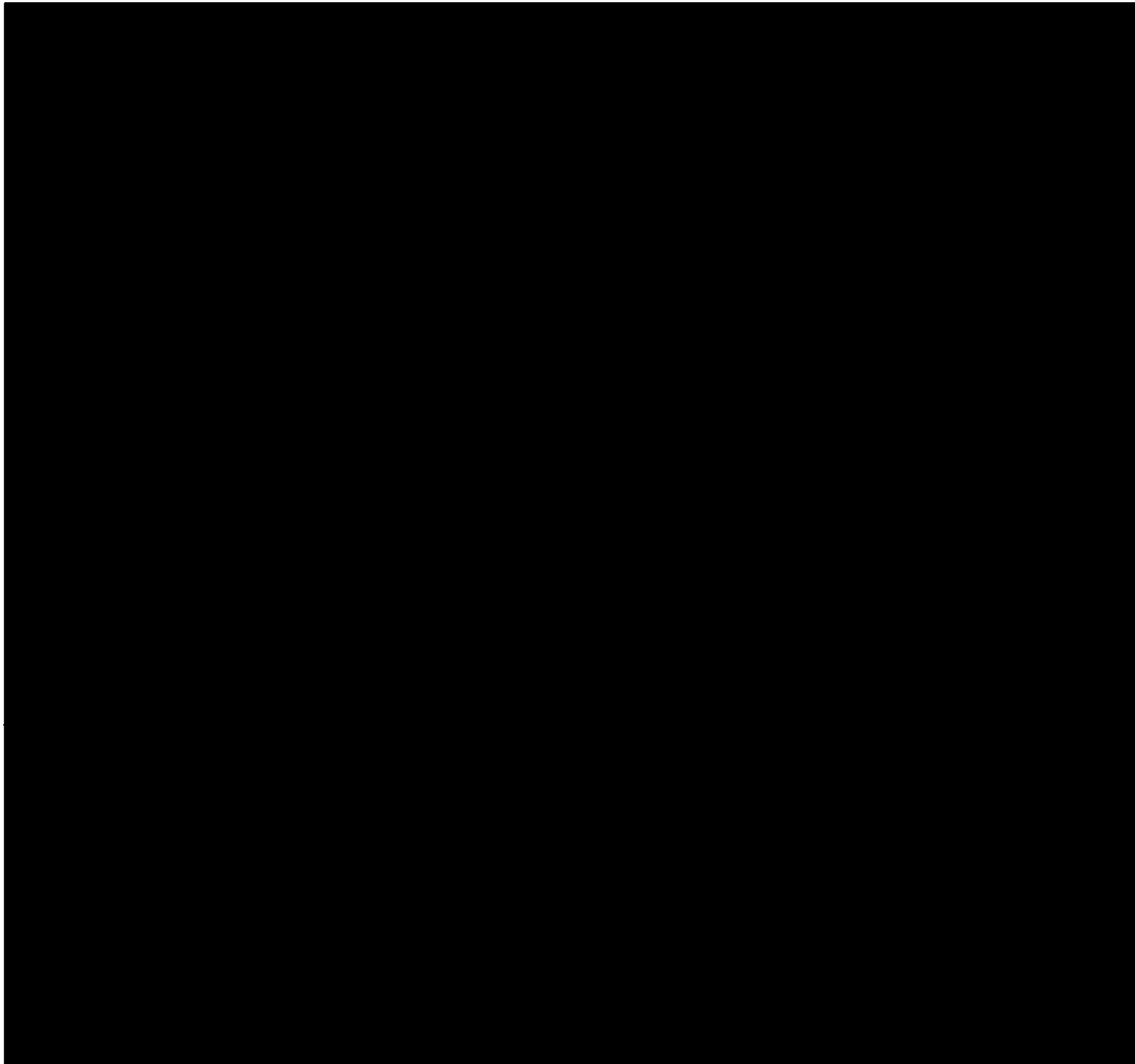


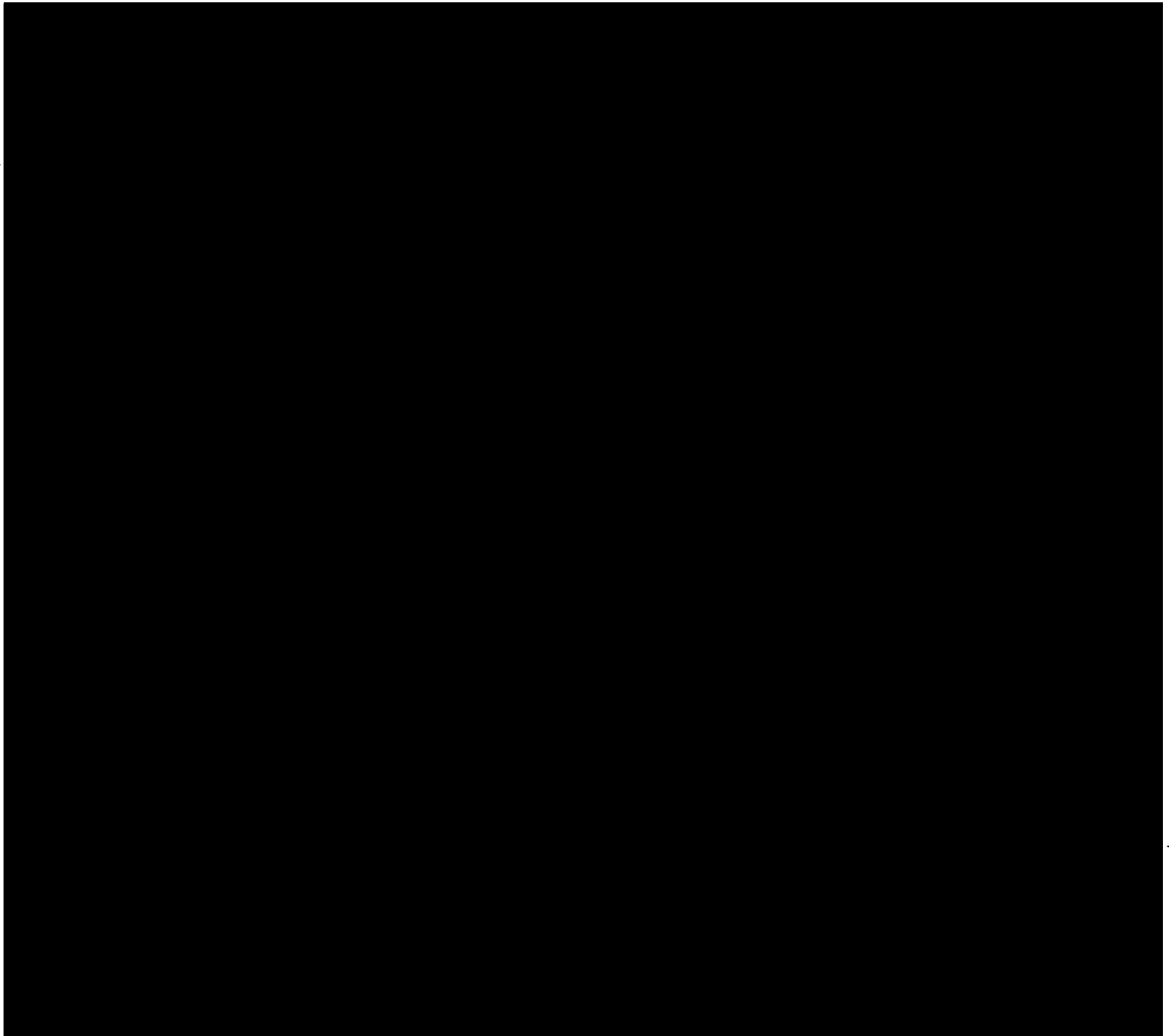


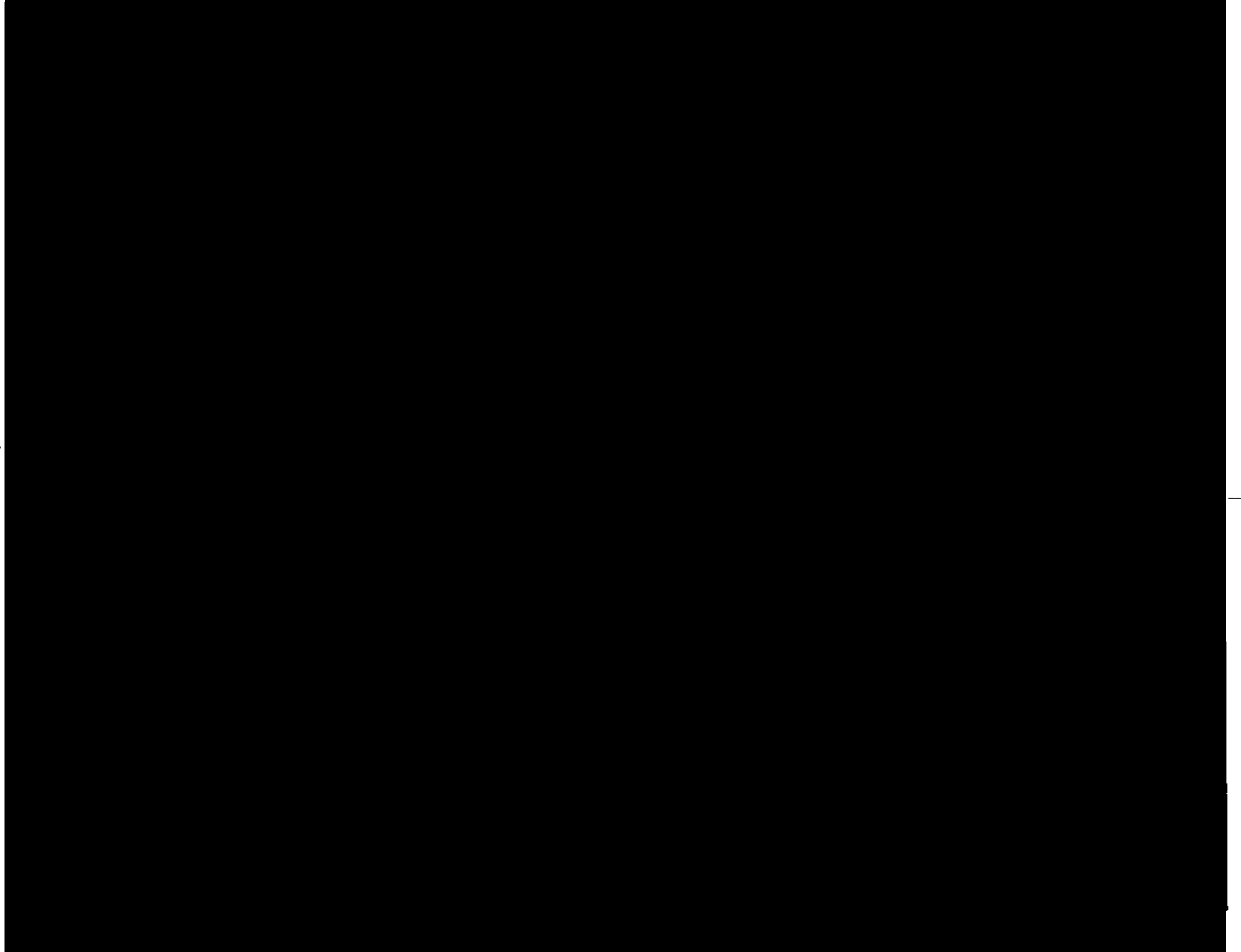




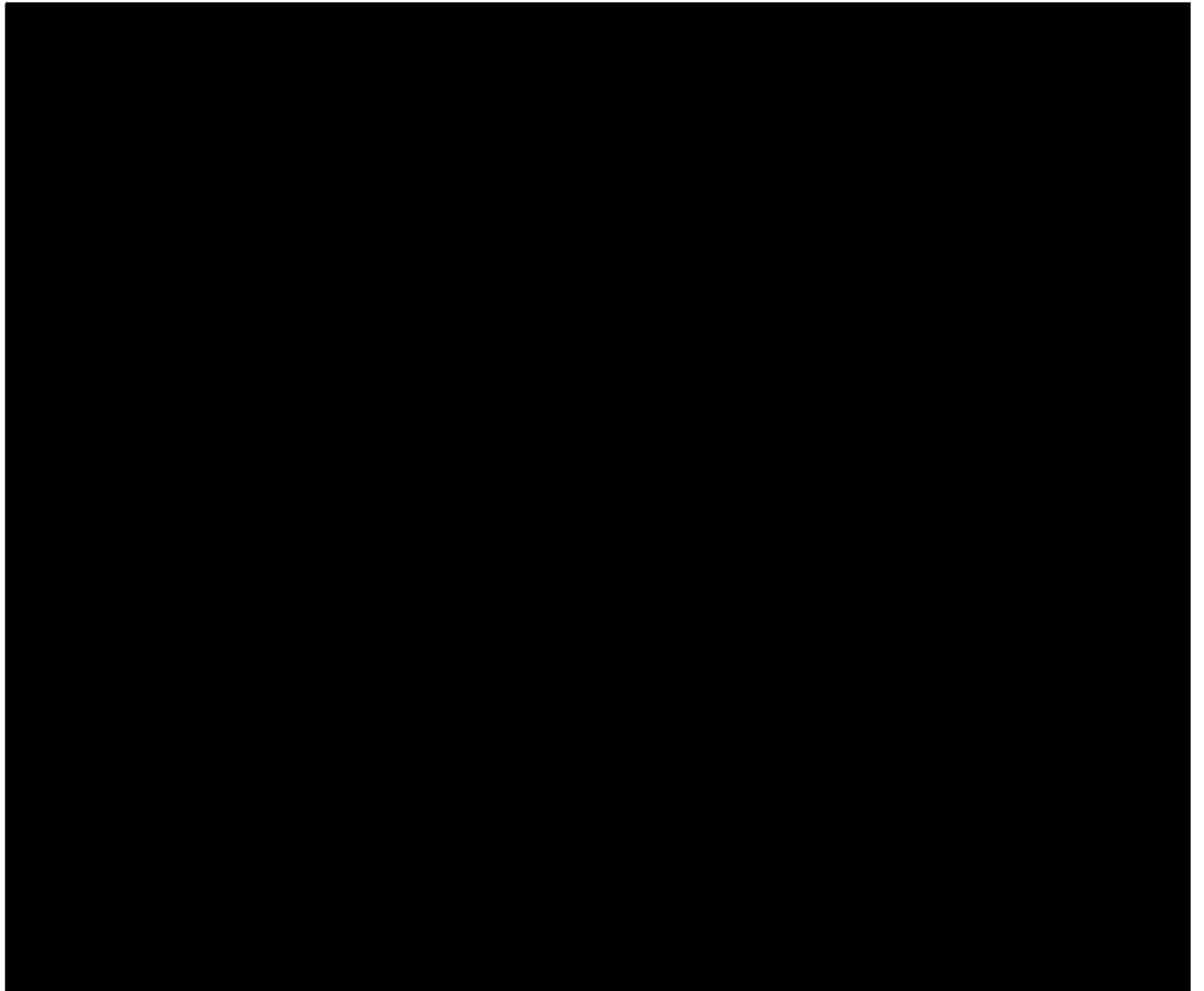


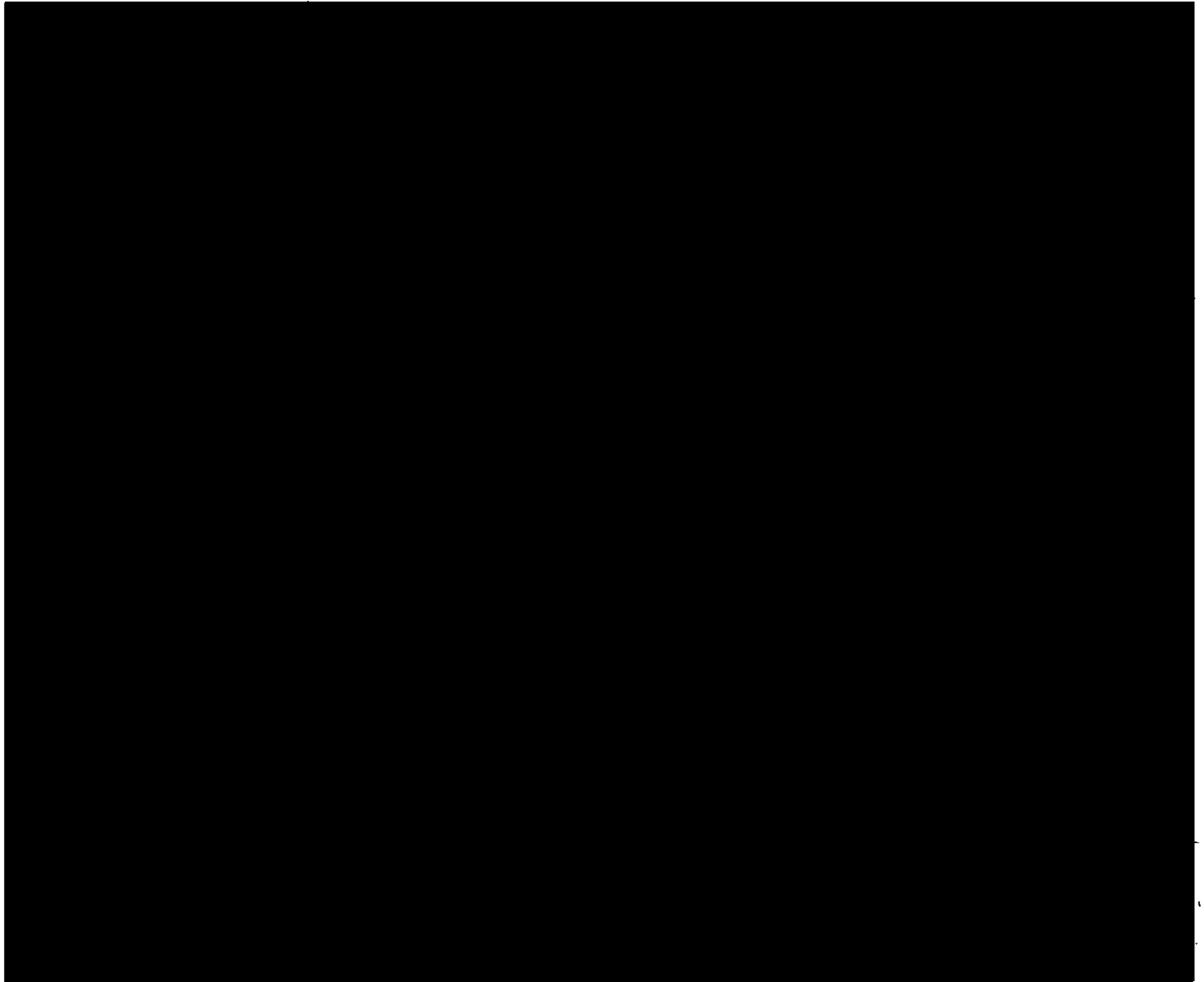


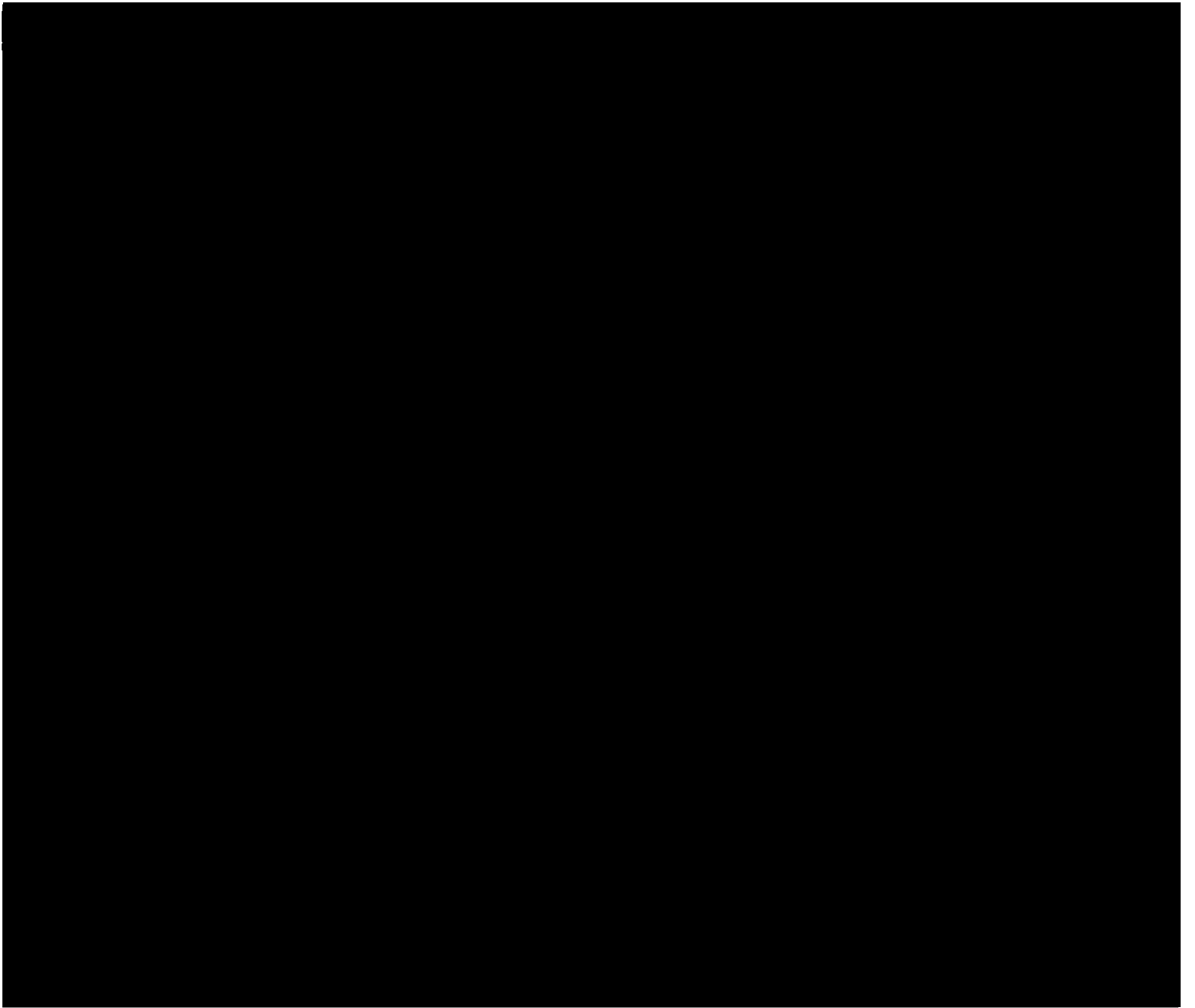










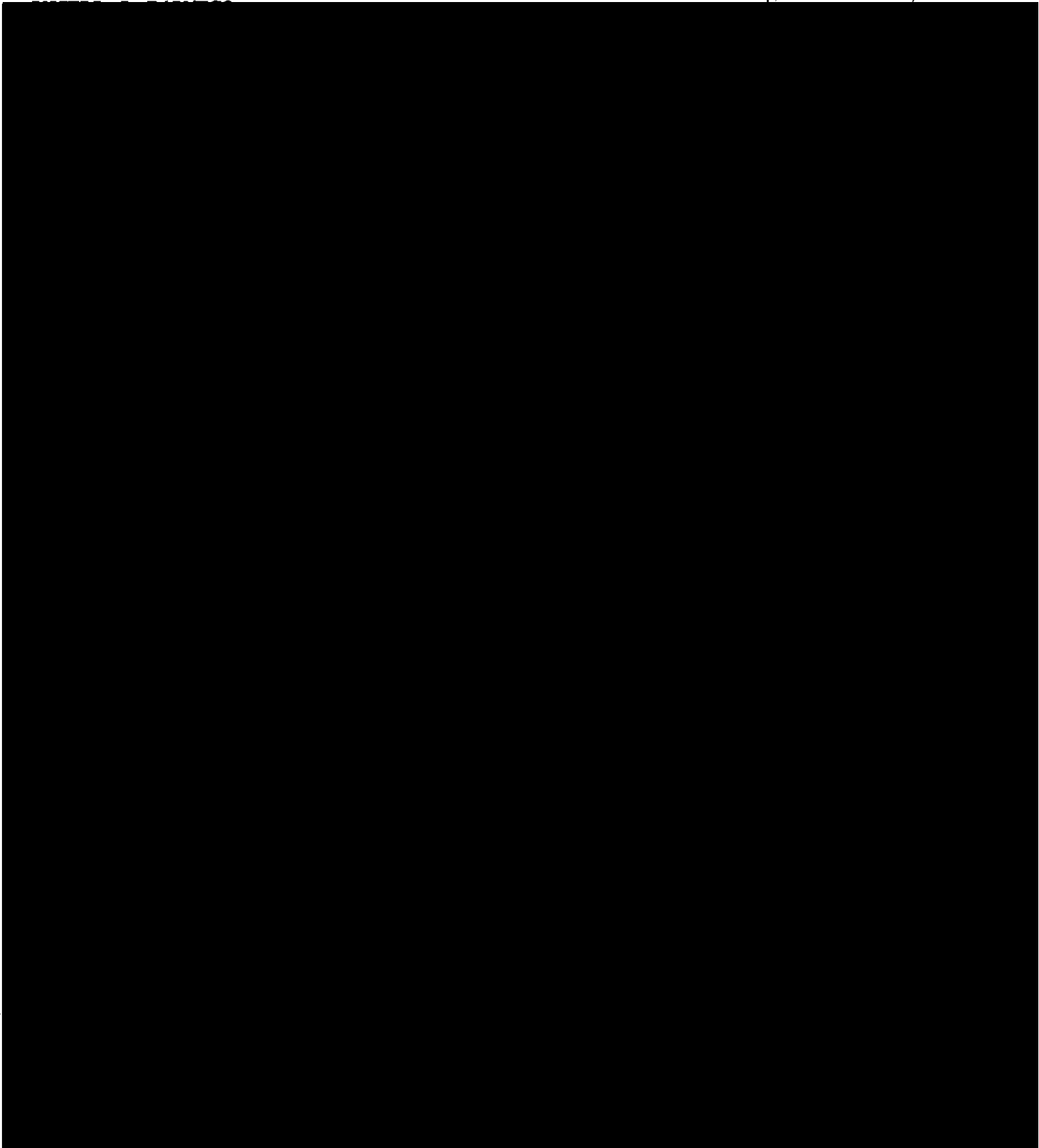




|                  |  |             |
|------------------|--|-------------|
| Form <b>1040</b> | <b>Rent and Royalty Reconciliation</b> | <b>2014</b> |
|------------------|--|-------------|

Name

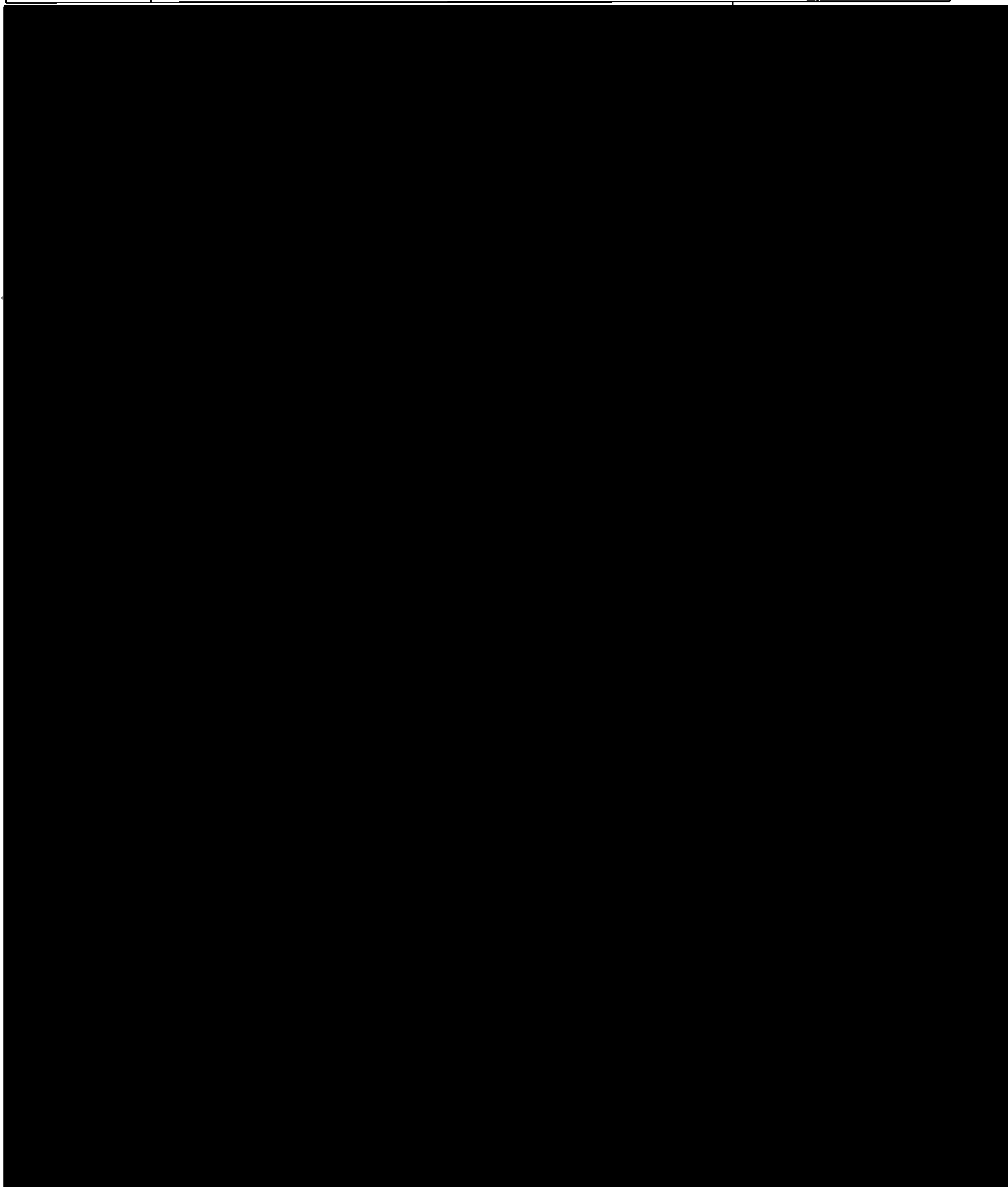
Taxpayer identification number



Form **1040**

**Rent and Royalty Reconciliation**

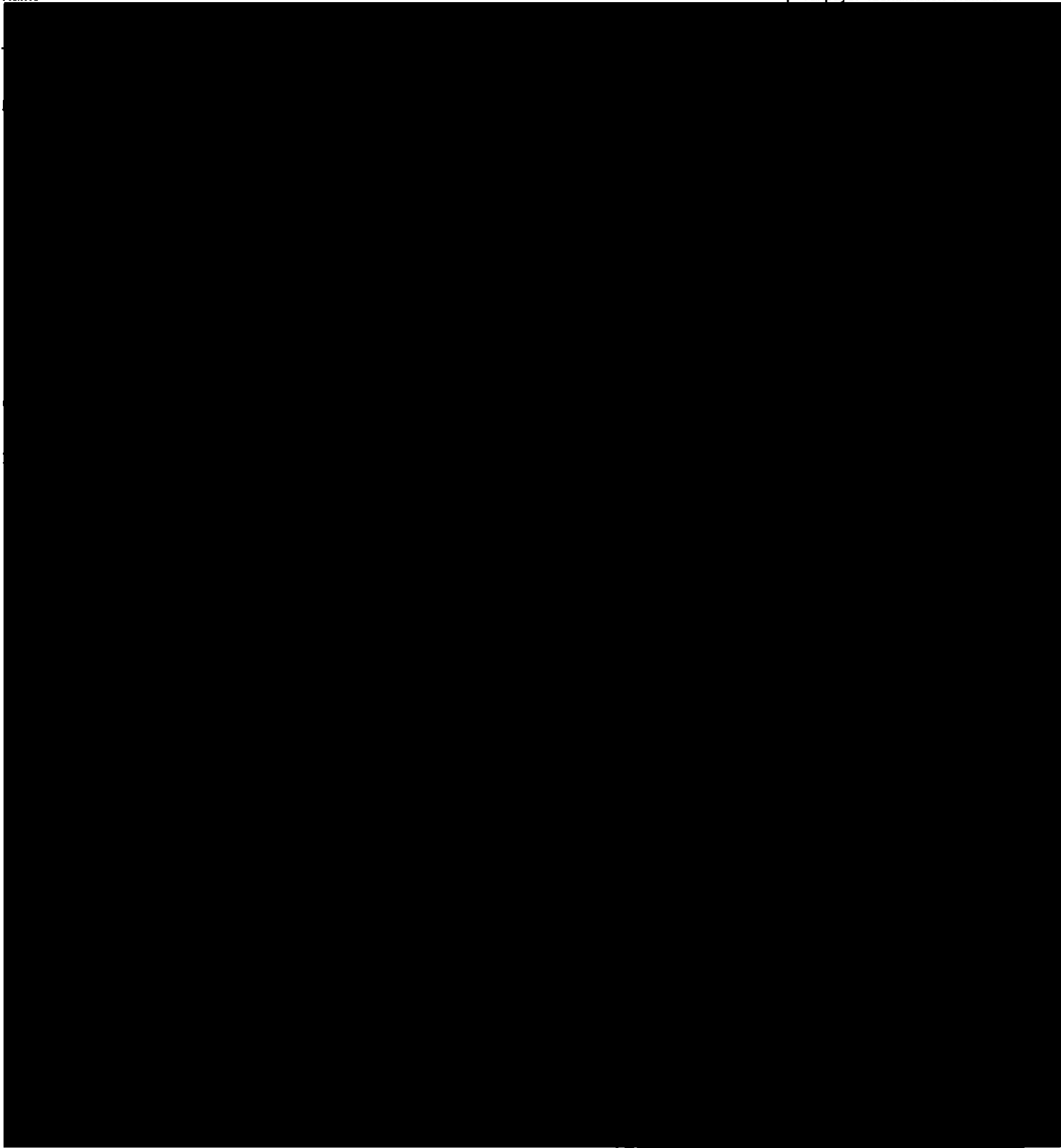
**2014**



|                  |  |             |
|------------------|--|-------------|
| Form <b>1040</b> | <b>Net Earnings from Self-Employment Worksheet</b> | <b>2014</b> |
|------------------|--|-------------|

Name

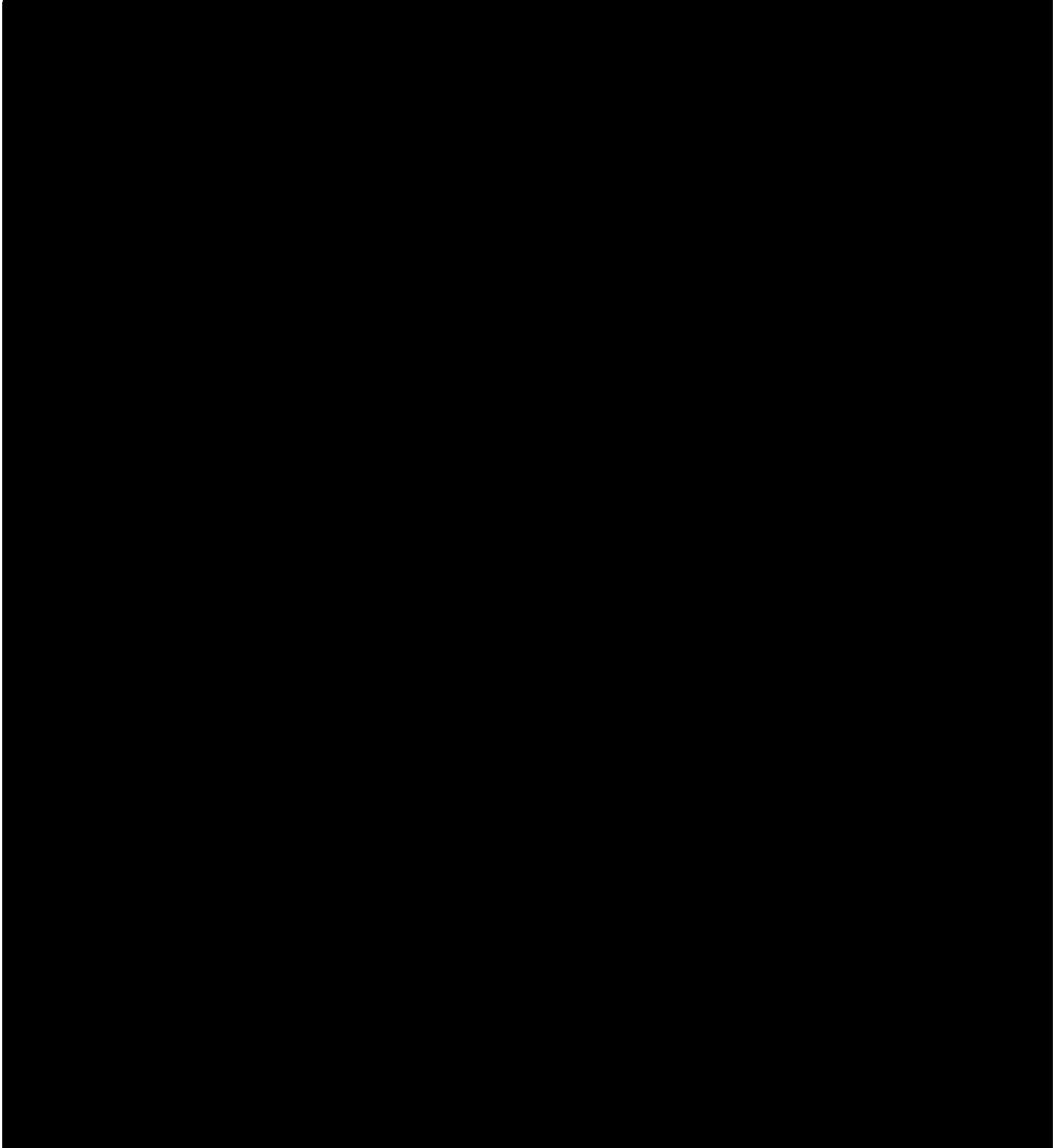
Taxpayer Identification Number



|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>Self-Employed Health Insurance Deduction Worksheet</b> | <b>2014</b> |
|------------------|---|-------------|

Name of person with self-employment income (as shown on Form 1040)

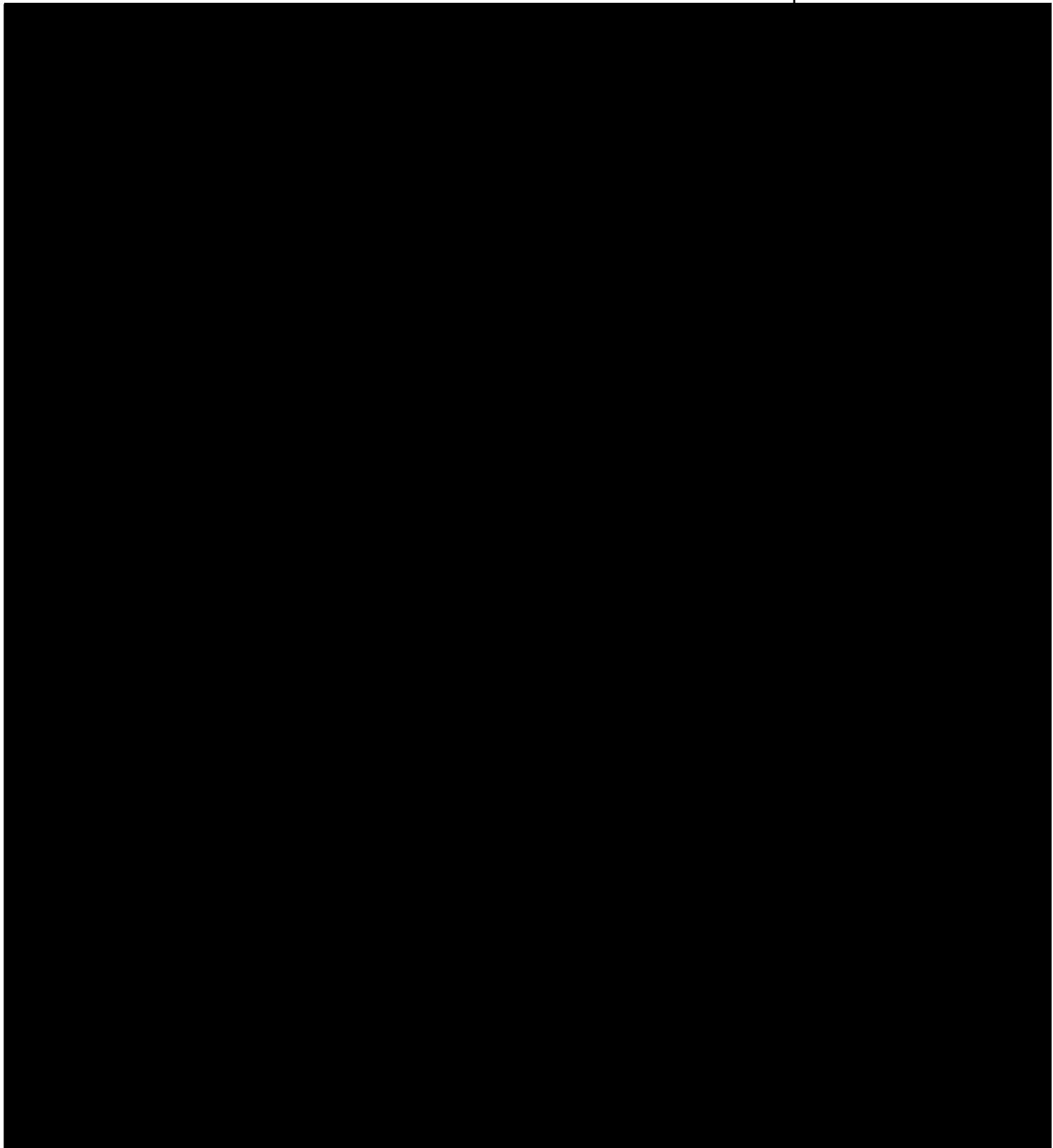
Taxpayer Identification Number





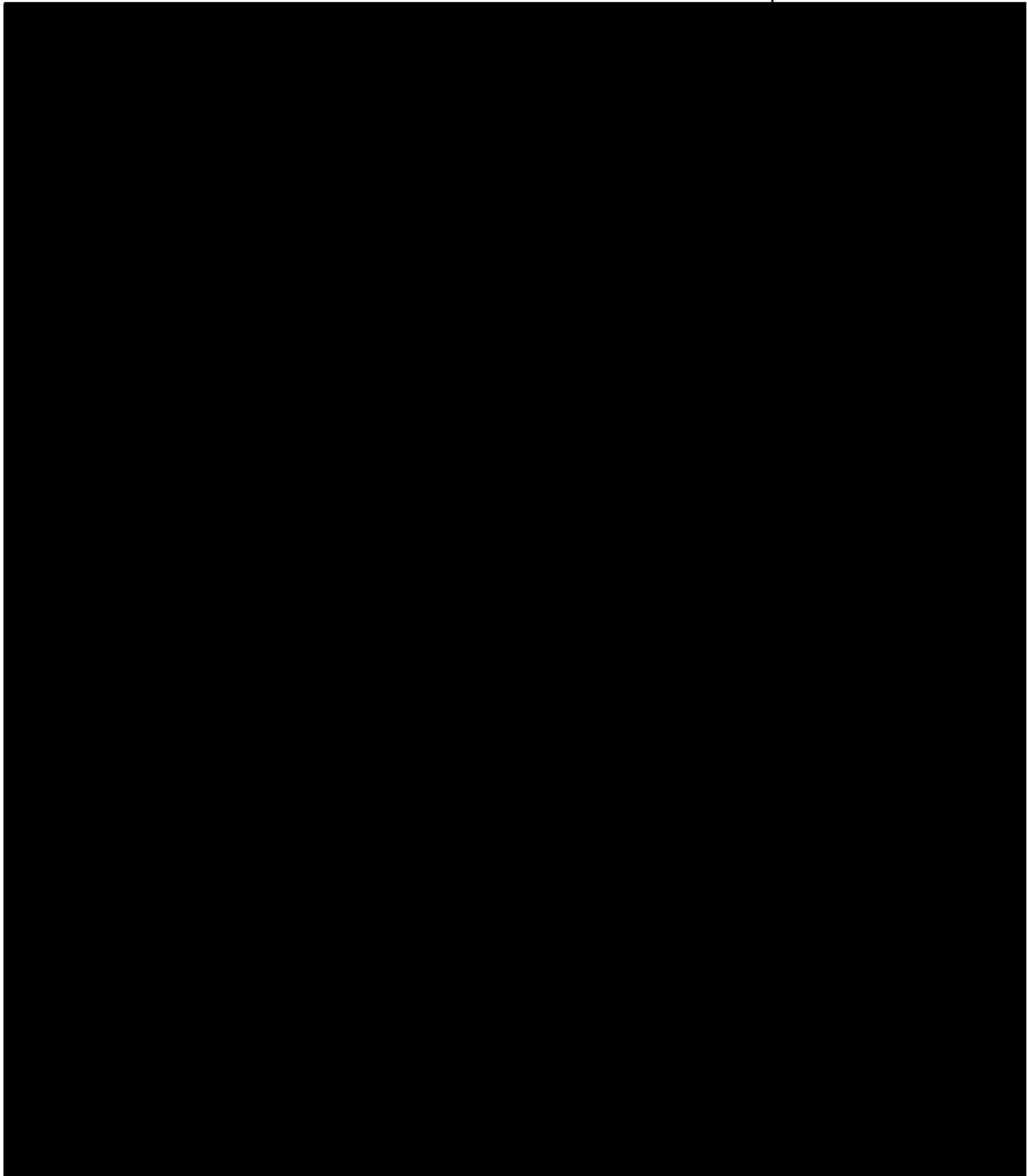
|                  |                              |             |
|------------------|------------------------------|-------------|
| Form <b>1040</b> | <b>Tax Refund Worksheets</b> | <b>2014</b> |
|------------------|------------------------------|-------------|

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_



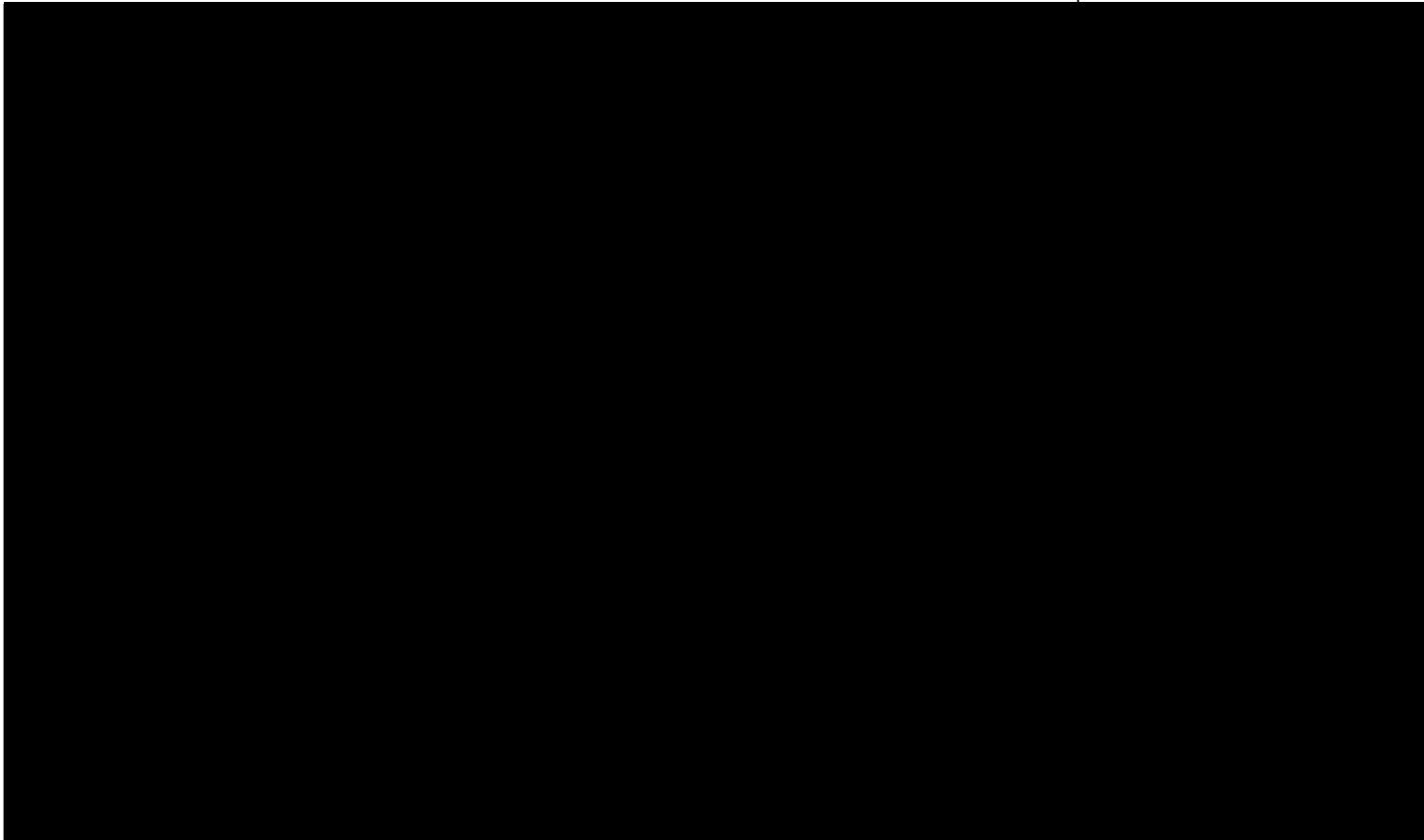
|                  |  |             |
|------------------|--|-------------|
| Form <b>1040</b> | <b>Tax Refund Worksheet - 2014 State and Local Refunds</b> | <b>2015</b> |
|------------------|--|-------------|

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

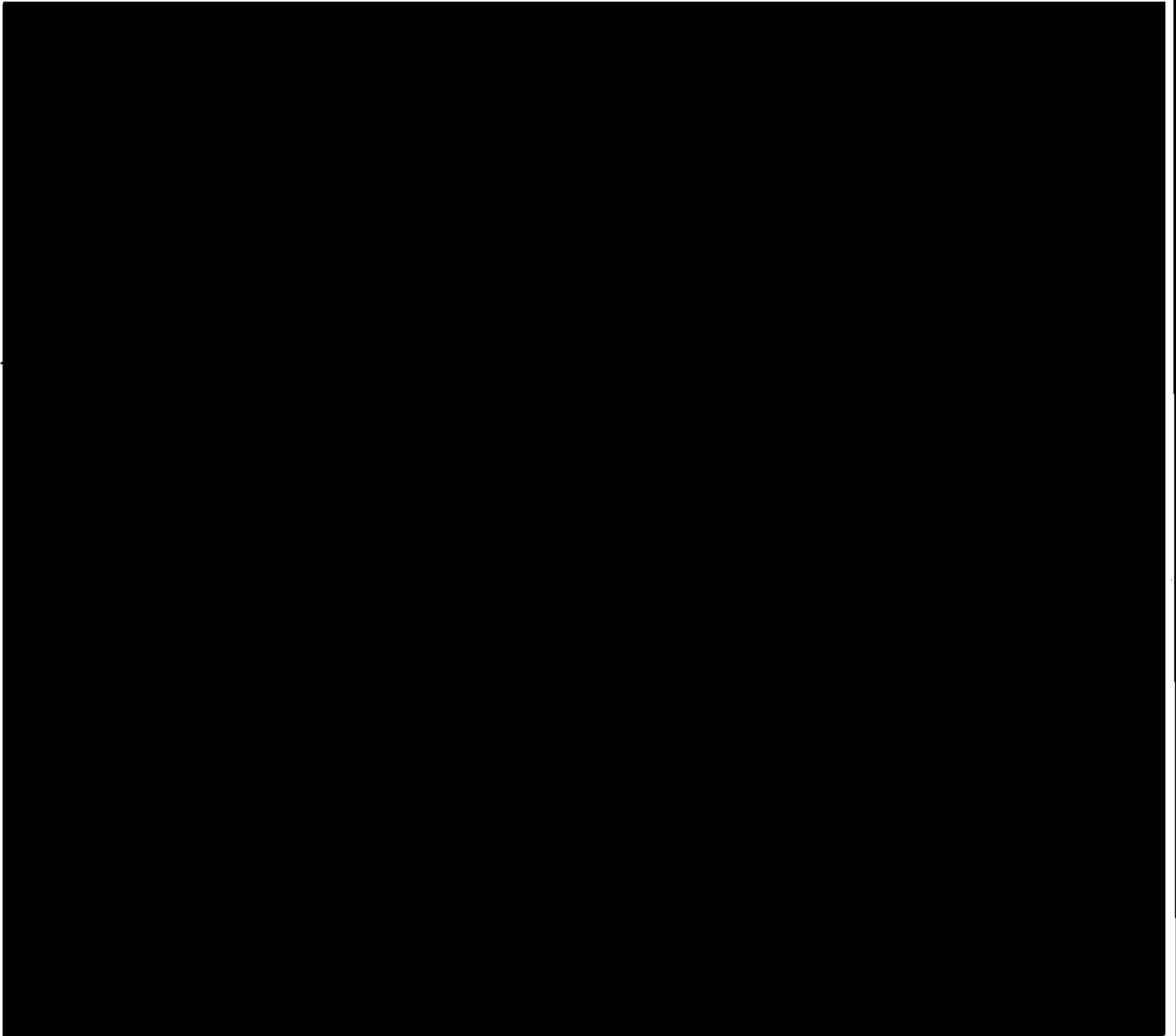


|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>Tax Refund Worksheet - No Tax Benefit Derived Due to AMT</b> | <b>2015</b> |
|------------------|---|-------------|

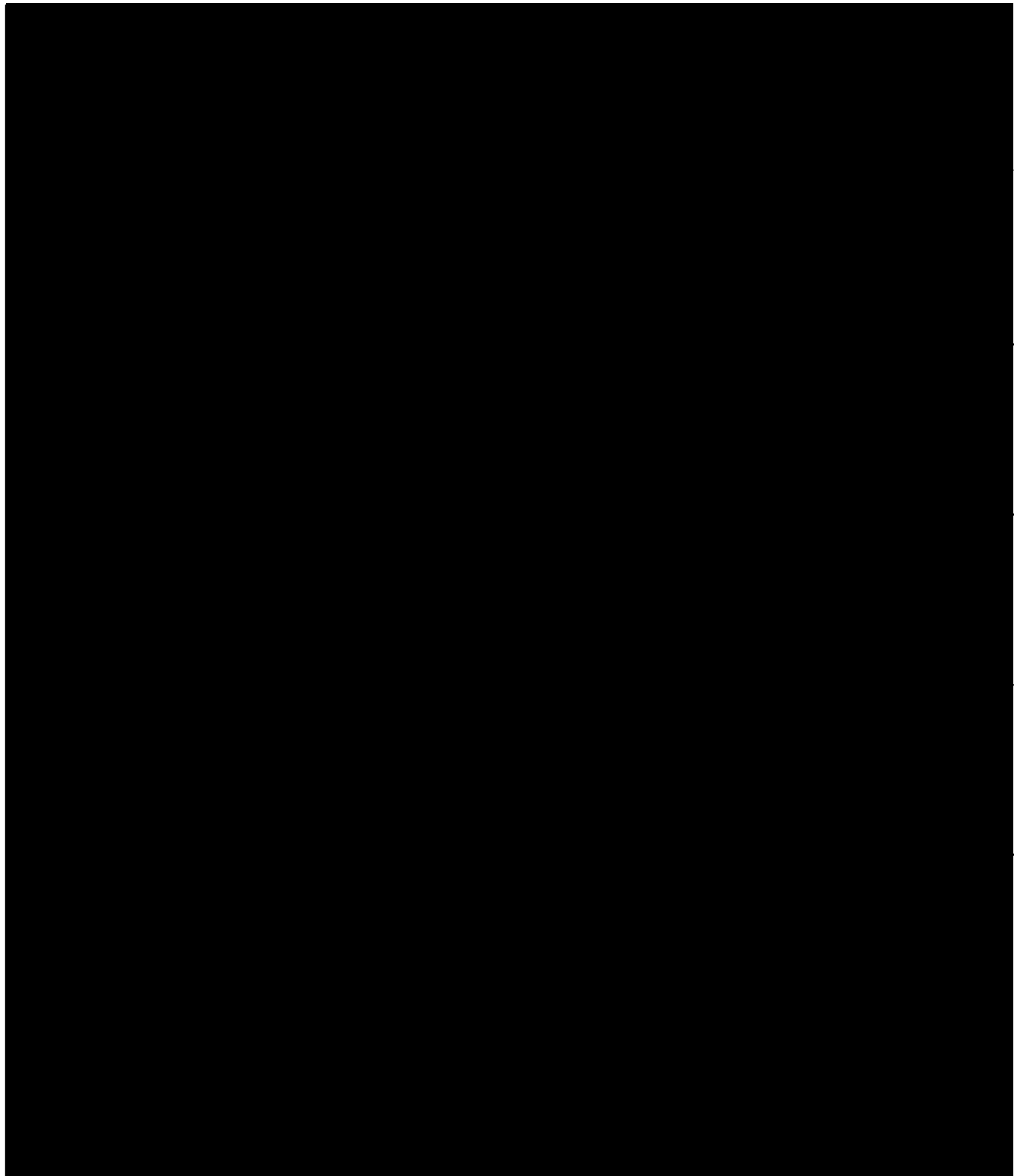
Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

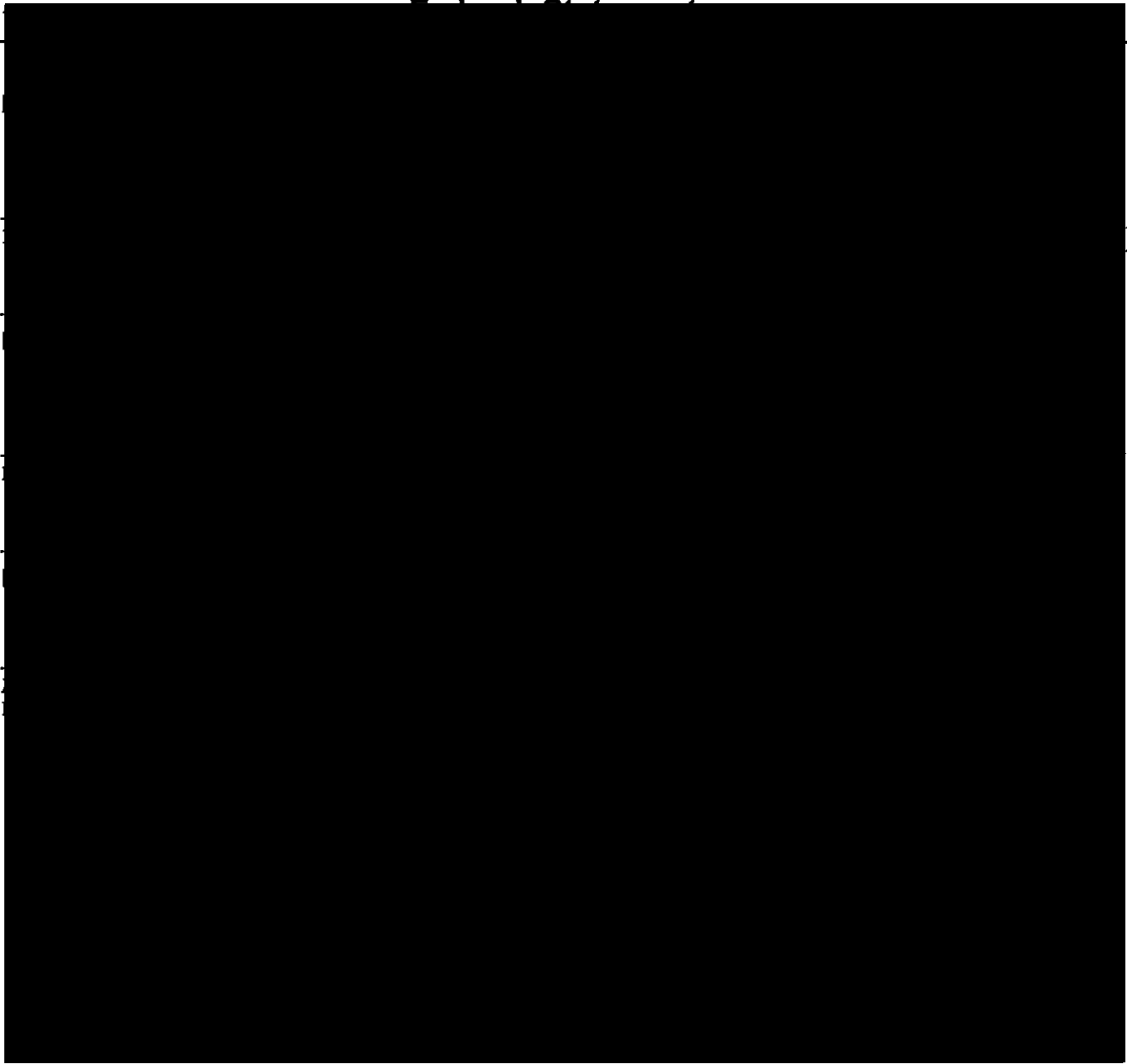


**Federal Statements**

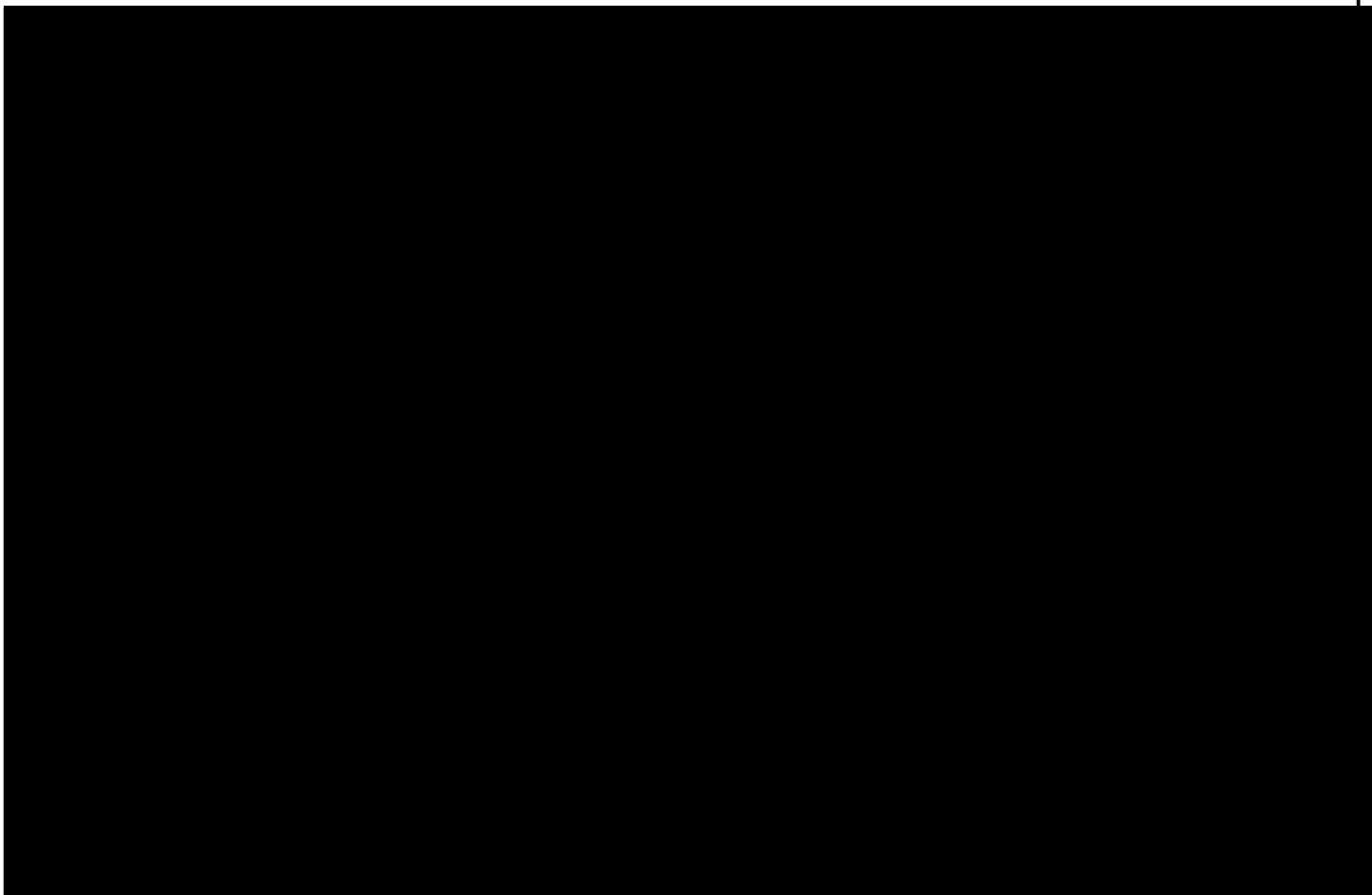


**Federal Statements**

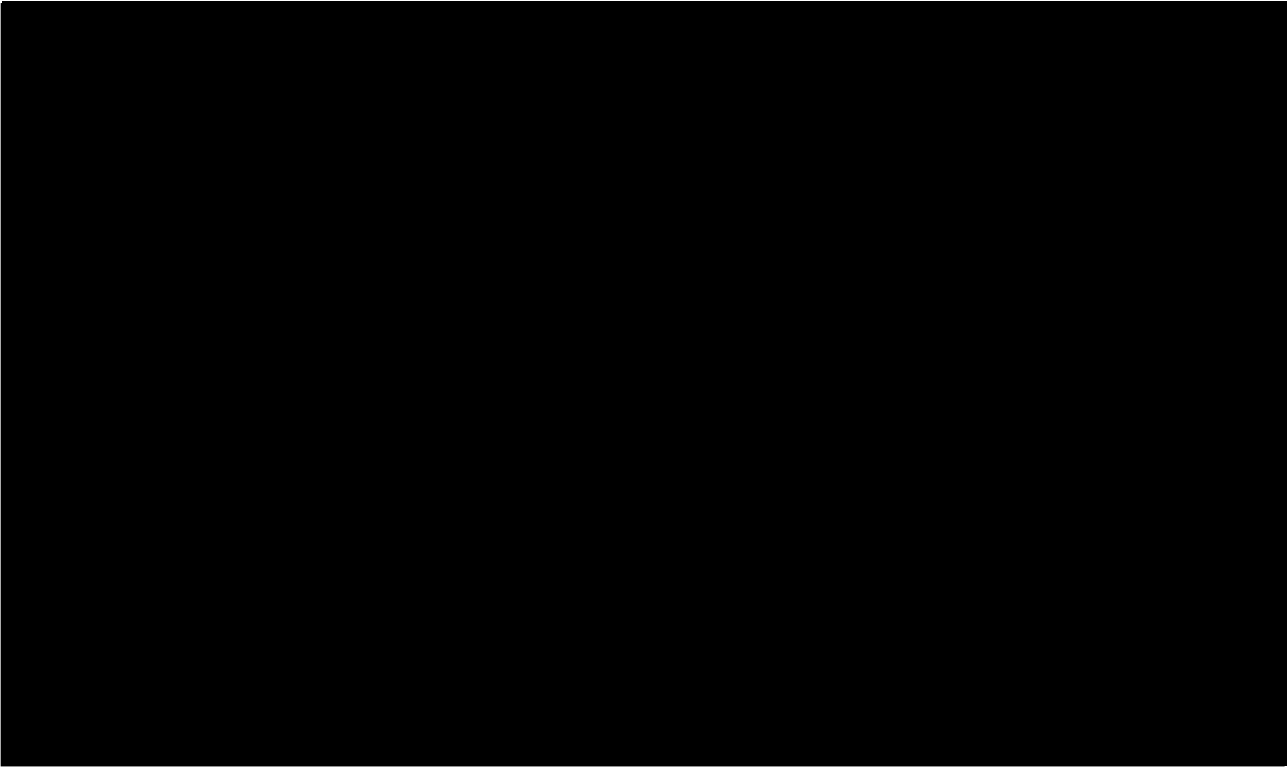




**Federal Statements**



**Federal Statements**

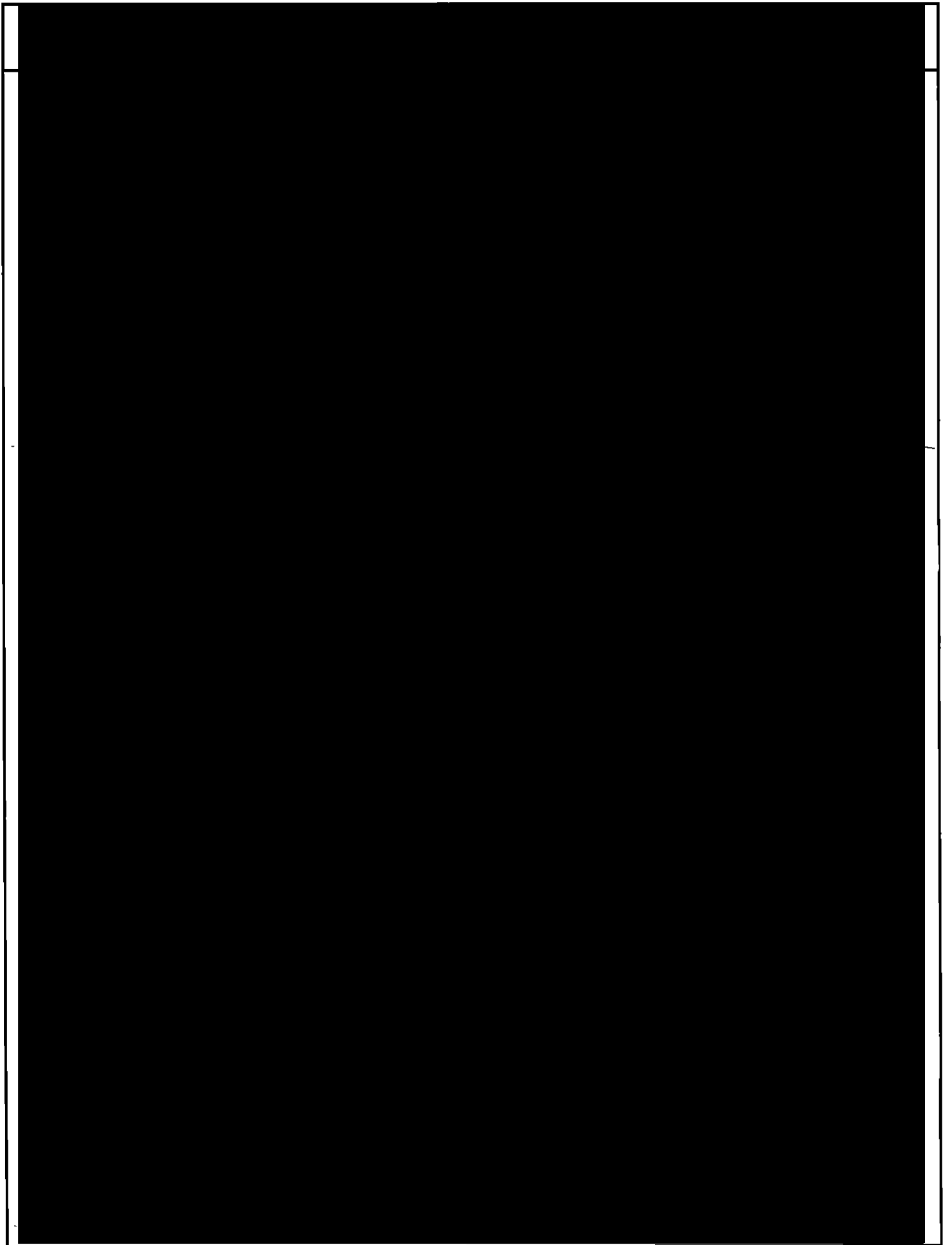


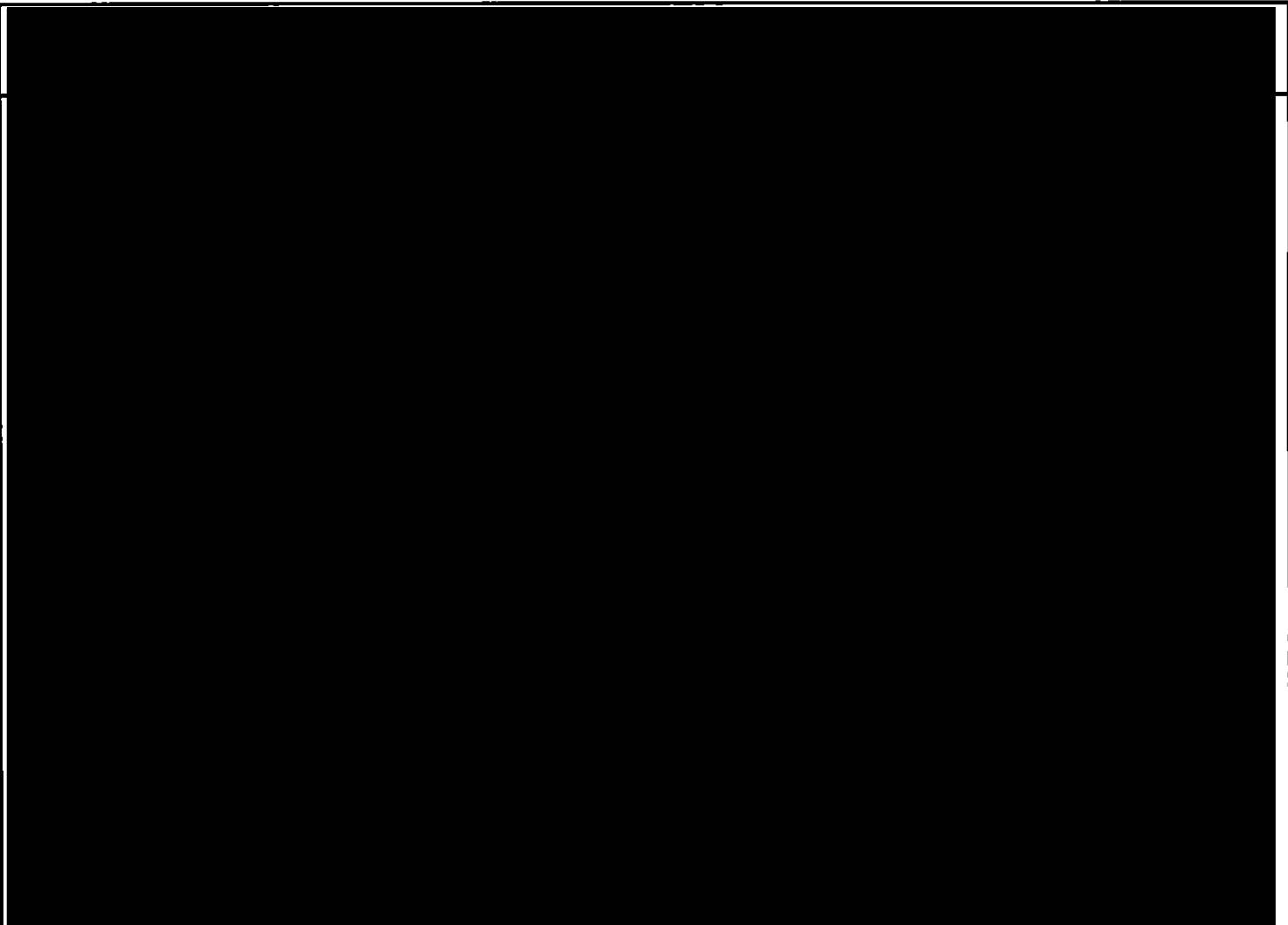




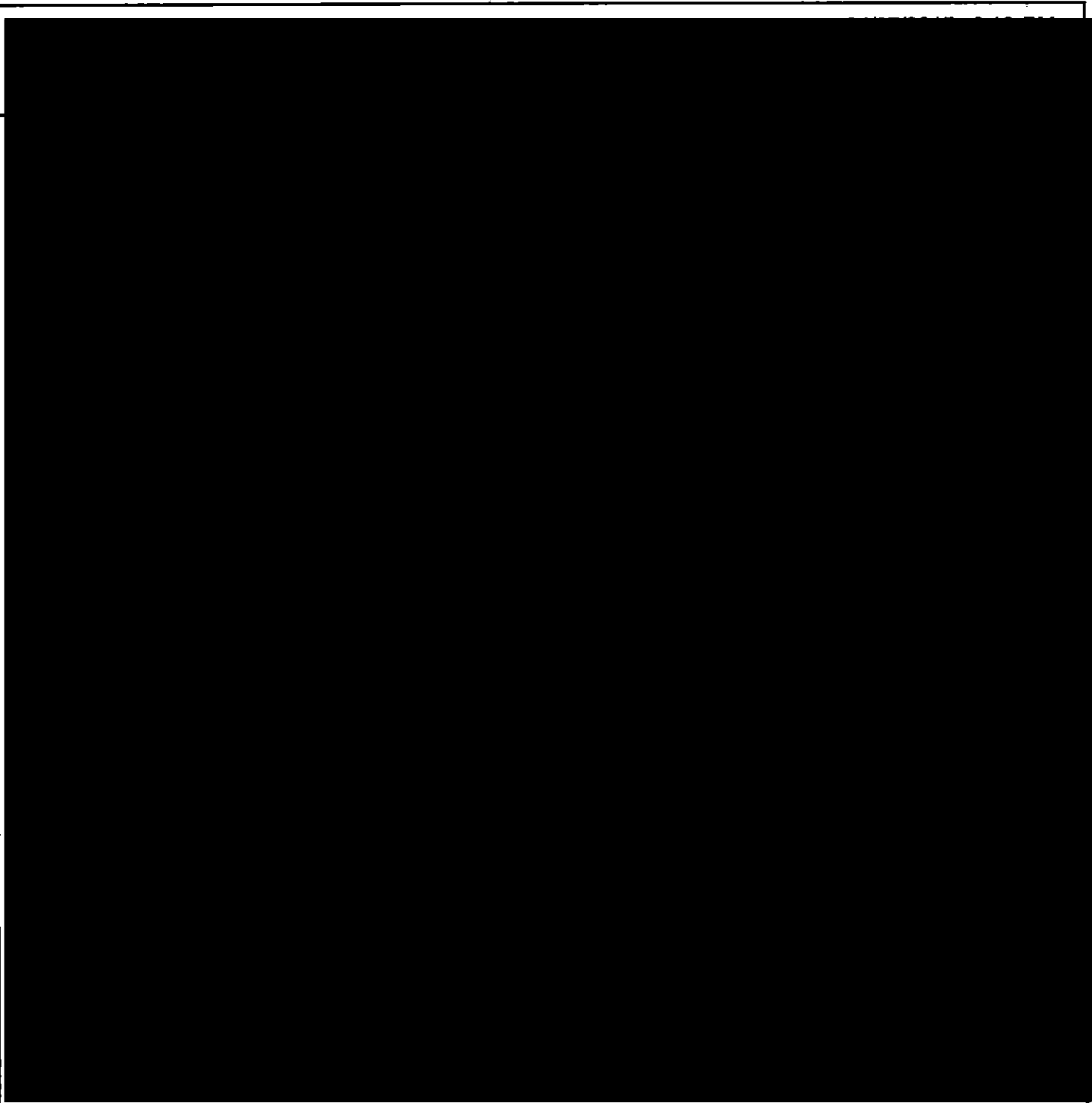


6

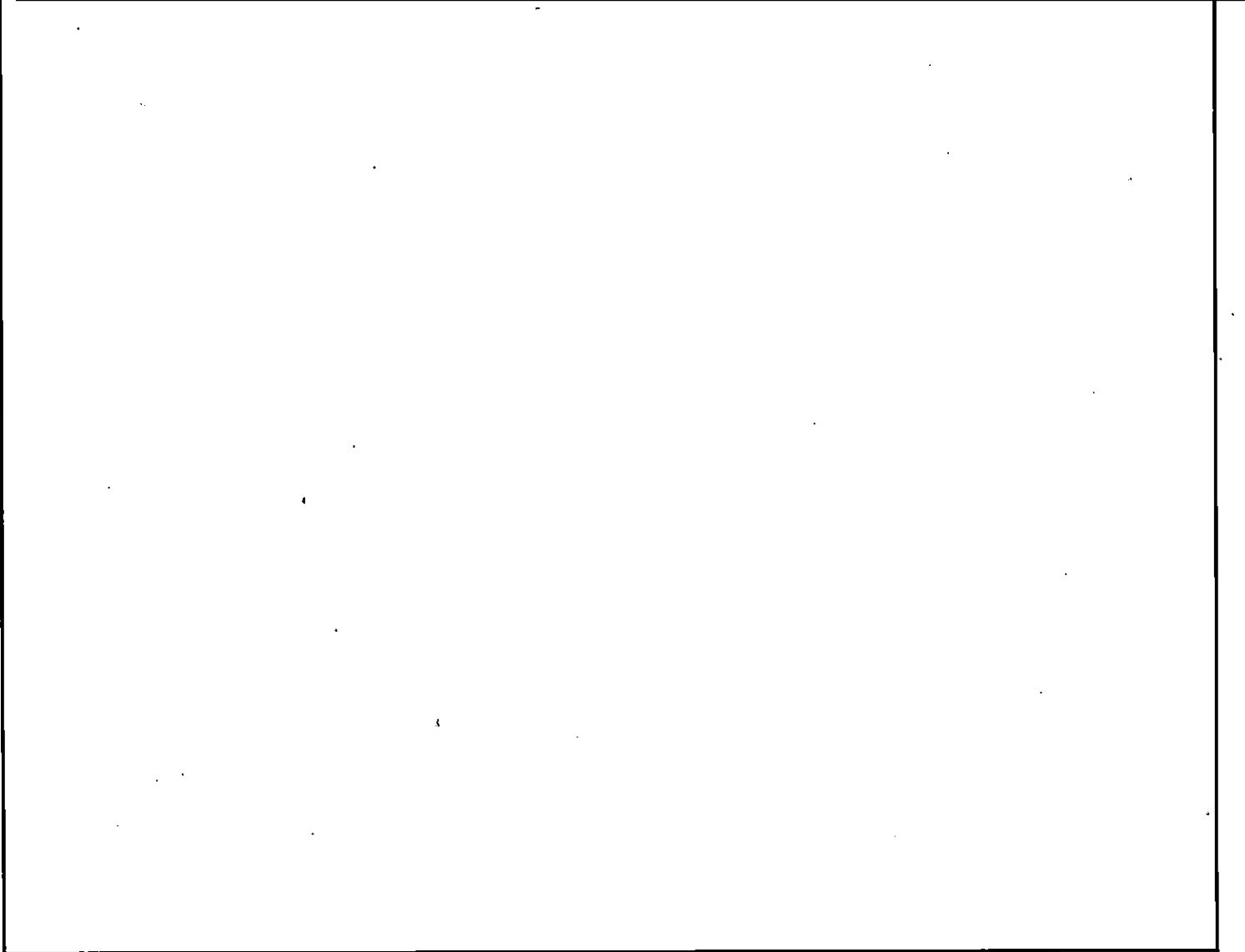
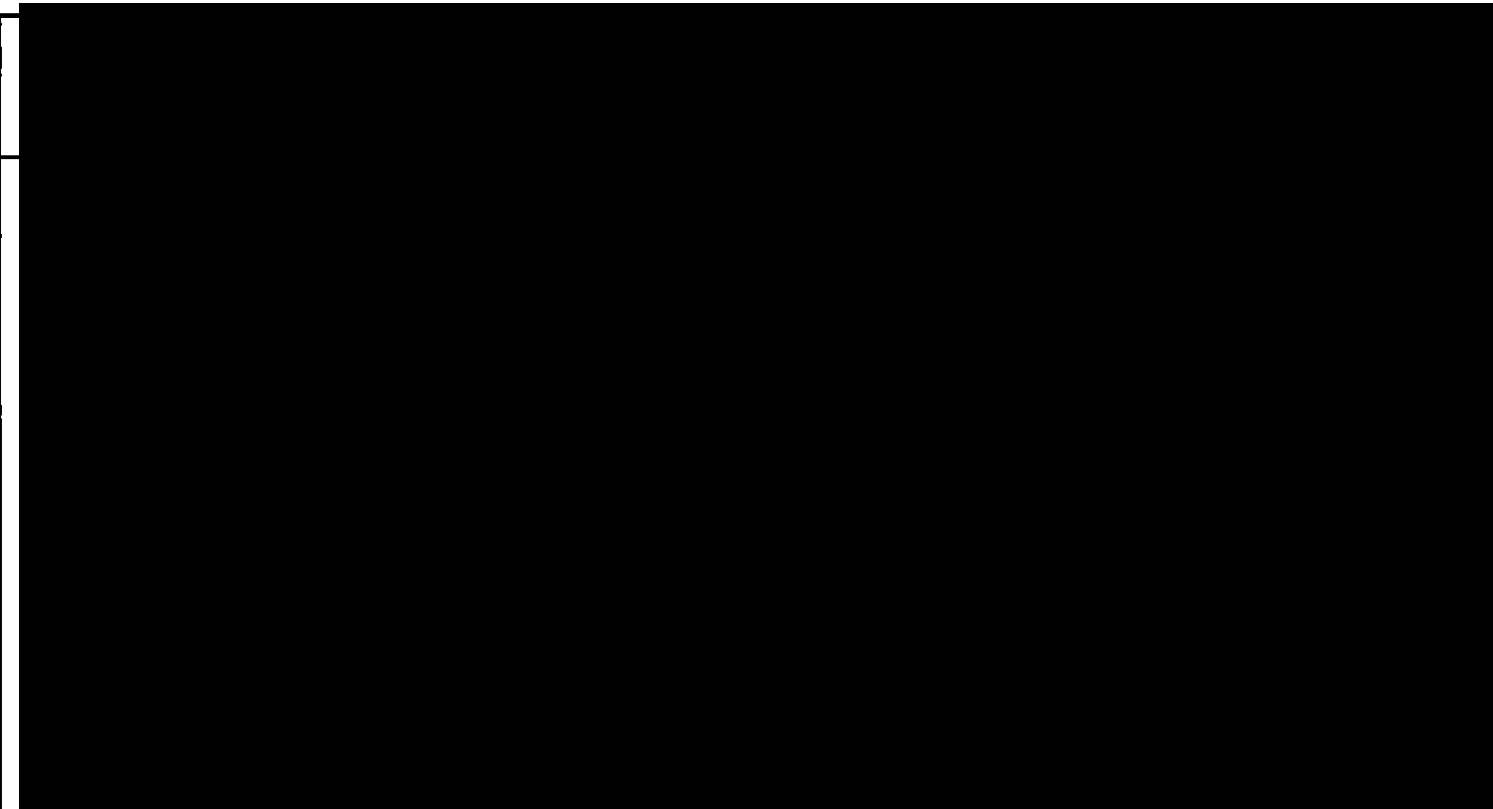




The bottom half of the page is blank white space, containing no text or other content.



[Redacted content]



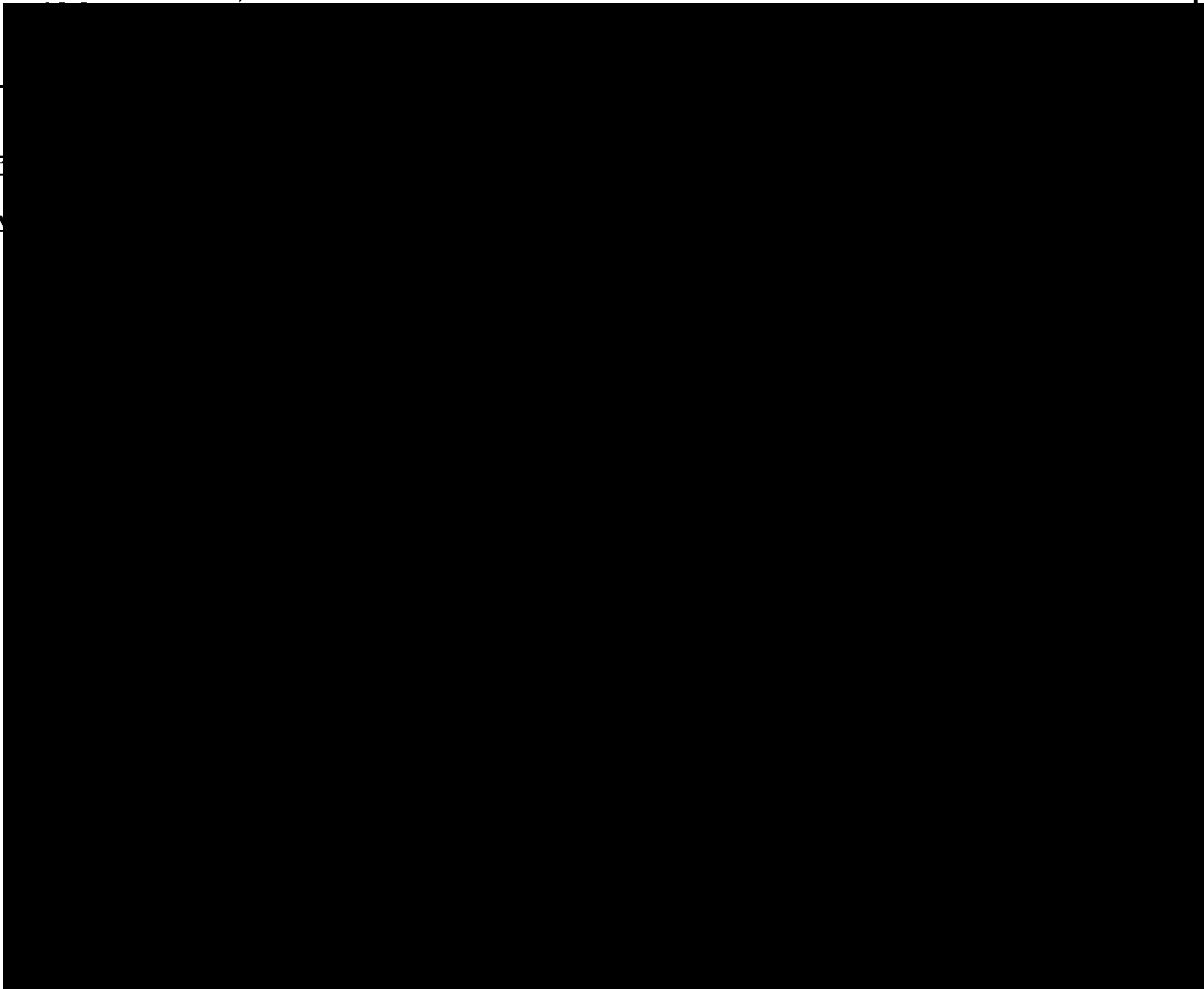
A

F

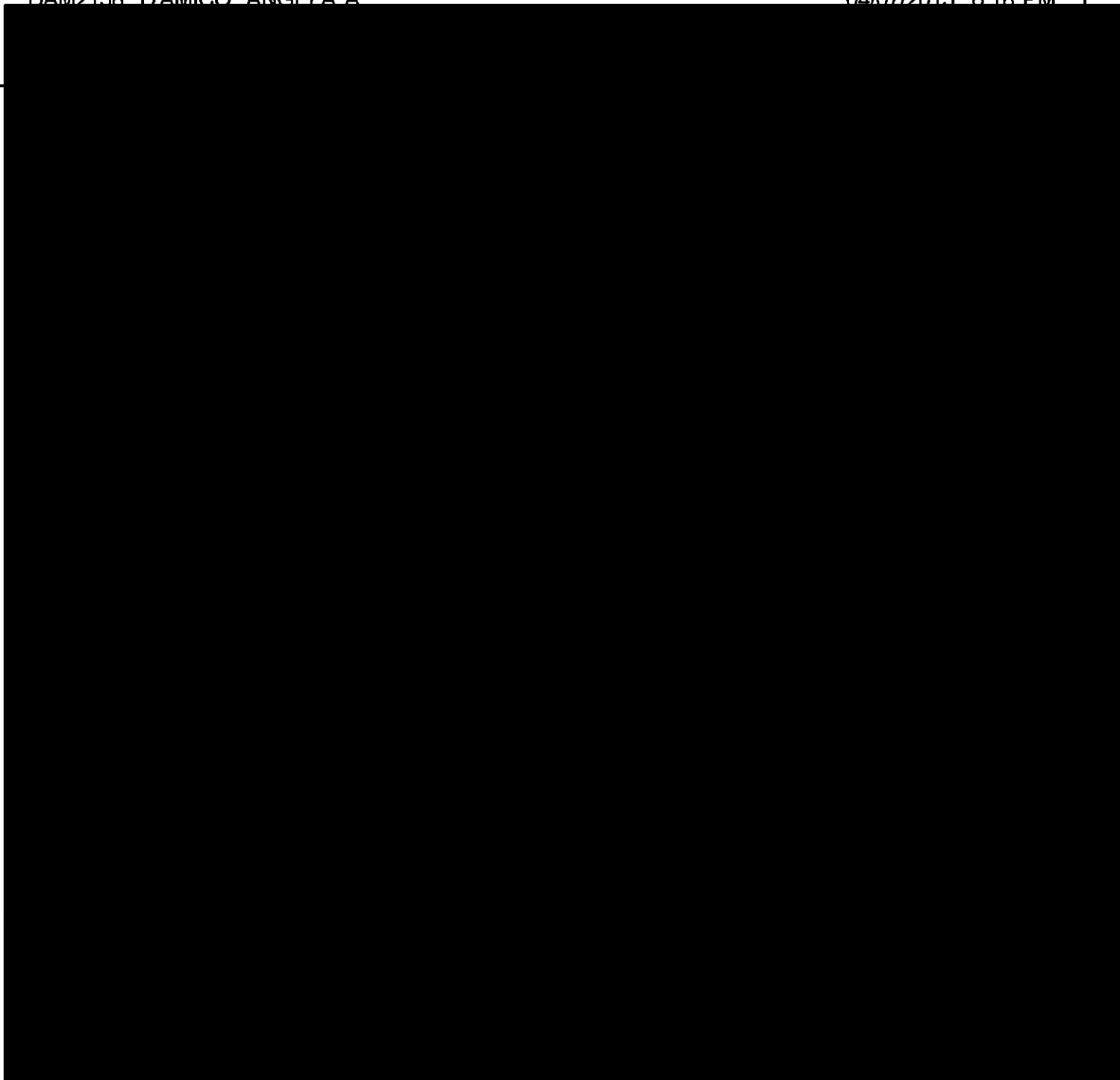
S

F

M





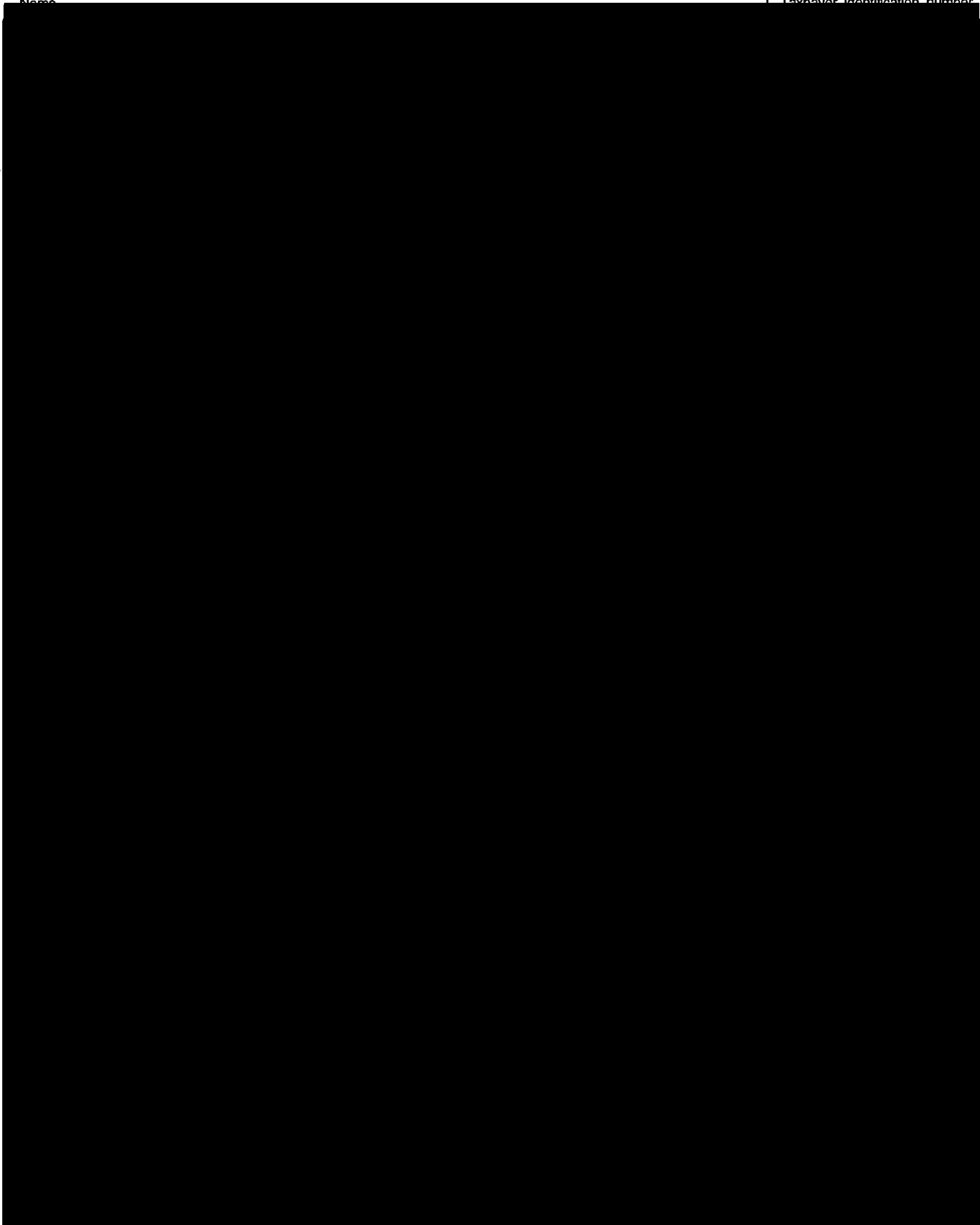


[Redacted content]

Form **1040**

**K1 Detail Summary Report, Page 1**

**2014**

| Name   | Taxpayer identification number |  |
|--|--------------------------------|--|
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |

k, Line 1  
k, Line 1  
k, Line 1

ne 33  
ne 34  
ne 33  
ne 34

Form **1040**

**K1 Detail Summary Report, Page 3**

**2014**

A

A

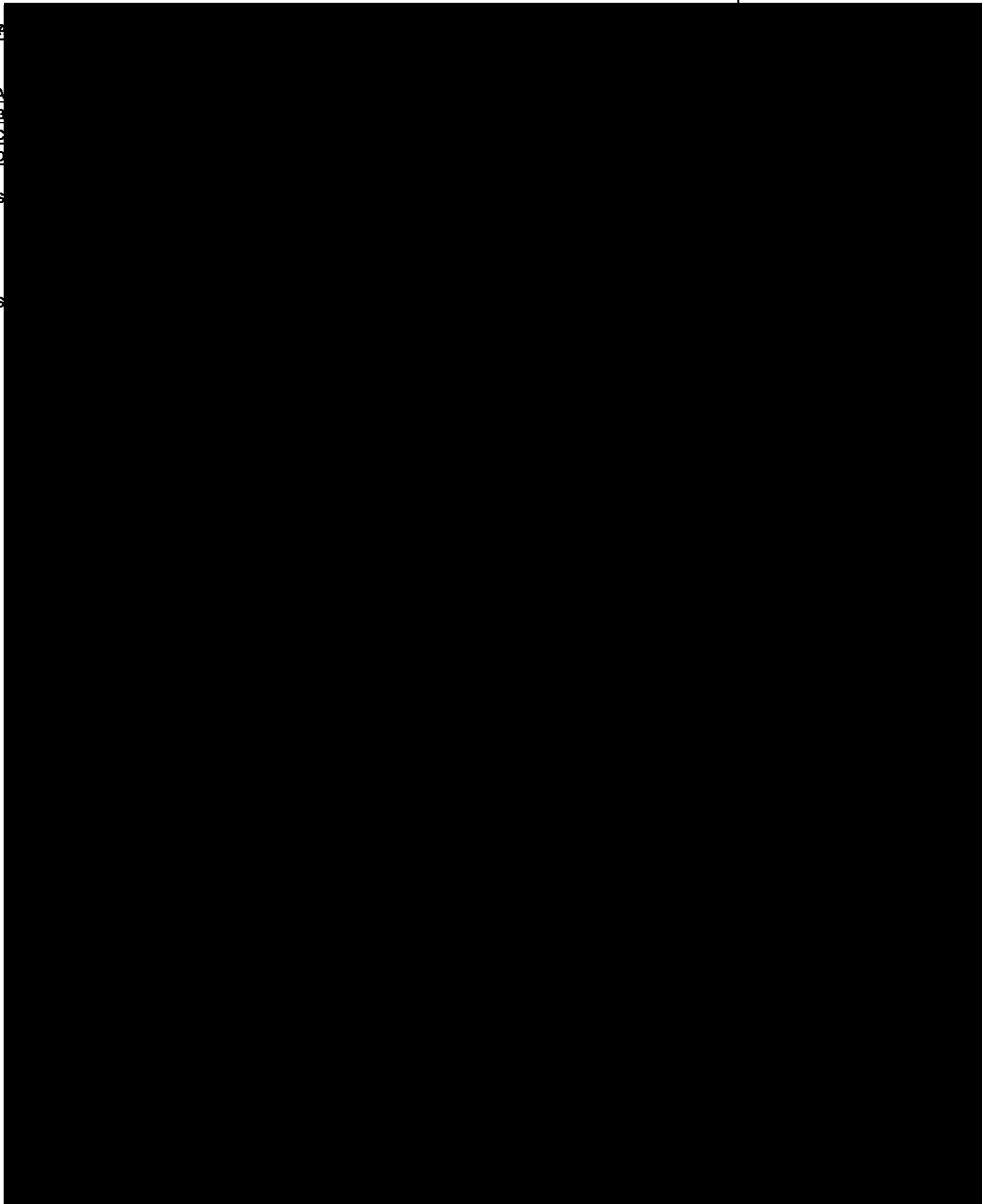
B

C

D

S

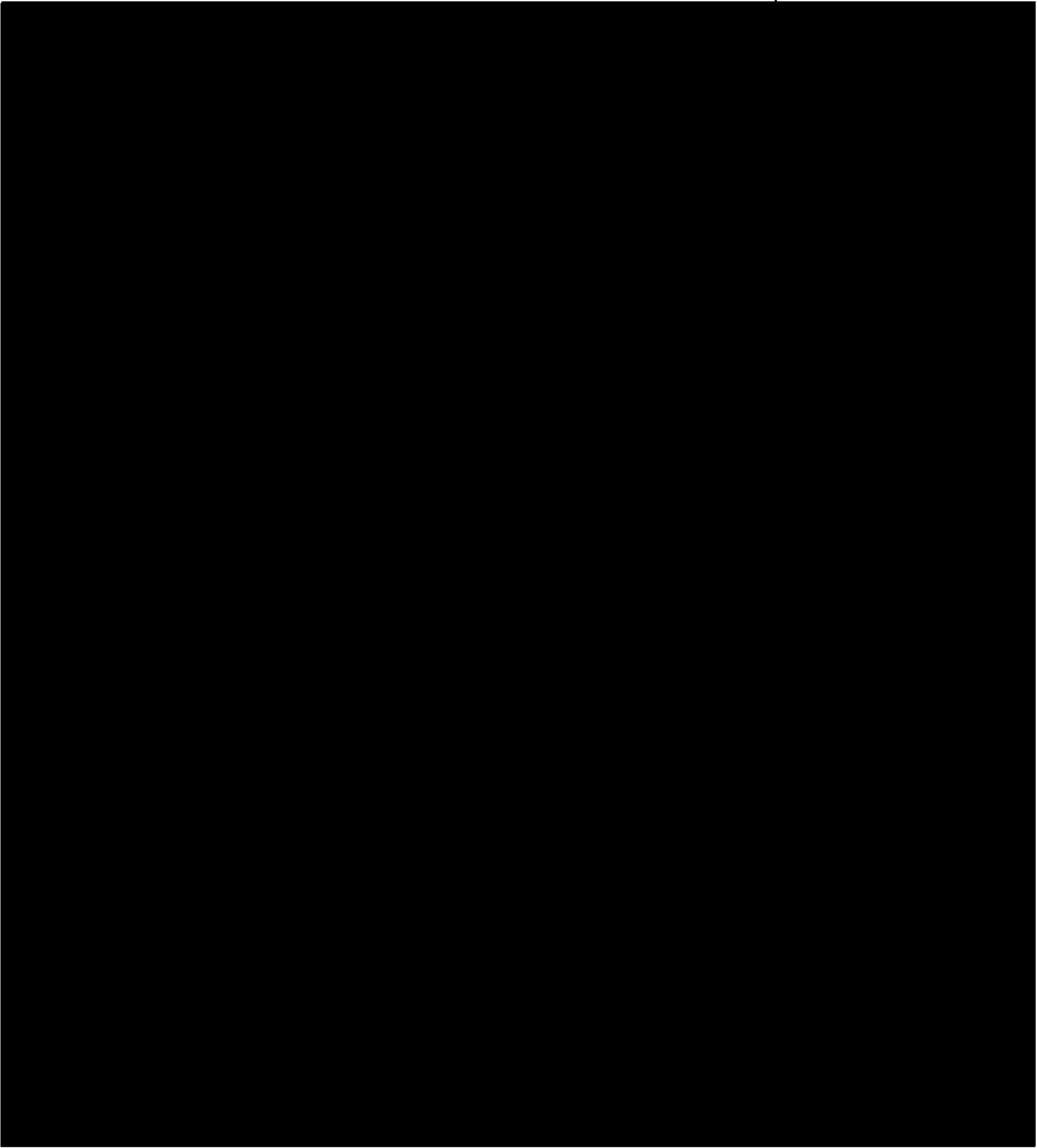
S



Form **1040**

**K1 Detail Summary Report, Page 4**

**2014**

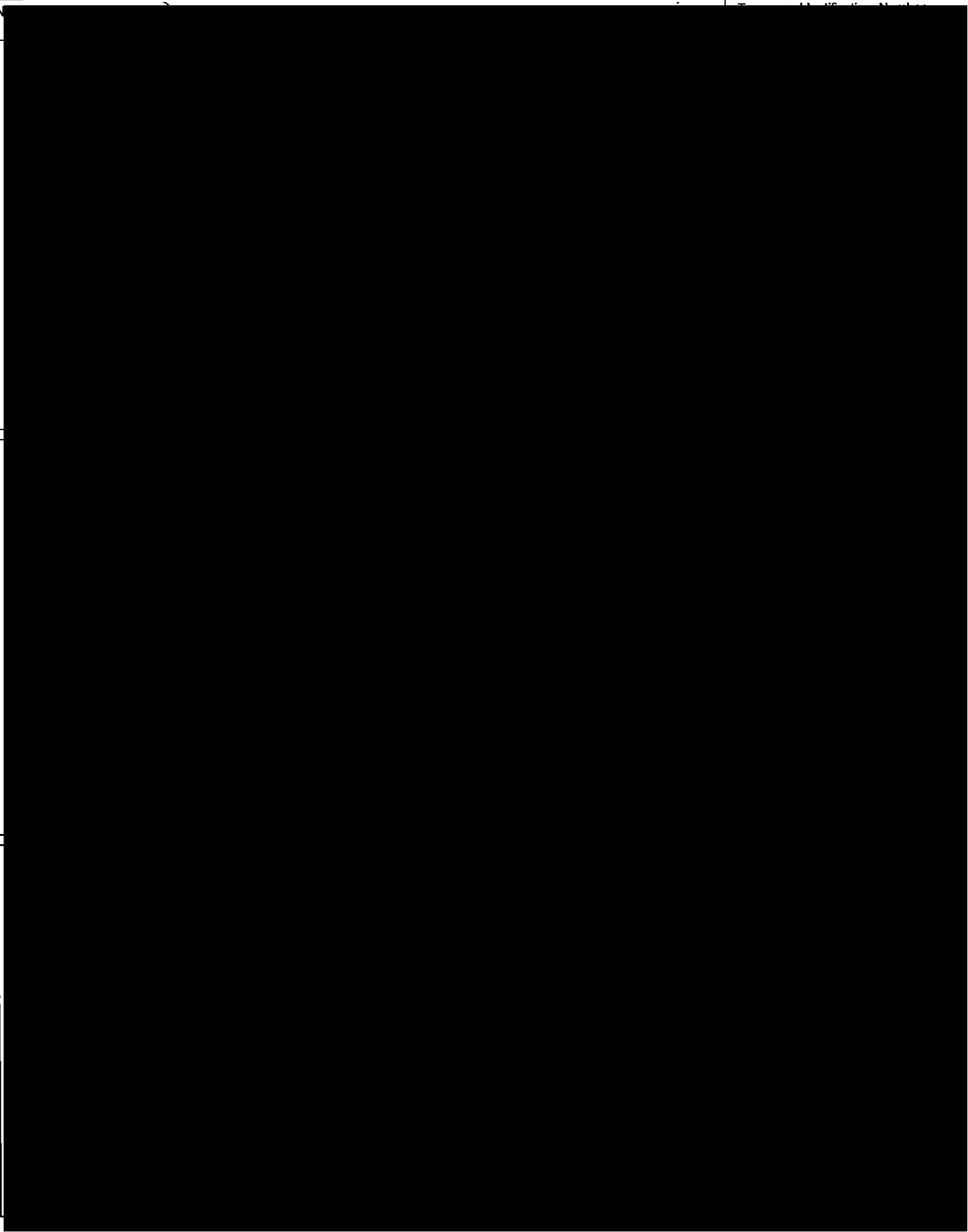


Form **1040**

**Salaries & Wages Report**

**2014**

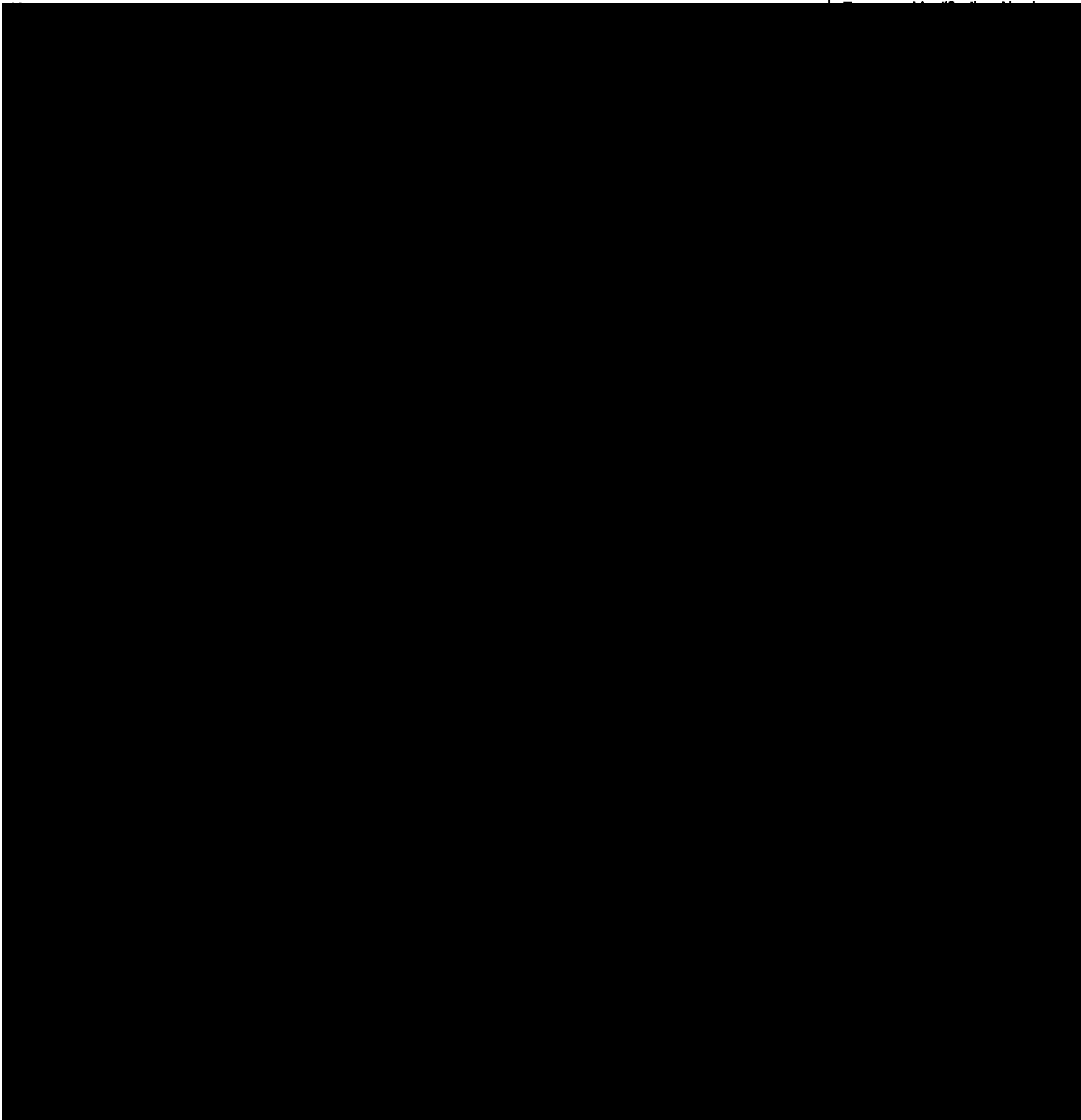
N



Form **1040**

**Two Year Comparison Report - Page 1**

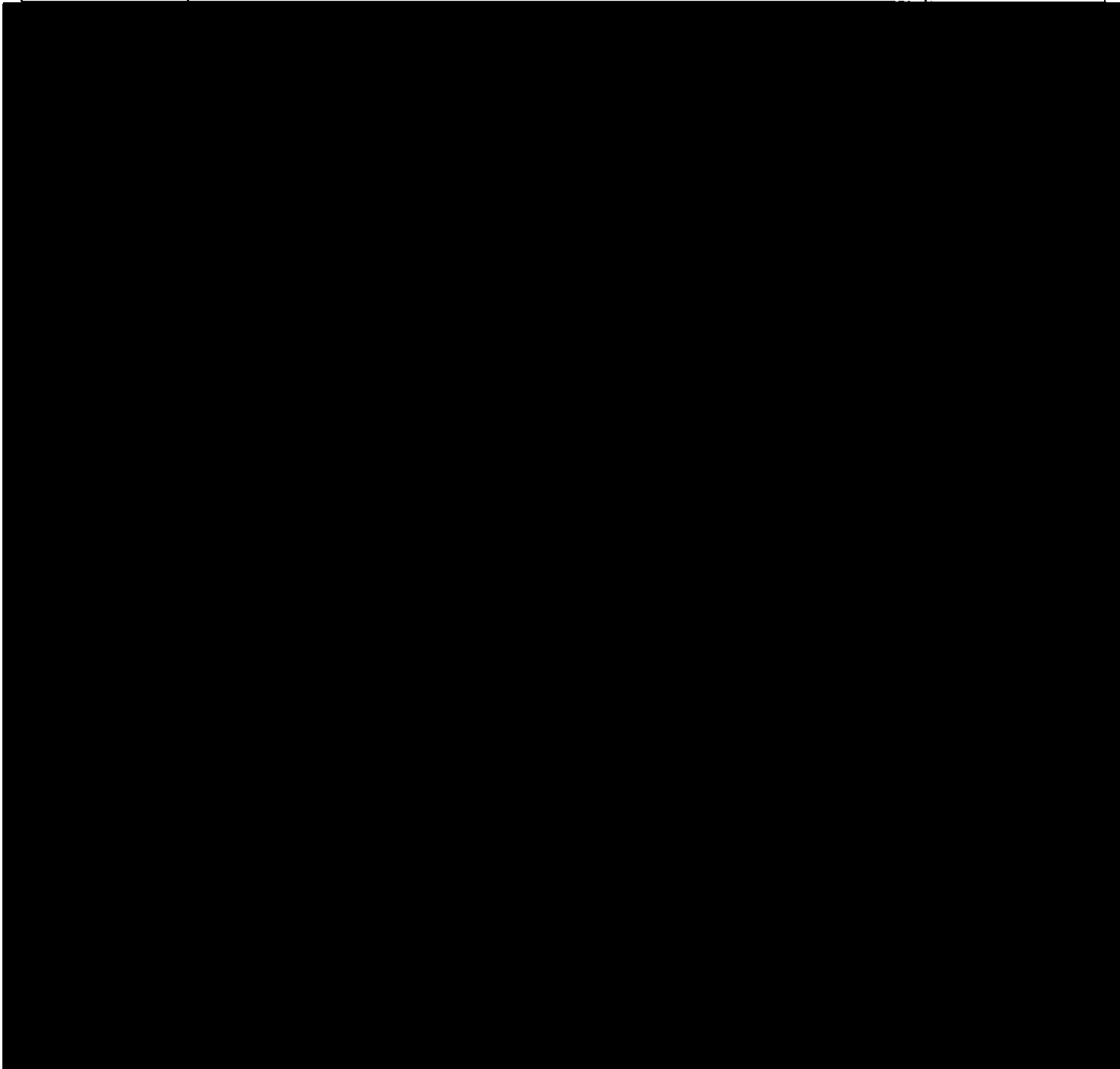
**2013 & 2014**



Form **1040**

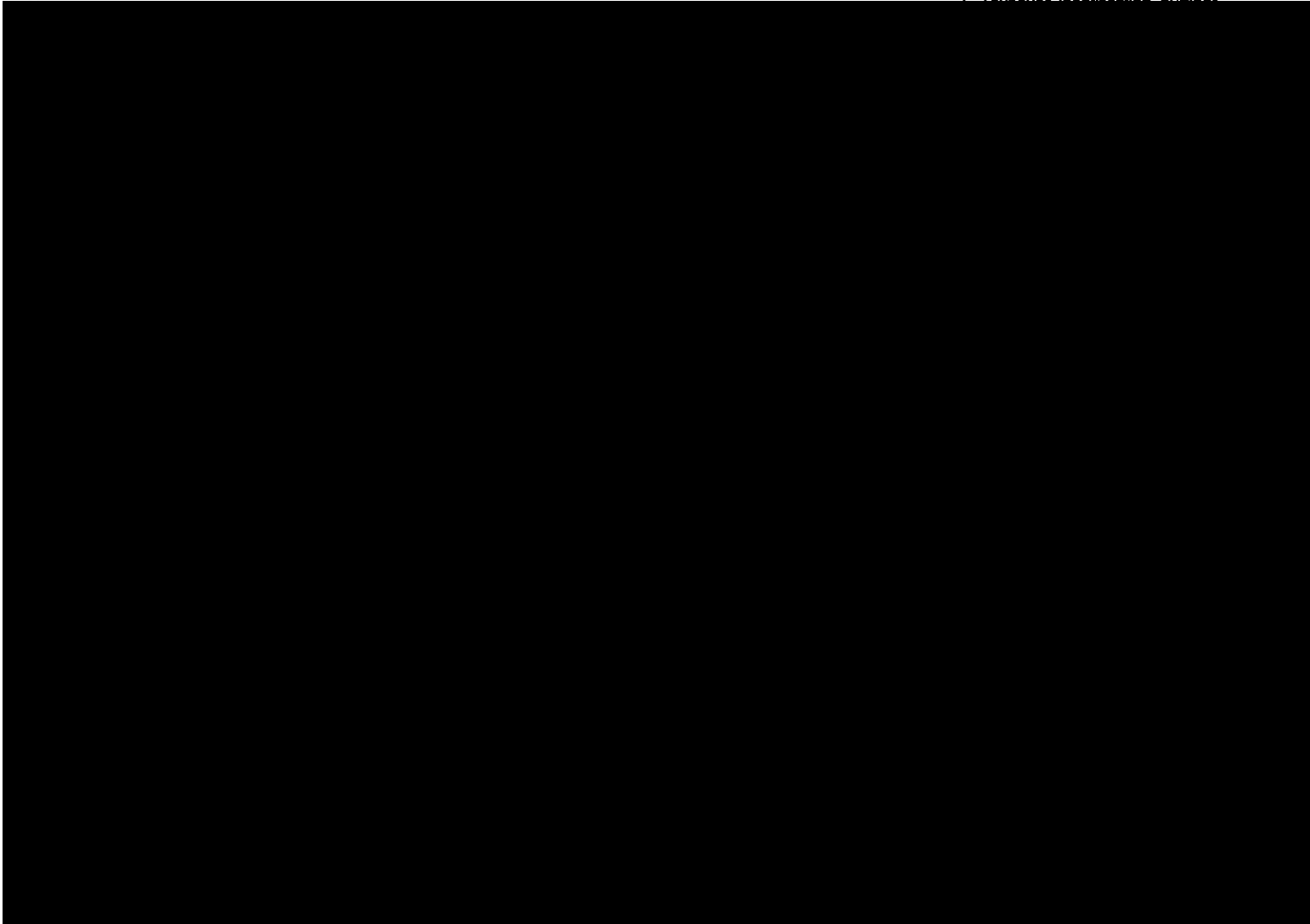
**Two Year Comparison Report - Page 2**

**2013 & 2014**



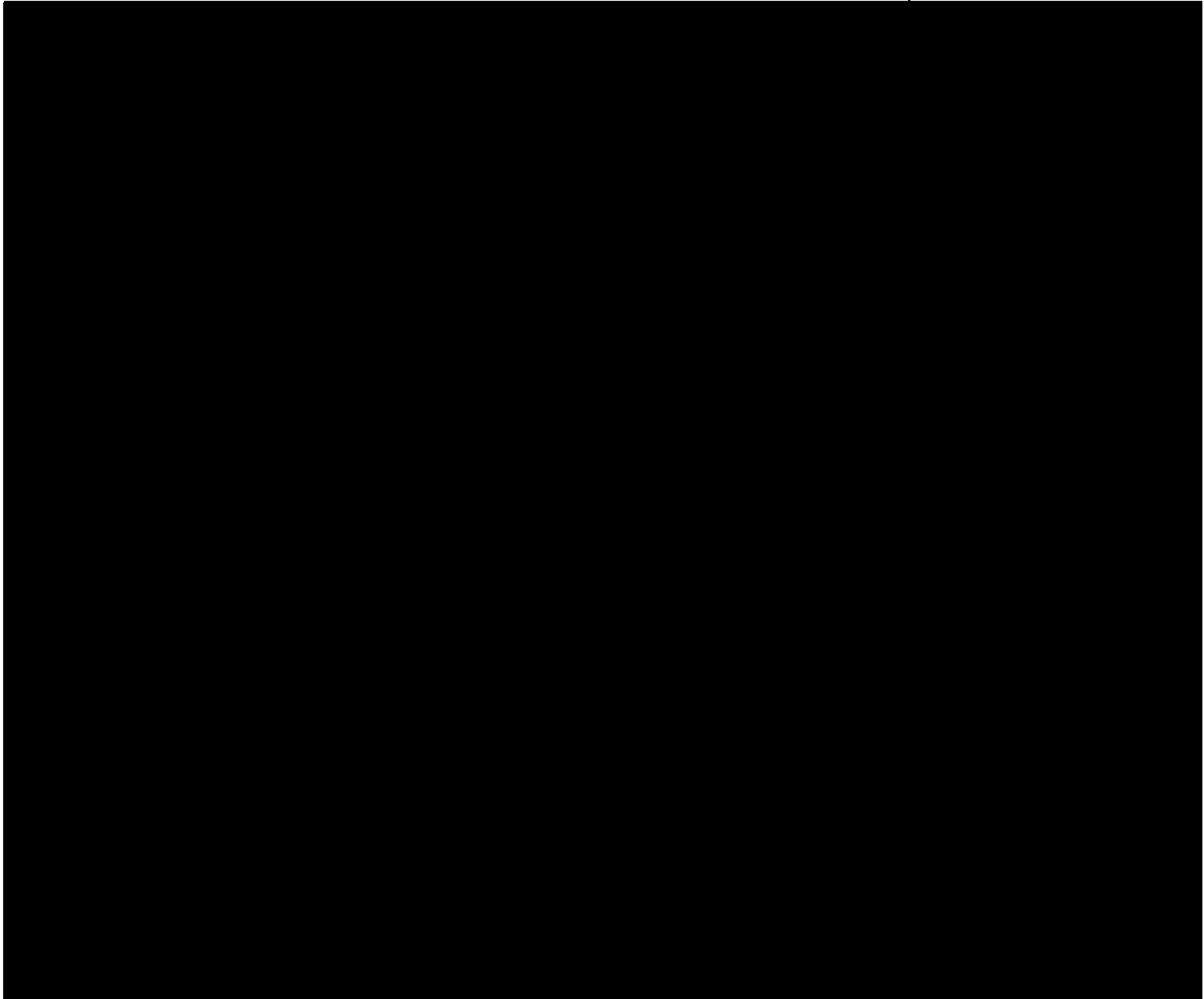
|                  |   |                        |
|------------------|---|------------------------|
| Form <b>1040</b> | <b>Two Year Comparison Report - Schedule E Page 1</b> | <b>2013 &amp; 2014</b> |
|------------------|---|------------------------|

Taxpayer identification number





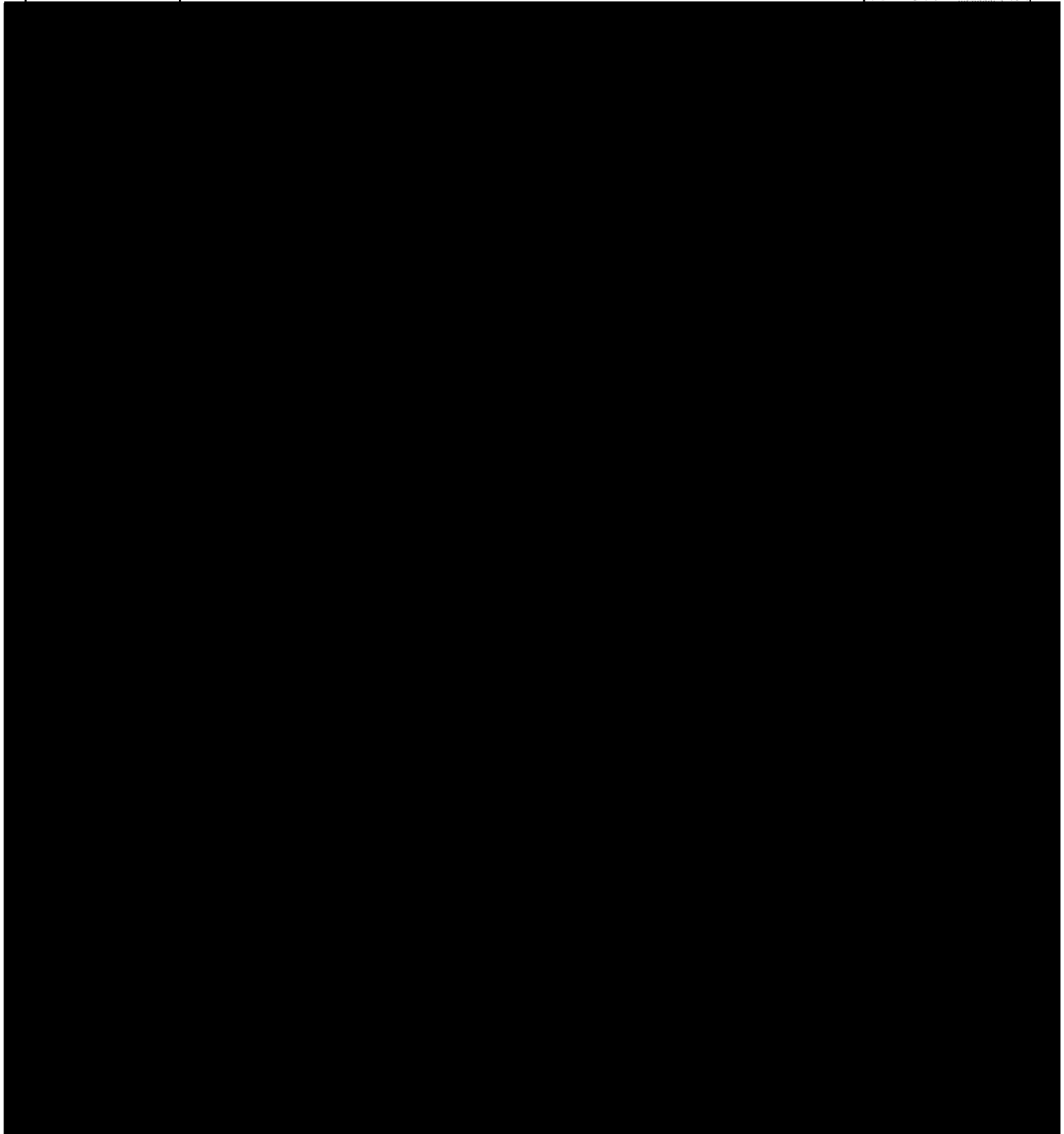
|                  |   |                        |
|------------------|---|------------------------|
| Form <b>1040</b> | <b>Two Year Comparison Report - Schedule E Page 1</b> | <b>2013 &amp; 2014</b> |
|------------------|---|------------------------|



Form **1040**

**Federal Tax Projection Worksheet 1 - Tax Computation**

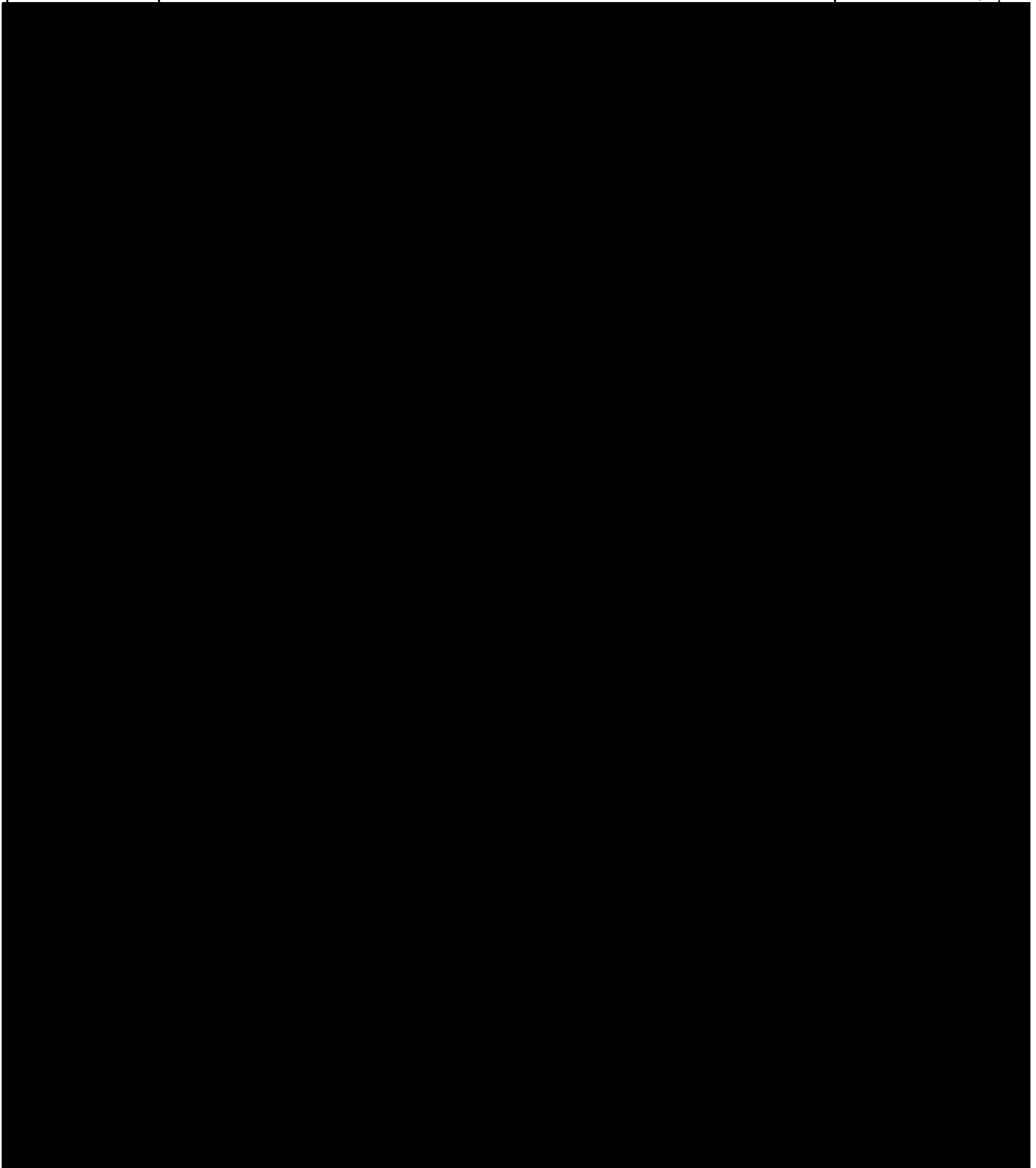
**2014 & 2015**



Form **1040**

**Federal Tax Projection Worksheet 2 - Tax Computation**

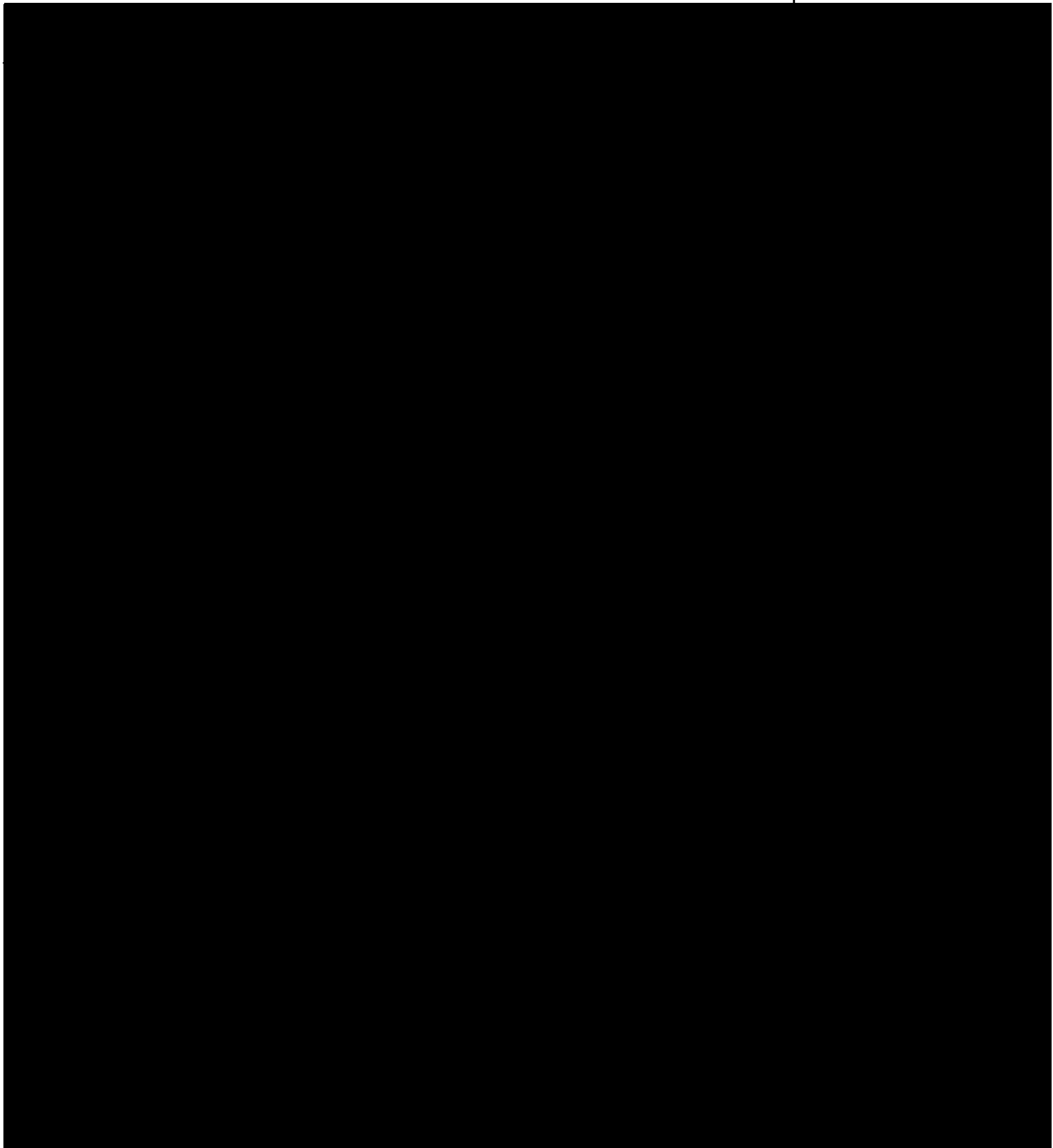
**2014 & 2015**



Form **1040**

**Tax Projection Worksheet - Itemized Deduction & Personal Exemptions**

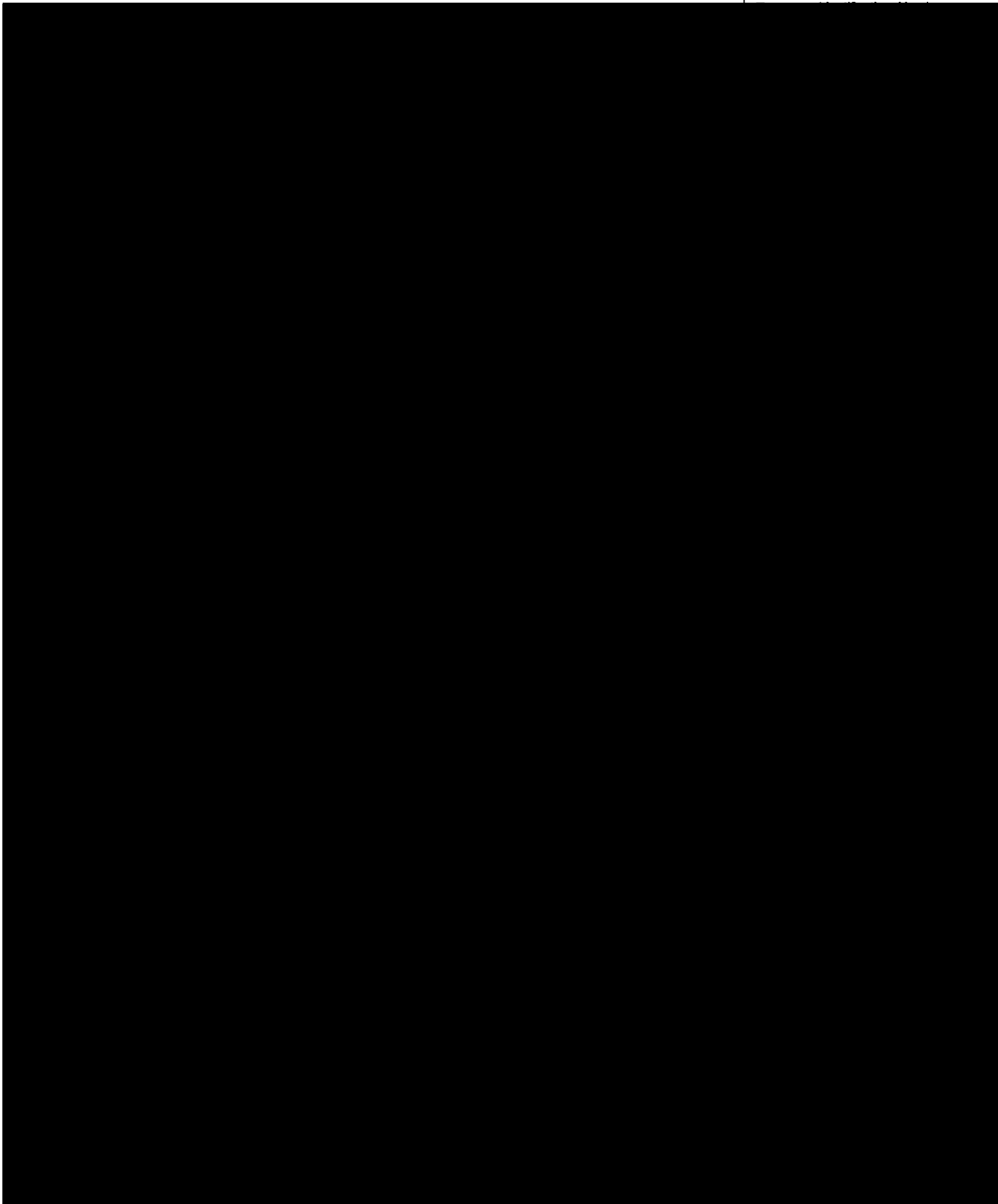
**2015**



Form **1040**

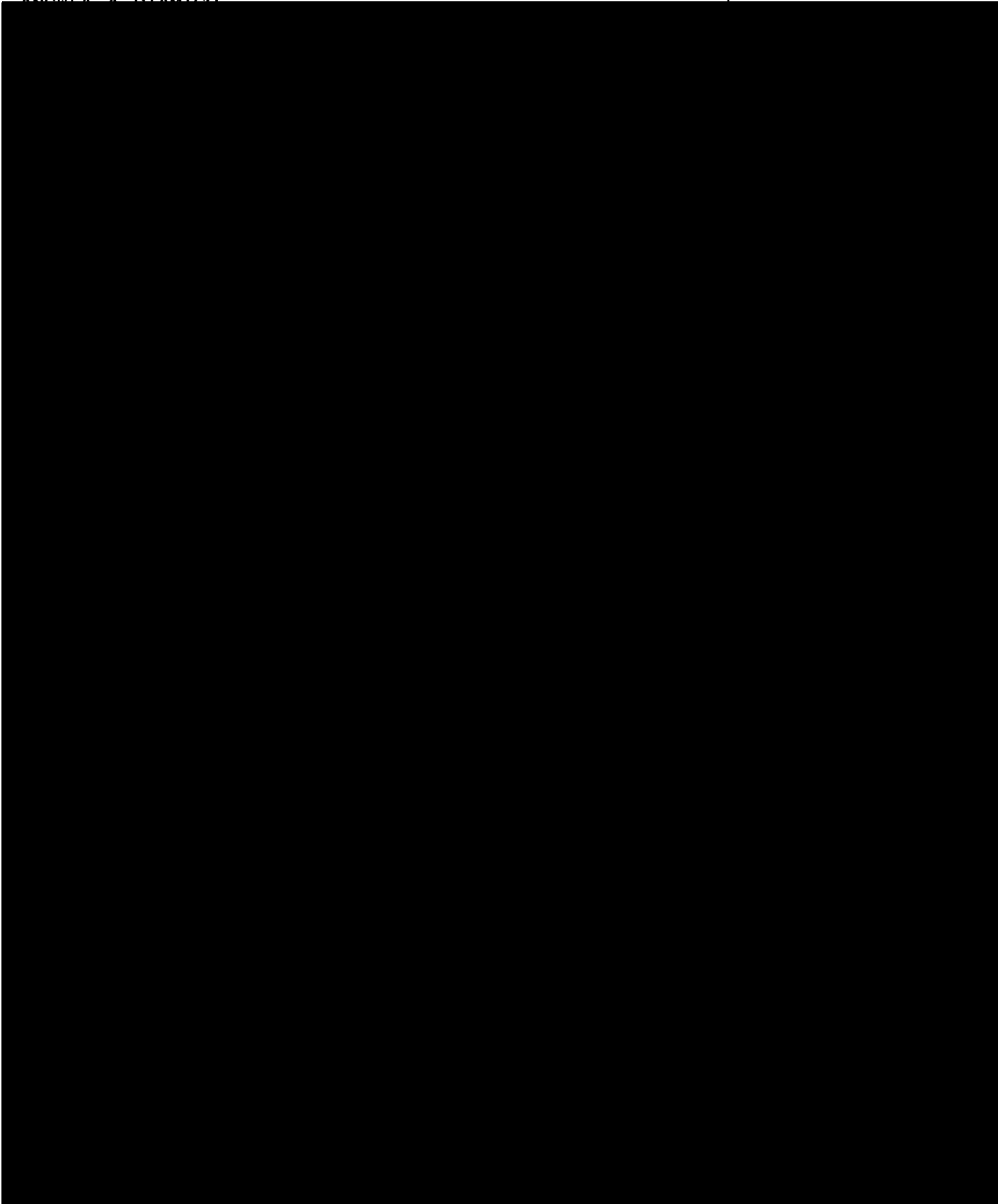
**Tax Projection Worksheet - Tax Using Capital Gains Rates**

**2015**



|                  |   |             |
|------------------|---|-------------|
| Form <b>1040</b> | <b>Tax Projection Worksheet - Alternative Minimum Tax</b> | <b>2015</b> |
|------------------|---|-------------|

Name **ANGELA A. PLAMICO** Taxpayer Identification Number



Form **1040**

**Tax Projection Worksheet - AMT Line 53 Worksheet**

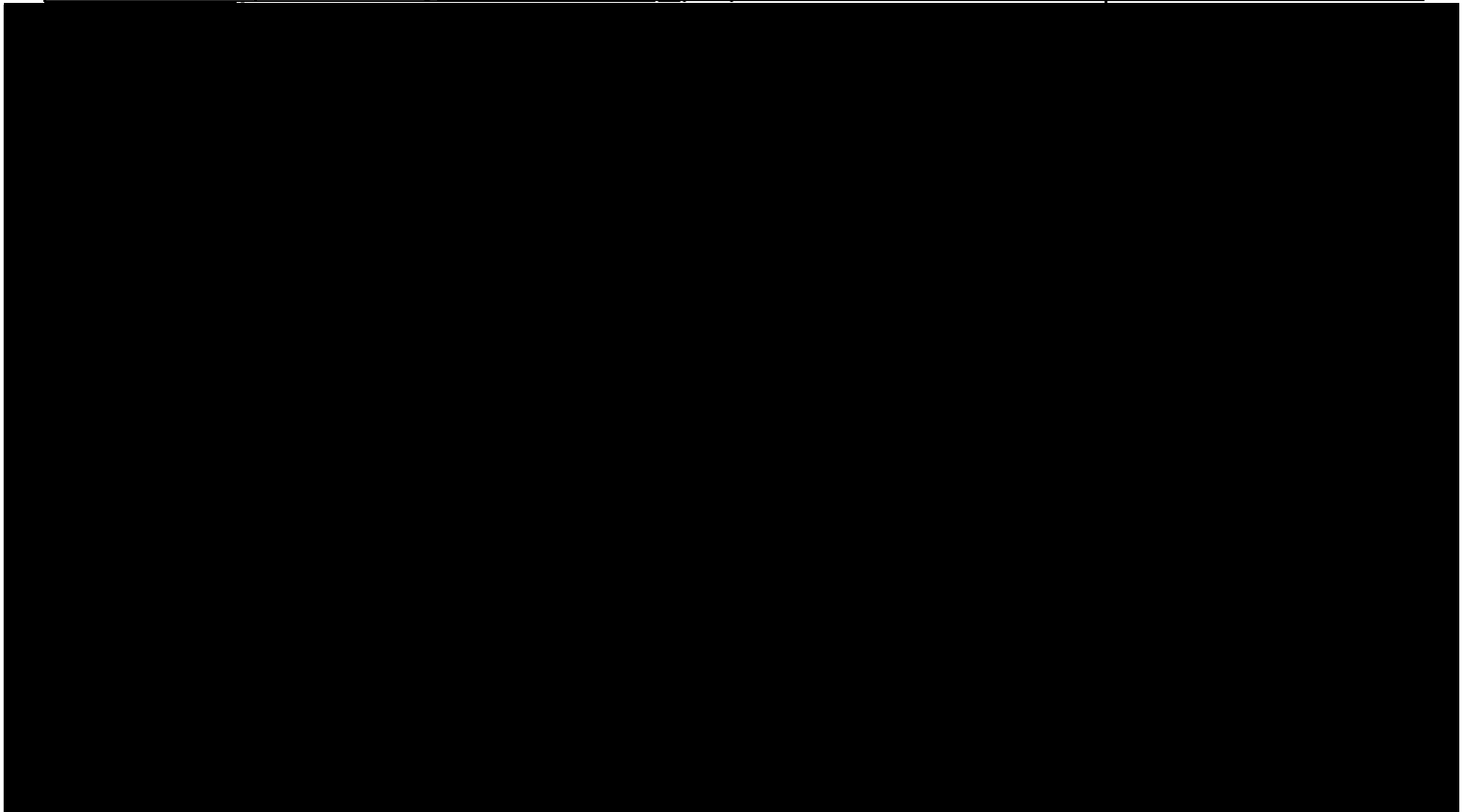
**2015**



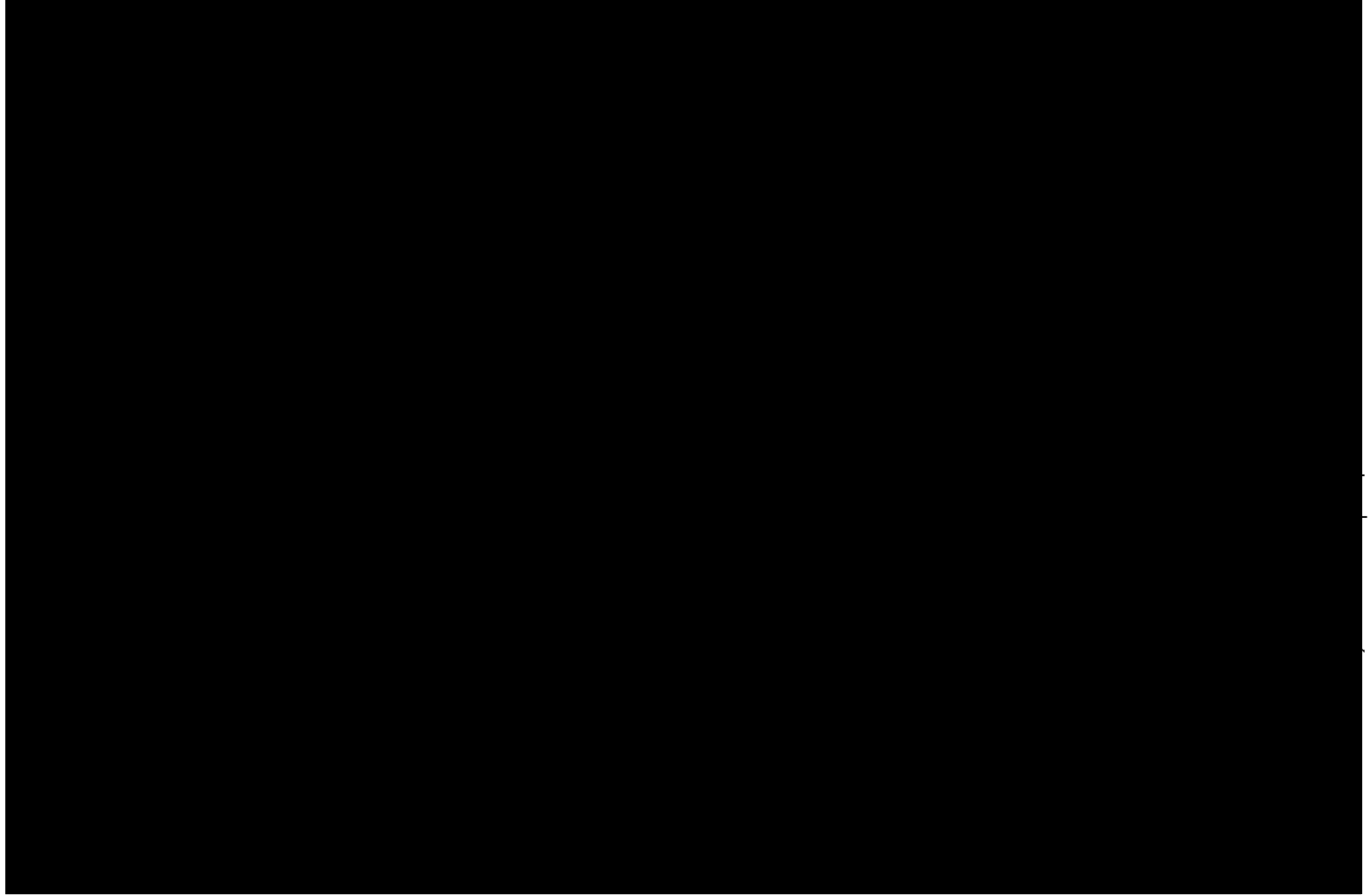
Form **1040**

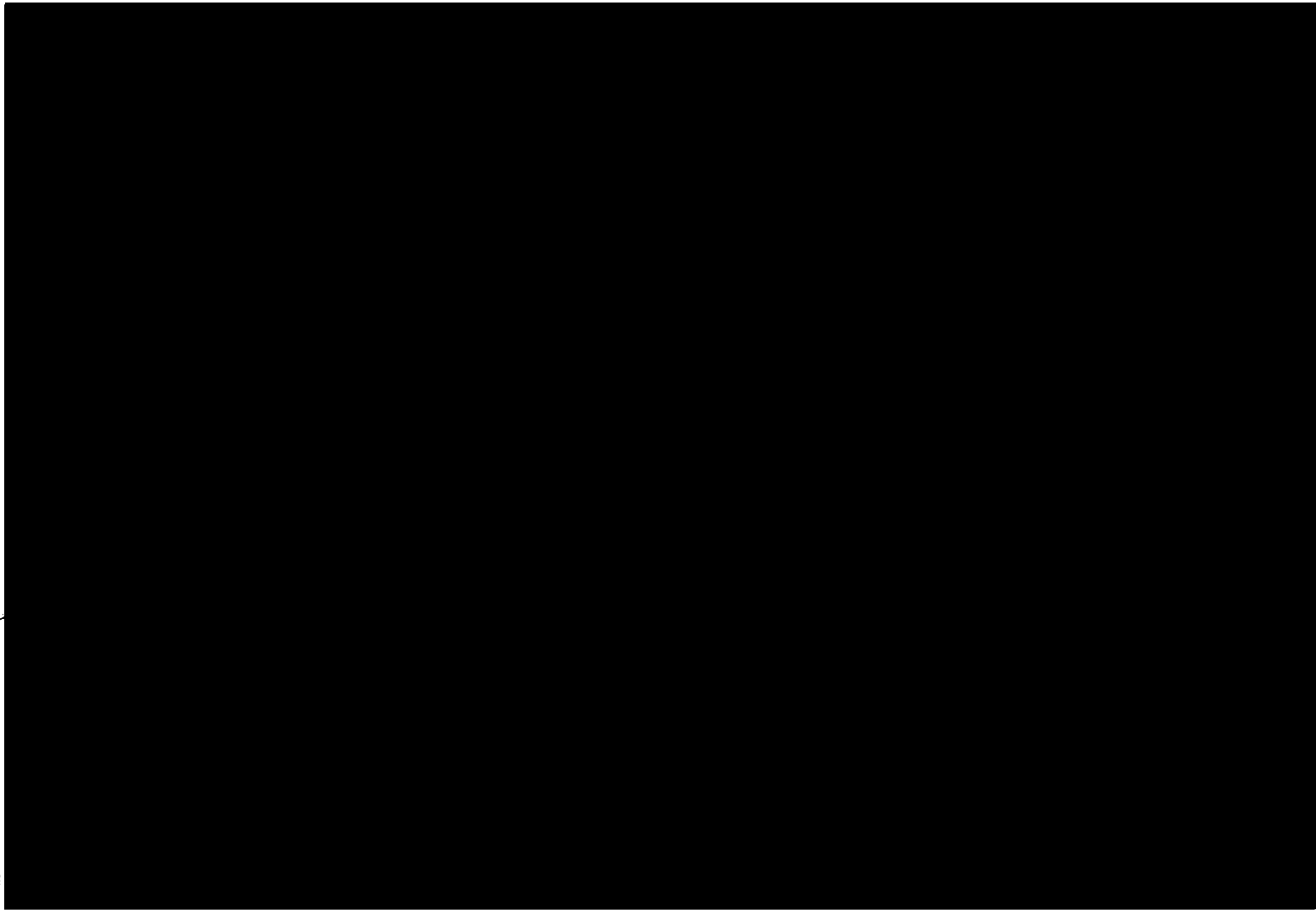
**Tax Projection Worksheet - Alternative Minimum Tax Exemption**

**2015**

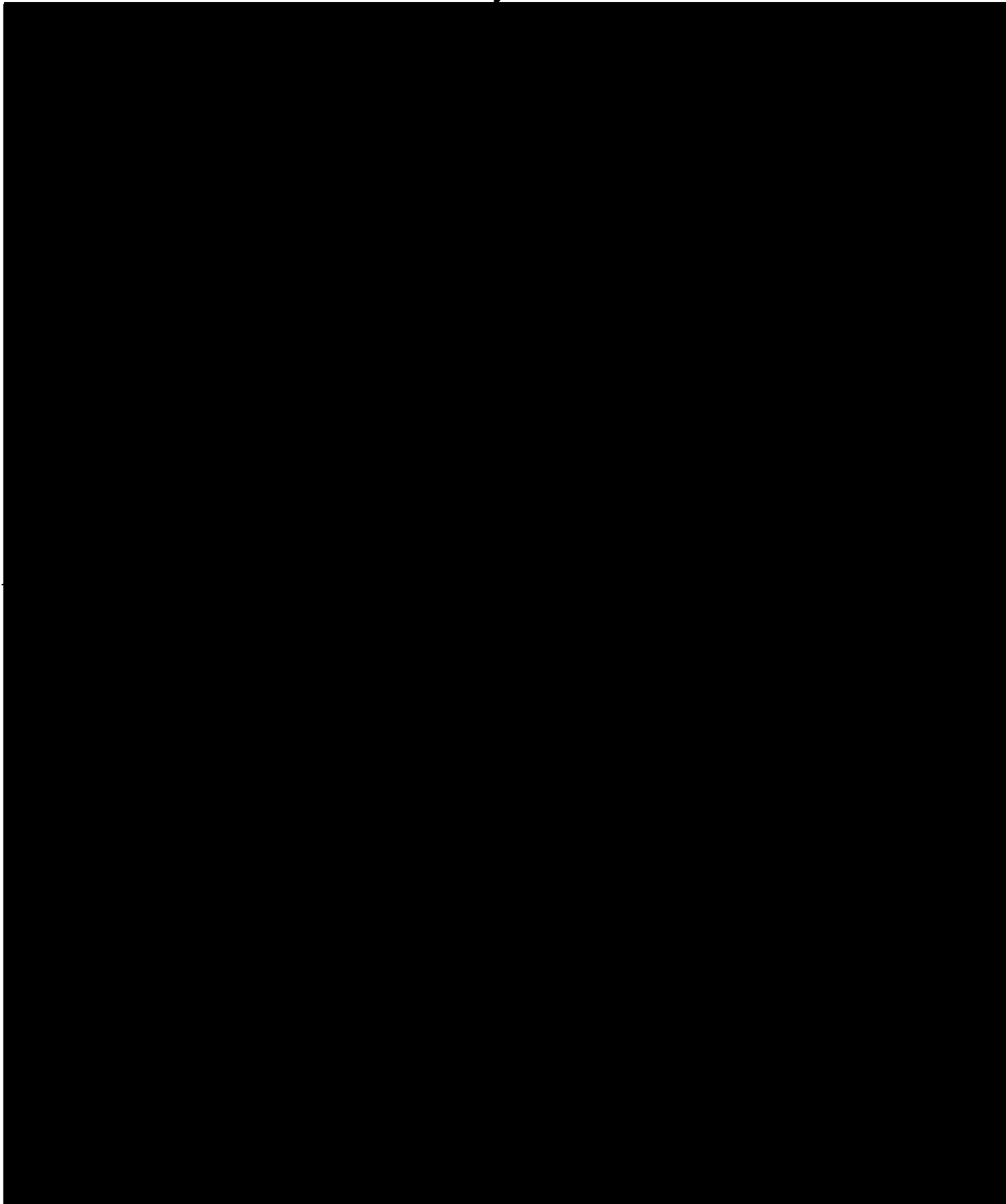








**Tax Return Carryovers to 2015**



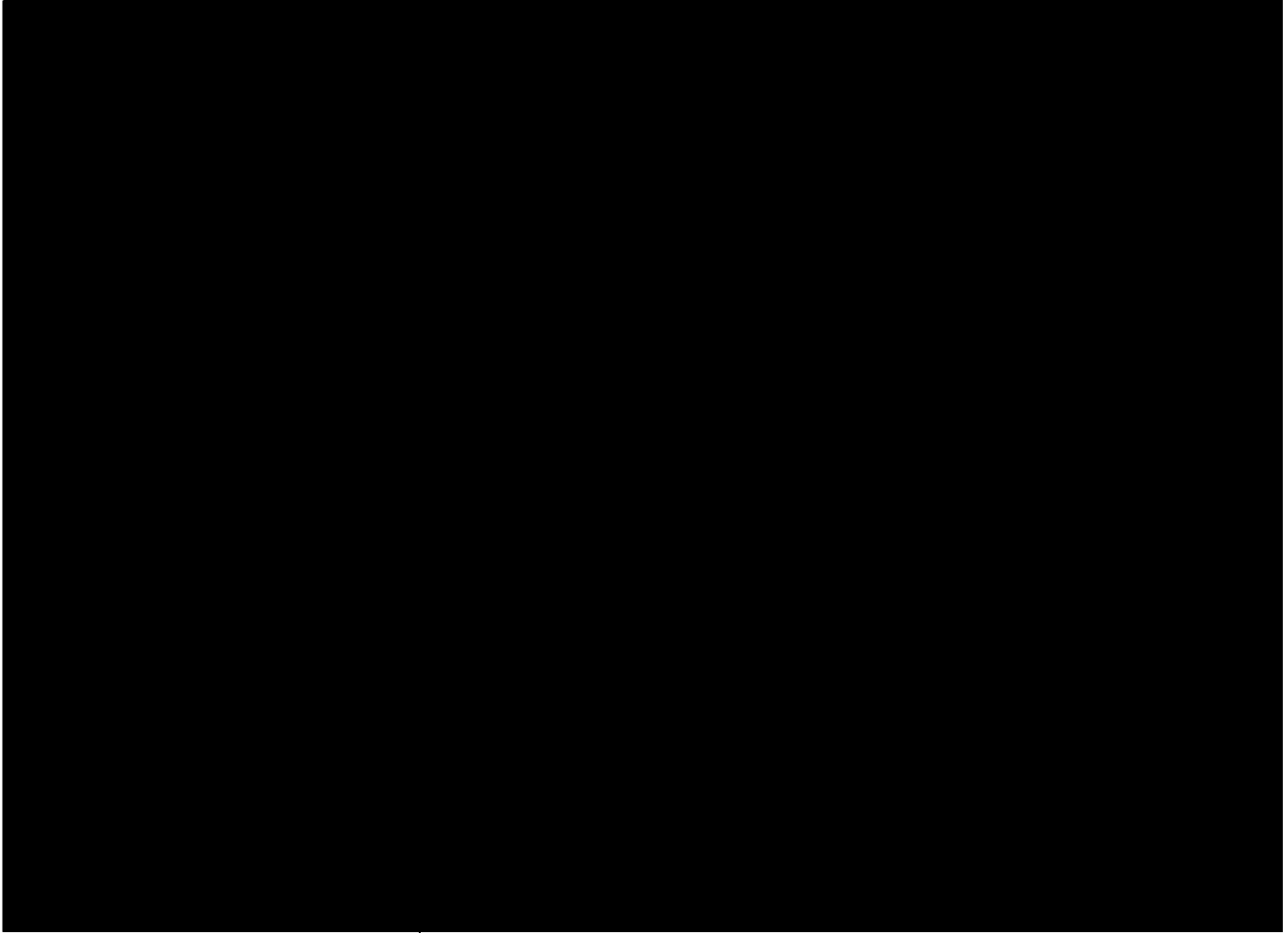
412541 05-01-14

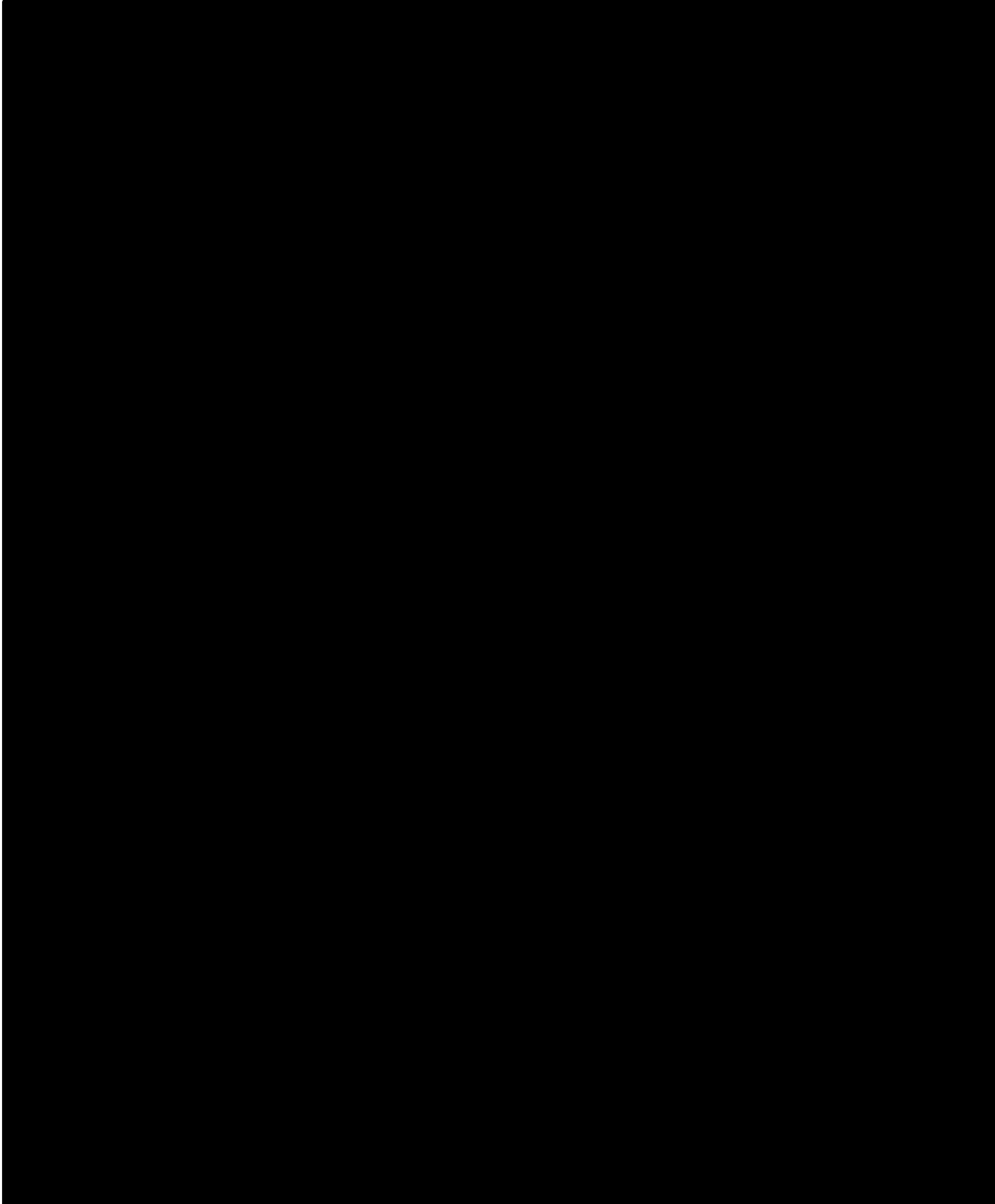
11050911 748214 90361.001

2014.04010 NICHOLAS, THOMAS

90361\_11

**Direct Deposit/Debit Report**





O'CONNOR, MALONEY & COMPANY, P.C.

*Certified Public Accountants*

446 MAIN STREET, WORCESTER, MASSACHUSETTS 01608-2370

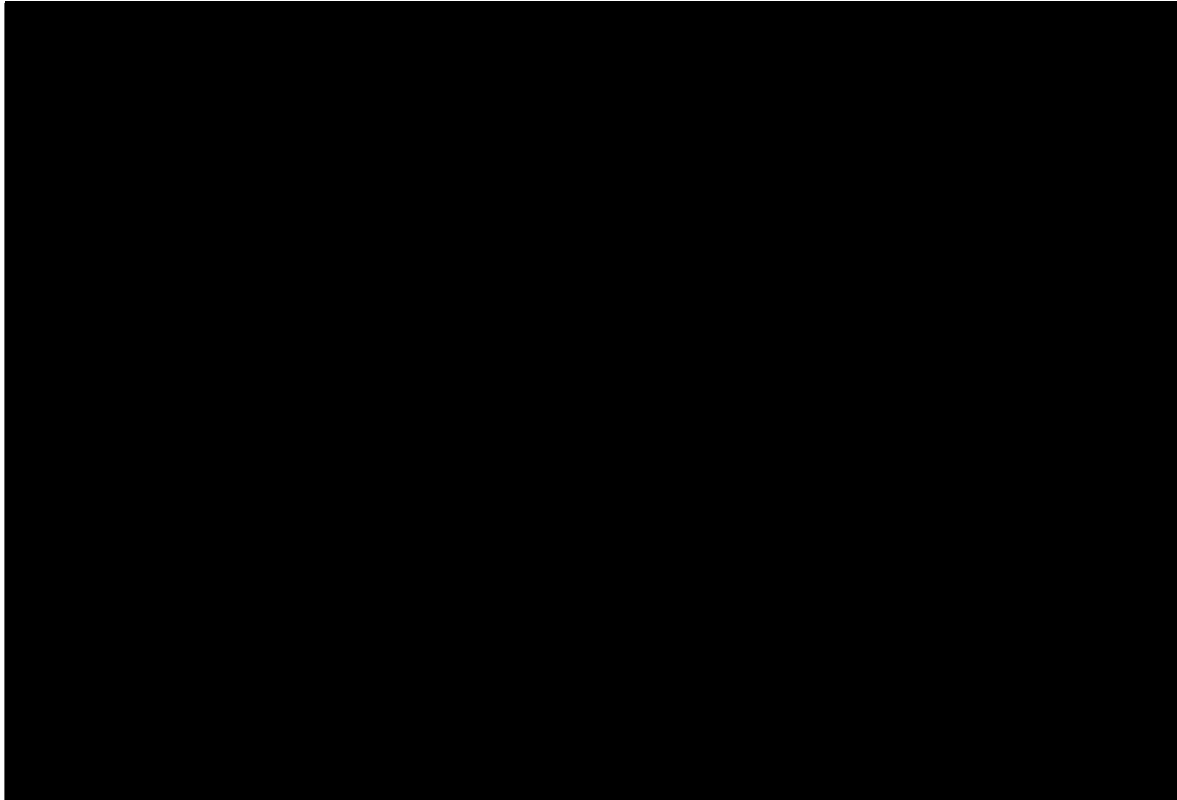
Telephone 508/757-6391 Facsimile 508/797-9307

[www.oconnormaloney.com](http://www.oconnormaloney.com)

Thomas J. & Ruthe E. Nicholas  
379 Quarry Brook Drive  
South Windsor, CT 06074

Enclosed are your 2014 income tax returns.

Specific filing instructions are as follows.



Your state return must be mailed as soon as possible.

Mail to - Mass. Department of Revenue  
P.O. Box 7001  
Boston, MA 02204-7001

No payment is required.

Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

O'Connor, Maloney & Company, P.C.

# O'CONNOR, MALONEY & COMPANY, P.C.

*Certified Public Accountants*

446 MAIN STREET, WORCESTER, MASSACHUSETTS 01608-2370

Telephone 508/757-6391 Facsimile 508/797-9307

www.oconnormaloney.com

## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

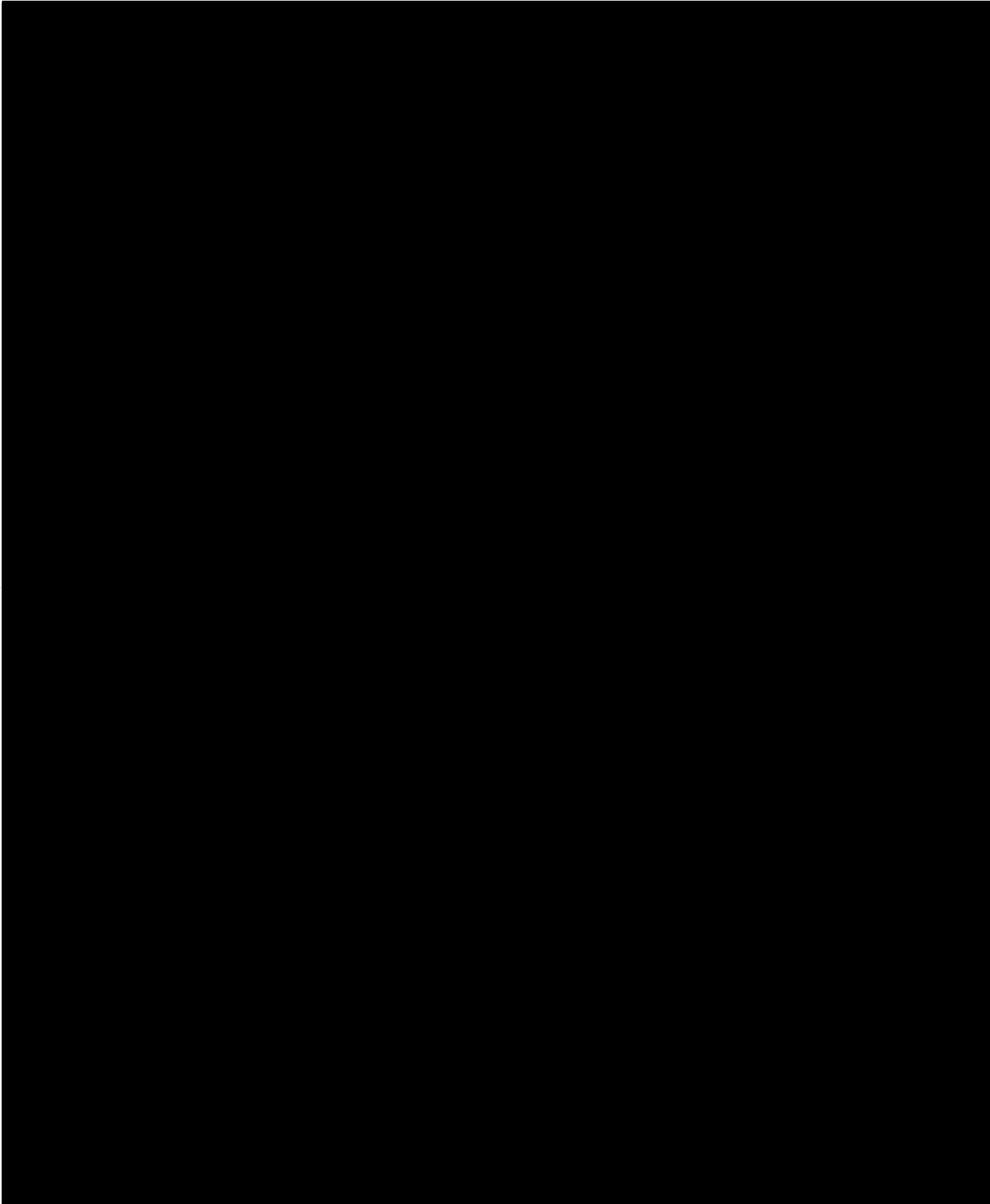
Copyright 2014 by the AICPA, Inc. All rights reserved.  
Reprinted with permission.



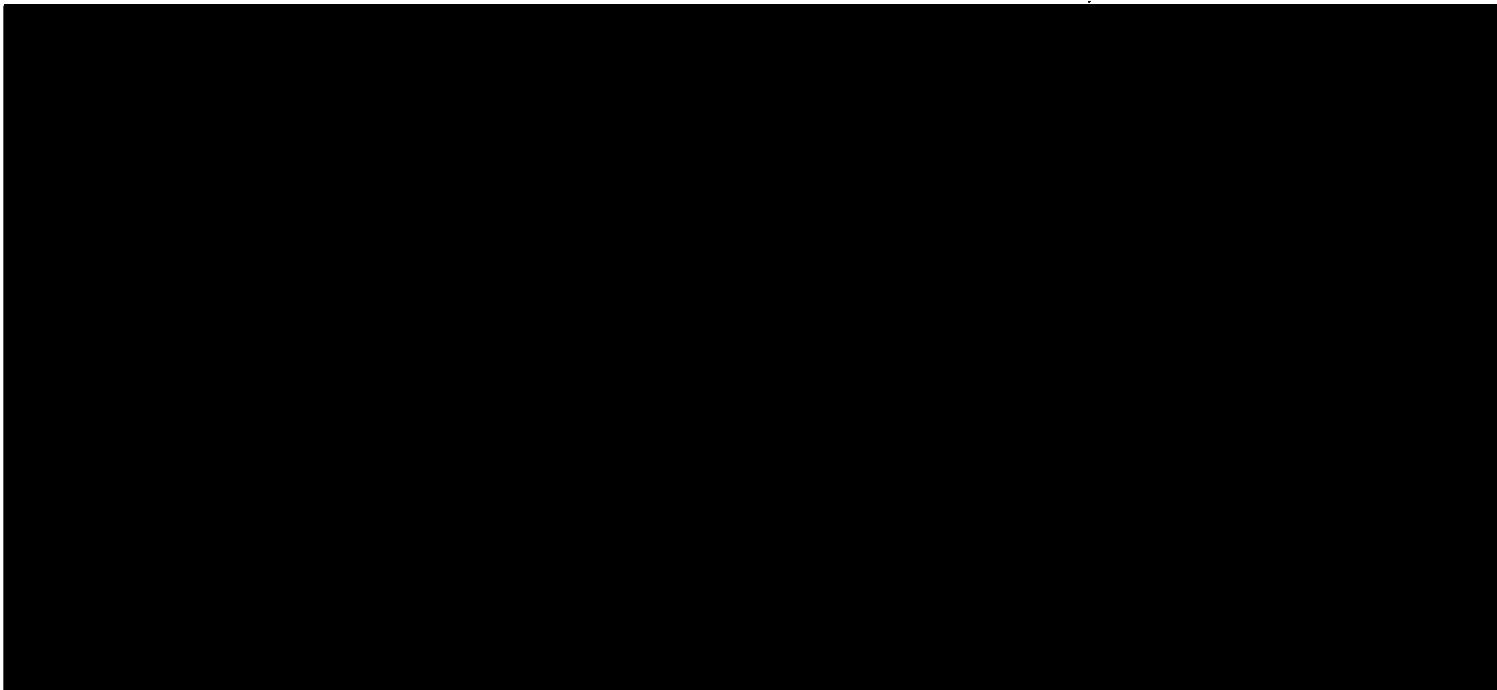
**Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership**

*(Keep for your records.)*

**ALTERNATIVE MINIMUM TAX**  
**Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership**  
*(Keep for your records.)*







COPY

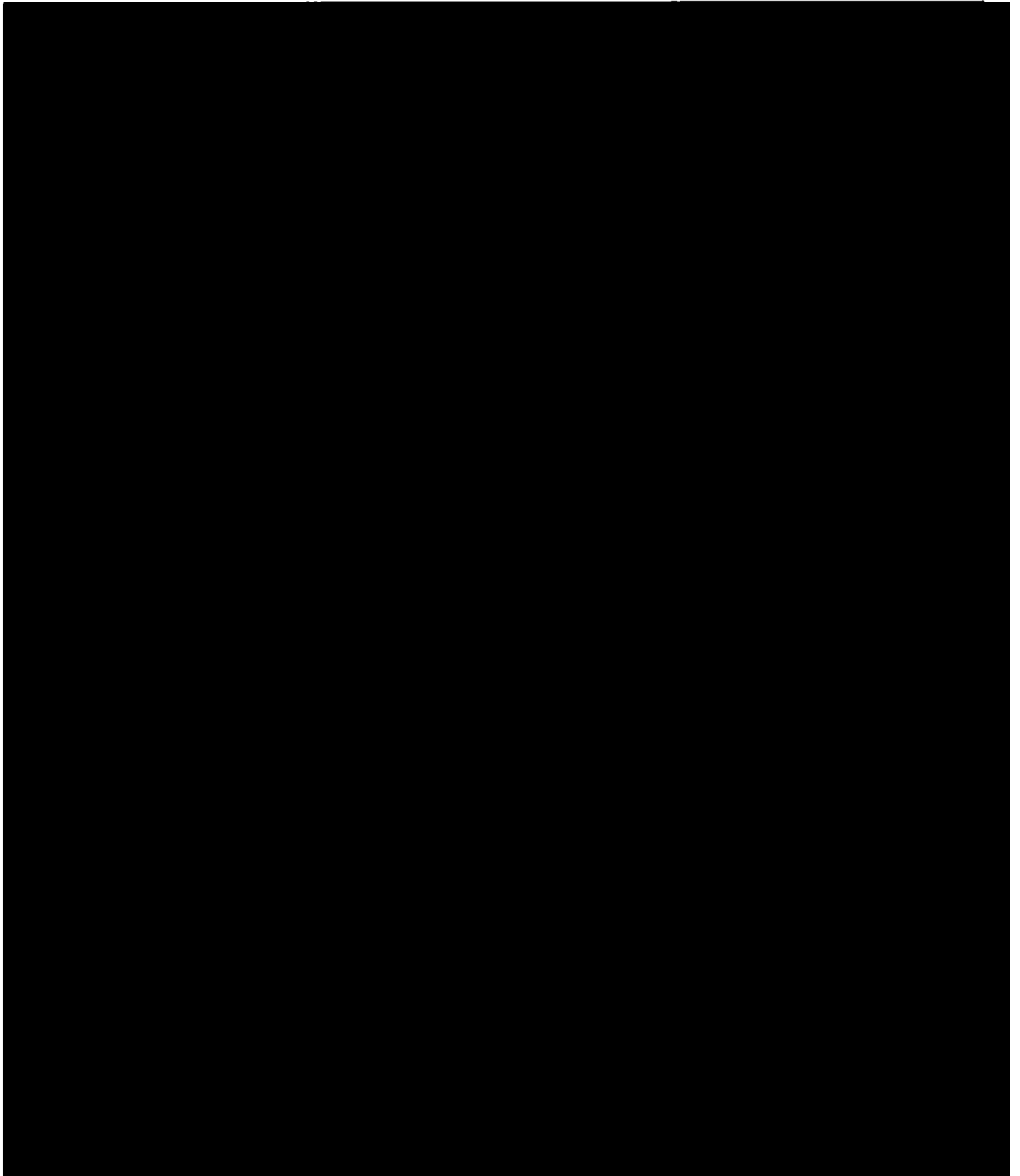
### IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.  
▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

**2014**

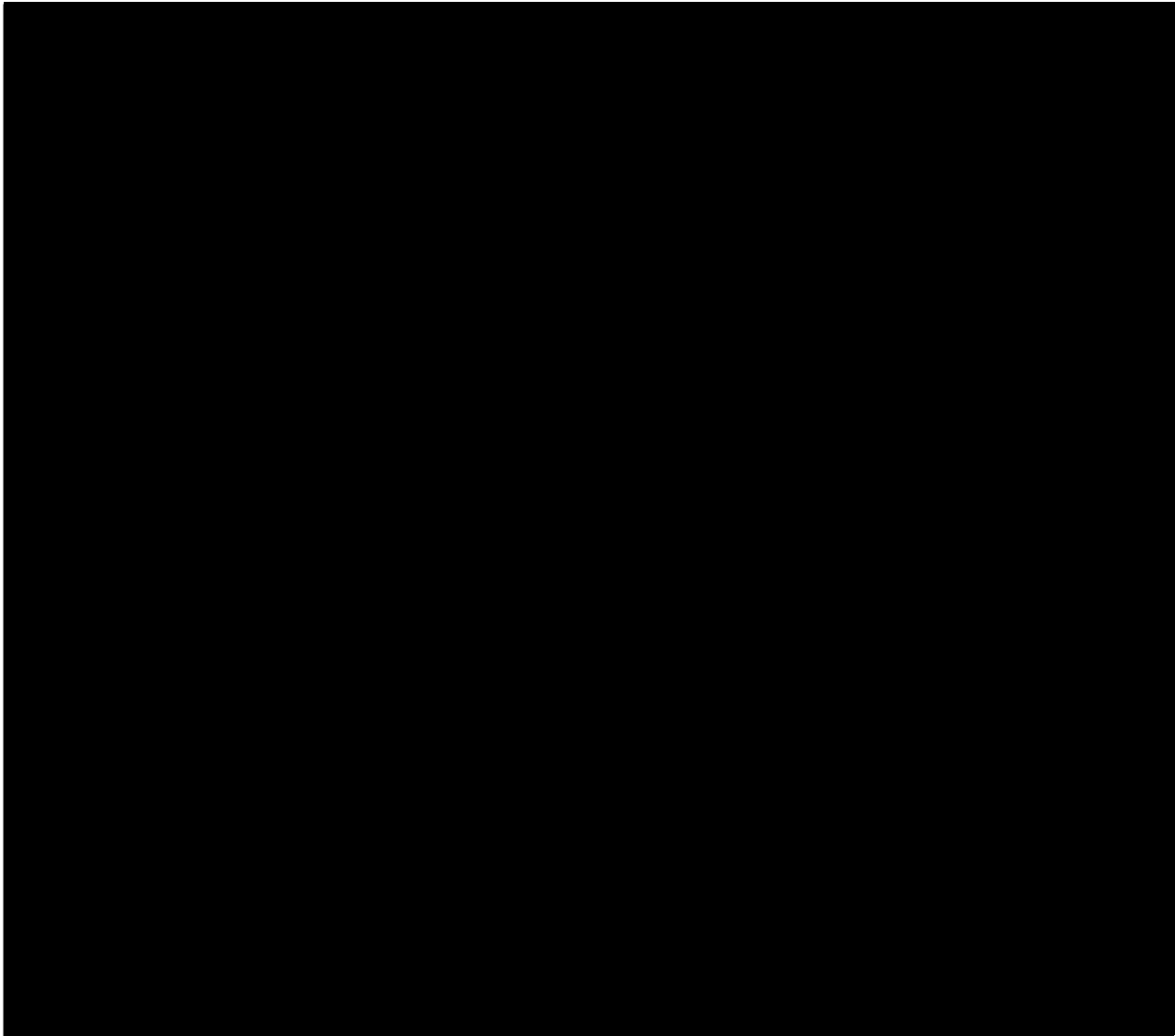
Submission Identification Number (SID) ▶



---

**Tax Year 2014 e-file Jurat/Disclosure  
for Form 1040, 1040A, or 1040EZ  
using Practitioner PIN method  
(with or without Electronic Funds Withdrawal)**

---



COPY

418711  
04-29-14

▼ DETACH HERE ▼

Form **4868**  
Department of the Treasury  
Internal Revenue Service (99)

**Application for Automatic Extension of Time  
To File U.S. Individual Income Tax Return**

1019

**2014**

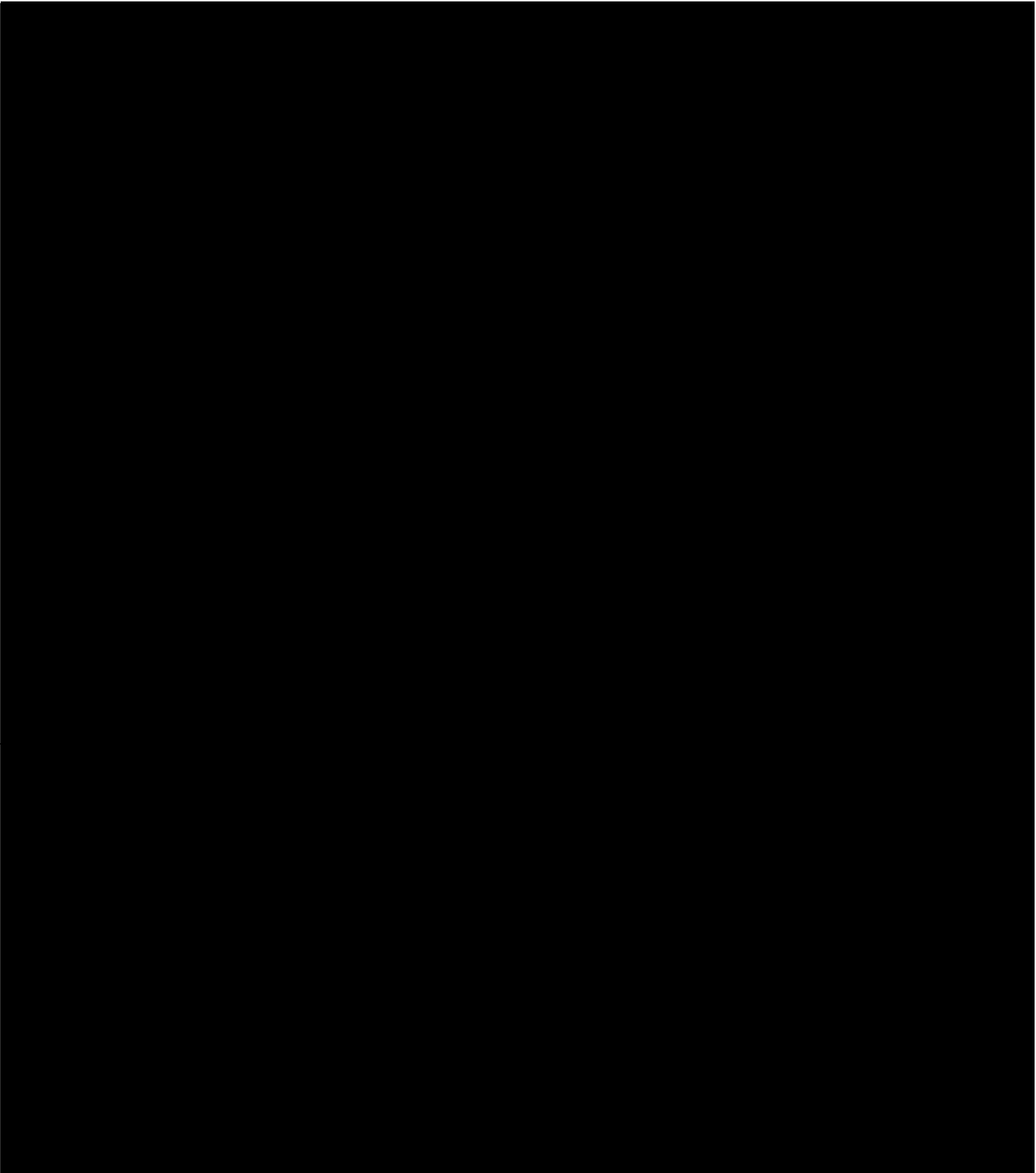
For calendar year 2014, or other tax year beginning , 2014, ending

Part II Identification

Part II Individual Income Tax



\*\*\*\*\* IU NICH 30 0 201412 670



Form 1040-ES (2015)

410401  
01-23-15

3

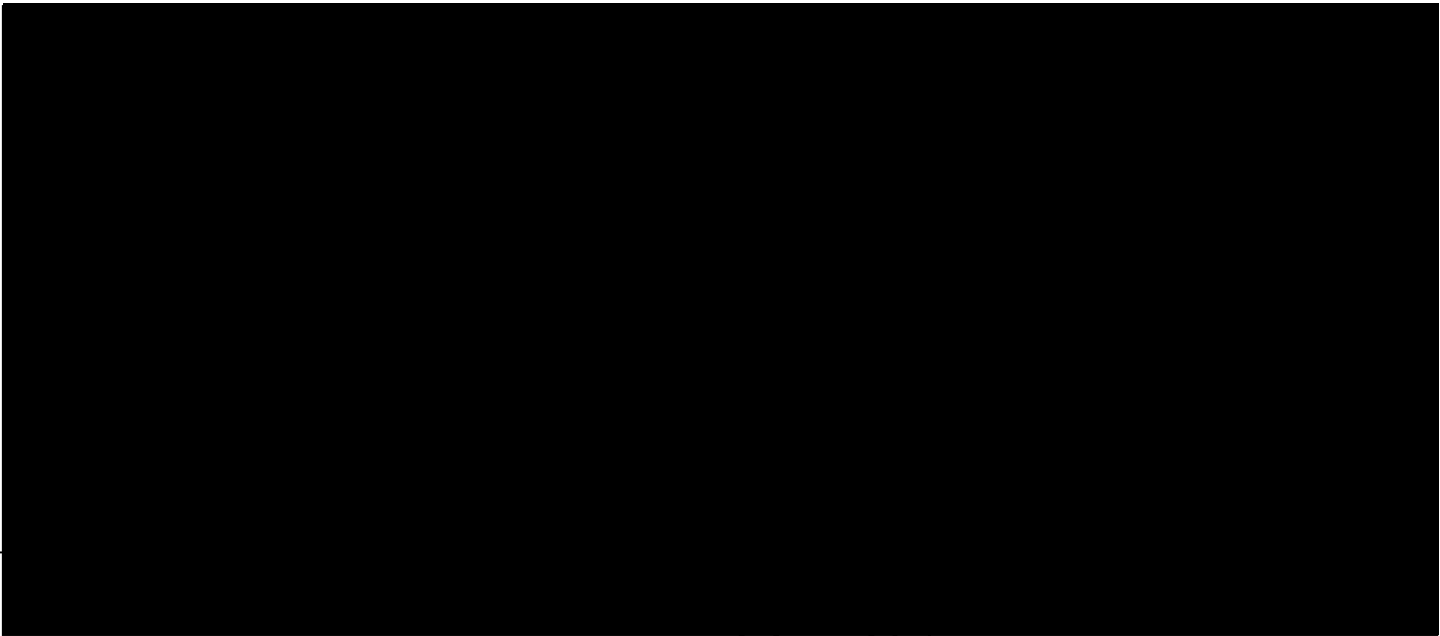
11050911 748214 90361.001

2014.04010 NICHOLAS, THOMAS

90361\_11



CUT HERE



COPY

413062  
04-28-14

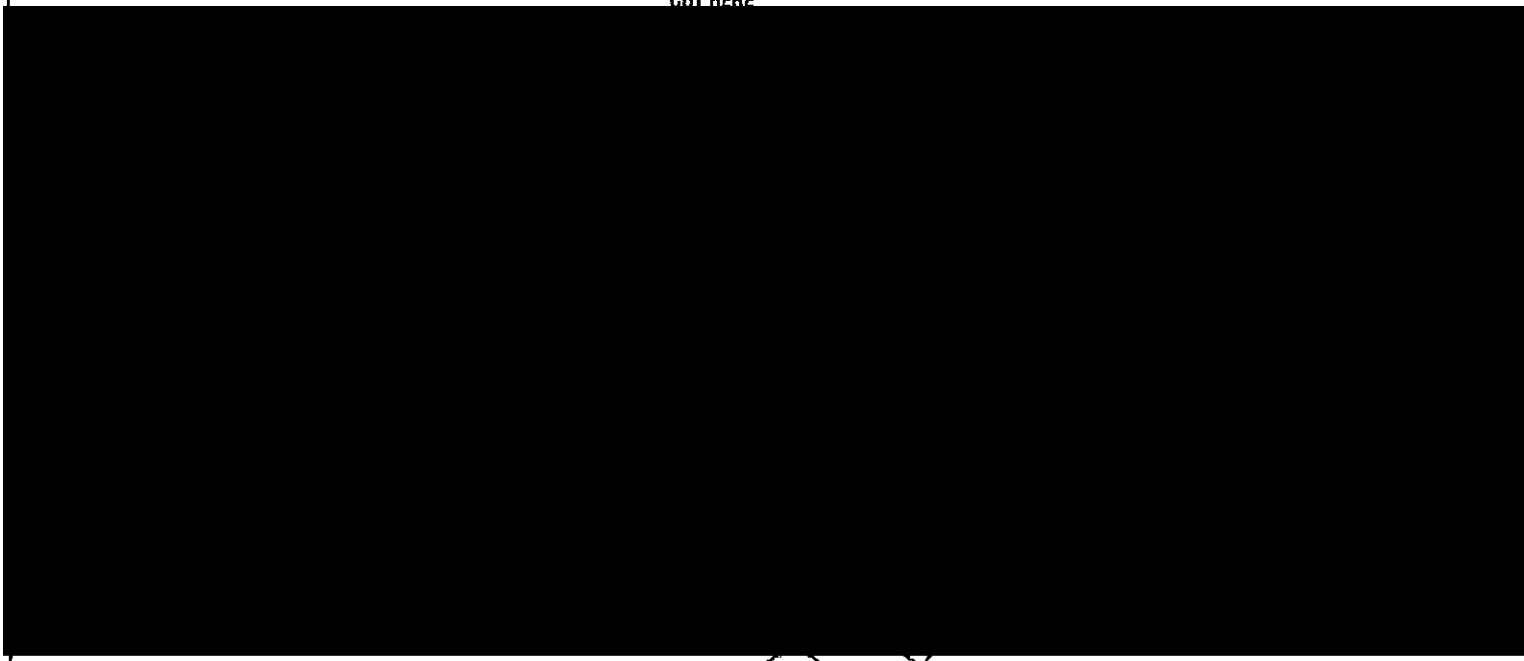
11050911 748214 90361.001

2014.04010 NICHOLAS, THOMAS

4

90361\_11

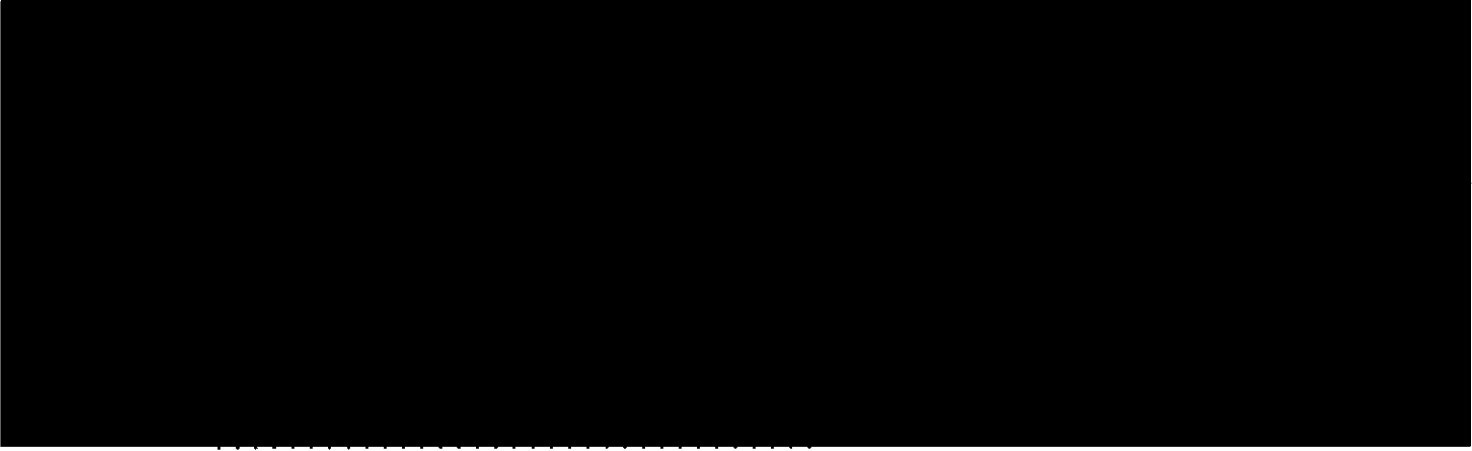
CUT HERE



COPY

413063  
04-29-14

CUT HERE



CUT HERE

COPY

CUT HERE



CUT HERE

COPY

Form

**1040**

U.S. Individual Income Tax Return <sup>(99)</sup>

**2014**

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning

, 2014, ending

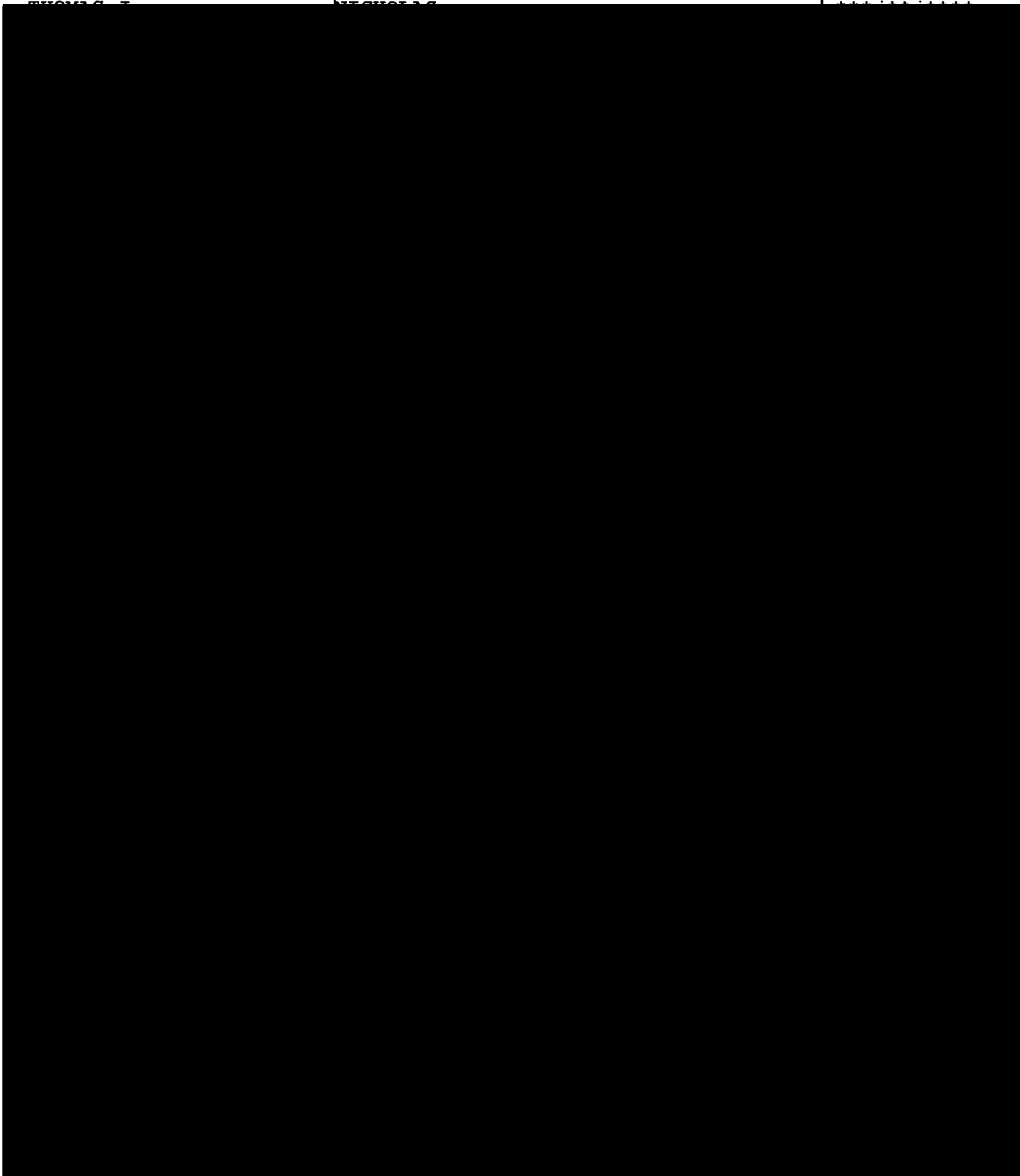
, 20

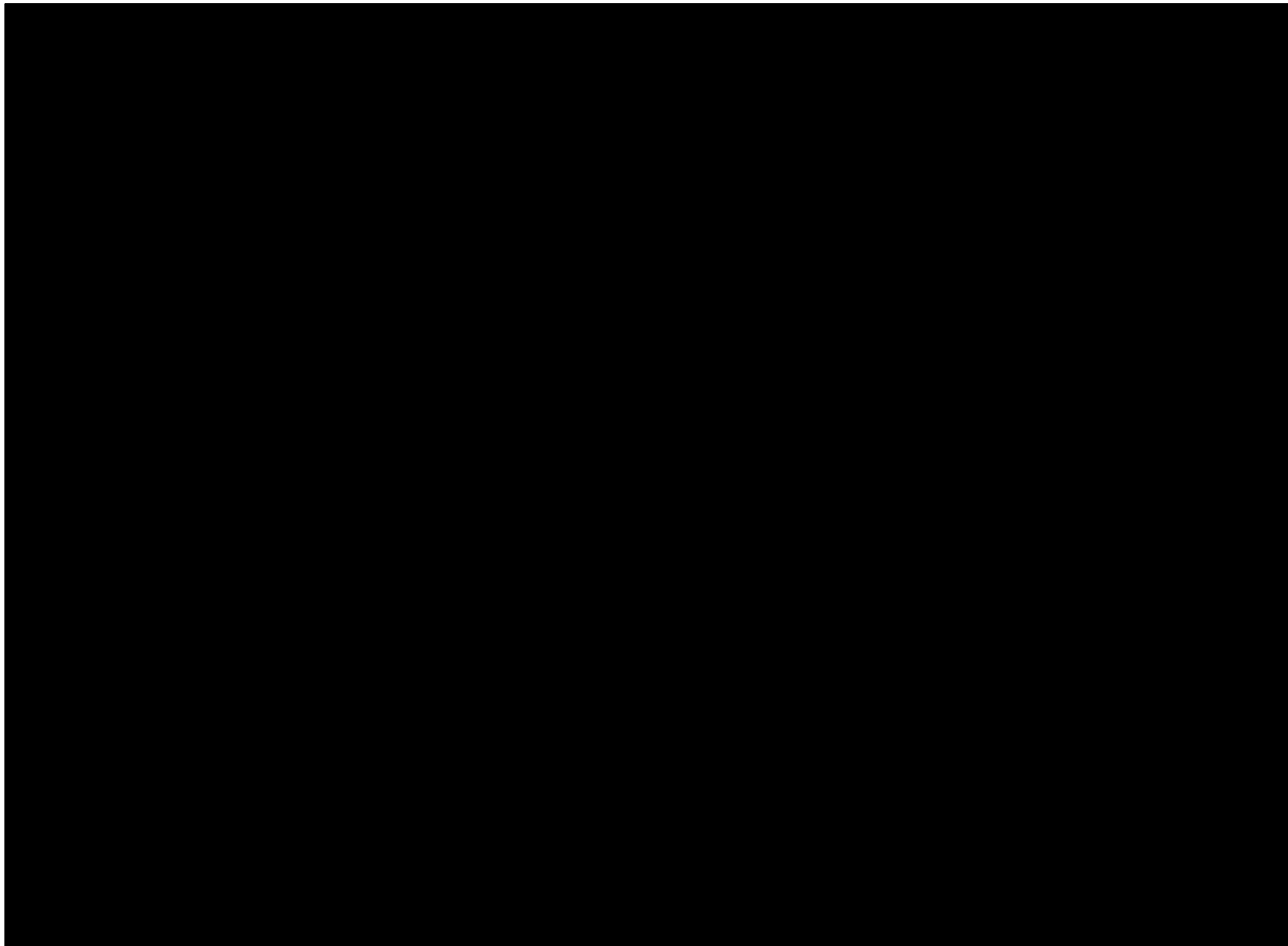
See separate instructions.

Your first name and initial

Last name

Your social security number





**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

**Itemized Deductions**

▶ Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea)  
▶ Attach to Form 1040.

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. 07

Your social security number

TH  
Me  
an  
De  
Ex

Ta  
Pa

Int  
Yo

Not  
You  
inte  
dec  
be  
inst

Gift  
Ch  
If y  
gift  
ber  
see

Ca  
The

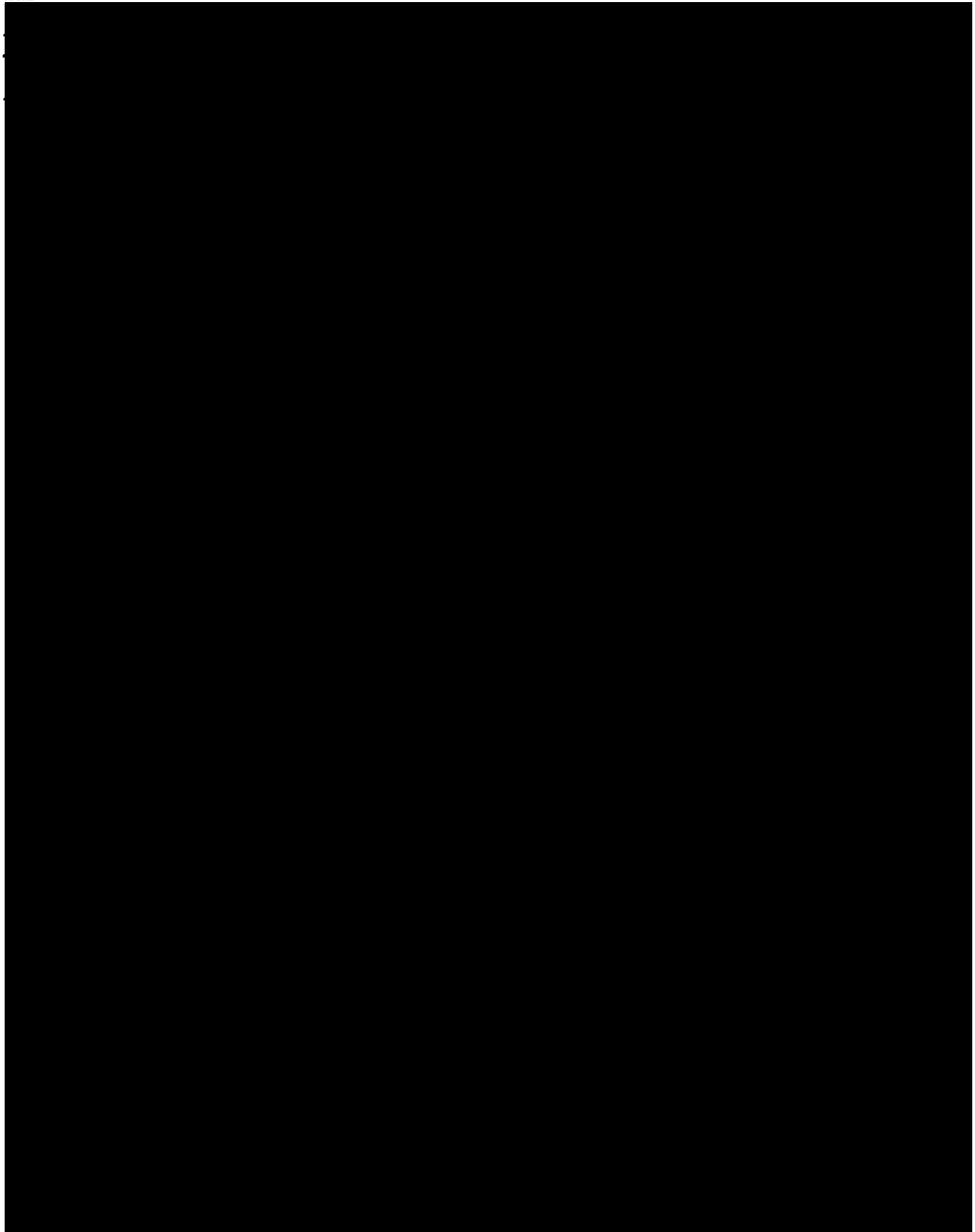
Job  
and  
Mis  
Dec

Oth  
Mis  
De

To  
It  
De

Schedule A - Charitable Contributions Worksheet Page 1

NAME



412191 12-23-14

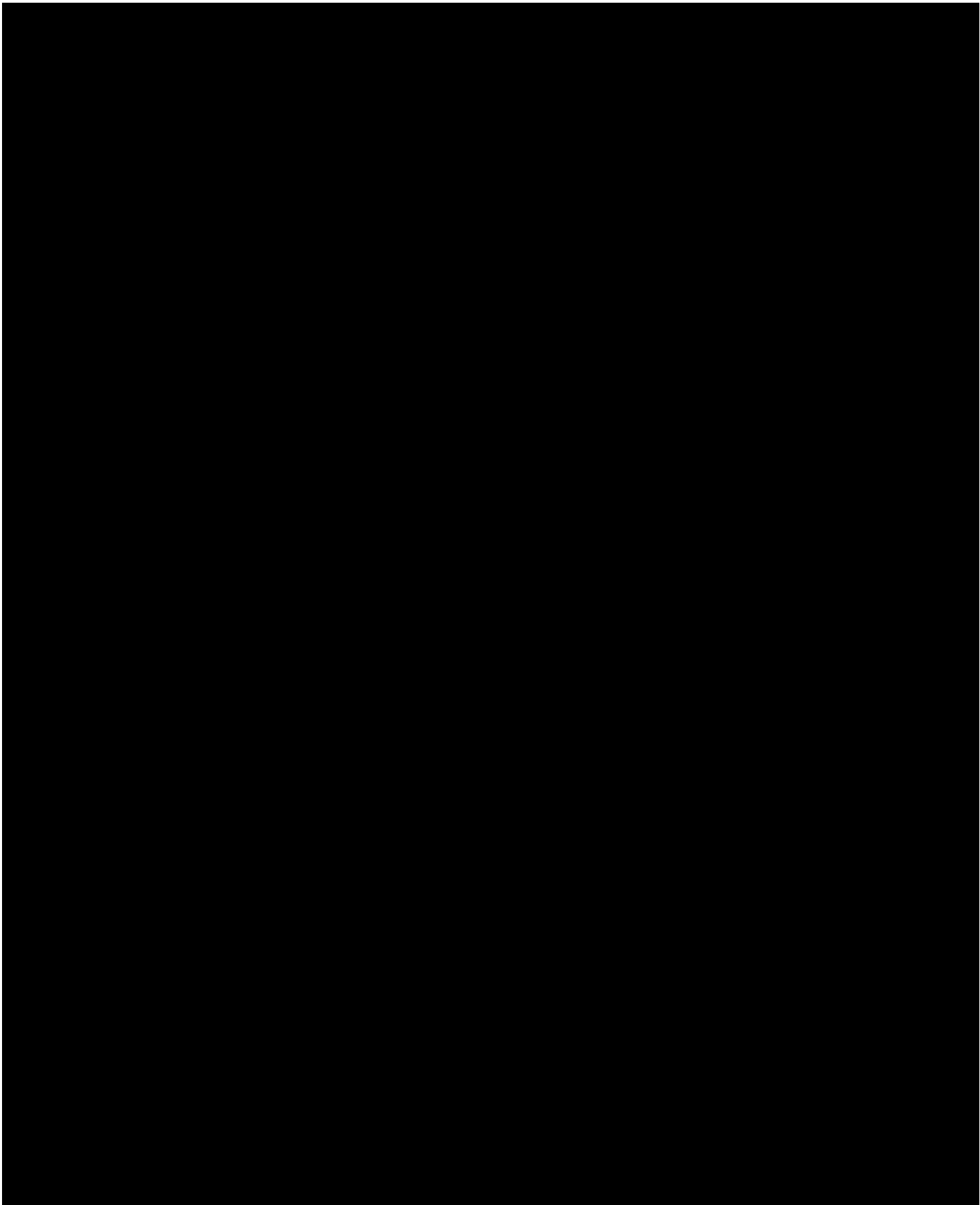


Schedule A - Charitable Contributions Worksheet Page 2

NAME



COPY



422021  
05-01-14

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

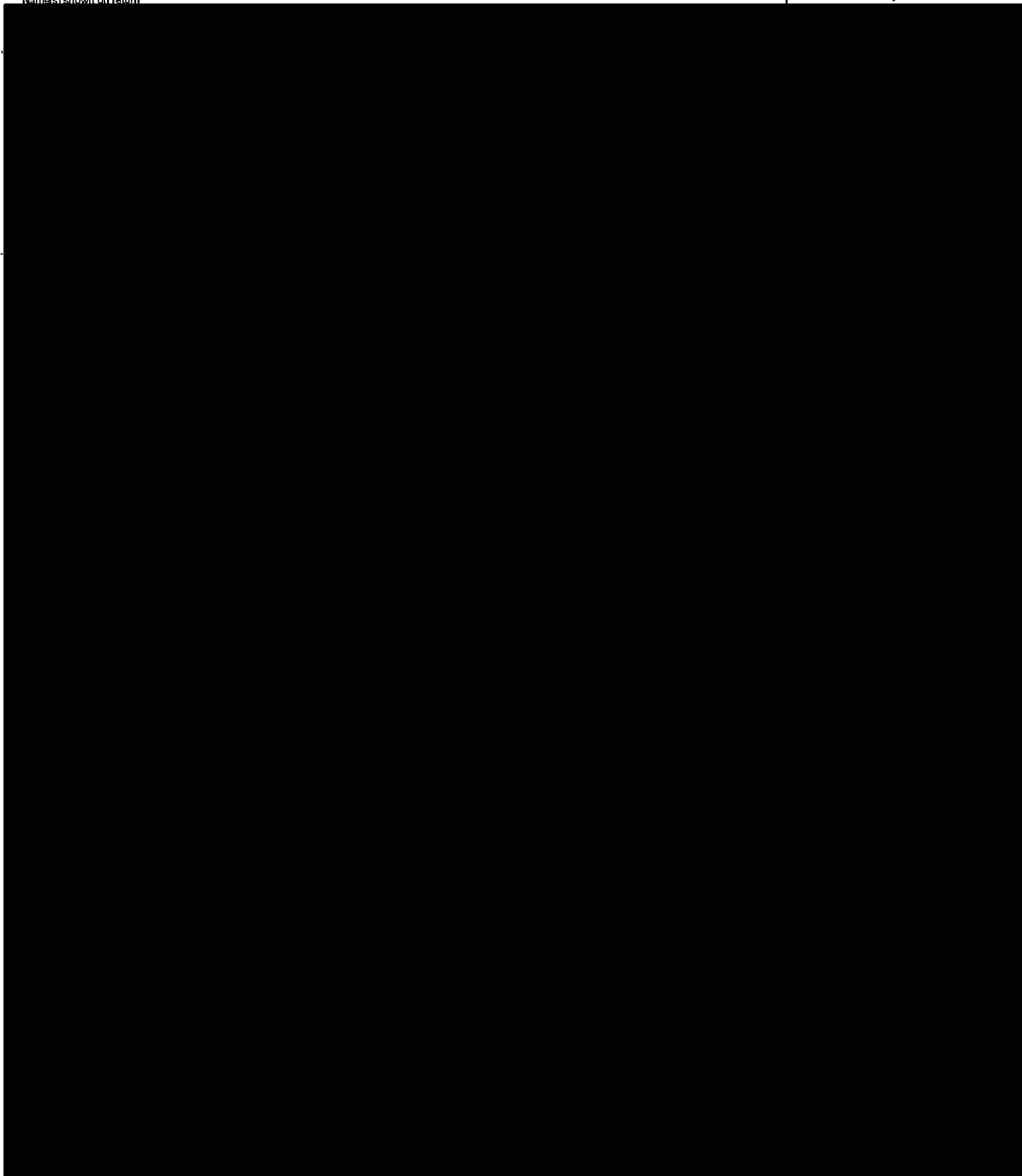
▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

OMB No. 1545-0074

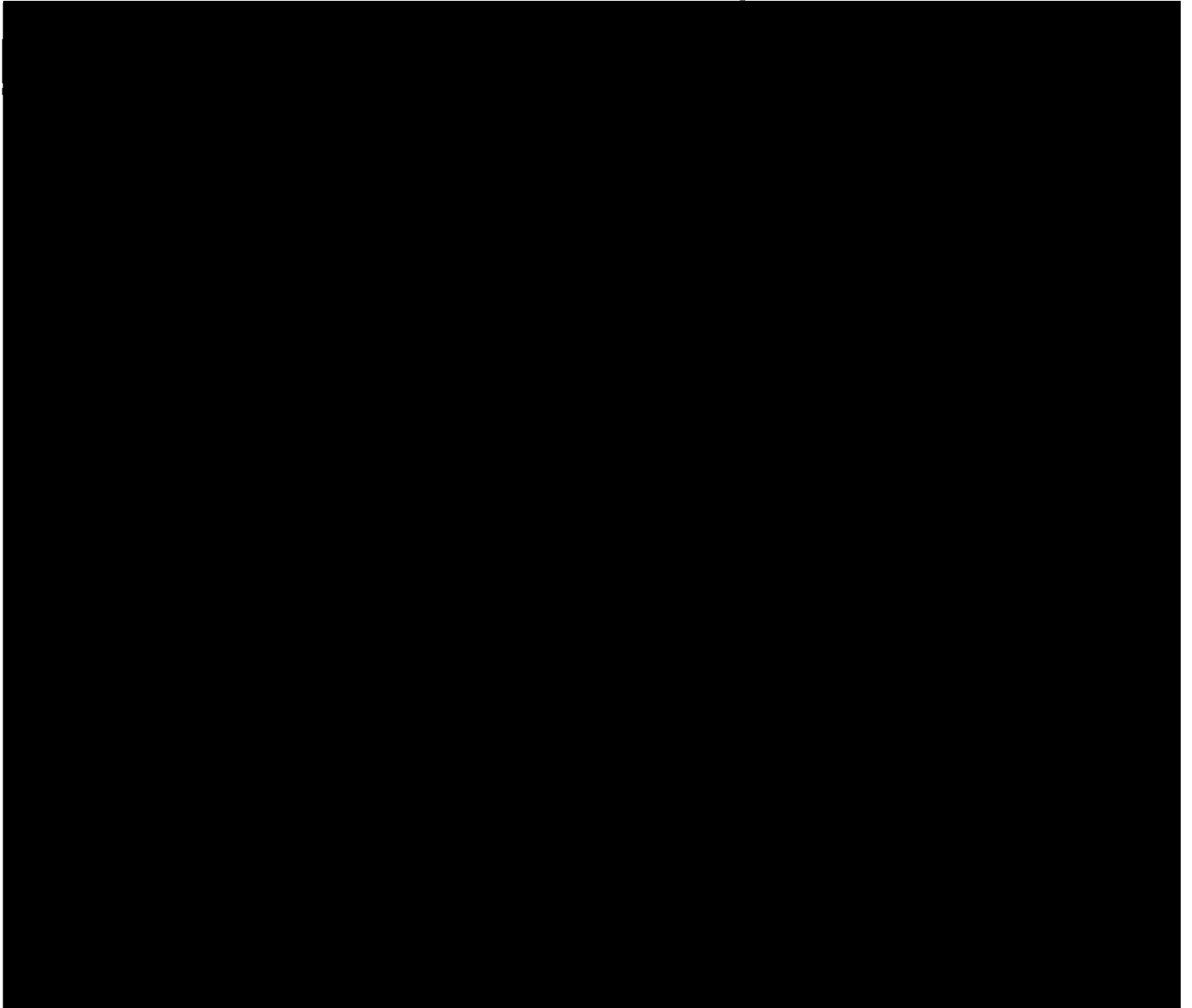
**2014**  
Attachment  
Sequence No. **08**

Your social security number

Name(s) shown on return



**Interest and Dividend Summary**



**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

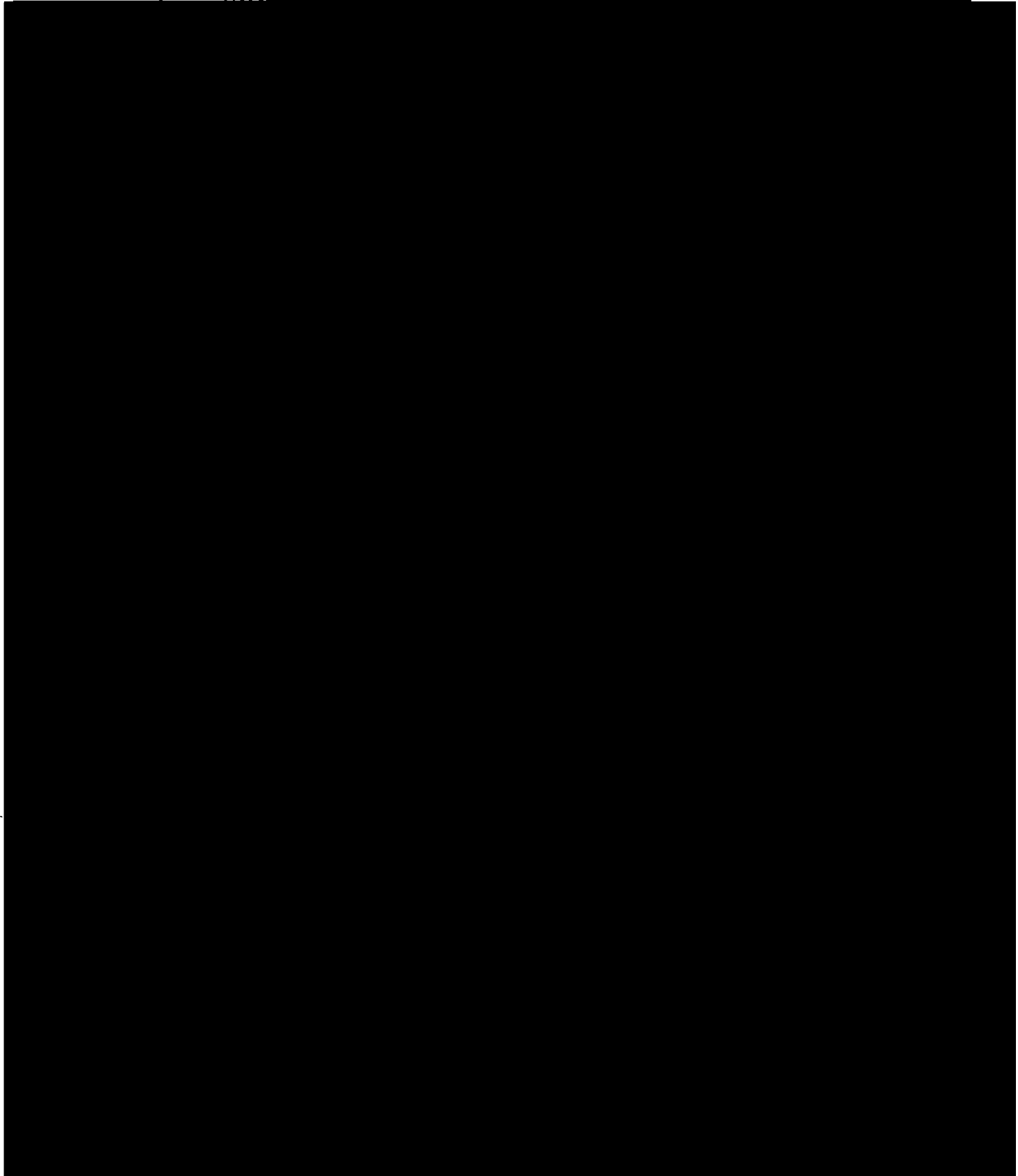
▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled)  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

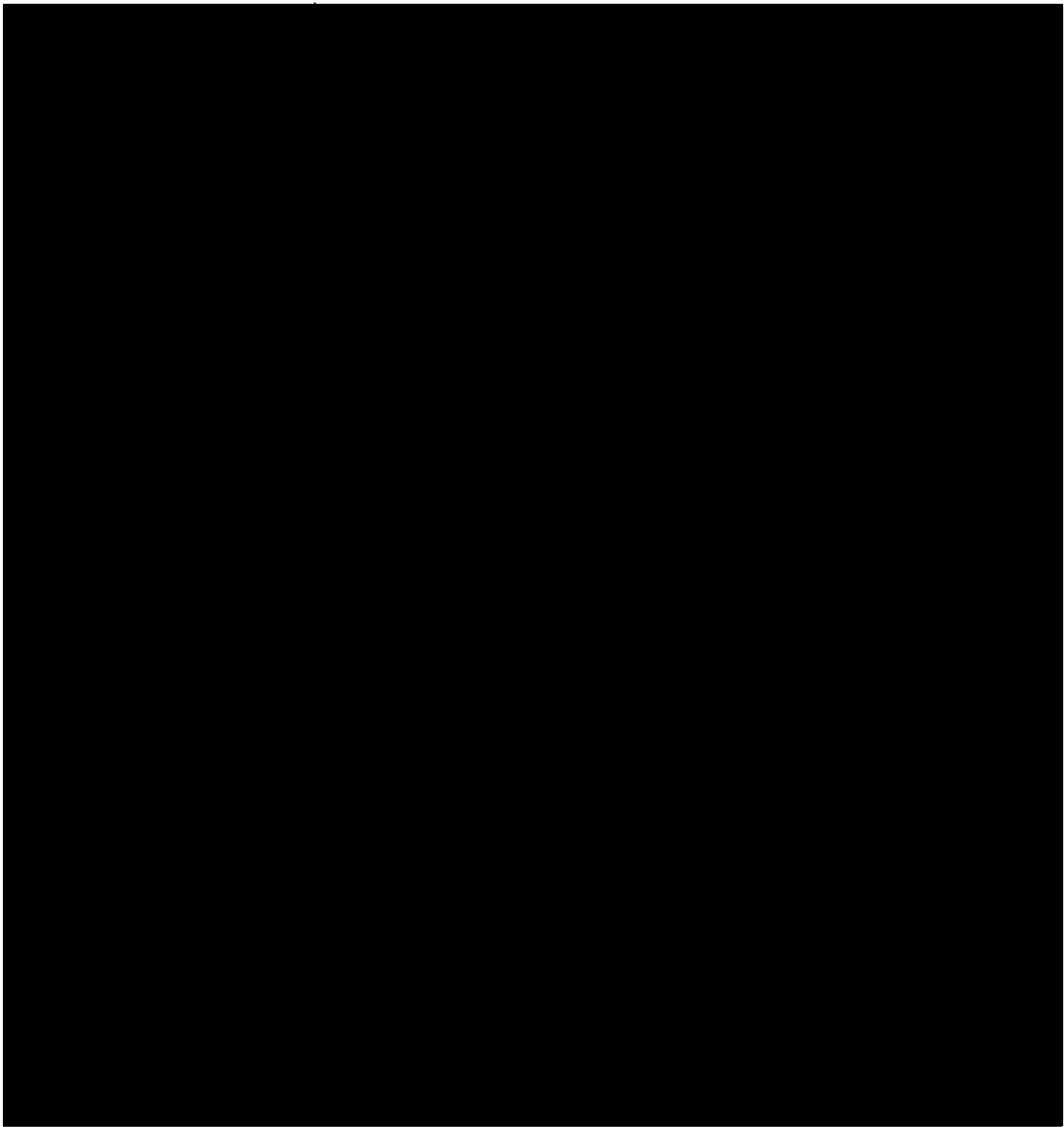
OMB No. 1545-0074

**2014**

Attachment  
Sequence No. 12



420511  
11-24-14



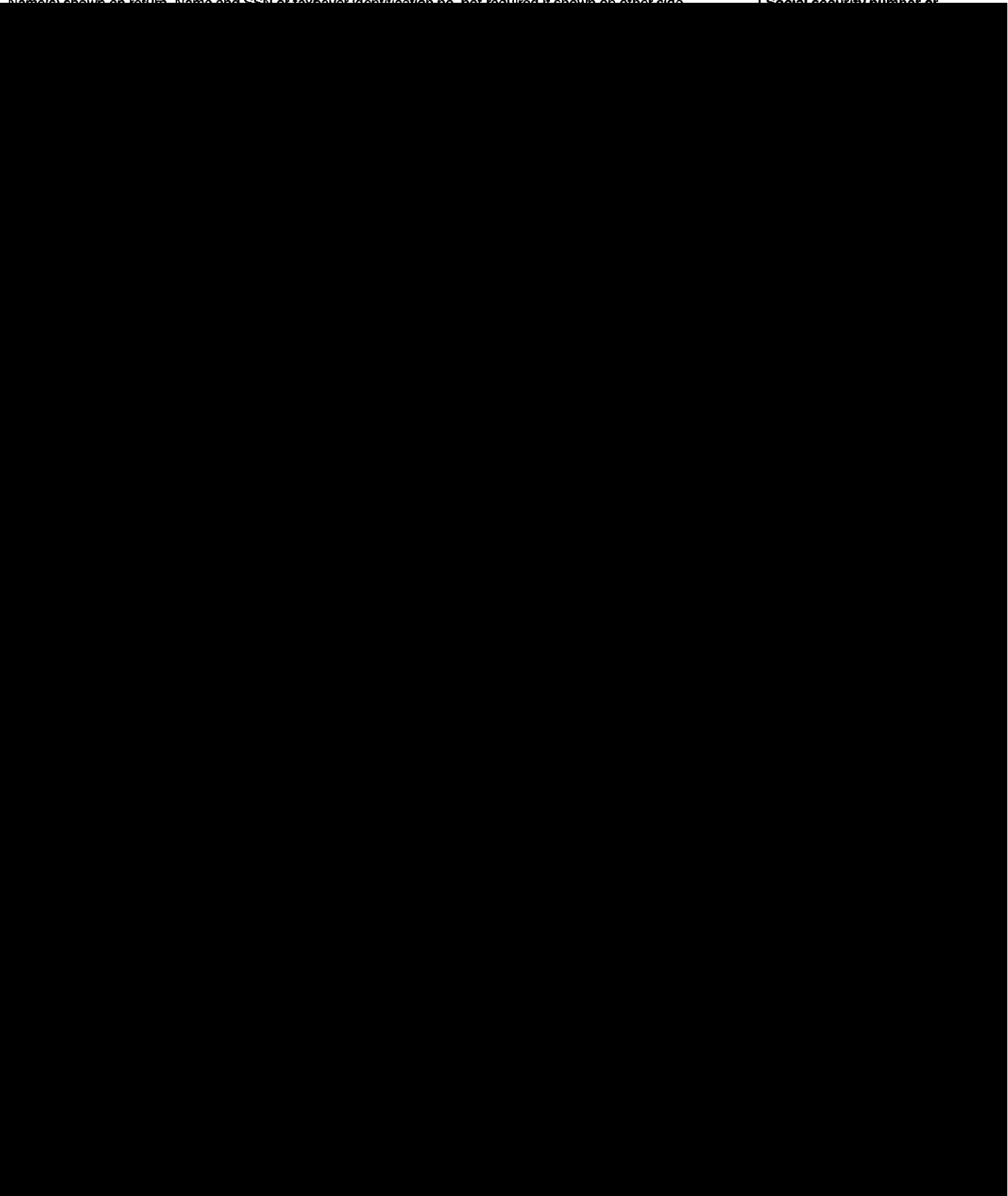
420512  
11-24-14

11050911 748214 90361.001

16  
2014.04010 NICHOLAS, THOMAS

90361\_11

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side. Social security number or



adjustment in column (g) to correct the basis. See column (g) in the separate instructions for how to figure the amount of the adjustment.

ALTERNATIVE MINIMUM TAX

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled)  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

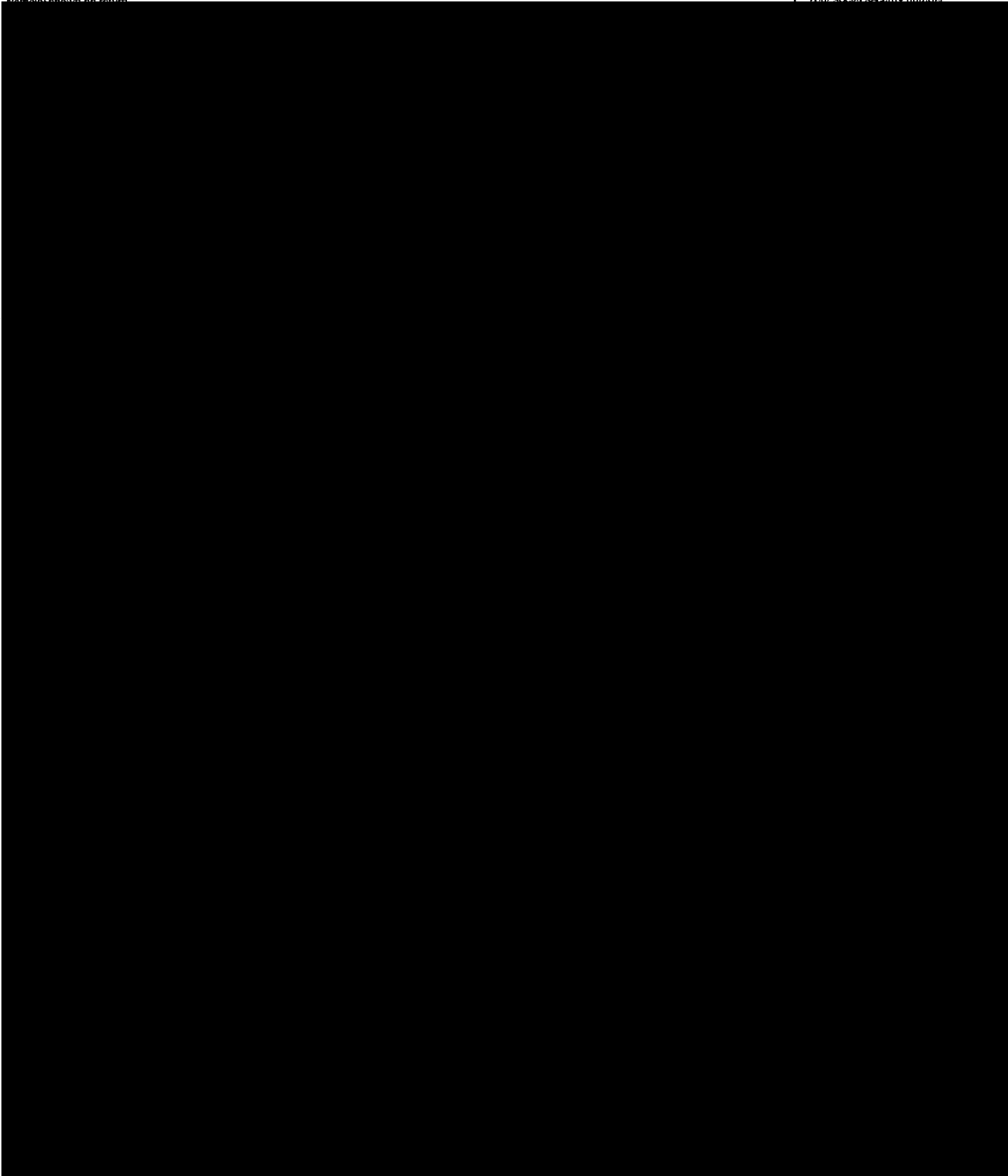
OMB No. 1545-0074

**2014**

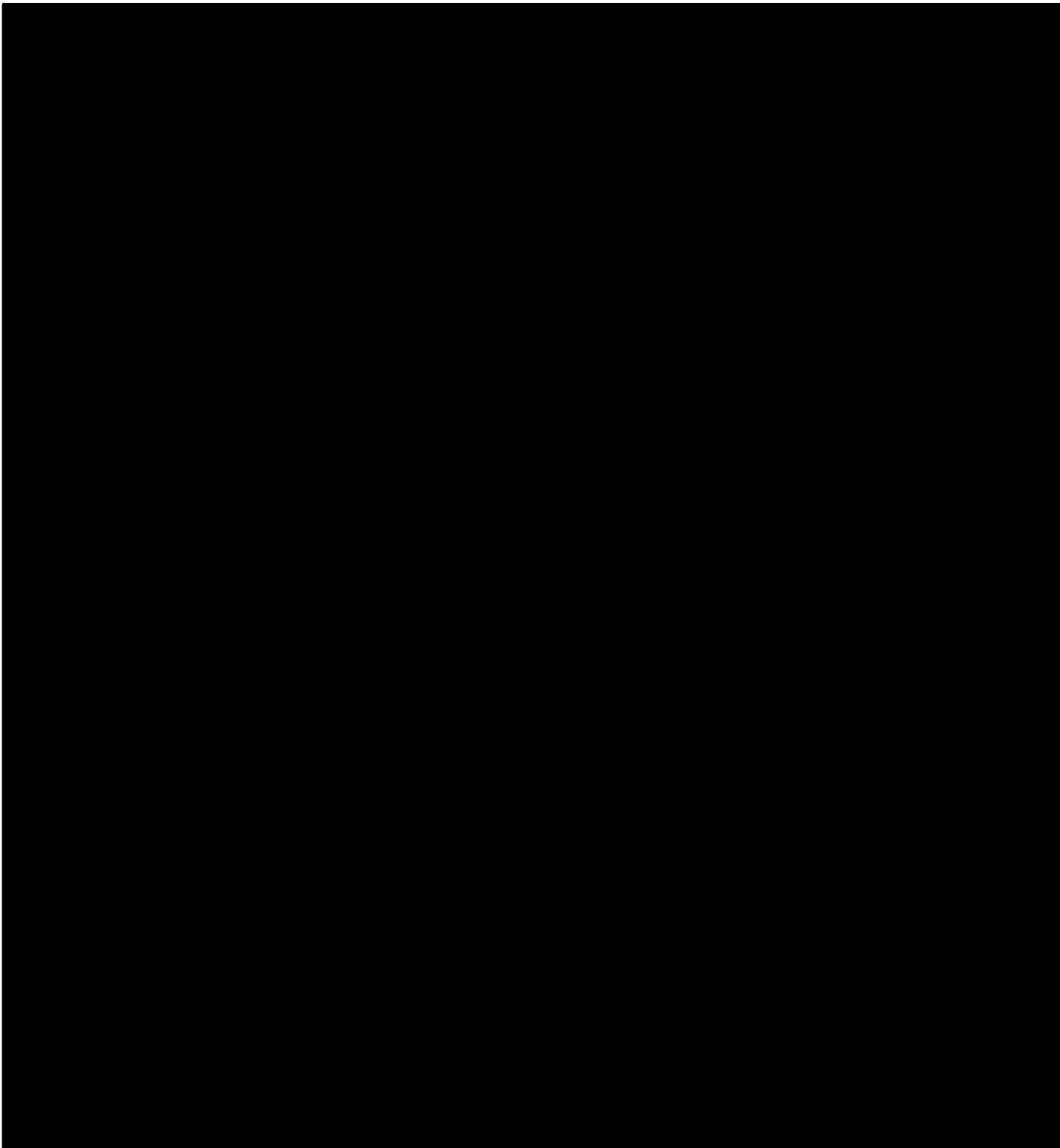
Attachment  
Sequence No. **12**

Name(s) shown on return

Your social security number







420512  
11-24-14

11050911 748214 90361.001

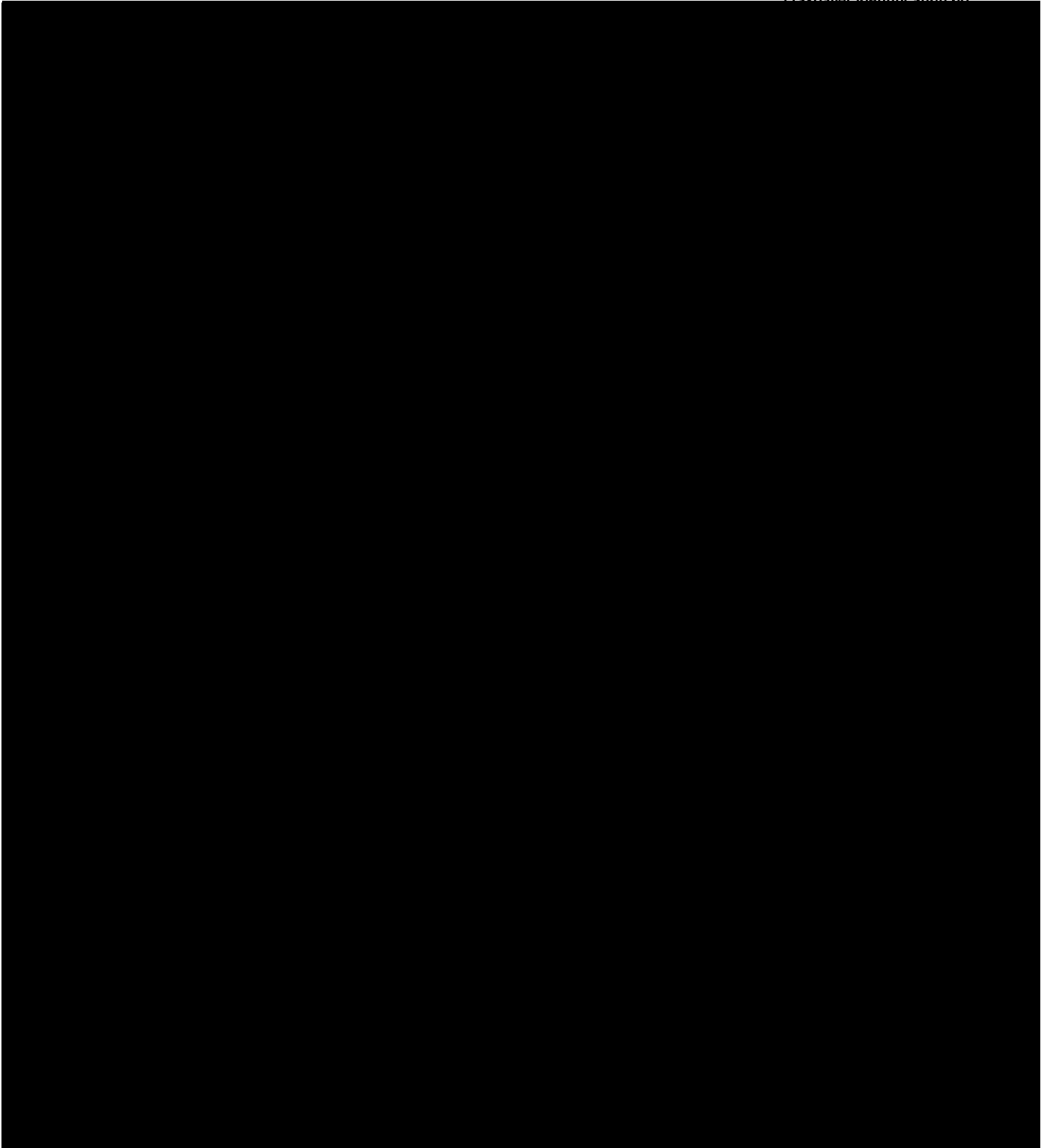
17.2  
2014.04010 NICHOLAS, THOMAS

90361\_11

ALTERNATIVE MINIMUM TAX

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.



Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

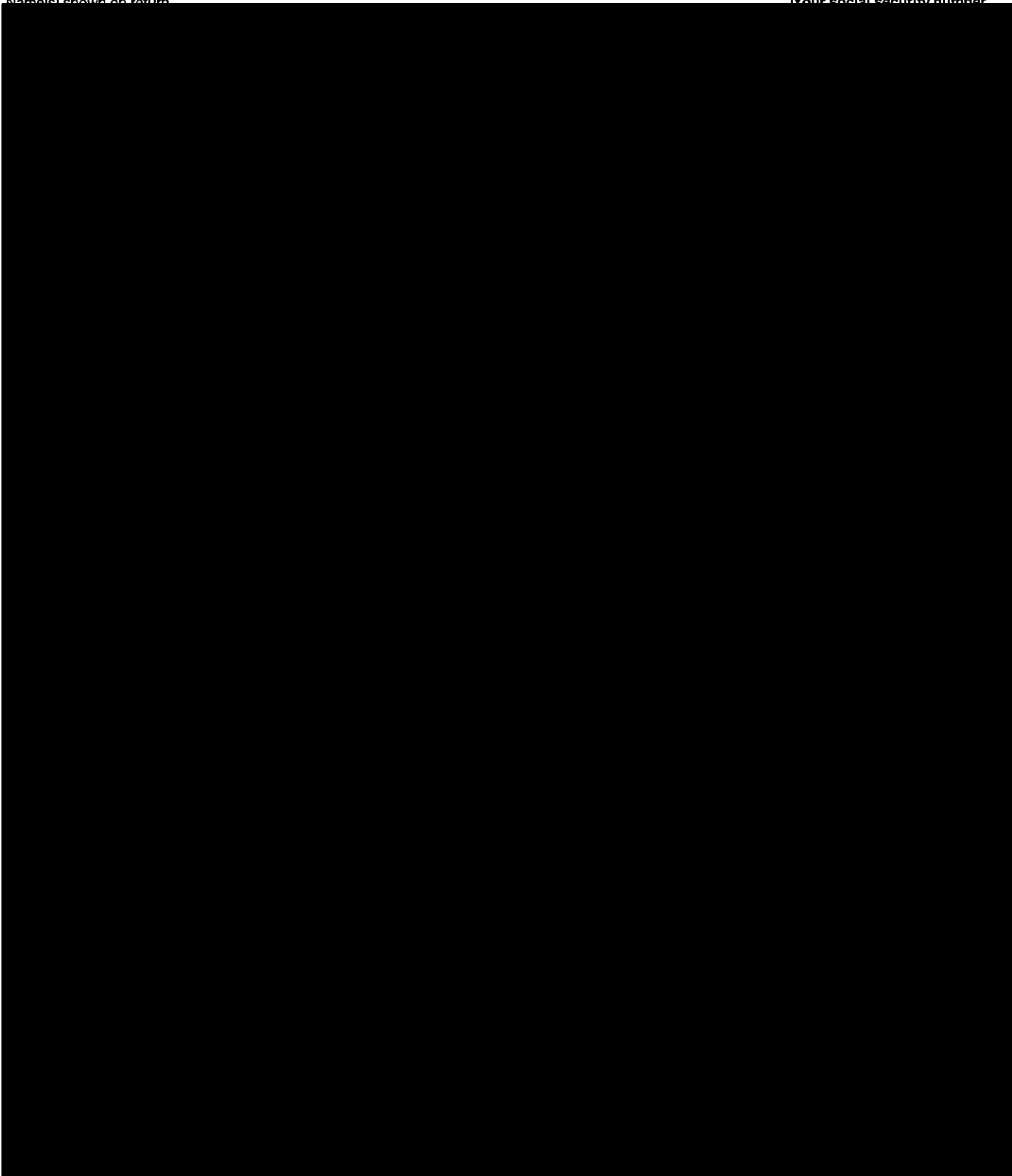
OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **13**

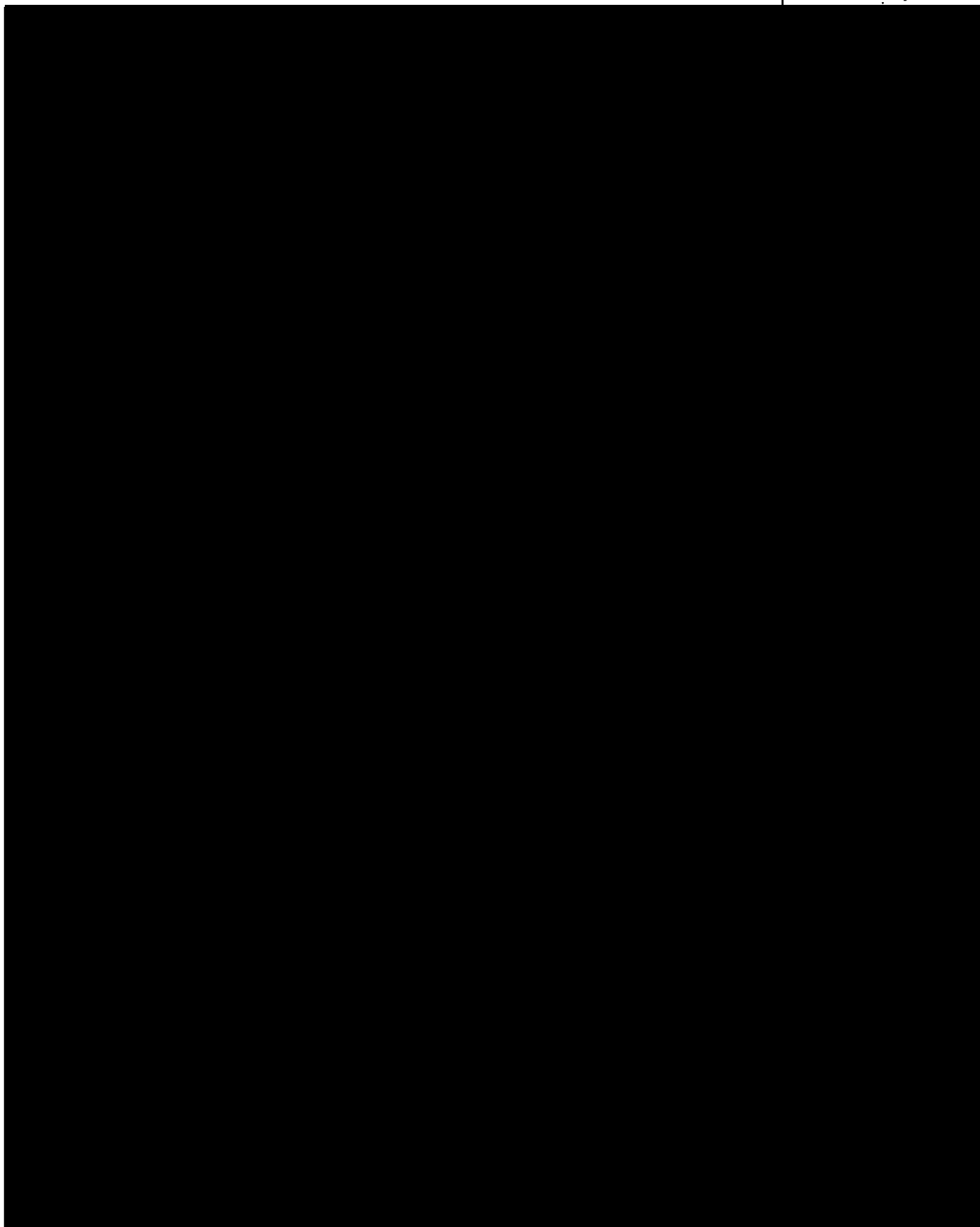
Name(s) shown on return

Your social security number

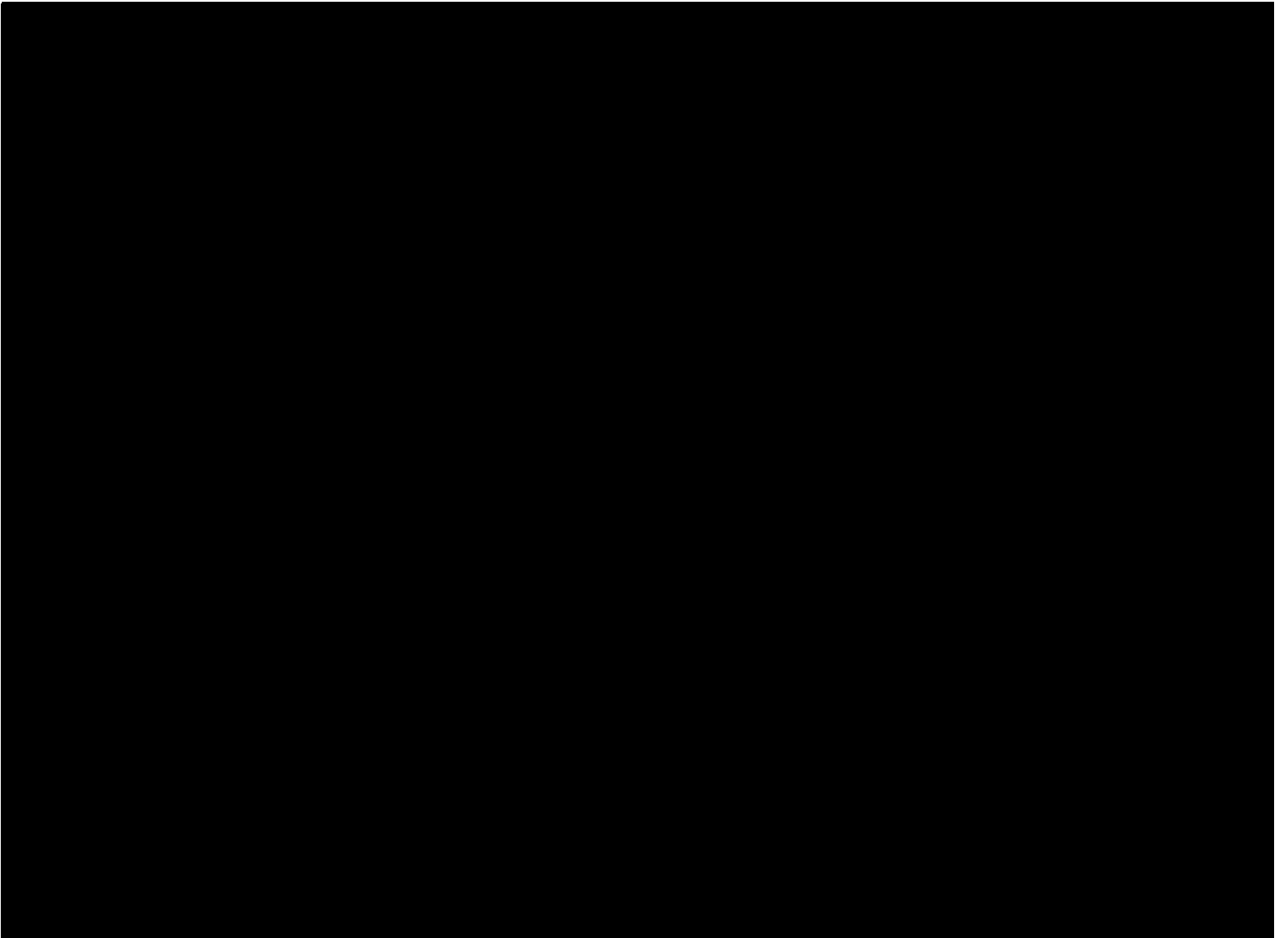


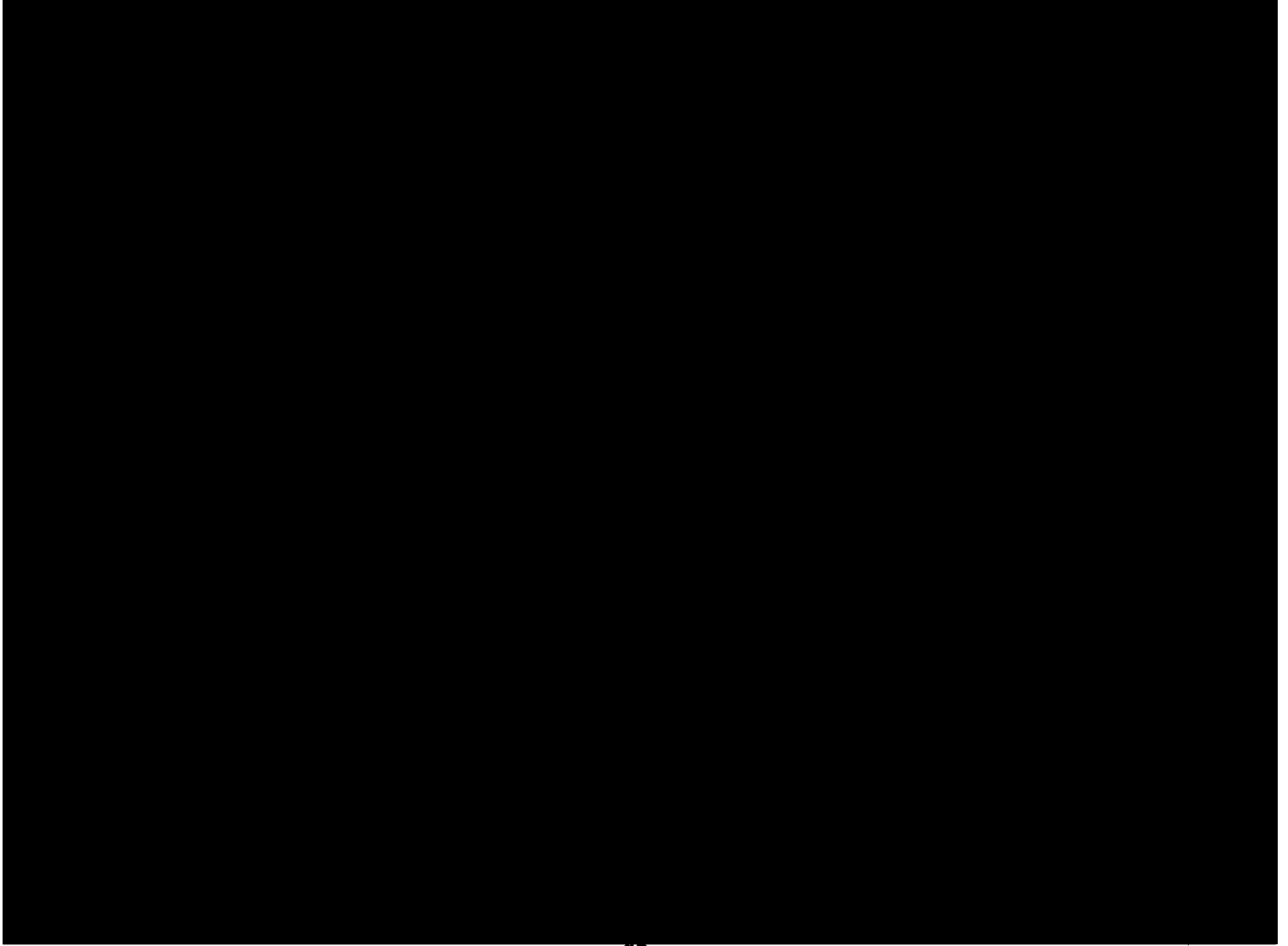
Name(s) shown on return. Do not enter name and social security number if shown on page 1.

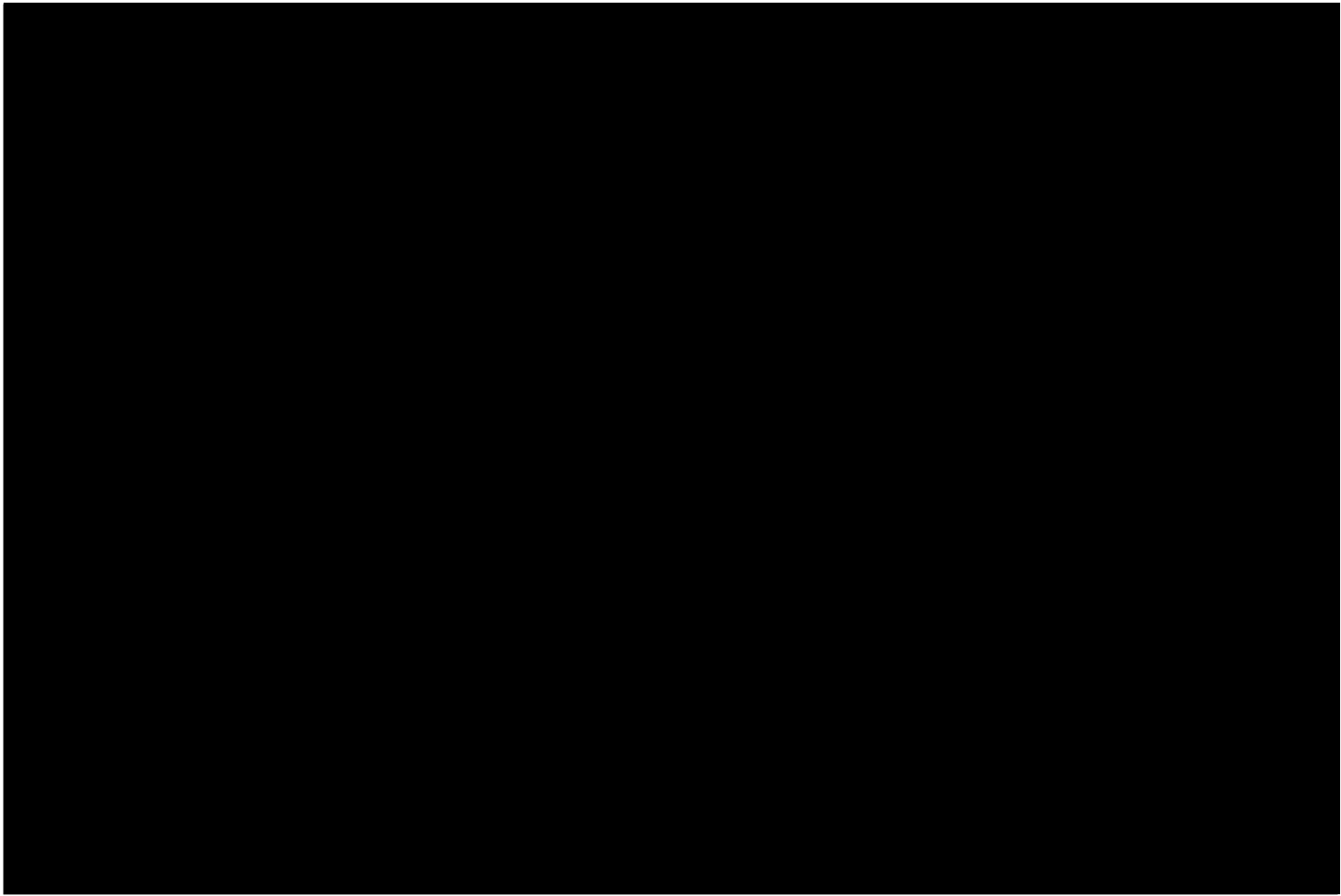
Your social security number



421501  
10-22-14



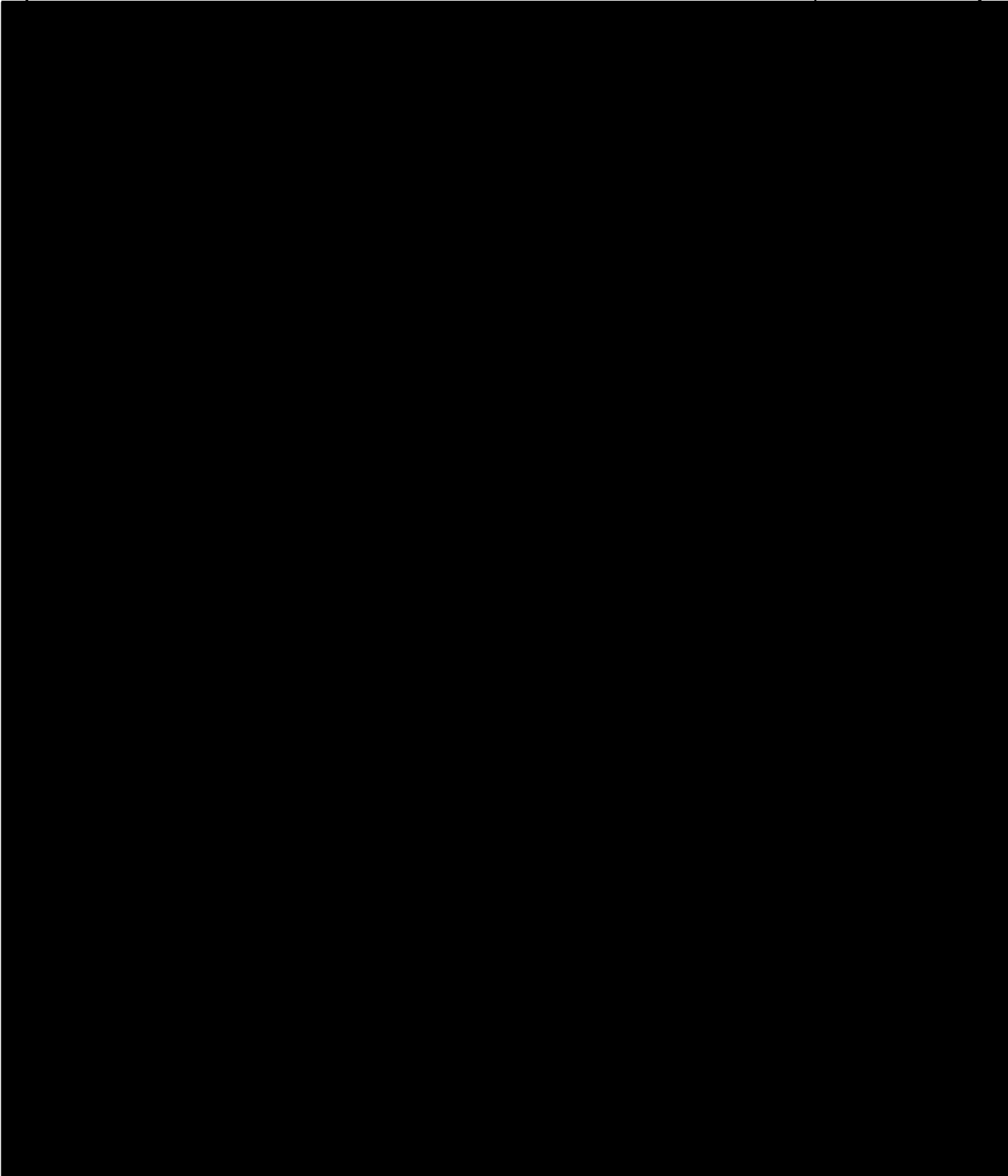




# Statement of Rental and Royalty Income

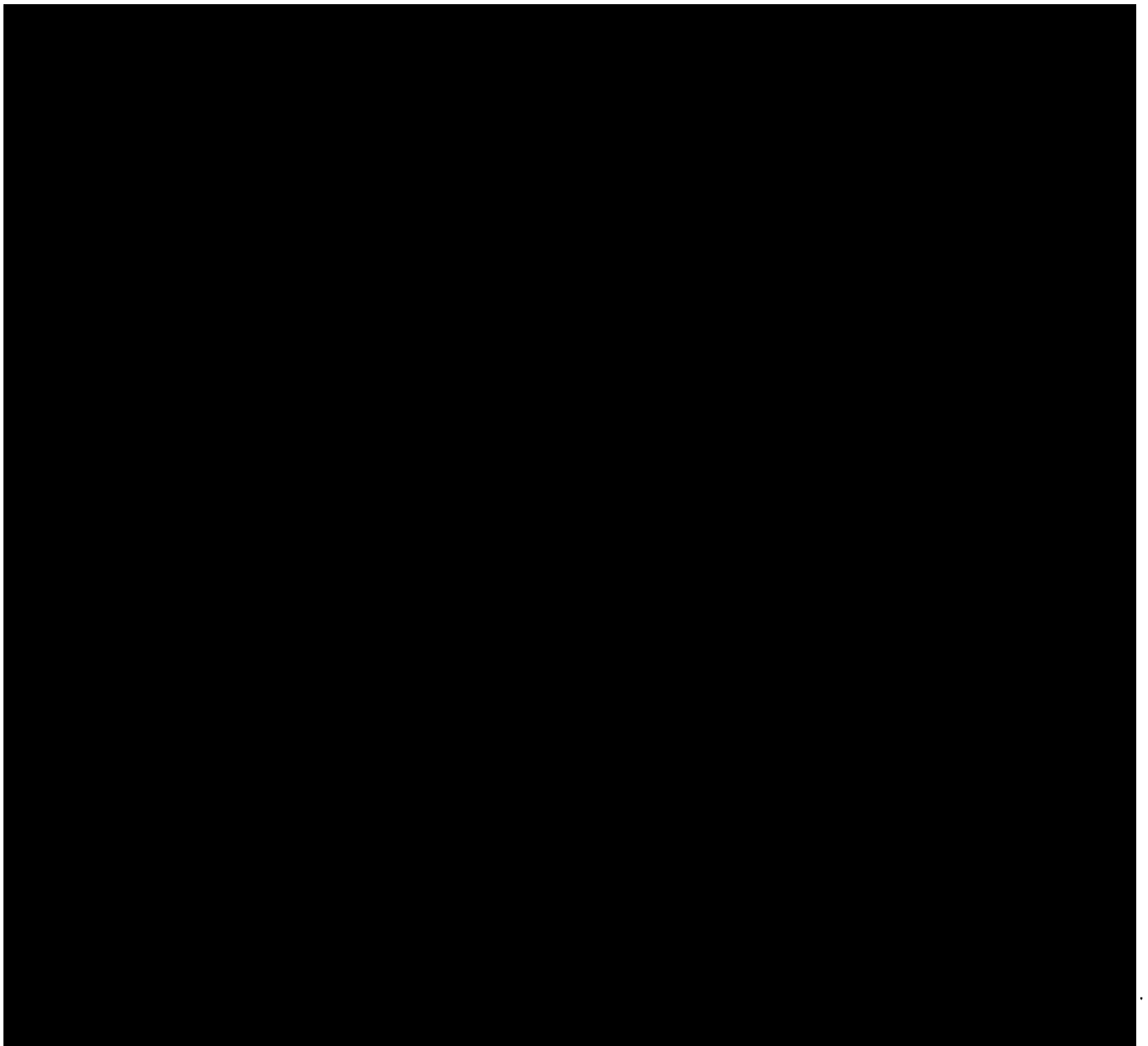
Name(s) as shown on return

Your social security number

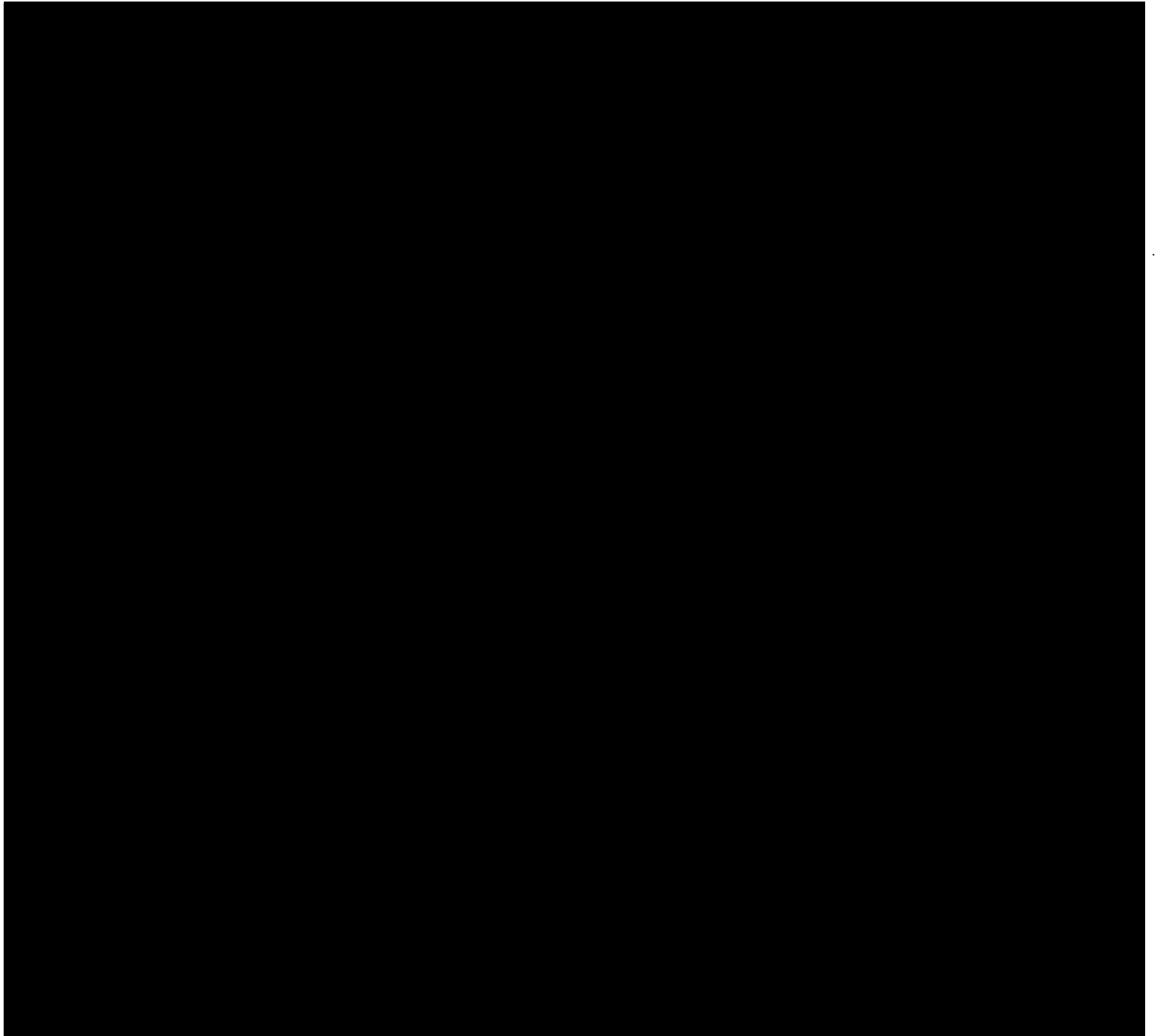


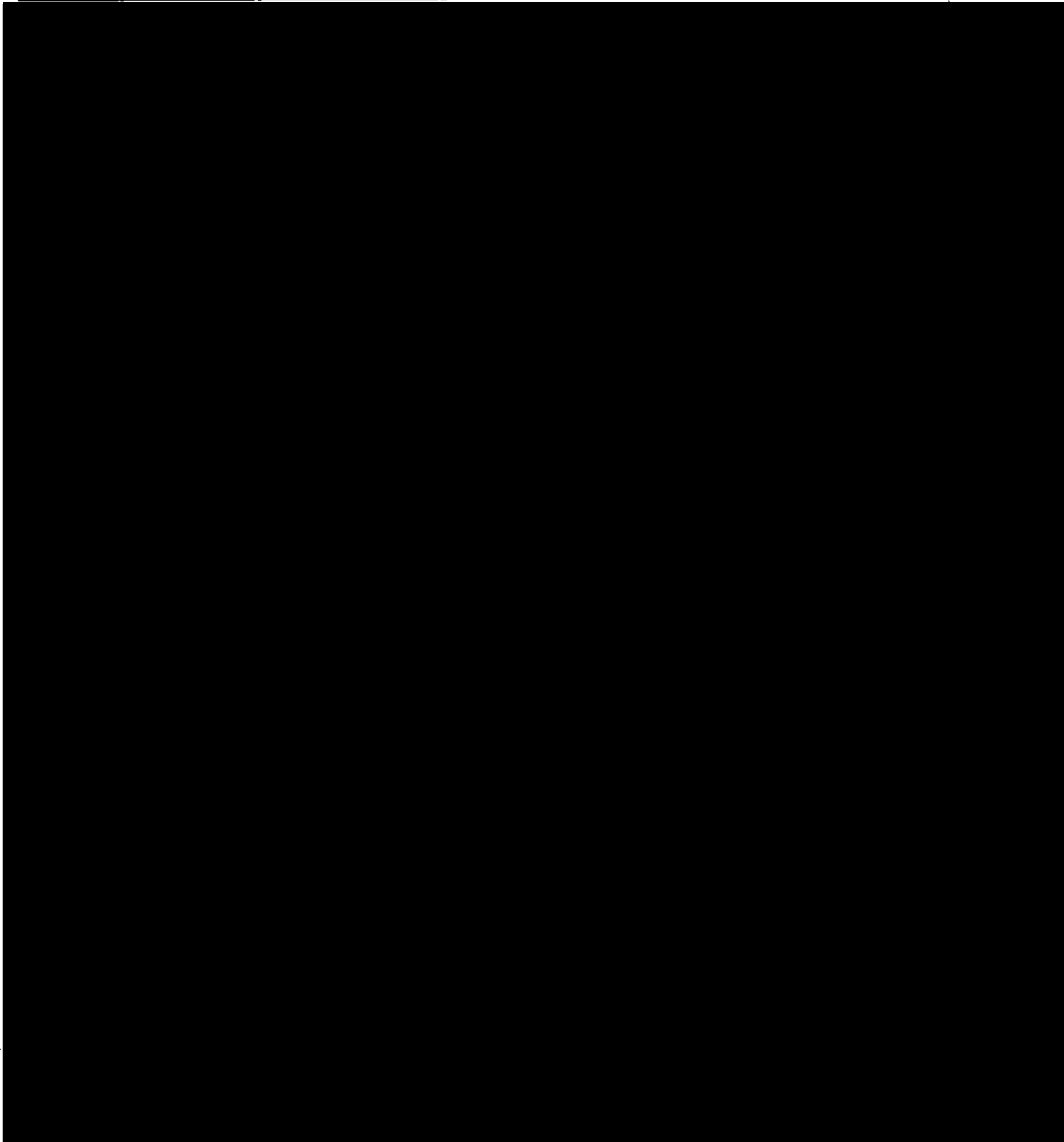
421601  
05-01-14











|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

410639 05-01-14

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

# Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

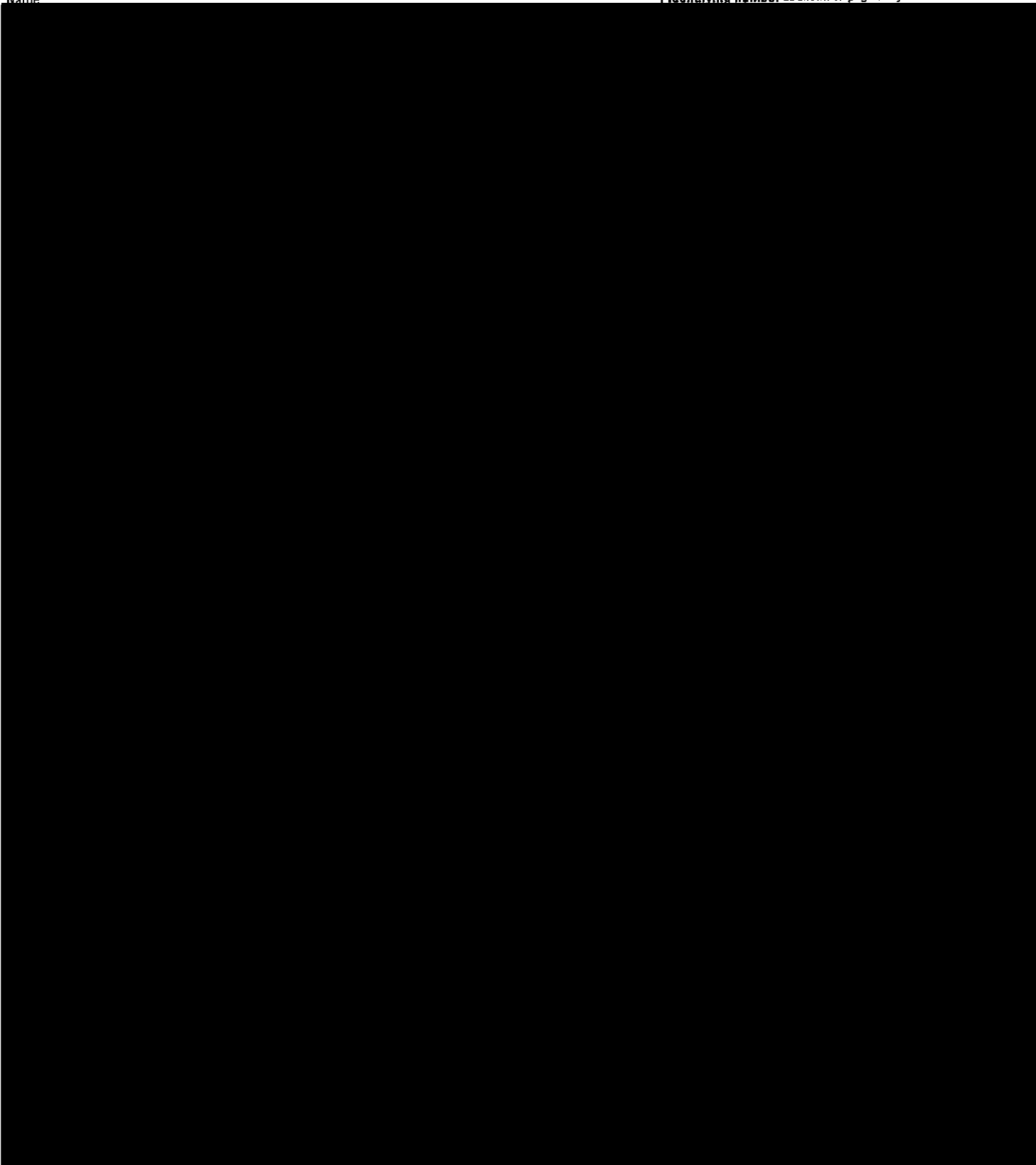
**2014**

Attachment  
Sequence No. **19**

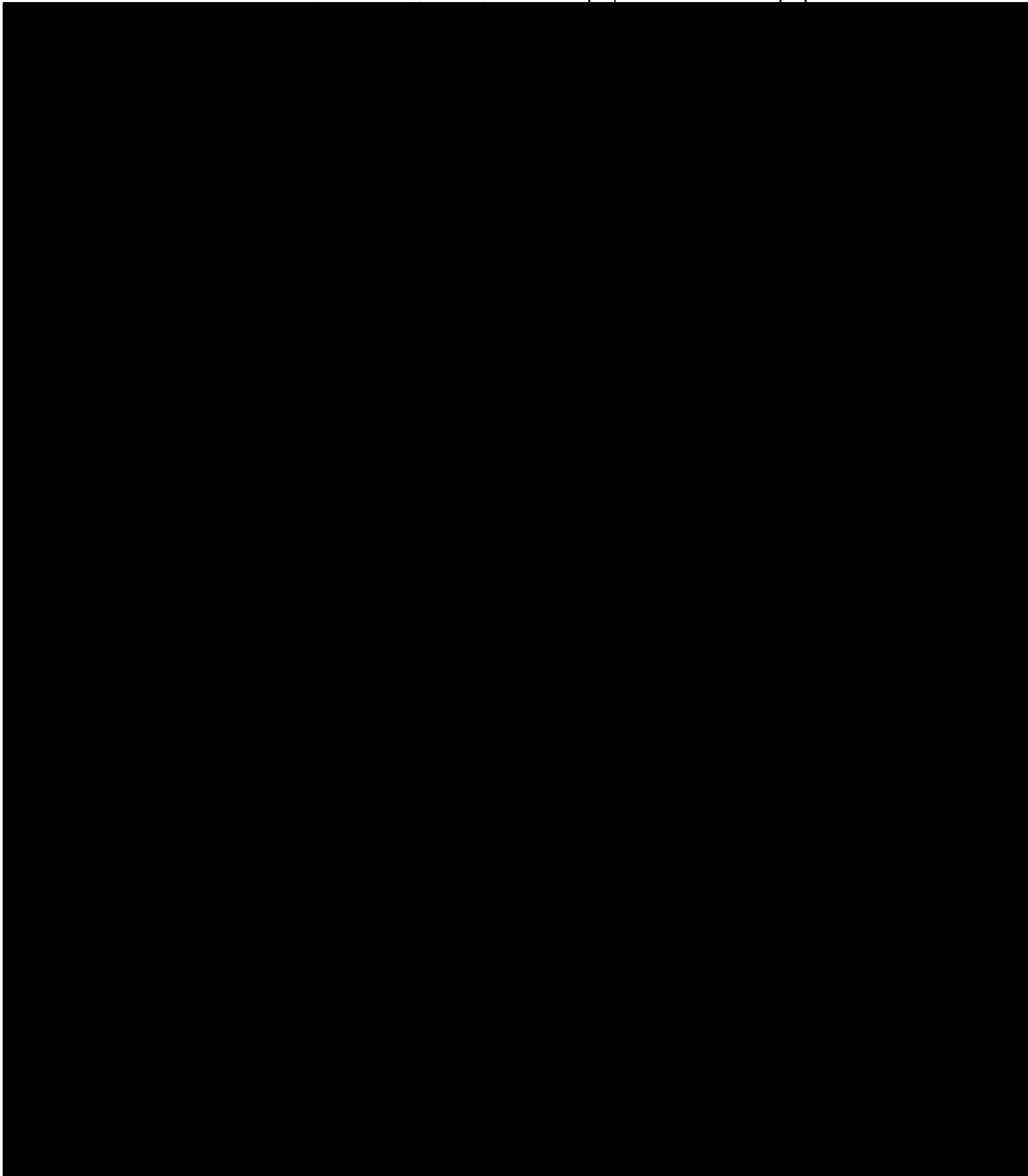
▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return



Part III Figuring the Credit



### At-Risk Limitations

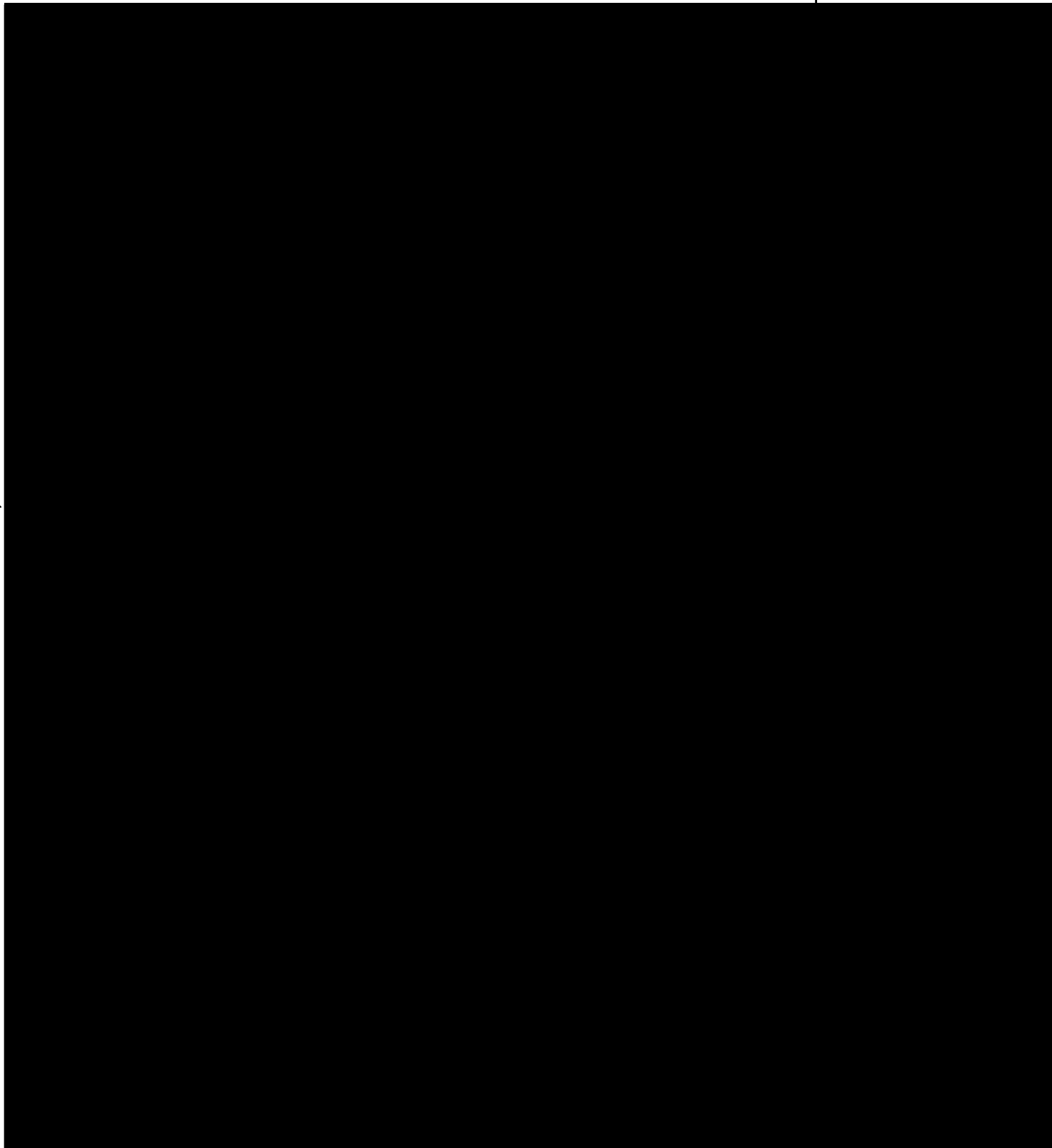
- ▶ Attach to your tax return.
- ▶ See separate instructions.

OMB No. 1545-0712

Attachment  
Sequence No. **31**

Name(s) shown on return

Identifying number



Form **6251**

# Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

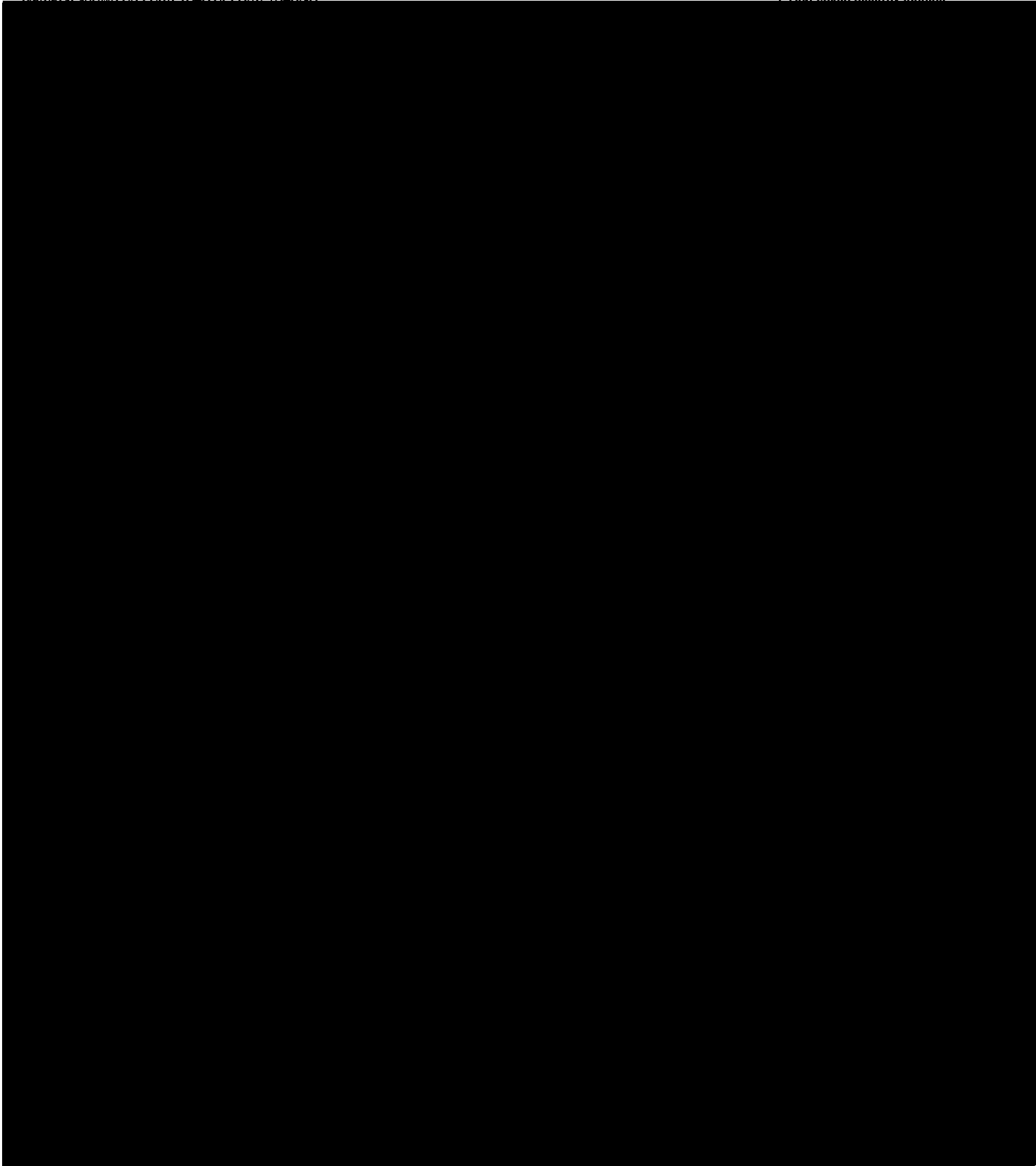
▶ Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).

▶ Attach to Form 1040 or Form 1040NR.

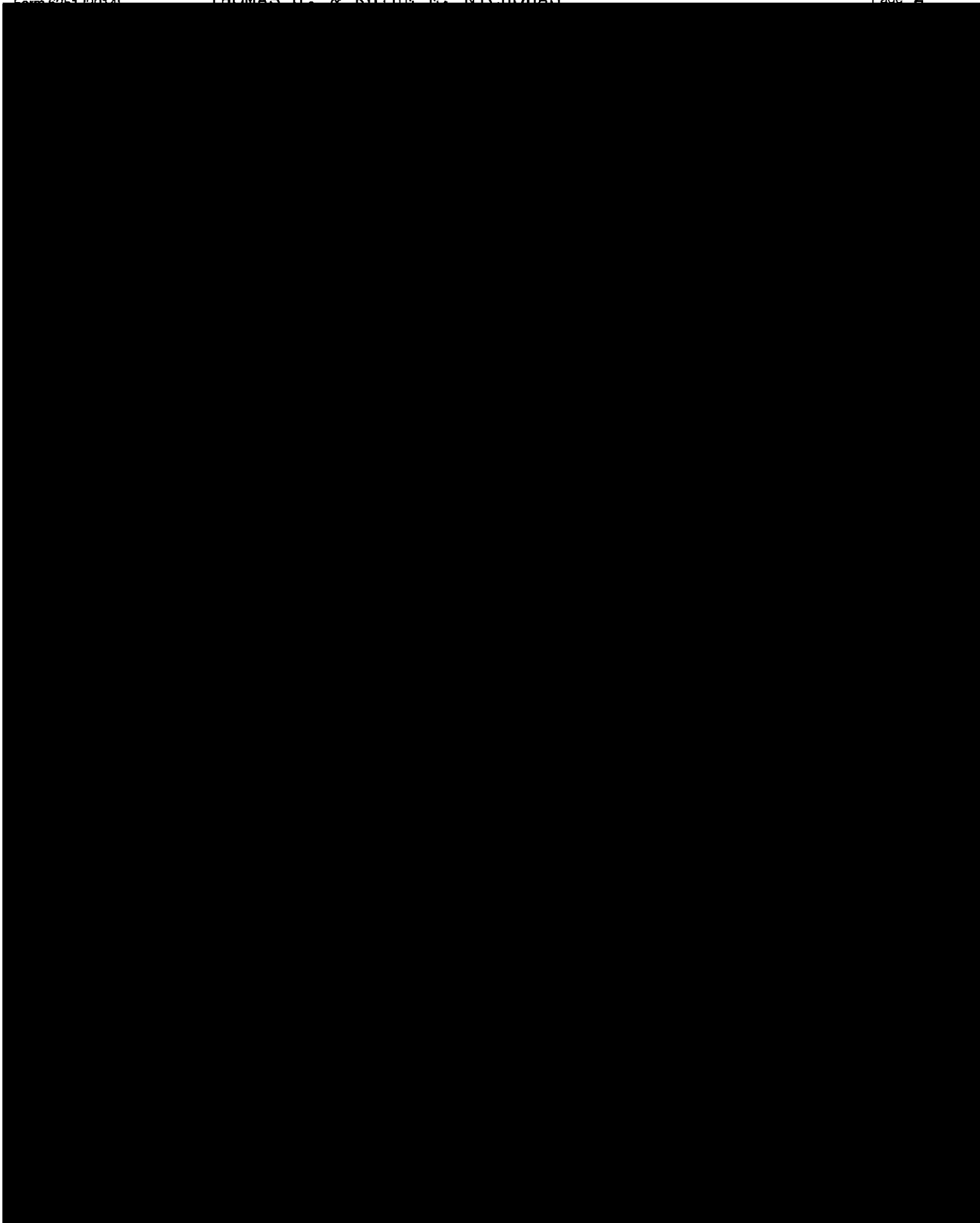
**2014**  
Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

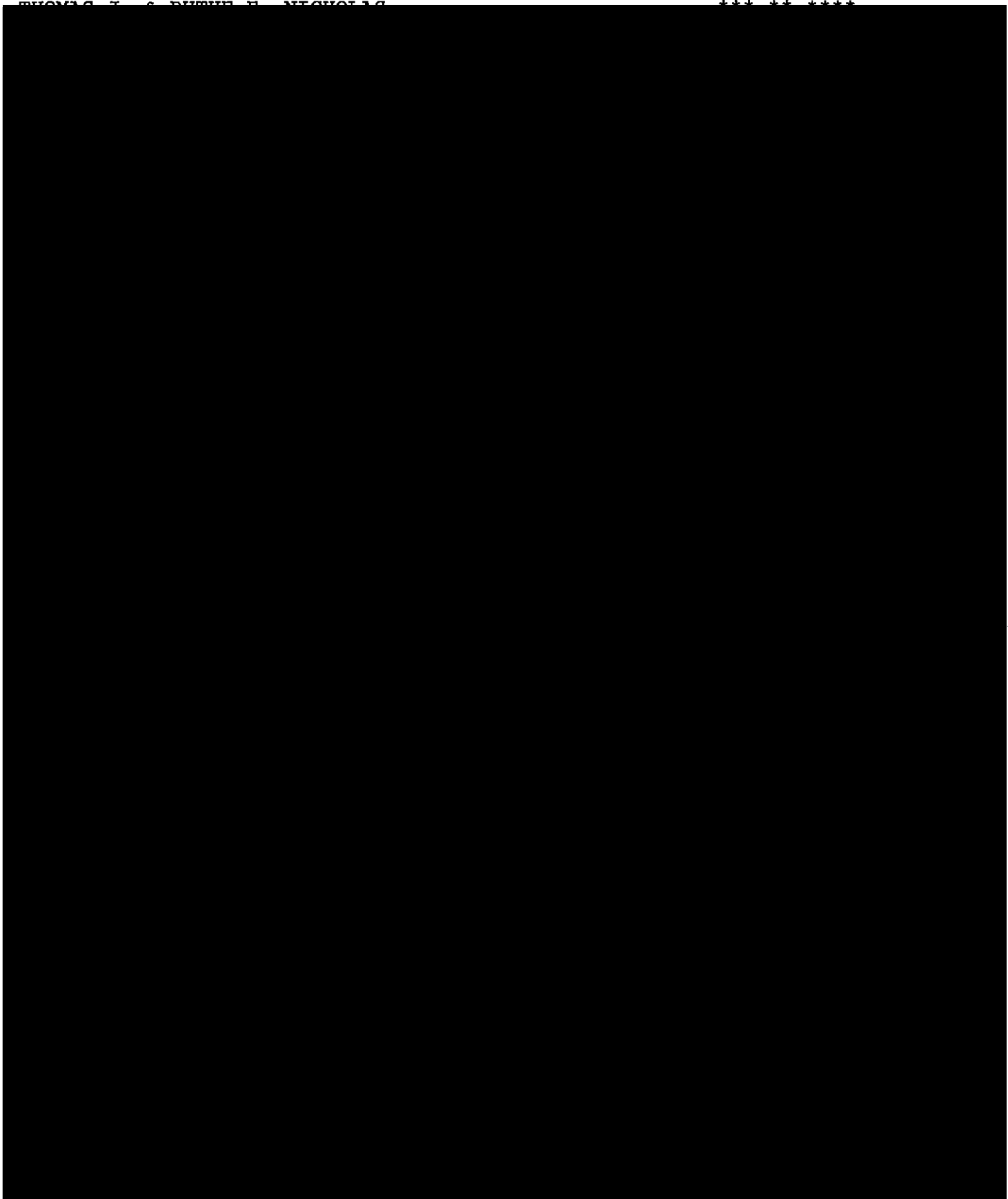


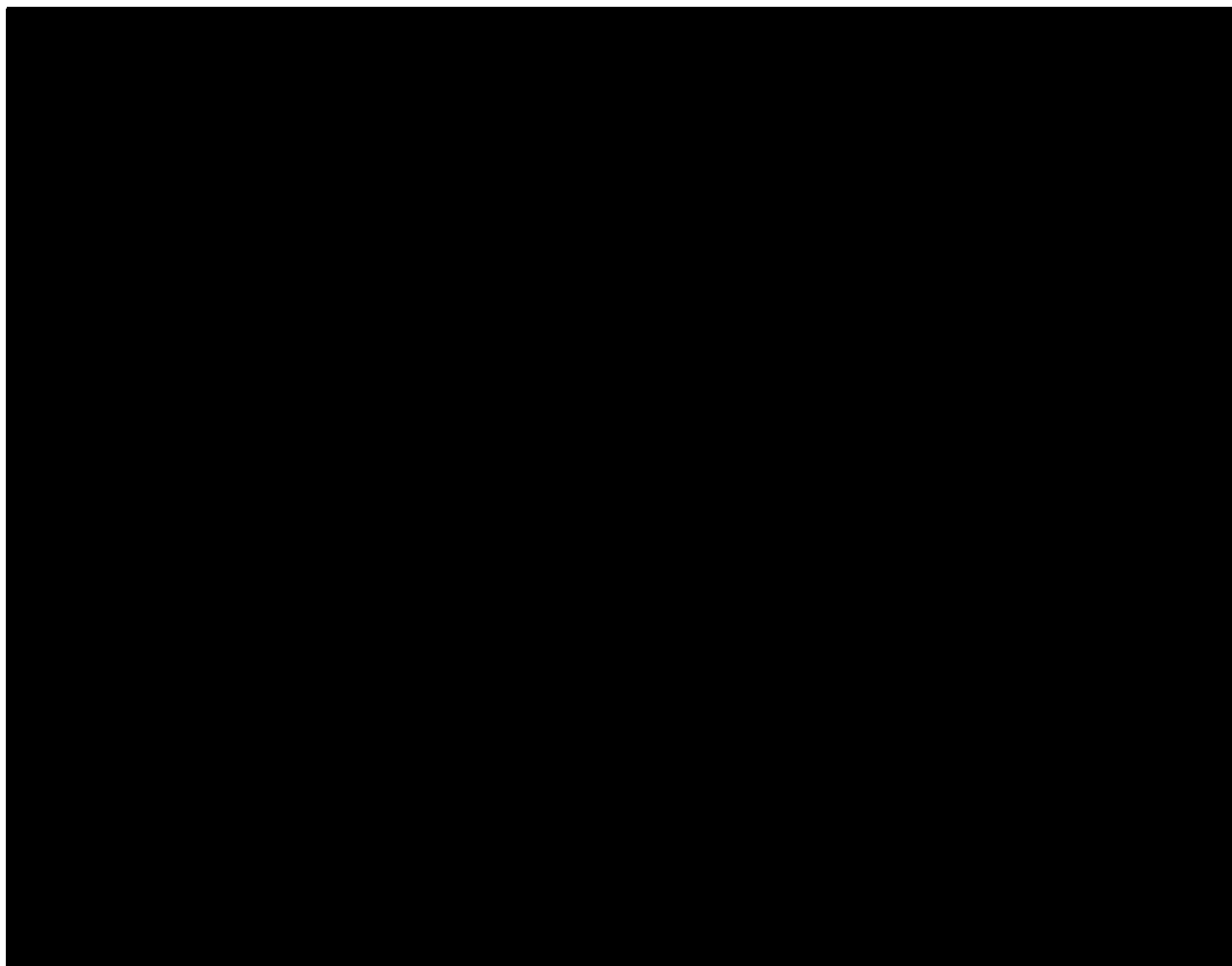


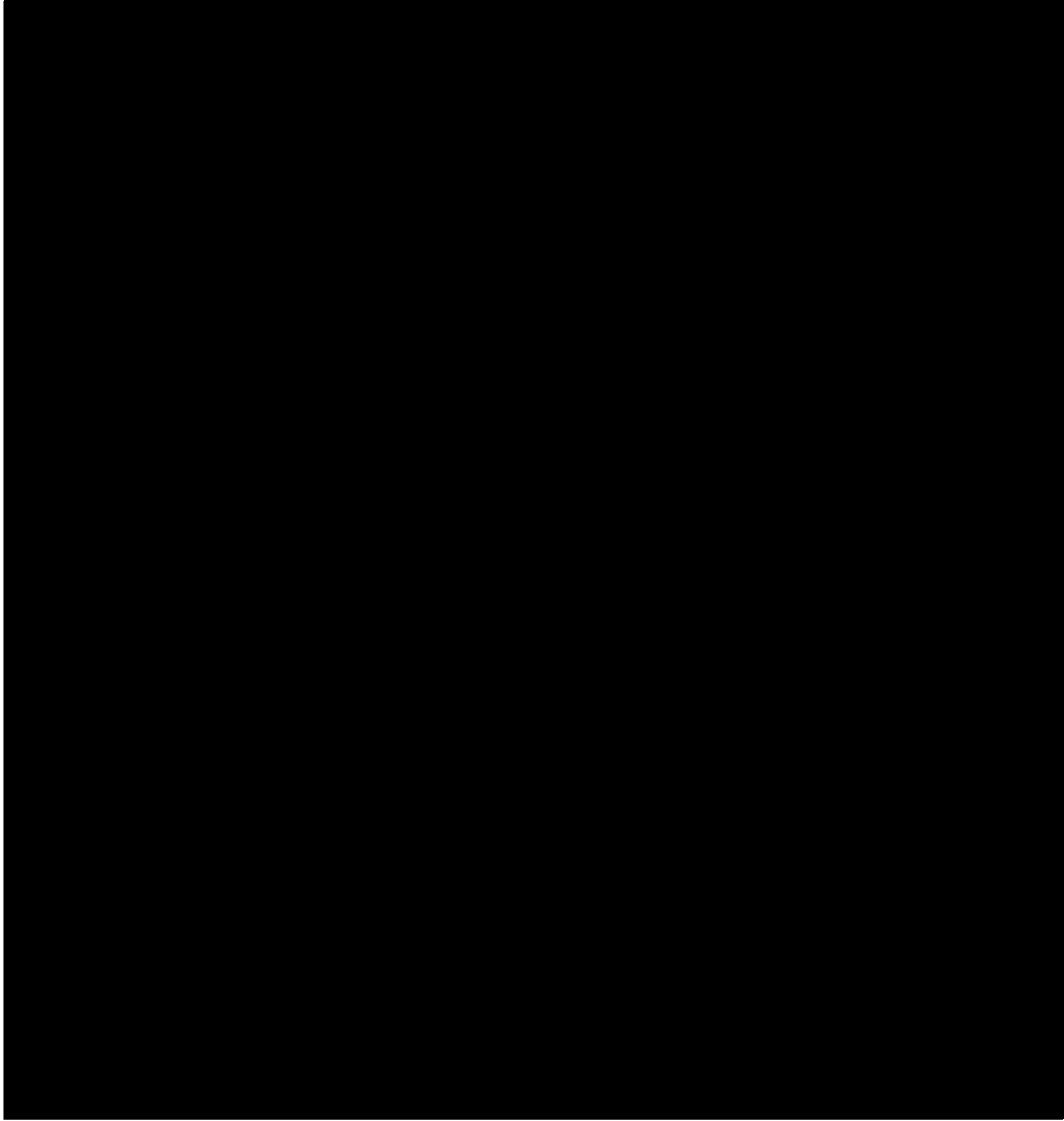


Form 6251 - AMT Charitable Contributions Worksheet

AGI \_\_\_\_\_  
50% of AGI \_\_\_\_\_  
\*\*\* \*\*







ALTERNATIVE MINIMUM TAX

**Foreign Tax Credit**

(Individual, Estate, or Trust)

OMB No. 1545-0121

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

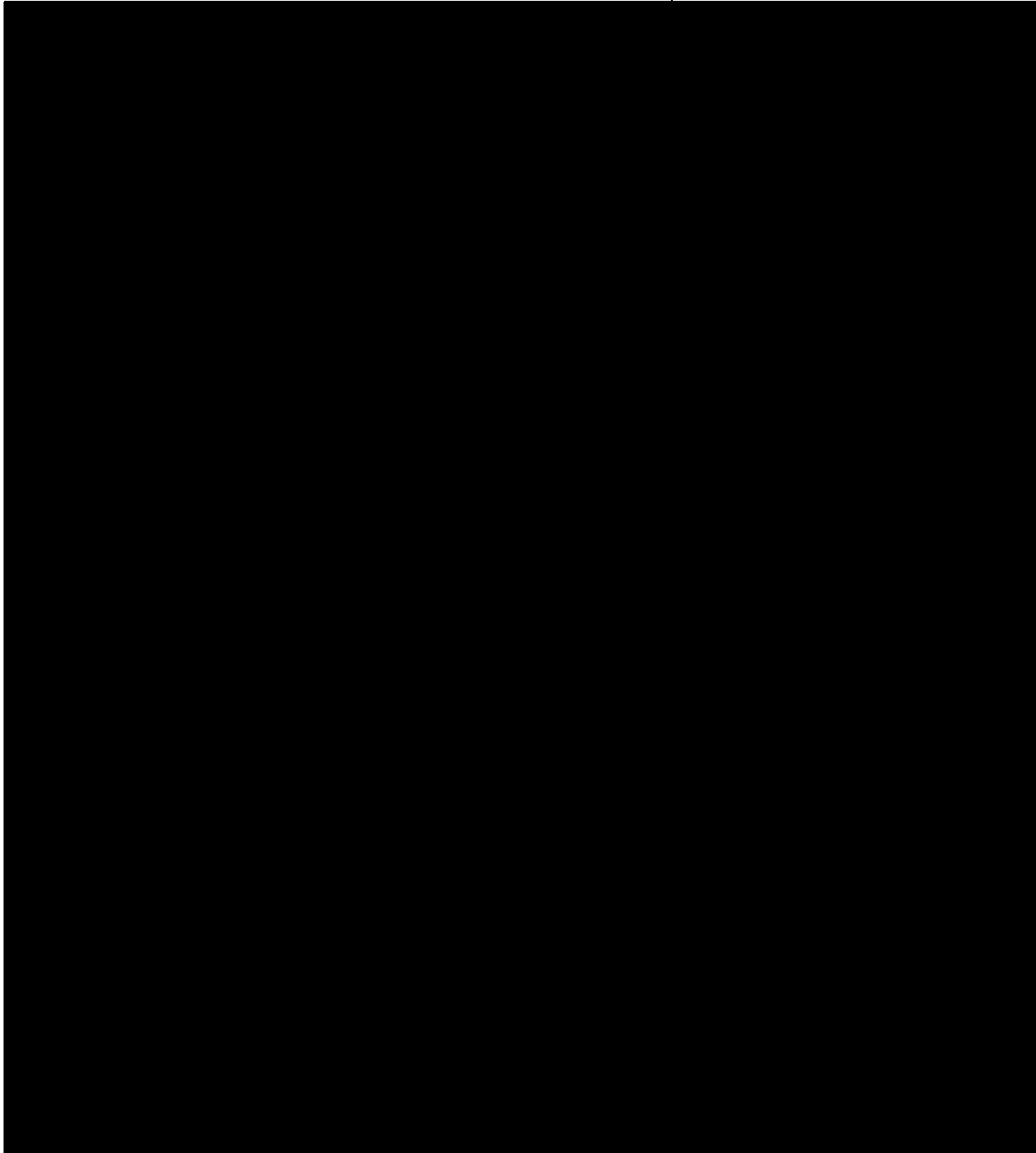
**2014**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return



411511  
01-09-15

11050911 748214 90361.001

28  
2014.04010 NICHOLAS, THOMAS

90361\_11

Form **8889**

Department of the Treasury  
Internal Revenue Service

## Health Savings Accounts (HSAs)

▶ Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

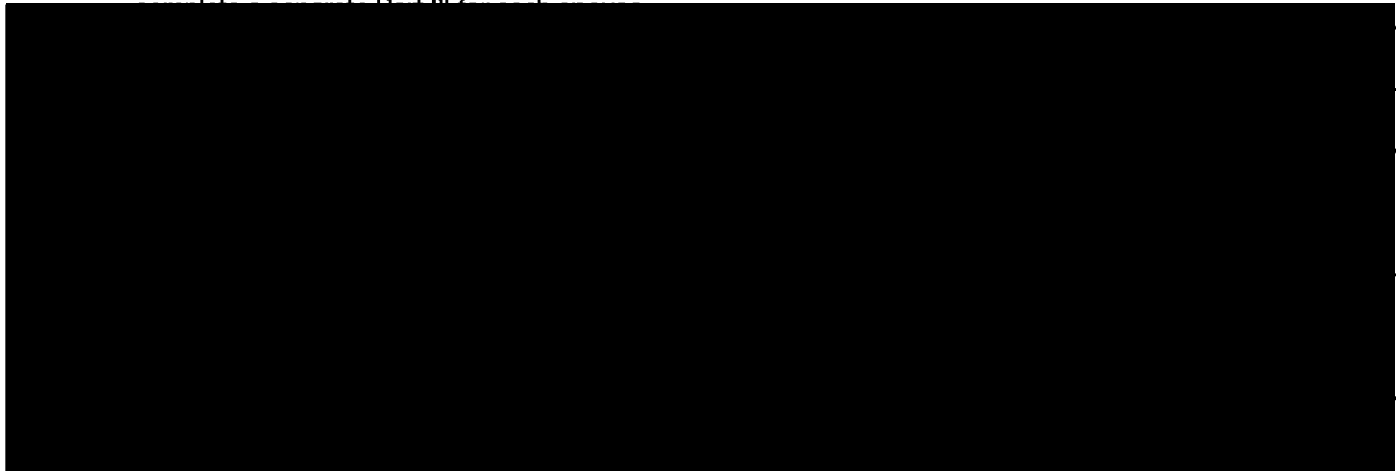
**2014**

Attachment  
Sequence No. 53

Name(s) shown on Form 1040 or Form 1040NR

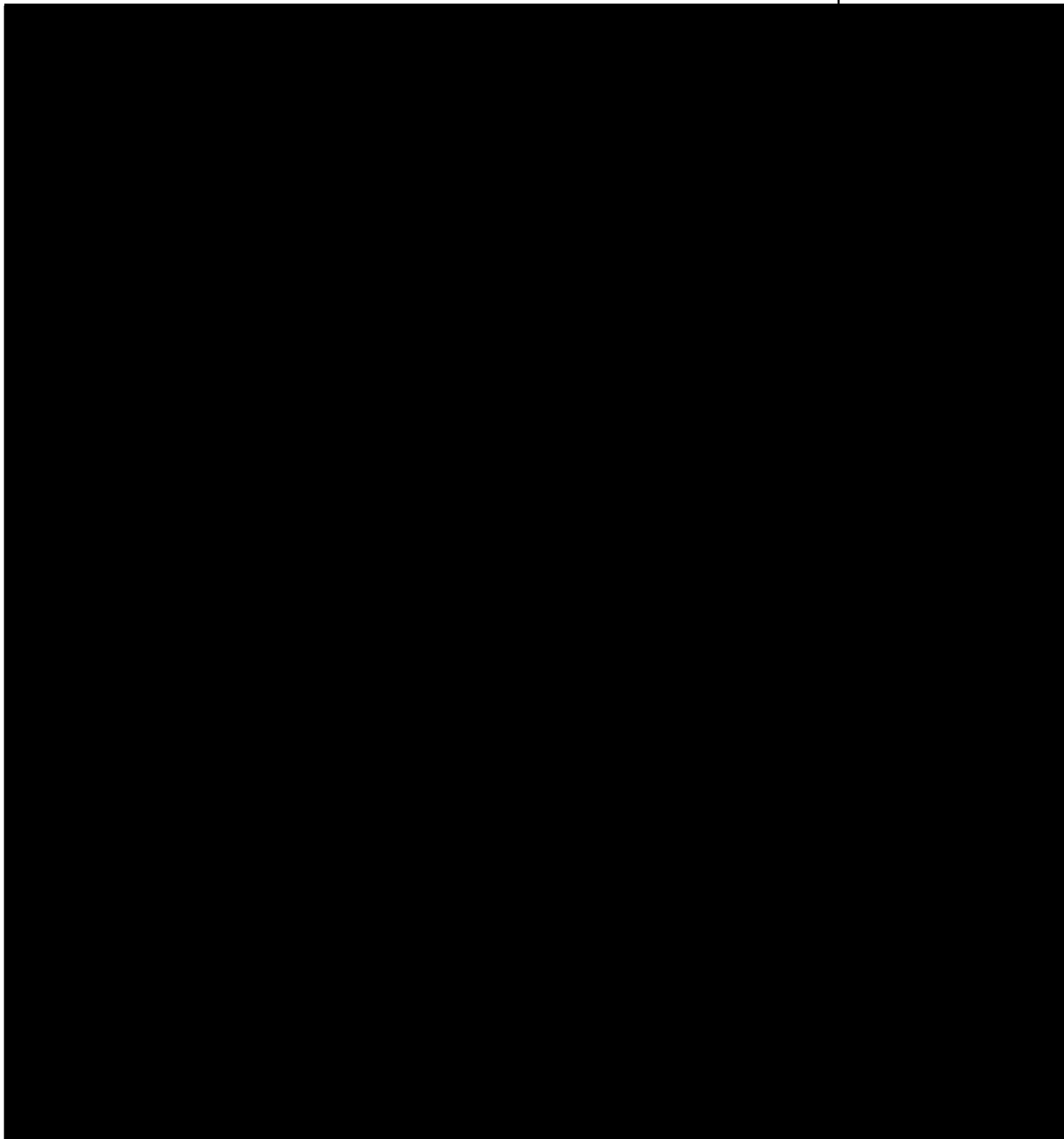
Social security number of HSA

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs,



COPY





Form **8801**

**Credit for Prior Year Minimum Tax -  
Individuals, Estates, and Trusts**

OMB No. 1545-1073

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 8801 and its separate instructions is at [www.irs.gov/form8801](http://www.irs.gov/form8801).

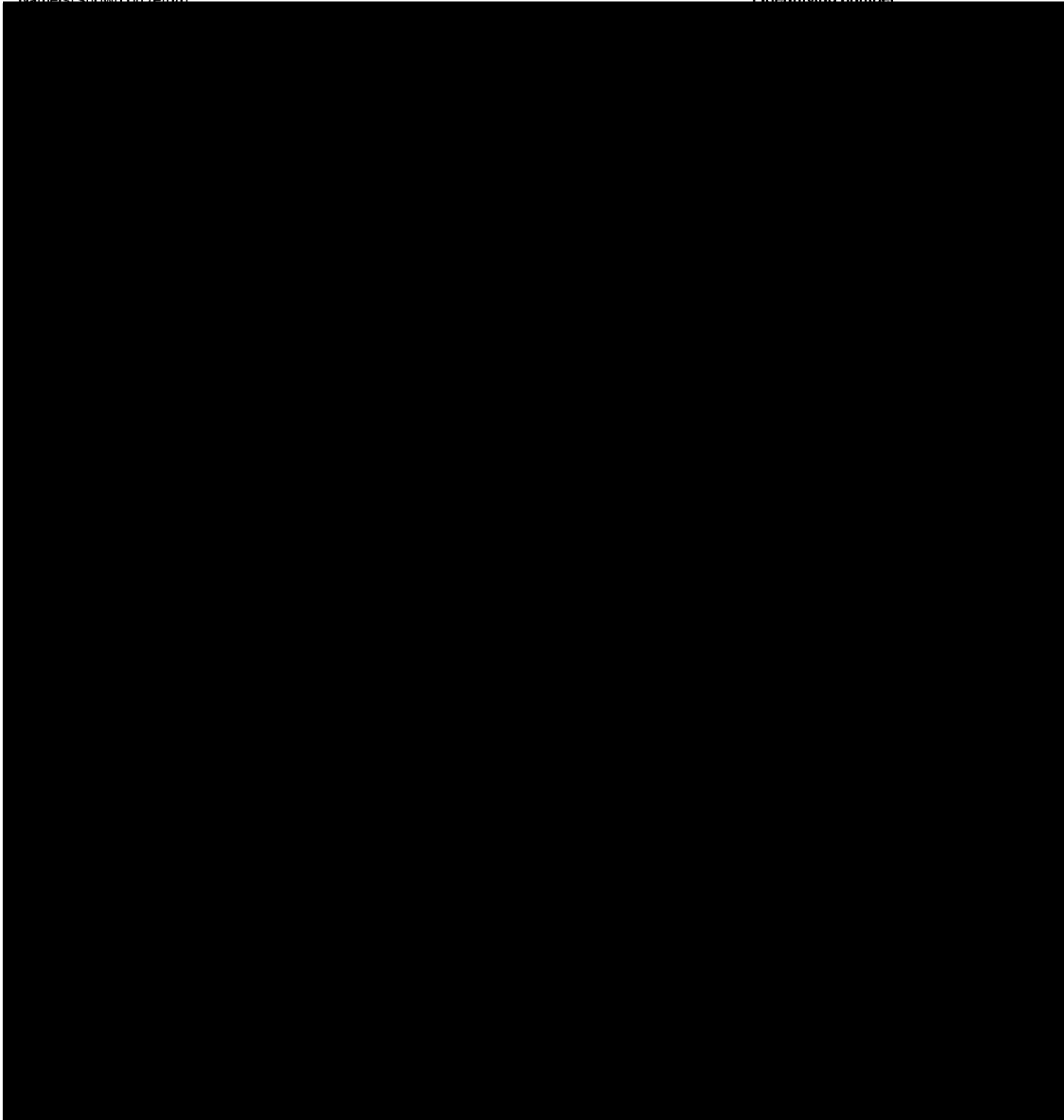
▶ Attach to Form 1040, 1040NR, or 1041.

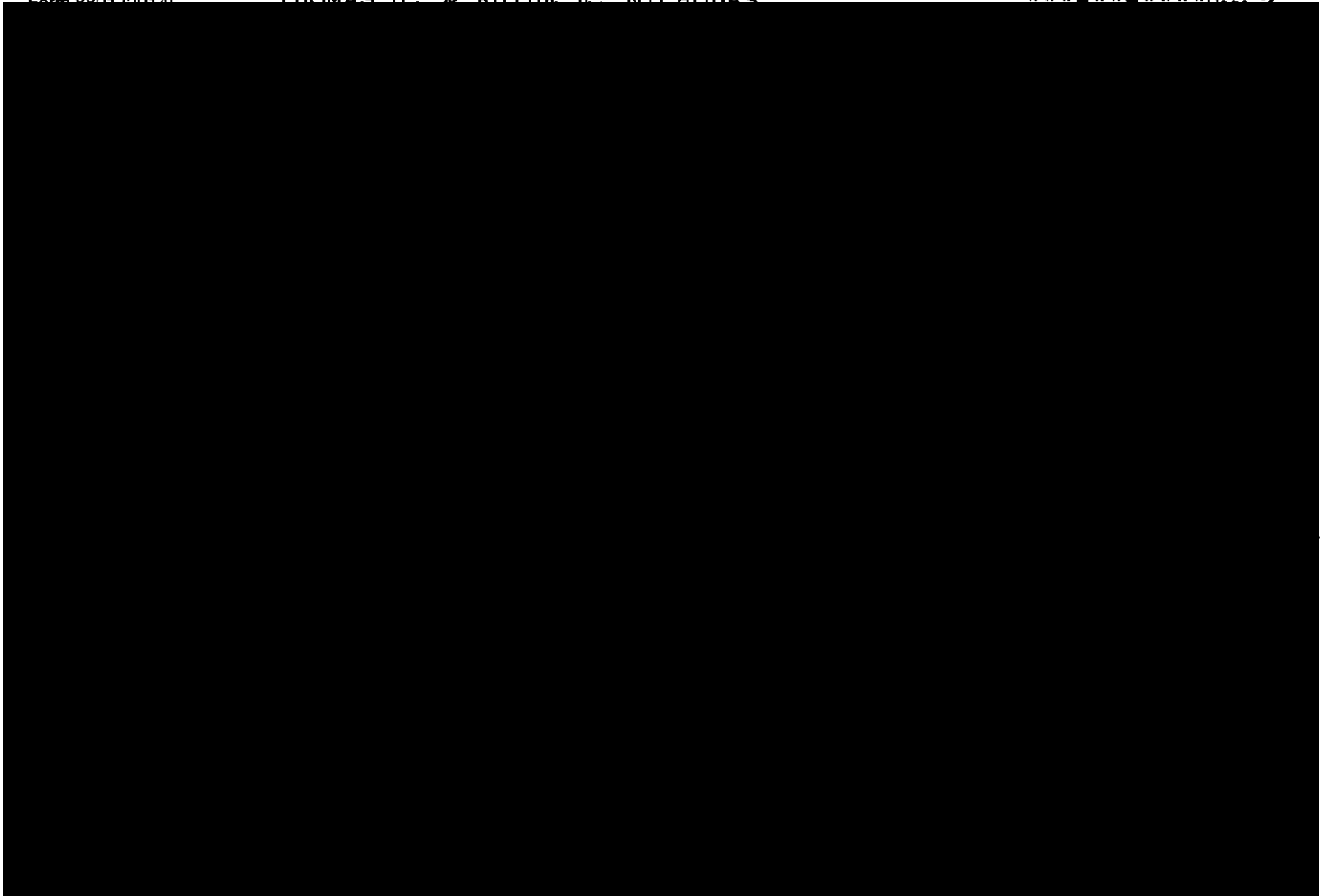
**2014**

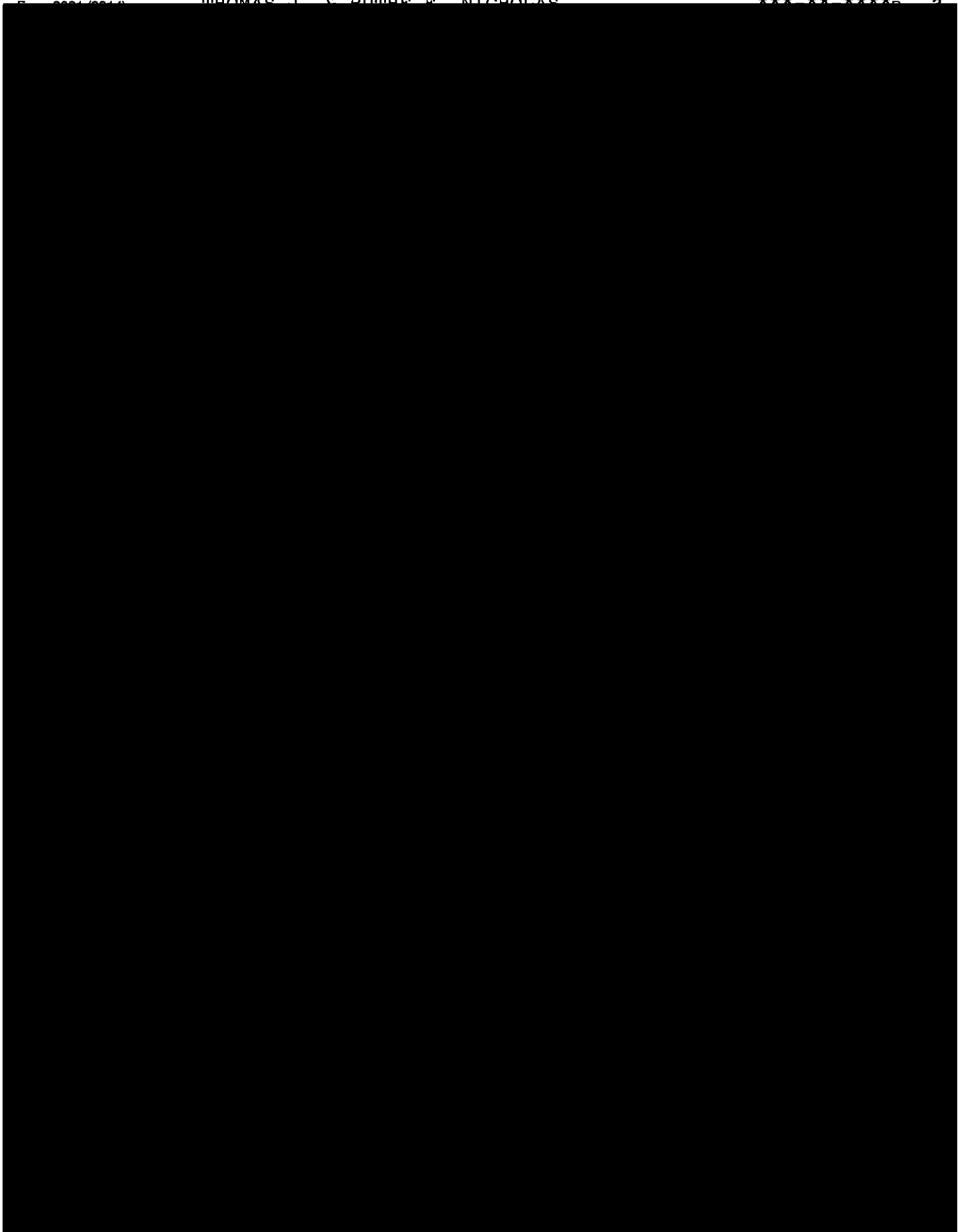
Attachment  
Sequence No. **74**

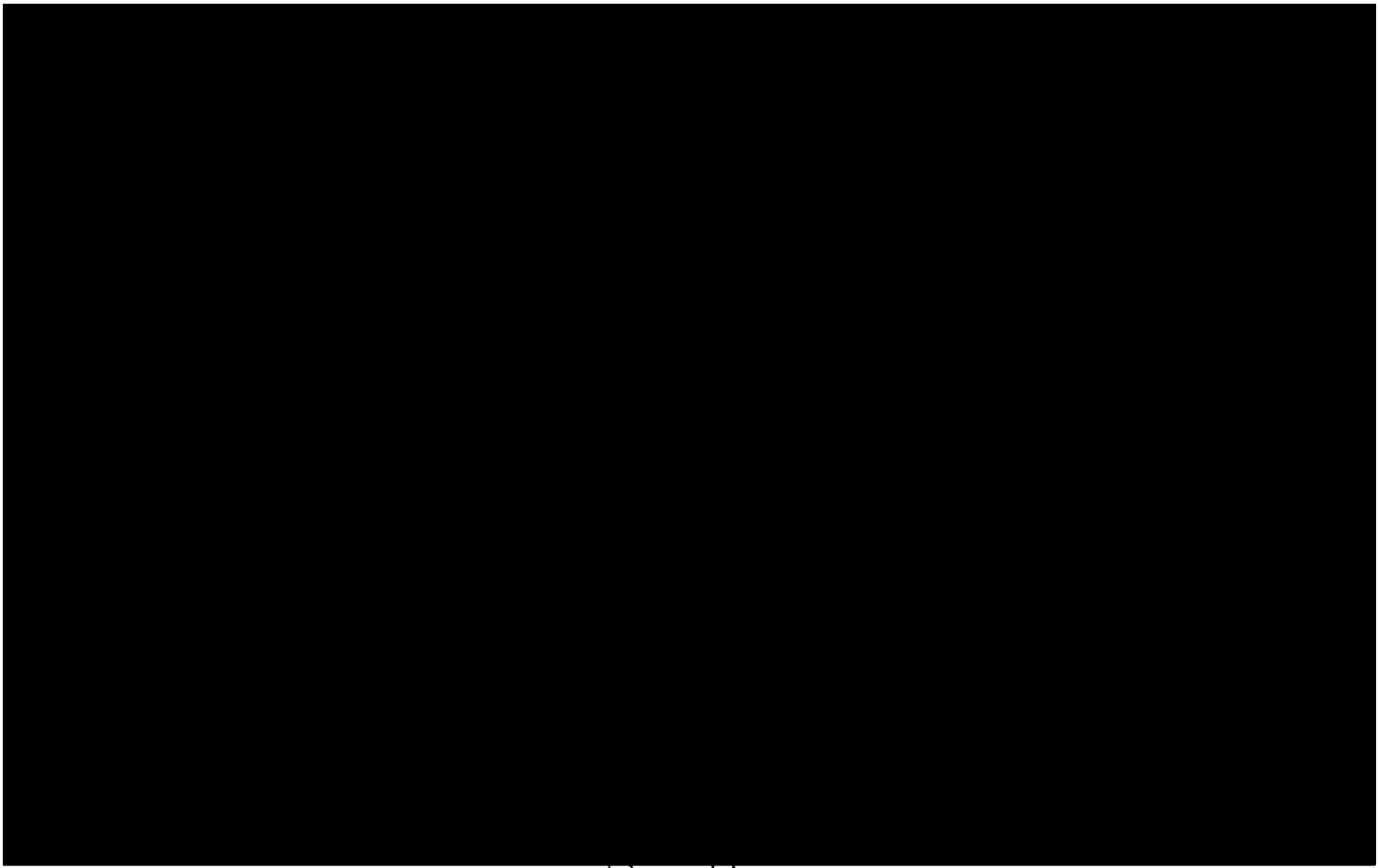
Name(s) shown on return

Identifying number









Form **1116**

FORM 8801

**Foreign Tax Credit**  
(Individual, Estate, or Trust)

OMB No. 1545-0121

**2013**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Attachment  
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

T  
U  
ar  
a  
b

f  
M  
fo  
E

g

D  
S  
S

A

s  
le

□

Country

A  
E  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
X  
Y  
Z

05-01-14



411491  
05-01-14

11050911 748214 90361.001

2014.04010 34.2 NICHOLAS, THOMAS

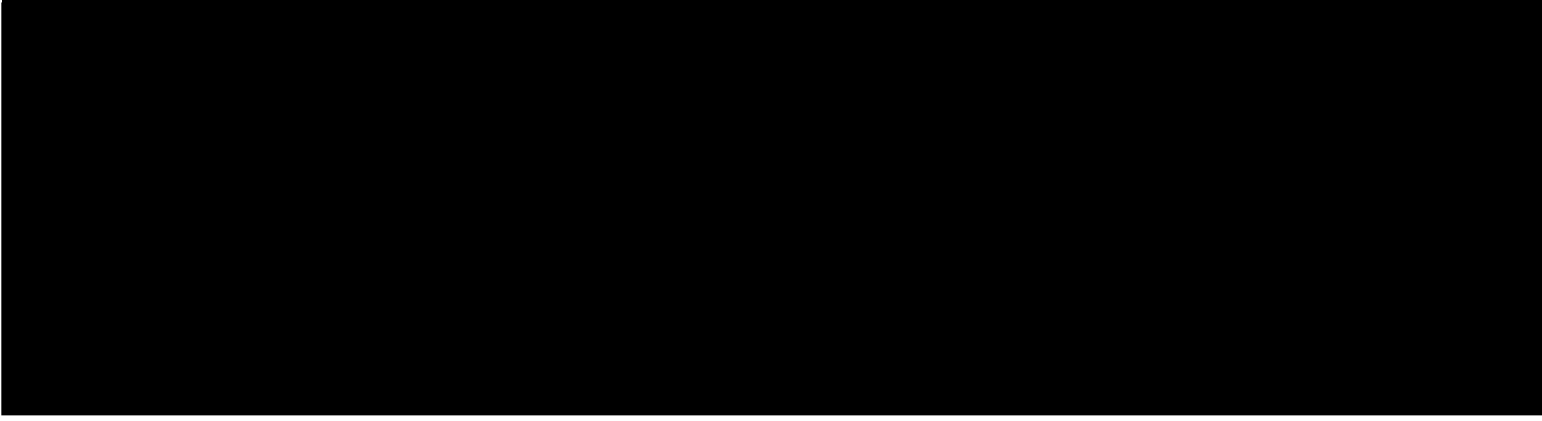
90361\_11

Form

Foreign Tax Credit Carryforward

1120AMT-9991

or Exclusion Items



COPY

411531  
05-01-14

34.3

11050911 748214 90361.001

2014.04010 NICHOLAS, THOMAS

90361\_11

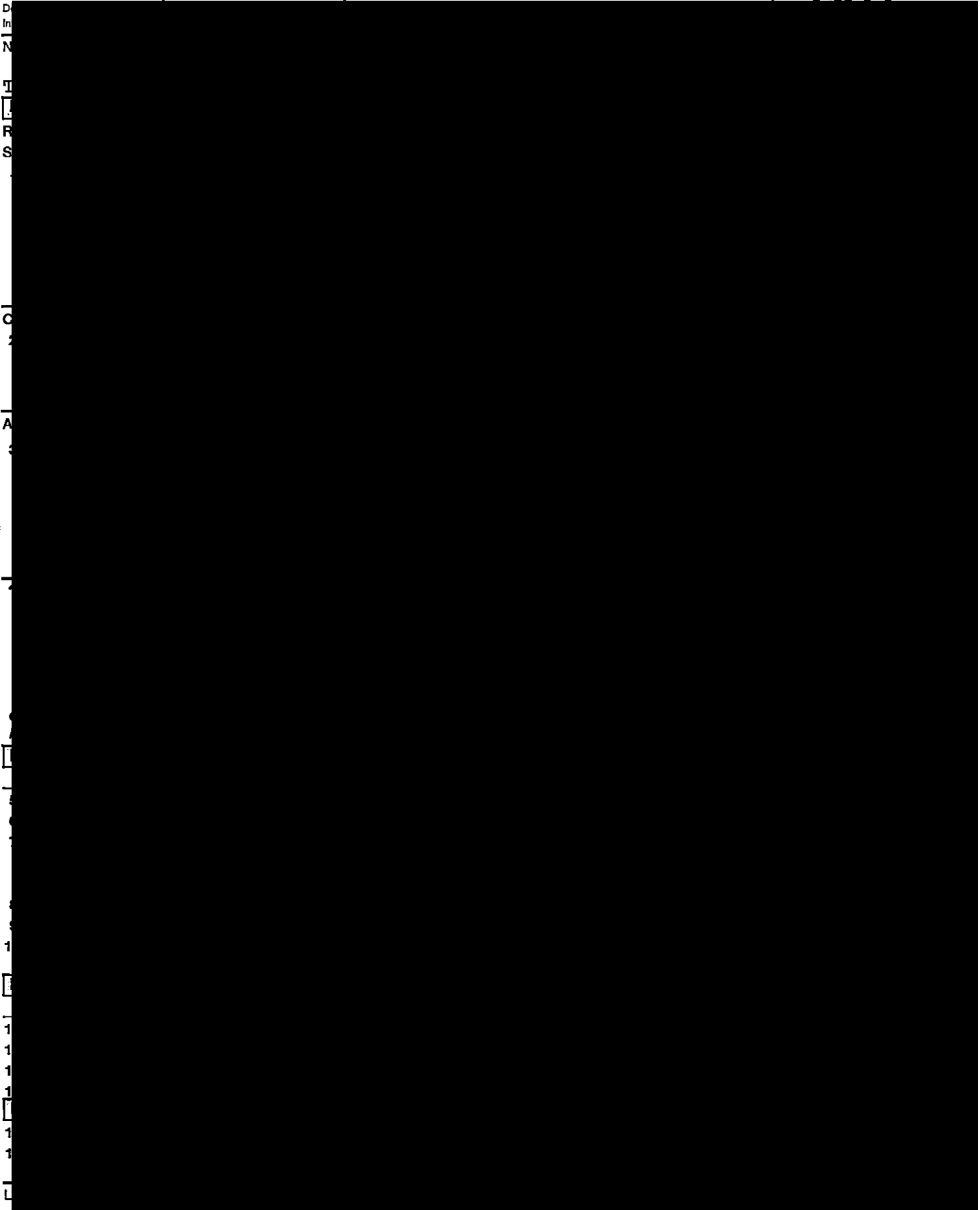


Form **8582**

**Passive Activity Loss Limitations**  
▶ See separate instructions.

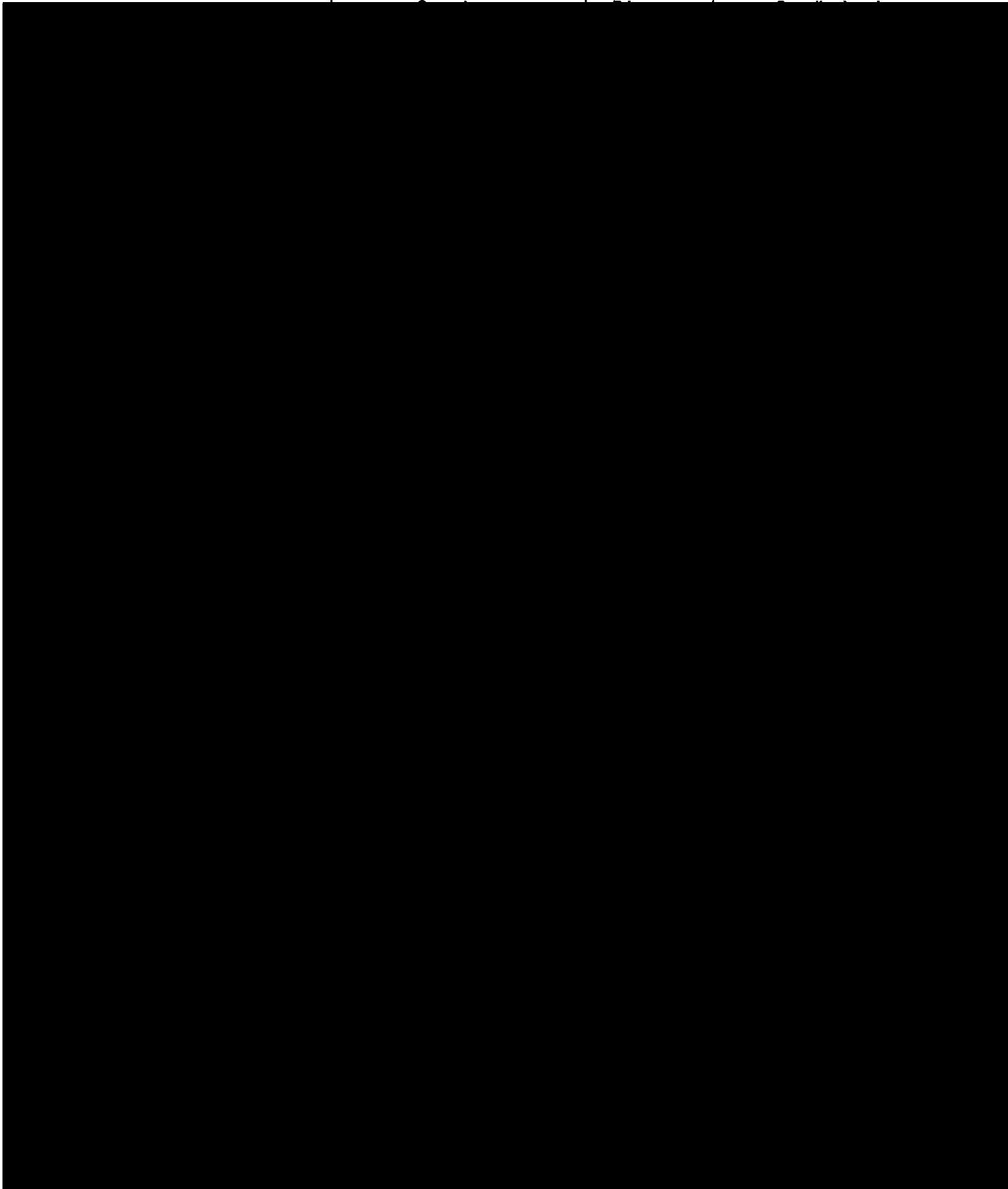
OMB No. 1545-1008

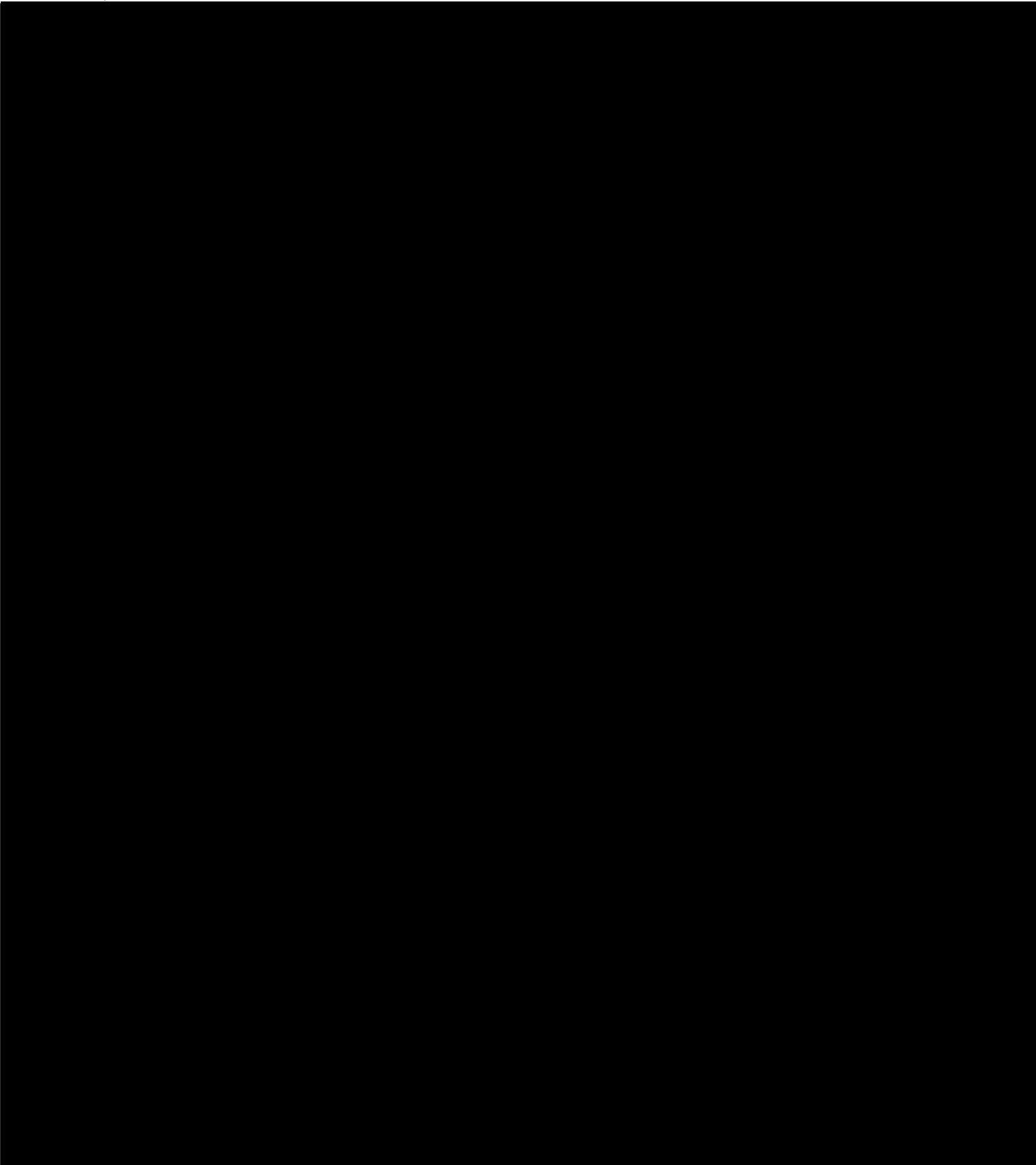
**2014**



Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)





419763  
01-16-15

11050911 748214 90361.001

2014.04010 NICHOLAS, THOMAS

90361\_11

Form **8582**

Department of the Treasury  
Internal Revenue Service (89)

ALTERNATIVE MINIMUM TAX  
**Passive Activity Loss Limitations**

▶ See separate instructions.

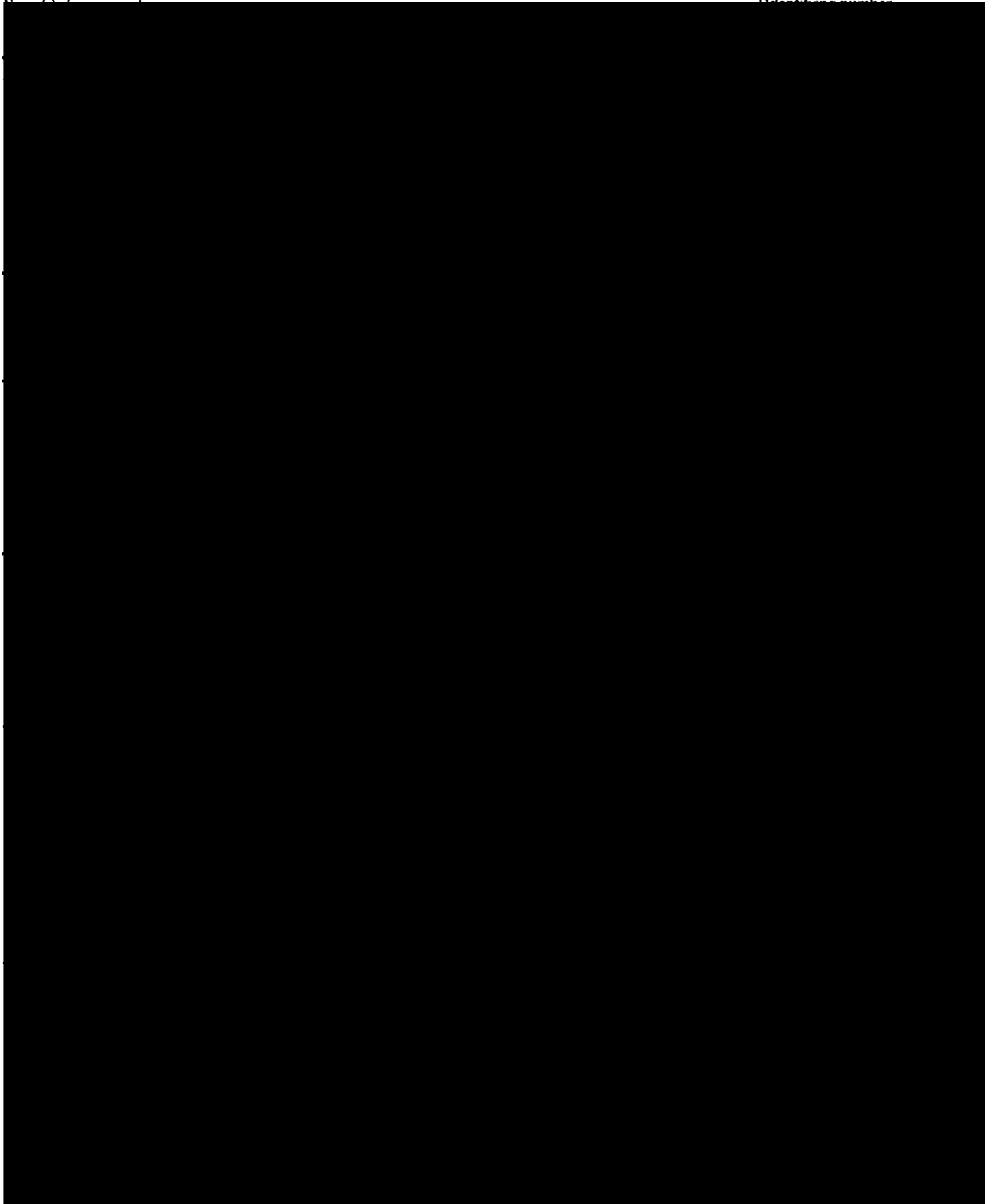
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

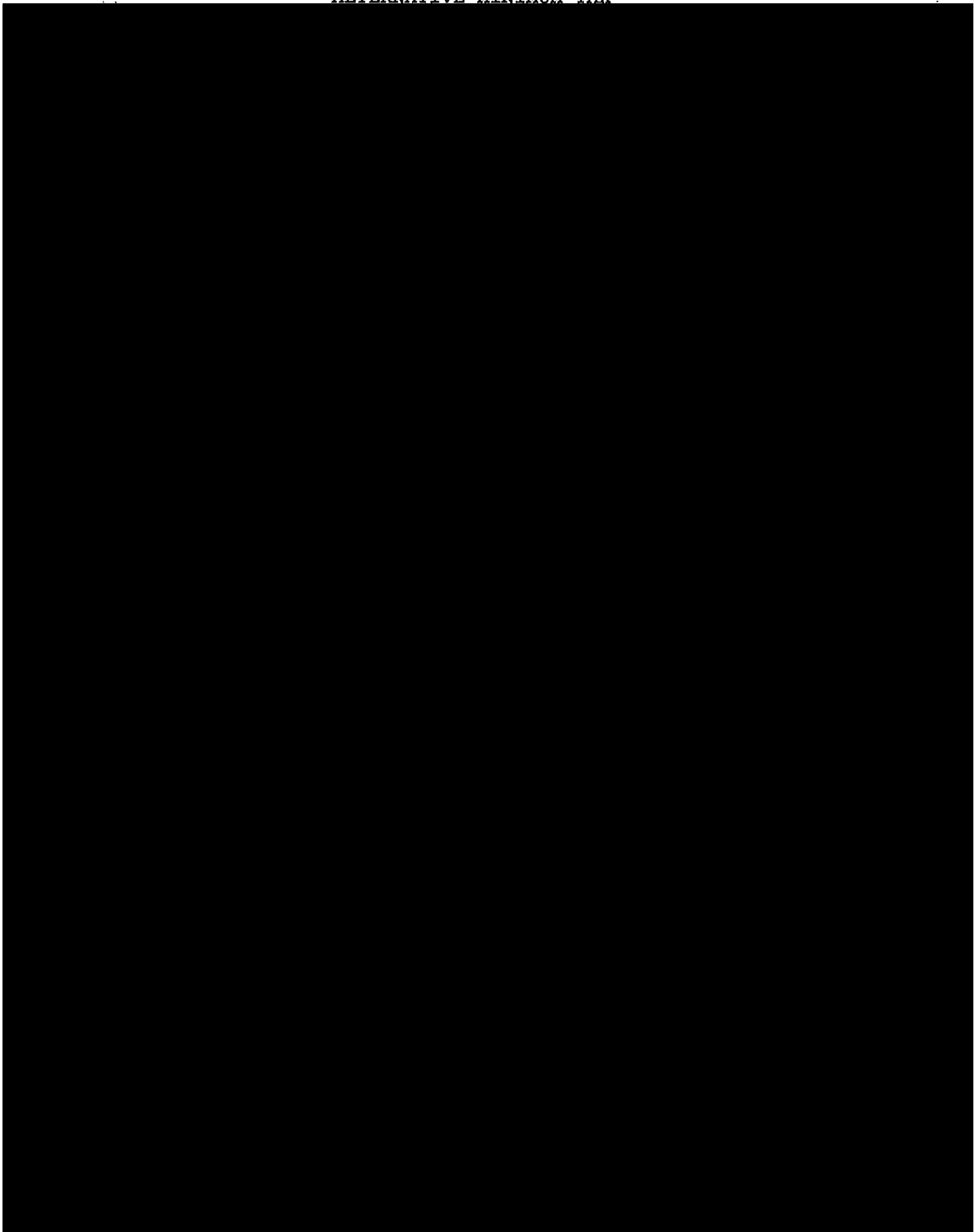
**2014**

Attachment  
Sequence No. **88**

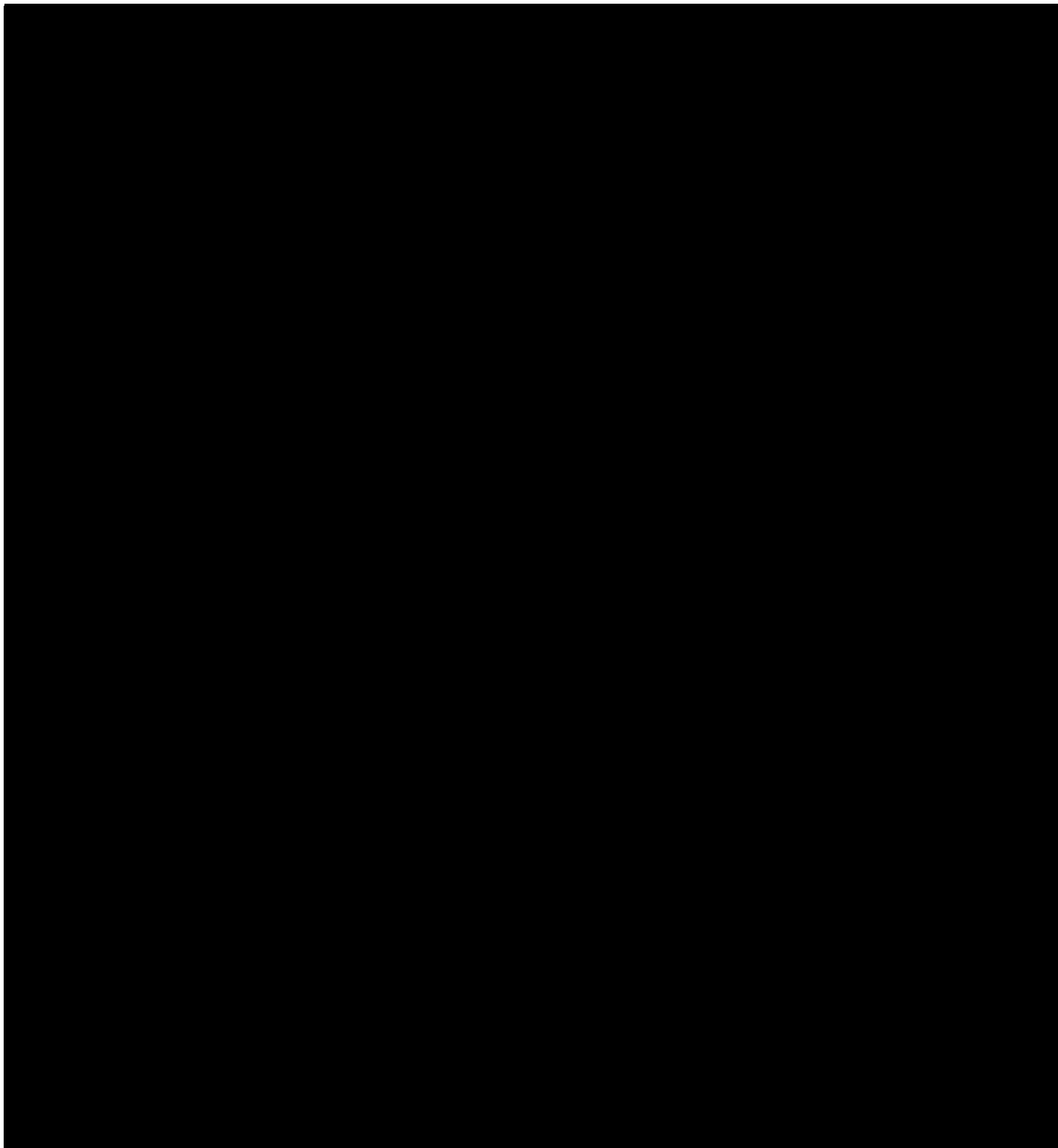
▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).



ALTERNATIVE MINIMUM TAX



ALTERNATIVE MINIMUM TAX



419763  
01-15-15

11050911 748214 90361.001

2014.04010 37.3  
NICHOLAS, THOMAS

90361\_11

# Domestic Production Activities Deduction

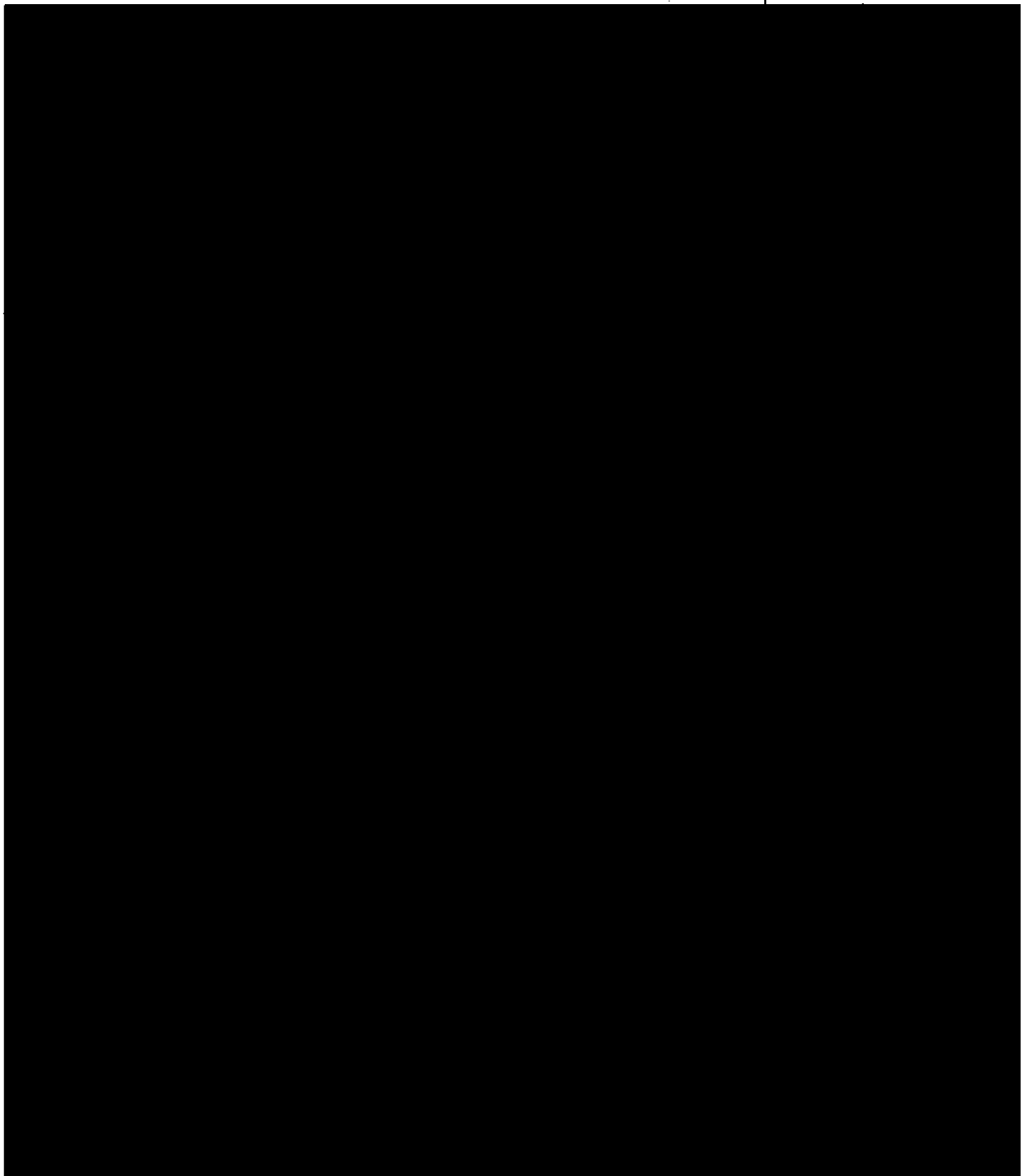
▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-1984

Attachment  
Sequence No. **143**

Name(s) as shown on return

Identifying number



Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2014**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

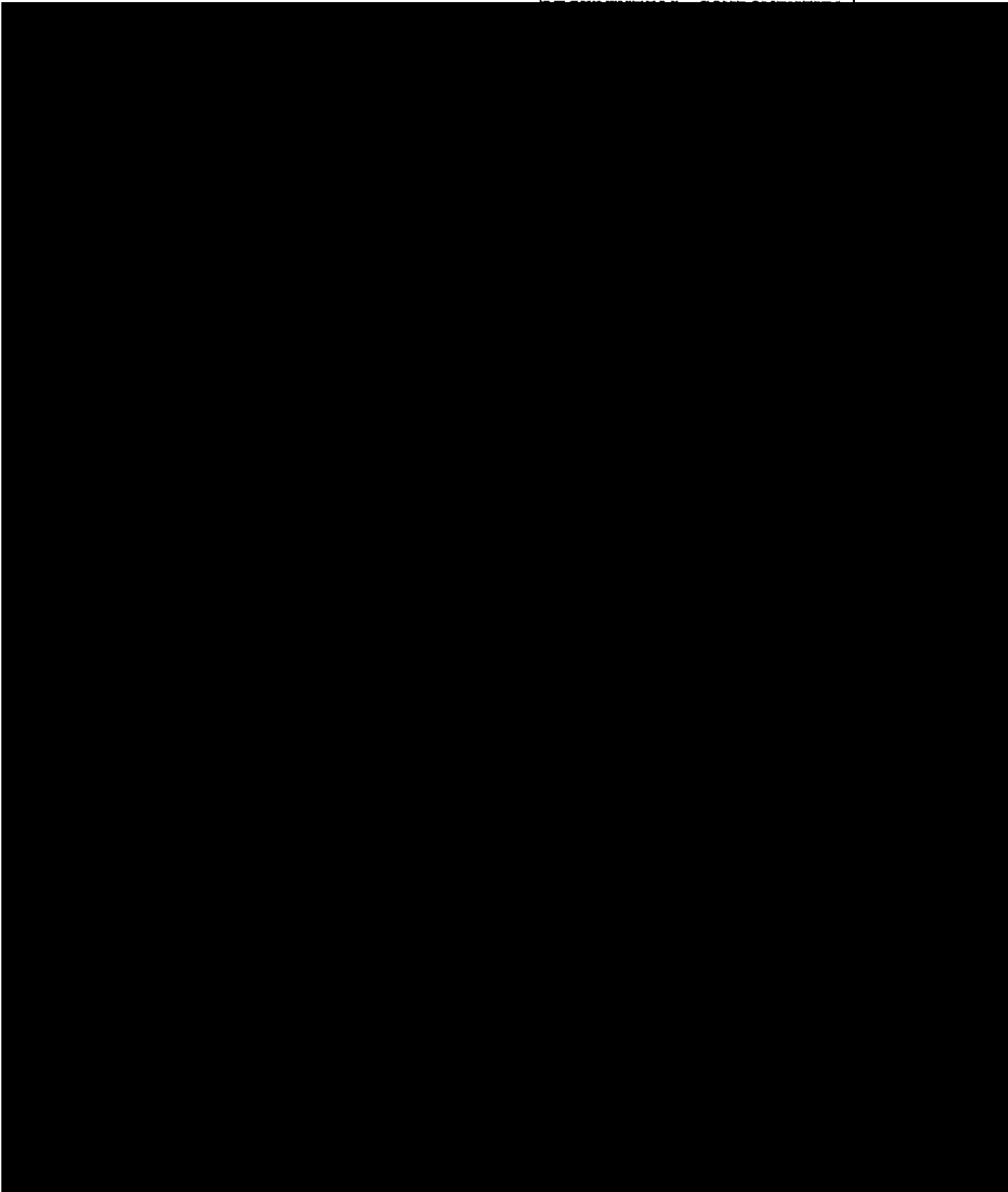
▶ Attach to your tax return. **SCHEDULE E- 2**

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562)

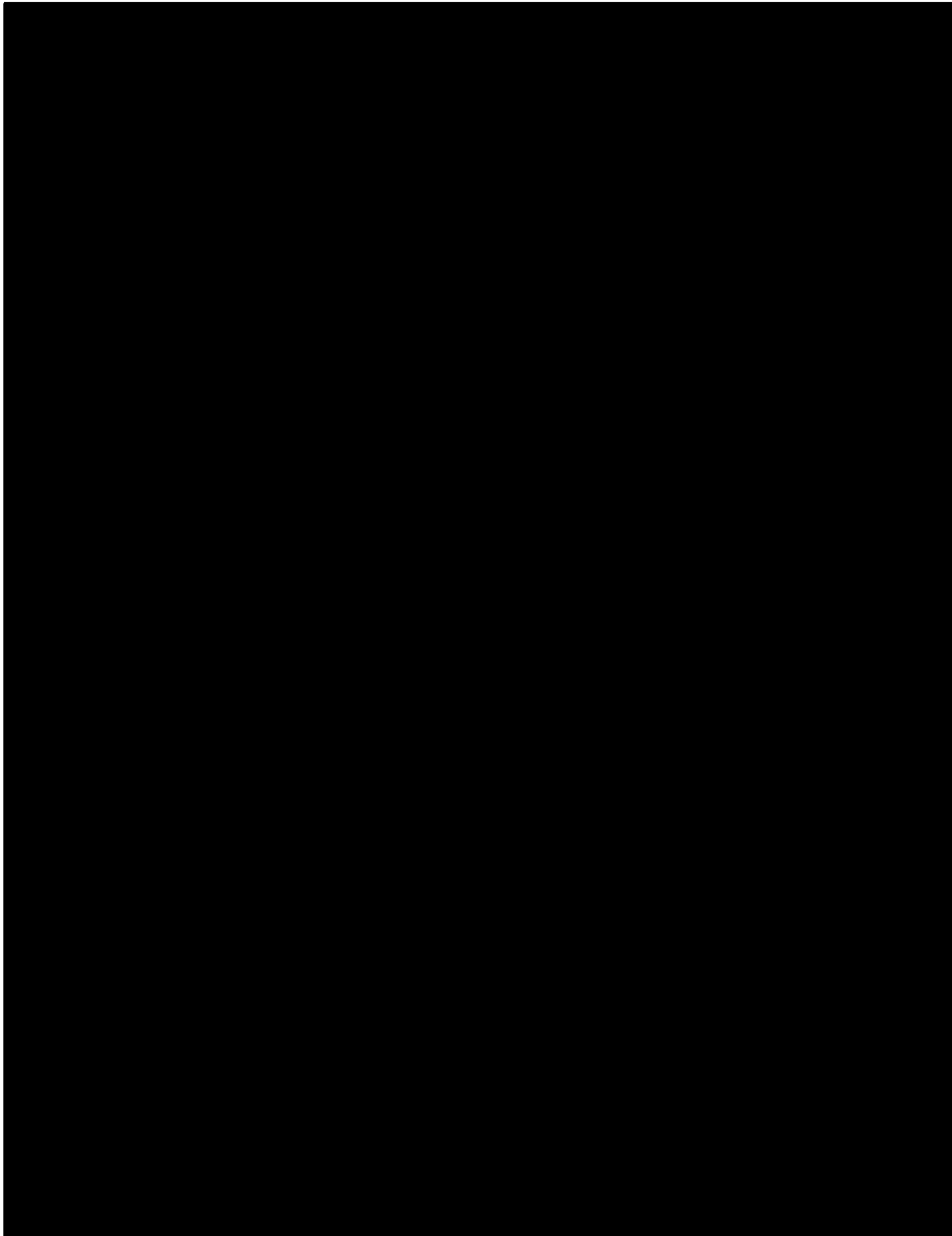
Attachment  
Sequence No. **179**

Business or activity to which this form relates

Identifying number



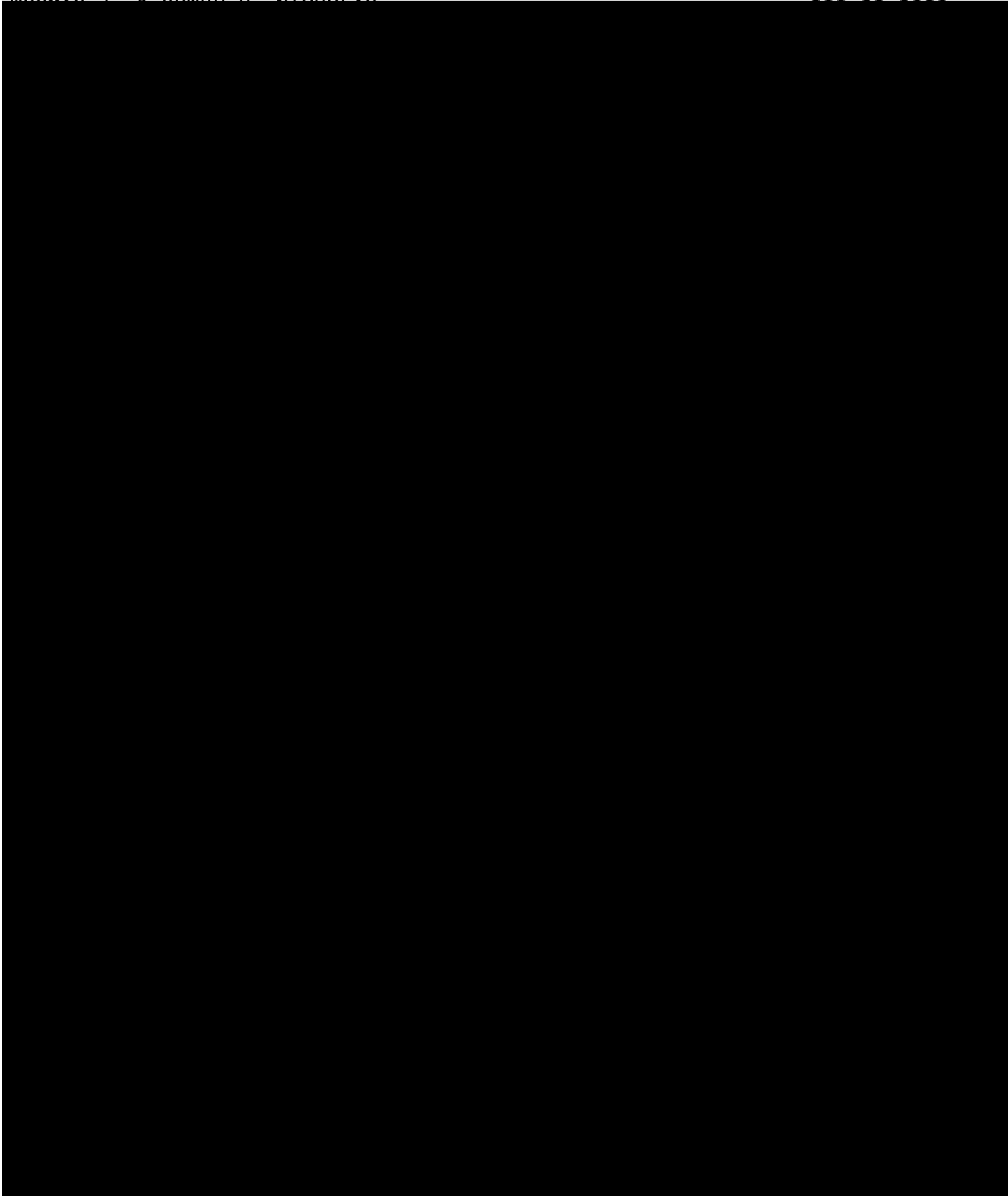




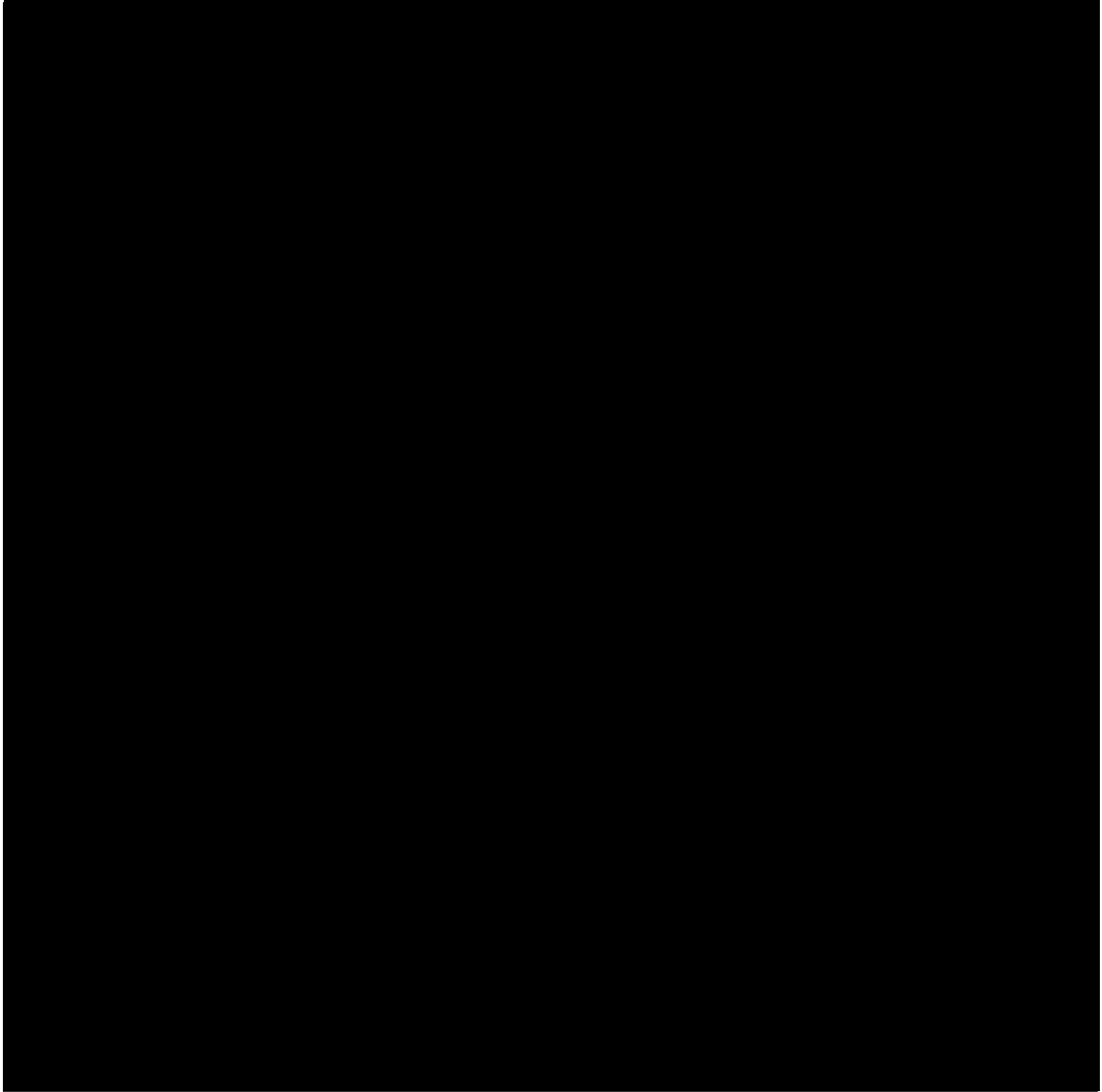
NAME

THOMAS T S BIRNEY F NICHOLAS

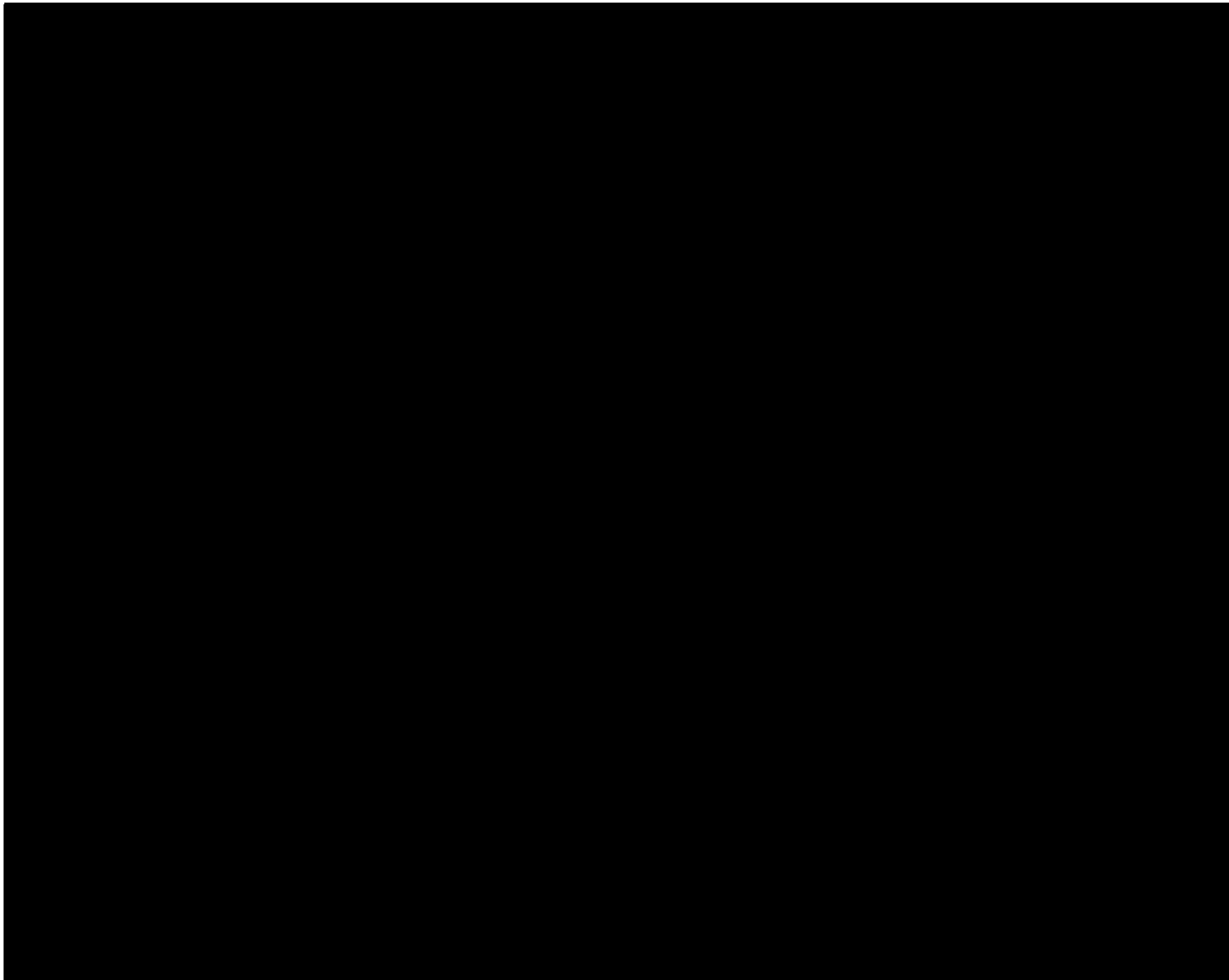
\*\*\* \*\* \*\*\*\*



05-01-14



NAME



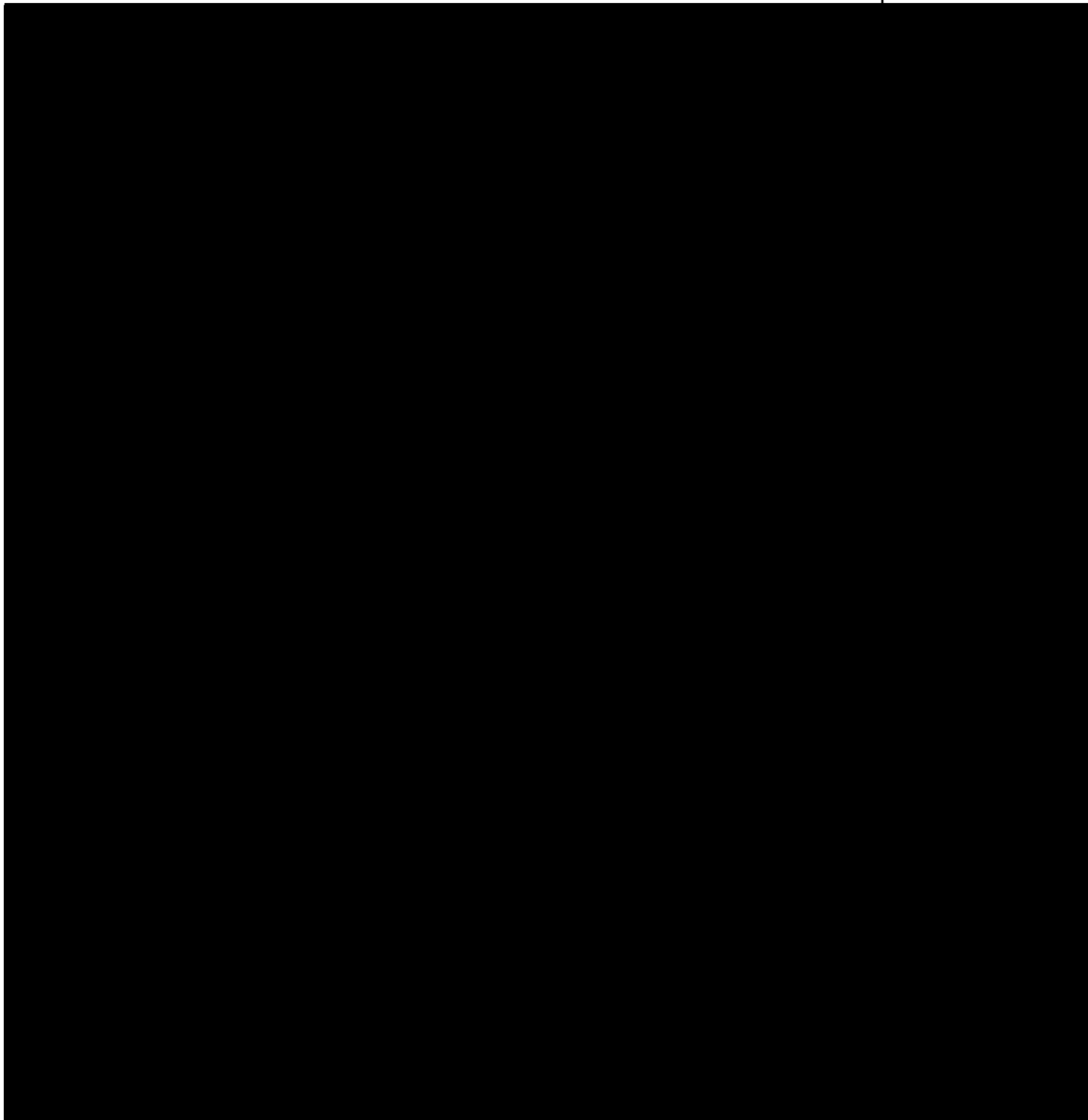


Schedule A - Net Operating Loss (NOL)

2014

Name

Social Security Number



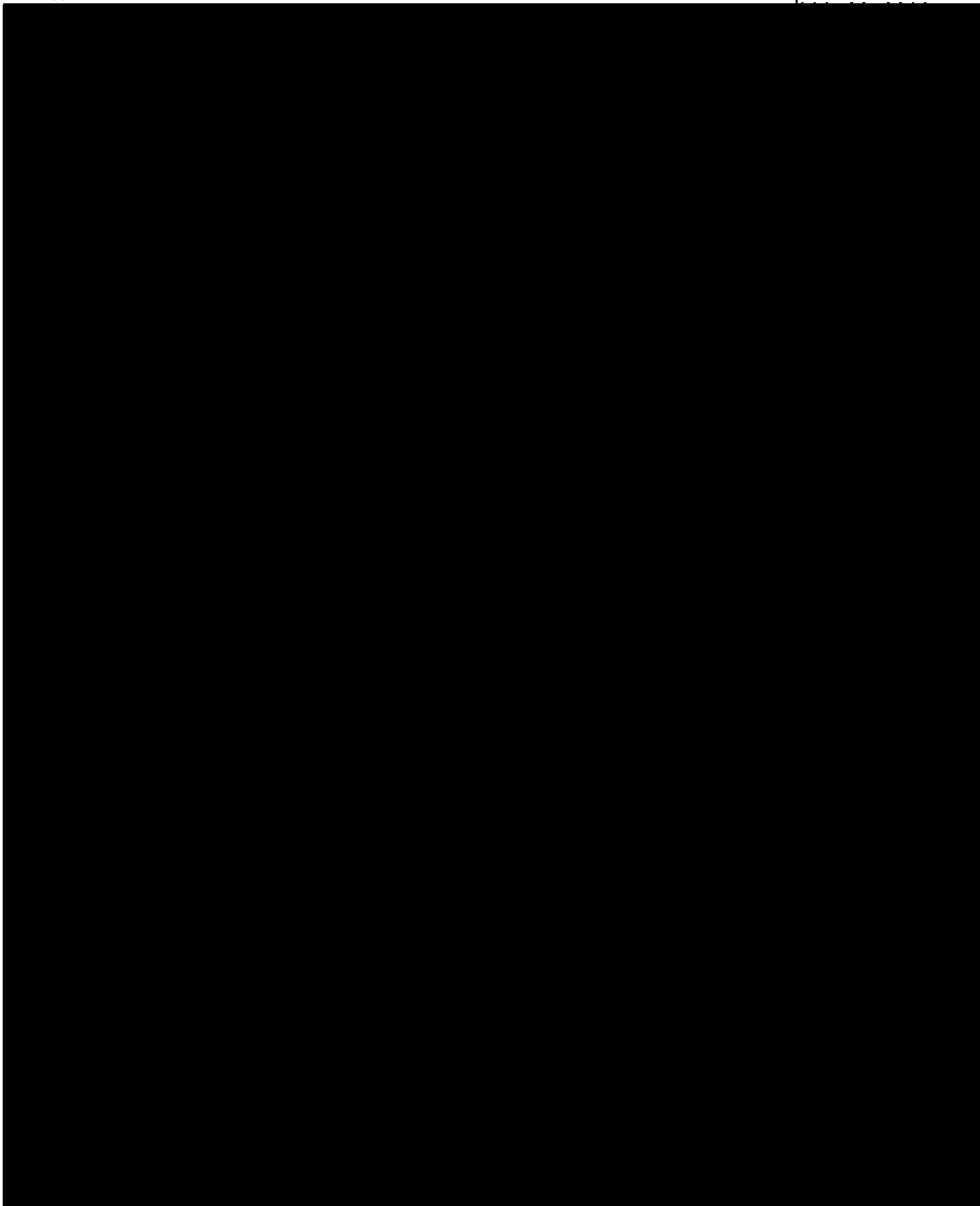
426101  
05-01-14

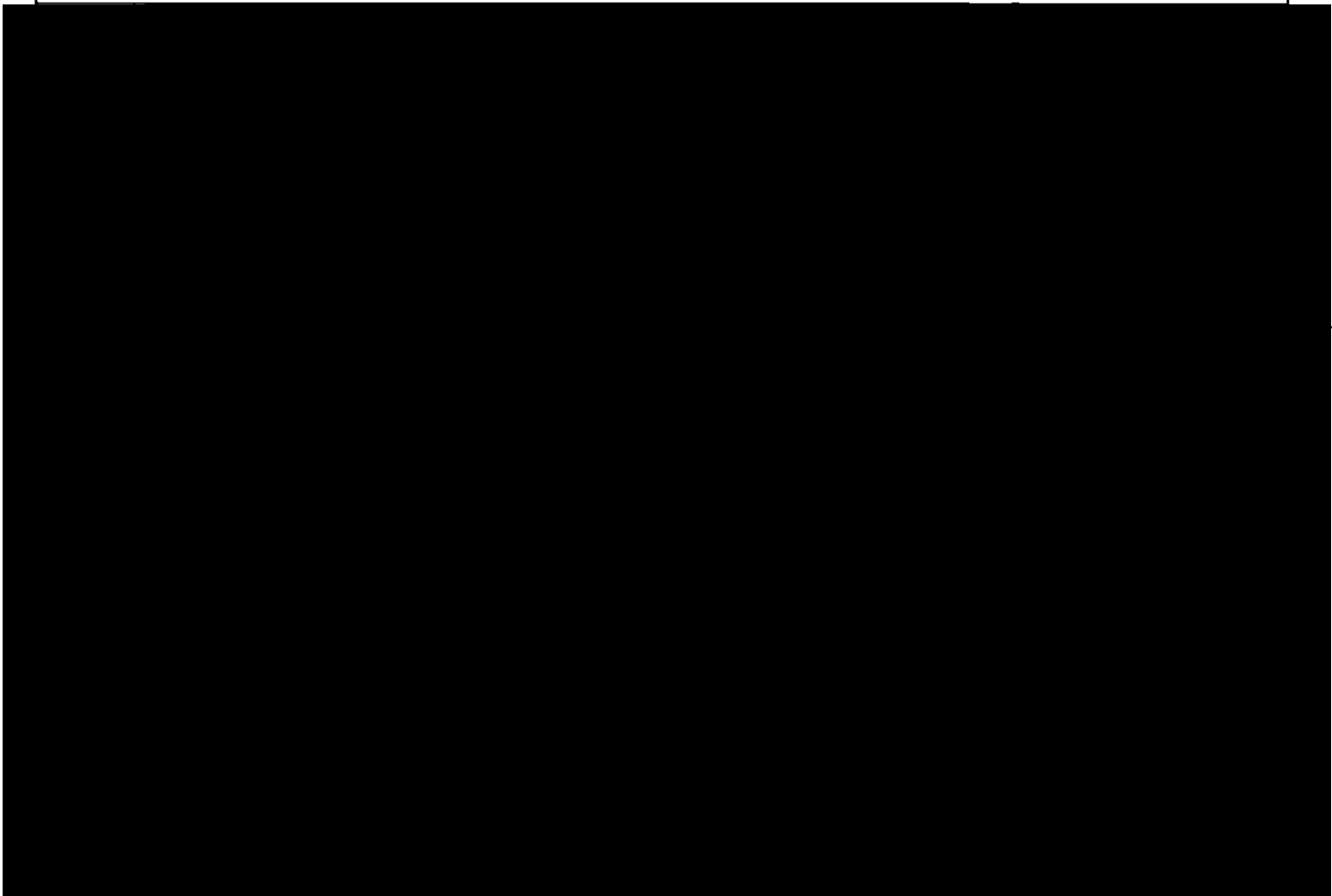
# Alternative Tax Net Operating Loss Worksheet

2014

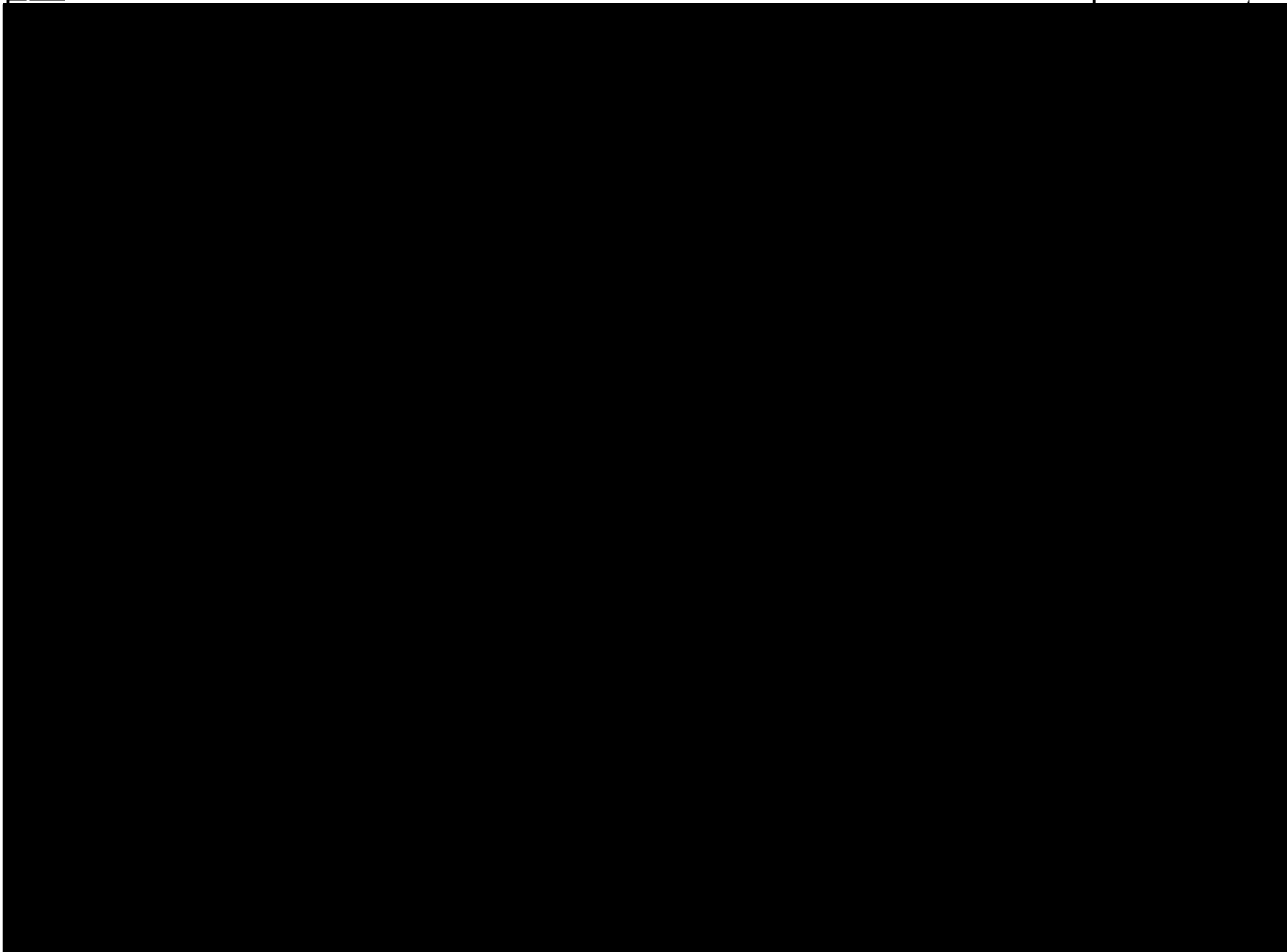
Name(s) as shown on return

Social Security Number









[REDACTED]

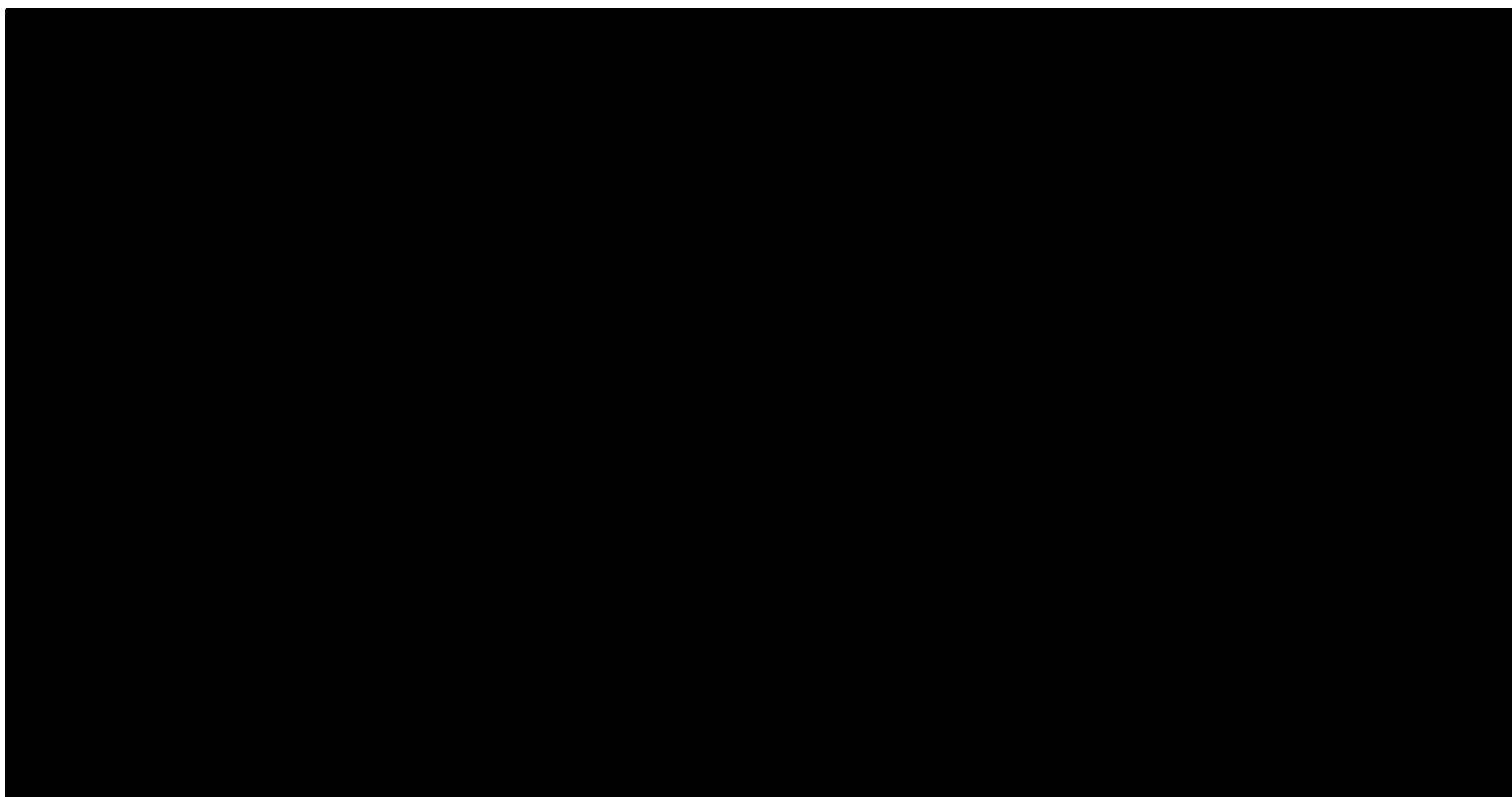
[REDACTED]



[Redacted]

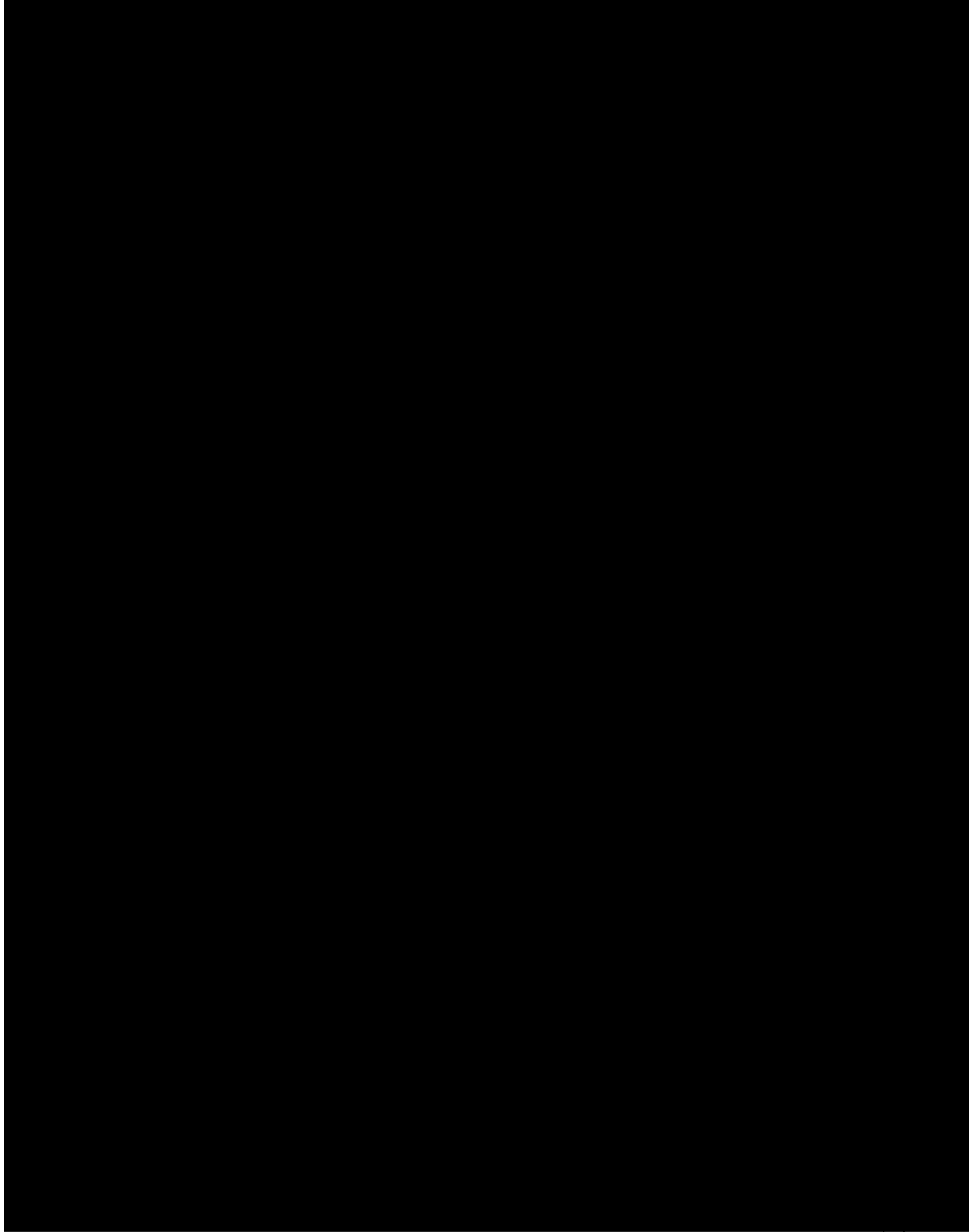
[Redacted]

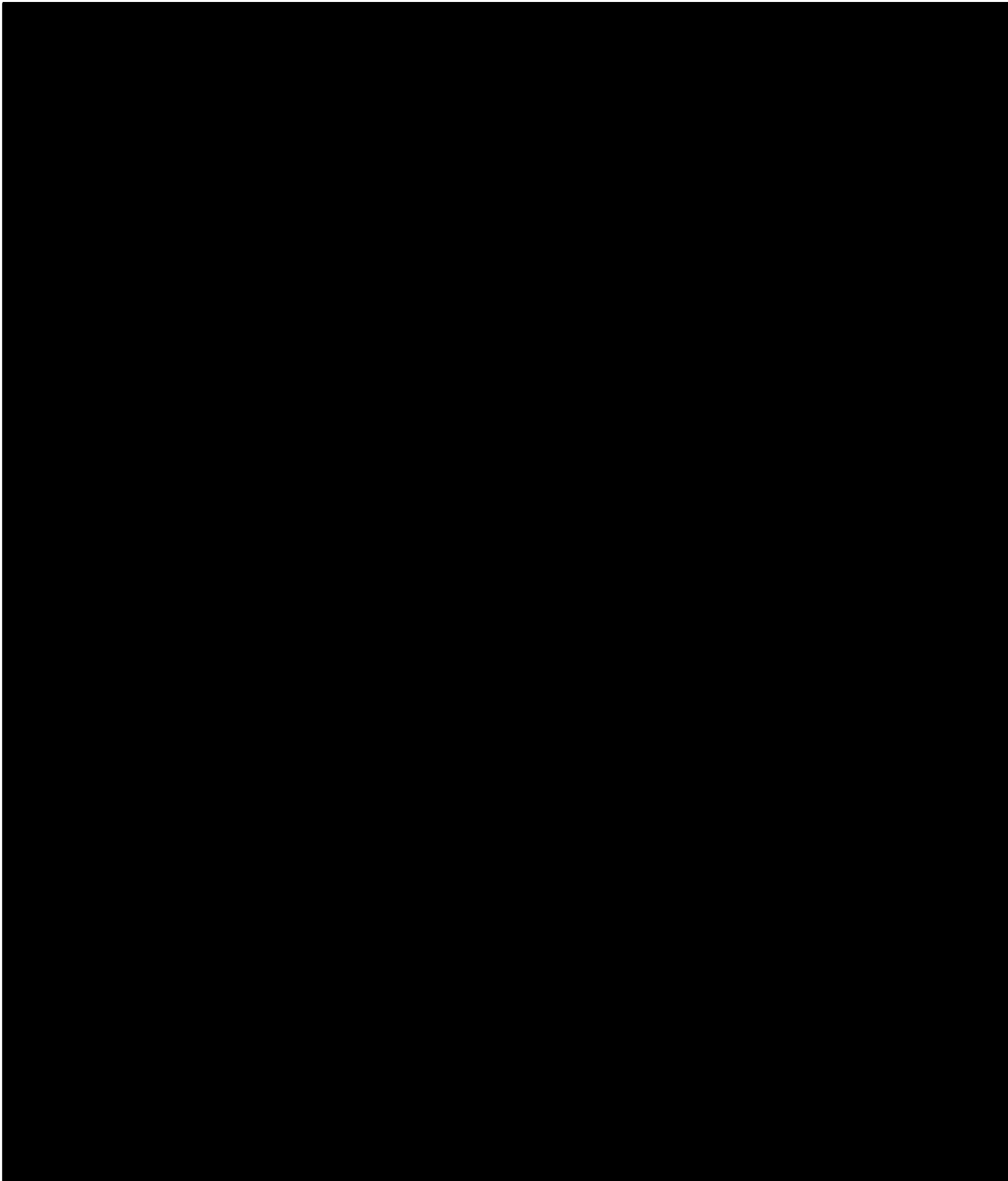
COPY



COPY



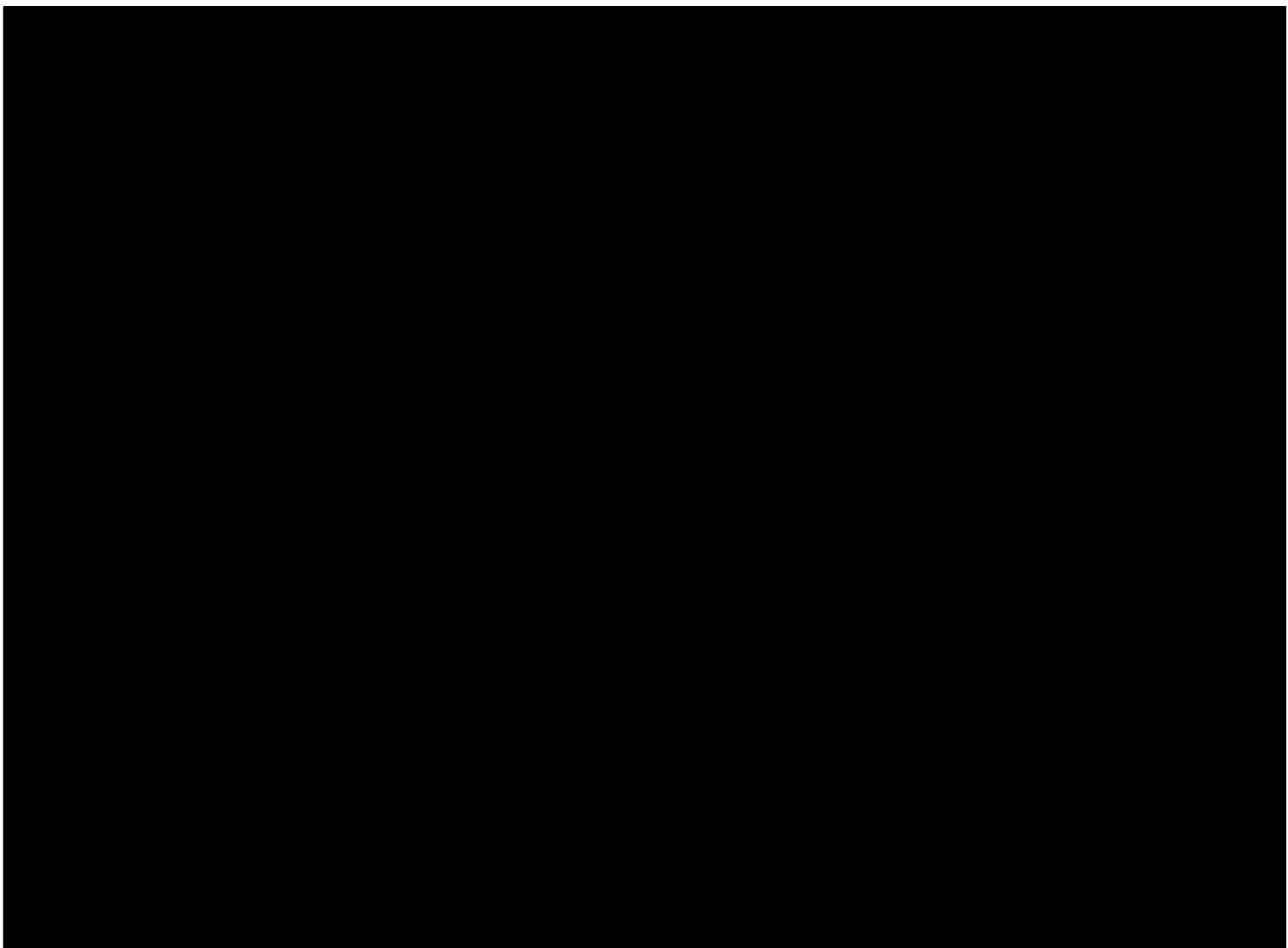


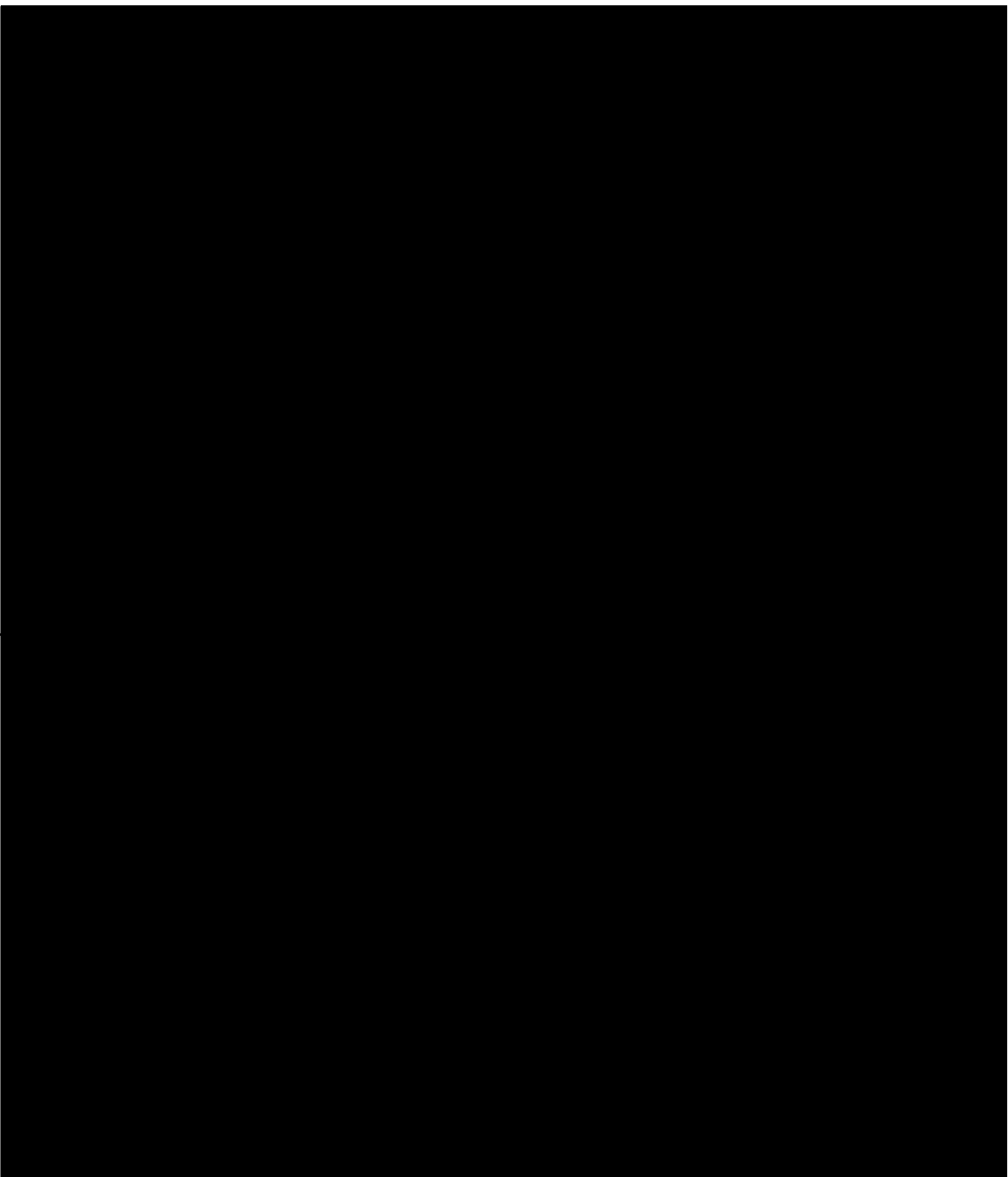


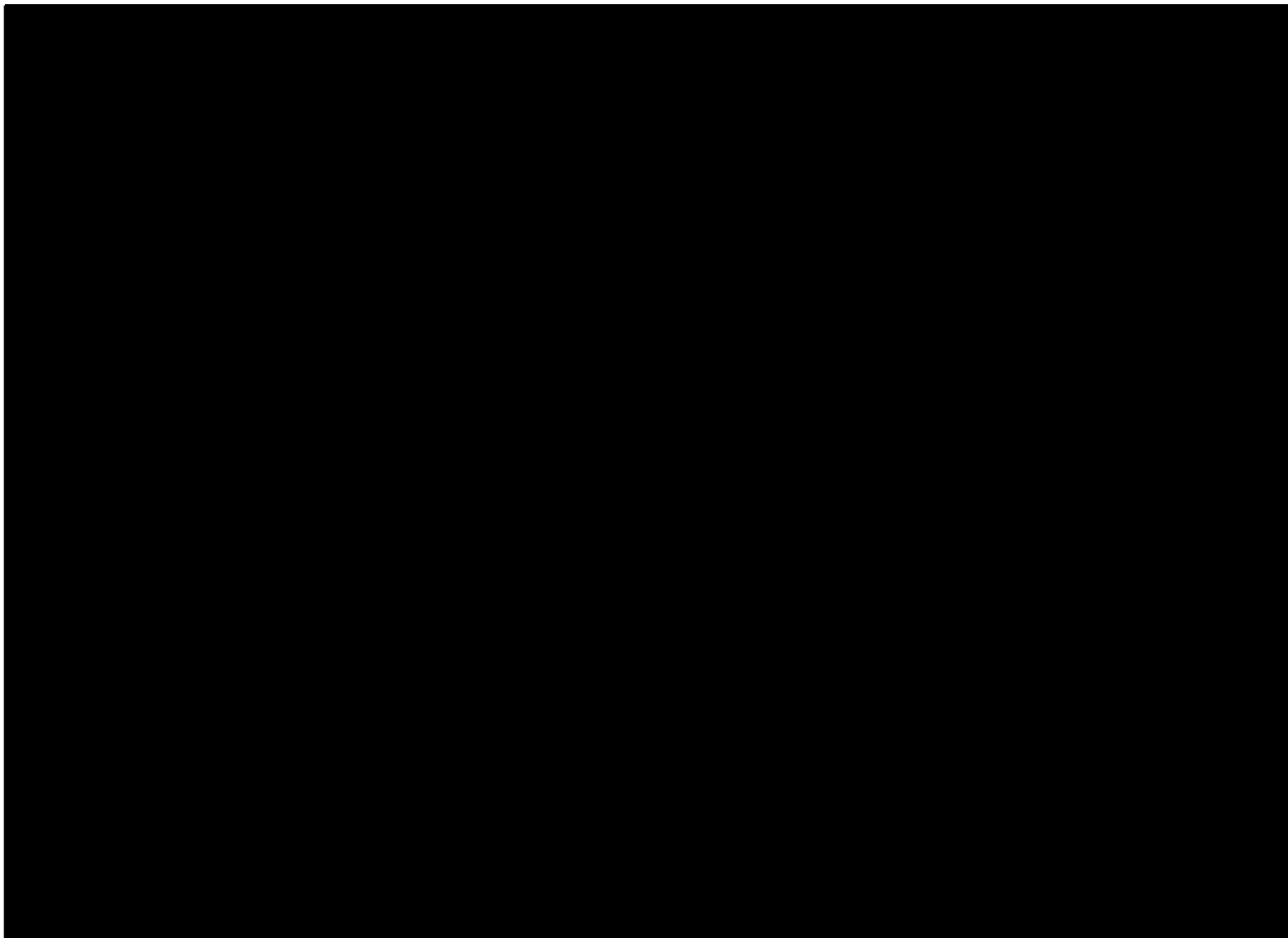


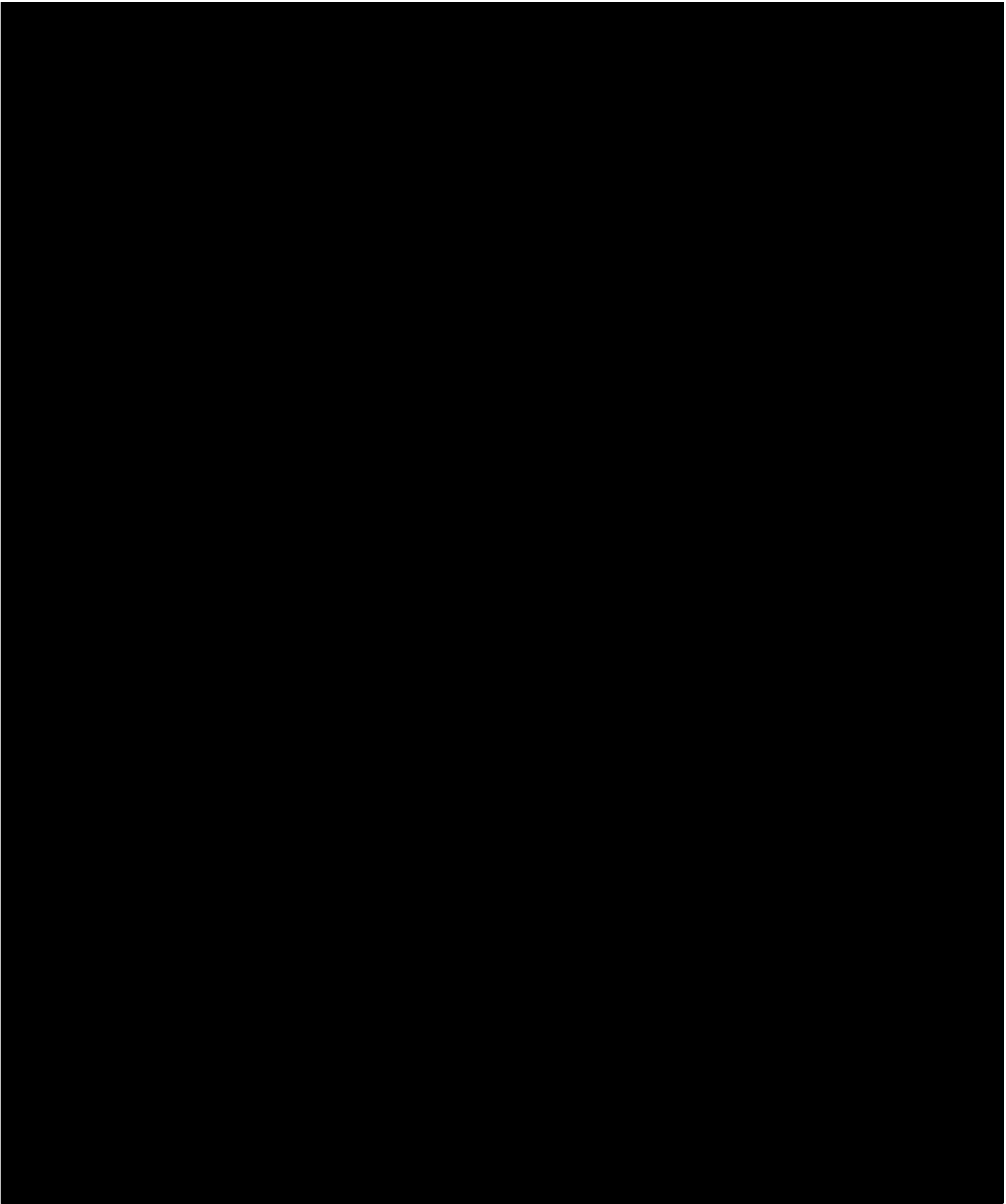
1  
1  
1  
1





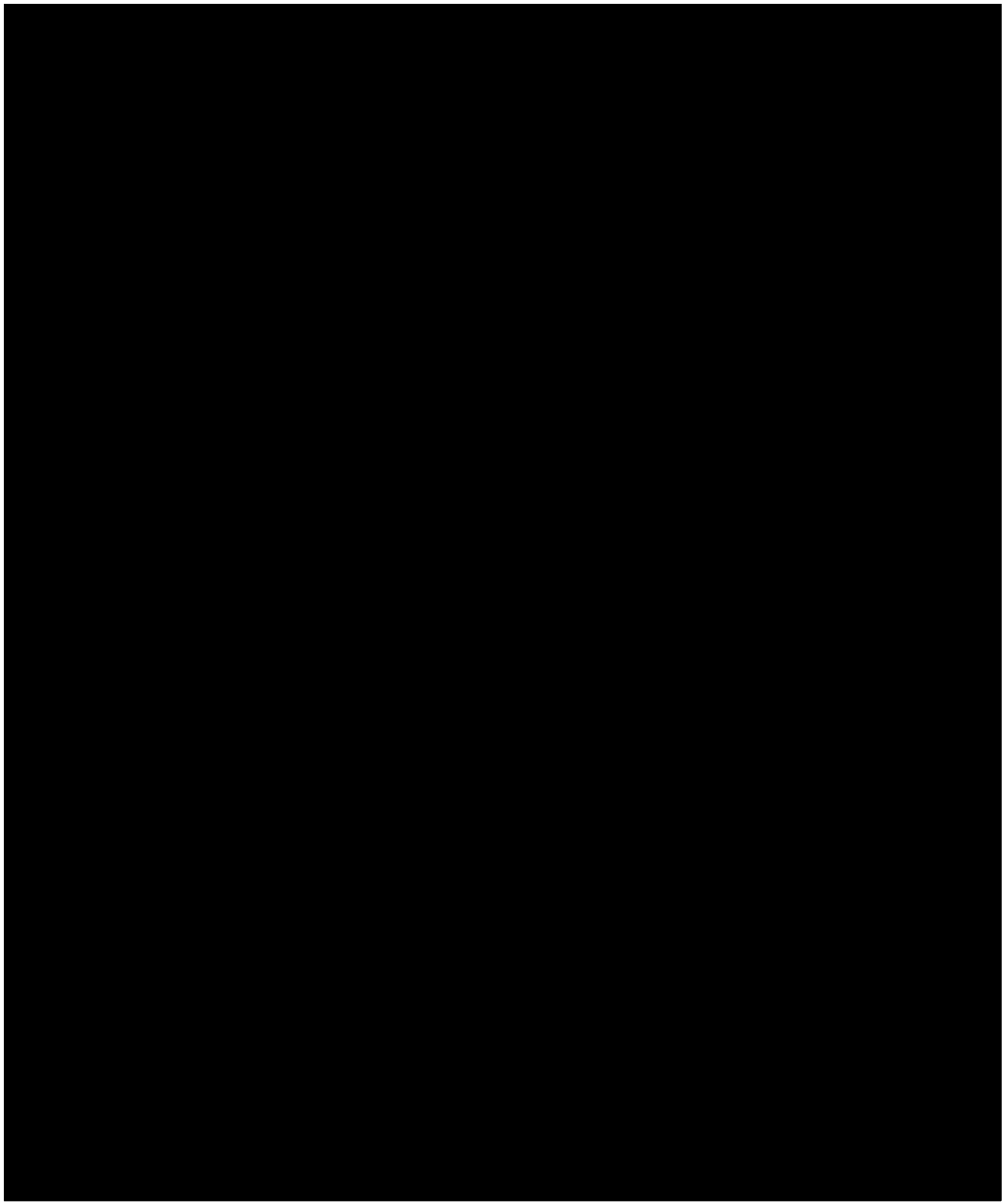








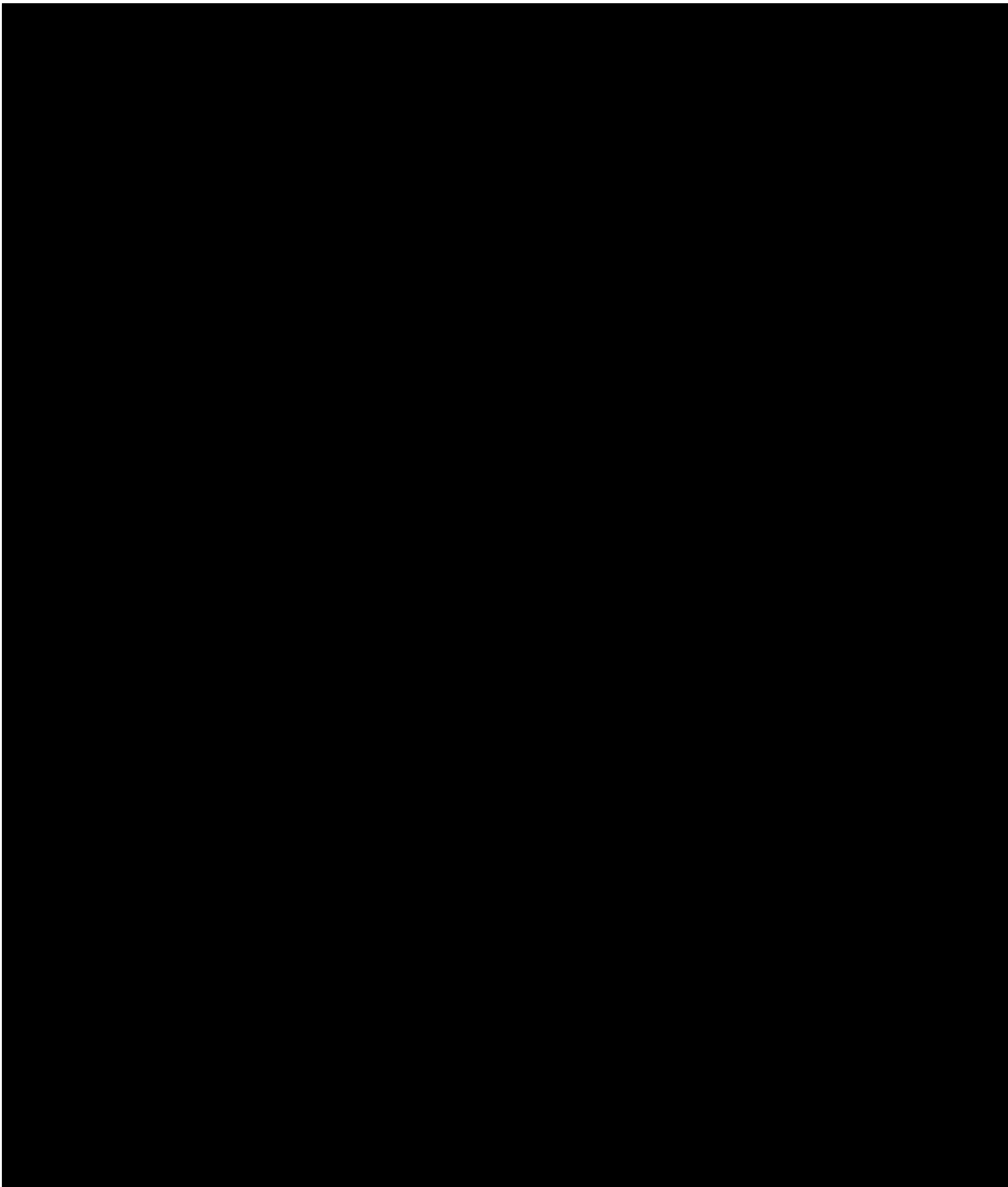
COPY



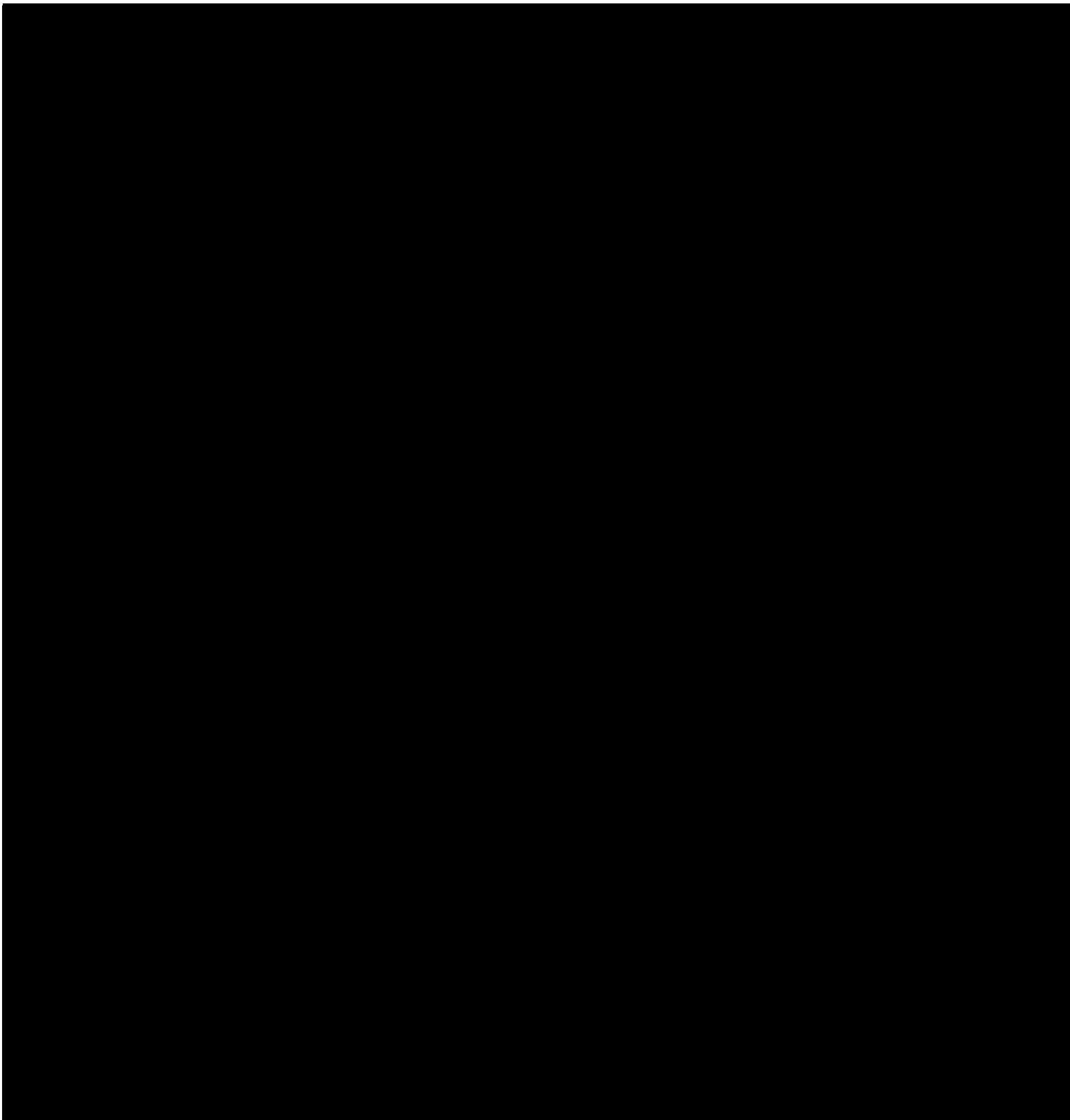
11050911 748214 90361.001

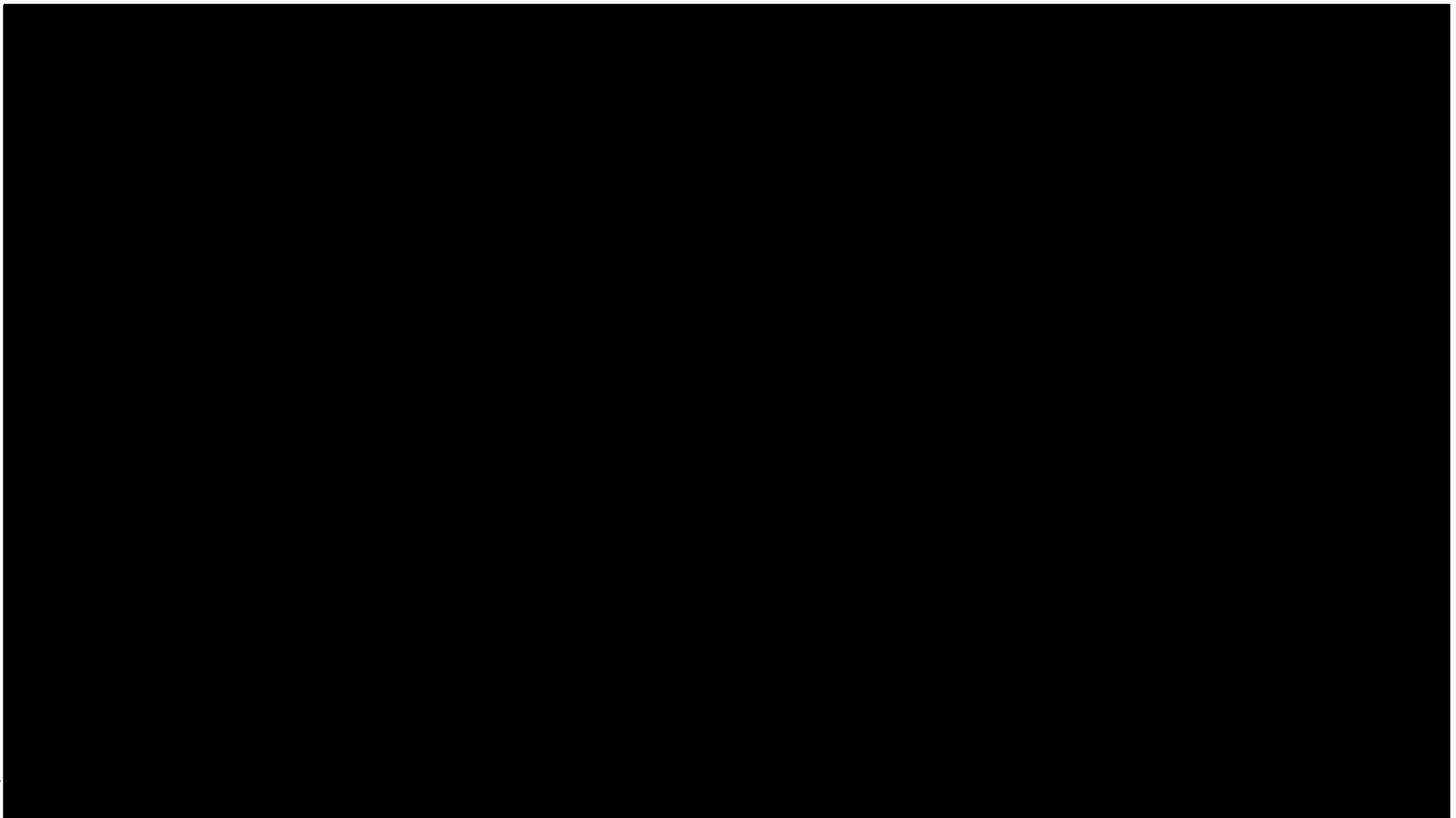
60  
2014.04010 NICHOLAS, THOMAS

STATEMENT(S) 23, 24  
90361\_11

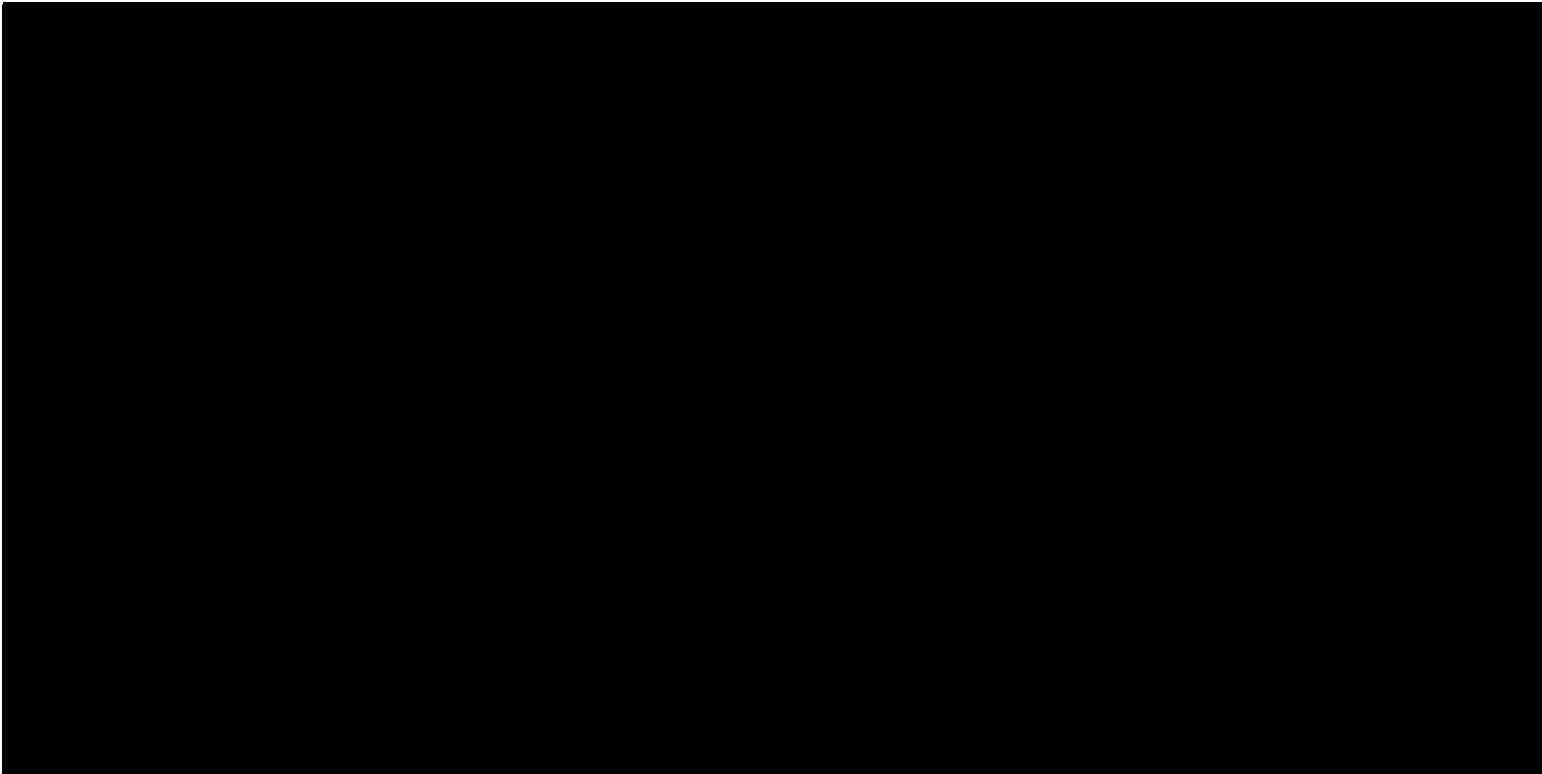




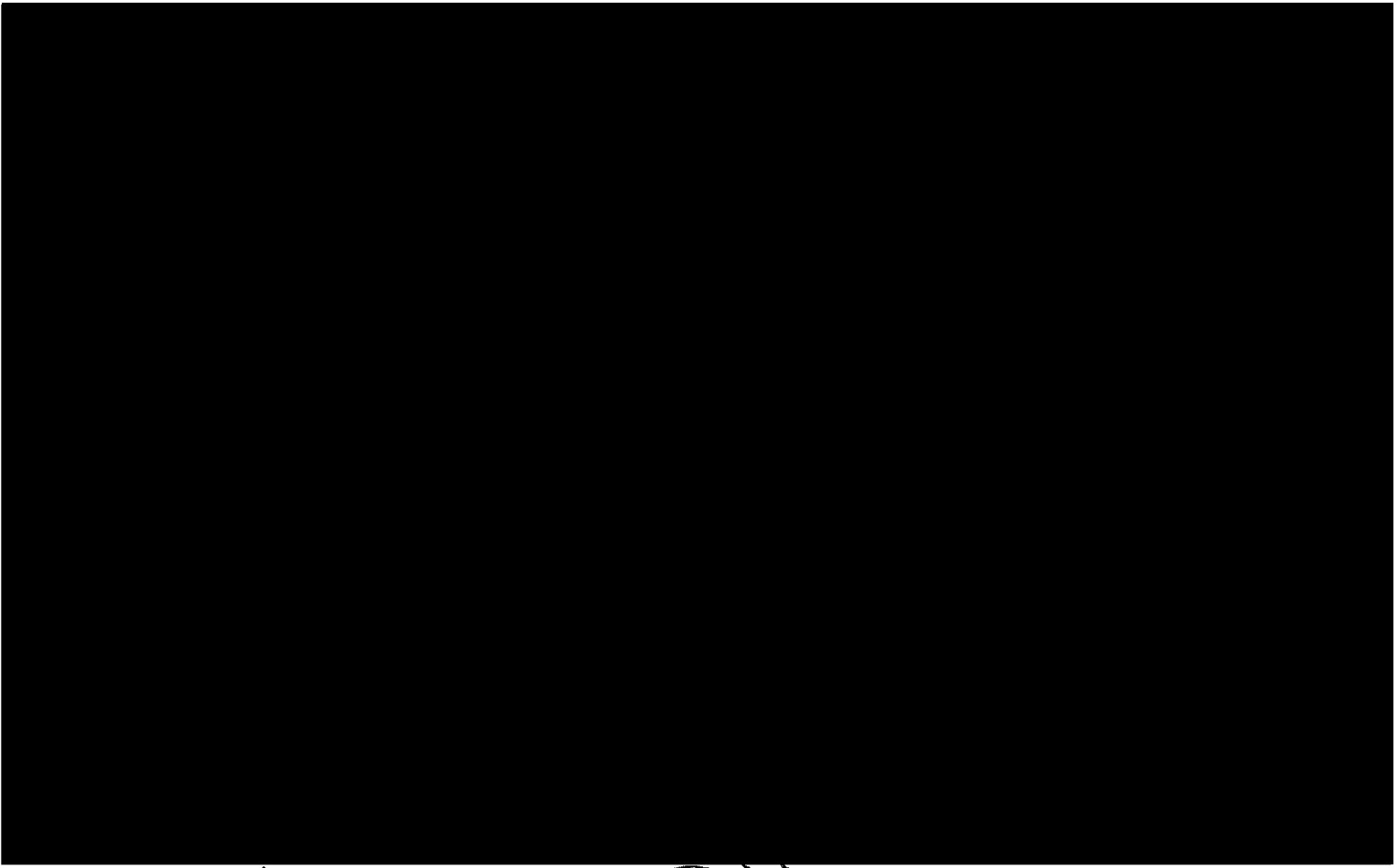




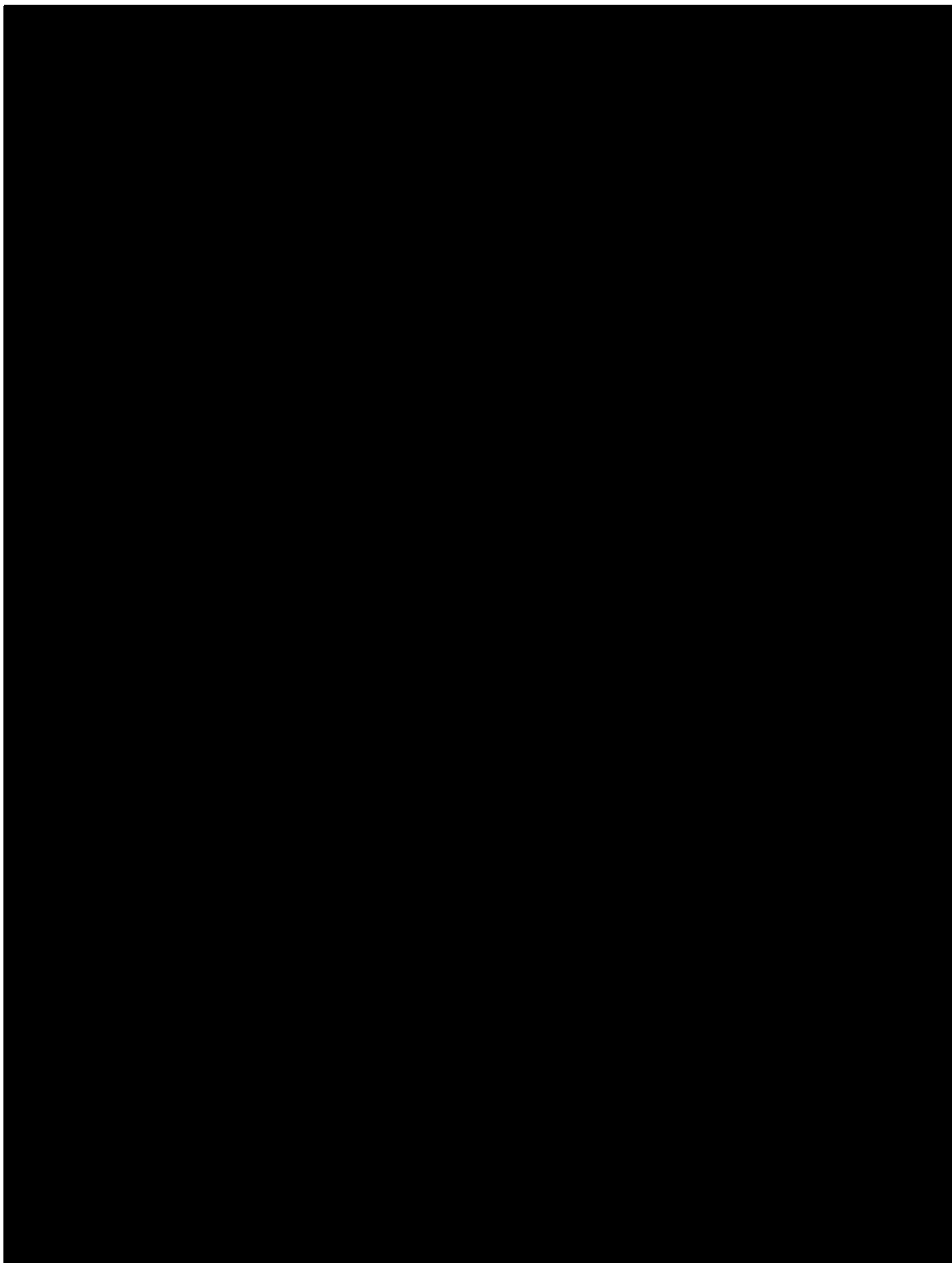
CONF

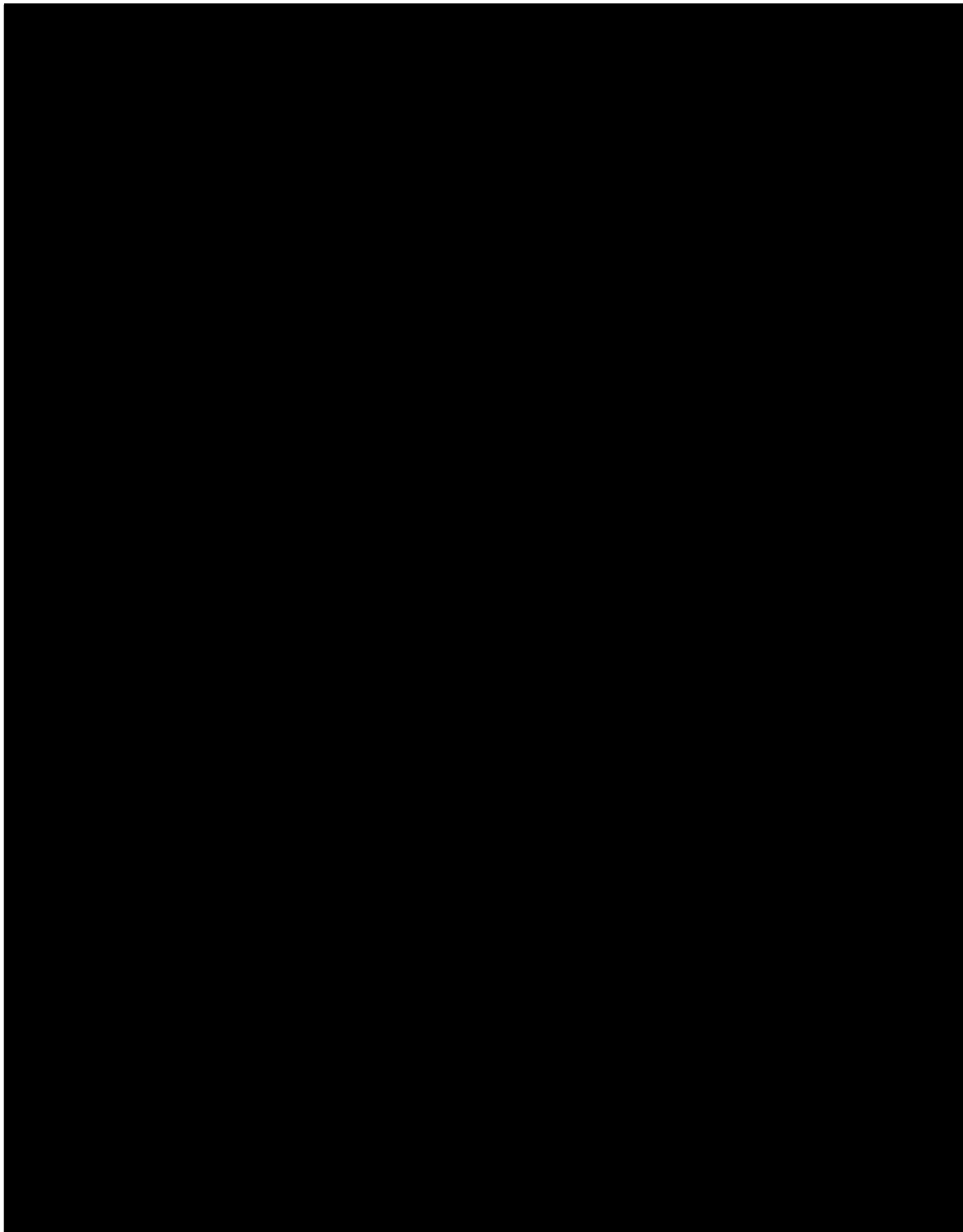


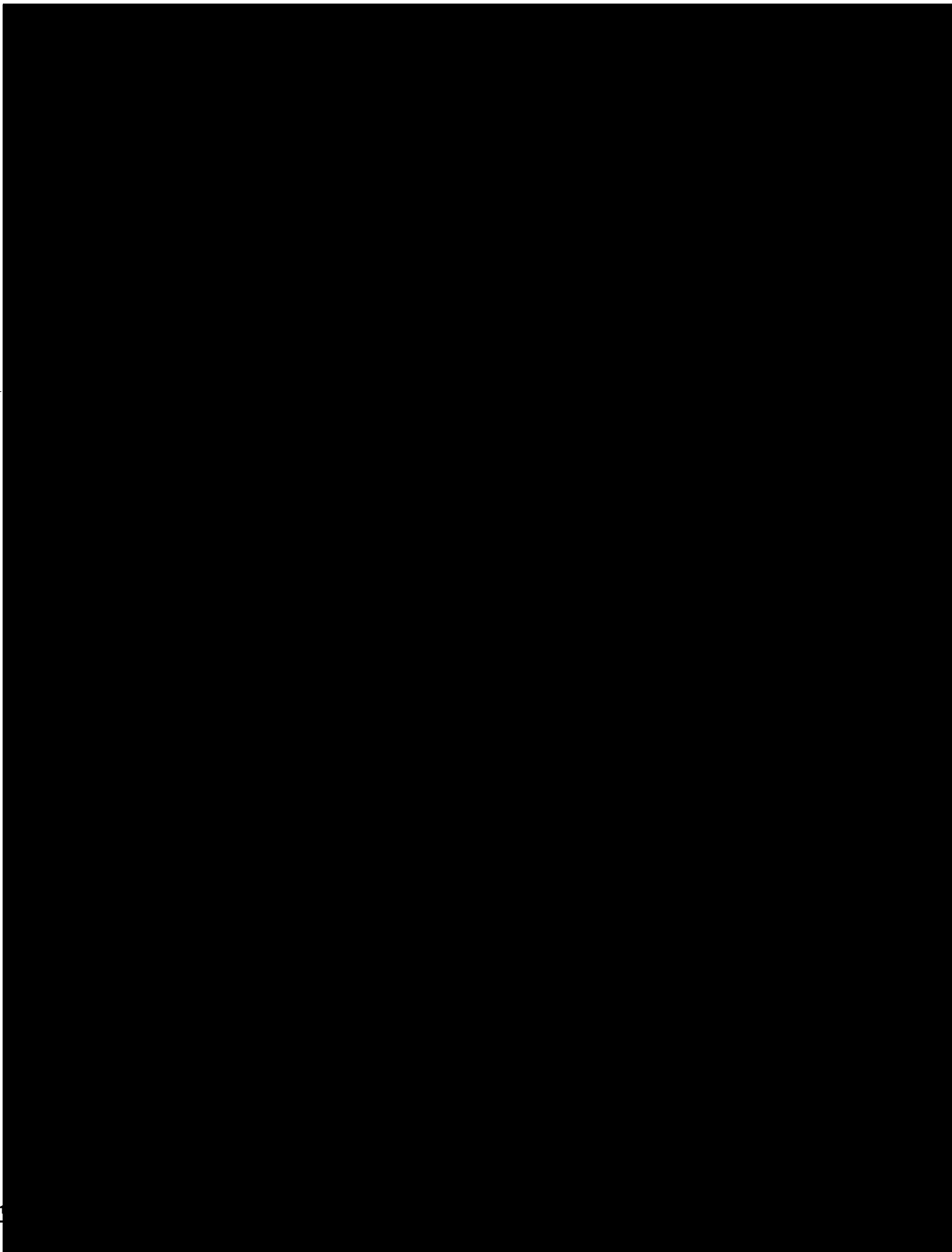
COPY

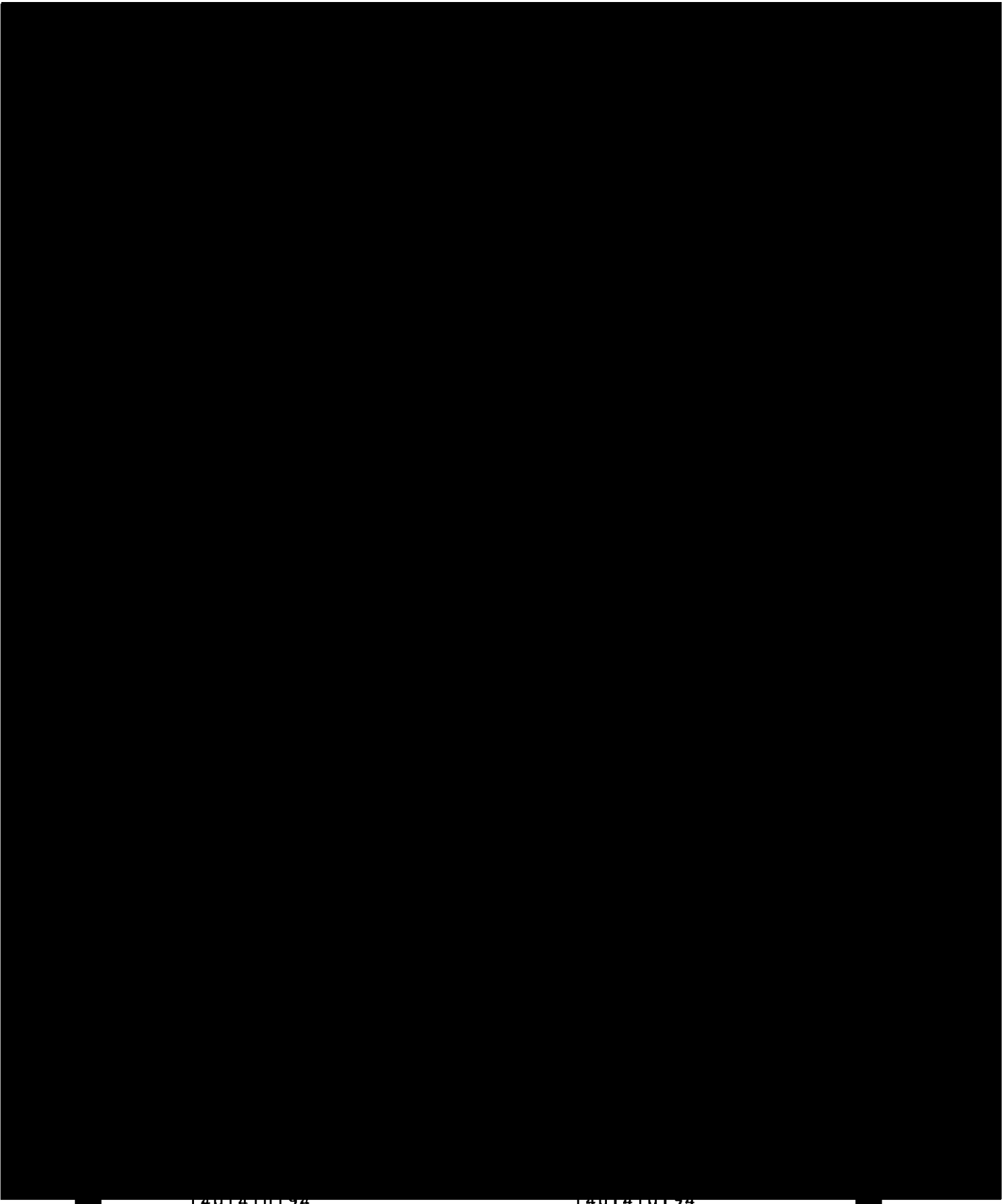


COPI

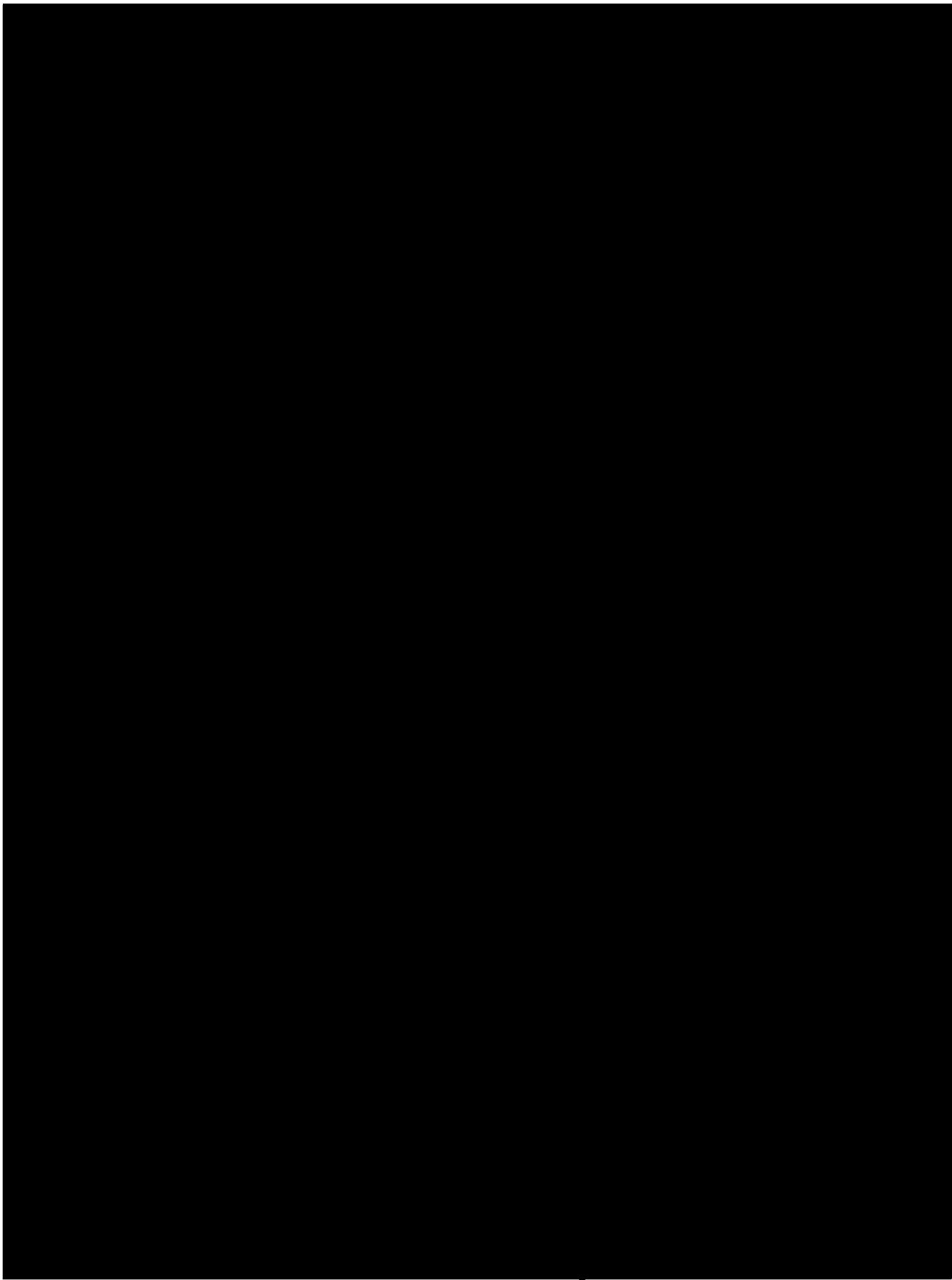






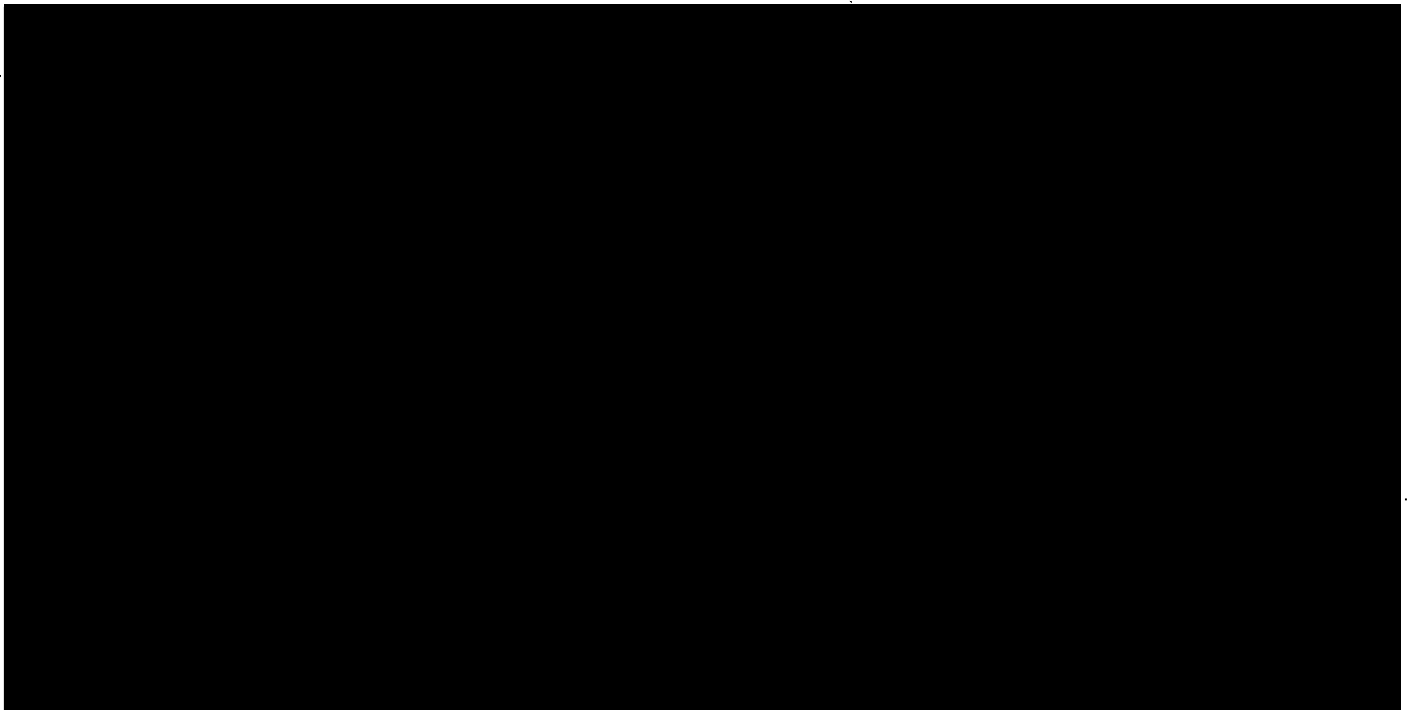


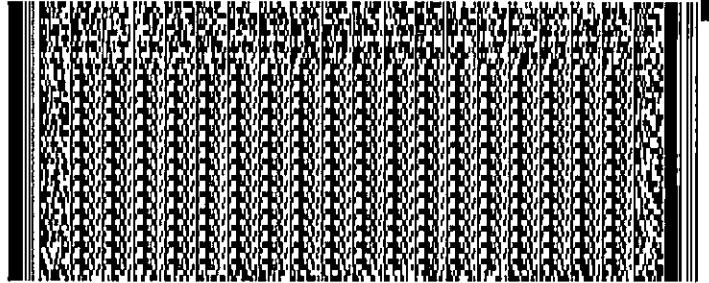
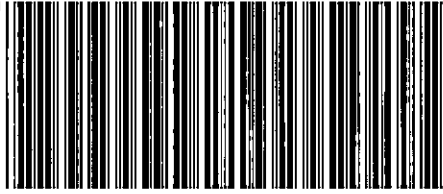




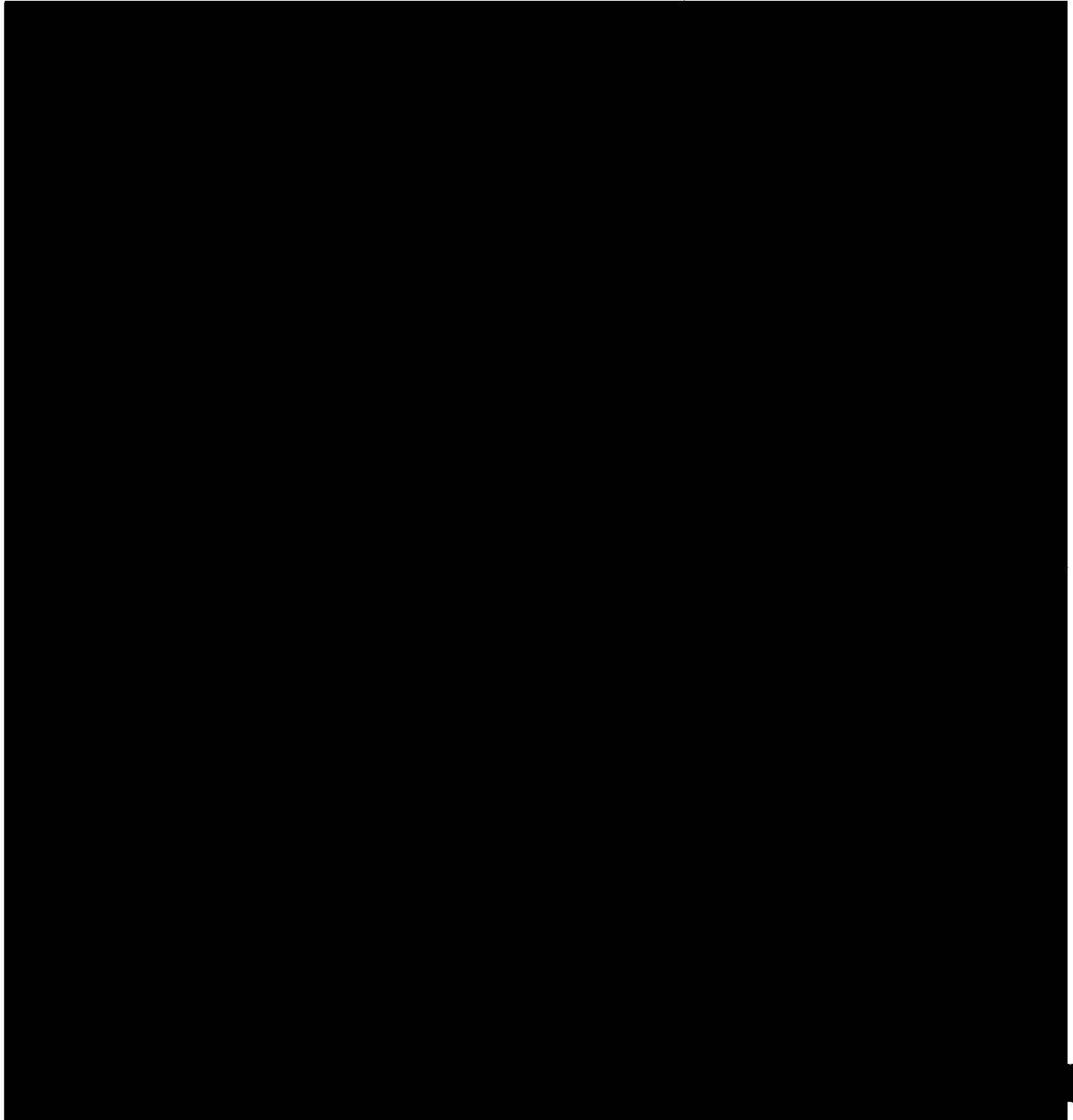
or  
TSC

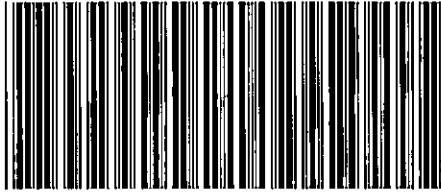
COPY





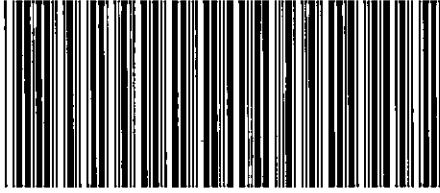
**2014 Form 1-NR/PY MA1400611019**  
Massachusetts Nonresident/Part-Year Resident  
Income Tax Return



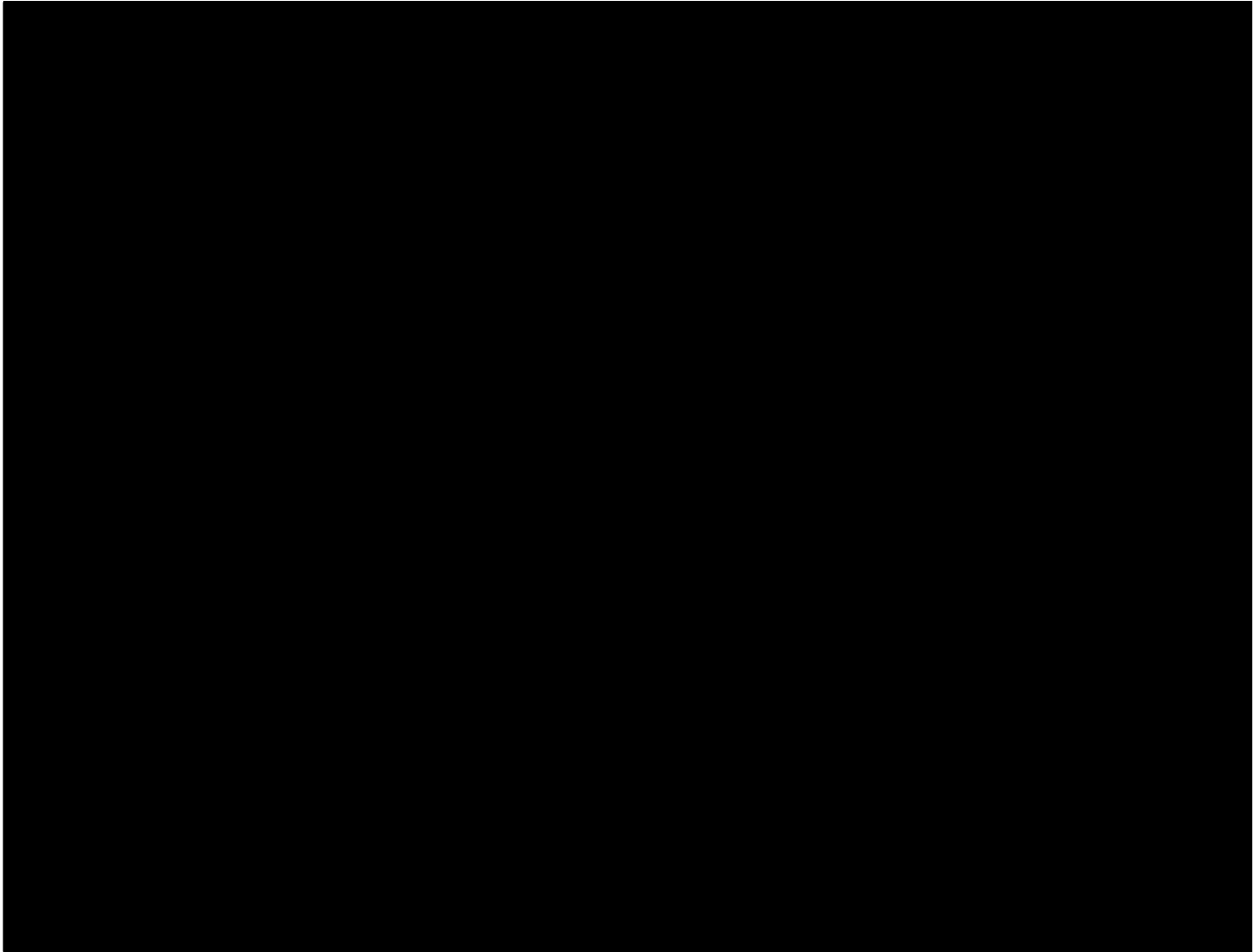


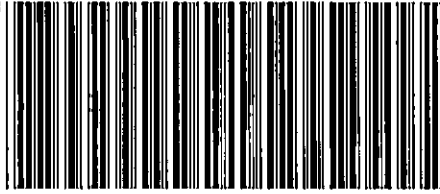
**2014 Form 1-NR/PY, pg. 2** MA1400621019  
Massachusetts Nonresident/Part-Year Resident Income Tax Return  
\*\*\*-\*\*-\*\*\*\*

ow the  
act Mass.

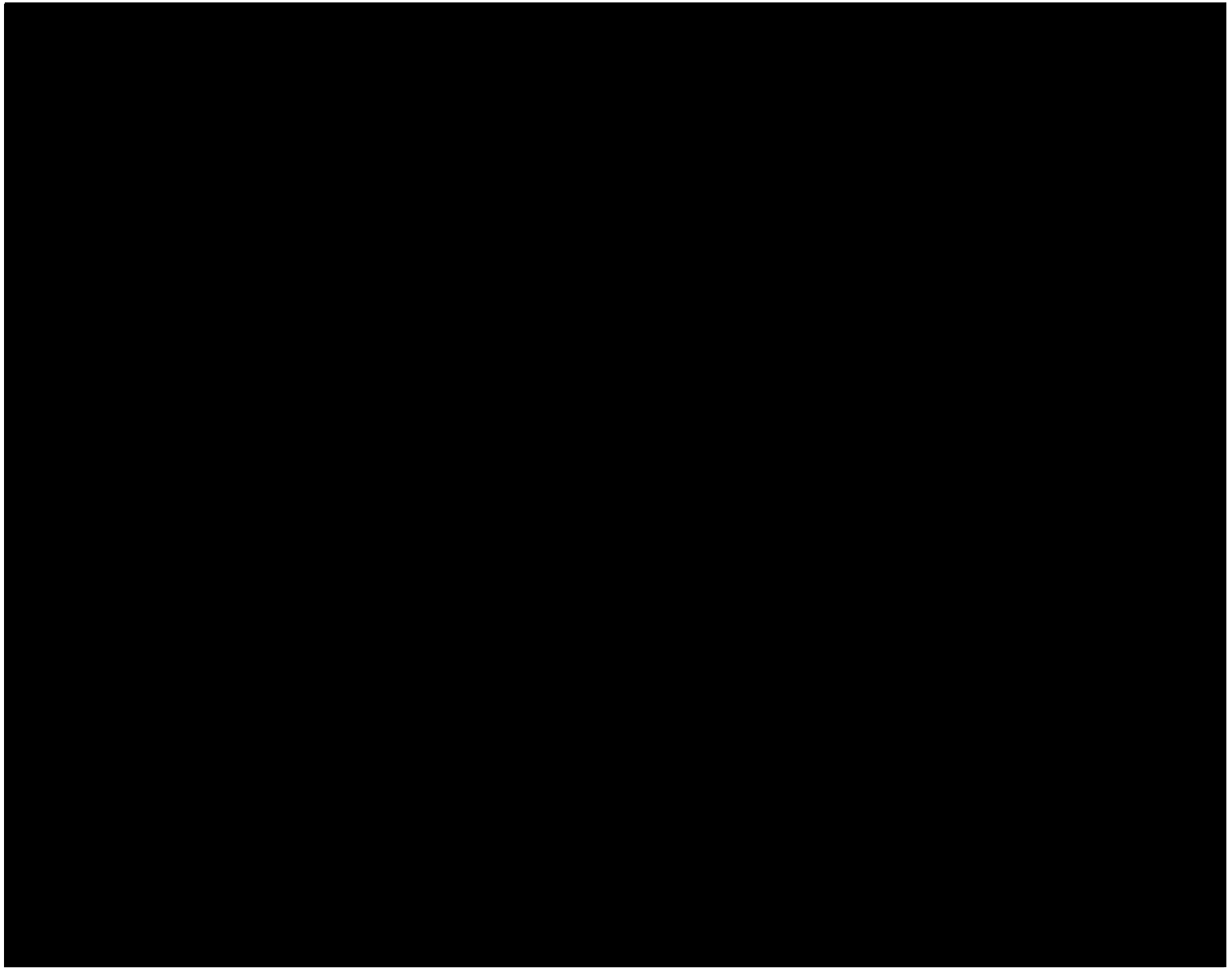


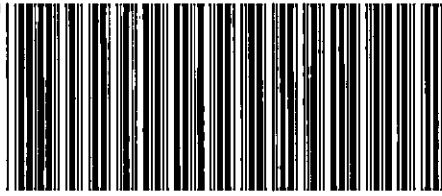
**2014 Form 1-NR/PY, pg. 3** MA1400631019  
Massachusetts Nonresident/Part-Year Resident Income Tax Return



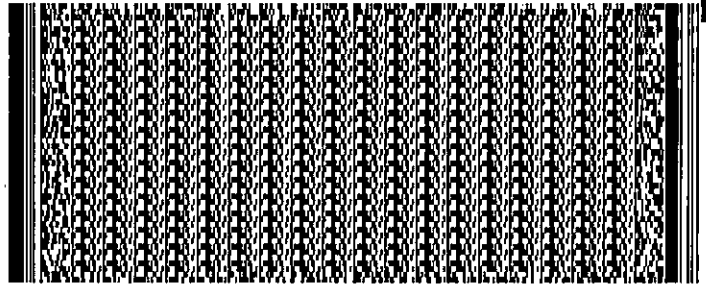


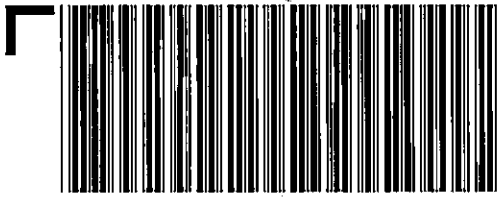
**2014 Form 1-NR/PY, pg. 4** MA1400641019  
Massachusetts Nonresident/Part-Year Resident Income Tax Return  
\*\*\*-\*\*-\*\*\*\*



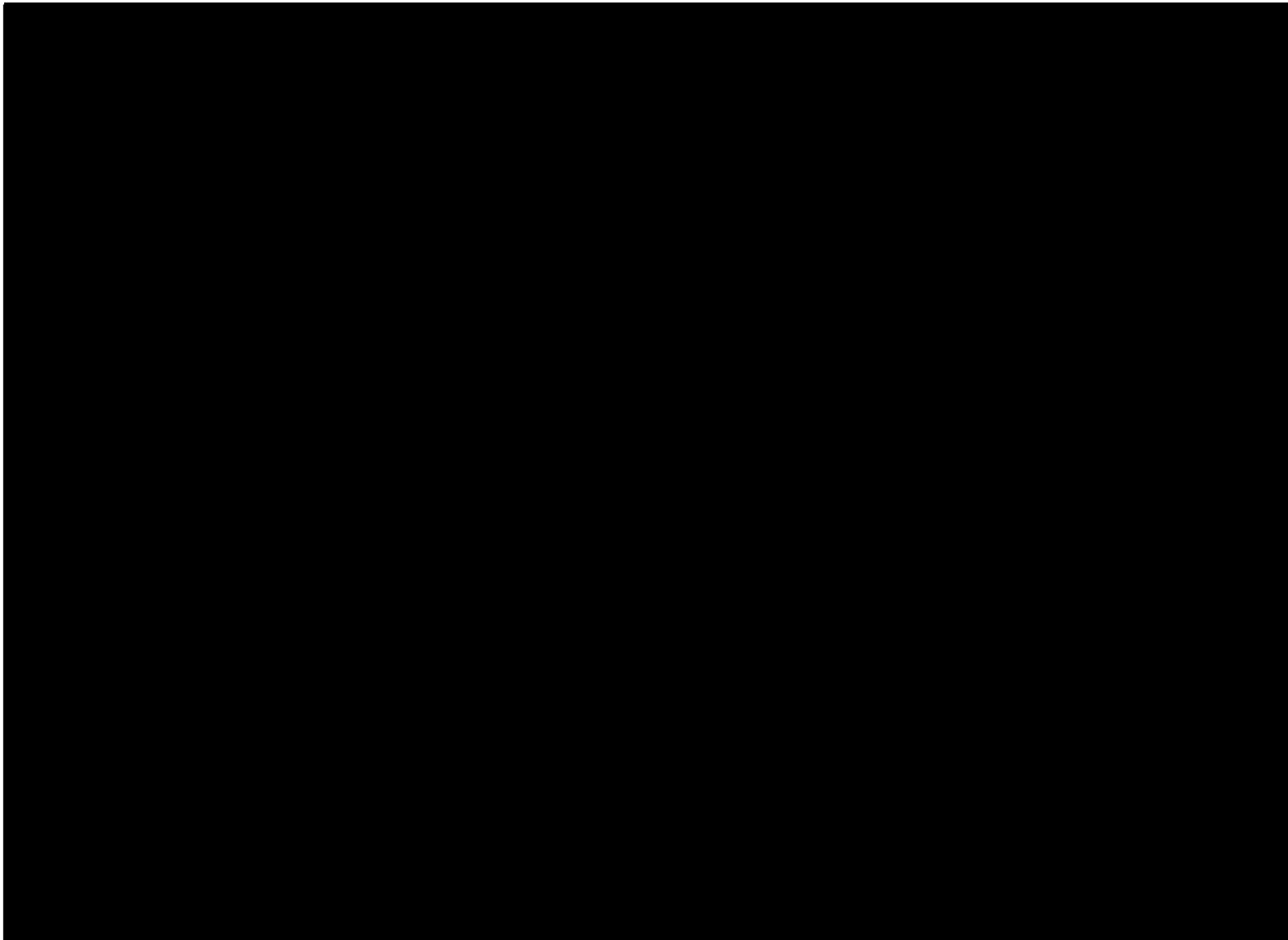
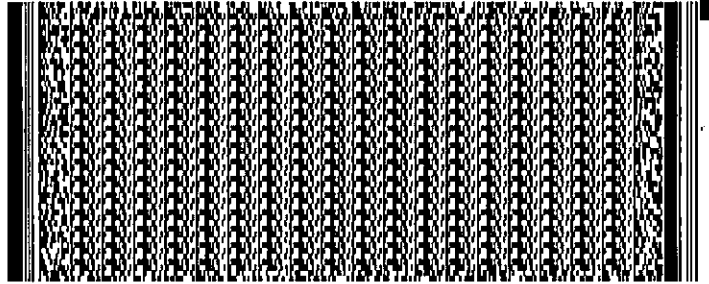


**2014 Schedule NTS-L-NR/PY**  
**MA1402111019**  
No Tax Status and Limited Income Credit  
\*\*\*-\*\*-\*\*\*\*





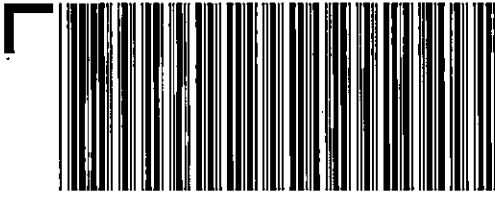
**2014 Schedule B** MA1401011019



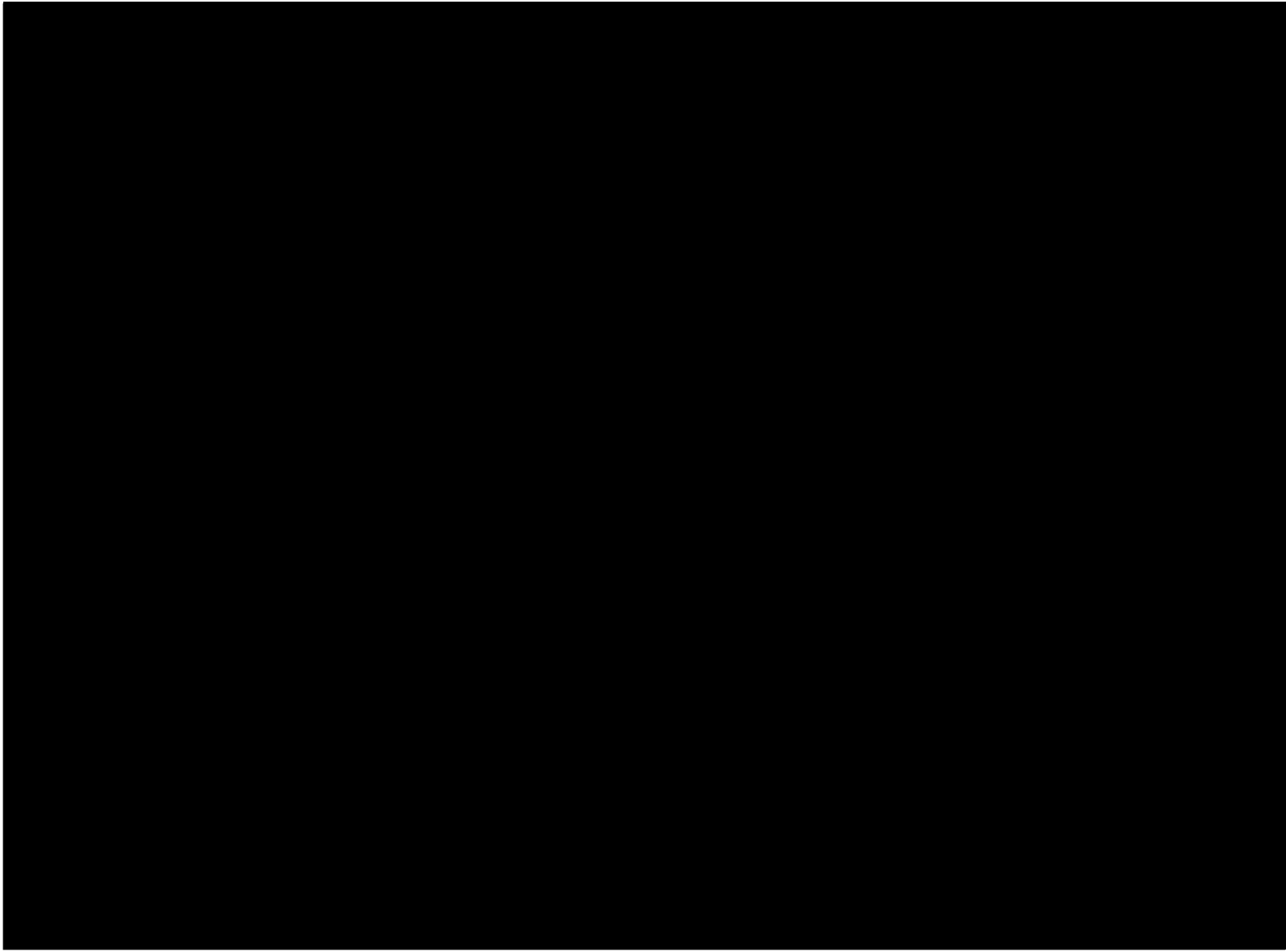
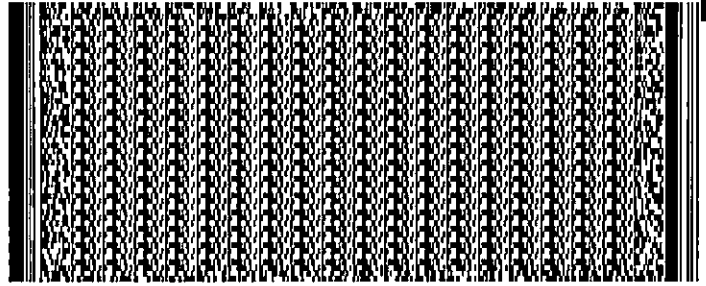
457041 12-10-14

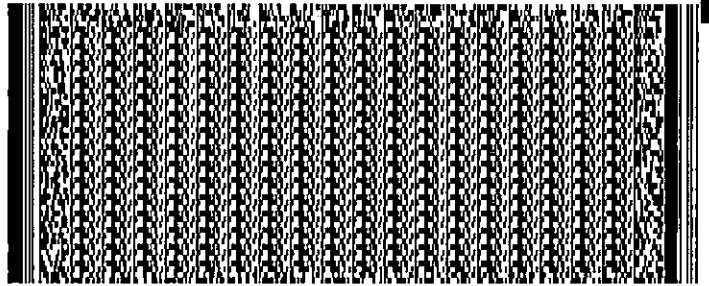
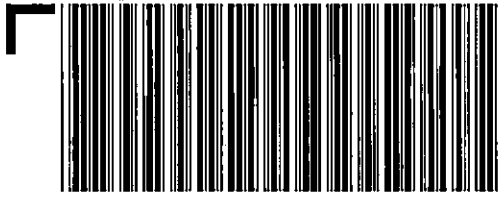




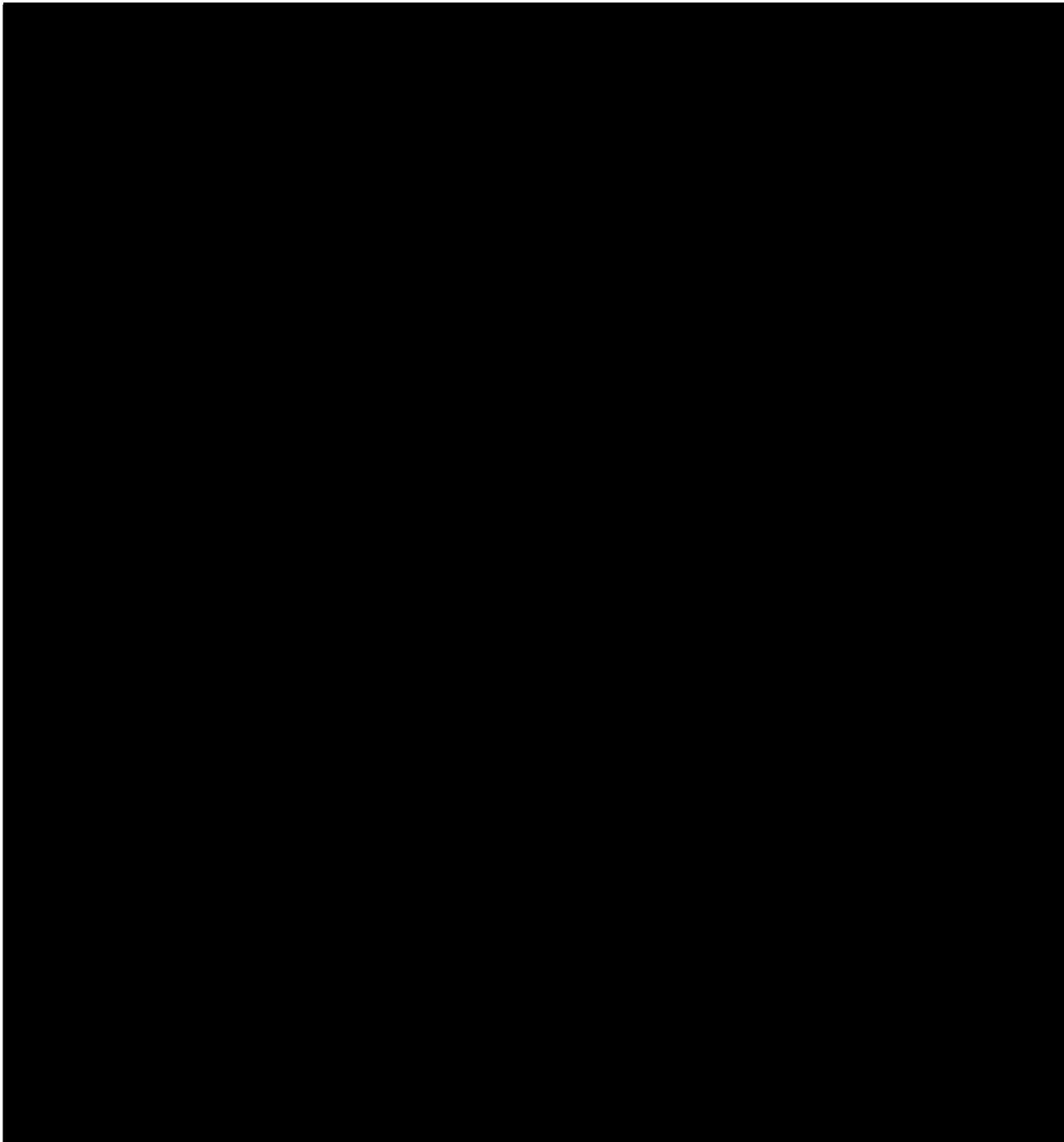


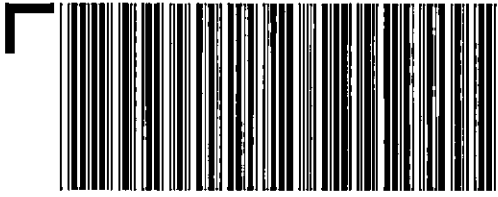
2014 Schedule B, pg. 2  
\*\*\*-\*\*-\*\*\*\*\* MA1401021019



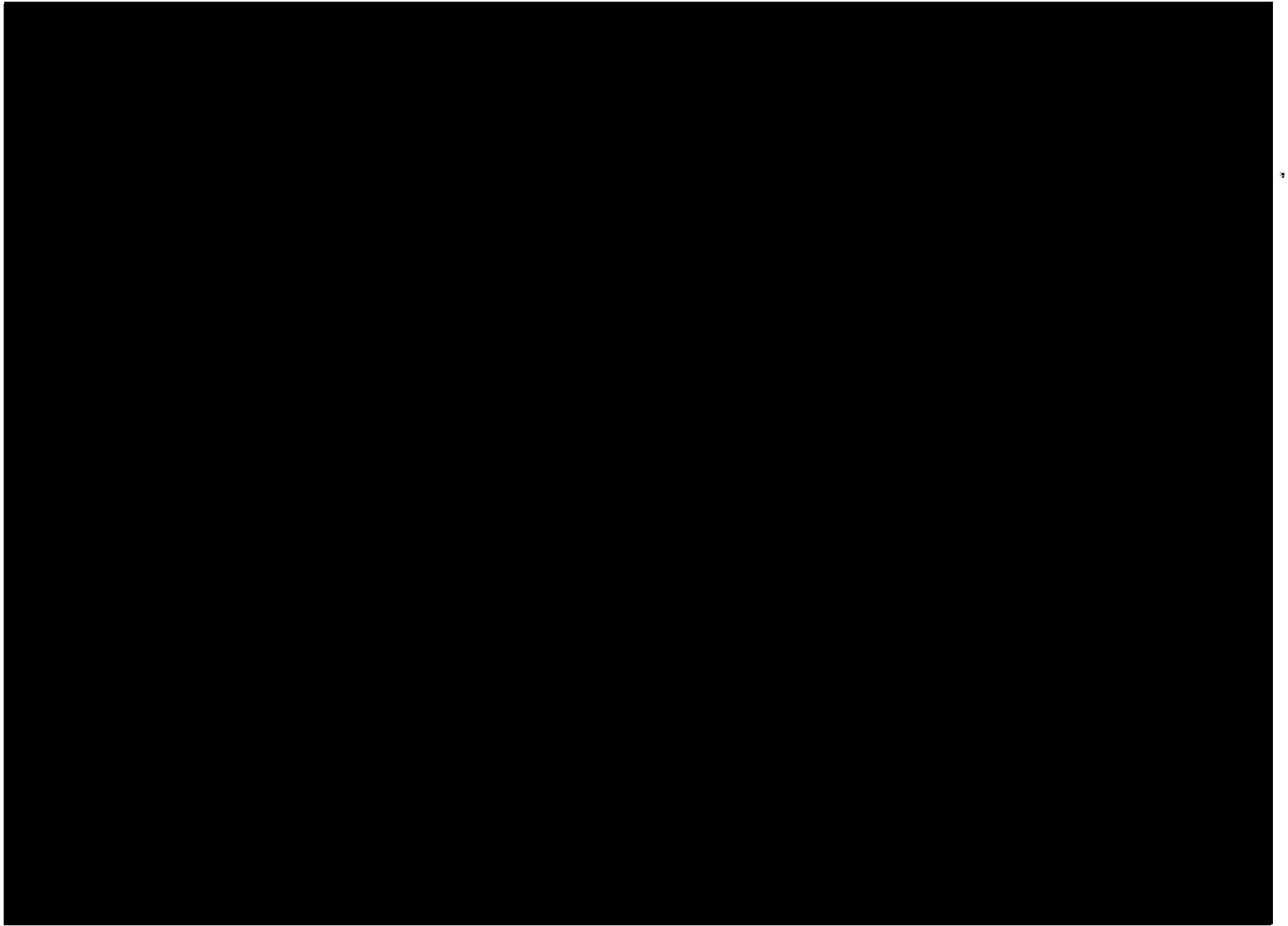
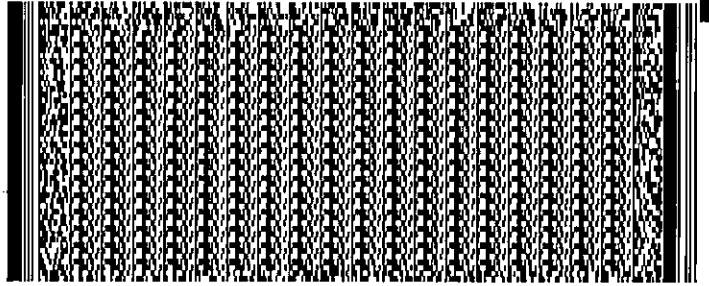


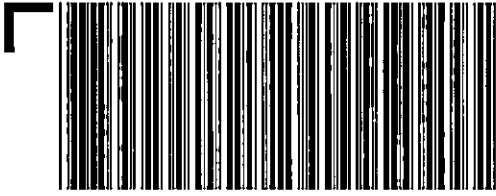
**2014 Schedule D** MA1401211019  
Long-Term Capital Gains and Losses  
Excluding Collectibles





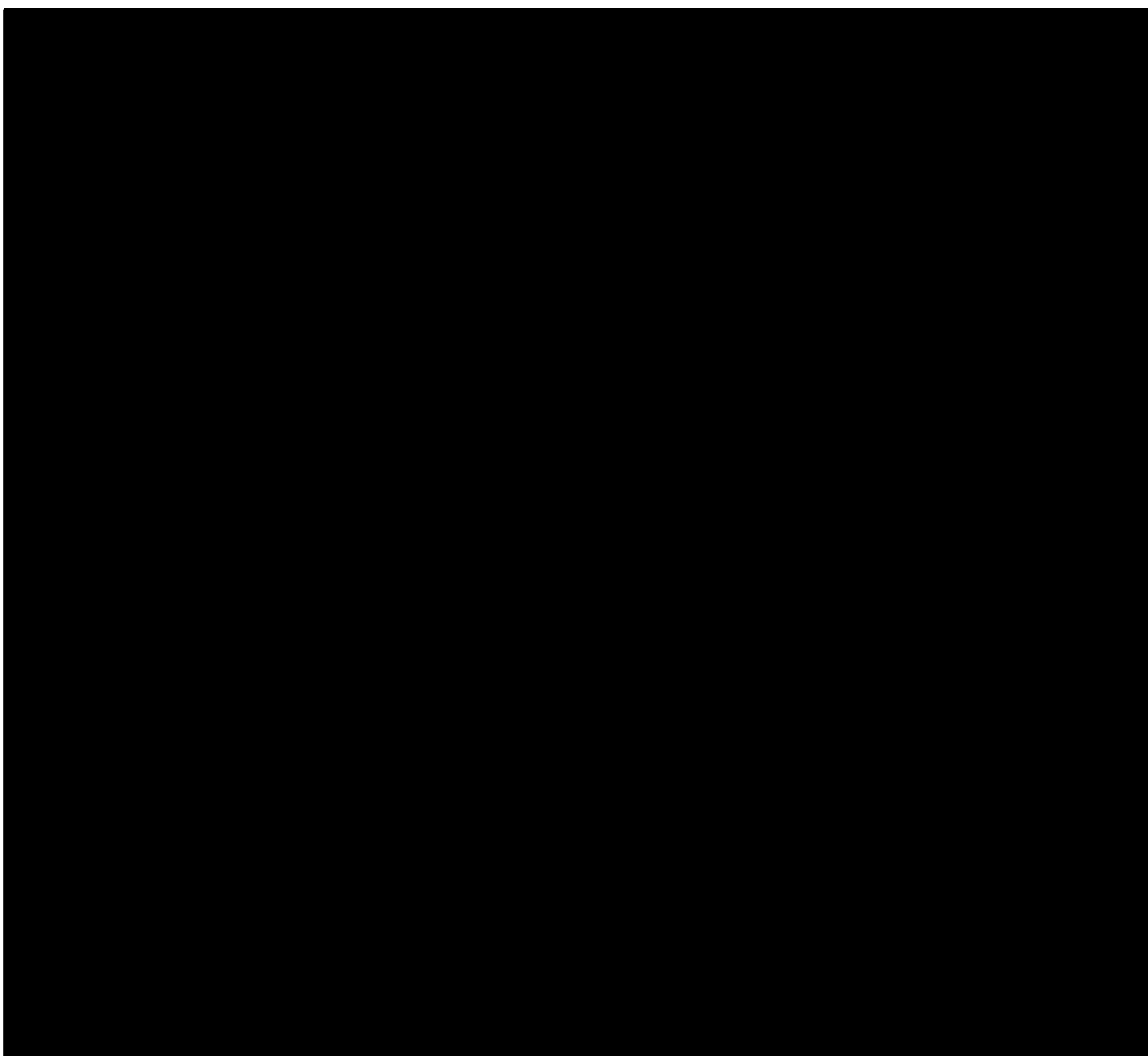
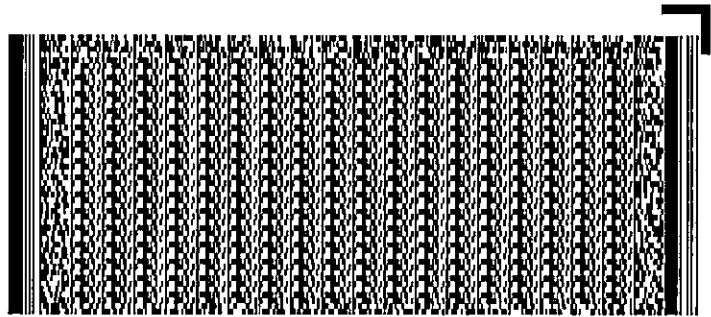
2014 Schedule E MA1401341019

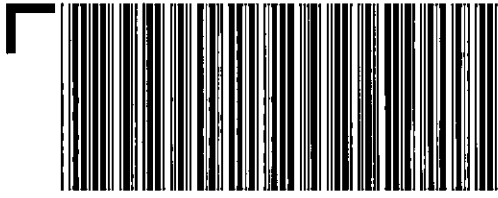




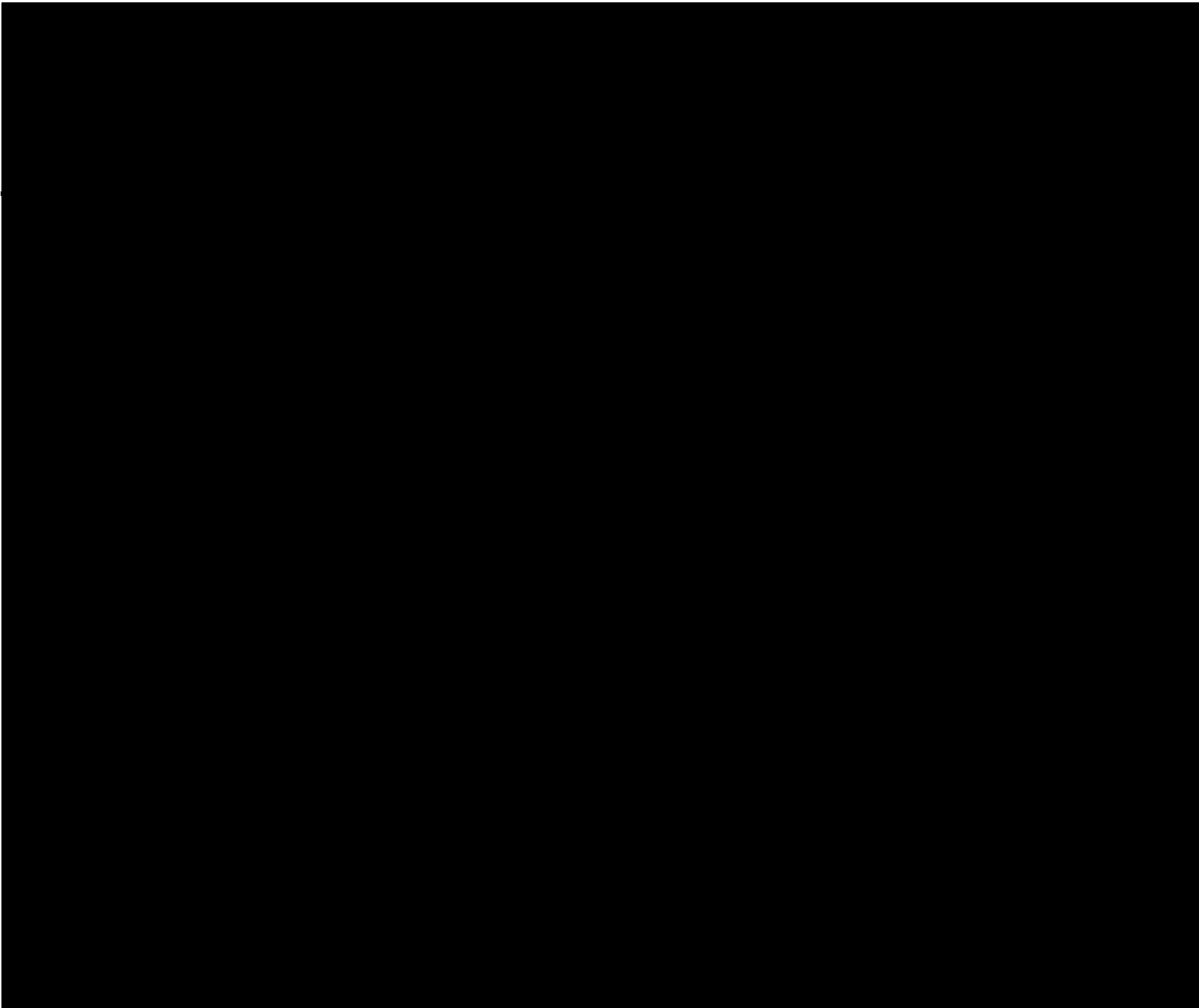
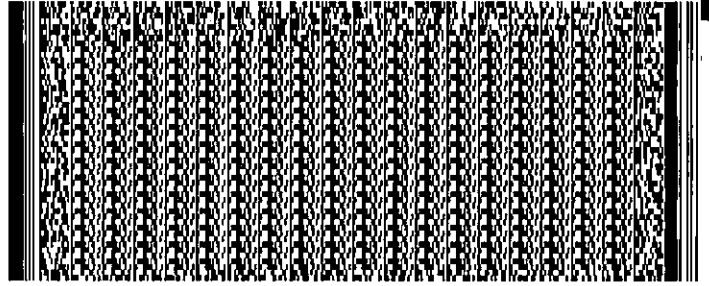
**2014 Schedule E, pg. 2**  
MA1401351019

\*\*\*-\*\*-\*\*\*\*



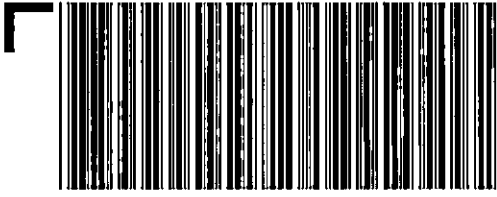


2014 Schedule E-1 MA1401311019

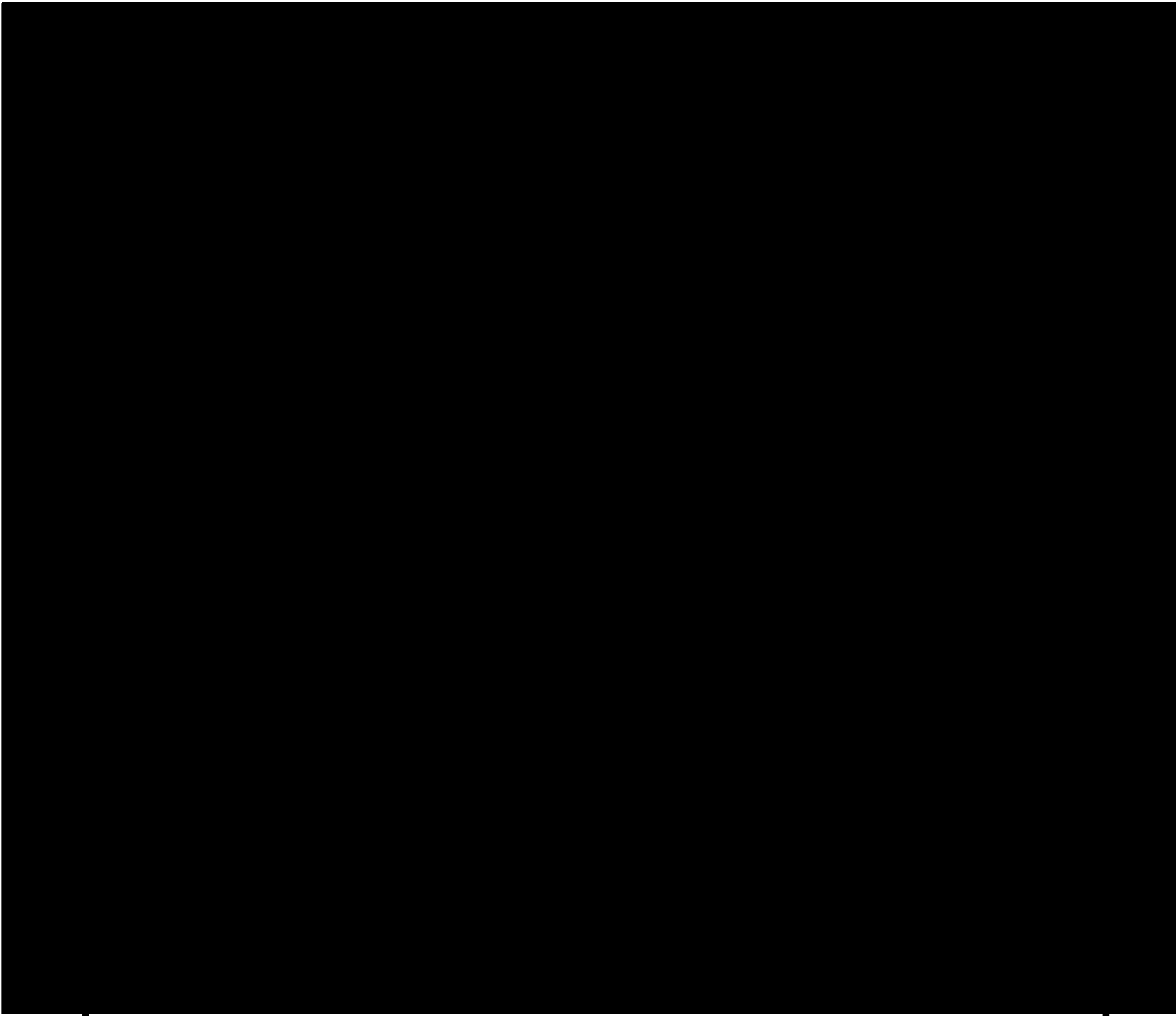
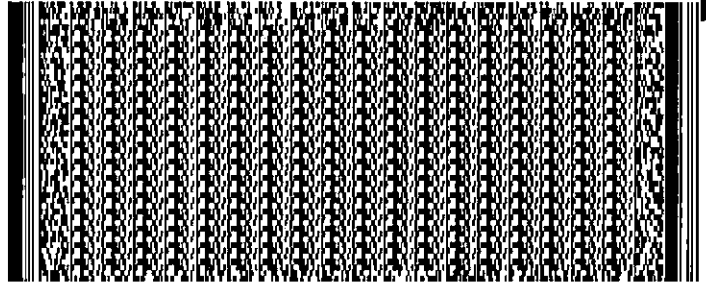


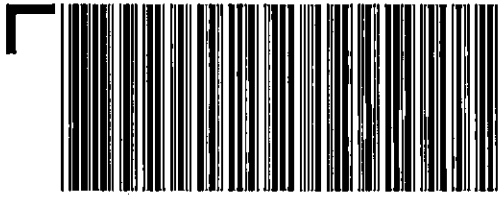
SEPT 11, 2015

11:05:51

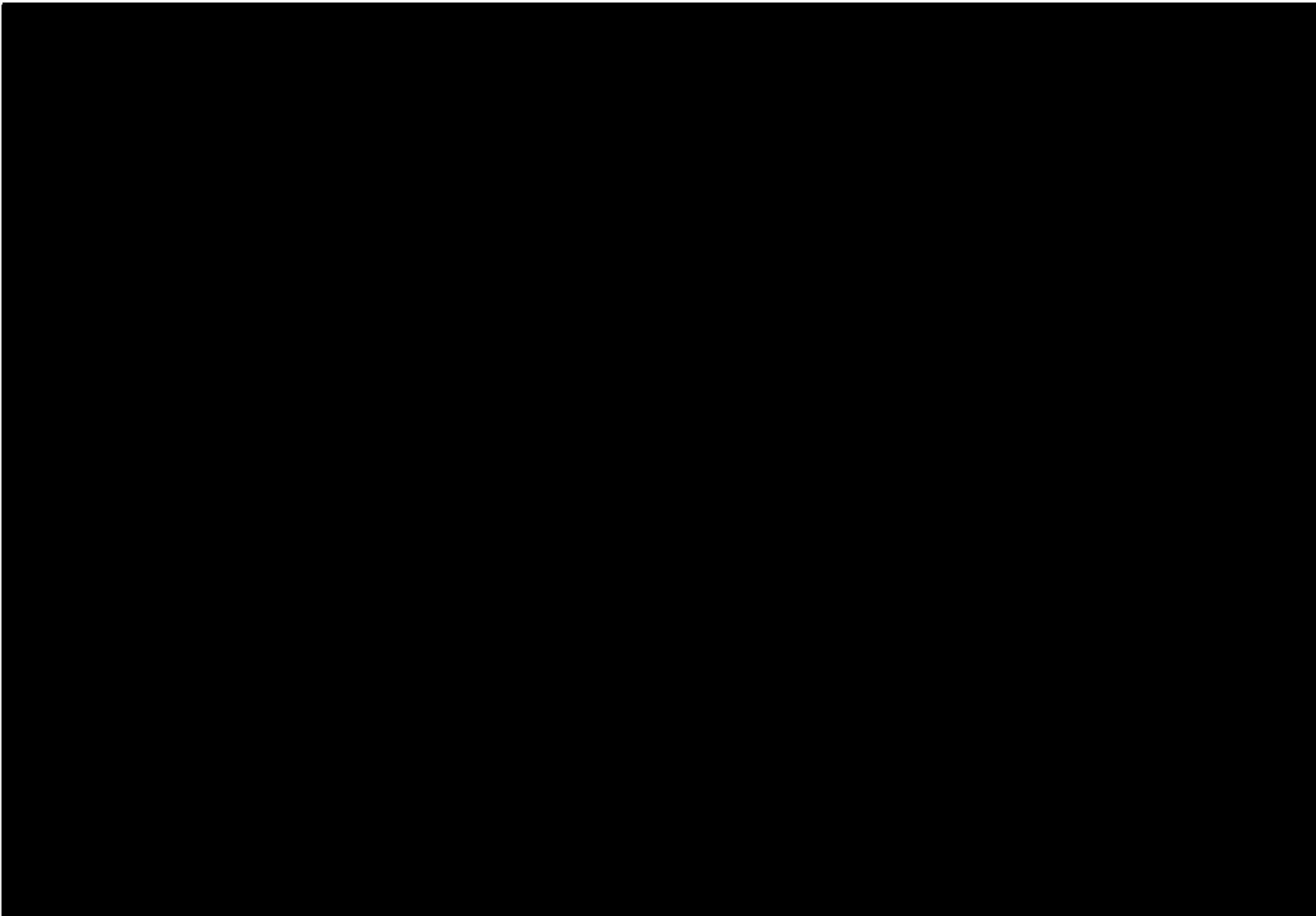
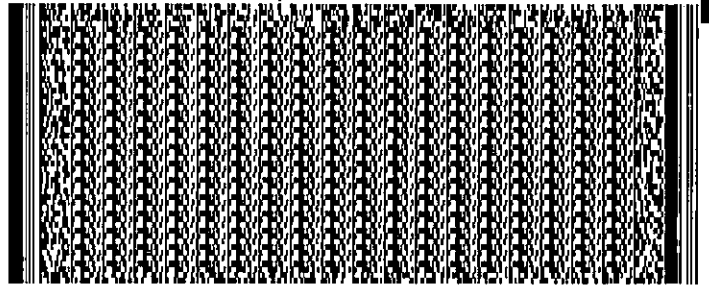


**2014 Schedule E-2** MA1401321019





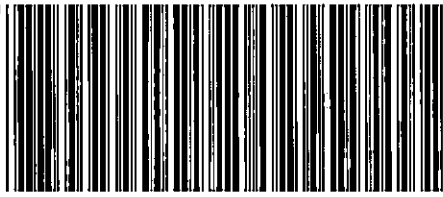
2014 Schedule E-2 MA1401321019



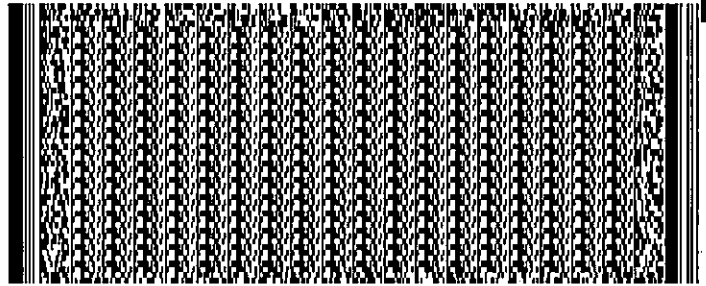
478062 12-10-14

SEPT 11, 2015

11:05:51



2014 Schedule E-2 MA1401321019

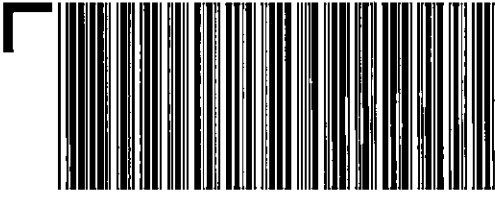


478052 12-10-14

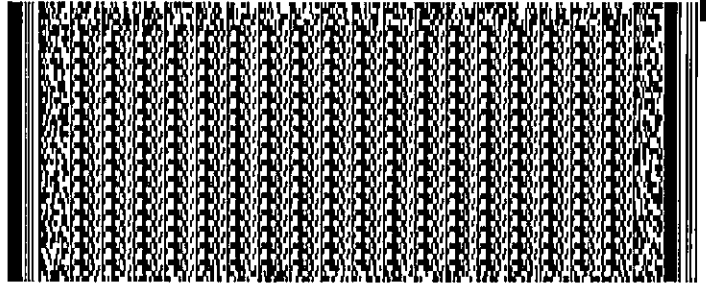
SEPT 11, 2015

11:05:51





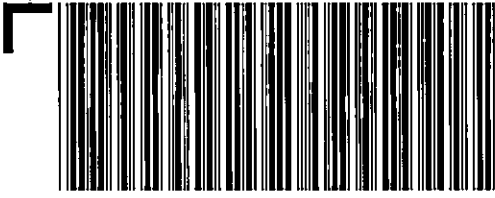
2014 Schedule E-2 MA1401321019



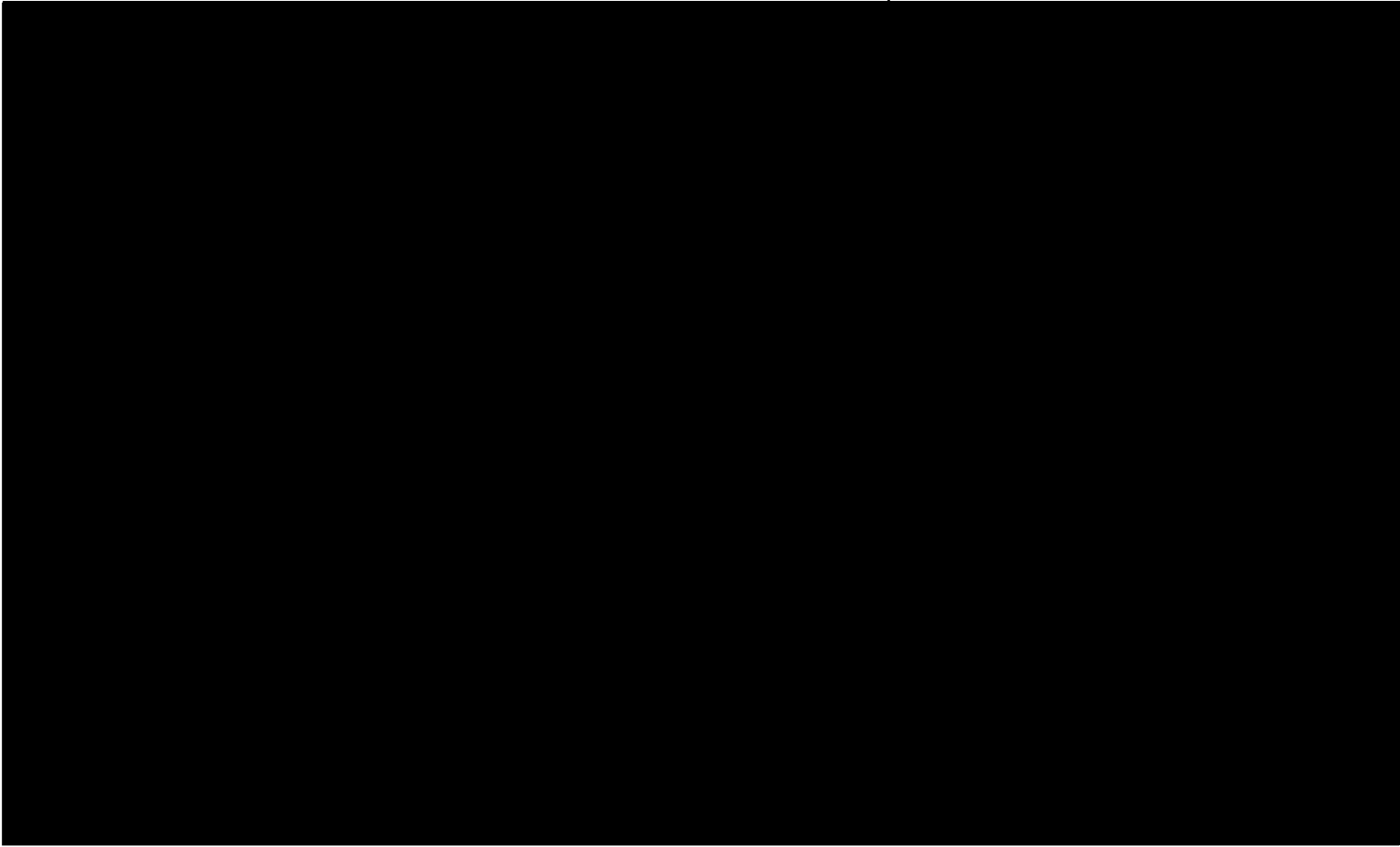
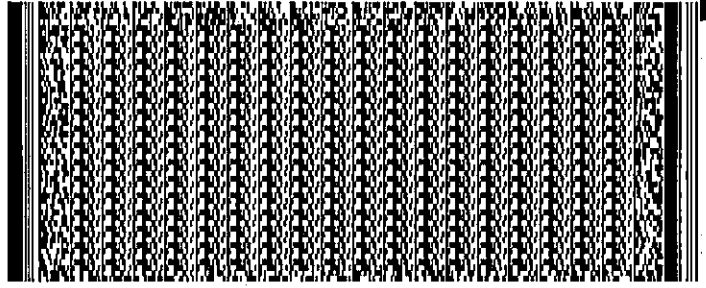
478062 12-10-14

SEPT 11, 2015

11:05:51



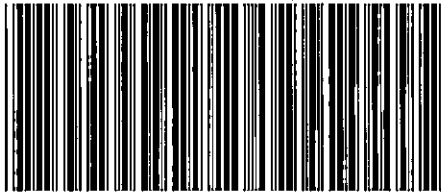
2014 Schedule E-2 MA1401321019



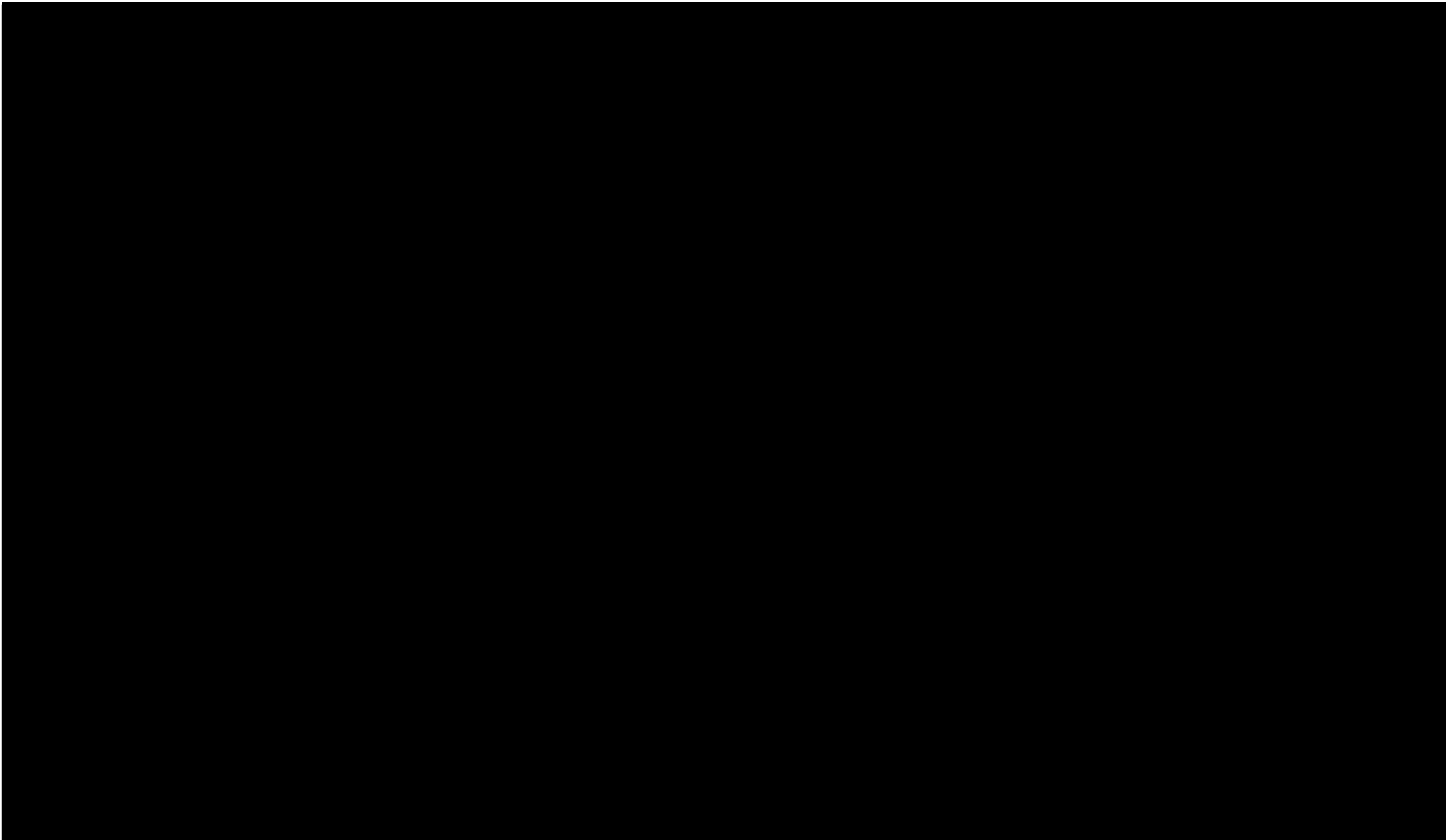
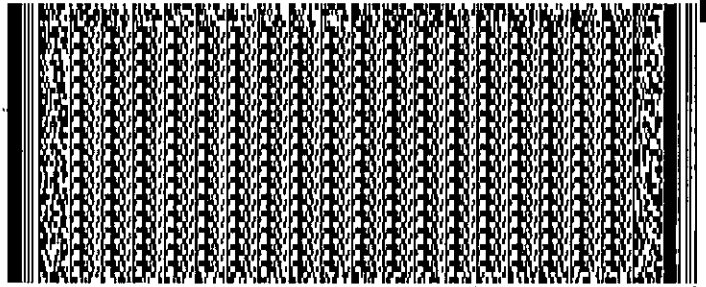
478062 12-10-14

SEPT 11, 2015

11:05:51



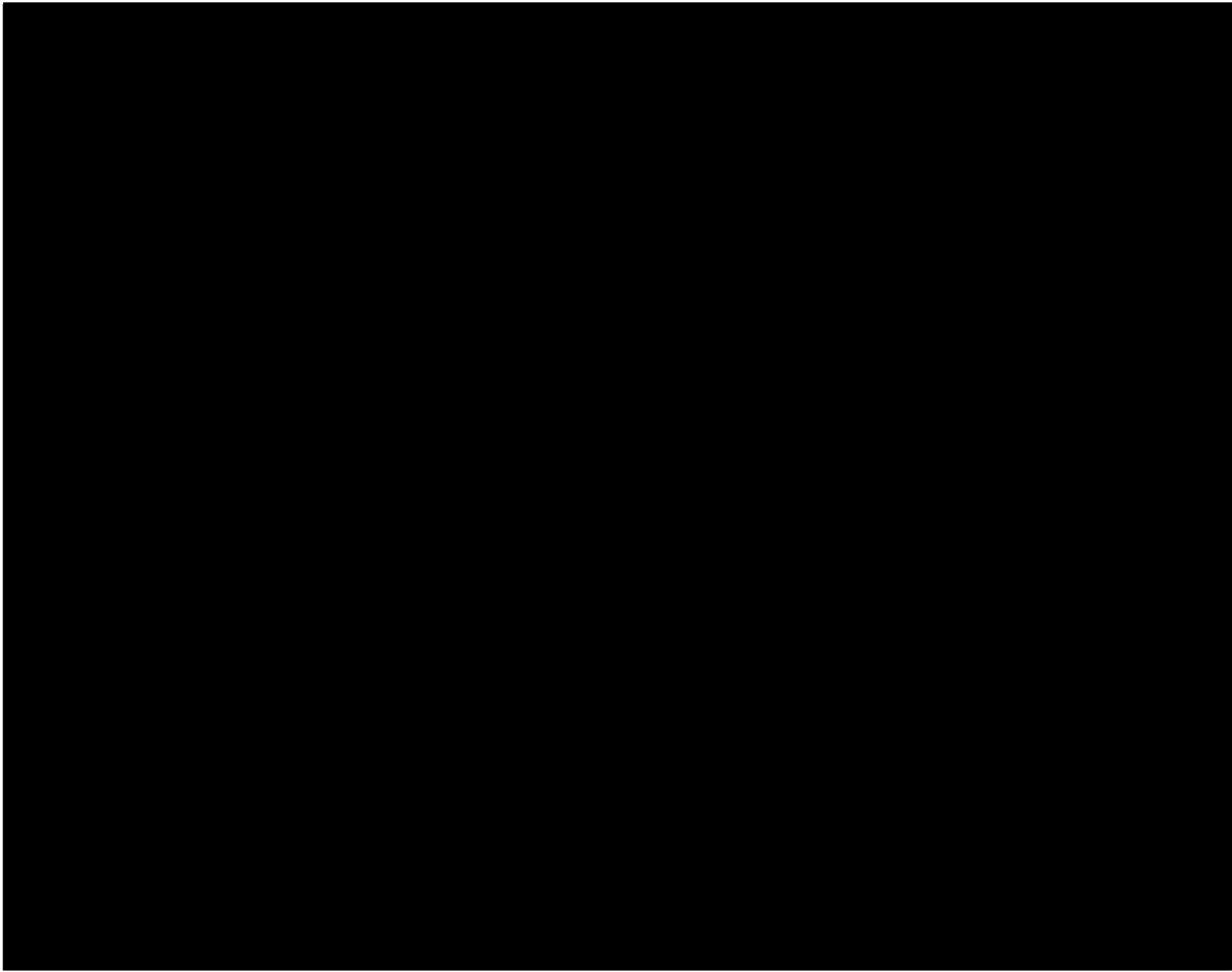
2014 Schedule E-2 MA1401321019

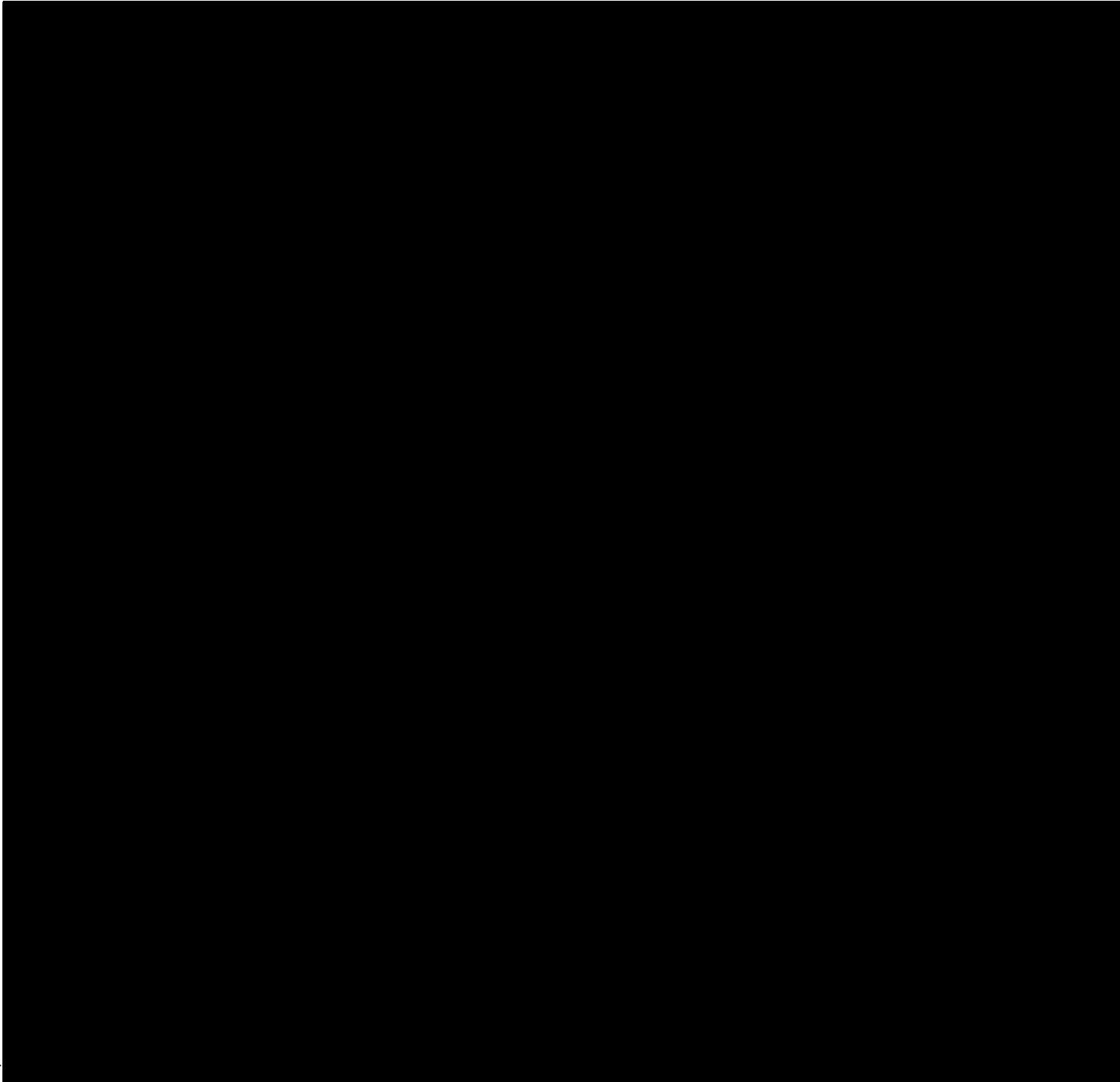


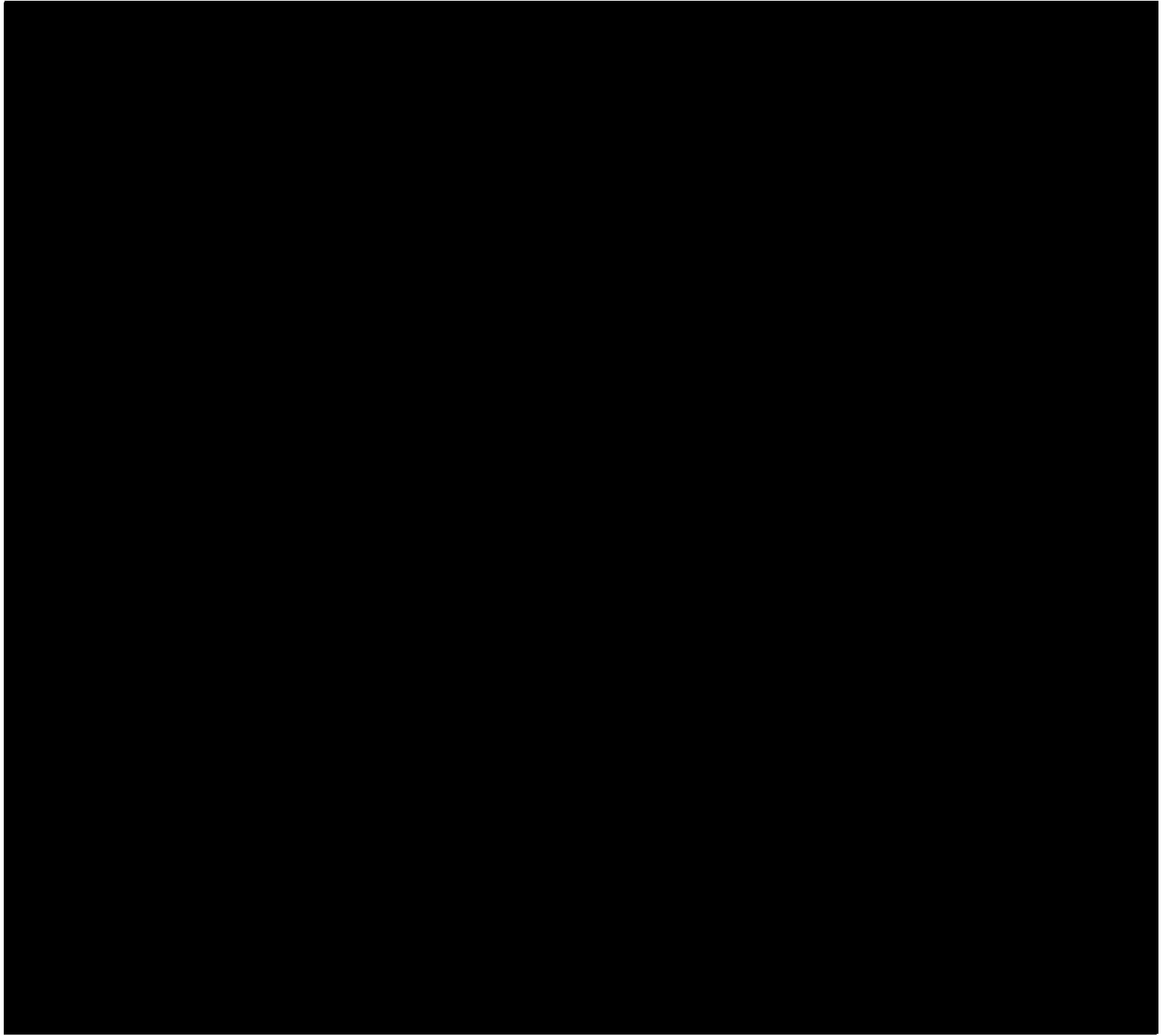
478062 12-10-14

SEPT 11, 2015

11:05:51





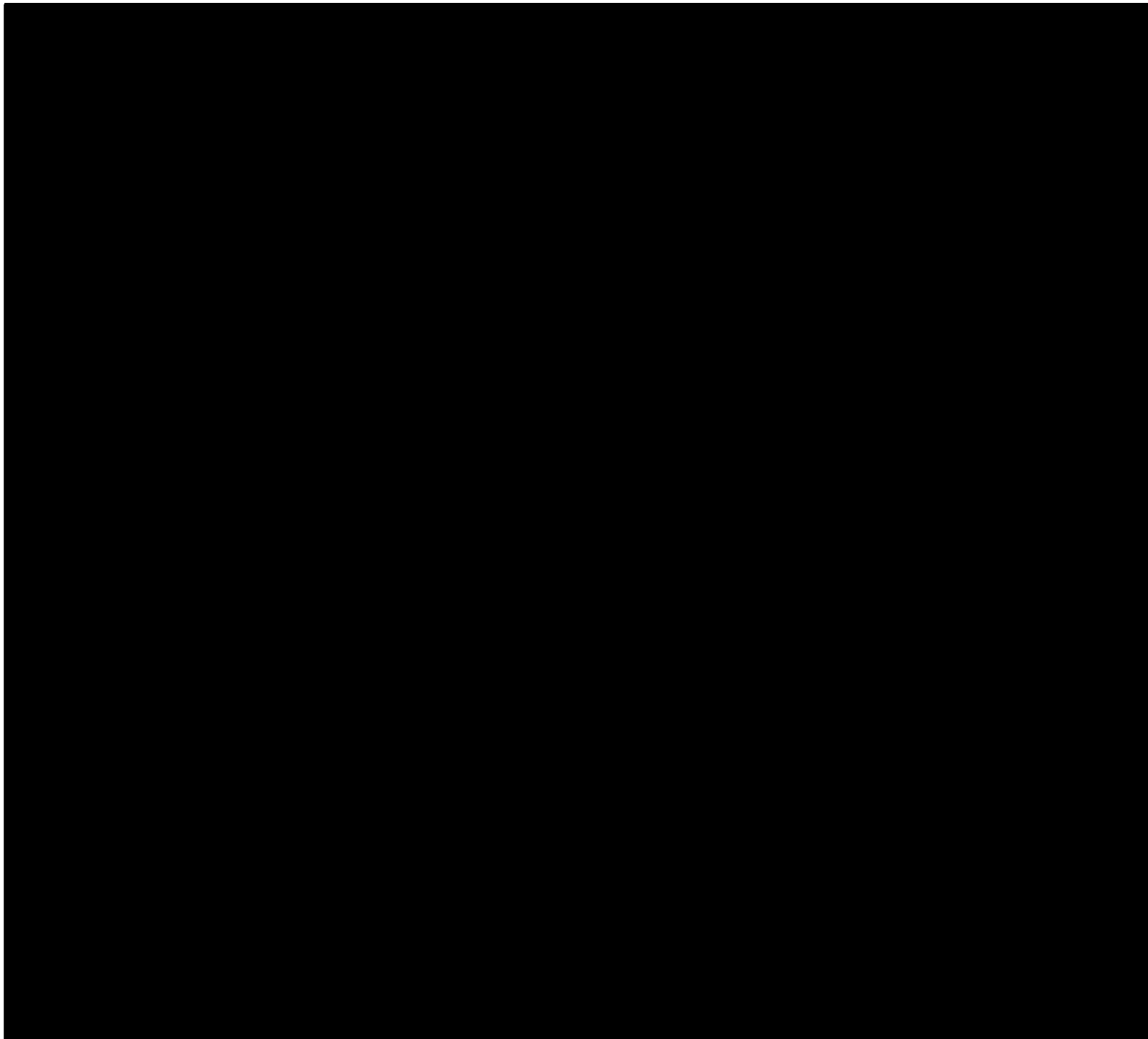


**Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership**

*(Keep for your records.)*



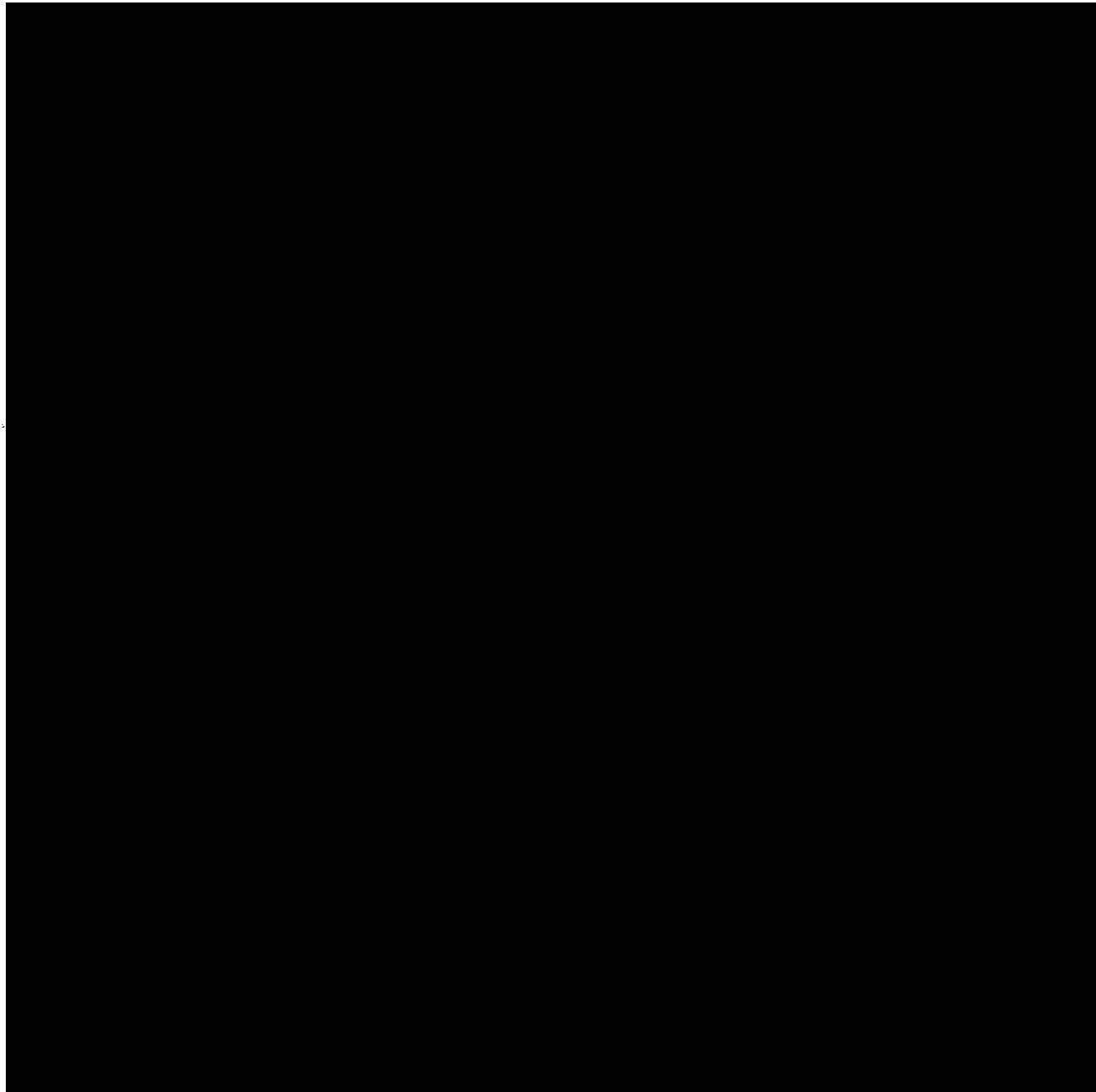






# CITRINCOOPERMAN

Attest & Assurance | Tax Compliance & Research | Specialty & Consulting

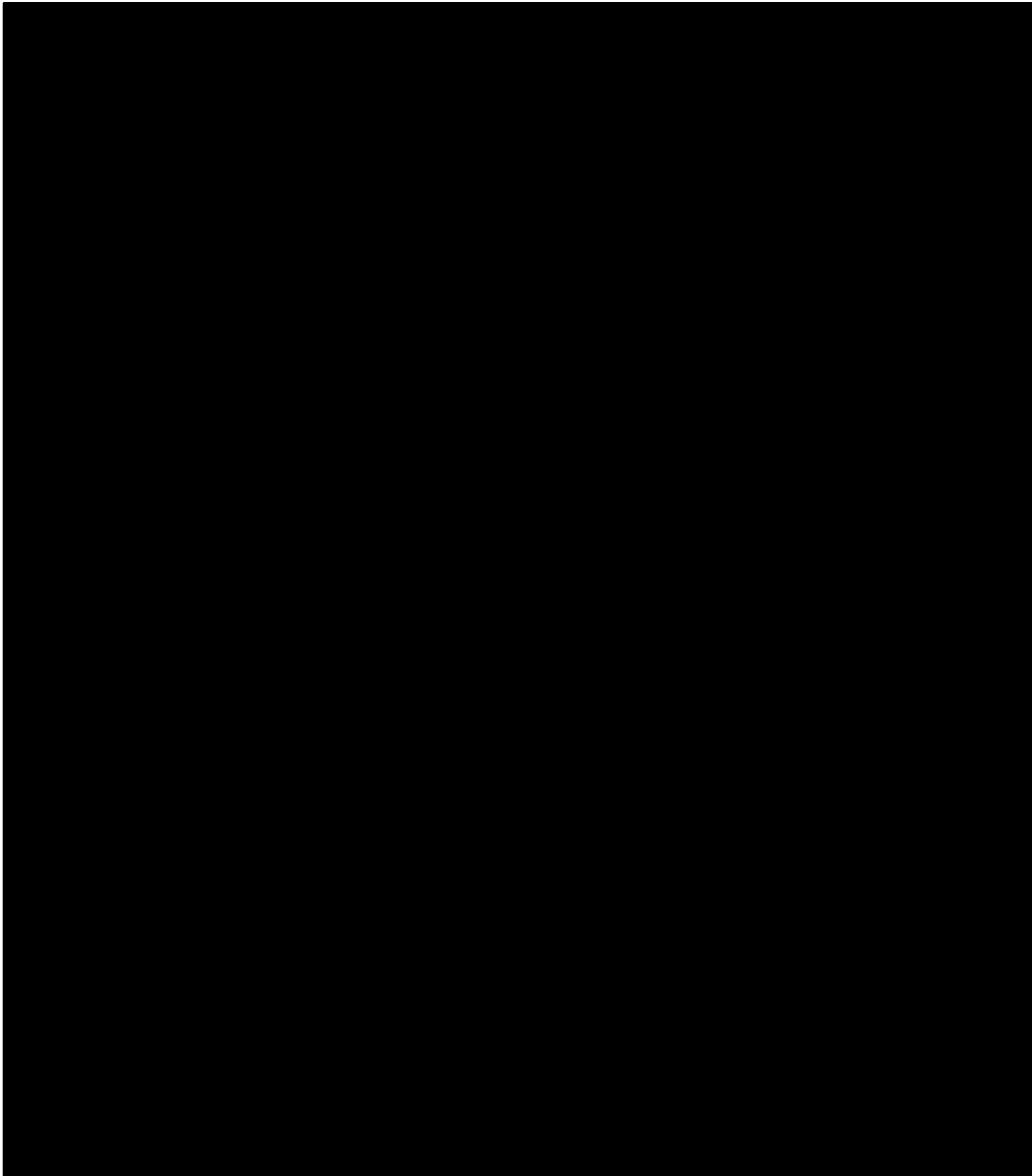


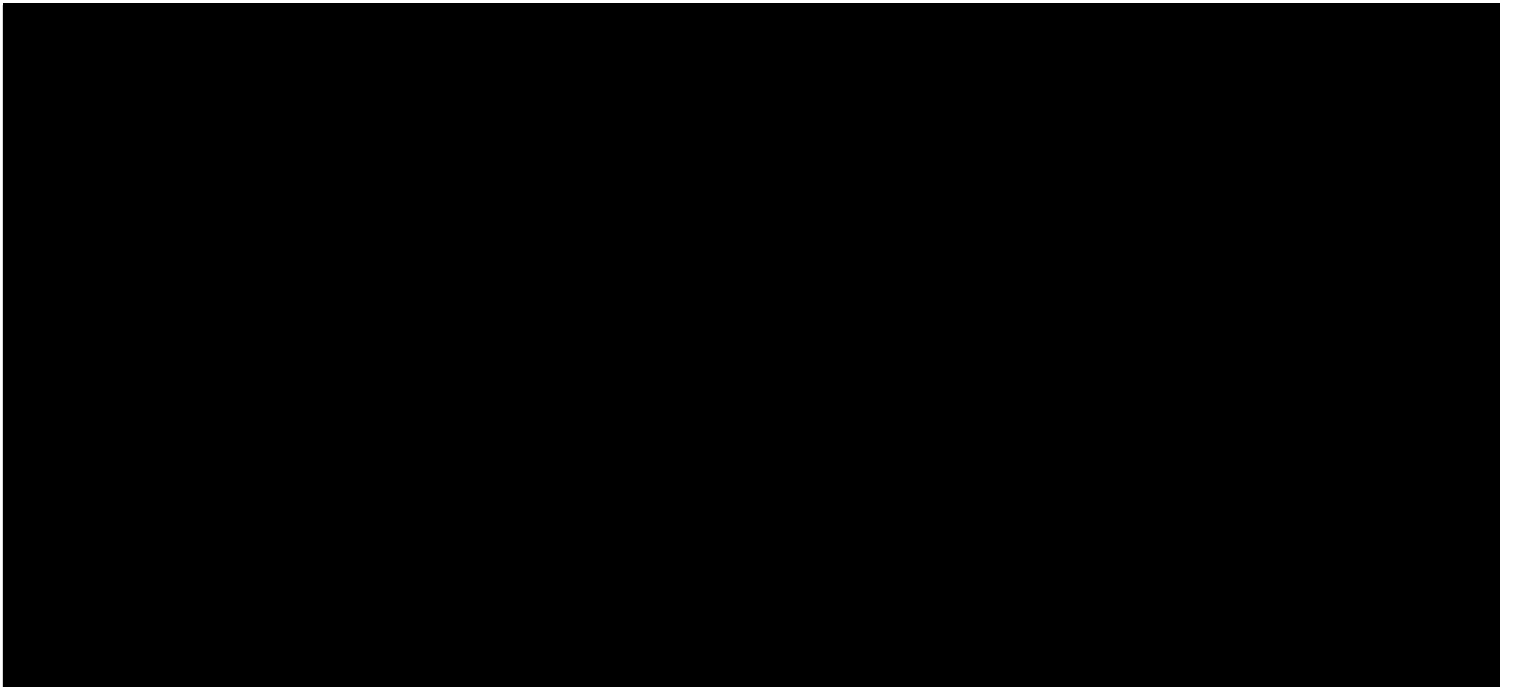
2013

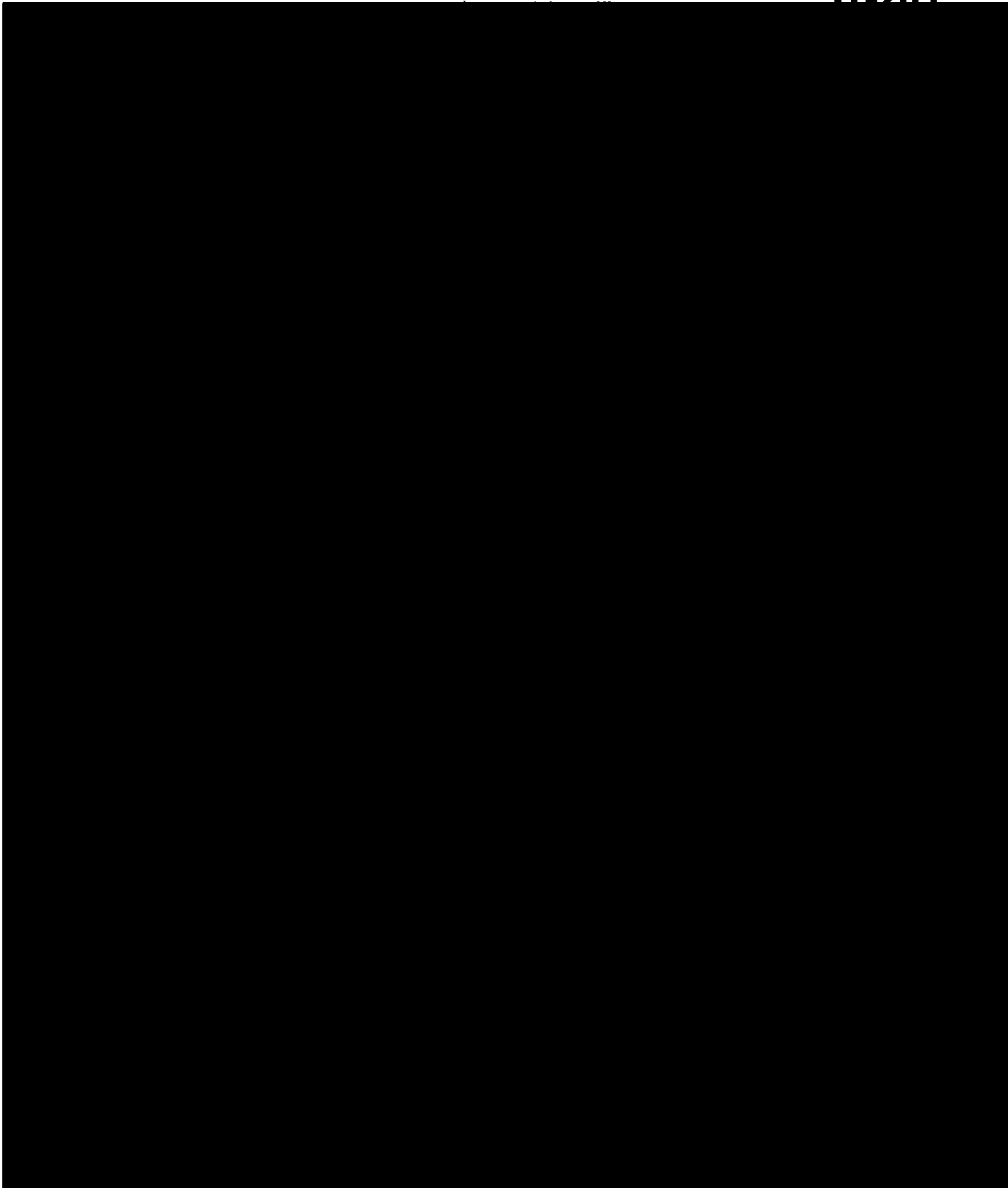
New York State Department of Taxation and Finance

IT-370

**Application for Automatic Six-Month  
Extension of Time to File for Individuals**





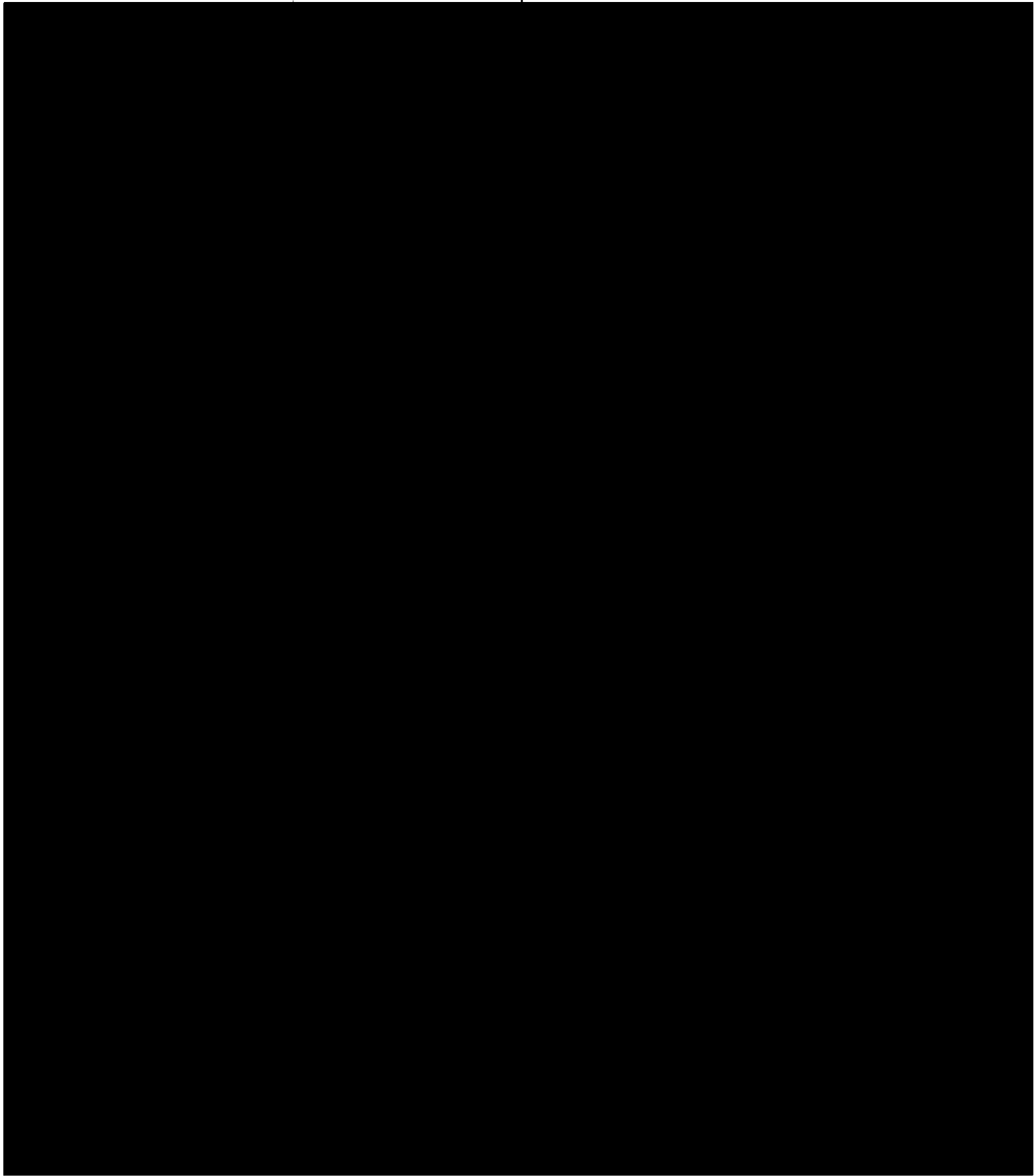


201001131019

If more than 3 dependents, mark an X in the box:

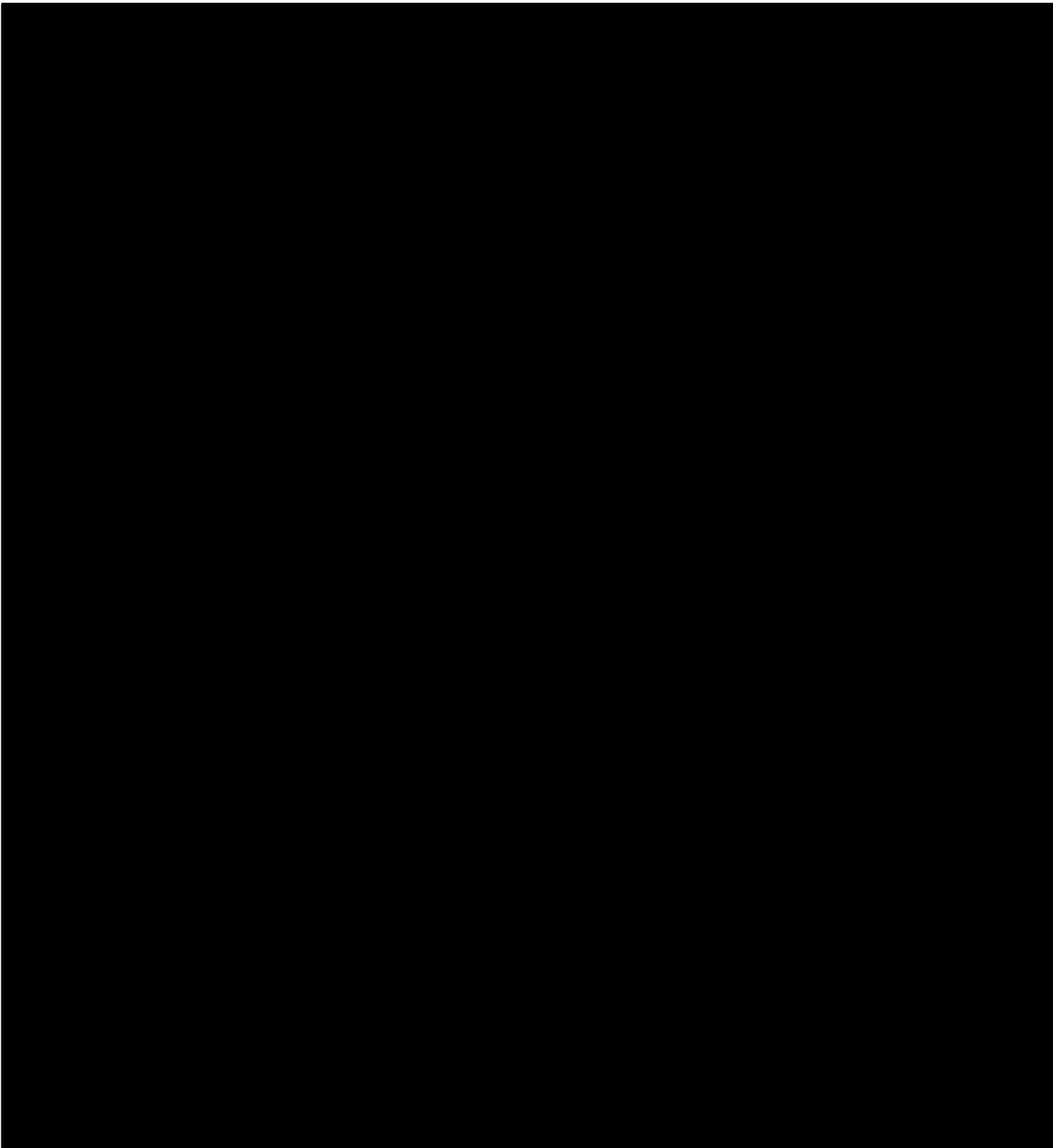


Your social security number



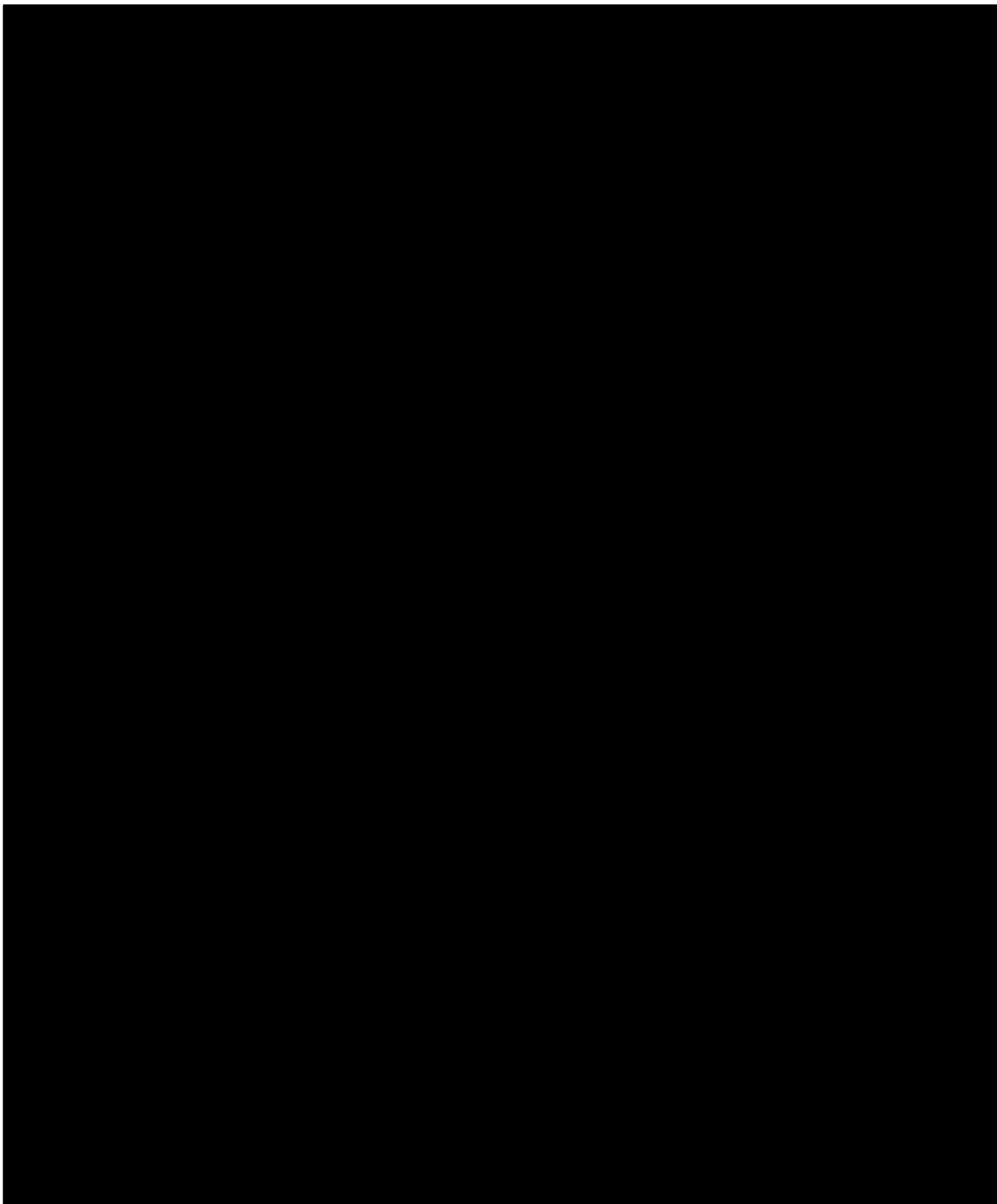
201002131019





201003131019







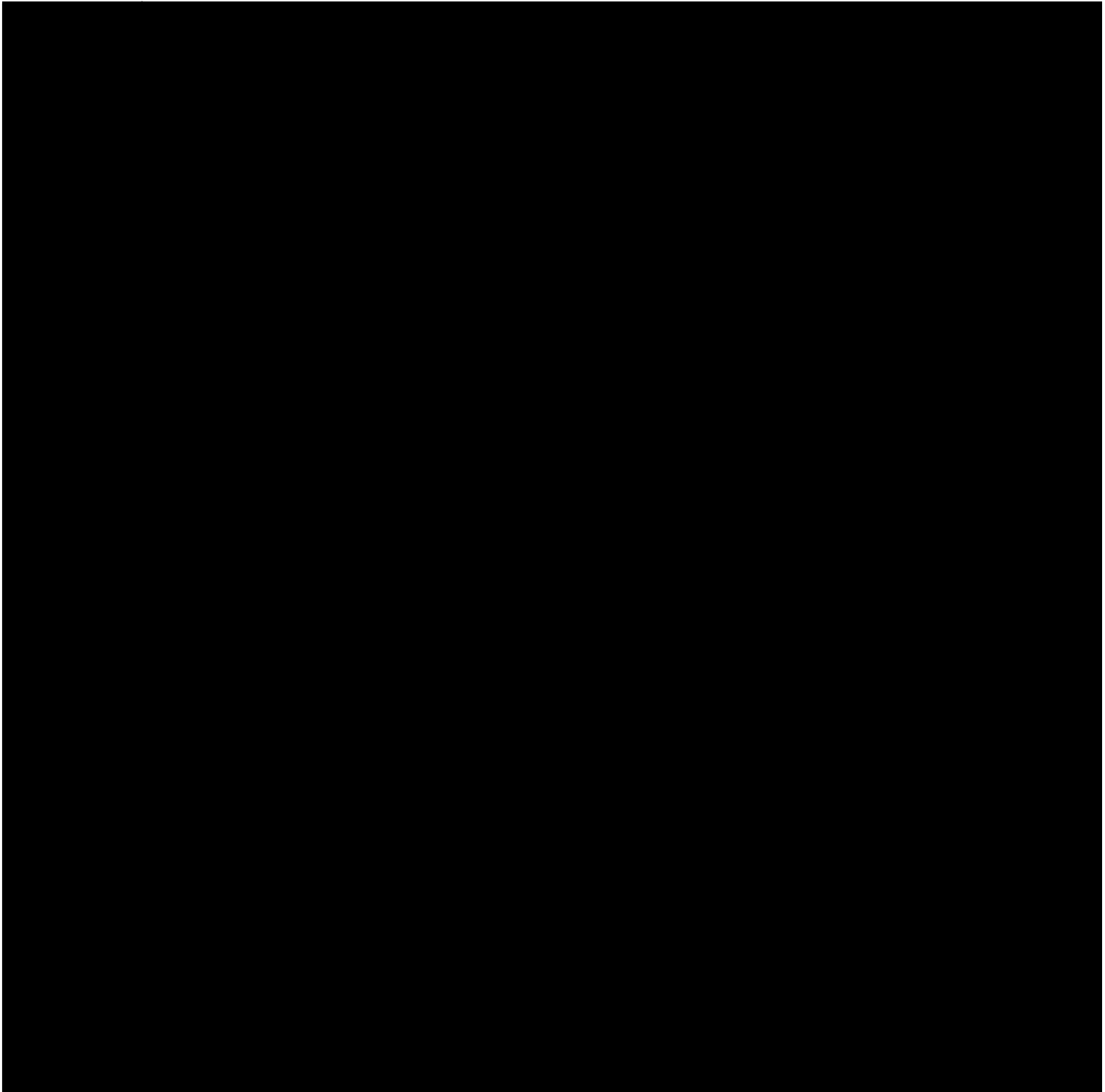
2013

New York State Department of Taxation and Finance

# Resident Itemized Deduction Schedule

# IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.



201005131019



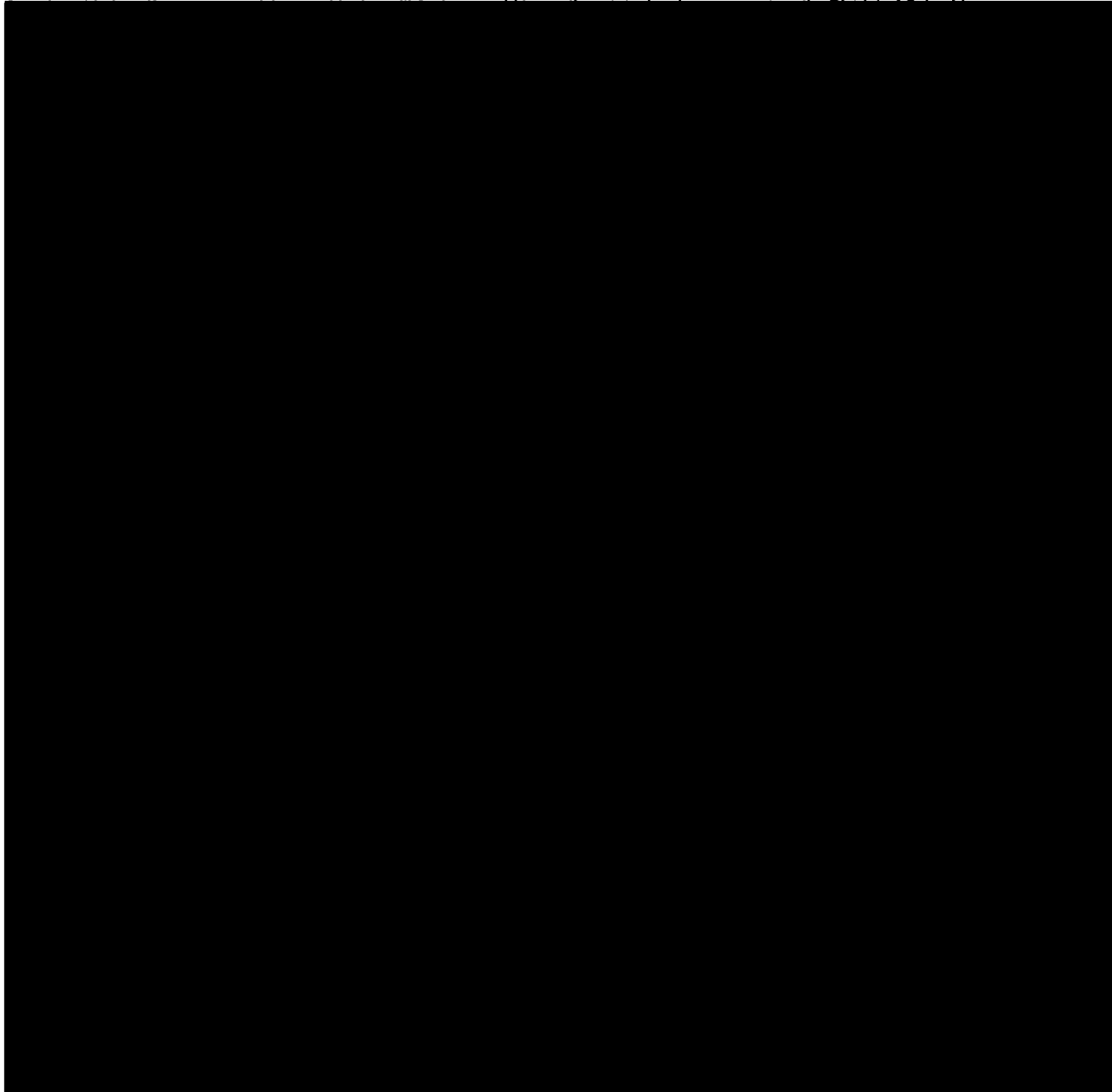
388011  
09-09-13

2013

New York State Department of Taxation and Finance -

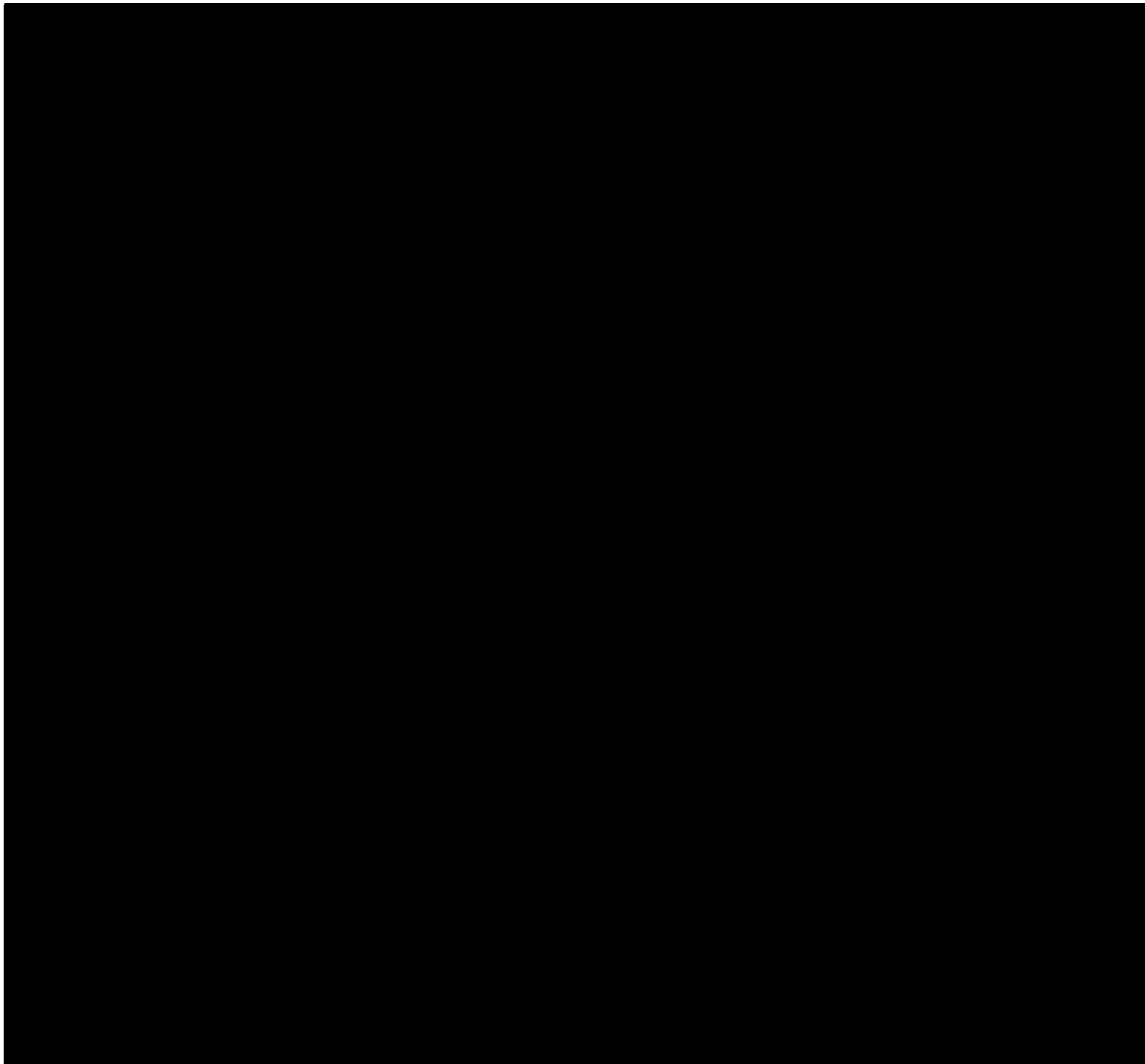
# New York State Resident Credit

# IT-112-R



112001131019

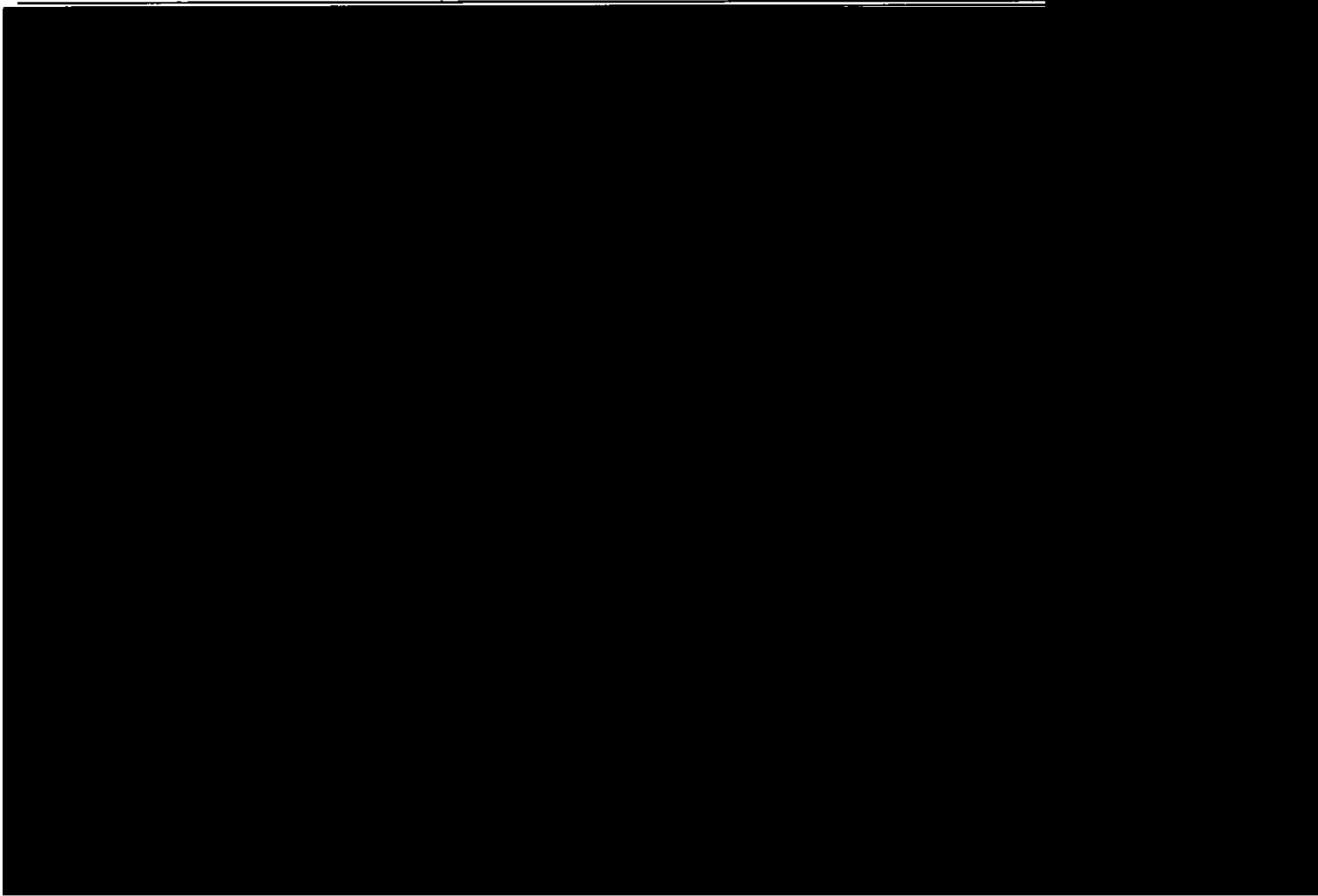




112002131019



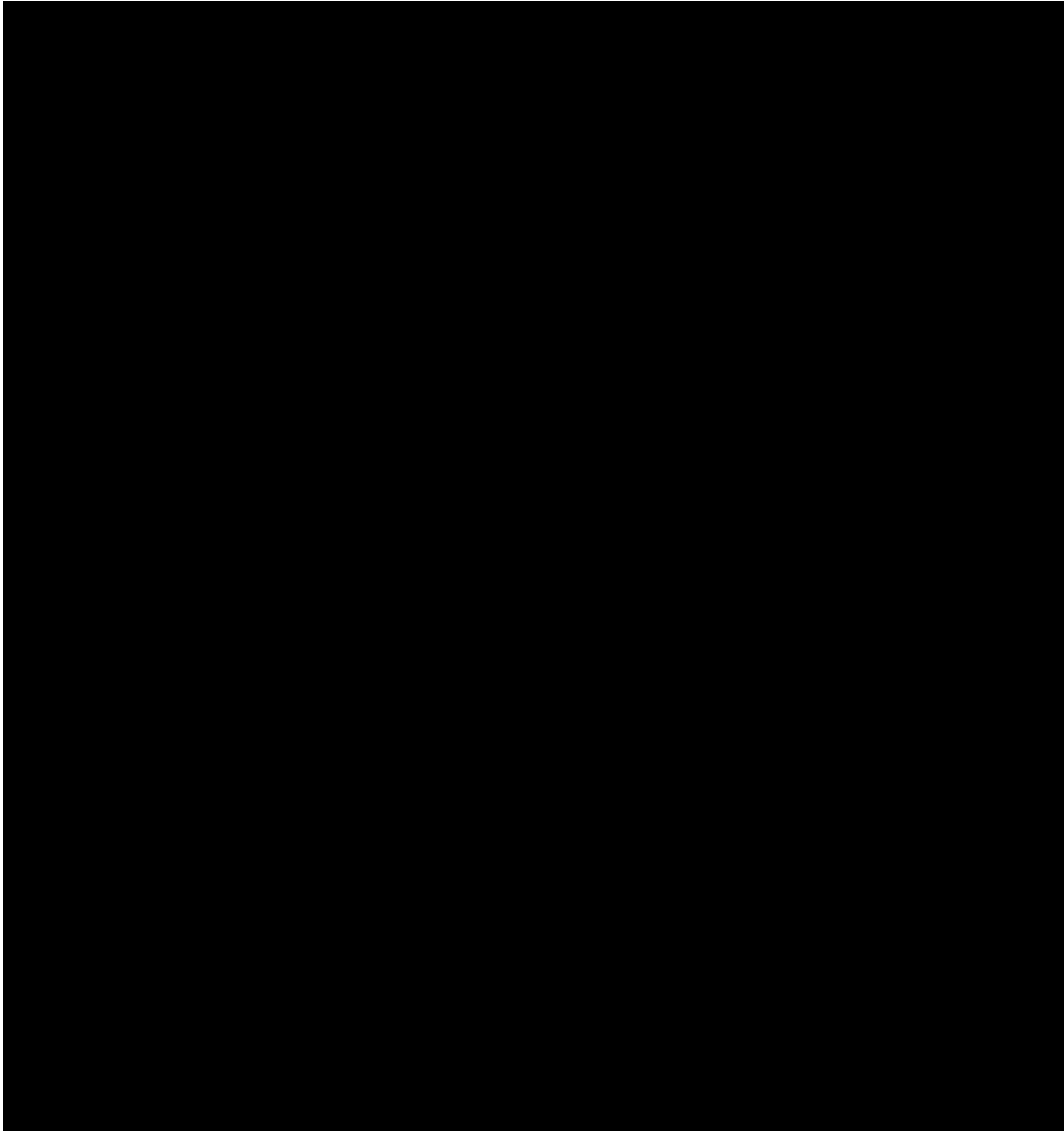
KEVIN P. MURPHY





# CITRINCOOPERMAN

Attest & Assurance | Tax Compliance & Research | Specialty & Consulting

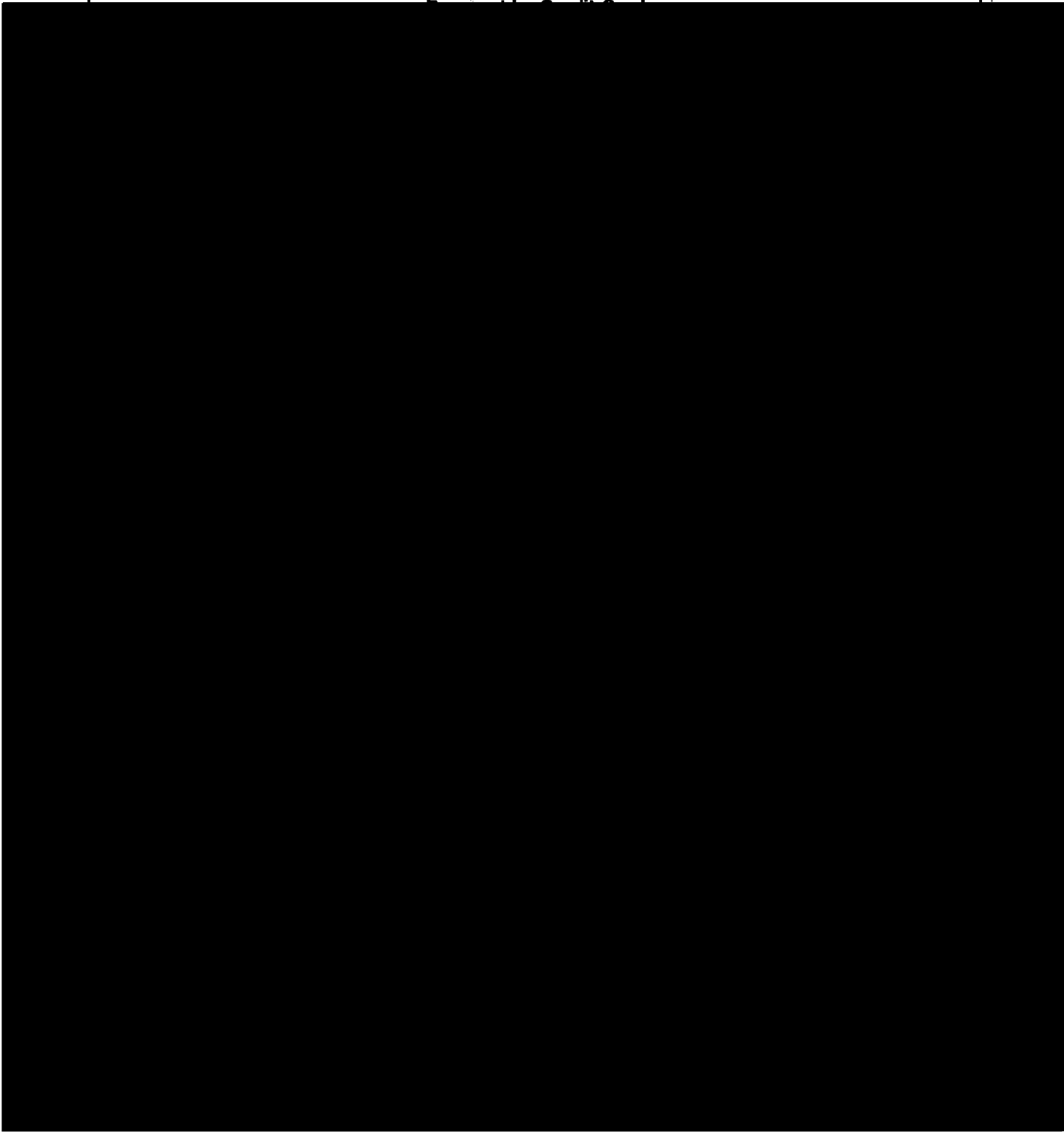


E

2013 NJ-630-V PAYMENT VOUCHER



0139101010



013910444013930000MURP1312166000000000









































































































































































































































































































































































































































































































































































































