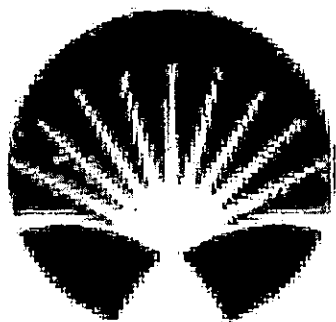


**LEGENDARY WELLNESS
CONNECTICUT**

MMP - RFA

“REDACTED”



Legendary Wellness Connecticut

*Medical Marijuana Dispensary Facility License
Application & Attachments*

LEGENDARY WELLNESS CONNECTICUT, LLC

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 - Joshua Wexler
- 11. Attachment for Appendix C – Section E- 28 – Other Business Experience**
 - Kevin S. Sisti Jr.
- 12. Attachment for Appendix C – Section E- 28 – Other Business Experience**
 - Murdo T. Smith Esquire
- 13. APPENDIX D - Dispensary Facility License Information Form –**
- 14. Attachment for Appendix C- Section C -23: Pharmacy Business Experience**
 - Amanda Lynn Labbe – Pharmacist
- 15. APPENDIX E- N/A**
- 16. ADVISORY BOARD**
- 17. LESLIE BOGSKOR**
- 18. JEFFREY BEVERLY**
- 19. ARTICLES FEATURING ADVISORY BOARD**

**Legendary Wellness Connecticut LLC.
93 B Deming Road
Berlin, Connecticut 06037**

**Commissioner
State Of Connecticut
Medical Marijuana Program
165 Capitol Avenue, Room 145
Hartford, CT 06106-1630**

September 16, 2015

Dear Commissioner:

Legendary Wellness Connecticut (LW), is very excited for the opportunity to provide medical Marijuana services through a state licensed dispensary in Connecticut. LW has a tremendous team of seasoned professionals with hands on experience in all dispensary functions. Our team consists of a expert in the industry who has owned and operated dispensaries for over six years. In addition our team has consulted numerous dispensaries in different states to improve the dispensaries operations.

Also on our team is a Connecticut licensed pharmacist with over eight years experience in all Pharmacy operations. Our pharmacist prides herself in providing excellent professional attention to her patients. In addition, one of our managing members is a practicing attorney in the state of Connecticut. He has an impeccable reputation and has a clear and unwavering view of laws, regulations, and Compliance. We round out our team with another individual who is Connecticut born and raised. This individual is a successful business man with numerous holdings and companies in the state.

In addition to our excellent team, LW invested further by creating an advisory board with experts in the medical marijuana field. Our advisory board members are a tremendous asset that will add greatly to the success of our dispensary. Our members are using their own funds to capitalize the dispensary. Our members believe in this project and are using their funds as proof of their belief of the success of the operation. No Outside financing will be used.

LW's dispensary will be successful due to its Marketing Plan that emphasizes the following:

- 1. Quality Product and Presentation- All products will be quality products and presented in a professional manner.**
- 2. Knowledgeable and Experienced Staff-trained in handling all questions about the product and dealing with patients**
- 3. Experienced Managers- who successfully owned and operated dispensaries for years. Our Manager is so respected in the industry that he consults to dispensaries in multiple states on how to improve their operations.**
- 4. Knowledge of Grow Operations and Grow Operators- Our team has access to the states licensed growers and a deep knowledge of grow operations that allows growers to work closely with the dispensary.**
- 5. Comfortable Dispensary Atmosphere_ Our manager has always advocated a comfortable warm setting for the dispensary. This kind of setting allows patients to be at ease and feel comfortable in the environment. The experience is favorable for the patient and creates repeat customers.**
- 6. Knowledgeable Pharmacist- LW believes in the professional patient care method which is displayed by our pharmacist and her technicians. Having trained professionals gives our patients comfort in the process and the product.**
- 7. Education and Information- LW believes that more knowledge about medical marijuana is essential in creating trust with the patients. LW will always have literature about the industry and developments in the use of marijuana for various reasons available to the patients. LW will also utilize seminars and guest speakers to further attract patients to the dispensary. LW believes the more visits to the dispensary the more loyalty you create.**
- 8. Patient Communication-LW will communicate with its patients through e-mail our website. LW will build a website with direct communication functions, so patients can ask questions and receive responses from LW's staff.**
- 9. State of the art security system- LW prides itself on having excellent security to ensure that our patients feel safe and comfortable. In addition our security system prevents theft, and allows LW to be compliant to all state and local requirements.**

These are only some of the marketing plans LW will implement.

In summary why should you grant LW a dispensary license? For the following reasons:

**EXPERIENCED DISPENSARY OPERATOR
ESTABLISHED MANAGING MEMBERS WITH A VARIETY OF IMPORTANT SKILL SETS
EXPERIENCED PHARMACIST
FINANCIALLY SECURE WITH NO OUTSIDE FUNDS USED
ADVISORY BOARD WITH NATIONAL CREDENTIALS TO ASSIST OPERATIONS
WELL ESTABLISHED MARKETING PLAN WITH PROVEN TRACK RECORD
STATE OF THE ART SECURITY AND COMPLIANCE SYSTEMS**

LW is committed to this project. We know we will make the state of Connecticut proud if we are awarded this license. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

LEGENDARY WELLNESS CONNECTICUT LLC



Medical Marijuana Program

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E-mail: dcp.mmp@ct.gov • Website: 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:

Legendary Wellness Connecticut, LLC

3. Trade Name of Applicant:

Legendary Wellness Connecticut, LLC

4. Applicant's Business Address:

93B Deming Road

5. City:

Berlin

6. State:

CT

7. Zip Code:

06037

8. Daytime Telephone Number:

(860) 676-1336

9. E-mail Address:

msmith@greenelawpc.com

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

Same, Until Dispensary award is granted.

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:

Murdo T. Smith, Esquire

17. Primary Contact Title:

Managing Member

18. Primary Contact E-mail Address:

msmith@greenelawpc.com

19. Primary Contact Telephone Number:

(860) 676-1336

20. OPTIONAL - Name of Alternate Contact:

Joshua Wexler

21. Alternate Contact Title:

Managing Member

22. Alternate Contact E-mail Address:

otifund@gmail.com

23. Alternate Contact Telephone Number:

973-454-0530

Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation:

08 / 20 / 15

25. Place of Formation/Incorporation:

Connecticut

26. Registered with the Connecticut Secretary of State:

Yes No

27. Sale and Use Tax Permit Number:

15W9900712047

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



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Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address: 9 Cross Street			29. City: Norwalk		
30. State: CT	31. Zip Code: 06851	32. Telephone Number: (203) 984-0337		33. Fax Number:	
34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease 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: David LindLand, Mgmt.		

Section E: Business Association Information

36. Are you associated with any other dispensary facility licensee or license applicant or producer licensee or license applicant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name of all applicants with whom you are associated. Attach additional pages if necessary.	
37. Applicant Name:	38. Licensee or Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer
39. Applicant Name:	40. Licensee or Applicant Type: <input 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	10:00 am	to	8:00 pm	Friday	10:00 am	to	8:00 pm
Tuesday	10:00 am	to	8:00 pm	Saturday	10:00 am	to	6:00 pm
Wednesday	10:00 am	to	8:00 pm	Sunday	11:00 am	to	5:00 pm
Thursday	10:00 am	to	8:00 pm				

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	10:00 am	to	8:00 pm	Friday	10:00 am	to	8:00 pm
Tuesday	10:00 am	to	8:00 pm	Saturday	10:00 am	to	6:00 pm
Wednesday	10:00 am	to	8:00 pm	Sunday	11:00 pm	to	5:00 pm
Thursday	10:00 am	to	8:00 pm				



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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: N/A	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: N/A	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: Murdo Smith, Esquire	48. Percentage of ownership 25%
Joshua Wexler	25%
Kevin S. Sisti Jr.	25%
Amanda Lynn Labbe	25%



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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:
Murdo T. Smith, Esquire	Managing Member	Manager/Finance, Legal
Joshua Wexler	Managing Member	Manager/Operations
Kevin S. Sisti Jr.	Managing Member	
Amanda Lynn Labbe	Member	Pharmacist/ 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:	54. Source of Funds:
	\$	
Build out of location	\$	Members
Furniture, Fixtures, Counters, etc...	\$	Members
Security Systems	\$	Members
Professional Fees and Compliance	\$	Members
Inventory	\$	Members
Working Capital	\$	Members
Total	\$	

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: **Advanced Security Technologies, Inc.**

56. Primary Security Company Address (including Apartment or Suite #):
1876 Barnum Avenue

57. City:
Stratford



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58. State: CT	59. Zip Code: 06614	60. Telephone Number: (203) 381-0060	61. Fax Number: (203) 380-2579
62. E-mail Address: info@astsecurity.com			
63. Backup Security Company Name (if applicable): D & B Security Systems			
64. Backup Security Company Address (including Apartment or Suite #): P.O. Box 833			65. City: New Britain
66. State: Ct	67. Zip Code: 06053	68. Telephone Number: (860) 223-5992	69. Fax Number: (860) 225-0212
70. E-mail Address: DBsecuritysystems-Alarm@yahoo.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



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E-mail: dcp.mmp@ct.gov • Website: 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:



[Handwritten 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:



[Handwritten Signature]

80. Date Signed:

9/12/15

**STATE of CONNECTICUT
STATEMENT of the ORGANIZER
A LIMITED LIABILITY COMPANY**

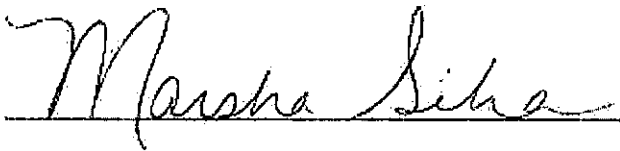
The undersigned, the Organizer of LEGENDARY WELLNESS CONNECTICUT LLC, who signed and filed its Articles of Organization (or similar organizing document) with the Connecticut Secretary of State (or other appropriate state office), appoints the following individuals to serve as members of the limited liability company:

Name and address of each initial member:

KEVIN SISTI JR
93 B DEMING ROAD
BERLIN, CT 06371

JOSHUA WEXLER
103 CAYAUGA WAY
SUPERIOR, CO 80027

Dated: September 10th, 2015

A handwritten signature in cursive script that reads "Marsha Siha". The signature is written in black ink and is positioned above a horizontal line.

Marsha Siha, Organizer

SECRETARY OF THE STATE OF
CONNECTICUT
30 TRINITY STREET
P.O. BOX 150470
HARTFORD, CT 06115-0470

09/02/2015

MARSHA SIHA
134 VINTAGE PARK BLVD.
SUITE A - UNIT 50
HOUSTON, TX 77070

RE: Acceptance of Business Filing **THIS IS NOT A BILL**

This letter is to confirm the acceptance of the following business filing:

Business Name:	LEGENDARY WELLNESS CONNECTICUT LLC	Type of Request:	ARTICLES OF ORGANIZATION
Work Order Number	: 2015235788-001	Business Filing Number	: 0005390513
Filing Date/Time	: 09/02/2015 09:00 AM	Effective Date/Time	: 09/02/2015 09:00 AM
Work Order Payment Total	: \$120.00	Payment Received	: \$120.00
Credit on Account	: \$310.00	Customer ID	: 001828615
Business ID	: 1184941		

If you would like copies of this filing you must complete a Request for Corporate Copies and submit it with the appropriate fee.

SHERRI LEMIRE
Commercial Recording Division
860-509-6003
www.concord-sots.ct.gov

ARTICLES OF ORGANIZATION
Limited Liability Company-DOMESTIC
C.G.S. §534-120; 34-121

Make checks payable to
"Secretary of the State"

Website Address: www.concord.sos.ct.gov Telephone Number: (860) 509-6003
Mailing Address: Connecticut Secretary of the State, Commercial Recording Division P.O. Box 150470, Hartford, CT 06115-0470
Courier Delivery Address ONLY: (i.e. FedEx, UPS, etc.) 30 Trinity Street, Hartford, CT 06106

USE INK, COMPLETE ALL SECTIONS, PRINT OR TYPE. (Attach 8 1/2 x 11 sheet if necessary)

1. Complete name of Limited Liability Company-**REQUIRED**: (Must include business designation i.e. LLC, L.L.C., etc.)
LEGENDARY WELLNESS CONNECTICUT LLC

2. Description of business to be transacted or purpose to be promoted-**REQUIRED**:
TO ENGAGE IN ANY LAWFUL ACT OR OTHER ACTIVITY.

3. LLC's principal office address-**REQUIRED**: (No P.O. Box)
93 B Deming Road
Berlin, CT 06371

4. Mailing address, if different than #3:
93 B Deming Road
Berlin, CT 06371

5. Appointment of statutory agent for service of process-**REQUIRED**: Complete A or B, not both

EITHER A. If agent is an individual:
Print or type full legal name: _____ Business Address: (No P.O. Box) _____
Signature accepting appointment: _____
x _____
If none, MUST state "NONE"
CT Residence Address: (No P.O. Box) _____

OR B. If agent is a business:
Print or type name of business as it appears on our records: LEGALINC CORPORATE SERVICES INC.
Signature accepting appointment on behalf of agent: x *Kyle Kawender*
CT Business Address: (No P.O. Box) 30 OLD KINGS HIGHWAY SOUTH, 1ST FLOOR SUITE 202 DARIEN, CT 06820
Print name & title: Kyle Kawender - pres
30 OLD KINGS HIGHWAY SOUTH, 1ST FLOOR SUITE 202 DARIEN, CT 06820
Efile1234@incfile.com

6. Manager or member information-**REQUIRED**: (Must list at least one manager or member of the LLC.)

Name	Title	Business Address: (No P.O. Box)	Residence Address: (No P.O. Box)
Kevin Sisti Jr	MEMBER	93 B Deming Road Berlin, CT 06371 If none, MUST state "NONE"	93 B Deming Road Berlin, CT 06371
Joshua Wexler	MEMBER	103 Cayuga Way Superior, Co 80027 If none, MUST state "NONE"	103 Cayuga Way Superior, Co 80027

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. Execution-**REQUIRED**: (Subject to penalty of false statement.)
Print or type name of organizer: MARSHA SIHA
Signature: x *Marsha Siha*
Date: Sep 01, 2015

- An annual report will be due yearly in the anniversary month that the LLC was formed/registered and can be easily filed online @ www.concord.sos.ct.gov. If you are no longer transacting business in Connecticut you must file the appropriate document with our office.
 - 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.
 - Taxpayer Service Center: (800) 382-9463 or (860) 297-5962 or go to www.ct.gov/drs
- Revised 12/07/09

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES



**Temporary Permit for
Sales and Use Tax**

Do **NOT** mail to the Department of Revenue Services

This temporary permit must be displayed for customers to see and is not assignable or transferable.

**Confirmation
Number*:** 15W9900712047

Organization Name: Legendary Wellness Connecticut LLC

**Business Trade
Name:** Legendary Wellness Connecticut LLC

Business Address: 93 B Deming Road
Berlin, CT 06371

This temporary permit will expire on 10/05/2015.

* This number will act as your temporary tax registration number. It will be replaced when you receive your registration confirmation package in the mail.

Your registration package will include information on electronic options available in our Taxpayer Service Center (TSC). In a separate envelope, you will also be receiving a personal identification number (PIN) which will allow you access to the TSC. Once you receive your PIN, we encourage you to take advantage of our electronic services.

Please contact the DRS Registration Section at (860) 297-4885 if you do not receive your registration confirmation package by the 15th business day following completion of REG-1 OL.

HK GROUP

253 Riverside Avenue
Westport, CT 06880
Tel: (203) 454-8700
Fax: (203) 454-3527
www.hkgrp.com

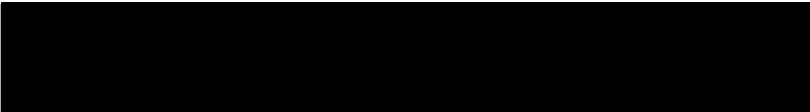
September 9th 2015

Mr. Rick Pinto
9 Cross Street
Norwalk, CT. 06851

RE: Offer to lease 1,500 +/- Sq. Ft. at 9 Cross Street, Norwalk, CT 06851.

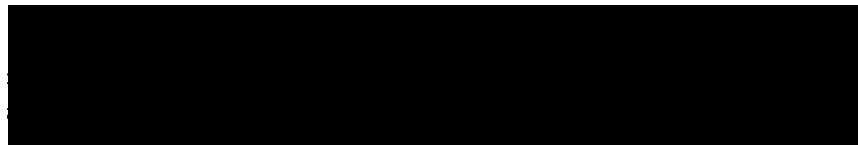
Dear Rick,

I have been authorized by Legendary Wellness Connecticut, LLC to present a proposal to lease 1,500 +/- Sq. Ft. at the above referenced premises, known as 9 Cross Street, Norwalk, Connecticut 06851. Please respond to the following at your earliest possible convenience.

Landlord:	Rick Pinto 9 Cross Street Norwalk, CT. 06851
Tenant:	Legendary Wellness Connecticut, LLC 93 B Deming Road, Berlin, CT 06372
Building:	9 Cross Street, Norwalk, CT. 06851.
Size (floor):	Approximately 1,500 square feet of ground retail space, with frontage on Cross Street.
Tenant's Purposed Use:	Tenant shall use and occupy the Premises for the general over the counter distribution of prescribed Medical Marijuana, as well as any other legally allowed and Landlord approved use as permitted by the City of Norwalk, County of Fairfield, Connecticut.
Term:	Tenant requires a five (5) year term.
Rental Rate:	

Mr. Rick Pinto
September 9th 2015
Page 2

Additional Rent:



Option to Renew:

Tenant requires One (1) Five (5) year option to renew.

Option Period Rental Rate:



Security Deposit:

Please provide the amount Landlord will require for a security deposit.

Lease Commencement Date:

The Lease shall commence on the date that Landlord delivers exclusive possession of the Demised Premises to Tenant ("Lease Commencement Date"), on or about December 1, 2015.

Rent Commencement Date:

The rent shall commence three (3) months after possession.

Right to Assign or Sublease:

Tenant shall have the right at any time, with Landlord's consent, which shall not be unreasonably withheld, conditioned or delayed, to assign the Lease or to sublease or otherwise permit occupancy of all or any portion of the Premises. Any and all monies realized from the sale of the business shall be retained by the Tenant.

Contingencies:

Within 30 days of signing, Tenant reserves the right to void the lease agreement in the event that the application to operate a medical Marijuana distribution facility at the stated premises is denied by the city of Norwalk CT. zoning commission.

Condition/Landlord Work:

Landlord shall deliver the Premises "white box", separately demised (To be defined by walk-through with Tenant and Landlord Representatives) and ready for Tenant's installation of improvements. All HVAC, electrical and plumbing lines shall be in good operating condition and distributed within.

Plans:

Please provide appropriate plans for the building/referenced Tenant space on CAD if possible.

ADA Compliance:

The Landlord to warrant that the Premises shall be deemed ADA compliant.

Mr. Rick Pinto
September 9th 2015
Page.3

Environmental Compliance: The Landlord to warrant that the Premises be delivered free of asbestos and mold.

Tenant Improvement Allowance:



Tenant's Work: Tenant must approve architectural, mechanical, electrical, and plumbing drawings, (collectively "Tenant's Plans") prepared by Tenant's architect or engineer and licensed in the State of Connecticut.

Landlord Maintenance: Landlord, at its expense, shall maintenance the exterior portions of the Building, including the roof. The Landlord, at its expense, shall maintain the heating, ventilating and air conditioning ("HVAC") equipment during the term of the Lease and any option or renewal term. Landlord shall maintain a service contract with a reputable HVAC company for a regularly scheduled and recurring maintenance program of the existing HVAC systems and shall be financially responsible for the repair of such. Landlord shall be financially responsible for the replacement of the HVAC system in the event of mechanical failure.

Tenant Electrical: Electricity to the Premises shall be directly metered, or sub-metered, with no additional surcharge imposed. Please indicate the electrical watts capacity per square foot available to the Premises, including HVAC.

Parking: Landlord to provide required parking at no charge per tenant supplied plans, which will conform to the rules and requirements of the town of Norwalk.

Condition Upon Termination: Tenant shall not be required to restore the Premises to its original condition. All furniture, fixtures, telephone and computer equipment shall be the personal property of Tenant and subject to removal by Tenant, at its sole and absolute discretion, at the termination of the Lease. Tenant shall be responsible for repairing any damage to the Premises due to their removal.

Mr. Rick Pinto
September 9th 2015
Page 4

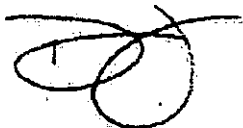
Signage: Tenant shall have the right to install prominent signage on the exterior of the Building along Cross Street, subject to city and Landlord approval.

Brokerage Fee: David Lindland of HK Commercial is the only broker in this transaction, and be paid one full market commission upon execution of the lease, per separate agreement.

This proposal is not intended to create a legally binding obligation on either party. Such an obligation will be created only when and if a lease covering all of the rights and obligations of the parties containing terms and conditions satisfactory to both parties has been authorized by all necessary corporate action and fully executed and delivered to both parties.

If the above terms are acceptable, please countersign below, and we will move to lease right away. Thank you for your consideration of this proposal. We look forward to your response.

Sincerely,



David P. Lindland
Senior Vice President
HK Group Commercial



Rick Pinto
Owner

9/10/15
Date

With the above signature, Legendary Wellness Connecticut, LLC shall have the owner's consent to occupy the above referenced premise under the terms of this LOI, if awarded a dispensary license by the state of Connecticut.

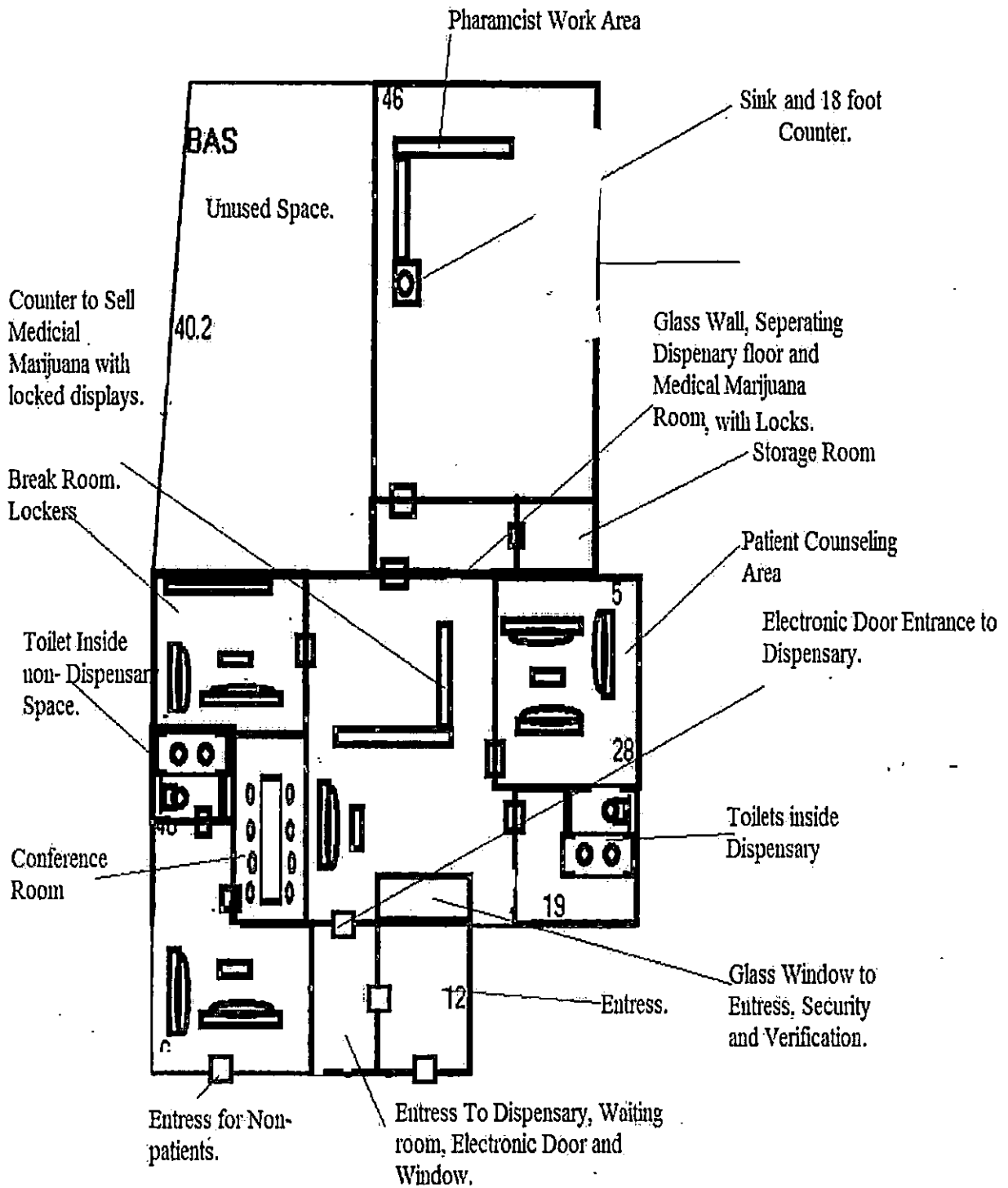
9 Cross Street, Norwalk, Ct

Dispensary total square footage: 2892 sq ft.



Dispensary total square footage : 2892 sq ft.

The facility will have conference room in the secure dispensary for patients only. A conference room for non patients outside of the secure area for Pharmacist to give consultations to care givers and patients. . A 15 X15, glass counter space for customers to order medical marijuana.



Legendary Wellness Connecticut LLC. Security System and Procedures

Legendary Wellness (LW) is a strong believer in providing security systems to ensure compliance to all state and local authorities (as well as) safety for our customers and staff. LW is working with Advanced Security Technologies Inc (AT) of Stratford Conn. to provide a state of the art security system that complies to all state and local regulations (Section 21a-408-62 of Regulations of Connecticut State Agencies)..
LW security system will feature the following:

Electronic Door Entrance and Intercom System: All customers and individuals will have to ring a buzzer upon approaching the premise. LW personnel will ask through the intercom, name and reason for the individual's visit to LW. Upon a satisfactory response (appointment etc.) LW's personnel will buzz the person into the waiting room.

Waiting Room: The individuals that enter LW will have to sign in and provide proper documentation (state ID and state documentation that they can purchase cannabis). Such information will be entered into our computer system that will keep track of all visitors to LW. An actual signature of the individual will be required on the daily sign in sheet. This schedule will be filed electronically and the hard copy will also be kept on premise in date order.
In the waiting room, there will be another door that connects the waiting room to the dispensary. Upon waiting room compliance, the individual will be allowed to enter the dispensary. The door will not be left open and only opened to allow individuals to enter dispensary and then closed. This door will also be electronically controlled

Dispensary: The dispensary will have counters and displays where products are seen but individuals cannot touch the products. LW's personnel will retrieve all products from the locked counters to provide to the customer. All counters will be immediately locked by LW's personnel

Sale Procedures: Upon customer completing his purchase, LW's personnel will take the product to the completion counter where the product is weighed and verified, and entered into the POS system which provide all details of the purchase into the company's computer system (product, quantity, price etc.). First time customers will fill out all required information including, name, address, phone, e-mail and state information etc.). LW's personnel will enter all information into company computer system

All customers will have to provide their ID and state documents again to verify they can legally purchase the product.

All sales reports are prepared daily. Sales report will include customer name, id #, state license #, purchase description, quantity, and price. All daily reports will be kept electronically.

Sales reports will automatically calculate monthly and quarterly sales which will be used for state sale and use taxes.

Exiting Dispensary: Upon customer's completion of sale, the customer will walk to the locked door that leads to the waiting area. LW's security guard will accompany the customer to the door and buzz him through the locked door to the waiting area.

Once customer is in the reception area, they will walk to the locked entrance door and LW's personnel will buzz them through.

Inventory Control Room: Behind the counters there will be a locked door which is only accessible by LW's personnel. The door will have a combination lock made available only to LW's managers. Behind the door there will be an electronic safe that will store all inventory and

Legendary Wellness Connecticut LLC. Security System and Procedures

valuables of LW. LW's managing members and a manager will be the only people to have access to the safe.

The safe will provide a report everytime it is opened (date, time, duration). Each person who has access to the safe, will have their own code to open, so LW will know exactly who opened the safe and for what purpose.

LW will have state of the art control over the cannabis inventory, monitoring who has access to the inventory. In addition, all personnel at the end of each shift will count product in counters and fill out an inventory control sheet and sign. This procedure will identify inventory fluctuations by personnel on a daily basis and eliminate employee theft, and minimize employee error.

Security Cameras: LW will have live feed security cameras at the following places: entrance door, waiting room door, dispensary door, dispensary check out (where POS system and computer is located), inventory control room door and safe.

All areas of the premise, will be covered by security camera. The cameras will provide live feed and allow to be accessed remotely. Managing members will be able to monitor operations through their computer and smart phone.

LW will give state agency access to monitor security system live. All activity will be stored on LW's computer and be accessible by date and time.

Security Guards: LW will use Murphy Security Services of New Britain Conn. (a licensed security guard firm) to provide a security guard for LW's hours of operations.

LW Personnel; All LW personnel will meet all state and local authorities rules and regulations for working in the dispensary. Background checks and other extensive procedures will be utilized before LW will hire any employees.



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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 checked="" 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 type="checkbox"/> Other: _____
---	--------------------------------------	--	--------------------------------------	--	---	---------------------------------------

2. Legal Name of Backer:

Joshua Wexler

3. Trade Name of Backer (if applicable):

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

103 Cayuaua Way

5. City:

Louisville

6. State:

CO

7. Zip Code:

80027

8. Daytime Telephone Number:

(973) 454-0530

9. Fax Number:

10. E-mail Address:

otisfund@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):	12. Percentage of ownership interest



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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	14. Issue Date (month/year): / Expiration Date (month/year): /	15. Type:	16. Number:
17. State	18. Issue Date (month/year): / Expiration Date (month/year): /	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.



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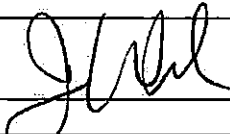
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Section F: Criminal Background Check

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:



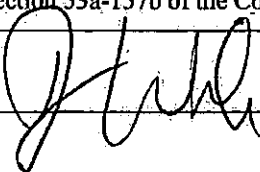
27. Date Signed:

9/12/15

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:

9/12/15



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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 checked="" 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 type="checkbox"/> Other: _____
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2. Legal Name of Backer:

Kevin S. Sisti Jr.

3. Trade Name of Backer (if applicable):

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

93B Deming Road

5. City:
Berlin

6. State:
CT

7. Zip Code:
06037

8. Daytime Telephone Number:
(860) 829-5600

9. Fax Number:
(860) 829-2999

10. E-mail Address:
ksideas@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):

12. Percentage of ownership interest



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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 CT	14. Issue Date (month/year): 08 /11 Expiration Date (month/year): /	15. Type: Driver License	16. Number: 068170667
17. State	18. Issue Date (month/year): / Expiration Date (month/year): /	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.



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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:

9-16-15

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:

9-16-15



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liability Partnership	Unincorporated Association	Other: _____
2. Legal Name of Backer: Murdo T. Smith, Esquire						
3. Trade Name of Backer (if applicable): Of Counsel, Greene Law, P.C.						
4. Street Address (including Apartment or Suite #): 11 Talcott Notch Road.						
5. City: Farmington				6. State: CT	7. Zip Code: 06032	
8. Daytime Telephone Number: (860) 676-1336		9. Fax Number: (860) 676-2250			10. E-mail Address: msmith@greenelawpc.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):	12. Percentage of ownership interest



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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 CT	14. Issue Date (month/year): 07 / 14 Expiration Date (month/year): 02 / 18	15. Type: Driver Licenses	16. Number: 144905119
17. State CT	18. Issue Date (month/year): 5 / 95 Expiration Date (month/year): /	19. Type: Ct Bar (Lawyer)	20. Number: 411749

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.



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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:

9/16/15

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:

9/16/15



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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 checked="" 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 type="checkbox"/> Other:
---	--------------------------------------	--	--------------------------------------	--	---	---------------------------------

2. Legal Name of Backer:

Amanda Lynn Labbe

3. Trade Name of Backer (if applicable):

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

77 Strawberry Lane

5. City:

Southington

6. State:

CT

7. Zip Code:

06489

8. Daytime Telephone Number:

(860) 302-8910

9. Fax Number:

10. E-mail Address:

alabbe2014@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):

12. Percentage of ownership interest



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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	14. Issue Date (month/year): /	15. Type:	16. Number:
CT	Expiration Date (month/year): /	Pharmacist License	PCT-0013009
17. State	18. Issue Date (month/year): /	19. Type:	20. Number:
	Expiration Date (month/year): /		

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.



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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:



[Handwritten Signature]

27. Date Signed:

9/17/15

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:



[Handwritten Signature]

29. Date Signed:

9/17/15



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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 J.

Section A: Personal Information

1. Name (First, Middle, Last): Joshua Wexler		
2. Street Address (including Apartment or Suite #): 103 Cayuaua Way		
3. City: Louisville	4. State: CO	5. Zip Code: 80027
6. Title: Managing Member	7. Telephone Number: (973) 454-0530	8. E-mail Address: otisfund@gmail.com
9. Date of Birth:	10. Social Security Number:	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Section B: Employment Information

12. Current or Most Recent Employer: Grow Solutions, Inc.		13. Date of Employment: Start Date: 01 / 08 / 14 End Date: / /	
14. Employer Address (including Apartment or Suite #): 33 E Camino Real # 702			
15. City: Boca Raton		16. State: FL	17. Zip Code: 33432
18. Telephone Number: (305) 479-8918	19. Fax Number:	20. E-mail Address: otisfunding@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.



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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): /	31. Type:	32. Number:
	Expiration Date (month/year): /		
33. State	34. Issue Date (month/year): /	35. Type:	36. Number:
	Expiration Date (month/year): /		



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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:

9/12/15



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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

9/2/15



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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 J.

Section A: Personal Information

1. Name (First, Middle, Last): Kevin S. Sisti Jr.		
2. Street Address (including Apartment or Suite #): 93B Deming Road		
3. City: Farmington	4. State: CT	5. Zip Code: 06032
6. Title: Member	7. Telephone Number: (860) 829-5600	8. E-mail Address: ksideas@aol.com
9. Date of Birth:	10. Social Security Number:	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Section B: Employment Information

12. Current or Most Recent Employer: SF Energy, LLC		13. Date of Employment: Start Date: 12 /01 / 12 End Date: : / /	
14. Employer Address (including Apartment or Suite #): 93B Deming Road			
15. City: Berlin		16. State: CT	17. Zip Code: 06037
18. Telephone Number: (860) 829-5600	19. Fax Number: (860) 829-2999	20. E-mail Address: ksideas@aol.com	

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <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"> • 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.



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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):	06 /11	31. Type:	32. Number:
CT	Expiration Date (month/year):	06 /17	Driver License	068170667
33. State	34. Issue Date (month/year):	/	35. Type:	36. Number:
	Expiration Date (month/year):	/		



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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:

9-16-15



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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 J.

Section A: Personal Information

1. Name (First, Middle, Last): Murso T. Smith, Esquire		
2. Street Address (including Apartment or Suite #): 5 Main Gate Street		
3. City: Farmington	4. State: CT	5. Zip Code: 06032
6. Title: Managing Member	7. Telephone Number: (860) 676-1336	8. E-mail Address: msmith@greenelawpc.com
9. Date of Birth:	10. Social Security Number:	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Section B: Employment Information

12. Current or Most Recent Employer: Of Counsel, Greene Law, P.C.		13. Date of Employment: Start Date: 03/01 / 08 End Date: / /	
14. Employer Address (including Apartment or Suite #): 11 Talcott North Road,			
15. City: Farmington		16. State: CT	17. Zip Code: 06032
18. Telephone Number: (860) 676-1336	19. Fax Number: (860) 676-2250	20. E-mail Address: msmith@greenelawpc.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.



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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):	5 / 95	31. Type:	32. Number:
CT	Expiration Date (month/year):	/	CT Bar (lawyer)	411749
33. State	34. Issue Date (month/year):	8 / 03	35. Type:	36. Number:
MA	Expiration Date (month/year):	6 / 16	Mass Bar (Lawyer)	657160



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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:

9/16/15



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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 J.

Section A: Personal Information			
1. Name (First, Middle, Last): Amanda Lynn Labbe			
2. Street Address (including Apartment or Suite #): 77 Strawberry Lane			
3. City: Southington		4. State: CT	5. Zip Code: 06489
6. Title: Pharmacist		7. Telephone Number: (860) 302-8910	8. E-mail Address: alabbe2014@gmail.com
9. Date of Birth:		10. Social Security Number:	11. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Section B: Employment Information			
12. Current or Most Recent Employer: Walgreens .		13. Date of Employment: Start Date: 7 / 18 / 14 End Date : / /	
14. Employer Address (including Apartment or Suite #): 425 West Main Street			
15. City: Meriden		16. State: CT	17. Zip Code: 06489
18. Telephone Number: (203) 639-8166		19. Fax Number:	20. E-mail Address: alabbe2014@gmail.com

Section C: Pharmacy Business Experience
21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input 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"> • 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.



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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): /	31. Type:	32. Number:
CT	Expiration Date (month/year): /	Pharmacist License	PCT.0013009
33. State	34. Issue Date (month/year): /	35. Type:	36. Number:
	Expiration Date (month/year): /		



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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:

9/17/15



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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:



Shirley Jahn

45. Date Signed:

9/17/15

APPENDIX C- Section C & D: 23

Amanda Lynn Labbe

- **Walgreens**
- **425 West Main Street, Meriden, CT**
- **Pharmacist – 7/18/14**
- **Pharmacy Manager 1/18/15 – Current**
- **Start Date 5/1/14**
- **Currently Pharmacy Manager**
- **No Violations while managing.**

Amanda Labbe

77 Strawberry Lane
Southington, CT 06489

alabbe2014@gmail.com
860-302-8910

PROFILE

Passionate, dedicated pharmacist with many years of community experience; two years in a privately owned neighborhood pharmacy and five years in a high volume 24-hour retail pharmacy prior to graduating. Recognized for hardworking, driven attitude within the pharmacy field. Advanced knowledge of community pharmacy practice and systems. Excellent verbal and written communication skills. Effectively resolve medication and insurance related issues. Overall team player and excel in creating a positive work environment. Compassionate and caring individual who takes pride in helping others.

Effective Management Skills.
Medication Safety
Problem Solving
Superior Counseling Skills

Compounding
Insurance Resolution
Patient Education
Communication Skills

Inventory Management
Community Outreach
Quality Assurance
Pharmaceutical Ethics

EDUCATION

Bachelors of Science
University of Connecticut, Storrs, CT 2011

Doctor of Pharmacy
University of Saint Joseph, West Hartford, CT 2014

RELATED PHARMACEUTICAL EXPERIENCE

CVS Pharmacy, Southington CT
Pharmacy Intern

2007 - 2013

- Counsel patients regularly on OTC medications as well as prescription medications
- Experience in compounding, including calculating appropriate dose and weight of ingredients
- Patient education handouts and community outreach during cold and flu season
- Blood pressure screenings and patient evaluations
- Changed ordering process for pharmacy supplies to improve inventory management
- Created numerous patient-provider relationships

Walgreens, Meriden CT
Pharmacist
Pharmacy Manager

2014 - 2015
2015 - current

- Oversee day-to-day to operations
- Regulate and maintain controlled substance inventory
- Ensure pharmacy operating standards are met and followed by staff members
- Order and maintain pharmacy records
- Control inventory to ensure profit

ADVANCED CLINICAL EXPERIENCE

Community
Adult Acute Care Center
Ambulatory Care
Institutional
Ambulatory Care
Inpatient Psychiatry

CVS Pharmacy
Saint Francis Hospital
MidState Medical Center
Hospital for Special Care
Cornell Scott Health Center
Veteran's Association

Newington, CT
Hartford, CT
Meriden, CT
New Britain, CT
New Haven, CT
New Haven, CT

Joshua Troy Wexler
Managing Member
Legendary Wellness Connecticut LLC.

Joshua Wexler has been an active member of the legal cannabis industry for over eight years. Mr Wexler has worked in multiple states in a variety of capacities including managing, owning and operating cannabis grow facilities and dispensaries.

Mr Wexler is known as one of the premier manager-operators of grows and dispensaries in the country. Mr Wexler consults grows and dispensaries to improve their operations in a variety of areas. Here is Mr Wexler's work experience in the legal cannabis industry:

GROW SOLUTIONS INC.(GSI) 2014- Present: Mr Wexler is Vice President and founder of GSI, a public company offering a variety of services to the legal cannabis industry. Mr Wexler is in charge of the Management Advisory Service Division which advises grows and dispensaries all over the country, in a variety of areas including but not limited to the following:

Dispensary Origination- Mr Wexler advises dispensaries on originating a dispensary from inception. Such services include location, setting up dispensary, security systems, hiring of staff, inventory requirements, point of sales systems, furniture and fixture requirements etc.

Dispensary Management- Operating dispensaries daily including staffing, training staff, scheduling of staff, daily checkout, inventory control, inventory maintenance, purchasing, quality control, cash flow management etc.

Dispensary Compliance-Setting up procedures for the dispensary to comply to state and city laws. Included in that function; is training personnel to be compliant, preparing procedures to allow the dispensaries to meet all filing requirements (by the state, city, county, sales tax etc.), providing dispensaries procedures for inventory securitization, anti theft procedures, security procedures to maximize safety for customers and employees.

Grow Services- Mr. Wexler and his staff offer a variety of services for growers to alleviate grow problems, increase yield, increase quality, set up grow properly, purchasing equipment, setting up grow in a location, compliance, security, management of the grow etc.

JTW GROW SERVICES (JTW) 2013-2014: Mr Wexler offered all the services listed above (through GSI) to grows and dispensaries in Colorado.

LEGENDARY WELLNESS (LW) 2010-2013: Mr Wexler owned and operated LW a licensed grow and dispensary in Orange County California. Mr Wexler was responsible for the following:

Originating License with the state of California

Dispensary Origination: Mr Wexler created the dispensary and handled all the functions listed above (under GSI) for the dispensary and grow in California

Dispensary and Grow Management: Mr Wexler was in charge of all management functions for the dispensary and the grow as indicated above (GSI).

Dispensary Compliance: Mr Wexler was responsible for compliance procedures and monetization as indicated above (see GSI).

**Joshua Troy Wexler
Managing Member
Legendary Wellness Connecticut LLC.**

Grow Operations: Mr Wexler was responsible for all grow services including, set up, equipment, compliance production, quality control, security etc. (see GSI above)

Personel Management: Mr Wexler supervised in excess of 25 employees, managers in connection with his ownership of LW.

GREENEST GREEN DISPENSARY/ GROW, Boulder Colorado (GG) 2009-2010: Mr Wexler was a manager of GG's grow and dispensary operations. Mr.Wexler was responsible for managing both dispensary and grow operations during his employment. Mr Wexler was responsible for all the services listed above (see GSI).
Mr Wexler supervised in excess of 25 employees on a daily basis.

Kevin S. Sisti JR. – Appendix C- Section E- Relevant Business Information.

The name of my primary business is SF Energy, LLC, a company that I manage. This company was formed in September of 2011 after electricity was deregulated in Connecticut. My office is located at 93B Deming Road, Berlin, Connecticut. SF Energy is a company that I run which participates with partners in order to offer the sale of competitively priced electricity to Connecticut consumers. I have performed various tasks at the company since its inception, including administrative, sales and participating in financial decisions. Running SF Energy has required me to not only handle the above stated responsibilities, but also to deal with various people related issues in regards to are employees. I have been the manager of the company since its inception and I continue in that role.

However, SF Energy is only one my current responsibilities. I participate in other businesses as well. I am a partner in Zacapa, LLC, a Texas firm that is currently drilling oil there. I had a key role in the raising of capital for the drilling of the wells. There was a lot of state and federal administrative work to be done before we were able to break ground there. We currently have three wells up and running and we plan to drill more in the future. My duties with Zacapa include monitoring of the day to day operations of the drilling and also handling relations with the people working for us in Texas, as well as keeping our investors informed. I have held this role involving the drilling of oil in Texas since the beginning of the venture in June of 2014, and I continue in my position there.

I am also a partner in a film company; Gotcha Films, LLC. Like the other companies I have been a part of, I have been with this company since its inception which was January of this year. I played a key role in the gathering of investors for a previous production; Some Velvet Morning, which earned a 4-Star rating at the Treblinka Film Festival in April of 2013. The film industry is a very complex one, and you must possess lots of people skills in order to maneuver around in it. We currently have several scripts that are being reviewed for possible future film productions. In my work with the company, I have met with the executives of several film companies, including the Starz network, HBO and Netflix.

I have had much experience in the world of business. I have performed many tasks at the companies I have been a part of; from administrative on up to executive decisions. I have always been a "hands on" manager and I have always participated in the daily operations of the companies that I have run. I understand how to run a company; from the initial raising of capital to the day to day tasks and on up to participating in the decisions that run these companies. Working at and running a business is nothing new to me, and I feel that because of my wide ranging and varied experience in business that I will be able to substantially contribute to all aspects of the successful running of Legendary Wellness Connecticut, LLC.

Murdo Smith, Esq

Attorney Smith has over twenty years of experience in the practice of law. Born and raised in Bristol, Connecticut, Attorney Smith is a member in good standing of the Connecticut State Bar, the Massachusetts State Bar and the Federal Bar for the District of Connecticut. Attorney Smith is currently of counsel to Greene Law, P.C. in Farmington Connecticut where he is engaged in a private legal practice. Mr. Smith lives in Farmington, Connecticut with his wife and two children.

Murdo Smith served as General Counsel, Secretary and VP of Emax Financial Group, LLC. Recruited in 2004 as Vice President to start up a new business unit, Mr. Smith created a U.S. Virgin Islands-based Settlement Services Division which provided services in all fifty states. He was responsible for all aspects of the division including the original concept, business plan, lease and build-out of the facility, creation of job descriptions, hiring and training of staff and day-to-day management. In one year, he grew the division from a start-up entity to one earning in excess of \$3M. He continued to manage and grow the \$3M P&L for the division and in 2006, was promoted to General Counsel/Secretary for corporate governance and all legal needs for operations of the entire company with pre-tax profits of \$60M+.

From 1995 to 2004 Mr. Smith worked as an attorney in private practice. Mr. Smith was a partner at Chadwick & Stone, LP in East Hartford, CT where he was active in civil and criminal litigation, union negotiations, worker compensation, social security disability and real estate transactions. He served as defense counsel for Caldor, Toys R Us and Kids R Us for the entire State of Connecticut. Mr. Smith also handled litigation and served as local counsel on files for global insurance companies. Mr. Smith holds a BA in Politics from Fairfield University and earned his JD from Western New England College School of Law.

Mr. Smith has served on and was a member of the Board of Directors for Bristol Preschool Childcare, Inc as well as The Family Center in Bristol, Connecticut. Mr. Smith was also Chairman of the Board of Directors for The Good Hope School in Saint Croix, USVI.



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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): Joshua Wexler			
2. Home Address (including Apartment or Suite #): 103 Cayuaua Way		3. City: Louisville	
4. State: CO	5. Zip Code: 80027	6. Date of Birth:	7. Telephone Number: (973) 454-0530
8. Social Security Number:		9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
10. E-mail Address: otisfund@gmail.com		11. Connecticut Pharmacist License Number:	

Section B: Employment Information

12. Current or Most Recent Employer: Grow Solutions, Inc.		13. Date of Employment: Start Date: 01 / 8 / 14 End Date: : / /	
14. Employer Address (including Apartment or Suite #): 33 E Camino Real # 702			
15. City: Boca Raton		16. State: FL	17. Zip Code: 33432
18. Daytime Telephone Number: (305) 479-8918	19. Fax Number:	20. E-mail Address: otisfund@gmail.com	

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <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"> • 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, the nature and resolution of those allegations.



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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:

26. 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.

27. Signature:

28. Date Signed:

9/12/15



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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): Amanda Lynn Labbe			
2. Home Address (including Apartment or Suite #): 77 Strawberry Lane			3. City: Southington
4. State: Ct	5. Zip Code: 06489	6. Date of Birth:	7. Telephone Number: (860) 320-8910
8. Social Security Number:			9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
10. E-mail Address: alabbe2014@gmail.com		11. Connecticut Pharmacist License Number: PCT.0013009	

Section B: Employment Information

12. Current or Most Recent Employer: Walgreens		13. Date of Employment: Start Date: 7 18 14 End Date: / /	
14. Employer Address (including Apartment or Suite #): 425 West Main Street			
15. City: Meriden		16. State: CT	17. Zip Code: 06450
18. Daytime Telephone Number: (305) 479-8918	19. Fax Number:	20. E-mail Address: alabbe2014@gmail.com	

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input 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"> • 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, the nature and resolution of those allegations.



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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:



[Handwritten Signature]

26. Date Signed:

9/17/15

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.

27. Signature:



[Handwritten Signature]

28. Date Signed:

9/17/15

APPENDIX C- Section C & D: 23

Amanda Lynn Labbe

- **Walgreens**
- **425 West Main Street, Meriden, CT**
- **Pharmacist – 7/18/14**
- **Pharmacy Manager 1/18/15 – Current**
- **Start Date 5/1/14**
- **Currently Pharmacy Manager**
- **No Violations while managing.**

Amanda Labbe

77 Strawberry Lane
Southington, CT 06489

alabbe2014@gmail.com
860-302-8910

PROFILE

Passionate, dedicated pharmacist with many years of community experience; two years in a privately owned neighborhood pharmacy and five years in a high volume 24-hour retail pharmacy prior to graduating. Recognized for hardworking, driven attitude within the pharmacy field. Advanced knowledge of community pharmacy practice and systems. Excellent verbal and written communication skills. Effectively resolve medication and insurance related issues. Overall team player and excel in creating a positive work environment. Compassionate and caring individual who takes pride in helping others.

Effective Management Skills
Medication Safety
Problem Solving
Superior Counseling Skills

Compounding
Insurance Resolution
Patient Education
Communication Skills

Inventory Management
Community Outreach
Quality Assurance
Pharmaceutical Ethics

EDUCATION

Bachelors of Science

University of Connecticut, Storrs, CT 2011

Doctor of Pharmacy

University of Saint Joseph, West Hartford, CT 2014

RELATED PHARMACEUTICAL EXPERIENCE

CVS Pharmacy, Southington CT
Pharmacy Intern

2007 - 2013

- Counsel patients regularly on OTC medications as well as prescription medications.
- Experience in compounding, including calculating appropriate dose and weight of ingredients
- Patient education handouts and community outreach during cold and flu season
- Blood pressure screenings and patient evaluations
- Changed ordering process for pharmacy supplies to improve inventory management
- Created numerous patient-provider relationships

Walgreens, Meriden CT
Pharmacist
Pharmacy Manager

2014 - 2015
2015 - current

- Oversee day-to-day to operations
- Regulate and maintain controlled substance inventory
- Ensure pharmacy operating standards are met and followed by staff members
- Order and maintain pharmacy records
- Control inventory to ensure profit

ADVANCED CLINICAL EXPERIENCE

Community
Adult Acute Care Center
Ambulatory Care
Institutional
Ambulatory Care
Inpatient Psychiatry

CVS Pharmacy
Saint Francis Hospital
MidState Medical Center
Hospital for Special Care
Cornell Scott Health Center
Veteran's Association

Newington, CT
Hartford, CT
Meriden, CT
New Britain, CT
New Haven, CT
New Haven, CT



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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):

NA

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

NA

3. City:

NA

4. State:

NA

5. Zip Code:

NA

6. Daytime Phone Number:

7. Fax Number:

8. E-mail Address:

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:



11. Date Signed:

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:

**Legendary Wellness Connecticut LLC.
Advisory Board**

Legendary Wellness (LW) established an advisory board that will lend advice and help LW maintain its commitment to excellence. The individuals on the Advisory Board are experts in the cannabis industry with extensive knowledge and experience. The members are all experienced in business and rules and regulation that govern the industry. LW will continue to seek out other individuals that can help LW and add them to the Advisory Board.

LESLIE BOCSKOR

Mr. Bocskor is one of the most recognizable faces in the cannabis industry. Mr. Bocskor is president of The Nevada Cannabis Association and one of the most prominent members of ArcView, an organization that advocates for responsible rules, and regulations to govern the cannabis industry throughout the country.

Mr. Bocskor is recognized as one of the leading authorities in the cannabis industry and as a result appears regularly on television and radio as guests of the networks. Mr. Bocskor has appeared on CNBC, FOX NEWS, WPIX, and many other local television and radio stations, speaking about the direction of the cannabis industry worldwide.

Mr. Bocskor is a sought after speaker and has been the featured speaker in many cannabis events including "420 Conference" in Denver, "Spannabis Conference" in Spain (European version of 420 Conference) as well as numerous regional conferences around the country.

In addition, there are many publications that have run featured stories about Mr. Bocskor and his knowledge and involvement in the cannabis industry. We have included featured stories written by NEWSWEEK, and CRAIN'S NEW YORK BUSINESS about Mr. Bocskor.

Mr. Bocskor will be very helpful and a great addition to the Legendary Wellness team. Attached please find Mr. Bocskor's CV.

JEFFREY BEVERLY

Mr. Beverly is a seasoned and experienced executive in the Cannabis industry. Mr. Beverly has over 5 years management experience in the industry and has extensive experience in dispensary operations.

Mr. Beverly is president of Grow Solutions Inc. (GSI), a public company, offering a variety of services to the cannabis industry. GSI has an active management advisory program for dispensaries and Mr. Beverly is very knowledgeable in dispensary operations.

Prior to GSI, Mr. Beverly was one of the founders of STOK, a leading provider of non cannabis products to dispensaries and specialty shops all over the country. Mr. Beverly has extensive experience in providing dispensaries with non cannabis products. Mr. Beverly has worked with over 100 dispensaries throughout the country.

Mr. Beverly is an attorney and has over 10 years experience in the legal and investment industry. Please see Mr. Beverly's CV attached.

Leslie Bocskor

Managing Partner at Electrum Partners

Summary

- Multiple CEO/President engagements of public and private companies.
- 2-3 decades of entrepreneurial experience.
- Successes and Failures
- Inter Industry experience
- Early Stage focus
- Team Builder
- Investment Banker – Public market focused
- Social Entrepreneur: Cultural, Arts, and Social projects.
- WIN-WIN oriented
- Value Creator
- Futurist
- Technophile
- Extensive business network: multi-disciplined and across many industries
- Capital formation: decades worth of relationships brought to bear through substantial business and social capital

Specialties:

- Capital Formation
- Value Creation
- Mergers and Acquisitions
- Liquidity Events
- Business Development
- Strategic Partnerships
- Board and Executive Team Search, Expansion, and Building.
- Advisory Engagements
- Resident Entrepreneur
- Corporate Finance
- Cultural Event and Project Guidance

Experience

Managing Partner at Electrum Partners

January 2014 - Present (2 months)

Electrum Partners is an advisory business specific to the legal cannabis industry. We are currently working with local (Nevada) and national initiatives. Electrum is bringing best practices from the financial industry and decades of entrepreneurial and Investment Banking practice and experience in to the fastest growing industry in America.

Founding Chairman at Nevada Cannabis Industry Association

November 2013 - Present (4 months)

Board Member at First Friday Foundation

October 2012 - Present (1 year 5 months)

Worked with other Board Members to establish direction for the project.

Chairman at Las Vegas Halloween Parade

2010 - Present (4 years)

Co-Founder and Executive Chairman overseeing the birth and growth of this internationally recognized cultural event. Leading Las Vegas' birth as the Halloween Capital of the World.

Chairman at Figment Project

February 2005 - Present (9 years 1 month)

The Figment Project is a New York based NFP dedicated to creating opportunities for community and transformation. Through the reintroduction of civic, interactive, collaborative art as an experiential event we allow for people to develop social capital and participate in the transformation of becoming and being an artist. We are all artists, and the true experience of this can take us from thinking, to "being", in moments.

Chairman at The Society for Experimental Arts and Learning

February 2002 - Present (12 years 1 month)

The Society for Experimental Arts and Learning; develops venues and projects that allow for the integration of art in to a civic context, provides venues for collaborative community oriented art projects, fiscal sponsorship for similar projects, and much more.

President at Venture Catalyst

June 2000 - Present (13 years 9 months)

Outsourced C-level assistance; funding, team building, board expansion, strategic partnerships, mergers and acquisitions, strategic direction, and more.

Investment Banker at Network 1 Financial Securities

February 2011 - September 2012 (1 year 8 months)

Small and Micro cap Investment Bank.

Managing Partner at Lenox Hill Partners, LLC

May 2005 - June 2011 (6 years 2 months)

Lenox Hill Partners, LLC is a boutique consulting firm that works with small public and private companies in matters of finance, capital formation, corporate structuring, mergers and acquisitions, alliance formation, operations, business development, public relations and strategy. We provide effective solutions that empower companies to grow and increase shareholder value.

President at DLTA Ventures, LLC

October 2008 - September 2009 (1 year)

DLTA Ventures is developing a poker player and enthusiast based affinity vertical with some unique features. Currently running quietly. Excellent team which I am lucky to be a part of.

Board of Directors at Inspired Media Entertainment

2007 - 2009 (2 years)

Oversaw shift of business focus, transitioned board to allow company access to substantial capital.

President and Chairman at ModeEleven, Inc.

December 1999 - December 2006 (7 years 1 month)

Conceived, formed, executed and built from idea stage.

CEO at Fine Point Technologies

January 2000 - February 2001 (1 year 2 months)

Managed redirection of corporate strategy that resulted in a 10 fold increase in business valuation.

Investment Banker/ CO- Founder at Mason Cabot, LLC

June 1995 - October 1999 (4 years 5 months)

I specialized in early stage public and private companies. Our focus was primarily opportunistic at first, looking at any mezzanine deal that made sense. After a while I began to focus specifically on internet/new media and cutting edge technologies. I worked on funding, strategic partnerships, M&A, and many other areas.

Director of Sales at Dat's Incredible

1990 - 1992 (2 years)

Managed the development of a franchise based sales system.

Projects**Invicta**

October 1999 to September 2000

Members: Leslie Bocskor, John Lux, Joseph Degise

A publicly traded optical technology company that had transitioned from a secular technology holding company.

Education

York Preparatory School

Interests

<http://leslie-bocskor.tumblr.com/>, "Orphaned" Public Companies, Cutting edge and new technologies, Green and Socially conscious endeavors, Early stage public and private projects in need of funding, Yoga, Science, Science Fiction, Travel and our (My wife and I) airstream trailer, The western United States, Art, Community, Technology, The win win situation in all aspects of life.

Certifications

Series 79 Investment Banking License

FINRA February 2012

Skills & Expertise

- Start-ups
- Entrepreneurship
- Strategy
- Venture Capital
- Strategic Partnerships
- Business Strategy
- Business Development
- Mergers & Acquisitions
- Corporate Finance
- Investments
- Strategic Planning
- Mergers
- Leadership
- New Business Development
- Private Equity
- Emerging Markets
- Financial Modeling
- Management
- IPO
- Negotiation
- Sales
- Corporate Development
- Consulting
- Marketing Strategy
- Capitalization
- Competitive Analysis
- Business Analysis
- Online Advertising
- Business Planning
- Due Diligence
- Team Building
- Investment Banking
- Market Research
- Management Consulting
- Contract Negotiation
- Financial Analysis
- Finance
- Consensus Building
- Value Creation
- Risk Management
- Business
- Project Management
- E-commerce
- Change Management
- Business Expansion
- Product Management
- Restructuring
- Investor Relations
- Space Folding
- Portfolio Management

Recommendations

"Leslie's passion to bring uplifting art to our communities and foster inclusive community is inspiring. I always enjoy discussing his ideas and insights, which I find informed by thoughtful perspective and empathy for others."

— **Robert Griffiths**, *Director, Action Arts League*, worked directly with Leslie at Action Arts League

"Leslie is without question one of the most intelligent, thoughtful, smart and gifted individuals I've ever met. Specifically, he has an ability to communicate thoughts and ideas with amazing clarity...a gift I've only seen in a few people. He is both smart in business and has an appreciation for culture, which is why he's involved in important non-profit ventures. Anyone fortunate enough to gain Leslie's interest in a project will be blessed beyond measure. Although our relationship began in business, our mutual quest for excellence has become the foundation of a lasting friendship."

— **Troy Lyndon**, *CEO & Chairman, Left Behind Games Inc.*, was with another company when working with Leslie at Venture Catalyst

"Here is a renaissance man, a man of many skills, a financial wizard. Leslie is always my first call to Wall Street. I rely on him utterly. I have seen him fix companies I thought were irretrievably broken. Simply put, I strongly recommend him."

— **John Lux**, *President, Advanced Energy Research Corporation*, was with another company when working with Leslie at Venture Catalyst

"I have worked with Leslie on a wide variety of projects since 1988. During that time he has always stood out as a fair honest and loyal business partner. He is ever the modest pragmatist, lauding others for his achievements. If you have an opportunity to work with Leslie, seize it! Where Leslie goes, fortune follows."

— **Lawrence Haddock**, *Owner, HNB Partners*, was with another company when working with Leslie at Venture Catalyst

"If you want to raise money or organize a new company or project with real leadership call on Leslie, he's your man! He creates a real stable environment for complex people dynamics."

— **pamela VITALE**, *Owner, www.xyeye.com*, worked directly with Leslie at Venture Catalyst

"Even a light phone conversation with Leslie can inspire me to greater levels of opportunity, and he is on an even greater level in business, with ideas and contacts."

— **Scott Goodell**, was with another company when working with Leslie at Venture Catalyst

"Leslie brings much to the table in any venture # He has an extraordinary relationship portfolio. # A keen strategic mind # Win oriented, not looking for fame or the spotlight. # A talent for Value Creation from share price to revenue * Over the years I have been involved in several of his projects, and I have no doubt he is the man you want on or running your team."

— **Adam Cohen**, was with another company when working with Leslie at Venture Catalyst

"Leslie is one of the smartest, shrewdest and most insightful people I have ever worked with. His breadth of knowledge, people skills, charm and kindness make him an incredible asset."

— **Scott Firestone**, *Owner, Firestone Productions*, worked directly with Leslie at Venture Catalyst

"I have known Les for 10 years now, as a colleague in several ventures and friend. Les' contact base, experience with and knowledge of technology, disruption, category creation, finance, and, most importantly, commercialization of emerging technologies make Les a unique entrepreneur. I would put Les in any startup I funded as a CEO, VP BizDev, or CFO and he would fill each role in the top .01%."

— **Mike Silva**, was with another company when working with Leslie at Venture Catalyst

"Leslie is incredibly well connected, and knows more about business than most people I know. He is a great teacher and understands the world around him. It's the extra 10% he gives!"

— **Sarah Rosenzweig**, was with another company when working with Leslie at Venture Catalyst

"Leslie Bocskor has been a tremendous pleasure to work with over the last twelve months. Leslie has many very notable strengths. Leslie has contacts that he has known and worked with for many years, oftentimes in excess of 10 and even 20 years. His influence on the success of Provectus thus far has been invaluable."

— **Peter Culpepper** <http://www.pvct.com>, was Leslie's client

"Leslie is an extremely effective business net worker who uses his connections to the betterment of his clients. I have found him to be adept in assisting in the development of new business opportunities and to offer sound financial assistance to mature organizations as well. He is passionate and committed to his clients, always searching to increase their value."

— **Brian Bookmeier**, was Leslie's client

"Leslie's experience, great sense of humor and true listening ability create a synergistic environment where ideas and talent flourish. His management style consistently encourages me to deliver maximum value for any project we work on."

— **Paul Madoff**, reported to Leslie at Venture Catalyst

"Leslie is a hard-worker, a dedicated team player and a highly efficient overseer. His attention to detail and hands-on approach is as impressive as it is rare."

— **Russ Josephs**, was with another company when working with Leslie at Venture Catalyst

"Leslie brings exceptional maturity, patience and connections to any table he sits at. An insightful executive with a communication style well-honed for private equity/management consulting, Leslie is a joy to work with."

— **Jim Glaser**, was Leslie's client

"Leslie was very experienced on the subject I needed help on. He took the time out of his day to provide me with genuine advice. I would definitely recommend Leslie to anyone. Thank you again!"

— **Tiffany N. Harris** tharris@didotrucking.com, *President/Co-Owner, Day In Day Out Trucking LLC*, was with another company when working with Leslie at Lenox Hill Partners, LLC :

"I find Leslie Bocskor to be very intelligent, professionally driven, socially adept, culturally in tune, with a deep business savvy. He understands the importance of social networking, communities and all that implies relative to business development. Our business association has added value to my career. I am grateful our professional lives have touched."

— **ROBERT DAILY**, *Celebrity EMCEE, Operational Consultant & Tournament Director, Big Slick Pro-Poker "High quality poker events worldwide"*, worked with Leslie at DLTA Ventures, LLC

"Leslie unique industry experience and insights have been invaluable to my internet endeavors...I value his counsel and am always astounded by his intellectual acumen."

— **Artur Maklyarevsky**, *CEO + Founder, www.design2dev.com*, was with another company when working with Leslie at ModeEleven, Inc.

"I have worked closely with Leslie for the past 5 years. He is without question one of the brightest and most inspiring people I will ever have the pleasure of working with. Les also has a unique ability to see the potential outcome of any business situation five steps before the rest of the pack"

— **Stephen Papageorge**, *Co-Founder / Director of Marketing, ModeEleven*, worked directly with Leslie at ModeEleven, Inc.

"Leslie is a man for the ages. He brings an unbridled passion to anything he engages in. He has a laser beam focus coupled with the ability to quickly identify needs and fill them in a most appropriate and profitable way. In a world of "lead, follow or get out of the way" Leslie is clearly the first. When Leslie is part of your equation everybody wins!"

— **Warren Roche** (www.policyshopper.com) **LION**, *Managing Director, Sales, Sales Management, Recruiting & Training, Various Wall Street Investment Banks*, worked directly with Leslie at Mason Cabot, LLC

"Leslie is a consummate networker. His innate ability to bring energy and strength to a deal is paramount. I have worked on dozens of deals with Leslie who is never at a loss in finding key direction, strength and funding especially during the dark hours - when others are abandoning ship."

— **Raphael P. Haddock**, *Director Private Client Services, Mason Cabot Group*, worked directly with Leslie at Mason Cabot, LLC



Jeffrey Beverly

33 E. Camino Real #702, Boca Raton, FL 33432
305-479-8918
jeffbeverly@growsolutionsinc.com

Experience	Grow Solutions Holdings, Inc. (formerly Grow Solutions, Inc.)	2014-Present
	President and Division Head – Products Division Grow Solutions Holdings, Inc. is a public company providing products, services and consulting to the legal cannabis market. GSHI is one of a very select group of public companies in the cannabis market with positive revenue and growth. We provide the picks and shovels to the new gold rush.	
	Impulse National, Inc.	2011-2014
	Partner Impulse National, Inc. is the creator of the SToK brand of counter culture lifestyle products. In addition to creating the brand and products for SToK, I also oversaw the sales and distribution of counter culture items to over 1500 smoke shops, tobacco stores and dispensaries. Sales of SToK products were \$400,000 in year 1, \$1,500,000 in year 2 and in excess of \$3,000,000 in year 3.	
	DiStoni Life	2009-2011
	Founder Distoni Life was a marketing and distribution company created to service the smoke shop, tobacco store and dispensary markets. We launched and supported many name brands in this space, including Binger Springs (JDB Glass), Kashtray, Kush Cakes, CannaCola Clothing, Shmokewear, Bubble Bags and Skillettools.	
	Hennion & Walsh Private Client Group	2008-2009
	Vice President Provided estate and investment planning advice to the firm's High Net Worth clients.	
	Raymond James Private Wealth Management	2006-2008
	Vice President Provided estate and investment planning advice to the firm's High Net Worth clients.	
	Northern Trust	2006-2006
	Vice President Provided estate and investment planning advice to the firm's High Net Worth clients	
	Fisher Investments	2004-2005
	Vice President Provided estate and investment planning advice to the firm's High Net Worth clients.	
	SunTrust Bank Private Client Group	2002-2003
	Vice President Provided estate and investment planning advice to the bank's High Net Worth clients. Also cross-referred clients to other areas of the bank.	
	AmSouth Bank	1998-2002
	Vice President Provided estate and investment planning advice to the bank's High Net Worth clients. Also cross-referred clients to other areas of the bank.	



Bank of America 1996-1998

Vice President

Provided estate and investment planning advice to the bank's High Net Worth clients. Also cross-referred clients to other areas of the bank.

Johnston & Beverly, PA 1996-1996

Partner, Attorney at Law

Estate Planning and Family Law

Murphy & Murphy & Weiss, PA 1995-1996

Associate, Attorney at Law

Estate Planning and Family Law

Education

Chicago-Kent College of Law 1992-1995

Juris Doctorate Degree

The Ohio State University 1990-1992

Bachelor of Science Degree in Business Administration

Dean's List Fall 1990

The Defiance College 1989-1990

Varsity Baseball Team

Bowling Green State University 1988-1989

Varsity Baseball Team

Dean's List Fall 1988

Skills

I am a very skilled professional in the areas of marketing, branding, sales and distribution. I am a former member of the Florida Bar and formerly held many investment licenses and designations, including Series 7, 63 and 65 Licenses.

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**LESLIE BOCSKOR OF ELECTRUM PARTNERS
EXPLAINS THE BILLION-DOLLAR FUTURE OF
LEGAL CANNABIS AND SHARES HIS STORY.**



What circumstances drew you to the cannabis industry?

It doesn't have a very simple answer, I hope that's OK. First, my background is in investment banking and

corporate finance, and I was one of the first investment bankers to focus exclusively on Internet and new media companies in the mid to late '90s. That led me to realize what I was really interested in—looking for disruptive trends and business models, technologies that fundamentally change the way we live and do business on a massive scale. I moved to Las Vegas in 2010, and very soon after I moved there—maybe nine months—I discovered that there was a medical marijuana law in conversation. I thought, “Wow, medical marijuana!” And all of a sudden, what had just been either the butt of a joke at worst or at best

“that thing they do in California” started to become more real.

Was there much business opportunity in Nevada's cannabis industry at this point?

I did my research and saw that the medical marijuana law in Nevada was broken at best or was bad legislation at worst because it only allowed for patient cultivation—no purchase or sale whatsoever. So the only way you were allowed to do it was you had to grow it yourself, which caused a lot of problems for the judiciary in Nevada because they constantly had cases brought before them where people were buying on the black market who were sick and couldn't grow on their own. The law was faulty from the very beginning. So when I saw that, I thought, “Well, it's interesting. This means that things have not evolved far enough.” And



PHOTO COURTESY OF ELECTRUM PARTNERS, LLC

THE FUTURE OF FARMS

Colorado farmer Ryan Loflin harvests hemp on his farm in Springfield, Colorado, on October 5, 2013. After Colorado's landmark legislation, Loflin supplemented his alfalfa and wheat crops with 55 acres of hemp. Inset: Leslie Bocskor, managing partner of Electrum Partners.



it wasn't just Nevada—I started looking at other states, and I saw they had these various arcane, regulatory frameworks that were not being implemented well—I'm not going to name the states, it's not necessary—but that caused a lot of gray markets, and so I put it on hold.

What finally made you believe it was a viable investment?

While I was looking at another project, a technology solution that would provide

a disruption into the lobbying industry, my partner in that project—a political operative—started to tell me that his cannabis polling looked like it was getting extremely positive. After many years of being below 50 percent, it was starting to look as though it was trending upward substantially. And at first I thought that he was wrong, and I told him so, and he said, “No, here’s the numbers.” And then, of course, we had the election of 2012, when Colorado and Washington passed adult-use



legislation ballot initiatives, and I took a very deep dive at that point. Then, spring 2013 came around, and the same friend who was involved in politics—from the conservative side of the aisle—told me that there was a bill being introduced in session in 2013 in Nevada, and the legislature only meets once every two years, so it was a big deal. It turned out that it had real legs, and so he asked me to do some work on trying to help get it passed because I've always been sympathetic to the fact that there should be an industry. It won by one vote because one Republican legislator decided to cross party lines and vote for the new law, what was then called the Medical Marijuana Dispensary Law, and it passed.

And what was your first venture?

This combination of different things led to us starting up a business. At first, we thought, "We'll just advise people in the licensing process, because we're so intimately familiar with the regulatory

POT FOR YOUR PETS

One of the most overlooked aspects of the burgeoning cannabis industry is its potential in the veterinary field. Companies like Canna-Pet are leading the research in the interesting ancillary market.

framework because of my role working with policy makers and having been involved in reading the law while it was still in session and looking at all the different changes, getting a feel for the texture of how things were going from a policy side. We ended up forming a group, and it led to me getting into the business completely, where it's the only thing that I do right now. I have no other projects I'm currently working on.

In terms of what we're seeing out of the market in Colorado and Washington, where it's been legal for awhile now, is there evidence the legal market will hold water against the illicit market?

Well the initial data that I'm getting is that the Mexican cartels have begun

to switch their focus from a farmer's perspective into crops other than cannabis because they're not able to be as profitable producing cannabis to compete with the California/Arizona medical, the burgeoning Oregon recreational and existing medical, and the Washington and Colorado medical and recreational markets. That has been enough to cause a switch and turn off the spigot for a lot of the Mexican black market cannabis to stop being imported into the U.S. So I think that it has had a tremendous effect on diminishing the black market in states that establish robust, business-friendly and sensible policies and regulatory frameworks.

What's the immediate future for the recreational cannabis market?

Nevada's medical market is going to be very good. Massachusetts looks like it's finally got itself moving in the right direction. Rhode Island evidently has a very big medical marijuana market already. Michigan has one. Illinois's is coming out. We're probably looking at at least 10-12 states that have real, actual markets, where there are dispensaries operating within a regulatory framework. So by 2018, half of them probably will have markets for recreational. We'll probably be looking at 10 recreational markets and easily 15 medical marijuana markets.

There is a proliferation of conflicting reports about the earning potential of cannabis. How much could the U.S. expect its legal cannabis industry to be worth?

There are all sorts of reports, as you point out—\$42 billion a year according to RAND Corp. The United Nations in 2010 said \$110 billion a year globally. In addition to the emerging recreational market, there is the medical market.

Pharmaceuticals being developed based on cannabis is a gigantic industry. There is an industrial hemp market. There is an ancillary market for products and services specific to this that are being developed because it's such a large industry. Those corresponding needs are software, services, cultivation products, commercial kitchen products, extraction devices and more. So there's a gigantic "B to B" ancillary market. There's also a "B to C" ancillary market focused on consumer services and products, just like the wine industry. And then of course there's a

"When you start to look at all the numbers throughout the entire country...you're probably looking at an industry overall that will be approaching \$200 billion."

veterinary market, it turns out, for both large animals and for pets. So there are seven markets. Then you look at a market like California, and it could easily be \$7 billion a year just in recreational and medical, based upon some of the data that I've seen. You look at a market like Nevada, where we believe with recreational could be a \$1 billion to \$1.5 billion, it seems to be a fairly reasonable number based on the 45 million tourists a year that we get. When you start to look at all the numbers throughout the entire country, and then you start to also take a slice of those other different sectors that I'm talking about—not just medical and not just recreational—you're probably looking at an industry overall that will be approaching \$200 billion per year within seven to 10 years.

CRAIN'S

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GOTHAM GIGS
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 on casino school P. 24



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Caught in the middle

Stagnant incomes leave middle-class shoppers aiming high, buying low and dissing retailers in between

BY ADRIANNE PASQUARELLI

Selling to the middle-class shopper has rarely been so tough.

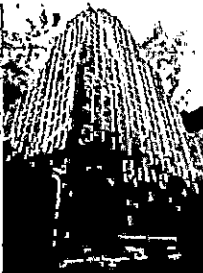
Last week, Macy's lowered its 2015 earnings forecast, amid sales-growth slowdowns resulting from shopper malaise. The department store giant's troubles follow the January shuttering of Kate Spade Saturday, C. Wonder and Gap Inc.'s Piperlime—three businesses aimed at fashion-conscious

See MIDDLE on Page 23



REPORT REAL ESTATE THE LIST

Top Manhattan office leases, led by 11 Madison Ave
 PAGE 14



The hard math behind splitting up city's largest private employer

What if one giant JPMorgan Chase became four banks?

BY AARON ELSTEIN

In his 10 years as CEO of JPMorgan Chase & Co., Jamie Dimon has built a megabank that spans the country, dominates Wall Street and which last year generated \$22 billion in profit—more than Warren Buffett's Berkshire Hathaway. The

bank's stock has returned more than 80% during the past decade, while its peer group has lost 14%.

Nevertheless, Mr. Dimon finds himself battling to keep his creation intact. He even took to a conference stage last week to implore investors to stick with his vision of supersize banking. "Our large corporate and government clients need a large bank," he insisted. "It is not possible to do what they need and be a small, regional bank."

That may be true, but JPMorgan's size works against it more than ever. Because it's the largest bank in

the U.S., with \$2.6 trillion in assets, federal regulators are requiring it to hold billions more in reserve capital than other giant rivals, such as Bank of America and Citigroup. But that's not the end. The feds late last year unfurled a plan that would further penalize JPMorgan for its size by forcing it to hold still more billions in capital.

That may make for a safer institution, but it's not popular with investors because every dollar the bank holds in reserve is one less available for making profitable loans

See JPMORGAN on Page 23

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EXECUTIVE MOVES

promoted to principal. He previously was project director and associate principal.

Tom Hughes, 43, was promoted to principal. He was previously studio director and associate principal.

Glady Yur, 40, was promoted to principal. She was previously studio director and associate principal.

Cross-In-the-Schools: **Yolanda Johnson**, 37, joined the nonprofit educational organization as vice president of development and communications. She was previously development manager at Princess Grace Foundation-USA.

BBH New York: **Armando Turco**, 38, was promoted to head of talent, a newly created position, at the full-service advertising agency. He was previously head of management.

Sotheby New York: **Vincent Vitaro**, 42, rejoined the luxury hotel as general manager. He was previously general manager at Sofitel Philadelphia.



Time Inc.: **Matt Bean**, 36, was promoted to senior vice president of editorial innovation, a newly created position, at the media company. He was previously editor at *Entertainment Weekly*.

Henry Goldblatt, 44, was promoted to editor at *Entertainment Weekly*. He was previously deputy editor at *People*. **Will Lee**, 41, was promoted to digital editorial director at *People.com* and *EW.com*. He was previously editor at *People.com*.

L'Oréal USA: **Samira Benerjee**, 43, was promoted to senior vice president of talent acquisition for the Americas zone for the cosmetics company. She was formerly vice president of talent acquisition.

Viacom Media Networks: **Zori Gerke**, 39, was promoted to executive vice president of sales and business development and content distribution at the division of media conglomerate Viacom. He was previously senior vice president of content distribution and marketing.

Omni Digital: **Trina Hynes**, 35, joined the digital marketing agency as vice president of U.S. sales, a newly created position. She was previously director of sales at Vocas.

Stimco: **Satya Weil**, 46, joined the multiscreen advertising platform as vice president of global holdings. She was formerly senior vice president of sales at Parade Media Group.



World Business Lenders: **Billy Morrissey**, 43, joined the small-business lender as vice president. He was previously chief executive at Merchant Solutions Group, which he founded.

Duane: **Sydney Wasserman**, 29, was promoted to market director of the luxury-lifestyle magazine. She was previously senior vice president of fashion market editor.

Paul Frederick, 25, was promoted to fashion market editor. He was previously associate fashion market editor.

Priskauer: **Tara Mulvaney**, 38, joined the law firm as special construction counsel. She was previously a partner at Ingram Yuzek Gainen Carroll & Bertolotti.

—CHRIS KOBIELLA

EXECUTIVE PROMOTIONS

The fastest way to get an announcement into *Crain's* is to submit online. Fill out the form at www.craionsnewyork.com/section/edutive_moves. The Executive Moves column is also available online.

SOURCE LUNCH:

Interview by Irina Ivanova

LESLIE BOCSKO

Investor in search of the gold of pot

Leslie Bocskor (pronounced "bosscore"), investment banker turned canna-businessman, holds guru status for many looking to get into the growing sector of legal marijuana.

For four years, the native New Yorker has lived in Nevada, where he co-founded the Nevada Cannabis Industry Association and helped 15 organizations successfully apply for marijuana distribution licenses. In New York, he's creating a cannabis industry association and a hedge fund.

What is lacking in the industry? The industry is at such an early stage that there is opportunity in every sector, even technology. I just had a meeting with a tech company named PotBotics. They're using an EEG to record brain activity while somebody is using different strains of cannabis. The goal is to create a library of data of people who have tried these strains, and their subjective and objective experience.

How big is the potential market for legal cannabis? The [global] recreational market is somewhere between \$40 billion and \$110 billion a year. The medical market is \$10 billion a year, probably more. Then there's the supplement and nutraceutical market. If you go into Amazon right now and type in "CBD," there are over 100 products that come up with some reference to cannabidiol; there will be many, many more! For the pharmaceutical market, nobody's done a study and I won't even speculate, but GW Pharmaceuticals has a \$1.5 billion market cap, and that's just one [drug] company working with cannabis. There's veterinary; there's industrial hemp—for rope, for parachutes, for clothing; and finally the B-to-B market.

What do you think of New York's evolution on marijuana?

I'd say that any step in the direction of establishing [a market] is a good step, however small. New York did a few things right in that they got it moving in a fairly substantial way. They did a couple of things very wrong. To have a state with a population of, what, 17 million?

19 million. And 55 million tourists a year [in New York City]. To only have five [cultivation] licenses for the entire state probably tends to favor those with an extraordinary amount of influence and capital. And it'll make for an unbalanced result. In Nevada, we gave out 66 licenses, and the legislators said we should have had many more.

What does getting it right look like? There are a few things that Nevada has done right. One is [allowing]

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for-profit entities. Two is outside ownership of those entities—which you can't have in Colorado or Washington. New York is doing both those right. The other common-sense component is reciprocity for other [states'] medical-marijuana programs. To have a medical-marijuana program, where you're saying, "We recognize its value as a therapeutic agent," but not to let tourists purchase their medicine when they come here, doesn't make sense on its face. When you do that, you're promoting criminal activity.

Last time we spoke, you were establishing a hedge fund.

Yes. It'll be based in Nevada, but investing in the entire country. And in the fund we create after, we'll probably be looking at the international market as well.

What is your investment strategy? First is to help new markets open up. Find the best people from the existing cannabis industry in states where there is one—and create

those partnerships between the best operators and the best local partners. Help create the winners and then deploy capital to help them. We'll also be looking at the public markets, because so many companies are starting to go public through reverse mergers. Many of them will run into trouble because being public is challenging. That creates an opportunity for someone like my team to help them with a turnaround, to restructure and recapitalize. The valuation that comes with a turnaround is very substantial. Thirdly, because of our position in the industry, we see a lot of great deal flow, and we're usually able to invest in places that no one else can.

How do you distinguish between someone who's a fringe operator and the real thing? First and foremost, who are the team members? Are they people we would be interested in investing in, regardless of what their industry was? If the answer is yes, then we look at the opportunity. Is there too much competition in there? Is the opportunity big enough that it makes sense for a public company? How will it be affected by future legislation? How will it fit into the evolving market?

MOTORCYCLES: Mr. Bocskor and his wife are both avid riders, but he has held off on riding since his son was born.



PLAY/LIST People, places and things that make Leslie Bocskor tick

CENTRAL PARK: "I miss it more than I knew I would. Every time I come back [to New York], all I want to do is go for a walk in the park."

BURNING MAN: Mr. Bocskor has attended every year since 1994; his 3-1/2-year-old son

has been to the gathering four times.

FACIAL FENG SHUI: "My background is Transylvanian, so in my family, the eyebrows were there for many generations."

COAT AND TIE: Although the dramatic facial hair

makes him more memorable, Mr. Bocskor is a firm believer in proper business attire.