

CHARACTER AND COMPETENCY FORMS  
(SECTION C)

Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION C. CHARACTER & COMPETENCY**

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

Jonathan Herlihy

---

Title of Individual

Chief Executive Officer/Board Member, Medical Marijuana of Massachusetts

---

Date of Birth of Individual 03/24/1956

Residential Address of Individual

95 Merriam Street, Weston, MA 02492

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Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

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Applicant Non-Profit Corporation \_\_\_\_\_

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes  No  If yes, please explain:

In January 2014, Medical Marijuana of Massachusetts was awarded three Provisional Certificates of Registration to operate registered marijuana dispensaries in Plymouth, Taunton and Mashpee. The Department of Public Health determined that Medical Marijuana of Massachusetts made misrepresentations in its applications, and on June 27, 2014, the Department of Public Health issued a Notice of Non-Selection for Provisional Certificate of Registration to Medical Marijuana of Massachusetts. By court order dated April 27, 2015, Judge Mitchell Kaplan of the Superior Court vacated the Notice of Non-Selection for Provisional Certificate of Registration. As requested by the Department of Public Health, Medical Marijuana of Massachusetts submitted a Plan of Correction on June 9, 2015 to address the deficiencies that were noted in the Department of Public Health's June 27, 2014 letter.

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

  
\_\_\_\_\_  
Signature of the Individual

06.18.2015  
Date Signed

Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION C. CHARACTER & COMPETENCY**

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

K. Lianne Ankner, Esq.

---

Title of Individual

Compliance Officer/General Counsel/Board Member, Medical Marijuana of Mass

---

Date of Birth of Individual 05/20/1968

Residential Address of Individual

226 Beacon Street, Boston, MA 02116

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Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

---

Applicant Non-Profit Corporation \_\_\_\_\_

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes  No  If yes, please explain:

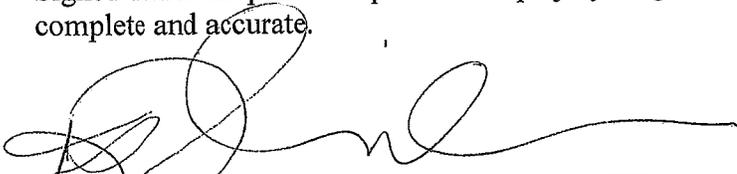
Applicant Non-Profit Corporation \_\_\_\_\_

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes  No  If yes, please explain:

In January 2014, Medical Marijuana of Massachusetts was awarded three Provisional Certificates of Registration to operate registered marijuana dispensaries in Plymouth, Taunton and Mashpee. The Department of Public Health determined that Medical Marijuana of Massachusetts made misrepresentations in its applications, and on June 27, 2014, the Department of Public Health issued a Notice of Non-Selection for Provisional Certificate of Registration to Medical Marijuana of Massachusetts. By court order dated April 27, 2015, Judge Mitchell Kaplan of the Superior Court vacated the Notice of Non-Selection for Provisional Certificate of Registration. As requested by the Department of Public Health, Medical Marijuana of Massachusetts submitted a Plan of Correction on June 9, 2015 to address the deficiencies that were noted in the Department of Public Health's June 27, 2014 letter.

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.



Signature of the Individual

6/18/15

Date Signed

Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION C. CHARACTER & COMPETENCY**

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

Terence Karl Ankner, Esq.

---

Title of Individual

Contributor of 5% or more of initial capital to operate the proposed RMD

---

Date of Birth of Individual 09/12/1963

Residential Address of Individual

226 Beacon Street, Boston, MA 02116

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Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

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Applicant Non-Profit Corporation \_\_\_\_\_

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes  No  If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

\_\_\_\_\_  
Signature of the Individual

6/29/10  
Date Signed

Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION C. CHARACTER & COMPETENCY**

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

Trexler M. Topping, M.D.

---

Title of Individual

Chief Medical Officer/Board Member, Medical Marijuana of Massachusetts

---

Date of Birth of Individual 02/17/1945

Residential Address of Individual

132 Farlow Road, Newton, MA 02458

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Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

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Applicant Non-Profit Corporation \_\_\_\_\_

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes  No  If yes, please explain:

In January 2014, Medical Marijuana of Massachusetts was awarded three Provisional Certificates of Registration to operate registered marijuana dispensaries in Plymouth, Taunton and Mashpee. The Department of Public Health determined that Medical Marijuana of Massachusetts made misrepresentations in its applications, and on June 27, 2014, the Department of Public Health issued a Notice of Non-Selection for Provisional Certificate of Registration to Medical Marijuana of Massachusetts. By court order dated April 27, 2015, Judge Mitchell Kaplan of the Superior Court vacated the Notice of Non-Selection for Provisional Certificate of Registration. As requested by the Department of Public Health, Medical Marijuana of Massachusetts submitted a Plan of Correction on June 9, 2015 to address the deficiencies that were noted in the Department of Public Health's June 27, 2014 letter.

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

  
\_\_\_\_\_  
Signature of the Individual

18 June 2015  
Date Signed

Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION C. CHARACTER & COMPETENCY**

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

William Nicholas McCaffrey

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Title of Individual

Assistant Director, Cultivation and Processing, Medical Marijuana of Mass.

---

Date of Birth of Individual 03/21/1988

Residential Address of Individual

692 Caswell Street, East Taunton, MA 02718

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Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

---

Applicant Non-Profit Corporation \_\_\_\_\_

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes  No  If yes, please explain:

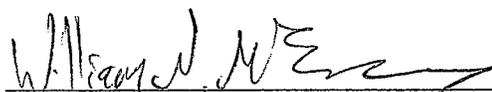
Applicant Non-Profit Corporation \_\_\_\_\_

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes  No  If yes, please explain:

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Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

  
\_\_\_\_\_  
Signature of the Individual

6/18/15  
Date Signed

Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION C. CHARACTER & COMPETENCY**

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

Doug Andrews

---

Title of Individual

Co-Director of Cultivation and Processing, Medical Marijuana of Mass.

---

Date of Birth of Individual 07/08/1963

Residential Address of Individual

133 Old Stage Road, West Hatfield, MA 01088

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Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

---

Applicant Non-Profit Corporation \_\_\_\_\_

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes  No  If yes, please explain:

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

  
Signature of the Individual

  
Date Signed

Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION C. CHARACTER & COMPETENCY**

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

Kevin O'Reilly

---

Title of Individual

Chief Operating Officer, Medical Marijuana of Massachusetts

---

Date of Birth of Individual 10/10/1961

Residential Address of Individual

31 Hayden Hollow, Plymouth, MA 02360

---

Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

---

Applicant Non-Profit Corporation \_\_\_\_\_

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

2. Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

3. Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

7. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

Yes  No  If yes, please explain:

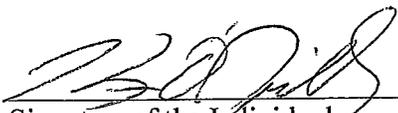
Applicant Non-Profit Corporation \_\_\_\_\_

10. Has any entity in which you have served as an executive, officer, corporate member or board member been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes  No  If yes, please explain:

In January 2014, Medical Marijuana of Massachusetts was awarded three Provisional Certificates of Registration to operate registered marijuana dispensaries in Plymouth, Taunton and Mashpee. The Department of Public Health determined that Medical Marijuana of Massachusetts made misrepresentations in its applications, and on June 27, 2014, the Department of Public Health issued a Notice of Non-Selection for Provisional Certificate of Registration to Medical Marijuana of Massachusetts. By court order dated April 27, 2015, Judge Mitchell Kaplan of the Superior Court vacated the Notice of Non-Selection for Provisional Certificate of Registration. As requested by the Department of Public Health, Medical Marijuana of Massachusetts submitted a Plan of Correction on June 9, 2015 to address the deficiencies that were noted in the Department of Public Health's June 27, 2014 letter.

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

  
\_\_\_\_\_  
Signature of the Individual

06/18/2015

\_\_\_\_\_  
Date Signed

Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION C. CHARACTER & COMPETENCY**

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

Keith Tibbetts

---

Title of Individual

Co-Director of Cultivation and Processing, Medical Marijuana of Mass.

---

Date of Birth of Individual 01/20/1951

Residential Address of Individual

95 Windsor Bush Road, Cummington, MA 01026

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Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

---

Applicant Non-Profit Corporation \_\_\_\_\_

1. Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

4. Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

6. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states, during the time that you were serving as an officer or board member?

Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

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Yes  No  If yes, please explain:

Applicant Non-Profit Corporation \_\_\_\_\_

9. Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?

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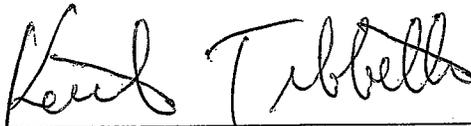
Applicant Non-Profit Corporation \_\_\_\_\_

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Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

  
Signature of the Individual

6/18/15  
Date Signed

Applicant Non-Profit Corporation \_\_\_\_\_

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

Joseph F. Flaherty, Esq.

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Title of Individual

Director of Security & Anti-Diversion, Medical Marijuana of Massachusetts

---

Date of Birth of Individual 05/02/1949

Residential Address of Individual

7 McKinley Road, Weymouth, MA 02188

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Applicant Non-Profit Corporation

Medical Marijuana of Massachusetts, Inc.

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Applicant Non-Profit Corporation \_\_\_\_\_

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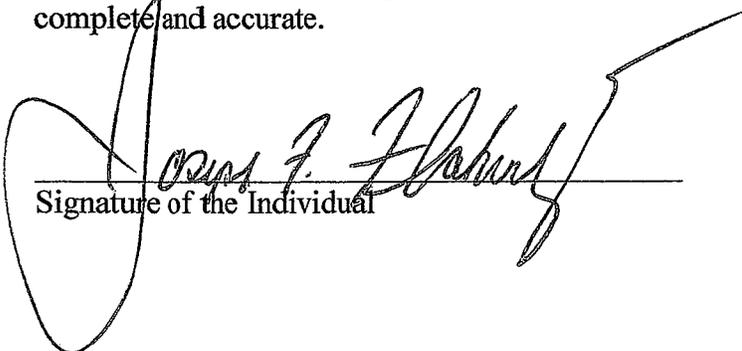
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Signature of the Individual

6/19/15  
Date Signed