Medical Marijuana Program

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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 K.

Section A: Personal Information

1. Name (First, Middle, Last): Michael Gene Neras
2. Street Address (including Apartment or Suite #): 20219 S. Harrison Rd
3. City: Edwall
4. State: WA
5. Zip Code: 99008
6. Title:
7. Telephone Number: 406-214-5424
8. E-mail Address: michael.neras@gmail.com
9. Date of Birth: [redacted]
10. Social Security Number: [redacted]
11. Gender: ☒ Male ☐ Female

Section B: Employment Information

12. Current or Most Recent Employer: Self, Green Matter LLC
13. Date of Employment: Start Date: 8/30/13 End Date: : –
14. Employer Address (including Apartment or Suite #): 20219 S Harrison rd.
15. City: Edwall
16. State: WA
17. Zip Code: 99008
18. Daytime Telephone Number: 406-214-5424
19. Fax Number: –
20. E-mail Address: michaelneras@gmail.com

Section C: Marijuana or Agriculture Business Experience

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

☒ Yes ☐ No

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

☒ Yes ☐ No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth the following information for each marijuana or agriculture 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; 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 D: Other Relevant Business Experience

24. 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

25. If you answered "yes" to question 24, 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 E: Licenses, Permits and Registrations

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

26 [redacted]

30 [redacted]

Section F: Legal Proceedings

34. 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.

35. 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.

36. 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.

37. 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 G: Criminal Actions

38. 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 H: 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.

39. Signature:	40. Date Signed:
▶	11/11/13

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.

41. Signature:	42. Date Signed:
▶	11/11/13

Michael Nevas

Cannabis Agronomist and Extraction Specialist

EMPLOYMENT HISTORY

Current Employment

Green Matter, LLC. **2012-2013**
Owner-Operator
Legal grower in Washington with a focus on disease-specific cannabis research, development and growing for certified patients. A strong focus on non-smoking delivery systems, concentrates and extraction processes while insuring the highest quality pharmaceutical grade whole plant toxin - free medication. Currently involved in this business, which has never been alleged to have broken any rules or regulations set by the state for medical marijuana businesses.

Previous Employment

Red Dot LLC, Missoula, Montana **2010-2012**
Owner-Operator
Medicinal grow facility of 9000 square feet. Responsible for complete management of the production facility and all products being manufactured. Business closed due to federal interdiction concerns December of 2012. This business was never alleged to have broken any rules or regulations set by the state for medical marijuana businesses.
Year 1 Annual Sales: $1,350,779.

Montana Cannabis and Hemp Foundation, Missoula, Montana **2009-2010**
Pre-Launch and Grand Opening Manager

Assisted Kevin Kerr, owner and head grower in; the renovation, start-up and on-going day-to-day operations, growing facility, tracking and accountability of all plants and plant materials, processing and packaging of all products for retail sales, inventory management including FIFO practices, staff training, daily opening and closing, security procedures, office management, and banking responsibilities. Left this business in 2010 for personal reasons; this has never been alleged to have broken any rules or regulations set by the state for medical marijuana businesses.
Year 1 Annual Sales: $1,535,590.

Montana Cannabis, Missoula Montana **2008-2009**
Infused Oral Dosing Production Associate

Trained by renown Chef Timothy Michael Williams, Colorado in the fundamentals of cannabis extraction, product development for nutritious cannabis infused product manufacturing of infused products product dosing and potency standards. Not currently involved in this business (left to take a management position in 2009), which has never been alleged to have broken any rules or regulations set by the state for medical marijuana businesses.